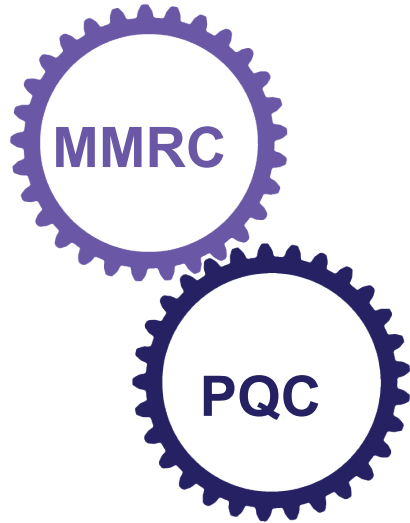




Patient Care Communication Sprint Series: Kickoff

PA PQC Virtual Learning Session
October 14, 2026

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hour is approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards' (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credit.**

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

Learning Objectives

- Describe the rationale and goals for the Patient Care Communication Sprint Series
- Define respectful communication strategies for familial care

Agenda

- 1. Welcome & Overview of the Sprint Series – Jennifer Condel**, SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
- 2. Defining Respectful Maternity Care for Families – Karena Moran**, PhD, Improvement Optimization Advisor, Geisinger Health System, NEPaPQC Manager and PA PQC QI Coach
- 3. Understanding Your Current Condition: Planning Phase of QI – Jennifer Condel**
- 4. PA PQC Healthcare Teams Peer-to-Peer Sharing: Understanding and Experience with Respectful Maternity Care – Kristen Brenneman**, MSN, RNC-NIC, Women's Health Program Specialist and PA PQC QI Coach, Jewish Healthcare Foundation
- 5. Wrap-up & Next Steps – Hadar Re'em**, MPH, MSW, Program Associate and PA PQC QI Coach, Jewish Healthcare Foundation

Overview of Sprint Series

JENNIFER CONDEL, SCT(ASCP)MT, SENIOR PROGRAM
MANAGER, PERINATAL HEALTH, JEWISH HEALTHCARE
FOUNDATION

Patient Care Communication Sprint Series

October – December 2026



Goal: Improve respectful communication approaches with patients and families experiencing postpartum discharge transition, depression, or substance use during the perinatal periods.

1

Kickoff

October 14, 2026



Setting the Stage for Patient Care Communication

- Welcome & Sprint overview
- Defining respectful maternity care
- Understanding your current condition
- Identify team focus and assemble a multidisciplinary QI team

2

Check-in #1

October 28, 2026



Applying Respectful Maternity Care Practices

- Peer-to-peer learning
- Scenarios of respectful and disrespectful family communication
- Identify communication gaps
- Action planning tools

3

Check-in #2

November 10, 2026



Tools and Templates

- Peer-to-peer learning
- Evaluation metrics for PQC initiatives
- Tools to support communication strategies
- Scenarios of respectful and disrespectful family communication

4

Technical Assistance

November 18, 2026



Open Forum

- Share successes and challenges
- Ask questions
- Get support to develop your plan for incorporating respectful communication strategies within your PQC QI project

5

Final Sprint Series Check-in

December 2, 2026



Lessons Learned and Next Steps

- Peer-to-peer sharing
- Troubleshooting barriers
- Identify next steps for patient care communication QI work
- Sprint assessment



