Georgia Perinatal Quality Collaborative

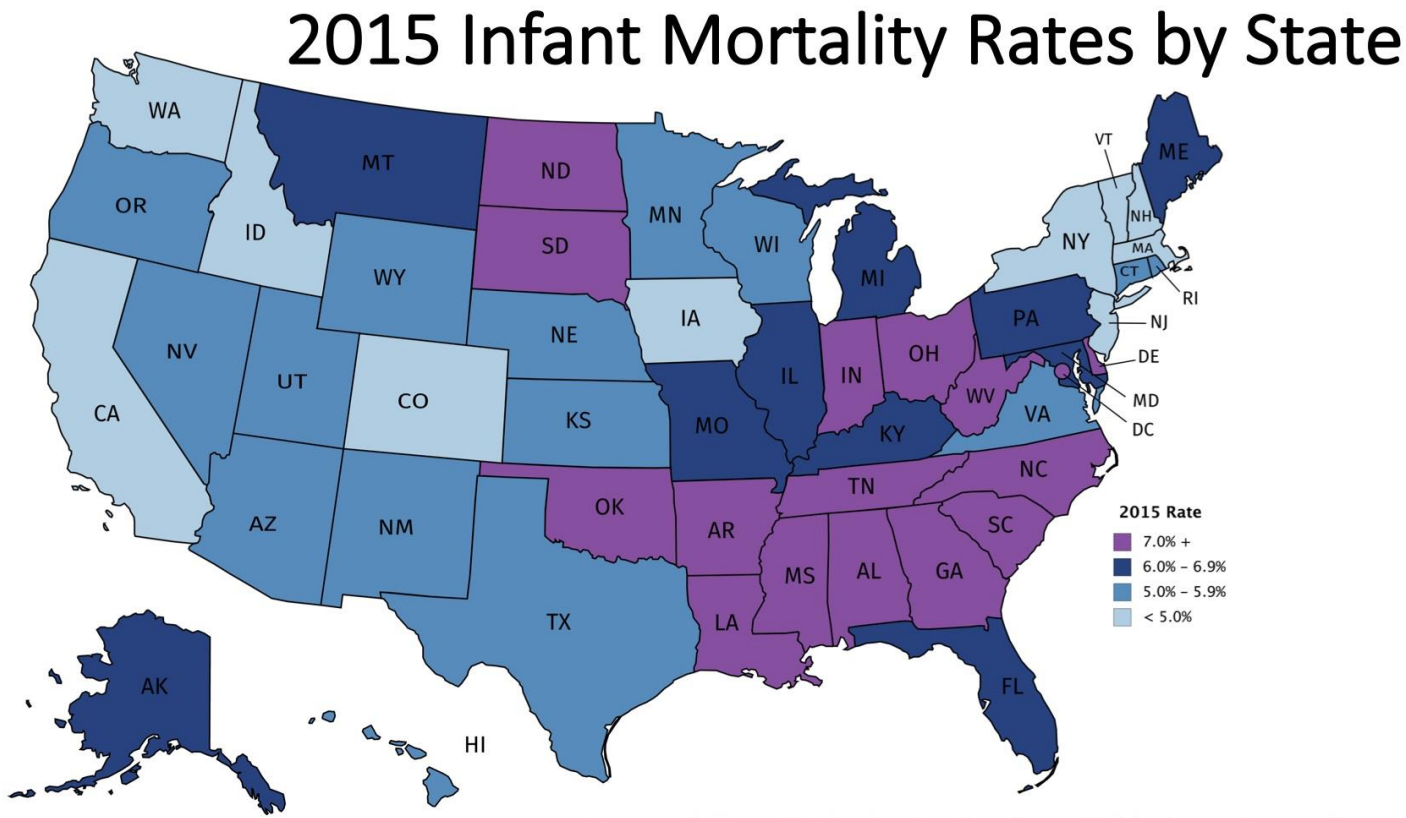
2018-2019 Annual Review

April 25, 2019

Perinatal Quality Collaboratives

- PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible

Infant Mortality by State

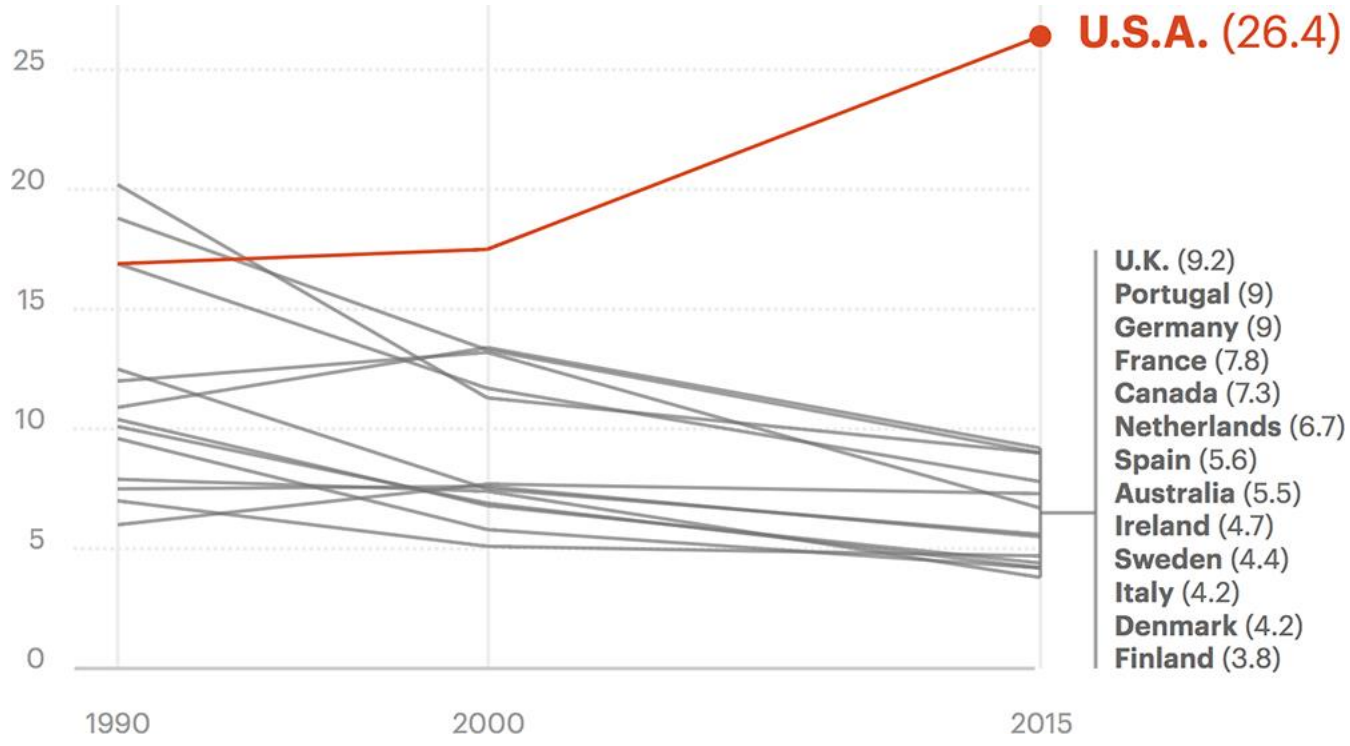


Maps available at Birth by the Numbers (www.birthbythenumbers.org).

