Respectful Maternity Care, Social Determinants of Health Screening/Referral

The ILPQC Experience

August 2, 2023







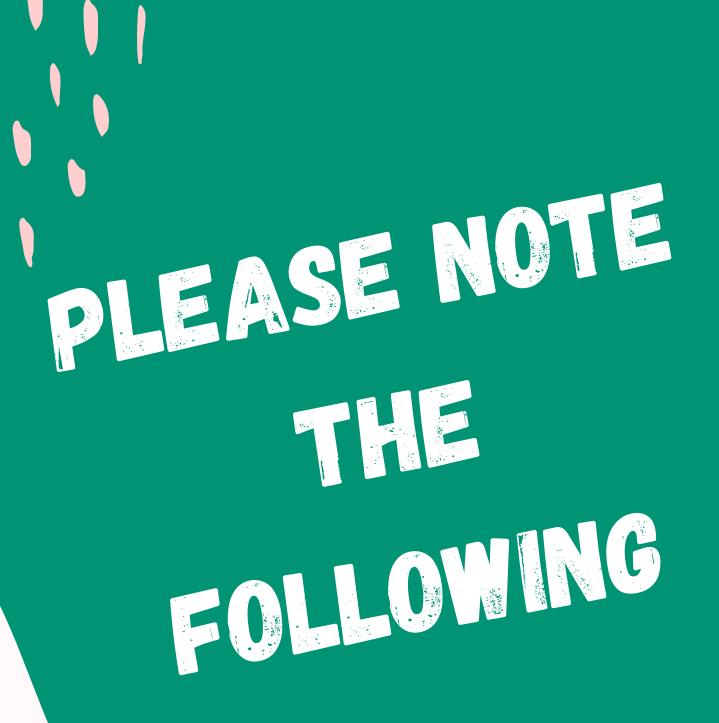


Disclosures

Nothing to disclose









This webinar is being recorded



Please mute yourselves until Q&A



Please type your name and hospital into the chat





We will be Live-Tweeting!

@TheFPQC



Review of learning objectives

Speaker introductions

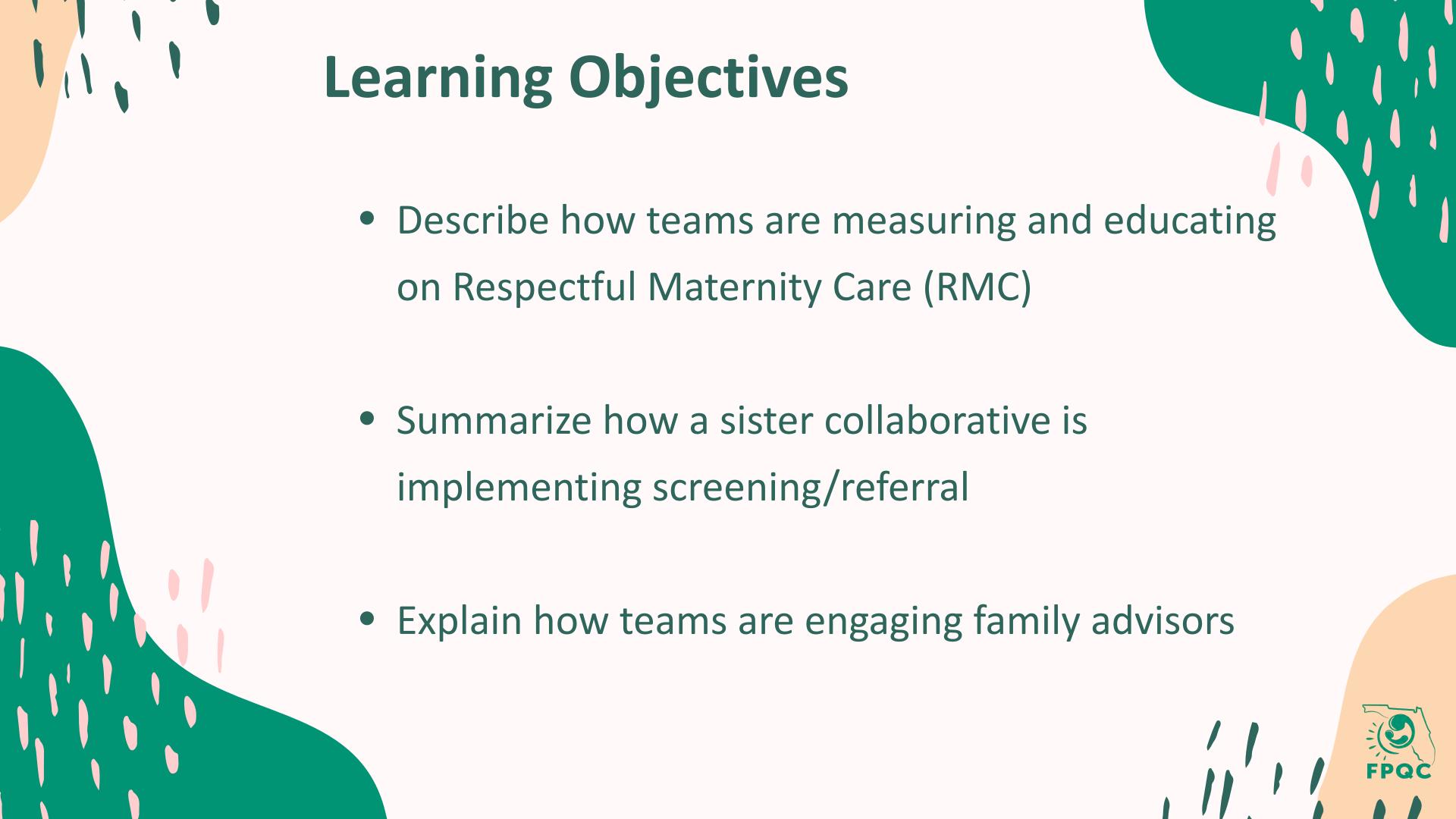
ILPQC hospital team leads discuss RMC and SDOH screening/referral efforts

Q&A



Conclusions & announcements





Today's Speakers





ELENA JENKINS, RN, BSN

Nurse Manager - Labor & Delivery SSM Health St. Mary's Hospital - St. Louis



LAURA J. SMITH BSN, RNC-OB, C-EFM

Perinatal Educator, OB Services Mercyhealth - Rockford, IL



Mother-Focused Care: Screening, Referrals, and Respectful Care

Hospital Level
Implementation at
St Mary's Hospital STL

Elena Jenkins BSN, RN Nurse Manager Team Lead, Birth Equity Initiative



The Birth Equity Team

Members include multidisciplinary staff and management from Nursing, Community Health, SW, and Medicine in collaboration with Administration and system level Patient Experience and DEI leadership







SDOH: Gathering Resources



SSM Health is here for you and your growing family. We are also grateful for the partnerships we have with numerous organizations that provide services in many other areas.

Our Family Resource Guide includes information and links to agencies providing parenting support, transportation, utility and food assistance, education, home health services, and much more.

Scan the QR code to view the guide on our SSM Health website:



