

2024 MATERNAL MORTALITY REVIEW COMMITTEE RECOMMENDATIONS

GIANT IMPACT RECOMMENDATIONS

1. Access to trauma-informed therapy resources. (Level: System)
2. State of Nevada agencies and programs such as the Nevada Department of Education and Department of Health and Human Services (DHHS) should develop and implement at least two robust evidence-based, education-based programs and support to effectively screen for and address ACEs in education settings (Level: System) (*Recommended five times*)
3. Nevada State Medicaid should provide acceptable and timely transportation for healthcare needs for Medicaid recipients by July 1, 2024, with the Division of Health Care Financing and Policy assessing current system adequacy. (Level: System)
4. Extended access to Medicaid after delivery might have been life changing for this patient. We are grateful to Legislature for passing Senate Bill 232 of the 82nd Legislative Session for expanded Medicaid coverage. (Level: System)
5. Give patients or consumers of healthcare a list of approved or in-network providers immediately upon signing them up for insurance or making a referral for a condition. Increase awareness and strengthen those seeking care with support in navigating resources in mental health or in social crisis. (Level: System)
6. State of Nevada Agencies should improve awareness of community resources for inadequate housing such as Nevada 2-1-1. (Level: System)
7. Realignment of payment models to incentive value rather than volume with a focus on prevention. (Level: System) (*Recommended twice – once for structural racism and once for access/financial to address treatment and insurance disparities*)
8. State and federal funding needs to improve access to outpatient care for those with low socioeconomic status. Prioritize ER referrals. (Level: System)
9. When coordinating care for high-risk patients at increased risk of maternal mortality, clinicians should engage in more direct care coordination including warm hand-offs as an example vs. just providing information/referrals for continuity of care including both physical/mental health and social determinants of health. (Level: System)
10. Providers and systems should have systematic follow-up with prenatal care patients to ensure continued care; a warm hand-off should be provided with patients changing to another provider to ensure the new provider's system/practice engages and follows the patient. (Level: System)
11. Relevant State of Nevada agencies and programs should mandate priority access to mental health and medication assisted substance use treatment for pregnant women. (Level: Community) (*Also in 2022 Legislative Report*)
12. Health systems and payers should be incentivized to address upstream determinants of poor outcomes, such as extreme morbid obesity.
13. Providers and facilities should ensure that obese patients are counseled about weight management, risks of morbid obesity, and available treatment modalities, and documented in the medical record. (Level: Provider and Facility) (*Recommended twice*)

Extra Large Impact Recommendations

1. Kratom should be regulated by the Nevada Board of Pharmacy as a controlled substance. Education to public and providers regarding Kratom use. (Level: Community)
2. State of Nevada needs to implement more programs for free medication-assisted substance use treatment and ensure providers are available to provide the treatment to reduce the use of Kratom for self-treatment of opioid use disorder. (Level: Community)
3. State of Nevada should address the shortage of mental health care available in the state of Nevada through increasing access and coordination. (Level: System)
4. State of Nevada needs to audit implementation of referral to admission of pregnant persons with substance use disorder to evaluate the effectiveness of the Substance Use Prevention and Treatment Act (SAPTA) Program. (Level: System)
5. State of Nevada agencies and programs such as the Department of Health and Human Services, Division of Public and Behavioral Health, and Behavioral Health and Wellness Program, as well as groups such as the Perinatal Health Initiative, should develop a focused campaign and dedicate funding for substance use in pregnancy reduction. (Level: System) *(Recommended twice)*
6. The State needs to increase access for in-patient and long-term mental health for pregnant and postpartum women and provide more resources for mental health for women during pregnancy and postpartum. Encourage mental health screening in OB offices during pregnancy, not only postpartum. Provide a service like "care everywhere" where outside source information may pull for the patient from other sources which cues continuity of care for diagnoses; for example, if this was in place the OB office may have seen the bipolar disorder diagnosis and could have worked with their patient regarding this. (Level: System)
7. State of Nevada agencies and programs should mandate priority access to mental health and medications for substance use treatment for pregnant persons by July 1, 2025. (Level: System)
8. The State of Nevada should develop a Perinatal Quality Collaborative to improve uptake of current standard of care recommendations. (Level: System)
9. Providers should take implicit bias and cultural competency training which states the need to recognize and reduce unconscious bias and links to a training at DHHS as an example. (Level: Provider)
10. Health care providers should practice meeting the patient where they are at. Call in behavioral health for consultation to discover why patient may be apprehensive to the medical interventions proposed and shared decision making. (Level: System)
11. Patient's choice 17 years prior to death should have been continually reassessed, and shared decision making re-addressed. (Level: Provider)
12. Evidence-based methods should be used in pain management. (Level: Facility)
13. Perinatal Quality Collaborative should be established to drive the use of evidence-based guidelines for Deep Vein Thrombosis prevention at admission should be followed. (Level: System)

