Patient-Centered Measurement:
Innovation Challenge Series

*Learning Collaborative 2018 Webinar*

*Thursday, February 8, 2018*
2017-18 Learning Collaborative Patient-Centered Measurement Webinar Series

Overview

- Share Principles for Making Health Care Measurement Patient-Centered
- Identify novel solutions through 2017 Innovation Challenge

Graphic courtesy of American Institutes for Research.
2017 Innovation Challenge
Winning Submissions

- Katharina Kovacs Burns, MSc, MHSA, PhD, Alberta Health Services
  Explores a strategy to engage patient and family advisors in gathering and analyzing patient experience data in real-time

- Saraswathi Vedam, RM, FACNM, ScD, MSFHR Health Professional Investigator, Birth Place Lab, University of British Columbia
  Describes the development and validation of patient-designed measures of autonomy and respect, as well as patient-reported items that capture mistreatment in maternity care

Today’s Presenters

- Katharina Kovacs Burns, MSc, MHSA, PhD, Alberta Health Services

- Saraswathi Vedam, RM, FACNM, ScD, MSFHR Health Professional Investigator, Birth Place Lab, University of British Columbia
Patient & Family Engagement in Measuring Patient Experience
A Unique Strategy for Real-time Data Collection to Guide Quality Improvement

Presenter: Katharina Kovacs Burns, MSc, MHSA, PhD
Alberta Health Services & School of Public Health, University of Alberta

Acknowledgements

- Patient/Family Advisors & particularly Marian George
- Lynette Lutes (Senior Program Officer, Quality & Healthcare Improvement)
- Clinical Quality Metric Staff – Tara Walsh (Executive Director), David Casey (Director), Maarit Cristall (Lead Analyst)
- Engagement and Patient Experience Staff – Deanna Picklyk (Director), Jennifer Rees (Lead Consultant EPE & Patient Family Advisory Group), & Collaborators/Advisors for project - Sarah Singh, Jessica Lamb Spence and Zone EPE Consultants (Sheila Smith, Chris Mayhew, Kait Cooper, Jason Gibson)
- Units at specific Hospital sites – patients & their families, staff and clinicians.
Overview

- Setting Context
- Our Patient-centred measurement challenge
- Our approach to addressing challenge
- Engagement of patients & families/caregivers
- Addressing Patient-driven priorities
- Challenges & surprises
- Lessons learned & applied
- Where we go from here....

Context - Alberta Health Services, Alberta, Canada

- Canada’s 1st and largest province-wide, fully integrated health system.
- Delivers health services to >4.2 million people
- 110,000 Staff + 8,000 Medical Staff
- 14,000 volunteers including patients/families
- Programs & services offered at >650 facilities across Alberta
Patient-Centred Measurement Challenge

Units/Sites not having the capacity (i.e. human resources, time, finances or other supports) for gathering, analyzing and using ‘real-time’ patient* experience data.

* Patient = patients/clients/residents and their families or informal caregivers

How Challenge Affects Patients/Families/Caregivers

- Do not have ‘real time’ patient experience data including concerns/complaints collected on units/sites
- Gap in understanding what can or needs to change quickly with patient care on units/sites to improve patient/family experiences.
- Delays in staff/clinicians addressing common or specific patient experience concerns on unit
- If only HCAHPS or big data exists, staff/clinicians may not know
  - about their data
  - have the time to search through this big data
  - which specific areas of care or practice are ranked by patients as needing improvements or changes
Patient-Centred Measurement Challenge for Staff/Clinicians

Lots of Big Data/Data Sources:

>90% of staff say:
“"I didn’t know we had this data ..."

"I don’t have time to dig through all of the data to find what I need for my unit!"

Most staff don’t interpret or use big data ... e.g. for quality improvement.

Staff say: "We need ‘real-time’ patient experience data ..."

but: "None of us on the units/sites have time to collect patient/family experience data in ‘real-time’?"

