

Idaho Perinatal Quality Collaborative Health Districts 1 & 2 Stakeholder Meeting

July 11th, 2023

Introductions - Idaho PQC Establishment Team

- **Idaho Department of Health and Welfare – Maternal and Child Health Program**
 - Katherine Humphrey, Section Manager
 - Jen Liposchak, Health Program Manager
- **Comagine Health – Maternal Health Program**
 - Ami Hanna, Program Manager
 - Genevieve Rasmussen, Project Manager
 - Phillip Wetmore, Sr Project Coordinator

Introductions

- Name, role, and affiliation

Comagine Health is a national, nonprofit, health care consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

Defining roles

- **AIM**
 - Providing tools, technical assistance, and connection to national MCH health improvement efforts.
- **Idaho Department of Health and Welfare & Comagine Health**
 - ID PQC Establishment team; connecting and convening partners, facilitating meetings.
- **ID PQC Champions**
 - Develop the Idaho PQC through sharing of expertise, leveraging networks, and goal setting.
- **Regional Stakeholders (you!)**
 - Help the ID PQC set goals and prioritize initiatives

What is a Perinatal Quality Collaborative?

- Perinatal Quality Collaboratives (PQCs) are state or multistate networks of teams working to improve the quality of care for mothers and babies.
 - Provide infrastructure to support quality improvement efforts addressing obstetric care and outcomes.
- PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible.
- PQCs partner with hospitals, providers, nurses, patients, public health, and other stakeholders to provide opportunities for **collaborative learning, rapid response data, and quality improvement science support** to achieve systems-level change.

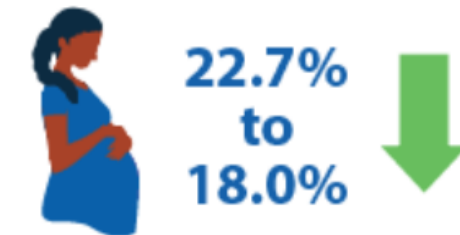
The Illinois Perinatal Quality Collaborative improved timely treatment for women with severe high blood pressure, increasing the percentage of patients treated within 60 minutes from 41% at baseline to 79% in the first year of the project.



The Northern New England Perinatal Quality Improvement Network improved care for women with opioid use disorder, increasing access to the lifesaving medication naloxone (11% to 36%) and breastfeeding counseling (51% to 72%) over a 13-month time period.



The California Maternal Quality Care Collaborative reduced serious pregnancy complications among women with severe bleeding during pregnancy or delivery, decreasing rates by 22.7% at baseline to 18.0% in the last half of the 14-month project.



ID PQC Mission & Vision

Mission

The Idaho Perinatal Quality Collaborative works to improve the quality of maternal health outcomes for all Idahoans.

We promote evidence-based best practices in perinatal and neonatal care, work to reduce disparities, and improve the overall health and well-being of families.

Together, we can achieve our goal of providing equitable, compassionate, and effective care to all who need it.

Vision

The ID PQC envisions a future where all Idahoans have access to and receive safe, equitable, and high-quality perinatal and neonatal care.

ID PQC Values

Access: We believe that every person should have access to high-quality perinatal and neonatal care, regardless of their background, circumstances, or location.

Equity: We are committed to promoting health equity by reducing disparities in access to care and health outcomes.

Patient-Centered: We recognize the importance of elevating patient voice in decision-making to ensure care, policy, and advocacy meet community needs.

Collaboration: We recognize that improving perinatal and neonatal care requires collaboration and coordination among stakeholders. We are committed to working together with partners across Idaho to advance our shared goals.

Through these values, we aim to create a community of sharing, learning, and improvement that benefits all Idahoans.

The Alliance for Innovation on Maternal Health (AIM)

What is AIM?

- A national data-driven maternal safety and quality improvement initiative.
 - Idaho is the 49th state to enroll in AIM's patient safety bundle program
- AIM works to reduce preventable maternal mortality and severe morbidity across the United States via evidence-based safety and quality improvement strategies.

Why do we partner?

- To support best practices that make birth safer, improve maternal health outcomes and save lives.

How do we partner?

- AIM provides tools and technical assistance to states seeking to improve birth outcomes.
- States form a Perinatal Quality Collaborative to implement AIM tools that meet the needs of their communities.



