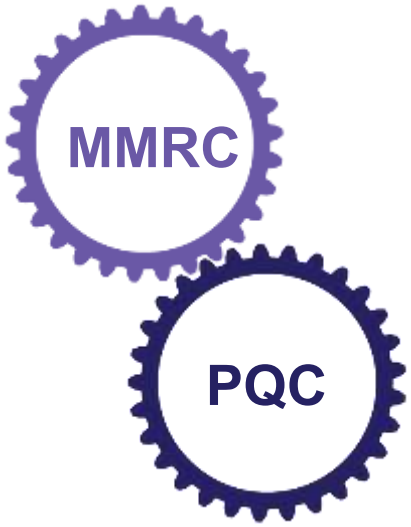



PA PQC

Pennsylvania Perinatal Quality Collaborative

# Patient Care Communication Sprint Series: Check-in #2

## PA PQC Virtual Learning Session

November 10th, 2026

# Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hour is approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards' (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credit**.

# Disclosures

**No members** of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

# Disclaimer

**The information presented** at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

# Learning Objectives

- Discuss examples of respectful and disrespectful communication with patients and families
- Describe strategies to improve patient care communication and promote respectful care
- Discuss considerations for evaluation of the Patient Care Communications Sprint in your hospital

# Agenda

1. **Welcome & Recap of Check-in #1– Kristen Brenneman,** MSN, RNC-NIC, Women's Health Program Specialist and QI Coach, Jewish Healthcare Foundation

2. **PA PQC Healthcare Teams Peer-to-Peer Sharing: Current State of Respectful Maternity/ Familial Care – Maureen Saxon-Gioia,**

3. **Disrespectful and Respectful Familial Care Scenarios: Neonatal – Kimberly Costello,** DOO, MMM, PA PQC Advisory Group Neonatal Co-Chair

4. **Respectful Care Communication Strategies: Summary and Considerations for Evaluation – Karena Moran**, PhD, Improvement Optimization Advisor, Geisinger Health System, NEPaPQC Manager and PA PQC QI Coach

5. **Wrap-up & Next Steps – Hadar Re'em,** MPH**,** MSW, Program Associate and PA PQC QI Coach, Jewish Healthcare Foundation

PA PQC
Pennsylvania Perinatal Quality Collaborative

# Patient Care Communication Sprint Series

October – December 2026

**Goal:** Improve respectful communication approaches with patients and families experiencing postpartum discharge transition, depression, or substance use during the perinatal periods.

## 1 Kickoff

October 14, 2026

### Setting the Stage for Patient Care Communication

- Welcome & Sprint overview
- Defining respectful maternity care
- Understanding your current condition
- Identify team focus and assemble a multidisciplinary QI team

## 2 Check-in #1

October 28, 2026

### Applying Respectful Maternity Care Practices

- Peer-to-peer learning
- Scenarios of respectful and disrepectful family commmunication
- Identify communication gaps
- Action planning tools

## 3 Check-in #2

November 10, 2026

### Tools and Templates

- Peer-to-peer learning
- Evaluation metrics for PQC initiatives
- Tools to support communication strategies
- Scenarios of respectful and disrepectful family commmunication

## 4 Technical Assistance

November 18, 2026

### Open Forum

- Share successes and challenges
- Ask questions
- Get support to develop your plan for incorporating respectful communication strategies within your PQC QI project

## 5 Final Sprint Series Check-in

December 2, 2026

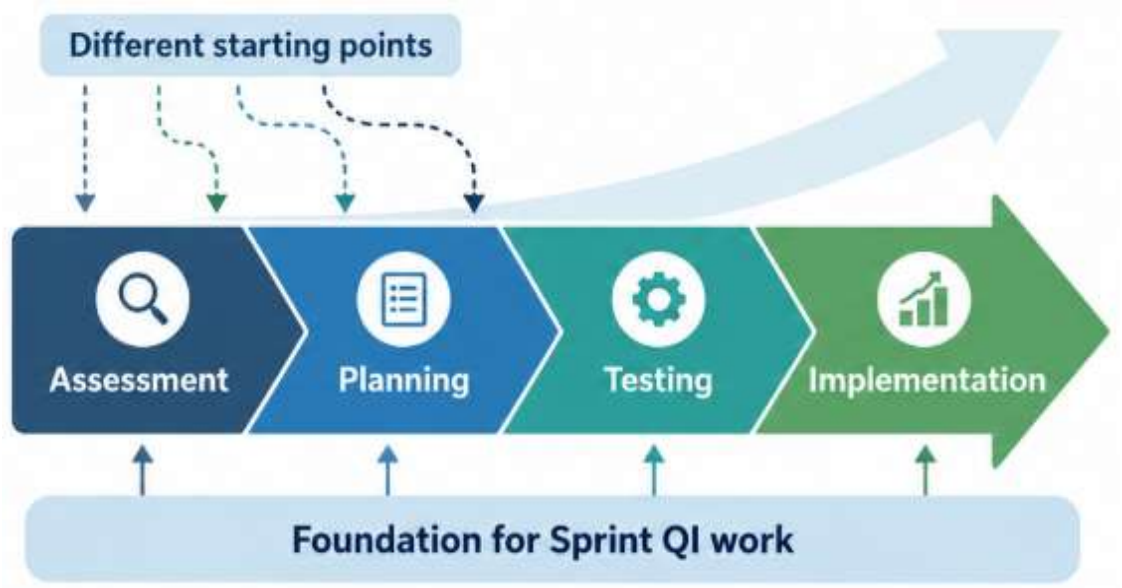
### Lessons Learned and Next Steps

- Peer-to-peer sharing
- Troubleshooting barriers
- Identify next steps for patient care communication QI work
- Sprint assessment

