



MOTHER-FOCUSED CARE: A QUALITY IMPROVEMENT INITIATIVE



Florida Perinatal Quality Collaborative



The Florida Perinatal Quality Collaborative (FPQC) is excited to provide this Mother-Focused Care (MFC) Initiative toolkit. This toolkit is intended to provide guidance to hospitals and obstetric providers in the development of individualized policies, protocols, activities, practices, and materials in order to transform their culture and environment to respectfully serve patients and help them meet their health-related social needs. This is the first step that a hospital can take to improve the health care quality for all people. The toolkit is not to be construed as a standard of care; rather it is a collection of resources that may be adapted by local institutions to develop and implement their quality improvement initiative. This toolkit will be updated as additional resources become available.

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Contact:

Florida Perinatal Quality Collaborative
The Chiles Center
University of South Florida College of Public Health
3111 East Fletcher Avenue
Tampa, FL 33613-4660
Phone: (813) 974-5865
E-mail: fpqc@usf.edu
Website: FPQC.org

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MOTHER-FOCUSED CARE INITIATIVE ADVISORY TEAM

MFC Initiative Advisors

- Karen E. Harris, MD, MPH, Associate Professor/ Managing Partner, University of Central Florida/Women's Group of North Florida, MFC Clinical Co-Lead
- Jessica Brumley, CNM, PhD, Director, Division of Obstetrics and Gynecology & Assistant Professor, USF Health, MFC Clinical Co-Lead
- Margie Boyer, MS, RNC-OB, C-EFM, C-ONQS, MFC Nurse Lead
- Jane M. Murphy, MPA, Community Volunteer
- Jonna Johnson, MA, Healthy Start Coalition of Hillsborough County
- Alyana and Maurice Vernon, Family Advisors, Joining Together Ending Poverty
- Alyssa Brown, MD, Vice Chief of Obstetrics and Gynecology & Assistant Professor, USF Health
- Amanda DelaSerna, MSN, C-EFM, Nursing Faculty, Hillsborough Community College
- Amanda Wheat, RN, BayCare Morton Plant
- Amber Hagenbuch, MS, RNC, Clinical Specialist, Bayfront Health St. Petersburg
- Andrea Berry, MNM, Executive Director, Indian River Healthy Start
- Angela Thompson Williams, BSN, RN, FLDOH
- Ankita Patel, MPH, CLC, Doula Program Manager, REACHUP, Inc.
- Beth Hawn, MSN, RNC-NIC, NE-BC, C-ONQS, Director Maternal Child, Cleveland Clinic Martin Health
- Clarissa Ortiz, Director, Clinical Operations Programs, Florida Association of Community Health Centers
- Claudia Taboada, DO, Maternal Fetal Medicine, Nemours Hospital System
- Cole Greves, MD, FACOG, OB/GYN, Winnie Palmer/Orlando Health
- Danelle Ward, BSN, RNC-OB, Birth Experience Manager, AdventHealth for Women
- Danielle Carter, MD, Family Practice Physician, Florida Association of Family Practitioners
- Danita Burch, DNP, RNC-OB, CNL, Nurse Manager, Family Birth Place, Ascension St. Vincent's Riverside
- David McLean, MD, UF Health Gainesville
- Desiree Schnoor, MPH, Director, Maternal Infant Health, March of Dimes, Western Coastal Florida Market
- Faye Johnson, CEO, Florida Association of Healthy Start Coalitions, Inc.
- Francis Nuthalapaty, MD, Maternal-Fetal Medicine, AdventHealth Medical Group | West Florida
- Frank W.J. Anderson, MD, MPH, Professor and Chair, Department of Humanities, Health and Society, Herbert Wertheim College of Medicine - Florida International University
- Ira Sites, MD, OB/GYN, BayCare
- Kelli Boettcher, Senior Management Analyst Supervisor, AHCA
- Kim Streit, FACHE, MBA, MHS, Senior Vice President, Florida Hospital Association
- Kionna Pitts, DNP, MSN, APRN, WHNP-BC, REACHUP, Inc.
- Kirsten Ellingsen, PhD, PMH-C, Florida Licensed Psychologist
- Lillian Nesper, BA, IBCLC, WIC Lactation Consultant, Florida Department of Health
- Lori Shea, MBA, BSN, RNC-OB, C-ONQS, FACHE, AVP, Women's & Children's Service Line, Lakeland Regional Health
- Lucette Cardona, MA, JD, LEP Outreach Coordinator/ Certified Navigator, Florida Covering Kids & Families
- M. Alexandra Cornelius, PhD, Director, Center for Women's and Gender Studies, Florida International University
- Maricel Perez Torres, CNM, Midwife, West Kendall
- Mary O'Connor, MSN, RN, CSSGB, Manager, Community Outreach, Sarasota Memorial Health Care System
- Minyon Outlaw, DNP, APRN, CNM, Multi Campus Director | Women's Services, Celebration and Heart of Florida
- Morghan Hyatt, MPH Student, USF College of Public Health

