Current Projects:

NYS Obstetric Hemorrhage Project

Summary of Successes
To date, the project has held two in-person Learning Sessions, a Quality Improvement 101 webinar, a data training webinar and 13 Coaching Call webinars. Learning Sessions and Coaching Call webinars have focused on: risk assessment on admission to the birth hospitalization and during the postpartum period; quantification of blood loss; massive transfusion protocol; engaging patients, families and the community following an obstetric hemorrhage event; simulation-based learning; sustainability of progress made to date; and ongoing team sharing and learning on relevant topics.

From March 2018, to January 2019, for maternity patients admitted to labor and delivery ≥ 20 weeks completed gestation, project participants reported a 22% increase in patients with a documented risk assessment for obstetric hemorrhage completed on admission to the birth hospitalization, and a 50% increase in the percent of patients with at least one documented risk assessment for obstetric hemorrhage completed in the postpartum period (between birth and discharge).

Structure measures for the project have been developed and finalized. The measures follow the recognition and prevention, readiness, response and reporting, and the systems learning framework used by the national Alliance for Innovation on Maternal Health (AIM) project, as well as select measures collected by the national AIM. New York State structure measures were rolled out to hospital teams in February 2019. Hospitals will report quarterly on their progress on developing and implementing policies/protocols, resources and educational materials that will improve their practices and care for maternity patients.

A presentation titled, Obstetric Hemorrhage Policies and Practices Among New York State Birthing Hospitals Participating in the NYS Obstetric Hemorrhage Project, was given at the Society for Maternal Fetal Medicine’s annual conference, which took place in February 2019. The presentation was developed by members of the project’s Clinical Advisory Work Group, Dena Goffman, MD (Columbia University Medical Center) and Fouad Atallah, MD (Maimonides Medical Center). The NYSPQC’s Executive Director, Marilyn Kacica, MD, MPH, as well as NYSPQC staff members, Lusine Ghazaryan, MD, DrPH, Amanda Roy, MPH and Kristen Lawless, MS, also contributed as authors.

Overview of Initiative
The goal of the NYS Obstetric Hemorrhage Project is to reduce maternal morbidity and mortality statewide by translating evidence-based guidelines into clinical practice to improve the assessment and management of obstetric hemorrhage. Regional Perinatal Centers (RPCs), RPC-affiliate birthing hospitals, New York State Department of Health’s (NYSDOH) New York State Perinatal Quality Collaborative (NYSPQC), American Congress of Obstetricians and Gynecologists (ACOG) District II’s Safe Motherhood Initiative (SMI), Healthcare Association of New York State (HANYS), Greater New York Hospital Association (GNYHA), National Institute of Children’s Health Quality (NICHQ), and other stakeholders are working together to implement interventions to improve obstetric outcomes.

The NYS Obstetric Hemorrhage Project focuses on:
- Improving readiness to respond to an obstetric hemorrhage by implementing standardized policies and procedures and developing rapid response teams;
- Improving recognition of obstetric hemorrhage by performing ongoing objective quantification of actual
blood loss and triggers of maternal deterioration during and after all births;

- Improving response to hemorrhage by performing regular on-site, multidisciplinary hemorrhage drills; and
- Improving reporting of obstetric hemorrhage by using standardized definitions resulting in consistent coding.

These evidence-based interventions build upon work previously done in NYS birthing hospitals through the NYSDOH’s NYSPQC / New York State Partnership for Patients’ Maternal Hemorrhage and Hypertension Initiative and ACOG District II’s SMI.

**Participants**

There are 86 NYS birthing hospitals participating in the initiative, including:

- 17 Regional Perinatal Centers (RPCs);
- 25 Level III birthing hospitals;
- 19 Level II birthing hospitals; and
- 25 Level I birthing hospitals.

