July 2023 LEARNING FORUM

Spring Conference 2023 HIGHLIGHTS

More Pics on kansaspqc.org!

- ❑ **20 of 31** sites attended
- ❑ **35** in person attendees
- ❑ **2** Keynote speakers
- ❑ LOADS of direct TA

Goals for future conferences: one hybrid, one in person (October)

FOURTH TRIMESTER INITIATIVE

REMINDER

CMS "Birthing Friendly Designation"

- The 1st publicly-reported, public-facing hospital designation on the quality and safety of maternity care
- CMS will award this designation to hospitals that report "Yes" to both questions in the Maternal Morbidity Structural Measure:
  - (1) participating in a structured state or national Perinatal Quality Improvement (QI) Collaborative; and
  - (2) implementing patient safety practices or bundles as part of these QI initiatives.

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SAVE *the* DATE!

Maternal Mortality: Who's at the Table of Change?

Maternal mortality is a national crisis. One organization can't do it alone –
we need everyone at the table to lower the maternal mortality rate in Kansas.

Friday, October 20, 2023
Hilton Garden Inn Salina
3320 South 9th Street, Salina, KS 67401

Featuring keynote speaker Ginger Breedlove, PhD, CNM, FACNM, FAAN,
with additional speakers to be announced.

Registration link to come.

Fall Conference Sponsored Collaboratively by:

KPQC
Kansas Perinatal Quality Collaborative

AWHONN
KANSAS
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

Welcome to the FTI Family!

Clay County Med Center
&
AdventHealth South Overland Park

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FOURTH TRIMESTER INITIATIVE

FOURTH TRIMESTER INITIATIVE

Who are WE? 33 Birth Settings!

31 Birth Facilities Enrolled
2 Birth Centers Enrolled

29,811 Births in KS
Represents 86% of Births in Kansas!

AIM HOSPITAL

1 Birth Center
2 Hospitals

*On Pause

Rapid Response

Sharing out the FTI Message: **Childbirth Education**

Here's a starter list

1- Breastfeeding Discharge plan (mostly so you can see our goals for breastfeeding assessment/referral prior to discharge); I certainly know your breastfeeding education is already robust

2- Mental Health "Wellness Plan": guides patients through plan for postpartum care

3- Action Plan: terms we use for PP Depression/Blues/etc.

4- Maternal Warning Signs packet: this is what we give and use at all hospitals that has major complications and descriptors required for teaching and for referral postpartum. Use what you need.

5- MOST IMPORTANTLY: POSTBIRTH training guide and template. This, above all else, would be our goal that you teach and share out to your participants! They will get this also inpatient, prior to discharge, but the more times they hear it, the better.

- POSTBIRTH. AWHONN template & training guide
- Maternal Wellness Plan
- Breastfeeding Resources
- Action Plan for Depression and Anxiety around Pregnancy
- Maternal Warning Signs Pt Education Toolkit

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JAMA: Maternal Mortality & SMM in the United States, 2008-2021 (*In-hospital)

Maternal Comorbid Conditions

- As shown in Table 1, obesity (91.0 per 1000 discharges), gestational diabetes (74.3 per 1000 discharges), and tobacco use (58.2 per 1000 discharges) were the most common comorbidities, followed by gestational hypertension, asthma, preeclampsia, preexisting hypertension, and substance use disorder
- Compared with the prevalence in 2008, higher prevalence of sickle cell disease, gestational hypertension, severe preeclampsia, preexisting hypertension, substance use disorder, asthma, gestational diabetes, obesity, and hemorrhage were observed in 2021 (Table 1).

Prevalence and Trend of SMMs

Adjusted prevalence of any SMM increased from Q1 2008 (146.8 per 10 000 discharges) to Q4 2021 (179.8 per 10 000 discharges). The increasing trend was observed in all age groups with the greatest change observed in patients aged 45 years or older and those aged10 to 19 years (Figure 1B). Consistent increasing trend was also observed in all racial and ethnicgroups, with the biggest increase observed among Pacific Islander patients (from 132.0 per 10 000discharges in Q1 2008 to 298.8 per 10 000 discharges in Q4 2021), American Indian patients (from156.5 per 10 000 discharges in Q1 2008 to 245.0 per 10 000 discharges in Q4 2021), and Asianpatients (from 133.4 per 10 000 discharges in Q1 2008 to 238.2 per 10 000 discharges in Q4 2021)(Figure 1C). A significant increase in adjusted SMM prevalence was observed in patients undergoingcesarean delivery (from 252.4 per 10 000 discharges in Q1 of 2008 to 312.1 per 10 000 dischargesin Q4 of 2021), and a similarly increasing trend was seen in patients with vaginal delivery (from 84.4 per 10 000 discharges in Q1 of 2008 to 108.4 per 10 000 discharges in Q4 of 2021)

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JAMA: Maternal Mortality & SMM in the United States, 2008-2021 (*In-hospital)

