



# Montana Perinatal Quality Improvement Collaboration (MPQC)

December 8, 2020



# History

- April 2014: Kick-off
  - Integrated with Montana Perinatal Association
  - Mission Statement
  - Membership
  - Charter
- Bi-annual meetings in conjunction with
  - Montana Perinatal Association
  - Rocky Mountain Childbirth Conference
  - VON Annual Quality Congress
- Bi-annual virtual group meetings
- May 2019: Logo and Facebook







# **MPQC Mission Statement**

Promoting maternal and infant health in Montana through education, collaboration, and influence of state policy.

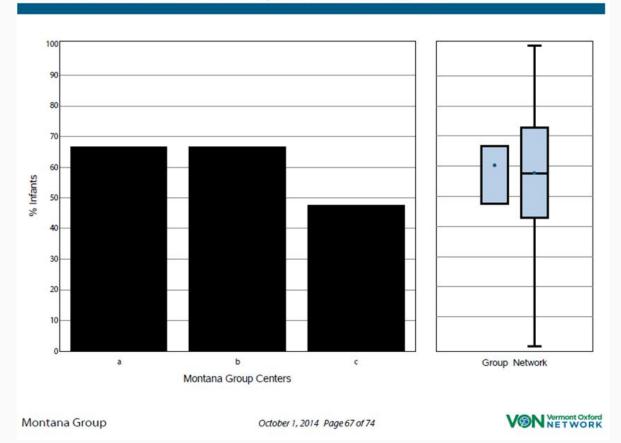


# MPQC Past Projects / Collaboration

# Past Projects / Collaboration:

- Neonatal Abstinence Syndrome (NAS)
- Gentle Ventilation
- 3. Feeding Progression
- 4. Vermont Oxford Network (VON) MT State Group Report
  - VLBW < 2500 grams</li>

### Infants 501 to 1500 Grams Born in 2013: Any Breast Milk at Discharge Home



### Infants 501 to 1500 Grams Born in 2013: Chronic Lung Disease at 36 Weeks for Infants < 33 Weeks GA

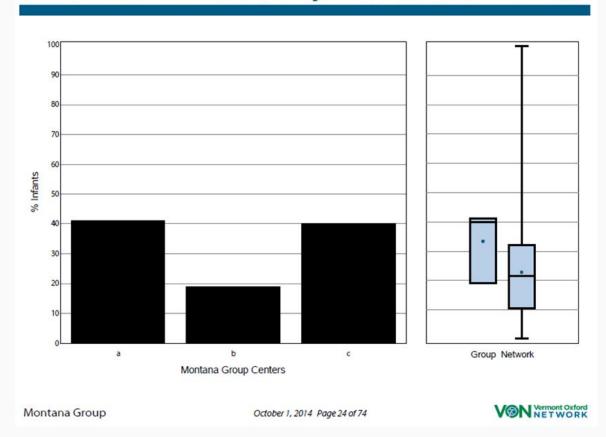
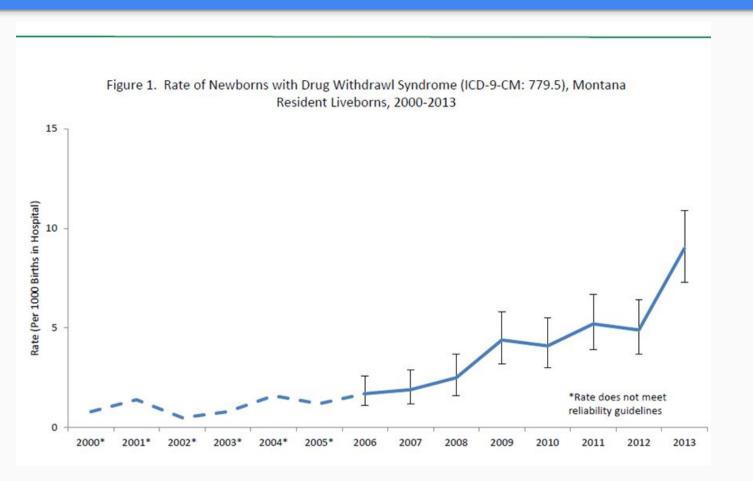


Figure 2. Rate of Newborns with Neonatal Abstinence Syndrome (ICD-9-CM: 779.5), by Primary Payer, Montana Resident Liveborns, 2000-2013 15 Rate (Per 1000 Live Births in Hospital) 10 5 Medicaid Self-Pay Commercial Carrier





