

The Plumas Model



Midwifery Integration
Restoring Rural
Maternity Care



OBJECTIVES

INTRODUCTION

- The Team
- Our Why
- About Plumas District Hospital

MATERNITY SERVICES

- Program Timeline
- Closure Factors

FORGING AHEAD

- Resources and Barriers
- SB 669 McGuire

THE PLUMAS MODEL

- Underpinnings
- Care Settings
- Plumas Maternity Ecosystem

PROJECT STATUS

- Model Implementation

OUR TEAM



JoDee Johnson
MBA

*Chief Executive
Officer*



**Laura Orange NP,
AGACNP**

*Director of Perinatal
Services*



**Lori Link CNM,
MSN**

*Director of
Midwifery Services*



**Lisette Brown RN,
CRHCP**

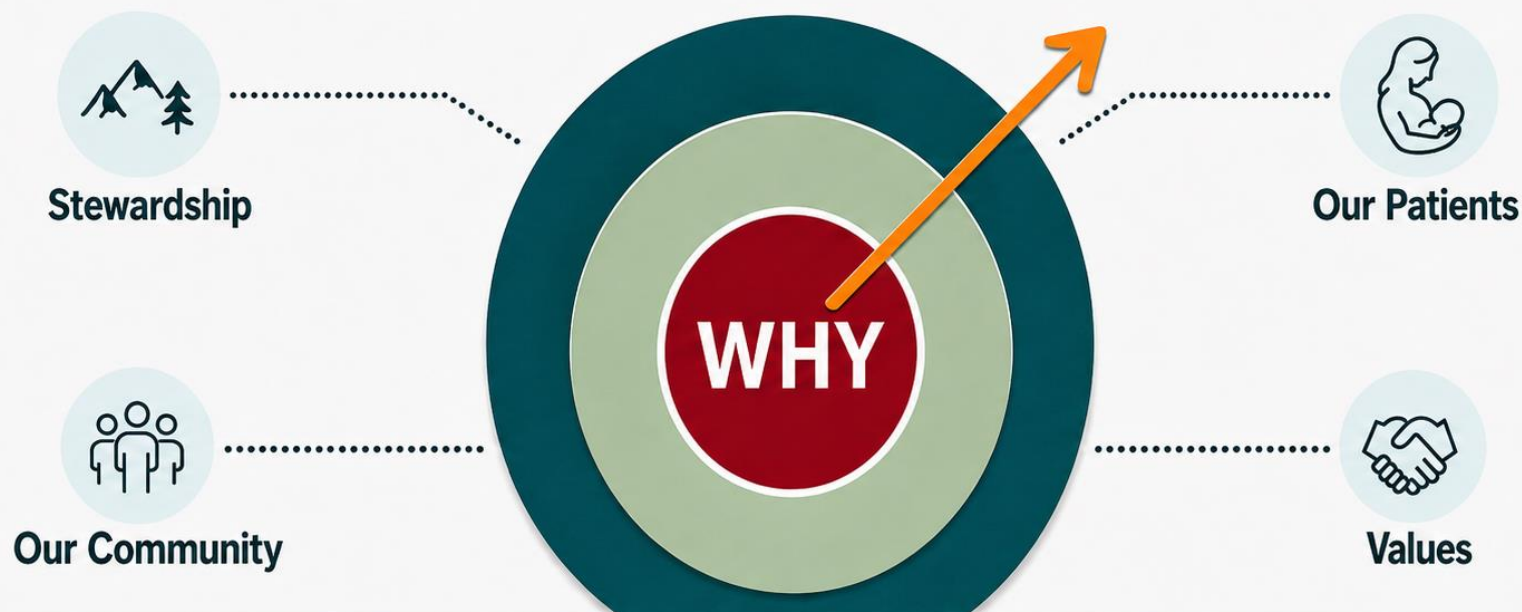
*Director of
Population Health*



Tiffany Leonhardt

*Director of Business
Development*

This is our **WHY!**



The Plumas Model

Transforming our Maternity Care Ecosystem through evidenced based, midwifery-led, team-supported, birthing care and efficient use of our resources.

Delivering the right care, at the right time, in the right setting—because it is the right thing to do for our patients, our community, and our future.