Assessment → Planning → Testing → Implementation

# Sprint Series: Building QI Readiness and Momentum

- **Create a foundation for QI work** by identifying baseline and next steps
- Support teams **at different stages of readiness**
- Promote **progress through the QI process** based on each Team's needs.
- **Build readiness** and momentum, not require completion
- The goal is to advance QI work, **not to finish a full project by the end of the Sprint series.**



# Recap from Check-in #1

KRISTEN BRENNEMAN, MSN, RNC-NIC, WOMEN'S HEALTH PROGRAM SPECIALIST AND QI COACH, JEWISH HEALTHCARE FOUNDATION

# Recap of Check-in #1

**RESPECTFUL COMMUNICATION** — **Every patient, every time: dignity, language access, attentive listening, and a clear plan.**

**Scenario: Disrespectful Care**

Pain and support-person concerns were dismissed; tone was cold; next steps were unclear.

**Scenario: Respectful Care**

Interpreter access, validation, support inclusion, and a clear plan improved communication.

## CHECK-IN POLL RESULTS

### AWHONN Assessment Tool

**38% Yes** — 5 of 13

**62% No** — 8 of 13

### QI Strategy

**62% Family participation in care conversation** — 8 of 13

**38% Post-event debriefs** — 5 of 13

## PEER DISCUSSION TAKEAWAYS

### Debriefs

- Time is a barrier; QR-linked templates may help.
- One hospital system started a standard debrief after C-sections and wants to start the same with vaginal births
- Good outcomes can still mask trauma.

### Language access

- Resources vary across hospitals.
- Simple phrases, interpreter placement, and female/OB-specific options may improve access.

# Since Check-in #1…

# Peer to Peer Discussion

MAUREEN SAXON-GIOIA, MHA, BSN, RN, NURSE PROJECT MANAGER, AND PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION

# Peer-to-Peer Discussion

What opportunities or gaps have you identified within your organization to strengthen patient and family communication?

How is your team working to incorporate respectful communication practices?

What steps has your team taken to identify or advance a patient care communication QI focus? What resources or tools have been helpful?

# Disrespectful and Respectful Familial Care Scenario: Neonatal

KIMBERLY COSTELLO, DO, MMM, PA PQC ADVISORY GROUP NEONATAL CO-CHAIR

Slide images created through ChatGPT

# DISCLAIMER

These clinical scenarios are **designed to support training and reflection on respectful maternity care** and reflect **real-world clinical situations**. While some examples of disrespectful care may seem obvious, **even subtle actions or omissions can impact a patient's sense of safety, dignity, and overall experience**. Approach each scenario **with curiosity rather than blame**, considering the patient's perspective and identifying opportunities to improve communication and care practices.

Adapted from NICHQ RMC Clinical Modules

# DISCLAIMER

While these scenarios feature one patient, **disrespectful or inequitable care can affect patients of all backgrounds, identities, and circumstances**. Respectful maternity care practices should be **applied universally—to every patient, every time**. Routinely assess patient experiences through validated surveys or patient-reported experience measures (PREMs) and listen to and act on patient feedback to advance equitable, person-centered care.

