

The PNQIN Maternal Equity Bundle

Optimizing Racial Equity Action Across Massachusetts



**Team Presentation #1:
Brigham & Women's Hospital**

January 16, 2024



WELCOME!

- Please type your name and institution into the chat
 - *Optional: What are you looking forward to in 2024?*
- Please mute yourselves when not speaking.
- Feel free to type your questions into the chat during the webinar.
- We will record this session and upload the recording and webinar slides to our website afterwards!

Agenda

12:00–12:05 Welcome

12:05–12:10 Equity

Bundle Reminders &
Announcements

12:10–12:30: Team
Presentation

12:30–12:40: Q&A

12:40–1:00 Wrap Up



AGENDA

12:00-12:05

Welcome

Audra Meadows

12:05-12:20

Equity Bundle Reminders &
PNQIN Announcements

Kali Vitek

12:20-12:40

Team Presentation

Brigham & Women's Hospital

12:40-1:00

Discussion, Q&A

All





PNQIN MATERNAL EQUITY BUNDLE WORKGROUP



Audra Meadows, MD
PNQIN



Kali Vitek, MPH
PNQIN



Hafsatou Diop, MD
DPH



Andrew Healy, MD
Baystate/PNQIN



Anna Kheyfets
PNQIN/Tufts



Bonnell Glass, MN
PNQIN/UMass



Candice Belanoff, ScD
BUSPH



Caroline Somerville
PNQIN/JHU



Claire Conklin
PNQIN/UCSD



Chloe Zera, MD
PNQIN/BIDMC



Christin Price, MD
PNQIN



Elysia Larson, ScD
HMS/BIDMC



Karen Manganaro, DNP
PNQIN/BWH



Lee Edwards
First Alter Doula Services



Luu Ireland, MD
UMass



Maryanne Bombaugh,
MD, CHC



Matt Medina, CNM
BWH



Melissa Abell-Bardsley,
RN, CHA



Michaela Farber, MD
BWH



Michele Sinopoli, MD
St. Vincent



Mimi Pomerleau, DNP
PNQIN/BWH



Rachel Wood, MD
BWH



Raj Reddy, MD
BWH



Ron Iverson, MD
PNQIN/BMC



Sarah Thibodeau, RN
Lowell



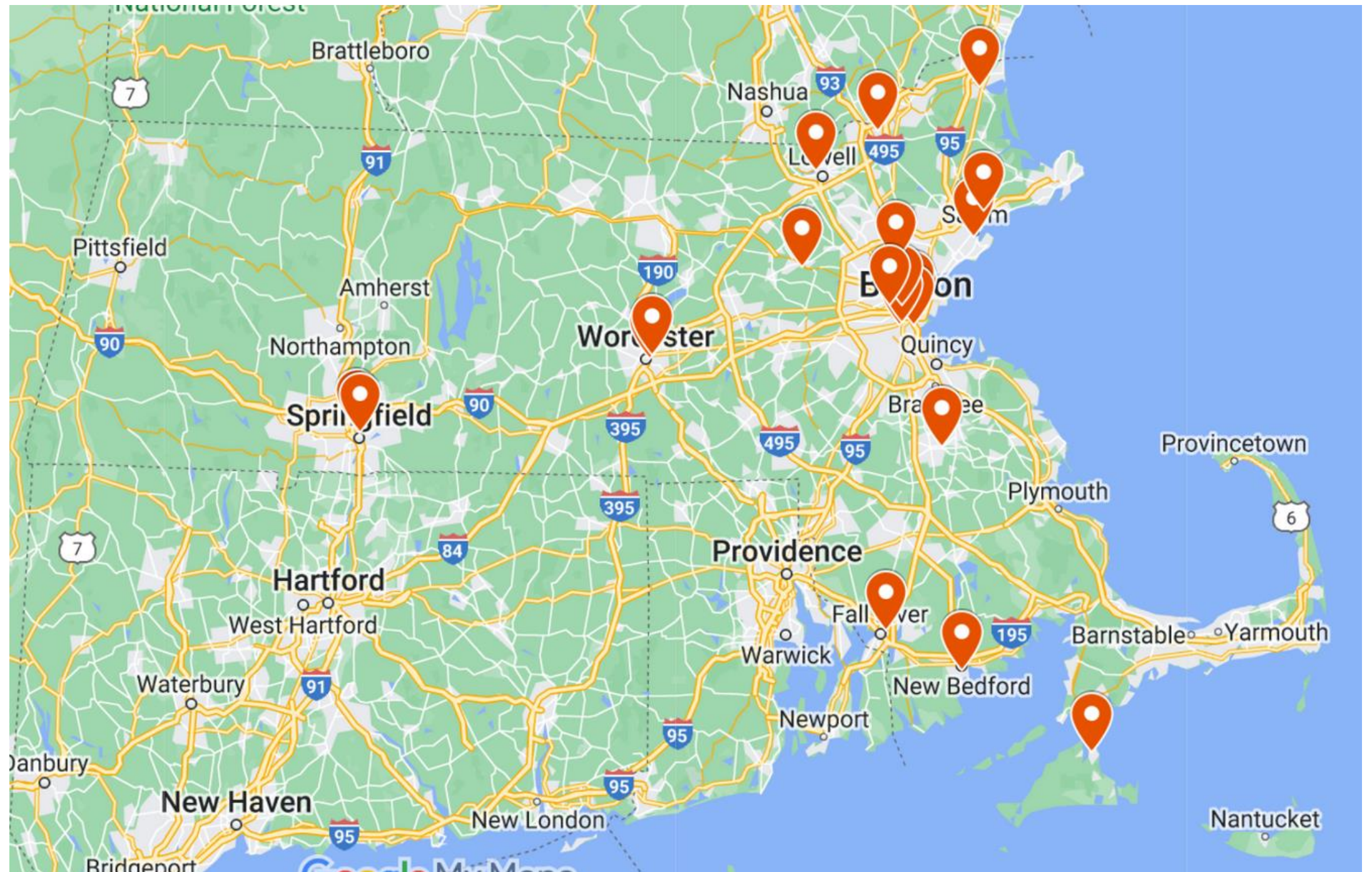
Shaniqua Choice
PNQIN



Teju Adegoke, MD
BMC

EQT BUNDLE: PARTICIPATING HOSPITALS

- Anna Jaques Hospital
- Baystate Medical Center
- Beth Israel Deaconess Medical Center
- Beverly Hospital
- Brigham and Women's Hospital
- Boston Medical Center
- Cambridge Health Alliance
- Charlton Memorial Hospital
- Emerson Hospital
- Holy Family Hospital
- Lowell General Hospital
- Mount Auburn Hospital
- Massachusetts General Hospital
- Martha's Vineyard Hospital
- Mercy Medical Center
- Saint Vincent Hospital
- Salem Hospital



- 18. Signature Healthcare Brockton Hospital
- 19. St. Luke's Hospital
- 20. Tufts Medical Center

- 21. UMass Memorial Medical Center
- 22. Winchester Hospital



Maternal Equity Bundle: Reminders & Announcements



Kali Vitek, MPH
PNQIN Project Manager

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CONGRATULATIONS

Massachusetts TeamBirth Cohort!

Baystate Franklin Medical Center

Boston Medical Center

Brigham & Women's Hospital

Cape Cod Hospital

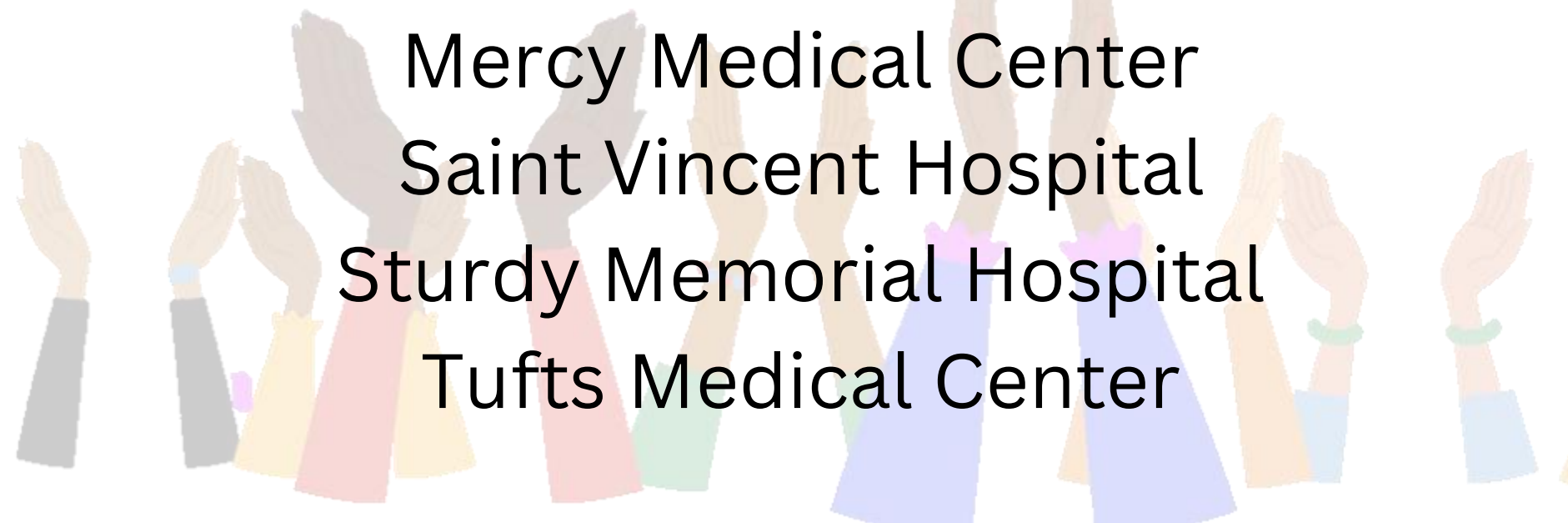
Fairview Hospital

Mercy Medical Center

Saint Vincent Hospital

Sturdy Memorial Hospital

Tufts Medical Center



Calling on your team to present!

Remaining Dates (12-1pm ET):

October 17th, 2023 (*Year 1 in Review*)

November 21st, 2023 (*Baystate Franklin*)

January 16th, 2024 (*Brigham*)

February 20th, 2024 (*Mercy*)

March 19th, 2024 (*Martha's Vineyard*)

April 16th, 2024

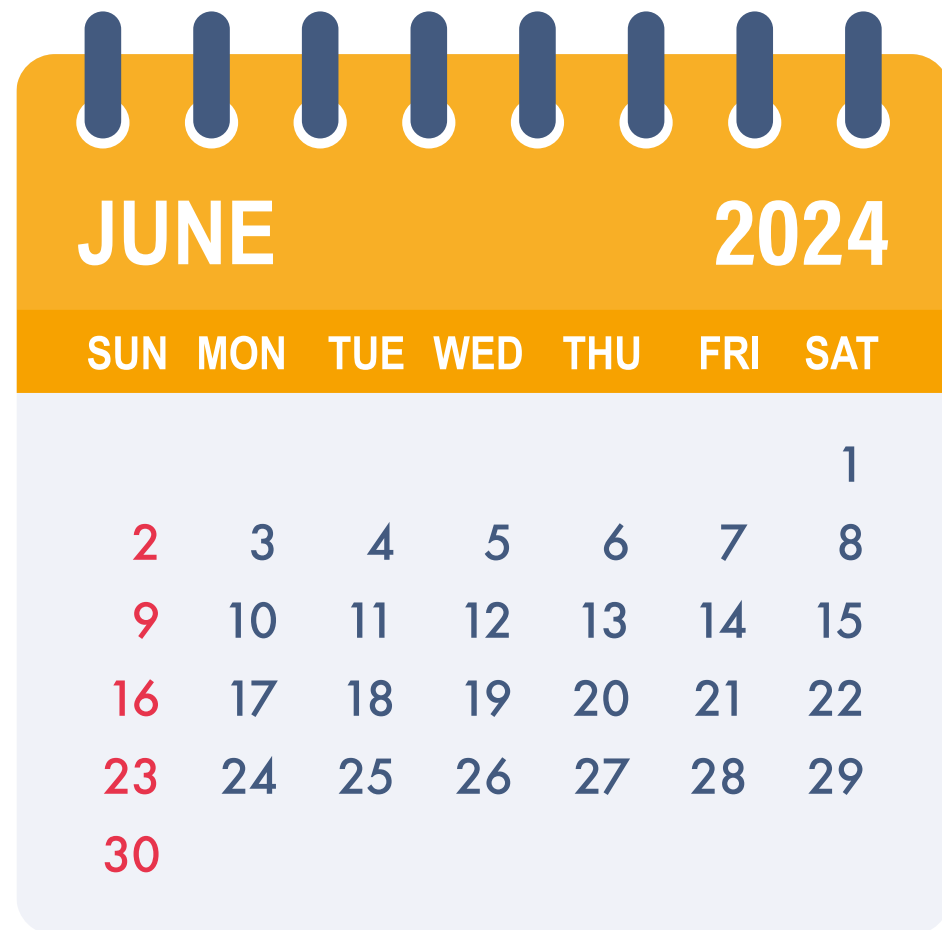
May 21st, 2024 (*Lowell General*)

July 16th, 2024 (*Tufts*)

Sign up to here!



