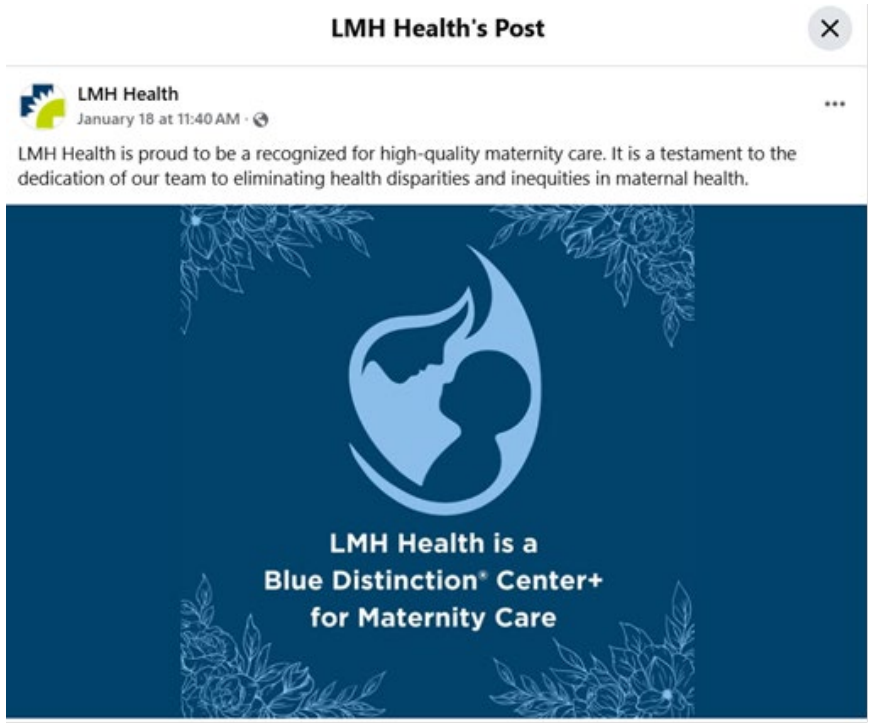
Learning Forum

January 2025

Rapid Response: Snowmageddon 2025



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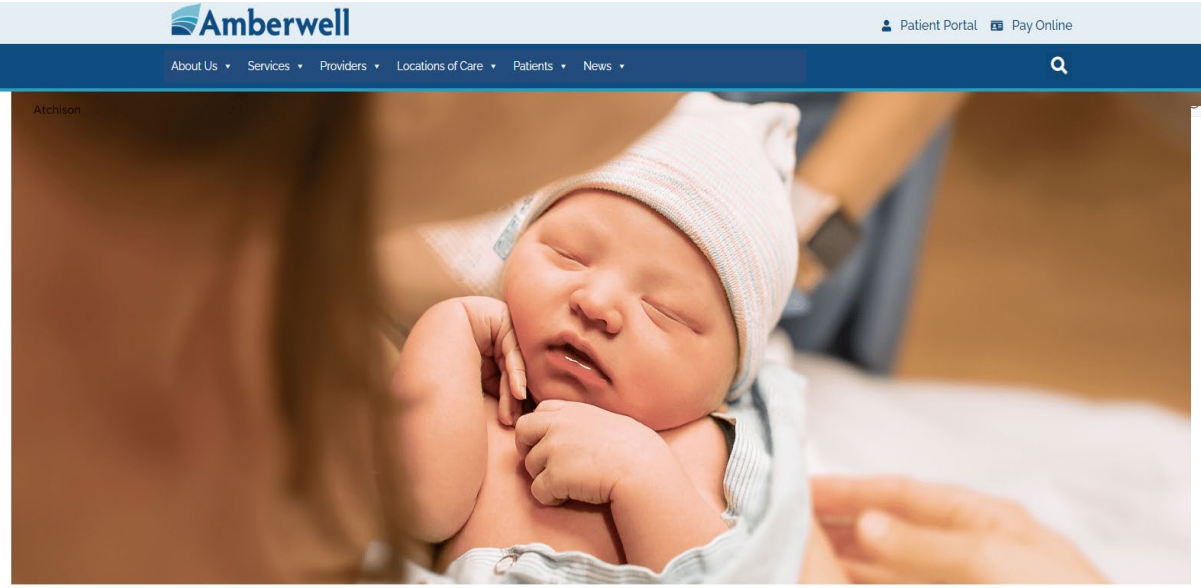
Rapid Response
Amberwell Hiawatha: Maternity Care Access Hospital



AMBERWELL HIAWATHA EARNS RECOGNITION AS A 2025 MATERNITY CARE ACCESS HOSPITAL

Amberwell Health Staff Writer

Amberwell Hiawatha has been named a 2025 Maternity Care Access Hospital by *U.S. News & World Report*. This prestigious designation highlights hospitals that provide essential maternity services in underserved communities, ensuring continued access to critical care for expectant mothers.

Introduced last year, the Maternity Care Access Hospital designation recognizes healthcare facilities that play a vital role in preventing the emergence of maternity care deserts. Amberwell Hiawatha is among an elite group, with only 14% of evaluated hospitals nationwide achieving this recognition. In total, 118 hospitals across the country earned this honor for 2025.

"U.S. News awarded the Maternity Care Access Hospital designation to just 118 hospitals nationwide," stated Jennifer Winston, a health data scientist at *U.S. News*. "These hospitals ensure continued access to critical maternity care services and demonstrate their dedication to closing the gap in maternity care deserts."

The designation process evaluates hospitals based on a range of factors, including geographic isolation, the number of obstetric providers per 10,000 births, and hospital quality. Facilities must also meet strict quality benchmarks, such as rates of cesarean sections, severe unexpected newborn complications, and episiotomies.

Chelsea James, Director of Maternal Care at Amberwell Hiawatha, shared her thoughts on the recognition: "This designation reflects our team's commitment to providing exceptional care for mothers and babies in our community. We are proud to be a trusted resource for maternity care and will continue to ensure that every family we serve has access to the high-quality care they deserve."

Amberwell Hiawatha offers a personalized maternal care experience designed to meet the unique needs of mothers and babies. Highlights of the program include one-on-one attention from experienced nurses, advanced certifications, a secure maternal care unit, on-site services, and thoughtful touches like a celebratory dinner after delivery.

This recognition underscores Amberwell Hiawatha's dedication to high-quality maternity care and its role in supporting the health and well-being of the community.

For more details, explore the *U.S. News & World Report* rankings under "Best Hospitals for Maternity Care."

January 10, 2024

Media contact: Elizabeth Turner | communications@amberwellhealth.org | 913-360-5577

AMBERWELL HIAWATHA EARNS RECOGNITION AS A 2025 MATERNITY CARE ACCESS HOSPITAL

Amberwell

Amberwell Health is an innovative

About
Leadership

Careers
Job Openings

Locations
Amberwell Atchison

Patients
Services

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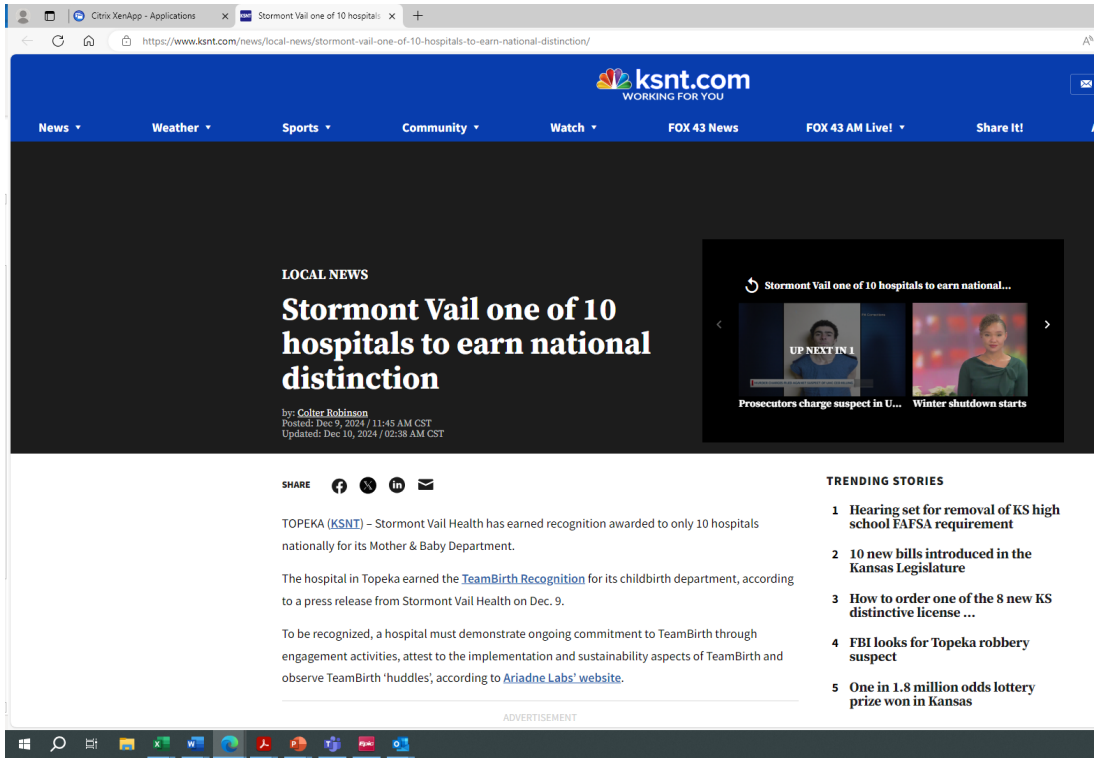
Rapid Response:
TeamBirth Recognition

Stormont Vail Hospital in Topeka has earned **TeamBirth Recognition**.

- To earn TeamBirth Recognition, the hospital demonstrated adherence to key TeamBirth practices by sharing feedback from team meetings and actively engaging in initiatives to enhance families' birthing experiences.

- Stormont Vail launched the TeamBirth program at its Topeka hospital in March 2023. Since then, there has been a noticeable decline in the number of C-sections among first-time mothers, indicating that more women successfully give birth naturally. This encouraging trend reflects improvements in maternity care and support for safe vaginal deliveries, which often lead to faster recoveries.



