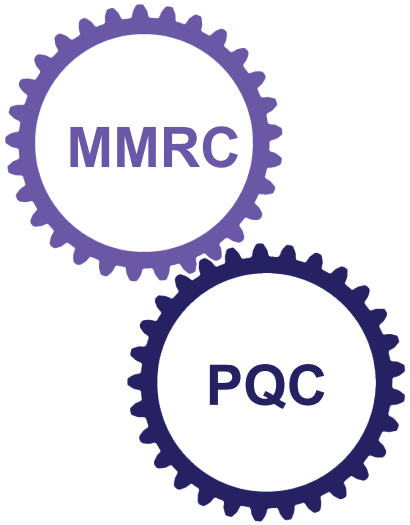


PA PQC

Pennsylvania Perinatal Quality Collaborative

Patient Care Communication Sprint Series: Check-in #1

PA PQC Virtual Learning Session

October 28, 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

- Discuss examples of respectful and disrespectful communication with patients and families
- Describe strategies to improve patient care communication and promote respectful care

Agenda

1. **Welcome & Key Learnings from Kickoff Session – Jennifer Condel,** SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
2. **PA PQC Healthcare Teams Peer-to-Peer Sharing: Current State of Respectful Maternity/ Familial Care –** Kristen Brenneman, MSN, RN, RNC-NIC, Women's Health Program Specialist and QI Coach, Jewish Healthcare Foundation
3. **Disrespectful and Respectful Familial Care Scenarios: Maternal – Jessica Miller,** MSN, CNM, RN, PA PQC Advisory Group Maternal Co-Chair
4. **Overviews: Respectful Care Communication Strategies –** Jennifer Condel, SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
5. **Wrap-up & Next Steps – Lisa Boyd,** BA, Program Specialist, Data Manager and PA PQC QI Coach, Jewish Healthcare Foundation

PA PQC
Pennsylvania Perinatal Quality Collaborative

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 disrepectful family commmunication
- 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 disrepectful family commmunication

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

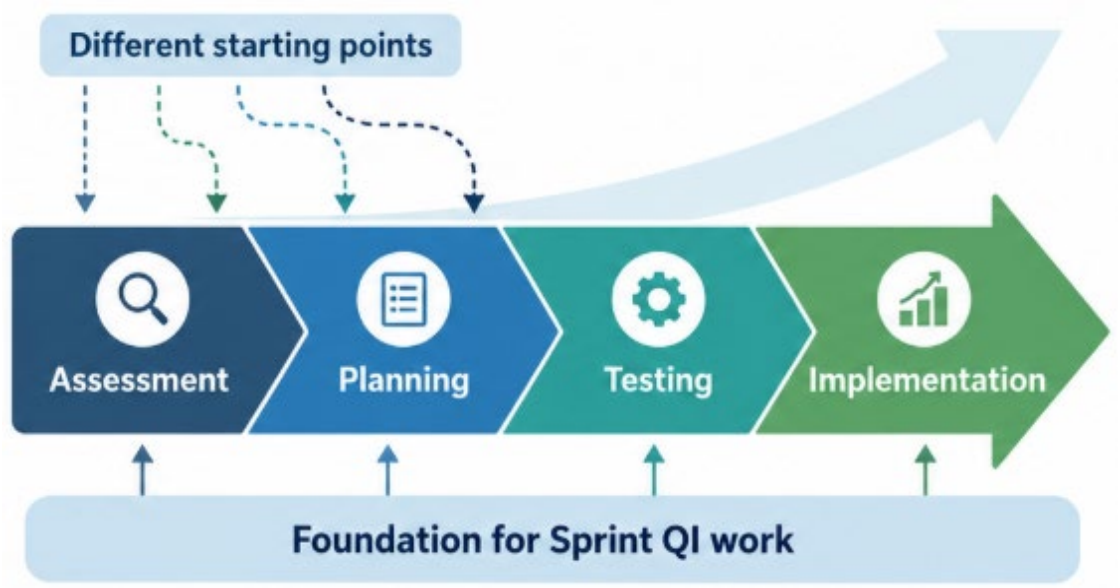
Lessons Learned and Next Steps

- 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.**



Key Learnings from the Kickoff

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

Sprint Kickoff Key Takeaways

RESPECTFUL MATERNITY CARE Care that upholds dignity, privacy, safety, informed choice, and continuous support.

