FPQC Steering Committee Meeting—2/15/24

Agenda

Morning

- Welcome and Introductions
- FPQC Steering Committee – Statewide Engagement
- Overview of Current & Future Initiatives
  - Levels of Maternal Care
  - PACC
  - MFC
  - PQI & Birth Certificate Training
  - Sustainability

Afternoon

- Future Issues & Direction
  - WeCare: For NICU Families
  - ED/EMS Workgroup
  - Next Maternal Initiatives
  - FPQC organization
  - Strategic FPQC Questions
  - Additional Business

FPQC's Vision & Values

*"**All** of Florida's mothers, infants & families will have the **best health outcomes** possible through receiving **respectful, equitable, high quality, evidence-based** perinatal **care**."*

- Data-Driven
- Population-Based
- Evidence-Based
- Equity-Centered
- Value-Added

FPQC Partners & Funders

Florida HEALTH

CDC
Centers for Disease Control and Prevention

Agency for Health Care Administration

AIM
Alliance for Innovation on Maternal Health

USF Health
College of Public Health

Jennie K Scaife Charitable Foundation

The American College of Obstetricians and Gynecologists
Women's Health Care Physicians

AWHONN
Florida
Promoting the Health of Women and Newborns

Florida Affiliate of the American College of Nurse-Midwives
With women, for a lifetime®

Florida Association of Healthy Start Coalitions, Inc.
Every baby deserves a healthy start

Florida Society of Neonatologists
Advancing the Care of Neonates in the Sunshine State

Florida Academy of Family Physicians
Support Florida's Family Physicians

FHA Florida Hospital Association
Mission to Care. Vision to Lead.

Florida Alliance for Healthcare Value

Preeclampsia Foundation

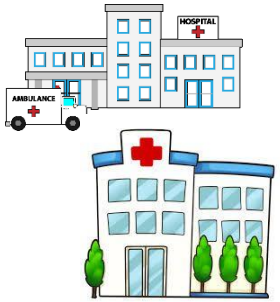
March of Dimes

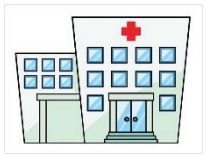
Florida Blue

United Healthcare Community Plan

FPQC

FPQC Structure





- **FPQC Steering Committee**
  - **Leaders**
  - **FPQC Directors**
  - **FPQC Team**
- **Maternal Health Committee**
  - **PACC**
  - **MFC**
- **Data Committee**
  - **PQI**
  - **BRTW**
- **Infant Health Committee**
  - **Homeward Bound**

Steering Committee Members

- **AdventHealth:** William Scharf
- **AHCA:** Melissa Vergeson
- **AHCA:** Austin Noll
- **AAFP:** Danielle Carter
- **AAP:** Mark Hudak
- **ACNM:** Jessica Brumley
- **ACOG:** Cole Greves
- **ACOG:** Julie DeCesare
- **ACOG:** Karen Harris
- **AWHONN:** Karen Kolega
- **AWHONN:** Nancy Travis
- **Doula:** Angela Daniel
- **Families:** Lelis Vernon
- **FAHCV:** Karen van Caulil
- **FAHSC:** Cathy Timuta
- **FAHSC:** Monica King
- **Florida Blue:** Kelli Tice
- **FDOH:** Anna Simmons
- **FDOH:** Kelly Rogers
- **FDOH:** Angela Thompson
- **FHA:** Kim Streit
- **FSN:** Jenelle Ferry
- **MOD:** Caroline Valencia
- **NE Healthy Start:** Faye Johnson
- **United Healthcare:** Stan Lynch
- **USF/FPQC:** John Curran
- **USF:** Judette Louis
- **USF:** Jason Salemi
- **USF:** Cheryl Vamos

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FPQC Leadership Team

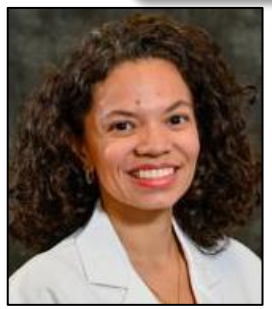
PACC

Julie DeCesare

Kimberly Fryer

Margie Boyer

MFC



Jessica Brumley

Karen Harris

Margie Boyer

Jonna Johnson

Jane Murphy

LOMC

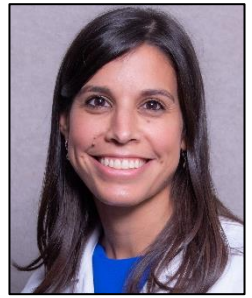
Cole Greves

Betsy Wood

Hypertension

Cole Greves

Ashley Cain



Daniela Crousillat

Margie Boyer

NICU Discharge

Patoula Panagos

Sue Bowles

Vargabi Ghei

Lelis Vernon

FPQC Team

Linda

Lori

Kimberly

Patoula

Maya

Margie

Estefania

Nicole

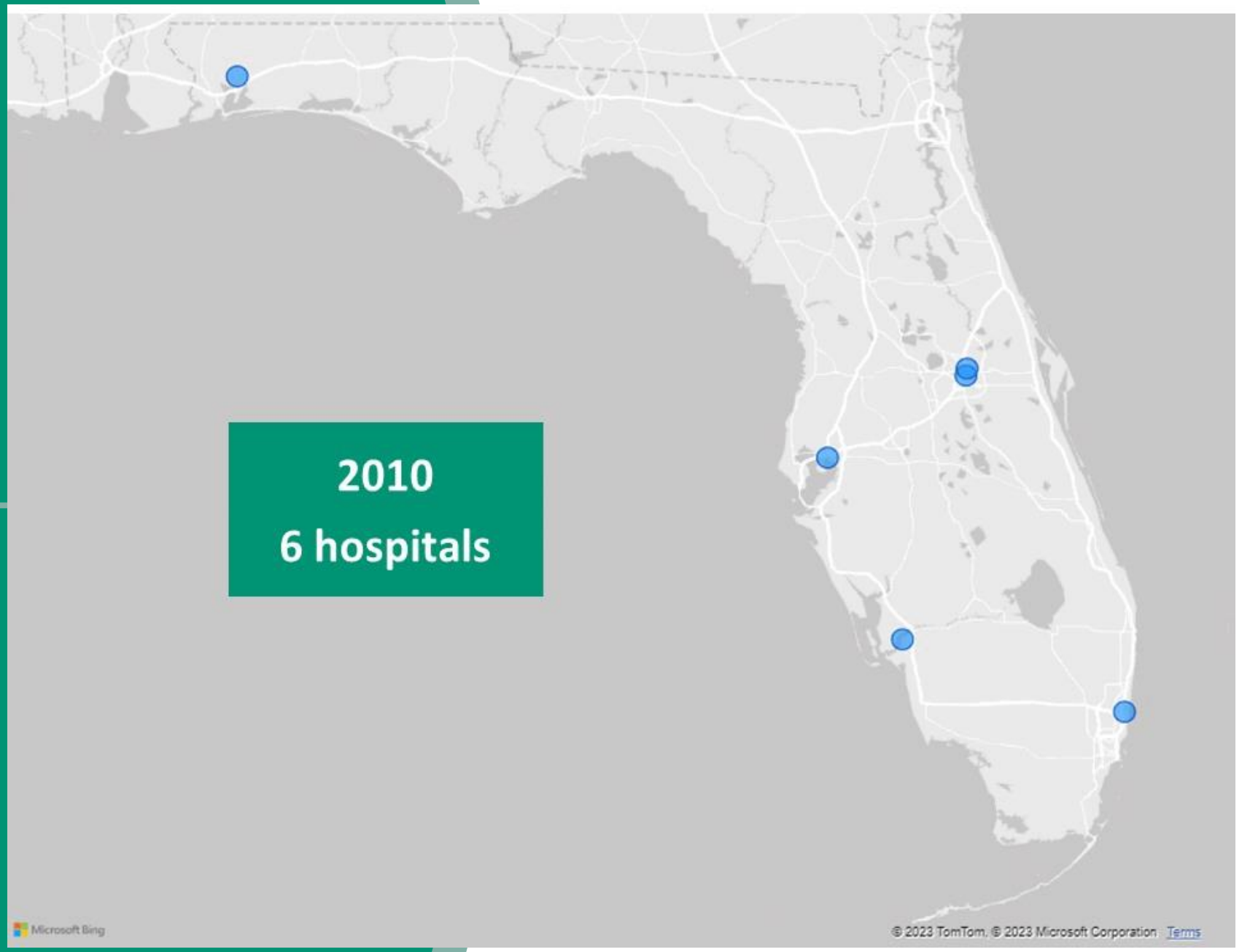
Estefanny

Ben

Sara

Shelby

FPQC Participation



Why Participate in an FPQC Initiative?

- Provides a complete hospital QI initiative at no charge with background, change package, rapid data reporting and coaching/mentoring/sharing.
- Initiatives are developed using evidence-based guidelines, research, best practices, and national expert consultation.
- Multi-hospital QI initiatives promote earlier, larger and more sustainable QI practice gains.
- Promotes networking among clinicians around the state on major practice and treatment issues.
- Provides publication, presentation, educational, & leadership opportunities.
- Promotes state and community system improvements.

New Hospital Perinatal QI Participation Parameters

Florida Statute

All Florida maternity hospitals are required to participate in two FPQC quality improvement initiatives at all times (F.S. 395.1054).

CMS QI Reporting

All hospitals participating in Medicare are required to report whether they are participating in a national and state perinatal quality collaborative and implementing their safety bundles.

Joint Comm. Requirement

TJC accredited hospitals must select one hospital QI health equity issue and present a series of QI steps performed to address this issue.

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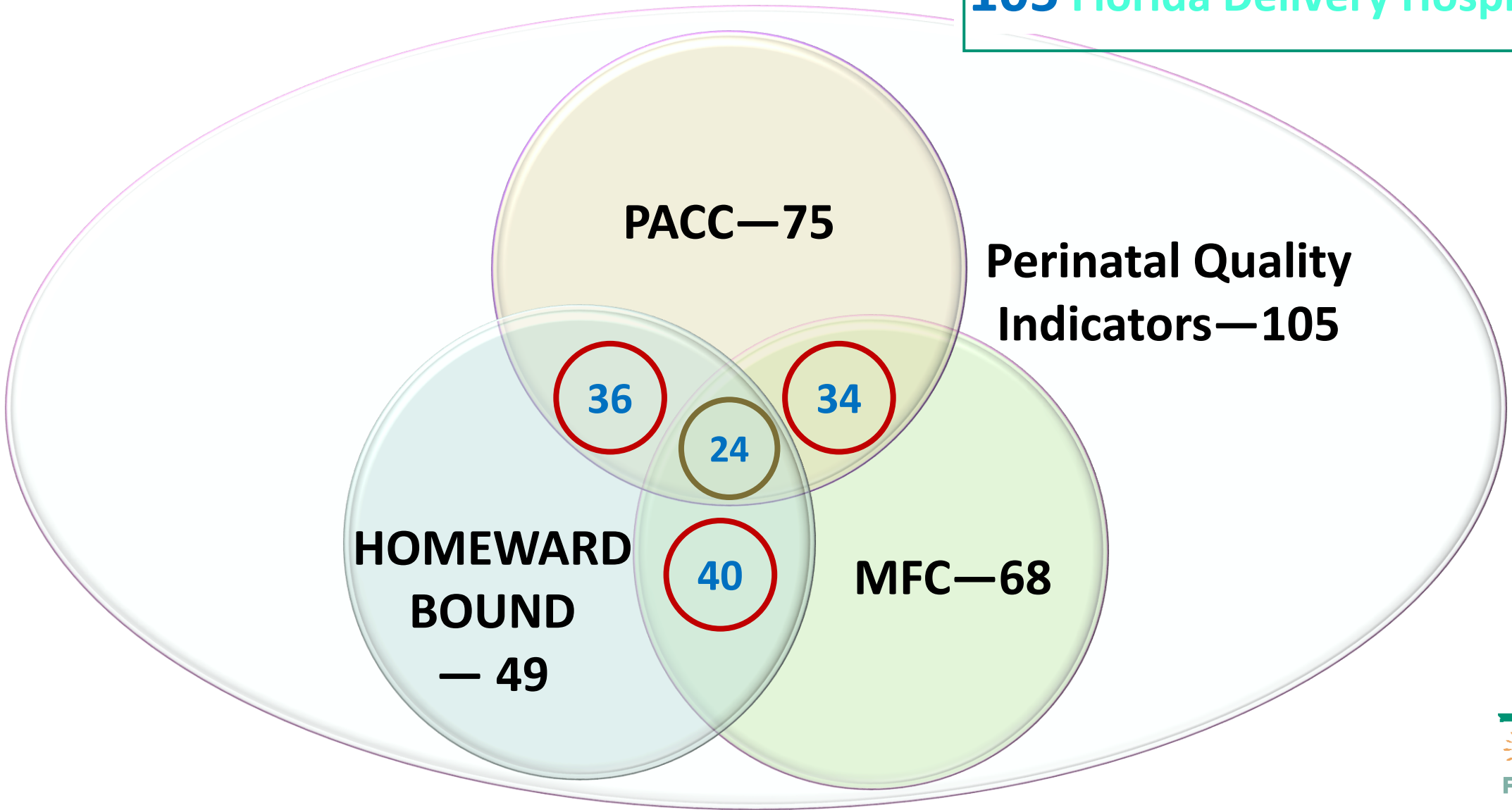
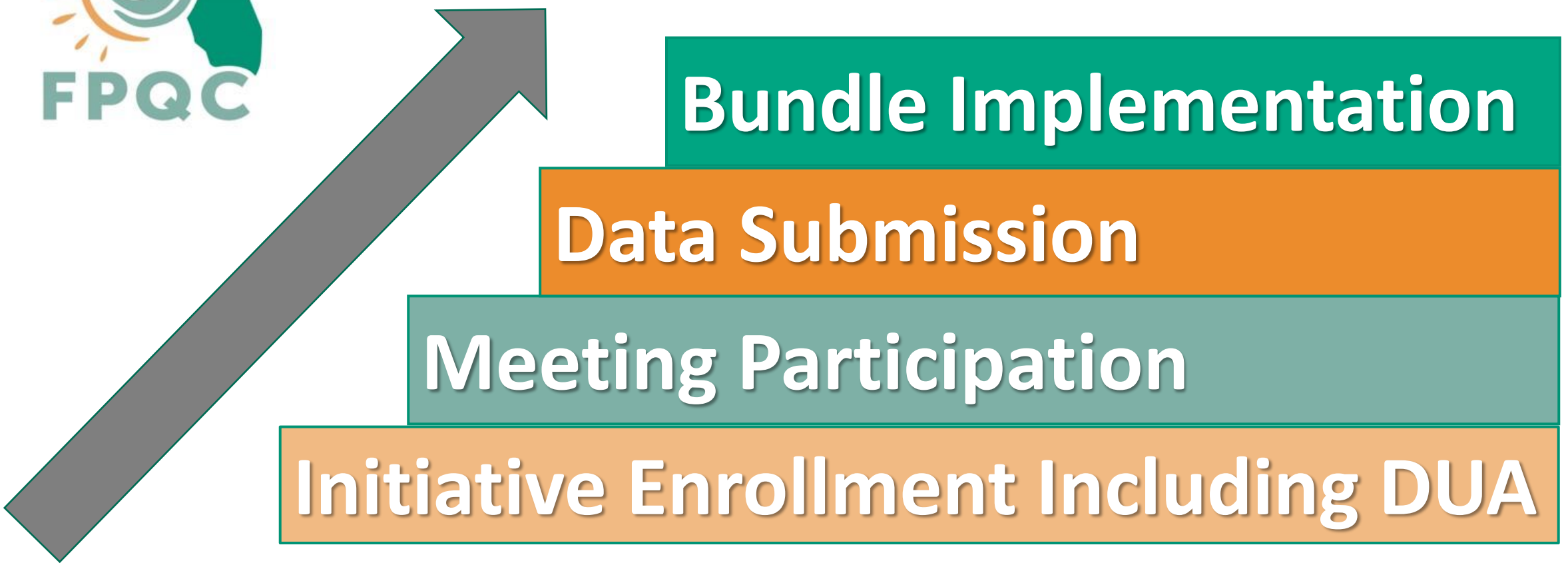
FPQC Hospital Participation—2024

