

June 15, 2023 3:00 PM ET

# AIM TAP WEBINAR: Respectful Care Education for Providers: Options for How to Start Making Progress



with Renée Byfield MS, RN, FNP, C-EFM, Debra Bingham DrPH, RN, FAAN, & Amy Ushry MPH, BSN, RN, CCM



## ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives.

You can find more information at saferbirth.org.

This program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



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AIM does not endorse any one resource for respectful care, implicit bias, or anti-racist education and training.

This is in line with the precedent that AIM does not endorse resources for other topics.

The content of this presentation should not be construed as explicit endorsement.



### Before we get started

AIM TAP Webinars are recorded

Resources
discussed are not
vetted or endorsed
by AIM or ACOG
and are provided
for your
convenience.

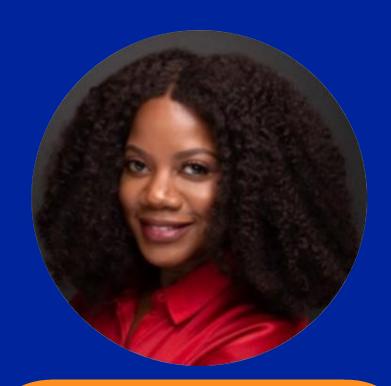
Resources should be used at your discretion.

If you need help during the call, please staff member.



#### **Respectful Care Education for Providers:**

Options for How to Start Making Progress



Renée Byfield MS, RN, FNP, C-EFM



Debra Bingham DrPH, RN, FAAN

SPEAK UP Program at Perinatal Quality Institute



Amy Ushry MPH, BSN, RN, CCM

ACOG Respectful Care e-Modules in collaboration with MHLIC



## Educating Providers on Infusing Equity into Quality Improvement

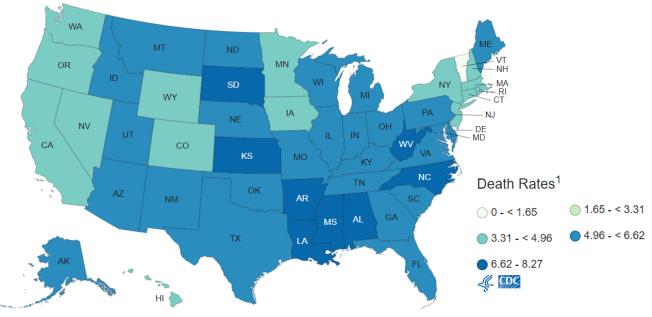
AIM ACOG TAP Webinar - June 15, 2023

Presented by: Debra Bingham, DrPH, RN, FAAN Renee Byfield, MS, RN, FNP, C-EFM



#### **U.S. Infant Mortality Rates**

In 2020, the infant mortality rate in the United States was 5.4 deaths per 1,000 live births.

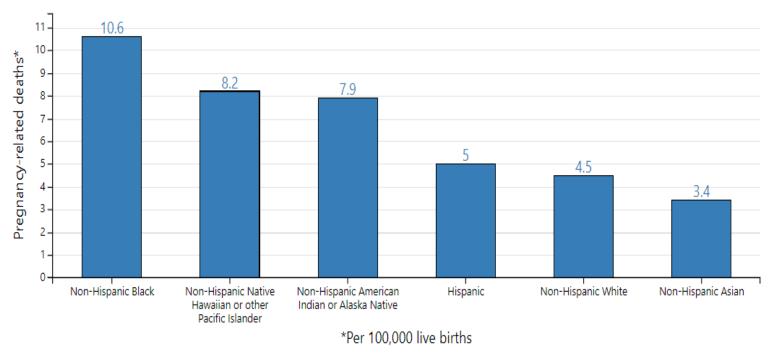


Mississippi = **8.3** / Massachusetts = **3.9** U.S. average for 2020 = **5.4** per 1,000 live births

https://www.cdc.gov/nchs/pressroom/sosmap/infant mortality rates/infant mortality.htm



