



# Indiana Perinatal Quality Improvement Collaborative (IPQIC)

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NAS ECHO Presentation  
July 15, 2021



# Indiana Perinatal Quality Improvement Collaborative 2020 - 2021

## Vision

- All perinatal care providers and all hospitals have an important role to play in assuring all babies born in Indiana have the best start in life.
- All babies born in Indiana will be born when the time is right for both the mother and the baby
- Through a collaborative effort, all women of childbearing age will receive risk appropriate health care before, during and after pregnancy

## Governing Council Membership

**Co-Chairs: Kristina Box, MD Commissioner, IN Department of Health  
Brian Tabor, President, Indiana Hospital Association**

### State Agencies:

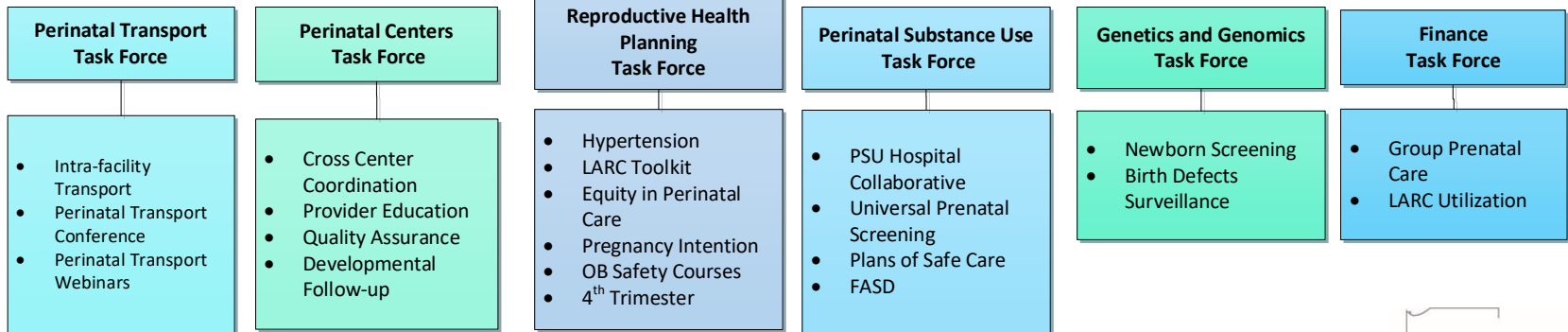
- Department of Health
- Office of Medicaid Policy and Planning
- Department of Insurance
- Department of Child Services
- Department of Mental Health and Addictions
- Family and Social Services Administration
- Commission on Improving the Status of Children

### Additional Representatives:

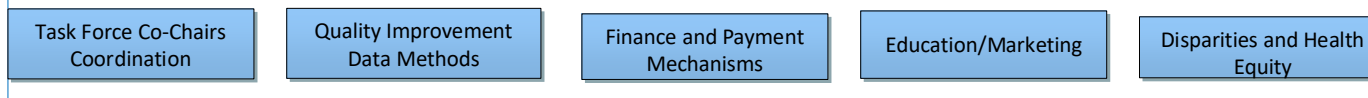
- IU School of Public Health
- Coalition for Patient Safety
- March of Dimes
- Consumer Advocates
- Anthem Medicaid
- IUPUI – Office of Engagement
- Ivy Tech College

### Professional Associations:

- AAP
- ACOG
- Family Practice
- AWHONN
- ACNM
- Indiana Hospital Association
- Indiana Rural Health
- Indiana Minority Health Coalition
- Indiana Primary Health Care
- State Medical Association



## CORE FUNCTIONS



# Engagement Process

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Over 400 individuals directly engaged in IPQIC Task Forces and Workgroups

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Ask for one-year commitment-90% stay beyond

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Key Partnership with The Indiana Hospital Association

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Engaging all levels of hospitals across all geographic locations

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INDIANA  
**PERINATAL**  
QUALITY  
IMPROVEMENT  
COLLABORATIVE  
[IPQIC]

## Quality Improvement/Education

- **Conferences:**
  - Perinatal Transport Annual Conference
  - PSU Annual Conference
- **Webinars**
  - Perinatal Transport Series
  - Perinatal Substance Use Webinar Series
- **Quarterly Meetings for PSU hospitals**
- **Tool Kits**
  - PSU Practice Bundle
  - Maternal Hemorrhage
  - Hypertension
- **Breastfeeding Guidance Documents:**
  - Safe Sleep
  - Reproductive Planning
  - Perinatal Substance

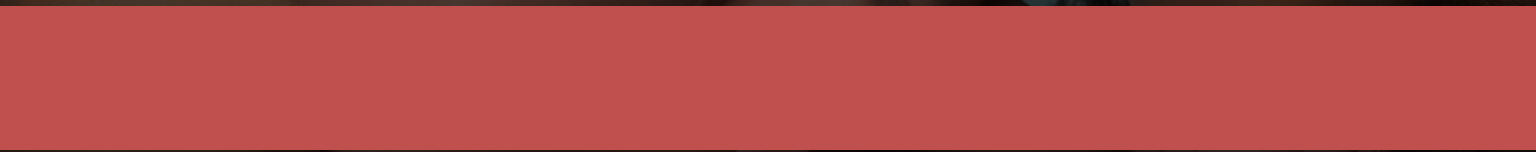
# Successes and Opportunities for Improvement

- Success:
  - Levels of Care Designation/Establishment of Perinatal Centers
  - PSU Hospital Collaborative (59 of 85 hospitals participating in cord tissue testing)
  - AIM Initiatives
- Opportunities for Improvement:
  - Data, Data, Data





# PERINATAL SUBSTANCE USE



# History of Efforts

PSU Task Force  
Established (2014)

Hospital  
Collaborative  
Initiated (2016)

Perinatal Substance Use  
Bundle (2017)

State Legislation  
requiring screening  
for substance use for  
all pregnant patients  
(2019)

Participation in  
ASTHO Substance  
Use Collaborative  
(2019)

Participation in Child  
Welfare Policy  
Academy (2020)

Merge ASTHO and  
Child Welfare  
Workgroups (2020)

PSU Bundle Revised  
(2020)

Prenatal Screening  
Module (2021)

Begin the work of  
Prenatal Plans of  
Safe Care  
(2021)

# SB 408 (2014)

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The appropriate standard clinical definition of Neonatal Abstinence Syndrome (NAS);

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The development of a uniform process of identifying NAS;

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The estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identification;

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The identification and review of appropriate screening data available for reporting to ISDH; and

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The identification of payment methodologies for identifying and reporting NAS were currently available or needed.