40% **did not always feel heard or listened to**
Listening to Mothers IV (2026)

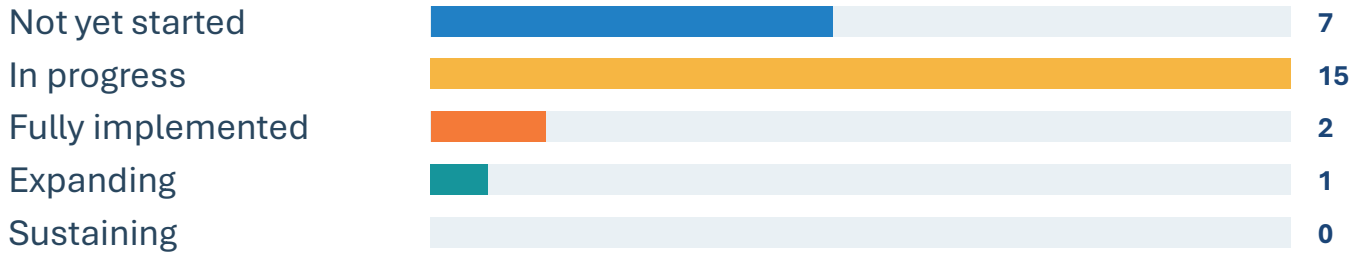
"Hospital staff felt so smooth and in rhythm with their procedures that I didn't have the space to ask for what I wanted."
Listening to Mothers IV (2026)

TWO QI OPPORTUNITIES

1. **Debrief with families**
   after major clinical events
2. **Normalize family & patient participation**
   in care-team conversations

WHERE TEAMS ARE STARTING

RMC readiness • 25 responding PA PQC teams



BASELINE DATA Observe communication; AWHONN tool; review patient/staff surveys, Press Ganey & PQC data.

STAKEHOLDER ENGAGEMENT Include patients, support people, frontline staff & multidisciplinary leaders.

RMC IMPLEMENTATION PROGRESSION

Not started yet → In progress → Fully implemented → Expanding → Sustaining

Since the Kickoff…



Peer to Peer Discussion

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

Peer-to-Peer Discussion

Did you talk with your team using the AWHONN Assessment tool about respectful maternity care(RMC)?

What barriers are you experiencing to starting the work?

For those who answered expanding or fully implemented, what opportunities did you utilize in your work, and how are you planning on building on existing efforts?

Disrespectful and Respectful Familial Care Scenario: Maternal

JESSICA MILLER, MSN, CNM, RN, PA PQC ADVISORY GROUP MATERNAL CO-CHAIR

Slides in this section pulled from National Institute for Children's Health Quality RMC Clinical Training Module

DISCLAIMER

The following clinical scenarios are **designed for training and reflection on respectful maternity care practices**. While these scenarios may differ from patient encounters you have personally experienced or observed, they **are based on real-world situations that do occur in clinical settings**. Some examples of disrespectful care **may seem obvious**, and other behaviors more subtle, but even **subtle actions or omissions can significantly impact a patient's experience, sense of safety and dignity.**

We encourage participants to focus on **identifying the disrespectful behaviors illustrated in the scenarios** and to reflect on how they can actively **incorporate the respectful practices demonstrated in the parallel scenarios into their daily clinical care.**

Developed March 2026 – NICHQ RMC Clinical Modules

DISCLAIMER

The patient featured in these examples is one specific case, but it is important to recognize that **patients of all backgrounds, identities and circumstances, including but not limited to race, ethnicity, language, age, socioeconomic status, immigration status, disability and sexual orientation, may experience disrespectful or inequitable care**.

The respectful care practices highlighted here should be **applied universally—to every patient, every time.**

The most effective way to ensure that all patients are receiving high-quality, respectful maternity care is to **routinely assess their experiences through validated patient surveys and/or patient-reported experience measures (PREMs)**. **Listening to and acting on the voices of patients is essential for building equitable, person-centered systems of care**.

