

**MFC**

**Mother-  
Focused  
Care**

# QI DATA TOOLS AND PROCESSES

**Estefania Rubio, MD, MPH  
Benjamin Gessner, MPH, CPH**



# WELCOME!



Please mute yourself



If you have a question, please enter it in the chat or raise your hand (Reactions)



This webinar is being recorded

# Tampa Bay Times

FLORIDA'S BEST NEWSPAPER

tampabay.com

★★★★ Sunday, August 28, 2022 | \$3

## U.S. Has The Worst Rate Of Maternal Deaths In The Developed World

May 12, 2017 · 10:28 AM ET

NINA MARTIN, PROPUBLICA



RENEE MONTAGNE



The story of Lauren Bloomstein illustrates a disparity in our nation's health care system, where primary focus is given to newborn babies, but often ignores the mothers.

Courtesy of the Bloomstein Family

## Maternal mortality crisis in America

Giving birth in the U.S. entails high risk. Biden's administration pushes to reverse that.

BY AKILAH JOHNSON  
*The Washington Post*

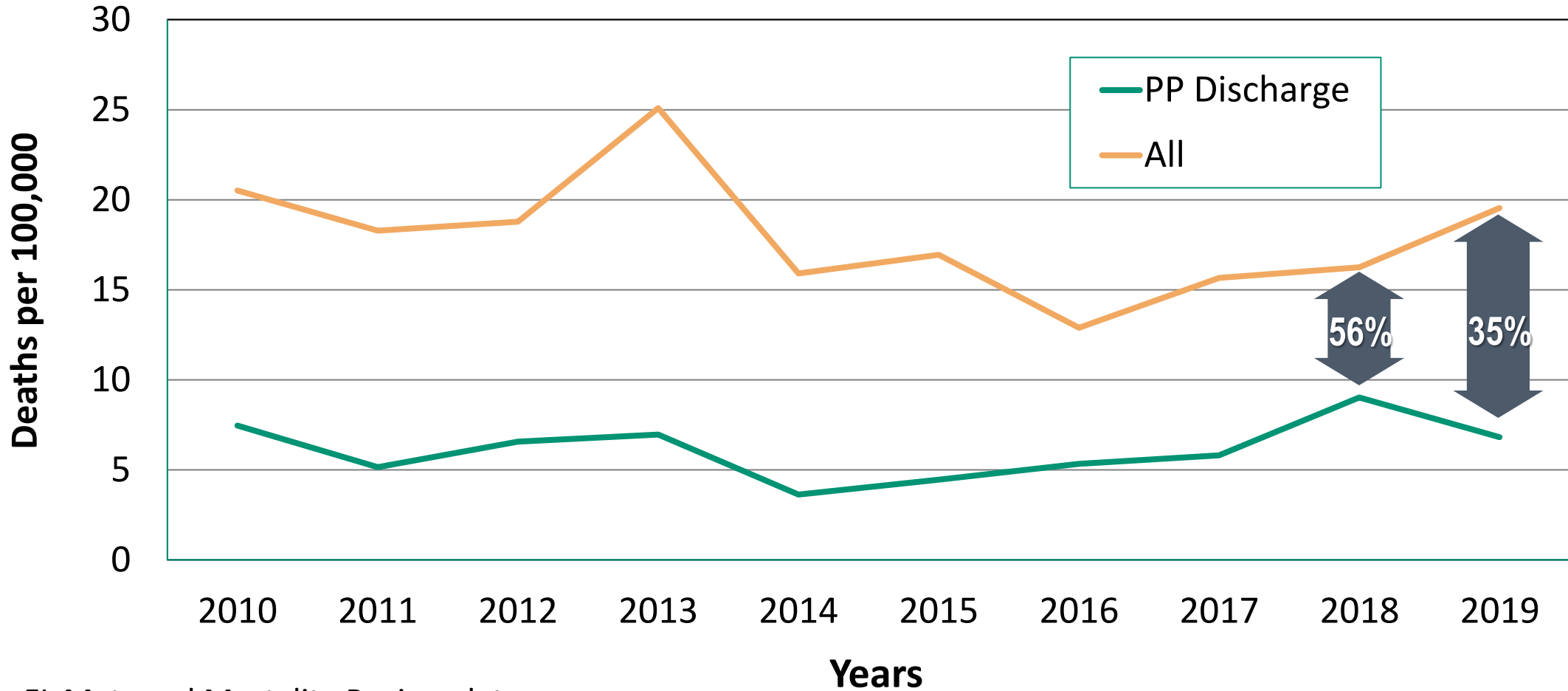
As part of a major push by the Biden administration to address the nation's maternal health crisis, senior officials have traveled the country for the past year, talking to midwives, doulas and people who have given birth about their experiences. They've held summits at the White House.