**Next Steps**

Quality improvement activities, and data collection and analysis will continue at participating hospital teams. Ongoing Coaching Call webinars are being planned and include a focus on: patient and family engagement; multidisciplinary case reviews; management of the third stage of labor; and social determinants of health and racial justice.
NYSPQC Enteral Nutrition Improvement Project

Summary of Successes
The NYSPQC Enteral Nutrition Improvement Project was expanded in April 2016, to include Level III NICUs in addition to the RPCs. All RPC NICUs have continued with the project, and 21 (61.8%) Level III NICUs initially enrolled, for an overall RPC/Level III participation rate of 76.5%. Two of the Level III NICUs discontinued their participation due to lack of resources, but one has recently opted back in. Recalibrated calculations for 2016 and data for the first quarter of 2017 reflect this participation rate of 72.5%.

Very Preterm Births and Discharges < 10th Percentile for Weight among RPC and Level III NICUs by Quarter, January 2015 – March 2017

Throughout 2015 and 2016, percentages of births <31 weeks’ in gestation and below the revised Fenton 10th percentile for weight were similarly distributed between RPCs and Level III NICUs, but there was a slight uptick to 10% in RPCs births in the first quarter of 2017. Higher percentages of these neonates were discharged below the 10th percentile for their adjusted age and weight among RPCs throughout the period.

Between the last quarter of 2016 to the first quarter of 2017, there was a slight uptick in the percentage discharged below the 10th percentile (27.4% v. 30.8%) among the RPCs, though this was still lower than the rates for all of 2015 (32.6%) and 2016 (33.7%). Lower than average percentages of neonates discharged weighing below the 10th percentile occurred among 10 of the 18 (56%) RPCs, an increase of 2 RPCs from 2016.

In the first quarter of 2017, participating Level IIIs exhibited an overall rate only slightly lower than in the last quarter of 2016 (22.0% v. 22.9%) and remained below the September 2022 goal of 27.7%. Among the 20 Level IIIs one had no births prior to 31 weeks, 8 had no discharges below Fenton’s 10th percentile, and 3 were below the average.

In further comparisons between the last quarter of 2016 and the first quarter of 2017, RPCs had:
• longer average lengths of stay (68.9 v. 79.6 days);
• no change in initiation of first enteral feeding (3 days), or in initiation of full feeding (17 days);
• though slightly increased, no significant change in nosocomial infections (related to longer lengths of stay) and no change in necrotizing enterocolitis (related to earlier feeding).

Between the last quarter of 2016 and the first quarter of 2017, participating Level IIIs had:
• shorter average lengths of stay (68.9 v. 64.0 days);
• no change in ages when initiation of first and full feedings occur (2 and 15 days respectively);
• decreased nosocomial infections (12.1% v. 9.0%), potentially related to shorter lengths of stay; and
• increased necrotizing enterocolitis (4.0% v. 7.4%), despite no change in age of initiation of breast milk feeding.

Breast Milk Feeding of Very Preterm Neonates among RPC and Level III NICUs, 2015, 2016, 2017 Q1

Note: Any Breast Milk=exclusive breast milk + breast milk supplemented with formula

In the first quarter of 2017, RPCs experienced further increases in feedings with breast milk, both exclusively and with/without formula supplementation (any), at first enteral and full feedings, as well as at discharge. Level III hospitals also increased their exclusive and any breast milk feedings at all feeding junctures, with the exception of any breast milk feeding at discharge, which showed a slight decline. The Level III breast feeding rates continue to be below those for the RPCs at first enteral feeding and for exclusive breast milk at full feedings but have inched higher for any breast milk at full feeding and remain higher for both exclusive and any breast milk at discharge.
This trend may be related to the greater availability of donor breast milk and other fortifiers, and improvement efforts undertaken by the NYSDOH and the RPC and participating Level III neonatal clinicians.

**Because of this work, an estimated 20 fewer babies born < 31 weeks in gestation between 2015 and the first quarter of 2017 went home below the 10th percentile for growth and thereby at risk for neurodevelopmental delays.**

Despite similarities in gestational age and size of newborns admitted to RPCs and Level III NICUs, those admitted to RPCs tended to stay longer and yet be discharged smaller than those admitted at Level III NICUs. RPCs had higher proportions of multiple gestation neonates and those received by transfer within two days of birth, both potentially indicating neonates of higher risk upon admission. Another determinant of the higher rates of discharge below the 10th percentile for weight compared to the Level III NICUs may be the higher rates of breast feeding during the RPC hospitalizations. Known as the Breast Milk Paradox, though benefits are greater and long-term outcomes are better, growth is slower on breast milk than on formula. Greater use of Pasteurized Donor Human Milk (PDHM) among RPCs may also be associated with constraints on protein intake and thus slower growth.

