



Indiana Perinatal Quality Improvement Collaborative (IPQIC)

Improving Maternal Health in Region 5
Meeting
September 16, 2020



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:

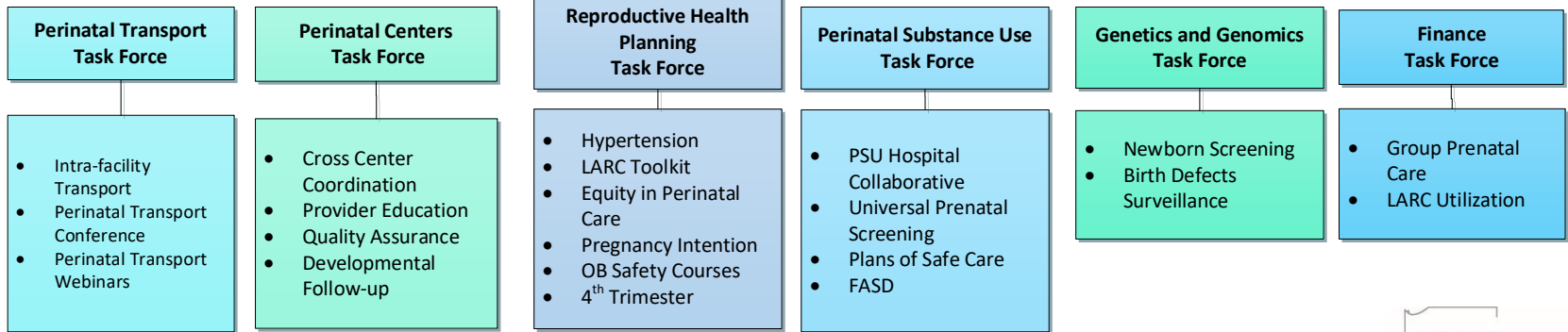
- Department of Health
- Office of Medicaid Policy and Planning
- Department of Insurance
- Department of Child Services
- Department of Mental Health and Addictions
- Family and Social Services Administration
- Commission on Improving the Status of Children

Additional Representatives:

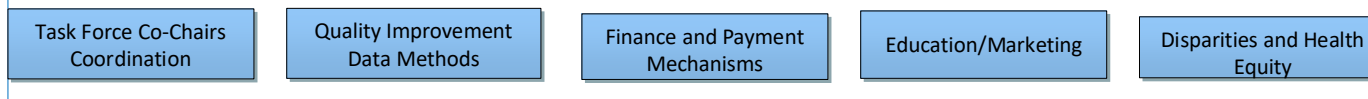
- IU School of Public Health
- Coalition for Patient Safety
- March of Dimes
- Consumer Advocates
- Anthem Medicaid
- IUPUI – Office of Engagement
- Ivy Tech College

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

Over 400 individuals directly engaged in IPQIC Task Forces and Workgroups

Ask for one-year commitment-90% stay beyond

Key Partnership with The Indiana Hospital Association

Engaging all levels of hospitals across all geographic locations





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

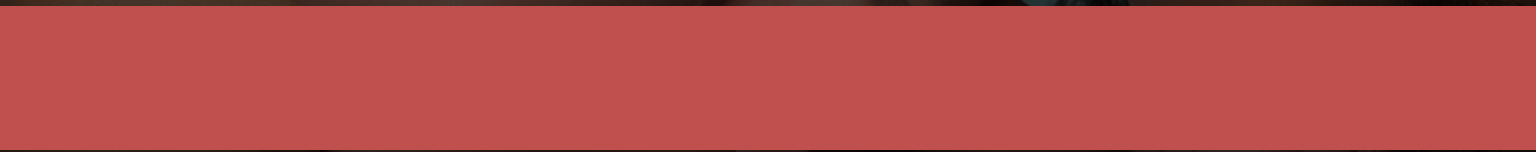
Successes and Opportunities for Improvement

- 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)