Future Bundle Implementation



JUNE 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Equity Bundle (current version) ending at the PNQIN Spring 2024 Summit

Perinatal Mental Health Bundle with an equity lens launching Fall 2024 (hospital onboarding to start in July)



SEPTEMBER 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

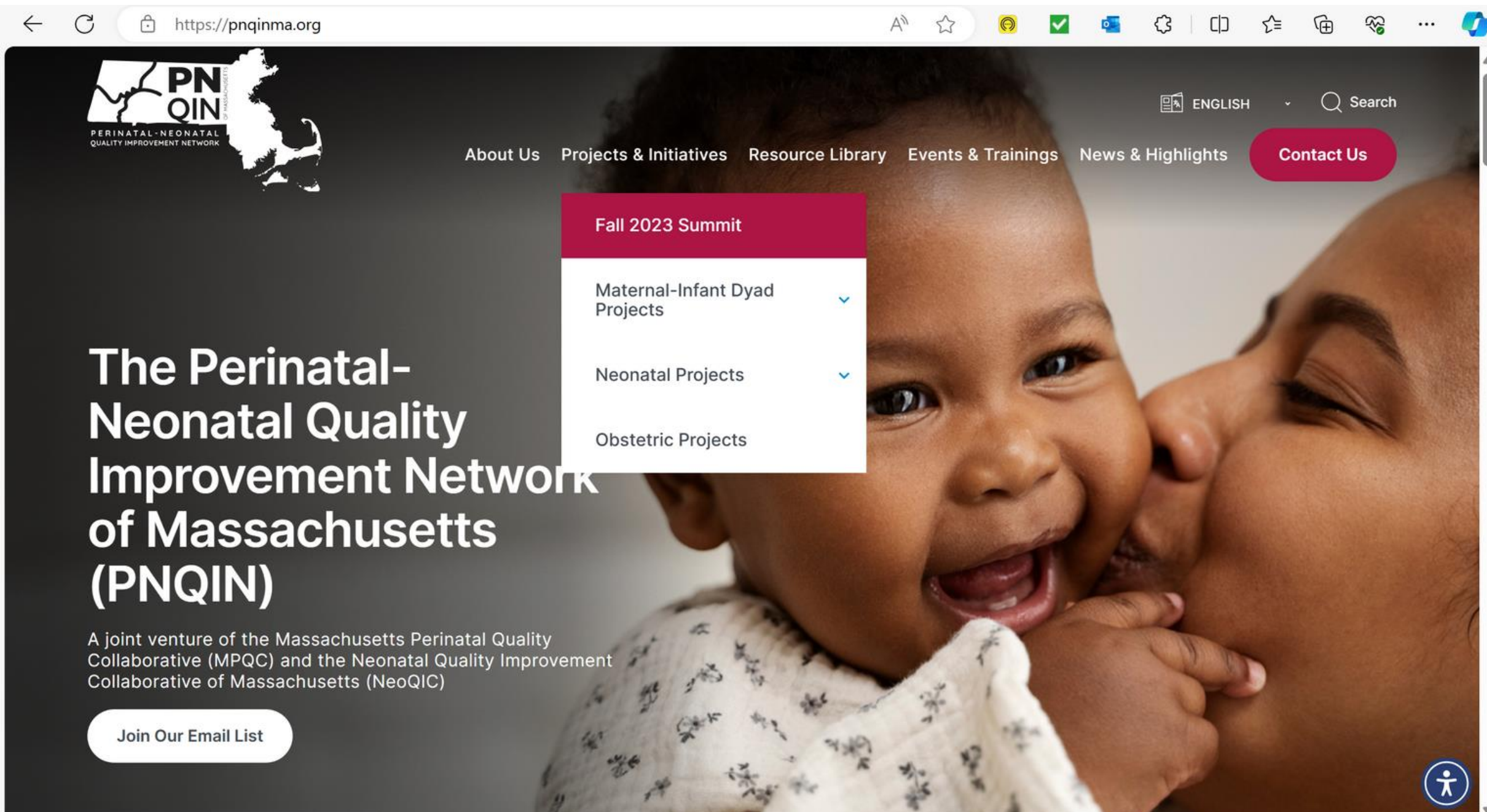
PNQIN Fall 2023 Summit on 12/11/23

- **296 attendees**
- **78 hospitals and partner organizations**
- **Highlights:**
 - AIM Maternal Mental Health Bundle
 - Mental Health in the NICU
 - Equity & Systems Change
 - The Family Voice story of infant loss
- **Event praised by our new DPH Commissioner**
- **Constructive feedback and ideas for next summit (6/26/24)**
 - Further integration of patients and their lived expertise
 - Presenters from more disciplines, more community hospitals
 - Additional opportunities for audience engagement

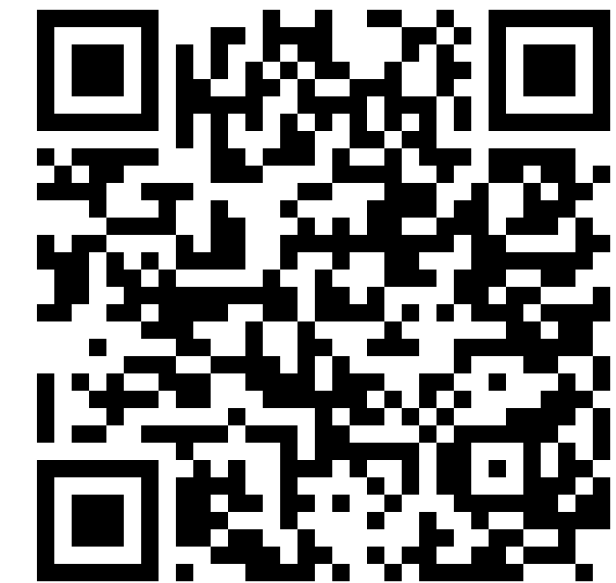




FALL SUMMIT MATERIALS AVAILABLE!



Access presentation slides and resources using password: **“F23Summit”**



UPCOMING WEBINAR

Tuesday, January 30
12 - 1 PM ET

PQI Innovation FREE Webinar Series:

A Narrative Review of the Role of PQCs in Promoting Birth Racial Equity



Audra Meadows
MD, MPH, FACOG



Renée Byfield
MS, RN, FNP, C-EFM



Hafsatou Diop
MD, MPH

Learn more and Register!

Webinar Objectives:

- Describe why birth equity efforts are needed in the United States.
- Discuss the role of quality improvement methods and tools to achieve birth equity.
- Outline the findings from the narrative review that was published in the Green Journal: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10510807/>

**Register
Here!**



UPCOMING EVENT



28 DAY ANTI-RACISM CHALLENGE, v2

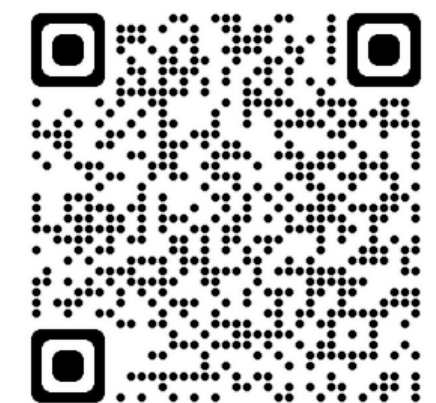
Two-thirds of pregnancy-related deaths are preventable, and Black women are three times more likely to die from a pregnancy-related cause than white women.

How will you do your part?

Join us for daily opportunities to reflect, learn, and act.

- PQI's 28-Day Anti-Racism Challenge begins February 1, 2024. When you register, you will receive a daily email with links to each day's challenge activities. EVERYONE is invited to join the challenge!

Register Here!



UPCOMING FREE TRAINING



MA SPEAK UP Champion™ Implicit and Explicit Racial Bias Education March 15 & 22, 2024

The SPEAK UP Champion™ Implicit and Explicit Racial Bias Education is a total of eight hours over two days (March 15th & 22nd) of live virtual interactive learning that outlines quality improvement strategies to support individuals and groups with dismantling racism, providing quality equitable care, and reducing health disparities. **Access the full brochure & agenda [here!](#)**

Time: 8:30am-12:30pm EST, both days

Location: Zoom (link provided after registration)

Cost: FREE

**Register Here
by February 23,
2024**



National SPEAK UP Ambassador™ Implicit and Explicit Racial Bias Education

The SPEAK UP Ambassador™ Implicit and Explicit Racial Bias Education outlines strategies to help individuals and groups dismantle racism, provide quality equitable care, and reduce health disparities. The education is provided via a live virtual interactive format.

Date: Friday, May 17 8:30AM-2:30PM

Location: Zoom

Cost: FREE

Presenters: Renée Byfield, MS, RN, FNP and Debra Bingham, DrPH, RN, FAAN

Contact: India Olchefske,
info@perinatalqi.org

Register Here



ANNOUNCEMENT

Become SPEAK UP Faculty



If you have completed the Champion and Ambassador courses, applying to become SPEAK UP Faculty is the next step on your SPEAK UP journey.

PQI developed a train-the-trainer approach to prepare a cohort of SPEAK UP Faculty to spread the program. This is an opportunity for SPEAK UP Faculty to host their own SPEAK UP course.

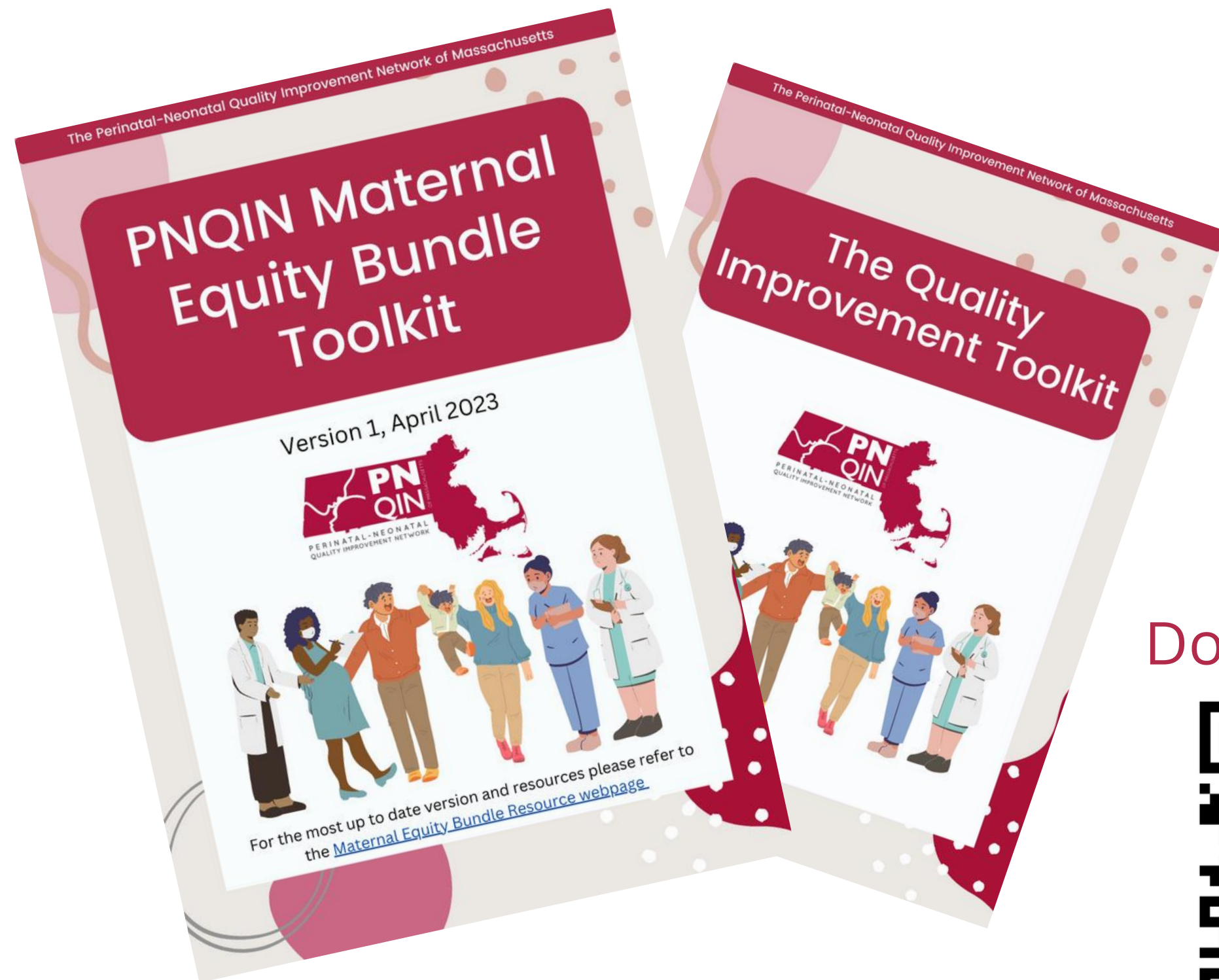
Learn more & apply here:

Application Deadline:

May 1, 2024



RESOURCES



Download here!



Our Respectful Care Commitments to *Every* patient



- 1 Treating you with dignity and respect**
throughout your hospital stay
- 2 Introducing ourselves and our role**
on your careteam to you and your support persons upon entering the room
- 3 Learning your goals for delivery and postpartum:**
What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
- 4 Working to understand you,**
your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
- 5 Communicating effectively**
across your health care team to ensure the best care for you
- 6 Partnering with you for all decisions**
so that you can make choices that are right for you
- 7 Valuing personal boundaries and respecting your dignity and modesty at all times,**
including asking your permission before entering a room or touching you
- 8 Practicing “active listening”**
to ensure that you, and your support persons are heard
- 9 Recognizing your prior experiences with healthcare may affect how you feel during your birth,**
we will strive at all times to provide safe, equitable and respectful care
- 10 Making sure you are discharged after delivery with an understanding of postpartum warning signs,**
where to call with concerns, and with postpartum follow-up care visits arranged
- 11 Ensuring you are discharged with the skills, support and resources**
to care for yourself and your baby
- 12 Protecting your privacy**
and keeping your medical information confidential
- 13 Being ready to hear any concerns**
or ways that we can improve your care
- 14 Timely attention to your needs,**
including taking your pain level seriously



Ariadne Labs and the Perinatal-Neonatal Quality Improvement Network (PNQIN) of Massachusetts work with patients, nurses, midwives, doctors, hospitals and community organizations to making birthing safer and eliminate maternal disparities by ensuring all patients receive respectful and high-quality care.



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Team Presentation



Mass General Brigham

Mimi Pomerleau, Karen Manganaro,
Barbara Stabile & Emily Reiff





Mass General Brigham

The PNQIN Maternal Equity Bundle

Optimizing Racial Equity Action Across Massachusetts

Mimi Pomerleau
Karen Manganaro
Barbara Stabile
Emily Reiff



January, 2024

Agenda

- describe how you started your equity project
- any leadership support
- where you are in your site's equity journey including accomplishments, challenges, & future directions
- how you overcame any challenges



Equity Bundle



- Many members of UBT (Unit Based Teams) attended but no discussion after webinars
- UBT best venue to address the work
- No formal leader identified
- Many system groups addressing equity-

Perinatal Quality Improvement Team “UBT”

- Interdisciplinary group – monthly meetings
 - Address Joint Commission data
 - Address safety concerns
 - AIM Bundles-recommended this is our equity bundle team
- Hospital /system wide- equity focus



PNQIN MATERNAL EQUITY BUNDLE

Gather a multidisciplinary team to implement the Maternal Equity Bundle at your hospital in conjunction with hospitals across MA and with the support of PNQIN to reduce racial inequities in maternal health.



Structure Measures

- Equity Team
- REAL Data Dashboard
- Practical PREMS
- Community Engagement

Process Measures

- % Staff Trained Bias and Respectful Care
- % Perinatal Care Standard Met by REAL
 - OB HEM Risk Assessment
 - QBL Use
 - Severe HTN - Timely Treatment

Outcome Measures

- SMM 20/21 Rates by REAL
- PREMS Respectful Care Index by REAL

UBT team

Data

PREMS- part of team birth

Community engagement- ?

Staff training

-System wide health stream

-SPEAK UP- staff paid to attend!

Data by race and ethnicity

- SMM rates- do review race /ethnicity
 - BLC (AKI-deep dive)
- PREMS- Team birth



PNQIN / AIM bundle resources

- PNQIN MA SPEAK UP Equity webinars- 4 part series
- Recorded webinars
 - PQI equity webinars- support organizations accomplish equity goals
 - creating anti racism statement
 - improving data collection and review process
 - performing team and family debrief with racial equity lens
 - ensuring maternal care standards are met for birth equity
- MA TEAM Birth Cohort



BWH Anti-racism Statement

We believe that systemic racism is a public health issue which impacts our patients, workforce, and the communities we serve.

Our mission is to dismantle the barriers, systems, and actions inside and outside our walls to provide excellent care and equity for all.

Perinatal quality improvement goals:

- We commit to treating patients, families and health care team members with respect and professionalism regardless of skin color, ethnic and cultural background, gender identity, language, religious beliefs, ableism, or immigration status.
- We commit to designing and implement interventions that promote and support health equity (birth equity).



