2022-2023 Data Support COL
Educational Offering #2

Too Many Measures and Too Little Time:
Strategies for Prioritizing and Adapting QI
Data Collection for Lower-Resourced Settings

Wednesday
January 25, 2023
11:00AM – 12:30PM EST

AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives.

You can find more information at saferbirth.org.

Before We Get Started

- You are **muted** upon entry to the call.
- **You will have the ability to unmute** yourself during Q&A times.
- We encourage participants to **remain muted** to reduce background noise.
- If you are experiencing technical difficulties, please chat an AIM staff member or **email aimdatasupport@acog.org**

This presentation will be recorded.

Both the slides and recording will be available on the AIM Data Resources Webpage and shared in the follow-up newsletter.

Agenda

1 Welcome

2 Upcoming Data COL Events and Additional Supporting Resources

3 Speaker Presentation: Jordan Murphy; Kali Vitek; Michele Sinopoli

4 Breakout Session

5 Closing

Upcoming Data COL Events and Additional Resources

Data Coaching

- ▶ Have broader questions about using data for quality improvement and AIM data processes? **Sign up for data coaching!**

- ▶ Available to state, jurisdiction, and hospital teams

- ▶ Available December 2022 through August 2023

✓ **SELECT A SERVICE**

Data Coaching - 60 min. ○

Curious about using data for quality improv... Read more
1 hour

Data Coaching - 30 min. ○

Curious about using data for quality improv... Read more
30 minutes

Select a service to see available dates and times
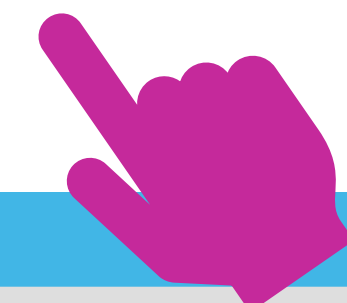
Register at   saferbirth.org/aim   -data/resources/
Click Resource Type and Select 2023 Data Support COL

Supplemental Funding Opportunity

▸ AIM has dedicated supplemental funding available to support data and reporting projects.

▸ Supplemental funding for data and reporting projects can be submitted via a project narrative through AIM's _Supplemental Funding Form_.

Only states and entities with an executed subaward agreement with ACOG are eligible for COL supplemental funding.

Faculty

Jordan Murphy, MPH
Epidemiologist,
KYPQC

Kali Vitek, MPH
Project Manager,
PNQIN

Michele Sinopoli, MD
Chair of the OBGYN
Department at Saint
Vincent Hospital, MA

Too Many Measures and Too Little Time: Strategies for Prioritizing and Adapting QI Data Collection for Lower-Resourced Settings

The Approach in Kentucky

Presented by Jordan Murphy, MPH

KyPQC Epidemiologist

January 25, 2023

Where To Begin?

