

What is the Mission of OPQC?

Reducing prematurity-related poor outcomes for babies in Ohio

Goal:

Through collaborative use of improvement science methods, OPQC seeks to reduce infant mortality by reducing preterm births and improving outcomes of preterm newborns in Ohio as quickly as possible.



OPQC Is A Voluntary Organization of Ohio Stakeholders Who Care About Fetal & Infant Health



OPQC History & Membership

2007: Ohio's Infant Mortality Rates Are Terrible !

2008 - 2011

- 20 Charter Member Maternity Hospitals
- 24 Charter Member Neonatal Intensive Care Units

2012 - 2013

- Expanded Membership to Include 85 More Ohio Maternity Hospitals → Almost All in Ohio

2013 and Beyond

- Expanding Membership to Include Ohio Mothers, Fathers, and Families

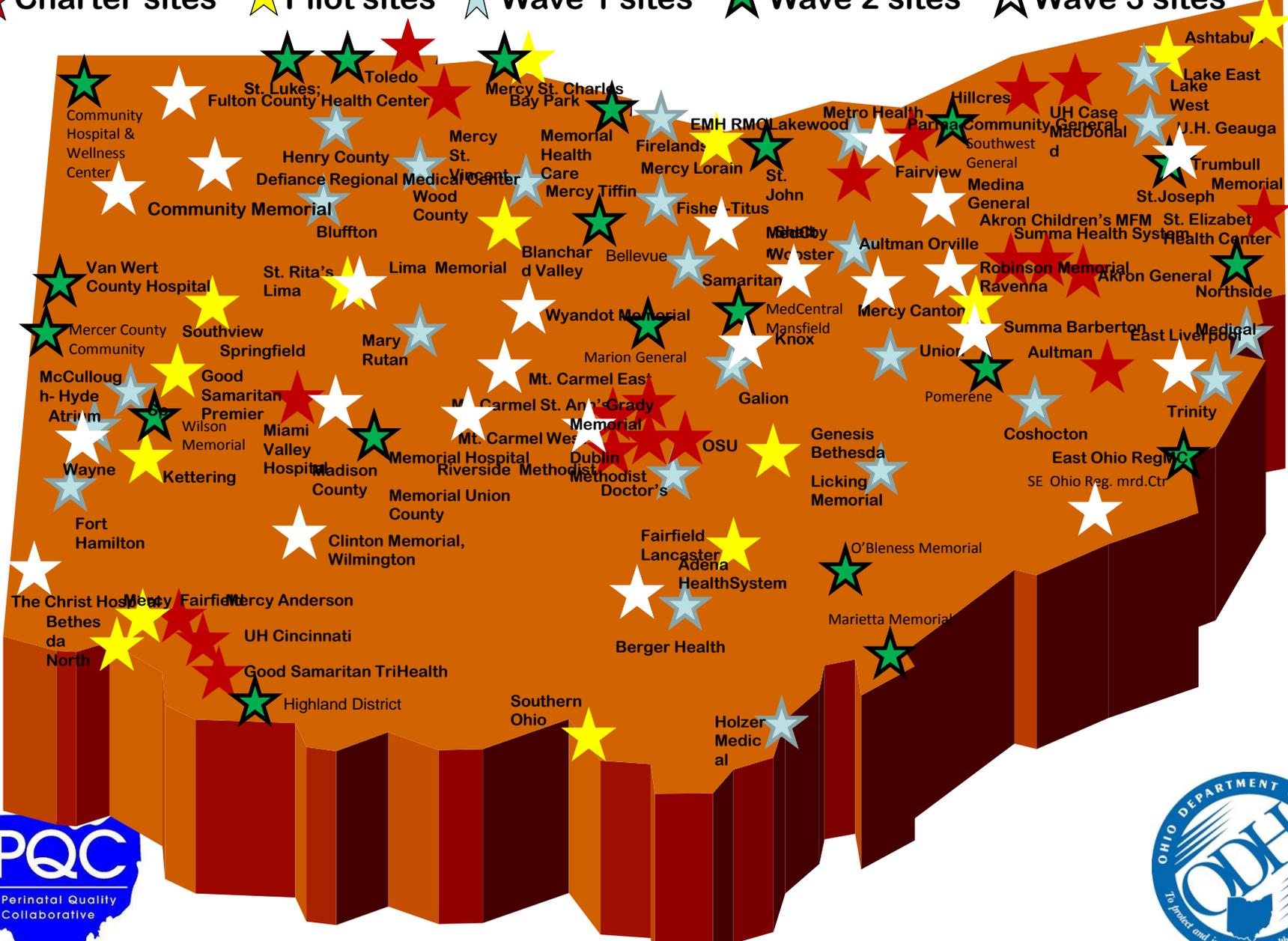


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OPQC Maternity Hospitals 2013

★ Charter sites
 ★ Pilot sites
 ★ Wave 1 sites
 ★ Wave 2 sites
 ★ Wave 3 sites



The Ohio Perinatal Quality Collaborative



Obstetrics

Neonatal

39-Week Scheduled Deliveries without medical indication

Steroids for women at risk for preterm birth (24^{0/7} - 33^{6/7})
Done → Transition to BC Surveillance

Blood Stream Infections:
High reliability of line maintenance bundle

Use of human milk in infants 22-29 weeks GA

2013 - 15

An OPQC NAS Project ?

