



## MOTHER-FOCUSED CARE (MFC) MEASUREMENT GRID

The MFC Initiative’s purpose is to assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and help them to meet their needs.

### Hospitals will report:

**1. Aggregate SDOH screening and referral data** for patients discharged home after delivery

**2. Demographic and SDOH referral data** for the first 10 discharged deliveries with a positive SDOH screen:

INCLUSION CRITERIA: women admitted for delivery who screened positive for SDOH and were discharged home

EXCLUSION CRITERIA: exclude women with a fetal/infant demise; women in observation and not admitted for delivery

**3. Hospital-level measures** (policies, procedures, or guidelines to increase hospital’s capacity to implement the initiative and staff education and training)

The measures listed in this document will be calculated and reported monthly to participating hospitals in a quality improvement data report so that facilities can track their progress. These measures may be subject to change during the initiative with prior approvals.

#	OUTCOME MEASURE	Description	Reported	Source
<b>O1</b>	Referral to available services and resources for identified SDOH	Numerator: # of women with positive SDOH screening who were referred to available services (e.g., by using a community resource directory, referrals to community partnerships/organizations, etc.) Denominator: # qualifying women with positive SDOH screening	Monthly Disaggregated by race-ethnicity, insurance type, language, age, and time of entry to prenatal care	Abstracted from medical chart
<b>O2</b>	Respectful Maternity Care (RMC) training for staff and providers and commitment to respectful care practices	Report % of providers and nurses separately that meet both criteria (training and commitment)  Providers and staff have to complete a Respectful Maternity Care training after January 2023. Commitment to respectful care practices must occur after RMC training	Quarterly	Varies by hospital (i.e. manual tally, staff education system)

#	PROCESS MEASURES			
P1	Universal SDOH screening	Numerator: # of qualifying women with documented SDOH screening Denominator: # qualifying women	Monthly	Abstracted from medical chart
P2	Staff education	% of providers and staff completing education on processes for developing an agreed-upon plan of care utilizing a shared decision-making model	Quarterly	Hospital-level data

Hospitals need to implement and/or reinforce key processes, guidelines, policies, and resources to support SDOH. Hospitals will report structural measures until they have them fully implemented. Report as follows:

- **Not started**
- **Planning**
- **Started Implementing** - started implementation in the last 3 months
- **Implemented** - less than 80% compliance after at least 3 months of Implementation (Not routine practice)
- **Fully Implemented** - at least 80% compliance after at least 3 months of Implementation (Routine practice)

#	STRUCTURAL MEASURES		
S1	Develop a detailed process map that outlines how to collect, correct, and document demographic intake questions	The process flow should specify the individuals responsible for each step, the appropriate timing, and any other essential information  Numerator: # of hospitals that have developed a process flow that outlines how to collect, document, and correct demographic intake questions  Denominator: # of participating hospitals	Hospital-level data
S2	Implement a protocol, process, or guideline to collect, document, and correct patient 1) self-reported race, ethnicity, primary language, and other patient characteristics, and 2) SDOH data	Numerator: # of hospitals that have created a protocol, process, or guideline to collect, document, and correct patient 1) self-reported race, ethnicity, primary language, and other patient characteristics, 2) SDOH data  Denominator: # of participating hospitals	Hospital-level data

<b>S3</b>	Implement 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.)	Sample brochures available in the FPQC - SDOH toolbox  Numerator: # of hospitals that implemented a strategy to provide information to patients who have questions on why race, ethnicity, language, and SDOH data are being collected  Denominator: # of participating hospitals	Hospital-level data
<b>S4</b>	Implement a written action plan to address at least one identified healthcare disparity	During the planning stage: hospitals will identify and summarize health care disparities for key perinatal outcomes utilizing the Perinatal Quality Indicator report (PQI) and the Health Disparities dashboard and/or your hospital IT system  Numerator: # of hospitals that implemented their hospitals' written action plan to address at least one identified healthcare disparity  Denominator: # of participating hospitals	Hospital-level data
<b>S5</b>	Create a strategy for sharing expected respectful care practices with delivery staff and patients including appropriately engaging support partners and/or doulas	List of recommended respectful care practices available in the FPQC - SDOH toolbox.  Numerator: # of hospitals that have a strategy for sharing expected respectful care practices with delivery staff and patients including appropriately engaging support partners and/or doulas  Denominator: # of participating hospitals	Hospital-level data
<b>S6</b>	Implement the patient Respectful Maternity Care (RMC) survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results	FPQC will provide a hospital-specific link and QR code for the RMC survey. The survey needs to be shared with postpartum patients prior to discharge (excluding women with fetal/infant demise)  Numerator: # of hospitals that implemented the patient Respectful Maternity Care (RMC) survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results  Denominator: # of participating hospitals	Hospital-level data

<b>S7</b>	Implement a protocol, process, or guideline for screening patients for social determinants of health during delivery admission	Numerator: # of hospitals with a protocol, process, or guideline for screening patients for social determinants of health during delivery admission Denominator: # of participating hospitals	Hospital-level data
<b>S8</b>	Implement a protocol, process, or guideline for referring patients to available community resources and services	Work with your Healthy Start Coalition in the development and usage of your Local Resource Directory Numerator: # of hospitals with a protocol, process, or guideline for referring patients to available community resources and services Denominator: # of participating hospitals	Hospital-level data
<b>S9</b>	Implement a strategy to educate the QI team and Leadership about family and community advisor involvement	Numerator: # of hospitals with a strategy to educate the QI team and Leadership about family and community advisor involvement Denominator: # of participating hospitals	Hospital-level data
<b>S10</b>	Engage a Family advisor in the QI team	Numerator: # of hospitals with a family advisor who participates as part of the QI team Denominator: # of participating hospitals	Hospital-level data
<b>S11</b>	Engage a Community advisor in the QI team (e.g. Healthy Start representative, home visiting program representative)	Numerator: # of hospitals with a community advisor who participates as part of the QI team Denominator: # of participating hospitals	Hospital-level data

Questions? Please contact [FPQC@usf.edu](mailto:FPQC@usf.edu)

v. 4/19/2023