Adapted from NICHQ RMC Clinical Training Module

# Example of Disrespectful Communication

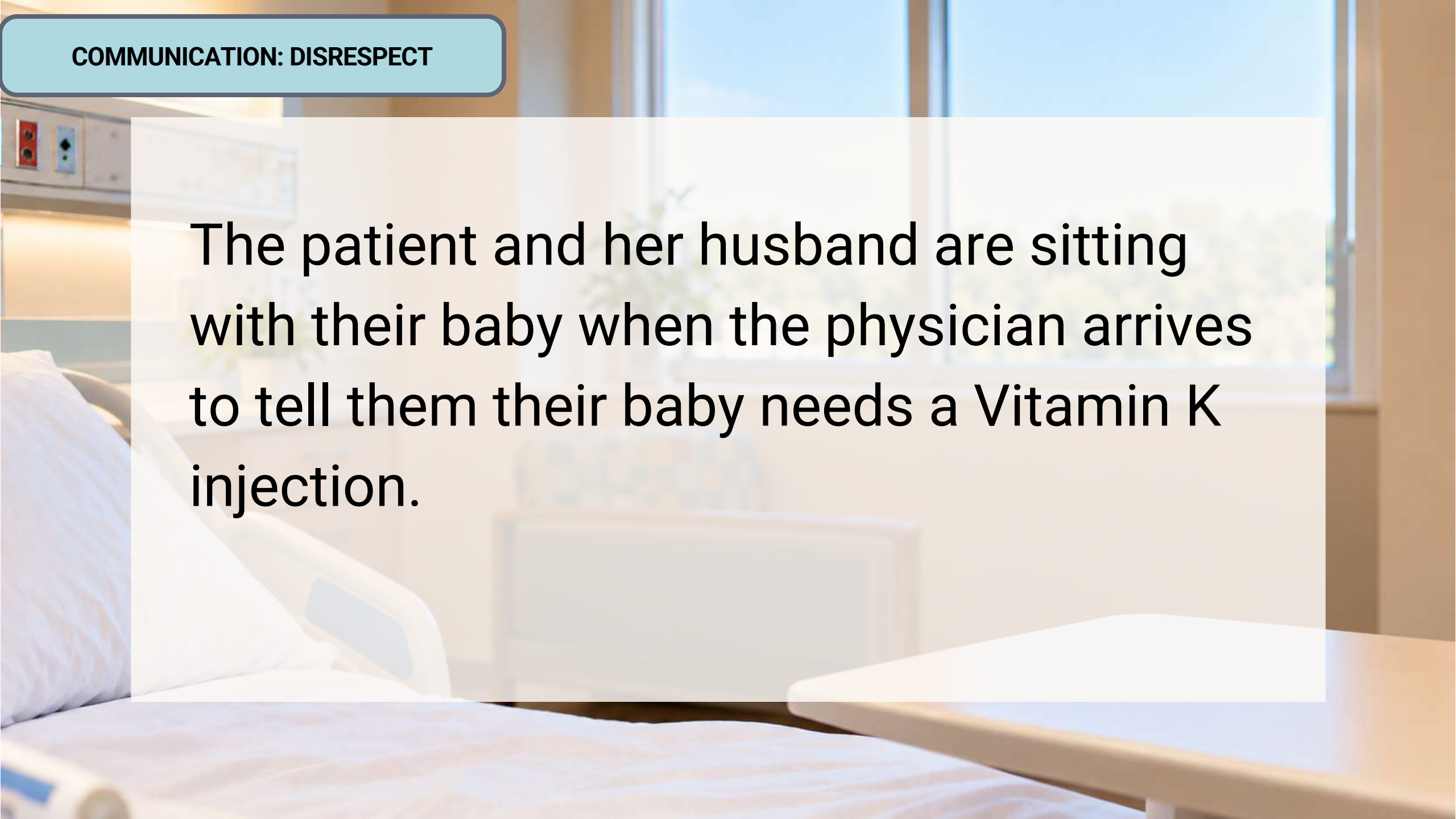
# COMMUNICATION: DISRESPECT

**Setting:**

- Postpartum hospital room, following the birth of a newborn

**Characters:**

- **Patient:** New mother recovering after delivery who, along with her husband, has concerns about the vitamin K injection recommended for their newborn.
- **Support Person:** Husband and newborn's father, participating in decisions about their baby's care.
- **Physician:** Healthcare provider discussing the recommended vitamin K injection with the parents.

