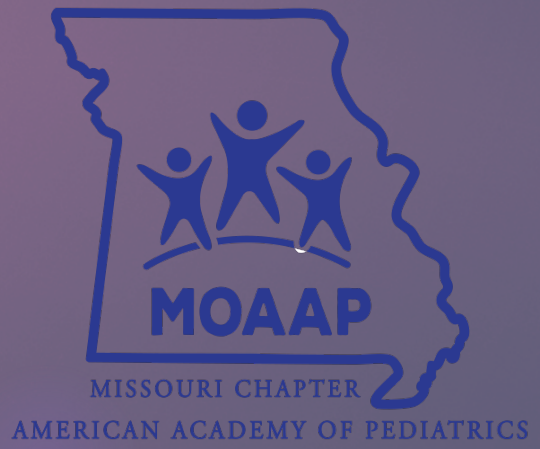
MISSOURI AIM

Healthy moms, healthy babies, healthy Missouri

HRSA
Health Resources & Services Administration

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

Supporting Organizations



Missouri AIM

OBSTETRIC CARE FOR WOMEN WITH SUBSTANCE USE DISORDER COLLABORATIVE (OB-SUD)

Let’s Change Missouri’s Birth Story

AIM's Goal

Reduce maternal deaths and severe maternal morbidity

By

- Promoting safe maternal care for every U.S. birth.
- Engaging multidisciplinary partners at the national, state and hospital levels.
- Developing and implementing evidence-based maternal safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing safety efforts and developing/ collecting resources.

AIM Bundle Selection Rationale

- In 2017, SUDs (including opiates, alcohol and other substances) were a contributing factor in 44% of pregnancy-associated and 16% of pregnancy-related deaths
- More than half (57%) of those deaths where the board determined SUD was a contributing factor also listed mental health as a contributing factor
- The soon-to-be-released 2018 PAMR Report found worsening SUD rates among maternal patient deaths
- A large majority of the 2018 deaths were deemed “preventable” by the MO PAMR Board

MO PAMR Recommendations*

- In order to provide standardized, evidence-based care to all pregnant women, it is recommended that:
  - All birthing hospitals should standardize practices and procedures across the healthcare system through utilization of evidence-based practices such as AIM bundles.
  - Providers should be further educated regarding screening, referral, and treatment of:
    - Mental health conditions during and after pregnancy.
    - Substance use disorder during and after pregnancy.
    - Cardiovascular disorders associated with pregnancy (i.e. cardiomyopathy, hypertension, etc.).

*pending final approval of 2018 Missouri PAMR Report

Collaborative Overview

- National AIM is currently revising the Obstetrical Care for Women with Opioid Use Disorder to be broader and encompass maternal patients with all types of substance use disorder
- Final updates are expected to be released in August
- Updates to the MO AIM efforts will follow to align with national AIM bundle elements
- Collaborative timeline: October 2021 through December 2023

- "The Institute for Healthcare Improvement describes patient safety bundles as, "…a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices — generally three to five — that, when performed collectively and reliably, have been proven to improve patient outcomes." The bundle structure does not introduce new practice guidelines or concepts, but offers a standardized approach for delivering well-established, evidence-based practices to be implemented with complete consistency, for every patient, every time – resulting in improved patient outcomes."

