Learning Forum  March 2022
March Madness!

Name and Agency in the Chat
Agenda

- Rapid Response
- FTI Update
- General Meeting information
- Featured Speaker: Dr Taylor Bertschy
Introducing
Ryker Sorell
DOB: 3-16-22
Kasey is now
Fourth Trimester 😊
Speaking of births

Kansas FTI Sites: 26,420
Rapid Response

**Every Mother Counts** is thrilled to announce the launch of *Choices in Childbirth: Essential Conversations for Pregnancy, Birth, and Beyond*—an interactive video series and educational resource library designed to provide information, tools, and support for pregnant people and parents.

This first-of-its-kind series brings accessible, engaging information and tools to pregnant people and parents across the country—centering the wisdom of parents, doulas, educators, midwives, and physicians and engaging people in becoming active participants in their own maternity care journey.

https://everymothercounts.org/choicesinchildbirth/
Rapid Response: MORE Magnets!

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 the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call 911 if you have:

Call your healthcare provider if you have:

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Tell 911 or your healthcare provider:

“I had a baby on _________ (Date) and I am having __________ (Specify a warning sign)”
FTI updates
FTI = Process Improvement

➢ Enroll in FTI:

Maternal Warning Signs
➢ Baseline Data
➢ Policy Review
➢ Train POST-BIRTH
   ▶ Update Policy
   ▶ Standardize Discharge Summary & Education
   ▶ PP Visit Scheduled

Maternal Mental Health
➢ Baseline Data
➢ Direct TA Group selection & work
➢ Training on Standardized Screening, Treatment
   ▶ Establish Referral Network (PP Care Teams)
   ▶ Policy Review/Update
   ▶ Standardized Discharge Summary & Education
   ▶ PP Visit Scheduled
AWHONN
POST-BIRTH Training Update

✓ Train PP Staff
✓ Train OB Staff
✓ Integrate POST-BIRTH into EVERY discharge postpartum

❑ Train Outpatient Staff
❑ Train ER/Urgent Care
❑ Integrate ER/Outpatient settings
## Maternal Warning Signs: POST-BIRTH Training

<table>
<thead>
<tr>
<th>TOTAL COUPONS COUNT</th>
<th>250</th>
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<tbody>
<tr>
<td>COUPONS USED</td>
<td>76</td>
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<tr>
<td>COUPONS REMAINING</td>
<td>174</td>
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</table>
POST-BIRTH: The time is NOW

- Completion of POST-BIRTH Training: March 31\textsuperscript{st}, 2022

- Additional staff Coupons available until September 2022
CONGRATS to our newest TA members!

- Citizens Medical Center
- Community HealthCare System (Onaga)
- Lawrence Memorial Hospital
Needs Survey Summary
KPQC FTI TA Cohort- 2022
Overall Response

- 17 total responses
  - 6 of the responses were current TA sites

- 5 sites chose “not interested” in joining next TA cohort
  - Next steps: continue to engage through presence at FTI events and offer informal training/education opportunities

- 6 sites chose “interested” in joining next TA cohort
  - 3 of these indicated capacity to meet the TA requirements indicated
  - Next steps: email outreach to provide detailed information and set up an initial check-in
Biggest Needs for Site-Specific TA

*Current Cohort*

<table>
<thead>
<tr>
<th>Need</th>
<th>Count</th>
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<tbody>
<tr>
<td>Improved Referral Process</td>
<td>2</td>
</tr>
<tr>
<td>Improved Follow-up Process</td>
<td>1</td>
</tr>
<tr>
<td>Increased Staff Training</td>
<td>3</td>
</tr>
<tr>
<td>Policy Development</td>
<td>2</td>
</tr>
<tr>
<td>Improved coordination between providers, clinics, and/or inpatient/outpatient settings</td>
<td>2</td>
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</table>

*Other - “Bridging [the] gap with community members.”*
Ideal TA Sessions Would…

1. Be held virtually and scheduled during the lunch hour when more staff can participate.
2. Include discussion about EHR data.
3. Include ‘live’ examples and time to complete TA-related work/tasks.
4. Include ideas to coordinate with other team members, including on-call doctors/nurses, to maintain consistency with screenings.
Perinatal Mental Health Goals

