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Patient-Centered Measurement: Innovation Challenge Series

Learning Collaborative 2018 Webinar

Thursday, February 8, 2018

David Andrews, Patient Advisor

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, SciD, 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, SciD, 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….

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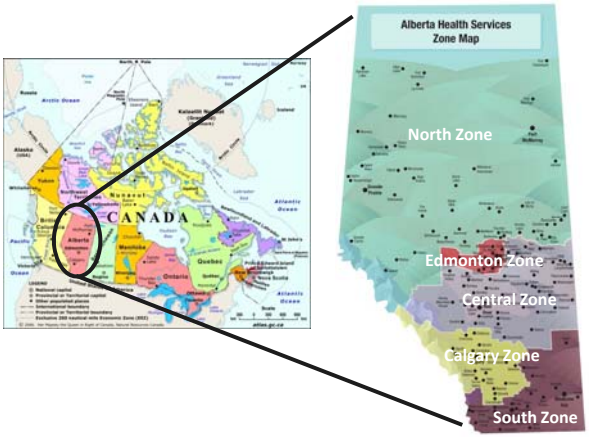
Context - Alberta Health Services, Alberta, Canada



- ✓ 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

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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

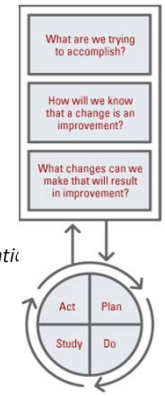
- worked with CQM and unit staff to design/select patient experience questions for online survey
- used iPad to gather & enter experiences from patients/families
- Involved in populating dashboard/poster for unit staff

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 interventi*
- 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



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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

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What Patient-Driven Patient Experience Priorities will be addressed:

Patient Expectations regarding care & care providers

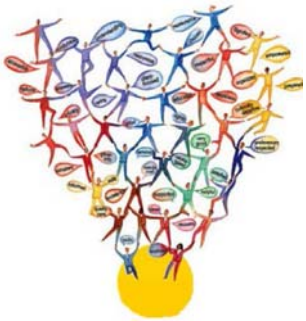
Patient concerns & complaints followed up as per Patient Relations

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.



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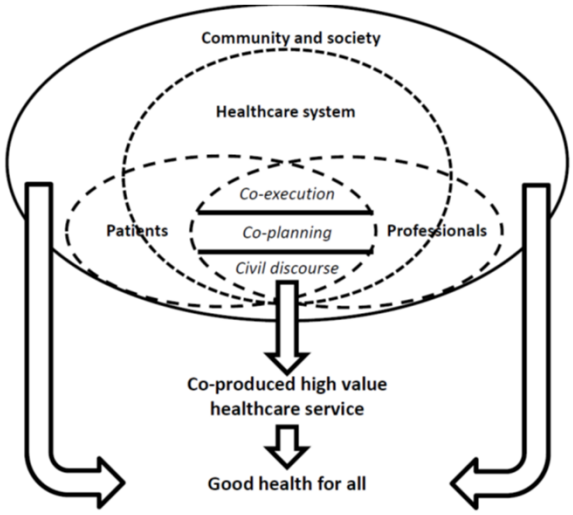

Kaplan & Batalden, The New World of Co-producing Health & Healthcare, WIHI. 2016.

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Challenges & surprises

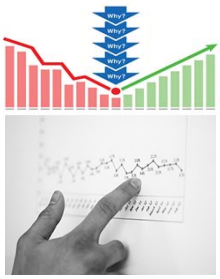
Challenges: Unknowns

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

(Cynosure Health, 2012)

Surprises

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



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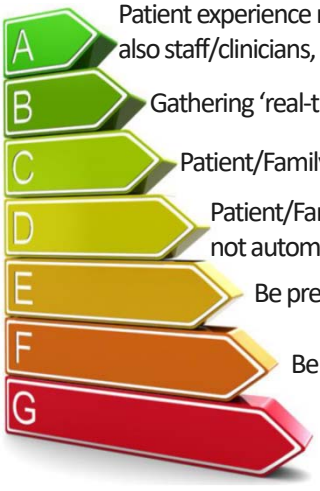
Lessons learned & applied



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

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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

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Thank you!

Questions/Discussion

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Whose Agenda and Whose Destiny?

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

NQF Webinar, Vedam et al., 2018

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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*

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Our transdisciplinary teams

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CCinBC Steering Committee

Childbearing Families in BC and US

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There are no conflict of interests from any of the authors to disclose

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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

