Obstetrical Improvement Project Toolkit

Reducing Early Elective Deliveries

Prenatal Education Addendum

6/2016
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Introduction

Obstetrical Prenatal Education Improvement Project

Project Background
Between September 2010 and December 2014, the New York State Perinatal Quality Collaborative (NYSPQC) Obstetrical Improvement Project sought to reduce scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks gestation. Throughout the project, participants had the opportunity to: learn from faculty and colleagues; receive individual coaching from faculty members; gather new knowledge on the subject matter and process improvement; share experiences and collaborate on improvement plans; and create strategies to overcome improvement barriers.

During the NYSPQC Obstetrical Improvement Project, data was continually assessed for progress on various measures. Data between June 2012 and April 2014 on the percent of maternity patients educated on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks remained steady, with little improvement, at approximately 50% in participating Regional Perinatal Centers. Therefore, in June 2014, the NYSPQC Obstetrical Improvement Project was expanded to focus on improving documentation of prenatal education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation. Emphasis was placed on providing this education in the mother’s preferred language and increasing documentation of that education. Utilizing experience gained from the Obstetrical Improvement Project, the NYSPQC engaged 13 Regional Perinatal Centers to collect enhanced measures and actively work with an affiliated prenatal care partner clinic to increase such patient education as part of the NYSPQC OB Prenatal Education Project.

This addendum to the NYSPQC/NYSPFP Obstetrical Improvement Project Toolkit provides additional resources for use in continued activities to reduce and sustain low levels of scheduled deliveries without a medical indication prior to 39 weeks. Materials include those created by project participants, as well as additional training provided on quality improvement and cultural competence.

The New York State Department of Health provided financial support to the NYSPQC for the quality improvement activities in this toolkit. Funding was also made possible by grant U38DP003782 from the Centers for Disease Control and Prevention (CDC) and grant 1F1CMS331114-01-03 from the Centers for Medicare & Medicaid Services (CMS).

All information, presentations, policies, tools, and forms contained in this addendum are provided for informational purposes only. The addendum is not meant to provide medical advice nor is it a substitute for professional medical or clinical judgement.

This addendum is being distributed to all New York State birthing hospitals, and is also available on the NYSPQC website (www.nyspqc.org). For more information, please contact nyspqc@health.ny.gov.
Project Measures

As part of the NYSPQC OB Prenatal Education Project, measures were added to the existing NYSPQC Obstetrical Improvement Project to specifically evaluate documentation of prenatal education on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation. Questions were added to the NYSPQC Scheduled Delivery Data Collection tool to determine if the medical record contained documentation of the mother’s preferred language, and if patient education was provided in that language. The new measures calculated the percent of documentation of preferred language, education provided in the preferred language, education in those with preferred language English, and education in mothers with a preferred language other than English.
Project Measures

New York State Perinatal Quality Collaborative

OB Prenatal Education Project Kick-Off Learning Session
June 25, 2014

OB Prenatal Education Project Measures

Measure 5
Percent of maternity patients educated on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks

Number of maternity patients educated, with documentation in the medical record, of risks and benefits of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation

Total number of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation

Goal: 90%

Summary of Barriers to Providing and Documenting Prenatal Education Identified in Current Practices Survey

- Lack of communication between RPCs and affiliated prenatal care clinic(s)
- No standard documentation
- Challenges with educating high risk vs. normal risk patients

Measure 11
Percent of maternity patients with scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation with documentation of preferred language in the medical record

Number of maternity patients with scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation with documentation of preferred language in the medical record

Total number of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation

Goal: 90%
Measure 12a

Percent of maternity with a scheduled delivery between 36 0/7 and 38 6/7 weeks gestation educated on the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation in their preferred language

Number of maternity patients educated in their preferred language, with documentation in the medical record, about the risks and benefits of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation

Number of patients with scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation with documentation of preferred language in the medical record

Goal: 90%

Measure 12b

Documentation of education provided to maternity patients with a preferred language of English about the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation

Number of maternity patients with a preferred language of English with documentation in the medical record, of receiving education about the risks and benefits of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation

Total number of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation among patients with a preferred language of English

Goal: 90%

Measure 12c

Documentation of education provided to maternity patients with a preferred language other than English about the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation

Number of maternity patients with a preferred language other than English with documentation in the medical record, of receiving education about the risks and benefits of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation

Total number of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation among patients with a preferred language other than English

Goal: 25% reduction from baseline disparity
Educational Presentations

As with the original NYSPQC Obstetrical Improvement Project aimed at reducing early elective deliveries, a key component of the OB Prenatal Education Project was the frequent opportunity for participating facilities to share and learn through Coaching Calls, Learning Sessions and other collaborative events. The presentations in this section provide highlights from these events, focusing on patient counseling and cultural competence. These presentations, which can be used to educate hospital staff, are a selection of those that were offered to the OB Perinatal Education Project participants. Additional slides and resources from collaborative activities can be found at www.nyspqc.org.

<table>
<thead>
<tr>
<th>Educational Topic</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Patient Counseling and Education</td>
<td>Kick-off Learning Session, June 25, 2014</td>
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<td>7</td>
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<tr>
<td>Culturally Sensitive Prenatal Care</td>
<td>Summit Learning Session, July 20, 2015</td>
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<td>Quality Improvement</td>
<td>Prenatal Education, Working with Your Prenatal Practices</td>
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<td></td>
<td>Coaching Call, December 8, 2014</td>
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<td>Sustainability of Results and Progress, Holding the Gains</td>
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<td></td>
<td>Coaching Call, April 14, 2015</td>
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<td>29</td>
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<tr>
<td>Project Data Summary</td>
<td>Summit Learning Session, July 20, 2015</td>
</tr>
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<td>33</td>
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</tbody>
</table>
Patient Counseling and Education

What Are Some Considerations?

- Provide optimal care to your patient
  - Understanding of the situation
- Provide compassionate patient and family-centered care
  - Hopefulness and adjustment
  - Informed decisions
  - Satisfaction with medical care

Talking to Patients: SPIKES Guidelines

1. SET-UP for the conversation
2. Assess your patient’s PERCEPTION
3. INVITE your patient to tell you how much she wants to know
4. Share KNOWLEDGE and information with your patient
5. Respond to your patient’s EMOTIONS and reactions
6. SUMMARIZE and make plans to follow-up

What is Your Goal?

- Educate your patient about her medical condition
- Inform her of new concerns or potential complications
- Help her understand treatment options
- Obtain informed consent
- Empower her to improve her own health
- Build trust and a therapeutic relationship
- Improve patient satisfaction

Learning Objectives

- Discuss ways to promote effective communication with patients and their families.
- Identify strategies to overcome potential communication barriers.
- Develop patient education tools to inform your patients.
- Identify elements of a note documenting your conversation with a patient.

Speaking to Patients and Families

How do I tailor my message so that my patients understand the situation?
Prepare Yourself and Begin

- Think about and rehearse what you want to say, especially if you need to give bad news
  - Discuss the issue with your patient
  - Provide enough information that appropriately conveys the gravity of the situation
- Familiarize yourself with important details of her history
- Ask your colleague to respond to any potential interruptions
- Introduce yourself and your role in her care
- State why you are having this conversation
- Ask her if she wants family or a support person present

Share Your Knowledge

- Say what you know simply
- Chunk information into small pieces so that your patient can better process information
- Pause after delivering important or distressing information
- Ask her intermittently if she has questions
- Provide a warning if you are about to give bad news
  - Unfortunately I have some bad news to tell you.

Assess Your Patient’s Perception

- Do not start with a lecture
  - Your patient will feel excluded from the conversation
- Ask her what she knows before you begin telling her information
  - Please tell me about what you have been told by other doctors and nurses about your pregnancy so far.
  - What is your understanding of...
- Do not interrupt unnecessarily

Respond to Emotions

- Patients may be angry, in denial or show distrust
  - Emotions often result from fear, lack of control, pain or stress
- Show empathy
- Listen and validate your patient’s feelings
  - Seek her input
  - Mirror and paraphrase to acknowledge her thoughts
  - What I am hearing from you is that you are worried that your baby is too young to be delivered.

