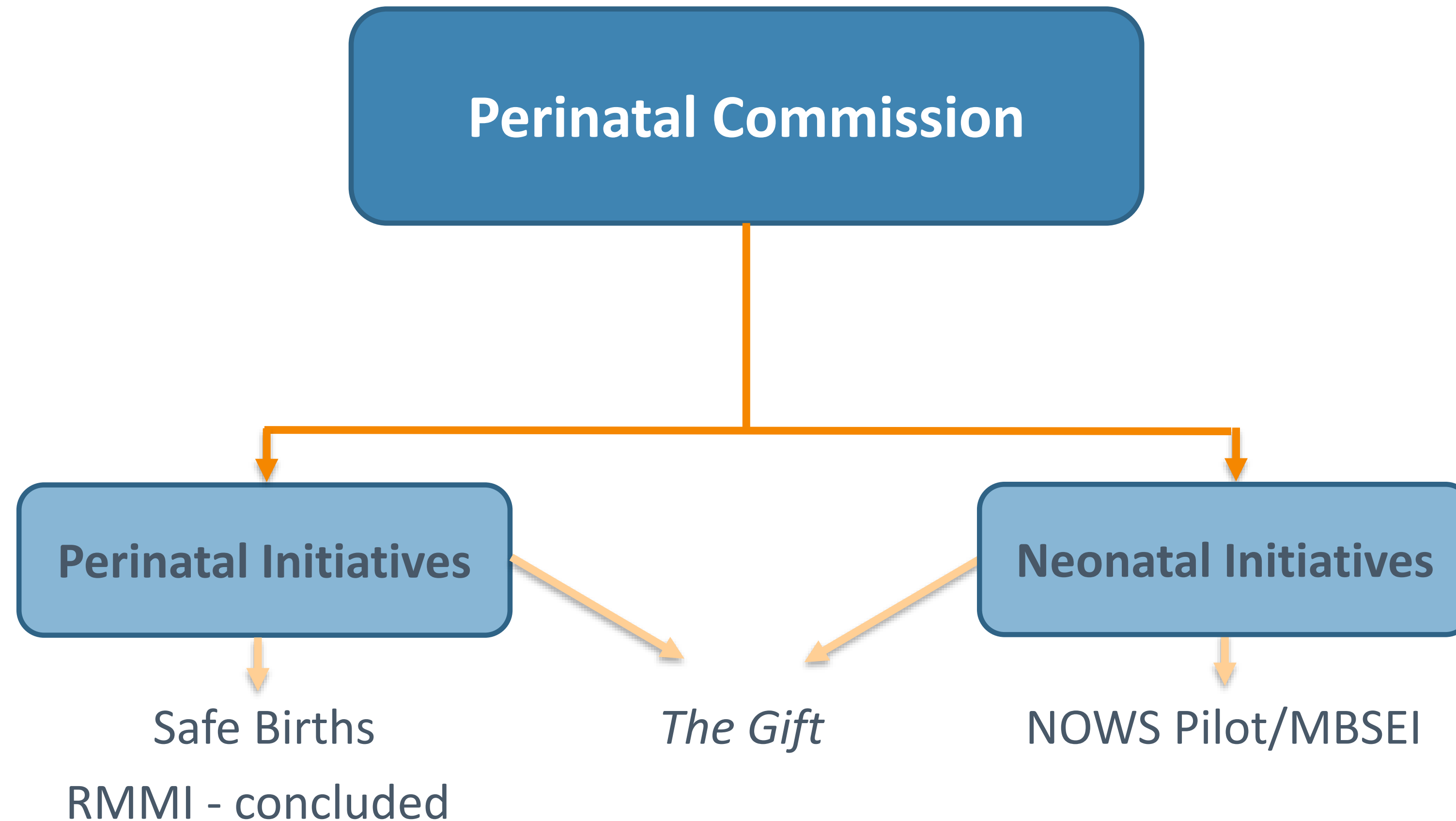
Louisiana Perinatal Quality Collaborative