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Rapid Response
KDHE Vital Statistics Annual Report (2023)

- https://www.kdhe.ks.gov/DocumentCenter/View/43918/-2023-Annual-Summary-Full-Report-PDF?bidId=

Figure A1. EVERY DAY DURING 2023*

Each day Kansas residents experienced approximately

93 Live births
- 33 Births to unwed mothers
- 4 Live births to teenagers
- 7 Low birthweight live births
- <1 Infant death

79 Deaths
- 17 Heart disease
- 15 Cancer
- 5 Unintentional injuries
- 4 Chronic lower respiratory disease
- 4 Cerebrovascular disease
- 2 Diabetes
- 2 Alzheimer's disease
- 2 Nephritis, nephrotic syndrome, nephrosis
- 2 Suicide
- 1 Pneumonia & influenza
- 1 Coronavirus 2019

Each day in Kansas there occurred approximately

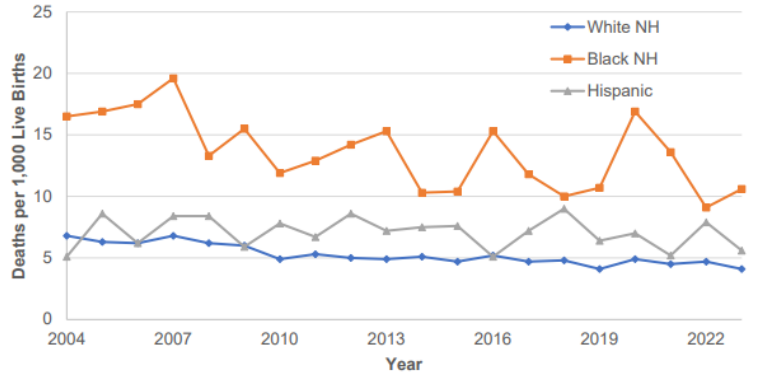
43 Marriages
13 Marriage dissolutions
53 Abortions

* based on 365 days in 2023

Delivery Method

Vaginal delivery was the most common final route of delivery for Kansas resident live births in 2023 (23,721 live births, or 69.7% of all live births for which the final route of delivery was known). Most vaginal deliveries were "spontaneous," meaning no mechanical procedures like forceps or vacuum extraction were required (23,018 deliveries, or 67.6% of live births for which the final route was stated). Other vaginal deliveries (forceps assisted or vacuum extraction) accounted for 703 live births (2.1%). Cesarean deliveries accounted for 10,316 live births

Figure D. Infant Death Rates for Selected Population Groups, Kansas Residents, 2004-2023



Infant death rates for Black non-Hispanic mothers have consistently remained higher than those of White non-Hispanic and Hispanic mothers for the past twenty years (2004-2023). Rates for Hispanic mothers have been higher than those for White non-Hispanic mothers in most years in the period (Figure D).

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FTI Final Data

Send final
2024
Birth Numbers
ASAP
tstroda@gmail.com

***Deadline has passed**

KPQC

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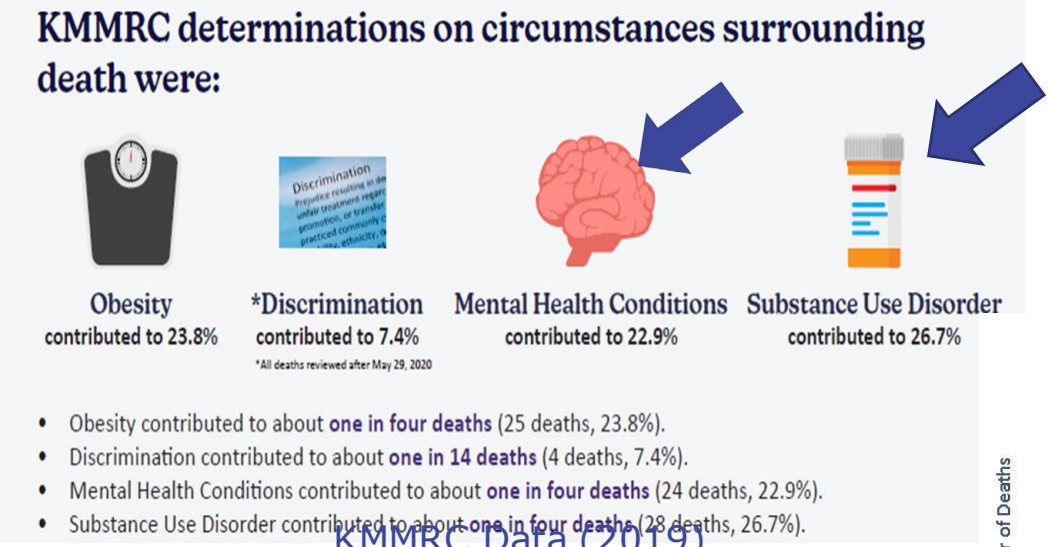
FTI: Continued work

Please join us to help make Kansas the best place to birth, be born, and to raise a family.

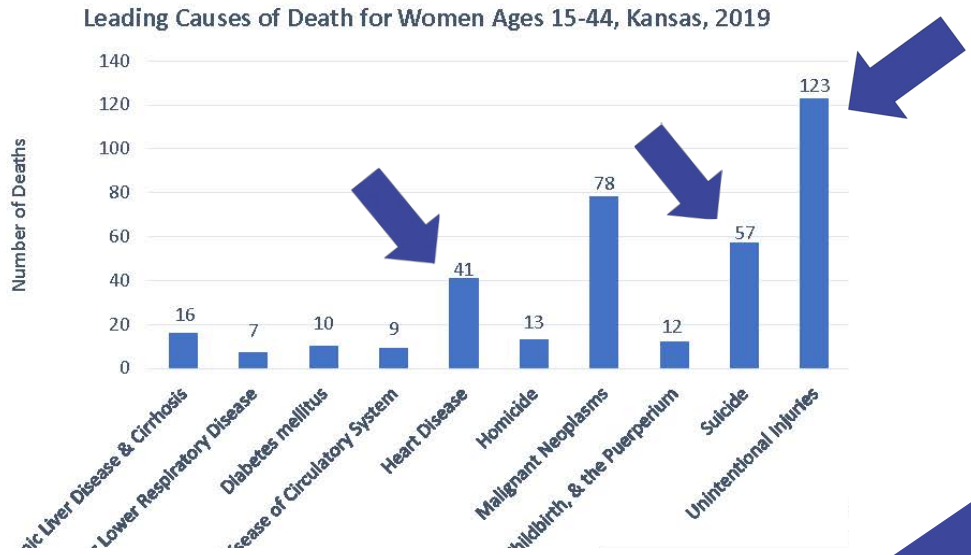
A review of Kansas maternal deaths has determined that the majority of deaths occur between the time immediately after birth and the end of the 1st year. We also know the year after birth has many physical and emotional changes for the mother, the baby, and the family. Together we created the **Fourth Trimester Initiative,** a cutting edge approach to study and improve the experience of our mothers and families in Kansas.

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

"Seatbelts" was never really the story



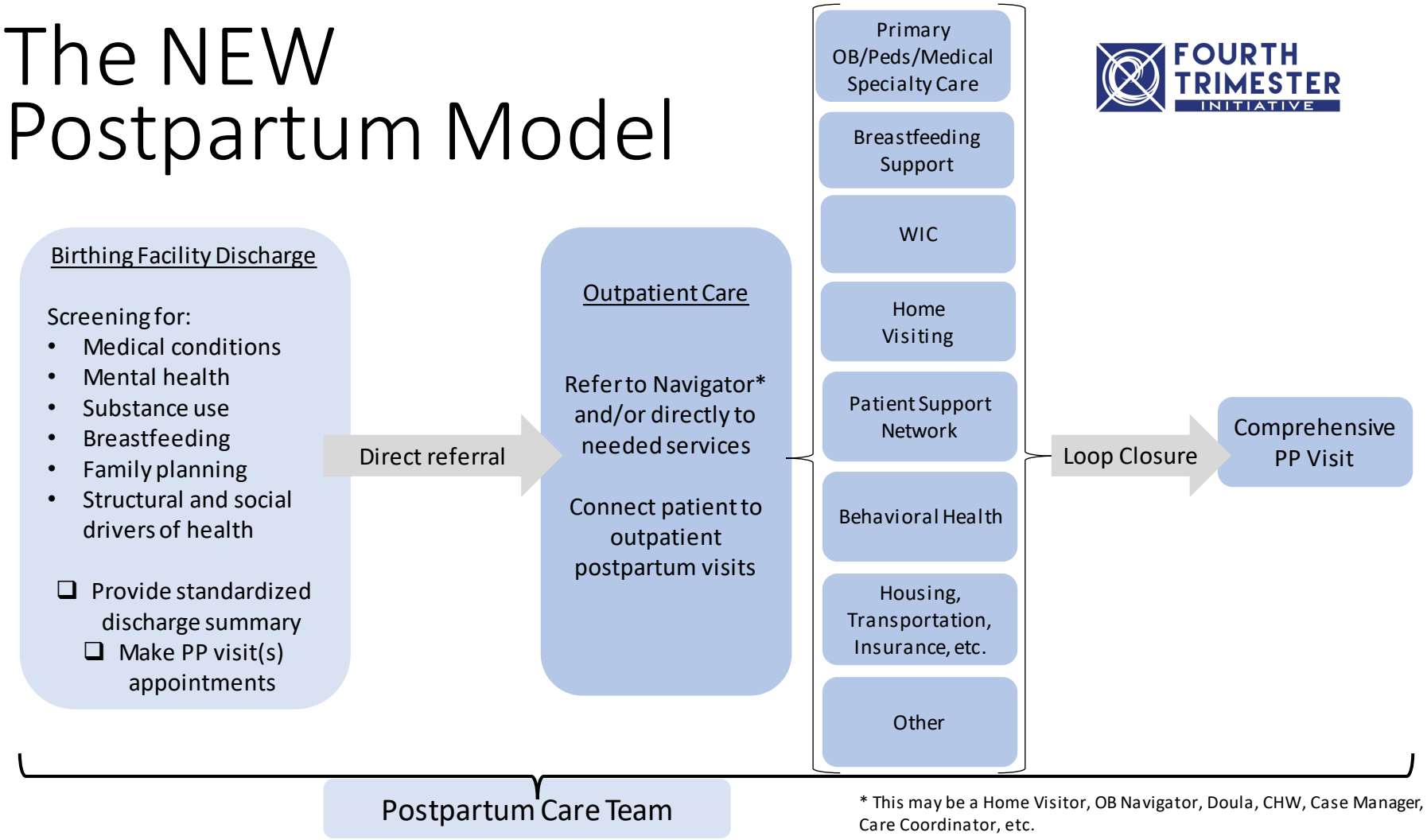
KMMRC Data (2019)



