

Hear Her...



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



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Mission to Care. Vision to Lead.



AWHONN
FLORIDA
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



AGENCY FOR HEALTH CARE ADMINISTRATION



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



Florida Society of Neonatologists

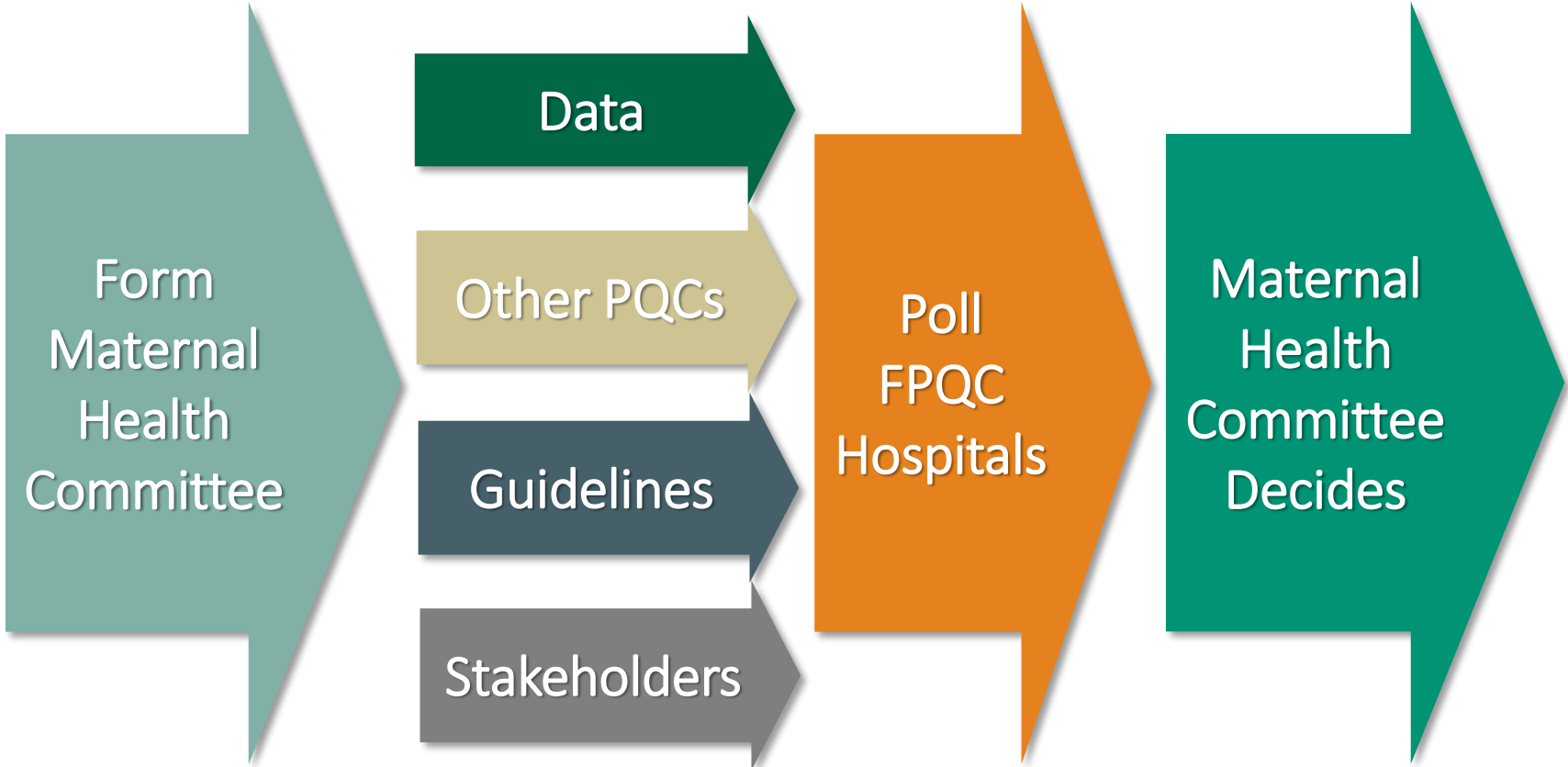
Advancing the Care of Neonates in the Sunshine State



FLORIDA ACADEMY OF
FAMILY PHYSICIANS
SUPPORT FLORIDA'S FAMILY PHYSICIANS



Selecting Maternal Health Initiatives



PACC



SDOH



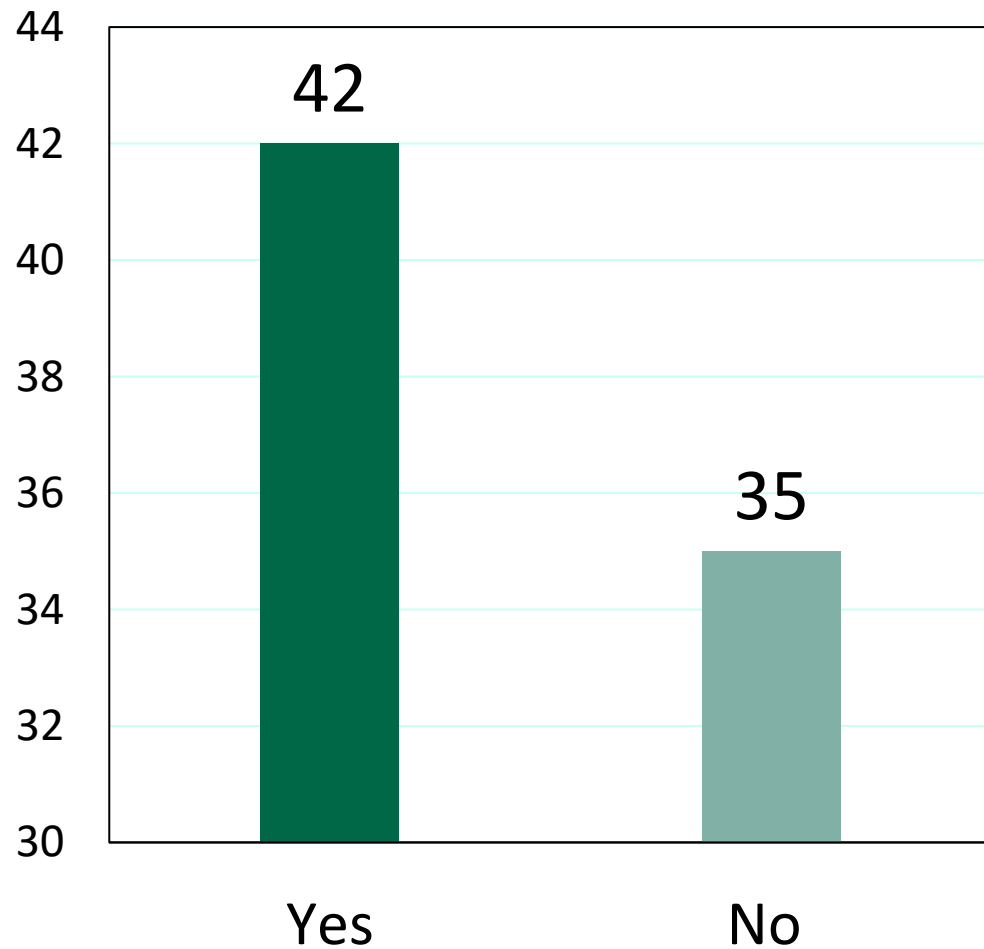


Why Postpartum Care?

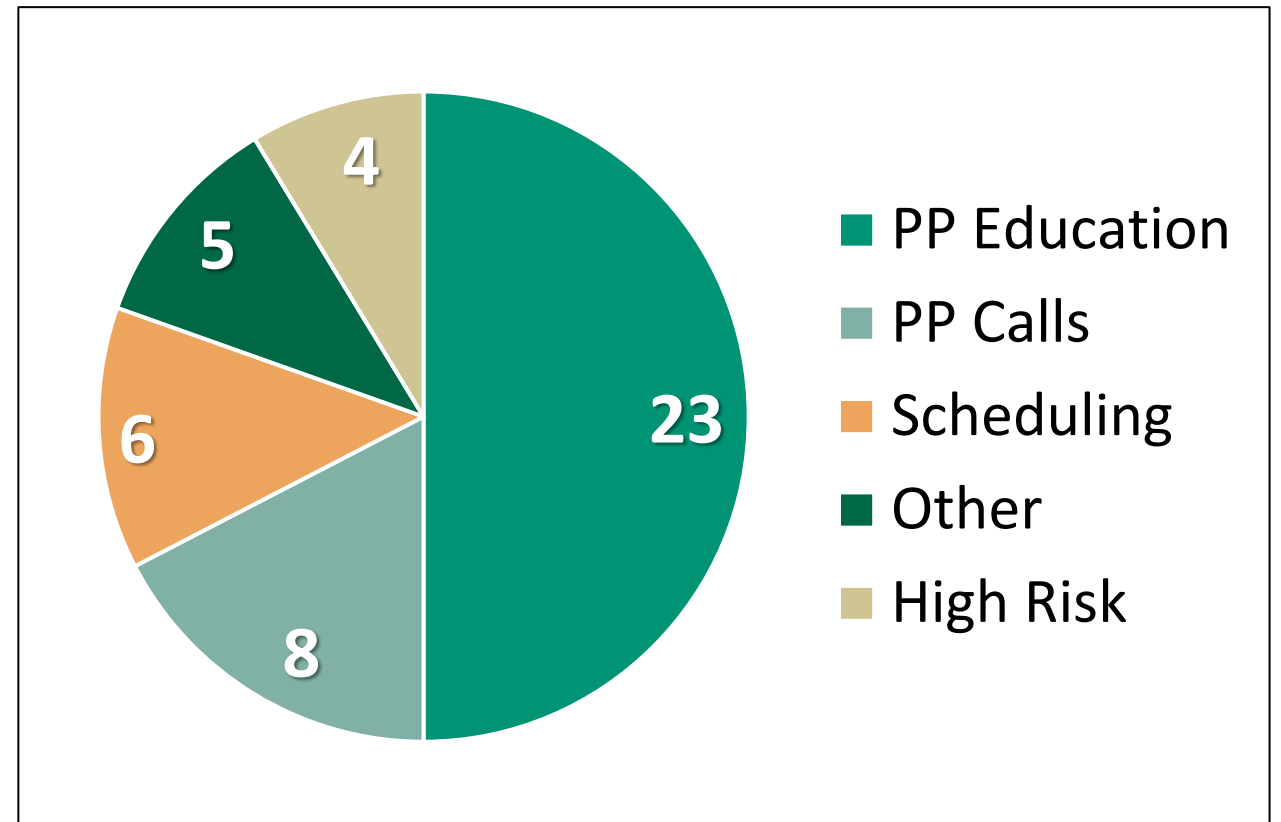
- ✓ 1/3—1/2 of Florida's pregnancy-related deaths occur after the mother goes home.
- ✓ 3/4 of Florida's drug-related deaths occur after the mother goes home.
- ✓ 50% of postpartum strokes occur within 10 days.
- ✓ 20% of postpartum mothers experience a mental health disorder.

Prior Hospital Postpartum Discharge Efforts

Prior Postpartum Efforts, PACC



Type of PP Activities, PACC



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
- Amandla 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 Tsigas, 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 McClain, 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

PACC Leadership Team

FPQC Leads



William Sappenfield



Linda Detman

Provider Leads



Julie DeCesare



Kimberly Fryer

Nurse Lead



Margie Boyer

QI Team



Estefanny Reyes Martinez



Nicole Pelligrino

Data Team



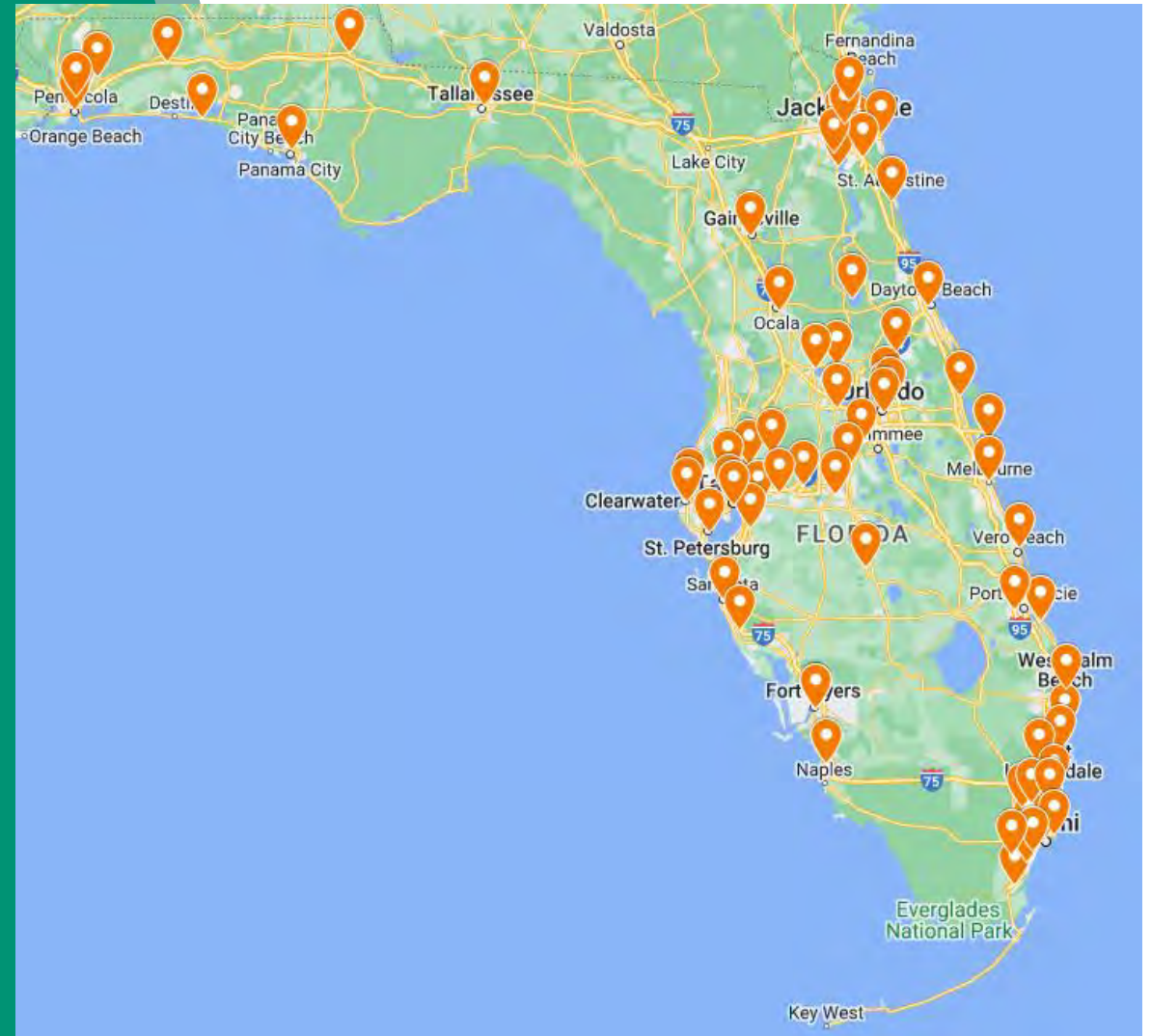
Estefania Rubio



Benjamin Gessner

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

 YouTube Florida Perinatal Quality Collaborative

 @TheFPQC



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

Hear Her...

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>



POSTPARTUM ACCESS & CONTINUITY OF CARE

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

Tampa Bay Times

FLORIDA'S BEST NEWSPAPER

tampabay.com

★★★★ Sunday, August 28, 2022 | \$3

PROPUBLICA

Graphics & Data Newsletters About

JD Search



Soleil Irving "just lights up a room when she smiles," Wanda Irving, her grandmother, says. (Sheila Price Bright for ProPublica)

LOST MOTHERS

Nothing Protects Black Women From Dying in Pregnancy and Childbirth

Not education. Not income. Not even being an expert on racial disparities in health care.

Maternal mortality crisis in America

Giving birth in the U.S. entails high risk. Biden's administration pushes to reverse that.