BWH Goals for 2023

Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable Goals (SMARTIE):

1. Implement Team birth April 10, 2023 in labor with long range to expand mother baby, Antenatal, and NICU
2. By June 2023 we will collect quality metrics by race ethnicity, language and priority neighborhoods
 - Identify strategies to capture social determinants of health and ableism
3. Caregivers will routinely undergo inclusion, equity, and diversity education with the goal of building a community that stands firm against racism and discrimination. We challenge ourselves to identify, discuss, understand and address racism and its impact on perinatal health and correct systemic racism and resulting inequities in care. (increase by 10% the number of staff who attend PQI Speak UP training.
4. Language interpretation assistance will always be available and used . By September 2023 will increase the number of virtual interpreter services iPad available on units- (goal to have 4 devices per unit with stretch goal of one for every patient)
5. Create multilingual patient education and correspondence. By December 2023 all patient education materials will be available in both English and Spanish (stretch goal 4 languages)



- Data by race ethnicity
 - Epic dashboard
 - SMM reports
 - NRC reports
 - analysts /TJC



Process measure- staff training

Speak up
champions—
50+ from BWH



TEAM BIRTH



Respectful Maternity Care

“A woman knows her body. Listening and acting upon her concerns during or after pregnancy could save her life.”

— **Dr. Wanda Barfield**, Director of CDC’s Division of Reproductive Health



Increase awareness of serious pregnancy-related complications and their warning signs.

Empower pregnant people to speak up and raise concerns.

Encourage patient’s support systems to engage in important conversations with her.

Provide tools for patients and providers to better engage in life-saving conversations.



Some comments from our own patients:

- "One thing that should be taken into consideration is that the mother should have a say on how the birth goes, not have her stay quiet, even if she has an epidural or not. I did not feel like my voice was being heard and I was continuously told that I was liability to the hospital and I cannot make any decisions for my own health. That was not okay. "
- "My experience was unfortunate in that my wishes as a patient were ignored by the attending physician during my delivery."
- "The only growth feedback I have is that there were a few opportunities for including choice in my medical care that could have been clearer that they were a choice. For example, I wanted to donate umbilical cord blood to a cord blood bank and didn't realize until a few days later no one asked me about that and I didn't know when I should have proactively voiced that. If it wasn't an option for me for some reason, that didn't come up either. "



TeamBirth- A structured approach to enhancing respectful maternity care

The tools and processes of the TeamBirth solution embody two design principles:

Teamwork: Promote psychological safety and shared decision-making with the birthing person

Simplicity: Reliably communicate information across the full care team, including the birthing person

And promote four core behaviors:

1.



Promoting each member of the team

2.



Eliciting patient preferences

3.



Distinguishing plan for patient, baby, and labor progress

4.



Setting clear expectations for next huddle



Implementation Team

Team members		Roles
Barbara Stabile	RN, PDM	Project Owner
Margaret Higgins	ACNO	Executive Sponsor
Katie Ullery	Consultant	Project Manager
Adele Bertschy	Project Coordinator	Program Manager
Kate McGovern	Nurse Director	
Margaret Allaire	Assistant ND	
Karen Manganaro	RN, OB Clinical Educator	
Donna Duffy	RN, Practice Council Chair	
Bob Barbieri	MD, L&D Chair	
Nicole Smith	MD-MFM	
Kathy Economy	MD-MFM	
Matt Medina	CNM Staff	
Patience Gallagher	MD-BOGG	
Sarah Little	MD	
Amy Stagg	MD, Residency Coordinator	
Tionna Conley Range	Sr. Administrative Assistant	Administration



TeamBirth – Clinical Champions

Name	Champion of
Matt Medina	CNM
Tom Connolly	NEOGA
Patience Gallagher	BOGG
Jeff Katz	Brookline Village
Katherine Wang	BWH – Faulkner
Randi Leigh	Commonwealth
Julianna Schantz-Dunn	BWH Ambulatory Obstetrics
Nicole Smith	Maternal Fetal Medicine
Amy Stagg	Resident Program
Elena Lagon	Resident Program
Tom Kishkovich	Resident Program
Rafik Mansour	Boston Obstetrics
Michaela Farber	Anesthesia
Emily Reiff	CRICO Safety Program



ROOM

DATE

PLANNING BOARD

GESTATIONAL AGE

MY TEAM

My name:

My supports:

OB/CNM:

Nurse:

Anesthesiologist:

ABOUT ME

My preferences:

Good to know:

About my baby:

MY PLAN

Me:

Baby:

Labor progress:

Huddle time:

Anticipated next huddle:



TEAM BIRTH

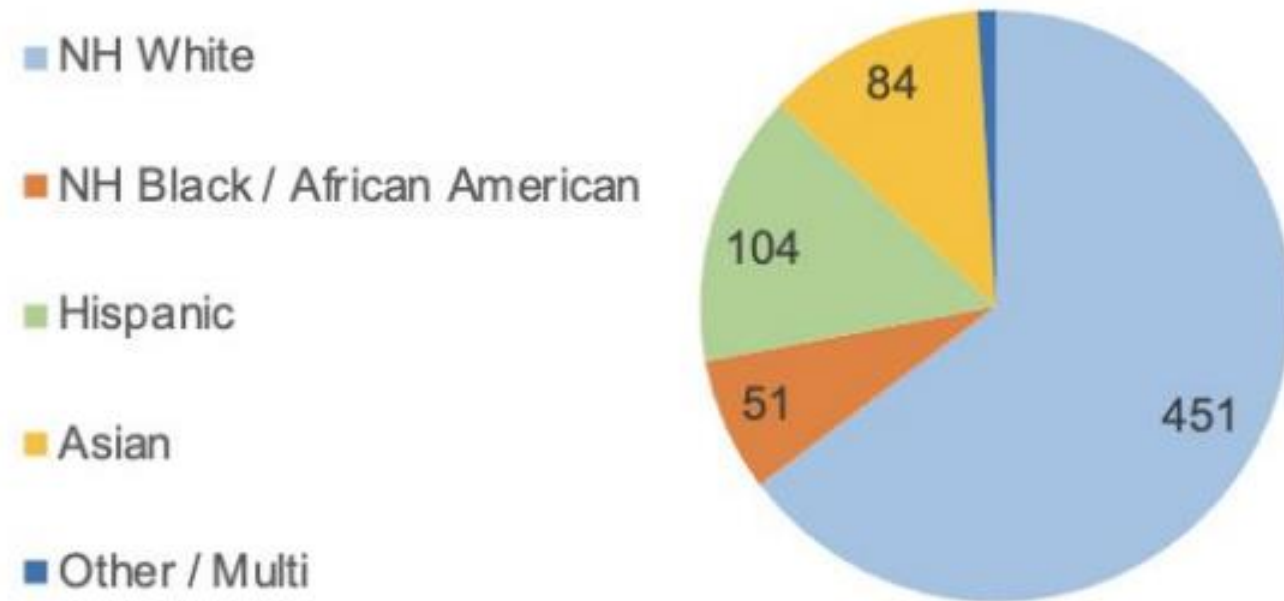
Outcomes



Demographics & Mode of Delivery



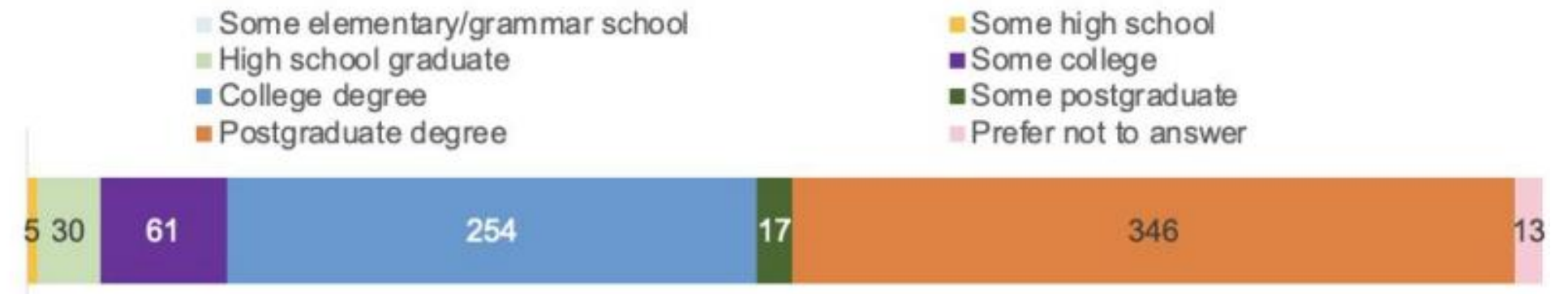
Race & Ethnicity:



Language Completed in:

English: 711 (98%); Spanish: 15 (2%)

Education:



Age: 44% of respondents age 30-34 years

Mode of Delivery:

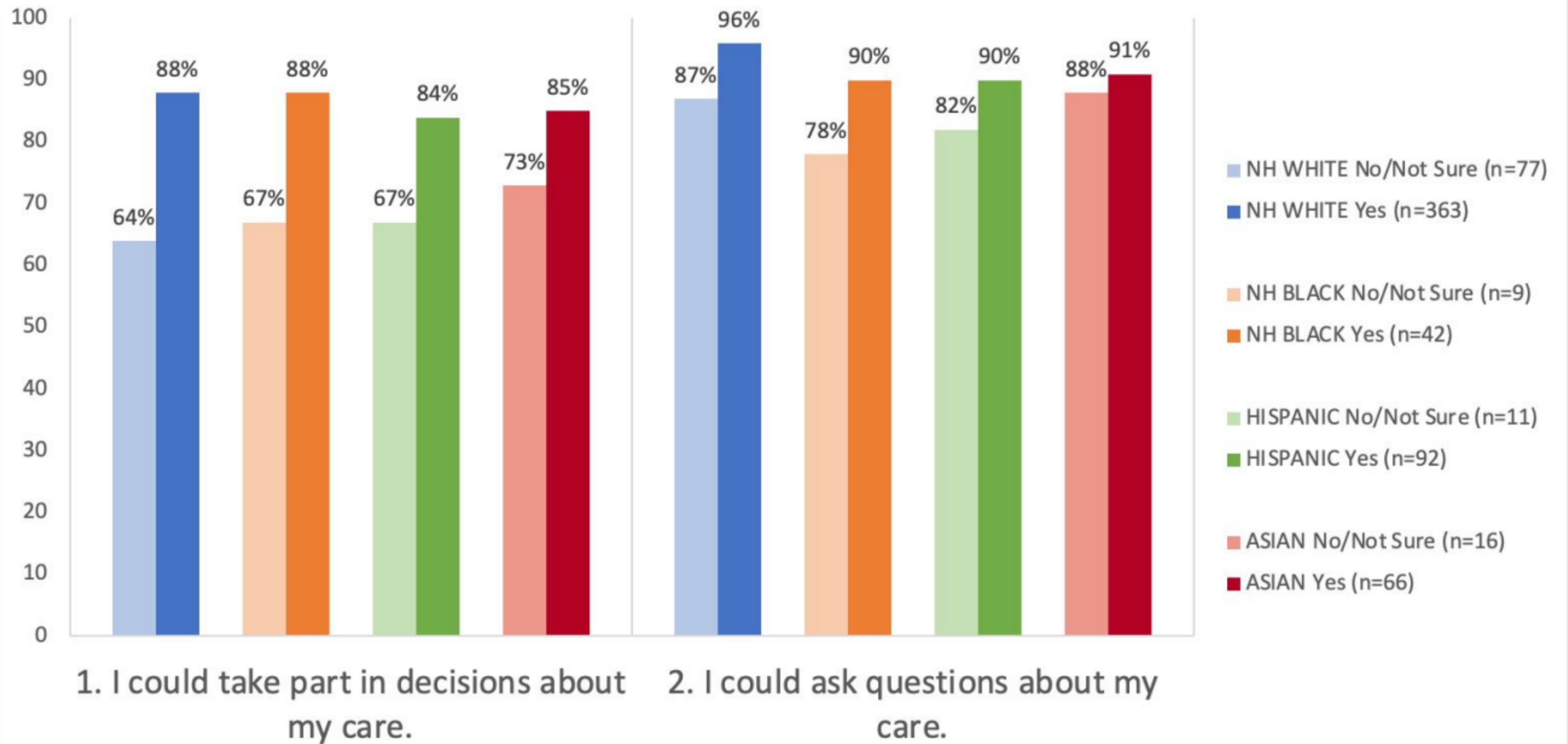
67% vaginal delivery
27% cesarean delivery
6% operative vaginal delivery

Induction

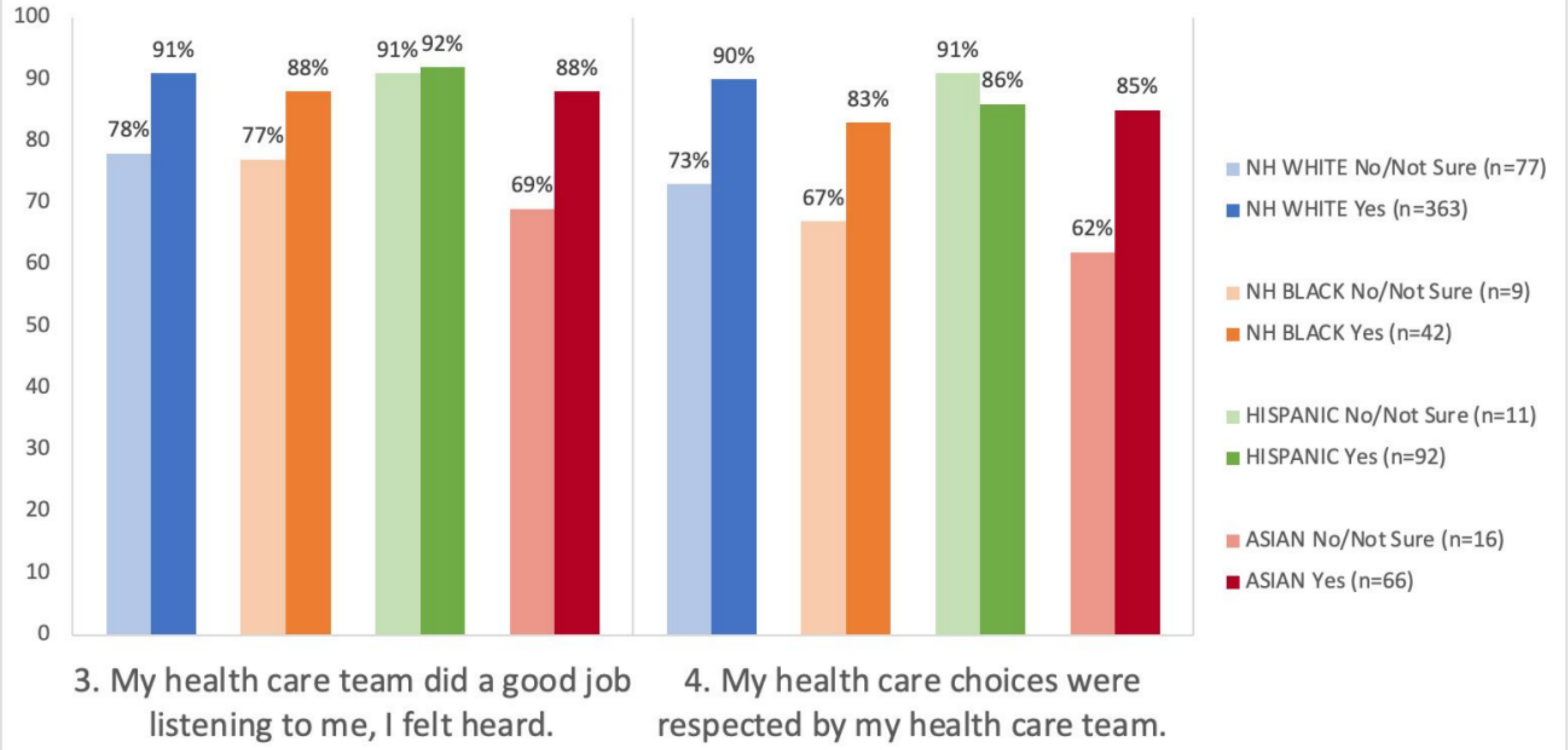
35% yes, for a medical reason
13% yes, elective
48% no
3% prefer not to answer



"Strongly Agree" Responses by Race/Ethnicity and Labor Huddle Status



"Strongly Agree" Responses by Race/Ethnicity and Labor Huddle Status



Patients feel informed and trust the team around them

“ I was particularly grateful and impressed with the access to specialist to **discuss pros and cons** of forceps and to have had a successful forceps delivery. *(Patient responded “Yes” huddle, NH White)*

“ I believe the **patient knows their body the best** and should trust their instincts rather than going off of "popular opinion". Thank you for everyone who assisted in the successful birth of my baby. *(Patient responded “Yes” huddle, NH Black)*

Patients felt respected and cared for:

“

My labor and delivery team were amazing-Kind and supportive. They explained everything well and **respected my choices**. Thank you! (pt responded yes huddle, NH white)

“

The doctor, midwives and nurses were amazing and attentive. They were very patient, understanding, and communicated well with me regarding my care and my baby's care.

