

# Fourth Trimester Initiative

## Enrollment Packet 2023



## Vision

To make Kansas the best place to birth, be born, and to raise a family.

## Mission

To improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes.

## Fourth Trimester Initiative Background

Kansas Department of Health and Environment (KDHE) has teamed up with the Kansas Perinatal Quality Collaborative (KPQC) to launch a maternal health quality initiative aimed at decreasing maternal morbidity and mortality in our state. Data from KDHE Vital Statistics, as well as from the Kansas Maternal Mortality Review Committee, demonstrated that focused evaluation and intentional intervention in the postpartum period should be the primary goal to improve maternal health outcomes. The Fourth Trimester Initiative was designed to be a cutting-edge approach to study and improve the experience of our mothers and families in Kansas.

## Fourth Trimester Initiative Purpose

To **engage and empower** patients, their families and support system, providers, and Kansas communities to **intentionally improve** maternal health outcomes with our collective, inspired effort.



Kansas Perinatal Quality Collaborative

### Fourth Trimester Initiative Plan

**GOAL:**  
**Decrease**  
**maternal**  
**morbidity and**  
**mortality in**  
**Kansas**

- Provide guideline-driven, best practice health care
- Conduct standardized screening of all childbearing-aged women
- Provide mechanisms to assure timely referral and follow up
- Identify each mother's Postpartum Care Team
- Ensure a personalized Patient Plan of Care ("Mom Plan")
- Provide reproductive health planning
- Establish ongoing insurance coverage
- Address social determinants of health and health equity

## Fourth Trimester Initiative (FTI) Implementation

The FTI will focus on the postpartum period of the mother to:

- ✓ Enhance the education of providers, patients, and her community regarding best practice models
- ✓ Improve utilization of community perinatal collaboratives
- ✓ Improve communication and collaboration between providers
- ✓ Engage all maternal health stakeholders
- ✓ Address racial disparities in maternal health care
- ✓ Implement a targeted quality improvement project, including data collection



## **What's in it for our birth facilities?**

Birth facilities who participate in the FTI will receive, at no cost, directional coaching and the provision of this timely and necessary quality improvement project. Free resources, training, technical assistance, and constant collaboration with maternal health leaders across Kansas will be available. Comprehensive and vast improvement in postpartum health care is intended to lead to healthier women, infants, and families in our communities and across the state.

## **Process that participating birth facility teams will work on in preparation for the AIM Bundle Release:**

1. Collect baseline birth facility data or information on postpartum care provided at your facility, total births, births by race, postpartum visit process
2. Standardize a feedback loop for assessing attendance at postpartum visits
3. Identify the Perinatal Community Collaborative associated with the birth facility
4. Complete County-level data review to identify maternal health disparities in the community
5. Identify Postpartum Care Team members
6. Begin building multidisciplinary partnerships with community agencies to aid in coordination and collaboration of services

