Florida Perinatal Quality Collaborative
Opportunities for Florida Hospital Participation

August 23, 2022
Informational Webinar
Webinar Objectives

- FPQC Overview
- New participation requirements
- Opportunities
  - PACC
  - SDOH
  - PQI
- Benefits of joining a collaborative and what it takes to participate successfully
- How to apply to participate
- Q&A
FPQC’s Vision & Values

“All of Florida’s mothers, infants & families will have the best health outcomes possible through receiving respectful, equitable, high quality, evidence-based perinatal care.”

• Voluntary
• Data-Driven
• Population-Based
• Evidence-Based
• Equity-Centered
• Value-Added
<table>
<thead>
<tr>
<th><strong>Florida Statute</strong></th>
<th>All Florida maternity hospitals are required to participate in two FPQC quality improvement initiatives at all times.</th>
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<tbody>
<tr>
<td><strong>CMS QI Reporting</strong></td>
<td>All hospitals participating in Medicare are required to report whether they are participating in a national and state perinatal quality collaborative and implementing their safety bundles.</td>
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<td><strong>Joint Comm. Requirement</strong></td>
<td>TJC accredited hospitals must select one hospital QI health equity issue and present a series of QI steps performed to address this issue.</td>
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FPQC Initiatives

Maternal Health
- PROVIDE 2.0
- MORE
- PACC
- SDOH

Infant Health
- NAS
- PAIRED Pilot/Expanded

Data
- Perinatal QI Indicators
- Birth Certificate Training

Years:
- 2019
- 2020
- 2021
- 2022
- 2023
Selecting Maternal Health Initiatives

- Form Maternal Health Committee
- Other PQCs
- Guidelines
- Stakeholders
- Poll FPQC Hospitals
- Maternal Health Committee Decides

PACC
SDOH
Why Participate in an FPQC Initiative?

• Provides a complete hospital QI initiative at no charge including background, change package, rapid data reporting and coaching/mentoring/sharing.

• Initiatives are developed using evidence-based guidelines, research, best practices, and national expert consultation.

• Promotes networking among clinicians around the state on major practice and treatment issues.

• Provides publication and presentation opportunities.

• Promotes state and community system improvements.

• Multi-hospital QI initiatives promote earlier, larger and more sustainable QI practice gains.

• Meets Florida state statute requirements to participate in two maternal and/or infant health QI initiatives at all times.
PACC
Postpartum Access & Continuity of Care
Pregnancy-Related Mortality Rates
Florida, 2010 to 2019

Source: FL Maternal Mortality Review data
Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019

Source: FL Maternal Mortality Review data
Postpartum Discharge Pregnancy-Related Deaths By Cause and Preventability, Florida, 2015 to 2019

Number of Postpartum Discharge Deaths

Cardiomyopathy
Cardiovascular
Infection
Thrombotic Embolism
Cerebrovascular Accident
Hypertensive Disorder
Depression
Anesthesia
Hemorrhage
Other
Unknown

Preventability
Substantial
Moderate
Not
Respectful care is a universal component of every driver & activity

Postpartum Access & Continuity of Care (PACC)

**Global AIM:** Improve maternal health through hospital-facilitated continuum of postpartum care by coordinating and providing respectful, timely, and risk-appropriate care and services.

**AIM**

By 6/2024, FPQC participating hospitals will:
- Increase the % of patients with a 2-week PP visit scheduled prior to discharge by 20%*
- Increase patient PP education~ by 20%*

**Primary Key Drivers**

- Process for Health Risk Screening & Arranging Early Postpartum Visits
- Comprehensive Postpartum Patient Discharge Education
- Clinician Postpartum Engagement and Education
SDOH
Social Determinants of Health
SDOH Leadership Team

**Provider Leads**
- Jessica Brumley
- Karen Harris

**Nurse Lead**
- Margie Boyer

**QI Team**
- Nicole Pelligrino
- Estefanny Reyes Martinez

**Data Team**
- Estefania Rubio
- Benjamin Gessner
Postpartum Discharge Pregnancy-Related Mortality Rates
Women at Risk, Florida, 2015 to 2019

Deaths Per 100,000

Source: FL Maternal Mortality Review data
Social Determinants of Health (SDOH)

**Focus:** Assist hospitals and providers in addressing social determinants of health and maternal disparities by strengthening respectful, patient-centered care, and improving the hospital's environment and culture.

### Potential Initiative Components

| Learn about the mothers they serve, their characteristics and risk factors, and health outcomes across social determinants through their FPQC perinatal quality indicator report |
| Learn, define, commit to and implement respectful care for mothers in their hospital and listen to them over time to learn how well the hospital is doing (online survey and listening groups) |
| Screen all mothers for social determinants of health and assist and refer mothers to help meet their needs in a successful and respectful way working with community partners |
| Include family and community representatives in defining and implementing their hospital’s QI initiative. |
Hospital Perinatal QI Indicators

What is it?