- Nadine Walker, MSN, RN C-EFM, Multi Campus Director | Women’s Services, AdventHealth Central Florida Division South Region
- Nancy Travis, RN, MS, Director of Women's and Neonatal Services, Lee Health
- Okezi T. Otovo, PhD, Associate Professor, Department of History and African and African Diaspora Studies Program
- Paloma Prata, Chief Program Officer, Healthy Start MomCare Network, Florida Association of Healthy Start Coalitions
- Rizwana Fareeduddin, MD, MBA, FACOG, Executive Medical Director, AdventHealth for Women
- Roneé Wilson, PhD, Assistant Professor, USF College of Public Health
- Sharetta Remikie, EdD, Chief Equity and Community Engagement Officer, Children's Services Council of Broward County
- Shari Crowe, MSN, MPH, RNC-OB, Director Women’s Services, Morton Plant Mease
- Somtochukwu Abazu, MPH Student, USF College of Public Health
- Stanley Lynch, MD, CMO, United Healthcare
- Terry Haag, MD, OB Hospitalist, Winnie Palmer/Orlando Health
- Theresa Prescott, Labor and Delivery Manager, Lakeland Regional Health
- Valaria Hamilton, BSN, RN, CCM, Doula, OB Nurse Case Manager, AvMed Health Plans
- Vanessa J. Hux, MD, Assistant Professor, OB/GYN
- Victoria Jackson, RN, Assistant Nursing Operations Manager, Bayfront Baby Place
- Washington Hill, MD, Sarasota Memorial Health Care System
- William R. Scharf, MD, Executive Clinical Director | Quality & Safety, AdventHealth Clinical
- Yanna De Koter, MPH Student, USF College of Public Health

FPQC Leaders and Staff

- William M. Sappenfield, MD, MPH, CPH, Professor & Director of the Chiles Center, USF College of Public Health, FPQC Executive Director
- Linda A. Detman, Ph.D., Research Associate, USF Chiles Center, FPQC Associate Director-Programs & Operations
- Lori Reeves, MPH, USF Chiles Center, FPQC Associate Executive Director
- Estefania Rubio, MD, MPH, CPH, USF Chiles Center, FPQC Data Manager
- Nicole Pelligrino, MPH, MCHES, CD(DONA), CLC, USF Chiles Center, FPQC Senior Quality Improvement Analyst
- Estefanny Reyes Martinez, MPH, CPH, USF Chiles Center, FPQC Quality Improvement Analyst
- Benjamin Gessner, MPH, CPH, USF Chiles Center, FPQC Data Analyst
- Sara Stubben, MPH, CPH, USF Chiles Center, FPQC Quality Improvement Analyst
- Chinyere Reid, MBBS, MPH, USF Chiles Center, FPQC Doctoral Research Associate

INTRODUCTION

The MFC Toolkit is a dynamic document that reflects a review of up-to-date clinical, public health practice, scientific and patient safety recommendations. Information presented here should not be used as a standard of care. Rather, this is a collection of resources that is updated over time and can be adapted by local institutions to develop and implement their quality improvement initiative.

The overall goals of the Mother-Focused Care Initiative are:

1. To assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and help to meet their needs.
2. To guide and support hospitals in implementing a multidisciplinary team approach to improving the identification, clinical care, education and coordinated treatment plan and support for all pregnant and postpartum patients with a special emphasis on those with Health-Related Social Needs (HRSN).

This toolkit will provide maternal and obstetric healthcare providers, staff at healthcare facilities, and collaborating providers and services with the resources to locally develop their own MFC policies and protocols.

Every US maternity hospital should develop and implement a process to provide respectful, timely, and risk-appropriate care and services for all pregnant and postpartum patients and arrange for the needed continuum of care, even when that requires referral or assistance with HRSN. This may include connection with community resources, including housing or food assistance, or to agencies that can assist with transportation and other challenges.