Assessment



Planning



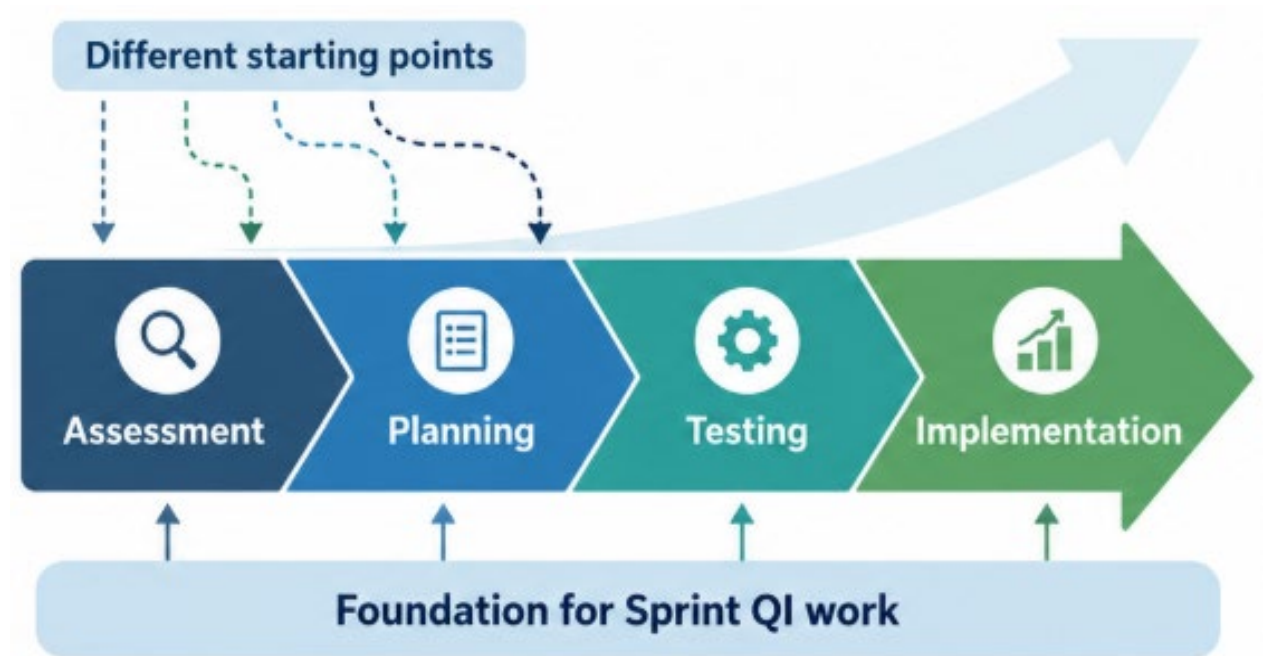
Testing



Implementation

Sprint Series: Building QI Readiness and Momentum

- **Create a foundation for QI work** by identifying baseline and next steps
- Support teams **at different stages of readiness**
- Promote **progress through the QI process** based on each Team's needs
- **Build readiness and momentum**, not require completion
- The goal is to advance QI work, **not to finish a full project by the end of the Sprint series.**





Defining Respectful Maternity Care for Families

KARENA MORAN, PHD, IMPROVEMENT OPTIMIZATION
ADVISOR, GEISINGER HEALTH SYSTEM, NEPA PQC
MANAGER, AND PA PQC QI COACH

The Why

- 60% of respondents reported untreated mental health symptoms during pregnancy
- 26% of respondents were not treated with respect
- 40% did not feel heard or listened to
- 36% were not involved in care decisions

"Hospital staff felt so smooth and in rhythm with their procedures that I didn't have the space to ask for what I wanted."

"I was told I could not keep on a scarf/hijab for safety reasons."

"...I felt unprepared for recovery from major surgery while also caring for a newborn, as the focus was solely on my baby's care."

"I did not feel as though my concerns were heard or validated..."

"My emotional distress was initially dismissed as just 'baby blues,' which delayed my getting help for postpartum depression."

"I needed more mental health help."

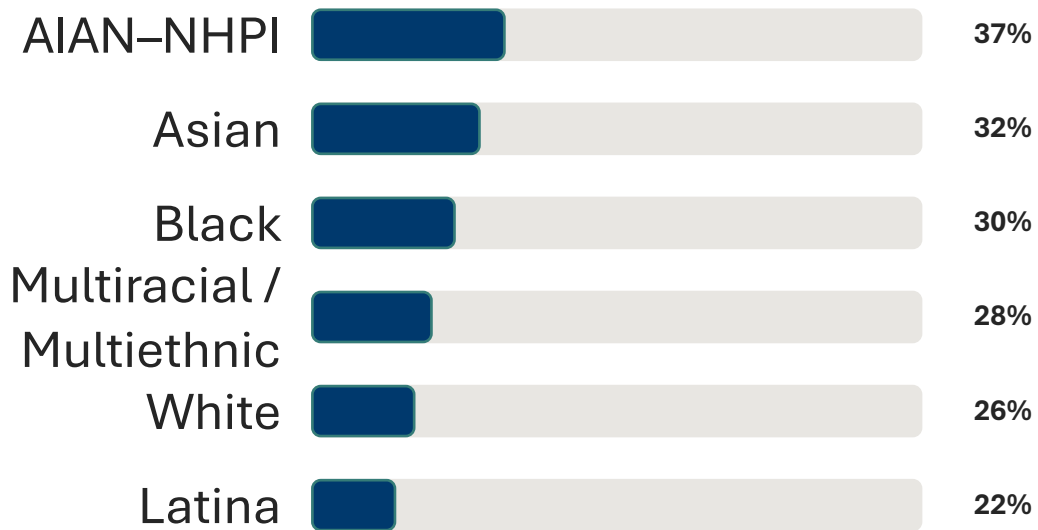


Respectful communication is NOT experienced equitably

Data shows gaps in listening, shared decision-making, consent, and cultural respect.

