Housekeeping

• All lines are muted.
• Raise your hand to speak.
• Use "Questions" to make comments or ask questions.
Our Team

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https://www.hqinstitute.org/post/perinatal-mental-health-learning-community
Timeline - Perinatal Mental Health Learning Community

Education and Technical Assistance (Feb ’20 - Dec ‘21)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov ‘20)

Training Tools and Resources (Apr ‘20 – Dec ‘21)
- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed
Case Studies Available

Hospital Quality Institute
AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.
Today’s Webinar Objective

Review hospital approaches to educating staff and patients/families about mental health issues in the perinatal period.

- Mercy Medical Center Redding
- Cedars Sinai Medical Center
**Level 1:** Deployment of training – online or other

**Level 2:** Documented policies and procedures regarding patient and provider education, including a list of referral resources

**Level 3:** Implementation of comprehensive education, screening and referral program for maternal mental health disorders, including data collection
Agenda

Mercy Medical Center Redding

Tomi Gibb, BSN, RNC-OB, IBCLC, perinatal safety specialist, Mercy Medical Center Redding

Barbara Sheehy, MS System Director, Perinatal Behavioral Health CommonSpirit Health

Cedars Sinai Medical Center

Eynav Accortt, PhD - Clinical Psychologist Director, Reproductive Psychology Program Department of Obstetrics and Gynecology Cedars-Sinai, Los Angeles
Staff Training and Patient Education at Dignity Health & Mercy Medical Center Redding

Tomi Gibb, BSN, RNC, IBCLC
Barbara Sheehy, MS
System-wide Staff and Provider Education

- 2016 - Perinatal Safety Summit, attended by 250 Dignity Health staff & providers, Maternal Mental Health Project announced, and Mary Jo Codey, PPD survivor, presents

- 2017 - PMAD screening program piloted at 7 hospitals, toolkit developed, followed by system-wide implementation

- One-hour electronic PMAD educational module created; completed by 2600 plus staff
System-wide Staff and Provider Education

- 1 ½ day in-person PMAD CEU event and 2 hour CME dinner event offered in 10 hospital communities across CA, AZ & NV

- 1,050 attendees - 4,974 training hours

- Enhanced PMAD awareness, motivation, and knowledge – opportunity for community networking
Measuring Results – Staff & Provider Survey

• How certain are you that you are able to successfully **identify the signs and symptoms** of Perinatal Mood and Anxiety Disorders (PMADs), including Postpartum Depression?
• How certain are you that you are able to successfully **describe the prevalence and potential harmful effects** of PMADs to mother, child and family?
• How certain are you that you are able to successfully **state the recommended screening schedule** for PMADs?
• How certain are you that you are able to successfully **screen women** for PMADs?
• How certain are you that you are able to successfully **show empathy and know appropriate words to use**, including the Universal Message, to support women who screen positive for PMADs?
• How certain are you that you **have the knowledge to provide appropriate follow-up and referral guidelines** for women who screen positive for PMADs?
• How certain are you that you are **knowledgeable about PMADs community resources**?
• Have you completed the Perinatal Mood and Anxiety Disorders My Journey **education module**?
• Have you attended **in-person** Perinatal Mood and Anxiety Disorders **training**?
• As a result of participating in the PMADs Inpatient Screening Program and/or Training what **changes have you made in your clinical practice**?
• What **barriers** have you experienced?
### Increasing Awareness through Education

<table>
<thead>
<tr>
<th>Education for Staff and Providers</th>
<th># participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online programs completed (1 hour)</td>
<td>2597</td>
</tr>
<tr>
<td>In-person programs completed (1-2 days)</td>
<td>997</td>
</tr>
</tbody>
</table>

**Confidence in Identifying Signs and Symptoms**

- **Pre-Implementation**
  - Nurses (n=476)
  - Nurses, All (n=549)

- **Post-Implementation**
  - Completed Online Education (n=472)
  - Completed Online & In-Person (n=120)

*Answered "Certain" or "Very Certain"*
PMAD Toolkit

- Online education module for staff
- Patient education brochures in multiple languages
- Edinburgh Postnatal Depression Scale (EPDS) in multiple languages
- Collaborative care algorithm for women who screen “at risk” or “positive”
- Electronic health record enhancements for EPDS documentation, assessments and summary report
- Community resource list for each hospital
- PMAD awareness posters (English and Spanish)
Mercy Redding’s Response to Initiative

- Initially – “another initiative, another screening tool, more meetings...let’s just get the task done, and hand-off to social service”

- Then providers and staff share experiences related to PMAD

- Recognition that community mental health need is great, and clinicians want to know how to help
Clinical in rural communities are starved for high-quality, in-person continuing education.