105 Florida Delivery Hospitals



Hospital Participation



How do we *engage* hospitals in Florida?

Strengthening FPQC Goals:

- To become a full-service state quality collaborative with of 100% FL's delivery hospitals participating
- To have >50% of FL's NICUs participate in a multi-hospital perinatal QI initiative
- Support sustainability by increasing hospital participation in coaching calls
- Expand Coach-Mentor model to all FPQC QI initiatives, providing QI training to coaches that enables them to teach key QI methods to hospital teams
- Incorporate hospital recognition process within all initiatives

Florida's ACOG/SMFM
Levels of Maternal Care

Florida Perinatal Quality Collaborative

FPQC

ACOG/SMFM Levels of Maternal Care

Level I—*Basic Care:*

Care of low- to moderate-risk pregnancies with ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available.

Level II—*Specialty Care:*

Level I facility plus care of appropriate moderate- to high-risk antepartum, intrapartum, or postpartum conditions.

Level III—*Subspeciality Care:*

Level II facility plus care of more complex maternal medical conditions, obstetric complications and fetal conditions.

Level IV—*Regional Perinatal Health Care Centers:*

Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum and postpartum care.

Why LOMC?

- Reduce maternal morbidity and mortality
- Encourage risk-appropriate care based on maternal needs
- Ensure consultation and referral are readily available when high-risk care is needed
- Provide outreach training opportunities
- Increase equity in perinatal outcomes

Why LOMC?

- Know how your facility compares to ACOG/SMFM national guidelines
- Identify gaps and provide documentation to support acquisition of needed resources
- Create a network of hospitals committed to quality of maternal care
- Promote national standards for quality maternity care improving outcomes and reducing disparities

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15 Florida LOMC Verified Hospitals

Level I

- ✓ AdventHealth Heart of Florida

Level II

- ✓ AdventHealth Altamonte
- ✓ AdventHealth Celebration
- ✓ AdventHealth Winter Park
- ✓ Cape Coral Hospital
- ✓ Tallahassee Memorial Hospital

Currently, 27% of Florida births occur at verified hospitals

Level III

- ✓ Halifax Health
- ✓ Lakeland Regional Health
- ✓ Mount Sinai Medical Center
- ✓ Sarasota Memorial Hospital

Level IV

- ✓ AdventHealth Orlando
- ✓ South Miami Hospital
- ✓ UF Health Shands Hospital
- ✓ Memorial Regional Hospital
- ✓ Winnie Palmer Hospital for Women & Babies

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Florida LOMC Progress Update

- **18 hospitals with applications in process**
  - 6 hospitals with site visits scheduled

If all hospitals in progress achieve verification, 46% of Florida births will occur at verified hospitals

- **20 hospitals preparing to apply**

If all hospitals preparing to apply achieve verification, 61% of Florida births will occur at verified hospitals

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Florida Levels of Maternal Care

Your 2nd chance! FPQC is offering funding to support your hospital costs.

- Apply to the FPQC to cover your hospital's first year fee and visit costs.
- Apply to TJC Maternal Levels of Care verification program.
- Provide a hospital "Ready Date" by April 1, 2024
- Commitments:
  - Pay year 2 and 3 fees
  - Complete an online evaluation

ACOG Levels of Maternal Care Verification Costs The Joint Commission

	Annual Fee	On-site Fee	Total 3-year Fee
Level 1	$2,000	$2,275	$8,275
Level 2	$3,000	$2,275	$11,275
Level 3	$5,000	$3,245	$18,245
Level 4	$6,000	$3,245	$21,245

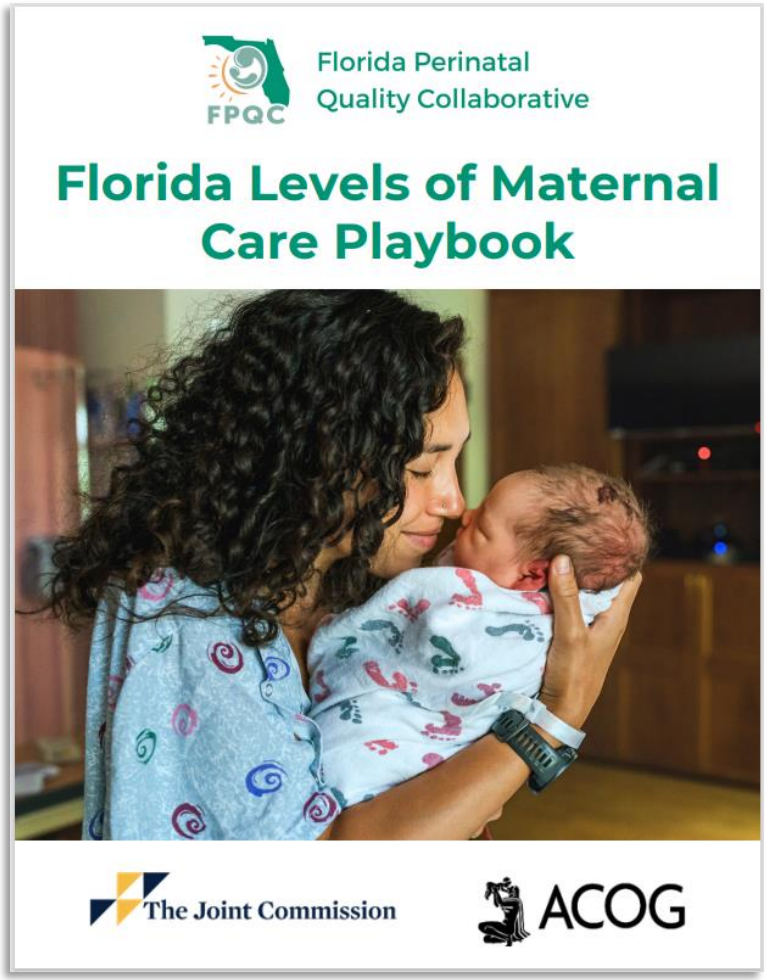
FPQC LOMC Programs Pays:

- All Level I Hospital Fees
- Level II to IV first year annual and on-site visit fees

FPQC Assistance

LOMC Playbook

- **Stage 1: Is This Right for Our Hospital?**
- **Stage 2: Planning to Apply**
- **Stage 3: Completing the FPQC and TJC Applications**
- **Stage 4: It's Showtime! (Site Visit)**



LOMC Office Hours

fpqc.org/lomc/playbook

Coming Soon—Florida LOMC Marketing Toolkit

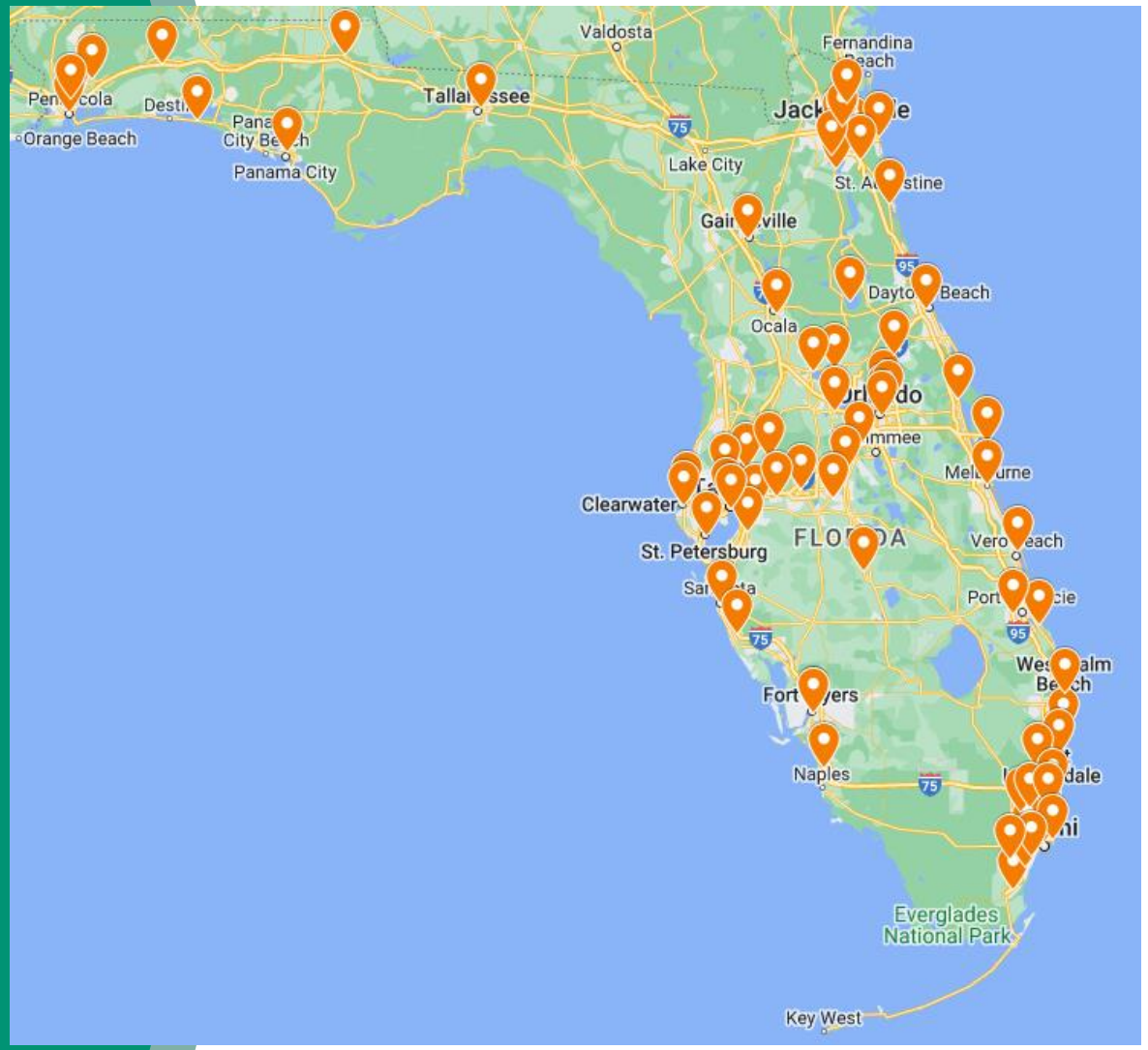
FPQC

PACC

POSTPARTUM ACCESS & CONTINUITY OF CARE

75 Florida Hospitals:

- 72% of maternity hospitals
- 82% of births



FPQC

Florida HEALTH

CDC
Centers for Disease Control and Prevention

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

PACC

POSTPARTUM ACCESS & CONTINUITY OF CARE

Global AIM: Improve maternal health through hospital-facilitated continuum of postpartum care by coordinating and providing respectful, timely, and risk-appropriate coordinated care and services.