# Fourth Trimester Initiative

## Our Purpose

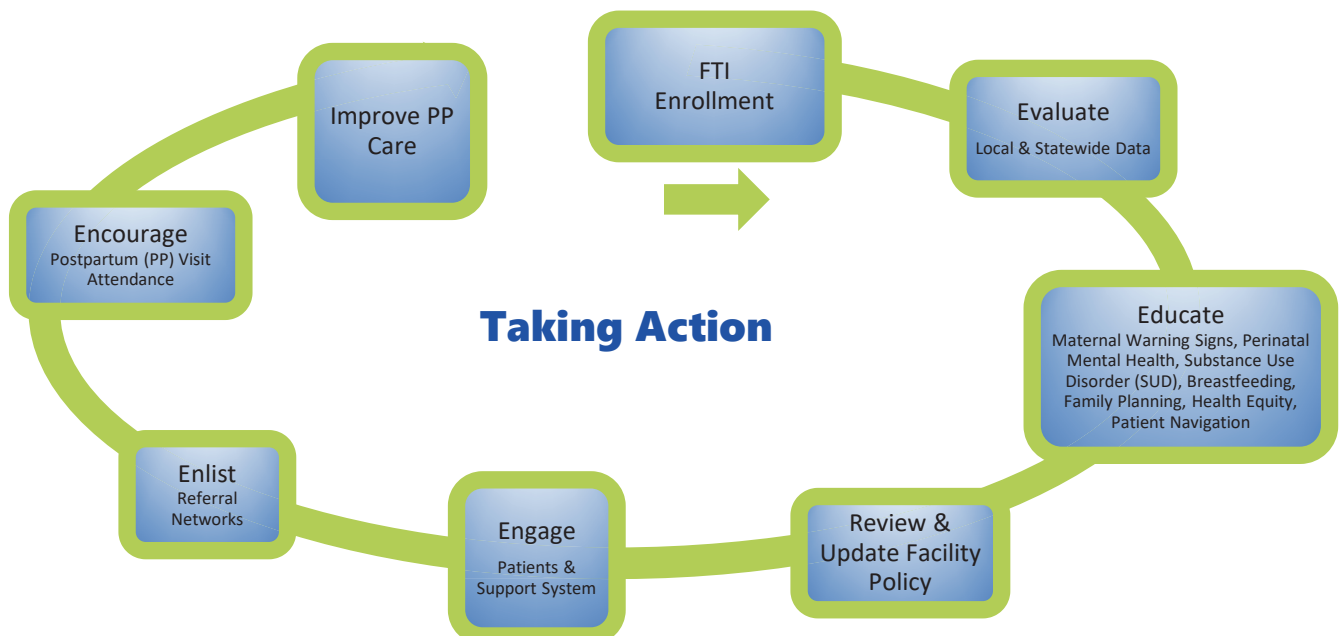
A review of Kansas maternal deaths determined the majority of deaths occur between the time immediately after birth and the end of the first year. We also know the year after birth has many physical and emotional changes for the mother, baby, and family. Together we created the Fourth Trimester Initiative (FTI), a cutting-edge approach to study and improve the experience of our mothers and families in Kansas. Through this work we will engage and empower patients, their families and support system, providers, and Kansas communities to intentionally improve maternal health outcomes with our collective, inspired effort.

**38 + 2**  
Hospitals Birth Centers  
**= 90%**  
Births in Kansas

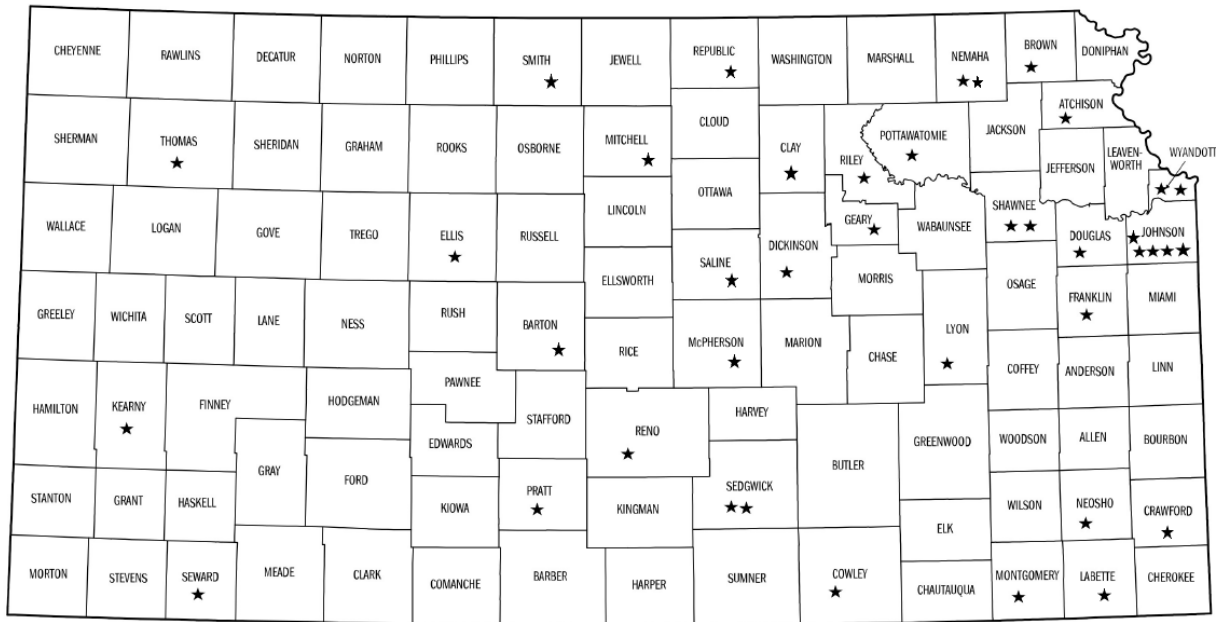
## Goals

To decrease maternal morbidity and mortality in Kansas we will:

