


Eating an Elephant:

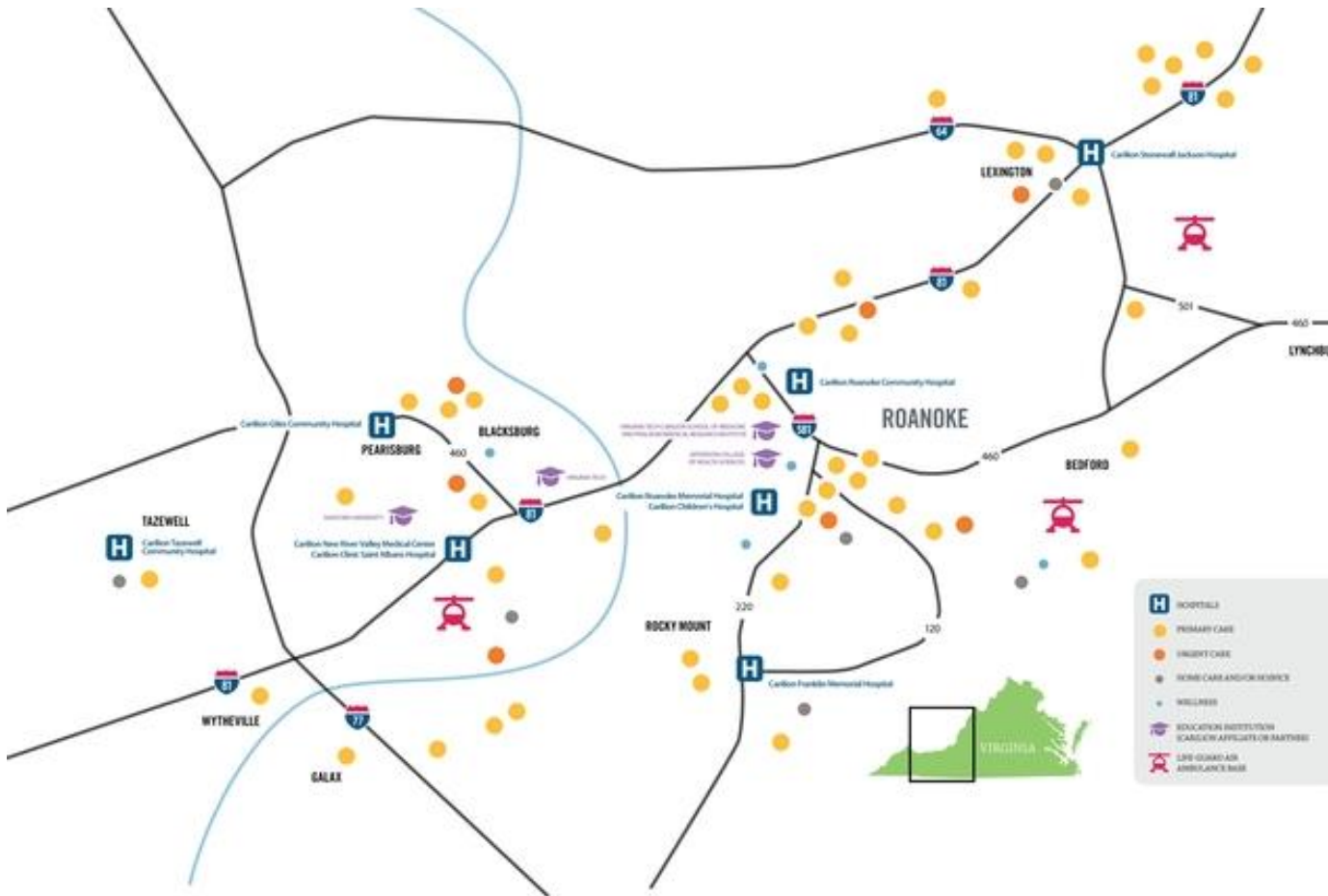
Application of quality improvement tools to pursue big aims through small steps of change

