

MFC

Mother-Focused Care

Shooting for the Stars

MFC Mid-initiative meeting

Part 1

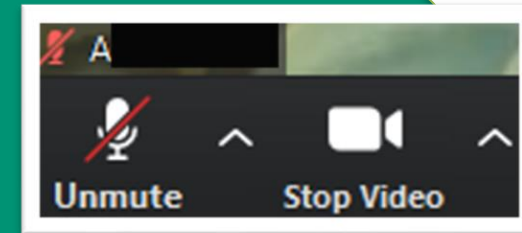


Instructions

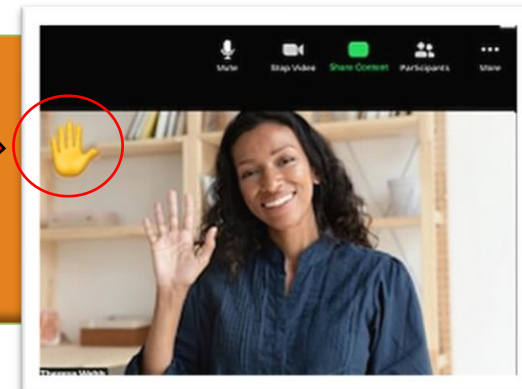
- This session is being recorded and will be available in our website



- Please keep your video on and mute your microphone unless asking a question or providing a comment.



- To ask questions, please raise hands and unmute yourself or enter your question(s) in the chat box.





Florida Perinatal Quality Collaborative

FPQC Vision & Values

All of Florida's mothers, infants & families will have the best health outcomes possible through receiving **respectful**, equitable, high-quality, evidence-based perinatal care.

- **Data-Driven**
- **Population-Based**
- **Evidence-Based**
- **Equity-Centered**
- **Value-Added**

Meeting Agenda

In the next hour, we will highlight challenges and successes for:

- ❑ Identifying disparities across populations and data quality issues
- ❑ Implementing SDOH Screening and ensuring Appropriate Referral
- ❑ Enhancing Staff Education and Training and Family & Community Engagement
- ❑ Reviewing action items to complete before the in-person meeting (part 2) ***Make sure 2 people have registered for your hospital**

Today's Speakers



**ESTEFANIA RUBIO,
MD, MPH**
Associate Director of
Healthcare Data



**BENJAMIN
GESSNER, MPH**
Statistical Data
Analyst



**SHELBY
DAVENPORT, MPH**
Statistical Data Analyst



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 Driver

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

Secondary Drivers

Improve the collection of individual patient characteristics

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

Respectful care is a universal component of every driver & activity

Data Insights: Characteristics, Risk and Outcomes

Measure (% of hospitals)	Implemented	Planning	Not Started
Process Map for Collecting Demographic Intake Questions	85%	10%	4%
Process to Collect and Correct Pt. Self Reported Demographics and SDOH	88%	10%	2%
Strategy to Answer Pt. Questions about Demographic and SDOH Data	73%	21%	6%
Implement Written Action Plan to Address Health Disparity	42%	46%	13%

POLL

How often have you used your PQI report in the last 6 months?

Perinatal Quality Indicators (PQI)

- **Supports hospital QI efforts by:**
 - ✓ Providing periodic hospital-specific reports of perinatal indicators and corresponding data quality reports
 - ✓ Hospitals do not submit any data for PQI to FPQC
- Indicators have been chosen and adapted from measures provided by leading national groups



Perinatal QI Indicator Sets

1. Non-medically indicated early-term deliveries—PC-01
2. Nulliparous, term, single, vertex cesareans—PC-02
3. NTSV cesarean comparative measure—CMQCC-TJC-SMFM
4. Failed inductions of labor
5. Severe Maternal Morbidity—CDC – AIM-PC-07
6. Severe Hypertension/Preeclampsia—AIM
7. Obstetric Hemorrhage—AIM
8. Unexpected Newborn Complications—PC-06-CMQCC
9. Neonatal Abstinence Syndrome Length of Stay

PQI sections

Data quality dashboard

Hospital profile

Summary dashboard

Differences in perinatal outcomes dashboard

Indicator-specific and supporting graphs

- Variation, quartiles, time trends, and disaggregation

PQI sections for MFC

Data quality dashboard

Hospital profile

Summary dashboard

Differences in perinatal outcomes dashboard

Indicator-specific and supporting graphs

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Data Quality Dashboard

Identify over reporting “unknown”

% Unknown/Missing in the Birth Certificate

		2018	2019	2020	2021	2022	2023
Maternal Characteristics	Maternal race	●	●	●	●	●	● 0.1%
	Maternal ethnicity	●	●	●	●	●	● 4.1%
	Insurance	●	●	●	●	●	● 0.0%
Risk Factors	BMI	●	●	●	●	●	● 4.7%
	Prior live births dead	●	●	●	●	●	● 0.1%
	Prior live births living	●	●	●	●	●	● 0.0%

● ≥5% unknown
 ● 1.1-4.9% unknown
 ● ≤1% unknown

High percent of “unknown” in few FL hospital

Data Quality Dashboard

Assess if data reported in the BC agrees with data reported in the inpatient hospital discharge

% Agreement in the Linked File

		2018	2019	2020	2021	
Maternal Characteristics	Maternal race	●	●	●	●	66%
	Maternal ethnicity	●	●	●	●	89%
	Payer	●	●	●	●	80%
Risk Factors	Singleton	●	●	●	●	100%
	Born at term	●	●	●	●	84%
	Not in vertex position	●	●	●	●	91%
Delivery	Cesarean delivery	●	●	●	●	96%

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

PQI sections for MFC

Data quality dashboard

Hospital profile

Summary dashboard

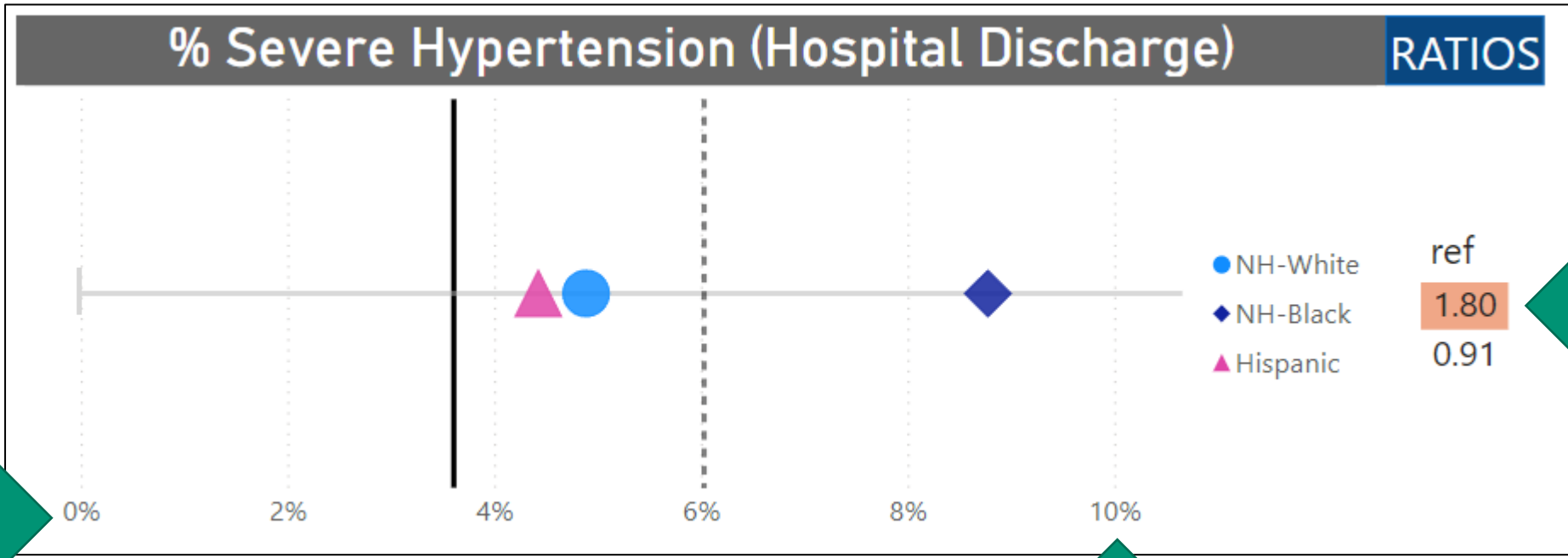
Differences in perinatal outcomes dashboard

Indicator-specific and supporting graphs

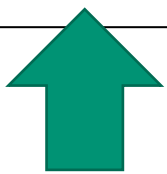
- Variation, quartiles, time trends, and disaggregation