AIM

By 6/2024, FPQC participating hospitals will:

- **Increase the % of patients with a 2-week PP visit scheduled prior to discharge by 20%***
- **Increase patient PP education by 20%***

Respectful care is a universal component of every driver & activity

Primary Key Drivers

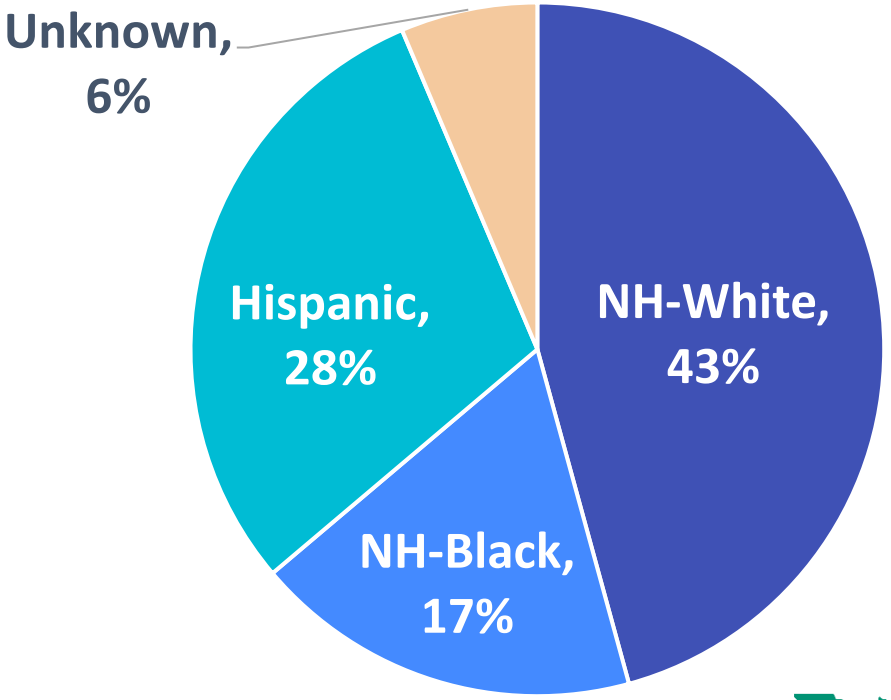
- Process for Maternal Discharge Risk Screening & Arranging Early Postpartum Visits
- Comprehensive Postpartum Patient Discharge Education
- Clinician Postpartum Engagement and Education

PATIENT CHARACTERISTICS

75 reporting hospitals (Jan-Dec 2023)

16,939 postpartum women
Spanish speaking: 11%
Medicaid-covered: 43%

Late or no PNC: 7%
Cesarean: 34%
Hypertensive disorders: 17%



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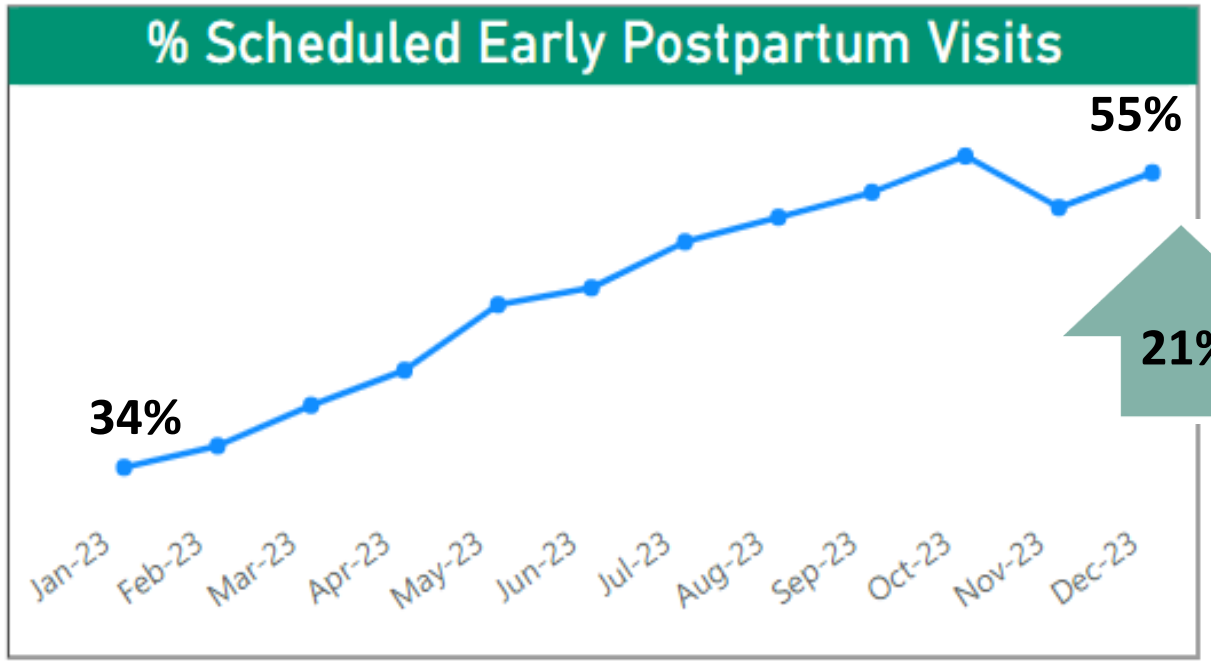
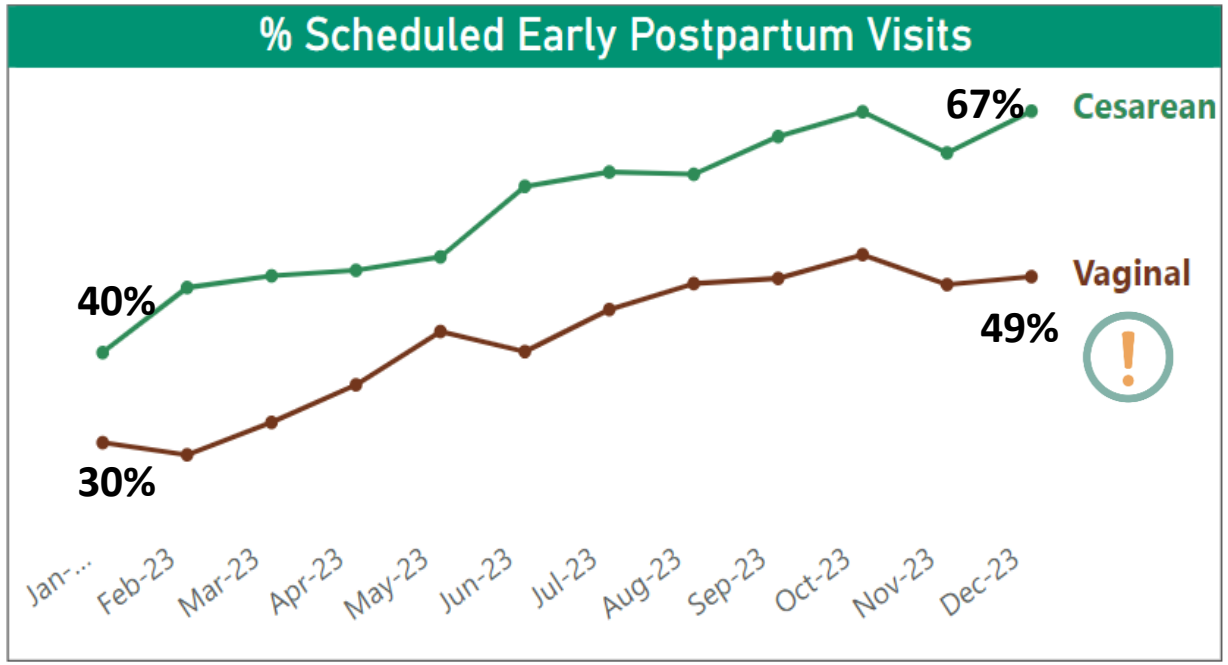
PACC Aim

By June 2024, PACC hospitals will increase by 20%:

1. The % of patients with a 2-week PP visit scheduled prior to discharge

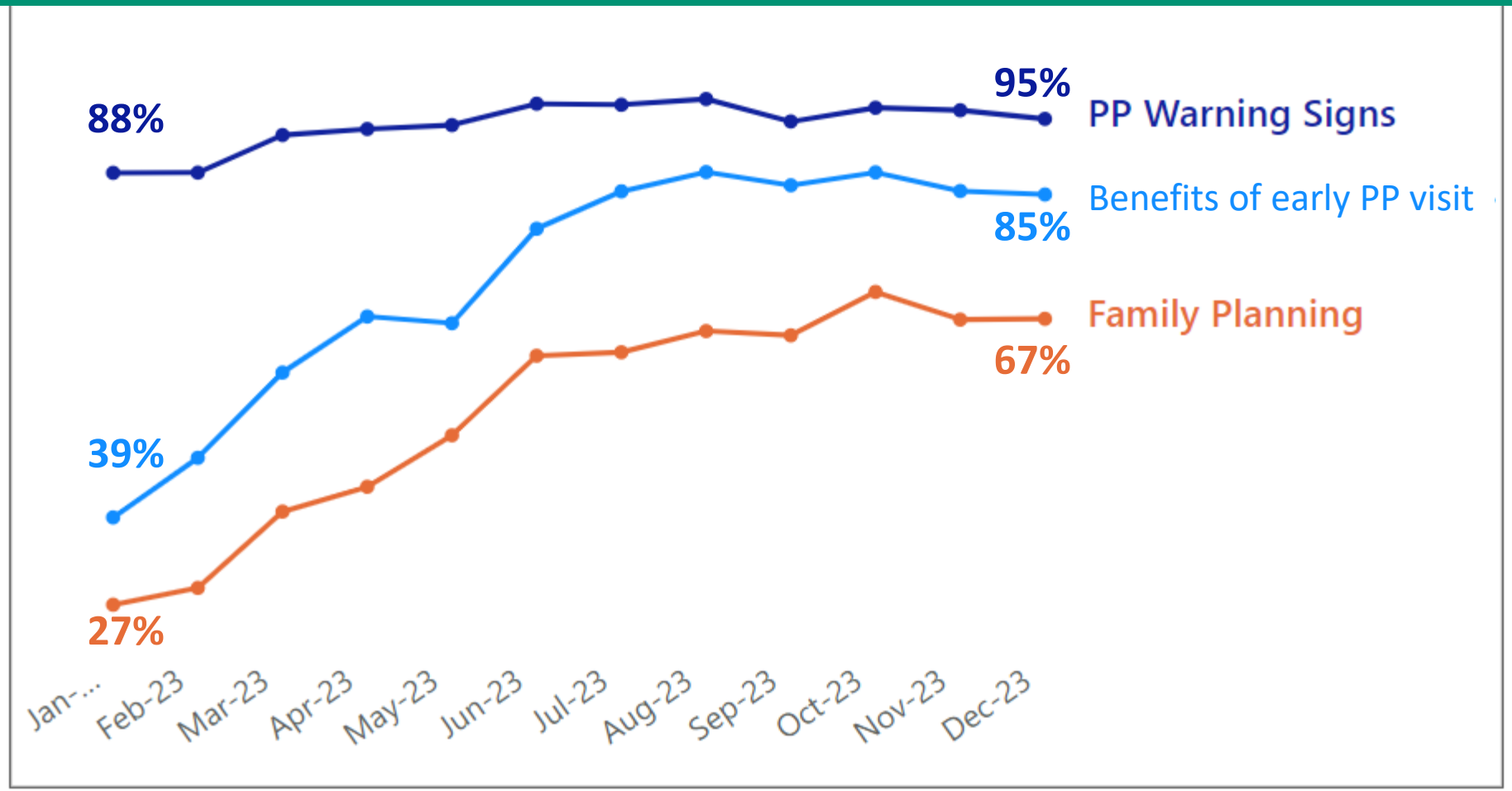




PACC Aim

By June 2024, PACC hospitals will increase by 20%:

2. The % of patients who receive verbal postpartum education and materials



RISK ASSESSMENTS

Questions:

1. **Has the patient been diagnosed with chronic hypertension, gestational hypertension, pre-eclampsia, eclampsia, maternal heart disease, or related conditions?**
   - Schedule blood pressure check in 2-3 days and appointment with OB or PCP in 1-2 weeks.
   - If yes to maternal heart disease, schedule appointment with cardiology in 1-2 weeks.
2. **Does the patient have a history of venous thromboembolism (DVT or pulmonary embolism) this pregnancy or on anticoagulation prior to delivery?**
   - If yes, then ensure patient has 6 weeks of medication for anticoagulation in hand prior to discharge.
3. **Did the patient have a c-section or 3rd or 4th degree vaginal laceration?**
   - If yes, schedule for 1–2-week incision check with OB.
4. **Does the patient have substance use disorder or screened positive with an evidence-based verbal screening tool?**
   - If yes, perform SBIRT, refer for MAT/MOUD, provide Naloxone kit/Rx, and OB follow up in 1-2 weeks.

QUESTIONS TO ASK THE PATIENT:

5. **Ask: Do you feel unsafe at home? Is there a partner from a relationship who is making you feel unsafe now?**
   - If yes, then refer to case manager or social worker for assessment prior to discharge.
6. **Ask: Over the last two weeks have you felt down, depressed, hopeless, have little interest in doing things, or have a history of mood or anxiety disorder?**
   - If yes, then screen with Edinburgh Postnatal Depression Scale (recommended), contact OB provider, and schedule follow up for mood check in 1-2 weeks. Consider psych consult prior to discharge or discharge as appropriate.
7. **Ask: Can I connect you to additional community resources?**
   - If yes, consult social worker, refer to Healthy Start, Medicaid Case Manager, or hospital financial counselor.

