

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality
for Mothers and Babies

July 11, 2019

Dear Florida Hospital Leaders,

It's with great enthusiasm we invite you to participate in the Florida Perinatal Quality Collaborative (FPQC) initiative entitled Maternal Opioid Recovery Effort (MORE). The initiative is designed to assist maternal health care stakeholders develop and implement quality improvement strategies aimed at improving screening, prevention, and treatment of pregnant women who use opioids and improving standardization of their care.

The U.S. is experiencing an opioid epidemic. In Florida, the rate of delivery hospitalizations for pregnant women who use opioids increased from 0.5 per 1,000 delivery hospitalizations in 1999 to 6.6 in 2014. Unfortunately, these maternal hospitalizations influence infant outcomes as well. For Florida counties with at least five live births diagnosed with NAS in 2014-2017, rates varied greatly by counties, from 0.4 infants per 1,000 live births to 31.0. These findings indicate there is an opportunity to improve the hospital management of pregnant women who use opioids in Florida. FPQC invites you to apply to be part of our MORE Initiative. The MORE Initiative, along with the NAS Initiative (launched in Fall 2018), are attempts to improve treatment and care for the maternal-infant dyad affected by the opioid epidemic.

Focusing on FPQC's Vision, "*All of Florida's mothers and infants will have the best health outcomes possible through receiving high quality evidence-based perinatal care,*" we are proud to partner with expert perinatal health-related practitioners, representing a variety of professionals and specialties, statewide agencies and national organizations, including advocacy groups, educators, and policymakers to collaboratively support you and your hospital team to implement the best evidenced-based approaches for your mothers and babies.

A variety of resources will be provided at no cost to support interested hospital teams in their efforts, including a hospital toolkit, evidence-based clinical recommendations from the FPQC's interdisciplinary advisory group, grand rounds and technical assistance from experts in the field, online training webinars and interactive coaching calls, and secure data tracking with monthly quality improvement data reports.

To assist hospitals in learning more about the initiative and the application process, we will hold an [informational webinar on July 30, 2019 at 12 pm ET](#). An application guide for the MORE Initiative is included with this letter. To apply for the MORE Initiative, please complete the [online application](#) at this link: <https://tinyurl.com/MOREApplication>. **The deadline for submitting an application is September 30, 2019.**

We are happy to offer technical support during the application process; please email FPQC@health.usf.edu if you have questions or need assistance. Upon review of hospital applications, FPQC will reach out to applicant team leaders and champions to confirm their commitment.

FPQC will hold an in-person MORE Initiative hospital kick-off meeting for teams from participating hospitals on Thursday November 14, 2019 in Orlando. Mark your calendars. Participating hospitals will be required to attend, so make sure your hospital's team marks their calendars.

We hope your hospital will consider applying to participate in this QI initiative aimed at helping you and your hospital to improve the care of pregnant women using opioids in Florida. Thank you so much for your consideration.

Sincerely,

William M. Sappenfield, MD, MPH, CPH
Director, Florida Perinatal Quality Collaborative

Florida Perinatal Quality Collaborative

The Chiles Center for Healthy Mothers and Babies

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MATERNAL OPIOID RECOVERY EFFORT (MORE) INITIATIVE

APPLICATION GUIDE

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This application guide explains the objectives of the Maternal Opioid Recovery Effort (MORE) Initiative, reviews our model for quality improvement, your role as a participant, the project timeline and activities, and proposed project measures.

