

**Attachment I0 Scope of Work Table  
July 1, 2022 - June 30, 2025**

**Contractor's Name  
XX-XXXX**

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- Goal 1: Under the direction of the Maternal, Child and Adolescent Health (MCAH) division of the California Department of Public Health (CDPH), the Regional Perinatal Programs of California (RPPC) will coordinate the planning, collaboration, and promotion of integrated regional perinatal systems that support high quality, risk-appropriate health care and social support for pregnant women and their newborn infants.

Major Objectives	Major Functions, Tasks and Activities	Timeline	Performance Measures and/or Deliverables
1.1 By June 2025 strengthen regional, cross-regional and/or statewide communication and collaboration to support maternal and perinatal services through collaboration with local and state organizations, MCAH local health jurisdictions, and other State Programs.	1.1.1 Attend and collaborate on bi-annual statewide RPPC meetings and monthly teleconference calls to promote the exchange of new ideas and to create collaborative opportunities to further a statewide integrated perinatal system that ensures that social supports and health services are available to meet the special needs of high-risk pregnant mothers and infants.	6/30/23 6/30/24 6/30/25	1.1.1 Participation will be tracked through meeting notes. RPPC Chair will attach meeting agenda to the Annual Report.
	1.1.2 Participate or create a regional or county level forum(s) that is intended to coordinate and maintain a regional perinatal system in your region. This forum should include key community partners and would promote and support an integrated regional perinatal system of the delivery of high quality, risk-appropriate care to pregnant women and their newborn infants.	6/30/23 6/30/24 6/30/25	1.1.2 On Annual Progress Report (APR) document participation/ creation of forums; describe forum, who attends, number of meetings and what topics are addressed
	1.1.3 As appropriate for your region collaborate with Comprehensive Perinatal Services	6/30/23	1.1.3 Note in APR any action or collaboration conducted

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	Program (CPSP) Perinatal Services Coordinators (PSC), Local Health Jurisdiction MCAH Directors and Regional Breastfeeding Liaisons (RBLs) to build connections between hospital care and community services.	6/30/24 6/30/25	towards this effort.
	1.1.4 Collaborate and partner with the California local SIDs program to promote the latest American Academy of Pediatrics (AAP) Infant Safe Sleep Recommendations and support hospital to comply with <a href="#">California Health and Safety Code Section 1254.6</a> . This includes but is not limited to dissemination of safe sleep educational materials, support facilities to model safe sleep practices and provide patient-centered and culturally appropriate education on infant safe sleep environment.	6/30/23 6/30/24 6/30/25	1.1.4 In the APR, note what assistance/education or support was provided to each facility to help them comply with current AAP guidance on infant safe sleep environment.
	1.1.5 As directed by MCAH, support statewide and local response to disasters and emergency situations by supporting labor	6/30/23 6/30/24 6/30/25	1.1.5 In the AR, note your participation or collaboration to address disasters and

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	and delivery hospitals in the region, local health jurisdictions and other emergency responders as appropriate to RPPC's role.		emergency situations.
	1.1.6 Collaborate with CDPH Vital Records to promote the birth certificate data entry training for hospital data entry clerks in your region and help identify areas of inaccuracies in data as identified by hospitals or public health partners.	6/30/23 6/30/24 6/30/25	1.1.6 In the APR, note your participation with the Birth Certificate Data Entry Trainings and recommendations for improvement.