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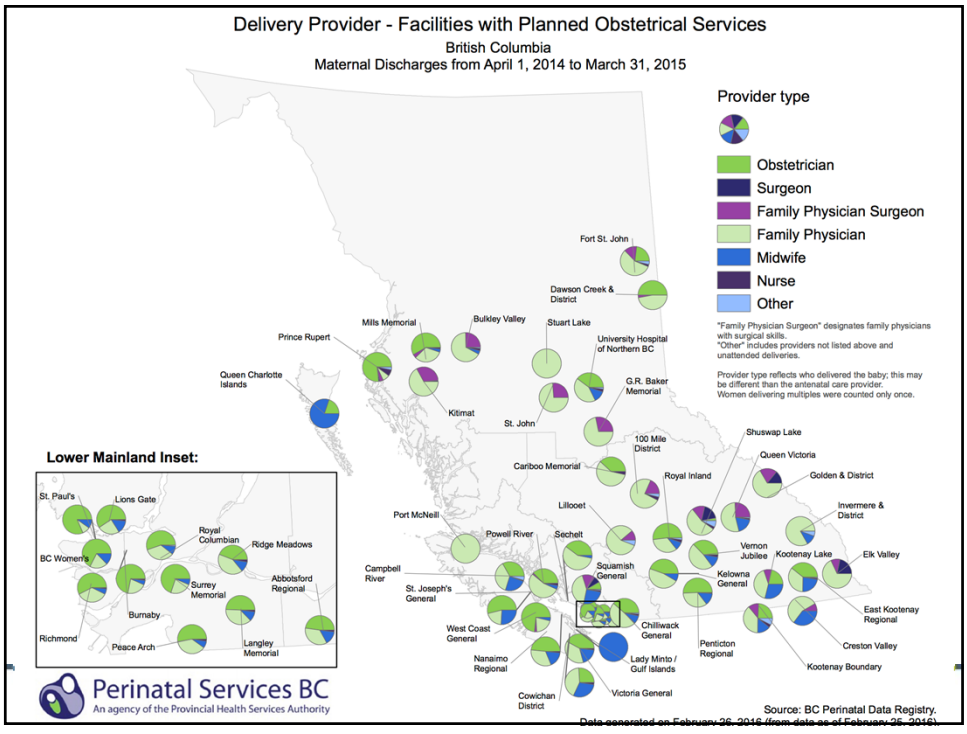

Changing Childbirth In BC

- 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

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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

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Study Topics

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

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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*

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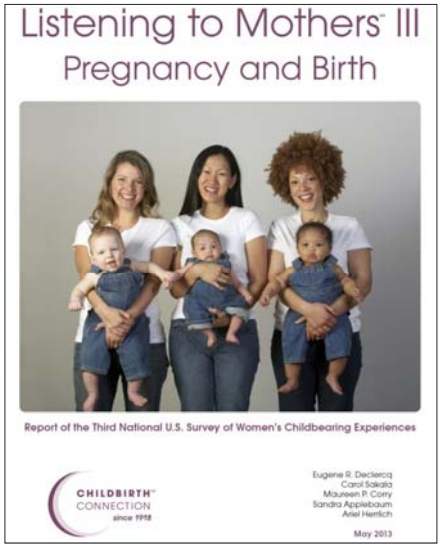
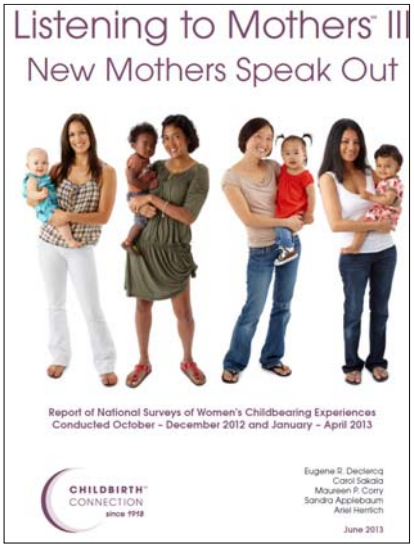
Listening to Mothers





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

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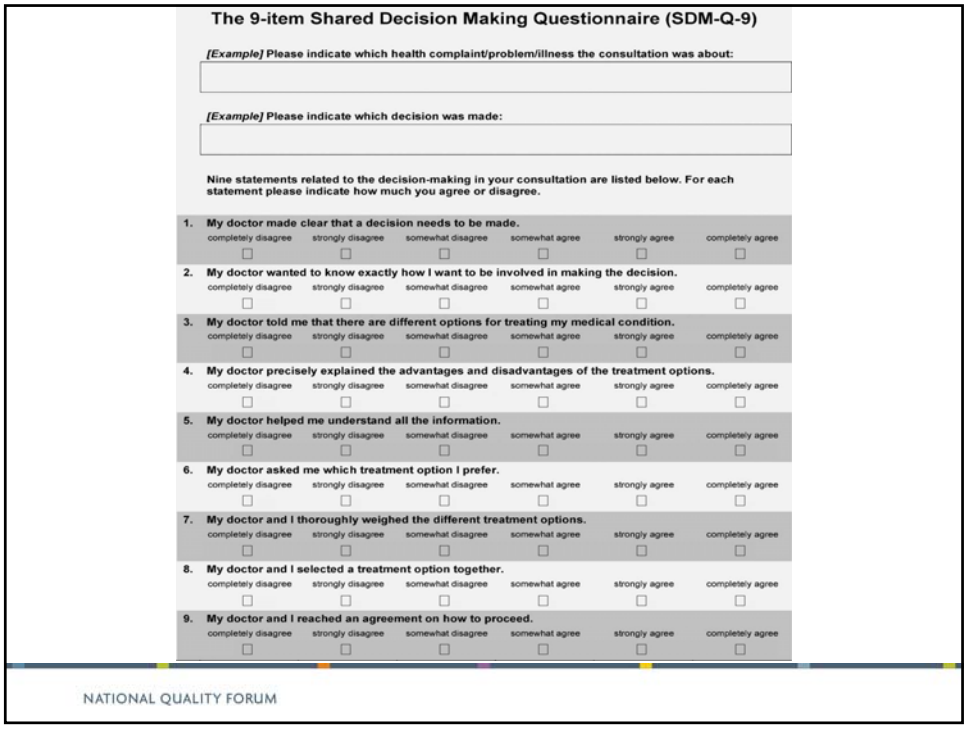
ABSTRACT

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 2351 patients via face validity ratings, investigation of acceptance, 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 acceptance. Factor analysis revealed a clearly one-dimensional nature of the underlying construct. Both item difficulties and discrimination indices proved to be appropriate. Internal consistency yielded a Cronbach's α of 0.938 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 in studies investigating the effectiveness of interventions aimed at the implementation of SDM and as a quality indicator in health services assessments.