Kansas "Fourth Trimester Initiative" =
AIM "Postpartum Discharge Transition Bundle"

https://saferbirth.org/psbs/postpartum-discharge-transition/

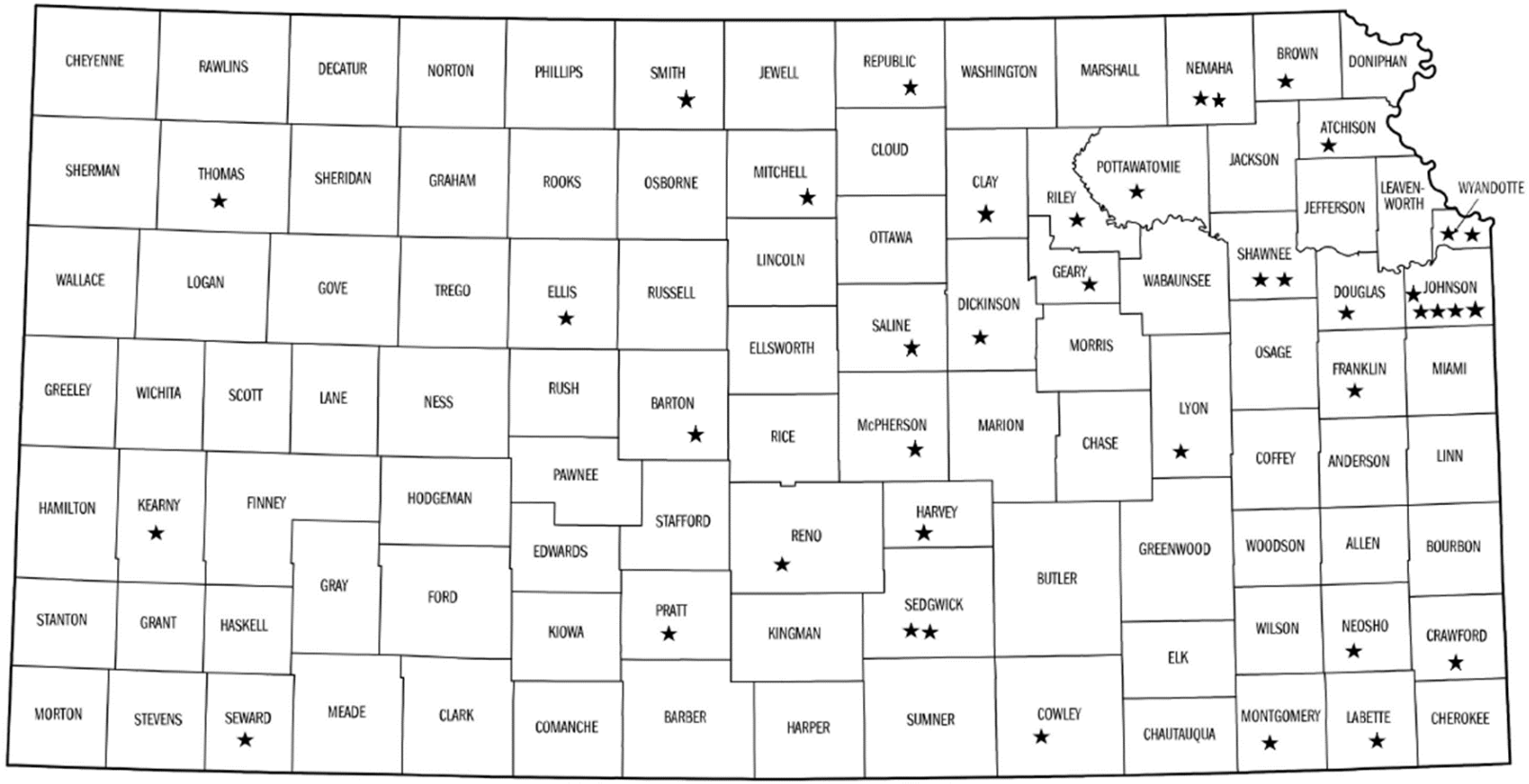
The NEW Postpartum Model



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

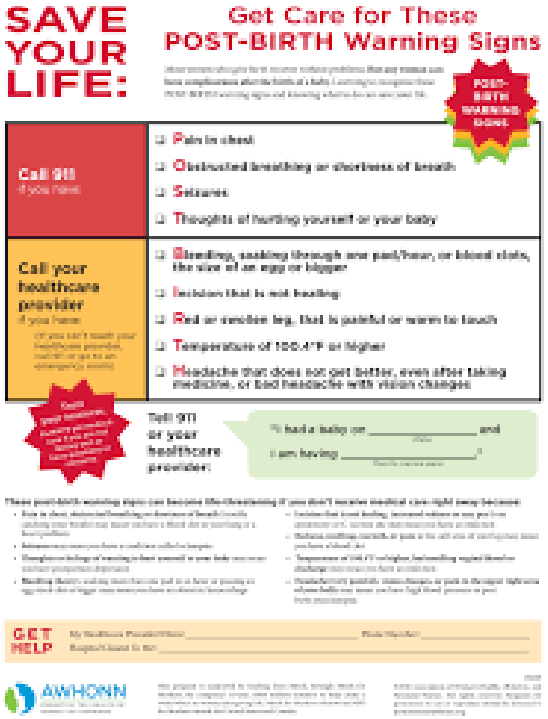
FINAL *FTI Enrolled Sites*

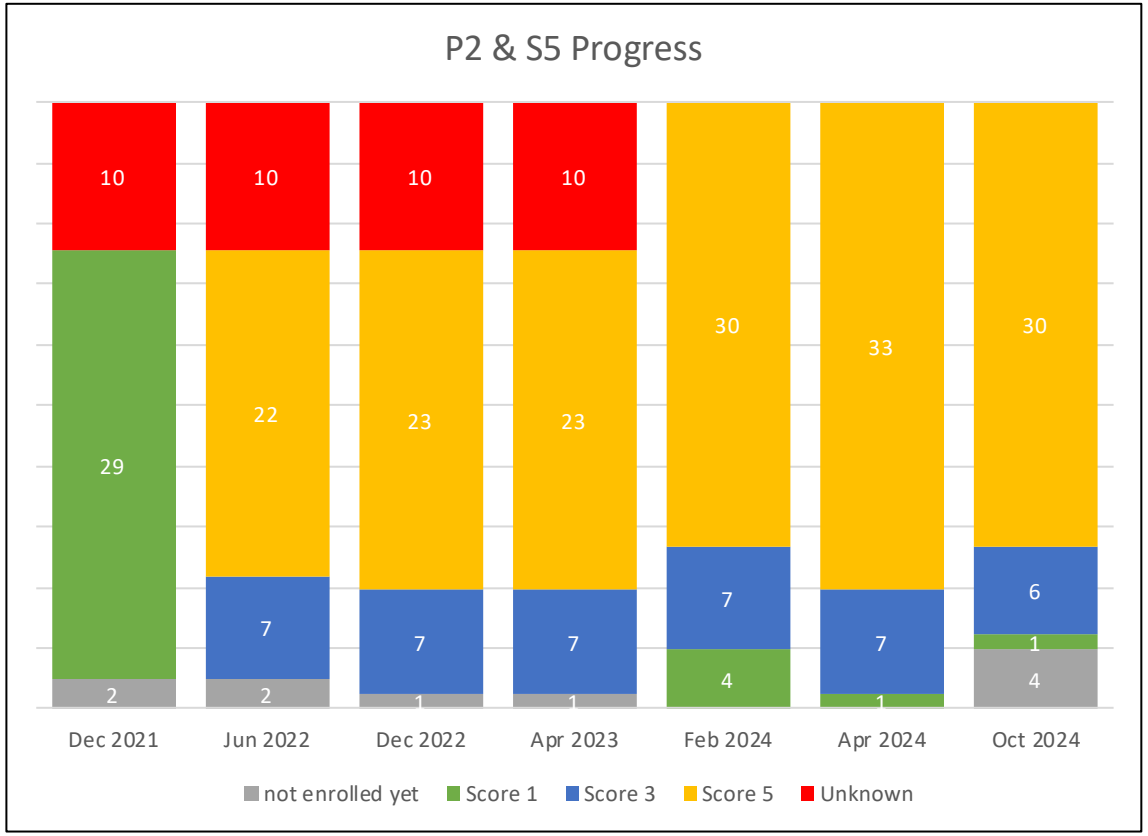
41 Total Sites Enrolled
4 are Inactive Sites
93% of KS Births impacted by FTI



