

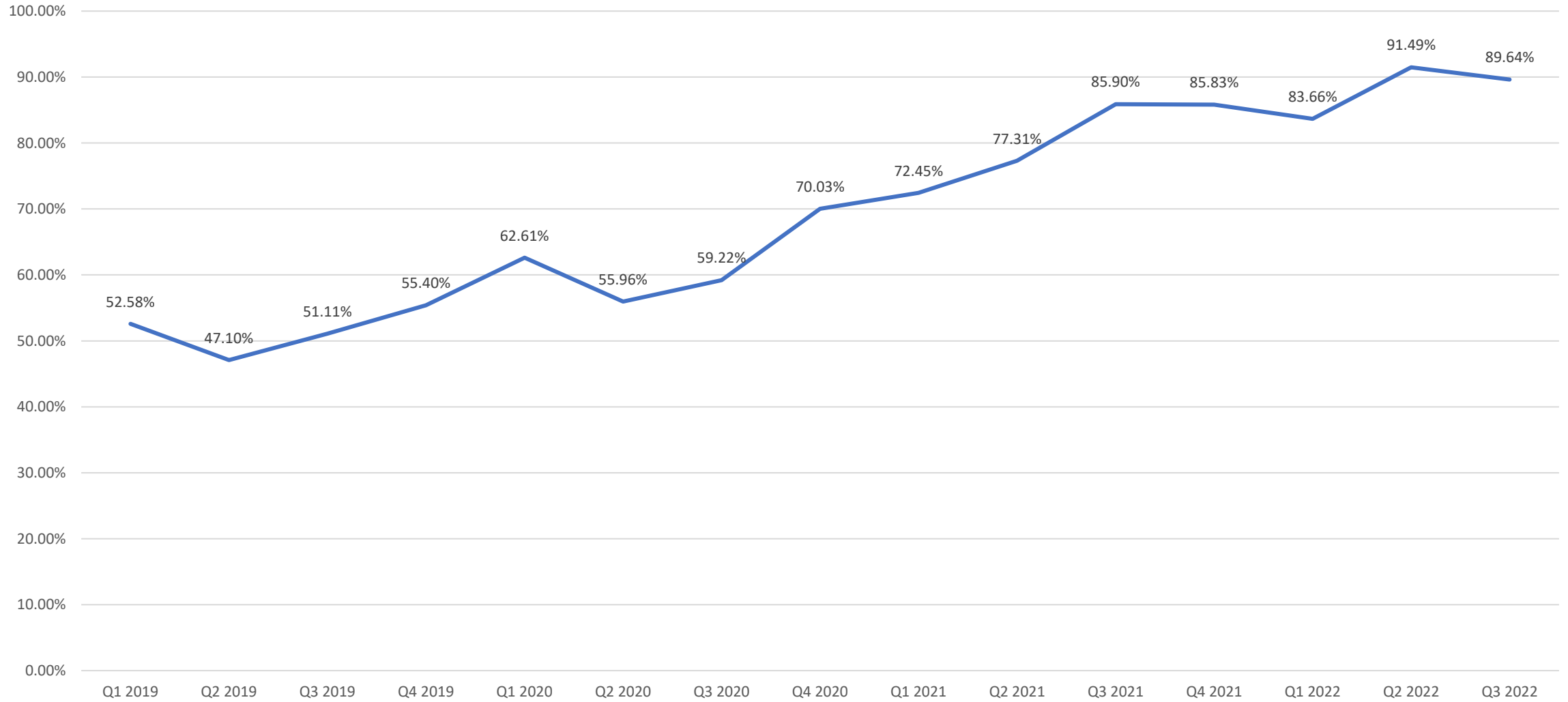
Aggregate data for 12/14  
Learning Collaborative

Survey response rates

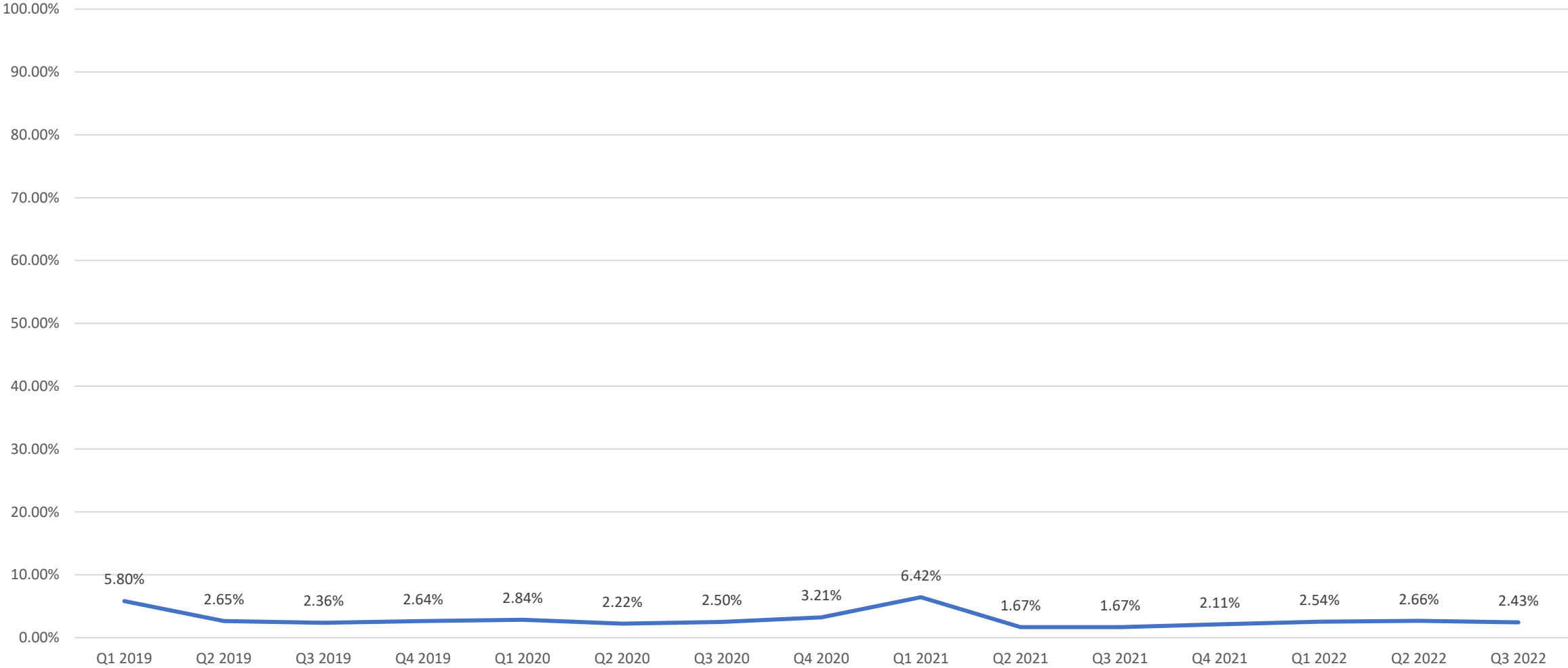
Initiative	Response rate		
Maternal Substance Use	74%	85%	67%
Substance Exposed Newborns	76%	89%	58%
Moving on Maternal Depression	76%	91%	61%
AIM HTN Bundle			
Immediate Postpartum LARC			100%

# SUD Measures

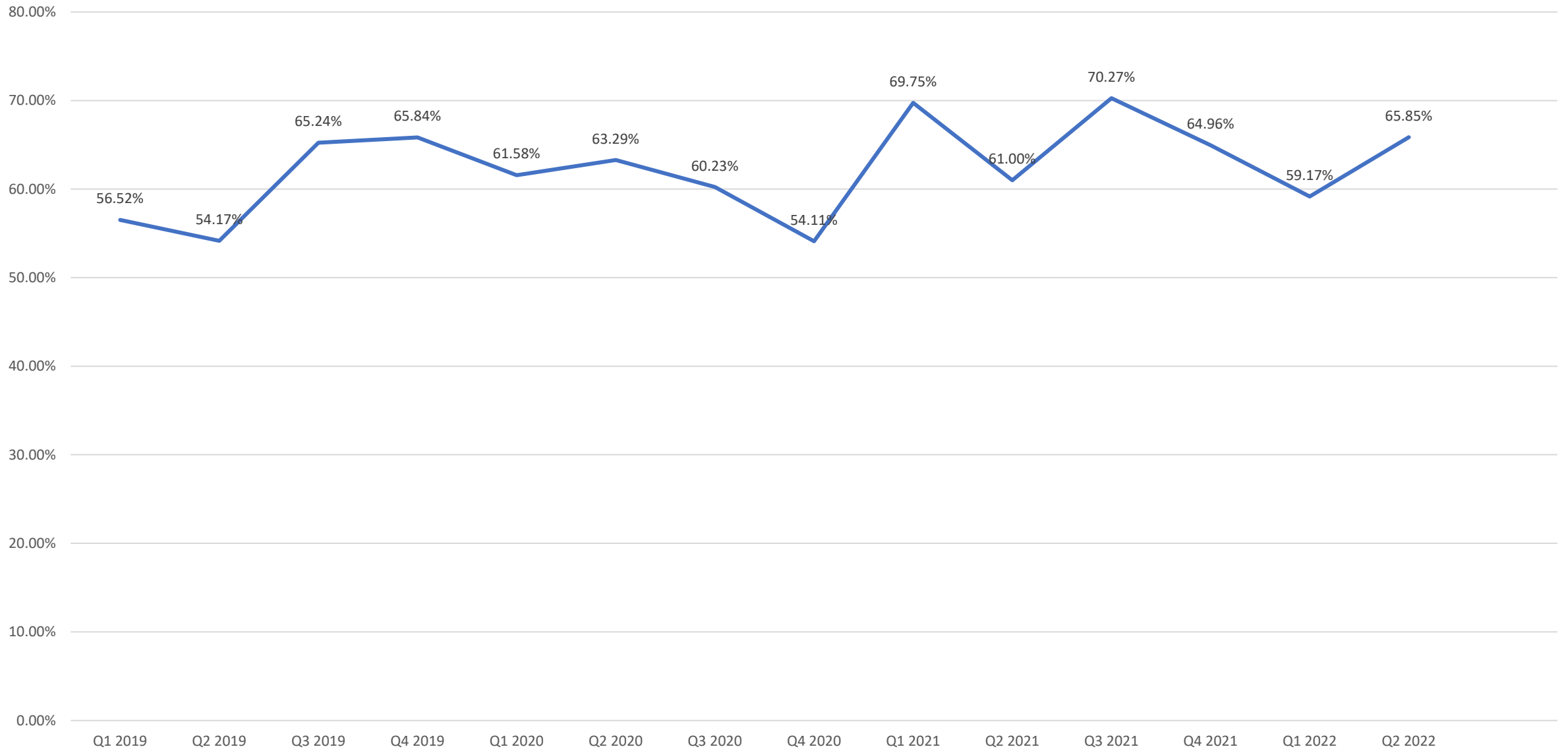
Percentage of pregnant individuals screened for substance use with a validated screen