Hospitals should have interdisciplinary teams in place with necessary skill sets and identified roles in screening, care, education, and follow-up for patients with Health-related Social Needs (HRSN). Administration, nursing, obstetric providers, neonatology, social work/case managers, community providers, and others are all critical partners in the interdisciplinary team approach necessary for QI and the provision of quality care. In addition, teams should include community and family representation as they provide valuable input and are essential to success. These teams need to train together and practice together in order to maintain and gain new competencies. Because each hospital and care team has differing resource sets, it is important to develop individualized protocols and processes for each facility. A QI team composed of a core set of team members from the disciplines involved must review current policies and data, determine the priorities for improvement, and develop a work plan to address their needs.

How to Use This Toolkit

This toolkit is intended to provide guidance and core concepts for facility QI teams to include practice, education, and administrative components. Hospitals have an obligation to patients, providers, and others to assure patient safety, competent care, education, and referral, and likewise providers have an obligation to patients and the hospital to practice in a competent, evidence-based manner. Moreover, this care should be provided respectfully to all mothers and families. These obligations are closely tied together and supportive of the multi-disciplinary team including the immediate obstetrical care team and the extended team to include nurses, primary care providers, other healthcare professionals (e.g., social work, behavioral health treatment providers), as well as community partners. It is everyone's responsibility to coordinate efforts to screen patients for health-related social needs and arrange appropriate follow-up care, engage and educate patients in their care, engage and educate the spectrum of clinicians and other providers, and report on the outcomes for future improvements. This guide offers the concepts and tools which may be adopted or adapted for local use.



The FPQC MFC Toolkit is designed as a dynamic document to be modified as new information and strategies are identified. It is organized by the initiative's key drivers: data insights, respectful maternity care, universal screening and linkage to services/resources, and family and community engagement in hospital QI work. Links to helpful resources are provided under each driver and are meant as a starting point for hospitals to develop their own approaches to facilitating respectful care and address health-related social needs. All levels of hospitals can utilize the toolkit and modify the strategies to fit their local resources and needs.

Disclaimer

This toolkit is considered a resource. Readers are advised to adapt the guidelines and resources based on their local facility's level of care and patient populations served and are also advised to not rely solely on the guidelines presented here. This toolkit is a working draft and living document. As more recent evidence-based strategies become available, hospitals and providers should update their guidelines and protocols accordingly. The FPQC will also send out updates as well as revise these materials. Please note the version number in the footer.

BACKGROUND

When looking at maternal and infant mortality rates in Florida, maternal and family characteristics persistently contribute to wide disparities in outcomes. Fortunately, many of these can be addressed through mother-focused care. According to the Centers for Disease Control and Prevention (CDC), “Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.” The Mother-Focused Care (MFC) Initiative will offer participating hospitals the opportunity to delve into data about their patients to discover unwanted variations, develop approaches to enhancing respectful maternity care (RMC), improve screening and linkage to resources for patients in need, and improve efforts at engaging families and community members in hospital quality improvement.

Quality improvement recommendations for the MFC Initiative are in concert with the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion No 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. This includes inquiring about and documenting health-related social needs, including several factors influencing access to health and health services. In addition, the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) released a new evidence-based clinical guideline on “Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guidelines” which makes recommendations in areas of awareness, mutual respect, shared decision-making, and several other areas. Finally, The Centers for Medicare and Medicaid Services has new requirements related to social determinants of health and respectful care effective since January 2023.

Initiative Foci

Standardization of care practices related to:

- Knowing and understanding the perinatal health care disparities in your hospitals and the role HRSN play
- Implementing Universal HRSN Screening
- Collecting accurate information on patient characteristics and health-related social needs
- Making appropriate health care and community referrals to support identified needs prior to discharge
- Adopting and committing to appropriate Respectful Care Practices to best serve the identified needs in their communities
- Providing Respectful Maternity Care Training for providers and staff
- Educating patients on the importance of screening and Respectful Maternity Care practices adopted by the hospital
- Developing and implementing a written hospital action plan to address at least one identified healthcare disparity
- Implementing a Respectful Care Survey within the hospital
- Developing a welcoming and supportive environment that is respectful of each patient and their values

Initiative Goal

MFC’s primary aim is that by December 2024, FPQC participating hospitals will achieve a 20% increase from baseline in the percentage of patients with a positive SDOH screen who were referred to appropriate services and will have 80% of providers and nurses attend a respectful maternity care (RMC) training. Respectful care is a universal component of this

initiative. Baseline data will be established after the first quarter of hospital data is received by FPQC. Participating hospitals will use the MFC Initiative toolkit to implement needed changes in their hospital.