- ✓ Conduct standard screening of all childbearing-aged women
- ✓ Provide guideline-driven, best practice health care
- ✓ Provide mechanisms to assure timely referral and follow up
- ✓ Identify each mother's Postpartum Care Team
- ✓ Ensure a personalized Patient Plan of Care ("Mom Plan")
- ✓ Provide reproductive health planning
- ✓ Establish ongoing insurance coverage
- ✓ Address social determinants of health and health equity



# Fourth Trimester Initiative Locations by County



**Facilities:**  
 AdventHealth Ottawa, Franklin Co.  
 AdventHealth Shawnee Mission, Johnson Co.  
 AdventHealth South Overland Park, Johnson Co.  
 Amberwell Atchison, Atchison Co.  
 Amberwell Hiawatha Community Hospital, Brown Co.  
 Ascension Via Christi Manhattan, Riley Co.  
 Ascension Via Christi St. Joseph, Sedgwick Co.  
 Ascension Via Christi Pittsburg, Crawford Co.  
 Citizens Medical Center, Thomas Co.  
 Clay County Medical Center, Clay Co.  
 Coffeyville Regional Medical Center, Montgomery Co.  
 Community Healthcare System, Pottawatomie Co.  
 Hays Medical Center, Ellis Co.  
 Hutchinson Regional Medical Center, Reno Co.  
 Kearny County Hospital, Kearny Co.  
 Labette Health, Labette Co.  
 Lawrence Memorial Hospital, Douglas Co.  
 McPherson Center for Health, McPherson Co.  
 Memorial Health System, Dickinson Co.  
 Mitchell County Hospital Health System, Mitchell Co.  
 Nemaha Valley Community Hospital, Nemaha Co.  
 Neosho Memorial Regional Medical, Neosho Co.  
 Newman Regional Health, Lyon Co.  
 Olathe Medical Center, Johnson Co.  
 Overland Park Regional Medical Center, Johnson Co.  
 Pratt Regional Medical Center, Pratt Co.  
 Providence Medical Center, Wyandotte Co.  
 Republic County Hospital, Republic Co.  
 Sabetha Community Hospital, Nemaha Co.  
 Salina Regional Health Center, Saline Co.  
 Smith County Memorial Hospital, Smith Co.  
 Southwest Medical Center, Seward Co.  
 Stormont Vail Health Flint Hills, Geary Co.  
 Stormont Vail Health, Shawnee Co.  
 University of KS Health System Great Bend, Barton Co.  
 University of KS Health System KC, Wyandotte Co.  
 University of KS Health System St. Francis, Shawnee Co.  
 Wesley Medical Center, Sedgwick Co.