Large Impact Recommendations

1. The patient should have been placed on a baby aspirin daily as this has been shown to decrease the chance of developing severe pre-eclampsia and eclampsia. (Level: Provider)
2. Nevada Department of Health should implement a statewide health information exchange to ensure providers have health history information. (Level: System)
3. Narcan should be widely available in the community for bystander administration, State should provide funding and training for support and access to Narcan. (Level: System)
4. Providers should diagnose and treat medical conditions in obese individuals, rather than attributing all symptoms/signs to obesity and training for providers in motivational interviewing. (Level: System)
5. Provider education about contraindications for specific contraceptive methods. (Level: System)
6. Use of Lifestest is effective with left ventricular ejection fraction <5%. For those with high risk of sudden cardiac death, Medicaid covers Lifestests. Social services should be obtained. (Level: System)
7. Community programs should be developed to educate medical consumers of color about advocating for themselves in medical environments and implicit bias training for providers. (Level: Community)
8. Emergency departments/hospitals should arrange for in-house dermatologic or other biopsies for diagnosis of potential life-threatening conditions urgently in that facility rather than referring to outpatient. (Level: Facility)
9. Health care system need to require appropriate screening, interventions, treatment for mental health during the perinatal period. (Level: System) *(Recommended twice, also in 2022 Legislative Report)*
10. Nevada should create a Perinatal Quality Collaborative to drive best practices to discuss the importance of screening for and treating anemia in pregnancy and postpartum. (Level: Large)
11. Evidence-based treatment for Deep Vein Thrombosis should be followed. (Level: Provider)

Medium Impact Recommendations

1. Recommend Office of Suicide prevention reach out to Child Protective Services and social workers to do training in standardized depression screening. (Level: System)
2. Communication with patients should be in their native language. Language lines to be utilized unless patient refuses. If refused, it should be documented. Family often provides inaccurate translation. (Level: Provider)
3. Appropriate referral should be obtained in a timely manner without delay. (Level: Provider)
4. Facilities should ensure providers have access to medical translation services. (Level: Facility)
5. Ongoing coordination of outpatient care for chronic disease. (Level: System)

6. The obstetric providers should be using universal validated questionnaires to screen for mental health and substance use disorders. (Level: Provider) (*Recommended twice*)
7. Providers should follow standard of care in documentation of mental health, risk factors, screenings and referrals. (Level: Provider)
8. Narcan should be widely available in the community for bystander administration and should be given by first responders to any unresponsive person when etiology is unknown. (Level: Provider)
9. Anemia in pregnancy should be evaluated and treated, also a Perinatal Quality Collaborative related recommendation. (Level: Provider)
10. Clinicians should universally screen all patients for mental health and substance use disorders at minimum at the first prenatal visit. (Level: Provider)
11. Clinicians should universally screen all patients for mental health and substance use disorders at minimum at the first prenatal visit, also to include inpatient and ER/Triage as locations/clinicians that should conduct universal screening on this patient population to include inpatient standards for offering CARA plans of care for substance exposed/affected infants prior to discharge. (Level: System)
12. If reports are accurate, clinicians should have suspected malignancy at some point over the previous years of patient/family complaining of the issue but progressing to stage 4. (Level: Provider)
13. Prudent that we ensure naturopaths/holistic clinicians offer evidence-based treatments in addition to alternatives for malignancy or suspected malignancy. The evidence supports a dramatically increased mortality rate for those that chose to not treat with evidenced-based methods and rely on holistic/natural ones solely. (Level: Provider)
14. Providers/clinics outpatient should ensure an accurate diagnosis. (Level: Provider)
15. Trauma-informed care techniques should be required by relevant boards and certification agencies as a standard of practice when providing substance use treatment, by July 1, 2025, as well as by the State of Nevada, Division of Child and Family Services and local child welfare entities in child protection service provision. (Level: System, Provider and Facility)) (*Recommended three times*)
16. Providers should establish a safety plan with any patient at risk for suicide. (Level: Provider)
17. Facilities should have a policy that a safety plan should be established with any patient at risk for suicide. (Level: Facility)
18. Postmortem genetic testing for inherited thrombophilia (blood clotting) should be performed when an unexplained clotting disorder is suspected in a young individual (such as when pulmonary thromboembolism or unprovoked myocardial infarction is detected at autopsy). (Level: Facility)
19. Outpatient systems should be in place to address wounds, especially those in vulnerable populations. (Level: System)
20. We should create a Perinatal Quality Collaborative to drive best practices and to highlight the importance of using nondiscriminatory language around elevated Body Mass Index. (Level: System)

21. Providers can communicate and coordinate care and utilize risk management and multidisciplinary care teams between providers and patients so the patient understands the risk of leaving against medical advice. This should include informed consent regarding risks and benefits of treatment. (Level: Provider)

Small Impact Recommendations

1. Education to patient on importance of follow up after pregnancy. (Level: Provider)
2. A patient should receive magnesium sulfate upon the diagnosis of Haemolysis Elevated Liver Enzymes Low Platelet Count (HELLP) syndrome. (Level: Provider)
3. Provider intervention to address substance use. (Level: Provider)
4. Availability of mental health services; the State should use housing-first treatment plans. Pregnant women should be moved to the front of the list. (Level: System)
5. Psychoeducation and outreach/community campaigns about HIV treatment and access points for treatment. Community campaigns to address the experience of people of color in health care systems/implicit bias training for providers. (Level: Community)
6. Community should engage in robust psychoeducation about disease processes/risks/signs and symptoms post childbirth when to activate Emergency Medical Services or seek care. (Level: Patient/Family)
7. Increased awareness of signs and symptoms of a cardiac event. Education on when to access the healthcare system. (Level: Community)
8. Referral process should include education about how to access systems of care in native languages when possible. Post discharge follow up calls could be helpful in closing this gap in services. (Level: System)