July 2023 LEARNING FORUM
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)
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.
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
Promoting the health of women and newborns
Welcome to the FTI Family!

Clay County Med Center
&
AdventHealth South Overland Park
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!
1 Birth Center
2 Hospitals

*On Pause
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
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 aged 10 to 19 years (Figure 1B). Consistent increasing trend was also observed in all racial and ethnic groups, with the biggest increase observed among Pacific Islander patients (from 132.0 per 10 000 discharges in Q1 2008 to 298.8 per 10 000 discharges in Q4 2021), American Indian patients (from 156.5 per 10 000 discharges in Q1 2008 to 245.0 per 10 000 discharges in Q4 2021), and Asian patients (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 undergoing cesarean delivery (from 252.4 per 10 000 discharges in Q1 of 2008 to 312.1 per 10 000 discharges in 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).
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 and was 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 pregnancy may 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
KS Birth Equity Training!!

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

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

<table>
<thead>
<tr>
<th>Course Content: Module</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
</tr>
<tr>
<td>2</td>
<td>The Need for Birth Equity</td>
</tr>
<tr>
<td>3</td>
<td>Community Engagement</td>
</tr>
<tr>
<td>4</td>
<td>The Uncomfortable Truth of Bias</td>
</tr>
<tr>
<td>5</td>
<td>The Black Postpartum Experience</td>
</tr>
<tr>
<td>6</td>
<td>Respectful Maternal Care</td>
</tr>
</tbody>
</table>
Fourth Trimester Projects

- Maternal Warning Signs
- Community Collaboration
- Family Planning
- Obstetric Navigation
- Breastfeeding
- AIM Data Collection
- Postpartum Appointments
- Maternal Mental Health
- Social Determinants of Health
- Birth Equity
- ED/OB Collaboration
- Standardized PP Discharge Summary
Fourth Trimester Report Card

Key:
- Not Started (1)
- In Progress (3)
- Completed (5)
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
WHAT IS EQUITY?

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

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

Ambiguous Racial Groups
Lack of Ethnicity/Racial data
Under Utilization of Data
Epic Capabilities
Multiracial Validation Challenges

Other Why’s:
- Best practice in health equity data collection
- Regulatory changes (CMS)
- Federal government changes to data collection pending (OMB)
## WHERE WE RANK

<table>
<thead>
<tr>
<th>Category</th>
<th>Maximum score</th>
<th>Organization readiness score (Relative to maximum score)</th>
<th>Organization competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection</td>
<td>16</td>
<td>9</td>
<td>Moderate</td>
</tr>
<tr>
<td>Data collection training</td>
<td>14</td>
<td>0</td>
<td>Opportunities for improvement</td>
</tr>
<tr>
<td>Data validation</td>
<td>12</td>
<td>2</td>
<td>Opportunities for improvement</td>
</tr>
<tr>
<td>Data stratification</td>
<td>16</td>
<td>0</td>
<td>Opportunities for improvement</td>
</tr>
<tr>
<td>Communicate findings</td>
<td>12</td>
<td>0</td>
<td>Opportunities for improvement</td>
</tr>
<tr>
<td>Resolve differences</td>
<td>15</td>
<td>7</td>
<td>Opportunities for improvement</td>
</tr>
<tr>
<td>Culture and leadership</td>
<td>15</td>
<td>12</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Organization practices</td>
<td>18</td>
<td>15.5</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Social needs screening</td>
<td>18</td>
<td>15</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community partnerships/support</td>
<td>14</td>
<td>11.5</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Organization readiness score</td>
<td>150</td>
<td>72</td>
<td>Opportunities for improvement</td>
</tr>
</tbody>
</table>
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?
Sample of Racial Group Definition List

<table>
<thead>
<tr>
<th>Racial Group Option</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>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.</td>
</tr>
<tr>
<td>Asian</td>
<td>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.</td>
</tr>
<tr>
<td>Biracial/Multiracial</td>
<td>A person having origin from two or more racial groups based on biological parent race(s). <strong>Note:</strong> 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.</td>
</tr>
<tr>
<td>Black/African American</td>
<td>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.</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>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 origins, regardless of race. <strong>Latinx:</strong> A person coming from Latin American countries and cultures, regardless of whether the person speaks Spanish.</td>
</tr>
<tr>
<td>Middle Eastern/North African</td>
<td>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.</td>
</tr>
</tbody>
</table>