BY AKILAH 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

Photos by LAUREN WITTE | Times

Maternal Mortality Definitions

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)

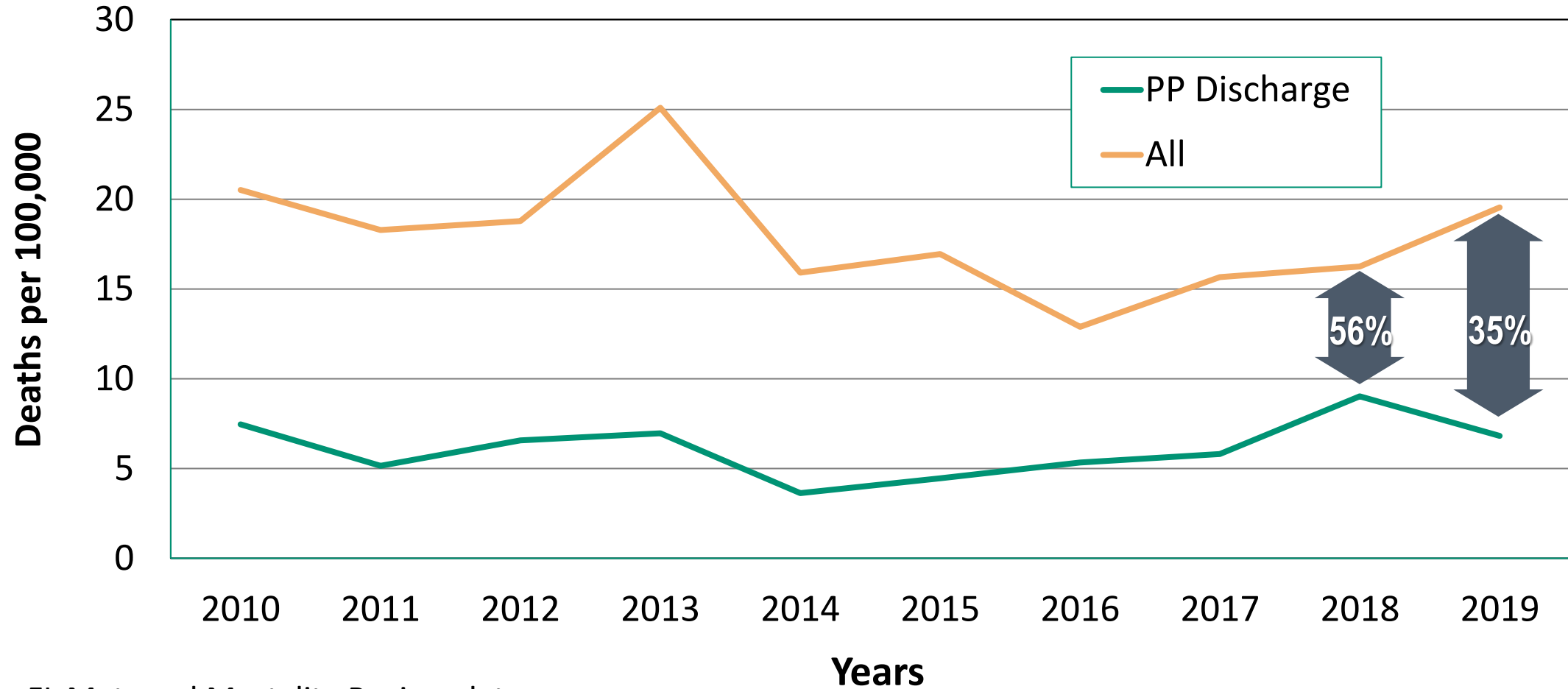
Death of a woman, from any cause, while she is pregnant or within one year of pregnancy.

Pregnancy-Related Mortality (Based on Maternal Mortality Review)

Pregnancy-associated death that resulted from:

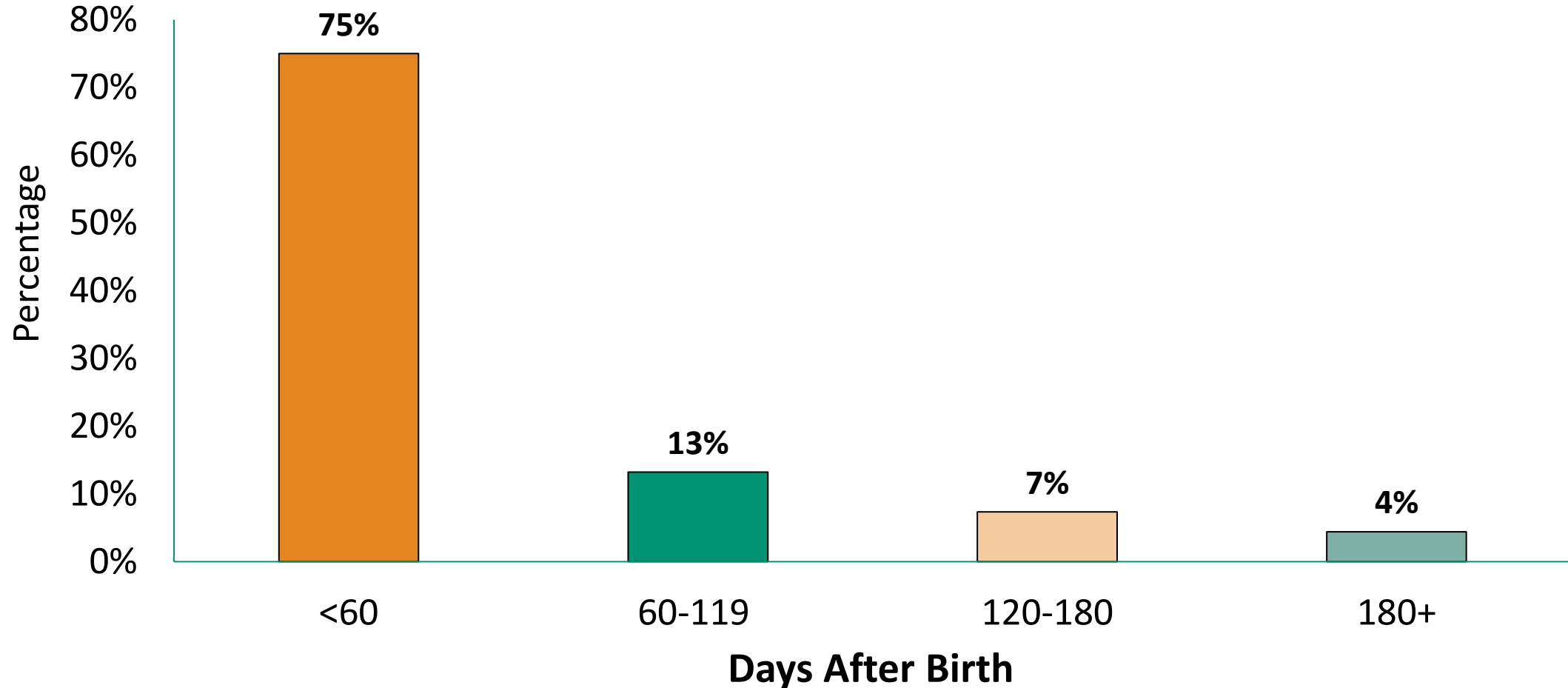
- 1) Complications of the pregnancy;
- 2) The chain of events initiated by pregnancy; or
- 3) Aggravation of an unrelated condition by pregnancy effects resulting in death.

Pregnancy-Related Mortality Rates Florida, 2010 to 2019



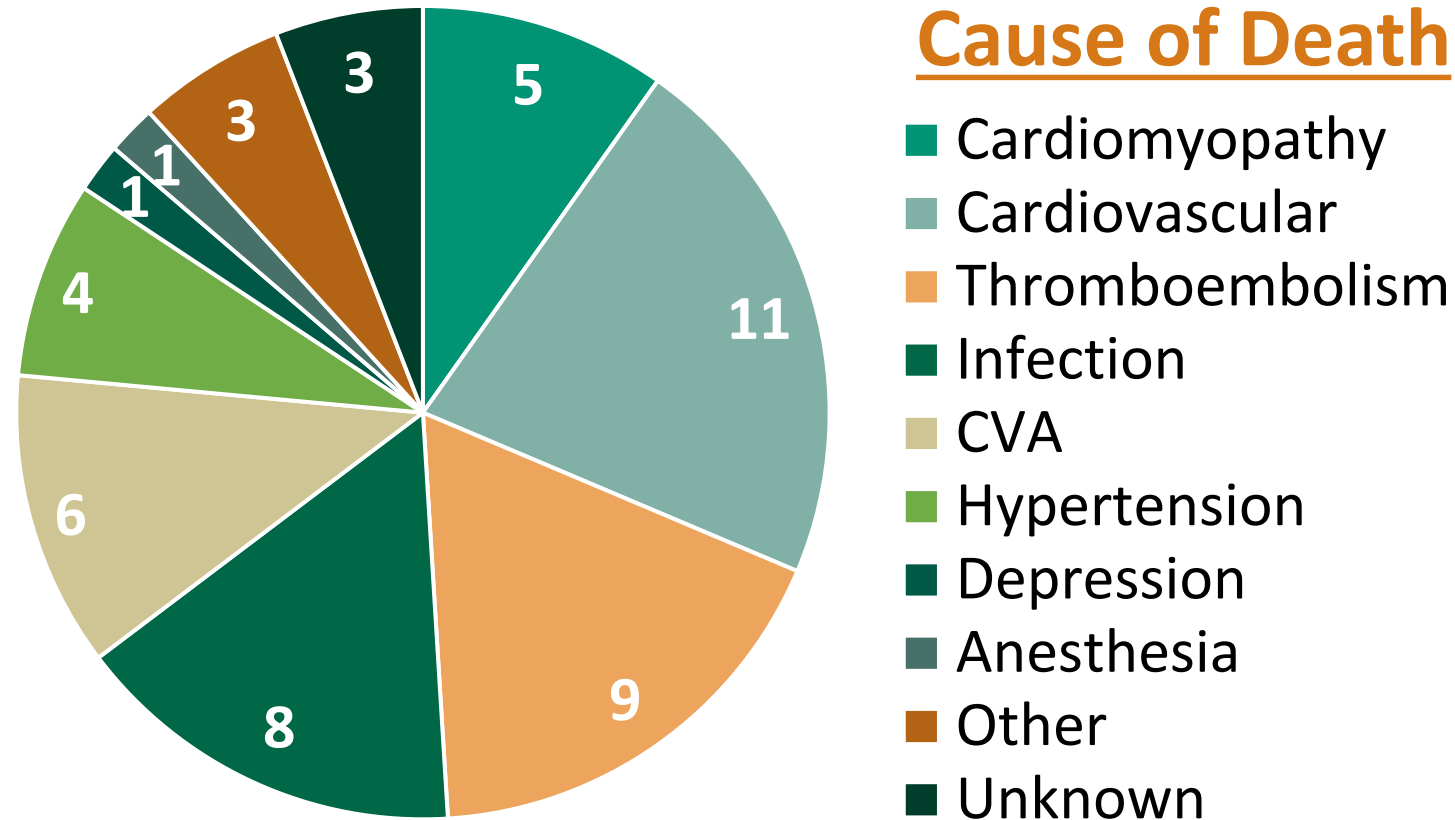
Source: FL Maternal Mortality Review data

Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019



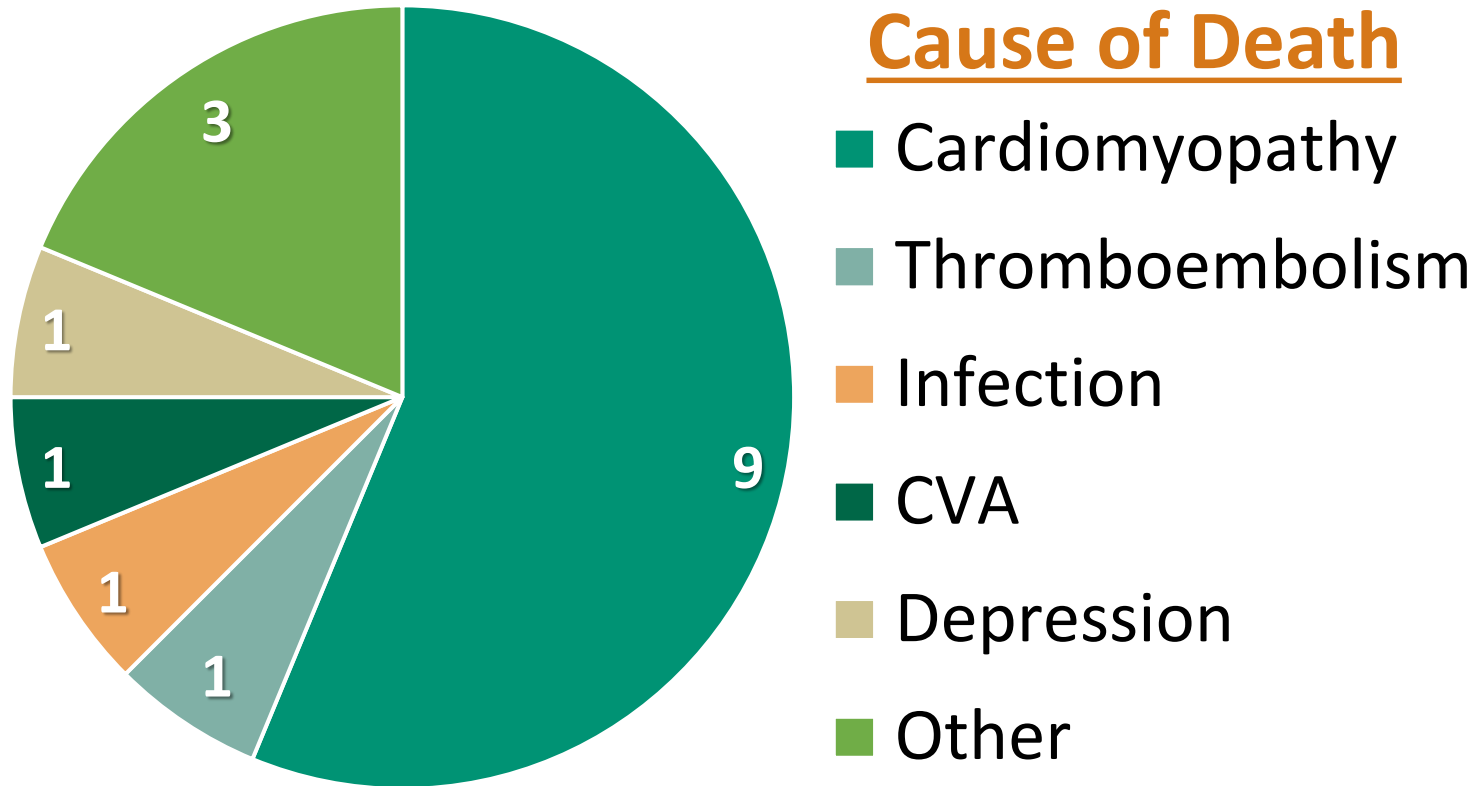
Source: FL Maternal Mortality Review data

Underlying Cause of Death for Less Than the First 60 Days Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019



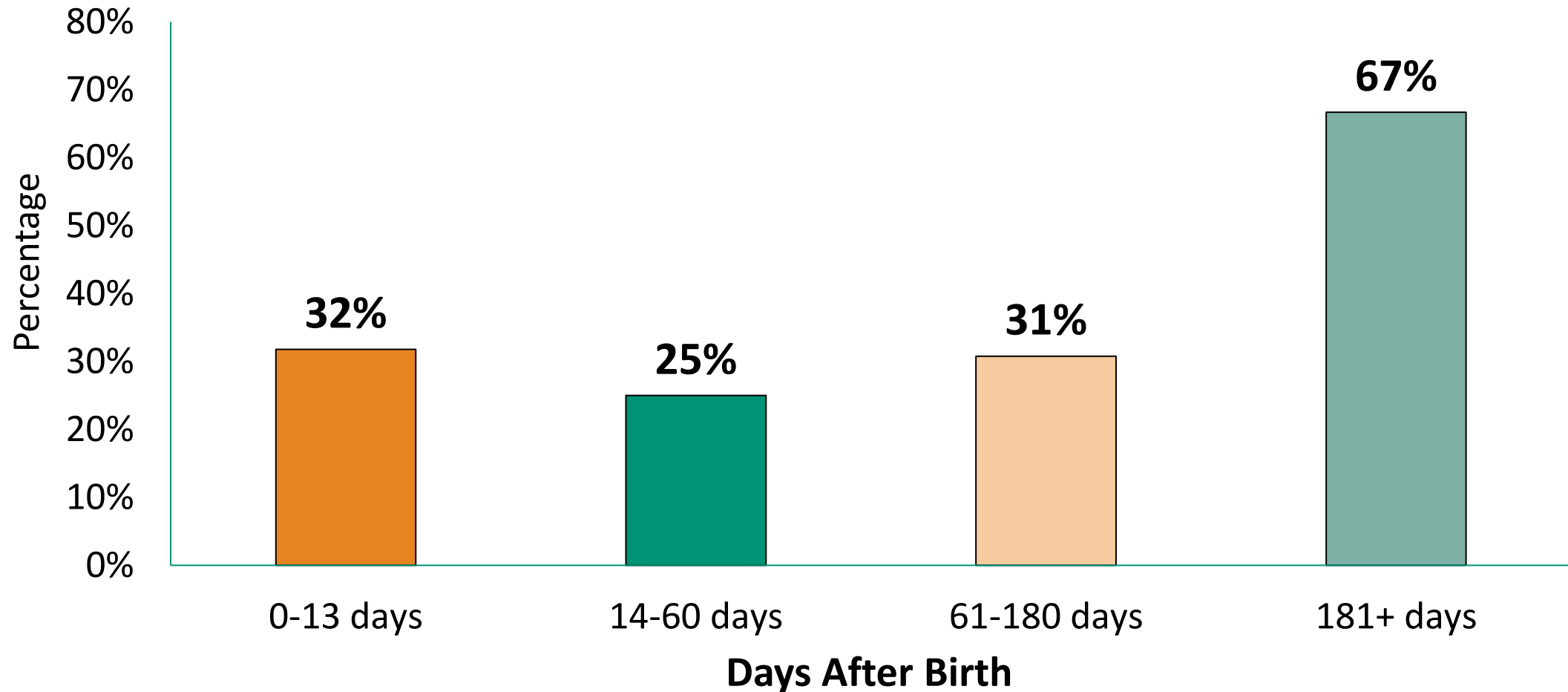
Source: FL Maternal Mortality Review data

Underlying Cause of Death for 60+ Days Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019



