



Kansas Perinatal Quality Collaborative

KPQC General Meeting

May 11th, 2021 12:00-4:00pm





Goal: Decrease Maternal Morbidity & Mortality



Today's Agenda

12:00pm-12:10pm Welcome

- Introductions
- Enrollment Celebration

12:15pm-12:30pm Keynote Speaker

- Dr. Norman, KDHE

12:30pm-1:15pm Fourth Trimester Initiative Rollout

- Maternal Warning Signs Toolkit & Maternal Mental Health Toolkit
- Summer Training Series Plan
- Enrollment Data Reveal

1:15pm-1:30pm Kansas Birth Equity

Sapphire Garcia-Lies

1:30-2:00pm - Breakout Session I

County Data

2:00-2:15pm Break

2:15-2:45pm - Breakout Session II

Postpartum Care Teams

2:45pm-3:00pm Submit Data

- Follow up from breakout sessions
- Questions

3:00pm-4:00pm

- Business Meeting



Welcome: Dr Maulik

Chair, KS Perinatal Quality Collaborative

Enrolled Facilities/Centers



Birth Facilities:

- AdventHealth Ottawa
- AdventHealth Shawnee Mission
- Ascension Via Christi St Joseph
- Atchison Hosp Assoc Amberwell Atchison
- Citizens Medical Center (Colby)
- Community Healthcare System (Onaga)
- Geary Community Hospital
- Hays Medical Center
- Hiawatha Community Hospital
- Hutchison Regional Medical Center

- Kearny County Hospital
- Lawrence Memorial Hospital
- Memorial Health System (Abilene)
- Nemaha Valley Community Hospital
- Newman Regional Health
- Southwest Medical Center (Liberal)
- Stormont Vail Health System
- Wesley Medical Center

Birth Centers:

- New Birth Company
- Sunflower Birth & Family Wellness



Dr. Lee Norman
Secretary, KDHE





Fourth Trimester Rollout

Postpartum Care, Reinvented

Enrollment Goal: 33 Birth Settings



18 Birth Facilities Enrolled
2 Birth Centers Enrolled



FTI Enrollment

As of May 1st

- ✓ Sent 50 Enrollment packets (Facilities/Centers)
- ✓ Birth Facilities: 20
 - Largest: 5271 births per year
 - Smallest: 39 births per year
 - 3 more “yes” without packets
- ✓ Free-standing Birth Centers: 2

- KS Midwives Alliance: upcoming





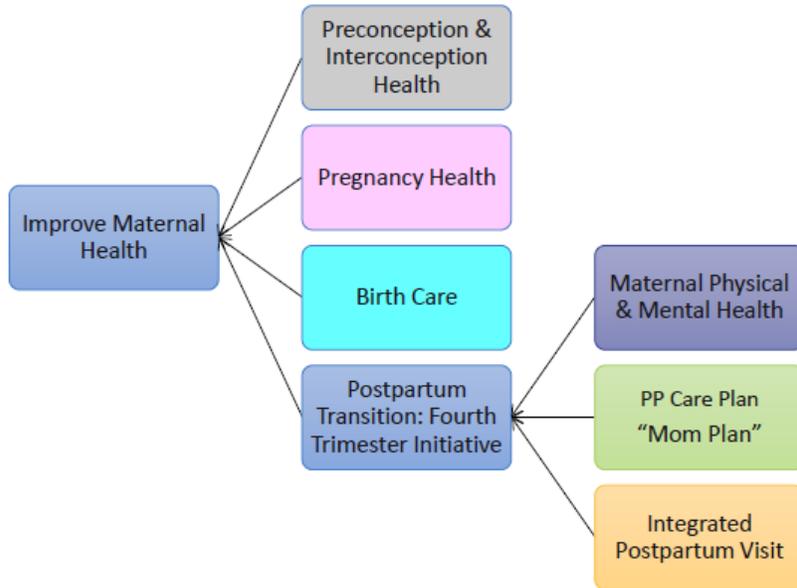
Fourth Trimester Initiative

Not JUST a QI project, but includes the QI project



Enrollment 411

Fourth Trimester Initiative Driver Diagram 1



Fourth Trimester Initiative Driver Diagram 2



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

Postpartum Care: *Reinvented*

“New Model” of care:

Public Health + Birth Setting + Outpatient Clinics + ER

Everyone must be in :
Patient
Provider
Community



(Business, Healthcare, Schools, Church, etc)



Stakeholders at the table



Next Steps



Birth Facilities:

- Add more facilities!
 - Goal: 25 by May 30
 - Need: Large & Small
 - THANK YOU, Karen!