# Working Definition of Neonatal Abstinence Syndrome (NAS)

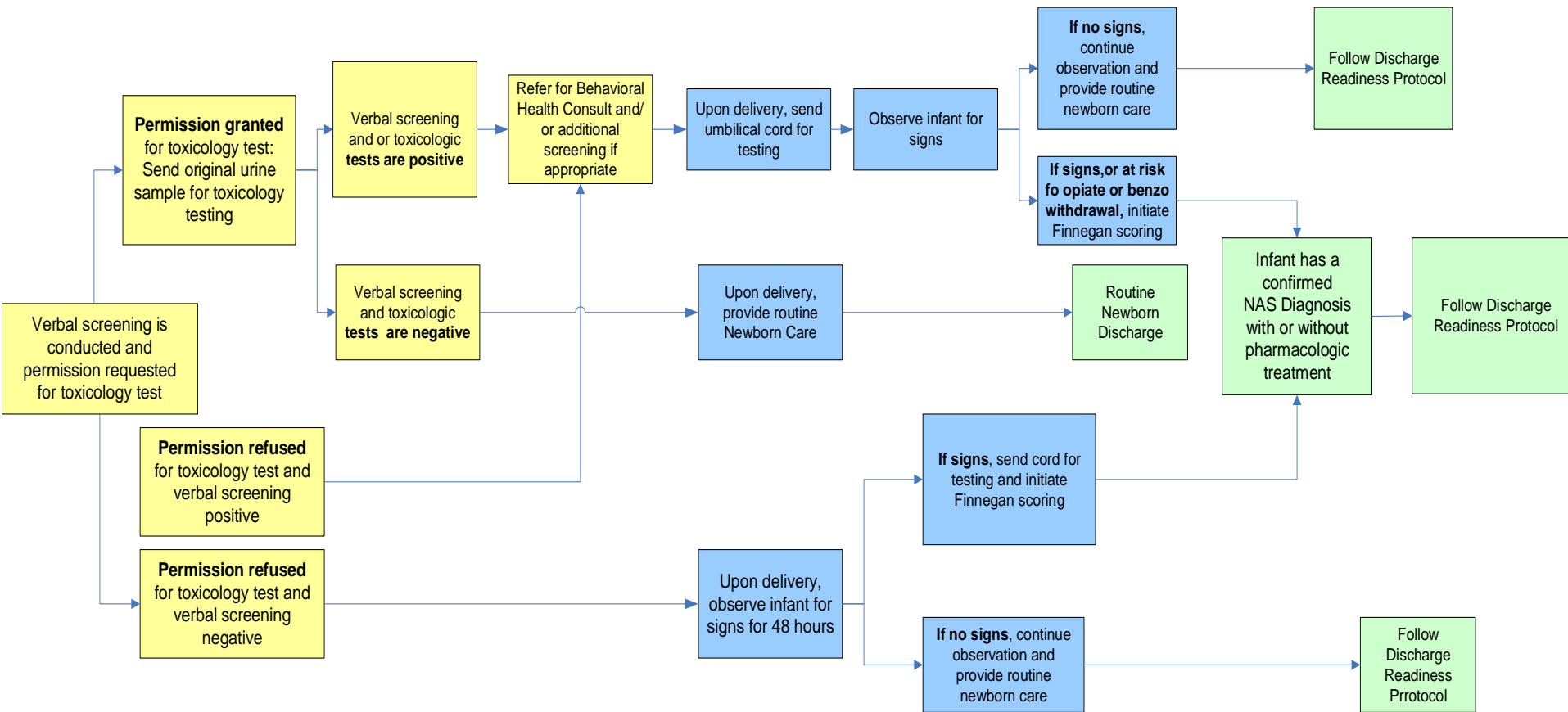
- *Symptomatic  
(tremor/jitteriness, difficult to  
console, poor feeding, or  
abnormal sleep); and*
- *Have one of the following:*
  - *A positive toxicology test, or*
  - *A maternal history with a  
positive verbal screen or  
toxicology test*

# Neonatal Abstinence Syndrome and In-Utero Drug Exposure Algorithm

**UNIVERSAL MATERNAL TESTING:** verbal screening and toxicology testing for maternal use of illicit drugs, opiates or alcohol at the first prenatal visit and again at presentation for delivery.

**INFANT SCREENING AND TESTING:** all newborns will have umbilical cord samples saved for two weeks

**DISCHARGE**



# Perinatal Substance Use Practice Bundle

Prenatal Screening

Non-Pharmacologic Care

Pharmacologic Care

Transfer Protocol

Discharge Planning for Mother

Discharge Planning for Infant

<https://www.in.gov/laboroflove/208.htm>

# Vermont Oxford Network Partnership

Two-year  
membership for  
participating  
hospitals

19 self-study  
modules with CME  
and CNE credits

Documentation of  
training for Levels  
of Care  
certification

# HEA 1007 (2019)

Requires health care providers who provide maternity health care services to use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant patients who are seen by the health care provider as early as possible at the onset of prenatal care and throughout the pregnancy, including during the first, second, and third trimester.