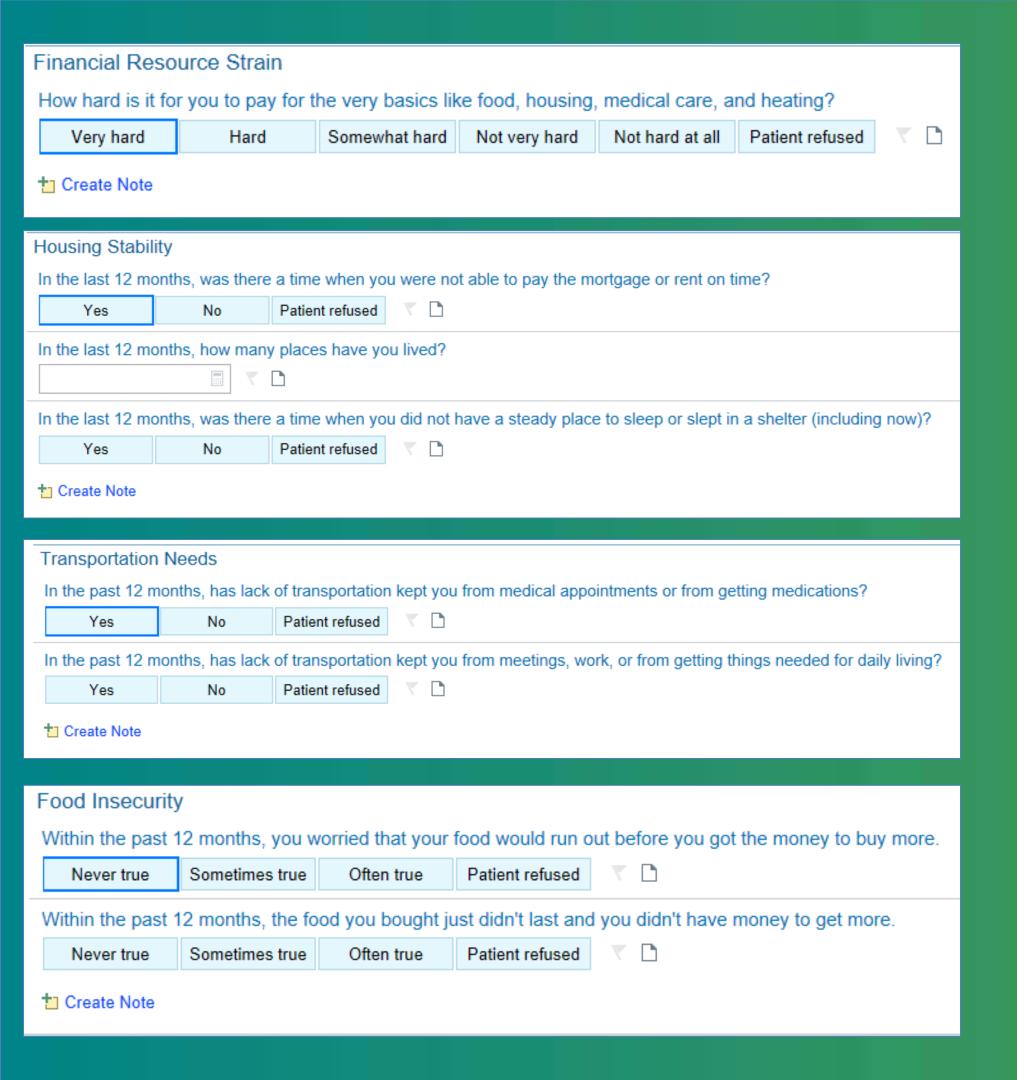
NOTE: To ensure you are viewing the resources in your area, please add your zip code to the "My location is" field at the top of the page.

ssmhealth.com/familyresources



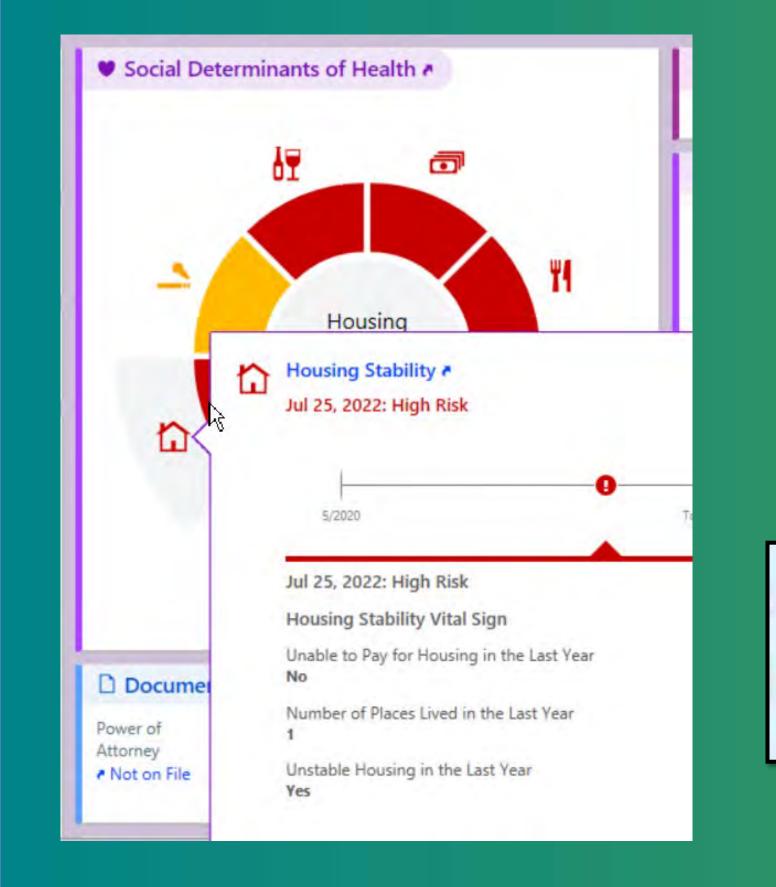






SDOH Screening

SDOH Screening



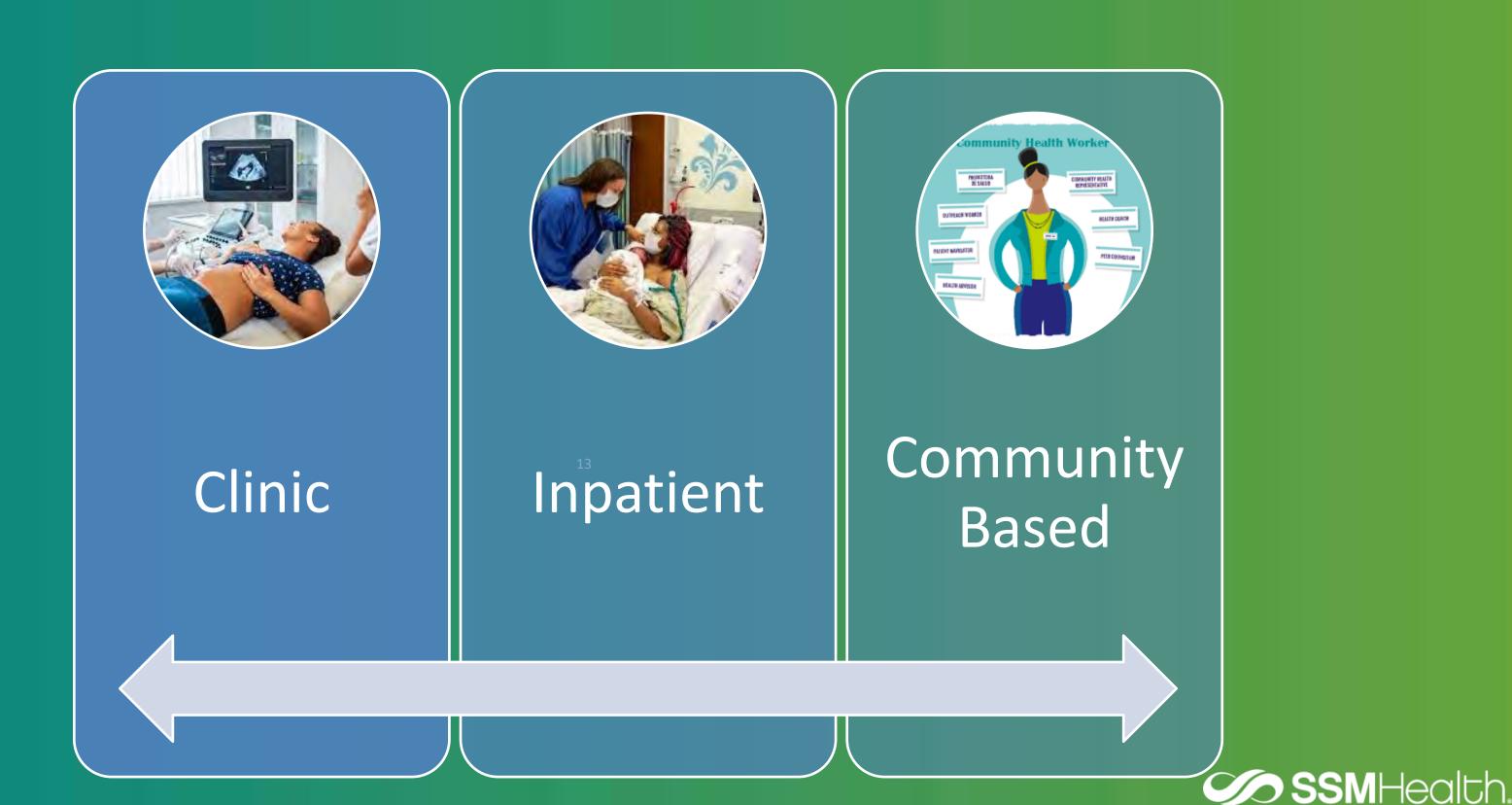


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SOCIAL DETERMINANTS Concern present



