

The Value of Data to Advance Equity-Based QI: Introducing the New MDC Equity Dashboard

Terri Deeds, RN, MSN, NE-BC

Anne Castles, MA, MPH

September 27, 2019, 12-1pm

Housekeeping

- All lines have been muted to eliminate background noise
- Questions will be addressed at the end of the webinar via the chat box or Q&A
- The webinar recording will be available on the CMQCC website
- Other questions: contact vcap@Stanford.edu

Utilizing Data to Establish the Need for Equity Based Quality Improvement

Terri Deeds, RN, MSN, NE-BC
Clinical Lead, CMQCC

In the last 15 years,
US has seen rises
in:

Maternal Mortality:

Up 50-70%

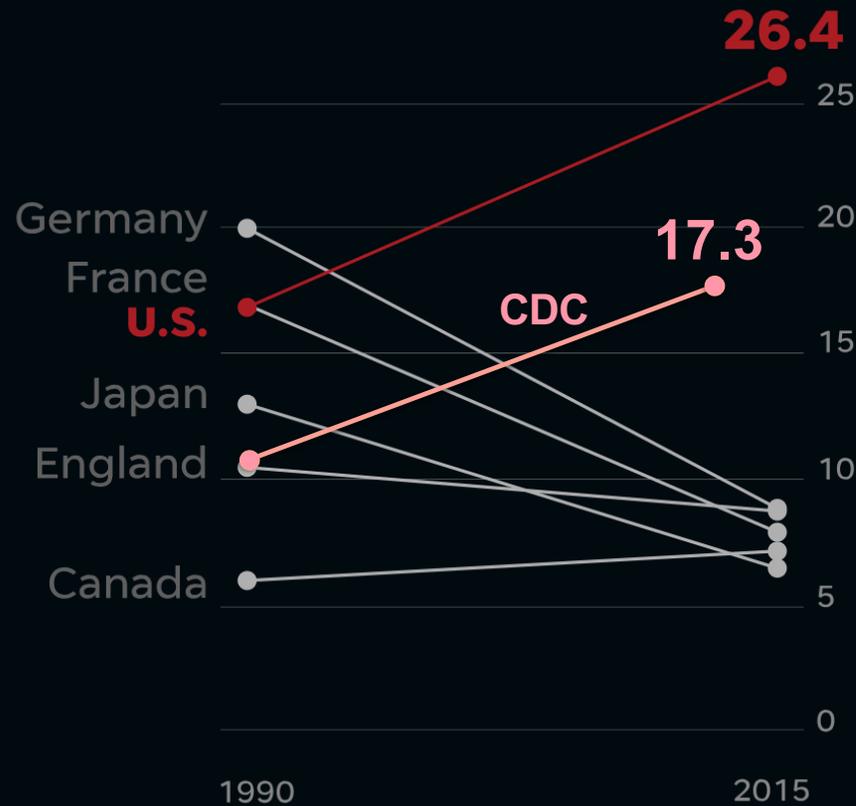
Severe Maternal

Morbidity:

Up 100 %

Cesarean Births:

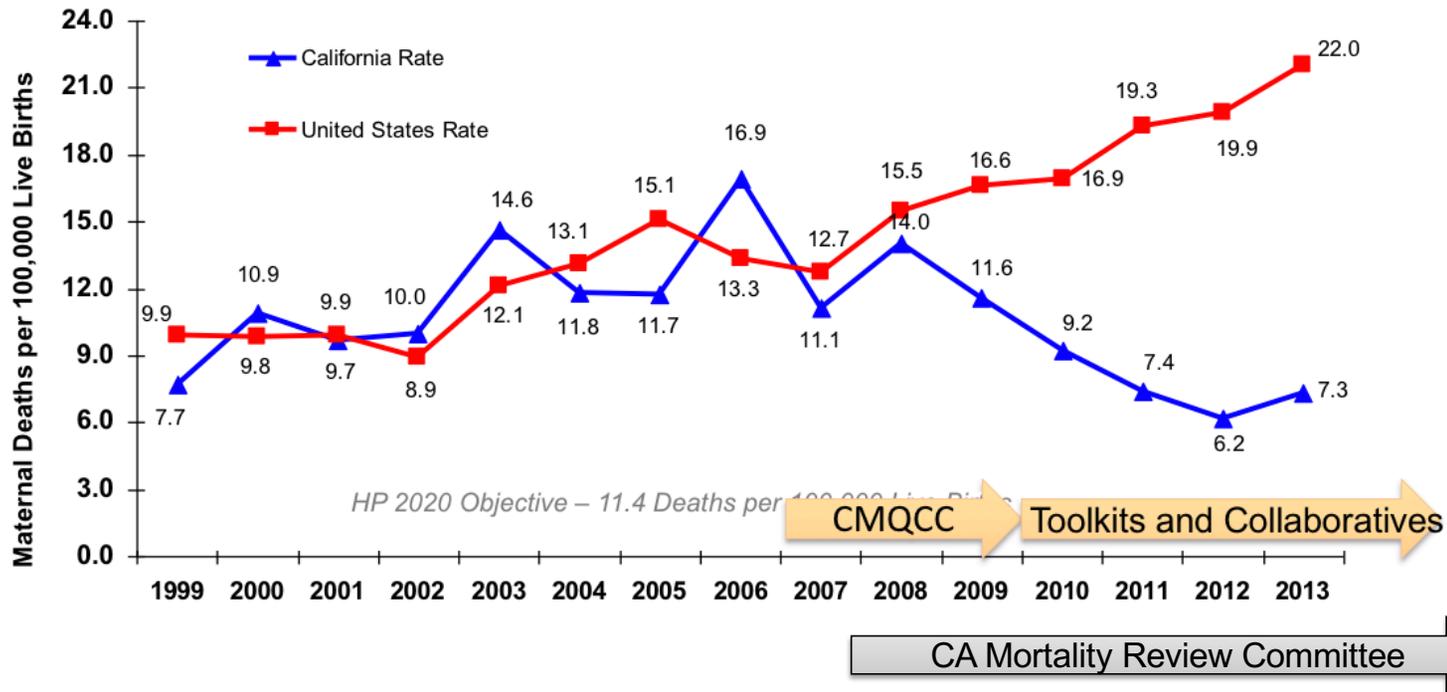
Up 50%





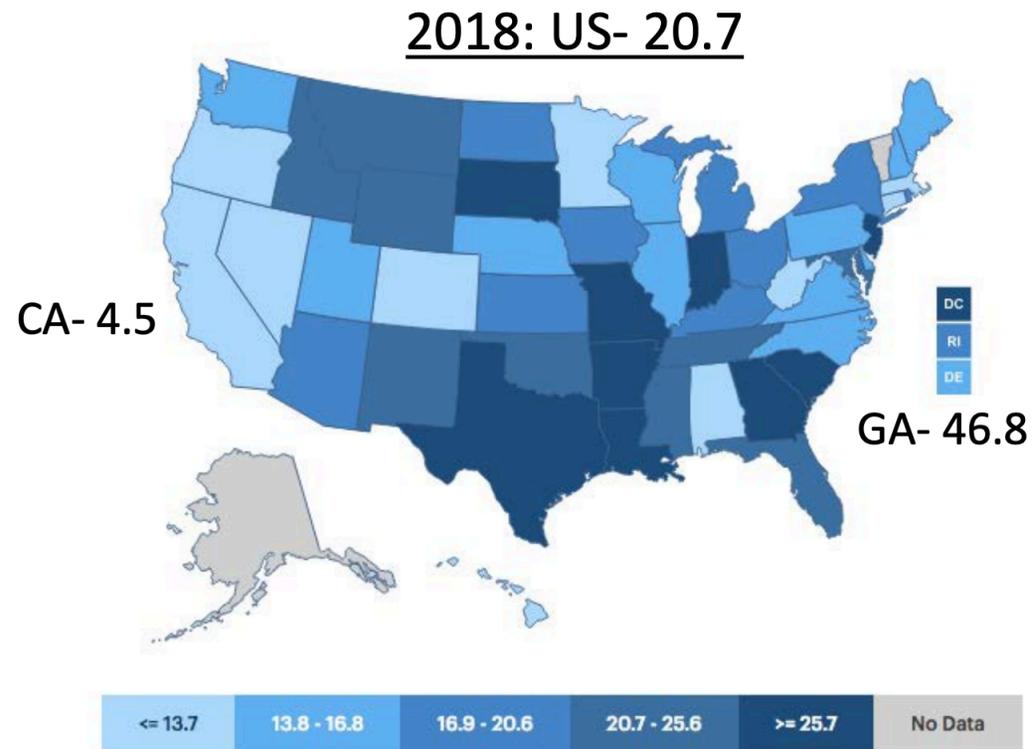
Maternal Mortality Rate, California and United States; 1999-2013

California: ~500,000 annual births, 1/8 of all US births



SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1999-2013. Maternal mortality for California (deaths ≤ 42 days postpartum) was calculated using ICD-10 cause of death classification (codes A34, O00-O95, O98-O99). United States data and HP2020 Objective use the same codes. U.S. maternal mortality data is published by the National Center for Health Statistics (NCHS) through 2007 only. U.S. maternal mortality rates from 2008 through 2013 were calculated using CDC Wonder Online Database, accessed at <http://wonder.cdc.gov> March 11, 2015. Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, March, 2015.

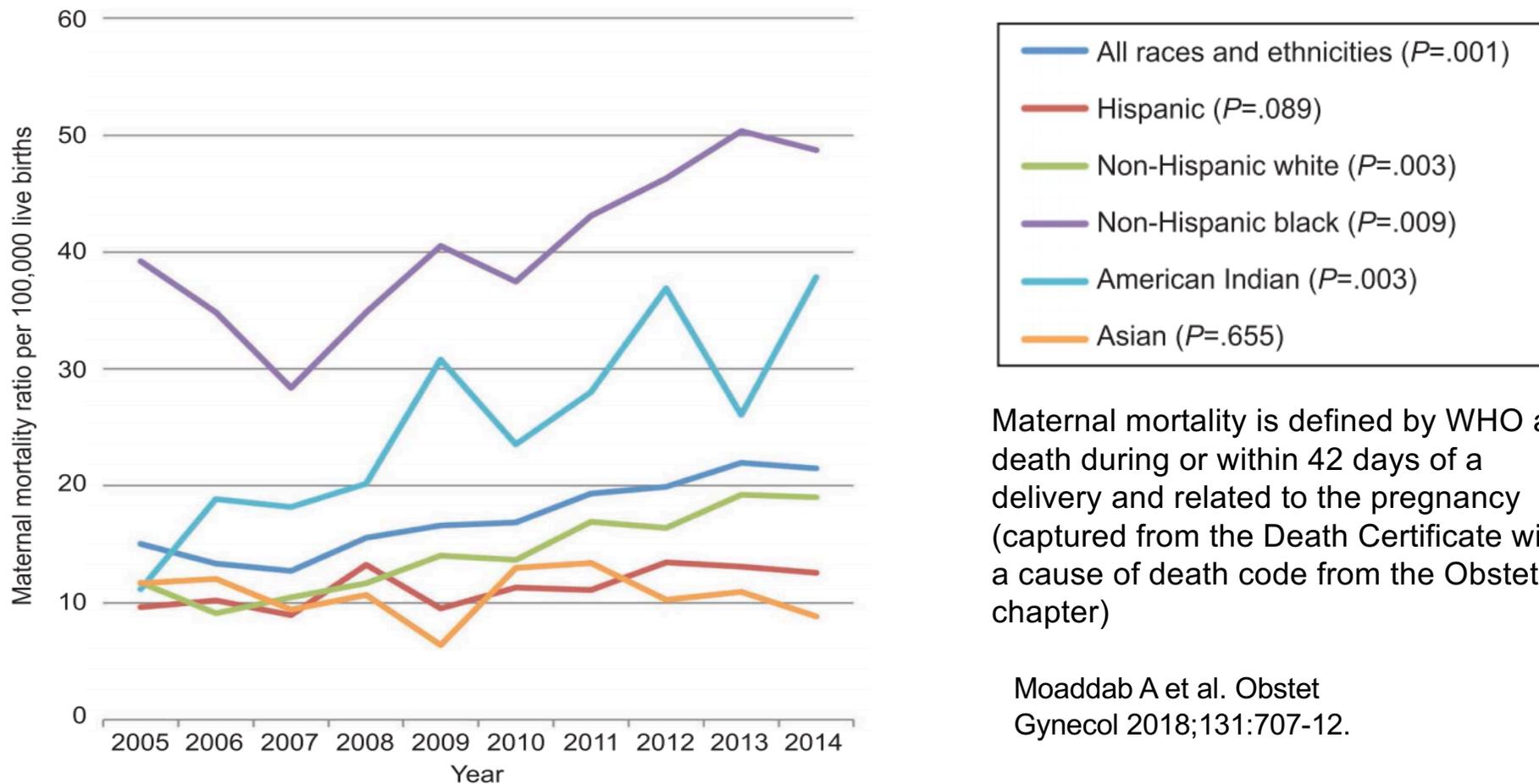
Maternal Mortality by State (NCHS)