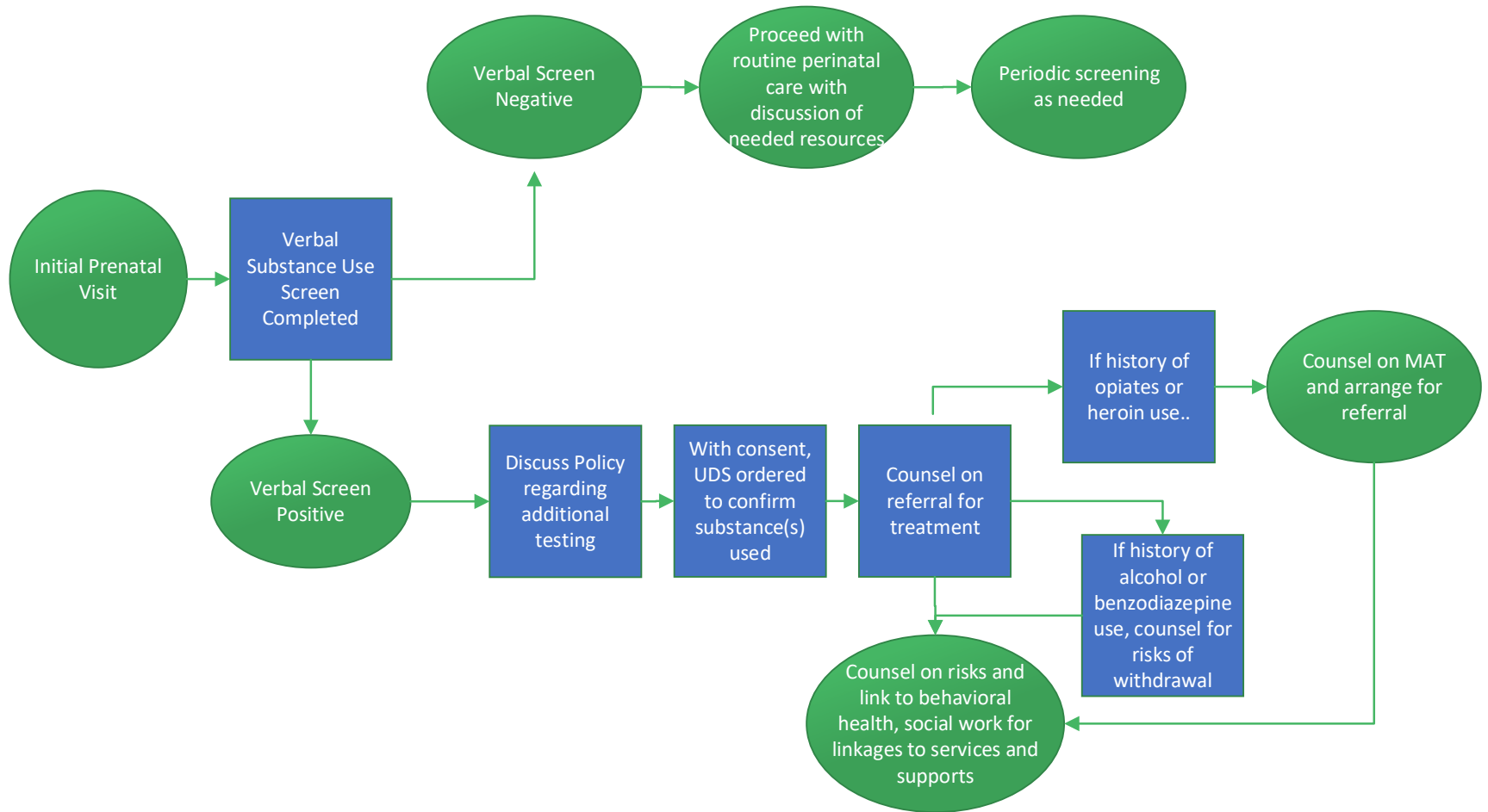


# Prenatal Screening for Substance Use Module

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March 2021

## Prenatal Screening for Substance Use



# Module Content

- Algorithm and clinical care checklist;
- Motivational Interviewing guidance
- Sample script pocket card
- Patient handouts
- Information on counseling opportunities
- Sample release form
- Screening Tools Chart
- Additional resources for both prenatal care provider and pregnant patient

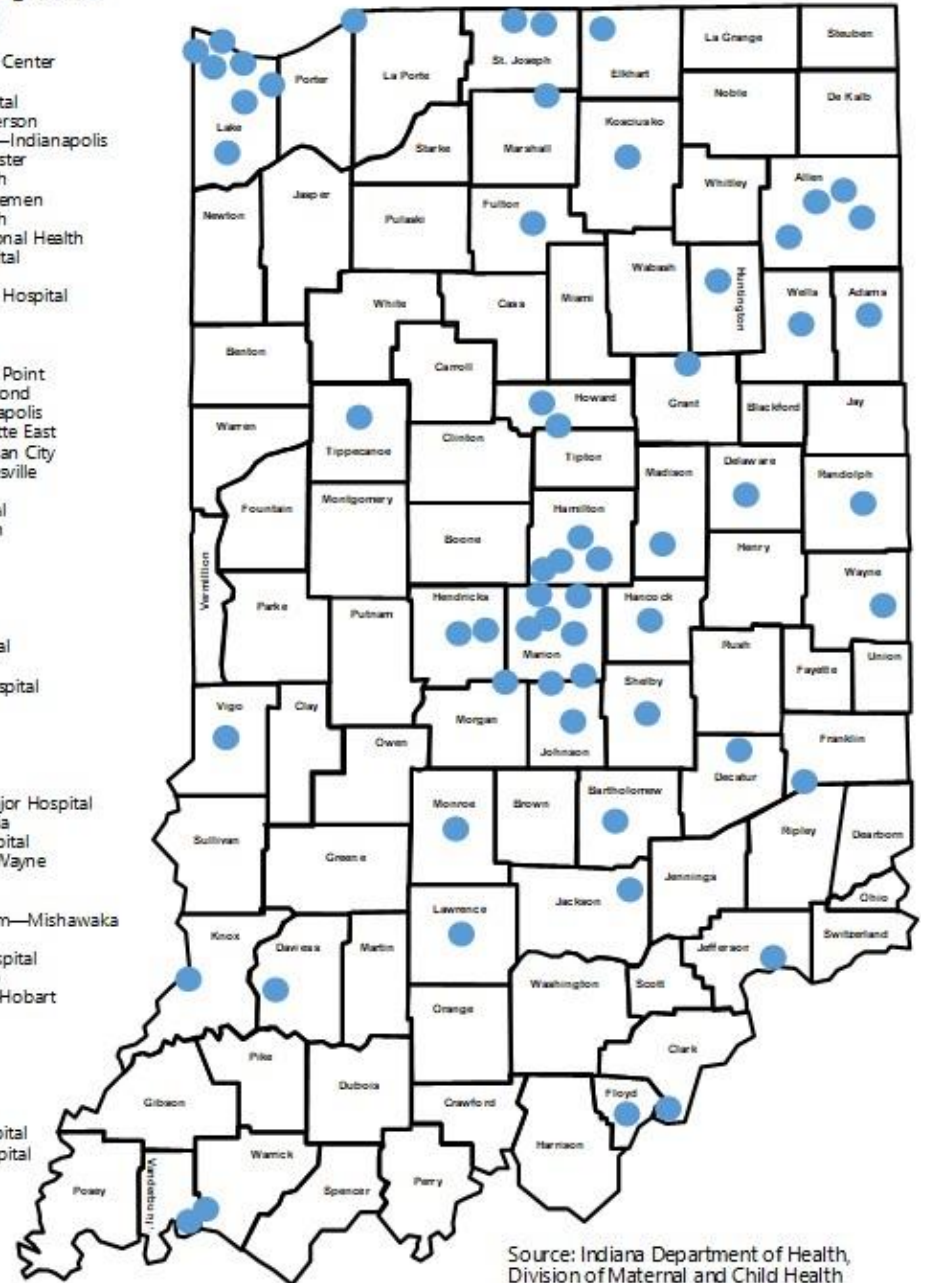


# Perinatal Substance Use Collaborative

Participating hospitals through  
March 2021

## Hospitals submitting data:

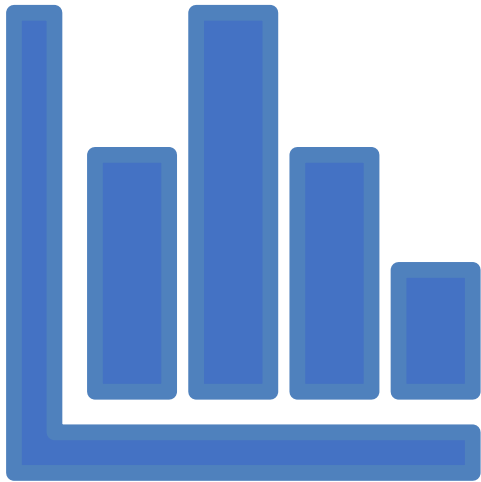
1. Adams Memorial Hospital
2. Baptist Health Floyd
3. Bluffton Regional Medical Center
4. Clark Memorial Hospital
5. Columbus Regional Hospital
6. Community Hospital Anderson
7. Community Hospital East—Indianapolis
8. Community Hospital Munster
9. Community Hospital North
10. Community Hospital of Bremen
11. Community Hospital South
12. Community Howard Regional Health
13. Daviess Community Hospital
14. Deaconess Women
15. Decatur County Memorial Hospital
16. Dupont Hospital
17. Elkhart General Hospital
18. Eskenazi Health
19. Franciscan Health— Crown Point
20. Franciscan Health— Hammond
21. Franciscan Health— Indianapolis
22. Franciscan Health— Lafayette East
23. Franciscan Health— Michigan City
24. Franciscan Health— Mooresville
25. Good Samaritan Hospital
26. Hancock Regional Hospital
27. Hendricks Regional Health
28. IU Health Ball Memorial
29. IU Health Bloomington
30. IU Health North
31. IU Methodist
32. IU West
33. Johnson Memorial Hospital
34. King's Daughters' Health
35. Kosciusko Community Hospital
36. Lutheran Hospital
37. Margaret Mary Hospital
38. Marion General Hospital
39. Methodist Hospital North
40. Methodist Hospital South
41. MHP Medical Center—Major Hospital
42. Parkview Hospital Randallia
43. Parkview Huntington Hospital
44. Parkview Regional—Fort Wayne
45. Reid Hospital
46. Riverview Health
47. Saint Joseph Health System—Mishawaka
48. Schneck Medical Center
49. South Bend Memorial Hospital
50. St. Catherine East Chicago
51. St. Mary Medical Center—Hobart
52. St. Vincent Carmel
53. St. Vincent Dunn
54. St. Vincent Evansville
55. St. Vincent Fishers
56. St. Vincent Kokomo
57. St. Vincent Randolph
58. St. Vincent Women's Hospital
59. Terre Haute Regional Hospital
60. Woodlawn Hospital



Source: Indiana Department of Health,  
Division of Maternal and Child Health  
[Updated May 2021]