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

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

MFC Overview PowerPoint presentation:

- [MFC Comprehensive Overview](#)

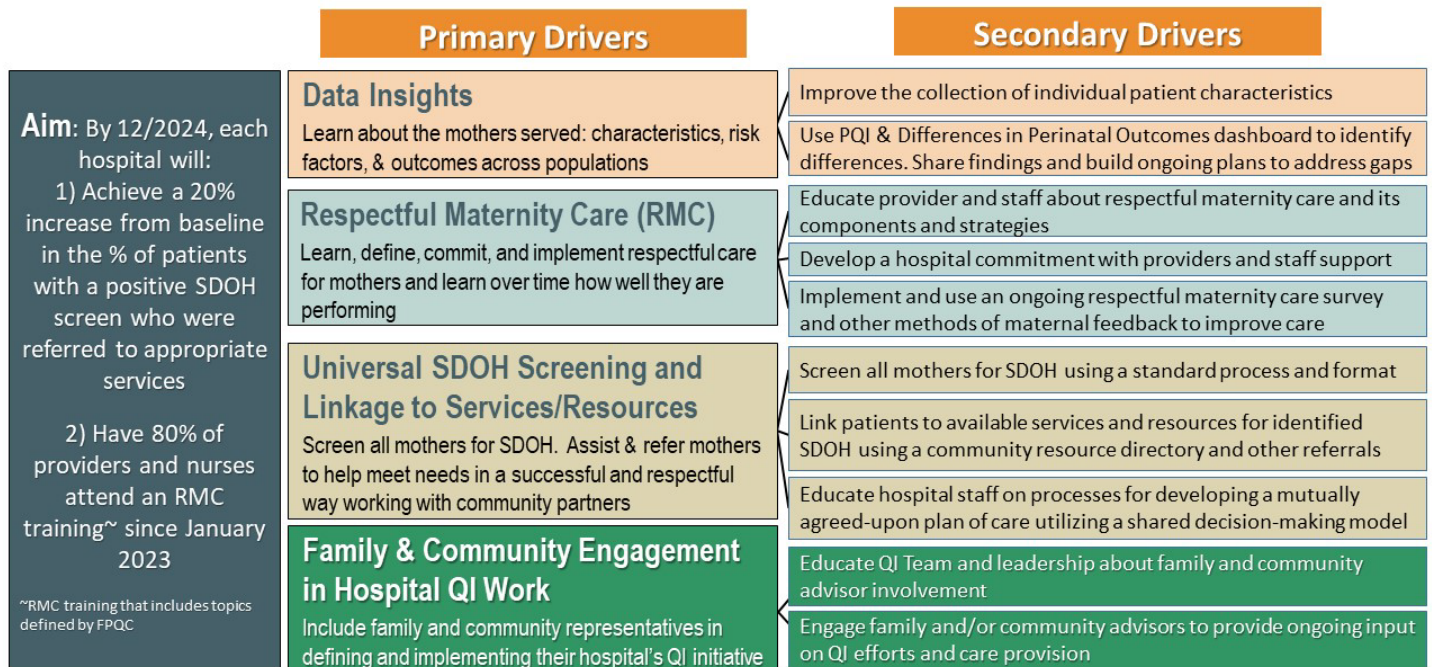
MFC Implementation Guidance:

- [MFC Implementation Guidance Slide Deck](#)

The sections of the toolkit are organized by primary drivers shown in the MFC Initiative Key Driver Diagram below. Each primary driver section includes additional information related to the secondary drivers in the diagram.

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.



Resources:

- [AWHONN Respectful Maternity Care Overview:](#) (1.5 hr. CNE) Pertinent resources include Florida MMRC findings regarding perinatal outcomes stratified by race and ethnicity and strategies to decrease perinatal morbidity and mortality.
- [FPQC PP Mortality Brief Handout:](#) Describes Florida’s high mortality rate, underlying causes and risk factors, stratification by race and ethnicity and potential preventability strategies.