Invite Your Patient to Share

- Ask how much information she wants to know
- Check in frequently to make sure she is still okay with hearing more information
  - Would you like me to review the test results in detail before we talk about treatment options?
- She may prefer that you return to review specific details when her support person is present

Respond to Emotions

- Develop a shared concept of the situation
  - List the facts
  - Reframe and correct misperceptions
  - Align with their goals
Respond to Emotions

Step 5: Emotions

- Avoid the word “but”
  - I know you want to deliver now at 36 weeks, but...
- Use “I wish” sentences
  - You know we are trying to treat your high blood pressure with medications so that you do not need to deliver your baby so early. Unfortunately your blood pressures are still very high, and I am concerned that they are starting to affect your baby’s well-being. I wish there is something else we can give to help your blood pressure. At this point, I recommend...

Barrier: Fear of Asking Questions

- Many patients are embarrassed or intimidated to ask questions or for help
- Some patients do not want to ask questions if they feel the provider is too busy

Summarize and Make Plans

Step 6: Summarize

- Assess your patient’s readiness to implement a plan
- Develop a follow-up plan to assess any changes made
- Reassure your patient that you will continue to provide support

Promote: Understanding

- Speak slowly
- Do not use medical terms
- Do not overwhelm your patient with too much information
  - State what she needs to do and why
  - Tell her what signs and symptoms are concerning
  - Tell her who to call if there are concerns or questions
- Help your patient find resources that he may use
  - Resources may include people, written material, videos, websites, and classes
  - Mixed media works best

Barrier: Poor Health Literacy

- 8 million (15%) Americans cannot read:
  - Keep out of reach of children!
- Many Americans cannot seek, process and understand basic health information
  - Discussions with their doctor
  - Written instructions to take medications
- Poor health literacy affects people of all ages, races, income and education levels

Promote: Understanding

- Understand what your patient knows about his condition
  
  Mr. Robbins, do you have any questions?  vs.
  
  Mr. Robbins, I want to be sure that I explained everything clearly to you. When you speak to your wife later today, what are you going to tell her about your test results?
  
  Great... And what are the 2 things you are going to do to improve your cholesterol?
Promote: A Safe Environment

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Build trust and mutual respect | • Introduce yourself and your role  
• Your baby’s health is important to me. |
| Foster collaboration    | • I want to know how I may help you.                                    |
|                         | • I would like us to work together to achieve your goals.                |
| Get the facts           | • Help me understand.                                                    |
| Encourage questions     | • Please write down questions as you think of them.                      |
|                         | • Do you have any questions?                                             |

Top 10 Tips When Caring for a Deaf Patient

1. Don’t assume. Ask the patient/family member what accommodations would make their stay go smoothly (e.g., interpreter, TTY, etc.).
2. Turn captioning on TV.
3. Face the patient when addressing him/her (not the interpreter).
4. Use basic language. Avoid idioms and figures of speech.
5. Write down important information (test results, numbers, names, etc.).
6. Do not accept a nod or smile as an indication of understanding.
7. Turn lights on and off 2-3 times slowly when entering room to alert patient.
8. Keep lighting adequate for communication at all times.
9. Allow time for interpreter to finish and patient to have a chance to reply.
10. Be creative and flexible. (Deaf patients can press the nurse call button, but cannot hear any response through the intercom.)

Cultural, Religious, Ethnic Diversity

Barrier?

- Ask your patient if there are any special considerations about her care that you should know about
  - Mexican-American communities – Pregnancy is not considered an illness, and thus women do not think that they need early prenatal care
  - Arab Muslim communities – Modesty is highly valued, and only husbands are permitted to touch their wives

Barrier: Lack of Time

- How do you counsel patients if you have an imminent delivery?
- What about during times when you need to emergently deliver the baby?

Cultural, Religious, Ethnic Diversity

Barrier?

- View each patient as a unique individual
- Ensure that you are communicating via an interpreter if English is not their primary spoken language
- Learn about the common communities you serve
- Learn from past experiences by discussing with colleagues and developing a plan

Barrier: Lack of Time

- How do you counsel patients if you have an imminent delivery?
- What about during times when you need to emergently deliver the baby?

Build: Communication Skills

- Ask a colleague to speak to the patient together
- Ask a trusted support person to participate in the discussion
- Discuss with colleagues their experiences
- Ask a colleague to provide feedback on your communication skills
- Participate in simulations and role-playing with facilitated debriefings
- Use videos to illustrate effective and ineffective communication techniques
Using Written Material

How can written material help my patient understand and make informed decisions?

Write Directly to Your Reader

- Use the second person narrative
  - "Choose your words carefully" vs. "One should choose his words carefully"
  - Reader will feel like you are speaking directly to him
  - You will take up less writing space

- Use the active voice
  - "Choose your words carefully" vs. "Words should be chosen carefully"
  - You will state your ideas with greater impact
  - Your reader will know who the subject of the sentence is

- Use contractions

Organize Your Message

- What information is important for your patient to know?
  - Grab your patient’s attention
  - State the document’s purpose
  - Start with the most important information

- What questions would your patient have?
  - Answer the 3-5 most important questions
  - Build a story board

Say It Simply

- Write at a third grade reading level

<table>
<thead>
<tr>
<th>Level</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>Below Basic</td>
<td>Searching a short, simple text to find out what a patient is allowed to drink before a medical test</td>
</tr>
<tr>
<td>Basic</td>
<td>Finding in a pamphlet for prospective jurors an explanation of how people were selected for the jury pool</td>
</tr>
</tbody>
</table>

40 Reasons

To Go the Full 40

Nobody likes to be naked—especially babies!

Your baby needs a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, including baby is associated with increased risks including preterm delivery, cesarean section, hemorrhage, and infection. Color should only be induced for medical reasons—not for convenience or scheduling reasons. Babies will be born when they’re ready to emerge. Until then, here are 40 reasons to go at least the full 40 weeks of pregnancy.

10. Feeding Health & Skill
1. Not taking a bath - bathing of other personal appearance helps ensure a healthy newborn.
2. Save the baby - save the baby who you want to take care.
3. Let labor begin - there are few complications and risks for both you and babies through natural births.
4. Baby born - for a real baby born when the time is right for the baby, who was in many cases, ends in a longer hospital stay and a longer recovery.
5. Birth a closer baby - of 30 weeks your baby breathes until 29" the baby will be at risk.

Say It Simply

The Dietary Guidelines for Americans recommends a half hour or more moderate physical activity on most days, preferably every day. The activity can include brisk walking, calisthenics, home care, gardening, moderate sports exercise, and dancing.

- Be concise
- Keep sentences short
- Avoid jargon

Do at least 30 minutes of exercise, like brisk walking, most days of the week.
Chunk Information

- Organize information into logical, easy-to-follow sections
- Present only 1 main idea in each section
- Keep sections short
- Start sections with informative headings

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DEFINITION</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Presents a question</td>
<td>What is a Late Preterm infant?</td>
</tr>
<tr>
<td>Statement</td>
<td>Uses a noun and verb</td>
<td>Late Preterm infants are born between 34-37 weeks</td>
</tr>
<tr>
<td>Topic</td>
<td>Uses a word or short phrase</td>
<td>Late Preterm infants</td>
</tr>
</tbody>
</table>

Emphasize Important Points

- **Bold and italicize sentences or phrases to draw your reader's attention to important points in your text.** Do not capitalize or underline whole sentences and paragraphs, because your reader will have more difficulty reading the text. Your reader may also think you are shouting and being obnoxious. Also, your reader may think underlined text is a hyperlink in electronic documents.