Our Approach to Addressing Challenge

Ideal but rare & unrealistic:

have a dedicated staff person at each site to visit patients/families on units and gather their experiences regularly, analyze and report to colleagues for planning improvement strategies

Proposed, promising strategy:

Train and utilize volunteer Patient or Family Advisors to:

- Gather experiences directly and in ‘real time’ from patients and families/caregivers (e.g. health care provided & interactions with health care providers on hospital units)
- Assist in analysis of data & findings Pre-Post quality/practice improvement intervention
Proposed Work

10 month Pilot study – urban & rural mix of sites/units
4 objectives:
1) develop a strategy with Patient/Family Advisors or Volunteers partnering with AHS site/unit staff to gather ‘real-time’ in-hospital patient/family experiences;
2) determine overall experiences of Advisors/Volunteers during the pilot, including (a) effectiveness of their training, & (b) their specific work with site/unit staff pilots;
3) determine site/unit staff perspectives & experiences with overall process, & having Advisors co-partner on pilots including suggested quality improvement interventions; and
4) Using pilot results, conduct a feasibility assessment regarding expansion of the proposed strategy/approach across sites/units within AHS.

Previous or Current Patient Experience to Learn From

Patient/Family Advisors
- Councils, Committees & initiatives related to patient experience

Central Alberta, Canada
- Patient Experience Advisors engaged former patients/families in Patient Rounding with staff

Unit specific example - Patient/Family volunteer
- worked with CQM and unit staff to design/select patient experience questions for online survey
- used iPad to gather & enter experiences from patients/families
- Involved in populating dashboard/poster for unit staff

Sprint pilot
- utilizing an APP with Imogene survey to have patients on two acute care units rate their care experiences; dashboard for units to analyze their own data.
Pilot Project Specific Steps/Methods

- Pilot recruitment (i.e. rural & urban units/sites & patient advisors)
- Orientation/Training
- Co-design Action Plan (Pre-post improvement intervention patient experience measurement), outcomes, deliverables & timeline
- Implementation steps:
  - Co-design of patient experience data collection measures/tool
  - iPad with Select Survey tool online
  - Data collection by Advisor/Volunteer (Real-time, pre-improvement intervention)
- Real-time data analysis – use of dashboard/poster presentation
- Staff huddle discussion of results
- Co-design of improvement strategy
- Follow-up patient experience data (Post-improvement intervention)
- Determine overall experiences of Advisors/Volunteers & Staff/Clinicians

Engagement of patients & families/caregivers in Proposed Pilot

- Patients/Families partner with staff/clinicians with goal to:
  - evaluate & improve healthcare delivery & patient experiences/outcomes
  - Co-design/develop project & patient experience tools
  - Gather, analyze and interpret real-time experience data
  - Identify real-time improvement strategies
  - Follow-up on ‘what difference’ improvement strategies had on experiences
What Patient-Driven Patient Experience Priorities will be addressed:

- Patient Expectations regarding care & care providers
- Patient concerns & complaints followed up as per Patient Relations
- Patient interests in 'real-time' interaction with unit staff/clinicians regarding their care
- Patients interest in how their experiences are gathered and used for quality & practice improvement

Ultimate Goal:
Using the Patient's Experience to Transform Healthcare.

Challenges & surprises

Challenges: Unknowns

• Advisors/Volunteers ongoing interest
• Staff/Clinician perceptions/experiences
• Feasibility & Sustainability

Surprises

• The huge initial interest by Patient/Family Advisors and Volunteers
• Unit Staff identifying this need & opportunity for real-time ‘fast’ data

Lessons learned & applied

Patient experience measurement is of interest to not only patients/families but also staff/clinicians, and organizational leaders.

Gathering ‘real-time’ patient experience data requires innovative approaches

Patient/Family Advisors or Volunteers are ‘keen’ to play a role

Patient/Family Advisors or Volunteers as co-designers of initiatives does not automatically feel ‘normal’ or ‘comfortable’ for everyone involved

Be prepared to spend time for orientation, training and discussion

Be prepared to make adjustments along the way.....

Gathering of experiences of Patient/Family Advisors or Volunteers is equally as important as gathering patient and family experiences
Where we go from here....

- Analyze/report results from pilots
- Examine change in patient & staff/clinician overall experiences & understanding regarding patient experience 'Big data' & 'real time' or 'fast' data
- Examine if pilots filled a gap & between patient experience measurement and quality/practice improvement
- Assessing feasibility of expansion of proposed strategy within AHS in support of key aspects of the Quadruple Aim

Thank you!

Questions/Discussion
Whose Agenda and Whose Destiny?

