Safety Action Series

Reduction of Peripartum Racial/Ethnic Disparities Patient Safety Bundle
Speakers

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Disclosures

- Elizabeth A. Howell, MD, MPP has no real or perceived conflicts of interest.

- William Grobman, MD, MBA has no real or perceived conflicts of interest.
Objectives

- Provide an overview of racial and ethnic disparities in pregnancy care and outcomes
- Examine framework for understanding disparities and how this framework informs the development of this bundle
- Provide an in-depth overview of the “Reduction of Peripartum Racial/Ethnic Disparities” Patient Safety Bundle
- Identify resources to customize the bundle for use within your organization
Obstetric disparities: overview

• Deliveries of minority women represent half of all US births annually

• Racial/ethnic disparities exist in:
  – Obstetric care
  – Maternal morbidity
  – Maternal mortality

• Disparities have been persistent and in some cases increasing

Obstetric disparities in care

<table>
<thead>
<tr>
<th>Associations Between Race/Ethnicity and Types of Obstetric Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic white</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Labor induction</strong></td>
</tr>
<tr>
<td>N (%)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
</tr>
<tr>
<td><strong>≥1 hour between complete dilation and initiation of pushing</strong></td>
</tr>
<tr>
<td>N (%)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
</tr>
<tr>
<td><strong>Vaginal delivery</strong></td>
</tr>
<tr>
<td>N (%)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
</tr>
<tr>
<td><strong>Episiotomy</strong></td>
</tr>
<tr>
<td>N (%)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
</tr>
</tbody>
</table>

Disparities in maternal morbidity

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic white</th>
<th>Non-Hispanic black</th>
<th>Hispanic</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Postpartum hemorrhage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N (%)</td>
<td>805 (1.6)</td>
<td>702 (3.0)</td>
<td>827 (3.1)</td>
<td>130 (2.2)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
<td>1.00 (ref)</td>
<td>1.71 (1.49-1.96)</td>
<td>1.51 (1.31-1.74)</td>
<td>1.54 (1.24-1.91)</td>
</tr>
<tr>
<td><strong>Peripartum infection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N (%)</td>
<td>2119 (4.1)</td>
<td>1169 (4.9)</td>
<td>1744 (6.4)</td>
<td>374 (6.2)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
<td>1.00 (ref)</td>
<td>1.25 (1.14-1.38)</td>
<td>1.45 (1.32-1.59)</td>
<td>1.62 (1.43-1.84)</td>
</tr>
<tr>
<td><strong>Severe perineal laceration at SVD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N (%)</td>
<td>780 (2.5)</td>
<td>174 (1.2)</td>
<td>256 (1.5)</td>
<td>189 (5.5)</td>
</tr>
<tr>
<td>Adjusted OR (95% CI)</td>
<td>1.00 (ref)</td>
<td>0.76 (0.62-0.93)</td>
<td>0.86 (0.70-1.05)</td>
<td>2.06 (1.72-2.47)</td>
</tr>
</tbody>
</table>

Severe maternal morbidity

• For every maternal death, approximately 50-100 women experience severe obstetric morbidity

• Rates are rising: nearly doubled over last decade

• Racial/ethnic disparities exist
  – 2-3 fold higher risk among black women

Rate per 10,000 delivery hospitalizations

- 1998-1999
- 2000-2001
- 2002-2003
- 2004-2005
- 2006-2007
- 2008-2009
- 2010-2011

Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion.
Maternal mortality (per 100,000)

Disparities more pronounced in some regions

• Pregnancy-related mortality in NYC 2006-2010
  – Blacks 12 times more likely to die
    • Widening of gap since 2001-2005
    • Increased gap driven by 45% decreased mortality among whites

• Asian/Pacific Islanders 4x as likely to die

• Latinas 3x as likely to die

NYC DOHMH; 2006-2010.
Preventability

• The majority of severe morbidity and mortality are thought to be preventable through patient, provider, and system factors

• Studies suggest systems-level factors are most frequent contributing factor

• Growing evidence that use of safety protocols, checklists improve outcomes
Alliance for Innovation on Maternal Health: Focus on disparities

• One of the first professional bodies to address disparities

• Unique perspective - addressing disparities under a patient safety umbrella

• Raises awareness among health systems, departments of health, hospitals, and clinicians who care for pregnant and postpartum women
Reduction of Peripartum Racial Disparities
Patient Safety Bundle Development

