



Partnering to Improve Health Care Quality
for Mothers and Babies

Welcome from the Executive Director, John S. Curran, MD!

We at the Florida Perinatal Quality Collaborative were extremely pleased with the turnout for our Second Annual Conference in March. In fact, participation from our stakeholders increased by almost 40% over last year's Conference. What a remarkable sign that Florida's perinatal practitioners and proponents are supporting our initiatives to improve the health outcomes of mothers and babies through evidence-based practices! I, personally, would like to thank all of you who attended for making the Conference such a great success. Your individual input and contributions have helped advance our collective efforts statewide. I also would like to thank and recognize William M. Sappenfield, MD, MPH – Professor and Chair, Department of Community and Family Health and Director, The Lawton and Rhea Chiles Center for Healthy Mothers and Babies at USF College of Public Health – as well as my staff and our supporters, the Florida Chapter of the March of Dimes, the Florida Hospital Association and the Florida Department of Health, for their dedicated efforts in pulling the Conference together.

For those who were unable to attend, we received tremendous feedback from attendees on the presentations

by our esteemed speakers – Dr. Jeffrey B. Gould, California Perinatal Quality Care Collaborative; Dr. Jay D. Iams, Ohio Perinatal Quality Collaborative; Celeste G. Milton, The Joint Commission; and, Dr. Joan Younger Meek, Florida State University College of Medicine. Attendees learned a great deal of information on perinatal QI endeavors nationwide in a short amount of time, and they were able to interact with our experts through Q&As. Speakers' topics included detailed information on The Joint Commission's new required perinatal core measures, California's QI protocol for antenatal steroids in women threatening preterm delivery, methods to sustain a perinatal quality collaborative, Ohio's best practices for progesterone to prevent preterm birth in singleton pregnancies and strategies for implementing exclusive breast milk feeding at maternity facilities. In addition to our own update and panel on the FPQC's current neonatal catheter associated bloodstream infection (NCABSI) initiative, we offered attendees break-out sessions (peer-to-peer discussions) on critical topics – such as neonatal abstinence syndrome and early elective deliveries – so they could share their specific facility's experiences and systems. Finally, more than twenty hospitals and organizations shared posters on their individual obstetric and neonatal QI initiatives taking place. Attendees came from all over the state and from multiple disciplines and professions so the Conference served as an outstanding platform for peer networking. Due to

the Conference's success, we are already starting to plan next year's Conference and hope to deliver the same high-quality learning and networking environment. For this year's Conference materials, please click [here](#).

Our Conference was another milestone as the FPQC continues to gain momentum across the state and nation. As you will see in this brief newsletter, we have some exciting updates on current initiatives as well as information on new initiatives set to roll out over the next few months. Please take a few minutes to read up on our latest activities and learn about upcoming events. If you have any questions, please contact us by email at fpqc@health.usf.edu or by phone at 813-974-8888. Enjoy our newsletter!

Sincerely,

Inside This Issue:

- ◆ New Florida Obstetric Hemorrhage Initiative
- ◆ Updates on Delivery Room Management (DRM), NCABSI and EED Initiatives
- ◆ Physician Lead Investigator Spotlight
- ◆ Florida Association of Healthy Start Coalitions Annual Summer Meeting
- ◆ FPQC's Level III NICUs Meeting in September

Florida Obstetric Hemorrhage Initiative (OHI)

The Florida Perinatal Quality Collaborative, District XII American College of Obstetricians and Gynecologists (ACOG), Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), Florida Council of Nurse Midwives, Florida Hospital Association, and the Florida Department of Health have partnered to develop a Florida Obstetric Hemorrhage Initiative (OHI).



Recognizing that quality and safety are a strategic imperative for an increasing number of health care organizations, this partnership has looked for ways to successfully reduce leading causes of Florida's maternal mortality and morbidity.

Background:

Although there is no clear trend, Florida's pregnancy-related mortality ratio (PRMR) has fluctuated from 13.3 in 2005 to 26.2 in 2009. Hemorrhage was one of the top causes of maternal mortality, accounting for 15% of deaths during this time period (FL Pregnancy Associated Mortality Review or PAMR). Hemorrhage is considered to be highly preventable. The California Department of Health (2011) reported that 70% of obstetric hemorrhage-related deaths reviewed during a 2002-2003 pregnancy-associated mortality review had a strong or good chance of being prevented (Bingham and Jones, 2012). A study in North Carolina suggested even a higher percentage. Improved quality of medical care has been identified as the most important factor for the prevention of these deaths. More than 90% of the potentially preventable morbidity and mortality due to hemorrhage is because of provider-related factors, notably incomplete or inappropriate management (Della Torre, et al, 2011). A 2011 study found that delay in treatment or diagnosis, ineffective management, and lack of proper preventive measures for hemorrhage led to preventable pregnancy-related deaths and extreme morbidity (Della Torre, et al, 2011).

