



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

FPQC Partners & Funders



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



AWHONN
FLORIDA
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



AGENCY FOR HEALTH CARE ADMINISTRATION



Mission to Care. Vision to Lead.



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



Florida Society of Neonatologists

Advancing the Care of Neonates in the Sunshine State



FLORIDA ACADEMY OF
FAMILY PHYSICIANS
SUPPORT FLORIDA'S FAMILY PHYSICIANS



New Hospital Perinatal QI Participation Parameters

Florida Statute

All Florida maternity hospitals are required to participate in two FPQC quality improvement initiatives at all times.

CMS QI Reporting

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.

Joint Comm. Requirement

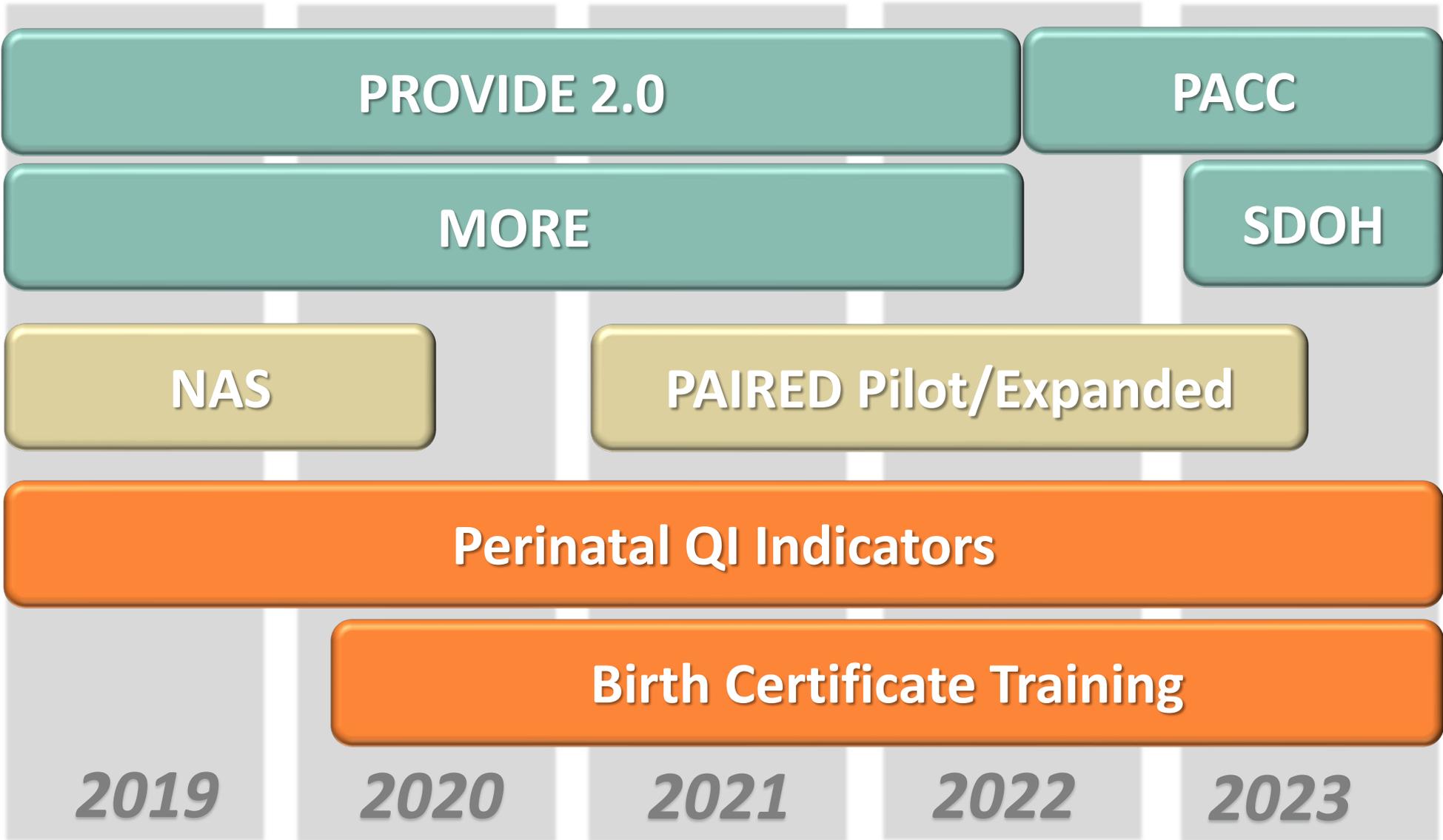
TJC accredited hospitals must select one hospital QI health equity issue and present a series of QI steps performed to address this issue.

