

Appendix A: Likert Scale Descriptions for Maternal Equity Bundle Measures

The 5-point Likert scale is the new standard structure measure format put forth by the Alliance for Innovation in Maternal Health (AIM) National Program for all bundles moving forward. It is used to assess the degree to which hospitals have a structure in place.

AIM purposefully left the 2,3,4 values undefined so that hospital teams could determine for themselves where they feel they fall between the outer parameters of "not started" and "fully in place":

- Ex. If the hospital does not have an equity team, they would answer "1 – not started".
- Ex. If the hospital is in the process of creating an equity team, they would answer 2-4 depending on how close they feel the structure is to being "fully in place".
- Ex. If the hospital's equity team is all MDs and 1 RN, they might answer "2" -- the structure is in place, but with minimal role diversity.
- Ex. If the hospital's equity team has 2 community members but neither are of the racial/ethnic group most represented in the hospital's SMM data, they might answer a "3" -- the structure is in place, but perhaps they're working on finding a 3rd person of the needed racial/ethnic identity.

Refer to the following examples to support filling in the structure measures (S1-S5), using the new Likert scale. Note, the example for 3 on the Likert scale is a suggestion, rather than a set definition.

Please feel free to reach out the PNQIN team with any questions or concerns at pnqinadmin@pnqinma.org

S1a. Formal Equity Team

Does your hospital have a formal equity team based in obstetrics/reproductive health?

1 – No team exists and the process to create a team has not begun

3 – In the process of forming a team

5 – An equity team exists and meets regularly

[If 2-5 is selected] Does your hospital have a formal equity team based in obstetrics/reproductive health that includes:

S1a.1. Diversity of roles (e.g. RN, MD, CNM, SW, MPH, MBA)

1 – No diversity of roles and have not started a process to recruit

3 – Some diversity of roles but could improve and/or are currently in the process of recruiting members from different roles

5 – Team includes many different roles

S1a.2. Diversity of race/ethnicity

1 – No diversity in race/ethnicity and have not started a process to recruit

3 – Some diversity of race/ethnicity on the team but could improve and/or are currently in the process of recruiting more people from various races and ethnicities

5 – Team includes people from many different races and ethnicities

S1a.3. At least one community member representative of the group most represented in severe maternal morbidity data (e.g. race, ethnicity, language, geography, payer type)

1 – No community member representative on the team and have not started a process to recruit

3 – Currently in the process of recruiting a community member representative or team includes a community member, but they are not a representative of the group most affected by SMM in their hospital

5 – Team includes a community member representative of the group most represented in severe maternal morbidity data

S2. Formal Equity Communication

Has your hospital developed and communicated their obstetric equity goals to the perinatal faculty and staff, including:

S2a. SMART equity goal(s)/equity AIM statement

1 – The process to develop equity goals and statement has not been started

3 – Goals and equity statement have been developed and team is now working on communicating them to staff and faculty

5 – The goals and equity statement have been developed and fully communicated to staff and faculty

S2b. Change concepts (e.g. driver diagram, Ishikawa diagram)

1 – The process to develop the change concepts have not been started

3 – Change concepts have been developed and team is now working on communicating them to staff and faculty

5 – Change concepts have been developed and fully communicated to staff and faculty

S2c. Anti-racism statement

1 – The process to develop an anti-racism statement has not been started

3 – An anti-racism statement has been developed and team is now working on communicating it to staff and faculty

5 – An anti-racism statement has been developed and fully communicated to staff and faculty

S3. Demographic Data Collection

Does your hospital collect the following data upon registration/entry for obstetric care?

S3a. Race

- 1 – The process to collect race data has not been started**
- 3 – Implementations has begun to collect race data**
- 5 – Race data is collected on all patients upon registration for obstetric care**

S3a.1. [If “Fully in place” is selected] Does your hospital collect Race data via self-report by the patient?

- 1 – The process to collect race data by self-report has not been started**
- 3 – The process has begun to collect race data by self-report**
- 5 – Race data is collected by self-report on all patients upon registration for obstetric care**

S3b. Ethnicity

- 1 – The process to collect ethnicity data has not been started**
- 3 – The process has begun to collect ethnicity data**
- 5 – Ethnicity data is collected on all patients upon registration for obstetric care**

S3b.1. [If “Fully in place” is selected] Does your hospital collect Ethnicity data via self-report by the patient?