List of Ethnic Backgrounds By Racial Group

- 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
  - Sac & Fox Nation of Missouri (Kansas and Nebraska)
  - None
  - Other
  - Unknown
  - Declined

- Asian
  - Chinese
  - Filipino
  - Asian Indian
  - Vietnamese
  - Korean
  - Japanese
  - Other
  - Unknown
  - Declined

- Biracial/Multiracial
  - None
  - Other
  - Unknown
  - Declined

- Black/African American
  - Chinese
  - Filipino
  - Asian Indian
  - Vietnamese
  - Korean
  - Japanese
  - Other
  - Unknown
  - Declined

- Hispanic/Latino
  - African American
  - African American
  - Jamaican
  - Haitian
  - Nigerian
  - Ethiopian
  - Somali
  - Other
  - Unknown
  - Declined

- Middle Eastern/North African
  - None
  - Other
  - Unknown
  - Declined

- White or Caucasian
  - German
  - Irish
  - English
  - Italian
  - Polish
  - French
  - Ukrainian
  - Other
  - Unknown
  - Declined
### TRAINING: RESPONSE MATRIXES

<table>
<thead>
<tr>
<th>Patient Response</th>
<th>Suggested Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I'm American.&quot;</td>
<td>Would you like to use an additional term, or would you like me to just put American?</td>
</tr>
<tr>
<td>&quot;I'm human.&quot;</td>
<td>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.</td>
</tr>
<tr>
<td>&quot;It's none of your business.&quot;</td>
<td>I'll just put down that you didn't want to answer, which is fine.</td>
</tr>
<tr>
<td>&quot;Why do you care? We're all human beings.&quot;</td>
<td>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.</td>
</tr>
<tr>
<td>&quot;Are you saying that health inequities have happened at Stormont?&quot;</td>
<td>We don't know, but we want to make sure that all our patients get the best care possible.</td>
</tr>
<tr>
<td>&quot;Who looks at this?&quot;</td>
<td>The only people who see this information are registration staff, administrators for the hospital, and the people involved in quality improvement.</td>
</tr>
<tr>
<td>&quot;Are you trying to find out if I'm a US citizen?&quot;</td>
<td>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.</td>
</tr>
<tr>
<td>&quot;What will my information be used for?&quot;</td>
<td>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.</td>
</tr>
<tr>
<td>&quot;Who are you collecting this information from?&quot;</td>
<td>We are collecting this information from all our patients.</td>
</tr>
<tr>
<td>&quot;I was born in Nigeria, but I've really lived here all my life. What should I say?&quot;</td>
<td>That is really up to you. You can use any term you like. It is fine to say that you are Nigerian.</td>
</tr>
<tr>
<td>&quot;Can't you tell by looking at me?&quot;</td>
<td>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.</td>
</tr>
</tbody>
</table>

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**Note:** The table above contains responses to common patient inquiries regarding demographic information. The responses are designed to ensure that patients feel comfortable and respected during the collection process, and to emphasize the importance of collecting accurate and useful data for improving healthcare services.
MARKETING CAMPAIGN

New Initiative Launches
May 30

The more we know about you, the better we can serve you!

Update your demographic information at your next visit or online through MyChart.

Strommont Vail Health

Weather
Miltonvale
Today
High 86°
Low 56°

MISSION
Stormmont Vail Health is dedicated to providing high-quality, compassionate care and improving the health of the communities we serve.

VISION
Stormmont Vail Health will be the leader in healthcare, providing exceptional outcomes and customer experiences that exceed expectations.

VALUES
- Compassion
- Integrity
- Innovation
- Excellence

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 Stormmont Vail ask about race and ethnicity? How are these relevant to patient care?

Who asked these questions?

Who will be able to access this information? Will Stormmont Vail share it?

How will Stormmont Vail store this information?

Are these questions mandatory?

Sources:
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.
## 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, marital status, age, etc.

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).
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.
LBW % BY MOTHER RACE AND AGE

- Fewer patients can destabilize rates
- We see higher acuity patients
- Numbers generally follow expected trends
THANK YOU
Next Learning Forum

August 22\textsuperscript{nd} at noon

OB/ER Collaboration: Best Practice Models