NH AIM/ERASE Monthly Webinar
December 8, 2022

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
- Karen Lee will monitor the chat box and call on you to unmute yourself
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AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

NH DIVISION OF Public Health Services Improving health, preventing disease, reducing costs for all

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The AIM Safety Bundle for the Care of Pregnant and Parenting People with Substance Use Disorders: Implementation Challenges and Strategies For Overcoming Obstacles

NH AIM/ERASE Monthly Webinar
December 8, 2022

Carolyn Nyamasege, PhD, MPH, MS
Maggie Coleman, MPH
Inderveer Saini
Daisy Goodman, DNP, MPH, CNM

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Disclosures

Today's speakers have no financial disclosures

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Session Objectives

- Describe challenges encountered by NH Hospitals implementing the AIM Care for Pregnant and Postpartum People with Substance Use Disorders (CPPPSUD) safety bundle
- Explore contextual factors contributing to delays in improving care for pregnant and parenting people with SUD, and identify opportunities for improvement
- Provide tools and resources to support bundle implementation

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Agenda

- Data update: impact of perinatal SUD in NH
- Role of context in implementation work
- Questions raised by hospitals implementing the CPPPSUD bundle
  - Tools for screening for non-prescribed drug and alcohol use
  - Resources for staff trainings
  - Data collection challenges

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A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

AIM

ERASE MM
Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

https://saferbirth.org/

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

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

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Why the CPPPSUD Bundle?

NH State Data Update

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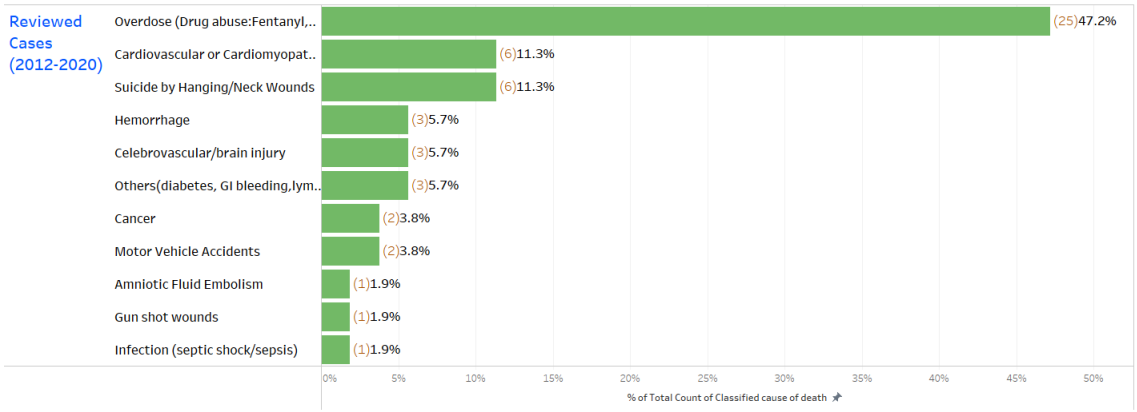
Causes of Maternal Deaths among NH-MMRC Reviewed Cases (2012-2020)



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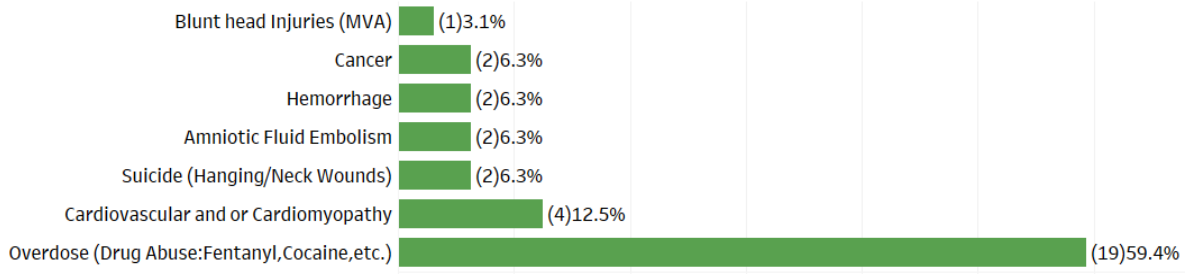
Causes of Pregnancy Associated Deaths in NH (2017-2021)



Selected committee determinations on circumstances surrounding death for reviewed cases

Committee determinations	Yes	No	Probably	Unknown
Did obesity contribute to the death?	2	23	1	0
Did discrimination contribute to the death?	0	13	0	7
Did mental health conditions contribute to the death?	13	7	5	1
Did substance use disorder contribute to the death?	15	7	2	2
Was this death a suicide?	2	19	0	5
Was this death a homicide?	0	25	0	0

Data Source: MMRIA [11]

Annual Report on Maternal Mortality in New Hampshire (2020-2021)

Pregnancy Status of 2020 and 2021 Reviewed and Confirmed Cases

Table 1. Pregnancy Status at Time of Death in NH Residents, 2020-2021 (N=11)	
Pregnancy Status	**Number**
Pregnant	2
Postpartum	9

