



NH AIM/ERASE Monthly Webinar

November 14, 2024
Welcome!

- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Julie Bosak & Maggie Coleman will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email Margaret.A.Coleman@hitchcock.org

11/14/2024

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**To Receive CME/CNE Credit for
Today's Session**

Text: 833-884-3375

Enter Activity Code: 143627

Need help?

clpd.support@hitchcock.org

CE is ONLY available for live attendance.



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REMINDERS:

Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ www.NNEPQIN.org: [Educational Offerings](#) | [NNEPQIN](#)

We HIGHLY value your input. Please be sure to **complete the evaluation** that Maggie Coleman will send to you immediately following the webinar. It takes less than 5 minutes to complete.

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A multidisciplinary team approach to more effective discharge planning.

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Today's Agenda

- AIM Bundle Updates: Maggie Coleman and Maddie Bridge
- A multidisciplinary team approach to more effective discharge planning.
 - Anne Frechette MSN, RNC-MNN, ANLC-P
 - Melissa Devine MSN, RN, CNL
 - Jamye Cutter BSN, RN
 - Chandler Wallisch MSN, RN
 - Audrey Redmond, MS, CMHC
- Q&A
- Announcements
- Please note: Today's speakers have nothing to disclose.

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Gender Statement: We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

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Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM



Created from a Centers for Disease Control, Division of Reproductive Health source



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Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM



Support implementation of perinatal peer support liaison roles across state to increase postpartum engagement and navigation of services

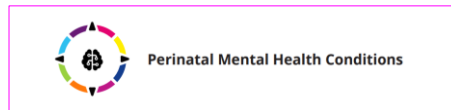


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AIM Bundle Updates



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Rebecca Casey – Case Consultation and Education Opportunities for all AIM Participants

- Rebecca Casey MSN, APRN, is a psychiatric nurse practitioner at DHMC
- **Becca is offering weekly open office hours on Mondays (starting 10/14) from 12:45-1:45pm virtually.** You can bring specific case management questions (no PHI), typical challenges, or come hear what other sites are encountering.
- **Becca is also able to hold tailored lunch and learn, education, and discussion sessions for your team.** Some example topics include postpartum depression, psychosis, and medication management, “What do I do when Zoloft fails?”

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you would be interested in scheduling a tailored learning session or if you would like the recurring open office hours Webex calendar invite!

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“Toxic” Film Screening for Respectful and Equitable Care Education Measure

- “Toxic” is a short film (~25 minutes) about a day-in-the-life of a pregnant Black woman, and the racism and injustices that she faces.
- We can provide film screenings for your team with a facilitated group discussion (CEUs should be available)
- Click [HERE](#) for the film website and trailer
- “The facilitated discussion after the film was enlightening and respectful.” – Recent participant

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you are interested in scheduling a session for your group.

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Future Webinar Planning

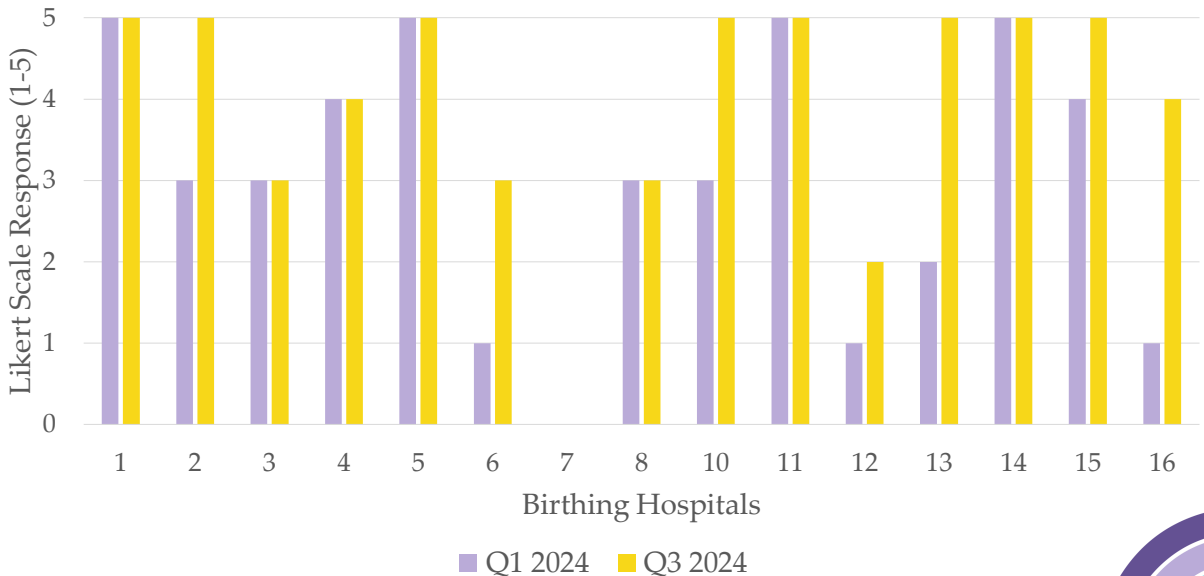
- Please take our [Education needs survey](#) to help us plan our 2025 webinars (please share widely with your unit, providers, staff, etc.)

