

Learning Forum

August 2024



Name and Agency/Hospital in the CHAT



KPQC Fall Virtual Conference:

Birth & Beyond: What Keeps You Up at Night?



October 22, 2024 • 9:00 a.m. to 12:00 p.m.

Join the Kansas Perinatal Quality Collaborative for this virtual, complimentary conference featuring clinical and health policy leaders. Engage in conversations and learnings to improve maternal outcomes and health equity.

Agenda

- 9:00 a.m. **Rapid Response: Hot Topics in Kansas Birth & Newborn Care**
KPQC Leadership Team
- 9:30 a.m. **Sepsis: Before, During, & After Birth**
Angela Martin, MD, FACOG
Medical Director of Labor and Delivery, Obstetrics and Gynecology
University of Kansas Health System
- 10:15 a.m. **Session Q&A**
- 10:30 a.m. **Reimagining Health Equity: Leveraging Data, Partnerships, and Innovation to Drive Excellent Care**
Emersen Frazier, MPH
Director of Health Equity and Policy
Stormont Vail Health
- 11:15 a.m. **Session Q&A**
- 11:30 a.m. **Unveiling of next KPQC Safety Bundle**
- 12:00 p.m. **Closing**

[Register](#) today for this virtual, complimentary conference!



<https://kansaspqc.org/oct-2024-fall-conference/>

Keynote Speakers



Angela Martin, MD, FACOG

Medical Director of Labor and Delivery, Obstetrics and Gynecology,
University of Kansas Health System

Dr. Angela Martin attended medical school at the University of Missouri-Columbia. She completed her residency in OBGYN at Emory University where she completed a fellowship in Maternal-Fetal Medicine. Dr. Martin joined the faculty at the University of Kansas in 2016. She is currently a Clinical Associate Professor of Maternal-Fetal Medicine. Since joining the faculty, she has won several teaching awards at KU, including the American College of Obstetrics and Gynecology National Faculty Award and an Excellence in Teaching Award from the Association of Professors of Gynecology and Obstetrics. She has enjoyed performing retrospective cohort projects on topics such as preterm birth, fetal growth restriction, and trial of labor after cesarean section. She is currently the vice chair of the hospital pharmacy and therapeutics committee and has been involved in the OB quality and patient safety committee. Most recently, she has enjoyed her role as the medical director of labor and delivery.



Emersen Frazier, MPH

Director of Health Equity and Policy, Stormont Vail Health

Emersen Frazier, MPH, has a strong commitment to community advocacy and policy development. Currently serving as the Director of Health Equity and Policy at Stormont Vail Health in Topeka, KS, Emerson has taken the lead in implementing data-driven initiatives to ensure equitable health outcomes for patient populations and fostering collaboration with state and federal policymakers. Emerson has contributed to various critical aspects of healthcare, including patient safety, population health, accreditation standards, and policy development. Emerson holds a Masters in Public Health from the University of South Carolina (Columbia, SC), concentrating on Health Services, Policy, and Management. There, she achieved summa cum laude honors and crafted a thesis on a Community Health Worker Health Equity Impact Program. Her BA in Political Science is from Claflin University (Orangeburg, SC), where she also earned her summa cum laude honors and valedictorian status.

Conference Information

Registration is free, and a Zoom link will be provided in advance of the conference. Attendees will receive slides and conference materials after the live session.

[Register](#) today for this virtual, complimentary conference!



<https://kansaspqc.org/oct-2024-fall-conference/>

Rapid Response: OB

Quick hitters from across the country!



Severe Maternal Morbidity

AIM/ACOG Case Review templates

AIM Learning Session(s)- invite email can be sent. Notify Terrah or Kari asap!



SMM Review Form

Abstraction		
Abstraction Date	Abstractor Name	
Name of Facility for Chart Review		
Admission Date	Discharge Date	
Peripartum Transport <input type="checkbox"/> To Facility (Specify) <input type="checkbox"/> From Facility (Specify)		
MR # or Patient ID	Date SMM Identified	
Case Identified for Review By (Select All that Apply) <input type="checkbox"/> ICD-10 Dx Code <input type="checkbox"/> ICD-10 Procedure Code <input type="checkbox"/> ICU Admission <input type="checkbox"/> Patient and Family Advocacy <input type="checkbox"/> Healthcare Team Request <input type="checkbox"/> Per Institution Policy or Guidelines (e.g., conditions list) <input type="checkbox"/> Other (Write-In)		
Reason(s) for Chart Review (Select All that Apply) <input type="checkbox"/> Hemorrhage Complications <input type="checkbox"/> Cardiac Complications <input type="checkbox"/> Renal Complications <input type="checkbox"/> Sepsis Complications <input type="checkbox"/> Other Obstetric Complications (Write-In) <input type="checkbox"/> Other Medical Complications (Write-In) <input type="checkbox"/> Unable to Specify (Write-In)		
Timing of SMM-Related Care (Select All that Apply) <input type="checkbox"/> Antepartum <input type="checkbox"/> Intrapartum <input type="checkbox"/> Postpartum (after 8 hours) <input type="checkbox"/> Readmission		
Patient Characteristics		
Age	Weight at Admission	Height
Obesity Class		Specify Race
Race (Select All that Apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Not Documented		
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
Payer Source (Select All that Apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial <input type="checkbox"/> Accountable Care Organization/Managed Care Organization <input type="checkbox"/> Other (Write-In)		

Session 1: Introduction to SMM Review Form: The When and Why

[Registration Link](#)

Session Date & Time: July 30, 2024, from 2PM-3PM EST

Session 2: Chart Abstraction Best Practices for SMM Review: The How

[Registration Link](#)

Session Date & Time: TBD

Session 3: Lessons Learned from SMM Chart Review

[Registration Link](#)

Session Date & Time: August 22, 2024, from 12PM-1PM EST

Session 4: Integrating Equity into SMM Chart Review

[Registration Link](#)

Session Date & Time: August 29, 2024, from 12PM-1PM EST

KDHE Vital Statistics Natality Report 2022

Results

In 2022, Kansas birth outcome data revealed notable variations among different racial and ethnic groups. Out of a total of 23,569 births to White Non-Hispanic mothers in 2022, 4,209 (17.9%) were classified as poor outcomes (Table 1). Black Non-Hispanic mothers had a total of 2,191 births and 560 (25.6%) experienced poor outcomes. Low birth weight (<2,500 grams) births occurred more often for Black Non-Hispanic mothers (52.9%, Table 18) than for White Non-Hispanic (35.3%) or Hispanic mothers (40.8%). For Hispanic mothers of any race, the total number of births was 6,295 with 1,087 (17.3%) poor outcomes. For mothers where the race was unstated, a total of 96 births occurred and 19 (19.8%) had poor outcomes.