This cross-sectional study examined rates of delivery-related in-hospital maternal mortality and SMM in a large national inpatient database. In this sample encompassing more than 11 million inpatient discharges, delivery-related in-hospital mortality was found to decrease significantly over a period of 14 years. The adjusted mortality per 100 000 discharges decreased by more than 50% from Q1 of 2008 to Q4 of 2021, likely demonstrating the impact of national strategies focused on improving the maternal quality of care provided by the hospitals during delivery-related hospitalizations. In contrast, the rates of overall SMM increased over time for the overall population, which may be attributable to preexisting conditions and the increasing trend in the age of delivering patients in the past decade. The increasing trend of adjusted SMM rates was seen in all racial and ethnic minority groups andwas most prominent in Asian, American Indian, and Pacific Islander patients. The fact that many of the comorbid conditions are risk factors for mortality and SMM indicates that it is essential to consider comorbid conditions when assessing SMM and mortality and that better management of patients' comorbid conditions during pregnancymay help reduce SMM occurrence and ultimately decrease mortality risk. Further improvement in patient outcomes could be achieved if patients with known risk factors could access improved care during pregnancy and during hospital delivery.

Kansas Birth Equity Summit

www.kcheartlandconference.com/birth-equity-summit.html

Birth Equity Summit Agenda

Day 1: Friday, September 15th

- 7am: Birth Justice Walk on the Children's Mercy Park Pitch Apron
- 9am - 1:30pm: Birth Equity Summit
  - Keynote Speaker
  - Community Research Panel
  - Poster Walk
  - Birth Worker Healing & Restoration Session

Day 2: KBEN Family Reunion/Cookout

- Games for the family
- Vendors (Black Owned Businesses & Community Resources)
- Black Baby Photo Contest Winner Announcement
- State of KBEN Address

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KS Birth Equity Training!!!

- Rollout planned:
  - Stormont Topeka
  - Newman
  - Hutchinson
  - Amberwell Hiawatha

Course Content: Module	Title
1	Introduction
2	The Need for Birth Equity
3	Community Engagement
4	The Uncomfortable Truth of Bias
5	The Black Postpartum Experience
6	Respectful Maternal Care

- Every staff members gets link and must complete
- Intro from KBEN, should include your FTI Champion/OB Lead "words"

KBEN Kansas Birth Equity Network

BIRTH EQUITY CURRICULUM

ACCESS INSTRUCTIONS

This course will cover and uncover implicit and explicit bias in maternal health. Through this curriculum, you will gain an understanding of the various factors that contribute to Black maternal and infant health and the mechanisms that aid in obtaining equity. Learners from across disciplines, professions, organizations, and communities will be challenged to think critically about birth equity, bias, and how to move from denial to awareness of Black safe spaces, Black-led community initiatives, advocacy, Black birth workers, and actions to dismantle institutional and systemic racism. The achievement of this understanding will come from Black women and their birth stories, public health field experts, community advocates, and current health data.

VISIT https://tinyurl.com/KBENCurriculum

CREATE AN ACCOUNT Select "Sign Up" at the top right corner of the page. Complete the sign up form.

SIGN IN & ENROLL
- Visit https://tinyurl.com/KBENCurriculum
- Select "Sign In" at the top right corner.
- Select "External User" and Sign In with your information.
- Select "**KBEN Birth Equity Curriculum for KPQC Only**" from the course catalog.
- Select "Enroll Now"

COMPLETE THE CURRICULUM After signing in, select "My Dashboard", then select the appropriate course.

CONTACT US

Text/Call: (916) 672-2005
kben@kumc.edu
https://tinyurl.com/ksbirthequity
3901 Rainbow Blvd, MS 1008
Kansas City, KS 6660