Maternal Discharge Risk Assessment

From 38% at baseline to 80% in the last quarter

PP Discharge Assessment (Vital Signs close to discharge and action)

From 48% at baseline to 84% in the last quarter

Patient Save Stories

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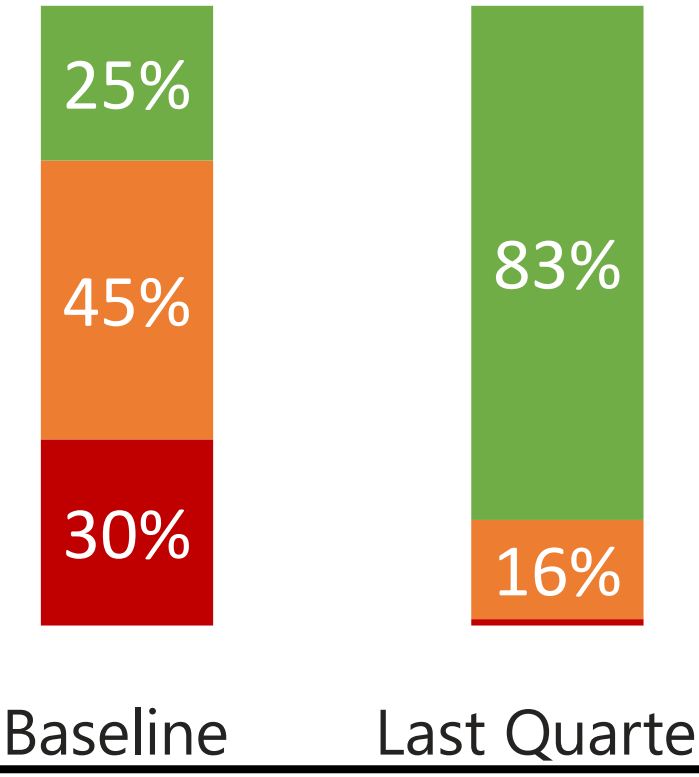
Clinician Engagement and Education

	Baseline	Last Quarter
% of OB physicians, midwives and L&D nurses that have received education on the benefits, components, and scheduling of the early PP visit	65%	>90%

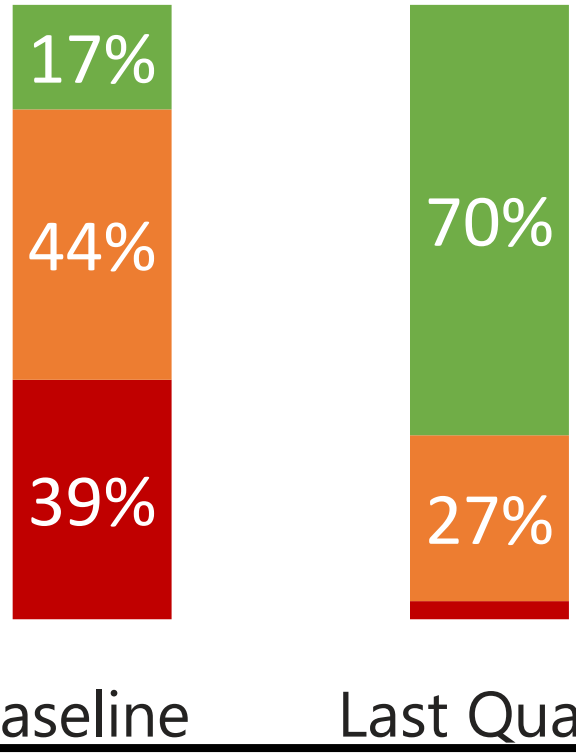
ED engagement and screening

% hospitals with periodic education and engagement on pregnancy/PP care for ED physicians and staff



Implemented
Planning
Not started

% EDs with standardized verbal screening for pregnancy now and during the past year as part of its triage or initial assessment



Next Steps

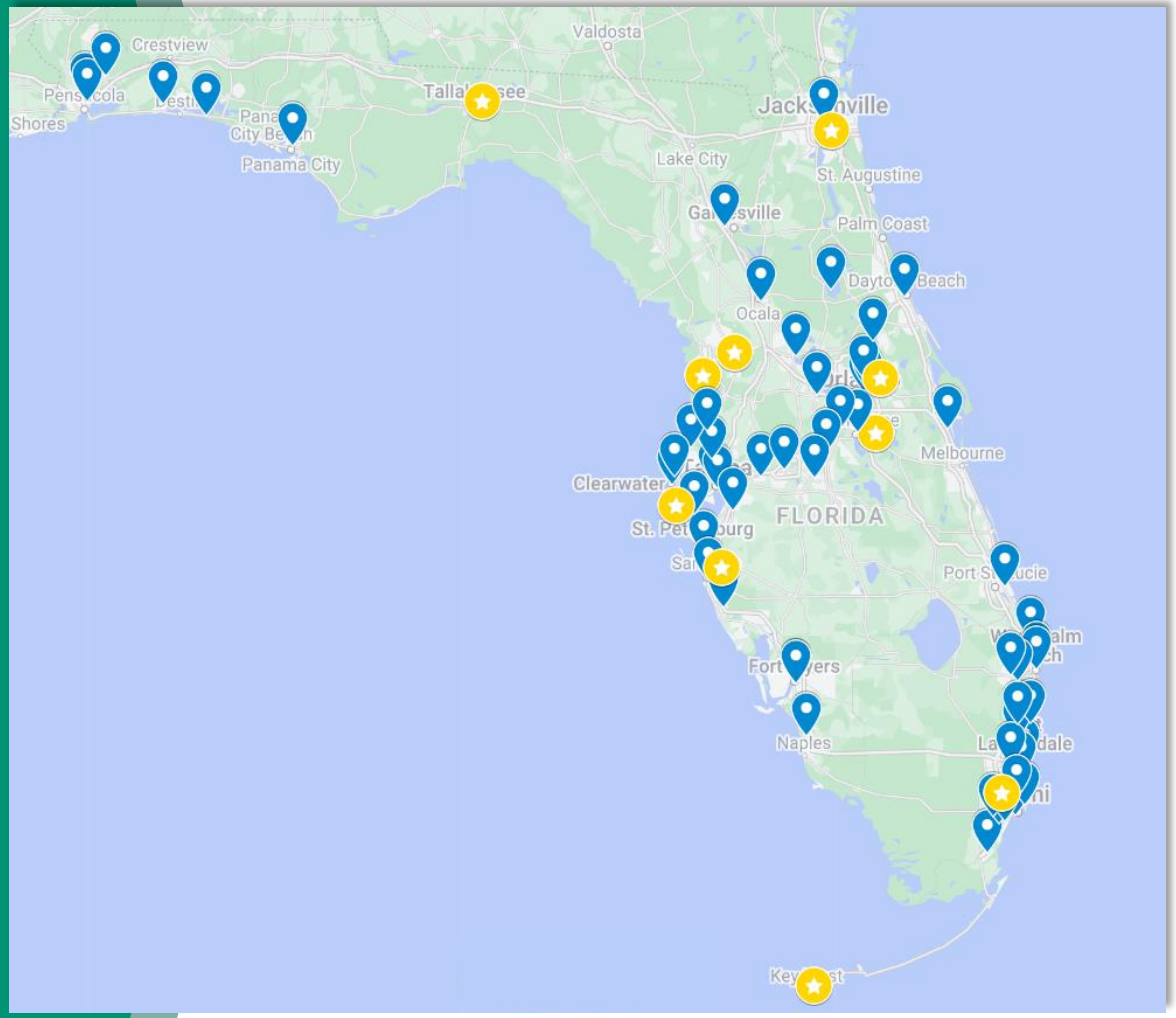
- Dissemination of PACC one pager and Patient Save Stories
- Celebration webinar in June
  - Star Achievement Certificates for hospitals
  - Impact Statement
- Sustainability
  - Multiple PACC components built into the next maternal initiative
  - Encourage hospitals to continue tracking key PACC measures
- Evaluation (PACC and Medicaid data)

MFC

Mother-Focused Care

67 Florida Hospitals:

- 61% of maternity hospitals
- 66% of births



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Florida HEALTH

CDC
Centers for Disease Control and Prevention

MFC
Mother-Focused Care

Global AIM: Improve maternal health by transforming hospital culture and environments to respectfully serve all mothers and their families, by helping them meet needs related to social determinants of health.

Aim

By 12/2024, each hospital will:

1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

Respectful care is a universal component of every driver & activity

Primary Key Drivers

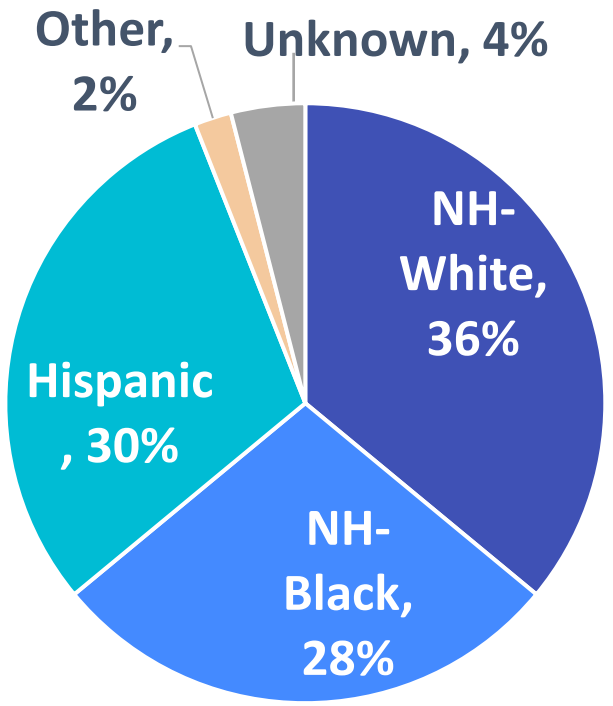
- Data Insights: maternal characteristics, risk factors, & outcomes across social determinants
- Respectful Maternity Care (RMC)
- Universal SDOH Screening & Linkage to Services/Resources
- Family & Community Engagement in QI Work

PATIENT CHARACTERISTICS

48 reporting hospitals (Jul-Dec 2023)

1,485 women with positive SDOH
Spanish speaking: 17%
Medicaid-covered: 65%

Late or no PNC: 19%
Unknown PNC: 9%



Positive SDOH screening categories

Positive Screen Category	% Patients
Other Needs	49.1%
Food insecurity	36.4%
Transportation Needs	23.2%
Utility Needs	22.7%
Housing insecurity	22.6%
Interpersonal Violence	8.2%

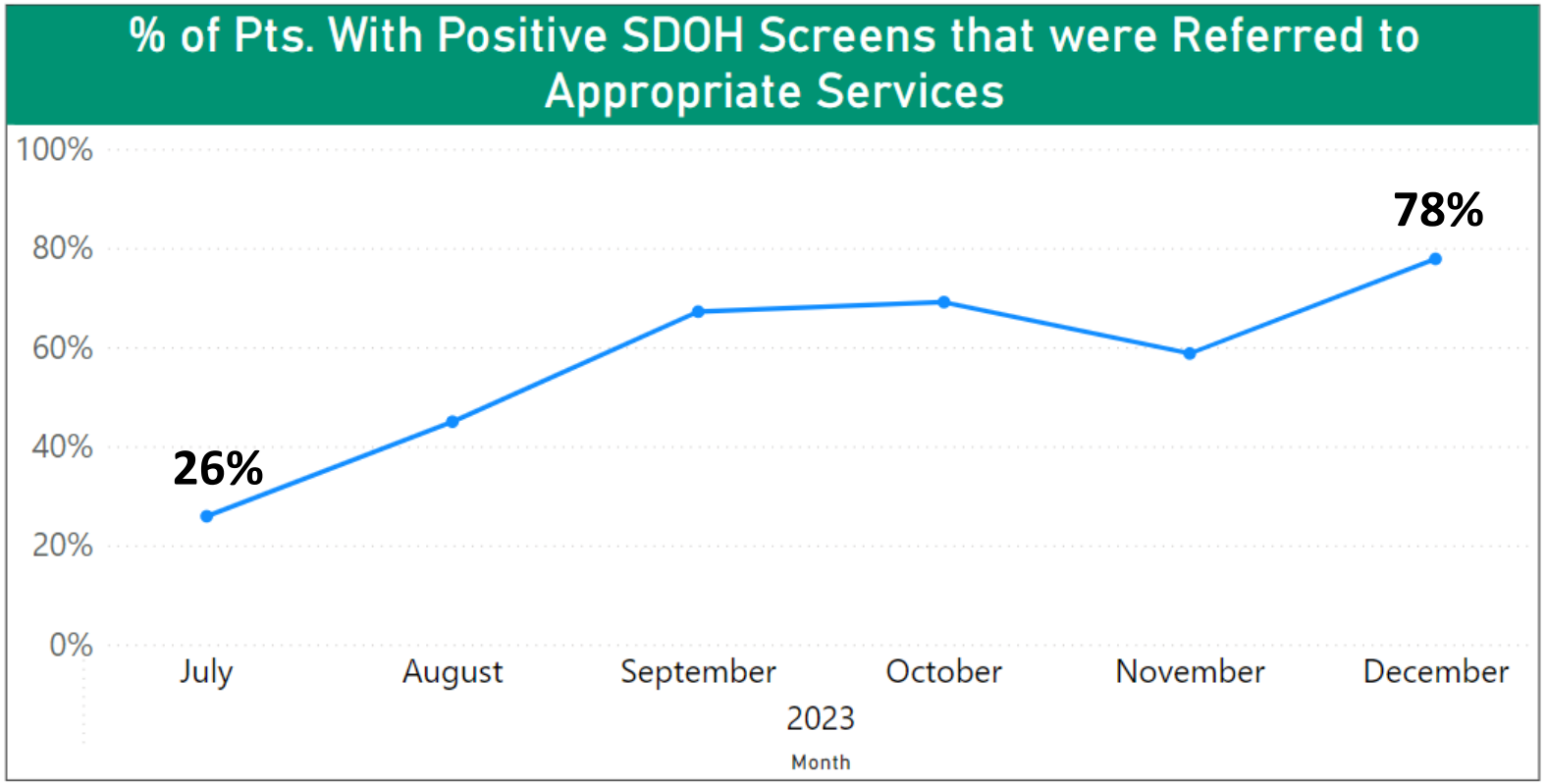
38% Anxiety and Depression
22% SUD

31% screened positive for 2 SDOH categories, 42% for 3 or more

MFC Aim

By December 2024, MFC hospitals will increase by 20%:

1. The % of patients with a positive SDOH screen who were referred to appropriate services



48/67 hospitals reporting

MFC Aim

By December 2024, MFC hospitals will:

2. Have 80% of providers and nurses attend an RMC training since January 2023

Cumulative % of staff and providers that Attended an RMC Training since 01/01/2023 and Committed to Respectful Maternity Care Practices		
	Physicians & Midwives	**Nurses**
Q3 2023 (Baseline)	13%	18%
Q4 2023	16%	31%

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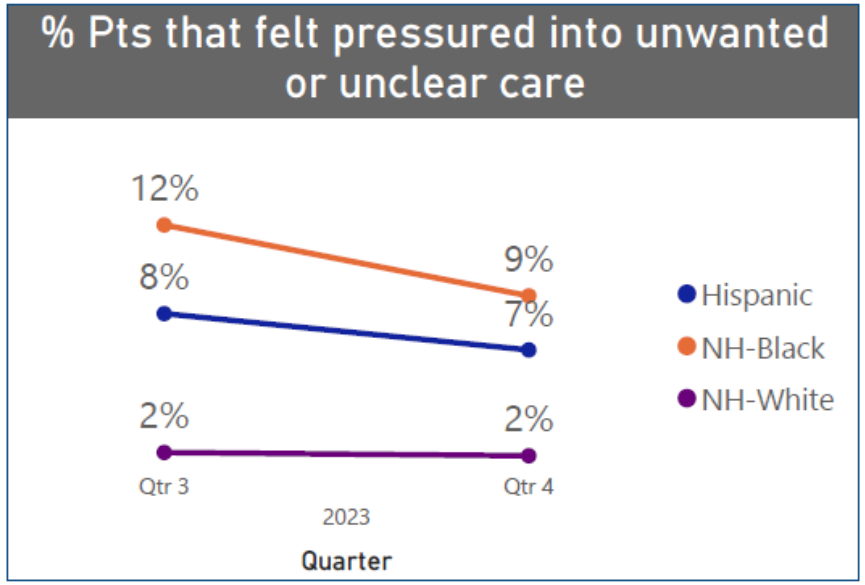
Respectful Maternity Care Survey

- 1069 completed surveys in 29 hospitals
- 14% completed in Spanish, 2% in Creole
- Over 90% of patients “agreed or strongly agreed” to being actively involved in care decisions and receiving respectful and compassionate treatment
- 6% of patients reported feeling pressured into unwanted or unclear care, differences noted across patient populations



RMC Trainings

- Five train-the-trainer sessions were held around Florida in the fall of 2023, with 114 participants
- RMC training is a 4-hour course that includes two hours of RMC coursework and two hours of how to teach it
- Additional course is offered April 17 in Orlando with room for up to 40 participants

MFC Community Components

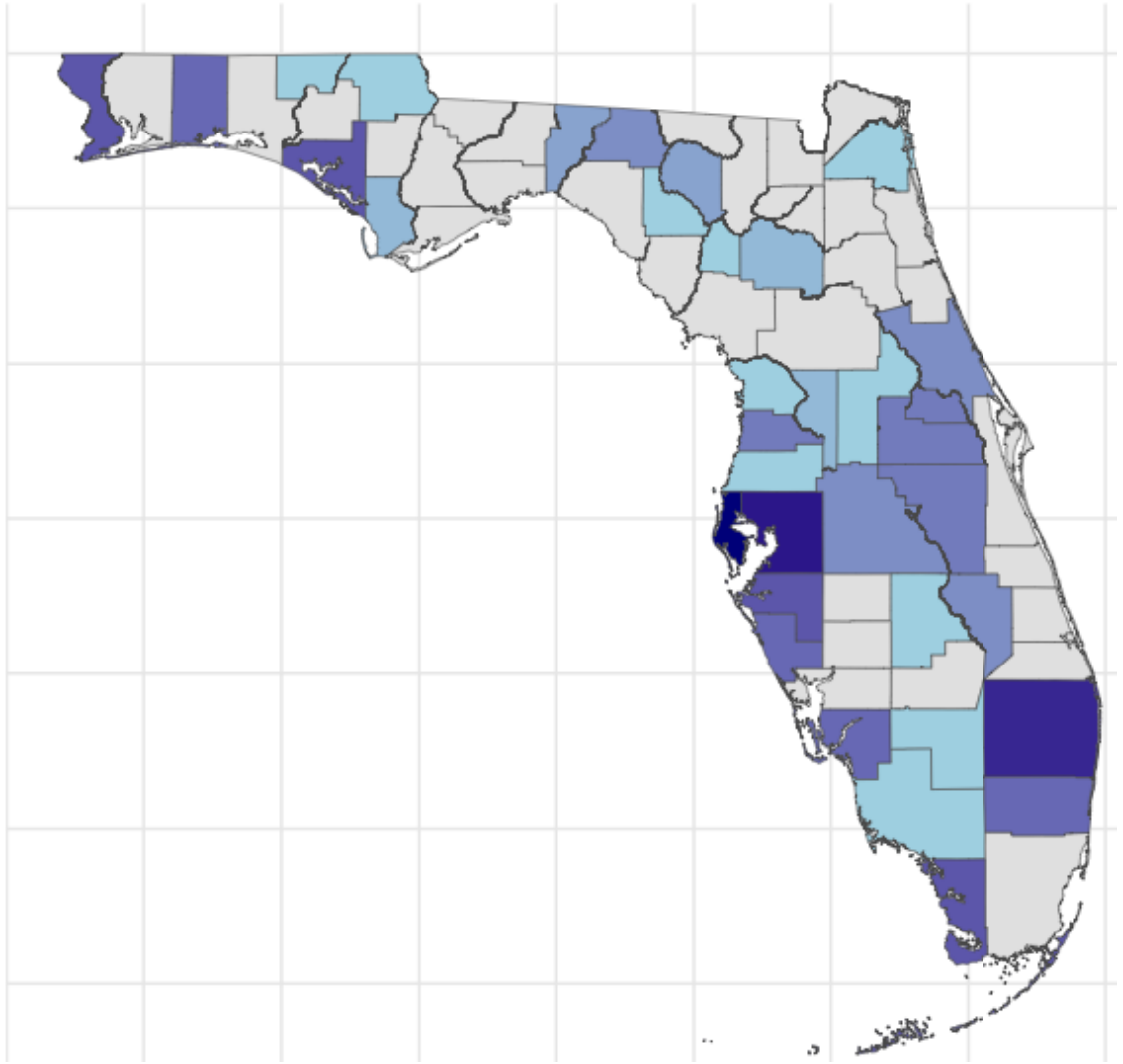
Partnership with Florida Healthy Start Coalitions

- Attended MFC initiative kickoff on 4/26/2023
- Coalitions worked with hospitals to assess, enhance, provide & consult on a community resource directory especially for SDOH & OUD
- Coalitions recruited women to record more than 170 interviews of recent birth experiences of diverse new moms in the community

Completed Interviews

- **163 interviews completed**
  - Conducted June 26-August 25
  - 85 slots available in June, 405 in July, 275 in Aug
  - 25 Spanish, 3 Haitian-Creole
  - Ranged 4-36 minutes (9 >15min, 7 >20min, avg. 9min)

- **25 coalitions, 1-14 per coalition**
  - As of January 30, 12 coalitions have met with their hospital partners, the remainder are working on scheduling



HOMEWARD BOUND

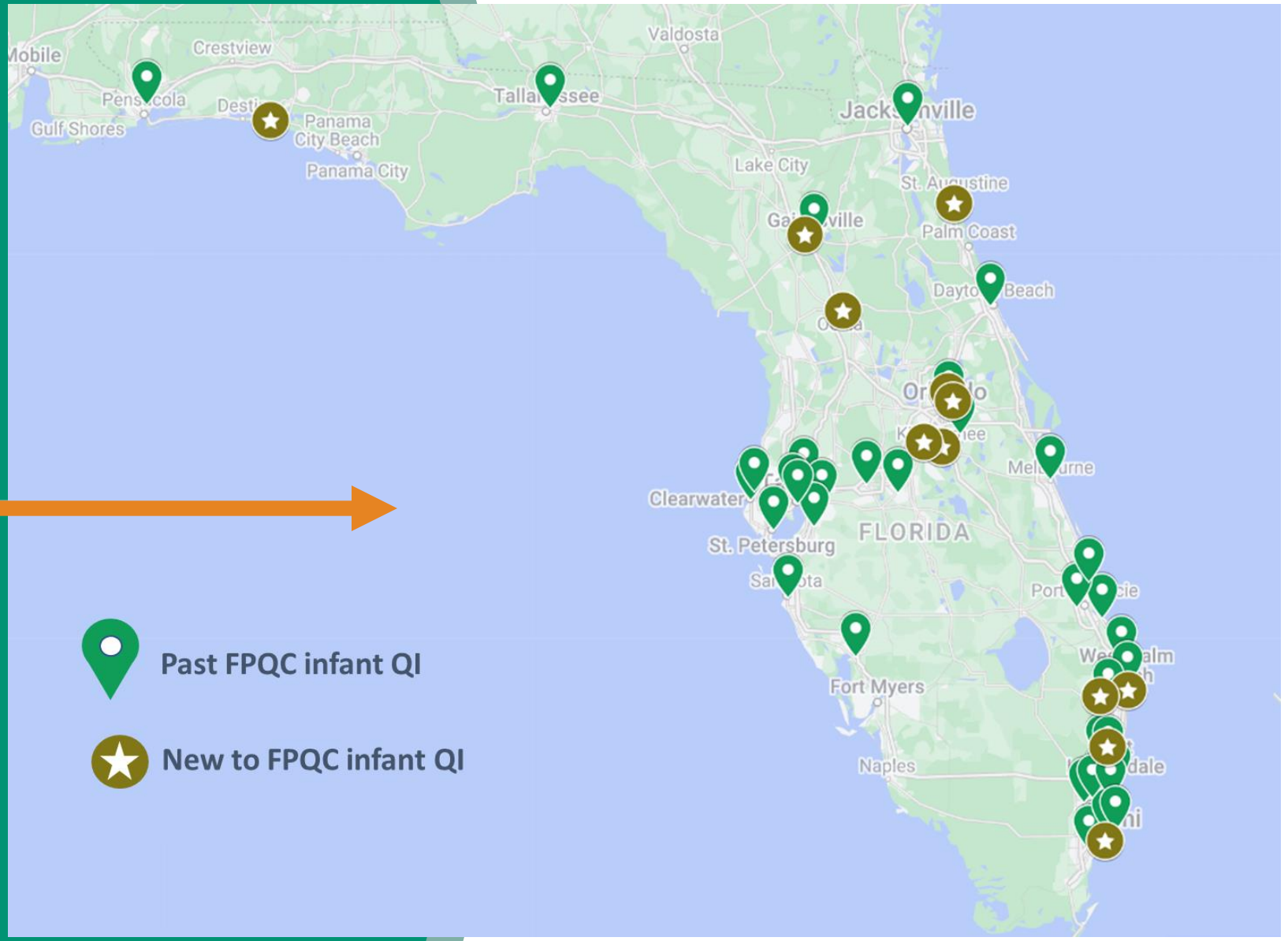
Homeward Bound

FPQC

Homeward Bound Participating Hospitals

49 Florida NICUs

68% FL NICUs (LII+)



FPQC

Hospitals New to FPQC Infant Initiatives

- AdventHealth Altamonte
- AdventHealth Celebration
- AdventHealth Ocala
- AdventHealth Winter Park
- Ascension Sacred Heart on the Emerald Coast
- Good Samaritan Medical Center
- HCA Florida Mercy Hospital
- HCA Florida North Florida Hospital
- HCA Florida Osceola Hospital
- HCA Florida Palms West Hospital
- UF Health St. John's (Flagler Hospital)
- West Boca Medical Center

Vision: Integrate family into a "Family Centered" discharge process that encompasses Dignity & Respect, Participation, Communication, and Information Sharing. The process begins on admission, empowering families to collaborate with the clinical interdisciplinary team throughout their baby's transition from NICU admission to discharge home.