<table>
<thead>
<tr>
<th>Goal生育健康目标</th>
<th>Priority</th>
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<tbody>
<tr>
<td>Increase Screenings (rate and quality/consistency)</td>
<td>4</td>
</tr>
<tr>
<td>Improve Communication with Patients About Difficult Topics</td>
<td>3</td>
</tr>
<tr>
<td>Improve Inpatient/Outpatient Communication</td>
<td>2</td>
</tr>
<tr>
<td>Get the Whole Team/Community to Prioritize PMH</td>
<td>2</td>
</tr>
<tr>
<td>Improve Referral Processes, Policies, and Resource Options</td>
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**Needed to Achieve**

<table>
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<tr>
<th>Service</th>
<th>Score</th>
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<tr>
<td>General Community Support</td>
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<tr>
<td>Connection with Other Facilities</td>
<td>1</td>
</tr>
<tr>
<td>Policy Development*/EHR Integration</td>
<td>3</td>
</tr>
<tr>
<td>Access to Referral Resources/Networks</td>
<td>4</td>
</tr>
<tr>
<td>Staff Education/Training**</td>
<td>5</td>
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</table>

*Should include not only screening and referral implementation, but also guidance for intervention when a patient is in crisis.

**Specifically mental health training, administering screenings, etc.

**Qualitative Feedback**

“We are familiar with recognizing the symptoms, but we don't always know what the "first steps" are when we are presented with one of these patients...”

“In order for the screening process to be implemented more consistently, I came up with a procedure that was helping, but it tends to break down when I'm not in the office...”
Workshop Topic Requests

- Implementing screening for perinatal MH/SUD: 6 requests
- Working with Organization Leadership: 3 requests
- Using EHRs to support screening implementation: 6 requests
- General workflow for screening and referral processes: 4 requests
- Having Difficult conversations with patients: 7 requests
- Building a local referral network: 8 requests
- Policy Development: 9 requests

Other – “[Implementing] mental health ok, but no (not ready to implement) substance use screening yet.”
For all sites...
Screen, Educate, Refer, Connect
On your radar:
INpatient to OUTpatient
<table>
<thead>
<tr>
<th>Birth Facilities</th>
<th>County</th>
<th>City</th>
<th>Completed Parallel MCH Training</th>
<th>KPCC Embedded</th>
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<td>Advent Health Shawnee Mission</td>
<td>Johnson</td>
<td>Merriam</td>
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<td>Franklin</td>
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<td>Wichita</td>
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<td>Thomas</td>
<td>Colby</td>
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<td>Shawnee</td>
<td>Topeka</td>
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<td>KS Birth Centers</td>
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<td>New Birth Company-Overland Park, KS</td>
<td>Johnson</td>
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<td>Sunflower Birth &amp; Family Wellness</td>
<td>Cowley</td>
<td>Winfield</td>
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Featured Speaker

Taylor Bertschy, DO FACOG
OBGYN Hospitalist
Co-Medical Director for Birthrooms & Birth Care Center
Department of Obstetrics & Gynecology
Wesley Medical Center
FOURTH TRIMESTER INITIATIVE INTEGRATION AT A LARGE MIDWEST HOSPITAL

TAYLOR BERTSCHY, DO FACOG
OBGYN HOSPITALIST
WESLEY MEDICAL CENTER
POSTPARTUM CARE IN THE INPATIENT SETTING

OLD SCHOOL

• Single encounter at six week follow up despite complications
• Patient’s responsible for making follow up appointments
• One size fits all
• Little formal maternal support
POSTPARTUM CARE IN THE INPATIENT SETTING

NEW SCHOOL

- Ongoing process tailored to each woman’s individual needs
- Contact with mom 2-3wks after delivery
- Comprehensive visit no later than 12 weeks postpartum
  - Physical, social, psychological wellbeing
- Counseling on increases in lifetime risks due to pregnancy complications
- Establish who will assume primary/ongoing care of chronic illness
READINESS

- Referral resources and communication pathways b/t obstetricians and community-based organizations
- Multidisciplinary care team to design coordinated clinical pathways for patient discharge
- Standardized discharge summary form
- Staff education on optimization of postpartum care and how to screen for life threatening postpartum conditions
- Trauma informed protocols and trainings
RECOGNITION & PREVENTION