PLUMAS HOSPITAL DISTRICT

PLUMAS DISTRICT HOSPITAL

Critical Access Hospital



Emergency Service • 24/7 Surgical Services •
Laboratory • Respiratory Therapy •
Diagnostic Imaging • Tertiary Telemedicine
Consultation • EMS-Ambulance

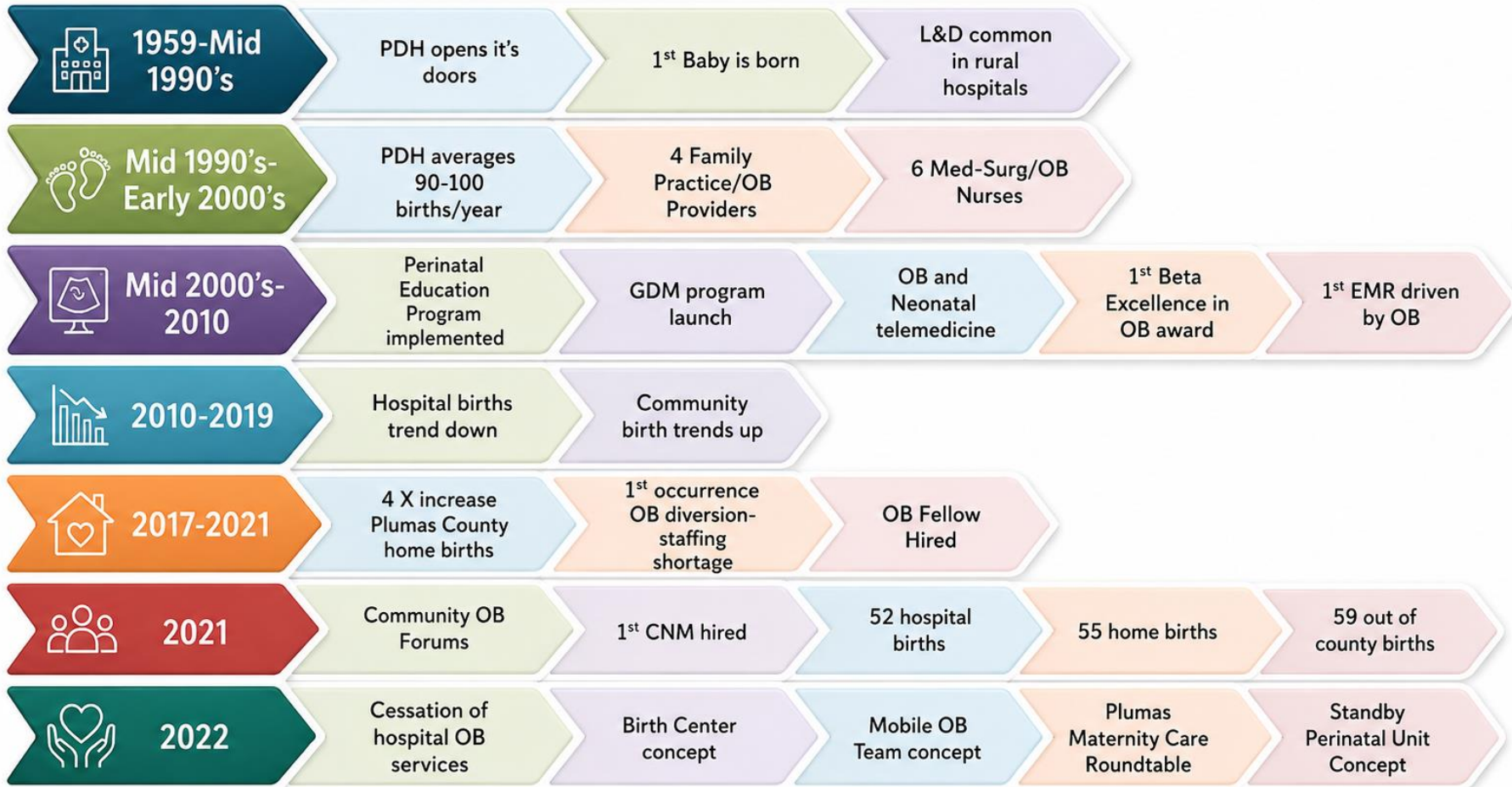
PLUMAS RURAL HEALTH CENTER

Rural Health Clinic



Primary Care • Prenatal & Postpartum Care •
Care Coordination • Telemedicine •
Referral to Specialty Providers

Maternal Services Program Timeline



Our Lived Experience: 2002–2022

Operating Our Perinatal Unit Under a State Flexibility Waiver



1. Flex Waiver

Authorized by the California Department of Public Health to operate with staff on call.



2. Birth Volume

We delivered about 8 babies per month, or roughly 100 births per year.



3. Staff on Call

OB physician, OB RN, surgical services, respiratory therapy and ultrasound available 24/7 to respond when needed.



