

COLLEGE OF POPULATION HEALTH

PopTalk Webinar Series

Improving Patient Postpartum Show Rates Through Increased Education and Scheduling

January 6, 2021 | 12:00-1:00pm ET

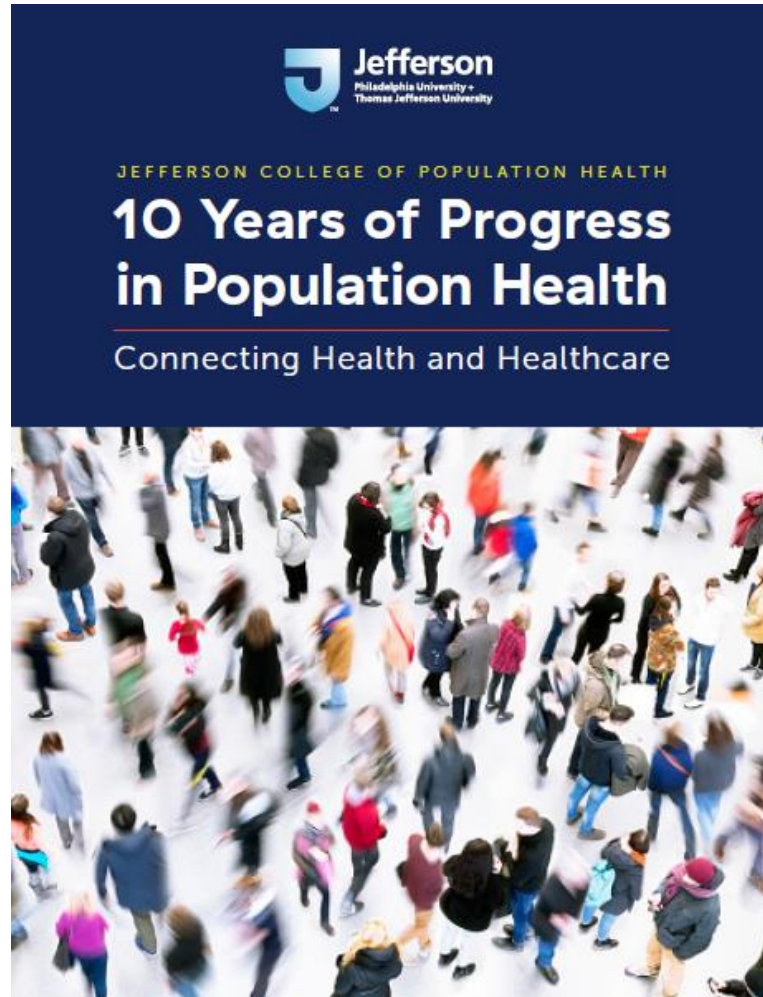
Ryan Brannon, MD

Mary Reich Cooper, MD, JD



Jefferson
Thomas Jefferson University

Jefferson College of Population Health



Today's Presenters

Improving Patient Postpartum Show Rates Through Increased Education and Scheduling



Ryan Brannon, MD
Clinical Associate Professor & Physician
Department of Obstetrics & Gynecology
Thomas Jefferson University Hospital



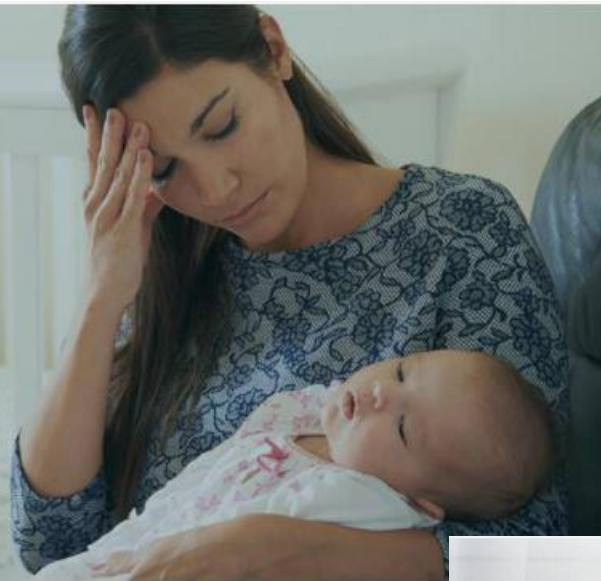
Mary Reich Cooper, MD, JD
Program Director, Healthcare Quality
Program Director, Operational Excellence
Jefferson College of Population Health

Introduction of Problem

Postpartum Period



*The Difference
Between
Postpartum
Depression
and the
Baby Blues*

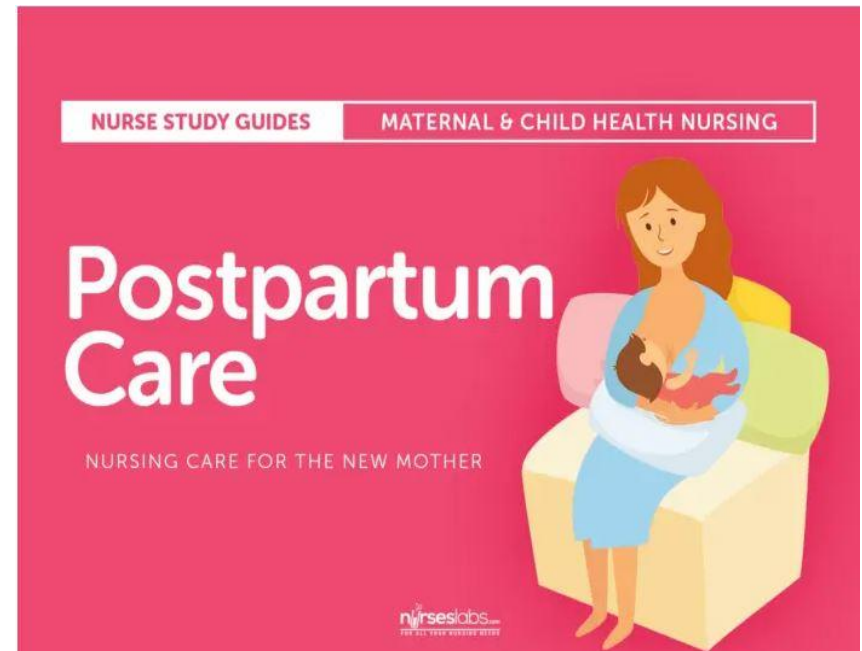


WHAT IS THE
DIFFERENCE BETWEEN
POSTPARTUM
DEPRESSION
&
POSTPARTUM
ANXIETY?



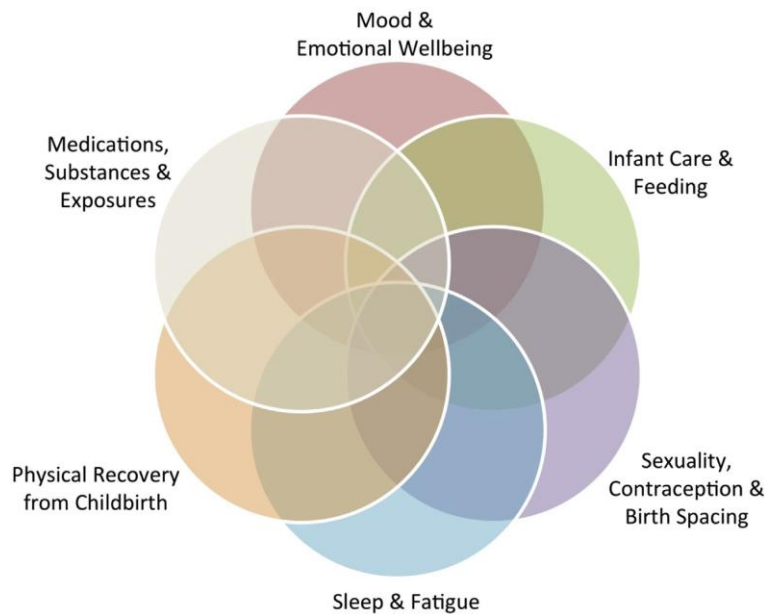
Postpartum Period

- Known component of care during pregnancy
- Critical period for both the woman and her new child
- Opportunity to optimize the health of women by transitioning care from postpartum to primary management of chronic conditions



Belleza, Marianne, et al. "Postpartum Care: Nursing Care for the New Mother." Nurseslabs, 18 Jan. 2017, nurseslabs.com/postpartum-care/.

Postpartum Period



Tully KP, Stuebe AM, Verbiest SB. The fourth trimester: a critical transition period with unmet maternal health needs. [Am J Obstet Gynecol](#) 2017;217:37-41.

- In 2017, Tully et al published “The fourth trimester: a critical transition period with unmet maternal health needs”
 - The intense focus on women’s health prenatally is unbalanced by infrequent and late postpartum care
 - Medical practice guidelines often do not align with women’s experiences and constraints
 - Mothers need comprehensive care, which will be difficult to provide because of numerous system constraints

“We must use the postpartum period as gateway opportunity to counsel women on long-term health implications.”

- ACOG President
Haywood L. Brown, M.D.

“Haywood Brown, MD, Discusses Postpartum Care.” Contemporary OB/Gyn, www.contemporaryobgyn.net/view/haywood-brown-md-discusses-postpartum-care.

