<table>
<thead>
<tr>
<th>Across the Continuum</th>
<th>During Prenatal Care</th>
<th>During the Birth</th>
<th>Post-Partum</th>
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<tr>
<td>Listening to women and mothers</td>
<td>Support for care</td>
<td>Non-judgment</td>
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<td>Midwifery is the norm for care</td>
<td>Doctors are only needed for high-risk</td>
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<td>Make midwifery accessible to all</td>
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What does respectful maternal care look like to you?
Better Maternal Outcomes

Check Yourself: Black Women and Providers Co-design for Respectful Care

Welcome
WebEx Quick Reference

- Please use chat to "**All Participants**" for discussion & questions

- For technology issues only, please chat to "**Host**"
Microphone Feature

To mute your line, please press the microphone icon.
Press it again to unmute.

Muted

Able to speak
Today’s Agenda

• Welcome & Introductions

• Check Yourself: Black Women and Providers Co-design for Respectful Care

• Related Resources

• Follow-Up & Staying Connected
Please type your **name** and the **organization** you represent in the chat box and send to “All Participants”

Example: Mara Lee, Midwest Health
Where are you today?
Partnering for Improved Birth Outcomes

The Institute for Healthcare Improvement (IHI) Better Maternal Outcomes Initiative and the National Network of Perinatal Quality Collaboratives (NNPQC) are partnering to provide participants with a valuable set of webinars on health equity, respectful care and other critical maternal health topics. This partnership recognizes the shared commitment of these two initiatives to improve hospitals and health systems by elevating and spreading evidence-based efforts and examples of improvement from across the country so that families experience better birth outcomes. By bringing all participants together to engage in shared learning, the NNPQC and the Better Maternal Outcomes Initiative will encourage collaboration and innovation among teams with a shared mission, and ultimately accelerate national improvement.
The IHI Better Maternal Outcomes Initiative aims to reduce maternal morbidity and mortality by supporting national efforts to implement reliable evidence-based care for women and newborns around the time of birth, and by facilitating locally driven, co-designed rapid improvements in four communities, targeting the interface of health care delivery, the experience of birthers, and community support systems.

The National Network of Perinatal Quality Collaboratives (NNPQC) supports the development and enhances the ability of state perinatal quality collaboratives to make measurable improvements in statewide maternal and infant healthcare and health outcomes by providing resources and expertise to nationwide state-based perinatal quality collaboratives (PQCs).
Better Maternal Outcomes: Redesigning Systems with Black Women

AIM

To improve maternal outcomes and experience of care for Black women as measured by improvements in clinical outcomes and measures of dignity and respect.

In the first phase of this work, IHI will partner with and support (using our existing assets) 4 communities to facilitate co-designed improvement efforts at the local delivery-system level.

The goal of these improvement efforts will be to reduce inequities in care delivery and outcomes for Black women; to test and scale up maternal health and care supports; and to create a learning system to share across communities.
Equity Action Lab Structure

**Prep Phase**
(2-3 months)
- Data collection
  - Needs
  - Interventions and Ideas
- Team formation
- Narrowing the Focus

**Action Lab!**
(2 days)
- Set Ambitious Goal
- Design Potential Solutions (Ideas to test)
- Develop Action Plans

**Sprint Phase!**
- Implement Plan (test ideas)
- Adapt (change plan) as needed to achieve goal
- Weekly team meetings

**Momentum Lab**
(1 day)
- Solidify gains
- Set new goals

Goal achieved!
Check Yourself: Black Women and Providers Co-design for Respectful Care

*IHI Better Maternal Health Outcomes Webinar*

*October 16, 2019*
Presenters

Nandi Barton, Context Expert
Maternal Health Equity Action Lab

Ebony Marcelle, Director of Midwifery
CNM, MS  Community of Hope Family
Health and Birth Center

Patricia Quinn, Director of Policy and
External Affairs DC Primary Care
Association
What We Know: the Data

• At 36 per 100,000 DC’s maternal mortality rate is more than twice the already high national average

• Less than half (36%) of women in DC on Medicaid and CHIP received at least 81 percent of prenatal visits.

