New York State Perinatal Quality Collaborative (NYSPQC): Improving Perinatal Health through Partnerships and Collaboration

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NYSPQC Mission

Provide the best and safest care for women and infants in New York by preventing and minimizing harm through the translation of evidence-based practice guidelines to clinical practice.
NYSPQC Focus Areas

• Obstetrical Improvement Project
  – Reducing scheduled deliveries
• Neonatal Projects
  – Enteral Feeding Improvement Project
  – Central Line Associated Blood Stream Infection (CLABSI) Reduction Project
• Maternal Mortality Initiative
Obstetrical Improvement Project

Began September 2010

**Goal:**
Reduce scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks gestation.
Neonatal Enteral Feeding Improvement Project

Began February 2011

Goal:
Reduce statewide the percentage of newborns ≤ 30 6/7 weeks gestational age that are discharged from the NICU below the 10th percentile of the Fenton Growth Scale.
NICU CLABSI Reduction Project

Began in 2007

Goal:
Decrease central line associated bloodstream infection (CLABSI) rates in NICUs.
Rationale for Interventions

• Reflect hospital-based care

• Address inter-related newborn health care risks related to prematurity

• Address major national health concerns
  – ACOG
  – The Joint Commission
In the Beginning . . .

- No full-time dedicated staff
- Very limited funding
  - State dollars
  - In-kind
- With few resources and minimal incentives, the NYSPQC Project Team was unsure of how many facilities would participate
Initial Partnerships

• National Initiative for Children’s Healthcare Quality (NICHQ)
  • Clinical support
  • Quality improvement support

• Regional Perinatal Centers
  • First facilities to participate in all projects
NYSPQC Resources

• The NYS DOH organized the projects, and were able to provide Collaborative participants with resources such as:
  • Data systems
  • Technical support
  • Leadership
  • Clinical experts
  • Quality improvement support
Leadership at All Levels

• Leadership at NYS DOH
  • Executive leadership
  • NYSPQC Project Team

• Clinical leadership
  • NYSPQC Advisory Work Group
  • Obstetrics Expert Work Group
  • Neonatal Expert Work Group
Engagement and Success

• Almost all Regional Perinatal Centers signed on for all three projects

• Provided constant data feedback

• Leaders emerged

• Small successes = big victories
Lessons Learned

• Potential participants may be skeptical
  • Feel they don’t need improvement
  • Lack time and/or resources

• Participants who were skeptical at first tend to become very engaged over time
Lessons Learned

• Engagement
  • Highlight “what’s in it for them”
  • Data will often speak for itself
  • Present rates compared to peers
  • Want to participate if other facilities are participating
  • There is always room for improvement
Phase 1
Project Results
Obstetrical Improvement Project
RPC Results
% All Scheduled Deliveries Without Indication

**Measure 3.** Percent of all scheduled deliveries at 36 0/7 to 38 6/7 weeks without medical or obstetrical indication documented of all scheduled deliveries.
Scheduled Inductions with No Indication (Of All Scheduled Deliveries)

**Measure 1a.** Percent of scheduled inductions at 36 0/7 to 38 6/7 weeks without medical or obstetrical indication documented of all scheduled deliveries.
% Scheduled C-sections with No Indication (Of All Scheduled Deliveries)

**Measure 2a.** Percent of scheduled C-sections at 36 0/7 to 38 6/7 weeks without medical or obstetrical indication documented of all scheduled deliveries.
RPC Data Summary
September 2010 – November 2012

Scheduled delivery
  • 8,719 Scheduled Deliveries
    o 61% C-sections
    o 39% Inductions

Scheduled deliveries without medical indication
  • All scheduled deliveries decreased by 61.3%
  • Induction decreased by 74.5%
  • C-sections decreased by 57.7%

Maternal Education about preterm delivery increased by 60.9%
NICU CLABSI Reduction Project
RPC Results
Have we reduced CLABSI rates?