FPQC Initiatives

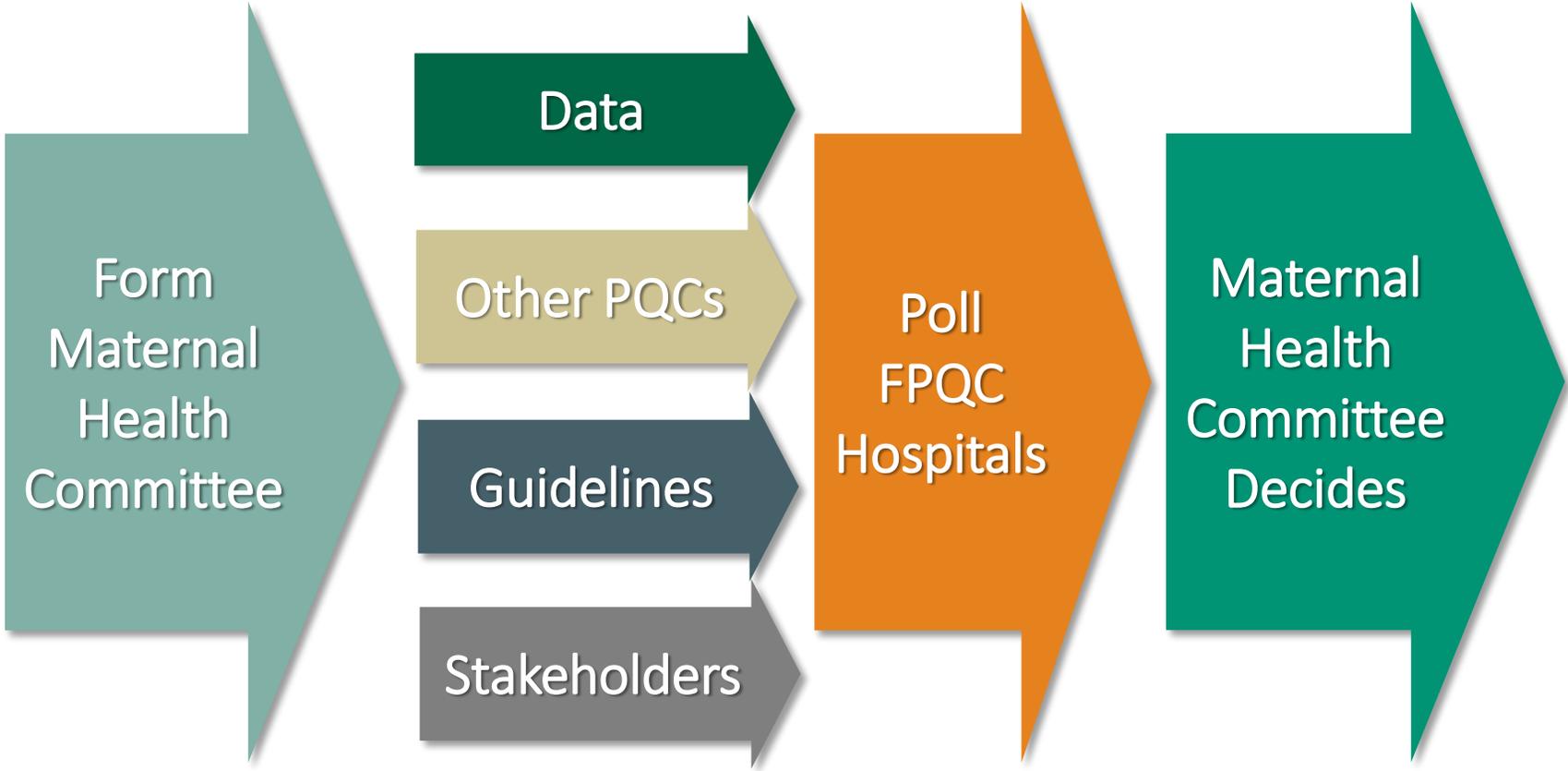
Maternal
Health

Infant
Health

Data



Selecting Maternal Health Initiatives



PACC



SDOH



Why Participate in an FPQC Initiative?

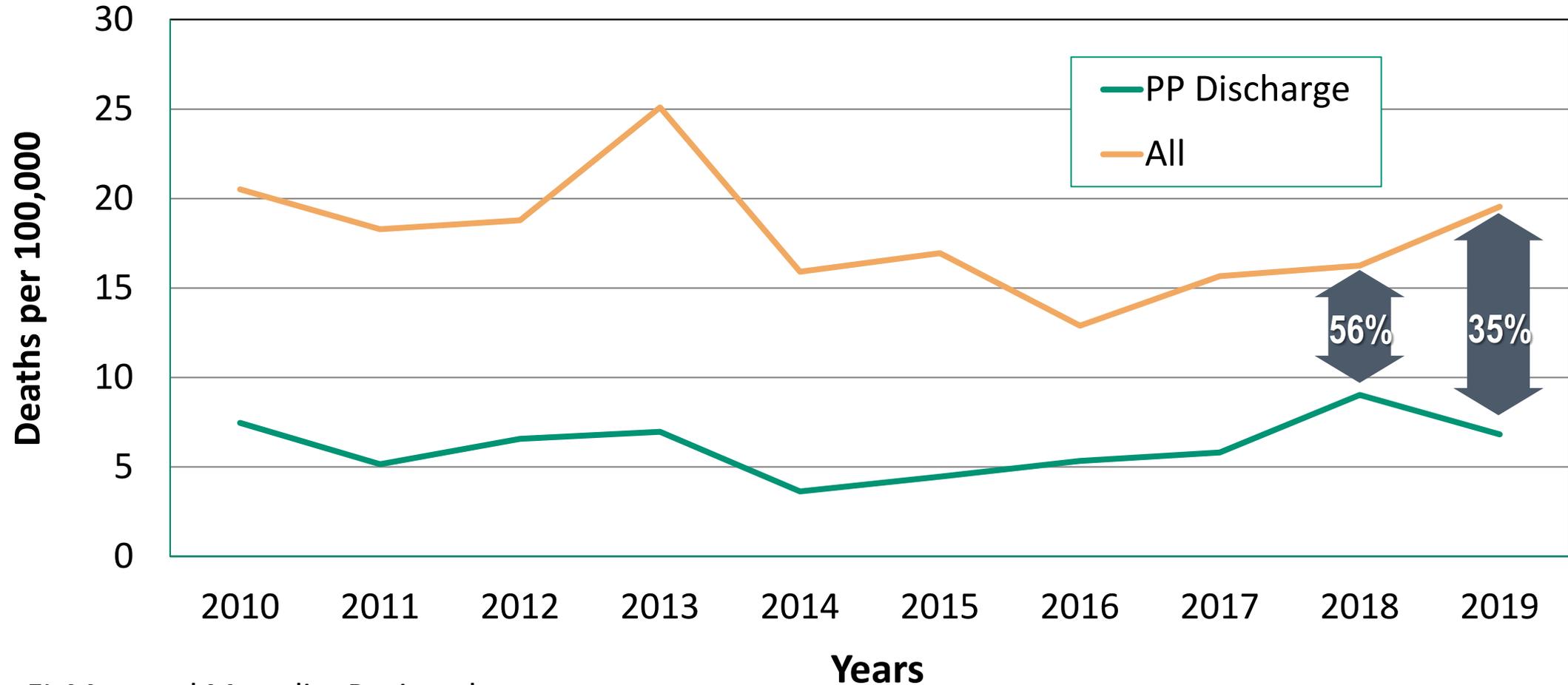
- Provides a complete hospital QI initiative at no charge including background, change package, rapid data reporting and coaching/mentoring/sharing.
- Initiatives are developed using evidence-based guidelines, research, best practices, and national expert consultation.
- Promotes networking among clinicians 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

