

## UWNQC Work Plan:

### Expected Outcomes for the Project Period

- Fully functioning statewide Utah Women & Newborns Quality Collaborative
- Increased appropriate use of 17 P for prevention of recurrent preterm birth
- Decreased length of stay for newborns with NAS
- Increased satisfaction and safety for OOH birth transfers
- Improved birth and fetal death data measures to assess out-of-hospital birth transfers

Program Strategies	Performance Measures	Data Sources	Target	Timeframe	Person Responsible
<ul style="list-style-type: none"> <li>-Contact OB and Neonatal leadership and arrange face to face meetings</li> <li>-Obtain commitment for minimum of 3 staff from each hospital (OB, Neo and Nursing) to serve as hospital team</li> </ul>	<ul style="list-style-type: none"> <li>-Recruit teams from 75% of level I &amp; II delivery hospitals to participate in UWNQC</li> </ul>	<ul style="list-style-type: none"> <li>-Completed and signed participant forms from each participating hospital</li> <li>-Team participants contact information for UWNQC roster</li> </ul>	<ul style="list-style-type: none"> <li>-Perinatal and neonatal staff at level I &amp; II delivery hospitals</li> </ul>	<ul style="list-style-type: none"> <li>By end of 1<sup>st</sup> year grant period</li> </ul>	<ul style="list-style-type: none"> <li>-UWNQC Program Coordinator</li> </ul>
<ul style="list-style-type: none"> <li>--Create a written manual of procedures for the UWNQC - that includes a quality assurance plan to ID and resolve data collection problems</li> </ul>	<ul style="list-style-type: none"> <li>-Clearly define and document UWNQC protocols and procedures</li> </ul>	<ul style="list-style-type: none"> <li>- Existing state PQCs procedure manuals</li> </ul>	<ul style="list-style-type: none"> <li>- Perinatal and neonatal staff at participating delivery hospitals</li> <li>-UWNQC UDOH staff and contracted medical staff</li> </ul>	<ul style="list-style-type: none"> <li>Within 3 months of beginning of grant period</li> </ul>	<ul style="list-style-type: none"> <li>-UWNQC Program Coordinator</li> </ul>
<ul style="list-style-type: none"> <li>-Create a secure, web-based data collection system</li> <li>-Design and secure data sharing agreements</li> <li>-Educate UWNQC facility team members on the use of the data system</li> </ul>	<ul style="list-style-type: none"> <li>-Established secure web-based data collection system at UDOH accessible by UWNQC participating hospitals</li> </ul>	<ul style="list-style-type: none"> <li>-REDCap user guide</li> <li>-Existing state PQC agreements</li> <li>-UDOH</li> <li>-Training logs</li> </ul>	<ul style="list-style-type: none"> <li>-Utah Department of Health (UDOH) IT</li> <li>-Each UWNQC participating hospital</li> </ul>	<ul style="list-style-type: none"> <li>Within 3 months of beginning of grant period</li> </ul>	<ul style="list-style-type: none"> <li>-Data Subcommittee Chair</li> <li>-Data analyst</li> </ul>

