

New York State Birth Equity Improvement Project

Recruitment & Registration Package

January 2021



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Purpose and Goals of the New York State Birth Equity Improvement Project (NYSBEIP)

The New York State Department of Health (NYSDOH), through its New York State Perinatal Quality Collaborative ([NYSPOC](#)), is beginning a comprehensive learning collaborative project which seeks to engage all NYS birthing hospitals and centers. The NYSBEIP will engage multi-disciplinary teams of staff from these facilities, including clinical staff, administrative staff, and executive-level leaders. These teams will work towards the goals of identifying how individual and systemic racism impacts birth outcomes at their facilities, and taking action to improve both the experience of care and perinatal outcomes of Black birthing people in the communities they serve. Specifically, the teams will collaborate to develop or improve upon anti-racist policies and practices at the facility level.

To achieve the project's goal of identifying how individual and systemic racism impacts birth outcomes, facilities will:

- Utilize the perspectives of Black birthing people;
- Collect perinatal data, including race, ethnicity, gender identity and language information; and
- Utilize perinatal data stratified by race, ethnicity, gender identity and language.

To achieve the project's goal of improving both the experience of care and perinatal outcomes of Black birthing people in their communities, facilities will:

- Focus on systems change to improve equity;
- Implement policies and procedures to mitigate subjective decisions based on race;
- Promote respectful and standardized care with shared decision-making with Black birthing people; and
- Increase institutional accountability to anti-racist efforts.

Background & Rationale

Among the many measures that help us understand the overall health of a society, maternal mortality is often viewed as the most critical indicator.

Over the last twenty years, while many high-income nations have recorded steady reductions in maternal mortality rates, the United States has seen an increase in its maternal mortality rates. While this increase has impacted birthing people of all racial/ethnic, economic, and geographic backgrounds, no group has fared worse than Black birthing people.

Nationally, Black birthing people are twice as likely to die as a result of pregnancy or childbirth than their White counterparts. In NYS, Black birthing people are about three times more likely to die than their White counterparts. Black birthing people in New York City have about eight times the risk of dying from pregnancy or childbirth than White birthing people. Disparities in outcomes can often be seen prior to a mortality event in morbidity data, as well as in variations among delivery methods. Recent state-wide data has demonstrated that Black women are more likely to have a cesarean birth than their White counterparts, including higher rates of primary and low risk pregnancies resulting in cesarean deliveries. While rates of cesarean birth for White birthing people have been decreasing, Black birthing people have seen a steady rise in rates of cesarean births. These trends are especially concerning as cesarean births are approximately 1.6 times more likely to result in a maternal

hemorrhage, compared to vaginal births. These disparities in birth experience as well as outcomes are one of the many manifestations of systemic racism that disadvantage Black people and families from birth, and contribute to health challenges experienced throughout a lifetime.

The National Quality Forum recently noted that, “influencing factors related to maternal morbidity and mortality include both clinical and non-clinical components across the continuum of care—individual level (age, education, knowledge, beliefs, behaviors), societal/community factors (social network, built environment, housing), hospital factors (implicit bias, cultural competence, communication), and system-level factors (access, structural racism, policy). These factors are interrelated and contributors to each other. In traditional models of care, medical risk factors are more notably mentioned. Specific to maternal morbidity and mortality, the focus is on the limited time period in the hospital for delivery and in the immediate postpartum period. Contemporary explorations of maternal morbidity and mortality emphasize the importance of the pregnancy and childbirth experience along the continuum of a woman’s life”¹.

This underscores the importance of including a comprehensive assessment of non-medical factors in addition to medical ones to better understand the larger context of determinants for adverse outcomes beyond traditional facility factors.

The NYSBEIP project will help participating facilities identify individual, facility and system level factors that contribute to racism experienced by Black birthing people during delivery and the postpartum period. Utilizing a framework that is centered on the Black birthing person’s experience as well as other non-medical factors, NYSBEIP will prepare teams to take action to improve both the experience of care and perinatal outcomes of Black birthing people in the communities they serve.

Collaborative Design

The project will use the Institute for Healthcare Improvement’s Breakthrough Series (BTS)² learning model modified to meet the requirements and unique needs of this topic and context, and a quality improvement change model, the Model for Improvement³, both of which have demonstrated effectiveness in previous NYSPQC projects. A BTS Collaborative is a vehicle for identifying, testing and spreading changes that are effective for improving care and outcomes for defined populations. Participating facilities will use rapid change Plan-Do-Study-Act (PDSA) cycles to implement recommended improvements. The project will assist participating teams in embedding strategies to measure and address disparities in care and outcomes throughout the process.