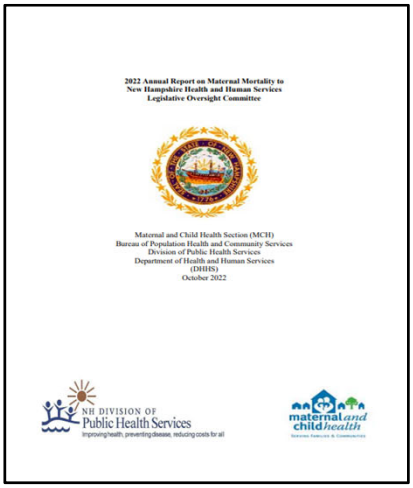
Data Source: MMRIA

Timing of 2020 and 2021 Reviewed and Confirmed Pregnancy Associated Cases

Table 2. Timing of 2020-2021 Deaths	
Months postpartum	**Number**
During pregnancy	2
< 3 months	6
3-6 months	0
6-12 months	3

Cause and/or Manner of Pregnancy-Associated Deaths

Table 3. Cause of 2020-2021 Deaths	
Cause	**Number**
Overdose *(acute intoxication by fentanyl and or cocaine. etc.)*	4
Cardiac	2
Medical Causes *(amniotic fluid embolism, hemorrhage, cancer, hypovolemic shock etc.)*	5


2022 Annual Report on Maternal Mortality to New Hampshire Health and Human Services Legislative Oversight Committee

Maternal and Child Health Section (MCH)
Bureau of Population Health and Community Services
Division of Public Health Services
Department of Health and Human Services
(DHHS)
October 2022

NH DIVISION OF Public Health Services

maternal and child health

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Vital Records Data Sources for Perinatal Substance Exposure

- The statistics on the following slides include all births that occurred in New Hampshire from May 1st, 2020 through November 29th, 2022
- Out-of-state residents born in NH are ***included***
- New Hampshire residents born out-of-state are ***excluded*** because the substance exposure question was not asked ***(fields marked as unknown)***

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

- ☐ Yes
- ☐ No
- ☐ Unknown

Aim: Determine frequency of practice.

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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

PRO

Plan of Safe/Supportive Care

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

☐ Yes ☐ No

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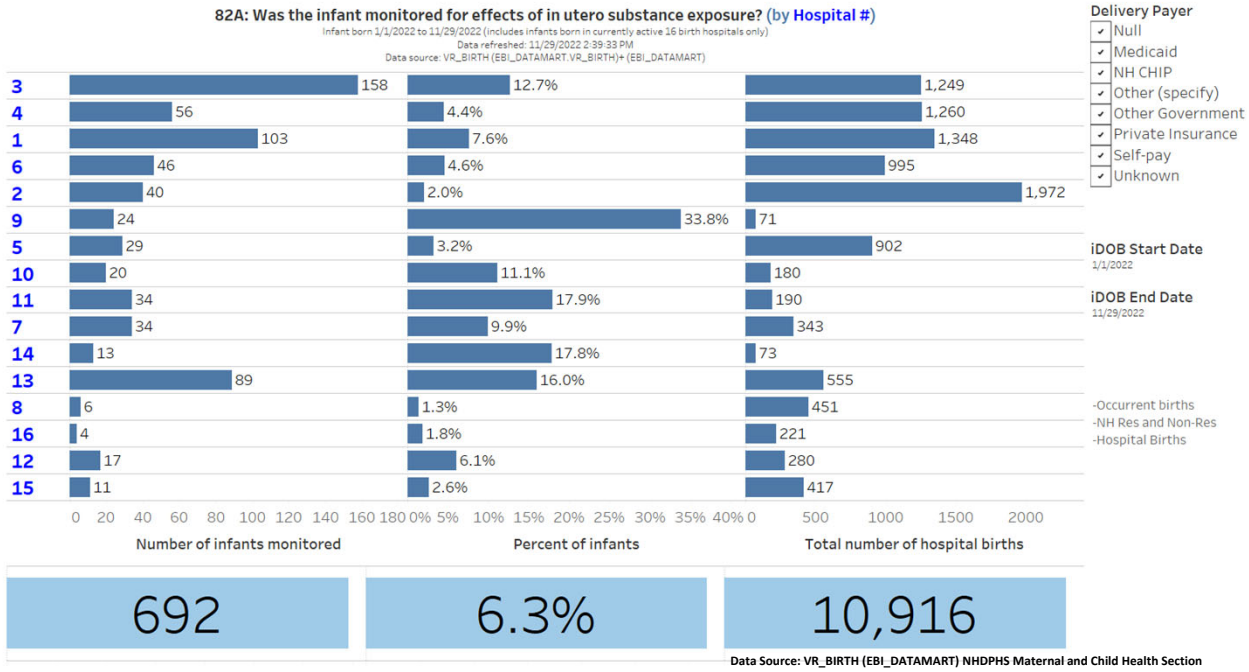
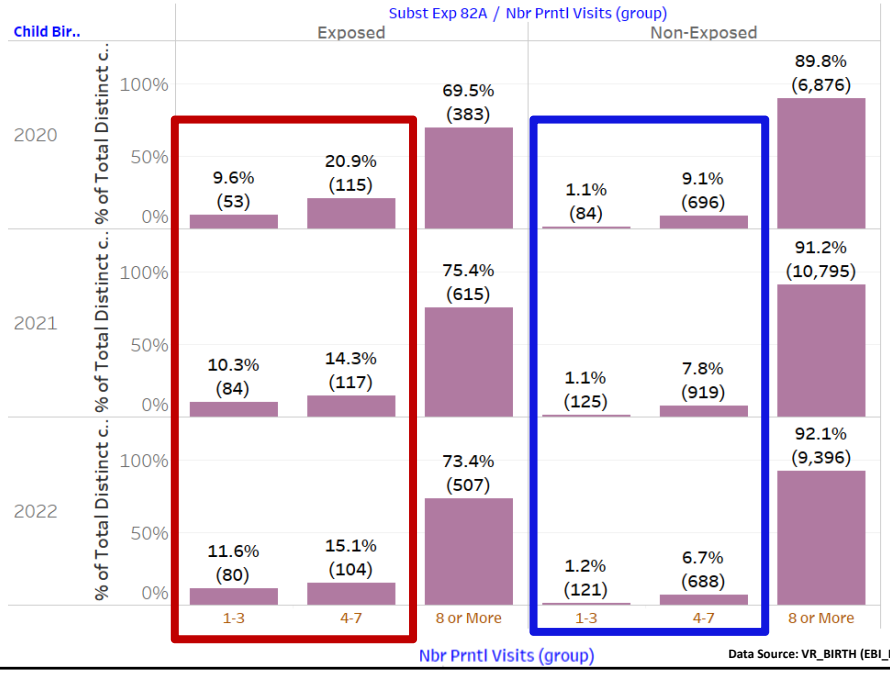
82A: Infants Monitored for Substance Exposure (2022 Births Occurring in NH Hospitals)



