TIPQC Team!
3 Key Ideas

1. OUD & OEN Project
2. Additional Projects
3. Health Equity and Racial Disparities
Over 2,600 delivery charts audited through Aug 2020
- 94% had SUD screening documented, only 32% with a *validated* screening tool (up from 25% in Jan)

Data on over 850 pregnant women with OUD
- 83% received MAT treatment
- 16% have been provided a Narcan prescription (up from 1% in Jan)
- 62% have had their contraception plan confirmed

* Data as of 10/7/20
## Results – Maternal Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Jun-Sep ‘19</th>
<th>Apr-Jun ‘20</th>
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<tbody>
<tr>
<td>Received Medically Assisted Treatment (MAT) at any point during the pregnancy</td>
<td>65% (160/244)</td>
<td>83% (99/120)</td>
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<td>Receiving MAT at the newborn’s discharge</td>
<td>45% (110/244)</td>
<td>72% (86/120)</td>
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<td>Contraception plan confirmed prior to maternal discharge</td>
<td>61% (148/244)</td>
<td>62% (74/120)</td>
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<td>Provided Narcan prescription prior to maternal discharge (includes prenatal prescription)</td>
<td>2% (4/244)</td>
<td>16% (19/120)</td>
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995 opioid exposed infants enrolled (up to 9/30/2020)

86% roomed in with caregiver(s) for at least part of the stay

Length of Stay: Median 5 days for OEN and 18 days for those who required pharmacologic therapy (28%)

* Data as of 10/1/20
### OUD Progress in Care Survey Aggregate Results
(as of 5:30 PM CST 7/13/2020)

<table>
<thead>
<tr>
<th></th>
<th>Screening process (validated tool)</th>
<th>SBIRT protocol</th>
<th>Local OUD treatment</th>
<th>Resources map</th>
<th>Standardised management of patients</th>
<th>Education: pregnant women with OUD and families</th>
<th>Education: postpartum patients</th>
<th>Pain management (overprescribing)</th>
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0 = Haven’t started yet; 1 = Working on it; 2 = In

\( N^* \) - Number of items “In place”

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**Opioid Projects**

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**Status as of Round 4**
The **Hospital Average** is the mean of the hospital rates: all hospitals, big or small, count the same towards affecting that rate. It can be thought of as the typical hospital performance. Outlier rates may have a large impact.

The **Collaborative-Wide rate** is the sum of the numerators from each hospital divided by the sum of the denominators. It is the aggregate rate for all participating hospitals. This can be thought of as the expected risk of SMM for a woman giving birth at a participating hospital -- or as a weighted average of hospital performance (where hospitals count according to their volume -- so big hospitals count more than small hospitals).

- See the impact of the hospitals with a high avg LOS on the Hospital avg & Collaborative-wide rate prior to Q3 2019
- See the variation in the avg LOS decrease in Q4 2019 & Q1 2020
- Avg LOS before Q3 2019 = 16 days
- Avg LOS Q3 2019 on = 14 days
• The **Collaborative-Wide rate** is the sum of the numerators from each hospital divided by the sum of the denominators. It is the aggregate rate for all participating hospitals. This can be thought of as the expected risk of SMM for a woman giving birth at a participating hospital -- or as a weighted average of hospital performance (where hospitals count according to their volume -- so big hospitals count more than small hospitals).

• Unfortunately chart does not include our Q4 2019 or Q1 2020 data points
OUD & OEN Educational Videos

The 4th Trimester and Postpartum Relapse Prevention

Allied Health Support Services

Care of the Opioid Exposed Newborn: A Panel Discussion

Eat, Sleep, Console Scoring

Development of the OEN and Early Intervention – Parent and Provider focus (2 films!)

