Learning Forum

March 2024

Name and Agency/Hospital in the CHAT

FOURTH TRIMESTER INITIATIVE

Fourth Trimester Champion HUDDLE

Mandatory in-person workday

When: Tuesday, April 23, 2024

Time: 9:00-1:00 (includes lunch with KPQC Advisory Board)

Where: Sunflower Foundation Topeka, KS

Register: https://kansaspqc.org/apr-2024-fti-champions/

*every FTI Champion MUST attend

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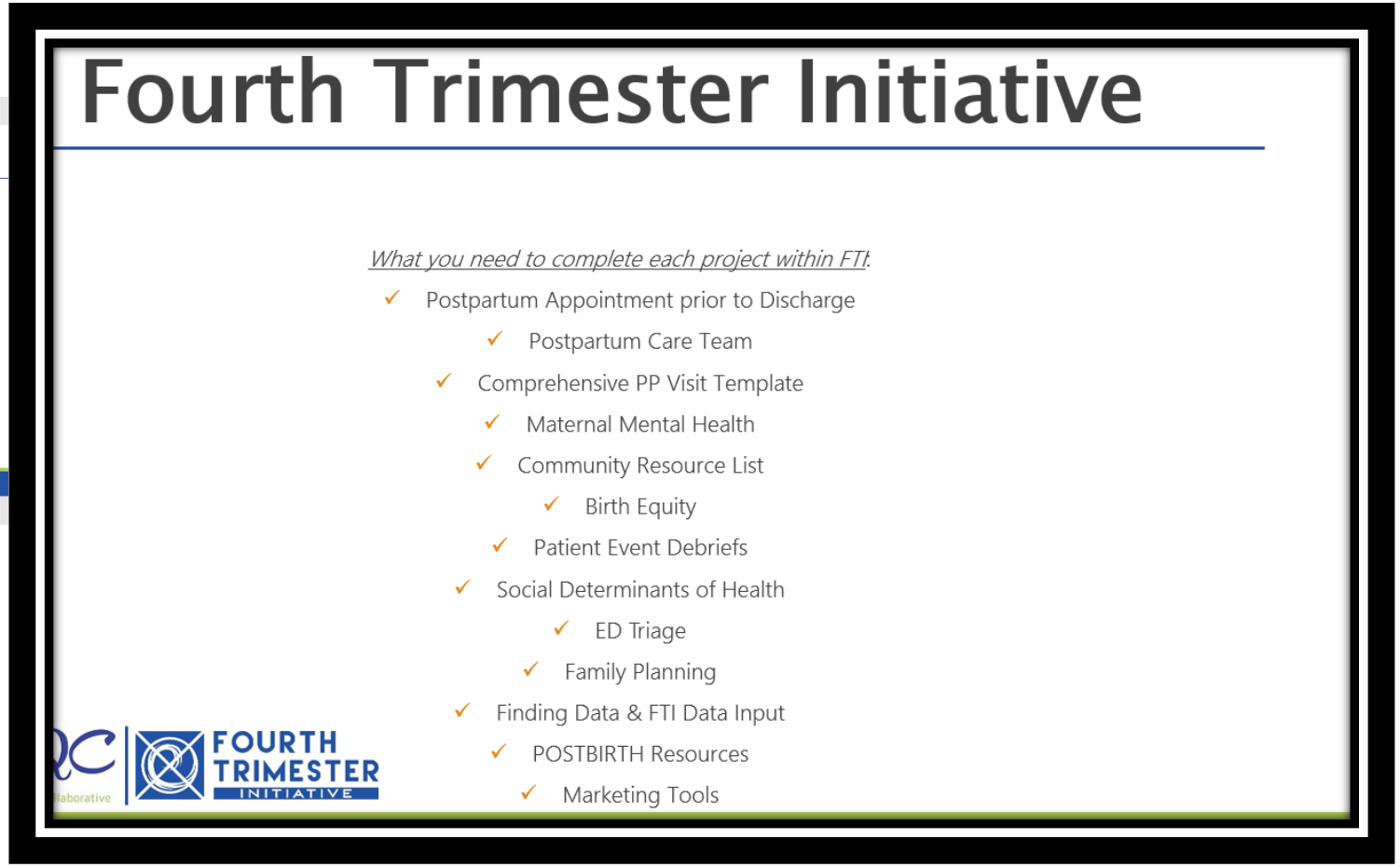
Few reminders…

Updated FTI “Final Planning” PPT

*Contact us if you did NOT receive



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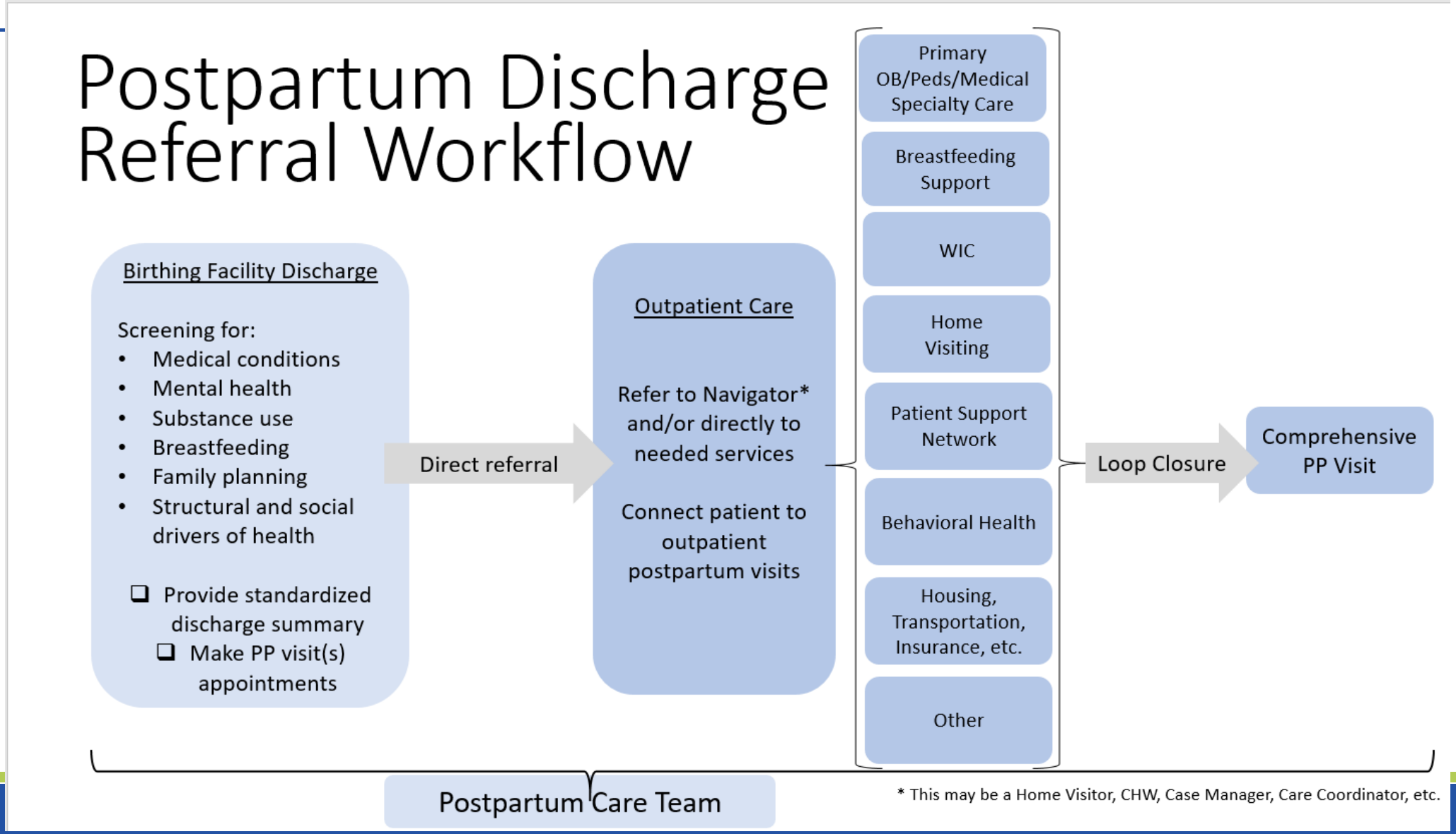
New Postpartum Model for Kansas