Project leadership and participating teams will work together for approximately 12-18 months. Over the course of the Collaborative, representatives from these teams will participate in at least three virtual Learning Sessions. In addition, experts in equity and anti-racism, quality improvement faculty and leadership staff will provide support for participating teams through regular e-mails, conference calls and monthly coaching calls. Participants will have access to a private project website, journal articles,

¹ National Quality Forum, Maternal Morbidity and Mortality Environmental Scan, November 2, 2020. https://www.qualityforum.org/Publications/2020/11/Maternal_Morbidity_and_Mortality_Environmental_Scan.aspx

² Institute for Healthcare Improvement (IHI), Boston MA. <http://www.ihl.org/>

³ The Model for Improvement was developed by Associates in Process Improvement. www.apiweb.org/API_home_page.htm.

facility policies and protocols, patient and staff education materials, information on other state initiatives, practice guidelines and quality improvement tools.

Participating teams will be required to submit monthly data through the secure web-based NYSDOH Health Commerce System (HCS) to track progress in achieving the project goals. This data will include measures related to the change processes and outcomes identified. Monthly data submissions will be compiled by NYSBEIP staff for review by participating teams. Further details regarding data collection will be forthcoming. This project will engage obstetric leaders and facility staff who provide care for the birthing person.

Benefits to Participation

Facilities participating in the project will benefit from:

- Developing skills to lead your community in improving the care of Black birthing people;
- The opportunity to work across disciplines to improve systems and processes of care for birthing people who are at risk for maternal morbidity and mortality;
- Support from national and regional faculty, including trained equity and quality improvement advisors, and obstetric specialists who are subject matter experts on health equity and maternal morbidity and mortality;
- Coaching and technical assistance, including virtual Learning Sessions, regular monthly Coaching Call webinars, a project listserv, support to implement and test improvements, and real-time feedback on data to make improvements;
- Access to the project website, a virtual learning community that will be used to share resources and engage participants in ongoing discussions;
- The opportunity to connect with other participating teams to share strategies, identify lessons learned, overcome barriers and expedite the implementation of project goals; and
- The opportunity to build quality improvement knowledge and capacity that can be applied beyond the scope of this project.

Collaborative Expectations

Informational Webinars

Facility teams are invited to participate in one of two Informational Webinars to discuss the project and review its planned activities (the content will be the same for both webinars). Please pre-register for one of these webinars, by clicking on one of the registration links below.

- **Informational Webinar #1:**
January 20, 2021 from 3:00 PM to 4:00 PM
Pre-register for this webinar here:
<https://nichq.zoom.us/meeting/register/tJYocuiqrTwtGtQ5I9S2VitVnSPcXibrNzin>
- **Informational Webinar #2:**
January 27, 2021 from 12:00 PM to 1:00 PM
Pre-register for this webinar here:
<https://nichq.zoom.us/meeting/register/tJcrdu2trTgvHdzHhGFx942x4MxgAXmEkFyb>

Once registered for an Informational Webinar, you will receive a confirmation email from cgreene@nichq.org with instructions for joining the webinar. If you do not see the e-mail in your inbox, please check your spam/junk folder.

Participant Form and Senior Administrator Endorsement Form

Following the Informational Webinars, teams interested in joining the project will need to complete a Participant Form ([Attachment 1](#)) through SurveyMonkey and upload a separate Senior Administrator Endorsement Form (Attachment 2) as part of the SurveyMonkey submission. As noted on the Senior Administrator Endorsement Form, the senior administrator will serve as a sponsor and decision-maker for the project. This individual has the authority to make formal decisions, policy changes, system changes and to allocate necessary resources to the project. The senior administrator is not required to be a team member or attend Learning Sessions. The Senior Administrator Endorsement Form should be filled out in Adobe Acrobat, or by hand and signed by the senior administrator either electronically or by hand. The completed Senior Administrator Endorsement Form should be submitted via [SurveyMonkey](#) when completing the Participant Form **by Monday, February 8, 2021**. If endorsement form is delayed it can be submitted via email to NYSBEIP@health.ny.gov. **Please email NYSBEIP@health.ny.gov with any questions regarding this process.**

Pre-work Activities for Teams

Prior to the first virtual Learning Session (a three-part webinar series), teams will complete multiple activities to accelerate the start-up of their improvement efforts and prepare them to gain the most from the Learning Session. These Pre-Work activities include: convening their project team; holding an internal team meeting; collecting baseline data to assess current practices; completing a Facility Readiness Assessment; and drafting a **SMARTIE** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bounded **I**nclusive and **E**quitable) AIM statement aligned with overall project goals and based on a review of baseline data. The Pre-work Package will be sent to teams upon registering for an Informational Webinar.