The result: an almost 70-page plan aimed at taking the United



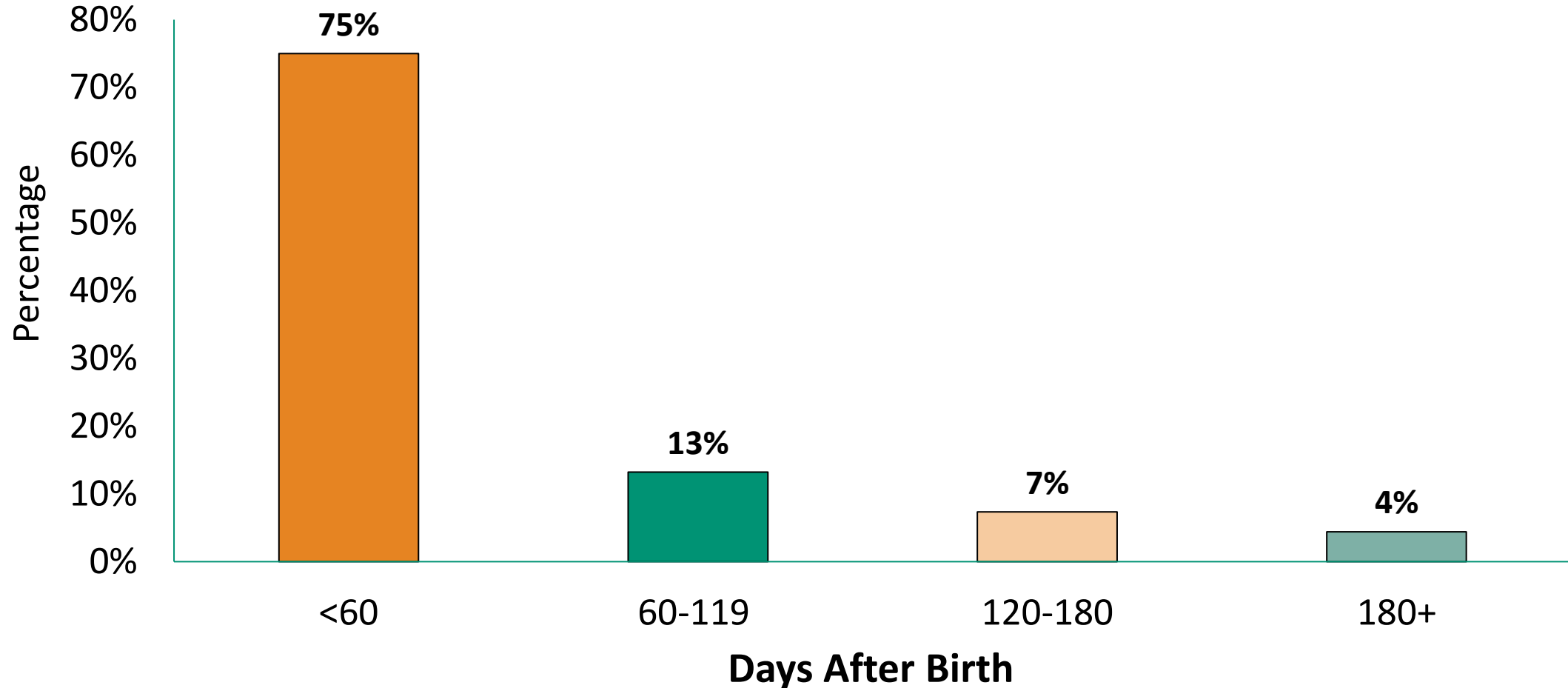
Photos by LAUREN WITTE | Times

# Pregnancy-Related Mortality Rates Florida, 2010 to 2019



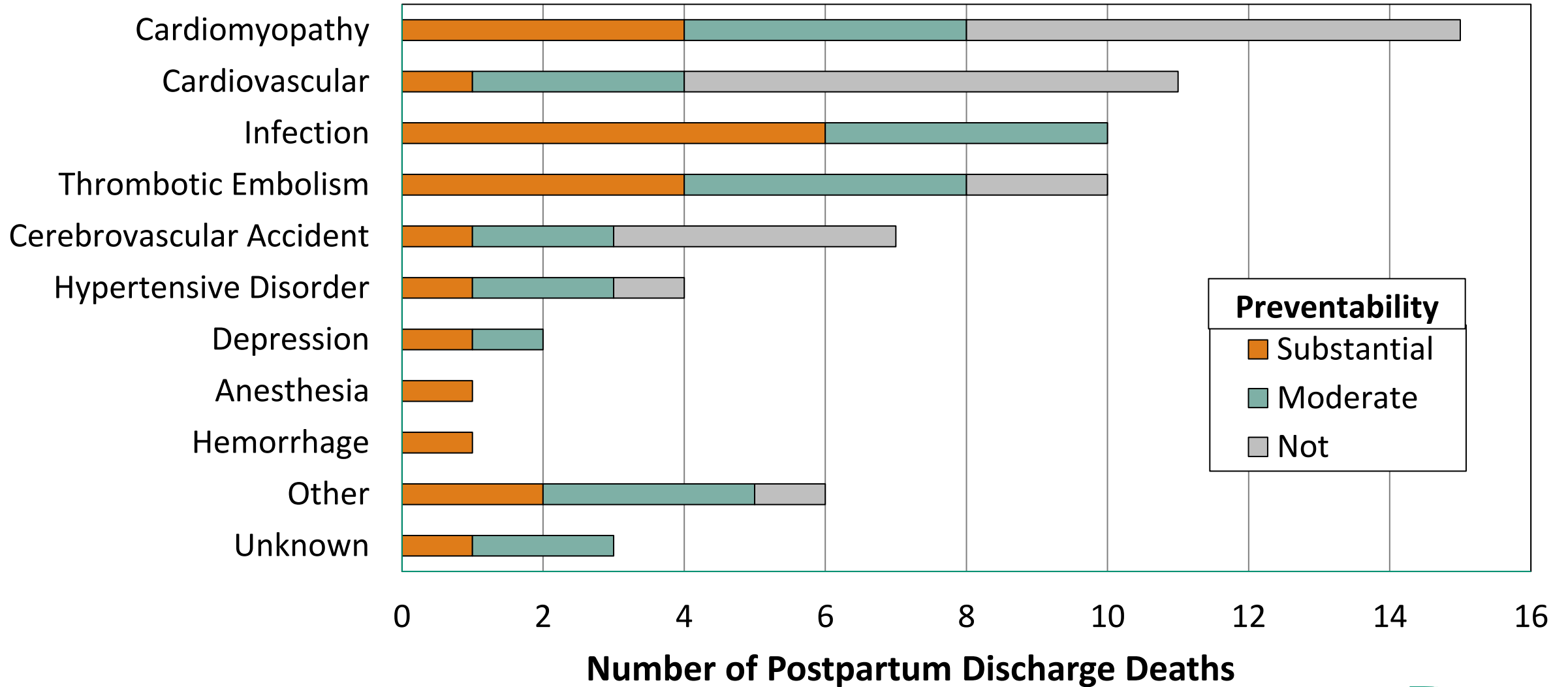
Source: FL Maternal Mortality Review data

# Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019

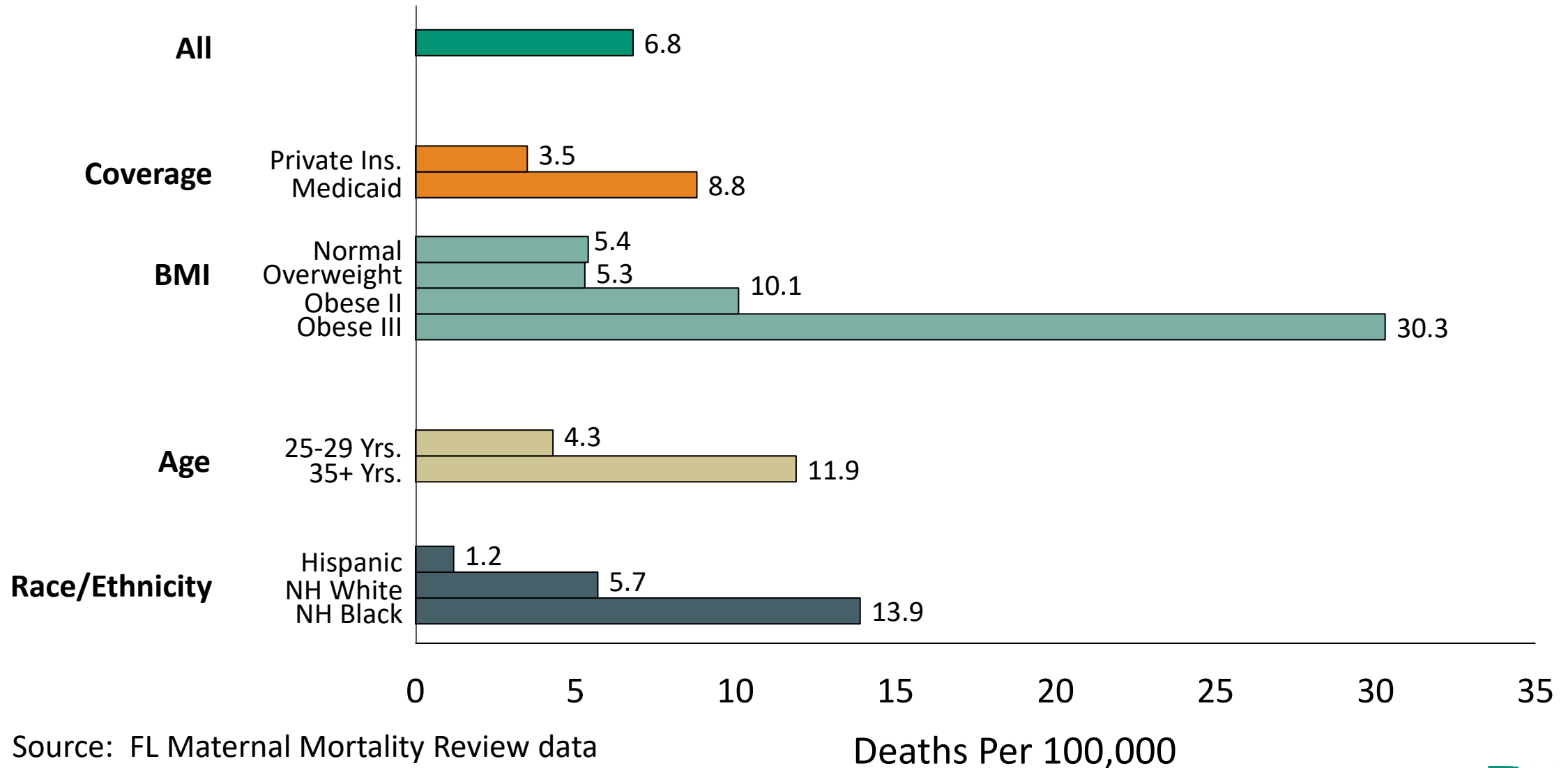


Source: FL Maternal Mortality Review data

# Postpartum Discharge Pregnancy-Related Deaths By Cause and Preventability, Florida, 2015 to 2019



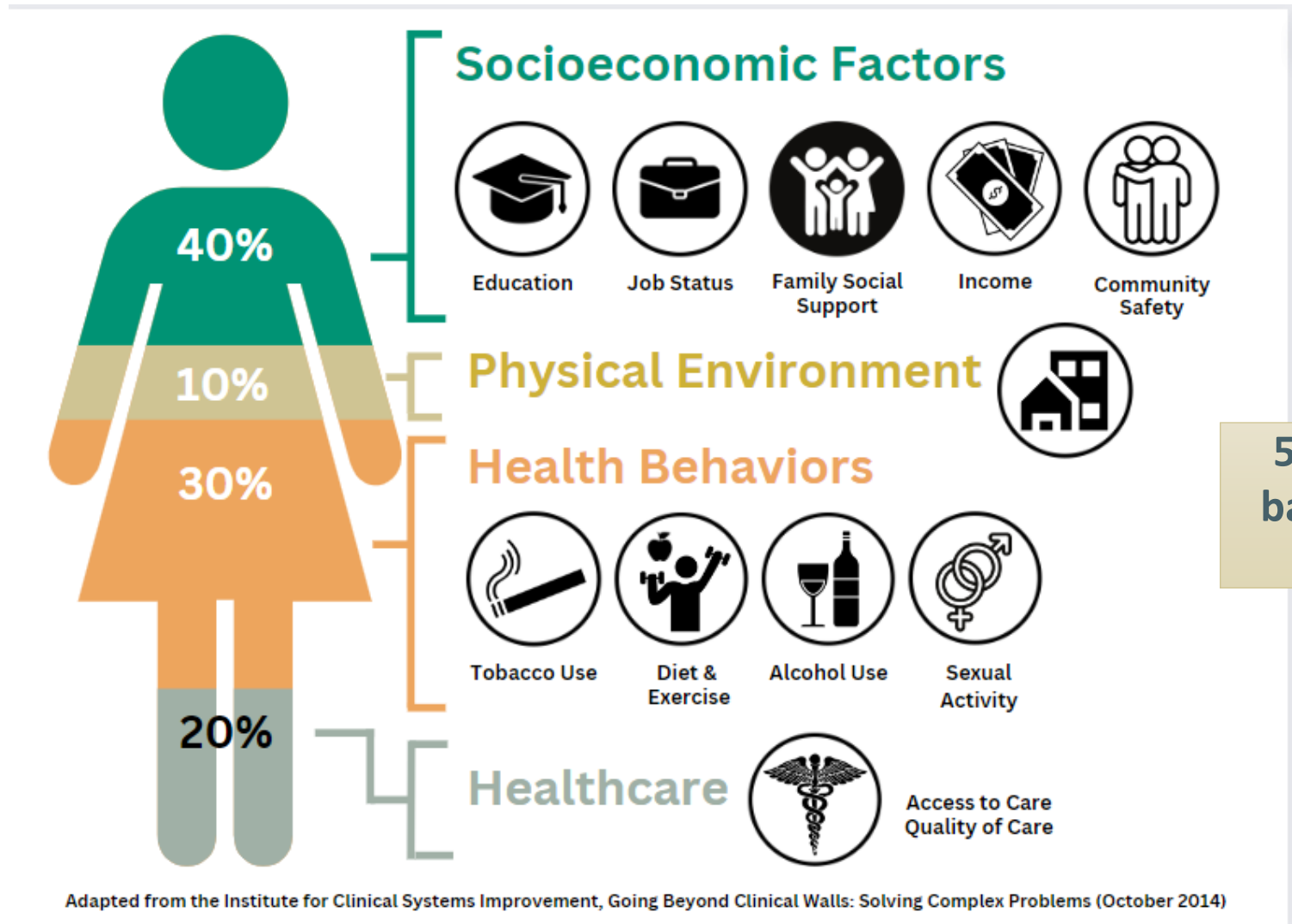
# Postpartum Discharge Pregnancy-Related Mortality Rates, Women at Risk, Florida, 2015 to 2019



Source: FL Maternal Mortality Review data

Deaths Per 100,000

# So Why?



50% traced back to your zip code!