**Birth Centers:**  
 New Birth Company Overland Park, Johnson Co.  
 Sunflower Birth & Family Wellness, Cowley Co.

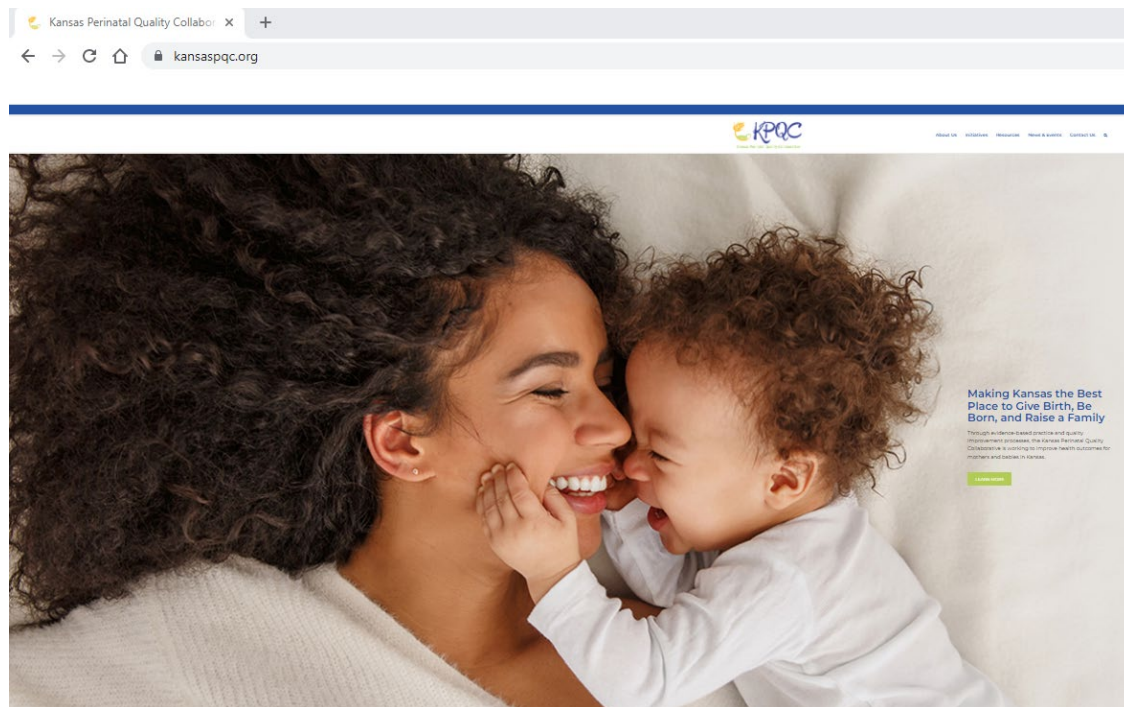
## Immediate Postpartum to One Year



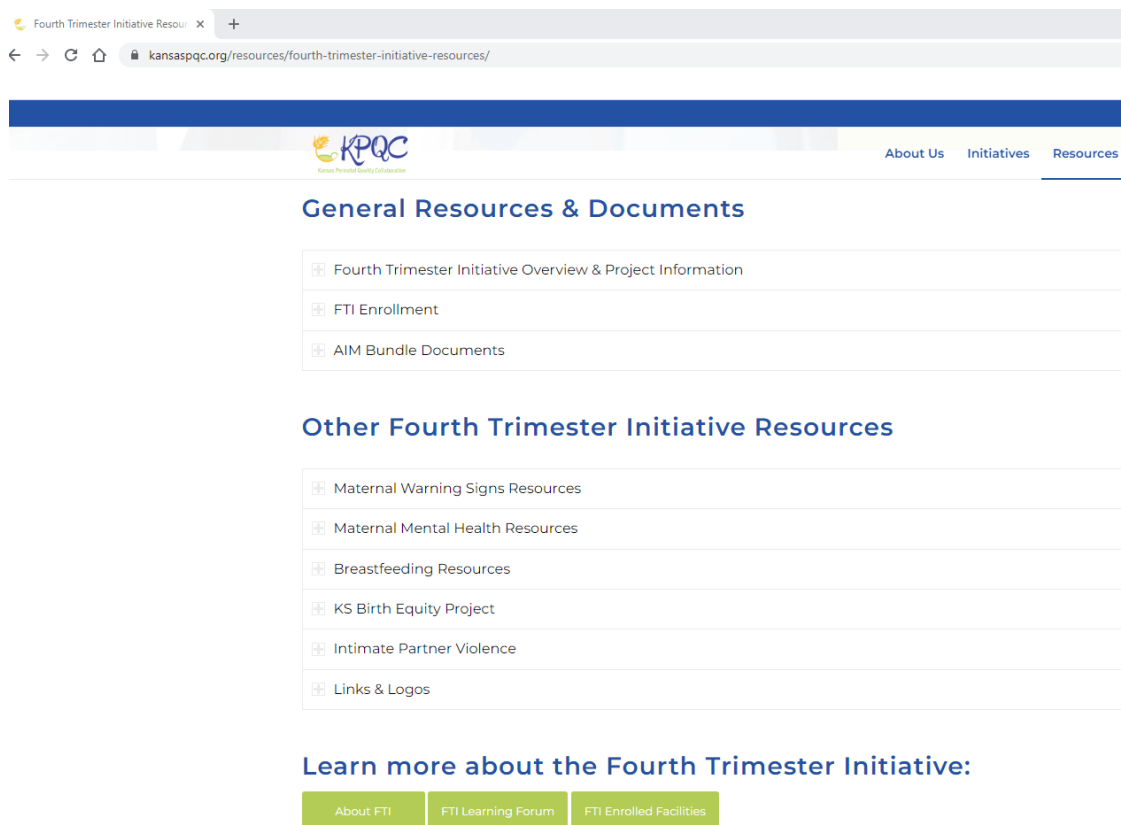
## Kansas Perinatal Quality Collaborative Fourth Trimester Initiative Partners



The Kansas Perinatal Quality Collaborative (KPQC) website is found at <https://kansaspqc.org>



Please refer to the Resources page for information on Fourth Trimester Initiative:





KPQC is now enrolled in the AIM Bundle “Postpartum Discharge Transition”, found at <https://saferbirth.org/psbs/postpartum-discharge-transition/>

New Webinar Series! AIM Technical Assistance Presentation (TAP) – Visit our Event Calendar to register.



#### ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

[HOME](#) [ABOUT US](#) [PATIENT SAFETY BUNDLES](#) [AIM CORNERSTONES](#) [RESOURCES](#) [AIM DATA](#) [COLLABORATIVE STRATEGIES](#) [CONTACT](#)



### AIM PATIENT SAFETY BUNDLES

AIM develops multidisciplinary, clinical-condition specific patient safety bundles to support best practices that make birth safer. [LEARN MORE](#)

## POSTPARTUM DISCHARGE TRANSITION

READINESS



RECOGNITION & PREVENTION



RESPONSE



REPORTING & SYSTEMS LEARNING



RESPECTFUL, EQUITABLE & SUPPORTIVE CARE



#### QUICK LINKS

- [Postpartum Discharge Transition Printable Bundle \(PDF\)](#)
- [Postpartum Discharge Transition Element Implementation Details \(PDF\)](#)
- [Postpartum Discharge Transition Core Data Collection Plan \(PDF\)](#)
- [Postpartum Discharge Transition Bundle Implementation Resources \(PDF\)](#)
- [Postpartum Discharge Transition Implementation Webinar](#)

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Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.



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# FTI Overview for New Sites

2023

# The NEW Postpartum Model

In every patient, in every birth setting, in every protocol:

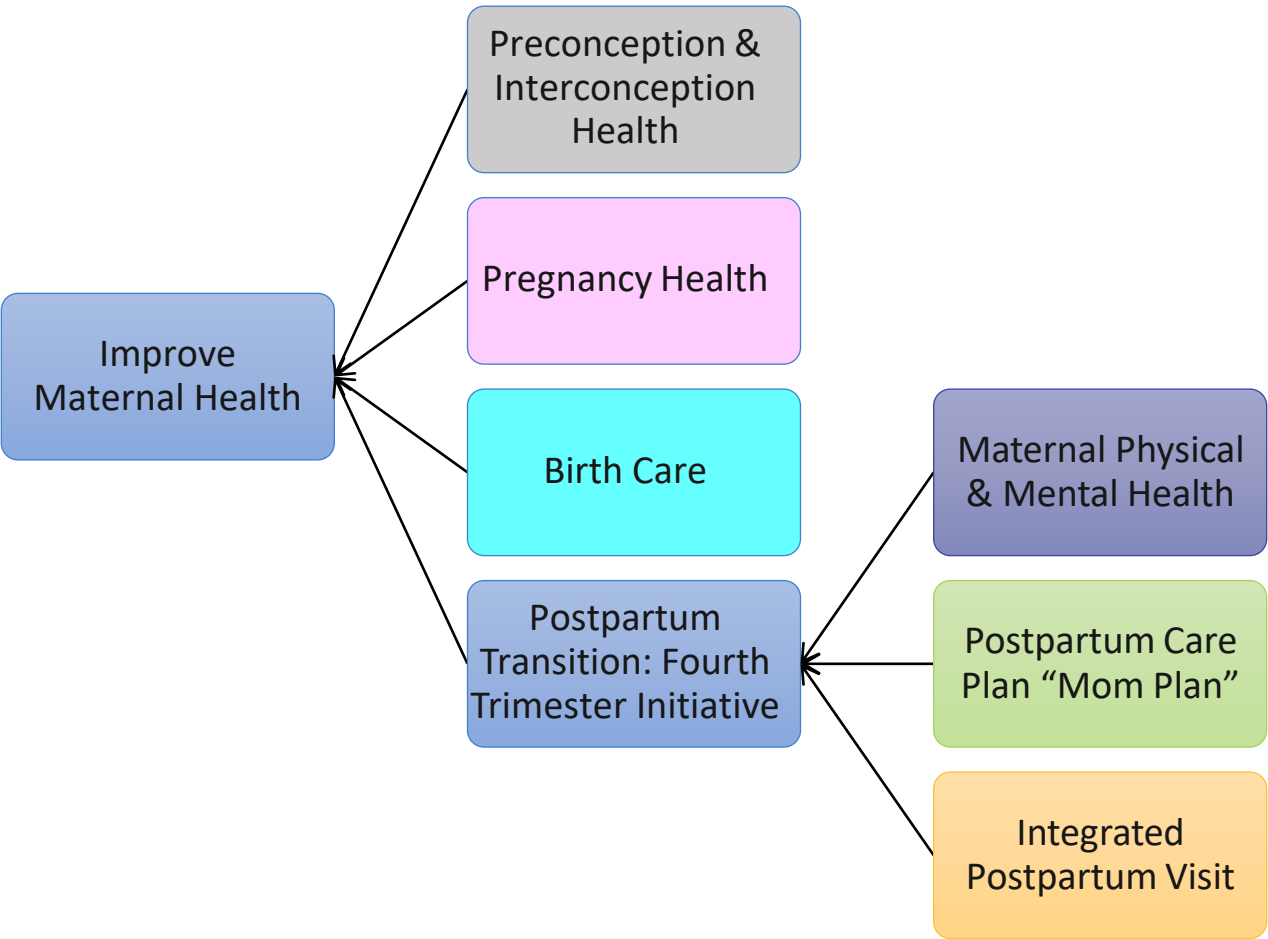
- ❑ Maternal Warning Signs
  - ❑ POSTBIRTH Education & Recognition
  - ❑ Screen all
  - ❑ Identify Medical/Social Red Flags: refer prior to discharge
- ❑ Maternal Mental Health
  - ❑ Screen all
  - ❑ Refer + Screen
  - ❑ Educate All (POSTBIRTH)
- ❑ PP Appointment prior to discharge
  - ❑ Standardized DC Summary
- ❑ Breastfeeding
  - ❑ High 5 for Mom & Baby, Baby Friendly
- ❑ Family Planning
  - ❑ Offer prior to discharge, Refer for services
- ❑ SSDOH
  - ❑ Screen all
- ❑ Birth Equity
  - ❑ All settings, all interactions, patient-centered
- ❑ PP Care Team: Facility representatives; Patient included
  - ❑ Navigation
- ❑ Pt debriefs
- ❑ ED/EMS Triage
- ❑ Link Up! (KPCCs, MCH, Outpatient clinics, etc)

