

New York State Birth Equity Improvement Project (NYSBEIP) Draft Measurement Strategy Summary

Outcome Measures:

The NYSBEIP has two main outcome measures of interest that will demonstrate the impact of this project: an improvement in the patient experience and a decrease in cesarean deliveries among low-risk first time birthing people.

1. Patient Reported Experience Measure (PREM) Score

Measure: % Improvement in the score of experience of care stratified by race/ethnicity, gender, and language

Frequency: Monthly

Collection Method: The NYSDOH BEIP team will provide facilities with SurveyMonkey links/QR codes specific to each facility. At the time of discharge from the birth hospitalization, facility staff will ask birthing people to complete the survey via SurveyMonkey. The QR Code can be shared via the patient's cellphone or hospital iPad/tablet/laptop. **The analysis will be done by the NYSDOH BEIP team.**

2. Cesarean Section Rate among Low-Risk Births [For Hospitals Only]

Measure: % cesarean section rates among nulliparous (first birth), term (> 37 weeks gestation), singleton, vertex (head first presentation) (NTSV) births / Stratified by race/ethnicity

Frequency: Quarterly

Collection Method: Data on delivery method among NTSV births will be extracted from patient discharge information each hospital submits to the NYSDOH Statewide Planning and Research Cooperative System (SPARCS) and will be **analyzed by the NYSDOH BEIP team.**

Structural Measures:

Structural measures for this project are used to track progress among facilities in the uptake of certain policies and procedures intended to improve birthing people's birthing experience, specifically black birthing people within the facilities.

Collection Method for All Structural Measures: Participating facilities will report quarterly through the NYSDOH Health Commerce System (HCS).

Reporting Scale: All structural measures are a three-point scale to indicate whether the measure is (1) in place, (2) working on it, or (3) have not started.

1. Policies and procedures in place addressing equitable care
2. Written Action Plan including shared decision making
3. Anti-racism education in place for staff. This may include implicit bias, equity, or diversity and inclusion trainings.
4. Updated Performance Objectives for staff that incorporate racial, ethnic, and linguistic justice into job descriptions or appraisals/evaluations for all staff
5. PREM implemented and offered to every birthing person
6. Collection and review of perinatal demographic data stratified by race, ethnicity, language, and gender.

7. **Written process and procedure in place to handle complaints from patients and families that include specific reports of inequitable care and/or episodes of miscommunication, disrespect, and neglect**

Process Measures

The process measures reflect changes in processes of care provided by the facility. These measures will help evaluate if the changes implemented by participating teams will improve care for all birthing people and staff.

Collection Method for All Process Measures: Participating facilities will report monthly through the NYSDOH Health Commerce System (HCS). Information regarding the Patient Reported Experience Measure (PREM) will be calculated by the NYSDOH BEIP team.

1. **Percentage of PREMs Completed**

Frequency: Monthly

Data Source: The NYSDOH BEIP team will calculate the total number of PREMs completed.

Facilities will report the total number of delivery discharges each month.

2. **Percentage of delivering patients and families that report inequitable care and/or episodes of miscommunication, disrespect, and neglect.**

Frequency: Monthly

Data Source: Facilities will report the number of incident reports of inequitable care among birthing people and the total number of delivery discharges each month.

3. **Percentage of facility staff receiving any type of anti-racism education.** This may include implicit bias, equity, or diversity and inclusion trainings.

Frequency: Quarterly

Collection/Data Source: At the beginning of the project, facilities will report the expected number of eligible facility staff that need to be trained. Each quarter, facilities will report the total number of newly trained staff who receive any type of anti-racism education, not including staff trained in previous quarters.

4. **Percentage of birthing patients using shared decision making**

Frequency: Monthly

Collection/Data Source: PREM responses, the **analysis will be done by the NYSDOH BEIP team.**

Balancing Measure [Hospitals Only]

*The balancing measure serves to ensure that there are no adverse consequences of the project. Because we are aiming for hospitals to decrease the rate of cesarean sections among their NTSV deliveries, the NYSBEIP team will also be tracking several adverse delivery-related outcomes (morbidity) primarily related to vaginal deliveries, as described below. These data also are reported through the NYSDOH SPARCS, so the **NYSBEIP team will extract and analyze the data for this measure.***

1. **Delivery-Related Morbidity**

Measure: % low risk NTSV births resulting in select delivery-related morbidities including:

- Stillbirths
- 3RD / 4TH Degree/Lacerations

- Episiotomy w/additional tear or infection
- Failed Instrument assisted delivery (Vacuum/Forceps)

Frequency: Quarterly

Data Source: NYSDOH SPARCS– NYS Hospital Discharge Data. **Data will be extracted and analyzed by the NYSDOH BEIP team.**