➢ Inspection of your own resources and time

➢ Lean on community partners you have already established

Kentucky Perinatal Quality Collaborative
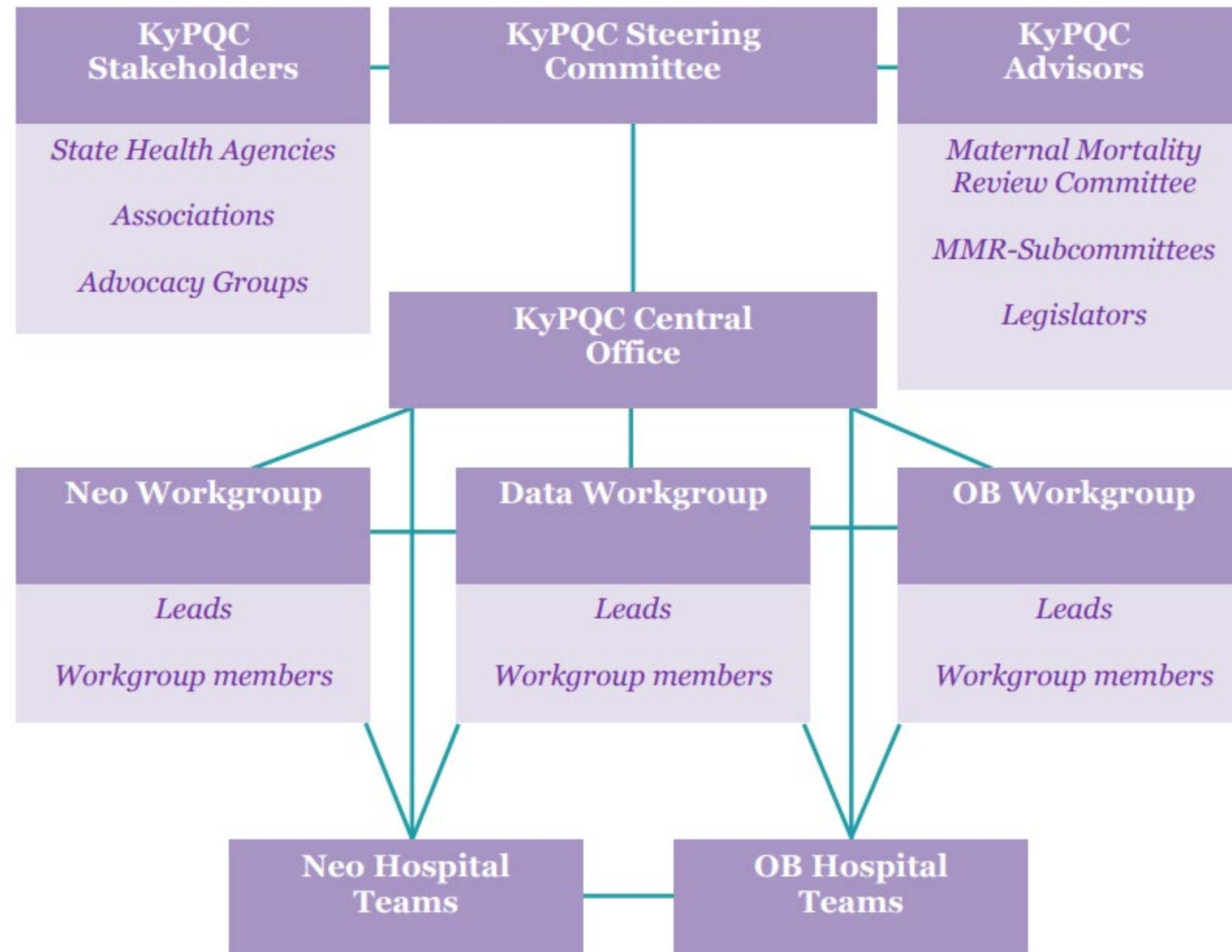
The Rules of Planning

Make the Plan

1) Problem Description
2) Available Knowledge
3) Rationale
4) Specific Aims

Execute the Plan

1) Use Baseline Data to Determine Potential Pilot Sites
2) Communicate with Workgroup Leads
3) Build Measures & Tools
4) Onboard Pilot Hospitals

Expect the Plan to Not Go According to Plan

1) Introduce QI Project
2) Give Pilots Discretionary Power to Make Edits
3) Anticipate Change
4) Expect Varying Timelines

Making the Plan

Make the Plan

1) Problem Description

2) Available Knowledge

3) Rationale

4) Specific Aims

Problem Description

➢ Do you understand what is happening in your own state?

➢ Are there geographic areas that are different?
  ➢ Population density
  ➢ Population diversity

➢ An easy way to make categorizations for resources
  ➢ Hospital Utilization Data
  ➢ HRSA Rural Health Grants Eligibility Analyzer
  ➢ Surveying

Available Knowledge

➢ Understanding the problem to tailor QI resources, tools and measures

➢ What do you already know? & What do you not know?

➢ Why are these important questions to ask yourself?

  ➢ They provide direction without doubling the workload of your team or a hospital team

Rationale

January 2021 Baseline Survey

Neonatal

NAS Baseline Survey

To learn about birthing hospitals current reporting practices of Neonatal Abstinence Syndrome to Kentucky's Department for Public Health NAS Registry.

Obstetrical

- **Perinatal**
- **Pain**
- **Relief** for
- **Opiate**
- **Use**
- **Disorder**

To learn about birthing hospitals current screening, pain management, and evaluation protocols/practices for pregnant persons with Substance Use Disorder.

Specific Aims

Neonatal

KyPQC established the need to do the following:

➤ Provide education and guidance on reporting NAS cases and substance exposed newborns

➤ Establish standard definition of NAS and substance exposed newborns for reporting purposes

Obstetrical

KyPQC established the need to do the following:

➤ Promote use of screening tools to improve the identification of pregnant patients with SUD