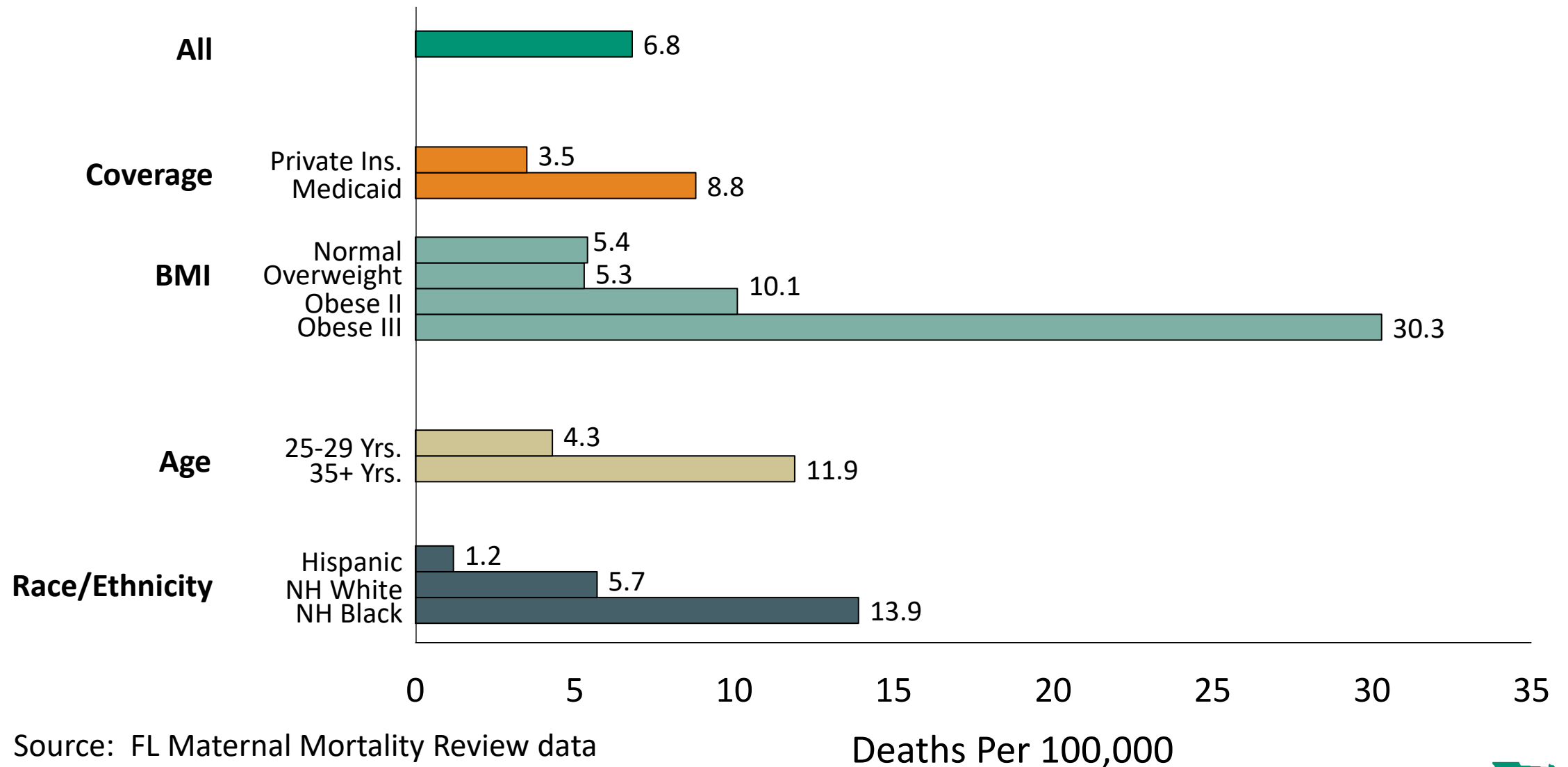
Source: FL Maternal Mortality Review data

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



Source: FL Maternal Mortality Review data

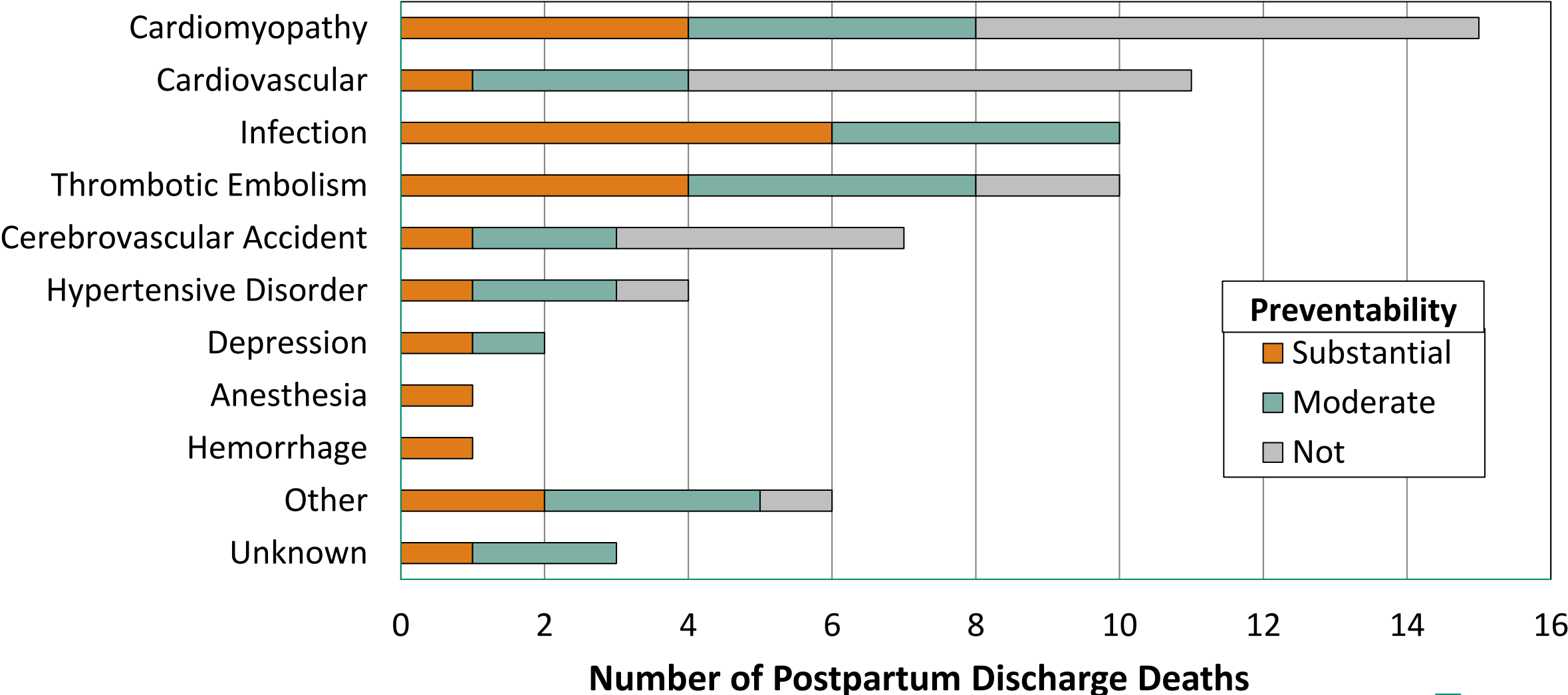
Postpartum Discharge Pregnancy-Related Mortality Rates, Women at Risk, Florida, 2015 to 2019



Source: FL Maternal Mortality Review data

Deaths Per 100,000

Postpartum Discharge Pregnancy-Related Deaths By Cause and Preventability, Florida, 2015 to 2019



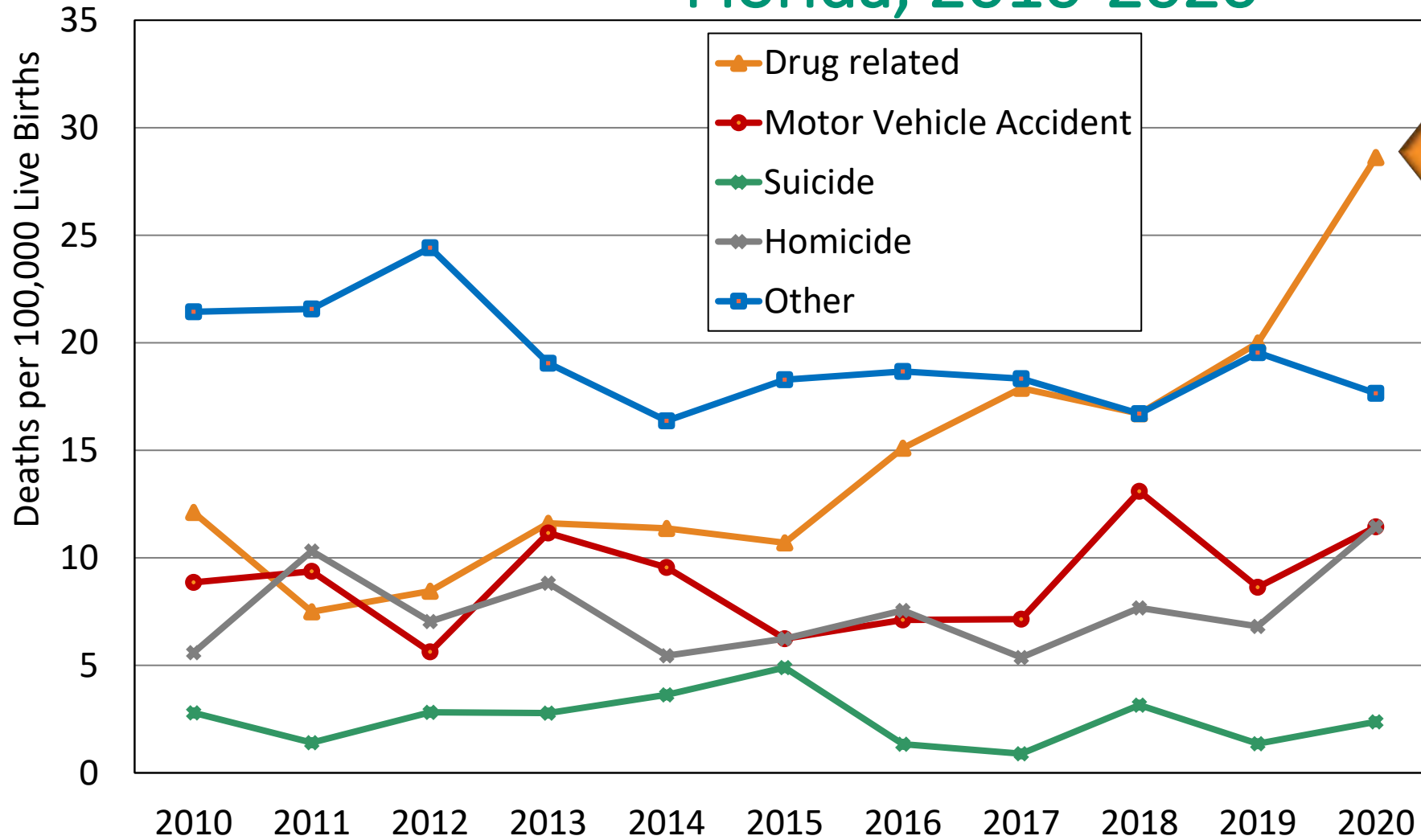
Topic MMRC Recommendation Themes

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**

Pregnancy-Associated Mortality Ratios by Cause of Death

Florida, 2010-2020



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

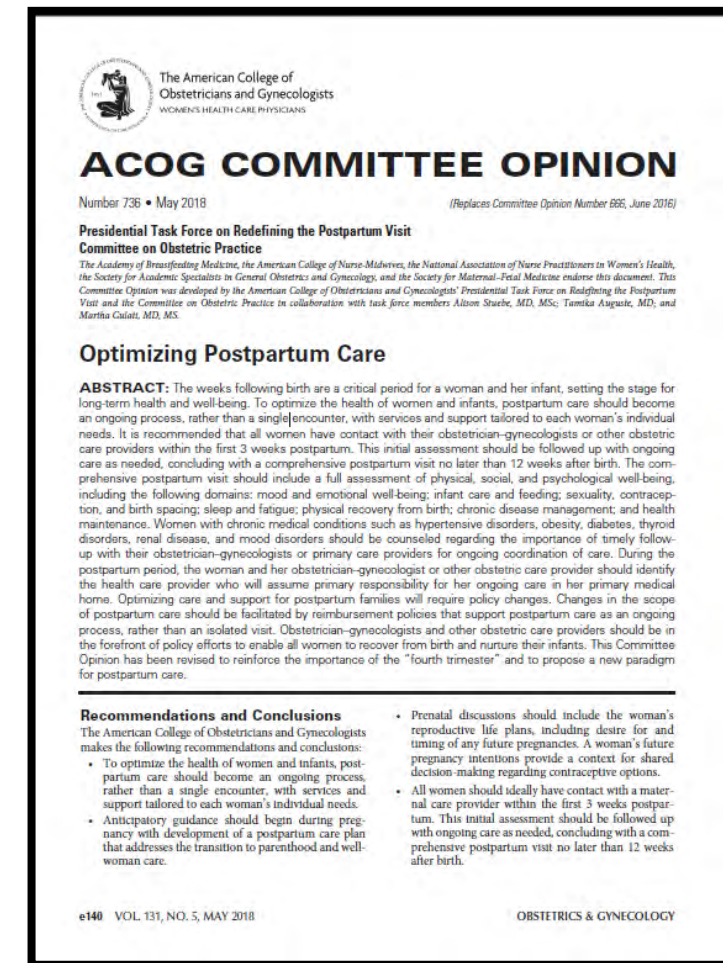
- Qualitative studies point to women's lack of satisfaction with postpartum care compared to maternal care
- With women noting a steep drop off in care in the early postpartum period
- Women reported wanting additional, early postpartum care



Martin A, et. al. Views of women and clinicians on postpartum preparation and recovery. Matern Child Health J 2014.
Tully KP, et. al. The fourth trimester: a critical transition period with unmet maternal health needs. Am J Obstet Gynecol 2017

Redefining postpartum care: ACOG CO #736

- 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 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**



New Postpartum Care Continuum

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.



Universal early postpartum visit within 2 weeks

- BP check within 7-10 days
- OB F/U with 2 weeks
- Family Planning
- Mood check/depression screening
- Breastfeeding

Traditional 6-week postpartum visit

Full physical, social, emotional assessment, including:

- Mood and emotional well-being
- Infant care and feeding
- Family Planning
- Sleep Fatigue
- Physical recovery from birth

Transition to well-woman care

- Identify ongoing primary care provider
- Recommendations for F/U for well-women care and/or any ongoing medical issues
- Appropriate referrals to other members of health care team

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%*

Respectful care is a universal component of every driver & activity

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

Secondary Drivers

Process for Maternal Discharge Risk Screening & Arranging Early Postpartum 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 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

Secondary Drivers

Comprehensive Postpartum Patient Discharge Education

- 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

Secondary Drivers

Clinician Postpartum
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

Respectful care is a universal component of every driver & activity

PACC Initiative Timeline





Only with all of us working together can we make an achievable change in the postpartum health of Florida's mothers...



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”



POSTPARTUM ACCESS & CONTINUITY OF CARE

Engaging the Family Perspective: Mandi Gross



POSTPARTUM ACCESS & CONTINUITY OF CARE

Break





POSTPARTUM ACCESS & CONTINUITY OF CARE

PACC Initiative Drivers



POSTPARTUM ACCESS & CONTINUITY OF CARE

Respectful Care

**Nicole Pelligrino, MPH, MCHES, Certified Doula
Senior Quality Improvement Analyst**

What is Respectful Maternity Care?

FPQC Vision, updated 2021:

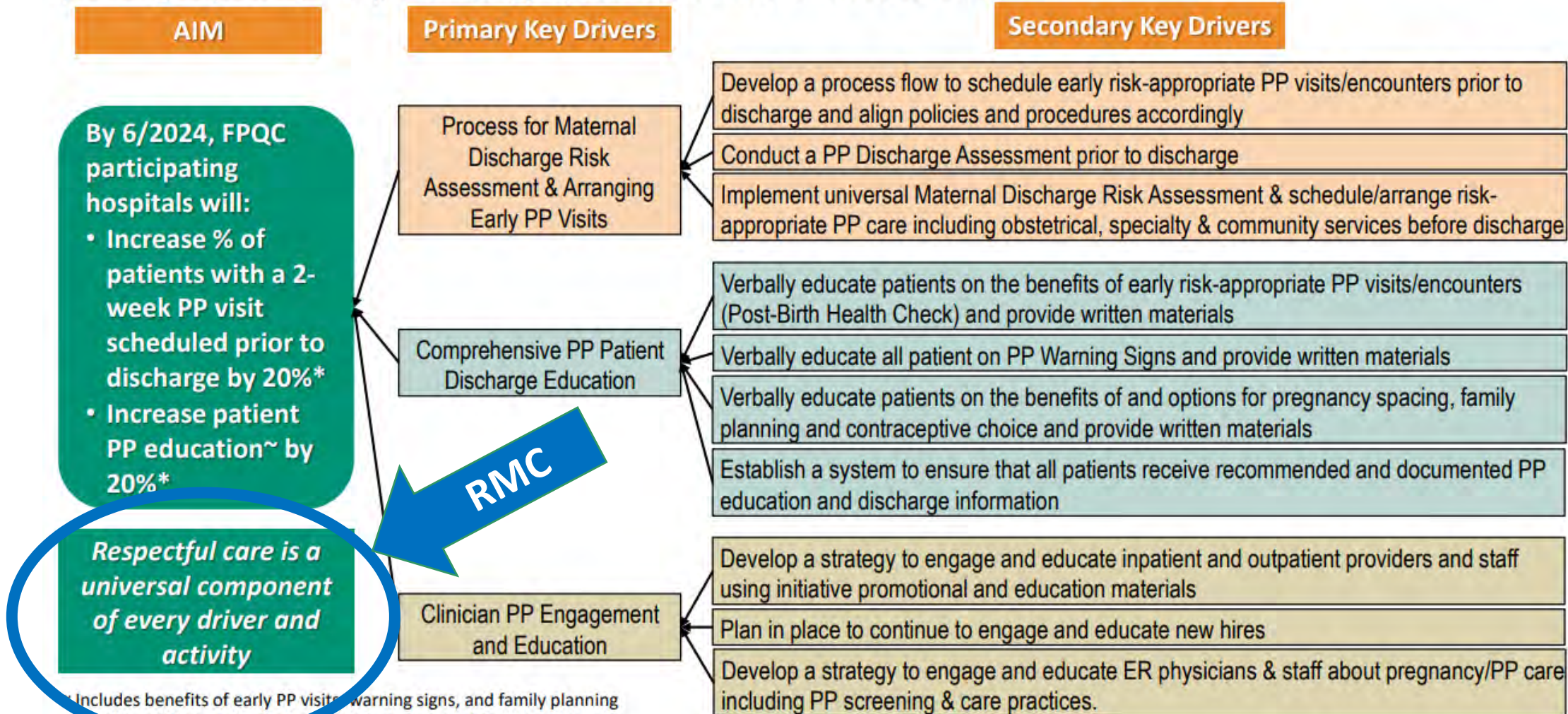
*All of Florida's mothers, infants & families will have the best health outcomes possible through receiving **respectful**, equitable, high quality, evidence-based perinatal care.*