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Project Overview

The United States continues to battle an opioid epidemic that has resulted in increasing illicit use and misuse of prescription opioids among pregnant women. The rate of pregnant women diagnosed with opioid use disorder (OUD) during labor and delivery in the U.S. more than quadrupled from 1999 to 2014, according to a 2018 analysis by the Centers for Disease Control and Prevention (CDC). In Florida, the rate climbed from 0.5 per 1,000 delivery hospitalizations in 1999 to 6.6 in 2014. Similarly, the U.S. rate of infants born with neonatal abstinence syndrome or opioid dependency has increased from 1.5 infants per 1,000 hospital births in 2004 to 8.0 in 2014. And, the crisis is not improving. Florida's increase was similar, with the state's neonatal abstinence syndrome (NAS) rate minimally fluctuating from 6.6 infants per 1,000 live births in 2014 to 6.7 in 2017 using a slightly more conservative definition. However, these NAS rates vary widely by community. For Florida counties with at least five live births diagnosed with NAS in 2014-2017, the county rates (maternal county of residence) varied from 0.4 infants per 1,000 live births to 31.0. It is imperative to identify women with opioid use as early in pregnancy as possible and provide comprehensive and coordinated care, including linkage to medication assisted therapy, behavioral health therapy, home visiting services, contraceptive choice counseling, education on NAS, and other community and health plan resources.

Project Foci

Standardization of care related to:

- OUD screening
- Prevention
- Treatment
- Comprehensive discharge planning
- Policies and procedures

Project Goal

Our aim is that by 3/2021, 50% of pregnant women who use opioids will receive recommended screening, prevention, and treatment services in FPQC participating hospitals.

Why Join the Initiative

The MORE Initiative offers an opportunity for your facility to implement change and improve the identification and care provided to pregnant women using opioids. The FPQC aims to support collaborating hospitals as they form multi-disciplinary quality improvement teams, and develop and implement strategies with the ultimate goal of improving the identification, clinical care, and coordinated treatment and support for pregnant women using opioids and their infants.

Increases in the incidence of opioid use during pregnancy have been reported uniformly across community hospitals, teaching hospitals, and children's hospitals. All communities and all ethnicities have been affected. The rise in NAS has resulted in increased healthcare costs particularly in the Medicaid population. Joining the initiative helps your hospital work in an interactive collaborative with resources to help you implement evidence-based quality improvement recommendations. It also offers an environment to learn together with others on the best strategies, methods and tools to adapt and implement in your hospital. Hospitals that participate in multi-hospital quality improvement collaboratives achieve more gains faster than those who do so alone. Past participants have found it useful to not have to "reinvent the wheel."

Read on to learn what kind of support the FPQC can provide participating hospitals and what hospitals will be asked to commit in order to participate. If you have any questions about the information presented here, please email FPQC@health.usf.edu.

Hospital Collaborative Initiative

We plan to achieve improvements in the care of pregnant women who use opioids by implementing best practice guidelines as developed by the FPQC MORE Advisory Work Group. Participating hospitals will start the initiative together in at the kickoff in November 2019, launch their projects in their local facilities in January 2020, and agree to tailor and implement all hospital identified process improvements over the next 15 months.

FPQC will:

- Build a strong collaborative learning environment to support hospitals with driving change
- Coordinate experts and other resources to support the improvement process
- Offer content oversight and process management for the initiative
- Offer participants with evidence-based information on the subject and information on application of that subject matter via medical and quality improvement experts
- Offer tools and resources to support hospitals in implementing process changes and improving documentation
- Develop/adapt/update useful materials and tools as needed by the initiative
- Host an online resource toolbox for hospital implementation
- Offer guidance and feedback to participating hospitals on executing improvement strategies
- Provide educational events and conduct on-site technical assistance consultations
- Convene monthly interactive learning sessions to support hospitals in driving change
- Facilitate an online data submission process and monthly quality improvement data reports for participating hospitals as well as a baseline assessment report
- Communicate progress and deliverables to the stakeholders of FPQC
- Evaluate and report results in a fashion that does not publicly identify hospitals and providers

In 15 months, participating facilities will implement strategies until core components are adapted and fully implemented. We expect participating hospitals and providers to make a commitment to implementing change and reporting your progress during the collaborative for the benefit of all participants statewide.

Participating Collaborative Hospitals are required to:

- Assemble a strong and fully-committed QI team including physician, nurse and administrative champions and conduct regular team meetings to track progress throughout the initiative.
- Complete FPQC pre- and post-implementation surveys.
- Commit at least one team member to attend every MORE learning series webinar and/or coaching call.
- Schedule an onsite educational and technical assistance visit from FPQC advisors.
- Develop, add or amend hospital or department policy or guidelines to reflect recommended quality processes and procedure changes.
- Sign a Data Use Agreement and document, submit, track, and report all required FPQC process and outcome measures on a monthly basis throughout the initiative.
- Notify FPQC of changes to the QI team.

