

# PQCNC 2014



Making North Carolina the best  
place to give birth and be born!

# Accomplishing the Mission

- Create value through time limited statewide perinatal QI projects
  - Best evidence, reduce variation
  - Partnership with patients and families
  - Resource optimization
- Projects led by Expert Teams with Members from 27 hospitals

# At the PQCNC Table

- Patients and Family Members
- Perinatal providers (62 Hospitals)
  - Nurses (Peds, NICU, & OB)
  - Practitioners
  - Midwives
  - Doctors (OB, MFM, Neos, Peds, FP)
  - Hospital Administrators
- DPH
- Payers (Medicaid, BCBSNC)
- ORHCC
- State Legislators
- NC Hospital Association
- CCNC

# PQCNC Initiatives

- 39 Weeks (41 Hospitals)
- PQCNC CLABSI (13 Hospitals)
- Support for Intended Vaginal Birth (SIVB) (32 Hospitals)
- Exclusive Human Milk in the Nursery (33 Hospitals)
- Exclusive Human Milk in the NICU (11 Hospitals)
- NCLABSI (13 States and 181 NICUs)

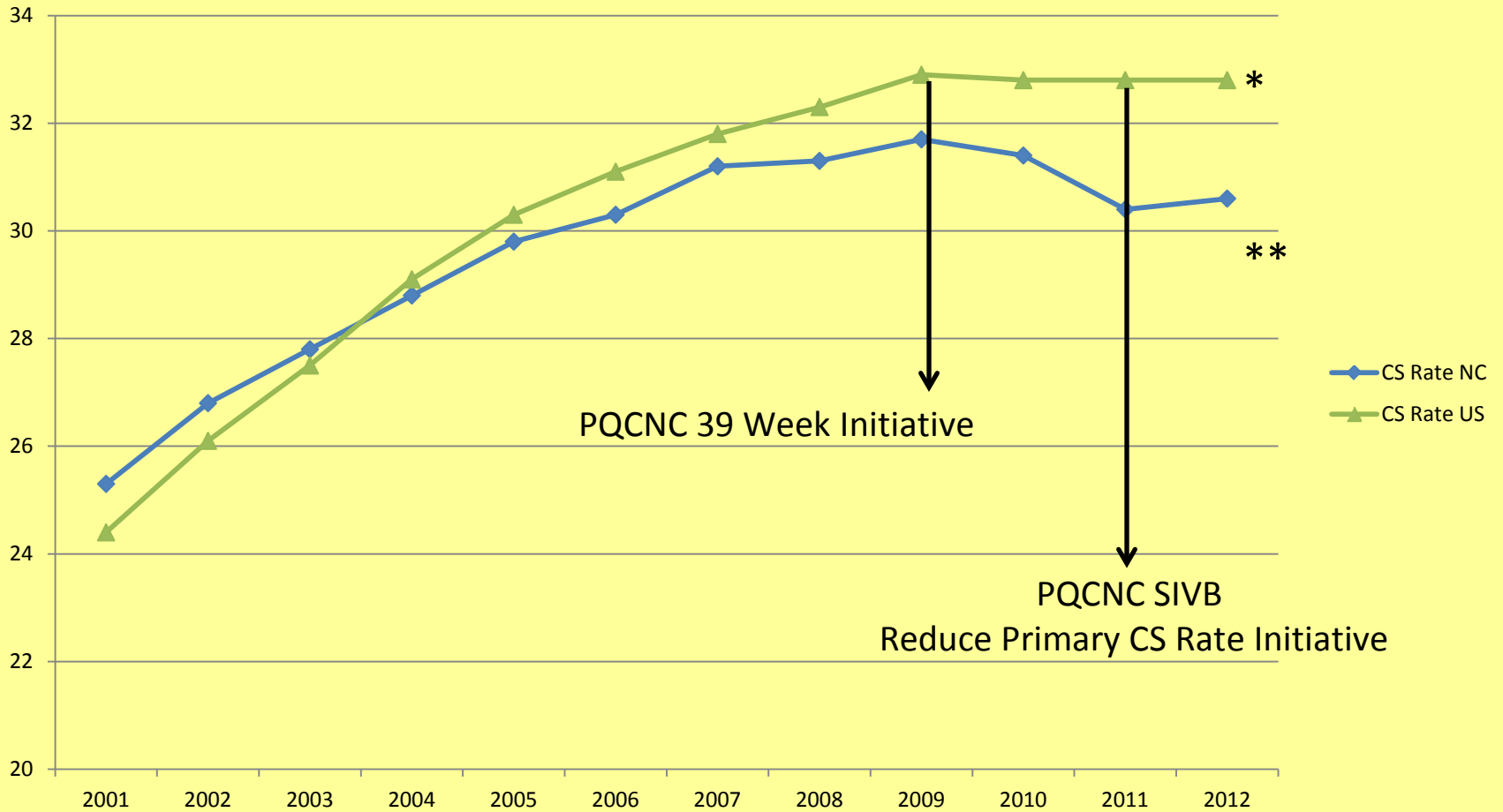
# 2014 PQCNC Initiatives

- Patient and Family Partnerships (9 Hospitals)
- Neonatal Abstinence Syndrome (NAS)  
(Nursery and NICU in 29 Hospitals)
- Conservative Management of Preeclampsia  
(CMOP) (21 Hospitals)
- Screening for Critical Congenital Heart Disease  
(CCHD)

# The Maternal Projects Continuum

- 39 Weeks
- Support Intended Vaginal Birth
- Conservative Management of Preeclampsia

# NC CS Rates



\* US NVSS CS rate reduced 0.3%

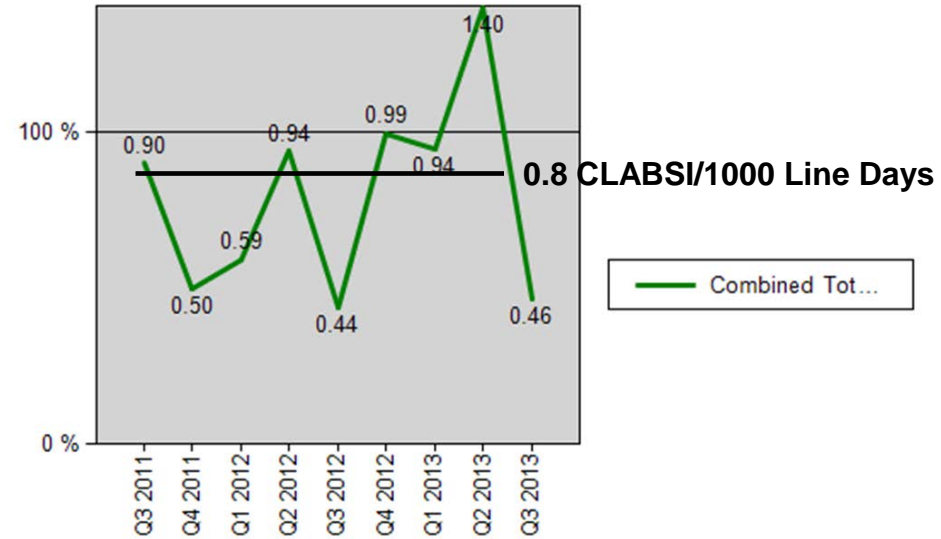
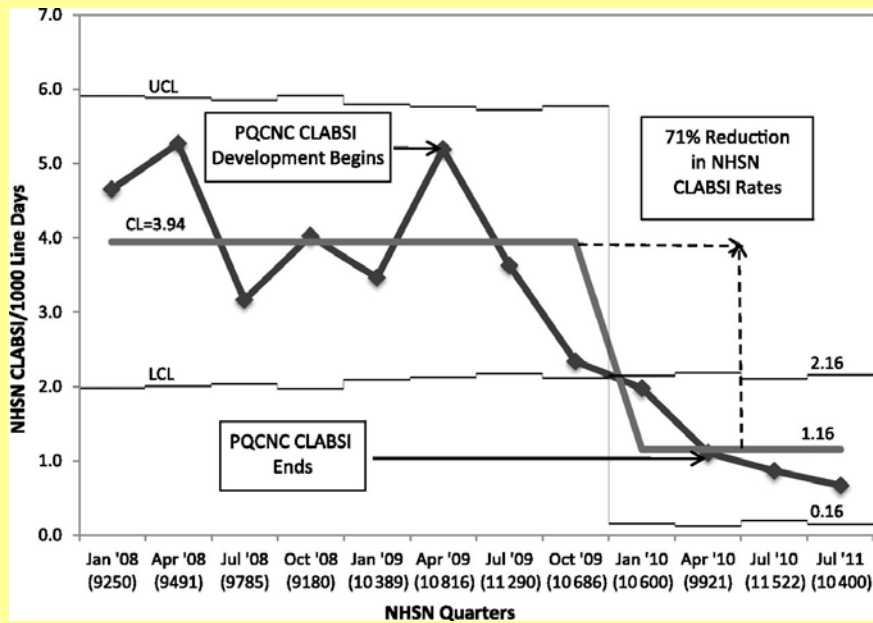
\*\* NC CS Rate reduced 4.4%