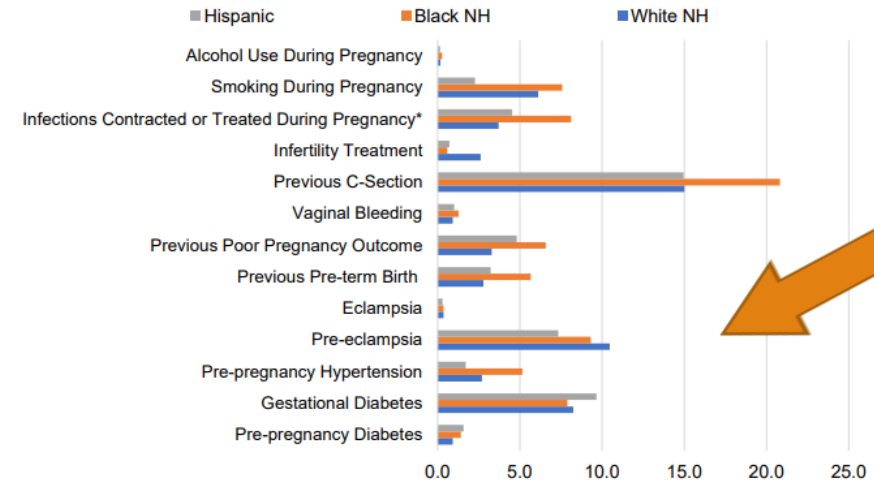
2

Regarding the adequacy of prenatal care, White non-Hispanic mothers had the highest percentage, receiving adequate or better prenatal care (86.8%, Table 11). Black non-Hispanic and Hispanic mothers experienced lower rates of adequate or better prenatal care than White Non-Hispanic mothers (69.0% and 68.6%, respectively). There is a similar pattern for singleton births with poor outcomes. Births with poor outcomes to White Non-Hispanics received adequate or adequate plus prenatal care at a higher rate than Black Non-Hispanic and Hispanic mothers experienced (86.6%, 69.7%, and 68.3%, respectively).

Higher WIC participation rates were observed among Hispanic mothers of any race (40.9%, Table 15) and Non-Hispanic Black mothers (33.7%), while White Non-Hispanic mothers had the lowest WIC participation rates (15.4%). Among singleton births with poor outcomes, WIC participation was similar for all race and ethnicity groups, except American Indian or Alaska Native mothers.

Black Non-Hispanic mothers, generally, experienced a higher rates of medical risk factors than White Non-Hispanic or Hispanic (any race) mothers. Births to Black Non-Hispanic mothers where there had been previous C-sections was 20.8 percent (Table 22), but only around 15 percent for White Non-Hispanic or Hispanic (any race) mothers. Black Non-Hispanic mothers also experienced higher rates of Infections Contracted or Treated During Pregnancy (8.1%) than White Non-Hispanic (3.7%) or Hispanic (any race) mothers (4.5%) (Figure A).

Figure A. Medical Risk Factors Rate for White, Black, and Hispanic 2022



*Infections include Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C.

KDHE Vital Statistics Natality Report 2022

Table 22. Number of Births Where Reported Medical Risk Factors by Population Group, Kansas, 2022*

Medical Risk Factors [†]	Population Group									
	White NH		Black NH		American Indian Alaska Native NH		Asian-PI NH		Multi Race-Other NH	
	N	%	N	%	N	%	N	%	N	%
Pre-pregnancy Diabetes	217	0.9	31	1.4	2	1.2	15	1.3	14	1.5
Gestational Diabetes	1,945	8.3	173	7.9	16	9.7	195	17.3	74	7.8
Pre-pregnancy Hypertension	636	2.7	113	5.2	6	3.6	23	2.0	26	2.7
Pre-eclampsia	2,467	10.5	204	9.3	20	12.1	83	7.4	80	8.4
Eclampsia	84	0.4	8	0.4	0	0.0	1	0.1	3	0.3
Previous Pre-term Birth	656	2.8	124	5.7	6	3.6	26	2.3	26	2.7
Previous Poor Pregnancy Outcome	776	3.3	144	6.6	12	7.3	56	5.0	23	2.4
Vaginal Bleeding	216	0.9	28	1.3	0	0.0	9	0.8	10	1.1
Previous C-Section	3,536	15.0	456	20.8	29	17.6	168	14.9	131	13.8
Infertility Treatment	618	2.6	13	0.6	2	1.2	47	4.2	11	1.2
Infections Contracted or Treated During Pregnancy [§]	874	3.7	178	8.1	13	7.9	40	3.6	76	8.0
Smoking During Pregnancy	1,442	6.1	166	7.6	23	13.9	10	0.9	89	9.4
Alcohol Use During Pregnancy	39	0.2	6	0.3	0	0.0	0	0.0	2	0.2
Total of Medical Risk Factors [¶]	13,506	n/a [¶]	1,644	n/a [¶]	129	n/a [¶]	673	n/a [¶]	565	n/a [¶]
Total Births	23,569		2,191		165		1,124		949	

*Residence data

†More than one medical risk factor may have been reported for a birth. Therefore, actual number of births maybe lower than totals.

‡n.s. = not stated

§Infections include: Gonorrhea, Syphilis, Herpes Simplex Virus, Chlamydia, HIV, Hepatitis B & Hepatitis C

¶ n/a: Not Applicable

¶The data provided only includes births with reported medical risk factors, each risk factor is counted individually. The total of birth with risk factor does not equal the total of births.

KDHE Vital Statistics Natality Report 2022

Table 8. Number and Percent of Singleton Births with Poor Birth Outcomes* by Health Preparedness Region by Population Group, Kansas, 2022†

Preparedness Region	Population Group									
	White NH		Black NH		American Indian Alaska Native NH		Asian-PI NH		Multi Race-Other NH	
	N	%	N	%	N	%	N	%	N	%
Central Kansas Region	200	5.5	8	1.6	0	0.0	1	0.5	4	2.7
East Central Coalition	147	4.1	1	0.2	2	5.7	1	0.5	1	0.7
KC Metro Region	1,093	30.2	214	43.2	11	31.4	110	55.3	47	31.3
South-Central Metro Region	1,033	28.6	156	31.5	5	14.3	60	30.2	39	26.0
Lower 8 of SE Kansas	212	5.9	12	2.4	2	5.7	7	3.5	10	6.7
North Central Kansas	117	3.2	1	0.2	1	2.9	1	0.5	2	1.3
Northwest Bioterror	96	2.7	1	0.2	0	0.0	2	1.0	2	1.3
Northeast Corner	282	7.8	43	8.7	9	25.7	5	2.5	28	18.7
South Central Coalition	30	0.8	0	0.0	0	0.0	0	0.0	1	0.7
Southeast Kansas Multi-County	76	2.1	1	0.2	0	0.0	0	0.0	1	0.7
Southwest Kansas Health Initiative	18	0.5	3	0.6	0	0.0	0	0.0	1	0.7
Southwest Surveillance	38	1.1	4	0.8	0	0.0	0	0.0	1	0.7
West Central Public Health	28	0.8	0	0.0	0	0.0	0	0.0	0	0.0
Western Pyramid	59	1.6	8	1.6	1	2.9	6	3.0	2	1.3
Wildcat Region	189	5.2	43	8.7	3	8.6	6	3.0	11	7.3
n.s.†	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0
Total	3,618		495		35		199		150	