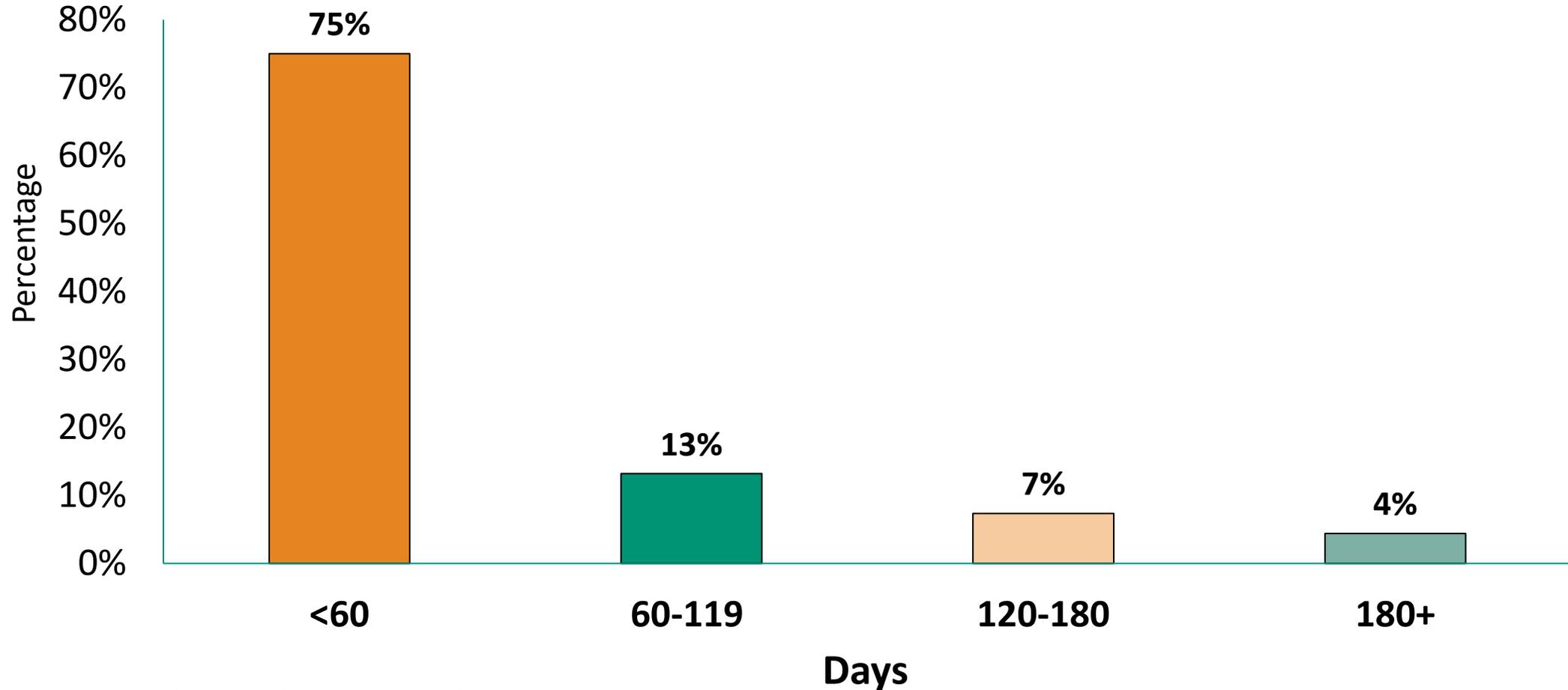


Pregnancy-Related Mortality Rates Florida, 2010 to 2019



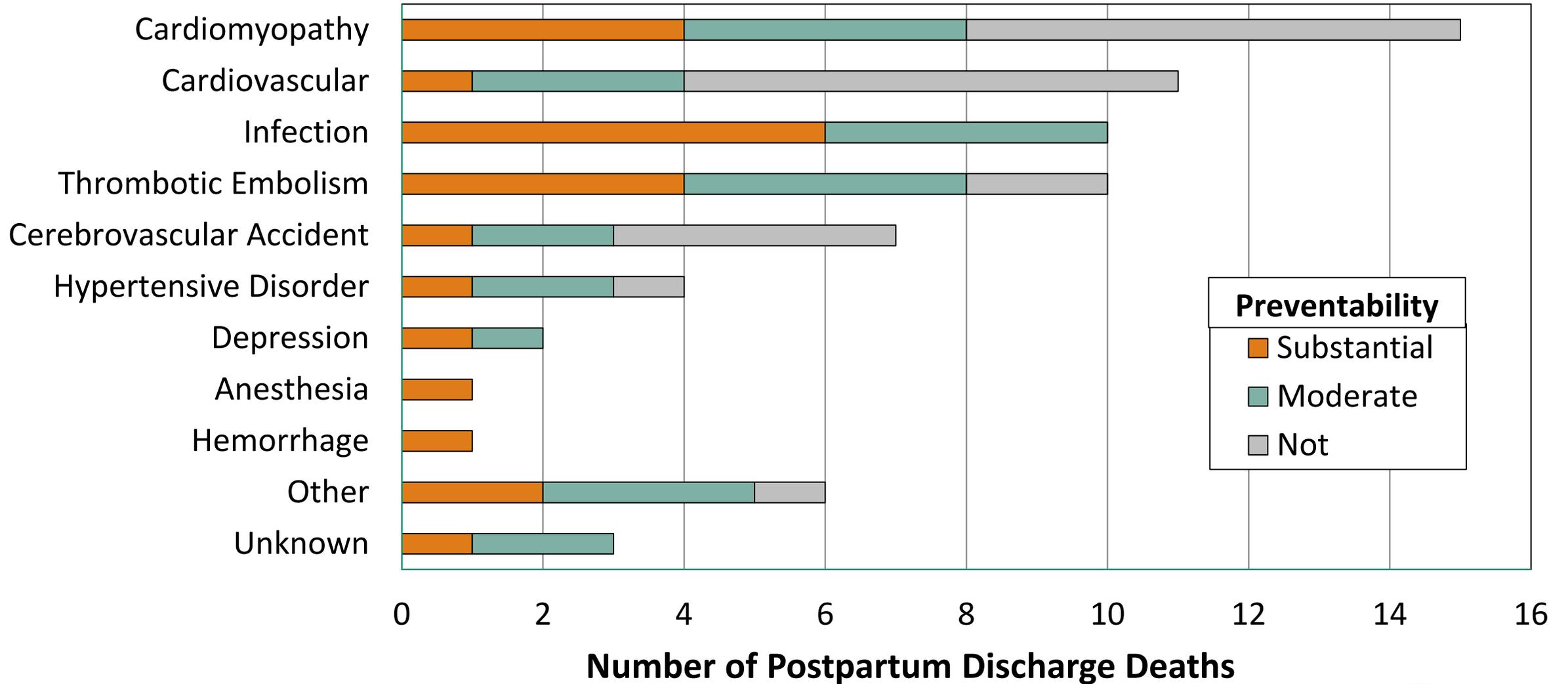
Source: FL Maternal Mortality Review data