All Enrollees & KPQC Partners:

- General Meeting attendance
- Learning Forums continue
- KPCCs “enrollment”?

Enrollees only:

- FTI Training Series

FTI Training Series: Part I

- June 16th (9-1) & 22nd (12-4)
- Topics:
 - Maternal Warning Signs rollout
 - AWHONN Postbirth @ each facility
 - Maternal Mental Health Toolkit rollout
 - TA surrounding Toolkit integration @ each facility
 - Maternal Hypertensive Disorders
 - Facility/Center Collaboration time
- Guest Speakers



How does FTI Work?

Maternal Side

Maternal Warning Signs Toolkit

- Maternal Mental Health/SUD
- AWHONN Warning S/S
- Hypertensive Disorders
- Breastfeeding
- Hear Her Campaign
- Support Person(s)/Community Education

Focus on:

1. Chronic Disease
2. Mental Health/SUD
3. Family Planning
 - Comprehensive Well Woman Exam Toolkit
4. Breastfeeding
5. Health Equity
6. Access to Care (THE PP VISIT!)



How does FTI Work?

Provider Side

Maternal Warning Signs Toolkit: Same language, same goal

- Maternal Hypertensive Disorders
- Mental Health
- AWHONN Post-birth warning signs training (3 per facility/center)
- Patient & Partner Education

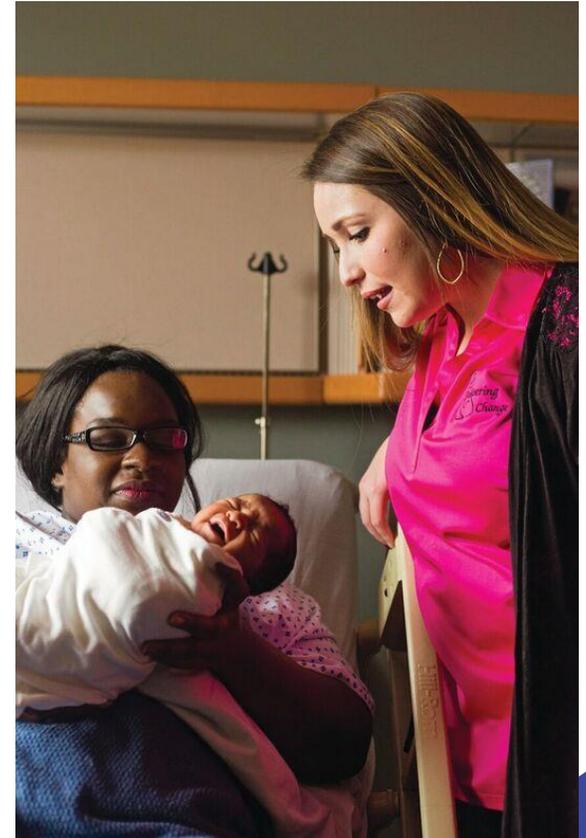
NEXT STEPS

Standardized at Discharge

- Screenings
- PP Visit Appointment & Referrals
- Communication/Documentation

Standardized post-DC

- Postpartum Visit Schedule
- Screening & Referrals
- Communication/Documentation



Immediate Postpartum

MWS
MentalHealth/HTN/AWHONN
Breastfeeding
Mom Plan
Support System
PP Care Team/Plan