➤ Establish a standard protocol for pregnant persons with SUD

Executing the Plan

Execute the Plan

1) Use Baseline Data to Determine Potential Pilot Sites

2) Communicate with Workgroup Leads

3) Build Measures & Tools

4) Onboard Pilot Hospitals

Determine Potential Pilot Sites

Cohort One

➢ Hospital Size
  ➢ Regarding number of births per year/level of Nursery Care

➢ Geographic Location

➢ Responses to the Baseline Surveys

Cohort Two

➢ Currently Onboarding

Implementation of the KyPQC's First Initiatives

Participating Pilot Hospitals

Cohort 1 - *
Cohort 2 - *
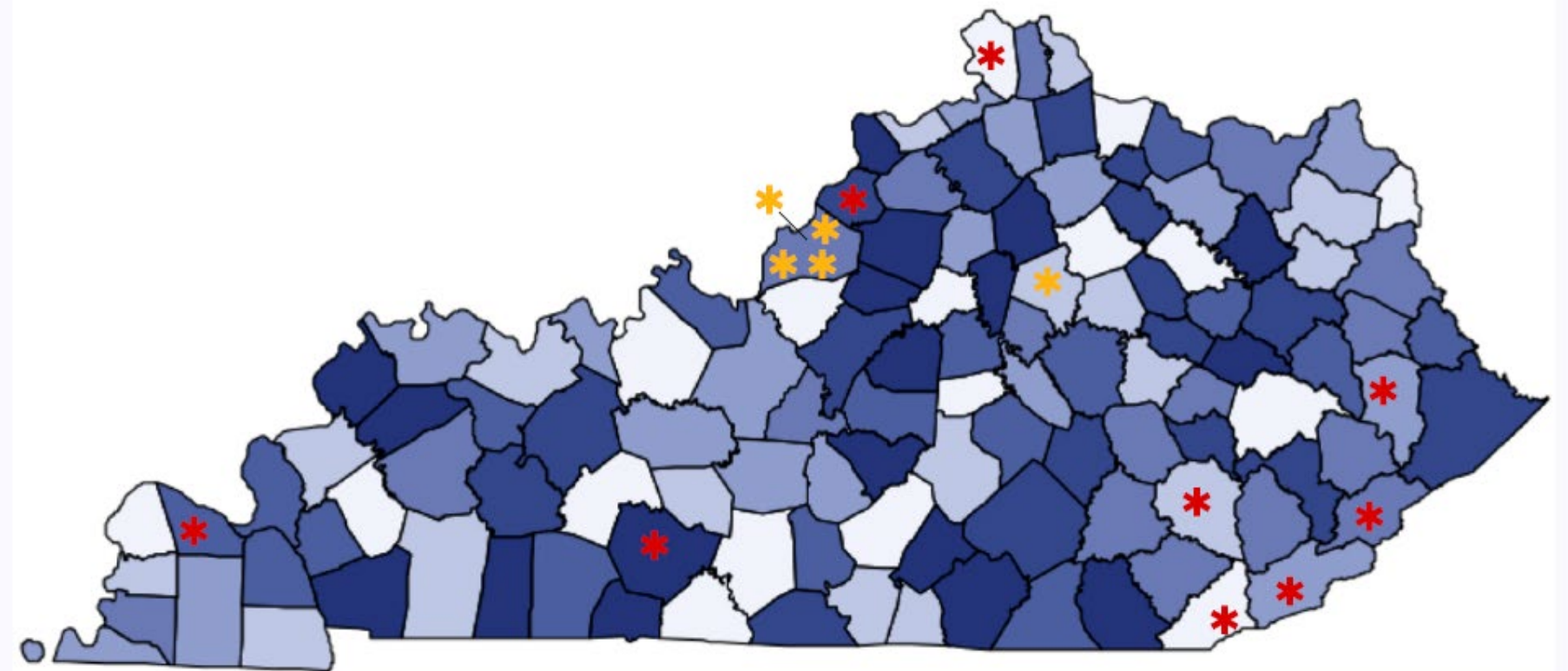
Communicate with Workgroup Leads

➢ Utilize every aspect of your PQC, including your partners
- ➢ KyPQC has 3 workgroups
- ➢ Each workgroup has positions called "Leads"
  - ➢ These are very dedicated stakeholders that have a wide variety of backgrounds in different clinical fields
    - ➢ Including MDs, DNPs, APRNs, RNs, LNPs, LSWs, and Peer Specialists
  - ➢ Our Leads helped build the baseline survey to identify QI focus and pilot hospitals
  - ➢ Our Leads assisted in the design of initiatives' measures

➢ During onboarding meetings with pilot hospitals our Leads were involved and in-person
- ➢ Joined in-person or online via Zoom
- ➢ Increased buy-in with pilot hospital teams

Build Measures and Tools

➢ Measures were designed using the Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

  ➢ The measures for the KyPQC First Initiatives used the baseline surveys in conjunction with the measures outlined in the Patient Safety Bundle

