



POSTPARTUM ACCESS & CONTINUITY OF CARE (PACC) INITIATIVE

APPLICATION GUIDE

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This application guide explains the PACC Initiative objectives to improve postpartum care; reviews our model for quality improvement, your role as a participant, the initiative timeline and activities; and proposed initiative measures.

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Initiative Overview

According to Florida's Maternal Mortality Review Committee (MMRC), Florida's pregnancy-related death rate has been rising since 2018 with 35-56% of these deaths occurring postpartum (PP) after discharge from the hospital. The most common causes of PP discharge deaths are cardiomyopathy, other cardiovascular conditions, infections, and thrombotic embolism. Significant PP risk factors include being Black, older, obese, or Medicaid insured. According to the MMRC findings, more than two-thirds of these deaths were considered preventable. Currently, it is estimated that 40% of new mothers do not see a provider for their recommended timely PP follow-up care.

Quality improvement recommendations based on these findings have been proposed that are in concert with the American College of Obstetricians and Gynecologists' (ACOG's) Committee Opinion 736 on "Optimizing Postpartum Care". This includes scheduling a 2-week PP Safety Check for patients prior to being discharged from the hospital. The days and weeks following birth are a critical intervention period that set the stage for women and their infants for both short and long-term health outcomes. Prior to discharge, it is imperative for patients to receive screening for high-risk PP complications, PP education, assistance with scheduling a 2-week PP visit/encounter, and referrals to other health care and community resources.

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Standardization of care practices related to:

- Utilizing a Postpartum Risk Assessment, completing a Safety Check, scheduling a Postpartum Safety Encounter for patients, and making appropriate health care and community referrals prior to discharge
- Emphasizing the need for postpartum patient education on postpartum care such as maternal warning signs and when/how to contact their OB provider
- Patient education on the importance of a Postpartum Safety Encounter with their OB provider within 2-weeks postpartum
- Educating clinicians on postpartum warning signs including nurses and providers in both OB hospitals and in OB provider offices as well as Emergency Department clinicians
- Developing emergency department pregnancy and postpartum screening for postpartum care management
- Developing a welcoming and supportive environment that is respectful of each patients and their values

Initiative Goal

PACC's primary aim is that by 6/2024, FPQC participating hospitals will increase the percentage of patients with a 2-week postpartum encounter scheduled prior to discharge by 20%. A secondary aim is to increase patient postpartum education which includes the benefits of early postpartum encounters, warning signs, and family planning by 20%. The initiative will also incorporate respectful care as a universal component of all initiative components. A baseline will be established after the first quarter of hospital data is received. **Participating initiative hospitals** will use the PACC Initiative toolkit to create the needed change package that they want to implement in their hospital to make a difference.

Why Join the Initiative

The PACC Initiative offers an opportunity for your facility to implement change and improve the care provided to pregnant and postpartum patients. The FPQC aims to support collaborating hospitals as they 1) form interdisciplinary quality improvement teams, 2) develop and implement strategies with the goal of improving PP warning signs knowledge, and 3) follow-up care in unison with professional practice guidelines.

Joining the initiative helps your hospital work in an interactive collaborative with resources to help you implement evidence-based quality improvement recommendations. It also offers an environment to learn together with others on the best strategies, methods, and tools to adapt and implement in your hospital. Hospitals that participate in

multi-hospital quality improvement collaboratives achieve more sustainable gains faster than those who do so alone. Past participants have found it useful to not have to “reinvent the wheel.”

Participation in the PACC Initiative also helps meets the new Florida Statute requirement for all maternity hospitals to participate in two FPQC quality improvement at all times.

Read on to learn what kind of support the FPQC can provide participating hospitals and what hospitals will be asked to commit to participate. If you have any questions about the information presented here, please email FPQC@usf.edu.

Hospital Participation Requirements

We plan to achieve improvements in PP patient care by implementing best practice education guidelines as developed by the FPQC PACC Advisory Committee. Participating hospitals will start the initiative together at the Kick Off Meeting on October 27, 2022, launch their projects in their local facilities in January 2023, and agree to tailor and implement all hospital identified process improvements over the next 18 months.

Participating hospitals and providers are expected to make a commitment to implementing change and reporting progress during the collaborative for the benefit of all postpartum services statewide.