• Fewer than half of women on Medicaid or CHIP had a postpartum visit in the recommended window.
What We Did:
Human-Centered Design

INSPIRATION

IDEATION

ITERATION
What We Learned:

• Perceived quality and reputation matters. These two factors drive the decision on where and *if* women go for care.

Respectful and culturally aware care is needed.
Women make care seeking decisions based on reputations and perceived quality of community health centers and hospitals.

On [hospital]:

“I will not even go there ... That hospital is no good...because we’re in South East. They don’t care. They let my friend bleed to death.”

“[Hospital] is alright. There are a lot of things you wouldn't get at [Hospital].“

– Mother of three, Ward 8.

“I felt like she was trying to treat me like a business...At [hospital] they are kind of pushy ... they don’t let you control your health.

We’re supposed to work together. Not just you tell me what to do. They don’t expect the mothers to care.”

-First time mom from Ward 7 switched providers at 33 weeks

On [hospital]:

“I didn’t want to. I heard bad stuff ... heard the nurses were not good.”

She delivered there because she was told that was the only provider her insurance would cover.

- Mother of one, Ward 4
Staff attitudes were the most important issue to patients

One mother stopped going to a community health center because she felt they were not professional. “Don’t just hire someone from southeast, they need to be good. She wants a clean environment where she is greeted “in a kind, professional way.” Mother of five, Ward 8

“You don’t want to go to the doctor for a 15-minute meeting where they push you through and don’t even talk to you or listen to you” – Mother of four, Ward 4

“We as black women, we need other women like us…we’ve been through a lot.” Of the providers: “where’s the passion? Where is the love?” – Mother of three, Ward 8
What We Did: Maternal Health Equity Action Lab

- Partnership with Institute for Health Improvement and Merck for Mothers
- Frontline providers of maternal care and women in the District impacted by maternal health inequity to a shared table
- Identify, prototype and test solutions to increase trust between providers and women in need of care
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<thead>
<tr>
<th>NAME</th>
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<tr>
<td>Stephanie Hafiz</td>
<td>AmeriHealth Caritas</td>
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<td>Nandi Barton</td>
<td>Context Expert</td>
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<td>Dominique Lowrey</td>
<td>Context Expert</td>
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<td>Whitney Pinger</td>
<td>GW Midwifery</td>
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<td>Dr. Erica McClaskey</td>
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<td>Dr. Carla Henke</td>
<td>Community of Hope</td>
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<td>Ebony Marcelle</td>
<td>Community of Hope</td>
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<td>Anne Eder</td>
<td>March of Dimes DC</td>
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<td>Patricia Quinn</td>
<td>DCPACA</td>
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<td>Robyn Russell</td>
<td>DCPACA</td>
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Respectful Care Checklist?

- We thought we would find one and adapt it for our needs.
- Found examples in developing world that focused on egregious behavior, but wouldn’t work in our environment.
- Context experts went to work, but needed provider perspective.
- Enter…
Ebony Marcelle

FOR HEALTH WORKERS

TOP 5 DO NO HARM CHECKLIST

CHECK YOUR SYSTEMS
Change punitive systems into supportive spaces. From the parking lot to the exam room, is your space clean, inviting, and comfortable? Would you seek care at your facility? Do you have a generous late policy and walk-in option, for example?

CHECK YOUR CARE TEAM
From the front desk, to the providers, to the billing staff, each worker a patient interacts with is responsible for ensuring the patient is respected and treated like a guest. All staff should put themselves in their patients’ shoes and remember many people have experienced racism and trauma.

CHECK YOUR BIASES
Everyone is biased, even you. Take the Harvard Implicit Bias test to understand and address bias. Microaggressions happen frequently and can drive patients away from needed health care resulting in bad outcomes.

CHECK EACH OTHER
Sometimes the person causing harm does not realize they are doing so. If you see harm being done, intervene. Only when we call out harm will we stop it.

CHECK YOUR LISTENING SKILLS
Believe what patients are telling you. Take time to get to know your patient and understand she may be facing a lot of challenges outside the health system. Be aware of the impact of your words and apologize if you cause harm or discomfort.