#### Infant Mortality Rates by Race and Ethnicity, 2019

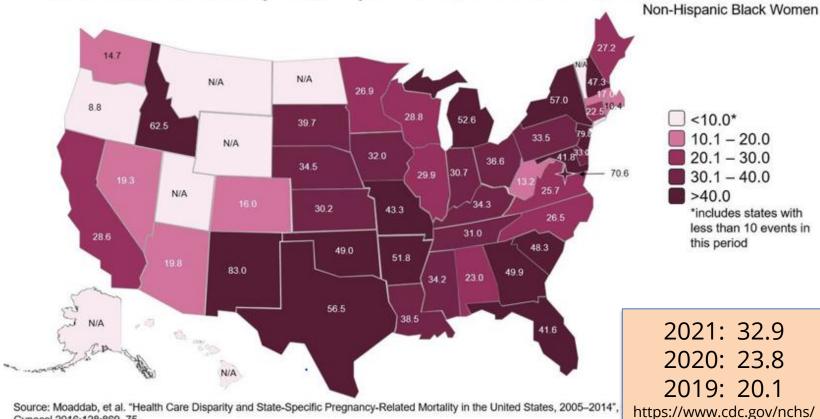


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https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm



#### Maternal Mortality Ratio per 100,000 Live Births, 2005-2014



Source: Moaddab, et al. "Health Care Disparity and State-Specific Pregnancy-Related Mortality in the United States, 2005-2014", Gynecol 2016;128:869-75.

data/hestat/maternal-

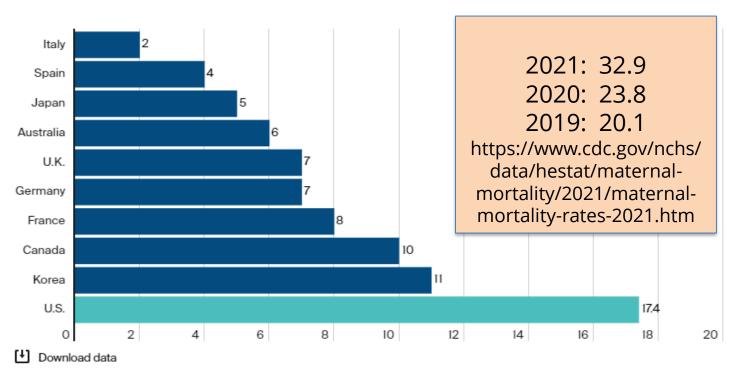
mortality/2021/maternal-

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#### U.S. Maternal Mortality Ratio Compared to Industrialized Countries with 300,000+ Births, 2017–2018

Maternal deaths per 100,000 births



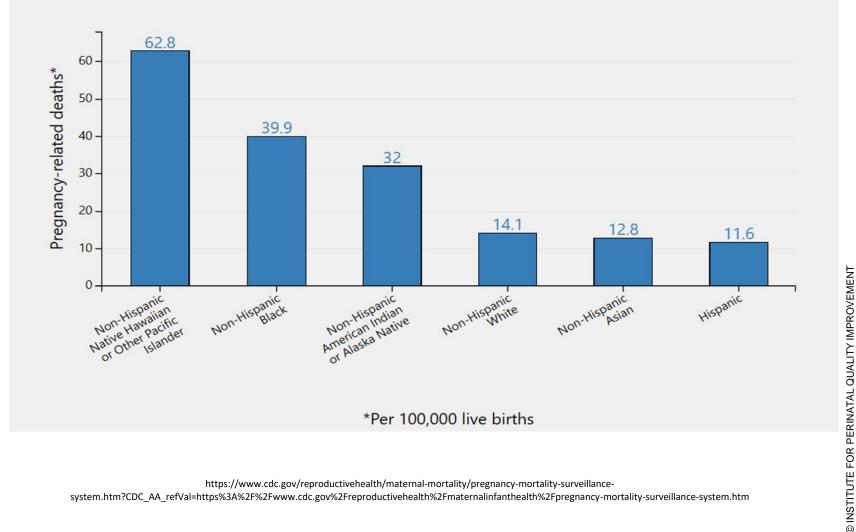
Data: World Health Organization et al., *Trends in Maternal Mortality, 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* (WHO et al., 2019); and Donna L. Hoyert and Arialdi M. Miniño, "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," *National Vital Statistics Report* 69, no. 2 (Jan. 30, 2020): 1–16.