Enhancing Quality, Validity, and Reliability via PERSON-Centered research

NQF Webinar, Vedam et al., 2018

Goals & Objectives

- To examine patient-oriented outcomes in maternity care
  - To explore the benefits (and challenges) of community-based participatory research
  - To describe the development of 2 new measures of respectful maternity care
  - To report results of application of these scales across diverse populations
Our transdisciplinary teams

Kathrin Stoll, PhD
Nicholas Rubashkin, MD, PhD Cand.
Ruth Martin, MD
Kelsey Martin, SMIII
Ganga Jolicouer, ED, MABC
Mo Korchinski
Raquel Velasquez
CCinBC Steering Committee

Childbearing Families in BC and US

Shafia Monroe, Paula Rojas, Jacqueline Left Hand Bull, Jennie Joseph, Claudia Booker, Marinah Farrell, Zoskeba Henderson, Nan Strauss, Melissa Cheyne, Eugene DeClercq

There are no conflict of interests from any of the authors to disclose
Person-Centered Outcomes Research

The Participatory Process

Stakeholders engaged in:

- Formulating research questions;
- Defining essential characteristics of study participants,
- Identifying and selecting outcomes that the population of interest notices and cares about (e.g., survival, function, symptoms, quality of life).
- Choosing methods of data collection, leading recruitment, monitoring study conduct and progress;
- Partners in analysis, interpretation, key messages
- Designing/suggesting plans for dissemination and implementation activities
- Ongoing training, education, capacity building

PCORI Institute/CBPR
Changing Childbirth In BC

- Community-based participatory design
  - Consultation with 1333 women to identify issues
- Community Partners included:
  - BC Women’s Foundation
  - Women in 2 Healing
  - Midwives Association of BC
  - Immigrant Services Society
  - UBC Family Medicine & Midwifery
  - School of Population and Public Health
  - Women’s Health Research Institute
  - Strathcona Midwifery Collective
  - Access Midwifery
  - Pomegranate

Vancouver Foundation

The Community

**Steering group** of women of childbearing age from different cultural and socio-economic backgrounds

- Four working groups:
  - Current/potential maternity clients
  - Women who have been incarcerated
  - Immigrant and refugee women
  - Woman who have experienced homelessness, poverty and/or other barriers
Study Topics

- Access to care
- Preferences for care
- Experiences with maternity care
  - Decision-making
- Knowledge of midwifery

Mixed Methods

- Online quantitative survey (130 items)
  - Developed and content validated by the community
  - Informed by the literature

- Print survey in group settings as needed (8-10 women)

- Focus groups (20) and key interviews
  - Honoraria childcare & meals provided (vulnerable)
  - Consent forms in lay language
  - Regional Facilitators training and support
Listening to Mothers

Shared Decision Making vs. Women-Led Decision Making?

Assessment
The 9-item Shared Decision Making Questionnaire (SDM-Q-9). Development and psychometric properties in a primary care sample
Levente Kriston*, Isabelle Scholl*, Lars Hötzle†, Daniela Simon*, Andreas Loh†, Martin Härter*∥

ARTICLE INFO
Accepted: 30 April 2009
Received in revised form 28 August 2009
Received: 15 September 2009

Keywords: Shared decision making Patient involvement Questionnaires Psychometrics

ABSTRACT
Objective: To develop and psychometrically test a brief patient-report instrument for measuring Shared Decision Making (SDM) in clinical encounters.
Methods: We revised an existing instrument (Shared Decision Making Questionnaire, SDM-Q), including the generation of new items and changing the response format. A 9-item version (SDM-Q-9) was developed and tested in a German primary care sample of 2014 patients via face validity ratings, exploratory factor analysis, and reliability analyses as well as factor and reliability analysis. Findings were cross-validated in a randomly selected subsample.
Results: The SDM-Q-9 showed face validity and high acceptability. Factor analyses revealed a clearly unidimensional nature of the underlying construct. Both item difficulty and discrimination indices proved to be appropriate. Internal consistency yielded a Cronbach’s α of 0.74 in the test sample.
Conclusion: The SDM-Q-9 is a reliable and well accepted instrument. Generalizability of the findings is limited by the elderly sample living in rural areas of Germany. While the current results are promising, further testing of criterion validity and administration in other populations is necessary.