Educational events are well attended and appreciated.

Requires significant outreach and engagement.
North State Healthy Moms

✔ Mercy Redding hosts three Dignity Health hospitals, along with invited community partners, for monthly maternal mental health collaborative meetings

✔ Foundation funding sought and received to support additional staff and provider education, resource list development, and new services in the community

✔ More Maternal Mental Health champions!
Mercy Redding’s Patient Education

- Each patient educated to the EPDS survey on admission; discharge education also provided

![Edinburgh Postnatal Depression Scale](image)

- Social service consults for all at-risk patients

- Outpatient resource list provided

- Telehealth handouts in discharge packets
Mercy Redding’s Lessons Learned

- Collaboration with multidisciplinary partners; close communication gaps with community resources
- Continuous follow-up is required to avoid practice drift; review data monthly and identify areas of opportunity for improvement
- A facility appropriate execution strategy must be implemented.
Thank you!

Tomi Gibb/Tomi.Gibb@DignityHealth.org
Barbara Sheehy/Barbara.Sheehy@DignityHealth.org
Maternal Mental Health: Depression Screening, Education & Referral

Hospital Quality Institute
June 18th, 2020

Eynav Accortt, PhD - Clinical Psychologist
Director, Reproductive Psychology Program
Department of Obstetrics and Gynecology
Cedars-Sinai, Los Angeles, California
PPD/PMAD Education and Referral

• Screening alone is not sufficient
• Screening needs to be at the right time by trained staff
• Any screening program requires:
  1. Patient Education
  2. Referrals
  3. Treatment
• Women and support persons should be educated on the differences between baby blues and PPD, warning signs
Depression Screening at Cedars-Sinai

• Depression screening with PHQ-2 on admission hospital-wide starting April 2014

• Very low rates of screening with PHQ-2 for OB patients
  • Only 10% screened in L&D (triage not the best time)
  • Only 0.04% screened positive for depression risk

  No formal nurse training – are nurses comfortable screening for PPD?

• No standardized patient education or referrals for patients

• Led to CHANGE in April 2017 to New PPD Screening, Education and Referral Program
PPD Screening, Education and Referral Program

• In April 2015 a Working Group from OBGYN, Nursing, Psychiatry and Social Work met regularly for 2 years
• Prepared Protocol and Flowsheet (figure on right)
• Designed training for nurses specific to maternal mental health with community partner Maternal Mental Health NOW
• January 2017 – 8 hour Maternal Mental Health Training for 20 Nurse Champions
January 2017 Nurse Champion Training Results

- Gathered QI data from 20 nurses before and after the full day-training
- Before and after training by Maternal Mental Health Now in January 2017, the 20 nurse champions were asked: **How comfortable are you screening patients for maternal depression and anxiety?**

  **BEFORE:**

  - Very comfortable (teal): 10%
  - Somewhat comfortable (coral): 45%
  - Not comfortable (lime): 35%
  - Not applicable to my job /role (gold): 10%

  **AFTER:**

  - Very comfortable (teal): 17%
  - Somewhat comfortable (coral): 83%

**CONCLUSION:** Maternal Mental Health NOW provided excellent 8 hour training that resulted in increase comfort to ask these questions! **Screening can begin!**

Results presented at PAC/LAC in April 2017
Quality Improvement Project

OBJECTIVE: To improve postpartum depression screening rates and “accuracy” for all patients in Postpartum Unit through nurse training and patient education (we have used the “Speak Up When You are Down” brochure since 2017)

QUESTIONS:

1. What is the new screening rate for Postpartum Unit and does nurse training improve rate?
2. Are the screen positive rates “accurate”
L&D/Postpartum Unit Screening Rate

