

# The Kentucky's Perinatal Quality Collaborative (KyPQC) Implementation Process of the KyPQC's First Initiatives and AIM Patient Safety Bundle to Address Substance Use Disorder in Kentucky



Jordan Murphy, MPH<sup>1,2</sup>; Monica Clouse, MPH,CPH<sup>3</sup>; Mary Beth Allen, MBA, PhD<sup>1,2</sup>; Connie Gayle White, MD, MS, FACOG<sup>1,2</sup>  
 Kentucky Cabinet for Health and Family Services (CHFS), Frankfort, KY<sup>1</sup>; Kentucky Department for Public Health (KDPH), Frankfort, KY<sup>2</sup>; Kentucky Injury Prevention Research Center (KIPRC)<sup>3</sup>

## Introduction

Kentucky, among many other states, faces a significant substance use disorder (SUD) problem which has resulted in an increase in the number of babies born with Neonatal Abstinence Syndrome or NAS.<sup>1</sup> The Maternal Mortality Review Committee (MMRC), created in 2017 as a result of legislation, found that a substance use contributing factor was the number one cause of maternal death in Kentucky for 2017, 2018, and 2019.<sup>2\*</sup> These data reveal that SUD in the perinatal setting is a major public health concern in Kentucky and efforts need to come together to combat this crisis.

Kentucky was selected to participate in the 2018 Association of State and Territorial Health Officials (ASTHO) – Opioid Use Disorder, Maternal Outcomes, and NAS Initiative, known as the OMNI Learning Community. The overarching goal of Kentucky's OMNI Action Plan was to develop a statewide Perinatal Quality Collaborative (PQC). In 2019, the Kentucky Department for Public Health received Overdose Data to Action (OD2A) funding to enhance provider and health support system activities. These funds were applied to develop the Kentucky Perinatal Quality Collaborative (KyPQC) and support future work. The KyPQC officially launched in October 2019.

In February of 2021 Kentucky became an Alliance for Innovation on Maternal Health (AIM) State. This provided the opportunity to align the KyPQC First Initiatives with the Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle.

\*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause.

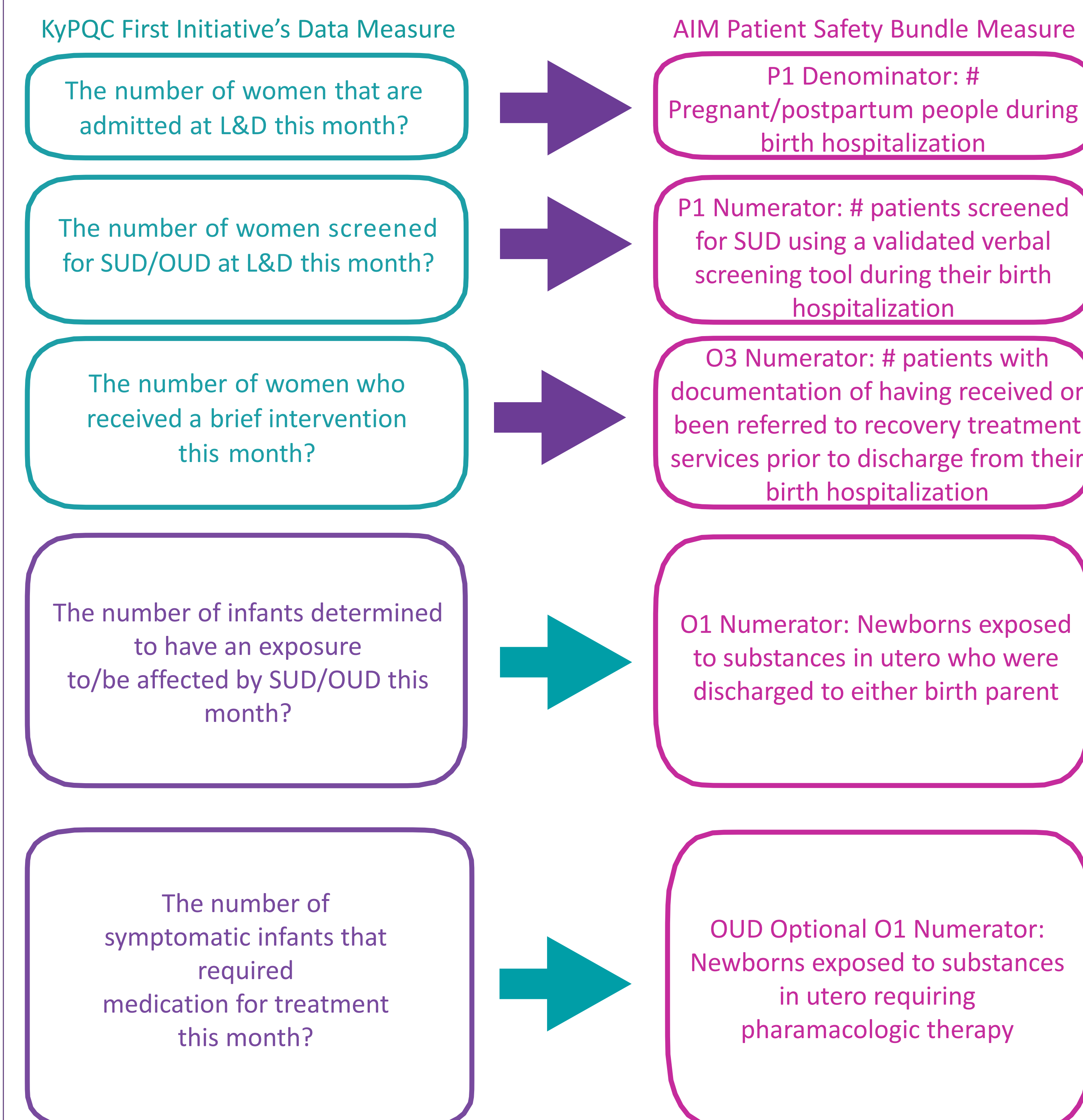
## KyPQC Accomplishments and Future Goals