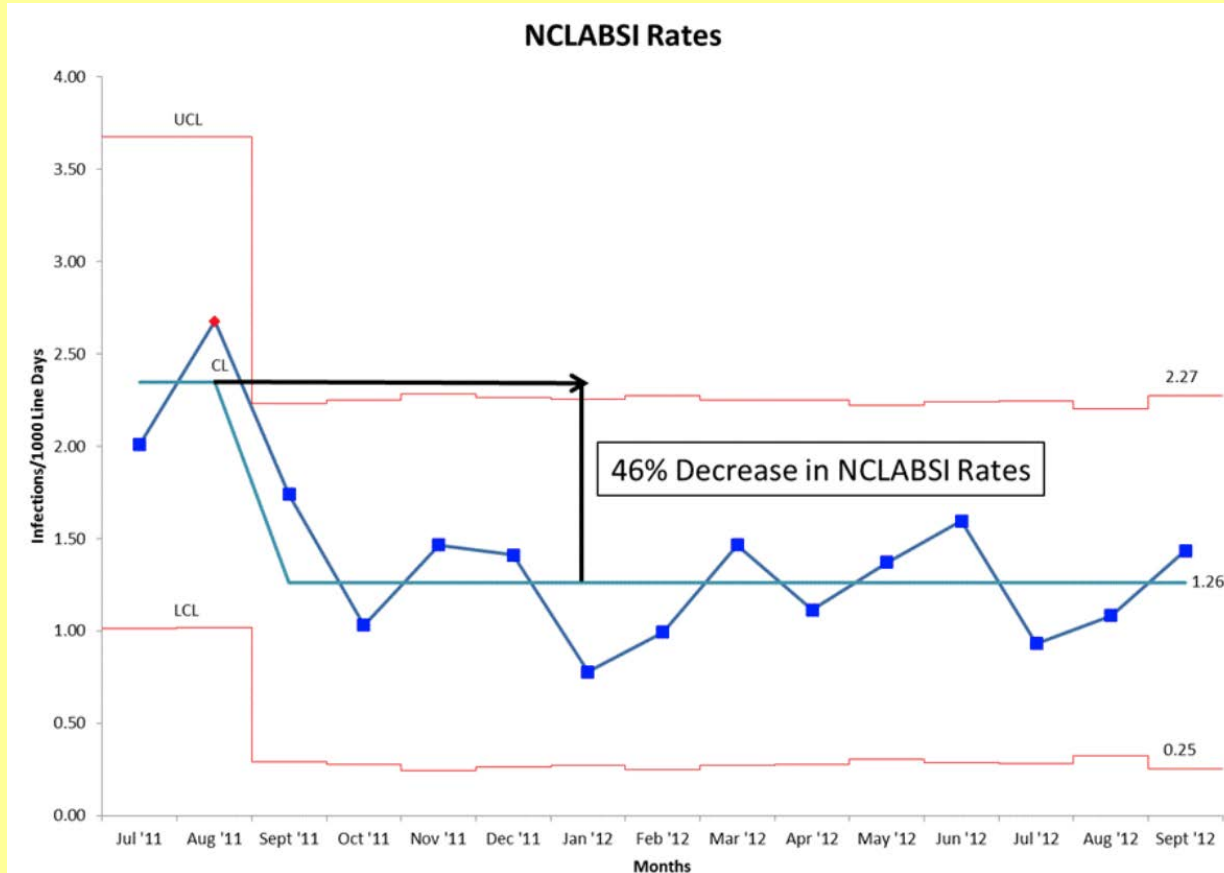
# For All of NC...Since 2009

- In 2010 there were 367 C-sections avoided
- In 2011 there were 1565 C-sections avoided.
- In 2012 there were 1309 C-sections avoided.
- In 2013 there were 1428 C-sections avoided.
- Estimate of cost savings: \$18,676,000
- Does not include pro fees, NICU cost, extended hospitalization for babies, or the cost for future C-sections for mothers with a prior C-section.

