

Perinatal Mental Health Learning Community

HOSPITAL CASE STUDY

▪ **Scripps Health**

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**

Scripps Health is a nonprofit health care system based in San Diego consisting of acute care hospitals, specialty hospitals, clinics, and other services. There is significant diversity in the communities Scripps hospitals serve. Among the four birthing hospitals, two have a predominantly white population, with approximately 275 and 160 deliveries each month. A third hospital is located near the Mexico border and delivers approximately 150 babies each month to predominantly Latinx patients, some of whom receive their prenatal and postnatal care in Mexico and come to the San Diego hospital for delivery. The fourth hospital has a greater variation in the diversity of their community (22% white, 32% Latinx U.S. born, 23% Latinx foreign born, 7.4% Black, and 8.5% Asian Pacific Islander) and averages 190 deliveries per month.

All four acute care hospitals serving birthing families joined the PMH Learning Community in May 2020. In the past, the electronic medical record (EMR) system at Scripps included a few standard mental health questions as a part of the final patient care assessment for mothers who delivered at these hospitals. In October 2018, a new EMR system (Epic) was implemented throughout the Scripps system, and those screening questions were no longer a part of the assessment. This change presented an opportunity to take a more comprehensive approach in informing birthing families about perinatal mental health and how to get help if needed, utilizing the resources offered by the PMH Learning Community.

II. **The Team**

Core team members included:

- Jean Manning, RN, patient care manager, family birth unit, Scripps Mercy Hospital San Diego
- Jan Kerns, RN, patient care manager, labor and delivery, Scripps Mercy Hospital San Diego
- Tatyana Buchka, RN, supervisor, family birth unit, Scripps Mercy Hospital San Diego
- Brittney Kelly, RN, manager patient care, labor and delivery, Scripps Mercy Chula Vista
- Grace Mooney, RN, manager patient care, mother baby unit, Scripps Mercy Chula Vista

- Rachel Wissner, RN, director patient care, Scripps Memorial Hospital - Encinitas
- Jessica Valdez, RN, manager patient care, labor and delivery, Scripps Memorial Hospital - La Jolla
- Diana Serpas Crowley, RN, manager patient care, maternal child health, Scripps Memorial - La Jolla
- Elizabeth Retts, RN, director maternal child health, Scripps Mercy San Diego and Chula Vista campuses
- Amy Meier Foundos, RN, director, women's and newborn care line, Scripps Health

III. The Tools

As a part of this more comprehensive approach, maternal mental health screening was introduced using the Edinburgh Postnatal Depression Scale (EPDS). The team leaders considered whether to use the interview method or the paper method (allowing the patient to complete the tool in privacy.) Initially, the latter was selected with the expectation that privacy and confidentiality would allow for more honesty in the expression of needs. Over time, all four hospitals adopted a hybrid model, with some screens completed by interview method, and others allowing the patient to complete the paper tool after an introductory discussion. Ongoing meetings to design the workflow process were conducted for the implementation of EPDS. Standard work elements were created including a screening navigator in Epic. When the final score is tallied in Epic it displays a color for easy identification of the risk category from low to high risk. A status board is used to communicate which patients have completed the screening, and for whom a social services consult has been requested.

New processes implemented to support the learning and consistent follow up included:

- A. A tracking board displaying who has been screened and who still needs screening before discharge
- B. For those identified at risk, a social work consult is entered into Epic to assure the patient is seen before discharge
- C. Amended discharge instructions in Epic to include local resources where moms and families can seek help if needed

IV. The Timing

Between the opportunity for change in the new EMR system and the requirements of the new maternal mental health law (Assembly Bill 3032), the timing worked well for participation in the PMH Learning Community to help standardize the approach and more effectively reach birthing families with information and resources. Prior to this time, the offering of resources was prioritized for those who were known (from the record) to have a current or past history of depression, or who had known risk factors. The new goal was to create a more inclusive approach aimed at prevention.

COVID-19 restrictions only heightened this need. Visiting was strictly limited to one support person at first, then the protocol was adjusted to allow the patient's doula as well, for a total of two support people. Currently, the visiting/support protocol allows for two support persons of the patient's choice. While most patients and families accepted the restrictions and understood the necessity and the value, the change in birthing experience expectations added to the potential for perinatal mood and anxiety disorders. In addition, all prenatal unit tours had to be discontinued during the pandemic, so the team created an online version addressing "what to expect when you come to the hospital."

