

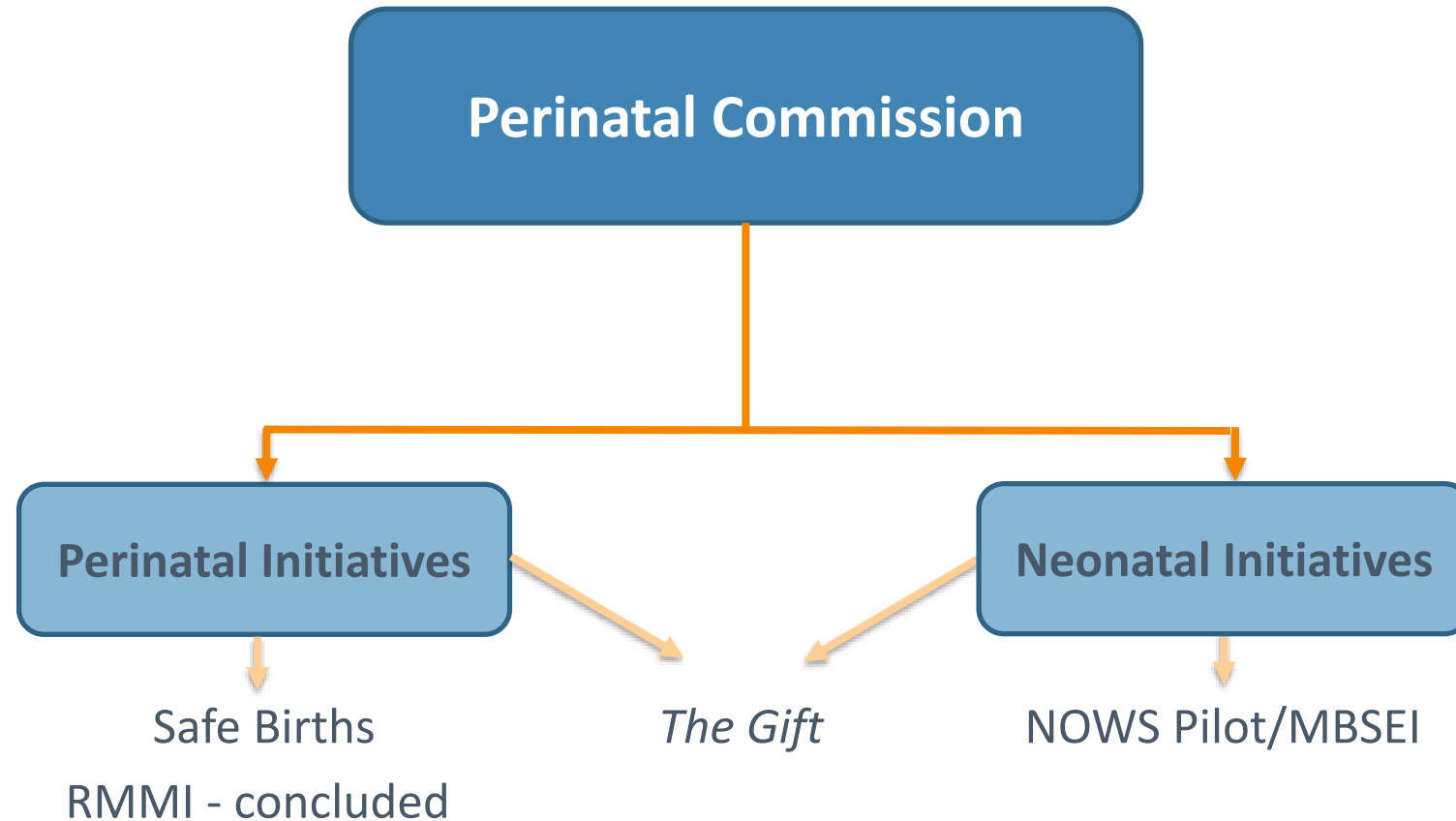


Louisiana Perinatal Quality Collaborative


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Louisiana Perinatal Quality Collaborative




