TECHNICAL APPENDIX

Mama Certified Hospital Performance Metrics & Methodology

The Christ Hospital

Purpose and Scope

This technical appendix provides detailed quantitative data and methodological information for researchers, public health professionals, and policy analysts interested in examining hospital performance metrics related to maternal and infant health equity. This section complements the patient-facing narrative by offering granular data, statistical context, and comparative benchmarks.

What It Means to Be Mama Certified

To become a Mama Certified member, hospitals must publicly commit to better maternal care, share their data, and work with Queens Village to design programs that center Black mamas' experiences. Members also train their staff on racial equity and respectful maternal care, and promote Mama Certified throughout their hospital and online.

Member Hospital Requirements:

- Public commitment to improving maternal and infant care
- Share performance data transparently with the public
- Collaborate with Queens Village Advisory Board
- Train staff on racial equity and respectful maternal care
- Promote Mama Certified through materials, signage, and staff identification
- Apply for full certification annually

Certification Process

Annual Certification Cycle

1. Hospitals report data on 26 different measures of care quality
2. The Health Collaborative verifies data accuracy and completeness
3. Cradle Cincinnati conducts comprehensive analysis
4. Queens Village Advisory Board provides community input on reports
5. The hospital earns a badge level based on its results in each focus area
6. Hospital leaders and Queens Village Hospital Advisory Board use findings and birthing experience studies to guide improvements

Renewal Requirement:
Hospitals must renew certification annually. This ensures data remains current and hospitals maintain their commitment to continuous improvement.

Behind The Mama Certified Badges

Mama Certified evaluates hospitals in three focus areas, with each hospital earning one badge per area:

- **Maternal Care** -- How the hospital cares for birthing mothers
- **Infant Care** -- How the hospital supports healthy babies
- **Community Care** -- How the hospital connects families to resources

Badge Level Definitions

Badge Level	Score Range	What It Means
Leader	90% or higher	High performance. Care is strong and equity is prioritized.
Advocate	70-89%	Solid work is happening. Progress is underway.
Ally	50-69%	Building a foundation---early stage of the work.

Complete Scoring Methodology

How Mama Certified Badges Are Earned

Steps in the Certification Process:
1. Hospitals report data on 26 different measures of care quality
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Point System Details

Point Allocation:
- Each metric is assigned a point value between 0 and 1.5
- Metrics include subparts, also weighted between 0 and 1.5
- Points are awarded for both data sharing (transparency) and implementing evidence-based practices
- Total score reflects combination of care quality metrics and engagement with Mama Certified

The Christ Hospital Badge Status

Christ Hospital earned Leader status in all three focus areas:

Infant Care Badge	100.0%	**Leader**
Maternal Care Badge	100.0%	**Leader**
Community Care Badge	100.0%	**Leader**

This represents outstanding achievement in maternal and infant health equity, with perfect scores in Maternal and Community Care, and near-perfect performance in Infant Care.

Detailed Performance Metrics

Infant Care Metrics

Metric	Findings
Recognizing Disparities (20.25/20.25)	Hospital tracks, identifies and addresses infant health performance by race and ethnicity. • Chart reviews to identify improvement opportunities • Enhanced breastfeeding education in outpatient settings • Plans reviewed by Perinatal Quality and Safety Specialist
Exclusive Breastfeeding (9/9)	Above 2024 regional average of 45.18% • Tracking race and ethnicity-specific data
Breastfeeding Support (9/9)	Ohio First Steps - 4-star designation • Community breastfeeding classes pre-delivery • Post-delivery breastfeeding support groups • Staff required breastfeeding training and lactation consultant shadowing • LATCH scores documented each shift • Track breastfeeding and skin-to-skin within first hour
Unexpected Complications (6/6)	Reports data by specific ethnicity and race categories
Safe Sleep (12/12)	• Safe sleep screening and education • Cribs for Kids participation • CCHMC Perinatal Institute collaboration

Maternal Care Metrics

Metric	Findings
Recognizing Disparities in Maternal Health (20.25/20.25)	Tracks maternal health performance by race and ethnicity
Elective Delivery (PC-01) (4.5/4.5)	0% elective deliveries before 39 weeks - meets national standard
Cesarean Birth (PC-02) (4.5/4.5)	Below regional average, demonstrating support for vaginal birth
Severe Obstetric Complications (PC-07) (4.5/4.5)	Active AIM hypertension and hemorrhage quality improvement projects
Patient Satisfaction (12/12)	Innovative patient-centered improvements: • Celebratory meals for delivering mothers and support persons • Resource board with community information • Patient Representative Carol Mastin rounds daily as non-clinical advocate • Optimized leadership rounding based on QVHAB feedback
Doula Integration (12/12)	Comprehensive Standard Operating Procedure for doulas: • Present during all stages of labor including OR (if only support person) • Doulas don't count toward visitor limits - recognized as care team • Unit tour and certification on file required • Staff training via SOP and Perinatal Residency Program

Community Care & Engagement

Metric	Findings
Leadership (3/3)	**Dr. Leanne Olshavsky, Medical Director Women's Health** • Involved since Mama Certified inception • Featured in Mama Certified training course • Led 2019 task force addressing racial disparities **Emily Dennett, Perinatal Quality and Safety Specialist RN** • CNL certification with research expertise • Daily work centered on equitable, safe care
SDOH Screening (19.5/19.5)	Screens for: food, housing, transportation, violence, utilities • iPad-based screening on admission • First prenatal visit screening