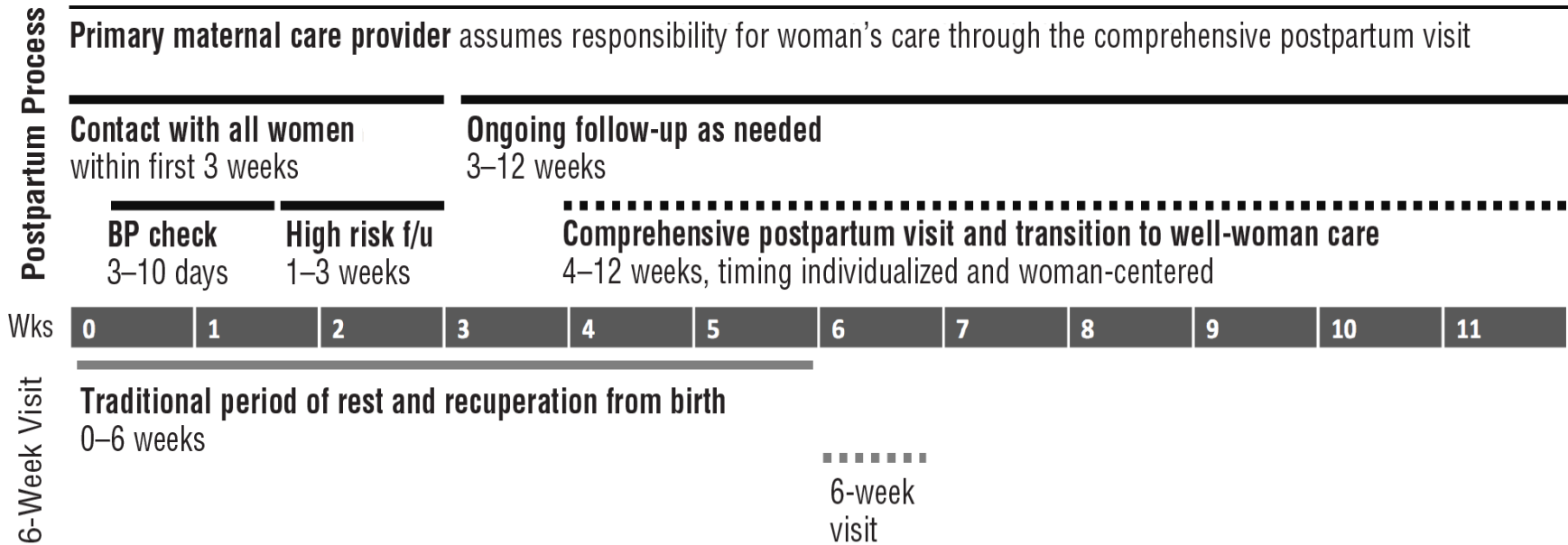


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ↩

Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e140-50.

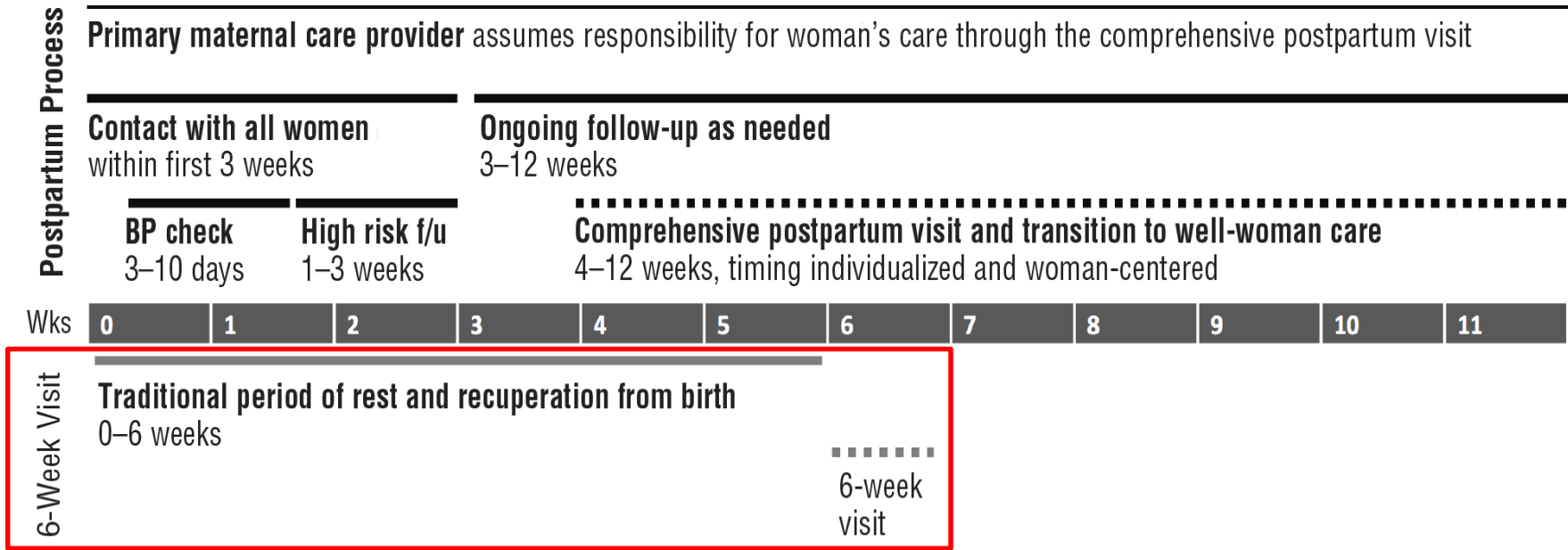


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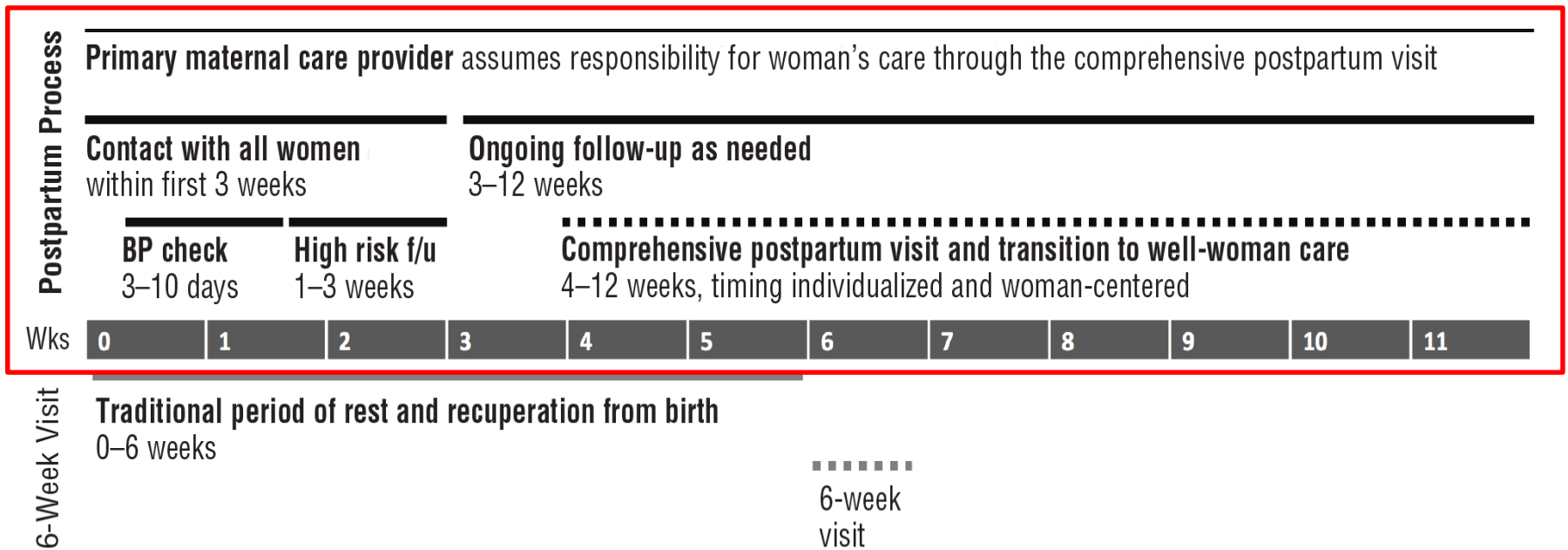


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Why is the postpartum period important?

Postpartum Conditions

- Many conditions are identified within the first 12 months
- Characteristics of women who encountered complications
 - African American - 48%
 - Lived in Urban areas - 82%
 - Diagnosed with:
 - Hypertension Disorders - 69%
 - Diabetes - 42%
 - Mental Illness - 22%
 - Obesity - 18%

Table 1. Characteristics of Pregnant Women by Complicated and Comparison Pregnancy Groups

Characteristic	Overall	Complicated pregnancy	Comparison pregnancy	p value
	N=31,340	N=7,741	N=23,599	
Mean age at delivery, years (SD)	25.2 (6.1)	26.5 (6.5)	24.8 (6.0)	< 0.001
Medicaid insurance (vs. private), n (%)	87.2 %	86.2 %	87.5 %	0.002
Medicaid eligible because of pregnancy*, %	63.9 %	61.7 %	64.6 %	< 0.001
Race/ethnicity				< 0.001
African American, %	44.3 %	48.4 %	42.9 %	
White, %	33.4 %	31.6 %	33.9 %	
Hispanic, %	4.8 %	4.5 %	4.9 %	
Other race, %	17.6 %	15.5 %	18.2 %	
Neighborhood level sociodemographics†				
Mean proportion of African American residents, % (SD %)	32.1 % (26.9 %)	33.1 % (27.5 %)	31.8 % (26.7 %)	< 0.001
Mean proportion without high school diploma among age > 25, % (SD %)	20.7 % (9.9 %)	21.1 % (10.2 %)	20.5 % (9.8 %)	< 0.001
Mean proportion of residents below federal poverty, % (SD %)	9.3 % (7.6 %)	9.5 % (7.9 %)	9.2 % (7.5 %)	0.001
Mean proportion urban, % (SD %)	81.8 % (30.4 %)	82.5 % (29.9 %)	81.6 % (30.6 %)	0.02
Pregnancy and delivery complications‡				
Any hypertensive disorder in pregnancy, %	17.0 %	68.8 %	0.0 %	n/a
Preeclampsia, % (mild or severe)	8.2 %	33.1 %	0.0 %	n/a
Eclampsia, %	0.5 %	2.0 %	0.0 %	n/a
Chronic hypertension in pregnancy, %	6.4 %	25.9 %	0.0 %	n/a
Gestational hypertension	7.1 %	28.9 %	0.0 %	n/a
Gestational diabetes mellitus, %	9.1 %	37.0 %	0.0 %	n/a
Pregestational diabetes, %	1.4 %	5.5 %	0.0 %	n/a
Cesarean delivery, %	27.9 %	38.0 %	24.6 %	< 0.001
Preterm labor or delivery, %	9.4 %	13.7 %	8.0 %	< 0.001
Multiple gestation, %	1.7 %	2.7 %	1.3 %	< 0.001
Stillborn birth, %	0.3 %	0.3 %	0.3 %	0.90
Multiple gestation, %	1.7 %	2.7 %	1.3 %	< 0.001
Drug use and smoking in pregnancy				
Any drug use	4.1 %	4.4 %	4.0 %	0.08
Alcohol use	0.5 %	0.5 %	0.4 %	0.38
Smoking	26.9 %	31.8 %	25.3 %	< 0.001
Other comorbid illnesses in pregnancy				
Depression	5.4 %	6.4 %	5.0 %	< 0.001
Other mental disorders	14.9 %	15.6 %	14.7 %	0.054
Thyroid disease	2.9 %	4.6 %	2.4 %	< 0.001
HIV	0.5 %	0.6 %	0.4 %	0.015
Asthma	11.4 %	13.7 %	10.7 %	< 0.001
Obesity	9.6 %	18.3 %	6.7 %	< 0.001

