Dr. Wanda Barfield, Director CDC’s Division of Reproductive Health

CDC’s Hear Her campaign public service announcement (PSA) is a 30-second video that aims to raise awareness of potentially life-threatening warning signs during and after pregnancy and improve communication between patients and their healthcare providers.

https://www.youtube.com/watch?v=JeHyF4Xt6Ok
FPQC’s Vision & Values

“All of Florida’s mothers, infants & families will have the best health outcomes possible through receiving respectful, equitable, high quality, evidence-based perinatal care.”

- Voluntary
- Data-Driven
- Population-Based

- Evidence-Based
- Equity-Centered
- Value-Added
FPQC Partners & Funders
Selecting Maternal Health Initiatives

1. Form Maternal Health Committee
2. Data
3. Other PQC's
4. Guidelines
5. Stakeholders
6. Poll FPQC Hospitals
7. Maternal Health Committee Decides

PACC
SDOH
1/3—1/2 of Florida’s pregnancy-related deaths occur after the mother goes home.

3/4 of Florida’s drug-related deaths occur after the mother goes home.

50% of postpartum strokes occur within 10 days.

20% of postpartum mothers experience a mental health disorder.
Prior Hospital Postpartum Discharge Efforts

Prior Postpartum Efforts, PACC

Type of PP Activities, PACC

Yes: 42
No: 35

23

PP Education
PP Calls
Scheduling
Other
High Risk
PACC Advisory Committee Members—Thank You!

- Julie DeCesare, West Florida Hospital
- Kimberly Fryer, USF Morsani College of Medicine
- Margie Boyer, FPQC
- Amanda Snyder, Winnie Palmer
- Amanda Shabaka-Haynes, FSU College of Medicine
- Angela Daniel, Certified Doula
- Angela Thompson Williams, FDOH
- Ankita Patel, Reach Up
- Anna Varlamov, Gainesville, UCF COM
- Averjill Rookwood, The Corporate Doula
- Beth Dowd, Cape Coral Hospital
- Bridget Drafahl, Sarasota Memorial Hospital
- Carol Brady, Carol Brady & Associates
- Carol Lawrence, FGCU
- Chris Cogle, Florida Medicaid, AHCA/Medicaid
- Christopher Watson, St. Vincent’s Riverside
- Clarissa Ortiz, FL Assoc. of Community Health Centers
- Cynthia Tinder, Winnie Palmer Hospital
- Daniela Crousillat, USF Health Cardiology
- Danielle Carter, FL Assoc. of Family Practitioners
- Danita Burch, Ascension St. Vincent’s Riverside
- David McLean, UF Health Gainesville
- Eleni Tsagas, Preeclampsia Foundation
- Helen Kuroki, Women’s Care of Florida
- Helena Girouard, Florida Department of Health
- Judette Louis, USF Health
- Kelli Bottcher, AHCA
- Kim Streit, Florida Hospital Association
- Kirsten Ellingsen, Parent and Child Psychological Services
- Leah Williams-Jones, South Miami Hospital
- Lindsay Greenfield, Tampa General Hospital
- Lori Reeves, FDOH
- Lynn Berger, Medicaid
- Mallory Leblanc, University of Florida
- Mandi Gross, MoMMA’s Voices
- Mark Bloom, Molina Healthcare of Florida
- Megan Deichen Hansen, FSU College of Medicine
- Melissa Rodriguez, AdventHealth Celebration
- Micah Garcia, USF College of Public Health
- Miguel Venereo, Community Care Plan
- Monica King, FL Assoc. of Healthy Start Coalitions
- Nadine Walker, Advent Health
- Nancy Travis, Lee Health
- Paloma Prata, FL Assoc. of Healthy Start Coalitions
- Randy Katz, FL College of Emergency Physicians
- Robert Yelverton, FL Maternal Mortality Review Committee
- Sandra Schwemmer, AmeriHealth Caritas
- Sara Stubben, USF College of Public Health
- Shavnay Mcc lain, AdventHealth Orlando
- Stanley Lynch, UnitedHealthcare Community & State Florida
- Taisha Ortiz, Reach Up
- Tara Cockman, FDOH
- Tommy Rodgers, Humana Healthy Horizons, Humana
- T.R. Richardson, Fatherhood PRIDE Program
- Traci Thompson, Humana
- Vanessa Hux, USF Health
- Vera Beloshitzkaya, FL Department of Health
- Washington Hill, CenterPlace Health, FL MMRC
77 Florida Hospitals:
- 72% of birthing hospitals
- 82% of births
Maternal Levels of Care Verification

Delivering Confidence Across All Levels of Maternal Care in Florida

A program to help reduce maternal morbidity and mortality outcomes by ensuring women receive risk-appropriate care.
Questions?

wsappenf@usf.edu
fpqc@usf.edu
www.fpqc.org

Florida Perinatal Quality Collaborative
Florida Perinatal Quality Collaborative
@TheFPQC

“To improve the health and health care of all Florida mothers & babies”
Hear Sanari's Story

In this video from CDC’s Hear Her campaign, Sanari shares how she started to experience pain two days after delivery and was initially told it was caused by gas. But when her symptoms continued to worsen, she knew something was wrong. An abscess was eventually found on her uterus, which could have been fatal. “I’m glad I didn’t stop at ...

https://www.youtube.com/watch?v=zaFNmssfvOk
PACC Overview & Purpose:
Kimberly Fryer, MD, FACOG, MSCR
PACC Clinical Co-Lead
Objectives

• Discuss Florida’s postpartum discharge pregnancy-related mortality including leading causes of postpartum death, timing and place

• Describe quality improvement drivers to help prevent postpartum discharge related deaths

• Discuss respectful care and the family perspective

• Review the PACC QI Drivers and Toolkit to assist
Nothing Protects Black Women From Dying in Pregnancy and Childbirth

BY ARILAH JOHNSON
The Washington Post

As part of a major push by the Biden administration to address the nation's maternal health crisis, senior officials have traveled the country for the past year, talking to midwives, doulas and people who have given birth about their experiences. They've held summits at the White House.

The result: an almost 70-page plan aimed at taking the United...
Maternal Mortality (Uses death certificate only)
Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Pregnancy-Associated Mortality (Uses enhanced surveillance)
Death of a woman, from any cause, while she is pregnant or within one year of pregnancy.

Pregnancy-Related Mortality (Based on Maternal Mortality Review)
Pregnancy-associated death that resulted from:
1) Complications of the pregnancy;
2) The chain of events initiated by pregnancy; or
3) Aggravation of an unrelated condition by pregnancy effects resulting in death.
Pregnancy-Related Mortality Rates
Florida, 2010 to 2019

Source: FL Maternal Mortality Review data
Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019

Source: FL Maternal Mortality Review data
Underlying Cause of Death for Less Than the First 60 Days Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019

Source: FL Maternal Mortality Review data
Underlying Cause of Death **for 60+ Days** Postpartum Discharge Pregnancy-Related Deaths

By Time Period, Florida, 2015 to 2019

**Cause of Death**
- Cardiomyopathy: 9
- Thromboembolism: 1
- Infection: 1
- CVA: 1
- Depression: 1
- Other: 1

Source: FL Maternal Mortality Review data
Postpartum Discharge Pregnancy-Related Deaths with a Stand-Alone Postpartum ER Visit, Florida, 2015 to 2019

Source: FL Maternal Mortality Review data
Postpartum Discharge Pregnancy-Related Mortality Rates, Women at Risk, Florida, 2015 to 2019

 Deaths Per 100,000

Source: FL Maternal Mortality Review data

- **Coverage**
  - Private Ins.
  - Medicaid

- **BMI**
  - Normal
  - Overweight
  - Obese II
  - Obese III

- **Age**
  - 25-29 Yrs.
  - 35+ Yrs.

- **Race/Ethnicity**
  - Hispanic
  - NH White
  - NH Black

<table>
<thead>
<tr>
<th>Category</th>
<th>Deaths Per 100,000</th>
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<tr>
<td>All</td>
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<tr>
<td>Coverage</td>
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<td>Private Ins.</td>
<td>3.5</td>
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<td>Medicaid</td>
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<td>BMI</td>
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<td>Normal</td>
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<td>Overweight</td>
<td>5.3</td>
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<td>Obese II</td>
<td>10.1</td>
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<td>Obese III</td>
<td>30.3</td>
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<td>Age</td>
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<td>25-29 Yrs.</td>
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<td>35+ Yrs.</td>
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<td>Race/Ethnicity</td>
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<td>Hispanic</td>
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<td>NH White</td>
<td>5.7</td>
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<td>NH Black</td>
<td>13.9</td>
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</tbody>
</table>

Source: FL Maternal Mortality Review data
Postpartum Discharge Pregnancy-Related Deaths By Cause and Preventability, Florida, 2015 to 2019

Number of Postpartum Discharge Deaths

Preventability
- Substantial
- Moderate
- Not

- Cardiomyopathy
- Cardiovascular
- Infection
- Thrombotic Embolism
- Cerebrovascular Accident
- Hypertensive Disorder
- Depression
- Anesthesia
- Hemorrhage
- Other
- Unknown

0 2 4 6 8 10 12 14 16
Improvement recommendations in the following areas:

- Chronic disease management before & after pregnancy: 33 recommendations
- Postpartum visit: 16 recommendations
- Provider education: 11 recommendations
- Sepsis: protocol and provider education: 5 recommendations

Source: FL Maternal Mortality Review data
Pregnancy-Associated Mortality Ratios by Cause of Death
Florida, 2010-2020

Source: FL Maternal Mortality Review data

Drug-Related Deaths:
- Leading cause; More than all pregnancy complications
- More than 75% die after discharge for delivery
- More likely to have had a prior standalone ER visit than other conditions
Why Early Postpartum Care?

