

# Perinatal Mental Health Learning Community

## HOSPITAL CASE STUDY

### ▪ Cedars-Sinai Medical Center

**This is one of three hospital case studies developed by the Hospital Quality Institute as part of the two-year Perinatal Mental Health (PMH) Learning Community (2020-2021). The case studies showcase hospitals that have demonstrated exemplary levels of maternal mental health integration achieved through committed leadership and purposeful action.**

#### I. Background and Work Prior to Joining the PMH Learning Community

On January 1, 2020, with the passage of Assembly Bill 3032 (*Maternal Mental Health Conditions Education, Early Diagnosis and Treatment Act*), all California hospitals offering perinatal services were required to educate their staff and patients on maternal mental health disorders. As hospitals continue to build up their educational and screening programs, Cedars-Sinai Medical Center in Los Angeles has lessons to offer on adapting to address maternal mental health concerns from a series of innovations that have taken place over the past six years.

Cedars-Sinai is one of the largest non-profit academic medical centers in the U.S. and sees approximately 7,000 births each year. This large birthing patient population makes it imperative to address perinatal mood disorders such as post-traumatic stress, anxiety, and postpartum depression.

Cedars-Sinai began its journey to transform perinatal mood and anxiety disorder detection and treatment under the leadership of Eynav Accortt, PhD, a reproductive psychologist who joined the research staff in the OB/GYN department in 2015. Prior to this time, Cedars-Sinai had already implemented a universal depression screening protocol — a two-item screening tool called the Patient Health Questionnaire-2 (PHQ-2) — for all patients who came into the hospital. In practice however, only 10% of patients who delivered at the medical center were being screened for depression, and a meager 0.04% resulted in a positive screen. Since California Department of Public Health data suggest that 13.6% of postpartum patients in Los Angeles experience depressive symptoms, it was clear that this screening policy and process fell short of addressing the mental health concerns of Cedars-Sinai birthing patients. Several subsequent interventions are summarized below.

**2015-2017:** The formation of the cross-departmental working group with representatives from nursing, psychiatry, OB/GYN medicine and case management resulted in the creation of new screening protocols, and the adoption of the full PHQ-9 screening tool (previously the PHQ-2 was used).

**January 2017** (*Intervention #1*): An eight-hour training course was created and conducted with the help of Maternal Mental Health Now (MMHN) and trained 20 nurse champions using simulation and return demonstration. As a result, 73% reported being “very comfortable” with screening (an increase from 43%), and 90% indicated they would be able to identify those who would benefit from mental health referrals.

**April 2017** (*Intervention #2*): Using a newly established workflow, screening was completed in the post-partum unit within two days after delivery (as opposed to labor and delivery triage.) This change resulted in a screening rate increase of 10% to 67%, and a positive screening rate increase of 0.04% to 4%.

**November 2017** (*Intervention #3*): Added training for an additional 50 nurses on how to understand and administer the PHQ-9 resulted in an improved comfort and competency level that increased from 64% to 89. Consequently, screening completion rates on the post-partum unit increased to 99%.

**December 2018** (*Intervention #4*): Because screen-positive rates were still lower than expected and only 50 out of 200 nurses had been trained, additional video training was conducted with nursing staff simulating a patient screening interview and addressing difficult questions the patients may have. This allowed Cedars-Sinai to reach traveling nurses and night nurses who may not have been on campus for the in-person trainings. Any score of 13 or above, or an affirmative answer to question 9 resulted in a social worker (MSW) following up before discharge. After the first week of training, 14% of the patients screened positive and 35% were referred to an MSW.

**2019-2020:** Re-evaluation confirmed that the process was able to sustain a very high screening rate, and an adequate MSW referral rate (8.4%), but the positive-screen rate was still lower than expected. The hypothesis was that this may be related to the heterogeneity of nursing staff due to night shift nurses who couldn't attend the daytime training, traveling nurses, and high staff turnover rate. Moreover, the measurement findings demonstrated peaks in positive screening rates after various trainings followed by valleys in periods between trainings.

In 2020, Cedars-Sinai joined the Perinatal Mental Health (PMH) Learning Community to access training resources on a continuous basis that would improve and maintain nursing staff's comfort level with screening. Additional materials from webinars and peer resources would help in discussions with mothers and families about how to be alert to signs and symptoms of postpartum anxiety and mood disorders that could become apparent weeks after discharge home.