# Protocols!

In every patient, in every birth setting, PRIOR to discharge:

- PP Appt made prior to DC
  - Standardized DC Summary
- PP Care Team, as indicated
- Navigation, as indicated
  - Community Resource List
- Birth Equity as standard practice
- Screenings completed
  - SDOH
  - Mental Health
  - Medical risks
  - Breastfeeding
  - Fam Planning
- Referrals Made
  - SDOH
  - Mental Health
  - Medical indications
  - Breastfeeding
  - Fam Planning

# Fourth Trimester Initiative Driver Diagram 1



# Fourth Trimester Initiative Birth Facility Enrollment

## *Key Steps to Birthing Facility Participation in the Fourth Trimester Initiative (FTI)*

### Readiness

- Review documents outlining the Fourth Trimester Initiative and determine interest in enrolling. Complete the “Participation Readiness”. If your birth facility is ready to enroll, complete all forms and follow submission instructions. If your birth facility does not wish to enroll at this time, complete only the Participation Readiness portion on page 18 and return it.

### Role

- Identify the key FTI members at your birth facility according to the “Roles for Initiative Enrollment” (refer to definitions below). List each team member and related information. A team member may fulfill more than one function.
  - FTI Champion
  - Lead Obstetrics Provider

### Enrollment Agreement

- Obtain approval for your birth facility’s enrollment and have the authorized agent sign the “Enrollment Agreement”.
  - The authorized agent will submit acknowledgement in the enrollment form that he or she has obtained all necessary consents to submit enrollment data to the Kansas Perinatal Quality Collaborative and KDHE.
  - Obtain determination from your institutional review board (IRB) or risk management office affirming that the enrollment, data collection, and sharing methods for the purposes of the FTI are ethical, for quality improvement only, and do not constitute research.

## Enrollment Survey

- Review and complete the “Initial Participation Survey”.

## Submission

- Submit all forms below to Terrah Stroda, CNM, FTI Coordinator (tstroda@gmail.com):
  - Roles for Enrollment
  - Enrollment Agreement
  - Enrollment Survey

## Participation

- Attend monthly KPQC Learning Forum sessions (recorded for your convenience).
- Submit data reports per FTI requirements.