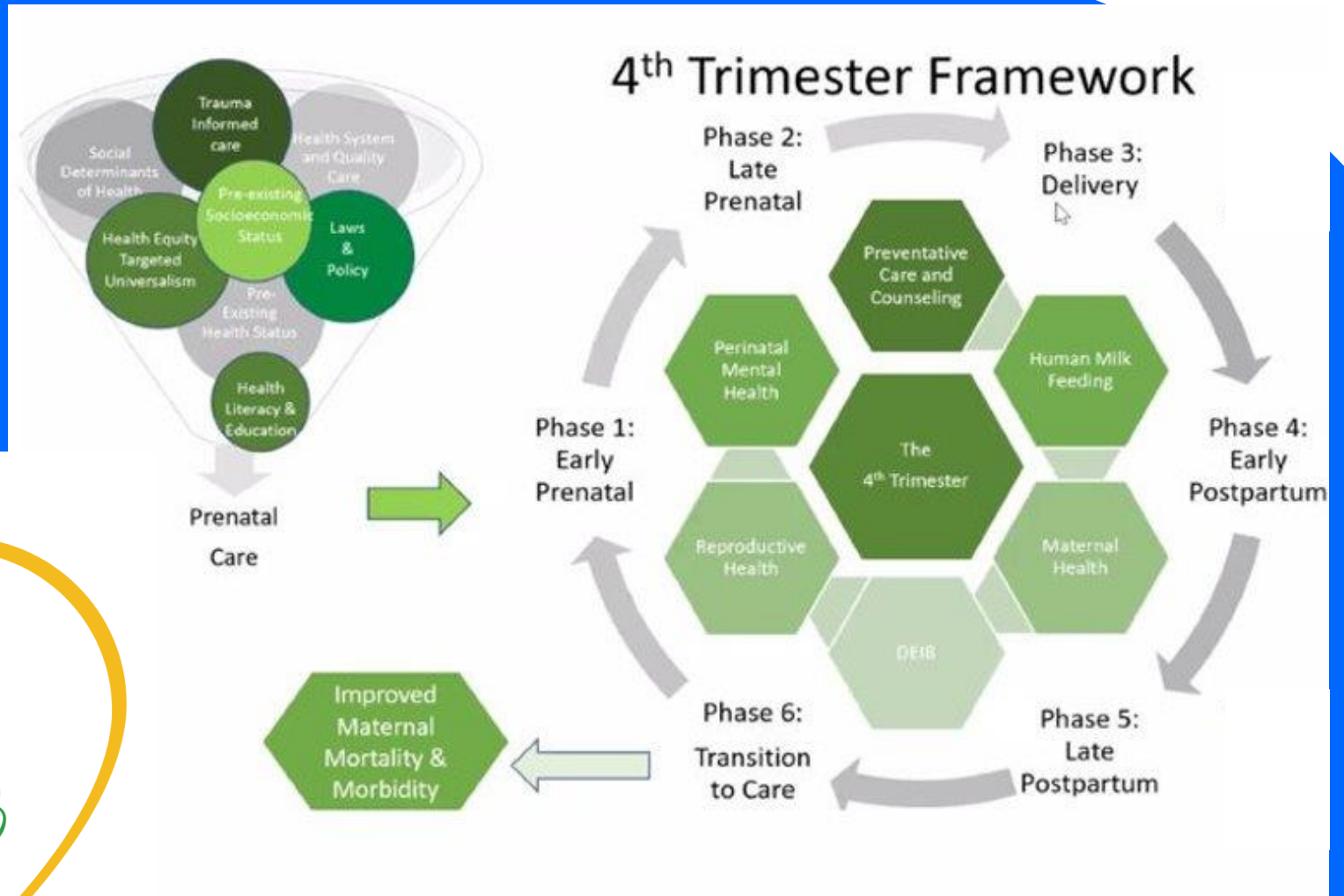
The bottom of the slide features a light blue horizontal band. On the left, there is a large light blue circle containing a smaller dark blue circle. On the right, there is a large solid blue circle. These decorative elements frame the text on the left.