➢ KyPQC First Initiatives were designed to serve as small steps toward AIM bundle implementation but allow pilot hospitals to make adjustments that would require larger cultural and process changes at the facility level that would set them up for success

➢ When introducing measures, we specifically asked teams to provide feedback and identify hospital-specific gaps in data collection

  ➢ Measures were edited to accommodate facility needs; including adding measures as implementation started

Kentucky Perinatal Quality Collaborative

Build Measures and Tools

Before the Onboarding Process

➢ The number of women admitted to L&D each month

➢ The number of women screened for SUD/OUD in L&D each month

➢ The number of women that screened positive each month

➢ The number of women with a positive screen who received a brief intervention each month

Build Measures and Tools

After the Onboarding Process

➤ The number of women admitted to L&D each month

➤ The number of women screened for SUD/OUD in L&D each month

➤ The number of women that screened positive on the 5Ps tool (or initial validated screening tool) this month

➤ The number of women who screened positive on a secondary follow-up screening tool this month

➤ The number of women who screened negative on the initial screening tool (5P's) but the parturient or infant has one of the following: positive toxicology test, infant is symptomatic, or known maternal substance use during this pregnancy this month

➤ The number of women who received a brief intervention each month

Build Measures and Tools

➤ There are over [15 different paper tools](#) for these initiatives

➤ Examples of these tools include validated screening tools, ICD-10 codes for charting, screening scripts, diagrams/flow charts

➤ These were all given to hospitals teams as [editable drafts](#)

Care Checklist	Clinical Team Initials/ Notes/Date
Parturient or infant has **one** of the following: positive tox. test, infant is symptomatic, or known maternal substance use. Immediately record the specific exposure diagnosis in maternal and infant(s) medical record and proceed to **Team Huddle w/ Caregiver** *Please See ICD-10 Codes PDF*	
Team Huddle w/ Caregiver includes: Infant provider, maternal provider, social worker, caregiver of infant (or support team), charge & bedside RNs, PICU/NICU teams. During team huddle **Establish POC** that includes: • Counseling with hospital social worker and referral to community resources • Contact CPS (*may already have a case manager) • Explain **Shared Decision Making** moving forward with caregiver and medical team concerning infant	
If infant has **non-opioid substance exposure** timed observation is required. AAP Guidelines recommend 48 hours for observation	
If infant has **opioid substance exposure** timed observation is required. AAP Guidelines recommend 4 to 5 days for observation	
Schedule **Lactation/ Nutrition Consultation** • Encourage breastfeeding if possible (situational) • Eat. Sleep. Console.	
If infant is showing signs or symptoms, follow facilities protocol to determine if infant needs pharmacological treatment. **Establish Treatment Plan** • Pharmacological treatment for opioid exposure (if required) • Follow recommended guidelines	
Provide additional patient education during **Warm Handoff** • Risk of continued substance use to mother and infant • Encourage family/designated person's involvement with caregiving during hospital stay • Importance of mom and family self-care • Caring for a baby with NAS • Mom's readiness for MOUD • Counseling on Naloxone	

Prior to Discharge	Clinical Team Initials/ Notes/Date
CPS clears infant caregiver & plan of care is established	
Finish with **Warm Handoff** • Schedule initial well-child appointment with identified healthcare provider • Follow-up with infant as indicated (especially if pharmacological treatment is required)	
Ensure medical record contains all information for NAS registry, such as any/all ICD-10 codes, treatment plan, type of exposure, etc.	

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KyPQC
Kentucky Perinatal Quality Collaborative

Glossary: **POC** - plan of care; **CPS** - Child Protective Services; **NAS** - Neonatal Abstinence Syndrome; **MOUD** - medications for opioid use disorder; **PICU** - pediatric intensive care unit; **NICU** - neonatal intensive care unit

	A	B	C	D	E	F	G	H	I	J
1	OB Initiative									
2	Collection Date	Month	Day	Year	# of women admitted at L&D	# of women screened	# of women w/ initial positive	# of women w/ secondary follow-up positive screen	# of women w/ negative screen but they or infant have a	# of women w/ positive screen received a brief intervention
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Yearly Totals | January | February | March | April | May | June | July ...

Ready

Display Settings

Kentucky Perinatal Quality Collaborative

Onboard Pilots

➢ We as a team at the KyPQC pushed for in-person meetings

    ➢ We did have a couple of teams opt for zoom meetings and we accommodated those teams

➢ Why push for in-person meetings?

