

WISPQC MINUTE

The latest news & updates from the Wisconsin Perinatal Quality Collaborative



IN THIS ISSUE:

WisPQC Shout Outs!

WisPQC's New QI Learning Community

Publication Subgroup

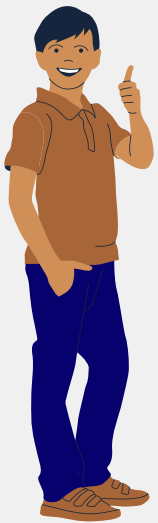
Initiative Updates

Annual Summit Highlights

Upcoming Events & Opportunities



WisPQC Shout Outs!



Wisconsin DHS and Wisconsin MMRT

WisPQC appreciates our partners from Wisconsin DHS and the Wisconsin Maternal Mortality Review Team for facilitating the connection between the MMRT and WisPQC, providing regular updates to our PQC, and helping us gather important statewide data for our upcoming Severe Maternal Hypertension launch!

- Hannah Gjertson, MS (MMR Coordinator)
- Emily Morian-Lozano, MPH, MSW (MMR Epidemiologist)
- Karen Morris, RN, BSN (MCH Nurse Consultant/MMR Nurse Abstractor)
- Mireille Perzan, MPH (MCH Epidemiologist/PRAMS Project Director)
- Angie Rohan, PhD (Senior Maternal and Child Health Epidemiologist)

Ann Allen, MD; Nina Menda, MD, MHQS; and DeAnna Caspers, MSN, RN, CLC

WisPQC thanks Ann Allen, MD; Nina Menda, MD MHQS; and DeAnna Caspers, MSN, RN, CLC for collaborating with our staff over the past few months to develop and present two posters on our NAS/NOWS Initiative!



WisPQC's New QI Learning Community

Have you ever wished you had a group of colleagues to bounce measure definitions, AIM statements, or data interpretation questions off of?

If so, the WisPQC QI Learning Community is for you!

In 2022, WisPQC will pilot a statewide Perinatal Quality Improvement Learning Community as a new way to connect and increase collaboration among those working in the area. All professionals who incorporate quality improvement into their work are invited to attend the learning community. This includes public health, clinical, academic, and others!

WisPQC's QI Learning Community will...

- Create a space for new connections and for growing relationships among QI leaders in Wisconsin
- Be a network of peers for sharing and support around QI projects
- Build improvement science capacity among WisPQC members
- Provide rapid QI support for hot topics and burning questions

Tentative plans are to host three 90-minute virtual meetings in 2022. Format will emphasize group sharing, with a "hot topic/burning question" section for feedback on specific challenges.

Register your interest and receive more information about the new QI Learning Community [here!](#)

Publications Subgroup

The Publications Subgroup is turning WisPQC learning into publications and disseminating findings in various ways. WisPQC recently presented two posters (listed below) related to the NAS/NOWS Initiative and we are in the process of writing a manuscript to share our learning. For more information about this group or if you are interested in joining us for the next meeting, please email wispqc@perinatalweb.org.

“Standardizing the Detection and Management of Neonatal Abstinence Syndrome across Wisconsin: a Wisconsin Perinatal Quality Collaborative Initiative” – presented at:

- Rural and Community Medical Educators Poster Fair, Rural Wisconsin Health Cooperative, September 29, 2021, Wisconsin Dells, WI.
- Vermont Oxford Network Annual Congress Virtual Poster Expo, September 29-October 28, 2021

CLICK TO VIEW POSTER

BACKGROUND
The Wisconsin Perinatal Quality Collaborative (WisPQC) was formed in 2014 to address statewide needs for improvement in care for mothers and babies. Opioid exposure affects nearly 1 in 100 Wisconsin newborns, a 5-fold increase in 15 years, and disproportionately affects rural communities. This Neonatal Abstinence Syndrome (NAS) – Neonatal Opioid Withdrawal Syndrome (NOWS) initiative has been an opportunity to bring organizations across the state together to address this growing epidemic, ensure that infants are being identified and screened consistently, maximize non-pharmacological methods, and standardize medical management of babies with NAS/NOWS.