Adapted from the Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



# Redefining postpartum care: ACOG CO #729

- Inquire about and document social and structural determinants of health that may influence patient' health and use of healthcare
- Maximize referrals to social services to help improve patients' abilities to fulfill those needs



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## ACOG COMMITTEE OPINION

Number 729 • January 2018

(Replaces Committee Opinion Number 493, May 2011)

### Committee on Health Care for Underserved Women

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women in collaboration with committee members Carolyn Sufrin, MD, PhD, Autumn Davidson, MD, MS, and Glenn Markenson, MD.

### Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care

**ABSTRACT:** Awareness of the broader contexts that influence health supports respectful, patient-centered care that incorporates lived experiences, optimizes health outcomes, improves communication, and can help reduce health and health care inequities. Although there is little doubt that genetics and lifestyle play an important role in shaping the overall health of individuals, interdisciplinary researchers have demonstrated how the conditions in the environment in which people are born, live, work, and age, play equally as important a role in shaping health outcomes. These factors, referred to as social determinants of health, are shaped by historical, social, political, and economic forces and help explain the relationship between environmental conditions and individual health. Recognizing the importance of social determinants of health can help obstetrician-gynecologists and other health care providers better understand patients, effectively communicate about health-related conditions and behavior, and improve health outcomes.

#### Recommendations

The American College of Obstetricians and Gynecologists makes the following recommendations for obstetrician-gynecologists and other health care providers to improve patient-centered care and decrease inequities in reproductive health care:

- Inquire about and document social and structural determinants of health that may influence a patient's health and use of health care such as access to stable housing, access to food and safe drinking water, utility needs, safety in the home and community, immigration status, and employment conditions.
- Maximize referrals to social services to help improve patients' abilities to fulfill these needs.
- Provide access to interpreter services for all patient interactions when patient language is not the clinician's language.
- Acknowledge that race, institutionalized racism, and other forms of discrimination serve as social determinants of health.

- Recognize that stereotyping patients based on 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 factors.
- Advocate for policy changes that promote safe and healthy living environments.

#### Background

Traditional biomedical explanations of disease tend to focus on biologic and genetic factors as well as individual health behavior as determinants of who gets sick and from what conditions. Although there is little doubt that genetics and lifestyle play an important role in shaping the overall health of individuals, interdisciplinary researchers have demonstrated how the conditions in the environment in which people are born, live, work, and age, play equally as important a role in shaping health outcomes (1-5). These factors, referred to as social determinants of health, are shaped by historical, social, political, and economic forces and help explain the relationship

**AIM**

**QI Outcome Measures**

***By 12/2024, MFC hospitals will:***

***1. Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services***

***2. Have 80% of providers and nurses attend an RMC training~ since January 2023***

**\* Baseline will be established with the first quarter of hospital data**

## AIM

By 12/2024, each hospital will:

- 1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services
- 2) Have 80% of providers and nurses attend an RMC training~ since January 2023

## Primary Key Drivers

Data Insights: maternal characteristics, risk factors, & outcomes across populations

Respectful Maternity Care (RMC)

Universal SDOH Screening & Linkage to Services/Resources

Family & Community Engagement in QI Work

*Respectful care is a universal component of every driver & activity*

# Data type

## Patient-level data

- Screening and referral

## Hospital-level data

- Staff education
- Policies and guidelines to support MFC

## RMC survey – self-reported

- Shared-decision making
- Dignity and Respect

## Patient-level data

- **Reported monthly**
- **Focuses in SDOH screening and referral**
- **Aggregate and granular**

## Patient-level data

- Reported monthly
- Aggregate and granular

### Aggregate Monthly Report of patients admitted for delivery and discharged home

# of patients discharged home after delivery \_\_\_\_\_

# of patients discharged home after delivery with SDOH screening documented  
using a SDOH screening tool \_\_\_\_\_  Unknown

# of patients discharged home after delivery with a positive SDOH screening \_\_\_\_\_  Unknown

# of patients discharged home after delivery with a positive SDOH screening  
linked to available resources/services \_\_\_\_\_  Unknown

## Patient-level data

- Reported monthly
- Aggregate and granular

Abstract the **first 10 women** admitted for delivery who **screened positive for SDOH** and were discharged home

**EXCLUDE: women with a fetal/infant demise**

# DEMOGRAPHICS

<b>Discharge Month</b> <input type="text"/> <b>Year</b> <input type="text"/>	<b>Saturday/Sunday/ Holiday discharge</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Length of Stay</b> <input type="text"/> <b>days</b> <small>(count if patient was in bed at midnight)</small>
<b>Race (check all that apply)</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<b>Preferred Language</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>
<b>Age</b> <small>(complete years, do not round up)</small> <input type="text"/>	<b>Type of insurance</b> <input type="checkbox"/> Medicaid/Medic. plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Unknown	<b>Prenatal Care Started (PNC) in:</b> <input type="checkbox"/> I/II Trimester <input type="checkbox"/> III Trimester <input type="checkbox"/> No PNC <input type="checkbox"/> Unknown

- Inform case composition and track population change overtime
- Disaggregate measures to identify differences between population groups



# DEMOGRAPHICS

<b>Discharge Month</b> <input type="text"/> <b>Year</b> <input type="text"/>	<b>Saturday/Sunday/ Holiday discharge</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Length of Stay</b> <input type="text"/> <b>days</b> (count if patient was in bed at midnight)
<b>Race (check all that apply)</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<div style="background-color: #f4a460; padding: 10px; text-align: center;"> <b>LOS: Count if patient was in bed at midnight</b> </div>
<b>Age</b> (complete years, do not round <input type="text"/> )	<b>Type of insurance</b> <input type="checkbox"/> Medicaid/Medic. plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Unknown	

**Age of the mother at time of delivery: complete years, do not round up**

# SDOH SCREENING AND ACTION PLAN

SDOH SCREENING		Action Plan (check all that apply)		
	Positive Screen (check all that apply)	Further Assmt. Completed	Adapted Care Plan	Referral Arranged
Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling Unsafe at Home/ Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Further Assessment Completed:** evaluation to assess the extent of adverse SDOH (social worker, case manager, patient navigator)

**Adapted Care Plan** to better fit the needs of the patient

**Referral Arranged** for the patient prior to discharge



# FPQC MFC Primary Driver

## AIM

By 12/2024, each hospital will:

**1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services**

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

## Primary Key Drivers

Data Insights

Respectful Maternity Care

Universal SDOH Screening & Linkage to Services/Resources

Family & Community Engagement in QI Work

Screen all mothers for SDOH and assist & refer mothers to help meet needs

## CMS required reporting timeline:

- Collection period: January 1, 2024 – December 31, 2024
- Submission deadline: May 15, 2025

**TJC - 5 Elements of Performance (EPs) around SDOH effective Jan 2023**

# SCREENING TOOL

National standardized patient risk screening for social determinants available in 25 languages