Changes in clinical practices could have a large effect on preventing hemorrhage (Bingham and Jones, 2012; Bingham, et al, 2011). Because only about 2.9% of births result in hemorrhage, it is a relatively rare phenomenon (Callaghan, et al, 2010). As a result, many hospitals do not have a hemorrhage protocol in place and do not perform drills (Bingham and Jones, 2012). Obstetric teams have "consistently failed to recognize, be ready, and respond" to hemorrhage situations that often end in maternal morbidity and mortality. Hospitals that do have protocols in place may not include all evidence-based strategies or consistently apply them.

The FPQC's OHI Moving Forward:

In order to address Florida's pregnancy-related mortality, the Florida Department of Health contracted with the FPQC to convene a group of maternal health, public health, and quality improvement leaders to work on a maternal mortality prevention initiative. The group has developed an obstetric hemorrhage quality improvement initiative focused specifically on Florida hospitals. The FPQC will begin recruiting hospitals in July to implement the first initiative designed using evidence-based strategies.

For more information on this initiative, please contact us by email at fpqc@health.usf.edu.

To learn more about the FPQC, please visit us at <http://health.usf.edu/publichealth/chilescenter/fpqc/> and like us on Facebook at <https://www.facebook.com/FPQCatUSF/>.

Delivery Room Management (DRM) Pilot Initiative

The successful transition from fetal to neonatal life involves many complex physiologic changes. Interventions during this time period have been shown to have a great influence on a baby's future morbidities. Optimizing delivery room management of newborns provides many opportunities to impact outcomes positively with a lower occurrence of preventable illnesses.

The FPQC has chosen to support a "Delivery Room Management" quality improvement initiative during this vital "Golden Hour." The new QI initiative will focus on deliveries of infants less than 30 weeks gestation or less than 1,500 grams. The team has been working diligently to develop a toolkit, data collection systems and website access to our project information. A number of Florida NICUs have expressed interest in joining the FPQC's efforts. Our goal is to have a potential roll out to 6 pilot hospitals over the next several months starting in Summer 2013.



The lead investigator – Maya Balakrishnan, MD, Assistant Professor, Department of Pediatrics, University of South Florida Morsani College of Medicine – is seeking volunteers for a diverse team that spans medical and patient care disciplines as well as various professions to support her in this initiative. If you are interested in joining this team, please contact mbalakri@health.usf.edu to learn more on how you can be of assistance.

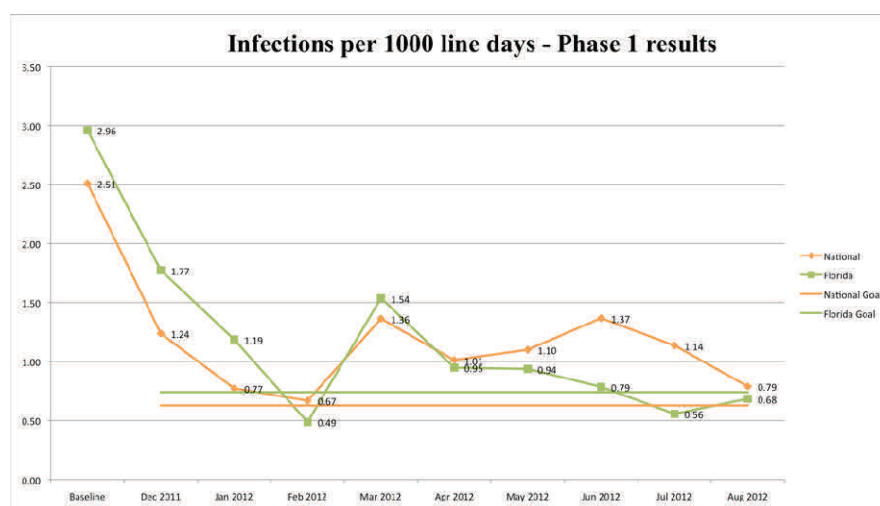
Neonatal Catheter Associated Bloodstream Infection (NCABSI) Update

The FPQC participated with 8 other state collaboratives in the NCABSI initiative, beginning in December 2011. This project was the FPQC's first newborn quality improvement initiative. Sixteen Florida NICUs participated in Phase 1, which was completed in August 2012 and led to a 77% reduction in the state's central line associated infection rate, from a baseline of 2.96/1000 line days to 0.68/1000 line days (Figure).

The effort included individual site visits by the state project leader, conference calls involving participating centers and a series of webinars on utilizing the American Hospital Association's Comprehensive Unit-Based Safety Program (CUSP) to achieve and sustain culture change. Key to

this reduction was an action plan that included a defined insertion bundle, a maintenance bundle and goals to reduce overall line days by removing central lines in place for nutrition only once the infant was tolerating 120 ml/kg/day of enteral feeds (currently at 10.2% in Florida during phase 2 as of May 2013).