Immediate Postpartum to 1 year

Post-Discharge PP
PP Visits: 1 day to 12 weeks

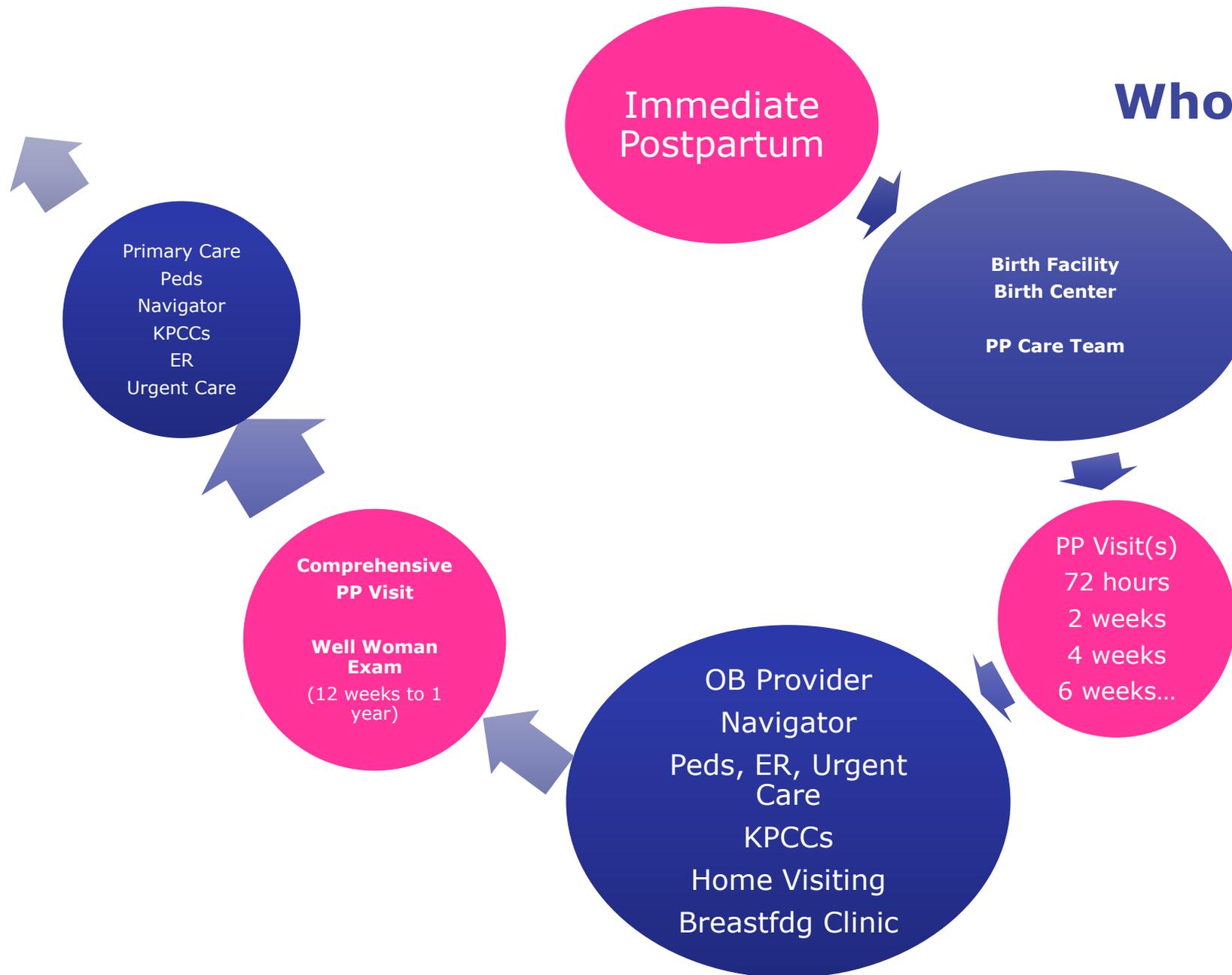
Maternal Warning Signs
Screens & Referrals
Navigation
Mom Plan
Breastfeeding, FamilyPlanning
Support System
PP Care Team/Plan

Comprehensive Well Woman Exam (12 weeks to 1 year)

MWS
Screens & Referral
Family Planning
Breastfeeding
Medical Home, Chronic Disease
Navigation
Peds Support



Who does the work?

