Maternal HealthCARE Quality Improvement Project Measures Overview

Project Aim Statement

Participating hospitals will establish a culture that **addresses racial inequities** and the **disparity gap** in outcomes for Black birthing people through implementation of all key measures.

Structural Measures – *Data collected quarterly*

1. Progress made on the formation of an antiracism workgroup that:
   a) Develops an antiracism statement specific to the birthing person
   b) Reviews OB department staff and hiring practices to ensure racial and ethnic diversity
   c) Reviews hospital OB policies and procedures to promote cultural humility and respect and add antiracism language where appropriate
   d) Reviews OB patient and family education for cultural appropriateness

2. Percentage of OB department staff and employed/non-employed providers who have completed an implicit bias in maternity care training. *(Training must include specific criteria, listed separately.)*

3. Progress made on the implementation of protocols for collecting race and ethnicity data based on best practices.

4. Progress made on the implementation of protocols for monitoring the accuracy of patient reported race and ethnicity data.

5. Percentage of Labor and Delivery and Post-partum clinical staff who are educated on Team Birth and the admission, labor, and assisted delivery guides.

6. Progress made on implementing a process to audit the correct application and adoption of Team Birth.

7. Progress made on the implementation of multidisciplinary reviews that identify how individual and systemic racism may have impacted severe maternal morbidity and mortality (SMM), and other clinical metrics.

8. Progress on the dissemination of a quarterly Community Accountability Panel (CAP) report to hospital stakeholders.

Process Measures – *Data collection varies by measure*

9. Percentage of OB department staff and employed/non-employed providers who complete the staff culture survey. –*Collected at the beginning, middle, and end of the project*

10. Percentage of qualifying obstetric patients that complete the Patient Satisfaction Survey[1]. –*Ongoing collection during the project*

Outcome Measures – *Data collected monthly*

11. Total number of obstetric patients with a delivery admission, stratified by race and ethnicity[2].

12. Total number of obstetric patients with an SMM code[3] during their delivery admission stratified by race and ethnicity[2].

13. Total number of obstetric patients with an SMM code[3] during their delivery admission, excluding cases with only a transfusion code, stratified by race and ethnicity[2].

14. Percentage of obstetric patients with an SMM code[3] who were transferred to the ICU/CCU during their delivery admission, stratified by race[2].

15. Percentage of obstetric patients with an SMM code[3] who had an unplanned hysterectomy during their delivery admission, stratified by race[2]

16. Percentage of obstetric patients with an SMM code[3] who had preeclampsia during their delivery admission, stratified by race[2].

17. Percentage of NTSV[4] obstetric patients who had cesarean sections, stratified by race[2].

1. **Patient Satisfaction Survey** – *The Mothers on Respect Index (MORI) and Mothers Autonomy in Decision Making (MADM) are both validated tools that measure the patient experience during maternity care.*
2. **Race information to be collected-** *Will be tailored based on the participating hospital's data collection methods. Race and ethnicity categories listed separately.*
3. **SMM Code** – *SMM codes are the 21 indicators and corresponding ICD codes identify hospitalizations with SMM used by AIM v08-09-21. A patient with any of the 21 indicators and corresponding ICD codes will constitute an SMM code. List provided separately.*