The 9-item Shared Decision Making Questionnaire (SDM-Q-9)

[Example] Please indicate which health complaint/problem/illness the consultation was about:

[Example] Please indicate which decision was made:

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

	completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
1. My doctor made clear that a decision needs to be made.	☐	☐	☐	☐	☐	☐
2. My doctor wanted to know exactly how I want to be involved in making the decision.	☐	☐	☐	☐	☐	☐
3. My doctor told me that there are different options for treating my medical condition.	☐	☐	☐	☐	☐	☐
4. My doctor precisely explained the advantages and disadvantages of the treatment options.	☐	☐	☐	☐	☐	☐
5. My doctor helped me understand all the information.	☐	☐	☐	☐	☐	☐
6. My doctor asked me which treatment option I prefer.	☐	☐	☐	☐	☐	☐
7. My doctor and I thoroughly weighed the different treatment options.	☐	☐	☐	☐	☐	☐
8. My doctor and I selected a treatment option together.	☐	☐	☐	☐	☐	☐
9. My doctor and I reached an agreement on how to proceed.	☐	☐	☐	☐	☐	☐

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Patient-Led Decision Making

Please describe your experiences when making decisions and choosing options for care during this pregnancy.	Completely Disagree - Completely Agree	N/A
My ____ asked me how involved in decision making I wanted to be	O O O O O O	O
My ____told me that there are different options for my maternity care	O O O O O O	O
My ____explained the advantages/disadvan. of the maternity care options	O O O O O O	O
My_____ helped me understand all the information	O O O O O O	O
I was given enough time to thoroughly consider the different care options	O O O O O O	O
I was able to choose what I considered to be the best care options	O O O O O O	O
My ____ respected that choice	O O O O O O	O

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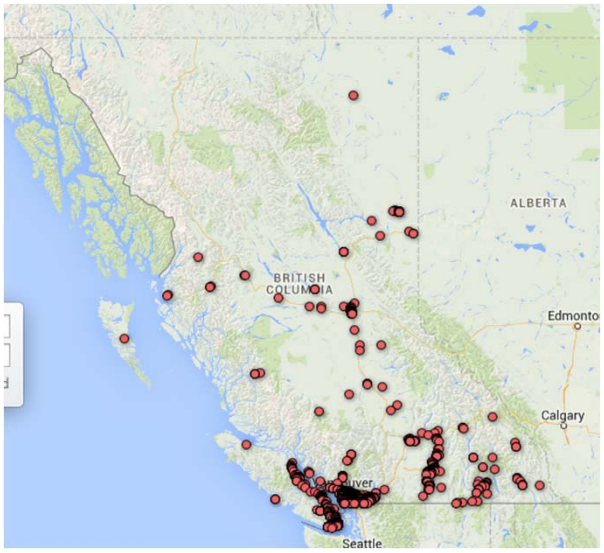
Survey Respondent Map



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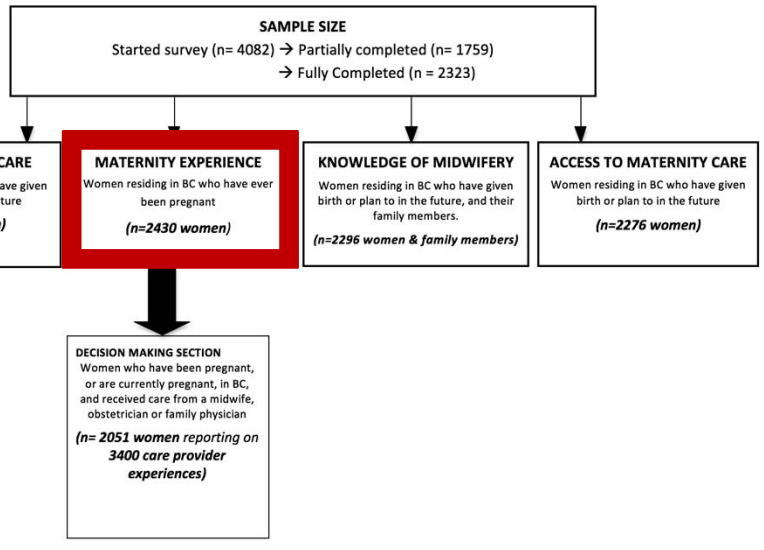