Practice implications: The SDM-Q-9 can be used to study the effectiveness of interventions aimed at the implementation of SDM and as a quality indicator in health services assessment.

© 2009 Elsevier Ireland Ltd. All rights reserved.
### The 9-Item Shared Decision Making Questionnaire (SDM-Q-9)

#### Example: Please indicate which health condition(s) do/did the consultation was about:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Example: Please indicate which decision was made:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nine statements related to the decision-making in your consultation are listed below. For each statement, please indicate how much you agree or disagree.

1. My doctor made clear that a decision needed to be made.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

2. My doctor wanted to know exactly how I want to be involved in making the decision.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

3. My doctor told me that there are different options for treating my medical condition.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

4. My doctor personally explained the advantages and disadvantages of the treatment options.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

5. My doctor helped me understand all the information.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

6. My doctor asked me which treatment option I prefer.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

7. My doctor and I thoroughly weighed the different treatment options.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

8. My doctor and I selected a treatment option together.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

9. My doctor and I reached an agreement on how to proceed.
   - Completely disagree
   - Strongly disagree
   - Somewhat disagree
   - Somewhat agree
   - Strongly agree
   - Completely agree

---

### Patient-Led Decision Making

If yes, please provide more details:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Completely Disagree</th>
<th>Completely Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Please describe your experiences when making decisions and choosing options for care during this pregnancy.**

<table>
<thead>
<tr>
<th>Experience Description</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>My ____ asked me how involved in decision making I wanted to be</td>
<td></td>
</tr>
<tr>
<td>My ____ told me that there are different options for my maternity care</td>
<td></td>
</tr>
<tr>
<td>My ____ explained the advantages/disadvantages of the maternity care options</td>
<td></td>
</tr>
<tr>
<td>My ____ helped me understand all the information</td>
<td></td>
</tr>
<tr>
<td>I was given enough time to thoroughly consider the different care options</td>
<td></td>
</tr>
<tr>
<td>I was able to choose what I considered to be the best care options</td>
<td></td>
</tr>
<tr>
<td>My ____ respected that choice</td>
<td></td>
</tr>
</tbody>
</table>
Preferences For Care

Percent of women who answered ‘very important’ to the following: (n = 2915)

<table>
<thead>
<tr>
<th>What is most important to you for your maternity and newborn care?</th>
<th>Full sample n=2915</th>
<th>Vulnerable n=392</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice of birthplace (home or hospital)</td>
<td>66.4</td>
<td>70.9</td>
</tr>
<tr>
<td>Having only one provider care for me</td>
<td>24.0</td>
<td>34.4</td>
</tr>
<tr>
<td>Having no more than 4 providers care for me</td>
<td>53.8</td>
<td>52.1</td>
</tr>
<tr>
<td>I lead the decisions about my pregnancy, birth and baby care</td>
<td>69.3</td>
<td>76.0</td>
</tr>
<tr>
<td>My doctor or midwife guides the decisions</td>
<td>11.8</td>
<td>10.1</td>
</tr>
<tr>
<td>Having support people of my choice present for labour and birth</td>
<td>84.0</td>
<td>82.5</td>
</tr>
<tr>
<td>Having a provider who has expertise with natural methods for pain relief</td>
<td>70.4</td>
<td>60.4</td>
</tr>
<tr>
<td>Having a provider who has expertise with high-risk pregnancies</td>
<td>56.4</td>
<td>31.7</td>
</tr>
<tr>
<td>Having access to medicines for pain relief</td>
<td>59.9</td>
<td>32.6</td>
</tr>
<tr>
<td>Knowing the doctor/midwife who will care for me during my birth</td>
<td>71.7</td>
<td>59.3</td>
</tr>
<tr>
<td>Not being separated from my baby after birth</td>
<td>89.9</td>
<td>76.1</td>
</tr>
<tr>
<td>Being able to choose a planned caesarean</td>
<td>7.4</td>
<td>10.1</td>
</tr>
<tr>
<td>Having a pain-free birth</td>
<td>9.2</td>
<td>18.3</td>
</tr>
<tr>
<td>Being cared for by my own family doctor</td>
<td>7.9</td>
<td>21.3</td>
</tr>
<tr>
<td>Staying in my community for pregnancy and birth</td>
<td>30.1</td>
<td>34.6</td>
</tr>
<tr>
<td>Having a provider who will do newborn care/breastfeeding support at my home</td>
<td>52.1</td>
<td>36.7</td>
</tr>
<tr>
<td>Having enough time to ask questions and discuss my options</td>
<td>36.4</td>
<td>79.9</td>
</tr>
<tr>
<td>Having a trusting relationship with my care provider</td>
<td>89.7</td>
<td>82.5</td>
</tr>
<tr>
<td>Having a care provider who speaks my language</td>
<td>79.9</td>
<td>57.8</td>
</tr>
</tbody>
</table>