Participating Hospitals are required to:

- Participate for the entire 18-month time period of the initiative.
- Assemble a strong and full committed QI team including physician, nurse, data, and administrative champions and conduct regular team meetings to track progress throughout the initiative.
- Complete FPQC pre and post implementation surveys during the initiative phases.
- Commit at least one team member to attend every PACC Initiative learning series coaching call/webinar.
- Schedule an onsite educational and technical assistance visit with FPQC advisors.
- Develop, add, or amend hospital or department policy related to risk appropriate discharge.
- Sign Data Use Agreement and document, submit, track, and report all required FPQC process and outcome measures on a monthly basis throughout the initiative.
- Notify FPQC of changes to the QI team.
- Consider adding other valuable QI team member(s) with roles related to discharge planning/education (i.e., case manager, social worker, navigator, patient representative, etc.).
- Send two members of your team to participate in the Kick Off Meeting on October 27 and attend another initiative face-to-face training meetings in the fall of 2023.
- Participate in presenting during monthly learning coaching calls and webinars on sharing progress, overcoming challenges, seeking consultation, or other topics.

Hospital Administrator in Participating Hospitals:

- Promote the collaborative and initiative goals, and develop links to hospital strategic initiatives.
- Provide the resources to support their team, including time to devote to this effort (team meetings, learning sessions, FPQC PACC Initiative virtual and in-person meetings and monthly coaching calls/webinars), travel to the statewide Kickoff and Mid-Initiative Meetings, and facilitate active senior leadership involvement as appropriate.
- Closely track initiative progress to assure adequate initiative support during the initiative.

Obstetricians and Nurse Leaders in Participating Hospitals:

- Lead the hospital's quality improvement efforts, including convening regular team meetings.

- Develop a strategy for accountability among partners to help assure progress toward local goals.
- Attend PACC Initiative virtual and in-person meetings and monthly collaborative coaching calls/webinars.
- Share information and experiences from the initiative with fellow participants on coaching calls/webinars and at in-person meetings.
- Perform tests of change that lead to process improvements in the organization.
- Work with your peers to gain support and incorporate initiative components into practice.
- Spread successes across the entire hospital system where applicable.

Proposed strategies are adaptable to all hospital settings. Each facility can either adopt an existing set of protocols or guidelines and tools, or develop/adapt protocols or guidelines and tools over time to their needs using the evidence-based elements.

FPQC will:

- Build a strong collaborative learning environment to support hospitals with driving change
- Coordinate experts and other resources to support the improvement process
- Offer content oversight and process management for the initiative
- Offer participants evidence-based information on the subject and information on applying that subject matter via medical and quality improvement experts
- Offer tools and resources to support hospitals in implementing process changes and improving documentation
- Develop/adapt/update useful materials and tools as needed by the initiative
- Host an online resource toolbox for hospital implementation
- Offer guidance and feedback to participating hospitals on executing improvement strategies
- Provide educational events and conduct on-site technical assistance consultations
- Convene regular learning session coaching calls and webinars to support hospitals in driving change
- Facilitate an online data submission process and provide monthly quality improvement data reports for participating hospitals as well as a baseline assessment report
- Communicate progress and deliverables to the stakeholders of FPQC
- Evaluate and report results in a fashion that does not publicly identify hospitals and providers

PACC Initiative hospitals will learn improvement strategies that include establishing goals and methods to develop, test, and implement changes to their systems with the goal of improving postpartum care and services. Sites will collect quantitative and qualitative data and submit monthly to FPQC using REDCap, a HIPAA-compliant, secure online interface. FPQC will regularly share timely de-identified comparative data with hospital teams. A data use agreement will be established with hospitals prior to the start of the initiative.

PACC Initiative Timeline (Timeline is subject to change)

Tasks	Target Completion Date
Recruit Leadership Team and Submit Hospital Application to Participate	October 1, 2022
Prepare for Hospital Kick Off, Establish Local Team Meeting Schedule	September – October, 2022
Initiative Kick Off Meeting Training, Complete Pre-Implementation Survey	October 27, 2022

Individual Hospital Kick Offs of PACC Initiative	January 2023
Regular Learning Session Webinars/Coaching Calls for training and collaboration (including at least one presentation from each facility on your progress) Hold regular local team/department meetings	January 2023 – May 2024
On-Site Technical Assistance Consultations from FPQC	January 2023 – May 2024
Ongoing Data Collection and Technical Assistance upon request	January 2023 – May 2024
In-person Mid-Initiative Meeting	Fall 2023
Initiative hospital post-implementation survey	May 2024
Initiative completion	June 2024