# Fourth Trimester Initiative Enrollment Form

**Birth Facility Name:**

**Name of Person Submitting Form:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Participation Readiness:

Which of the choices below best reflect your facility's readiness to enroll in the KPQC Fourth Trimester Initiative?

- ☐ Our facility is ready to enroll in the Fourth Trimester Initiative.  
**\*\*\*Complete all forms and submit the enrollment packet to the FTI Coordinator\*\*\***
  
- ☐ Our facility would like to participate in the Fourth Trimester Initiative, but we will need time to identify our team members and obtain Executive support. This spring is too soon for our facility to enroll. **\*\*\*STOP and submit the enrollment packet to the FTI Coordinator\*\*\***



## Roles for Enrollment

As a participant in the KPQC **Fourth Trimester Initiative**, your birth facility will identify individuals to serve in the roles identified below. Changes to these assignments during the course of the project should be sent to the FTI Coordinator.

### 1. FTI CHAMPION:

**Role Description:** The FTI Champion will be the main point of contact for the KPQC and be responsible for helping their team navigate the initiation of the Fourth Trimester Initiative at their facility. The FTI Champion will develop, monitor and update a list of relevant team members. He/she will monitor and submit birth facility reports and provide feedback internally as well as to the FTI Coordinator.

**Name & Credentials:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### 2. Lead Obstetrics (OB) Provider

**Role Description:** Lead OB Provider will aid the team in implementation of the FTI quality improvement work. They will assist the team in prioritizing FTI improvements and implementing quality improvement PDSA (Plan, Do, Study, Act) cycles.

**Name & Credentials:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### 3. Learners: (Do not need to be formally identified)

The FTI is relevant to every maternal health team member. Learners include health care providers at the bedside, outpatient and inpatient settings, support infrastructure, referral networks, and individuals across sectors and settings in the supporting community: MD, CNM, PA, NP, RN, WIC staff, MCH staff, outpatient private practice staff, social worker, patient navigators/community health workers, hospital administration, rapid responders, perinatal community

coalitions and collaboratives, social services and child welfare, parents, school district staff, etc. Everyone is invited to participate in learning and encouraged to be actively engaged in the FTI Project.

All team members can subscribe to KPQC communications here:

**<https://kansaspqc.org/contact-us/get-involved/>**

## Enrollment Agreement

THE PARTIES, through their duly authorized representatives, accept the terms of this Agreement and have executed it as of the date shown below.

### Terms

1. I acknowledge that our facility has obtained all necessary consents to submit responses to this enrollment survey to the KPQC FTI Coordinator and KDHE.
2. Confidentiality:
  - a) Information that will remain confidential among KDHE, KPQC, and participating facilities includes:
    - Team contact information
    - Non-aggregated survey responses
  - b) Information that will be shared by the KPQC includes
    - Names of participating facilities in the Fourth Trimester Initiative
    - Aggregated survey responses
    - Process Reports (will only be shared among enrolled participants)
3. Our facility agrees to collaborate with KDHE and KPQC
4. Our facility reserves the right to discontinue participation in the Fourth Trimester Initiative at any time
5. Our facility agrees to collaborate and partner with organizations, agencies, and providers within our community in fulfillment of cross-sector communication and facilitation of maternal health needs.

**Facility Name:** \_\_\_\_\_

**Name of Authorized Agent:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Signature of Authorized Agent (Electronic Signature Accepted)

For the **Kansas Department of Health and Environment**

**Name:** Jill Nelson

**Title:** Health Planning Consultant, Bureau of Family Health

**Date:** \_\_\_\_\_

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Signature of Authorized Agent KDHE Bureau of Family Health

## Enrollment Survey

**Question 1:** How many births (Live and Still births) occurred at your facility in 2022? Note that singleton as well as births of multiples all count for as just one birth.

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**Question 1a:** Record the maternal race/ethnicity of the births at your birth facility that occurred in 2022.