Major factors’ in deciding which MCP to choose (n = 2922)

<table>
<thead>
<tr>
<th>Provided my prenatal care in a previous pregnancy</th>
<th>Full sample n=2922</th>
<th>Vulnerable n=267</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had provided my well-woman (gyn) care</td>
<td>37.2</td>
<td>32.2</td>
</tr>
<tr>
<td>Was recommended by a health professional</td>
<td>12.1</td>
<td>10.5</td>
</tr>
<tr>
<td>Is highly rated on websites with information about specific care providers</td>
<td>24.0</td>
<td>27.9</td>
</tr>
<tr>
<td>Was a good match for what I value and want</td>
<td>16.7</td>
<td>19.4</td>
</tr>
<tr>
<td>Attends births at a hospital I like</td>
<td>87.7</td>
<td>83.9</td>
</tr>
<tr>
<td>Is female/included female providers</td>
<td>48.0</td>
<td>44.4</td>
</tr>
<tr>
<td>Was assigned to me as my maternity care provider</td>
<td>54.6</td>
<td>61.8</td>
</tr>
<tr>
<td></td>
<td>13.3</td>
<td>16.5</td>
</tr>
</tbody>
</table>
## Preferences For Care – Leading Decisions

<table>
<thead>
<tr>
<th>n=2915</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is very important or important to me that I lead the decisions about my pregnancy, birth and baby care</td>
<td>2766 (95.0)</td>
</tr>
<tr>
<td>It is very important to me that I lead the decisions</td>
<td>2018 (69.3)</td>
</tr>
<tr>
<td>It is very important or important to me that my doctor or midwife guides the decisions</td>
<td>1392 (47.8)</td>
</tr>
<tr>
<td>It is not very important to me that I lead the decisions</td>
<td>11 (0.4)</td>
</tr>
</tbody>
</table>

## Who made the decision to have a CS ?

- Mine, I decided I wanted the cesarean before I went into labour
- Mine, I asked for the cesarean while I was in labour
- My maternity CP recommended a cesarean before I went into labour
- My maternity CP recommended a cesarean while I was in labour
- Other
Changing Childbirth in BC: Scale Development

- Community wanted to explore factors potentially associated with Autonomy and Respect in provider relationships
- Closer look at relevant scale items
- Included in analysis (N1672/2514 pregns):
  - Women who had ever been pregnant in British Columbia and received care from a midwife, family doctor or obstetrician

Mothers On Respect: The (MOR) index

- Range 0-7, higher scores – more respectful maternity care
- Sum of the following (Yes/No) items:

<table>
<thead>
<tr>
<th>Overall while making decisions during my pregnancy/birth care I felt:</th>
<th>No</th>
<th>Yes</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortable asking questions</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Comfortable declining care that was offered</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Comfortable accepting the options for care that my ____ recommended</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Coerced into accepting the options my __ suggested (reverse scored)</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>I chose the care options that I received</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>My personal preferences were respected</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>My cultural preferences were respected</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
</tbody>
</table>
Scale development and psychometric evaluation

8 adapted items measuring the decision making process
7 items measuring respectful care

Factor analysis resulted in 7/14 items for 2 scales
Assessment of validity by calculating item-to-total correlations and factor loadings
Assessment of reliability by calculating Cronbach’s alpha (for three subsamples)

Scale development

- Construct Validity
Mixed Effects Analysis:

- Control for possible effect of one woman reporting on a number of different pregnancies and care providers
- Women could contribute between 1-9 rows of data

Maternity Care Experiences for 2051 women (n = 3400)

Pregnancy 1 (n = 1073)

Pregnancy 2 (n = 719)

Currently Pregnant (n = 259)

