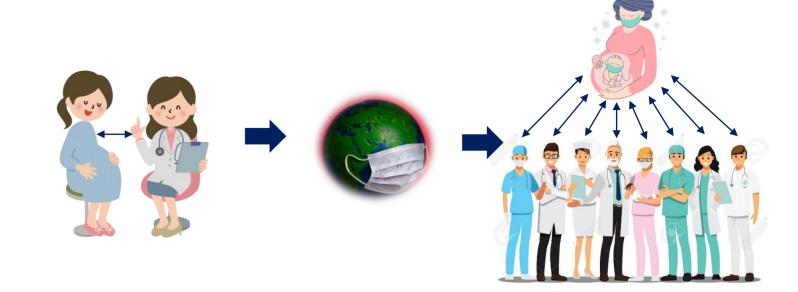
# Implementing PREGNANCY AND CHILDBIRTH Standard Set During the Pandemic

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Lima - Peru 2021

# **Improvement Opportunity:**

- Pregnancy care, before pandemic, was fragmented and mostly in charge of the gynecologist.
- PROMS were not a priority for measurement.
- During times of pandemic, maternal and newborn care has been at risk care because of the growth of gaps at continuum of care.



# Why is important to assess interventions for this opportunity?:



Mothers must be involved in her and his baby attention

Identify risks referring patients to the emergency room in the right time.

Reduce the need for hospital readmission or face-to-face consultation at the primary care level.

Increase the satisfaction of puerperal women after discharge

Identify and resolve questions about breastfeeding and nutrition for the mother

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# How we merge with ICHOMS Pregnancy and childbirth standard sets to close gaps?

↑Risk workers at home become the "Follow up Team"

Standard **PREGNANCY AND** CHILDBIRTH sets were translated and reviewed by specialist

Stablish an internal system of follow up using Google **Drive** 

Follow up done by cellphone calls aplying the standard set assesment

**Patients were** registered and followed up during 90 days

**During this** period, the team had weekly sessions for feedback

A multidisciplinary team was formed to carry out telephone follow-up based on the elements of the standard set of pregnancy and childbirth. The team professionals were nurses, obstetricians, physicians and psychologists during january – august 2021.

The follow-up was carried out at the discharge of the patient, monitoring calls were done to follow up the clinical evolution of the mother and the newborn

## **Results:**

# Patients characteristic

- 266 women followed
- 57% between 31 37 years
- 71% deliveries between 36 39 weeks
- 37% natural deliveries

#### Outcomes related to continuum of care:

- 1 need for readmission was identified at home
- 21 high risk alerts were appropriately identified in 16 patients
- 67% where satisfied with their delivery
- 84% feel comfort and satisfied with breastfeeding

# **ICHOMS Standard Set Implementation:**

PROMS

Nutrition

call

- **Clinical Outcomes** Red flags and
- alerts Administrative information

48 hours

call

Breastfeeding

8

- Trancision role Mental health
- 15 days

The standard set was evaluated and distributed during the 4

Patient Survival Satisfaction Mortality Clinical capacity

Final outcome

Closing 45 days 8 call loop

of responce

The material was translated and locally customized but implemented completely.

# Quick Wins

# Reduce Readmissions

Detect nutritionist requirement

**Detect Psychological** support requirement

Improve resources use

Guarantee continuum of care

# New challenge:

follow up calls.

- PRENATAL Workshop to increased delivery satisfaction
- Webinars, communication tools and support for mothers concerns.
- Evidence based information to reduce social and family myths and clinical assessment.

# **Conclusions**

- The pandemic gave us an opportunity to rediscover ICHOM's Standard Sets as a great tool to guarantee continuum of care
- Patient follow up allows us to be included in patients care, and sharing their transition to their homes, been part of the system in order to identify improvement opportunities

### **Ethics Approval**

This model was developed as a healthcare program, and it was included as a transition from inpatient care to the next step at their home, no ethical approval was needed.