Hospital Quality Institute
Leadership in quality and patient safety

Perinatal Mental Health Learning Community

Group Office Hours November 19, 2020 12 – 1 p.m.

Racial Disparities and the Power of Cultural Humility, Part II

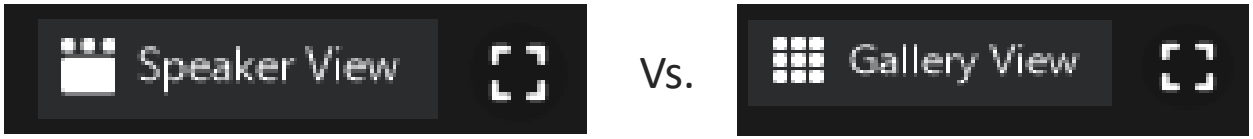
Guest Speakers: Wenonah Valentine and Lisa Young
iDREAM for Racial Health Equity

CHCF

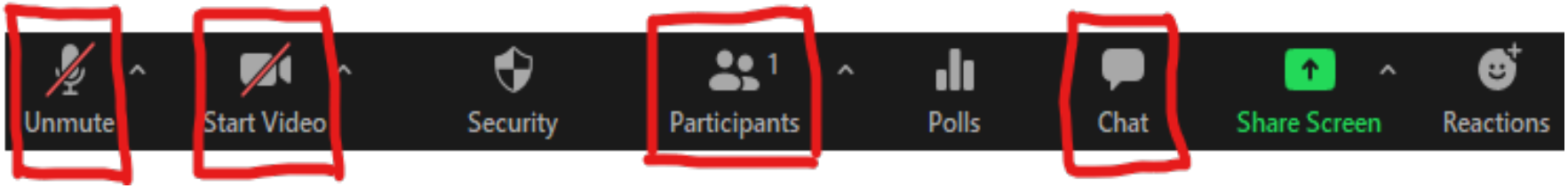
MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

CommonSpirit

Housekeeping



- Speaker View: large view of the person currently speaking.
- Gallery View: images of all attendees in smaller individual squares.



- Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
- We'd like to see you on video!
- Use "Chat" to make comments or ask questions.

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Our Team

Julia Slininger
Program Manager,
PMH Learning Community
Hospital Quality Institute

Staci Grabill
Program Coordinator
PMH Learning Community
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Barbara Sheehy
System Director, Perinatal
Behavioral Health
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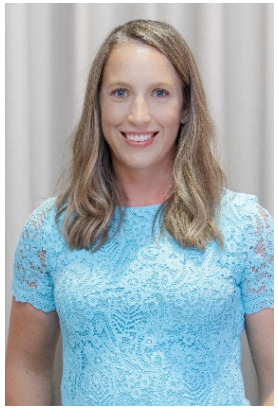

Kelly O'Connor-Kay
Executive Director,
Maternal Mental
Health NOW

Gabrielle Kaufman
Clinical Director,
Maternal Mental
Health NOW

Anna King
Clinical Training Specialist,
Maternal Mental
Health NOW

Boris Kalanj
Director of Programs,
Hospital Quality Institute

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Timeline – *Perinatal Mental Health Learning Community*

Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed	Case Studies Available

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Program Website

Perinatal Mental Health Learning Community

Feb. 2020 – Dec. 2021

The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Program at a Glance | Webinars | Group Office Hours | Online Resources for Hospitals | Peer Sharing

1:1 Coaching | Participating Hospitals | Enroll | Contact | FAQs

Peer Sharing

Peer-to-peer sharing is valuable and highly encouraged. Below are various documents, templates and other materials that member hospitals have generously shared for the benefit of the Learning Community. If you'd like to share materials developed by your organization, please contact Julia Slininger at jslininger@hqinstitute.org.

By Content

Community Resources List (Dignity Health, Bakersfield Memorial Hospital)

Community Resources List (Dignity Health, Dominican Hospital, Santa Cruz)

https://www.hqinstitute.org/post/perinatal-mental-health-learning-community

To share your materials on the program website, e-mail Julia at jslininger@hqinstitute.org

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New HQI Website

https://www.hqinstitute.org/combating-health-care-disparities

Hospital Strategies for Combating Health Care Disparities

Health care disparities, defined as variation in quality and safety of care by patient sociodemographic characteristics, have been a significant and persistent problem in American health care. While California hospitals and hospital systems have often been at the forefront of the quest to achieve health care equity, significant work still remains ahead of us.