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Source: Laurie Zephyrin, M.D., and Eugene Declercq, Ph.D., "Measuring Maternal Mortality," *To the Point* (blog), Commonwealth Fund, Feb. 6, 2020. https://doi.org/10.26099/c14w-nq52



#### Pregnancy-related mortality ratio by race/ethnicity: 2017-2019



#### PQI's Mission:

To expand the use of improvement science to eliminate preventable perinatal morbidity and mortality and end perinatal racial and ethnic disparities





#### **Executive Advisory Board Members**



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LaShae Wattie, BSN, M.Ed., MSN



Cathy Ivory, BSN, MSN, PhD





## Explicit and Implicit Bias



<b>Explicit Bias</b>	Implicit Bias
Conscious	Unconscious
Purposeful due to people's beliefs and attitudes; judgment	Embedded stereotypes that heavily influence our decision-making without our conscious knowledge

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## "There is no quality without equity and no equity without quality!"

Renée Byfield, MS, RN, FNP, C-EFM



"Conversation is where change begins and we all have the power to change the conversation."

Debra Bingham, DrPH, RN, FAAN



#### SPEAK UP Against Racism

(Acronym and Mnemonic)

- S
- P
- E
- A
- K

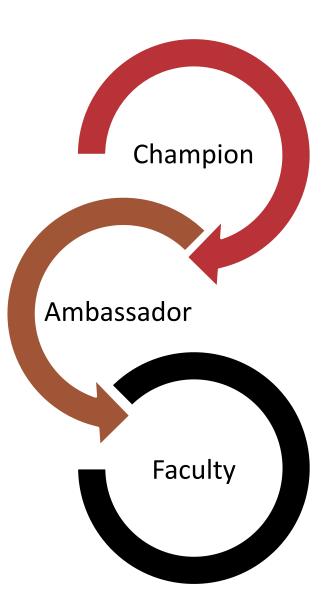
More Information is available at:

www.perinatalQI.org

- U
- P



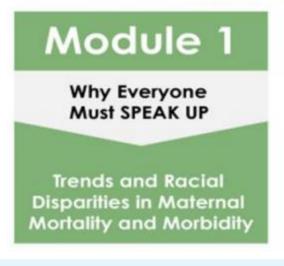
SPEAK UP
Action and
Learning
Pathway

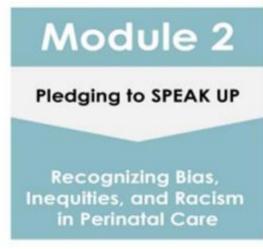


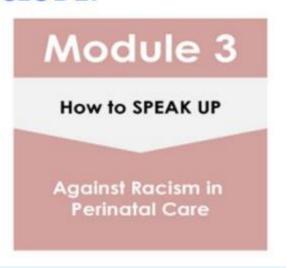


## SPEAK UP Implicit and Explicit Racial Bias, v2 <u>Bundle of Three (CNE & CME Available)</u>

#### THE SPEAK UP MODULES INCLUDE:







Purchase provides Free or Discounted Access for 1 year to SPEAK

UP on-line Education

Check whether you have a promo code to access the modules for free or at an additional discount



## Key Characteristics of the SPEAK UP Action and Learning Pathway

- Shared mental model
- Reflection and vulnerability for transformation
- Varied educational methods
- Focus on perinatal data and case studies
  - Debunk myths
  - Historic data
  - Current data
- Public Health Models
- Quality Improvement methods and tools
  - Action oriented
  - Create SMARTIE goal(s)
  - Create an action plan
- Ongoing support for SPEAK UP Champions 3 national check-in meetings a year (FREE)