DISAGGREGATED VIEW

Customs & culture were not always respected



Note: Race/ethnicity differences in the cultural-respect item **were not statistically significant in this analysis.**

A statistically significant disability gap

35% with a disability vs. **26%** without a disability reported customs/culture were not always respected; “never respected” was 7% vs. 2% ($p < 0.05$).

7% of all respondents reported feeling discriminated against during their childbirth hospitalization

Most cited reasons among those reporting discrimination

- **Race** (29%)
- **Age** (23%)
- **Ethnicity** (19%)
- **Insurance status** (15%)

QI implication: Measure respectful communication consistently—and disaggregate results so gaps are visible and actionable.

What is Respectful Maternity Care?

NICHQ definition

Respectful maternity care is an approach to care that honors the **dignity, autonomy, personhood** and **individual preferences** of women giving birth.

It aims to prevent disrespect and mistreatment in healthcare systems and provides a practical framework informed by principles of dignity, respect and high-quality care.



DIGNITY

Recognize each person's inherent worth



AUTONOMY

Honor the patient's right to make decisions



PERSONHOOD

See and care for the whole person



PREFERENCES

Center individual needs, values and choices

In practice, respectful maternity care means patients feel safe, heard, informed and meaningfully involved in decisions throughout the maternity journey.

Respectful Maternity Care

5 Domains

- Dignity
- Communication
- Autonomy in Decision-Making
- Informed Consent
- Accountability

Source: NICHQ Respectful
Maternity Care Toolkit



Creating a Culture of Respectful Maternity Care

Providing practical strategies for clinicians, care teams and health system leaders to strengthen respectful, patient-centered maternity care.



NEW
TOOLKIT

The National Institute for Children's Health Quality (NICHQ) developed this resource in March 2026. We acknowledge and appreciate the expertise provided by the NICHQ Respectful Maternity Care Toolkit Workgroup Members.

Communication: Practices for Clinical Teams

Choose ONE focus area to test, learn from, and refine during the Sprint

Debrief with Families After Major Clinical Events

Why it Matters

Patients/families provide critical perspective for learning and actionable follow-up

Start With

Choose a standard debrief tool, then define when debrief occurs, who participates, and how soon it happens

QI Test Idea: Test one debrief trigger and track completion, timeliness, and follow-through on actions.

Ex: TeamSTEPPS. CMQCC. ACOG. AWHONN debrief tools

Normalizing Patient Participation in Team Conversations

Why it Matters

Make pregnant and postpartum people and families routine contributors in care conversations

Starts With

Build participation into rounds, huddles, hand-offs, and care planning by inviting questions, concerns, goals, and preferences