A Coaching Call webinar was held on October 25, 2018. An overview of the 2016 data analyses, recalibrated to incorporate late joining participants, and comparisons with 2015 data, were presented, and several participating hospitals presented on their recent activities and progress in improving growth among their very preterm neonates.

An in-person Learning Session was held March 6, 2019, and was attended by 68 staff members from 29 NYS NICUs. Presentations were given by guest speakers: Jochen Profitt, MD, MPH, Associate Professor of Pediatrics, Director, Perinatal Health Systems Research, Stanford University, and Chief Scientific Officer, California Perinatal Quality Care Collaborative, who discussed disparities in care the NICU setting; Steven Gross, MD, Medical Director of Newborn Medicine and NICU, Crouse Hospital, who presented on breast milk and donor milk feeding; and Richard Schanler, MD, Director, Neonatal Services, Cohen Children’s Medical Center, Northwell Health and Professor, Zucker School of Medicine at Hofstra/Northwell, who discussed fortification of feeding for very low birth weight infants.

Additionally, Timothy Stevens, MD, MPH, of Strong Memorial Hospital, one of our Neonatal Expert Work Group members, and Edmund LaGamma, MD, of Westchester Medical Center, presented on findings from the project’s Current Practices Survey, and led attendees in a discussion on those current practices. Attending NICU teams developed storyboards for presentation during the Learning Session, and time was allotted for teams to share and learn from one another.

Deborah Campbell, MD, of Montefiore Medical Center, one of our Neonatal Expert Work Group members, has completed the process to obtain Maintenance of Certification credit for participating clinicians. Credit is available to clinicians at both RPCs and Level III NICUs.

Led by Dr. Stevens, members and lead author on the project’s two published articles, an abstract comparing current feeding policies, protocols, and practices among participating and non-participating hospitals was submitted to the Pediatric Academic Society for presentation at their annual meeting in Baltimore April 24 - May 1, 2019.

Dr. Stevens also was successful in obtaining permission to add a lengthy list of acknowledgments of all RPC-level project participants to the second project manuscript published in June 2018 in the Journal of Pediatrics1. The acknowledgments had been excluded inadvertently during the manuscript review process.

**Overview of Initiative**

The NYSPQC Enteral Nutrition Improvement Project aims to reduce the percentage of newborns of <31 weeks’ gestational age who are discharged from a 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 decrease central line use and the incidence of associated infection/sepsis, thereby optimizing extrauterine growth and neurological

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development. 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 2016, 21 Level III NICU hospitals were recruited to participate in the expanded project; one has discontinued its participation, such that 38 NICUs are currently participating in the project.

Next Steps
A brief survey is under development to assess participants’ Plan-Do-Study-Act QI activities relevant to recent key change additions to the Driver Diagram. One of the recent additions was a set of key changes focused on improving familiarity with social determinants of health. Because these changes are multi-faceted and may be somewhat unfamiliar to all clinical staff at the hospitals, a presentation reviewing this topic took place at the March 2019 Learning Session.

Patient-level data for the second quarter of 2017 are undergoing analysis, while data for the second half of 2017 have been compiled and are under review by the participating hospitals.

Quality improvement activities, and data collection and analysis will continue at participating NICUs. Coaching Call webinars are being planned and include a focus on: case presentations on topics such as residuals and abnormal distention; implementing a donor milk program; and disparities and equity in the NICU.
NYS Opioid Use Disorder (OUD) in Pregnancy and Neonatal Abstinence Syndrome (NAS) Project

Summary of Successes
A Recruitment Package was developed and sent to select pilot sites on August 21, 2018, to invite their obstetric and pediatric teams to participate in the project. Hospitals were selected based on their NAS rates as reported in SPARCS data, and their interest in the project. The Recruitment Package included a project overview, expectations and project timeline. Two Informational Calls for potential pilot sites were held on August 23 and 29, 2018. During the calls, project leadership provided an overview of the initiative, and hospital teams had an opportunity to learn more about the project and ask questions. To date, a total of 20 pilot hospitals have been recruited to participate in the project.

