



2024 OPC Updates

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What is a PQC?

(Perinatal Quality Collaborative)

OPC is Oregon's PQC

- All 50 states in the US have a Perinatal Quality Collaborative
- “Perinatal Quality Collaboratives (PQCs) are state or multi-state networks of multidisciplinary teams, working to improve maternal and infant health outcomes” -NNPQC
- PQCs use quality improvement methods to:
 - Implement evidence-based care practices
 - Increase respectful, patient-centered care
 - Close gaps in care
 - Advance policy to improve maternal & infant health
- PQCs work on everything from cesarean reduction, to antibiotic stewardship to maternal mental health

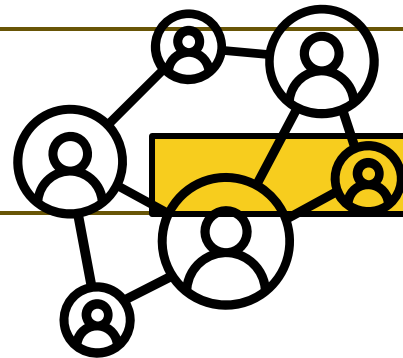


Oregon's Perinatal Collaborative's Network of Partners

National

NNPQC: National Network of Perinatal Quality Collaboratives

AIM: Alliance for Innovation of Maternal Health



Oregon

Comagine Health
Oregon Birthing Hospitals (47)
Hospital Association of Oregon
Northwest Neonatal Improvement Priority Alliance
March of Dimes
Oregon Health Authority
 Maternal & Child Health Section
 Medicaid
 Equity & Inclusion Division
Maternal Mortality & Morbidity Review Committee
Oregon Legislature

Black Futures
Community Doula Alliance
Community Doula Program
Healthy Birth Initiative
HealthShare of Oregon
Office of Rural Health
Oregon ACNM
Oregon ACOG
Oregon AWHONN
Oregon Coalition of Local Health Officials
Oregon Doula Association
Oregon Midwifery Council
Oregon Primary Care Association