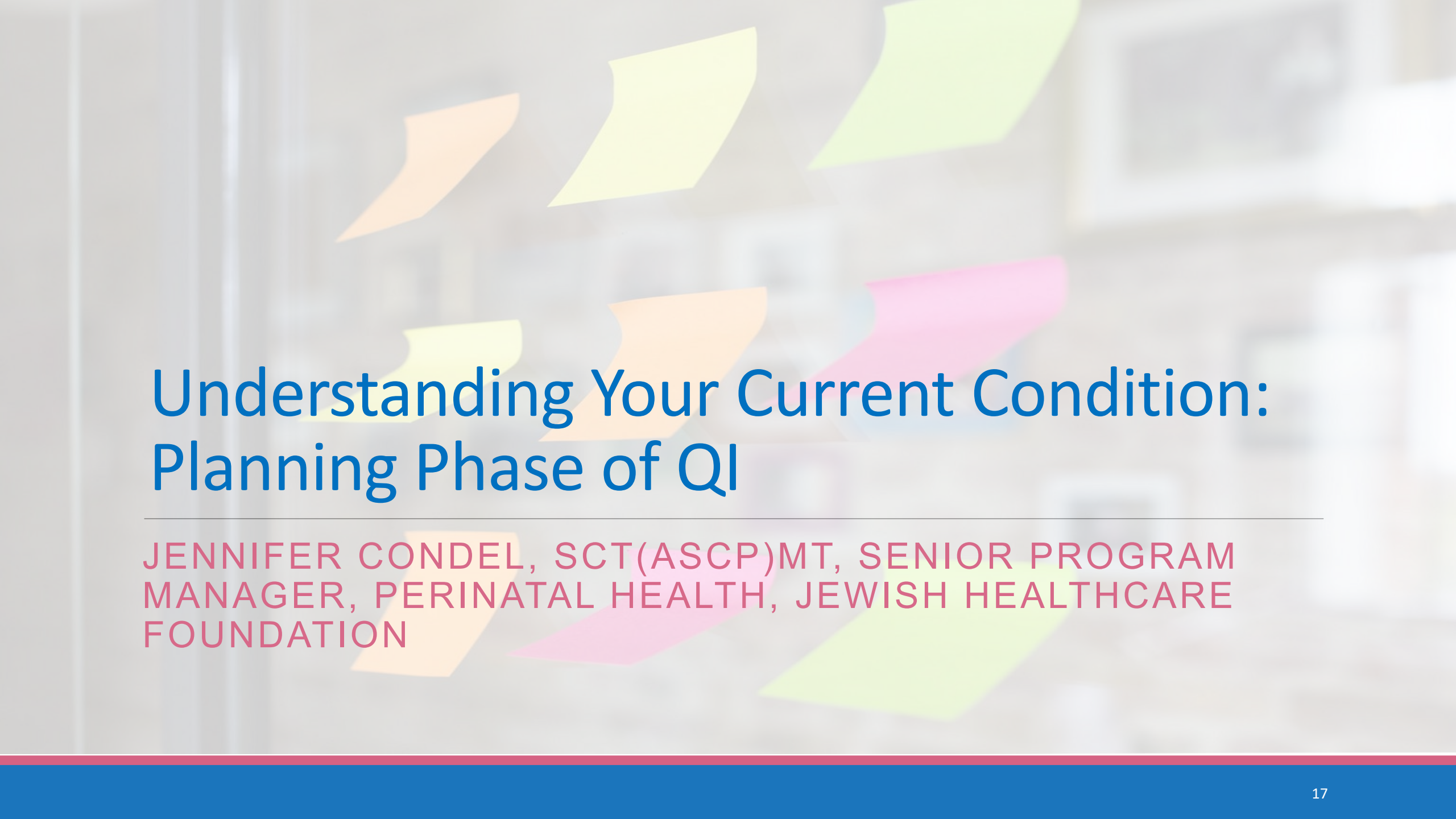
QI Test Idea: Test one standard question or handoff prompt by inviting questions, concerns, goals, and preferences

Build into standard work: rounds. huddles. handoffs. etc.

Understanding and Experience with Respectful Maternity Care

1. Looking at the progression arrow, where would you place your PA PQC team?
2. Does your PA PQC Team have experience applying a Respectful Maternity Model of Care (e.g., AWHONN, TeamBirth)?
 - If yes, what resource(s) have you used?





Understanding Your Current Condition: Planning Phase of QI

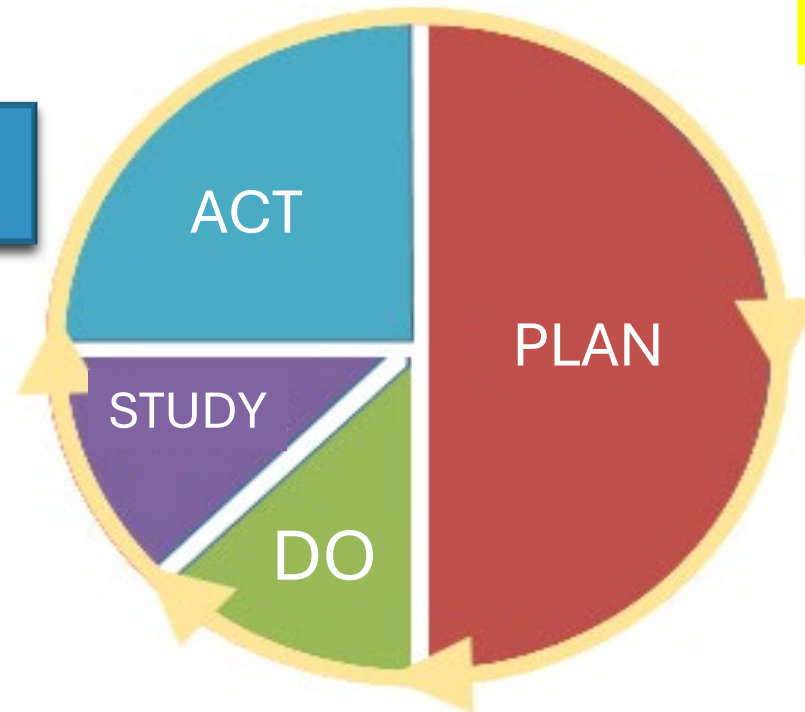
JENNIFER CONDEL, SCT(ASCP)MT, SENIOR PROGRAM
MANAGER, PERINATAL HEALTH, JEWISH HEALTHCARE
FOUNDATION

Document Your QI Work:

PLAN - DO - STUDY - ACT

- **Act based** on what you learned
- Adopt, Adapt, Abandon

- Review the test
- **Analyze results**
- Assess learnings



- Identify your goal
- Understand the **current state**
- Design experiment/interventions
- Identify metrics
- Predict results

- Test the change
- Carry out a **small-scale experiment**
- Collect data

Why is a baseline important?

