



Maternal, Child & Adolescent Health
mcah



Regional Perinatal Programs of California (RPPC) Policies and Procedure

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Table of Contents

Intent of This Document	3
RPPC Background and History.....	3
RPPC Program Overview.....	3
Program Staff Requirements.....	4
Media Relations	6
Hospital Site Visits	7
Quality Improvement (QI) and Quality Assurance (QA) Activities	8
Staff Professional Development.....	9
Local Partners/ Collaboration.....	11
Data Collection Requirements	13
Annual Reports	14
Travel Reimbursement	16
Resources	17
Additional Program Information on Perinatal Services	17
Appendix A.....	18

Intent of this Document

The purpose of this RPPC Policies and Procedures Manual is to compile all current program policies into a single, up-to-date RPPC Directors resource. It contains policies and procedures as listed in the Table of Contents and should be reviewed periodically and updated as needed.

Background and History

The RPPC, established in 1979, evolved from the need for a comprehensive, cooperative network of public and private health care providers within geographic areas to assure the well-being of pregnant women and their babies and to promote access to appropriate levels of high-quality care.

The Regional Perinatal Programs of California (RPPC) is a key component of California's community-based comprehensive perinatal health system established by Health and Safety Code H&S 123475 and H&S 123490 – 123525. This system includes the Comprehensive Perinatal Services Program (CPSP), RPPC and other local Title XIX efforts. It is a system that encompasses prenatal care, delivery care, postpartum care, and neonatal and infant care services that have been demonstrated effective in preventing or reducing maternal, perinatal, and infant mortality and morbidity.

Program Overview

The goal of RPPC is to ensure pregnant women and their babies have access to the level of care they need; reduce adverse maternal and neonatal outcomes; eliminate disparities in infant and maternal morbidity and mortality.

The RPPC three-year contracts are allocated through a rigorous competitive bid process. RPPC is organized into nine regions throughout the state ([see regional map](#)), each region is represented by the RPPC Regional Directors. The RPPC 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 hospitals, advocating for data-driven quality improvement activities, including data collection protocols, and quality improvement policies and procedures. The Regional Perinatal Program Directors and staff provide resources, consultation, and technical assistance to hospitals and health care providers.

State MCAH staff supports the RPPC Directors in their work and coordinates efforts to improve perinatal care at a higher level by working with other key leaders representing Stanford University, March of Dimes and the American College of Obstetricians and Gynecologists, to name a few. Twice a year, State MCAH convenes the RPPC Directors for in-person meetings or virtual meetings should we not be able to meet in person, to discuss scope of work and emerging issues that impact perinatal health.

Program Staff Requirements

Policy

All RPPC awardees are responsible for ensuring they have adequate staff with appropriate training to successfully implement the scope of work and meet the program goals and mission.

Program Standard

RPPC Director:

All RPPC 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 Program Consultant and is required to participate on monthly calls and bi-annual in person meetings.

Awardees are expected to hire sufficient staff with the knowledge, skills, and backgrounds necessary to complete all the RPPC cooperative agreement requirements. The minimum education qualification for the position of RPPC Program Director (Goal 1) is:

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's in 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 Program Director will need to submit a waiver request along with documentation of the candidate's education and work experience.

Staff FTE will be determined by the Program Director and negotiated with MCAH Program Consultant during the contract budget negotiations.

RPPC Coordinator:

RPPC Coordinators support the programmatic implementation of the scope of work such as conducting hospital site visits, working and coordinating with local partners to improve and support local perinatal efforts and improve coordination of a regional perinatal system of care.

The RPPC Coordinator should be a health professional with progressive experience in perinatal health, some public health background, and experience working with hospital perinatal systems is preferred.

Staff FTE will be determined by the Program Director and negotiated with MCAH Program Consultant during the contract budget negotiations.

