

# Gestating & Rebirthing a Community-based Maternity Program – A System-wide Partnership



Tiffany A. Moore Simas, MD, MPH, MEd; Julia V. Johnson, MD; Ellen Delpapa, MD; Maria Narducci, MD; Charles Cavagnaro, MD; Eric Dickson, MD, MHCM\*; Terrence Flotte, MD\*  
 University of Massachusetts Medical School/UMass Memorial Health Care, Worcester, MA  
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## Background

- U.S. with rising maternal mortality rate
- Many factors contribute including decreased access
- High fixed costs & decreasing reimbursement challenge the sustainability of low volume maternity units
- Patient safety and quality affected by:
  - ↓ delivery volumes preventing maintenance of competencies
  - ↓ access secondary to fewer maternity units
- Volume and distance are often indirectly related
- Recruiting and retaining talent to low volume institutions is a challenge
- Conversations & literature address these concerns yet guidance on how to sustain these units is limited
- The UMMHC HealthAlliance-Clinton Hospital Birthing Center was focus of a Harvard School of Public Health case that outlined related problems. Solutions to revive it are sought for medical care of the community and financial health of the clinical system.

## Objective

This project aims to improve Maternal-Child Services at UMMHC HealthAlliance-Clinton, inclusive of the inpatient birthing center and the ambulatory OB/Gyn Community Medical Group, through delivery of respectful, evidence-based, high-quality care, resulting in exemplary patient and provider experiences that increase delivery volume and mitigate a top driving financial loss (\$4.7m annually) to the hospital system.

## Approach

- Perform market analysis, benchmarking, and focus groups to identify strengths & opportunities
- Establish data collection approach & track relevant metrics monthly
- Hire obstetric care providers (Ob/Gyn & Family)
- Improve quality and re-initiate trial of labor offering (all pass e-module series, code drills, TeamSTEPPS, update policies/procedures)
- Improve quality and marketability by establishing on-site MFM consultation and ultrasonography
- Institute real-time discharge survey to augment Press-Ganey info on patient & provider experience
- Establish facilities plan for physical plant refresh
- Design & implement marketing/branding campaign