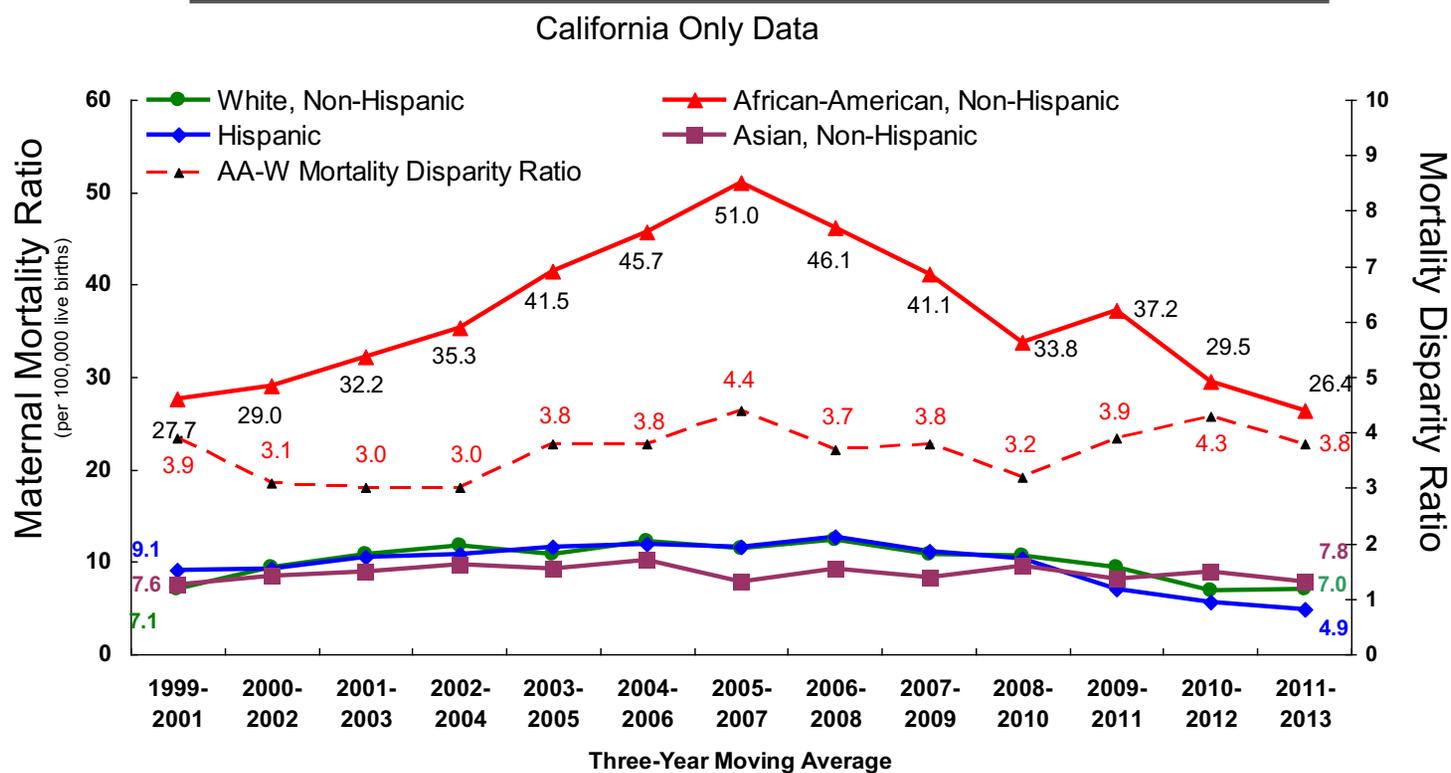
Source:

• CDC WONDER Online Database, Mortality files

U.S. Maternal Mortality by Race/Ethnicity

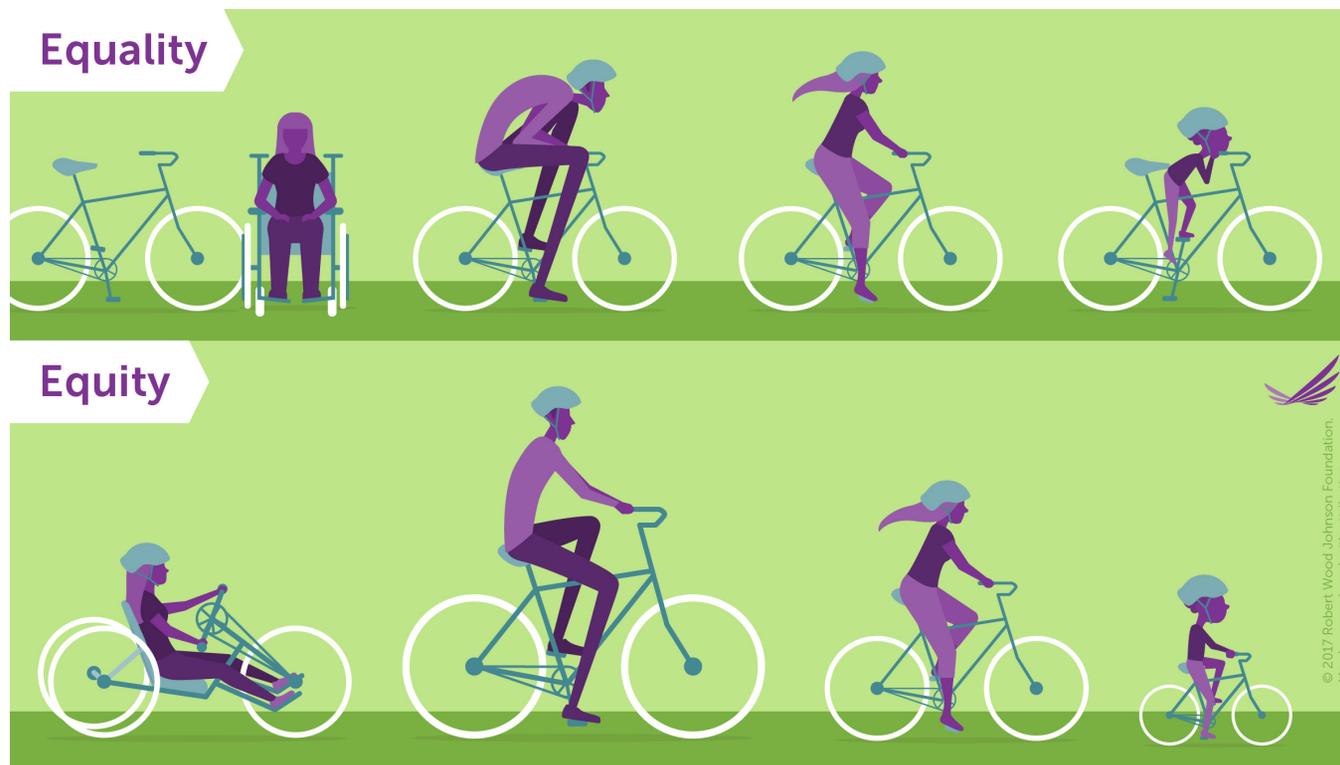


Maternal Mortality Rate, By Race/Ethnicity Three-Year Moving Averages; 1999-2013

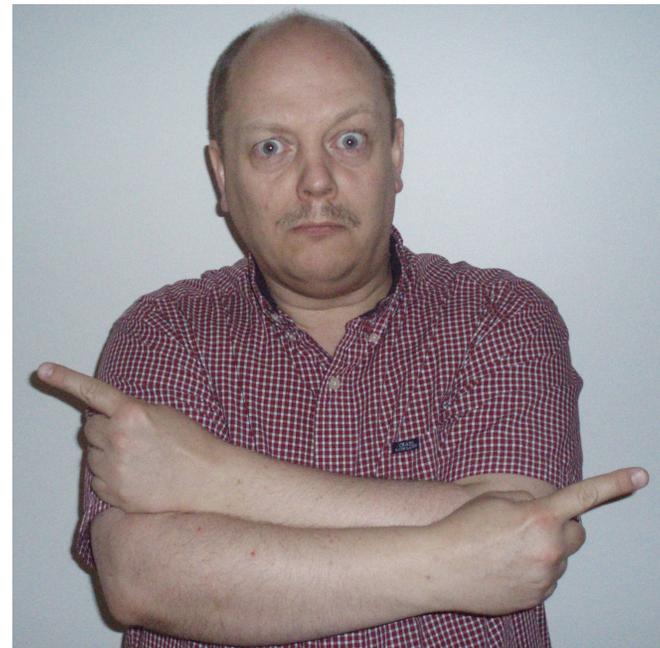


But I (we) treat everyone the same!