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1.2 On an annual basis, conduct site visits to 100% of RPPC participating birth facilities in their region to support facilities with hospital quality improvement efforts guided by maternal and neonatal outcome data.	1.2.1 Before each site visit, obtain maternal and neonatal data dashboard for all facilities in your region from contractor identified on goal 4 and 5 of this SOW. Use this dashboard and other relevant resources to support and guide discussion with facility leadership about their specific quality improvement efforts.	6/30/23 6/30/24 6/30/25	1.2.1 In the APR, note any challenges or barrier to obtaining facilities profile data and recommendation on how the barriers can be addressed.
	1.2.2 Support facility's quality improvement efforts by providing appropriate resources such as reports, trainings and toolkits developed by credible entities. For those facilities needing assistance, provide technical assistance to help them adapt resources to meet their unique needs.	6/30/23 6/30/24 6/30/25	1.2.2 In the APR, list the tools provided to each facility and note technical assistance provided to adopt the tools to their specific needs.
	1.2.3 Provide guidance to facilities on (1) Maternal Risk-Appropriate Care (LoMC) and (2) risk assessment practices for transporting or transferring care to higher level facilities.	6/30/23 6/30/24 6/30/25	1.2.3 In the APR, note any action or collaboration conducted towards this effort.

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	1.2.4 Using the updated Regional Cooperative Agreement Handbook and additional resources, support hospitals to improve their maternal and neonatal transport and transfer between facilities to provide risk-appropriate care for both mother and baby.	6/30/23 6/30/24 6/30/25	1.2.4 In the APR, list any technical assistance provided to facilities to improve the timely and safe transfer and transport of patients.
	1.2.5 As appropriate, encourage linkage of higher-level hospitals in the region with lower-level hospitals to foster communication and collaboration to improve timely and safe transport of high-risk patients.	6/30/23 6/30/24 6/30/25	1.2.5 In the APR, note what was done to encourage collaboration with hospitals in the region and the challenges faced with building collaboration among hospitals.
	1.2.6 Work with Goal 3 contractor to improve the system of care for high-risk women in your region (s).	6/30/23 6/30/24 6/30/25	1.2.6 In the APR, list any collaborative efforts with Goal 4 contractor towards this effort and any challenges faced with this collaboration efforts.

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	1.2.7 Maintain an updated contact list for all facilities in your region. Upon MCAH request, distribute communication to your facilities contacts list.	6/30/23 6/30/24 6/30/25	1.2.7 Submit an updated facility contact list with the APR in the format provided by MCAH.
1.3 All RPPC staff conducting site visits should understand and have access to statewide and regional maternal and neonatal data.	1.3.1 Ensure all RPPC Staff conducting site visits participate in trainings to understand regional and statewide maternal and neonatal data.	6/30/23 6/30/24 6/30/25	1.3.1 RPPC Regional Directors will maintain documentation of three attempts to discuss participation from facilities not currently granting authorization.
	1.3.2 Identify facilities who have not yet granted access to their data and help them understand the benefits of providing RPPC Regional Directors access to the facility's maternal and neonatal data and assist with the process of authorizing access.	6/30/23 6/30/24 6/30/25	1.3.2 In the APR, document the number of facilities for which access to the available maternal and neonatal data was secured during this reporting period.

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1.4 By June 2025, increase the proportion of facilities implementing and maintaining practices compliant with <a href="#">California Health and Safety Codes Breastfeeding</a> (123365, 123366 and 123367).	1.4.1 By facility, identify disparities in in-hospital infant feeding rates (initiation and exclusive breastfeeding) among racial/ethnic groups. Discuss and recommend interventions to reduce disparities tailored to each facility.	6/30/23 6/30/24 6/30/25	1.4.1 In the APR, describe disparities identified and interventions discussed with each facility to reduce them.
	1.4.2 Assist facilities to align their internal hospital breastfeeding policies, procedures and practices with <a href="#">California Health and Safety Codes Breastfeeding</a> (123365, 123366 and 123367). Provide technical assistance and guidance as needed to improve breastfeeding rates.	6/30/23 6/30/24 6/30/25	1.4.2 In the APR, briefly describe any assistance provided to facilities to help them improve their hospital breastfeeding policies.

