WELCOME!

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Preventing Maternal Mortality and Severe Maternal Morbidity in New Hampshire:
Goals and Opportunities in 2022

NH AIM/ERASE Monthly Webinar
January 13, 2022
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Our presenters have no conflicts of interest to disclose.

Agenda

- Describe the 2021 CMS quality measures for management of maternal peripartum emergencies
- Discuss using the data collection process within REDCap for the SUD bundle
- Discuss opportunities highlighted in NH-AIM logic model
- Identify 2022 targets including addressing social determinants of health (SDOH) and postpartum care engagement
Critical Collaborations: NNEPQIN, ERASE and AIM

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.

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

![Image of NNEPQIN, ERASE, and AIM logos]

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Births in NH Hospitals by Status, Payer and Volume

Several lower volume hospitals with (mostly) higher proportions of Medicaid-paid births have closed their Labor & Delivery Units.

<table>
<thead>
<tr>
<th>Labor &amp; Delivery Unit</th>
<th>Hospital</th>
<th>Year</th>
<th>Percent Medicaid Paid</th>
<th>Total Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPEN</td>
<td>BAYLEXHOSPITAL</td>
<td>2020</td>
<td>15%</td>
<td>581</td>
</tr>
<tr>
<td></td>
<td>EAGLEHOSPITAL</td>
<td>2020</td>
<td>15%</td>
<td>486</td>
</tr>
<tr>
<td></td>
<td>PORTLANDHOSPITAL</td>
<td>2020</td>
<td>11%</td>
<td>401</td>
</tr>
<tr>
<td></td>
<td>HARTSFORDHOSPITAL</td>
<td>2020</td>
<td>11%</td>
<td>408</td>
</tr>
<tr>
<td></td>
<td>REEDSFIELDHOSPITAL</td>
<td>2020</td>
<td>12%</td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>WOODRIDGEHOSPITAL</td>
<td>2020</td>
<td>12%</td>
<td>317</td>
</tr>
<tr>
<td></td>
<td>ARMSHIREHOSPITAL</td>
<td>2020</td>
<td>10%</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>BIRKSDALEHOSPITAL</td>
<td>2020</td>
<td>11%</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>NEWBURYHOSPITAL</td>
<td>2020</td>
<td>11%</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>WRESTHIREHOSPITAL</td>
<td>2020</td>
<td>10%</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>RISHERHOSPITAL</td>
<td>2020</td>
<td>10%</td>
<td>465</td>
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<tr>
<td></td>
<td>CRANCHURCHHOSPITAL</td>
<td>2020</td>
<td>10%</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>ARLINGTONHOSPITAL</td>
<td>2020</td>
<td>10%</td>
<td>465</td>
</tr>
<tr>
<td></td>
<td>LEXHOSPITAL</td>
<td>2020</td>
<td>10%</td>
<td>465</td>
</tr>
</tbody>
</table>

Total Births (2020): 11,837
26.3% Medicaid Paid

Other Payer: 1.5%
Unknown: 1.9%


*Note: All records are confidential and de-identified.*
“The Condition of Participation for Quality Assessment and Performance Improvement Program (§482.21) requires that hospitals develop, implement, and maintain an effective, ongoing, hospital wide, data-driven quality assessment and performance improvement program”

“CMS is encouraging hospitals to consider implementation of evidence-based best practices for the management of obstetric emergencies, along with interventions to address other key contributors to maternal health disparities, to support the delivery of equitable, high-quality care for all pregnant and postpartum individuals.”

CMS Obstetric-Focused Quality Measures

1. Did your hospital participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes for inpatient labor, delivery and postpartum care in CY 2020? Yes or No

2. If yes, what is the name of a statewide and/or national perinatal quality improvement collaborative program that your hospital participated in CY 2020? __________

3. By participating in a statewide and/or national perinatal quality improvement collaborative program in CY 2020, did your hospital collect and report data (preferably chart-review, administrative data also acceptable) to a collaborative for the purpose of being benchmarked against other hospitals? Yes or No

4. Did your hospital actively implement patient safety practices, bundles, or sustainability projects related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis in CY 2020? [Please reference this ACOG webpage for an example of patient safety bundle.] Yes or No

5. If yes, did your hospital implement the bundles that were developed by the Alliance for Innovation on Maternal Health (AIM) program in CY 2020? [Please reference this AIM program webpage for more details.] Yes or No
AIM Core Patient Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Cardiac Conditions in Obstetrical Care
- Care for Pregnant and Postpartum People with Substance Use Disorder
  - Obstetric Care for Women with Opioid Use Disorder
- Postpartum Discharge Transition
- Sepsis in Obstetrical Care – in development

“Generally, key lessons learned in support of effective bundle adoption and dissemination of associated QI strategies include: identifying institutional champions and building consensus across disciplines; tailoring strategies to local context and culture; engaging in ongoing iteration, training, and technical assistance; facilitating access to rapid-cycle data to measure and analyze progress; and, preparing for incremental scale-up to sustain positive change.”