Establishes a starting point

Helps set realistic goals

Identifies gaps, strengths, and opportunities

Informs tailored support

Tools to Assess Baseline Data

Understand the current state by combining direct observation with data from surveys

Direct Observation

Use a structured tool and standardized checklist to observe patient care interactions and the percentage of desired current practice

Observation Form

Site: _____
Observation: _____

Date: _____
Observer: _____

TIME (of Activity)	LOCATION (where activity occurred)	ACTIVITY (what activity was observed-just the facts)	OTHER (follow up questions, reflections from staff in observation)

Use Existing Data

Existing sources can provide a strong baseline and identify priority focus areas and gaps

Staff Survey

Team Perception, communication practices, improvement opportunities, readiness

Press Ganey, HCAHPS

Patient experience results that can surface communication strengths & gaps

PQC Data Surveys

Initiative-specific measures that can establish a starting point & track progress

AWHONN Respectful Maternity Care Resource



AWHONN's Respectful Maternity Care (RMC) Designation

The Respectful Maternity Care (RMC) Designation is a national recognition program by AWHONN for hospitals and birthing centers that demonstrate a sustained commitment to respectful maternity care.

To learn more about the program, visit awhonn.org/respectful-maternity-care/designation.

Take the RMC Readiness Assessment Tool

First Name:

Last Name:

Title:

Company Name:

Email Address:

Take the Assessment



Respectful Maternity Care Readiness Assessment Tool

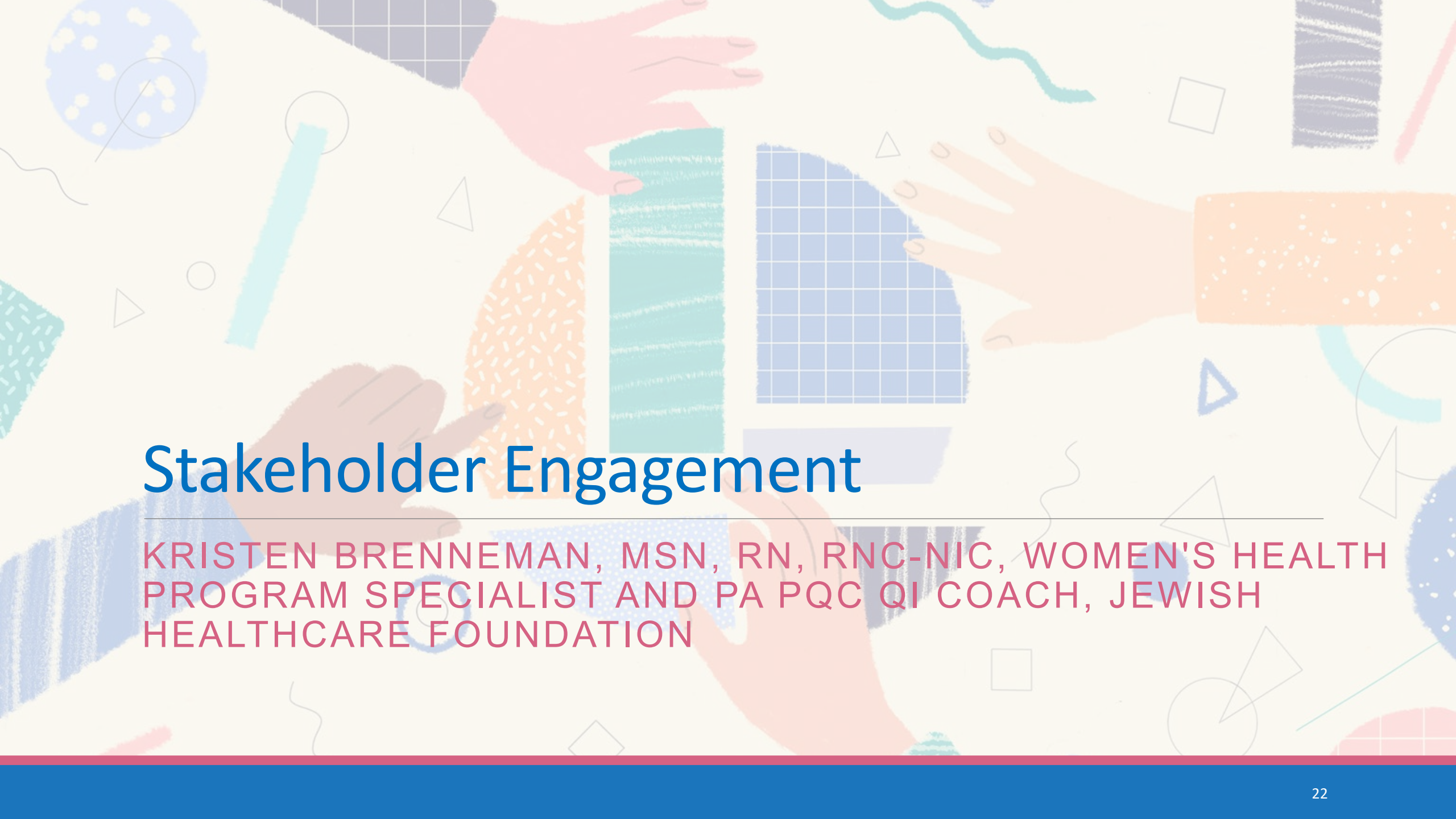
Use this tool to systematically assess readiness to implement and sustain Respectful Maternity Care (RMC) across your facility's leadership, culture, education, policy, accountability, and patient care outcomes.