Final Data

AWHONN POST BIRTH Training and Implementation to Discharge Teaching

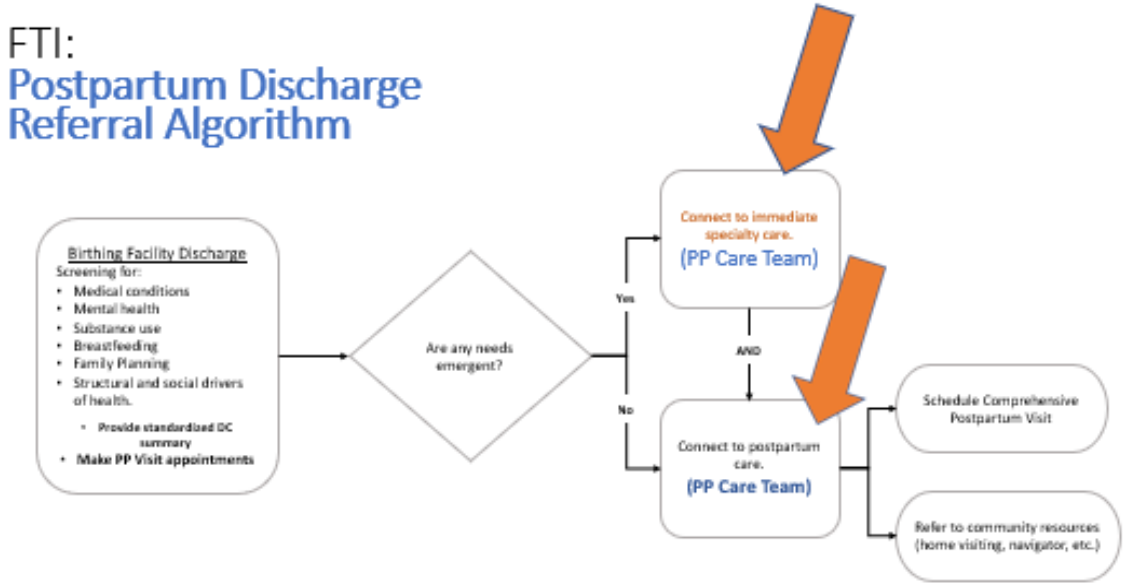


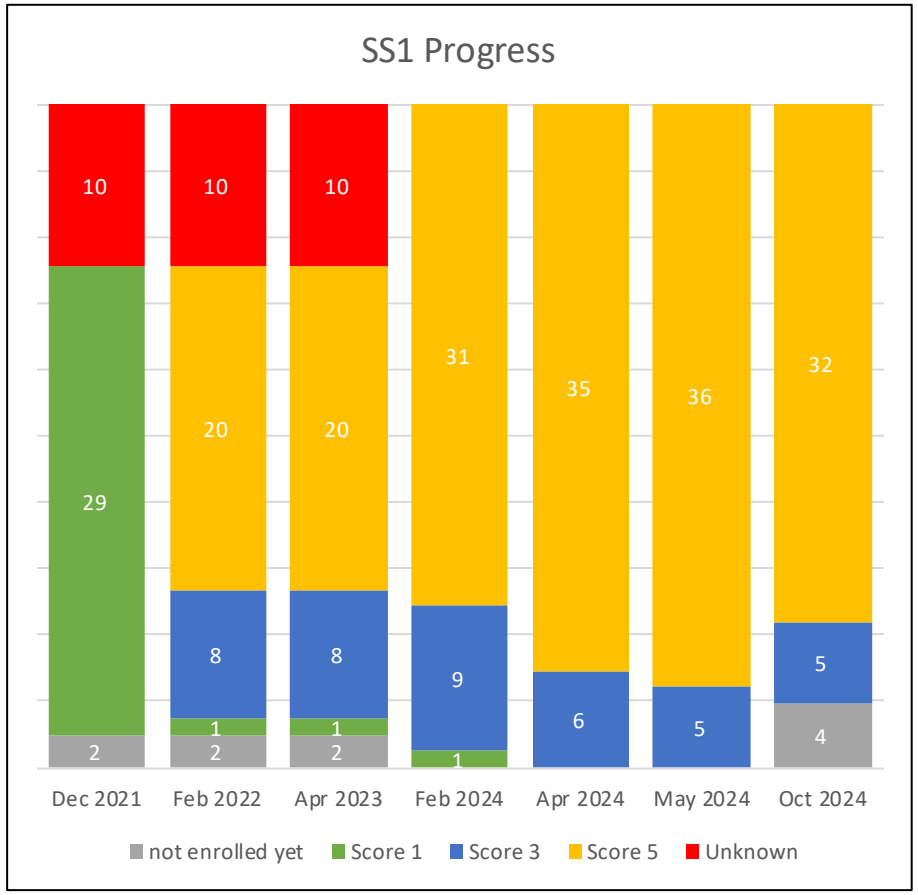


83% of facilities have fully implemented this!

Final Data

Postpartum Care Team





86% of facilities have fully implemented this!

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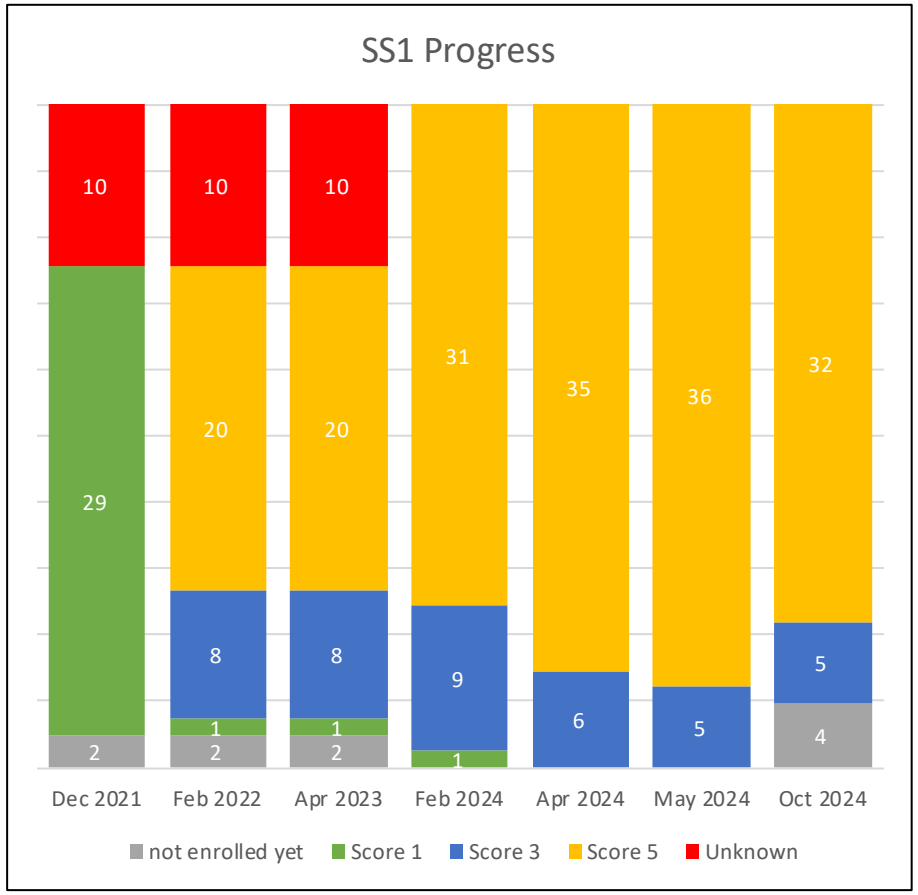
Final Data

Postpartum Appointments: Ensuring there is a follow up appointment scheduled prior to Discharge:

- 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

81% of facilities have fully implemented this!



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Final Data

Postpartum Visit Template:

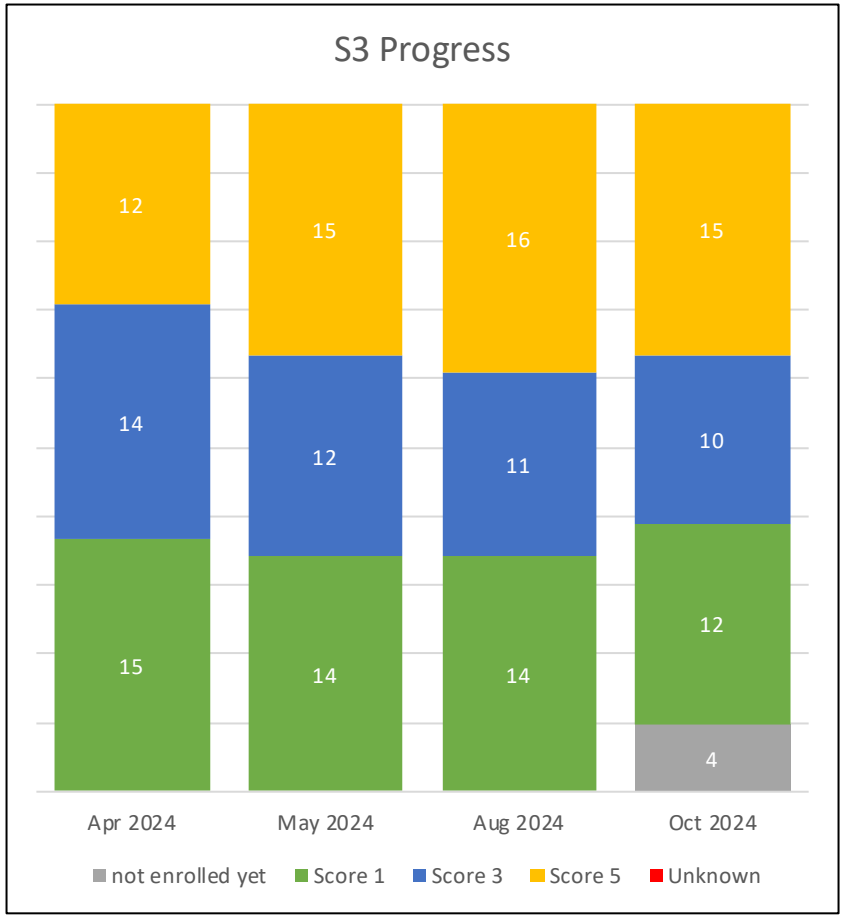
FTI Goal

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.

73% of facilities have fully implemented or are in the process of implementing this !



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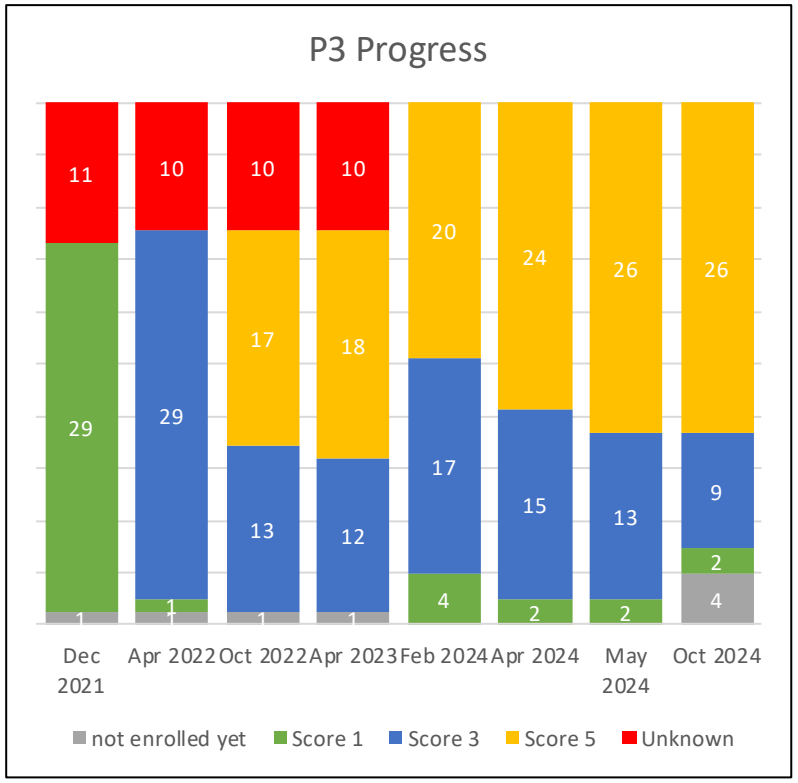
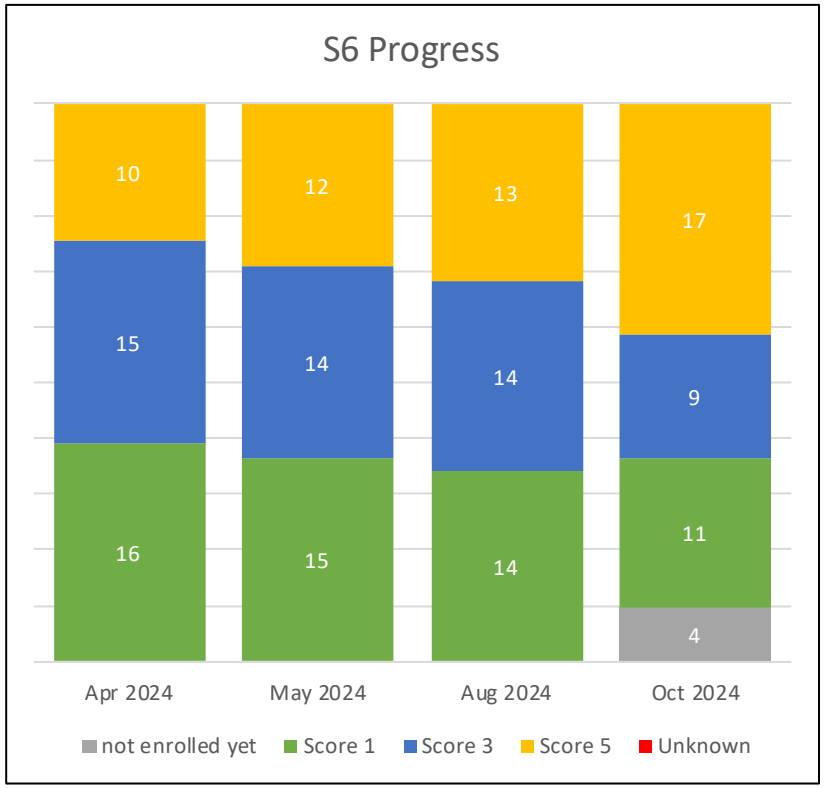
Final Data