Percentage of pregnant individuals diagnosed with OUD at any time of pregnancy



Percentage of pregnant and postpartum individuals diagnosed with OUD who initiate Medication for Opioid Use Disorders (MOUD)



Measure	Why not to report out on
Percentage of individuals diagnosed with OUD receiving postpartum care	Only 3 hospitals have ever reported data on this measure
Percentage of pregnant individuals with a positive substance use screen who received an appropriate follow-up action for alcohol or other drug use	Only 3 hospitals have ever reported data on this measure
Percentage of postpartum individuals with a positive substance use screen who received an appropriate follow-up action	Only 2 hospitals have ever reported data on this measure
Percent of pregnant and postpartum individuals with SUD who received or were prescribed Naloxone prior to delivery discharge	Only 2 hospitals have ever reported data on this measure

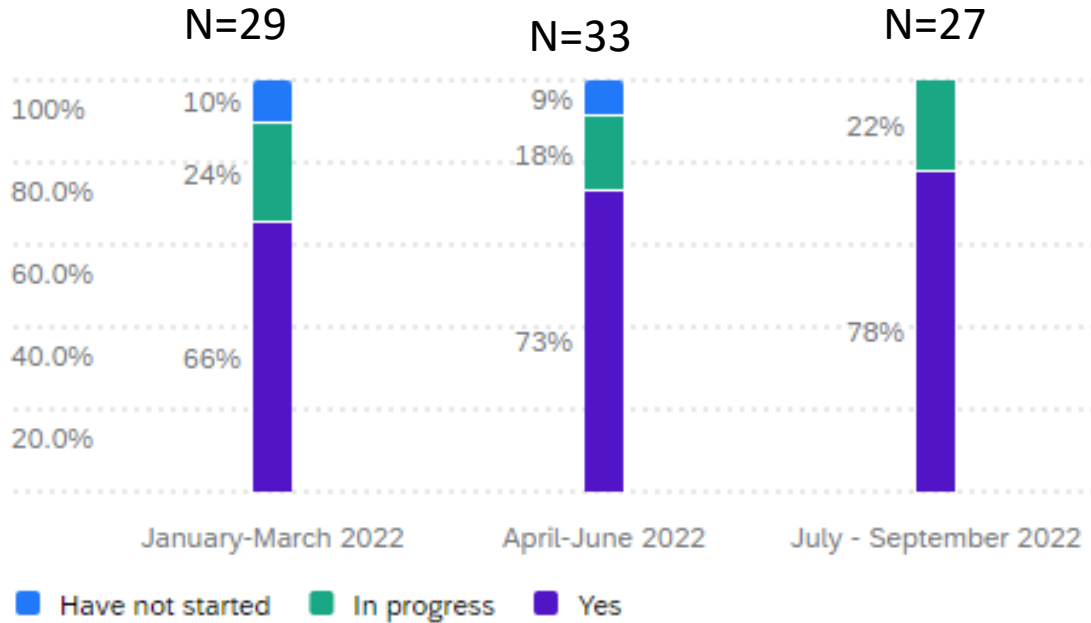


# SUD September

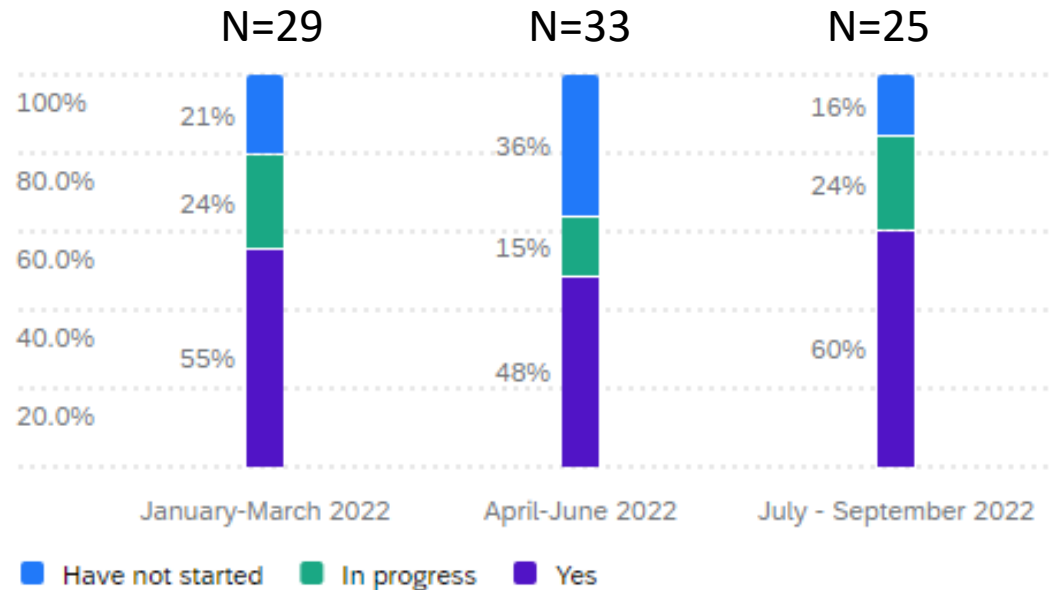
- September success:
  - Patient educational materials
  - Using validated screening tool
  - Protocols for SBIRT
  - Providing medication for OUD
  - Referral relationship with SUD treatment services
- Improvement opportunities:
  - System in place to provide naloxone at discharge
  - Trauma informed protocols
  - Training on biases and stigma
  - Initiate medication for OUD

# SUD Successes

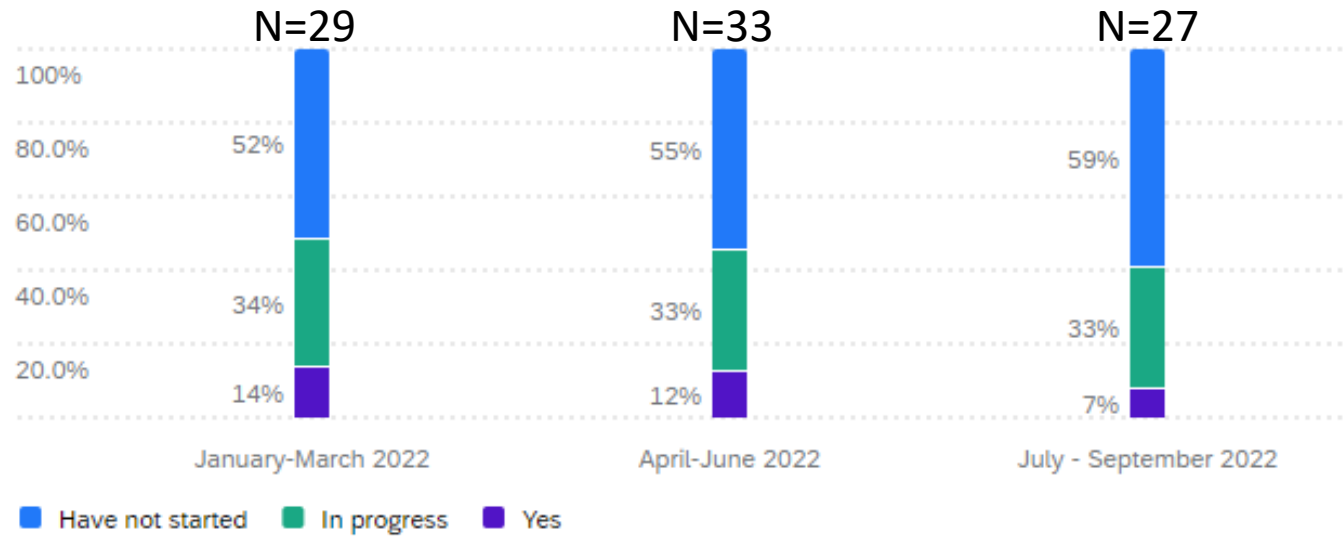
Does your hospital provide anti-racist training for providers, staff, and leadership?