Putting the pieces together... Connection to resources



Clinics

- Initial: resource list only
- New platform for connection to resources: live June 2023
 - Closed loop referrals
- Doula Pilot Program- early enrollment:
 - 3 prenatal visits, Labor support, 3 postpartum visits
 - Navigation of/connections for identified needs



Doula Registry





Gabrielle Ballard (1) 314-398-0203



ballardgabrielle08@gmail.com

Gabrielle Ballard, also affectionately known as "Gabby" is a trained doula who has been supporting women and families since 2018. She found her calling after having complications during labor and delivery with her first child. This sparked her passion as she realized the importance of having a professional support person to guide her throughout her birth journey. Gabby believes when families are set up for success, childbirth is a very rewarding experience. Her goal is to help women develop the strength, hope, and encouragement to achieve an empowering birth through quality education, compassionate care, and nurturing support. She honors birth as a sacred rite of passage and is truly inspired by the strength and intelligence of women to intuitively bring life into this world. In addition to serving as a member of the On Up Doula Collective through

SSM Health's WISH Center, Ballard is the owner of S.H.E. Creates LLC and a childbirth educator. She resides in St. Louis with her husband, son, and daughter, and enjoys traveling and spending time with family and friends.

Services Provided: Antepartum support, birth, postpartum, lactation, babywearing education, pregnancy, postpartum herbal education, first aid, and CPR certified. Learn more at shecreatesstl.com.

Asia Jacobs (314-922-0320 doublovelightlife@gmail.com





Asia Jacobs is the owner of Doula Love, Light, & Life LLC. She is a mom, community health worker, and a professional birth worker. Asia became a doula in 2020 because she wanted all birthing people to know they have options and a voice that can and will be heard when it comes to their bodies and baby. She wants to help with what questions to ask a provider, teach clients how to advocate for themselves, and know there is someone in their corner to support them through the pregnancy, birth, and postpartum journey. Motherhood is a beautiful thing but there is no manual on how to be a mother with the right support team it will be one of your greatest moments.



Services Provided: fertility, pregnancy, adoption, surrogacy, bereavement/loss, birth, postpartum, breastfeeding/lactation support, certified PMAD consultant, birth and parent education, placental encapsulation, and prenatal yoga instructor. Learn more atdoulalovelightlife.com.



LaKisha Redditt (636-224-8337



lakisha@virtuouslybearthed.com

B.S., CHW. Doula, CPST

LaKisha Redditt is the owner of Virtuously B'Earthed Doula Services. She takes a (w)holistic approach to doula services empowering and elevating black and brown families. LaKisha equips families with tools to look within to advocate and achieve their safest, most supported, beautiful births! Redditt wants to help you bring that baby Earthside like the B'Earther (birther) you are!

Services Provided: birth, bereavement/loss, postpartum, placental encapsulation, CPR classes, car seat safety/inspections, and safe sleep education. Learn more at virtuouslybearthed.com.

Anna Sutkowski (1) 314-315-1763





annastidoula@gmail.com

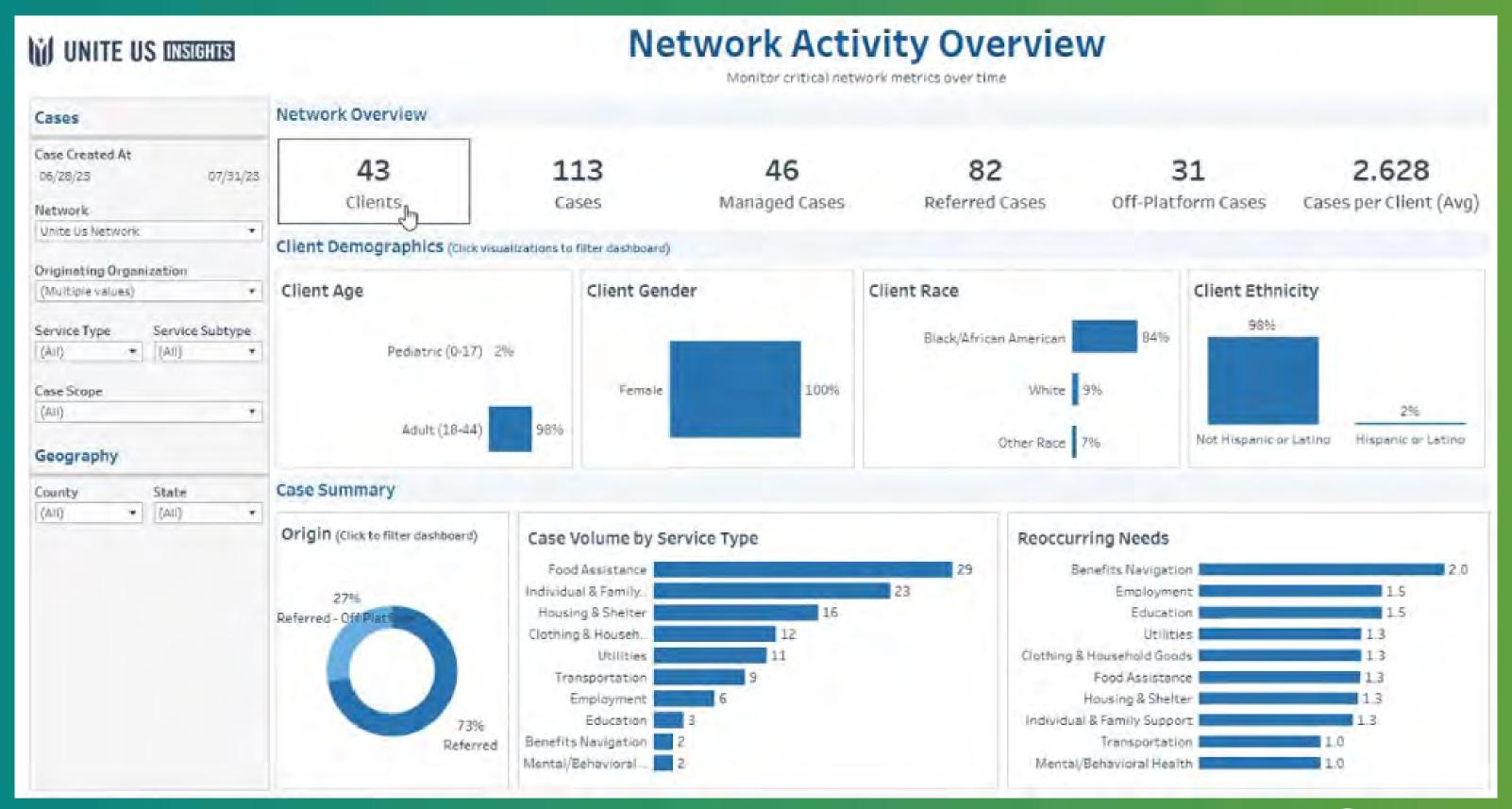
Anna Sutkowski is a birth and postpartum doula and Evidence Based Birth* instructor. She brings a calm presence, evidence-based guidance, and support with a warm human touch to St. Louis families. Anna believes birth is a transformative experience for parents and babies (coming earth side is no small feat). As your doula, she uses my knowledge and experience to calmly guide you by sharing evidence-based information, so that you birth your baby in a way that resonates with you. Anna with you throughout pregnancy, birth, and postpartum to nourish you physically, mentally, and emotionally as you transform into parents. She begins working together with clients in pregnancy when she teaches you how to advocate for yourself by building relationships with your providers. With Anna, you will talk about questions to ask during pregnancy, what to expect nearing birth, and a multitude of options for coping with labor. At birth, she is a continuous presence that calmly encourages and supports you. We talk through fears and emotions. I remind you that I believe in your intuition and power. Once your new family

is home, I create space for your new family unit to bond and heal by offering gentle care for the parents and baby.