# MPQC Current Projects / Collaboration

# **Current Projects / Collaboration:**

- 1. Safe Sleep Hospital Certification
- Meadowlark Initiative Perinatal Mental Health & Substance Use Disorders











# MPQC Next Steps

- MPQ support through DPHHS and MOMS program
- 2. Revising structure to include new key stakeholders
- 3. Grow membership
- 4. 2 Tracks Neonatal and Obstetric















# **MPQC Transition**

- MPQC mtg on 12/11
- Focus on top 10 delivering hospitals (based on birth volumes)
- Survey administered
  - o Increase OB membership
  - Prioritize AIM maternal safety bundles
- January Kick-off meeting
- Monthly "Learning Sessions"
- Develop toolkit

### **MPQC Structure**

### **Montana Perinatal Quality Improvement Collaborative**

#### Expert Panel: 12-15 Supply Clinical Content

One Member from each of the primary professional and stakeholder organizations.

- · AIM: Chelsea Lennox
- · MMRC; Dr. Malaney
- VON: Dr. Alison Rentz
- FICMR:
- Olivia Jagelski (NICU Educator)

#### PQC "Staff"

- Co-Chairs: (Neonatal + Maternal) ?Dr. Tersh McCracken & Vicki Birkeland?
- · Faculty:
  - MPA: Caroline McConville
  - · ACOG: Dr. Tersh McCracken
  - · AAP:
  - AWHONN: Kristen Srna
- MHA: Rich Rassmusen
- . Director / Coordinator: Amanda Eby & Yarrow
- · Improvement Advisor: Yarrow (Kirsten Krane & Anna Schmitt)

Vermont Oxford Network (VON)

Fetal and Infant Mortality Review

#### MHA: Recruitment & Engagement

- Membership & Stakeholders
- Patient & Family Partners

### Project 1: Safe Sleep

- Subject Matter Experts
- Stakeholder Representatives

Hospital / Clinic Team Hospital / Clinic Team Maternal Mortality Review

Alliance for Innovation on Maternal Health (AIM)

### DPHHS Montana Obstetrics & Maternal Support (MOMS)

- Project Management & Administration
  - Quality Improvement

#### University of Montana, Center for Children, Families, and Workforce

- Data Management & Evaluation

#### MHA: Recruitment & Engagement

- Membership & Stakeholders
- Patient & Family Partners
- Severe Maternal Morbidity Data

#### Project 2: AIM Bundle TBD

- Subject Matter Experts
- Stakeholder Representative

Hospital / Clinic Team Hospital / Clinic Team

Montana Perinatal Association



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# **Maternal Health Projects**





# **Obstetric Postpartum Hemorrhage Safety Bundle**

#### **PURPOSE**

To improve each care site's readiness to care for women who are at risk for postpartum hemorrhage and reduce severe maternal morbidity and mortality.

Joint Commission Requirements Due By Jan 2021

- Maintain an average yearly rate < 3% of postpartum hemorrhage patients who have to receive 4 or more units of red blood cells by identifying patients at risk for hemorrhage and treating timely and effectively
- Reduce the number of PPH cases that result in severe maternal morbidity or mortality





# **Maternal Hypertension Safety Bundle**

### **PURPOSE**

To improve each care site's readiness to care for women who present with severe hypertension and reduce severe maternal morbidity and mortality.

Joint Commission Requirements Due By Jan 2021

- Reduce the number of severe hypertension, preeclampsia, and eclampsia cases that result in severe maternal morbidity or mortality.
- Increase the proportion of patients with severe hypertension treated within 60 minutes to 65% by June 2021.





# **Maternal Mental Health Safety Bundle**

### **PURPOSE**

To improve each care site's readiness to universally educate and screen all postpartum women for symptoms of depression and anxiety, in order to promote the early identification and treatment of perinatal mood and anxiety disorders, necessary to reduce the personal, familial, and societal consequences of untreated maternal mental health disorders.

- Increase the proportion of patients screened for depression/anxiety from to by 12/31/20.
- Increase the proportion of patients with a positive EPDS have documented referral and warm hand-off to follow-up provider/case manager from \_\_\_\_\_ to \_\_\_\_ by 12/31/20.





# Maternal Mental Health & Opioid Use Disorder Safety Bundles

#### **PURPOSE**

Create a team-based approach to prenatal and postpartum care:

- Clinical team: prenatal providers, care coordination, behavioral health specialist
- Community team: community resources, programs, and social service agencies

- Reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications
- Keep families together and children out of foster care.