- [CDC “Hear HER” Campaign](#): Free healthcare education on maternal mortality for OBs, pediatricians, nurses, and other healthcare professionals. Includes clinical resources and tools, as well as handouts and social media content.

Primary Driver #1: Data Insights

Improving healthcare outcomes for populations that are disproportionately affected is a crucial step in addressing differences in health outcomes. The first step in achieving this is to identify and quantify the affected populations. Healthcare organizations can leverage data to identify such populations and allocate additional resources, target interventions, connect individuals to essential resources, partner with community organizations, and assess the effectiveness of interventions.

In this regard, the MFC initiative emphasizes the importance of three critical steps: 1. accurately documenting each patient's sociodemographic and SDOH data and making necessary corrections where required, 2. building hospital capacity to analyze stratified outcome and safety data to identify differences across populations, and 3. implement a plan to address the identified gaps.

Implementing this primary driver will help hospitals meet some of the certification requirements of The Joint Commission (TJC) and the National Committee for Quality Assurance (NCQA). Additionally, it can assist in fulfilling the NCQA's recently implemented HEDIS measure for Social Need Screening and Intervention.

Secondary driver 1a: *Improve the collection of individual patients' characteristics*

Accurate collection of “Race, Ethnicity, and Language” data is imperative for hospitals in order to improve their healthcare quality and reducing differences in healthcare in their institution. Hospital staff must be able to reliably know and track health care quality indicators and services to guide improvement strategies.

FPQC Recommends:

- Developing process maps of key personnel, activities/steps, tools, information systems and timing, collecting, and documenting demographic intake questions as well as correct recorded errors. In addition, process maps are also needed for capturing and updating a patient’s SDOH screening information.
- Implementing a process to collect, document, and correct patient self-identified race, ethnicity, primary language, other patient characteristics, and SDOH.
- Implementing a strategy to educate patients on the importance of self-reported SDOH data for all patients who have questions regarding why this information is being collected.

Resources:

- Refer to Primary Driver #3: “Universal SDOH Screening and Linkage to Services/Resources” for further information on screening for SDOH.
- [ILPQC: Process Flow for SDOH Data Collection and Staff Question Formats](#): Process map to help staff and providers collect SDOH data, as well as 3 different formats of questions to assess which best fits their community’s population.
- [Thrive Overview](#): Overview of THRIVE Initiative which helps create a framework for community drivers, and how they impact communities. Also has tools which can be used to help engage providers and stakeholders to recognize and improve current community factors.

- [We Ask Because We Care - Poster](#): Visual representation of the basis for collection of Patient Self-Reported data, which can be used to display around the unit for patients to see.
- [We Ask Because We Care - Patient Facing Education](#): Patient Education on the importance of collection of Patient Self-Reported data.
 - Thrive and Aspire documents patient facing documents on importance of real data
- [Script for Hospital Staff to Educate Patient: Example script for asking patient about their Self-Reported SDOH data](#).

FPQC Recommendation:

In order to better track social determinants of health and their impact on health care quality and services, establish an EHR process to automatically input positive SDOH screens into patient Z-Codes (SDOH portion of ICD-10).

- ➔ [SDOH Z-Codes](#): ICD-10 coding for SDOH - guidelines and resources.

Secondary driver 1b: Use Perinatal Quality Indicator & Differences in Perinatal Outcomes Dashboard to identify disparities. Share findings and build ongoing plans to address identified gaps

To identify differences in healthcare outcomes, healthcare organizations must analyze quality and safety data, stratified by patients' sociodemographic characteristics. One way to do this is through the Perinatal Quality Indicator (PQI), a comprehensive report provided by FPQC which tracks nine key perinatal indicators. PQI includes the Differences in Perinatal Outcomes dashboard that stratifies key perinatal indicators by race-ethnicity, insurance type, maternal education, and maternal pre-pregnancy BMI. Your hospital will gain access to the dashboard as part of the initiative and receive guidance on how to utilize it to identify gaps. Once differences in perinatal outcomes have been identified, healthcare organizations must align their approach with national standards and accreditation agencies and develop a written action plan to address at least one difference in perinatal outcomes in their patient population.

Resources:

- [A Framework for Stratifying Race, Ethnicity and Language Data](#): This guide offers a framework that hospitals can utilize to stratify patient data, to effectively identify healthcare disparities.
- [Eliminating Health Care Disparities: Implementing the National Call to Action Using Lessons Learned](#): Case examples of nine hospitals and health systems summarizing key successes toward eliminating disparities in care.
- [New Requirements to Reduce Health Care Disparities](#): Provides the rationale and references that The Joint Commission employed in the development of the new requirements aimed at reducing health care disparities.

