



# 2023 TCHMB Summit

February 16-17

## OB: Improving hypertension outcomes by addressing SDoH



Friday, February 17



1:30 - 3:30 PM



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**MODERATOR:** James Hill, M.D., Obstetrics Co-Chair,  
Division Chief for the Division  
of Maternal-Fetal Medicine, Baylor  
College of Medicine/The Children's  
Hospital of San Antonio



# Learning Objectives

- Describe one or more method for assessing a patient population's social needs.
- Identify one or more workflow or structure change that, if made, would support assessment of social needs for patients diagnosed with postpartum preeclampsia in emergency and obstetrics departments.



*To **Heal**, to **Serve** and to **Educate**.*

# Improving Hypertension Outcomes by Addressing Social Determinants of Health and Equitable Care

Building Constructs to Support SDoH and Provide Equitable Care From a Quality Assurance Performance Improvement Standpoint

Carolina Juarez BSN, RN

# How can your role impact Social Determinants of care and improve equitable care?

**Approach awareness, change and impact by evaluating what specific ways you may personally contribute**

My Personal Example:

- Maternal Program Manager
- Nurse
- Quality Assurance Performance Improvement focused
- Management
- Mother and former Maternal Patient



# Getting the Work Done!

## **Methods of becoming aware of SDoH and addressing disparities of care:**

1. Look back at Cases Reviews completed, with a focus on Social backgrounds, race and ethnicity
2. Identify trends amongst these cases
3. Learn patient populations specific to your area based off these reviews
4. Reach out to community: Educate and Learn (Ex. Transferring Hospitals, Midwifery Locations, Teen Pregnancy Centers, etc.)
5. Assess and revise methods for capturing this information to learn more
6. Make changes based on data, less on perception

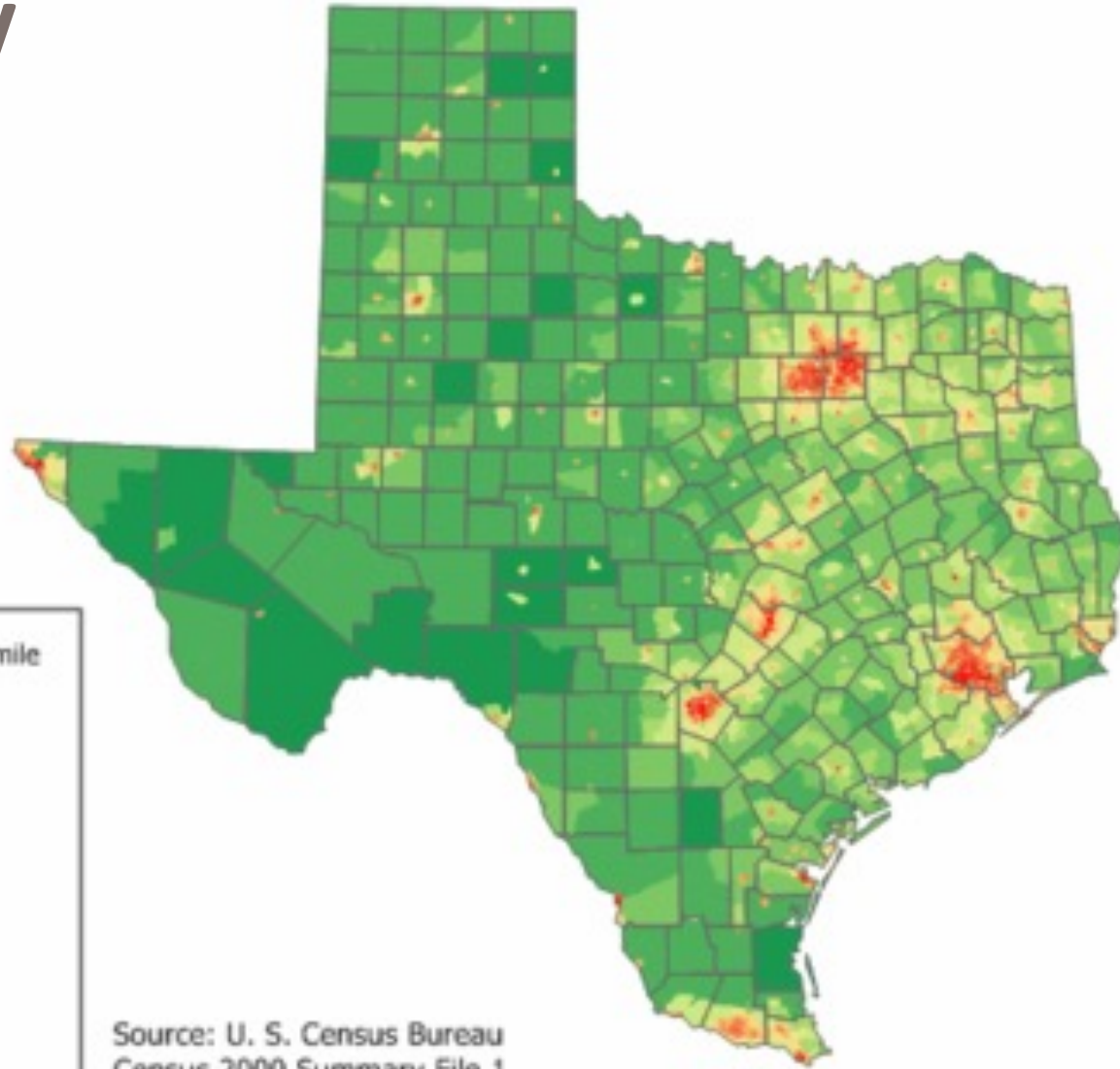
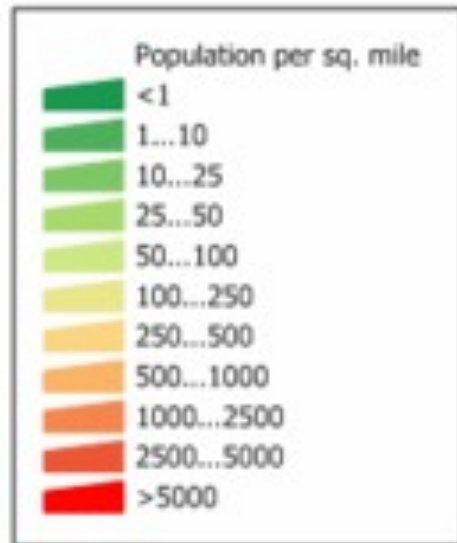
# Our Community

**What makes El Paso unique? Who are the patients University Medical Center of El Paso Serves?**

- Border City to Mexico
- County Hospital
- Maternal Level 4 Facility
- Military Base
- Predominantly Hispanic Population



# Our Community



Source: U. S. Census Bureau  
Census 2000 Summary File 1  
population by census tract.

# Examples of Outreach: Learning and Educating

**Reach out to the community, learn what they need and educate on what you have to offer**

Midwifery Centers

Military Community



# Review Case Review Templates and Data Abstraction Criteria

**Benefits of consistent gathering of information regarding social determinants of health and equity of care:**

- Ability to track and trend patterns
- Leads to changes of processes
- Improves patient outcomes

**Examples of information that should be gathered?**

- Patient Race/Ethnicity
- Language
- Consultations
- Screenings
- Education Provided
- Patient Concerns

# Blank Case Review Template

Abstraction					
Name of Birth Facility: UMC of El Paso Level of Care :4 <input checked="" type="checkbox"/> Birth center <input type="checkbox"/> Other:					
Screened Positive by: <input type="checkbox"/> ≥4 Units of blood products <input type="checkbox"/> ICU Admit <input type="checkbox"/> Unplanned maternal readmission <input type="checkbox"/> Eclampsia <input type="checkbox"/> Elective Delivery <39 weeks <input type="checkbox"/> Level 1 or 2 Trauma Admission <input type="checkbox"/> Initiation of antibiotics >24 hrs. after delivery					
<input type="checkbox"/> Unplanned removal, injury, or repair of organ during operative procedure <input type="checkbox"/> Transfer from outside facility <input type="checkbox"/> Transfer out of the hospital <input type="checkbox"/> APGAR < 7 at 5 min <input type="checkbox"/> Unanticipated neonate transfer to EPCH <input type="checkbox"/> Unanticipated intrapartum fetal demise or neonatal death <input type="checkbox"/> Maternal Cardiopulmonary Arrest <input type="checkbox"/> Maternal Death <input type="checkbox"/> Preterm Gestation <input type="checkbox"/> Shoulder Dystocia					
<input type="checkbox"/> Accreta/Paracreta/Placenta <input type="checkbox"/> Hypertensive Disorder <input type="checkbox"/> Sepsis <input type="checkbox"/> Other:					
Date of Admission: Click here to enter a date.		Date of SMM Event: Click here to enter a date.		Date of Discharge:	
Abstraction Date: Click here to enter a date.		Abstractor:		MR#/FIN#:	
Timing of maternal morbidity:					
PATIENT CHARACTERISTICS					
Age:	Weight/Height:	BMI:	Race: Choose an item.	Hispanic/Latina: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unknown: <input type="checkbox"/>
Language:					
OBSTETRIC HISTORY					
Gravida:	Para:	Term:	Premature:	Aborted:	Living:
# Fetal Deaths:			# Infant Deaths:		
PRENATAL CARE (PNC)					
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Prenatal care source/location:			
Week PNC began:		Discipline of Primary PNC Provider:			
# of PNC visits:					
Assisted Reproductive Technology (ART): Yes <input type="checkbox"/> Type: No <input type="checkbox"/>					
Prenatal Labs: Yes <input type="checkbox"/> No <input type="checkbox"/> <del>Drugscreen</del> : Yes <input type="checkbox"/> No <input type="checkbox"/>					
ADMITTING INFORMATION					
Admitting/Chief Complaint:		POC:			
Maternal transport during peripartum period: Yes <input type="checkbox"/> No <input type="checkbox"/>					
DELIVERY INFORMATION:					
Gestational age: Singleton: <input type="checkbox"/> Multiple: <input type="checkbox"/> Birth status:		Labor: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Delivery type:		Type of C-Section:		Primary reason for C-Section:	
Decision to Incision if Urgent/Emergent:		Type:			
Antibiotics Given: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type:			
Vacuum Applied: Yes <input type="checkbox"/> No <input type="checkbox"/>		Forceps Applied: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Shoulder Dystocia: Yes <input type="checkbox"/> No <input type="checkbox"/>		Risk Assessed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Maneuvers Documented: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Result: EFW:		Times Called: Head: Shoulder:			
Type of anesthesia:		Urgent: <input type="checkbox"/> Emergent: <input type="checkbox"/>			
BP Q15 min if epidural:		Time MD called: ___:___ MD arrived: ___:___			
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Baby A: Newborn Delivery Date: Time:		Baby A: Apgar: Weight: NBN <input type="checkbox"/> NICU <input type="checkbox"/> Reason:			