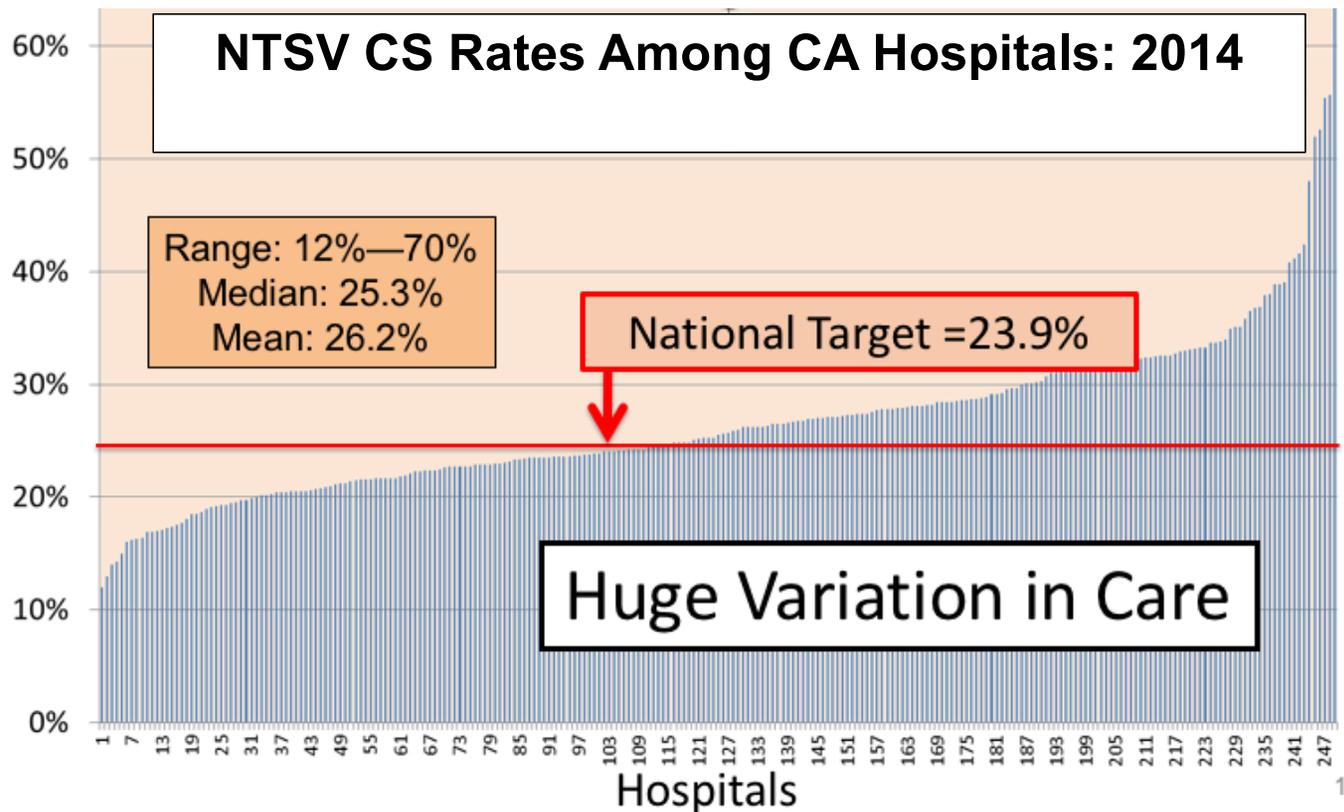
Equality vs. Equity?



- **That must be happening someplace else right?**

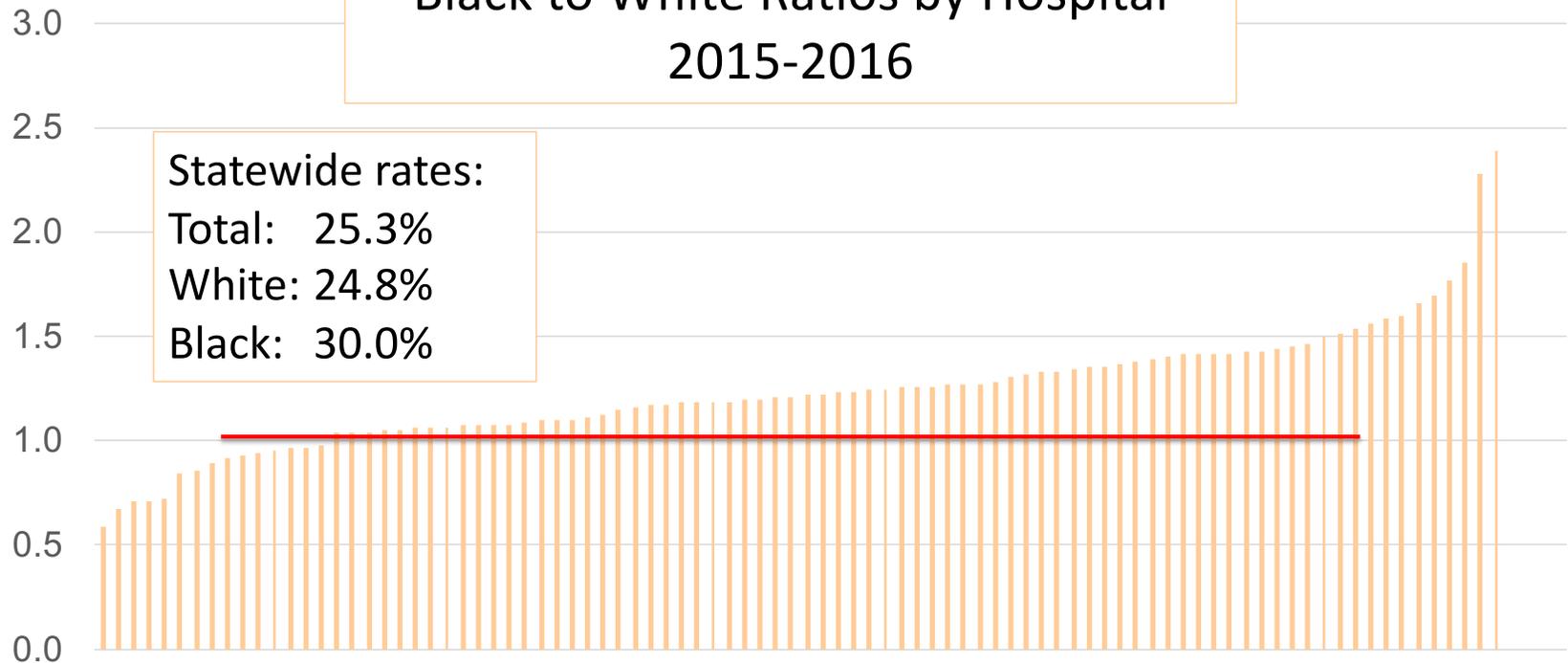


Variation in Care is Endemic

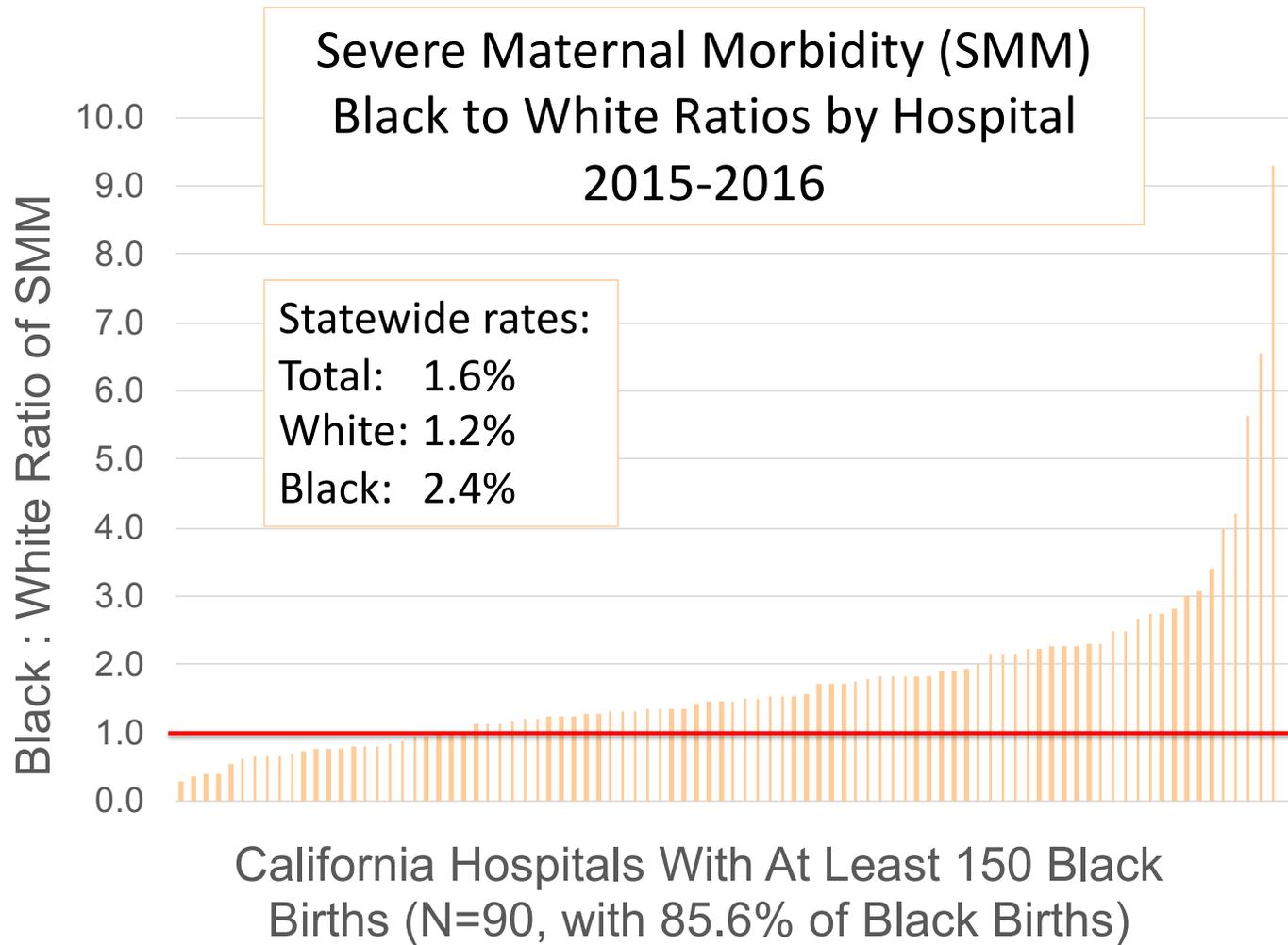


Low-Risk First-Birth Cesarean (NTSV)
Black to White Ratios by Hospital
2015-2016

Black : White Ratio of NTSV
CS



California Hospitals With At Least 150 Black Births (N=90, with 85.6% of Black Births)



So is this happening at my hospital?

- A close look at the data from your hospital should provide opportunities to focus your quality improvement efforts on the issues affecting your hospital.



***Birth Equity Reports in the
Maternal Data Center
(MDC)***

Birth Equity Section in the MDC

Demo Hospital

Data Entry Status

Measures

Period: **Nov 2018 - Jan 2019**

Favorite Measures

Antenatal Steroids (PC-03)	<u>100.0%</u>
CCHD-Pulse Oximetry Screening	<u>N/A</u>
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	<u>25.0%</u>

View **all 4** Favorite Measures

Hospital Clinical Performance Measures

Early Elective Delivery (PC-01)	<u>0.0%</u>
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	<u>25.0%</u>
Cesarean Birth: Primary	<u>20.0%</u>
Unexpected Newborn Complications: Severe	<u>0.0</u>
Severe Maternal Morbidity (SMM)	<u>5.9%</u>

View all 45 by **name**, **organization**, or **topic**
[Compare Two Measures](#)

Birth Equity

Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)

Severe Maternal Morbidity (SMM)
[More Measures](#)

Learn more about the CMQCC Birth Equity Collaborative

[Birth Equity PDF](#)

Patient Safety Watch

AIM Hemorrhage Patient Safety
Preeclampsia Patient Safety

Birth Equity Features on Home Page

Demo Hospital Data Entry Status

Measures Period: Nov 2018 - Jan 2019

Favorite Measures

Antenatal Steroids (PC-03)	100.0%
CCHD-Pulse Oximetry Screening	N/A
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	25.0%

View all 4 Favorite Measures

Hospital Clinical Performance Measures

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Severe Maternal Morbidity (SMM)	5.9%

View all 45 by name, organization, or topic
Compare Two Measures

Birth Equity

Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)

Severe Maternal Morbidity (SMM)

More Measures

Learn more about the CMQCC Birth Equity Collaborative

Birth Equity PDF

Patient Safety Watch

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Preeclampsia Patient Safety

On Home Page

- 2 Key Outcome Measures
 - NTSV C/S rate
 - SMM rate
- More Measures
 - Links to additional highlighted metrics
- Link to Additional Resources
- Link to Birth Equity PDF

Birth Equity PDF Report

“One-Click” PDF Report

For sharing outcomes directly with staff, physicians or hospital leadership.