Jane Colwell, MSN, RN
Senior Director, Carilion Women's Quality & Patient Safety



CARILION Women's





VNPC Project EMBRACE Workplan 2023						
	Early Prenatal (1 st & 2 nd Trimester)	Late Prenatal (3 rd Trimester and Admission)	Delivery—All pregnancy outcomes (Admission to Discharge)	Early Postpartum (Discharge to 3 weeks postpartum)	Late Postpartum (4 weeks to 6 months postpartum)	Transition (6-12 months postpartum)
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6 (Transition)
Goal	*Screening *Risk assessment *Awareness of changes to body and new baby *Discuss culturally relevant aspects of patient care (e.g., religious practices).	*Coordination of care, *Shared decision making *Planning for changes as a dyad	*Preventative care *Education *Individualized identification of risk factors—appropriate levels of follow-up care	*Policy & system changes *Dyad lenses/focused care *Connection to community resources	*Optimization of patient referrals to specialty providers *Facilitate tele-health visits as a preferred method *Utilize technology to improve screening, tracking of long-term health and education	*Decision to be made with patient and provider *Establish a medical home for mom and baby dyad *Provide access to tele-health visits as needed
Encompasses all phases/subjects						
Objective 1	Establish a multidisciplinary fourth trimester team					
Metric	Does the hospital/community system have a multidisciplinary fourth trimester team? Yes or No					
Activity	Identify a physician leader responsible for the outcomes of the fourth trimester activities. Physician leader team (OB/MFM/Ped and NP/CNM)					
Activity	Identify a nurse/Social worker/nurse navigator/case manager leader responsible for the daily operations and oversight of the fourth trimester activities.					
Activity	Identify a community leader responsible for the coordination and connection to services from hospital to community					
Activity	Identify additional team members to help with the success of the team, e.g., doula, population health, home visitor, alternative birth worker, community health worker, MCO representative, Nurse practitioner, Certified nurse midwife, pediatrician, family practice provider, faith leader etc.. team limited to 6-8					
Activity	Identify a team member who is an expert in DEIB and cultural humility who can provide leadership and guidance on infusing this throughout the project.					
Activity	Identify a team member with expertise in trauma-informed care who can provide leadership and guidance throughout the project.					
Objective 2	The multidisciplinary fourth trimester team will create a formal written project plan that engages senior leadership in efforts to improve maternal and infant health outcomes.					
Metric	Does the multidisciplinary fourth trimester team have a formal written project plan with senior leadership engagement? Yes or No					
Activity	Identify a senior administrative leader to sponsor the fourth trimester team.					
Activity	Identify a nursing leader/project manager to work to coordinate the fourth trimester activities.					
Activity	Create a project charter that outlines the problem, the scope, the goals(s), and preliminary project plan.					
Activity	Identify the frequency for staff training about maternal mental health screening, substance use screening, coordination and connection to services, education, and referrals for chronic conditions (hypertension, diabetes, cardiac conditions, obesity, etc.), trauma informed care and cultural humility.					



Mental health conditions are the most common complication of pregnancy and childbirth, affecting at least 1 in 5 mothers or childbearing people (800,000 families) each year in the United States.



75% of women experiencing maternal mental health conditions do not get the care needed for recovery.



Individuals of color and individuals who live in low income neighborhoods are more likely to experience maternal mental health conditions and less likely to be able to access care.



The cost of not treating maternal mental health conditions is \$32,000 per mother-infant pair totaling \$14.2 billion nationally.



Suicide and overdose are the leading causes of death in the first year postpartum with 100% of these deaths deemed preventable.



Left untreated, these illnesses can have long-term negative impacts on parents, babies, families, and society.



EATING AN ELEPHANT



Aims

- I. Community Engagement:**
Wrap around services, support, connections to resources
- II. Standard of Care:**
Screening, knowledge of evidence-based practices (ACOG recommended screening, follow-up)
- III. Education/Training:**
information for providers, staff, and patients about process and resources to meet patient needs.

Primary Drivers

Identify regional resources and support, invite community members to the table to learn about needs, partner with community initiatives

Identify a standard evidence-based screening process for perinatal anxiety and depression

Implement Education/Training

- Provider Training
- Staff Training (inpatient/outpatient)
- Patient Education

Collaborate with Technology Services Group

Secondary Drivers

- Review current resource lists
- Gather feedback about gaps in resources from frontline staff
- Research additional services available to patients
- Create system for connecting patient to resource local to them whenever possible
- Create system for tracking when resource has been offered
- Establish process for keeping resource lists updated

- Reinforce use of Edinburgh Depression Screening at 1st and 3rd trimesters, inpatient L&D, and postpartum visits.
- Address staff/provider identified barriers to completion of screening
- Evaluate opportunity to add anxiety or violence screening to protocol
 - Consider algorithm for determining when to use additional tools

