COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

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Friday, November 4, 2016

12:30 p.m. Eastern

Dial In: 888.863.0985

Conference ID: 49389917

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

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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

Martin et al. Births: final data for 2007. Natl Vital Stat Rep. 2010;58:1-85.; Callaghan, et al. Obstet Gynecol 2012;120:1029-36.;

Obstetric disparities in care

Associations Between Race/Ethnicity and Types of Obstetric Care				
	Non-Hispanic white	**Non-Hispanic black**	**Hispanic**	**Asian**
Labor induction				
N (%)	16400 (32.1)	6597 (28.3)	6123 (23.0)	1389 (23.7)
Adjusted OR (95% CI)	1.00 (ref)	0.88 (0.84-0.92)	0.67 (0.64-0.70)	0.74 (0.69-0.80)
≥1 hour between complete dilation and initiation of pushing				
N (%)	3111 (11.4)	685 (6.2)	854 (6.5)	476 (14.7)
Adjusted OR (95% CI)	1.00 (ref)	0.85 (0.76-0.94)	0.92 (0.83-1.02)	1.13 (1.00-1.27)
Vaginal delivery[j]				
N (%)	35632 (68.5)	16075 (67.3)	19234 (70.5)	3993 (66.6)
Adjusted OR (95% CI)	1.00 (ref)	0.87 (0.83-0.91)	1.06 (1.01-1.12)	0.96 (0.89-1.03)
Episiotomy				
N (%)	4690 (13.6)	767 (4.9)	996 (5.3)	936 (24.0)
Adjusted OR (95% CI)	1.00 (ref)	0.62 (0.56-0.68)	0.63 (0.58-0.70)	1.39 (1.26-1.54)

Grobman et al. Obstet Gynecol 2015;125:1460-7.

Disparities in maternal morbidity

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

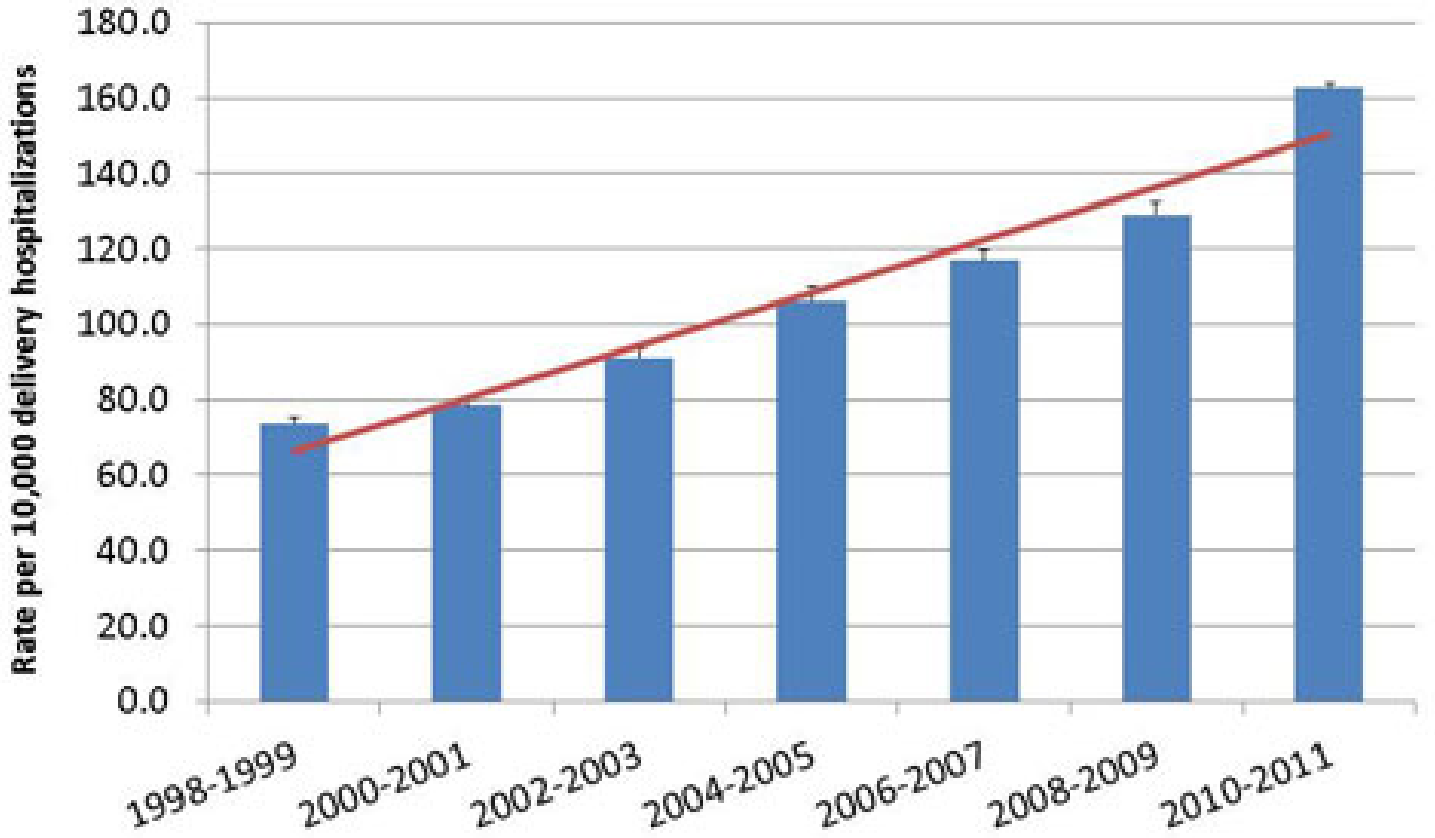
Grobman et al. Obstet Gynecol 2015;125:1460-7.