Demo Hospital
Data Entry Status

Measures Period: Nov 2018 - Jan 2019

Favorite Measures

Antenatal Steroids (PC-03)	100.0%
CCHD-Pulse Oximetry Screening	N/A
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	25.0%

[View all 4 Favorite Measures](#)

Hospital Clinical Performance Measures

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Unexpected Newborn Complications: Severe	0.0
Severe Maternal Morbidity (SMM)	5.9%

[View all 45 by name, organization, or topic](#)
[Compare Two Measures](#)

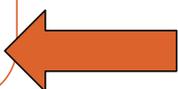
Birth Equity

Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)

Severe Maternal Morbidity (SMM)

More Measures

Learn more about the CMQCC Birth Equity Collaborative

Birth Equity PDF


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Birth Equity PDF Report

- Select the Race/Ethnicity group from the dropdown box
- The default is Non-Hispanic Black

Birth Equity PDF

Race/Ethnicity Non-Hispanic Black

Generate PDF

Antenatal Steroids (PC-03)	100.0%
CCHD-Pulse Oximetry Screening	N/A

4 metrics based on your hospital's July 2018-June 2019 Maternal Data Center results. These results will be "locked" on September 30, 2019 and can be viewed within this

Birth Equity PDF Report

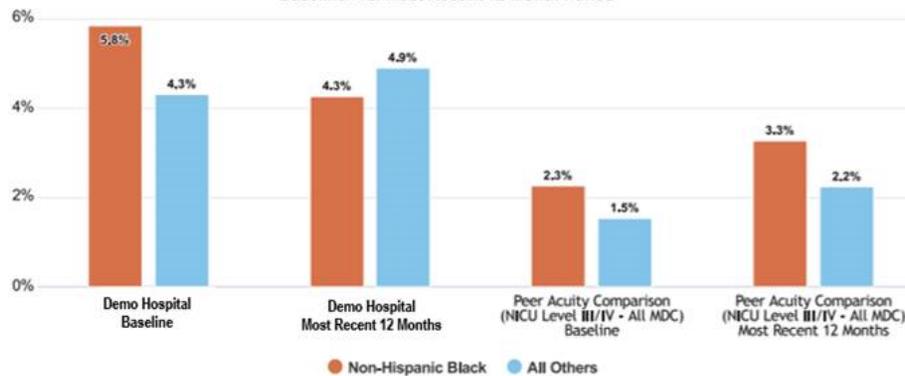
- Select the Race/Ethnicity group from the dropdown box
- The default is Non-Hispanic Black
- Click the **Generate PDF** button

The screenshot displays the 'Birth Equity PDF' report interface. It features a 'Race/Ethnicity' dropdown menu currently set to 'Non-Hispanic Black' and a green 'Generate PDF' button. An orange arrow points from the dropdown menu to the button. A second orange arrow points from the button to a detailed view of the dropdown menu, which lists the following options: Non-Hispanic Black, Hispanic-US Born, Hispanic-Foreign Born, Non-Hispanic White, Non-Hispanic Black (highlighted in blue), Asian/Pacific Islander, and Others. The background shows a partial view of a report table with columns for 'Antenatal Steroids (PC-03)' (100.0%) and 'CCHD-Pulse Oximetry Screening' (N/A).

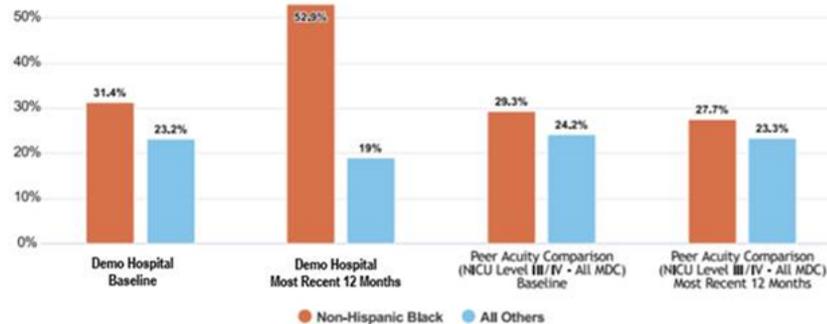
CMQCC Maternal Data Center
Birth Equity Analysis Report

Demo Hospital

Severe Maternal Morbidity (SMM)
Baseline* vs. Most Recent 12 Month Period**



Cesarean Birth: NTSV (PC-02: Current)
Baseline* vs. Most Recent 12 Month Period**



One-Page Report with:

- 2 Key Measures

- Severe Maternal Morbidity (SMM)
- NTSV Cesarean Delivery Rate

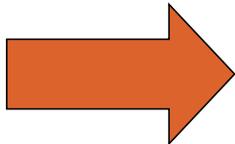
- 3 Types of Comparisons

- Selected R/E Category vs. All Others
- Baseline vs. Current
- Own Hospital vs. Peer Acuity Comparison

- Let's unpack it!

Birth Equity PDF

Interpretive
Guidance at top!



 **CMQCC Maternal Data Center**
Birth Equity Analysis Report

MCH Director: Connie Ngo

Demo Hospital

Understanding how your hospital's maternity care practices and outcomes differ by Race/Ethnicity is an essential step in working toward birth equity.

In the graphs below:

- For all pairings, the orange/first bar represents the selected Race/Ethnicity group of patients; the blue/second bar represents the patients in *All Other* Race-Ethnicity groups (i.e. all cases excluding the selected R/E group)
- In the first two pairings, compare your hospital's results for the Baseline Period (2016-2017) to your hospital's results for the Most Recent 12-month Period.
- Using the latter two pairings, you can also compare your hospital's results to a *Peer Acuity Comparison* showing results across all MDC hospitals with the same Nursery Level as your hospital (for both the Baseline and Most Recent 12-month Period).

Birth Equity PDF

Comparison I

- Selected R/E Category
(per your prior selection)

compared to

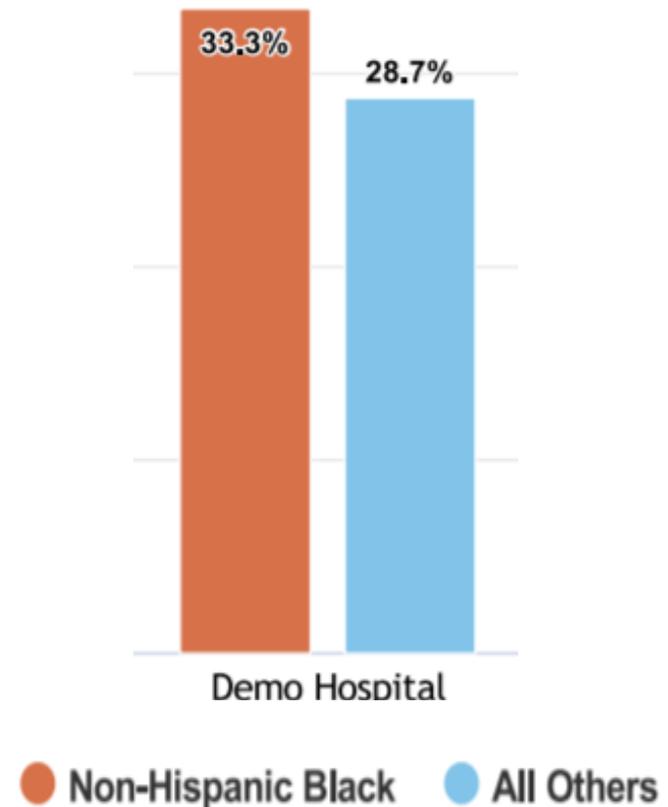
- All Others
(all cases excluding the selected R/E group)

Key Questions:

*Is there a disparity in hospital outcomes between different groups?

*Are we willing to make a concerted effort to address?

NTSV Cesarean Delivery Rates



Birth Equity PDF

Comparison II

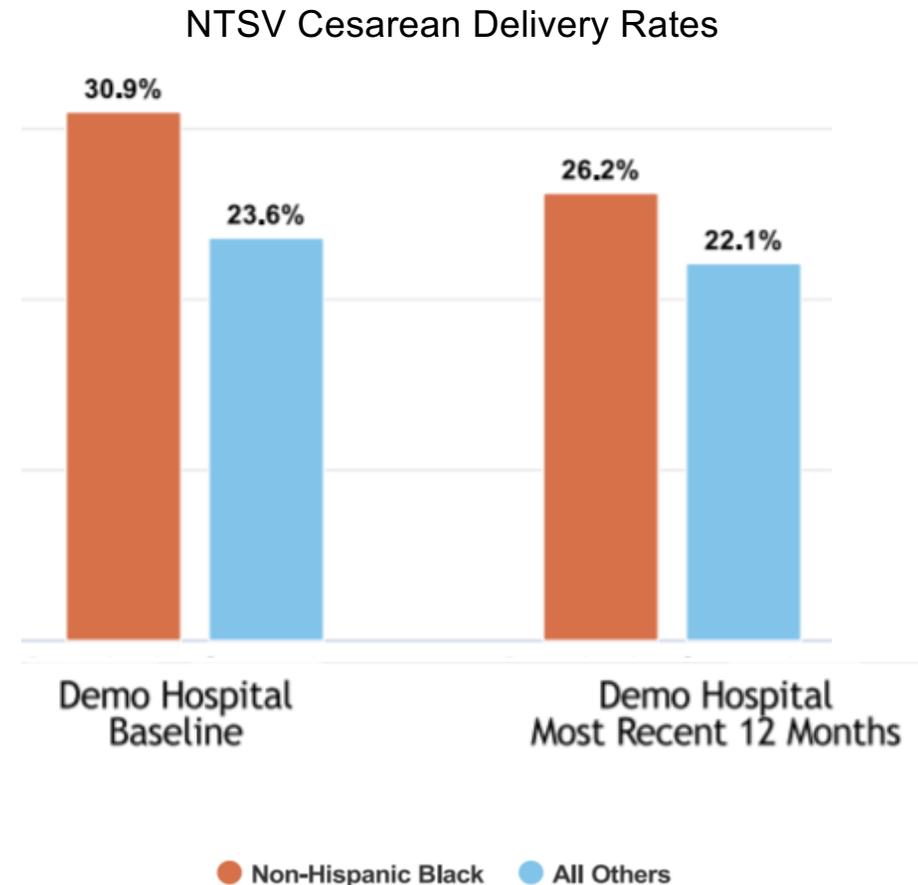
- Baseline
(prior 2 year period: currently using 2016-17)

compared to

- Most Recent 12 Months
(based on your MDC data submissions)

Key Questions:

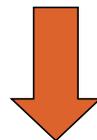
- * Are we improving outcomes in our target community?
- * What more can we do?