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Preferences For Care

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

What is most important to you for your maternity and newborn care?	Full sample	Vulnerable
	n=2915	n=392
Choice of birthplace (home or hospital)	66.4	70.9
Having only one provider care for me	24.0	24.4
Having no more than 4 providers care for me	53.8	52.1
I lead the decisions about my pregnancy, birth and baby care	69.3	76.0
My doctor or midwife guides the decisions	11.8	10.1
Having support people of my choice present for labour and birth	80.4	82.5
Having a provider who has expertise with natural methods for pain relief	58.4	60.4
Having a provider who has expertise with high-risk pregnancies	26.4	31.7
Having access to medicines for pain relief	19.9	32.6
Knowing the doctor/midwife who will care for me during my birth	71.7	59.3
Not being separated from my baby after birth	89.9	76.1
Being able to choose a planned caesarean	7.4	10.1
Having a pain-free birth	9.2	18.3
Being cared for by my own family doctor	7.9	21.3
Staying in my community for pregnancy and birth	60.1	64.6
Having a provider who will do newborn care/breastfeeding support at my home	62.1	66.7
Having enough time to ask questions and discuss my options	86.4	79.9
Having a trusting relationship with my care provider	89.7	82.5
Having a care provider who speaks my language	79.9	67.8

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

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

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Preferences For Care – Leading Decisions

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

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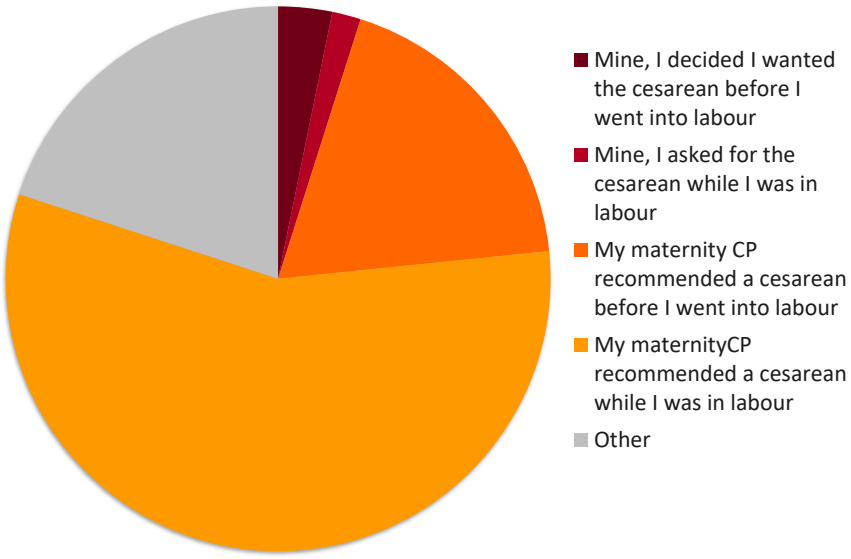
Who made the decision to have a CS ?



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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 pregs):
  - *Women who had ever been pregnant in British Columba and received care from a midwife, family doctor or obstetrician*

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Mothers On Respect: The (MOR) index

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

Overall while making decisions during my pregnancy/birth care I felt:	No	Yes	NA
Comfortable asking questions	O	O	
Comfortable declining care that was offered	O	O	
Comfortable accepting the options for care that my _____recommended	O	O	
Coerced into accepting the options my __ suggested (reverse scored)	O	O	
I chose the care options that I received	O	O	
My personal preferences were respected	O	O	
My cultural preferences were respected	O	O	

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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)

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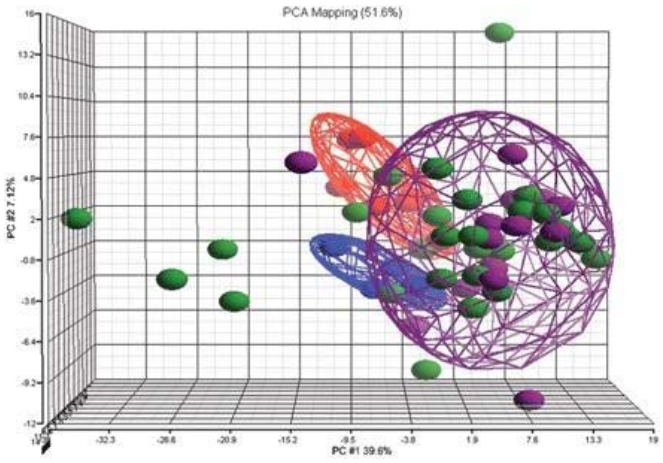
Scale development

- Construct Validity



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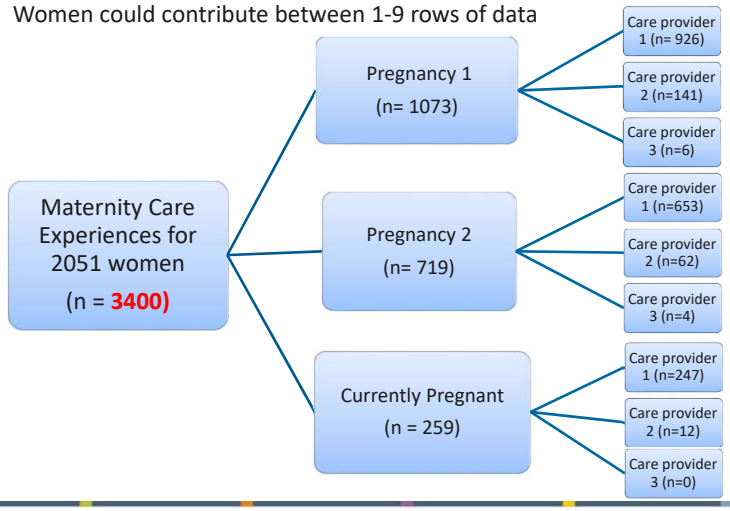
Mixed Effects Analysis:

- 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



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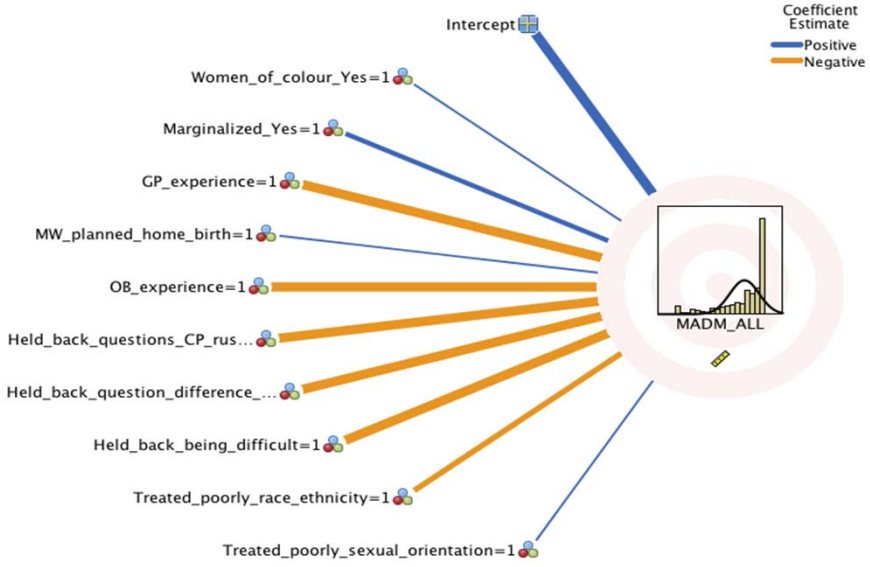
MADM (n=2325) – Experience of Discussion



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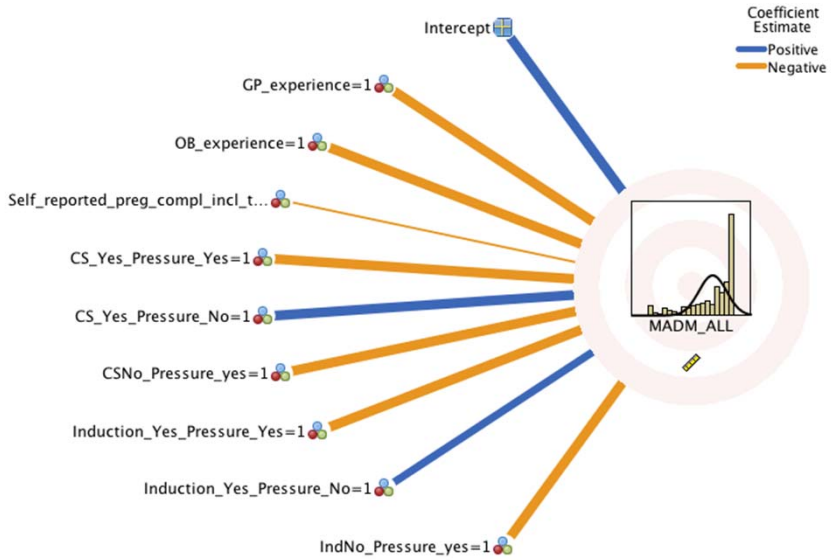
MADM (N=1809) Effect of Interventions



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***

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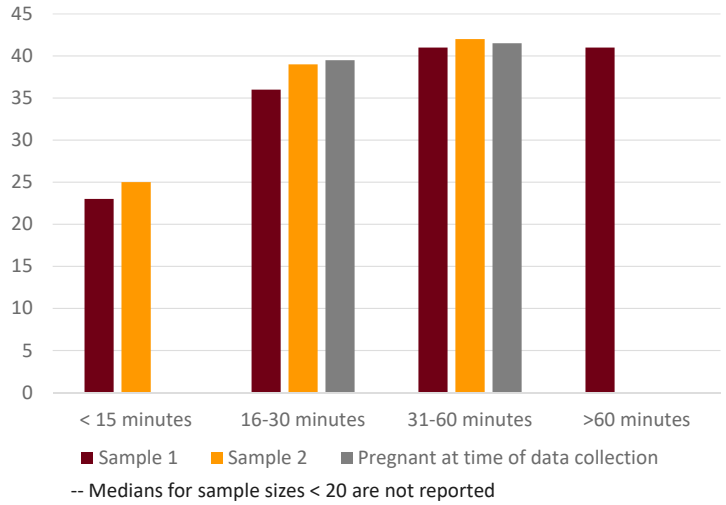
MADM median scale scores, stratified by average length of prenatal appointments.



