

North Carolina and AIM Bundles

NCIOM Maternal Health Taskforce
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Hospitals know how to protect mothers. They just aren't doing it.

Alison Young, USA TODAY
4:54 p.m. EDT July 27, 2018

Partnerships and Collaborations ("A Conspiracy of Good People")



Perinatal Quality Collaborative of North Carolina (PQCNC)

- Created in 2008 and administratively housed at UNC
- Create value through time-limited statewide perinatal QI projects that hospitals *voluntarily* participate
 - Best evidence, reduce variation
 - Partnership with patients and families
 - Resource optimization
- Projects selected by vote by a leadership team consisting of statewide partners
- Projects developed and led by expert teams with statewide membership
- Work conducted by *local* Perinatal Quality Improvement Teams (PQIT)

Perinatal Quality Improvement Teams (PQIT)

- Functional, nimble interdisciplinary teams focused on
 - Identifying barriers to quality care
 - Developing focused action plans to overcome the identified barriers
- Lead and support the project
 - Involve the larger healthcare team in doing the work needed to improve quality
- Include providers, nurses, administration and patients/families

How Are Teams Supported?

- Statewide Learning Sessions (2-3 times/year)
- Webinars (monthly)
- Call with PQCNC Clinical Initiative Manager (minimum monthly)
- Hospital visits with PQCNC team (as needed/requested)
 - Marty McCaffrey, Director
 - Keith Cochran, Project Manager
 - Susan Gutierrez, Clinical Initiative Manager
 - Kristen Sullivan, Clinical Initiative Manager
 - Arthur Ollendorff, Maternal Projects Lead

PQCNC Initiatives-Past, Current and Future

- 2009 - Central-Line Associated Blood Stream Infections
- 2009 - 39 weeks
- 2010 - *Study of Intended Vaginal Birth*
- 2013 - Patient-Family Engagement
- 2010 - Exclusive Breastmilk
- 2014 - *Conservative Management of Preeclampsia (AIM-like)*
- 2014 - Neonatal Abstinence Syndrome
- 2014 - Screening for Critical Congenital Heart Disease
- 2017 - Antibiotic Stewardship for Neonatal Sepsis
- 2018 - *Obstetric Hemorrhage (AIM)*
- 2019 - *Cesarean Section Reduction (AIM)*
- 2019 - Newborn Hypoglycemia
- 2019 - Birth Certificate Accuracy
- 2020 - *Maternal-Newborn Opiate Project (AIM)*
- 2022 - ??????