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
2.1 The contractor will regularly convene, maintain, and participate in the Regional Quality Improvement Committee, the CPeTS Executive Committee, perinatal quality care collaborative Data Committee Advisory Group (DCAG) and maternal and perinatal quality care collaborative meetings to facilitate and coordinate high-risk transport quality improvement (QI) activities, care coordination, and analysis of outcome data.	2.1.1 Convene, maintain, and participate in the Regional Transport QI Committee on a quarterly basis to discuss access to appropriate level of care and quality improvement surrounding patient transports and other local perinatal transport QI issues; disseminate QI improvement strategies identified with the CPeTS data or other resources. (There should be one QI Committee for the Northern and one for the Southern Region).	Quarterly	2.1.1 In the APR, summarize local perinatal transport QI issues and document QI improvement strategies initiated based on analysis of CPeTS data or other resources.



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	2.1.2 Convene, maintain and participate in the statewide CPeTS Executive Committee semi-annual meetings to evaluate the CPeTS and recommend changes. Leadership will alternate between north and south, beginning with the fall meeting hosted by the northern region. The agenda will be developed by the host and minutes will be taken by the non-host region. CDPH RPPC Coordinator and Epidemiology representative will be invited to all meetings.	Semi-Annually	2.1.2 Submit meeting agenda to the CPeTS Executive Committee and MCAH Program Consultant one week before the meeting and send drafted meeting minutes within two weeks following meetings to all participants and MCAH Program Consultant.

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	2.1.3 Convene, maintain and participate in the perinatal quality care collaborative Data Committee Advisory Group (DCAG) to review all NICU data, including the CPeTS transport data, and make recommendations for quality improvement opportunities. CDPH RPPC Coordinator and Epidemiology representative will be invited to all meetings.		2.1.3 Submit meeting agenda to the DCAG members and MCAH RPPC Program Consultant one week before the meeting and send meeting minutes within two weeks following meetings to all participants and MCAH RPPC Program Consultant.
	2.1.4 North and south contractors will collaborate to provide regions with QI tools (e.g., PowerPoint slide sets) based on needs identified in the CPeTS data.	Ongoing	2.1.4 In the APR, summarize QI activities and products implemented. Note: All materials for public release require prior MCAH approval.

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	2.1.5 North and south contractors will work collaboratively with the maternal and perinatal quality care collaborative to identify trends in CPeTS data for potential QI topics and activities.	Ongoing	2.1.5 In the APR, document trends in CPeTS data and identified potential QI topics.
2.2 Annually, the northern and southern contractor will collaborate to provide at least three data quality assurance trainings targeting hospital transport and data entry staff, CPeTS Directors, and RPPC Regional Directors to ensure completeness and integrity of transport data being collected,	2.2.1 Ensure that CPeTS training reflects the current CPeTS system, including data collection forms, data entry, and data reports.	6/30/23 6/30/24 6/30/25	2.2.1 Submit the agenda for the CPeTS training to MCAH for review and approval two weeks before the scheduled trainings. Maintain copies of the agenda and curriculum in the project office.
	2.2.2 Train data entry staff and RPPC Regional Directors about data entry and utilization of CPeTS data to improve outcomes.	6/30/23 6/30/24 6/30/25	2.2.2 In the APR, document the number of training attendees at each location. Submit dates and locations of trainings to hospitals, MCAH, and RPPC

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entered, and reported.			Regional Directors at least four weeks in advance. Within two weeks following trainings, submit to MCAH a summary of attendee evaluations, copies of which should be maintained in the project office. Post archived training materials on the CPeTS website (perinatal.org).
	2.2.3 Generate annual transport data dashboard for each RPPC region and provide annual data training as well as ongoing technical assistance, as needed, to RPPC Regional Directors and hospitals to help them understand the data and make recommendations for quality improvements.	Ongoing	2.2.3 In the APR, submit a summary of issues that required technical assistance, including the frequency of provision of assistance.