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

Callaghan, et al. Obstet Gynecol 2012;120:1029-36.; Creanga, et al. J Women's Health. 2014;23:3-9.; Howell, et al. AJOG. 2016;214:e1-7.

Severe Maternal Morbidity During Delivery Hospitalizations: United States, 1998-2011



Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion.

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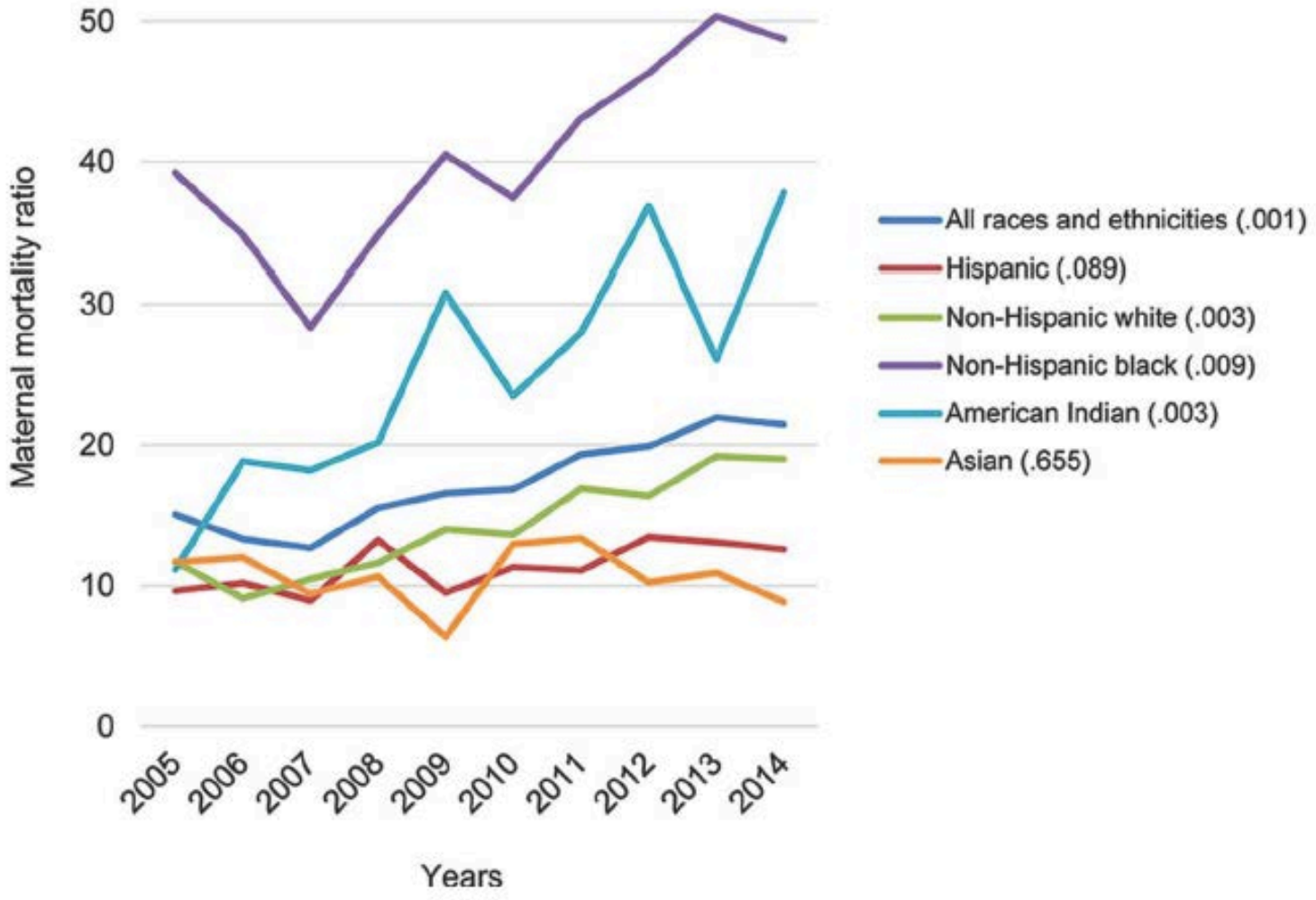
Maternal mortality (per 100,000)



Moaddab, et al. Health Care Disparity and State-Specific Pregnancy-Related Mortality in the United States, 2005-2014. Obstet Gynecol. 2016;128:869-75.

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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

Berg et al. Obstet Gynecol. 2005;106:1228-34.; Geller et al. Womens Health Issues. 2006;16:176-88.; Cooper et al. Report on confidential enquiries into maternal deaths in the UK, 1997–1999. Br J Anaesth. 2002;89:369-72

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
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- 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