Baby B: Newborn Delivery Date: Time:		Baby B: Apgar ___/___/___ Weight: _____ gm NICU ___ NBN ___	
NBN <input type="checkbox"/> NICU <input type="checkbox"/> Reason:			
Prefers Breastfeeding: <input type="checkbox"/>		Prefers Bottle-feeding: <input type="checkbox"/> N/A: <input type="checkbox"/>	
In-Patient Care			
Fetal/Uterine Monitoring: <input type="checkbox"/> NST <input type="checkbox"/> Doppler/Palpation <input type="checkbox"/> External Cardio/Toco <input type="checkbox"/> Internal FSE/IUPC <input type="checkbox"/> Continuous			
Documented FHR category per AWHONN standard Yes <input type="checkbox"/> No <input type="checkbox"/> Tachysystole <input type="checkbox"/>			
<input type="checkbox"/> Induction <input type="checkbox"/> Augmentation			
<input type="checkbox"/> Misoprostol <input type="checkbox"/> Cervidil <input type="checkbox"/> Other:			
Oxytocin Checklist Followed: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (Checklist has not gone live at this time, is in developmental process)			
Interventions:			
<input type="checkbox"/> Position change <input type="checkbox"/> Bolus <input type="checkbox"/> O2 <input type="checkbox"/> Decreased Oxytocin <input type="checkbox"/> MD notified <input type="checkbox"/> Prep for c/s <input type="checkbox"/> Amniofusion <input type="checkbox"/> Delivered within 30 min			
Rupture of Membranes: <input type="checkbox"/> SROM <input type="checkbox"/> PROM <input type="checkbox"/> AROM Date: Time: Color: Temp q2 hrs Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
PACU Start: Click here to enter a date. Time:		PACU End: Click here to enter a date. Time:	
Fundal Massage per Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>		Vitals Per Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pain assessed per policy?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Antepartum/Intrapartum Consults:			
<input type="checkbox"/> MFM: Click here to enter a date. <input type="checkbox"/> Neonatology: Click here to enter a date. <input type="checkbox"/> Dietary: Click here to enter a date.			
<input type="checkbox"/> Cardiology: Click here to enter a date. <input type="checkbox"/> Lactation: Click here to enter a date. <input type="checkbox"/> Social: Click here to enter a date.			
<input type="checkbox"/> Psychiatric: Click here to enter a date. <input type="checkbox"/> Bereavement Care: Click here to enter a date. <input type="checkbox"/> Other: Click here to enter a date.			
HISTORY/DIAGNOSIS			
Hypertensive Disorder: No <input type="checkbox"/> Yes <input type="checkbox"/>		Postpartum Hemorrhage: Yes <input type="checkbox"/> No <input type="checkbox"/> When/Where:	
<input type="checkbox"/> Chronic HTN <input type="checkbox"/> Gestational HTN <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Eclampsia		History prior pregnancy: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<input type="checkbox"/> Superimposed Preeclampsia		Screen completed upon admission to unit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Severe HTN: No <input type="checkbox"/> Yes <input type="checkbox"/>		Score:	
HTN Medication Algorithm Utilized: No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>		QBL Documented: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Total:	
		Timely interventions: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Medications:		Medications:	
Magnesium Sulfate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Hemabate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hydralazine: Yes <input type="checkbox"/> No <input type="checkbox"/>		Methergine: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nifedipine IR: Yes <input type="checkbox"/> No <input type="checkbox"/>		IV fluid/bolus: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Labetalol: Yes <input type="checkbox"/> No <input type="checkbox"/>		TXA: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Misoprostol: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes Disorder: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type:	
Sepsis: Yes <input type="checkbox"/> No <input type="checkbox"/>		Fever: Yes <input type="checkbox"/> No <input type="checkbox"/> Isolation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Labs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" selected: Sepsis Continued:			
Lactate Level: Collected again if initial elevated >2mmol/L: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Blood Cultures prior to antibiotic administration: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Broad-Spectrum Antibiotic administered: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Rapid administration of 30mL/kg crystalloid for hypotension or lactate level ≥ 4 mmol/L: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vasopressor administered to maintain MAP ≥ 65 mm Hg: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cardiac Complications: Yes <input type="checkbox"/> No <input type="checkbox"/>		Depression/Psychiatric Disorder: No <input type="checkbox"/> Yes <input type="checkbox"/> Other <input type="checkbox"/>	
Type:		Suicide Screen: Yes <input type="checkbox"/> No <input type="checkbox"/> Edinberg: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Interventions if Positive screening: Social work Consult, Psyche consult	

# Blank Case Review Template

Patient Education Specific to Complications: Yes <input type="checkbox"/> No <input type="checkbox"/> In Preferred Language? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEWS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Followed: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>DISPOSITION</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Transfer Out <input type="checkbox"/> Death    Follow up appointment:    Referral to:	
<input type="checkbox"/> ICU <input type="checkbox"/> Telemetry <input type="checkbox"/> Main OR <input type="checkbox"/> Medical Serv. <input type="checkbox"/> Co-manage Care:	
Brief Timeline/Synopsis:	
Sequence of Morbidity:	
1.	
2.	
3.	

<b>Resolution</b>	
<input type="checkbox"/> Care was appropriate, no follow up needed <input type="checkbox"/> Opportunity for improvement <input type="checkbox"/> Opportunity to alter outcome	
<b>Select Action Plan Items</b>	
<input type="checkbox"/> Guideline or protocol creation <input type="checkbox"/> Guideline or protocol modification <input type="checkbox"/> Focused education <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Department/Unit wide education <input type="checkbox"/> Enhanced Resources <input type="checkbox"/> Progressive corrective action <input type="checkbox"/> Informational letter (Includes opportunities for improvement) <input type="checkbox"/> PI Project	<input type="checkbox"/> Individual department/service line investigation <input type="checkbox"/> Refer for QCR/RCA <input type="checkbox"/> Refer to MSPI <input type="checkbox"/> Refer to quality and/or risk department <input type="checkbox"/> To be presented at OB M&M <input type="checkbox"/> Trend <input type="checkbox"/> Follow up with referring facility
Identify practices that were done well and should be reinforced:	
•	
Recommendations for system, practice, provider improvements:	
<u>Abstractor: Reviewed</u>	
<u>MPM: Reviewed</u>	
<u>MMD: Reviewed</u>	
<b>Loop Closure/ Follow Up</b>	
<input type="checkbox"/> Exemplary care, no suggestions for improvement from OB physician <input type="checkbox"/> Standard of care met from OB physician <input type="checkbox"/> Care could be improved from OB physician	

# Blank Case Review Template

1.

PATIENT CHARACTERISTICS					
Age:	Weight/Height:	BMI:	Race: Choose an item.	Hispanic/Latina: Yes <input type="checkbox"/> No <input type="checkbox"/>	Unknown: <input type="checkbox"/>
				Language:	

2.

PRENATAL CARE (PNC)			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Prenatal care source/location:
Week PNC began:			Discipline of Primary PNC Provider:
# of PNC visits:			

3.

<b>Antepartum/Intrapartum Consults:</b> <input type="checkbox"/> MFM: Click here to enter a date. <input type="checkbox"/> Neonatology: Click here to enter a date. <input type="checkbox"/> Dietary: Click here to enter a date. <input type="checkbox"/> Cardiology: Click here to enter a date. <input type="checkbox"/> Lactation: Click here to enter a date. <input type="checkbox"/> Social: Click here to enter a date. <input type="checkbox"/> Psychiatric: Click here to enter a date. <input type="checkbox"/> Bereavement Care: Click here to enter a date. <input type="checkbox"/> Other: Click here to enter a date.
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# Blank Case Review Template

4.

**Depression/Psychiatric Disorder:** No  Yes  Other  :

Suicide Screen: Yes  No  **Edinberg: Yes  No**

Interventions if Positive screening:

5.

