

Closing the Gap: Establishing Postpartum Visits after Discharge

Presented By:

Julie Brandt, MSN,RNC, Patient Care Manger

Frankie Addison, BSN, C-ONQS, Patient Care Supervisor

September 10, 2025



Homestead Hospital Demographics

- Located in Southernmost Miami Dade County
- 147 Bed Hospital
- Rural, farm community
- Lower socioeconomic status population
- Mixed payer group with a high proportion of Medicare and Medicaid
- Little to no prenatal care

Perinatal Services

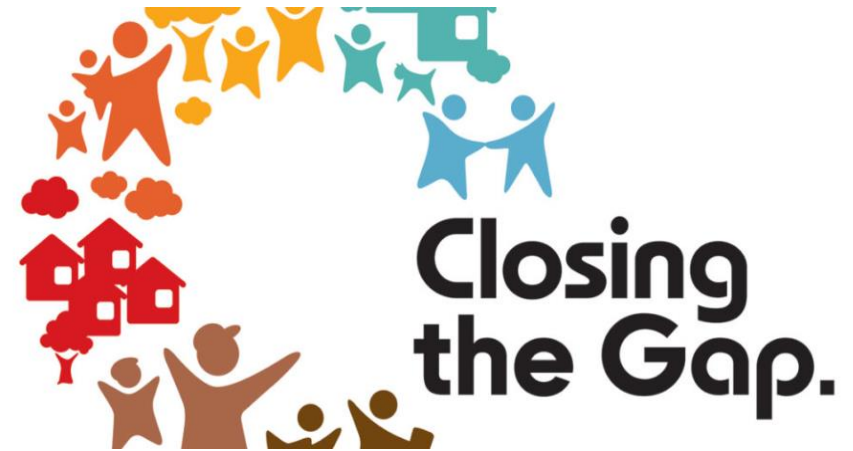
- **Labor and Delivery Unit:**
 - 4 OBED rooms
 - 7 Labor and Delivery Suites
 - 2 OR Suites
 - 2 bed PACU
- **Mother Baby Unit:**
 - 8-bed inpatient
- **Level I** 10 Bed Nursery

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How Did We Close Our Gap?

- Worked closely with Community Health Department navigators
- Private OB and CNMs
- Laborist
- Staff
- Nurses added discharge note with follow up appointment
- Audited chart for compliance



Great Catch

- During a discharge follow-up call, a patient recently readmitted to the ED for high blood pressure was identified.
- The patient had been discharged with a blood pressure cuff due to elevated blood pressure readings.
- The patient was discharged home from the ED and the Discharge Coordinator confirmed that the patient still had the blood pressure cuff and was consistently recording their readings.
- The Coordinator contacted the patient's provider to ensure a follow-up appointment was scheduled.
- The patient initially received the blood pressure cuff upon discharge from the mom-baby unit.
- After the original OB follow-up appointment, the patient had returned to the ED due to high blood pressure and concerns addressed during discharge education from the OB team.

In the end we really did not have a fancy solution, We just knew this was not an option and our patients needed this support. We attribute our success to our amazing team: we have a small but mighty group that believes in what is right for our patients.



Thank You

