

MDPQC Maternal Health Office Hours: HEART Results

October 6, 2026



Agenda

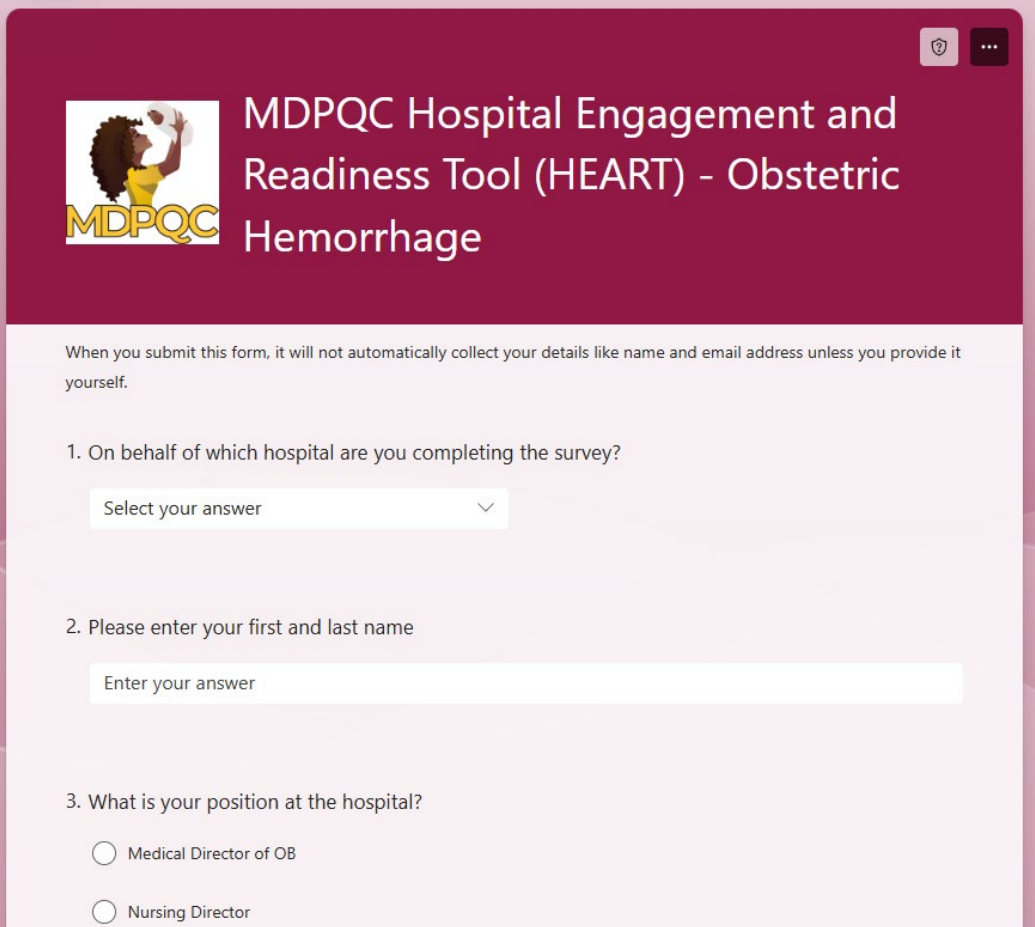
- 1 Obstetric Hemorrhage HEART Pre- vs Post-Assessment Results
- 2 Postpartum Discharge HEART Pre-Assessment Results
- 3 Resource Planning
- 4 Next Steps



What is the "HEART"?

Hospital Engagement and Readiness Tool

- Baseline assessment of hospital needs
 - One response per hospital
- Patient Safety bundle components
- Track practice and policy changes
- Identify strengths and opportunities



The screenshot shows a survey form titled "MDPQC Hospital Engagement and Readiness Tool (HEART) - Obstetric Hemorrhage". The form includes a header with the MDPQC logo and a title bar. Below the header, there is a disclaimer: "When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself." The form contains three questions: 1. "On behalf of which hospital are you completing the survey?" with a dropdown menu labeled "Select your answer". 2. "Please enter your first and last name" with a text input field labeled "Enter your answer". 3. "What is your position at the hospital?" with two radio button options: "Medical Director of OB" and "Nursing Director".