Developed March 2026- NICHQ RMC Clinical Training Module

COMMUNICATION DOMAIN

Scenario 1: Disrespectful Care

COMMUNICATION: DISRESPECT

Setting:

- Labor and Delivery Triage, early evening

Characters:

- **Patient:** 29-year-old Black, Spanish-speaking woman named Sherice from the Dominican Republic, visibly in pain, full term, has Medicaid coverage for her health care.
- **Support Person:** Her cousin, who is also Spanish-speaking and who speaks limited English.
- **Triage Nurse:** English-speaking, does not speak Spanish.

COMMUNICATION: DISRESPECT

The patient walks in, holding her belly, breathing heavily with visible discomfort. She is accompanied by her cousin, who speaks limited English and stands close by, looking worried.


COMMUNICATION: DISRESPECT
Por favor...
me duele mucho...
Her name Sherice Rosario. She... much pain.
You need to tell me your name and what's wrong. Can you speak English? Hello?
Sorry, I only speak English—are you here for labor? You can wait over there for a moment.
Patient
Support Person
Triage Nurse

COMMUNICATION: DISRESPECT



The nurse passes a clipboard across the counter.

COMMUNICATION: DISRESPECT



COMMUNICATION: DISRESPECT

The patient sits in the waiting area, confused and in pain, while her cousin sits beside her, looking concerned. There is no further communication, reassurance or clear plan shared by the staff.



What disrespectful care practices did you observe in this scenario?

DISRESPECTFUL PRACTICES HIGHLIGHTED

- No introduction or use of names
- Avoids eye contact much of the time
- Prioritizes typing over engaging
- “We’ll see if we can find someone.” (Non-committal, dismissive about interpreter)
- Ignores visible distress
- Downplays support person’s request
- Uses polite but cold tone, conveying they’re an inconvenience
- Dismisses patient’s pain

COMMUNICATION DOMAIN

Scenario 2: Respectful Care

COMMUNICATION: RESPECT



The nurse holds up a hand, then uses the hospital phone to call for interpreter services.

COMMUNICATION: RESPECT



After a short wait, the interpreter is accessed through video.

COMMUNICATION: RESPECT

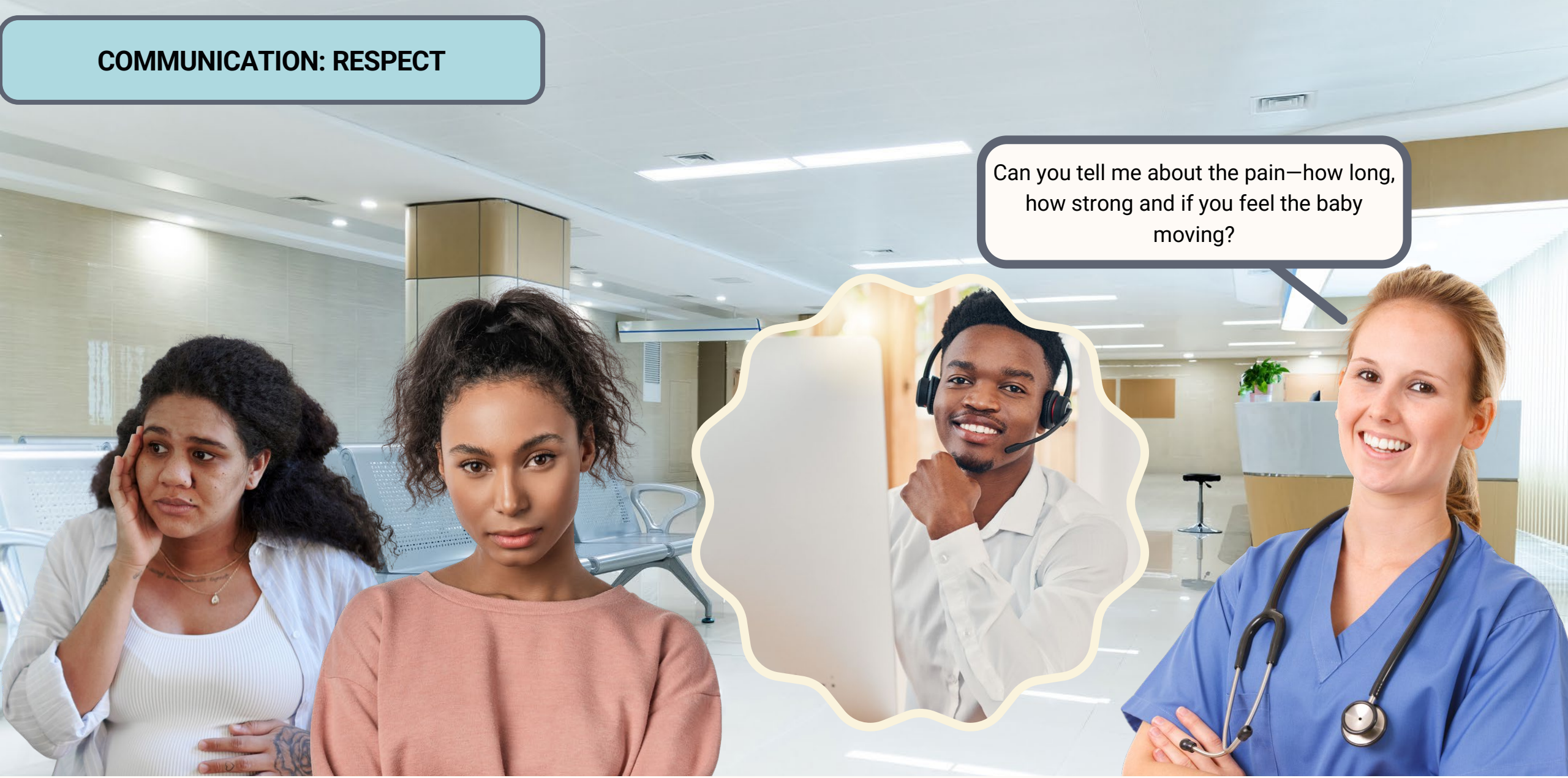
La enfermera quiere ayudarla y va a hacerle algunas preguntas para cuidar de usted y su bebé.