    ➢ Builds rapport and connect on a deeper level

    ➢ Facilitates natural collaboration and creates a safe space to share opinions or ideas

    ➢ Allows for real-time editing

        ➢ Measures were added, language was changed, check lists were asked to be built on the back of the 5P's screening tool, etc.

        ➢ We expected edits of these tools and measures because that is the purpose of piloting

Expect the Plan to Not Go According to Plan

Expect the Plan to Not Go According to Plan

1) Introduce QI Project

2) Give Pilots Discretionary Power to Make Edits

3) Anticipate Change

4) Expect Varying Timelines

Introduce the QI Project

➤ Conduct Hospital Needs Assessment to learn hospital-specific facilitators and barriers to QI implementation

➤ Working with rural hospitals and smaller teams also means less resources

➤ Needs Assessment results revealed processes currently in place that would assist with implementation of this project, but also provided areas in which the KyPQC could be of assistance

➤ The goal is to decrease the burden of submitting data to the KyPQC

➤ Selected user-friendly data collection system already utilized by hospitals

➤ REDCap

➤ Assist in data measure entry for smaller teams

➤ Setting a submission deadline, but be willing to accommodate

Give Pilots Discretionary Power to Make Edits

➤ Every measure, tool, training and resource presented as "these are drafts and your feedback is necessary to ensure their success"

➤ We anticipated suggestions once these tools were used, but giving this power to teams gave them a level of comfortability to share changes immediately during onboarding meetings

Anticipate Change

➢ Be aware that hospital teams are no different than any other workplace!

　➢ Staff turnover on hospital teams

　➢ Approval from higher level management

➢ Expect delays

➢ Be flexible by offering another onboarding or refresher with your team and ongoing technical assistance

Expect Varying Timelines

➢ Initiatives were introduced to potential pilot hospitals in June 2021

➢ The Delta Variant shortly after took a foothold in Labor and Delivery Units globally

  ➢ To remove the burden from hospital teams the start of the KyPQC First Initiatives were delayed

    ➢ Pushed back timeline of accepting paperwork for data agreements, completing Hospital Needs Assessments and scheduling onboarding meetings

  ➢ This allowed time for the KyPQC to continue to work on tools/resources and plan for the 2021 KyPQC Annual Meeting

    ➢ Pilot hospital teams were invited to this virtual annual meeting to learn more about KyPQC and the kickoff of Kentucky's participation as an AIM state

Recognition

Baptist Health Paducah is committed to improving quality of care for moms and babies

KyPQC 1st Pilot Cohort AWARD

*Working together to make Kentucky a great place for **every woman to have a baby**, and a great place for **every baby to be born***

KyPQC
Kentucky Perinatal Quality Collaborative

Thank you!

Jordan Murphy
email: Jordan.murphy@ky.gov

PNQIN MATERNAL EQUITY BUNDLE WORKGROUP
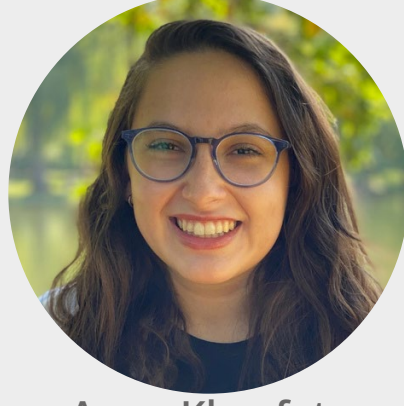
Audra Meadows, MD
PNQIN

Kali Vitek, MPH
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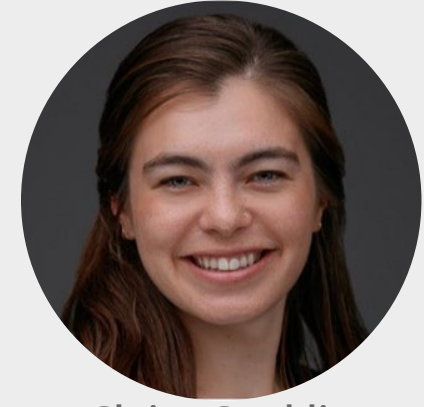
Claire Conklin
PNQIN/UCSD

Andrew Healy, MD
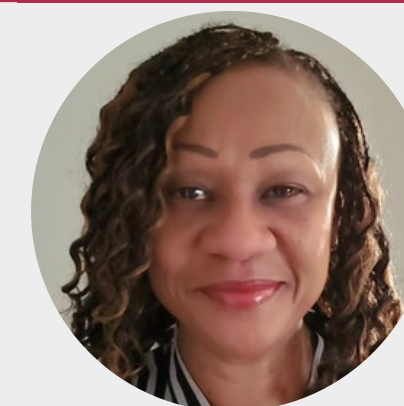Baystate/PNQIN

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Melissa Abell-Bardsley, RN
CHA