COLLABORATIVE AIMS

By March 31, 2022, of infants identified at risk for NAS/NOWS:

- 70% will be managed using the comprehensive care algorithm
- 70% will receive mother's milk 12 hours prior to discharge
- Decrease average length of stay by 1 day

By March 31, 2022, of infants with NAS/NOWS:

- Decrease length of stay by 1 day

PLAN/METHODS

- In 2020, WisPQC adopted the Institute for Healthcare Improvement (IHI) Breakthrough Series Model (Figure 1) for running collaborative QI initiatives and the Life QI® data platform.
- All measures, Life QI®, Key Driver Diagram (Figure 2), and the collaborative learning model were piloted with 5 hospitals from Oct 2020-Mar 2021.
- Teams enrolled in the year-long learning collaborative, which includes monthly data entry and learning calls, collaborative idea sharing, and QI coaching/support.
- The full cohort began in March 2021 with 17 hospitals from around the state.
- Each hospital team set individual aims related to the overall collaborative aims and used varied assessment tools (Finnegan, Eat, Sleep, Console (ESC), or combination).
- Teams currently report monthly data on outcome, structure, process, and balancing measures (Table 1).

Standardizing the Detection and Management of Neonatal Abstinence Syndrome across Wisconsin: a Wisconsin Perinatal Quality Collaborative Initiative

Nina Menda, MD, MHQS, UW-Madison and Unity Point Meriter Hospital
Christine Williams, MPH, Wisconsin Perinatal Quality Collaborative
Dana Fischer, MPH, Wisconsin Perinatal Quality Collaborative
Ann Allen, MD, UW-Madison and SSM-St. Mary's Hospital
DeAnna Caspers, MSN, RN, CLC, The Richland Hospital

Improving NAS/NOWS care at the state level

Figure 1: Institute for Healthcare Improvement Breakthrough Series Model

Table 1: Collaborative-Level Quality Improvement Measures

OUTCOME MEASURES
Measure 1: Percent of infants identified at risk for NAS/NOWS managed using comprehensive care algorithm
Measure 2: Percent of infants at risk for NAS/NOWS receiving any of their own mother's milk within 24 hours prior to discharge (Not donor milk)
Measure 3: Mean length of hospitalization, in days, for infants with NAS/NOWS who receive pharmacological treatments
Measure 4: Mean length of hospitalization, in days, for infants with NAS/NOWS who exclusively receive non-pharmacological treatments
STRUCTURE MEASURES
Measure 5: Safe discharge code up planning
Measure 6: Pharmacologic care
Measure 7: Non-pharmacological care

KEY LESSONS LEARNED

- 1:1 QI coaching and teams with a dedicated champion are correlated with consistent data entry and engagement.
- Having a variety of hospital types creates both challenges and advantages with measures (e.g. not all measures pertain to all hospitals but having different hospital types/sizes increases understanding and idea sharing).
- Learning calls have generated rich discussion and have been more "learned" as time goes on.
- Due to lack of baseline data we had to create collaborative aim statements based on other collaboratives and literature reviews.

SURPRISES AND CHALLENGES

Surprises

- Attendance on monthly learning calls is high with an average attendance percent of 89% of teams. This was surprising, even as hospitals are managing the COVID-19 pandemic (Figure 4).
- With training and support, teams have learned to use Life QI® and enter data regularly.

Challenges

- A number of measures has been for teams that have low volume of NAS/NOWS. It is hard to determine if changes are affecting patient outcomes (Figure 5).
- While teams have a number of structure measures in place, there has been little to no change in the structure measures during the time of this collaborative, thus far (Figure 6).

We Would Appreciate your Help With:

- How to stratify our data (by hospital size, volume, other)?
- How to create meaningful run charts when we have a low frequency of occurrences on some measures?

TEAM ACKNOWLEDGMENTS
Nina Menda, MD, MHQS, UW-Madison and Unity Point Meriter Hospital
Christine Williams, MPH, Wisconsin Perinatal Quality Collaborative, Dana Fischer, MPH, Wisconsin Perinatal Quality Collaborative, Ann Allen, MD, UW-Madison and SSM-St. Mary's Hospital, DeAnna Caspers, MSN, RN, CLC, The Richland Hospital, and the 17 participating hospital teams. This work is supported by Cooperative Agreement Number, DP006359, funded by the Centers for Disease Control and Prevention (CDC).