KPQC Fourth Trimester Initiative

Kansas Birth Equity Training Roster

FTI Site: Stormont Vail Health, Topeka

Name	Email	Title	Department

FOURTH TRIMESTER INITIATIVE

KBEN Kansas Birth Equity Network

KPQC Kansas Perinatal Quality Collaborative | FOURTH TRIMESTER INITIATIVE

Fourth Trimester Projects

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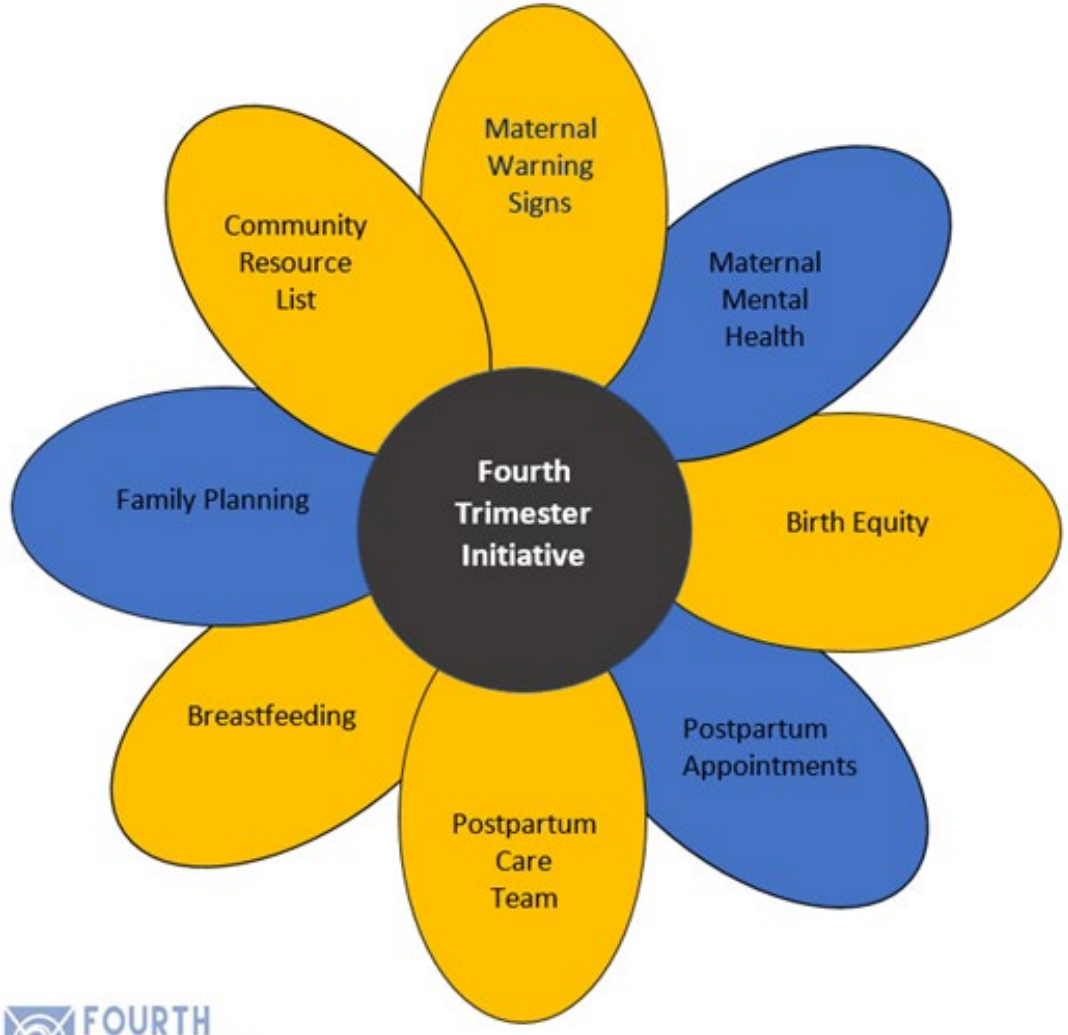
Fourth Trimester Report Card



Key:

- Not Started (1)
- In Progress (3)
- Completed (5)

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FTI: What's done, What's coming

Done:

POSTBIRTH

Breastfeeding

Entry-level KBEN

Coming:

ED triage question

KBEN training

Community Resource List

SSDOH

Postpartum Visit template

PP Visit scheduling

Featured Speaker

HEALTH EQUITY & DATA

BY: EMERSEN FRAZIER, MPH
Director, Health Equity & Policy

WHAT IS EQUITY?

01

Health equity is the absence of unfair and avoidable differences in health between subgroups of a population. (World Health Organization)

02

Health equity means that everyone has a fair and just opportunity to be as healthy as possible (Robert Wood Johnson Foundation)

STORMONT VAIL'S ROLE IN EQUITY

- Actively promoting equity positively impacts hospital outcomes
- Our vision:

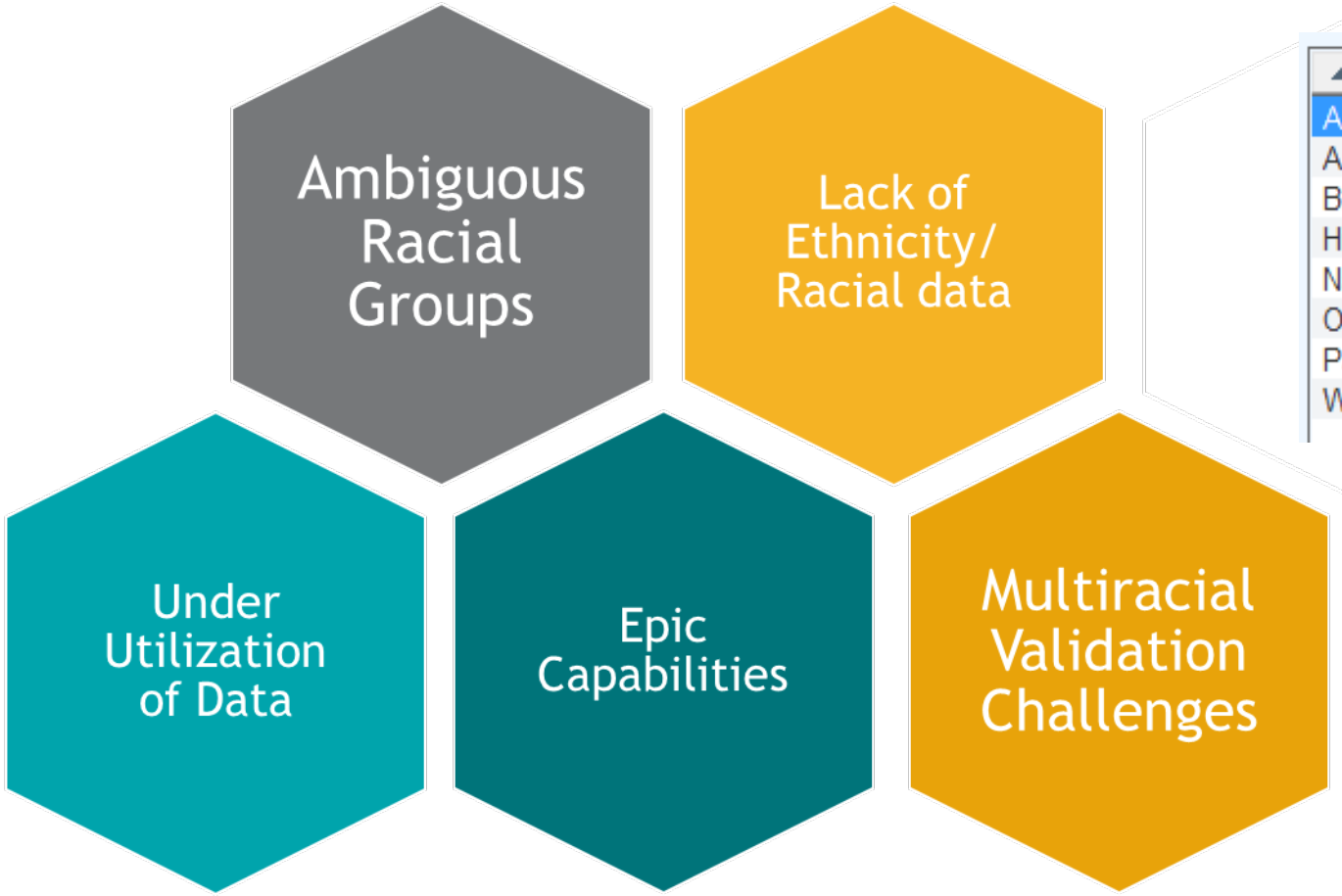
> "Stormont Vail Health will be a **national leader** in providing **compassionate**, **high-quality** and **efficient integrated care** through **collaboration** that results in a healthier community."