This page is intended to provide hospitals with select current resources and wisdom that can assist them in measuring, understanding, and alleviating disparities in care.

Disparities in Maternal Mortality and Morbidity | Broad-Based Strategies and Tools for Addressing Disparities

Disparities in Maternal Mortality and Morbidity

- Introduction
- SB-464
- Free e-Learning Modules for California Hospitals

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AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.

Focus for October and November: Disparities

- Discuss racial disparities that exist in maternal care quality and outcomes, affecting Black women in particular.
- In that context, discuss disproportionate effects that perinatal mood and anxiety disorders have on some groups over others.
- Review communication skills and practices likely to increase equity in care.
- Highlight promising efforts currently underway in California hospitals to address maternal care disparities.

Today's Agenda

- Introduction (Boris)
- Cultural Humility summary (Gabrielle)
- Case study (Wenonah and Lisa)
- Group discussion (Julia)
- Wrap-up (Gabrielle)

Cultural Humility

CLINICIAN SELF-CARE

- Self care practices can redirect change fatigue and patient care.
- Self evaluation before patient engagement.
- Identify biases – privilege & prejudices.

BUILDING TRUST WITH PATIENTS

- Acknowledge power imbalances and communications.
- Rethink dismissive vocabulary that contributes to harm or encourages cultural biases.
- Don’t assume trust – earn it – patience.

Screening Tools – Considerations for Cultural Humility

BUILDING TRUST

- Make sure she understands the reason for screening.
- Identify barriers to feeling safe responding and address these:
  - Organizational mistrust
  - Stigma of mental health
  - Fear of losing children
  - Feeling like she will be judged

THRESHOLD SCORES

- Often Black birthing people score lower but still have symptoms of depression and anxiety.
- Rethink “thresholds” for referral and care.
- Don’t forget your clinical judgment.

Guest Speakers

Wenonah Valentine, MBA
Founder in Residence and Executive Director
iDREAM for Racial Health Equity

Lisa Young, RN, MSN
Utilization Care Review Nurse
Blue Shield of California

Cultural Humility and Quality Care For Mothers, Families, and Children

Interprofessional Education Cultural Humility Orientation 2.0

Perinatal Mental Health (PMH)
Learning Community
Disparities in Perinatal Mental Health Care
Cultural Humility Case Study with Q & A
Thursday, November 19, 2020

Wenonah Valentine, MBA
Lisa Young, RN, MSN

Office Visit

- Tanya had 2 uncomplicated pregnancies and is pregnant with her 3rd child (approximately 11 weeks gestation).

Psychosocial

- The patient is 29 years old and currently lives with her mother.
- The patient remains on the health insurance plan provided by her ex-husband.

