TECHNICAL APPENDIX

Mama Certified Hospital Performance Metrics & Methodology

TriHealth Good Samaritan 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:
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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

TriHealth Good Samaritan Hospital Badge Status

TriHealth Good Samaritan Hospital earned Leader status in all three focus areas:

Infant Care Badge	98.6%	**Leader**
Maternal Care Badge	98.6%	**Leader**
Community Care Badge	96.4%	**Leader**

This represents exceptional achievement in maternal and infant health equity, demonstrating comprehensive commitment to evidence-based care, health equity initiatives, and community partnership.

Detailed Performance Metrics

Infant Care Metrics

Metric	Findings
Recognizing Disparities in Infant Health (20.25/20.25)	This hospital facility tracks, identifies and addresses infant health performance measures by race and ethnicity to assess potential disparities. ☐ Action plan: TriHealth Good Samaritan Hospital is implementing a doula program, which will touch all departments in Women's Services ands plan to develop many strategies within the program to address health disparities. ☐ Action plans for addressing identified healthcare disparities are reviewed by Women's leadership team, Health Equity Institute leadership.
Exclusive Human Milk Feeding (PC-05) (9/9)	The percentage of babies exclusively breastfed or fed breast milk while the newborn is at this hospital facility is below the 2024 regional average of 45.18%. ☐ The hospital facility is currently tracking its race and ethnicity specific to exclusive breast milk feeding.
Breastfeeding Support & Practices (9/9)	The hospital facility promotes, protects and supports breastfeeding in their organization. ☐ This facility participates in Ohio First Steps for Healthy Babies initiative and has a 1-star designation. ☐ Have a written infant feeding policy that is routinely communicated to staff and parents.

Metric	Findings
	☐ Establish ongoing monitoring and data-management systems. ☐ Tracks success rate for skin-to-skin initiation in the first hour after birth.
Unexpected Complications in Term Newborns (6/6)	The hospital currently reports Unexpected Complications in Term Newborns data for specific ethnicity and race categories. Newborn complications at this hospital facility are above the overall 2024 regional average of 3.51%.
Safe Sleep Support (12/12)	The hospital implements a safe sleep screening procedure and provides printed or physical educational materials. ☐ The hospital participates in Cribs for Kids accreditation and has a gold level designation. ☐ Provides safe sleep training to all staff caring for patients less than 12 months of age.

Maternal Care Metrics

Metric	Findings
Recognizing Disparities in Maternal Health (20.25/20.25)	This hospital facility tracks, identifies and addresses maternal health performance measures by race and ethnicity to assess potential disparities. ☐ Regular review of equity data through Quality Council and Women's Services leadership
Elective Delivery (PC-01) (4.5/4.5)	Rate of elective deliveries before 39 weeks gestation: 0% This meets the national quality standard and demonstrates excellent adherence to evidence-based practice.
Cesarean Birth (PC-02) (4.5/4.5)	Comparable to 2024 regional average of 26.95% The C-section rate is higher because more high risk mommas choose to deliver at Good Sam.
Severe Obstetric Complications (PC-07) (4.5/4.5)	This hospital submitted data for this metric; however, as it is a developing measure, Mama Certified will not publicly report results in 2026, as this year serves as the baseline reporting period.
Birthing Friendly Hospital (15/15)	☐ Participates in AIM (Alliance for Innovation on Maternal Health) collaborative ☐ Implements AWHONN (Association of Women's Health, Obstetric and Neonatal Nurses) perinatal quality ☐ Hemorrhage bundle implementation ☐ Hypertension bundle implementation

Metric	Findings
Postpartum Mental Health (4.5/4.5)	Depression screening rate: 100% Universal screening with referral services available for patients who screen positive.
Doula and Care Team Integration (12/12)	Hospital has doula access policies and staff trained to work alongside doulas. Implementing comprehensive doula program to support all departments in Women's Services.

Community Care & Engagement Metrics

Metric	Findings
Mama Certified Leadership (3/3)	Team Leadership Structure: Tonya Hurst, Director, Women's Health • 25 years Women's healthcare experience • 4.5 years leading Perinatal Programs and OB Gyn Center • 2 years attending quarterly QVHAB meetings Michele Lamping, Women's Clinical Quality Improvement Officer • 38 years in Women's Health • Leads HTN and hemorrhage equity projects • Implemented SDOH screening in office and hospital settings
Screening for Social Drivers of Health (9/9)	Screening rate: 100% Universal screening for food, housing, financial, and transportation needs during prenatal and postpartum visits.
Referrals for Social Drivers of Health (9/9)	Established referral pathways to community organizations. ☐ Social workers provide referrals and follow-up ☐ Connects families to housing assistance, food resources, transportation support
Community Partnerships (3/3)	Active partnerships with multiple community organizations: ☐ Cradle Cincinnati ☐ Queens Village ☐ Local social service agencies
Public Commitment to Mama Certified (15/15)	Distribution of physical and digital communication tools throughout facility and community

Metric	Findings
Hospital Staff Training (16.5/16.5)	100% of Labor & Delivery staff trained on Mama Certified principles and health equity Training integrated into Learning Management System (LMS) and onboarding processes for sustainability
Learning Collaborative Participation (7.5/7.5)	Active participation in Cradle Cincinnati collaborative and other quality improvement initiatives
Queens Village Engagement (15/15)	Deep, authentic engagement with Queens Village Hospital Advisory Board across four levels: ☐ **Inform:** Monthly meetings to share TriHealth operations and capabilities ☐ **Involve:** QVHAB member featured in doula training video ☐ **Collaborate:** QVHAB input contributed to doula policy development ☐ **Defer to/Empower:** QVHAB members lead discussions; their voices shape decision-making **Outcomes:** Practice changes, policy development, and training tool development driven by community input
Pathways for Improvement (10.5/10.5)	Specific strategies initiated or planned (October 2024 - June 2026): ☐ **Doula Training Video** - Comprehensive training with measures of success including respect/trust surveys, communication assessment, and role clarity evaluation ☐ **Doula-Friendly Hospital Guidelines** - Policy development with feedback mechanisms from doulas, providers, and staff **Additional Initiatives:** ☐ Ohio Perinatal Quality Collaborative (OPQC) participation ☐ Magnet accreditation for nursing excellence

Staff Training and Engagement

Staffing Summary

TriHealth Good Samaritan Hospital demonstrates exceptional staffing levels across Labor & Delivery and Prenatal/Perinatal departments with a combined total of 891.46 FTE.

Staff Category	Labor & Delivery FTE	Prenatal/Perinatal FTE
Physicians	0	93.65

Staff Category	Labor & Delivery FTE	Prenatal/Perinatal FTE
Registered Nurses	235.94	104.04
Licensed Practical Nurses	1	0
Advanced Practice Nurses	0	15.2
Lactation Consultants	11.5	0
Non-licensed Staff	266.83	169.6
Total	515.27	382.49

Implicit Bias Training

TriHealth Good Samaritan Hospital demonstrates excellence in staff training with 90-100% completion rate for implicit bias training across all staff categories.

Training Requirements:
- All tenured staff have completed implicit bias training.
- All newly hired staff are required to complete implicit bias training
- Training is required for ALL staff categories including physicians, nurses, support staff, administrative staff, and volunteers
- Demonstrates organizational commitment to health equity at all levels

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
- ☐ Pediatric Advanced Life Support (PALS) Certification
- ☐ Vital signs measurement
- ☐ Wound care techniques

Training and assessment methods include simulation exercises, annual competency checkoffs, mandatory education, CME courses, and conferences.

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.