## **II. The Team**

Dr. Accortt, Sarah Kilpatrick, MD, OB/GYN department chairperson, and Linda Burnes Bolton, DrPH, nurse executive, provided clinical and administrative leadership to help create an intra-

departmental working group with representatives from nursing, psychiatry, OB/GYN, and case management. Jennifer Astasio, RN, and Kathleen Burgner, RN, led the perinatal staff education effort. The group was filled with motivated champions who shared the vision of improving postpartum mental health care.

### **III. The Tools**

A self-administered audio-visual education module was available through this program that allowed Cedars-Sinai's perinatal staff members access at their convenience.

### **IV. The Timing**

Participation in the PMH Learning Community came at precisely the right time, when Cedars-Sinai was assessing the efficacy and sustainability of their interventions. HQI's new one-hour training module served as a timely refresher course for those nurses who had been at Cedars-Sinai for several years and encompassed all the elements of the original course that was administered with the help of the MMHN, including patient screening simulation.

### **IV: The Training**

Cedars-Sinai encouraged completion of the online learning program in 2020 and continued to monitor until all designated nursing staff had completed the one-hour module. The online training module is part of the orientation and onboarding for new hires, providing continuity in training for all relevant providers, including labor and delivery and postpartum unit nurses, as well as lactation consultants and social workers. This resource has been critical to ensuring the standardization of training across all perinatal staff and to addressing staff turnover. Discussions in staff meetings have also provided opportunities for nursing staff to share more about their comfort level with screening, navigating difficult discussions, and employing peer-to-peer encouragement.

### **V. The Teaching: Changes in Patient Education**

It was important for the working group to plan how nurses can educate patients about postpartum mental health concerns, aware of the broad scope of all postpartum education, from breastfeeding to taking care of C-section scars, and much more. Cedars-Sinai continues to utilize the MMHN educational brochure, available in English and Spanish, that covers the signs and symptoms of postpartum depression as well as information for the MMHN Provider Directory, and L.A. County referral resources. For any patient who scores 5 or higher on the PHQ-9, the new protocol calls for nurses to review the information in the brochure verbally with the patient.

### **VI. The Transformation: Where Things Stand Now**

With the refreshed and continual education, Cedars-Sinai can maintain competency of the entire unit. Everyone is educated and staff members are becoming more and more comfortable with screening. In 2022, Cedars-Sinai will access the education module for continued use via its own learning system. Information to address risk factors for postpartum

mood and anxiety disorders is also available through the recorded webinars provided by the PMH Learning Community. This allows nurse champions and leaders to access helpful discussion topics for routine staff meetings.

The perinatal unit uses a hybrid method in administering the PHQ-9. In some cases, the nurses have a discussion with the patient, completing the screening tool together, and in other cases the PHQ-9 is given to the patient to complete in privacy. It is then retrieved for scoring, follow-up, and medical record entry by the nurse. The flexibility of this hybrid method allows the nurse to use his or her judgment as to which method the patient will be most comfortable with, and most likely to be open with.

With these tools Cedars-Sinai has maintained the gains and made attention to perinatal mental health a consistent part of standard care. In 2020, the screening rate was 99.7%, the positive screening rate (those scoring greater than or equal to 5 on the PHQ-9) was 4.3% and referral rate was 67%. For those within that group having a true positive score (13 or greater), the referral rate was 95.7%, and for those with a moderately positive score (8 or greater), the referral rate was 79.5%.

## **VII. Key Take-Aways and Next Steps**

Cedars-Sinai is an example of a hospital that has systematically supported the improvement of postpartum mental health with education, screening, and referral protocols that work for providers across departments. Continuous staff education is key to maintaining consistency of training and addressing turnover. This sustainable system with measurement of practices over time will help maintain the gains.

The interventions achieved from 2017 to 2019 provided the necessary framework for success, including the creation of the reproductive psychology program within the OB/GYN department. Collaboration between the OB/GYN department, the hospital team, and the Reproductive Psychology Clinic (RPC) assures continuity of care and follow up. When patients are seen in the RPC between two to six weeks postpartum, rescreening using the Edinberg Perinatal Depression Scale helps the staff identify the need for any further referrals and/or resources.

The RPC team includes a reproductive psychologist, clinical psychology doctoral trainees and two social workers. The RPC offers support groups for infertility, perinatal grief and loss, individual cognitive behavioral therapy (CBT) and group CBT for those with perinatal mood and anxiety disorders. It also includes provider-to-provider consultation to help with medication management for pregnant and postpartum women, as well as care navigation and connection to resources. Creating resources for care inside Cedars-Sinai was critical to the goal of meeting the community's perinatal mental health needs, assuring a warm handoff from inpatient to outpatient services, not letting anyone fall through the cracks, and reducing the stigma of mental health treatment. Perinatal mental health is a standard part of OB/GYN maternal health care.