Doula Registry



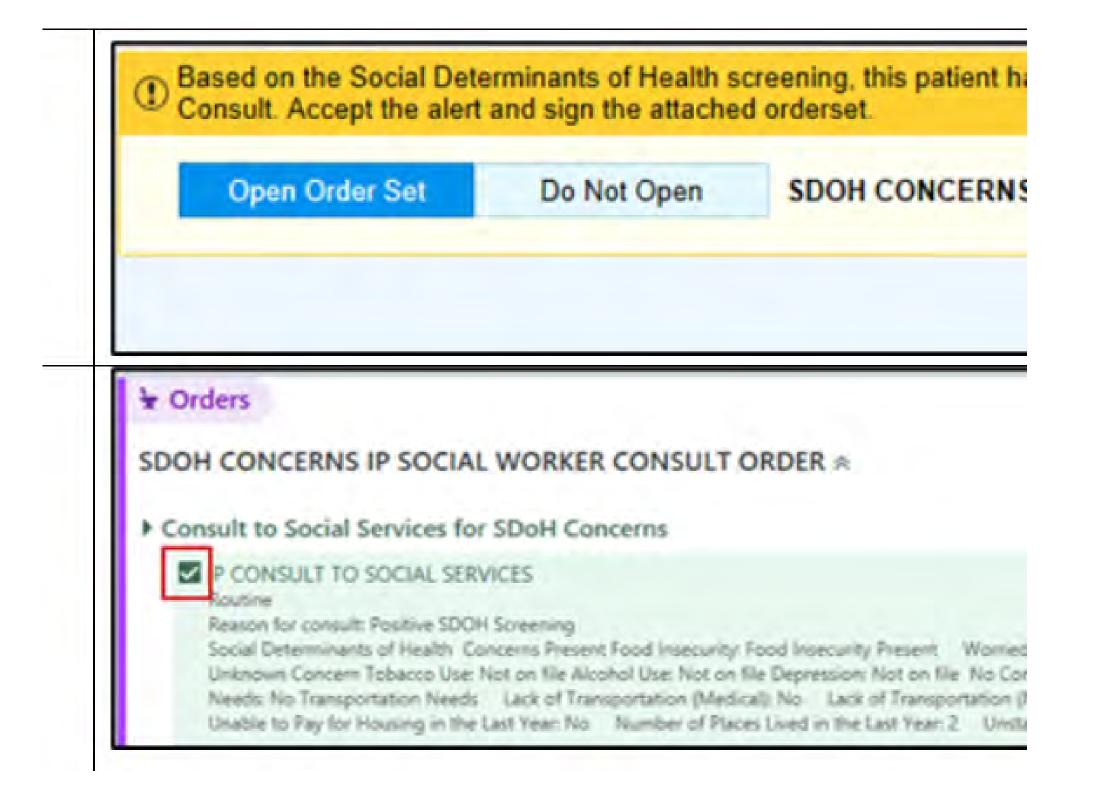
Clinic referrals





Increased Resources:

Banner notification Automatic SW Consult Referral



Inpatient



- Identify high needs patients:
 - Enroll in home visiting program (reinstating post Covid)
 - Access to medical/mental health, supportive health education, peer support, material support
 - Continuity throughout pregnancy and up to two years of infant's life

Inpatient



QI Processes



QUALITY IMPROVEMENT 5TH FLOOR OPERATIONS Saint Louis University/SSM Health Systems

Date: Click here to enter text. Name: Click here to enter text. Record #: Click here to enter text.

Reviewed By: Click here to enter text.

TRIGGERS FOR REVIEW: Check all appropriate choices

Excessive Blo Maternal ICU Seizures Unplanned M Maternal Fall Retained Fore Anesthesia Re Home Birth A Self Units Prod Uterine Rupte Code Sepsis	diopulmonary Arrod Loss (Roughly Admit – Unexpect Postpartum Return laternal Readmit Veign Object Plated Admits luct Replacement ure	>2000cc) ted OR Within 14 Days		cord pH <7.00 Evidence of Neonatal De Unexpected ICU Ac Evidence of Neonatal Tra Base Excess <-12.0 Minute APGAR <3 Houlder Dystocia Medication Errors/Adver Equipment/Supply Malfu Cord Gas Issues Cord Prolapse Communication Deficit	tted Alive (Excluding ty/Lethal Anomalies pression/ Imission suma rse Reactions Inction		
	es found – Care ap for Improvement I			Other: Click here to ente rred despite appropriat			
☐ Incomplete P Prenata ☐ Inappropriate	e Care Attributed 1 Iding Physician e Staff Ing	ation or	□System Deficiencies In: □Nursing □Ancillary Services □Other Departments (ie. pathology, anesthesiology, etc □Administration □Other				
	npleted N/A	3	Preventable	e: Yes 🗌 No 🗎 Uncerta	ain□		
Action Items	Responsible Party	Target Date	Results				
					☐ Issue Resolved ☐ Item Corrected ☐ Other		

Bimonthly review of trigger cases

- Multidisciplinary team
 - OB & Neonatal Physicians, Nursing Leadership, Anesthesia,
 Perinatal Outreach, Quality Improvement
 - Previously discussed SDOH challenges as they were identified
 - Initiating formal process for integrating SDoH factors



Community Based Support



If you need to talk to someone or would like more information about The MOMS Line Programs, visit us online at ssmhealth.com/moms or call 314-768-MOMS (6667).

MOMS Group Is Coming to St. Mary's Hospital This May!



Join us for The MOMS Group every 1st and 3rd Wednesday starting on May 3rd!



Patient Voices and Feedback: PREM Survey





Patient Voices and Feedback: PREM Survey

PREM Survey

Birth Equity Initiative

How do I give the survey?

At the time of discharge, bring the iPad into the patient's room with the survey pulled up. Then ask them to complete the survey based on their experiences at St. Mary's. Remind the patient that the survey is completely anonymous.

How long does it take?

Giving the survey only takes a couple of minutes. Giving them alone time to complete the survey is important as well — you can drop off the iPad and come back after a couple of minutes when they are done to give their discharge education.

What if the wifi is out?

If they have their own device, show the patient how to use the QR code provided on the printed sheets to complete the survey.

What's in it for me?

Implementing these surveys helps improve the quality of care for St. Mary's patients.
Also, starting in the new year, will be keeping track of completed surveys, and nurses with the high completion rates will be rewarded with gift cards!

Purpose:

"Many factors can cause and contribute to inequalities in obstetric care. Poor maternal-fetal outcomes are associated with racism, disrespect, and mistreatment" (Williams, 2021, as cited in Bernstein, 2022). Implementing respectful maternity practices will help combat care inequities and improve patient outcomes. This survey will provide a baseline of what patients are experiencing. Administrators will evaluate this data and make necessary adjustments to improve the overall quality of obstetric care at St. Mary's.

Reference

Bernstein, S. L. (2022). Respectful Maternity Care. MCN: The American Journal of Maternal Child Nursing, 47(4), 227. https://doi.org/10.1097/NMC.0000000000000828

AIM Statement:

Increase patient completion of PREM survey at discharge to 90% by May 2023

Recent Data:

Recent data from the survey have shown...

- some patients have felt pressured into accepting care they did not want or understand
- majority of patients felt as though they were treated with respect and compassion from the healthcare team

This and the rest of the data show us we are doing some things well, and need to improve on others!