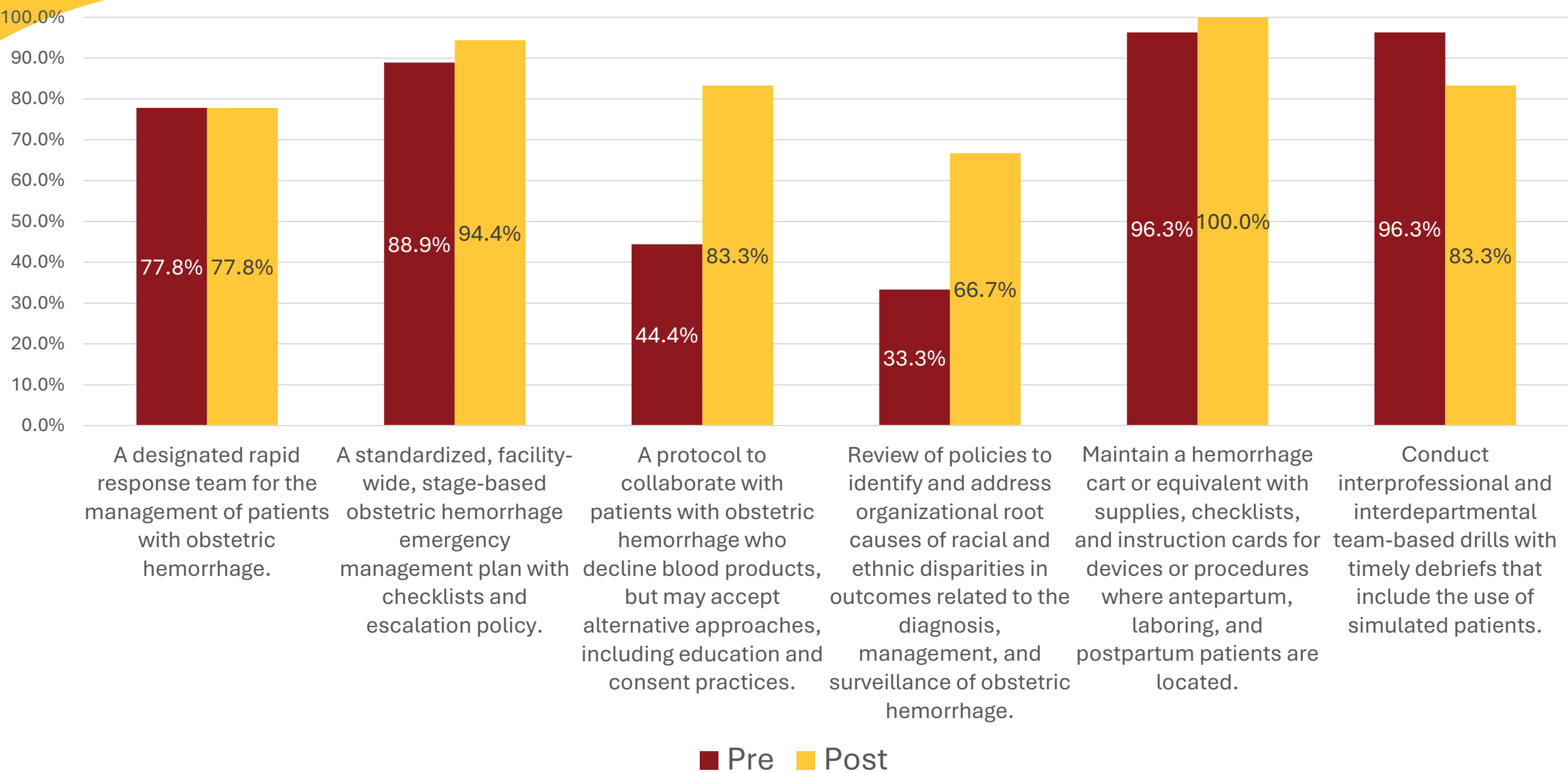
Obstetric Hemorrhage

Pre- vs Post-HEART Results

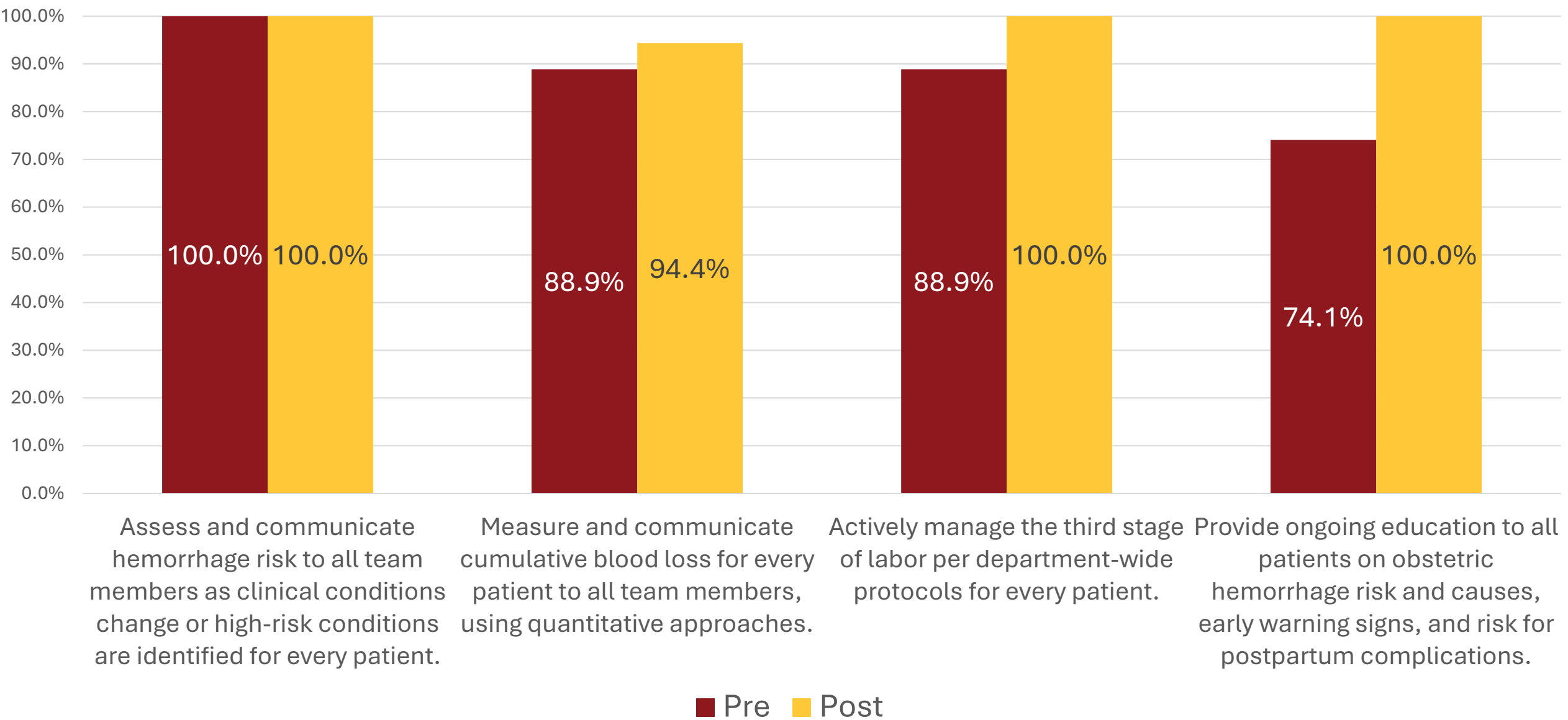
- Pre-Assessment (2023): 27 responses
- Post-Assessment (2026): 18 responses



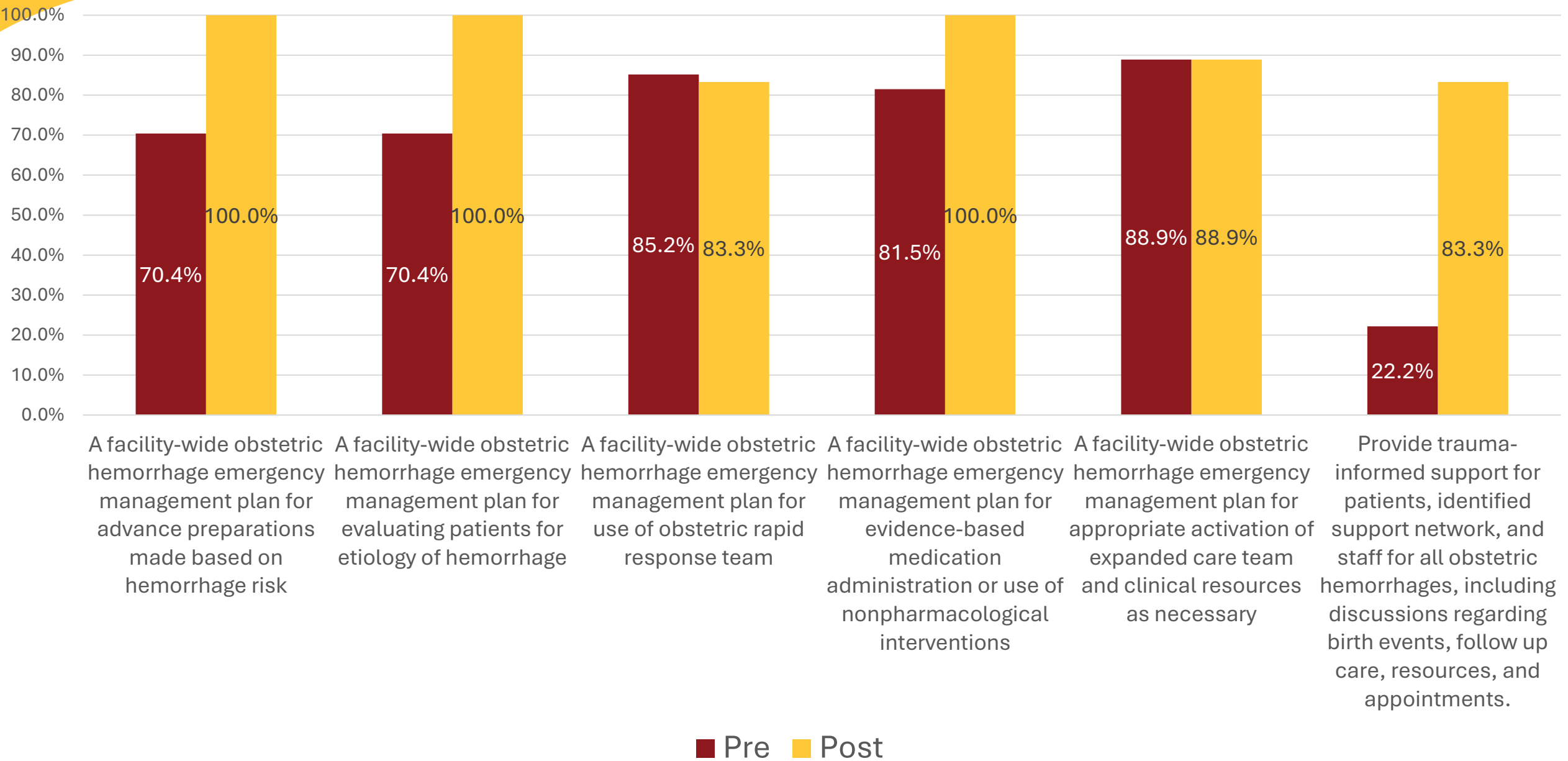
How would you characterize your implementation of the “readiness” components?