692	6.3%	10,916

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Total Number of Prenatal Care Visits by Substance Exposure (Births Occurring in NH Hospitals)

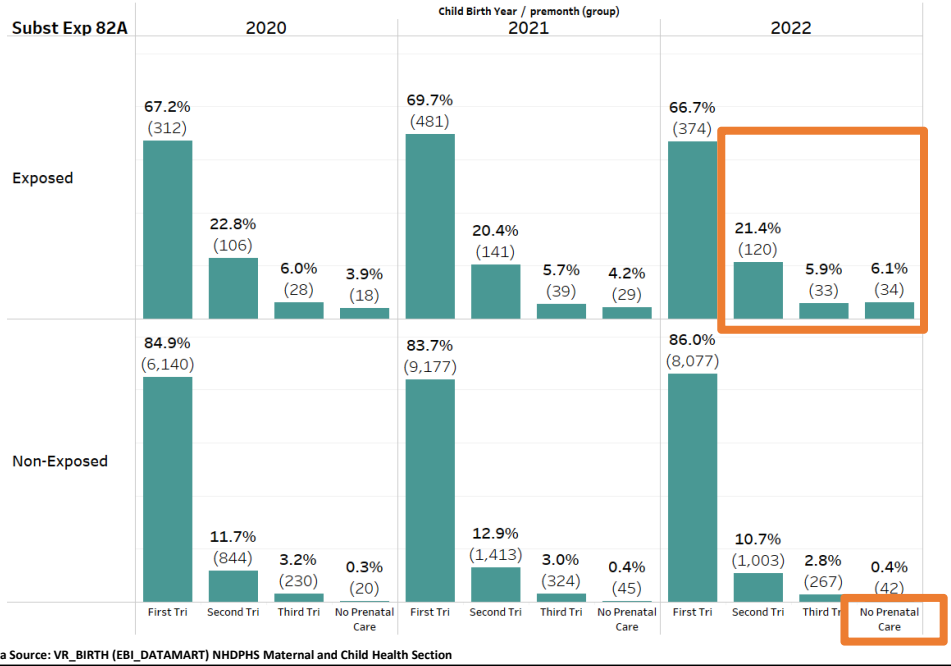


Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

The World Health Organization doubled the recommended number of health visits for pregnant women from four to eight https://www.who.int/en/news-room/detail/07-11-2016

The proportion of women not seeking enough number of prenatal care visits **(8 or more)** as recommended by WHO is more in the substance exposed group as compared to non exposed

Timing of First Prenatal Care Visit by Substance Exposure



Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

- The proportion of birthing people who start seeking prenatal care during the 2nd and 3rd trimester is double in the exposed as compared to the non exposed.
- Significantly more birthing individuals did not receive prenatal care in the exposed group as compared to non-exposed across the years