Established care pathways for SUD that coordinate multiple providers up to 1 year pp

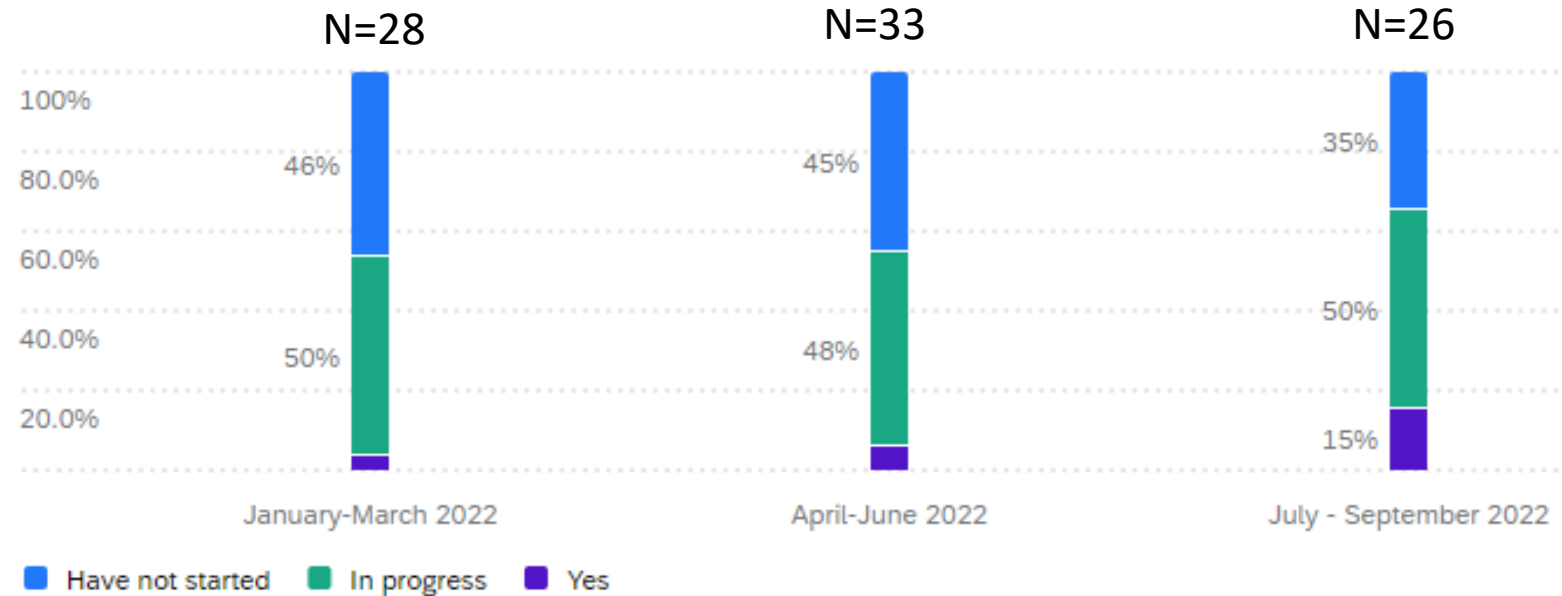


## Trauma-informed protocols in the context of substance use



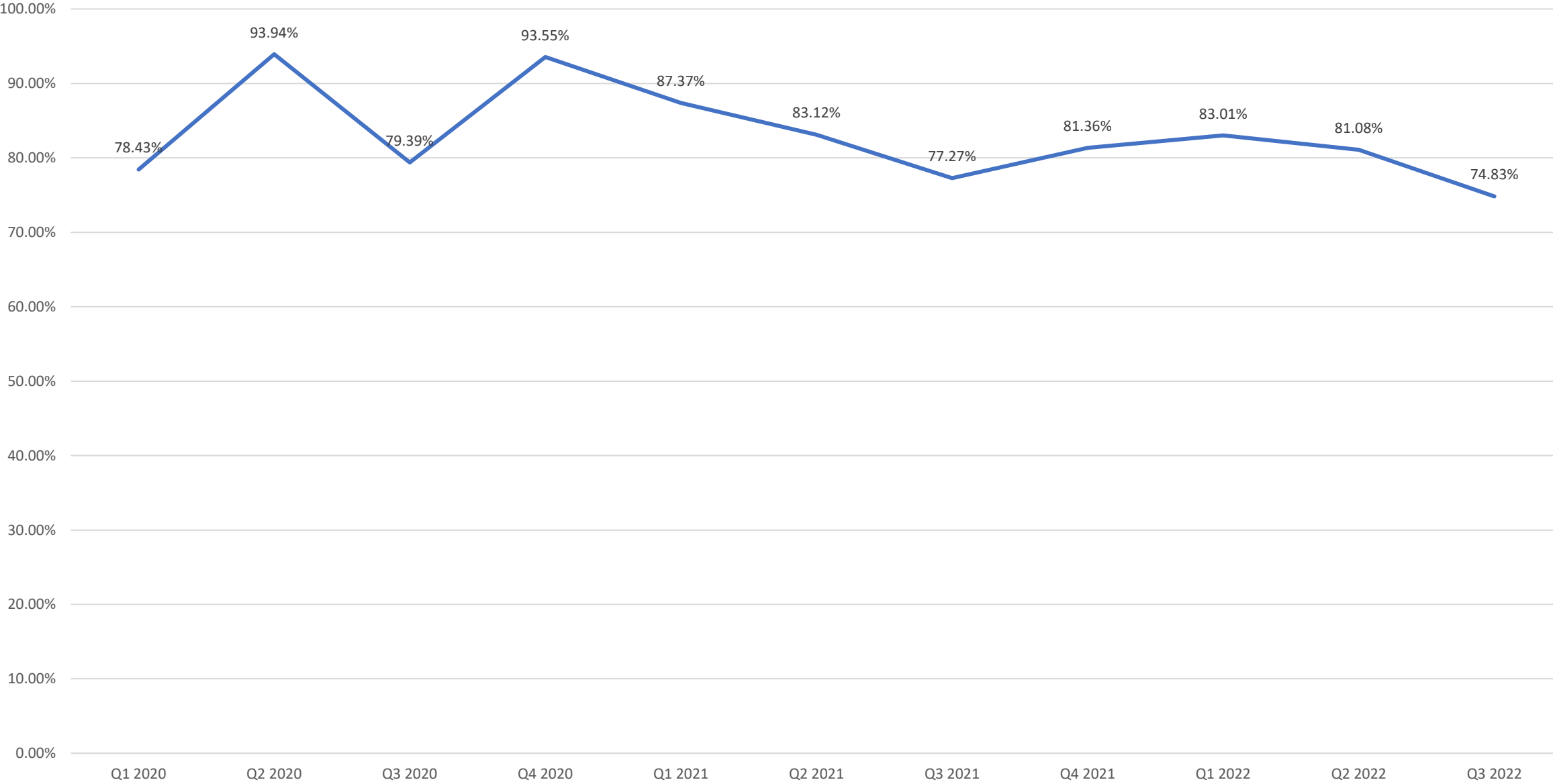
# SUD Opportunities

## Provide education to pregnant and postpartum people related