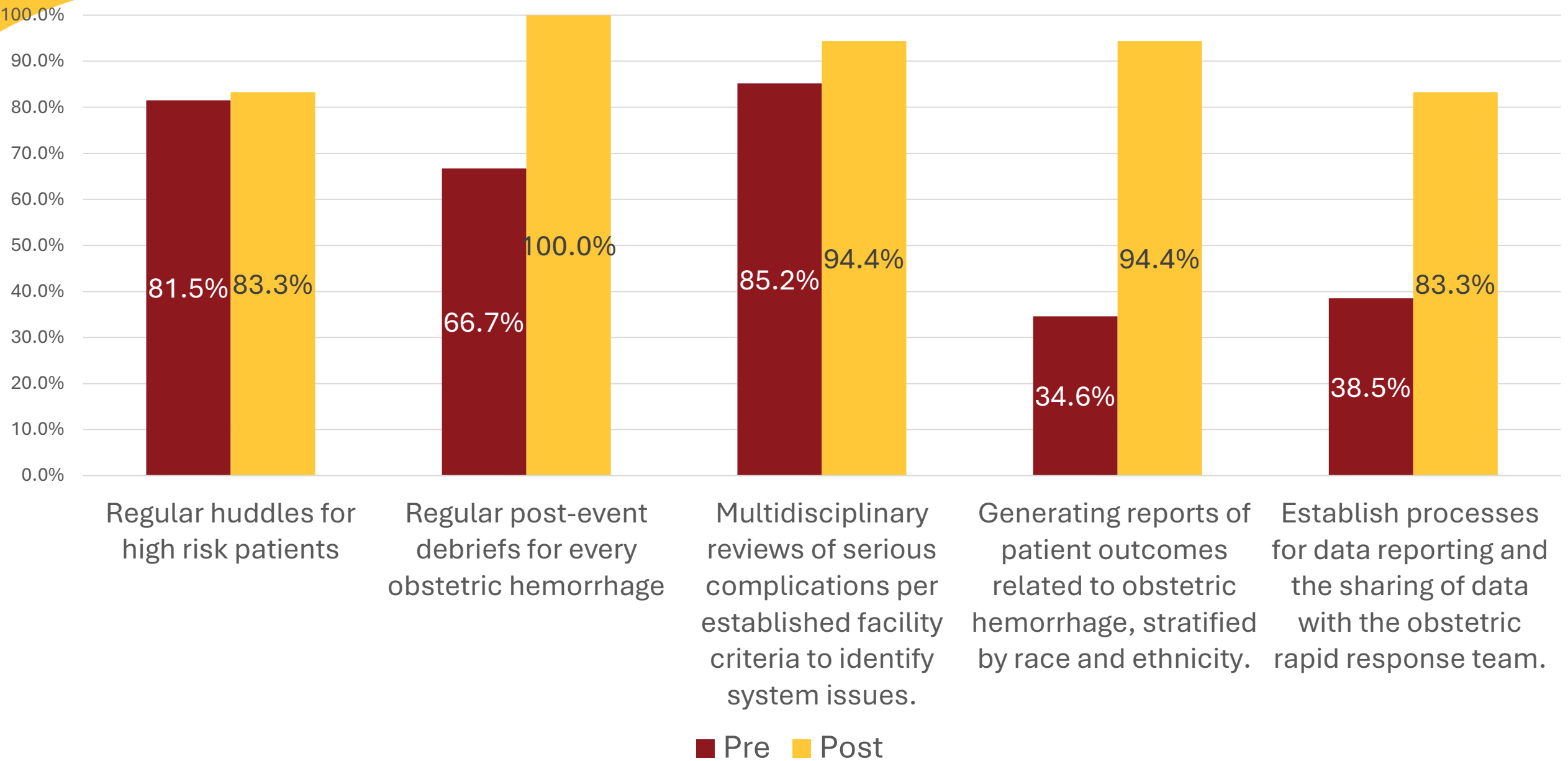
How would you characterize your implementation of the “recognition” components?



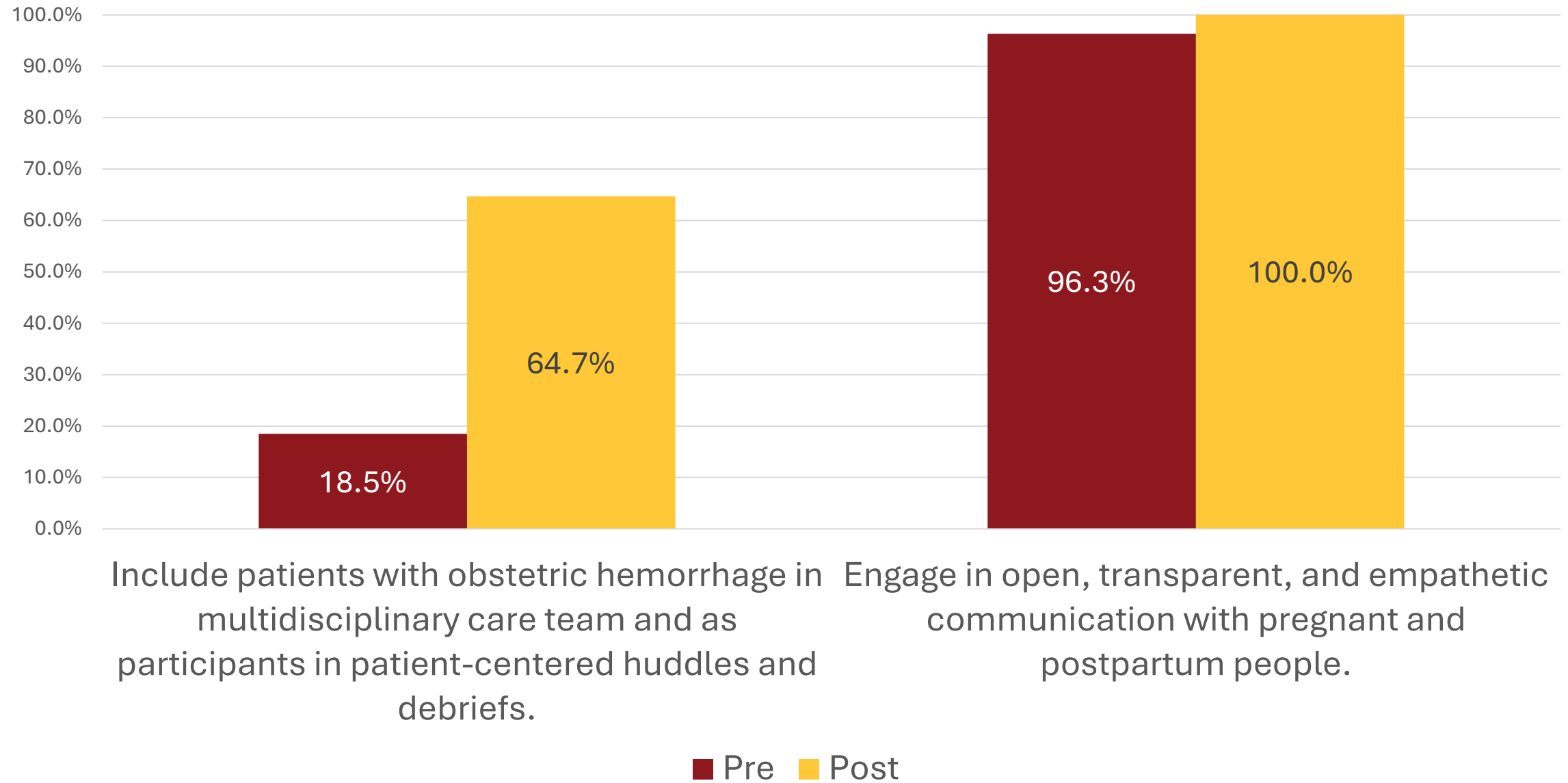
How would you characterize your implementation of the “response” components?