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Inpatient-Outpatient Care Coordination Workgroup (Q1 2024 vs Q3 2024)



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Status of NH Coalitions

Formed: Coalition has had at least one meeting

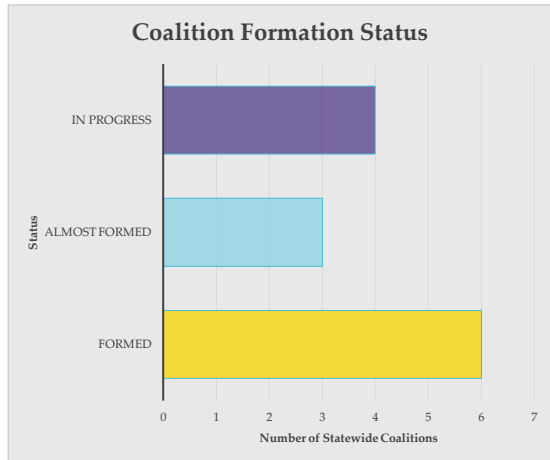
- Claremont, Littleton, Manchester, Plymouth, Monadnock, Lebanon

Almost Formed: Has some partners, maybe pursuing champions and first meeting date.

- Concord/Lakes, Exeter, Nashua

In Progress: Seeking partners to form coalition

- Cheshire, Dover, Conway, Portsmouth



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Anne Frechette MSN,
RNC-MNN, ANLC-P
The Elliot Hospital

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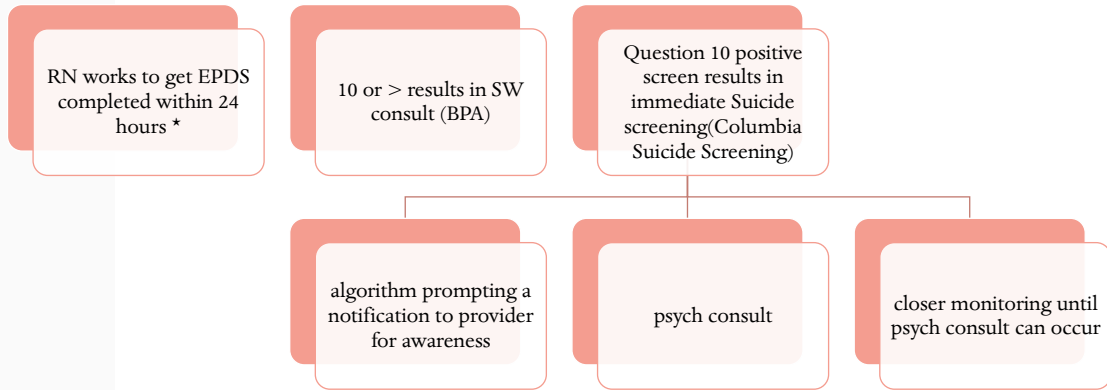
Pulling it all Together...Admission- Discharge at the Elliot