Maternal Mortality Review Committee Legislation April 2017	2017	Attended OMNI Meeting November 2018
Pre-Launch OMNI Team Meetings June 2019	2018	Received CDC OD2A Funding September 2019
Launch of the KyPQC October 2019	2019	Visiting Other Established PQCs January 2020
Constructed the KyPQC Workgroups April 2020	2020	Appointed Steering Committee Members April 2020
Develop AIM State Application Late 2020		Hosted 2nd Annual Meeting October 2020
Developed & Distributed the Baseline Surveys Nov/Dec 2020	2021	Fully Staffed KyPQC February 2021
Analysis of Baseline Surveys – Development of First Initiatives April/May 2021		Officially an AIM State March 2021
Secured Participation Agreements with 9 Pilot Hospitals Aug/Sept 2021	2022	Recruitment of Pilot Hospitals June 2021
Analyzed the Needs Assessment January 2022		KyPQC 3rd Annual Meeting October 2021
Pilot Hospitals Launch KyPQC First Initiatives Apr/May 2022	2023	Onboarding Pilot Hospitals Feb-June 2022
Recruiting 2nd Cohort of Pilot Hospitals Jul/Aug 2022		Cohort 1 Pilot Hospitals begin Data Collection May 2022
2nd Cohort begin Implementation of KyPQC First initiatives Dec 2022	2023	KyPQC 4th Annual Meeting Oct 2022
Onboarding 2nd Cohort of Pilot Hospitals Jan-Feb 2023		Pilot Hospitals begin Implementation of AIM Patient Safety Bundle Mar 2023

## Conclusions & Impact

After identifying pilots, KyPQC was able to recruit nine birthing hospitals to implement the KyPQC First Initiatives. These pilots were chosen for their differences in geographic location, resources, and responses to the baseline surveys conducted in late 2020. The KyPQC Central Office and workgroup members ensured that the First Initiative measures aligned with five of the AIM SUD Patient Safety Bundle measures to prepare pilots for AIM bundle implementation.<sup>3</sup> Implementation of the AIM Patient Safety Bundle will begin in March 2023. The desired outcome for the OB initiative is to have a 100% increase in the percentage of 1<sup>st</sup> cohort pilot hospitals utilizing a SUD validated screening tool for patients who are admitted to Labor and Delivery (L&D) by September 2022. While the desired outcome for the Neo initiative is to decrease the percentage of 1<sup>st</sup> cohort pilot hospitals with no NAS case reports or underreporting to zero by September 2022.

### KyPQC Data Measures for the OB and Neo Initiatives that Align with the AIM Patient Safety Bundle



## Acknowledgements

A special thank you to the following: Kentucky Department for Public Health, Kentucky Injury Prevention and Research Center, Office of Data Analytics and Alliance for Innovation on Maternal Health (AIM).