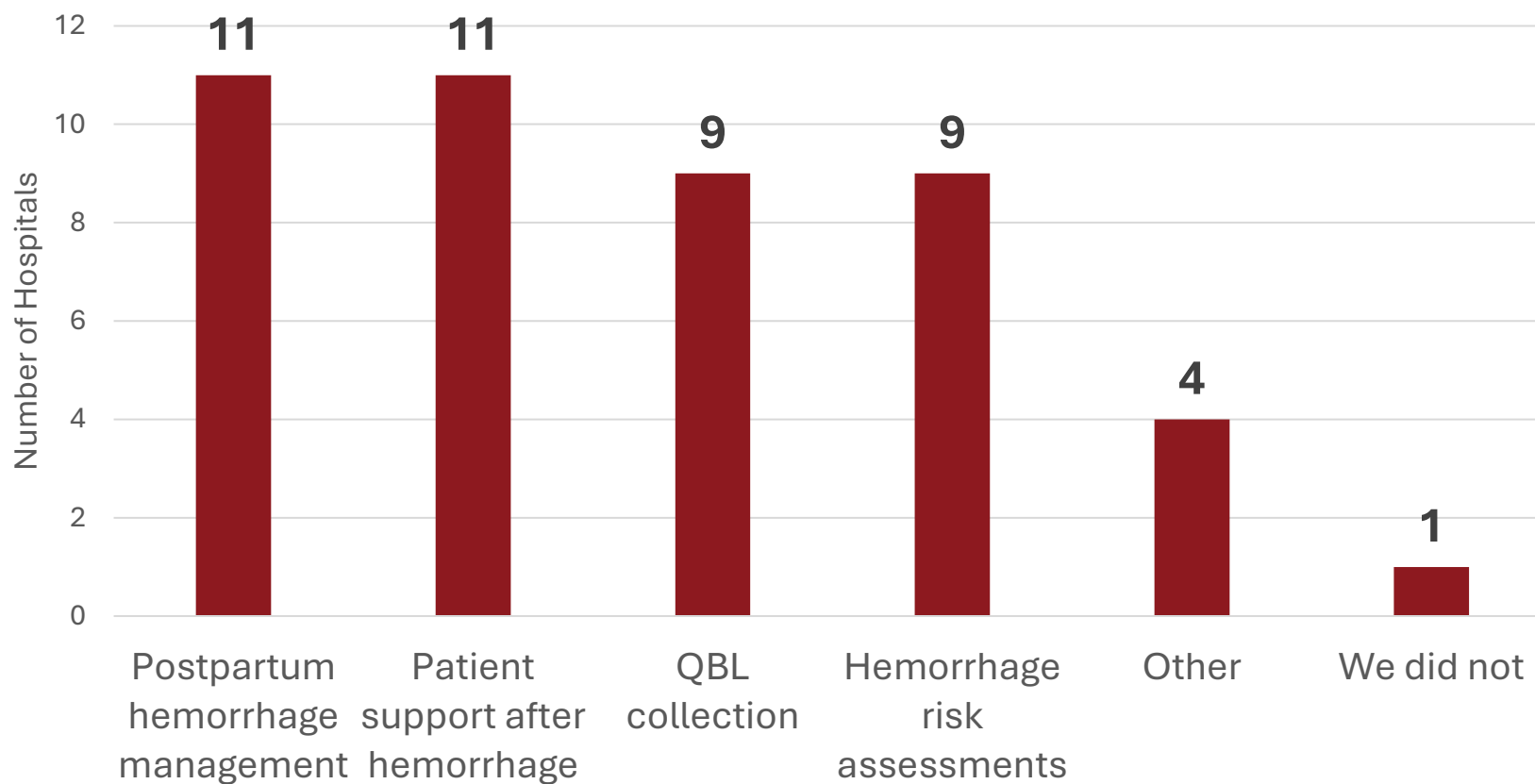
How would you characterize your implementation of the “reporting” components?



How would you characterize your implementation of the “respectful care” components?



Did you update any policies or protocols relating to obstetric hemorrhage in your hospital as a result of participating in this initiative?





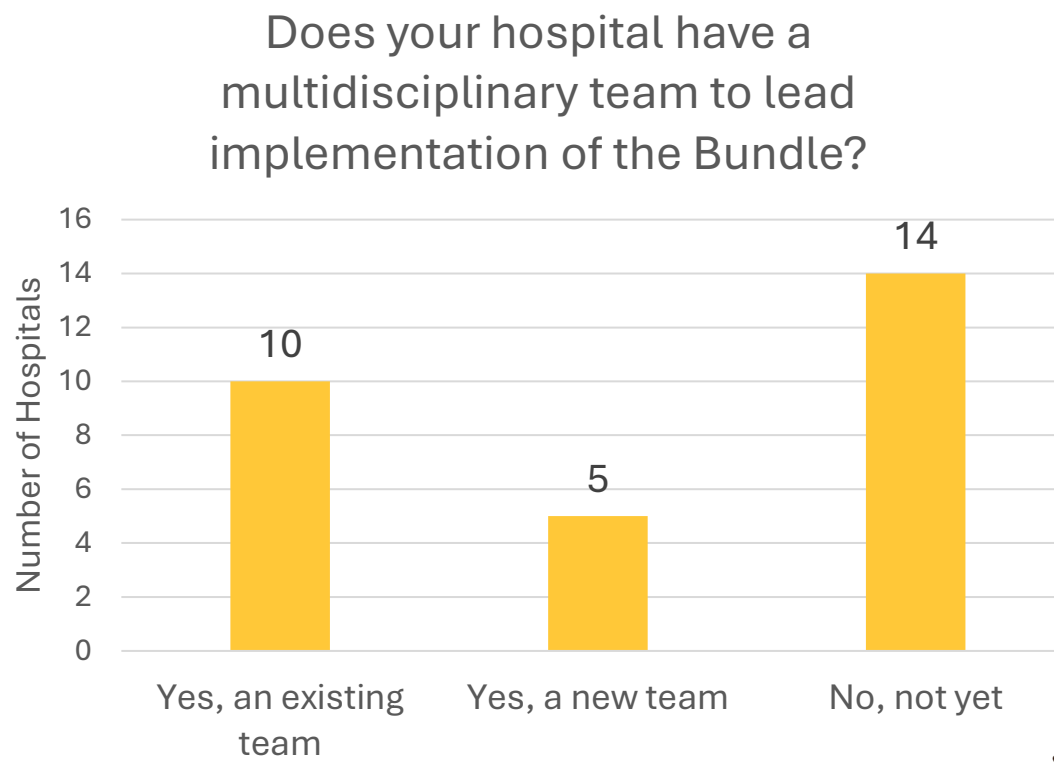
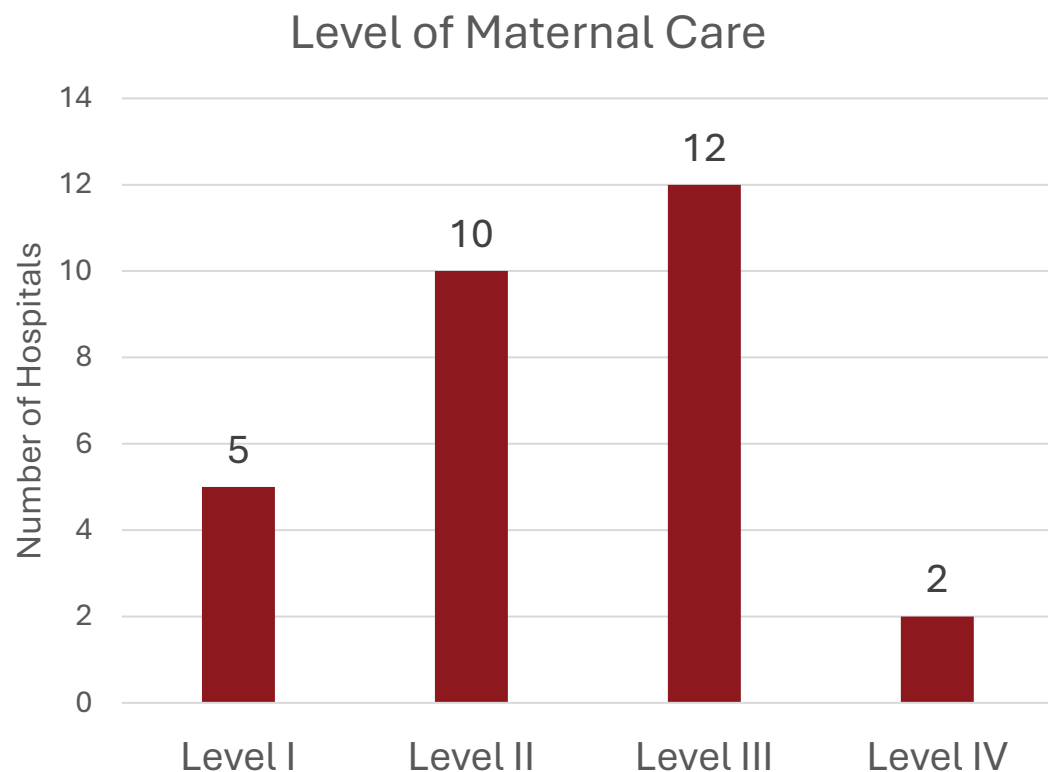
Postpartum Discharge Transition