Michaela Farber, MD
BWH

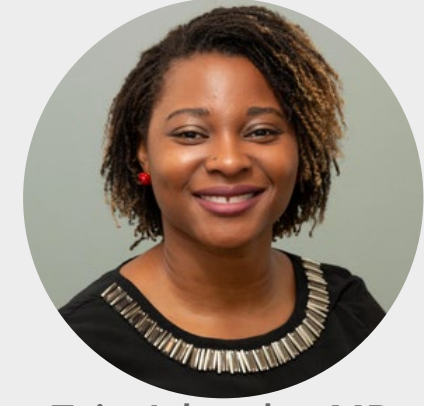Michele Sinopoli, MD
St. Vincent

Rachel Wood, MD
BWH

Raj Reddy, MD
BWH

Sarah Thibodeau, RN
Lowell

Shaniqua Choice
PNQIN

Teju Adegoke, MD
BMC

PNQIN AND MA AIM INITIATIVE

Mission: To achieve measurable improvements in perinatal health outcomes and achieve perinatal health equity among Massachusetts families.

- June 2019-May 2021: Obstetric Care for Women with Opioid Use Disorder (OUD) Bundle
- June-November 2021: Optimizing Management of Obstetric Hemorrhage (HEM) Bundle
- January-June 2022: Optimizing Management of Severe Hypertension in Pregnancy (HTN) Bundle
- Sept 2022-Present: Optimizing Maternal Equity Action Across Massachusetts (EQT) Bundle
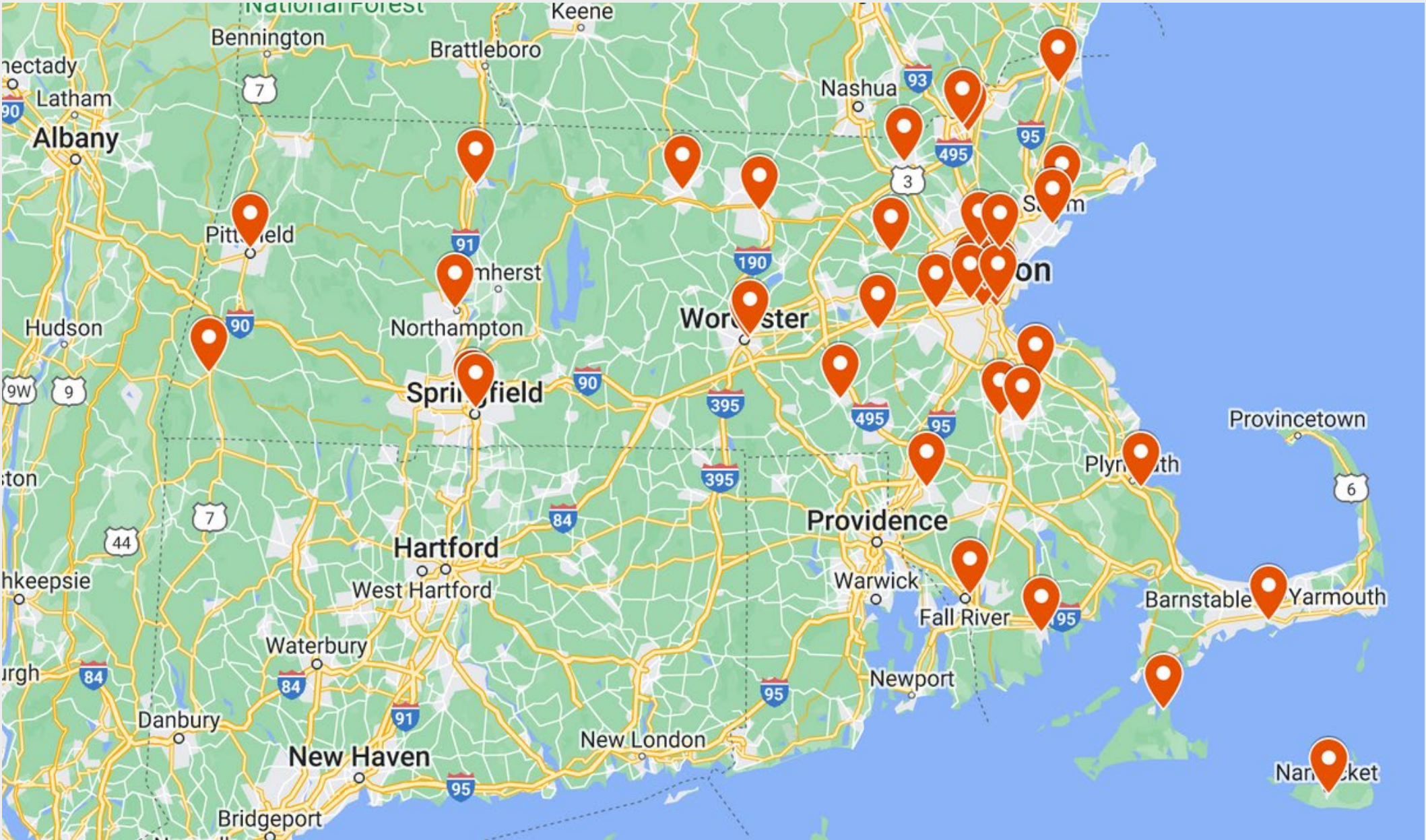
MASSACHUSETTS BY THE NUMBERS: JAN 2023