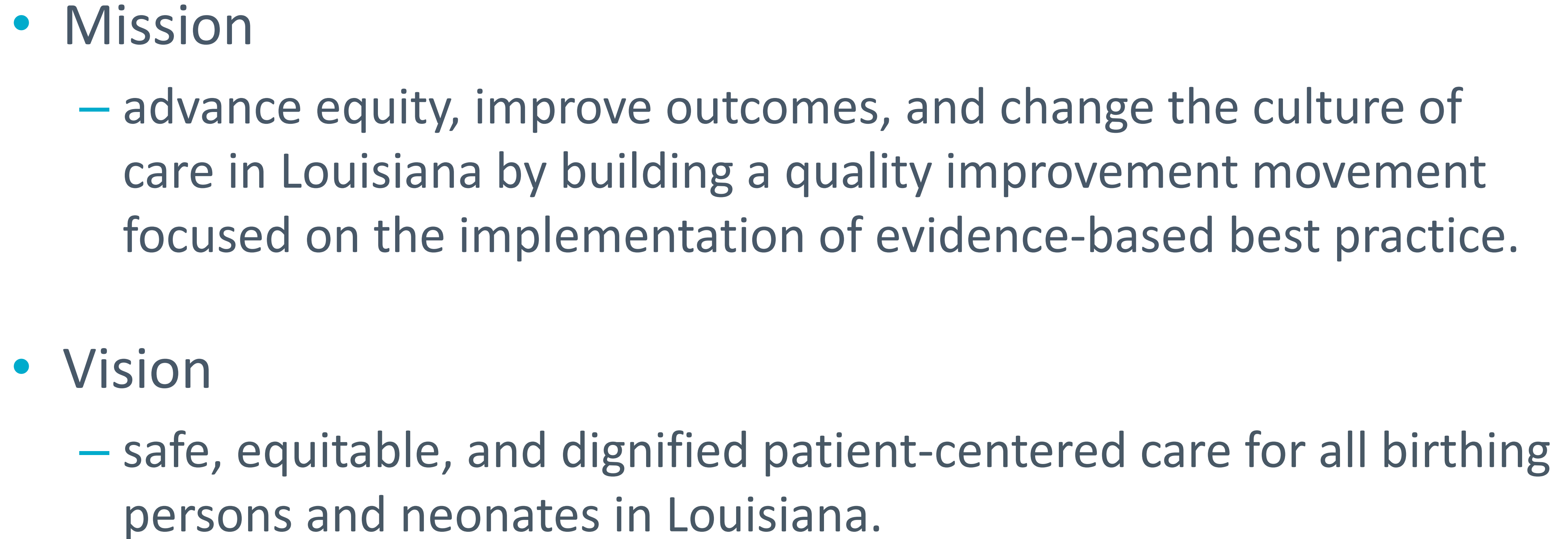
Veronica Gillispie-Bell, MD, MAS, FACOG

Amy Ladley, PhD

Louisiana Perinatal Quality Collaborative



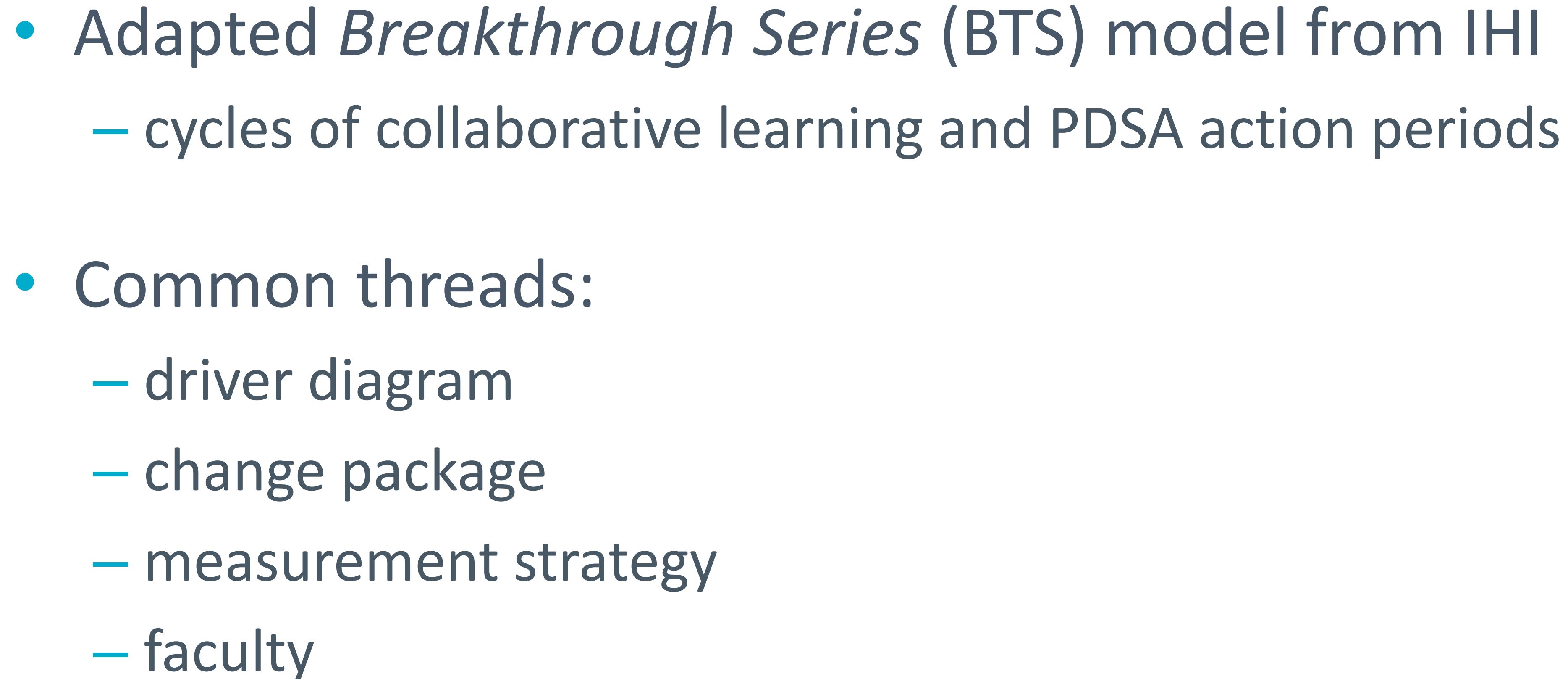
Louisiana Perinatal Quality Collaborative