I can't thank them enough. They checked in on us regularly and **made sure we felt heard, safe and cared for**. I would definitely recommend this hospital to others. Thank you again. (pt responded yes huddle, NH black)



Provider outcomes



Physician and midwife survey assessment

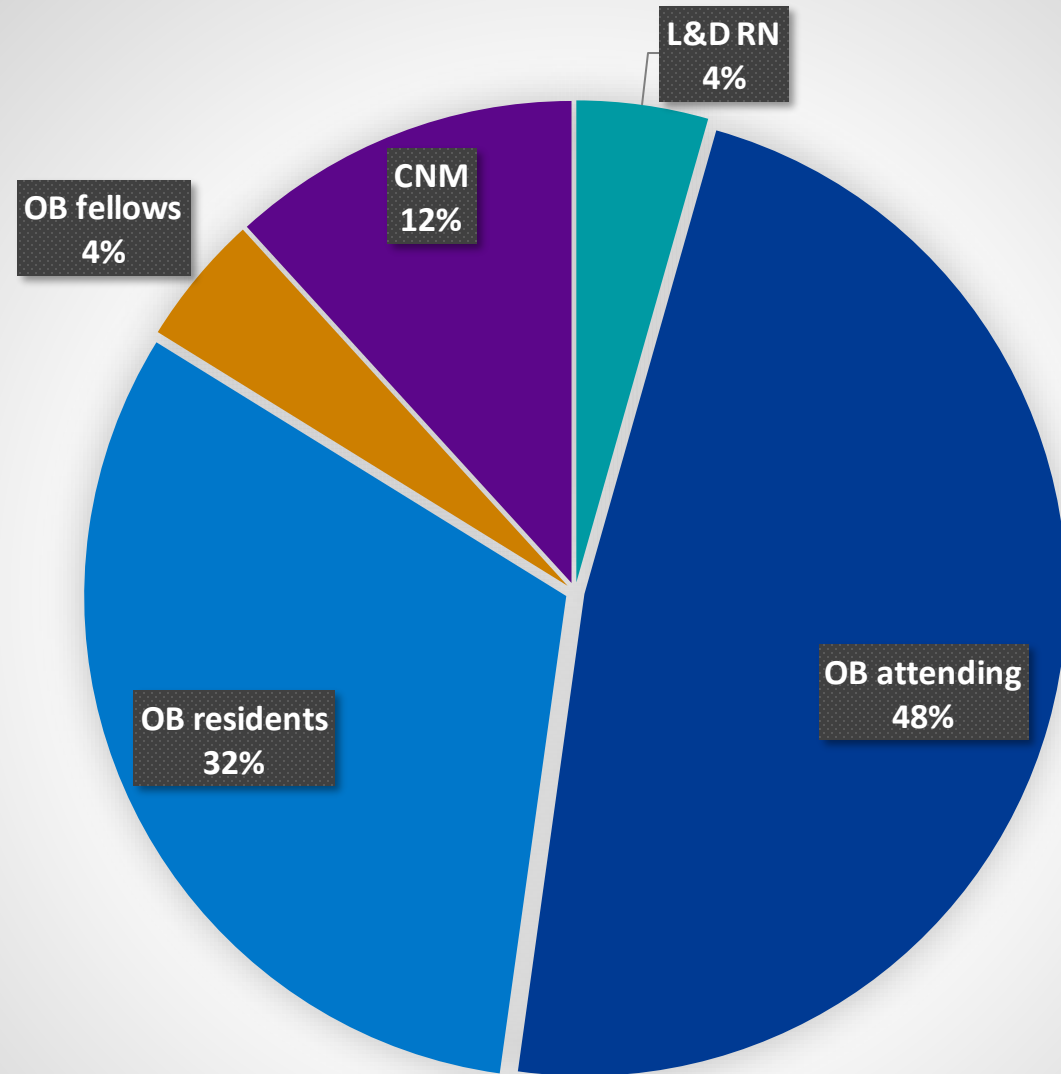
Pre / post Team Birth implementation

100% completion by physicians and midwives

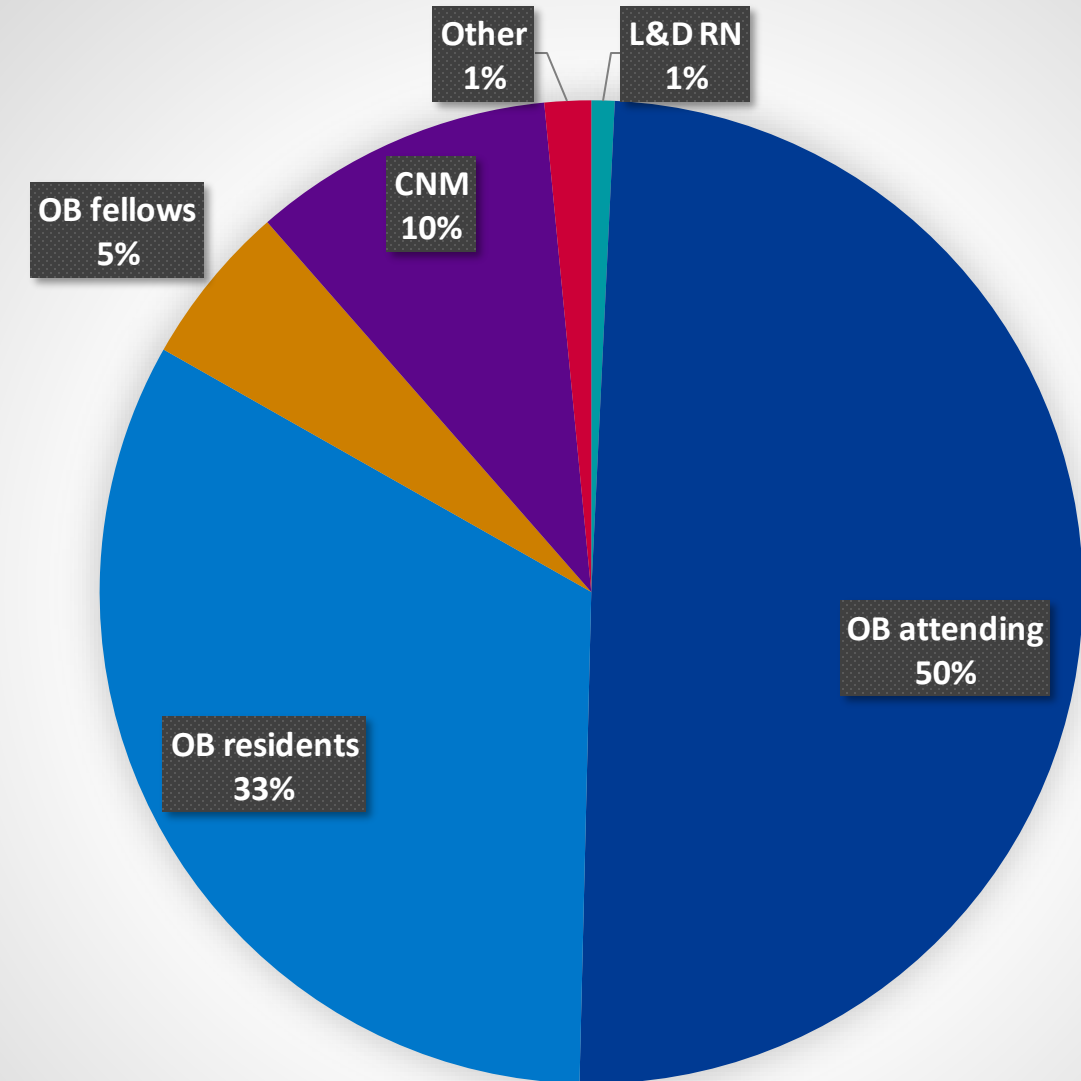


Completion of survey by role

PRE IMPLEMENTATION

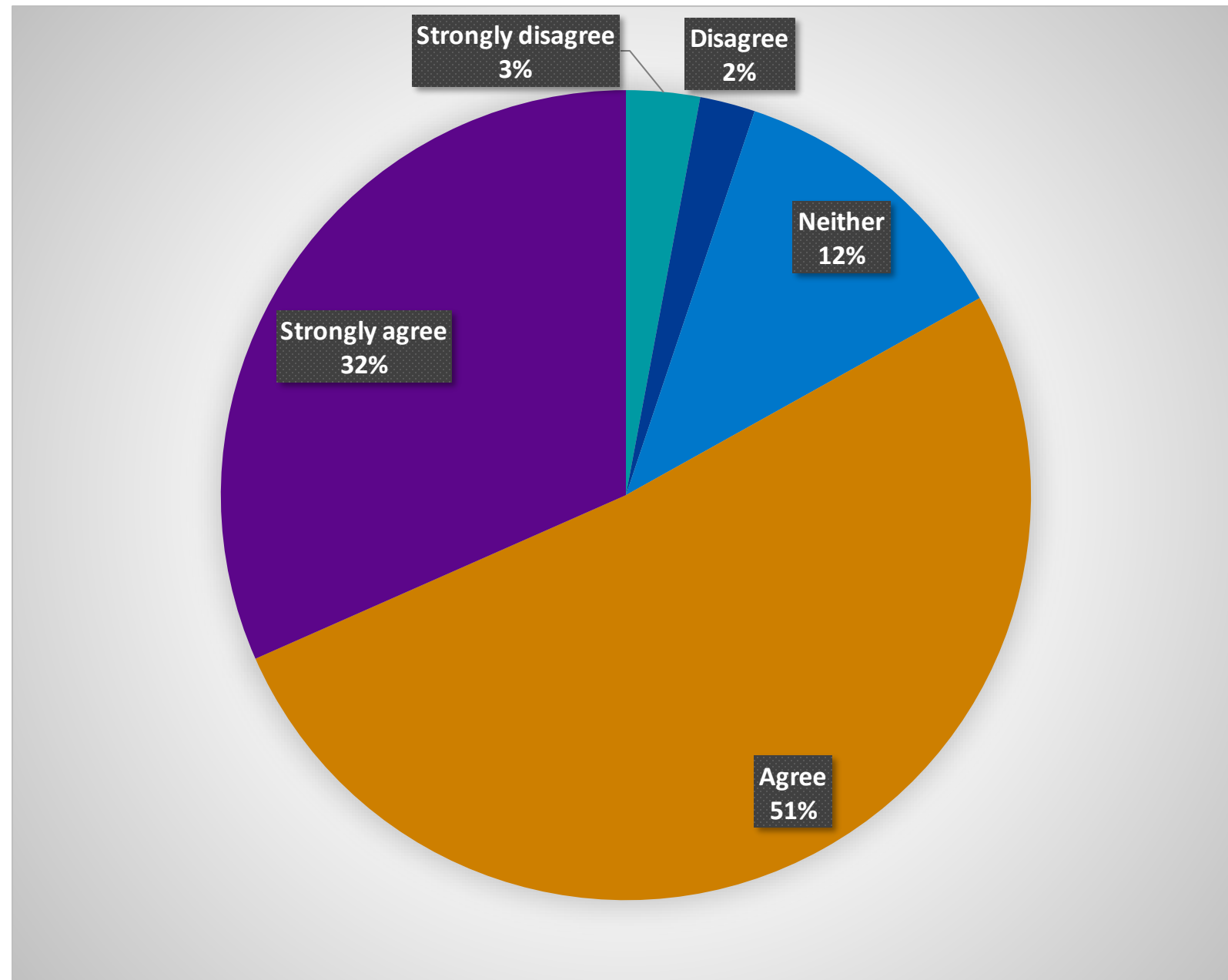


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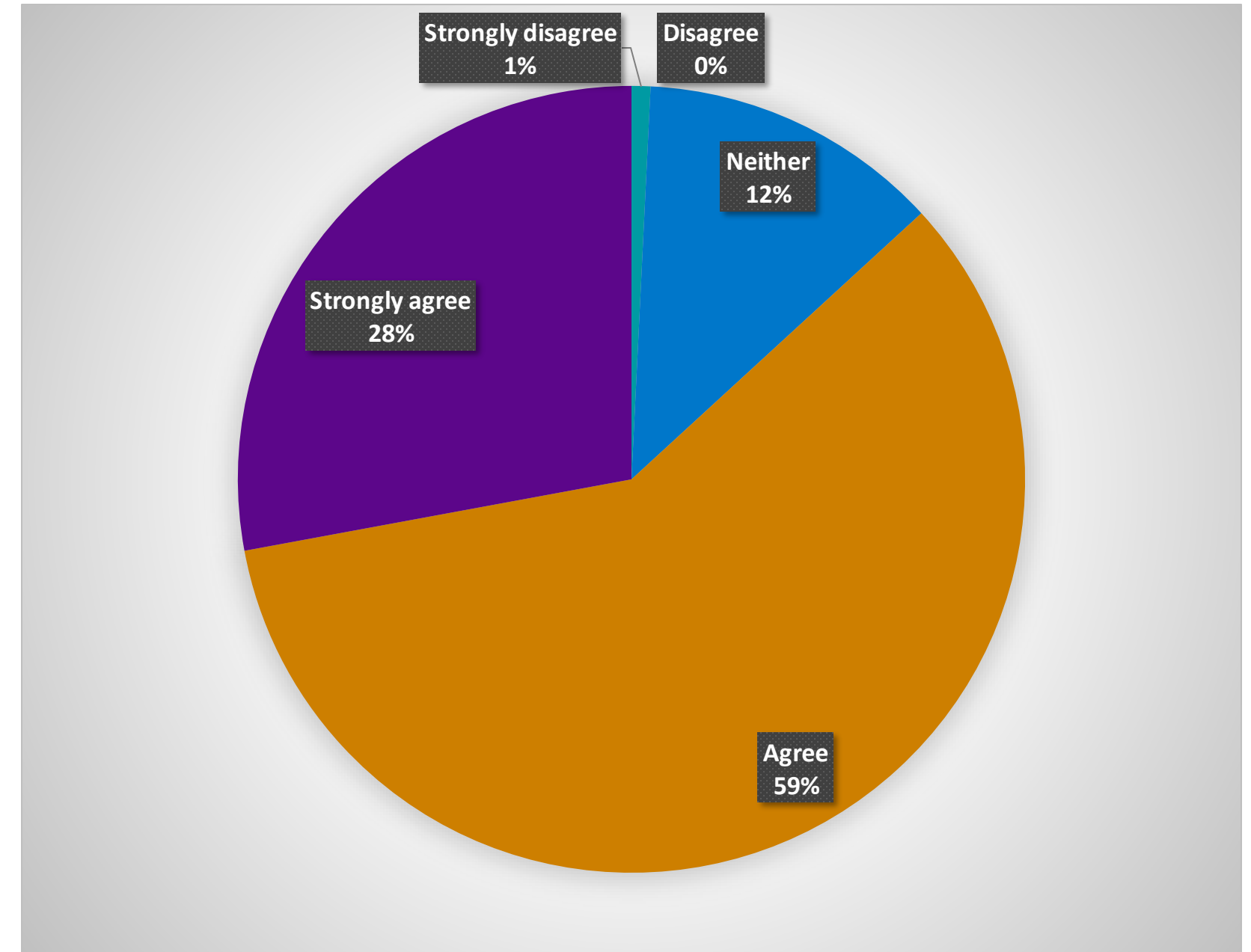


