Perinatal Outreach Education and Training

NC REGION 3

FRIEDA L NORRIS MPH, BSN, FACCE, LCCE, CIMI

Regionalization

Outcome driven

Hospitals and health departments were connected

One neonatal and one perinatal person to connect resources through education and training

The longer the person stayed in the position, the more bang for your buck

Investment /Presence in the Regional centers

The grant paid the institution for employment of a nurse within the department of OB/GYN

The POET was in a clinical specialist type role and employee of the hospital

This access made the department's resources and physicians available

It also allowed the resources purchased through the outreach funds to benefit the medical department and education of the residents. Ex…Birthing Noelle, and myself to teach outreach topics to the residents.

20% of grant went to the department to pay the physicians for their part in education and training of the region…. A portion also paid for office and benefits of the outreach educator.

Some funds were allocated for travel expenses and resources for outreach education

Morbidity/Mortality conferences were held quarterly or at least every 6 months by videoconferencing to review cases of mothers and babies that had transferred to the regional medical center. These cases were debriefed for the good, the bad and the ugly.

Relationships

Trainings

Conferences

Speakers

Combined resources made the needed education less expensive to provide

Facility donated the space

+ Outreach took care of the planning using speakers from the region

= Free or inexpensive education

Regional conferences have been maintained through AHEC system for Region 3 but the cost is greatly increased and the frequent events are no longer.

Accountability

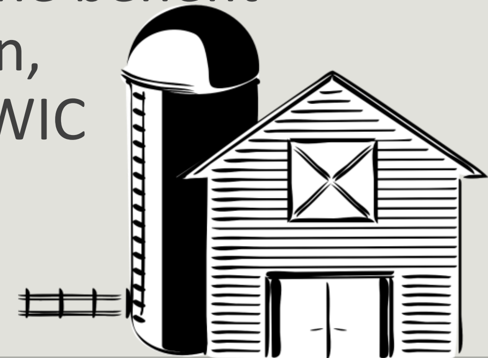
Some education was developed to remedy needed improvements recognized through doing the M&M conferences

Physician to physician coaching and peer intervention could be arranged when needs were identified

Programs like the Perinatal Continuing Education Program (PCEP) were implemented in 3 of my facilities where outcomes needed improvement.

Health department priorities were mainstreamed into the hospitals by education

Ex…. The hospital has once again become a silo and is not receiving the benefit of health department initiatives to help women with smoking cessation, prevention and management of NAS, Sexually transmitted infections, WIC breastfeeding support…. There are exceptions but not the rule…



What went wrong?

The grant was moved to Medicaid and the grant was reformated. It did not include the incentives to the physicians and the OBGYN departments.

When the grant was no longer supported, a new department director with no experience with the program did not want to pay for it out of their OB/GYN funds.

Today….

Some of the education has lived on through each facility: EFM education

Some education is continued through AHEC

Most of the education no longer exists and almost none connects hospitals and public health priorities

Health departments have great programs but I am not sure how easy it is for them to connect with hospitals….

Can we get these back together?

Hospitals

Public Health

Recommendation from a POET of the past…

Go back to what was working….

Develop the region resources again

Utilize regional centers and place resources there to connect the work needed for women and babies to have excellent outcomes

Reconnect the resources with the PQCNC work…. Hospitals have a hard time making these initiatives a priority and will receive the help gladly.