- Send at least two members of your team to participate in the November 14, 2019 Kick-Off meeting in Orlando and attend a second Initiative face-to-face training meeting in 2020.
- Actively participate in one of the monthly interactive learning sessions sharing progress, overcoming challenges, seeking consultation, or other topics.

Hospital Administrator in Participating Hospitals:

- Promote the goals of the collaborative and develop links to hospital strategic initiatives.
- Provide the resources to support their team, including time to devote to this effort (team meetings, learning sessions, and FPQC MORE in-person meetings) and facilitate active senior leadership involvement as appropriate.
- Closely track initiative progress to assure adequate initiative support during the project duration.

Hospital MD and Nurse Leaders in Participating Hospitals:

- Lead the hospital's quality improvement efforts, including convening regular QI team meetings.
- Develop a strategy for accountability among partners to help assure progress toward local goals.
- Attend MORE initiative in-person meetings and monthly collaborative learning sessions.
- Share information and experiences from the initiative with fellow participants on coaching calls/webinars and at in-person meetings.
- Perform tests of change that lead to process improvements in the organization.
- Work with your peers to gain support and incorporate initiative components into practice.
- Spread successes across the entire hospital system where applicable.

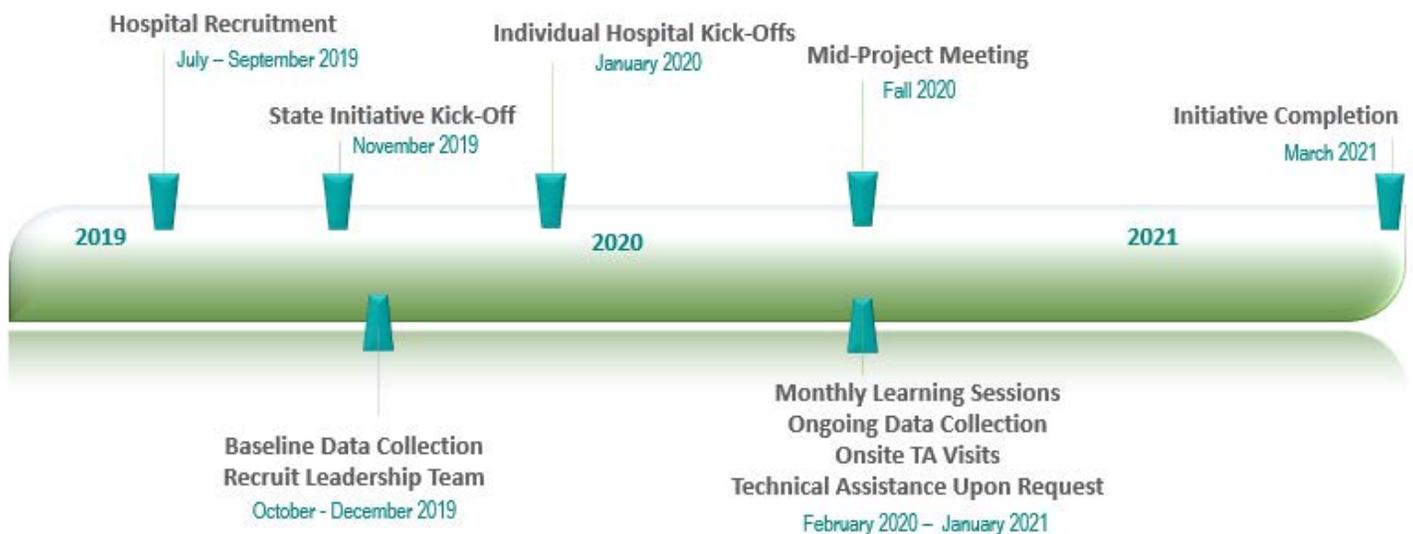
Strategies will be adaptable to all hospital settings. Each facility can either adopt an existing set of protocols or guidelines and tools or develop/adapt protocols or guidelines and tools using the evidence-based elements.