HEART Pre-Assessment Results

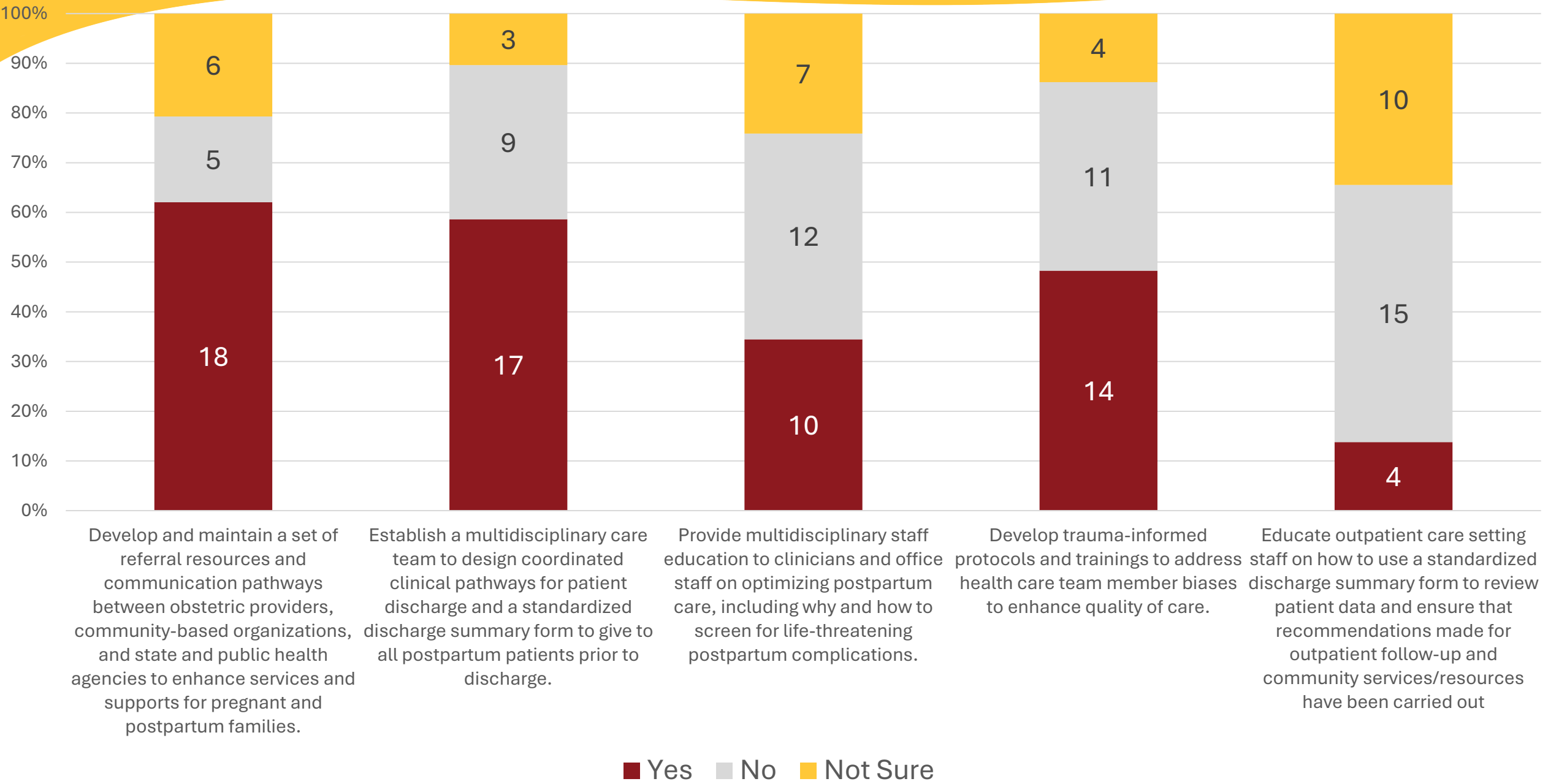


HEART Results

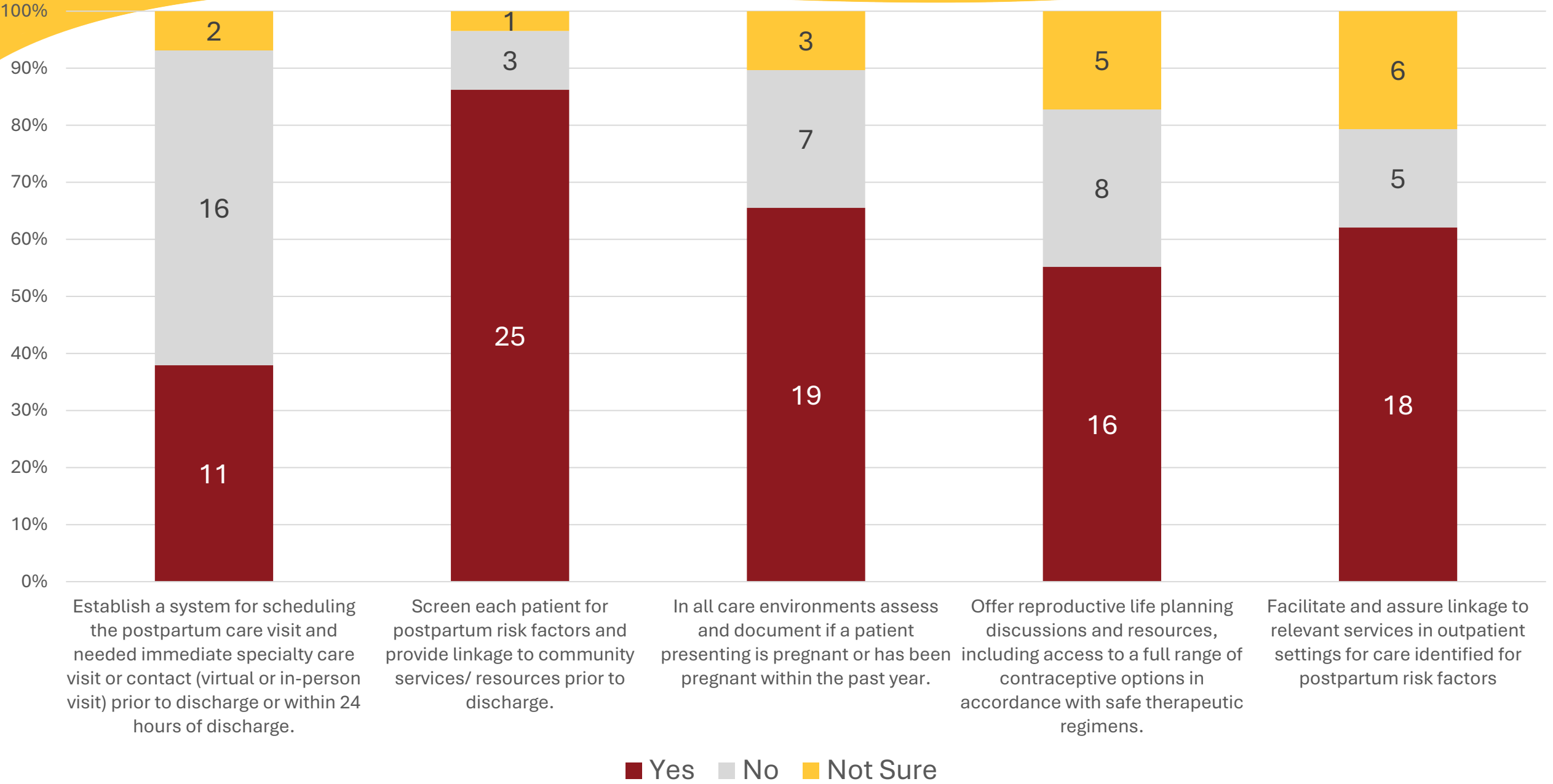
➤ 29 responses (93.5% response rate)