Metric	Findings
	• Formal training in new hire process
SDOH Referrals (9/9)	• 24/7 interpreter iPad services • Lyft transportation vouchers • Community organization partnerships
Staff Training (22.5/22.5)	100% completion via TCHPoint Learning Management System • Required during orientation phase • Perinatal Nurse Residency Program integration • Outpatient practices included
Learning Collaborative (3/3)	Two representatives on Cradle Cincinnati Circle of Advisors: • Janet Ferguson, Patient Navigator • Dr. Leanne Olshavsky, Medical Director
Queens Village (49.5/49.5)	Full engagement with Queens Village Hospital Advisory Board with quarterly meetings and collaborative quality improvement initiatives **Focus Initiative:** Pain management, communication, and respectful care **"How Might We" Question:** How might we consistently prioritize effective communication to all mothers so they feel respected and thoroughly cared for when navigating emotional, mental, and physical pain throughout their birthing experience? **QVHAB Impact:** Changed leadership rounding practices based on feedback about patient interruptions
Pathways for Improvement (10.5/10.5)	**State/National Initiatives:** • Ohio Perinatal Quality Collaborative (OPQC) • Magnet Accreditation • AIM Hypertension and Hemorrhage QIPs • CCHMC Perinatal Institute • Cribs for Kids **Innovative Programs:** • NP rounding on postpartum patients to reduce hypertension readmissions • Bi-monthly CCHMC collaboration on exclusive breastfeeding

Staff Training and Engagement

Staffing Summary

The Christ Hospital demonstrates robust staffing levels across Labor & Delivery and Prenatal/Perinatal departments with a combined total of 231.57 FTE.

Staff Category	FTE Count
Licensed Physicians	33 (across L&D and prenatal/perinatal)
Registered Nurses - L&D	104.75
Advance Practice Nurses	7
Non licensed staff	36.02
Lactation Consultants	6.75

Implicit Bias Training

90-100% completion rate for implicit bias training across required staff categories, demonstrating strong organizational commitment.

Training Requirements:
- All tenured staff have completed implicit bias training.
- Staff complete implicit bias training annually
- Includes physicians, nurses, support staff, administrative staff, and volunteers

Comprehensive Soft Skills Training

All 16 soft skills training categories are offered, showing strong commitment to holistic staff development:

- ☐ Active Listening
- ☐ Collaboration
- ☐ Communication Skills
- ☐ Conflict Management
- ☐ Critical Thinking
- ☐ Cultural Competency
- ☐ Emotional Intelligence
- ☐ Empathy
- ☐ Inclusive Leadership
- ☐ Professionalism
- ☐ Self-Reflection
- ☐ Stress Management
- ☐ Team-Based Care
- ☐ Time Management

Clinical Skills Requirements

Nurses in direct patient care are required to demonstrate competency in the following hard skills:

- ☐ Basic life support (BLS) skills
- ☐ Fetal monitoring
- ☐ IV placement
- ☐ Labor support techniques

- ☐ Medical terminology
- ☐ Medication calculation and administration
- ☐ Neonatal resuscitation
- ☐ Patient assessment
- ☐ Vital signs measurement
- ☐ Wound care techniques
- ☐ All nurses are required to take STABLE or a Post Resuscitative Care of the Newborn course annually
- ☐ New graduate nurses must attend the Perinatal Nurse Residency Program which includes coursework in a classroom once a week for 6 weeks and then once a month for a year

Training and assessment include required life-support certifications through national programs and simulation-based learning for resuscitation, fetal monitoring, IV placement, labor support, and core clinical skills. Staff complete structured orientation with hands-on practice, preceptor sign-off, and progressive coursework leading to certification where applicable. Ongoing competency is maintained through annual simulations, testing, and mandatory learning modules.

Limitations and Methodological Considerations

Data Limitations

- ☐ **Two-year reporting lag:** Required for data collection, review, and verification. Hospital practices may have changed since data collection period.
- ☐ **Sample size considerations:** Some measures may include small sample sizes, particularly for racial/ethnic subgroup analysis, making results less generalizable.
- ☐ **Measurement limitations:** Not all aspects of care quality can be captured by quantitative metrics alone. Patient experience and interpersonal aspects of care are partially unmeasured.
- ☐ **Hospital-reported data:** Results reflect hospital-reported and verified data; individual patient experiences may vary from aggregate statistics.

Methodological Considerations

- ☐ **Risk adjustment:** Not all metrics are risk-adjusted for patient complexity. Hospitals serving higher-risk populations may have different outcome profiles.
- ☐ **Benchmark comparability:** National and state benchmarks may use slightly different measurement specifications or time periods.
- ☐ **Self-reported practices:** Some metrics rely on hospital self-report of policies and practices rather than direct observation.

Glossary of Technical Terms

AIM: Alliance for Innovation on Maternal Health
CCHMC: Cincinnati Children's Hospital Medical Center
CNL: Clinical Nurse Leader
LATCH: Breastfeeding assessment tool (Latch, Audible swallowing, Type of nipple, Comfort, Hold)
NTSV: Nulliparous, Term, Singleton, Vertex births
OPQC: Ohio Perinatal Quality Collaborative
PC-01 through PC-07: Joint Commission Perinatal Care measures
QIP: Quality Improvement Project
QVHAB: Queens Village Hospital Advisory Board
SDOH: Social Determinants of Health
SOP: Standard Operating Procedure

WHO: World Health Organization

Research Use and Citation

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This technical appendix supplements the patient-facing Mama Certified Hospital Report and is intended for researchers, public health professionals, and policy analysts.