Team Birth is important

PRE IMPLEMENTATION

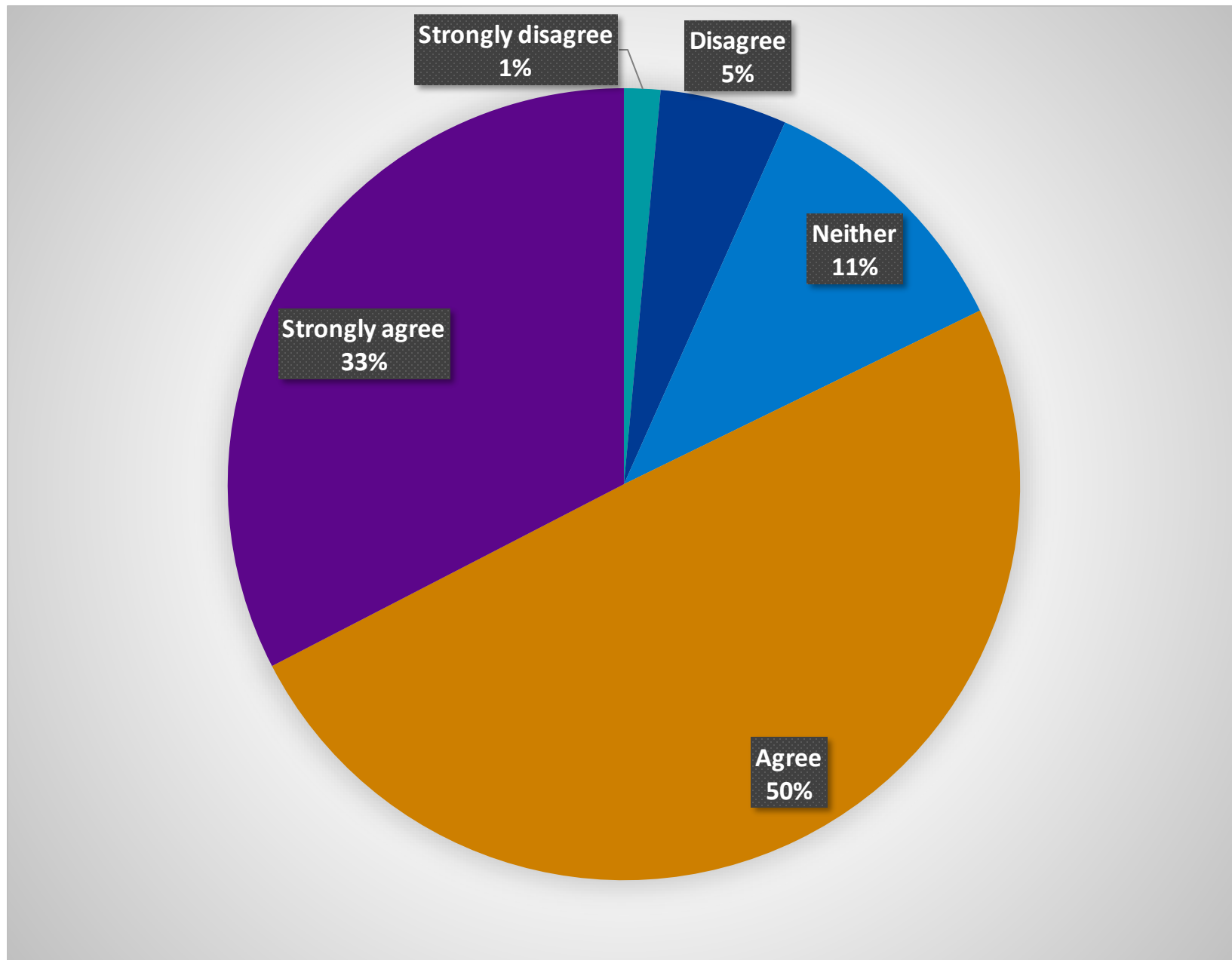


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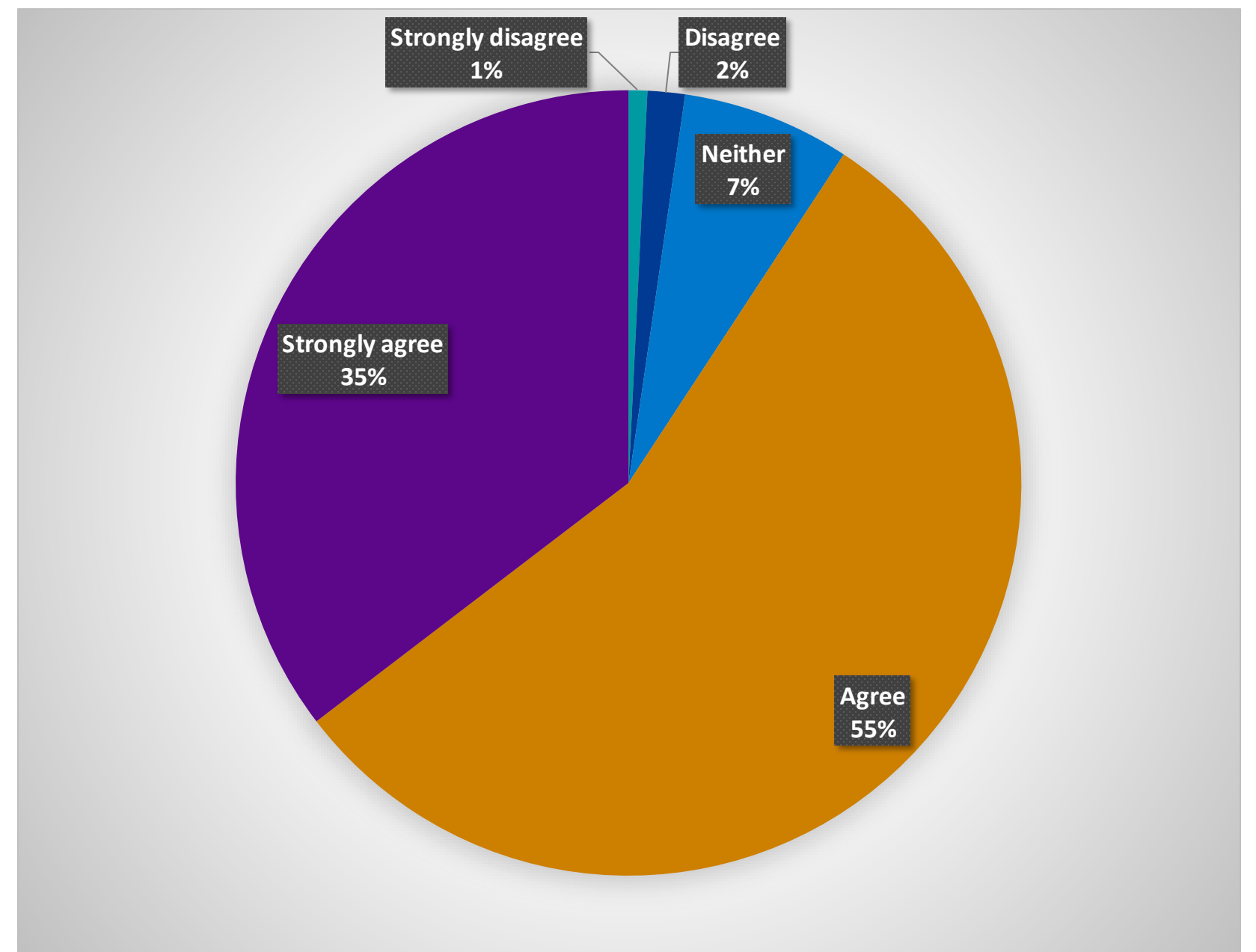


Team Birth is feasible

PRE IMPLEMENTATION

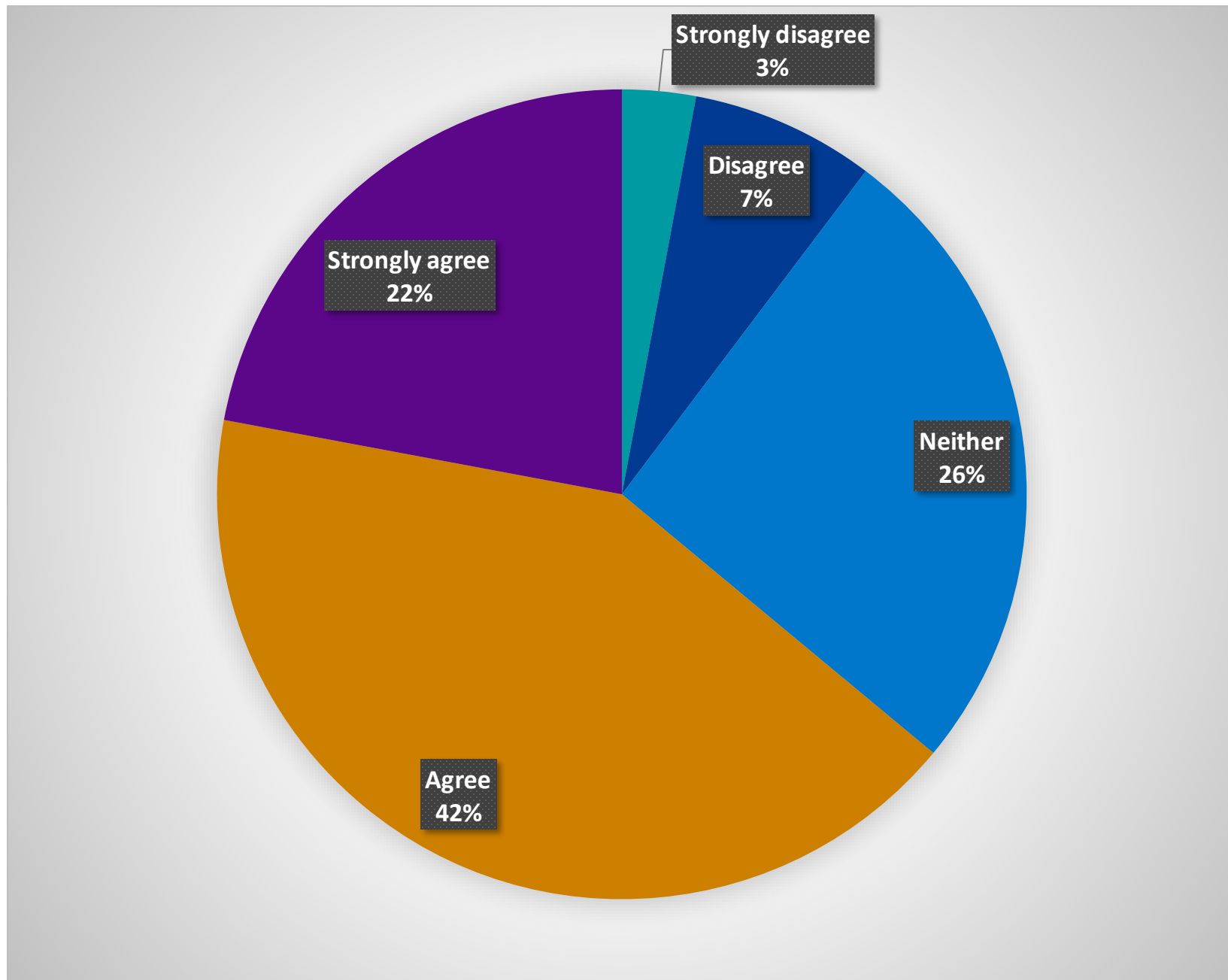


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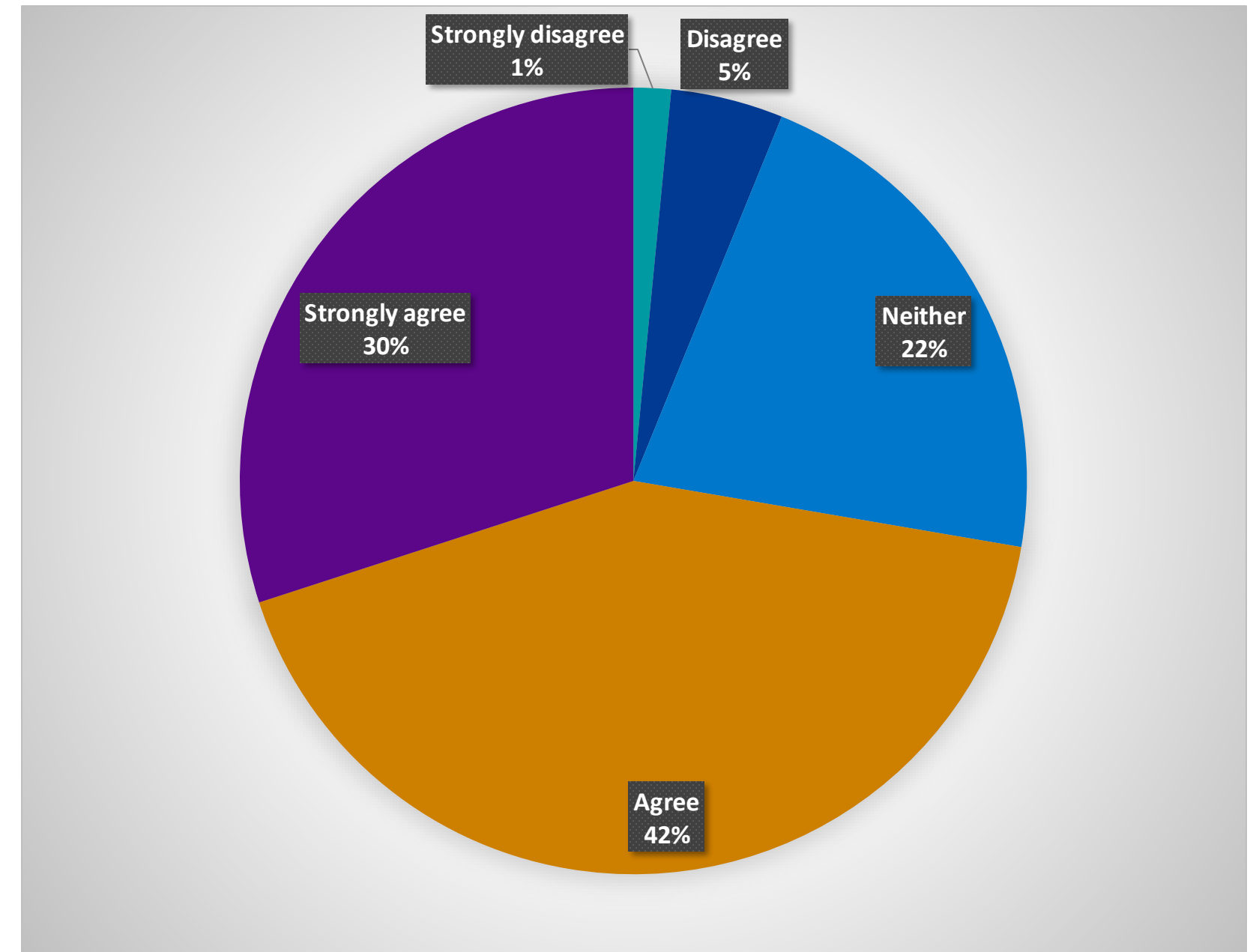