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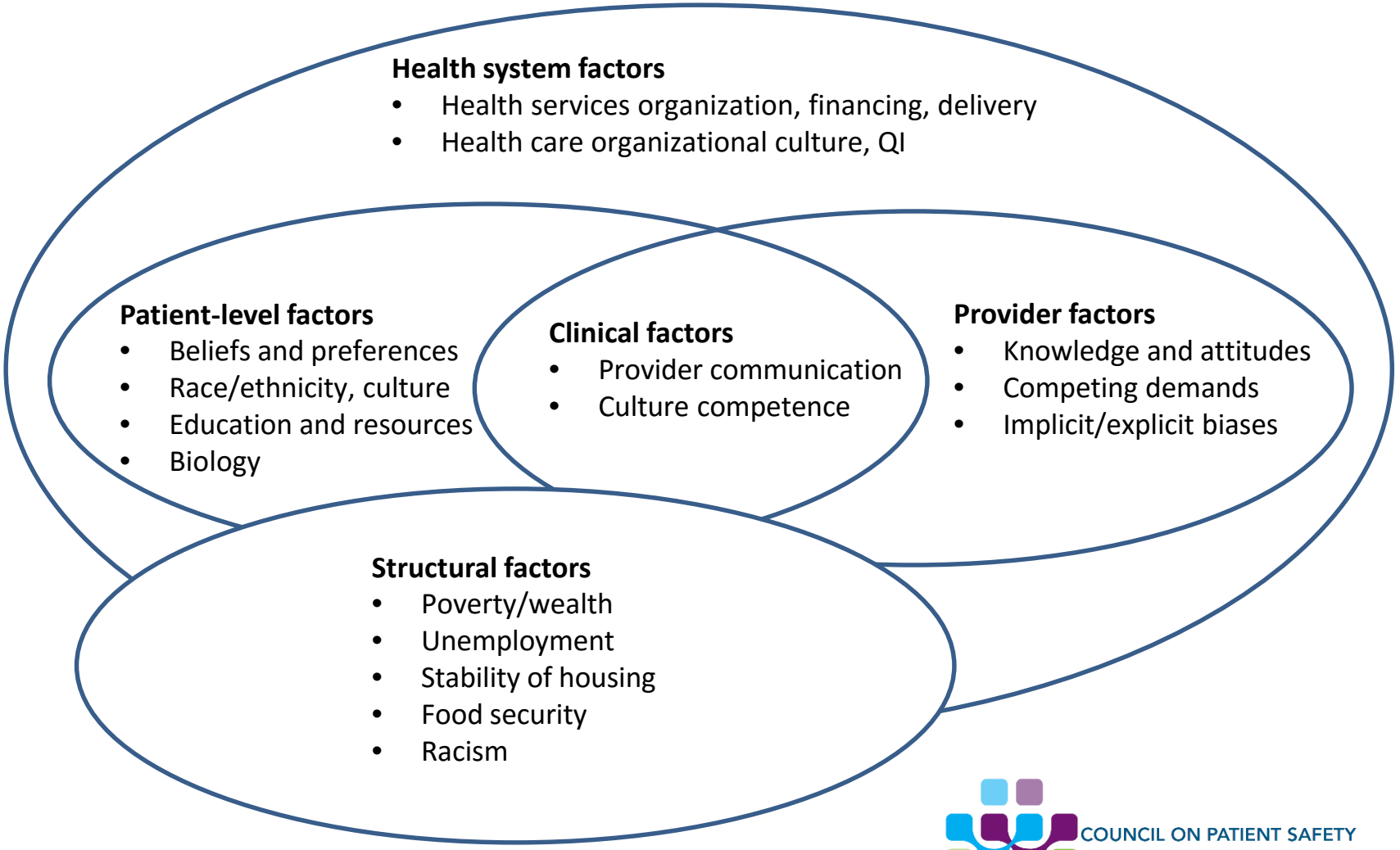
Guiding principles

- 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 - Feasible
  - Evidence-based - Impactful