Key staff requirements and responsibilities

- Key staff will complete all required trainings; adhere to guidance specified in the Policies and Procedures; provide required feedback to CDPH/MCAH; and attend required meetings and participate in required capacity-building calls.
- Key staff roles must be filled (in some cases, more than one role may be performed by one staff member) at each RPPC region.
- If RPPC awardees are unable to fill and maintain key staff at the negotiated FTEs, a waiver will be submitted to MCAHRPPC 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.) that impact daily program operations, such site visits, coordinating with local partners and responding to CDPH inquiries, the RPPC Director must notify the CDPH/MCAH Program Consultant (PC) by email as soon as possible with an alternative plan for coverage.

Duty Statements

A duty statement for all key staff should be submitted each contract period when the contract is signed. The duty statement should include:

- Staff qualifications
- Education and experience
- Specific duties related to the support of RPPC SOW
- %FTE

All changes in duty statements submitted after the initial contract negotiations are required to be sent to the RPPC Program Consultant every time they are updated or when there is staff changes.

When new staff are hired, complete Agency Information Form (AIF) and submit as soon as possible to MCAH Contract Manager with a copy to the Program Consultant.

Media Relations

Policy

All RPPC Program Directors will follow MCAH-RPPC policy and procedure guidelines as it relates to media relations in the MCAH-RPPC Program. All RPPC contractors shall contact the RPPC Program Consultant for approval prior to any communication with the media. The RPPC program staff shall have no communication with the media about the RPPC Program other than the gathering of needed approval information until approval is granted by the MCAH. Media inquiries include, but are not limited to, television, radio stations, newsletters, internet websites, social networking sites, and publications.

Program Standard

All RPPC contractors shall contact their designated RPPC Program Consultant for approval prior to any communication with the media. This process will ensure that all media inquiries receive prior approval by the CDPH-OPA, and all inquiry responses contain accurate data and information provided or verified by the MCAH.

Procedures

1. Phone Inquiry:
 - Take a message; include reporter's name, phone number, media outlet, and subject of the call.
 - Tell the reporter that the MCAH will return the call as soon as possible and provide the reporter with the CDPH-OPA's phone number at (916) 440-7259, for their future use.
 - Contact your RPPC Program Consultant and provide the reporter's name, phone number, media outlet, and subject of the call.
 - The CDPH-OPA will respond to the reporter in consultation with MCAH and the local program staff.
2. E-Mail Inquiry:
 - Forward the e-mail to RPPC@cdph.ca.gov and the RPPC Program Consultant.
3. Direct Inquiry:
 - Do not contact the media directly or take media calls without first obtaining approval from your MCAH-BIH Program Consultant.

Hospital Site Visits

Policy

In person hospital site visits are required annually. Birth facilities with less than 200 births per year and border facilities that send transports primarily out-of-state will receive an annual telephone consultation but should be visited every other year.

If a site visit cannot be arranged, three documented attempts are required. This documentation is required in the annual report. In the Annual report you will be required to document the steps taken schedule the site visit and an explanation as to why the site visit did not take place.

Program Standard

During the annual hospital visits, RPPC Directors/Coordinators meet with perinatal nursing leadership staff and administrators of the Labor and Delivery Units including staff from the Post-Partum Units and NICU if relevant. During the site visits RPPC reviews hospital specific perinatal data to find opportunities for quality improvement opportunities based on the hospital's specific needs.

Guidance on Virtual Site Visits

On special circumstances virtual visits might have to take the place of an in-person site visit; these virtual site visits need to be pre- approved by the Program Consultant. Since hospital specific private data will be shared with facilities during the virtual site visit be sure password protect the meeting platform and request approval to share the hospital data with meeting participants before sharing any data. In addition, all HIPPA regulations must be followed when conducting virtual site visits.

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

Policy

RPPC Directors and Coordinators are to assist birthing hospitals with identifying data driven quality improvement opportunities and provide resources and consultation to help hospitals reach their quality improvement goals. RPPC staff are also required to work in their regions to improve their perinatal system of care.