Differences in Perinatal Outcomes Dashboard

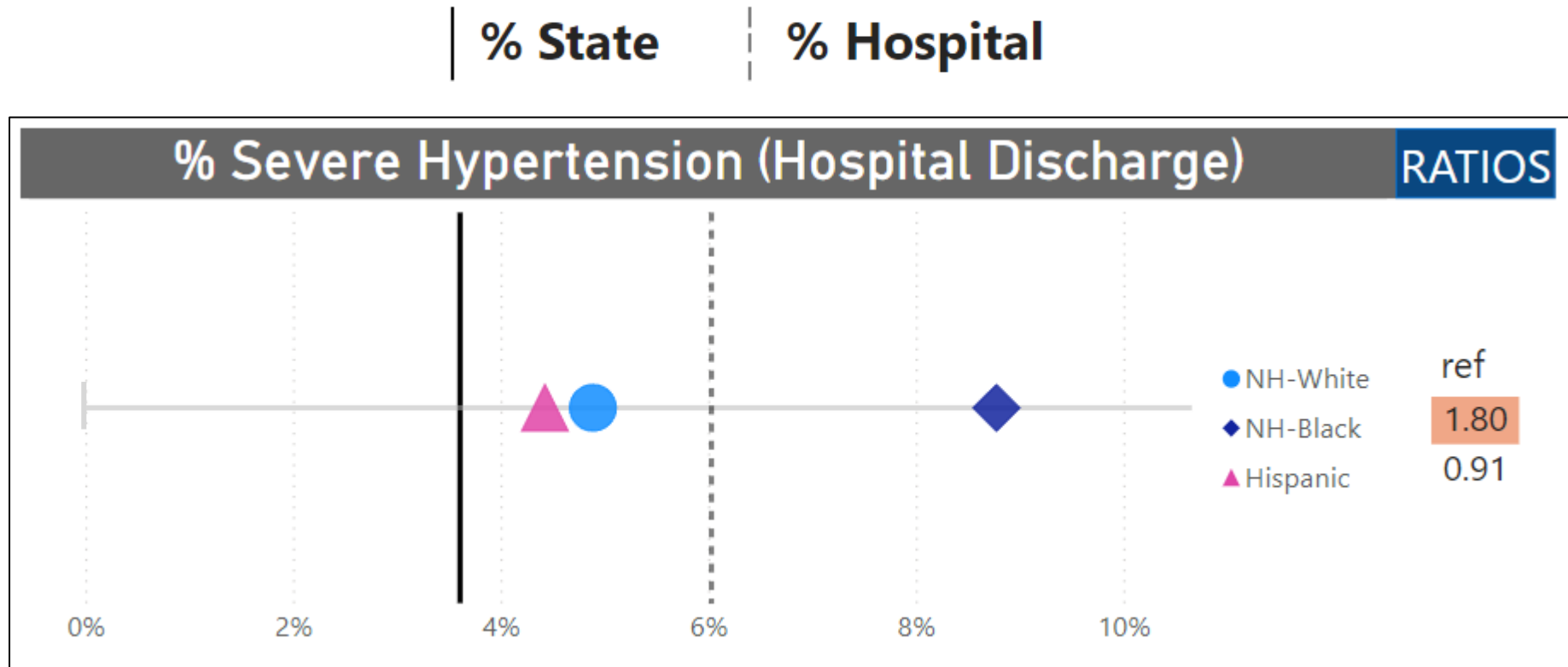
| % State | % Hospital



1.5 +



Differences in Perinatal Outcomes Dashboard

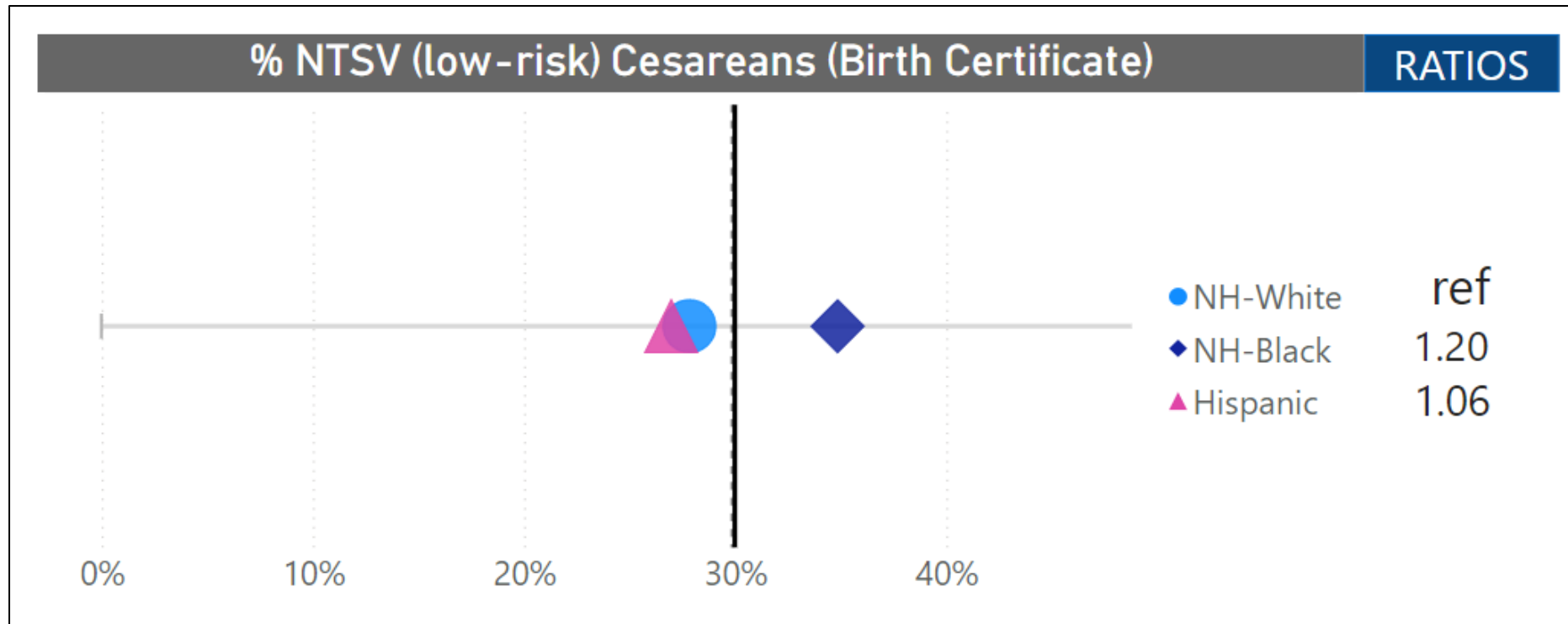


NH-black women have a 80% higher likelihood of having severe hypertension in hospital X compared to NH-white women

Differences in Perinatal Outcomes Dashboard

| % State

| % Hospital



NH-black women have a 20% higher likelihood of undergoing a cesarean section in hospital X compared to NH-white women

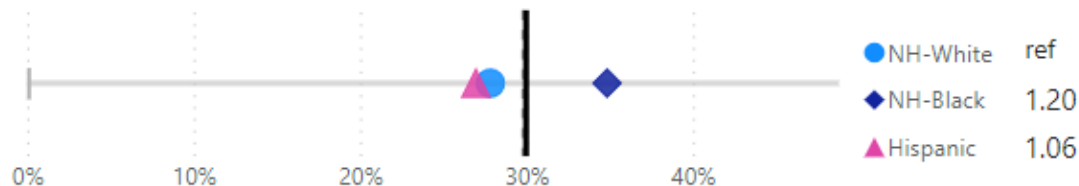
DASHBOARD (last 12 months of available data)

% State

% Hospital

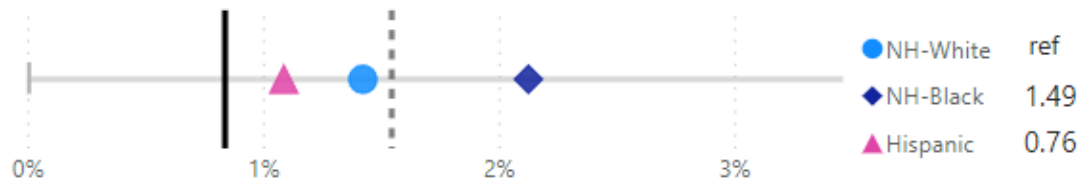
% NTSV (low-risk) Cesareans (Birth Certificate)

RATIOS



% SMM- w/o BT (Hospital Discharge)

RATIOS



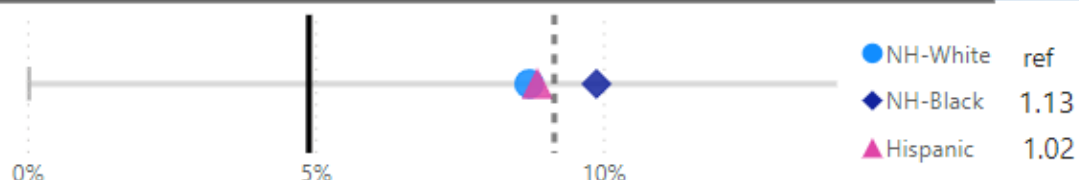
% Severe Hypertension (Hospital Discharge)

RATIOS



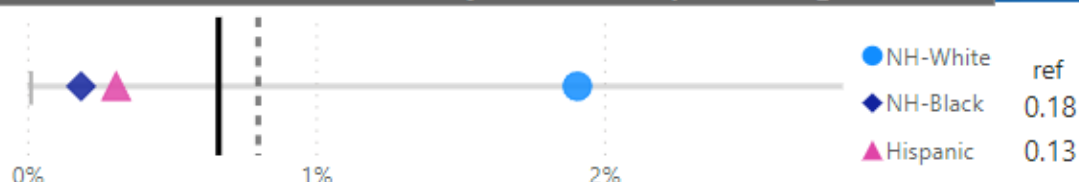
% Obstetric Hemorrhage (Hospital Discharge)

RATIOS



% Neonatal Abstinence Syndrome (Hosp. Discharge)