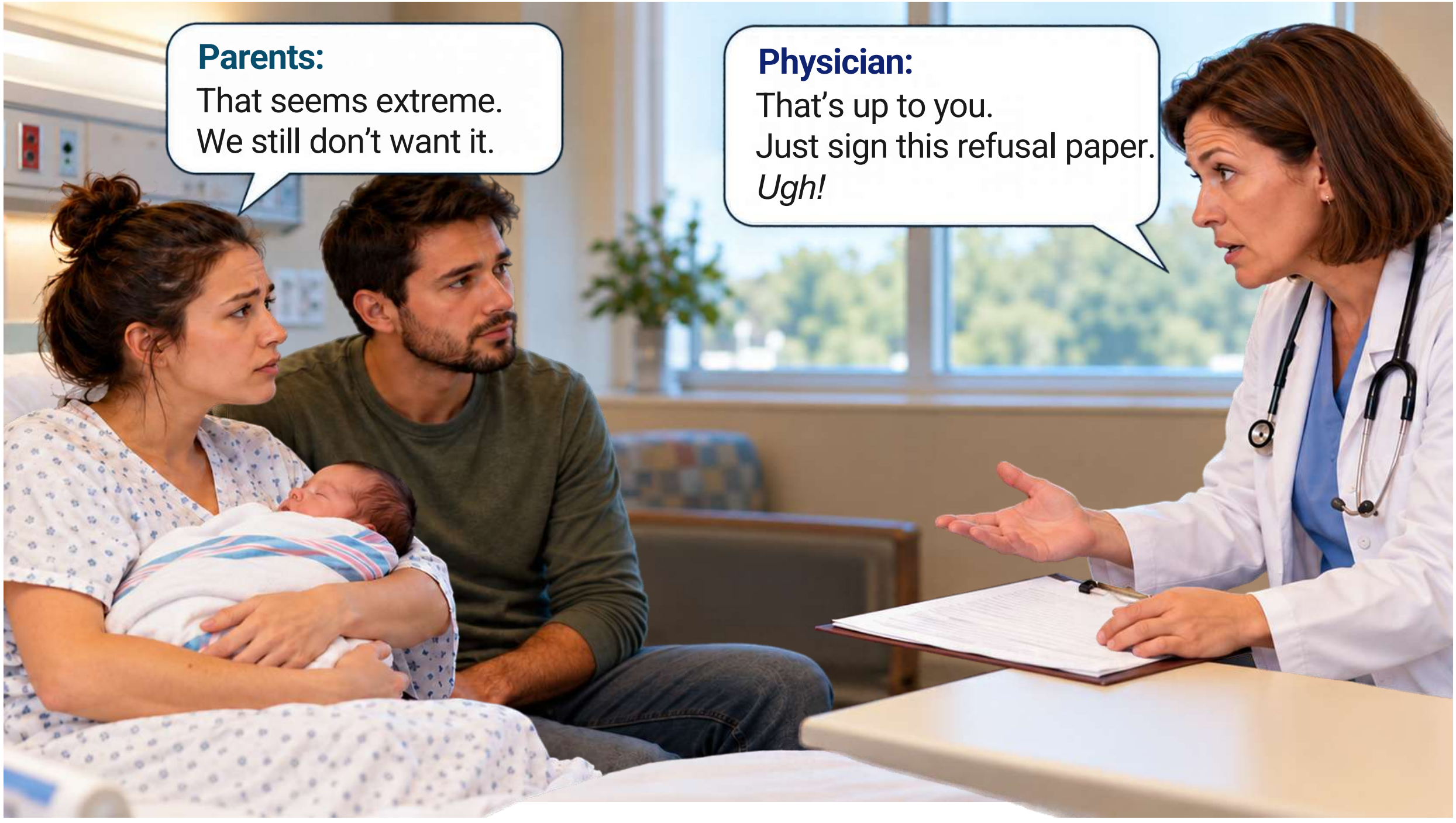


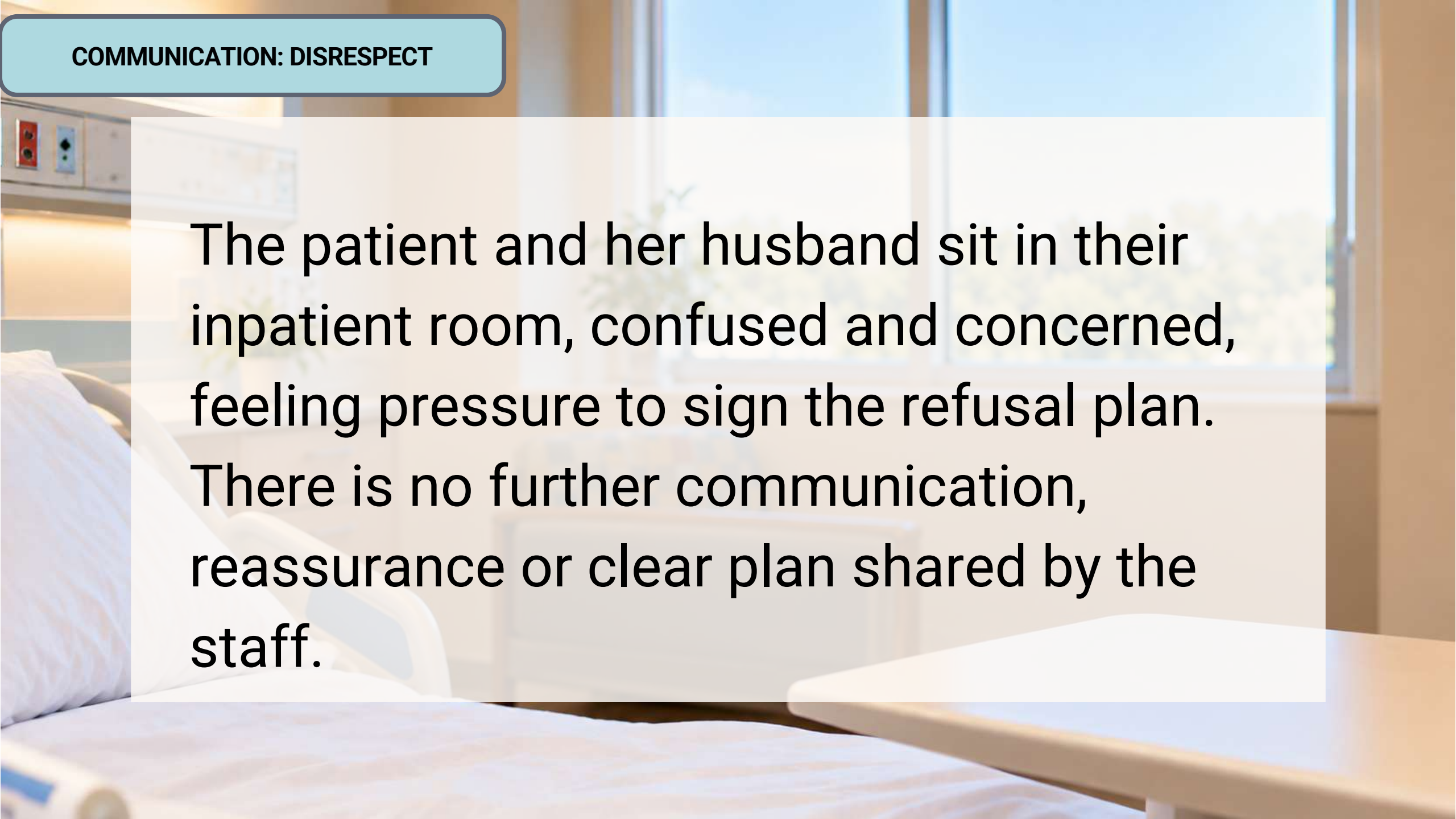
## COMMUNICATION: DISRESPECT

The patient and her husband are sitting with their baby when the physician arrives to tell them their baby needs a Vitamin K injection.