-- Medians for sample sizes < 20 are not reported

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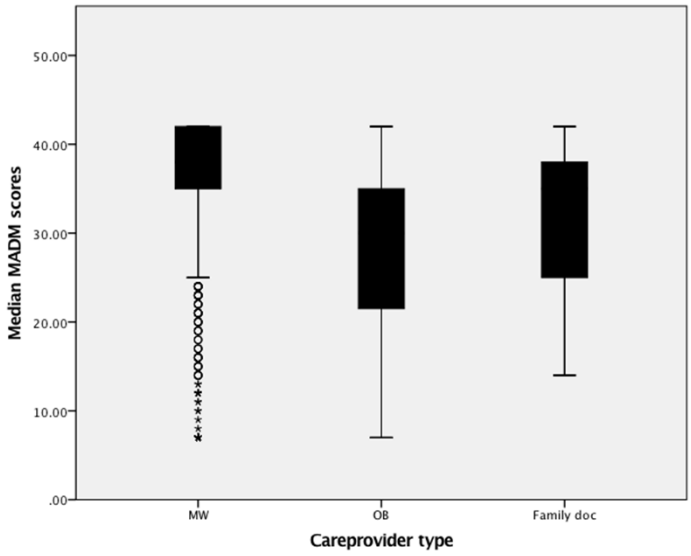
MADM scores, by provider type



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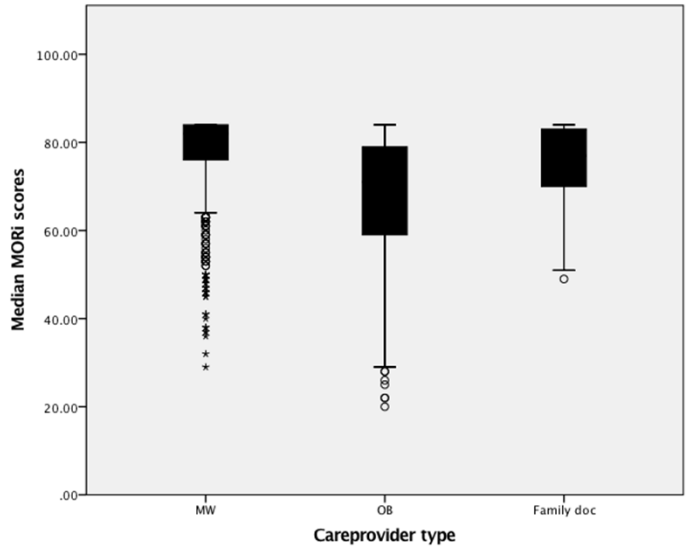
MORi scores, by provider type



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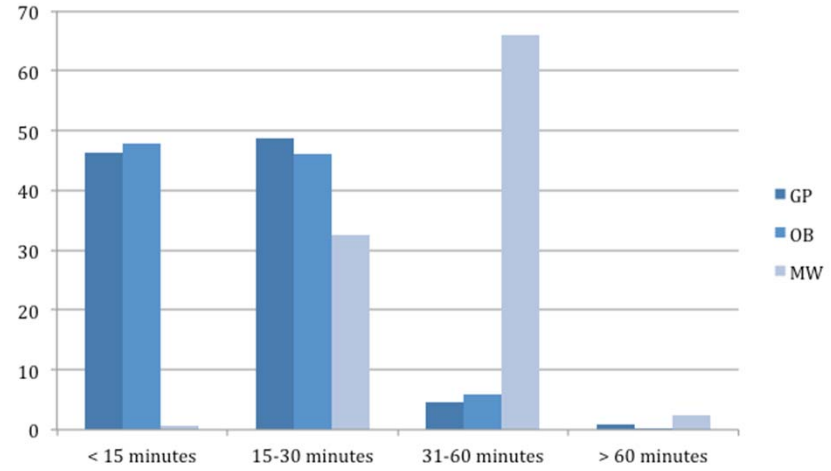
Average length of prenatal appointments.

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



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Women Need Time

Higher MADM scores with more

TIME to process information

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PLOS ONE

RESEARCH ARTICLE

The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care

Saraswathi Vedam[1]*, Kathrin Stoll[1,2], Kelsey Martin[1], Nicholas Rubashkin[3], Sarah Partridge[4], Dana Thordarson[1], Ganga Jolicoeur[5], the Changing Childbirth in BC Steering Council[¶]

1 Birth Place Research Lab, Division of Midwifery, University of British Columbia Vancouver, British Columbia, Canada, 2 School of Population and Public Health, University of British Columbia, Vancouver, British Columbia, Canada, 3 Department of Obstetrics and Gynecology, University of California San Francisco, San Francisco, California, United States of America, 4 Residency Program, Department of Family Practice, University of British Columbia, Vancouver, British Columbia, Canada, 5 Midwives Association of British Columbia, Vancouver, British Columbia, Canada

¶ A complete list of Steering Council members can be found in the Acknowledgments.
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Article

The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth

Saraswathi Vedam[a,*], Kathrin Stoll[b], Nicholas Rubashkin[c,d], Kelsey Martin[a], Zoe Miller-Vedam[a], Hermine Hayes-Klein[a], Ganga Jolicoeur[f], the CCinBC Steering Council[1]

Social Science & Medicine

Volume 189, September 2017, Pages 86-95

Informal cash payments for birth in Hungary: Are women paying to secure a known provider, respect, or quality of care?