4. Rural Generalist

Multi-skilled, multi-competent, cross-trained providers and nursing



Perinatal Unit Closure Factors

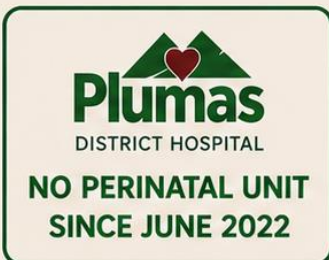
Four interrelated factors contributed to closure and shaped downstream impacts.



THE BIG PROBLEM

NEAREST PERINATAL UNIT

72 MILES



WILDFIRE

SNOW & ICE

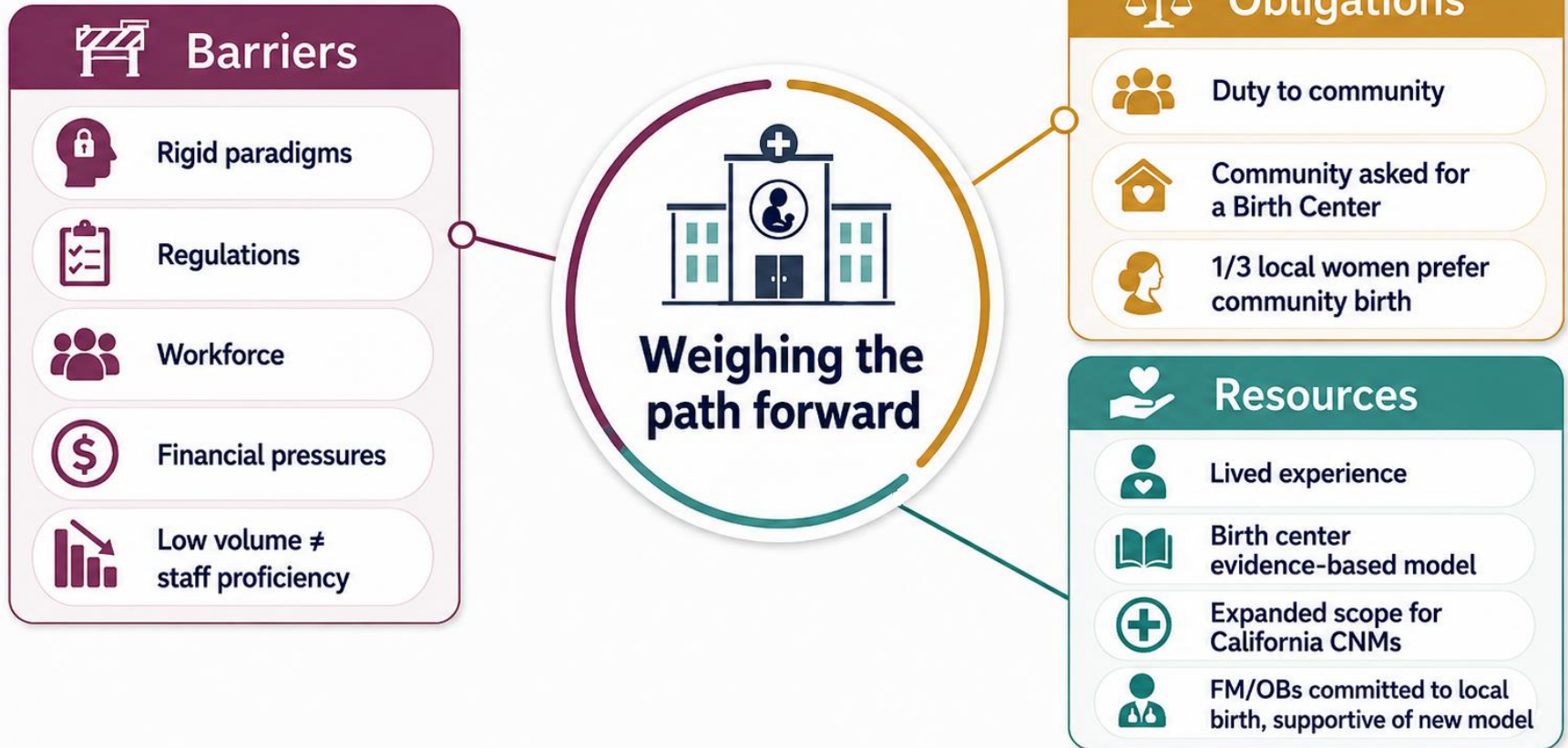
CONSTRUCTION

Time

- When emergencies happen, families are forced to stop where they can—sometimes far from the care they need.

Post Closure Situational Assessment

After Perinatal Unit Closure



What if?

