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NNEPQIN

NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

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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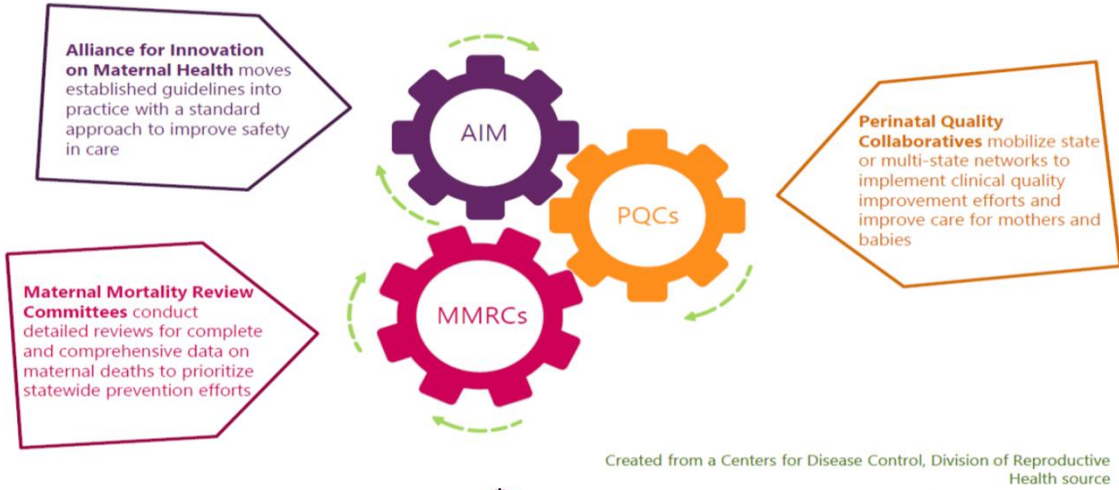
Our presenters have no conflicts of interest to disclose.



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



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.

Labor & Delivery Unit Status	Hospital	Year	Percent Medicaid/Other		Total Volume	
OPEN	ELLIOT HOSPITAL	2020	16%	84%	1,935	
	CONCORD HOSPITAL	2020	31%	69%	1,385	
	WENTWORTH-DOUGLASS HOSPITAL	2020	4%	18%	78%	1,345
	DARTMOUTH-HITCHECOCK MEDICAL CTR	2020	31%	69%	1,345	
	SOUTHERN NH MEDICAL CENTER	2020	31%	69%	1,212	
	CATHOLIC MEDICAL CENTER	2020	36%	64%	1,038	
	EXETER HOSPITAL	2020	17%	82%	589	
	PORTSMOUTH REGIONAL HOSPITAL	2020	9%	91%	452	
	CHESHIRE MEDICAL CENTER	2020	43%	56%	406	
	ST. JOSEPH HOSPITAL	2020	22%	77%	374	
	LITTLETON REGIONAL HEALTHCARE	2020	41%	59%	317	
	MONADNOCK COMMUNITY HOSPITAL	2020	25%	75%	247	
	MEMORIAL HOSPITAL	2020	39%	60%	201	
	SPEARE MEMORIAL HOSPITAL	2020	45%	55%	180	
	FRISBIE MEMORIAL HOSPITAL	2020	41%	59%	165	
	ANDROSCOGGIN VALLEY HOSPITAL	2020	59%	41%	97	
CLOSED	LAKES REGION GENERAL HOSPITAL	2017	15%	55%	31%	282
	ALICE PECK DAY MEMORIAL HOSPITAL	2017	28%	72%	249	
	VALLEY REGIONAL HOSPITAL	2011	60%	40%	174	
	PARKLAND MEDICAL CENTER	2019	37%	63%	170	
	WEEKS MEDICAL CENTER	2007	60%	40%	106	
	FRANKLIN REGIONAL HOSPITAL	2005	5%	53%	42%	95
	HUGGINS HOSPITAL	2008	5%	37%	58%	92
	COTTAGE HOSPITAL	2013	61%	39%	70	
						Total Births (2020)
					11,837	
					26.3% Medicaid	

Analysis of NH Vital Records by David J. LaFlamme, PhD, MPH | NH DPHS Maternal & Child Health Section
 Notes: All births occurring in NH are included (residents/non-res). | Total Births includes out-of-hospital births. | Medicaid includes out-of-state plans for non-residents.
 Data Refreshed: 3/12/2021 12:57:16 PM | Data Source: NH DHHS EBI Vital Records Births



“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.”