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

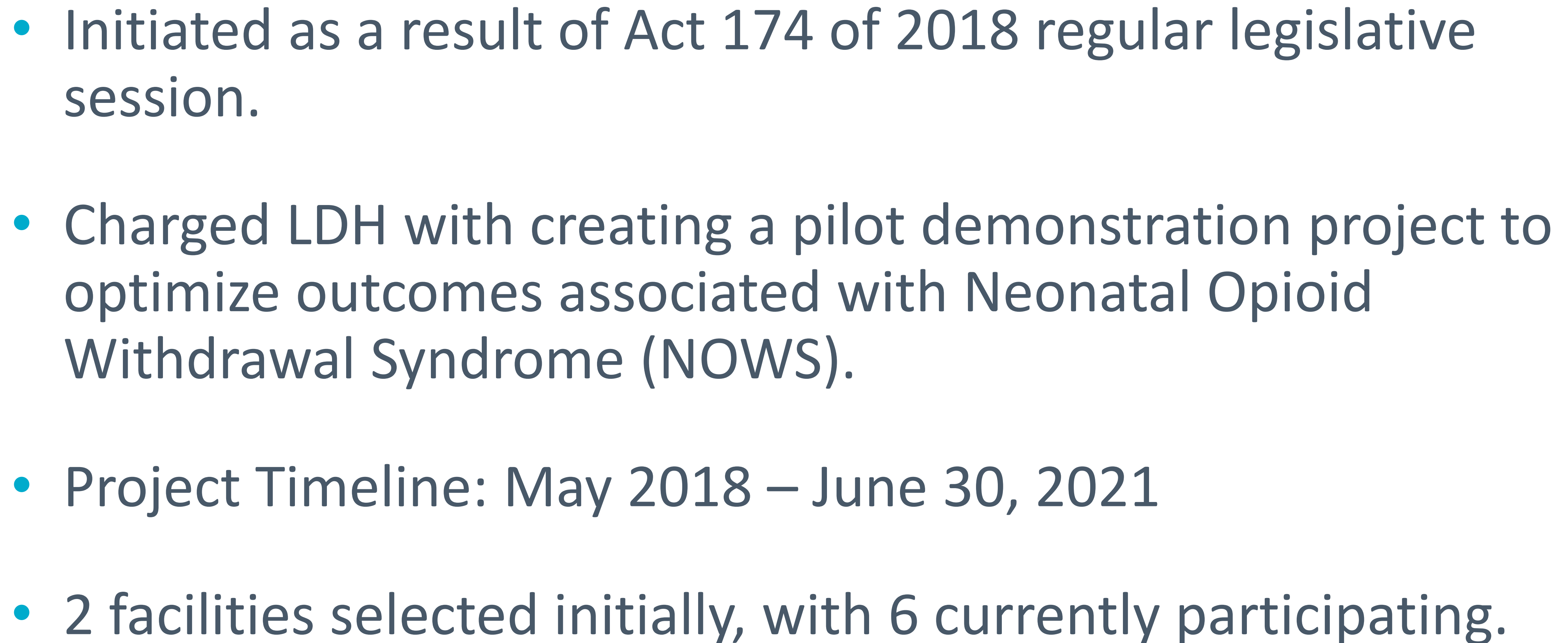
Organizing QI Work



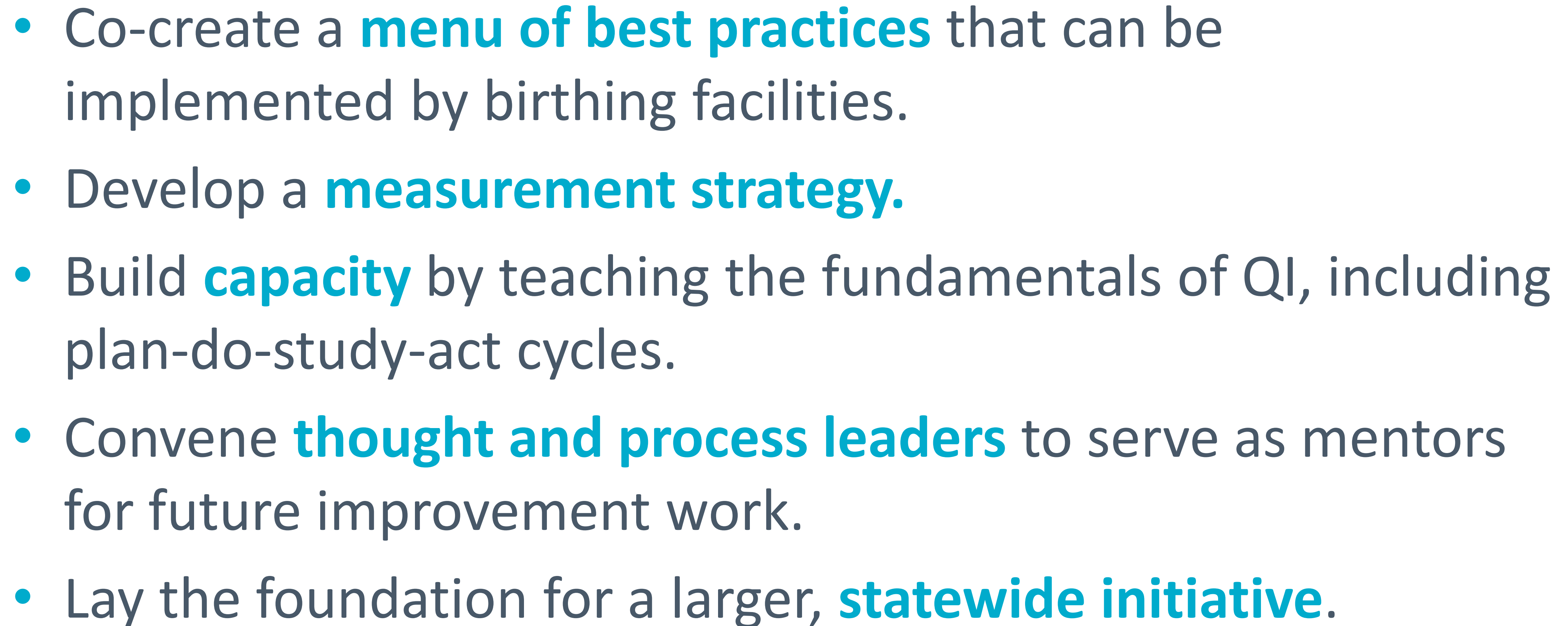
- Adapted *Breakthrough Series* (BTS) model from IHI
  - cycles of collaborative learning and PDSA action periods
- Common threads:
  - driver diagram
  - change package
  - measurement strategy
  - faculty

