Current Projects:

NYSPQC Safe Sleep Project

Summary of Successes
To date, the project has held two in-person Learning Sessions, two Quality Improvement 101 webinars, a data training webinar, and eight Coaching Call webinars.

From September 2015 to November 2016, project participants reported:
- A 7% increase in medical records with documentation of safe sleep education;
- A 40% increase in the percent of infants, sleeping or awake and unattended in crib, in a safe sleep environment;
- A 9% increase in the percent of caregivers who reported they received information on how to put their baby to sleep safely;
- An 18% increase in the percent of primary caregivers indicating they understand safe sleep practices; and
- Nearly all caregivers indicate that they plan to practice safe sleep.

The NYSPQC hosted a Public Health Live webinar event on November 19, 2015. The event presenter was Michael H. Goodstein, MD, FAAP, an attending neonatologist at York Hospital, a Clinical Associate Professor of Pediatrics at Penn State University, the Medical Director of Research for Cribs for Kids®, and faculty of the national IM-CoIIN initiative to improve safe sleep. This program, which was free and open to the public; presented information on SUIDs in NYS and the nation as a public health issue; provided an overview of the physiological perspective of infant safe sleep; reviewed the current AAP recommendations related to safe infant sleep; discussed barriers to infant safe sleep behaviors; addressed how providers can initiate infant safe sleep conversations with caregivers; and, provided information on the national Cribs for Kids Hospital Certification program.

Overview of Initiative
The NYSPQC Safe Sleep Project aims to reduce infant sleep-related deaths by improving safe sleep practices in NYS. The NYSPQC project team has been participating in the national Infant Mortality Collaborative Improvement and Innovation Network (IM-CoIIN), a platform designed to accelerate improvement in priority strategy areas through collaborative learning, quality improvement and innovation. Participating NYS birthing hospitals are currently serving as the IM-CoIIN pilot sites while participating in the project. The central goals of the NYSPQC Safe Sleep Project include: educating health care professionals so they understand, actively endorse and model safe sleep practices, and providing infant caregivers with education and opportunities so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep. The project evaluates key performance measures, including: percent of medical records with documentation of safe sleep education; percent of infants, sleeping or awake and unattended in crib, positioned supine, in safe clothing, with head of crib flat and crib free of objects; percent of caregivers who reported they received information on how to put their
baby to sleep safely and indicating they understand safe sleep practices (indicating infant should be alone, on his/her back, in crib, without items in the crib).

Participants
There are 78 NYS birthing hospitals participating in the initiative, including:
- 17 Regional Perinatal Centers (RPCs);
- 26 Level III birthing hospitals;
- 15 Level II birthing hospitals; and
- 20 Level I birthing hospitals.

Next Steps
Quality improvement activities, and data collection and analysis will continue at participating hospitals. In a continued effort to promote one consistent safe sleep message in hospitals across New York State, the NYSDOH, in partnership with the New York State Office of Children and Family Services, has and will continue to distribute safe sleep consumer educational tools to all birthing hospitals statewide. These NYSDOH/NYSOCFS consumer educational tools are available in the form of brochures (English and Spanish), mirror clings, and magnets highlighting proper safe sleep messages. These items are available on the NYSDOH website, and are available free of charge to NYS birthing hospitals through the NYSDOH Distribution Warehouse.
NYSPQC Enteral Nutrition Improvement Project

Summary of Successes
A comparison of the results and the percentage change between the baseline (2010) and most current year (2013) are as follows:

- There has been a significant decrease (6% absolute; 19% relative risk; p<.0001) in newborns < 31 weeks in gestation who were discharged from an RPC NICU below the 10th percentile for weight on the Fenton Growth Scale between 2010 (baseline) (32.6%) and 2013 (26.3%).

RPC Discharges < 10th Percentile for Weight, 2010-2013

- The difference in z-scores for head circumference between birth and discharge decreased from -0.37 in 2010 to -0.15 in 2013. If the median head circumference at birth was at the 50th percentile (z-score as 0), the median head circumference at discharge increased from the 35th percentile in 2010 to the 44th percentile in 2013.