**Patient Education Specific to Complications:** Yes  No  **In Preferred Language? Yes  No**

6.

## DISPOSITION

Home     Transfer Out     Death    Follow up appointment:    Referral to:

ICU     Telemetry     Main OR     Medical Serv.     Co-manage Care:

**Brief Timeline/Synopsis:**

**Sequence of Morbidity:**

- 1.
- 2.
- 3.

# Case Reviews

Why they were selected for review in the first place: **Triggers** 

**What we noticed** about “Transfer-In” triggers: **Shared issues** women might have coming from these locations

Consultations: **Social Worker Involvement?**

Trigger #	TRIGGER EVENT
1	Maternal Response Team (includes ED trauma)
2	PP Hemorrhage / $\geq 4$ Units of blood products administered
3	Admission to ICU
4	Unanticipated intrapartum fetal demise or neonatal death
5	Unplanned removal, injury, or repair of organ during operative procedure
6	Transfer in (from outside facility, including birthing centers)
7	APGAR $< 7$ at 5 minutes of birth with EPCH NICU admission
8	Unanticipated transfer of term newborn to EPCH
9	Unplanned maternal readmission within 30 days of discharge
10	Venous Thromboembolism (VTE)
11	Initiation of antibiotics $> 24$ hours after delivery
12	Transfer out of the hospital
13	Maternal cardiopulmonary arrest
14	Maternal Death
15	Seizure
16	Other Patient Outcomes

# Case Review #1

- 29 Y/O, G1, 41 Weeks Gestation, transferred in for Elevated Blood Pressures noted at **Midwife Center**. Patient went to Center after **drinking manzanilla tea, to self induce labor** and was noted to have elevated BPs.
- Began Prenatal care with midwife center at 21wks gestation, for a total of 11 visits documented
- Medical HX: Class 3 Obesity (BMI 49.8), Fetal Right Renal Pylectasis from sono at another hospital **with note of EWF: LGA**, Covid Recovered
- Patient self identified as:  
**Multiple Race/Hispanic, Preferred Language: English**

# Case Review #1

- Received and Epidural
- Unplanned C/S for Severe Pre Eclampsia with suspected macrosomia and Category 2 FHR
- Delivered a healthy boy APGARs 9/9, 4646g
- Received a Social Work Consult



# Case Review #1

## Social Work Consult:

- Received a Social Work Consult for answering “yes,” to a screening regarding history of depression and anxiety 6 years prior (previously medicated), and self harm in high school. Currently denies symptoms of depression or suicidal ideation.
- Provided info about PPD and resources to follow up with at discharge home
- Receives Medicaid and WIC
- Employed, with significant other who is also employed

## Case Review #2

- 21 Y/O, G1 33 weeks 3 Days Gestation, transferred in from Military hospital for Pre-Eclampsia with Severe Features at Preterm Gestation
- Prenatal care since 1<sup>st</sup> trimester on Military base
- Medical HX: GHTN, Treated for UTI prior to transfer
- Patient Self Identified as: White/Hispanic, Preferred Language: English

## Case Review #2

- Patient tested positive for Covid at transferring facility, precautions taken
- Misoprostol/Pitocin Induction started
- Nearly 48 hours after admission, patient developed severe labial edema and opted for a C/S
- Delivered a viable male with APGARs 5/6/9, 1694g, PPH: QBL 1062ml
- **Social Worker Consult for HX of Depression and Self Harm**
- Patient is diagnosed with endomyometritis and HELLP Syndrome, MFM Consultation. Developed ascites and pleural effusion due to low protein, and AKI due to severe preeclampsia.
- Treated: Transfused 2 units of PRBCs for anemia and IV iron, antibiotics and magnesium sulfate.
- Discharged on POD #5 (Follow up appointment within 4 days made), Called to return for treatment for positive urine culture for ESBL on POD #7 and sent home the same day (Follow up appointment within 2 days made). **MFM provided follow up to physician at transferring facility.**

# Case Review #2

## **Social Work Consult:**

- Received a Social Work Consult for answering “yes,” to a screening regarding history of depression
- Patient provided with mental health resources
- Cleared by social worker to receive infant
- Patient partner is stationed in Alaska at this time and patient will be caring for infant alone.
- Military hospital will be providing follow up PP care and Pharmaceutical needs
- Support from husband, military personelle and friends available for transportation needs per patient.
- Consultation complete via phone due to patients Covid + status

# PI Data Criteria: Hypertension

Collect information that will **illuminate** the specific strengths and weaknesses of your facility...



# PI Data Criteria Example #1: Hypertension

Language per Admission	Language Per Nurse	Diagnosis	Consecutive Severe Range BP's (Yes, No)	List Meds Given (Dose/Frequency) IV Labetalol, IR PO Nifedipine, IV Hydralazine	How many separate incidents?	Incidents Medications were given for?	Incidents when Medications were Given within 30min of initial Severe BP (each incident)	Of incidents that received medication, how many incidents treated over 1 Hr?	How many MEWS forms Related to Elevated BP	Verbal and written D/C education provided to patient related to Blood Pressures	Language of Education	Follow up appointment /time
English	English	PP Pre-E w/SF MgSO4	Yes	labetalol 20mg iv x1	2	1	1	0	1	Both	English	1 Day
English	Spanish	T2DM Pre-E w/SF MgSO4	Yes	labetalol 20mg iv x1	1	1	0	1	1	Both	Spanish	2 Days
Spanish	Spanish	Pre-E w/SF MgSO4	Yes	Hydralazine 5mg iv x1	1	1	1	0	1	Both	Spanish	2-4 Days
English	English	Pre-E w/SF MgSO4	Yes	iv x2, 10mg iv x1, hydra	5	4	3	0	2	Both	Spanish	3 Days
English	English	PP Pre-E w/SF MgSO4	Yes	labetalol 20mg iv x1	2	1	1	0	0	Verbal only	Spanish	2 days
Spanish	Spanish	5+ PTL Pre-E w/SF MgSO	Yes	Labetalol 20mg iv x2	2	2	2	0	1	Written Only	English	1-2 weeks
English	English	Pre-E w /SF MgSO4	Yes	Labetalol 20mg iv x1	2	1	1	0	0	Both	English	3 Days
Spanish	Spanish	Pre-E w S/F MgSO4	Yes	iv x1, hydralazine 5mg	5	4	3	0	4	Both	Spanish	1-2 Days
Spanish	Spanish	Pre-E w/SF MgSO4	Yes	Labetalol 20mg iv x1	2	1	0	1	0	Both	Spanish	2-4 Days

# PI Data Criteria Example #1: Hypertension

## Main Reasons Patients are not treated:

- Cuff Adjustment
- Pain
- Epidural Placement
- Non Compliance
- No documentation

# PI Data Criteria Example #1: Hypertension

**Could these reasons involve social determinants of care and equity of care issues?**

- Cuff Adjustment: Used as a reason for non-treatment on predominantly larger women?
- Pain: Could the perception of how one race over another tolerates pain affect decisions to treat?
- Non-Compliance: Have the reasons for POC, Vital sign Monitoring and treatments been explained to the patient in a way they may understand? Taking education, methods of explanation, language barriers and cultural differences into account?
- No documentation: Is a race/ethnicity or background neglected more over than another resulting in a lack of attention to the need for treatment?



# PI Data Criteria Example #1: Hypertension

**How can we address this to make positive and effective differences?**

## **Combine Social and Medical perspectives**

### **From a Social Standpoint:**

- Provide classes, education, information, data about Social Determinants of health and equitable care

### **From a Medical Standpoint:**

- Cuff Adjustment: Provide accessible cuffs of all sizes to staff
- Non-Compliance: Provide accessible and user friendly translation services
- Epidural Placement: Include Anesthesia to be involved in the HTN bundle and education about it

# PI Data Criteria Example #2: Hypertension

## Self Identified Race/Ethnicity and Language preference from patients

Language per Admission	Language Per Nurse	Diagnosis	Consecutive Severe Range BP's (Yes, No)	List Meds Given (Dose/Frequency) IV Labetalol, IR PO Nifedipine, IV Hydralazine	How many separate incidents?	Incidents Medications were given for?	Incidents when Medications were Given within 30min of initial Severe BP (each incident)	Of incidents that received medication, how many incidents treated over 1 Hr?	How many MEWS forms Related to Elevated BP	Verbal and written D/C education provided to patient related to Blood Pressures	Language of Education	Follow up appointment /time
English	English	PP PreE w/SF MgSO4	Yes	labetalol 20mg iv x1	2	1	1	0	1	Both	English	1 Day
English	Spanish	T2DM Pre-E w/SF MgSO4	Yes	labetalol 20mg iv x1	1	1	0	1	1	Both	Spanish	2 Days
Spanish	Spanish	Pre-E w/SF MgSO4	Yes	Hydralazine 5mg iv x1	1	1	1	0	1	Both	Spanish	2-4 Days
English	English	Pre-E w/SF MgSO4	Yes	iv x2, 10mg iv x1, hydra	5	4	3	0	2	Both	Spanish	3 Days
English	English	PP Pre-E w/SF MgSO4	Yes	labetalol 20mg iv x1	2	1	1	0	0	Verbal only	Spanish	2 days
Spanish	Spanish	5+ PTL Pre-E w/SF MgSO4	Yes	Labetalol 20mg iv x2	2	2	2	0	1	Written Only	English	1-2 weeks
English	English	Pre-E w /SF MgSO4	Yes	Labetalol 20mg iv x1	2	1	1	0	0	Both	English	3 Days
Spanish	Spanish	Pre-E w S/F MgSO4	Yes	iv x1, hydralazine 5mg	5	4	3	0	4	Both	Spanish	1-2 Days
Spanish	Spanish	Pre-E w/SF MgSO4	Yes	Labetalol 20mg iv x1	2	1	0	1	0	Both	Spanish	2-4 Days



## In closing

Encourage you to contemplate how your specific role and what you bring to the table could improve our understanding and addressing of social determinants of health

Get specific: Hone in on each way you could make a difference and spread the news

Learn how social determinants of care can actually impact medical outcomes



*To **Heal**, to **Serve** and to **Educate**.*

# Social Work, Case Management, and Application of Social Determinants of Care

Adriana Rayas  
Licensed Master of Social Work

February 17, 2023



# Social Worker vs. Case Manager

- Both:
  - Assess & address patient discharge needs
  - Work towards a safe / optimized discharge
  - Provide resources & referrals
- Social workers can be case managers, but case managers cannot be social workers (licensing).
- Case management is more the focus of triage & referrals for all cases.
- Social work is more the detailed focus on select cases to address difficult psychosocial needs.