Preterm Birth and Low Birth Weight Rates By Substance Exposure During Pregnancy

Preterm Births by Monitored for Substance Exposure During Pregnancy (2020-2022)

Subst Exp 8..	<37wks	37+wks	Null	Grand Total
Exposed	15.7% (323)	83.6% (1,721)	0.7% (14)	100.0% (2,058)
Non-Exposed	7.4% (2,193)	92.5% (27,482)	0.1% (25)	100.0% (29,700)
Unknown	8.6% (314)	91.2% (3,331)	0.2% (6)	100.0% (3,651)
Grand Total	8.0% (2,830)	91.9% (32,534)	0.1% (45)	100.0% (35,409)

The proportion of LBW among the exposed is **13.5%** when preterm births are included, however, many risk factors other than substance use are associated with preterm births therefore I excluded preterm births.

Low Birth Weight Among Term Infants by Substance Exposure During Pregnancy (2020-2022)

Subst Exp 8..	<2500g	2500+g	Unknown	Grand Total
Exposed	6.7% (116)	93.2% (1,604)	0.1% (1)	100.0% (1,721)
Non-Exposed	2.2% (595)	97.8% (26,865)	0.1% (22)	100.0% (27,482)
Unknown	2.4% (79)	97.6% (3,252)		100.0% (3,331)
Grand Total	2.4% (790)	97.5% (31,721)	0.1% (23)	100.0% (32,534)

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Readiness — Every Unit

- Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure.

Recognition & Prevention — Every Patient

- Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission.

Reporting and Systems Learning — Every Unit

- Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able.

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Process measures

Universal Screening for SUDs *
Counseling on MOUD *
Counseling on Recovery Treatment Services *
Counseling on Naloxone *
Newborns Discharged to Birth Parent *
Receipt of or Referral to MOUD *
Receipt of or Referral to Recovery Treatment Services *
Receipt of or Prescription for Naloxone *
Provider and Nursing Education – Substance Use Disorders *
Provider and Nursing Education – Respectful and Equitable Care *

Structure measures

ALL S1: Patient Event Debriefs
SUD S1: Resource Mapping/Identification of Community Resources
SUD S3: General Pain Management Guidelines
SUD S4: OUD Pain Management Guidelines
SUD S5: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites

State Surveillance Outcome measures

SUDs among pregnant and postpartum people
OUDs among pregnant and postpartum people
SMM among people with SUD excluding blood transfusions
SMM among people with OUD excluding blood transfusions
Pregnancy Associated Opioid Deaths

Severe Maternal Morbidity Excluding Blood Transfusions (Collaborative-wide -- Sum of individual facilities' numerators and denominators) *

Source: https://www.maternalsafety.org/hospitals/2495/measure_lists?measure_type=process

Example of Process and Outcome Measures to be Collected Quarterly by each Hospital

Process Measures

P1. Pregnant and postpartum people during their birth admission

P1. Among the denominator, those with documentation of having been screened for SUD **using a validated screening tool** during their birth admission

P2. Pregnant and postpartum people with OUD during their birth admission

P2. Among the denominator, those with documentation of counseling for MOUD prenatally or du

P3. Pregnant and postpartum people with SUD (including OUD) during their birth admission

P3. Among the denominator, those with documentation of counseling for recovery treatment ser their birth admission

P4. Pregnant and postpartum people with SUD during their birth admission

Outcome measures

O1. Newborns exposed to substances in utero

O1. Among the denominator, those who were discharged to either birth parent

O2. Pregnant and postpartum people with OUD

O2. Among the denominator, those with documentation of having received or been referred to MOUD

O3. Pregnant and postpartum people with SUD (including OUD)

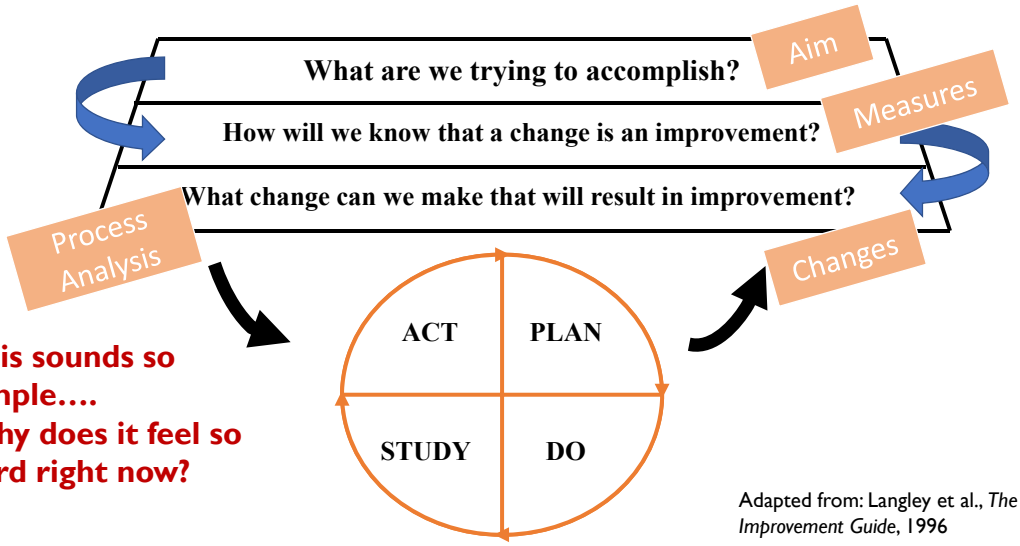
O3. Among the denominator, those with documentation of having received or been referred to recovery treatment services