Team Birth is a good use of QI resources

PRE IMPLEMENTATION

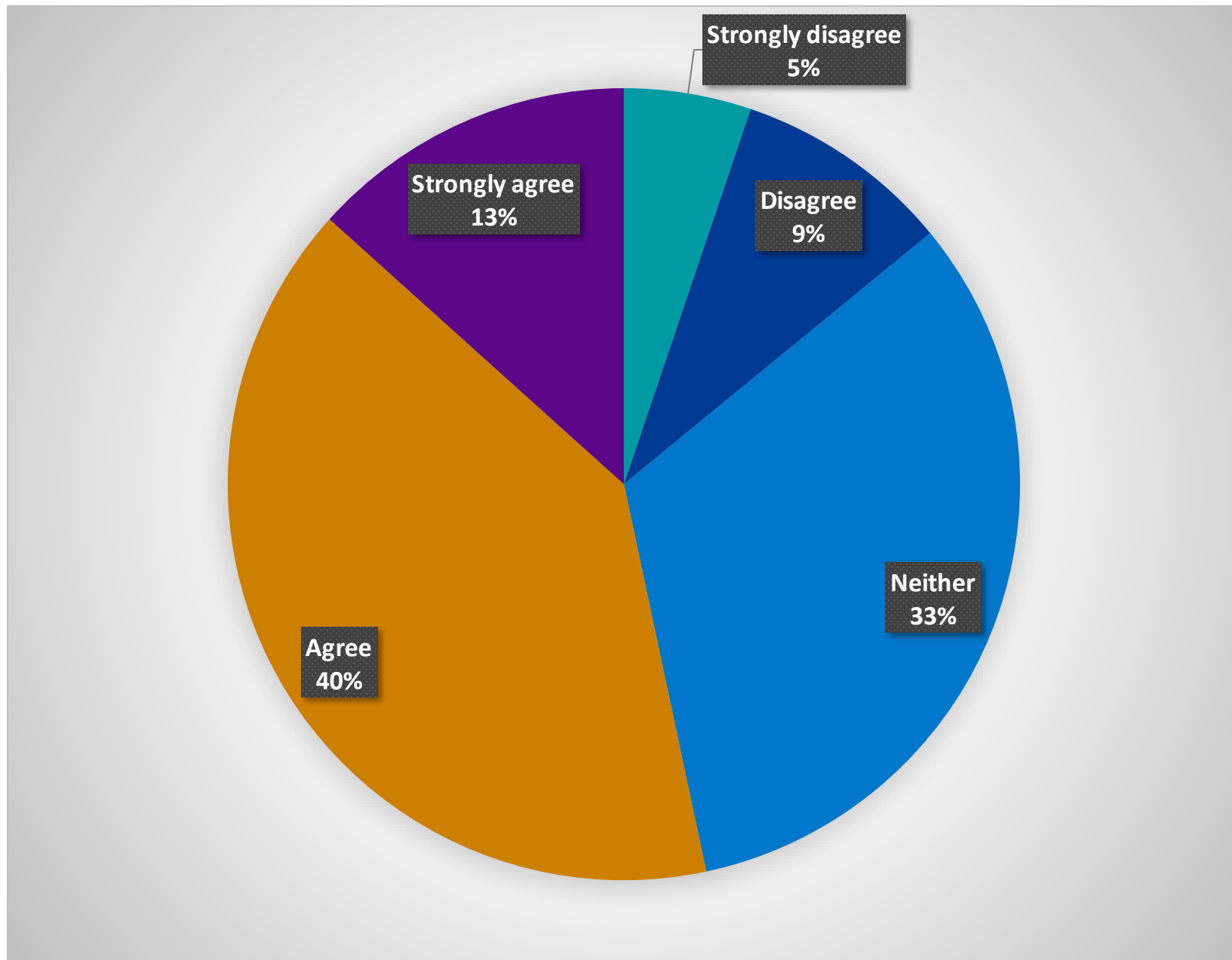


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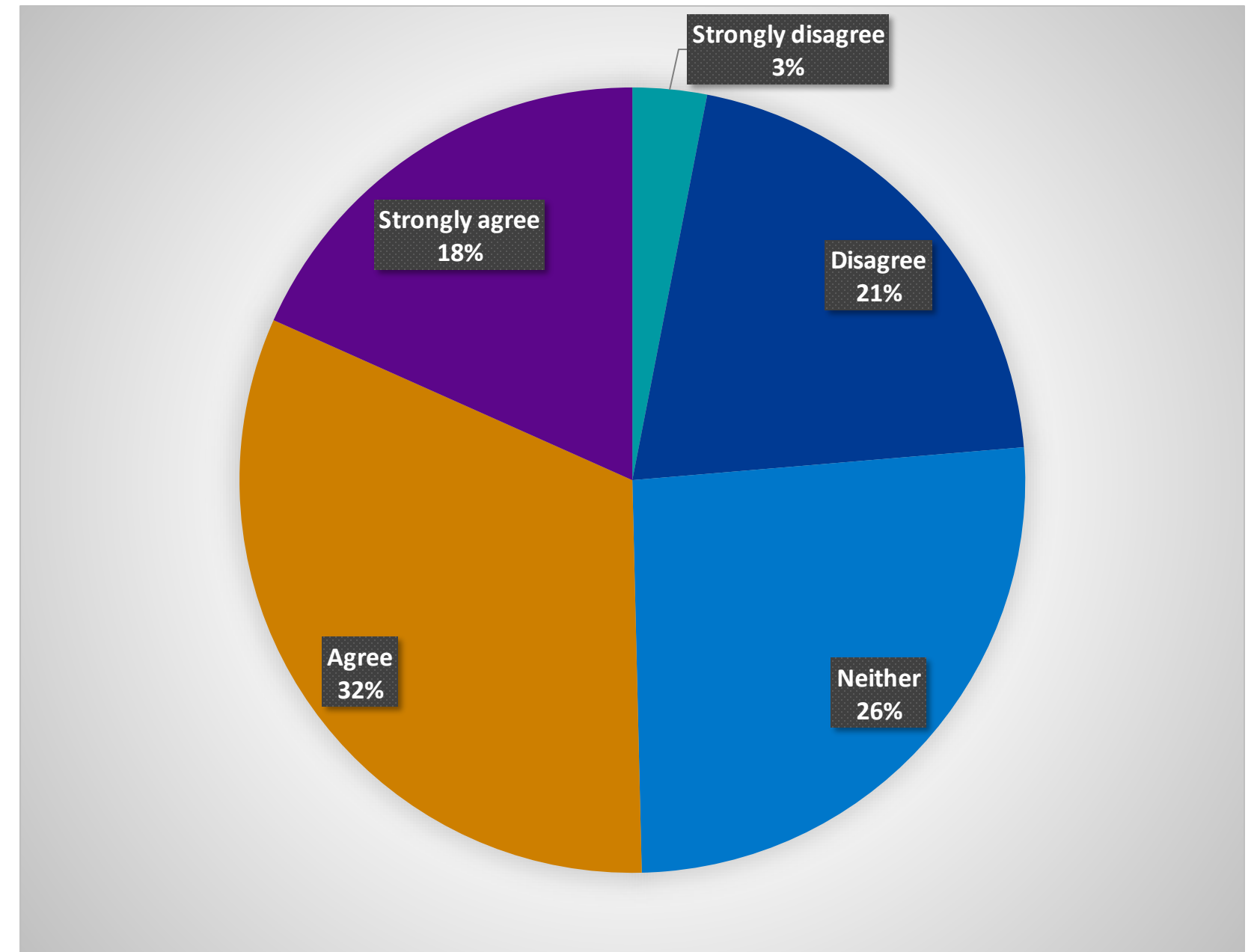