Successful
Discharge Starts
at Admission to
L&D

SDOH Screening upon
admission to L&D

Crib & Car seat
assessment

Maternity Unit Workflow



Partnering with Social Work

- Positive screen on L&D for SDOH or crib/carseat results in SW Consult
- EPDS 10 or greater = SW Consult (BPA)
- Any other concern SW consult can be ordered
- Attends DC rounds daily (Mon-Fri)
 - Supports VNA coordination
 - Invite to MOM Grant program for patients with known SUD
 - Follows up on patients w/positive tox screen r/t mandatory reporting, and assessment for referrals

Focus on Reinforcing Safety at Discharge

AWHONN Post BIRTH Warning Signs Magnet


Sleep Sack

Naloxone First Aid Kit w/brochure


Navigating challenges

Barrier


Counter Measures

 SDOH Screening

- SW will do a follow up assessment for a positive screen

 EPDS not completed till day of discharge

- Communicate to staff goal by 24 hours post delivery to assure timely assessment/support & admission if needed

 Stigma re: naloxone kits.

- Staff education, culture shifts, training, reviewing data, accountability

IMPACT FY 24

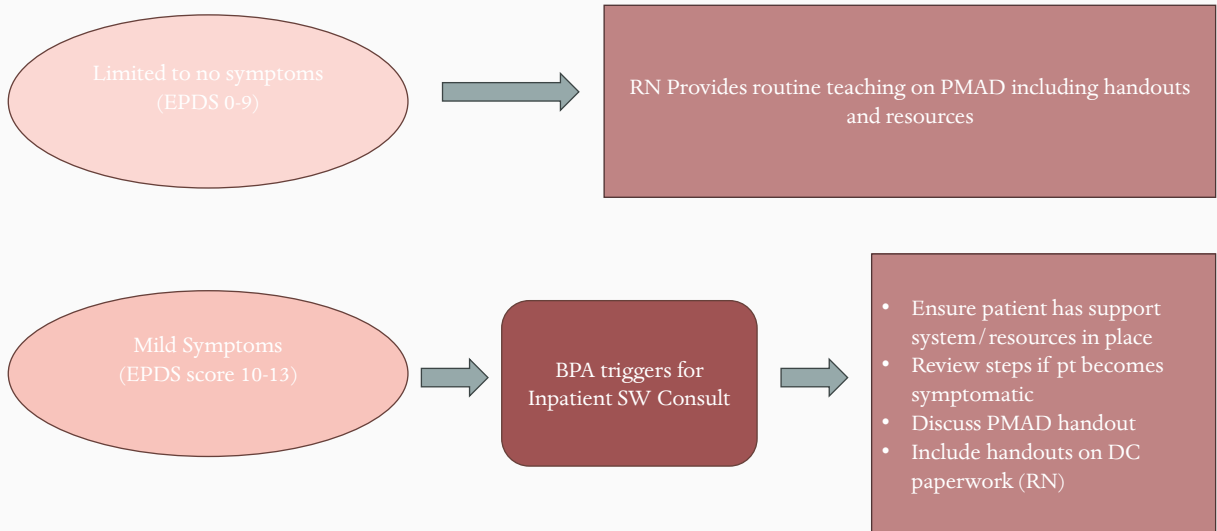
Symptoms & EPDS Scoring

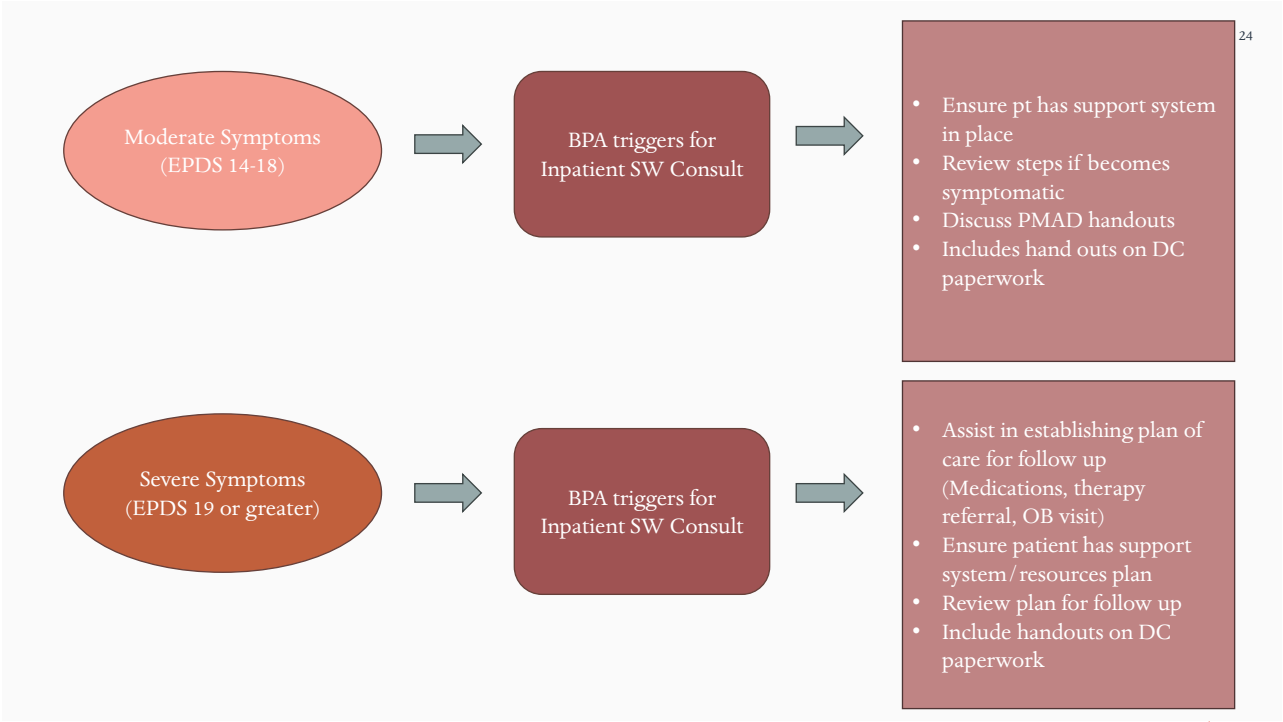
- Severe Symptoms (19 or greater)
- Moderate Symptoms (14-18)
- Mild Symptoms (10-13)
- Limited to no symptoms (0-9)

Number of patients

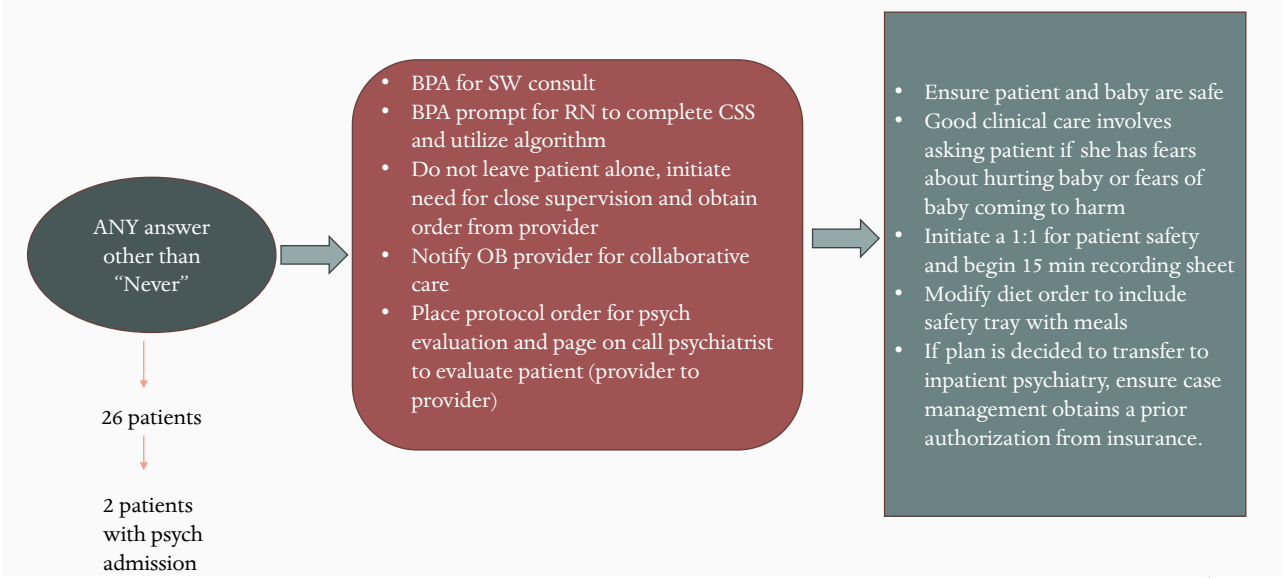
- 7 patients
- 36 patients
- 117 patients
- 2034 patients