A New
Model of
Maternity
Care

OUR BIGGEST BARRIER

Our Goal



Hospital emergency support for a freestanding Birth Center



The Barrier



Administrative Cleanup Cancelled
All Flex Waivers



California Department of Public Health



Cannot Operate Perinatal Unit as Standby. Not Licensable



The Impact



Birth Center cannot be safely supported in emergencies



The Path Forward



Pursue Legislation



Establish Standby Perinatal Services as a Licensable Service Line



Safe Support.
Local Access.
Stronger Communities.

SB 669 (McGuire) Rural Hospitals: Standby Perinatal Services

California State Senate

SENATOR MIKE MCGUIRE

2ND SENATE DISTRICT FOR THE COUNTIES OF
NORTH BAY (LAKE, NAPA, SONOMA) AND YOLO



Pro Tem Policy Unit

MEETING ON SB 669 (MCGUIRE): STANDBY PERINATAL SERVICES

Agenda

1:00 – 1:10pm	Opening Comments; Advocacy Welcome
1:10 – 1:30pm	Sponsors; Purpose of the Bill
1:30 – 2:00pm	Supporters; What Stakeholders/Advocates Tell Raise Concerns Supporters' Presentation
2:00 – 2:30pm	Break; Pan Sponsors & Supporters Response
3:00 – 4:45pm	Opponents & Questions; Viewing
4:45 – 5:00pm	Members & Advocates Wrap Up and Response Out Last Word
5:00 – 5:10pm	Wrap Up and Next Steps



SENATE BILL

No. 669

Introduced by Senator McGuire

February 20, 2023

An act to add Article 5.3 (commencing with Section 123150) to Chapter 2 of Part 2 of Division 2 of the Health and Safety Code, relating to perinatal health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 669, as introduced, McGuire. Rural hospitals: standby perinatal services. (1) Existing law, the California Emergency Services Act, services, postpartum care, and neonatal and infant care are essential services that must be generally available when needed in all hospitals providing perinatal services. The act authorizes rural hospitals that do not provide obstetric services to provide standby perinatal services pursuant to specified conditions, including ensuring timely access to obstetric services in the event of an emergency.



