

NH AIM/ERASE Monthly Webinar  
March 14, 2024

## WELCOME!

- We will begin shortly
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
- Julie Bosak & Vicki Flanagan will monitor the chat box and call on you to unmute yourself
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**Karen.G.Lee@Hitchcock.org**



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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](http://www.NNEPQIN.org): [Educational Offerings](#) | [NNEPQIN](#)
- We HIGHLY value your input. Please be sure to **complete the evaluation** that Karen Lee sends to you immediately following the webinar. It takes less than 5 minutes to complete.



**What does patient centered mental  
health care really look like?**

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## Today's Agenda

### NH Perinatal Services Data

Maggie Coleman, MPH

### AIM PMHC bundle

Daisy J. Goodman, DNP

### Perinatal Quality Collaborative of North Carolina (PQCNC)

Mel Ramage, FNP-BC, CARN-AP, LCAS

AIM Perinatal Mental Health Condition Bundle next steps



NOTE: Today's speakers have nothing to disclose



## 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.



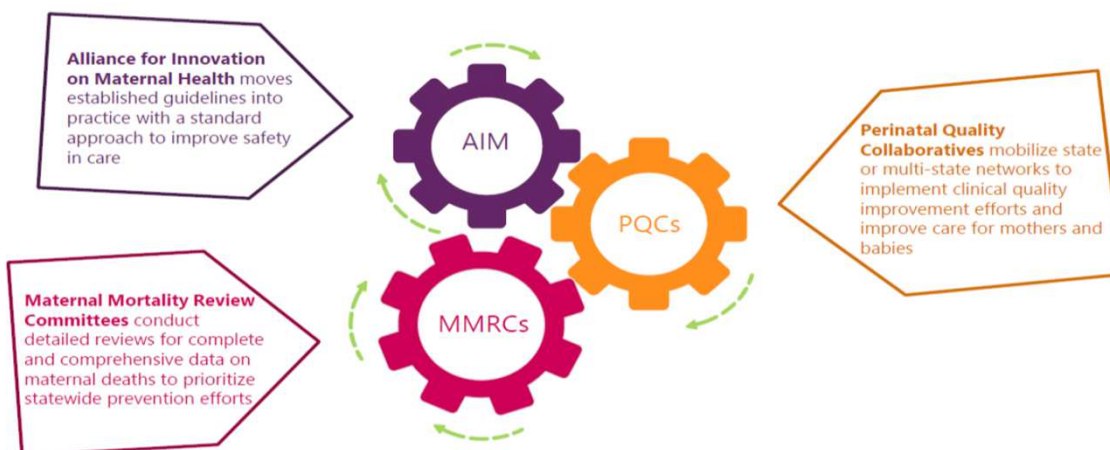
CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



<https://saferbirth.org/>

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

## Critical Collaborations: NNEPQIN, ERASE and AIM



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

**NNEPQIN**  
NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

**AIM**  
ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

**NH DIVISION OF  
Public Health Services**  
Improving health, preventing disease, reducing costs for all

# NH Perinatal WrapAround Services Snapshot

Maggie Coleman, MPH

Data source: NH



Does your hospital currently have **Doula Services** available for your pregnant patients?

**33% YES**

Hospital blind code	Y/N
1	yes
2	no
3	yes
4	no
5	no
6	no
7	yes
8	no
10	no
11	no
12	no
13	yes
14	no
15	yes
16	no

The majority of our patient population is on Medicaid. For this reason, doula services and their funding has been a barrier.

Volunteer doula service. We have had difficulty recruiting the past couple of years.

We would like to learn more about how to implement doula services.

I would like more information, especially on the Doula front, and wonder if the Doula could also serve as the community health worker and lactation support.

We have employed doulas. It is a fee for service. They work in 12 hour shifts.

While we do not have doulas on staff, we are open to all doula services - at this time a patient has to arrange for this service. We are currently looking at affiliating with a doula program to be able to increase doula accessibility and services to our patients.

Does your hospital currently have **Community Health Workers** available for your pregnant patients?

**47% YES**

Hospital blind code	Y/N
1	yes
2	yes
3	yes
4	no
5	no
6	yes
7	yes
8	no
10	no
11	yes
12	no
13	no
14	yes
15	no
16	no

We do not currently have staff that do home visits. We refer to outside resources if needed.

We are interested in learning more about providing community health workers for our patients.

Community Action Partnership, Hope on Haven Hill, The Doorway, SOS.

