

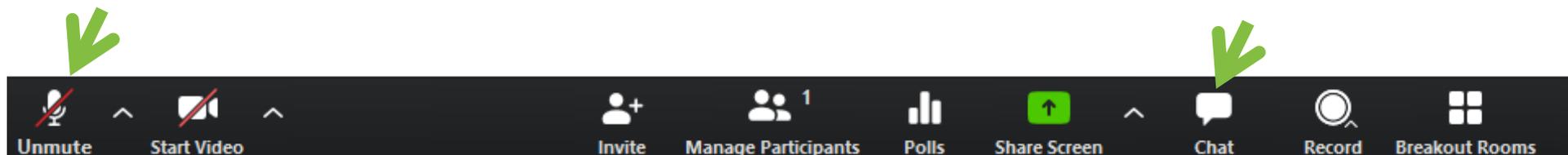


Maternal Hypertension Initiative

Action Period Call
January 27, 2023
12:00 – 1:00 PM CT

Welcome

- Please type your **name** and **organization** you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at <http://www.alpqc.org/initiatives/htn>
- We will be recording this call to share, along with any slides.



Agenda



Welcome & Updates



12:00 – 12:05

Listen to Me: How to Effectively Listen
to Patients and Help Them to Be Their
Own Advocates



12:05 – 12:45

Q&A



12:45 – 12:55

Next Steps



12:55 – 1:00



Listen To Me: How to Effectively Listen to Patients and Help Them to Be Their Own Advocates

Bekah Bischoff

Education & Development Coordinator

MoMMA's Voices Coalition



MoMMA's Voices



**"Listen To Me: How to Effectively Listen To Patients
and Equip Them To Be Their Own Advocates"**

Presented to

Alabama Perinatal Quality Collaborative: January 27, 2023



MoMMA's
Voices

The purpose of MoMMA's Voices is to amplify patient and family voices - especially those who have been historically marginalized - ensuring they are equipped and activated as partners to improve maternal health outcomes.

MoMMA's Voices are engaged as partners wherever maternal health improvements are needed.



Member Organizations



MoMMA's Voices is a program of the Preeclampsia Foundation. Funding is provided by :

- Merck for Mothers, as part of their worldwide 10-year initiative to assure no woman dies giving life
- Alliance for Improvement in Maternal Health (AIM), a program of ACOG
- Premier, Inc through the Premier Perinatal Improvement Collaborative

4th Trimester Arizona

AFE Foundation

Allo Hope Foundation

APS Foundation of America

Cherished Mom

Dr. Shalon's Maternal Action Project

End Sepsis

Every Mother Counts

Healing our Hearts Foundation

HER Foundation (HG)

Let's Talk PPCM

Maternal Near-Miss Support

Mom Congress

National Accreta Foundation

PCOS Challenge

PPROM Foundation

PUSH for Empowered Birth

PUSH Birth Partners

Save the Mommies (PPCM)

Shade of Blue Project

Sisters in Loss

The Obstetrics Initiative

Urban Baby Beginnings



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Voices

What We Do

- Train and certify patient and family partners
- Cultivate relationships with major societies and stakeholders
- Identify and negotiate opportunities for patient representation
- Foster meaningful collaboration by matching trained patients with
 - Research opportunities
 - Media opportunities and speaking engagements
 - Quality improvement projects



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Learning Objectives

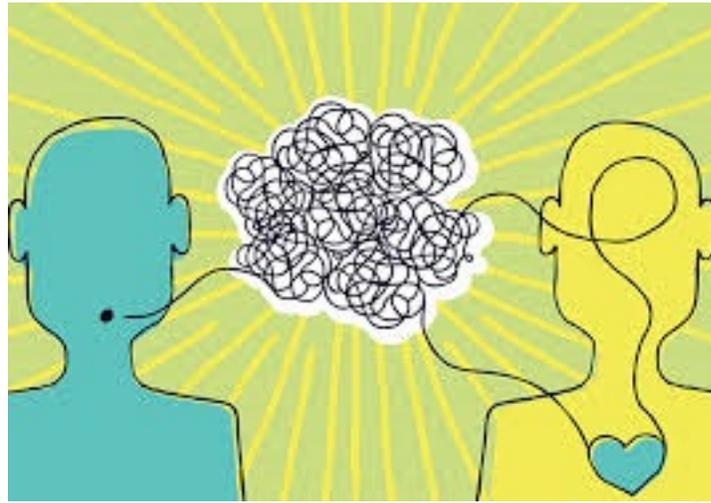
1. Describe the difference in hearing and listening.
2. Illustrate the importance of equipping patients to be their own advocates.
3. Describe the benefits of having the lived experience integrated in QI activities.
4. Describe various ways to become a Champion at your facility and beyond.