Team Birth appropriately addresses issues on our labor floor

PRE IMPLEMENTATION



POST IMPLEMENTATION

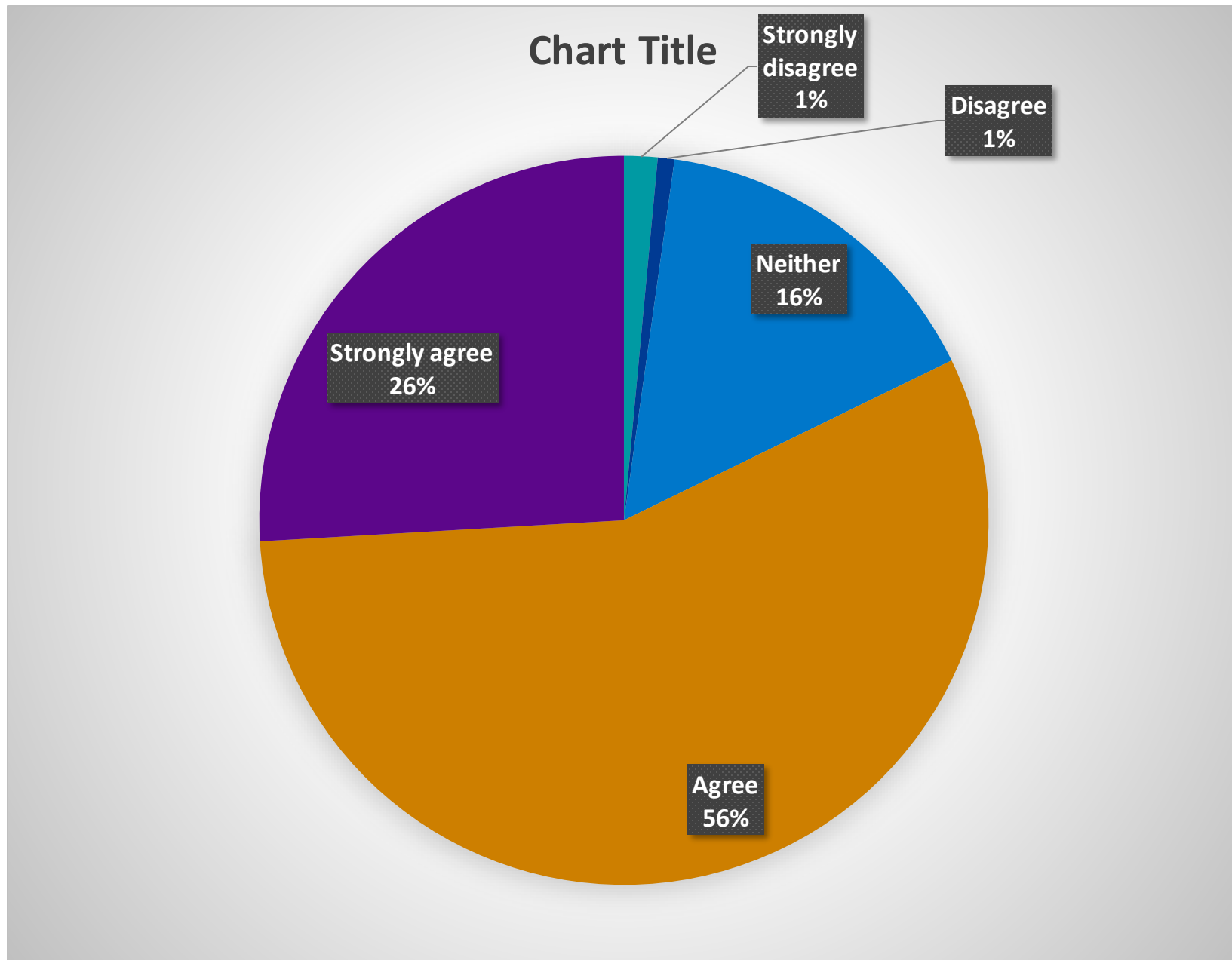


Less agree that this addresses issues on our labor floor

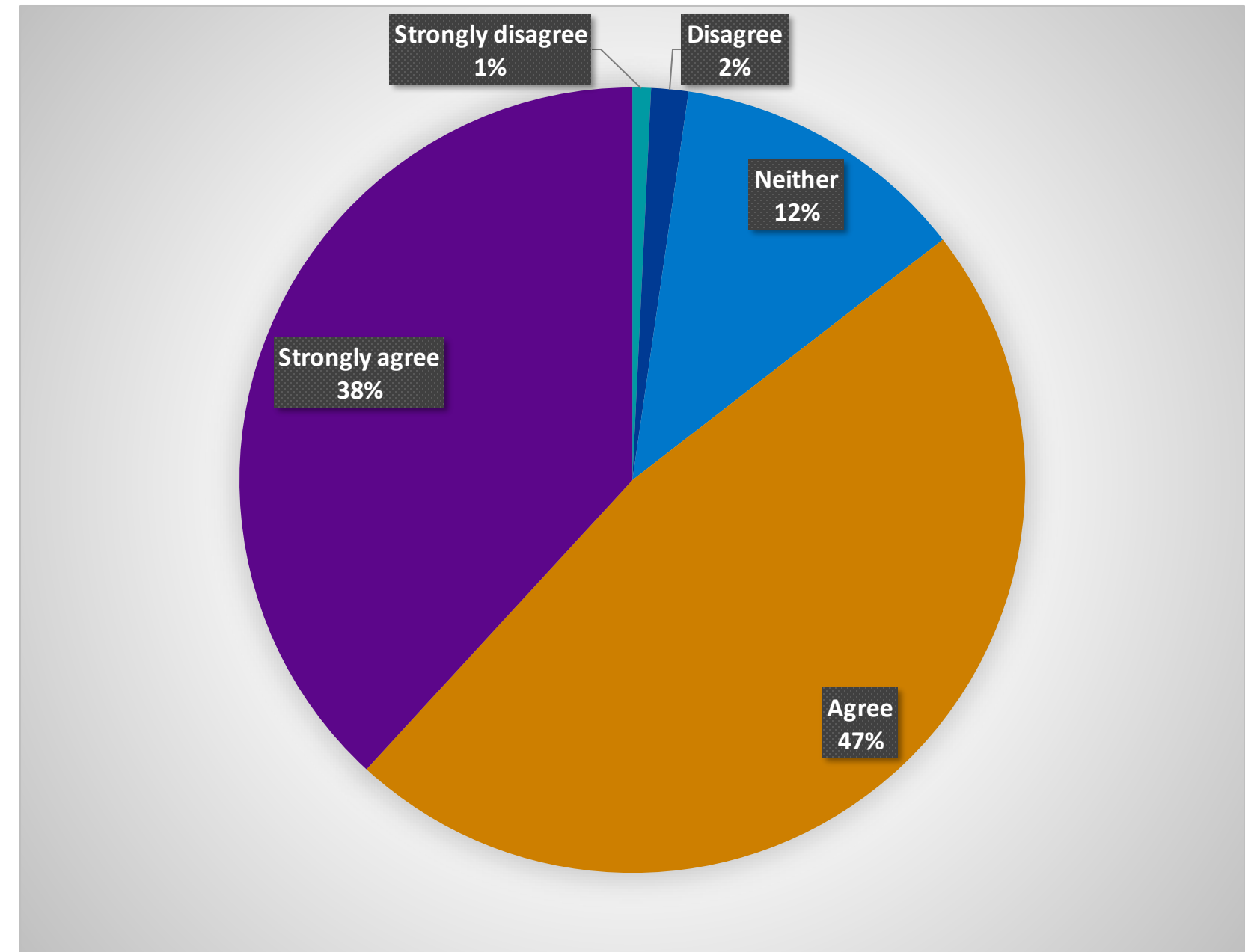


Team Birth improves patient experience

PRE IMPLEMENTATION

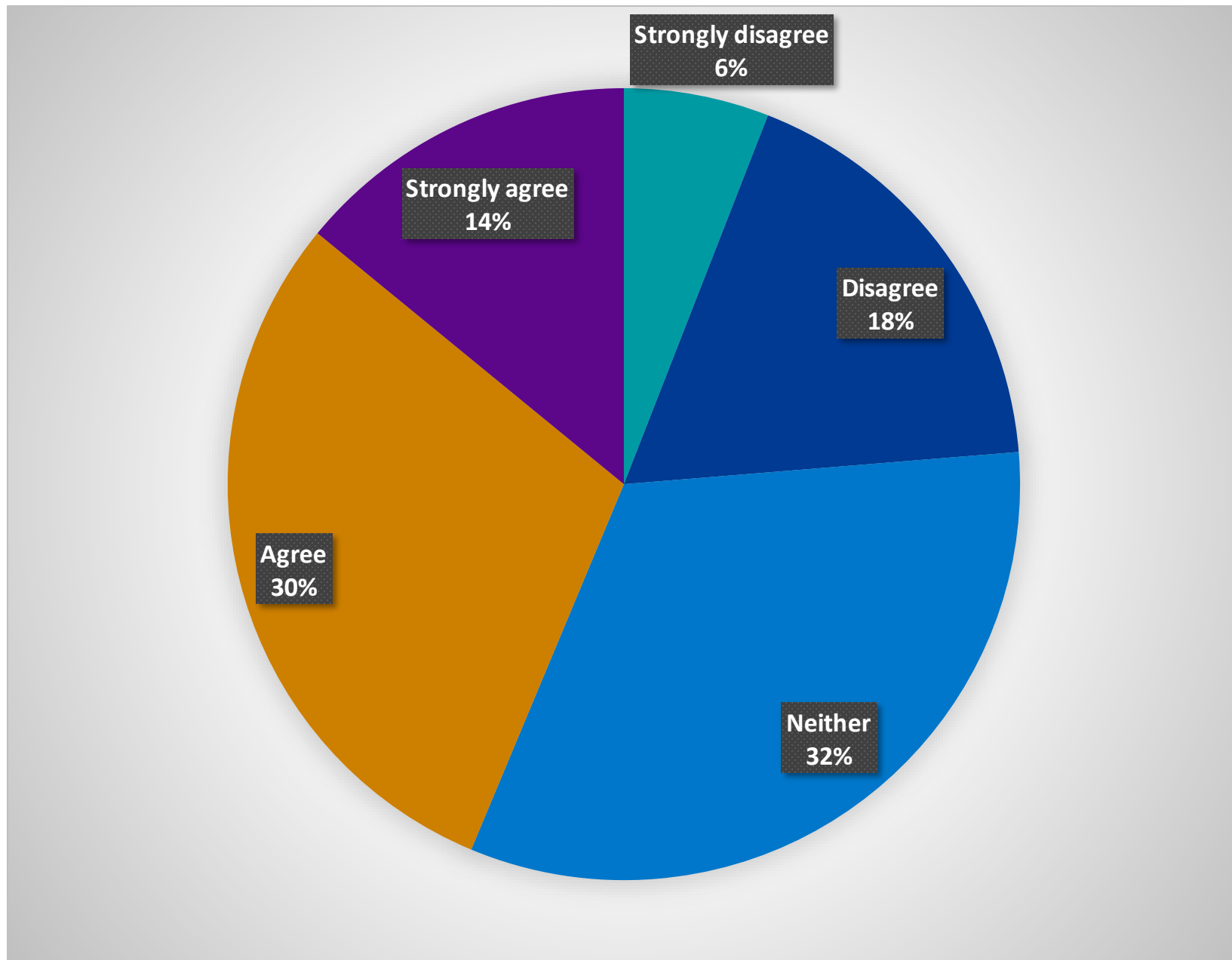


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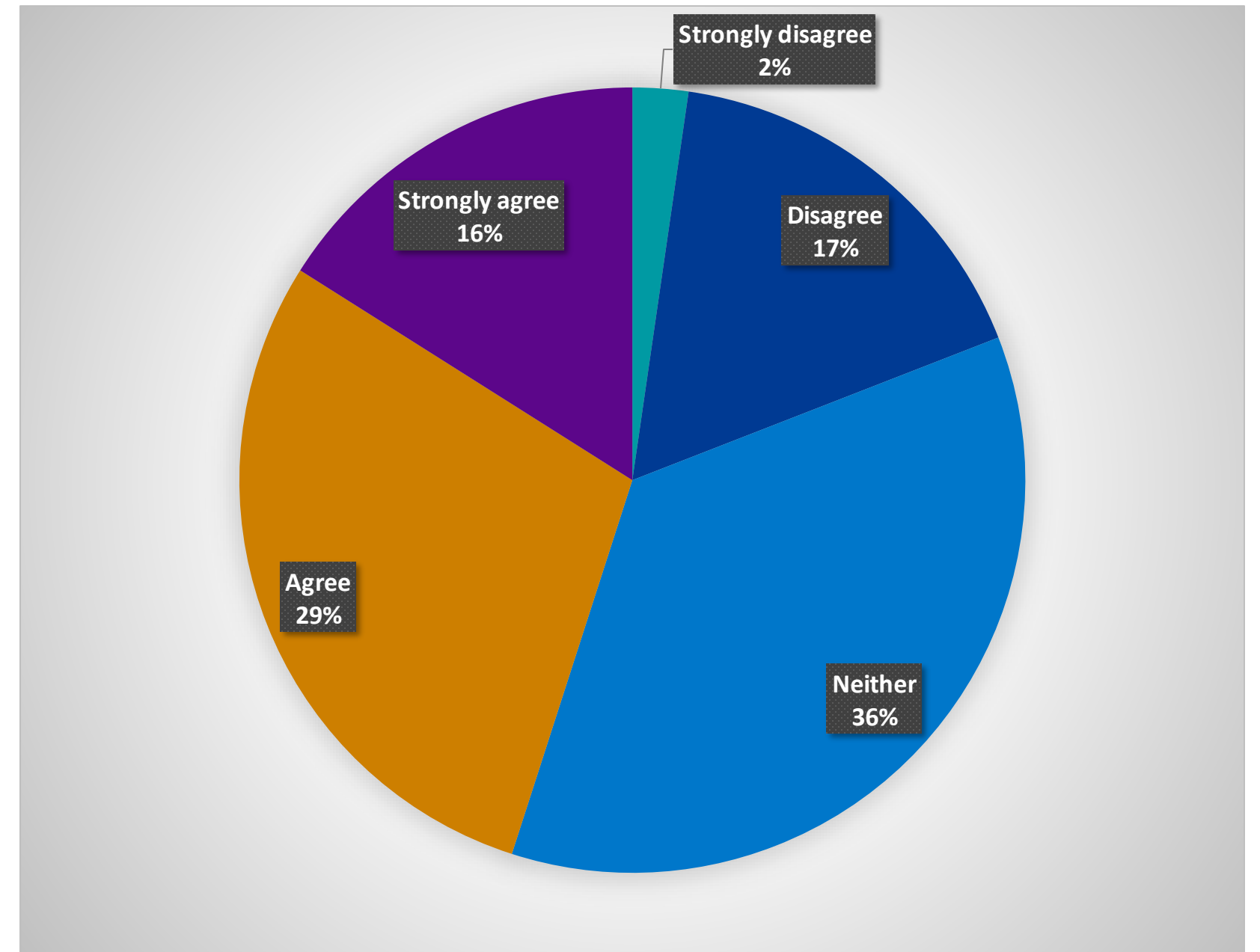


Team Birth improves provider experience

PRE IMPLEMENTATION

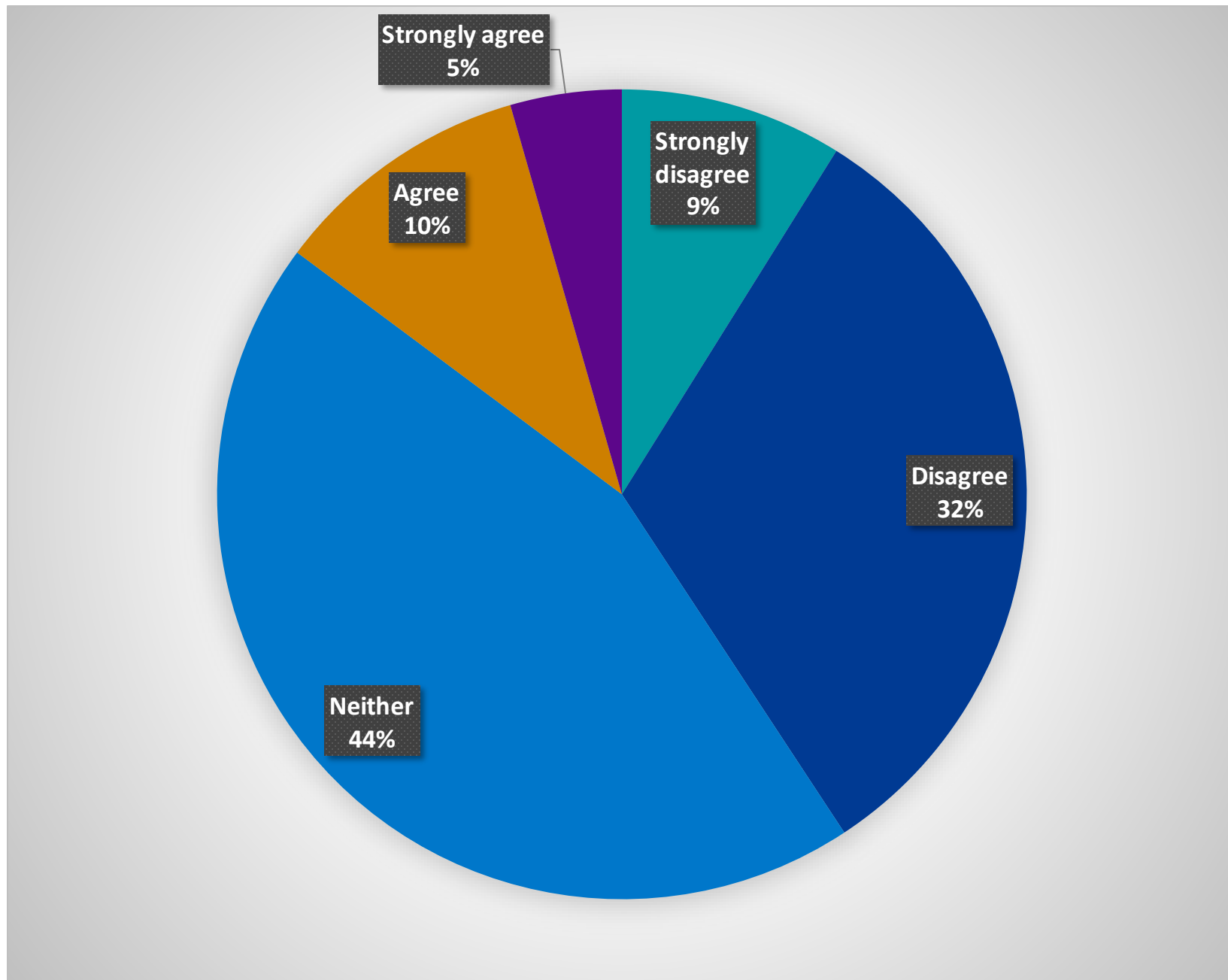


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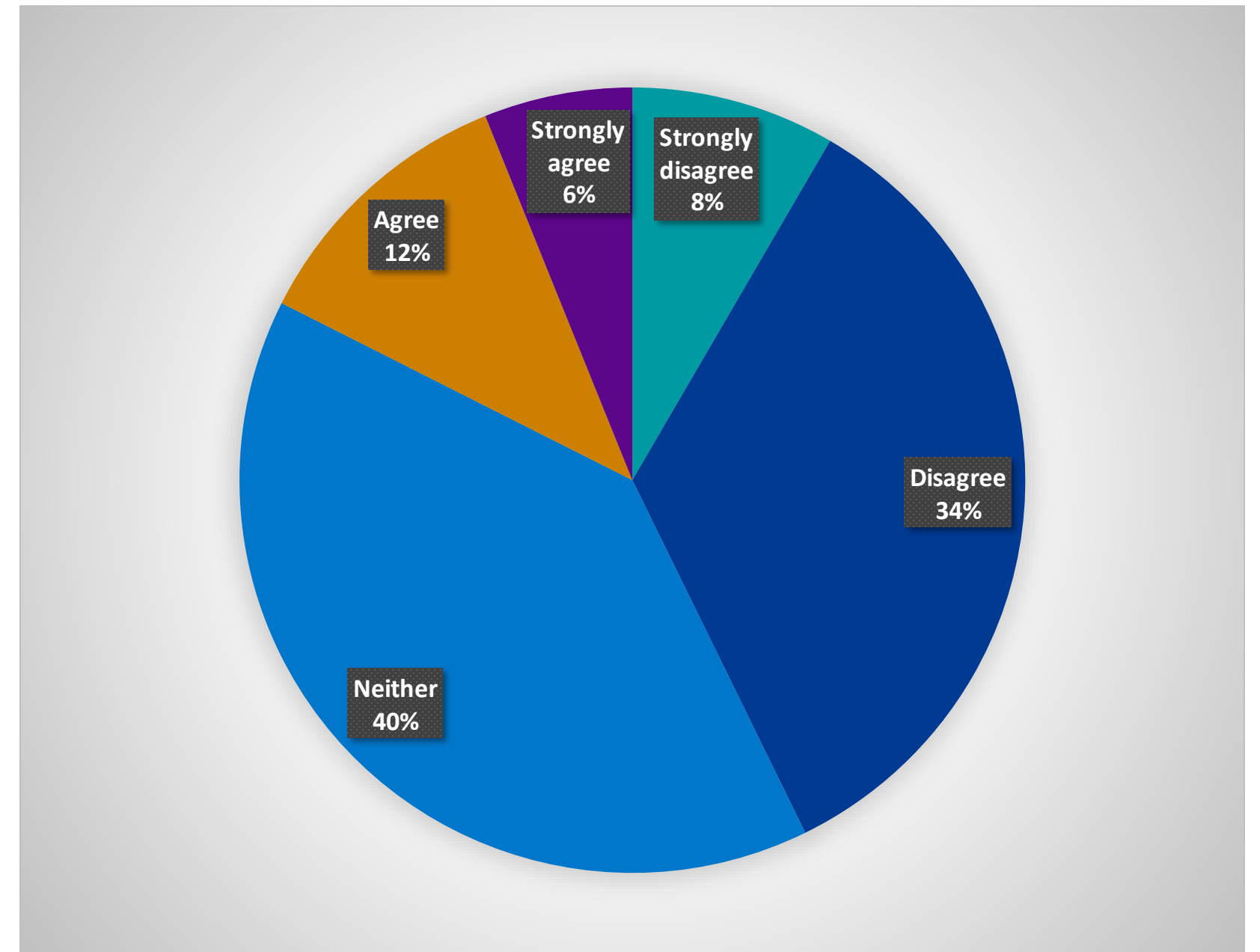