RATIOS



Race-Ethnicity

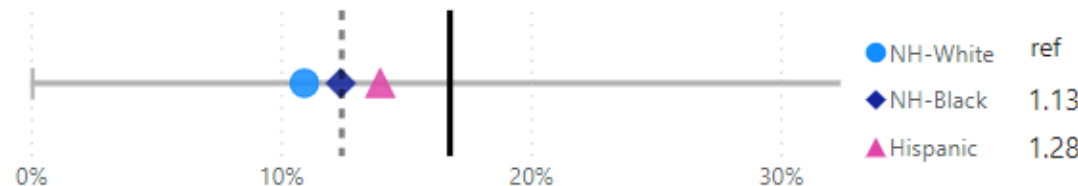
Insurance

Education

BMI

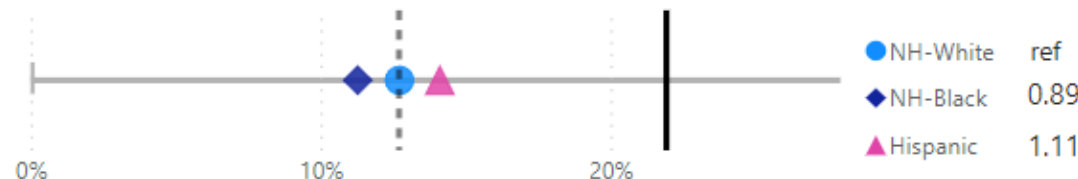
% Non-medically Indicated Early-term Deliveries (Linked)

RATIOS



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

RATIOS



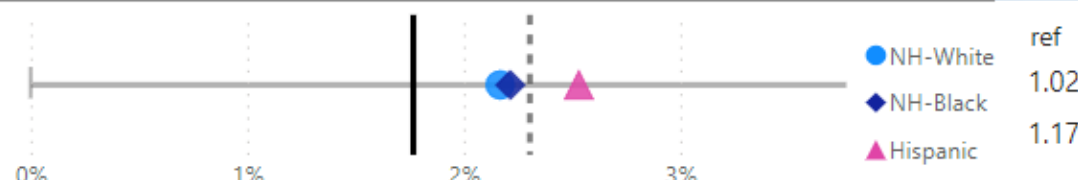
% Low risk Cesarean NMI Inductions (Linked)

RATIOS



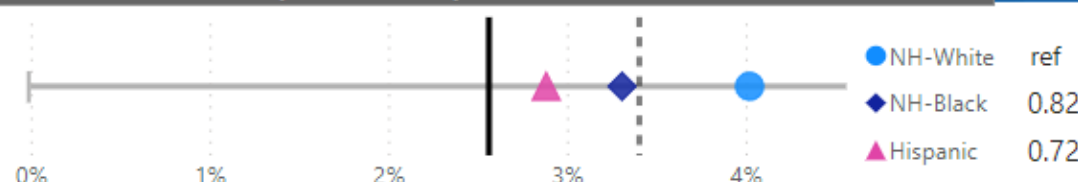
% Severe Unexpected Complication of the Newborn (Linked)

RATIOS

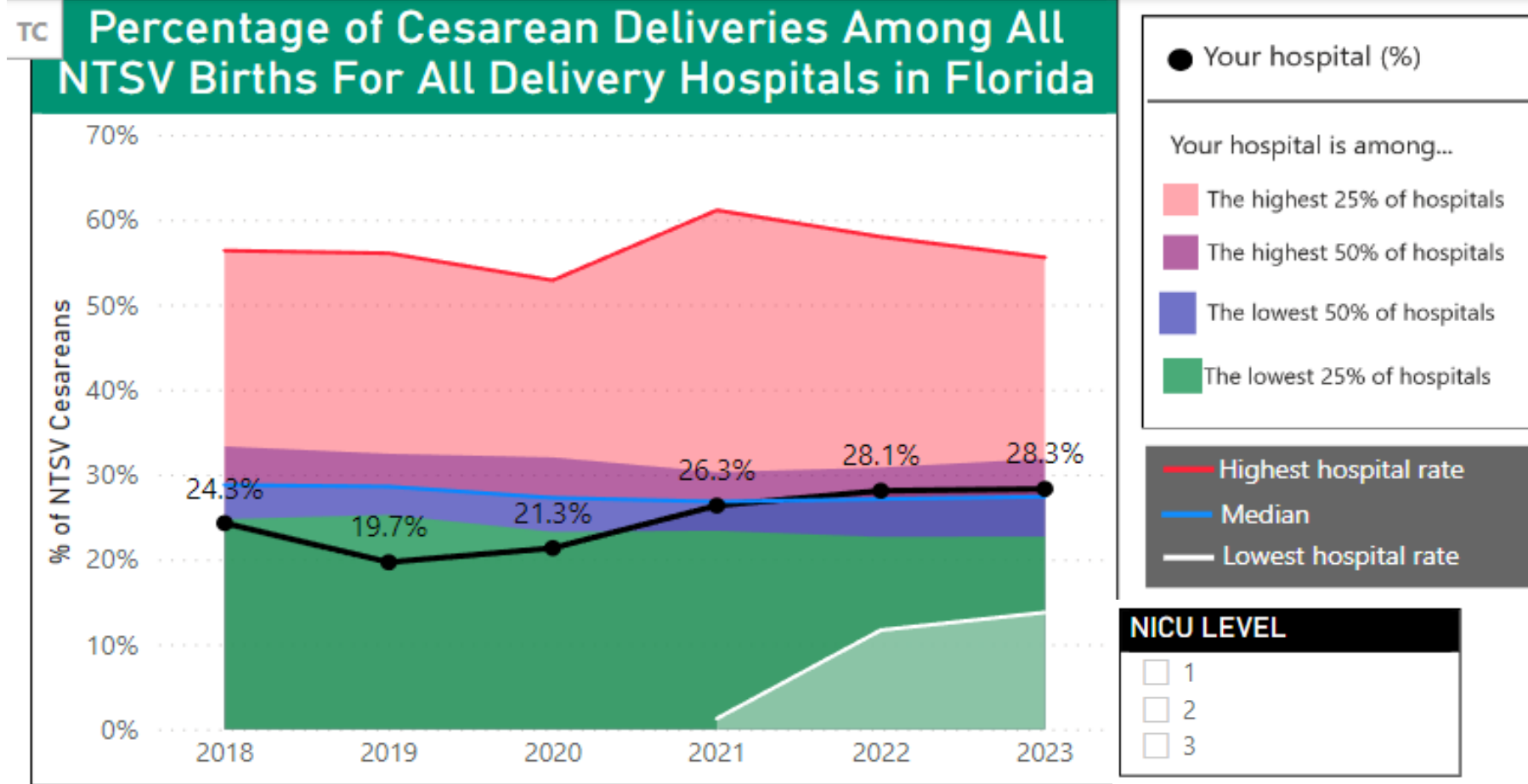


% Moderate Unexpected Complication of the Newborn (Linked)