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Hearing vs. Listening



- Is there a difference?
- Have you ever listened with ½ an ear while doing something else? I'll go...Listening on a work call, with kids in the car after school, trying to order dinner on the CFA app, while texting. Sounds familiar?
- Drop examples in the chat



They are Different!

HEAR OR LISTEN (TO)?

HEAR

Hearing is *an event*.
Something which happens
to us as a natural process.



Suddenly I **heard**
a noise.



Did you **hear** the
thunder last night?



The line is very bad.
I can't **hear** you.

LISTEN (TO)

Listening is *an action*.
Something we do
consciously.



I **listened** very carefully
to what she said and
wrote it all down.



Do you **listen to**
the radio in bed?



George! **Listen to me!**
I have something
important to tell you.



Game Time!



Asking Questions to Seek Information and Clarify Understanding

- How effectively did you understand the description of the picture?

- Was your understanding of the description you received the same as your partner's understanding of the description they relayed?

- How did you confirm you had correctly understood your partner's description?

- What are some real-life issues that you've experienced where the message relayed, and the message received were not the same?

- Why this matters:

- ★ Poor Listening Results in misunderstandings—listen attentively!
- ★ The quality of the final product or deliverable is highly dependent on the quality of the team's listening to one another—collaborate! Let the patients and their families be a part of the process
- ★ Think about this from the lens of the patient and in your everyday role



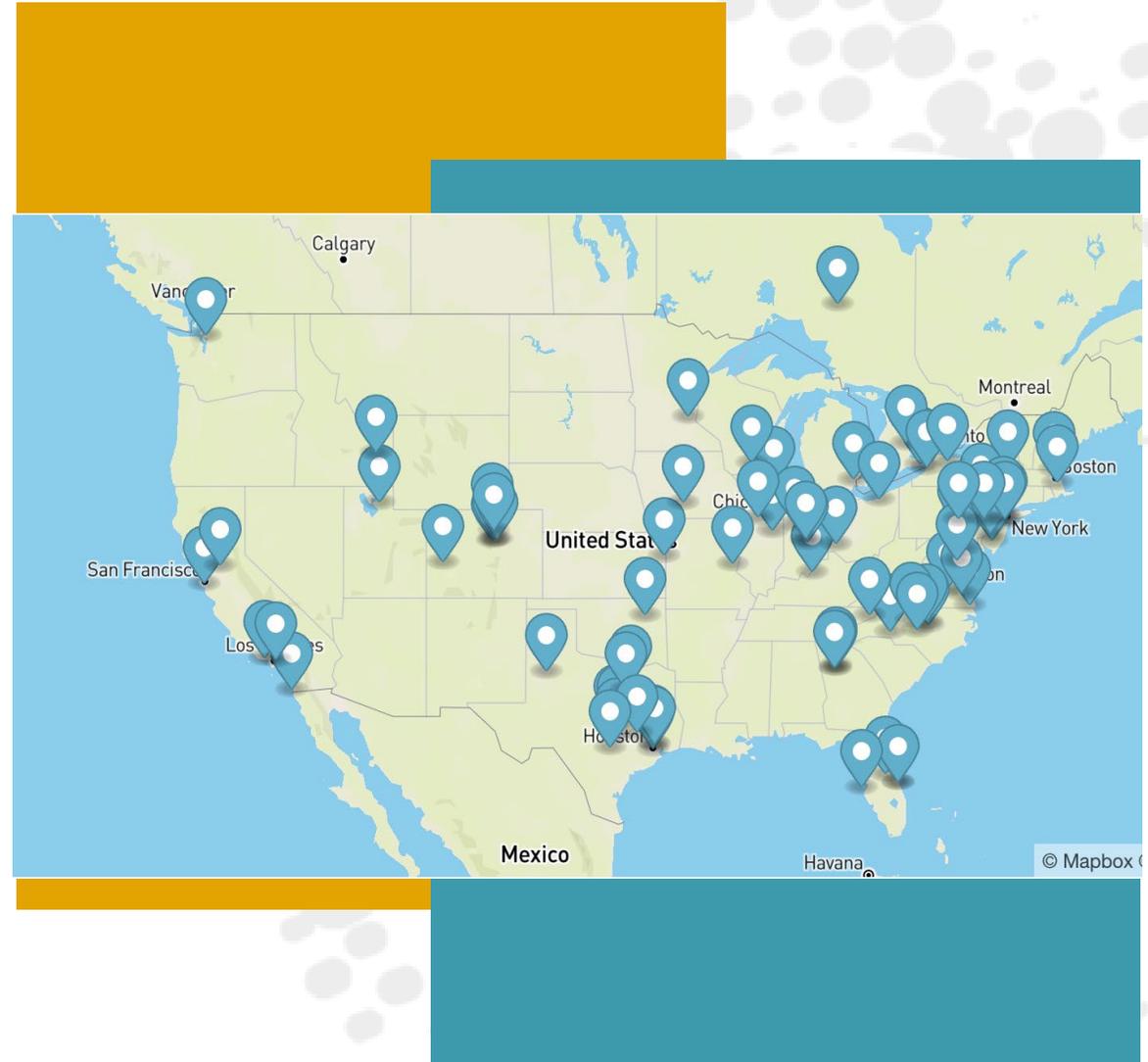
- "If my doctor had listened to me, and done a simple urine sample, my child would be here today"
- "You could die if you're not watched closely". 30 Minutes later, another nurse was prepping her for discharge...the patient eventually ended up back in the ER with postpartum preeclampsia.
- "You're a new mom, just get rest. You'll be fine." ...hours later that mom was back in the ER with postpartum preeclampsia and placed on mag