“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)

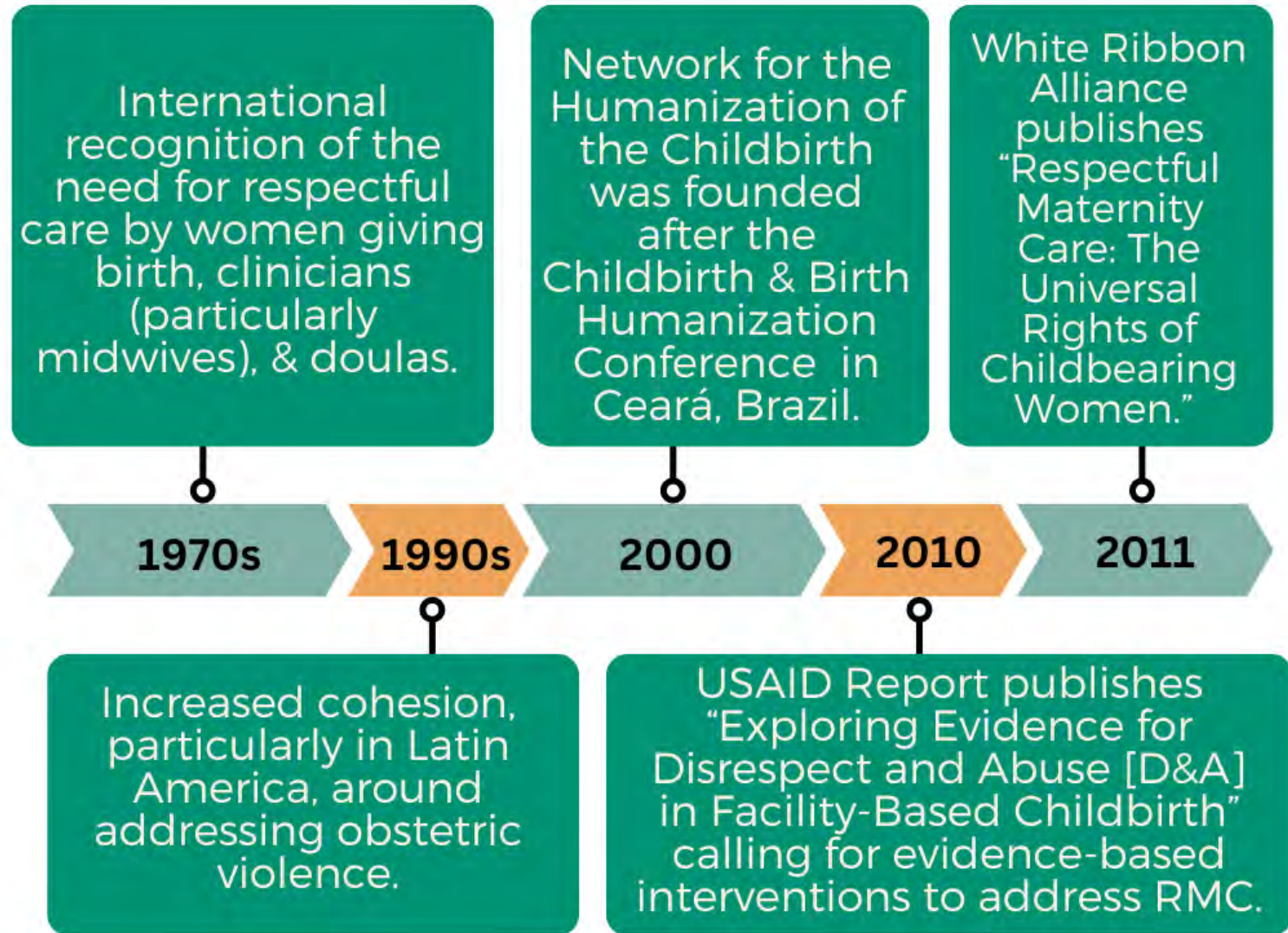
Global AIM: Improve maternal health through hospital-facilitated continuum of postpartum (PP) care by coordinating and providing respectful, timely, and risk-appropriate coordinated care and services.



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

Foundations of Respectful Maternity Care (RMC)

RMC founded on the premise that women should not be mistreated in childbirth.



RMC Across Clinical Organizations

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) 46

RMC Across Clinical Organizations

- **ACOG/AIM: “Reduction of Peripartum Racial & Ethnic Disparities: A Conceptual Framework & Maternal Safety Bundle” (2018):**
 - 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

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
Let's Health Care for Every Woman

PATIENT SAFETY BUNDLE
Reduction of Peripartum Racial/Ethnic Disparities

RESPONSE

Every clinical encounter

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plans and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman's reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
- Provide discharge instructions that include information about what danger or warning signs to look out for, when to call, and where to go if they have a question or concern.
- Design discharge materials that meet patients' health literacy, language, and cultural needs.

REPORTING & SYSTEMS LEARNING

Every clinical unit

- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.
- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and systems level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.
- Add as a checkbox on the review sheet: Did race/ethnicity (i.e. implicit bias, language barriers, or specific social determinants of health contribute to the morbidity [and/or mortality]? And if so, are there system changes that could be implemented that could alter the outcome?

© 2016 American College of Obstetrics and Gynecology. Permission is hereby granted for duplication and distribution of this document in its entirety and partial reproduction for non-commercial purposes. For more information, please visit www.acog.org/patient-safety-bundle.
Standardization of health care processes and medical practice has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emergency, clinical, scientific, and patient safety principles of the bundle and is subject to change. The information should not be construed as excluding other treatment or management approaches. The Council on Patient Safety in Women's Health Care is a non-commercial organization and does not discriminate on the basis of race, ethnicity, or gender. The Council on Patient Safety in Women's Health Care is a trademark of the American College of Obstetrics and Gynecology. © October 2016.

Respectful Maternity Care Framework and Evidence-Based Clinical Practice Guideline

Association of Women's Health, Obstetric and Neonatal Nurses

AWHONN
ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES

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):**

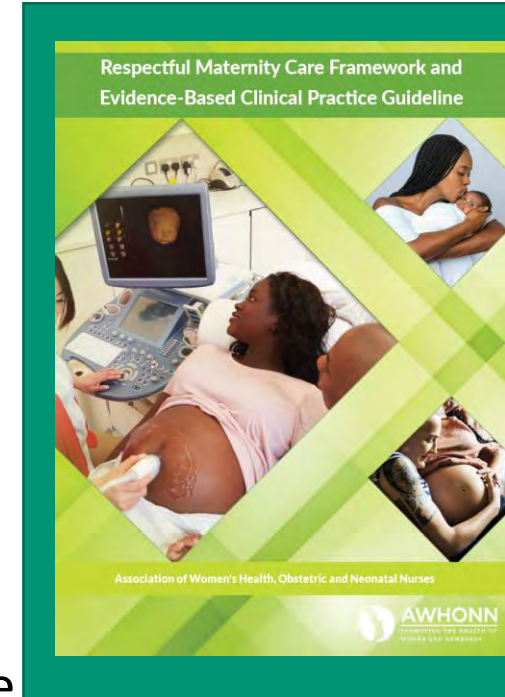
- **Mutual Respect**

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.



PACC Pledge: RMC in Action

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.



POSTPARTUM ACCESS & CONTINUITY OF CARE

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

Secondary Drivers

Process for Maternal Discharge Risk Assessment & Arranging Early Postpartum Visits

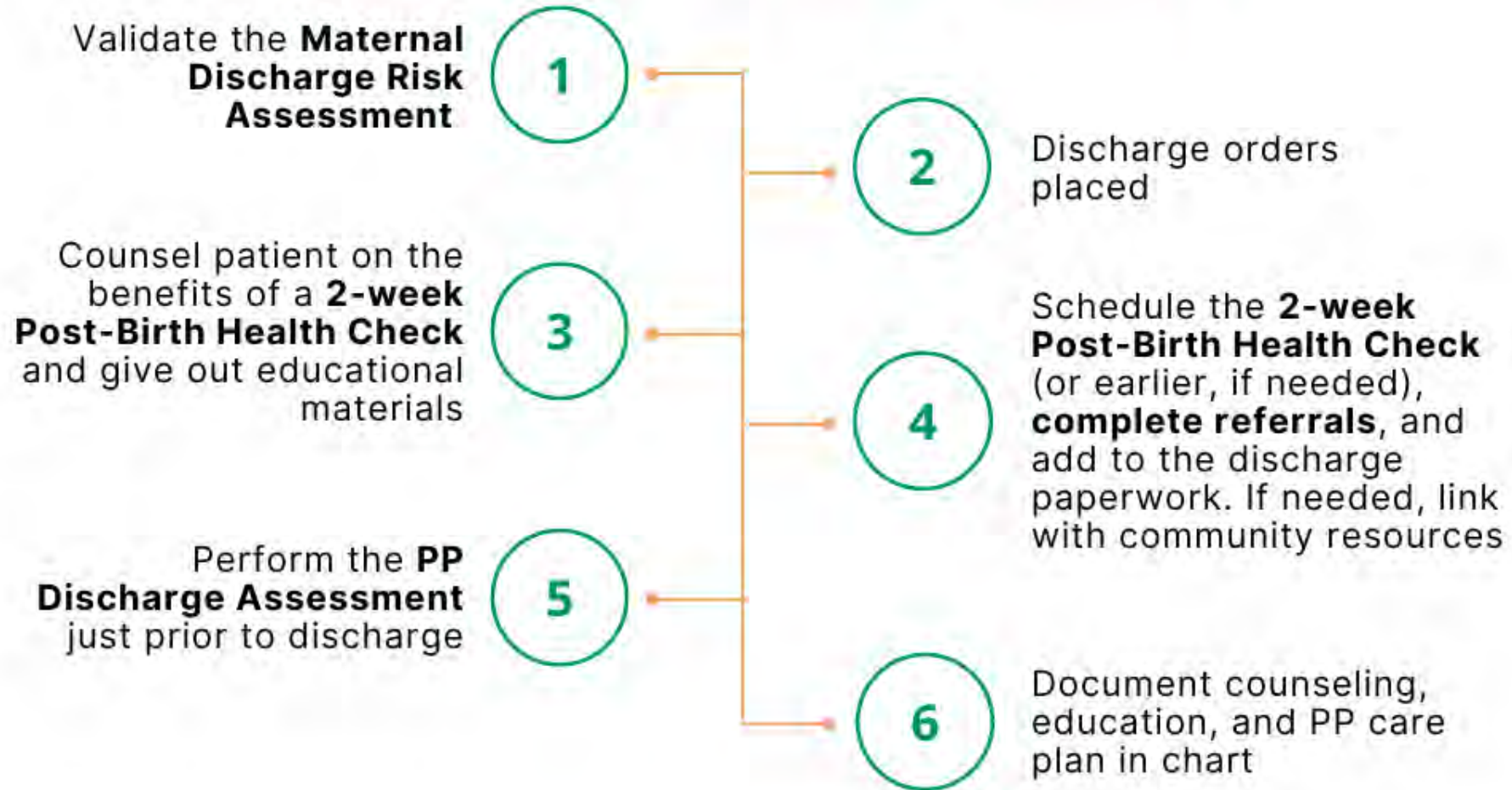
Develop a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge and align policies and procedures accordingly

Conduct a PP Discharge Assessment prior to discharge

Implement universal Maternal Discharge Risk Assessment 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



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:

5

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.

6

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.

7

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.

PP Discharge Assessment—*Just prior to discharge*)

Is the most recently blood pressure $\geq 160/100$?

- If yes, alert the provider and hold discharge

Is the most recent pulse ≥ 120 ?

- If yes, alert the provider and hold discharge

Is temperature $\geq 100.4\text{F}/38\text{C}$?

- If yes, alert the provider and hold discharge

Is the respiratory rate ≥ 30 ?

- If yes, alert the provider and hold discharge



POSTPARTUM ACCESS & CONTINUITY OF CARE

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

Secondary Drivers

Comprehensive Postpartum Patient Discharge Education

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 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!



My Post-Birth Health Information

I had the following complications:

My Post-Birth Medications:

My Post-Birth Follow-Up Plan:

Hear Her Campaign Poster



Headache that won't go away or gets worse



Dizziness or fainting



Fever of 100.4 or higher



Change in your vision



Thoughts of harming yourself



Trouble breathing



Chest pain or fast-beating heart



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

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
- Organ damage
- Stroke
- Death

Warning Signs



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

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p>Call 911 if you have:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
<p>Call your healthcare provider if you have:</p> <p><small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes



Tell 911 or your healthcare provider:

"I gave birth on _____ and
(Date)
 I am having _____"
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger** may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus from episiotomy or C-section site** may mean you have an infection
- **Redness, swelling, warmth, or pain in the calf area of your leg** may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP My Healthcare Provider/Clinic: _____ Phone Number: _____
 Hospital Closest To Me: _____



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

16004
 ©2018 Association of Women's Health, Obstetric, and Neonatal Nurses. All rights reserved. Unlimited print copies permitted for patient education only. For all other requests to reproduce, please contact permissions@awhonn.org.

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.

Reverse Side

Deciding What Birth Control is Right for You

You have many options to choose from!



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.

- 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



You can always change your mind and your doctor or healthcare provider is here to help.

*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/preconception/rlptool.html> 10/13/2022



POSTPARTUM ACCESS & CONTINUITY OF CARE

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

Secondary Drivers

Clinician Postpartum
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

Respectful care is a universal component of every driver & activity



The American College of Obstetricians and Gynecologists

District XII Florida

CHAIR
Cole Greves, MD

VICE CHAIR
Julie DeCosare, MD

TREASURER
Daniel R. Christie, MD

SECRETARY
Andrea Friall, MD

IMMEDIATE PAST CHAIR
Shelly Holmström, MD

**LIAISON TO THE JUNIOR
FELLOWS**
Shannon Schellhammer, MD

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 (Committee Opinion #736) recommends postpartum care include an additional early visit before the traditional six weeks. FPQC recommends this visit 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 post birth health check.
- The obstetric provider and outpatient 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 perineum check, mood check/ depression screening, any postpartum bleeding concerns, discussion of infant feeding and supports needed, check in on any medical complications hypertension and any needed follow up plans or linkage to 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.

Outpatient Provider Letter

- 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

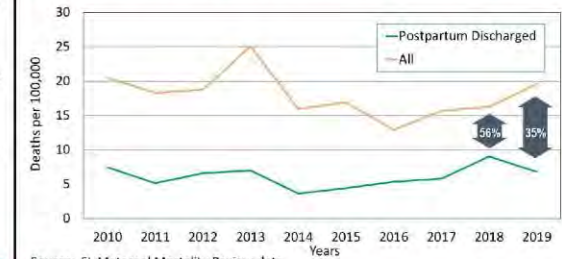
Postpartum Mortality Brief (For Providers)



Postpartum discharge and Florida's pregnancy-related deaths: Are these deaths preventable?

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.

Figure 1. Pregnancy-Related Mortality Rates Florida, 2010 to 2019

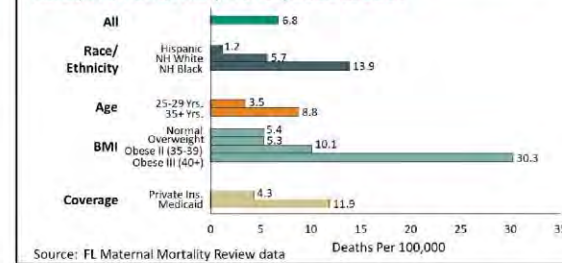


Source: FL Maternal Mortality Review data

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).

Figure 2. Postpartum Discharge Pregnancy-Related Mortality Rates, Women at Risk, Florida, 2015 to 2019



Source: FL Maternal Mortality Review data

- 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** (1.2).
- Mothers who had **category III and II obesity** were more likely to die than mothers who were **normal weight or overweight** (30.3, 10.1, 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** (8.8) 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)

Post-Birth Health Check "Follow the B's!"



Florida Perinatal Quality Collaborative
Postpartum Access & Continuity of Care (PACC) Initiative


 Blues	Assess mood/coping. Provide depression screening. Review signs/symptoms of mood disorders & how to get help.
 Bonding	Assess bonding with baby/babies along with support person(s). Provide resources as needed, including Healthy Start resources.
 Breast (or Bottle)	Discuss infant feeding. Provide support & additional resources.
 Bleeding	Assess bleeding. Review signs of abnormal bleeding & when to call provider (PP Warning Signs).
 Bottom	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, & post-coital discomfort.
 Baby Spacing	Discuss family planning & provide education as needed.
 Blood Pressure	Assess BP & any signs of preeclampsia.
 Other Best Practices	<ul style="list-style-type: none">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 10/13/22

Post-Birth Health Check: Provider Offices (For Patients)

Post-Birth Health Check

"Follow the B's!"



Checklist Element	Patient Response	Notes
 <p>Blues How are your moods? Do you have times of sadness or feeling anxious?</p>		
 <p>Bonding How is bonding with baby/babies going for both you and your support person(s)?</p>		
 <p>Breasts (or Bottle) Any concerns about your breasts? How is your baby feeding?</p>		
 <p>Bleeding Do you feel you are bleeding too much?</p>		
 <p>Bottom How is your bottom/are your stitches? Any concerns with urinating or with bowel movements?</p>		
 <p>Baby Spacing Would you like information on family planning?</p>		
 <p>Blood Pressure How has your blood pressure been?</p>		
 <p>Before You Go</p> <ul style="list-style-type: none"> Have you had an increase in your temperature or feel like your heart is beating too fast? Any issues with headaches or vision changes since birth? If you had a cesarean birth, how is your incision healing? Are there any services on which you would like information? 		