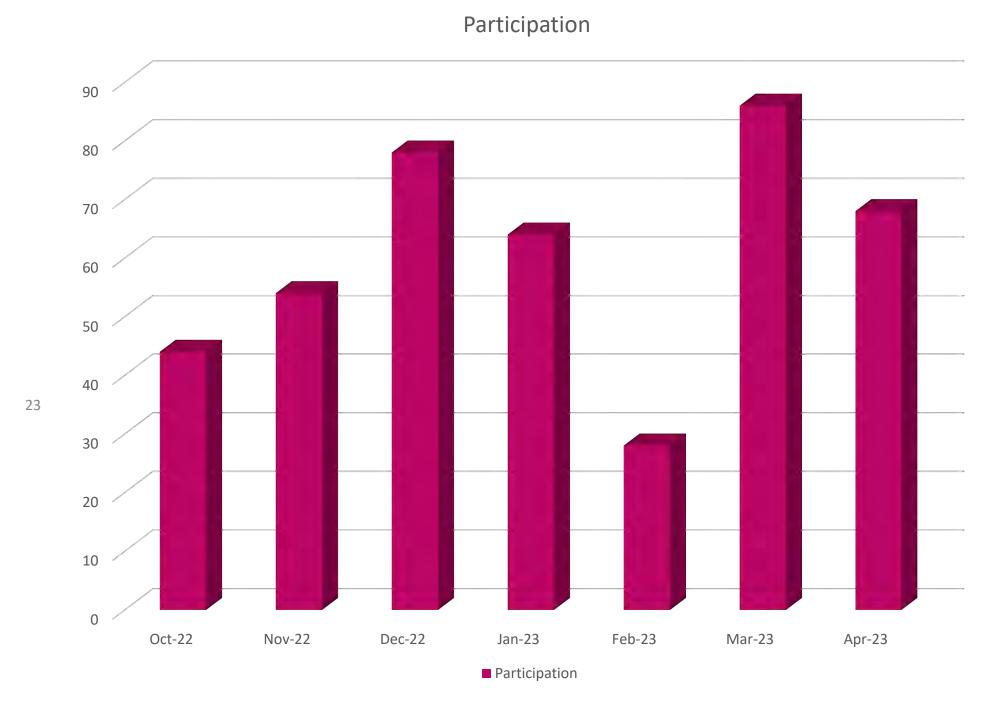




Patient Feedback: Analyzing the PREM Survey

PREM Survey:

- Introduced in June 2022
- No results first 4 months
- Revamp in October 2022
- Significant participation October 2022 present
 - 30-40% completion rate





Patient Feedback: Analyzing the PREM Survey

Areas of Opportunity Identified: Communication and Shared

Decision Making

- •Action Strategies:
 - -Commit to Sit
 - -Team Discussions
 - -Debriefs
 - -Education





Mother-Focused Care

Laura Smith, OB Educator

Team Lead, Birth Equity Initiative

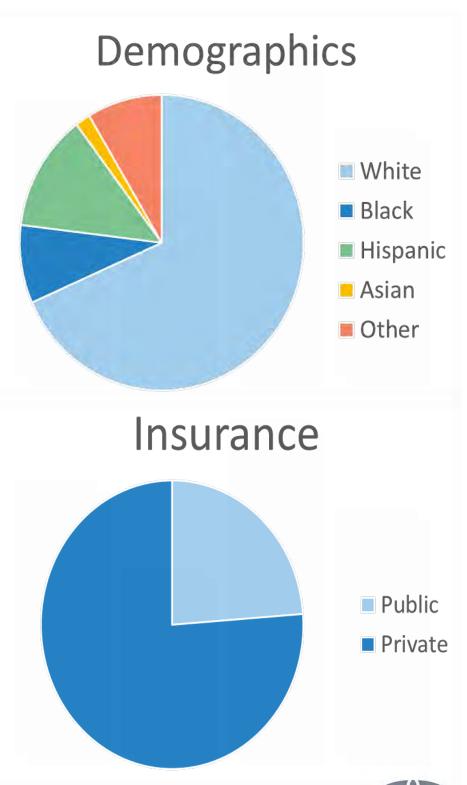




Hospital Demographics

 Mercyhealth Javon Bea Hospital is a level 3 Regional Perinatal Center located in Rockford, in Northern IL

Approx. 900 deliveries annually





Our Journey

Team Members:

- OB Physician, MFM Physician, CNM, and Resident Physicians
- Director of Perinatal Services
- Manager of Obstetric Services
- Manager of outpatient OB clinics
- RNs from inpatient and outpatient services
- Case management
- IT specialist
- OB nurse navigator



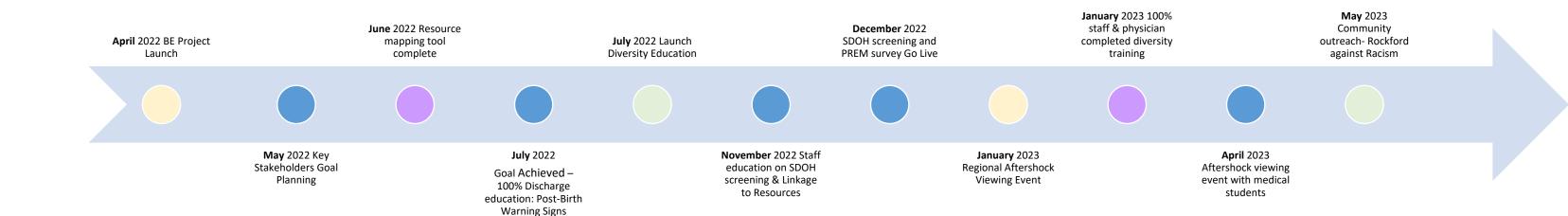


Our Journey

QI Timeline:

- Launched in April 2022
- 1st step standardize postpartum discharge education to include post-birth warning signs & build reports to stratify data according to race and insurance.
- 2nd step build resource mapping tool and staff diversity education

- 3rd step build SDOH screening tool and PREM survey
- Launched SDOH screening, linkage to resources, and PREM survey in Dec. 2022
- Aftershock event in January 2023
- Next goal is to engage the community in our QI efforts.

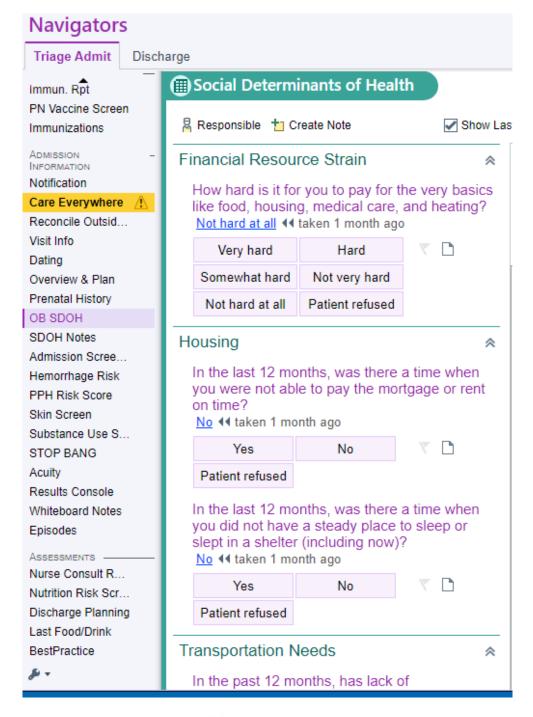




SDOH

Please answer the following questions so we can better serve your individual needs throughout your pregnancy and after you deliver.

+					
Are you currently unemployed or		Yes	Within the past 12 months, the		Never true
looking for work?		No	food you bought just didn't last and you didn't have money to		Often true
			get more.		Sometimes true
How hard is it for you to pay for		Very hard	Is there anyone in your life that		Yes
the very basics like food, housing,		Not very hard	is threatening to hurt you and/or		
medical care, and heating?		Hard	your children?		No
		Not hard at all			
		Somewhat hard			
In the past 12 months, has lack of transportation kept you from		Yes	Do you have trouble with childcare or finding care for a		Yes
medical appointments or getting medications?	I I			No	
In the past 12 months, has lack of transportation kept you from		Yes	Do you have a plan for who will care for your child(ren) while		Yes
meetings, work, or from getting things you need for daily living?		No	you are in the hospital?		No
					N/A
Do you feel stress-tense, restless,		Not at all	Do you have any barriers to		Yes
nervous, anxious, or unable to sleep at night because your mind		Rather much	understanding instructions given to you by your provider?	_	
is troubled all the time?		Only a little	to you by your provider:		No
		Very much			
		To some extent			
In the last 12 months, was there a time when you were not able to		Yes	Have you looked into any community resources available		Yes
pay the mortgage or rent on time?		No	to families/pregnancy?		No
In the last 12 months, was there a time when you did not have a		Yes	If you answered yes to any of the previous questions, would you		Yes
steady place to sleep or slept in a shelter (including now)?		No	like to be connected to resources?		No