- Although the median adjusted gestational age at discharge remained fairly stable at about 37 days, the median length of stay increased from 62 to 65 days between 2010 and 2013.

- The rates of potential comorbidities of concern, nosocomial sepsis and necrotizing enterocolitis (NEC), fluctuated throughout the study period, and neither evidenced any significant differences.

Our initiative appears to have significantly increased the use of breast milk at all feeding junctures and improved growth as measured by decreases in weight and head circumference percentages below the 10th percentile at discharge. At the same time, we have seen no increase in the incidences of nosocomial sepsis or NEC, and no increase in the babies discharged in excess of the 75th percentile for either growth measure, indicating that our interventions are safe. **As a result of this work, an estimated 86 babies < 31 weeks in gestation at birth no longer go home below the 10th percentile for growth.**

A manuscript entitled, “Variation in Enteral Feeding Practices and Growth Outcomes among Very Premature Infants: A Report from the NYS Perinatal Quality Collaborative,” was published in the American Journal of Perinatology in January 2016. To date, seven abstracts have been published and presented at national meetings.

www.NYSPQC.org
based on this project. The latest abstract entitled, "Participation in a State-Wide Learning Collaborative to Improve Neonatal Nutrition Reduces Incidence of Postnatal Growth Restriction among Infants < 31 Weeks’ Gestation", was selected for a platform presentation at the 2015 Pediatric Academic Societies Annual Meeting in San Diego, CA.

Overview of Initiative
The NYSPQC Enteral Nutrition Improvement Project aims to reduce the percentage of newborns <31 weeks’ gestational age who are discharged from a Neonatal Intensive Care Unit (NICU) below the tenth percentile for growth on Fenton scales for weight and head circumference. The project addresses a problem revealed by a review of NYSDOH NICU Module admission and discharge data. High rates of extrauterine growth restriction at the time of hospital discharge were identified at most RPCs. Similar findings were reported more than a decade ago by the 12 National Institute of Child Health and Human Development Neonatal Research Network centers, a group that also has identified a significant effect of NICU growth velocity on neurodevelopmental and growth outcomes at 18 to 22 months’ corrected age. There is reason to believe that standardizing the approach to enteral nutrition within a NICU can improve nutritional outcomes and also further decrease central line use. Therefore, the NYSPQC has encouraged and assisted standardization – at the level of the individual NICU – enteral nutrition practices and monitoring of nutritional outcomes. This population-based, statewide program promotes critical review of evidence-based practice and informs questions concerning sustainability, performance variation among hospitals, and potentially better practices among the various standardized approaches.

Participants
Eighteen New York State RPC NICUs have been participating in the project since its inception in 2010. In March 2016, 19 Level III NICU hospitals were recruited to participate in the expanded project, such that 37 NICUs are currently participating in the project.

Next Steps
Quality improvement activities, and data collection and analysis will continue at participating NICUs.
NYSPQC/March of Dimes (MOD) Big 5 State Prematurity Collaborative Antenatal Corticosteroid Treatment (ACT) Project

Summary of Successes
The project’s kick-off Learning Session was held on February 9, 2016, at the SUNY Albany School of Public Health. Participating NYS RPCs came together for this in-person meeting to share ideas and opportunities, and begin working to increase utilization of ACT at their facilities, which will in turn improve outcomes for preterm infants.

There have been several national and New York State specific webinars to date. On these monthly webinars, NYS RPCs have had the opportunity to learn from national experts and hospital teams have shared their experiences with the project.

Participating facilities collected baseline data for the project and began prospective data collection in January 2016. The data collection form includes elements such as patient demographics, reason for preterm birth, if the patient received ACT, when and where ACT was administered, and how many courses were administered.

Measures for the project include:
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation receiving any steroids;
• The percent of births at 24 0/7 – 31 6/7 weeks’ gestation receiving any steroids;
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation receiving a complete course of steroids;
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation receiving steroids between 24 hours and 7 days prior to delivery;
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation receiving steroids between 24 hours and 14 days prior to delivery;
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation receiving steroids less than 24 hours prior to delivery;
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation receiving steroids more than 7 days prior to delivery; and
• The percent of births at 23 0/7 – 33 6/7 weeks’ gestation for which the administration date of steroids cannot be determined.