Data presented in the map were provided by Dr. Eugene Declercq.

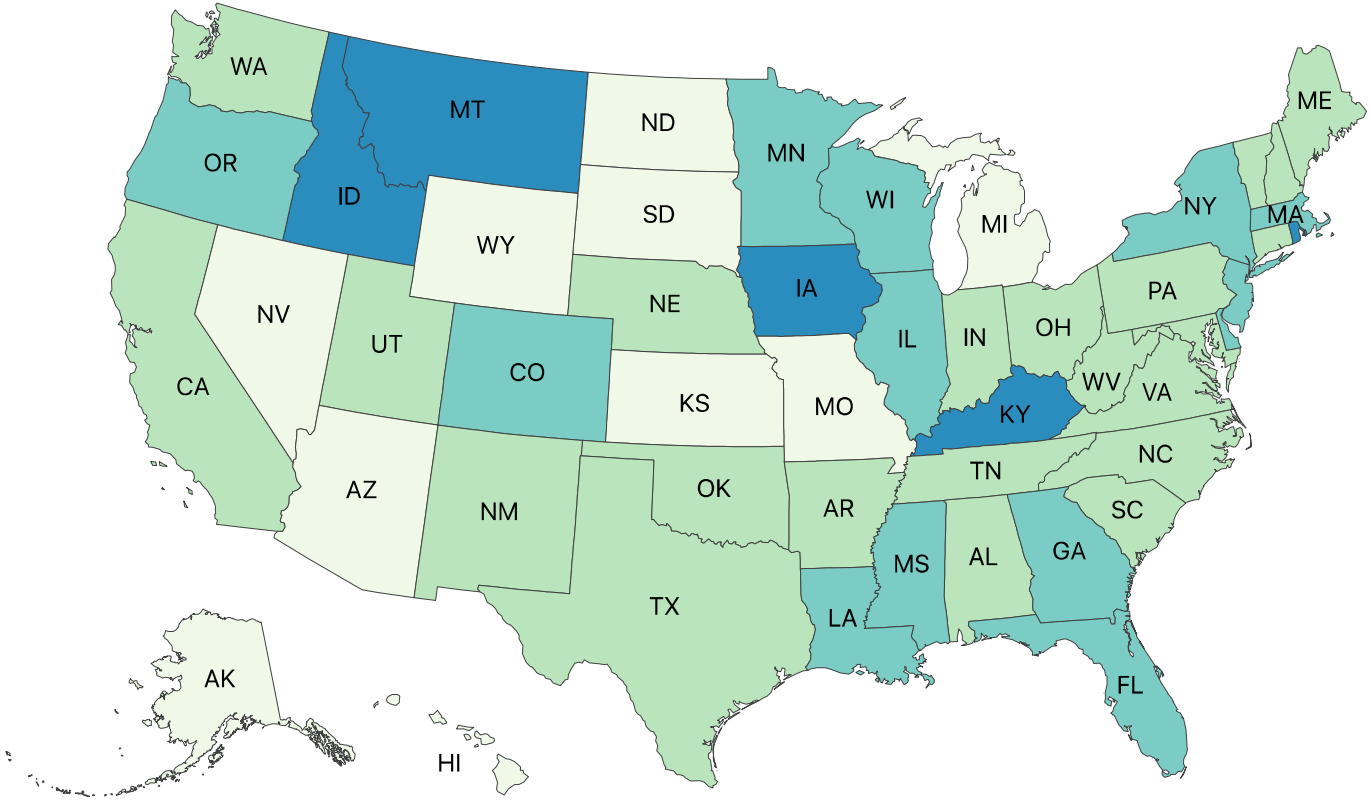
Map created by Staige Davis, Jan 2018.

Maternal mortality



US Perinatal Quality Collaboratives

Status of PQCs in the United States



PQC model

- ...by advancing evidence-informed clinical practices and processes using quality improvement (QI) principles to address gaps in care. PCQs work with clinical teams, experts and stakeholders, including patients and families, to spread best practices, reduce variation and optimize resources to improve perinatal care and outcomes.

- Collaborative model
- Steal and share
- Quality Improvement
- Data driven
- Sustainability

PQCs current areas of focus include:

- Reduce preterm births
- Reduce severe pregnancy complications associated with high blood pressure and hemorrhage
- Improve identification of and care for infants with neonatal abstinence syndrome
- Reduce racial/ethnic and geographic disparities
- Reduce cesarean births among low-risk pregnant women