SD standard deviation

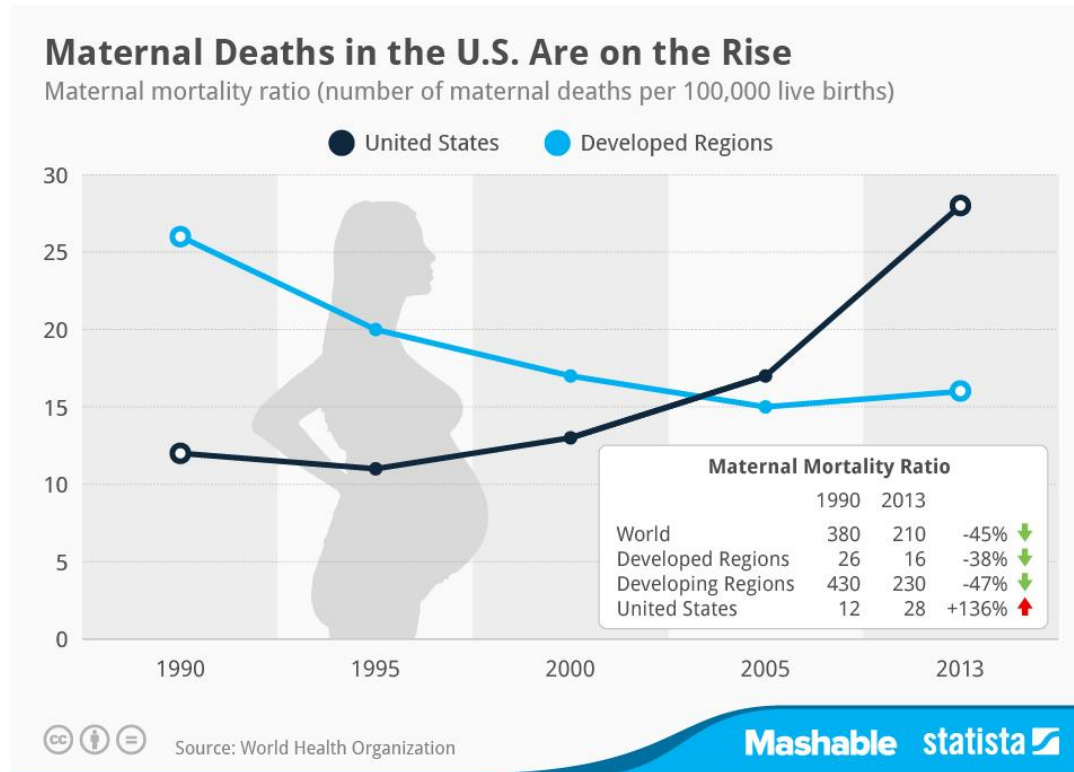
*Medicaid eligibility based on pregnancy is a Medicaid enrollee category called SOBRA (Medicaid for pregnant women and children) that covers the pregnancy and up to 90 days postpartum

†Definitions according to 2000 U.S. Census, reported by ZIP code

‡Conditions are not mutually exclusive and many overlap—in the complicated pregnancy group, 8.9 % had both a hypertensive disorder and GDM and 2.4 % had both a hypertensive disorder and pregestational diabetes

Bennett, W.L., Chang, H., Levine, D.M. et al. Utilization of Primary and Obstetric Care After Medically Complicated Pregnancies: An Analysis of Medical Claims Data. *J GEN INTERN MED* 29, 636–645 (2014).

Maternal Deaths

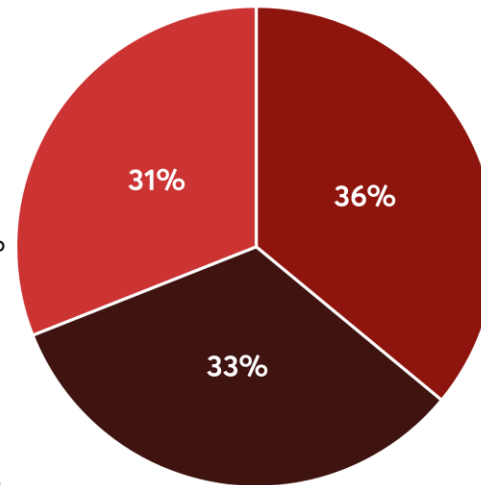


Richter, Felix. "Infographic: Maternal Deaths in the U.S. Are on the Rise." Statista Infographics, 12 May 2014, www.statista.com/chart/2231/maternal-mortality-rate/.

Maternal Deaths

When pregnancy-related deaths occur

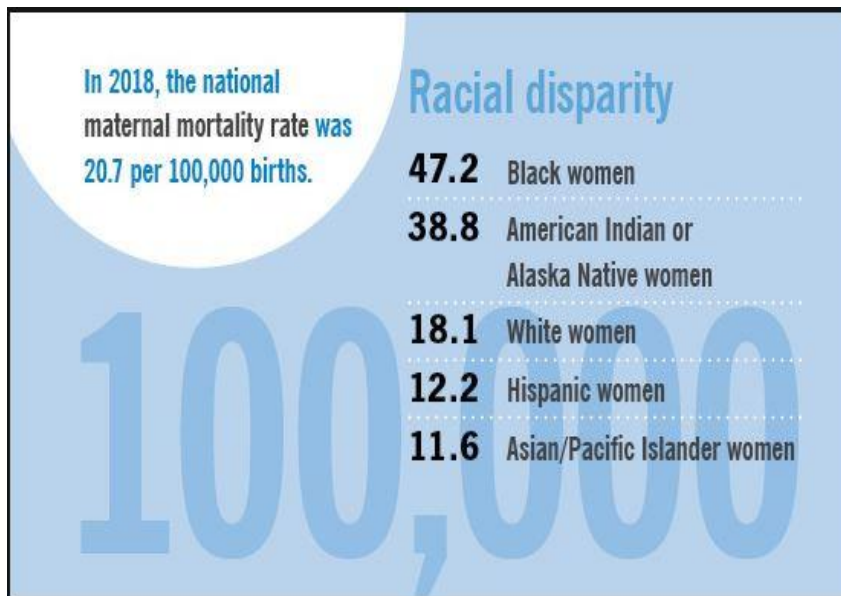
- During pregnancy, 31%
- During delivery or the week after, 36%
- One week to one year after delivery, 33%



Source: Centers for Disease Control and Prevention

*Belleza, Marianne, et al.
"Postpartum Care: Nursing
Care for the New Mother."
Nurseslabs, 18 Jan. 2017,
nurseslabs.com/postpartum-care/.*

Maternal Deaths



- National Maternal Mortality Rate
 - National average is almost 20.7 women per 100K deliveries
- Disparity seen with Black women
 - 2.5x higher than white women
 - 2.3x higher than national average

Lonzerj. "Pregnancy Care Does Not Stop at Childbirth." *Consult QD*, Consult QD, 5 Mar. 2019, consultqd.clevelandclinic.org/pregnancy-care-does-not-stop-at-childbirth/.



Maternal Deaths

"Racism in Health Care - For Black Women Who Become Pregnant, It's a Matter of Life and Death." *NWLC*, 13 Apr. 2018, dev.devurl.info/nwlc2.org/blog/racism-in-health-care-for-black-women-who-become-pregnant-its-a-matter-of-life-and-death/.

Fragmented Postpartum Care

- Despite evidence of the importance of the postpartum visit
 - Care continues to be fragmented
 - Approximately 40% of patients missing postpartum visit



Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e140-50.

Postpartum Visit Attendance

- Postpartum Visit failure
 - Younger age
 - Minority race
 - Lower household income
 - Public or no insurance
- Study suggest early appointment was associated with higher attendance

Table 2 Multivariable predictors of postpartum visit attendance through 12 weeks after delivery

	n	Odds ratio	95% confidence interval	p-Value
Timing of scheduled postpartum visit				<0.01
6 wk	256	0.42	0.24–0.74	
2–3 wk	256	Referent		
Age				0.04
< 30 years	247	0.51	0.27–0.97	
≥ 30 years	265	Referent		
Ethnicity				0.46
Hispanic	145	1.26	0.69–2.31	
Not Hispanic	367	Referent		
Parity				
0	251	Referent		
1	167	0.60	0.31–1.15	0.13
2	52	0.78	0.31–1.97	0.60
3 or more	42	0.38	0.14–0.99	0.05*
Prior miscarriage				0.01
Yes	151	Referent		
No	361	0.41	0.21–0.83	
Planned pregnancy				0.29
Yes	325	Referent		
No	187	0.74	0.43–1.29	
Education				
High school graduate or less	111	Referent		
Some college	155	2.45	1.28–4.67	<0.01
College graduate	136	5.63	2.36–13.43	<0.01
Graduate school	110	10.60	3.25–34.62	<0.01
High-risk pregnancy ^b				0.04
Yes	218	Referent		
No	294	1.80	1.03–3.17	

*Fisher's exact test, $p = 0.048$.