Statewide Hospital Visits

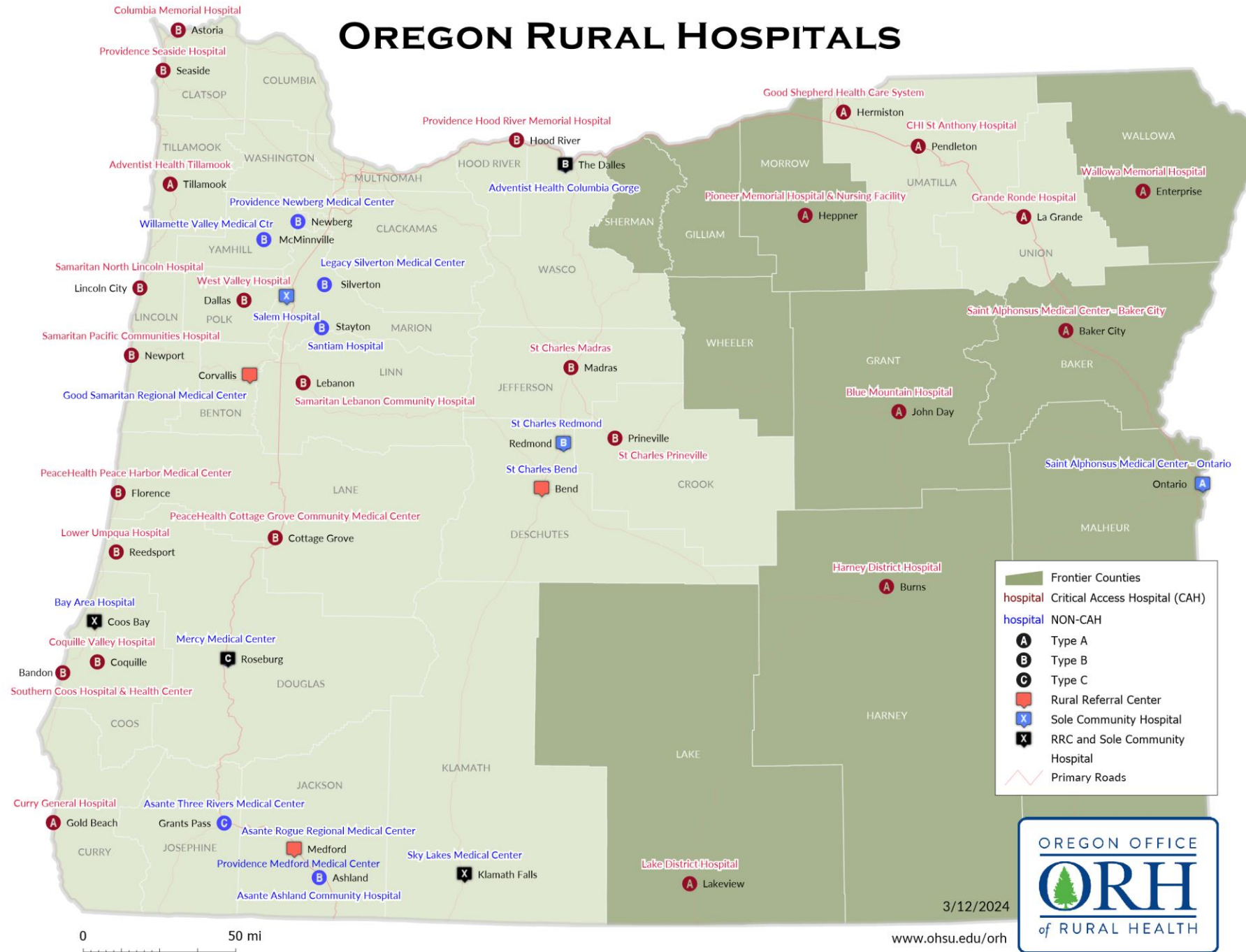
Statewide Hospital Visits

- OPC is visiting every Oregon birthing hospital in 2024 to:
 - Build relationships
 - Create open lines of communication
 - Learn about the realities of providing care in hospitals of every size, location, and structure
 - Understand QI capacity across the state
 - Gather information about state of maternal-infant healthcare in Oregon to create policy change recommendations
 - Improve OPC quality improvement efforts

We've visited 42 of 47 hospitals so far!



OREGON RURAL HOSPITALS



OREGON OFFICE
ORH
of RURAL HEALTH



Key themes from Oregon hospital visits

- **Birth hospitals are struggling with staffing**
 - Nurse staffing for L&D was a primary concern in 40/42 visits
 - Staffing is more challenging in rural areas
 - Provider staffing is a serious issue in Critical Access Hospitals and rural areas
 - Many rural areas rely on family practice doctors with OB training
 - Hard to replace retiring doctors
 - Many hospitals are challenged by training needs with a high proportion of new nurses

Financial pressures, staffing issues and challenges maintaining confident and competent staff are common themes.



Key themes from Oregon hospital visits

- **Higher acuity care is becoming common and requires more of nurses, providers, and systems**
 - Pregnant people are presenting with more comorbidities:
 - Diabetes & gestational diabetes
 - Hypertension
 - Anxiety & depression
 - Substance Use Disorders
- **Lack of basic social supports for new families**
 - Increasing social isolation of new mothers and parents
 - Acute need for more counselors and psychiatric providers
 - Shortage of affordable housing in most communities

Full report coming soon



OPC work to address concerns

- Payment reform & increased support for small & rural hospitals
 - Senator Wyden introduced the [Keep Obstetrics Local Act](#)
- Oregon Momnibus suite of bills in 2025 & 2027
- Increase connection and support between hospitals
 - Quarterly Critical Access Hospital maternal & newborn health meetings start November 7th
- Improve hospital access to OMDC
- Provide support for high quality simulation
 - OPC Mobile Simulation Unit
- Grow OPC ability to support hospital and community-level quality improvement
 - 2025 OPC funding bill

What else?





Severe Hypertension Initiative

The Severe Hypertension Initiative is the first new OB quality improvement initiative launched since the beginning of COVID!