Parents:
We don’t want
Vit K for our newborn.
Physician:
Why not?


Parents:
We heard there are preservatives in it, and we don't want that for our child.
Physician:
You can't believe everything you've read on the internet.
You do know that Vit K deficiency can lead to bleeding that could kill your baby?


Parents:
That seems extreme.
We still don't want it.
Physician:
That's up to you.
Just sign this refusal paper.
*Ugh!*



## COMMUNICATION: DISRESPECT

The patient and her husband sit in their inpatient room, confused and concerned, feeling pressure to sign the refusal plan. There is no further communication, reassurance or clear plan shared by the staff.

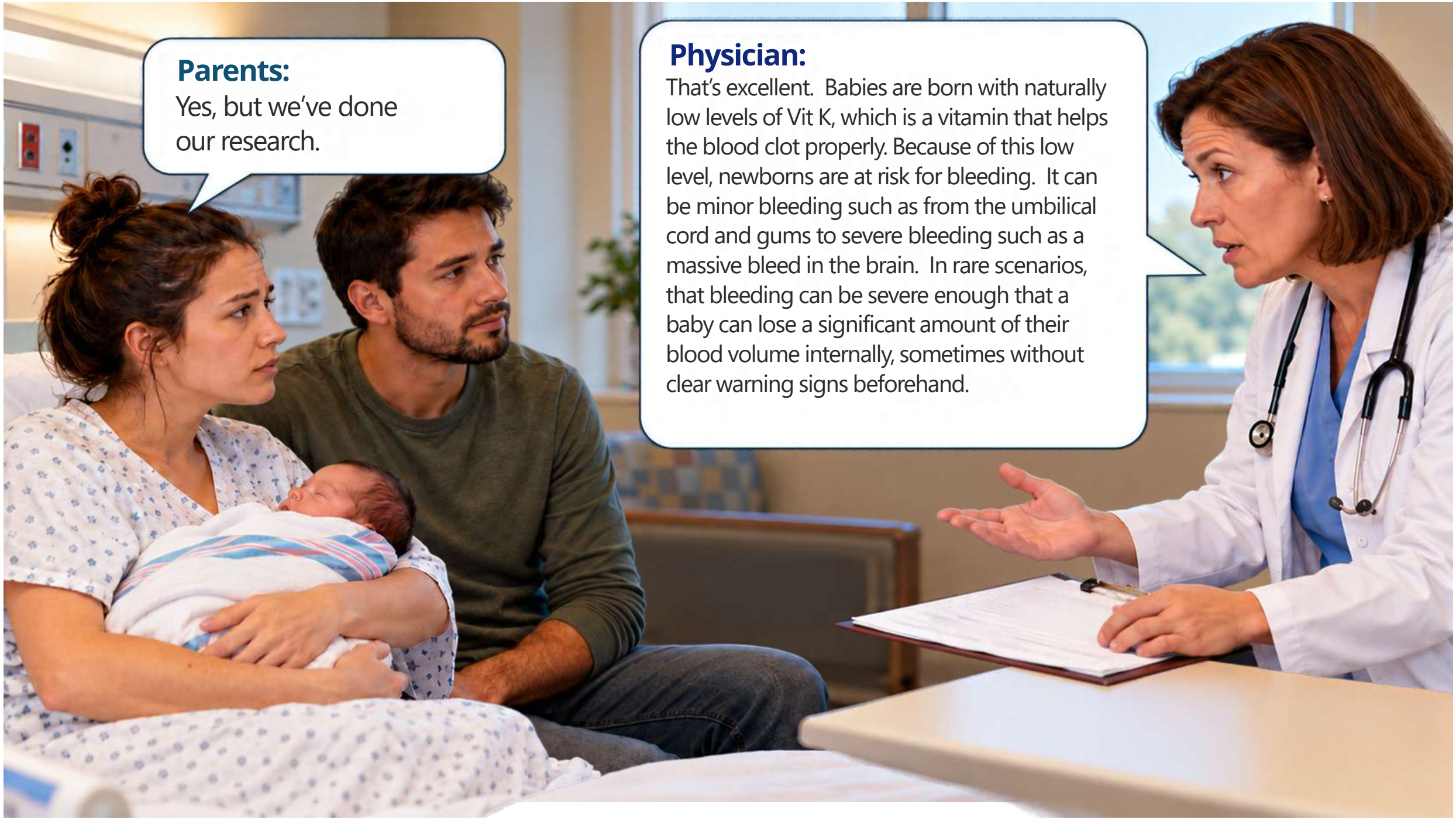

What disrespectful care practices did you observe in this scenario?