Clarify and Make Information Legible

<table>
<thead>
<tr>
<th>Method</th>
<th>Use of Method</th>
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<tbody>
<tr>
<td>Use examples</td>
<td>To simplify complex concepts</td>
</tr>
<tr>
<td>List information</td>
<td>To place information in order of importance</td>
</tr>
<tr>
<td>Insert graphics, tables, charts, figures</td>
<td>To illustrate complex concepts</td>
</tr>
<tr>
<td></td>
<td>To illustrate relationships between ideas</td>
</tr>
<tr>
<td>Use &quot;white&quot; space</td>
<td>To make text easier to read</td>
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<td>Note: 1/3 of the page should be space</td>
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</tbody>
</table>

Pilot Test Your Documents

- Interview readers and conduct focus groups
  - What did your reader learn?
  - Was your reader able to find information?
  - What are your readers' attitudes and expectations?

If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks.

A baby born at 36 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.

26 weeks
30-36 weeks
37-40 weeks

Patient information: The ABCs of diabetes (The Basics)

What can I do to stay as healthy as possible if I have diabetes? — If you have diabetes (sometimes called diabetes mellitus), the most important thing you can do is to control your ABCs:

- "A" stands for "A1C" — A1C is a blood test that shows your average blood sugar level has been during the past few months.
- "B" stands for "blood pressure" — If you have diabetes, controlling your blood pressure is just as important as controlling your blood sugar. High blood pressure puts you at risk for heart attack, stroke, and kidney disease.
- "C" stands for "cholesterol" — Cholesterol is a waxy substance found in the blood. High cholesterol is another factor that increases your risk of heart attack, stroke, and other serious problems.

Why are my ABCs so important? — Compared with people who do not have diabetes, people who have diabetes are 2 to 3 times more likely to have a heart attack or a stroke. People with diabetes also have heart attacks at a younger age and develop more serious and more deadly. Plus, people with diabetes are much more likely to get kidney disease. By keeping your ABCs under control, you can lower your risk of these problems by a lot.

From: www.abcdata.com
Eye Tracking on a Website

- We read only 18% of information on a webpage
- We scan web pages in an “F” pattern

Patients and the Web

How are my patients using the web for health information?

Documentation

How should I document a conversation I had with my patient?

The Web and Social Media

- Patients use the web to find answers to questions about their health
  - 59% of all adults search online for health information
  - Visiting health-related websites is the 3rd most common online activity
- Patients rely on peers for health information
  - 40% of internet users use social media sites for health information
    - #1 site = Facebook (94% of responses)
    - #2 site = YouTube (32% of responses)

Capture the Significant Parts

- What are the essential elements of a note documenting your conversation with a patient?
- Place yourself in the shoes of another provider reading your note
Updated Mrs. Rose about the new finding of a PDA noted on Charlie’s ECHO. Discussed with her that Charlie is showing signs that the PDA is hemodynamically significant (increased Q2 requirement, hypotension requiring pressors, renal insufficiency). We discussed the potential benefits and complications of medical therapy with indomethacin. She decided that she would like to proceed and understands that indomethacin has been associated with renal and platelet dysfunction, as well as spontaneous intestinal perforation.

References - Articles and Books


In Summary

- Discussed ways to promote effective communication with patients and their families.
- Identified strategies to overcome potential communication barriers.
- Discussed how patient education tools may be formatted to better inform your patients.

Thank You!

References - Websites

- PeopleHealth. Go the Full 40 Campaign resources. http://www.health40.com/page,the-full_40_campaign_resources_847

Culturally Sensitive Prenatal Care

What We Will Discuss Today

1. Why is Cultural Competence Important?
2. Understanding Barriers
3. Understanding Culture & Cultural Competence - THE BASICS
4. What to DO?
   a) Improving Cultural Competence
   b) Cross-Cultural Communication Techniques

1. WHY IS CULTURAL COMPETENCE IMPORTANT?
A. Responding to Demographic Changes

Activity:
- Where do foreign-born/minorities live in your area?
- Who are they?

B. Eliminating Health Disparities

Also called:
- Healthcare Inequality
- "Differences in health outcomes which are
  - Unnecessary
  - Avoidable
  - Unfair and unjust"

U.S. Population by Race/Ethnicity from: 2010 to 2050

- Pregnant LEP women:
  - Healthcare system is hard to navigate
  - Unmet health needs
  - Inadequate prenatal care services

B- Eliminating Health Disparities

Maternal and infant health inequities and disparities:
- Social and economic implications
- Poor health outcomes
- Increased healthcare costs:
  - $1.24 trillion medical costs
  - 30% - direct medical care cost
    - racial and ethnic minorities
B. Eliminating Health Disparities

March of Dimes 2014 Premature Birth Report Card

New York

<table>
<thead>
<tr>
<th>Race</th>
<th>Birth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>11.7%</td>
</tr>
<tr>
<td>White</td>
<td>9.2%</td>
</tr>
<tr>
<td>Black</td>
<td>15.0%</td>
</tr>
<tr>
<td>Native American</td>
<td>9.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>8.9%</td>
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</tbody>
</table>

Cultural competency helps reduce health disparities

C. Meeting Legislative, Regulatory, & Accreditation Mandates

Title VI applies:
- To all hospitals, clinics, recipients of federal funds
- To all personnel
  - Administrators
  - Providers
  - Counselors/Educators
  - Advocates
  - Interpreters

C. Meeting Legislative, Regulatory, & Accreditation Mandates

Joint Commission (JCAHO):
- "The patient and/or, when appropriate, His/her significant other(s) receive education specific to the patient's relevant health care needs, in ways understandable to the patient and/or his/her significant other(s)."

State laws and Medicaid contracts requirements:
- To conduct a self-assessment
- To evaluate quality improvement on cultural or linguistic issues
- To eliminate health care disparities

C. Meeting Legislative, Regulatory, & Accreditation Mandates

Title VI of the Civil Rights Act of 1964:
"No person in the United States shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

C. Meeting Legislative, Regulatory, & Accreditation Mandates

National Committee on Quality Assurance Requirements:
- To collect data
- To provide language services
- To maintain a practitioner network:
  - Diverse staff
  - Staff must provide effective, understandable, and respectful care
- Provide training to staff
  - Cross Cultural Health Care Program
  - www.acculture.org
- Reduce health disparities
C. Meeting Legislative, Regulatory, & Accreditation Mandates

National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- Federal requirements
  - For all organizations recipients of Federal funds
- 14 standards:
  - 1-5 Culturally Competent Care
  - 6-7 Language Access Services
  - 8-14 Organizational Supports for Cultural Competence

D. Gaining a Competitive Edge in the Marketplace

Do patients really understand you?
- "I would tell the doctor only half of what I want to say."
- "I want to say that I am allergic to certain medication, but I can't."
- "I am embarrassed to tell my relatives the real problem, so they tell the doctor."

C. Meeting Legislative, Regulatory, & Accreditation Mandates

Affordable Care Act:
- Eight-Provisions
  - Reducing disparities
  - Increase access to culturally competent care
- Integrate diversity and equity objectives in mission
- Work with advocates who are reflective of diverse communities
- Ensure culturally and linguistically appropriate information
- Share and disseminate information about addressing diversity and equity
  - Experiences
  - Promising practices

D. Gaining a Competitive Edge in the Marketplace

Write 3 reasons why you should address culture and become cultural competent

1. 
2. 
3. 

Cultural and Linguistic Competence Rationale

D. Gaining a Competitive Edge in the Marketplace

Consider the benefits:
- Building trust
- Avoiding offensive messages
- Increase retention
- Increase satisfaction of individuals
- Increase # women to deliver at 39 weeks
- _________
Cultural and Linguistic Competence Rationale

E. Decreasing the Risk of Liability or Malpractice Claims

- Inadequate communication with patients may result in liability:
  - Damages resulting from treatment in the absence of informed consent
  - Failure to bridge communication gaps
  - Failure to comply with laws and requirements

Complain is filed + Investigation OCR
Org. found at fault = Federal and State funds - $ or gone

F. Improving the Quality of Services & Outcomes

Barriers that affect quality of health care in minorities:
- Lack of multilingual health information
- Prevalence of chronic diseases
- Poverty
- Low health literacy
- Cultural health beliefs

Source: HRSA/HCO/ECHO Diverse Populations Health Disparities through Cultural Competency, August 2010

Physicians who had never been sued were likely to:
- Concerned
- Accessible
- Treat patients with respect
- Willing to communicate
  - Listen to patients
  - Give them information
  - Keep communication lines open

F. Improving the Quality of Services & Outcomes

“When you make the care ethnically or culturally specific, people are more comfortable and tend to respond better”

B. Lohsen, BSN, RN, a nurse who has worked in the Asian program

Do all women feel comfortable showing their belly to others?
F. Improving the Quality of Services & Outcomes

The good news.... Cultural competence leads to:
- Better communication
- Medication/advice adherence
- Improved health status
- Fewer emergency visits and hospitalization

CULTURAL BARRIER: UNDERSTANDING CULTURE & CULTURAL COMPETENCE

2 - UNDERSTANDING BARRIERS

Activity – In Your Experience:
- What are some of the barriers faced by foreign born/minorities you serve?
- How do these barriers affect them?