Overview of Initiative
The NYSPQC/MOD Big 5 State Prematurity Collaborative ACT Project aims to improve hospital obstetric practices so that all mothers of infants born between 23 0/7 and 34 0/7 weeks’ gestation receive appropriate ACT in order to reduce neonatal morbidity and mortality. It is the recommendation of obstetric and pediatric societies to routinely administer ACT to pregnant women when delivery is expected prior to 34 weeks’ gestation. However, this goal is often not achieved. According to 2014 NYS birth data, only 36% of mothers with infants born between 23 0/7 and 34 0/7 weeks’ gestation received ACT.

The NYSPQC was offered the opportunity to partner with the MOD Big 5 State Prematurity Collaborative on the ACT project. The Big 5 State Prematurity Collaborative is comprised of perinatal leaders from five states with the highest number of births in the country, and includes New York, California, Florida, Illinois and Texas.

Similarly to the NYSPQC, the MOD Big 5 State Prematurity Collaborative fosters data driven perinatal quality improvement through the development and adoption of evidence-based interventions.

The Big 5 State Prematurity Collaborative, representing nearly 40% of the nation’s births, chose ACT as its next topic of focus for 2015 and beyond. Hospitals were recruited to participate in the Big 5 State Prematurity Collaborative from the states listed above. Participating NYS RPCs, as recruited by the NYSPQC, and have the opportunity to collaborate with hospitals from the other Big 5 states regarding ACT. This collaboration allows the NYSPQC to align goals and resources to bring more attention and energy to this effort. Our joint project addresses several objectives, two of which are the understanding and timing of ACT administration, and standardizing the assessment of imminent delivery.

Participants
Fifteen of the 17 NYS RPCs are participating in the initial phase of the collaborative.
Past Projects:

NYSPQC Obstetrical Improvement Project, 2010-2014

Summary of Successes
Throughout the project period, monthly Coaching Call webinars and in-person Learning Sessions were held for participants to share progress, successes, challenges and ideas. Participants were also able to communicate using the project’s listserv, and access project materials and resources on the project website.

Regional Perinatal Center Results
From the project’s inception in September 2010 to its expansion in June 2012, participating RPCs reported:

- The percent of scheduled deliveries 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 73%, from 26.1% in September 2010 to 6.6% in June 2012; and

- The percent of scheduled inductions 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 70%, from 5.6% in September 2010 to 1.7% in June 2012;

- The percent of scheduled C-sections 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 76%, from 20.5% in September 2010 to 5.0% in June 2012;

- The percent of scheduled primary C-sections 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 90%, from 12.6% in September 2010 to 1.3% in June 2012;

- The percent of maternity patients counseled on the maternal/fetal risks and benefits of scheduled delivery 36 0/7-38 6/7 weeks’ gestation increased by 66%, from 28.6% in September 2010 to 47.4% in June 2012.

RPC and Affiliate Hospital Results
At the project’s expansion to affiliate hospitals in June 2012, the baseline for affiliate hospitals was much higher than their RPC counterparts. At affiliate hospitals, 22.0% of scheduled deliveries, 5.7% of scheduled inductions, 16.3% of scheduled C-sections and 7.4% of scheduled primary C-sections between 36 0/7-38 6/7 weeks’ gestation, were without a medical indication at baseline. The percent of maternity patients counseled on the maternal/fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks’ gestation was 32.1% in June 2012.