# TESTING AND SCREENING DATA REPORT

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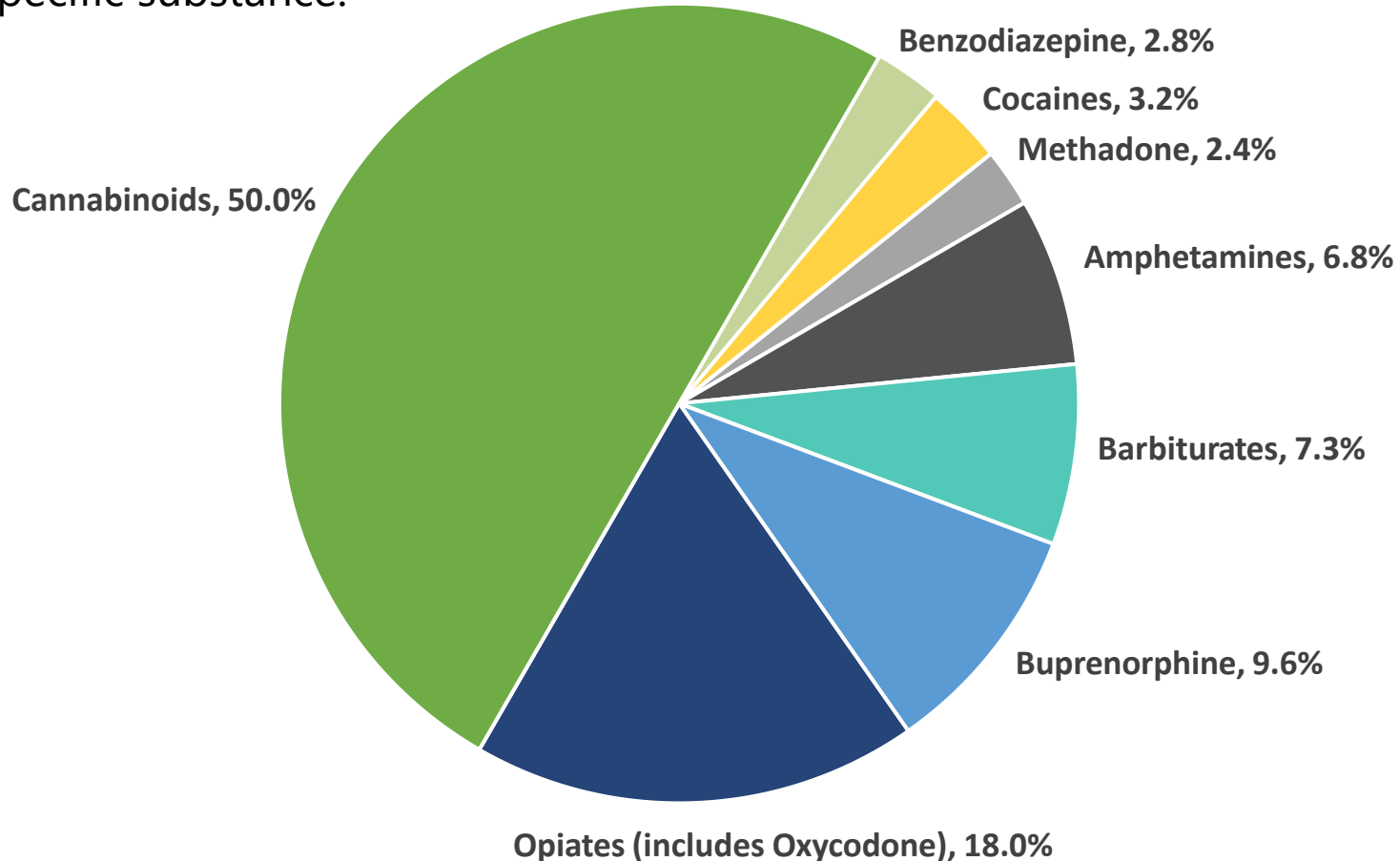


# Reminders about the data:

- Representative of only participating Indiana birthing hospitals, not the entirety of Indiana's birthing hospitals
- Limited to the data submitted to IDOH:
  - 60 hospitals have reported data in 2021 and all 60 hospitals are up-to-date through the first quarter
  - 3 new hospitals began reporting data in 2021
- These data should be used as a one-time snapshot of participating hospitals and their current practices
  - Any changes when comparing time periods should be explained within the context of increased hospital participation over time, varying hospital-level criteria for cord testing as well as diagnosing and reporting NAS, and individual care provider decision-making.
- Positivity data centered around specific substances or the number of substances is limited to hospitals utilizing USDTL while the screening data encompasses all participating hospitals.

# Positive Cord Tests in Participating Indiana Hospitals (January 2021 – March 2021)

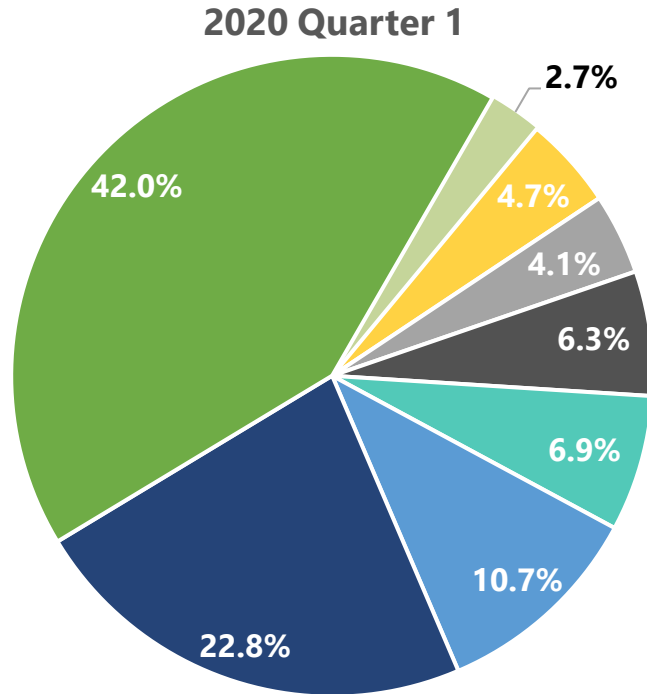
Of the cords that tested positive, this is the percentage positive for each specific substance.



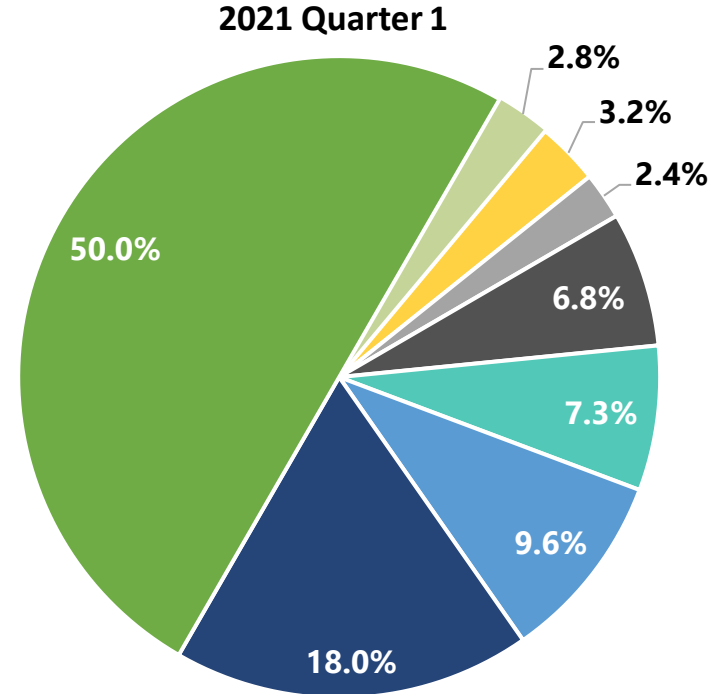
Fentanyl and Ethyl Glucuronide were removed due to inconsistencies in reporting