Yes, as part of prescribe for health-can help with insurance, etc. Also community resources such as Healthy Starts.

Yes, we have a social worker designated to Maternal child health department. These services are ordered by RN or MD as a referral. The patients are currently seen at the hospital, but not necessarily in the out patient/prenatal clinic.

Does your hospital currently have **Recovery Coaches** available for your pregnant patients?

**53% YES**

Hospital blind code	Y/N
1	yes
2	yes
3	yes
4	no
5	no
6	yes
7	yes
8	no
10	yes
11	yes
12	no
13	yes
14	no
15	no
16	no

Yes, through the MOM Grant program.

Yes, through The Doorway and MIR through Healthy Starts.

MaineMom offers recovery coaches, NH residents need referrals to local area coaches.

We have 3 fulltime peer recovery coaches available in the hospital 7 days a week. We also operate The Doorway to provide support, assessments and referrals for treatment.

Our hospital has partnered with SOS Recovery and we have the ability to offer a peer support/coach to any pregnant patient who may need this service.

Does your  
hospital  
currently have  
**lactation**

**consult**

7 days/week on  
your labor floor,  
separate from  
usual RN care?

**53% YES**

Hospital blind code	Y/N
1	yes
2	yes
3	no
4	yes
5	no
6	yes
7	yes
8	no
10	no
11	no
12	no
13	yes
14	no
15	yes
16	yes

We currently have LC 6 days and a copy of CLC'S that support the off days. They are separate from daily nursing care.

Not 7 days a week. 4 days a week with an IBCLC. One of my RN's just became a CLC and helps cover as she can; would like to expand.

We do! We have 3 on staff and have coverage 7 days a week and see all patients each day.

No – appointments are required when a CLC or IBCLC is available.

It would be fantastic if we could get more of our RN's CLC trained/certified. As far as a CLC, separate from RN care, I'm not sure we have the patient numbers to support a CLC as its own position.



**Perinatal Mental Health Conditions**

## PERINATAL MENTAL HEALTH CONDITIONS

For the purposes of this bundle, perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis.

Develop workflows and screeners

Educate providers and staff

Develop Referral Sources

### READINESS



### RECOGNITION & PREVENTION



### RESPONSE



### REPORTING & SYSTEMS LEARNING



### RESPECTFUL, EQUITABLE & SUPPORTIVE CARE



### QUICK LINKS

- Patient Safety Bundle (PDF)
- Element Implementation Details (PDF)
- Implementation Resources (PDF)
- Data Collection Plan (PDF)
- Change Package (PDF)
- Implementation Webinar (Video)
- National Maternal Health Hotline
- Bundle Element Context and Reference List (xlsx)

## Addressing mental health: the how matters

Mel Ramage (she/her)

FNP-BC, CARN-AP, LCAS

Maternal Health Lead, Perinatal Quality Collaborative of North Carolina

Research Faculty, Project CARA at Mountain Area Health and Education Center

Medical Provider, Behavioral Health Group

Slide contributors:

Sarah Friedman, Phillip Hughes



## Disclosures

- I have no financial disclosures

## Objectives

*Introduce the skills and tools needed to turn patient centered, trauma informed care framework into action in the patient room*

1. Describe the foundation of trauma informed care and discuss and its accompanying frameworks
2. Explore the importance of tools to help evaluate the implementation of trauma informed care principles

**The WHAT:**

**Perinatal Mental Health Bundle:**

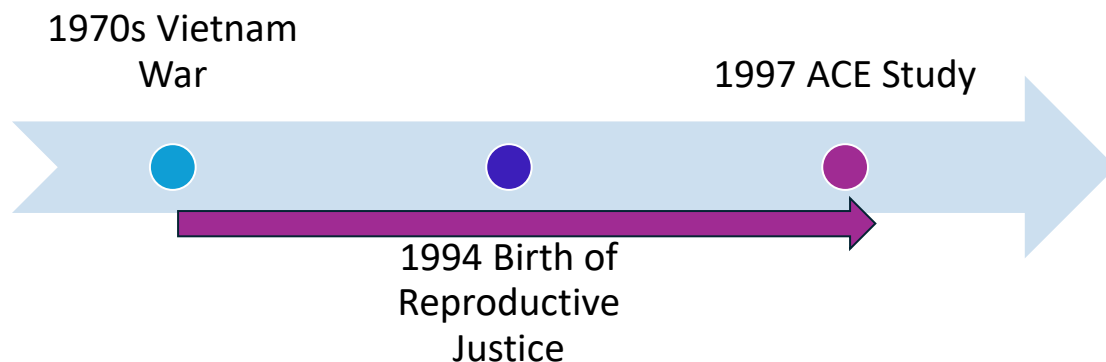
**Yes, AND approach**

## Objectives

*Introduce the skills and tools needed to turn patient centered, trauma informed care framework into action in the patient room*