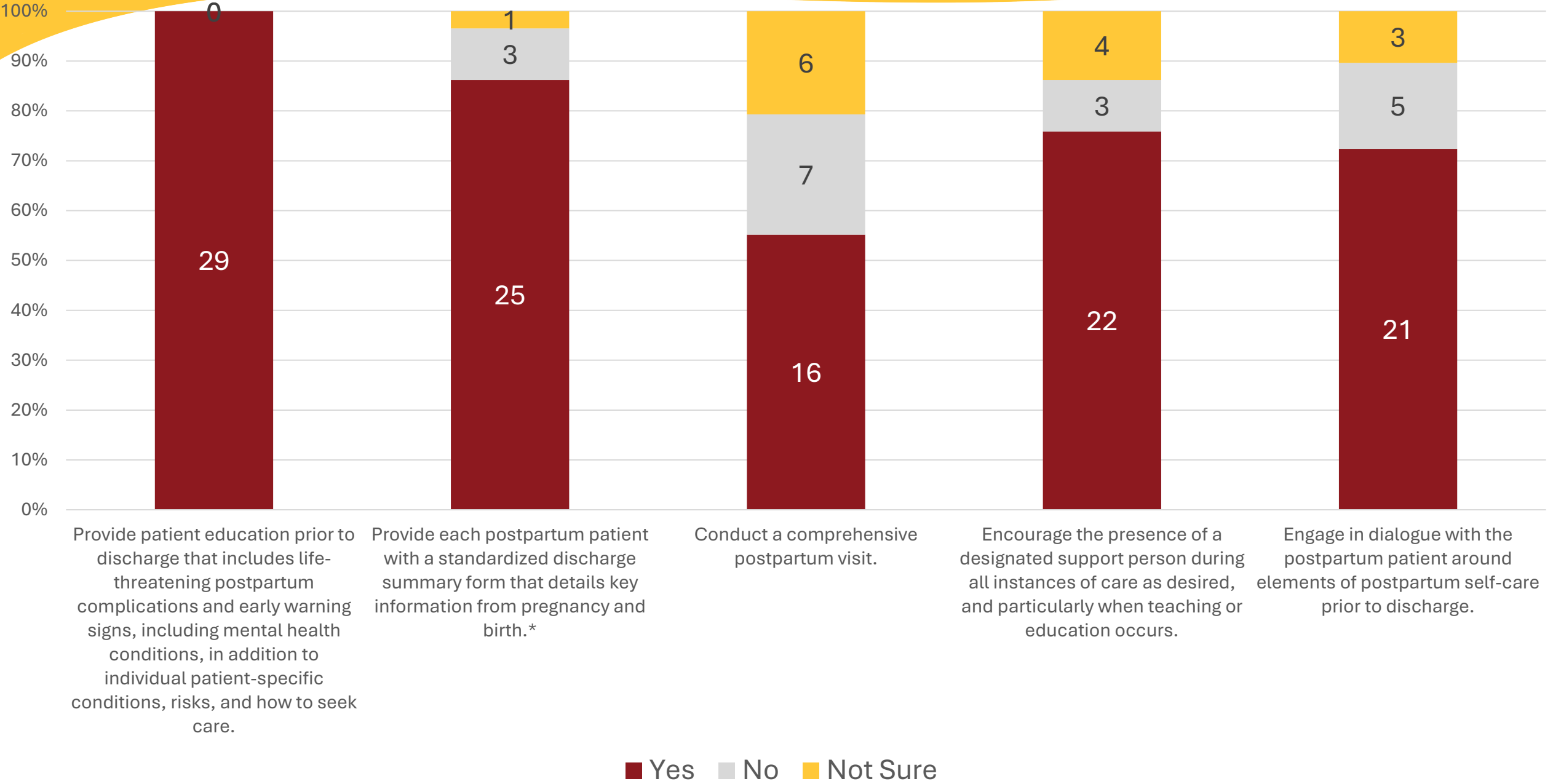
How would you characterize your implementation of the “readiness” components?



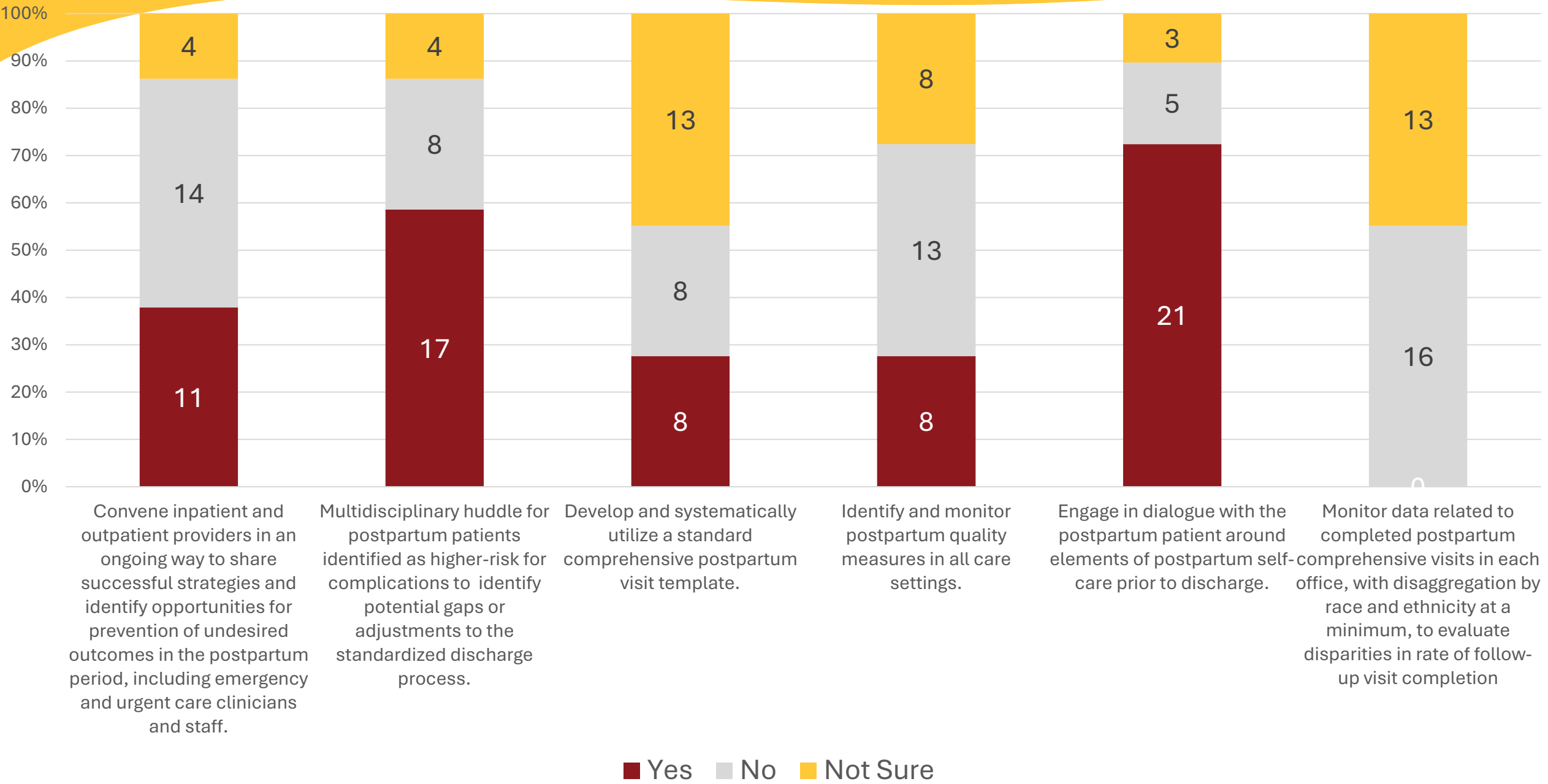
How would you characterize your implementation of the “Recognition” components?