(aka Fourth Trimester Initiative)



FOURTH TRIMESTER INITIATIVE

March 19th at noon
April 16th at noon
May 1st at noon

Patient Debriefs after Adverse Outcome & Birth Equity Training

- ✓ Kansas Data
- ✓ KBEN
- ✓ MoMMA's Voices presentation
- ✓ Creating an Action Plan

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AIM Bundle Birth Equity & Pt Debriefs

- Expand on required Birth Equity & hits the mark for "Pt Debriefs"

- March 19th at noon: 3.19.24 MoMMA's Voices
- April 16th at noon: 4.16.24 MoMMA's Voices
- May 1st at noon: 5.1.24 MoMMA's Voices

*Links will be sent out to **FTI Champions**, then should be shared out to your staff members.*
Do NOT have to register, but 100% should attend one session.

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What happens next?

✓Staff/Provider Education (KBEN, MaMMA's voices)

<u>Action items:</u>

❑Self-evaluation prior to Action Plan

How do we hear AND listen

How do we Brief and Debrief (turbulence)

❑Action plan:

How do we take what we've heard and make them into actionable steps

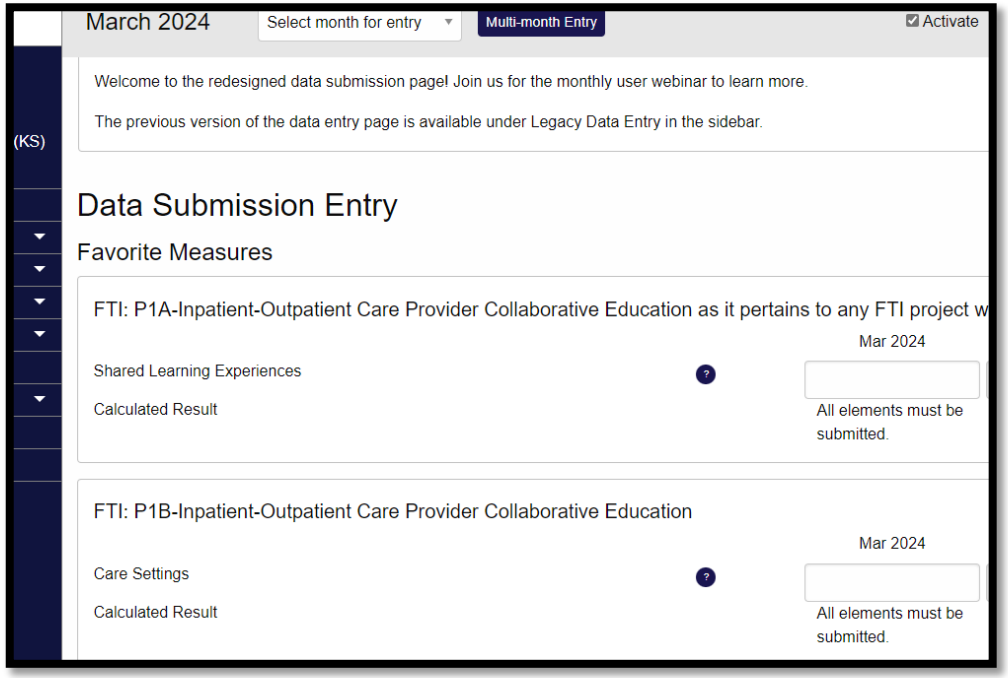
Teaching hard communication

What do WE do *NOW*? Posters, Protocols, & Proposals

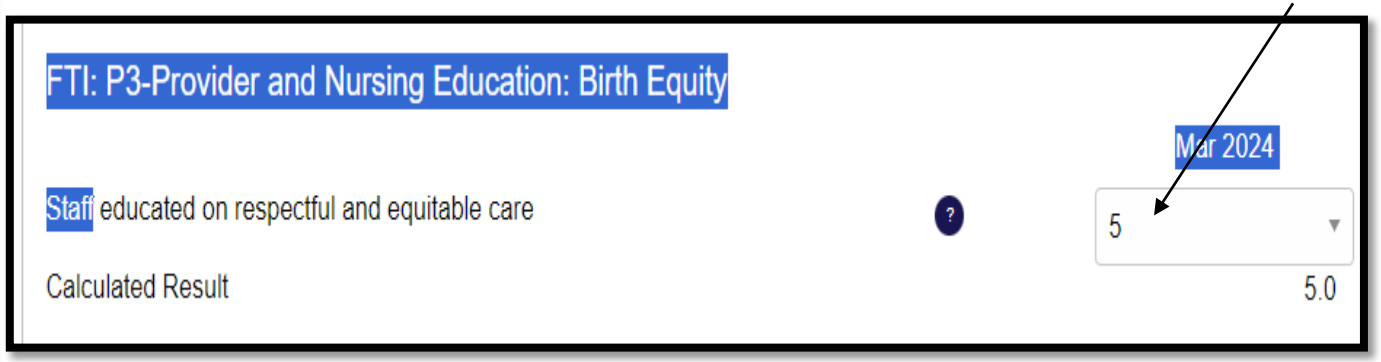
Kansas Perinatal Quality Collaborative

FOURTH TRIMESTER INITIATIVE

Champions: How to mark this "DONE" in QHi



% of staff trained



Date Process started

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TeamBirth

A "Best Practice" model for Birth Equity which includes Patient Briefs/Debriefs

Kim Dick

Dr. Kimberly Brey

Stormont Vail Topeka

Answering the Call:

Example of Best Practice Model Embedding Birth Equity & Patient Brief/ Debrief as the CenterPoint

Dr. Kimberly Brey, OBGYN
Kim Dick, RN
March 26, 2024

Introductions

Dr. Kimberly Brey, OBGYN

Kim Dick, RN-OBC

ARIADNE LABS

DELIVERY DECISIONS INITIATIVE

TEAMBIRTH

MARCH OF DIMES

TeamBirth: Process Innovation for Clinical Safety, Effective Communication, and Dignity in Childbirth

TeamBirth Background and Overview

Over the past generation, giving birth in America has become less safe

American women are **50% more likely to die during childbirth** than their own mothers.