- No charge to participate
- No data submission
- Semi-Annual QI indicator reports
Perinatal QI Indicator Sets

1. Non-medically indicated deliveries—PC-01
2. Nulliparous, term, single, vertex cesareans—PC-02
3. Comparative NTSV cesarean – NQF-JC-SMFM
4. Failed inductions of labor
5. Severe Maternal Morbidity—CDC
6. Unexpected Newborn Complications—CMQCC
7. Severe Hypertension/Preeclampsia—ACOG AIM
8. Obstetric Hemorrhage—ACOG AIM
9. Neonatal Abstinence Syndrome Length of Stay
Supporting FPQC Research

Maternal and Hospital Characteristics of Non-Medically Indicated Deliveries Prior to 39 Weeks

Lindsay S. Womack · William M. Sappenfield · Cheryl L. Clark · Washington C. Hill · Robert W. Yelverton · John S. Curran · Linda A. Detman · Vani R. Bettegowda

Hospital variation in cesarean delivery rates: contribution of individual and hospital factors in Florida

Yuri V. Sebastião, MPH; Lindsay Womack, MPH; Cheryl A. Vamos, PhD, MPH; Judette M. Louis, MD, MPH; Funmilayo Olaoye, MPH; Taylor Caragan, BS, CLC; Omonigho M. Bubu, MD, MPH; Linda A. Detman, PhD; John S. Curran, MD; William M. Sappenfield, MD, MPH

Hospital Variations in Unexpected Complications Among Term Newborns

Yuri V. Sebastião, PhD, MPH, a,b,c Lindsay S. Womack, MPH, a Humberto López Castillo, MD, PhD, CPH, a,d Maya Balakrishnan, MD, a Karen Bruder, MD, FACOG, a Paige Allitz, MPH, CPH, a,b,c Linda A. Detman, PhD, a,b,c Emily A. Bronson, MA, MPH, a,b,c John S. Curran, MD, FAAP, a,b,c William M. Sappenfield, MD, MPH, CPH, a,b,c

Multilevel factors associated with length of stay for neonatal abstinence syndrome in Florida’s NICUs: 2010–2015

Chinyere N. Reid a,b,c · Tara R. Foti a,b,c · Alfred K. Mbah a · Mark L. Hudak a,b · Maya Balakrishnan a · Russell S. Kirby a,b,c · Ronée E. Wilson a,b,c · William M. Sappenfield a,b,c
### PQI SUMMARY DASHBOARD

#### Last 12 months of available data

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent (mean)</th>
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<tbody>
<tr>
<td>% Non-medically Indicated Early-term Deliveries</td>
<td>17.2%</td>
</tr>
<tr>
<td>% Non-Medically Indicated Induction of Labor Among Singleton, Vertex Births at 39-40 Weeks of Gestation</td>
<td>21.8%</td>
</tr>
<tr>
<td>% Cesarean Among Singleton, Vertex, Non-Medically Indicated Inductions at 39-40 Weeks of Gestation</td>
<td>6.4%</td>
</tr>
<tr>
<td>% Severe unexpected complication of the newborn</td>
<td>1.79%</td>
</tr>
<tr>
<td>% Mod. unexpected complication of the newborn</td>
<td>2.51%</td>
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#### Data Quality Issue

- Agreement
- Unknown

### NICU LEVEL

- Level 1
- Level 2
- Level 3

### Race-ethnicity

- NH-White
- NH-Black
- Hispanic

### Payor

- Medicaid
- Private
- Self-Pay
Leading Causes of Severe Maternal Morbidity (SMM). YEAR: 2021

Your Hospital (%)
- Your hospital is among:
  - The highest 25% of hospitals
  - The highest 50% of hospitals
  - The lowest 50% of hospitals
  - The lowest 25% of hospitals

Highest hospital rate
Median
Lowest hospital rate

Blood Transfusions
- % BT 3.92%
  - BT numerator 190
  - BT denominator 4846

DIC
- % 0.17%
  - N 8
  - D 4846

Renal
- % 0.50%
  - N 24
  - D 4846

Sepsis
- % 0.33%
  - N 16
  - D 4846

ARDS
- % 0.43%
  - N 21
  - D 4846

Hysterectomy
- % 0.29%
  - N 14
  - D 4846

Shock
- % 0.21%
  - N 10
  - D 4846

Ventilation
- % 0.23%
  - N 3
  - D 4846

Eclampsia
- % 0.06%
  - N 3
  - D 4846

All Delivery Hospitals SMM by Type

<table>
<thead>
<tr>
<th>% Blood Transfusions</th>
<th>% DIC</th>
<th>% Renal</th>
<th>% Sepsis</th>
<th>% ARDS</th>
<th>% Hysterectomy</th>
<th>% Shock</th>
<th>% Ventilation</th>
<th>% Eclampsia</th>
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<tr>
<td>1.84%</td>
<td>0.30%</td>
<td>0.30%</td>
<td>0.28%</td>
<td>0.44%</td>
<td>0.18%</td>
<td>0.09%</td>
<td>0.20%</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