^bHigh-risk pregnancy defined as having preexisting maternal comorbidities (e.g., type 2 diabetes or chronic hypertension), history of prior adverse birth outcomes (e.g., preterm delivery, intrauterine fetal demise), or current pregnancy condition (e.g., cervical insufficiency, multiple gestations, fetal anomaly).

Chen MJ, Hsia JK, Hou MY, Wilson MD, Creinin MD. Comparing Postpartum Visit Attendance with a Scheduled 2- to 3-Week or 6-Week Visit after Delivery. *Am J Perinatol.* 2019;36(9):936-942. doi:10.1055/s-0038-1675623

Barriers to the Postpartum visit

- Unstable housing
- Transportation

Factor	Adjusted OR*	95% CI	p-value
Chronic health condition	2.49	(1.07, 5.80)	0.034
≥ 2 moves in pregnancy	0.35	(0.18, 0.67)	0.002
Trouble understanding provider's language	0.65	(0.43, 0.99)	0.048
Problem traveling to provider	0.59	(0.04, 0.89)	0.013
Received reminder from provider	2.37	(1.40, 4.02)	0.001

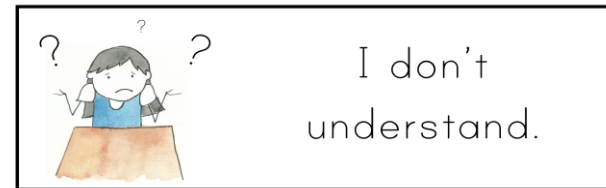
Bryant AS, Hass JS, McElrath TF, McCormick MC. Predictors of compliance with the postpartum visit among women living in healthy start project areas. *Matern Child Health J* 2006;10:511-6

Barriers to the Postpartum visit

- Unstable housing
- Transportation
- Difficulties communicating with providers
 - Language barrier
 - Inability to consistently speak with provider

Table 3 Multiple regression model for compliance with postpartum visit

Factor	Adjusted OR*	95% CI	p-value
Chronic health condition	2.49	(1.07, 5.80)	0.034
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Patient Education and ER usage

- A national survey conducted in 2014 reported women's postpartum experiences
 - 35% of women “felt fine and did not need to go”
 - 14% felt it was “too hard to get to the office”
- Studies suggestive high Emergency Room utilization by postpartum women
 - 25% of patients present to ER within 6mo with a complication
 - 50% of the ER visits occur within the first ten days

Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Major survey findings of Listening to Mothers III: new mothers speak out: report of national surveys of women's childbearing experiences conducted October-December 2012 and January-April 2013. J Perinat Educ. 2014;23:17-24

Brousseau EC, Danilack V, Cai F, Matteson KA. Emergency Department Visits for Postpartum Complications. J Womens Health (Larchmt). 2018 Mar;27(3):253-257. doi: 10.1089/jwh.2016.6309. Epub 2017 Sep 22. PMID: 28937843; PMCID: PMC5865248.

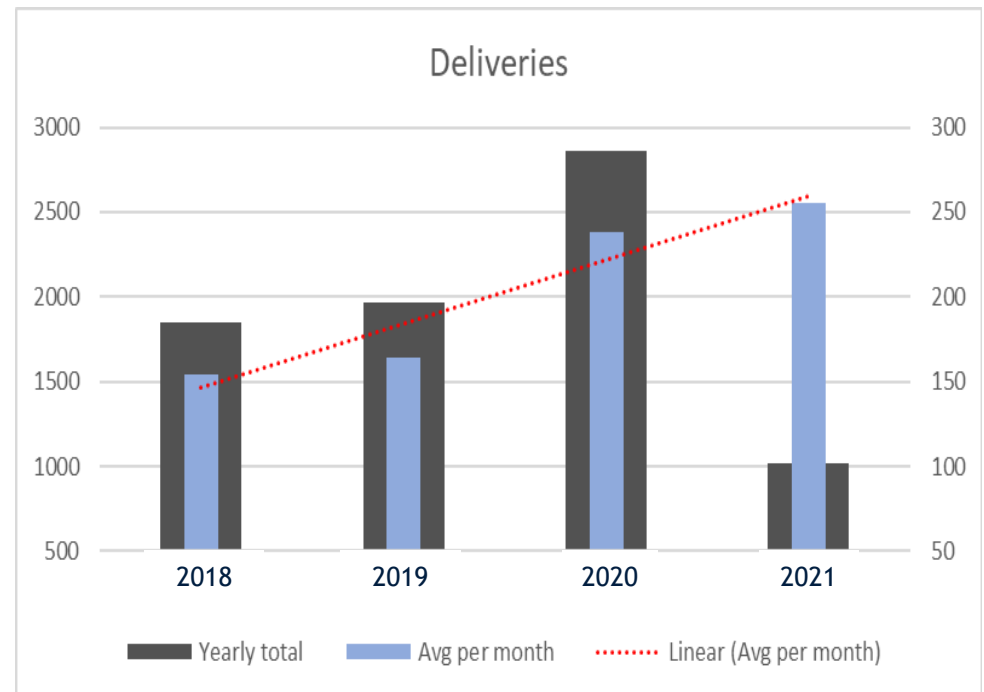
Organizational Details

Thomas Jefferson University Hospital

- Located in Center City, Philadelphia
 - Provides care to many neighborhoods surrounding downtown
 - Largest percentage of patients are from South Philadelphia
- Expanding Health System
 - 14 hospitals
 - 3 hospitals offering Obstetric services
 - Over 7500 deliveries annually within the Enterprise

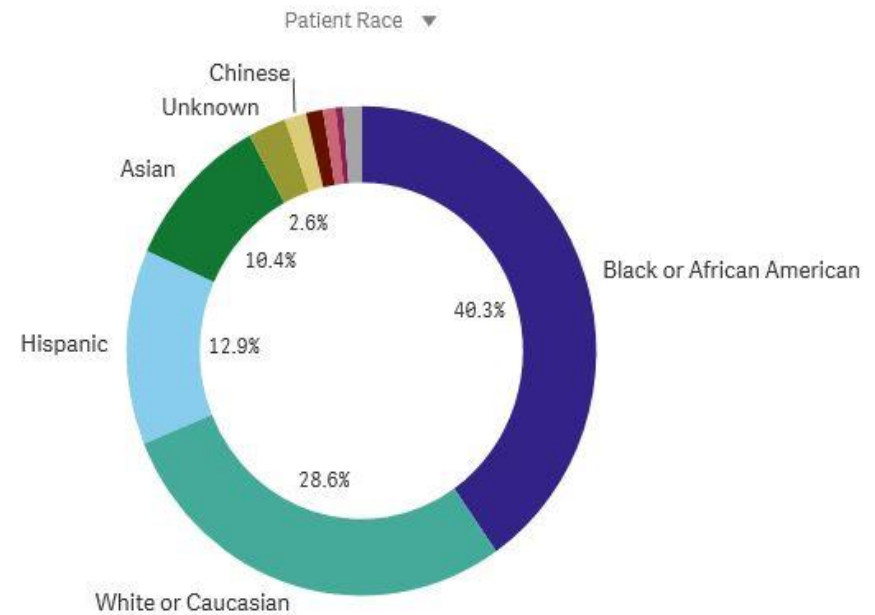
Thomas Jefferson: Department of ObGyn

- Total deliveries
 - 2018- 1,848 deliveries
 - 2020- 2,864 deliveries
- Average Delivery Totals
 - Monthly deliveries increased by 65% from 2018(154) to 2021(255)
 - Average daily deliveries increased from 5.1 to 8.3



Patient Demographics: Race/Nationality

- Diverse patient population
- Racial demographic of population relatively stable
 - Slight increase in
 - Hispanic
 - Asian
- Largest decrease in White patients



30,000 FOOT VIEW

- Pregnancy is a major part of the medical history for many women
 - Postpartum visit offers an unique opportunity to transition medical care from pregnancy to primary care
 - Focusing on improving care in the postpartum period has the potential to improve a women's overall health
 - We can improve postpartum care by increasing the show rates



Project Summary

Project Principles

- Developed a patient centered workflow that accomplishes our goals
- Create a workflow that is feasible, effective and sustainable
- Take advantage of other potential benefits from a successful initiative

Project Goals

- SMART Aim
 - Increase patient appointment scheduling from 80 to >95%
 - Increase postpartum show rates from ~60% to 75%
- Achieve goals in 6 months



Stakeholder Analysis

Stakeholders

- Administrators
 - Department Chairman
 - Operations Manager
 - Office Manager
- Healthcare Providers
 - Faculty/Residents
 - Outpatient Nurses
 - Inpatient Nurses

Stakeholder	Impact <i>How much does project impact them?</i>	Influence <i>How much influence do they have on project?</i>	Stakeholder Priority <i>What is important to the stakeholder?</i>	Stakeholder Contribution	Engaging Stakeholders
Dept. Chairman	Low	High	Meeting metrics for high quality postpartum care and earning care incentives	Support of initiative	Estimate increased incentive bonus for higher postpartum show rates
Outpatient Nurse	High	High	Ability to complete new and previous responsibilities	Educating and scheduling patients	Opportunity for more direct patient care
Inpatient Nurse	Low	Low	Initiative does not interfere with current workflow	Patient education during postpartum period	Improved inpatient discharge workflow
Faculty	Medium	Medium	Patient postpartum follow up to identify and manage chronic conditions	Patient education during prenatal period	Better patient compliance
Residents	Medium	Low	Potential improvement of postpartum follow up workflow	Documentation and communication with nursing	Improved postpartum workflow
Outpatient administrator	Medium	High	Utilization of outpatient nurse resources	Providing nursing staff for project	Increased earnings for the department
Patients	High	High	High quality and patient-centered care	Visit compliance	Better health and postpartum support