Georgia Perinatal Quality Collaborative

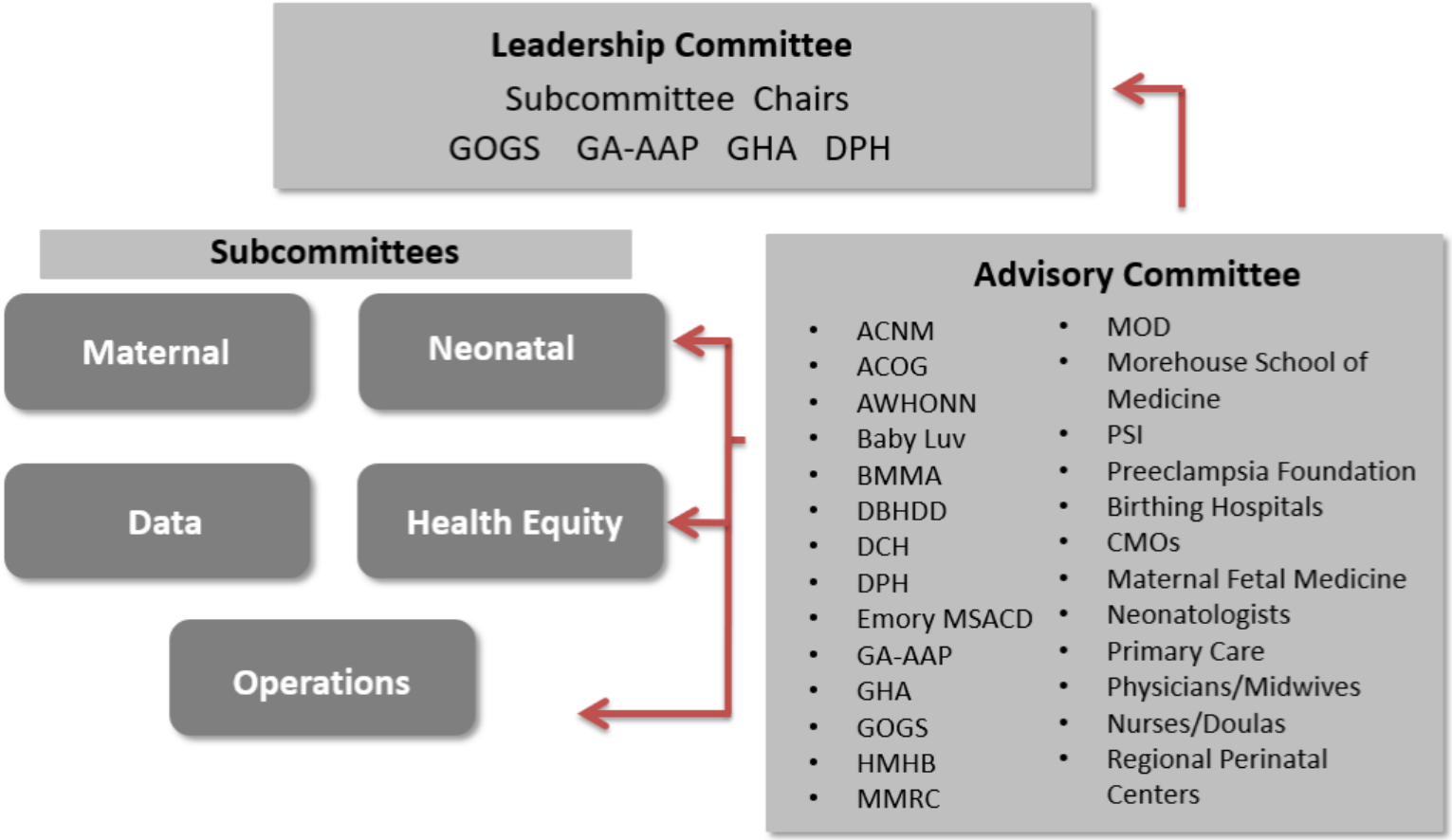
Vision

Better perinatal outcomes and health equity for every Georgia mother and baby.

Mission

To engage stakeholders in implementing equitable, evidence-based perinatal care through a robust data-driven quality improvement collaborative.

GaPQC (evolving) Structure



A collaborative built to last

- Connecting the people who need to be involved
- Aligning efforts

GHA

Georgia Department of Community Health

LoMC
Levels of Maternal Care

GaPQC history and grant

- GaPQC was founded in 2012
- Awarded CDC PQC infrastructure funding fall, 2017
- Some participation goals from our proposal:
  - Year 1: 10 hospitals participate in AIM Hemorrhage Bundle
    - 85% of birthing hospitals by Year 5
  - Year 2: 10 hospitals participate in AIM Hypertension Bundle
    - 60% of birthing hospitals by Year 5

Hospital Participation

- As of 4/20/19
  - 58 participating hospitals (+8) (77%)
    - 44 AIM OB HMG hospitals
    - 42 VON NAS hospitals
    - 13 VON CAW hospitals
  - % of GA births impact – 85% (+7%)

Demographics

Distribution by Level of Care (AAP)

AAP Level of Care	# of GaPQC Hospitals	% Participation
Level I	16 of 23	70%
Level II	18 of 22	82%
Level III (not including RPCs)	18 of 24	75%
RPC*	6 of 6	100%

*RPC – Regional Perinatal Center

Demographics (cont.)

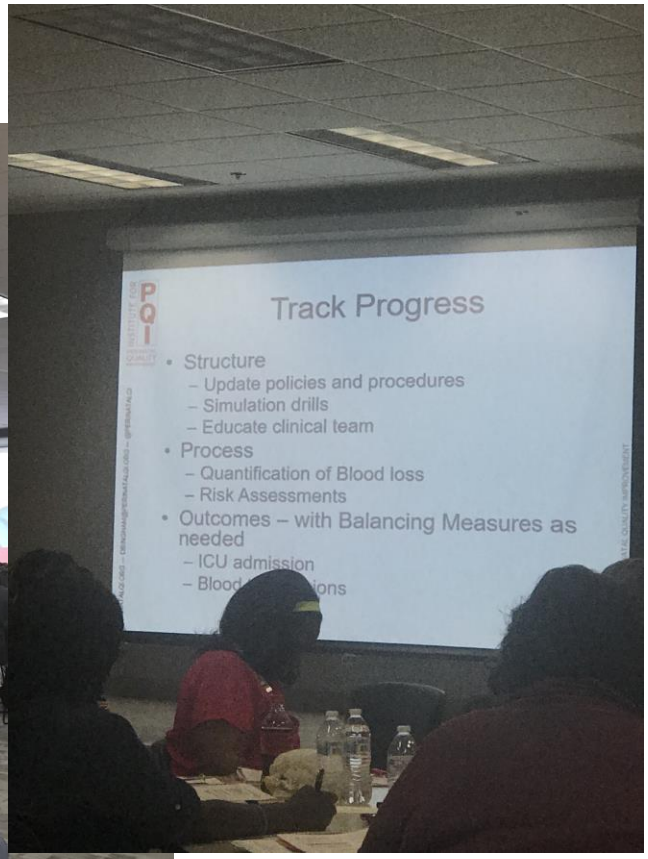
Distribution by Birth Volume per year

Annual Birth Volume	# of GaPQC Hospitals
< 600	18
601 – 1200	11
1201 – 2400	11
2401 – 3600	9
3601+	8

More numbers

- About 20 maternal/neonatal calls
- Average of 70 participants per call
- 70 participant trained on QI methodology
- Up to monthly TA calls with hospitals
- $ 2 million to support rural hospitals
- $ to support additional MMRC abstraction

Perinatal QI training



Current Initiatives

- Maternal
  - AIM Maternal Safety Bundles
    - Obstetric Hemorrhage (in progress)
    - Severe Hypertension in Pregnancy will launch in June 2019
- Neonatal
  - VON Choosing Antibiotics Wisely ended December 2018
  - VON Neonatal Abstinence Syndrome will launch in May 2019