Aim

Primary Aim:
By June 2025, each participating NICU will achieve a 20 % increase in discharge readiness for NICU infants as measured by

- Parental technical readiness checklist
- Emotional readiness score by survey

Secondary Aim:
By June 2025, each participating NICU will achieve a 20% increase in the completion of a discharge planning tool upon discharge home

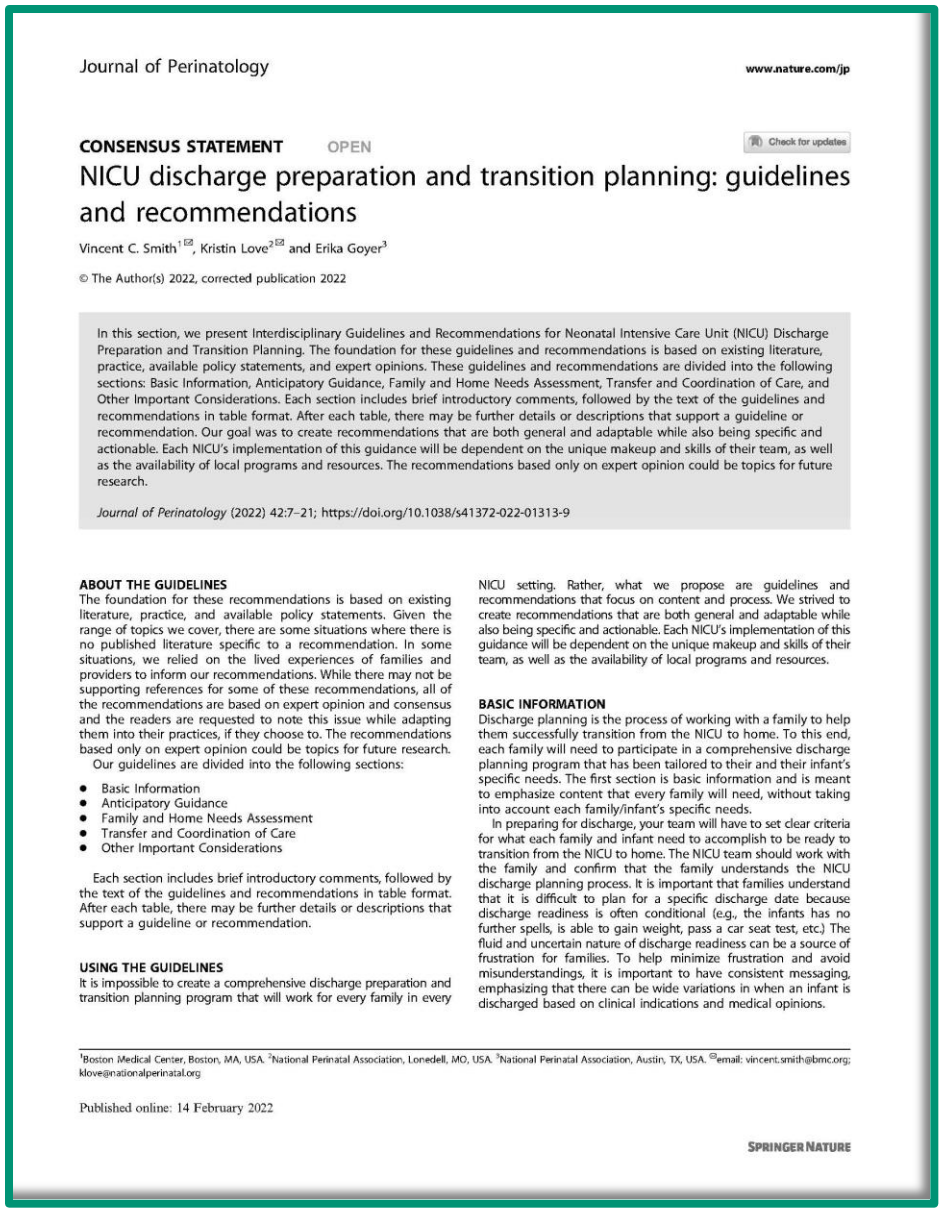
HOMEWARD BOUND

Primary Key Drivers

- Family Engagement & Preparedness
- Health Related Social Needs
- Transfer and Coordination of Care

Family-centered care is a universal component of every driver & activity

NICU Discharge Preparedness & Transition to Home



Journal of Perinatology www.nature.com/jp

CONSENSUS STATEMENT OPEN

Check for updates

NICU discharge preparation and transition planning: guidelines and recommendations

Vincent C. Smith[1], Kristin Love[2] and Erika Goyer[3]

In this section, we present Interdisciplinary Guidelines and Recommendations for Neonatal Intensive Care Unit (NICU) Discharge Preparation and Transition Planning. The foundation for these guidelines and recommendations is based on existing literature, practice, available policy statements, and expert opinions. These guidelines and recommendations are divided into the following sections: Basic Information, Anticipatory Guidance, Family and Home Needs Assessment, Transfer and Coordination of Care, and Other Important Considerations. Each section includes brief introductory comments, followed by the text of the guidelines and recommendations in table format. After each table, there may be further details or descriptions that support a guideline or recommendation. Our goal was to create recommendations that are both general and adaptable while also being specific and actionable. Each NICU's implementation of this guidance will be dependent on the unique makeup and skills of their team, as well as the availability of local programs and resources. The recommendations based only on expert opinion could be topics for future research.

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ABOUT THE GUIDELINES

The foundation for these recommendations is based on existing literature, practice, and available policy statements. Given the range of topics we cover, there are some situations where there is no published literature specific to a recommendation. In some situations, we relied on the lived experiences of families and providers to inform our recommendations. While there may not be supporting references for some of these recommendations, all of the recommendations are based on expert opinion and consensus and the readers are requested to note this issue while adapting them into their practices, if they choose to. The recommendations based only on expert opinion could be topics for future research.

Our guidelines are divided into the following sections:

- Basic Information
- Anticipatory Guidance
- Family and Home Needs Assessment
- Transfer and Coordination of Care
- Other Important Considerations

Each section includes brief introductory comments, followed by the text of the guidelines and recommendations in table format. After each table, there may be further details or descriptions that support a guideline or recommendation.

USING THE GUIDELINES

It is impossible to create a comprehensive discharge preparation and transition planning program that will work for every family in every NICU setting. Rather, what we propose are guidelines and recommendations that focus on content and process. We strived to create recommendations that are both general and adaptable while also being specific and actionable. Each NICU's implementation of this guidance will be dependent on the unique makeup and skills of their team, as well as the availability of local programs and resources.

BASIC INFORMATION

Discharge planning is the process of working with a family to help them successfully transition from the NICU to home. To this end, each family will need to participate in a comprehensive discharge planning program that has been tailored to their and their infant's specific needs. The first section is basic information and is meant to emphasize content that every family will need, without taking into account each family/infant's specific needs.

In preparing for discharge, your team will have to set clear criteria for what each family and infant need to accomplish to be ready to transition from the NICU to home. The NICU team should work with the family and confirm that the family understands the NICU discharge planning process. It is important that families understand that it is difficult to plan for a specific discharge date because discharge readiness is often conditional (e.g., the infants has no further spells, is able to gain weight, pass a car seat test, etc.) The fluid and uncertain nature of discharge readiness can be a source of frustration for families. To help minimize frustration and avoid misunderstandings, it is important to have consistent messaging, emphasizing that there can be wide variations in when an infant is discharged based on clinical indications and medical opinions.

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SPRINGER NATURE

- Comprehensive discharge preparation ensures an optimized discharge and transition of the NICU baby to home.
- Comprehensive, consistent, and early discharge preparation can lead to more effective and efficient NICU discharge and transition to home as well as improve caregiver and family satisfaction.
- Families, patients, and staff benefit when an inclusive, multidisciplinary, family-centered discharge preparation program is used to prepare for discharge and transition from the NICU.

FPQC

Baseline Hospital-level Structural Measures

HB hospitals that implemented:	% hospitals
Providing multiple copies of DC summary per appointment	74%
Developing patient-specific care plans for families	60%
Calling caregivers within 3 days after discharge*	46%
Administering the Health-Related Social Needs screen	40%
Providing list of Medicaid-accepting Pediatricians	34%
Calling PCP pre-discharge*	17%

* Per unit protocol

38/49 hospitals reported baseline data

FPQC

Next Milestones

- First set of Patient-Level data due on 2/15
- Monthly coaching calls
    - 30-60-90 day plans & PDSA
- Gravens Conference – keynote: Discharge Planning by Dr. Vincent Smith
- Mid-initiative meeting September 11

Hospital Perinatal Quality Indicators

100% Maternity Hospitals Participate in PQI

- ✓ *No charge to participate*
- ✓ *No data submission*
- ✓ *Semi-Annual QI indicator reports*
- ✓ *Online interactive report*

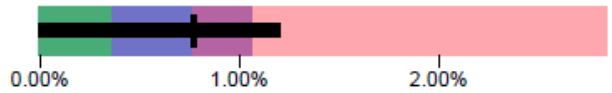
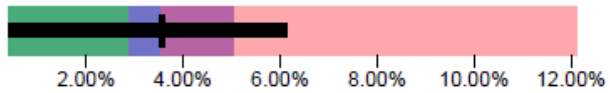
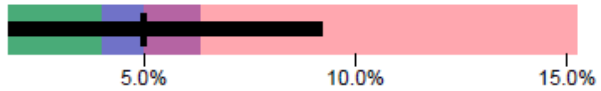
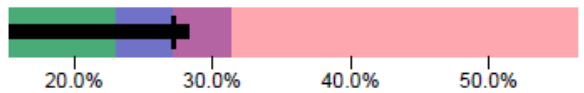
Current PQI System

Perinatal QI Indicator Sets

1. Non-medically indicated deliveries—PC-01
2. Nulliparous, term, single, vertex cesareans—PC-02
3. Comparative NTSV cesarean – NQF-JC-SMFM
4. Failed inductions of labor
5. Severe Maternal Morbidity—CDC
6. Unexpected Newborn Complications—CMQCC
7. Severe Hypertension/Preeclampsia—ACOG AIM
8. Obstetric Hemorrhage—ACOG AIM
9. Neonatal Abstinence Syndrome Length of Stay

PQI SUMMARY DASHBOARD

TC

	Last 12 months of available data	Your Hospital %	Data Quality Issue
% of Severe Maternal Morbidity excluding blood transfusions		1.20%	
% of Severe Hypertension/Preeclampsia		6.15%	
% of Obstetric Hemorrhage		9.2%	
% Neonatal Abstinence Syndrome		0.75%	
% of NTSV Cesareans		28.4%	Agreement Unknown

Your Hospital %

Your hospital is among...

- The highest 25% of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

Median

NICU LEVEL

- 1
- 2
- 3

Race-ethnicity

- NH-White
- NH-Black
- Hispanic

Payor

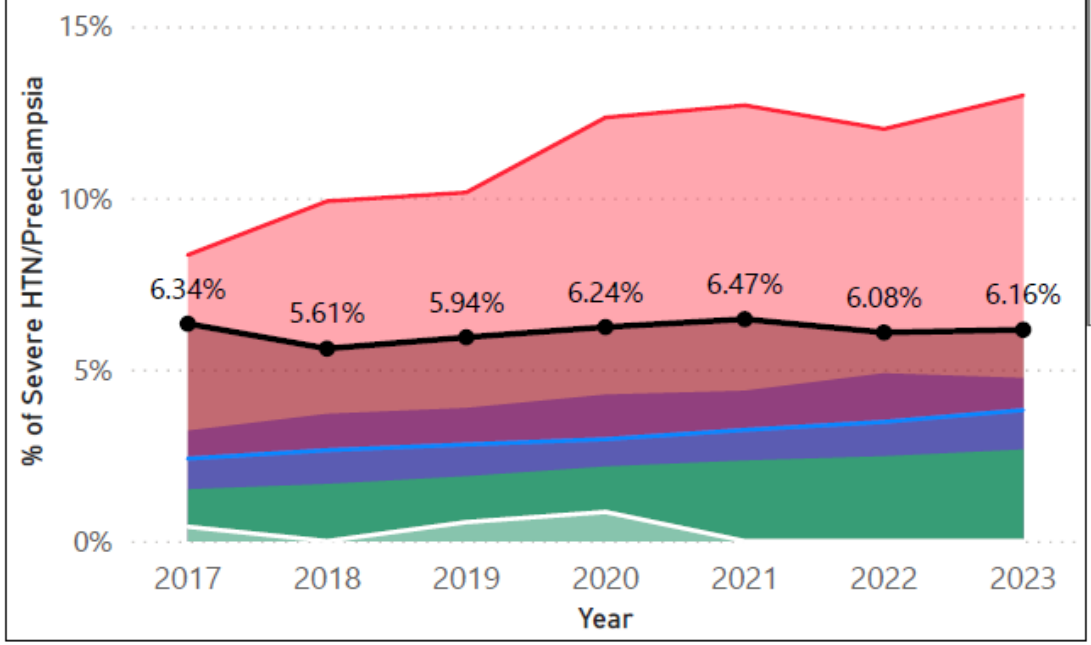
- Medicaid
- Private
- Self-Pay

Education

- < than HS degree
- HS degree/some coll...
- Bachelor's +

TC

% Severe Hypertension/Preeclampsia For All Hospitals in Florida



Your hospital (%)

Your hospital is among...