Learning Sessions

Learning Sessions are the major integrative events of the project where multidisciplinary teams from each participating facility come together virtually or in-person for focused content and quality improvement learning. Attendees have 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
- Develop strategies to overcome improvement barriers.

We encourage a minimum of **four key** members from each facility team to attend the virtual or in-person Learning Sessions, including at least one physician champion from obstetrics, or their designee, and additional team members as appropriate.

Please save the dates for the project's first virtual Learning Session, which will be held as a three-part webinar, scheduled for February 18, 2020, from 12:00 PM to 2:00 PM, February 25, 2021, from 12:00 PM to 2:00 PM, and March 4, 2021 from 12:00 PM to 2:00 PM. Please pre-register for all three of the Learning Session webinars here:

- **Virtual Learning Session One: Day #1**
February 18, 2021, from 12:00 PM to 2:00 PM
 - Pre-register for this webinar here:
<https://nichq.zoom.us/meeting/register/tJlvdeCqqDksHNKfIAKhoYdTfQP0KtWoEc24>

- **Virtual Learning Session One: Day #2**
February 25, 2021 from 12:00 PM to 2:00 PM
 - Pre-register for this webinar here: <https://nichq.zoom.us/meeting/register/tJMuc-CrrzopHd3HtY2VXG2644WDPJU0q21I>

- **Virtual Learning Session One: Day #3**
March 4, 2021 from 12:00 PM to 2:00 PM
 - Pre-register for this webinar here:
<https://nichq.zoom.us/meeting/register/tJErdOmhqjwGdT0yxYUD4JfMfxnS-Gg9rw>

Please note, all participating teams should have representation at all three of these webinars, and individuals planning to participate must register for each of these three events separately. Once registered for each webinar, you will receive a confirmation email from cgreene@nichq.org with instructions for joining the webinar. If you do not see the e-mail in your inbox, please check your spam/junk folder. Questions can be directed to NYSBEIP@health.ny.gov.

Action Periods

In between Learning Sessions—times called Action Periods—teams will be expected to test and implement changes within their facilities to accomplish the overall project goals. Using the Model for Improvement, teams will begin with small changes, and increase in scope and scale based on lessons learned through the process.

Coaching Call Webinars

During Action Periods, monthly Coaching Call webinars are held to support teams in their onsite work to implement and test improvements. During these webinars, data and progress to date are reviewed and time is provided for teams to share experiences and lessons learned. These webinars will convene following the Learning Session, and will run the duration of the Collaborative. Attendance is required.

Project Schedule

Action Item	Date and Time
<input type="checkbox"/> Introduction for Hospital Executives & Obstetric Leadership: NYS Birth Equity Improvement Project (NYSBEIP) Webinar	January 7, 2021 10:00 AM – 11:00 AM
<input type="checkbox"/> Recruitment & Registration Package sent to NYS birthing hospitals and centers	Following January 7 th Webinar
<input type="checkbox"/> Facilities attend one Informational Webinar Informational Webinar #1: Wednesday, January 20, 2021, 3:00 PM – 4:00 PM <ul style="list-style-type: none"> ○ Pre-register for this webinar here: https://nichq.zoom.us/meeting/register/tJYocuiqrTwtGtQ5I9S2VitVnSPcXlbrNzin Informational Webinar #2: Wednesday, January 27, 2021, 12:00 PM – 1:00 PM <ul style="list-style-type: none"> ○ Pre-register for this webinar here: https://nichq.zoom.us/meeting/register/tJcrdu2trTgvHdzHhGFx942x4MxgAXmEkFyb 	Informational Webinar #1: Wednesday, January 20, 2021, 3:00 PM – 4:00 PM Informational Webinar #2: Wednesday, January 27, 2021, 12:00 PM – 1:00 PM
<input type="checkbox"/> All participating teams will need to complete three steps following the Informational Webinars: <ol style="list-style-type: none"> 1. Review the project’s Recruitment & Registration Package, including all appendices; 2. Complete and submit Participant Form (Attachment 1) and Senior Administrator Endorsement Form (Attachment 2) via SurveyMonkey with the Participant Form . If endorsement form is delayed it can be submitted via email to NYSBEIP@health.ny.gov; 3. Register to attend the project’s three-part virtual kick-off Learning Session: Virtual Learning Session One: Day #1 February 18, 2021, from 12:00 PM to 2:00 PM <ul style="list-style-type: none"> ○ Pre-register for this webinar here: https://nichq.zoom.us/meeting/register/tJlvdeCqqDksHNKflAKhoYdTfQP0KtWoEc24 Virtual Learning Session One: Day #2 February 25, 2021, from 12:00 PM to 2:00 PM 	By February 8, 2021