PACC Initiative Recommended Key Practices

1. Develop a hospital interdisciplinary QI team to address the PACC Initiative.
2. The hospital QI team should learn about PACC Initiative practices and tools and develop a hospital implementation plan accordingly.
3. Develop or revise hospital guidelines and policies as appropriate to support postpartum (PP) continuity of care including discharge process workflow. This process should include a PP risk assessment, a discharge safety check, scheduling a 2-week PP Safety Encounter, and needed referrals.
4. Provide written and verbal patient and family education on Maternal Warning Signs and the importance of a PP 2-week Safety Encounter with their provider.
5. Educate staff on Respectful Care concepts and incorporate approaches throughout the postpartum discharge process.
6. Engage postpartum care providers in PACC and the early Postpartum Safety Encounter. This includes sharing provider education packets.
7. Engage emergency room providers and nurses and educate about the recognition and management of postpartum conditions.
8. Monitor and present PACC monthly data reports to the hospital QI team, providers and staff, and hospital leadership.
9. Participate in monthly coaching calls for shared learning on PACC successes and challenges.
10. Implement 30-60-90-day plans and PDSA cycles throughout the PACC Initiative to improve discharge processes.

A key driver diagram that visualizes factors that impact outcomes in order to assist in prioritizing strategies and actions to improve outcomes is included in Appendix A.

Initiative Core Measures

Data collection and analysis are key components of quality improvement. “What gets measured gets managed!” Participants will focus on improving practice metrics for their institution relative to their baseline assessment (aggregate and de-identified data will be submitted by participating sites). FPQC will provide monthly metric measures de-identified by hospital to allow each hospital to compare itself to other participating sites.

Participating hospitals will be asked to collect and submit data to support outcome, structure, process, and balancing measures. Please see the Measurement Grid in Appendix B for more information on each measure.

How to Apply

To be involved in the PACC Initiative, please complete the online application at https://usf.z1.qualtrics.com/jfe/form/SV_0k8FOsVMtymOLaK The deadline for applying is October 1, 2022.

It is important that you coordinate with your entire hospital to ensure everyone is aware that you are applying and your hospital does not submit more than one application with different champions. A minimum of 3 team leaders are required. We will contact all team members by email to confirm their commitment; **a response from all team members will be required to complete your application.**

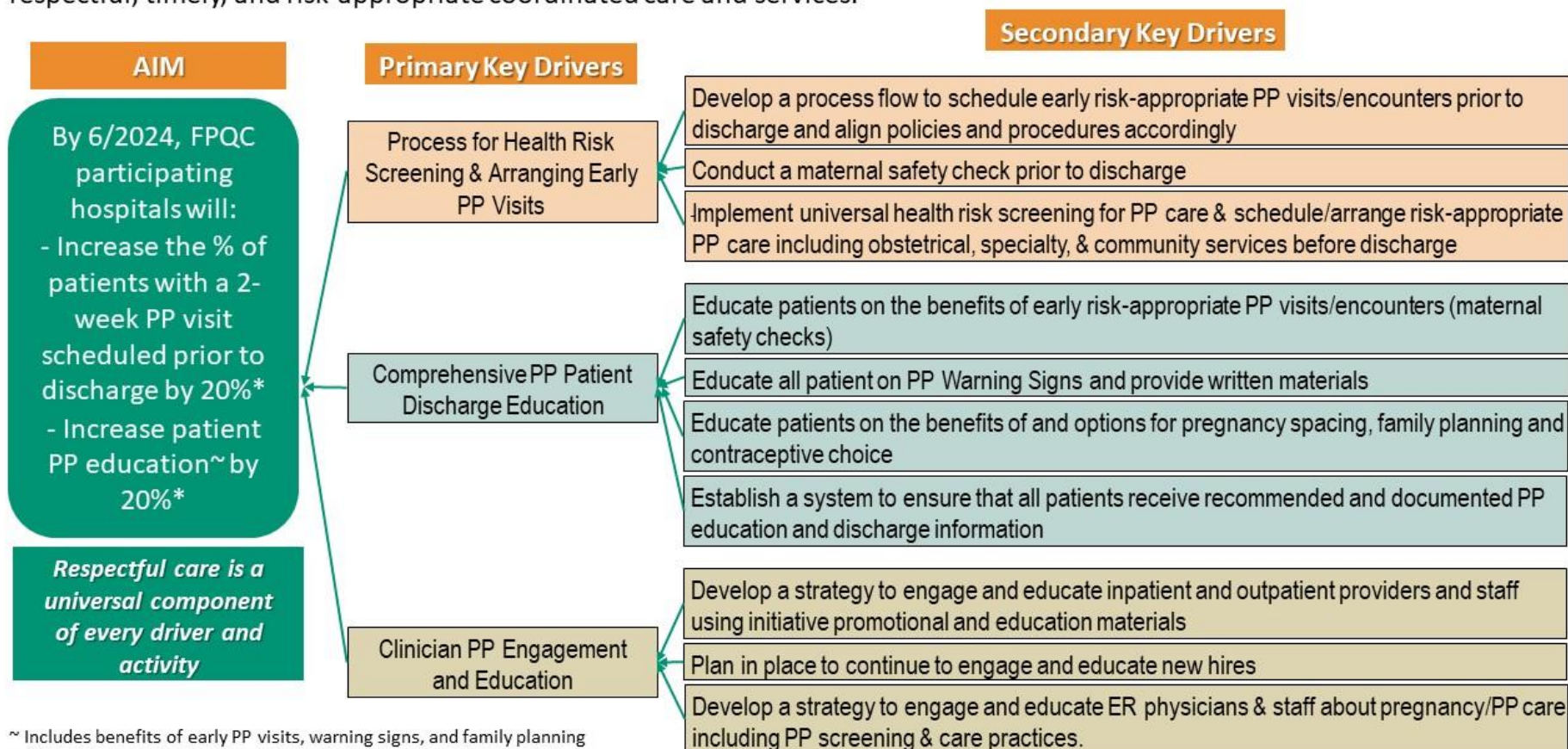
If accepted, a Hospital Commitment Letter signed by an appropriate authorizing hospital executive will be required. A Data Use Agreement will be provided to accepted hospitals.