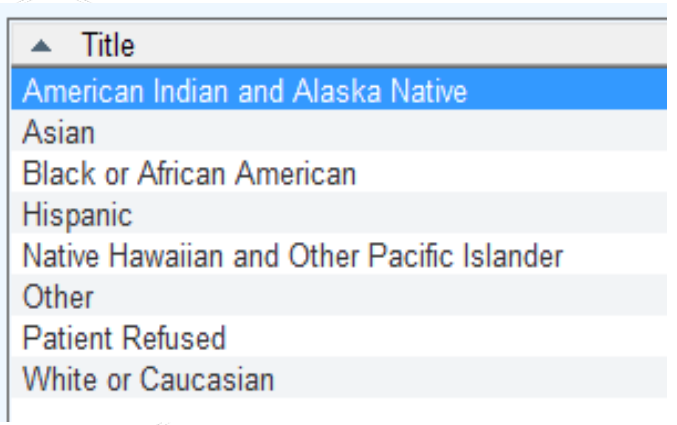
THE STRATEGIC PLAN

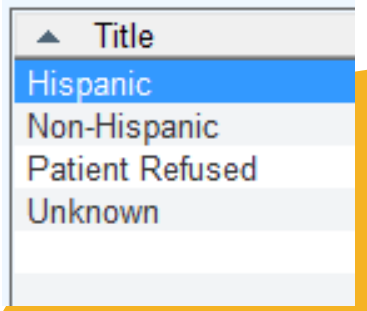
Kincade	1.) Evolve Health Equity Dashboard to improve validity of information gathered, especially for priority populations identified in service area CHRs and CHNAs.

The expansion and increased robustness of data collection will create better data for the health equity dashboard

PREVIOUS STATE: INTERFACE DESIGN







Other Why's:

- Best practice in health equity data collection
- Regulatory changes (CMS)
- Federal government changes to data collection pending (OMB)

WHERE WE RANK

Category	Maximum score	Organization readiness score (Relative to maximum score)	Organization competency
Data collection	16	9	Moderate
Data collection training	14	0	Opportunities for improvement
Data validation	12	2	Opportunities for improvement
Data stratification	16	0	Opportunities for improvement
Communicate findings	12	0	Opportunities for improvement
Resolve differences	15	7	Opportunities for improvement
Culture and leadership	15	12	Outstanding
Organization practices	18	15.5	Outstanding
Social needs screening	18	15	Moderate
Community partnerships/support	14	11.5	Outstanding
Organization readiness score	**150**	**72**	Opportunities for improvement

THE IMPORTANCE OF RACIALLY COMPREHENSIVE DATA PT. 1

Elon Musk is a South African born American. He was born to a South African father and a Canadian mother. If Elon was a patient at Stormont Vail Health, which race would/should he choose?

Are you Hispanic or Latino?

- ○ Yes
- ○ No

Regardless of your answer to the prior question, please indicate how you identify yourself.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

THE IMPORTANCE OF RACIALLY COMPREHENSIVE DATA PT. 2

Nicole is American born and of Indian and St. Lucian descent. She married Ben who is a white man and they have 3 children together. If Nicole and Ben's children were patients at Stormont Vail Health, what category of race would/should they choose?

Are you Hispanic or Latino?