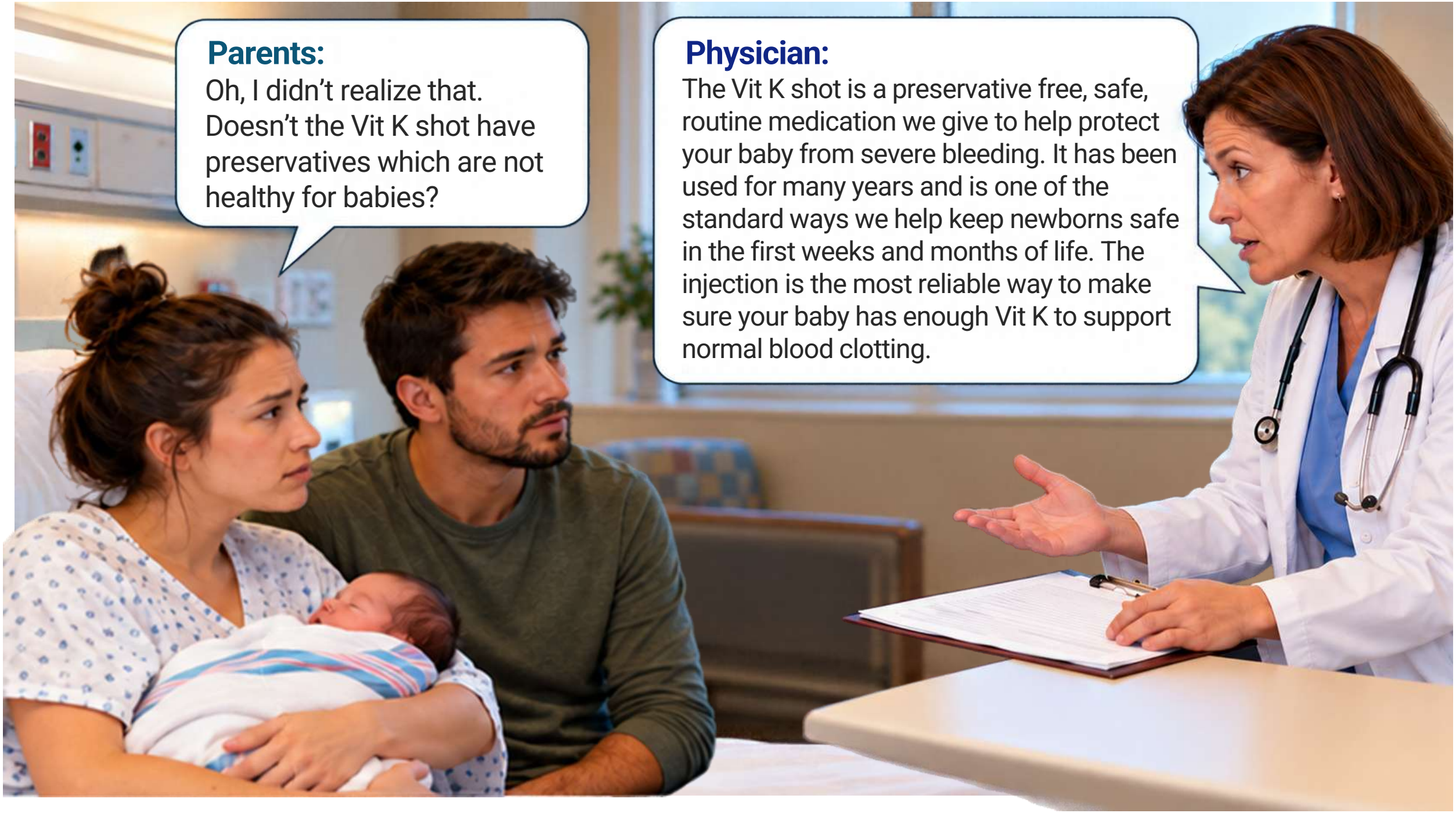
# DISRESPECTFUL PRACTICES HIGHLIGHTED

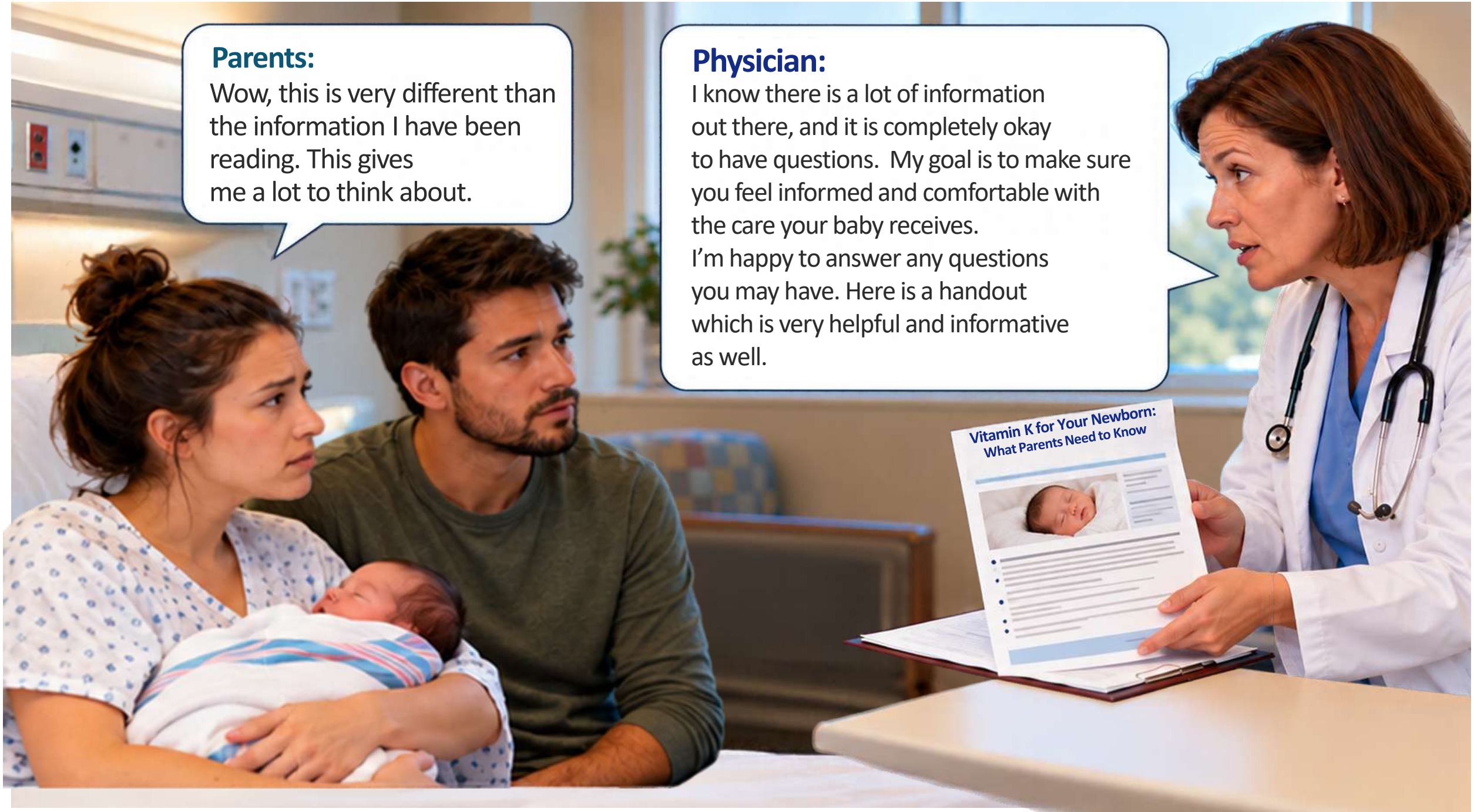
- “Why Not” could be perceived as confrontational
- Transactional approach to informed refusal
- Doesn’t validate parent desire to protect newborn
- Doesn’t give space for questions or discussion for shared decision-making
- Uses judgmental language to make parents feel criticized and uninformed
- Downplays parents concerns
- Uses an exasperated tone “Ugh”
- Uses fear-based messaging

# Example of Respectful Communication


Parents:
We don't want
Vit K for our newborn.
Physician:
I wanted to speak with you for a moment about the Vit K shot that we recommend for all newborns after birth. Do you have a few minutes to chat?


Parents:
Yes, but we've done our research.
Physician:
That's excellent. Babies are born with naturally low levels of Vit K, which is a vitamin that helps the blood clot properly. Because of this low level, newborns are at risk for bleeding. It can be minor bleeding such as from the umbilical cord and gums to severe bleeding such as a massive bleed in the brain. In rare scenarios, that bleeding can be severe enough that a baby can lose a significant amount of their blood volume internally, sometimes without clear warning signs beforehand.


Parents:
Oh, I didn't realize that. Doesn't the Vit K shot have preservatives which are not healthy for babies?
Physician:
The Vit K shot is a preservative free, safe, routine medication we give to help protect your baby from severe bleeding. It has been used for many years and is one of the standard ways we help keep newborns safe in the first weeks and months of life. The injection is the most reliable way to make sure your baby has enough Vit K to support normal blood clotting.