Postpartum Discharge Pregnancy-Related Deaths By Time Period, Florida, 2015 to 2019

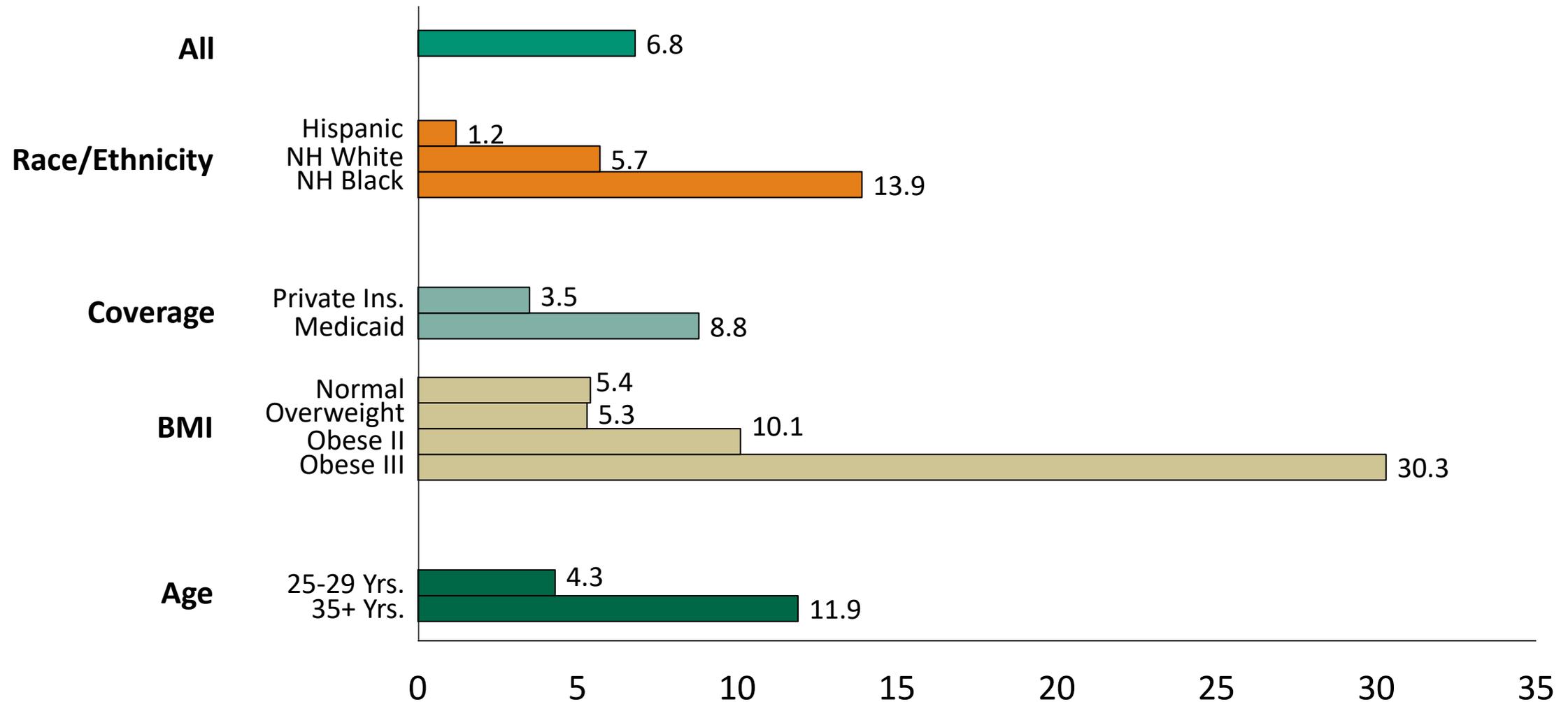


Source: FL Maternal Mortality Review data

Postpartum Discharge Pregnancy-Related Deaths By Cause and Preventability, Florida, 2015 to 2019



Postpartum Discharge Pregnancy-Related Mortality Rates Women at Risk, Florida, 2015 to 2019