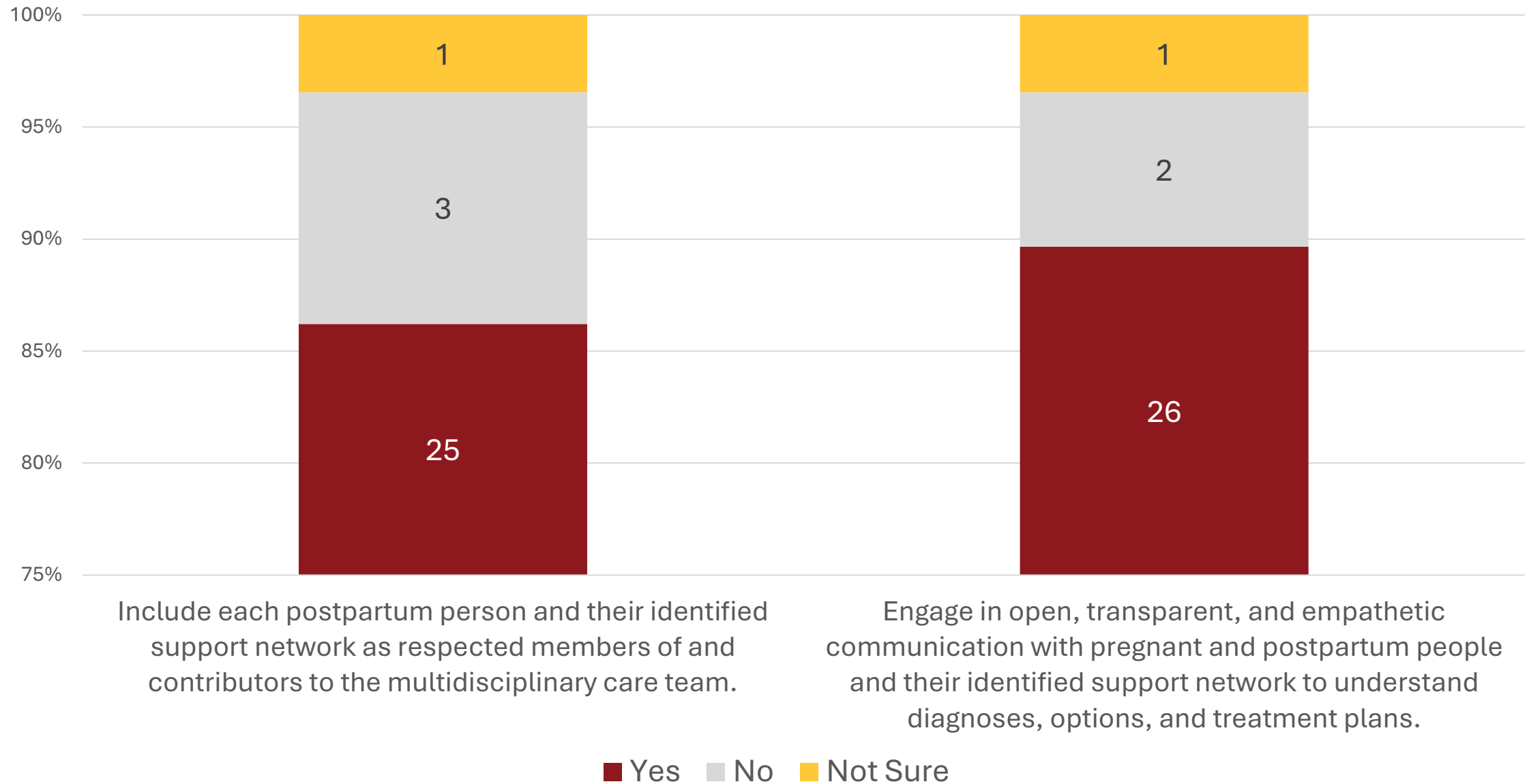
How would you characterize your implementation of the “Response” components?



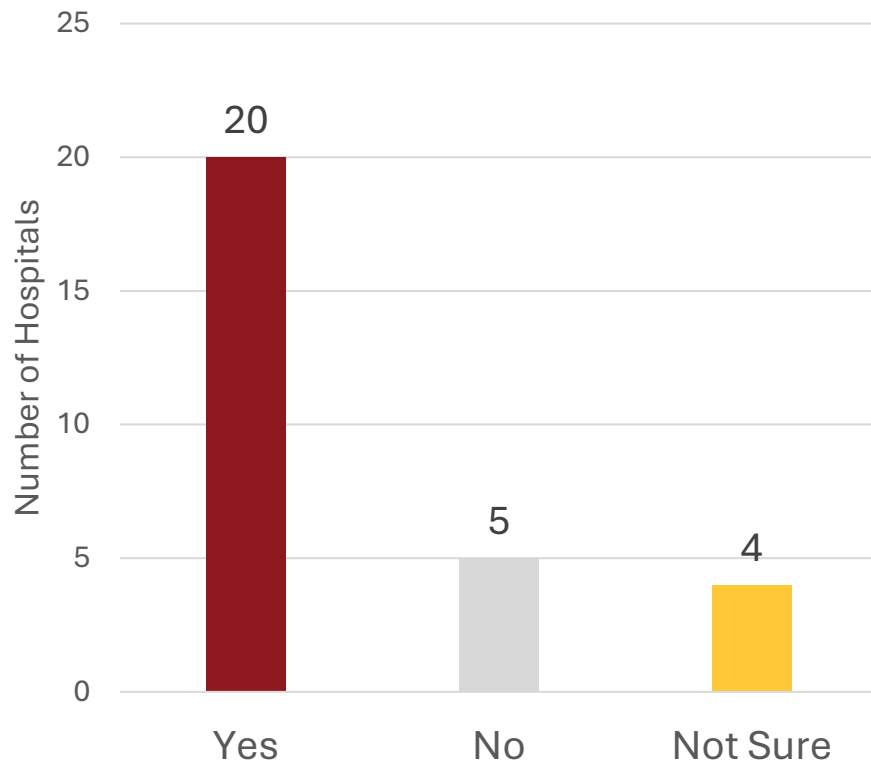
How would you characterize your implementation of the “Reporting” components?



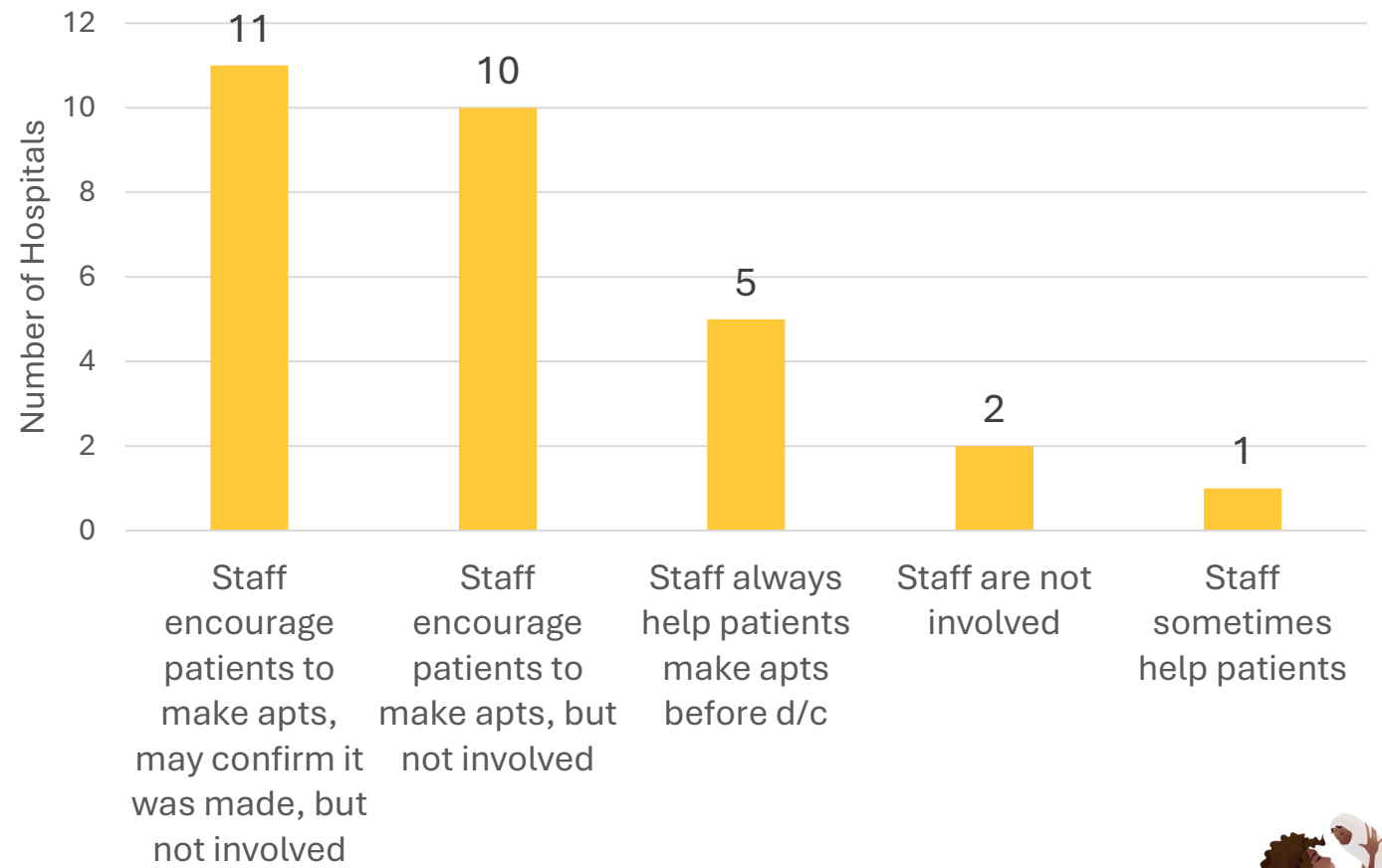
How would you characterize your implementation of the “Respectful and Equitable Care” components?