Can you please help translate? I want to make sure she feels safe and understands everything.



Video Interpreter

COMMUNICATION: RESPECT



Interpreter translates. Patient responds in Spanish. Nurse listens attentively, nods and reassures patient through interpreter.

COMMUNICATION: RESPECT



Patient visibly relaxes, feeling heard and respected. Care continues with clear, compassionate communication via an interpreter while maintaining eye contact with the patient.



What respectful care practices did you observe in this scenario?

RESPECTFUL PRACTICES HIGHLIGHTED

- Introduced self with name and role
- Used calm, reassuring tone
- Made eye contact and acknowledged the patient as a person
- Immediately responded to the request for an interpreter
- Used gestures to bridge the gap while waiting for interpretation
- Validated distress and communicated safety
- Included the support person appropriately

Overview: Respectful Care Communication Strategies

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

Communication is the foundation of respectful care

Clear, compassionate family conversations help patients feel informed, heard, and understood throughout their maternity journey.

Compassionate interactions

Use evidence-based verbal and nonverbal techniques to listen actively, communicate clearly, and respond with empathy.

Coordinated care teams

Strengthen communication among care team members to support consistent information, safer care, and better decisions.

Informed & engaged patients

Invite questions and shared decisions so patients feel respected, involved, and confident in their care.

THE IMPACT | **Greater trust** | **Better clinical decisions** | **Improved safety & outcomes**

Source: NICHQ Respectful Maternity Resource Guide

Strengthening Patient & Family Communication in Daily Care

PRACTICES + QUALITY IMPROVEMENT

Patient preferences, consent, privacy, language access, and equitable communication guide every step.

Individual clinicians

Family Debrief: Explain what happened in plain language; invite questions and preferred support people.

Family Care Conversation: Confirm patient priorities, use teach-back and ask whom the patient wants included in decisions.

Clinical teams

Family Debrief: coordinate follow-up debriefs after significant clinical events using a standard debriefing tool, capture patient questions, and provide closed-loop follow-up

Family Care Conversations: begin with patient/family priorities and invite families into huddles, bedside rounds, and care plans, start with patient priorities

QI test ideas

Family Debrief: Ask patient after a significant event whether they received a clear explanation and chance to ask questions

Family Care Conversations: Pilot a two-question bedside prompt: “What matters most today?” and “Who should join this conversation?”.