<ul style="list-style-type: none"> ○ Pre-register for this webinar here: https://nichq.zoom.us/meeting/register/tJMuc-CrrzopHd3HtY2VXG2644WDPJU0q21I <p>Virtual Learning Session One: Day #3 March 4, 2021, from 12:00 PM to 2:00 PM</p> <ul style="list-style-type: none"> ○ Pre-register for this webinar here: https://nichq.zoom.us/meeting/register/tJErdOmhqjwGdT0yxYUD4JjfMfxnS-Gg9rw 	
<input type="checkbox"/> Facilities may choose to submit an application to their IRB – please note that the NYSDOH has submitted an application to its IRB	As appropriate, if required
<input type="checkbox"/> Receive acknowledgement from NYSBEIP of receipt of Participant Form. Pre-work Package sent out following receipt of Participant Form	Ongoing
<input type="checkbox"/> Attend Virtual Learning Session One - Day 1	February 18, 2021 12:00 PM – 2:00 PM
<input type="checkbox"/> Attend Virtual Learning Session One – Day 2	February 25, 2021 12:00 PM – 2:00 PM
<input type="checkbox"/> Attend Virtual Learning Session One - Day 3	March 4, 2021 12:00 PM – 2:00 PM
<input type="checkbox"/> Attend BEIP Data Training	March 11, 2021 12:00 PM – 1:00 PM
<input type="checkbox"/> Attend BEIP Quality Improvement Training	March 25, 2021 12:00 PM – 1:00 PM

Appendix A: Project and Team Expectations

Form a Team and Review Team Expectations

An appropriate and effective team is a key component of successful improvement efforts. Team members should be selected based on their knowledge of facility systems and care processes that will be impacted by improvement efforts, and their commitment to make the changes needed to achieve the project aim. More detail about the specific changes will be shared at the first Learning Session.

Facilities should select a “home” team. The size of this team will depend on the size of your participating site. We suggest including **at least** one **Obstetric Physician Champion**; one **Team Lead/Coordinator**; and **a Data Coordinator**. If you have the capacity consider including a **Quality Improvement Lead** and an **Equity Lead** and additional multidisciplinary staff from your labor and delivery units, mother-baby unit(s), and other appropriate departments who care for pregnant people and who will work together to achieve the project goals and be impacted by improvement efforts (e.g. nurses, Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs), obstetricians, etc.). We strongly suggest including a patient representative or a peer advocate on your team and we will discuss more about this during the first Learning Session. At least four of your team members should plan to attend the three webinars for Learning Session One.

Project Teams

Team activities will be guided by the Physician Champion and a Team Lead/Coordinator. Ideally, team leaders should have the following attributes:

Obstetric Physician Champions

- Is passionate about improving equitable outcomes in perinatal mortality and morbidity;
- Is passionate about improving the care of Black birthing people;
- Is a practicing provider who is an opinion leader and is well respected by peers;
- Has authority to allocate the time and resources needed to achieve the team’s improvement efforts;
- Has authority over areas affected by the change;
- Will champion the spread of successful changes;
- Understands the processes of care in all units caring for pregnant people, their newborns and families;
- Has good working relationships with colleagues and the Team Lead/Coordinator; and
- Wants to drive improvements in the facility system.

Team Lead/Coordinator

- Is passionate about improving equitable outcomes in perinatal mortality and morbidity;
- Is passionate about improving the care of Black birthing people;
- Drives the project, ensuring that cycles of change are tested and implemented;
- Coordinates communication between the team, and other Collaborative teams;
- Oversees data collection; and
- Works effectively with the Physician Champion.