<b>Personal Characteristics</b> 1. Are you Hispanic or Latino? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>		Yes	No	I choose not to answer this question	8. Are you worried about losing your housing? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>		Yes	No	I choose not to answer this question						
Yes	No	I choose not to answer this question													
Yes	No	I choose not to answer this question													
2. Which race(s) are you? Check all that apply <table border="1"> <tr> <td>Asian</td> <td>Native Hawaiian</td> </tr> <tr> <td>Pacific Islander</td> <td>Black/African American</td> </tr> <tr> <td>White</td> <td>American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2">Other (please write):</td> </tr> <tr> <td colspan="2">I choose not to answer this question</td> </tr> </table>		Asian	Native Hawaiian	Pacific Islander	Black/African American	White	American Indian/Alaskan Native	Other (please write):		I choose not to answer this question		9. What address do you live at? Street: _____ City, State, Zip code: _____			
Asian	Native Hawaiian														
Pacific Islander	Black/African American														
White	American Indian/Alaskan Native														
Other (please write):															
I choose not to answer this question															
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>		Yes	No	I choose not to answer this question	<b>Money &amp; Resources</b> 10. What is the highest level of school that you have finished? <table border="1"> <tr> <td>Less than high school degree</td> <td>High school diploma or GED</td> </tr> <tr> <td>More than high school</td> <td>I choose not to answer this question</td> </tr> </table>		Less than high school degree	High school diploma or GED	More than high school	I choose not to answer this question					
Yes	No	I choose not to answer this question													
Less than high school degree	High school diploma or GED														
More than high school	I choose not to answer this question														
4. Have you been discharged from the armed forces of the United States? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>		Yes	No	I choose not to answer this question	11. What is your current work situation? <table border="1"> <tr> <td>Unemployed</td> <td>Part-time or temporary work</td> <td>Full-time work</td> </tr> <tr> <td colspan="3">Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:</td> </tr> <tr> <td colspan="3">I choose not to answer this question</td> </tr> </table>		Unemployed	Part-time or temporary work	Full-time work	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:			I choose not to answer this question		
Yes	No	I choose not to answer this question													
Unemployed	Part-time or temporary work	Full-time work													
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:															
I choose not to answer this question															
5. What language are you most comfortable speaking? <b>Family &amp; Home</b> 6. How many family members, including yourself, do you currently live with? ____ <table border="1"> <tr> <td>I choose not to answer this question</td> </tr> </table>		I choose not to answer this question	12. What is your main insurance? <table border="1"> <tr> <td>None/uninsured</td> <td>Medicaid</td> </tr> <tr> <td>CHIP Medicaid</td> <td>Medicare</td> </tr> <tr> <td>Other public insurance (not CHIP)</td> <td>Other Public Insurance (CHIP)</td> </tr> <tr> <td>Private insurance</td> <td></td> </tr> </table>		None/uninsured	Medicaid	CHIP Medicaid	Medicare	Other public insurance (not CHIP)	Other Public Insurance (CHIP)	Private insurance				
I choose not to answer this question															
None/uninsured	Medicaid														
CHIP Medicaid	Medicare														
Other public insurance (not CHIP)	Other Public Insurance (CHIP)														
Private insurance															
7. What is your housing situation today? <table border="1"> <tr> <td>I have housing</td> </tr> <tr> <td>I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</td> </tr> <tr> <td>I choose not to answer this question</td> </tr> </table>		I have housing	I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	I choose not to answer this question	13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits. _____ <table border="1"> <tr> <td>I choose not to answer this question</td> </tr> </table>		I choose not to answer this question								
I have housing															
I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)															
I choose not to answer this question															
I choose not to answer this question															

# Linkages to Services & Resources Recommendations

\* Standardize documentation \*

- Connect with Healthy Start Coalition
- Community Resource Directory



Others?



MONTH/YEAR \_\_\_\_\_

**AGGREGATE**

Aggregate SDOH Monthly Report of patients admitted for delivery and discharged home	
# of patients discharged home after delivery	_____
# of patients discharged home after delivery with SDOH screening documented using a SDOH screening tool	_____ <input type="checkbox"/> Unknown
# of patients discharged home after delivery with a positive SDOH screening	_____ <input type="checkbox"/> Unknown
# of patients discharged home after delivery with a positive SDOH screening linked to needed resources/services	_____ <input type="checkbox"/> Unknown

**GRANULAR –  
10 PATIENTS**

Complete for the first 10 women admitted for delivery who screened positive for SDOH and were discharged home, excluding women with a fetal/infant demise

STUDY # \_\_\_\_\_ (number sequentially until the end of the initiative)

PATIENT DEMOGRAPHICS					
Discharge Month _____ Year _____	Saturday/Sunday/ Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Stay _____ days (count if patient was in bed at midnight)			
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
Age (complete years, do not round up) _____	Type of insurance <input type="checkbox"/> Medicaid/Medic. plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Prenatal Care Started (PNC) in: <input type="checkbox"/> I/II Trimester <input type="checkbox"/> III Trimester <input type="checkbox"/> No PNC <input type="checkbox"/> Unknown			
SDOH SCREENING		Action Plan (check all that apply)			
	Positive Screen (check all that apply)	Further Assmt. Completed	Adapted Care Plan	Referral Arranged	<b>DEFINITIONS</b>  <b>Further Assessment Completed:</b> evaluation to assess extent of adverse SDOH  <b>Adapted Care Plan</b> to better fit the needs of the patient  <b>Referral Arranged</b> for patient prior to discharge
Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utility Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling Unsafe at Home/ Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PATIENT DEMOGRAPHICS					
Discharge Month _____ Year _____	Saturday/Sunday/ Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Stay _____ days (count if patient was in bed at midnight)			
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
Age (complete years, do not round up) _____	Type of insurance <input type="checkbox"/> Medicaid/Medic. plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Prenatal Care Started (PNC) in: <input type="checkbox"/> I/II Trimester <input type="checkbox"/> III Trimester <input type="checkbox"/> No PNC <input type="checkbox"/> Unknown			
SDOH SCREENING		Action Plan (check all that apply)			
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Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utility Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling Unsafe at Home/ Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PATIENT DEMOGRAPHICS					
Discharge Month _____ Year _____	Saturday/Sunday/ Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Stay _____ days (count if patient was in bed at midnight)			
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			
Age (complete years, do not round up) _____	Type of insurance <input type="checkbox"/> Medicaid/Medic. plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Prenatal Care Started (PNC) in: <input type="checkbox"/> I/II Trimester <input type="checkbox"/> III Trimester <input type="checkbox"/> No PNC <input type="checkbox"/> Unknown			
SDOH SCREENING		Action Plan (check all that apply)			
	Positive Screen (check all that apply)	Further Assmt. Completed	Adapted Care Plan	Referral Arranged	<b>DEFINITIONS</b>  <b>Further Assessment Completed:</b> evaluation to assess extent of adverse SDOH  <b>Adapted Care Plan</b> to better fit the needs of the patient  <b>Referral Arranged</b> for patient prior to discharge
Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utility Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling Unsafe at Home/ Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Fillable PDF forms  
Data portal = PDF forms**



# STUDY ID

**STUDY ID #** \_\_\_\_\_  
(start with 001 and number sequentially until the end of the initiative)

## PATIENT DEMOGRAPHICS

Discharge Month \_\_\_\_\_ Year \_\_\_\_\_

Saturday/Sunday/  
Holiday discharge  Yes  
 No

Length of Stay \_\_\_\_\_ days  
(count if patient was in bed at midnight)

- Assign Study ID # 001 to the first patient whose data will be submitted to FPQC
- Number consecutively all patients submitted to FPQC throughout the initiative. Do **NOT** restart numbering every month!

# KEEP TRACK OF YOUR CASES

Please keep a [log](#) of the patients whose data is submitted to FPQC.

**Include all patients whose data was submitted to the MFC data portal**  
Please keep for your records only. Never submit the patient's medical record to FPQC.

Medical Record #	Study ID #	Survey Return Code	Data lead name



# PROCESS TO COLLECT AND SUBMIT YOUR DATA

1

Identify Cases Monthly

The first 10 women admitted for delivery who screened positive for SDOH and were discharged home, excluding women with a fetal/infant demise

2

Abstract medical record

STUDY ID # _____ <small>(start with 001 and number sequentially until the end of the initiative)</small>				
PATIENT DEMOGRAPHICS				
Discharge Month _____ Year _____	Saturday/Sunday/ Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of Stay _____ days <small>(count if patient was in bed at midnight)</small>		
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		
Age <small>(complete years, do not round up)</small> _____	Type of insurance <input type="checkbox"/> Medicaid/Medic. plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Prenatal Care Started (PNC) in: <input type="checkbox"/> I/II Trimester <input type="checkbox"/> III Trimester <input type="checkbox"/> No PNC <input type="checkbox"/> Unknown		
SDOH SCREENING		Action Plan (check all that apply)		
	Positive Screen <small>(check all that apply)</small>	Further Assmt. Completed	Adapted Care Plan	Referral Arranged
Food Insecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Instability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling Unsafe at Home/ Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEFINITIONS				
Further Assessment Completed: evaluation to assess extent of adverse SDOH				
Adapted Care Plan to better fit the needs of the patient				
Referral Arranged for patient prior to discharge				

3

Enter data in the REDCap data portal

Link will be sent to the project and data lead once DUA is fully executed



MFC Patient Level Data Collection

Hospital Name  
\* must provide value

Month of Discharge  
\* must provide value

Year of Discharge  
\* must provide value

Aggregate SDOH Monthly Report:  
Number of patients admitted for delivery and discharged home

Number of patients discharged home during reporting month  
\* must provide value

Number of patients discharged home with SDOH screening documented using a SDOH screening tool  
 Unknown