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

The development of a uniform process of identifying NAS;

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

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

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

Working Definition of Neonatal Abstinence Syndrome (NAS)

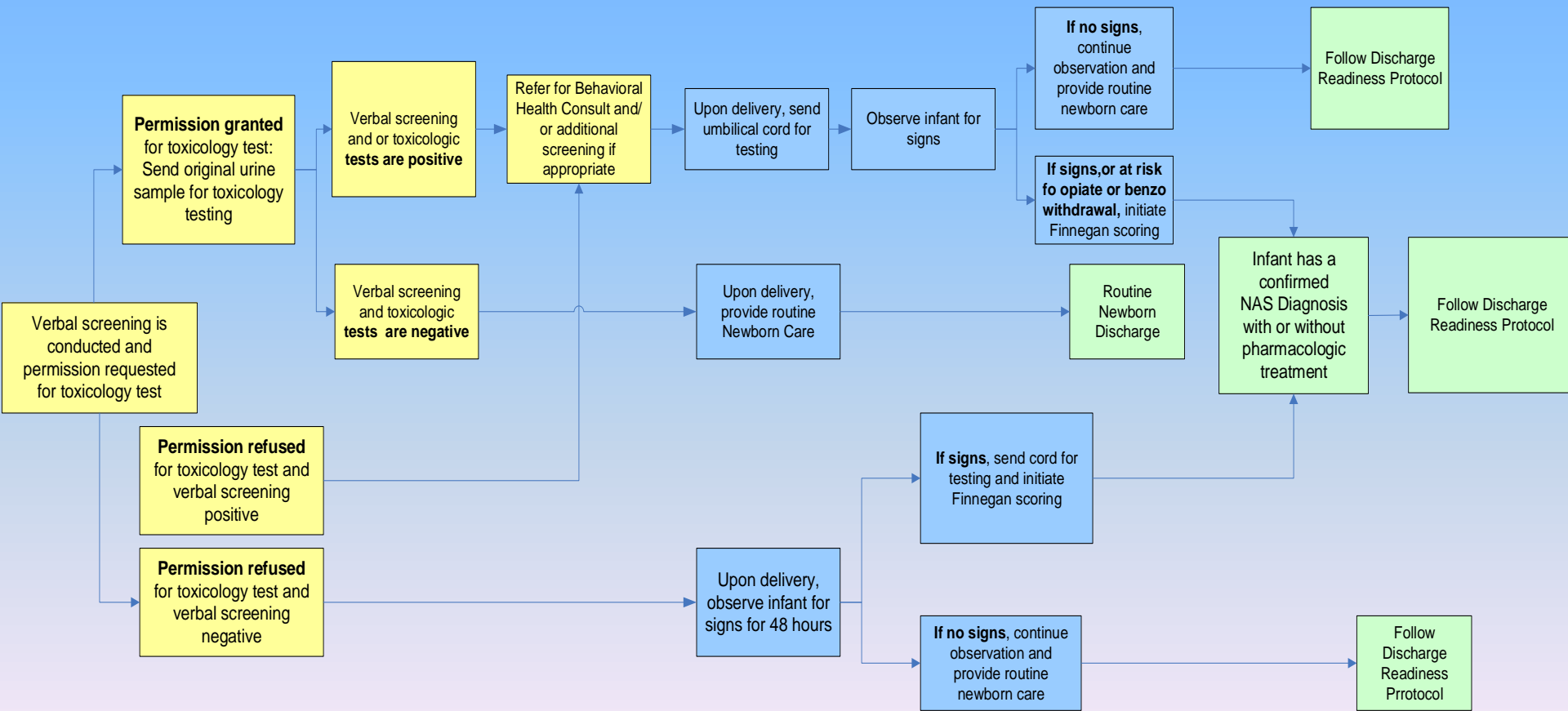
- *Symptomatic (tremor/jitteriness, difficult to console, poor feeding, or abnormal sleep); and*
- *Have one of the following:*
 - *A positive toxicology test, or*
 - *A maternal history with a positive verbal screen or toxicology test*

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

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)

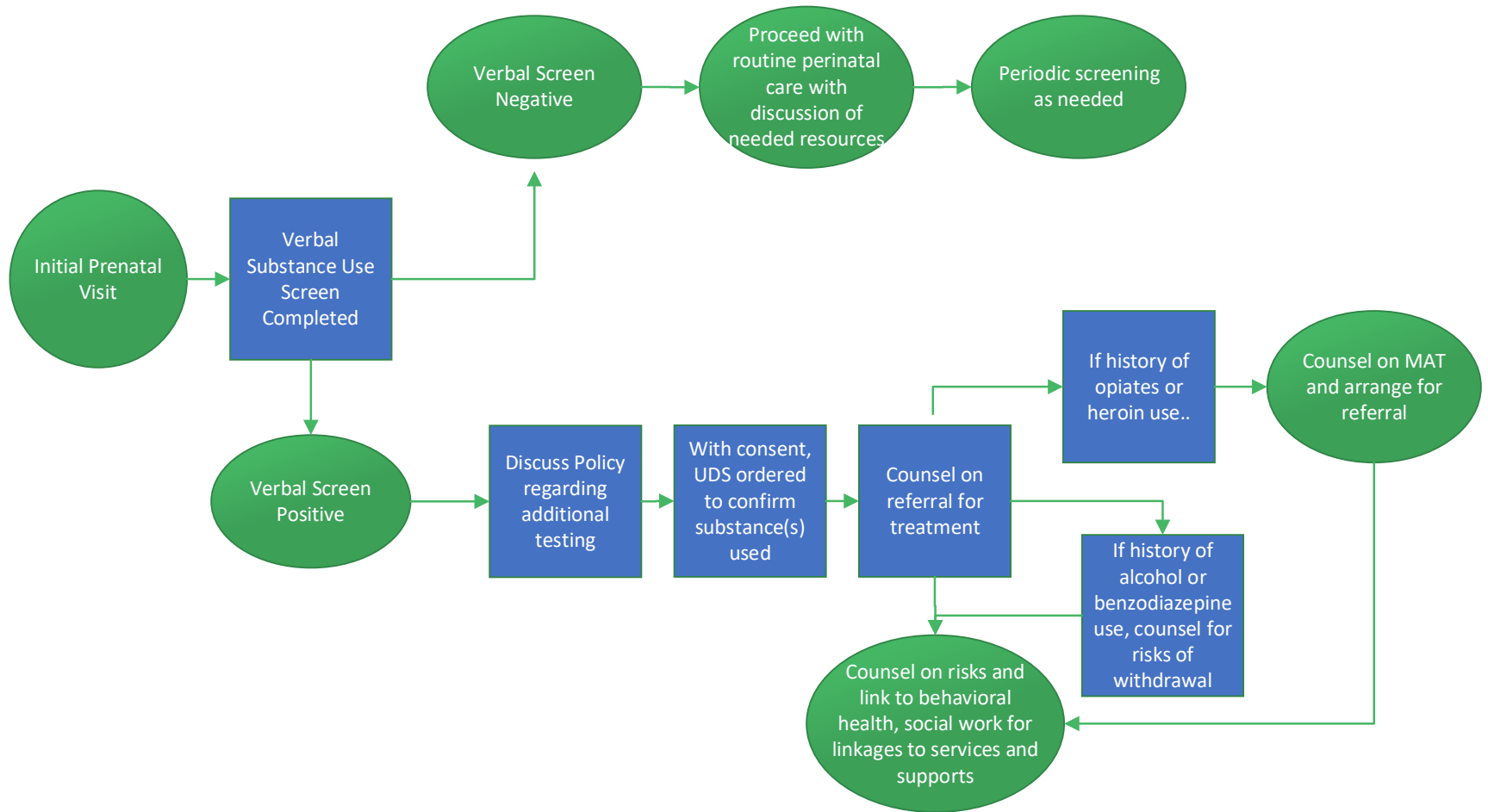
Requires health care providers who provide maternity health care services to use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant patients who are seen by the health care provider as early as possible at the onset of prenatal care and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