Florida Perinatal Quality Collaborative • PACC Initiative • www.fpqc.org/PACC

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 1-833-943-5746
TTY: 711 then 1-833-943-5746 <https://mchb.hrsa.gov/national-maternal-mental-health-hotline> (Free national phone resource for mental health support)

Postpartum Support International Help Line 1-800-944-4773 <https://www.postpartum.net/>
(Free national support for help with postpartum mood and anxiety disorders)

Florida Family Health Line 1-800-451-2229
(Free hotline from Florida Department of Health for 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/>
Spanish 1-800-942-6908 Text START to 88788
(Free hotline to help with intimate partner/domestic violence issues)

National Suicide Prevention Lifeline 1-800-784-2433 or 988 <https://988lifeline.org/>
Crisis Lifeline 1-800-273-8255
Crisis Text Line Text HOME to 741741 <https://www.crisistextline.org/>
(Call or text if having thoughts of harming yourself or others)

SAMHSA National Help Line 1-800-662-4357
TTY: 1-800-487-4889 <https://www.samhsa.gov/find-help/national-helpline>
(Free national help line for those who seeking support for substance use issues)

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.fibreastfeeding.org/state-coalitions/>
(Local coalition numbers, websites, and social media can be found at the link)

Additional Resources

LGBT National Hotline 1-888-843-4564 (not 24/7) <https://www.lgbthotline.org/>

The Trevor Project 1-866-488-7386 <https://www.thetrevorproject.org/> (Youth 13-24)
Text START to 678678 (Free hotline for suicide prevention for LGBTQ+ youth)

Human Trafficking Hotline 1-888-373-7888

National Eating Disorders Help Line 1-800-931-2237 (not 24/7) <https://www.nationaleatingdisorders.org/>

National Sexual Assault Hotline (RAINN) 1-800-656-4673 <https://www.rainn.org/>
Chat line: online.rainn.org (Free, confidential 24/7 help for sexual assault survivors)

Local Resources

FPQC

10/13/22



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.

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., O14.05 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**—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@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

Secondary Drivers

Clinician Postpartum
Engagement and Education

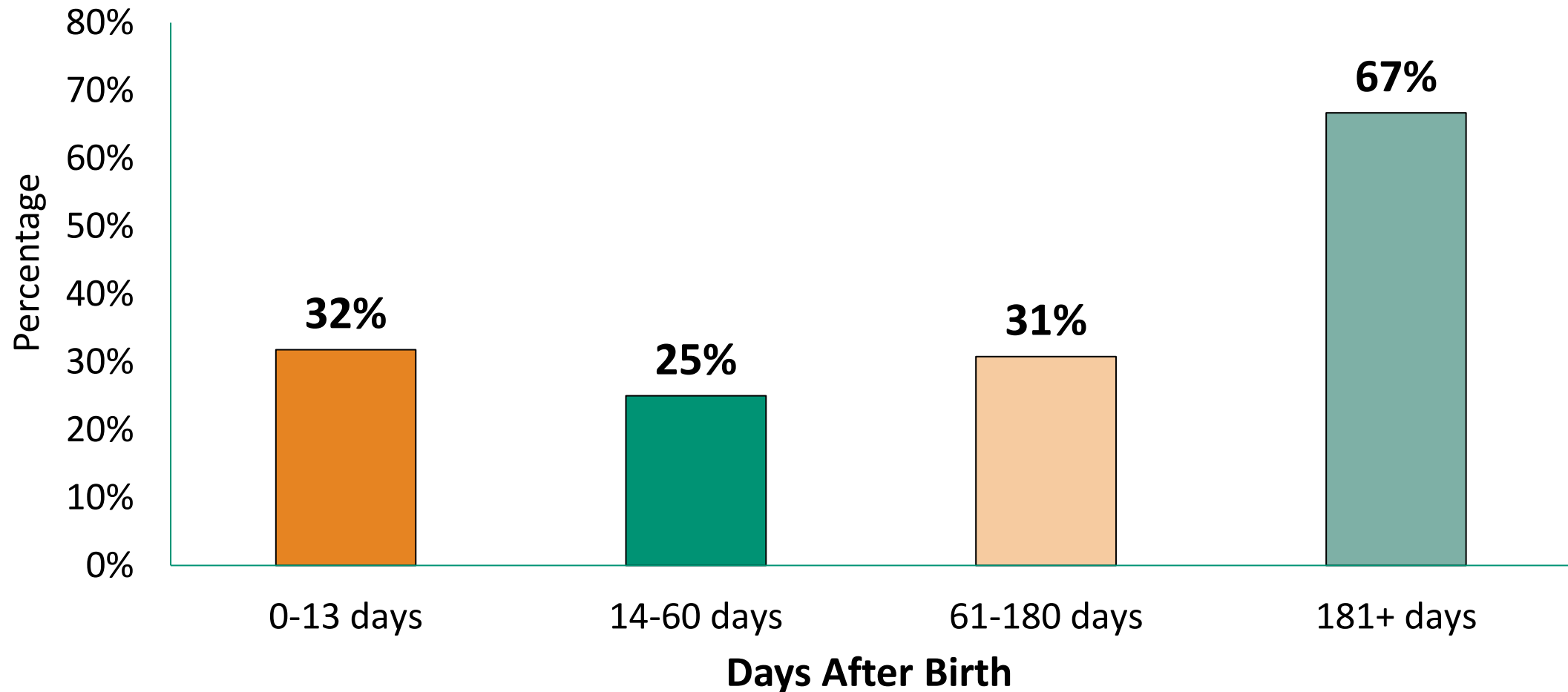
Develop a strategy to engage and educate inpatient and outpatient providers and staff using initiative promotional and education materials

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

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

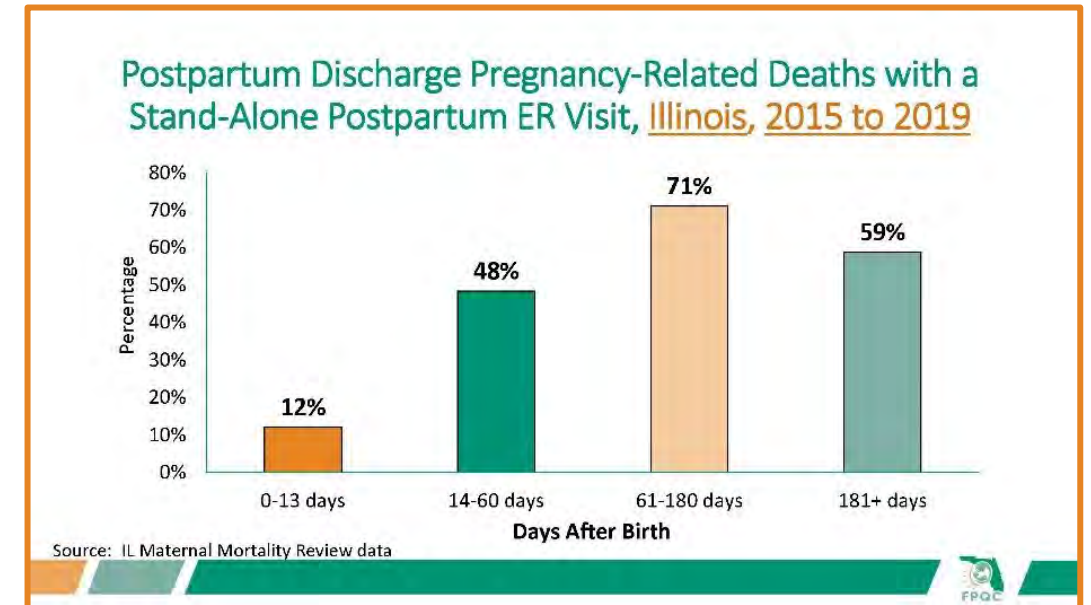
Postpartum ER Care—Mortality Prevention

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



Postpartum Mortality Brief (For Providers)



Postpartum discharge and Florida's pregnancy-related deaths: Are these deaths preventable?

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.

Figure 1. Pregnancy-Related Mortality Rates Florida, 2010 to 2019

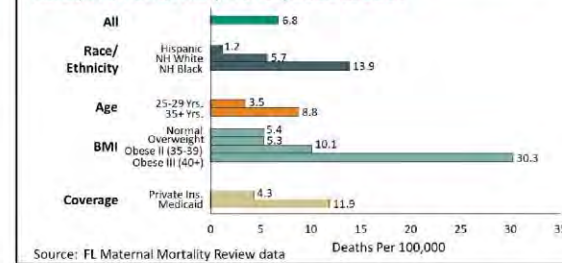


Source: FL Maternal Mortality Review data

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).

Figure 2. Postpartum Discharge Pregnancy-Related Mortality Rates, Women at Risk, Florida, 2015 to 2019



Source: FL Maternal Mortality Review data

- 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** (1.2).
- Mothers who had **category III and II obesity** were more likely to die than mothers who were **normal weight or overweight** (30.3, 10.1, 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** (8.8) were twice as likely to die as mothers on **private insurance** (3.5) or self-pay (4.3).

Postpartum ER Care—Mortality Prevention

Provider Educational Poster/Flyer

Pregnant in the past year?

Other Diagnoses to Consider

- Short of Breath/ Cardiomyopathy
- Hypertension/ Preeclampsia
- Fever/ Sepsis
- Thromboembolism
- Hemorrhage/ Anemia
- Depression/ Mental Health
- Drug Use

For more information scan the QR codes, or go to www.fpqc.org/pacc

PACC
POSTPARTUM ACCIDENTS & CONTINUITY OF CARE

FPQC

Hypertension / Preeclampsia

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):

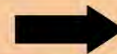
I gave birth at the following hospital:

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:



Questions?

wsappenf@usf.edu

fpqc@usf.edu

www.fpqc.org

 Florida Perinatal Quality Collaborative

 YouTube Florida Perinatal Quality Collaborative

 @TheFPQC



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



POSTPARTUM ACCESS & CONTINUITY OF CARE

Early Postpartum Care: The Illinois Experience

Improving postpartum access to care (IPAC): Strategies for success

October 27, 2022





POSTPARTUM ACCESS & CONTINUITY OF CARE

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 Heroes



Be a
Health
Literacy
Hero!



Together, We Make a Difference



Health Literacy Month | October

#CelebrateEveryDay

HL Month Hero image courtesy of www.healthliteracy.com
and www.healthliteracymonth.org

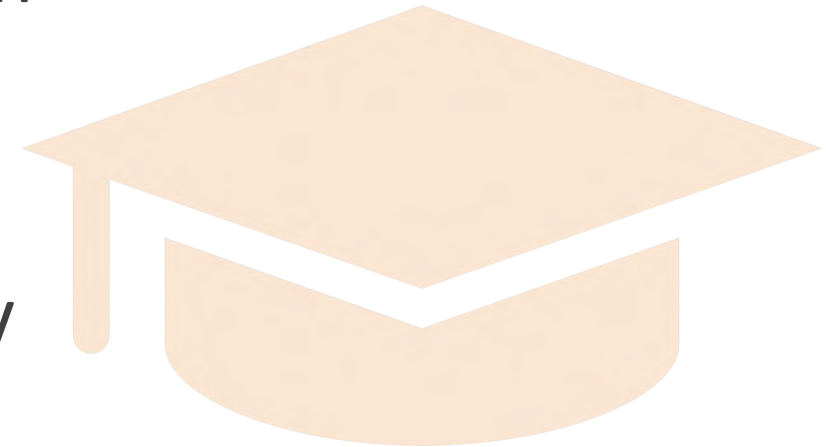
Course Goal

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

**Give the most
important info
first**

1

**Limit to
three key
messages**

2

**Keep it
concise**

3

Key Takeaway Points

#1: The postpartum period is a time of significant change, but **preventable risk**



Key Takeaway Points

#2: Health literacy impacts **postpartum** patient outcomes



Key Takeaway Points

#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

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



Introduction

- 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

What Can Florida Do to Reverse Trends?

We need to...

- ↑ Improve understanding/awareness of risk factors
- ↑ Improve early post birth interventions

Which will

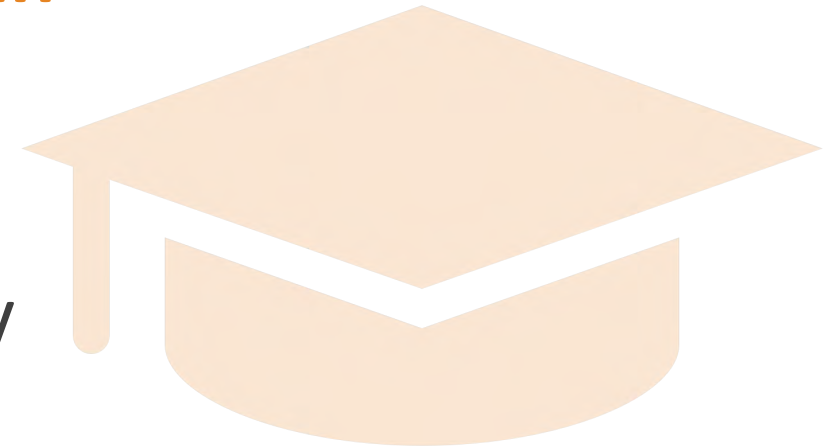
**Address health literacy
to assist in prevention efforts!**

and mortality

overall burden on the healthcare system

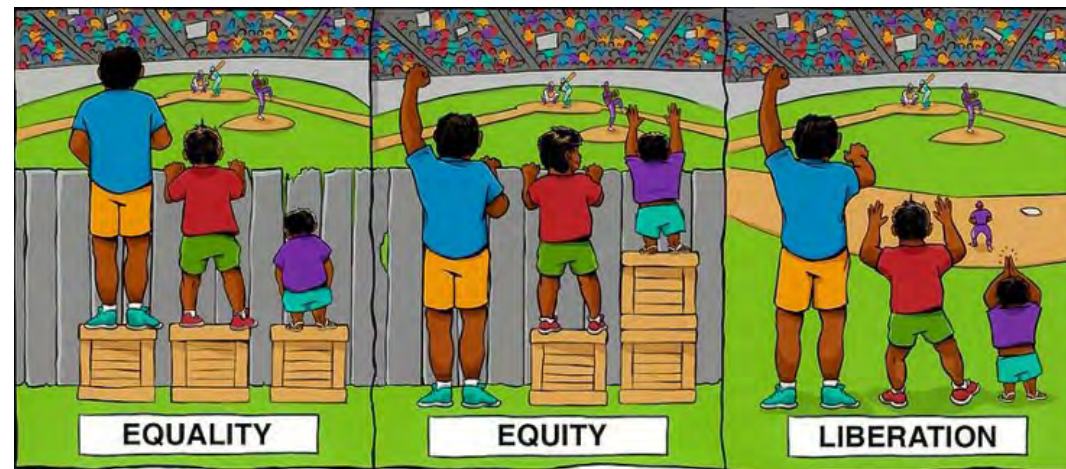
Course Objectives

- 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



Health Literacy

- 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

patients with low **HEALTH LITERACY...**

- Are more likely to visit an **EMERGENCY ROOM**
- Have more **HOSPITAL STAYS**
- Are less likely to follow **TREATMENT PLANS**
- Have higher **MORTALITY RATES**

www.cdc.gov/phpr

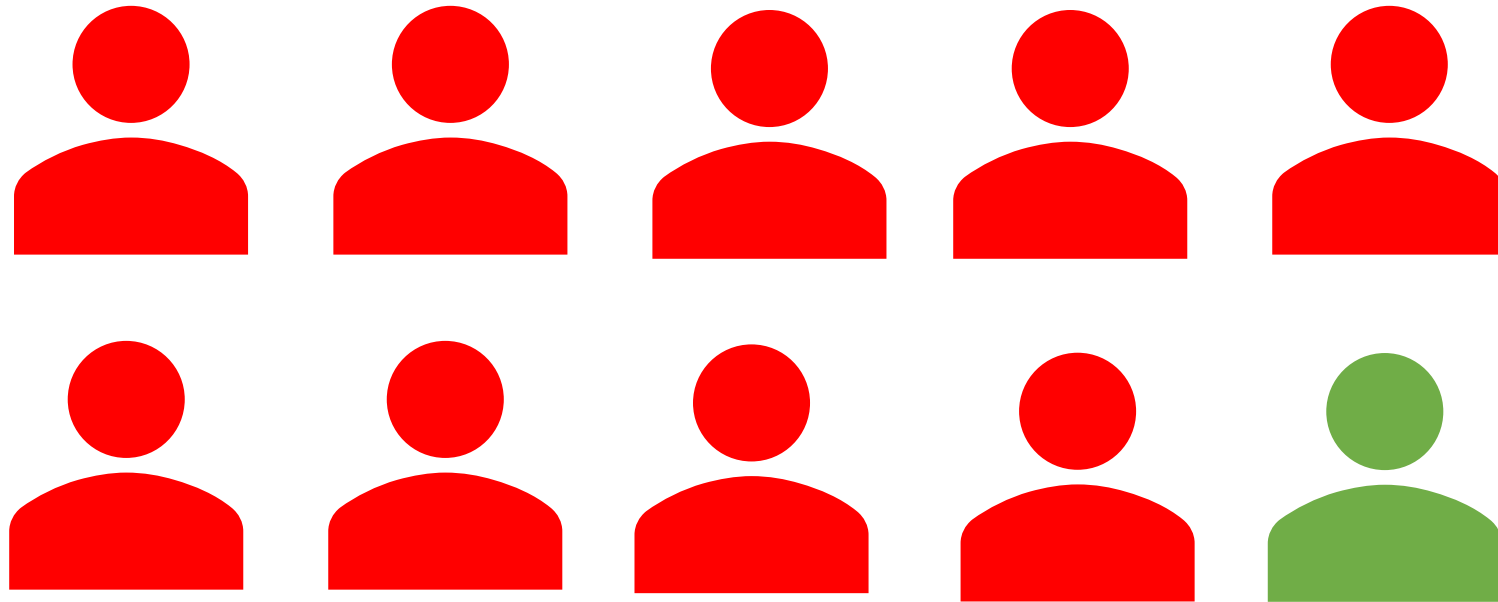
Both mother and baby are impacted in the postpartum period

Low Health Literacy is Costly

- 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.