Program Strategies	Performance Measures	Data Sources	Target	Timeframe	Person Responsible
<p>-Create a Progesterone Protocol that will enhance optimal screening of patients at risk and make recommendations for best practice treatment for these women including 17 P timing and dosage</p> <p>-Create a data collection and reporting tool that will collect patient level, clinic level and hospital data about screening &amp; implementation of the Progesterone Protocol.</p> <p>- Create educational materials and seminars for providers and patients; including but not limited to a statewide Prematurity Symposium that will focus on optimal use of 17 P</p>	<p>-Increase the use of 17 P so that 80% of eligible women receive appropriate treatment in Utah</p> <p>-Reduce the rate of recurrent preterm births by 10%</p>	<p>-Utah PRAMS</p> <p>- Medical records abstracted data from each participating facility</p> <p>-Birth certificate data</p>	<p>-Providers at participating UWNQC facilities and their provider clinics</p> <p>-Women experiencing recurrent preterm birth</p>	<p>By end of 1<sup>st</sup> year grant period</p> <p>-By end of 3<sup>rd</sup> year grant period</p>	<p>-Maternal Subcommittee Medical Director</p>
<p>- UWNQC Neonatal Subcommittee will determine participating hospitals and establish baseline outcomes of NAS length of stay for opiate exposed babies and length of stay because of CNS irritability for simulant, marijuana, or SSRIs/SSNRIs for each participating hospital.</p> <p>- UWNQC Neonatal Subcommittee will create a</p>	<p>-UWNQC quality improvement methodology implemented in participating hospitals will be used to treat at least 80% of eligible drug-exposed newborns</p> <p>-UWNQC quality improvement methodology implemented in participating hospitals will increase the identification of and compassionate withdrawal of treatment for infants born</p>	<p>-Hospital discharge data</p> <p>-Medical records abstraction data from participating UWNQC facilities</p>	<p>-Infants identified with NAS</p> <p>-Providers at participating UWNQC facilities</p>	<p>-By end of 1<sup>st</sup> year grant period</p> <p>-By end of 3<sup>rd</sup> year grant period</p>	<p>-Neonatal Subcommittee Medical Director</p>

Program Strategies	Performance Measures	Data Sources	Target	Timeframe	Person Responsible
<p>(cont.) data collection and reporting tool that will collect patient level and hospital data regarding drug-exposure identification, severity scoring, non-pharmacologic therapy, narcotic therapy and adjunctive pharmacologic therapy protocols</p> <ul style="list-style-type: none"> <li>- UWNQC Neonatal Subcommittee will create a standardized protocol for the identification and treatment of the drug-exposed newborn,</li> <li>- UWNQC Neonatal Subcommittee will have completed education in all participating hospitals, and begin use of identification, severity scoring, non-pharmacologic therapy, narcotic therapy and adjunctive pharmacologic therapy protocols</li> </ul>	<p>(cont.) the with NAS, thereby reducing length of stay for these infants by at least 1 day across participating sites</p>				
<ul style="list-style-type: none"> <li>- Develop and implement satisfaction survey within 48 hours of discharge for patients, hospital staff and OOH providers when a transfer occurs</li> <li>-Develop and implement OOH transfer protocols</li> </ul>	<p>Increase the number of patients and providers who deem the quality of OOH birth transfers to hospitals were good/excellent.</p>	<p>-Surveys implemented within 48 hours of discharge for patients, hospital and OOH providers when a transfer occurs</p>	<p>-Transfer patients and their OOH and in hospital medical care providers -All facilities participating in UWNQC</p>	<p>By end of 1<sup>st</sup> year grant period</p>	<p>-Perinatal Subcommittee Medical Director (OOH Births Subcommittee Chair)</p>

Program Strategies	Performance Measures	Data Sources	Target	Timeframe	Person Responsible
-Develop and implement a standardized maternal and neonatal OOH transfer rapid communication tool					
- Publish descriptive report of current and longitudinal data for OOH Births in Utah	-Identify current state of OOH births in Utah	-Utah Birth and Death certificate data	-Women of reproductive age, policymakers and perinatal healthcare providers	By July, 2014	-Perinatal Medical Director (OOH Births Subcommittee Chair)
-Develop educational materials for obstetric providers (midwives, physicians, APNs) and women of reproductive age	-Educate obstetric providers (midwives, physicians, APNs) and women of reproductive age about the importance of safe transport for OOH Births	-Utah Birth and Death certificate data -Satisfaction survey data	- Women of reproductive age and perinatal healthcare providers	By end of 2 <sup>nd</sup> year of grant period	-Perinatal Medical Director (OOH Births Subcommittee Chair)
Develop statewide action items addressing recognized OOH safety issues	-Identify and act on additional safety issues related to OOH births	-Perinatal Mortality Review Data -Birth certificate and death certificate data	-- Women of reproductive age and perinatal healthcare providers	By end of 2 <sup>nd</sup> year of grant period	-Perinatal Medical Director (OOH Births Subcommittee Chair)