40 Birthing Hospitals

31 With MOU for AIM data sharing (and counting!)

19 Participating in current Maternal Equity Bundle

QI DATA WITH LOW RESOURCES: PQC PERSPECTIVE

- In a survey of MA hospitals participating in the Equity bundle, their greatest challenges with data submission are staffing (55%) and accessing data within their reporting systems (30%).

- Massachusetts has supported hospital data collection for a long time with only a small # of FTEs; most of our team members are providers and public health professionals who receive little to no compensation.

- **Leveraging partnerships has been key to our success so far:**
    - State and national organizations (BLC, MDPH, MoD, AIM, NNPQC)
    - Medical and public health students (BUSPH, TUSM, UCSD)

With new grants, we are focused on: Hospital team and PQC staff support, website re-design, additional needs assessments, developing/sharing data submission and EMR/EHR resources, providing data educational opportunities, and more.

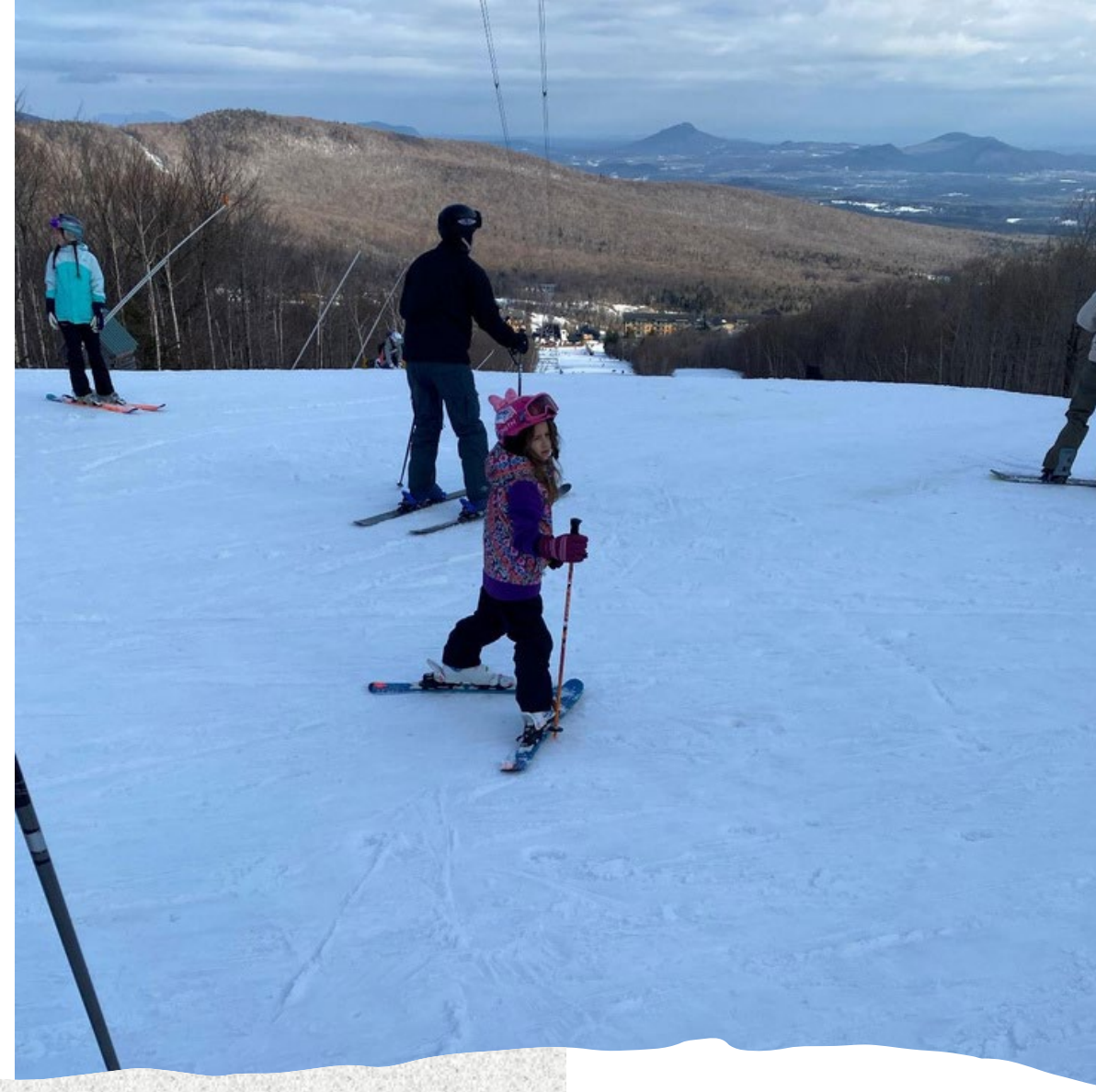# AIM Patient Safety Bundle Implementation at Saint Vincent Hospital, Worcester MA