to naloxone use

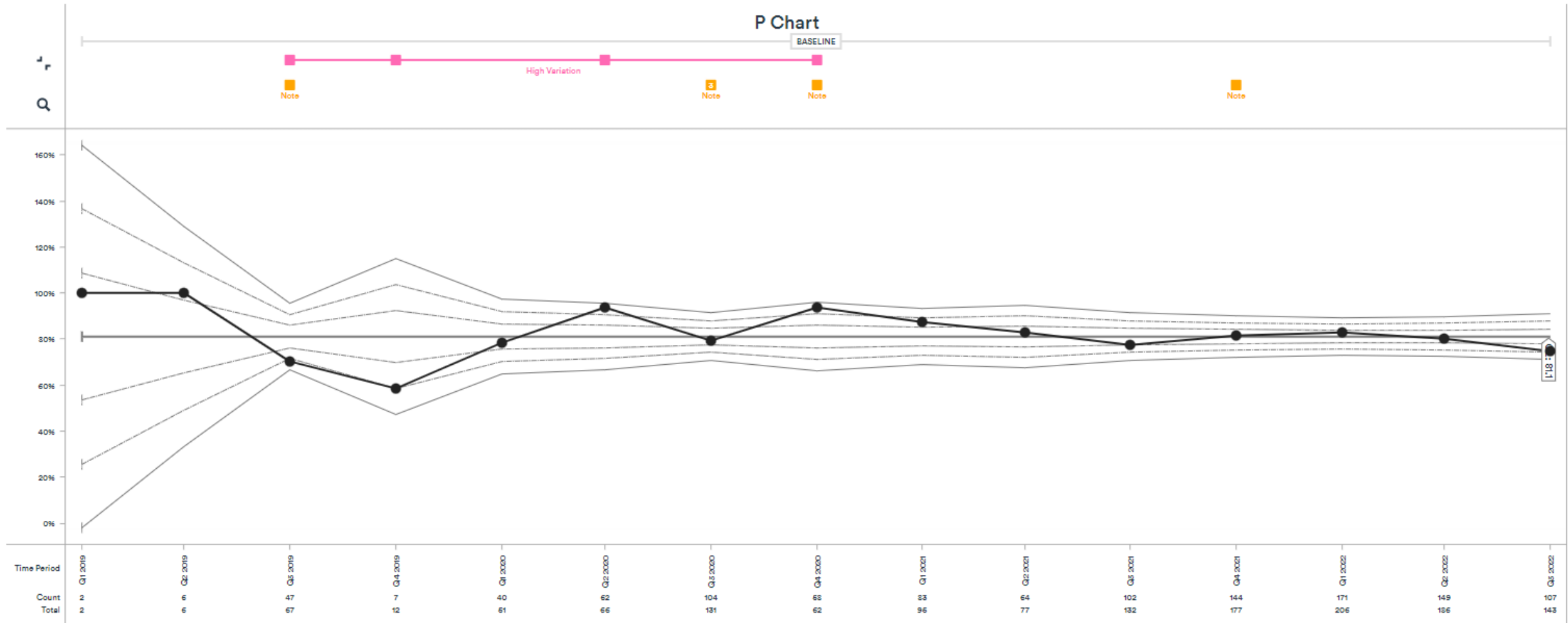


# SEN Measures

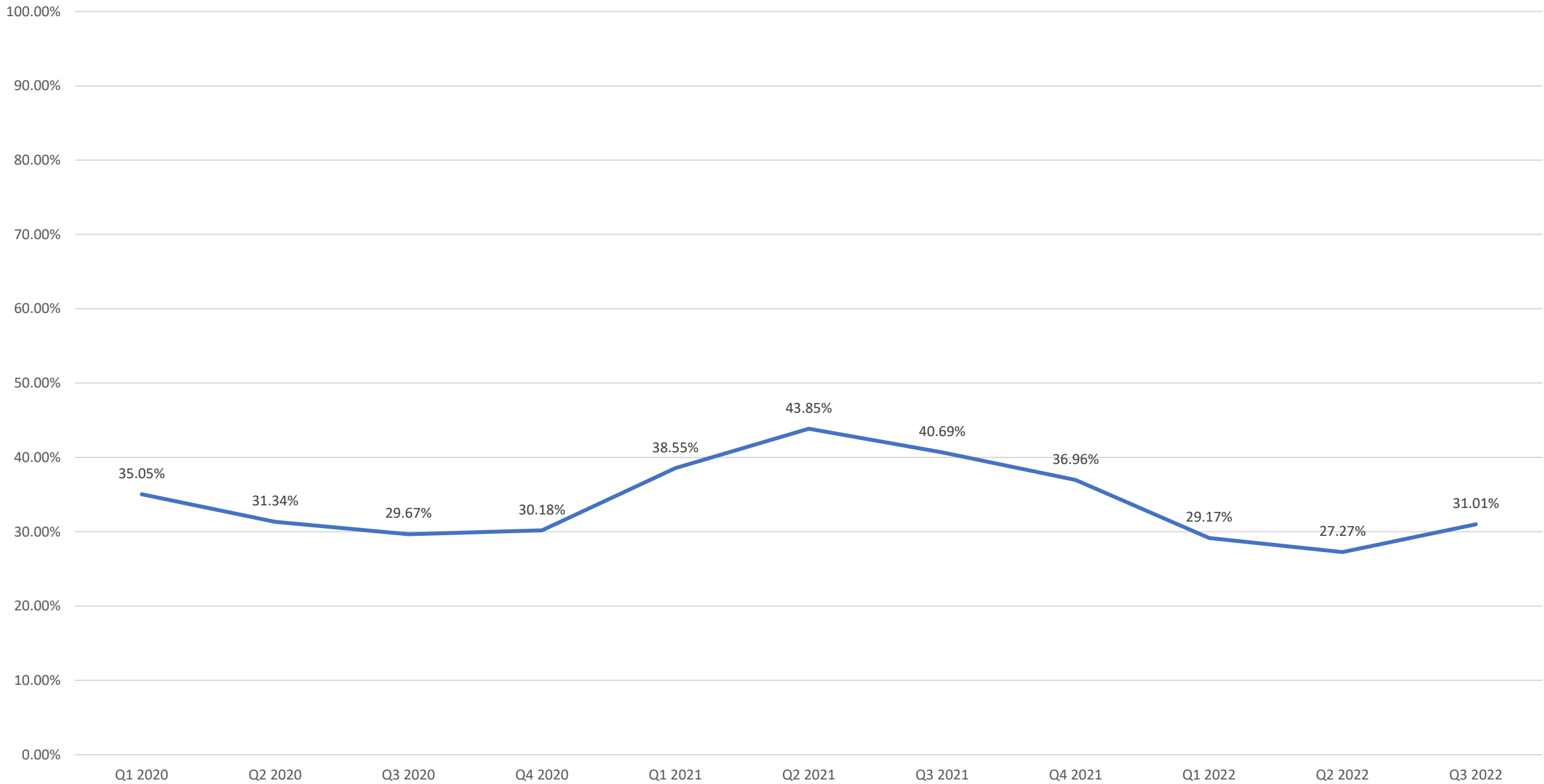
Percent of newborns with NAS who are treated with a non-pharmacologic bundle



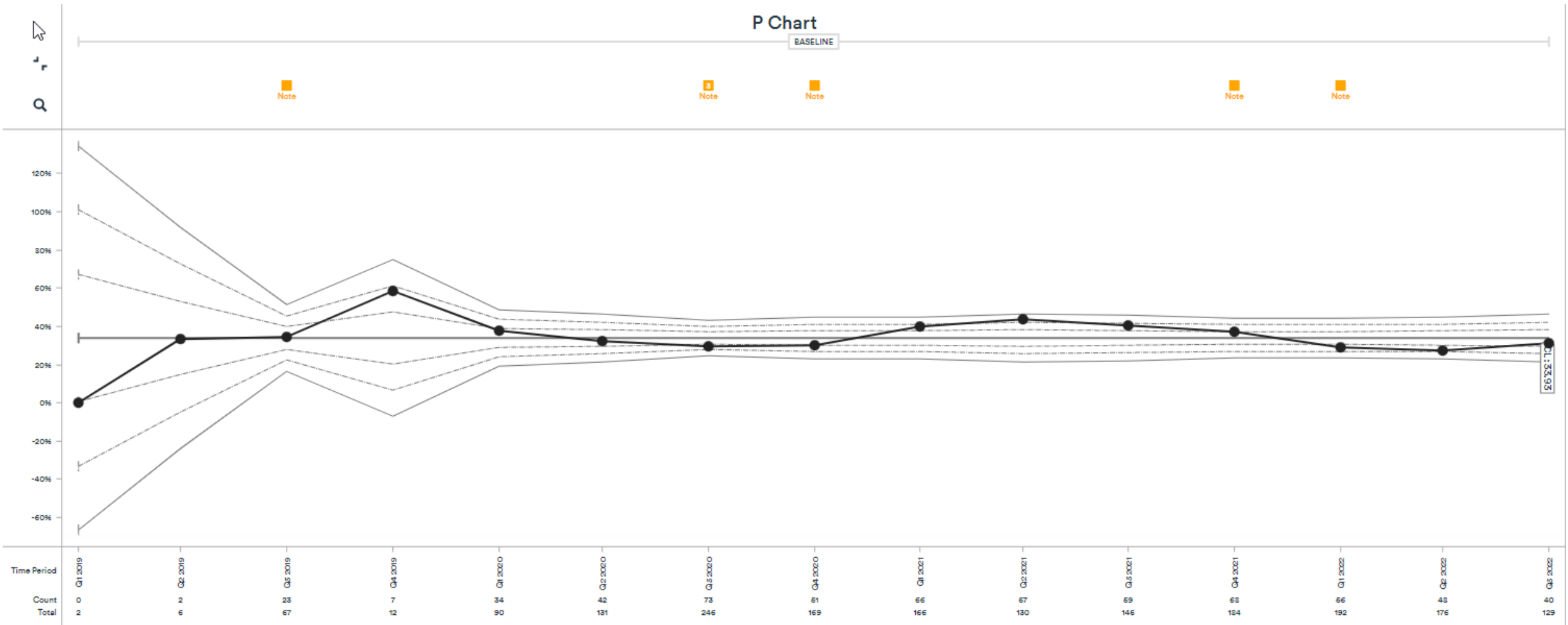
# Percent of newborns with NAS who are treated with a non-pharmacologic bundle