- **50% of postpartum strokes occur within 10 days** of discharge (Too G, et al, 2018)

- **20% of women discontinue breastfeeding** before the first 6-weeks (Stuebe, et al, 2014)

- **Up to 40% of women do not attend the 6-week postpartum visit** (ACOG CO #736 2018)

- As many as **1 in 5 women experience a postpartum mental health disorder**
Women desire improved postpartum care

• Qualitative studies point to women’s lack of satisfaction with postpartum care compared to maternal care

• With women noting a steep drop off in care in the early postpartum period

• Women reported wanting additional, early postpartum care

To **optimize** the health of women and infants, postpartum care should **become an ongoing process**, rather than a single encounter.

**All women** should ideally have contact with a maternal care provider within the first 3 weeks postpartum (2 week post birth health check):

- Blood pressure checks
- Breastfeeding support
- Mental health well-being
- Contraception

Initial assessment should be followed up with **ongoing care as needed**.

Conclude with a **comprehensive** postpartum visit approximately 6 weeks postpartum, **NO LATER than 12 after birth**.
An early postpartum visit (within 2 weeks of delivery) provides women with an essential maternal safety check including blood pressure evaluation, wound/perineum evaluation, breastfeeding support, mental health well-being, and family planning, among other essential health services.

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<th>Week</th>
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<td><strong>Universal early postpartum visit within 2 weeks</strong></td>
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<td>-BP check within 7-10 days</td>
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<td>-OB F/U with 2 weeks</td>
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<td>-Breastfeeding</td>
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<td><strong>Traditional 6-week postpartum visit</strong></td>
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<td>Full physical, social, emotional assessment, including:</td>
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<td>-Mood and emotional well-being</td>
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<td><strong>Transition to well-woman care</strong></td>
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<td>-Identify ongoing primary care provider</td>
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<td>-Recommendations for F/U for well-woman care and/or any ongoing medical issues</td>
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<td>-Appropriate referrals to other members of health care team</td>
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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.

Respectful care is a universal component of every driver & activity

AIM

By 6/2024, FPQC participating hospitals will:
• Increase the % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
• Increase patient PP education by 20%*

Primary Key Drivers

- Process for Maternal Discharge Risk Screening & Arranging Early Postpartum Visits
- Comprehensive Postpartum Patient Discharge Education
- Clinician Postpartum Engagement and Education
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.

Primary Key Driver
Process for Maternal Discharge Risk Screening & Arranging Early Postpartum Visits

Secondary Drivers
Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly
Conduct a PP Discharge Assessment prior to discharge
Implement universal Maternal Discharge Risk Screening for PP care & schedule/arrange risk-appropriate PP care including obstetrical, specialty, & community services before discharge

Respectful care is a universal component of every driver & activity
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.

Primary Key Driver

Comprehensive Postpartum Patient Discharge Education

Secondary Drivers

Verbally educate patients on the benefits of early risk-appropriate PP visits/encounters (Post-Birth Health Checks)

Verbally educate all patient on PP Warning Signs and provide written materials

Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice and provide written materials

Establish a system to ensure that all patients receive recommended and documented PP education and discharge information

Respectful care is a universal component of every driver & activity
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.

**Primary Key Driver**
- Clinician Postpartum Engagement and Education

**Secondary Drivers**
- Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
- Plan in place to continue to engage and educate new hires
- Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices

Respectful care is a universal component of every driver & activity.
PACC Initiative Timeline

**OCTOBER 2022**
- Recruit leadership team
- Application deadline
- **Kick Off Meeting, October 27**
- Complete Pre-Implementation Survey

**FALL 2023**
- Mid-Initiative Meeting

**JUNE 2024**
- Initiative completion

**JANUARY 2023**
- Individual hospital Kick Offs
- Start of:
  - Webinars/coaching calls
  - Local team/department meetings
  - On-site technical assistance
  - Data collection

**MAY 2024**
- Initiative hospital post-implementation survey
Only with all of us working together can we make an achievable change in the postpartum health of Florida’s mothers...
Questions?
wsappenef@usf.edu
fpqc@usf.edu
www.fpqc.org

Florida Perinatal Quality Collaborative
Florida Perinatal Quality Collaborative
@TheFPQC

“To improve the health and health care of all Florida mothers & babies”
Engaging the Family
Perspective:
Mandi Gross
PACC Initiative Drivers
Respectful Care
Nicole Pelligrino, MPH, MCHES, Certified Doula
Senior Quality Improvement Analyst
FPQC Vision, updated 2021:

All of Florida’s mothers, infants & families will have the best health outcomes possible through receiving respectful, equitable, high quality, evidence-based perinatal care.

*****

“Respectful Maternity Care (RMC) is an approach to care that emphasizes the fundamental rights of women, newborns, and families, promoting equitable access to evidence-based care while recognizing unique needs and preferences.” (Shakibazadeh et al., 2018)
Respectful Maternity Care (RMC) Universal for FPQC Initiatives

**Postpartum Access & Continuity of Care (PACC)**

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

**By 6/2024, FPQC participating hospitals will:**
- Increase % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
- Increase patient PP education* by 20%*

**Respectful care is a universal component of every driver and activity**

### AIM

**Primary Key Drivers**

- Process for Maternal Discharge Risk Assessment & Arranging Early PP Visits
- Comprehensive PP Patient Discharge Education
- Clinician PP Engagement and Education

### Secondary Key Drivers

- Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly
- Conduct a PP Discharge Assessment prior to discharge
- Implement universal Maternal Discharge Risk Assessment & schedule/arrange risk-appropriate PP care including obstetrical, specialty & community services before discharge
- Verbally educate patients on the benefits of early risk-appropriate PP visits/encounters (Post-Birth Health Check) and provide written materials
- Verbally educate all patient on PP Warning Signs and provide written materials
- Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice and provide written materials
- Establish a system to ensure that all patients receive recommended and documented PP education and discharge information
- Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
- Plan in place to continue to engage and educate new hires
- Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices.

*Includes benefits of early PP visits, warning signs, and family planning

*Baseline will be established with the first quarter of hospital data
RMC founded on the premise that women should not be mistreated in childbirth.

Foundations of Respectful Maternity Care (RMC)

- **1970s**: International recognition of the need for respectful care by women giving birth, clinicians (particularly midwives), & doulas.
- **1990s**: Network for the Humanization of the Childbirth was founded after the Childbirth & Birth Humanization Conference in Ceará, Brazil.
- **2000**: White Ribbon Alliance publishes “Respectful Maternity Care: The Universal Rights of Childbearing Women.”
- **2010**: USAID Report publishes “Exploring Evidence for Disrespect and Abuse [D&A] in Facility-Based Childbirth” calling for evidence-based interventions to address RMC.
- **2011**: Increased cohesion, particularly in Latin America, around addressing obstetric violence.
Clinical organizations continue to complement and expanded upon efforts related to RMC.

- **ACOG Committee Opinion 587: Effective Patient–Physician Communication (2014, Reaffirmed 2021)** provides recommendations including:

**RESPECT Model**
- Rapport
- Empathy
- Support
- Partnership
- Explanation
- Cultural Competence
- Trust

*(UCSF, 2002)*

**Five Step Patient-Centered Interviewing**

Step 1. Set the stage for the interview (30–60 s)
Step 2. Elicit chief concern and set an agenda (1–2 min)
Step 3. Begin the interview with non-focusing skills that help the patient to express herself (30–60 s)
Step 4. Use focusing skills to learn 3 things: Symptom Story, Personal Context, and Emotional Context (3–10 min)
Step 5. Transition to middle of the interview (clinician-centered phase) (30–60 s)

*(Fortin et al., 2012)*
RMC Across Clinical Organizations

  • Focuses on quality/safety and highlights Response (e.g. establish discharge navigation systems), Reporting (e.g. disparities dashboards), Readiness (e.g. best practices for shared decision making), and Recognition (e.g. access to health information in a simplified format).

• AWHONN Respectful Maternity Care Implementation Toolkit (2022):
  • Comes with tools and resources you can use to implement within your organization. Free for members and available to non-members for a small fee. Guiding principles:
    • Awareness
    • Mutual Respect
    • Shared Decision Making and Informed Consent
    • Autonomy
    • Dignity
    • Accountability
RMC Across Clinical Organizations

• International Confederation of Midwives
  • Respect Workshops: A Toolkit (FREE to all!) (2020)

Toolkit intended for midwives, doctors, educators, researchers, nurses, health care workers, doulas, managers, policy-makers, advocates, and leaders to facilitate workshops promoting respectful maternity care. Comes with handouts, activities, and PPTs.