Petra Baji [a, b], Nicholas Rubashkin [c, d, e], Imre Szebik [e], Kathrin Stoll [f], Saraswathi Vedam [f, g]

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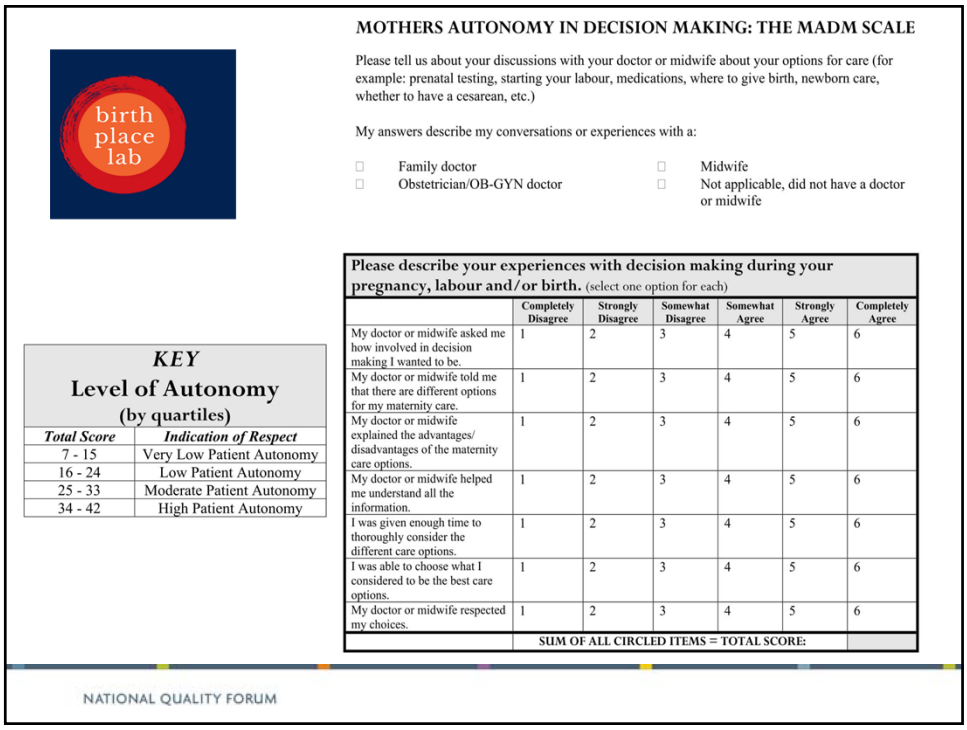

birth place lab

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 cesarean, 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)

	Completely Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completely Agree
My doctor or midwife asked me how involved in decision making I wanted to be.	1	2	3	4	5	6
My doctor or midwife told me that there are different options for my maternity care.	1	2	3	4	5	6
My doctor or midwife explained the advantages/ disadvantages of the maternity care options.	1	2	3	4	5	6
My doctor or midwife helped me understand all the information.	1	2	3	4	5	6
I was given enough time to thoroughly consider the different care options.	1	2	3	4	5	6
I was able to choose what I considered to be the best care options.	1	2	3	4	5	6
My doctor or midwife respected my choices.	1	2	3	4	5	6
	SUM OF ALL CIRCLED ITEMS = TOTAL SCORE:					

KEY

Level of Autonomy

(by quartiles)

Total Score	*Indication of Respect*
7 - 15	Very Low Patient Autonomy
16 - 24	Low Patient Autonomy
25 - 33	Moderate Patient Autonomy
34 - 42	High Patient Autonomy

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MOR: MOTHERS ON RESPECT INDEX

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 cesarean, 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.

A: Overall while making decisions about my pregnancy or birth care: (select or circle one answer for each statement)

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
I felt comfortable asking questions	1	2	3	4	5	6
I felt comfortable declining care that was offered	1	2	3	4	5	6
I felt comfortable accepting the options for care that my doctor or midwife recommended	1	2	3	4	5	6
I felt pushed into accepting the options my doctor or midwife suggested	6	5	4	3	2	1
I chose the care options that I received	1	2	3	4	5	6
My personal preferences were respected	1	2	3	4	5	6
My cultural preferences were respected	1	2	3	4	5	6
	SECTION A TOTAL SCORE:					

B: During my pregnancy I felt that I was treated poorly by my doctor or midwife because of: (select or circle one answer for each statement)

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My race, ethnicity, cultural background or language*	6	5	4	3	2	1
My sexual orientation and / or gender identity*	6	5	4	3	2	1
My type of health insurance or lack of insurance*	6	5	4	3	2	1
A difference of opinion with my caregivers about the right care for myself or my baby*	6	5	4	3	2	1
ADD ALL SCORES IN SECTION B:	SECTION B TOTAL SCORE:					

C: During my pregnancy I held back from asking questions or discussing my concerns because: (select or circle one answer for each statement)

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My doctor or midwife seemed rushed*	6	5	4	3	2	1
I wanted maternity care that differed from what my doctor or midwife recommended*	6	5	4	3	2	1
I thought my doctor or midwife might think I was being difficult*	6	5	4	3	2	1
ADD ALL SCORES IN SECTION C:	SECTION C TOTAL SCORE:					

Scoring Table	
Enter total score section A	
Enter total score section B	
Enter total score section C	
A + B + C = TOTAL SCORE	

The range of scores is 14-84, with higher score indicating more respectful care.