- ○ Yes
- ○ No

Regardless of your answer to the prior question, please indicate how you identify yourself.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Sample of Racial Group Definition List

Racial Group Option	Definition
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and those who may maintain tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.
Biracial/Multiracial	A person having origin from two or more racial groups based on biological parent race(s). **Note: Do not select a racial group that is isolated to further back than two generations ago** (biological grandparents) nor select a racial group that you are not apart of but is represented in extended family members (aunts, uncles, cousins, etc.) only.
Black/African American	The category "Black or African American" includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, Bahamian, etc.
Hispanic/Latino	A person of the Spanish-language-speaking Latin America and Spain such as Cuban, Mexican, Puerto Rican, South or Central American persons, or other Spanish culture or origin, regardless of race. Latino- A person coming from Latin American countries and cultures, regardless of whether the person speaks Spanish.
Middle Eastern/North African	A person who identifies with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Algerian, Bahraini, Egyptian, Emirati, Iranian, Iraqi, Israeli, Jordanian, Kuwaiti, Lebanese, Libyan, Moroccan, Omani, Palestinian, Qatari, Saudi Arabian, Syrian, Tunisian, Yemeni, Amazigh or Berber, Arab or Arabic,

List of Ethnic Backgrounds By Racial Group

Final Version:

- ☐ American Indian or Alaska Native
  - Alaska Native
  - Cherokee Nation
  - Iowa Tribe of Kansas and Nebraska
  - Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas
  - Prairie Band Potawatomi Nation
  - Sac & Fox Nation of Missouri (Kansas and Nebraska)
  - None
  - Other
  - Unknown
  - Declined
- ☐ Asian
  - Chinese
  - Filipino
  - Asian Indian
  - Vietnamese
  - Korean
  - Japanese
  - Other
  - Unknown
  - Declined
- ☐ Black or African American
  - African American
  - Jamaican
  - Haitian
  - Nigerian
  - Ethiopian
  - Somali
  - Other
  - Unknown
  - Declined
- ☐ Hispanic, Latino, or Spanish
  - Mexican or Mexican American
  - Puerto Rican
  - Cuban
  - Salvadoran
  - Dominican
  - Colombian
  - Other
  - Unknown
  - Declined
- ☐ Middle Eastern or North African
  - Lebanese
  - Iranian
  - Egyptian
  - Syrian
  - Moroccan
  - Algerian
  - Other
  - Unknown
  - Declined
- ☐ Native Hawaiian or other Pacific Islander
  - Native Hawaiian
  - Samoan
  - Chamorro
  - Tongan
  - Fijian
  - Marshallese
  - Other
  - Unknown
  - Declined
- ☐ White or Caucasian
  - German
  - Irish
  - English
  - Italian
  - Polish
  - French
  - Ukrainian
  - Other
  - Unknown
  - Declined

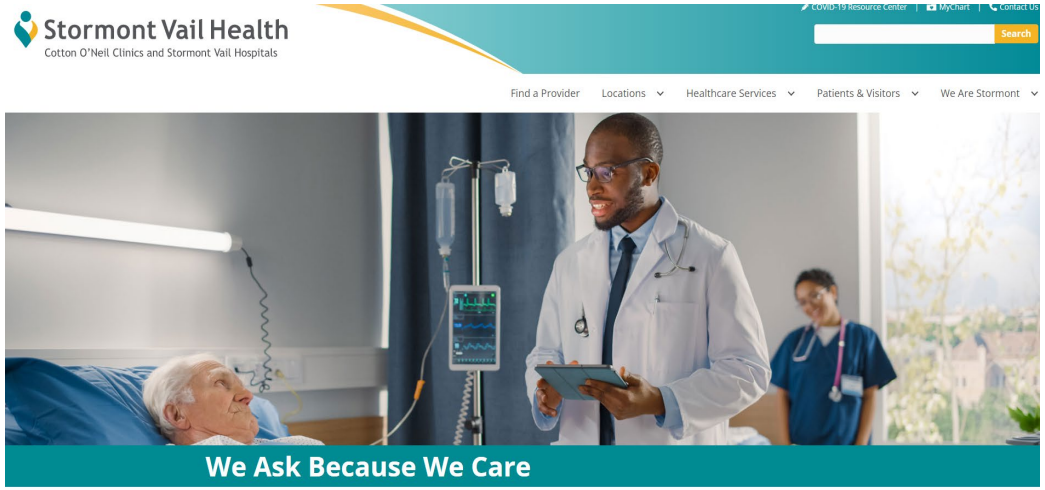
TRAINING: RESPONSE MATRIXES

"Are you saying that health inequities have happened at Stormont?"	We don't know, but we want to make sure that all our patients get the best care possible.
"Who looks at this?"	The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement.
"Are you trying to find out if I'm a US citizen?"	No. Definitely not!! Also, you should know that the confidentiality of what you say is protected by law, and we do not share this information with anyone.
"What will my information be used for?"	Information you give us on your race, ethnicity, and language will help us provide better services and programs to everyone. For example, with this information, we can provide health information in languages spoken by our patients and offer effective programs that can improve health.
"Who are you collecting this information from?"	We are collecting this information from all our patients.

Patient Response	Suggested Response
"I'm human."	Is that your way of saying that you do not want to answer the question? If so, I can just say that you didn't want to answer.
"It's none of your business."	I'll just put down that you didn't want to answer, which is fine.
"Why do you care? We're all human beings."	Well, many studies from around the country have shown that a patient's race and ethnicity can influence the treatment they receive. We want to make sure this doesn't happen here, so we use this information to check and make sure that everyone gets the best care possible. If we find a problem, we fix it.