MADM (n=2325) – Experience of Discussion

Coefﬁcient Estimate
Positive
Negative

Women_of_colour_Yes=1
Marginalized_Yes=1
CP_experience=1
MW_planned_home_birth=1
OB_experience=1
Held_back_questions_CP_rus…
Held_back_question_difference…
Held_back_being_difficult=1
Treated_poorly_race_ethnicity=1
Treated_poorly_sexual_orientation=1

NATIONAL QUALITY FORUM
MADM (N=1809) Effect of Interventions

Difference of Opinion with providers

Women held back their questions if they wanted different care because they were worried about poor treatment

Lower MADM and MORi scores
Feeling Pressured

Regardless of provider type or actual care

Pressure =

- Respect
- Autonomy

MADM median scale scores, stratified by average length of prenatal appointments.

- Medians for sample sizes < 20 are not reported

Sample 1
Sample 2
Pregnant at time of data collection
Average length of prenatal appointments.

Figure 2: Average length of prenatal appointments, by care provider type (n=1723)

Women Need Time

Higher MADM scores with more TIME to process information
MOTHERS' AUTONOMY IN DECISION MAKING: THE MADM SCALE

Please tell us about your discussions with your doctor or midwife about your options for care (for example: prenatal testing, starting your labour, medications, where to give birth, newborn care, whether to have a caesarean, etc.)

My answers describe my conversations or experiences with a:

- Family doctor
- Obstetrician/Ob-GYN doctor
- Midwife
- Not applicable, did not have a doctor or midwife

Please describe your experiences with decision making during your pregnancy, labour and/or birth, select one option for each:

<table>
<thead>
<tr>
<th>Experience</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>My doctor or midwife asked me how involved in decision making I wanted to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>My doctor or midwife told me that there are different options for my maternity care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>My doctor or midwife explained the advantages/disadvantages of the maternity care options</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>My doctor or midwife helped me understand the information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I was given enough time to thoroughly consider the different care options</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I was able to choose what I considered to be the best care option</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>My doctor or midwife respected my decisions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

*SUM of ALL CIRCLED ITEMS = TOTAL SCORE*
MADM during pregnancy and birth, stratified by race and income

MORi, stratified by intrapartum care provider and race
Respectful Maternity Care and Quality of Care

2016 WHO “Standards for improving quality of maternal and newborn care in health facilities”

1. Evidence-based practices for routine care and management of complications;
2. Actionable information systems;
3. Functioning referral systems;
4. Effective communication;
5. Respect and preservation of dignity;
6. Emotional support;
7. Competent, motivated personnel; and
8. Availability of essential physical resources.

World Health Organization (2016) Standards for Improving Quality of Maternal and Newborn Care in Health Facilities.

What Influences Quality?
(Simkin 2002)

- Systematic review of 137 studies
  1. Involvement in decision making
  2. Quality of the provider-patient relationship
  3. Amount of support received from care providers
  4. Whether their expectations met reality

How to evaluate these in practice?

Develop reliable and valid scales that measure women’s experiences with respectful care and decision making during pregnancy and birth
Challenges with Implementation of RMC


Our plan to bring evidence to practice

- Pilot Studies
- Messaging
- NQF and PROMIS item banks
- Interprofessional Education
- Giving Voice to Mothers - Canada
Dialogue and Shared Decision: Advancing Person-Centered Care
An interprofessional course for health professionals

Shared Decision Making
Key Elements

1. Establish decision makers
2. Facilitate dialogue and decision
3. Involve all team members
4. Clearly understand values and preferences
5. Personalize care and describe options
6. Allow time for consideration and reflection
7. Make a decision with evidence and the patient's goals in mind
8. Follow up and reevaluate

Audience Question & Answer
Wrap Up & Announcements

2017-18 Learning Collaborative Patient-Centered Measurement Webinar Series
Focus on Patient-Centered Healthcare Measurement

- Register to learn from other 2017 Innovation Challenge winners...
  - March 1, 2018 at 1pm ET

- Watch previous webinars in this series
  - February 23, 2018
  - September 25, 2017
  - August 30, 2017

- Register for NQF’s Annual Conference, March 12-13 in Washington, DC, for a special session, NQF Measure Incubator™—Past, Present, and Future

- To learn more, please contact NQF at incubator@qualityforum.org

- Share your ideas with us #ptvoice #ptcenteredmeasures