- OB provider training by mental health provider to clarify
 - Referral process and options
 - Discuss scope of care for each specialty
- OB staff training for screening and providing resources, patient centered communication
- Build a feedback loop to gain information from end users
- Patient education for postpartum depression and baby blues
 - Virtual resources for patients such as hospital tour and perinatal classes

- Knowledge of Epic options
- Assistance with developing optimizations
- Maximize current functionality
- Maintaining technology requests and communicating needs to Horizon team

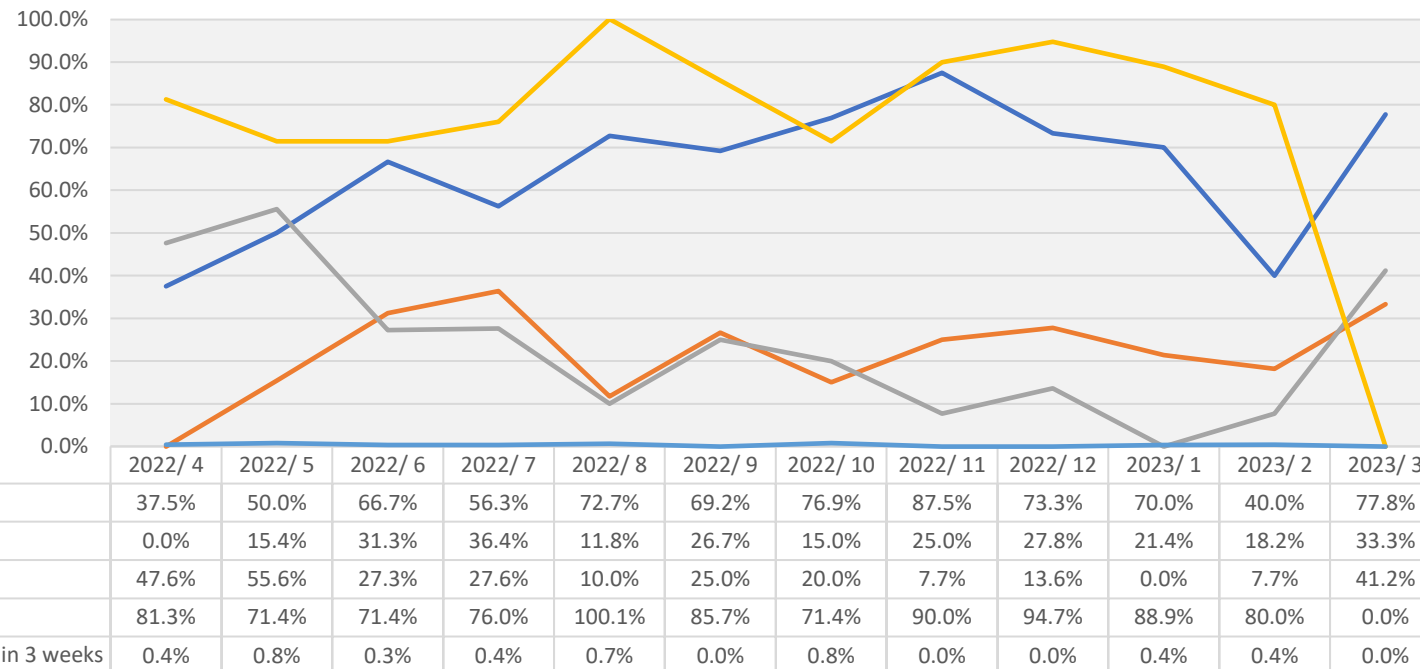
Charter vs Project Plan



Project Charter			
Project Name	Virginia's EMBRACE the 4 th Initiative: Perinatal Mental Health Project		
Project Description	Improve perinatal mental health for patients		
Project Lead	Jane Colwell	Project Sponsor	Michelle Franklin
Goal Alignment	Maternal Mortality	Date Approved	3/12/2021
Business Case		Goals/Deliverables	
After in-depth review of the VNPC EMBRACE initiative work plan, we have determined that there are process and clinical outcomes opportunities that can benefit Carilion Women's by enhancing perinatal mental health care screening, coordination, treatment, and referral. Work will include utilizing evidence based best practice techniques which will be standardized across the department and organization. Patient education materials will be developed to promote best practice and optimal prenatal, birth, and postpartum experience in collaboration Carilion Psychiatry and community partners.		