Source: FL Maternal Mortality Review data

Deaths Per 100,000



PACC Leadership Team

Provider Leads



Julie DeCesare



Kimberly Fryer

Nurse Lead



Margie Boyer

QI Team



**Estefanny Reyes
Martinez**



Nicole Pelligrino

Data Team



Estefania Rubio



Benjamin Gessner

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%*

Respectful care is a universal component of every driver & activity

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

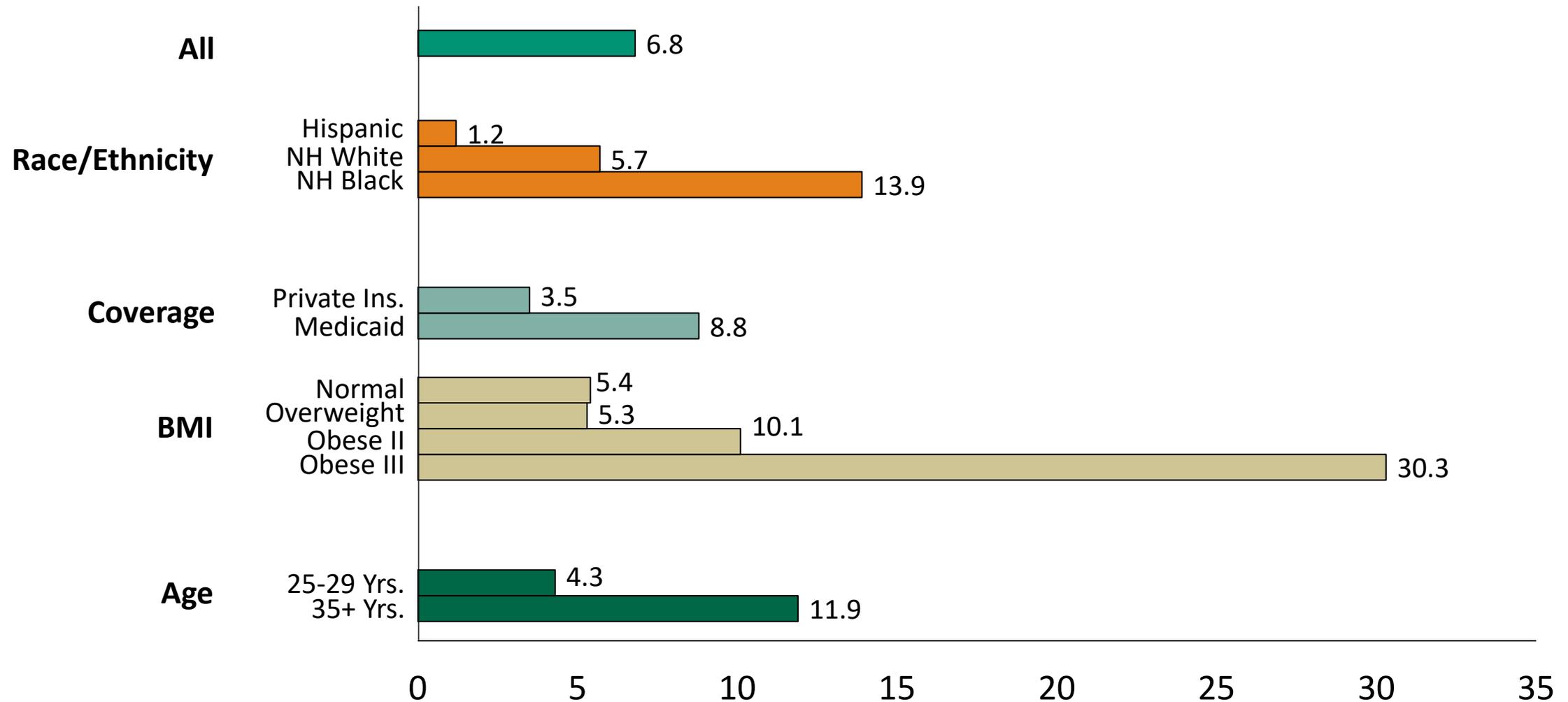


Estefania Rubio



Benjamin Gessner

Postpartum Discharge Pregnancy-Related Mortality Rates Women at Risk, Florida, 2015 to 2019



Source: FL Maternal Mortality Review data

Deaths Per 100,000

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.

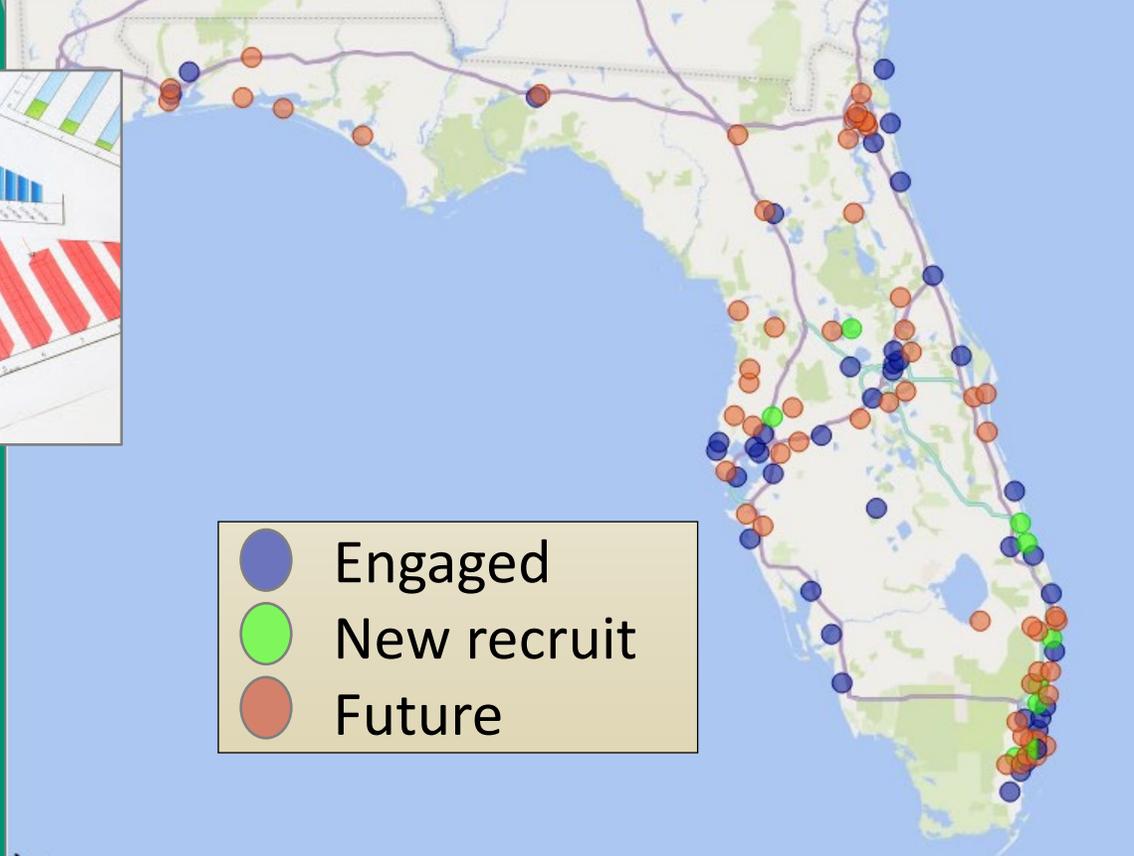
Potential Initiative Components

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. Bettgewda



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} Lindsay S. Womack, MPH,^a Humberto López Castillo, MD, PhD, CPH,^{c,d}
Maya Balakrishnan, MD,^e Karen Bruder, MD, FACOG,^f Paige Alitz, MPH, CPH,^a Linda A. Detman, PhD,^g
Emily A. Bronson, MA, MPH,^g John S. Curran, MD, FAAP,^{h,i} William M. Sappenfield, MD, MPH, CPH^{c,g}



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

Chinyere N. Reid ^{1,2} · Tara R. Foti ^{1,2} · Alfred K. Mbah¹ · Mark L. Hudak ³ · Maya Balakrishnan¹
Russell S. Kirby^{1,2} · Roneé E. Wilson^{1,2} · William M. Sappenfield^{1,2}

PQI SUMMARY DASHBOARD

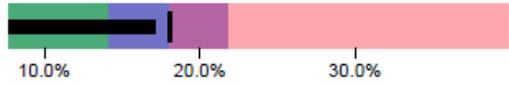
TC

Last 12 months of available data

% FL Delivery Hospitals (mean)

Data Quality Issue

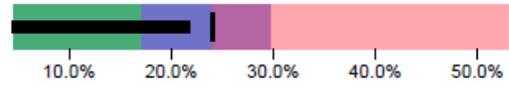
% Non-medically Indicated Early-term Deliveries