(\*If there are low numbers for your facility which raise concerns about individually identifiable information, you may report County-level information here. That county-level data may be found at KDHE Vital Statistics:

<https://www.kdhe.ks.gov/DocumentCenter/View/29633/Preliminary-Birth-Report-2022-PDF>

I am reporting: (check one)

☐ Facility data

☐ County data

Maternal Race/Ethnicity	# of births (live and stillbirths)
White Non-Hispanic	
Black Non-Hispanic	
Native American Non-Hispanic	
Asian/Pacific Non-Hispanic	
Other Non-Hispanic	
Hispanic Any Race	
Not Specified	

**Question 2:** Does your birth facility typically refer mothers to another facility when a more intensive level of care is needed in the postpartum period?

☐ **Yes**, for more intensive care, we most frequently refer to:

☐ **No**, our birthing facility is a Regional Referral Center. The 5 most common birth facilities that refer patients to your facility for more intensive care are:

**Question 3:** How often do your patients leave the birth facility with a postpartum appointment already made with a primary OB Provider?

- ☐ Most of the Time (>50%) – move to questions 3a-3d
- ☐ Some of the Time (<50%) – move to questions 3a-3d
- ☐ Never – move on to question 4

**Question 3a:** Tell us who is currently involved in making Postpartum appointments upon discharge from your birth facility?

(For example: OB Provider, Unit Clerk, Nurse, Case Navigator, etc)

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**Question 3b:** Which of the following appointments are made prior to discharge from your birth facility? Check all that apply.

- ☐ Primary OB Provider
- ☐ WIC
- ☐ Lactation Clinic
- ☐ Specialty Consultant (Internal Medicine, MFM)
- ☐ Mental Health Provider
- ☐ Home Visitor

**Question 3c:** What is the most common timing for an initial postpartum appointment made prior to discharge from your birth facility with a Primary OB Provider?

- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 6 weeks
- ☐ 8 weeks
- ☐ 12 weeks
- ☐ NA (We do not make postpartum appointments prior to discharge).

**Question 3d:** Does the timing of the postpartum appointment vary based on medical/pregnancy risk factors?

- ☐ Yes
- ☐ No

**Question 4:** Do you currently have a feedback loop that allows your birth facility to monitor patient attendance at a postpartum visit with the Primary OB Provider within 12 weeks Postpartum?

- ☐ Yes
- ☐ No

**Question 5:** Do you currently have a Postpartum Care Team identified to meet the needs of each postpartum patient?

(ACOG definition: A Postpartum Care Team includes the medical providers who will be primarily responsible for care of the women and her infant after birth. The PP Care Team comprises the following: Primary OB Provider, Infant Health Providers, Lactation Support, Care Coordinator, Home Visitor, and Specialty Consultant)

- ☐ Yes
- ☐ No

**Question 6:** Does your birth facility participate in a Perinatal Community Collaborative or County Perinatal Coalition?

- ☐ Yes – move to question 6a
- ☐ No – move to question 7

**Question 6a:** If yes, what is the name of the lead organization or agency?

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**Question 7:** Does your birth facility currently review county-level maternal health outcome indicators through systems such as Kansas Vital Statistics, Kansas Health Matters, PRAMS, or Kansas Information for Communities?

- ☐ Yes
- ☐ No

KDHE Vital Statistics: <https://www.kdhe.ks.gov/1089/Public-Health-Statistics>

KDHE KS Information for Communities (KIC): <http://kic.kdheks.gov/>

KDHE PG Risk Assessment Monitoring System (PRAMS):

<https://www.kdhe.ks.gov/1421/Kansas-PRAMS-Reports>

**Question 8:** What Maternal Care Level is your facility:

- ☐ Birthing Center
- ☐ Level 1
- ☐ Level 2

- ☐ Level 3
- ☐ Level 4

**Question 9:** What NICU Level is your Facility:

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4

### Survey Q&A

Q: What is the definition of a birth?

A: Live births as well as stillbirths should be counted. Also note that singleton as well as births of multiples all count for as just one birth.

Q: Who is included as a "Primary OB provider"

A: "Primary OB Provider" includes: OBGYNs, CNMs, CPMs, CMs, Family Physicians, and Women's Health Nurse Practitioners. Of note, the Primary OB Provider does NOT need to be the same person who attended the birth.

Q: Who do you mean by postpartum patients?

A: For the purposes of this data collection, we mean anyone discharged home from your birth facility that is within 12 weeks postpartum.

For additional questions, please contact FTI Co-Coordinator Terrah Stroda: [tstroda@gmail.com](mailto:tstroda@gmail.com) or Kari Smith: [kari.smith@kansaspqc.org](mailto:kari.smith@kansaspqc.org)

Shirt size: