



## Ohio Perinatal Quality Collaborative (OPQC)

- **About Us:** Founded in 2008, OPQC has worked with 105 out of 107 maternity hospitals, 52 of 54 Level 2 and 3 NICUs, 23 outpatient maternity care providers, the Ohio Association of Community Health Centers, and key state partners- the Ohio Departments of Health, Medicaid, and Mental Health and Addiction Services; the Ohio Hospital Association, and the Ohio Association of Community Health Centers. For example, as a result of these results-oriented projects, OPQC shifted more than 65,000 births to term over 8 years, reduced bloodstream infections by 20% in very premature infants, reduced Length of Stay for infants with Neonatal Opioid Withdrawal Syndrome by two days, reduced preterm births <32 weeks gestation by 6% across Ohio, and in those mothers with a history of previous preterm birth, reduced preterm births <32 weeks by 20%, to Black women by 20% and to those on Medicaid by 20%.
- OPQC was one of the initial PQCs funded by CDC in 2011; selected as one of three “mentor” PQCs in 2014 (along with NY and CA); the National network of PQCs now includes > 40 state PQCs.
- For more information: [www.opqc.net](http://www.opqc.net)

**Our Vision:** Using improvement science, to improve maternal and newborn outcomes in Ohio

**Our Goals:** OPQC is currently working on projects related to 1) pregnant and postpartum individuals with Opioid Use Disorder syndrome and their infants, Health Equity, Maternal Safety, and improving the utility of the Ohio Department of Medicaid pregnancy data tool

1. The goal of the Compassionate, Respectful, and Equitable Care team is to develop a learning community among hospital and maternity care teams that will focus on key drivers needed for the care teams to implement institutional culture changes needed to impact structural racism and the resultant gap in Black maternal and infant outcomes.
2. The goal of the opioid use disorder (OUD) initiative is to 1) through an environmental scan, identify target population and appropriate metrics to improve the discussion and distribution of Naloxone for pregnant and postpartum patients and 2) to design and implement a project that will address what we have learned in the environmental scan.
3. The goal of the Maternal/Infant Dyad project is to learn best practices, as well as the opportunities and barriers for the dyad of mom with OUD and her infant during the first year postpartum.
4. The goal of the Pregnancy Risk Assessment Project (PRAF) project is to connect the MCPs with practices to improve the utility of this data for practices, MCPs, and Medicaid so that care is coordinated and responsive for pregnant patients receiving Medicaid insurance.
5. The goal of the maternal safety project is to reduce the rate of severe maternal morbidity and mortality in Ohio for pregnant and postpartum women.

### Exciting Work:

- Spreading best models for maternal-infant dyad care for families with Opioid Use Disorder
- Narcan distribution in pregnant and post-partum moms to address unintentional overdose, the leading cause of postpartum maternal deaths.
- Testing models to address racism and disparities in outcomes for maternal and newborn infants.



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- Improving outcomes for moms with severe maternal hypertension/preeclampsia

### **Summary of Core Strategic Priorities:**

- See goals above

### **Leadership Team:**

- PI is Carole Lannon, MD MPH

### **Project Team:**

- Project Manager – 1 FTE
- Project Senior Specialist – 1 FTE
- Project Specialist – 1 FTE
- Senior QIS - .5 FTE
- Quality Improvement Consultant – 1 FTE
- Epidemiologist - .3 FTE
- Communications Specialist - .20 FTE
- Ops Coordinator - .05 FTE
- Faculty representatives - Neonatology/Obstetrics/Pediatrics/QI/Maternal Child Health Epidemiologist- .75 FTE
- Data analyst - .20 FTE
- Additional funds used to contract with Minority Based Enterprises to provide communications and graphic design support

### **Network Structure (e.g., org chart):**



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### The Ohio Perinatal Quality Collaborative Team

Funding from Ohio Department of Medicaid and Ohio Department of Health coordinated through Cincinnati Children's James M. Anderson Center for Health Systems Excellence Learning Networks Program



**Mona Prasad, DO, MPH**  
Maternal Fetal Medicine & Addiction Medicine Faculty



**Kamillah Dixon, MD**  
OB Faculty, Diversity and Equity



**Carole Lannon, MD, MPH**  
Collaborative Science Lead



**John Morehous, MD**  
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**Heather Kaplan, MD, MSCE**  
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**Nichole Nidey, PhD, MS**  
Maternal Child Health Epidemiologist



**Sandra Fuller MEd**  
Director of Quality Improvement Learning Networks



**Susan Ford MSN, RN**  
Quality Improvement Specialist



**Lacreia Thomas**  
Senior Quality Improvement Specialist



**Karen Lammers, MS, PMP**  
Project Manager



**Kristen Hale, BSW**  
Project Management Specialist



**Haley Richardson**  
Senior Specialist - Project Management

#### Network Toolkits & Change Packages:

- [ANCS Toolkit: "Optimizing Antenatal Use of Steroids to Improve Outcomes for Preterm Infants"](#)
- [Client-Centered Contraceptive Care Change Package](#)
- [Maternal Safety Toolkit](#)
- [Neonatal Opioid Withdrawal Syndrome: A Guide for Families](#)
- [NICU Grads Change Package](#)
- [Progesterone Messaging Toolkit](#)
- [Progesterone Supplementation Change Package](#)
- [Smoke Free Families Change Package](#)

#### Measures:

Many of the metrics for projects in design phase are TBD. We are also waiting on state Medicaid data for the maternal/infant dyad project.

The current measures for the Compassionate, Respectful, and Equitable Care project align with the Joint Commission health equity Patient Safety standards using a scale of 1 = not in place, 2 = planning for change, 3 = testing or partly in place, 4 = in place and needs improvement, and 5 = in place and working well.

1. The maternity care center has a process for the collection of self-report patient demographics



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2. The maternity care center provides a mechanism so that all providers and staff review stratified patient outcomes on a quarterly basis (e.g. on a specific AIM bundle or other measure (s) determined by the maternity care center).
3. The maternity care center has a process for the collection of patient feedback regarding its provision for compassionate, respectful care, stratified by race and ethnicity.
4. The maternity care center has a partnership with a community panel or organization, representative of the community birthing population, to receive feedback about its provision of compassionate, respectful, and equitable care.
5. The maternity care center provides a mechanism so that, on at least a quarterly basis, all providers and staff review patient feedback stratified by race and ethnicity and/or community feedback regarding compassionate, respectful care and incorporate all feedback into an actionable plan for improvement
6. The maternity care center screens for health-related social needs
7. The maternity care center has referral pathways in place to connect pregnant individuals to resources for health-related social needs.

**Description of Data Repository (e.g., # patients, etc.):** Data collected for the OPQC initiatives is primarily gathered from publicly reported data, from partners at the Ohio Hospital Association, the Government Resource Center, the Ohio Department of Health, and the Ohio Department of Medicaid; for certain projects, we have collected small amounts of “hand collected” summary level data from each site.

**Funding Sources:** Ohio Department of Medicaid (ODM); Ohio Department of Health (ODH); Centers for Disease Control and Prevention (CDC)

**Publications:** See website link

- [Publications — OPQC](#)

**Additional resources:** please see OPQC website by project, by care center ‘tools and resources’, and by patients and families ‘tools and resources’: [www.opqc.net](http://www.opqc.net)