<ul style="list-style-type: none">Identify regional resources and support, invite community members to the table to learn about needs, partner with community resourcesIdentify a standard evidence-based screening process for perinatal anxiety and depressionImplement education/training for providers, inpatient and outpatient staff, and patientsCollaborate with Technology Services Group to leverage design of the electronic health record	
Team Members		Scope	
Name	Role	<ul style="list-style-type: none">Carilion Women's services at Roanoke Memorial Hospital and New River Valley HospitalCarilion Women's ambulatory practices that provide OB careAll pregnant and postpartum patients receiving care from Carilion Women's	
Sarah Dooley	Ambulatory Quality Lead		
Isaiah Johnson	Physician Quality Lead		
Elizabeth Rutrough	Ambulatory Operations Lead		
Kristi Thomas	Data Analytics		
Risks and Constraints		Milestones	
Failure to not move forward can have a potentially harmful impact on patient safety, and maternal/newborn outcomes. Negative patient experiences can impact reputation and result in reduced volumes as patients choose alternative birthing options and/or providers.		<ul style="list-style-type: none">Resource lists developedEducation plan for providers, staff, and patientsStreamline screening processes	
Measures			
<ol style="list-style-type: none">Percentage of pregnant patients screened for perinatal mental health in their first trimester using a valid toolPercentage of pregnant patients screened for perinatal mental health in their third trimester using a valid toolPercentage of patients screened for perinatal mental health within 8 weeks postpartum using a valid tool			