Prenatal Screening for Substance Use Module

March 2021

Prenatal Screening for Substance Use



Module Content

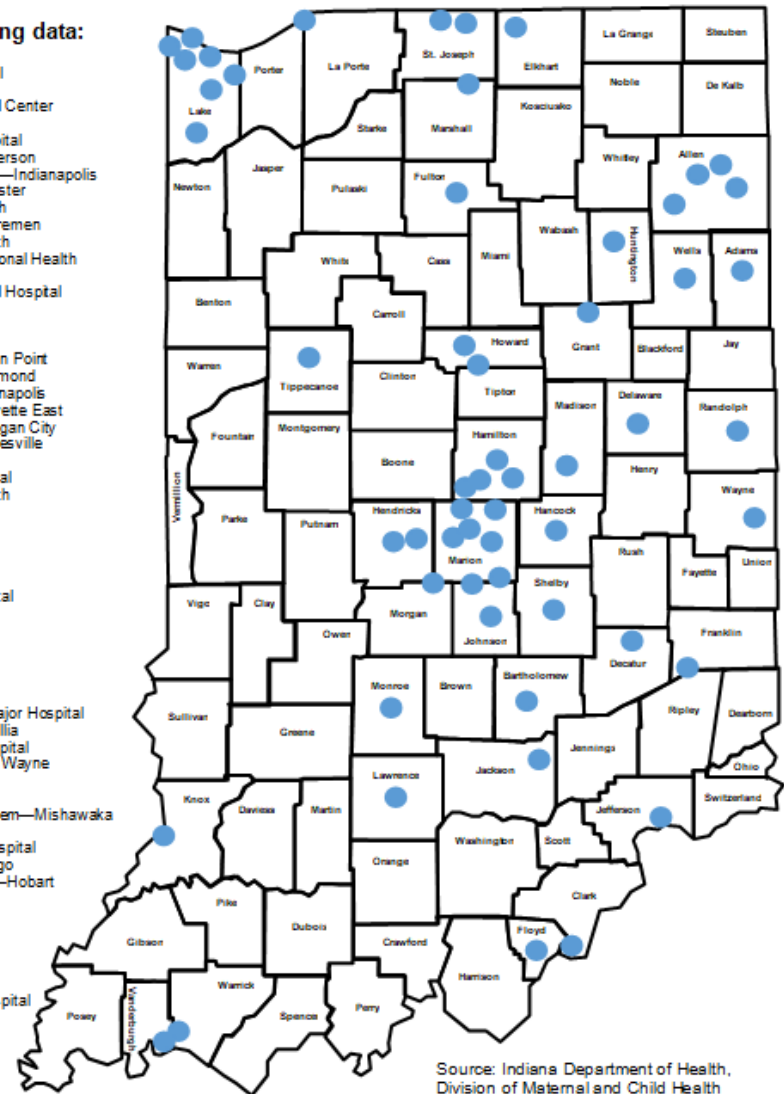
- Algorithm and clinical care checklist;
- Motivational Interviewing guidance
- Sample script pocket card
- Patient handouts
- Information on counseling opportunities
- Sample release form
- Screening Tools Chart
- Additional resources for both prenatal care provider and pregnant patient