Percent of newborns with NAS who receive pharmacologic treatment

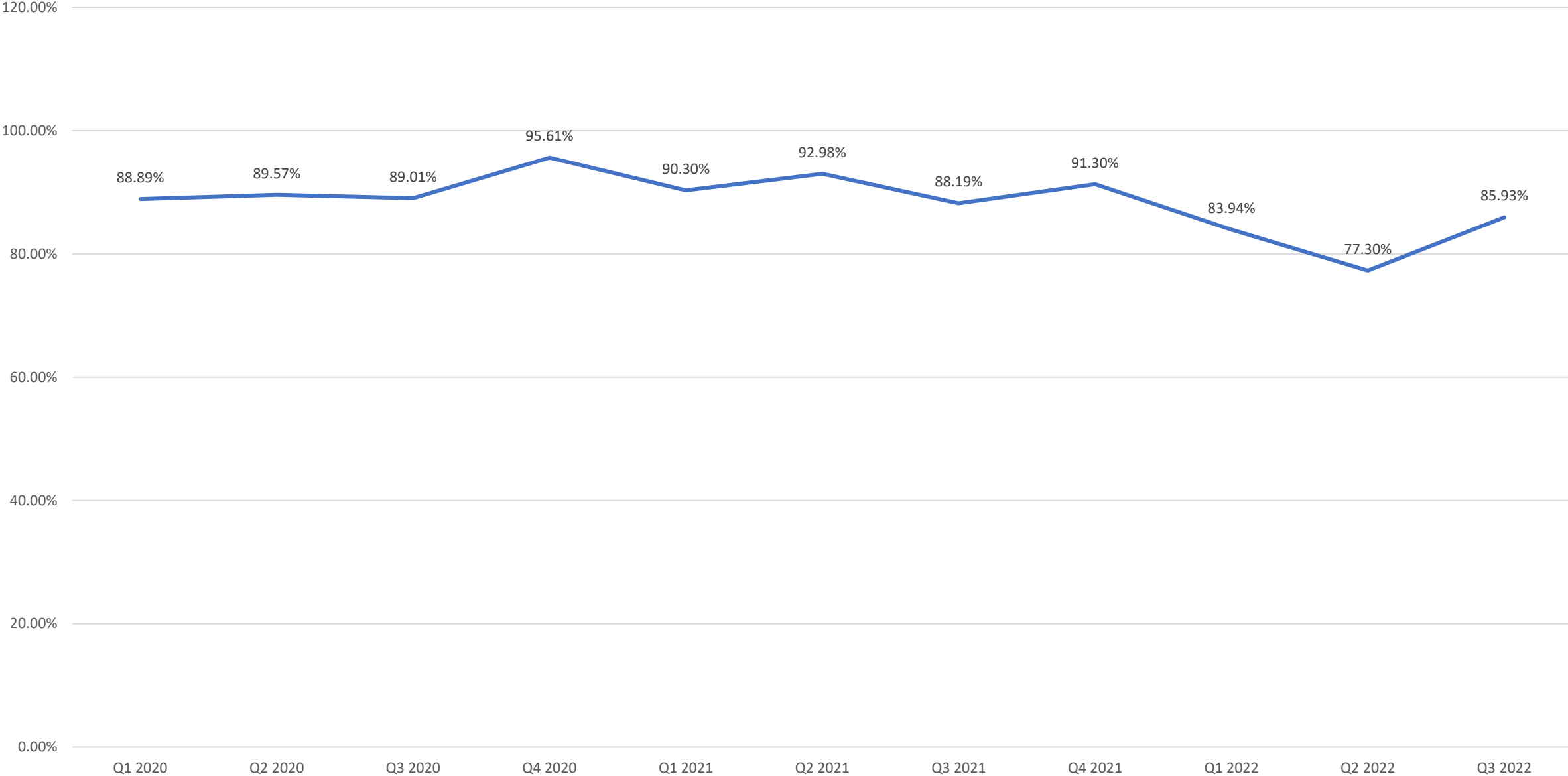


# Percent of newborns with NAS who receive pharmacologic treatment

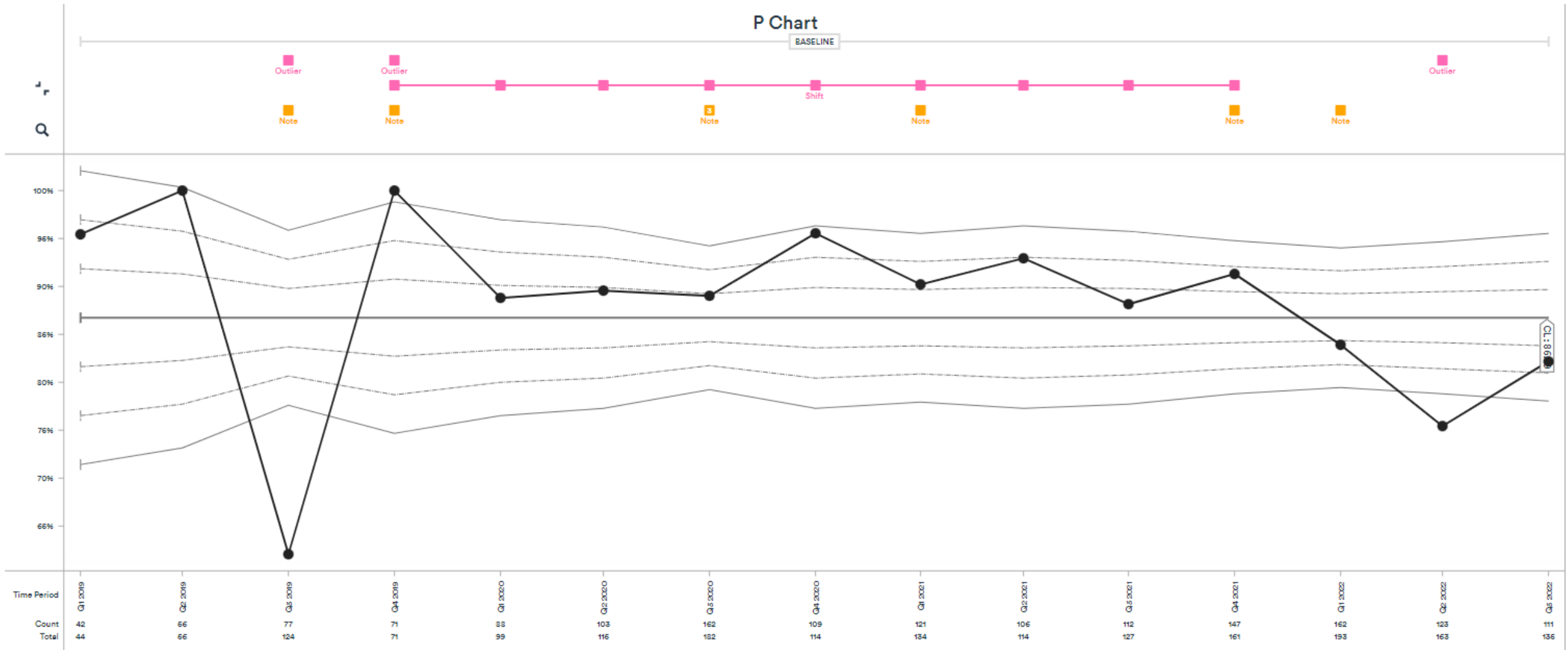




Percent of newborns with NAS who were referred to appropriate follow-up at discharge



# Percent of newborns with NAS who were referred to appropriate follow-up at discharge



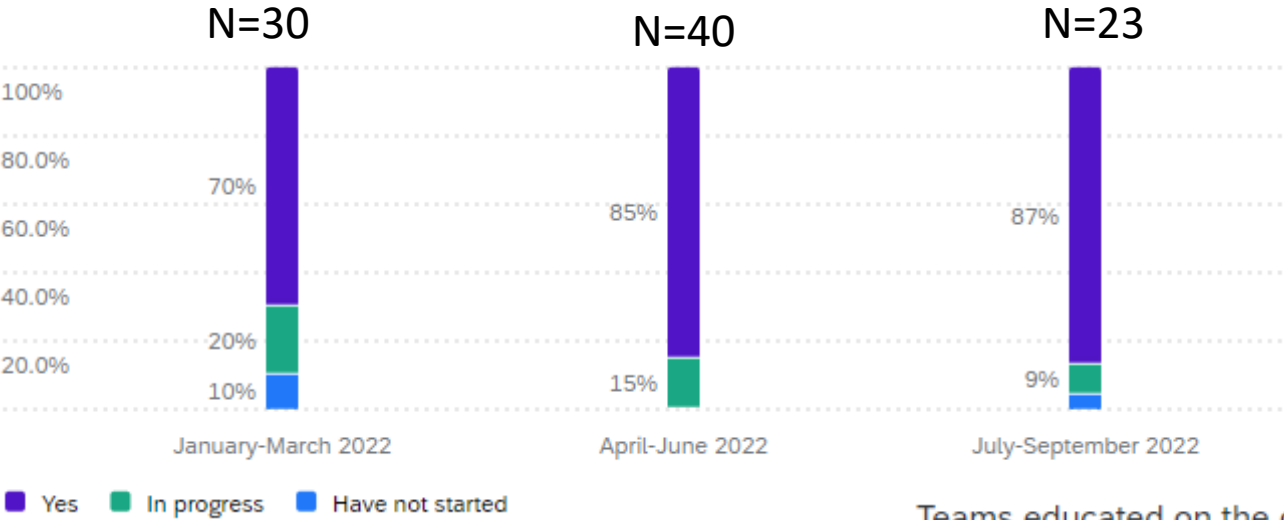
Measure	Why not to report out on
Percent of NAS who were readmitted to the hospital within 30 days of discharge	Only 8 hospitals over 2-3 quarters reporting
Percent of NAS with an emergency department visit within 30 days of discharge	Only 8 hospitals over 2-3 quarters reporting