1. **Describe the foundation of trauma informed care and discuss and its accompanying frameworks**
2. Explore the importance of tools to help evaluate the implementation of trauma informed care principles

## History Snapshot: How does our past influence our future?



## Defining Trauma/Trauma Informed Care (TIC)

- Three E's of Trauma: Event, Experience, and Effect
- 4 R's of TIC Approach

*A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.*

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

# Why INTENTIONAL communication from the healthcare team matters

Well documented stigma and bias that influences patient's thoughts and fears

- previous experiences
- media
- communities
- and more...



**THE FRACTURE ALREADY EXISTS**

Trauma  
Informed/Responsive  
Care

- **Patient empowerment:** Using individuals' strengths to empower them in the development of their treatment
- **Choice and voice:** Informing patients regarding treatment options so they can choose the options they prefer
- **Collaboration:** Maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning
- **Safety:** Developing health care settings and activities that ensure patients' physical and emotional safety
- **Trustworthiness:** Creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided

CULTURAL, HISTORIC,  
GENDER ISSUE LENS

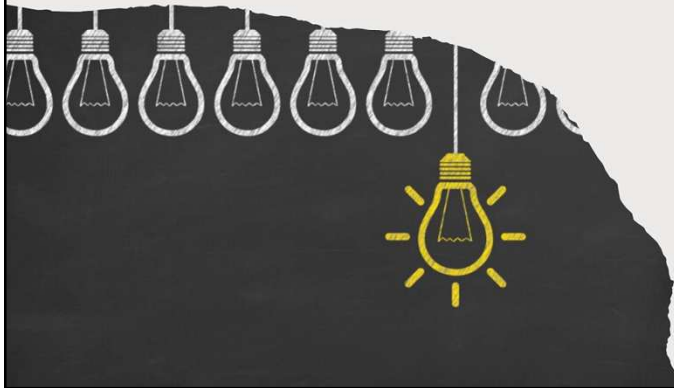
Menschner, 2016

***HOW is just as important as  
the WHAT and the WHY***

## TIC's Best Friends

- Value/philosophy model:
  - Patient Centered Framework
    - Language/terminology
- Skills building models:
  - Motivational Interviewing
  - Harm Reduction for the Health Care clinician

## Motivational Interviewing: FOCUS ON STRENGTH



- MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice)\*\*with consent\*\*
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors client autonomy.

Miller, 2013

## Harm Reduction

*"Harm reduction refers to interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely".*

We see this most commonly explained in the literature in the context of substance use; however, this is a well known framework utilized in the medical model.

Hawk, 2017

## Objectives

*Introduce the skills and tools needed to turn patient centered, trauma informed care framework into action in the patient room*

1. Describe the foundation of trauma informed care and discuss and its accompanying frameworks

- **Explore importance of tools to help evaluate the implementation of trauma informed care principles**

## TIC: It's an outside job!

Examples include

- Physical patient care space
- Policy and procedures that support TIC principles
- *System recognition of need for TIC and commitment to these values through education, training, and operational constructs*

AND...

TIC: It's an INSIDE job!