January-May
2024

- Multidisciplinary workgroup development of Oregon specific toolkit from AIM bundle
- Hospital registration

June 2024-June
2025

- Hospital based initiative for implementation of best practices
- Data
- Broadly available educational webinars

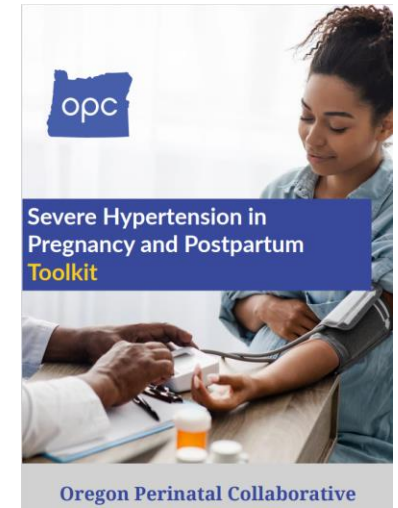
June 2025-

- Monitoring/
hardwiring



Oregon Toolkit

- Developed by expert workgroup
 - MD's, CNM's, community midwives, RN's, doulas, public health
- Informed by
 - Core guiding documents (AIM, CDC, IHI, etc)
 - Data (national and Oregon specific)
 - Focus group
 - People who identify as Black, Indigenous, and/or Pacific Islander, gave birth in past 2-3yrs in Oregon and experienced severe hypertension
- Organized into AIM 5 R's
 - **R**eadiness, **R**ecognition & Prevention, **R**esponse, **R**eporting & systems learning, and **R**espectful, equitable and supportive care
- Focused content for key support systems outside L&D
 - ED, clinic, home visiting RN, doula, community midwife



- Hillsboro Medical Center-OHSU
- Legacy Randall Children's, Emanuel
- Legacy Good Samaritan
- Legacy Meridian Park
- Legacy Mt Hood
- OHSU
- Providence St. Vincent

- Good Samaritan Regional
- Legacy Silverton
- Salem
- Samaritan Albany
- Samaritan Lebanon
- Samaritan North Lincoln
- Samaritan Pacific Communities
- Santiam Memorial

- Asante Ashland
- Asante Rogue
- Asante Three Rivers
- Providence Medford

- Adventist Columbia Gorge
- Grande Ronde
- Harney District
- Saint Alphonsus-Ontario
- St. Charles-Bend
- St. Charles-Madras

25 Hospitals
 ❖ ~50 to >3,000 annual births
Representing >60% of births in Oregon

Clinical Lead:
 Dr. Karen Archabald,
 Legacy Health

Oregon



Severe Hypertension Initiative: Hospital

Blend of collaborative and local work to improve care

- Clinical practice
- Structure/ process
- Use of quality improvement tools
- Data
 - Timely treatment of persistent severe hypertension
 - Goal: 80%
 - Baseline (January-June 2024) 68%
 - Scheduling postpartum follow up after persistent severe hypertension
 - No statewide goal*
 - Baseline (January-June 2024) 62%

**Monitored at state collaborative & local level, with goals at the local level*



Severe Hypertension Initiative: Hospital, Cont.

Initial learning from teams:

- Challenge to not have all the resources in place while need for change identified
- Once implementation takes place need to avoid drift
- Clarity needed around some definitions (persistent, etc)
- Need to meet people where they are (patients, staff, systems)
- Teams are enthusiastic about improvement work
- Collaboration with other hospitals is great

Initial opportunities identified by teams

- Partnering with ED on early recognition & timely treatment
- Developing creative ways of ensuring 3 day follow up
- Access to BP cuff supplies for discharge from hospital
- Increasing index of suspicion important



Severe Hypertension Initiative: Webinars Coming Soon

- Postpartum Management of Hypertensive Disorders of Pregnancy
- OB and ED Collaboration
- Trauma Informed Support for Patients
- Magnesium for Seizure Prophylaxis
- Severe Hypertension in Pregnancy and Postpartum: Doula Toolkit Review





Community Birth Transfer Partnership

The Community Birth Transfer Partnership is Oregon's statewide home birth and birth center to hospital transfer improvement initiative