Central Line Associated Blood Stream Infections per Thousand Patient Days among NYS Regional Perinatal Centers 2007-2010
Source: NYS HAI Data Report 2010
“Check, check, check, check, check, check”

Steps are no-brainers; known and taught for years

- Except, in more than a third of patients, doctors skipped at least one.
- New rule: if doctors didn’t follow every step on the checklist, the nurses would have backup from the administration to intervene.
- Ten-day line-infection rate went from 11% → 0.
- In this one hospital, the checklist prevented 43 infections, 8 deaths, and saved $2 million.

(1) Wash hands with soap.
(2) Clean the patient’s skin with chlorhexidine antiseptic.
(3) Put sterile drapes over the entire patient.
(4) Wear a sterile mask, hat, gown, and gloves.
(5) Put a sterile dressing over the catheter site once the line is in.

Pronovost 2001:
Line infection checklist
SPECIAL FEATURE

Development of a statewide collaborative to decrease NICU central line-associated bloodstream infections

J Schulman, RL Stricof, TP Stevens, IR Holzman, EP Shields, RM Angert, RS Wasserman-Hoff, SM Naftay and L Saiman, for the New York State Regional Perinatal Centers and the New York State Department of Health

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Reaching the Goal

December 2012

• Project participant, Albany Medical Center, announces their NICU has **ZERO** CLABSIIs over a twelve month period!
Infection fight at Albany Med reaps rewards

Neonatal intensive care unit marks a full year with no central line infections

By Cathleen F. Crowley

Published 7:39 pm, Wednesday, December 12, 2012
Enteral Feeding Improvement Project RPC Results
Median Newborn Birth (BWT) & Discharge (DWT) Weights in Relation to Fenton Growth Percentiles for All Regional Perinatal Centers (RPC) (2011)

Median Newborn Birth (BWT) & Discharge (DWT) Weights in Relation to Fenton Growth Percentiles for All Regional Perinatal Centers (RPC) (2010)

Median Newborn Birth (BWT) & Discharge (DWT) Weights in Relation to Fenton Growth Percentiles for All Regional Perinatal Centers (RPC) (2009)
Percentage Discharged Below Fenton 10th Percentile by Regional Perinatal Center (2011)

- **Red** = significantly higher than the statewide average
- **Blue** = no significant difference from the statewide average
- **Yellow** = significantly lower than the statewide average

Percentage (NYS = 31.7%)
Relative Risk of Weighing Below Fenton 10th Percentile at Discharge by Regional Perinatal Center (2011)
Lessons Learned

• Limited resources can create big results
• Finding champions and “early adopters” is a key to success
• Facilities learn from each other
  • Higher performing teams served as teachers and mentors to others
• Facilities want to be a part of something if other facilities are engaged
Success Leads to Spread, Additional Partnerships and Collaborations
Increase in Funding

September 2011

• Perinatal Quality Collaborative grant from **Centers for Disease Control and Prevention (CDC)**
  • Three states received grant
    • California
    • Ohio
    • New York
Expansion of Collaborative

- Expanded existing obstetric and neonatal projects
- Added maternal mortality initiative to scope of Collaborative
- Were able to add:
  - Project Coordinator
  - Data Analyst
Obstetrical Improvement
Project Expansion
Expansion of NYSPQC Obstetrical Improvement Project

• Based on success of RPC Collaborative, plan to expand project to all birthing hospitals in New York State

• Align with New York State Partnership for Patients
Partnership for Patients

• Funded by the Centers for Medicare and Medicaid Services (CMS)

• Public-private partnership working to improve the quality, safety and affordability of health care for all Americans
NYS Partnership for Patients

• Joint initiative of the Healthcare Association of New York State and Greater New York Hospital Association

• Projects focus on:
  • Nursing centered initiatives
  • Infection prevention
  • Preventable readmissions
  • Building culture and leadership
  • Obstetrical safety
Partnership with NYSPFP

March 2012

• **Common focus area:** Reducing scheduled delivery without a medical indication between 36 0/7 and 38 6/7 weeks gestation

• NYSPQC’s Obstetrical Improvement Project and NYSPFP’s Obstetrical Safety Project unite as one initiative
Partnership with NYSPFP

• NYSPFP offers many resources to the NYSPQC Obstetrical Improvement Project:
  • Project managers
  • Onsite support
  • Educational opportunities
  • Obstetrics safety curriculum
  • Meeting resources
Expansion of NYSPQC Obstetrical Improvement Project