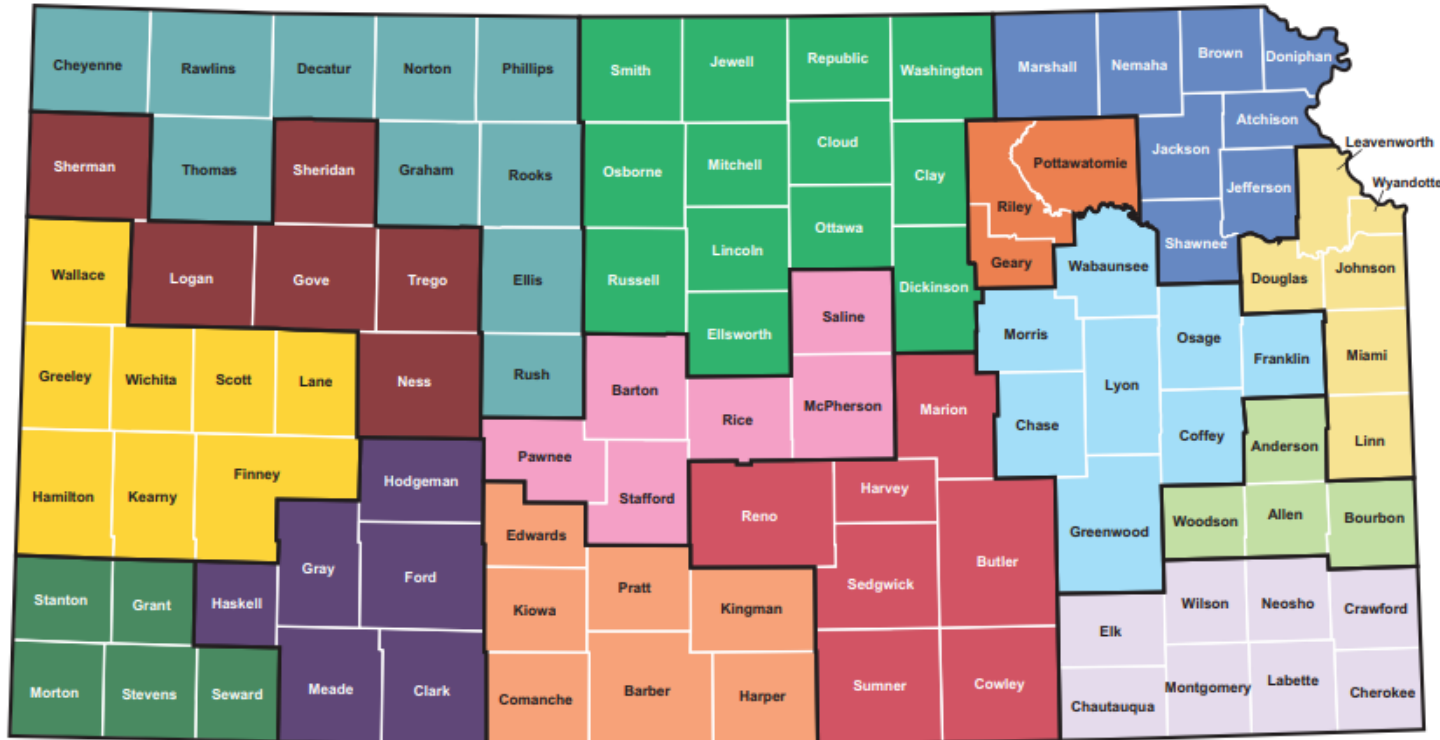
*See Technical Notes for definition of poor birth outcomes

†Residence data

‡n.s. = not stated

KDHE Vital Stats

Public Health Emergency Preparedness (PHEP) Regions



Northwest Bioterrorism Region Point of Contact: Lori Eichman, RN 426 Main Street Stockton, KS 67669 Office: 785-425-7352 Cell: 785-737-6042 Fax: 785-421-2584 leichman@krochd.com	North Central Kansas Public Health Initiative Coordinator: Shelby Bohnert 422 West 8th Street, P.O. Box 65 Beloit, KS 67420 Office: 785-251-5661 Cell: 785-250-1376 sbohnert@mitchellcountymf.org	Northeast Corner Regional Initiative Coordinator: Skye Reid 2600 SW East Circle Drive Topeka, KS 66606 Office: 785-251-5661 Cell: 785-250-1344 Fax: 785-251-5696 skye.reid@sanco.us	Kansas City Area Coalition 15 Coordinator: Stephen Maheux 11875 South Sunset Drive, Suite 300 Olathe, KS 66061 Office: 913-477-8318 Cell: 413-262-7374 Fax: 913-573-6747 stephen.maheux@jocogov.org
West Central Public Health Initiative Coordinator: Cindy Mullen 3413 Zest Oakley, KS 67748 Cell: 785-672-2304 cmullen@westks.com	Central Kansas Region Coordinator: Kory Owen 125 West Elm Street Salina, KS 67401 Office: 515-710-5988 Cell: 515-710-5988 Fax: 785-826-6605 kowen@salinecountys.gov	Wildcat Region Coordinator: Skylar German 2030 Tecumseh Road Manhattan, KS 66502 Office: 785-776-4779 Cell: 816-912-8847 Fax: 785-865-6566 sgerman@nileycountys.gov	Southeast Kansas (SEK) Multi-County Coordinator: Victoria "Tor" White 411 North Washington Avenue Iola, KS 66749 Office: 620-365-2191 Fax: 620-365-3128 tori@sekmchd.com
Western Pyramid Public Health Region Coordinator: Jenette Schuette P.O. Box 365 Jemore, KS 67854 Cell: 620-357-1135 swrcschuette@gmail.com	Southwest Surveillance Region Coordinator: Rayna Maddox 114 North Cana Street Grenola, KS 67346 Office: 620-430-4362 Cell: 620-430-4362 pheprc.maddox@gmail.com	East Central Kansas Public Health Coalition Coordinator: Dennis Applegarth 420 West 15th Avenue Emporia, KS 66801 Office: 620-342-4864 ext. 3709 Cell: 620-344-1771 Fax: 620-342-7775 dapplegarth@carearc.org	Lower 8 of Southeast Kansas Coordinator: Jason Wheeler 421 North 7th Street Fredonia, KS 66736 Office: 620-288-0464 Fax: 620-378-4647 jwheeler@wilsoncountyskansas.org
Southwest Kansas Health Initiative Coordinator: Jenette Schuette P.O. Box 365 Jemore, KS 67854 Cell: 620-357-1135 swrcschuette@gmail.com	South Central Coalition Coordinator: Rayna Maddox 114 North Cana Street Grenola, KS 67346 Office: 620-430-4362 Cell: 620-430-4362 pheprc.maddox@gmail.com	Kansas South-Central Metro Coordinator: Thomas Langer 320 East 9th Avenue, Suite B Winfield, KS 67156 Office: 620-221-1430 Ext. 5551 Cell: 620-229-0203 Fax: 620-221-0389 tlanger@cowleycounty.org	
Wichita MSA/CRI Region Coordinator: Dan Pugh 217 West 8th Street Wellington, KS 67152 Office: 316-213-0897 Cell: 316-213-0897 wchitlac@gmail.com Counties Included: Butler, Harvey, Sedgwick, Sumner	Kansas City MSA/CRI Region Coordinator: Amanda Prough 11875 South Sunset Drive, Suite 300 Olathe, KS 66061 Office: 913-477-8316 Cell: 858-531-1444 Fax: 913-573-6747 amanda.prough@jocogov.org Counties Included: Johnson, Leavenworth, Linn, Miami, Wyandotte		