# Social Worker vs. Case Manager (Hospital Setting)

## Social Worker

- Assessment focused on strengths, supports, and detail
- Patient-in-environment approach
  - Physical, emotional, and social
- Connect to outside resources
- Crisis intervention & coping
- Counseling & therapy
- Specialty (SW licensure needed)
- For the most part, targeted focus to allow for more time to address specific needs

## Case Manager

- Gather relevant info to tailor discharge plan
- Triage – determine needs & services, refer out accordingly
- Background can be social work, nursing, or therapist
  - Hospital/medical – RN preferred

# Case #1 – Matters of the Heart

- 40 y/o female migrant from Nicaragua
  - G3P1011 at 32 weeks gestation
  - Pregnancy complicated by chronic hypertension, type 2 diabetes, advanced maternal age
  - Did receive prenatal care (in Nicaragua)
  - Baby diagnosed with fetal cardiomegaly



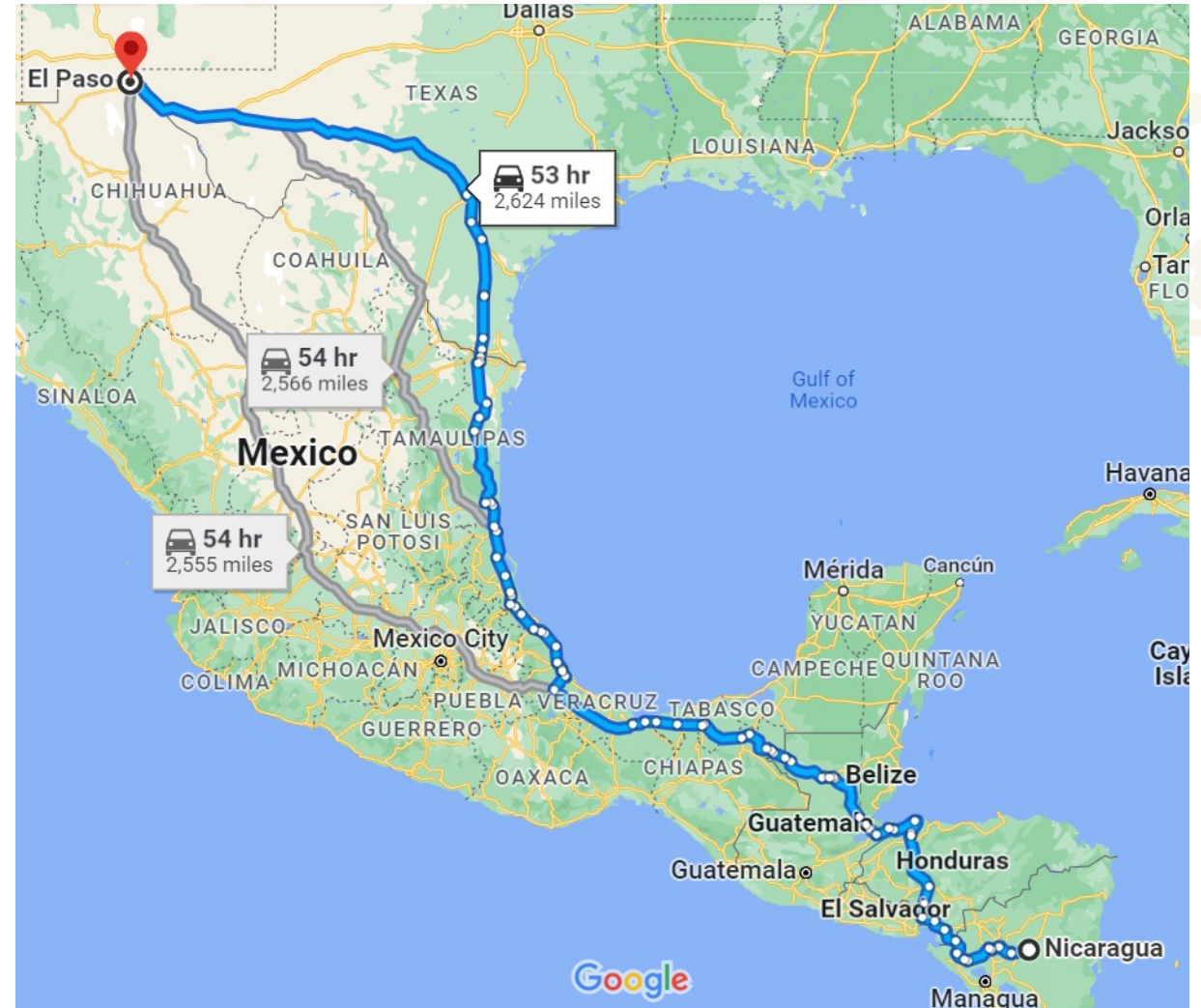
# Case #1 – Matters of the Heart

- Economic
  - Cost of migration
  - Unable to work
  - Dependent on strangers for basics
  - Family assistance limited
  - Food
- Access to Healthcare
  - Immigration services
  - For-profit vs county services
    - Hospital discounts
    - Meds & DME
  - Language barrier
    - Written & spoken language
    - Cultural nuances
  - More complex the medical, the harder it is to get access



# Case #1 – Matters of the Heart

- Environment
  - The Migration
    - PTSD-inducing events
  - [CBP Central Processing Center](#)
  - Migrant Shelters
- Social & Community
  - Migrant stigma
  - Different cultural groups
  - Cultural norms
  - Family in the US (Miami, FL)
  - Father of baby lost to system



# Areas to Impact

- Meet the patient where they're at
- Listen, acknowledge, and address their priorities
- Start with basics
  - Food, shelter, clothing, meds
  - Trauma-informed care
  - Crisis intervention



## Case #2 – Self-Determination vs. Safety

- 30 y/o female
  - G4P0030 seen at 32 & 35 weeks gestation
  - Pregnancy complicated by uncontrolled Type 2 Diabetes
  - History of schizophrenia, anxiety, depression, sexual assault, domestic violence



# Case #2 – Self-Determination vs. Safety

- Social & Community

- Mental health
  - Stigma
  - Reality
- Peers



- Environment

- Patient vs patient with newborn
- Transportation
- Group home vs. institutionalized vs. home
  - Independence & insight

# Case #2 – Self-Determination vs. Safety

- Economic
  - Monthly SSI
  - Financial literacy
  - Maturity – (Impulse Buying)
- Access to Healthcare
  - Insurance – Texas Medicaid
  - Medical compliance
  - Transportation



# Case #3 – Baby On Board!

- 29 y/o female
  - G7P0242 seen at 24- & 34-weeks gestation
  - Pregnancy complicated by hypertension, lupus, cyclic vomiting syndrome, schizophrenia, psychosis, anxiety, major depressive disorder, Hx of domestic violence, homelessness, and substance abuse
  - With her 22 m/o son



# Case #3 – Needs & Deficits Map

## MEDICAL / HEALTHCARE:

Schizophrenia      Psychosis  
Bipolar Disorder    Major Depression  
Anxiety              PTSD  
Hypertension        Lupus

## ENVIRONMENT:

Intimate Partner Violence  
Former Foster Care Child  
Hx of CPS Child Removal  
Hx of IV Drug Use  
Hx of Alcohol Use  
Hx of Homelessness

**Patient**

## ECONOMIC / EDUCATION:

Single Mother  
Didn't Graduate High School  
On State-Funded Assistance

## SOCIAL / COMMUNITY:

Single Mother  
Drug-Using Friends  
Minimal Family Supports

## Case #3 – Needs & Deficits Map





## Case #3 – Asset Map



WHEN YOU FOCUS  
ON THE GOOD,  
THE GOOD GETS  
BETTER

---



# Case #3 – Asset Map

## MEDICAL / HEALTHCARE:

Access to care through TX Medicaid  
Received prenatal care  
Established w/ EHN for MH needs  
Compliant with medications  
Med-adjustments to protect fetus  
Community resources for child care  
Hospital-provided transportation  
Attentive to son's need for therapy

## ENVIRONMENT:

Utilized a domestic violence shelter  
Utilized Rapid Rehousing  
Utilized the Child Crisis Center  
Made changes after CPS removal  
Foster parent as resource  
No substance abuse for 5 years

**Patient**

## ECONOMIC / EDUCATION:

Working on her GED  
Parenting classes  
Using State-Funded Assistance

## SOCIAL / COMMUNITY:

Careful with who is allowed to care for child  
Foster parent as a resource  
Accesses community support  
Aliviane Recovery Group for 5 years

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# **“Maternal Monsters & Grim Reapers...”**

**PREGNANCY AND POST PARTUM: AUTO-  
IMMUNE DISEASES AND HIP DYSPLASIA**





# Kristie D. Reyes

## RN, BSN, CLC, SANE

SPECIALIZED NURSE HOME VISITOR  
NURSE FAMILY PARTNERSHIP





# Disclaimer: Nurse Family Partnership

SPECIALIZED NURSE HOME  
VISITOR:

WHAT IS NFP?