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

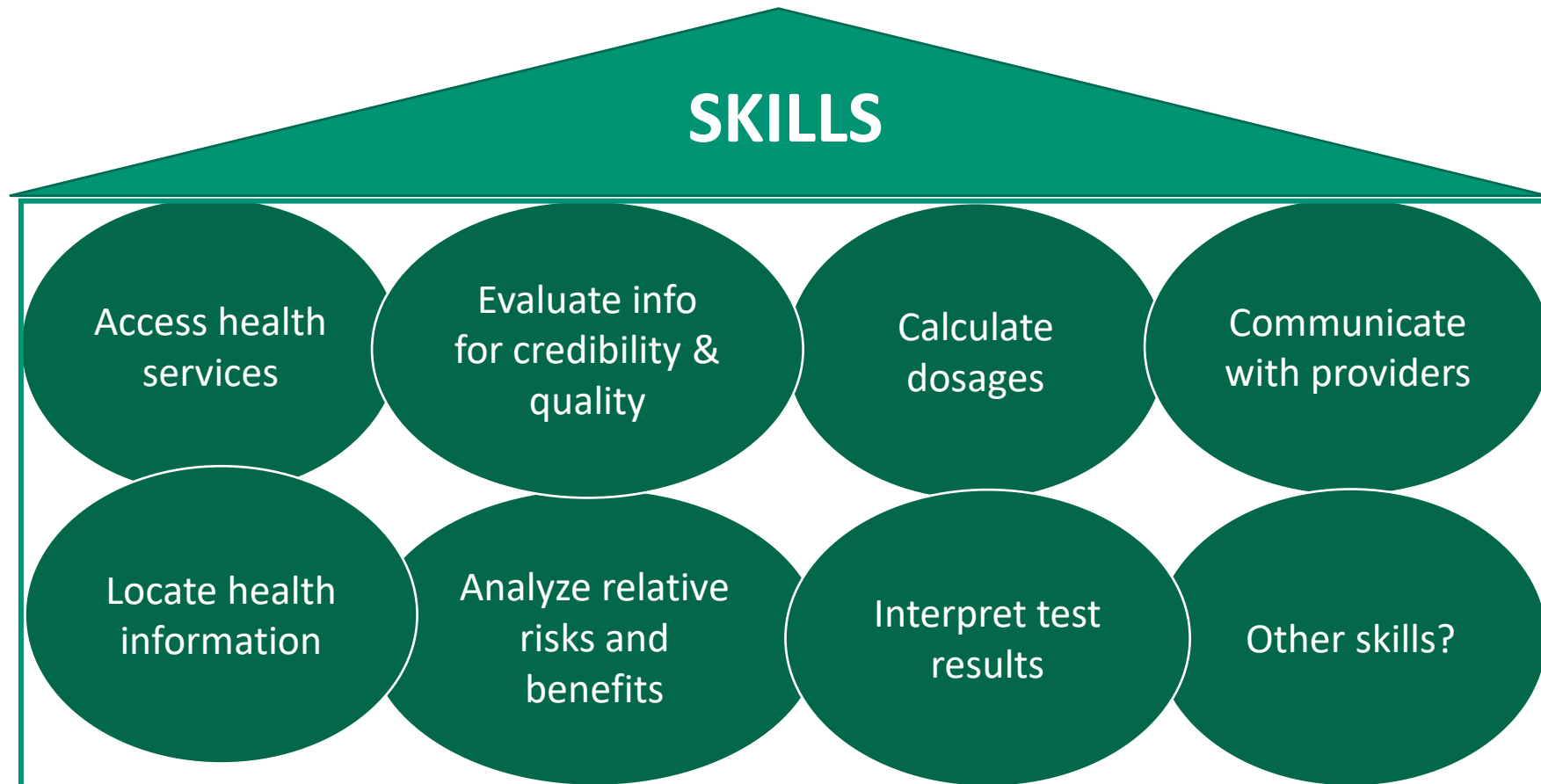


Broader Contexts in Which Patients are Embedded

System Level	Barrier
School	Challenges implementing comprehensive (reproductive) health education
Workplace	Inadequate maternity leave, PTO Poor insurance coverage through employer or federal exchange
Community	Lack of access or availability to postpartum care/support
Health Communication	Limited patient-centered communication skills and opportunities
Health Professionals	Lack of awareness about health literacy Daily clinical and healthcare system demands
Health Care System	Challenges navigating complex health system Disconnect between policies

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**.



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



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.

#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

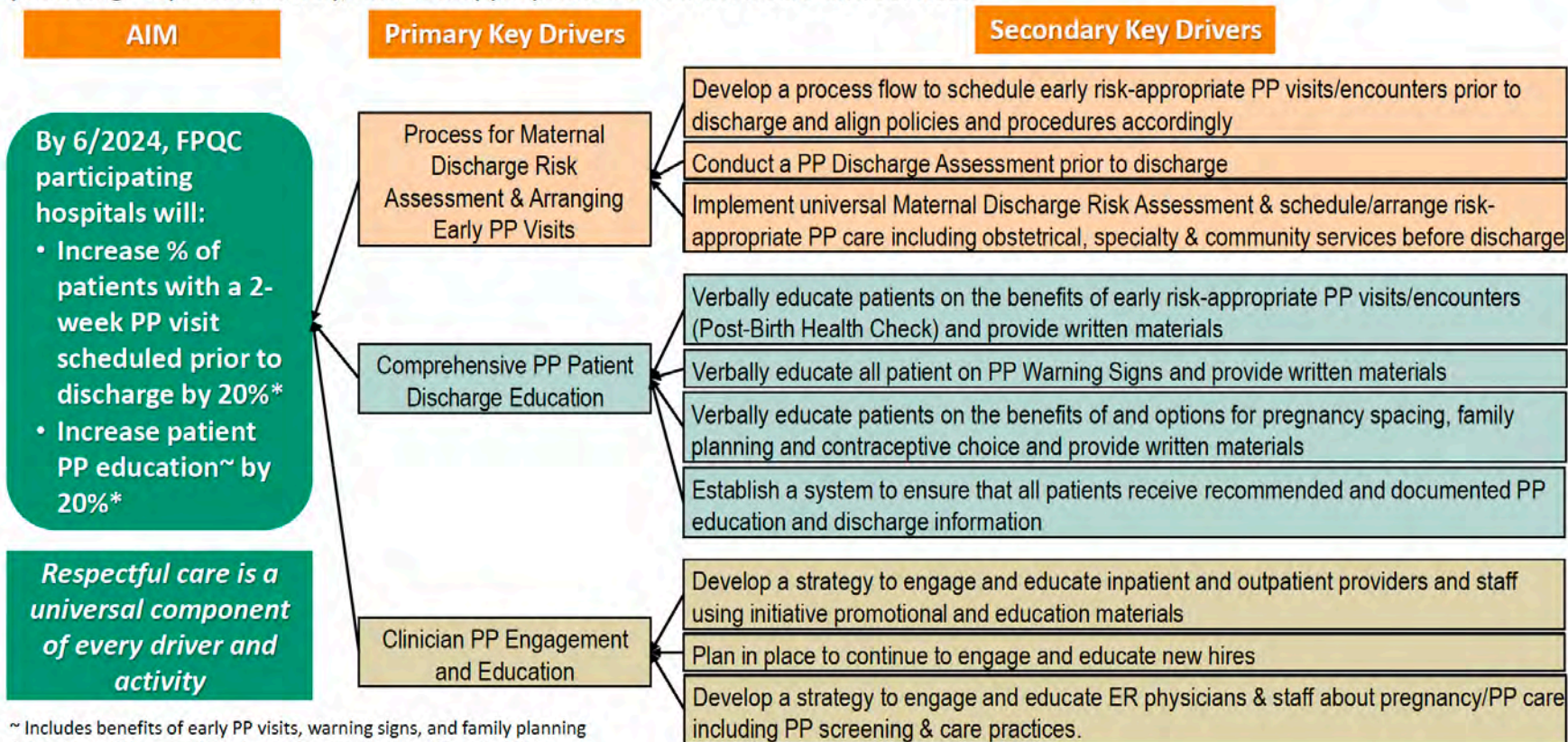


#3: Prepare Workforce and Monitor Progress

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.



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

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

#4: Include Populations Served at All Levels

Diverse Patient Boards



#6 Use HL in Interpersonal Communications

Choosing Carefully: Popular Words in Postpartum Care

Instead of...

- Postnatal
- Acute phase
- Perineum
- Anticoagulants
- Lactating
- Interconception

Use:

- After birth
- Six to twelve hours after birth
- Between the vagina and the anus
- Medicines that prevent blood clots
- Producing breast milk
- The time between the end of one pregnancy and the beginning of the next one

#6 Use HL in Interpersonal Communications

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




#7: Provide Easy Access to Health Info & Services

Post Birth Health Check

- Health literate clinicians and organizations standardized postpartum care and assume **all** patients have low health literacy

Postpartum Discharge Assessment
(to be done just prior to discharge)



Vitals	If yes...	Checked
Is the most recent blood pressure $\geq 160/100$?	Alert the provider and hold discharge	<input type="checkbox"/>
Is the most recent pulse ≥ 120 ?	Alert the provider and hold discharge	<input type="checkbox"/>
Is temperature $\geq 100.4F/38C$?	Alert the provider and hold discharge	<input type="checkbox"/>
Is the respiratory rate ≥ 30 ?	Alert the provider and hold discharge	<input type="checkbox"/>
Comments:		
<input type="text"/>		

FPQC.org 10/13/2022

#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.

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: _____



10/13/2022

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!



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

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. Yet any woman can develop complications after the birth of her baby. Knowing what could be life-threatening warning signs after the birth of your baby could save your life.

Tell your partner and others you need immediate care if you experience any of the following warning signs:

<p>Call 911 if you have:</p>	<ul style="list-style-type: none"><input type="checkbox"/> Pain in chest<input type="checkbox"/> Obstructed breathing or shortness of breath<input type="checkbox"/> Seizures<input type="checkbox"/> Thoughts of hurting yourself or your baby
<p>Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"><input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger<input type="checkbox"/> Incision that is not healing<input type="checkbox"/> Red or swollen leg, that is painful or warm to touch<input type="checkbox"/> Temperature of 100.4°F or higher<input type="checkbox"/> Headache that is not relieved, even after taking medication, or associated with visual changes.

**Trust
your instincts.**
ALWAYS obtain
medical care if you are
not feeling well or
have questions or
concerns.

**Tell 911
or your
healthcare
provider:**

"I had a baby on _____ and
(Date)
I am having _____."
(Specific warning signs)

#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

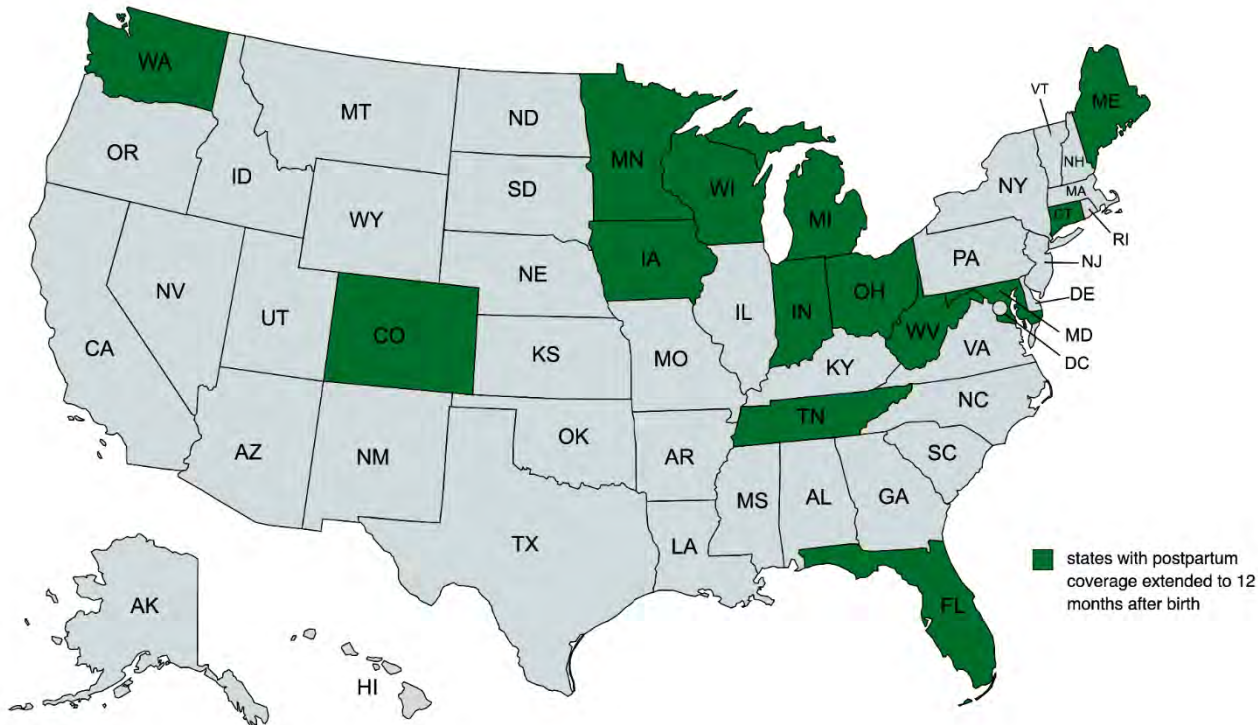
5.

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 reimbursement 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., O14.05 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**—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@usf.edu

10/18/22



10 Attributes of a Health Literate Organization



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.

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

Re-Visiting Three Key Course Takeaways

#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

 YouTube Florida Perinatal Quality Collaborative

 @TheFPQC



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

Sources

- ACOG Committee Opinion No. 736: Optimizing Postpartum Care. (2018, May). *131*(5), e140-e150. doi: 10.1097/AOG.0000000000002633
- Agency for Healthcare Research and Quality. (n.d.). *Consumer Assessment of Healthcare Providers and Systems (CAHPS)*. <https://www.ahrq.gov/cahps/index.html>
- Association of Women's Health, Obstetric and Neonatal Nurses. (2021). *POST-BIRTH Warning Signs Education Program*. <https://www.awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/>
- Brach, C., Keller, D., Hernandez, L., Baur, C., Parker, R., Dreyer, B., . . . Schillinger, D. (2012, June). *Ten Attributes of Health Literate Health Care Organizations*. https://nam.edu/wp-content/uploads/2015/06/BPH_Ten_HLit_Attributes.pdf
- Centers for Disease Control and Prevention. (2022, March 1). *Hear Her Campaign: Urgent Maternal Warning Signs*. <https://www.cdc.gov/hearher/maternal-warning-signs/index.html>
- Centers for Disease Control and Prevention. (2022, September 19). *Four in 5 pregnancy-related deaths in the U.S. are preventable*. <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>
- Central East Addiction Technology Transfer Center Network. (2012). *Anti-Stigma Toolkit*. <https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf>

Sources

Colter, A., & Summers, K. (2014). Eye tracking with unique populations: low literacy users. In *Eye Tracking in User Experience Design* (pp. 331–346). Waltham, MA: Morgan Kaufmann Publishers/Elsevier.

Department of Labor. (2014, April 18). *Family and Medical Leave in 2012: Technical Report*. Retrieved from <https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/FMLA-2012-Technical-Report.pdf>

Eichler, K., Wieser, S., & Brügger, U. (2009). The costs of limited health literacy: a systematic review. *International Journal of Public Health*, 54(5), 313-24. doi: 10.1007/s00038-009-0058-2

Florida Department of Health. (2016). *Call for the Development of Maternal Early Warning Systems (MEWS)*. https://www.floridahealth.gov/statistics-and-data/PAMR/_documents/maternal-early-warning-system.pdf

Florida Department of Health. (2021, September). *Florida's Maternal Mortality Review Committee 2019 Update*. <https://www.floridahealth.gov/statistics-and-data/PAMR/fl-maternal-mortality-review-committee-2019-update.pdf>

National Center for Education Statistics. (2022). *Public High School Graduation Rates*. Retrieved from <https://nces.ed.gov/programs/coe/indicator/coi/high-school-graduation-rates>

National Library of Medicine. (2021, December 17). *An Introduction to Health Literacy*. <https://nnlm.gov/guides/intro-health-literacy>

Sources

NPS Foundation. (2012, February 1). *Ask Me 3*. <https://www.youtube.com/watch?v=B3EB-icaNKQ>

Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, P., Slonska, S., . . . HLS-EU. (2012, January 25). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*. doi: 10.1186/1471-2458-12-80

The Joint Commission. (2010). *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*. <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/health-equity/roadmapforhospitalsfinalversion727pdf>

U.S. Department of Education. (2006, September). *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy*. <https://nces.ed.gov/pubs2006/2006483.pdf>

U.S. Department of Health and Human Services. (2020). *Health Literacy in Healthy People 2030*. <https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>

Sources

- U.S. Department of Health and Human Services. (2021, August 24). *National Action Plan to Improve Health Literacy*. <https://health.gov/our-work/national-health-initiatives/health-literacy/national-action-plan-improve-health-literacy>
- U.S. General Services Administration. (2010). *Law and requirements*. <https://www.plainlanguage.gov/law/>
- UCLA Department of Nursing. (2015, September 23). *Teach-back for MedUcation*. <https://www.youtube.com/watch?v=eNlbpEAVk4g>
- World Health Organization. (1998). *Health Promotion Glossary*. https://apps.who.int/iris/bitstream/handle/10665/64546/WHO_HPR_HEP_98.1.pdf

Additional Resources

- CAHPS surveys: <https://www.ahrq.gov/cahps/index.html>
- Anti-Stigma Toolkit: <https://attcnetwork.org/sites/default/files/2019-04/Anti-Stigma%20Toolkit.pdf>
- 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>
- USDA: Simply Put - A Guide for Creating Easy-to-Understand Materials <https://wicworks.fns.usda.gov/resources/simply-put-guide-creating-easy-understand-materials>
- 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



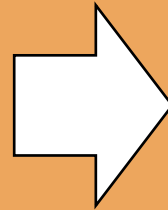
Create a Culture Ready for Change

- 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!