# PQCNC CLABSI Rates



# NCLABSI Nation



# Impact of NICU CLABSI Prevention in NC 2009-2013

- Avoided 547 CLABSIs
- Saved 85 lives
- Avoided \$9.12M in hospital charges

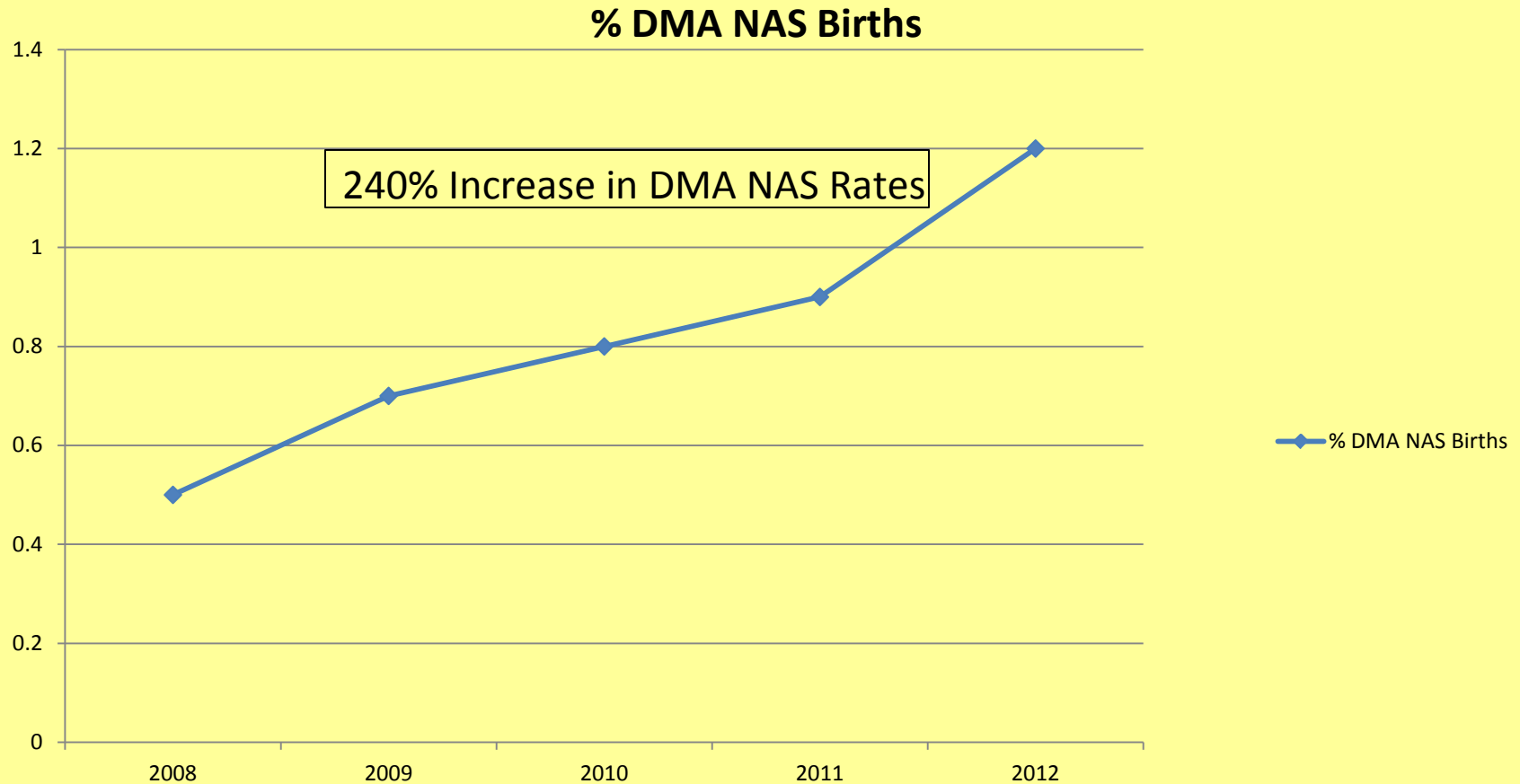
# Impact of PQCNC CLABSI



# Patient and Family Engagement

- Create a multidisciplinary, hospital based standardized approach to the recruitment, training, and partnering of patients and families as in QI efforts
- One patient/family member join and attend each initiative QI meeting
- 12 Centers, 6 of these centers with family members on current teams