# SEN September

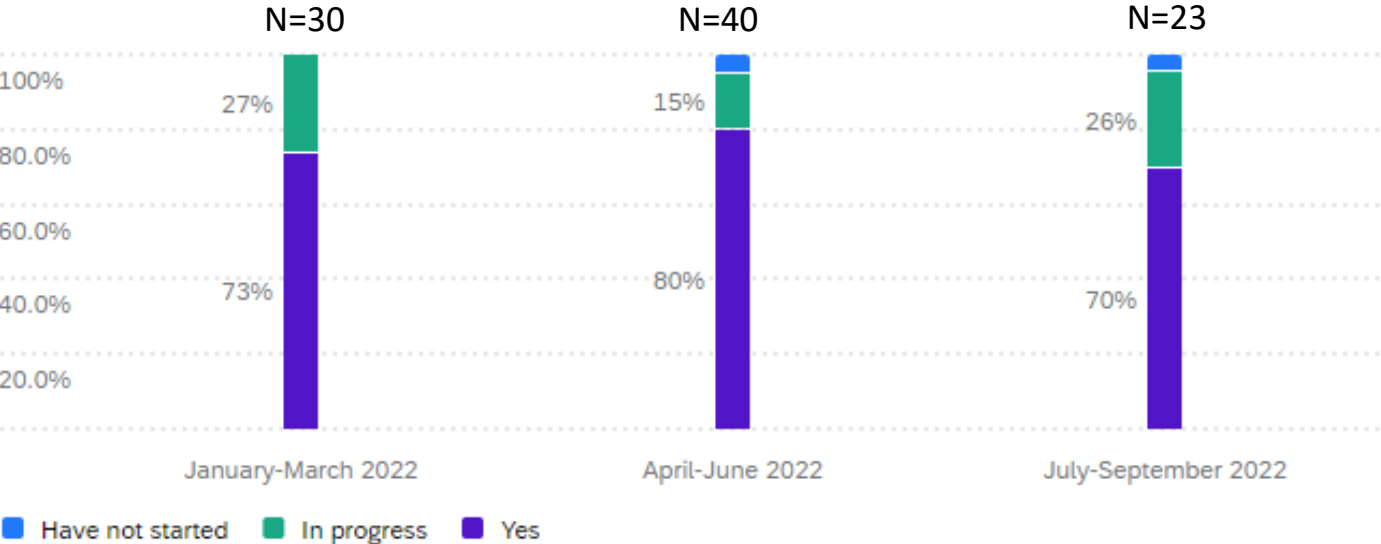
- September snapshots:
  - Standardized process in place for ICD 10 coding for NAS
  - QI Efforts for interrater reliability
  - Which validate screening tools have been implemented
- Success
  - Education of staff on plans of safe care
  - Establishing breastmilk feeding guidelines for SUD
  - Use of standardized Pharmacologic protocols
  - Use of standardized Non-pharmacologic protocols
  - Referral rates for follow up services
- Improvement opportunities
  - Closing the loop on referrals

# SEN successes

Written breastmilk feeding guidelines for SUD (Q11) 93 ...

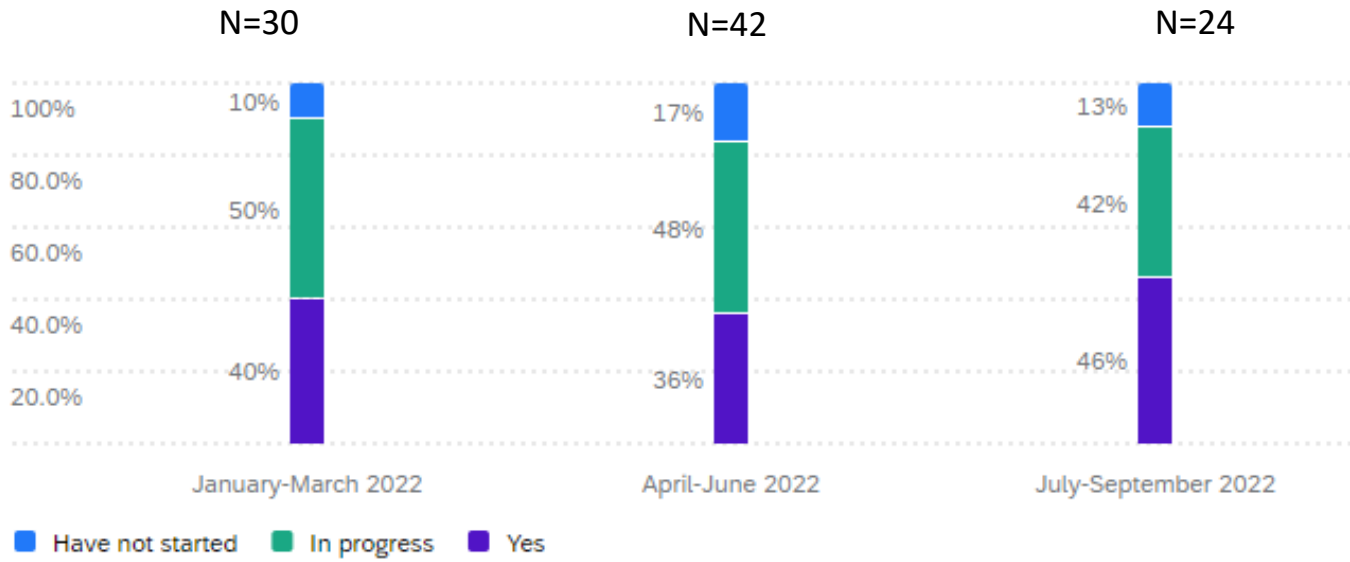


Teams educated on the criteria for Plans of Safe Care (Q14)