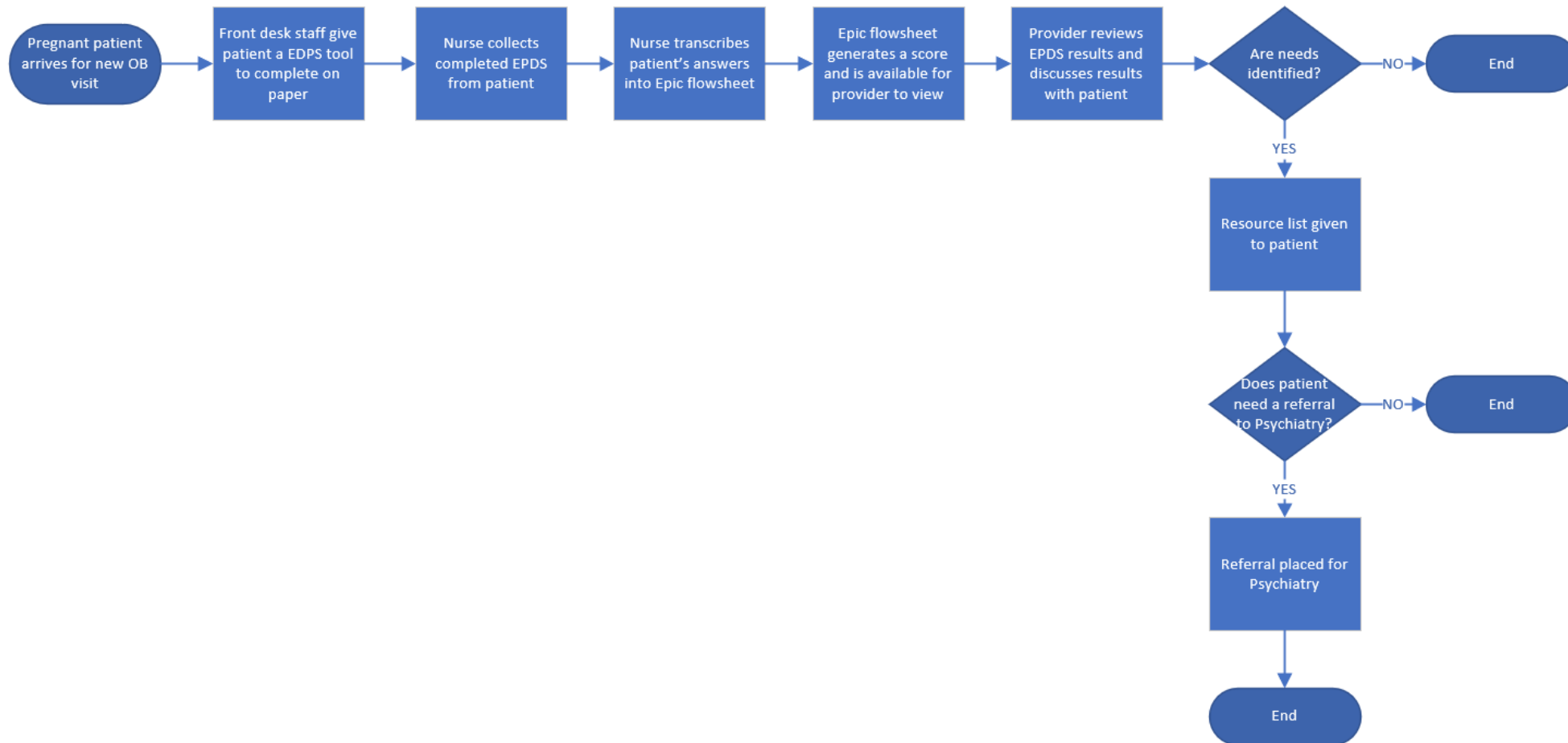
Performance metrics

Rate of Edinburgh Screenings for Completed NonGyn Appointments
April 2022 - March 2023, By Trimester
At Rocky Mount Location Only



Delivery Yr/Month	Num or Den	Trimester			
		1st	2nd	3rd	PostPartum
2022/ 4	Numerator	6	0	10	13
	Denominator	16	17	21	16
2022/ 5	Numerator	6	2	10	10
	Denominator	12	13	18	14
2022/ 6	Numerator	10	5	6	15
	Denominator	15	16	22	21
2022/ 7	Numerator	9	8	8	19
	Denominator	16	22	29	25
2022/ 8	Numerator	8	2	2	20
	Denominator	11	17	20	18
2022/ 9	Numerator	9	4	4	12
	Denominator	13	15	16	14
2022/ 10	Numerator	10	3	4	10
	Denominator	13	20	20	14
2022/ 11	Numerator	7	2	1	9
	Denominator	8	8	13	10
2022/ 12	Numerator	11	5	3	18
	Denominator	15	18	22	19
2023/ 1	Numerator	7	3		16
	Denominator	10	14	19	18
2023/ 2	Numerator	2	2	1	4
	Denominator	5	11	13	5
2023/ 3	Numerator	7	4	7	0
	Denominator	9	12	17	5