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Residents	Medium	Low	Potential improvement of postpartum follow up workflow	Documentation and communication with nursing	Improved postpartum workflow
Outpatient Managers	Medium	High	Utilization of outpatient nurse resources	Providing nursing staff for project	Increased earnings for the department
Patients	High	High	High quality and patient-centered care	Visit compliance	Improved health outcomes and postpartum support

Stakeholder Analysis

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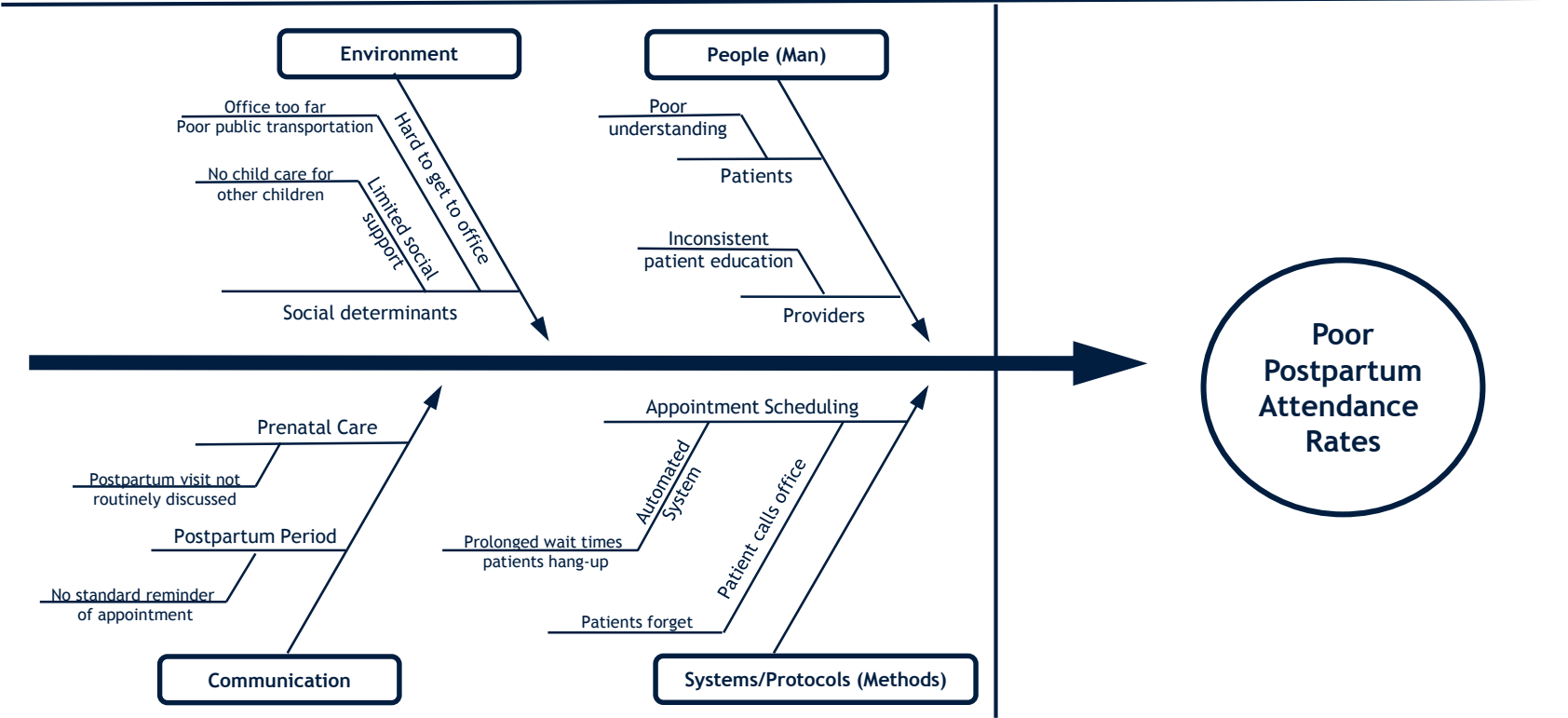
Stakeholder Analysis

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Stakeholder Analysis

Cause

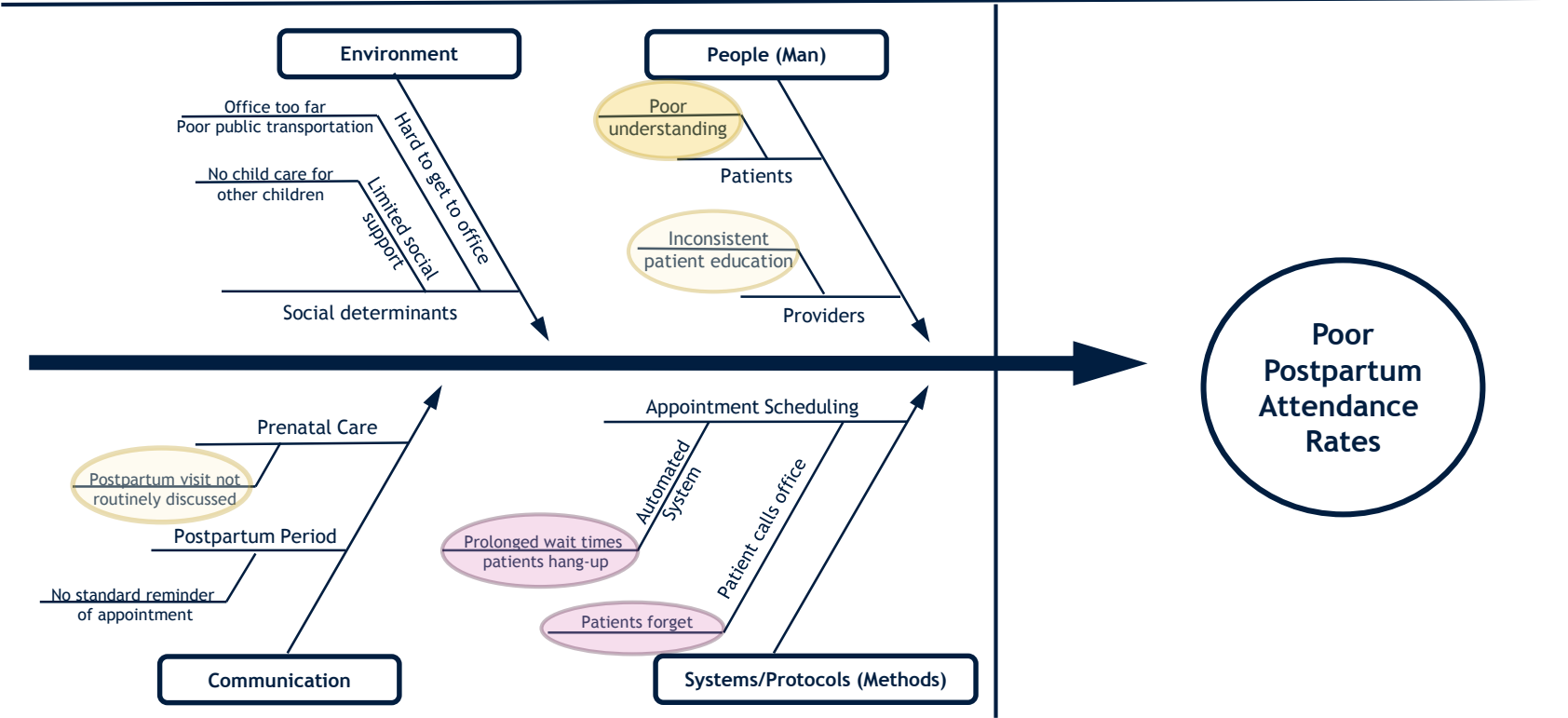
Effect



FISHBONE ANALYSIS

Cause

Effect



FISHBONE ANALYSIS

Project Design

Project Design

- Goals of the project
 - Interactive process
 - Increase patient education
 - In-person direct patient scheduling in hospital prior to discharge
 - Minimize impact on existing workflows

Operation of Project

- Outpatient nursing consisted of 6 staff members
 - Would alternate by day of week
- Epic patient list of delivered patients was created for nurse utilization
- Round on day of discharge patients between 10am-12pm, providing education and schedule postpartum visit and offer a short interval tele-visit

SAVE YOUR LIFE: Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS you should call 911 if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I gave birth on _____ and I am having _____"

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem.
- Seizures may mean you have a condition called eclampsia.
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression.
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage.
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection.
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot.
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection.
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post-birth preeclampsia.