These women are also **300%** more likely to experience **severe maternal morbidity** today than a generation ago.

There are **500% more C-sections** today.

U.S. women have the **highest rate of maternal mortality** among high-income countries … and this rate is rising.

Black women experience **3-4x higher mortality.**

Two-thirds of pregnancy-related deaths may be **preventable.**

80-90% of complications are due to
failures of communication and teamwork.

Source: Center for Disease Control

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TeamBirth Purpose

TeamBirth is a care process innovation involving a series of team huddles between the patient and their care team, **designed to empower each team member to contribute information, reliably structure communication, and help the team arrive at shared plans together.**

- For patients, TeamBirth invites them into the conversations and provides a structure that is easy to understand and participate in.
- For clinicians, TeamBirth encourages all conversations to be had with the patient to promote effective team communication and alignment across the full team.

The tools and processes of the TeamBirth solution embody two design principles:

Teamwork: Promote psychological safety and shared decision-making with the birthing person

Simplicity: Reliably communicate information across the full care team, including the birthing person

And promote four core behaviors:

1. 

Promoting each member of the team

2. 

Eliciting patient preferences

3. 

Distinguishing plan for patient, baby, and labor progress

4. 

Setting clear expectations for next huddle

TeamBirth is creating the new **industry-standard process** for a safe and dignified child birth, and provides the **essential tools to implement it.**

Structured Team Huddles

TeamBirth uses **standardized team meetings** that occur throughout the care for all laboring patients.

Seamless Communication

TeamBirth uses simple tools (e.g., dry erase board) to **reliably share core information**. This includes names, the birthing person's preferences, care plans, and expectations for the next huddle.

Implementation Tools

TeamBirth provides the tools necessary to successfully implement its care process. These include **coaching & feedback, data collection & analytics**, innovative **measurements of patient experience.**

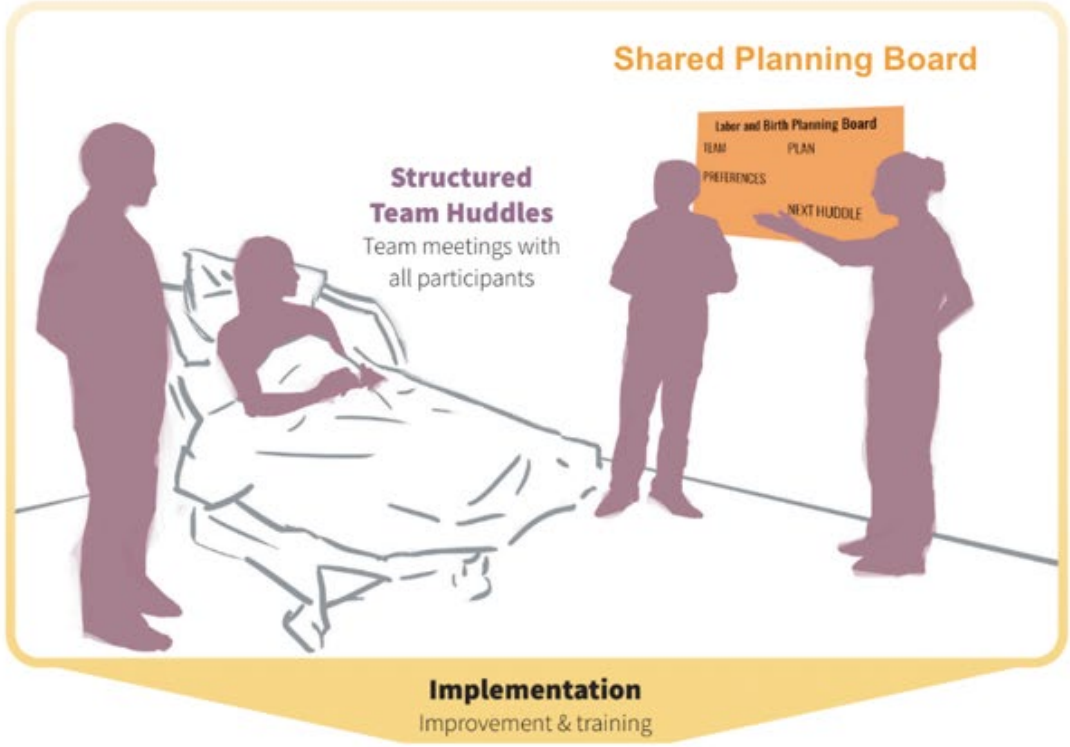
Better Child Birth Outcomes

TeamBirth leads to improved **patient** and **clinician experience**, better healthcare **quality**, and **lower costs** of care.

TeamBirth **Core** Components:

1. Team Huddles
2. Shared Planning Board

Components which are critical to successful delivery of the intervention



TeamBirth Huddles

WHO	The full direct care team, including the person in labor and their support
WHAT	Discuss preferences; care plans for mom, baby, and labor progress; and expectations for the next huddle
WHEN	At admission, decision points or changes in the plan of care, or request of any team member
WHY	Give all team members the opportunity to participate in shared decision-making

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Labor and Delivery Planning Board

TEAM

PREFERENCES

PLAN

Mom:

Baby:

Labor Progress:

NEXT ASSESSMENT

EARLY LABOR — ACTIVE LABOR — PUSHING

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Labor and Delivery Planning Board developed by the Delivery Decisions Initiative at Ariadne Labs. 04-01-2016

OPQIC

Postpartum Planning Board

TEAM

PREFERENCES

PLAN

Mom:

Baby:

NEXT HUDDLE

Mom:

Baby:

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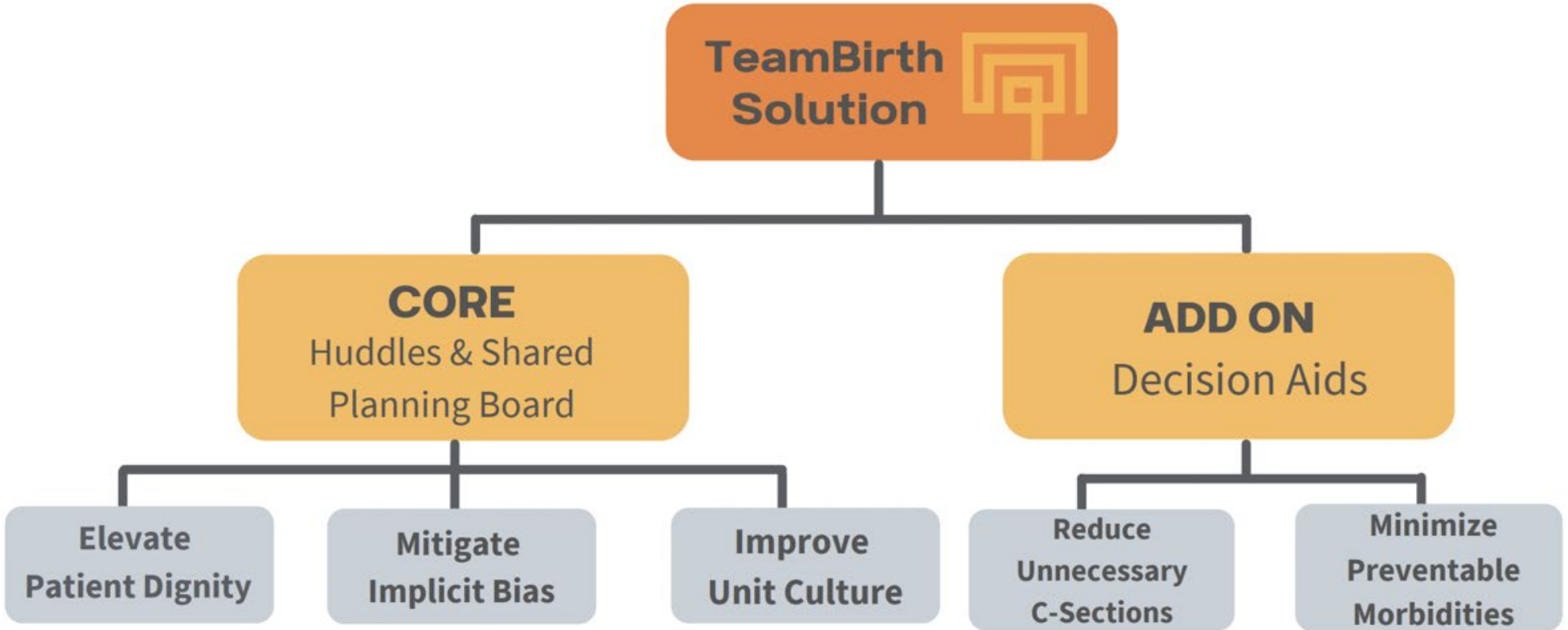
TEAMBIRTH

Features and Expected Outcomes



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TeamBirth Research

TeamBirth empowers clinicians to provide **dignified birth experiences** for their patients

Patients

97% Had their **desired role** in the birthing experience

98% Reported **clear communication** with providers and ability to share care preferences

90% Felt their **preferences made a difference** in their care

Clinicians

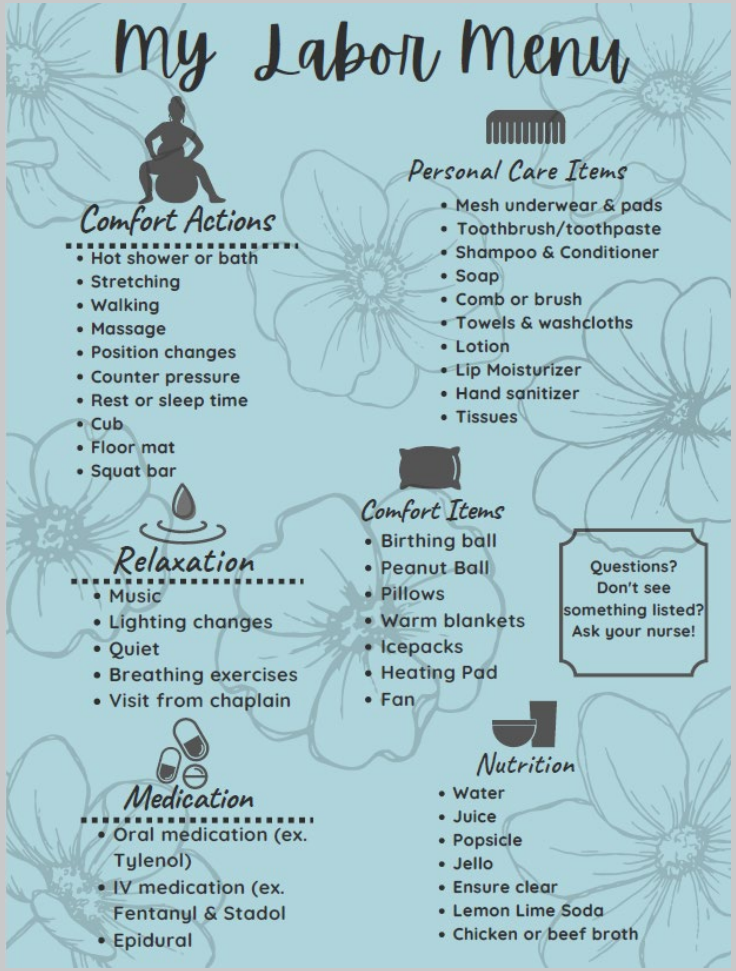
93% Felt TeamBirth **improved care for their patients** through better communication, teamwork, and shared decision-making

90% **Would recommend** TeamBirth to another L&D Unit

84% Clarified **C-section decision-making** in non-urgent clinical situation

TeamBirth at Stormont Vail

TeamBirth at Stormont Vail

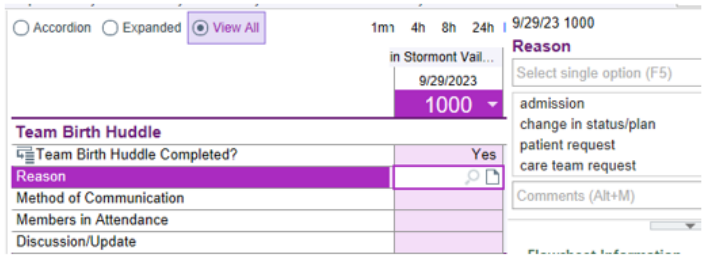


TeamBirth at Stormont Vail

TEAMBIRTH

Huddle Documentation

Any time you have a huddle, document here:



Questions?