PA PQC applications

Substance use: Ask about recovery goals and preferred support; use nonjudgmental language

Depression: Discuss screening results, safety needs, and next steps with consent.

Discharge: Invite family questions and teach-back before transition home.

Source: NICHQ Respectful Maternity Care Toolkit

Resource Highlight: Stigmatizing Language Two-Pager

2. Ask without assumptions

Make screening a routine part of care; normalize sensitive screening by explaining that the same questions are asked of all patients. Use specific, neutral, nonjudgmental language that avoids assumptions about patients' behaviors, experiences, or circumstances and encourages honest, open communication.

Instead of...	Try...
"You don't use drugs, do you?"	"What substances, including alcohol, tobacco, or other drugs, have you used recently, if any?"
"Have you been taking your medications like you're supposed to?"	"How has taking your medication been going? Have you experienced any challenges?"
"Why didn't you come to your prenatal appointments?"	"Were there any barriers that made it difficult to attend your prenatal appointments?"
"You're not planning to breastfeed, are you?"	"What are your thoughts or preferences about feeding your baby?"
"Do you feel safe at home?" (without further exploration)	"How are things going at home? Is there anything about your relationships or living situation that you'd like support with?"

Embedding Communication Across Care Systems

PRACTICES + QUALITY IMPROVEMENT

Patient preferences, consent, privacy, language access, and equitable communication guide every step.

Clinical Leadership

Family Debrief: Establish a consistent standard for debriefs following major clinical events and workflows to support adoption.

Family Care Conversation: Support interpreter access, consent-based family inclusion, and patient feedback.

QI test ideas

Family Debrief: track debrief offer/completion and patient-reported understanding, stratified where feasible.

Family Care Conversations: Test a multidisciplinary discharge checklist that captures patient goals, chosen family involvement, and teach-back. Track checklist completion

Allied Health Professionals

Family Debrief: Reinforce debrief follow-up and connect families to support services

Family Care Conversations: Bring family goals into referrals, medication teaching, and transition planning.

PA PQC applications

Substance use: Embed person-first language and patient participation in SUD workflow audits

Depression: Create reliable response pathways and patient voice after positive screens.

Discharge: Standardize multidisciplinary discharge huddles that center patient goals

Source: NICHQ Respectful Maternity Care Toolkit

Resource Highlight: Free AWHONN Debriefing Toolkit

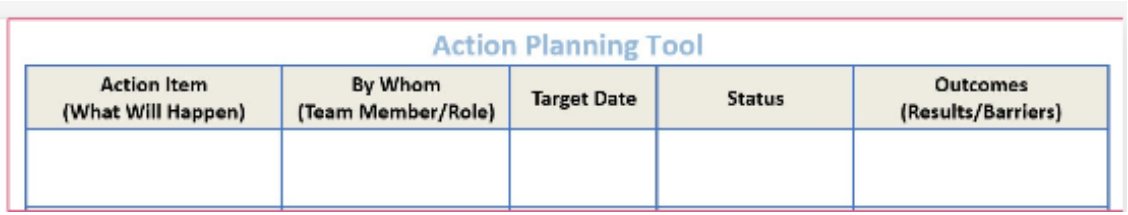
Post-Event Huddle with Patient (completed by one person or a small group providing direct care to patient who received training on huddles)	
Opening script: **Hi [Name]. I'm [Name], and my role is [plain-language role]. This is [Name], who [plain-language role]. We wanted to check in with you after what happened, hear any questions you might have, and see how we can support you. We can keep this brief if you like. Is now, okay?** ____ Yes ____No *If yes, provide 2-3 sentences of an objective review of what happened. Then proceed to the next section. *If no, ask, "Can someone come talk with you before discharge?" ____ Yes ____No If yes, ask "When would be a good time?" Time: _____ If no, leave next section blank and continue with team huddle.	
When you think back on what happened, what do you remember? (comment) Did you feel heard? ___Yes ____No Did the team explain what was happening? ___Yes ____No What questions do you have about what happened or what will happen next? ___Yes ___ No Did you feel valued and treated with respect? ____ Yes ____No Follow-up: If you'd like to share more, what helped you feel respected or supported, or what could have been different? How can we support you best? Some patients mention things like pain control, rest, lactation support, emotional support, follow-up information, or someone to contact with questions. ð Chaplain ð Social Work ð Mental health ð Case mgmt ð Lactation ð Other	Comment(s):
I'll make sure [person/team] follows up with you by [timeframe]." "There can be a lot to try and remember; I'm going to leave you with [resources] so you can have them available when you're ready."	
If the patient was unable to participate in a post-event huddle? why: ¨ intubated ¨ transfer ¨ other _____	