Birth Equity Training and Patient Debriefs:



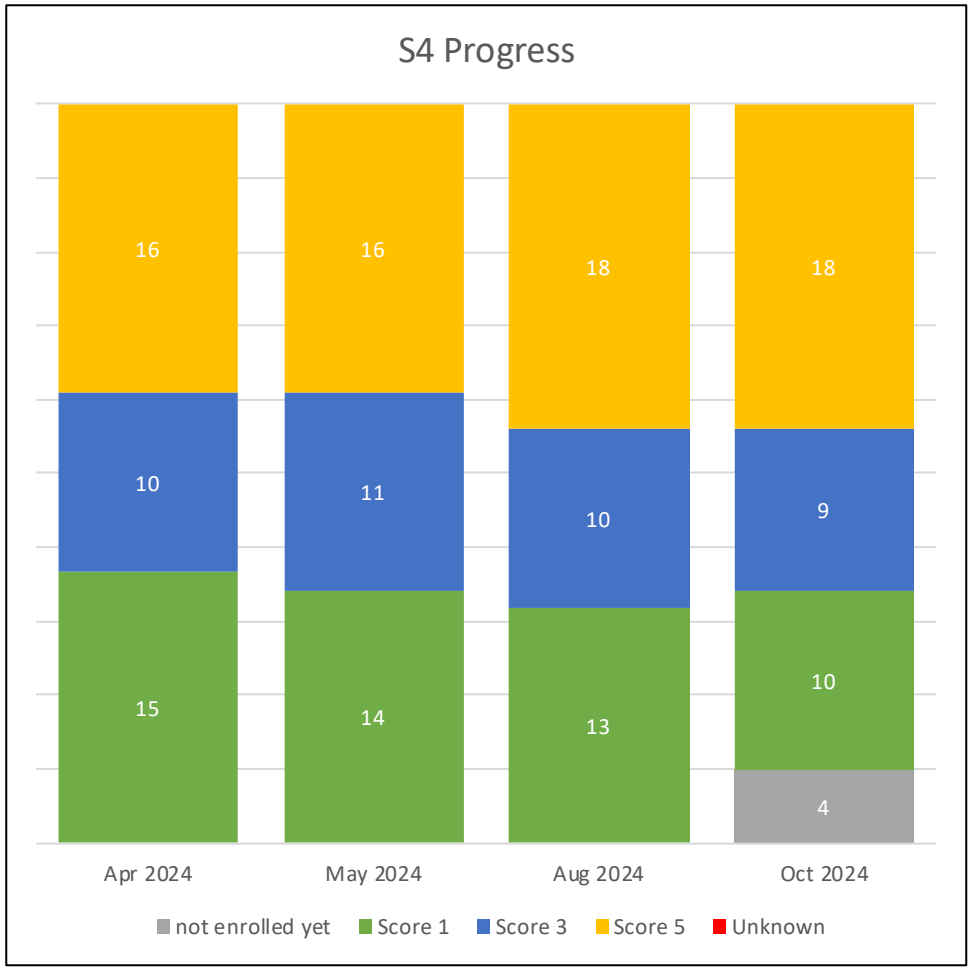


81% of facilities have fully implemented this!

Final Data

Emergency Department Triage: Asking the question "Have you been pregnant or delivered a baby within the last year?"

76% of facilities enrolled facilities have implemented or are in the process of implementing this!



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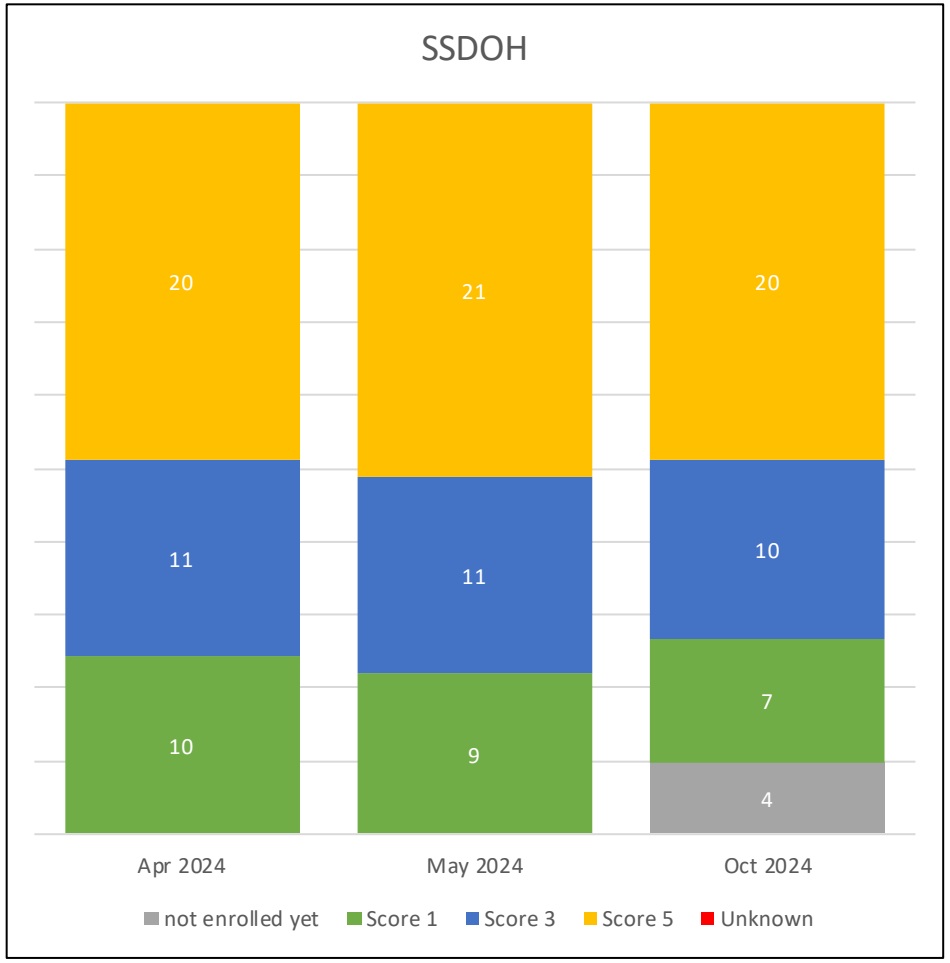
Final Data

Structural and Social Determinants of Health

FTI Goal

All patients are screened for SSDOH prior to discharge

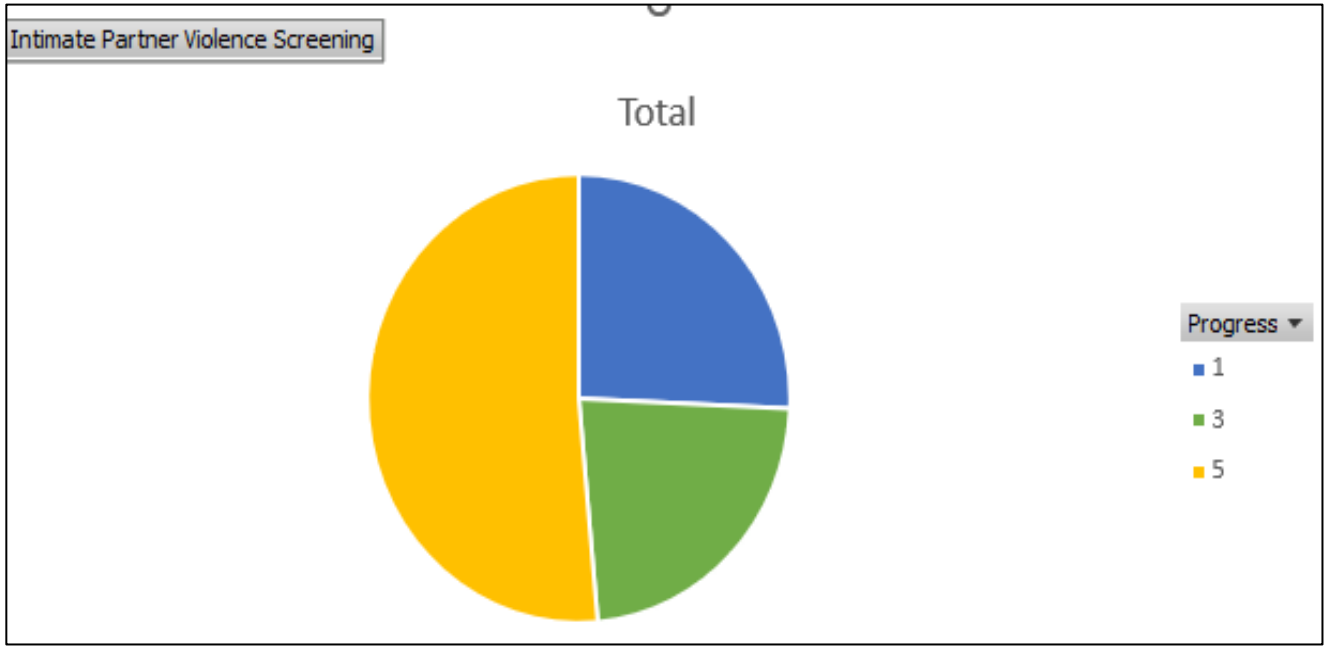
73% of facilities enrolled facilities have implemented or are in the process of implementing this!



Final Data

Intimate Partner Violence

74% of facilities enrolled facilities have implemented or are in the process of implementing this!