Activity

- What is culture
- What is cultural competence?

Language Barrier
Languages Spoken in the US 2006-2008

What is Culture?

- Culture is the distinctive life-way of a people united by a common language and governed by rules for their beliefs and behavior.
- In layman’s terms, culture is what we live everyday and what we bring with us to the workplace.

“WE ALL HAVE CULTURE”
**What is Culture?**

Culture is:
- A way of life of a group of people
- Beliefs, values, and symbols
- Passed along by communication from one generation to the next.
- What we live and learn everyday
- Who we are
- With us all the time
- What we bring with us

**Why Culture Really Matters?**

- When culture is ignored, patients:
  - Feel ignored
  - Are at risk of not getting the services they need

**What is Cultural and Linguistic Competence?**

“Competence” implies having the capacity:
- To function effectively as an individual/organization within the context of
  - Cultural beliefs
  - Ways of life
  - Needs presented by patients
- DHHS/OMH CLASS standards

**4-What Can We Do to Improve Cultural Competence?**

**How Do We Achieve Cultural Competence?**

Organizations and individuals should have the capacity to:
1. Value Diversity
2. Understand Culture and Cultural Differences
3. Manage the Dynamics of Difference
4. Conduct Self-assessment
5. Acquire and Institutionalize Cultural Knowledge
6. Adapt to Diversity and the Cultural Contexts of the Communities Served
1-Value Diversity

- Differences according to:
  - Life experiences
  - Country, area, region of origin
  - City vs. Rural
  - Educational levels
  - Literate in their own language
  - Socioeconomic status
  - Class differences
  - Gender roles
  - Religious beliefs and practices
  - Length of time in the USA
  - Second generation vs. first generation
  - Beyond ethnicity and race:
    - Sex and sexual orientation
    - Special needs

2- Understanding Culture

- Culture and language may influence the patients:
  - Health, healing and wellness belief systems
  - Perception of illness, disease and their causes
  - Behaviors of patients who are seeking health care
  - Attitudes of patients toward health care providers

3- Manage the Dynamics of Difference

- Most people are unaware of our culture:
  - The role it plays in our behavior
  - The way it affects our views

- Many times people find themselves:
  - Mystified by the behaviors of others who are influenced by their culture

Visible Cultural Groups

- Some differences are visible:
- Difference may also be apparent because of:
  - Can you tell education?
  - Can you tell religion
3- Manage the Dynamics of Difference

How can visible and invisible aspects of cultures affect our views and responses towards others?

Differences, similarities and the unknown invisible aspects of culture do not allow us to make correct assumptions about others. Stereotypes versus Generalizations

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Working Towards Cultural Competency
Conduct Self Assessment

To lower barriers to cultural competence
We need to look at our own identity

Activity:
Do a self-assessment
Create your cultural identity

© Plain Language and Culture

3- Manage the Dynamics of Difference

Awareness
• We need to be aware of the emotional responses
• When we identify characteristics that are ‘different’ from our own:
  – It is important to ‘step outside ourselves’
  – Observe our own thoughts, feelings and assumptions

Want to share an example?

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Define Your Cultural Identity

A. List Cultural Identity Elements

1. _______
2. _______
3. _______
4. _______
5. _______

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3- Manage the Dynamics of Difference

The role of the health professional:
• To listen, respect preferences
• To recognize differences, and supporting choices
• To educate, nurture, and protect their vision and practice.
• To not force her or his own vision or that of the medical establishment (Mallak, 2000).
• Supporting their individual decision

© Plain Language and Culture

Define Your Cultural Identity

Activity:
B. Create a pie chart with these elements.
Size of slices reflects strength (importance to you) of each element.

© Plain Language and Culture
5-Acquire and Institutionalize Cultural Knowledge

What to do

Use professional translators/translation services:

"Reserved for pregnant dogs."
Second line in Tamil Language (India, Sri Lanka)

© Plain Language and Culture

Getting Started

Answer These Questions

YES - NO

- Do you know your patient population? ____
- Do you celebrate cultural diversity? ____
- Do staff and the organization understand and respect the cultures represented? ____
- Do programs address the unique needs and concerns of the cultural groups represented? ____
- Is cultural competence reflected in policies, practices, and procedures? ____
- Does staff at all levels reflect the cultures of the community? ____

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5-Acquire and Institutionalize Cultural Knowledge

What to do

Use professional translators/translation services:

© Plain Language and Culture

Getting Started

Answer These Questions

YES - NO

- Do you know your patient population? ____
- Do you celebrate cultural diversity? ____
- Do staff and the organization understand and respect the cultures represented? ____
- Do programs address the unique needs and concerns of the cultural groups represented? ____
- Is cultural competence reflected in policies, practices, and procedures? ____
- Does staff at all levels reflect the cultures of the community? ____

© Plain Language and Culture

5-Acquire and Institutionalize Cultural Knowledge

What to do

Use professional translators/translation services:

© Plain Language and Culture

Is About Communication Skills

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Cross Cultural Communication Techniques

Effective Cross-Cultural Communication Techniques – Non-Verbal

- Consider the cultural interpretation - non-verbal language
- Gestures and pauses
- "The meaning ascribed to the behavior is not necessarily an accurate representation of what the person intended" (Fitzgerald, 1996: 24)

Effective Communication Techniques Talking with Patients

- Repeat the information
- Give information/instructions in writing
- Give information in simple terms
- Let people know that it is OK to ask questions
- Acknowledge that the family role
  - Explain regulations
  - Specially when is needed

Cross Cultural Communication Techniques

Non-verbal behavior interpreted differently across cultures:

Eye contact

Guidelines and Modules for Cultural Competence

Cross Cultural Communication Techniques

Non-verbal behavior interpreted differently across cultures:

Personal Space

Achieving Cultural Competence

The AWARE Model:

<table>
<thead>
<tr>
<th>Communication Across Cultures</th>
<th>R: Respect</th>
</tr>
</thead>
<tbody>
<tr>
<td>A=ACCEPT</td>
<td>E: Explanatory Model</td>
</tr>
<tr>
<td>W=WONDER</td>
<td>S: Socio-cultural Context</td>
</tr>
<tr>
<td>A=ASK</td>
<td>P: Power</td>
</tr>
<tr>
<td>R=RESEARCH</td>
<td>E: Empathy</td>
</tr>
<tr>
<td>E= EXPLAIN</td>
<td>C: Concerns and Fears</td>
</tr>
<tr>
<td></td>
<td>T: Therapeutic</td>
</tr>
<tr>
<td></td>
<td>Alliance/Trust</td>
</tr>
</tbody>
</table>
Achieving Cultural Competence

The LOVE MODEL

L = Listen
O = Open ended questions solicitation
V = Validate feelings
E = Educate with focused messages on point

Case Study #1

A patient who had a previous delivery less than 39 weeks (occurred naturally perhaps at 37 ½ weeks) that child is fine, now with baby #2 she is 38 weeks and sick of being pregnant and wants to be induced. She thinks since her first is fine this one will be also so doesn’t believe warnings about risks apply to her.