Data source: https://www.maternalsafety.org/hospitals/2495/process_measure_data_entries

Context and Bundle Implementation

How to avoid getting stuck in the mud…..

Model for Improvement



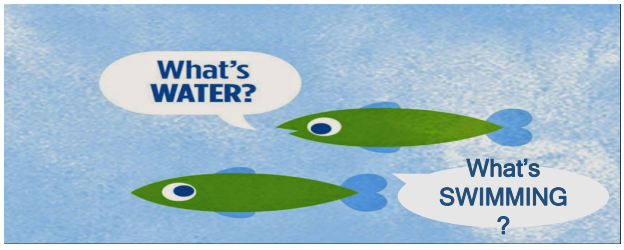
This sounds so simple….
Why does it feel so hard right now?

Adapted from: Langley et al., *The Improvement Guide*, 1996

The Role of "Context" In Improvement Work

Context

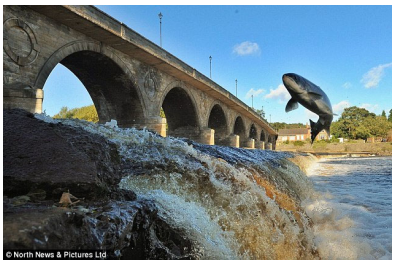
"Characteristics of the organizational setting, the environment, and the individual and their role in the organization or QI project"



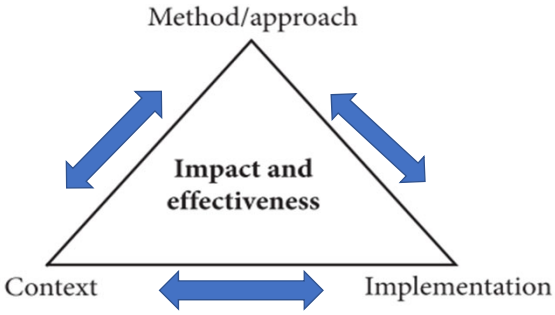
Kaplan HC, Brady PW, Dritz MC, Hooper DK, Linam WM, Froehle CM, Margolis P. The influence of context on quality improvement success in health care: a systematic review of the literature. Milbank Q. 2010

"Context Is Everything"