TO READ THE FULL DO NO HARM GUIDE
Visit: www.dcpcac.org

Developed through DC Equity Action Lab, at DC Primary Care Association, based on the Top 5 Do No Harm List from Ebony Marcelle, CNM, MS, FACNM, Director of Midwifery at Community of Hope and Family Health Birth Center.
1. Check your systems in which individuals navigate getting care. Change adversarial systems into supportive spaces.
2. Check the entire care team. From the front desk to physicians, everyone who interacts with patients should have an understanding of what harm is, why understanding it is important, and how to prevent it.
3. Check your biases. Understand that everyone is biased, including you. Understanding and addressing your own biases is a life-long journey.
4. Check each other. Sometimes the person causing the harm does not realize s/he is doing it.
5. Check your listening skills. Believe what people are telling you and know that listening is key to understanding and providing respectful care.
Respectful Care Mini-Training

• **Step 1:** Take the [Harvard Implicit Bias Test](#) (15 minutes)
  - This test is meant to be taken alone and is a tool to help individuals understand and process their own biases. The results do not need to be shared with others.

• **Step 2:** Watch [John Oliver Video](#) (20 minutes)

• **Step 3:** Read Guide (10 minutes)

• **Step 4:** Have a team meeting to discuss what everyone learned + next steps (45 minutes)
  - Discussion guide forthcoming.

• **Step 5:** Post the one-pager/infographic around the office (10 minutes)
Intervention #2: Patient Rights

• Context Experts felt strongly that we need to also educate and support patients about their right to expect respect from health care providers

• Adopting the NYC Health Department’s tool
Intervention #1: Respectful Care Mini-Training for Health Care Workers

• **How to Measure Impact:** Short survey given to health care workers before and after using mini-training.

• **Sample Size:** Could do 1 provider. Could do 5 health care workers. Start small.

• **Timing:** In one month, we could run 5 – 7 tests.

• **Instrument:** Create survey on google survey and email it?

• **Prediction:** We predict the health workers taking the mini-training will increase their agreement with the questions in the survey.
Intervention #1/#2: Respectful Care Mini-Training for Health Care Workers

• **How to Measure Impact:** Simple survey to collect patient feedback

• **Prediction:** Percent of patients receiving care from a provider that implements the mini-training who report respectful care will increase.

• **Ideas for a patient survey include:**
  • Have patients put a marble in a jar if they received respectful care or did not receive respectful care.
  • Ask patients to fill out a paper survey at office after their visit? Email them a survey? Call them with a survey?
What We Are Learning

• Managing design team virtually facilitates participation, but also slows pace
• Attribution of individual work is important, and too easily overlooked when trying to keep moving forward
• We have to find ways to effectively communicate about the project and progress to external stakeholders. This includes others deeply committed to improvement of the maternal health system, media, and policymakers
What We Are Learning

• A structured approach to engaging content and context experts in identifying issues, then designing and testing of potential solutions leads to rich connection, rich exchange of ideas, and compelling interventions
• Policymakers and community members are interested in the HCD approach, and eager to hear of progress and outcomes
• Providers can do design work if we can be targeted and specific in our requests
• Strong desire of health system actors to understand user perspectives
What’s Next

- Working with providers to identify 2-4 tests of the Respectful Care mini-training, learn from that, and co-design based on learning
- Design a bigger test of the Patient Rights Guide
- Plan for Momentum Lab, Council Hearings, Briefing
Presenter Contact

• Nandi Barton nandibartons91@gmail.com

• Ebony Marcelle emarcelle@cohdc.org

• Patricia Quinn pquinn@dcpca.org
THANK YOU!
Staying Connected

• All slides, materials, and call recordings will be shared with participants following the call.

• If you’d like to be added to the IHI maternal health email list or have additional questions about this programming, please contact us at maternalhealth@ihi.org.

• Public webinars are offered approximately once per month. Information about upcoming calls will be shared ahead of time.
IHI National Forum
on Quality Improvement in Health Care

December 8-11, 2019
Orlando, FL, USA

Details: ihi.org/Forum
Thank you for joining us

IHI Better Maternal Outcomes Programming