Bundle development

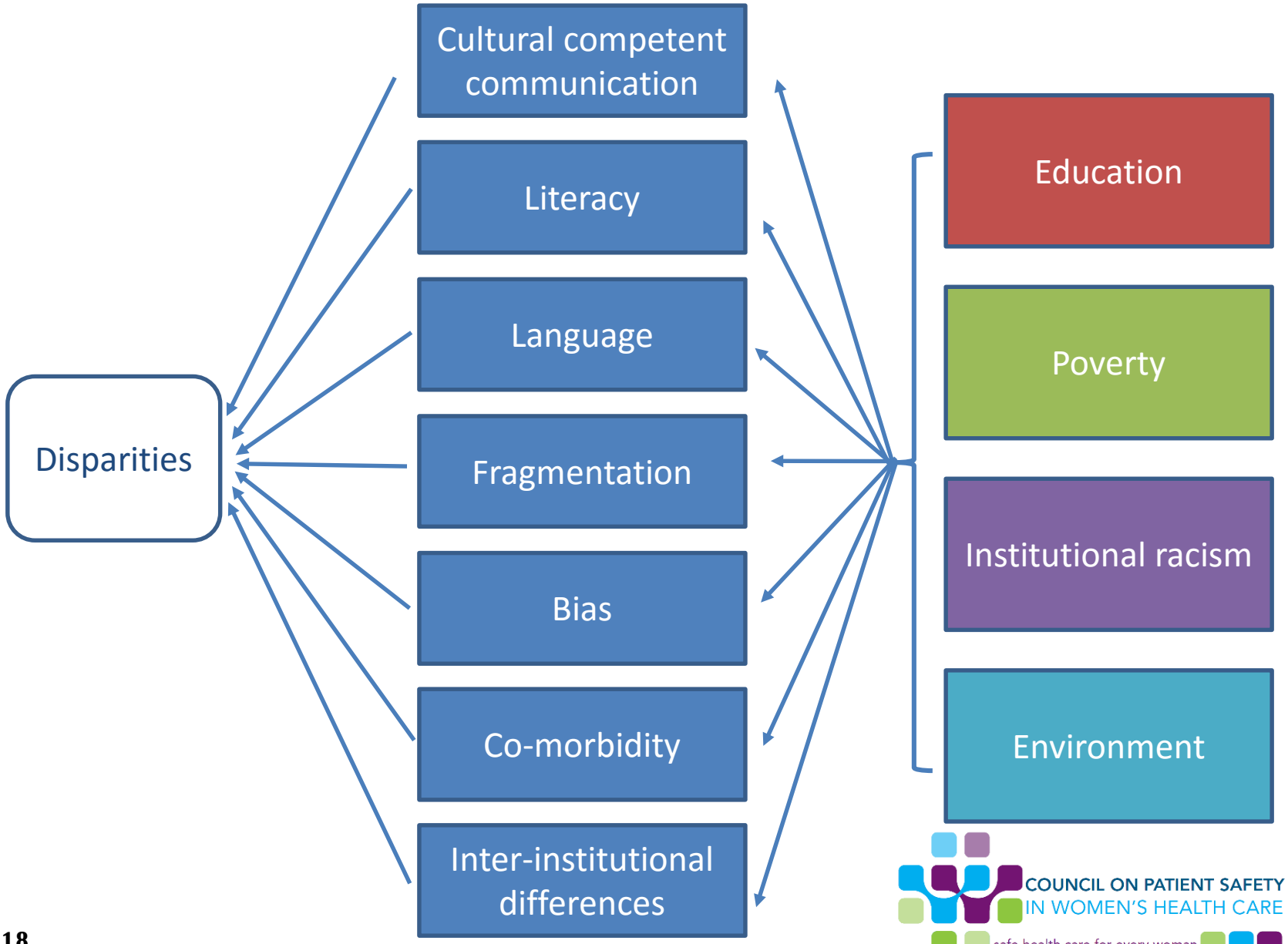
- Review of literature
  - Disparities frameworks
  - Drivers of disparities and relative contributions
    - Examples from all of medicine
  - Effective interventions to reduce disparities

Contributors to health and health care disparities



Bryant, Allison. Adapted from Kilbourne et al, AJPH 2006

Disparities Bundle Framework



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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**

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PATIENT SAFETY BUNDLE

Reduction of Peripartum Racial/Ethnic Disparities

READINESS

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

- ***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.*
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PATIENT SAFETY BUNDLE

Reduction of Peripartum Racial/Ethnic Disparities

RECOGNITION

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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Reduction of Peripartum Racial/Ethnic Disparities

RESPONSE

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.

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Reduction of Peripartum Racial/Ethnic Disparities

REPORTING & SYSTEMS LEARNING

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?"

Eichelberger et al. Am J Public Health. 2016;106:1771-2.

Resources

- Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making – the pinnacle of patient-centered care. *New England Journal of Medicine*, 366, 780-781.
- 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.

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Q&A Session

Press ***1** to ask a question

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Your line will be unmuted by the operator for your turn

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