EPDS Screening Expected Workflow





What About Question 10?



Opportunities to Improve

Continuous Improvement Mindset

AIM PMH Bundle Implementation

If answer is yes, consider bipolar screen if not already completed (working on this in prenatal offices)

Ongoing education to staff...stigma is real

Partner with health systems, and collaboratives (screen at all well child visits)

Pediatric ED and Unit screening opportunity/possibly NICU

Postpartum Emotional Support Program (target January 2025)



Questions





Melissa Devine MSN, RN, CNL
 Jamye Cutter BSN, RN
 Chandler Wallisch MSN, RN
 Audrey Redmond, MS, CMHC
Concord Hospital



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Three Hospitals.
One System.

concordhospital.org

Discharge Planning: A Multidisciplinary Approach

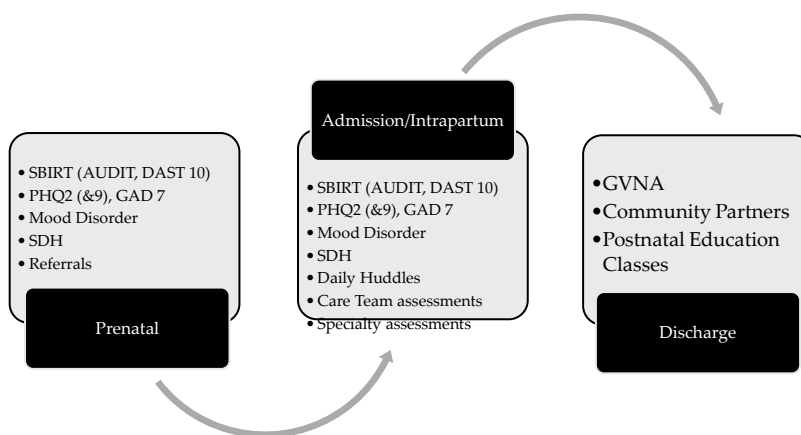


Objectives

Safe Discharge Planning Goal: To improve health outcomes for families by providing education and resource support as they transition home from an inpatient setting.

- Overview of discharge risk assessment
- Present unique roles/partnerships that help support patients
 - Granite VNA Partnership
 - Postpartum Emotional Support Coordinator
- Present educational resources used on the Family Place that help aid in safe discharge planning
- Present successes and barriers

Discharge Risk Assessments

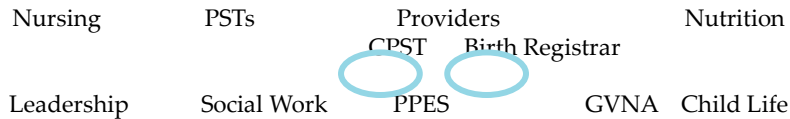




- An interactive application that patients and support people can download to their mobile device
- Gain access to timely information and support through pregnancy, postpartum and the newborn's first year of life