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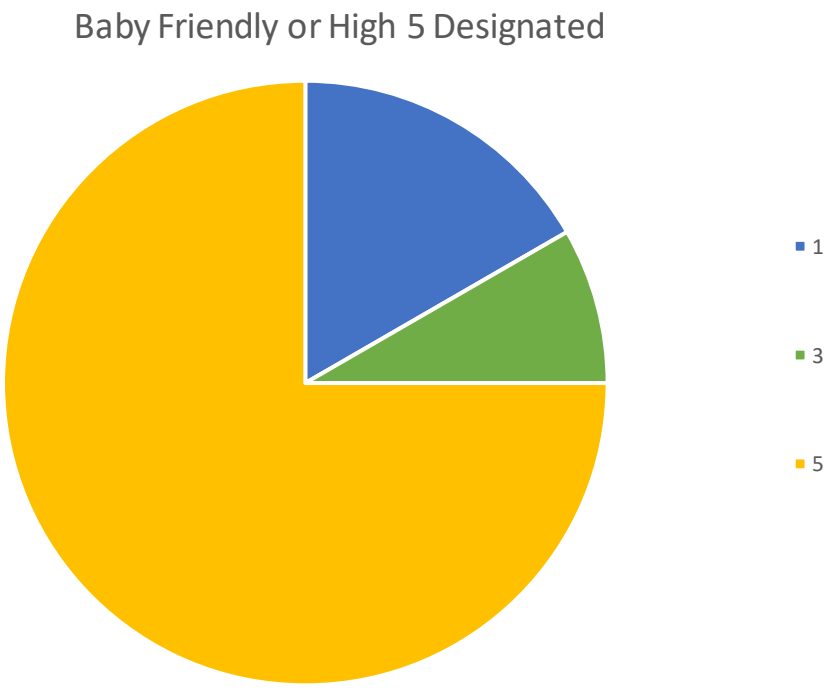
Final Data

Breastfeeding

75% of facilities are Baby Friendly of High 5 designated

8% in the process of obtaining one of those designations



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KCC Final Data

MMH Screening Progress

- 73% of FTI sites have depression screening in place
- 68% of FTI sites have anxiety screening in place
- 19.5%* of FTI sites have substance use screening in place

*an additional 46% of sites have "screening questions" in place in EMR, but the questions do not constitute a validated screening tool (or it is unclear based on information available to KCC whether they do)

Good News Data

2021-2023 FTI Data from 9 sites

- 88.9% of sites screened for depression
- 87.6% of sites screened for anxiety
- 80.4% of sites screened for substance use
- 92.8% of positive screens referred
- 66% of sites had at least 1 1:1 TA session with KCC
- 68% have completed MMH 101 training with KCC
- 46% have completed SUD screening training with KCC
- 54% had consistent workflow for screening, referral, and loop closure in place by Oct 2024 (based on data available to KCC)
- 34% had updated MMH screening policy in place by Oct 2024 (based on data available to KCC)

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Facility Recognition Criteria

9 Primary Aim Bundles:

- Postpartum Appointment prior to Discharge
- Postpartum Care Team
- Comprehensive PP Visit Template
- Community Resource List
- Birth Equity
- Patient Event Debriefs
- Social Determinants of Health
- ED Triage
- POSTBIRTH Resources and Education

- 0-3 Initiatives Completed: Bronze
- 4-6 Initiatives Completed: Silver
- 7-9 Initiatives Completed: Gold

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- Ascension Via Christi Pittsburgh
- Coffeyville Regional Medical Center
- Kearny County Hospital
- Labette Health
- Republic County Hospital
- Salina Regional Health Center

FOURTH TRIMESTER INITIATIVE

SILVER LEVEL

- AdventHealth South Overland Park
- Atchison Hospital Association dba Amberwell Atchison
- Newton Medical Center
- Overland Park Regional Medical Center
- Sabetha Community Hospital
- Smith County Memorial Hospital
- Southwest Medical Center
- University of Kansas Health System- St. Francis

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- AdventHealth Shawnee Mission
- Amberwell Hiawatha
- Ascension Via Christi Manhattan
- Ascension Via Christi Wichita St. Joseph Clay County Medical Center
- Citizens Medical Center
- Community Healthcare System
- Hays Medical Center
- Hutchinson Regional Medical Center
- Lawrence Memorial Hospital
- McPherson Center for Health
- Mitchell County Hospital Health System
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Newman Regional Health
- Pratt Regional Medical Center
- Stormont Vail Health- Flint Hills Campus
- Stormont Vail Health- Topeka Campus
- University of Kansas Health System- Great Bend
- University of Kansas Health System- KC
- University of Kansas Health System, Olathe Campus
- Wesley Medical Center

SHTN Bundle

LAUNCH!

Growing Problem: Prevalence of Preeclampsia Dx in Kansas 2016-2023

Source: Kansas hospital discharge data

Year	Preeclamsia*	Delivery Hospitalizations	Prevalence (%)
2016	1679	34952	4.8
2017	1766	33499	5.3
2018	1793	31739	5.6
2019	1941	32453	6.0
2020	1857	31406	5.9
2021	2079	31434	6.6
2022	2116	30849	6.9
2023	2145	30878	6.9

*ICD-10-CM diagnosis codes for preeclampsia (O15)

The **prevalence of preeclampsia increased from 4.8% in 2016 to 6.9% in 2023, showing a statistically significant increase with an annual percent change (APC) of 5.28%.**

Preeclampsia:
Prevalence by Pt characteristic (2019-2023)

	A	B	C	D	E	F	G	H	I
1	**Source: Kansas hospital discharge data**								
2									
3	**Prevalence of preeclampsia by patient characteristics, Kansas, 2019-2023 (5 years combined) and by zip code, 2018-2022 (5 years**								
4									
5		**Preeclamsia**	**Delivery Hospitalizations**	**Prevalence (%)**	**95% Confidence Interval**				
6	**Total number of cases**	**10,138**	**157,020**	**6.5**	**6.3**	**6.6**			
7									
8	**Maternal age group, yrs**								
9	12-19	678	7997	8.5	7.9	9.1			
10	20-24	2215	32351	6.8	6.6	7.1			
11	25-29	2953	48377	6.1	5.9	6.3			
12	30-34	2613	44286	5.9	5.7	6.1			
13	35-39	1336	20067	6.7	6.3	7.0			
14	40-44	316	3710	8.5	7.6	9.4			
15	45-55	27	232	11.6	7.5	15.8			
16									
17	**Race and ethnicity**							**Patients with Hisp race.**	
18	American Indian/Alaska Naive	50	775	6.5	4.7	8.2			
19	Asian	217	4679	4.6	4.0	5.2			
20	Black or African American	929	11567	8.0	7.5	8.5			
21	Hispanic	1430	21213	6.7	6.4	7.1			
22	White	6830	107311	6.4	6.2	6.5			
23	Other or multi-racial (two or more races)	434	7171	6.1	5.5	6.6			
24	Unknown or patient refused	225	4060	5.5	4.8	6.2			
25									
26	**Payer**								
27	Medicaid	3279	49106	6.7	6.5	6.9			
28	Private	5929	92339	6.4	6.3	6.6			
29	Self-pay	356	6254	5.7	5.1	6.3			
30	Other	574	9321	6.2	5.7	6.6			
31									

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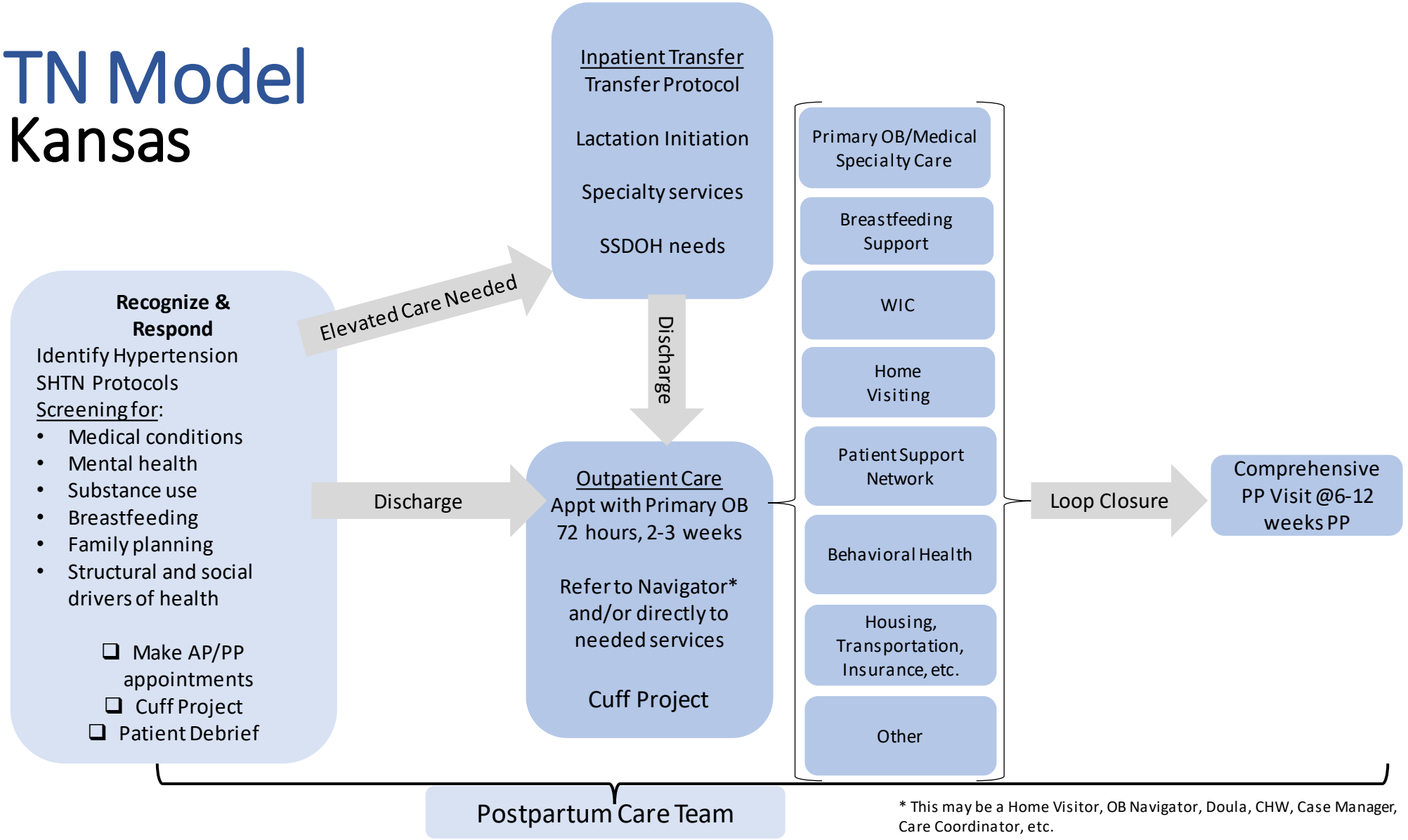
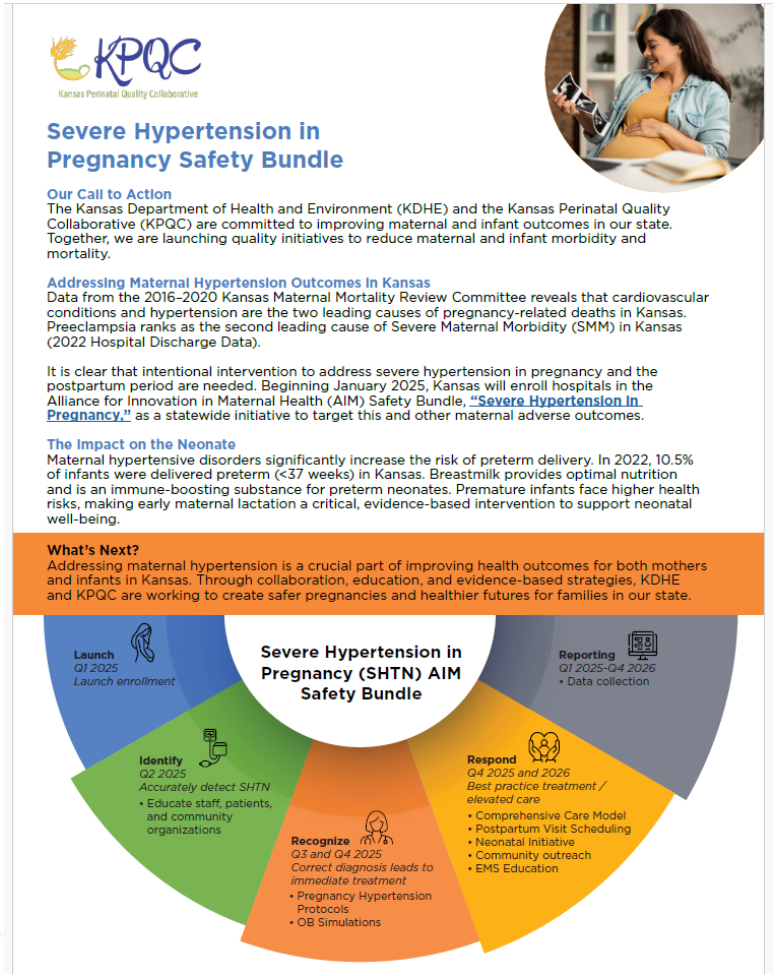
SHTN Model for Kansas