Michele Sinopoli MD, MBA FACOG (she/her)

Worcester, MA

A little bit about me....

- BUSM alum
- UMassMemorial residency
- Chair department of OBGYN at Saint Vincent Hospital 2019
- WPI MBA 2020

OBGYN at Saint Vincent Hospital

- Community hospital in Worcester, MA

- 381 bed hospital

- Level 2 special care nursery (>32 weeks gestational age)

- 1900 deliveries a year

- Two private practice groups and 1 solo practitioner

- Large academic center (UMassMemorial) 1 mile away

SAINT VINCENT HOSPITAL

Quality measures prior to AIM engagement

- Bimonthly performance improvement meetings

- Quality metrics set by OB department and quality department initiatives

- Measures included hemorrhage, NSTV, VAVD, 3rd/4th degree tears

SAINT VINCENT HOSPITAL

March 2021 – The beginning of the longest nursing strike in Massachusetts

AIM engagement through PNQIN-MA

- Started in 2021 with the LOCATe (Levels of Mat Care Assessment Tool) survey

- AIM Hemorrhage bundle introduced:

  - Structure and accountability through PNQIN-MA

  - Support through PNQIN-MA (coaching sessions, webinars)

  - Did this without the support of quality department resources

Tips for data analysis in low resource settings

- Nothing fancy
- Weekly leadership meetings
  - Discuss quality initiatives at every meeting
  - Appoint quality champions
- Bimonthly quality meetings
  - Broader input
  - Review data
- Run your drills and discuss quality measures during the drill debrief

Tips for data analysis in low resource settings

- Get your delivery log
  - Pick every nth delivery for a total of 10 each month
  - Assess a few data points
  - Do it monthly
  - Where can you improve
  - Implement interventions
  - Keep assessing
  - It's ok to add/remove data points or change approach

Tips for data analysis in low resource settings

- Perfect is the enemy of good
- Utilize ACOG or your state level organization to guide you
- Don't reinvent the wheel
- Keep it simple – you can do it by hand if you don't have data analysis tools
- It doesn't have to be perfect
- Make it iterative
- You will get better and more sophisticated over time

Where we are today

- Quality Measures reported and discussed bimonthly
  - SMM
  - NSTV
  - VAVD
  - 3rd/4th degree tear
- Participation in safety bundles
  - Monthly data analysis
  - Monthly data submission
  - Obstetric Hemorrhage
  - Severe Hypertension in Pregnancy
  - Maternal Equity

Where we are today

- Put ourselves out there
- Hold ourselves accountable
- Learn and evolve
- Know that it is all for the greater good
- We want our patients to have the best outcomes and the best experience

Thank you for listening!

Kali Vitek: PNQINAdmin@pnqinma.org

Dr. Sinopoli: michele.sinopoli@stvincenthospital.com

Questions ?

Breakout Discussions

Thank you!

The recording will be emailed to all attendees once ready

Any questions about this COL or the series can be sent to aimdatasupport@acog.org

Be sure to complete the evaluation survey!
It will pop up in your browser as you exit the session

Remember to register for upcoming educational offerings!