Primary Driver #2: Respectful Maternity Care (RMC)

Respectful maternity care (RMC) is a universal component of every MFC driver and activity. However, the MFC Initiative includes specific drivers for RMC to provide clinical and educational tools that can help hospitals optimize their strategies to provide respectful care to women in their facilities. Here are some RMC resources to share with your hospital teams:

Current clinical opinions, general resources, and guidelines supporting RMC:

- [Key Driver #2 Slide Deck](#)

- [ACOG Committee Opinion 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care](#)
- [AWHONN Journal of Obstetric, Gynecologic, & Neonatal Nursing, Clinical Practice Guideline, March 2022: The Respectful Maternity Care Framework: A Conceptual Model to Improve Maternal Health.](#)
- [FPQC PP Mortality Brief Handout](#): Describes Florida’s high mortality rate, underlying causes and risk factors, and potential preventability and strategies.

Secondary driver 2a: Educate provider and staff about respectful maternity care and its components and strategies

FPQC recommends all members of the care team receive training in respectful maternity care. This measure is one of the initiative’s core aims: 80% of our team have attended a Respectful Maternity Care (RMC) training since January 2023 and are committed to respectful care practices.

- Provide ongoing RMC Training for providers and staff
- Develop a welcoming and supportive environment that is respectful of each patient and their values

Resources:

- FPQC Tool: [Key Elements to Look for in Choosing a Respectful Maternity Care Training](#): This tool will help guide teams as they select a curriculum that best meets their hospital’s RMC training needs.
- Other RMC training programs are already available. FPQC will be developing and offering free Train-the-Trainer regional workshops on providing RMC. *(Coming Soon)*
- [CDC “Hear HER” Campaign](#): Free healthcare education on maternal mortality for OBs, pediatricians, and other healthcare professionals. Includes clinical resources and tools, as well as handouts and social media content.

Secondary driver 2b: Develop a hospital commitment with providers and staff support

- Adopting and committing to appropriate Respectful Care Practices to best serve the identified needs in their communities
- Create a strategy for sharing expected respectful care practices with obstetrical clinical team and patients including appropriately engaging support partners and/or doulas

Resources:

- [FPQC Tool: Hospital Commitment to Provide Respectful Care](#): This document will assist hospital teams as they demonstrate their RMC commitment with respect to MFC.

Secondary driver 2c: Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care

- Implementing a patient respectful care survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results
- Educating patients on the importance of SDOH screening and RMC practices adopted by the Hospital

Resources:

- [Respectful Maternal Care Survey Patient Education Script](#): FPQC document with a QR code explaining importance of RMC Survey.
- [Respectful Maternal Care Survey](#): FPQC adapted tool for use with postpartum mothers prior to discharge.

Other Resources:

- [ACOG Committee Opinion #587: Effective Patient–Physician Communication](#): Physicians’ ability to communicate information effectively and compassionately is key to a successful patient–physician relationship. The use of patient-centered interviewing, caring communication skills, and shared decision-making improves patient–physician communication. Involving advanced practice nurses or physician assistants may improve the patient’s experience and understanding of her visit.
- [Respectful Maternity Care Implementation Toolkit \(RMC-IT \[AWHONN\]\)](#): The Respectful Maternity Care Implementation Toolkit (free for AWHONN members and available for a small fee for non-members) provides the tools and resources needed to implement the 10-Step “C.A.R.E. P.A.A.T.T.H.” within organizations. Make the commitment today to provide Respectful Maternity Care to every patient, every interaction, every time.
- [Operationalizing respectful maternity care at the healthcare provider level: a systematic scoping review](#): Ensuring the right to respectful care for maternal and newborn health, a critical dimension of quality and acceptability, requires meeting standards for Respectful Maternity Care (RMC). Absence of mistreatment does not constitute RMC. Evidence generation to inform definitional standards for RMC is in an early stage. The aim of this systematic review is clear provider-level operationalization of key RMC principles, to facilitate their consistent implementation.
- [Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Reports from a Landscape Analysis \(USAID\)](#): This is an important review by Bowser and Hill of the evidence on the topic of disrespect and abuse in facility-based childbirth. The primary purpose of the report is to review the evidence in published and gray literature regarding the definition, scope, contributors, and impact of disrespect and abuse in childbirth, to review promising intervention approaches, and to identify gaps in the evidence.
- [Respectful Maternity Care: The Universal Rights of Childbearing Women \(White Ribbon Alliance\)](#): By design, this document focuses specifically on the interpersonal aspects of care received by women seeking maternity services. A woman’s relationship with maternity care providers and the maternity care system during pregnancy and childbirth is vitally important. Not only are these encounters the vehicle for essential and potentially lifesaving health services, women’s experiences with caregivers at this time have the impact to empower and comfort or to inflict lasting damage and emotional trauma, adding to or detracting from women’s confidence and self-esteem. Either way, women’s memories of their childbearing experiences stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing.