Perinatal Substance Use Collaborative

Participating hospitals through December 2020

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. Deaconess Women
14. Decatur County Memorial Hospital
15. Dupont Hospital
16. Elkhart General Hospital
17. Eskenazi Health
18. Franciscan Health— Crown Point
19. Franciscan Health— Hammond
20. Franciscan Health— Indianapolis
21. Franciscan Health— Lafayette East
22. Franciscan Health— Michigan City
23. Franciscan Health— Mooresville
24. Good Samaritan Hospital
25. Hancock Regional Hospital
26. Hendricks Regional Health
27. IU Health Ball Memorial
28. IU Health Bloomington
29. IU Health North
30. IU Methodist
31. IU West
32. Johnson Memorial Hospital
33. King's Daughters' Health
34. Lutheran Hospital
35. Margaret Mary Hospital
36. Marion General Hospital
37. Methodist Hospital North
38. Methodist Hospital South
39. MHP Medical Center—Major Hospital
40. Parkview Hospital Randallia
41. Parkview Huntington Hospital
42. Parkview Regional—Fort Wayne
43. Reid Hospital
44. Riverview Health
45. Saint Joseph Health System—Mishawaka
46. Schneck Medical Center
47. South Bend Memorial Hospital
48. St. Catherine East Chicago
49. St. Mary Medical Center—Hobart
50. St. Vincent Camel
51. St. Vincent Dunn
52. St. Vincent Evansville
53. St. Vincent Fishers
54. St. Vincent Kokomo
55. St. Vincent Randolph
56. St. Vincent Women's Hospital
57. Woodlawn Hospital




Source: Indiana Department of Health,
Division of Maternal and Child Health

[Updated February 2021]

Reminders about the data:

- Representative of only participating Indiana hospitals, not the entirety of Indiana
- Limited to the data supplied to us
 - Some hospitals have not submitted data every month (USDTL and/or REDCap form), so we have missing data
 - 57 hospitals have reported at least some data in 2020
 - 55 hospitals are up-to-date for 2020
 - 18 new hospitals began reporting data in 2020
- 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

Screening Rates (January 2020 – December 2020)



Births in Participating Hospitals 60,965 (approximately 75% of births)
Number of cords tested: 12,336 Percent: 20.2%
Number of Positive Cords: 4,522 Percent: 36.7%
NAS diagnoses: 920 Percent: 20.3%

Screening Rates (January 2020 – December 2020)