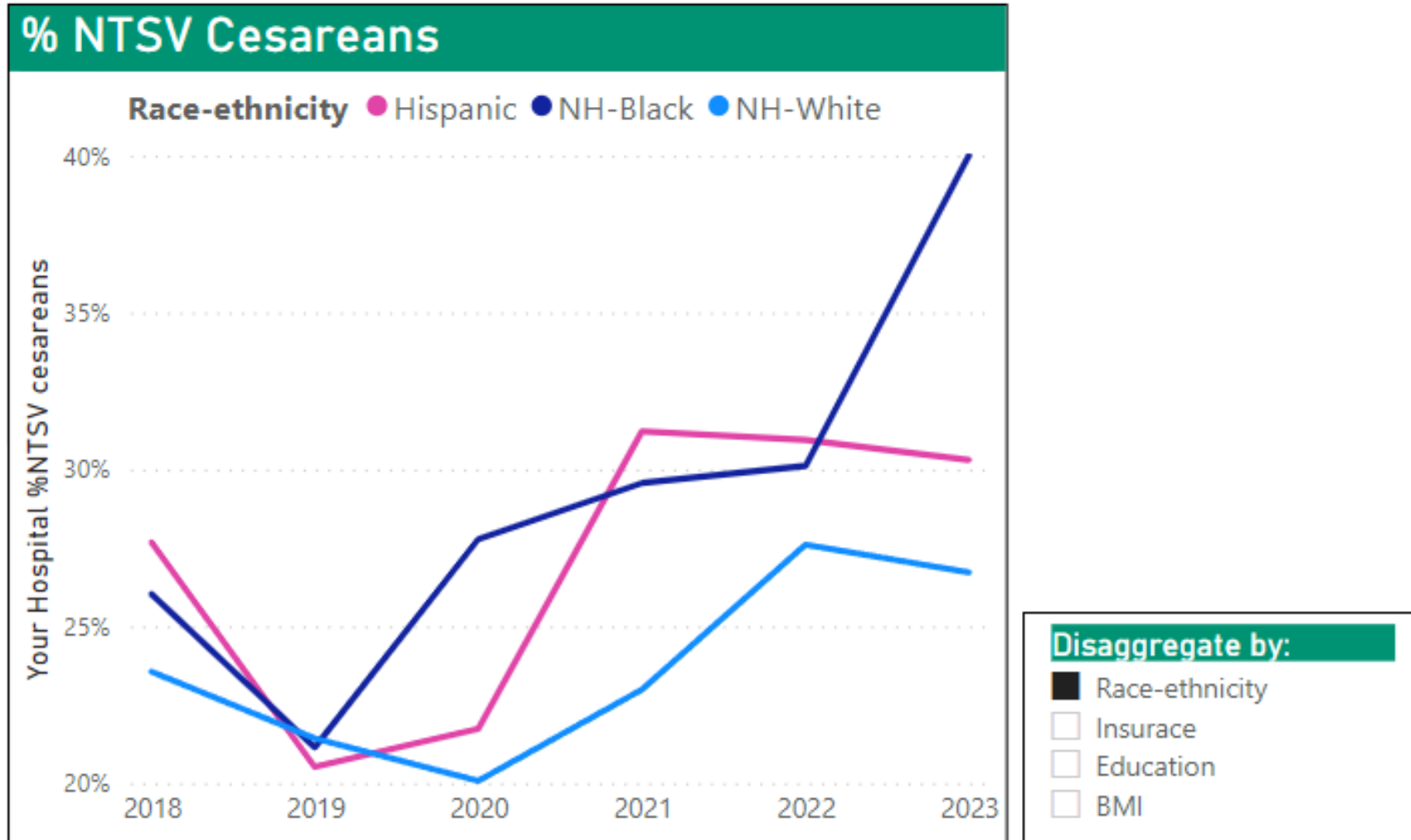
RATIOS



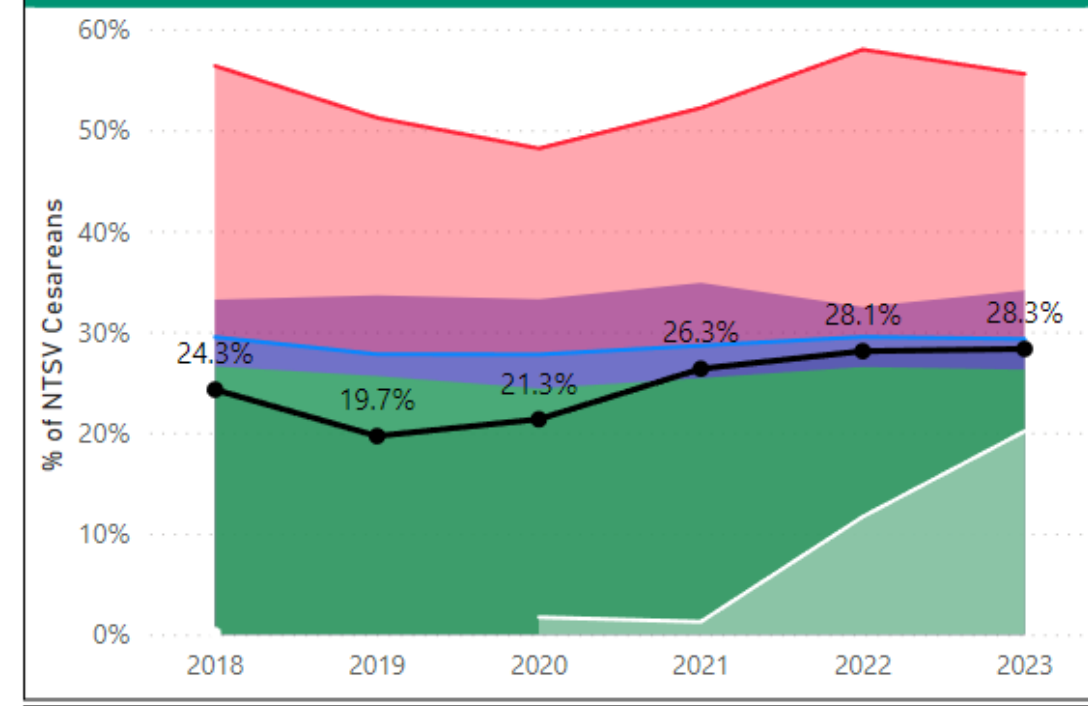
Compare Hospital Rate to Others in the State



Disaggregate Indicators



TC Percentage of Cesarean Deliveries Among All NTSV Births For All Delivery Hospitals in Florida



Your hospital is among...

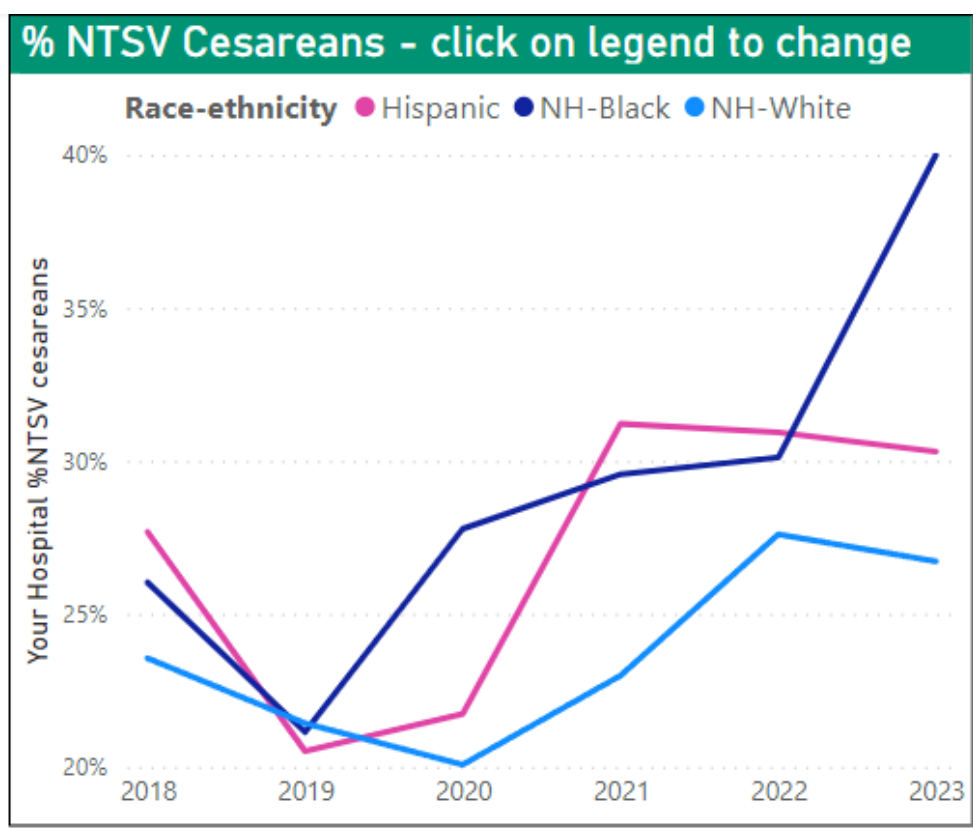
- The highest 25% of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

Hospital Performance Indicators

- Highest hospital rate
- Median
- Lowest hospital rate

NICU LEVEL

- 1
- 2
- 3



Note: Data included on this page is through April 2023

Your Hospital

	2018	2019	2020	2021	2022	2023
Percentage	24.3%	19.7%	21.3%	26.3%	28.1%	28.3%
Numerator						
Denominator						

Disaggregate by:

- Race-ethnicity
- Insurance
- Education
- BMI

All delivery Hospitals

	2018	2019	2020	2021	2022	2023
Percentage	30.9%	29.5%	28.9%	30.1%	30.5%	30.8%
Numerator	11829	11279	10864	11479	12541	4106
Denominator	38252	38230	37555	38163	41088	13320

DATA QUALITY ISSUE

Agreement Unknown

Use of PQI

Physician practices and individual hospitals

- Understand the population being served and the extent to which their needs are being met
- Supports in identifying disparities in care
- Monitor improvements over time

Health plans, hospital networks or states

- Make cross-institutional comparisons to detect variations in quality of care between entities serving similar populations
- Funding and resource allocation

Framework for Reducing Differences in Outcomes in Health Care Systems

DETECTING

- Define differences in outcomes
- Define vulnerable populations
- Measure differences in outcomes in vulnerable populations
- Consider selection effects and confounding factors

UNDERSTANDING

- Identifying differences in perinatal outcomes at the following levels:
 - Patient/individual
 - Provider
 - Clinical encounter
 - Health care system

REDUCING

- Intervene
- Evaluate
- Translate and disseminate
- Change policy

Source: Kilbourne et al., 2006

Next Steps

Each hospital should define a:

- 1. Health care disparity and the specific population(s) of focus**
- 2. Improvement goal**
3. Strategies and resources needed to achieve the goal, and
4. Process that will be used to monitor and report progress

Aligned with TJC accreditation requirement

Comments? Questions?