Primary Driver #3: Universal SDOH Screening and Linkage to Services/Resources

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion #729 notes: “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.” Specifically, the committee opinion recommends asking about and documenting social and structural determinants of health and maximizing referrals to help patients address unmet needs. Implementing a standardized, universal screening process for SDOH is considered standard evidence-based practice. AWHONN, ACNM, ACOG, FPQC and other state PQC have developed best practices for SDOH screening and referrals. These references are outlined below.

General Reference Materials:

- [MFC Toolbox](#)
- [Key Driver #3 Slides](#)
- [ACOG Committee Opinion #729](#)
- [AWHONN Respectful Maternity Care position statement](#)
- [ACNM position statement](#)

Secondary driver 3a: Screen all mothers for SDOH using a standard process and format

FPQC Recommends:

- All physicians and nurses should be educated on how to screen for SDOH upon admission to the hospital. The FPQC “MFC Comprehensive Overview” slide set can be used as the foundation for clinician education.
- Review current workflow for SDOH screening and referral and update to ensure essential steps are standardized for all patients admitted for care.
- Shared Decision-Making with the mother is essential to referral process success, integrating each individual patient’s needs, and desires for care (See resources listed under secondary driver 3c).
- Clinicians should review their professional organizations standards for SDOH (AWHONN, ACOG, ACNM, SMFM, etc.)
- More in-depth screening should take place if patients initially screen positive to discover unmet health needs. Begin shared decision-making process for developing a care plan.

Resources:

- [FPQC algorithm for screening and referral process upon admission to hospital](#)
- [Sarasota Memorial Hospital PPT on screening and referral](#)
- [EMR examples on workflow for screening and referral process](#)
- Selected screening tools:
 - [The Protocol for Responding to & Assessing Patients’ Assets, Risks, & Experience](#) (PRAPARE) is a national standardized patient risk screening for social determinants available in 25 languages.
- [FPQC Sample of Secondary Questions for SDOH screening](#)
- MFC Brief Overview PPT intended for all OB clinicians (*Coming Soon*)

Secondary driver 3b: Link patients to available services and resources for identified SDOH using a community resources directory and other referrals

FPQC Recommends:

- Hospitals analyze and update their current workflow to connect patients to community resources for SDOH referrals; this includes:
 - Designating a staff member to meet individually with families and assure communication about patient needs across admission, labor & delivery, and postpartum units
 - Providing information to the patient’s provider office on referrals made

- Hospitals develop a strong partnership with their local Healthy Start Coalition for community resources directory development to assure comprehensive coverage
- Hospitals consider including a community representative on their quality team
- Hospitals utilize the MFC Toolbox which contains resources to promote referrals to community resources
- Hospitals review their community resource directory at least quarterly to ensure referrals are current
- Ongoing SDOH education is essential part of annual requirements for hospital teams

Resources:

- FPQC and Healthy Start Coalition community resource directory template for hospitals in their area. *(Coming Soon)*
- [Find help](#) is a free resource that can help connect patients with community resources.
- [Unite Us](#) is another organization some organizations may use to connect with the community they serve.
- See Secondary Driver 3a Resource list

Secondary driver 3c: Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model

Hospital staff should receive education on the impact of social determinants of health on outcomes and training on tools to help develop care plans and referrals for patients screening positive for SDOH. ACOG and ACNM recommend using shared decision-making for treatment decisions and this can be expanded to include referrals to resources. Each hospital should have a plan for ongoing continuing education strategies incorporating “Respectful Maternity Care” concepts into clinical care. Shared decision-making is a key component for successful screening and referral to needed services.

