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Developing a Data Dashboard to Track Maternal Health and Perinatal Outcomes in New Hampshire

NH AIM/ERASE Monthly Webinar
July 8th, 2021
To Receive CME/CNE Credit for today’s session
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Our presenters have no conflicts of interest to disclose.

Agenda

- Collaboration
- AIM/ERASE Maternal Mortality
- Data opportunities
- Why dashboards?
- Next steps
Critical Collaborations

- Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care.
- Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts.
- Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies.

NNEPQIN & NH-AIM

- Priorities identified by MMRC
- Perinatal quality improvement, guided by national and state initiatives
- Implementation at the hospital level, in partnership with pre- and post-natal programs
- Performance metrics tracked at the hospital level provide opportunity for shared learning
AIM Patient Safety Bundles

- Safe Reduction of Primary Cesarean Birth
- Severe Hypertension in Pregnancy
- Obstetric Hemorrhage
- Obstetric Care for Women with Opioid Use Disorder
- Postpartum Basics: From Birth to Postpartum Visit
- Postpartum Basics: From Maternity to Well-Woman Care
- Maternal Venous Thromboembolism
- Reduction of Peripartum Racial and Ethnic Disparities
- Cardiac Conditions in Obstetrical Care
- Maternal Sepsis

Measuring Success

Each core bundle has pre-defined measures

- Process
- Structure
- Outcome

Disaggregation of key metrics by race and ethnicity allows states and hospitals to identify disparities in care and outcomes
Example Bundle Metrics: SUD

**Process**
- % of pregnant people with OUD who receive MOUD
- Naloxone access [situational surveillance question]

**Structure**
- Stigma/antibias training for staff

**Outcome**
- % of neonates with prenatal substance exposure
- Maternal mortality
- Severe maternal morbidity

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Conceptual Map for AIM Program Implementation
Possible Data Sources

- NH-MMRC case review identifies key drivers of maternal mortality and antecedent causes
- Hospital discharge data
- Claims data
- Vital records
  - Perinatal substance exposure
  - Perinatal complications
  - Maternal demographics
- Situational surveillance questions: emerging threats/initiatives
NH Vital Records Data

Situational Surveillance

Q1: Is there documentation that access to naloxone (e.g., Narcan) was discussed with the patient?

☐ Yes  ☐ No  ☐ Unknown

Aim: Determine frequency of practice.

The NH Birth Situational Surveillance Narcan/Naloxone discussion question was activated at the end of January 2021.

The prenatal substance exposure section was added to the NH Facility Worksheet in late April 2020.

Standard Worksheet
Why a Dashboard?

Timely feedback on frontline improvement work
• Tracks key process and outcome measures
• May be individualized to reflect priority areas for a specific setting
• Can be revised as priorities shift
• Facilitates internal communication about performance
• Allows comparison of shared metrics across a collaborative [benchmarking]

A NH-specific Perinatal Quality Dashboard

Based on vital records and situational surveillance questions
• Relevant and meaningful to each hospital
• Reflective of current priorities of NH-AIM
• Include a set of core measures shared by all hospitals to allow for benchmarking/collaborative learning
  • Important perinatal quality measures
  • Capable of presenting data disaggregated by race, ethnicity, and payor
Save the Date

Introducing the revised AIM Patient Safety Bundle for the Care of Pregnant and Postpartum People with Substance Use Disorders

August 12, 2021
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Our presenters have no conflicts of interest to disclose.

Let’s stay in touch....

Victoria.A.Flanagan@hitchcock.org
daisy.j.goodman@hitchcock.org

We Can Do It!
THANK YOU HEALTHCARE WORKERS