NOWS Pilot & Improving Care for the Substance-Exposed Dyad (ICSED) Initiative

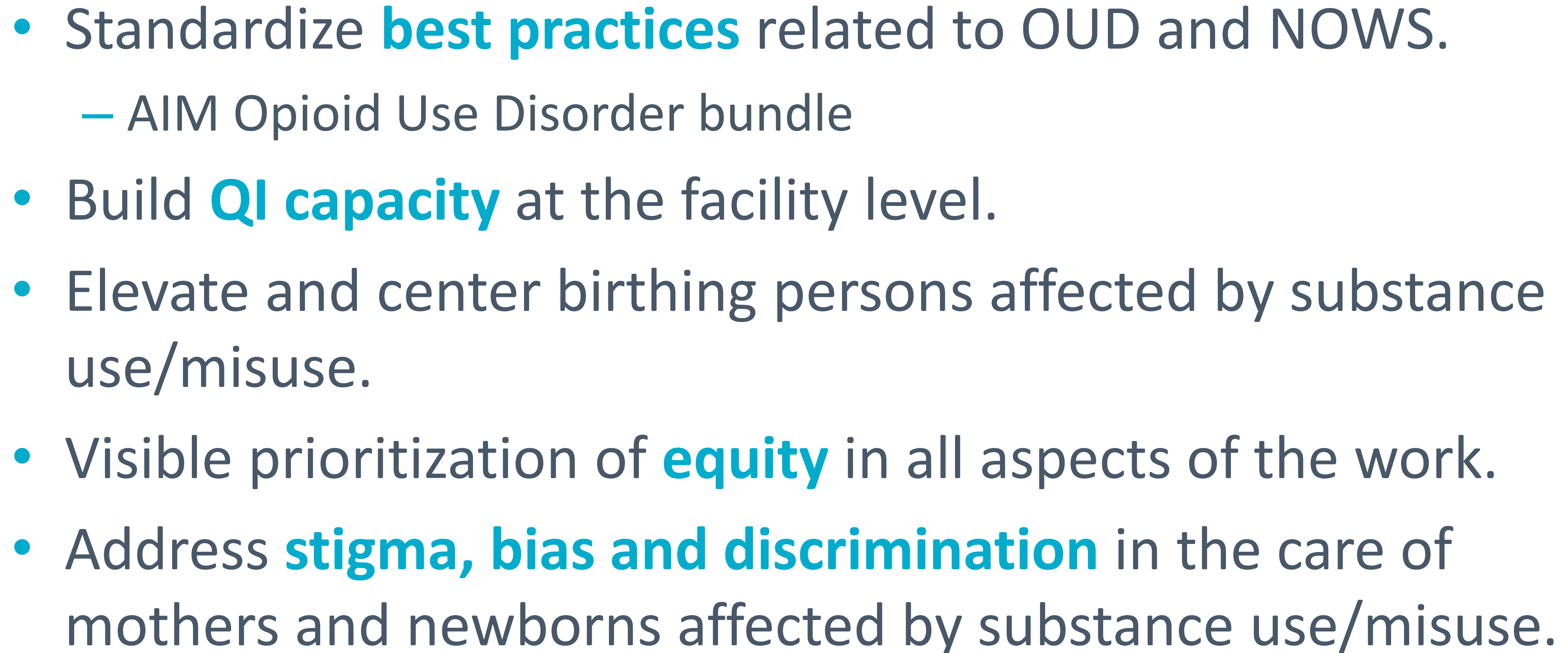
NOWS Pilot



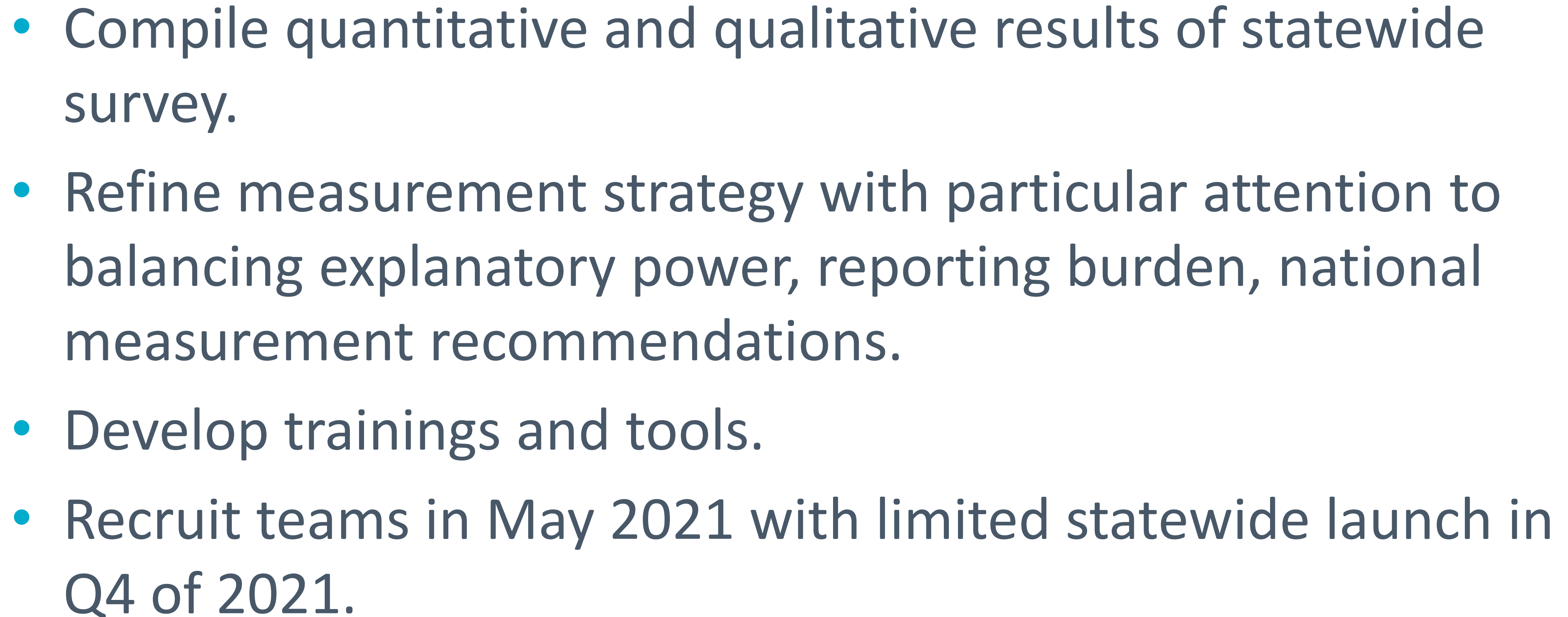
NOWS Pilot Goals



Strategic Priorities



ICSED Implementation and Timeline



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

Tools and Resources

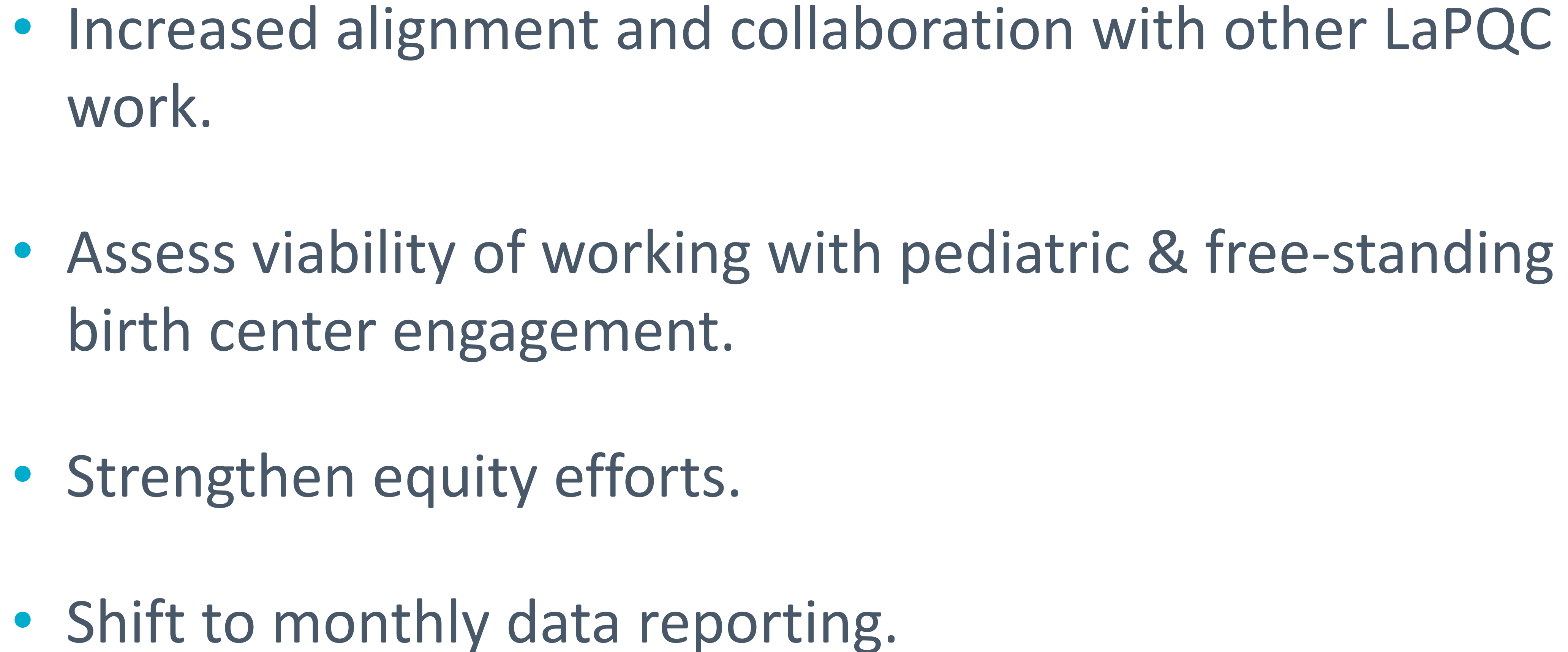
- QI coaching
- Access to lactation experts
- Staff training
- Patient education tools
- Breastfeeding referral tools (LABreastfeedingSupport.org)