Core Underpinnings

The Plumas Model

Evidence-Based Practice



Midwifery
Model of Care



Birth Center
Model of Care

Evidence-Informed Theory



Levels of
Maternal Care



EmONC
Signal
Functions

Lived Experience + Standards



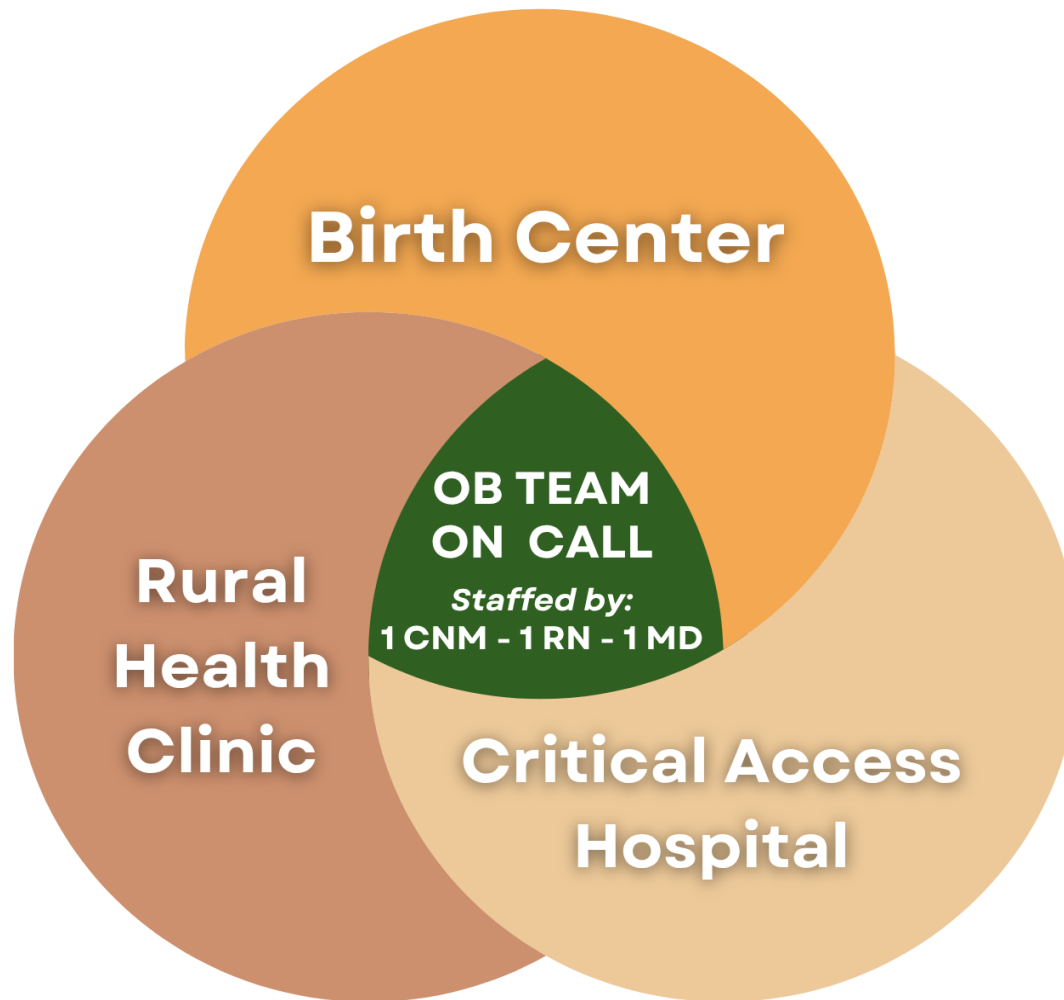
20 Years
On-Call
Perinatal Unit



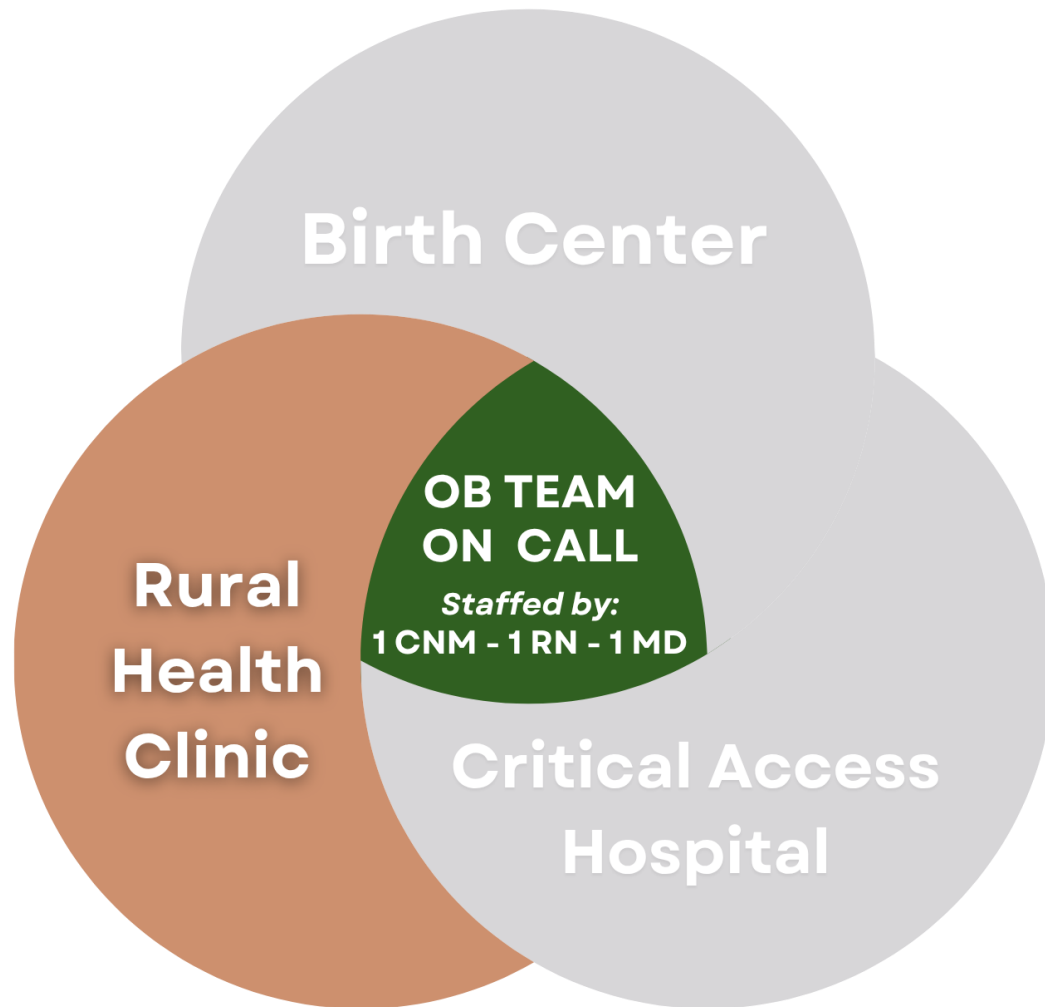
California
Regulations



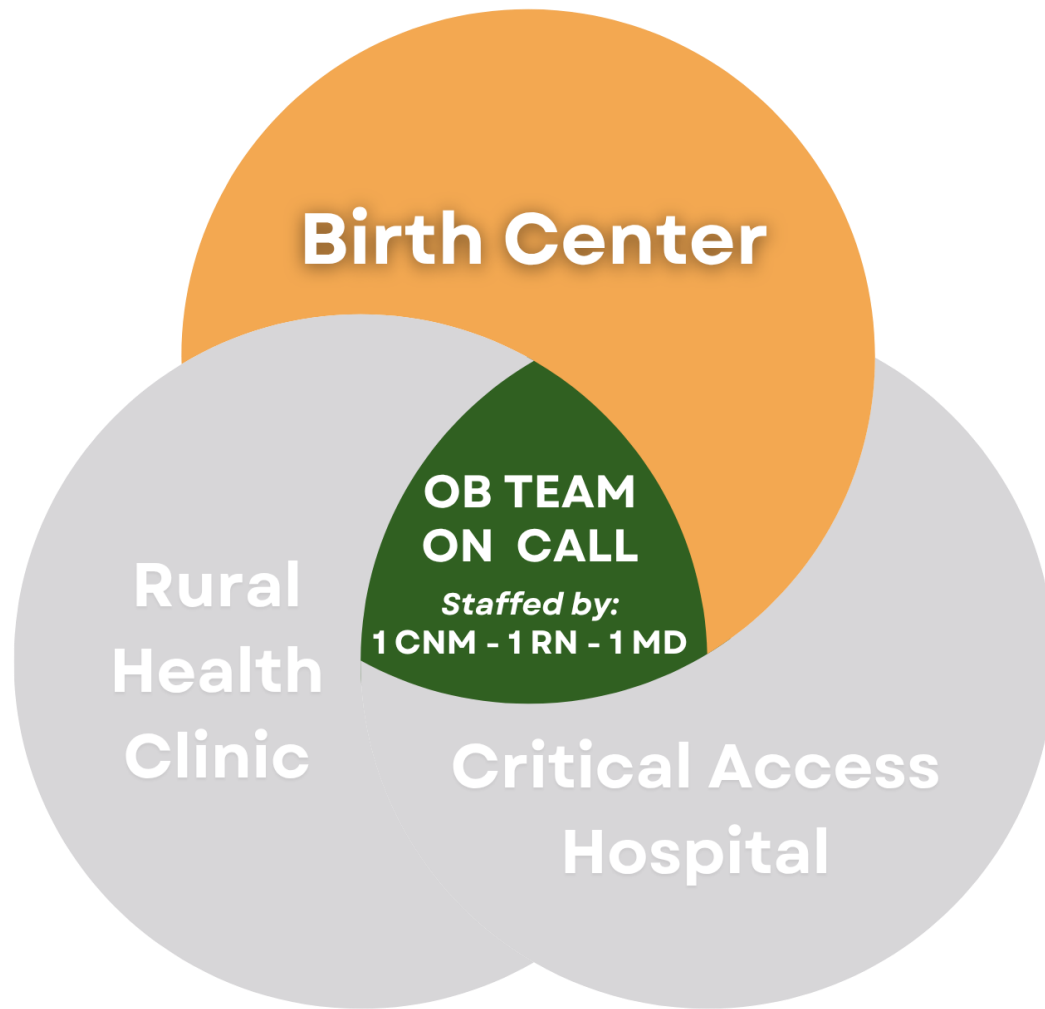
The Plumas Model



