



# TECHNICAL APPENDIX

## *Mama Certified Hospital Performance Metrics & Methodology*

### Mercy Health -Anderson 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

## Mercy Health -Anderson Hospital Badge Status

Mercy Health – Anderson Hospital earned Leader status in all three focus areas:

<b>Infant Care Badge</b>	<b>92.4%</b>	<b>Leader</b>
<b>Maternal Care Badge</b>	<b>91.1%</b>	<b>Leader</b>
<b>Community Care Badge</b>	<b>98.6%</b>	<b>Leader</b>

## Detailed Performance Metrics

### Infant Care Metrics

Metric	Findings
<b>Recognizing Disparities (20.25/20.25)</b>	<p>Hospital tracks, identifies and addresses infant health disparities by race and ethnicity</p> <ul style="list-style-type: none"> <li>• Low diversity within eligible population</li> <li>• No disparities currently identified; continuous monitoring in place</li> <li>• Action plans reviewed by Quality Director and Nursing Manager</li> </ul>
<b>Exclusive Breastfeeding (3/9)</b>	<p>Not currently tracking race/ethnicity-specific data for exclusive breastfeeding (metric retired by Joint Commission in 2023)</p>
<b>Breastfeeding Support (9/9)</b>	<ul style="list-style-type: none"> <li>• Ohio First Steps - 4-star designation</li> <li>• New hires receive clinical rounding and classroom education with lactation consultants</li> <li>• Refresher lactation education every 3 years for all staff</li> <li>• IBCLC certified lactation consultants available day and night shifts</li> <li>• Tracks skin-to-skin initiation in first hour</li> </ul>
<b>Unexpected Complications (6/6)</b>	<ul style="list-style-type: none"> <li>• Reports data by specific ethnicity and race categories</li> <li>• Newborn complications slightly above 2024 regional average of 3.51%</li> </ul>
<b>Safe Sleep (11/12)</b>	<p>Comprehensive safe sleep program (Cribs for Kids not pursued due to cost):</p> <ul style="list-style-type: none"> <li>• Safe sleep screening procedures</li> <li>• Physical educational materials at discharge</li> <li>• Staff training for all caring for infants &lt;1 year</li> <li>• Safe sleep education on website</li> <li>• Safe sleep imagery standards</li> </ul>

## Maternal Care Metrics

Metric	Findings
Recognizing Disparities (24.75/29.25)	Comprehensive data collection and stratification: <ul style="list-style-type: none"> <li>• Race and ethnicity in medical records</li> <li>• Patient safety data stratified by socio-demographics</li> <li>• Social determinants tracked</li> </ul>
Elective Delivery (4.5/4.5)	0% elective deliveries before 39 weeks - meets national standard
Cesarean Birth (4.5/4.5)	Below regional average of 25.56%
Severe Complications (4.5/4.5)	Active safety initiatives: <ul style="list-style-type: none"> <li>• Severe maternal morbidity below regional average</li> <li>• AIM collaborative participation</li> </ul>
Birthing Friendly (15/15)	<ul style="list-style-type: none"> <li>• Ohio Perinatal Quality Collaborative (OPQC)</li> <li>• AIM collaborative</li> <li>• Safety bundles for hemorrhage and hypertension</li> </ul>
Smoking Cessation (4.5/4.5)	Tobacco cessation resources provided
Mental Health (4.5/4.5)	Depression screening with referral services
Family Planning (4.5/4.5)	The facility does not provide options for family planning and contraceptive counseling.
Early Prenatal Care (4.5/4.5)	Supports early first trimester care access Above regional average for first trimester care initiation
Patient Satisfaction (7.5/12)	Press Ganey patient satisfaction surveys
Doula Integration (12/12)	Formal doula integration with presence during all labor stages

## Community Care & Engagement

Metric	Findings
<p><b>Leadership (3/3)</b></p>	<p><b>Gina Hemenway, MPA</b> Executive Director, Community Health</p> <ul style="list-style-type: none"> <li>❑ Leads interdisciplinary community health strategy for Mercy Health – Cincinnati, addressing critical health needs and underlying social drivers of health</li> <li>❑ Extensive experience in healthcare transformation, including prior leadership roles at The Health Collaborative (Cincinnati) and Harvard-affiliated Joslin Diabetes Center (Boston)</li> <li>❑ Co-chairs the Market Leadership Council for Dignity and Unity (LCDU); completed Racial Equity Institute Groundwater training and participates in national health equity learning collaboratives</li> <li>❑ Serves on multiple nonprofit boards focused on food access, behavioral health, hospice care, early childhood advocacy, and literacy</li> <li>❑ Engaged in Mama Certified since program inception</li> </ul> <p><b>Shawna Straub, BSN</b> Nursing Manager, Labor &amp; Delivery</p> <ul style="list-style-type: none"> <li>• 25 years of service within Mercy Health’s Family Birth Center, serving in progressive clinical and leadership roles including Staff RN, Preceptor, Clinical Coordinator, Childbirth Educator, AWHONN Fetal Monitoring Instructor, and Nurse Manager</li> <li>• Leads labor and delivery nursing operations and supports clinical education and team development</li> <li>• Advances culturally responsive care through DEI education initiatives and ongoing organizational equity training</li> </ul>
<p><b>SDOH Screening (19.5/19.5)</b></p>	<p>Screens for: food, housing, financial, transportation, violence, infant supplies</p> <ul style="list-style-type: none"> <li>• Single Epic instance allows visibility across all Mercy Health settings</li> <li>• Every inpatient encounter screening</li> </ul>