APPENDIX A: KEY DRIVER DIAGRAM

A key driver diagram (KDD) is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes. This includes potentially better practices (PBPs) that relate directly to the primary aim of increasing the percentage of patients with a scheduled 2-week PP visit/encounter prior to discharge and increasing the percentage of PP education (green box), as well as PBPs that relate to the overall goal of an improvement in respectful care for all three core domains/primary drivers.

Postpartum Access & Continuity of Care (PACC)

Global AIM: Improve maternal health through hospital-facilitated continuum of postpartum care by coordinating and providing respectful, timely, and risk-appropriate coordinated care and services.



APPENDIX B: MEASUREMENT GRID

POSTPARTUM ACCESS & CONTINUITY OF CARE (PACC) MEASUREMENT GRID

The PACC Initiative's purpose is to work with providers, hospitals, and other partners to improve maternal health through a hospital-facilitated continuum of postpartum care by arranging and providing respectful, timely, and risk-appropriate, coordinated care and services.

The measures listed in this document will be calculated and reported monthly to participating hospitals in a quality improvement data report so that facilities can track their progress. These measures may be subject to change during the initiative with prior approvals.

For process and outcome measures, hospitals will report data on 20 systematically selected discharged deliveries per month.

Selection process: Start by dividing the total number of delivery discharges that occurred at your facility in a given month by 20. Then select every nth chart where n is the result of that division.

e.g. Your hospital had 105 discharged deliveries in June. Divide 105 by 20. 5 is your nth for June. Report data on every 5th chart.

If your hospital has less than 40 births per month, submit the first 10 delivery charts per month.

Patients need to meet the following criteria:

Inclusion criteria (qualifying patients): include women admitted for delivery who are discharged home, regardless of infant outcome.

Exclude: pregnant women who are in observation status or seen in the ED; pregnant women not admitted for delivery; women admitted for delivery who die prior to discharge or are transferred to other hospitals.

#	Outcome Measures	Description	Reported	Source
O1	Early postpartum visit/encounter <u>scheduled</u> within 2 weeks after birth	<p>Numerator: # of qualifying women with documented early postpartum visit/encounter <u>scheduled</u> within 2 weeks after birth regardless of medical/social risk</p> <p>Denominator: # qualifying women</p> <p>NOTE: Appointment needs to be schedule prior to patient discharge</p>	<p>Monthly</p> <p>Disaggregate by race-ethnicity, insurance type and risk</p>	Abstracted from medical chart
O2	Patient PP education	<p>Numerator: # of qualifying women with documented completion of postpartum education topics: early PP visits/encounter, warning signs, and family planning.</p> <p>Denominator: # qualifying women</p>	<p>Monthly</p> <p>Disaggregate by race-ethnicity, insurance type and risk</p>	Abstracted from medical chart