OCHA Pilot NAS in 6 children's hospitals

Progesterone for Preterm Birth Risk

Increase Birth Data Accuracy & Online modules

Spread to all maternity hospitals in Ohio

How Does OPQC Get Results?

The IHI Model for Improvement

- Select A Common Project
- **PLAN** a “Change Package” and share with OPQC Teams:
 - Recommended best practices
 - Ideas/interventions for improvement
 - Outcomes to measure/track
- Define how we will know if a change = improvement
- **DO** the Change, **STUDY** the results, and then **ACT**
- Teams join monthly webinars to share lessons learned, discuss results, and identify new ideas to “test”, & examine aggregate data/outcomes
 - Teams meet face-to-face at at least twice per year

P-D-S-A
Cycles



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Ohio Perinatal Quality Collaborative

Criteria for Choosing Projects

- ✓ Prematurity related
- ✓ Variation in practice
- ✓ Existing benchmark
- ✓ Measurable outcome
- ✓ Population impact
- ✓ Prior success
- ✓ Participant enthusiasm
- ✓ Public enthusiasm

- ✓ March of Dimes
- ✓ Ohio ACOG & AAP
- ✓ CDC

- ✓ **39 Weeks**
- ✓ **Antenatal Steroids**
- ✓ **Blood Stream Infection**
- ✓ **Breast Milk = Medicine**
- **MgSO4 Neuro Rx**
- **LBW Hypothermia**
- **Late Preterm 34-36**
- **Opioid Dependence**
- ★ **Progesterone**



**A STATEWIDE QUALITY IMPROVEMENT PROJECT TO
REDUCE OHIO PRETERM BIRTHS BEFORE 37, (35),
AND 32 WEEKS' GESTATION BY IDENTIFYING AND
TREATING PREGNANT WOMEN ELIGIBLE FOR
PROGESTERONE SUPPLEMENTATION**



**GLOBAL
AIM:
TO REDUCE
INFANT
MORTALITY
IN OHIO
BY REDUCING
PRETERM
BIRTH**

**SMART AIM: By July 1,
2015, Decrease the Rate of
Preterm Birth before 37
Weeks' from 10.6% to
9.7%, and before 32
weeks' from 2.1% to
1.9%.**

Key Drivers

- Identify Women with Prior Preterm Birth
- Identify Women with Short Cervix ≤ 20 mm
- Prescribe Progesterone to Eligible Women
- Remove Administrative Barriers to Receiving Progesterone Supplementation
- Track Outcomes in Participant Sites and in Ohio



Key Driver:

Identify Women with Prior Preterm Birth

- **Identify Risk at 1st Contact or Prenatal Visit**
 - Accelerated 1st Appointment if Hx sPTB
- **Define Prior Spontaneous Preterm Birth**
 - Preterm Labor and P-PROM
 - Advanced Cervical Dilation
 - Anything Spontaneous at 16 → 36 Weeks
 - Born Alive or Stillborn

Key Driver:

Identify Women with Short Cervix ≤ 20 mm

- Sites Choose a Cx Sono Screening Algorithm
 - Selective Screen **In** = Women with Risk Factors
 - Selective Screen **Out** = Women w/o Risk Factors
 - Universal – Screen All at 18-22 weeks
- Algorithm for Rx and Follow Up
- Credentialed Sonographers to Measure Cervix
 - CLEAR or FMF or Prior NICHD Study Credentialed

Key Driver:

Prescribe Progesterone to Eligible Women

■ Initiate Progesterone ASAP for Hx SPTB

- Accelerated 1st Prenatal Visit
- Presumptive Eligibility for Antenatal Care

■ Adopt a Management Protocol

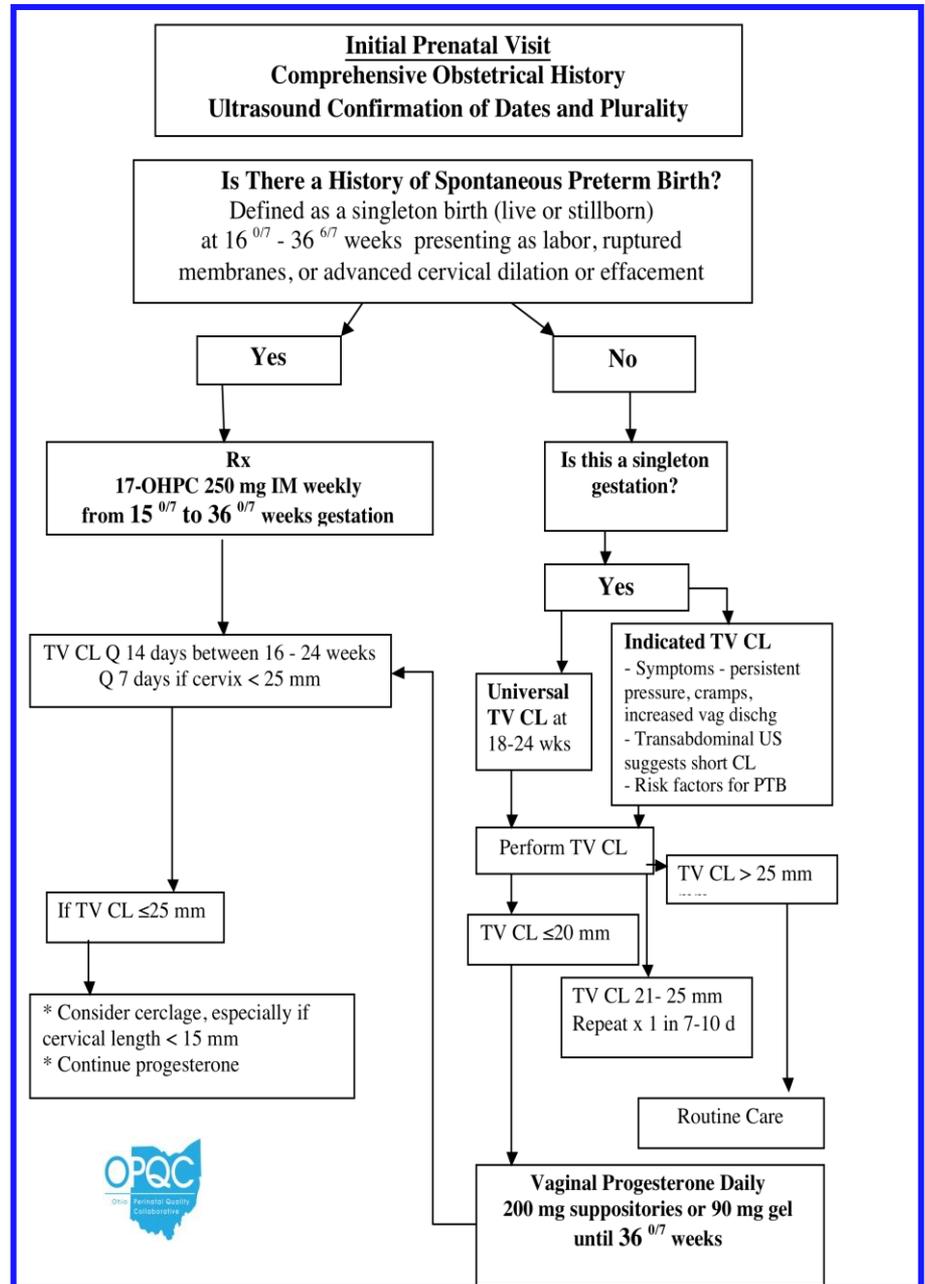
- For Hx SPTB
- For Short Cervix

■ Make “Screen for PTB Risk” ≈ GBS, Rh, GDM



Sample Protocol to Identify Candidates for Progesterone Prophylaxis of Preterm Birth Using OB History and Transvaginal Cervical Ultrasound

Based on SMFM & ACOG 2012



Key Driver:

Remove Administrative Barriers to Receiving Progesterone Supplementation



- Pharmacy Coordination
- Insurance Coverage & Protocols
- Delivery and Administration of 17 α - OHPC
- Use of Vaginal Formulations
- Designate a Progesterone Coordinator
- Convene Participants to Assure Rx Received

Progesterone Prophylaxis

A Systems Approach To Expanded Rx

Plan – Do – Study – Act Cycles for Progesterone

- **Roll Out to The Original Big 20**
- **Disseminate to 6 Major Metropolitan Areas**
 - Start with 1 or 2 Hospital Affiliated Clinics
 - Private Drs. via Ohio ACOG, ABFP + Journals + Text
- **Disseminate to Regions → Roll Out as in 39 Wk**
 - e.g., SE & NE Ohio via Partners for Kids
- **Regional Rates of PTB < 32, 35, 37 weeks**
- **Birth Registry and Hand Collected Data**
- **Medicaid Managed Care PTB Rates**



The Ohio Progesterone Project



PLUS

- **Strong Support in Ohio**
 - Vital Statistics
 - Ohio Dept Health
 - OCPIIM
 - OHA
- **OPQC Track Record**
- **Collaborative
Midwestern Spirit**

MINUS

- **New Intervention**
- **No Hx QI Project for P4**
- **Primarily Outpatient**
- **Initiators Remote from
Adverse Outcomes**
- **Long Interval from
Initiation to Outcomes**



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The Ohio Progesterone Project

- **Goal: Reduce Ohio PTB & Related Infant Mortality**
- **Expand Use of Cervical Sonography**
 - Expand and Train the Workforce
 - Create and Pay for Protocols
- **Make it Easy to Get Progesterone**
 - Create and Pay for Protocols
- **Outcome Measures**
 - Hand Collected Data
 - Medicaid and Private Insurers
 - Birth Registry Data – Births < 32, 35, 37 Weeks
 - **Infant Mortality Rate !**