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2.3 On an ongoing basis, the northern and southern contractor will monitor, maintain and support their region's real-time bed locator system.	2.3.1 Monitor bed availability on the CPeTS website weekly. For hospitals that have not self-reported, provide TA to ensure completion of updates.	Weekly	2.3.1 In the APR, document the number of hospitals requiring TA to comply with self-update to their bed availability on the website. Summarize the TA provided.
	2.3.2 Generate quarterly bed availability reports by facility and share with facilities along with a comparison to similar reporting hospitals, as needed.	Ongoing	2.3.2 In the APR, document changes in quarterly trends of bed availability and data elements.

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	2.3.3 Maintain an up-to-date electronic Newborn Intensive Care Directory with listings of Perinatal Unit Directors, Nurse Managers, Transport Coordinators, and local Emergency Medical Services (EMS) Directors. Update this information on the CPeTS website every six months.	Semi-annually	2.3.3 In the APR, submit the link to the updated directory.
	2.3.4 Facilitate the transport of high-risk maternity patients and critically ill infants as requested.	Ongoing	2.3.4 In the APR, summarize requests for assistance with transports.
2.4 On a real-time basis, maintain a web-based locator system to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, using	2.4.1 Respond to website issues within 24 hours of identification and provide a timeline with a reasonable time for repair.	Ongoing	2.4.1 In the APR, note major issues with the website and recommendations for system changes or improvement to prevent similar problems in the future.

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confidential hospital access codes. This system should be maintained 24 hours per day, seven days per week.	2.4.2 Participate with other California Perinatal Transport System contractors and the State to plan and resolve website issues as requested.	Ongoing	2.4.2 In the APR, note any collaborative efforts to resolve website issues.
	2.4.3 Upload documents and revise program information to applicable links as requested.	Ongoing	2.4.3 In the APR, note any challenges with uploading documents to the website or revising program information.
	2.4.4 Provide daily differential backup of the website data Saturday through Thursday and a full back up every Friday.	Ongoing	2.4.4 In the APR, note any challenges or recommendations for improvement to ensure appropriate and necessary website backup.

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2.5 On an ongoing basis, maintain a web-based data entry system to allow timely entry and analysis of CPeTS neonatal transport data. Ensure website is secured, free of functional errors and runs smoothly.	2.5.1 Maintain and update the data entry system for CPeTS neonatal transport data collection to allow timely data entry, analysis, and report capabilities based on recommendations from the CPeTS Data Advisory Committee (composed of data entry staff from member institutions).	Ongoing	2.5.1 In the APR, summarize maintenance activities, data collection, analysis, and report capabilities.
	2.5.2 Conduct an annual system evaluation to assess data quality and validity and produce a report of findings by: <ul style="list-style-type: none"> <li>a. Auditing data to ensure sites are entering data correctly and in a timely manner,</li> <li>b. Providing TA to correct outpoints,</li> <li>c. Analyzing data for quality and</li> </ul>	6/30/23 6/30/24 6/30/25	2.5.2 In the APR, submit audit findings and any recommended data collection changes, as well as topics or problems that required TA, including their frequency. Describe how these situations were addressed or corrected. CPeTS evaluation report, including the methodology



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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	validity, and d. Creating a focus group with hospital staff who utilize and enter data.		used for data analysis.
	2.5.3 Review and revise (as needed) the methodology for a risk-adjusted data report.	Ongoing	2.5.3 In the APR, summarize revisions to the methodology used in the risk-adjusted data report.
	2.5.4 Maintain and revise (as needed) information in the CPeTS Neonatal Transport data report. If a report is developed, post the new report on the contractor's website.	Ongoing	2.5.4 Submit revisions of the CPeTS report to MCAH prior to implementation and posting.
	2.5.5 As directed by MCAH, support statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals in the region, local health jurisdictions and other emergency	6/30/23 6/30/24 6/30/25	2.5.5 In the AR, note your participation or collaboration to address disasters and emergency situations.