100%	100%	100%	100%	100%
are able to take better care of themselves	feel more confident to manage their care	feel better prepared for their appointments	feel more connected to their hospital	are able to take better care of their child

Daily Discharge Rounds



Room No.	Current Status	Notes	APPT STATUS	APPT TIME	APPT DATE	APPT TYPE
401	38	387	0			
402	39	305	0			
403						
404						
405	38	2245	0			
406	40					
407	38	3140	1			
408						
409	38	320	0			
410						
411						
412						
413	59	240	1			
414	295	340	0			
415						
416	37	3272	0			
417						
418	11	370				
419						



Wrap-Around Services: Granite VNA

Baby's First Homecoming

- Approximately ~1000 visits in a fiscal year
- 1-2 days post discharge
- BHC vs. SVNA
 - Approx. 15% of BHC transition to SVNA



BABY'S FIRST HOMECOMING PROGRAM

BABY'S FIRST HOMECOMING PROGRAM VISIT: YES No Town: _____

Name of Agency if not Granite VNA: _____

CARE GIVER INFORMATION:
 Name: _____ DOB: _____ Phone #: _____
 Address: _____ Phone #: _____
 Partner Name: _____

MATERNAL INFORMATION:
 Gestation at Delivery: _____ w _____ d _____ G P _____ Blood Type: _____
 Delivering Provider: _____ NEVD / VAVD / VBAC / C-SECTION
 GBS: + / - Treated: Y / N Tear / laceration: _____ EN: _____
 Discharge Date: _____

MATERNAL CONCERNS:

NEWBORN INFORMATION:
 Name: _____ Date/Time of Birth: _____ male / female
 Physician: _____ Phone #: _____ Physician Appr: _____
 Gestational Age: _____ Appr: _____
 Birth Wgt: _____ Discharge Wgt: _____ % wgt loss: _____
 Breastfeeding Bottlefeeding Donor Milk
 Feeding Plan: _____

T/C: @ hrs Hearing Screening: Left Ear Pass Refer
 T/C: @ hrs Right Ear Pass Refer
 Coombs: _____ if referred, name of facility: _____

NEWBORN CONCERNS:

RN Signature: _____ Date/Time: _____
 RN Printed Name: _____
 Care Giver's Signature: _____ Date/Time: _____
 Care Giver's Printed Name: _____

Wrap-Around Services: Postpartum Emotional Support

Clinical Mental Health Counseling services provided for free through the first year postpartum



Minimal Inpatient – birth trauma, medical transfer, IUFD, special care nursery/pediatric stay

Largely Outpatient

- 454 appointments last year
- Postpartum Anxiety, Postpartum Depression, Baby Blues, grief work
- Community benefit
- Traditional individual counseling – no group work
- In-person/phone
- Range in length of services
- Mostly moms, some dads, handful of grandparents
- Referrals:
 - Sources - OB-GYNs, nurses, patients, PCPs, partners/family members, therapists
 - Typical week: 5-10 referrals
 - More often first-time moms

Resources: Postpartum Wellbeing Plan



Your Postpartum Wellbeing Plan

Sleep
It is often very hard to get continuous rest or sleep when you have a new baby. New babies are not supposed to sleep through the night. It is normal for them to sleep in 2-3 hour stretches. This will change as baby grows. Sleep is important for your health. Try these things to help you get the sleep you need.

- Sleeping habits will look different when you bring your baby home.
- You may need to work as a team with your partner to care for the baby.
- You may need to sleep in 2-3 hour blocks at a time, staying together to get you the 7-8 hours you need.
- During that time, don't do anything except try to sleep. If you need to get up for feeding, do it, change the baby's diaper, and then go back to sleep. Don't play with or stimulate the baby. Your baby will cry, or you may need light touch. Evidence suggests that watching TV, listening to music, and checking your phone interrupts quality of sleep to avoid electronics.
- Create a healthy sleep environment—dark, quiet, comfortable, without distractions.
- In addition to the night sleep time, rest or nap when the baby is sleeping during the day. Try not to use that time for house chores or any work.