Case Study #2

A Spanish speaking recently immigrated mom who indicates she plans to deliver her baby before her husband goes back to the army

Working with a Diverse Population Summary

- Exercise patience
  - Exercising patience demonstrates compassion and a willingness to understand.
- Recognize language barriers
  - Noticing accents (people from different countries/regions, dialects)
  - Anticipating misunderstandings will save you time and effort

- Avoid assumptions
  - It is easy to misinterpret another individual’s tone of voice
  - Give the other party the benefit of the cultural doubt

Education is the key – both ways!

- Maintain control during a heated situation
  - The tone, rate, volume, and pitch of your voice can indicate your mood
  - Going into the exchange with the proper mindset will set you up for a calm, successful interaction
Working with a Diverse Population Summary

- Avoid stereotyping
  - By recognizing that you are dealing with one individual at a time

  Not all men are...
  Not all women are...
  Not all Latinos....
  Not all Chinese....
  Not all Italians....

Good questions to ask:

- What do you think may be the reason you have these problems?
- What do friends, family, others say about this problem?
- Do you know anyone else who has had or has this kind of problem, what do they do?
- Do you need to ask anyone in your family for.....

Ask others directly what you want to know about them.

“They” will be your best teachers regarding their background, present situation, problems, fears and concerns.

If I ask you now:

What is the formula for cultural competent cross cultural communication?

Recognizing Diversity

“New York is a true melting pot of cultures,”

Homework

- What can you do in a situation of confusion caused by differences in cultural views?
- What are some questions to ask when approaching a situation in which you do not understand or do not know how to proceed?
Team Exercise

- Select one of the specific changes you have successfully implemented in your prenatal care education during this project.
- Assume your current team all retire:
  1. Will this change continue to be used?
  2. What could make your care revert to the old system without this change?

Type your answers into “CHAT”
Strategies to Hold the Gains:
During Implementation

- Seek and use input from others, especially those affected by the change, during testing
- Use multiple PDSA cycles to implement the change
- Collect data over time when conditions are expected to change
- Redesign support processes for new process
- Address the social aspects of change

Why Do You Believe You Have Maintained Performance Levels? (please list the top 3 reasons)

<table>
<thead>
<tr>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category of Response</td>
</tr>
</tbody>
</table>

Plan to Hold the Gains:
1. Intentional Communication
   - Make clear the aim, successes, learnings, and benefits to all stakeholders
   - Document the improvement efforts (establishing a “memory”)
   - Keep in contact with your team and other teams in the collaborative

Strategies to Hold the Gains
After Implementation

1. Intentional communication
2. Infrastructure to make the change permanent
3. Effective control systems so that performance is monitored and “decay” is noted and addressed

Plan to Hold the Gains:
2. Infrastructure
   - Address training and development of new skills
   - Make changes to job descriptions, policies, and procedures
   - Assign ownership for improving and maintaining the new process
   - Hold senior leaders responsible for the efforts to sustain the change and to remove inhibitors that might allow slippage back to the old system
Plan to Hold the Gains:

3. Design an Effective "Control System"
   - Map out the flow of the new process
   - Standardize crucial steps in the new process
   - Develop measures and feedback on crucial steps
   - Design training for new employees
   - Define some "simple rules" to guide the practice
   - Use periodic self audits to verify that practices are being followed

Strategies to Hold the Gains

Strategies in each of the phases of improvement

- Test
- Implement
- Improvement
- Hold Gains

I. During testing
II. During implementation
III. After implementation

Plan to Hold the Gains:

3. Design effective Control System
   - Use your internal QA resources and integrate activities into hospital-wide control system
   - Plan to standardize new process and verify conformance to the standard
   - Continue run charts to monitor process and outcome measures from the collaborative

Benefits of a Standard Process

- Hold the improvement gains
- Gain consistency in performance
- Allow for mobility of workforce
- Provide platform for continuous improvement
Project Data Summary

New York State Perinatal Quality Collaborative
OB Prenatal Education Project Collaborative Summit
July 20, 2015

September 2, 2015

% of Patients who Received Education, with Education Delivered in their Preferred Language

- Percent of scheduled deliveries without a medical indication remained low
- Documentation of education improved by 24%, from 59.4% of patients in June 2014 to 73.8% of patients in May 2015
- Documentation of preferred language remained stable around 99%

September 2, 2015

Summary

- Documentation of education delivered in the preferred language increased by 25%, from 57.5% in June 2014 to 71.9% in May 2015
- Disparity still exists between patients with a preferred language of English and other than English in the documentation of education delivered in the preferred language
Data and Quality Improvement Tools

The data collection tool used for the NYSPQC OB Prenatal Education Project was an updated version of the NYSPQC Scheduled Delivery Data Collection tool used in the original Obstetrical Improvement Project. Specific questions were added to the tool to determine if the medical record contained documentation of the mother’s preferred language, and if patient education was provided in that language.

The NYSPQC OB Prenatal Education Project was a collaborative quality improvement project. Quality improvement encourages participants to learn from each other and as part of the process teams are encouraged to ‘steal shamelessly and share seamlessly’ throughout a project. Through the use of the Institute for Healthcare Improvement’s Breakthrough Series and the Model for Improvement, participating teams embedded strategies to measure and address disparities in care and outcomes. Teams identified, tested and spread effective changes throughout the project. The quality improvement and data collection tools in this section are key tools used by participating facilities to achieve desired goals.

Additional data collection and quality improvement tools can be found on the NYSPQC website: www.nyspqc.org.
### Data Collection Tool

**New York State Perinatal Quality Collaborative – Scheduled Delivery Form**

Scheduled is defined as all inductions and cesarean sections prior to onset of labor between 36 0/7 and 38 6/7 weeks gestational age

#### A. Patient Demographics

<table>
<thead>
<tr>
<th>1. Permanent Facility Identifier (PFI):</th>
<th>2. Facility Name:</th>
<th>3a. Sequence Number:</th>
<th>3b. System ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Admit Date (Month and Year): mm/yy/yyy</th>
<th>5. Maternal Age: _____ years</th>
<th>Medical Record Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivery Type</th>
<th>Spontaneous</th>
<th>Operative</th>
<th>Primary</th>
<th>Repeat</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Vaginal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cesarean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Induced Labor</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Patient ethnicity: Hispanic</th>
<th>Non-Hispanic</th>
<th>Ethnicity Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Patient race: White</th>
<th>Black or African American</th>
<th>American Indian/ Alaskan Native</th>
<th>Asian</th>
<th>Native Hawaiian/ Other Pacific Islander</th>
<th>Some Other Race</th>
<th>Race Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Primary Insurer: Medicaid</th>
<th>Uninsured</th>
<th>Private</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Clinical Data

<table>
<thead>
<tr>
<th>13. Final Gestational Age at Delivery: _____ weeks _____ days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Was gestational age documented in the chart?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Was gestational age of less than 36 weeks confirmed by one of the following?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First or second trimester ultrasound x 20 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal heart tones documented for 30 weeks by Doppler ultrasonography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 weeks since positive serum/urine human chorionic gonadotropin pregnancy test result</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Was fetal lung maturity documented by amniocentesis?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. For inductions, was the Bishop Score of cervical status 8 or greater for a primigravida birth mother or 6 or greater for a multigravida birth mother?</th>
<th>Score 28 primigravida. 36 multigravida. Determined, did not meet criteria Not measured or cannot be calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Patient Counseling (18a and 18c are only required for HHCs participating in the OB Prenatal Education Project)

<table>
<thead>
<tr>
<th>18a. Was there documentation in the medical record that the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks were discussed with the mother?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18b. Was there documentation in the medical record of the mother’s preferred language? If yes, please specify the language.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18c. Was patient education provided in the mother’s preferred language?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Reason for Scheduled Delivery