Scoring: Yes = 2 points, Not sure = 1 point, No = 0 points. After completing the assessment, review items scored "0" or "1" to identify priority areas for action and opportunities to strengthen organizational readiness.

Assessment Question	Yes (2)	Not Sure (1)	No (0)
Confirm Commitment			
Have executive leaders (CEO, CNO) formally committed to RMC?	☐	☐	☐
Are women's service line administrators engaged and supportive?	☐	☐	☐
Are nursing team members committed?	☐	☐	☐
Are providers (OB, midwives, pediatricians, anesthesiologists) committed?	☐	☐	☐
Is RMC incorporated into the facility's mission, vision, and strategic plan?	☐	☐	☐
Assemble Team			
Has an interdisciplinary RMC implementation team been established?	☐	☐	☐
Are RMC champions identified across disciplines and levels?	☐	☐	☐
Has the team created shared guiding principles or a charter?	☐	☐	☐
Are patient/community representatives included on the team?	☐	☐	☐
Relate Readiness			
Have organizational strengths and gaps for RMC been identified?	☐	☐	☐
Does the facility stratify maternity/infant data to align with the organization's demographic populations?	☐	☐	☐
Does the facility create action plans to reduce differences identified in data?	☐	☐	☐
Are situational barriers (resources, staffing, competing initiatives) identified?	☐	☐	☐

Source: AWHONN (2022). Respectful Maternity Care Evidence-Based Clinical Practice Guideline. ©AWHONN.

Step 3 of AWHONN RMC Toolkit
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The background is a vibrant, abstract collage. It features several stylized hands in various colors (pink, orange, brown, blue) reaching towards the center. Interspersed among the hands are various geometric shapes: circles, triangles, squares, and rectangles, some with patterns like polka dots, stripes, or grids. The overall color palette is bright and cheerful, with a mix of pastel and more saturated tones.

Stakeholder Engagement

KRISTEN BRENNEMAN, MSN, RN, RNC-NIC, WOMEN'S HEALTH
PROGRAM SPECIALIST AND PA PQC QI COACH, JEWISH
HEALTHCARE FOUNDATION

Peer-to-Peer Discussion

What is your PA PQC team currently doing in the patient care communication space?

How have you engaged new staff to be involved in PQC QI work?

How have you identified champions in your PQC work?

Who are you planning to engage in your team and QI work outside of providers and nursing?

What ideas do you have for how you are planning to approach this work?

Identify Core Stakeholder Groups & Roles

Who needs to **approve** changes?
Who needs to **implement** them?
Who will **champion** the effort?
Who can **remove barriers**?

- **Frontline Staff:** Nurses, physicians, midwives, techs—those delivering or reinforcing education.
- **Unit Leadership:** Nurse managers, charge nurses—key for workflow changes and accountability.
- **Educators/Clinical Nurse Specialists:** May have existing tools or be able to support roll-out.
- **QI/Patient Safety Teams:** Can help align with ongoing priorities and provide support.
- **IT/EHR Analysts:** Needed if documentation processes or data collection are affected.
- **Interpreter Services & DEI Teams:** Ensure equity in education access for all patients.
- **Patients & Families:** To review delivery methods.

Engagement Strategies



Start **early and involve stakeholders** in planning—not just informing.



Use **champions** to build trust and peer influence.



Share **patient stories or staff feedback** to make the case emotionally compelling.