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

SHTN: Facts Sheet



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Severe Hypertension in Pregnancy Safety Bundle

Our Call to Action
The Kansas Department of Health and Environment (KDHE) and the Kansas Perinatal Quality Collaborative (KPQC) are committed to improving maternal and infant outcomes in our state. Together, we are launching quality initiatives to reduce maternal and infant morbidity and mortality.

Addressing Maternal Hypertension Outcomes in Kansas
Data from the 2016–2020 Kansas Maternal Mortality Review Committee reveals that cardiovascular conditions and hypertension are the two leading causes of pregnancy-related deaths in Kansas. Preeclampsia ranks as the second leading cause of Severe Maternal Morbidity (SMM) in Kansas (2022 Hospital Discharge Data).

It is clear that intentional intervention to address severe hypertension in pregnancy and the postpartum period are needed. Beginning January 2025, Kansas will enroll hospitals in the Alliance for Innovation in Maternal Health (AIM) Safety Bundle, **"Severe Hypertension in Pregnancy,"** as a statewide initiative to target this and other maternal adverse outcomes.

The Impact on the Neonate
Maternal hypertensive disorders significantly increase the risk of preterm delivery. In 2022, 10.5% of infants were delivered preterm (<37 weeks) in Kansas. Breastmilk provides optimal nutrition and is an immune-boosting substance for preterm neonates. Premature infants face higher health risks, making early maternal lactation a critical, evidence-based intervention to support neonatal well-being.

What's Next?
Addressing maternal hypertension is a crucial part of improving health outcomes for both mothers and infants in Kansas. Through collaboration, education, and evidence-based strategies, KDHE and KPQC are working to create safer pregnancies and healthier futures for families in our state.

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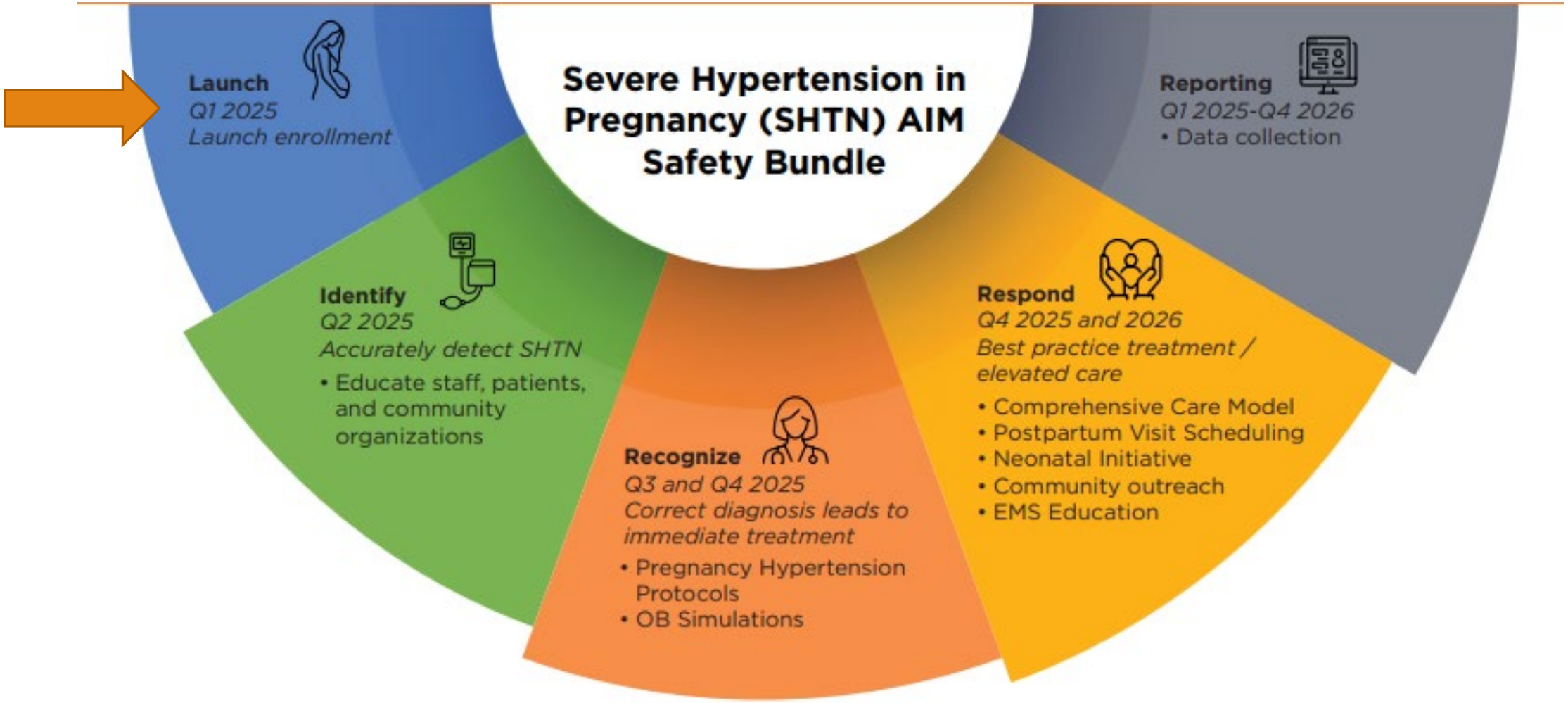
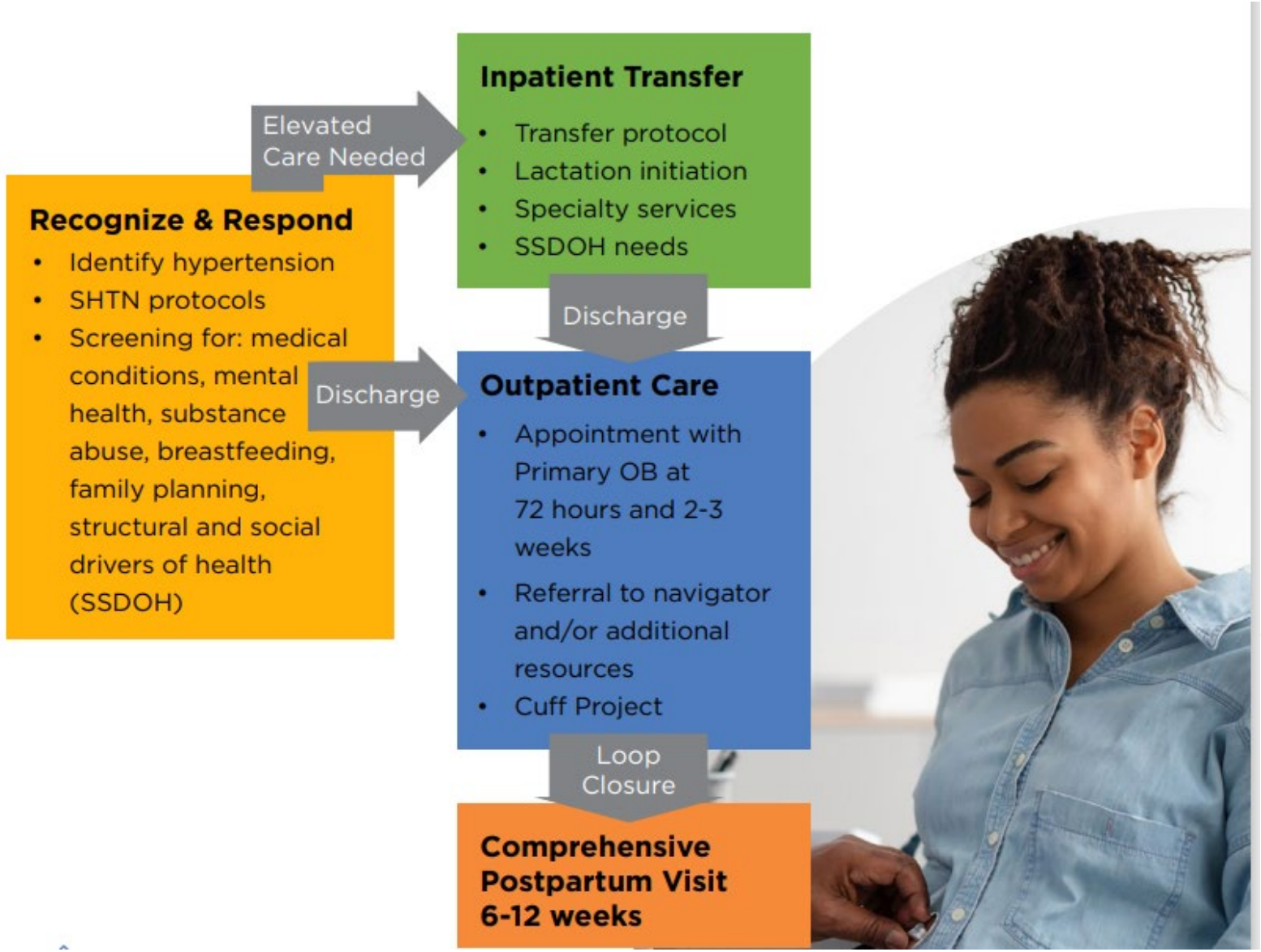