MORE hospitals will learn improvement strategies that include establishing goals and methods to develop, test, and implement changes to their systems as part of a hospital implementation plan. Quantitative and qualitative data will be collected by sites, submitted to FPQC monthly via a HIPAA-compliant, secure online interface, and shared regularly with hospital teams in a de-identified fashion. A data use agreement will be provided to accepted hospitals for review and signature by appropriate hospital administration.

MORE Initiative Timeline

Timeline is subject to change.

Tasks	Target Completion Date
Recruit Leadership Team and Submit Hospital Application to Participate	September, 9 2019
Submit Hospital Commitment Agreements	October 2019
Prepare for Hospital Kick Off, Establish Local Team Meeting Schedule, Collect and Submit Baseline Data	October – December 2019
In-person MORE Kick-Off Meeting Training, Complete Pre-Implementation Survey	November 14, 2019
Draft a hospital implementation plan that is actively updated over time	January 2020
Individual Hospital Kick-Offs of MORE Initiative	January 2020
Regular Learning Sessions for training and collaboration (including at least one presentation from each facility on your progress). Hold regular local team/department meetings.	December 2019 – March 2021
On-Site Technical Assistance Consultations from FPQC	January 2020 – March 2021
Ongoing Data Collection and Technical Assistance upon request	January 2020 – February 2021
Mid-Project In-person Meeting	Fall 2020
Hospital Post-Implementation Survey	May 2021
Initiative Completion	March 2021



MORE Recommended Key Practices

- I. Form a multi-disciplinary team to address MORE
- II. Develop and implement a hospital protocol or guideline to screen all pregnant women for substance abuse and SUD
- III. Develop and implement a hospital protocol or guideline for pain management for all postpartum and discharged mother with vaginal and cesarean births.
- IV. Complete secondary screenings and assessments for women with opioid use/exposure
- V. Develop a hospital guideline to manage women with OUD and referral to needed services
- VI. Provide patient and provider education on OUD in your hospital and community
- VII. Fully implement comprehensive discharge planning for every postpartum woman with opioid exposure

A key driver diagram that visualizes factors that impact outcomes in order to assist in prioritizing strategies and actions to improve outcomes is included in Appendix A.

Initiative Core Measures

Data is a key component of quality improvement; what gets measured gets managed! Participants will focus on improving practice metrics for their institution relative to their baseline measures (aggregate and de-identified data provided by participating sites). Metrics will be made available for all sites in a de-identified fashion for ready comparison across institutions.

Participating hospitals will be asked to collect and submit data to support outcome, process, and balancing measures. Please see the Measurement Grid in Appendix B for more information on each measure.

How to Apply

To be involved in MORE Initiative, please complete the online application at this link: <https://tinyurl.com/MOREapplication>. The deadline for submitting an application is September 30, 2019.