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- Mission
 - advance equity, improve outcomes, and change the culture of care in Louisiana by building a quality improvement movement focused on the implementation of evidence-based best practice.
 - Vision
 - safe, equitable, and dignified patient-centered care for all birthing persons and neonates in Louisiana.
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LaPQC Programs and Initiatives

- NOWS Pilot/ICSED
 - *The Gift 3.0*
 - Safe Births Initiative
 - Louisiana Birth Ready Designation
 - Support provided to update Maternal Levels of Care
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Organizing QI Work

- Adapted *Breakthrough Series* (BTS) model from IHI
 - cycles of collaborative learning and PDSA action periods
 - Common threads:
 - driver diagram
 - change package
 - measurement strategy
 - faculty
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NOWS Pilot & Improving Care for the Substance-Exposed Dyad (ICSED) Initiative


NOWS Pilot

- Initiated as a result of Act 174 of 2018 regular legislative session.
 - Charged LDH with creating a pilot demonstration project to optimize outcomes associated with Neonatal Opioid Withdrawal Syndrome (NOWS).
 - Project Timeline: May 2018 – June 30, 2021
 - 2 facilities selected initially, with 6 currently participating.
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NOWS Pilot Goals

- Co-create a **menu of best practices** that can be implemented by birthing facilities.
 - Develop a **measurement strategy**.
 - Build **capacity** by teaching the fundamentals of QI, including plan-do-study-act cycles.
 - Convene **thought and process leaders** to serve as mentors for future improvement work.
 - Lay the foundation for a larger, **statewide initiative**.
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Strategic Priorities

- Standardize **best practices** related to OUD and NOWS.
 - AIM Opioid Use Disorder bundle
 - Build **QI capacity** at the facility level.
 - Elevate and center birthing persons affected by substance use/misuse.
 - Visible prioritization of **equity** in all aspects of the work.
 - Address **stigma, bias and discrimination** in the care of mothers and newborns affected by substance use/misuse.
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ICSED Implementation and Timeline

- Compile quantitative and qualitative results of statewide survey.
 - Refine measurement strategy with particular attention to balancing explanatory power, reporting burden, national measurement recommendations.
 - Develop trainings and tools.
 - Recruit teams in May 2021 with limited statewide launch in Q4 of 2021.
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The background features a series of overlapping, curved, leaf-like shapes in various colors including light blue, light green, light orange, light purple, and light grey. A thin vertical blue line is on the left side, and a thick dark grey horizontal line is positioned below the text.

The Gift 3.0

The Gift

- Goals:
 - increase breastfeeding rates
 - narrow the Black/white gap in breastfeeding rates
 - Strategic Priorities:
 - increase QI capacity and staff/provider knowledge and skills training
 - consistent breastfeeding messaging
 - **42 hospitals** Designated, covering over **94%** of Louisiana births
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Tools and Resources

- QI coaching
 - Access to lactation experts
 - Staff training
 - Patient education tools
 - Breastfeeding referral tools (LABreastfeedingSupport.org)
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Does *The Gift* Make a Difference?

- Breastfeeding Initiation
 - women 59% more likely to initiate breastfeeding than those who delivered in a non-designated facility (PRAMS, 2016-2018)
- Equity
 - breastfeeding initiation among Black women in *Gift* designated facilities 61% vs 48% in non-designated facilities (PRAMS, 2016-2018).

The Gift 2.0



The Gift 3.0

- Increased alignment and collaboration with other LaPQC work.
 - Assess viability of working with pediatric & free-standing birth center engagement.
 - Strengthen equity efforts.
 - Shift to monthly data reporting.
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PQC's Safe Births Initiative

Goals and Participation

- By December 31, 2022:
 - implement **hemorrhage and hypertension** best practices with compliance greater than 90%
 - decrease the **NTSV** cesarean section rate
 - routinize key **structures** that improve readiness
 - Decrease racial and ethnic **disparities**
 - **42 hospitals** covering **93%** of births in Louisiana
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Best Practices

- 4 areas of change:
 - clinical best practices
 - respectful patient partnership
 - effective peer teamwork
 - engaged perinatal leadership
 - Hemorrhage and Hypertension adapted from RMMI
 - NTSV captures recommendations from ACOG, SMFM, AIM, and more
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Hemorrhage and Hypertension Measures

outcome	structure	process
severe maternal morbidity (TJC)	debrief after SMME OB unit drills	quantitative blood loss risk assessment on admission postpartum risk assessment timely treatment of severe hypertension