Program Standard

The RPPC provides planning and coordination by performing regional quality improvement activities among agencies, providers and individuals.

Activities may include collaboration with local MCAH jurisdictions and their related programs. RPPC is the linkage between CDPH MCAH and birthing hospitals, advocating for improvements and quality improvement activities. Regional RPPC staff have the flexibility, neutrality and credibility to bridge public and private sectors. They offer the opportunity to work with multiple counties, hospitals, clinics, perinatal leadership and health plans to work collaboratively to identify and address common perinatal concerns in their regions.

National, state, and local data are utilized to determine maternal and neonatal risk status as well as data issues to identify potential quality improvement opportunities. Learning activities and promotion of toolkits using evidence-based research and best practices from national organizations such as CMQCC, ACOG, AWHONN and March of Dimes are shared, discussed and disseminated among perinatal leadership, staff and the institutions. Analysis of maternal risk factor rates compared to the state rates provide opportunities for discussion to evaluate current clinical practices with hospital administrators and providers; thereby implementing needed adjustments in practices using evidence-based standards and recommendations from the toolkits.

The RPPC staff use toolkits to provide several sources of information, intervention strategies and opportunities to assist facilities:

- design and operationalize effective protocols
- improve and maintain the skills and competency of health care professionals
- adequately assess and respond to the complex and rapidly declining maternal condition,
- determine appropriate resources required to stabilize and reach an optimal maternal and neonatal outcome.

Staff Professional Development

Policy

RPPC director for each region is responsible to ensure all staff have the training and expertise to execute the contract SOW.

Program Standard

RPPC staff are encouraged to participate in training opportunities hosted or promoted by CDPH or other accredited organizations to keep current and informed of best practices in the field or perinatal care.

Staff Orientation and Education

When a new staff is hired RPPC Directors are responsible for ensuring appropriate training of staff to ensure SOW activities are implemented appropriately. If the RPPC Director needs assistances with onboarding staff, they should contact their Program Consultant. When a new Program Director is hired, the RPPC Chair and Program Consultant are available to support and link new RPPC Directors to needed assistance.

Required Participation for RPPC Staff

The below listed activities are required for RPPC Directors and staff. If the RPPC Director cannot attend a required event, another staff person should be identified to attend on their behalf. RPPC Directors should institute a system to share the relevant information with staff who do not attend the below listed meeting or events.

1. **RPPC Monthly Calls** – The intent of these meetings is information sharing, collaboration and working meetings to advance the RPPC SOW. These meetings are facilitated and organized by the RPPC Chair in coordination with RPPC Program Consultant and input from RPPC Directors.
 - Role of RPPC Chair: *(see Appendix A for detail description of RPPC Chair role)*
 - Coordinate with MCAH RPPC Consultant and other RPPC Directors to create agenda for the call.
 - Schedule the monthly meeting at least six months ahead of time, to ensure the meeting gets on everyone's calendar.
 - Send the draft agenda to RPPC Program Consultant at least two weeks before the scheduled meeting for review and send to all RPPC staff at least a week before the meeting is to occur.