Collaborative Assumptions

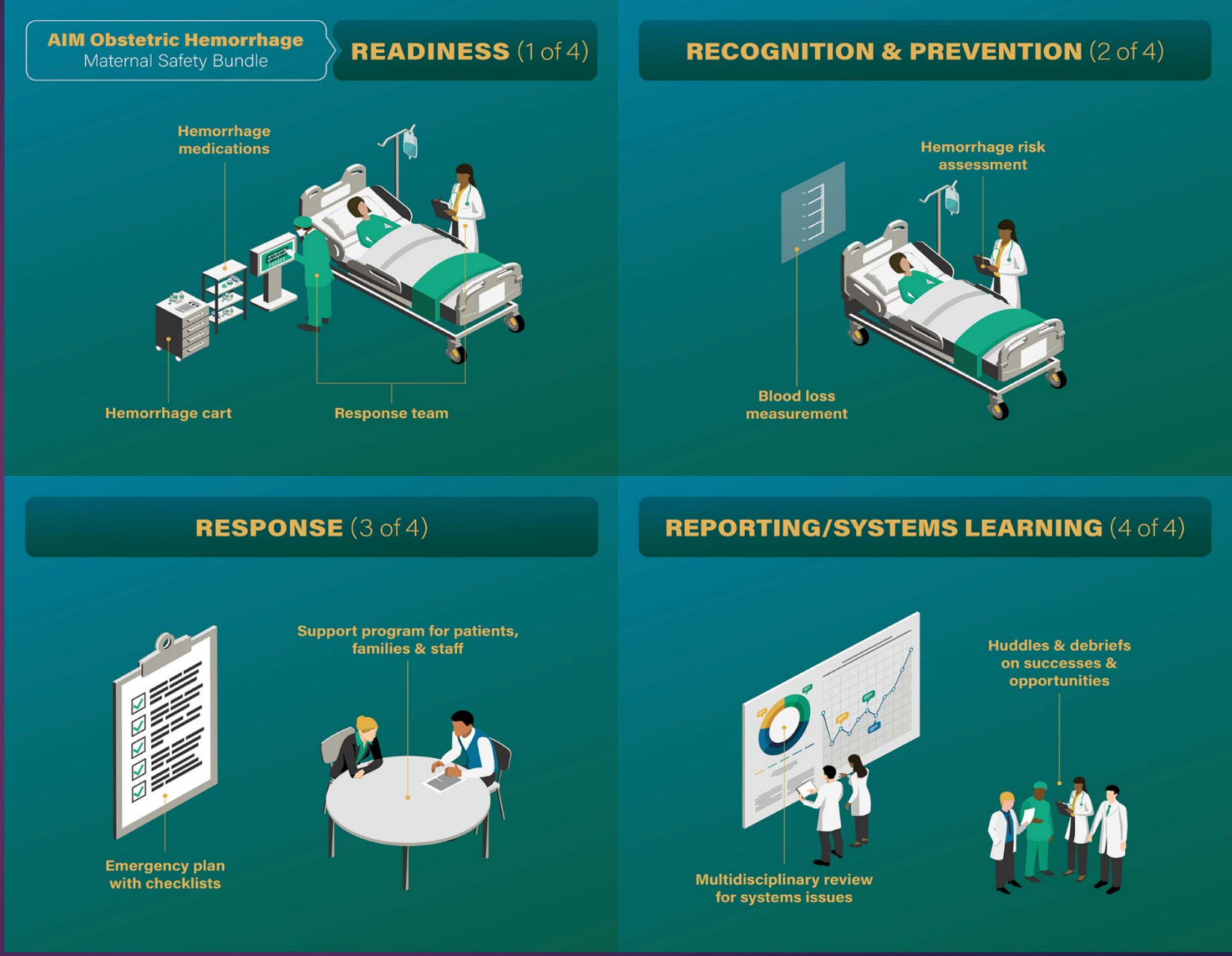
- This is a voluntary quality and safety improvement initiative
- Evidence guides our practice
- Data drives the strategy and is transparent within the cohort
- An opportunity exists to improve prescribing practices of opioids as well as assessment and treatment of maternal substance use disorder
  - Prescription as ordered
  - Prescription abuse
  - Illicit substance abuse
  - ETOH abuse
- Decreased cost of care is a by-product expectation of this collaborative
- Recognized barriers
  - This work is complex
  - This work is full of “gray areas”
  - This work is complicated further by stigma, bias, and lack of knowledge re: TIC and ACES, resource and regulatory issues
- This work is worth the effort to improve the lives of mothers, infants and the family unit!
  - The philosophy is *every* mom and baby counts

Maternal Safety Bundles

Available at:

safehealthcareforeverywoman.org/aim-program

National AIM is adding a 5th "R" – Respectful Care



Who Should Join?

- Hospitals – all units who treat pregnant and postpartum women
- Prenatal and family practice clinics – individual or group practice participation is welcome!
- FQHCs

Collaborative Goals

Outcome Measures

- By 2023, decrease the rate of pregnancy-associated deaths due to SUD by **

**All goals are in draft until review of the final national AIM required data metrics for this bundle. Baseline data results will further determine the % reduction/improvements to strive for in this work.

