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 \( \leq 30 \ 6/7 \) weeks gestational age that are discharged from the NICU below the 10\(^{th}\) 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
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
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”  Gawande

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

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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
Percentage Discharged Below Fenton 10th Percentile by Regional Perinatal Center (2011)

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

Percentage (NYS = 31.7%)
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
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*.

### Affiliate hospitals (N=77)

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### Regional Perinatal Centers (N=17)

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% 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.
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 IIIIs
• 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
October 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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Questions?
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