- All RPPC Directors are required to attend and Coordinators are encouraged to participate.
- 2. Bi-Annual RPPC Meetings** – The goal of these meetings is to promote the exchange of new ideas and to create collaborative opportunities to support a coordinated regional perinatal system of care. All RPPC staff are encouraged to attend and RPPC Directors are required to attend. If the RPPC Director is not able to attend the Program Consultant should be notified.
- Role of RPPC Chair: *(see Appendix A for detail description of RPPC Chair role)*
 - Term: 1 fiscal year (July 1 – June 30) Incoming RPPC Chair will be identified at Fall bi-annual. The outgoing RPPC Chair will train and update incoming RPPC Chair and support incoming RPPC Chair for the first three months of new term.
 - Coordinate with MCAH RPPC Program Consultant to arrange and coordinate semi-annual meetings.
 - Facilitate meeting agenda on meeting day.
 - Sends final meeting minutes to the group within 15 days of the meeting date.
 - Role of Meeting Host: Identify meeting location and identify technology needs and set up. Make recommendation for lodging and if possible, arrange for room block at a hotel that accepts State Rate. Help coordinate and make arrangement for lunch.
 - Role of Note Taker: Take notes during the two-day meetings, at the conclusion of each day identify action items and follow-up. Share draft meeting minutes with the team within 1 weeks of meeting for input and clarification. Send the final meeting notes and all necessary attachments to the group within 5 days of the meeting for input and corrections.
- 3. Partner Conferences** – At least one RPPC Director will attend the below listed partners meetings, the RPPC Chair will coordinate communication to ensure participation of RPPC staff at least three months before the event date.
- Annual March of Dimes Conference
 - Annual California Breastfeeding Summit
 - Annual SIDs Conference
 - SIDS Annual Spring Trainings

Local Partners/ Collaboration

Policy

Collaboration is a process in which agencies and individuals work together at some level, have a shared purpose or goal, and joint ownership of the work, risks, results, and rewards. Some potential benefits of collaboration include increasing community awareness, developing new services, reducing duplication, and increasing internal capacity and leveraging resources. Collaborative efforts are dynamic and flexible and change as they grow and develop. Collaboration is a part of broader interventions that help MCAH programs achieve improved health status and health systems change. The RPPC Directors/Coordinators participation in collaborative efforts can offer significant impacts to MCAH programs and activities. RPPC has an important role of linking the hospitals to the community to improve overall perinatal system of care.

Program Standard

RPPC staff are expected to connect with other MCAH funded programs to collaborate in building a comprehensive and effective regional perinatal system of care:

- Comprehensive Perinatal Services Program (CPSP) Perinatal Service Coordinator (PSC)
 - RPPC Chair participates on Semi-Annual calls with CPSP Perinatal Services Coordinators
 - RPPC Chair participates on monthly CPSP Executive Committee meetings and provides updates at monthly RPPC teleconference calls
 - RPPP Chair participates on Annual CPSP meeting
 - RPPC Chair in collaboration with MCAH RPPC Program Consultant and with input from RPPC Directors develops recommendations for RPPC and CPSP joint calls agenda.
- WIC Regional Breastfeeding Liaisons (RBLs)
 - RPPC staff shall partner with the WIC RBLs to support exclusive breastfeeding rates.
- SIDs Coordinators
 - Collaborate with the California SIDs Coordinators to educate and support facilities to understand AAP guidance on Safe Sleep. Disseminate educational material and support facilities to model safe sleep practices

and provide patient centered and culturally appropriate education on safe sleep.

- [The list of SIDs Coordinators can be found here](#)
- Other partners and local programs such as; Local MCAH, CMQCC, CPQCC, CPeTs, CDAPP and BIH Programs as needed.
- RPPC staff have built relationships with birthing hospitals, and therefore are in a prime position to facilitate communications and distribute materials. Any distribution of materials, including surveys, must be approved by the MCAH RPPC Coordinator. This ensures a reduced burden on hospitals and preserves the trusting relationships between RPPC staff and the birthing hospitals.

Data Collection Requirements

Policy

All data collection activities are under the administrative responsibility of the California Department of Public Health and MCAH. Any data collected on behalf of RPPC, and or/funded by the RPPC contract are subject to terms and conditions described in Attachments D, “Data Ownership and Intellectual Property” and Attachment G “Privacy and Security.”

The use and sharing of any data collected by RPPC are also subject to the terms and conditions noted in the contract Exhibit D - *Special Terms and Condition*, Section 6- *Intellectual Property* and Section 8 - *Confidentiality* and Exhibit I - *Information Privacy and Security*.