CONFIDENTIAL

Used with Permission: AWHONN (2026) excerpt of the Bedside Debriefing and Patient Huddle forms. Patient and staff debriefing toolkit. AWHONN© https://awhonn.org/resources-and-information/debriefing-toolkit/

Wrap-Up

LISA BOYD, BA, PROGRAM SPECIALIST, DATA MANAGER AND PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION



Action Items for After Session

- Identify core team & key stakeholders
- Begin observing current patient care communication practices
- Review the AWHONN Organizational Readiness Assessment
- Determine Patient Care Communication Strategy QI Focus
- Bring early findings, questions, and barriers to Check-in #2 on 11.10.26

Upcoming Virtual Sessions

NOVEMBER 10, 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

Finale

11:00 a.m. – 12:00 p.m.

Zoom



https://www.papqc.org/

Resources will continue to be added here throughout the Sprint Series

Patient Care Communication Sprint Kickoff Resources

The following resources were referenced at the October 14, 2026 Patient Care Communication Sprint Kickoff Session and are intended to guide healthcare teams in their implementation of respectful maternity care.

PA PQC Resources:

- PA PQC PCC Sprint Kickoff Two-Pager
- 10.14.26 PCC Sprint Kickoff Session Presentation
- 10.14.26 PCC Sprint Kickoff Session Recording
- PA PQC Patient Care Communication Team Roster Template
- PA PQC Presentation from December 11, 2025 on Supportive Communication After a Severe Maternal Event

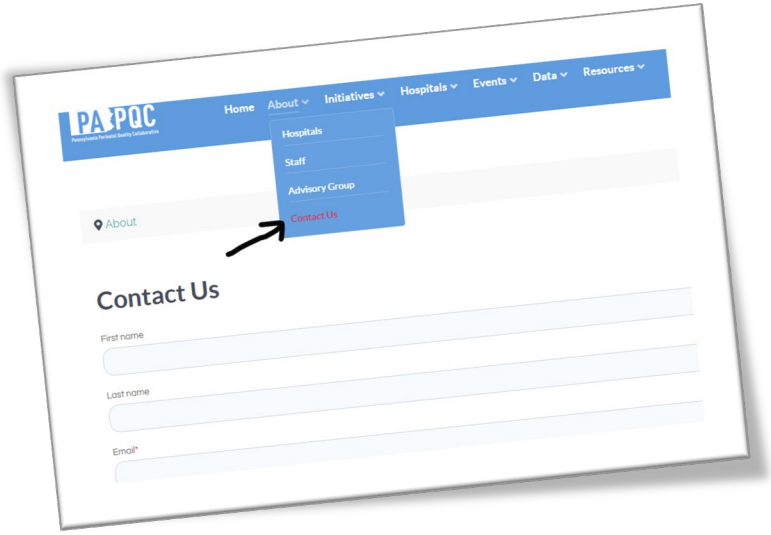
External Resources:

- Respectful Maternity Care (RMC) Readiness Assessment Tool (AWHONN)
- Downloadable Respectful Maternity Care Framework and Evidence-Based Guideline (AWHONN)
- NICHQ Respectful Maternity Care (RMC) Resource Guide
- CMQCC Sepsis Toolkit V2.0 (2025)
- 2025 AIM PPDT Change Package
- Listening to Mothers III Report
- Listening to Mothers IV Report

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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Credentialing Guidelines:

PLEASE complete the electronic evaluations by end-of-day, Wednesday, November 4th: https://www.surveymonkey.com/r/7SB8WS9

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, November 4th 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!





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