17.2%

Agreement Unknown

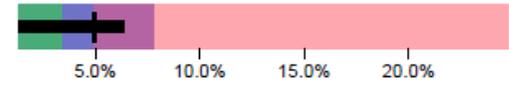
% Non-Medically Indicated Induction of Labor Among Singleton, Vertex Births at 39-40 Weeks of Gestation



21.8%

Agreement Unknown

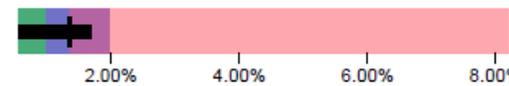
% Cesarean Among Singleton, Vertex, Non-Medically Indicated Inductions at 39-40 Weeks of Gestation



6.4%

Agreement Unknown

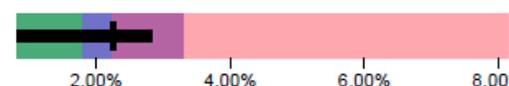
% Severe unexpected complication of the newborn



1.79%

Agreement Unknown

% Mod. unexpected complication of the newborn



2.51%

Agreement Unknown

% FL Mean

- The highest 25% of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals
- Median

NICU LEVEL

- 1
- 2
- 3

Race-ethnicity

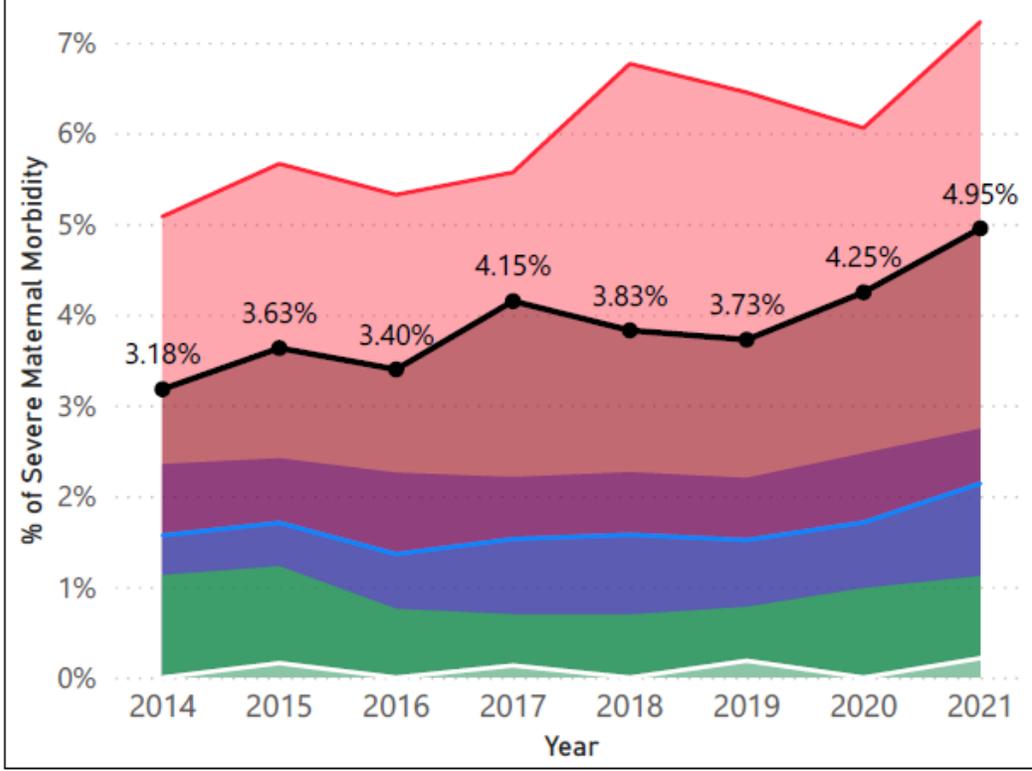
- NH-White
- NH-Black
- Hispanic

Payor

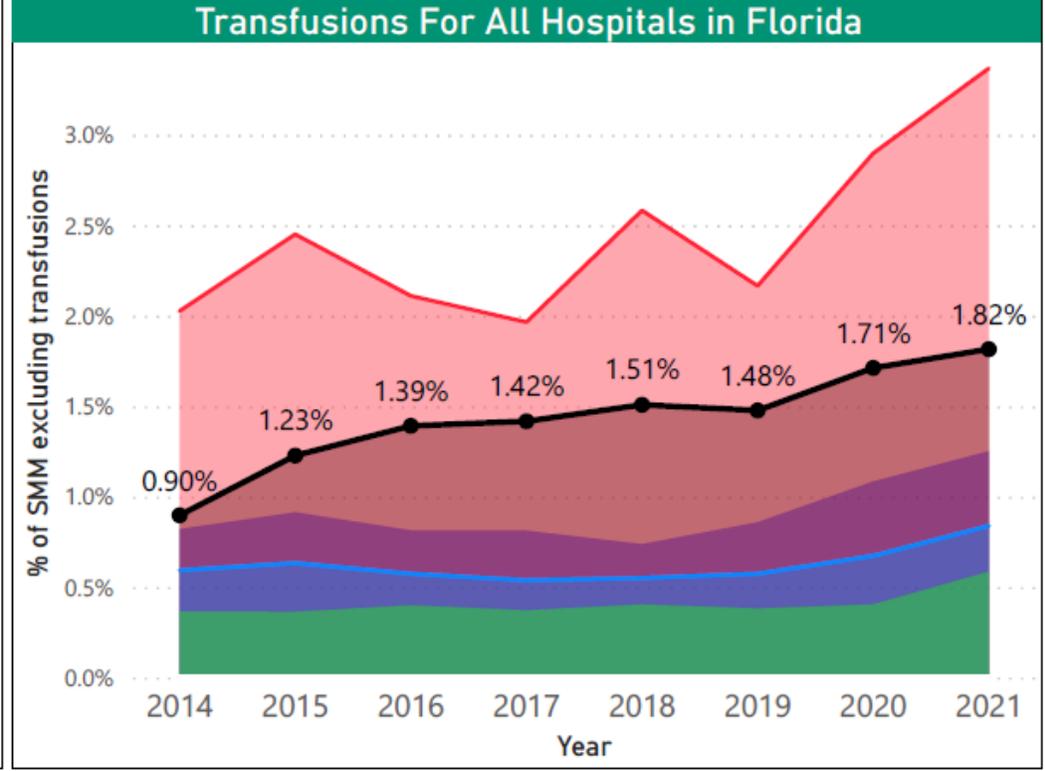
- Medicaid
- Private
- Self-Pay



TC of Severe Maternal Morbidity For All Hospitals in Florida



% of Severe Maternal Morbidity, Not Including Blood Transfusions For All Hospitals in Florida