Tailor messaging to each group's interests (e.g., time-savings, safety, equity, experience).

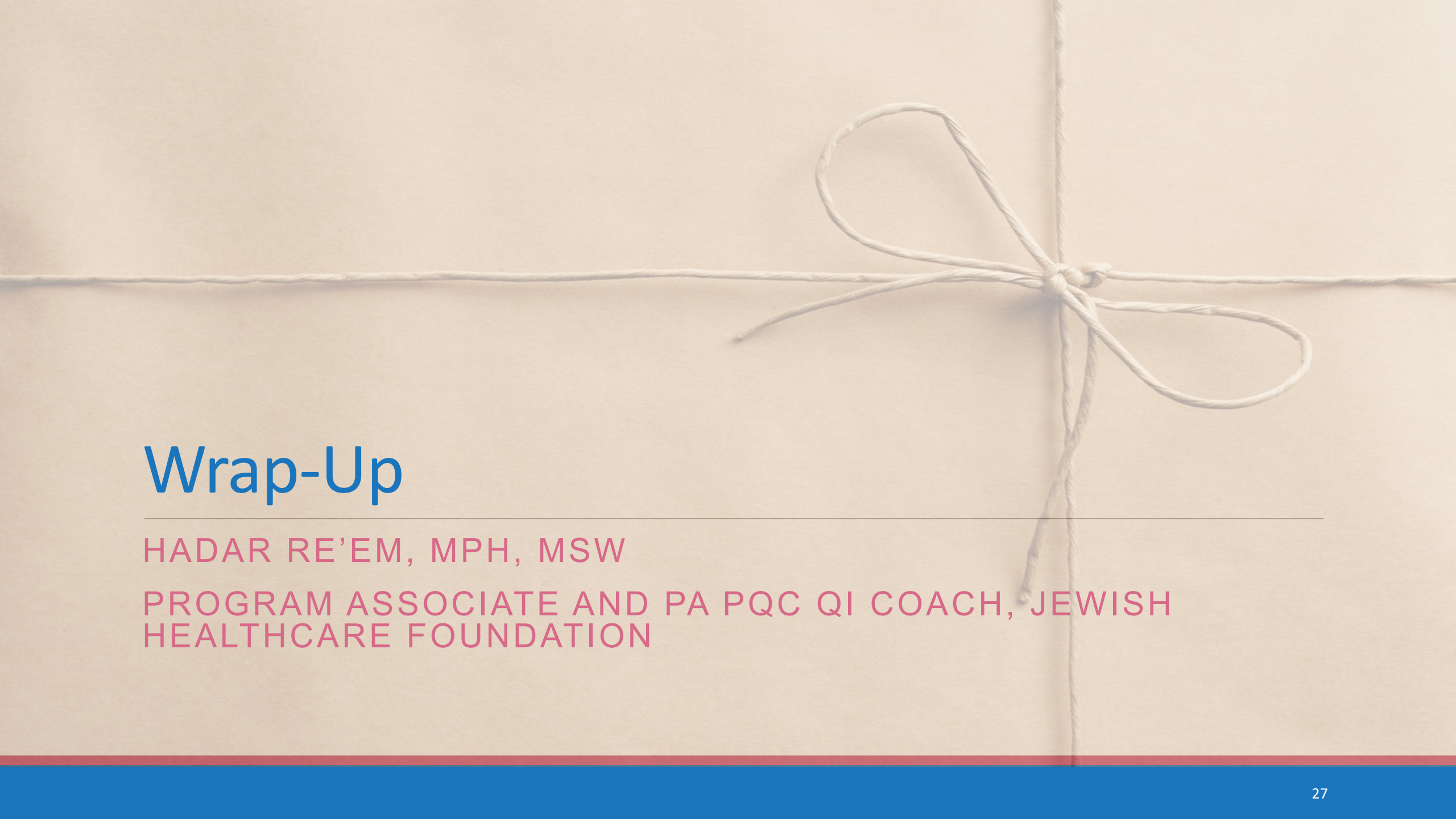
Tips for Success

ANTICIPATE & ADDRESS CONCERNS

- Time constraints and workload
- Skepticism or past failed initiatives
- Confusion around roles
- Limited training or unclear expectations

LEVERAGE WHAT ALREADY WORKS

- Tie into existing QI efforts, committees, or learning collaboratives
- Use daily huddles, staff meetings, and newsletters to keep people updated
- Celebrate quick wins and show data when available



Wrap-Up

HADAR RE'EM, MPH, MSW

PROGRAM ASSOCIATE AND PA PQC QI COACH, JEWISH
HEALTHCARE FOUNDATION

Resources for Deeper Dive

[Sprint One-Pager and Team Roster](#)