Since its inception, the project has held one in-person Learning Session, a Quality Improvement 101 webinar, a Data Training Webinar and three Coaching Call webinars.

The project’s kick-off, in-person Learning Session was held on September 20, 2018, in Albany, NY. Fifteen pilot site hospitals attended. An overarching presentation on “The Cycle of Addiction” was given by Paul Updike, MD, Medical Director for Substance Use Services, Catholic Health Services of Buffalo. Marilyn Kacica, MD, MPH, Executive Director of the NYSPQC, reviewed the results of a toxicology screening survey previously conducted by the NYSDOH, and a “Quality Improvement Overview and the Importance of PDSAs” presentation was given by Jane Taylor, EdD, Improvement Advisor, NICHQ. Event attendees participated in specialty-specific presentations and discussions, including an obstetric pain management presentation by Leah Kaufman, MD, FACOG, Residency Program Director, Department Vice Chair, SUNY Upstate Medical University, and a pediatric non-pharmacological care presentation by Matthew Grossman, MD, Yale University School of Medicine and School of Public Health, Department of Pediatrics. Attendees reconvened for presentations by Glens Falls Hospital and Crouse Hospital staff regarding caring for the mother and baby across the continuum of care.

The project’s first Coaching Call webinar was held on October 24, 2018. During the webinar, the project’s Driver Diagrams were presented, and two pilot site hospitals presented their current approaches to caring for mothers with OUD and infants with NAS, with a focus on non-pharmacologic care. Team members from Stony Brook University Children’s Hospital shared their current treatment approach to NAS, which emphasizes non-pharmacological care. Good Samaritan Medical Center presented their team’s approach to reducing the stigma of addiction and empowering mothers with OUD to provide non-pharmacological care to their infants, thereby reducing the need for opioid medications for infant withdrawal symptoms.

On November 14, 2018, a Quality Improvement 101 webinar was held for project participants. Pat Heinrich, RN, MSN, NICHD, the project’s Quality Improvement Advisor, presented an overview of the Institute for Healthcare Improvement’s Model for Improvement and instructed teams on how to complete a Plan, Do, Study, Act (PDSA) small test of change in preparation for their first PDSA assignment.

In December 2018, pilot sites completed their first PDSA cycle. The PDSAs focused on a variety of topics, including: Screening, Brief Intervention and Referral to Treatment (SBIRT); the effects of rooming-in on NAS symptoms; education on the modified Finnegan tool; proper coding of infants with NAS; and non-pharmacologic care for NAS.

The NYSDOH co-hosted a webinar on January 17, 2019, for the HANYS Opioid Lunch and Learn webinar series. Dr. Kacica provided an overview of the NYS OUD in Pregnancy and NAS Project, and Dr. Grossman once again presented the Yale New Haven Children’s Hospital’s approach to pediatric non-pharmacological care since it was so well-received at the project’s Learning Session.

On January 29, 2019, the project held a Data Training webinar. During the webinar, the project’s measurement strategy was rolled out and included an introduction of the project measures and data collection tools, an overview of data submission requirements, and a live demonstration of the project’s web-based data collection system. Pilot site hospitals began data collection in February 2019, and simultaneously completed their second PDSA cycle.

The project’s Coaching Call webinar on February 20, 2019, featured a presentation from Sarah Abdelsayed, MD, and Corinne Abrams, MPH Candidate, from the University of Buffalo, regarding stigma in the medical community and recommendations for working with pregnant and parenting women with opioid use disorder.

During the March 20, 2019 Coaching Call webinar, Good Samaritan Hospital Medical Center presented their PDSA about using the modified Finnegan scoring tool, and Prabhakar Kucherlakota, MD, (St. Luke’s Cornwall Hospital) presented results from his recent paper on his hospital’s version of the modified Finnegan score. Additionally, St. Peter’s Hospital presented their facility’s
experience implementing the Eat, Sleep, Console model to care for babies with NAS.