Birth Equity PDF

- Additional information at bottom
 - Definition of Time Periods
 - Small Count Warning

Recommendation:
 Review the denominator counts in the MDC for the R/E category; do not use PDF if target R/E category has < 20 denominator cases



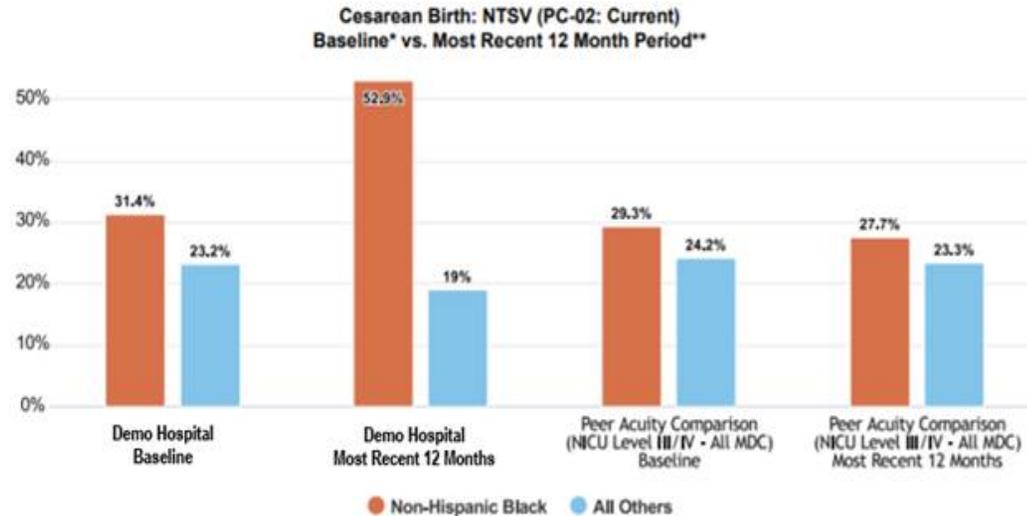
Printed on: 07/05/2019

* Baseline represents the combined two-year period of calendar years 2016 and 2017

** Most Recent 12 Month Period on this print date: May 2018 - Apr 2019. **Interpret cautiously:** This rate may represent small counts in the selected group.

Informational resources to support your Birth Equity work are available at [CMQCC.org](http://cmqcc.org); see the [Birth Equity Collaborative](#) section.

Identify the drivers underlying these Birth Equity data! More comparisons, drill down data, and trending graphs are available to authorized users of the *Maternal Data Center* at <https://datacenter.cmqcc.org>



Birth Equity PDF

Comparison III

Own Hospital

compared to

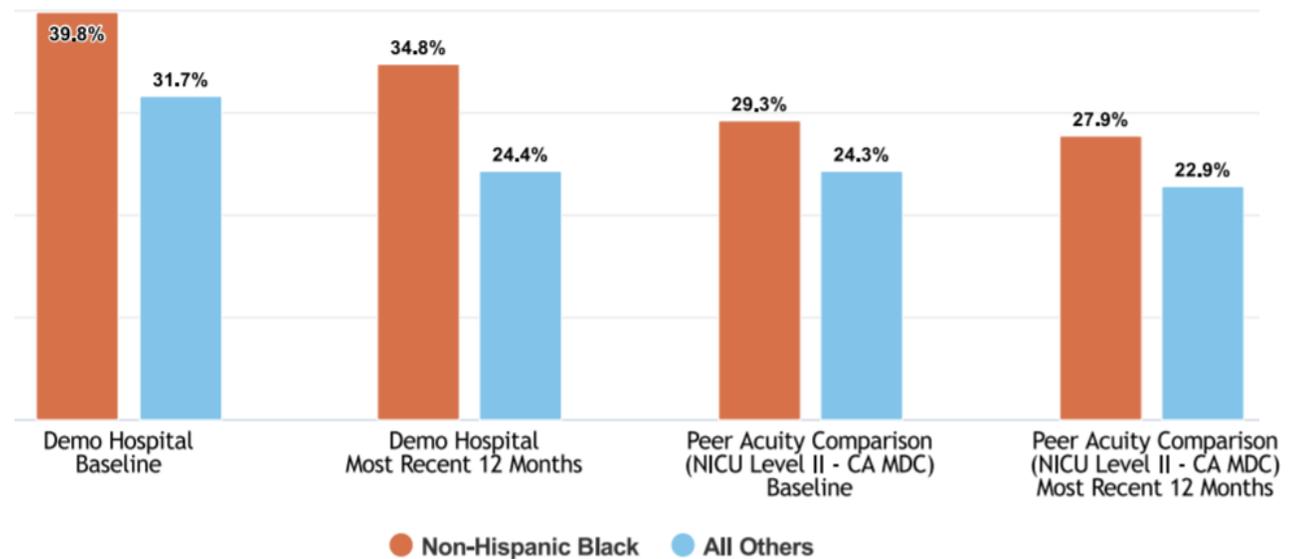
Peer Acuity Average

(average across all MDC hospitals with same Nursery Level)

Key Question:

- How do we compare to other hospitals that serve same acuity of patients?
- What are we doing differently from our peers?

NTSV Cesarean Delivery Rates



Key Measures for Evaluating Birth Equity

Demo Hospital Data Entry Status

Measures Period: Nov 2018 - Jan 2019

Favorite Measures

Antenatal Steroids (PC-03)	100.0%
CCHD-Pulse Oximetry Screening	N/A
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	25.0%

[View all 4 Favorite Measures](#)

Hospital Clinical Performance Measures

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Unexpected Newborn Complications: Severe	0.0%
Severe Maternal Morbidity (SMM)	5.9%

[View all 45 by name, organization, or topic](#)
[Compare Two Measures](#)

Birth Equity

[Cesarean Birth: NTSV - Nullip Term Singleton Vertex \(PC-02: Current\)](#)
[Severe Maternal Morbidity \(SMM\)](#)
[More Measures](#)

Learn more about the CMQCC Birth Equity Collaborative

[Birth Equity PDF](#)

Patient Safety Watch

[AIM Hemorrhage Patient Safety](#)

[Preeclampsia Patient Safety](#)

On Home Page

- 2 Key Outcome Measures
 - NTSV C/S rate
 - SMM rate
- More Measures
 - Links to additional highlighted metrics

Birth Equity Features on Home Page

Demo Hospital Data Entry Status

Measures Period: Nov 2018 - Jan 2019

Favorite Measures

Antenatal Steroids (PC-03)	100.0%
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[View all 4 Favorite Measures](#)

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[Compare Two Measures](#)

Birth Equity

Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)

Severe Maternal Morbidity (SMM)

[More Measures](#)

Learn more about the CMQCC Birth Equity Collaborative

[Birth Equity PDF](#)

Patient Safety Watch

AIM Hemorrhage Patient Safety
Preeclampsia Patient Safety

- Click on *More Measures* to see additional Birth Equity Measures available for review.

More Measures Section

- Click into any measure

Birth Equity	
Cesarean Birth: NTSV (PC-02: Current)	Cesarean deliveries among "NTSV" births: 1) Nulliparous (first birth); 2) Term (37 wk gestation or over); 3) Singleton (no multiples); and Vertex (head first). The 2018 PC-02 specifications also exclude cases with placenta previa. This version uses the most current TJC PC-02 measure specifications retrospectively applied to all prior time periods--to allow for proper trending.
Cesareans after Labor Induction	Rate of induction procedures that resulted in a cesarean (regardless of the reason for the cesarean). Formerly named "Failed Inductions"
Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization
Hemorrhage: Blood Product Units Transfused per 1000 Delivery Cases	Total number of blood products transfused per 1,000 delivering women. (Transfusions identified via supplemental data only)
Hemorrhage: Massive RBC Transfusions (\geq 4 RBC Units)	Number of women receiving \geq 4 RBC units of blood, per 1000 delivering women. (RBC Transfusions identified via supplemental data only).
Maternal ICU Admission Rate	Maternal ICU Admission rate among delivering women
Induction Rate	Rate of induction (failed or successful) among all births
Total Preterm Birth	Percent of births <37wk gestational age. Hospitals that receive transports may have higher prematurity rates.
Severe Maternal Morbidity Among Hemorrhage Cases	Rate of severe morbidities among delivering women with hemorrhage
Severe Maternal Morbidity Among Preeclampsia Cases	Rate of severe morbidities among delivering women with preeclampsia, eclampsia, or superimposed preeclampsia
Severe Maternal Morbidity (SMM)	Severe Maternal Morbidity among all Delivering Women (Specification Version 5-9-2019)
Timely Treatment for Severe Hypertension	Appropriate medical management/timely treatment of new onset preeclampsia/severe hypertension
UNC: Moderate	Moderate neonatal complications among babies without preexisting conditions (birth defects, prematurity, small for dates, multiples, maternal drug use, etc). See more detailed information on this measure.
UNC: Severe	Severe neonatal complications among babies without preexisting conditions (birth defects, prematurity, small for dates, multiples, maternal drug use, etc). See more detailed information on this measure.
VBAC-All	Vaginal births among all deliveries with a prior cesarean delivery

Navigation

Birth Equity: Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: ...)

Overall
Drivers
Trend

PNG (image)
CSV (Excel)

Measure
 Hospital Trend
 Control Chart
 Measure Algorithm
 Measure Analysis

Comparisons
 Peer
 NICU Level
 All Hospitals
 By Payer
By Race/Ethnicity
 By Provider
 By Practice Group
 Compare Two Measures

Understanding how your hospital's maternity care practices and outcomes differ by Race/Ethnicity is an essential step in working toward birth equity.

- Use the drop down menus to select a Time Period and Comparison Population.
- After comparing the bar graphs, you can scroll down to the numerical data and click on the "Rate" to review the fallout cases for a specific Race/Ethnicity group for this measure
- See additional information on CMQCC's [Birth Equity Collaborative](#)

Please interpret cautiously; many categories will have very small counts.

