NICHQ National Institute for Children's Health Quality

Insights

Make Perinatal Regionalization Work for Your State

Dr. Christopher Glantz, MD, MPH, during an outreach visit.
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The care teams in hospital maternity units across the country all share a common aim: each want to give the mothers and babies they serve the best chance at a healthy birth. But for some hospitals, that best chance might involve relocating mothers to a facility with the equipment and staffing needed to handle high-risk pregnancies.

This is the theory behind nationwide perinatal regionalization, a systems-based model of care that designates hospitals as distinct levels depending on their technology and specializations, and then uses those levels to determine where mothers and infants should be cared for.

It's an approach that helps ensure that all moms and babies, regardless of where they live, can receive care at a facility most able to meet their specific needs, explains Dr. Christopher Glantz, MD, MPH, the University of Rochester's director of perinatal outreach and the perinatal data system. Glantz also serves as a faculty advisor for NICHQ's work on the New York State Perinatal Quality Collaborative (NYSPQC), which seeks to develop and implement promising perinatal interventions. NICHQ is partnering with the New York State Health Department to provide improvement expertise and project management services on their quality improvement initiatives.

“We have a regional perinatal center (RPC) in each region of New York State that handles more specialized cases and provides guidance and support for affiliate hospitals,” says Glantz. “Our approach isn’t about building up one hospital; it’s about empowering all the surrounding hospitals to provide the best care possible within their means, and then making sure all families with higher-risk conditions have access to advanced care in their region.”

The benefits of regionalization are well-documented. Premature babies or babies with low birth weights have a higher chance of survival when born in risk-appropriate facilities. Still, regionalization comes with significant challenges, including the anxiety it can engender in participating hospitals.

“Hospitals may feel like they are in competition with one another or as if their RPC is in a policing role, dictating what they can and should be doing,” explains Glantz. “This can be counterproductive to a regionalization effort, which, at its core, is meant to be a collaboration that unites many parts into a stronger system of care.”

Creating this system has been a priority for Glantz for the past two decades and it is an example of other efforts across the state. Over that time, he and his colleagues have worked to improve Rochester’s regionalization efforts, a focus defined by building trust between the RPC and its affiliate hospitals.

“Rochester’s perinatal system’s evolution is exemplary,” says NICHQ Executive Project Director, Patricia Heinrich, RN, MSN, CLE. “Trust is a common barrier for regionalization efforts, which makes it all the more important that we highlight examples of positive collaborative efforts. If these efforts become more widespread, they’ll improve perinatal care across the country.”

Building Trust Part One – Make Feedback a Conversation

An RPC needs to be able to give the affiliate hospitals feedback on where to improve and what tools to implement without coming across as an enforcer. Instead, a better approach is to emphasize that all participants are working together to improve maternal and infant health. With this approach, feedback becomes a two-sided conversation rather than a one-sided dictum.

Putting this approach into action works best when the RPC, specifically those providing outreach to the affiliates, consider each affiliate’s perspective before providing recommendations. After all, a day at a small or rural hospital looks very different than a day at a major regional center, and any advice given needs to take that into account. There’s also no one-size-fits-all advice for affiliate hospitals; each is unique, based on the patients they serve, the technology they leverage and the people who work there.

Glantz suggests that RPCs visit each hospital in person to get to know its staff and the barriers it faces, and thereby provide hospitals with tailored recommendations that fits their specific needs.

“In-person visits also encourage genuine relationships with the hospital’s care team,” says Glantz. “These relationships are the foundation for collegial conversations about the care their hospital delivers. I’m not just saying, ‘do this.’ I’m talking with colleagues, who I know and respect, about a change they can make that will benefit their hospital and benefit their patients.”

One of the major benefits of perinatal regionalization is shared data, which can inform a state’s priorities by providing a holistic view of their maternal and infant health statistics and trends. Sharing this data when providing feedback can also be used to energize affiliate hospitals.

“I’ve found that hospitals really enjoy hearing about what’s changed over the past few years and seeing how their hospital fits in the region,” says Glantz. “It assures them that their efforts are part of a larger system of improvement.”

Building Trust Part Two – Improve Communication Around Referrals

Glantz stresses how important it is that RPCs practice sensitivity and clarity when patients are referred to them. It can be tough for an affiliate hospital care team to send away a mother with whom they’ve worked for months (or longer), and developed a relationship with, especially if that mom is in distress.

Easing that anxiety depends on clearly communicating statuses of referred patients in a timely way. Rather than send a basic form letter with limited information, Rochester’s RPC worked with their nursing staff to develop a more robust communication system. Now, referral hospitals can expect to hear regular updates about their patients during the stay at the RPC. These updates detail when a mother arrives, whether she ran into complications, when she delivers, her and her baby’s health status, and the details of the birth (whether it was induced, for example).

“Referral hospitals shouldn’t feel like they’ve sent their patients into a black hole,” says Glantz. “They should feel like they’re part of a larger process, and they should be informed at every step. We should also always try to send patients back to their community providers. It’s a step that further confirms their primary role in supporting their patients’ health.”

During Glantz’s tenure, Rochester has made significant strides in their perinatal care, especially regarding statewide initiatives of the NYSPQC like limiting elective deliveries before 39 weeks. Much of this success can be credited to their collaborative approach to regionalization, where the hospitals come together in partnership, energized and ready to pursue shared goals with passion.

“Our relationship with the RPC has only gotten stronger over the years, in large part because of the good communication and good rapport between us,” says Dr. Robert Bonvino, MD, who works with the Nicholas H. Noyes Memorial Hospital, an affiliate of the RPC. “The reason behind our success is simple: better communication equals better patient care, which equals better patient outcomes. That’s something we all want to achieve.”

Interested in learning more about our perinatal improvement efforts? Sign up for NICHQ News for the latest articles, resources and webinars. (Tip: We have an article on efforts to reduce maternal hemorrhages coming soon).