[NICHQ Respectful Maternity Care Toolkit](#)

[AWHONN Complimentary Baseline Assessment Tool](#)

[PA PQC December 2025 Learning Session: Supportive Communication After a Severe Maternal Event](#)

[Improving Diagnosis and Treatment of Obstetric Sepsis, V2.0 Toolkit \(2025\) and Appendices Resource List to communication sections](#)

[Postpartum Discharge Transition Change Package \(pg 22 Resources for after action review\)](#)

[National Partnership for Women & Families Listening to Mothers Report IV](#)

[National Partnership for Women & Families Listening to Mother Report III \(Referenced in PPDT AIM Bundle\)](#)

Action Item (What Will Happen)	By Whom (Team Member/Role)	Target Date	Status	Outcomes (Results/Barriers)

Action Items for After Session



Identify core team & key stakeholders



Begin observing current patient care communication practices

Review the AWHONN Organizational Readiness Assessment



Bring early findings, questions, and barriers to Check-in #1 on 10.28.26

Upcoming Sprint Sessions

OCTOBER 28, 2026

Check-in #1

11:00 a.m. – 12:00 p.m.

Zoom

NOVEMBER 10TH, 2026

Check-in #2

11:00 a.m. – 12:00 p.m.

Zoom

NOVEMBER 18, 2026

Technical Assistance

11:00 a.m. – 12:00 p.m.

Zoom

DECEMBER 2, 2026

Final Sprint Session

11:00 a.m. – 12:00 p.m.

Zoom



Learning Sessions 2027

Registration Open

DECEMBER 9TH, 2026

*Whole Person Care Consideration
in Discharge Planning*

11:00 a.m. – 12:00 p.m.

Zoom

JANUARY 13TH, 2027

*Applying Trauma-Informed Care
to Support Patients Experiencing
Intimate Partner Violence*

11:00 a.m. – 12:00 p.m.

Zoom

FEBRUARY 10TH, 2027

*Strengthening Prenatal & Postpartum
Depression Screening and Follow-up
Protocols*

11:00 a.m. – 12:00 p.m.

Zoom

REGISTER HERE



Learn about the
Initiatives

Access Session
Materials

Pennsylvania Perinatal Quality Collaborative

The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.

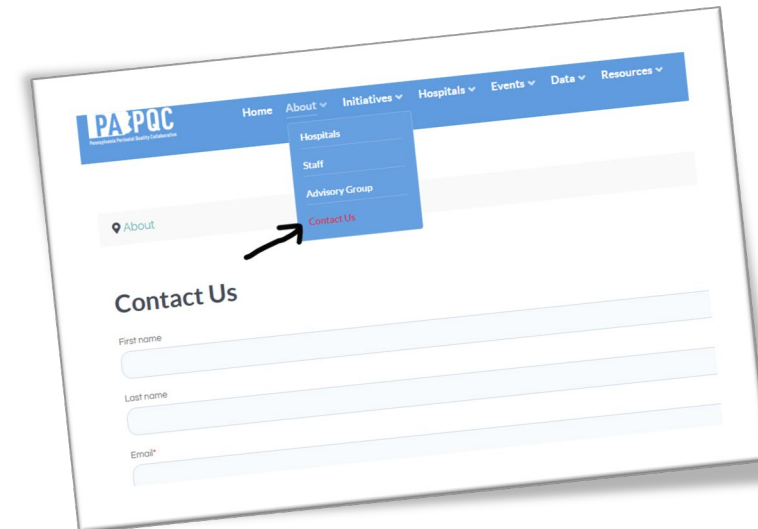
[REGISTER FOR SESSIONS](#)

<https://www.papqc.org/>

Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while?

- Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC.
- If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address.
- You can always reach us [here](#)



PA PQC Project Team: QI Coaches



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Specialist and QI Coach,
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Credentialing Guidelines:

PLEASE complete the electronic evaluations by Wednesday, October 21st:
<https://www.surveymonkey.com/r/V6D9SW2>

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits or a Certificate of Completion.
2. The UPMC Center for Continuing Education will follow up with you, via email, after Wednesday, October 21st to notify you about how you can claim your credits.
 - ☐ To prepare, you must create an account with UPMC CCE via this website <https://cce.upmc.com>. Please be sure to use the same email address for your UPMC CCE account and on your survey.
 - ☐ Please log in to the UPMC CCE site two weeks after the session to check for your credits. Credits cannot be issued after 30-days post-session



Thank You!



Pennsylvania Perinatal Quality Collaborative



Northeastern Pennsylvania Perinatal Quality Collaborative

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