#### SPEAK UP Program Evaluation

- Thank you to our evaluators:
  - Andreea Creanga, PhD, MD, Associate
     Professor, Johns Hopkins University
  - Noelene Jeffers, Assistant Professor, PhD, CNM, PhD, IBCLC



## Evaluation Questions & Data Sources

- What are key differences in trainees' knowledge of, attitudes
   <u>toward</u>, awareness and mitigation of racism and its effects on
   perinatal care before and after attending the SPEAK UP Champion
   trainings?
  - Pre- and post-education data collected in conjunction with SPEAK UP courses
  - o Implementation survey data Fall 2023
- What <u>practice and behavior</u> did trainees implement in the year after attending the SPEAK UP Champion trainings?
  - SPEAK UP Champion implementation survey data Fall 2023
- What were key facilitators and barriers to observed changes in trainees' knowledge, attitudes, practices, and behaviors after the SPEAK UP Champion trainings?
  - Qualitative interviews with SPEAK UP Champions Fall 2023



#### SPEAK UP Champions Course

1st course was June 2019

	2019	2020	2021	2022	2023
GA		1	1	1	1
IL		-	1	2	-
MA		1	5	3	1
NJ	2	1	2	-	-
RI	1				
TN		-	1	-	-
WA		2	-	-	-
National		-	3	2	

*Notes:* Numbers represent number of trainings each year. N=31

Currently there are over 1,500 SPEAK UP Champions who work in 36 different states

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#### Polling

Race is not biology; it is not based in genetics or science.

#### **True or False**





#### Preliminary Evaluation Data is Encouraging

#### Improved knowledge

- Race is a social construct, not biology or genetics
- Why racial categories exist
- Relationship between perinatal racial disparities and racism

#### Improved attitudes

- Recognition of racism in perinatal care
- Individuals have implicit biases
- Changes in behaviors will be assessed



#### SPEAK UP Training Satisfaction

- >95% satisfied with overall training (i.e., promotional information, registration, scheduling, objectives being met, quality of instruction)
- 85% recognized knowledge gained as essential for individuals who support women before, during and after pregnancy
- 9.5 in 10 trainees would recommend the education to others
- 1 in 4 learners expressed interest to become SPEAK UP faculty



#### Key Takeaways from Trainees

The concept of race as a social construct. Discussions re: race and figuring out how to navigate in an educated and respectful way."

"It is RACISM, not RACE, that is a risk factor in health outcomes. Race is a social construct. SPEAK UP!" "I learned about my own implicit bias and I will strive to be aware and to follow the SPEAK UP Program against racism. I learned about medical abuse and mistreatments that happened in history to Black people that I was not aware of."

"I have a better understanding of the difference between equity and equality. I really understand the strong disparities that are apparent in the statistics surrounding childbirth."

"The insidiousness of bias."

"Daily reflections. Not being silent.

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## Examples of Quality Improvement SPEAK UP Action Plan Topics

- Faculty Person at a Nursing School review and update all education materials from a racial equity lens
- Public Health & Hospital Clinical Leader will track all data, including QI data, by race/ethnicity & from a race equity perspective
- Physician & Nurse Leaders will encourage members of the perinatal team to participate in PQI's 28-Day Challenge, become SPEAK UP Champions, and complete the SPEAK UP online modules
- Staff Nurse will interrupt co-workers who are saying disrespectful things about patients





t a group of olleagues to oin you in ompleting he 28-day challenge!

#### 28 Day Anti-Racism Challenge, v2

Two-thirds of maternal deaths are preventable. How will you do your part?

Join us for daily opportunities to Reflect, Learn, and Act.

Get a group of colleagues to join you in completing the 28-Day Challenge.