Start Date: 02/01/2018 | Duration: 12 Months | Benchmark: MDC Target
 Comparison Population: Same Nursery Level | Go

HP2020 Target: ≤23.9%

Race/Ethnicity	Rate (%)	n
Demo Hospital	16%	50
Hispanic-US Born	35.7%	14
Hispanic-Foreign Born		
Non-Hispanic White	8.3%	24
Non-Hispanic Black		
Asian/PI	0%	7

Hispanic-US Born Rate: 35.7% (5 / 14)

Top buttons enable:

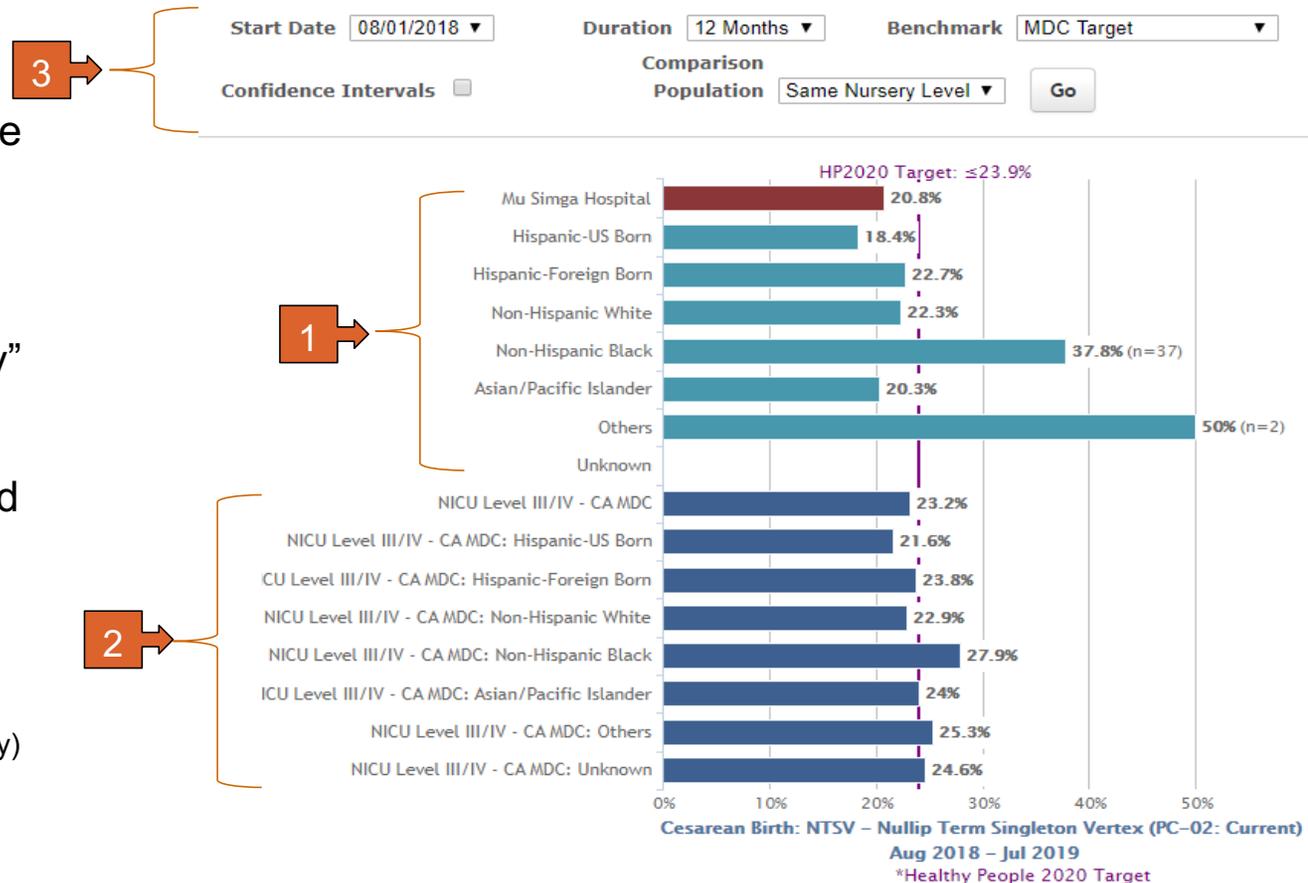
- PNG screen shots
- Data downloads into Excel

3 Tabs at top of screen

- Overall
- Drivers
- Trend

Overall Tab

1. Parse your hospital's rate by Race/Ethnicity categories
(categories differ some by state)
2. Compare to "Peer Acuity" average
3. Customize the report and Click "Go"!
 - Change the Time Period
 - Add Benchmarks
 - Comparison Populations
 - Nursery Level (Peer Acuity)
 - System
 - State MDC
 - All MDC



Overall Tab

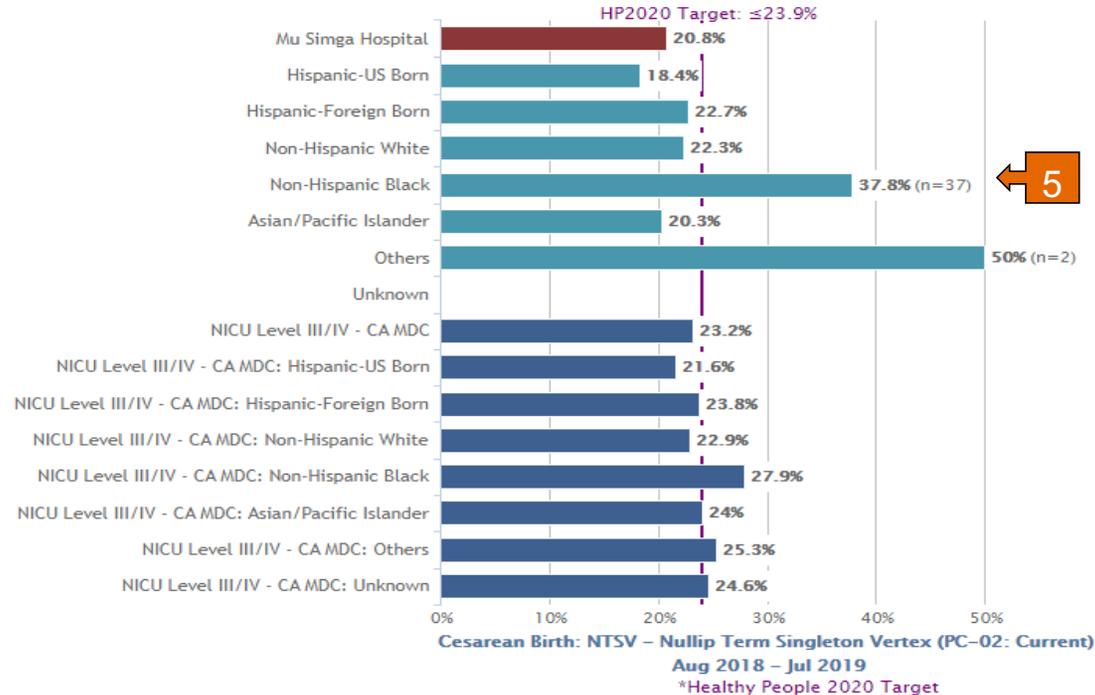
⚠ Please interpret cautiously; many categories will have very small counts. To highlight the small count categories, those with denominator counts <50 will display the specific count next to the bar.

4

Start Date: 08/01/2018 | Duration: 12 Months | Benchmark: MDC Target

Confidence Intervals: | Comparison Population: Same Nursery Level | Go

- 4. Note “Small Count” warning
- 5. If denominator count <50, will display next to bar
- 6. See definitions for each R/E Category in “Mappings” document



Race-ethnicity information as sourced from the Birth Certificate field "Race/Ethnicity of Mother". See mappings [here](#).

6

NOTE on Data Source:

- CA: Birth Certificate
- WA/OR: Discharge Data

Overall Tab: Fallout Drill Down Capability

Bottom half of “Overall Tab” displays:

- Numerical data, including numerators and denominators
- Clicking into any of the **green** numbers leads to “patient drill down screen”

	Rate	Numerator	Denominator
Demo Hospital	16.0%	8	50
 Hispanic-US Born 35.7%	35.7%	5	14
Hispanic-Foreign Born	33.3%	1	3
Non-Hispanic White	8.3%	2	24
Non-Hispanic Black	No Cases	0	0
Asian/PI	0.0%	0	7
Others	0.0%	0	2
Unknown	No Cases	0	0
NICU Level 2 - All MDC	22.2%	8139	36651
NICU Level 2 - All MDC: Hispanic-US Born	21.4%	1980	9256

Overall Tab: Fallout Drill Down Capability

- Drill Down Screen auto-filtered based on the prior selection
- Can change the selection from this screen using the “Filter” drop down menus

Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)

Discharge Dates: 02/01/2018-01/31/2019 Encrypted Medical Record Number ▼ Provider: Full Name ▼

Filtered to Race/Ethnicity ▼ Hispanic-US Born ▼ Remove Filter

[Fallout Cases \(5\)](#) [Denominator Cases \(14\)](#) [Excluded Cases \(15\)](#) ◀ Feb 2017 - Jan 2018

Print Download XLS

Displaying all 5 fallout cases

Medical Record Number	Delivery Date	Discharge Date	Diagnoses	Birth Weight	Gestational Age	Induced	Delivering Provider	Comments
d7d017f946	03/24/2018	03/27/2018	076, O48.0, O99.824, O77.0, O69.1XX0, Z3A.41, Z37.0	3600	41	Yes	Nurse, Unspecified	Click to comment   
71093d71f2	05/05/2018	05/08/2018	O36.8130, E66.9, F32.9, O72.1, O48.0, O24.429, O99.214, O24.420, O33.9, O99.344, Z37.0, Z3A.41	4537	41	No	A10023	Click to comment   
e009c9f6ec	08/27/2018	08/28/2018	O48.0, Z3A.41, O70.1, Z37.0, Z23, O69.81X0	3818	41	No	Marasse, Henry	fetal heart rate issues   

Drivers Tab

- **Drivers** tab provides a breakdown of the indicators driving the measure results.
- Intent: Focus your QI activities!
- Compare the selected R/E group to:
 - “All Others”
 - Selected Peer Group

Birth Equity: Severe Maternal Morbidity (SMM)

Overall **Drivers** Trend

	Gamma Mu Hospital				NICU Level II - CA MDC	
	Non-Hispanic Black		All Others		Non-Hispanic Black	All Others
	Count	Rate per 1000	Count	Rate per 1000	Rate per 1000	Rate per 1000
Overall	25	51.9	78	37.6	28.0	19.6
Hemorrhage	9	18.7	24	11.6	3.7	2.9
Transfusion	13	27.0	47	22.7	18.9	15.0
Hypertension	3	6.2	6	2.9	2.6	1.6
Sepsis	0	0.0	3	1.4	3.1	1.9
Cardiac	0	0.0	0	0.0	0.2	0.1
Respiratory	0	0.0	1	0.5	1.1	1.0

Driver Tab Review

1. Note the caution regarding small volumes.
2. Use the dropdown boxes to customize selections for race/ethnicity, comparison population and start date.
3. Note *Duration* button is restricted to 12 and 24 months to minimize “small count” issues.
4. Patient level drill down is available by clicking on any **green** numbers.
5. See “Interpretive Guidance”

1 ⚠ Please interpret cautiously; many categories will have very small counts. Also, note that patients may be represented in more than one category. As such, the sum of the counts across the individual categories may be larger than the “Overall” count of SMM cases.

2 Race/Ethnicity: Non-Hispanic Black Start Date: 08/01/2018 Duration: 12 months **3**

Comparison Population: Same Nursery Level Go

	Gamma Mu Hospital				NICU Level II - CA MDC	
	Non-Hispanic Black		All Others		Non-Hispanic Black	All Others
	Count	Rate per 1000	Count	Rate per 1000	Rate per 1000	Rate per 1000
Overall	25	51.9	78	37.6	28.0	19.6
Hemorrhage	9	18.7	24	11.6	3.7	2.9
Transfusion	4	27.0	47	22.7	18.9	15.0
Hypertension	3	6.2	6	2.9	2.6	1.6
Sepsis	0	0.0	3	1.4	3.1	1.9
Cardiac	0	0.0	0	0.0	0.2	0.1
Respiratory	0	0.0	1	0.5	1.1	1.0
Other OB	0	0.0	0	0.0	0.4	0.3
Other Medical	1	2.1	3	1.4	0.7	0.2

4 [See Interpretive Guidance](#)

5

Interpretive Guidance

See Interpretive Guidance



The percentages above represent the proportion of the selected Race/Ethnicity group with the clinical driver (based on ICD-10 codes) compared to *All Other* Race/Ethnicity groups (i.e. all cases excluding the selected R/E group).