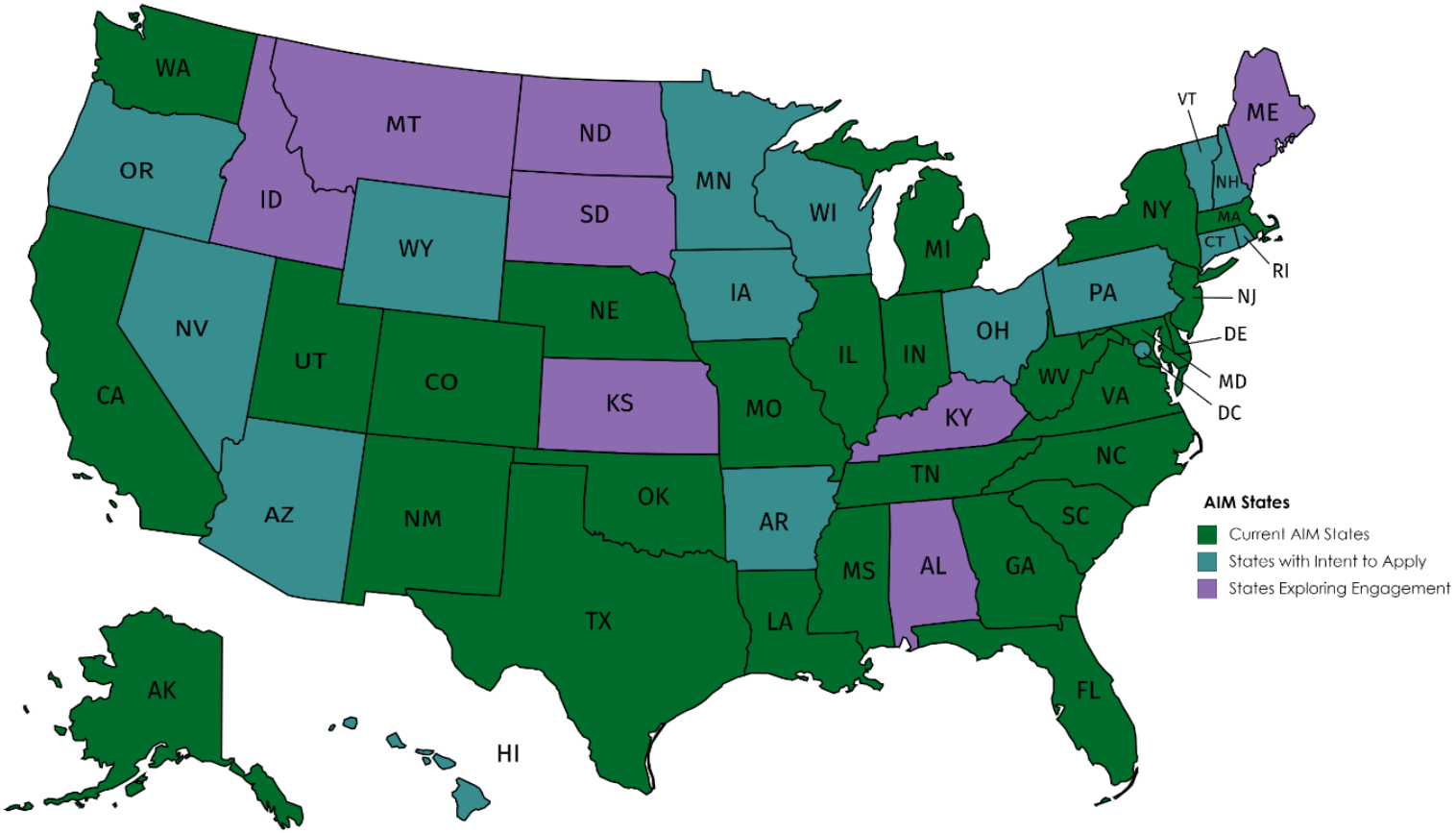
Current Initiatives

- Health Equity
  - Recommendations to healthcare systems to address implicit bias: planning statewide survey of perinatal care providers
- Data
  - Perinatal Database for the purpose of rapid-cycle data analysis: planning actively underway

Maternal Initiative - AIM

- Launched OB Hemorrhage April 2018
- Monthly collaborative webinars
- Quarterly data collection/reporting
- Bi-monthly meetings of the Maternal Subcommittee