● 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

Note: Data on this page is included through Q3 2021

NICU LEVEL

- 1
- 2
- 3

Race-ethnicity

- NH-White
- NH-Black
- Hispanic

Payor

- Medicaid
- Private

Your Hospital Report

	2014	2015	2016	2017	2018	2019	2020	2021
Percent	3.18%	3.63%	3.40%	4.15%	3.83%	3.73%	4.25%	4.95%
Numerator	170	216	205	243	236	232	258	240
Denominator	5348	5946	6034	5855	6165	6228	6074	4846

Your Hospital Report

	2014	2015	2016	2017	2018	2019	2020	2021
Percent	0.90%	1.23%	1.39%	1.42%	1.51%	1.48%	1.71%	1.82%
Numerator	48	73	84	83	93	92	104	88
Denominator	5348	5946	6034	5855	6165	6228	6074	4846

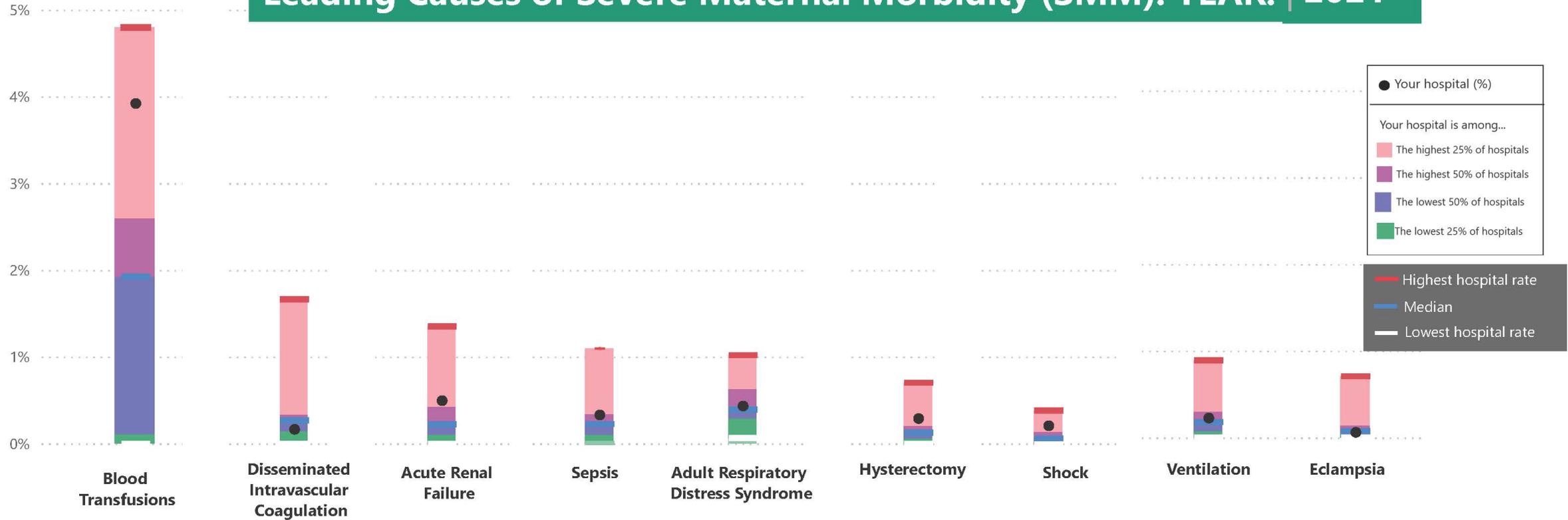
All delivery Hospitals

	2014	2015	2016	2017	2018	2019	2020	2021
Percent	1.89%	2.01%	1.73%	1.83%	1.74%	1.81%	2.05%	2.42%
Numerator	3848	4187	3633	3805	3642	3792	4093	3663
Denominator	203972	208424	210548	208213	208922	208995	200011	151565

All delivery Hospitals

	2014	2015	2016	2017	2018	2019	2020	2021
Percent	0.71%	0.78%	0.74%	0.77%	0.74%	0.81%	0.93%	1.17%
Numerator	1445	1617	1550	1602	1545	1691	1865	1768
Denominator	203972	208424	210548	208213	208922	208995	200011	151565

Leading Causes of Severe Maternal Morbidity (SMM). YEAR: 2021



Your Hospital								
Blood Transfusions	DIC	Renal	Sepsis	ARDS	Hysterectomy	Shock	Ventilation	Eclampsia
2021	2021	2021	2021	2021	2021	2021	2021	2021
% BT	%	%	%	%	%	%	%	%
BT numerator	N	N	N	N	N	N	N	N
BT denominator	D	D	D	D	D	D	D	D
3.92%	0.17%	0.50%	0.33%	0.43%	0.29%	0.21%	0.23%	0.06%
190	8	24	16	21	14	10	11	3
4846	4846	4846	4846	4846	4846	4846	4846	4846

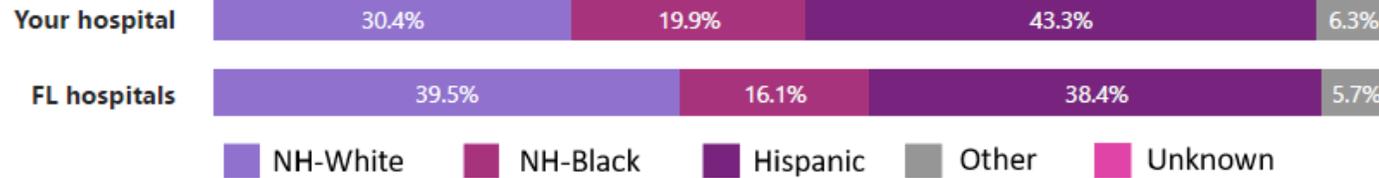
All Delivery Hospitals SMM by Type									
	% Blood Transfusions	% DIC	% Renal	% Sepsis	% ARDS	% Hysterectomy	% Shock	% Ventilation	% Eclampsia
	1.84%	0.30%	0.30%	0.28%	0.44%	0.18%	0.09%	0.20%	0.10%

of Women with SMM (all hospitals denominator)