Primary Key Driver

Secondary Drivers

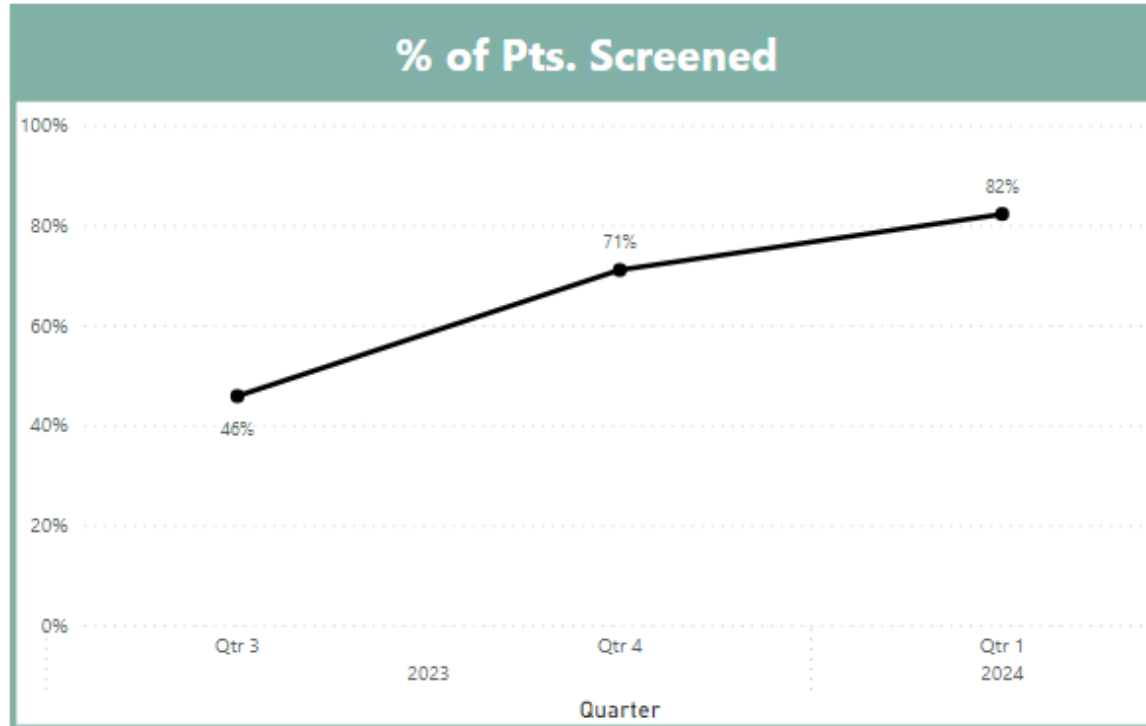
Universal SDOH Screening and Linkage to Services/Resources
Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

Screen all mothers for SDOH using a standard process and format

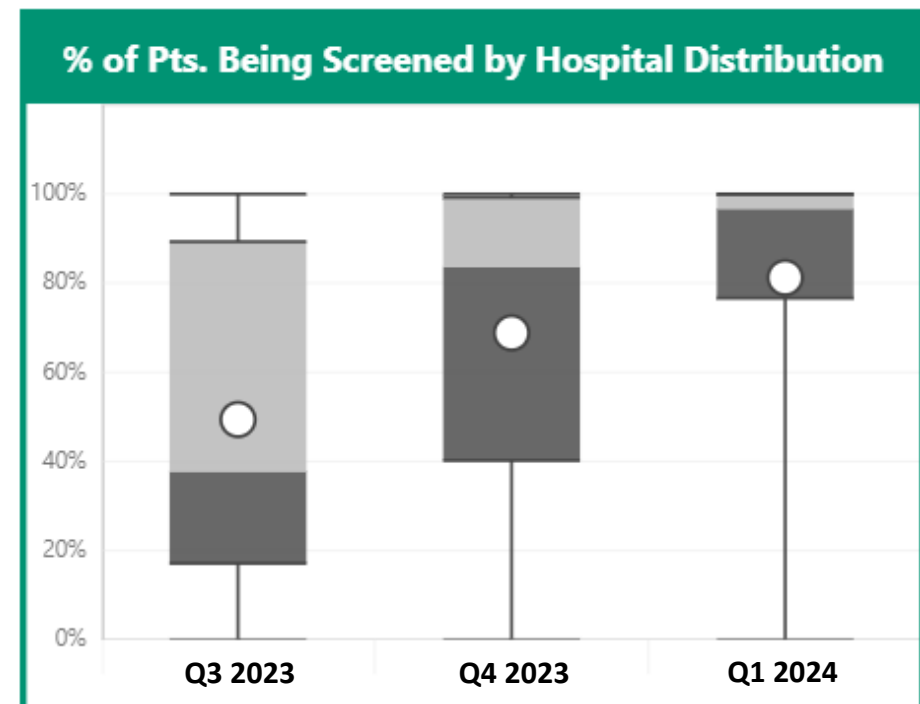
Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