AIM Patient Safety Bundles

- The **Alliance for Innovation on Maternal Health (AIM)** is a national data-driven maternal safety and quality improvement initiative.
 - Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States.

- **Patient Safety Bundles (PSB)** are a structured way of improving processes of care and patient outcomes. They are clinical, condition-specific, and follow an evidence-based structure.
- A bundle includes actionable steps that can be adapted to a variety of facilities and resource levels.
- **PSB Goal:** improve the way care is provided to improve outcomes.



Severe Hypertension in Pregnancy

- Improve coordinated processes of care for people with severe hypertension during pregnancy and the post-partum period.
- Focus on inpatient obstetric settings, emergency departments also included.
- Widely implemented & recently revised.



Severe Hypertension in Pregnancy

AIM DATA TYPES

AIM develops project measurement strategies for its patient safety bundles to support adoption and evaluation of rapid cycle quality improvement activities.

AIM works with clinical and public health subject matter experts to identify metrics for quality improvement, balancing clinical and public health priorities with the feasibility of data collection and administrative burden.

AIM's project measurement strategies include three common quality improvement measure types:

Process, Structure, and Outcome Measures.



Recommended Solution and Data Management Plan

Hospitals  AIM  PQC

- In this approach, hospitals submit data directly to the AIM data portal. AIM then provides access to the portal to representatives of the PQC through a data sharing agreement.
- As part of the enrollment process to participate in the PQC bundle implementation, each hospital will need to complete a data sharing agreement with AIM that outlines the flow of data and allows for data sharing with PQC representatives.
- Further development of data solutions outside of the AIM Data center will be considered and pursued by the PQC as viable options become available.

AIM Data Collection / Submission

- Process, Structure, and Outcome Measures for the Severe Hypertension in Pregnancy Patient Safety Bundle are all outlined and defined in the data collection plan.
- AIM Data team is available to meet with hospital data leads to work through process of preparing data submission sheet.
- Data submission cadence will be the same across participating hospitals, either monthly or quarterly.
- The AIM Data Center is a web-based tool to collect, report, and visualize quality improvement data based on implementation of AIM patient safety bundles. It is freely available to state and jurisdiction teams with an executed subaward agreement, including a data use agreement, with ACOG.

AIM Data - Metric Example

Process

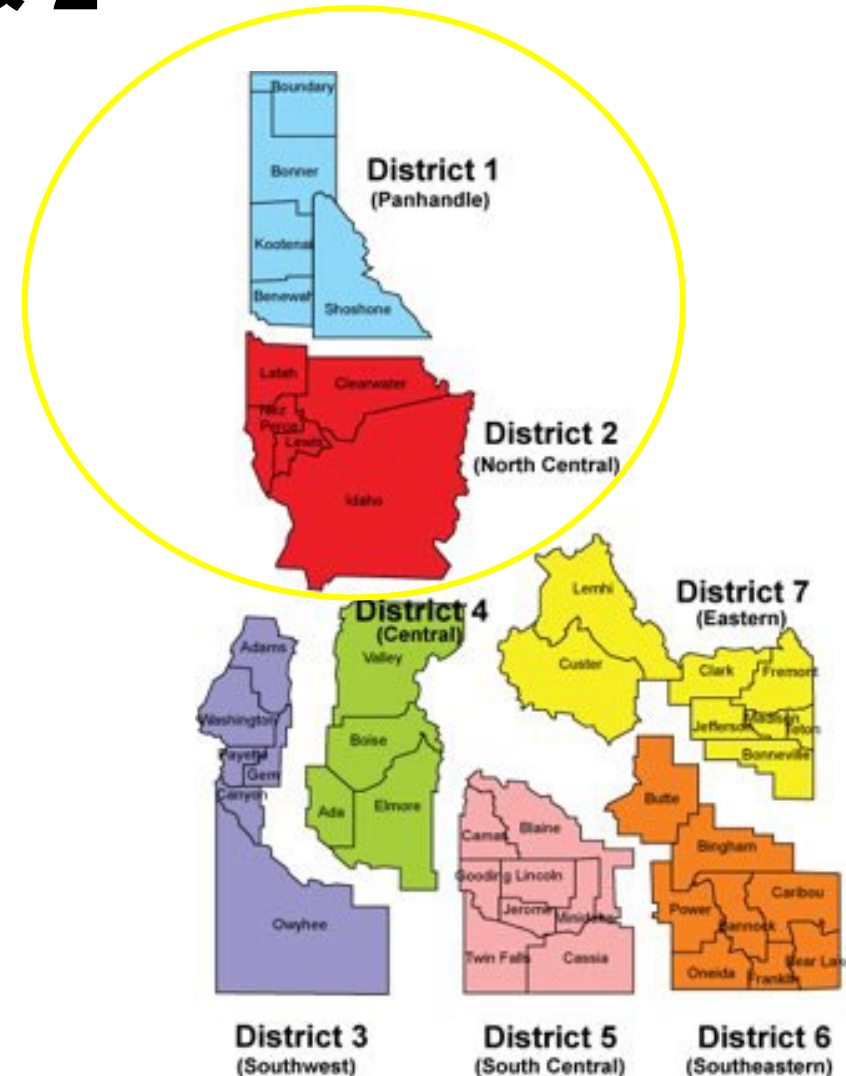
Metric	Name	Description	Notes
P1	Timely Treatment of Persistent Severe Hypertension	<p>Report N/D</p> <p>Denominator: Pregnant and postpartum people with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension</p> <p>Numerator: Among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine. The 1 hour is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.</p>	<ul style="list-style-type: none">• Disaggregate by race/ethnicity, payor• Full measurement specifications can be found in this SMEM Special Statement