<table>
<thead>
<tr>
<th>19. Was there documentation in the medical or prenatal record of the primary reason for scheduled delivery?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of the following was the PRIMARY reason documented in the medical records for a scheduled delivery between 36 0/7 and 38 6/7 weeks gestation? (Reasons can be maternal, fetal, psychosocial)</th>
<th><strong>SELECT ONLY ONE AND SPECIFY BELOW AS NEEDED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature rupture of membranes</td>
<td>Prepregnancy hypertension</td>
</tr>
<tr>
<td>Prolonged rupture of membranes</td>
<td>Gestational diabetes</td>
</tr>
<tr>
<td>Chorioamnionitis</td>
<td>Diabetes (Type I/II)</td>
</tr>
<tr>
<td>Placental abruption</td>
<td>Heart disease (specify in #23 below)</td>
</tr>
<tr>
<td>Placenta previa/ Vasa previa</td>
<td>Liver disease (specify in #23 below)</td>
</tr>
<tr>
<td>Gestational hypertension</td>
<td>Renal disease (specify in #23 below)</td>
</tr>
<tr>
<td>Preeclampsia/Eclampsia</td>
<td>Pulmonary disease (specify in #23 below)</td>
</tr>
<tr>
<td>Placenta Accreta</td>
<td>Other (specify in #23 below)</td>
</tr>
</tbody>
</table>

**NYSPGC Scheduled Delivery Form** 1 Medical Record # and initials for site use only will not be sent to NYSDOH  Revision Date: 8-30-2014
### New York State Perinatal Quality Collaborative – Scheduled Delivery Form

Scheduled is defined as all inductions and cesarean sections prior to onset of labor between 36 0/7 and 38 6/7 weeks gestational age.

### 21. Fetal Reasons for Scheduled Delivery

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oligohydramnios</td>
<td></td>
</tr>
<tr>
<td>Intrauterine growth restriction</td>
<td>&lt; 5th percentile for gestational age</td>
</tr>
<tr>
<td>Fetal demise</td>
<td></td>
</tr>
<tr>
<td>Macrosomia-Sono EP&gt;9,000 gms</td>
<td>Abnormal fetal testing (by NST, BPP, or continuous wave Doppler)</td>
</tr>
<tr>
<td>Major fetal anomaly</td>
<td>Alloimmunization/fetal hydrops</td>
</tr>
</tbody>
</table>

### 22. Psychosocial Reasons for Scheduled Delivery

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial stress (e.g., domestic violence, no social support, worrisome long hrs. upright)</td>
<td>Patient request — &quot;Elective&quot;</td>
</tr>
<tr>
<td></td>
<td>Other (specify in #23 below)</td>
</tr>
</tbody>
</table>

23. Specify (narrative as directed above)

24a. When 'Other' is selected as the Maternal or Fetal reason, was the reason for scheduled delivery reviewed by a designated reviewer or panel? □ Yes □ No □ Review Pending

Results of scheduled delivery review from Q24a:

24b. Medically indicated based on review? □ Yes □ No

24c. If the answer to question 24a is "Yes", please explain decision based on review

### Infant Outcome

25. Plurality – please enter the number of infants delivered: [ ]

26. Was any infant(s) admitted to the Neonatal Intensive Care Unit (NICU) for more than 4 hours? □ Yes □ No

27. If 'Yes': Number of days in NICU (Baby #1): [ ]

28. If 'Yes': Number of days in NICU (Baby #2): [ ]

29. If 'Yes': Number of days in NICU (Baby #3): [ ]

### C. Data collection, entry and verification

30. Initials of individual completing this form: □ Initials of obstetrician:

### D. Optional Data Collection (for site use only)

31. Optional Field for Data Collection(#1)

32. Optional Field for Data Collection(#2)

33. Optional Field for Data Collection(#3)

34. Optional Field for Data Collection(#4)

35. Optional Field for Data Collection(#5)
**“Steal Shamelessly” Worksheet**

*In quality improvement we encourage you all to “steal shamelessly and share seamlessly”*

Instructions: Use this worksheet to jot down ideas/notes you get from other teams during the Storyboard Report Out. Plan to incorporate these ideas as you think about your PDSA/tests of change.

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Examples of Strategies and Lessons Learned From Other Teams</th>
<th>Our Team’s Activities/Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish policies and protocols for providing education to all prenatal patients, individualized based on risk of preterm delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide culturally sensitive, evidenced based care to reduce disparities across populations served</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital systems and resources support optimal communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster a culture of safety and improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Project Key Driver Diagram

**Goal:** Reduce the number of scheduled deliveries performed without a medical indication between 36 0/7 and 38 6/7 weeks gestation.

**OB Improvement PROJECT AIM:** Within 18 months, we aim to improve maternal and newborn outcomes, and improve capability within New York State for ongoing quality improvement transformation of healthcare by applying evidence-based healthcare system change interventions in New York State birthing hospitals. The obstetrical intervention is: Reducing the number of scheduled deliveries performed without appropriate medical indication between 36 0/7 and 38 6/7 weeks gestation.

**OB Prenatal Education PROJECT AIM:** Within 12 months, we aim to improve receipt and documentation of patient education in the patient’s preferred language about the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks gestation.

---

**PRIMARY DRIVERS**

- Increase awareness of expected risks & benefits of late preterm/early term delivery by patients, consumers
  - Dating criteria: optimal estimation of gestational age using ACOG Criteria

- Hospital and physician practice policies prevent delivery <39 weeks without medical indication
  - Awareness of expected risks & benefits of late preterm/early term delivery by a clinician

- Foster a culture of safety and improvement

- Ensure efficient and effective communication between patients and providers

---

**SECONDARY DRIVERS**

- Establish policies and protocols for providing education to all prenatal patients based on risk of preterm delivery
  - Provide culturally sensitive, evidence-based care to reduce disparities across populations served

- Ensure hospital systems and resources support optimal communication

---

**CHANGES**

- **For low risk patients:** At earliest prenatal visit, provide education about importance of early dating and delivery at 39+ weeks if no medical indication for early delivery
- **For high risk patients** (early delivery anticipated): Provide education about medical indications for early delivery and address patient concerns
  - Query all patients transferred from referral sites to determine if education has been provided previously, and if not, provide education on entry to RPC
  - Document all education provided (including notation if educated prior to entry at RPC care)
  - Tailor education materials to women served (language, images, literacy level, etc.)
  - Ask patient about preferences regarding educational materials (i.e., video, handouts, verbal education, website, etc.)
  - Document tools used and specify what language education was provided in
  - Observe Culturally and Linguistically Appropriate Services (CLAS) Standards including interpretation for LEP by phone or in person using Certified medically trained interpreters
  - Provide clinician and staff education as needed to support effective communication
  - Improve documentation and provider awareness of preferred language
Participants of the NYSPQC OB Prenatal Educational Project developed resources to ensure the occurrence of prenatal education on the maternal and fetal risks and benefits of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation. These tools are included in this section. Resources from participants of the original Obstetrical Improvement Project related to prenatal education are also provided here. These documents may be used to guide facilities in developing their own policies, tools and forms, or update existing materials. The sample hospital policies, tools and forms provided in this toolkit are not intended to provide medical advice, and should not be relied upon as such, nor should the information be used as a substitute for clinical or medical judgement.