Team Birth decreases provider burnout

PRE IMPLEMENTATION

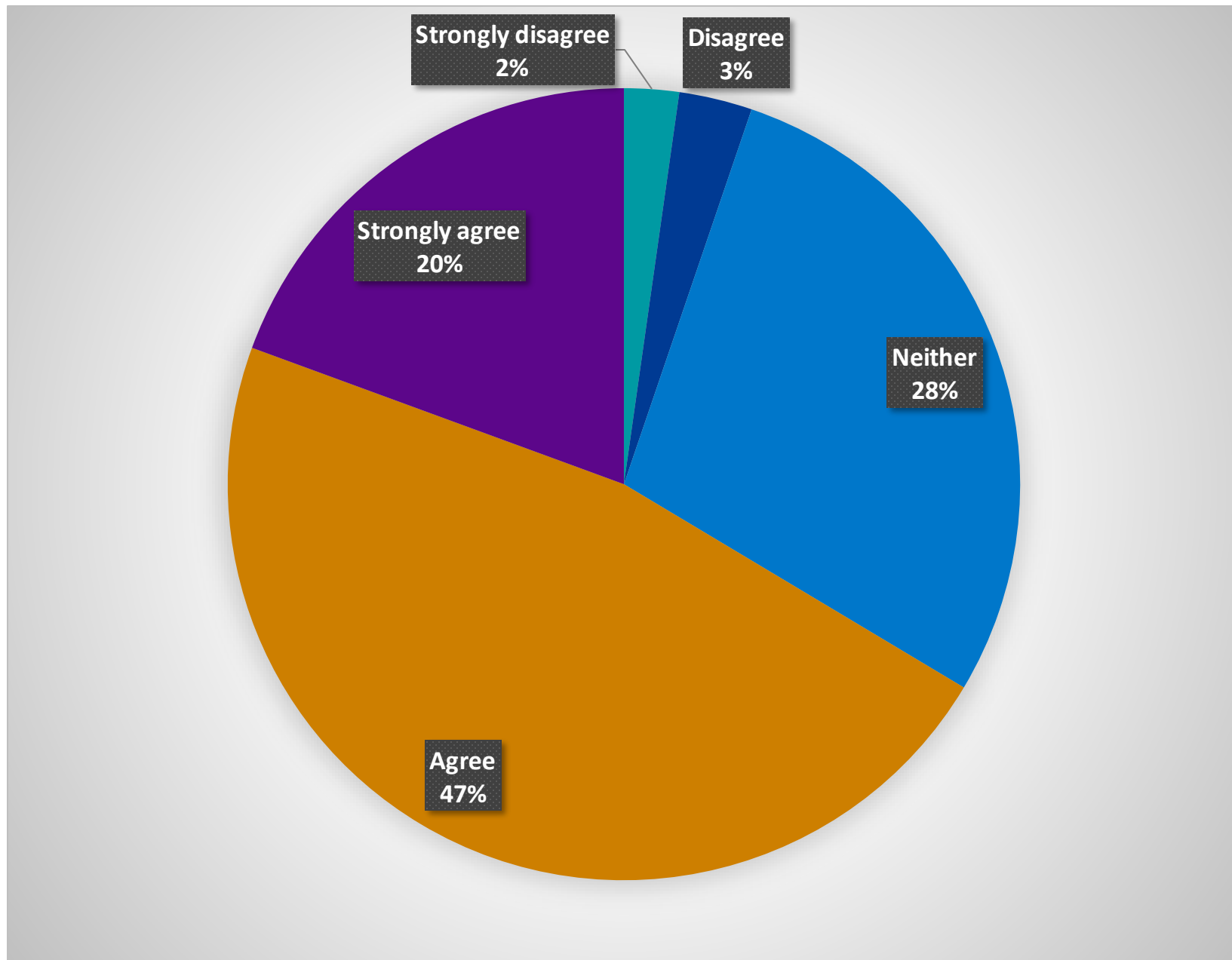


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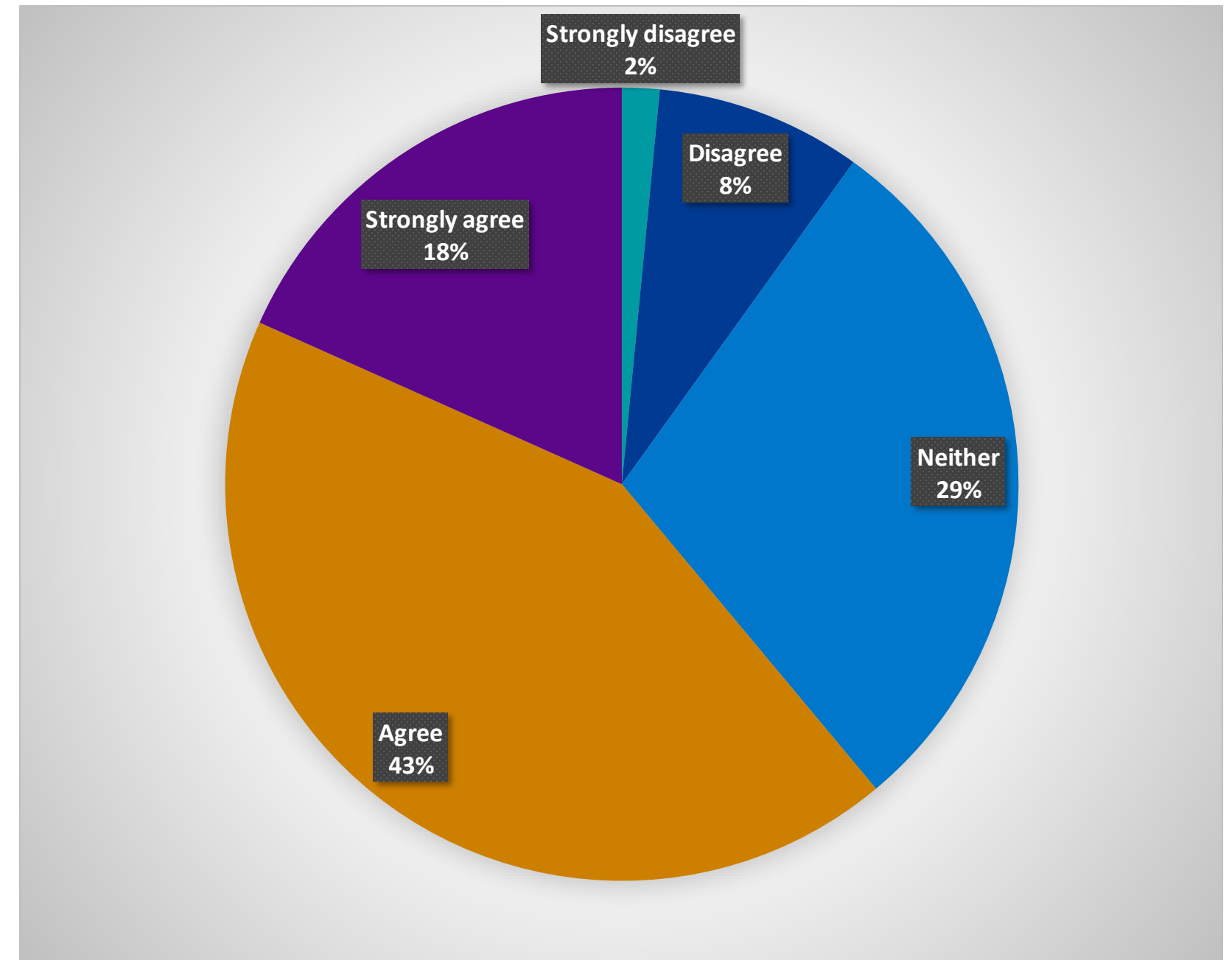


Team Birth decreases disparities

PRE IMPLEMENTATION

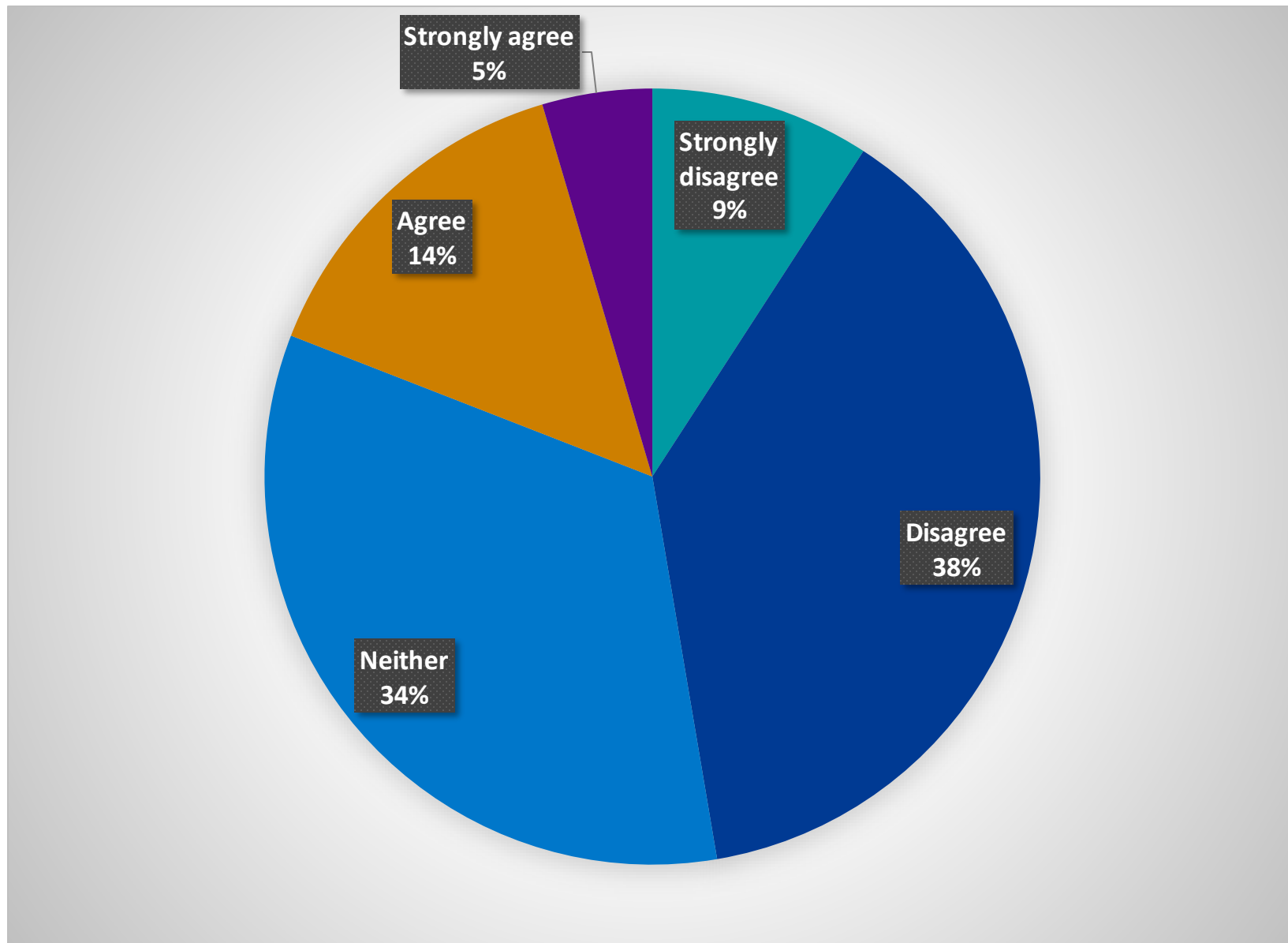


POST IMPLEMENTATION



Team Birth huddles are burdensome

POST IMPLEMENTATION



Providers estimated that huddles are occurring about 75% of the times that a huddle is indicated.



What are major burdens to huddles

1. Timing, logistics of assembling team, or acuity constraints (61 responses)
2. Patients being in triage or delayed admission to the floor (10 responses)
3. Adjusting to remembering to do the huddle (8 responses)
4. No barrier (9)
5. Others:
 - Getting patient comfortable or not an organic time
 - Language/interpreter
 - Lack of working pen, or white board



Other comments “Pre-implementation”

“I don't feel that it changes a lot from what I was previously doing reviewing goals and plans verbally with the patient and communicating with her nurse.”

- Lots of sentiment that this is how providers have been practicing already
 - Concerns about disruptions to patients
 - Concerns about “evidence” base of the initiative
 - Does not address culture issues on the labor floor



Other comments “Post-implementation”

“Patients have been really liked this intervention, I think it has made a huge impact on patient experience. Also helps involve their support persons”

“The components of team birth were already occurring in my own practice and how I communicate with patients and nurses. Team birth seems formulaic yet I appreciate why it is being done.”

“Some differences in opinion on when team birth huddles are indicated (antepartum patients boarding?)”

**Post delivery huddle*



Other comments- “Post-implementation”

*I think Team Birth is most **important for helping to explicitly include patients** in their own care and show them that their opinions and preferences are important. I also think it's great that it **empowers them to ask questions** and ensure that they are all answered in ways that the patient feels comfortable and understands. While I share the goals of Team Birth, I am **concerned that there are other very important issues impacting both patients and providers that do not seem to be receiving the same level of attention in terms of time, energy and money as Team Birth**. I hope that we can allocate more resources to some of the other issues in our department impacting patient care and safety, and also provider burnout and the overall morale of providers on L&D.*



Take aways

- Vast majority agree with goals of Team Birth
- Vast majority feel that is it feasible and good use of QI resources
- Post intervention providers were more likely to “strongly” agree that Team Birth improves patient experience
- Post intervention: More people disagree with the statement that appropriately address issues on our labor floor
- Barriers: timing and logistics of organizing team, delays on labor floor



Summary-Lessons learned

- Have had success but ongoing work
 - Leadership buy in
 - Team involvement-
 - *“nothing about me without me!”*
 - Accountability
 - Share and celebrate success and opportunities



Mass General Brigham



Questions?

***Thanks for joining, see you on
2/20!***

***Have questions?
Email PNQINAdmin@pnqinma.org!***