FTI Benchmarks: Next Steps

- Comprehensive PP Visit Template (Discharge Summary)
- Community Resource List
- PP Appointment

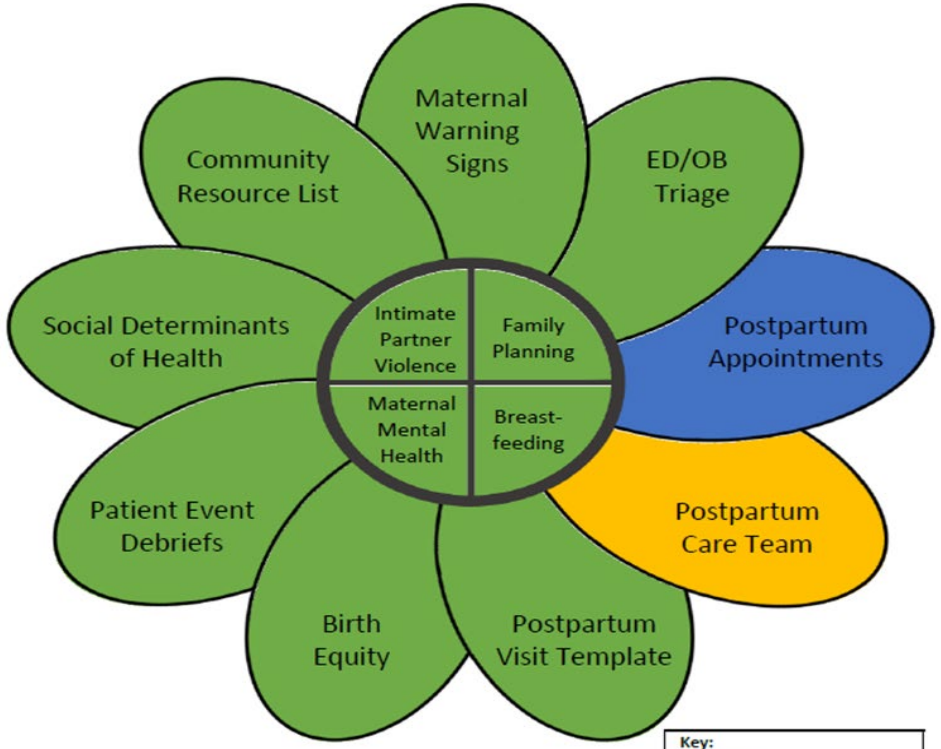
FTI Projects

Fourth Trimester Report Card

Facility Name

Site ID

As of <select month & year>



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FTI Completion

Fourth Trimester Report Card

Facility Name

Site ID

As of <select month & year>

AIM Data Collection

Petal	Score	Initiative
Maternal Warning Signs	1	*S5: PostBirth* Incorporated PostBirth Into patient education materials
	1	*P2: PostBirth* PostBirth Maternal Warning Signs Provider and Nursing Education
ED/OB Triage	1	*S4: ED/OB Triage* ED Screen for current or recent preg. w/in last year
Postpartum Appointments	3	*P4: PP Appointment* PP Visit scheduling prior to discharge
Postpartum Care Team	5	*S1: PP Care Team* Postpartum Team Coordination
Postpartum Visit Template	1	*S3: PP Visit Template* Shared comprehensive pp visit template
Birth Equity	1	*P3: KBEN* Respectful and Equitable Care education
Patient Event Debriefs	1	*S6: Patient Event Debriefs* Date that patient even debriefs begin at facility
Social Determinates of Health	1	*P5: SSDOH* Screen for social determinants of health
Community Resource List	1	*S2: Community Resource List* Community Resource List of Community Resources

Kansas Specific Initiatives

Petal	Score	Initiative
Intimate Partner Violence	1	Intimate Partner training at each FTI site; Begin collaboration with local community domestic violence resources.
Maternal Mental Health	1	Complete direct TA with Kansas Connecting Communities; Have a standardized screening and referral process embedded at each FTI site.
Family Planning	1	Screen for family planning prior to postpartum discharge.
Breastfeeding	1	Achieve either High 5 or Baby Friendly designation for your facility.

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Comprehensive PP Visit Template

**To include the “Standardized Discharge Summary”

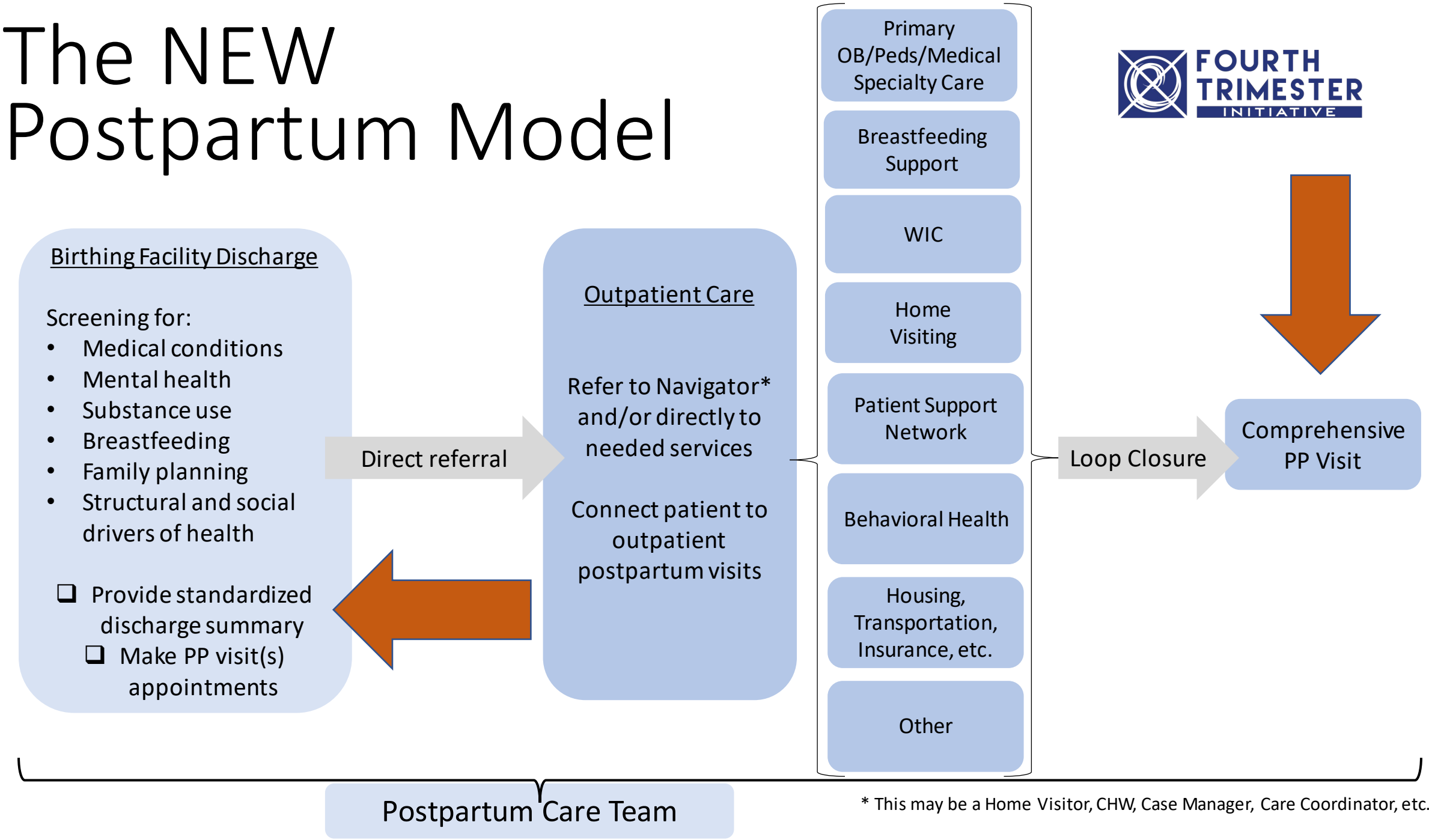
FTI Goal

Every FTI Site shares out with all clinics/agencies seeing Postpartum patients

Example of wording:

As part of our continued work with the state and national maternal health initiative (Fourth Trimester Initiative), we were asked to share information with all postpartum care providers in our community. Please find attached new updates to the Postpartum Standardized Discharge Summary, as well as the criteria now recommended for the Comprehensive Postpartum Visit. Please reach out with further questions, and our hospital will continue to work towards improving the communication, documentation, and referral portions of this criteria prior to discharge.

The NEW Postpartum Model



ACOG: *Standardized Discharge Summary*

Should include:

- ✓ Patient Name and age
- ✓ Support person contact information
- ✓ Gravida/para status
- ✓ Birth information:
  - ✓ Date and type of birth
  - ✓ Gestational age at birth
  - ✓ Relevant maternal conditions and complications
- ✓ Name, contact information and appointments for relevant providers, including OB/GYN specialists, mental health provider, etc.
- ✓ Positive screening for medical risk factors, mental health, and substance use
- ✓ Medications and supplements at time of discharge
- ✓ Unmet actual and potential SSDOH needs
- ✓ Suggested community services and supports
- ✓ Need for specific postpartum testing such as glucose testing or CBC

AIM PPDT "Postpartum Discharge Element Implementation Details" (2021)

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Comprehensive Postpartum Visit (template)

Should include:

- Screening for social and structural drivers of health and postpartum risk factors including mental health and substance use disorders
  - Provide linkage to needed referrals and services and/or provision of treatment as needed
- Assessment of physical recovery from birth and pregnancy-associated conditions
- Assessment of chronic diseases (pre-pregnancy onset or enduring from pregnancy-onset conditions)
  - Provide management or referral to primary or specialist care
- Establish care congruent with the patient's reproductive life plan
  - Provide access to highly effective methods of contraception, if desired
- Transition to ongoing well-person care including provision of or scheduling of indicated health maintenance services with transition to appropriate provider as needed

Comprehensive PP Visit (template, cont'd)

Box 1. Components of Postpartum Care

Mood and emotional well-being

- Screen for postpartum depression and anxiety with a validated instrument[1,2]
- Provide guidance regarding local resources for mentoring and support
- Screen for tobacco use; counsel regarding relapse risk in postpartum period[3]
- Screen for substance use disorder and refer as indicated[4]
- Follow-up on preexisting mental health disorders, refer for or confirm attendance at mental health-related appointments, and titrate medications as appropriate for the postpartum period

Infant care and feeding

- Assess comfort and confidence with caring for newborn, including
  - — feeding method
  - — child care strategy if returning to work or school
  - — ensuring infant has a pediatric medical home
  - — ensuring that all caregivers are immunized[5]
- Assess comfort and confidence with breastfeeding, including
  - — breastfeeding-associated pain[6]
  - — guidance on logistics of and legal rights to milk expression if returning to work or school[7,8]
  - — guidance regarding return to fertility while lactating; pregnancy is unlikely if menses have not returned, infant is less than 6 months old, and infant is fully or nearly fully breastfeeding with no interval of more than 4–6 hours between breastfeeding sessions[9]
  - — review theoretical concerns regarding hormonal contraception and breastfeeding, within the context of each woman's desire to breastfeed and her risk of unplanned pregnancy[7]
- Assess material needs, such as stable housing, utilities, food, and diapers, with referral to resources as needed

Sexuality, contraception, and birth spacing

- Provide guidance regarding sexuality, management of dyspareunia, and resumption of intercourse
- Assess desire for future pregnancies and reproductive life plan[10]
- Explain the rationale for avoiding an interpregnancy interval of less than 6 months and discuss the risks and benefits of repeat pregnancy sooner than 18 months
- Review recommendations for prevention of recurrent pregnancy complications, such as 17α-hydroxyprogesterone caproate to reduce risk of recurrent preterm birth, or aspirin to reduce risk of preeclampsia
- Select a contraceptive method that reflects patient's stated needs and preferences, with same-day placement of LARC, if desired[11]

Box 1. Components of Postpartum Care *(continued)*

Sleep and fatigue

- Discuss coping options for fatigue and sleep disruption
- Engage family and friends in assisting with care responsibilities

Physical recovery from birth

- Assess presence of perineal or cesarean incision pain; provide guidance regarding normal versus prolonged recovery[12]
- Assess for presence of urinary and fecal continence, with referral to physical therapy or urogynecology as indicated[13,14]
- Provide actionable guidance regarding resumption of physical activity and attainment of healthy weight[15]

Chronic disease management

- Discuss pregnancy complications, if any, and their implications for future childbearing and long-term maternal health, including ASCVD
- Perform glucose screening for women with GDM: a fasting plasma glucose test or 75 g, 2-hour oral glucose tolerance test[16]
- Review medication selection and dose outside of pregnancy, including consideration of whether the patient is breastfeeding, using a reliable resource such as LactMed
- Refer for follow-up care with primary care or subspecialist health care providers, as indicated

Health maintenance

- Review vaccination history and provide indicated immunizations, including completing series initiated antepartum or postpartum[17]
- Perform well-woman screening, including Pap test and pelvic examination, as indicated[18]