• Discusses Background to RESPECT
• Building RESPECT
• RESPECT Resources
**RMC in Action: Let’s Practice!**

- **AWHONN Respectful Maternity Care Implementation Toolkit (2022):**
  - Mutual Respect

According to the toolkit, “Providing respectful care and holding mutual respect for all members of the patient, family, and health care team should become a cultural norm.”

Here are a few strategies for effective patient-centered communication promoting mutual respect:

- Giving mothers your full attention
- Actively listening to patients by matching nonverbal communication, such as eye contact, with verbal communication
- Taking the time to make small talk to get to know the patient and family
- Approaching each circumstance with positivity, information, and hopefulness

**Scenario:** You are meeting your postpartum patient for the first time. Turn to the person next to you and each take one minute to practice some of the listed communication strategies.
WE PROMISE TO PROVIDE RESPECTFUL POSTPARTUM (PP) PATIENT CARE TO ALL. Therefore, we will:

1. Actively listen to each patient, ensuring their voice and message is heard regarding their safe PP transition to home and needed after care.
2. Treat all patients in a respectful way that honors the patients’ beliefs and practices that may be different than our own.
3. Actively engage all patients in all PP plans and decision making.
4. Encourage our patients to ask questions and raise concerns about their PP care & conditions.
5. Provide high-quality, evidence-based PP education with a focus on PP warning signs, the need for an early post birth safety check, and to seek attention early.
6. Complete all PP care appointments and referrals prior to discharge.
7. Welcome the patient’s chosen support persons to be present during PP discharge education and discussions.
8. Ensure respectful care to all patients in PP policies & practices.
Driver 1: Health Risk Assessment Tools
Kimberly Fryer, MD, FACOG, MSCR
PACC Clinical Co-Lead
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.

Primary Key Driver

Process for Maternal Discharge Risk Assessment & Arranging Early Postpartum Visits

Secondary Drivers

Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly

Conduct a PP Discharge Assessment prior to discharge

Implement universal Maternal Discharge Risk Assessment for PP care & schedule/arrange risk-appropriate PP care including obstetrical, specialty, & community services before discharge

Respectful care is a universal component of every driver & activity
Discharge Flow Chart

1. Validate the Maternal Discharge Risk Assessment

2. Discharge orders placed

3. Counsel patient on the benefits of a 2-week Post-Birth Health Check and give out educational materials

4. Schedule the 2-week Post-Birth Health Check (or earlier, if needed), complete referrals, and add to the discharge paperwork. If needed, link with community resources

5. Perform the PP Discharge Assessment just prior to discharge

6. Document counseling, education, and PP care plan in chart
Maternal Discharge Risk Assessment

1. Has the patient been diagnosed with chronic hypertension, gestational hypertension, pre-eclampsia, eclampsia, maternal heart disease, or related conditions?
   - Schedule blood pressure check in 2-3 days & appointment with OB or PCP in 1-2 weeks.
   - If yes to maternal heart disease, schedule appointment with cardiology in 1-2 weeks.

2. Does the patient have a history of venous thromboembolism (DVT or pulmonary embolism) this pregnancy or on anticoagulation prior to delivery?
   - If yes, then ensure patient has 6 weeks of medication for anticoagulation in hand prior to discharge.

3. Did the patient have a c-section or 3rd or 4th degree vaginal laceration?
   - If yes, schedule for 1–2-week incision check with OB.

4. Does the patient have substance use disorder or screened positive with an evidence-based verbal screening tool?
   - If yes, perform SBIRT, refer for MAT/MOUD, provide Naloxone kit/Rx, and OB follow up in 1-2 weeks.
Maternal Discharge Risk Assessment

QUESTIONS TO ASK THE PATIENT:

Ask: Do you feel unsafe at home? Is there a partner from a relationship who is making you feel unsafe now?

- If yes, then refer to case manager or social worker for assessment prior to discharge.

Ask: Over the last two weeks have you felt down, depressed, hopeless, have little interest in doing things, or have a history of mood or anxiety disorder?

- If yes, then screen with Edinburgh Postnatal Depression Scale (recommended), contact OB provider, and schedule follow up for mood check in 1-2 weeks. Consider psych consult prior to discharge or discharge as appropriate.

Ask: Can I connect you to additional community resources?

- If yes, consult social worker, refer to Healthy Start, Medicaid Case Manager, or hospital financial counselor.
<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the most recently blood pressure ≥160/100?</td>
<td>• If yes, alert the provider and hold discharge</td>
</tr>
<tr>
<td>Is the most recent pulse ≥120?</td>
<td>• If yes, alert the provider and hold discharge</td>
</tr>
<tr>
<td>Is temperature ≥100.4°F/38°C?</td>
<td>• If yes, alert the provider and hold discharge</td>
</tr>
<tr>
<td>Is the respiratory rate ≥30?</td>
<td>• If yes, alert the provider and hold discharge</td>
</tr>
</tbody>
</table>
Driver 2: Patient Education

Tools Available

Margie Boyer, MS, RNC-OB, EFM, ONQS
PACC Lead Nurse
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.

Primary Key Driver

- Comprehensive Postpartum Patient Discharge Education

Secondary Drivers

- Verbally educate patients on the benefits of early risk-appropriate PP visits/encounters (Post-Birth Health Checks)
- Verbally educate all patient on PP Warning Signs and provide written materials
- Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice and provide written materials
- Establish a system to ensure that all patients receive recommended and documented PP education and discharge information

Respectful care is a universal component of every driver & activity
Post-Birth Health Check

Post-Birth Health Check

It is important to continue seeing your obstetric (OB) provider after giving birth

You should plan on at least two appointments after giving birth:
The 2-week Post-Birth Health Check and your 6-week follow-up visit

WHY TWO WEEKS AFTER GIVING BIRTH?
- Many early warning signs or symptoms are easy to miss, that is why scheduling your 2-week Post-Birth Health Check is important.
- The 2-week Post-Birth Health Check lets your OB provider see how you are doing and address any issues before they become serious.

WHAT HAPPENS AT MY 2-WEEK POST-BIRTH HEALTH CHECK?
Your OB provider or clinical team member will:
- Check your blood pressure
- Check your bottom/stitches
- Make sure your post-birth bleeding is normal
- Discuss your mood and provide support
- Check your breasts for any concerns
- Discuss future pregnancies
- Link you to any extra health services or follow-up

WHEN SHOULD I SCHEDULE MY FIRST VISIT?
- Your first Post-Birth Health Check should be within two weeks after giving birth. Schedule this visit even if you had a birth without problems.
- Tell your nurse if your check is already scheduled.
- Be sure to have an appointment before you leave the hospital. If you go home on a weekend, call your provider’s office on Monday to schedule a visit.
- Tip: Set a reminder on your phone of your upcoming appointment.

Write the following on your Post-Birth Wallet Card:
I gave birth on: ______________________
My OB provider’s name: ______________________
My OB provider’s phone: ______________________
Date of 2-week Post-Birth Health Check: ______________________
My Post-Birth Wallet Card

My Name:

I gave birth on (date):

I gave birth at the following hospital:

My Post-Birth Health Check date:

My OB provider:

My OB's phone number:

Reverse Side

My Post-Birth Health Information

I had the following complications:

My Post-Birth Medications:

My Post-Birth Follow-Up Plan:

See Reverse for Additional Info

Take a picture with your phone and keep with you in case of emergency!
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Source: CDC Hear Her Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache that won’t go away or gets worse</td>
<td></td>
</tr>
<tr>
<td>Dizziness or fainting</td>
<td></td>
</tr>
<tr>
<td>Fever of 100.4 or higher</td>
<td></td>
</tr>
<tr>
<td>Change in your vision</td>
<td></td>
</tr>
<tr>
<td>Thoughts of harming yourself</td>
<td></td>
</tr>
<tr>
<td>Trouble breathing</td>
<td></td>
</tr>
<tr>
<td>Chest pain or fast-beating heart</td>
<td></td>
</tr>
<tr>
<td>Severe swelling, redness or pain of your leg or arm</td>
<td></td>
</tr>
<tr>
<td>Vaginal bleeding or discharge after pregnancy</td>
<td></td>
</tr>
<tr>
<td>Overwhelming tiredness</td>
<td></td>
</tr>
</tbody>
</table>

Multiple ER and health care contacts for same reason!
You are STILL AT RISK after your baby is born!

Postpartum Preeclampsia

What is it?
Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to anyone who has just had a baby up to 6 weeks after the baby is born.

Risks to You
- Seizures
- Stroke
- Organ damage
- Death

Warning Signs
- Stomach pain
- Feeling nauseous or throwing up
- Seeing spots (or other vision changes)
- Swelling in your hands and face
- Severe headaches
- Shortness of breath

What can you do?
- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.
- Trust your instincts.

Watch for warning signs. If you notice any, call your doctor. If you can’t reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.

For more information, go to www.stillatrisk.org

Post-Birth Warning Signs
Voice of a Patient: Sarah’s Story

https://youtu.be/SQW41jhNY1w
Patient Education on Pregnancy Spacing Benefits

We recommend women wait at least 18 months before becoming pregnant again.

Do you know if and when you would like to have another baby?

I’m ready.
You want another baby soon. Being “ready” for pregnancy means that you are healthy now and plan to remain healthy throughout your pregnancy. Your doctor or healthcare provider may suggest that you wait 18 months before having another baby so you are as healthy as possible.

Not Sure?
You could get pregnant again soon after delivery, but you may not know if that’s what you want right now. Tell your doctor or healthcare provider this so they can help you learn about your options, including using birth control or preparing for pregnancy.

Now is not good.
You may know that you are not ready to have another child right away. There are many different ways to prevent pregnancy (see back). Talk to your doctor or healthcare provider about which option is right for you.

Deciding What Birth Control is Right for You

You have many options to choose from!

- Intrauterine devices (IUD) - hormonal and non-hormonal
- Hormonal implant

Other options are available:
- The shot, patch, ring, pill
- Male and female condoms (*prevent sexually transmitted diseases)
- Diaphragms
- Tubal ligation and vasectomy
- Natural family planning methods

If you think birth control is right for you, talk to your doctor or healthcare provider. The most effective and safe option for women who do not want any more children right now is long-acting reversible contraception (LARC). It prevents pregnancy for years and can be removed when you like. You can become pregnant soon after it’s removed.

*Cost of birth control may depend on when and where you get it, and what kind of insurance you have.

Adapted from Centers for Disease Control and Prevention: https://www.cdc.gov/preconoption/gpoei.html 10/13/2012
Driver 3: OP PP Provider Engagement & ED Components

Margie Boyer, MS, RNC-OB, EFM, ONQS
PACC Lead Nurse

William Sappenfield, MD, MPH, CPH
FPQC Director
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.

Primary Key Driver

Clinician Postpartum Engagement and Education

Secondary Drivers

- Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
- Plan in place to continue to engage and educate new hires
- Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices

Respectful care is a universal component of every driver & activity
The American College of Obstetricians and Gynecologists

District XII Florida

October 20, 2022

All Postpartum Providers:

We are pleased to announce that your maternity hospital is participating in the Florida Perinatal Quality Collaborative’s Postpartum Access and Continuity of Care (PACC) Initiative. Given rising maternal morbidity and mortality rates nationally and in Florida, and with a large percentage of these events occurring in the postpartum period, there is strong interest in improving how we care for postpartum women during this critical time period. The PACC initiative supports maternity hospitals to implement recommended standards of practice for postpartum care by offering and scheduling universal early postpartum visits for a post-birth health/safety check (within 2 weeks postpartum) to improve maternal health outcomes.

Why schedule all women for an early postpartum visit within 2 weeks?

- ACOG (Contraception Opinion 479) recommends postpartum care include an additional visit before the traditional six-week PP visit to be scheduled within two weeks to improve our opportunity to better manage early postpartum complications such as elevated blood pressure, wound complications, infection, breastfeeding, or mental/behavioral health concerns. It is easier to schedule this visit prior to hospital discharge and patients are more likely to attend when they have an already scheduled visit to return within two weeks for an early postpartum health check.
- The obstetric provider and postpartum care team should facilitate all patients returning for a post-birth health check within two weeks of delivery. The early postpartum visit post birth health check should include: blood pressure check and other vital signs, wound or perineal check, mood check, depression screening, any postpartum bleeding concerns, discussion of infant feeding, and support needed, check in on any medical complications hypotension and any needed follow up plans for specialty care, review of any social supports or community resources needed (i.e. WIC, home visiting programs, lactation support groups), discussion of benefits of pregnancy spacing with review of options for family planning, and encourage inter-pregnancy intervals of ≥18 months.
- Emerging best practices are recommending early postpartum visits and referrals be scheduled prior to hospital discharge.

What do I need to know?

- FPQC has developed guidance to facilitate billing and reimbursement for an early postpartum visit within two weeks of delivery for all postpartum patients in addition to the traditional six-week postpartum visit.

Customizable

Explains scope of the PACC initiative

Why 2-week PP visits are potentially life-saving

What materials to share with links to the site and documents

Partnerships

Contact information
Postpartum Mortality Brief (For Providers)

Florida’s pregnancy-related mortality rate is again slowly increasing after a multi-year decrease (see Figure 1). Pregnancy-related deaths are deaths of women during pregnancy and up to a year afterward due to pregnancy complications or conditions initiated or exacerbated by pregnancy. Recently, 35% to 56% of all Florida pregnancy-related deaths have occurred to mothers after giving birth and being discharged from the hospital: postpartum discharge deaths.

When and How Do These Deaths Happen?
- From 2015-2019, 75% of postpartum discharge deaths happened in less than 60 days after giving birth, and an additional 13% occurred in the next 60 days.
- The most frequent causes of these deaths were:
  - Cardiomyopathy (15 deaths),
  - Other cardiovascular conditions (11),
  - Infections (10), and
  - Thrombotic embolism (10).
- The last three causes accounted for more than half of the deaths in the first 60 days. Cardiomyopathy accounted for more than half of the deaths for the remainder of the year.

Who Is at Risk?
- Postpartum mothers who were Black, obese, older, and covered by Medicaid were at higher risk of dying after discharge (see Figure 2).
- Black mothers (13.9 deaths per 100,000 live births) were more than twice as likely to die as White mothers (5.7) and more than ten times as likely as Hispanic mothers (1.7).
- Mothers who had category III or II obesity were more likely to die than mothers who were normal weight or overweight (30.9, 16.1, 5.4 and 5.3, respectively).
- Mothers at age 35 years and older (11.9) were almost three times as likely to die as mothers who were 25-29 years (4.3). These older mothers are more likely to die due to cardiomyopathy, other cardiovascular issues, and hypertension.
- Mothers covered by Medicaid (6.0) were twice as likely to die as mothers on private insurance (3.5) or self-pay (4.3).
# Post-Birth Health Check: Provider's Offices (For Providers)

## Florida Perinatal Quality Collaborative

**Postpartum Access & Continuity of Care (PACC) Initiative**

| Provider's Offices | Post-Birth Health Check
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blues</strong></td>
<td>Assess mood/coping. Provide depression screening. Review signs/symptoms of mood disorders &amp; how to get help.</td>
</tr>
<tr>
<td><strong>Bonding</strong></td>
<td>Assess bonding with baby/babies along with support person(s). Provide resources as needed, including Healthy Start resources.</td>
</tr>
<tr>
<td><strong>Breast (or Bottle)</strong></td>
<td>Discuss infant feeding. Provide support &amp; additional resources.</td>
</tr>
<tr>
<td><strong>Bleeding</strong></td>
<td>Assess bleeding. Review signs of abnormal bleeding &amp; when to call provider (PP Warning Signs).</td>
</tr>
<tr>
<td><strong>Bottom</strong></td>
<td>Assess perineum tear or episiotomy, Assess for issues with voiding/BMs. Ask if patient is constipated or having normal BMs. Discuss resumption of sexual activity, atrophic vaginitis, &amp; post-coital discomfort.</td>
</tr>
<tr>
<td><strong>Baby Spacing</strong></td>
<td>Discuss family planning &amp; provide education as needed.</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>Assess BP &amp; any signs of preeclampsia.</td>
</tr>
</tbody>
</table>
| **Other Best Practices** | • Review signs/symptoms of infection including ↑ temperature &/or tachycardia.  
• Reinforce PP Warning Signs.  
• Discuss risk reduction in future pregnancies (e.g. aspirin for preeclampsia).  
• Offer community linkages as needed (e.g. WIC, home visiting, lactation support). |

[www.fpqc.org/PACC + fpqc@usf.edu](http://www.fpqc.org/PACC + fpqc@usf.edu)
Post-Birth Health Check: Provider Offices (For Patients)

### Checklist Element

<table>
<thead>
<tr>
<th>Checklist Element</th>
<th>Patient Response</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are your moods? Do you have times of sadness or feeling anxious?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is bonding with baby going for both you and your support persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breasts (or Bottle)</td>
<td>Any concerns about your breasts? How is your baby feeding?</td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel you are bleeding too much?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is your bottom or your stitches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby Spacing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like information on family planning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How has your blood pressure been?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before You Go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had an increase in your temperature or feel like your heart is beating too fast?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any with headaches or vision changes since birth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You had a cesarean birth, how is your incision healing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any services on which you would like information?</td>
<td></td>
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</tr>
</tbody>
</table>

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3. Clinician PP Engagement & Education

**Postpartum Support Help Lines**

**Dial 2-1-1 for Confidential Crisis Intervention & Referrals**

**Dial 9-8-8 for the National Suicide Prevention Lifeline**

**Blues**

- HRSA Maternal Mental Health Hotline: 1-888-949-5746
- Postpartum Support International Help Line: 1-800-944-4773 [https://www.postpartum.net](https://www.postpartum.net) (Free national support for help with postpartum mood and anxiety disorders)
- Florida Family Health Line: 1-800-551-2229
  - (Free service from Florida Department of Health to help finding community resources for postpartum & newborn care. Available in English, Spanish, & Haitian Creole)
- National Domestic Violence Hotline: 1-800-799-7233 [https://www.thehotline.org](https://www.thehotline.org) (Spanish: 1-800-942-0909 Text START to 827828) (Free hotline to help with intimate partner domestic violence issues)
- National Suicide Prevention Lifeline: 1-800-752-4255 or 988 [https://www.suicidepreventionlifeline.org](https://www.suicidepreventionlifeline.org) (Call or text: Free confidential and safe services)
- SAMHSA National Helpline: 1-800-662-4357

**Breast**

- WIC Breastfeeding Support Hotline: 1-800-994-9662 (Free national hotline. Staff trained to help with breastfeeding support & resources)

**Florida Breastfeeding Coalition** [https://www.breastfeeding.org/coalitions](https://www.breastfeeding.org/coalitions) (Local coalition members, websites, and social media can be found at the link)

**Additional Resources**

- LGBT National Hotline: 1-888-484-9664 (not 24/7) [https://www.glthotline.org](https://www.glthotline.org)
- The Trevor Project: 1-866-488-7386 (Youth 13-24) Text START to 877877 (Free hotline for suicide prevention for LGBT+ youth)
- Human Trafficking Hotline: 1-888-373-7888
- National Eating Disorders Help Line: 1-800-932-2272 (not 24/7) [https://www.nationaleatingdisorders.org](https://www.nationaleatingdisorders.org)
- National Sexual Assault Hotline (RAINN): 1-800-656-4673 [https://www.rainn.org](https://www.rainn.org) (Chatline: online.rainn.org/Free, confidential 24/7 help for sexual assault survivors)

**Local Resources**

- FPQC
3. Clinician PP Engagement & Education

Post-Birth Health Check: Billing & Coding Suggestions

Early Postpartum Visit "Post-Birth Health Check" Billing & Coding

OVERALL

New billing and coding strategies are necessary to receive additional reimbursement for the early postpartum visit outside of the global obstetrical reimbursement. Fee-for-service billings for additional postpartum visits should generally not be a reimbursement issue.

MCAID

Florida Medicaid fee-for-service and most Florida Medicaid Health Plans are fee-for-service only, so that billing for an additional postpartum visit(s) should not be an issue. Aetna and Molina are predominantly global reimbursement with some exceptions. Humana does some global obstetrical reimbursement, but does more fee-for-service.

GLOBAL REIMBURSEMENT OPTIONS

To be reimbursed for an additional postpartum visit by a physician or nurse, you must either bill outside of the global obstetrical reimbursement package or attempt to end the global obstetrical package early. Potential strategies to use depend on the Health Plan’s global obstetrical reimbursement package. You will generally need to test these potential billing approaches for each Health Plan.

1. Bill outside the global obstetrical package—An early postpartum visit can be billed without a pregnancy diagnosis using CPT Evaluation and Management (E/M) codes 99211-99215. Appen modifier 24 to the E/M code indicating care is provided outside of the global obstetrical reimbursement package and link the E/M code to an appropriate ICD-10 code for the visit diagnosis (e.g., O14.05 Mild to moderate pre-eclampsia, complicating the puerperium or O86.01 Infection of obstetric surgical wound, superficial incisional site).

2. End the global package early—I have the early postpartum visit (Post-Birth Health Check) serve as the comprehensive postpartum visit using E/M code 99393. Then, schedule the second postpartum visit as a well-women/annual exam using CPT Evaluation and Management (E/M) codes 99393-99397. This will depend on whether the global ends based on this visit type or a specified timeframe after delivery.

For more information, visit the Florida Perinatal Quality Collaborative PACC site at www.fpqc.org/pacc or email fpqc@usf.edu
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.

Primary Key Driver

Clinician Postpartum Engagement and Education

Secondary Drivers

- Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
- Plan in place to continue to engage and educate new hires
- Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices

Respectful care is a universal component of every driver & activity
Postpartum Discharge Pregnancy-Related Deaths with a Stand-Alone Postpartum ER Visit, Florida, 2015 to 2019

Source: FL Maternal Mortality Review data
Postpartum ER Care—Mortality Prevention

**ER care can prevent some postpartum deaths based on Florida Maternal Mortality Review Findings**

1. Ask women ages 15-45 years if they have been pregnant in the past year?
2. If yes, add postpartum complications to your differential
3. Check for early postpartum warning signs and their medical problem list
4. If needed, review postpartum checklist descriptions
5. If unsure, seek OB consultation early
6. If discharged, arrange referral and educate when to return
Postpartum ER Care—Mortality Prevention

Provider Educational Presentation

Preventing Maternal Mortality
Postpartum Care in the ER

Postpartum Discharge Pregnancy-Related Deaths with a Stand-Alone Postpartum ER Visit, Illinois, 2015 to 2019

Source: IL Maternal Mortality Review data
Postpartum Mortality Brief (For Providers)

3. Clinician PP Engagement & Education
Postpartum ER Care—Mortality Prevention

Provider Educational Poster/Flyer
Key Points

- Stabilize and transfer if necessary.
- Consider OB consultation.
- Antihypertensive treatment should be started quickly for persistent acute-onset severe hypertension (SBP >160 mm Hg or DBP >110 mm Hg) that is confirmed as persistent (>15 mins.). Research suggests that treatment should be administered within 30–60 minutes.
- Abnormal blood pressure range—140-159 systolic or >90 diastolic should require oral treatment.
- Eclampsia is usually self-limiting. Magnesium sulfate is started to prevent recurring seizures.

Synopsis

- Hypertensive disorders are a leading cause of maternal mortality and morbidity.
- Includes Gestational Hypertension, Preeclampsia, Eclampsia, and Chronic Hypertension with Preeclampsia.
- Distinguishing feature: proteinuria is a protein/creatinine ratio of 0.3 or more, a 24-hour urine protein of 300 mg/dl or more, or a urinalysis protein value of 1+ or more.
- Preeclampsia with severe features includes one or more: unrelenting headache, visual disturbances, right upper quadrant pain, thrombocytopenia, elevated transaminases, elevated creatinine and pulmonary edema.
Postpartum ER Care—Mortality Prevention

Maternal Wallet Card

Front

My Post-Birth Wallet Card

My Name:

I gave birth on [date]:

I gave birth at the following hospital:

My Post-Birth Health Check date:

My OB provider:

My OB's phone number:

See Reverse for Additional Info

Take a picture with your phone and keep with you in case of emergency!

Back

My Post-Birth Health Information

I had the following complications:

My Post-Birth Medications:

My Post-Birth Follow-Up Plan:
“To improve the health and health care of all Florida mothers & babies”
Early Postpartum Care: The Illinois Experience
Improving postpartum access to care (IPAC): Strategies for success

October 27, 2022
Lunch Time
Postpartum Health Literacy
Empowering clinicians to improve postpartum outcomes through recognizing early warning signs and facilitating post birth health checks
Developed by Cheryl A. Vamos, PhD, MPH, and Eliana Huffman, BA
Health Literacy Month | October

#CelebrateEveryDay

Health Literacy Heroes

Be a Health Literacy Hero!

Together, We Make a Difference
Educate clinicians on **health literacy** and its role in decreasing **postpartum morbidity** and **mortality**.
Course Objectives

• Discuss the significance of the postpartum transition period and current guidance for hospital and care teams

• Define health literacy and its importance in postpartum care and prevention

• Apply key health literacy principles to postpartum patient care, especially as they apply to early postpartum warning signs and post birth health checks
Three Key Takeaway Points

1. Give the most important info first
2. Limit to three key messages
3. Keep it concise
#1: The postpartum period is a time of significant change, but **preventable risk**
Key Takeaway Points

#2: Health literacy impacts postpartum patient outcomes
#3: Perinatal care clinicians can make a meaningful difference in patients’ postpartum health literacy and help reduce deaths by:

- Preparing patients for postpartum transitions
- Promoting patients’ understanding of the importance of identifying early warning signs and post birth health checks
- Facilitating follow-up and continuing care
- Prioritizing health literacy in health care organizations
Discuss the significance of the postpartum transition period and current guidance for hospital and care teams

Define health literacy and its importance in postpartum care and prevention

Apply key health literacy principles to postpartum patient care, especially as they apply to early postpartum warning signs and post birth health checks
• The postpartum period includes many physical and emotional changes

• Can be a difficult transition from pregnancy to parenthood without adequate medical care, support and attention
  • Almost 1 in 4 women take 10 days or less for maternity leave (ACOG, 2012)

• On a national level, more than 80% of pregnancy-related deaths are preventable, and over half occur during the postpartum period

• Perinatal care teams and healthcare systems are crucial agents to improve health literacy for postpartum patients

Source: CDC, 2022
Source: ACOG Committee Opinion No. 736, 2018; US DOL, 2012
We need to...

↑ Improve understanding/awareness of early warning signs

↑ Improve early post birth health check attendance rates

Which will...

Reduce hospital readmissions

Reduce morbidity and mortality

Reduce overall burden on the healthcare system

What Can Florida Do to Reverse Trends?

