

# WELCOME!

- We will begin shortly.
- **Please type your name and email into the chat box for attendance.**
- Reminder, we will be recording this session.
- Please mute your line upon entering and chat in your comments or questions.
- Vicki Flanagan will monitor the chat box and call on you to unmute yourself.
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## NNEPQIN

NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK



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

NH AIM/ERASE Monthly Webinar  
July 8th, 2021



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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

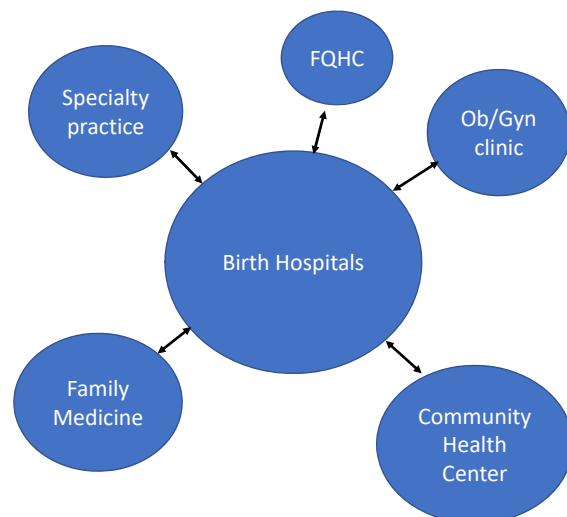


Created from a Centers for Disease Control, Division of Reproductive Health source