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Community Resource List

FTI Goal: Date of Implementation

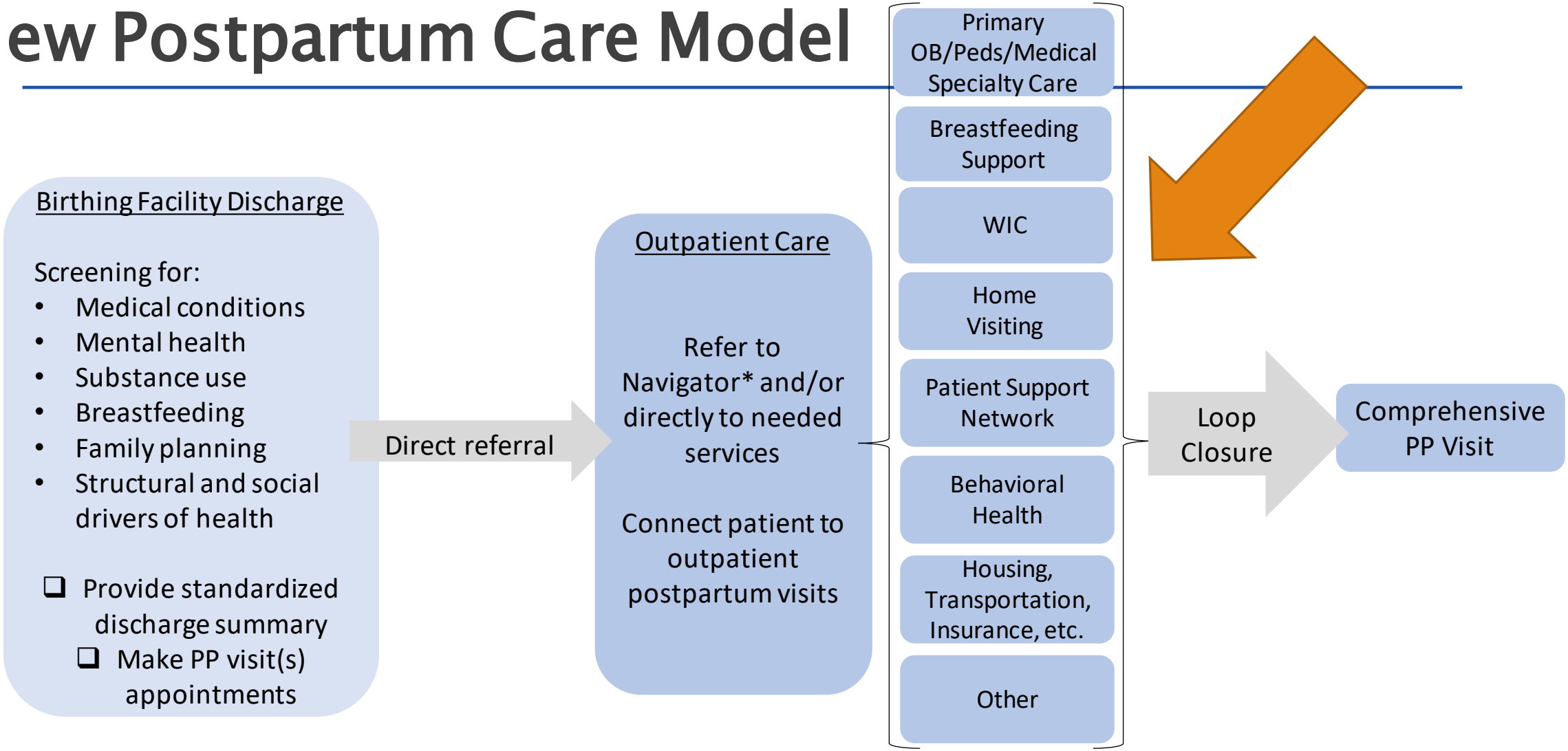
FTI Goal:
Create a Community Resource List

Create and maintain the following list, which should be specific to <u>your community</u>:

OB Practices
Pediatric Practices
Breastfeeding
Care Coordinator Services (OB Navigator, CHWs, Home Visitors, etc)
- ❑ Housing, Transportation, Insurance, Navigation Services

WIC
Health Department (MCH)
Federally Qualified Health Center
Home Visitor Programs
Behavioral Health Agencies
Patient Support Networks (Doulas, CHWs, Churches, etc)

New Postpartum Care Model



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FOURTH TRIMESTER INITIATIVE

Community Resource Mapping

Primary OB/Peds/Medical Specialty Care

Lincoln Center
Topeka OBGYN
SC Health Dept
GraceMed Topeka

Topeka Pediatrics
Pediatric Assoc of Topeka
Cotton O'Neil Peds

Stormont Vail MFM
Internal Med
Cardiology

Patient Support Network

Topeka Doula Project

Churches
School District (ECC)

Family & Friend Networks

Behavioral Health

Primary Care
GraceMed
OB Clinics

Valeo Behavioral Health
Stormont Vail Behavioral Health

Home Visiting

SC Health Dept
*Community Health Workers
*Home Visiting Program
Topeka Doula Project
GraceMed Topeka

Breastfeeding Support

SVH Breastfeeding Clinic

Peds offices

SC Health Dept
GraceMed Topeka
Topeka Doula Project

WIC

Shawnee County Health Dept

Housing, Transportation, Insurance, etc.

SVH Social Work

SC Health Dept
*Community Health Workers
*Home Visiting Program
Topeka Doula Project

GraceMed Topeka

Perinatal/ Parenting Education

Lincoln Center
Topeka OBGYN

Stormont Vail Hospital

SC Health Dept
GraceMed Topeka

Postpartum Visit Scheduling

FTI Goal:
Make the PP Appointment PRIOR to discharge

NOTE:

Primary OB Provider appt may be made for patient at any of the following, based on patient indication:

2 weeks, 3 weeks, 6 weeks, 12 weeks

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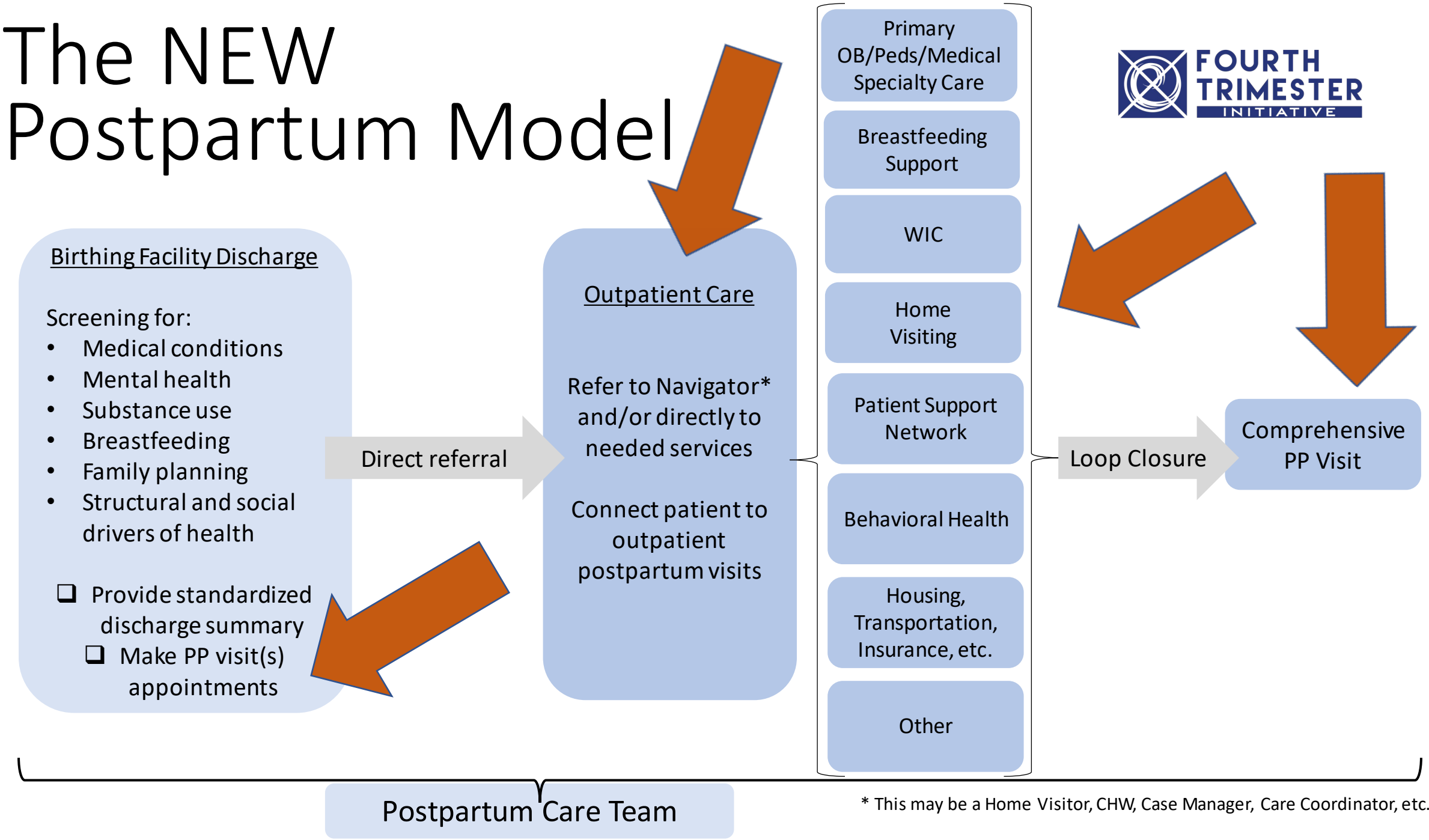
The NEW Postpartum Model