# Data type

## Patient-level data

- **Screening and referral**

## Hospital-level data

- **Staff education**
- **Policies and guidelines to support MFC**

## RMC survey – self-reported

- **Shared-decision making**
- **Dignity and Respect**

## Hospital-level data

- **Staff education**
- **Policies and guidelines to support MFC**

Assess where your facility is on implementation

Build your hospital and staff capacity to successfully implement MFC

# STRUCTURAL MEASURES

## Primary Key Drivers

## Data Insights

Respectful Maternity Care

Universal SDOH Screening & Linkage to Services/Resources

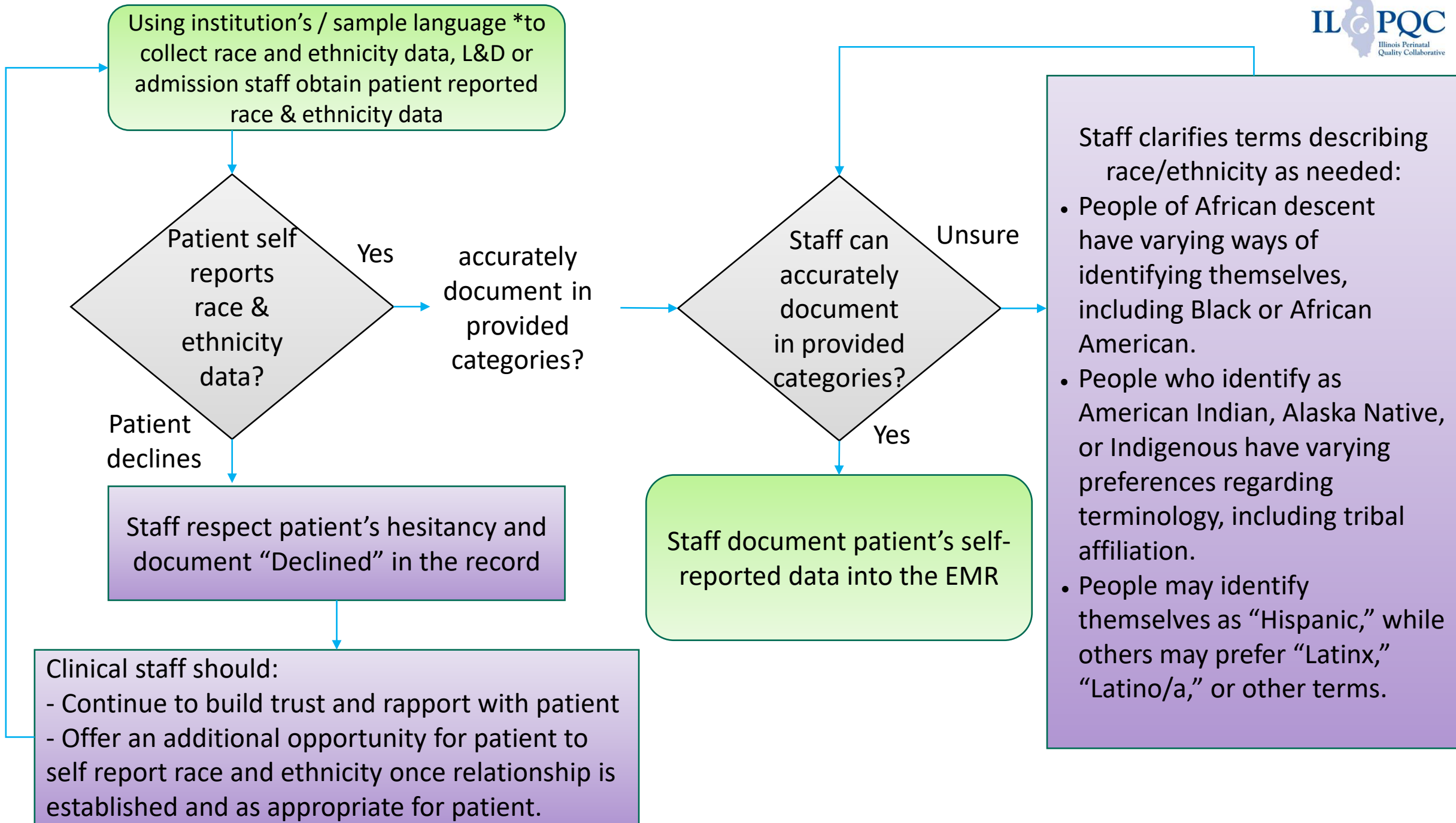
Family & Community Engagement in QI Work

Developing process maps of key personnel, activities/steps, tools, information systems and timing to collect, correct, and document demographic intake questions

Implementing a process to collect, document, and correct patient self-reported race, ethnicity, primary language, other patient characteristics, and SDOH

Implementing a strategy to provide information to patients who have questions on why race, ethnicity, language, and SDOH data are being collected (script, brochure, video, etc.)

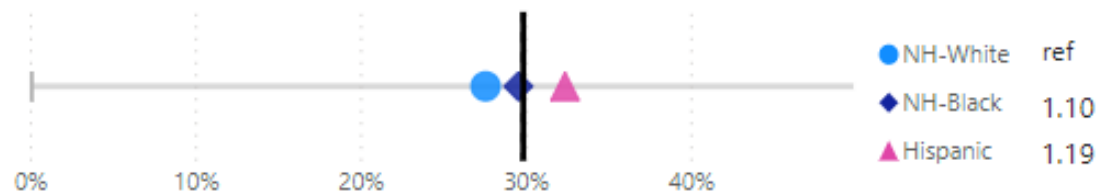
Implementing a hospital's written action plan to address at least one identified difference in perinatal outcome



% State | % Hospital

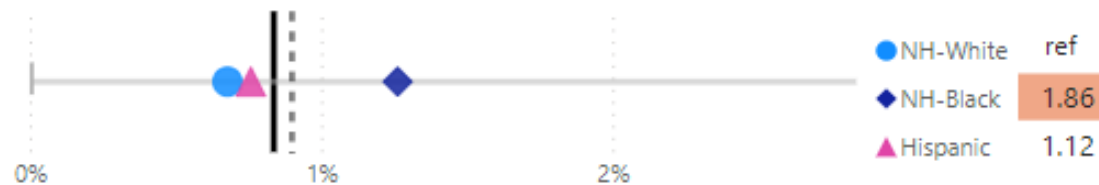
% NTSV (low-risk) Cesareans (Birth Cert.)

RATIOS



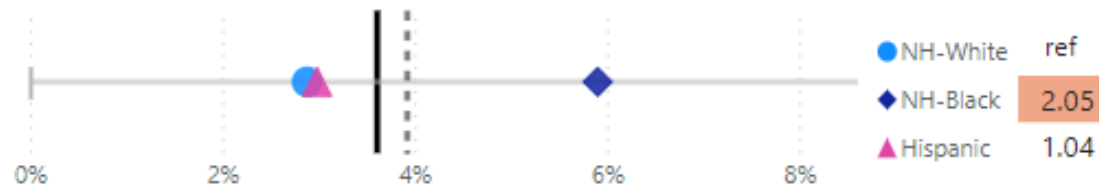
% SMM- w/o BT (Hospital Discharge)

RATIOS



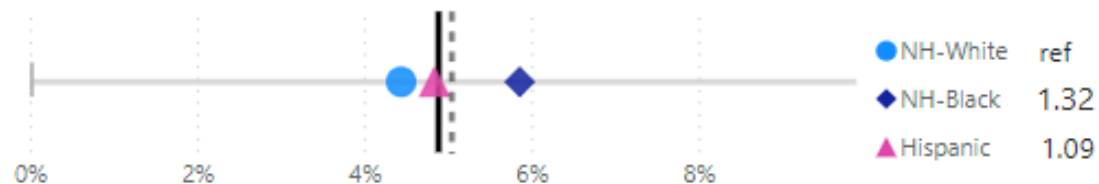
% Severe Hypertension (Hospital Discharge)

RATIOS



% Obstetric Hemorrhage (Hospital Discharge)

RATIOS



% Neonatal Abstinence Syndrome (Hosp. Discharge)

RATIOS



Race-Ethnicity

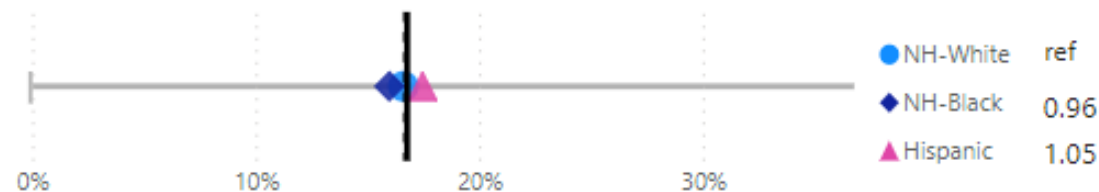
Education

Insurance

BMI

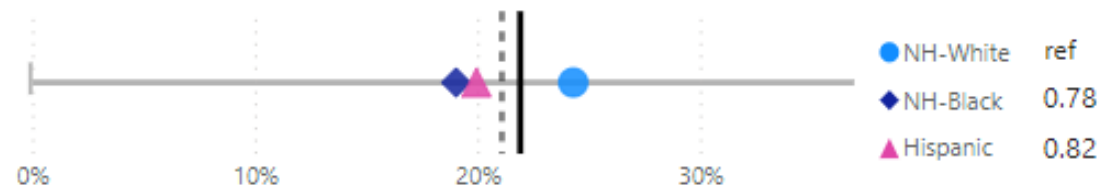
% Non-medically Indicated Early-term Deliveries (Linked)

RATIOS



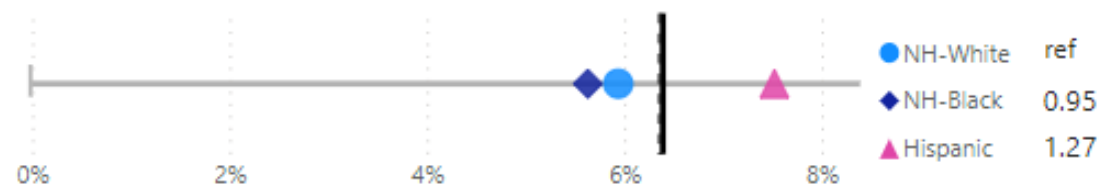
% Low Risk Non-Medically Indicated (NMI) Induction (Linked)