Patient Response	Suggested Response
"I'm American."	Would you like to use an additional term, or would you like me to just put American?
"Can't you tell by looking at me?"	Well, usually I can. But sometimes I'm wrong, so we think it is better to let people tell us. I don't want to put in the wrong answer. I'm trained not to make any assumptions.
"I was born in Nigeria, but I've really lived here all my life. What should I say?"	That is really up to you. You can use any term you like. It is fine to say that you are Nigerian.

MARKETING CAMPAIGN



Frequently Asked Questions about We Ask Because We Care

- What Is "We Ask Because We Care"?
- How do I update my information?
- What does We Ask Because We Care mean for you?
- Why does Stormont Vail ask about race and ethnicity? How are these relevant to patient care?
- Who asks these questions?
- Who will be able to access this information? Will Stormont Vail share it?
- How will Stormont Vail store this information?
- Are these questions mandatory?

Sources:

- American Hospital Association. (2020, December 17). Health Equity Snapshot: A Toolkit for Action. https://www.aha.org/system/files/media/file/2020/12/ihdhe_snapshot_survey_FINAL.pdf
- UChicago Medicine. (n.d.). We Ask Because We Care. https://www.uchicagomedicine.org/patients-visitors/patient-information/why-we-ask
- Stanford Medicine. (2023, January 26). *We Ask Because We Care*. Health Equity. https://med.stanford.edu/healthequity/WABWC.html

MARCH OF DIMES:MATERNAL HEALTHCARE COLLABORATIVE

This project is an intensive pilot that will use community and patient-centered intervention to reduce racial inequities and the disparity gap in outcomes for Black birthing people, with the ultimate goal of improving Black maternal health outcomes during the birth hospitalization.

Goals Include:

- Create a culture of equity
- Utilize patient-reported race and ethnicity data to improve birth equity
- Center the patient in decision making
- Create accountability to communities

WHAT CAN A DASHBOARD DO?

"The dashboard is able to **capture progress** made in certain areas as well as **identify areas of focus**. The dashboard also serves to **identify patient populations** that may be at increased risk for adverse outcomes. Discussing these dashboards in regularly scheduled quality meetings allows leadership to **continuously address gaps in care** and work to eliminate disparities."

- The American Hospital Association in partnership with Health Research & Educational Trust

Capture Progress

Will be able to easily acquire data that shows how SVH compares to other systems or public health data

Help Understand Populations

High level overview of patient population and which groups are underserved in our community

Identify Trends in Risk

See how various outcomes trend over time to track overall effectiveness of care

Drive Policy Change

Have ready data that supports new or innovative policy recommendations

EXAMPLE DASHBOARD

County Health Ranking Measures

- Takes data from Shawnee County from 2013-2019 to come up with %
- Defines LBW % as babies born <2500 grams or about 5.51 lbs.
- No distinction between LBW and VLBW, or cause of LBW
- Baby race based on mother no ethnicity data reported

Stormont Vail Mini Dashboard Measures

- All patients from Shawnee County 2013-2019
- Used same categories for LBW %
- Used % unit instead of rate
- Raw numbers = total cases NOT %
- Used mother data to determine zip code, martial status, age, etc.

What the County Health Ranking Reports:

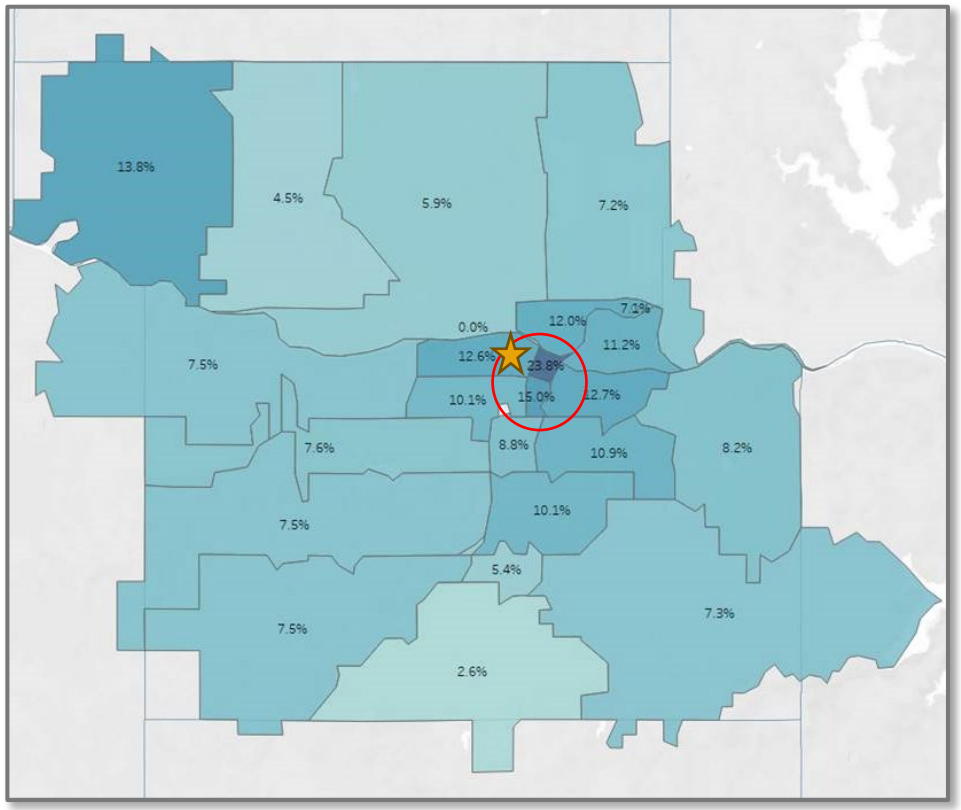
	Shawnee (SN) County	Trend	Error Margin	Top U.S. Performers	Kansas
Low birthweight	7%		7-7%	6%	7%