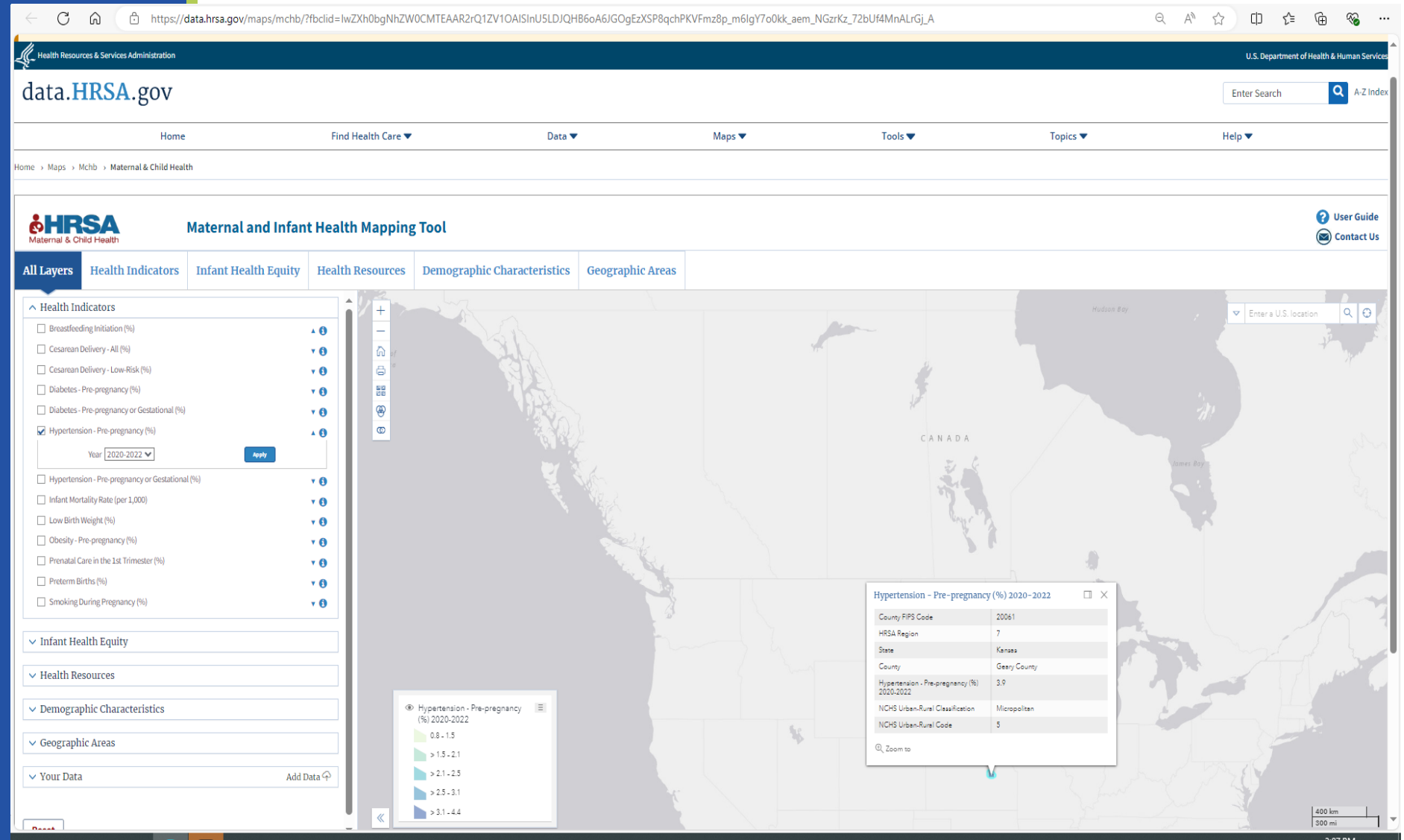
Updated: July 31, 2024

https://data.hrsa.gov/maps/mchb/?fbclid=IwZXh0bgNhZW0CMTEAAR2rQ1ZV1OAIISnU5LDJQHB6oA6JGOgEzXSP8qchPKVFmz8p_m6lgY7o0kk_aem_NGzrKz_72bUf4MnALrGj_A