FPQC Recommends:

- A Shared Decision-Making model is incorporated into clinical practice for referrals to support identified health related social needs (HRSN)
- Clinicians receive continuing education on best practices for Shared Decision-Making as well as information on the impact of HRSN on outcomes

Resources:

- FPQC “Shared Decision-Making” snippet *(Coming Soon)*
- [ACOG reference on “Shared Decision-Making”](#)
- ACNM Shared Decision-Making document: [ACNM position statement](#)
- The [SHARE Approach](#): The Agency for Healthcare Research and Quality developed a five-step process on shared decision-making that includes a training curriculum and tools

Primary Driver #4: Family & Community Engagement in Hospital QI Work

Incorporating family and community organizational representatives in hospital quality improvement efforts creates the opportunity to gain perspectives outside of the hospital staff and providers. These individuals can inform strategies, provide feedback, and may serve as partners to transform the hospital culture and environment, and positively impact

patients. FPQC strongly recommends hospitals work to include family members and community representatives in their QI efforts.

Secondary driver 4a: Educate QI Team, leadership, providers and staff about family and community advisor involvement

Integrating family members and community representatives into hospital QI efforts can help the QI team in several ways. Family participation can aid providers and staff in understanding issues from the family’s perspective and may suggest ideas that lead to better and longer-lasting improvements. Community representatives provide important insight into the families that they serve and local resources available. This can enhance the hospital’s efforts to support and refer patients to appropriate agencies that can address their health-related social needs. There are a variety of resources to assist hospitals in recruiting and training family & consumer representatives, including job descriptions, confidentiality agreements, training, and other logistical and planning tools.

FPQC Recommends:

- Hospitals provide ongoing clinician education on the importance of family and community involvement in care.
- Hospitals provide education on how to include patients, families, and community advisors in quality improvement work.

Resources:

- [The Guide to Patient and Family Engagement in Hospital Quality and Safety](#): A resource to help hospitals develop effective partnerships with patients and family members with the goal of improving hospital quality and safety. This handbook gives an overview of and rationale for the strategy. It also outlines five steps for putting this strategy into place at hospitals and includes specific suggestions for how to work with patient and family advisors.
- [The Institute for Patient-and Family-Centered Care \(IPFCC\)](#): A website that has numerous resources for hospitals. Several of their free resources are outlined below.
 - [HIPAA & TJC guidelines \(IPFCC\)](#): Describes family inclusion in QI work.
 - [Patient Family Centered Care \(IPFCC\)](#): Learn how hospitals can get started. Free download with guidelines and tips for hospitals getting started with Family Centered Care.
 - [Clinician Education Modules \(IPFCC\)](#): This resource contains three modules with educational videos to assist in creating a new patient and family faculty program or expanding an existing program.
 - [Patient and Family Advisors in Action \(ipfcc.org\)](#): Examples from the field that showcase how hospitals are working with patients and families to improve health care. Best practices from several hospitals with videos, tools.

Secondary driver 4b: Engage family and/or community advisors to provide ongoing input on QI efforts and care provision

FPQC Recommends:

- Hospitals should work with their local Healthy Start Coalition and other community organizations to connect patients and families and to serve as hospital advisors.
- Explore obtaining input from and incorporating family representatives on your hospital QI team.

- Hospitals should consider including a representative from a community agency or coalition as an advisor for MFC initiative and/or as a representative on your hospital QI team.
- Hospitals should create a patient engagement plan to include on-going recruitment activities, communications, orientation, and advisor expectations.

Resources:

- [Institute for Patient- and Family-Centered Care](#): Provides numerous resources to incorporate patients and families in their care.
- [The Health Research & Educational Trust \(HRET\) and American Hospital Association \(AHA\) Playbook for Fostering Hospital-Community Partnerships to Build A Culture of Health](#): Provides guidance on engaging patients and partnering with community organizations.
- [Family Engagement at the Systems Level: A Framework for Action \(MCH Journal\)](#): Health systems can use this Family Engagement in Systems framework to support meaningful family engagement in the design of policies, practices, services, supports, quality improvement projects, research, and other systems-level activities.
- Resources from the Agency for Healthcare Research Quality (AHRQ) on engaging patients and families:
 - [Recruiting Patient/Family Advisory Tools: Tool 1: Brochure](#)
 - [Recruiting Patient/Family Advisory Tools: Tool 2: Become a Patient and Family Advisor](#)