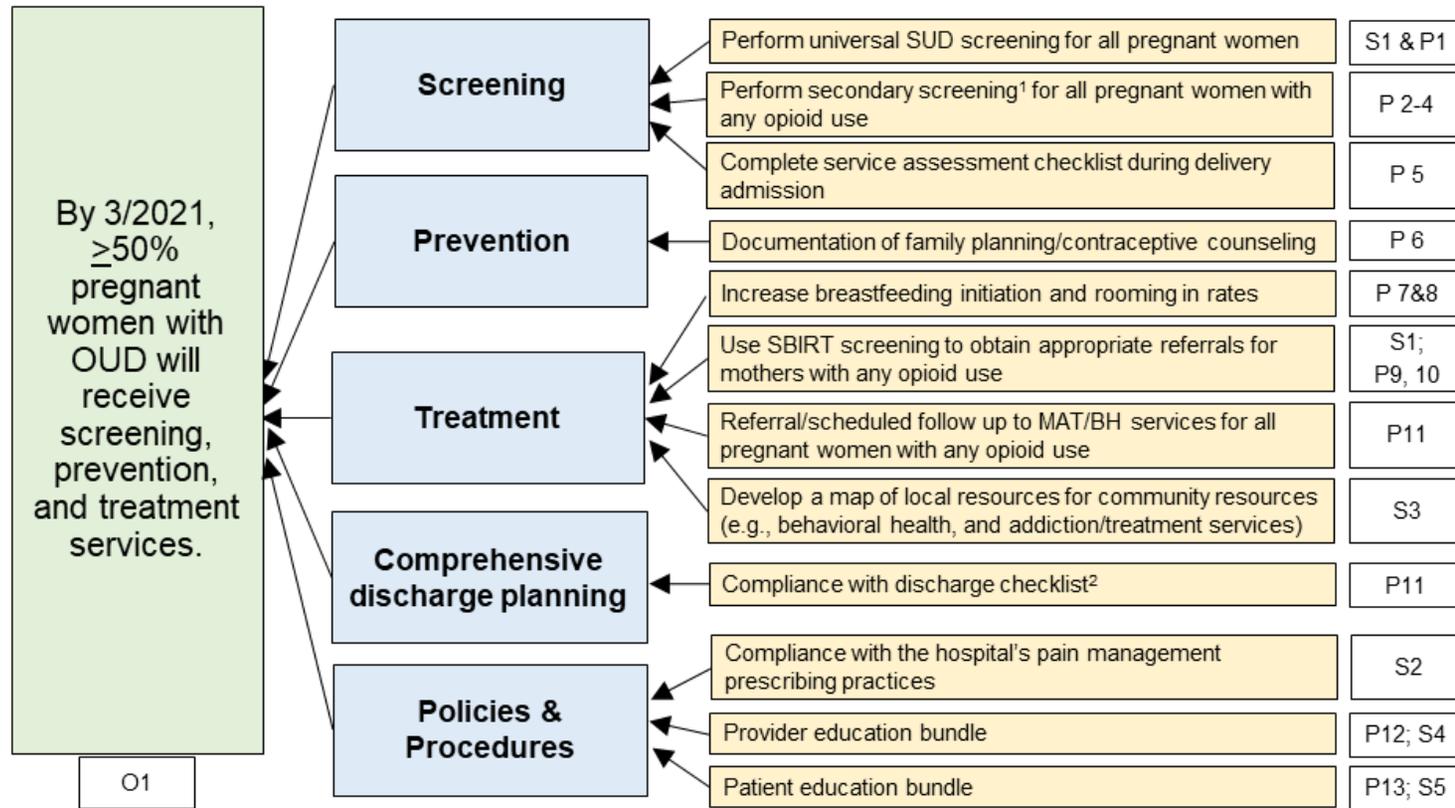
It is important that you coordinate with your entire department to ensure everyone is aware that you are submitting an application and your hospital does not submit more than one application with different champions. A minimum of 3 team leaders are required. We will contact all team members by email to confirm commitment; **a response from all team members will be required to complete your application.**

If accepted, a Hospital Commitment Letter signed by an appropriate authorizing hospital executive will be required. A Data Use Agreement will be provided to accepted hospitals.

APPENDIX A: KEY DRIVER DIAGRAM

A key driver diagram is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes.

Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any exposure to opioids and their infants



¹Secondary screening: 1) infectious diseases: HIV, HepB, HepC, GC, CT, trichomonas, syphilis, Tb and HepA if risk factors are present; 2) mental health including PPD

² Discharge checklist: 1) Postpartum depression screening, 2) Scheduled OB postpartum visit, 3) Scheduled Behavioral Health and/or MAT visit or referral, 4) Narcan Counseling, 5) Social work consult, 6) Pediatric consult 7) Contraception counseling & plan 8) Healthy Start/Home visiting program referral, and 9) patient education bundle

APPENDIX B: MEASUREMENT GRID

These measures will be calculated and reported to the hospitals in a quality improvement data report so that facilities can track their progress.

NOTE: These measures are subject to change during the process of finalizing data collection and reporting tools.

Inclusion Criteria: Any pregnant women who is admitted to a hospital for delivery with any opioid use during this pregnancy, regardless of infant outcome.

Exclusion Criteria: Pregnant women who are in observation status or seen in the emergency department, pregnant women not admitted for delivery.