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

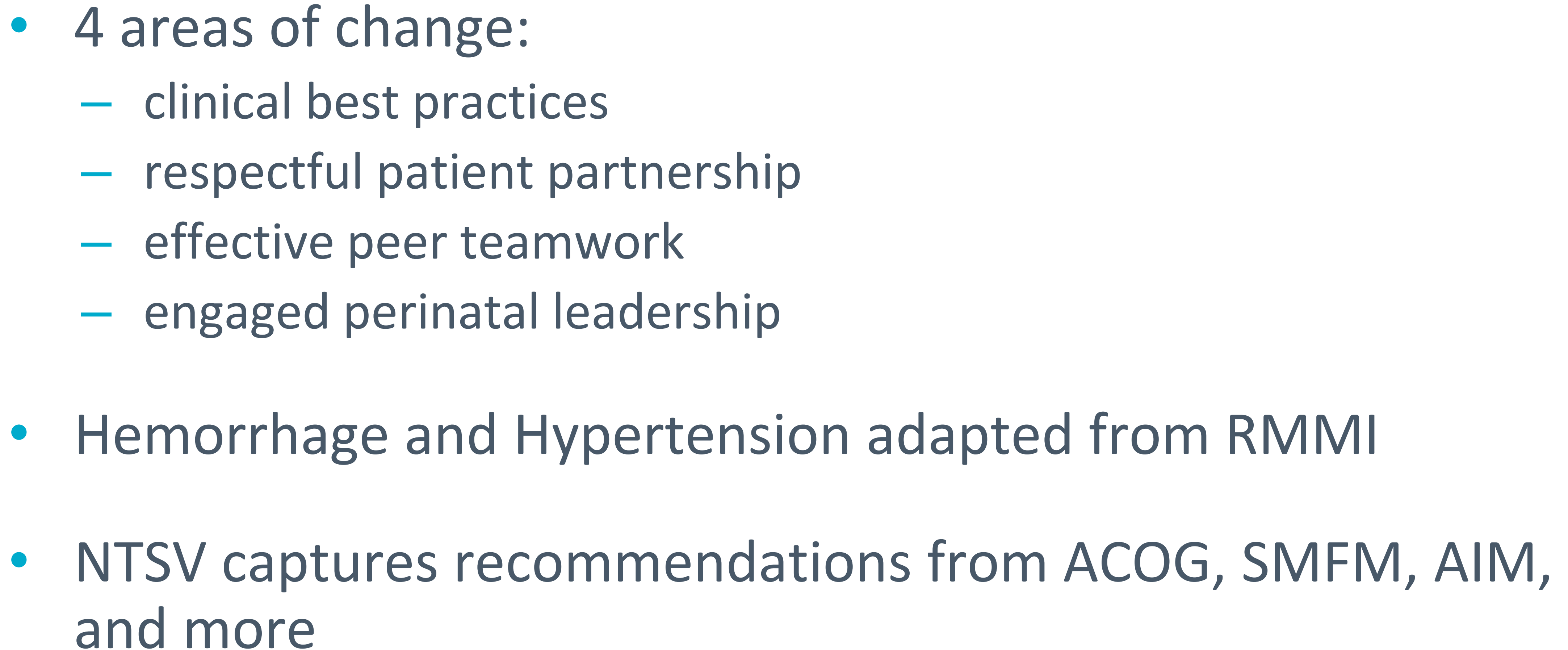


PQC’s Safe Births Initiative

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

Best Practices



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

<table>
<tr><th>outcome</th><th>balancing</th><th>structure</th><th>process</th></tr>
<tr><td>cesarean rate for low-risk first birth (TJC PC-02)

elective delivery prior to 39 weeks (TJC PC-01)</td><td>3rd and 4th degree lacerations

unexpected complications among in term newborns (TJC PC-06)</td><td>labor training for staff and providers

physician-level data

case reviews

labor admission criteria and induction policy

patient education and partnership</td><td>labor dystocia/arrest of active phase

second stage arrest (no descent or rotation)

failed induction

fetal heart rate abnormalities</td></tr>
</table>

Supporting the Work

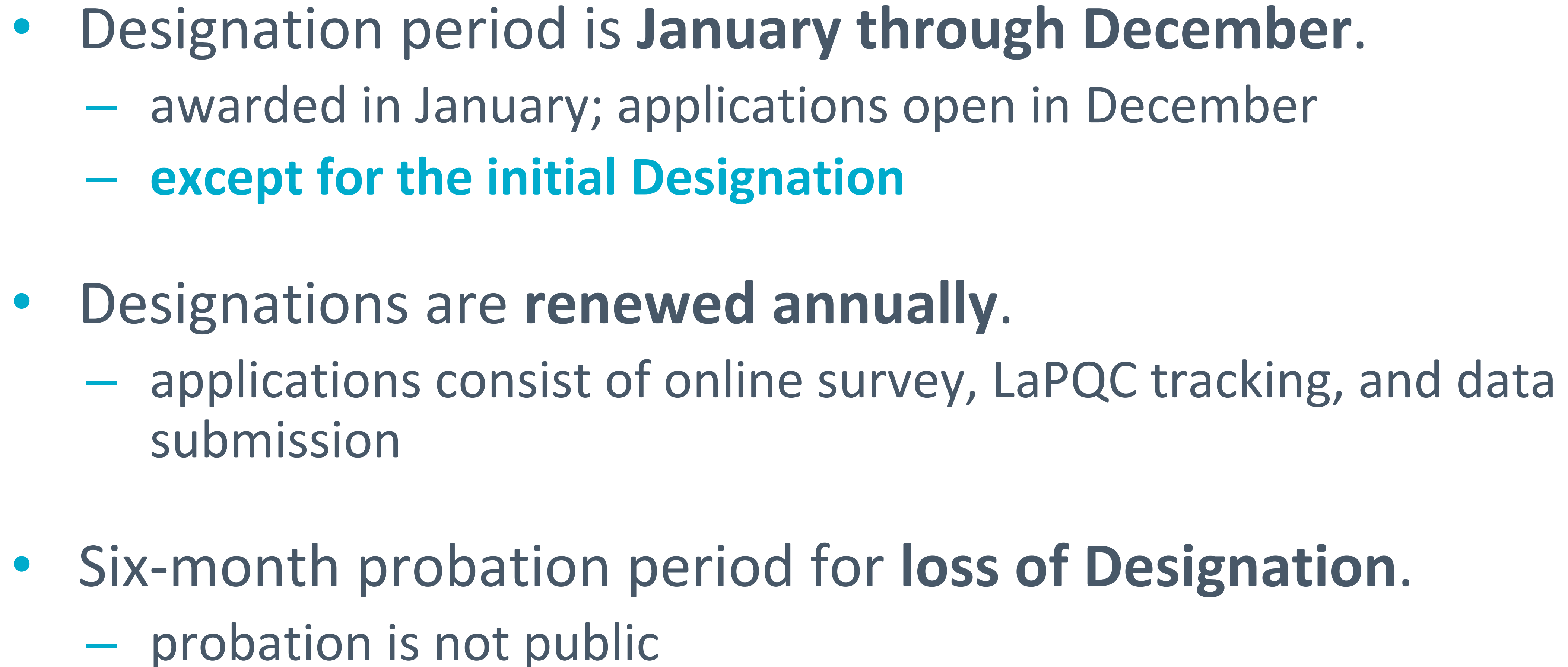
- 2 collaborative learning calls per month.
- Quarterly improvement work co-planning.
- Toolkits.
- Listening Tour (on hold).
- Learning Sessions (on hold).