Maternal & Child Data

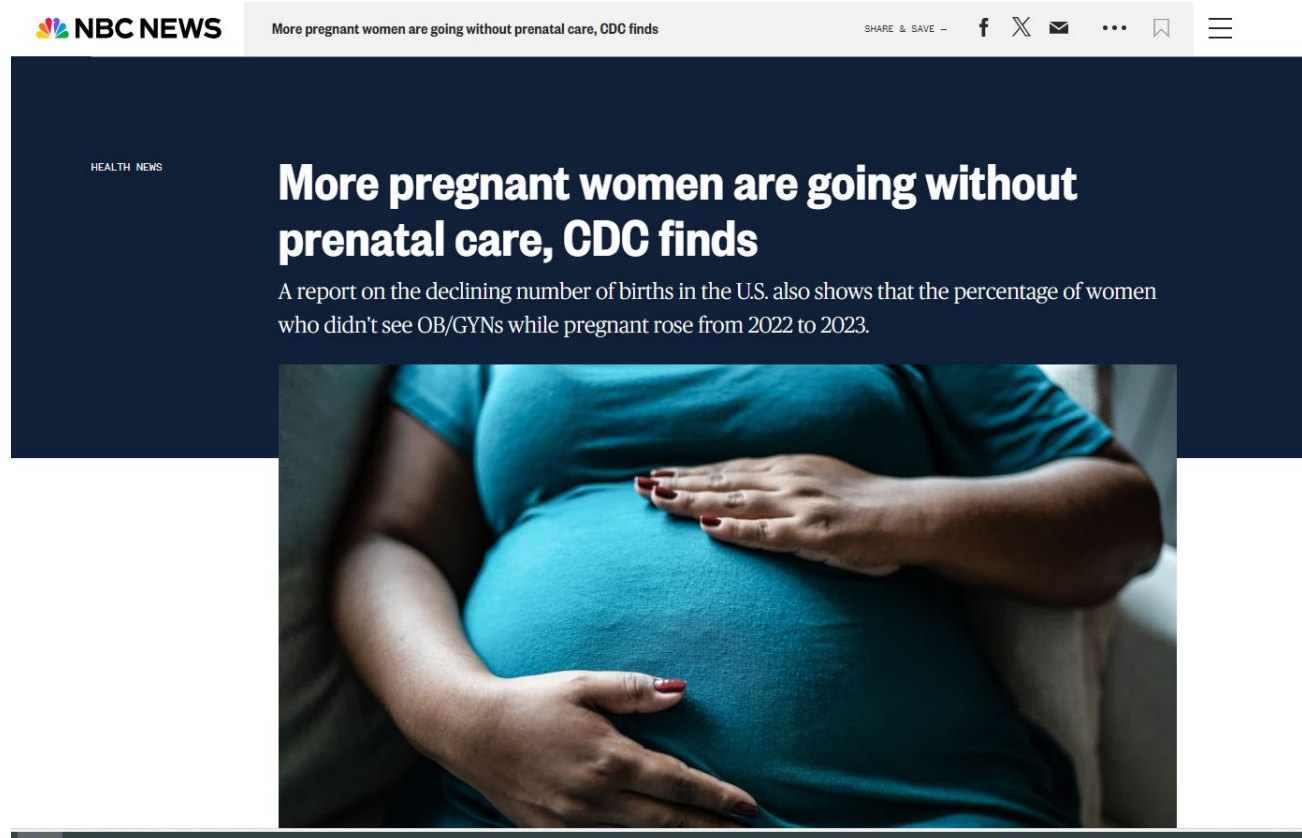
Mapping of:

- ☐ Breastfeeding
- ☐ Hypertension
- ☐ LBW
- ☐ Obesity
- ☐ Smoking during PG
- ☐ Csection rates



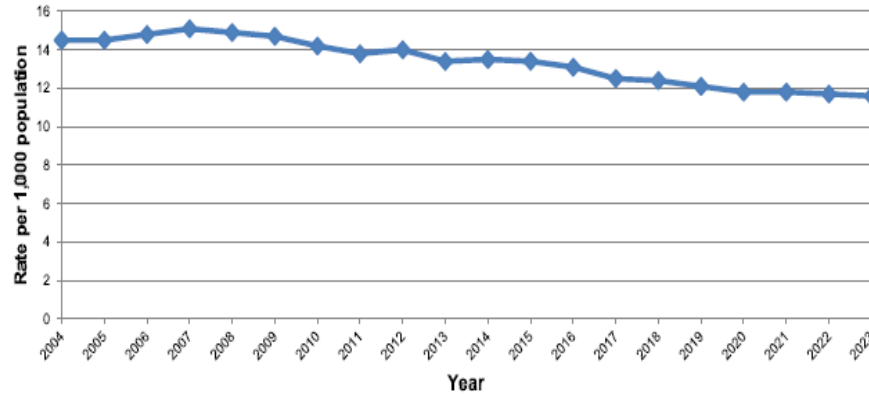
Less births, less prenatal care access

<https://www.nbcnews.com/health/health-news/cdc-fewer-babies-born-2023-pregnant-women-missed-prenatal-care-rcna167149>



KS Vital Statistics Preliminary Birth Report 2023

Figure 1. Birth Rates
Kansas Residents, 2004-2023



Seven counties (Douglas, Geary, Johnson, Leavenworth, Sedgwick, Shawnee, and Wyandotte)¹ accounted for 59.8 percent of births in 2023 (Table 1), compared to 59.9 percent for these seven counties in 2022. The number of births for four of these counties was lower than in 2022. Leavenworth County births decreased by 4.1 percent (from 909 to 872), Sedgwick County births decreased by 3.7 percent (from 6,706 to 6,460), Shawnee County births decreased by 1.6 percent (from 1,902 to 1,872), and Johnson County births decreased by 0.6 percent (from 6,913 to 6,871). Geary County births increased by 7.6 percent (from 855 to 920), Douglas County births increased by 1.8 percent (from 963 to 980), and Wyandotte County births increased by 1.0 percent (from 2,358 to 2,382).

Discussion

The Kansas resident birth rate in 2023 (11.6 per 1,000 population) declined by 0.9 percent from 2022 (11.7 per 1,000 population), continuing the trend that started in 2008. During this period (2008-2023) the average annual percent change (-1.7 percent) shows a statistically significant downward trend.² The 2023 Kansas preliminary birth rate of 11.6 per 1,000 population is higher than the most current (2021 final) U.S. birth rate of 11.0.³

Based on preliminary statistics, 83.1 percent of Kansas infants were born to mothers who received adequate or better care. This surpassed the Healthy People 2030⁴ target of a minimum of 80.5 percent of infants born to mothers with adequate prenatal care (MICH-08).

The Kansas rate for live births to mothers who smoked during pregnancy in 2023 was 4.9 percent, down 10.9 percent from 5.5 percent in 2022. This does not meet the Healthy People 2030 target of no more than 4.3 percent of live births to mothers who smoked during pregnancy (objective MICH-10).

The percentage of infants born prematurely (before 37 weeks gestation) was the same in 2023 as in 2022 (10.5 percent). This is higher than the Healthy People 2030 target of no more than 9.4 percent of live births before 37 weeks gestation (objective MICH-07).

The percentage of infants born with birth weights under 2500 grams decreased by 2.5 percent, from 7.9 percent in 2022 to 7.7 percent in 2023.

Births to teens aged 15-19 years have decreased since 2009. In 2023, teen births were 4.5 percent of all births, down from 4.7 percent of all births in 2022. This was 55.9 percent less than in 2009, when teen births were 10.2 percent of all births.

The 2023 Annual Summary of Vital Statistics will contain additional analyses, as well as the final version of the analyses presented here. It will be based on the final birth history file created in July 2024.

² National Cancer Institute Joinpoint Regression Program v3.4.5 [Internet]. Bethesda MD. [Accessed 2012 Sep 14] Available from; surveillance.cancer.gov/joinpoint/.

³ Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final Data for 2022. National Vital Statistics Reports Vol. 73, No. 3 (April 4, 2024).

⁴ Healthy People 2030 Objectives for Pregnancy and Childbirth [Internet] [cited 2021 April 27]. Available from: health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth.