Key

Past

Current

Future

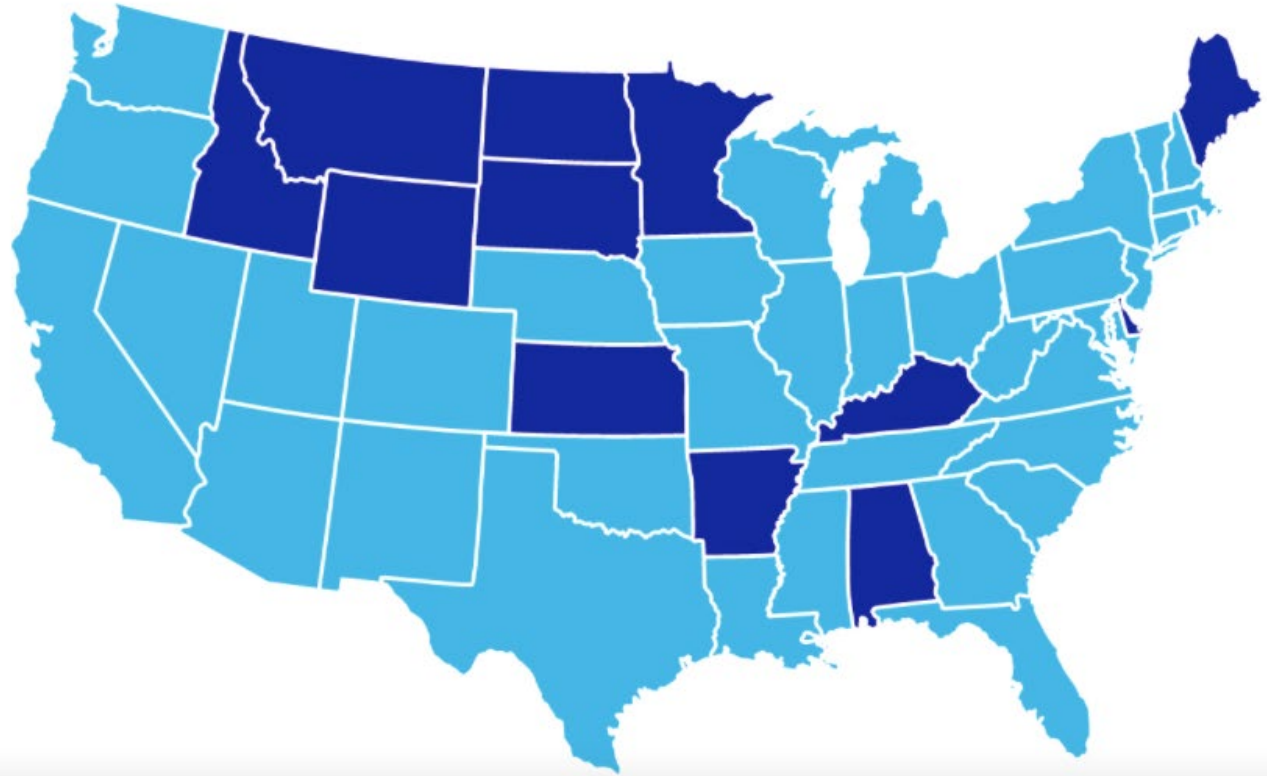
Maternal Projects in italics

Alliance for Innovation on Maternal Health (AIM)

- Sponsored by Council On Patient Safety In Women's Health Care and housed at ACOG
- Works through state teams and health systems to align national, state, and hospital level quality improvement efforts
- Provides implementation support and data tracking for open access Patient Safety Bundles and Tools
- Core Patient Safety Bundles
 - Obstetric Hemorrhage
 - Severe Hypertension in Pregnancy
 - Safe Reduction of Primary Cesarean Birth
 - Obstetric Care for Women with Opioid Use Disorder
 - Cardiac Conditions in Obstetrical Care-*In Development*
 - Postpartum Discharge Transition Bundle-*In Development*

Light blue shading indicates enrolled AIM states as of October 2020.

AIM STATES



What is a Bundle?

- “...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.”

—Institute for Healthcare Improvement

- AIM bundles organized by
 - Readiness
 - Recognition /Prevention
 - Response
 - Reporting/System Learning

**COUNCIL ON PATIENT SAFETY
IN WOMEN'S HEALTH CARE**
safe health care for every woman

PATIENT SAFETY BUNDLE

Hypertension

READINESS

Every Unit

- Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms)
- Unit education on protocols, unit-based drills (with post-drill debriefs)
- Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas
- Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage.
- System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed

RECOGNITION & PREVENTION

Every Patient

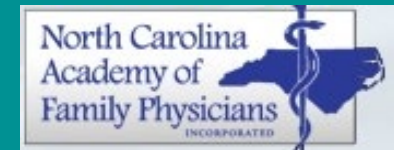
- Standard protocol for measurement and assessment of BP and urine protein for all pregnant and postpartum women
- Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of labs (e.g. CBC with platelets, AST and ALT)
- Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of hypertension and preeclampsia

© 2015 American College of Obstetricians and Gynecologists
May 2015

North Carolina AIM Journey

- North Carolina was approved as an AIM state in 2018
 - the 9th AIM state
- PQCNC is the administrative lead organization
- AIM is based on partnership and in NC these include
 - DPH, NC ACOG, NC OB GYN Society, BCBSNC, NC AWHONN, CCNC, NCHA/NCQC, NC American College of Nurse Midwives, NC Academy of FP, NCIOM, DMA

Some of North Carolina AIM Partners



AIM Bundle Implementation

(NC has ~ 84 hospital birth units and 4 birth centers)