-Paul Bate

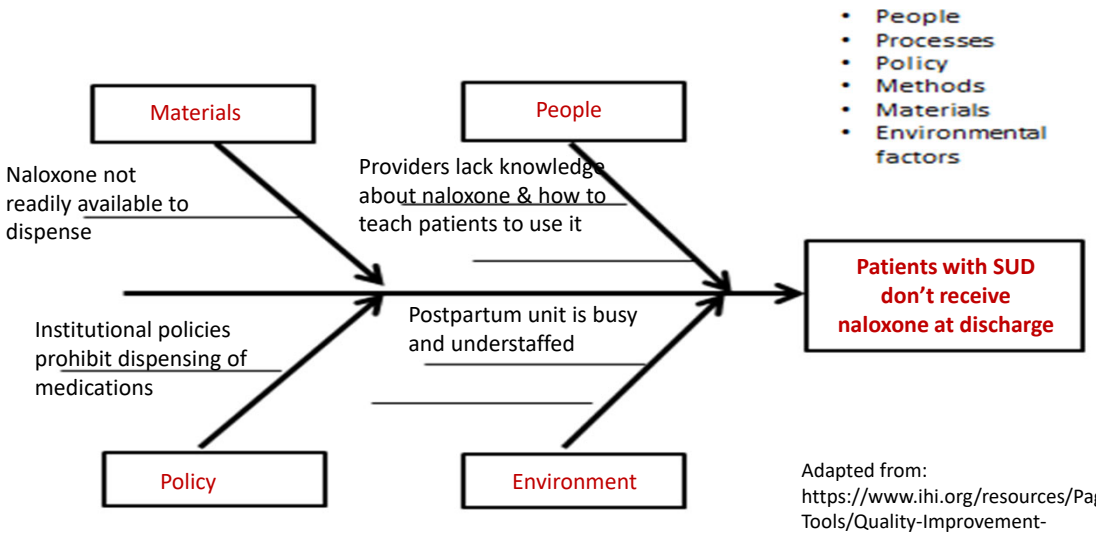


Context, Approach, And Implementation



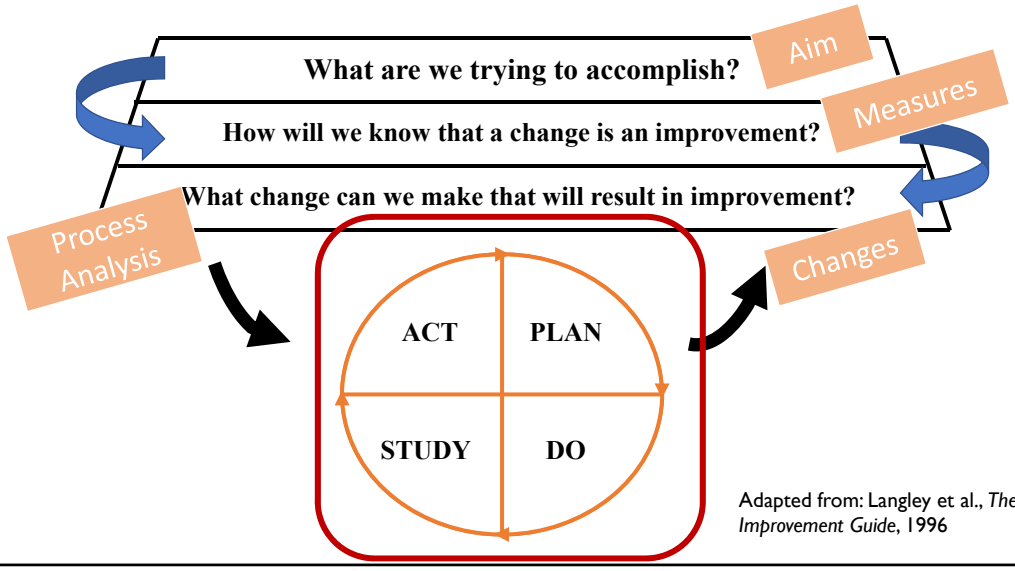
Adapted from Bate, P: https://health.org.uk/sites/default/files/PerspectivesOnContextBateContextIsEverything.pdf

Barriers To Postpartum Naloxone Distribution



Adapted from: https://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx

Model for Improvement



Adapted from: Langley et al., *The Improvement Guide*, 1996

Implementation Challenges Raised By Hospital Teams

- This is new for all of us!
- Time and bandwidth
- Data collection challenges
- Quarterly reporting
- Validated screening tools
- Provider education resources

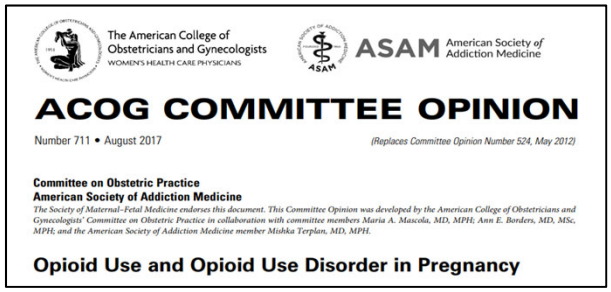
Screening For Substance Use

What?

- Validated screening instruments

How?

- Resources for bundle implementation: https://www.nnepqin.org/sud-bundle-implementation-resources/


The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ASAM American Society of Addiction Medicine

ACOG COMMITTEE OPINION

Number 711 • August 2017 (Replaces Committee Opinion Number 524, May 2012)

Committee on Obstetric Practice
American Society of Addiction Medicine

The Society of Maternal-Fetal Medicine endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Maria A. Mascola, MD, MPH; Ann E. Borders, MD, MSc, MPH; and the American Society of Addiction Medicine member Mishka Terplan, MD, MPH.

Opioid Use and Opioid Use Disorder in Pregnancy


Clinical Expert Series CME

What Obstetrician–Gynecologists Should Know About Substance Use Disorders in the Perinatal Period

Marcela C. Smid, MD, MS, and Mishka Terplan, MD, MPH

(Obstetrics & Gynecology 2022)


