

***Moving on Maternal Depression (MOMD)***

***Quarterly Survey (Structure Measures)***

# *Improving Perinatal Depression Screening and Follow-up and Reducing Racial/Ethnic Disparities*

Please work with your team to complete this birth site-level survey for the designated period. The person completing this survey should gather and verify the information from a multi-disciplinary team that understands the inpatient and outpatient processes that were in place during this period. If there are significant differences between the inpatient and outpatient polices, it is okay to complete one survey for the inpatient policies and another survey for the outpatient processes (question 3 allows you to make this distinction). Please use the same process each time when completing the survey (e.g., if the person who typically completes the survey is out of the office when the survey is due, it is okay to complete the survey when that person returns unless there is a reliable contingency process in place where the back-up person is trained in the same protocol for completing the surveys).

**Questions:**

1. Please enter the name and title/role of the person completing this survey (text box)
2. Your PA PQC Hospital or Affiliation? (dropdown list)
3. Which settings are you completing this survey on behalf of? (Please check all that apply. As noted in the directions, if the responses to this survey differ across the inpatient and outpatient settings, consider submitting one survey about your inpatient processes and another survey about your outpatient processes.)
* Checkbox (multi-select)
	+ OB Prenatal Office
	+ OB Postpartum Office
	+ Pediatric Offices
	+ Primary Care Offices
	+ Birth Center
	+ Birth Hospital
	+ NICU
	+ ER
	+ Other (please specify)- *text box*
1. Do you screen people with a validated mental health screening tool during the **prenatal** period?
(see **Question 7** for a list of validated screening tools)
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
1. Do you screen people with a validated mental health screening tool during the **postpartum** period? (see **Question 7** for a list of validated screening tools)
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
1. *If you answered “yes” to* ***Question 4 and/or 5***,

What depression screening approach do you use?

* Multiple Choice
	+ Universal (every person)
	+ Targeted (sub-set of the patient population based on risk factors)
	+ Other (please specify)- *text box*
1. *If you answered “yes” to* ***Question 4 and/or 5***,

What depression screening tool do you use? (Please check all that apply.)

* Checkbox (multi-select)
	+ Edinburgh Postnatal Depression Screen (EPDS)
	+ Postpartum Depression Sale
	+ Patient Health Questionnaire 9 (PHQ-9)
	+ Patient Health Questionnaire 2 (PHQ-2)
	+ Beck Depression Inventory
	+ Beck Depression Inventory-II
	+ Center for Epidemiologic Studies Depression Scale
	+ Zung Self-Rating Depression Scale
	+ Other (please specify)- *text box*
1. *If you answered “yes” to* ***Question 4 and/or 5***,

Where does the depression screening process occur? (Please check all that apply.)

* Checkbox (multi-select)
	+ OB Prenatal Office
	+ OB Postpartum Office
	+ Pediatric Offices
	+ Primary Care Offices
	+ Birth Center
	+ Birth Hospital
	+ NICU
	+ ER
	+ Other (please specify)- *text box*
1. Do you have a standardized protocol to follow-up on positive depression screens that occur in your hospital or outpatient offices?
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
1. *If you answered “yes” to* ***Question 9****,*

What follow-up actions occur in your hospital or outpatient offices in response to a positive depression screen? (Please check all that apply.)

* Checkbox (multi-select)
	+ Diagnosis
	+ Medications
	+ Referral to specialty mental health treatment
	+ Referral to warm hand off to integrated behavioral health consultants or care managers
	+ Referral to home visiting programs
	+ Referral to other community resources
	+ Systematic case reviews of depression cases with a multi-disciplinary team
	+ Follow an organizational suicide risk response policy
	+ Other (please specify)- *text box*
1. Which quality metrics do you use to inform continuous improvements to your depression screening and follow-up processes? (Please check all that apply.)
* Checkbox (multi-select)
	+ Prenatal Depression Screening Percentage (please refer to definition of the HEDIS measure)
	+ Prenatal Depression Screening Follow-up Percentage (please refer to the definition of the HEDIS measure)
	+ Postpartum Depression Screening Percentage (please refer to the definition of the HEDIS measure)
	+ Postpartum Depression Screening Follow-up Percentage (please refer to the definition of the HEDIS measure)
	+ Depression Response Percentage (50% or greater reduction in symptoms measured by symptom tracking scales, such as the PHQ-9)
	+ Depression Remission Percentage (e.g., PHQ-9 < 5)
	+ Other
	+ Unsure
* If you selected a measure or “Other,” What do your recent analyses indicate in terms of successes and gaps (include statistics if available)? [comment box]
1. *If you selected a metric in* ***Question 11***,

Do you stratify the maternal depression and follow-up measures by race?

* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
* If “Yes; In Place,” what do your recent findings indicate in terms of disparities (include statistics if available)? [comment box]
1. Have you conducted a quality improvement project to reduce racial disparities for maternal mental health quality measures?
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
* If “Yes; In Place,” please explain your experience. [comment box]
1. Does your organization analyze how institutional policies are facilitating or alleviating racial disparities in a standardized way?
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
* If “Yes; In Place,” please describe how you identify those policies that are facilitating racial disparities and describe how you implement institutional policy changes. [comment box]
1. Does your organization provide staff-wide education on perinatal racial and ethnic disparities and root causes?
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
* If “Yes; In Place,” please indicate the type of training (e.g., implicit bias, anti-racist, or cultural competency training) and how often it is offered. [text box]
1. Do you work with patient/family advocates or community resources to inform your maternal mental health screening and follow-up processes?
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
* If “Yes; In Place,” please explain how this occurs. [comment box]
1. Do you work with patient/family advocates or community resources to inform your work to reduce racial disparities?
* Multiple Choice
	+ Yes; In Place
	+ No; Working On It
	+ No; Have Not Started
* If “Yes; In Place,” please explain how this occurs. [comment box]