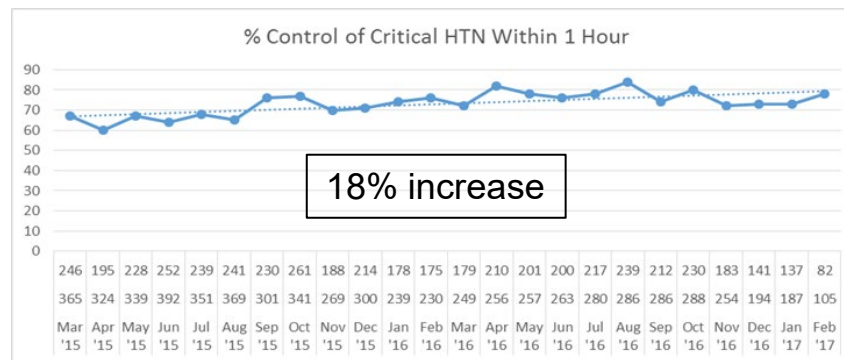
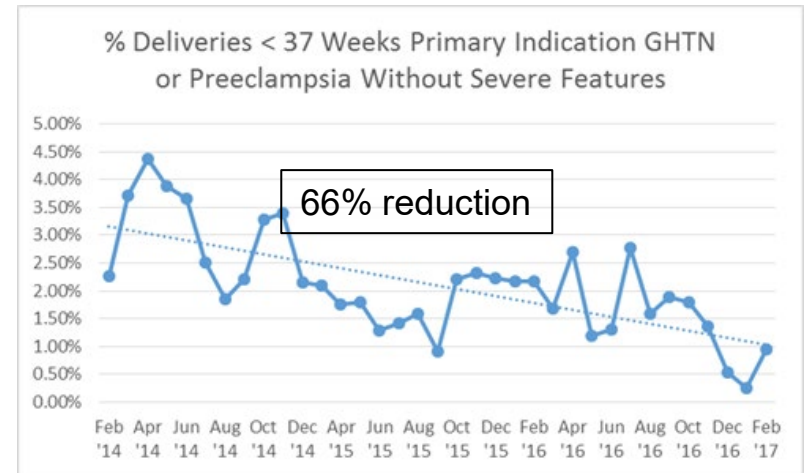
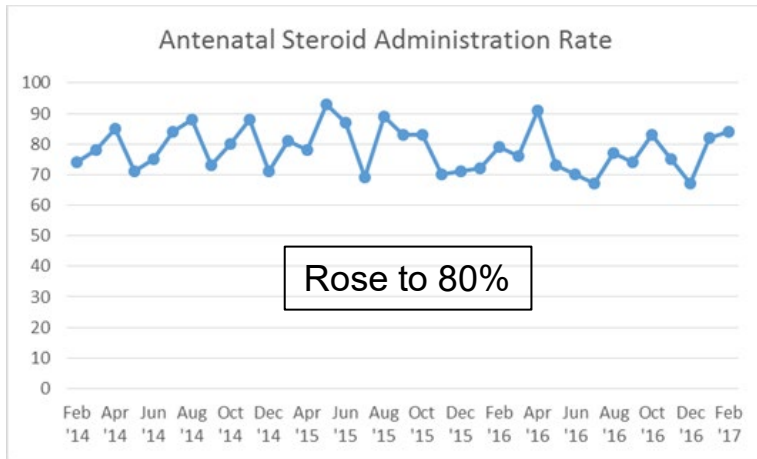
- Hypertension/Preeclampsia (2014-2016)
 - 26 hospitals
- Obstetric Hemorrhage (2017-2018)
 - 62 hospitals
 - 4 birth centers
- Reduction of Primary CS Rate (2019-2020)
 - 57 hospitals
- Obstetric Care for Women with Opioid Use Disorder (2021-2022)
 - 55 hospitals
 - 10 outpatient practices in a pilot project

How Do Hospitals Get Involved With AIM or PCQCNC Projects?

- Previous involvement with PQCNC or AIM
- Active recruitment
 - Via C-Suites
 - By professional organizations (AWHONN, NCOGS, NC ACOG, NC ACNM and others)
- Web and social media campaigns

Participation is voluntary and there is competition with other priorities of hospitals and health systems

Conservative Management of Preeclampsia Data Summary (2014-2017)



cLOUDi

Comprehensively Lessening Opioid Use Disorder Impact

150 strong expert team met over 9 months to develop a -
Multi-year joint project involving maternal / neonatal working
with local PQITS (Perinatal Quality Improvement Teams) both
outpatient and inpatient, to care for mothers and babies
affected by opioid use disorder in the antepartum, peripartum
and postpartum period

cLOUDi Mission

- For Moms
 - Provide the facilitation, support, and education necessary to deliver optimal (or evidence-based care) care for pregnant women with opioid use disorder
- For Babies
 - Provide the facilitation, support and education necessary to deliver optimal care for infants with neonatal abstinence syndrome (NAS) in the hospital and for the first six months of the newborn period

cLOUDi Aims

- For Moms
 - Equitable and evidence (validated) based verbal screening for opioid use disorder in pregnant women during the antepartum and intrapartum periods.
 - Health care team members skilled in delivering non-judgmental and supportive brief assessment, timely intervention and referral to treatment/continued treatment delivery for all pregnant women with OUD.
 - Reduce stigma and bias associated with maternal disclosure of any substance use
 - Eliminate stigma and biases which impair access to clinical care after disclosure.
 - Incorporating validated substance use screening tools into the EHR

Reflections on Maternal Mortality in the US

- Marked disparities exist and must be addressed
- Hospital-focused QI will not alone adequately address maternal morbidity and mortality
- Support services that were “rolled-backed” was a “penny wise-pound foolish” decision
- Collaboration and sharing works

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM



Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health. Shelterforce.org. April 9, 2019

Opportunities for AIM Bundle Implementation in North Carolina

- Severe Maternal Morbidity Data
 - State law limits access to this other than at the state level
- Increased awareness of the value of the bundles by health system leadership
- How to best coordinate the multiple maternal health improvement initiatives happening in North Carolina