NTSV Measures

outcome	balancing	structure	process
<p>cesarean rate for low-risk first birth (TJC PC-02)</p> <p>elective delivery prior to 39 weeks (TJC PC-01)</p>	<p>3rd and 4th degree lacerations</p> <p>unexpected complications among in term newborns (TJC PC-06)</p>	<p>labor training for staff and providers</p> <p>physician-level data case reviews</p> <p>labor admission criteria and induction policy</p> <p>patient education and partnership</p>	<p>labor dystocia/arrest of active phase</p> <p>second stage arrest (no descent or rotation)</p> <p>failed induction</p> <p>fetal heart rate abnormalities</p>



Supporting the Work

- 2 collaborative learning calls per month.
 - Quarterly improvement work co-planning.
 - Toolkits.
 - Listening Tour (on hold).
 - Learning Sessions (on hold).
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Louisiana Birth Ready Designation

Why Designation?

To recognize participating facilities for their improvement work and **create a system of sustained change** related to evidence-based best practice, the LaPQC Designation will distinguish those birthing facilities **committed to practices** that promote **safe, equitable, and dignified birth** for all birthing persons in Louisiana.

Period, Renewal, and Probation

- Designation period is **January through December**.
 - awarded in January; applications open in December
 - **except for the initial Designation**
 - Designations are **renewed annually**.
 - applications consist of online survey, LaPQC tracking, and data submission
 - Six-month probation period for **loss of Designation**.
 - probation is not public
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Five Areas Covered


- Participation
 - collaborative learning and engagement
 - Health Disparities and Patient Partnership
 - Policies and Procedures
 - from Joint Commission new perinatal standards
 - Structures and Education
 - in part from Join Commission new perinatal standards
 - Outcomes and Processes
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Maternal Levels of Care in Louisiana

Updating our Current Rule

Overview

- What is a “Maternal Level of Care”?
 - A designation that communicates the maternal resources and services that can be provided at a facility based on that level
 - What are the nationally recommended levels?
 - Level 1: Basic care – low to moderate risk pregnancies
 - Level 2: Specialty care – moderate to high-risk pregnancies
 - Level 3: Subspecialty care – More complex maternal medical conditions, obstetric complications, and fetal conditions
 - Level 4: Regional Perinatal Health Care Centers – the most complex maternal conditions and critically ill pregnant women and fetuses
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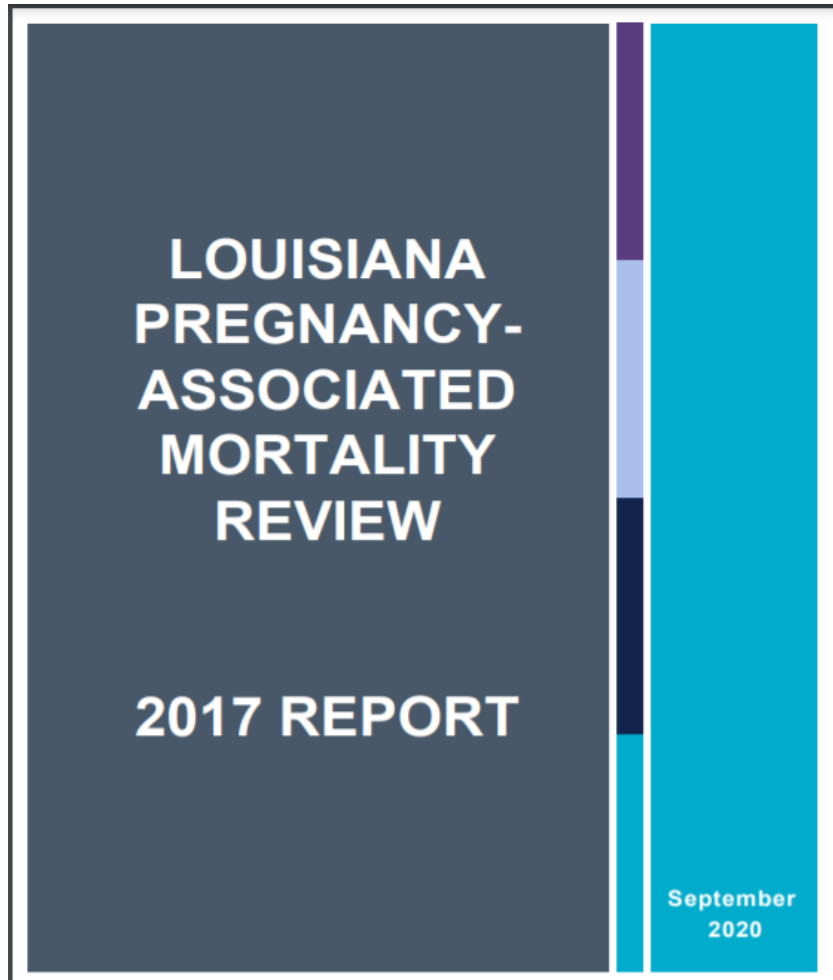
Why Update the Rule: National View