# Positive Cord Tests in Participating Indiana Hospitals

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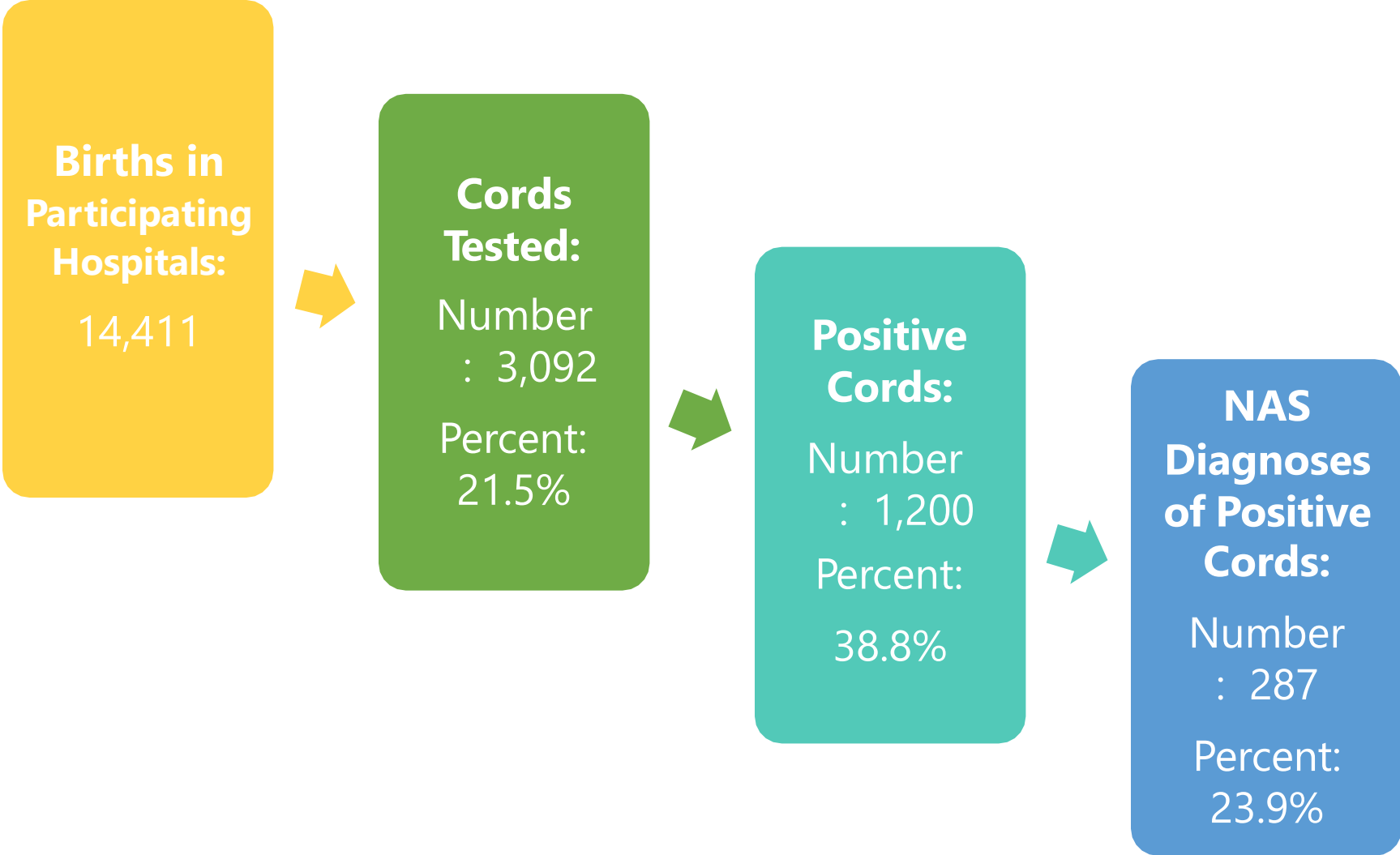
- Benzodiazepine
- Methadone
- Barbiturates
- Opiates (Inc. Oxycodone)



- Cocaines
- Amphetamines
- Buprenorphine
- Cannabinoids

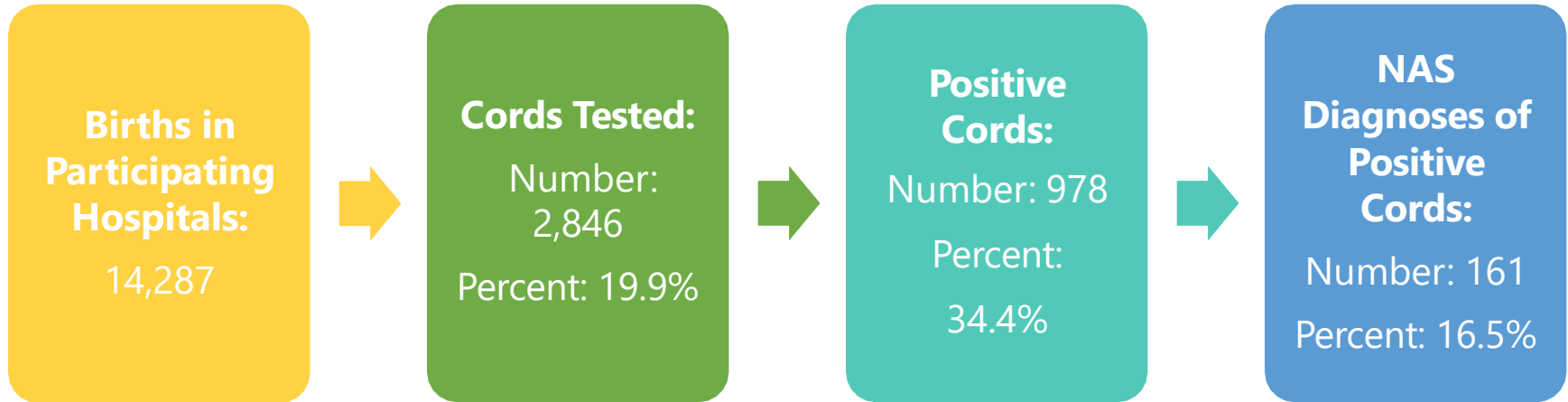
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# Screening Data (January 2021 – March 2021)