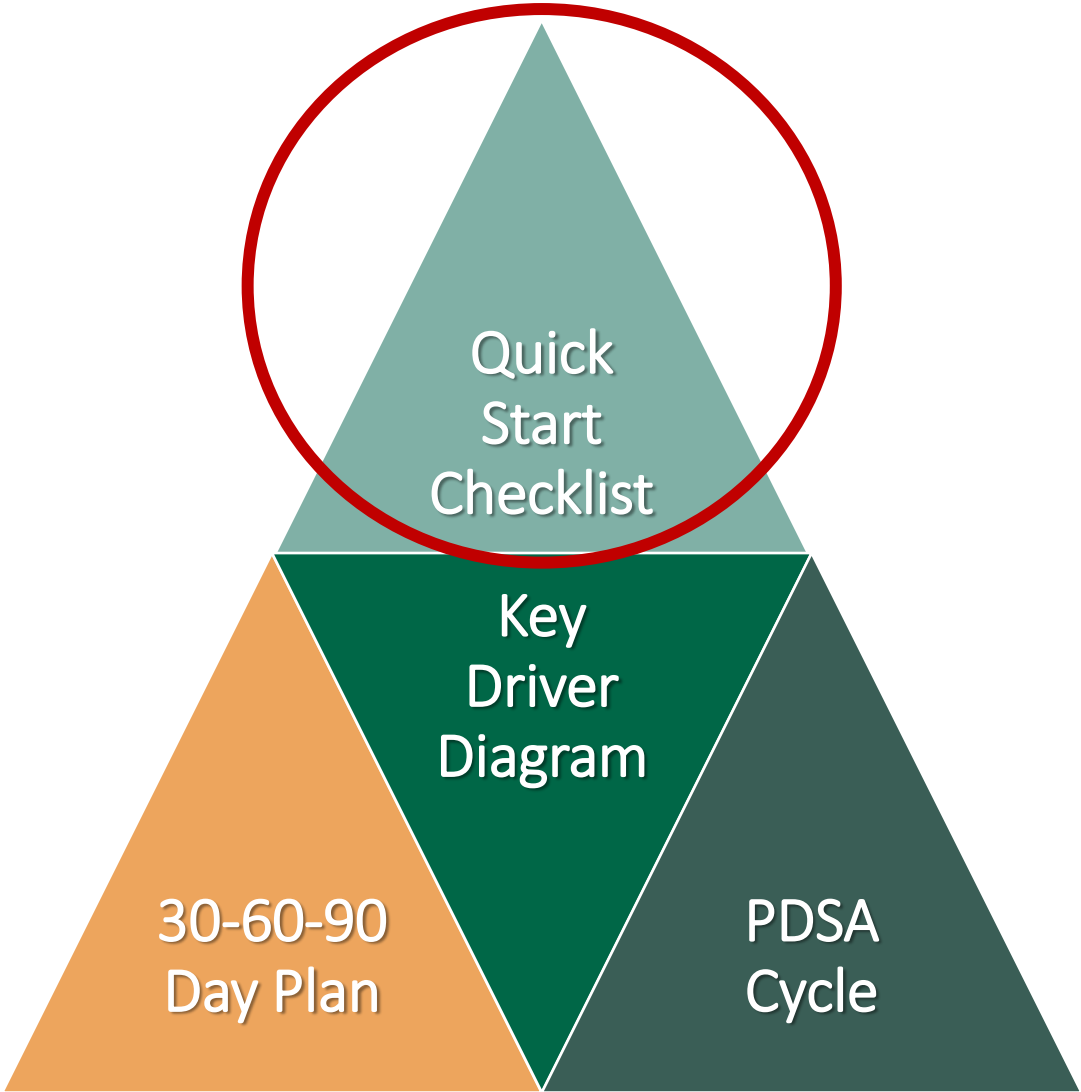
PACC Team Meetings

- 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



1. Recruit QI team – lead, physician lead, nurse lead, QI/data lead, administrative champion



2. Review, complete and return PACCC Data Use Agreement



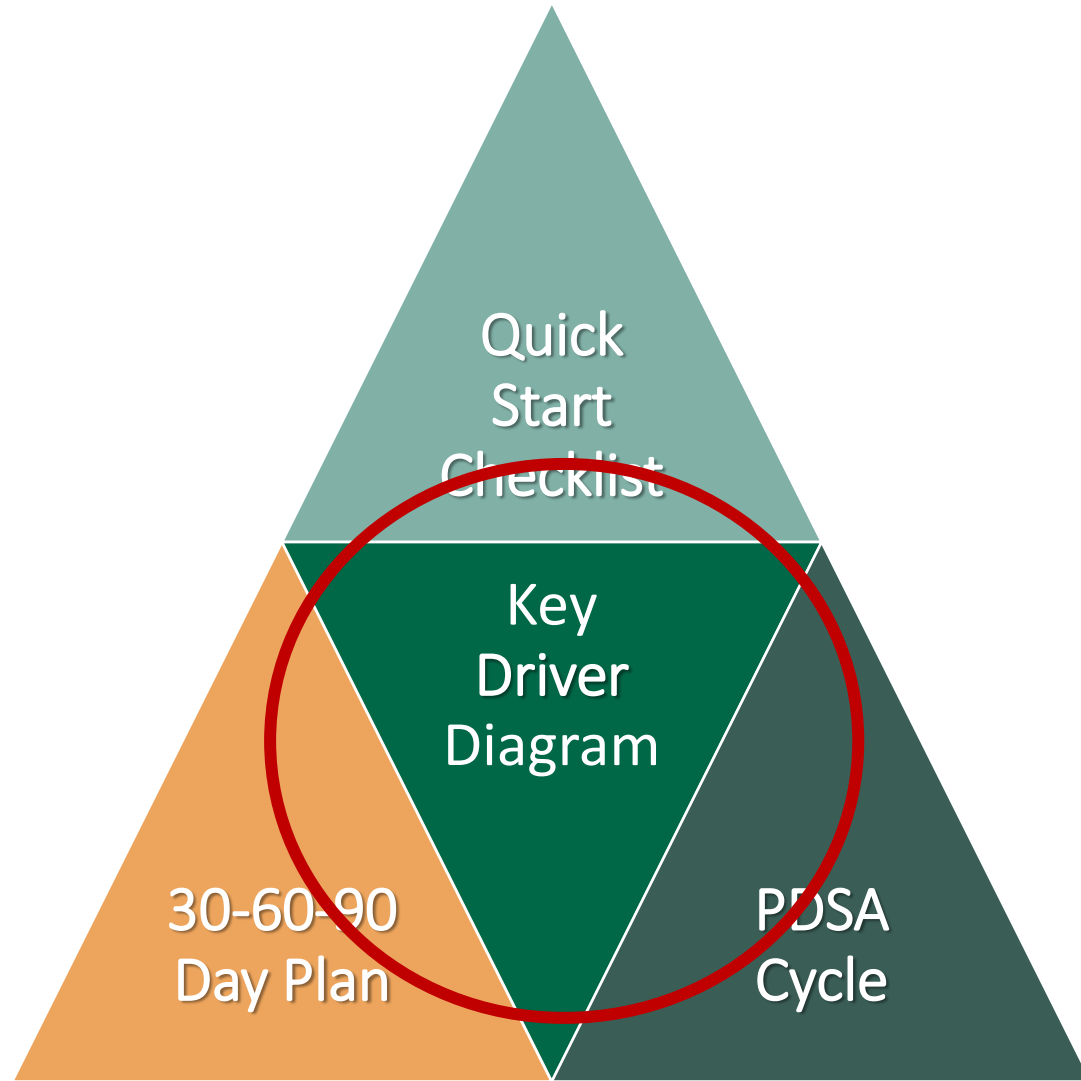
3. Attend PACCC Kick-off Meeting



4. Complete the PACCC Pre-Implementation Survey

5. Write down questions or concerns





Tools to Use



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

Primary Key Drivers

By 6/2024, FPQC participating hospitals will:

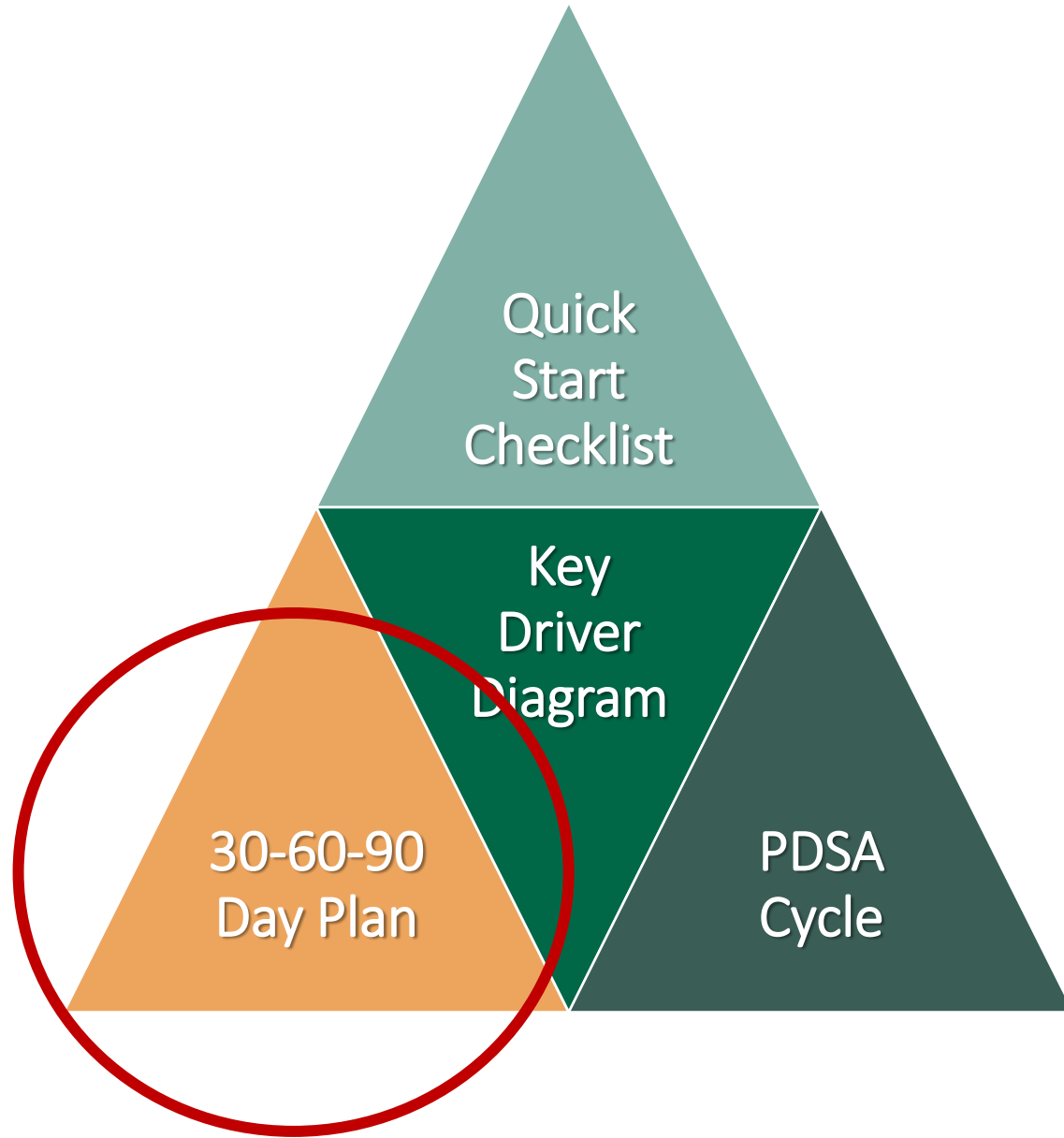
- Increase the % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
- Increase patient PP education~ by 20%*

Respectful care is a universal component of every driver & activity

Process for Maternal Discharge Risk Assessment & Arranging Early Postpartum Visits

Comprehensive Postpartum Patient Discharge Education

Clinician Postpartum Engagement and Education



30-60-90 Day Plan

Foundations	
Strengths	
Barriers	

Looking Ahead	
Three Things to Accomplish in the Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	

Foundations	
Strengths	<i>We have a strong physician champion and good administrative support</i>
Barriers	<i>Some of our providers and staff are very resistant to change</i>

3 Things to Accomplish in the Next 30 Days



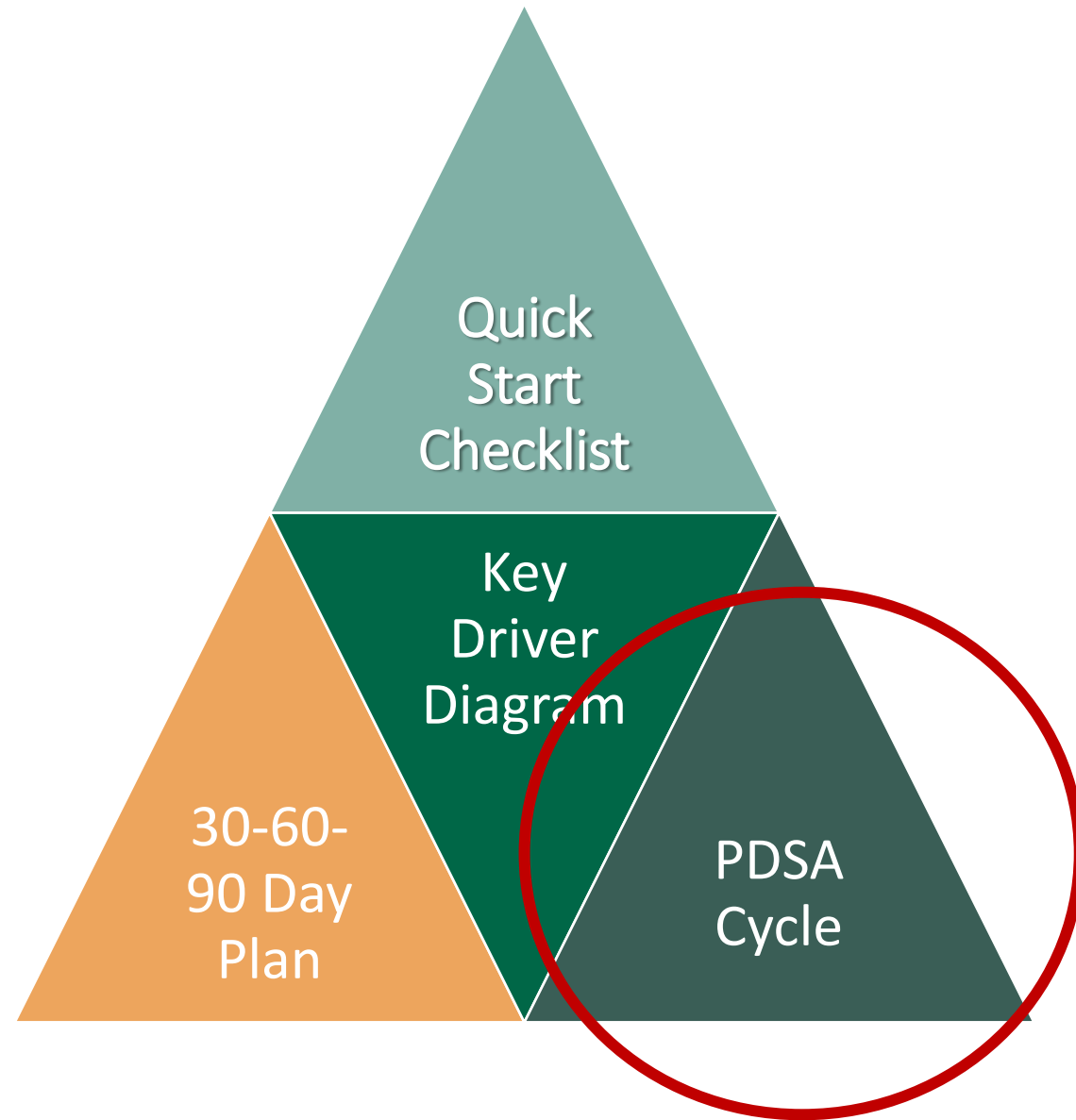
Review interdisciplinary team members and fill any gaps



Schedule team monthly meetings for the next 6 months



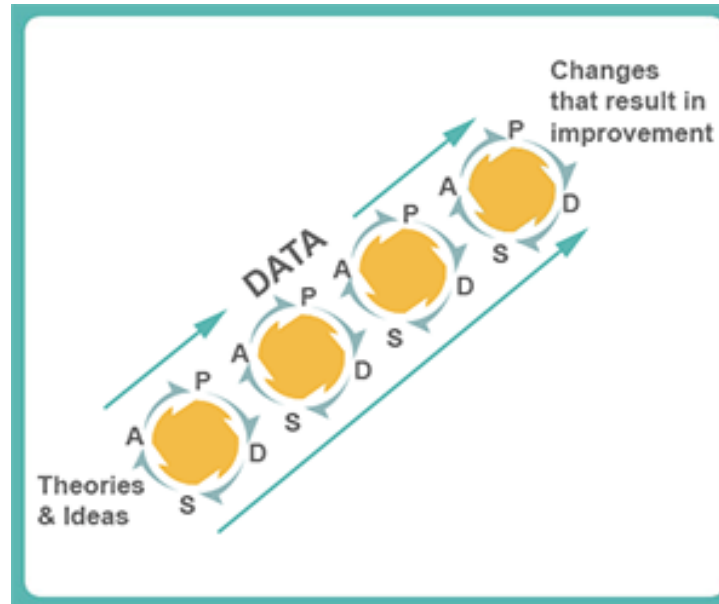
Review/revise policies, procedures and education plans



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

Potential Barrier Drivers

- Time limitations

Strategies to Overcome

- Make sure meetings are organized and succinct to decrease the impact on time
- Involve bedside clinical team members- consider use of clinical ladder
- Standardize meeting time for ease of scheduling; consider virtual option
- Use regularly scheduled department meetings to highlight project and results- be succinct

Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers

- Resource limitations

Strategies to Overcome

- Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaborative work
- Consider system-wide meetings to standardize best practices
- Utilize your FPQC coach mentors

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?