RATIOS



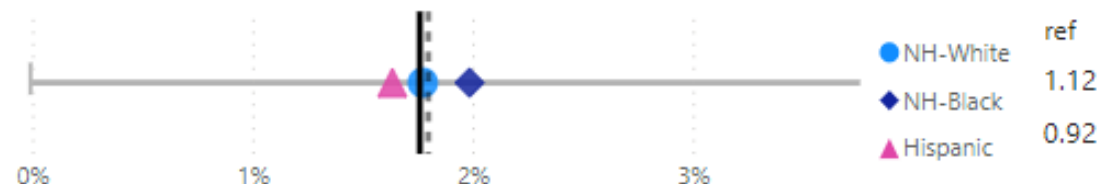
% Low risk Cesarean NMI Inductions (Linked)

RATIOS



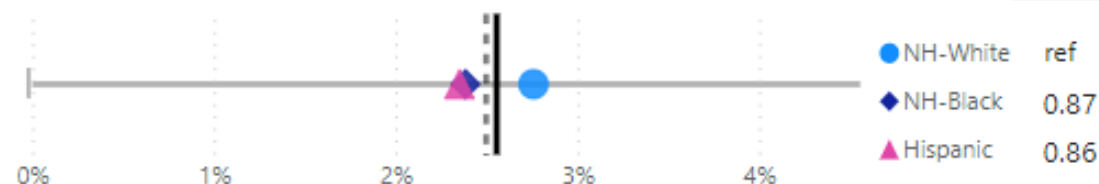
% Severe Unexpected Complication of the Newborn (Linked)

RATIOS



% Moderate Unexpected Complication of the Newborn (Linked)

RATIOS



# STRUCTURAL MEASURES

## Primary Key Drivers

Data Insights

## Respectful Maternity Care

Universal SDOH Screening &  
Linkage to Services/Resources

Family & Community  
Engagement in QI Work

Creating a strategy for sharing expected respectful care practices with delivery staff and patients including appropriately engaging support partners and/or doulas

Implementing the Respectful Maternity Care (RMC) survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results

# RMC Commitment Handout

## Our Respectful Care Commitments for Every Patient

- 1. 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?
- 4. 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 themselves 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 \_\_\_\_\_

Date \_\_\_\_\_



Florida Perinatal  
Quality Collaborative

[fpqc.org/sdoh](https://fpqc.org/sdoh)

V. 4/4/23

- Actionable strategies to impact patient care
- Teams can use this version or adapt for their facilities
- Can serve as a standard part of new team member onboarding
- Will be included in FPQC RMC regional trainings



# STRUCTURAL MEASURES

## Primary Key Drivers

Data Insights

Respectful Maternity Care

**Universal SDOH Screening & Linkage to Services/Resources**

Family & Community Engagement in QI Work

Implementing a protocol, process, or guideline for screening patients for SDOH during delivery admission

Implementing a protocol, process, or guideline for referring patients to available community resources and services

# STRUCTURAL MEASURES

## Primary Key Drivers

Data Insights

Respectful Maternity Care

Universal SDOH Screening & Linkage to Services/Resources

## Family & Community Engagement in QI Work

Implementing a strategy to educate QI Team and Leadership about family and community advisor involvement

Engaging a family advisor to provide ongoing input

Engaging a community advisor to provide ongoing input

# Staff Education and Training

- Report cumulative percent

Staff Education and Training		
Please add the percentage of staff and OB providers who have been educated on the following topic and have attended the RMC training		
<i>Has your Staff received education on:</i>	Nurses	OB providers
Processes for developing an agreed-upon plan of care utilizing a shared decision-making model	<input type="text"/> %	<input type="text"/> %
<i>Has your Staff attended:</i>	Nurses	OB providers
A Respectful Maternity Care training since January 2023 and committed to Respectful Care practices	<input type="text"/> %	<input type="text"/> %

AIM

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

## Available Trainings with RMC Component

- **ACOG: Respectful Care eModules**
- **AWHONN: Respectful Care Implementation Toolkit (RMC-IT)**
- **ICM: Respect Workshops: A Toolkit**
- **Perinatal Quality Institute: Speak UP**
- **March of Dimes: Awareness to Action**

*FPQC is also planning to offer 4 regional RMC trainings – more information is forthcoming!*

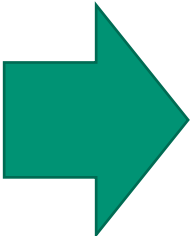


**Mother-Focused Care (MFC)  
Hospital-Level Data Collection Form**

Guidelines, Policies, and/or Processes					
1- Not Started 2- Planning 3- Started Implementing – Started implementation in the last 3 months 4- Implemented – Less than 80% compliance after at least 3 months of Implementation (Not routine practice) 5- Fully Implemented – At least 80% compliance after at least 3 months of Implementation (Routine practice)					
To what extent is your hospital:	Not started 1	Planning 2	Started to implement 3	Implemented 4	Fully implemented 5
Developing process maps of key personnel, activities/steps, tools, information systems and timing to collect, correct, and document demographic intake questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a process to collect, document, and correct patient self-reported race, ethnicity, primary language, other patient characteristics, and SDOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a strategy to provide information to patients who have questions on why race, ethnicity, language, and SDOH data are being collected (script, brochure, video, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a hospital's written action plan to address at least one identified difference in perinatal outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a strategy for sharing expected respectful care practices with delivery staff and patients including appropriately engaging support partners and/or doulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing the Respectful Maternity Care (RMC) survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a protocol, process, or guideline for screening patients for SDOH during delivery admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a protocol, process, or guideline for referring patients to available community resources and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a strategy to educate QI Team and Leadership about family and community advisor involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging a family advisor to provide ongoing input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging a community advisor to provide ongoing input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Education and Training					
Please add the percentage of staff and OB providers who have been educated on the following topic and have attended the RMC training					
<i>Has your Staff received education on:</i>	Nurses		OB providers		
Processes for developing an agreed-upon plan of care utilizing a shared decision-making model	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<i>Has your Staff attended:</i>	Nurses		OB providers		
A Respectful Maternity Care training since January 2023 and committed to Respectful Care practices	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

# HOSPITAL-LEVEL DATA

- Not started
- Planning
- Started to implement
- Implemented
- Fully Implemented



Cumulative Percent



# PROCESS TO COLLECT AND SUBMIT YOUR DATA

1

Report update of structural measures and Tally Staff Education & Training

Mother-Focused Care (MFC) Hospital-Level Data Collection Form					
Guidelines, Policies, and/or Processes					
1- Not Started 2- Planning 3- Started Implementing - Started implementation in the last 3 months 4- Implemented - Less than 80% compliance after at least 3 months of Implementation (Not routine practice) 5- Fully Implemented - At least 80% compliance after at least 3 months of Implementation (Routine practice)					
To what extent is your hospital:	Not started	Planning	Started to implement	Implemented	Fully implemented
	1	2	3	4	5
Developing process maps of key personnel, activities/steps, tools, information systems and timing to collect, correct, and document demographic intake questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a process to collect, document, and correct patient self-reported race, ethnicity, primary language, other patient characteristics, and SDOH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a strategy to provide information to patients who have questions on why race, ethnicity, language, and SDOH data are being collected (script, brochure, video, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a hospital's written action plan to address at least one identified difference in perinatal outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a strategy for sharing expected respectful care practices with delivery staff and patients including appropriately engaging support partners and/or doulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing the Respectful Maternity Care (RMC) survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a protocol, process, or guideline for screening patients for SDOH during delivery admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a protocol, process, or guideline for referring patients to available community resources and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a strategy to educate QI Team and Leadership about family and community advisor involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging a family advisor to provide ongoing input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging a community advisor to provide ongoing input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Education and Training					
Please add the percentage of staff and OB providers who have been educated on the following topic and have attended the RMC training					
Has your Staff received education on:	Nurses	OB providers			
Processes for developing an agreed-upon plan of care utilizing a shared decision-making model	<input type="text"/> %	<input type="text"/> %			
Has your Staff attended:	Nurses	OB providers			
A Respectful Maternity Care training since January 2023 and committed to Respectful Care practices	<input type="text"/> %	<input type="text"/> %			

2

Enter data in the REDCap data portal

Link will be sent to the project and data lead once DUA is fully executed



Please submit your hospital-level measures below.  
Thank you!

Hospital Name and Date	
What is your hospital's name? <small>* must provide value</small>	<input type="text"/>
Month of Discharge <small>* must provide value</small>	<input type="text"/>
Year of Discharge <small>* must provide value</small>	<input type="text"/>
Guidelines, Policies, and Processes	
For the purpose of this survey, the following values will be assigned to these measures:	
1- Not Started 2- Planning 3- Started Implementing - Started implementation in the last 3 months 4- Implemented - Less than 80% compliance after at least 3 months of Implementation (Not routine practice) 5- Fully Implemented - At least 80% compliance after at least 3 months of Implementation (Routine practice)	
To what extent has your Hospital:	

# Data type

## Patient-level data

- Screening and referral

## Hospital-level data

- Staff education
- Policies and guidelines to support MFC

## RMC survey – self-reported

- Shared-decision making
- Dignity and Respect

## RMC survey – self-reported

- Shared-decision making
- Dignity and Respect

### Tell Us About Your Birthing Experience!



Or  
visit [bitly.com](#) link

The purpose of this survey is to give you an opportunity to share feedback on your labor, delivery, and postpartum care.