Parents:
Wow, this is very different than the information I have been reading. This gives me a lot to think about.
Physician:
I know there is a lot of information out there, and it is completely okay to have questions. My goal is to make sure you feel informed and comfortable with the care your baby receives.
I'm happy to answer any questions you may have. Here is a handout which is very helpful and informative as well.
Vitamin K for Your Newborn:
What Parents Need to Know



# What respectful care practices did you observe in this scenario?

# RESPECTFUL PRACTICES HIGHLIGHTED

Asks permission to engage

Used calm, reassuring tone

Encourages open dialogue. Asking for parents' questions and concerns

Uses attentive body language

Provide clear, neutral information in a nonjudgemental tone

Validated concerns and communicated empathy

Approaches conversation collaboratively respecting parental autonomy

# Key Takeaways from Scenarios

- **Listen without judgment**: Acknowledge concerns rather than dismissing beliefs or questioning decisions.
- **Lead with empathy**: Validate emotions and use compassionate language instead of criticism, frustration, or fear.
- **Communicate clearly**: Provide balanced, evidence-based information about benefits and risks without using intimidating language.
- **Respect patient and family autonomy**: Support informed decisions, even when families decline recommended care.
- **Encourage shared decision-making**: Invite questions, explore concerns, and confirm understanding rather than simply obtaining consent or refusal.
- **Maintain trust and professionalism:** Use attentive body language, a calm tone, and respectful communication throughout the interaction.