Alliance for Innovation in Maternal Health

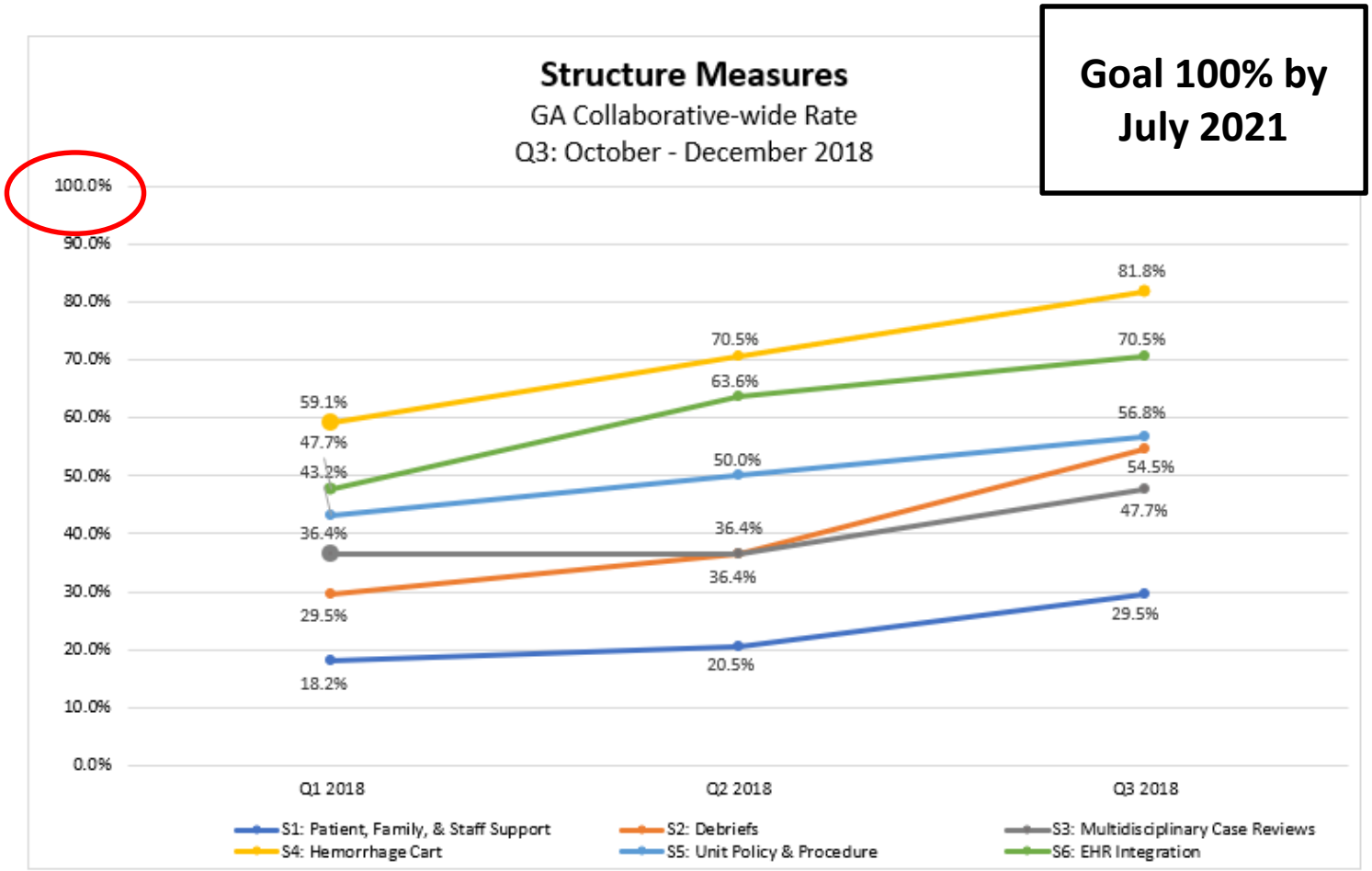


Council members

AIM-SUPPORTED PATIENT SAFETY BUNDLES

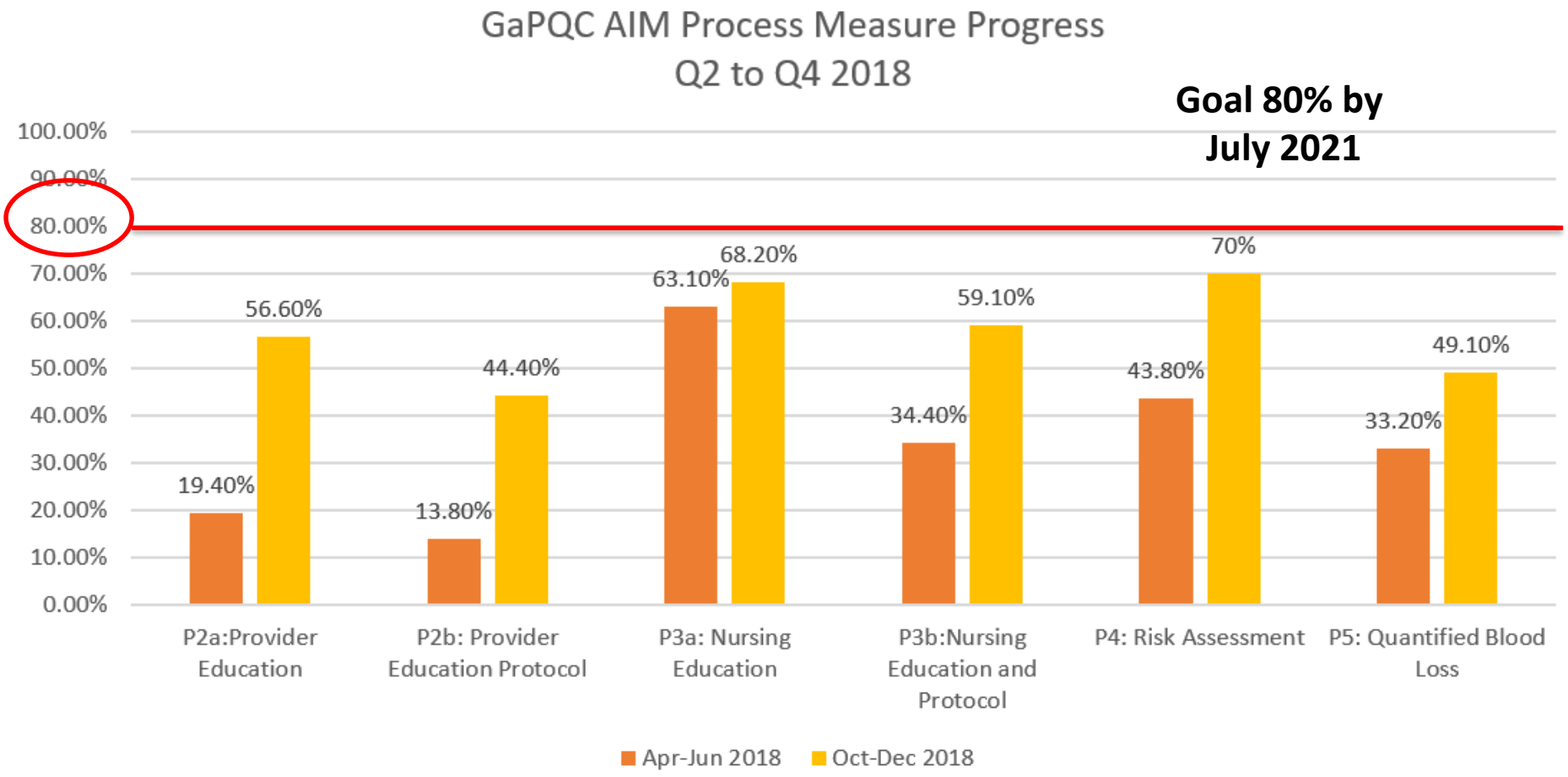
- Maternal VTE Prevention
- Postpartum Care Basics for Maternal Safety From Birth to the Comprehensive Postpartum Visit
- Postpartum Care Basics for Maternal Safety Transition From Maternity to Well-Woman Care
- Obstetric Care for Women with Opioid Use Disorder
- Obstetric Hemorrhage
- Reduction of Peripartum Racial/Ethnic Disparities
- Safe Reduction of Primary Cesarean Birth
- Severe Hypertension in Pregnancy
- Severe Maternal Morbidity Review
- Support After a Severe Maternal Event