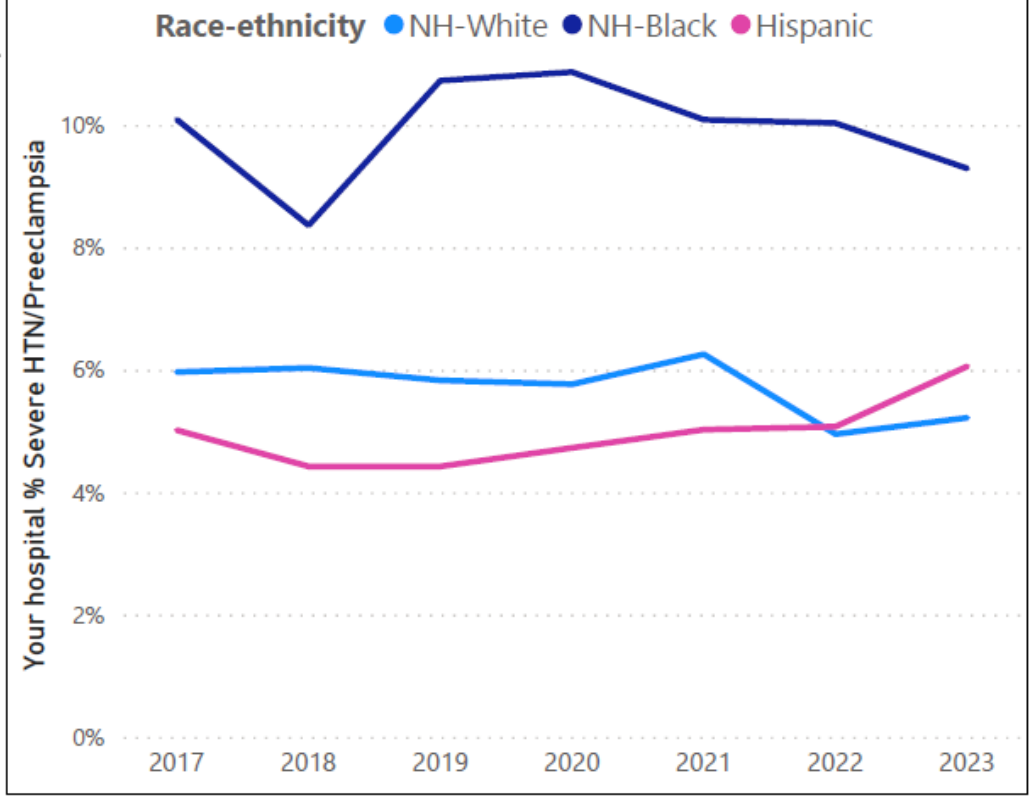
- The highest 25% of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

- Highest hospital rate
- Median
- Lowest hospital rate

NICU LEVEL

- 1
- 2
- 3

Your hospital % of Severe HTN/Preeclampsia



Note: Data included on this page is through Q1 2023

Your Hospital Report

	2017	2018	2019	2020	2021	2022	2023
Percent	6.34%	5.61%	5.94%	6.24%	6.47%	6.08%	6.16%
Numerator	371	346	370	379	426	323	108
Denominator	5855	6165	6228	6074	6585	5312	1753

Disaggregate by:

- Race-ethnicity
- Insurance

All delivery Hospitals

	2017	2018	2019	2020	2021	2022	2023
Percent	3.32%	3.66%	3.81%	4.35%	4.60%	4.77%	4.95%
Numerator	6790	7516	7829	8554	9414	7540	2502
Denominator	204631	205150	205594	196661	204768	158160	50594

TC

DATA QUALITY DASHBOARD

Assess if data reported in the birth certificate agrees with data reported in the inpatient hospital discharge dataset

% Agreement in the Linked File

		2017	2018	2019	2020	2021
Maternal Characteristics	Maternal race	🔴	🔴	🔴	🔴	🔴 66.9%
	Maternal ethnicity	🟡	🔴	🟡	🔴	🟡 92.3%
	Payer	🔴	🔴	🔴	🔴	🔴 80.7%

🔴 ≤90% agreement 🟡 90.1-94.9% agreement 🟢 ≥95% agreement

TC

DATA QUALITY DASHBOARD

% Unknown/Missing in the Birth Certificate

		2018	2019	2020	2021	2022	2023
Maternal Characteristics	Maternal race	🟢	🟢	🟢	🟢	🟢	🟢 0.0%
	Maternal ethnicity	🟢	🟢	🟢	🟢	🟢	🟢 0.1%
	Insurance	🟢	🟢	🟢	🟢	🟢	🟢 0.0%
Risk Factors	BMI	🟡	🟢	🔴	🔴	🟡	🟡 1.7%
	Prior live births dead	🟢	🟢	🟢	🟢	🟢	🟢 0.1%
	Prior live births living	🟢	🟢	🟢	🟢	🟢	🟢 0.0%
	Plurality	🟢	🟢	🟢	🟢	🟢	🟢 0.0%
	Gestational age	🟢	🟢	🟢	🟢	🟢	🟢 0.0%
Delivery	Fetal presentation	🟢	🟢	🟢	🟢	🟢	🟢 0.1%
	Delivery route	🟢	🟢	🟢	🟢	🟢	🟢 0.0%

🔴 ≥5% unknown 🟡 1.1-4.9% unknown 🟢 ≤1% unknown

Recent Birth Certificate Reporting Issues

Impact on Indicators

- Medium hospital – missed nulliparous births by reporting many unknown prior live births
- Medium hospital – drop in cesarean births due to reporting "instrumental vaginal" instead of "cesarean"
- Large hospital – "vertex" birth is not "cephalic"
- Large hospital – no inductions for a year
- Large hospital – only reported 82% of cesareans

Birth Certificate Data Quality Training

- ✓ *Bi-annual interactive online training*
- ✓ *Approx. 22 hospitals attend each session*

Workshop Agenda

Interactive Webinar—Day 1

- Overview
- Importance of Accurate Birth Certificate Reporting
- Birth Certificate & Healthy Starting Screening Questions
- Frequent Errors and Process Mapping

Individual Homework—Day 1

- 2 Birth Certificate Data Training Video Clips &Tests
- Birth Certificate Reporting Process Mapping Clips & Test

Interactive Webinar—Day 2

- Clinical Scenarios for Birth Certificate Completion
- Making the Case for Periodic Birth Certificate Audits
- Wrap Up

BC Workshop updates

Workshop evaluation

- Respondents reported the quality of the visuals (100%), acoustics (100%), homework materials (92%), using the Zoom platform (92%), and the overall online format of the workshop (100%) as very good or excellent
- 75% of respondents wanted their hospital to participate in the periodic birth certificate audits and training

Audit highlights

- All hospitals found errors in audited samples
- Except one, all hospitals showed month-to-month accuracy improvement

Hospital Recognition

Stars are awarded based on preset criteria

PACC hospitals will receive a star for each met metric:

Meeting Participation

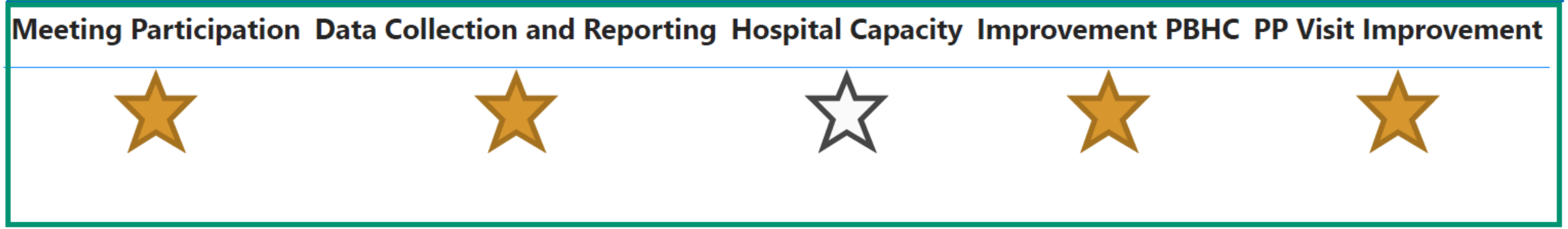
Data Reporting

Scheduled Early PP visits

PACC patient Education

Hospital Capacity

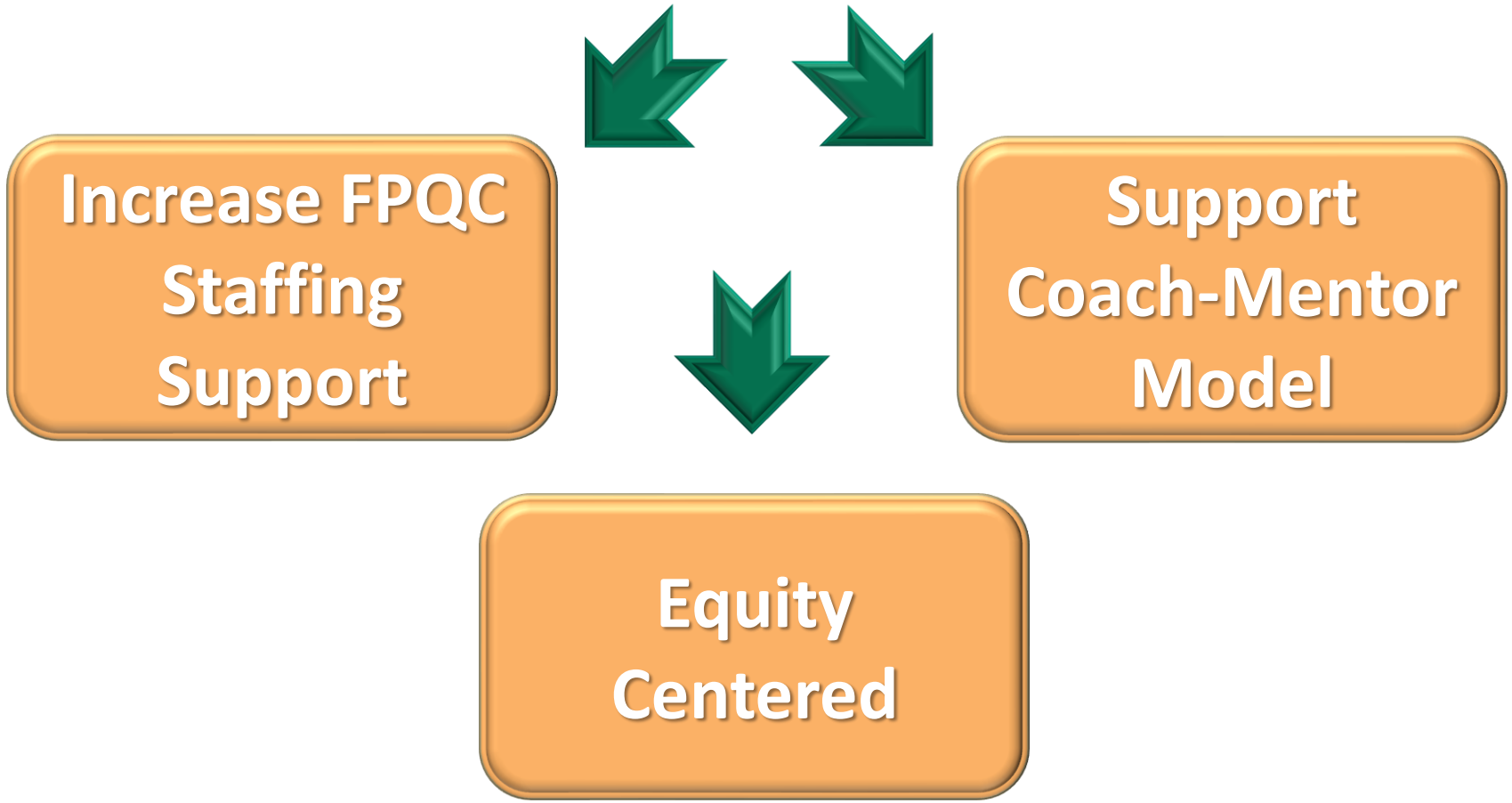
Star Tracker



- Included in the monthly QI data report
- Transparency of measures reported to DOH

FPQC Coach-Mentor Sustainability

Strengthening FPQC Initiatives



Coach-Mentor (C-M) Aim

- FPQC needs a sustainable model to build on QI capacity amongst hospital teams.

- By 6/25 > 50% C-Ms will help hospitals demonstrate use of 6 core QI principles

- Strategies include:
  - C-M Milestones orientation
  - Quarterly QI trainings
  - Coaching Call support
  - Mentor new C-Ms

C-M Quarterly QI Trainings

- Led by FPQC Director of Quality, Dr. Maya Balakrishnan, MD & C-M Program Lead, Margie Boyer, RN

- Core QI principles:
  - Use of PDSA cycles
  - A generating solutions technique (5 Why's)
  - A project planning strategy (30-60-90-day plans)
  - Process mapping (Flow Charts)
  - Prioritization
  - Impact statement

Coach-Mentor (C-M) Roles

C-M Roles

- Co-lead monthly coaching calls with a small hospital group (8-12 hospitals)
- Mentor each hospital quarterly, preferably in a brief meeting
- Assist hospitals with QI activities including 30-60-90-day plans, PDSA cycles
- Provide hospital grand rounds, consultation and related support as needed in coordination with FPQC.
- Attend quarterly QI trainings

FPQC Roles

- Attend each CC, handle logistics for C-Ms including attendance, minutes
- Plan FPQC quarterly virtual C-M meetings including QI training
- Consult with C-Ms regularly regarding hospitals' performance and needs.