Rate

Rate of positive cords per
1,000 live births: 74.2

Rate

Rate of positive cords per
1,000 cords tested: 366.6

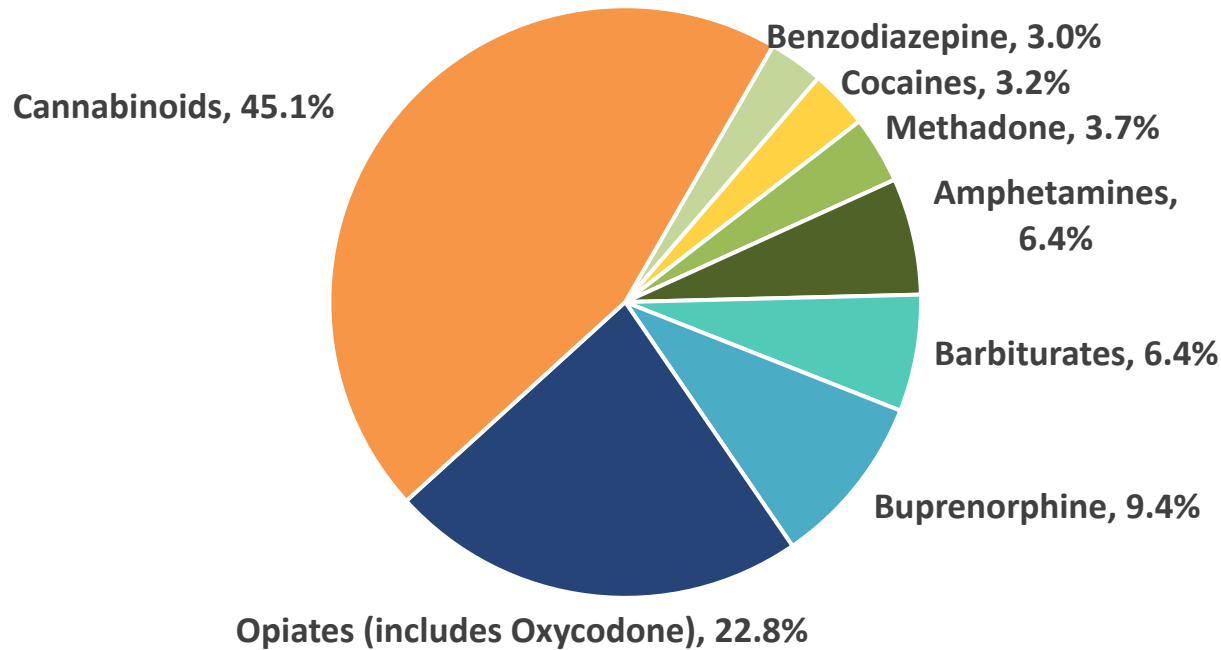
Rate

Rate of NAS diagnosis per
1,000 live births: 15.1

Rate

Rate of NAS diagnosis per
1,000 positive cords: 203.4

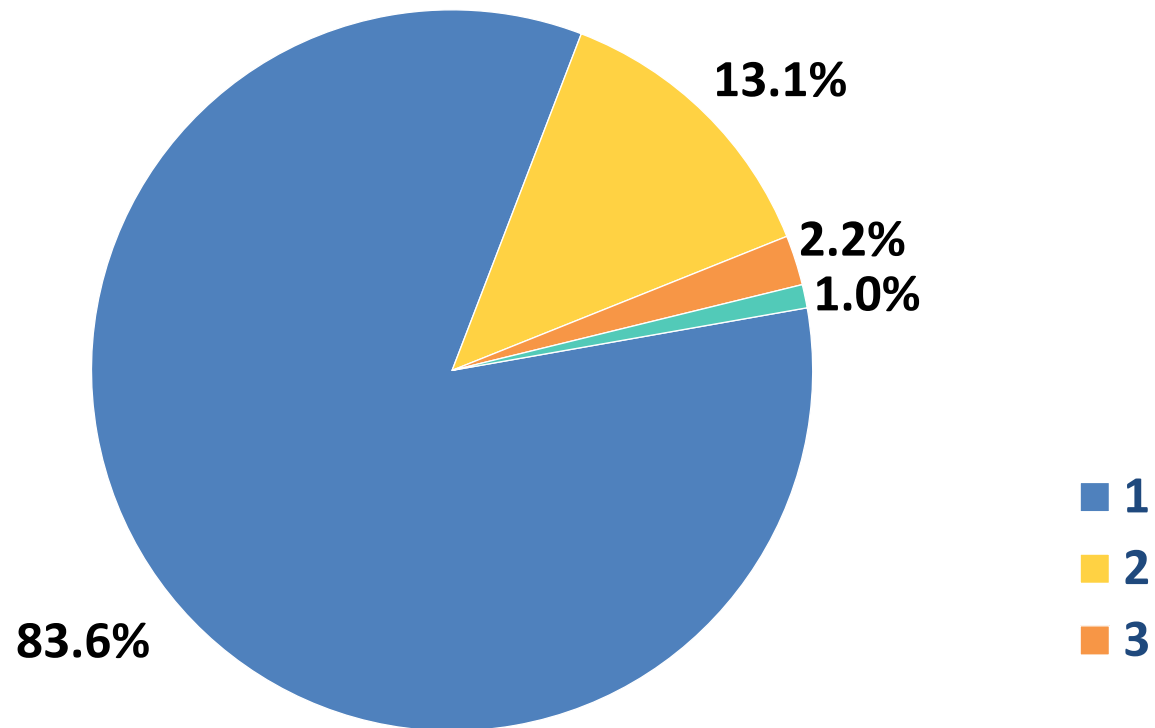
These statistics are representative of participating hospitals.



Positive Cord Tests in Participating Indiana Hospitals (January 2020 – December 2020)

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

Number of Substances in Positive Cords (January 2020 – December 2020)



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.