<table>
<thead>
<tr>
<th>Hospital Policies, Tools &amp; Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Medical Center</td>
</tr>
<tr>
<td>Induction/Scheduled Cesarean Delivery Note</td>
</tr>
<tr>
<td>Crouse Hospital</td>
</tr>
<tr>
<td>Scheduled Delivery Less than 39 Week Induction/Delivery Form</td>
</tr>
<tr>
<td>New York Presbyterian – Weill Cornell</td>
</tr>
<tr>
<td>Scheduled Delivery Request</td>
</tr>
<tr>
<td>Stony Brook University Medical Center</td>
</tr>
<tr>
<td>Less Than 39 Week Patient Education Brochure</td>
</tr>
<tr>
<td>Provider Talking Points</td>
</tr>
<tr>
<td>University of Rochester Medical Center – Strong Memorial Hospital</td>
</tr>
<tr>
<td>Updates to Labor Induction Form</td>
</tr>
<tr>
<td>NYU Langone Medical Center</td>
</tr>
<tr>
<td>EPIC SMART Statement</td>
</tr>
<tr>
<td>Winthrop-University Hospital</td>
</tr>
<tr>
<td>Scheduled Delivery Form</td>
</tr>
<tr>
<td>Women &amp; Children's Hospital of Buffalo</td>
</tr>
<tr>
<td>Communication Picture Board</td>
</tr>
</tbody>
</table>
### Obstetrics/Gynecology: Induction/Scheduled Cesarean Delivery Note

For inductions ONLY: Bishop score ______ total (Check factors that are present at start of induction):

<table>
<thead>
<tr>
<th>Cervix/Factors</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Dilatation</td>
<td>Closed</td>
<td>1-2</td>
<td>3-4</td>
<td>Greater than 5</td>
</tr>
<tr>
<td>Effacement</td>
<td>0-30%</td>
<td>40-60%</td>
<td>60-70%</td>
<td>Greater than 80%</td>
</tr>
<tr>
<td>Station</td>
<td>Firm</td>
<td>Medium</td>
<td>Soft</td>
<td></td>
</tr>
<tr>
<td>Consistency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Position</td>
<td>Posterior</td>
<td>Mid-Position</td>
<td>Anterior</td>
<td></td>
</tr>
</tbody>
</table>

Presentation: ___________________________ Estimated Fetal Weight: ___________________________ g

Pelvis is clinically adequate for vaginal delivery: Yes ________ No ________ induction contraindicated

For all deliveries:

**Primary Indication for delivery**

- ☐ Post term (gestational age greater than 41 weeks)
- ☐ Pre-eclampsia
- ☐ Diabetes (type I or type II) Insulin YES NO
- ☐ Fetal testing:
  - ☐ Oligohydramnios
  - Amniotic fluid index cm: ______
  - Biophysical profile ______/10
  - Non-reactive fetal non stress test
- ☐ Chronic or Gestational Hypertension
- ☐ Other________________________

**Secondary indications/diagnoses**

- ☐ Post term (gestational age greater than 41 weeks)
- ☐ Pre-eclampsia
- ☐ Diabetes (type I or type II) Insulin YES NO
- ☐ Fetal testing:
  - ☐ Oligohydramnios
  - Amniotic fluid index cm: ______
  - Biophysical profile ______/10
  - Non-reactive fetal non stress test
- ☐ Chronic or Gestational Hypertension
- ☐ Other________________________

The patient was made aware of the risks, benefits, alternatives, and possible side effects/complications for both mother and newborn to induction/augmentation of labor.

Signature of credentialed practitioner:

Date: ______ / ______ / ______ Time: ______ Print name: ______

Clinical team member review and approval:

Signature: ________________________ Date: ______ / ______ / ______ Time: ______
Crouse Hospital
Scheduled Delivery Less than 39 Week Induction/Delivery Form

EDC ________ by LMP
EDC ________ by sono at ________ weeks on ________
Final EDC ___________________
Weeks of Gestation ________ at sono □ ________
Gestational Age at induction/delivery ________ weeks ________ days
Your doctor or midwife has recommended that you have a planned delivery prior to 39 weeks due to

An Induction starts uterine contractions before spontaneous labor ensues, to achieve a vaginal birth. Cervical ripening agents may be used prior to induction to help your cervix soften and become more ready to open with contractions. Most patients will receive intravenous Pitocin during the course of the induction.

Side effects of medications used for labor induction:
Common: contractions that are too close together and that may cause a temporary drop in the baby’s heart rate. If this occurs the medicine is stopped to decrease the amount of contractions you are having. The medicine may be restarted.
Rare: separation of the placenta (abruption) or rupture of the uterus.

Risk of induction for the woman:
Prolonged inductions (several days) and cesarean delivery are possible outcomes of any induction. When the induction is prolonged and/or ultimately results in a cesarean delivery, there is a higher chance for the mother to have bleeding, infection, blood clots and damage to abdominal and pelvic organs.

Risk for the newborn delivered <39 weeks:* 
Common: increased hospital stay, jaundice, difficulty maintaining body temperature, difficulty or poor feeding, and weight loss.
Rare: admission to the neonatal intensive care nursery, breathing problems including placement of a breathing tube and use of a ventilator to aid breathing.
*These risks are greater the earlier you are delivered prior to 39 weeks gestation.

Your doctor or midwife has suggested that the risks for you remaining pregnant are greater than those of scheduled delivery. The benefits of delivering your baby earlier than 39 weeks may be reducing potential harm to you, to your baby inside the womb, or to you both depending on the nature of your condition. Your provider should discuss these benefits with you in detail.

By signing I verify I have had an opportunity to ask questions, I fully understand the risks and benefits of this procedure and wish to proceed.

Date: ________ Time: ________ Patient Signature: ____________________________________________
Date: ________ Time: ________ MD/CNM Signature: _______________________________________
# New York – Presbyterian Weill Cornell Medical Center
## Scheduled Delivery Form

**Scheduled Delivery Request**

Please fax to: (212) 746-8437

**Next working day processing for requests received after 1 PM.** Questions? Call (212) 746-0315

Patient’s Last Name: ___________________________  Patient’s First Name: ___________________________

DOB: ___________________________  Medical Record #: ___________________________

Home Phone: (____)_________________________  Mobile: (____)_________________________  Work: (____)_________________________

Emergency Contact’s Name: ___________________________  Phone: (____)_________________________

EDD: ________/____/20____  Singleton  □ Tri/Di Twins  □ Mono/Di Twins  □ Triples

Attending Performing this Procedure: ___________________________  Office Fax: (____)_________________________

<table>
<thead>
<tr>
<th>DATE(S)</th>
<th>EGA on date(s) selected</th>
<th>TIME(S) for C-sections only</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 AM</td>
<td>8:15 AM</td>
<td>9:30 AM</td>
</tr>
<tr>
<td>Tues-Fri</td>
<td>Mon-Sat</td>
<td>Mon-Fri</td>
</tr>
</tbody>
</table>

PROCEUDRE SCHEDULED:

- □ Primary Cesarean  □ Repeat Cesarean #____
- □ Cervical Induction  □ Pitocin Induction

INCREASED RISK FOR HEMORRHAGE:

- □ NO  □ YES:

<table>
<thead>
<tr>
<th>1</th>
<th>/</th>
<th>/</th>
<th>weeks</th>
<th>days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>/</td>
<td>/</td>
<td>weeks</td>
<td>days</td>
</tr>
<tr>
<td>3</td>
<td>/</td>
<td>/</td>
<td>weeks</td>
<td>days</td>
</tr>
</tbody>
</table>

Comments: ___________________________

- **Under 39 weeks**: Patient was counseled about maternal and fetal risks and benefits of early delivery
  - □ Chronic/Gestational HTN  □ Diabetes  □ Placenta previa  □ Preeclampsia
  - □ Prior IUFD/Stillbirth  □ PROM  □ Prior myomectomy  □ Multiple gestation
  - □ IUGR  □ Fetal anomaly  □ Abnormal fetal evaluation
  - □ Other: ___________________________

- **After 39 weeks please check indication:**
  - □ Prior Cesarean  □ Breach  □ Elective/Patient’s choice  □ Macrosomia
  - □ Multiple gestation  □ Post dates  □ Other: ___________________________

FOR INTERNAL USE ONLY

Booking confirmation #: ___________________________  ___________________________

COMMENTS: ___________________________  ___________________________

Confirmed via fax: By: ___________________________

APPROVAL: □ YES  □ NO  By: ___________________________

Revised 5/2014
Things to know about when your baby should be born: Why the last weeks of being pregnant are important.

Most people think that having a baby should last 9 months, but it should last at least 39 weeks for healthy pregnancies.

Every mom wants a healthy baby who can:

• Eat and breathe on his/her own
• See and hear
• Learn
• Grow up to have a healthy life

It is best to stay pregnant for at least 39 weeks if your pregnancy is healthy.

Your doctor or midwife will talk to you if there are medical reasons to deliver your baby earlier than 39 weeks.

It is OK to ask questions about these reasons, and why it’s best not to wait until 39 weeks, in your case. Your doctor or midwife will discuss your situation with you. If your baby needs to be born early due to medical reasons, he/she may need special care from the baby doctors and nurses, maybe in the NICU.