Pregnancy & PP Immunization List

Pregnancy Highlight Card from the Immunize Kansas Coalition (IKC), which provides information on the four recommended vaccines for pregnant women

Find IKC vaccine highlight cards, brochures, and featured campaigns on their key resources page

Pregnancy Highlight Card - English-

<https://immunizekansascoalition.org/documents/Pregnancy%20Vaccine%20Insert%20-%20web.pdf>

Spanish- -

<https://www.immunizekansascoalition.org/documents/Spanish%20Pregnancy%20Vaccine%20Insert.pdf>

Key Resources Page-

<https://www.immunizekansascoalition.org/key-resources.asp>



Protect Your BABY
With Vaccines During Pregnancy



Vaccines protect mom and baby. Getting vaccinated during pregnancy passes protection to your little one.

- Flu (Influenza)
- Tdap
- RSV
- COVID-19

How do vaccines protect baby?

Receiving recommended vaccines while you're pregnant helps your body create protective antibodies (proteins produced by the body to fight off diseases), and you can pass on those antibodies to your baby. This protection keeps your baby safe from diseases during their first few months of life, before they can receive their own vaccines!

Learn more about vaccines during pregnancy



IKC IMMUNIZE KANSAS COALITION

Why Pregnant Women Need Vaccines and When to Vaccinate

Flu (Influenza)

Pregnant women are more likely to get severely ill from flu, possibly due to changes in immune, heart, and lung functions during pregnancy.

For best immunity, vaccinate during **September or October**. Those in their third trimester of pregnancy can be vaccinated earlier, during July or August.



Tdap

Protects against whooping cough (pertussis). It can be serious for anyone, but for a newborn, it can be life-threatening.

Vaccination between **27 through 36 weeks of pregnancy** lowers the risk of whooping cough in babies younger than 2 months old by 78%.



RSV

Protects against RSV, a respiratory virus that can be especially serious for newborns. RSV is the most common cause of hospitalization in children under age 1 year.

Vaccinate **during weeks 32 through 36 of your pregnancy**, between the months of September to January.



COVID-19

Pregnant women are high-risk for COVID-19 complications.

Those who are pregnant should **stay up to date** on recommended COVID-19 vaccines.



Talk to your healthcare provider about vaccines you need during pregnancy!

IKC IMMUNIZE KANSAS COALITION

Source: CDC

Rapid Response: Peds

MAJOR CHANGE coming to Hepatitis B vaccine in all KS hospitals

The Vaccines For Children (VFC) Program is a federal entitlement program for infants who meet one of the following eligibility criteria:

American Indian / Alaskan Native

Medicaid Title 19

Medicaid Title 21 (through State CHIP funds)

Uninsured

Underinsured (insured but cap on dollar amount, specific vaccines, or specific ages) Only available through a Local Health Department, Federally Qualified Health Center, or Rural Health Clinic.

****Infants covered by private insurance are not VFC eligible.**

The Centers for Disease Control and Prevention (CDC) is sunsetting the Hepatitis B Birth Dose Program due to the available funds through the VFC Program. 317 funds will no longer be available for use for pediatric intent. All pediatric vaccine will either have to be covered by private insurance or the patient will need to be VFC eligible (see the above eligibility criteria).

What immunizations would a birthing hospital need to carry through the VFC Program The VFC Program requires enrolled providers to carry all age-appropriate Advisory Committee on Immunization Practices (ACIP) recommended immunizations. For hospitals this would mean, Nirsevimab and Hep B would both be required to be carried.

More to come at the September Learning Forum!

Contact:

Rachel Sample, RN Vaccine Operations Manager Rachel.sample@ks.gov



FTI Project: Updates on Completion steps



How do I submit “completion” documentation for FTI Projects

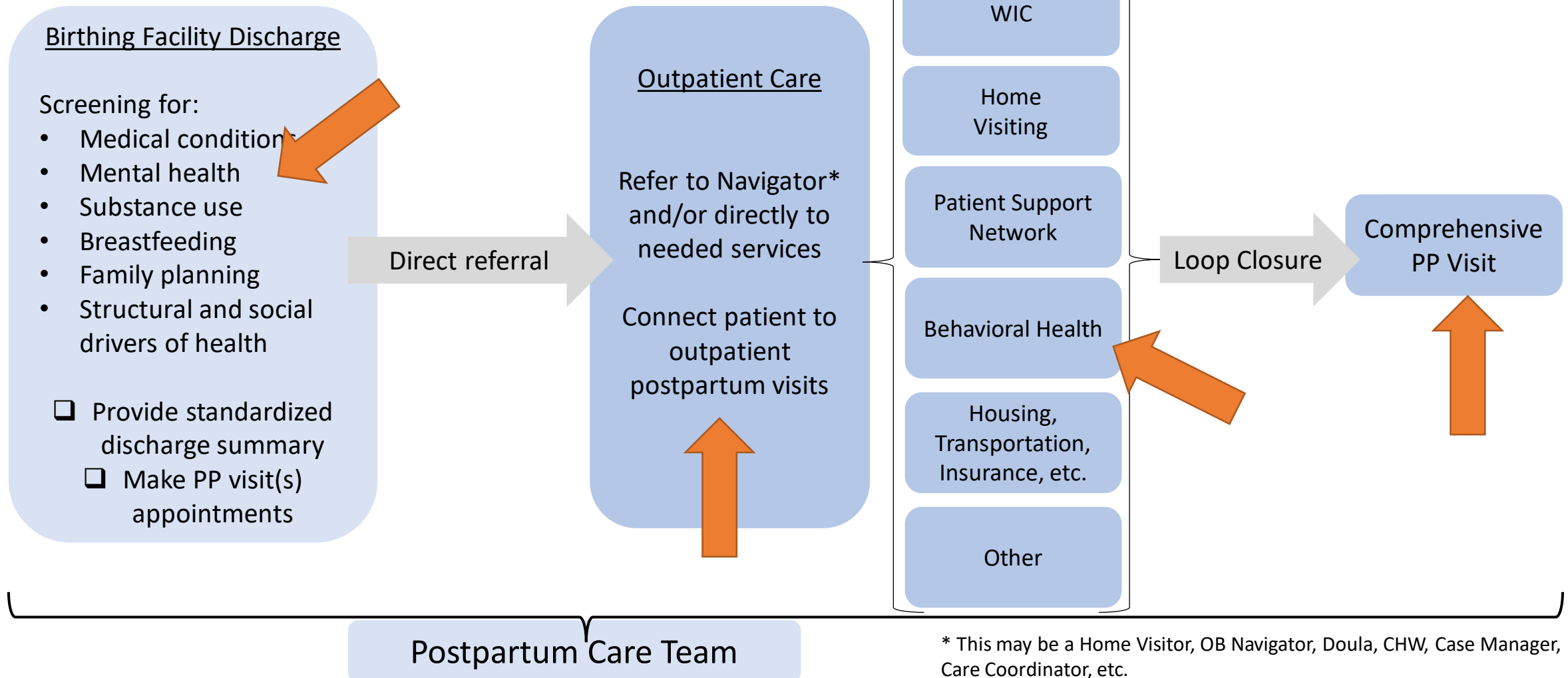
NOT Qhi!