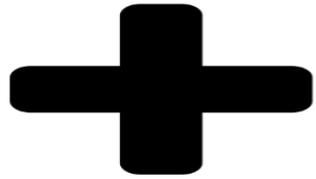


Throughout FTI

- ❑ County & Facility-specific outcomes
- ❑ Social Determinants identified and addressed
- ❑ Racism in care is addressed
- ❑ Birth equity is learned
- ❑ TA around Referral Networks: KPCCs
- ❑ Involve entire community of care
 - Medical and non-Medical
- ❑ Reimbursement addressed throughout



“Mom Plan”



**The Postpartum
Care Plan**



**Healthy
Moms**



The “Mom Plan”

Support Person

Money

COVID

Warning Signs



Racism

Insurance

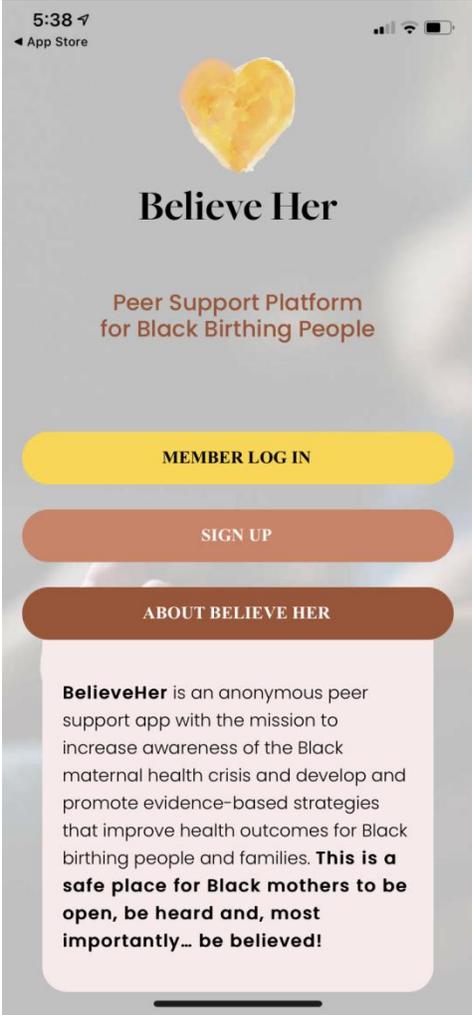
Day Care

Breastfeeding

Mental health



Innovative ideas



How does this FTI really work?

- ✓ Full resources of KPQC & KDHE
 1. Asking every site to STRETCH their “what we’ve always done”
 2. Inpatient Education, Screening & Referral Standardized
 3. Outpatient follows up & refers on
 4. Encourages “warm hand off”
- ✓ Maternal Warning Signs- collection of all state resources, their authors, and statewide experts AT YOUR SERVICE
- ✓ Mom Plan- captain of the ship
- ✓ Data collection:
 1. Birth Facilities/Centers education, process improvement
 2. Patient outcomes
- ✓ Outcomes review as we go
- ✓ Reimbursement strategies: Medicaid expansion



The Other “Secret” Problem:



KanCare

13 Pregnancy Visits
Vaginal Delivery
Entire Postpartum Care

\$1326.89

Nexplanon
PG test
Provider Insertion

\$1027.89



FTI Rollout: Case study #1

Karla

G2P2, 44 y/o Hispanic female

Dx: Gestational Hypertension at 32 weeks

Delivered at 39 weeks, Medical IOL

Immediate PP:

- ✓ First Breastfeeding attempt
- ✓ Hypertension management
- ✓ Mental Health- hx of Depression, stable

Post-Discharge PP:

- ✓ LARC requested
- ✓ COVID immunization requested
- ✓ Gestational HTN follow up
- ✓ Mental Health check in



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FTI Action Plan:

Across Enrolled Birth Facilities/Centers

Immediate PP

- Discharge Summary
- Care Plan + Mom Plan
- **Maternal Warning Signs

AWHONN + Hear Her+Support+Mental Health Toolkit+Breastfeeding

- Racial equity, Social Determinants, Navigation

Post-discharge PP

- Discharge Summary
- Care Plan + Mom Plan
- MWS follow up and re-evaluation

Beyond 12 Weeks

Comprehensive Well Woman Exam



FTI Rollout: Case Study #2



Maphosa: 26 y/o Black female

- SAB at 17 weeks (s/s x3 days, presented to ER, “no Prenatal Care”)
- SAB= Postpartum Mom
- Medium hospital, near two other small hospitals
- Phone call at night to Primary OB-Birth Facility Unit
- Phone call in morning: Provider to Provider
- SBIRT at bedside, referral made, treatment started within 24 hours
 - Noted Screening & Intervention on ACOG
 - Concerned about early DC & follow up
 - “Next steps” outlined between treatment & referral providers
 - OB Navigator notified, referral and contact initiated (social determinants ID’d)
 - Appt made for OB Provider f/u, support system identified
 - Psychotherapy initiated within 72 hours
 - MWS info to patient
 - F/U info to primary OB provider
- KDHE Mental Health Toolkit utilized
- Note! **ER was initial access**



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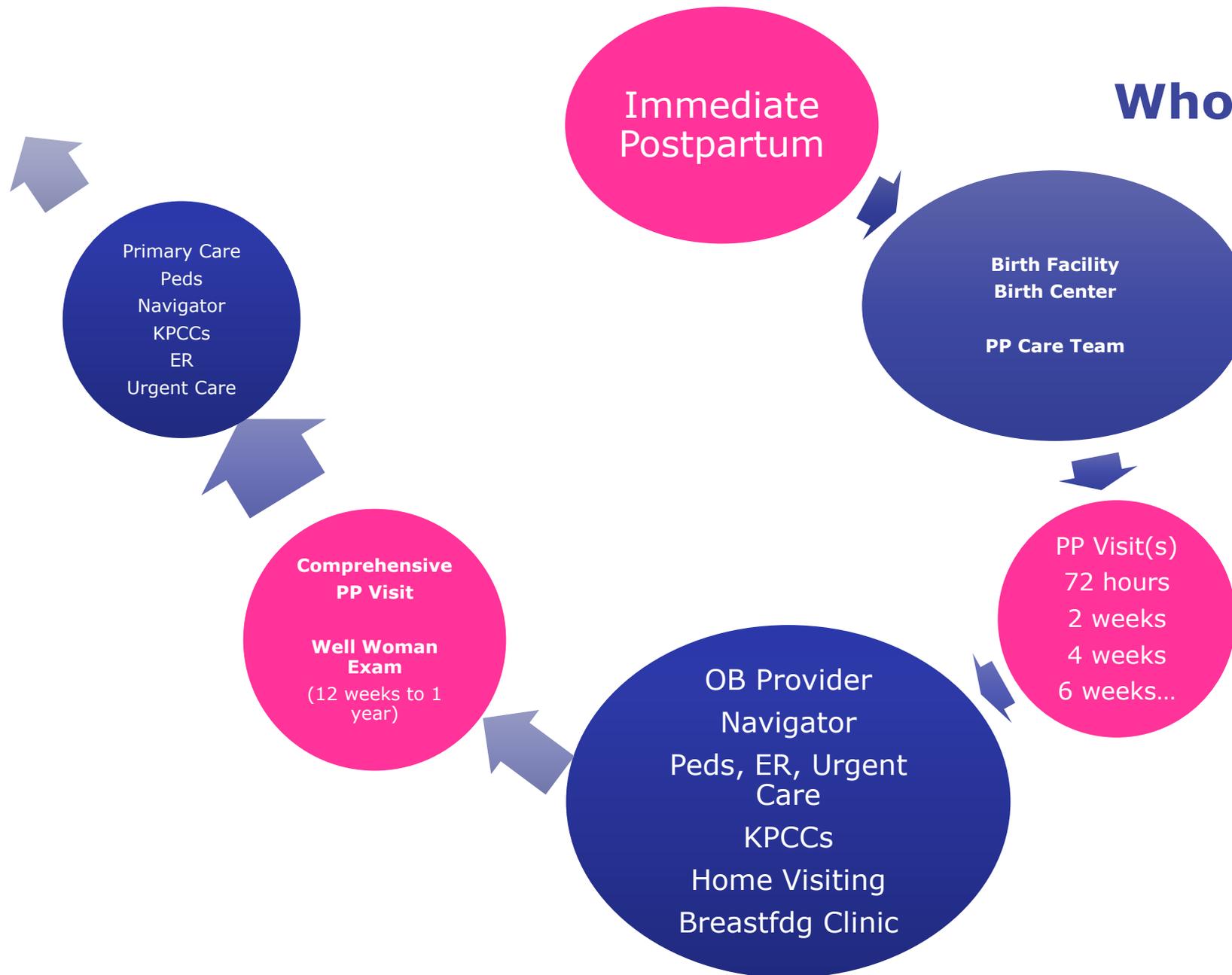
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Who does the work?