Team members in leadership roles should understand how changes will affect facility systems and plan to attend all Learning Sessions.

Selecting Other Team Members

In addition to team leaders, the team should include members from areas potentially affected by system changes. These members might include individuals who represent multiple roles including medical intake staff, managers, quality improvement and information technology staff, etc.

Data Coordinator

This individual will be the primary contact for data management and will be responsible for assuring the collection and reporting of all necessary data. The Data Coordinator will ensure that timely and complete data collection and submission to the NYSDOH Health Commerce System (HCS) occurs monthly.

Equity Lead

The Equity Lead's role will depend on your facility's job description, but will likely join your project team to help lead the development of a vision and effective strategy that champions the importance and value of a diverse and inclusive care for all patients at your facility.

Quality Improvement (QI) Lead

The QI lead will inspire others to take action, moving off the status quo, helping participating teams to test changes and implement improvements. If your facility does not have a QI lead the Team Lead will assume this role.

Engaging Patients and Parent Partners

Participating teams are strongly encouraged to include one or more Black patients and/or their partners on their team in the role of patient representative or a peer advocate. As Celenza et al. stated in **Family Involvement in Quality Improvement: From Bedside Advocate to System Advisor**⁴, "families are more than stakeholders in quality improvement and can serve as active partners in system design and improvement." This collaborative is an opportunity to enhance partnerships with families and this key relationship is imperative to nurture a culture that ensures the best possible outcomes for pregnant and birthing people and babies. Additional details on how to identify, recruit, and partner with these team members will be discussed at Learning Session One.

Team Expectations

Teams participating in the project are expected to:

- Communicate and collaborate in order to promote change and improve processes;
- Recruit a patient partner to share unique life experience perspective;
- Complete Pre-work activities to prepare for the first Learning Session;
- Use rapid change cycles Plan-Do-Study-Act (PDSA) tests to implement the changes;
- Participate in monthly Coaching Call webinars;
- Regularly communicate with faculty, leadership and other teams; and
- Report on the achievement of selected measures, including details of changes made and data to support these changes.

⁴ Celenza et. al. Family Involvement in Quality Improvement: From Bedside Advocate to System Advisor. Clin Perinatal 44 (2017) 553–566. <https://pubmed.ncbi.nlm.nih.gov/28802339/>

Appendix B: Project Leadership and Faculty

NYSDOH Division of Family Health

Meaghan Carroll, MS. Ed, Program Administrator
Star Dowling, Program Coordinator
Cindi Dubner, Director, Perinatal Health Unit
Marilyn Kacica, MD, MPH, Medical Director
Kristen Lawless, MS, Program Director, NYSPQC
Amanda Roy, MPH, Research Scientist
Eileen Shields, Director, Data, Research & Surveillance Unit
Kirsten Siegenthaler, PHD, Associate Director
Erica Stupp, MA, MPH, Program Research Specialist
Lauren Tobias, MPP, Director
Neveline White, Public Health Representative III
Ben Wise, MS CHES, Director, Perinatal Regionalization Unit

National Institute for Children’s Health Quality (NICHQ)

Camie Berardi, MPA, Project Director
Chiagbanwe Enwere, MPH, Project Analyst
Corey Greene, Project Manager
Patricia Heinrich, RN, MSN, Quality Improvement Advisor
Jacqueline Kellachan, MPH, Project Director
Rebecca Russell, MSPH, Senior Director, Applied Research and Evaluation
Stacy Scott, PHD, MA, Equity Lead and Senior Project Director

NYSBEIP will partner with the **American College of Obstetrics and Gynecologists (ACOG) District II, the Healthcare Association of New York State (HANYS) and the Greater New York Hospital Association (GNHYA)** throughout the project.

Appendix C: Overview of a Learning Collaborative

Learning Collaborative Overview

A Learning Collaborative is a time-limited effort by multiple organizations that come together with faculty to learn about and create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other; thus, “everyone learns, everyone teaches”.

A Collaborative provides a systematic approach to healthcare quality improvement. Each team in the Collaborative will learn quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions. At the same time, each team will collect and submit monthly data on interventions, to track improvements. Learning is accelerated as the Collaborative teams work together and share their experiences through monthly reports, Learning Sessions, conference calls, webinars and e-mail.

