Coordinated Care That Leads to Healthy Babies and Healthy Moms

With our accountable, coordinated care model, KelseyCare helps high-risk and at-risk Obstetrics (OB) patients through their pregnancies and deliveries. OB Care Management is one of many programs offering ongoing, personalized outreach to involve patients in making healthier choices. Our OB case managers are registered nurses who share the same EMR as our doctors.

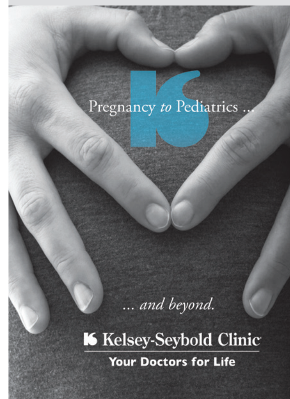
Clinical resources for pregnant patients at Kelsey-Seybold include:

- **The Kelsey-Seybold electronic medical record (EMR)**: The EMR allows Kelsey-Seybold physicians to coordinate care with a full picture of a patient's recent test results, best practice alerts, and compliance monitoring.
- **After-Hours Nurse Hotline:** Patients can call 713-442-0000 after regular business hours, on weekends, and on holidays to speak to a Kelsey-Seybold registered nurse. The after-hours nurse can answer questions, page the doctor on call, and schedule appointments.
- **A free, no obligation "Get Acquainted Visit"** with a Kelsey-Seybold pediatrician.
- **A New Mom Concierge at 713-442-MOMS (6667)**: The Concierge can assist mom and dad with selecting a pediatrician or scheduling a "Get Acquainted Visit" before their little one arrives.
- **Online resources:** With their secure MyKelseyOnline accounts, patients can email their doctors' offices, check most test results, and schedule appointments.
- **Screening for postpartum depression:** At two weeks after delivery, all Kelsey-Seybold OB patients are screened for postpartum depression.

The OB Care Management team includes:

- The patient's obstetrician/gynecologist (OB/GYN).
- OB nurse case manager.
- Registered sonographers who perform ultrasound studies of the developing fetus and pelvic organs.
- Board-certified Kelsey-Seybold radiologists who review all obstetric and pelvic sonograms.
- Referrals to KelseyCare affiliate specialists for complex, high-risk pregnancy management.
- Support from Kelsey-Seybold nurses, day and night (not just for high-risk cases).

The physicians and nurses on the care team share a common EMR system to ensure coordinated care.



Our Gift to Expecting Moms: A special spiral-bound booklet in which moms-to-be can keep track of records, appointments, sonograms, and other important information in one convenient place.

By the numbers: According to the Texas Health Resources and Services Administration, infant care costs are growing by more than 10% per year, with 50% attributed to extremely preterm infants.

How Coordinated Care Management Works

Step 1

We utilize EpicCare to identify patients who are pregnant.

Using our EpicCare electronic medical record (EMR), a report is generated weekly of newly pregnant Obstetrics (OB) patients. Our OB Care Management team uses a computerized risk assessment tool and the patient's own EMR to determine risk status.

High-Risk Assessment questions include:

- Does the patient have a history of preterm labor and/or delivery?
- Is this a multiple gestation pregnancy? How many fetuses are there currently?
- Is there a diagnosis of gestational diabetes?

At-Risk Assessment questions include:

- Did the patient have a delivery less than one year ago?
- Has patient had triplets or higher order multifetal pregnancy in the past?
- Is patient <17 or >35 years old?

Step 2

Our outreach is frequent.

Once high-risk or at-risk OB patients are identified, they receive a letter from our OB case manager. The letter lets them know that because of their past medical and/or obstetric history, they have been referred to a special program designed to provide extra support and education. They will continue to see their regular OB/GYNs for their care during their pregnancies. In addition, the OB nurse case manager will call them periodically to follow up on their progress and provide counseling and education. The letter is sent in the first trimester of pregnancy, along with a case management consent form and Patient Bill of Rights.

Step 3

We provide ongoing support.

Every three or four weeks, the OB nurse case manager reaches out to each patient who has chosen to participate in the program. She asks general health questions like, "How is the baby moving" *or* "Are you experiencing any vaginal pain or bleeding?" It's practical advice that helps to support her physician's care plan. She looks in mom's EMR and reminds her when her next doctor's visit is scheduled. She coaches and educates the mom-to-be.

The OB nurse case manager also reaches out to each patient who has not already contacted her. Multiple attempts are made to contact the patient over two months. After the letter and two calls, the patient is considered a non-participant.

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