#	Outcome Measure	Description	Frequency
1	Screening, prevention, and treatment services	Numerator: Total # of women with any opioid use during this pregnancy who received screening, prevention, and treatment services* Denominator: # of women with any opioid use during this pregnancy admitted for delivery Exclude: Women referred from Substance Abuse Treatment Facilities & Clinics do not require screening. *Each of the components of screening, prevention and treatment services are described below.	Monthly Source: FPQC
2	Pregnancy associated Substance abuse deaths	Numerator: Total # of women with a substance abuse related death within 1 year of delivery Denominator: Number of women delivering in that year	Annually Source: State Maternal Mortality Review process

#	Structural Measure	Description	Frequency
1	Universal screening	<p>Hospital: Numerator: # of hospitals that have implemented a universal screening* protocol/guideline for OUD (<u>for all pregnant patients</u>) Denominator: # of participating hospitals Report: Not started, planning, in place, fully implemented</p> <p>PNC sites: Numerator: # of prenatal care (PNC) sites affiliated with your hospital performing screening for OUD with all pregnant patients which includes SBIRT, linkage to care, brief intervention, and referral Denominator: # of PNC sites affiliated with your hospital *This denotes <u>screening, not biologic testing</u>; Screening tests include NIDA, 4Ps, 5Ps, CRAFFT and others;</p>	Quarterly Source: AIM (Rq)
2	Pain Management Prescribing Practices	<p>General Numerator: # of hospitals that have implement a guideline/protocol for post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription Denominator: # of participating hospitals Report: Not started, planning, in place, fully implemented</p> <p>OUD specific Numerator: # of hospitals with OUD specific pain management and opioid prescribing guidelines/protocol Denominator: # of participating hospitals</p>	Quarterly Source: AIM (Rq)
3	Mapping of local resources	<p>Hospitals: Numerator: Total # of hospitals with completed Local OUD Treatment Resources Document to map local community resources (MAT/addiction treatment services/behavioral health support/other community services) for pregnancy and postpartum women with OUD</p>	Source: AIM (O) PNC sites to be collected by Healthy Start?

		Denominator: # of hospitals Prenatal care sites: Numerator: Total # of PNC sites per county with completed Local OUD Treatment Resources Document to map local community resources (MAT/addiction treatment services/behavioral health support/other community services) for pregnancy and postpartum women with OUD Denominator: # of prenatal care sites per county	
4	PNC sites with standardized educational materials	Numerator: # of PNC sites using standardized materials for educating women with any opioid use, regarding OUD and pregnancy and mother's role in NAS newborn care Denominator: # of PNC sites	Source: AIM (O) Collected by Healthy Start?

#	Process Measures	Description	Frequency
	Some process measures will be reported on individual infants, and some will be reported on individual hospitals.		
1	Universal Screening	Abstract sample of 10 medical records/month of all pregnant women admitted for delivery to determine if SUD screening was documented in the medical record (either prenatally or during delivery admission) Numerator: # of women with documented SUD screening, regardless of opioid use. Denominator: sample of 10 women admitted for delivery Exclusion: Women referred from substance abuse treatment facilities and clinics do not require screening This denotes <u>screening, not biologic testing</u> ; Screening tests include NIDA, 4Ps, 5Ps, CRAFFT and others;	Monthly Source: AIM (O)
2	Secondary screening - Infectious diseases	Numerator: # of women with any opioid use screened for: HIV, hepatitis B, hepatitis C, gonorrhea, chlamydia, trichomonas, syphilis prenatally or during delivery admission, prior to maternal discharge. Tuberculosis and hepatitis A should also be screened if risk factors are present	Monthly Source: AIM (O)

		Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	
3	Secondary screening – Mental Health screening	Numerator: # of women with any opioid use screened for mental health prenatally or during delivery admission, prior to maternal discharge Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	Monthly Source: AIM (0)
4	Service assessment checklist	Numerator: # of women with a complete service assessment checklist included in the medical record Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	Monthly Source: FPQC
5	Family planning/contraceptive counseling	Numerator: # of women with any opioid use with contraception counseling and plan documented in the medical record prenatally or during delivery admission, prior to maternal discharge Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	Monthly Source: FPQC
6	Breastfeeding initiation	Numerator: Total # of women with any opioid use who started breastfeeding prior to maternal discharge Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery Exclusion: MOM contraindicated, fetal or infant death, infant transferred at birth, adoption.	Monthly Source: ILPQC
7	Rooming-in	Numerator: # of women with any opioid use rooming-in with neonate prior to maternal discharge Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery Exclusion: fetal or infant death, infant transferred at birth, adoption.	Monthly Source: AIM (0)

8	<p>MAT/Behavioral Health (BH) Services – all</p>	<p>Numerator: Total # of women with any opioid use who received MAT and/or BH services prior to delivery admission Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery</p> <p>Exclude from the numerator: women who received treatment after delivery</p> <p>NOTE: the patient may not be receiving MAT at the time of delivery, but she must have had received MAT at any point during this pregnancy</p>	<p>Monthly Source: AIM (Rq)</p>
9	<p>MAT/BH Services- women not previously identified</p>	<p>Numerator: Total # of women not previously identified with any opioid use who deliver an Opioid Exposed Newborn (OEN) referred to MAT or other opioid treatment programs prior to maternal discharge</p> <p>Denominator: Total # of women not previously identified with any opioid use during this pregnancy who deliver OEN</p> <p>Exclude: women identified with OEN prior to delivery admission</p>	<p>Monthly Source: AIM (O)</p>
10	<p>Comprehensive discharge planning bundle</p>	<p>Need all of the following bundles prior to discharge: 1) Postpartum depression screening, 2) Scheduled OB postpartum visit, 3) Scheduled Behavioral Health and/or MAT visit or referral, 4) Narcan Counseling, 5) Social work consult, 6) Pediatric consult, 7) Contraception counseling and contraceptive discharge plan 8) Healthy Start and/or Home visiting program referral, and 9) education on all of the following: universal screening, MAT & treatment issues, infectious/mental health comorbidities, NAS including non-pharmacological management, family planning and Narcan counseling.</p> <p>Numerator: Total # of women with any opioid use where comprehensive discharge planning was fully completed (must be compliant with ALL comprehensive discharge planning bundle elements). Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery</p> <p>Exclusions: Pediatric consult, home visiting referral, and education on non-pharmacological management are not needed if the infant is not going to be discharged with the mother.</p> <p>Patients <u>must</u> have either a referral or follow-up appointment for the listed services</p>	<p>Monthly Source: FPQC/AIM(O)</p>

<p>11</p>	<p>MORE education bundle compliance for staff and providers.</p>	<p>Training bundle includes all of the following: 1) universal screening, 2) trauma-informed care, 3) psychology of addiction, 4) motivational interviewing, 5) clinical guidelines to reduce use of opioids in pain management 6) family planning 7) infectious/mental health co-morbidities</p> <p>Nurses: Numerator: # of nurses who received education on EACH topic of the MORE education bundle to date Denominator: Total # of nurses who care for pregnant women</p> <p>Providers: Numerator: # of advance practice nurses (ARNPs, PAs), and physicians who received education on EACH topic of the MORE education bundle to date</p> <p>Denominator: Total # of advanced practice nurses (ANRPs, PAs) and physicians who care for pregnant women</p>	<p>Quarterly Source: FPQC/AIM(O)</p>
<p>12</p>	<p>MORE education bundle compliance for women with opioid use</p>	<p>Training bundle includes all of the following: 1) universal screening 2) MAT & treatment issues 3) infectious/mental health comorbidities 4) NAS including non-pharmacological management 5) family planning 6) Narcan counseling</p> <p>Numerator: # of women with any opioid use who received education on EACH topic of the MORE education bundle prior to discharge*</p> <p>Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery</p> <p>Exclusion: education on non-pharmacological management are not needed if the infant is not going to be discharged with the mother.</p> <p>*To be included in the numerator, must be compliant with ALL comprehensive discharge planning bundle elements.</p>	<p>Monthly Source: AIM/ILPQC/FPQC</p>