Babies born too early may have problems with breathing, heart, sleeping, eating, and infections.

• Talk to your provider about how the risks of giving birth early compares to the risks of the health problem he/she is concerned about. Then decide what to do.
• You and your health care provider together can talk about the risks and benefits, and make a decision.
Waiting may be hard, but waiting allows your baby to grow and you time to rest before labor starts. Labor is an important process for baby’s health.

Being pregnant at least 39 weeks gives your baby’s brain and body all the time they need to grow.

- Your baby’s brain, lungs and liver are still growing in the last few weeks of pregnancy. A baby’s brain at 35 weeks weighs 2/3 of what it will weigh at 39-40 weeks.
- During the last few weeks, layers of fat grow under the baby’s skin, which helps keep her/him warm after birth.
- Babies born at 39 weeks or more are less likely to have vision and hearing problems than babies born earlier.
- Babies need 39 weeks to learn to suck and swallow well and stay alert to eat; babies born earlier often cannot do these things well.
Scheduling your delivery before 39 weeks for non-medical reasons, by “inducing” labor with medicines or having surgery by C-section, can cause problems for mother and baby.

- Your due date may be off by a week or two, and your baby may be born too early.
- Moms who choose to give birth early may have a greater chance of postpartum depression.
- Inducing labor with medicines may not work, and you may need to have a C-section.
- A C-section can cause problems for you and your baby:
  - Babies may have more breathing and other medical problems.
  - A C-section is major surgery for mom. It usually takes longer to recover from a C-section than a vaginal birth. You may have problems from surgery, such as infection or bleeding. Recovering can be more painful, and breastfeeding may be more difficult.
  - C-sections can cause problems during future pregnancies. You may be more likely to need another C-section. The more C-sections you have, the more problems that you and your baby may have, including problems with the placenta.

Because of these possible problems, we cannot schedule a delivery prior to 39 weeks, unless there is a particular medical reason to deliver early.

~ Let the baby set the delivery date ~

~ Wait until 39 weeks if you can ~

~ See your doctor or midwife for regular visits ~

Rev 10 22 14 AL

Approved Stony Brook Patient Education Committee 12 2014
Prenatal Education on Risks/ Benefits of Delivery < 39 weeks ~ Key Patient Messages and Talking Points

We tend to think pregnancy is 9 months, but ideally it should last about 40 weeks for healthy pregnancies.

1. It is best to stay pregnant for at least 38 weeks if your pregnancy is healthy. Babies born too early have more health problems at birth and later in life than babies born full term. Babies born too early may have problems with breathing, heart, sleeping and eating, and complications such as infection. Babies born too early are more likely to need neonatal intensive care.
   a. Being pregnant at least 38 weeks gives your baby’s brain and body all the time they need to grow.
   b. Important organ growth of the brain, lungs and liver occurs during the last weeks of pregnancy. A baby’s brain at 35 weeks weighs 2/3 of what it will weigh at 39-40 weeks.
   c. During the last few weeks, layers of fat grow under the baby’s skin, which helps keep her/him warm after birth.
   d. Babies born at 38 weeks or more are less likely to have vision and hearing problems than babies born earlier.
   e. Babies need 39 weeks to learn to suck and swallow well and stay alert to eat; babies born earlier often cannot do these things well.
   f. Waiting may be hard, but waiting allows your baby to grow and you time to rest before labor starts. Labor is an important process for baby’s health.

2. If there is a particular medical reason to deliver early (as determined by your doctor or midwife), then it’s best not to wait. But scheduling your delivery before 39 weeks for non-medical reasons, by “inducing” labor with medications or by a cesarean section, can cause problems for mother and baby.
   a. Your due date may be off by a week or two, and your baby may be born too early.
   b. Moms who choose to give birth early may have a greater chance of postpartum depression.
   c. Inducing labor may not work, and you may need to have a C section.
   d. A C section can cause problems for you and your baby.
      i. Babies may have more breathing and other medical problems.
      ii. A C section is major surgery for mom. It usually takes longer to recover from a C section than a vaginal birth. You may be more likely to have complications from surgery, such as infection or bleeding. Recovery can be more painful, and breastfeeding may be more difficult.
      iii. C sections can cause problems during future pregnancies. You may be more likely to need another C section. The more C sections you have, the more problems that you and your baby may have, including problems with the placenta.

Because of these possible problems, we cannot schedule a delivery prior to 39 weeks, unless there is a particular medical reason to deliver early.

In this case, your doctor or midwife will discuss the details of your situation with you.
   ~ Let the baby set the delivery date. Wait until 39 weeks if you can.
   ~ See your doctor or midwife for regular visits.

Stony Brook University Medical Center
Provider Talking Points
“I have reviewed the risks, benefits, and alternatives for both mom and baby of delivering prior to 39 weeks. The patient understands the medical need for delivering at this gestational age and agrees to the plan. All questions have been answered.”
Winthrop-University Hospital
Scheduled Delivery Form

SCHEDULED DELIVERY FORM

Date/Time ____________________
Gestational Age (wks/days) ____________

Method of Scheduled Delivery:
☐ Cesarean delivery: ☐ Primary or ☐ Repeat
☐ Induction: Fetal presentation ____________ EFW ____________ gms  Bishop Score ____________

Induction Agent: ☐ Dinoprostone (Cervidil)  ☐ Oxytocin (Pitocin)  ☐ Other: _______________________

Indications for Scheduled Delivery: Check all appropriate indications below
☐ Abruptio Placenta  ☐ Severe Preeclampsia/HELLP  ☐ Non-reassuring Fetal Testing
☐ Chorioamnionitis  ☐ Gestational Hypertension  ☐ Intrauterine Growth Restriction (10%)  
☐ PROM  ☐ Fetal Demise  ☐ oligohydramnios (AFI<5cm)
☐ ≥41 weeks  ☐ Diabetes  ☐ Multifetal gestation  
☐ Placenta/Vasa Previa  ☐ Maternal HIV  ☐ Mature L/S Ratio or PG present  
☐ Elective Delivery at ≥39 completed weeks  ☐ Other: _______________________
Elective Deliveries <39 weeks require a Maternal Fetal Medicine consult

Confirmation of gestational age:
EDD ____________ determined by: Check all that apply
☐ Ultrasound obtained at <20 weeks on ____________ (date)@ ____________ weeks confirms gestational age
☐ Known date of conception on ____________ (date) associated with infertility treatment
☐ Documentation on prenatal record that gestational age consistent with first trimester sonogram
☐ Amniocentesis performed on ____________ Results: _______________________

Counseling:
☐ Risk/Benefits/Alternatives of delivery discussed

Provider Signature: ________________________  Physician/CNM/PA/NP
Print Name: ________________________  Contact Number ________________________

Bishop Score: This chart is provided for your convenience to assist in calculating the Bishop Score. The final score should be entered on the front of this form where indicated. Vaginal exams should have been performed at least within the last 7 days.

<table>
<thead>
<tr>
<th>Score</th>
<th>Dilatation (cm)</th>
<th>Effacement (%)</th>
<th>Station (-3 to +3)</th>
<th>Cervical Consistency</th>
<th>Cervical Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Closed</td>
<td>0-30</td>
<td>-3</td>
<td>Firm</td>
<td>Posterior</td>
</tr>
<tr>
<td>1</td>
<td>1-2</td>
<td>40-50</td>
<td>-2</td>
<td>Medium</td>
<td>Midposition</td>
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<tr>
<td>2</td>
<td>3-4</td>
<td>60-70</td>
<td>-1</td>
<td>Soft</td>
<td>Anterior</td>
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<tr>
<td>3</td>
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<td>≥or=80</td>
<td>+1, +2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
References and Web Links

Health Literacy


Cultural Competency


- Physician cultural competence: Cross-cultural communication improves care, Cleveland Clinic Journal of medicine Medicine, VOLUME 70, Number 4, April 2003, p. 289


Patient Education/Counseling


- AWHONN. *Go the Full 40 Campaign* resources.