Ultrasound Experience A

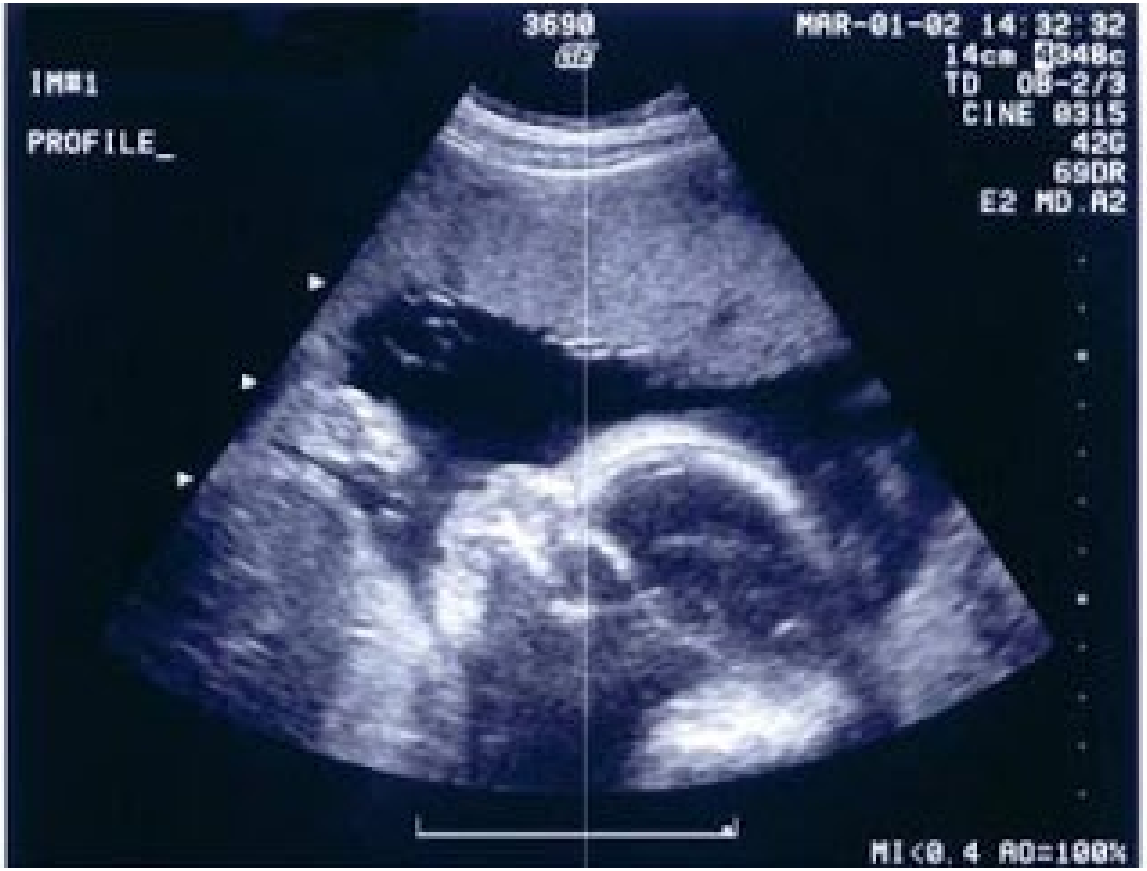
- The Ultrasound Technician is cordial, performs the procedure and walks out.

Ultrasound Experience B

- The physician informs the patient that he sees an abnormality on the ultrasound. She is confused and has questions.

Ultrasound Experience C

- The provider hands the patient a brochure on Spina Bifida. She is scared.



Referral Process

The patient waits 2 weeks for a referral. She is 14 weeks gestation. The next appointment is in 2 weeks.

High-Risk OB Office Experience

- The High-Risk OB medical provider performed an additional ultrasound. The results were normal.

High-Risk OB Office Experience B

- One week later, the patient received a phone call from the High-Risk OB's office and informed that the Ultrasound results were incorrect. The fetus has Spina Bifida.