Yes to Kari or Terrah!

Today's FTI Focus

Part VI: **Maternal Mental Health**

The NEW Postpartum Model



Part VI: Maternal Mental Health

Standardized Screening & Referral prior to discharge

FTI Goal

KCC Maternal Mental Health: Baseline Survey

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	FTI Facility/Center Name	FTI Champion Baseline Surveys completed? (As of 3/20/24)	FTI OB Lead Provider Baseline Surveys completed? (As of 3/20/24)	Overall rating (1=baseline, 3=working on QI, 5=screening, referral mechanisms in place)	Had an initial meeting with them?	Follow-up from site?	Existing screening policy received by KCC team?	Updated policy in place?	Screening tool selected (depression)?	Q25: Screening tool selected (anxiety)?	Screening tool selected (SUDD)?	SUD screening training? (Salesforce Data)	Completed MMH 101? (Salesforce Data)	(always/often), Q54, Q33: Have a workflow for screening, referral, and for	EHR support for screening tool?	Developed a referral network?	Care coordination between inpatient and outpatient?	Have a new staff training plan?			
2	AdventHealth Ottawa	Y		3	Y	N	N		EPDS	EPDS	Other	N	Y								
3	AdventHealth Shawnee Mission	Y		5	Y	Y	N	Y	EPDS, PHQ-2/9	EPDS, GAD-2/7	Other	Y	Y	Y	Y	Y	Y				
4	AdventHealth South Overland Park				N																
5	Amberwell Hiawatha Community Hospital	Y	Y	3	Y	Y	N	Working on it (7/23)	EPDS	EPDS	NIDA	Y	Y	Y	Y						
6	Ascension Via Christi - Manhattan			5	Y	Y	N	Y	EPDS	EPDS		N	N	Y	Y	Y	Y				
7	Ascension Via Christi - Pittsburg	Y		1	N				Other	None	None	N	N								
8	Ascension Via Christi - St. Joseph	Y		1	N				EPDS	EPDS	DAST	N	Y								
9	Atchison Hospital Association dba Amberwell Atchison	Y		1	N				EPDS	Other	Other	N	Y								
10	Citizens Medical Center	Y		5	Y	Y	N	Y	EPDS	GAD-2/7	None	Y	Y	Y	Y	Y					
11	Clay County Medical Center				N																
12	Coffeyville Regional Medical Center	Y		1	Y	N	N	N	PHQ-2/9	None	Other		Y								
13	Community Healthcare System	Y	Y	5	Y	Y	N	Y	Other	Other	Other	Y	Y	Y	Y	Y	Y				
14	Hays Medical Center	Y	Y	3	Y	Y	Y- CSSRS Policy	N	EPDS, PHQ-2/9	EPDS	Other	Y	Y	N	No challenges with EPDS, word	Y	Y				
15	Hutchinson Regional Med			5	Y	Y	N	Y	EPDS/PHQ-2/9	EPDS	IDA/ASSIST	Y	Y	Y	Y	Y					
16	Kearny County Hospital	Y		1					EPDS, PHQ-2/9	EPDS	4Ps	Y	Y								
17	Lafayette Health				N																
18	Lawrence Memorial Hospital	Y		5	Y	Y	N	Y	EPDS	EPDS	Other	N	Y	Y	Y	Y	Y				
19	McPherson County	Y		1	N		N	N	None	None	Other	Y	N	N	N	Y					
20	Memorial Health System	Y		1	N				EPDS, PHQ-2/9, BDI	EPDS, GAD-2/7, PASS	NIDA/ASSIST, 4Ps	N	Y								
21	Mitchell County Hospital Health System	Y	Y	3	Y		N		EPDS	EPDS	None	N	N	Y	Y	N					
22	Nemaha Valley Community Hospital	Y	Y	5	Y	Y	Y	Y	EPDS	EPDS	Other	Y	Y	Y	Y	Y	Y				
23	Neosho Memorial Regional Medical Center	Y	Y	3	Y	N	N		EPDS, PHQ-2/9	Other	Other	Y	Y	Y							
24	New Birth Company	Y		3	Y	Y	N		EPDS	EPDS	Other	Y	Y	Y	Y	Y					
25	Newman Regional Health	Y		5	Y	Y	Y	Y	EPDS	EPDS, GAD-2/7, PASS	SIST, 4Ps	Y	Y	Y	Y	Y	Y				
26	Newton Medical Center			1	Y				Using Columbia					N		Y	N				
27	Olathe Health System				N																
28	Overland Park Regional Med Center	Y	Y	3	Y	N	Y- Newborn Discharge Policy		PHQ-2/9	EPDS	Other	Y	Y								
29	Pratt Regional Medical Center	Y	Y	1	N				None	None	None	Y	N								
30	Providence Med Center				N																
31	Republic County Hospital				N																
32	Sabetha Community Hospital	Y	Y	1	N				EPDS	Other	Other	N	Y								

Jennifer Guarino, KCC



KANSAS CONNECTING COMMUNITIES

Jennifer Guarino became a registered nurse in 2011 and since then has worked in a variety of settings with children with special healthcare needs, families at risk of and experiencing houselessness, and children and families in need of intensive behavioral health services. She is currently a Research Project Manager with the KU Center for Public Partnerships and Research and the Program Manager for Kansas Connecting Communities. In this role she leverages her experience in partnership with providers, communities, and organizations to transform systems that support better outcomes for families and children across the state.

Supporting FTI's Maternal Mental Health Goals



Jennifer Guarino, BA

Research Project Manager

**KANSAS
CONNECTING
COMMUNITIES**

*Kansas Department of Health and
Environment Program*

Funding and Partnerships

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1-800-332-6262



Mental Health
Consultation
& Resource
Network

Empowering clinicians. Elevating patient care.

A Kansas Department of Health and Environment Program



Kansas Connecting Communities (KCC)

- Aims to improve maternal and child health outcomes across the state by building provider capacity to screen for perinatal mental health and substance use disorders and intervene through evidence-based treatment and referrals.



Training, Resources & Technical Assistance

- Best practice guidance and implementation toolkits
- Didactic and case-based learning and continuing education
- Technical assistance for screening and referral processes



Psychiatric Consultation & Care Coordination Support

- Call 1-800-332-6262 or visit bit.ly/MCHRNform
- Diagnostic, treatment planning, and medication consultation with peripartum psychiatrist
- Resource identification and referral support

1-800-332-6262



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Supporting KPQC FTI MMH

1:1 technical assistance, for all FTI facilities and centers, focused on their specific needs for maternal mental health

Benchmarks include:

- 1) Universal screening for behavioral health conditions before PP discharge with a validated tool
 - Includes screening for depression, anxiety, and substance use
- 2) Basic referral pathways (including loop closure) in place
- 3) Data, policy, training to support long-term change



Progress

Of all FTI facilities/centers:

- 71% have submitted baseline data
- 56% have worked with KCC 1:1
- 66% have depression screening in place
- 63% have anxiety screening in place
- 15% have substance use screening in place

Data Insights 2021-2023

88.9%

Screened for
depression

87.6%

Screened for
anxiety

80.4%

Screened for
substance use

8.4%

Of total pts. **+**

Average

1,838

pts. per quarter

92.8%

Of **+** pts. referred

Common challenges

Time

Comfort and efficacy in addressing mental health and substance use

Buy-in from leadership, admin, etc.