- Note that the numbers in these categories may be very small; interpret cautiously!
- The denominators in each row represent the count in each sub-population, and thus differ by group (overall vs. spontaneous labor cases vs. induced labor cases vs. no labor cases)

Example 1: You selected Race/Ethnicity="Non-Hispanic Black", Comparison Group="Same Nursery Level" and are looking at the "Overall Row"

- Column 2 (Non-Hispanic Black Rate) represents the percentage of *Black* patients at your hospital that had a cesarean birth among the *Black* patients at your hospital that were NTSV.
- Column 4 (All Others Rate) represents the percentage of *All Other* Race/Ethnicity patients at your hospital that had a cesarean birth among *All Other* Race/Ethnicity patients at your hospital that were NTSV.
- Column 5 represents the percentage of *Black* patients that had a cesarean birth among *Black* patients that were NTSV--for the MDC hospitals in your state with the same Nursery level (i.e. a peer acuity benchmark).
- Column 6 represents the percentage of *All Other* Race-Ethnicity patients that had a cesarean birth among *All Other* Race/Ethnicity patients that were NTSV--for the MDC hospitals in your state with the same Nursery level.

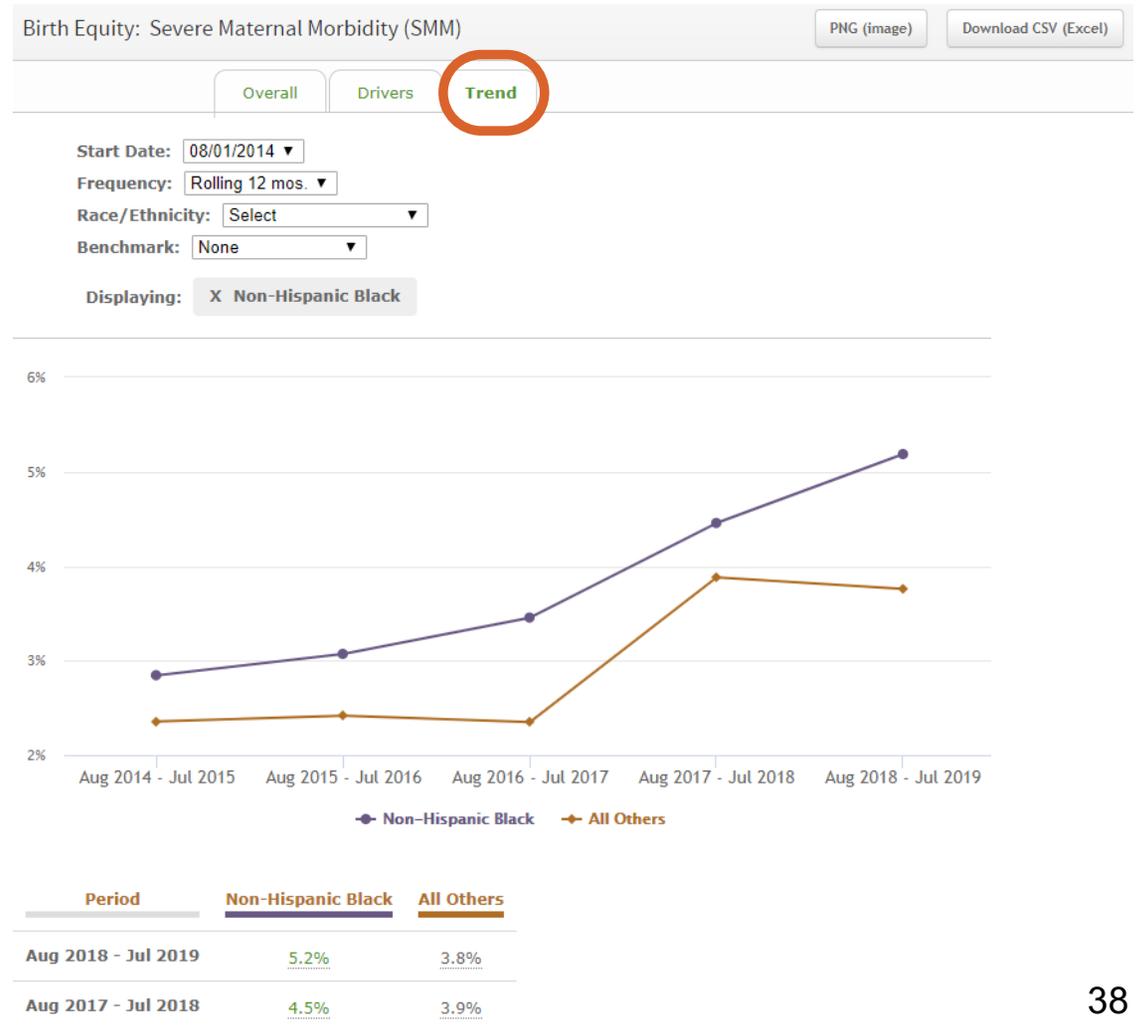
Example 2: You selected Race/Ethnicity="Non-Hispanic Black", Comparison Group="Same Nursery Level" and are looking at the "Spontaneous Labor: Fetal Concern" Row

- Column 2 (Non-Hispanic Black Rate) represents the percentage of *Black* patients at your hospital that had a cesarean birth and an ICD-10 code indicating Fetal Concern among all *Black* patients at your hospital that were NTSV and underwent Spontaneous Labor.
- Column 4 (All Others Rate) represents the percentage of *All Other* Race/Ethnicity patients at your hospital that had a

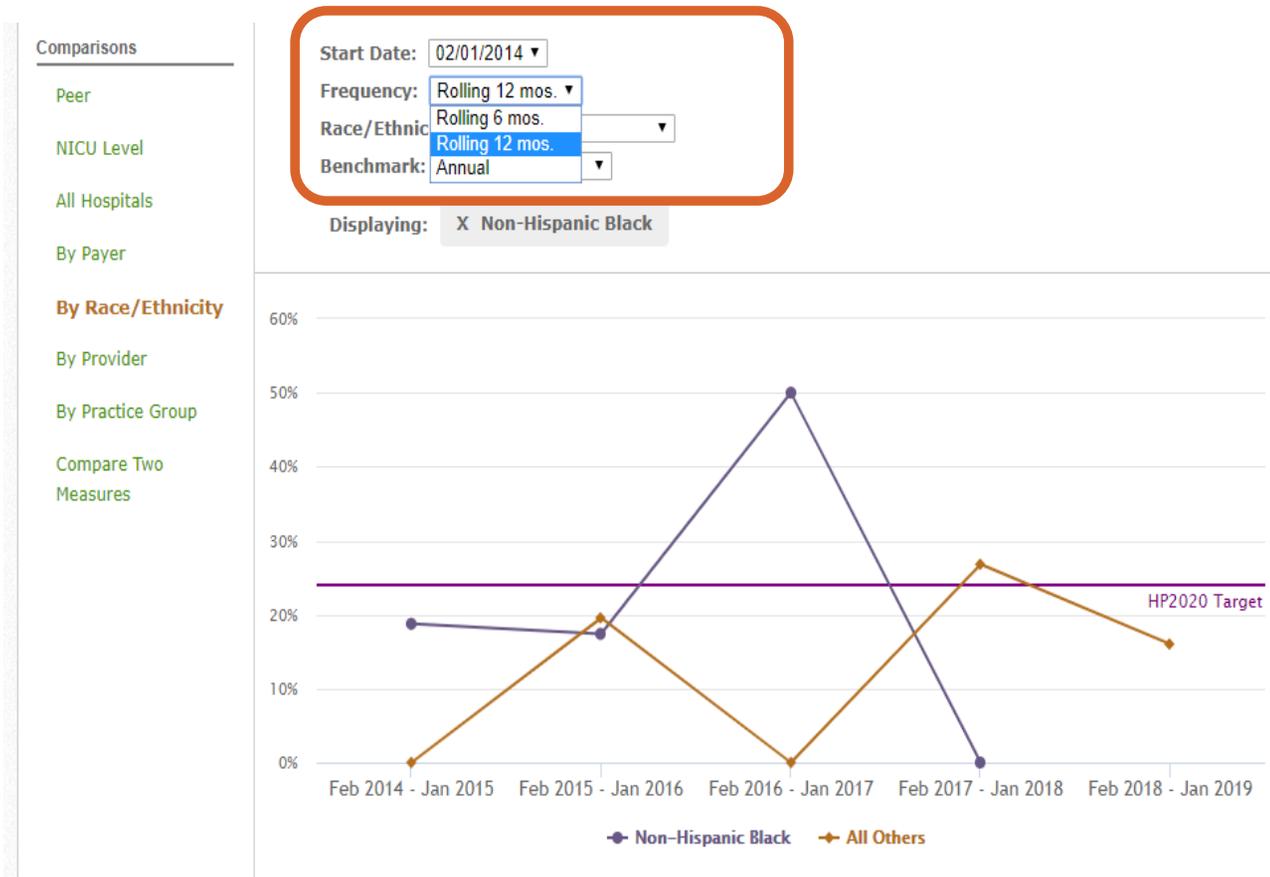
- Clicking on *Interpretive Guidance* button provides support for analyzing the tables

Trend Tab

- Birth Equity section allows for trending of Race/Ethnicity results for each selected measure
- Answers question: *Are we making progress toward our birth equity goal?*