Program Standard

All data collection activities are delineated in the RPPC Contract SOW.

Annual Reports

Complete the Annual Report spreadsheet to document programmatic activities conducted at site visits. Information fields may change from year to year as per program need. This activity is subject to Policies and Procedures pertaining to MCAH both “Data Collection” and “Annual Reports.”

Submit spreadsheets to as part of the Annual Report requirement

Supporting Data Collection Efforts

RPPC directors may be asked to support facility participation and other Maternal Levels of Care Assessment data collection activities described in Goal 7 of the RPPC contract. Any information gathered from facilities as part of this effort will be treated as “data,” and stored/entered/used as noted on study protocols and Attachments D & I in the RPPC contract.

Annual Reports

Policy

All RPPC funded agencies are required to complete and submit an Annual Report using the provided Annual Report Templates.

Program Standard

Annual Reports, which describe activities and outcomes for the fiscal year ending June 30th, are due August 15th, each year. If the grantee anticipates not meeting the specified deadline for the Annual Report, they should contact their Program Consultant in writing to request an extension before the due date. The Request for an extension should include a justification for the delay and then number of days needed for the extension. The Program Consultant will reply with the request by email, grantees should keep the extension approval in case of an audit. CDPH/MCAH Division has the option to withhold payment on current invoices for failure to submit a complete and timely report.

The CDPH/MCAH Division uses the information and data in the Annual Report to:

- Monitor implementation of the Scope of Work (SOW) and the grantees' performance in meeting the Title V Block Grant and the CDPH/MCAH RPPC Program priorities, goals, and objectives.
- Demonstrate grantees accountability and responsibility for completing activities described in their SOW and monitor progress towards State and Local objectives.
- Monitor health status and program outcomes for the MCAH population.
- Provide data for legislative drills and the Title V Block Grant application, which supports MCAH Program funding.
- Document the changing environment/challenges of Local MCAH Programs.

The Annual Report will address the following:

- Have the objectives in the SOW been met?
- What and how are services provided?
- If the SOW objectives have not been met, what are the barriers?
- What strategies and activities were effective in meeting the goals and objectives?

- How is grantee addressing and supporting hospitals quality improvement needs?
- How is the grantee contributing in improving the regional perinatal system of care?

Components of the Annual Report:

- A. CDPH/MCAH Division Annual Report Cover Sheet
- B. CDPH/MCAH Annual Report (Word version) Template
- C. Excel Data Collection Spreadsheet

Submit the Annual Report as follows:

- Email all components of the Annual Report to your MCAH Program Consultant on or before the due date, unless an extension was requested and approved.
- All Annual Report forms are available on the CDPH/MCAH RPPC Program website.

Travel Reimbursement

Policy

The funds budgeted for travel must be for expenses related to the operation of the program. Applicants must include a sufficient travel and per diem allocation for budgeted program staff to attend required meetings and trainings. The agency shall utilize the lowest available cost method of travel.

Program Standard

Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental. The amount of the mileage reimbursement includes all the costs of operating the vehicle. For more information, refer to <http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>

Consistent with the CDPH/MCAH Policies and Procedures Manual, requests to travel to other national conferences, trainings and meetings may be submitted to the PC for consideration on a case by case basis. Submit requests in writing with a brief description, including the items listed below:

- Name 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 SOW and improves the skills of the attendee.
- Travel location and dates.
- Breakdown of the proposed costs of the trip.