<table>
<thead>
<tr>
<th>Establish</th>
<th>Establish system for scheduling postpartum care visits &amp; needed immediate specialty care visits prior to discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen</td>
<td>Screen each patient for postpartum risk factors and provide linkage to community resources prior to discharge</td>
</tr>
<tr>
<td>Assess and Document</td>
<td>In all care environments assess and document if a patient is presenting pregnant or has been pregnant in the past year</td>
</tr>
<tr>
<td>Offer</td>
<td>Offer reproductive life planning discussions and resources, including contraceptive options</td>
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• Provide patient education prior to discharge
  • Life threatening postpartum conditions
  • Early warning signs, mental health conditions
  • How to seek care
• Provide patient with standardized discharge summary that details key info from pregnancy and birth
• Conduct a comprehensive postpartum visit
• Encourage designated support person
FTI AT WESLEY MEDICAL CENTER (OVER 5000 BABIES/YR)

Successes

• Standardized dismissal education
• Maternal Warning Signs magnets
• Printable physician orders
• Flyer for when to call or return to office or hospital
• Patients receive a copy of discharge summary
• Extension to the Emergency Departments

Opportunities

• Nursing education
  • Difficult because of the amount of employees
  • Difficult for employees to log in if not in house
    • Access from home?
    • Healthstream format?
  • Little to no time to complete when working
    • Compensation?
• Patient follow up
  • Finding unassigned patients care before leaving hospital
  • Timeframe given, but often no actual appointment made
    • Leaving onus on the patient to call OBGYN office
  • Different offices with different processes
    • At least 9 different offices
    • Over 40 providers
    • None are hospital employed
      • 2 are PSG employed
TRANSLATING TO OUTPATIENT SETTING

Inpatient
• Patient is present
• Specialized teams for specific needs
• Case managers
• Nurse navigators
• Standardized education
• Daily provider visits

Outpatient
• “Lost to follow up”
• Rely on communication other than face to face
• Sleep deprivation, fatigue
• Confused between baby and mom appointments
• Oftentimes patients are required to be the one to initiate
IRIS
FREE REFERRAL TOOL RAN BY KDHE
IRIS IN A RESIDENT CLINIC

- Consent form is given to all new OB patients
  - Automatically enrolled in Baby Talk
  - Options to select other resources
- Very easy to use
- One place to keep track of referrals and communication
  - Consistent documentation
- 94% acceptance rate
- Average response is 6 days
- Notified if patient accepts referral appointment
- Can send multiple referrals at once
- Able to attach records
IRIS

- The Good
  - Referral system for the state
  - Used to schedule postpartum or specialty visits prior to leaving the hospital
  - Closed loop communication
  - Send and receive referrals

- The Bad
  - Can only use program if the office is in the system
  - Currently most programs address social aspect of care
  - Six offices enrolled
PHYSICIAN PERSPECTIVE

- Bridgeable gap from time of discharge to outpatient follow up
  - Minimize steps
  - Maximize education and reminders
  - Dismissal “package” to include all appointments already made or referral process initiated
  - Prescriptions
    - In house pharmacy
  - Outpatient office follow up
  - Notify OBGYN of ED presentations or readmissions

- Two patient examples
  - Sleep deprived new mom, post op from C/S
  - Pediatric peripartum cardiomyopathy readmission
ENGAGING OTHERS

• Establish a direct line from hospital discharge to outpatient offices
• ED education
• Enrollment in IRIS
WHAT’S NEXT

• Reliable process for appointment generation
  • Calendar reminders for phones
• AWHONN education on multiple platforms
• Tailored follow up
• Initiation of support services prior to leaving hospital
• Discharge package

• Track patient follow up and compliance
  • What’s working, what’s not
• A way to notify providers of readmissions
• Incorporate Reduction of Peripartum Racial/Ethnic Disparities measures
QUESTIONS?
ANSWERS?

• ACOG Committee Opinion No 736. *Optimizing Postpartum Care*. May 2018.
General Meeting

Information & Registration

*Virtual
9a-12p

*FTI On-site
12p-3p
Next Learning Forum

April 26th, 2022