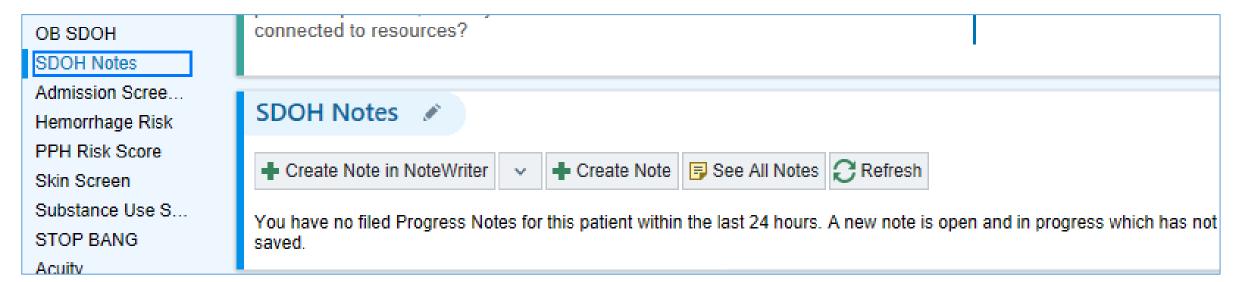


SDOH

♣ New Reading				
	Initial Prenatal from 1/25/2023 in Mer	Mercyhealth Physician Clinic-Rive		Javon Bea Hospital-Riverside Labor & Delivery Scheduling
	1/25/2023 1434	5/9/2023 1324	7/30/2023 2039 🖋	2152 🖋
	□	□ 1024 □ 1024	2000 \$	≥ 102 ¥
Financial Resource Strain ——				
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	Not hard at all	_	Not hard at all
Housing ————				
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	No		No
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	No	_	No
Transportation Needs				
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	No	_	No
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?	No	No	_	No
Food Insecurity ————				
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.		Never true	_	Never true
Stress ————				
Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all he time - these days?	Not at all	Not at all	_	Not at all
Employment ————				
Are you currently unemployed or looking or work?	_	_	_	No

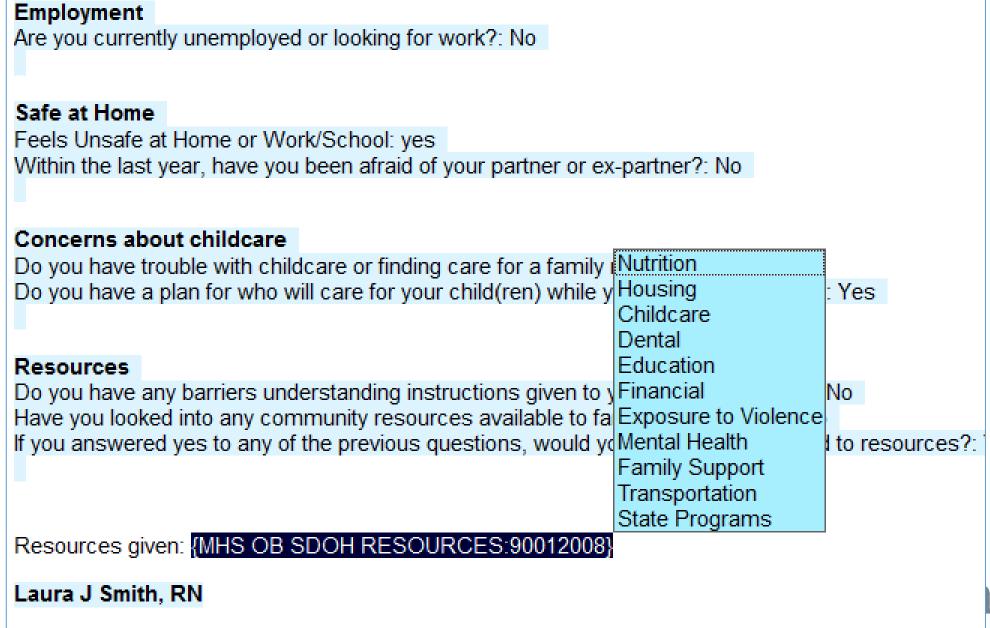


+ SDOH



Progress Note:

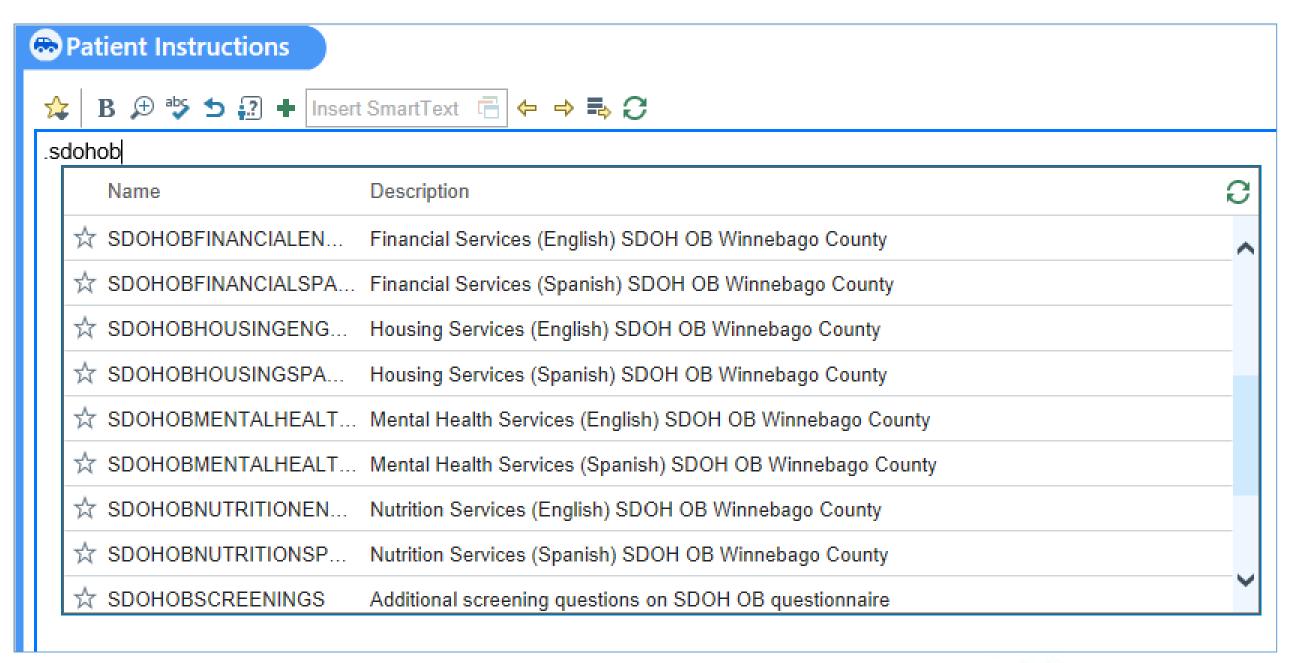
- Smart Phrase
- Patient answers
- Drop box for RN to select the identified need





SDOH Resources

Smart phrase built into discharge AVS





SDOH Resources

Winnebago County Resources

Financial

State and federal programs

- Temporary Assistance for Needy Families (TANF)
 - Provides temporary financial assistance for pregnant women and families with one or more dependent children: www.dhs.state.il.us/page.aspx?item=30358
- Earned Income Tax Credit (EITC)
 - Provides a tax break for people who work: www.dhs.state.il.us/page.aspx?item=30365
- · Aid to the Aged, Blind, and Disabled (AABD)
 - Cash assistance program for persons who are aged, blind, or disabled: dhs.state.il.us/page.aspx? item=30370

Help looking for work

- · Illinois Department of Employment Security (IDES)
- Provides access to career development tools and career information resources. Also provides with leads on the latest job postings so you can find employment quickly: ides.illinois.gov
- Goodwill Community Foundation
- Provides information on looking for work, writing a resume, and other job search topics: edu.gcfglobal.org/en/subjects/career

Improving your skills and job training

- EarnFare
 - Provides adults who receive SNAP benefits and who volunteer an opportunity to gain valu
 work experience, earn cash assistance and become self-sufficient: www.dhs.state.il.us/page
 item=31772

Local resources and programs

Prairie Street Legal Services

303 N. Main St., Suite 600, Rockford (815) 965-2902

Illinois Department of Human Services (IDHS)/Family Community Resource Centers (FCRC)

Medical expense assistance, health insurance application assistance, temporary cash assistance for families

171 Executive Pkwy., Rockford (815) 987-7155

YWCA Northwest Illinois

Financial assistance for child care/Child Care Assistance Program (CCAP) 4990 E. State St., Rockford (815) 484-9448

Family Credit Management



Respectful Care

Birth Equity Key Strategies

- Implement universal social determinants of health screening prenatally and during delivery admission and connect patients to needed resources and services.
- Review hospital-level maternal health quality data by race, ethnicity, and Medicaid status to identify disparities and opportunities for improvement.
- Engage patients and community members to provide input on quality improvement efforts.
- 4. Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons, and obstetric staff; and survey patients before discharge on their care experience to obtain feedback.
- Standardize postpartum patient safety education prior to hospital discharge on urgent warning signs, including tips for communicating with health care providers and early follow-up.
- 6. Implement patient-centered staff and provider training to promote respectful care and active listening to patients and address implicit bias.