Metric	Findings
	<ul style="list-style-type: none"> <li>• Formal training in new hire process with live virtual orientation</li> <li>• 15-minute training module in LMS plus Epic tipsheets</li> <li>• Ongoing support through meetings, rounding, newsletters</li> </ul>
<b>SDOH Referrals (10.5/10.5)</b>	<p>Comprehensive referral system:</p> <ul style="list-style-type: none"> <li>• Community resource guides in English and Spanish</li> <li>• Included in After Visit Summary discharge instructions</li> <li>• United Way 2-1-1 at top of every resource list</li> <li>• Complex cases/violence referred to Case Management, Social Work, Community Health</li> </ul>
<b>Community Partnerships (13.5/13.5)</b>	<p>Extensive partnership network:</p> <ul style="list-style-type: none"> <li>• Food: Produce Perks Midwest, Shared Harvest, UFC Food Systems, Interparish Ministries</li> <li>• Housing: Housing Opportunities Made Equal, Strategies to End Homelessness</li> <li>• Financial: Mercy Health Financial Assistance, Partnership Program, United Way 211</li> <li>• Transportation: Roundtrip, Lyft</li> <li>• Violence: Women Helping Women, Butler County SANE</li> <li>• Equity principles guide all partnerships</li> </ul>
<b>Mama Certified Staff Training (24/28.5)</b>	<p>Integrated onboarding:</p> <ul style="list-style-type: none"> <li>• Embedded in Learning Management System</li> <li>• Required for new hires to Birthing Center</li> <li>• Outpatient practices encouraged (not required - not employed/no LMS access)</li> </ul>
<b>Learning Collaborative (3/3)</b>	<p>Two representatives on Cradle Cincinnati Circle of Advisors:</p> <ul style="list-style-type: none"> <li>• Kanako Kashima, Director Community Programs</li> <li>• Renee Dozier, RN Clinical Coordinator L&amp;D</li> </ul>
<b>Queens Village (49.5/49.5)</b>	<p>Continuation board with quarterly meetings and six representatives from Anderson, Community Health, Service Lines, and Quality</p> <ul style="list-style-type: none"> <li>• Shared and solicited feedback on Mercy Health’s maternal and infant equity efforts</li> <li>• Reviewed Maternal Birthing Experience Study findings and identified at least one quality improvement priority to enhance care experiences</li> <li>• Partnered with QVHAB to prioritize strategies to improve access to and continuity with trusted primary care providers before, during, and after pregnancy — with a focus on Black women</li> <li>• Engaged QVHAB to shape and advance Women’s Services strategy</li> <li>• Next steps include collaboratively advancing prioritized primary care access initiatives</li> </ul> <p>Representatives: Shawna Straub, Renee Dozier, Kimberly McGinnis, Gina Hemenway, Marquise Watson, Melissa Tillery</p>

Metric	Findings
Pathways for Improvement (10.5/10.5)	<b>Active Initiatives:</b> <ul style="list-style-type: none"> <li>Ohio Perinatal Quality Collaborative</li> <li>AIM Collaborative</li> <li>Obstetric hemorrhage and hypertension safety bundles</li> </ul>

## Staff Training and Engagement

### Staffing Summary

Bon Secours Mercy Health – Anderson Hospital maintains a Labor & Delivery department with a total of 59.8 FTE.

Staff Category	FTE Count
Nurse Practitioners (NP)	1.9
Registered Nurses (RN) - L&D	44.2
Non-licensed Direct Care Staff	10.05
Lactation Consultants	2.65
Social Workers	1
<b>TOTAL</b>	<b>59.8</b>

### Implicit Bias Training

- Bon Secours Mercy Health – Anderson Hospital reports a 90–100% completion rate for implicit bias training across Women’s Health and OBGYN staff as of June 30, 2025. The training program, “Addressing Implicit Bias in Nursing,” is certified through Lippincott Learning.
- Required staff include Registered Nurses, non-licensed direct care staff, Case Managers/Care Managers, Lactation Consultants, Social Workers, and Health Unit Coordinators. Training is currently required only for newly hired staff; there is no recurring annual or biennial requirement.

### Comprehensive Soft Skills Training

The facility offers 11 of 16 soft skills training categories for direct patient care staff in Women’s Health and OBGYN, reflecting a strong foundation in patient interaction and interpersonal development:

- Active Listening
- Building Trust
- Communication
- Conflict Resolution
- Critical Thinking
- Cultural Competency
- Emotional Intelligence
- Empathy
- Inclusive Leadership
- Professionalism
- Stress 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

Training and assessment methods include in-person or virtual educational classes, electronic learning system modules, simulation exercises, and in situ practice (on-the-job learning).

## 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

### Recommended Citation

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### Report Metadata

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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.*