VON Vermont Oxford NETWORK

Figure 4: Team Engagement Evaluation Measures

Figure 5: Preliminary Outcome Measure Findings

Figure 6: Team Structure Measure Changes

Initiative Updates



Human Milk Feeding

- You are invited to attend *Human Milk Feeding in Wisconsin: Mapping the Future* from 2:00 pm - 3:30 pm CT on November 16, 2021. The meeting, hosted jointly by the Wisconsin Department of Health Services and the Wisconsin Association for Perinatal Care, will focus on planning next steps to promote and support human milk feeding in Wisconsin.
- [Register your interest and receive information about the meeting here.](#)

NAS/NOWS:

- The cohort of 17 Wisconsin hospitals have been actively engaged in the NAS/NOWS project for 8 months and will wrap up in March 2022.
- Preliminary Highlights:
 - Increase in percent of infants at risk for NAS/NOWS managed using a comprehensive care algorithm from 77% at baseline (Oct 2020-Feb 2021) to 94% during period 1 (Mar-Jul 2021)
 - Decrease in mean length of stay for infants with NAS/NOWS who receive pharmacologic treatment from 17.76 days at baseline (Oct 2020-Feb 2021) to 13.38 days during period 1 (Mar-Jul 2021)
 - Slight increase in mean length of stay for infants with NAS/NOWS who receive non-pharmacologic treatment from 5.49 days at baseline (Oct 2020-Feb 2021) to 5.90 days during period 1 (Mar-Jul 2021)



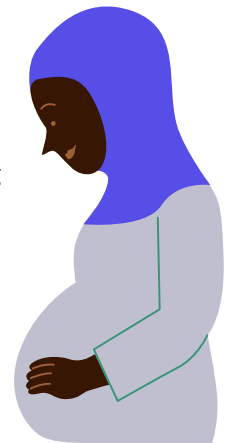
Maternal OUD Screening & Referral to Treatment

- This initiative will focus on identifying and supporting women with opioid use disorder (OUD). We anticipate gathering a planning group in early 2022.
- Are you interested in helping to develop the change package, measurement strategy, or assist with recruitment of teams? If so, please email wisppqc@perinatalweb.org.

Initiative Updates Continued...

Maternal Hypertension - WisPQC's first AIM bundle

- We are excited to announce that 45 Wisconsin hospitals are engaged in our Severe Maternal Hypertension (HTN) Initiative! Teams are collecting baseline data, creating specific aims, and deciding their first tests of change related to their HTN work.
- This initiative officially launched on October 27, 2021 with a keynote delivered by Dr. Elliott Main, Medical Director and Executive Committee Chair of the California Maternal Quality Care Collaborative and Quality Director for AIM.



45 Wisconsin hospitals
are engaged in our
Severe Maternal
Hypertensive Initiative!



Annual Summit Highlights

WisPQC hosted the 4th Annual Summit virtually on Tuesday, September 21, 2021. We were delighted to share a powerful keynote from Dr. Jasmine Zapata, a session by Kelly McCutcheon Adams and Sue Butts-Dion from the Institute for Healthcare Improvement, breakout sessions, virtual poster viewing, and an oral presentation session highlighting perinatal QI throughout the state. Dr. Kristin Lyerly closed the Summit by calling attendees to action to join WisPQC in our initiatives and share their perinatal QI work.

Upcoming Events & Opportunities

Wisconsin CONNECT Women's Treatment ECHO

meets every second Thursday of the month
from 11:00 am - 12:00 pm CT.

[MORE INFO HERE](#)

Human Milk Feeding in Wisconsin: Mapping the Future

2:00 pm - 3:30 pm CT, November 16, 2021

[REGISTER HERE](#)

Have an upcoming event related to perinatal quality improvement or a current WisPQC initiative topic? Email wispqc@perinatal.web.org by January 15, 2022 to have it included in the January edition of the WisPQC Minute.