Address **health literacy**

to assist in prevention efforts!
Course Objectives

- Discuss the significance of the postpartum transition period and current guidance for hospital and care teams

- Define health literacy and its importance in postpartum care and prevention

- Apply key health literacy principles to postpartum patient care, especially as they apply to early postpartum warning signs and post birth health checks
• Fostering health literacy can play a key role in reducing postpartum morbidity and mortality
• Require skills and supports to navigate health-literacy related demands and complexities across all systems
• A key social determinant of health
Everyday Health Literacy for Postpartum Patients

Postpartum women and families are making decisions every day about their health, careers, relationships and environment.
Key Definitions: Health Literacy

**Personal health literacy** is the degree to which **individuals** have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

**Organizational health literacy** is the degree to which **organizations** equitably enable **individuals** to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

- Healthy People 2030
People With Limited Health Literacy...

✓ Use preventative services less  
  (e.g., flu shots, prenatal/postnatal care)
✓ Less likely to follow clinician and prescription orders  
✓ Overuse of ER and hospital stays  
✓ Have reduced capacity to act on public health alerts  
✓ More likely to report health as poor

Both mother and baby are impacted in the postpartum period

Source: HHS, 2021
• Besides the personal toll on patients on their health care teams, low health literacy is also financially costly

• Limited health literacy is said to cost the nation between $106 and $236 billion annually

• Factors: health care utilization, increased need for disease management, admin costs, etc.

Source: Eichler et al., 2009
Everyone Needs Clear Health Information

Nine out of ten people struggle with low health literacy!

Source: National Library of Medicine, 2021
Who is At Most Risk for Low Health Literacy?

**In General**
- Racial and ethnic minorities
- Recent refugees and immigrants
- Patients with < high school degree/GED
- Patients with low-income levels
- Non-native speakers of English
- People with compromised health status

**Postpartum Patients**
- People with transportation issues, no PTO, childcare issues
- Multiple factors can impact a patient’s ability to:
  - Recognize early warning signs
  - Attend post birth health check appointment
## Broader Contexts in Which Patients are Embedded

<table>
<thead>
<tr>
<th>System Level</th>
<th>Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School</strong></td>
<td>Challenges implementing comprehensive (reproductive) health education</td>
</tr>
<tr>
<td><strong>Workplace</strong></td>
<td>Inadequate maternity leave, PTO</td>
</tr>
<tr>
<td></td>
<td>Poor insurance coverage through employer or federal exchange</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>Lack of access or availability to postpartum care/support</td>
</tr>
<tr>
<td><strong>Health Communication</strong></td>
<td>Limited patient-centered communication skills and opportunities</td>
</tr>
<tr>
<td><strong>Health Professionals</strong></td>
<td>Lack of awareness about health literacy</td>
</tr>
<tr>
<td></td>
<td>Daily clinical and healthcare system demands</td>
</tr>
<tr>
<td><strong>Health Care System</strong></td>
<td>Challenges navigating complex health system</td>
</tr>
<tr>
<td></td>
<td>Disconnect between policies</td>
</tr>
</tbody>
</table>
Health Literacy is Not Just Ability to Read

A complex group of **reading, listening, analytical** and **decision-making skills**, and ability to apply skills to **different situations**.

**SKILLS**

- Access health services
- Evaluate info for credibility & quality
- Calculate dosages
- Communicate with providers
- Locate health information
- Analyze relative risks and benefits
- Interpret test results
- Other skills?
Course Objectives

• Discuss the significance of the postpartum transition period and current guidance for hospital and care teams

• Define health literacy and its importance in postpartum care and prevention

• Apply key health literacy principles to postpartum patient care, especially as they apply to early postpartum warning signs and post birth health checks
10 Attributes of a Health Literate Organization

- Leadership promotes: Has leadership that makes health literacy integral to its mission, structure, and operations.
- Integrates health literacy into planning, evaluation, measures, patient safety, and quality improvement.
- Includes consumers: Includes populations served in the design, implementation, and evaluation of health information and services.
- Meets needs of all: Meets needs of populations with a range of health literacy skills while avoiding stigmatization.
- Designs easy to use materials: Designs and distributes print, audiovisual, and social media content that is easy to understand and act on.
- Targets high risk: Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
- Explains coverage and costs: Communicates clearly what health plans cover and what individuals will have to pay for services.
- Ensures easy access: Provides easy access to health information and services and navigation assistance.
- Communicates effectively: Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.

This graphic reflects the views of the authors of the Discussion Paper “Ten Attributes of Health Literate Health Care Organizations” and not necessarily of the authors’ organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

Source: Brach, et al., 2012
#1: Make HL a Part of Health Organizations

This Course is Available to You!

- Being health literate is an organizational value, not a one-time project
- Health literacy must be exemplified at all levels of an organization
- Encouraging employees to learn and understand health literacy concepts is one example of this
#3: Prepare Workforce and Monitor Progress

Participation in FPQC PACC Initiative

### Postpartum Access & Continuity of Care (PACC)

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

**AIM**

**Primary Key Drivers**

- Process for Maternal Discharge Risk Assessment & Arranging Early PP Visits
- Comprehensive PP Patient Discharge Education
- Clinician PP Engagement and Education
- Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly
- Conduct a PP Discharge Assessment prior to discharge
- Implement universal Maternal Discharge Risk Assessment & schedule/arrange risk-appropriate PP care including obstetrical, specialty & community services before discharge
- Verbally educate patients on the benefits of early risk-appropriate PP visits/encounters
- Verbally educate all patient on PP Warning Signs and provide written materials
- Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice and provide written materials
- Establish a system to ensure that all patients receive recommended and documented PP education and discharge information
- Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
- Plan in place to continue to engage and educate new hires
- Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices

**Secondary Key Drivers**

**Respectful care is a universal component of every driver and activity**

*Includes benefits of early PP visits, warning signs, and family planning
*Baseline will be established with the first quarter of hospital data

By 6/2024, FPQC participating hospitals will:

- Increase % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
- Increase patient PP education* by 20%*
#4: Include Populations Served at All Levels

Diverse Patient Boards
Choosing Carefully: Popular Words in Postpartum Care

Instead of... | Use:
--- | ---
• Postnatal | • After birth
• Acute phase | • Six to twelve hours after birth
• Perineum | • Between the vagina and the anus
• Anticoagulants | • Medicines that prevent blood clots
• Lactating | • Producing breast milk
• Interconception | • The time between the end of one pregnancy and the beginning of the next one
Teach Back Method

• A way of checking understanding by asking patients to state in their own words what they need to know or do about their health

• A way to confirm that you have explained things in a manner your patients understand
Post Birth Health Check

• Health literate clinicians and organizations standardized postpartum care and assume all patients have low health literacy
#8: Design Easy to Understand Visual Materials

**Post-Birth Health Check**

It is important to continue seeing your obstetric (OB) provider after giving birth.

You should plan on at least two appointments after giving birth:

The 2-week Post-Birth Health Check and your 6-week follow-up visit

**WHY TWO WEEKS AFTER GIVING BIRTH?**

- Many early warning signs or symptoms are easy to miss, that is why scheduling your 2-week Post-Birth Health Check is important.
- The 2-week Post-Birth Health Check lets your OB provider see how you are doing and address any issues before they become serious.

**WHAT HAPPENS AT MY 2-WEEK POST-BIRTH HEALTH CHECK?**

Your OB provider or clinical team member will:

- Check your blood pressure
- Check your bottom/stitches
- Make sure your post-birth bleeding is normal
- Discuss your mood and provide support
- Check your breasts for any concerns
- Discuss future pregnancies
- Link you to any extra health services or follow-up

**WHEN SHOULD I SCHEDULE MY FIRST VISIT?**

Your first Post-Birth Health Check should be within two weeks after giving birth. Schedule this visit even if you had a birth without problems.

- Tell your nurse if your check is already scheduled.
- Be sure to have an appointment before you leave the hospital. If you go home on a weekend, call your provider’s office on Monday to schedule a visit.
- Tip Set a reminder on your phone of your upcoming appointment.

**My Post-Birth Wallet Card**

<table>
<thead>
<tr>
<th>My Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I gave birth on (date):</td>
</tr>
<tr>
<td>I gave birth at the following hospital:</td>
</tr>
<tr>
<td>My Post-Birth Health Check date:</td>
</tr>
<tr>
<td>My OB provider:</td>
</tr>
<tr>
<td>My OB’s phone number:</td>
</tr>
</tbody>
</table>

**See Reverse for Additional Info**

*Take a picture with your phone and keep with you in case of emergency!*

**My Post-Birth Health Information**

I had the following complications:

My Post-Birth Medications:

My Post-Birth Follow-Up Plan:
#8: Design Easy to Understand Visual Materials

POST-BIRTH Acronym

Source: AWHONN, 2021
#9: Address HL in High-Risk Situations

**ER care can prevent some postpartum deaths, based on Florida Maternal Mortality Review findings**

1. Ask women ages 12-45 years if they have been pregnant in the past year
2. If yes, add postpartum complications to your differential
3. Check for early postpartum warning signs
4. If needed, review postpartum checklist descriptions
5. If unsure, seek OB consultation early
6. If discharged, arrange referral and educate when to return
#10: Communicate Insurance & Billing Clearly

Early Postpartum Visit
"Post-Birth Health Check"
Billing & Coding

OVERALL

New billing and coding strategies are necessary to receive additional reimbursement for the early postpartum visit outside of the global obstetrical reimbursement. Fee-for-service billings for additional postpartum visits should generally not be a reimbursement issue.