OB Hemorrhage Data

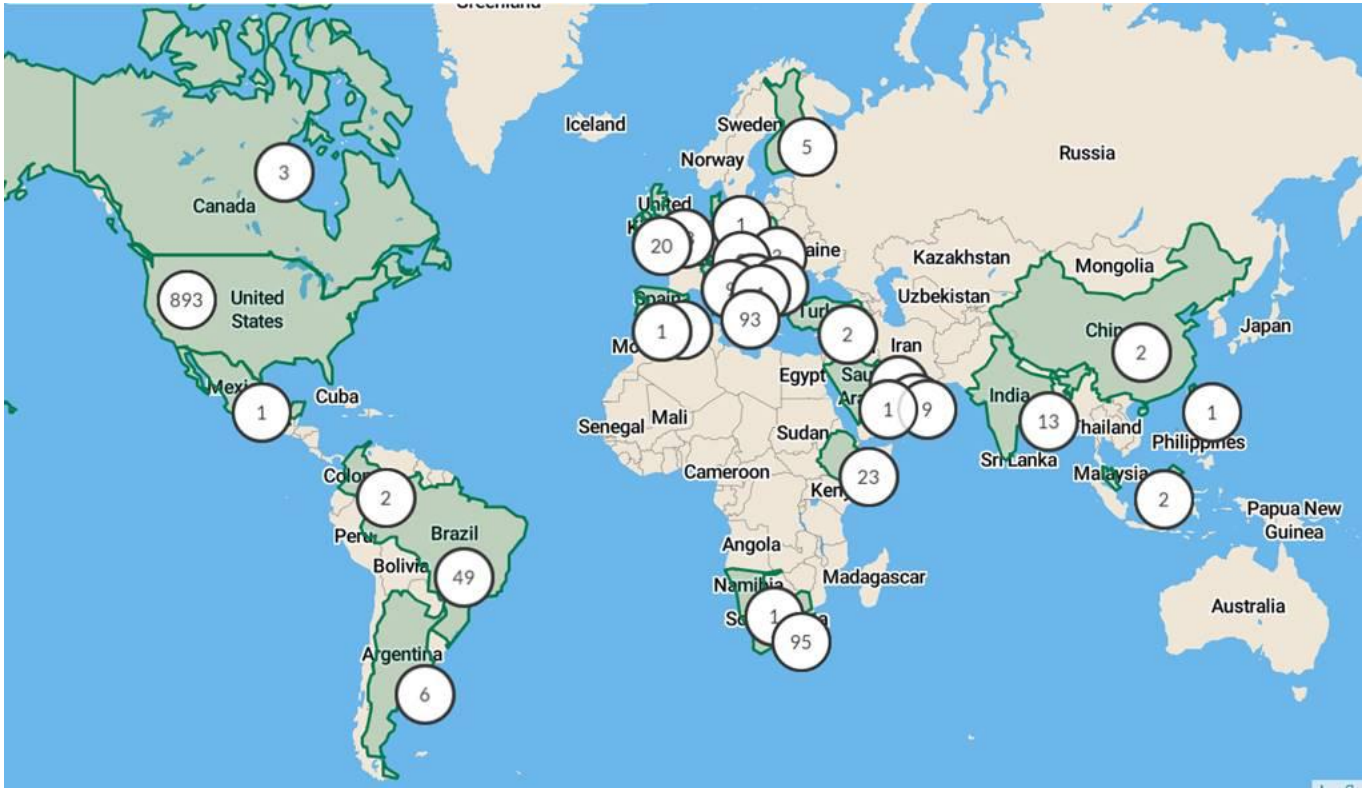


Goal 100% by July 2021

OB Hemorrhage Data



Neonatal Initiative
Vermont Oxford Network (VON)



25%

reduction in antibiotics use.

Can your newborn care team say that?

LET'S CHANGE THE PARADIGM AND FIGHT THE RESISTANCE TOGETHER!

- **As a team** — Implement evidence-based care practices
- **As a center** — Become a *VON Center of Excellence in Antibiotic Stewardship*
- **As a state** — Strive to achieve the *VON State of Excellence in Antibiotic Stewardship*

169 teams

39 states

7 countries

ALREADY DEEPLY ENGAGED!

Statewide collaboratives in TN, OR, WA, CO, and WI fighting the resistance in partnership with VON and the CDC.

C

RATIVE

GaPQC

GEORGIA PERINATAL QUALITY COLLABORATIVE

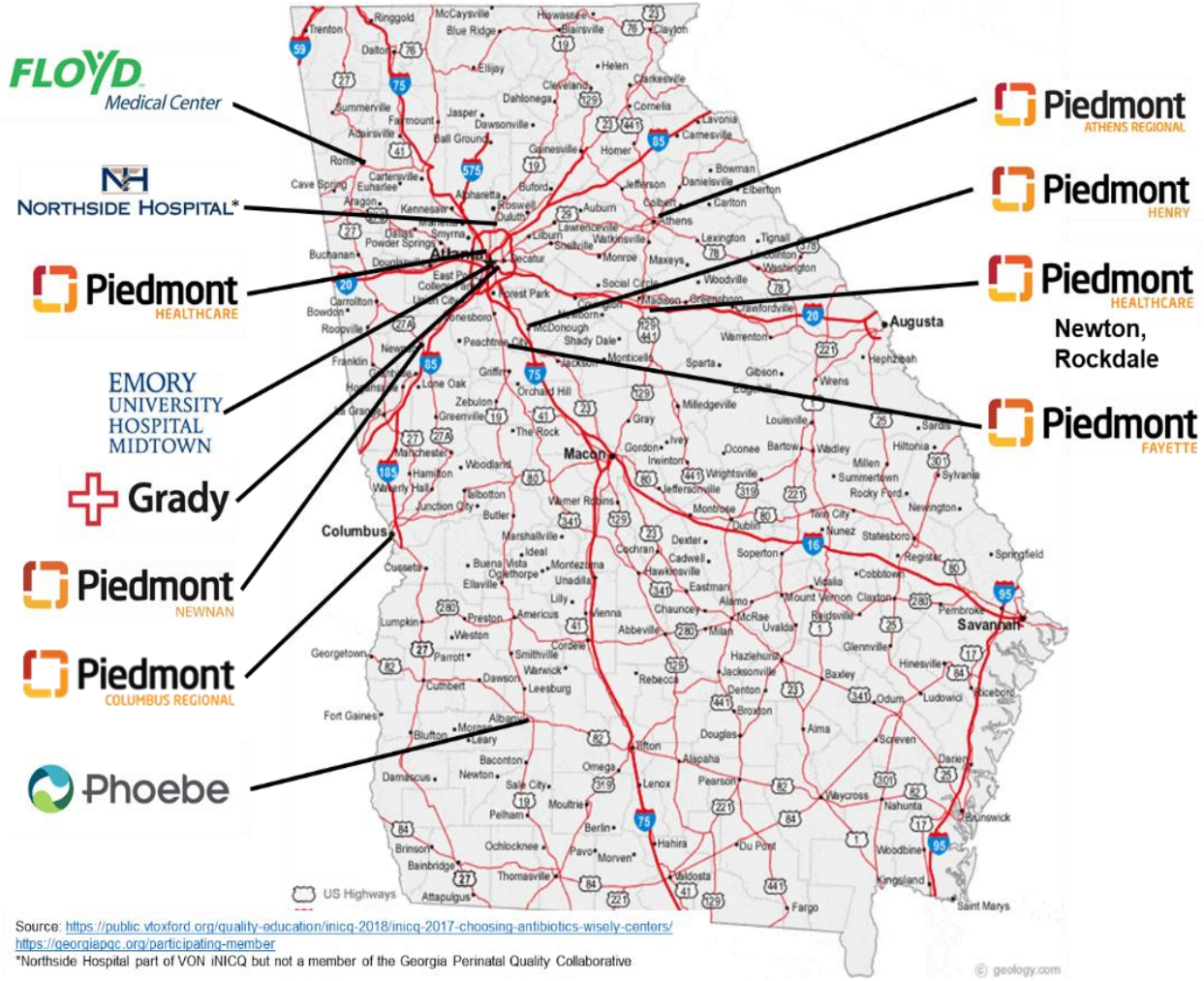
Georgia joined VON in 2017 as a statewide collaborative with 8 participating hospitals