**Overview of Initiative**

Through the NYS OUD in Pregnancy and NAS Project, the NYSDOH's NYSPQC, ACOG District II, HANYS, GNYHA and NICHQ are working collaboratively to leverage skills and expertise to assist birthing hospitals with the identification and management of women with OUD during pregnancy, and improving the identification, standardization of therapy and coordination of aftercare for infants with NAS. This is the first joint obstetrics and pediatrics project under the scope of the NYSPQC.

New York is participating in the national Alliance for Innovation on Maternal Health (AIM) Program, led by the national ACOG. The AIM project is focused on reducing severe maternal morbidity and mortality. The NYS OUD in Pregnancy and NAS Project aligns with the AIM project focused on Maternal Opioid Use Disorder, and the evidence-based practices outlined in the Opioid Use Disorder in Pregnancy bundle\(^2\) and ACOG District II's White Paper\(^3\).

The project’s goal of improving the identification and treatment of pregnant women with OUD is being achieved by:

- Delivering provider and patient education;
- Implementing universal screening (verbal);
- Improving the management of patients during labor, delivery and immediately postpartum;
- Coordinating discharge care; and
- Collaborating across hospital teams to share and learn.

The project’s goal of improving the care of infants with NAS is being achieved by:

- Delivering provider and patient education;
- Improving early identification of infants at risk;
- Improving the management of patients using standardized NAS treatment protocols, including pharmacological and non-pharmacological management;
- Coordinating discharge care; and
- Collaborating across hospital teams to share and learn.

**Participants**

There are 20 NYS birthing hospitals participating in the initiative, including:

- 7 Regional Perinatal Centers (RPCs);
- 7 Level III birthing hospitals;
- 2 Level II birthing hospital; and
- 4 Level I birthing hospitals.

**Next Steps**

A Current Practices Survey has been disseminated to participating pilot hospitals to obtain a better understanding of current policies, protocols and practices.

Future Coaching Call webinars are being planned and will address: strategies to minimize NAS; pain management in obstetric patients; and pharmacologic and non-pharmacologic treatment of infants with NAS.

The project’s second in-person Learning Session is scheduled for June 27, 2019, at the Empire State Plaza in Albany, NY. Mishka Terplan, MD, MPH, FACOG, FASAM, will be the event’s keynote speaker, addressing the long-term maternal effects of methadone and buprenorphine. Dr. Terplan is a Professor in the Department of Obstetrics and Gynecology and the Division of General Obstetrics and Gynecology at Virginia Commonwealth University.

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NYSPQC Hospital-based Safe Sleep Project

Summary of Successes
During the initiative, the project held three in-person Learning Sessions, two Quality Improvement 101 webinars, a data training webinar and eleven Coaching Call webinars.

In August 2017, the project entered sustain mode. As a means of assessing ongoing improvement and sustainment of infant safe sleep practices for participating birthing hospital teams, the NYSPQC collected data for one project measure beyond the project period. This project measure was collected from August 2017, through October 2018, and specifically related to crib audits during the birth hospitalization, and the percent of infants, sleeping or awake-and-unattended in the crib, in a safe sleep environment.

During the active phase of the project, from September 2015 to July 2017, project participants reported a 38% increase in the percent of infants, sleeping or awake-and-unattended in a crib, in a safe sleep environment during the birth hospitalization. Beginning in August 2017, when the project entered sustain mode, and through October 2018, this measure remained at around 90%.

Percent of infants, sleeping or awake-and-unattended in a crib, in a safe sleep environment

Overview of Initiative
The NYSPQC Safe Sleep Project aimed to reduce infant sleep-related deaths by improving safe sleep practices in NYS. The NYSPQC project team participated in the national Infant Mortality Collaborative Improvement and Innovation Network (IM-ColIN), a platform designed to accelerate improvement in priority strategy areas through collaborative learning, quality improvement, and innovation. Participating NYS birthing hospitals served as the IM-ColIN pilot sites while participating in the project. The central goals of the NYSPQC Safe Sleep Project included: 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 evaluated 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).