- 1 – The process to collect ethnicity data by self-report has not been started**
- 3 – The process has begun to collect ethnicity data by self-report**
- 5 – Ethnicity data is collected by self-report on all patients upon registration for obstetric care**

S3c. Language

- 1 – The process to collect language data has not been started**
- 3 – The process has begun to collect language data**
- 5 – Language data is collected on all patients upon registration for obstetric care**

S3c.1. [If “Fully in place” is selected] Does your hospital collect Language data via self-report by the patient?

- 1 – The process to collect language data by self-report has not been started**
- 3 – The process has begun to collect language data by self-report**
- 5 – Language data is collected by self-report on all patients upon registration for obstetric care**

S3d. Differing ability (e.g., hearing impaired, visually impaired, limited mobility)

- 1 – The process to collect differing ability data has not been started**
- 3 – The process has begun to collect differing ability data**
- 5 – Differing ability data is collected on all patients upon registration for obstetric care**

S3d.1. [If “Fully in place” is selected] Does your hospital collect Differing Ability data via self-report by the patient?

- 1 – The process to collect differing ability data by self-report has not been started**
- 3 – The process has begun to collect differing ability data by self-report**

5 – Differing ability data is collected by self-report on all patients upon registration for obstetric care

S3e. Sexual Orientation

1 – The process to collect sexual orientation data has not been started

3 – The process has begun to collect sexual orientation data

5 – Sexual orientation data is collected on all patients upon registration for obstetric care

S3e.1. [If “Fully in place” is selected] Does your hospital collect Sexual Orientation data via self-report by the patient?

1 – The process to collect sexual orientation data by self-report has not been started

3 – The process has begun to collect sexual orientation data by self-report

5 – Sexual orientation data is collected by self-report on all patients upon registration for obstetric care

S3f. Gender Identity

1 – The process to collect gender identity data has not been started

3 – The process has begun to collect gender identity data

5 – Gender identity data is collected on all patients upon registration for obstetric care

S3f.1. [If “Fully in place” is selected] Does your hospital collect Gender Identity data via self-report by the patient?

1 – The process to collect gender identity data by self-report has not been started

3 – The process has begun to collect gender identity data by self-report

5 – Gender identity data is collected by self-report on all patients upon registration for obstetric care

S4. Data Stratification

Does your hospital stratify process and outcome data by the following:

S4a. Race

1 – The process (conversations, implementation or navigating logistics of collection) to stratify outcome data by race has not been started

3 – The process has begun to stratify outcome data by race

5 – Outcome data is always stratified by race

S4b. Ethnicity

1 – The process to stratify outcome data by ethnicity has not been started

3 – The process has begun to stratify outcome data by ethnicity

5 – Outcome data is always stratified by ethnicity

S4c: Language

- 1 – The process to stratify outcome data by language has not been started**
- 3 – The process has begun to stratify outcome data by language**
- 5 – Outcome data is always stratified by language**

S4d: Differing Ability

- 1 – The process to stratify outcome data by differing ability has not been started**
- 3 – The process has begun to stratify outcome data by differing ability**
- 5 – Outcome data is always stratified by differing ability**

S4e: Sexual Orientation

- 1 – The process to stratify outcome data by sexual orientation has not been started**
- 3 – The process has begun to stratify outcome data by sexual orientation**
- 5 – Outcome data is always stratified by sexual orientation**

S4f: Gender Identity

- 1 – The process to stratify outcome data by gender identity has not been started**
- 3 – The process has begun to stratify outcome data by gender identity**
- 5 – Outcome data is always stratified by gender identity**

S5. Patient Reported Experience Measure (PREM) Implementation

Has your hospital adopted and implemented a PREM (e.g., MADM, MORi)?

- 1 – The process adopt and implement a PREM has not been started**
- 3 – The process has begun to adopt and implement a PREM**
- 5 – A PREM is fully implemented**

S5a. [If “Fully in place” is selected] Please list which PREM your hospital has implemented.

Open-ended; text box