MEDICAID

Florida Medicaid fee-for-service and most Florida Medicaid Health Plans are fee-for-service only, so that billing for an additional postpartum visit(s) should not be an issue. Aetna and Molina are predominantly global reimbursement with some exceptions. Humana does some global obstetrical reimbursement, but does more fee-for-service.

GLOBAL REIMBURSEMENT OPTIONS

To be reimbursed for an additional postpartum visit by a physician or nurse, you must either bill outside of the global obstetrical reimbursement package or attempt to end the global obstetrical package early. Potential strategies to use depend on the Health Plan’s global obstetrical reimbursement package. You will generally need to test these potential billing approaches for each Health Plan.

1. Bill outside the global obstetrical package—An early postpartum visit can be billed without a pregnancy diagnosis using CPT Evaluation and Management (E/M) codes 99211-99215. Append modifier 24 to the E/M code indicating care is provided outside of the global obstetrical reimbursement package and link the E/M code to an appropriate ICD-10 code for the visit diagnosis (e.g., O14.04 Mbd to moderate pre-eclampsia, complicating the puerperium or O86.01 Infection of obstetric surgical wound, supervalvar incisional site).

2. End the global package early—Have the early postpartum visit (Post-Birth Health Check) serve as the comprehensive postpartum visit using E/M code 0503F. Then, schedule the second postpartum visit as a well-women/annual exam using CPT Evaluation and Management (E/M) codes 99393-99397. This will depend on whether the global ends based on this visit type or a specified timeframe after delivery.

For more information, visit the Florida Perinatal Quality Collaborative PACC site at www.fpqc.org/pacc or email fpqc@ufsd.edu

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10 Attributes of a Health Literate Organization

Source: Brach, et al., 2012
Practical Tips, Videos, Resources, and More!

- Create a shame-free environment
- Use visual aids
- Keep it simple
- Use plain/living room language
- Involve family and friends
- Consider culture
#1: The postpartum period is a time of significant change, but *preventable risk*

#2: Health literacy impacts *postpartum* patient outcomes

#3: Perinatal care clinicians can make a *meaningful difference* in patients’ postpartum health literacy

Participate in the course to learn how YOU can make a difference!
Questions?

cvamos@usf.edu
fpqc@usf.edu
www.fpqc.org

Florida Perinatal Quality Collaborative

“To improve the health and health care of all Florida mothers & babies”


Sources


Sources


UCLA Department of Nursing. (2015, September 23). *Teach-back for MedUcation*. https://www.youtube.com/watch?v=eNlbpEAVk4g

Additional Resources

• CAHPS surveys: https://www.ahrq.gov/cahps/index.html
• AWHONN Post-Birth Warning Signs Course: https://www.awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/
• AHRQ Universal Precautions Toolkit https://www.ahrq.gov/health-literacy/improve/precautions/index.html
• CDC Clear Communication Index https://www.cdc.gov/ccindex/index.html
PACC Implementation Guidance

Margie Boyer, MS, RNC-OB, EFM, ONQS
FPQC PACC Lead Nurse Consultant
Keys to Building a Successful Initiative

Engage Key Stakeholders from the Start

Interdisciplinary Planning and Implementation

C-Suite Support

Consistent Commitment By All Team Members
Components of Successful Participation

- Create a QI culture—a team environment emphasizing quality and patient safety
- Hold regular QI team meetings to follow and make progress
- Share important information, progress and successes with everyone impacted by PACC
- Be creative and flexible!
WHO SHOULD BE ON THE TEAM

- RNs- bedside
- Physicians
- APRNs: CNM, CNS
- Nurse Manager/Director
- Quality Improvement
- Informatics expert
- Social Work/CM
- Family Reps
- Others
Create a Culture Ready for Change

- Must be an interdisciplinary effort
- Teams must meet regularly
- Ability to provide a safe environment for:
  - Listening
  - Questioning
  - Persuading
  - Respecting
  - Helping
  - Sharing
  - Participating
- Use the Toolkit!
PACC Team Meetings

- Initially meet bi-weekly or monthly depending on work
- Include all departments impacted by initiative
- Include community/family rep
- Have an agenda and share minutes.
  - Review data, 30-60-90 Day Plan, PDSA cycles
  - Discuss insights from webinars/coaching calls
- Share progress and challenges with administration – follow communication plan
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
Quick Start Checklist

1. Recruit QI team – lead, physician lead, nurse lead, QI/data lead, administrative champion
2. Review, complete and return PACC Data Use Agreement
3. Attend PACC Kick-off Meeting
4. Complete the PACC Pre-Implementation Survey
5. Write down questions or concerns
Quick Start Checklist

- 30-60-90 Day Plan
- Key Driver Diagram
- PDSA Cycle

Tools to Use
Respectful care is a universal component of every driver & activity

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.

**AIM**

By 6/2024, FPQC participating hospitals will:
- Increase the % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
- Increase patient PP education~ by 20%*

**Primary Key Drivers**

- Process for Maternal Discharge Risk Assessment & Arranging Early Postpartum Visits
- Comprehensive Postpartum Patient Discharge Education
- Clinician Postpartum Engagement and Education
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
### 30-60-90 Day Plan

<table>
<thead>
<tr>
<th>Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths</td>
</tr>
<tr>
<td>Barriers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Looking Ahead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Things to Accomplish in the Next 30 Days</td>
</tr>
<tr>
<td>Three Things to Accomplish in Next 60 Days</td>
</tr>
<tr>
<td>Three Things to Accomplish in Next 90 Days</td>
</tr>
<tr>
<td>Foundations</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td><strong>Barriers</strong></td>
</tr>
</tbody>
</table>
3 Things to Accomplish in the Next 30 Days

- Review interdisciplinary team members and fill any gaps
- Schedule team monthly meetings for the next 6 months
- Review/revise policies, procedures and education plans
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
What is a PDSA cycle?

- Useful tool for developing & documenting tests of change to **for improvement**
- AKA PDCA, Deming Cycle, Shewart Cycle

**P** – Plan a test  
**D** – Do a test  
**S** – Study & learn from test results  
**A** – Act on results
Reasons to test changes

- **Learn** whether change will result in improvement
- **Predict** the amount of improvement possible
- Evaluate the proposed change work in a *practice environment*
- **Minimize resistance** at implementation
### Potential Implementation Barriers & Strategies to Overcome

<table>
<thead>
<tr>
<th>Potential Barrier Drivers</th>
<th>Strategies to Overcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time limitations</td>
<td>• Make sure meetings are organized and succinct to decrease the impact on time</td>
</tr>
<tr>
<td></td>
<td>• Involve bedside clinical team members- consider use of clinical ladder</td>
</tr>
<tr>
<td></td>
<td>• Standardize meeting time for ease of scheduling; consider virtual option</td>
</tr>
<tr>
<td></td>
<td>• Use regularly scheduled department meetings to highlight project and results- be succinct</td>
</tr>
</tbody>
</table>
## Potential Implementation Barriers & Strategies to Overcome

<table>
<thead>
<tr>
<th>Potential Barrier Drivers</th>
<th>Strategies to Overcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resource limitations</td>
<td>• Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaborative work</td>
</tr>
<tr>
<td></td>
<td>• Consider system-wide meetings to standardize best practices</td>
</tr>
<tr>
<td></td>
<td>• Utilize your FPQC coach mentors</td>
</tr>
</tbody>
</table>
As the Project Continues...

• **Celebrate** successes along the way

• **Display data** by keeping it current AND interesting

• **Make it stick**
  - Routinization

• **Plan for sustainability**
Where do I Start BEFORE I start?
<table>
<thead>
<tr>
<th>Assess</th>
<th>Review</th>
<th>Attend</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess your team to assure all critical departments included</td>
<td>Review PACC resources</td>
<td>Attend Data Collection Webinar: 11/10/22 Noon</td>
<td>Plan for PACC launch – bulletin boards; staff meetings; event invitations</td>
</tr>
</tbody>
</table>

**October-December 2022**
January 2023

**Launch**
- Official launch at your hospital!
- Plan to participate on monthly coaching calls!
- Educate clinicians & hospital leadership on importance of PACC & facility-wide standards
- Engage clinical team early & often!

**Begin**
- Begin submitting prospective data!
- Plan a call with your coach mentor!
PACC Initiative Resources

Technical Assistance
from FPQC staff, state Clinical Advisors, and National Experts

Project-wide in-person collaboration meetings

Educational sessions, videos, and resources

Monthly and Quarterly QI Data Reports

Monthly e-mail Bulletins

Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education

Online Tool Box
Algorithms, Sample protocols, education tools, Slide sets, etc.

Monthly Collaboration Calls with hospitals state-wide

Technical Assistance
from FPQC staff, state Clinical Advisors, and National Experts

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Algorithms, Sample protocols, education tools, Slide sets, etc.

Monthly Collaboration Calls with hospitals state-wide
PACC Initiative Website

http://www.fpqc.org/PACC
Questions?
Break
PACC Online Toolkit Review:

Estefanny Reyes Martinez, MPH, CPH
Quality Improvement Analyst
PACC QI Data Reporting:
Estefania Rubio, MD, MPH, CPH
Data Manager
BREAKTHROUGH SERIES COLLABORATIVES - SPREAD OF ADOPTION

IS IT A RIPE TOPIC?