In January 2019, 72 hospitals received the NYSPQC Safe Sleep Project’s Quality Improvement Award. The award was given in recognition of the hard work and dedication of the hospitals’ staff to improve safe sleep practices for infants. A letter from NYSPQC Executive Director, Dr. Kacica, and an award certificate regarding this achievement were mailed to the hospital CEOs, and a copy of the letter and award certificate was also e-mailed to the project teams.

Participants
Between September 2015 and July 2017, a total of 82 hospitals participated in the initiative, including:

- 17 Regional Perinatal Centers (RPCs);
- 29 Level III birthing hospitals;
- 15 Level II birthing hospitals; and
- 21 Level I birthing hospitals.

Sixty-seven of these hospitals continued to submit data while the project was in sustain mode.

Next Steps
The NYSPQC is developing a New York State Safe Sleep Toolkit directed at hospitals and community-based organizations. The purpose is to help public health and health care professionals strengthen their efforts to improve safe sleep practices. The toolkit will feature change ideas, presentations, materials, tools, references and key insights from hospitals and community-based organizations that are working to improve infant safe sleep practices.

In a continued effort to promote one consistent safe sleep message in hospitals across NYS, the NYSDOH, in partnership with the NYS OCFS, has made safe sleep consumer educational tools available to all birthing hospitals statewide. These consumer educational tools are available in the form of brochures, mirror clings, magnets, posters, videos, and an anatomical diagram highlighting proper safe sleep messages. These items are available on the NYSDOH website, and several are available free of charge to NYS birthing hospitals through the NYSDOH Distribution Warehouse.
New York State Community-based Safe Sleep Project: NYS Safe Sleep Infant Mortality Collaborative Improvement & Innovation Network (IM-CoIIN)

Summary of Successes
The project has held six Coaching Call webinars, and during each event, presentations focused on project data and progress to date, quality improvement strategies and team sharing and learning.

Each participating pilot organization has received safe sleep resources, including 55 Sleeping Safely Starter Kits (a portable play yard, fitted crib sheet, sleep sack and infant safe sleep literature). The NYSPQC team also sent pilot organizations and all NYS home visiting programs sleep sacks and Sleep Baby Safe and Snug board books.

Participating pilot organizations completed one PDSA cycle in December 2018. The PDAs focused on reducing blanket use among infants and using incentives to increase the number of caregiver surveys completed each month.

All pilot site organizations are administering surveys to caregivers postpartum, 30-60 days after their organization has provided safe sleep education. To date, six months of data have been collected for the project. The project's data collection tool, a caregiver survey, has been updated to clarify the meaning of questions and collect more information about the timing and setting in which safe sleep education is provided.

Data from July to December 2018 show:
- 82% of infants always slept alone in his/her own crib in the past two weeks;
- 91% of infants were most often placed to sleep on their back; and
- 98% of infants were laid down to sleep in a crib in the past two weeks.

In October 2018, the NYSPQC project team presented project successes and strategies for family/caregiver engagement to the national Safe Sleep IM CoIIN, and, in January 2019, presented about the project to national IM CoIIN stakeholders and fellow champions.

The NYS team, including representatives from the NYSDOH and participating project pilot sites, participated in the national Safe Sleep IM CoIIN Learning Session 3, hosted by NICHQ in Boston in Spring 2019.

Overview of Initiative
Like the hospital-based Safe Sleep Project, the community-based NYS Safe Sleep IM-CoIIN aims to reduce infant sleep-related deaths by improving safe sleep practices in NYS. Specifically, the AIM of the project is to decrease Sudden Unexpected Infant Death (SUID) rates by 10% in NYS by increasing the adoption of the ABCs (alone, on the back, in the crib) of safe sleep; and to reduce racial disparities in infant safe sleep practices by ≥5% by 2020.