GET HELP My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____

AWHONN
ADVANCING THE HEALTH OF WOMEN AND NEWBORNS

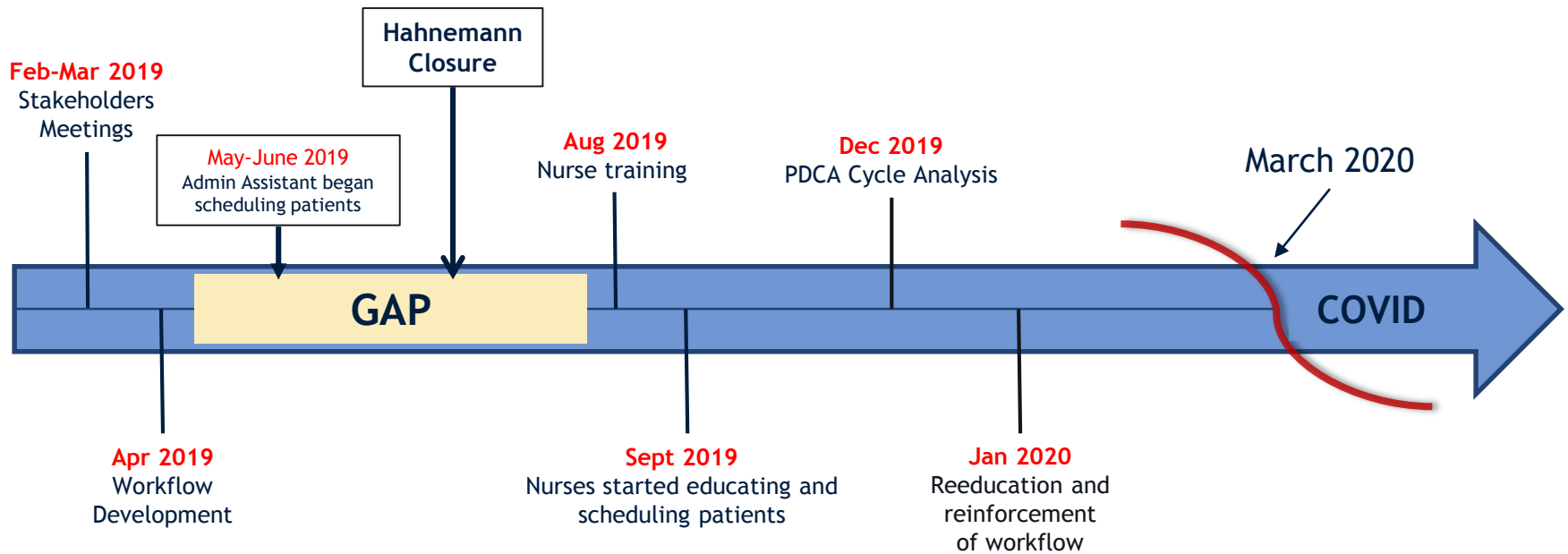
This program is supported by funding from Merck, through Merck for Mothers, the company's \$100 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as M4M for Mothers outside the United States and Canada.

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Sustainability Plan

- Plan-Do-Check-Act (PDCA) Cycles
- Organizational Reporting
 - Short Term
 - Immediate pre and post comparison at 1, 2 and 3 months
 - Long Term
 - Departmental quarterly updates

Project Timeline



Data Analysis

Data Analysis

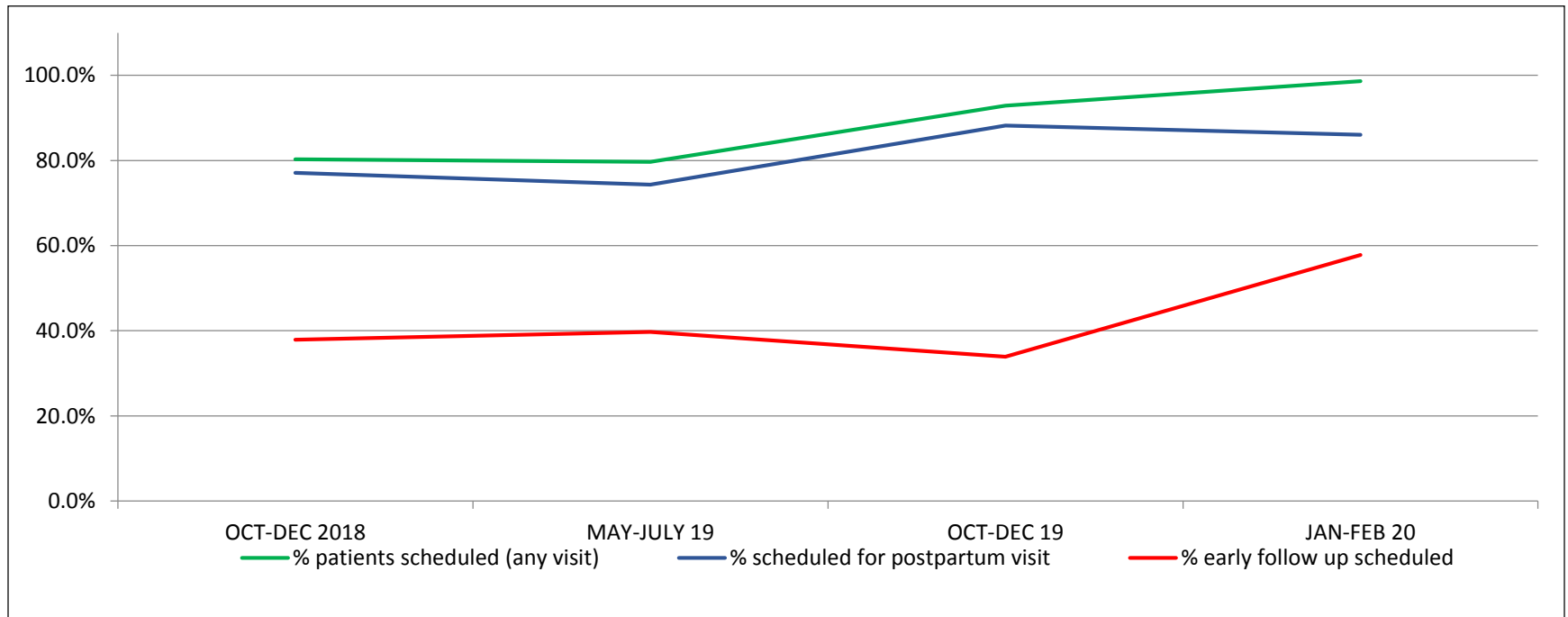
- Inclusion Criteria
 - Numerator: all patients who had a delivery at TJUH and presented for a visit during their postpartum period
 - Denominator: all patients who had a delivery at TJUH
- Exclusion Criteria
 - Patients who received prenatal care at an outside institution
 - Patients who delivered a non-viable fetus

Data Table

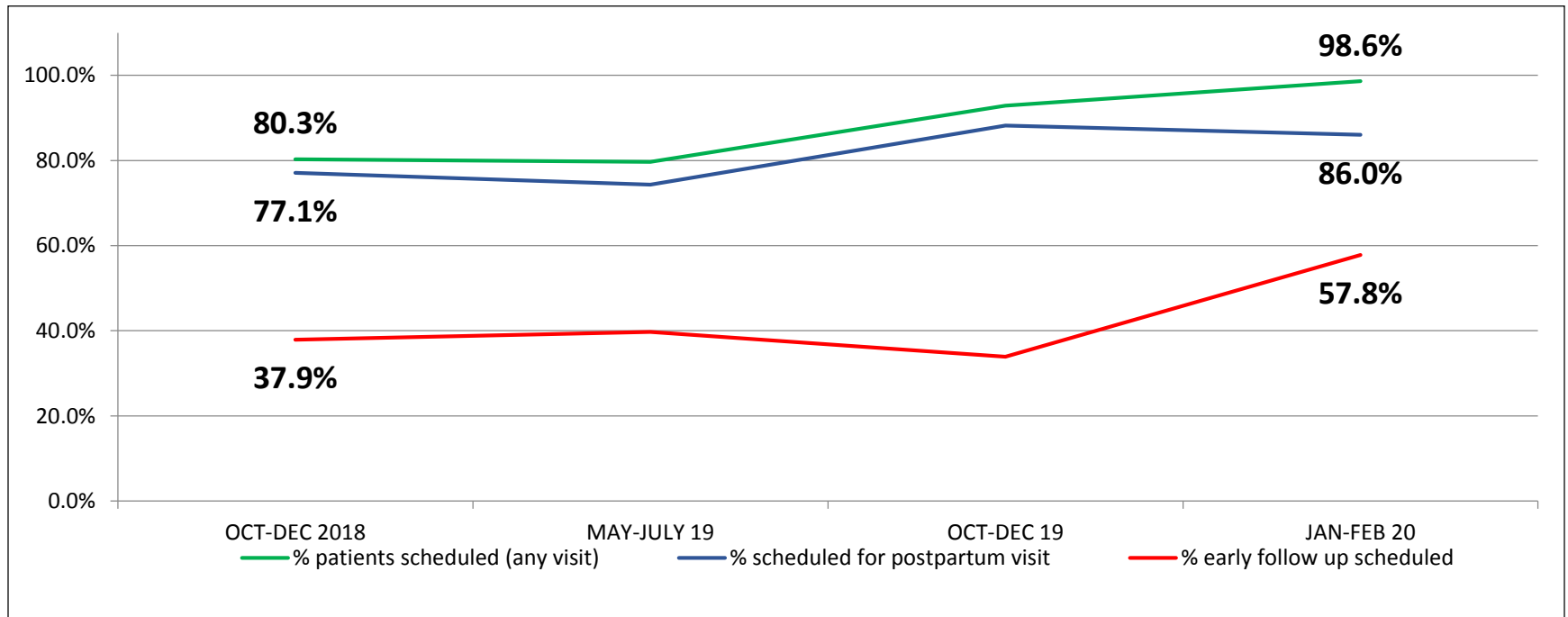
	OCT-DEC 2018	MAY-JULY 19	OCT-DEC 19	JAN-FEB 20
TOTAL DELIVERIES	472	581	534	358
Patients scheduled	379	463	496	353
% patients scheduled (any visit)	80.3%	79.7%	92.9%	98.6%
Scheduled Early Follow-up	179	231	181	207
% early follow up scheduled	37.9%	39.8%	33.9%	57.8%
Arrived early follow up	96	140	118	142
arrived/scheduled	53.6%	60.6%	65.2%	68.6%
% arrived early follow up/deliveries	20.3%	24.1%	22.1%	39.7%
Scheduled Postpartum Appt	364	432	471	308
% Scheduled for Postpartum Visit	77.1%	74.4%	88.2%	86.0%
Arrived Postpartum Visit	302	330	376	213
% arrived PPV	64.0%	56.8%	70.4%	59.5%
Scheduled Early Follow-up & PPV	152	198	138	165
% arrived early follow up & PPV	53.3%	53.5%	62.3%	52.1%
Arrived both early f/u and postpartum visit	81	106	86	86