Collaborative Goals

Process Measures

Increase	Increase the rate of maternal patients receiving universal SBIRT (prenatal, intrapartum and postpartum) by **
Increase	Increase the rate of maternal patients with OUD during pregnancy who receive medication assisted treatment or behavioral health treatment by **
Decrease	Decrease the average number of opioid pills prescribed at discharge for patients after vaginal and cesarean delivery by **

Collaborative Goals

Structure Measures

- 100% percent of hospitals and identified prenatal clinics will implement a validated universal SUD screening tool
- 100% percent of hospitals will implement/update a general pain management practices policy to include evidence-based discharge opioid prescribing
- 100% percent of hospitals will implement specific pain management and opioid prescribing guidelines for OUD patients in L&D and postpartum
- 100% of identified staff will complete stigma/implicit bias training
- 100% of identified staff will complete training on trauma-informed care of the maternal SUD patient

Collaborative Data

- Final data set will be determined by changes made in the updated bundle by national AIM – the goal metrics are not the only metrics to be collected
- The Missouri Maternal-Child Learning and Action Network will guide the MO AIM identified data metrics
- A mix of outcome, process and structure measures will be included
- All data will either be collected by MHA's Hospital Industry Data Institute, through the PAMR Board, or by participant abstraction and reporting to an online QI collaboration platform

Collaborative Preparation

JUNE 2021: INITIAL MARKETING

JUNE 2021: INFO WEBINAR

JULY 2021: COLLABORATIVE RECRUITMENT

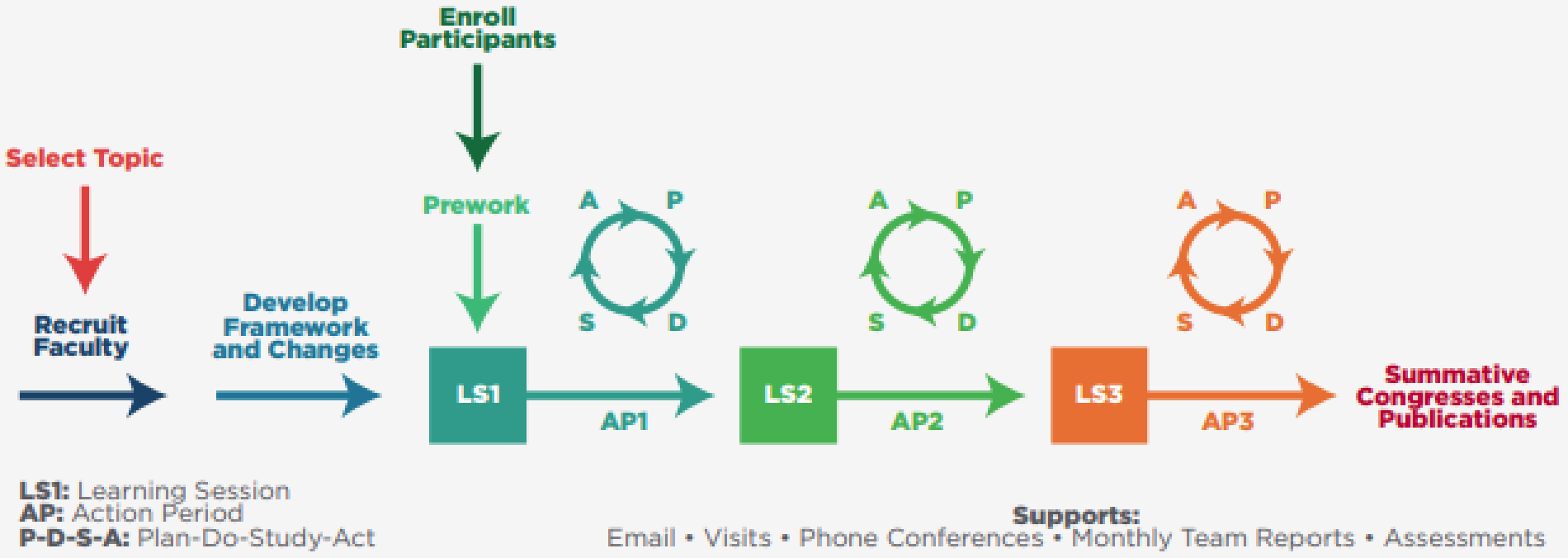
AUGUST 2021: ITP SIGNED, RECRUITMENT CLOSES

SEPTEMBER 2021: PROJECT ONBOARDING

OCTOBER 1: BUNDLE OFFICIALLY LAUNCHES – 6 MO. BASELINE DATA COLLECTION STARTS

Collaborative Pre-Work Phase

Figure 3: Institute of Healthcare Improvement's Breakthrough Series Model



Source: Institute for Healthcare Improvement's Breakthrough Series Model.