Few options for referral

Loop closure can be difficult





Solutions

Time - Start where you're at and set reasonable goals

- Built and pilot a workflow
- Do what makes sense and is sustainable for your team and facility/center

Comfort and efficacy - Aim to train all staff on the basics

- Prioritize quality of screening interactions
- Practice, practice, practice
- Shift the mindset

Solutions Continued

Buy-in

- Preventing maternal deaths should be enough...
- Find and demonstrate other benefits
- Plan for the “what now”

Few Options

- Think outside the box

Loop Closure

- Coordinate across settings



Next step is to connect!

Our 30-minute meeting includes:

- Assessment of current screening practices
- Help determining goals and actionable next steps to achieve them
- Identifying training & resources that will meet your specific needs



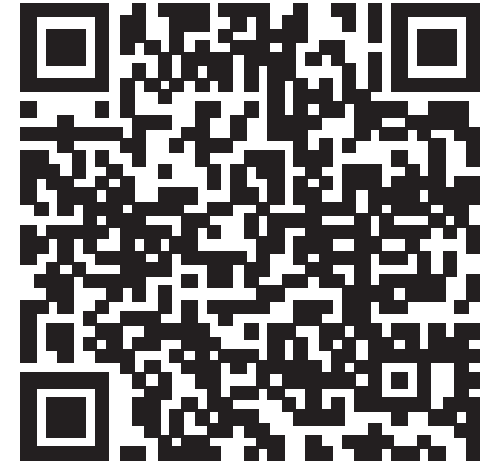
Resources for Providers

Provider Consultation Line

- help with a referral to in-person or telehealth services
- case consultation with a peripartum psychiatrist, if needed, for medication dosing and treatment planning help

Call 1-800-332-6262 or submit a form:
bit.ly/MCHRNform

Scan the QR code to see more information, access links to training registration, and download our contact card



Access services to support your work with perinatal clients

Providers who sign up receive

- **Early registration** access to trainings and PSI scholarships
- Up to six hours of **free CEs** (continuing education credits)
- Access to a **consolidated hub** of KCC and KidsMAP (pediatric sister program) services



1-800-332-6262

- Streamline use of the Mental Health Consultation & Resource Network



Sign up today!



Training Scholarships

Apply Today!

This scholarship is focused on improving competency for Kansas providers interested in learning more about and advancing expertise in perinatal mental health. We have identified quality, evidence-based training options, available both self-paced and live. It is highly recommended that you complete training on the core competencies of perinatal mental health, before taking advanced or specialized training.

[2024 PSI Kansas Scholarship Application](#)

[2024 Pre-Approved Trainings](#)

[Frequently Asked Questions](#)

Please reach out to the PSI Kansas office for any additional questions about these scholarship funds: psiksoffice@gmail.com.

Questions?



KANSAS CONNECTING COMMUNITIES

*Kansas Department of Health and
Environment Program*

Thank you



KANSAS CONNECTING COMMUNITIES

*Kansas Department of Health and
Environment Program*

KPQC Fall Virtual Conference:

Birth & Beyond: What Keeps You Up at Night?



October 22, 2024 • 9:00 a.m. to 12:00 p.m.

Join the Kansas Perinatal Quality Collaborative for this virtual, complimentary conference featuring clinical and health policy leaders. Engage in conversations and learnings to improve maternal outcomes and health equity.

Agenda

- 9:00 a.m. **Rapid Response: Hot Topics in Kansas Birth & Newborn Care**
KPQC Leadership Team
- 9:30 a.m. **Sepsis: Before, During, & After Birth**
Angela Martin, MD, FACOG
Medical Director of Labor and Delivery, Obstetrics and Gynecology
University of Kansas Health System
- 10:15 a.m. **Session Q&A**
- 10:30 a.m. **Reimagining Health Equity: Leveraging Data, Partnerships, and Innovation to Drive Excellent Care**
Emersen Frazier, MPH
Director of Health Equity and Policy
Stormont Vail Health
- 11:15 a.m. **Session Q&A**
- 11:30 a.m. **Unveiling of next KPQC Safety Bundle**
- 12:00 p.m. **Closing**

[Register](https://kansaspqc.org/oct-2024-fall-conference/) today for this virtual, complimentary conference!



<https://kansaspqc.org/oct-2024-fall-conference/>

Keynote Speakers



Angela Martin, MD, FACOG

Medical Director of Labor and Delivery, Obstetrics and Gynecology,
University of Kansas Health System

Dr. Angela Martin attended medical school at the University of Missouri-Columbia. She completed her residency in OBGYN at Emory University where she completed a fellowship in Maternal-Fetal Medicine. Dr. Martin joined the faculty at the University of Kansas in 2016. She is currently a Clinical Associate Professor of Maternal-Fetal Medicine. Since joining the faculty, she has won several teaching awards at KU, including the American College of Obstetrics and Gynecology National Faculty Award and an Excellence in Teaching Award from the Association of Professors of Gynecology and Obstetrics. She has enjoyed performing retrospective cohort projects on topics such as preterm birth, fetal growth restriction, and trial of labor after cesarean section. She is currently the vice chair of the hospital pharmacy and therapeutics committee and has been involved in the OB quality and patient safety committee. Most recently, she has enjoyed her role as the medical director of labor and delivery.



Emersen Frazier, MPH

Director of Health Equity and Policy, Stormont Vail Health

Emersen Frazier, MPH, has a strong commitment to community advocacy and policy development. Currently serving as the Director of Health Equity and Policy at Stormont Vail Health in Topeka, KS, Emerson has taken the lead in implementing data-driven initiatives to ensure equitable health outcomes for patient populations and fostering collaboration with state and federal policymakers. Emerson has contributed to various critical aspects of healthcare, including patient safety, population health, accreditation standards, and policy development. Emerson holds a Masters in Public Health from the University of South Carolina (Columbia, SC), concentrating on Health Services, Policy, and Management. There, she achieved summa cum laude honors and crafted a thesis on a Community Health Worker Health Equity Impact Program. Her BA in Political Science is from Claflin University (Orangeburg, SC), where she also earned her summa cum laude honors and valedictorian status.

Conference Information

Registration is free, and a Zoom link will be provided in advance of the conference. Attendees will receive slides and conference materials after the live session.

[Register](https://kansaspqc.org/oct-2024-fall-conference/) today for this virtual, complimentary conference!



<https://kansaspqc.org/oct-2024-fall-conference/>

NEXT Learning Forum

September 24, 2024