From the project’s expansion in June 2012 to its close in December 2014, all participating hospitals reported:

- The percent of scheduled deliveries 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 94%, from 17.8% in June 2012 to 1.1% in November 2014;

- The percent of scheduled inductions 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 89%, from 4.6% in June 2012 to 0.5% in November 2014;

- The percent of scheduled C-sections 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 96%, from 13.2% in June 2012 to 0.5% in November 2014;

- The percent of scheduled primary C-sections 36 0/7-38 6/7 weeks’ gestation without a medical indication decreased by 93%, from 5.6% in June 2012 to 0.4% in November 2014; and

- The percent of maternity patients counseled on the maternal/fetal risks and benefits of scheduled delivery 36 0/7-38 6/7 weeks’ gestation increased by 67%, from 36.3% in June 2012 to 60.5% in November 2014.
In recognition of success in preventing preterm birth, the NYSDOH was awarded the March of Dimes 2013 Virginia Apgar Award. Annually, the March of Dimes recognizes states that accepted and met the MOD/ASTHO President’s Challenge to lower the preterm birth rate by 8% between 2009 and 2014. NYSDOH was one of five recipients of the 2013 award. The NYS 2009 rate was 12.2% and decreased to 10.9% in 2011. NYS has the largest number of births of the receiving states (third largest number of births per year in the nation).

In October 2014, the NYSDOH and NYSPQC awarded outstanding hospital teams participating in the project with the 2013 Quality Improvement Award, consisting of a certificate of achievement and a letter signed by the Commissioner of Health. This award was given to participating facilities whose project teams reported less than three scheduled deliveries without a medical indication for all of 2013, or the six-month period of July through December 2013. A press release was issued by the NYSDOH on January 13, 2015, to announce the recipients of the 2013 Quality Improvement Award and the award received coverage in several newspapers.

Resources and tools developed by participants were used to create the NYSPQC/NYSPFP Obstetrical Improvement Project Toolkit: Reducing Early Elective Deliveries. This toolkit has been distributed to all NYS birthing hospitals.

This project's success has been written into a manuscript titled “A Statewide Quality Improvement Initiative to Reduce Non-Medically Indicated Scheduled Deliveries”, and was published in Maternal and Child Health Journal in December 2016.

Overview of Initiative
The NYSPQC Obstetrical Improvement Project aimed to reduce scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks' gestation. Between the project’s inception in September 2010 through its close in December 2014, participants had the opportunity to learn from faculty and colleagues; received individual coaching from faculty members; gathered new knowledge on the subject matter and process improvement; shared experiences and collaborated on improvement plans; and created strategies to overcome improvement barriers.

In September 2010, seventeen RPCs were recruited for and began participating in the project. In the first year of the project, RPCs were successful in decreasing the rate of scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks’ gestation by 62%, from 25.3% in September 2010, to 9.7% in September 2011. From there, plans were made to expand the project to include any NYS birthing hospital interested in participating, including those with a NYSDOH perinatal designation of Level I, II or III (RPC-affiliate hospital). Roll-out of the expanded project began in May 2012.

Simultaneously, the NYSPQC project team expanded the existing Collaborative to include the New York State Partnership for Patients (NYSPFP), a CMS-funded hospital engagement network initiated by the Healthcare Association of New York State (HANYS) and Greater New York Hospital Association (GNYHA). The NYSPFP had similar goals and objectives related to reducing scheduled deliveries prior to 39 weeks. Rather than operate two separate learning collaborative projects focused on the same topic, the NYSPQC and the NYSPFP combined efforts to form one joint initiative.

Participants
Seventeen RPCs participated in the initial phase of the collaborative between September 2010 and June 2012. After the expansion in June 2012, a total of 97 of 126 (77%) NYS birthing facilities, at all levels, participated in this project.
NYSPQC Obstetrical Prenatal Education Project, 2014-2015

Summary of Successes
Between June 2014 and June 2015, participating RPCs reported:

- A 30% increase in the percent of maternity patients educated, from 59.4% to 77.1%.

- Documentation of education increased among patients who identified English as their primary language from 59.0% in June 2014 to 79.4% in January 2015.

- There was no change in the percent of patients receiving education with a preferred language other than English, with 43.3% with documentation in June 2014 and 42.9% in June 2015. This may be due to small numbers, with the number of patients with a preferred language other than English ranging from 20 to 40 per month.