FTI Action Plan: Across Enrolled Birth Facilities/Centers

Immediate PP

- Discharge Summary
- Care Plan + Mom Plan
- **Maternal Warning Signs

AWHONN + Hear Her+Support+Mental Health Toolkit+Breastfeeding

- **Racial equity, Social Determinants, Navigation**

Post-discharge PP

- Discharge Summary
- Care Plan + Mom Plan
- MWS follow up and re-evaluation

Beyond 12 Weeks

Comprehensive Well Woman Exam





Sapphire Garcia-Lies

President, Wichita Birth Justice Society

Patient Representative, FTI



Kansas Perinatal Quality Collaborative

Collaboration Time!

Breakout Session #1





Kansas Perinatal Quality Collaborative

<http://kic.kdheks.gov/birth.php>

Birth Statistics

Birth KIC allows you to create statistics for birth outcomes, by year, age-group, sex, race, and county.





Kansas Perinatal Quality Collaborative

In your county, what rate of birthing persons have Gestational Hypertension?



PP Care Team

ID Postpartum Team members:

- Patient
- Primary Maternal Care Provider
 - Subsequently PCP
- Birth Center nursing staff
- Infant Provider
- Care coordinator (inpatient to outpatient)
 - Social Worker, Maternal Navigator
- Lactation Support
- Home Visitor
- Specialty provider, if needed
 - MFM, Behavioral Health, Internal Med



Breakout session #2: PP Care Teams

- Facilitator: Below is a list of the ACOG recommended PP Care Team elements/members.
- Facilitator Question: Who are you missing at your Birth Facility? If you are not a Birth Facility or Center, how are you (could you be) tied in as a member of your facility's PP Care Team?
- How do you see the PP Care Team work, or not work in your setting or community.
- What resources are needed for the inclusion of a PP Care Team as recommended by ACOG at your facility



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KPQC General Business Meeting

Devika Maulik, MD

Kourtney Bettinger, MD

Kasey Sorell, BSN, RN

KPQC Bylaw Update

- Bylaws of the KPQC may be amended by a two-thirds majority vote of the KPQC general membership during an announced meeting.



KPQC Bylaw Update

Amendment 1

Article I Section I, 1.1 Vision (inclusive language)

- ~~Kansas is the best place to be born and to be a mother~~
- Kansas is the best place to birth, be born, and to raise a family



KPQC Bylaw Update

Amendment 2

Article IV Section II, 2.6 (Adding Dr. Morgan officially)

- 2.6 The leadership of the Kansas Maternal Mortality Review Committee will appoint a member of their choosing to serve on the Executive Committee of the KPQC. This individual has voting rights and is exempt from Executive Committee member term limits. Any change in KMMRC representative shall be in writing and given to the KPQC Chairperson.



Fourth Trimester Logo Options

1



2



KPQC Mission Statement:

KPQC Mission

To improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes.



Upcoming Events

- **First Trimester Initiative Trainings-Part 1**

Required training for enrolled facilities/centers

- June 16 (9-1pm)
- June 22 (12-4pm)

- **KPQC Learning Forums**

Monthly learning opportunities will resume in July, watch for a sign up coming to your email.



“It is not uncommon for mamas to be treated differently during her pregnancy than when she is postpartum...The attention shifts. Immediately.”

“Moms deserve more, especially in the fourth trimester. It’s a transformative, exhausting, overwhelming, beautiful and sometimes ugly time...she needs support, love, understanding, healing, grace, attention, a listening ear and more.”

Taken from *thebabychick @ Instagram*