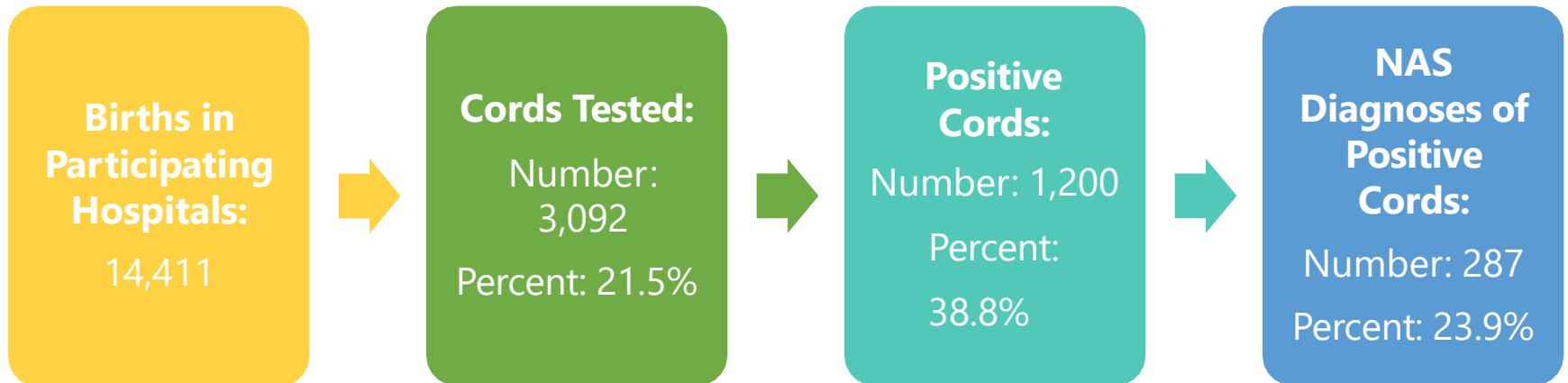
# Screening Data Comparison

## 2020 Quarter 1



Caution should be used in comparing time trends. Differences in percentages over time should be interpreted in the context of changing hospital participation and increased consistency in NAS diagnosis and reporting.

## 2021 Quarter 1



# Screening Rates (January 2021 – March 2021)



**Rate of positive cords per 1,000 live births: 83.3**

**Rate of positive cords per 1,000 cords tested: 388.1**

**Rate of NAS diagnosis per 1,000 live births: 19.9**

**Rate of NAS diagnosis per 1,000 positive cords: 239.2**

These statistics are representative of participating hospitals.



# Screening Rate Comparison

2020 Quarter 1

Rate of positive cords per  
1,000 live births: 68.5

Rate of positive cords per  
1,000 cords tested: 343.6

Rate of NAS diagnosis per  
1,000 live births: 11.3

Rate of NAS diagnosis per  
1,000 positive cords: 164.6

2021 Quarter 1

Rate of positive cords per  
1,000 live births: 83.3

Rate of positive cords per  
1,000 cords tested: 388.1

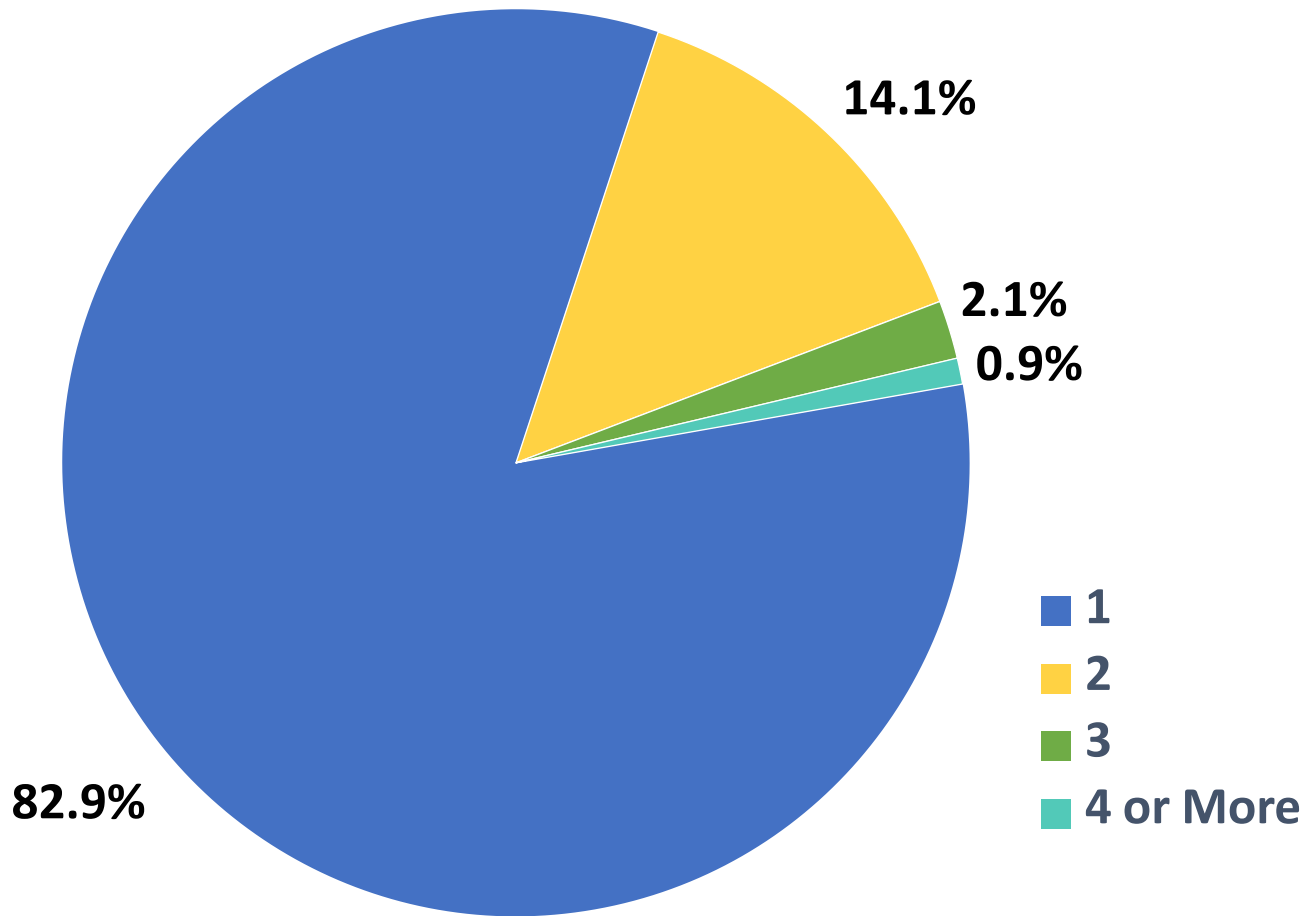
Rate of NAS diagnosis per  
1,000 live births: 19.9