VON Vermont Oxford NETWORK

CDC Centers for Disease Control and Prevention

www.georgiapqc.org

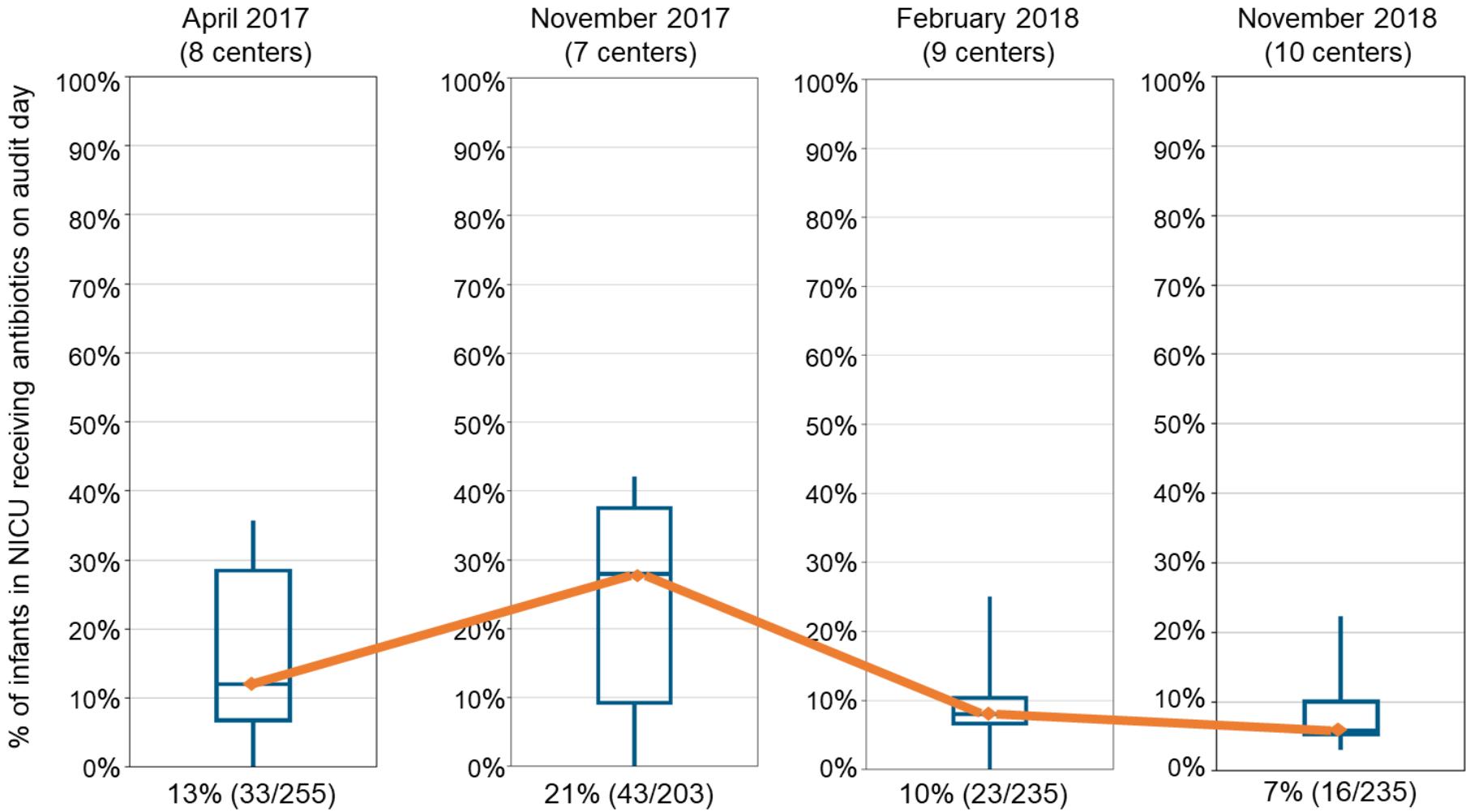
GaPQC
GEORGIA PERINATAL QUALITY COLLABORATIVE



Source: https://public.vtoxford.org/quality-education/inicq-2018/inicq-2017-choosing-antibiotics-wisely-centers/
https://georgiapqc.org/participating-member
*Northside Hospital part of VON iNICQ but not a member of the Georgia Perinatal Quality Collaborative

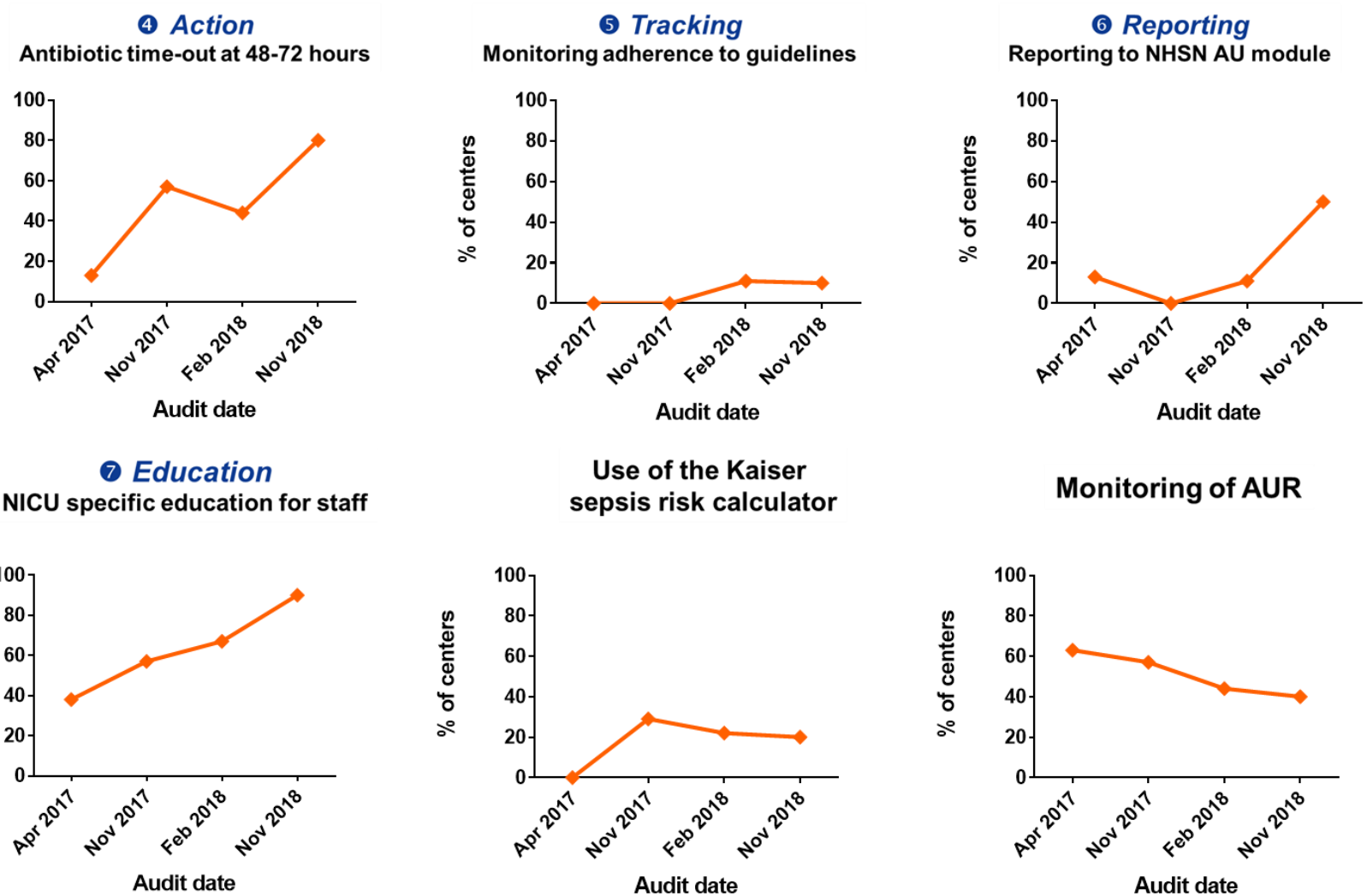
iNICQ Choosing Antibiotics Wisely included 13 Georgia hospitals from 2017-2018
(coverage of 38% of annual live births based on 2016 data, n=37,566)