## Results

Figure 1: Multifaceted Project Domains and Accomplishments



Figure 2: Marketing Campaign



Figure 3: Actual Deliveries by Month FY18 vs. FY19 vs. FY20

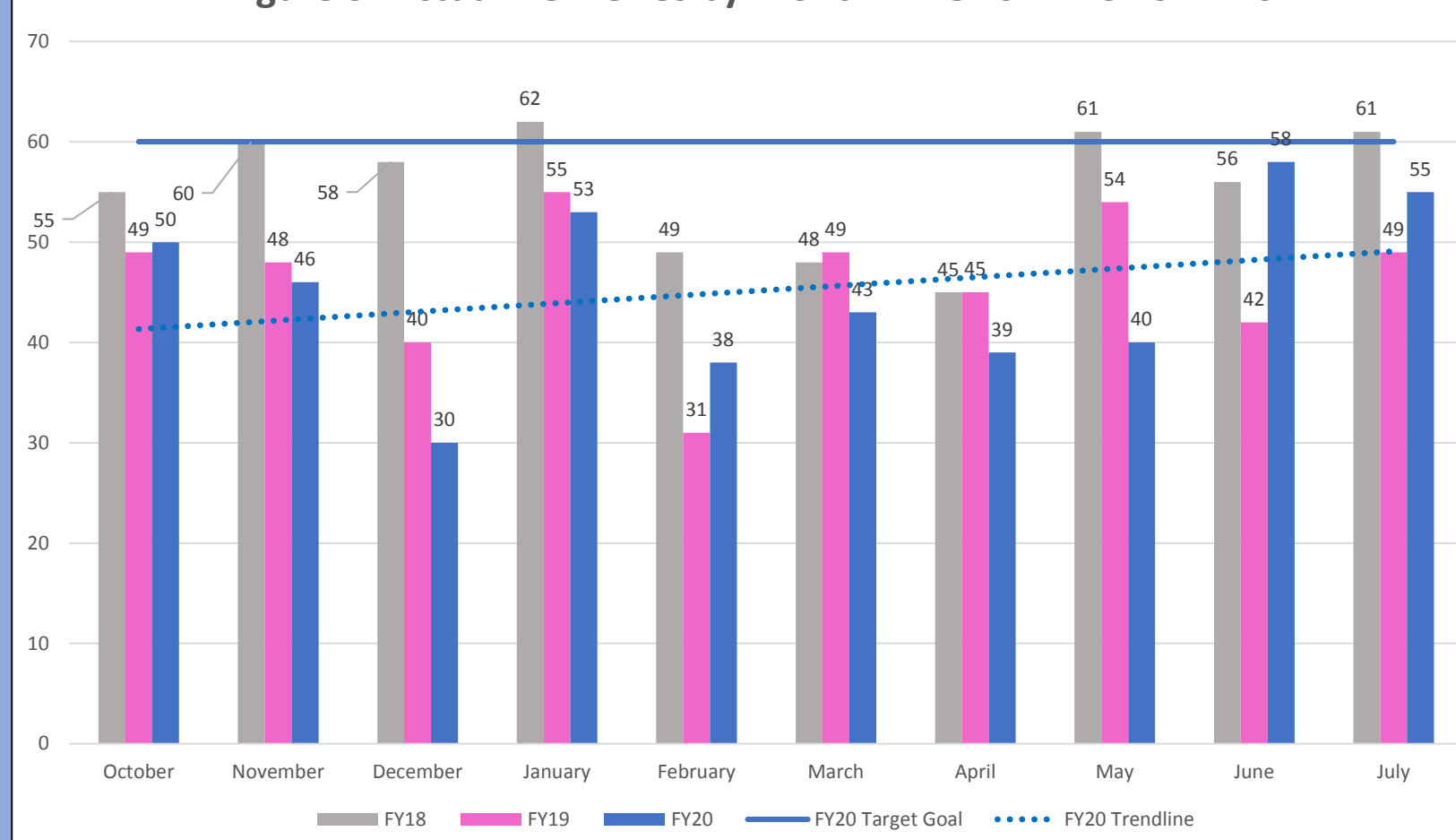
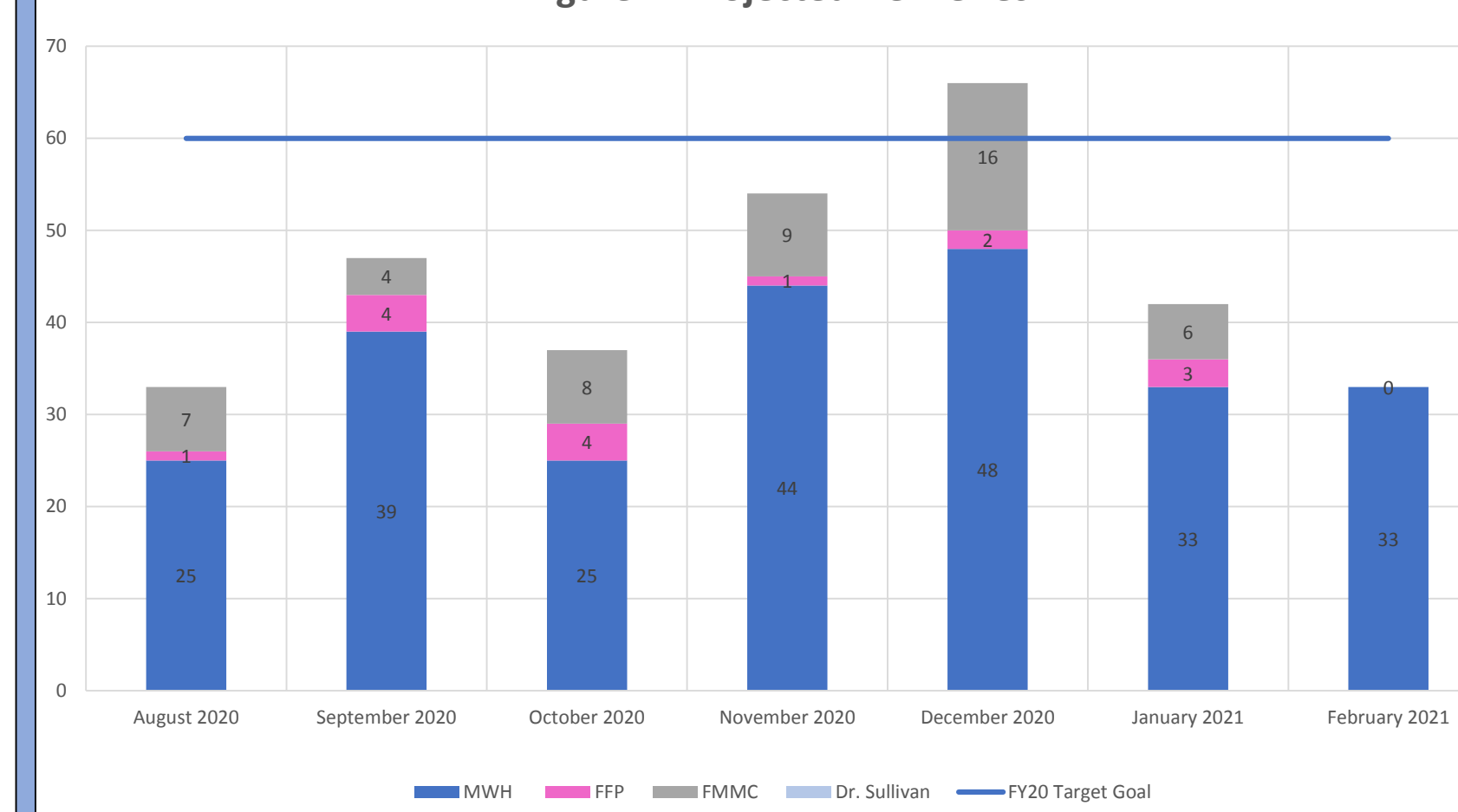