- **ACOG/SMFM** release an updated Obstetric Care Consensus addressing Maternal Levels of Care in August 2019.
 - neonatal and maternal levels need to be uncoupled
- Supported by **Society of Maternal Fetal Medicine** to improve medical care and management of pregnant women.*
- Literature supports **perinatal regionalization**.**
 - increased severe maternal morbidity for high-acuity patients at low-acuity centers

*D'Alton M., et al. Putting the "M" back in maternal-fetal medicine: A 5-year report card on a collaborative effort to address maternal morbidity and mortality in the US. Am J Obstet Gynecol , Volume 221, Issue 4, 311 - 317.e1


**Clapp MA, James KE, Kaimal AJ. The effect of hospital acuity on severe maternal morbidity in high risk patients. Am J Obstet Gynecol 2018;219:111.e1-7

Why Update the Rule: Local View




- From our Louisiana Pregnancy-Associated Mortality Review 2017 Report:
 - **40%** of pregnancy-associated deaths were due to inadequate assessment of risk
 - **53%** due to quality of care
 - **60%** due to lack of continuity of care/care coordination


Recommended Changes: All Facilities

- NICU level should not be connected to the maternal level
 - Gestational age restriction should be removed from Level 1 and Level 2 and replaced with *low to moderate-risk pregnancies* for Level 1 and *moderate to high-risk antepartum, intrapartum, or postpartum conditions* for Level 2
 - All facilities, regardless of level, should have policies and procedures to address massive hemorrhage, hypertensive disorders, sepsis, and venous thromboembolism, all leading causes of maternal morbidity and mortality.
 - All facilities, regardless of level, should participate in the LaPQC
 - All facilities should have the capability to provide for behavioral health disorders, including depression, substance use and addiction that includes screening, brief intervention, referral to treatment (SBIRT).
 - Remove the *Level 3R* designation as based on national recommendations, the requirements we currently have for a *Level 3R* is what should be in place for a *Level 3*
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Recommended Changes: Beginning at Level 3

- A board-certified or board eligible OBGYN should be physically present at all times
 - A board-certified or board eligible anesthesiologist qualified in the delivery of obstetric anesthesia services should be physically present at all times
 - However, due to R.S. 40:2109, “a hospital located in a parish with a population of 250,000 people or less shall not be required to maintain personnel in-house with credentials to administer obstetric anesthesia on a 24-hour basis”.
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Additional Recommendations

- Health Standards should perform an on-site survey every 3 years of each of the birthing facilities to ensure compliance with the maternal levels of care.
 - Additionally, the survey team should include someone (e.g. physician or nurse) that has experience with providing obstetric care.
 - Please note that Health Standards has indicated that they will need additional resources to implement this critical change.
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Next Steps


- Above recommendations have been discussed with hospital CEO's; possible upcoming listening session
- Above recommendations have been shared with the Secretary for approval





Other Future Initiatives

On the Horizon

- Continue to take cue from PAMR reports and national initiatives (AIM, Joint Commission, CDC/NNPQC)
 - Exploration of possible QI initiative focusing on caregiver depression screening in pediatric practices
 - [BFH developmental screening initiative](#)
 - [LAMHPP](#)
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Questions?

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