- "You sure do ask a lot of questions." After being given no information during delivery, after delivery, or in the week long hospital stay. The patient (and her family) only knew she had severe preeclampsia and HELLP Syndrome
- "Delivery is the cure". After delivery, the patient on the 6th day after discharge, had complete vision loss, confusion, and bleeding.
- "I have this pain in my rib cage and don't feel well." "Well, he's like a monkey swinging on your ribs. You look cute."



Train and Certify PFP

- **Certification Training:**
 - Advocate Readiness
 - Sharing Your Story
 - Creating Your Professional Presence
 - Quality Improvement
- **Continuing Education:**
 - Perinatal Quality Collaboratives
 - Maternal Mortality Review Committees
 - AIM Patient Safety Bundles
 - More to come!



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What do PFPs say?



<https://www.youtube.com/watch?v=j0MRclTDO28>



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Why do Patients and Families Want to Get Involved?

- Help others
- Be a voice for those without one
- A way to remember a loved one
- Finding purpose from a difficult situation

What inspired YOU to do this work? (Drop in the chat).



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What Trained Patients and Family Partners Bring to the Work

- Share personal stories, leading to a more focused commitment by improvement teams
- Identify pieces of the process that are confusing or missing from a patient/family perspective
- Participate in information/data gathering
- Discuss and analyze findings
- Assist in developing action plans and recommendations
- Contribute to the design and content of materials
- Provide objective feedback from the patient/family perspective
- Assist with piloting and testing new materials and processes and follow up with other patients/families to gather their opinions

[AHA Partnering to Improve Quality and Safety: A Framework for Working with Patient and Family Advisors, HPOE.org](#)

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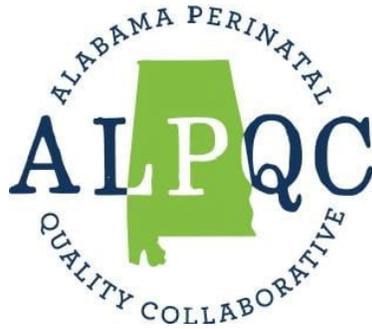
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Lived Experience Integration Faculty



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Lived Experience Integration into QI Communities of Learning



BlueCross BlueShield of North Carolina



WAYNE STATE UNIVERSITY



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How Does the Process Work ?

- Play Matchmaker
- [Find a PFP!](#)
- Feedback, Data Collection
- [Our Impact](#)



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Working Together in Quality Improvement & Research

Patient Advocacy Organizations

ADVISORY COUNCIL Focus Groups

PATIENT SATISFACTION SURVEY

Ambassadors Employee onboarding

Conferences Patient Led Research

Surveys

Grand rounds Support Groups **Speakers**

Simulation



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Working Together in Quality Improvement Through Simulation



How Can I Help My Patients?

- Share personal stories, build trust and a connection. We know that nurses genuinely care about their patients.
- Discuss what is happening to the patient and/or the support person/family. Help to bridge that gap.
- Communicate, communicate, communicate! Don't assume they understand. Remember they are likely overwhelmed.