**Attachment 10 Scope of Work Table**  
**July 1, 2022 - June 30, 2025**

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- Goal 2: Under CDPH/MCAH direction, contractors will; (1) track and evaluate neonatal care during transport by maintaining the Northern or Southern California Perinatal Transport System (CPeTS); (2) participate and collaborate on quality improvement activities by organizing and maintaining an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues; (3) assist with statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to CPeTS role.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	responders as appropriate to CPeTS role.		

**Attachment 10 Scope of Work Table**  
**July 1, 2022 - June 30, 2025**

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- Goal 3: Improve the system of care for high-risk women to reduce maternal morbidity and mortality, including existing disparities, by encouraging the growth and maturation of transfer agreements for the provision of risk-appropriate care specific to maternal health needs.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
3.1 Support and coordinate with the nine RPPC Regional Directors to better coordinate maternal transfers in each of the regions.	3.1.1 Coordinate an annual statewide meeting focus on improving the system of care for high-risk pregnant women.	Annually	3.1.1 Submit meeting agenda for approval by MCAH and submit meeting minutes outlining actions items and future recommendations.
	3.1.2 Support and train RPPC Regional Directors and Coordinator to better coordinate maternal transports in each region.	Ongoing	3.1.2 In the APR, submit documentation on training and other means of support to each of the RPPC Regional Directors on enhancing/establishing a maternal system of care in their region.
	3.1.3 Provide ongoing technical assistance, as requested by RPPC Regional Directors, to support improved coordination in maternal care.	Ongoing	3.1.3 In the APR, note any technical assistance provided to each of the regions and note any challenges faced in each region; provide recommendations to address challenges.

**Attachment 10 Scope of Work Table**  
**July 1, 2022 - June 30, 2025**

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- Goal 3: Improve the system of care for high-risk women to reduce maternal morbidity and mortality, including existing disparities, by encouraging the growth and maturation of transfer agreements for the provision of risk-appropriate care specific to maternal health needs.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	3.1.4 On the second and third year of the contract period, develop guidance and programmatic tools as identified by RPPC Regional Directors to support improved maternal transfers.	6/30/24 6/30/25	3.1.4 Consult and submit draft tools and guidance for MCAH final approval.
	3.1.5 On the third year of the contract, all tools and guidance developed in 3.1.4 are to be packaged into an ADA-formatted toolkit that can be uploaded to the RPPC SharePoint site.	6/30/25	3.1.5 Completed toolkit in a web-friendly format ready to be uploaded to the RPPC website and SharePoint site.

**Attachment 10 Scope of Work Table**  
**July 1, 2022 - June 30, 2025**

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- Goal 4: Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support and local resources to promote quality improvement efforts in neonatal health.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
4.1 Provide administrative support to an identified perinatal quality care collaborative whose goal is to lead perinatal quality improvement.	4.1.1 Identify the perinatal quality care collaborative as well as schedule and hold quarterly meetings. Planning to include: <ul style="list-style-type: none"> <li>a. Arranging meeting locations and times.</li> <li>b. Building agenda and securing speakers/content experts. Add one Public Health topic to each meeting agenda.</li> </ul>	Quarterly	4.1.1 Submit an annual meeting calendar to MCAH in the first quarter of each contract year as well as quarterly agendas developed in collaboration with MCAH. Submit the perinatal quality care collaborative member list to MCAH for final approval.
	4.1.2 Draft and distribute reference documents, meeting minutes for member approval, and recommendations.	Quarterly	4.1.2 Submit copies of reference documents, recommendations, and approved minutes and maintain copies on-site, in the contractor's office.
	4.1.3 Facilitate continual collaboration, cooperation, and participation of stakeholders by scheduling and organizing quarterly meetings, conference calls, or webinars related to regional perinatal QI issues.	Ongoing	4.1.3 Summarize dates and activities of committee and workgroup meetings and conference calls. Maintain documents on-site in the

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**July 1, 2022 - June 30, 2025**