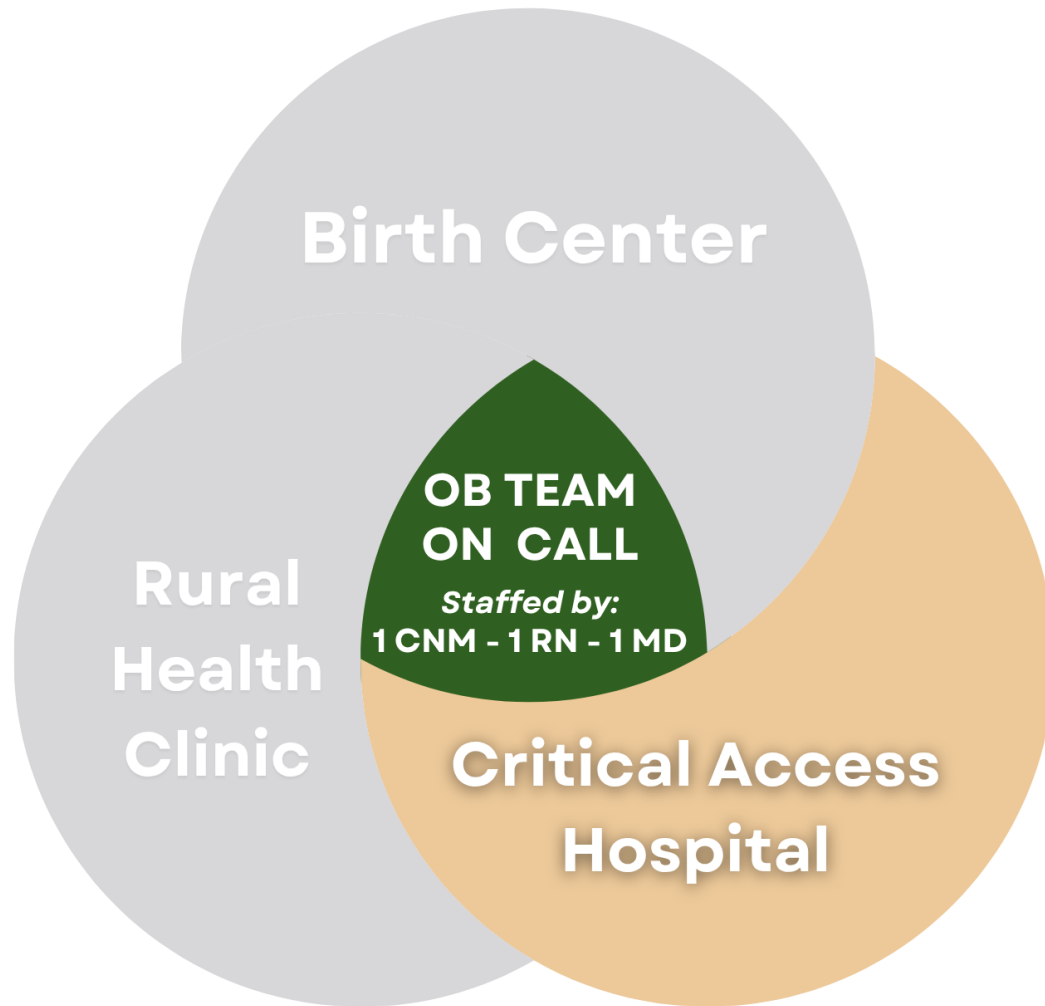
The Plumas Model



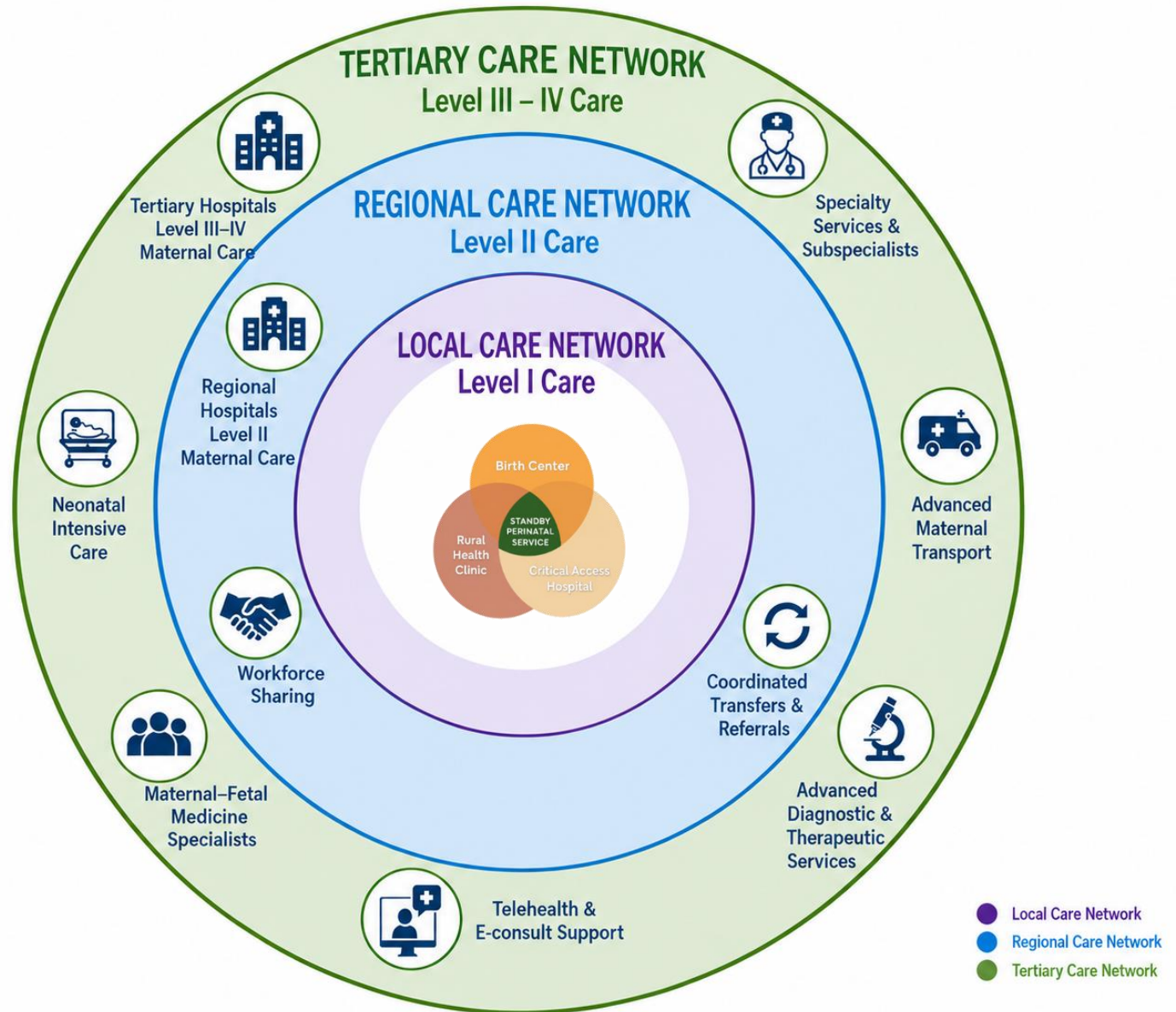
The Plumas Model



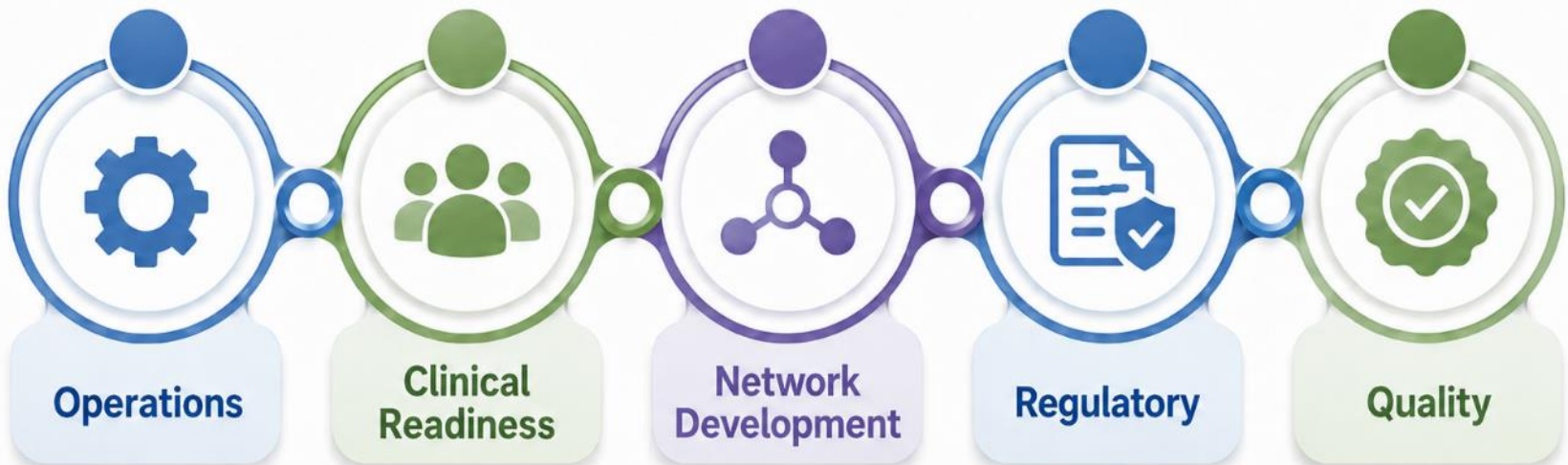
The Plumas Model



Plumas Maternity Ecosystem



Model Implementation



The Plumas Model



Listening to women



Matching women
with the appropriate
level of care while
preserving local
services



Connect with Us



530-283-2121



www.pdh.org



lbrown@pdh.org

llink@pdh.org

tleonhardt@pdh.org