# of Women with SMM (all hospitals denominator) 83921
Birth Certificate Data Quality Training

Purpose is accomplished through partnerships

- Primarily driven by Florida maternity hospitals and providers
- Partnership:
  - Florida Perinatal Quality Collaborative (FPQC)
  - Florida Department of Health (FDOH)
- Also supported by other FPQC and state partnering organizations
FPQC Testimonials

“Participating in the FPQC helped our hospital collect data, examine the data and make changes in a unified manner to improve maternal and neonatal care” - MD

“As part of a collaborative, we have been given many resources so as not to re-create the wheel” - MD

“Being involved with FPQC initiatives has strengthened our department in our patient care and teamwork.” -RN
For initiatives, FPQC will:

1. Build a strong collaborative learning environment to support hospitals in driving change
2. Coordinate state and national experts and resources to support the improvement process
3. Offer content oversight and process management
4. Offer evidence-based information from both medical and quality improvement experts
5. Offer tools and resources in implementing process changes and improving documentation
6. Develop/adapt/update useful materials and tools as needed by the initiative
FPQC Initiative Resources

- **Technical Assistance**
  - from FPQC staff, state Clinical Advisors, and National Experts

- **Project-wide collaboration meetings**

- **Educational sessions, videos, and resources**

- **Monthly and Quarterly QI Data Reports**

- **Regular e-mail Bulletins**

- **Custom, Personalized**
  - webinar, phone, or on-site Consultations & Grand Rounds Education

- **Monthly Collaboration Calls with hospitals state-wide**

- **Online Toolbox**
  - Algorithms, Sample protocols, Education tools, Competencies, Slide sets, etc.
Participating Hospitals will:

- Assemble a strong QI team (physician, nurse, and administrative champions)
- Conduct regular team meetings
- Complete pre- and post-implementation surveys
- Attend kick-off and mid-project meetings
- Augment hospital policies to reflect recommended quality processes and procedure changes
Participating Hospitals will:

- ✔ Participate in monthly webinars/coaching calls
- ✔ Schedule educational and technical assistance consultations from FPQC advisors and staff as needed
- ✔ Implement adapted recommended quality processes and procedure changes within the hospital
- ✔ Submit all hospital assessment and initiative data on a regular and timely basis
PACC Initiative Timeline

**OCTOBER 2022**
- Recruit leadership team
- Application deadline
- **Kick Off Meeting, October 27**
- Complete Pre-Implementation Survey

**FALL 2023**
- Mid-Initiative Meeting

**JUNE 2024**
- Initiative completion

**JANUARY 2023**
- Individual hospital Kick Offs
- Start of:
  - Webinars/coaching calls
  - Local team/department meetings
  - On-site technical assistance
  - Data collection

**MAY 2024**
- Initiative hospital post-implementation survey
PACC Initiative Kick Off

PACC Initiative hospitals must participate in the *in-person* Kick Off Meeting that will be held on **Thursday, October 27, 2022**

If you plan to participate in the PACC Initiative, please have your team champions/leaders save the date!
Complete the online application to join PACC by:

**October 1, 2022**

Application is available at:

www.fpqc.org/pacc

Contact FPQC@usf.edu with any questions
Frequently Asked Questions
Is there a cost to participate in FPQC Initiatives?

• No – however, a small fee to cover lunch and beverages will be requested for in person meetings

• This project is supported by the Florida Department of Health, CDC, and AIM.

• Additional in-kind support comes from professional organizations across the state.
How many Champions does our hospital need to participate in each initiative?

• A minimum of 3 Leadership Team Members are required from each hospital. We encourage additional members.
• Must include an Initiative Lead, a Provider/Physician Champion, a Nurse Champion, a Data Lead, and a Hospital Administrator. These roles may overlap.
• Can also include patient representatives, social workers, navigators, and others.
Who should be the Initiative Lead?

• The Initiative Lead is the hospital official making the commitment for hospital participation, will be the Hospital Team Leader for the initiative, and the FPQC's main contact.

• This person should have influence to drive change, ultimate project oversight, and management to ensure implementation objectives and timelines are met.
Are there opportunities for personalized one-on-one programmatic support during the initiative?

• In-person, if allowed, virtual, and/or phone assistance will be always available to participants. If able we would like at least one on-site consultation for each participating hospital.

• FPQC will tailor assistance to meet local needs. This may include Grand Rounds, virtual participation in team meetings, peer-to-peer consultation, and other activities as needed.
Who from the participating hospital is required to attend the initiative in-person meetings?

• At this time, 2 people from your team are required to attend to receive the training and bring the information back to your team.
Is our hospital responsible for IRB review and approval?

• Each hospital should determine whether review and approval of your hospital IRB is necessary to participate in any FPQC quality improvement projects. Many quality improvement projects are determined to be exempt from IRB due to the nature of the work.
How will initiative data be submitted and protected?

• FPQC will provide a secure, HIPAA-compliant online data portal through REDCap for hospitals to submit initiative data.

• Each hospital will sign a data use agreement (DUA) that describes how data will be protected, used, and kept confidential.

• FPQC is not a vendor and is not providing services to your hospital so there is no need for a business associate agreement to participate.
Questions?
Thank you!

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