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- Goal 4: Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support and local resources to promote quality improvement efforts in neonatal health.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	Maintain an infrastructure for timely correspondence and communication with members.		contractor's office.
	4.1.4 Attend appropriate forums to enhance community-wide participation, such as the annual pre-meeting of the California Association of Neonatologists (CAN).	6/30/23 6/30/24 6/30/25	4.1.4 In the APR, submit dates and types of forums attended.
4.2 Strengthen regional and cross and regional communication and collaboration by supporting data driven regional perinatal quality improvement efforts.	4.2.1 Provide regular and ongoing communication to perinatal health community, including RPPC Regional Directors and local MCAH Directors.	Ongoing	4.2.1 Submit a recap of information and communication format used to reach RPPC Regional Directors, local MCAH Directors and perinatal community.

**Attachment 10 Scope of Work Table**  
**July 1, 2022 - June 30, 2025**

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	4.2.2 Develop and/or maintain an infrastructure for data planning, collection, monitoring and evaluation of neonatal and infant data. Alternatively, partner with organization(s) who collect perinatal data to develop and distribute data reports to local facilities, RPPC Regional Directors, local MCAH Directors, and state MCAH for local perinatal quality improvement (QI) efforts. The data should be collected and analyzed to allow identification of health disparities among racial, ethnic, geographic, socioeconomic, and other groups so that barriers to health equity can be identified.	Annually	4.2.2 Summarize activities on distribution of data reports and summarize potential hospitals, counties, or populations for potential quality improvement efforts. Share all data and other pertinent reports (as appropriate) annually with state MCAH.
	4.2.3 Create data dashboards based on available perinatal data for each hospital and make them accessible to CDPH/MCAH and all RPPC Regional Directors annually before the month of November to be used on RPPC annual site visits.	Annually	4.2.3 Completeness of dashboards will be tracked by MCAH RPPC Coordinator.

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July 1, 2022 - June 30, 2025**

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	4.2.4 Conduct at least one training for RPPC Regional Directors and RPPC staff to enhance their understanding of perinatal data and related resources and opportunities for local hospital QI efforts.	Annually, by late Fall of each fiscal year.	4.2.4 Submit training date(s), slides, attendance, and evaluation summary. Work with MCAH to identify training needs and content.
	4.2.5 Annually identify and gain approval from MCAH on a QI project to address health inequities and improve linkages to clinical services and social support for neonate post hospital discharge. At the end of the fiscal year present project and findings to MCAH leadership through a webinar or in-person meeting.	Annually	4.2.5 Annual quality improvement project and PowerPoint presentation of project findings to be used in a webinar or in-person presentation.
	4.2.6 Based on data findings and informed by the quality improvement project noted on activity 4.2.5 develop recommendations to address health inequities and improve linkages to clinical and social support for neonates and their families post hospital discharge.	Annually	4.2.6 Submit recommendation on year 2 and 3 of the contract.



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**July 1, 2022 - June 30, 2025**

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- Goal 4: Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support and local resources to promote quality improvement efforts in neonatal health.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	4.2.7 As directed by MCAH, support statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals in the region, local health jurisdictions and other emergency responders as appropriate to RPPC's role.	6/30/23 6/30/24 6/30/25	4.2.7 In the AR, note your participation or collaboration to address disasters and emergency situations.

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**July 1, 2022 - June 30, 2025**

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- Goal 5: Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support and local resources to promote quality improvement efforts in maternal health.

Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
5.1 Provide administrative support to an identified maternal quality care collaborative whose goal is to lead maternal quality improvements.	5.1.1 Identify the maternal quality care collaborative as well as schedule and hold quarterly meetings.  Planning to include: a. Arranging meeting locations and times, b. Building agenda and securing speakers/content experts. Add one Public Health topic to each meeting agenda, and	Quarterly	5.1.1 Submit annual meeting calendar to MCAH in first quarter of each contract year and quarterly agendas developed in collaboration with MCAH. Submit final maternal quality care collaborative member list to MCAH for approval.
	5.1.2 Draft and distribute reference documents, meeting minutes for member approval, and recommendations.	Quarterly	5.1.2 Maintain copies of reference documents, recommendations, and approved minutes on-site, in the contractor's office.