Our goal is to provide respectful care for all patients. We need your feedback to make sure we are providing the care you need. We are committed to providing you safe and respectful care.

*Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all patients are valued and met.*

- Your survey responses will remain private. We will not collect your name and your individual answers will not be shared with your health care provider or any staff.
- This survey should take about 10 minutes to complete. Completing this survey is optional and will not impact the care and services to you and your baby.
- Please complete the survey before discharge. Let your nurse know if you have any issues completing it.



Supporting respectful care for all patients: The Florida Perinatal Quality Collaborative (FPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups across Florida to reduce maternal disparities and improve maternal and infant outcomes by ensuring all patients receive safe, high-quality, compassionate, and respectful care.

- Available in three languages
  - English
  - Spanish
  - Haitian Creole
- Patients will be able to scan QR code, enter shortened link into browser, or complete on hospital iPad
- Leads to survey in Qualtrics





# RMC Patient Survey

- Each hospital will receive a **hospital-specific QR code** (should not be shared with another hospital)
- Same QR code for all languages
- Once at least five (5) patient responses have been received by FPQC, hospital will receive their first report
- Best practices for encouraging survey completion :
  - ✓ Staff assistance
  - ✓ Providing a device to complete the survey
  - ✓ Giving patient privacy

# RMC Patient Survey

**Please tell us about your care so that we can improve the care we provide. Answering the survey or any survey question is voluntary. Choosing not to answer will not have any impact on the care you receive. Your name will not be collected. Your individual answers will not be shared with your hospital team or others.**

**Directions: Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. I could take part in decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I could ask questions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My health care choices were respected by the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Labor and Delivery Experience

# Mother-Focused Care (MFC)

**Focus:** Assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and helping them to meet their needs.

## Primary Drivers

## Secondary Drivers

**Aim:** By 12/2024, each hospital will:

1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

~RMC training that includes topics defined by FPQC

### Data Insights

Learn about the mothers served: characteristics, risk factors, & outcomes across populations

### Respectful Maternity Care (RMC)

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

### Universal SDOH Screening and Linkage to Services/Resources

Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

### Family & Community Engagement in Hospital QI Work

Include family and community representatives in defining and implementing their hospital's QI initiative

Improve the collection of individual patient characteristics

Use PQI & Differences in Perinatal Outcomes dashboard to identify differences. Share findings and build ongoing plans to address gaps

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

Screen all mothers for SDOH using a standard process and format

Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model

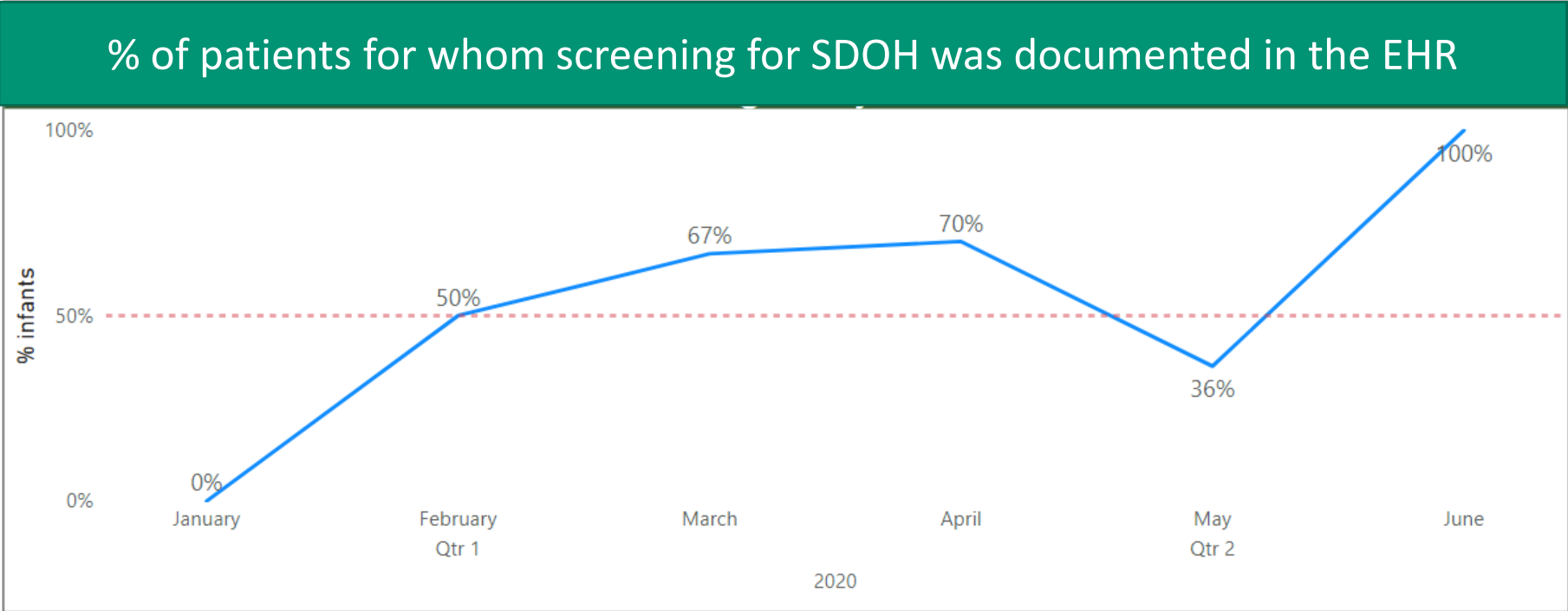
Educate QI Team and leadership about family and community advisor involvement

Engage family and/or community advisors to provide ongoing input on QI efforts and care provision

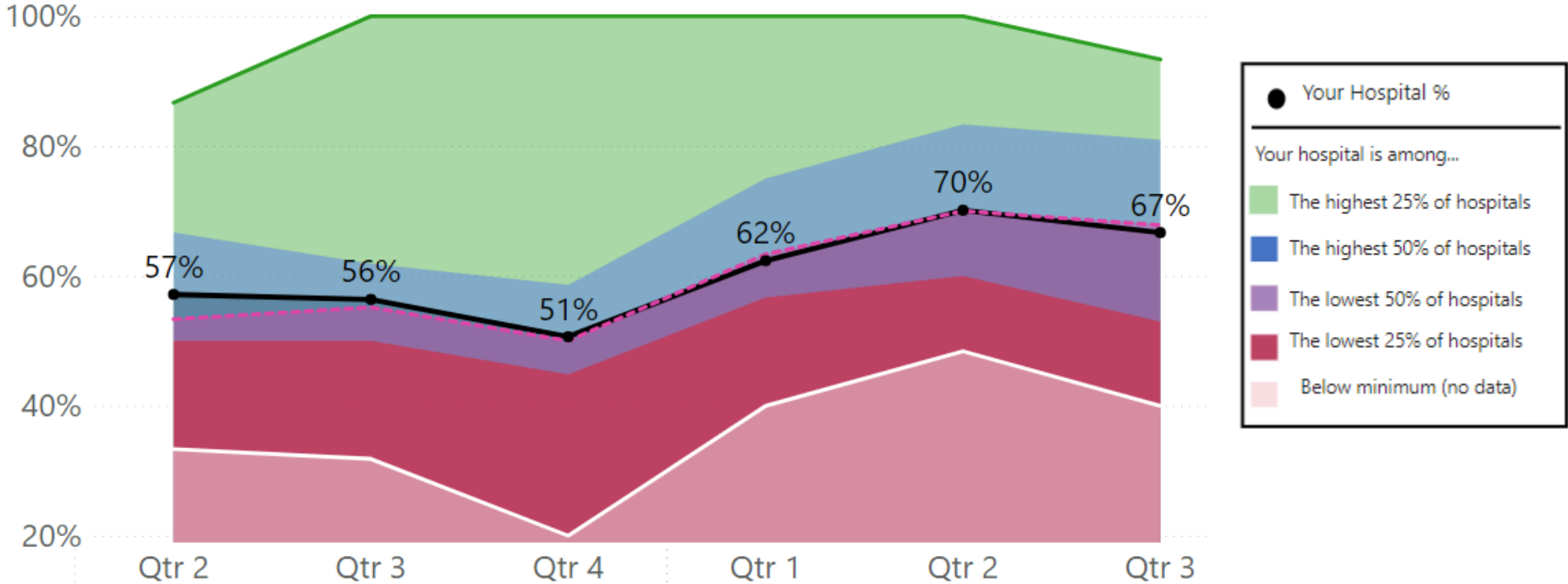
# SAMPLE GRAPHS INCLUDED IN YOUR MONTHLY QI REPORT

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## HOSPITAL-SPECIFIC



## HOW DOES YOUR HOSPITAL COMPARE TO OTHERS





# Your Hospital-level Measures

To what extent has your hospital implemented the following:

Developed Process Maps to collect, correct, and document intake questions	
Implemented process to collect, document and correct patient self-reported char.	
Implemented strategy to educate patients on importance of self-reported char.	
Implemented Hospital's written action plan to address one disparity	
Created strategy to share expected respectful care practices with staff	
Implemented Respectful Maternity Care (RMC) survey to obtain feedback from PP Pts.	
Implemented protocol for screening patients for SDOH during admission	
Implemented protocol for referring pts. to available community resources	
Implemented strategy to educate QI Team and Leadership about family and community advisor involvement	