# Respectful Care Communication Strategies: Summary and Considerations for Evaluation

KARENA MORAN, PHD, IMPROVEMENT OPTIMIZATION ADVISOR, GEISINGER HEALTH SYSTEM, NEPAPQC MANAGER, AND PA PQC QI COACH

# Corresponding PA PQC Metrics

## POSTPARTUM DISCHARGE TRANSITION

| | |
|---|---|
| Patient Event Debriefs | **Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place**<br>Has your department established a **standardized process to conduct debriefs with patients** after a severe event? |

## MATERNAL DEPRESSION & OUD/NAS

| Metric | Numerator (among the denominator) | Denominator |
|---|---|---|
| **1. OB Provider and Nursing Education – Respectful and Equitable Care** | At the end of this reporting period, what cumulative proportion of OB clinicians has received in the last 2 years education on respectful and equitable care? | |

# Other Existing Measures

HCAHPS questions (e.g., administered by Press Ganey)

- During this hospital stay, how often did nurses/doctors treat you with courtesy and respect?
- During this hospital stay, how often did nurses/doctors listen carefully to you?
- During this hospital stay, how often did nurses/doctors explain things in a way you could understand?



| Change Concept | Change Idea | Key Resources and Tools |
| --- | --- | --- |
| Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team | • Engage patients and their caregivers in decision making about their care at every point from admission through discharge, including during rounds<br>• Provide tools and scripts for providers to use for shared decision-making conversations | AHRQ: The SHARE Approach: 5 Essential Steps of Shared Decision Making |
| | • Facilitate open conversations to ensure that patient concerns are adequately addressed, and investigate possible causes when patients express that something is "off." Consider ways in which implicit bias and structural racism may influence response to patient concerns and response to pain.<br>• Make an organizational policy and train teams to use an antiracism, birth equity, and social justice lens | CDC HEAR HER Resources for Healthcare Professionals 15 Bedside Manner Techniques to Improve Patient Experience<br>IHI White Paper: Achieving Health Equity: A Guide for Health Care Organizations |

| Change Concept | Change Idea | Key Resources and Tools |
|---|---|---|
| Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans | • Provide communication in the patient's preferred language and support access to interpretation services; provide educational materials for patients in common languages spoken in your community | National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care |
| | • Educate clinicians on providing respectful care by engaging in the life-long learning of cultural humility, understanding that individuals cannot learn all aspects of any culture, including their own | AWHONN Respectful Maternity Care Implementation Toolkit<br>ACOG Respectful Care eModules<br>The Cycle to Respectful Care: A Qualitative Approach to the Creation of an Actionable Framework to Address Maternal Outcome Disparities |
| | • Co-design postpartum care plans (similar to a birth plan but for postpartum) that emphasize patient and family needs and wishes | ACOG Committee Opinion Number 736: Optimizing Postpartum Care (Table 1)<br>The Fourth Trimester of Pregnancy: Committing to Maternal Health and Well-Being Postpartum<br>4th Trimester Project: My Postpartum Plan<br>Oklahoma State Department of Health Postpartum Plan |
| | • Provide education during prenatal care about decisions that might need to be made in the postpartum period and provide resources to patients and their support networks on how to advocate for their needs and wishes during delivery and postpartum | CDC HEAR HER Guide for Patients<br>The New York Times: Protecting Your Birth: A Guide for Black Mothers<br>Every Mother Counts: Choices in Childbirth |

# Can I create my own measures? YES!!

**EXAMPLES:**

- Percent of patients with a severe event that participated in/were offered a debrief with the clinical team
  - Numerator: patients that participated in/were offered a debrief
  - Denominator: patients that experienced a severe event in the XX (month/quarter)
- Percent of patients that were included in at least one bedside shift change handoff during their admission
  - Numerator: patients that were included in a bedside shift change handoff
  - Denominator: total number of admissions during the reporting quarter

- ***Always align your measures with the specific work that you are doing***

# Wrap-Up

HADAR RE'EM, MPH, MSW, PROGRAM ASSOCIATE, AND PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION




# Action Items for After Session

- Identify core team & key stakeholders
- Share lessons learned with team
- Observe current patient care communication practices
- Review the AWHONN Organizational Readiness Assessment
- Determine Patient Care Communication Strategy QI Focus
- Bring early findings, questions, and barriers to Check-in #2 on 11.10.26

# Upcoming Virtual Sessions

**NOVEMBER 18, 2026**

Technical Assistance

11:00 a.m. – 12:00 p.m.

Zoom

**DECEMBER 2, 2026**

Final Sprint Session

11:00 a.m. – 12:00 p.m.

Zoom

**DECEMBER 9, 2026**

*Beyond the Checklist: Access, Autonomy, and Maternal Health*

11:00 a.m. – 12:00 p.m.

Zoom

**JANUARY 13, 2027**

*Applying Trauma Informed Care Principles to Identify and Support Patients Experiencing Intimate Partner Violence*

11:00 a.m. – 12:00 p.m.

Zoom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Urgent Maternal Warning Signs Sprint Resources
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# PA PQC Project Team: QI Coaches



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Senior Program Manager, Community Health and QI Coach, Jewish Healthcare Foundation



**Hadar Re'em**, MPH, MSW
Program Associate and QI Coach, Jewish Healthcare Foundation

# Credentialing Guidelines:

***PLEASE*** complete the electronic evaluations by end-of-day, Wednesday, November 18th: https://www.surveymonkey.com/r/L67BSBF

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits or a Certificate of Completion.
2. The UPMC Center for Continuing Education will follow up with you, via email, after Wednesday, November 18th to notify you about how you can claim your credits.
   - To prepare, you must create an account with UPMC CCE via this website https://cce.upmc.com. Please be sure to use the same email address for your UPMC CCE account and on your survey.
   - Please log in to the UPMC CCE site two weeks after the session to check for your credits. Credits cannot be issued after 30-days post-session

# Thank You!







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