# DMA Neonatal Abstinence Syndrome (NAS) Rates



# PQCNC NAS Initiative

- Action Plan from 24 member Expert Team
- Snapshot data from all centers
- 29 NC hospital teams
  - St. Mary's & Cardinal Glennon (Illinois Neonatal QC)
  - 65% of deliveries in NC
- Facility Variation re NAS
  - Breastfeeding allowed
  - NAS guidelines in place (78%), followed (55%)
  - NICU transfer (72%)

# PQCNC NAS Initiative

- Each hospital develop & execute standardized NAS protocol 100% of the time
- Data system developed to follow key process & outcome metrics
- Examining DC home with weaning medications, transfer to NICU, LOS, weight gain and readmission rates
- Through Sept 2014

# PQCNC Conservative Management of Preeclampsia (CMOP)

- Hypertensive disorders of pregnancy occur in 12-22% of pregnancies
- Responsible for approximately 17% of maternal mortality in the US
- Leading contributor to premature birth with significant neonatal morbidity and mortality

# PQCNC Conservative Management of Preeclampsia (CMOP)

- 12 Member Expert Team created Action Plan
- 21 hospitals currently enrolled
- Resources including new ACOG Practice Guideline, CCNC guideline, CMQCC toolkit
- Partnered with NCHA Quality Center

# PQCNC Conservative Management of Preeclampsia (CMOP)

- Elimination of unnecessary deliveries of preeclampsia cases < 37 weeks
- Proper diagnosis of preeclampsia in all cases
- Antenatal steroids administered to every mother with preeclampsia at risk for preterm delivery
- Education of every mother DCd with preeclampsia

# PQCNC Conservative Management of Preeclampsia (CMOP)

- In 2012 were 6021 women with Gestational HTN
- Estimate CMOP will impact 4094 women
  - Assumption: 30-50% induced unnecessarily prior to 37 weeks (1228-2047)
  - 38% will go on to CS (466-777)
  - Potential to avoid (466-777) CS statewide
  - CS rate statewide to < 30%
  - New cost savings \$1.9-3.2M annually

# PQCNC Conservative Management of Preeclampsia (CMOP)

- ANS reduces mortality of prematurity
- Reduces rates of RDS, IVH & NEC in preterms
- Tracked in new BC
- ANS administration for Gestational HTN
  - Now 20% for preeclamptic moms <32 weeks
  - Aim of 80%
- ANS to an additional 150 infants < 32 weeks
  - Increase survival 10%: 15 lives saved/year
  - Reduction other morbidity

# Screening for Critical Congenital Heart Disease

- Screening passed as law in NC GA 2013
- DPH unable to support data system
- PQCNC will develop data system and QI project to support legislation
- Will identify 60 infants/year in NC
- Save 1-2 lives per year

# Funding PQCNC

- PQCNC annual budget \$750K
- Support
  - Maternal Block Grant; ORHCC/BCBSNC (\$1M)
  - NCGA Approved DPH Block Grant (\$350K/year)
  - CDC Grant (\$200K/year)
- ROI 2009-2013 based on 39 Weeks, SIVB, CLABSI:
  - Savings: \$27,796,000
  - ROI: 745% overall, to state approximately 1250%
  - Does not include Breastfeeding and EHM in NICU

# Funding PQCNC

- ROI 2009-2013 based on 39, SIVB, CLABSI:
  - Savings: \$27,796,000
  - ROI: 745% overall, to state approximately 1250%
  - Does not include Breastfeeding and EHM in NICU
- ROI
  - 1546% overall; approximately 2154% to the state



**PQCNC**

**Committed to making  
North Carolina  
the best place  
to give birth and  
to be born!**