Respectful Maternity Care (RMC)

Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

Educate provider and staff about respectful maternity care and its components and strategies

Develop a hospital commitment with providers and staff support

Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care



Respectful Care



Our Respectful Care Commitments to Every Patient

- Treating you with dignity and respect throughout your hospital stay
- 2 Introducing ourselves and our role on your care team 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?
- 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 Practicing "active listening"—to ensure that you, and your support persons are heard
- 8 Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you



Supporting respectful care for all patients: The Illimois Formatal Quality Collaborative (E.FQC) works with patients, physiciana, midwises, numes, icaquitals, and community groups to reduce maternal disparities and prantice birth equity by senaring all patients were safe, high-quality companionals, and expected a case.

- 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
- 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



Our Respectful Care Commitments for Every Patient

- Treating the patient with dignity and respect throughout their hospital stay. Working to understand the patient (their background, home life, and health history) so we can make sure they receive the care they need during their birth and recovery.
- 2. Communicating effectively across the patient's health care team to ensure the best care for them. Introducing ourselves and our role on the patient's care team to the patient and their support persons upon entering the room. Practicing "active listening"—to ensure that the patient, and their support persons are heard. Being ready to hear any concerns or ways that we can improve patients' care.
- 3. Learning the patient's goals for delivery and postpartum: What is important to the patient for labor and birth? What are their concerns regarding their birth experience? How can we best support them?
- Welcoming the patient's chosen support persons to be present throughout their stay.
- 5. Following evidence-based guidelines and partnering with the patient for all decisions so that they can make informed choices that are right for them.
- 6. Valuing personal boundaries and respecting the patient's dignity and modesty at all times, including asking their permission before entering a room or touching them.
 Protecting the patient's privacy and keeping their medical information confidential.
- 7. Recognizing a patient's prior experiences with healthcare may affect how they feel during their birth. We will strive at all times to provide safe, equitable and respectful care to reduce the risk of harm and mistreatment.
- 8. Making sure the patient is discharged after delivery with an understanding of postpartum warning signs, where to call with concerns, and with appropriate postpartum follow-up care visits arranged. Ensuring the patient is discharged with the skills, support, and resources to care for themself and their baby.

As a provider, nurse, or staff member caring for pregnant and postpartum patients on this unit, I have reviewed and commit to these respectful care practices with every patient.

Signature

MFC

Mother-Focused Care

EPOC

Date

Florida Perinatal Quality Collaborative

fpqc.org/mfc

. 7/18/23



Barriers to Buy-In

Respect & Bias:

- Subjective
- Perceptions
- Healthcare is a field of caring
- Awareness & acknowledgement
- Work environment
- Patient load
- Psychological & physical needs





Respectful Care Buy-In

Staff Education – multiple approaches

- Case reviews
- Monthly newsletter
- Staff meetings
- Sharing patient feedback
- Safety huddles
- Survey results

ls "Non-Compliance" a Bias Term? Unintentional nonadherence—refers to unwilling ly (forgetting) going against healthcare advice. Examples of Underlying Reasons for Involuntary Non-While attending a recent conference on Implicit and Explicit Racial Bias education, participants were challenged to eliminate the term "nonadherence: ⇒ Limited recommendations or Education ⇒ Gaps in knowledge compliance" in our nursing practice. Labeling a pa-Psychological factors- fear of stigma, history of tient as non-compliant can be a form of a mitrauma, denial, discouragement from slow imcroaggression, cause an unhealthy stigma, creates bias when giving report from clinician to clinician, provement, lack of control and can have long-term negative effects on a pa-⇒ Financial barriers tient's ability to access care. The term non-⇒ Child care issues ⇒ Lack of availability due to working hours or othcompliant does not consider all aspects of patient decision making. Instead, the terms voluntary/ ⇒ Social factors - lack of help or support intentional non-adherence or involuntary/ unintentional nonadherence should be adopted. Clinicians should explore the why to gaps in pa-Dive deeper by tients not following their healthcare plan. **ASKING** Definitions to consider: Noncompliant means to resist authority, refuse, dis-The World Health Organization (WHO) defines adherence as "the extent to which a person's behavior -taking medication, following a diet, and /or executing lifestyle changes, corresponds with the agreed Votantiary and involutions y constant screen. Ethics & Administra tarticipation." The Journal of Health care Ethics & Administra (Summer 2021): 1-7, https://doi.org/10.22461/jbea.1.71629 recommendations of a health care provider." Douglas, D., (2017). Noncompliantand Non-adherent patients: when all else fails, whatrole do you play? Cooperative of American Physicians. Intentional noncompliance—premeditated effort

Rudolph, D. (2022). The Issue of Noncompliance in wound care patients

to go against or not adhere to medical advice

Involuntary—not by choice. The choice to not fol-

ndations is being forced on him or her.





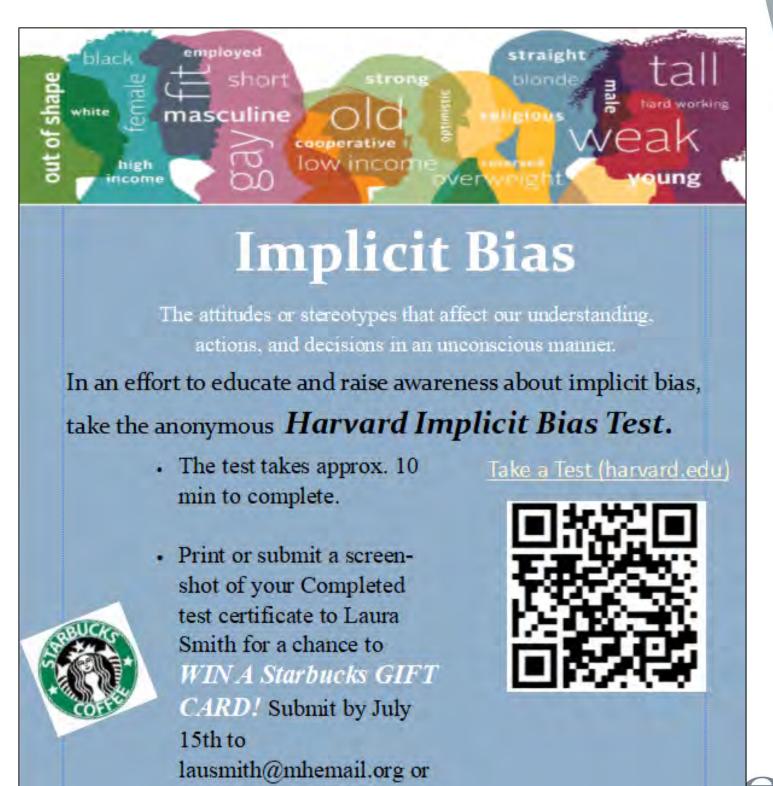
RCP Education

Began with Optional Education

- Anonymous results
- Offered a prize for participation

Gradually implemented required education

 Online modules through hospital learning platform



text to 815-742-6640

RCP Education

Aftershock Viewing Event



Viewing of the Aftershock Documentary followed by panel discussion and Q&A.