Labor and Delivery Experience

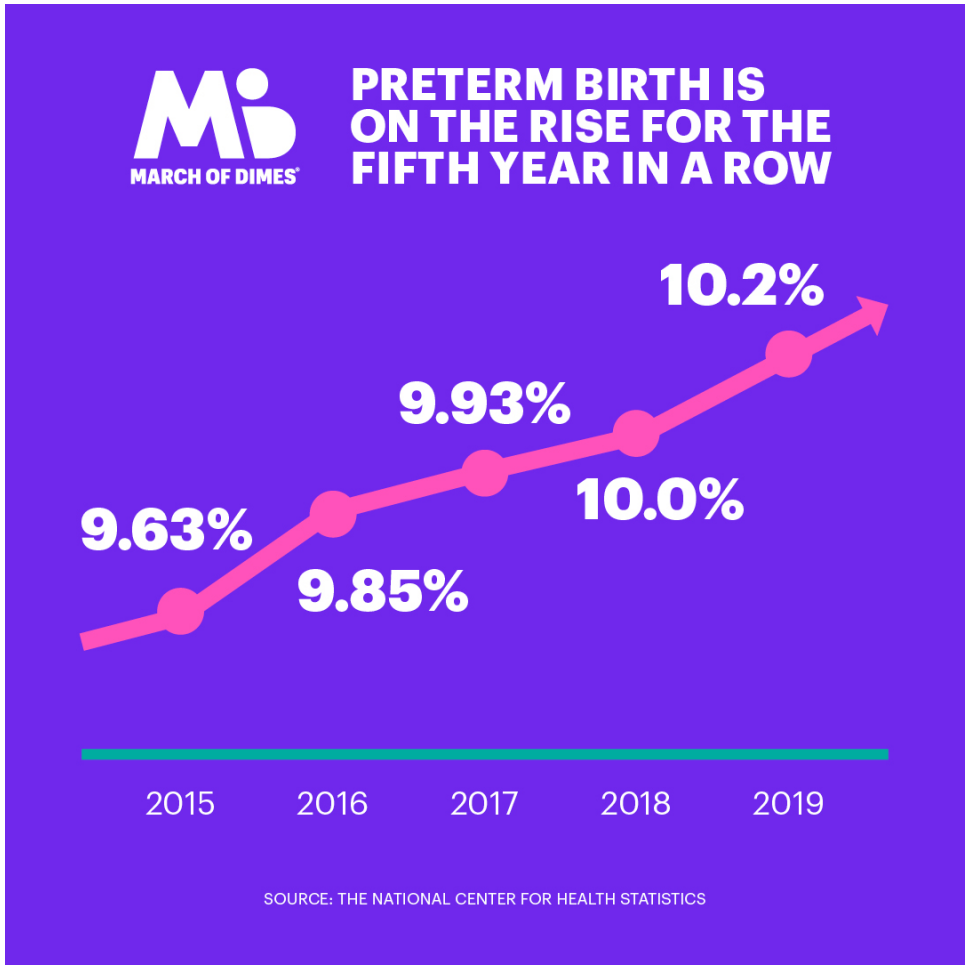
- The patient is currently 32 weeks gestation and she notices that the baby has stopped moving. When she arrives at the hospital, she is notified to have an emergency c-section.

Postpartum Experience

- The father goes with the NICU nurse and he overhears the nurses at the nurses' station gossiping about his girlfriend having her third child and still living at home with her mother.

NICU Experience

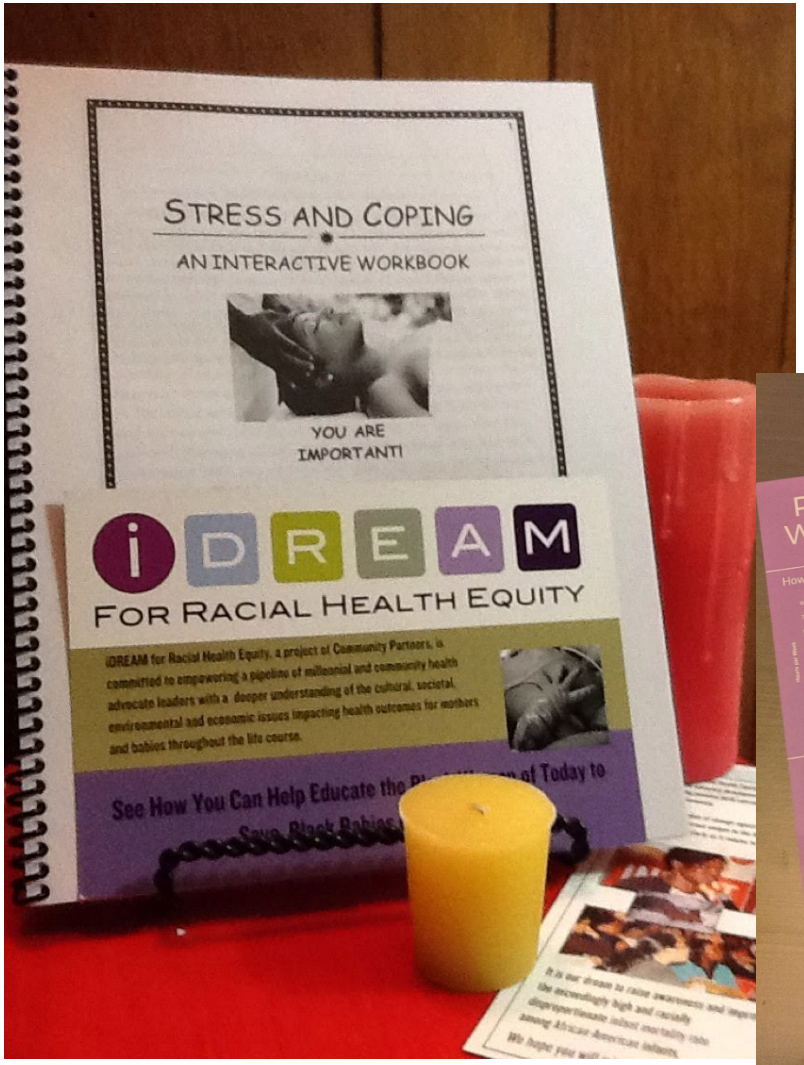
- The physician gives the father an update on the baby's status and informs him that some decisions need to be made quickly regarding the baby’s surgery.