The three phases of the Learning Collaborative are: Pre-work activities, Learning Sessions and Action Periods. See Figure 1 below.

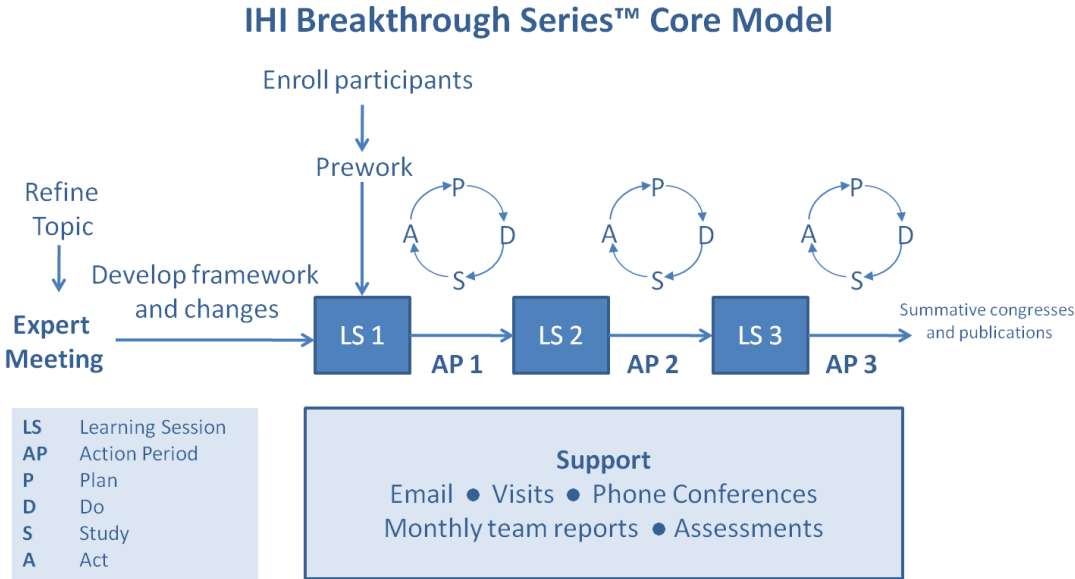


Figure 1. Breakthrough Series Model

What is Pre-work?

Collaborative teams will be involved in Pre-work from the time they join the project through submission of their Participant Form, until the first virtual Learning Session, scheduled as a three-part webinar series for:

- **February 18, 2021 from 12:00 PM to 2:00 PM**
- **February 25, 2021 from 12:00 PM to 2:00 PM**
- **March 4, 2021 from 12:00 PM to 2:00 PM**

The purpose of the Pre-work is to prepare participating teams to launch the improvement initiative at their site and prepare for these first project meetings. During this time, teams have several important tasks to accomplish, including: participating in one of the project’s Informational Webinars, creating an AIM statement⁵, and submitting existing polices/procedures.

⁵ An AIM statement is "a specific statement summarizing what your organization hopes to achieve. It should be time specific and measurable." (Institute for Healthcare Improvement, www.ihl.org).

What is a Learning Session?

Learning Sessions bring teams together virtually or in-person to become skilled in quality improvement fundamentals through theoretical application with real time coaching. Attendees have the opportunity to:

- Learn from faculty and colleagues;
- Receive coaching from faculty members;
- Gather new information on the subject matter and process improvement; and
- Share information and create detailed improvement plans.

The Learning Collaborative will include at least three virtual Learning Sessions facilitated by the project's leadership and expert faculty.

What are Action Periods?

The time between Learning Sessions is called an Action Period. During Action Periods, teams work within their facility toward major, breakthrough improvements by initiating small tests of change. Although each participant focuses on their own organization, continuous contact with other teams, participants and faculty is provided.

Monthly Coaching Call webinars and regular e-mails maintain continuous contact during the Action Period. Each birthing hospital or center collects data to learn if the tests of change are resulting in improvement. Facility-specific data is reviewed by each team and submitted as required to the web-based NYSDOH Health Commerce System (HCS). Teams are encouraged to include additional staff in Action Period activities as necessary.

For more information, write to:

New York State Birth Equity Improvement Project
Division of Family Health
New York State Department of Health
Empire State Plaza, Corning Tower, Room 984
Albany, NY 12237
NYSBEIP@health.ny.gov

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