Examining Staff Perceptions of a Proactive, Telephonic Transition-of-Care Program for Pregnant People With Emergency Department Utilization

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Objective

To examine staff perceptions of a proactive, telephonic transition-of-care pilot model that connects pregnant people with recent emergency department (ED) utilization to early pregnancy-related care (e.g., prenatal care, abortion care, miscarriage support) and community resources. Although pregnant individuals disproportionately seek care in the ED, post-ED discharge models for care navigation remain understudied.

Study setting and design

Between August 2021 and June 2023, six sites (three health systems, two federally qualified health centers, and one community-based organization) implemented the transition-of-care model with ongoing support from an external organization ('external facilitator'). We conducted a qualitative descriptive study to explore pilot-engaged staff and leader perspectives regarding intervention fit and contextual factors influencing implementation and sustainability.

Data sources and analytic sample

From February to March 2024, we conducted interviews with 13 individuals (six outreach champions; four administrative champions; three senior leaders) representing all six pilot sites. Guided by the integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework, we employed codebook thematic analysis to identify key themes regarding the extent to which intervention characteristics met patients' perceived needs and factors influencing pilot site implementation and sustainability.

Principal findings

Pilot site champions and leaders described the transition-of-care model as acceptable and feasible. Key strengths included the pilot model's patient-centered design (e.g., timely, proactive outreach and individualized support), health information exchange (HIE)-driven ED data infrastructure, and role of the external facilitator. Receipt of coaching and training on sensitive, respectful communication in the early pregnancy period also facilitated program implementation. Adequate outreach staffing acted as a barrier and potential determinant of sustainability.

Conclusion

Our findings provide preliminary evidence in support of an outreach model to promote initiation of early pregnancy-related care following ED utilization and offer a flexible blueprint for adaptation across clinical settings. Our work meaningfully contributes to the limited literature base on early pregnancy care innovation.

Journal:

Health Services Research
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