Respectful care is a universal component of every driver & activity

Universal SDOH Screening

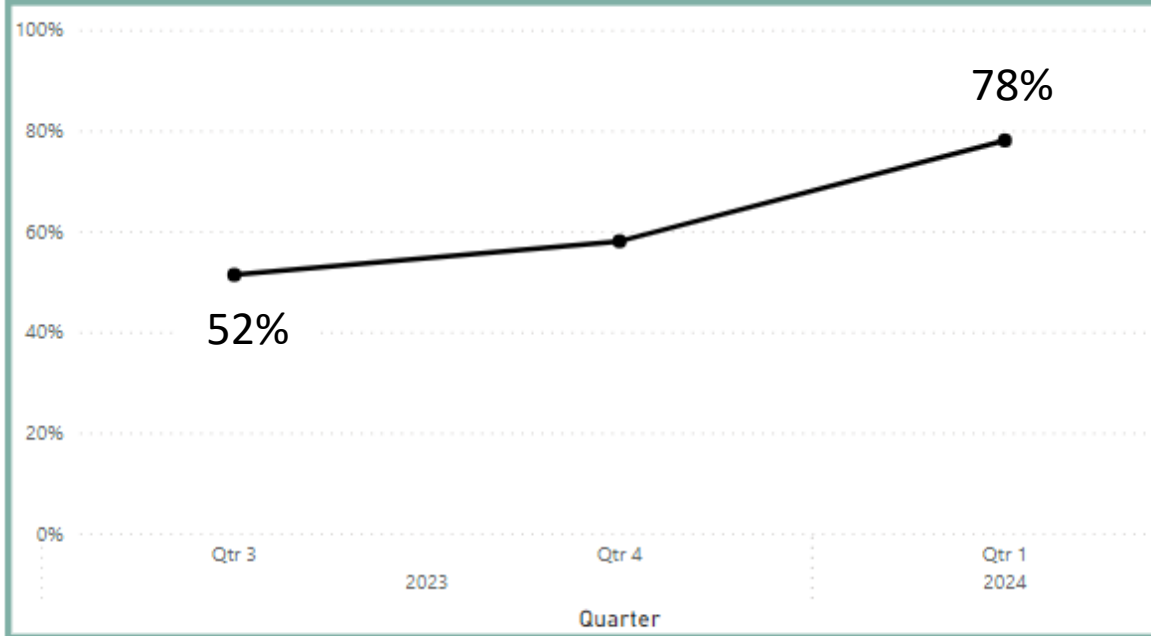


9% of all Screens have resulted in positive SDOH Screening

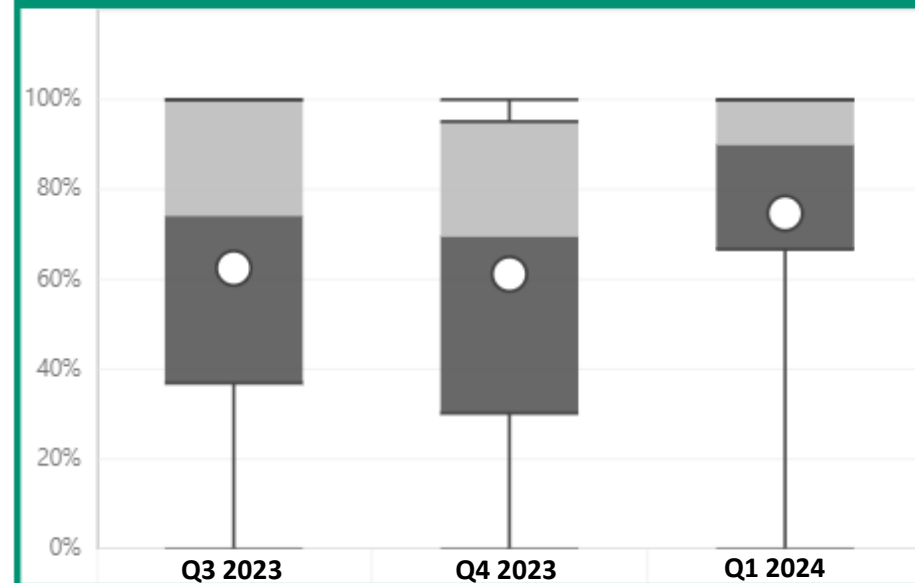


Referrals to Appropriate Services

% of Pts. Referred to Appropriate Services

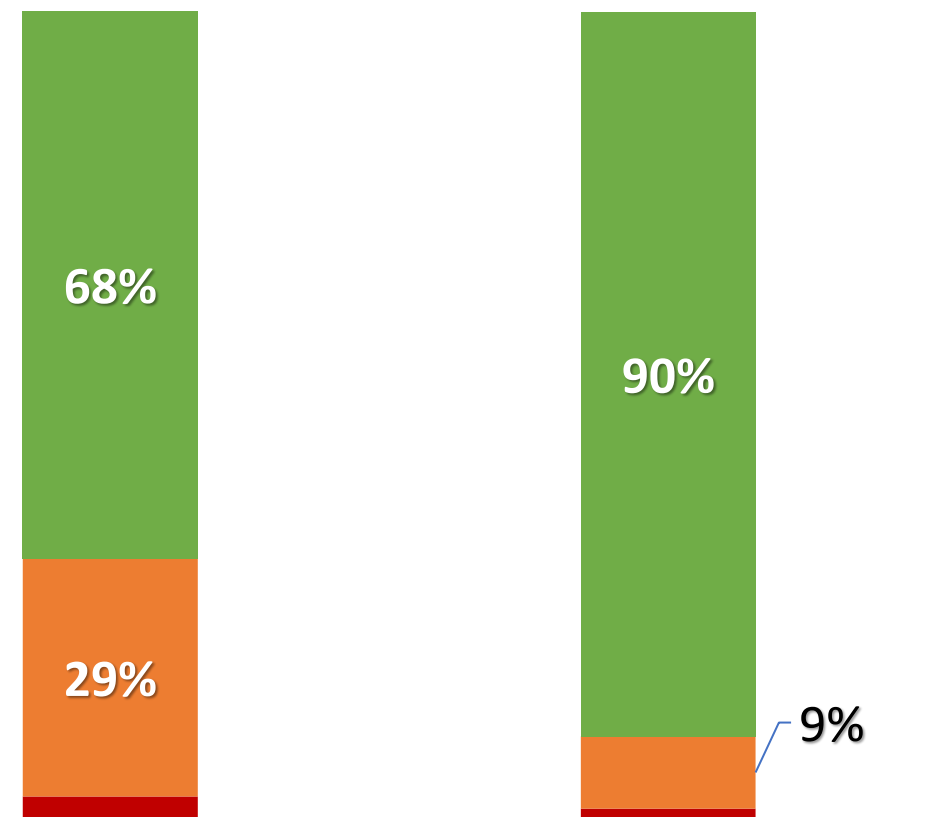
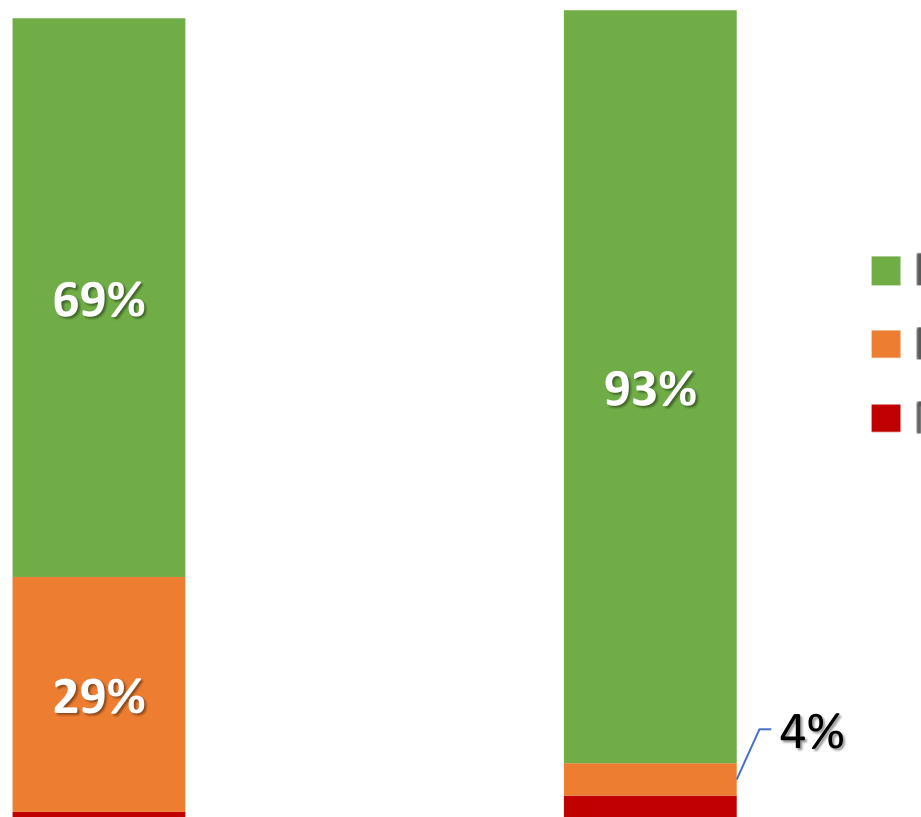


