



Fourth Trimester Initiative

Initial Enrollment Packet 2021





Vision

To make Kansas the best place to be born, and to be a mother.

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.



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

Next Steps

1. In the coming year, the KPQC plans to guide Kansas enrollment in the national AIM (Alliance for Innovation on Maternal Health) initiative and partner with providers to adopt and implement a patient safety "bundle" addressing postpartum transition; this quality improvement project will focus on the immediate period post birth through the first year postpartum.
2. Prior to AIM enrollment, initial work by the FTI will be focused on engaging and enrolling birth facilities across Kansas to collect baseline data centered around birth rates, maternal health disparities, and postpartum visit scheduling.
3. Simultaneously, the FTI will be working with birth facilities to identify local "Fourth Trimester Initiative" Champions. This will include the



identification of FTI administrative roles as well as the Postpartum Care Team at each birth facility.

4. KPQC will host monthly Learning Forums and regional trainings aimed at providing free education to participants and meaningful statewide collaboration on key maternal health topics. These critical learning opportunities are based around highest clinical priority and serve as a means of disseminating key maternal health information across the state.
5. Upon the release of the bundle by AIM, formal roles and processes will be outlined for each enrolled birth facility and an additional Participation Agreement and Data Collection Plan will be provided.
6. The facilities will begin to identify and work with their community perinatal collaboratives and/or other community partners.

What's in it for our birth facilities?

The **Fourth Trimester Initiative** of the KPQC will coordinate a statewide collaborative to improve maternal outcomes. Your facility's enrollment will allow for streamlined resources, internal education, and collective impact work at the state and local levels. The FTI will roll out the AIM postpartum transition safety bundle, anticipated to occur by Summer or Fall 2021.

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.

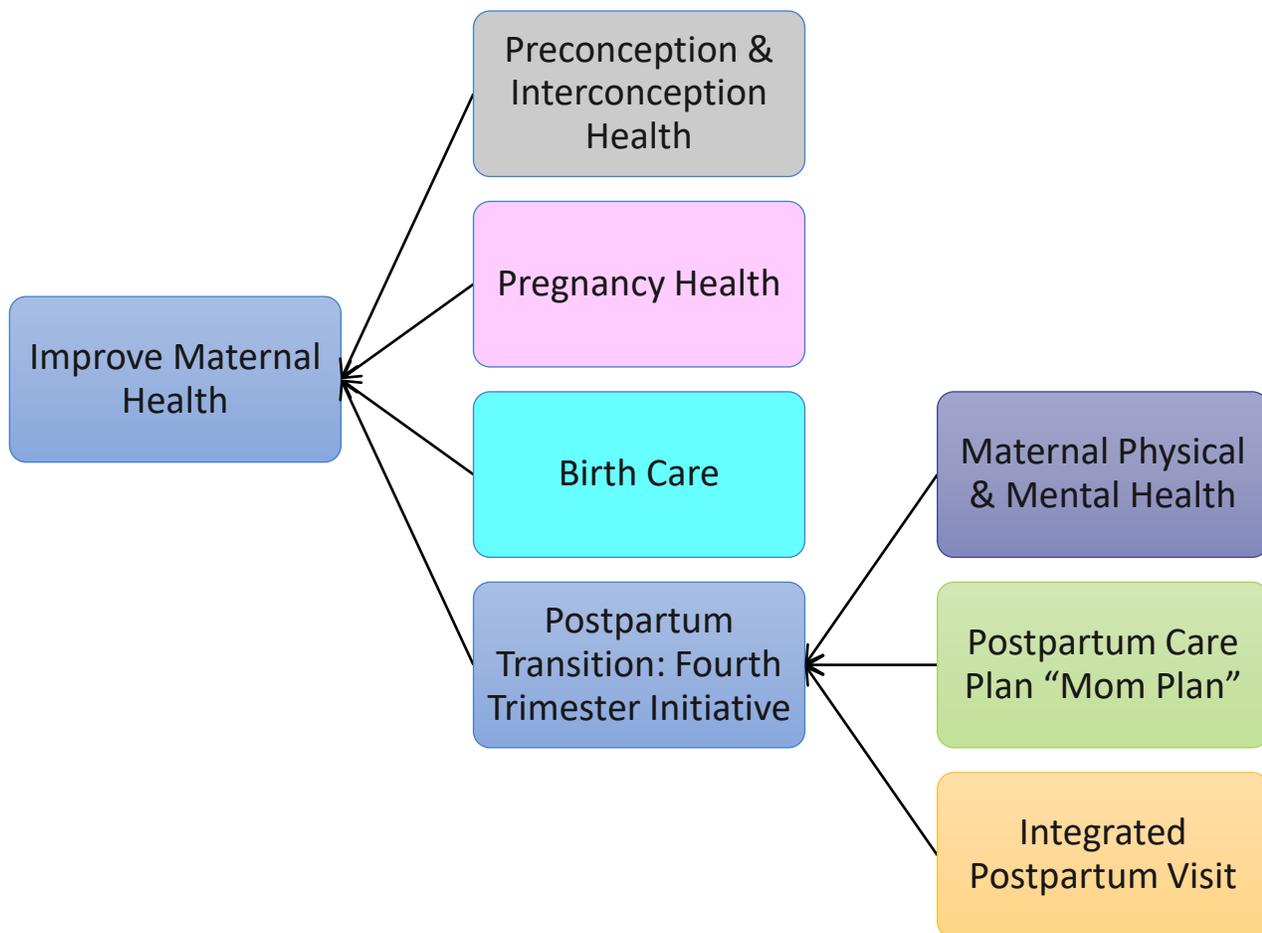
Process that participating birth facility teams will work on in preparation for the AIM Bundle Release:

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 Driver Diagram 1



Fourth Trimester Initiative Driver Diagram 2

Secondary

Primary

Optimal Maternal Physical & Mental Health

By May 11, 2021, the documented attendance rate of a visit with the OB provider within 12 weeks postpartum will exceed 60%

Postpartum Care Plan "Mom Plan"

Integrated Postpartum Visits

Performance

1. Enroll Birth Facilities in FTI
2. Obtain Birth Facility birth numbers, including race demographics
3. Track rate of Postpartum Patients with Visits scheduled prior to discharge (<12 weeks PP)
4. Track Birth Center Postpartum Care Team formation
5. Identify county-level maternal health risk factors

BIRTH FACILITY

Quality Medical Care:

1. Immediate PP Care- Best Practice Models
 - PP Hemorrhage
 - PP HTN Disorders
 - Breastfeeding
 - Infection Prevention
 - Behavioral Health/SUD
2. Identify continued medical needs prior to discharge

Social Determinants:

1. Identify barriers to F/U visit prior to discharge

OUTPATIENT

Quality Medical Care:

1. Postpartum Care: algorithm of F/U
 - 1-6 weeks, up to 12 weeks with Comp WWE
2. Best Practice Models: See above
 - Perinatal Mood Disorder
 - Family Planning
 - Chronic Disease (HTN, Obesity, Asthma, Anemia, DM)
 - Abuse/Neglect
 - Infant Care

BIRTH FACILITY

1. Create Postpartum Care Team
 2. Education of Mom- self & infant care
 3. Discharge Planning by PP Care Team & Patient
 - "Mom Plan"
 - Individualized medical plan
 - Include Social Determinants
 4. Screenings:
 - Educate all Maternal Health Providers
 - Coordinate & Provide Standardized Screenings
 5. Referral for + Screens: inpatient to outpatient
 6. Connect to Perinatal Community Collaboratives
- OUTPATIENT**
- Private Practice/Public Health:
- Mom Plan/Pt Medical Plan
 - Ongoing Screenings & Referrals (incl. F/U)
 - Perinatal Community Collaboratives connect to Birth Centers

BIRTH FACILITY

Collective Impact Model
Tracks Postpartum Visit Scheduled prior to discharge
Tracks Postpartum Visit attendance

OUTPATIENT

Collective Impact Model
OB Provider office tracks PP Visit not completed- refer to Navigator
Navigator follow up with Pt & Provider to seek completion



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 9 and return it by April 16, 2021.

Roles

- 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 by **April 16, 2021** to Terrah Stroda, CNM, FTI Coordinator (tstroda@gmail.com):
 - Participation Readiness
 - Roles for Enrollment
 - Enrollment Agreement
 - Enrollment Survey

Participation

- Attend monthly KPQC Learning Forum sessions (recorded for your convenience).
- Submit a report to the FTI Coordinator regarding your birth facility’s progress on the processes described on pages 4-5 by **May 11, 2021**. Information is to come on these reports.



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 (pages 10-15) 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/subscribe>.



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: _____

Signature of Authorized Agent (Electronic signature accepted)

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

Name: Kasey Sorell

Title: Health Planning Consultant, Maternal and Perinatal Initiatives

Date: _____

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 2020? Note that singleton as well as births of multiples all count for as just one birth.

Question 1a: Record the maternal race/ethnicity of the births at your birth facility that occurred in 2020.

(*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:

www.kdheks.gov/phi/as/2019_Annual_Summary.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)

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?

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: www.kdheks.gov/phi/as/2019_Annual_Summary.pdf

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

KDHE PG Risk Assessment Monitoring System (PRAMS):

<https://www.kdheks.gov/prams/reports.htm>



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 the FTI Coordinator, Terrah Stroda:

tstroda@gmail.com