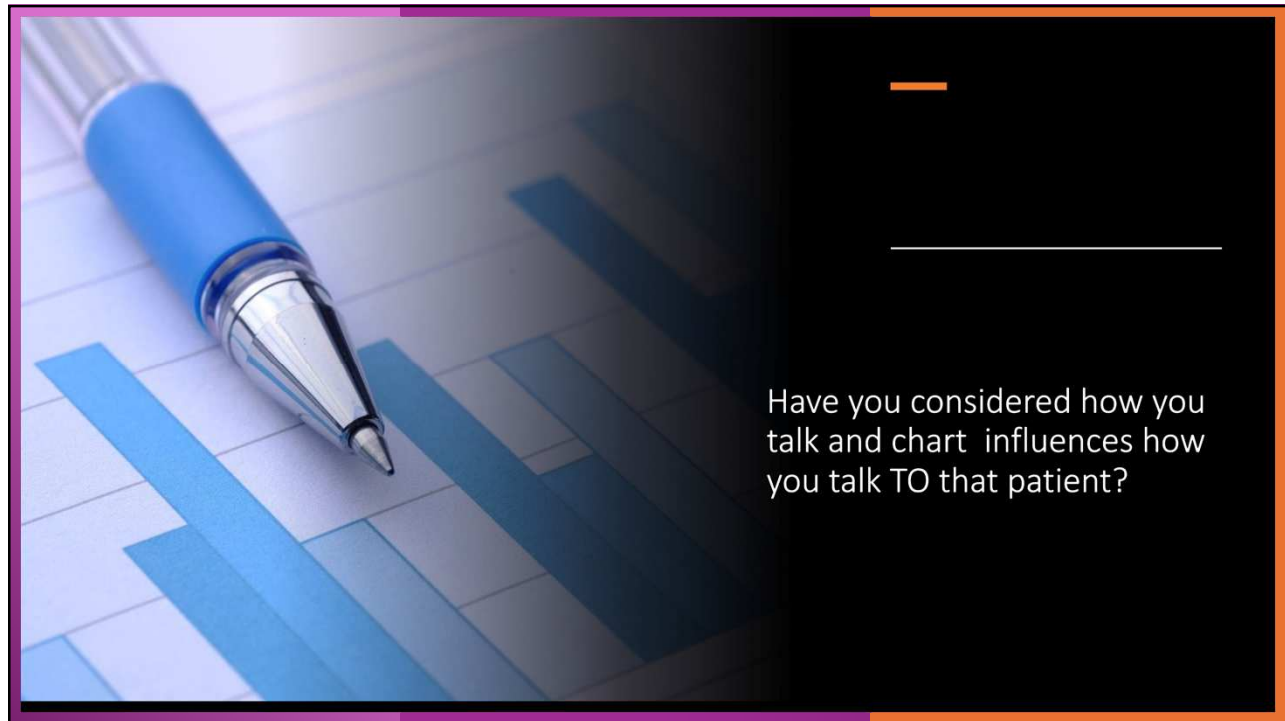
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TOOL:  
You don't need to know the trauma

***" The first step is to recognize how common trauma is, and to understand that every patient may have experienced serious trauma. We don't necessarily need to question people about their experiences; rather, we should just assume that they may have this history, and act accordingly."***

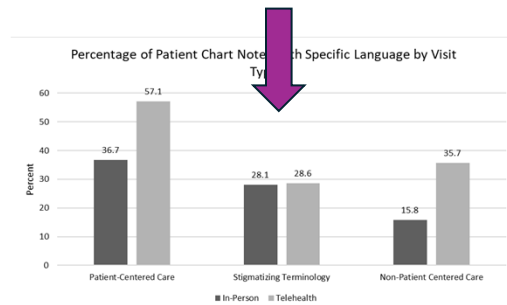
***Monique Tello, MD***





## Research

Stigmatizing Terminology and Patient-Centered Language in Perinatal Substance Use Chart Notes  
Friedman et al, Publication pending



## Tools

ADKAR framework for change implementation

1. Awareness
2. **Desire: MOTIVATORS**
3. Knowledge
4. **Ability: HOW do you assess this is changing?**
5. **Reinforcement**

## Contact

[Melramage@gmail.com](mailto:Melramage@gmail.com)

## Questions & Comments?



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## NEXT MONTH

### NH AIM/ERASE Monthly Webinar

April 11, 2024

#### Utilizing the Plan of Safe and Supportive Care (POSC) to Demonstrate Patient Strengths and link them with Community Based Resources

*Cheri Bryar, Recovery Coach, Dartmouth Health*  
*Lisa Spurrell, MLDAC MOMS program at the Elliott*



## PSI New Hampshire

September 18-20, 2024

2 -Day: PSI Certificate of Completion Training

Optional 3<sup>rd</sup> Day – “Advanced Psychotherapy”

### Perinatal Mood Disorders: Components of Care



PSI has developed an internationally recognized unique evidence-based training program for health providers and social support networks. We have created an expert corps of experienced trainers and are committed to providing you with the most current research.

The 2-day PSI Certificate of Completion Course, taught by experienced and engaging faculty, is a thorough and evidence-based curriculum designed for nurses, physicians, social workers, mental health providers, childbirth professionals, social support providers, or anyone interested in learning skills and knowledge for assessment and treatment of perinatal mood disorders. Registration includes training binder, handouts, and continuing education credits. Approved for CMEs, CNEs, and CEUs.



SAVE the DATE!

[www.psichapters.com/nh/](http://www.psichapters.com/nh/)

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