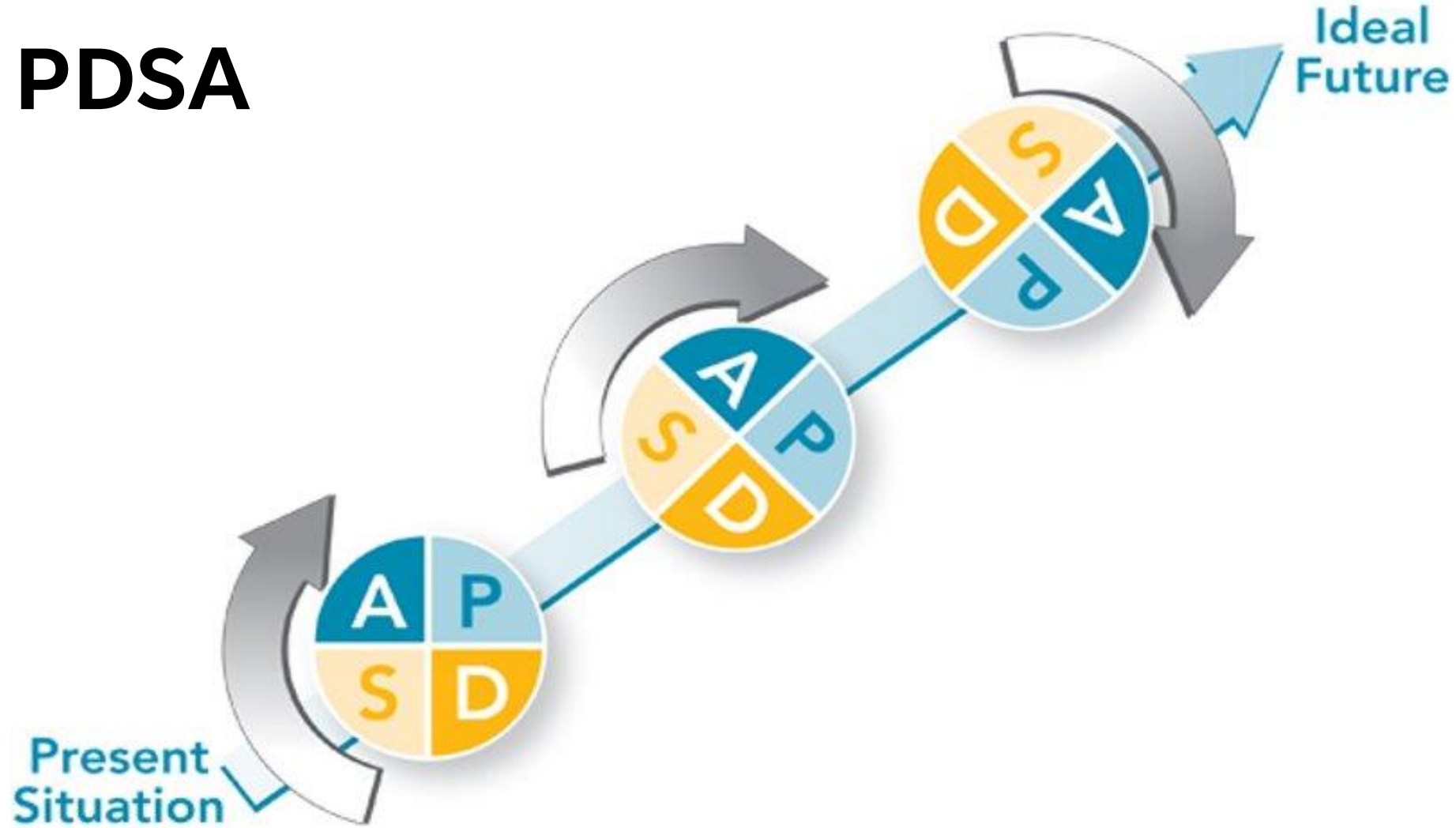
Process Map



Failure Modes Effects Analysis

FMEA											
Process Name: OBGYN Ambulatory Edinburgh Depression Screening								Prepared By: Sarah Dooley			
Responsible: Jane Colwell								FMEA Date: 7/20/2022			
Process Step	Potential Failure Mode	Potential Failure Effects	SEVERITY (1-10)	Potential Causes	OCCURRENCE (1-10)	Current Controls	DETECTION (1-10)	RPN	Action Recommended	Responsible Party	Actions Taken
1	Staff forgets to give pt EPDS	Pt not screened	5	Distraction, competing tasks	5	Morning review of schedule to check for new OB pts	5	125	Include EPDS with OB intake form	Sarah	Develop new OB packets, create ability for pt to complete both in myChart so they are automatically assigned together
1	Pt gets EPDS but does not complete it	Pt not screened	5	Pt doing other paperwork, chooses not to do EPDS	2	Nurse asks pt for completed EPDS	10	100	Patient education to reinforce supportive care for mental health needs	Sarah	PMADS handout added to OB education materials
2	Nurse forgets to collect EPDS from patient	Screening not documented	5	Distractions, competing tasks	5	Provider checks for EPDS results in EMR	7	175	Staff education for PMADS and resource lists to equip staff	Jane	PPSVa training 7/2022

PDSA



Kanban board

EMBRACE kanban board

Grid Board Charts Schedule ...

Members

To-Do

- ☐ Add task
- ☐ Order 5 i-pads for EPDS screening in clinics
- ☐ Posters for exam rooms
- ☐ Birth plan handout for patients
- ☐ Develop provider and staff training plan for expanding to R3 and all OB clinics
- ☐ Create smart phrases to share
- ☐ Self Care plan handout for patients