**LEGEND**

- Fully Implemented
- Implemented
- Started Implementing
- Planning
- Not Started

Please add the percentage of staff and OB providers who have been educated on the following topic and have attended the RMC training

<b>Educational Criteria</b>	<b>Physicians &amp; Midwives</b>	<b>Nurses</b>
Process for developing shared decision making model	50%	40%
<b>Staff Attended</b>	<b>Physicians and Midwives</b>	<b>Nurses</b>
Respectful Maternity Care Training and Committed to Practices	80%	100%

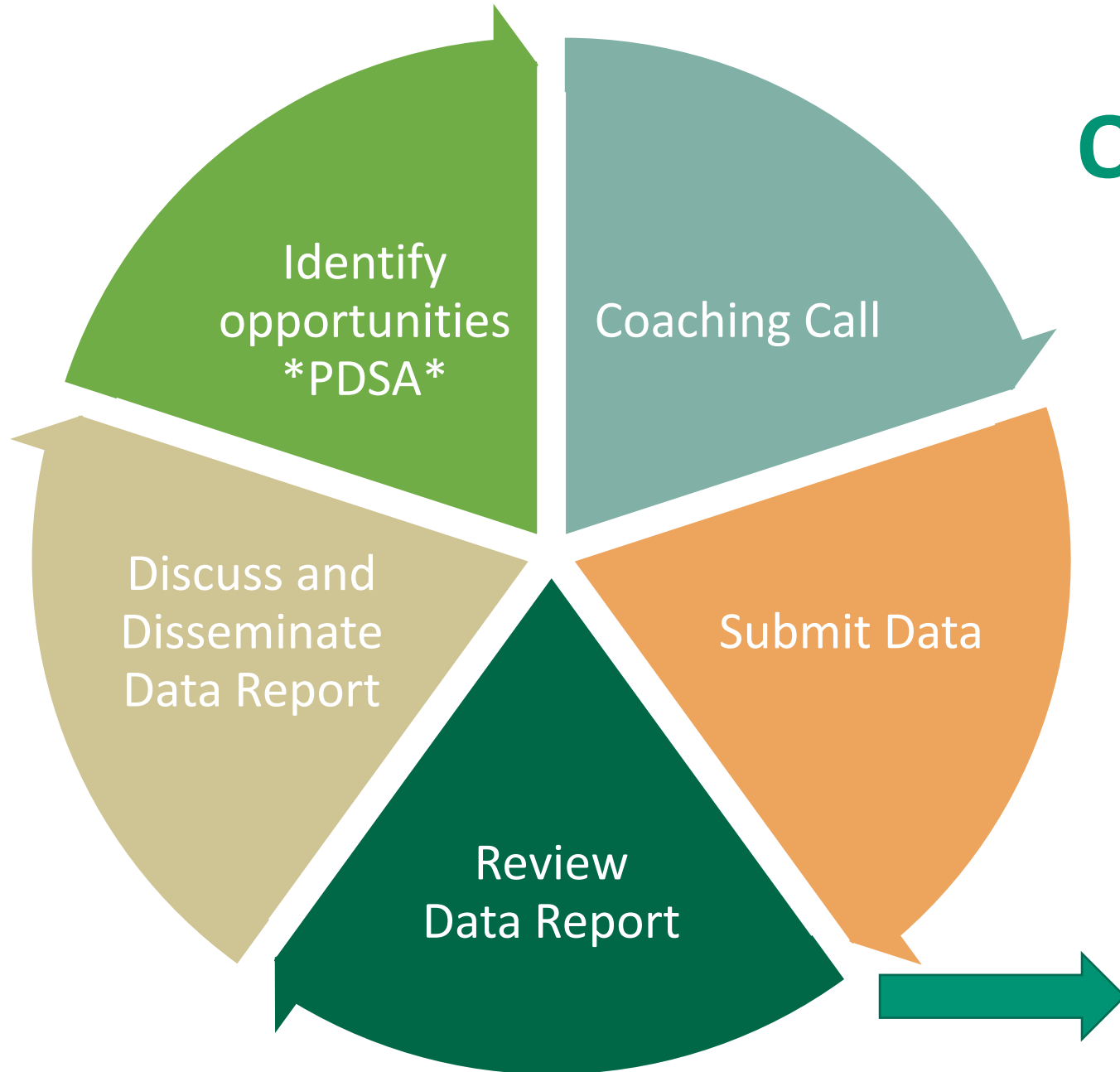
# How to use your data for improvement?

- Initial data points will be a surrogate baseline
- Review your data every month for evaluating and guiding improvement. Use it to prompt discussion and action!
- Create a system that can be maintained long after the project ends: check if you are holding your gains overtime!

Data for learning not for judgment- Maximize learning



# QI MONTHLY CYCLE



## QI REPORTS

- Aim
- Run Charts
- Tracks Process, Structural and Outcome Measures
- Add your PDSAs

# Important requests

- ❑ Track completion of your hospital's Data Use Agreement
- ❑ Let us know of any changes in your MFC team: Data Lead resources
- ❑ Plan for Hospital kickoff in July (data collection and survey implementation)

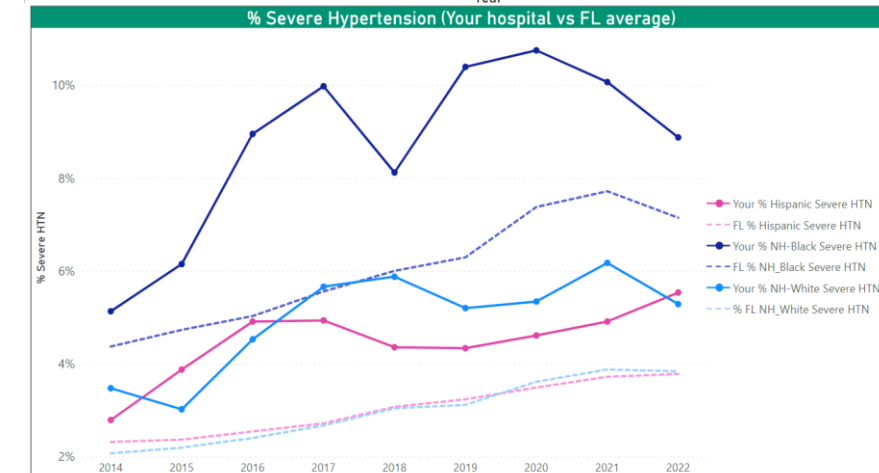
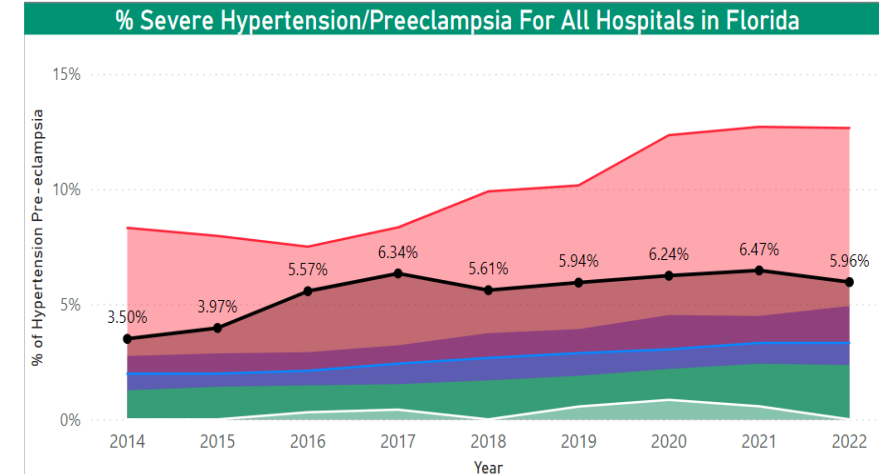
# Important dates

- ❑ Submit your Hospital-Level Data **by June 21<sup>st</sup>**
  - ❑ Every 3 months thereafter: September – December – March – June
- ❑ Patient-level data collection starts in July
  - ❑ due Monthly on the 15<sup>th</sup> e.g. July data is **due August 15<sup>th</sup>**;
- ❑ Attend PQI webinar on **May 31<sup>st</sup> at noon**
- ❑ Coaching calls start in July; calendar invites coming soon

# PQI WEBINAR

Date: Wednesday, May 31, 2023  
12:00 PM – 01:00 PM EDT

- Data definitions, sources, timelines
- Understand your PQI report
- Strategies to utilize your PQI report
- Identify issues and drill down
- Online access



### % Agreement in the Linked File

		2017	2018	2019	2020
<b>Maternal Characteristics</b>	Maternal race	●	●	●	● 82%
	Maternal ethnicity	●	●	●	● 82%
	Payer	●	●	●	● 86%
<b>Risk Factors</b>	Singleton	●	●	●	● 99%
	Born at term	●	●	●	● 96%
	Not in vertex position	●	●	●	● 96%
<b>Delivery</b>	Cesarean delivery	●	●	●	● 95%

● ≤90% agreement   ● 90.1-94.9% agreement   ● ≥95% agreement

# Questions?

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[erubio1@usf.edu](mailto:erubio1@usf.edu)

[fpqc@usf.edu](mailto:fpqc@usf.edu)

[www.fpqc.org](http://www.fpqc.org)

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**“To improve the health and health care of all Florida mothers & babies”**

