PMH Key Drivers Diagram

Aims

1. ≥70% of pregnant persons with PMH conditions receive treatment (pharmacotherapy and/or behavioral health therapy) and are connected to resources/services prenatally or by delivery discharge
2. ≥70% of teams achieving key strategies
3. ≥70% of IL birthing hospitals actively participating in initiative

Drivers

Change Ideas / System Changes

Provider Education & Engagement

1. Educate all OB/ER clinical staff caring for pregnant/postpartum patients on PMH conditions, screening, treatment, referrals, hotline resources, and trauma informed care.
2. Create multidisciplinary workgroup with inpatient and outpatient care team representatives and community stakeholders to identify barriers, opportunities to enhance care coordination, and innovative strategies to improve access to behavioral health care.

Patient & Community Education and Engagement

3. Have a process to provide postpartum patients education on PMH during delivery hospitalization.
4. Have a process to share PMH patient education resources with outpatient clinical settings.
5. Identify a patient advisor for hospital PMH quality improvement team and / or other opportunities to engage patients and community members with lived experiences and prioritize their recommendations.

Screening and Assessment

6. Establish protocol and workflow to screen all OB patients for PMH conditions with validated screening tools during delivery hospitalization.
7. Share validated PMH screening tools and screening/treatment algorithms and process flow for linkage to PMH follow up with outpatient settings (i.e. prenatal clinics, ERs, pediatric sites)

Optimizing Treatment

8. Establish process flow for treating positive PMH screens during delivery hospitalization, including use of IL DocAssist for PMH clinical consultation.

Linkage to Resources & Treatment

9. Establish process flow for referral to link patients who screen positive for PMH conditions, during delivery hospitalization, to follow up behavioral health care and support, including use of IL MOMS Line to support patient linkage to follow up.
10. Identify and implement innovative strategies to address barriers to follow up behavioral health care for pregnant and postpartum patients.

Optimize SUD Care

11. Establish a process flow for treatment/linkage to recovery treatment services for positive perinatal SUD screens in OB/ER settings, including utilization of IL DocAssist and MAR Now.
12. Improve risk reduction for SUD through participation in DOPP to access and distribute free naloxone/Narcan kits for pregnant/postpartum patients at risk of overdose.

IL PQC Illinois Perinatal Quality Collaborative