Rate of NAS diagnosis per  
1,000 positive cords: 239.2

Differences in rates when comparing different time periods should be interpreted in the context of changing hospital participation and increased consistency in NAS diagnosis and reporting.

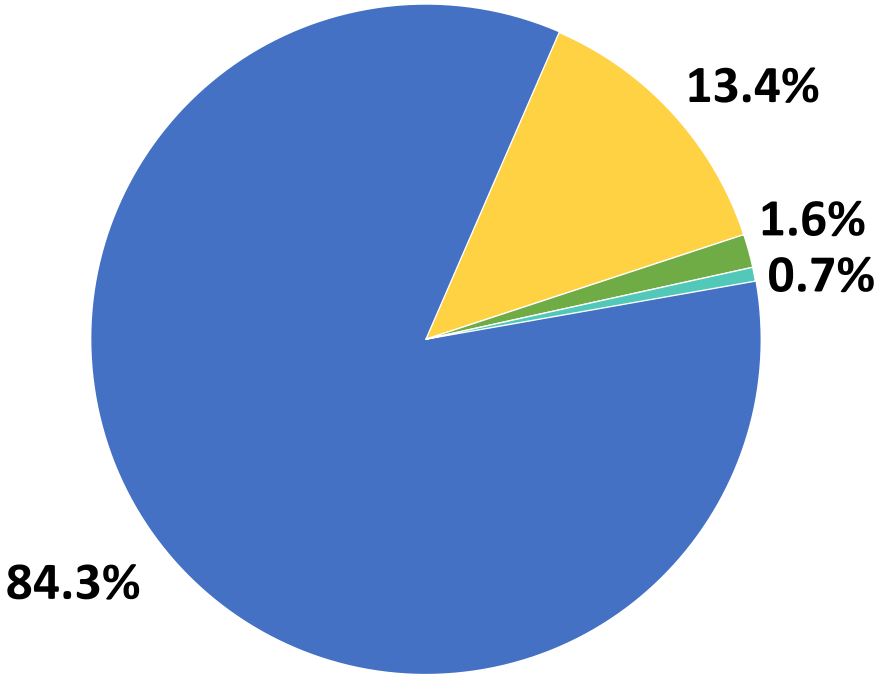
These statistics are representative of participating hospitals.

# Number of Substances in Positive Cords (January 2021 – March 2021)

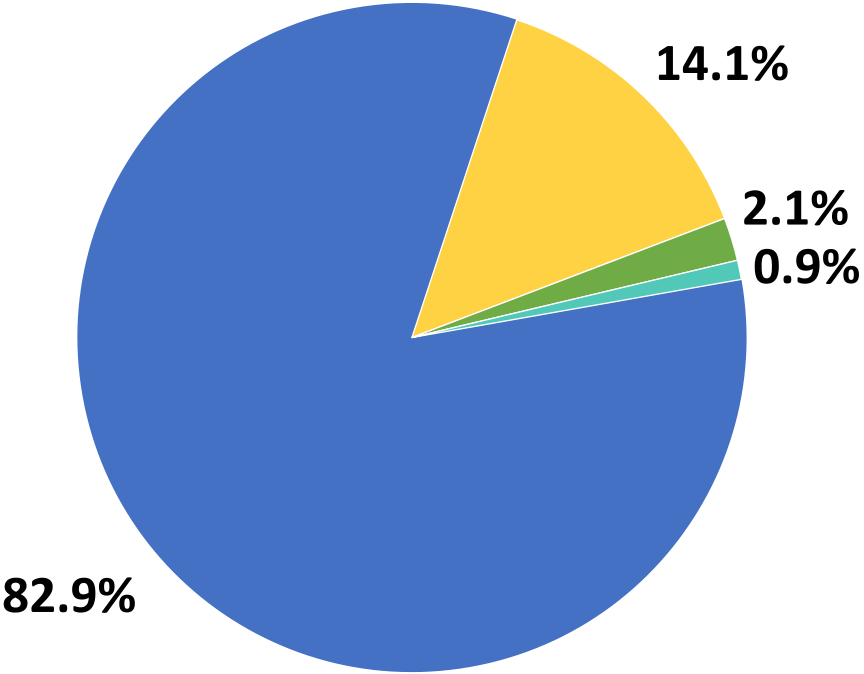


# Number of Substances in Positive Cords Comparison

2020 Quarter 1



2021 Quarter 1



■ 1 ■ 2 ■ 3 ■ 4 or More

# Next Steps

1

Enroll Remaining  
Hospitals

2

Focus on prenatal  
screening and the  
development of Plans of  
Safe Care

3

Address the substance  
use and mental health  
issues that were  
contributing factors to  
2018 maternal  
mortality.

# Contact Information

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