The project ended in June 2015. The NYSPQC Project Team at the NYSDOH developed an addendum to the New York State Perinatal Quality Collaborative (NYSPQC) Obstetrical Improvement Project Toolkit to provide information on best practices identified during this project. The addendum was mailed to all NYS birthing facilities in Summer 2016 and has been posted on the project website.

Overview of Initiative
The NYSPQC Obstetrical Prenatal Education Project aim is to improve receipt and documentation of patient education about the maternal and fetal risks and benefits of scheduled delivery between 36 0/7 and 38 6/7 weeks’ gestation. This is an extension of the NYSPQC Obstetrical Improvement Project (OBI) which aimed to reduce scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks’ gestation.

This project was initiated in June 2014 in order to address the lack of improvement seen in the education measure of the OBI project. Utilizing quality improvement strategies, the project affords participants the opportunity to learn from faculty and colleagues; receive individual coaching from faculty members; gather new knowledge on the subject matter and process improvement; share experiences and collaborate on improvement plans; and, create strategies to overcome improvement barriers. In addition to improving the rate of maternal education, the project also seeks to do so in the mother’s preferred language.

The project is conducted with support from the NYSDOH Office of Quality and Patient Safety (OQPS) with funds supplied from the Centers for Medicare & Medicaid Services (CMS) Adult Medicaid Quality Grant.

Participants
Thirteen Regional Perinatal Centers (RPCs) participate in this project. Each RPC is engaged with at least one affiliated prenatal clinic to increase provision and documentation of prenatal education.
NYSPQC Maternal Hemorrhage and Hypertension Project, 2014-2015

Summary of Successes

The project hosted 13 Coaching Call webinars and two in-person Learning Sessions, in order for participants to share progress successes, challenges and ideas.

Between April 2014 and September 2015, participating hospitals reported:

- The percent of maternity patients receiving one or more units of any blood product for maternal hemorrhage during the birth hospitalization remained stable throughout the project period, ranging from 1.4-2.3% of patients. This measure was intended to gain insight into a hospital’s response to hemorrhage and blood utilization practices in general, and not intended to discourage appropriate use of blood products;

- Administration and documentation of maternal hemorrhage risk assessment completed on admission for the birth hospitalization improved by 171%, from 26.7% in April 2014 to 72.3% of patients in September 2015;

- The percent of maternity patients with a prolonged post-delivery length of stay (LOS) in the hospital resulting from preeclampsia, eclampsia, severe hypertension, and related complications remained stable throughout the project period, ranging from 0.8-1.4% of patients. This measure was intended to gain insight into a hospital’s practices, not discourage appropriate care; and

- Patient education on the signs and symptoms of post-partum preeclampsia prior to hospital discharge improved by 558%, from 12.3% in April 2014 to 80.9% of patients in September 2015.

As a result of the ongoing work of the NYS Maternal Mortality Review Initiative, a hypertension during pregnancy (HDP) guidance document was developed and released in May 2013. The NYSPQC Project Team at the NYSDOH assisted with the development of a narrated PowerPoint presentation to coincide with the HDP guidance document, which awards Continuing Medical Education (CME) credits. The presentation focused on the current recommendations for the prevention, recognition and treatment of HDP, and was entitled, “Hypertensive Disorders in Pregnancy: Changes in Diagnosis and Management towards Improving Morbidity and Mortality.”

Point-of-care tools were also developed for use by health care providers. Tools included: a poster and mini card that highlight the proper techniques for blood pressure measurement; a Preeclampsia Early Recognition Tool (adapted from CMQCC); and an algorithm for the treatment of preeclampsia and eclampsia in the Emergency Department (adapted from CMQCC). Multiple copies of each of these tools were distributed to all NYS birthing facilities.

The NYSPQC partnered with the Preeclampsia Foundation to provide patient education materials on the signs and symptoms of preeclampsia, including that which occurs in the post-partum period, to all NYS birthing hospitals in both paper and digital formats.

The statewide goals of the project were:

- To increase the percent of women with documentation of maternal hemorrhage risk assessment completed on admission for the birth hospitalization to 80%; and
• Increase to 80% the percent of maternity patients educated on the signs and symptoms of post-partum preeclampsia prior to hospital discharge.