## Pilot Hospitals Implementing KyPQC First Initiatives

### Implementation of the KyPQC's First Initiatives

#### Participating Pilot Hospitals

Cohort 1 - \*  
 Cohort 2 - \*

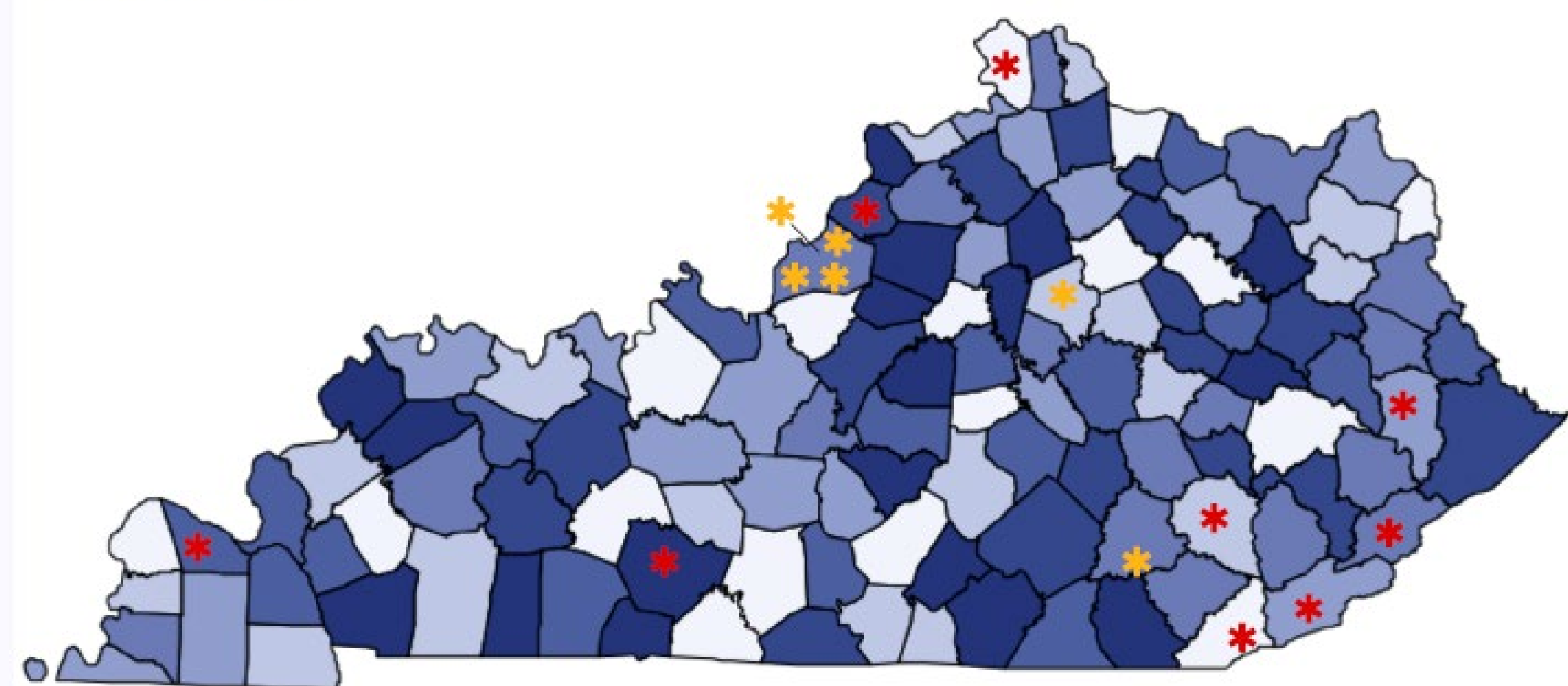


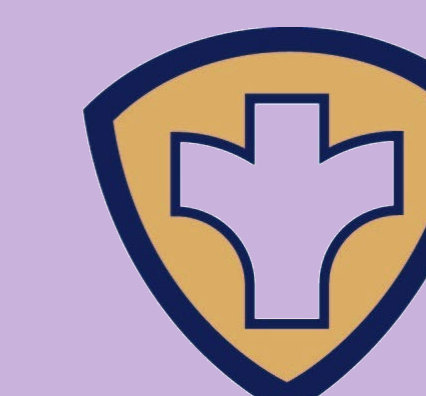
Figure 1: A map of Kentucky that displays the locations of the KyPQC's Pilot Hospitals that have implemented the KyPQC's First Initiatives. These locations were selected based on data collected by the KyPQC and the Office of Data Analytics.

## Contact

Kentucky Perinatal Quality Collaborative  
 Kentucky Department for Public Health  
 275 E Main St, Frankfort, KY 40601  
 KyPQC@ky.gov  
 502-229-4333

## References

1. Kentucky Cabinet for Health and Family Services (CHFS). (2020). Neonatal Abstinence Syndrome in Kentucky: Annual Report on 2019 Public Health Neonatal Abstinence Syndrome (NAS) Reporting Registry.
2. Division of Maternal and Child Health (Ed.). (2020). (rep.). *Maternal Mortality Review 2020 Annual Report* (pp. 1–12). Frankfort, KY: Kentucky Department for Public Health.
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