Preterm birth is on the rise
For the 5th year in a row, too many babies were born preterm! In 2019, the U.S. preterm birth rate rose to 10.2 percent of births, earning the nation a “C-” grade. In 2018, the grade was a “C.” In 2014 the preterm birth rate was 9.57. For women of color, the risks of preterm birth are 50% more than their counterparts.

Learn more about the Maternal and Infant health crisis happening in your community at marchofdimes.org/reportcard

2020 REPORT CARD FOR CALIFORNIA
PRETERM BIRTH RATE: 9.0%
PRETERM BIRTH GRADE: B-
PRETERM BIRTH GRADE: 9.0 PERCENT TO 9.2 PERCENT



Wenonah Valentine, MBA
Founder and Executive Director
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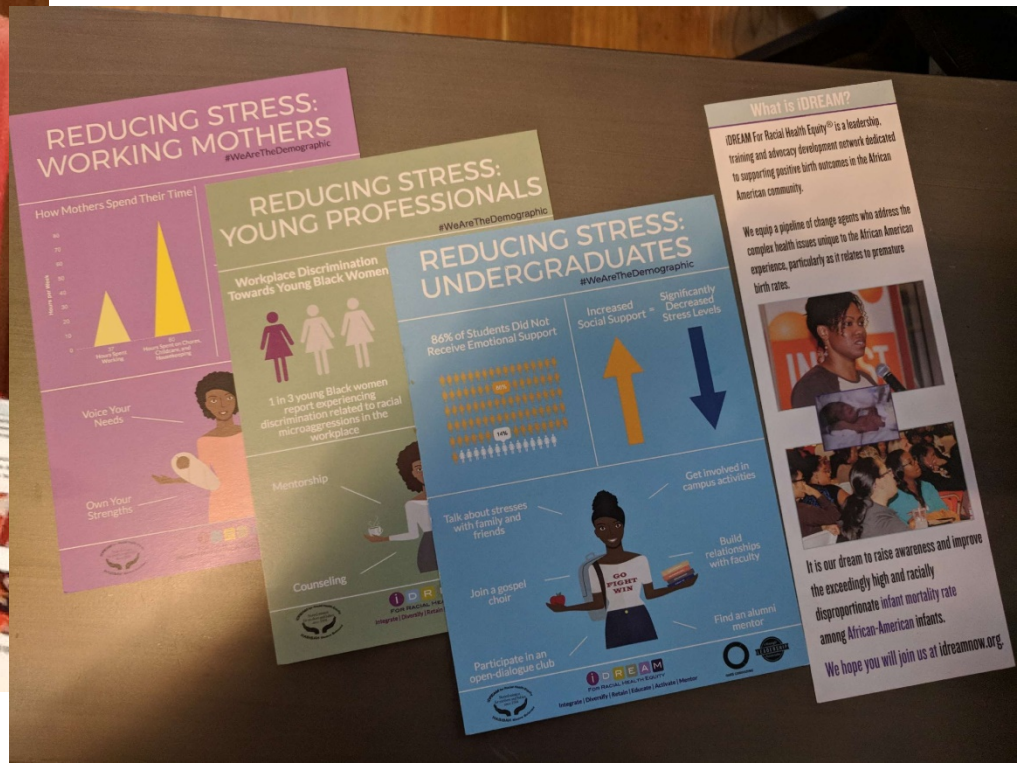