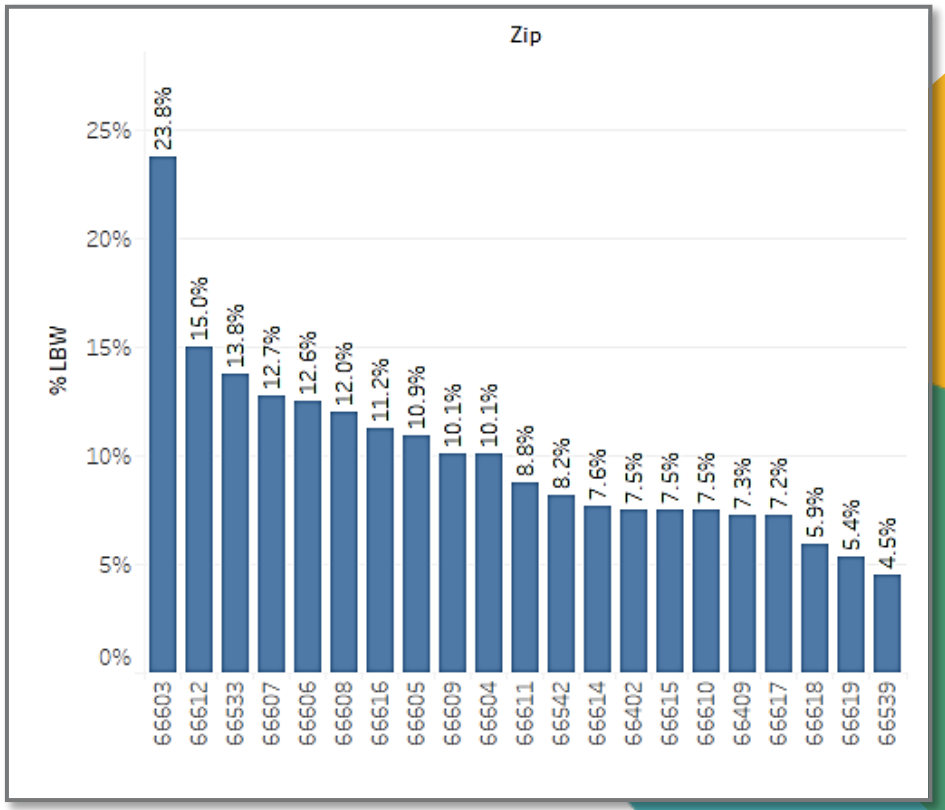
	Value	Error Margin	x
% LBW	7%	7-7%	
American Indian & Alaska Native	6%	2-10%	
Asian	7%	4-10%	
Black	12%	10-13%	
Hispanic	7%	6-8%	
White	6%	6-7%	

Low birthweight (LBW) represents infant current and future **morbidity**, premature **mortality** risk, and **maternal exposure** to health risks. LBW children have greater **developmental and growth problems**, are at higher risk of **cardiovascular disease**, **respiratory conditions**, and cognitive problems such as **cerebral palsy**, and visual, auditory, and intellectual **impairments** (County Health Rankings and Roadmaps).

EXAMPLE DASHBOARD

This mini dashboard was created in collaboration with the strategy team to use all available patient data in Epic to compare SVH data to that collected by the County Health Ranking.