Participating facilities were also encouraged to obtain a level of 80% in each of these measures. In September 2015, 38 hospitals met the highest level of achievement by reaching the goal of 80% for both measures. An additional 18 hospitals reached the goal of 80% for postpartum pre-eclampsia education and five hospitals reached 80% for hemorrhage risk assessment. The NYSPQC awarded certificates of achievement in July 2016 to recognize the participating hospitals that met the project goals.

**Overview of Initiative**
In April 2014, the NYSPQC Obstetrical Improvement Project expanded beyond scheduled deliveries to include the focus areas of maternal hemorrhage and hypertension, the two leading causes of maternal morbidity and mortality in New York State.

The maternal hemorrhage and hypertension portion of the project sought to advance improvements in identifying and treating maternal hemorrhage and preeclampsia, eclampsia, and severe hypertension. This was achieved by applying evidence-based interventions to improve capability within NYS birthing hospitals for ongoing quality improvement activities. The NYSPQC provided education on, and highlighted effective strategies for, integrating patient safety practices associated with early identification of maternal hemorrhage/preeclampsia, eclampsia, and severe hypertension into existing infrastructure for care delivery.

The NYSPQC Project Team at the NYSDOH developed this project with the New York State Partnership for Patients (NYSPFP), a CMS-funded hospital engagement network initiated by the Healthcare Association of New York State (HANYS) and Greater New York Hospital Association (GNYHA).

**Participants**
Seventy-one NYS birthing facilities participating in this initiative, 11 Regional Perinatal Centers (RPCs) and 60 Level I, II and III birthing facilities.

Summary of Successes
From October 2013 through the project conclusion, the project held four in-person Learning Sessions and thirteen Coaching Call webinars in order for participants to discuss progress, share successes, challenges and ideas.

The NYSPQC website served as a repository of project materials for teams and the NYSPQC NICU CLABSI listserv allowed participants to communicate with project faculty and their colleagues during the project.

An abstract, entitled “Central Line (CL) Insertion and Maintenance Bundles Reduce Neonatal CLABSI: Differences Between Gram Positive Vs Gram Negative Organisms”, was selected for a Poster Symposium at the 2015 Pediatric Academic Societies Annual Meeting which took place in San Diego, CA.

Progress on the project’s measures throughout the project period was as follows:
- The percentage of NICU central line bundle checklist use increased from 85% in the first six months of the project (10/2013 - 03/2014) to 91% in the last six months (04/2015 - 09/2015). Improvements were observed in all five birthweight groups.

- The incidence rate of NICU CLABSI dropped 31% from 1.58 per 1,000 central line days in the nine months prior to the project (01/2013 - 09/2013) to 1.09 per 1,000 central line days in the last nine months (01/2015 - 09/2015). Improvements were observed in four out of five birthweight groups.

- The use of central line bundle checklist significantly decreased Gram-positive but not Gram-negative related CLABSI. The etiology of Gram-negative related NICU CLABSI does not appear to be addressed by the use of central line bundle checklist.

Overview of Initiative
The goal of the NYSPQC NICU CLABSI Reduction Project was to improve newborn outcomes by reducing CLABSI in NICU patients through increasing use of standardized central line bundle checklists. This project began in October 2013, and continued through September 2015. During this time period, the goal was to reduce CLABSI rates for New York State Regional Perinatal Center (RPC) and Level III NICU patients. Lower NICU CLABSI rates are associated with reduced mortality and morbidity, shorter length of stay in NICUs and lower cost of care. Utilizing quality improvement strategies, the project afforded participants the opportunity to learn from faculty and colleagues; receive individual coaching from faculty members; gather new knowledge on the subject matter and process improvement; share experiences and collaborate on improvement plans; and, create strategies to overcome improvement barriers. The key drivers of this project were: implementation of evidence-based infection prevention practices; maximal use of insertion and maintenance bundles and checklists; awareness of risks and expected benefits of consistent adherence to protocols; and fostering a culture of safety and improvement.