Difficulty with breastfeeding is a significant trigger for postpartum stress, and due to COVID-19, all breastfeeding clinics were put on hold. To address this continued need, the system for postpartum calls was strengthened. Currently a hybrid approach is in place across the four hospitals; two have the resources to proactively contact all breastfeeding moms, while the other two are using an electronic service that contacts a randomized percentage of patients and offers an opportunity for the patient to indicate that she would like a call back. The former approach is the eventual plan for the entire Scripps Health System. All patients receive information about breastfeeding help and the La Jolla campus houses the system's resource center for that focused follow up.

V. The Training

The new screening practices co-occurred with the unveiling of HQI's virtual staff training on maternal mental health in the hospital setting. Between July 2020 and December 2021 308 employees accessed the online learning program, including nurses, social workers, and other support staff on the perinatal units. Favorable feedback from the early adopters helped in achieving staff completion goals in just two months. As new staff came on board, the education module became part of their orientation.

VI. The Teaching

As the training was taking place, input at staff meetings and huddles helped to inform the standard work guideline for operationalizing the nurse-patient interaction around screening and follow up. As mentioned previously, all four hospitals maintain a hybrid model, with some screens completed by interview method, and others allowing the patient to complete the paper tool after an introductory discussion, which is then retrieved and scanned into the Epic system. The nurse uses situational judgment to best serve the needs of the mother, with an emphasis on the intention of identifying when help might be needed, either immediately or in the near future. The success of these interactions is evident in the relatively robust number of social work referrals that are completed on a continual basis, several every week.

The original paper document is transcribed into Epic and automatically scored, and the IT system assigns a red dot if a social work consult is indicated or a green dot if the patient is low risk. In addition, any screening with a positive answer to Question 10 (about suicidal thoughts) results in an immediate call for consultation. A recent case with a positive response to

Question 10 helped the team realize that the IT system flag (by itself) was not enough. A revision to the standard work guidelines and additional staff education followed to ensure more immediate action in such cases.

VII. The Transformation

Addressing maternal mental health has become a standard part of the care plan at Scripps Health, not just for birthing families with identified risk factors, but for all birthing families. Since patients are typically screened in the prenatal period, again before hospital discharge, and later as a part of follow-up visits with their providers, it is helpful to have created a mechanism in Epic to maintain all these reports for a continuum of assessment. The Epic system also has the patient information brochure with local as well as national resources to provide moms with contact information, and to help them "speak up when they're down". In addition to staff education and the creation of the new standard work guideline, Scripps teams have utilized the resources provided by HQI's PMH Learning Community to help refresh the learning and address specialized topics such as trauma-informed care and the special needs of families with babies in the NICU.

The care of a recent patient demonstrated the benefits of the new approach to maternal mental health. The patient was a woman coming in with a third pregnancy. The team learned that she had needed treatment for psychosis during the postpartum episodes after both previous deliveries. The obstetric physician and the nursing team worked together prior to delivery to prepare for the patient's needs with compassion — establishing the support network and preparing the patient with resources. The case also highlighted a need for specialized perinatal psychiatry expertise. Subsequently, the Scripps Physicians Medical Group decided to pursue the inclusion of this specialty.

VIII. Key Take-Aways and Next Steps

The Scripps Health journey in perinatal mental health began with an intent and commitment to meet the psychological as well as the physical needs of their birthing patients. Operationalizing that intention into a reliable process across a system of four hospitals required a concerted effort of implementing education, collaborating on process development, valuing diversity, and balancing adaptability with the need for systematization.

Scripps Health birthing facilities are now ready to design evaluation methodology that will help confirm that standard work for maternal mental health is equally applied across the four hospitals. Through a "small test of change" approach, the Epic system will be explored with report-writing queries to determine how best to retrieve the information that is needed for effective analysis. In addition to confirming consistency in practice and adequacy of referrals, the identification of any differences in referral rates between the four hospitals might help to foster creative collaboration in communities where needs may be more prevalent. There is still plenty of room to grow.