Special Report

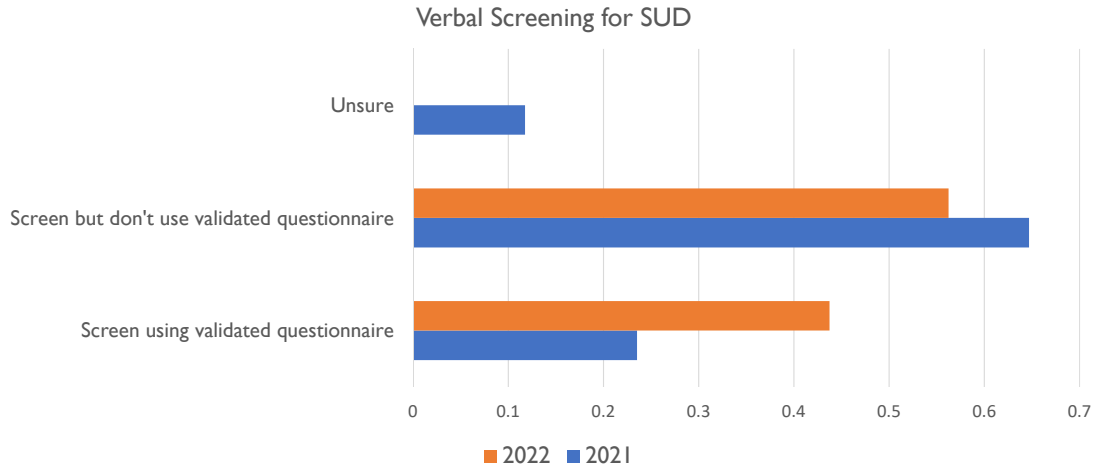
The role of screening, brief intervention, and referral to treatment in the perinatal period

Tricia E. Wright, MD, MS; Mishka Terplan, MD, MPH; Steven J. Ondersma, PhD; Cheryl Boyce, PhD; Kimberly Yonkers, MD; Grace Chang, MD, MPH; Andreea A. Creanga, MD PhD

CrossMark

(AJOG 2016)

Comparison of Baseline (2021) and 2022 NH Birthing Hospital Surveys: Use of Evidence-based Screening Approaches



Naloxone use this link: [NNEPQIN-Toolkit-Updated-11_5_21.pdf]

2. Naloxone

FACILITATING ACCESS TO NALOXONE
AIM recommends that all birthing people with SUD have access to naloxone at or before the time of discharge following birth. The following materials are provided to help maternity care providers who wish to set up naloxone distribution programs:

NH AIM/ERASE Implementing Naloxone Distribution Webinar Slides

March 11, 2021 Implementation of Naloxone Distribution Webinar Recording

Naloxone is a short acting opioid antagonist which is used to reverse life-threatening central respiratory depression caused by opioid poisoning. Specifically, naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous systems, reversing associated respiratory depression, Intranasal Naloxone is easy to administer intranasally, and can be used legally by bystanders or healthcare providers. Patients who are at risk of overdose, or whose family or community members are at risk, should have access to and carry Naloxone for the reversal of opioid overdose.

2.1. Provider Materials

2.1.1 Sample Naloxone prescription:

Patient Name: _____
Address: _____
_____
Rx Naloxone Nasal Spray 4 mg/1mL # 2
Administer x 1 intranasally
Repeat in alternate nostril if no response
Do Not Refill
Refill 2 Times
Date _____
_____ (Signature)
D.E.A. Number _____
Print Last Name _____
Medical Record Copy DO NOT FILL

2.1.2 Sample Naloxone Policy

Dartmouth-Hitchcock

2.1.3 GENERAL INFORMATION ABOUT NALOXONE
Get Naloxone Now is an online resource to train people to respond effectively to an opioid overdose emergency.

https://www.getnaloxonenow.org/#home

2.1.4 HEALTH PROFESSIONALS TOOLKIT FOR EXPANDING ACCESS TO NALOXONE- AVAILABLE FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf

2.1.5 HOW TO USE NALOXONE

- How to use a Naloxone overdose kit- short video from Maine General Medical Center: https://www.youtube.com/watch?v=NLo25AQNyeM&feature=youtu.be
- Frequently asked questions about opioid addiction and naloxone https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/
- What to do in the event of an overdose (in English and Spanish) https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP_Narcan_HowToGiveBrochure2016.pdf

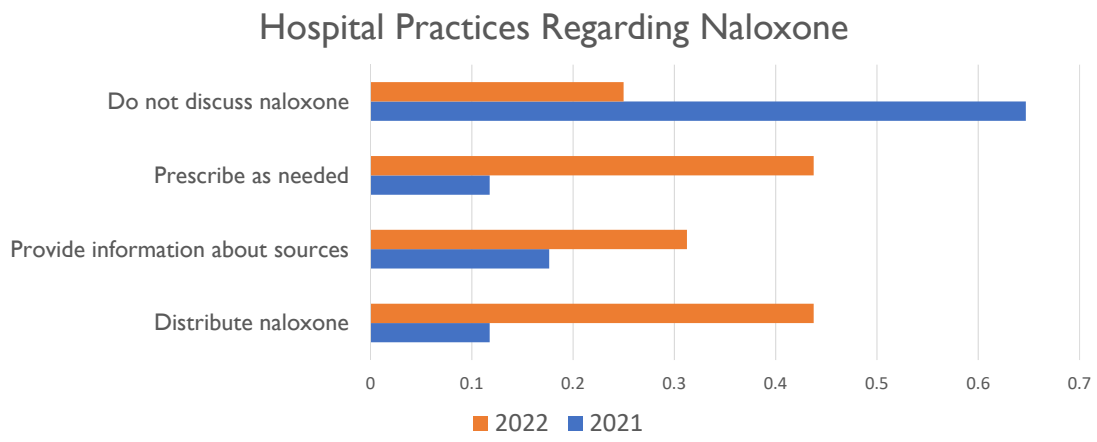
2.1.6 STATE SUPPORTED ACCESS TO NALOXONE IN NEW HAMPSHIRE