- Educate about postpartum preeclampsia, how to check their blood pressure, signs to look for. Equip them to be advocates. Showing them you care.

•LISTEN

Active Listening Skills

Build trust and establish rapport.

Demonstrate concern.

Ask specific questions.

Use brief verbal affirmations like:

Active listening techniques can help you truly understand what people are saying in conversations and meetings

I see.

The infographic features a central title 'Active Listening Skills' in a large, dark brown font. It is surrounded by four illustrations and text boxes. Top-left: Two people talking, one holding a coffee cup. Top-right: A nurse sitting on a bench with a patient, one hand on the patient's shoulder. Bottom-left: A man and a woman walking and talking. Bottom-right: A man and a woman talking, with a speech bubble saying 'I see.' The background is a light orange color with a faint pattern of white circles.



You Can Do It!

- Identify shifts that needs to be made and be a champion in ensuring they are changed. (I.E. Preeclampsia is the cure, high blood pressure only has to be X amount, lay on your left side in the dark and recheck).
- Bedside hand off, communicating with nurses (PCA Story)

- We can't teach those who don't want to learn, but YOU can make a difference! Let us help you!

onematchstick

"I might only have one match...



...but I can make an explosion"

- Rachel Platten



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How Can MoMMA's Voices Help You?

- Train your patient family partners
- Help match patient family partners
- Register your PQC program team for Community of Learning
- Get trained on Lived Experience Integration (Let us talk about the hard topics!)
 - Online Course
 - Workshops
 - Classes



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Lived Experience Integration Scorecard

Scan me!



<https://www.mommavoices.org/lei-scorecard>



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Merck Video

www.mommavoices.org

Bekah.Bischoff@mommavoices.org

Thank you!

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Creigh, S. (Director), & Salamone, R. (Producer). (2019). Merck for Mothers: "Reverse" [Film]. Florence fka Whitelist.

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Colleen Tighe, 2022 [Active Listening Definition, Skills, and Examples]. The Balance. <https://www.thebalancemoney.com/active-listening-skills-with-examples-2059684>

2016. Cambridge University Press. [Confusing: 'Hear' V 'Listen']. <https://clickonenglish.blogspot.com/2016/12/confusing-hear-vs-listen.html>



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Q&A



Please feel free to **unmute** and ask questions

You may also enter comments or questions in the "chat" box





Next Steps



Data Submission Reminders

MONTHLY Measures



Measure Type	Measures	Measurement Period	Reporting Due*
Outcome	1. SMM (excluding transfusion codes)		
Outcome	2. SMM among people with preeclampsia (excluding transfusion codes)	Dec 2022	↔ Jan 31, 2023
<i>For pregnant and postpartum patients with persistent severe HTN during hospitalization:</i>		Jan 2023	↔ Feb 28, 2023
Process Patient-level	1. Timely treatment of persistent severe HTN	Feb 2023	↔ Mar 31, 2023
Process Patient-level	2. Patient discharged with a postpartum BP and symptoms check scheduled	Mar 2023	↔ Apr 30, 2023
Process Patient-level	3. Patient and family education on preeclampsia signs & symptoms prior to discharge	Apr 2023	↔ May 31, 2023

All Measures Reported by Race/Ethnicity

Data Submission Reminders

QUARTERLY Measures



Measure Type	Measure	Measurement Period	Reporting Due*
Process Facility-level	4. Provider education: Severe HTN/preeclampsia & <i>Respectful and Equitable Care</i>	July – Sep 2022 ↔ Oct – Dec 2022 ↔ Jan – Mar 2023 ↔ Apr – Jun 2023 ↔ July – Sep 2023 ↔	Nov 30, 2022 Jan 31, 2022 Mar 31, 2023 Jun 30, 2023 Sep 30, 2023
	5. Nursing education: Severe HTN/preeclampsia & <i>Respectful and Equitable Care</i>		
	6. ED: Provider and Nursing Education: signs & symptoms severe HTN/preeclampsia in pregnant and postpartum patients		
	7. Unit drills		
Structure Facility-level	1. Severe HTN/Preeclampsia policy and procedure		
	2. Established system to perform regular formal debriefs <u>with the clinical team</u> after cases with major complications		
	3. Established standardized process for debriefs <u>with patients</u> after a severe event		
	4. Established process for multidisciplinary systems-level reviews on SMM cases		
	5. Developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards		
	6. ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process		



Thank You!

Next Meeting:
Friday, February 24, 2023
12:00 PM – 1:00 PM CST