Statistical Analysis

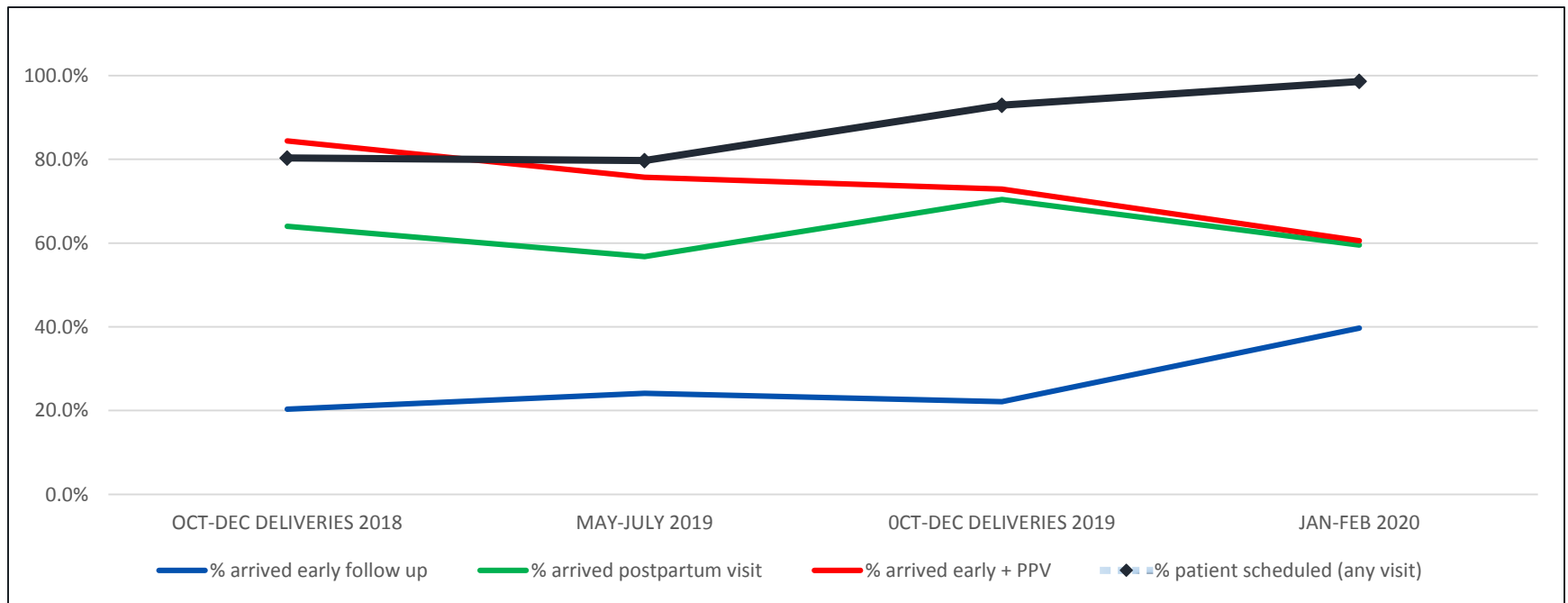
Patient Scheduling



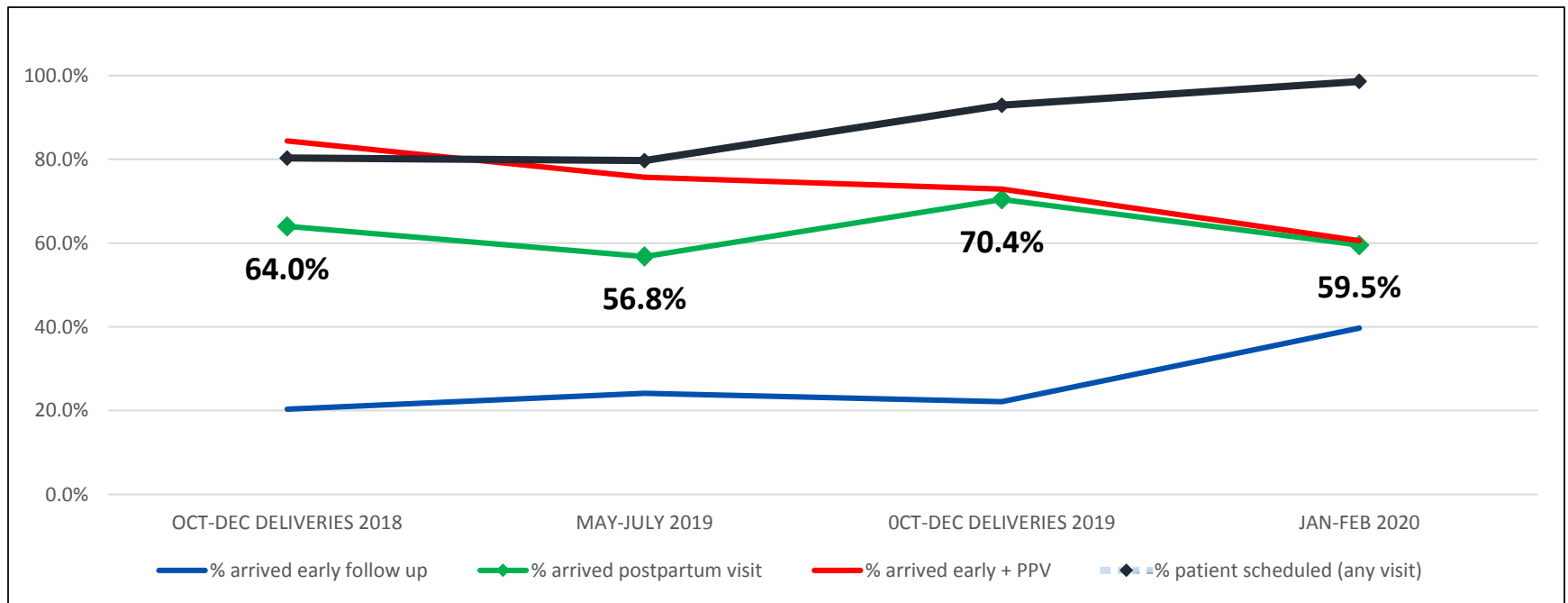
Patient Scheduling



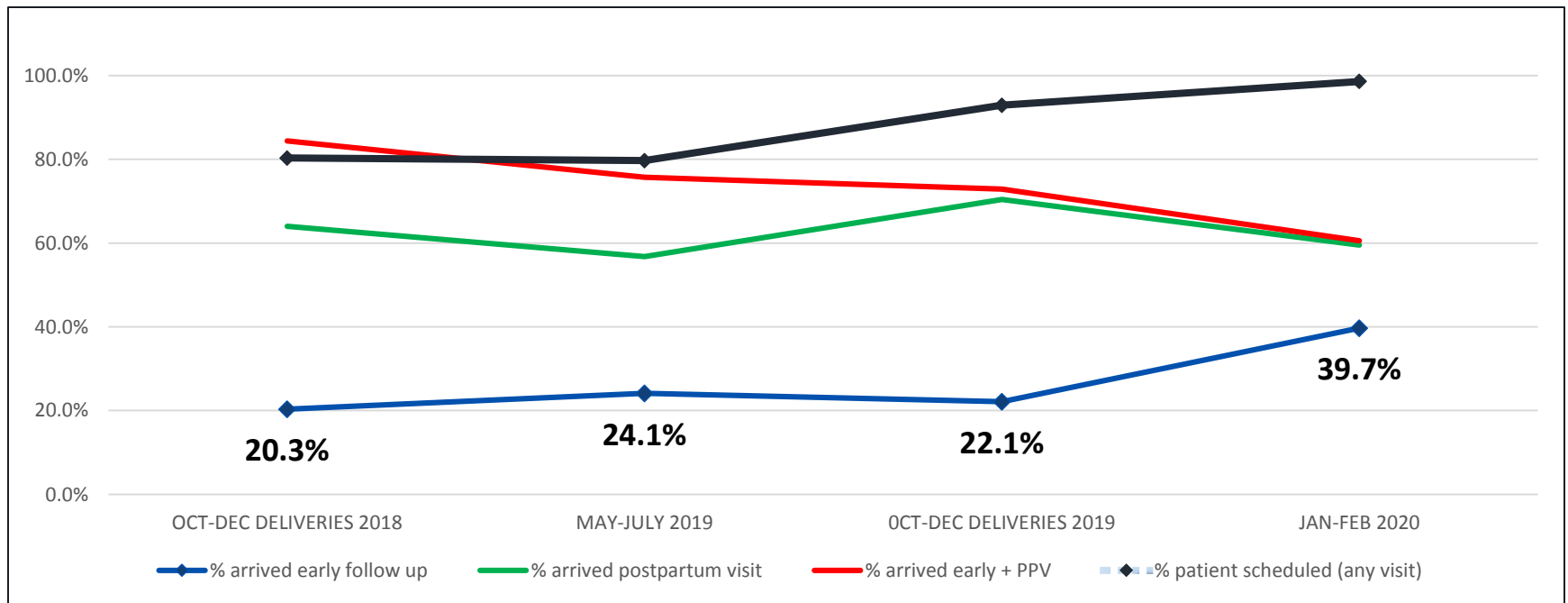
Appointment Arrival



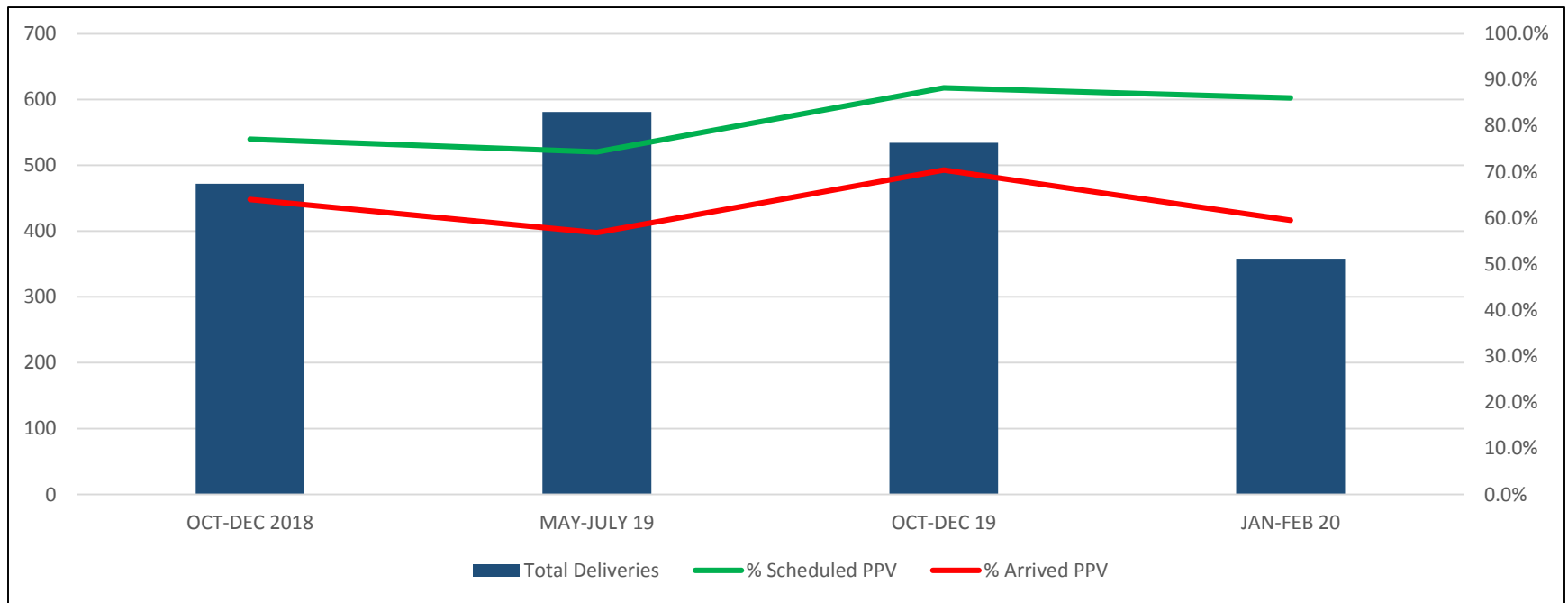
Appointment Arrival



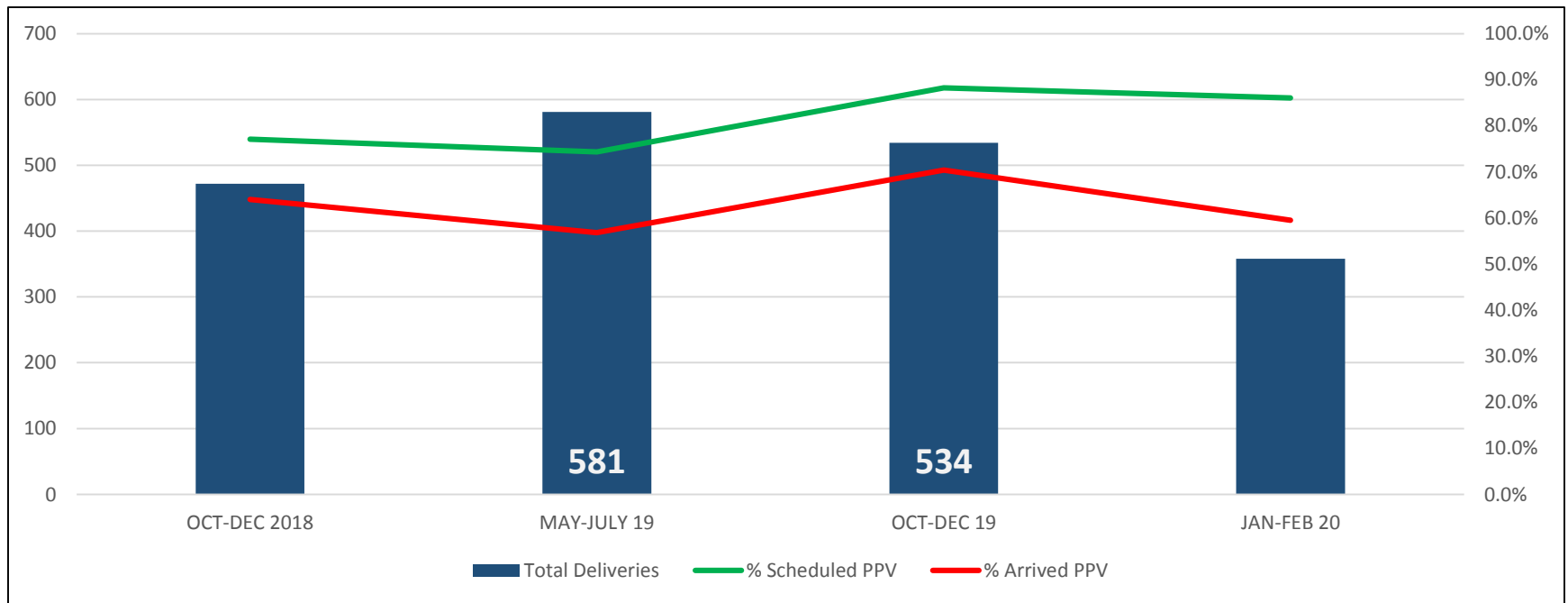
Appointment Arrival



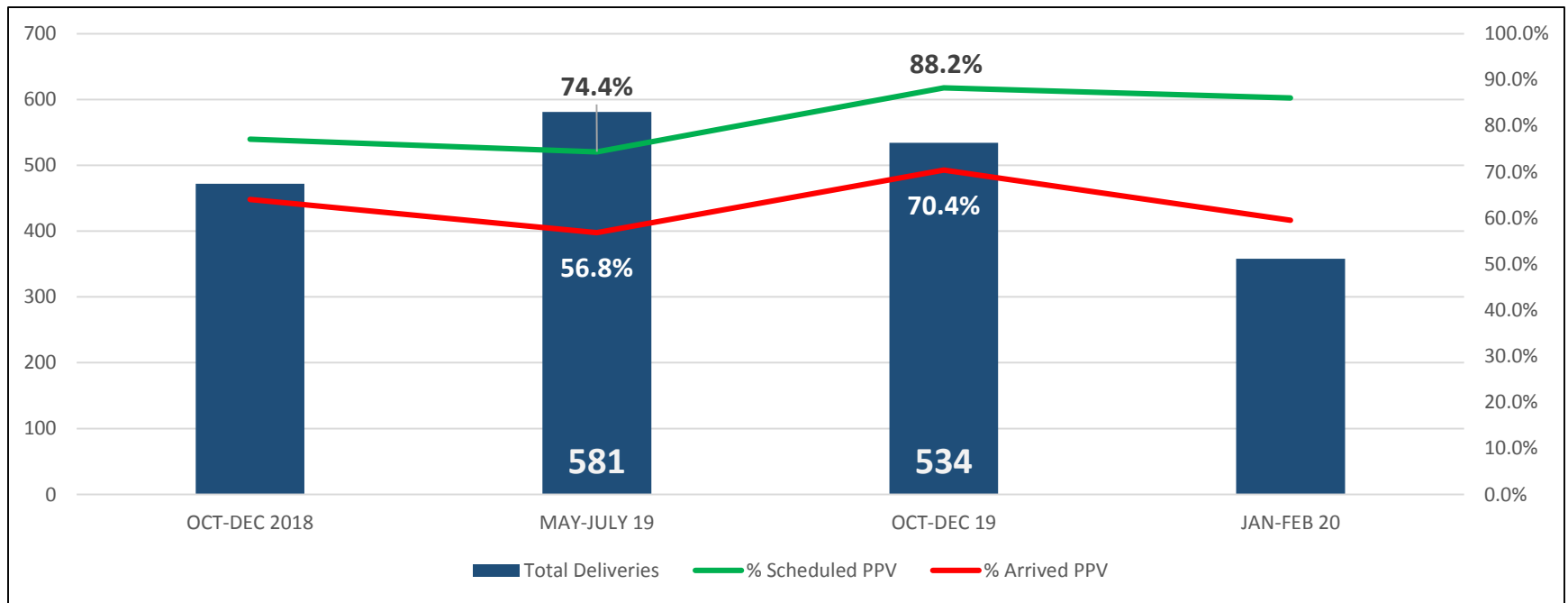
Appointment Arrival



Appointment Arrival



Appointment Arrival



Conclusions

- Benefits of scheduling more patients
- Impact of early appointment
- Impact of Covid-19

Improvement and Sustainability Plan

Improvements

- Clear and statistically significant increase in scheduling patients for a visit during the postpartum period
- Some initial improvements in the arrival of patients scheduled
- Secondary benefits to workflows in the outpatient setting

Sustainability

- Will continue tracking performance metrics
 - Percentage patients scheduled
 - Arrival rates
- Periodic PDCA cycle analysis
 - Identify other interventions
 - Improve performance
 - Better utilize resources

Q & A

Healthcare Quality and Safety

Healthcare Quality and Safety (HQS) is the study and prevention of adverse events, suboptimal care, ineffective treatments, inefficient processes and unnecessary clinical variation in health systems.

Khalid Azzam, MBBS, MS-HQSM

Physician-in-Chief, Hamilton Health Sciences

Professor of Medicine

Associate Dean for Continuing Professional Development

McMaster University



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Questions?

JCPH Admissions

April.Smith@jefferson.edu

Population Health Academy

Melissa.Horowitz@jefferson.edu

Spread the Science, NOT the Virus Series

Vivian.Castillo@jefferson.edu

PopTalk Series

PHLS@jefferson.edu

Partnership Opportunities

Alexis.Skoufalos@jefferson.edu and Vivian.Castillo@jefferson.edu

Thank You!