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

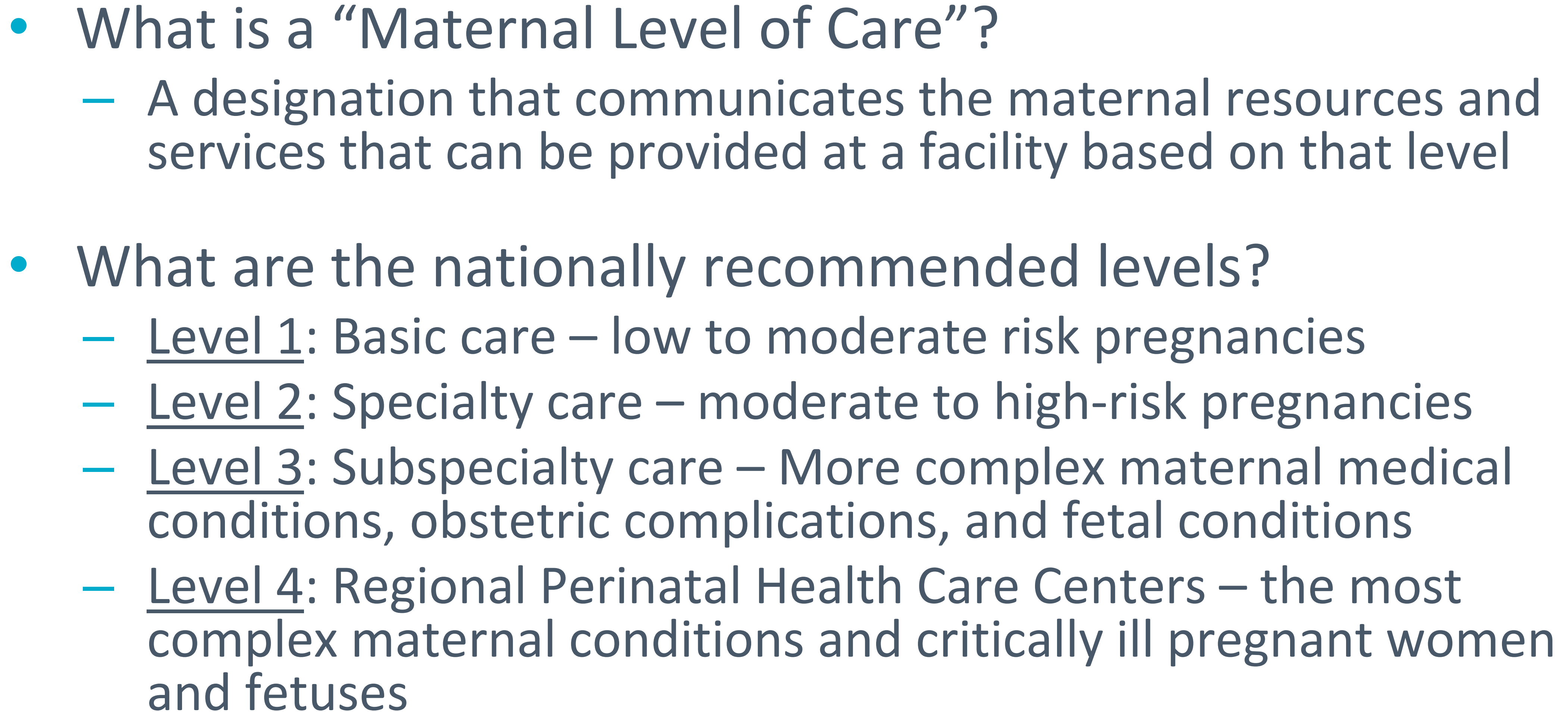


Five Areas Covered

Maternal Levels of Care in Louisiana

Updating our Current Rule

Overview

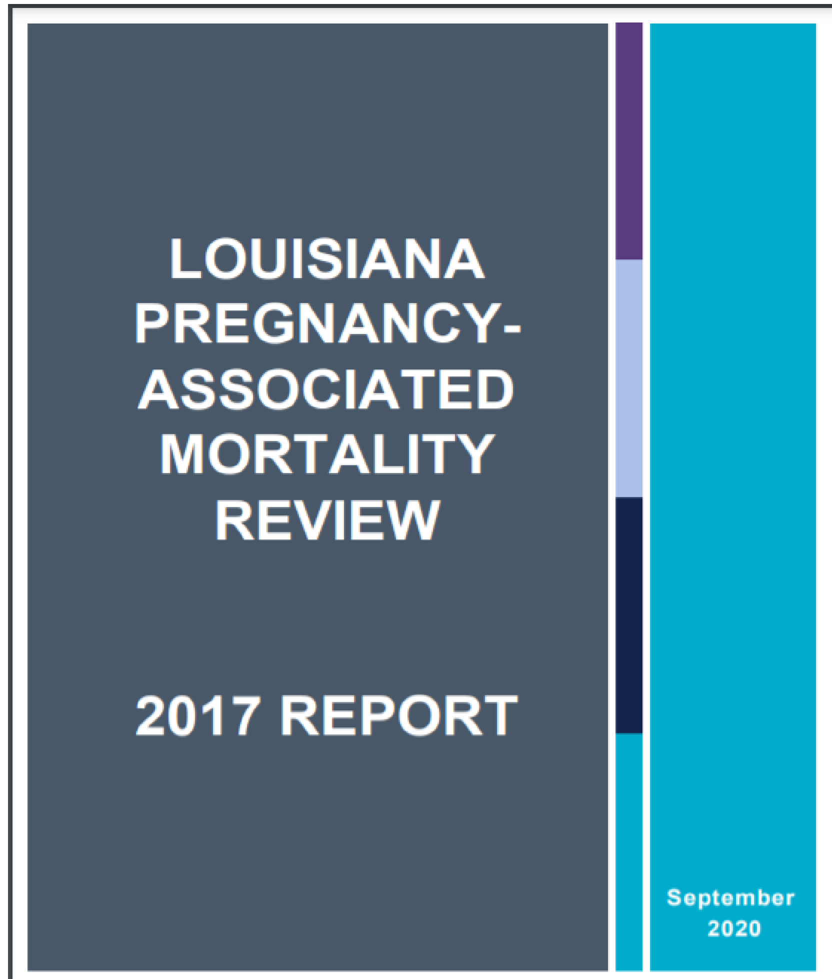


Why Update the Rule: National View

- **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

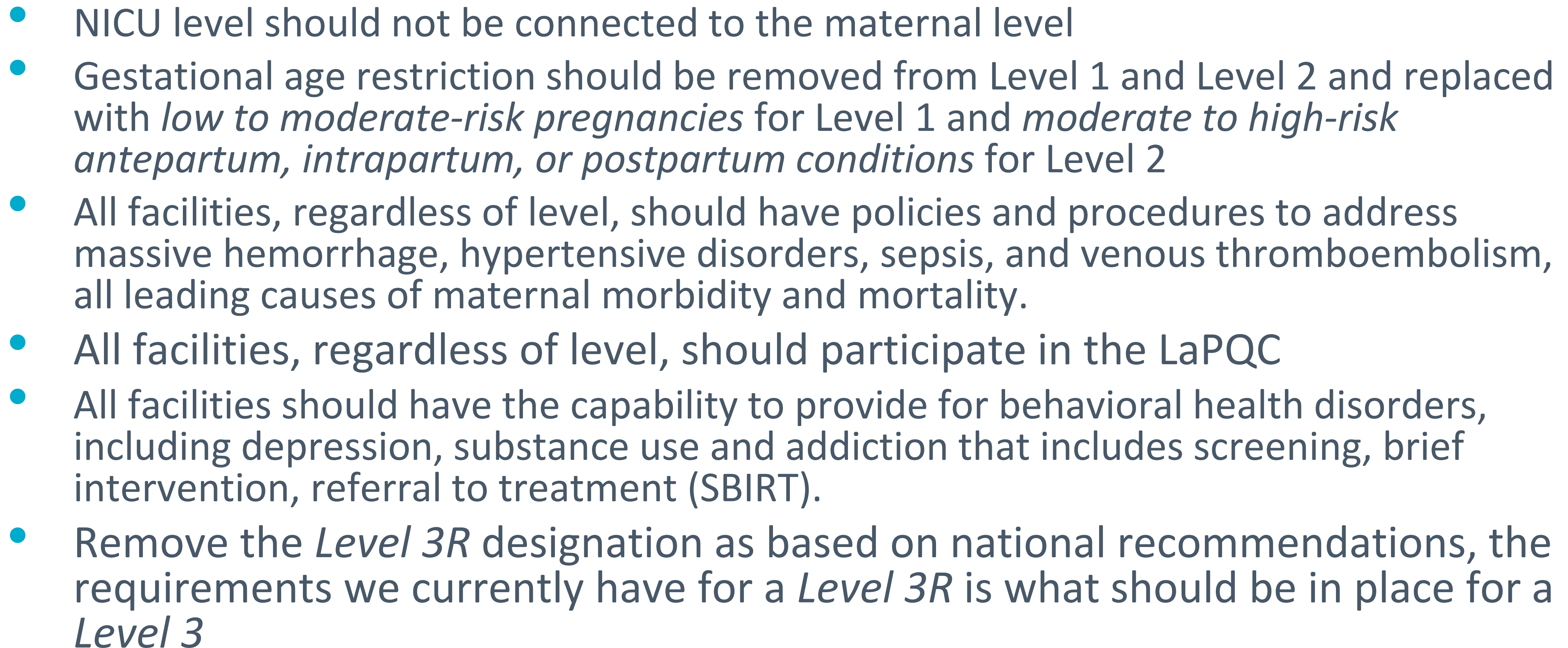
Why Update the Rule: Local View



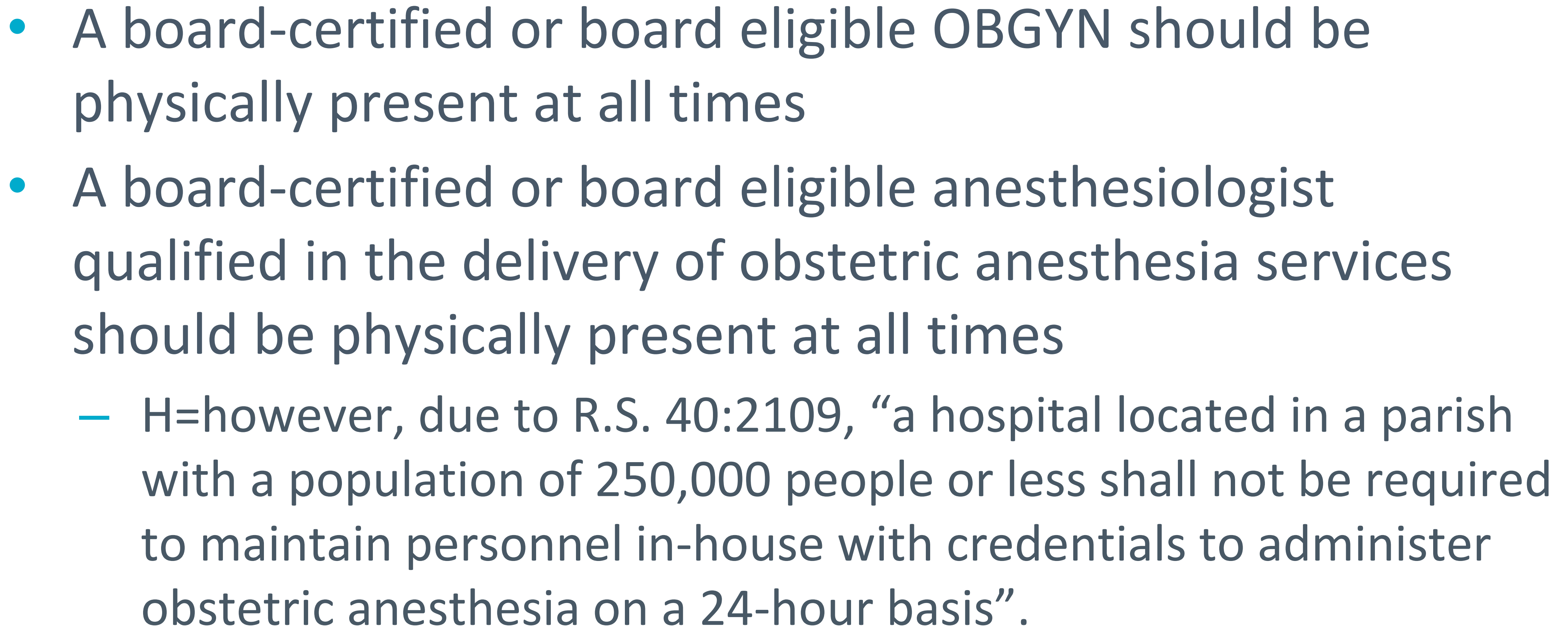
- From our Louisiana Pregnancy-Associated Mortality Review 2017 Report:
  - **40%** of pregnancy-associated deaths were due to inadequate assessment of risk
  - **53%** due to quality of care
  - **60%** due to lack of continuity of care/care coordination

Benno J., Trichilo R., Gillispie-Bell V., Lake C. Louisiana Pregnancy-Associated Mortality Review. Published September 2020. https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2017_PAMR_Report_FINAL.pdf. Accessed on February 22, 2021.