- Eat Well**
- Eat and drink when the baby does, keep healthy snacks and water near where you are feeding the baby.
 - Prepack single-serve portions in baggies for easy eating.
 - Drink water as you need it, have it easily available.

- Move and Get Outside**
- Try to get outside every day.
 - Start easy and slowly increase activity. Walk, light housework or gardening, quick trip to the store or errands, or library. Even take an extended trip to the bathroom for a long shower or bath.

- Connect**
- Stay connected to supportive family and friends by phone, email and text.
 - Encourage short visits and be very clear about "winding hours".
 - Visitors should wear a personal hand sanitizer, avoid the bathroom, hold laundry, or hold the baby to you can enjoy it.
 - Ask for and accept help!



RESOURCES

INFORMATION ABOUT PREGNANCY AND POSTPARTUM



Maternal and Child Health

Child Health

GETTING GOOD SLEEP



Maternal and Child Health

Child Health

NEWBORN CARE BOOKLET



Maternal and Child Health

Child Health

AGY STAGE DEVELOPMENT



Maternal and Child Health

Child Health

AGY STAGE DEVELOPMENT



Maternal and Child Health

Child Health

NUTRITION FOR NEW BORN



Maternal and Child Health

Child Health

AGY STAGE DEVELOPMENT



Maternal and Child Health

Child Health

Edinburgh Postnatal Depression Scale

Have you completed a screening about any feelings?
If so, when?

Thoughts and Feelings

How have your mood emotions about your pregnancy and your baby. This is completely normal. Here are some common signs that you should talk through with your provider:

- Sadness
- Feeling overwhelmed
- Being irritable, angry, more often, or burst of anger
- Lack of concentration
- Change appetite
- Racing thoughts
- Feeling more anxious
- Problems sleeping or extreme energy
- Lack of interest in usual things
- Feelings of guilt, regret or like you are failing as a mother
- Worrying about bonding with your baby
- Many women can also have:
 - Intrusive thoughts
 - Suicidal thoughts
 - Stress, thoughts and obsessions
 - Lack of feeling for the baby

Get Help

If it is NOT an emergency, but you need additional support:

- Provider's office
- Emotional Support Counselor on The Family Place, Audrey Robinson (603)227-7000, ext. 4167
- Gestate Building Nurse Coordinator, Janice Gatten, (603)439-9826
- Local counseling service
- Postpartum Support International: www.postpartum.net or (800)688-4773

If it IS an emergency and you are afraid that you will hurt yourself or your baby:

- Call 911
- NH Crisis Response: 988 or (603)751-6477
- The National Maternal Mental Health Hotline: (800)962-4362

Read your Post-Birth Winding Signs page!

MENTAL: Home and Healing
Exhausted and Overwhelmed
Anxious Every Day
Lack of Interest in Usual Things
Thoughts that Feel Intrusive
Hurting Yourself or Others

PLAN AHEAD

My favorite place to visit are _____

Healthy, easy foods I like to eat are _____

Activities that I enjoy with other people and could do with a small baby _____

What are three things that have gone well with?

1. _____

2. _____

3. _____

My early signs that I am feeling bad, depressed, or too anxious _____

Support is available every step of the way.

Resources



Newborn Care Booklet



Discharge Information



My Postpartum Wellbeing Plan

Success and Opportunities

Successes

- FREE Lactation Return Visits
- FREE PPES Appointments
- GVNA Partnership
- Staff Engagement
- Organizational Support

Opportunities

- Limited timing for PPES
- Variation in practice
 - Provider
 - Discharge RN
- Digitalizing ALL resources



Next Month:

- The next NH AIM/ERASE Monthly Webinar will be Thursday December 12, 2024 at noon.
- **The importance of improving our birth certificate data collection.**

Important Links

- Becca Casey Monday Open Office Hours (12:45-1:45pm) Webex Link [HERE](#)
- 2025 Webinar Planning Survey [HERE](#)
 - Please share widely with your team. We want to hear from you about what you want to learn about next year!

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Announcements

- NNEPQIN Fall Conference – November 21-22, 2024

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