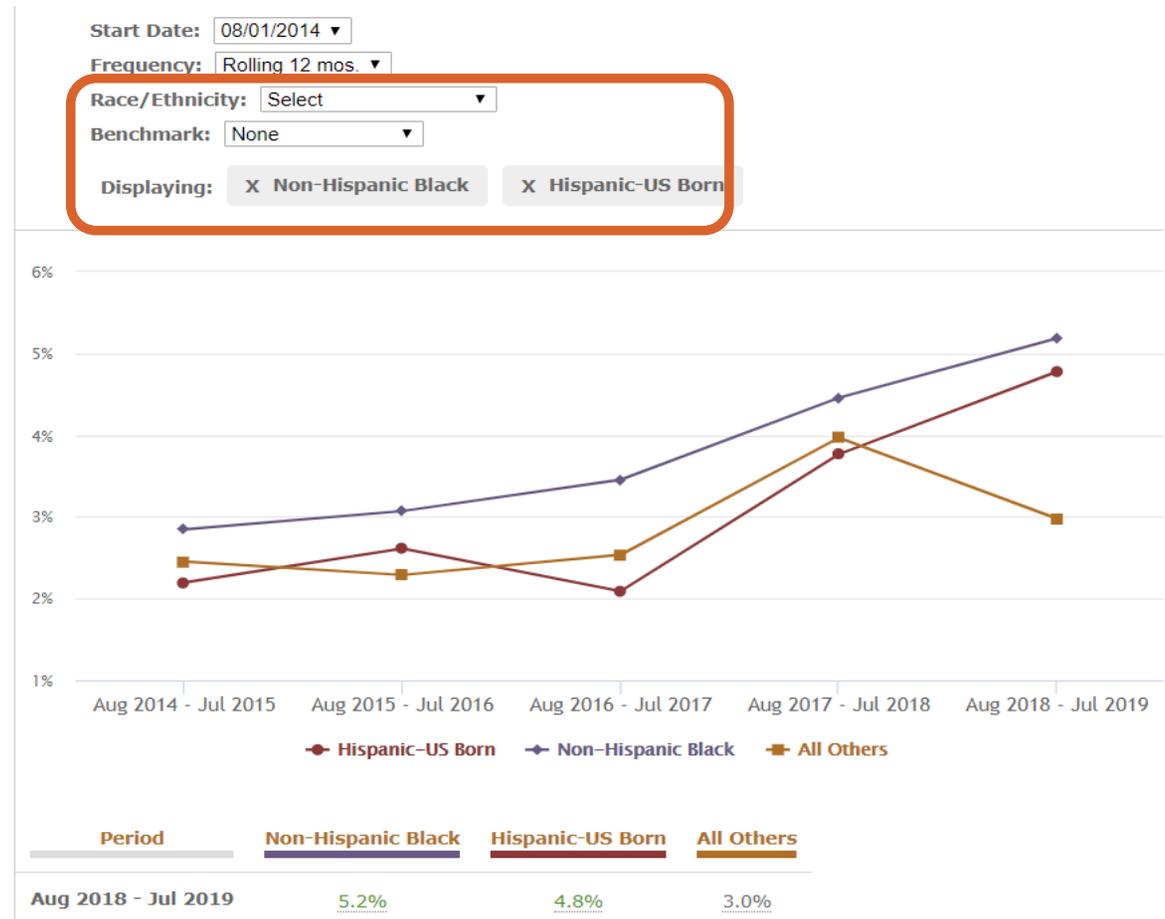
Trend Tab Review



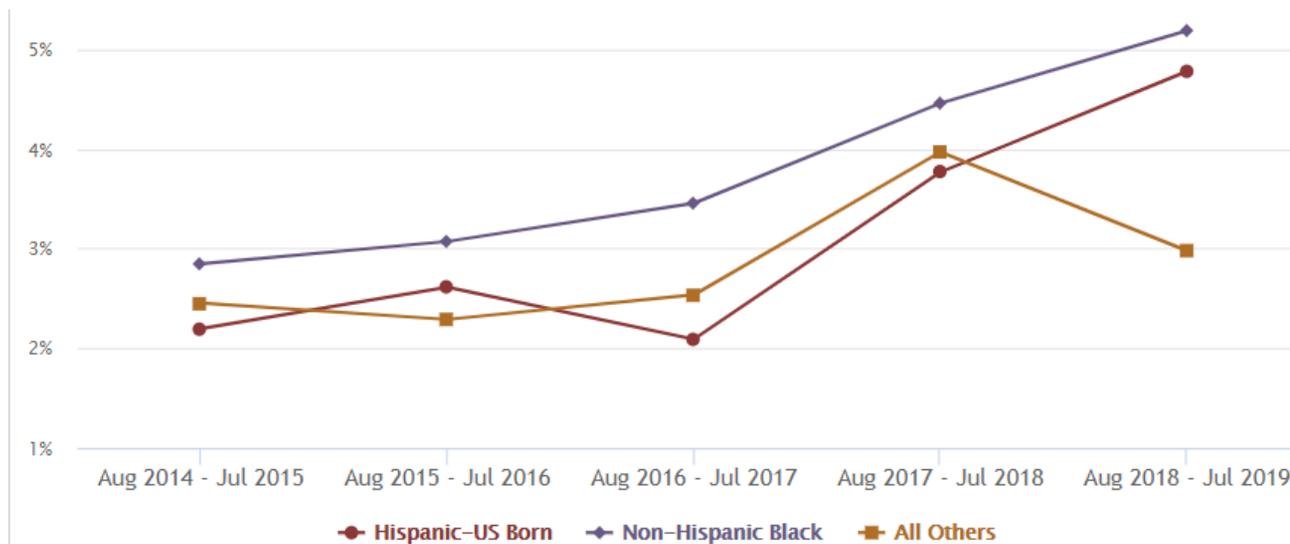
- Recommendation: Restrict reviews to 12 months unless you are a large volume hospital
- *Rolling 6 month* option is available—but use with care and only at large-volume hospitals!

Trend Tab Review

- Use drop down menus to add different benchmarks and Race/Ethnicity groups



Trend Tab Review



- Patient level drill down also available on this screen by clicking on any of the data points in graph or any of the green numbers

Period	Non-Hispanic Black	Hispanic-US Born	All Others
Aug 2018 - Jul 2019	5.2%	4.8%	
Aug 2017 - Jul 2018	4.5%	3.8%	4.0%

Birth Equity Features on Home Page

Demo Hospital Data Entry Status

Measures Period: Nov 2018 - Jan 2019

Favorite Measures

Antenatal Steroids (PC-03)	100.0%
CCHD-Pulse Oximetry Screening	N/A
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	25.0%

[View all 4 Favorite Measures](#)

Hospital Clinical Performance Measures

Early Elective Delivery (PC-01)	0.0%
Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)	25.0%
Cesarean Birth: Primary	20.0%
Unexpected Newborn Complications: Severe	0.0
Severe Maternal Morbidity (SMM)	5.9%

[View all 45 by name, organization, or topic](#)
[Compare Two Measures](#)

Birth Equity

Cesarean Birth: NTSV - Nullip Term Singleton Vertex (PC-02: Current)

Severe Maternal Morbidity (SMM)

[More Measures](#)

Learn more about the CMQCC Birth Equity Collaborative

[Birth Equity PDF](#)

Patient Safety Watch

AIM Hemorrhage Patient Safety
Preeclampsia Patient Safety

- A link on the home page will send the viewer directly to the *Birth Equity* section of the CMQCC website for additional resources on Birth Equity



QI INITIATIVES

BIRTH EQUITY

Core Values

Goals

Frequently Asked Questions

Action Plan

Partners

Resources

MOTHER & BABY SUBSTANCE
EXPOSURE

QI ACADEMY

OBSTETRIC HEMORRHAGE

PREECLAMPSIA

Birth Equity

California Birth Equity Collaborative Improving Care for, by and with Black Mothers

The California Birth Equity Collaborative is a CMQCC quality improvement initiative to improve birth care, experiences and outcomes for, by and with Black mothers and birthing people in California. Our team is comprised of partnerships among:

- CMQCC
- Black/Black women-led community-based organizations (CBOs)
- Participating hospitals
- State/national and local advisory groups

Background:

Since 1999, the reported maternal mortality data in California show a persistent 3-4x gap between Black mothers and mothers from all other racial groups. Also, maternal mortality rates nearly doubled in California between 1999 and 2006. CMQCC was founded in 2006 at Stanford University School of Medicine together with the State of California. Since CMQCC's inception, California's maternal mortality rate has declined by 55 percent while the national maternal mortality rate continued to rise. The expectation was that widespread adoption of CMQCC's clinical safety bundles would reduce the gap in the number of maternal deaths among Black women. However, the difference in outcomes for Black mothers compared with all other racial groups has persisted.

Community-Based Organization partnerships

Black women-led CBOs and CMQCC can collaborate in two ways:

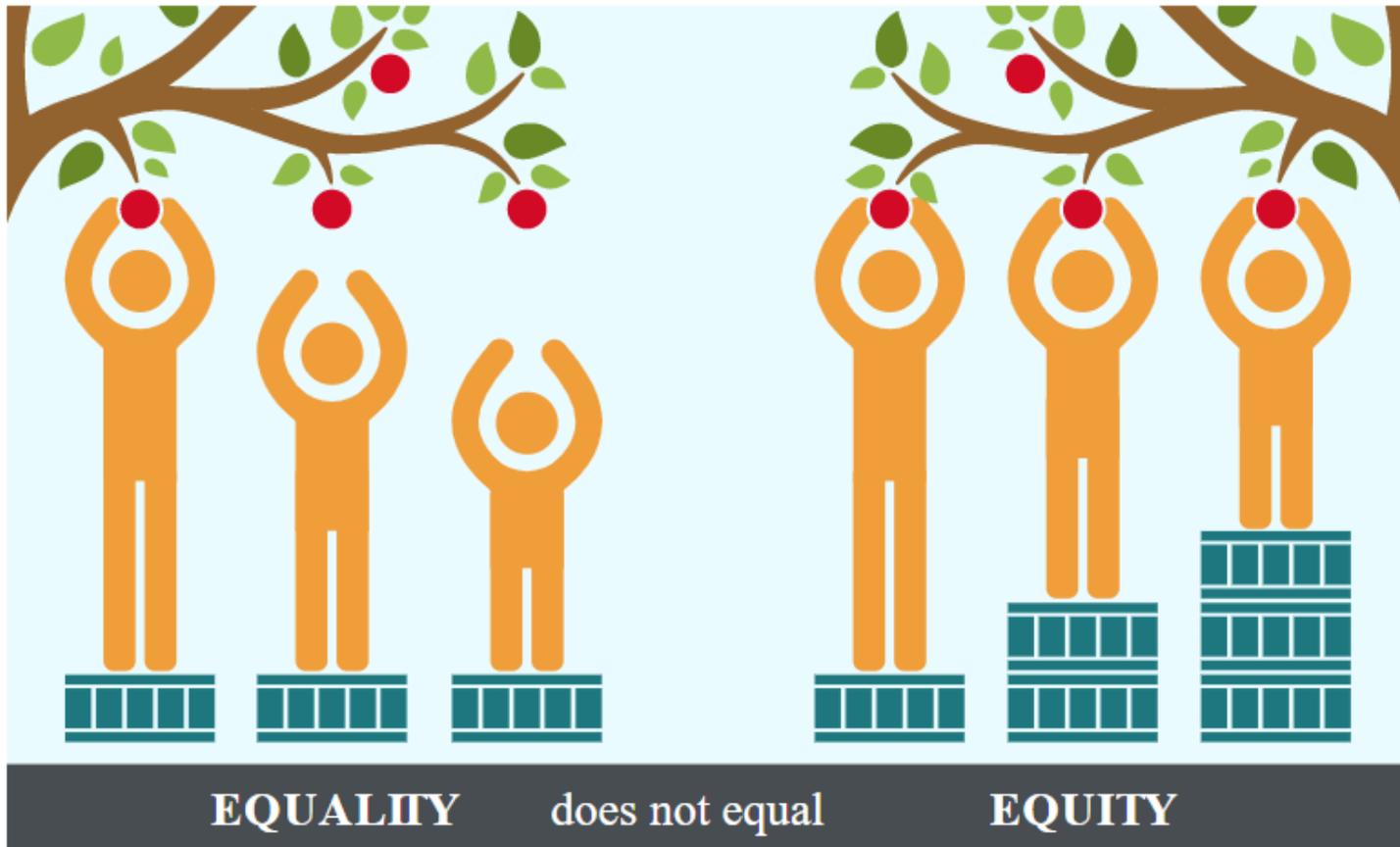
- 1) Development and testing of QI tools and approaches in hospitals in four key areas: evaluation and assessments, education and training, social media and communications, and community-informed consensus building; and
- 2) Development of effective and sustainable community-hospital partnerships through local advisory groups for each of the pilot hospitals.

For information about CBO partnerships and the potential for grant funding from the California Health Care Foundation to advance the Collaborative's goals and activities within the hospitals or local advisory groups, please contact Karen A.

Next Steps

- Use the Data Center to identify, and build awareness of, inequities
- Access the CMQCC Resource List to educate yourself and your team
- Engage your leadership and clinical teams to identify your equity opportunities
- Build relationships with community groups in your area





Questions??

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