Women's QPS Team DOING

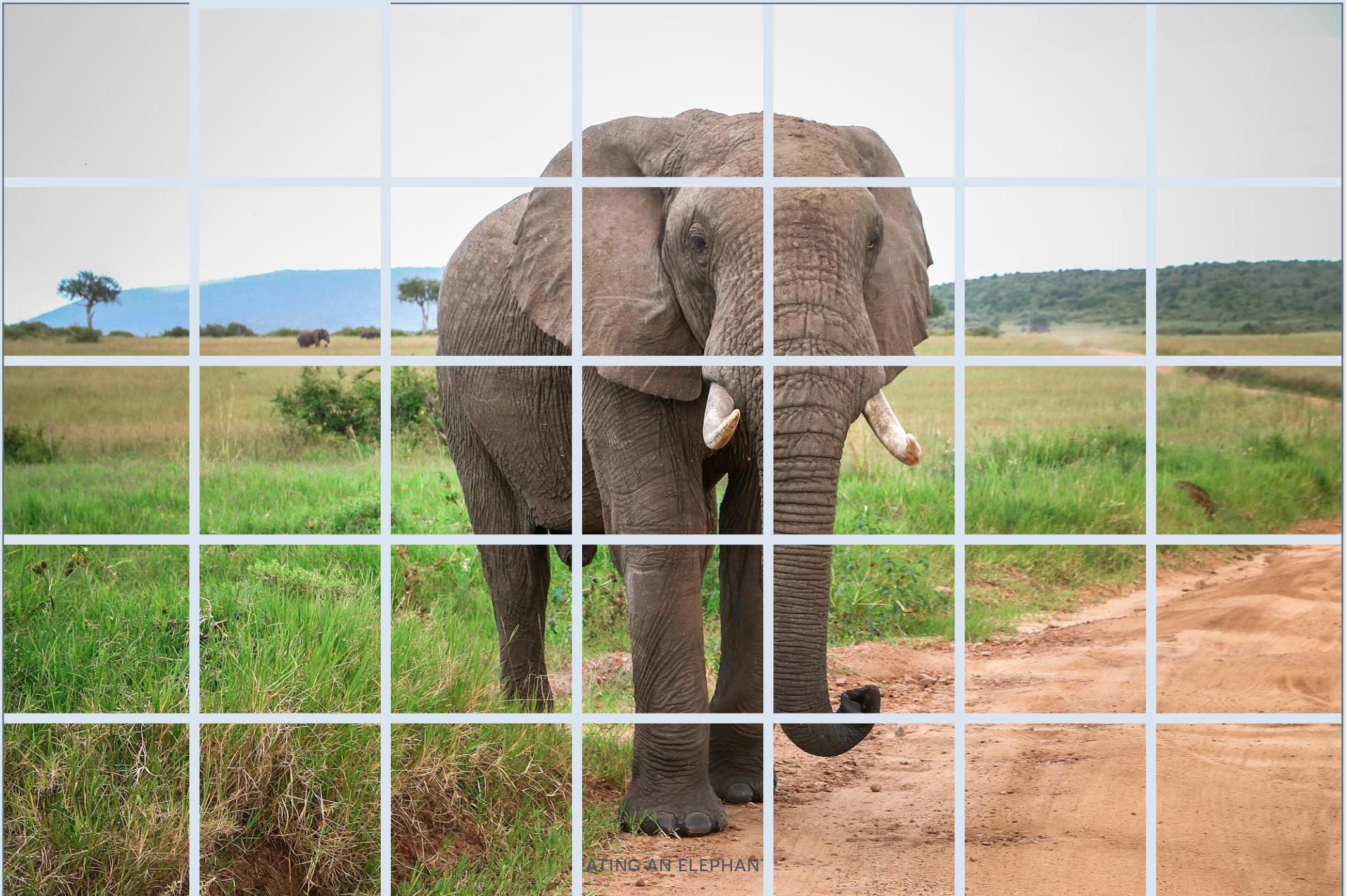
- ☐ Add task
- ☐ Submit monthly data to VNPC
- ☐ Determine if EPDS screening in myChart is working for Peds
- ☐ Women's Maternity Care website
-
- Due

Physician Champions DOING

- ☐ Add task
- ☐ PMAD handout for patients
- ☐ Provider materials
-

Done

- ☐ Add task
- ☐ Resource list for patients
-
- ☐ Rocky Mt Provider and Staff training
-
- ☐ Create/Launch Women's hub on inside Carilion for central location the department can use for materials
-
- ☐ PSVa PMADs training for Rocky Mt clinic
-



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Questions?

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