Intrapartum Pain Management

Medication Assisted Treatment: A Patient’s Journey to Recovery

Motivational Interviewing and Reducing Stigma

Opioid Use Disorder: A Parent’s Journey

Opioid Use Disorder: Discussion on Treatment Options

Overview of Neonatal Abstinence Syndrome (NAS)

Safe Baby Courts: Tennessee Courts

Shared Decision-Making Involving Mothers with Substance Use Disorder

Social Services

Substance and Stigma, Pregnancy and Discrimination

Additional Films Coming Soon!
Center of Excellence: 100% of Core Learners must complete all 18 Modules

Completed Teams
- East Tennessee Children's Hospital
- Methodist LeBonheur Germantown Hospital
- Saint Francis Hospital - Bartlett
- Saint Francis Hospital - Memphis
- Saint Thomas Midtown
- Saint Thomas River Park
- Saint Thomas Rutherford
- TriStar Hendersonville Medical Center

> 75% Complete
- Baptist Memorial Hospital 76%
- Tennova Healthcare-Harton 83%
- University of Tennessee Medical Center 83%
- Williamson Medical Center 75%

* Completion data through 9-30-2020
3 Key Ideas

1. OUD & OEN Project
2. Additional Projects
3. Health Equity and Racial Disparities
Other Projects

Maternal Projects
• IPPLARC—Sustainment
• HTN—Piloting with National Preeclampsia Foundation BP Cuff & AWHONN’s POST BIRTH Signs

Infant Projects
• Safe to Sleep
• iNICQ Transitions of Care

Potential
• Hepatitis C Screening

https://tipqc.org/immediate-postpartum-long-acting-reversible-contraception/
Safe to Sleep Project

- 13 teams doing monthly audits
- In alignment with TDH
- 70-84% improvement with compliant audits

Percent of audits compliant with Safe Sleep recommendations*

* From those teams who audited in June - Sept

https://tipqc.org/safe-to-sleep/
* From those teams who audited in June - Sept
Project Vital Stats

Huddle & Learning Session (LS) Attendance
- Huddle Attendance
- LS Attendance
- Approved

Leadership Report (LR) Submission
- Submitted LR
- Approved

Monthly Audits Captured
- At least 1 audit captured in REDCap
- Approved

Average IHI Scores
- 2.9
- 2.8
- 2.8

Most recent IHI Scores
- 9

As of 10:30 AM 10/14/2020
The TN Neonatal Antibiotic Stewardship project brought a culture change amongst providers at all levels across the state. The question ‘why do we need antibiotics on this baby?’ became a routine on rounds.”

Ajay Talati, MD, University of Tennessee Health Science Center

“Choosing Antibiotics Wisely” VON Day Quality Audits
Antibiotic Utilization Rate (AUR)

No. NICUs participated:
10

No. infants on antibiotics:
60/154
9

Feb 2016
Nov 2016
Apr 2017
Nov 2017
Feb 2018
Nov 2018

60/330
42/302
44/339
20/203
15/156

2016—2018 VON ABX
26-7 teams

ABS Projects
https://tipqc.org/inicq-antibiotic-stewardship/
**Digital Resources**

**Monthly Ezine**

**Facebook (@tipqc1)**

**Twitter (@tennesseepqc)**

**www.tipqc.org**
3 Key Ideas

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3. Health Equity and Racial Disparities
Health Equity

• Health Equity Officers: Rolanda Lister, MD & Kristen Nobles, MD, PhD
• Include racial/ethnic data in projects
• Statewide talks culminating at Annual Meeting
• Staff Training (Nettles)
• Speakers Bureau Talk
Speakers Bureau

- Speaker Training (National Speaker Coach, Matt Moran)
- Talks: OUD, Disparities, Maternal Hemorrhage, Hypertension, Safe To Sleep, OEN
- Resources—prepared talks, tool kits, speaker training
- Networking & collaborating across the state

https://tipqc.org/speakers-bureau/
Feel free to recommend a colleague
Or let us know if you could share!

Funded through Supplemental AIM Grant
https://tipqc.org/healthy-mom-healthy-baby/
Part One: Racial Disparities in Maternal Health Outcomes
with Rolanda Lister, MD
Tuesday, September 29
5:00 p.m. – 6:00 p.m. CST

Part Two: Health Equity: Through the Patient’s Eyes
with Cornelia Graves, MD
Friday, October 30
2:00 p.m. – 3:00 p.m. CST

Part Three: Addressing Injustices in Maternal Care: A Call to Action
with Danielle Tate, MD
Thursday, January 21
3:00 p.m. – 4:00 p.m. CST
Special Thanks to Our Partners
THANK YOU!

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