RECOMMENDATIONS

Establish team, and identify roles and accountability.

- Multidisciplinary teams should, at a minimum, include the following.
  - Unit director/manager
  - Staff nurse(s) and patient care tech(s)
  - Physician/clinician champion
  - Executive leadership champion
  - Emergency department staff
  - OB clinic staff
  - Patient and/or family member
- Determine roles during an initial meeting.
  - Who is the team lead?
  - Who is supporting data collection?
  - Who will have peer discussions?
  - Who will lead staff education?
- Accountability and expectations also should be determined during an initial meeting.
  - The simple statement, "Who, what, by when?" will help outline the expectations before the end of each team meeting and create momentum for action.

Complete a gap analysis for maternal hypertension management.

- This task helps determine current bundle implementation within your area, and identifies "gaps" in the process and actions for the team.
- While components previously may have been implemented, it is important to measure and consider how reliable the process is and its impact on your outcomes.
- See appendices for gap analysis tool example.

Complete a rapid process improvement workshop with the team.

- The goal of an RPIW is to outline the process to ensure AIM bundle implementation and compliance.
- The team should review the process for opportunities to increase efficiency and effectiveness.
- Not sure if something is working or necessary? This is what you measure and how you intervene to improve the process.
- Cycle times should be determined and set by the team, i.e. clinician notification parameters, first-line medication administration and postpartum follow-up timelines.

Develop the action plan and timeline, and share it with the team.

- Your plan will be individualized, but will include all recommended and applicable AIM bundle components.
- Track action plan completion within your organization, and plan to report it quarterly via SharePoint to MHA for overall AIM program tracking.

Complete the data collection plan pertinent to your setting.

(see plans for each)

- Review which metrics are reportable and how the organization will collect them monthly/quarterly as required. Required reportable AIM project data metrics are outlined in the appendix.
- Ensure access to the Hospital Industry Data Institute's Quality Collections Portal by contacting Linda Bell at lbell@mhanet.com.
- Data for this project will not use average rates for process measures. Instead, upper specification limit parameters will be used in line with Lean Six Sigma goals.

OB-SUD Bundle Interventions & Timelines

DRAFT PENDING FINAL NATIONAL AIM BUNDLE UPDATES

Phase I Bundle Interventions – Readiness (stratified by level of effort intensity)

Level I:

Just Do Its

- Patient/Family Education: SUD as a chronic disease (includes MAT info)
- Patient/Family Education: NAS and newborn care
- Staff-wide education on SUDs
- Know federal/state reporting guidelines for opioids and SUD care
- ID local SUD treatment facilities/providers, especially those providing women-centered care

Level II: System/Policy Changes

- Establish prenatal, intrapartum, postpartum clinical pathways for women with OUD that incorporates care coordination among providers
- Develop pain protocols which account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics.
- Investigate partnerships with other providers and state PHAs to assist in bundle implementation

Level III: Unchartered H20/ External

- Engage partners to develop early initiation of plan of safe care for mom and baby

Phase I

Team Formation – Education/TA – P&P – Baseline Data

Oct. 2021 – Mar. 2022

Cohort education/technical support

Jan. 2022

Team PI deliverables due

June 2022

Phase I bundle elements complete

Apr. 2022

6 mo. baseline data due

May 2022

Monthly project data submission begins

July 2022

Phase II launch

Bundle Interventions – Recognition & Prevention (stratified by level of effort intensity)

Level I: Just Do Its

- None

Level II: System/Policy Changes

- Every provider/clinical setting assess all pregnant women for SUDs
- Screen and evaluate all pregnant women for SUD for commonly occurring co-morbidities, i.e. STIs, and infectious disease, psych disorders, IPV and other abuse, smoking cessation
- Match treatment response to each women's stage of recovery and/or readiness to change