Secondary outcome	The Agency for Health Care Administration (AHCA) could report rates on emergency room utilization, hospital readmissions and postpartum visit attendance as the data becomes available. The data has a delay of 6-9 months.		Periodically by AHCA	Medicaid Claims data
#	Process Measures	Description	Reported	Source
P1	Schedule/arrange risk-appropriate PP care including obstetrical, specialty, and other community services prior to discharge	<p>Numerator: # of women for whom risk-appropriate PP care* including obstetrical, specialty, and other community services prior to discharge have been scheduled/arranged</p> <p>Denominator: # qualifying women</p> <p>*Risk-appropriate PP care as defined by FPQC algorithm</p> <p>NOTE: Appointments needs to be scheduled prior to patient discharge.</p>	Quarterly	Abstracted from medical chart
P2	Universal Health Risk screening for PP	<p>The universal health risk screening assesses the need of the mother for additional services during the PP period. It should be conducted early in the delivery admission. It is included in the PACC toolkit.</p> <p>Numerator: # of women with a documented universal health risk screening for PP</p> <p>Denominator: # qualifying women</p>	Monthly	Abstracted from medical chart
P3	Conduct a maternal safety check prior to discharge	<p>A maternal safety check should be done right before discharge to make sure the mother is stable and medically ready to leave the hospital. The maternal safety check tool is included in the PACC toolkit.</p> <p>Numerator: # of women with a documented maternal safety check prior to discharge</p> <p>Denominator: # qualifying women</p>	Monthly	Abstracted from medical chart
P4	Educate patients on the benefits of early risk-appropriate PP visits/encounters	<p>Numerator: # of women with documented education on the benefits of early risk-appropriate PP visits/encounters</p> <p>Denominator: # qualifying women</p>	Monthly	Abstracted from medical chart
P5	Educate all patient on PP Warning Signs and provide written materials	<p>Numerator: # of women with documented education on PP Warning Signs and provided written materials</p>	Monthly	Abstracted from medical chart

		Denominator: # qualifying women		
P6	Educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice	Numerator: # of women with documented education on the benefits of and options for pregnancy spacing, family planning and contraceptive choice Denominator: # qualifying women	Monthly	Abstracted from medical chart
P7	Educate inpatient and outpatient providers and staff using initiative promotional and education materials	<p>Training bundle includes all of the following: 1) benefits of early risk-appropriate PP care/maternal safety checks 2) Process, guideline or protocol for facilitating scheduling early postpartum visit prior to discharge 3) documentation and billing for early postpartum visit 4) components of maternal health safety check</p> <p>Nurses: Numerator: # of nurses who received education on EACH topic of the PACC education bundle to date Denominator: Total # of L&D nurses</p> <p>Providers: Numerator: # of advance practice nurses (ARNPs, PAs), midwives and physicians who received education on EACH topic of the PACC education bundle to date Denominator: Total # of L&D providers</p> <p>Report: 0%; 1-25%; 26-50%; 51-75%; 76-100%</p>	Quarterly	

Hospitals need to implement and/or reinforce key processes, guidelines, policies and resources to support PACC. Hospitals will report structural measures until they have them fully implemented.

Structural measures are reported as: not started, planning, in-place (once the measure is adopted) and fully implemented (once it is part of the hospital process or/and provided as standard of care)

#	Structural Measure	Description	Frequency
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S1	<p>A. Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge</p> <p>B. Align policies, guidelines and procedures to support risk-appropriate PP visits/encounters prior to discharge</p>	<p>Numerator: # of hospitals that have develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and aligned policies and procedures accordingly</p> <p>Denominator: # of participating hospitals</p>	Quarterly
S2	Implement universal health risk screening for PP care	<p>Numerator: # of hospitals that have implemented a universal health risk screening for PP care</p> <p>Denominator: # of participating hospitals</p>	Quarterly
S3	Establish a system to ensure that all patients receive recommended and documented PP education and discharge information	<p>Numerator: # of hospitals that have establish a system to ensure that all patients receive recommended and documented PP education and discharge information</p> <p>Denominator: # of participating hospitals</p>	Quarterly
S4	Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials	<p>Numerator: # of hospitals that have developed a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials</p> <p>Denominator: # of participating hospitals</p>	Quarterly
S5	Implement periodic education and engagement of new hires	<p>Numerator: # of hospitals that have a plan in place to continue to engage and educate new hires</p> <p>Denominator: # of participating hospitals</p>	Quarterly
S6	Implement periodic education and engagement for ER physicians & staff about pregnancy/PP care including PP screening & care practices	<p>Numerator: # of hospitals that have developed a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices</p> <p>Denominator: # of participating hospitals</p>	Quarterly