Results – Outcome Measure



Results – Process Measures

❼ ***Core Elements*** of antibiotic stewardship denoted in blue



Souce: VON day audit. Number of hospitals: April 2017 (n=8); Nov 2017 (n=7); Feb 2018 (n=9); Nov 2017 (n=10)

Neonatal Initiative – Vermont Oxford Network (VON) NAS

- VON NAS
  - Launch May 2019
  - 42 hospitals enrolled
- GaPQC Structure + VON Resources
  - GaPQC Monthly collaborative webinars begin May 14th
  - VON microlessons + toolkit available July 2019
  - Data collection
    - VON Day Audits (baseline, mid-point, end-point) July 2019
    - Quarterly data collection via survey

NAS Length of Stay (LOS) Baseline Data

Table 2A. **Length of Stay among Nursery Infants by NAS Status,** Georgia 2017

Length of Stay (DAYS)	NAS Infants[4] Mean (95% CI)	Non-NAS Infants Mean (95% CI)
NURSERY	4.47 (4.06, 4.87)	2.55 (2.54, 2.57)

Table 2B. **Length of Stay among Nursery Infants with NAS by ICD-10-CM Code,** Georgia 2017[1]

Length of Stay (DAYS)	Infants Experiencing Withdrawal[2] Mean (95% CI)	Infants Exposed[3] Mean (95% CI)
NURSERY	11.17 (9.30, 13.04)	3.03 (2.86, 3.21)

[1] Columns are mutually exclusive.
[2] Infants experiencing withdrawal were identified with ICD-10-CM code P96.1.
[3] Infants exposed were identified with ICD-10-CM code PO4.4
[4] NAS infants are either of the two ICD-10-CM codes (P96.1 or PO4.4).

Source: GA DPH 2017 NAS Surveillance Report

Current NAS Cost Burden

Table 1A. **Total charges among Nursery Infants by NAS Status,** Georgia, 2017

Total Charges (USD)	NAS Infants[4] Mean (95% CI)	Non-NAS Infants Mean (95% CI)
NURSERY	$7,236.22 ($6,639.06, $7,833.39)	$3,762.96 ($3,737.31, $3,788.62)

Table 1B. **Total charges among Nursery Infants with NAS by ICD-10-CM Code,** Georgia, 2017 [1]

Total Charges (USD)	Infants Experiencing Withdrawal[2] Mean (95% CI)	Infants Exposed[3] Mean (95% CI)
NURSERY	$16,224.68 ($13,521.95, $18,927.42)	$5,269.34 ($4,973.36, $5,565.32)

[1] Columns are mutually exclusive.
[2] Infants experiencing withdrawal were identified with ICD-10-CM code P96.1.
[3] Infants exposed were identified with ICD-10-CM code PO4.4
[4] NAS infants are either of the two ICD-10-CM codes (P96.1 or PO4.4).

Source: GA DPH 2017 NAS Surveillance Report

Health Equity Initiative

- 2012-2014 GA Maternal Mortality Review Committee Findings:
  - Black non-Hispanic women made up 60% of all pregnancy-related deaths
  - Black non-Hispanic women were 3.3 times more likely to die due to pregnancy-related complications than White non-Hispanic women
  - Black non-Hispanic women had higher rates of death for all six of the leading causes of pregnancy-related deaths

Health Equity

- Newest subcommittee
  - First meeting held in July 2018
  - Purpose: Guide GaPQC to implement QI with a health equity lens
  - Members are multidisciplinary representatives
  - Made recommendations to GaPQC mission/vision to be inclusive of health equity

Data Initiative

- Data Subcommittee supports the majority of the data needs
- Currently data collection/reporting occurs on quarterly basis, manual process
- Planning is underway to add staff and infrastructure changes to move toward creating more efficient, automated process
- End goal – rapid (monthly) cycle analysis

Moving Forward

- Annual Quality Improvement training available regionally
- Community and Prevention Subcommittee to focus on social determinants and system changes

Moving forward

- Share your stories
- Be proud of your hospital's work, engage communities
  - Social media
  - Mother's Day
- Invite others

Thank you

- Our core team!!!
- DPH staff
- GOGS staff
- Our amazing presenters and panelists
- The Double Tree

Thank you

- GA American Academy of Pediatrics
- March of Dimes
- Healthy Moms Health Babies
- PreEclampsia Foundation
- Optum OB Home Care
- The Doctors Company
- Georgia Department of Public Health
- Mother to Baby Georgia
- Northside Hospital Heart Health Clinic.

Housekeeping

- Please silence phones
- Free Wi-fi code: **care2018**
- Restrooms: Outside the conference room on the far right and a second set on the left
- Beverage stations: Outside of the conference room

Additional notes

- Powerpoints: hard copies are not included in your packets but electronic versions will be posted to the GaPQC website at the end of the meeting.
- Gene Declercq was scheduled to speak at 10:45 on day one but due to a family emergency was unable to leave Massachusetts yesterday as planned. Julie Zaharatos who represents the CDC and CDC Foundation will be presenting instead.

Additional notes

- Lunch will be self-serve just outside the conference room. Lunch will include a networking session so please return to the conference room after you've gotten your meal. We'll have a break before the start of the afternoon session.
- The evening reception will begin at 5:30 for those who registered to participate.

Questions?