May 2012

• Recruitment of RPC affiliate birthing hospitals began
  • Recruitment Package
  • Informational Calls
  • In-person Learning Sessions
• Recruitment supported by:
  • Regional Perinatal Centers
  • Project Managers
Expansion of NYSPQC Obstetrical Improvement Project

January 2013

• 100 facilities signed on to participate, of 130 New York State birthing facilities
  • 18 RPCs
  • 82 RPC affiliates
% All Scheduled Deliveries Without Indication

**Measure 3.** Percent of all scheduled deliveries at 36 0/7 to 38 6/7 weeks without medical or obstetrical indication documented of all scheduled deliveries.

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Scheduled Inductions with No Indication 
(Of All Scheduled Deliveries)

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Affiliate Data Summary
June 2012 – November 2012

Scheduled delivery

• 3,396 Scheduled Deliveries
  o 60% C-sections
  o 40% Inductions

Scheduled deliveries without medical indication

• All scheduled deliveries decreased by 37.5%
• Induction decreased by 42%
• C-sections decreased by 35.7%

Maternal Education about preterm delivery increased by 23.2%
NICU CLABSI Reduction Project Expansion
Expansion of NICU CLABSI Reduction Project

• Expand previous Collaborative work to RPCs and Level III nurseries
  • 18 RPCs and 35 Level IIs
• Working with New York State Department of Health Hospital Acquired Infections Program
Maternal Mortality Review
Maternal Mortality Review

• Comprehensive statewide surveillance for pregnancy associated and related deaths
• Enhance the work of the existing Maternal Mortality Review initiative, and broaden the project over time
  • Maternal Mortality Advisory Committee
  • MMR Hypertension Subcommittee
    • Hypertension guidelines
Lessons Learned

- Buy-in from administration is important
  - Include administration in the process
  - Ask for administration signature on Participant Form
- Buy-in from physicians is important
  - Discover common purpose
  - Educate and inform leaders
  - Involve physicians from the beginning
  - Work with early adopters
Partnerships and Collaborations Continue to Grow
March of Dimes

- Works closely with NYSPQC Obstetrical Improvement Project
- Big 5 State Collaborative
- ASTHO President’s Challenge
Medicaid Redesign Initiative

• New York State Department of Health Office of Health Insurance Programs

• Restructuring of Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and more efficient administrative structure

• Financial incentives to reduce inappropriate use of scheduled delivery
CMS Adult Measures Grant

December 2012

- New York State Department of Health Office of Quality and Patient Safety
- Increase education of pregnant women about the maternal and fetal risks of scheduled delivery without a medical indication
Hospital-Medical Home Demonstration Project

December 2012

- New York State Department of Health Office of Quality and Patient Safety
- Improve coordination, continuity and quality of care
- Funds to hospitals expanding continuity training experience to residents
Hospital-Medical Home Demonstration Project

- Project requires each facility to implement one system improvement and two Quality and Safety Improvement Projects (QSIPs)

- Two of the six QSIPs are:
  - Avoidable preterm births to reduce elective delivery prior to 39 weeks
  - Neonatal outcomes
    - CLABSI reduction
    - Enteral feeding improvement
CDC/AMCHP Maternal Mortality Initiative

November 2012

- National Maternal Mortality Collaborative
  - **Goal:** Develop recommendations and standards to strengthen existing / guide new maternal death review processes
  - **Initiative Partners:** CDC, AMCHP, HRSA, ACOG
    - 14 States and 1 City
Lessons Learned

• Important to get the message out about what’s taking place
  • Potential partners and collaborators more likely to consult with you

• Once the message is out, it becomes easier to leverage funding opportunities
Final Thoughts

• Communication is key
  • Regularly speak directly with Collaborative participants for feedback
  • Create an open dialogue

• Everyone has something to contribute
  • Those who are advanced, in the middle, or just beginning
  • We can all accomplish more when we work together!
Final Thoughts

• Collaboration improves outcomes

• When we collaborate, we bring more power to an issue

• There is always room for improvement
NYSPQC Project Team

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• Harry Xiong
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Questions?
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