% of Pts. Being Referred by Hospital Distribution



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



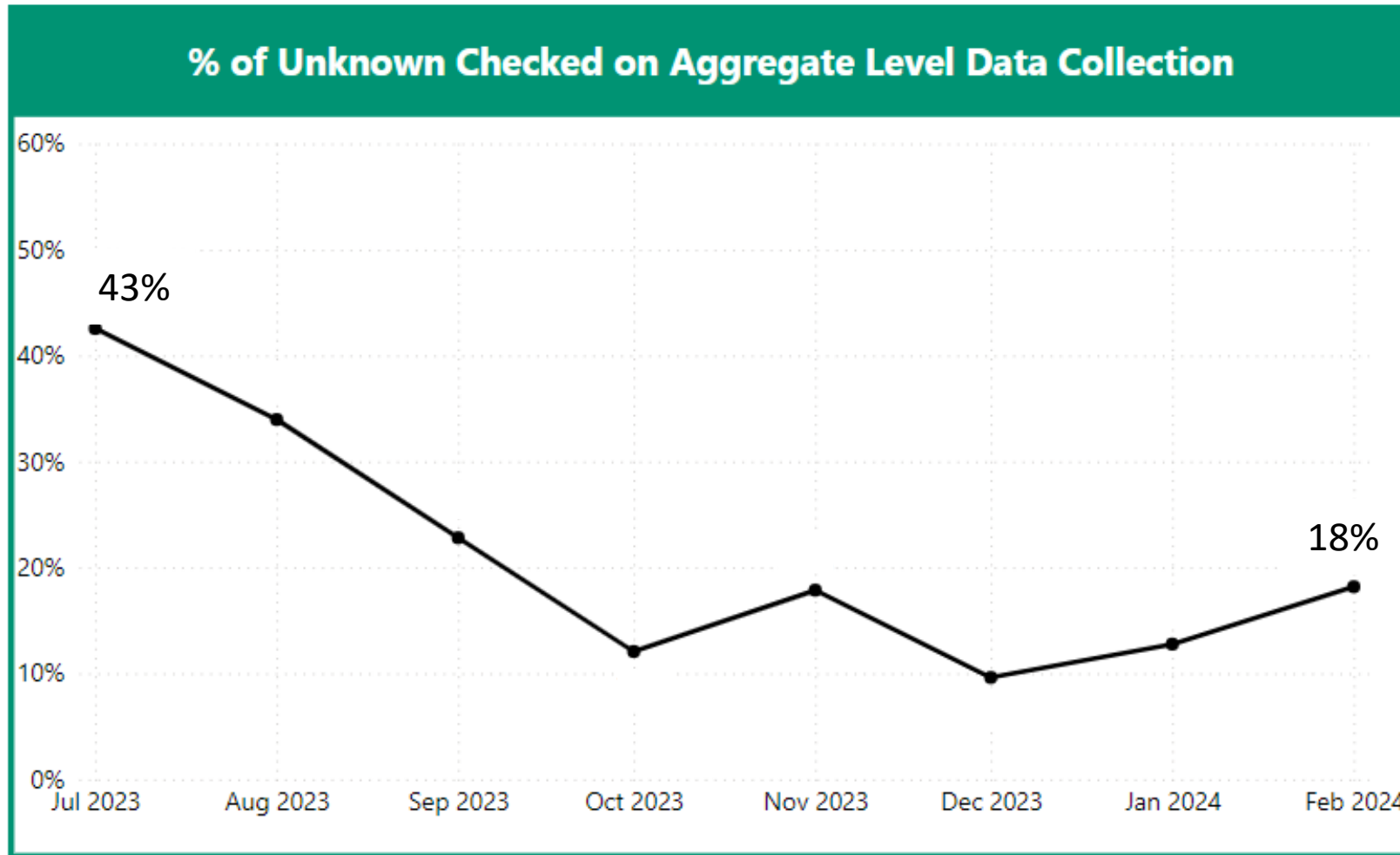
Baseline

Q1 2024

Baseline

Q1 2024

Usage of Unknown on Aggregate Data Collection

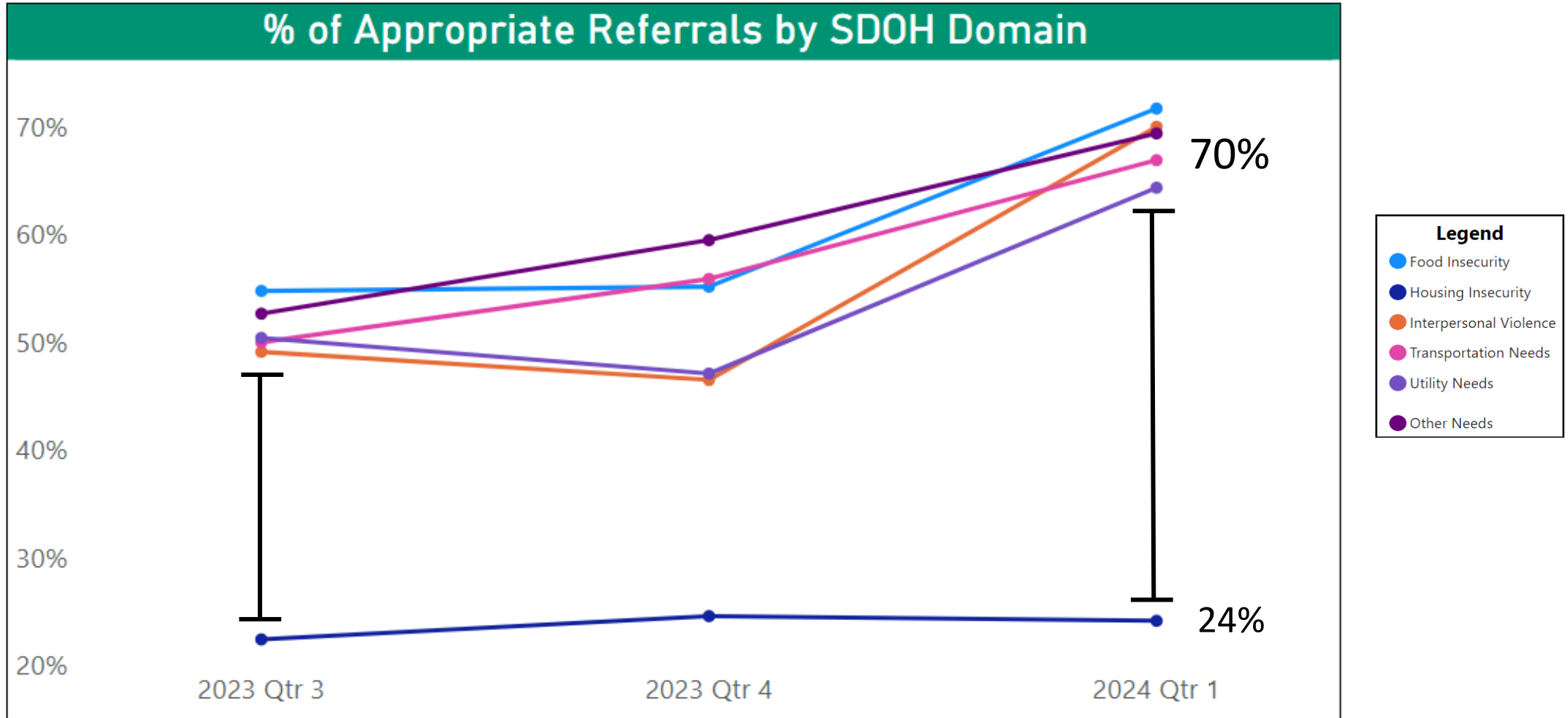


Housing Insecurity Referral Rates

Food Insecurity	# of Pos. Food Insecurity Screens	824
	Referrals	60%
Housing Insecurity	# of Pos. Housing Insecurity Screens	522
	Referrals	24%
Interpersonal Violence	# of Pos. Interpersonal Violence Screens	166
	Referrals	53%
Transportation Needs	# of Pos. Transportation Needs Screens	511
	Referrals	58%
Utility Needs	# of Pos. Utility Needs Screens	494
	Referrals	52%
Other Needs	# of Pos. Other Needs Screens	986
	Referrals	59%

Referrals to Housing Insecurity considerably lower than other Domains

Other Referral Rates improving, while Housing Insecurity is staying stagnant



POLL

What Challenges are you experiencing in referring patients with Positive screening for Housing Insecurities?

Housing Insecurity Referral Rates

Food Insecurity	# of Pos. Food Insecurity Screens	824
	Referrals	60%
Housing Insecurity	# of Pos. Housing Insecurity Screens	522
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What is the Breakdown of the Other Category?

Highest Number of Positive Screens Fall under "Other"

POLL

How often are your patients screening positive for an SDOH outside of the 5 main domains? (e.g. mental health, SUD, physical activity, etc.)

What else is making up “Other”?

Mental Health



27% of this group

Substance Use
Disorders



16% of this group

Others



Physical Activity, Financial Stress, Resources
for Infant, etc.

Successes

Universal Screening practices have been implemented across the Initiative

Referrals to Appropriate Resources

CMS Protocol Preparation

Identification of Other SDOH domains

Challenges

Unknown in Data Collection

A decline in the percent of patients that screened positive for SDOH from 2023 to 2024

Resources for Housing Insecurity

Primary Drivers

Secondary Drivers

Family and Community Engagement in Hospital QI Work

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

Educate QI Team and leadership about family and community advisor involvement

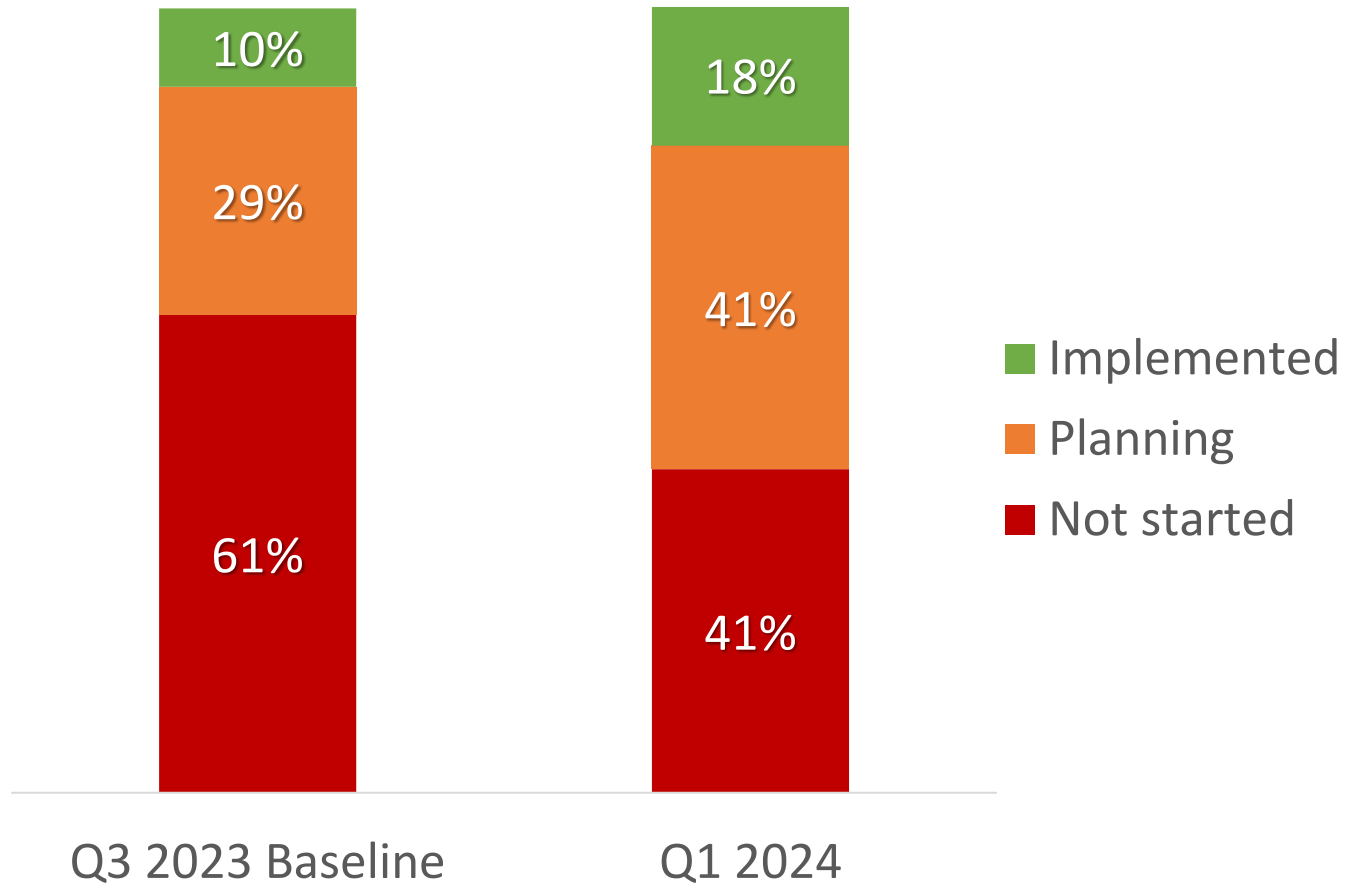
Engage family and/or community advisors to provide ongoing input on QI efforts and care provision

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

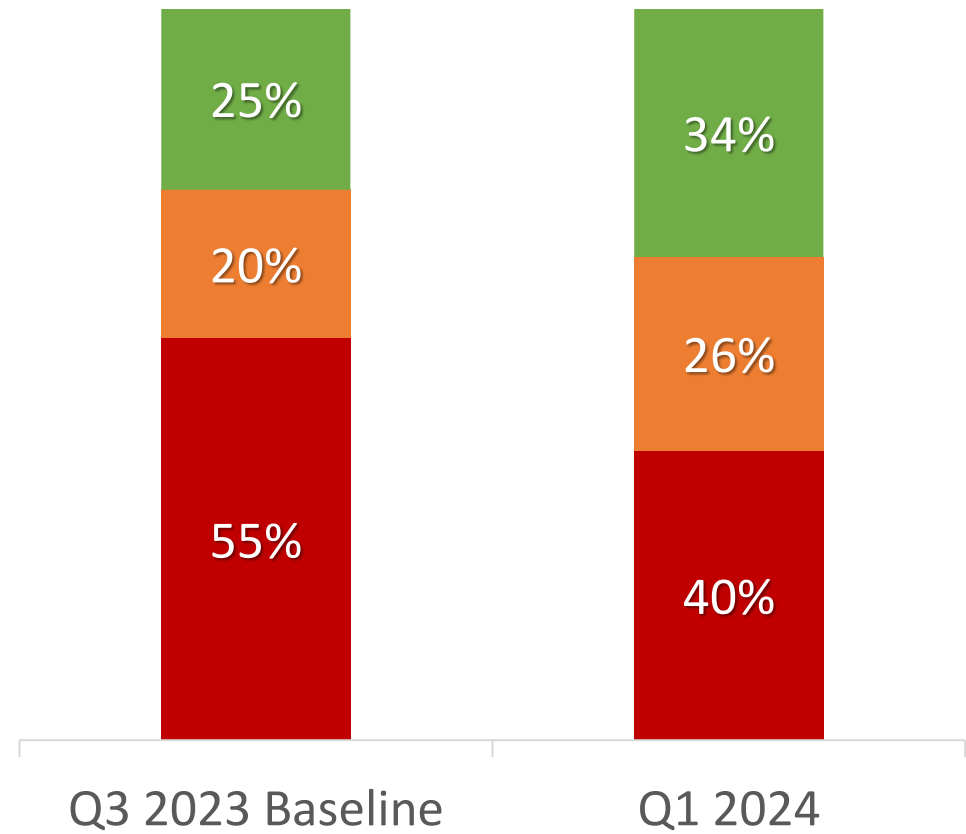
- 44% of hospitals are implementing a strategy to educate QI team and Leadership about family and community involvement.
 - 20% increase from baseline



