



Designation Levels for Commitment to Improving Maternal and Infant Care

The designation levels are based on meeting the milestone criteria per established frequency over a 12-month period (starting with the April 2023 through March 2024 implementation year). Designations will be initiative-specific, so milestones cannot be “mix-and-matched” if a site is participating in multiple initiatives. Designation recognition will include a PA PQC banner, a graphic for sites to display on their website, and a listing on the PA PQC website celebrating the hospital’s achievement.



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community, *with a proven commitment to health equity and patient participation in their quality improvement work.*

Criteria: QI Participation, Patient Voice, AND Health Equity



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community, *and are dedicated to incorporating patient voice or health equity in their quality improvement work.*

Criteria: QI Participation plus EITHER Patient Voice OR Health Equity



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community.

Criteria: QI Participation

Designation Criteria:

QI Participation: Meet milestones listed below and maintain a minimum of two “qualifying quarters” for the same initiative during the designation year (April 2023 – March 2024). A “qualifying quarter” is defined as a single quarter in which milestones 2-4 are all met for a specific initiative.

Patient Voice: Show proof of including lived experience voices in quality improvement work by participating in one or more community and patient partnership interventions. (See list below of patient voice and health equity intervention examples).

Health Equity: Show proof of health equity interventions in quality improvement work that demonstrate a commitment to narrowing the equity gap. (See list below of patient voice and health equity intervention examples).



Milestone	Activity <u>Per Initiative</u> Joined	Frequency	Due Date
Milestone 1*	Depending on which learning sessions are offered during a particular calendar quarter, attend: <ul style="list-style-type: none"> ➤ The In-Person Annual Meeting on May 4 ➤ The Regional Virtual Meeting (if there is a virtual session for your region offered in the quarter) ➤ At least one Virtual Meeting in Q4 2023 ➤ At least one Virtual Meeting in Q1 2024 	Quarterly	See the Events Page for the list of learning sessions
Milestone 2*	Submit a Quality Improvement (QI) Report Out , showing work related to implementing Key Intervention(s)	Quarterly	July 31, 2023 October 31, 2023 January 31, 2024 April 30, 2024
Milestone 3*	Complete a PA PQC quarterly survey	Quarterly	July 31, 2023 October 31, 2023 January 31, 2024 April 30, 2024
Milestone 4*	Submit aggregated data for a PA PQC process or outcomes measure(s) through Life QI	Quarterly	July 31, 2023 October 31, 2023 January 31, 2024 April 30, 2024
Milestone 5	Communicate and celebrate your team's impact in the PA PQC within your hospital and community	Annual (once)	April 30, 2024

*Teams must meet milestones 1-4 for a single initiative during the same quarter to have a “good quarter”. Two “good quarters” for a specific initiative are the minimum requirement during the designation period to be eligible.

Health Equity and Patient Voice Reporting:

- Work with your QI coach to determine an eligible intervention (see list below of patient voice and health equity intervention examples) to meet the health equity or patient voice criteria.
 - Needs to be *actively* worked on during the designation period.
- If you would like to be considered for Silver or Gold level designation, you will need to turn in a **plan** (see template below) for your equity and/or patient collaboration intervention to your coach by **June 30, 2023** and show proof of your equity and/or patient collaboration intervention through a **survey*** by **March 30, 2024**. Proof will be evaluated by PA PQC staff based on the plan to determine that QI work meets criteria.

*Additional details regarding the survey will be forthcoming.



Examples of Equity Interventions:

Addressing Health Equity Training for Nurses and Providers

Provider training includes physicians and advance practice providers. Examples of some of the required training elements may include:

- Identification of disparities in care and how disparity impacts maternal and infant health outcomes;
- How to decrease health disparities at the interpersonal and facility levels;
- Historical sources of health disparities;
- How to effectively communicate and establish transparency across identities, including racial, ethnic, religious, geographic, and gender identities;
- Case studies that highlight the impact of health disparities and how they might be addressed.

Optimize Unit and Organization for Health Equity

Examples of some of the required elements:

- Facility- and system-level performance indicators are disaggregated by race/ethnicity and other relevant indicators and are shared with staff and community;
- Unit performance measures are disaggregated by race/ethnicity and other relevant categories and are shared with providers and staff;
- Facility has written, internal structure for addressing issues related to health disparities;
- Staff job descriptions and competencies include expectations related to health equity and disparities;

Implement Validated Tool to Measure Respectful Care

Completion of one of the following respectful care assessments, in its entirety/unedited, by a percent of birthing persons and subsequent tests of change identified by PAPQC team. Examples include:

- Mothers Autonomy in Decision Making Scale
- Mothers on Respect Index
- Mistreatment Index

Implement Equity Pause During Multidisciplinary Debriefs

An “equity pause” is a designated time to pause during debriefs to directly ask about issues related to equity and bias.

Use Data Stratification to Improve Health Disparities

Stratifying data by race and ethnicity is one way of ensuring processes are applied equitably and that those processes result in equitable outcomes. Data stratification itself is not equity, but using stratified data to make strategic decisions, develop tests of change, and address inequities is. Facilities must:

- Report stratified race/ethnicity data for all process measures allowed through Life QI;
- Review data with facility leadership and/or senior sponsor at least quarterly;
- Share stratified data with providers and staff at least quarterly;
- Develop a plan to address inequities identified through stratification process;
- Develop a plan to share stratified data with patients and the community you serve.



Examples of Patient Voice Interventions:

Patient Voice Involvement with Staffing

Examples might include:

- Facility has a budget for compensating those with lived experience for their time and a process in place for prompt payment.
- Facility has specific job descriptions for those with lived experience
- Facility includes patient voice in hiring process for key roles in organization

Mechanism for Patients/Family to Provide Feedback that Leads to Tests of Change

Options could include follow-up phone calls after discharge or patient satisfaction survey. Additionally, those with lived experience could sit on work groups, committees, or attend regular meetings of the quality improvement team.

Staff Training in Family-Centered Care

Examples of some of the required training elements:

- Patients are partners in their decision-making with healthcare providers and staff;
- Delivery of reliable, evidenced-based patient education;
- Transparency between nurses/providers and the pregnant person and their family/partner;
- Birth parents and babies should stay together (rooming in);
- Labor support encouraged (doula, freedom of movement, birthing plan);

Optimize Unit and Organization for Patient Partnership

Examples of some of the required elements:

- System in place for leadership to seek input from staff and community and integrate feedback into decision-making;
- Facility has written, internal structure for addressing incorporation of patient voice



PA PQC Health Equity and Patient Voice Intervention Plan Template

Hospital site: Click or tap here to enter text.

Person completing this form: Click or tap here to enter text.

Contact information: Click or tap here to enter text.

Choose one:

1. What intervention will your team be focusing on? Click or tap here to enter text.

2. What is your SMART goal? (*specific, measurable, achievable, relevant, timebound*) [more info here](#)

Click or tap here to enter text.

3. Why is this an important focus for your team? Click or tap here to enter text.

4. What skills and resources are required to achieve the goal? If they are not currently available, how can you obtain them? Click or tap here to enter text.

5. Who will be involved? Click or tap here to enter text.

6. What actions/steps will you take to accomplish your goal? Click or tap here to enter text.

7. How will you measure success? Click or tap here to enter text.