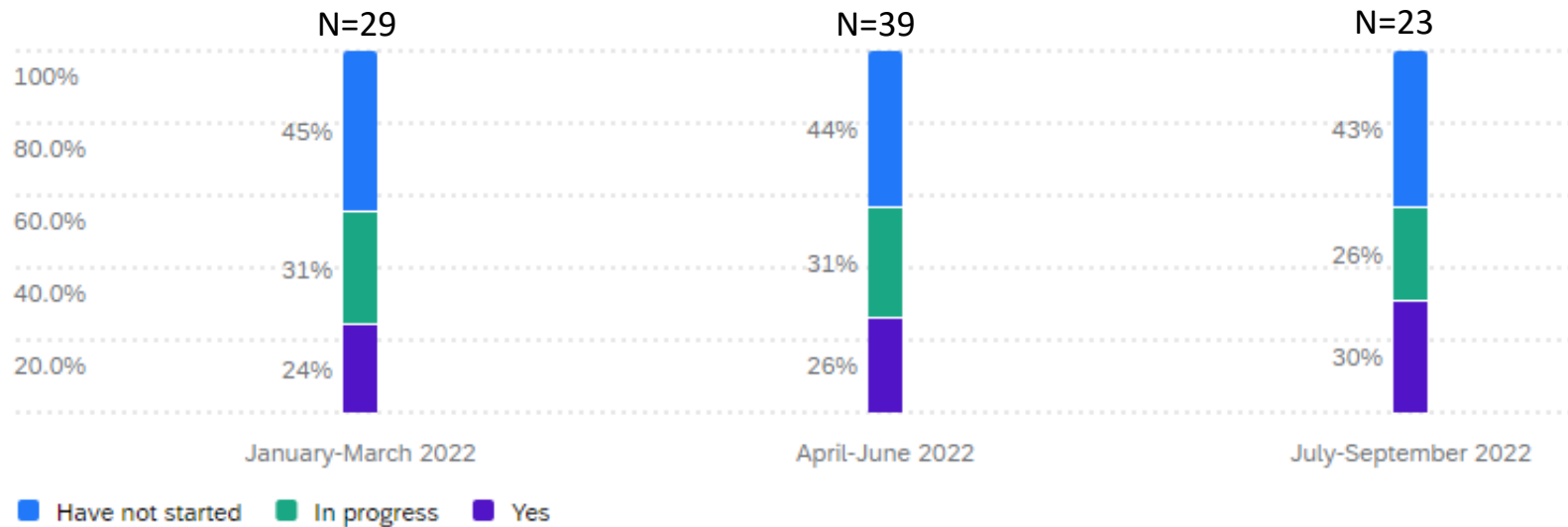


# SEN Opportunities

Using standardized definitions for Substance Exposed Newborns

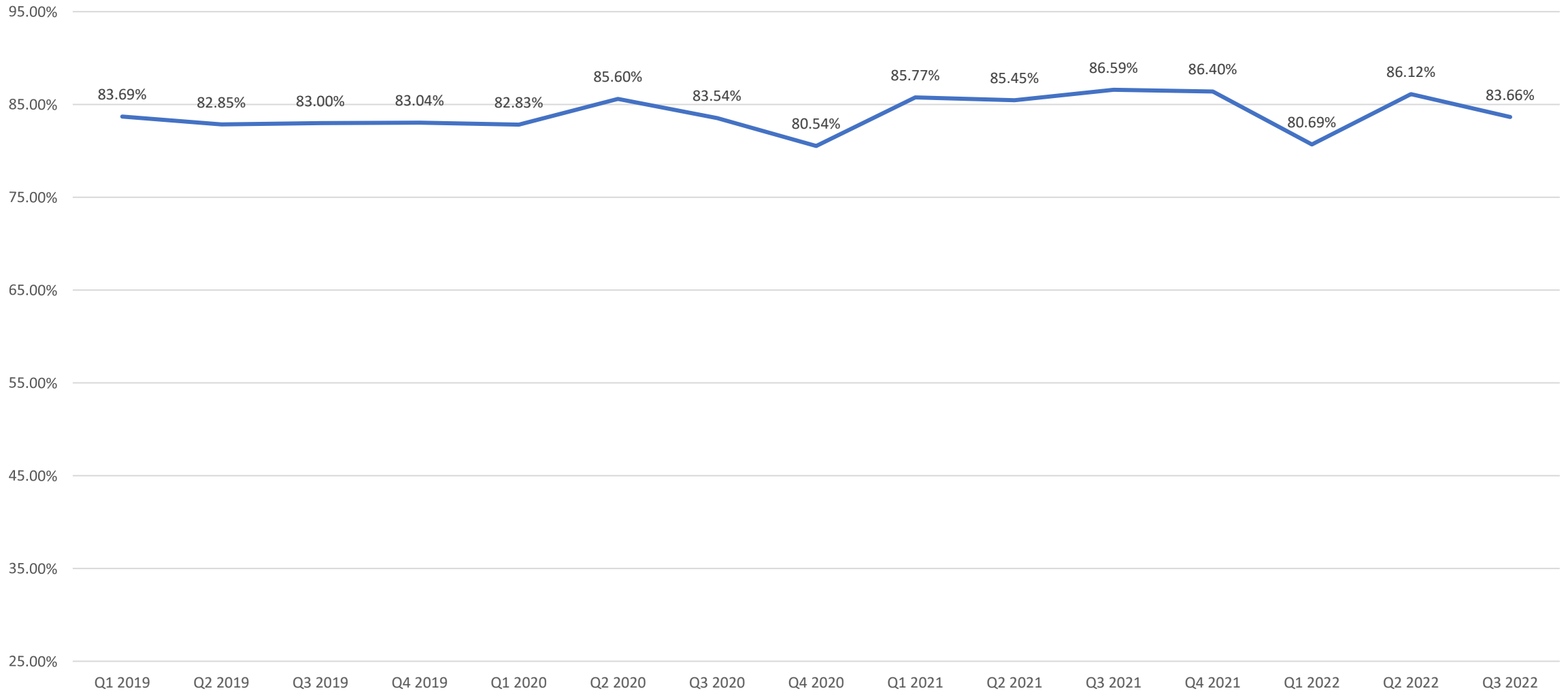


Protocol for closing the loop on the referral status with the post-discharge services and supports



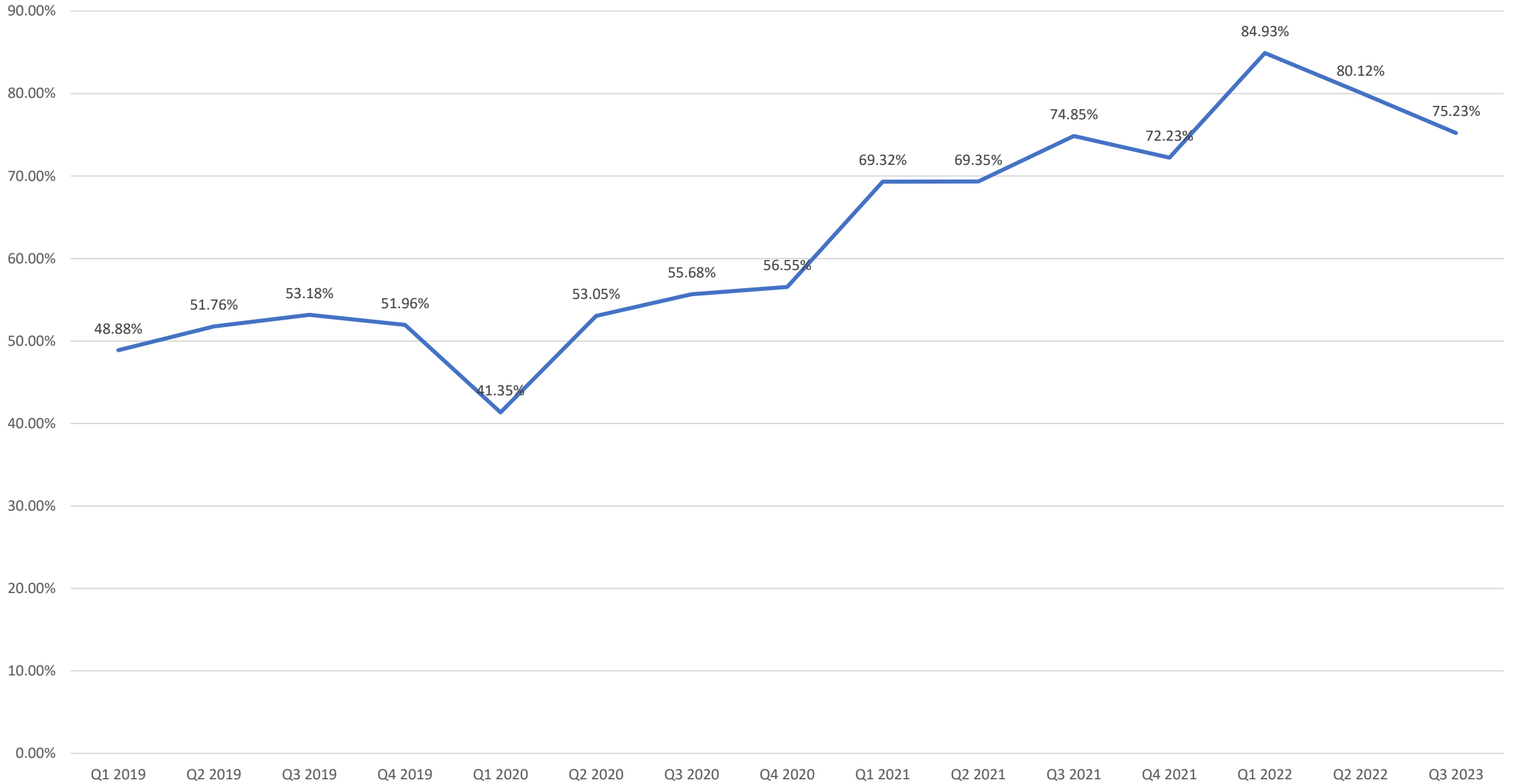
# MOMD Measures

## Prenatal Depression Screening





# Postpartum Depression Screening



Measure	Why not to report out on
Prenatal Depression Follow-up	Only 3 hospitals reporting
Postpartum Depression Follow-up	Only 3 hospitals consistently reporting

# MOMD September

- Successes

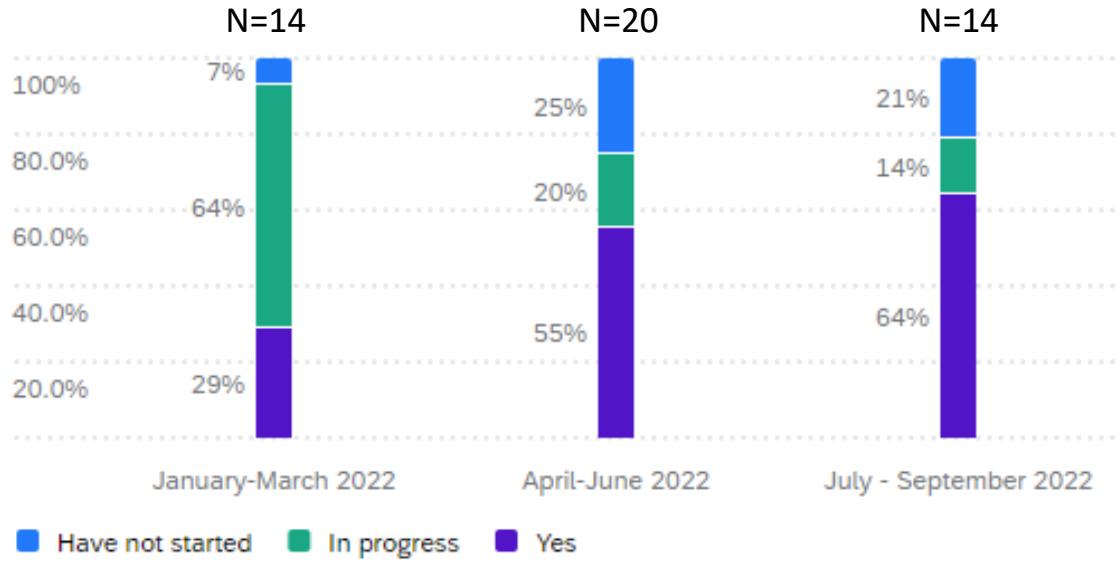
- Validated screening tool prenatal and postpartum
  - Which tools are being used and where they are being used

- Opportunities

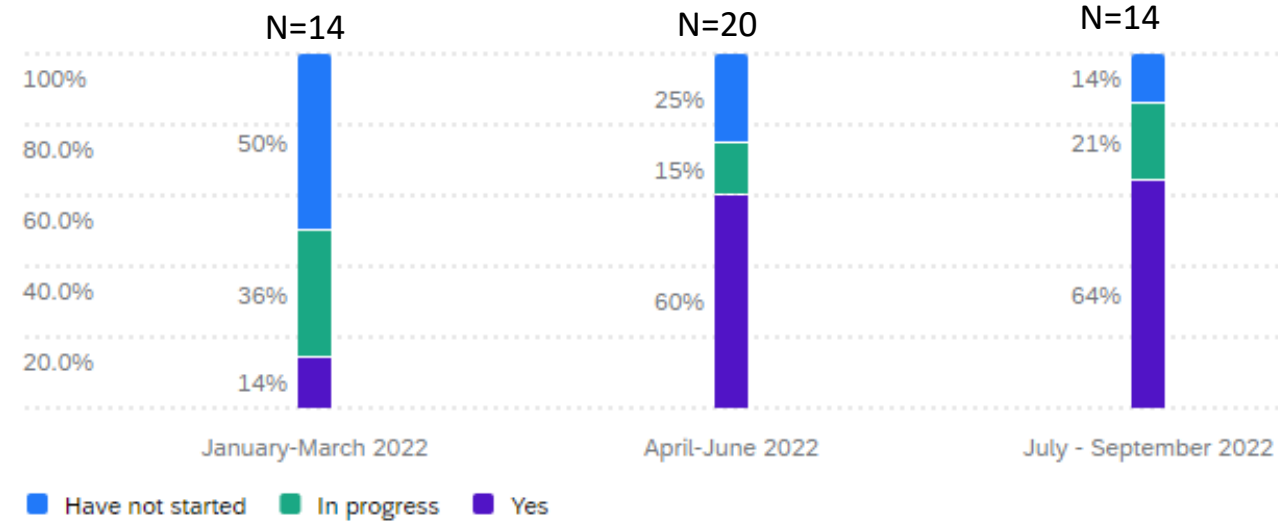
- Stratify maternal depression f/u by race
- Conduct QI projects to reduce racial disparities round MH quality measures
- Working with community resources to inform maternal MH screening and f/u
- Working with patient/family and community resources to inform work to reduce racial disparities

# MOMD Successes

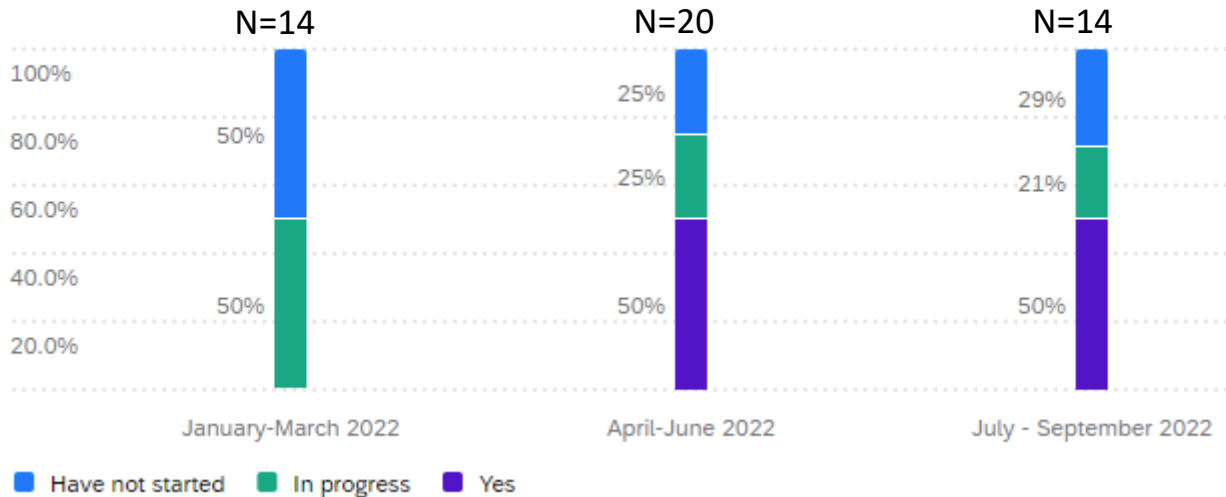
Staff education on root cause of racial disparities



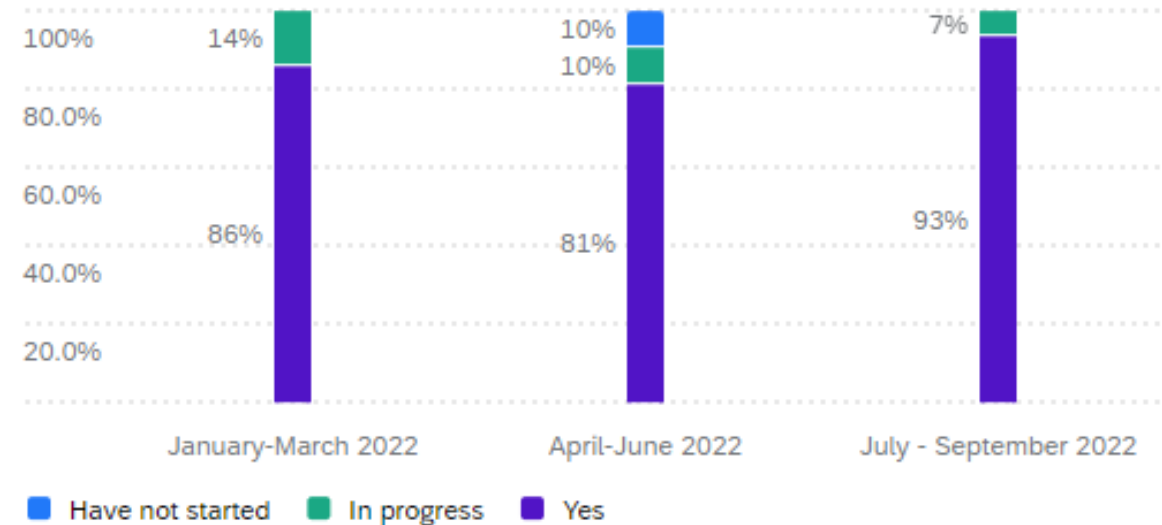
Work with patient/family and community resources to inform processes



Work with patient/family and community resources to inform disparities work

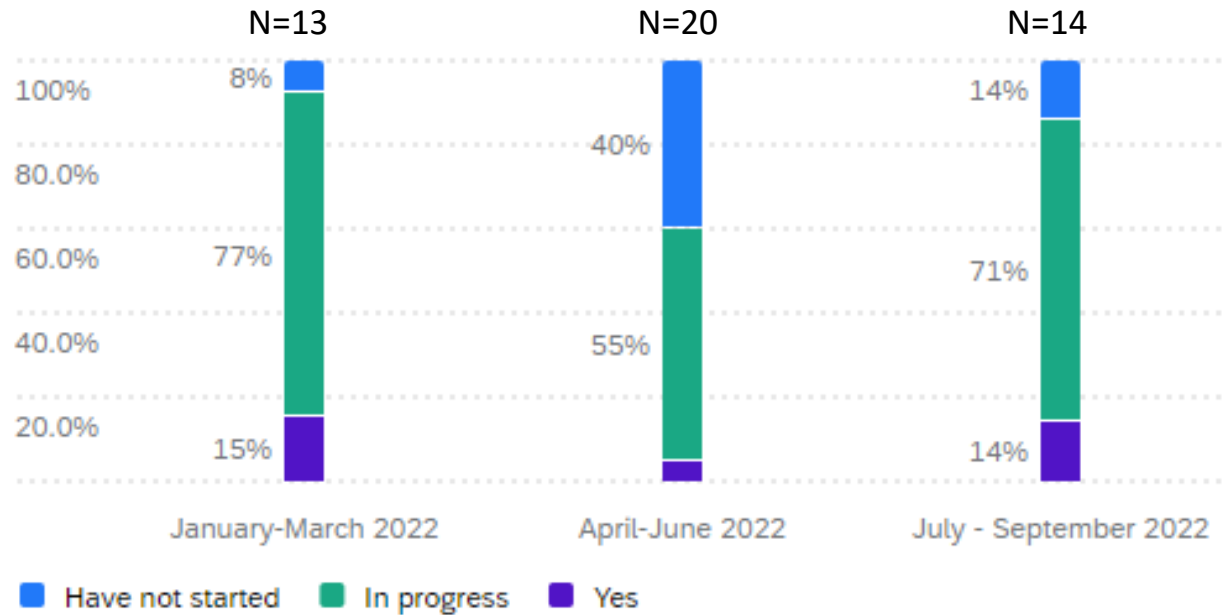


Standardized protocol for f/u



# MOMD Opportunities

Analyze institutional policies to alleviate disparities



IPLARC