- GAP between science + practice
- EXAMPLES of great practice?
- Strong business case?

CO-CREATION

MEET THE EXPERTS

SPOT THE TALENT

RECRUIT THE DREAM TEAM

- Faculty
- Chain Director
- I.A.
- PMO

PROCESS precedes OUTCOME

- Prework

WHO'S IN?

20-100 teams

WEEK 16

WEEK 20
Key Driver basic concepts

Aim

Desired outcome
SMART AIM

Primary Drivers

Key Drivers

“Big Changes” or concepts

Most likely to achieve aim

Secondary Drivers

Specific actions

Support primary drivers

“Small changes” that are testable & measureable

Direction of causality

PROCESS
PRECEDES
OUTCOME
Postpartum Access & Continuity of Care (PACC)

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

**By 6/2024, FPQC participating hospitals will:**
- Increase % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
- Increase patient PP education~ by 20%

**Respectful care is a universal component of every driver and activity**

---

**AIM**

**Primary Key Drivers**

- Process for Maternal Discharge Risk Assessment & Arranging Early PP Visits
  - Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly
  - Conduct a PP Discharge Assessment prior to discharge
  - Implement universal Maternal Discharge Risk Assessment & schedule/arrange risk-appropriate PP care including obstetrical, specialty & community services before discharge

- Comprehensive PP Patient Discharge Education
  - Verbally educate patients on the benefits of early risk-appropriate PP visits/encounters (Post-Birth Health Check) and provide written materials
  - Verbally educate all patient on PP Warning Signs and provide written materials
  - Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice and provide written materials
  - Establish a system to ensure that all patients receive recommended and documented PP education and discharge information

- Clinician PP Engagement and Education
  - Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
  - Plan in place to continue to engage and educate new hires
  - Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices.

---

~ Includes benefits of early PP visits, warning signs, and family planning
* Baseline will be established with the first quarter of hospital data
By 6/2024, FPQC participating hospitals will:

1. Increase % of patients with a 2-week PP visit scheduled prior to discharge by 20%*

2. Increase patient PP education by 20%*
   Includes benefits of early PP visits, warning signs, and family planning

* Baseline will be established with the first quarter of hospital data
OUTCOME MEASURES

“Provide feedback on whether changes are having the desired impact on patient outcomes.”
Secondary Outcome Measures

The Agency for Health Care Administration could report rates on:

- Emergency room utilization (60-day rate)
- Hospital readmissions (60-day rate)
- Postpartum visit attendance (<21 days; <84 days)

The data has a delay of 6-9 months

Hypertension
Cardiovascular Disease
Infection
Hemorrhage
Thromboembolism
Substance Use Disorder
By 6/2024, FPQC participating hospitals will:

1. Increase % of patients with a 2-week PP visit scheduled prior to discharge by 20%*

2. Increase patient PP education by 20%*
   Includes benefits of early PP visits, warning signs, and family planning

* Baseline will be established with the first quarter of hospital data
Respectful care is a universal component of every driver and activity.

By 6/2024, FPQC participating hospitals will:
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- Increase patient PP education~ by 20%*

Primary Key Drivers

Process for Maternal Discharge Risk Assessment & Arranging Early PP Visits

Comprehensive PP Patient Discharge Education

Clinician PP Engagement and Education
PROCESS MEASURES

Indicate what a provider does to maintain or improve health

“Are the parts/steps in the system performing as planned?”
STRUCTURAL MEASURES

“Assesses features of a healthcare organization or clinician relevant to its capacity (infrastructure) to provide healthcare.”

Policies / Processes / Guidelines
**Primary Key Driver**

Process for Maternal Discharge Risk Assessment & Arranging Early Postpartum Visits

**Secondary Drivers**

- Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly

- Conduct a PP Discharge Assessment prior to discharge

- Conduct Maternal Discharge Risk Assessment for PP care & schedule/arrange risk-appropriate PP care including obstetrical, specialty, & community services before discharge

% of patients...
Comprehensive Postpartum Patient Discharge Education

Primary Key Driver

% of patients...

Secondary Drivers

- Verbally educate patients on the benefits of early risk-appropriate PP visits/encounters (Post-Birth Health Checks)
- Verbally educate all patients on PP Warning Signs and provide written materials
- Verbally educate patients on the benefits of and options for pregnancy spacing, family planning and contraceptive choice and provide written materials
- Establish a system to ensure that all patients receive recommended and documented PP education and discharge information
Clinician Postpartum Engagement and Education

**Primary Key Driver**

**Secondary Drivers**

- Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials
- % of providers who have received PACC education?
- Plan in place to continue to engage and educate new hires
- Develop a strategy to engage and educate ER physicians & staff about pregnancy/PP care including PP screening & care practices
# HOSPITAL-LEVEL DATA

- Not started
- Planning
- Started to implement
- Implemented
- Fully Implemented

---

**Postpartum Access & Continuity of Care (PACC) Hospital-Level Data Collection Form**

### Guidelines, Policies, and/or Processes

<table>
<thead>
<tr>
<th>Developed a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge</th>
<th>Not started</th>
<th>Planning</th>
<th>Started to implement</th>
<th>Implemented</th>
<th>Fully Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aligned policies, guidelines, and/or procedures to support risk-appropriate PP visits/encounters prior to discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implemented universal Maternal Discharge Risk Assessment</td>
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</tr>
<tr>
<td>Established a system to ensure that all patients receive recommended and documented PP education and discharge information</td>
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</tr>
<tr>
<td>Developed a strategy to engage and educate inpatient providers and staff using initiative promotional and educational materials</td>
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<tr>
<td>Developed a strategy to engage outpatient providers using initiative promotional materials and educate them on billing and coding for early PP visits</td>
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<tr>
<td>Implemented periodic education and engagement of new hires</td>
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<tr>
<td>Implemented periodic education and engagement for ER physicians &amp; staff about pregnancy/PP care including PP screening &amp; care practices</td>
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<tr>
<td>ER established standardized verbal screening for pregnancy now and during the past year as part of its triage or initial assessment process</td>
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</tbody>
</table>

### Staff Education

**Please report the cumulative percentage of staff and providers who received education on each of the following topics:**

<table>
<thead>
<tr>
<th>Has your Staff received education on:</th>
<th>Nurses</th>
<th>OB doctors and providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The benefits of the early risk-appropriate PP visit/Post-Birth Health Check</td>
<td></td>
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<tr>
<td>The process, guideline, and/or protocol for facilitating scheduling the early postpartum visit prior to discharge</td>
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<td></td>
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<tr>
<td>The documentation of scheduled postpartum visit(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The components of the Post-Birth Health Check</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Cumulative Percent**

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Questions? Please contact [FPQC@nysed.gov](mailto:FPQC@nysed.gov)
PATIENT-LEVEL DATA

Report on up to 20 women per month

Disaggregate by race, ethnicity, insurance type, risk

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Month</td>
</tr>
<tr>
<td>Type of insurance</td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>Maternal age</td>
</tr>
<tr>
<td>Prenatal care started in</td>
</tr>
<tr>
<td>Mother's Preferred Language</td>
</tr>
<tr>
<td>Maternal age</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSTPARTUM CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a Maternal Discharge Risk Assessment performed?</td>
</tr>
<tr>
<td>Was the patient (pt.) verbally instructed on the benefits of early risk-appropriate PP visits/Post-Birth Health Check and given written materials?</td>
</tr>
<tr>
<td>Was the pt. verbally instructed about PP Warning Signs and given PP warning signs written materials?</td>
</tr>
<tr>
<td>Was the pt. verbally instructed about the benefits of and options for pregnancy spacing, family planning, and contraceptive choice and given written materials?</td>
</tr>
<tr>
<td>Was a PP Discharge Assessment (vital signs and response) conducted just prior to discharge?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSTPARTUM VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many days after delivery were Postpartum Visits scheduled prior to discharge?</td>
</tr>
<tr>
<td>PP High risk?</td>
</tr>
<tr>
<td>Referrals scheduled and medications provided prior to discharge</td>
</tr>
<tr>
<td>Medicaid Case Manager</td>
</tr>
</tbody>
</table>
QI MONTHLY CYCLE

- Identify opportunities *PDSA*
- Discuss and Disseminate Data Report
- Review Data Report
- Submit Data
- Coaching Call

QI REPORTS

- Aim
- Run Charts
- Tracks Process, Structural and Outcome Measures
- Add your PDSAs
Important requests

- Track completion of your hospital’s Data Use Agreement
- Let us know of any changes in your PACC team: Data Lead resources
- Attend the data webinar
- Submit your Hospital-Level Data by December
- Patient-level data collection starts in January
PACC DATA WEBINAR

Date: Thursday, November 10, 2022
12:00 PM – 01:00 PM EDT

• Importance of data for the PACC initiative
• Data definitions, inclusion criteria
• Data tools - data collection sheets
• Processes to submit data
• Review of a sample report
• Using your report to guide improvement
What questions do you have?

erubio1@usf.edu
fpqc@usf.edu
www.fpqc.org

“To improve the health and health care of all Florida mothers & babies”
Stump the PACC Advisors
Evaluations & Thank You
Adjourn