Regional Perinatal Programs of California (RPPC)

Policies and Procedures

California Department of Public Health
Maternal, Child, and Adolescent Health Division
Maternal & Infant Health Branch

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Purpose

This resource provides program orientation and guidance. It describes the requirements of RPPC regional staff. It is updated as needed.

Background and History

RPPC began in 1979 to create a network of public and private perinatal providers within geographic areas. The goal was to ensure the health of pregnant people and their babies and to improve access to risk-appropriate, high-quality care.

RPPC is a vital part of California's perinatal health system. Established by Health and Safety Code H&S 123475 and H&S 123490 – 123525, this system included the Comprehensive Perinatal Services Program (CPSP), RPPC, and other local Title XIX efforts. It covers prenatal, delivery, postpartum, neonatal, and infant care, focusing on preventing or reducing maternal, perinatal, and infant mortality and morbidity.

Program Overview

The goal of RPPC is to ensure pregnant people and their babies have access to the appropriate level of clinical care in their regions. reduce adverse maternal and neonatal outcomes, and eliminate disparities in infant and maternal morbidity and mortality.

Three-year contracts are allocated through a rigorous competitive bid process. RPPC is organized into nine regions throughout the state. Each region is represented by the Regional Directors. Directors are highly experienced maternal and/or infant healthcare personnel who serve as a link between the California Department of Public Health's Maternal, Child, and Adolescent Health Division (CDPH/MCAH) and birthing facilities (hospitals and free-standing birth centers). Regional staff advocate for data-driven quality improvement activities providing resources, consultation, and technical assistance to birthing facilities and perinatal providers.

State MCAH staff support regional RPPC in their work and coordinate efforts to improve perinatal care at a higher level by working with other key leaders in perinatal health and systems.

Program Staff

Key staff qualifications and training

RPPC awardees ensure Regional Directors have the training and expertise to execute the contracted scope of work and meet program goals. The MCAH/RPPC Program

Coordinator and RPPC Chair will support new Directors and link them to onboarding materials.

Key staff requirements and responsibilities

- Staff Full-Time Equivalent (FTE) will be determined by the Program Director and negotiated with MCAH Program Coordinator during the contract budget negotiations.
- Key staff will complete all required trainings; adhere to guidance specified in the Policies and Procedures; provide required feedback to CDPH/MCAH; attend and participate in required meetings and capacity-building calls.
- Key staff roles must be filled. In some cases, more than one role may be performed by one staff member.
- If an awardee is unable to fill and maintain key staff at the negotiated FTEs, a waiver will be submitted to the Program Coordinator and approval will be granted on a case-by-case basis.
- If key staff are unavailable to perform duties for 30 days or more (vacation, medical leave, etc.) impacting daily program operations, such as site visits, coordinating with local partners, and responding to CDPH inquiries, the RPPC Director must notify the CDPH/MCAH Program Coordinator as soon as possible with an alternative plan for coverage.

RPPC Director

Awardees are required to have an RPPC Director whose role is to guide and ensure the scope of work deliverables are met. The RPPC Director is the main contact with the CDPH/MCAH. Regional Directors ensure new staff are appropriately trained to perform scope of work activities.

The minimum qualifications for RPPC Director are:

1) A Registered Nurse with significant perinatal experience and a degree in a health-related area, or
2) A Registered Nurse with an Advanced Practice Degree in a health-related area, or
3) A Registered Nurse with a comparable degree in a health-related area such as a Master of Public Health, or

4) A health professional with experience in perinatal health with master's degree in public health or other health-related advanced practice degree.

Individual candidates who do not meet the above listed requirements could be considered with approval by MCAH. The RPPC Director would submit a waiver request along with documentation of the candidate's education and work experience.

RPPC Coordinator

RPPC Coordinators support the programmatic implementation of the scope of work. This implementation includes conducting birthing facility hospital site visits, working and coordinating with local partners to improve and support local perinatal efforts, and improving coordination of a regional perinatal system of care. The qualifications for RPPC Coordinators are:

1) A health professional with progressive experience in perinatal health, and
2) Some public health background, and
3) Experience working with hospital perinatal systems.

RPPC Chair

The position of RPPC Chair will be filled by RPPC Directors rotating each fiscal year. The incoming RPPC Chair will be identified at the fall biannual meeting and will serve as backup to the Chair if the Chair is unable to perform their duties for 30 days or more. RPPC Chair responsibilities are:

1) Attend Perinatal Services Coordinators (PSC) Executive Meetings.
2) Coordinate and facilitate the RPPC Monthly Meeting.
    - Coordinate with the MCAH/RPPC Program Coordinator and Directors to determine the timing of monthly meetings at the beginning of the term.
    - Schedule meetings at least six months in advance.
    - Develop an agenda through soliciting feedback from Directors and the MCAH/RPPC Program Coordinator.
    - Arrange guest presenters when applicable.
    - Send the draft agenda to the MCAH/RPPC Program Coordinator **two** weeks in advance for review and approval.

- Email/post the final agenda and other RPPC updates to Directors to the RPPC SharePoint Partner Site at least **five days** in advance. The MCAH/RPPC Coordinator will email/post the CDPH/MCAH updates.
- Facilitate the meeting and take or delegate notes.
- Send draft minutes to the MCAH/RPPC Program Coordinator **one** week following the meeting for review and approval.
- Email/post the final minutes and materials to the Partner site within **ten days.**
- Keep a running schedule of monthly meeting topics.

3) Coordinate and facilitate a full-day, in-person, biannual meeting in the spring and fall.
   - Coordinate with the MCAH/RPPC Program Coordinator and Directors to determine meeting dates.
   - Develop an agenda by soliciting feedback from Directors and the MCAH/RPPC Program Coordinator.
   - Arrange guest presenters when applicable.
   - Send the draft agenda to the MCAH/RPPC Program Coordinator **four** weeks in advance for review and approval.
   - Email/post the final agenda and materials to the Partner site at least **two** weeks in advance.
   - Facilitate the meeting and alert the notetaker according to the host/notetaker schedule determined at beginning of contract cycle.
   - Share draft notes to the group within **ten days** for input and clarification.
   - Email/post the final minutes and materials to the Partner site within **two** weeks.
4) Facilitate a smooth annual transition between program chairs by training and updating the incoming Chair and providing support for the first three months.
5) Assist with the onboarding of new RPPC Directors and other staff as requested.

6) MCAH/RPPC Coordinator Liaison

- Consult on drill responses and special projects.
- Represent RPPC when CDPH/MCAH requires input or representation with internal and external partners.
- Ensure equitable distribution of work and responsibilities within the RPPC program related to special projects that affect or involve all regions.

Duty Statements

A duty statement for all key staff should be submitted when the contract is signed and any time a duty statement is updated. Inform the MCAH/RPPC Program Coordinator via email when new staff are hired and include their curriculum vitae. The duty statement should include:

- Qualifications
- Education and experience
- Specific duties related to the RPPC scope of work
- % FTE

Professional Development and Collaboration

Policy

RPPC Directors are required to attend (and RPPC Coordinators are encouraged to attend) the meetings listed below. If a Director is unable to attend a required meeting, they will appoint a staff person to attend on their behalf and notify the MCAH/RPPC Program Coordinator. RPPC Directors ensure relevant information from required meetings is shared with their staff.

Program Standard

RPPC staff should be knowledgeable and current regarding quality standards and best practices in perinatal clinical care systems. RPPC engages in information and resource sharing across regions to advance the RPPC scope of work through participation in RPPC meetings, emails, and materials housed on the MCAH RPPC Partner SharePoint Site.

Required Meetings

1) Monthly Virtual Meetings

These working meetings focus on advancing one (or at most two) scope of work activities through information sharing and collaboration. They are facilitated and organized by the Chair in coordination with the Program Coordinator with input from Directors and scheduled for one to two hours.

RPPC Chair responsibilities (see RPPC Chair for detailed description of role)

2) Spring & Fall Biannual Meetings

These informational and working meetings promote the exchange of new ideas and create collaborative opportunities to support a coordinated regional perinatal system of care. They are scheduled for eight hours each in the spring and fall. The incoming RPPC Chair, the meeting host, and the location of the biannual meetings will be determined at the fall meeting.

Meeting Host Responsibilities:

- Choose and secure the meeting location.
- Identify technology needed for a hybrid meeting and ensure proper set up.
- Make a recommendation for lodging and, if possible, arrange for a block of rooms at a hotel that accepts the State of California Lodging Reimbursement Rate.

RPPC Chair responsibilities (see RPPC Chair for detailed description of role)

3) Partner Annual Conferences

To support perinatal systems of care, at least one RPPC Director will attend the listed partner events. The RPPC Chair will coordinate communication to ensure participation of RPPC staff at least three months before each event date. The partner events include:

- Annual March of Dimes Conference
- Annual California Breastfeeding Summit
- Perinatal Services Coordinators (PSCs) Annual Meeting
- Annual SIDS Conference
- SIDS Annual Spring Trainings

Media Inquiries

Media inquiries about local implementation of RPPC are handled at the local level and should adhere to the media policies and procedures of the contracted agency. While agencies do not need to request permission from CDPH, it is expected that they notify the MCAH/RPPC Program Coordinator about the media coverage. Please include a link or copy of the published media in your annual report to MCAH. If regional RPPC staff receive a request related to state implementation of RPPC, refer the inquiry to CDPH's Office of Communications: media@cdph.ca.gov. Send an email to the MCAH/RPPC Program Coordinator and cc: cdph.mcahcommunications@cdph.ca.gov.

Travel Reimbursement

Policy

Funds budgeted for travel must be for expenses related to the operation of the program. Contractors must include a sufficient travel and per diem allocation for budgeted program staff to attend required meetings and trainings. The contractor shall utilize the lowest available cost method of travel. The cost of travel cannot exceed the established travel rates on the CalHR website. For more information, refer to your agency's contract and CalHR.

Program Standard

Requests to travel to other national conferences, trainings, and/or meetings may be submitted via email to the Program Coordinator for consideration on a case-by-case basis. Requests must include the following: :

- Location and date of the conference, training, meeting, etc.
- Name and title of the individual(s) traveling
- Necessity of the trip and how it relates to the goals, objectives, and outcomes of the scope of work and the skills expected to be gained by the attendee
- Breakdown of the proposed costs of the trip

Local Partners Collaboration

Policy

RPPC links birthing facilities to Local MCAH programs and activities and connects with Local MCAH staff to collaborate in building a comprehensive and effective regional perinatal system of care.

Program Standard

RPPC staff partner with other MCAH-funded programs through direct communication, awareness of current activities and initiatives, and/or meeting attendance with the following programs:

- Perinatal Services Coordinators (PSCs)
- WIC Regional Breastfeeding Liaisons (RBLs)
- SIDS Coordinators
- Black Infant Health (BIH)
- Perinatal Equity Initiative (PEI)
- Local Health Care Coalitions (HCC)
- Other partners such as CMQCC, CPQCC, CPeTS, and CDPH/MCAH's Gestational Diabetes and Postpartum care Initiative (formerly CDAPP)

Current contact lists are available on the MCAH RPPC Partner Site.

Quality Improvement (QI) and Quality Assurance (QA) Activities

Policy

- RPPC works regionally to improve perinatal systems of care by bridging the public and private sectors.
- RPPC works with counties, birthing facilities, clinics, clinicians, perinatal leadership, health plans, local MCAH jurisdictions, and community-based organizations to collaboratively identify and address perinatal issues in their regions.
- RPPC supports perinatal units through consultation, education, and evidence-based strategies and resources.
- Though RPPC staff are in a prime position to facilitate communication and distribute materials, any distribution of materials, including surveys, must be approved by the Program Coordinator to ensure a reduced burden on hospitals and preserve the trusting relationship between RPPC staff and birthing facilities.

Program Standard

RPPC adapts QI activities in response to regional needs. All RPPC regions address the following core scope of work activities:

- Support QI in the region's birthing facilities guided by outcome data and the facility's QI priorities and goals by providing appropriate resources developed by credible entities and technical assistance to help them adapt resources to meet their unique needs.
- Support skill development, competency, and currency of perinatal professionals. Identify racial/ethnic disparities in facility performance measures. Discuss and recommend equity-based and evidence-based interventions tailored to each facility to reduce disparities.
- Collect information requested by CDPH/MCAH to help connect CDPH/MCAH program activities to goals and measurable outcomes. Maintain an updated contact list for all facilities in your region; notify MCAH about regional maternity care service closures or interruptions in the annual report.
- Support hospitals to standardize and operationalize maternal and neonatal risk assessment practices to encourage maternal risk-appropriate care and improve transfer and transport between facilities.
- Encourage linkage of higher-performing hospitals in the region with lower-performing hospitals to foster communication and collaboration.
- Assist facilities in aligning their internal policies, procedures, and practices with legislative and regulatory changes affecting the perinatal population, providing technical assistance and guidance as requested.
- Link birthing facilities to public health and community-based programs
- Inform regional disaster and emergency preparedness activities by leveraging expertise and relationships with clinical and community organizations.

Birthing Facility Site Visits

Policy

RPPC is required per the Scope of Work to perform site visits with birthing facilities in their regions that meet specific criteria as outlined below. MCAH provides Directors with a list of facilities that met the inclusion criteria during the previous calendar year from the California Comprehensive Master Birth File. Site visits can occur any time in the

fiscal year, however Directors have preferred scheduling them in the spring to coincide with the release of the most current data outcomes report from the Maternal Data Center, the exact date of which varies year to year. Due to the potential for compressed timing between the data update release and the end of the fiscal year, MCAH may issue a memo with instructions on how to account for site visits in the annual report to be considered a met deliverable for that contract year.

For facilities in which a site visit did not occur, RPPC will maintain their own documentation that they attempted to schedule and will explain in the annual report why the visit did not occur.

Site visit inclusion criteria

Annual site visits are required for:

- Hospitals with 200 or more annual births
- Freestanding Birth Centers (FBCs) with 50 or more annual births, whether an Alternative Birth Center (ABC) licensed by the state or an unlicensed FBC

Biannual site visits are required for:

- Hospitals with 50-200 births per year
- Border facilities that primarily send transports out of state

Optional site visits

Site visits are optional for military hospitals and children's hospitals. An attempt should be made to foster a relationship where possible, but RPPC is not required to visit if these facilities are non-responsive.

Program Standard

During the annual visit, RPPC Directors/Coordinators meet with perinatal administrative and clinical staff to review performance measure data, identify QI opportunities, and provide resources and consultation to address quality improvement goals. The facility team may include but is not limited to: Perinatal/MCAH Director, Labor and Delivery Manager or Charge Nurse, Postpartum Manager or Charge Nurse, NICU Manager or Charge Nurse, Lactation, Obstetrics Medical Director, Midwifery Clinical Director, NICU Medical Director, Maternal Fetal Medicine, Educator/Clinical Nurse Specialists, Mother-Baby Assessment Center Director, and Health Information Management (HIM), if appropriate. Representation from Public Health/Local MCAH should be encouraged.

Site visits may be virtual or in person. Follow security and privacy best practices for the platform used to conduct virtual visits.

Limitations to Confidentiality

RPPC regional staff are contractors of the State of California. Any work undertaken as part of that contract is under the administrative responsibility of CDPH/MCAH and subject to the same freedom of information standards as work conducted by the state government or a public entity. While anything discussed with a facility can be treated as confidential, written information becomes a documented record and could be subject to Public Records Act (PRA) requests. Information submitted as a report, written in meeting minutes, sent as emails or email attachments, or other identifiable sources may be subject to PRA requests. Do not include confidential information about an identified facility in these kinds of written documentation.

Data Sources and Use

All RPPC staff conducting site visits participate in trainings to understand regional and statewide maternal and neonatal data.

Maternal Data Center (MDC)

Through the Maternal Data Center, CMQCC and CPQCC make reports available to RPPC for the purpose of expanding and supporting QI activities. Hospitals that authorize the release of their active track data will have more current data in their RPPC report. RPPC reports are refined using statewide data and updated twice a year based on specified processes that CDPH/MDC cannot alter or speed up to coincide with site visits. The spring update may be as late as May/June.

All data and information sources are to be treated confidentially and may only be discussed with the individual hospitals in the contracted region. The use of these reports is contingent on each staff member of the RPPC contract organization that has access to the reports confirming their understanding and compliance with the CMQCC and CPQCC RPCC Reports User Agreement. Each RPPC staff member will be required to sign this user agreement annually to view their facilities' annual data report, as well as respond affirmatively to the data use checklist upon login to the MDC. The specific criteria are embedded within the User Agreement that is available on the RPPC Partner SharePoint site or via email by sending a request to datacenter@cmqcc.org.

Levels of Care Assessment Tool℠ (LOCATe)

The stated use of LOCATe data for RPPC is to develop and strengthen inter-hospital partnerships. All CDC LOCATe℠ and CDC Levels of Care Assessment

Tool[SM] including question modules and individual questions are service marks of the US Department of Health and Human Services. RPPC-specific data-use parameters for LOCATe are as follows:

- RPPC directors may use facility-specific LOCATe data to inform site visit discussions and improve regional coordination, while maintaining the confidentiality of the LOCATe data in these efforts.
- RPPC regional staff and directors may only have data for their contracted regions.
- All LOCATe data are for MCAH internal use only; internal means regional RPPC that are contracted by CDPH including directors and their staff that work on RPPC.
- Only the facility can disclose their level of care to any entity. However, RPPC directors may invite facilities to voluntarily disclose their level of care for any coordination efforts.
- Aggregated regional data may not be presented to any external entity.
- Any aggregate presentation of regional data will be provided by state MCAH and subject to MCAH approval.
- Any aggregate presentation of state data will be provided by state MCAH and subject to MCAH approval, as well as consensus from scientific management that the data are of shareable quality.

MCAH Data Dashboards

CDPH/MCAH created indicator-specific MCAH Data Dashboards designed to serve the data needs of its partners. State-, county-, and/or regional-level indicator data are shown by various stratifications or subgroups and by year. Small counties will be rolled-up into regional dashboards. Each dashboard includes a link to download the data. MCAH data dashboards might not be comparable to CMQCC/MDC data due to possible methodological differences.

Annual Reports

Policy

All RPPC-funded agencies are required to complete and submit an Annual Report to document programmatic activities and outcomes for the fiscal year ending June 30 using provided templates. Annual Reports are due August 15. A grantee can request an

extension from the Program Coordinator if they anticipate that they will not meet the deadline. The request must be made prior to the due date and include both a justification and the number of additional days needed to complete and submit the report. If granted, the agency should keep the extension approval in case of an audit. CDPH/MCAH may withhold payment on current invoices for failure to submit a complete and timely report.

Program Standard

Information fields may change from year to year based on program need. CDPH/MCAH uses the information and data in the Annual Report to:

- Monitor the RPPC scope of work and demonstrate grantee's contribution to improving the regional perinatal system of care.
- Monitor progress towards State and Local objectives and CDPH/MCAH/RPPC program priorities, goals, and objectives.
- Provide narrative examples for Title V reporting and the Title V Block Grant application, which supports MCAH program funding.
- Keep CDPH/MCAH informed about changing regional environments, challenges, partnerships, trends, and priorities.
- Obtain an overview of baseline and progress compliance with legislative or regulatory requirements not captured by other state agencies.
- Track effective strategies and methods to meet goals and objectives.
- Document challenges and successes completing scope of work activities.
- Inform the planning for the next fiscal year's site visit discussions and the next contracting term's scope of work.

Components

Required components of the annual report package are available for download from the RPPC Partner SharePoint site and will be emailed to Directors by April of the reporting fiscal year. The components include the following:

1) One Excel Databook including the facilities meeting the inclusion criteria for a site visit per contracted region.

2) One Narrative Template per contracted Goal. So that CDPH/MCAH can understand each region's partnerships, challenges and highlights, Goal 1 regionalization activities are reported individually by region as much as possible. Reporting in aggregate is accepted for objectives with little or no variation in reportable measures.

3) Supporting documents specified in the scope of work table for the agency's contracted Goals such as agendas, notes, materials, lists, toolkits, etc.

Submission and Review

All components of the Annual Report are emailed to the MCAH/RPPC Program Coordinator on or before the due date unless an extension was requested and approved. Submission will be confirmed by email. CDPH/MCAH will approve, request more information, or reject the Annual Report with comments via emailed letter by November 15. Aggregated annual report data and commonalities in narrative responses will be presented and reviewed at December/January's monthly meeting to inform the planning for the next fiscal year's site visit discussions.

Resources

- MCAH RPPC Partner Site (sharepoint.com)
- Fiscal Administration Policy and Procedures Manual
- Maternal, Child and Adolescent Health (MCAH)