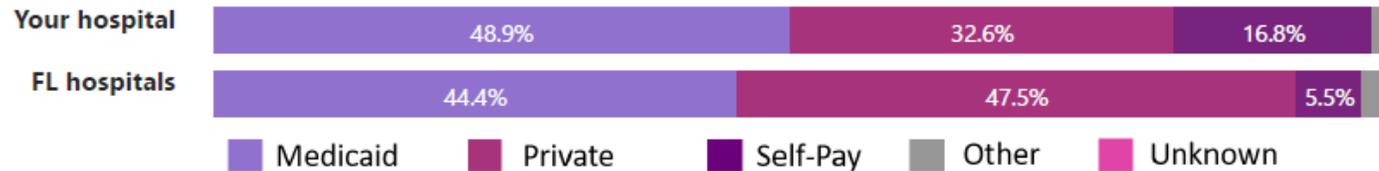
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Hospital Profile

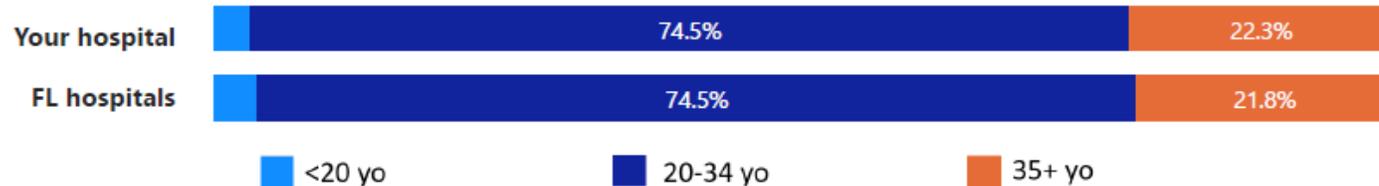
Maternal Race / Ethnicity



Payer



Maternal Age



Births

	2022
Your Hospital	1772
FL hospitals	51732

BIRTH YEAR

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022

NICU LEVEL

- 1
- 2
- 3

Race-ethnicity

- NH-White
- NH-Black
- Hispanic

Payor

- Medicaid
- Private
- Self-Pay

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

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

“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

“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
webcam, 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:

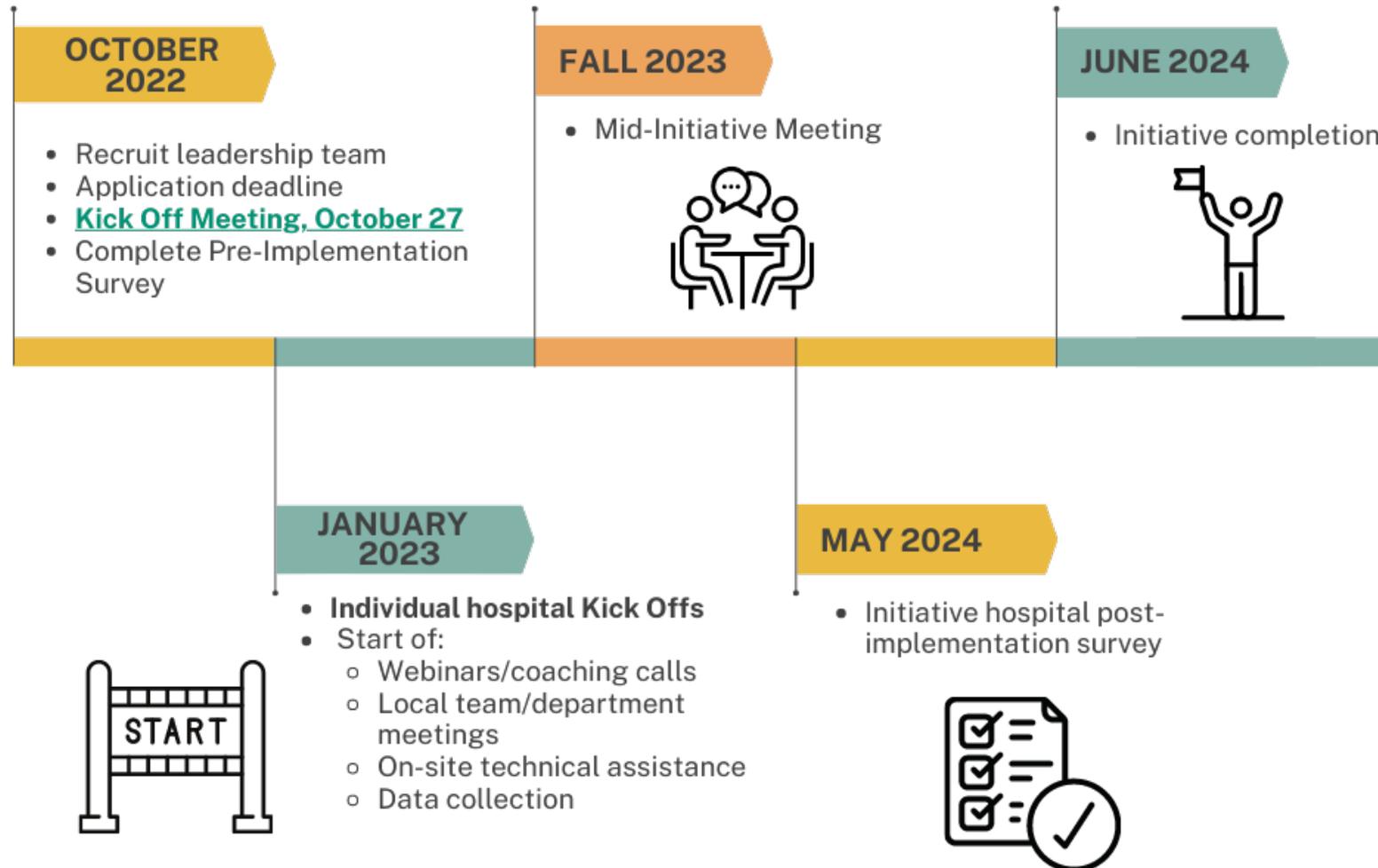
- ✓ Assemble a strong QI team (physician, nurse, and administrative champions)
- ✓ Conduct regular team meetings
- ✓ Complete pre- and post-implementation surveys
- ✓ Attend kick-off and mid-project meetings
- ✓ Augment hospital policies to reflect recommended quality processes and procedure changes



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





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 PACCC 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!

Visit fpqc.org for more information!



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Quality Collaborative