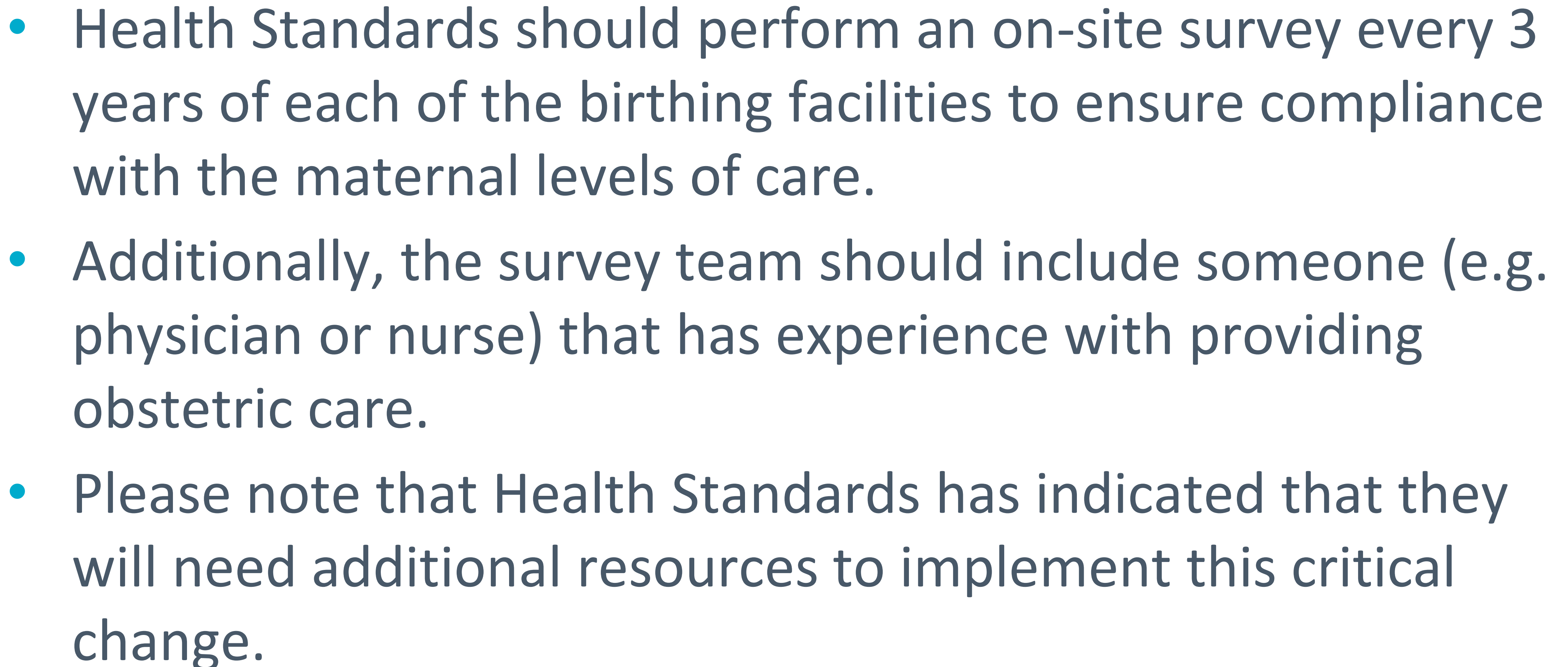
Recommended Changes: All Facilities



Recommended Changes: Beginning at Level 3



Additional Recommendations

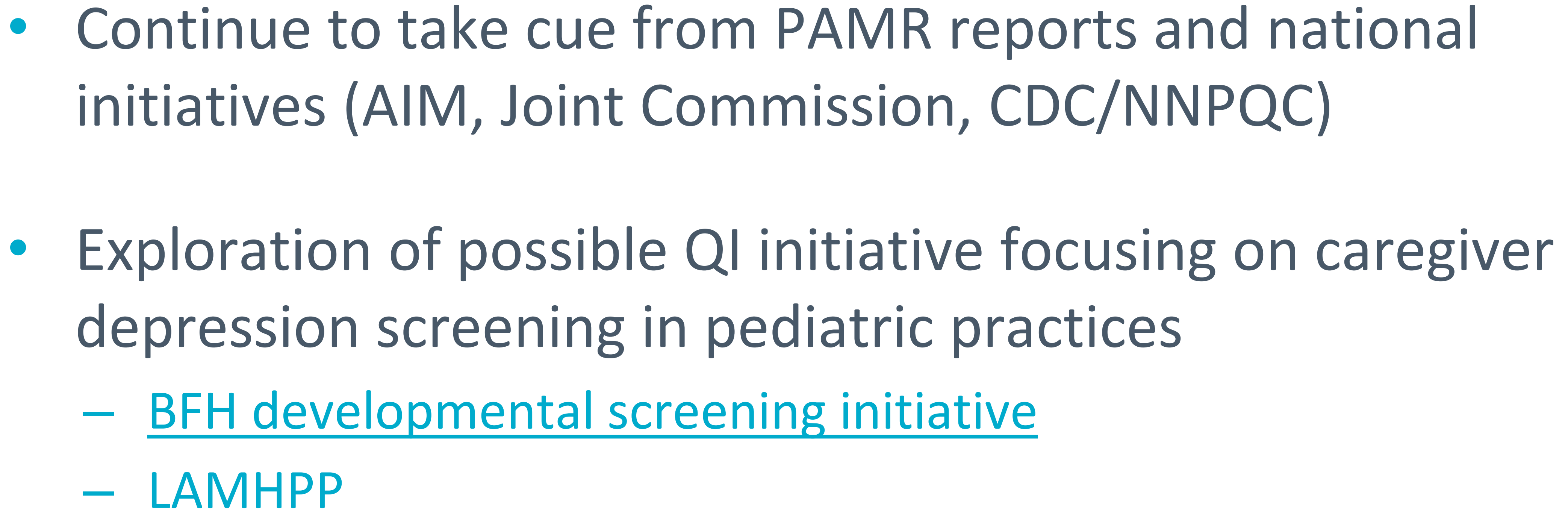


Next Steps

- 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



Questions?

veronica.Gillispie@la.gov

amy.ladley@la.gov