Engaging a family advisor as part of the QI team to provide ongoing input



Engaging a community advisor as part of the QI team to provide ongoing input



Primary Drivers

Secondary Drivers

Respectful Maternity Care (RMC)

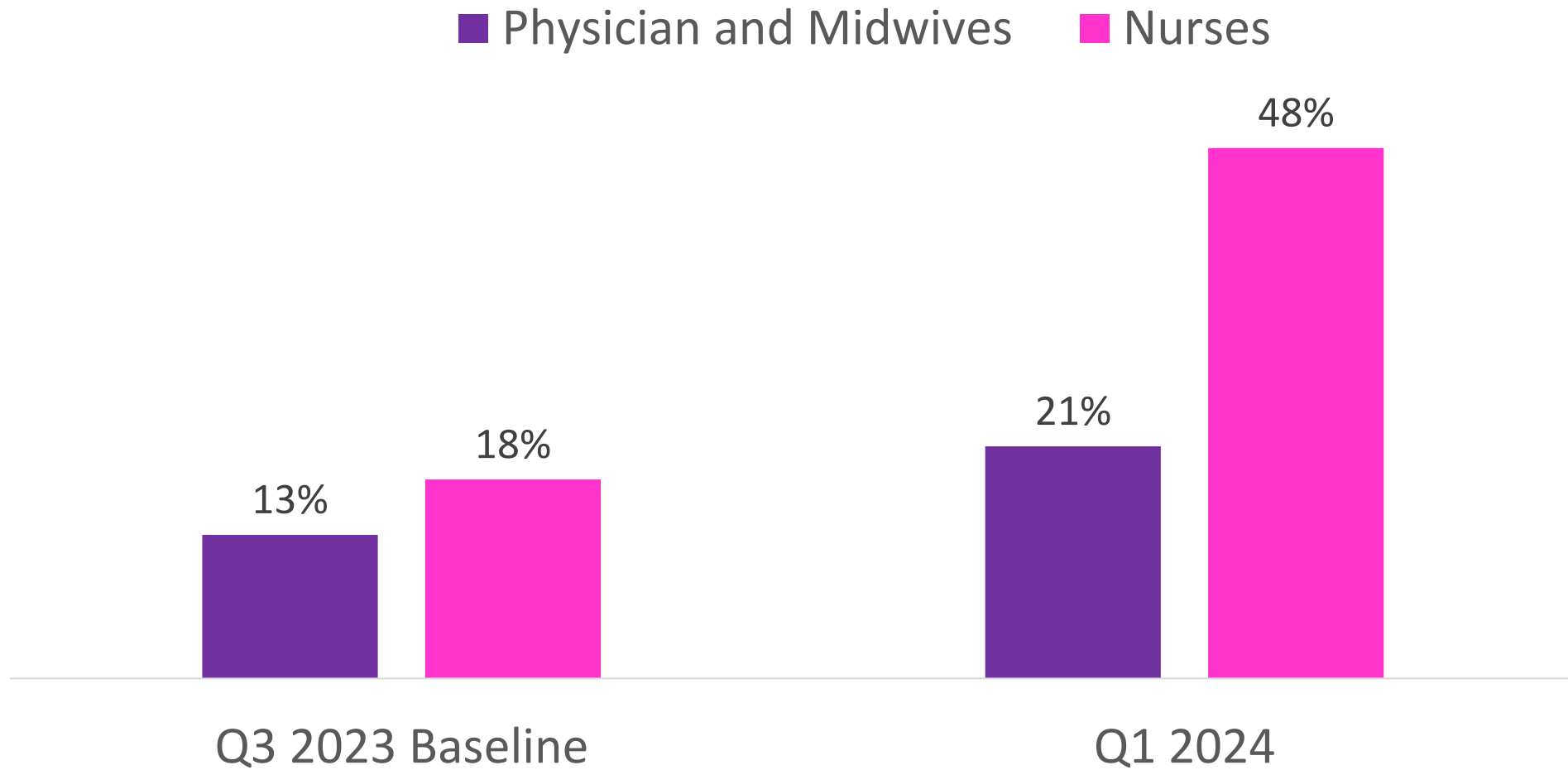
Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

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

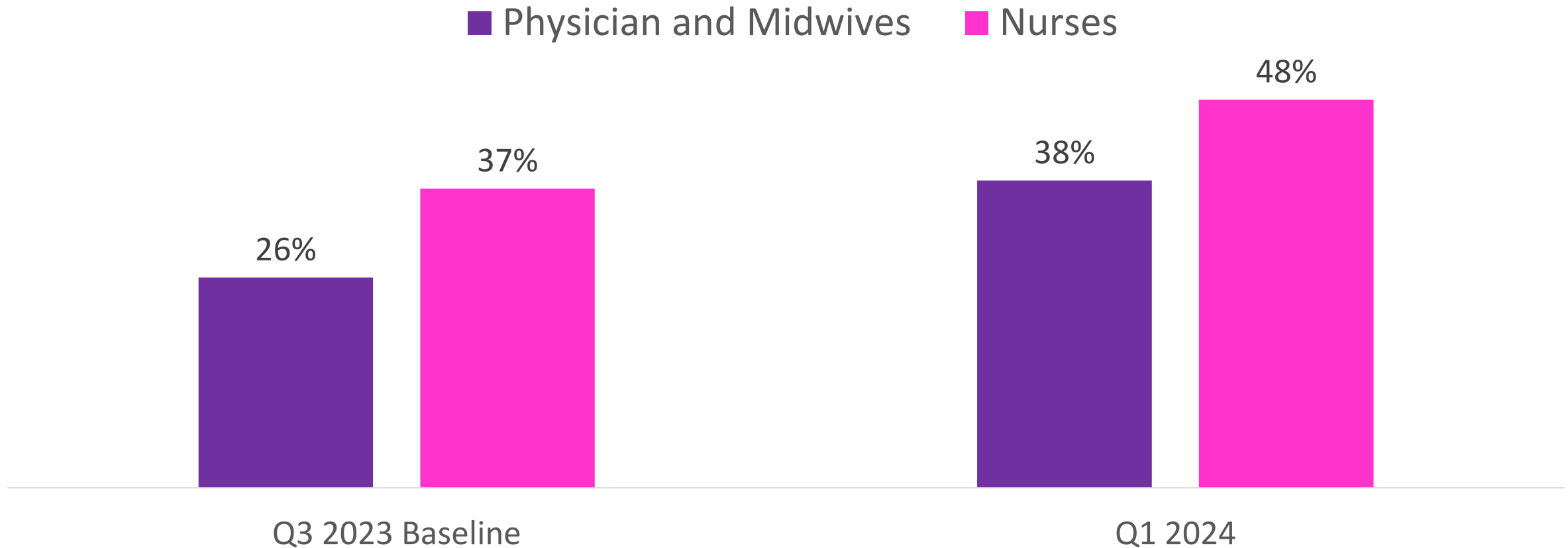
Develop a hospital commitment with providers and staff support

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

By December 2024, MFC hospitals will have 80% of providers and nurses attend an RMC training since January 2023



Processes for developing an agreed-upon plan of care utilizing a shared decision making model



Comments? Questions?



Where are We Now?

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



Process in place for demographic and SDOH intake



Written action plan to address a health disparity

Respectful Maternity Care (RMC)



Strategy in place to share Respectful Care for pts.



Need for physician & midwife education

Universal SDOH Screening & Linkage to Services/Resources



Increased SDOH screening and referrals



Make sure linkage is meaningful (warm hand off)

Family & Community Engagement in QI Work



Engage advisors in QI work

What's next?

- Review your data reports with your team and identify challenges and opportunities:
 - PQI report, QI monthly report and RMC survey report
- Be ready to share your concerns/barriers regarding family and community advisors in your QI team
- Register 2 people per hospital for the in-person meeting
- Bring your bling!

Evaluation Time

- Make sure to answer the poll to let us know how helpful this session was for you
- Please do not respond in the chat
- Thanks for your feedback!

Questions? Contact FPQC

fpqc@usf.edu
www.fpqc.org/mfc

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Quality Collaborative

MFC

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