- Created through a stakeholder workgroup in 2020
- Formed by research on patient experience of transfers
- Launched in 2021
- Open to every birthing hospital in Oregon



CBTP Current Status

9 participating hospitals:

Good Samaritan Regional Medical Center

Kaiser Sunnyside

Kaiser Westside

Legacy Emanuel/Randall

McKenzie Willamette

OHSU

Providence Portland

Providence St. Vincent

Salem Health

**Participating
hospitals**

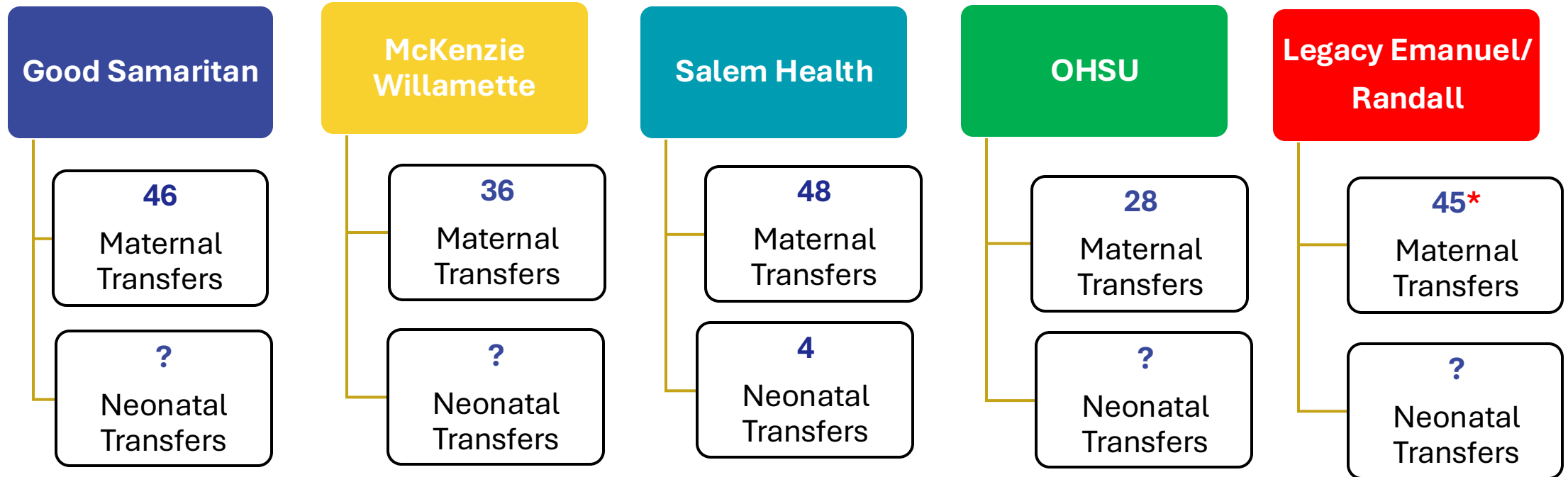
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49% of Oregon births