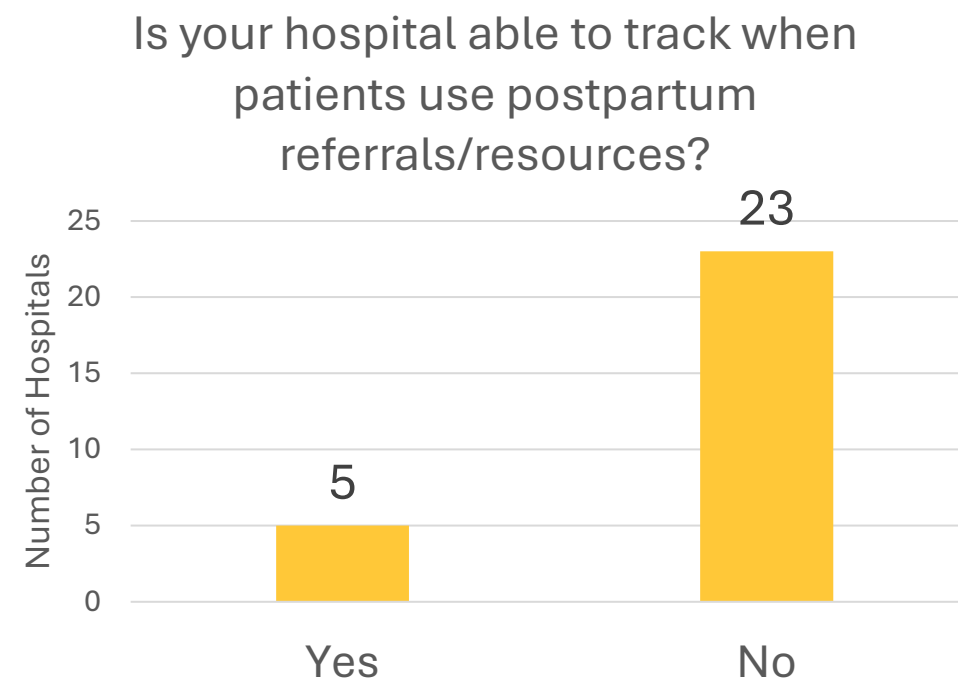
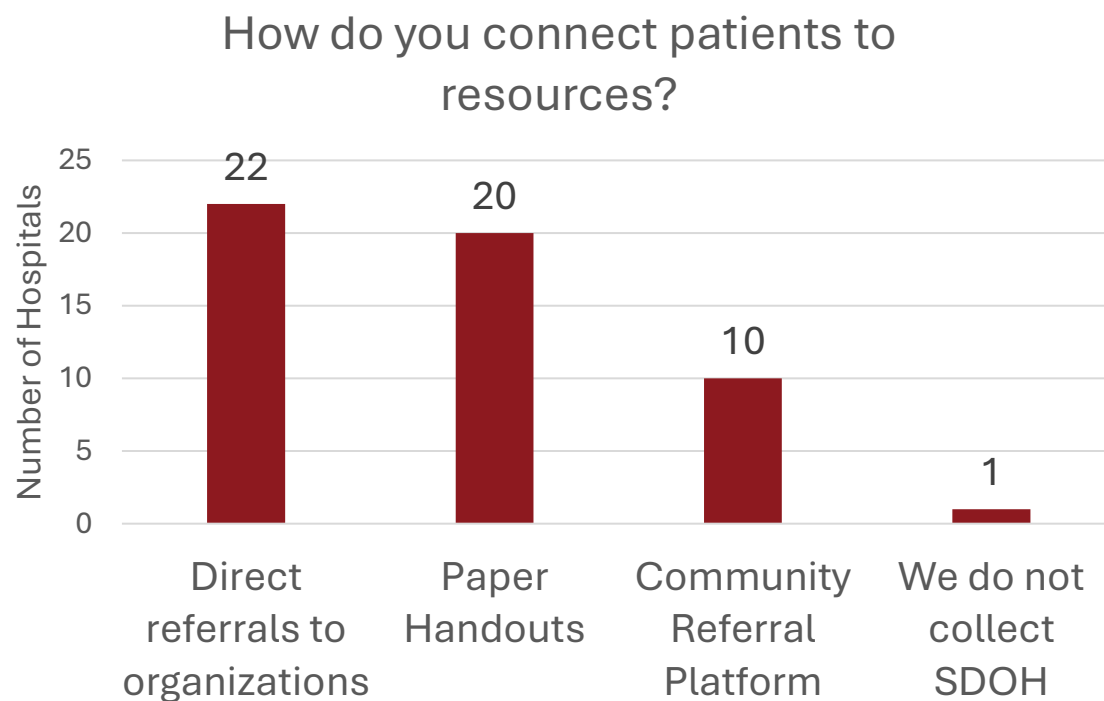
Does your hospital have dedicated individuals to help patients navigate the postpartum period?



How involved is your staff in helping patients make follow-up appointment prior to discharge?



- The vast majority of hospitals report using their built-in EHR SDoH screening tool; 3 reported using the CMS Accountable Health Communities tool



What barriers/challenges does your hospital currently face?

- we have no access or control over the outside FQHCs. We can only improve the information on discharge forms at this point with those patients
- Lack of navigator
- Our community lacks resources for our patients and a large part of our patient population has state insurance so they are often required to stay within the state
- coordination with outpatient clinics, insurance barriers, SDoH
- We have limited control in making appointments, many resources require that the patients make the appointments and follow ups themselves. We have no ability to mandate what our private OB offices do and how to track that data. Our patients have the ability to be discharged 24/7. While we have a prenatal Care Navigator on site 7 days a week, they are not available 24 hours and offices are not open 24/7.
- Having the staff availability to schedule appointments with patients' input.
- infants not having insurance upon discharge
- collaboration with outpatient clinics/offices
- We will have challenges with the outpatient/provider office piece.
- Lack of community resources within our rural area.
- staffing and available resources in community
- Time, availability of appointments at outside referral offices
- Lack of feedback data from outpatient offices
- Time, staffing, availability of outside resources
- Time, manpower, provider buy –in
- Patients with complex medical needs require home care and wound care because payers often will not take their insurance and it is difficult to staff, as well as our population does not have the needed support to assist in medical follow up/wound care. Transportation to medical appointments or clinics that can meet the pp discharge needs and our patients that are largely uninsured outside of healthy babies are unable to follow up PP with their medical needs or babies due to the need to return to work. Stable housing and food are our highest indicated needs for our patient population provided by our SDOH data that our hospital collects.
- Timeliness of consults, speaking with the social worker during the postpartum period.
- Although we communicate with our OB offices if needed before and after delivery/discharge, we don't have a process that connects the two. Also, we don't have a lot of existing connections with outside organizations in the community at this time.
- I need to follow up with our social worker, I'm not exactly sure what follow up they do.
- This is going to be difficult at this time because we are unable to build new reports within our EPIC system. This is a new EHR for our organization and we cannot make optimization changes at this time.
- Lack of staff/resources available to connect patients to community resources (only 1 part time social worker, nurse shortage) and lack of physician buy-in.
- Resources (i.e staff) and EHR (Data Collection)
- Resources to coordinate postpartum appointment prior to discharge
- Training the postpartum nurses on the discharge bundle, data collection
- Disconnect between inpatient & outpatient settings as one of the OB practices uses a different EHR system.



MDPQC Resources in Development

Outpatient Meeting Reference

- For those that have these – who is usually included?
- What is on the agenda?
 - Data review (the latest MDPQC data, along with any other relevant data)
 - Case review (any readmissions, or cases that were transferred into the hospital)
 - Shared resources (do you have a great resource that you want patients to know about? Do your partners?)
 - Relevant initiatives (what are your current priorities?)
 - Current events (outbreaks, medication shortages, things that could affect patient care in and outside of the hospital)
 - Discussing/troubleshooting challenges to patient care

Postpartum Visit Template

- Do you currently have a postpartum visit template?
 - If yes: Would you be willing to share?
 - If yes: What elements are included?
 - If yes: Do you share it with other outpatient providers?
- What would you want to see included on a PP visit template?
- What do you feel like is most commonly missed during the PP visit?





Next Session

MDPQC November Maternal Health Office Hours



November 3, 2026

[Register Now](#)



12pm – 1pm

Open Discussion



Please complete the evaluation poll before you go.