Date:

Wednesday January 25, 2023

5pm - 8:30pm

Location:

Franchesco's Ristorante

7128 Spring Creek Rd Rockford, IL 61107

Heavy Hors d'oeuvres and light refreshments provided





RCP Monthly Education

RCP of the month

 Strategies presented in our monthly unit newsletter & posted on the unit

Our Respectful Care Commitments to Every Patient

Provide Respectful Care Practice #3

Learning patient goals for delivery and postpartum:

Questions to ask patients:

- 1. What is important to you for labor and birth?
- 2. What are your concerns regarding your birth experience? How can we best support you?

Strategy:

Share expected respectful care practices during pregnancy, on admission; and survey patients before discharge on their care experience (using the PREM tool) to provide feedback. (PREM survey coming soon)



Sharing Respectful Care Practices

- Respectful Care Practices Posters
- **Patient Folders**
- Nursing Education
- Commitments
- Nursing Validations
- Prenatal classes





Listening can be your most important tool.

Taking the time to build trust with your patient search shows that the more people living with HIV outcomes. Encourage patients to share any concerns they may have. Many people feel that their concerns during and after pregnancy are not heard. People who experience health-related stigma. Although healthcare settings are often busy and time is limited, taking a few moments to actively listen to what is being said can make all the difference in better understanding your patient's needs and providing quality care.

Active listening involves receptive body language, practicing empathy, repeating back questions or concerns, and asking clarifying questions to make sure you understand. It is respectful and non-judgmental. Active listening helps build trust with your patients through shared knowledge.

Recognizing that stereotyping patients using presumed cultural beliefs can negatively affect patient interactions, especially when patients' behaviors are attributed solely to individual choices without recognizing the role of social and structural fac-

Stigma has consequences for the person who is testing. stigmatized. They often feel ashamed and unworthy, resulting in self-stigma, lower self-esteem, and Reduced adherence to treatments: A study with depression. The connection between stigma and people living with serious mental health disorders barriers to health and wellness is supported by re- found that people who had higher levels of selfsearch. Although the types of stigma may vary by stigma were less likely to adhere to their treathealth condition and across cultures, the effects are ments .

Stigma or the fear of stigma may stop someone from sharing their health condition with partners or family members and from accessing the health services and support services they need. They know if they disclose their health condition, they will be labelled and stigmatized. For example, re-

and engage them in their care can lead to positive are stigmatized, the less willing they are to get test-

also experiences

Social isolation: A study found that 56% of people do not want to spend an evening socializing with someone with a mental illness.

Poor quality of life: A study on people with lung cancer found that stigma was associated with lower levels of quality of life.

Less access to healthcare: Numerous studies found a link between stigma related to substance use disorder and avoiding seeking treatment. Other studies found that many healthcare providers hold stigmatizing attitudes toward people who have substance use disorder.

Delayed diagnosis of a condition: A study on men living with HIV found that a high level of internalized stigma was associated with less frequent HIV

illness and death: A study showed that stigma has been found to be associated with overdoses related to substance use disorders.

> HEAR HER Campaign | CDC March of Dimes Beyond Labels



BE Apparel to promote RCP







PREM Survey Education

Rate how strongly you agree or disagree with the following statements about your care.

I could take part in decisions about my care "I want you to feel included in your care."

I could ask questions about my care.

"I want you to feel comfortable asking questions about your care throughout your stay; please feel free to ask any questions as they come up"

My healthcare choices were respected by the healthcare team.

"I want to ensure that you feel your choices are respected while we care for you. What things are important to you during your birth experience and hospital stay?"

My healthcare team understood my background, home life, and health history, and communicated well

with each other.

"Your care team wants to ensure we understand your background, home life, and health history. This is one way we can provide better care for you and communicate effectively with each other"

I felt pressured by the team into accepting care I did not want or did not understand.

"I want to ensure you understand the plan and agree to proceed."

When the health care team could not meet my wishes, they explained why.

"I know this goes against your wishes, but I want to explain why the treatment plan has changed."



PREM Survey Implementation

- Laminated cards
- Staff scripting
- Discharge checklist

Respectful Care For all Patients

Please answer a few question about your care. All responses will remain anonymous. Your individual answers will not be shared with your provider.



Use the QR code to Access the PREM Survey!

Select Hospital Number 49

Javon Bea Hospital





PREM Scripting

PREM Survey Drop-Off

We are working to ensure all of our patients are treated with respect and dignity.

This survey, focused on Respectful Care, is completely anonymous and individual responses will not be shared with the team.

Scan this QR code, select hospital #49 at the top, and answer a few questions to let us know if we exceeded your expectations.

I am going to step-out out of the room to gather your discharge gifts, and allow you a few minutes to complete the questionnaire.

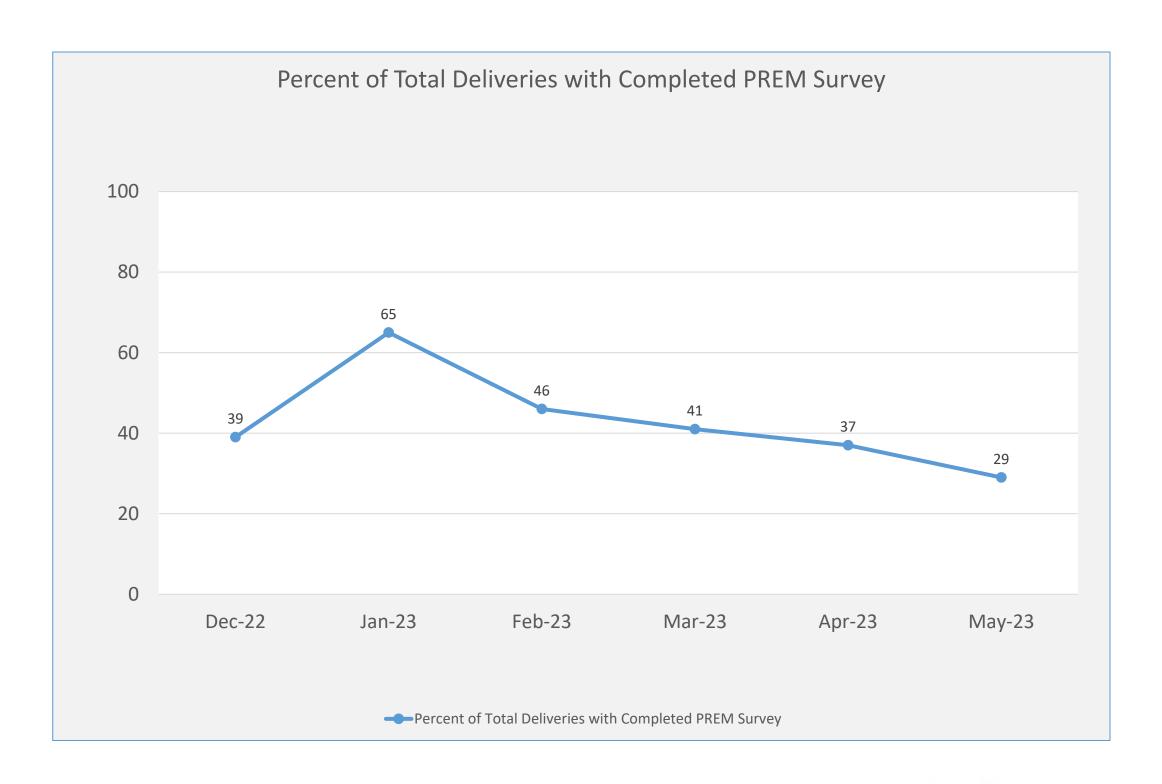


PREM Completed (IL only)

Yes No



PREM Success





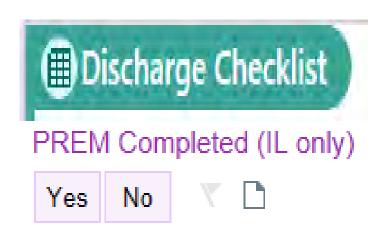
PREM Results





Future Opportunities

- Track refusal rate, add to documentation
- iPad implementation for PREM
- Utilize PREM results to drive focus of future respectful care education
- Engage community in our QI efforts











Questions can also be typed into the chat



Thank you for attending!



MFC Resources: fpqc.org/mfc

Email: fpqc@usf.edu

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