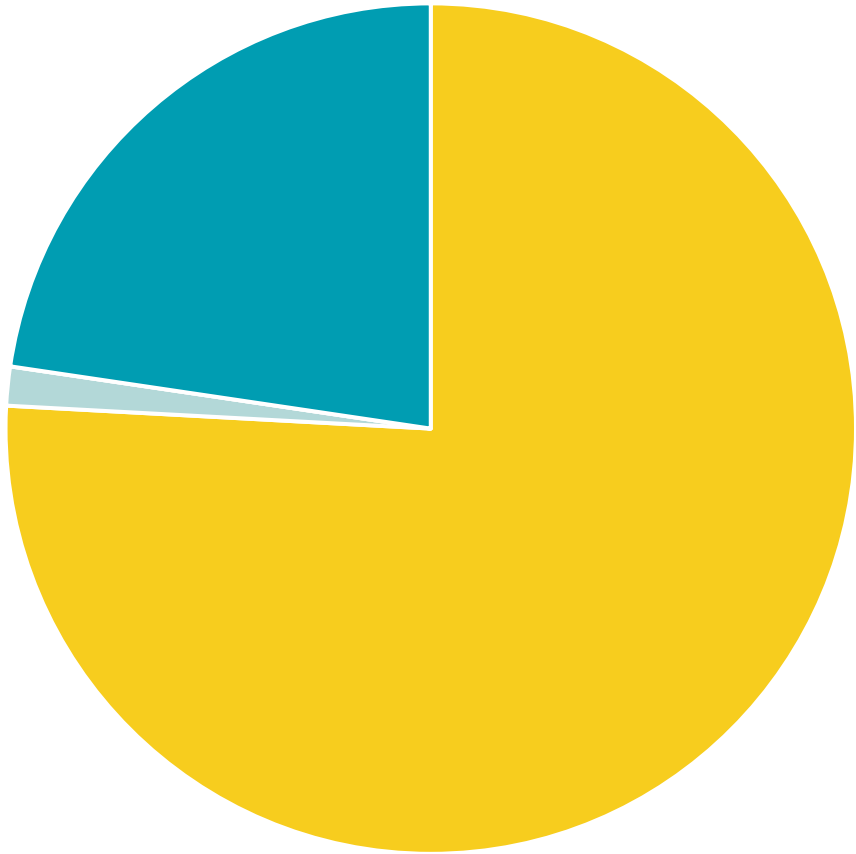
And more hospitals interested in joining!



2023 Community Birth Transfers by Hospital



Community birth transfers by receiving provider type

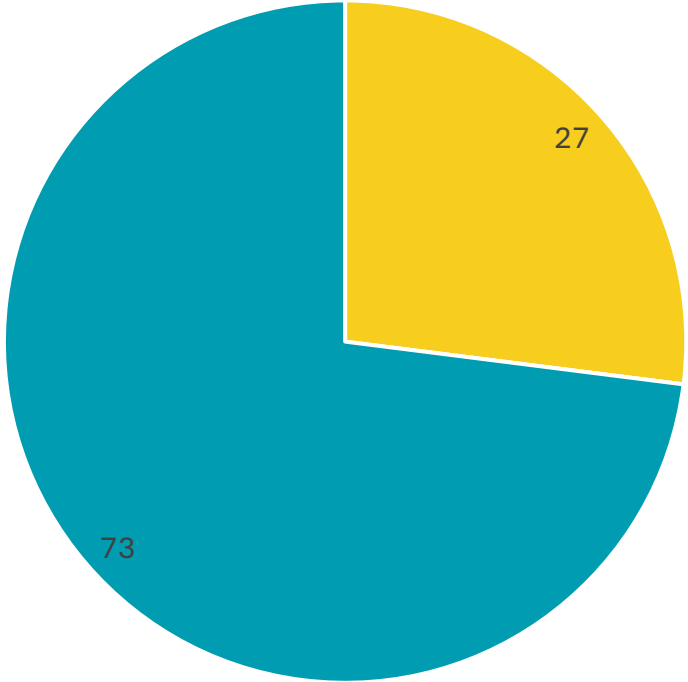


■ CNM ■ Private OB ■ OB Hospitalist

Receiving provider ratio across participating hospitals ranges from:
91% CNM with 4% OB hospitalist
to
14% CNM with 86% OB hospitalist



Community birth transfers cesarean section rate



■ Cesarean ■ Vaginal birth

Community birth transfer c-section rate across participating hospitals varies

Higher c-section rates in hospitals where OB hospitalists receive more of the transfers



Most common reasons for transfer from home or birth center

Maternal transfers

- Pain management/therapeutic rest
- Prolonged labor
- Induction of labor

Newborn Transfers

- Respiratory distress



Hospital identified successes

“The transfer process is improving.”

“Families are having good experiences and are happy with the care they are receiving during unexpected transfer to hospital”

“For the most part the entire L&D/NICU staff and providers feel transfers are improving.”

“Smooth and efficient transfers are the norm.”

“Most transfers involved good communication between the community midwife and the hospital staff.”



