

## Pregnancy Care Management: Supervisory Expectations

The Pregnancy Medical Home program, including the Pregnancy Care Management model, is complex and requires careful supervisory attention. It is vital that the Pregnancy Care Management program have consistent supervisory oversight to ensure that high-risk patients receive the best possible care. To ensure high quality services are consistently delivered to the target population, supervisors of the program must adhere to the expectations described below. It is the responsibility of the program supervisor to ensure that pregnancy care managers have what they need to do their job successfully.

1. **Local Program Monitoring:** Complete internal monthly performance monitoring of services described in “Exhibit A” of LCME/CCNC contract utilizing available quality improvement tools and data reports available in CCNC’s CMIS and IC Reports systems.
  - a. The following CMIS reports\* must be reviewed at a minimum of once per month, or possibly more frequently according to any local network and/or local health department protocol:
    - i. Initial Risk Screenings Summary Report
    - ii. OB Caseload Reports-My caseload (for individual OBCMs); By OBCM (for supervisors)
    - iii. Caseload Activity Summary Report
    - iv. Task Activity Summary Report

*\*Please refer to the Pregnancy Care Management Reports Document (Pregnancy Care Management Program Manual, Section 9) for detailed information on each report such as description, location, purpose and guidance on use of each report.*
  - b. Supervisors are expected to complete chart reviews according to instructions outlined on the chart review tool. (See program manual for chart review tool.)
  - c. Following review of CMIS reports and/or completion of chart reviews, implement any needed activities to follow-up on identified program improvements or personnel training.

2. **Performance Measurement and Assessment:** Supervisors should review and analyze performance measures from the following reports within 2 weeks of release:
  - a. OBCM Data Dashboard
  - b. OBCM Contract Measures (Exhibit B of LCME and CCNC contract)
  
3. **Program Oversight:** Supervisors must assure adherence to the following contract expectations:
  - a. Communicate with Network in a timely manner regarding all matters that may affect the LCME/CCNC contract, including personnel changes, extended leaves of absence among staff supported by OBCM funds, or any barriers affecting LCME's ability to meet performance expectations.
  - b. Staff changes/vacancies must be reported to DPH within 14 days of staff change, vacancy, or change in FTE allocation. This should be done via the following link: <http://childreneyouth.staffing.sgizmo.com/s3/>
  - c. Supervisors are responsible for ensuring that any OBCM team with more than one OBCM includes both registered nurses and social workers in order to best meet the needs of the target population.
  
4. **Care Manager Support:** As described in the LCME/CCNC contract for OBCM, supervisors are expected to provide qualified supervision and support for pregnancy care managers to ensure that all activities are designed to meet performance measures, with supervision to include:
  - a. Provision of program updates to care managers.
  - b. Daily availability for case consultation and caseload oversight.
  - c. Monthly meetings with direct service care management staff to include case review, caseload management strategies, community resources, and collaboration with PMH practices.
  - d. Utilization of monthly and on-demand CMIS reports to actively assess individual care manager performance (see Local Program Monitoring, above).

5. **Training:** Supervisors must meet the following training requirements:
- a. Attend continuing education sessions coordinated by Network, the Division of Public Health and/or CCNC, including network meetings, regional trainings, webinars and statewide conferences.
  - b. Pursue ongoing continuing education opportunities to stay current in evidence-based care management of pregnant and postpartum women at risk for poor birth outcomes.
  - c. Develop and utilize Motivational Interviewing techniques on an ongoing basis.
  - d. Maintain knowledge of program requirements including OBCM Standardized Plan, program pathways, and OBCM Service Agreement.
  - e. Attend new staff/ supervisor orientation.
  - f. Ensure new staff attend appropriate training such as CMIS and new staff orientation.
  - g. Supervisors who carry a caseload must also meet the pregnancy care management competencies and staffing qualifications.

6. **Population Identification:**

- a. Supervisors are responsible for utilizing the OB ADT data report on the IC Reports site or for delegating a Pregnancy Care manager to manage this activity and ensuring utilization of ADT data for patient identification. The OB ADT report must be run at a minimum of once per week or more frequently depending on the size and needs of the local setting, up to once daily. Reference the “Use of OB ADT Data” document in the Data and Evaluation section of the Pregnancy Care Management Program Manual, for additional information.
- b. Supervisors may also have responsibility for utilizing the CCNC ADT report and/or other reports provided by the local network, for population identification purposes.