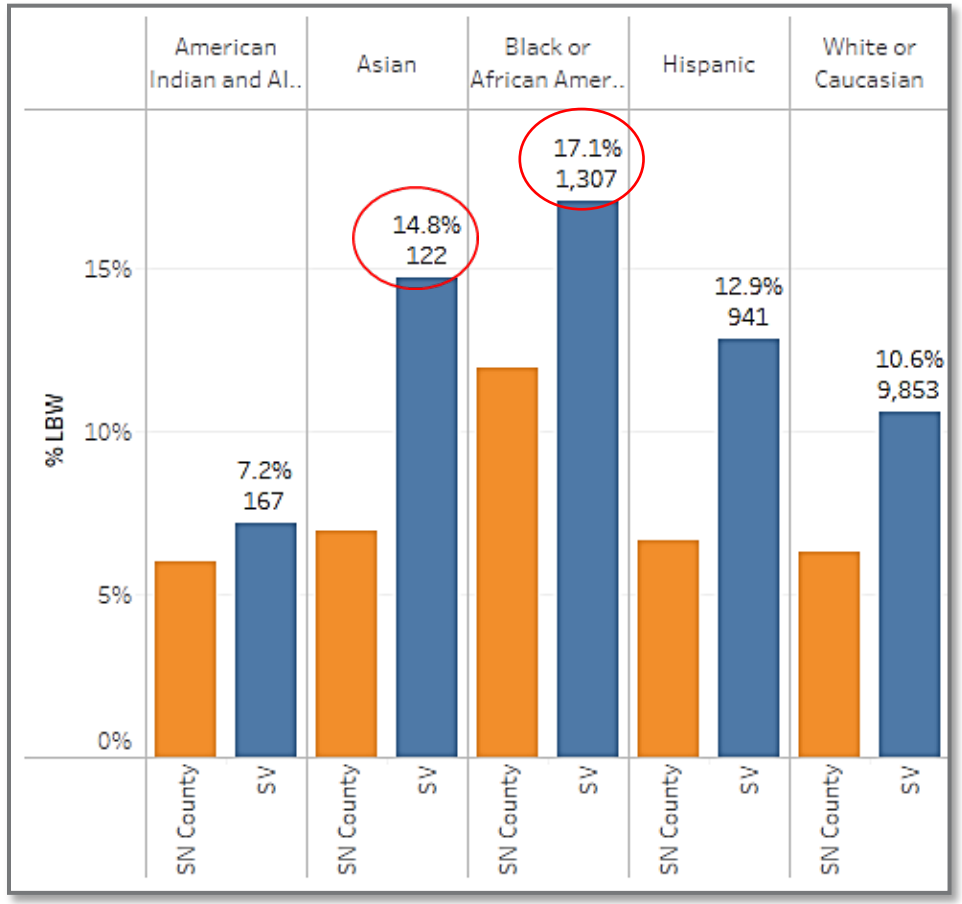


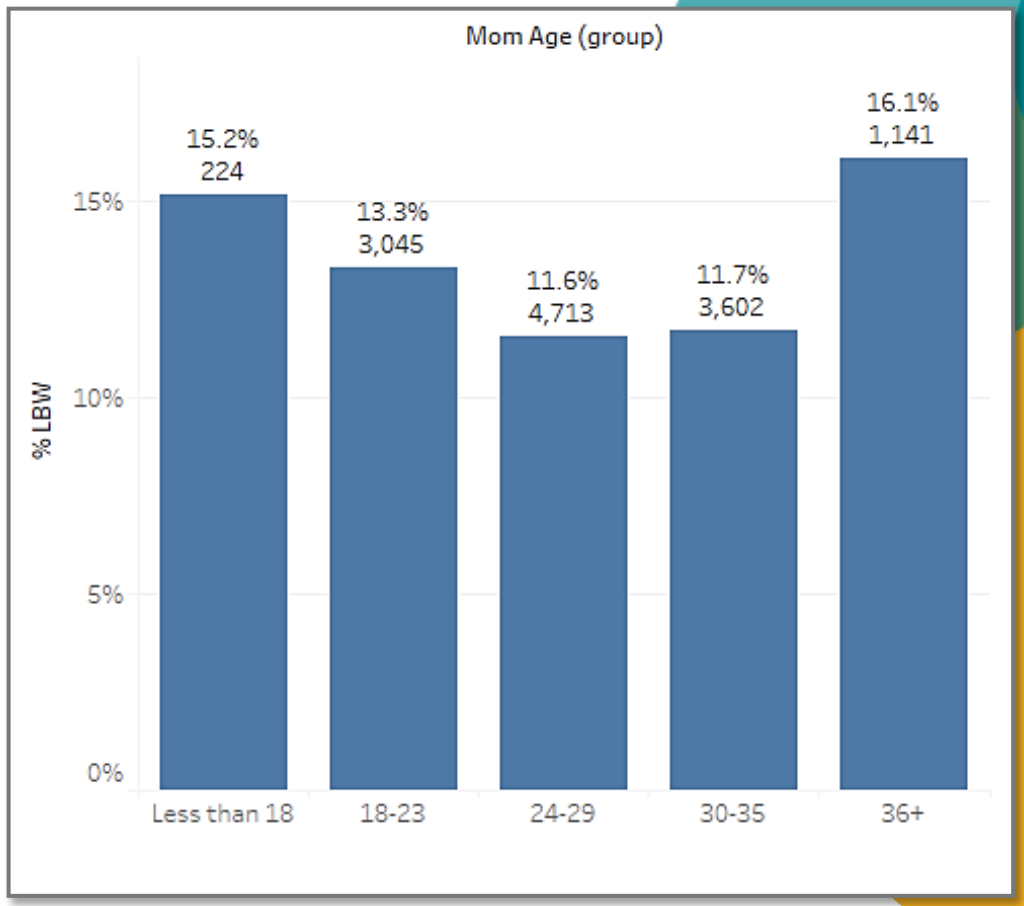
★ = SVH approx. location

Stormont Vail Health

LBW % BY MOTHER RACE AND AGE

- Fewer patients can destabilize rates
- We see higher acuity patients
- Numbers generally follow expected trends





Stormont Vail Health

THANK YOU

KPQC

Kansas Perinatal Quality Collaborative

Next Learning Forum

August 22nd at noon

OB/ER Collaboration: Best Practice Models

FOURTH TRIMESTER INITIATIVE

Postpartum Discharge Transition Bundle-In Development