Registration is open

www.perinatalQl.org





#### Four Birth **Equity** Webinars and Coaching in MA

Goal 1: Racial equity statements

Goal 2: Track data by

race/ethnicity

Goal 3: Debrief from a racial

equity perspective

Goal 4: Maternal care provided

based on racial equity

#### PNQIN MA SPEAK UP Equity Webinars

SPEAK UP Program » PNQIN MA SPEAK UP Equity Webinars



https://www.perinatalqi.org/page/PN QINMASPEAKUPEquityWebinars







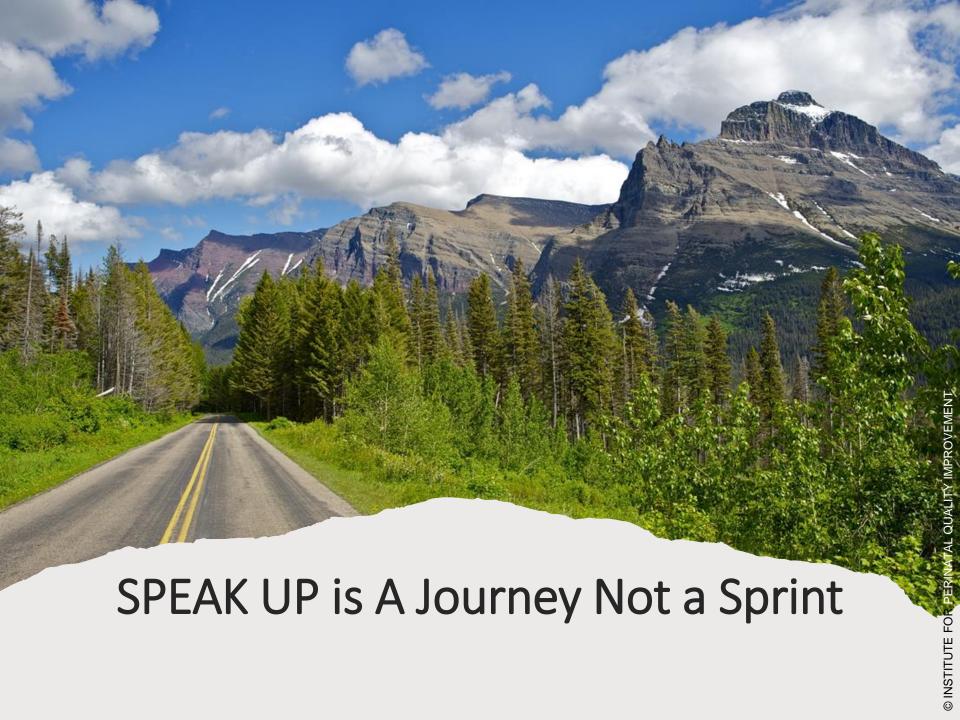
Next Date to be Determined!

Tools and examples are free at www.perinatalqi.org

#### Quality Improvement Essentials

National Conference

www.perinatalQI.org



#### www.perinatalQI.org

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Support PQI's mission by signing up for a Professional Membership.

#### Receive:

- Updates from PQI including From the Desk of Debra Bingham
- Exclusive discounts on conferences and store purchases

benefits available with a paid Professional Membership



### QI Saves Lives! Join Us! Questions: info@perinatalQI.org

- Basic Membership is FREE
- PQI Professional Members get a discount on all educational offerings



#### Chat Waterfall

What are you doing to ensure birth equity?







## RESPECTFUL CARE eMODULES

Amy Ushry, MPH, BSN, RN, CCM Senior Nurse Program Manager

### **OVERVIEW**

- Background
- Maternal Health Learning and Innovation Center
- Learning Objectives
- Content
- Coming Soon: eModule Supplemental Resources
- Collective Action Against Racism
- Considerations



#### BACKGROUND

- Institutional and systemic racism contribute to perinatal health inequities
- ACOG has made a formal commitment to changing the culture of medicine
- Requires honest examination of the past and present
- Importance of self-reflection and continued learning
- 3 eModules developed in partnership with MHLIC released in 2022





