Intervention = Move from L&D to PPU

Screen Positive Rate is STILL low = 0.4%

Intervention = Nurse Training

Screen Positive Rate is better but LOW 0.1%

L&D Screen Positive Rate 0.04%

Results presented at March of Dimes in 2018
PPD Quality Improvement Project Results – YEAR 2

• What we learned from Year 1 – Screening rate is great (98%) but we need more nurse training because our accuracy is low (0.4%)
  • 100s of nurses, turnover, travelers, night nurses

SOLUTION = 10 minute Training Video

• We created this video with feedback from the nursing staff to address barriers:
  • How to politely ask family to leave so we can screen/talk to women alone?
  • What if patient seems uncomfortable to be honest or outright asks if we will call child protective services?
  • What do we say/do if she screens positive?
Results from Video Training in the Postpartum Unit

Before video screening training began our screening rate was 98% with 0.8% screen positive & 1.7% SW consults.

After the FIRST week of Video training our screening rate went up to 99% with 2.9% screen positive & 3.7% SW consults.

At the completion of Video training our screening rate remained at 99% with 2.4% screen positive and 8.4% SW consults.

What do the social workers do with those 8.4% consults when women need follow up?

Results presented at PSI in 2019
Lessons Learned

• It takes commitment and buy-in from multiple departments for this program to work

• Moving screening to the PPU as compared to Triage/L&D improved screening rates from 10% to 66%!

• Training the Nursing staff in person effectively increased screening rates to 98-99%!

• Collecting and analyzing QI data allowed us to see that although we screened everyone – most (99.6%) were NOT screening positive

• Creating a nurse training video allowed us to overcome our main screening barriers

• After this video training our screen positive rate improved from 0.4% to almost 3%. Still low but screening isn’t the goal. Connecting high-risk women to care is the goal

• Our SW consult rate is now appropriate - 8.5% overall and as high as 13.6% (for those at highest risk)!
Mental Health Screening - Future Directions

• EDUCATE every woman who comes through our doors and CONNECT to CARE every woman who screens high!
• Add the EPDS-3 to assess for anxiety which is even more prevalent than depression
• Programing the PHQ-9 into our patient iPads for individual screening
• Continue our programmatic research on PMADs at Cedars and with our partners
• Providing in-house options for care:
  • Free monthly PMAD Support group = not enough.

New Reproductive Psychology Clinic...
Reproductive Psychology Program

Warm-handoffs and continuity of care within the hospital system provides the best results. Therefore we are now providing in-house options for care:

- One monthly PMAD Support group has turned into 3 groups starting in July!
  - PMAD therapy group (4 session series)
  - Infertility support group
  - Perinatal Grief and Loss support group
- Brief (3-10 sessions) CBT psychotherapy with a reproductive psychologist
- Medication management in consultation with a reproductive psychiatrist on staff
- A designated outpatient social worker who provides resources and serves as a navigator. She also calls every woman who screens positive (PHQ-9 >10) after delivery ~2-4 weeks postpartum to re-screen with the EPDS and follow up on resources provided at that time.
THANK YOU!

Siobhan Ford, LCSW, MFCU Social Worker
Caryn Lindsey, LCSW, Reproductive Psychology Program
Sinmi Bamgbose, MD, Reproductive Psychology Program
Sarah Smithson, DO, OBGYN Fellow
Adie Friedman, Research Informatics
James Mirocha, MS, Biostatistician
Mary Cirricione, RN, Nursing Executive Director
Sarah Kilpatrick, MD, PhD, Chair of OBGYN

Cedars-Sinai Prenatal Diagnostic Center, Postpartum Unit & Maternal Fetal Care Unit Nursing Staff

Questions?

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Coming Up

Group Office Hours: July 16, Noon - 1 p.m.

Registration now open on HQI website

Webinar: August 20, 12 – 1 p.m.
Webinar Evaluation

Polling questions:

1) Today’s webinar met my expectations and was a good use of my time (agree-disagree-unsure)

2) The presentations have increased my ability to advance perinatal mental health education (agree-disagree-unsure)

Open Text feedback – type into “Questions”:

What could have been done better or differently?