Multidisciplinary Team

- William Grobman, MD, FACOG
- Elizabeth Howell, MD, MPP, FACOG
- Haywood Brown, MD
- Jessica Brumley, PhD, CNM
- Allison Bryant, MD, MPH
- Aaron Caughey, MD, PhD
- Andria Cornell, MSPH
- Jacqueline Grant, MD, MPH, MPA
- Kimberly Gregory, MD, MPH
- Sue Gullo, RN, BSN, MS
- Pandora Hardtman, CNM
- Jill Mhyre, MD
- Katy Kozhimannil, PhD, MPA
- Jill Mhyre, MD
- Geeta Sehgal, DO
- Paloma Toledo, MD, MPH
- Robyn D’Oria, MA, RNC, APN
Guiding principles

• Consider racial/ethnic disparities broadly
  – Not limited to black versus white

• Acknowledge complex causes
  – Focus on factors modifiable within healthcare system

• Important attributes of our bundle
  – Actionable
  – Evidence-based
  - Feasible
  - Impactful
Bundle development

• Review of literature
  – Disparities frameworks
  – Drivers of disparities and relative contributions
    • Examples from all of medicine
  – Effective interventions to reduce disparities
Contributors to health and health care disparities

Health system factors
- Health services organization, financing, delivery
- Health care organizational culture, QI

Patient-level factors
- Beliefs and preferences
- Race/ethnicity, culture
- Education and resources
- Biology

Clinical factors
- Provider communication
- Culture competence

Provider factors
- Knowledge and attitudes
- Competing demands
- Implicit/explicit biases

Structural factors
- Poverty/wealth
- Unemployment
- Stability of housing
- Food security
- Racism

Bryant, Allison. Adapted from Kilbourne et al, AJPH 2006
Disparities Bundle Framework

Disparities

- Cultural competent communication
- Literacy
- Language
- Fragmentation
- Bias
- Co-morbidity
- Inter-institutional differences

Education
- Poverty
- Institutional racism
- Environment
Disparities bundle themes

• Care fragmentation
  – Importance throughout reproductive life

• Communication
  – Patient education (culturally competent)
  – Shared decision-making

• Systemic racism
  – Implicit bias

• Lack of measurement and benchmarking
  – Disparity dashboard
  – Inter-hospital differences
Four domains of patient safety bundles

• Readiness
• Recognition
• Response
• Reporting/Systems Learning
Every health system

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g., Spanish proficiency) for providers who communicate with patients in languages other than English.
- Educate all staff (e.g., inpatient, outpatient, community-based) on interpreter services available within the healthcare system.

- Provide staff-wide education on:
  - Peripartum racial and ethnic disparities and their root causes.
  - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.
Readiness: Every Health System

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Every patient, family, and staff member

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families and staff to report inequitable care and episodes of miscommunication or disrespect.
Recognition: Every Patient, Family, and Staff Member

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Recognition: Every Patient, Family, and Staff Member

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Recognition: Every Patient, Family, and Staff Member

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Every clinical encounter

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a women’s reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
  - Provide discharge instructions that include information about what danger or warning signs to look out for, who to call, and where to go if they have a question or concern.
  - Design discharge materials that meet patients’ health literacy, language, and cultural needs.
Response: Every Clinical Encounter

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Every clinical unit

- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.

- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.

- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.

- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.

  - Add as a checkbox on the review sheet: Did race/ethnicity (i.e. implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?
Reporting & Systems Learning: Every Clinical Unit

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Reporting & Systems Learning: Every Clinical Unit

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Call to action

• Obstetric disparities are multi-faceted
  – Portion internal to the healthcare system that can be addressed and redressed

• Not all tools and interventions have an evidence base within obstetric care
  – Just culture, safety culture, and health-services principles still relevant

• “Instead of sitting back on the reflexive defense that racial disparities are too complex for us to do anything about, what if we decided to try anyway?”

Resources


• Harvard University. *Project Implicit*.

• Massachusetts General Hospital Institute for Health Policy. *Improving quality and achieving equity: A guide for hospital leaders*.

• The University of Chicago. *Finding answers: Solving disparities through payment and delivery system reform*.

• View complete resource listing here.
Q&A Session
Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Next Safety Action Series

National Improvement Challenge on Severe Hypertension Winning Programs

December 2016

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Beaumont
South Nassau Communities Hospital
TRUMAN MEDICAL CENTER
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