Participation in the PQC

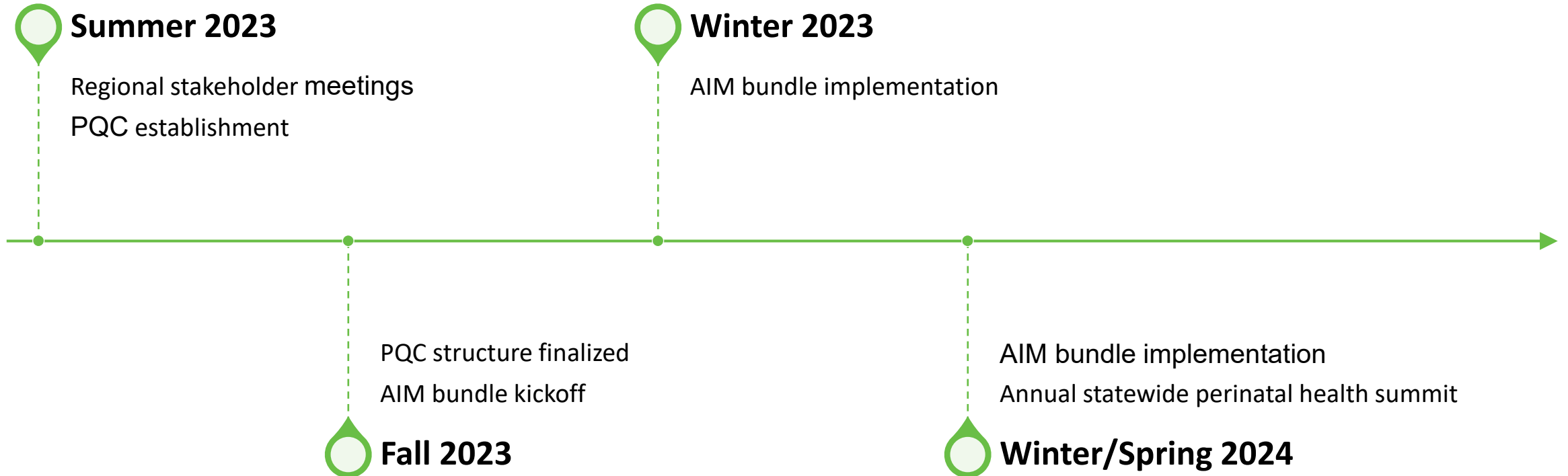
- Champion the PQC at your facility
 - Attend PQC meetings
 - Lead quality improvement initiatives
 - Coordinate data collection
- Attend annual statewide perinatal health summit
 - Winter/Spring 2024, location TBD
- Take on a PQC leadership role
 - Opportunities may include leadership committees, specialized workgroups, etc.
 - Stay tuned for updates on governance and structure!

Maternal Health in Districts 1 & 2

- What are the perinatal health priorities in your district?
- What other regional partners should be involved in this work?
- What else should we know about Health Districts 1 & 2?



Timeline



Questions?



Thank you!