### LEARNING OBJECTIVES

- Describe the concepts of race and birth equity
- Describe the history concepts of medicalization of obstetrics, and unethical experimentation on marginalized populations
- Discuss how the history of the field affects obstetric and gynecologic care today
- Describe the goals of respectful maternity care and identify steps to put it into practice



## MODULE 1: RACE & EQUITY



Race is a social construct

Race & the practice of medicine

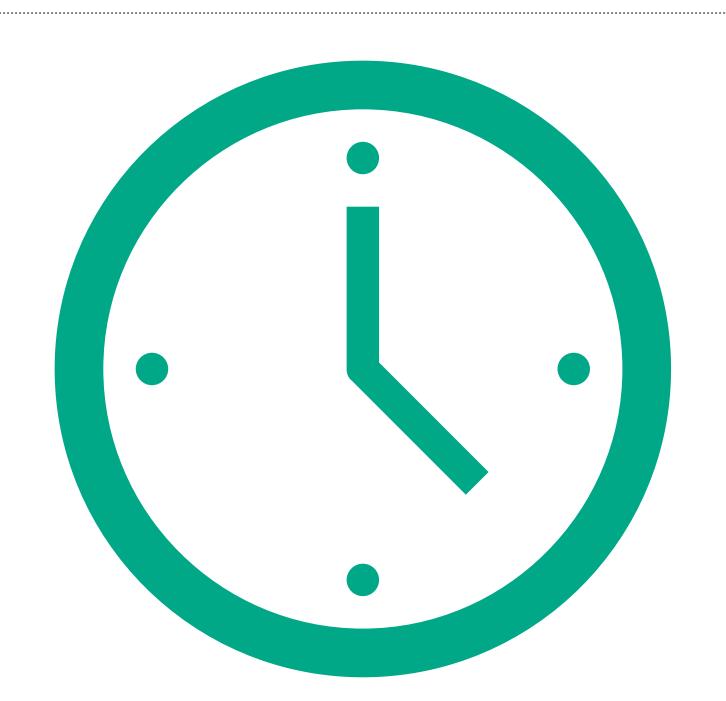
Intersectionality

Reproductive Justice

Birth Equity



#### **MODULE 2: HISTORICAL FOUNDATIONS**



The clinical encounter

Medicalization

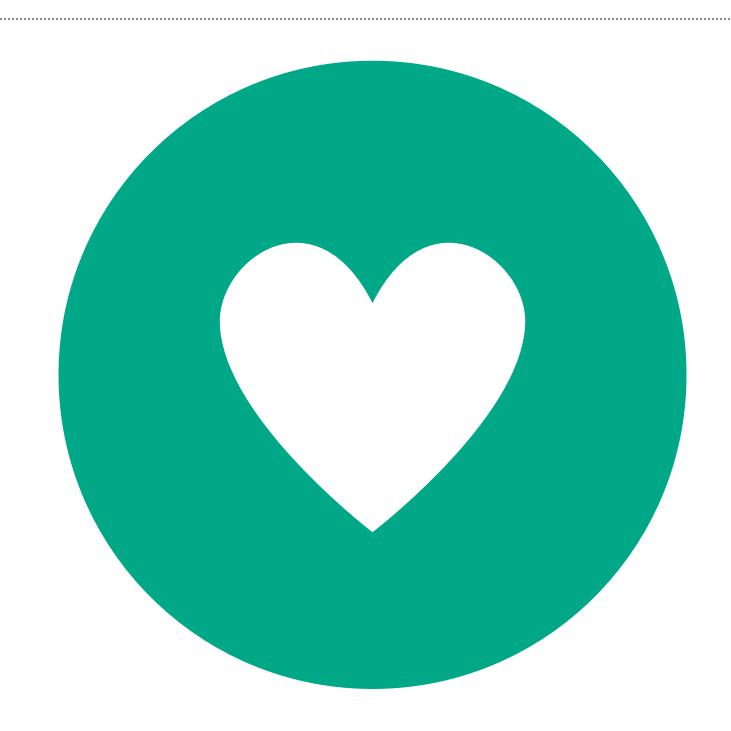
Unethical experimentation

Lucy, Betsey, & Anarcha

Historical Legacy: Inequity



#### MODULE 3: RESPECTFUL CARE



Defining respectful care

The Cycle to Respectful Care by the National Birth Equity Collaborative

Shared medical decision-making

**Building trust** 

What can providers do?