Assess	Review	Attend	Plan
Assess your team to assure all critical departments included	Review PACC resources	Attend Data Collection Webinar: 11/10/22 Noon	Plan for PACC launch – bulletin boards; staff meetings; event invitations

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

Monthly Collaboration Calls with hospitals state-wide

Project-wide in-person collaboration meetings

Monthly e-mail Bulletins

Educational sessions, videos, and resources

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

Monthly and Quarterly QI Data Reports

Online Tool Box

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

PACC Initiative Website

<http://www.fpqc.org/PACC>




FPQC

**POSTPARTUM ACCESS &
CONTINUITY OF CARE
(PACC) INITIATIVE: TOOLKIT**

Florida Perinatal Quality Collaborative


FPQC

Questions?





POSTPARTUM ACCESS & CONTINUITY OF CARE

Break





POSTPARTUM ACCESS & CONTINUITY OF CARE

PACC Online Toolkit Review:

Estefanny Reyes Martinez, MPH, CPH

Quality Improvement Analyst



POSTPARTUM ACCESS & CONTINUITY OF CARE

PACC QI Data Reporting:

Estefania Rubio, MD, MPH, CPH
Data Manager

PACC

POSTPARTUM ACCESS & CONTINUITY OF CARE

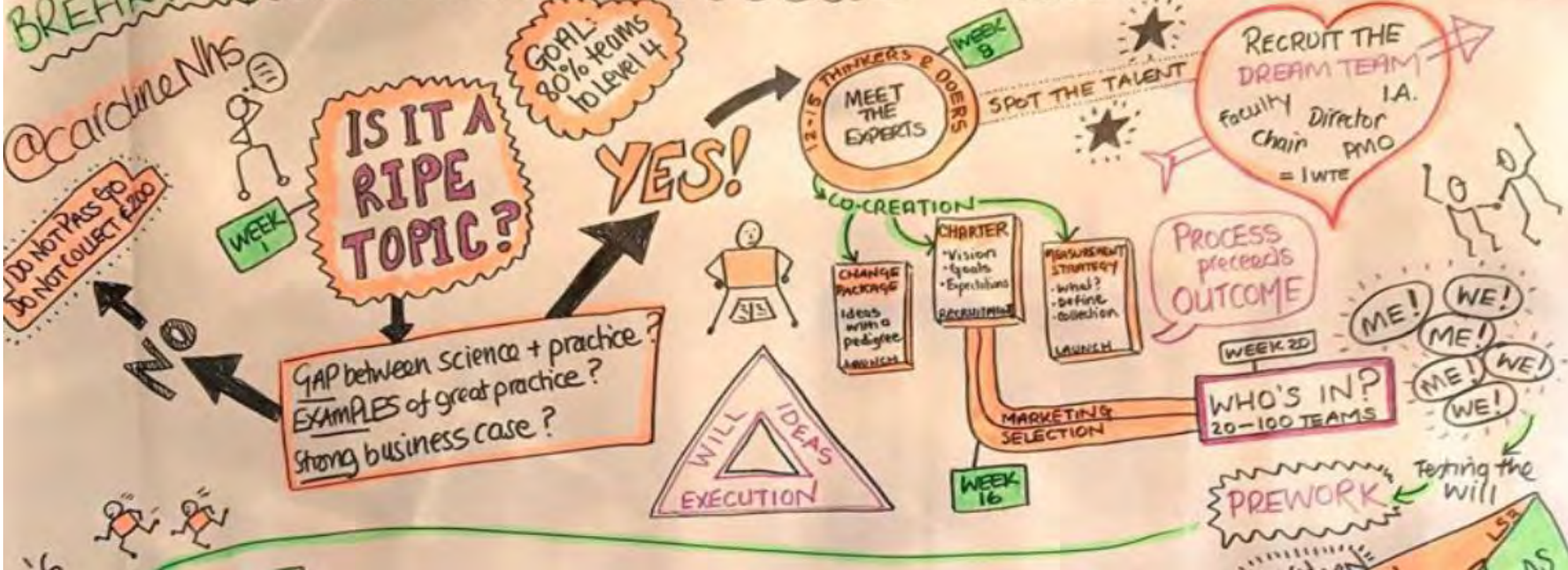


QI DATA REPORTING

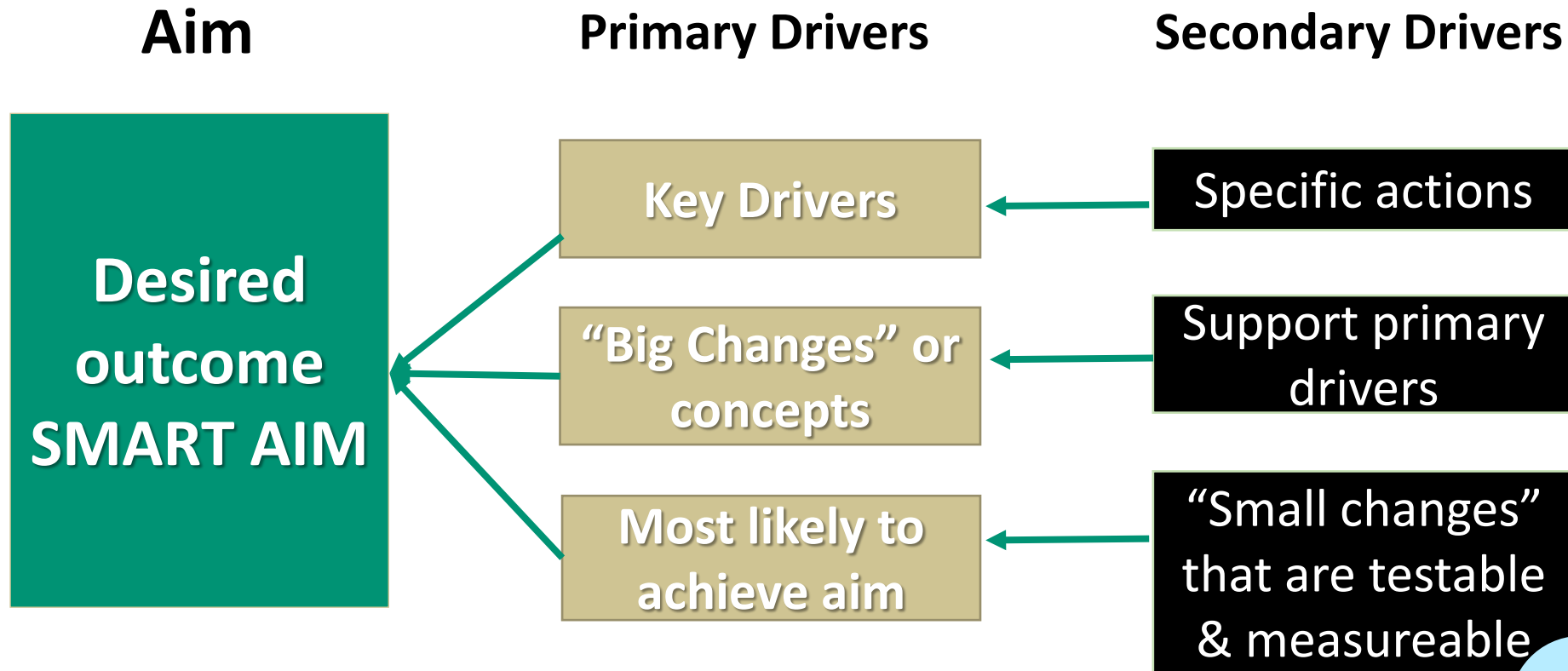


BREAKTHROUGH SERIES COLLABORATIVES = SPREAD OF ADOPTION

NOV 2018



Key Driver basic concepts



← 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.

AIM

Primary Key Drivers

Secondary Key Drivers

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

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

AIM

Outcome Measures

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)



Hypertension
Cardiovascular Disease
Infection
Hemorrhage
Thromboembolism
Substance Use Disorder

The data has a delay of 6-9 months

AIM

QI Outcome Measures

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

AIM

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

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

% of patients...

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

Primary Key Driver

Secondary Drivers

Comprehensive Postpartum
Patient Discharge
Education

% of patients...

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

Primary Key Driver

Secondary Drivers

Clinician Postpartum
Engagement and Education

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



**POSTPARTUM ACCESS & CONTINUITY OF CARE (PACC)
Hospital-Level Data Collection Form**

Guidelines, Policies, and/or Processes

- 1- Not Started
- 2- Planning
- 3 -Started Implementing – Started implementation in the last 3 months
- 4- Implemented – Less than 80% compliance after at least 3 months of Implementation (Not routine practice)
- 5- Fully Implemented – At least 80% compliance after at least 3 months of Implementation (Routine practice)

<i>To what extent has your hospital:</i>	Not started 1	Planning 2	Started to implement 3	Implemented 4	Fully Implemented 5
Developed a process flow to schedule early risk-appropriate PP visits/encounters prior to discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aligned policies, guidelines, and/or procedures to support risk-appropriate PP visits/encounters prior to discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented universal Maternal Discharge Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established a system to ensure that all patients receive recommended and documented PP education and discharge information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed a strategy to engage and educate inpatient providers and staff using initiative promotional and educational materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed a strategy to engage outpatient providers using initiative promotional materials and educate them on billing and coding for early PP visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented periodic education and engagement of new hires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented periodic education and engagement for ER physicians & staff about pregnancy/PP care including PP screening & care practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER established standardized verbal screening for pregnancy now and during the past year as part of its triage or initial assessment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Education

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

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

Questions? Please contact FPQC@usf.edu

10/18/2022

HOSPITAL-LEVEL DATA



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



Cumulative Percent





Complete for 20 systematically selected postpartum (PP) women (sampling method on the back) admitted to your hospital for delivery regardless of infant outcome

STUDY ID # _____

DEMOGRAPHICS		
Delivery Month _____ Year _____	Saturday/Sunday/Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Maternal age _____
Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Mother's Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Mother's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Non-Hispanic/Non-Haitian <input type="checkbox"/> Unknown
Prenatal care started in <input type="checkbox"/> I / II trimester <input type="checkbox"/> III trimester <input type="checkbox"/> No prenatal care <input type="checkbox"/> Unknown	Mother's Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Unknown <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____	Route of Delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean
POSTPARTUM CARE		
	Yes	No
Was a Maternal Discharge Risk Assessment performed?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient (pt.) verbally instructed on the benefits of early risk-appropriate PP visits/Post-Birth Health Check and given written materials?	<input type="checkbox"/>	<input type="checkbox"/>
Was the pt. verbally instructed about PP Warning Signs and given PP warning signs written materials?	<input type="checkbox"/>	<input type="checkbox"/>
Was the pt. verbally instructed about the benefits of and options for pregnancy spacing, family planning, and contraceptive choice and given written materials?	<input type="checkbox"/>	<input type="checkbox"/>
Was a PP Discharge Assessment (vital signs and response) conducted just prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
POSTPARTUM VISITS		
How many days after delivery were Postpartum Visits <u>scheduled prior to discharge</u> (check all that apply)?	<input type="checkbox"/> <7 days <input type="checkbox"/> 7-14 days <input type="checkbox"/> 15 - 21 days <input type="checkbox"/> > 21 days <input type="checkbox"/> Not scheduled/mother instructed	
PP High risk? <input type="checkbox"/> Yes → check condition(s) below <input type="checkbox"/> No	Referrals scheduled and medications provided prior to discharge (check all that apply)	
<input type="checkbox"/> Chronic HTN, gestational HTN, pre-eclampsia, eclampsia, maternal heart disease, or related conditions	Specialty appointment	<input type="checkbox"/>
<input type="checkbox"/> Hx of venous thromboembolism (DVT or pulmonary embolism) /on anticoagulation	Mental/Behavioral Health appointment	<input type="checkbox"/>
<input type="checkbox"/> C-section or 3rd or 4th degree vaginal laceration	Healthy Start/home visiting	<input type="checkbox"/>
<input type="checkbox"/> Positive screen for Substance Use Disorder	Medicaid Case Manager	<input type="checkbox"/>
<input type="checkbox"/> Feeling unsafe at home / Positive for Intimate Partner Violence	Hospital financial counselor	<input type="checkbox"/>
<input type="checkbox"/> Positive Edinburgh Postnatal Depression Scale	Appropriate medication	<input type="checkbox"/>
<input type="checkbox"/> Requested/required additional community resources	Naloxone kit/Rx	<input type="checkbox"/>
<input type="checkbox"/> Other _____		

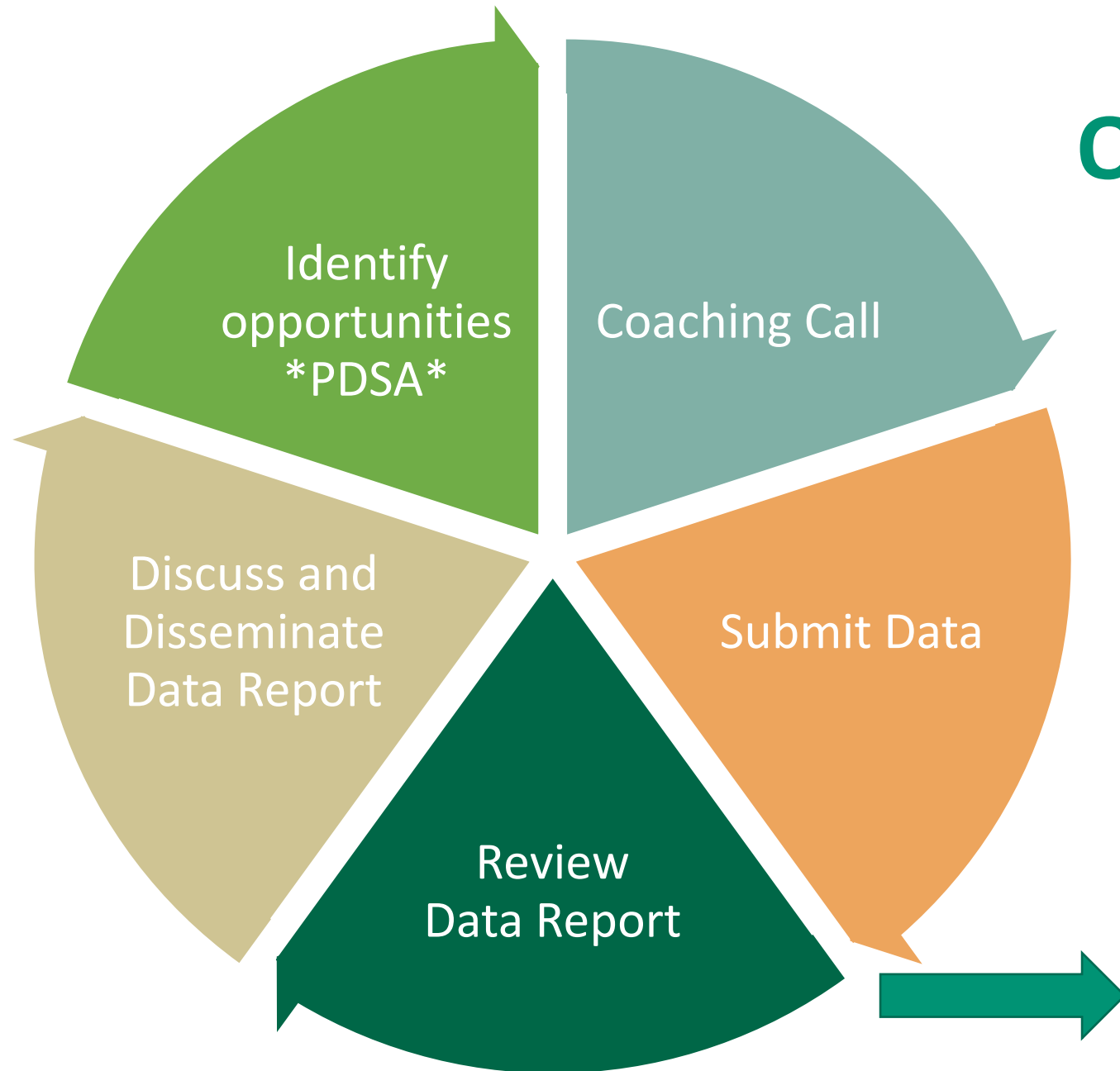
PATIENT-LEVEL DATA

Report on up to 20 women per month

Disaggregate by race, ethnicity, insurance type, risk



QI MONTHLY CYCLE



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 PACCC 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”





POSTPARTUM ACCESS & CONTINUITY OF CARE

Stump the PACC Advisors



POSTPARTUM ACCESS & CONTINUITY OF CARE

Evaluations & Thank You



POSTPARTUM ACCESS & CONTINUITY OF CARE

Adjourn