Lisa Young, RN, MSN
OB Nurse Champion
lddyoung@gmail.com

iDREAM for Racial Health Equity
Storied mission for mothers and babies since 1994
HABIBAH Means Beloved

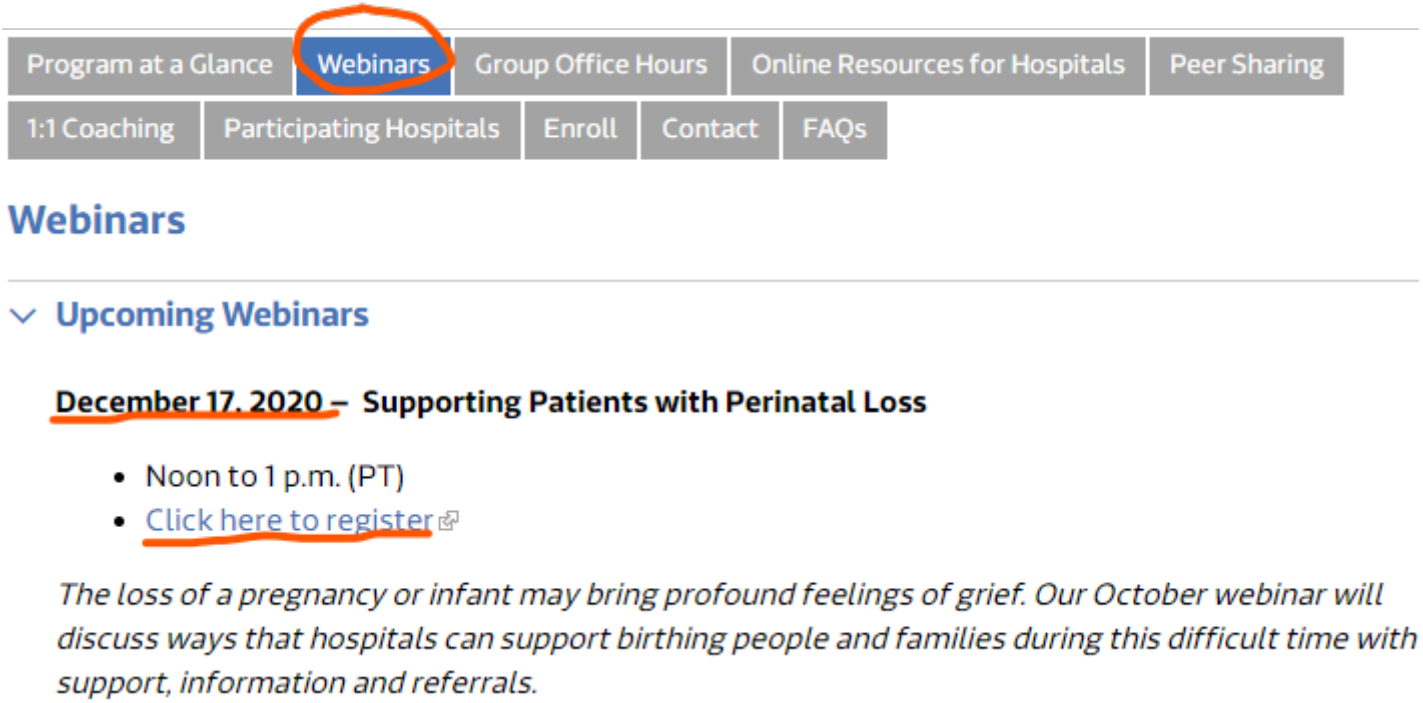
Group Discussion

Wrap-up & Summary

Coming Up

Webinar: December 17, 12 – 1 p.m.

Topic: ***Supporting Patients with Perinatal Loss***



Group Office Hours: January 21, 2021 12 – 1 p.m.

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Webinar Evaluation

Polling question: "Attending today's Group Office Hours was a good use of my time."

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: "What could we have done better or differently?"