Resources

Fiscal Administration Policy and Procedures Manual

Additional Program Information on Perinatal Services

California Department of Public Health (CDPH)

Maternal, Child and Adolescent Health (MCAH)

Comprehensive Perinatal Services Program (CPSP)

Local PSC Directory

California Department of Health Care Services

California Indian Health Program

California Newborn Screening Program

California Smokers' Helpline

California State Office of AIDS

Family PACT

Medi-Cal Audits & Investigations

Medi-Cal County Offices

Medi-Cal Dental Program

Medi-Cal Managed Care

Medi-Cal Presumptive Eligibility

Medi-Cal: Child Health and Disability Prevention Program

Primary and Rural Health

Women, Infants and Children Program

Appendix A: Description of RPPC Chair Responsibilities

TERM: 1 fiscal year (July 1 – June 30)

ROTATION BY REGIONAL RPPC DIRECTOR:

RPPC DIRECTOR	REGION(S)	RPPC CHAIR
Aida Simonian <i>Perinatal Advisory Council: Leadership, Advocacy and Consultation</i>	Southern Inland Counties Central - North Los Angeles - Coastal Valley Hospitals) South Coastal - East Los Angeles	Aida Simonian
Lisa Bollman <i>Community Perinatal Network</i>	San Diego – Imperial Orange County	Lisa Bollman/Lucy VanOtterloo
Brandi Muro <i>California Health Collaborative</i>	Central San Joaquin Valley - Sierra Nevada	Brandi Muro
Cathie Markow <i>Stanford University School of Medicine</i>	North Coast - East Bay Mid-coastal	Christina Oldini
Sharla Ebright Sutter Health	Northeastern	

RESPONSIBILITIES:

- 1) Attend CPSP Executive Meetings: Attend monthly phone meetings and two in-person meetings per year to represent RPPCs interest and provide a brief update on RPPC efforts and collaborative opportunities. Report back to RPPC Directors any action items or collaborative opportunities during the RPPC monthly meetings or by email if the information is time sensitive.

2) Coordinate and Facilitate Monthly RPPC Meeting:

- Develop Agenda in consultation with RPPC Directors and CDPH RPPC Coordinator. Send agenda out at least five days before the meeting.
- Set-up a call-in number or virtual meeting.
- Coordinates Representatives / Speakers for meetings
- Take meeting minutes and send them out to the group within 10 days of meeting.
- Keep a running schedule of monthly meeting topics

3) Coordinate and facilitate two in-person bi-annual meetings; one in Spring and another in the Fall:

- Plan meeting and develop meeting agenda with input from RPPC Directors and CDPH RPPC Coordinator
- Identify venue for the meeting and ensure technology needed is available
- Identify and if possible, reserve a block of rooms at a hotel offering State rate nearby the meeting venue
- Coordinates Representatives / Speakers for meetings when requested
- Organize lunch
- Identify a note taker for the meeting
- Facilitate the meeting
- Send meeting minutes to the meeting participants within 10 days of the meeting

RPPC DIRECTOR	REGION(S)	NOTE TAKER
Aida Simonian <i>Perinatal Advisory Council: Leadership, Advocacy and Consultation</i>	Southern Inland Counties Central - North Los Angeles - Coastal Valley Hospitals) South Coastal - East Los Angeles	

Regional Perinatal Programs of California (RPPC) Policies and Procedure

RPPC DIRECTOR	REGION(S)	NOTE TAKER
Lisa Bollman <i>Community Perinatal Network</i>	San Diego – Imperial Orange County	
Brandi Muro <i>California Health Collaborative</i>	Central San Joaquin Valley - Sierra Nevada	
Cathie Markow <i>Stanford University School of Medicine</i>	North Coast - East Bay Mid-coastal	Leona
Sharla Ebright Sutter Health	Northeastern	

- 4) Facilitates smooth annual transition between program chairs
- 5) Assists with orientation and integration of new RPPC Directors and other RPPC staff members as requested by regions
- 6) CDPH RPPC Coordinator Liaison:
 - Consultation on drill responses
 - Coordination and consultation on special projects
 - Represent RPPC when State requires input (e.g. RFA/P process, Scope of Work, meeting presence, speakers)
 - Interacts with State to gain approval of agendas, minutes, speakers, etc.
 - Ensures equitable distribution of work and responsibilities within RPPC program related to special projects that affect (or involve) all regions.