Department of Health and Human Services. QSO-22-05 Hospitals (ADVISORY), 12/7/2021

AIM SUD Bundle Metrics
Demographics: Maternal Ethnicity

Record ID (unique record ID for REDCap, not PHI)___________________

Ethnicity (as reported on Birth Certificate)
- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (Specify) _____________
- Unknown

Demographics: Maternal Race

- White
- Black or African American
- American Indian or Alaska Native (name of principal tribe)_______________
- Asian Indian
- Chinese
- Vietnamese
- Other Asian
- Native Hawaiian
- Samoan
- Other Pacific Islander (Specify)_____
- Other (Specify)_____________________
- Unknown
Demographics: Payor

**Insurance Status** (as reported in Medical Record)
- Self-pay
- None/Uninsured Dual Eligible (covered by both Medicaid and Medicare)
- Medicaid/CHIP only
- Medicare only
- Medicare plus supplemental
- TriCARE
- Other third party (e.g., privately insured)
- Unknown

SUD Bundle: Process and Outcome Measures

- Is there evidence that the patient is using a sedative, non-prescribed opioid, stimulant, or cocaine? (Choose all that apply)
  - Non-prescribed opioids or medication for opioid use disorder
  - Non-prescribed stimulant (e.g. methamphetamine)
  - Cocaine
  - Sedative (e.g. benzodiazepine)
  - None of the above
  - Unknown

- Is one of the following diagnostic codes documented in the patient's medical record? (Choose all that apply)
  - F11
  - F14
  - F15
  - O99
  - Please enter ICD 10 codes used (if not listed in choices above) ________

- Was this pregnant or postpartum patient screened for SUD using a validated screening tool during their birth admission? (Yes/No)
## SUD Bundle: Process and Outcome Measures

- **Did this pregnant or postpartum patient with OUD receive or get referred for medication for OUD? (Yes/No)**
- **Was this pregnant or postpartum patient with OUD counseled about medication for opiate use disorder (MOUD) prenatally or during their birth admission? (Yes/No)**
- **Did this pregnant or postpartum patient with SUD (including OUD) receive or get referred to recovery treatment services? (Yes/No)**
- **Was this pregnant or postpartum patient with SUD (including OUD) counseled about recovery treatment services prenatally or during their birth admission? (Yes/No)**
- **Did this pregnant or postpartum patient with SUD receive naloxone or a prescription for naloxone prior to delivery discharge? (Choose all that apply.)**
  - Prescribed naloxone
  - Dispensed naloxone
  - Already had naloxone
  - Declined naloxone
  - No evidence that Naloxone was discussed with patient
- **Did this pregnant or postpartum patient with SUD receive Naloxone counseling prenatally or during their birth admission? (Yes/No) (Answer ‘Yes’, if responded to the previous question with prescribed, dispensed, already had or declined. Answer ‘No’ if no evidence of patient being asked about Naloxone)**

## SUD Bundle: Outcomes

- **Was the newborn discharged home with either birth parent? (Yes/No)**
- **Did severe maternal morbidity (SMM) occur during the birth admission? (Choose all that apply)**
  - Amniotic Fluid Embolism
  - Severe Anesthesia Complications
  - Thrombotic Embolism
  - Shock
  - Sepsis
  - Sickle Cell Disease with Crisis
  - Adult Respiratory Distress Syndrome
  - Hysterectomy
  - Disseminated Intravascular Coagulation
  - Ventilation
  - Puerperal Cerebrovascular Disorders
  - Temporary Tracheostomy
  - Pulmonary Edema/Acute Heart Failure
  - Blood Transfusion
SUD Bundle: Hospital-Level Structural Measures

• Date your hospital created a system for linking people to community resources, customized to include resources relevant for pregnant and postpartum people (i.e., social worker, community health worker, etc., or a list that is shared with inpatient and outpatient OB sites ______
• Date your department established a standardized process to conduct debriefs with patients after a severe event? ______
• Date your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions ______
• Date your hospital implemented specific pain management and opioid prescribing guidelines for people with OUD______
• Date your hospital shared validated verbal screening tools and follow-up tools for OUD and SUD with all its prenatal care providers ______
• At the end of this reporting period, what cumulative proportion of OB providers and nurses (including L&D and postpartum) has completed an education program on care for pregnant and postpartum people with substance use disorders within the last 2 years? (estimated by 10%) ______
• At the end of this reporting period, what cumulative proportion of OB providers and nurses (including L&D and postpartum) has completed an education program on respectful and equitable care within the last 2 years? (estimated by 10%) ______

Where should we focus in 2022?
NH-AIM Key Driver Diagram

Reduce Maternal Mortality and Severe Maternal Morbidity in NH

Primary Drivers

- Overdose Prevention
- Social Determinants of Health Addressed
- All Patients Receive Respectful Care
- Behavioral Health (BH) Needs Addressed
- MMRC Recommendations Implemented

Secondary Drivers

- Access to SUD/OUD Treatment
- Access to naloxone in ambulatory & hospital settings
- Focus on Postpartum Care
- Family Care Plans implemented for 100% of pp patients with SUD and infants
- Adopt ACOG postpartum care guidance
- PCAC Feedback identifies concerns
- PCAC recommendations inform practice improvements
- National AIM Respectful Care training
- Annual Report Published
- Implementation team incorporates MMRC recommendations in NH-AIM

Change Concepts

- Universal SBIRT
- Develop protocols for OB/GYN naloxone distribution
- Staff training on harm reduction
- Plan of Safe Care initiated in prenatal setting
- Universal screening for social determinants of health
- Increase accuracy of REaL Data collection
- SMM & perinatal outcomes data disaggregated by race, ethnicity & payer
- Engage representative PCAC
- Implement universal screening for behavioral health needs
- Promote AWHONN Warning Signs
- Timely case identification
- Regular review by MMRC
- MMRC recommendations based on reviews

Upcoming Webinar Themes

- Understanding Maternal-focused Quality Metrics (TJC, CMS, etc)
- Respectful approaches to collecting accurate REaL data
- Implementing universal screening for SDOH (and what to do after that…)
- AIM Postpartum Care Transitions patient safety bundle
  - ACOG recommendations for the comprehensive postpartum visit
  - AWHONN Post-Birth Warning Signs
  - Postpartum Care bundle metrics
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February 10, 2022
NNEPQIN
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Join us in March 2022 for a discussion of
• CMS Maternal Morbidity Quality Metrics
• Diagnostic Coding and Billing for Perinatal SUD

Happy New Year!
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