Severe Hypertension in Pregnancy (SHTN) AIM Safety Bundle
Launch
Q1 2025
Launch enrollment
Identify
Q2 2025
Accurately detect SHTN
• Educate staff, patients, and community organizations
Recognize
Q3 and Q4 2025
Correct diagnosis leads to immediate treatment
• Pregnancy Hypertension Protocols
• OB Simulations
Respond
Q4 2025 and 2026
Best practice treatment / elevated care
• Comprehensive Care Model
• Postpartum Visit Scheduling
• Neonatal Initiative
• Community outreach
• EMS Education
Reporting
Q1 2025-Q4 2026
• Data collection

Timeline



Severe Hypertension in Pregnancy

Model for Kansas

Initiative	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2026
Launch Bundle (Readiness)	Launch Bundle Enrollment Data Collection Survey (Redcap)				
Identify (Recognition)		Staff: Education (POST BIRTH/Birth Equity; ACOG algorithms) Patient: Education Community Organizations: Education *Data collection to continue			
Recognize and Respond			Staff: Finalize ACOG Protocols Follow up appointments Transfer Policies		
			Staff: Simulations (Inpatient ,EMS, Emergency Departments) *Data collection to continue		
			Patient: Follow up/Follow through Comprehensive Care Model; **Patient: Pumping Protocol		
***Reporting: Ongoing Data Collection**			Community Outreach: KDHE/Local health departments Connect with facilties with Support Implementation of PP Visits; Home Visits/CHW/Doula/Navigation assigned		
****Neonatal Initiative**					EMS Education; Pt Debriefs and Team Birth; Trauma

LAUNCH Quarter 1 2025

Enrollment

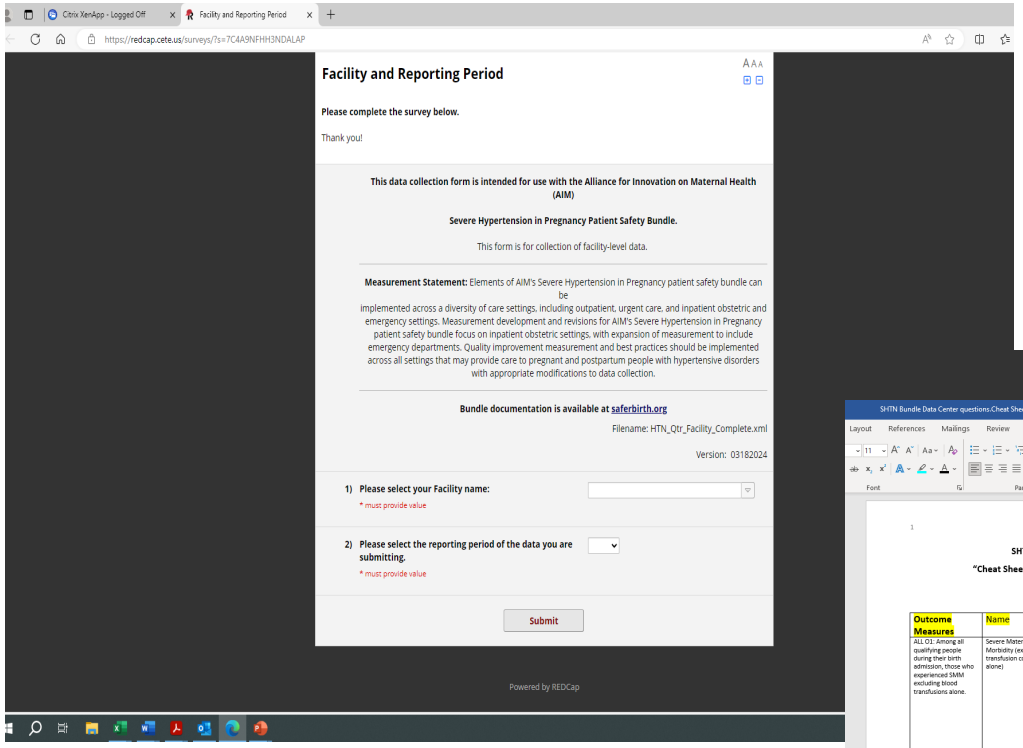
1. TEAM A: Enrollment Packets + SHTN Facts Sheets (Birthing facilities)
   - Kari & Terrah send out to FTI Enrolled Hospitals
   - Kari & Terrah send out to non-FTI enrolled Birthing hospitals from current Contact Lists

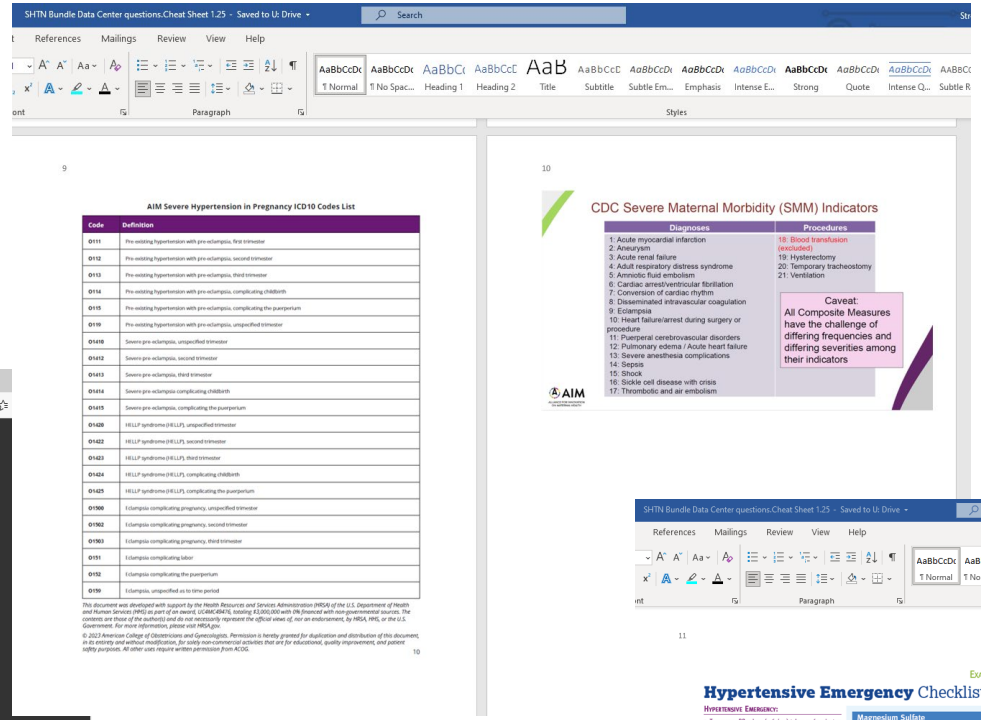
   TEAM B: SHTN Facts Sheet (non-birthing facilities)
   - Karen Brahman to send out to non-birthing facilities
   - Kari connects with interested birthing and non-birthing facilities not FTI-enrolled
2. Enrollment received by Terrah & Documented
   - DEADLINE for enrollment: FEB 10th, 2025
   - Survey results: input by Kari/Terrah
3. Baseline Survey sent out by Terrah
   - Deadline for 1st Quarter Baseline Data: March 31, 2025

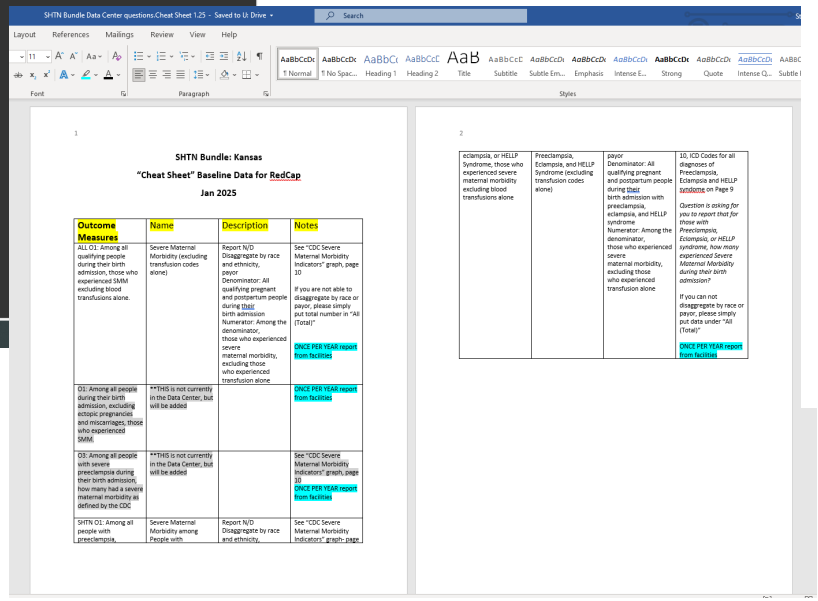
Your homework

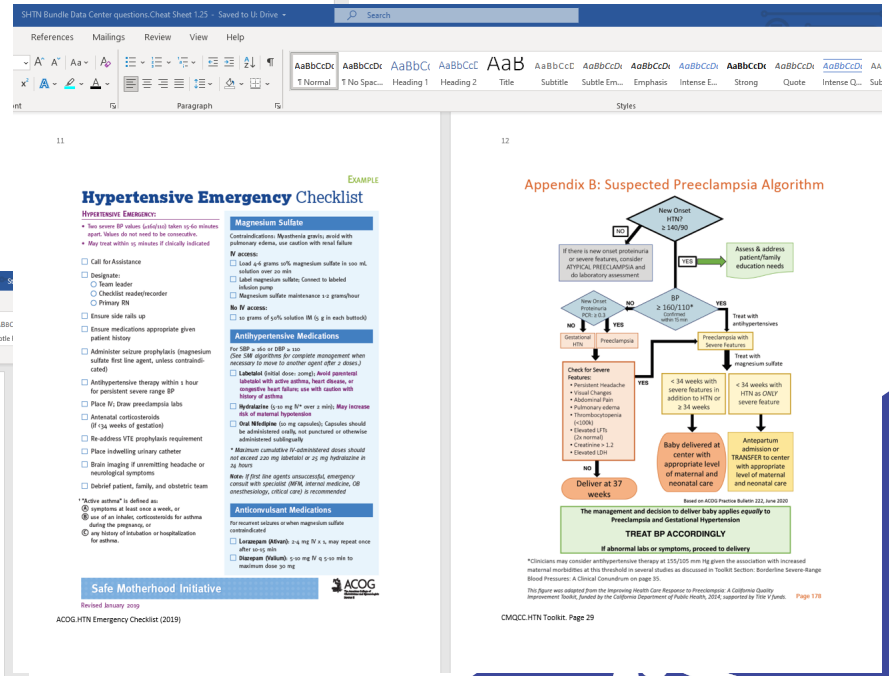
- **Watch the following & send out to staff/Admin/QI**
  https://vimeo.com/743542904\
- **Review your Obstetrical HTN Protocol/Bundle**
- **ENROLL!!!**

I'm ENROLLED!
What happens next?









KPQC
Kansas Perinatal Quality Collaborative

Next Learning Forum: Feb 25th at noon

To register: kansaspqc.org or link: KPQC Learning Forums