2023 CBTP patient/client survey feedback

72 client/patient survey responses in 2023 (74 in 2022)

Positive Feedback:

“My nurses were awesome, super respectful, asked for consent repeatedly.”

“I was immediately shown respect and care... They made a huge effort to make me feel heard, to validate my grief of being transferred, and to happily accommodate my birth plan. They all had wonderful senses of humor and earned my trust when I thought it wouldn't be possible. It all happened for a reason and I would not change a thing about my daughter's birth.”

Key Recommendations:

- Improve informed choice without coercion or fear
- Create more clear and timely routes for entry to hospital and admission process
- Create process for midwife accompaniment in operating room
- Improve EMS education about community birth and role-sharing with midwives in emergencies



2023 CBTP receiving provider surveys

30 receiving provider responses in 2023 (20 in 2022)

Surveys by hospital:

Salem Hospital: 9

Good Samaritan Corvallis: 8

Legacy Emanuel/Randall: 6

Mckenzie-Willamette: 4

Responses by provider type:

CNMs: 23

Obstetricians: 4

Pediatric providers: 3

Key recommendations: warm handoff with thorough report, timely transfer of records with transfer form.



2023 CBTP nurse surveys

12 nurse surveys in 2023 (8 in 2022)

Surveys by hospital

Legacy Emanuel: 3

Mckenzie Willamette: 2

Salem Hospital: 3

Good Samaritan Corvallis: 1

OHSU: 2

Asante three rivers: 1

Key recommendations: Community midwives improve patient education about what to expect in a hospital transfer



2023 CBTP community midwife surveys

34 survey responses in 2023 (12 in 2022)

Surveys by hospital:

Asante Rogue Regional: 11

Mckenzie Willamette: 6

Asante three rivers: 4

Sacred Heart Riverbend: 3

Good Samaritan Corvallis: 2

Providence Portland: 2

Legacy Emanuel: 1

Salem Hospital: 1

Asante Ashland: 1

Providence Willamette Falls: 1

Adventist: 1

Kaiser Sunnyside: 1

Key recommendations: Need better systems so that postpartum transfers (maternal & newborn) are not delayed in receiving care because of going through ED. Focus needed on respect and informed consent without coercion.





Improving Care & Outcomes for Pregnant & Postpartum People with SUD

In partnership with Comagine Health, Project Nurture/Nurture Oregon, & Stakeholders

Perinatal SUD Initiative

- 5-year project funded by HRSA (just completed 1st year)
- Partnership with Comagine Health, Project Nurture, Nurture Oregon, Oasis Center, OHA, addiction medicine and maternal health providers, peer support specialists & more
 - Core leadership group and Maternal Health Taskforce
- 3 areas of focus:
 - Payment reform
 - Hospital initiative to reduce bias & improve care
 - Workforce development



Perinatal SUD Initiative – Next steps

- Payment reform
 - Form workgroup fall 2024
 - Goals:
 - Request OHA Rules Advisory Committee for payment reform
 - Payment model to support integrated physical & behavioral health
 - Specific pathway for payment for peer support specialists in physical health clinics and hospitals
 - Reduce or remove COA requirements
- Hospital initiative to reduce bias & improve care
 - Form workgroup 2025
 - Adapt & expand AIM toolkit for Oregon
 - Plan for 18-month initiative with hospital & non-hospital partners



What's Next in OPC?

Newborn resuscitation improvement initiative coming in 2025

- In partnership with NWIPA
- Workgroup forming fall or winter 2024
- Resources for hospitals, freestanding birth centers, and home birth midwives
- Focus on simulation support



Newborn Resuscitation Improvement Initiative

Possible areas of focus:

- Increase use of supraglottic devices/laryngeal mask airways
- Build NRP skills and confidence
- NRP team development & improvement
- Improve drills & event review
- NRP trainer education & support
- On-site simulation for each facility
- Improve communication & process for newborn transfers



https://www.intersurgical.com/content/images/dynamic/68343/-1548918307/8201000__i-gel__neonate__supraglottic_airway__size_1_web.jpg





Thank you for telling us what you need
to improve care for mothers,
birthing people, and babies!