## COMING SOON: SUPPLEMENTAL RESOURCES

Support group learning, further individual learning, and deeper discussion

- Supplemental Resources in Development include:
  - Note-taking & reflection sheets
  - Discussion Guides
  - •Glossary
  - **oResource List**





	<b>VISION</b> Longer-term definition of success	obstetric and gynecologic care are treated equitably and respectfully, in service of						
g			Our initial focus will be maternal and reproductive health					
strategy	<b>AMBITION</b> Medium-term definition of objectives and success	Our ambition will expand over time to other areas of obstetric and gynecologic health, and other health care professionals						
Overarching st		ENTS	Increase obstetrics and gynecology patients' trust in clinicians to treat them equitably and respectfully	BSTETRICIAN-GYNECOLOGISTS	Increase obstetrician– gynecologists' understanding of the importance of adopting anti-racist tools	OUTCOMES	Decrease the racial disparity in obstetric and gynecologic maternal health and reproductive health outcomes	
	<b>OUTCOMES</b> Measurable impact	PATIE	An increase in bidirectional trust and equitable, respectful care	OBSTETRICIAN-G	An increase in adoption of anti-racist tools and beliefs of personal responsibility for addressing racism in medicine	CLINICAL O	A decrease in racial disparities in maternal and reproductive cancer mortality	



		Phase I (	2022–27)			Phase II (2024–27	7)	
		Lifelong learning	Inclusive excellence	Research and scholarship	Policy and advocacy	Community care models	Metrics and measurement	Clinical outcomes
Initiatives	SEVEN KEY PILLARS Strategic focus areas	Develop an anti-racism framework to engage obstetrician—gynecologists and other health care professionals in this work  Provide obstetrician—gynecologists with tools to incorporate anti-racist and culturally humble care into practice	Increase ACOG membership and leadership from historically marginalized communities and cultivate an inclusive culture  Increase representation and inclusion at all levels of the professional journey for obstetrics and gynecology  DEIE Workgroup Recommendations	Promote research that is inclusive of historically marginalized communities (inclusion in authorship, topics, and study design)  Increase representation in editorial leadership	Encourage ACOG engagement with health policy advocacy Expand access to resources to support patient well-being (insurance, food, housing, and transportation)	Integrate and promote the inclusion of community-based sites of care and other health care professionals into the delivery of obstetric and gynecologic care  Promote models of integrated care to address whole patient needs (e.g., mental health and social services)	Develop metrics and tools to identify racism as a contributing factor in negative outcomes  Establish ways to measure and track respectful care	Establish clinical guidelines to address complications and risk factors that affect patients from historically marginalized communities  Incorporate principles of respectful care into patient safety bundles and hold facilities accountable

tion	ENABLERS	Collaboration	Change management	Metrics and measurement
Execution	Capabilities required across pillars	Strategic partnerships with ecosystem players	Framework for driving culture change	Method for tracking targets across pillars



#### CONSIDERATIONS

- Not an implicit bias training
- Continuous education and learning is necessary
- Collaboration required
- Multiple approaches needed



### ACCESS THE eMODULES



#### www.acog.org/education-andevents/emodules/respectful-care

#### **ACCME Accreditation**

•The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

#### AMA PRA Category 1 Credit(s)IM

• The American College of Obstetricians and Gynecologists designates this **enduring material** for a maximum of 1.5 **AMA PRA Category 1 Credits**<sup>TM</sup> Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **College Cognate Credit(s)**

• The American College of Obstetricians and Gynecologists designates this **enduring material** for a maximum of 1.5 Category 1 College Cognate Credits. The College has a reciprocity agreement with the AMA that allows *AMA PRA Category 1 Credits*™ to be equivalent to College Cognate Credits.