KEY
Level of Respect Experienced
(by quartiles)

Total Score	*Indication of Respect*
14 - 31	Very Low Respect
32 – 49	Low Respect
50 – 66	Moderate Respect
67 – 84	High Respect

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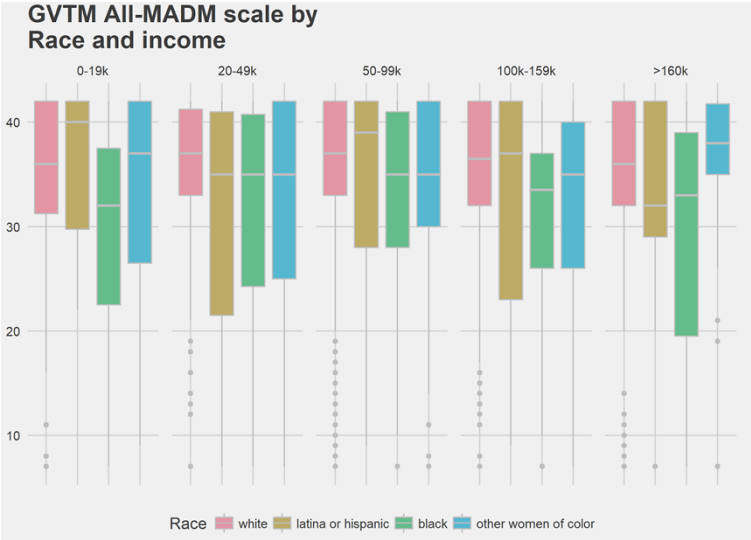
MADM during pregnancy and birth, stratified by race and income



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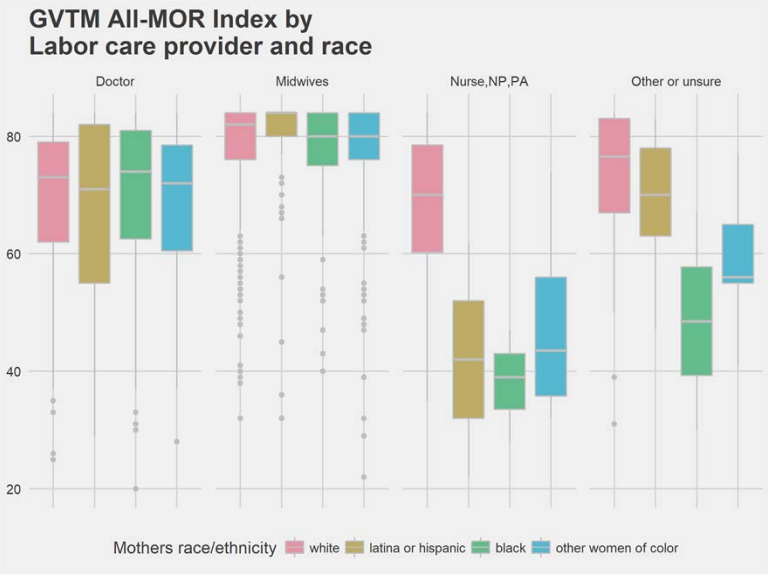
MORi, stratified by intrapartum care provider and race



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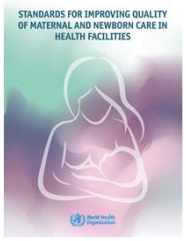
Respectful Maternity Care and Quality of Care

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.

Maternal Health Task Force

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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

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Challenges with Implementation of RMC

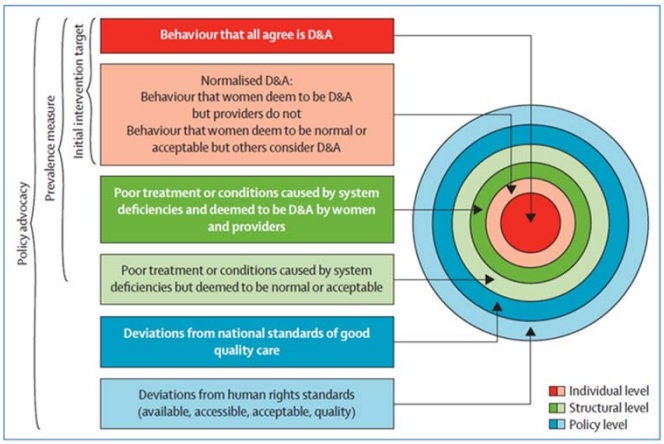


Figure: **Definition of disrespectful and abusive treatment (D&A) of women in childbirth**

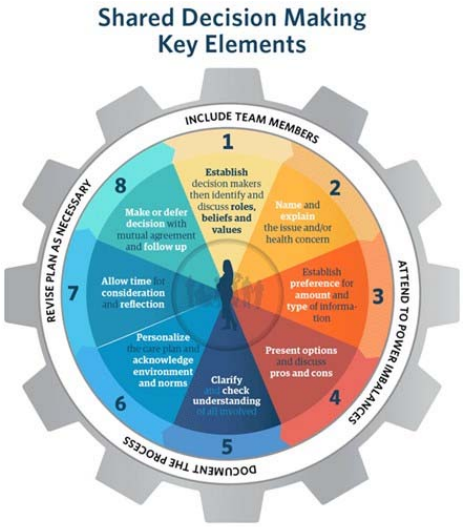
Freedman et al. (2014). Defining Disrespect and Abuse of Women in Childbirth: A Research, Policy and rights Agenda. *Bulletin of the World Health Organization* 1;92(12): 915-7

Maternal Health Task Force

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



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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


THANK YOU
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