WHAT DO WE DO?

DIVERSITY IS OUR  
STRENGTH!



“ ”

THERE IS A MAGIC WINDOW DURING PREGNANCY... IT'S A TIME WHEN THE DESIRE TO BE A GOOD MOTHER AND RAISE A HEALTHY, HAPPY CHILD CREATES MOTIVATION TO OVERCOME INCREDIBLE OBSTACLES INCLUDING POVERTY, INSTABILITY OR ABUSE WITH THE HELP OF A WELL-TRAINED NURSE.

- DAVID OLDS, Ph.D., Founder, Nurse-Family Partnership

MY: *ROLE* & Outcomes

Nurse Home Visitor

# Demographics:

## Case Study: 1 MS-auto-immune

### Joanne O.

- 28 yrs./31 years
- MS DX @ pregnancy
- Pre-Eclampsia at 38 weeks; induced for > edema
- HX of Migraines
- Covid + 06//01/2020
- Kidney Stone
- PPD

### Elizabeth R.

- 28 yrs./30 years
- HX MS 8-12 months previous DX; left sided “stroke like symptoms”
- > loss of balance, vision, coordination; daily life skills, motherhood
- Decreased function and comprehension



# Case Study #2: Hip Dysplasia

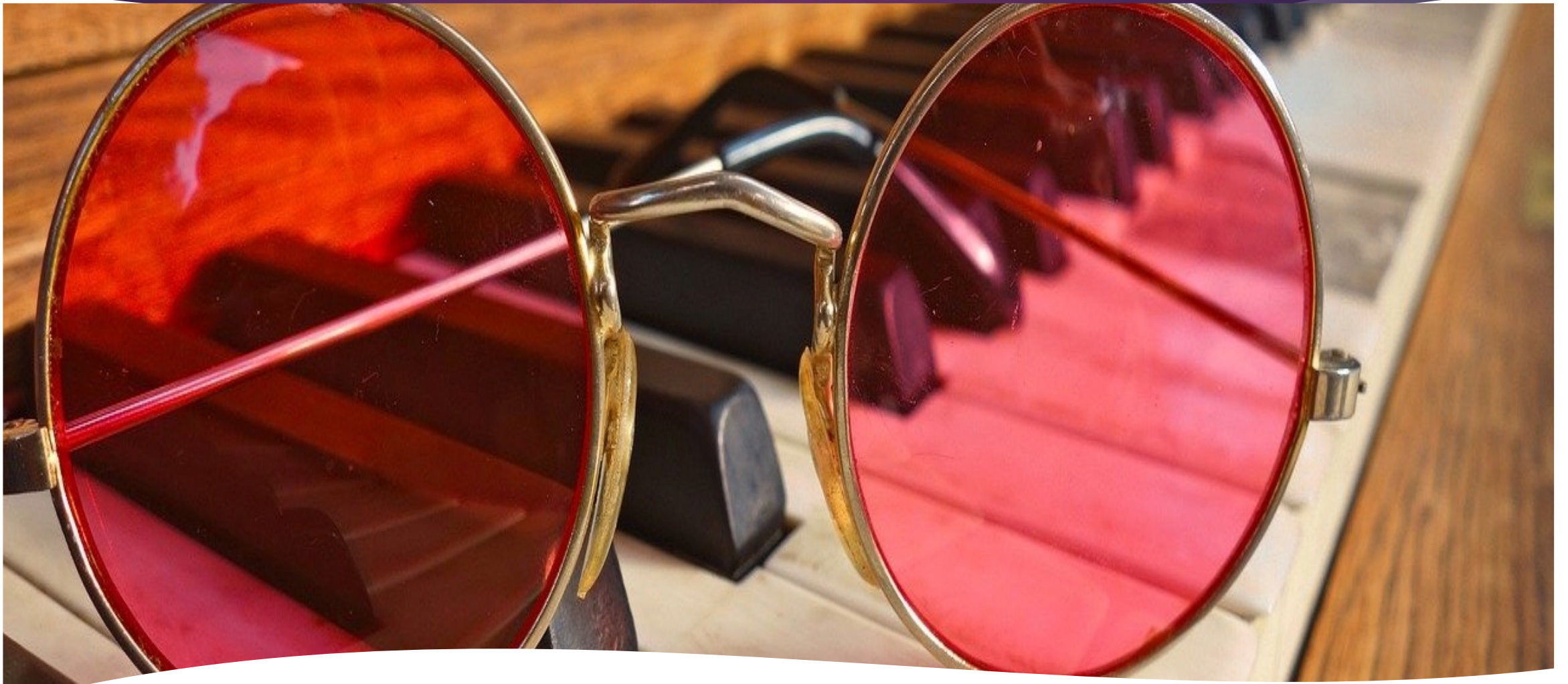
## Patricia H.

- 23yrs./24 yrs.
- Heart Shaped Pelvis
- No reported HX
- Delivered @ 35.5 weeks via C-Section; induced <AFI
- PPD
- Kidney Stone PP @ 4 weeks
- Tailored POC

# Case Study: #3 Sandra S. & Sjogrens

- 27yrs./28 years
- Rheumatoid arthritis; Sjogrens
- Induction @ 37 weeks via c-section; grade 5 placenta; >fetal heart complications
- Flare up PP; >stress, infection PP;
- PPD grieving, NBN loss, PPD

Let's Take Another LOOK:



# Considerations:

## Case# 1 J.O& E.R.

**Mavenclad TX: Class3 med pregnancy; > teaching, toddler safety >S/E, low white blood cell counts, heart and SOB**

**No Breastfeeding**

**2 treatment cycles a month a part; 4–5-day TX days; eval q 2 years**

**Immunosuppressants**

**PNV/Nutrition teaching; decreased salt, > risk of infection *Covid* era.**

## **SOCIAL ISSUES**

**Pregnancy & Post-partum Care**

**Emotional Recovery**

**MEDS & MILK**

**PSYCHOLOGICAL CONCERNS: Mental Wellness**

**TEACHING**

**SOCIAL ISSUES**

**Pregnancy & PP Care**

# Case# 2 P.H.

PNV

Antibiotics for PP Kidney stone

Family Planning

PPD Medications, treatment, therapy? Breastfeeding?

Stereotypes: Deficits/Barriers/"1<sup>st</sup> time Mom" Stigmas

Decreased Development/Milestones



## Case# 3 Sandra S.

In Sjögren's syndrome the autoimmune response is directed against the exocrine glands, which, as histopathological hallmark of the disease, display persistent and progressive focal mononuclear cell infiltrates. Clinically, the disease in most patients is manifested by two severe symptoms: dryness of the mouth (xerostomia) and the eyes (keratoconjunctivitis sicca).

**PNV;**

**RA Medication TX; NSAIDS, immunosuppressants, DMARDS  
anti-rheumatic drugs; titrating meds and pregnancy.**

**Hydroxychloroquine**

**>risk of infection, fatigue, worry & Fear**



Real Eyes....Realize

# LOSS of Independence



- ▶ Increased hospitalizations
- ▶ Separation Anxiety
- ▶ < BF Maternal Bonding, “stripped of motherhood”
- ▶ Cardiologist, Neurologist, PCP, HR OB/GYN
- ▶ < Vision, Balance, Coordination, strength, mobility,
- ▶ Covid Shutdown, decreased child social interaction,
- ▶ >Marital strain
- ▶ Possible Lupus?
- ▶ Best Quality of Life

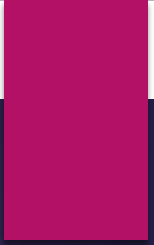


## Elizabeth, MS, & **Fatherhood**

30 days flare up, >loss of function,  
>dependence on husband & reverse  
caregiving strain and roles



**RESILIENCE** “Liz”



Multiple sclerosis (MS) is a chronic immune-mediated, inflammatory, and degenerative disease of the central nervous system that is up to three times more frequent in women

WOMEN WITH MS MAY HAVE AN INCREASED RISK OF INFECTION DURING PREGNANCY, PARTICULARLY GENITOURINARY AND UPPER RESPIRATORY INFECTIONS AFTER DELIVERY, THERE IS A REVERSAL OF THE HORMONAL CHANGES ASSOCIATED WITH PREGNANCY AND A SUDDEN RETURN TO THE IMMUNE STATE PRIOR TO PREGNANCY, CAUSING WHAT HAS BEEN DESCRIBED AS AN IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME-LIKE PHENOMENON. CORTICOSTEROIDS ARE ONLY MINIMALLY TRANSFERRED TO HUMAN MILK, LEVELS IN MILK PEAK 1 HOUR AFTER INTRAVENOUS METHYLPREDNISOLONE ADMINISTRATION, AND NEWBORN EXPOSURE IS LOW.

# MS and Pregnancy:

- ▶ Covid Dynamics
- ▶ 3-4 months prior pregnancy MS DX w/episode
- ▶ MRI & Spinal tap
- ▶ Expensive-vs-Expenses
- ▶ Insurance coverage; Home care,
- ▶ Benefits due to age and pregnancy
- ▶ PPD/Pregnancy counseling; Depo-Provera
- ▶ Cognitive decline
- ▶ Decreased speech with slur
- ▶ Inward Anger towards self; judgmental family, non-supportive, Hispanic/cultural meds/Border/spiritual practices
- ▶ Toddler acting out-mom “unavailable” sense of compassion and care > for mom



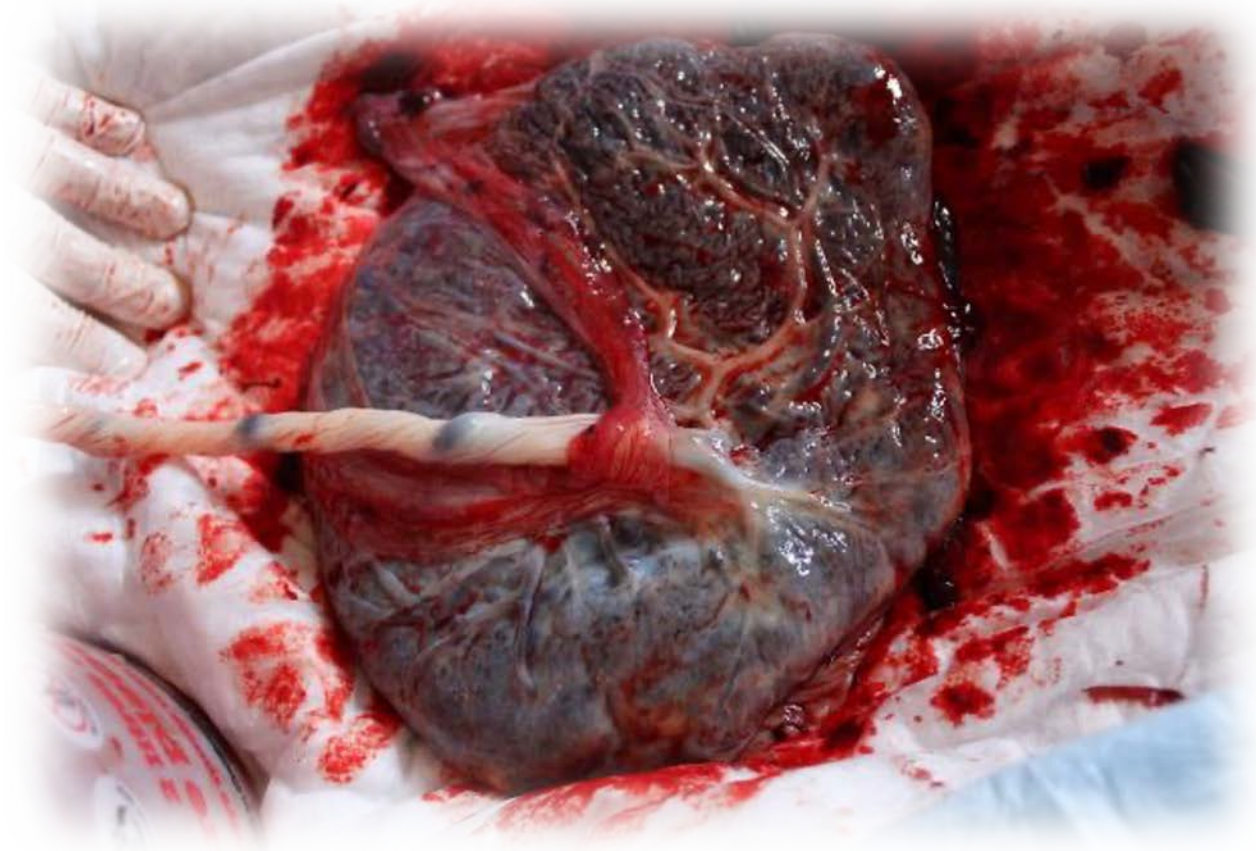
# Communication Strategies:

- ❖ Words left unsaid
- ❖ Physical disability
- ❖ “group chat”
- ❖ Therapeutic communication
- ❖ Motivational interviewing
- ❖ Teaching and meeting clients and patients where they are at
- ❖ Guiding ASQ's. reading and functional skills



# Sjogren's Syndrome

- ▶ >prevalence of SS-A (anti-Ro) & SS-B (anti-La) antibodies
- ▶ > risk of congenital heart block CHB fetus
- ▶ Auto-immune connective tissue disease affecting the body's moisture-producing glands
- ▶ Grade 5; III placenta: Chorionic plate, placental substance and basal layer; calcified placenta @ 37 weeks
- ▶ >maturity and position >perinatal death
- ▶ Possible salivary testing added to PN profile screening



# Expressed Loss of Motherhood

- ▶ Sandra S.
- ▶ Grieving 8 stages...PPD
- ▶ Financial Strains
- ▶ What Now??
- ▶ 10/15/2022 decline
- ▶ >dryness, fatigue, & loss of independence
- ▶ Mental Health Matters
- ▶ >clotting, 2 cardiac SX, life-support 10 days...LOSS...Questions???
- ▶ New Normal



# Medications and Treatment: Shoulda... coulda... woulda...





***ATHENA  
ROSE***

12.07.2022-  
12.26.2022

# Intro to Protective Factors

## Parental Resilience

Be Strong &  
Flexible

1

## Concrete Support

Everybody Needs  
Help Sometimes

4

## Social Connections

Parents Need  
Friends

2

## Social & Emotional Competence of Children

Parents Need to  
Help Their Children  
to Communicate

5

## Knowledge of Parent & Child Development

Being a Great  
Parent is Part  
Natural and Part  
Learned

3



# Questions:

QUESTIONS?  
COMMENTS?  
DISCUSSION...





**AND NEXT.....**

**UP IS...**



# Breech Presentation and Hip dysplasia

“PREPARE TO BE UNPREPARED...BUT NOT  
DESTROYED...”



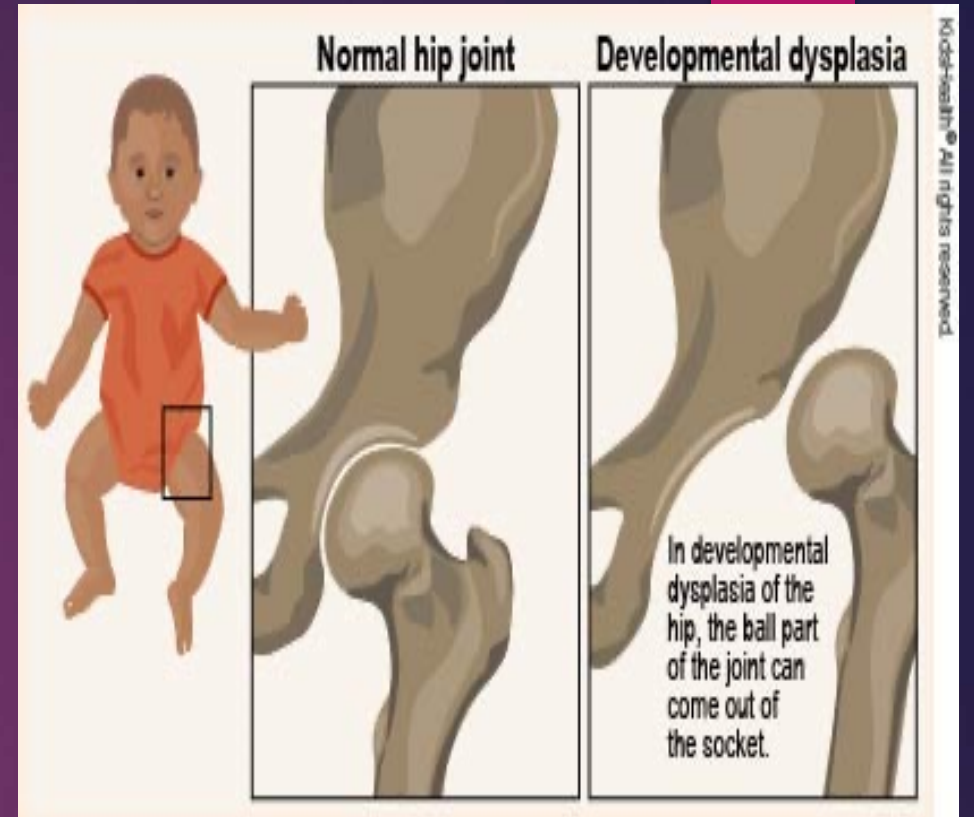
**HX:**

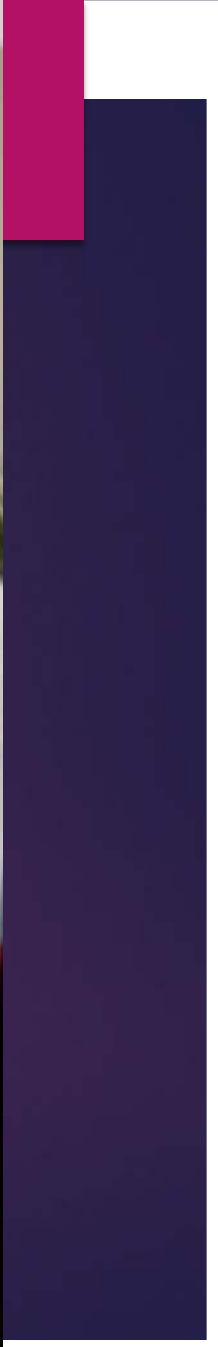


# What Is Developmental Dysplasia of the Hip?

Developmental dysplasia of the hip (DDH) is a problem with the way a baby's hip joint forms. Sometimes the condition starts before the baby is born, and sometimes it happens after birth, as the child grows. It can affect one hip or both.

- **ARE GIRLS**
- **ARE FIRST-BORN**
- **WERE BREECH BABIES (IN THE WOMB BUTTOCKS-DOWN INSTEAD OF HEAD-DOWN), ESPECIALLY DURING THE THIRD TRIMESTER OF PREGNANCY**
- **HAVE A FAMILY MEMBER WITH THE CONDITION, SUCH AS PARENT OR SIBLING**
- **PAVLIK HARNESS**

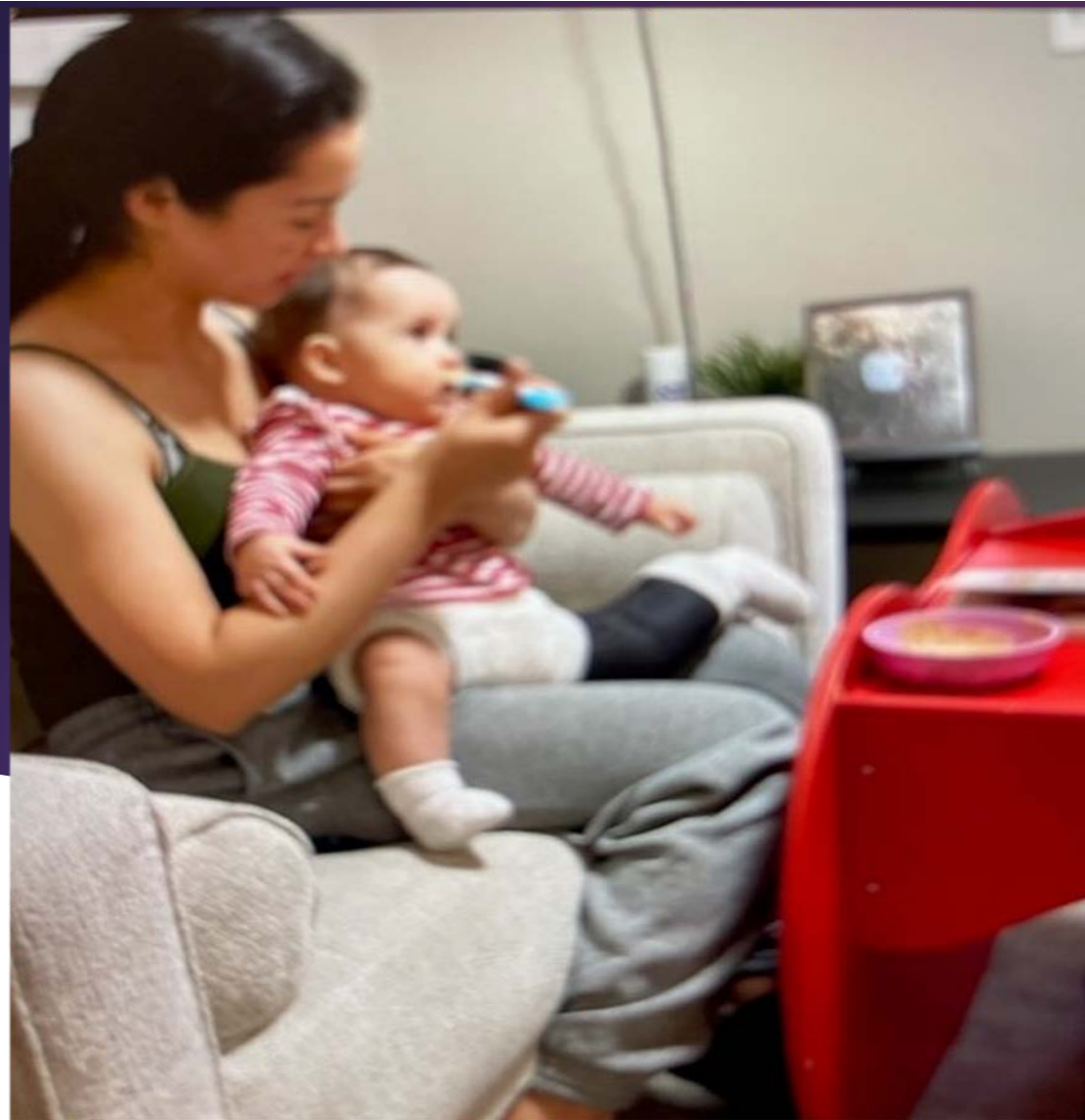




ACTIVITIES:

PLAYTIME IS LEARNING TIME





# THE Daily Grind

**SX 1: 07.27.2022-Closed**

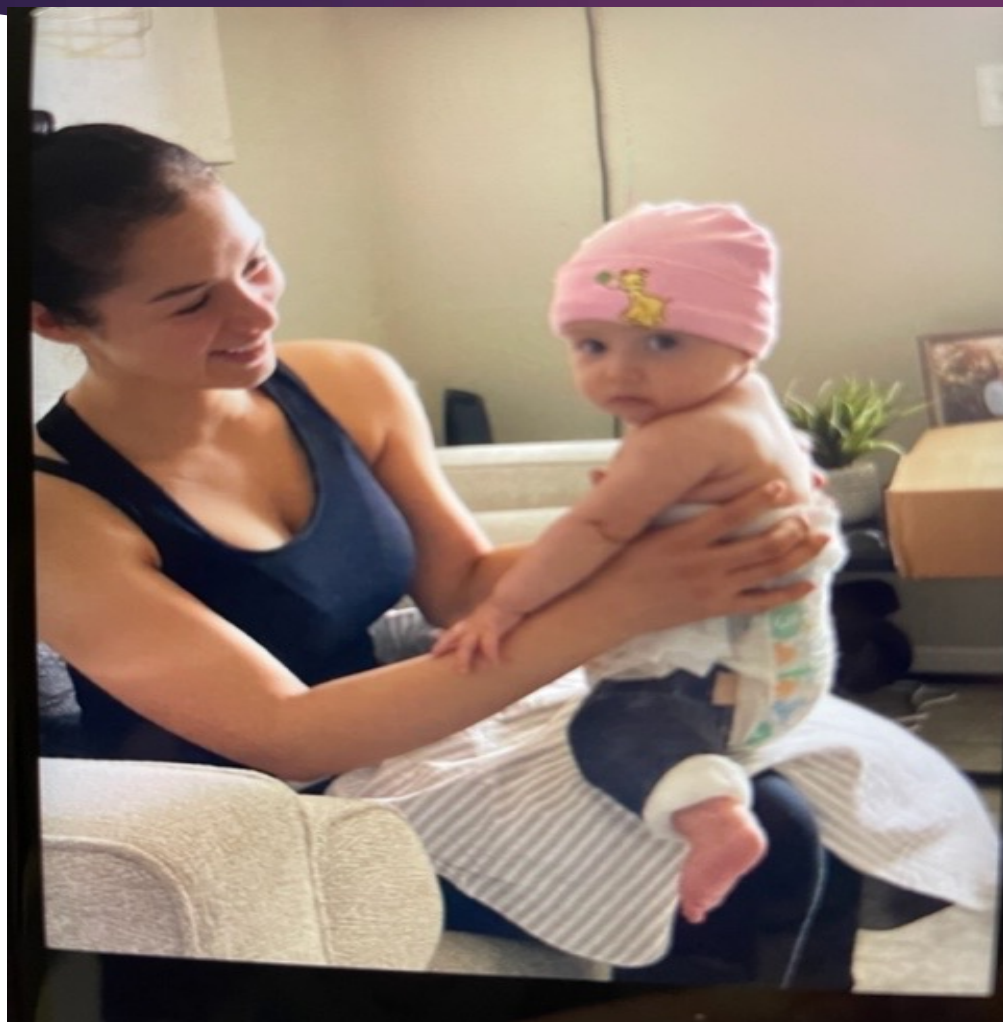
**SX 2: 07.27.2022-Open reduction**

**SX 3: 10.17.2023**

**SX 4: 11.21.2022; pins & infection to site X's @2**

**SX:5 01.23.2023- Awaiting eval; Full Spica cast**

# Best Quality & Functioning in Life



Building on strengths  
**TEACHING**







Newborn



Post 5<sup>th</sup> Surgery



# BODY, MIND & SPIRIT

## Capacitar Trauma Healing

Resources

Referrals

UMC Foundation

Lack of Teaching &  
Explanation: WARNING

Interventions:

Sound baths

Holistic Care

*Belief Systems*

*Cultural*

*Jehovah Witness: PH*

*Ethical considerations*

*Ethics Panel*

WHEN YOU CAN'T FIND  
THE SUNSHINE


BE THE  
SUNSHINE








Needs  
Delays  
Activities  
Assessments

**CHILD DEVELOPMENT**

12:12



SHARE   

 FREE SHIPPING 


**R82 Quokka Seat,  
(Red/Black Trim)**


Item# SS905371-2

BE THE FIRST TO REVIEW THIS PRODUCT

*The Quokka is currently not available from the manufacturer due to supply chain issues.*

Regular Price: \$731.00

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NEEDS:

**Mom-vs-Infant**

**WHO, HOW & WHAT**



Kenia

MEETING  
MILESTONES:



# Resilience

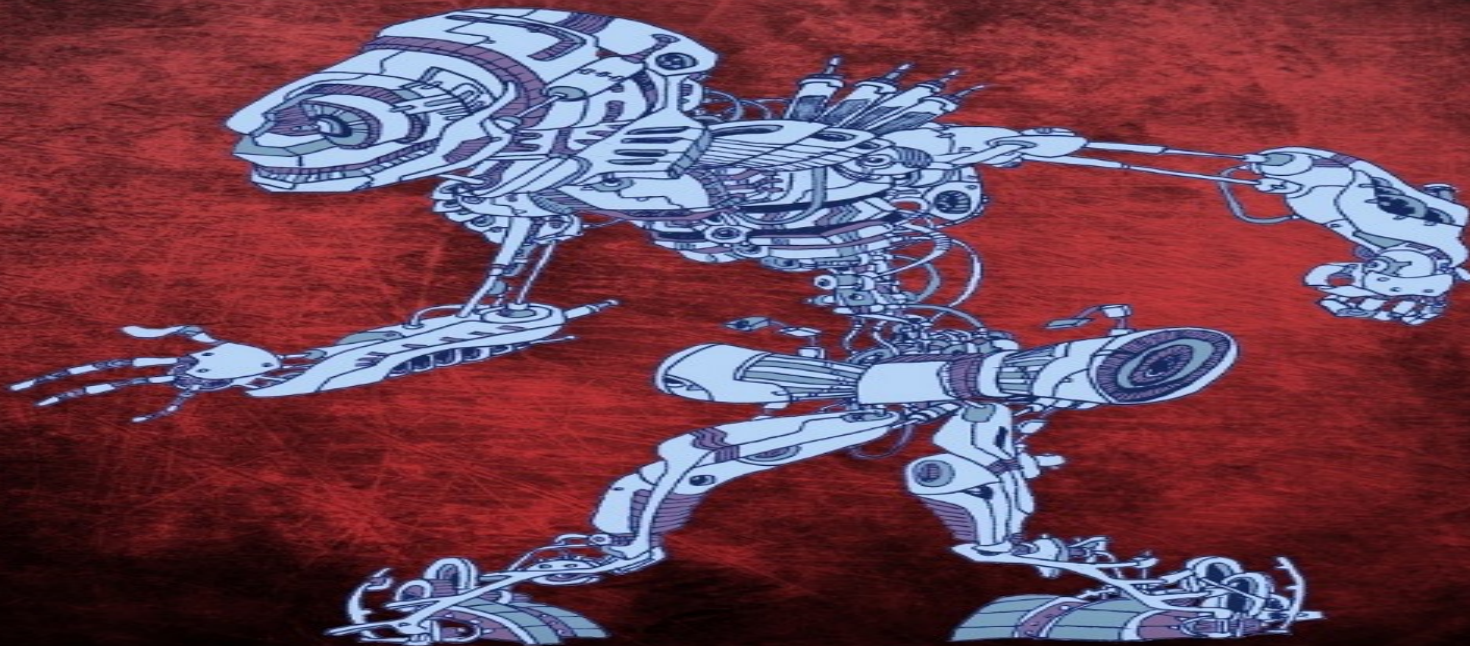


“

What Now....What next??...

U N C E R T A I N T Y

”



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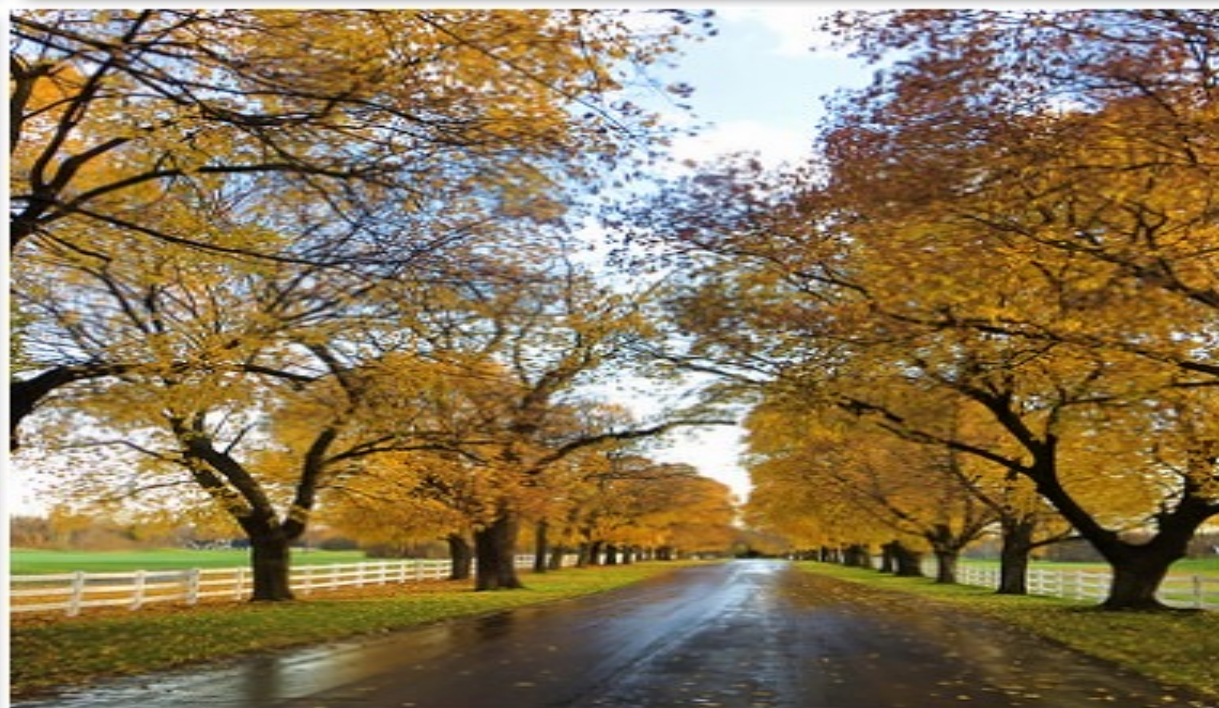
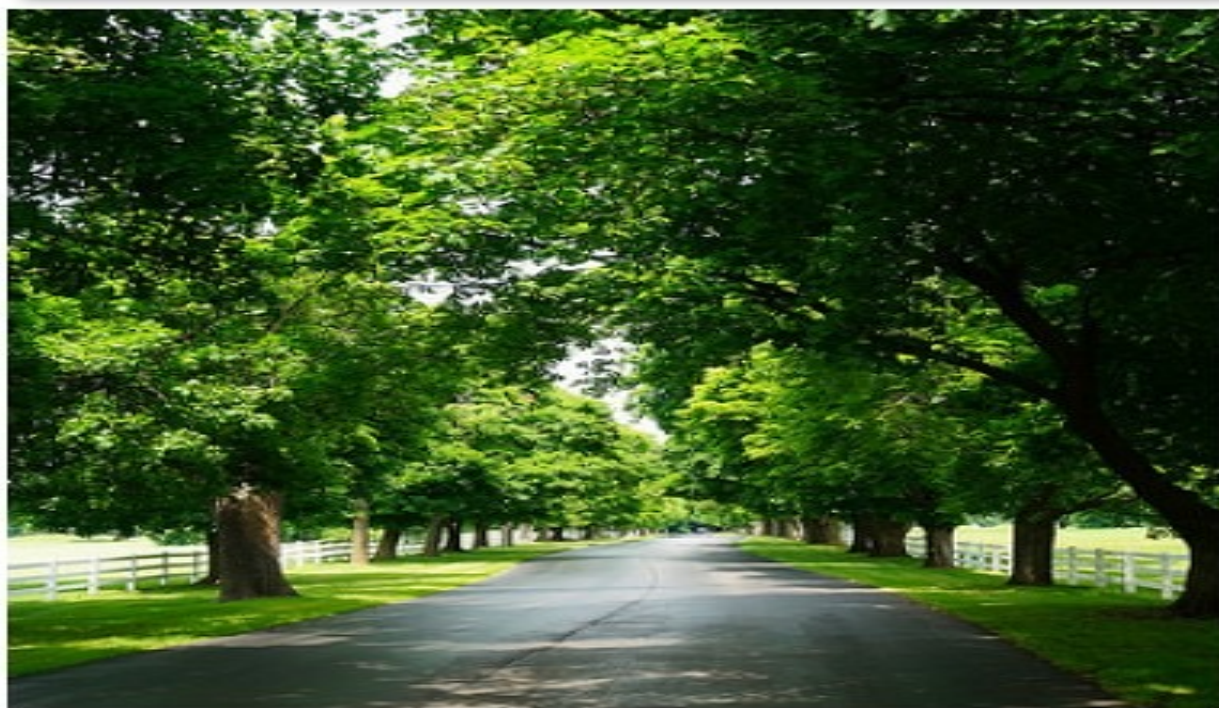
# Conversations



- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

## Communication

### What and how??



# Resources





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THANK-YOU!!!



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