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



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**



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



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
- Filipino
- Japanese
- Korean
- Guamanian or Chamorro



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
 - F13
 - 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)

<input type="checkbox"/> Amniotic Fluid Embolism	<input type="checkbox"/> Severe Anesthesia Complications
<input type="checkbox"/> Thrombotic Embolism	<input type="checkbox"/> Shock
<input type="checkbox"/> Sepsis	<input type="checkbox"/> Sickle Cell Disease with Crisis
<input type="checkbox"/> Adult Respiratory Distress Syndrome	<input type="checkbox"/> Hysterectomy
<input type="checkbox"/> Disseminated Intravascular Coagulation	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Puerperal Cerebrovascular Disorders	<input type="checkbox"/> Temporary Tracheostomy
<input type="checkbox"/> Pulmonary Edema/ Acute Heart Failure	<input type="checkbox"/> Blood Transfusion



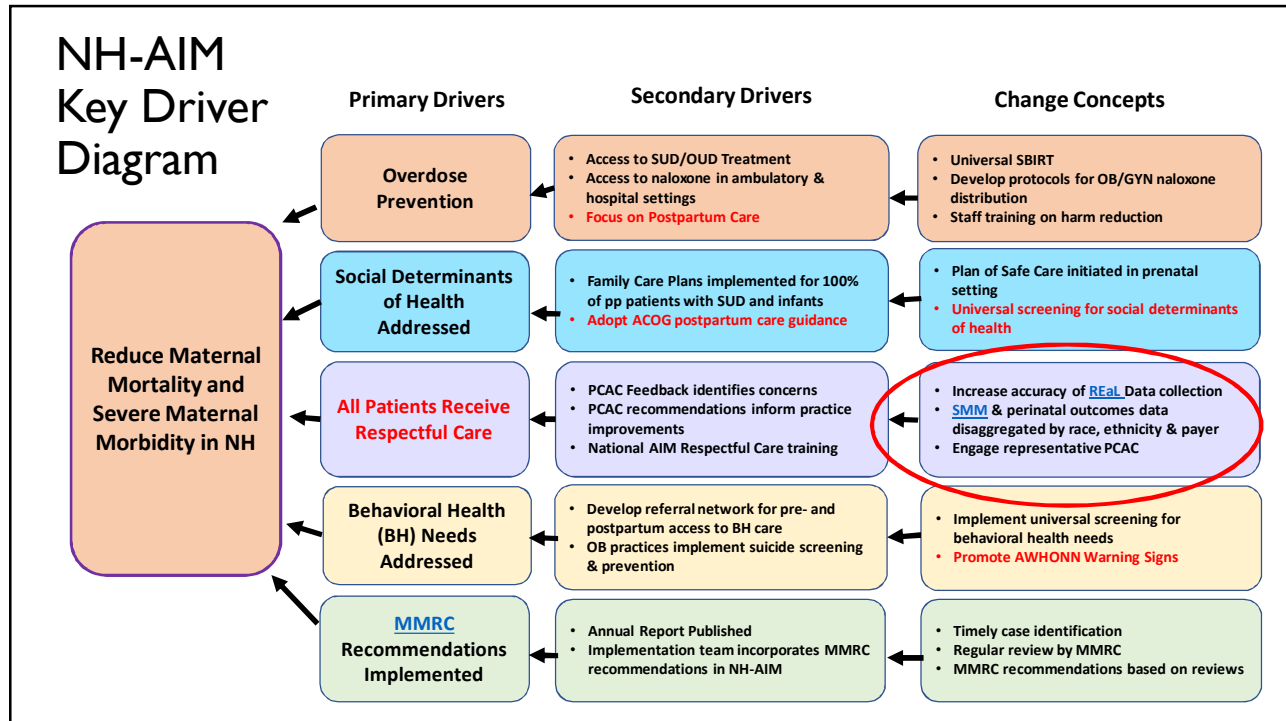
SUD Bundle: Hospital-Level Structural Measures

- 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?





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




Photo by [Aaron Burden](#) on [Unsplash](#)

JOIN US!

Thursday, February 10, 2022

NNEPQIN Virtual Winter Meeting

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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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