Milestones:

MFC
Mother-Focused Care

COACH-MENTOR MILESTONES CHECKLIST

Initiative Kickoff: 4/26/2023. **Initiative Official Start:** 7/2023

- [ ] Attend Kickoff, or review slides, and/or recordings
- [ ] Review hospital teams assigned
- [ ] Plan to meet with each hospital team lead (Initiative Lead and/or Nurse Lead)
- [ ] Ensure that hospitals know how to get access to MFC resources
- [ ] Meet with dyad partner (Provider/Nurse) for Coach-Mentor plans
- [ ] Meet with FPQC data team for data and FPQC Data Dashboard orientation and set-up
- [ ] Demonstrate understanding of Qualtrics for Coach-Mentor hospital outreach documentation

1st Quarterly Meeting

- [ ] Attend or review recording of first Quality Improvement (QI) Session: 9/19/2023
- [ ] Recruit hospital volunteer presenters for 1st Hospital Coaching Call
- [ ] Plan hospitals' reporting schedule for Coaching Calls (1 per QTR)
- [ ] Ensure that each hospital demonstrates the use of a QI tool on the Coaching Call. 5 core QI practices include the following:
    1.) A generating solutions technique
    2.) A project planning strategy
    3.) Process mapping
    4.) Creating an impact statement
    5.) Use of a PDSA cycle
- [ ] Coach-Mentors review FPQC MFC Data Dashboard for the hospitals in their grouping
- [ ] Ensure that hospitals have access to Power BI and share its utility
- [ ] Contact hospital teams each month to communicate agenda for Coaching Call. All meetings should occur at least 1 week prior to the Coaching Call
    - [ ] Provide templated PDSA slides and example PDSA Report Out
    - [ ] Discuss link between data and PDSA to be presented
    - [ ] Offer hospital Grand Rounds or attend department meetings as requested

2nd Quarterly Meeting

- [ ] Attend or view recording of QI Session 2 on 1/16/2024 or 1/23/2024

Data Reports for C-M- (PACC example)

- **Summary Tables of Key Outcome, Process and Structural Measures**

Patient Level Measures in the last 3 months

Hospital Code	Early PP Visit Scheduled	Education Warning Signs	Education on Family Planning	Early PP Visit Edu	Maternal Discharge Risk Assess	PP Disch. Assess (VS)
HA	63%	98%	98%	100%	38%	50%
HB	17%	100%	97%	0%	0%	0%
HC	68%	99%	78%	100%	88%	82%
HD	97%	93%	63%	97%	73%	87%
HE	46%	90%	41%	95%	54%	90%
HF	20%	100%	5%	0%		
HG	46%	100%	2%	51%		
HH	10%	0%	0%	0%		

Hospital Structural Measures

Hospital Code	Process Flow for Scheduling PP Visit	Guidelines to Schedule PP Visit Prior to Discharge	Maternal Discharge Risk Assessment	Pts. Receive Rec. PP Discharge Information	Engage & Educate Inpatient Providers	Engage & Educate Outpatient Providers	Engage & Educate New Hires	ER Provider and Staff Education	ER Verbal Screening (Pregn. in the last year)
HA	🔴	🔴	🟡	🟡	🟡	🔴	🔴	🔴	🔴
HB	🟡	🟡	🔴	🟡	🔴	🔴	🟡	🔴	🔴
HC	✅	🟢	✅	✅	✅	❌	🟢	🟢	🔴
HD	🔴	🔴	🟡	🔴	❌	🔴	🔴	🔴	🔴
HE	🔴	❌	❌	🔴	🟡	🟡	🔴	🔴	🔴
HF	🔴	🔴	🔴	🟢	🟡	🔴	🟢	🔴	🔴
HG	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡
HH	🔴	🔴	🔴	🟡	❌	🔴	❌	❌	❌

LEGEND

- ✅ Fully Implemented
- 🟢 Implemented
- 🟡 Started Implementing
- 🔴 Planning
- ❌ Not Started

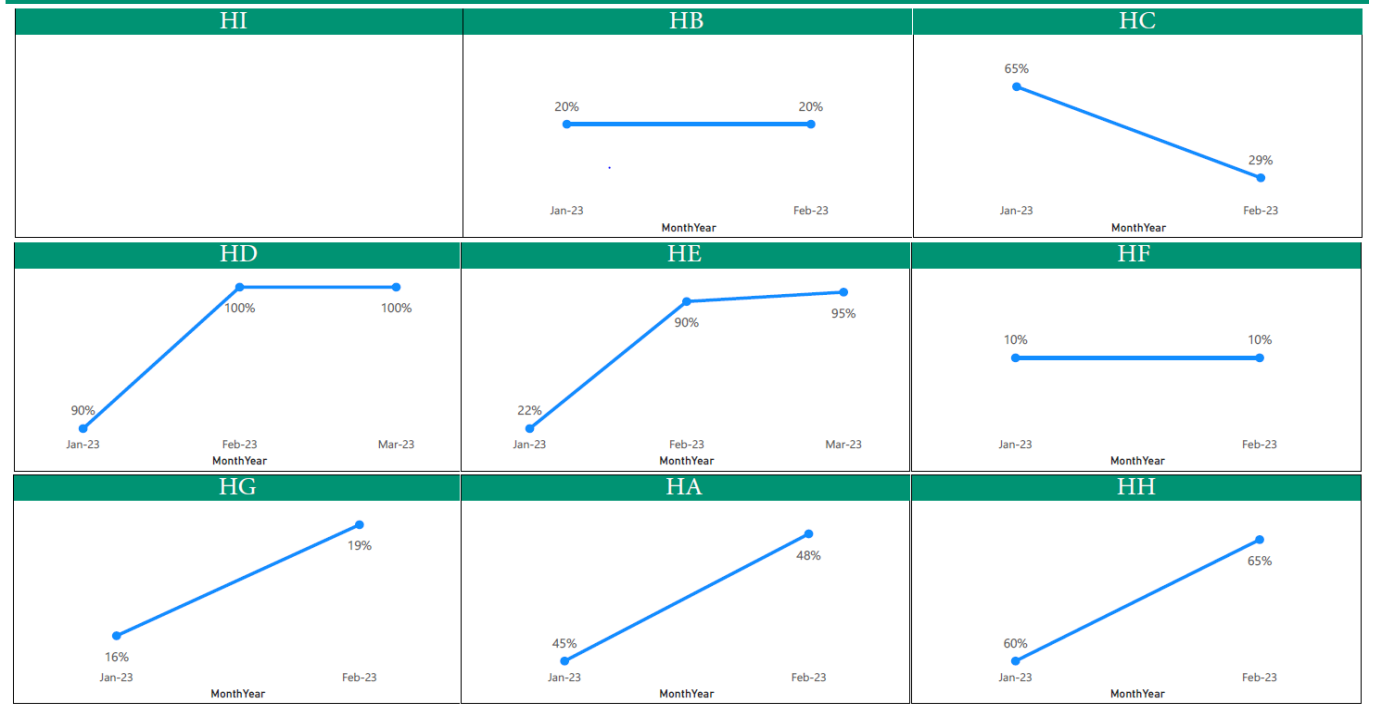
Data Reports for C-Ms (PACC)

- **Hospital Engagement and Participation**
- **Trend lines for key metrics (over time)**

Attendance and Presentations Dashboard

Hospital Code	% Coaching Call (CC) Attended	Last CC Attended	Quarterly CC Presentation	Quarterly CC Presented on	Last Patient Data Submitted	Last Hospital Data Submitted
HA	100%	March 2023		N/A		
HB	100%	March 2023	✓	March 2023	February 2023	February 2023
HC	100%	March 2023		N/A	February 2023	March 2023
HD	100%	March 2023		N/A	March 2023	January 2023
HE	100%	March 2023	✓	March 2023	March 2023	December 2022
HF	100%	March 2023	✓	March 2023	February 2023	January 2023
HG	100%	March 2023	✓	March 2023	February 2023	January 2023
HH	100%	March 2023	✓	February 2023	February 2023	January 2023
HI	100%	March 2023		N/A	February 2023	January 2023

Percent of Postpartum Visits within 2 Weeks



# of Coaching Calls
3

Overall % CC participation
100%

RN & Provider C-M Hospital Groupings(MFC)

# Hospitals	Hospital Abbreviated Names	RN & Provider Dyads
10	OH: Bayfront, South Lake; SMH, SMH Venice; UF Jax, UF Leesburg; LRH; Halifax; Memorial Regional; Jupiter	**Sharmane Andrews & Cole Greves**
10	Advent Health: Orlando, Celebration, WP, Altamonte, Heart, FISH, Ocala, Daytona, MSMC & Broward	**Kylie Rowlands Perez & Andrea Friall**
10	BayCare: St Josephs Women's, South, North, S FL Baptist, Morton Plant, Mease Countryside, Winter Haven. Lee Health: Cape Coral & Health Park. NCH	**Nancy Travis & Vanessa Hux**

Coaching Calls (CC) Outcomes- PACC

Results:

- 8 CCs monthly, 76 hospitals, 94% overall attendance
- Average of 16 participants per CC
- Sharing best practices is enculturated
- Each hospital shares a PDSA done quarterly
- Grand Rounds & 1:1 Mentor Sessions being offered

Themes:

- Hospital System integration: Clinicians, QI & IT teams with C-suite support
- Units are incorporating PACC initiative as part of UBCs, Huddles, Dept Meetings
- Integrating more with ED clinicians & Community partners (HSC)
- Teams finding FPQC tools helpful; integrating into EHR helpful; data training "plus"
- Key challenge: Scheduling the 2-week “Post Birth Health Check” prior to discharge

Expanded to HB Initiative

Homeward Bound
Coach-Mentor Orientation

12/ 14 /23

HOMEWARD BOUND

WeCare: For NICU Families

Made possible by a generous donation from the Jennie K. Scaife Charitable Foundation

FPQC

WeCare Objectives

1. To provide NICU families with the resources necessary to be with their baby in the NICU, aiming for at least two days per week until discharge

2. To assist hospitals in establishing a mechanism for providing such services on an ongoing basis

Eligibility & Funding Guidelines

- WeCare is available to hospitals actively enrolled and participating in Homeward Bound
- WeCare will directly reimburse participating hospitals up to $20,000 per hospital for services related to NICU visitation and safe travel/safe sleep:

Transportation: Uber Health, gasoline gift cards, other transport, parking fees

Nutrition: hospital food vouchers/meals

Lodging: overnight hotel stays at a consistent participating hotel

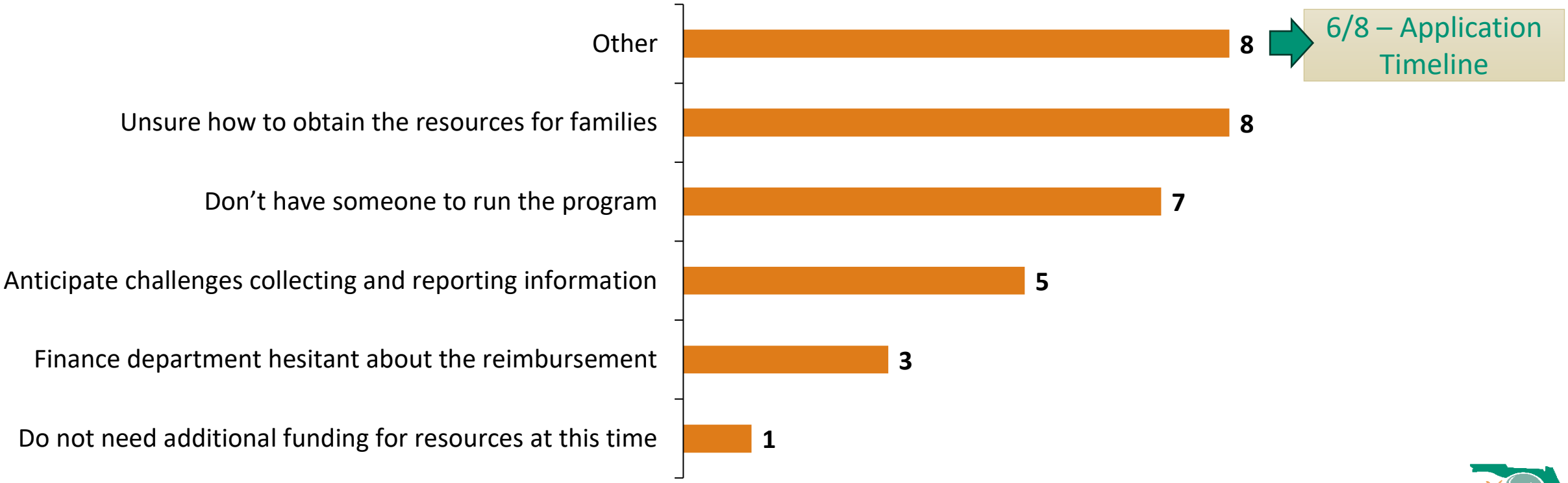
Childcare for other children in the family (existing hospital program or partner center)

Safe Travel & Safe Sleep after discharge: certified infant car seat, pack-and-play

Hospital Participation and Barriers

- 24 of the 49 Homeward Bound hospitals have applied to the WeCare program

What Challenges May Be Stopping You From Applying to WeCare?



6/8 – Application Timeline

PACC

POSTPARTUM ACCESS & CONTINUITY OF CARE

ED/EMS Postpartum Workgroup

FPQC

Florida HEALTH

CDC

Centers for Disease Control and Prevention

AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

FPQC

Defining Our Purpose (DRAFT)

Inform state leaders about opportunities to improve the emergency and obstetric system of care, both in and outside of the hospital care system. Create a sense of urgency around opportunities screen and treat people at risk during the postpartum period.

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Committee Goal (DRAFT)

Reduce postpartum morbidity and mortality by standardizing screening and interventions in ED & EMS systems of care.

FPQC

Strategies (DRAFT)

1. Identify best practices for first responders and EDs and promote standardization across the state.

2. Develop statewide education plan to disseminate PP screening information.

Strategies (DRAFT)

3. Identify tools & resources for providers and consumers that support screening and intervention related to postpartum risk factors for emergency departments.
4. Develop communication and outreach plans to inform and engage professionals and consumers across the spectrum of emergency care about opportunities to screen and treat postpartum emergencies.

Future FPQC Annual Conference

When?
How?
Where?
Why?

Other FPQC Strategic Questions

How do we *support sustainability* in Florida?

Sustainability FPQC Goals:

- Improved public persona – awareness?
- Sustainability beyond initiative wrap-up
- Expand funding base for greater flexibility to meet needs
- Continue to build leadership base for staff, clinical leads, committee members & partners

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