- General information about Naloxone in NH, including access: https://thedoorway.nh.gov/avoid-overdose
- NH Pharmacies with standing orders in place for Naloxone: https://thedoorway.nh.gov/pharmacies

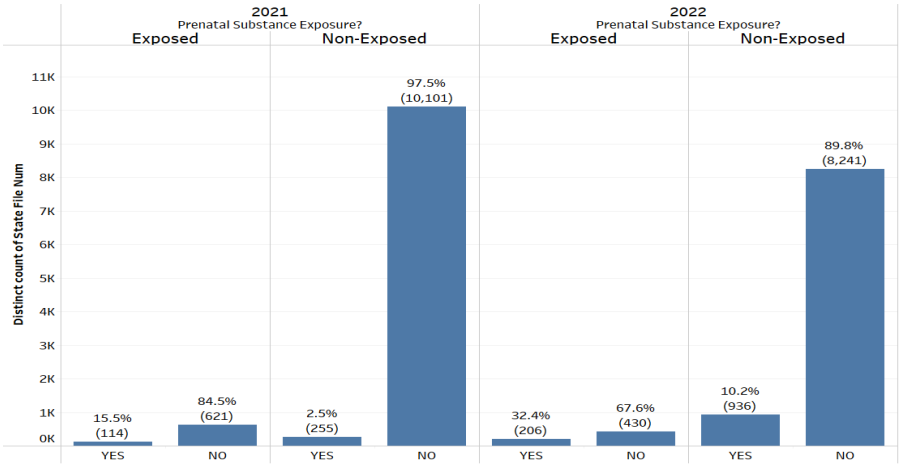
2.1.7 STATE SUPPORTED ACCESS TO NALOXONE IN VERMONT

- http://www.healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue
- http://healthvermont.gov/adap/treatment/naloxone/#pilots

Comparison of Baseline (2021) to 2022 NH Birthing Hospital Surveys: Providing Access to Naloxone



Is there documentation that access to naloxone was discussed? (by substance exposure)



Combined data 2020-2021

320 birthing people with prenatal substance exposure indicated had a discussion documented. (**23.3%** of exposed)

1,051 birthing people with prenatal substance exposure indicated did not have a discussion documented. (**76.6%** of exposed)

1,191 birthing people with no indication of prenatal substance exposure had a discussion documented (**6.1%** of not exposed)

(Narcan/Naloxone discussion question activated ~2/1/2021)

Data Source: VR_BIRTH (EBI_DATAMART)

Staff Training Resources

About the NHSA-AIM CCI Racial Equity Learning Series (RELS)

Recent maternal mortality data released by the CDC National Health Statistics in February 2022 showed that maternal deaths in the U.S. increased from 754 in 2019 to 861 in 2020. New reports show an overwhelming number of deaths are preventable. According to the Centers for Disease Control and Prevention, more than 80%, or roughly 4 in 5 maternal deaths in a two-year period were preventable. More than 90% of Indigenous mothers' deaths were preventable, with most due to mental health conditions and hemorrhage. Non-Hispanic Black mothers and birthing persons remain three times as likely as their White counterparts to die, making up a 3rd of deaths from 2017-2019. Inequitable treatment during pregnancy and the postpartum period is a significant factor in this tragic disparity, and racism is at the root of such inequity.

We hope our compilation of equity-focused resources are useful and applicable to individuals and organizational teams, to deepen your understanding of the devastating effects of racism and explore strategies to combat racism from the waiting room to the board room, and beyond.

CLICK HERE TO REGISTER FOR THE LEARNING SERIES.

https://www.aimcci.org/nhsa-aim-cci-racial-equity-learning-series-rels/

Data Collection Challenges

- Lack of a defined structure on how to collect and keep a record of substance exposed birthing individuals on a quarterly basis
- Availability of a data collection tool which is in line with AIM bundle measures (RedCAp)
- Staff shortages
- Clarity/definition of the bundle measure
- Some measures target perinatal care providers,
  - hence need to create a collaboration with the perinatal care providers in implementing the bundle

Welcome Inderveer Saini
AIM Data Support!

Discussion

How long should NH-AIM focus on implementing the CPPPSUD bundle?

- Should we enter several cycles of data in the portal, before starting another bundle?
- Should we undertake another bundle now?

Approaches to implementing the CPPPSUD, Postpartum Discharge Transition, and Perinatal Mental Health Conditions bundles are similar

- Scope spans hospital and community maternity care settings
- Improvements made with a systems perspective
- Some bundle and metrics overlap from one bundle to another

Please Note: New CME/CNE Process!

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NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Citations

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