The original 9-state collaborative amassed data on over 166,000 line days, with Florida contributing over 47,000 line days during Phase 1. The spirit of cooperation and collaboration which grew out of this project will give Florida a strong foundation for future projects. Phase 2 is underway with the goal of maintaining the gains achieved in Phase 1 and expanding the action plans to other NICUs across each participating state. The NCABSI project has expanded nationally in Phase 2 to include over 150 NICUs in 13 states, with over 294,000 line days (over 71,000 from Florida) through the end of May 2013. If you have any questions about this initiative, please contact the lead investigator, Dr. Douglas E. Hardy, at dehardy57@icloud.com.



Early Elective Deliveries (EED) Update

Due to the success of the FPQC's partnership in the March of Dimes (MOD) 2011 Big 5 Project to reduce non-medically indicated deliveries <39 weeks, the FPQC has expanded this initiative to more Florida hospitals by continuing to partner with the MOD and the Florida Hospital Association (FHA). The three organizations, through the Health Research & Educational Trust (HRET) Hospital Engagement Network (HEN), continue working together to assist participating hospitals in moving towards the goal of reducing EED to 3% or less by the initiative's conclusion in December 2013, using the toolkit from the MOD Big 5 Project.

In addition, the FPQC is working with ACOG District XII to reach out to hospitals not yet identified as working with MOD or the HEN to provide support and technical assistance in addressing EED. Plans are in the works for a multi-hospital meeting in October 2013 to provide education and training to interested hospitals in southeast Florida. To learn more or to become involved, please contact Linda Detman at ldetman@health.usf.edu.

FPQC Physician Lead Investigator Spotlight: Douglas E. Hardy, MD



Born and raised in Orlando, Dr. Hardy attended undergraduate school at the University of Central Florida and medical school at the University of South Florida. He remained in Tampa to complete a residency in Pediatrics, including a year as chief resident and then a fellowship in Neonatology. After completing his Neonatal fellowship, Dr. Hardy was able to return to Orlando to join Neonatology Associates of Central Florida at Orlando Regional Medical Center. In 1994, Dr. Hardy became Medical Director of the Neonatal Transport Team, a position he held for over 15 years. Dr. Hardy was named Clinical Director of the 112 bed NICU at Winnie Palmer Hospital in 2008. As Clinical Director, he has championed quality improvement and patient safety through the implementation of evidence-based best practices. His goals include empowering and engaging every staff member in the NICU to become an active participant in a coordinated multidisciplinary care team.

Dr. Hardy was honored to be named by the Orlando Health Nursing Leadership Team as one of 24 Exemplary Physician Colleagues in 2012. He was invited to serve on the Orlando Health Collaborative Quality Advisory Council and the Winnie Palmer Hospital Quality Council. Dr. Hardy leads the NICU Quality Collaborative and is developing bedside Quality and Safety Rounds for the NICU. He has served as the state lead for initial neonatal project for the FPQC, a 9-state collaborative known as the NCABSI (Neonatal Catheter Associated Blood Stream Infections) Project with the goal of reducing neonatal central line infections by 75%. At the end of Phase 1, Florida had realized a 77% reduction. Dr. Hardy is continuing as the Florida State Lead for Phase 2 of the project which has been expanded to a total of 13 states.



2013 Summer Annual Meeting

August 5-7, 2013
St. Augustine, FL

EMERGING ISSUES IN MATERNAL CARE



For more information, please contact Annette Gardiner, Broward Healthy Start Coalition, Inc., by email at agardiner@browardhsc.org or by phone at (954) 563-7583 ext. 303.

Conference Website: <http://www.healthystartflorida.com/training.asp>

Florida Perinatal Quality Collaborative



SAVE THE DATE:

NEONATAL-FOCUSED MEETING: SEPTEMBER 27, 2013

9:00 AM - 3:00 PM

Annual meeting for Florida's current Level III NICUs

Review of 2012 as well as 5-Year Vermont Oxford Network Centers and FPQC Data

Who Should Attend: Physician and nurse teams from each Level III NICU (2 per team recommended)

Where: Bilirakis Room, The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

3111 East Fletcher Avenue Tampa, FL 33613

Meeting Participation Fee: Free*

*Attendees are responsible for travel costs, but lunch will be provided.

For the draft agenda or to RSVP, please email fpqc@health.usf.edu.

Florida Perinatal Quality Collaborative at The Lawton and Rhea Chiles Center for Healthy Mothers and Babies



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To apply to become a member of the FPQC directly online, please visit us at www.usf.edu/ua/perinatal.



The mission of the Florida Perinatal Quality Collaborative (FPQC) at The Chiles Center is to improve Florida's maternal and infant health outcomes through assuring quality perinatal care for all of Florida's women and infants. We seek to collaborate with all Florida perinatal health care stakeholders using data-driven, value-added quality improvement processes in projects aimed at enhancing maternal and infant health.

Goals

- ◆ Engage perinatal health care stakeholders in the design, implementation and evaluation of a data-driven process for value-added, cost-effective perinatal health quality improvement efforts.
- ◆ Build and sustain consensus, awareness and support across the state regarding the value and benefits of participation in the FPQC.

Supported in part by:



**Promoting Better Outcomes for our Mothers and Babies
Through Improved Health, Advanced Care and At Lower Costs!**