FOURTH TRIMESTER INITIATIVE

* This may be a Home Visitor, CHW, Case Manager, Care Coordinator, etc.

FTI: Best practice model

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

ACOG COMMITTEE OPINION

Number 736 • May 2018 (Replaces Committee Opinion Number 666, June 2016)

Presidential Task Force on Redefining the Postpartum Visit
Committee on Obstetric Practice

The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine endorse this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice in collaboration with task force members Alison Stuebe, MD, MSc; Tamika Auguste, MD; and Martha Gulati, MD, MS.

Optimizing Postpartum Care

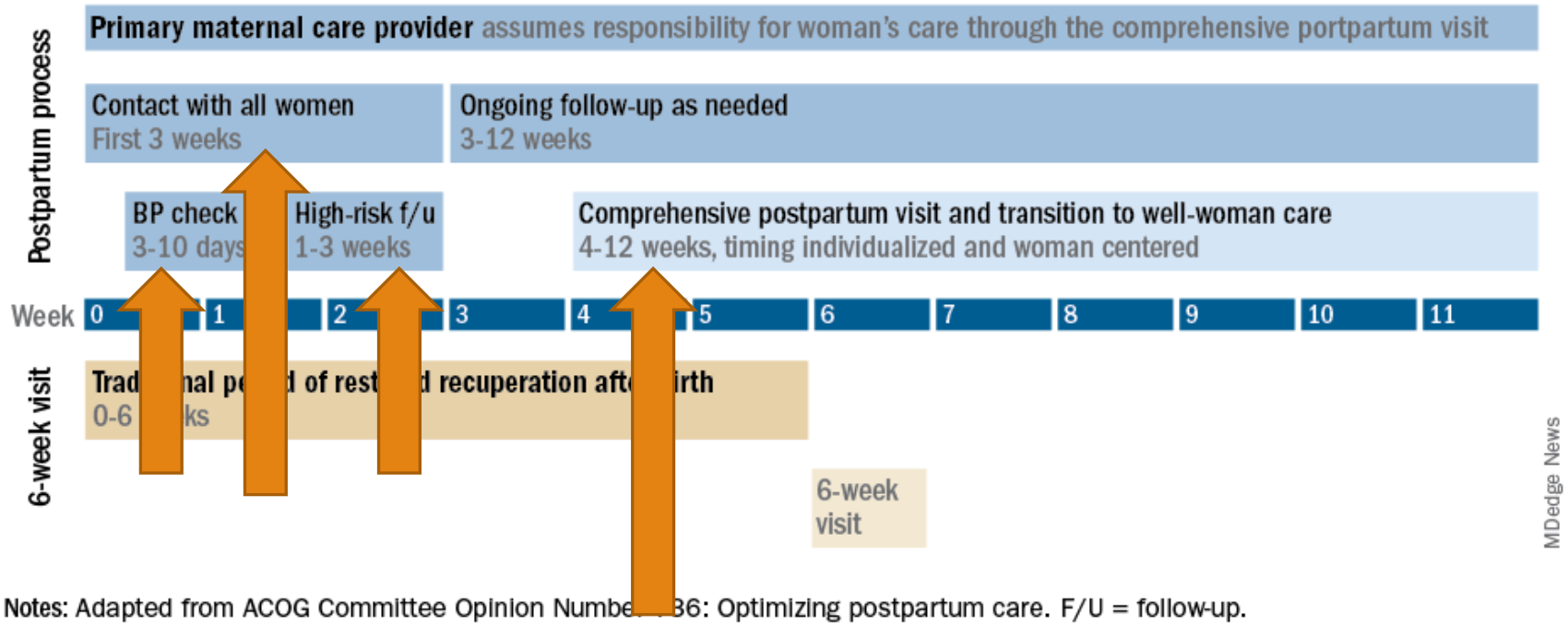
Recommendations and Conclusions

The American College of Obstetricians and Gynecologists makes the following recommendations and conclusions:

- To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.
- Anticipatory guidance should begin during pregnancy with development of a postpartum care plan that addresses the transition to parenthood and well-woman care.
- Prenatal discussions should include the woman's reproductive life plans, including desire for and timing of any future pregnancies. A woman's future pregnancy intentions provide a context for shared decision-making regarding contraceptive options.
- All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth.

ACOG Committee Opinion "Optimizing Postpartum Care" (2018)

Proposed paradigm shift for postpartum visits



Notes: Adapted from ACOG Committee Opinion Numbe[illegible]36: Optimizing postpartum care. F/U = follow-up.

Source: Obstet Gynecol. 2018;131:e140-50

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FOURTH TRIMESTER INITIATIVE

Fourth Trimester Champion HUDDLE

Mandatory in-person workday

When: Tuesday, April 23, 2024

Time: 9:00-1:00 (includes lunch with KPQC Advisory Board)

Where: Sunflower Foundation Topeka, KS

Register: https://kansaspqc.org/apr-2024-fti-champions/

*every FTI Champion MUST attend

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MAY 28th Learning Forum

- ❑ SSDOH Screening (soooo many questions!)
- ❑ Intimate Partner Violence