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	5.1.3 Facilitate continual collaboration, cooperation, and participation of stakeholders by scheduling and organizing quarterly meetings, conference calls, or webinars.	Ongoing	5.1.3 Summarize to the MCAH/RPPC PC dates and activities of committee meetings and conference calls. Maintain documents on-site in the contractor's office.
	5.1.4 Provide regular and ongoing communication to maternal health community (in-patient and out-patient maternity care providers), including other RPPC Regional Directors and local MCAH Directors.	Ongoing	5.1.4 Provide to the MCAH/RPPC PC a list of information and communication used to reach RPPC Regional Directors, local MCAH Directors and other maternal health community.
5.2 Strengthen regional/cross-regional communication and collaboration by supporting data driven regional maternal quality improvement	5.2.1 Develop and/or maintain and regularly update web-based resources related to improving maternity care for practitioners, institutions, or the public.	Monthly	5.2.1 Provide a list of updated web-based resources monthly to the MCAH/RPPC PC. Track updates, new additions to the website, number, and duration of website visits.

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**July 1, 2022 - June 30, 2025**

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
efforts.	5.2.2 Email updates to stakeholders and facilities on issues pertinent to quality improvement in maternity care.	Ongoing	5.2.2 In the APR list the recipients and topics of the quarterly email updates.
	5.2.3 Educate hospitals on the role of RPPC in supporting hospitals with quality improvements and the importance of authorizing RPPC Regional Directors access to the hospital data on the maternal data collection system.	Ongoing	5.2.3 In the APR, list the type of education provided to hospitals, include date, event format and number of hospitals participating.
	5.2.4 Conduct at least one webinar training for RPPC Regional Directors and Coordinator to enhance their understanding of maternal data and help them identify opportunities for hospital quality improvement. The webinar(s) will include information on the maternal data collection system and how to work with facilities to gain authorization to view their facility's hospital data.	No later than November of each contract year	5.2.4 Submit identified opportunities for improvement and share with RPPC Director by November of each fiscal year.

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**July 1, 2022 - June 30, 2025**

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	5.2.5 Create data dashboards based on available maternal data for each hospital and make them accessible to CDPH/MCAH and all RPPC Regional Directors annually before the month of November to be used on RPPC annual site visits.	6/30/20 6/30/21 6/30/22	5.2.5 Completeness of dashboards will be tracked by MCAH RPPC Coordinator.
	5.2.6 Annually identify and gain approval from MCAH on a quality improvement project based on data findings to address health inequities and improve linkages to clinical and social services for women post hospital discharge. At the end of the fiscal year present project and findings to MCAH leadership through a webinar or in-person meeting.	Annually	5.2.6 Annual quality improvement project and PowerPoint presentation of project findings to be used in a webinar or in-person presentation.
	5.2.7 Based on data findings and informed by the quality improvement projects noted on activity 5.2.6, develop two educational products recommendations to address health inequities and improve linkages to clinical and supportive services for women	Ongoing	5.2.7 Two educational products per year to be approved by MCAH. Submit recommendation on year 2 and 3 of the contract.

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**July 1, 2022 - June 30, 2025**

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Major Objective(s)	Major Functions, Tasks, And Activities	Timeline	Performance Measure and/or Deliverables
	post discharge from the hospital. The products could be a webinar, infographic, Q & A, or other preapproved format vetted and approved by MCAH		
	5.2.8 As directed by MCAH, support statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals in the region, local health jurisdictions and other emergency responders as appropriate to RPPC's role.	6/30/23 6/30/24 6/30/25	5.2.8 In the AR, note your participation or collaboration to address disasters and emergency situations.