Figure 4: Projected Deliveries



## Results

- Multifaceted project launched with accomplishments achieved in all domains (Figure 1)
- Focus groups completed and analyzed with results incorporated into recovery plans
- Quality efforts actively implemented resulting in:
  - Approval to reinitiate TOLAC
  - Approval for on-site MFM consults and US
- Public relations, marketing and branding campaign initiated (Figure 2)
- Relevant metrics identified and tracked monthly – 60 deliveries/month goal established
  - Figure 3 – actual deliveries per month
  - Figure 4 – projected deliveries through 2020

## Discussion

- Significant efforts invested by system-wide core team with associated accomplishments realized
- Obstetrics associated with ~9 mos interval from initiative to realized impact (and causality difficulty to ascribe)
- Upward trendline in actual FY2020 deliveries towards goal of 60/mos with projection of achieving 60+ deliveries in Dec 2020
- Quality efforts resulted in on-site ambulatory MFM care and approval to reinitiate TOLACs but not offered yet
- Real-time surveys associated with positive feedback; increase in positive stories; both being distributed through marketing & public relations campaign
- Significant challenges encountered which have delayed initiatives & anticipated progress:
  - COVID-19 pandemic
  - Nursing union contract negotiations
  - Late start new physicians; limited nursing and surgical tech staff

## Conclusion

Significant investment of efforts and finances have resulted in the implementation of initiatives designed to revive a community maternity/birthing center. Metrics correlate with improvement in delivery volume towards initial goal. Additional improvements needed in delivery volume, quality, patient/provider experiences, and finances for sustainability.

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