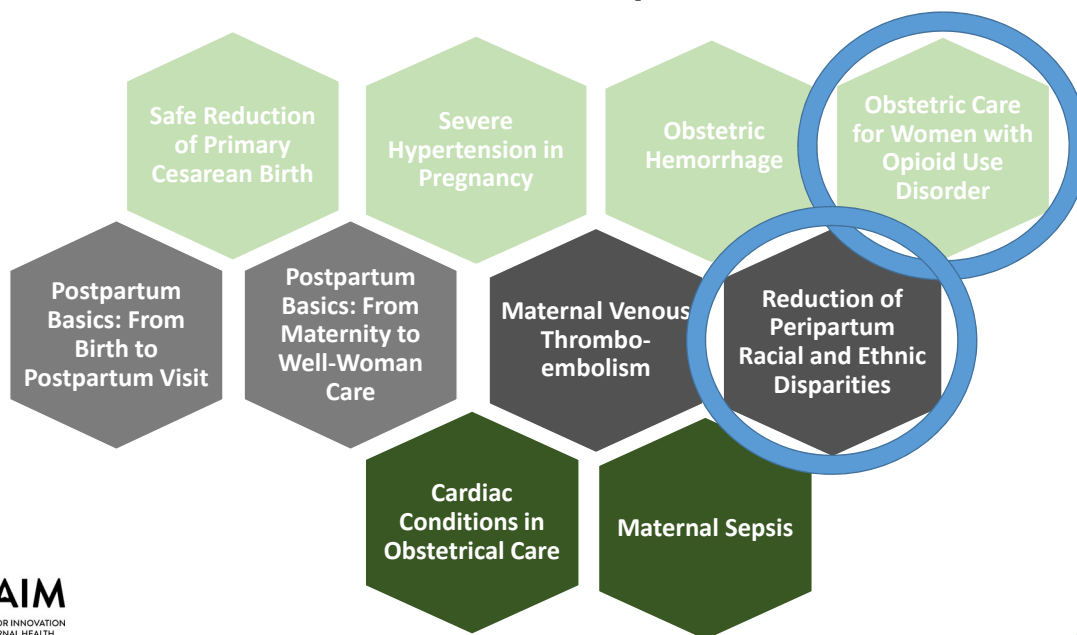


## NNEPQIN & NH-AIM

- 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



## 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

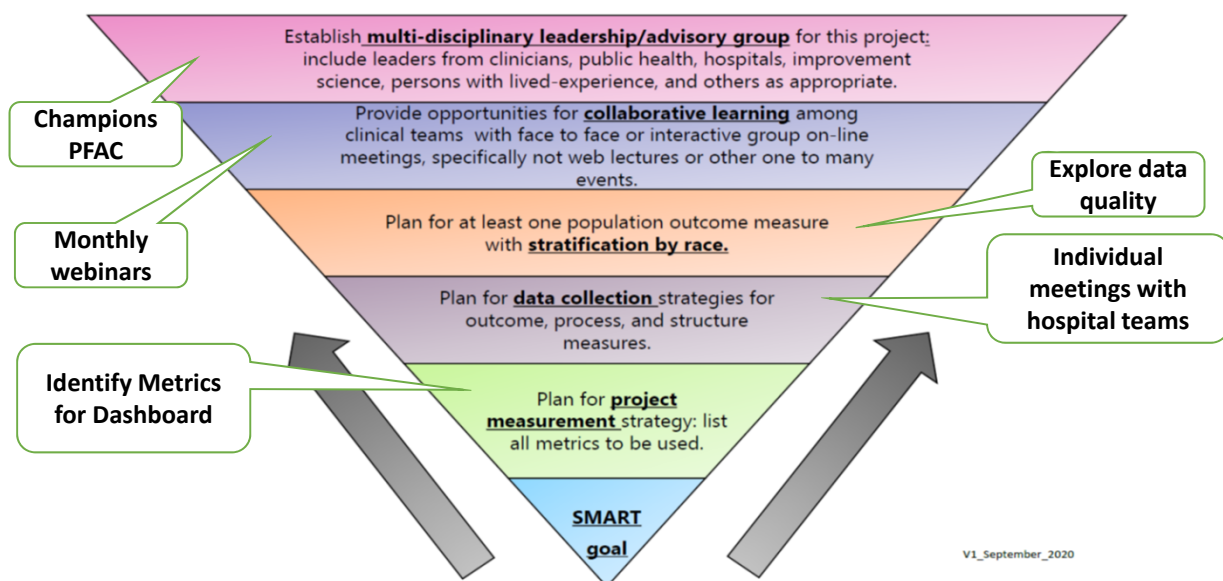
- Stigma/antibias training for staff

### Outcome

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



## Conceptual Map for AIM Program Implementation



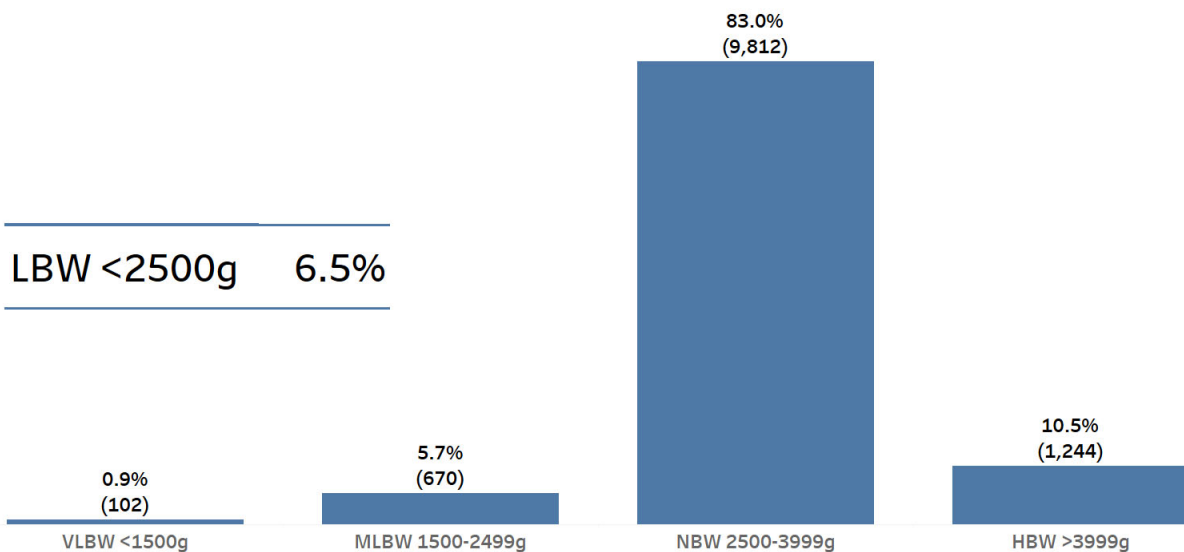
## Possible Data Sources

- ✓ 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

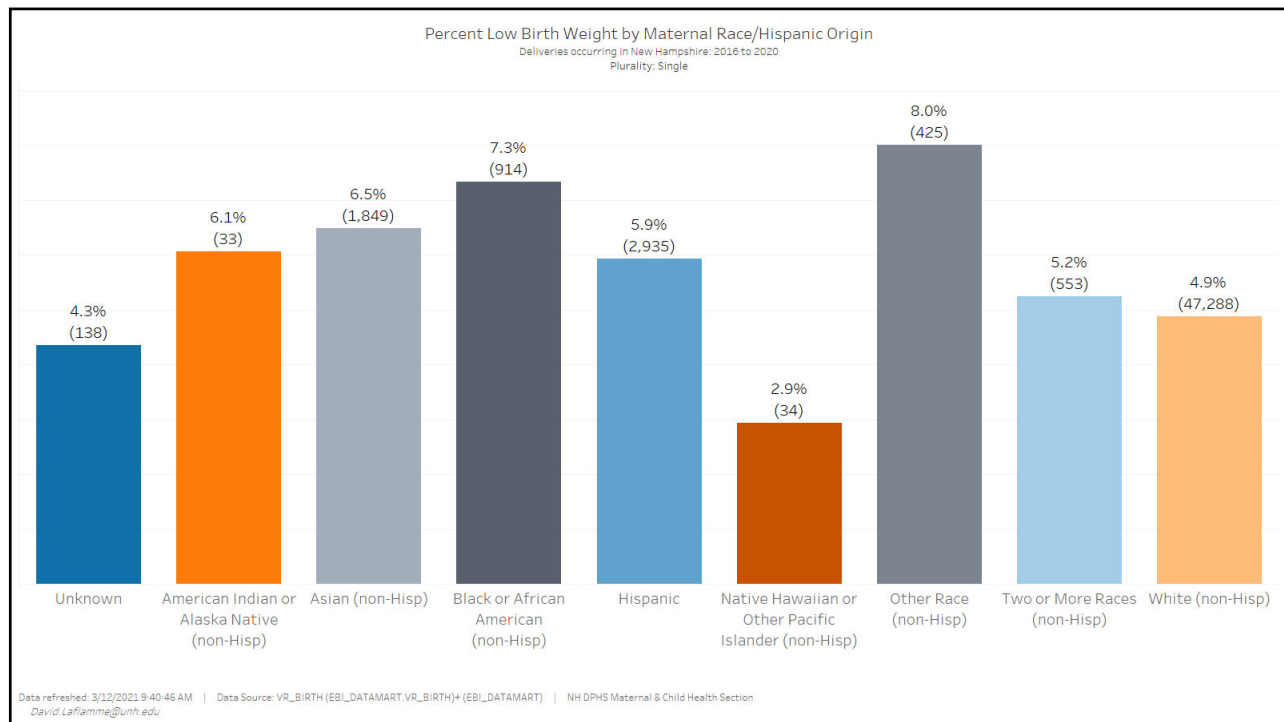


## Birth weight

*Deliveries occurring in New Hampshire: 2020*



Data refreshed: 3/12/2021 9:40:46 AM | Data Source: VR\_BIRTH (EBI\_DATAMART\_VR\_BIRTH)+ (EBI\_DATAMART) | NH DPHS Maternal & Child Health Section  
David.LaFlamme@unh.edu



## 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.*

### Prenatal Substance Exposure

**82A. Was the infant monitored for effects of in utero substance exposure?**

☐ Yes ☐ No

If YES, Type of substance(s):  
 (check all that apply)

- ☐ opioids  
☐ stimulants (amphetamines, methamphetamines, other)  
☐ cocaine  
☐ cannabis  
☐ benzodiazepines  
☐ barbiturates  
☐ alcohol  
☐ nicotine  
☐ bath salts  
☐ Kratom  
☐ Other (Specify) \_\_\_\_\_

**B. Was the infant identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder?**

☐ Yes ☐ No

### Plan of Safe/Supportive Care

**83. Was a Plan of Safe/Supportive Care (POSC) created?**

☐ Yes ☐ No

### 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





# Examples

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## 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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Let's stay in touch....

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