Level III: Unchartered H20/ External

- None

Phase II

Screening – Local/Regional Resources – Partner Engagement – POSC

July 2022

Phase II launch: screening implementation; monthly reporting continues

October 2022

Resource mapping complete

Fall 2022

Regional networking events

December 2022

Phase II complete, POSC templates complete

Bundle Interventions – Response (stratified by level of effort intensity)

Level I: Just Do Its

- None

Level II: System/Policy Changes

- Incorporate family planning, breast feeding, pain management, infant care counseling, etc. into prenatal, intrapartum and postpartum pathways relevant to OUD/SUD
- Provide referrals for co-morbid conditions, specifically aggressive treatment for mental health conditions
- Identify a lead provider for care coordination (duration and "warm handoff" defined)

Level III: Unchartered H20/ External

- Ensure all patients with OUD are enrolled in a woman-centered OUD program
- Ensure coordination among providers during pregnancy, post-partum and inter-conception period
- Develop a communication strategy to facilitate coordination among OB, OUD provider, clinical staff/social services and child welfare services
- Engage child welfare services to develop safe care protocols tailored to patient/family treatment and resource needs (also considering local context and gaps)

Phase III

Referrals – Care Coordination – Communication

January 2023

Phase III launch – refine referral, communication and care coordination plan

Feb. – July 2023

Complete Phase III tasks, monitor data for OFIs

Aug. 2023

Sustainability Phase begins

Sept. – Dec. 2023

Regional events, project evaluation and report outs, sustainability focus

2Q 2024

Collaborative Report Release

Bundle Interventions – Reporting & Systems Learning (stratified by level of effort intensity)

Level I: Just Do Its

- Develop mechanisms to collect data and monitor process/outcome/ structure metrics
- Develop dashboard

Level II: System/Policy Changes

- Create multi-disciplinary case review teams to evaluate patient, provider and system-level issues
- Develop continuing education for providers/staff regarding SUDs

Level III: Unchartered H20/ External

- Identify ways to connect non-medical local and community stakeholders with clinical providers and health systems to share outcomes and identify ways to improve systems of care

Part of the collaborative foundational work through state and local networking that will occur throughout the collaborative timeline

Collaborative Components

- MO AIM Workbook and resources
- AIM bundle baseline survey
- Team-based performance improvement deliverables
- Data reporting with cohort-level data transparency through an online platform with data analytics bench
- Technical support and educational curriculum
- Access to stigma/bias and TIC training modules
- Participation in the Missouri Moms and Babies ECHO
- Peer-to-peer learning/networking opportunities – virtual and in-person
- Access to project faculty subject matter experts

web.mhanet.com/maternal-child-health.aspx

MHA MISSOURI HOSPITAL ASSOCIATION

Advocacy | Quality & Health Improvement | Learning & Networking | Research & Analytics | About MHA

Quality & Health Improvement / Clinical Quality Initiatives / Maternal-Child Health

I'm looking for:

Maternal-Child Health

Health care delivery for maternal-child populations represents a key opportunity for improvement in Missouri. Working collaboratively, several stakeholder organizations joined forces to leverage resources, connect subject matter expertise and drive momentum to reduce maternal and infant morbidity and mortality, and improve the health care experience and outcomes for moms and babies in Missouri.

MHA and supporting partner organizations launched the Missouri Maternal-Child Learning and Action Network in 2018. Soon after, the Missouri Department of Health and Senior Services and MHA partnered to join the American College of Obstetricians and Gynecologists as funded by the Health Research & Services Administration, Alliance for Innovation on Maternal Health – AIM.

AIM | MC LAN | UPCOMING EVENTS

Alliance for Innovation on Maternal Health

- AIM Data Metrics
- Missouri AIM Collaborative (information only)
- Missouri AIM Collaborative Flyer
- AIM Quality Collections User Guide

Contact An Expert

Alison Williams
Vice President of Clinical Quality Improvement
Email
573/893-3700
ext. 1326

Next Steps

- MHA
  - Recruitment Package and Intent to Participate forms will be sent out in July
  - Data intensive and team-building calls will be held in late August/September following release of the AIM bundle update
  - Educational plan development with Collaborative faculty
  - Collaborative Kick-Off Call in early October
- Interested Participants
  - Hold internal organization discussions on the collaborative and determine readiness to participate
  - Identify a physician and executive leadership champion
  - Begin team development and identify external partners, prenatal sites, etc. that you will include

Open Discussion, Q&A

Contact:

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