The NYSPQC project team continues to participate in the second round of the national Infant Mortality Collaborative Improvement and Innovation Network (IM-CoIIN), with a focus on community-based organizations, particularly Health Start and maternal and Infant Community Health Collaboratives (MICHCs) and reducing disparities in infant mortality through the promotion of infant safe sleep. New York State is working on this national project in partnership with several other states, under the leadership of backbone organization, NICHQ. The central goals of the NYS Safe Sleep IM-CoIIN include: implementing policies to support/facilitate safe sleep practices; educating health care professionals so they understand, actively endorse and model safe sleep practices; providing infant caregivers with education and opportunities so they have the knowledge, skills, and self-efficacy to practice safe sleep for every sleep; and collaborating across teams to share and learn. The project evaluates key performance measures, including: percent of infants laid down to sleep alone; percent of infants laid down to sleep on their back; and percent of infants laid down to sleep in a crib.

Participants
Since October 2018, a total of six community-based organizations have been participating in the project.

Next Steps
Pilot site organization will continue to collect caregiver surveys and submit data monthly for the project, as well as develop and complete PDSA cycles, and attend project events, such as Coaching Call webinars.
National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

Summary of Successes
The NYSDOH facilitated quarterly meetings in 2018 with statewide and national safe sleep and breastfeeding stakeholders, the NYS NAPPSS-IIN Community of Practice, to disseminate, spread and scale best practices to improve safe sleep, breastfeeding rates, and reduce disparities in both areas.

The NYSPQC and NYP Lawrence Hospital team has participated in national NAPPSS monthly Action Period Calls. The Action Period Call on October 4, 2018, focused on a safe sleep hot topic, balancing safe sleep messaging with safe practice, and hospitals teams presented PDSAs. On November 1, 2018, NICHQ’s Improvement Advisor presented self-assessment tools available on the project website, and teams discussed barriers and PDSA predictions.

The NYSPQC and NYP Lawrence Hospital teams attended the NAPPSS-IIN Virtual Learning Session 3 hosted by NICHQ on December 17 and 18, 2018. The team at NYP Lawrence presented a storyboard during the event.

On January 3, 2019, the national Action Period Call featured a presentation about Partnering with Families to Address Social Determinants of Health. As a follow-up to the January call topic, the NYP Lawrence Hospital team prepared a storyboard presentation regarding their strategies for engaging parents and caregivers in critical conversations across the continuum of care, from the time a woman as her prenatal visits, until the time she and her infant are discharged into the care of the community and pediatrics. They presented the storyboard on the national February Action Period Call on February 14, 2019. Additional hospitals teams presented their storyboards about parent and family engagement across the continuum of care during the national March Action Period Call on March 7, 2019.

In February 2019, the NYSDOH nominated two hospitals to apply to Cohort B of the project, based on criteria provided by NICHQ. Crouse Hospital in Syracuse, NY, and Montefiore Medical Center, Wakefield Campus in Bronx, NY, were both selected to join the national project in March 2019.

Overview of Initiative
NAPPSS-IIN is an initiative to make infant safe sleep and breastfeeding the national norm, by aligning stakeholders to test safety bundles in multiple care settings to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding. This project is led by NICHQ and funded by the Health Resources and Services Administration Maternal and Child Health Bureau.

Starting with five pilot hospitals in five states, including NYS, the initiative is currently expanding to include additional hospitals, social service agencies and childcare touch points across the country.

Participants
The NYSDOH used NYSPQC Hospital-based Safe Sleep Project data and NYS administrative data related to safe sleep and infant mortality to identify and recruit hospitals to participate in the initiative. New York State’s representative hospital for Cohort A is New York Presbyterian – Lawrence Hospital. New York State’s Cohort B hospitals include Crouse Hospital and Montefiore Medical Center, Wakefield Campus.

Next Steps
The NYSDOH will continue to facilitate quarterly meetings with stakeholders to support participating hospitals and share best practices to improve safe sleep practices and breastfeeding rates, and reduce disparities in both areas. The three NYS hospital teams will continue to participate in monthly national Action Period calls, and will attend an In-Person Learning Session in May 2019, in Arlington, VA.
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.

New York State 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 Centers (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. Regional Perinatal Centers 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 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 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), Team Coordinator and Data Manager. The Collaborative Application must be signed by a Senior Administrator to participate. 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. 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.

For more information on the NYSPQC, e-mail NYSPQC@health.ny.gov, or call 518/473-9883.