Participants
Thirty-six of 53 (68%) New York State NICUs participated in the project, including those from 12 RPCs and 24 Level III RPC-affiliate birthing hospitals.
Overview of the New York State Perinatal Quality Collaborative

The New York State Perinatal Quality Collaborative (NYSPQC) is an initiative led by the New York State Department of Health (NYSDOH) Division of Family Health (DFH). The NYSPQC aims to provide the best and safest care for women and infants in New York State (NYS) by collaborating with birthing hospitals, perinatal care providers, and other key stakeholders to prevent and minimize harm through the translation of evidence-based guidelines to clinical practice.

NYS has been a national leader in the development of a statewide system of regionalized perinatal care. Since 2003, all obstetrical hospitals have been designated by the NYSDOH as Level I, II, III or Regional Perinatal Center (RPC) based on criteria developed by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists and adopted into State regulation. The 17 hospitals currently designated as RPCs provide specialty care to the highest risk mothers and babies and coordinate the delivery of care in the networks of lower level hospitals with which they affiliate. RPCs have a defined quality assurance and improvement role related to their affiliated hospital networks, providing oversight of patient transport arrangements, clinical consultation, training and education, data review and analysis, case review and site visits, and support of affiliate hospitals’ quality improvement (QI) efforts.

Research strongly supports regionalization and the resulting benefits to mothers and infants. The NYSPQC builds on this extensive perinatal service system to improve perinatal care and reduce health disparities.

The NYSPQC has adapted the Institute for Healthcare Improvement model for Idealized Perinatal Care and Breakthrough Series Methodology as a framework to guide improvement. This model consists of the development of reliable clinical processes to manage labor and delivery; uses principles that improve safety by preventing, detecting, and mitigating errors; and establishes prepared and activated care teams that communicate effectively with each other and with mothers and families. Key activities include: embedding evidence-based guidelines into practice; strengthening collaboration and communication within and among neonatal and obstetrical providers, administrators and organizations; fostering prepared and proactive care teams; assessing, conducting and sharing surveillance and performance data on maternal and neonatal health indicators; continuously evaluating and measuring performance; setting priorities and implementing a comprehensive strategy for benchmarking and data driven quality improvement (QI) activities; providing topic-specific, intensive QI supportive activities, trainings and toolkits that are all-inclusive packages to facilitate improved clinical outcomes, excellent patient care and efficient resource allocation; researching best practices; and continually reassessing outcomes of performance improvement interventions. Specific priorities set by the NYSPQC are implemented by all participating NYS hospitals.

The NYSDOH, Clinical Leadership Team members for each project, and the National Institute for Children's Health Quality design the work of the NYSPQC. Clinical Leadership Team meetings are convened to develop consensus for potential topics to work on; review the literature and evidence-base; define the process and outcome measures to follow improvement; develop the data elements and collection tools; develop templates for teams for data collection and IRB approval if desired; institute a secure data transmission strategy to ensure confidentiality; and define the QI process and timeline. All of this information is packaged for use in recruiting hospitals to participate.

The recruitment package defines the project in detail, outlines responsibilities, and describes the Collaborative Quality Improvement process. It contains the QI schedule, the variables to be collected, the defined measures and the suggested make-up of facility teams. Facility teams include Senior Leadership (Chief of Obstetrics, Chief of Pediatrics), Director of QI, and the Improvement Team (Physician Lead, Nurse Manager, QI Leader) and a Data Manager. The Collaborative Application must be signed by a Senior Administrator to participate. Once recruited, teams perform pre-work data collection for baseline measurement. The project initiates at least two in-person Learning Sessions over the project timeline, with monthly technical assistance Coaching Call webinars. There is routine feedback of QI data with discussions of successes and barriers and strategies for change. The feedback time frame is based on the topic of the collaborative and frequency of health occurrence. There is also discussion of specific strategies to enable collaborative learning among teams.

A NYSPQC website has been established as a repository of project materials for participating hospital teams and a Listserv has been established for ongoing communication between NYSPQC leadership and participants.

www.NYSPQC.org