# THANK YOU!





## Additional Resource Options



AIM does not endorse one particular resource for any topic.

The content of this presentation should not be construed as explicit endorsement.

As such, the following are presented as existing resources and are to be used at your discretion.



## **Additional Resource Options**

## National Institutes of Health

Resource	Туре	Cost
NIH Implicit Bias – Full Course	On-demand online course	Free
NIH Implicit Bias – Refresher Course	On-demand online course	Free
Scientific Workforce Diversity Seminar Series	Webinars, events	Free

# American Academy of Family Physicians

Resource	Туре	Cost
Anti-Racism: Tools for Change	On-demand online course	Paid
<u>Implicit Bias Resources</u>	Training guides	Free for members
Health Equity for EveryONE	On-demand online course	Paid
More at The EveryONE Project	Toolkits, Resources, CME	Varied

## Centers for Disease Control and Prevention

Resource	Туре	Cost	
Hear Her Campaign for Healthcare Professionals	Resources, tools, campaign	Free	
<u>Hear Her Clinical Tools and</u> <u>Resources</u>	materials	Free	

#### **March of Dimes**

Resource	Туре	Cost
Awareness to Action: Dismantling	On-demand online course	Paid
Bias in Maternal & Infant Healthcare	3-4 hour in-person class	Paid
Creating a Culture of Respect in the NICU	On-demand online course	Paid
Overheard: What We Say, What We Mean, and What Families Hear	On-demand online course	Paid



## Resources, continued

## U.S. Department of Health and Human Services

Resource	Туре	Cost
Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care	On-demand online course	Free

## National Birth Equity Collaborative

Resource	Туре	Cost
Birth Equity Assessment	Organization assessment	Paid
Birth Equity Foundations,  Deconstructing Bias, and Respectful  Maternity Care	Training series	Paid

#### Association of Women's Health, Obstetric and Neonatal Nurses

Resource	Туре	Cost
Respectful Maternity Care Implementation Toolkit	Toolkit, resources	Paid

#### Family to Family Support Network

Resource	Туре	Cost
Respectful, Equitable Care Certification	On-demand online course	Paid
<u>Unique Families Program</u>	Curriculum, on-site	Paid



### Resources, continued

## U.S. Agency International Development

Resource Type Cost

Respectful Maternity Care Toolkit

Toolkit, resources

Free

# Institute for Healthcare Improvement

Resource Type Cost

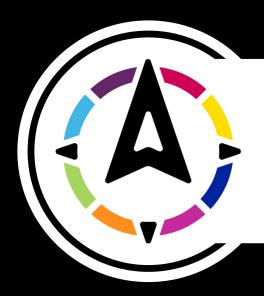
Leadership for Health Equity Program On-demand online course Paid

## Michigan Department of Health and Human Services

Resource	Туре	Cost
Health Equity, Implicit Bias, Stigma and Antiracism	Resource listing	Varied

#### US HHS Office of Minority Health

Resource	Туре	Cost
Fundamentals of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care	Presentation	Free



# How did you find us?





## **Upcoming TAP Webinars**

Register at saferbirth.org under Resources > Events

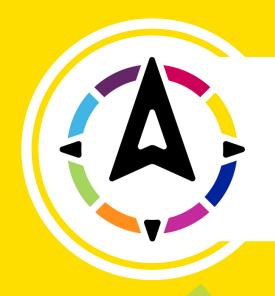
How to Develop Policy to Sustain Quality Improvement Initiatives

July 20, 2023 at 3 PM ET



Colleen Reilly





# {A} Thank you!

The recording will be emailed to all attendees once ready

Any questions about this webinar or the series can be sent to AIM@acog.org

AIM will also post the recording on our website, saferbirth.org

Remember to register for upcoming Webinars!