



WICHITA STATE  
UNIVERSITY

COMMUNITY ENGAGEMENT  
INSTITUTE

## Kansas Perinatal Quality Collaborative General Meeting of the Membership May 3, 2019

48 Members of the Kansas Perinatal Quality Collaborative were in attendance for the Spring General Meeting in Wichita on May 3, 2019. The meeting was hosted by Wesley Healthcare. Stakeholders in attendance represented:

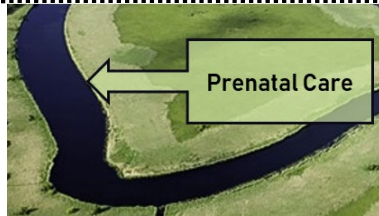
- 16 birth centers
- Aetna
- DCCCA
- Kansas Breastfeeding Coalition
- Kansas Department for Children and Families
- Kansas Department of Health and Environment
- Kansas Family Advisory Network
- March of Dimes
- Reno County Health Department
- Sedgwick County Division of Health
- Substance Abuse Center of KS
- University of Kansas Medical Center
- University of Kansas School of Medicine

# Spring General Meeting Report 2019

## Meeting Purposes

This meeting was designed to explore how communities and delivering facilities can partner throughout pregnancy, delivery, and follow-up post discharge. Community partnerships have been key to making progress on the complex issues surrounding substance exposure.

## Prenatal Care



For background on prenatal support, we had three presentations. The first was from Taylor Bertschy, DO who is Director of KU-Wichita's obstetrics and gynecology residency program. Her presentation covered universal screening for substance use in the OBGYN's office. The second presentation was from Daniel Warren, MD and Alisha Sanchez, MD. Along with members of their team, they described their efforts to prepare pregnant women in drug treatment for delivery and hospitalization. The third presentation was from Donna Gorman, MS, LCMFT, LCAC representing DCCCA Women's Recovery Center. She described how birth centers can partner with women's treatment centers for family support services.

## Delivery and Hospitalization

Betsy Knappen, MSN, APRN, the Education and Quality Improvement Coordinator for the KPQC, shared the latest run charts monitoring progress toward state-level aims.



Next, we heard from Stormont Vail because, in our Kansas NAS Initiative, they are the NICU with the lowest rate of pharmacologic treatment. Josel Doyle, MD presented how Stormont Vail reduced their length of stay for NAS treatment and achieved overall cost savings. The presentation included NAS management workflows.

## Discharge and Follow Up

Nina Shaw-Woody, the Executive Director of KS Family Advisory Network, moderated a panel discussion with parents of infants affected by substance exposure. Then Jodi Jackson, MD shared five recommendations for assessments that inform discharge and follow-up for babies who have exhibited signs and symptoms of NAS:

- Neurodevelopmental assessments
- Psycho-behavioral assessments
- Ophthalmologic assessment
- Growth and nutritional assessment
- Family support assessments

Participants took part in tabletop discussions about identifying resources and partnerships to ensure these needs are met.



## The KPQC NAS Quality Improvement Initiative

---

Neonatal Abstinence Syndrome Kansas State Initiative SMART AIMS	
AIM 1	By October 2020, 85% of all Kansas birth centers enrolled in VON NAS Universal Training Program will have achieved "Center of Excellence" designation
AIM 2	By October 2020, less than 50% of infants at risk for NAS will be directly admitted to the NICU
AIM 3	By October 2020, the number of infants at risk for NAS who require pharmacological treatment will decrease by 25%
AIM 4	By October 2020, the LOS of Kansas infants with NAS treated pharmacologically will decrease by 2 days

All of the birth centers in attendance shared what they are working on for NAS quality improvement. This let participants see the efforts of their peers and identify folks working on similar challenges. Jodi Jackson, MD, the KPQC Chairperson, checked in with each representative, facilitated connections, and celebrated early progress of participants.



## Business Meeting

---

The data that we have collected from birth centers participating in the NAS Initiative show a lot of discrepancy between the ways we are coding NAS incidence. This is important because KDHE is starting to look at tracking NAS incidence by making it a reportable condition. Therefore, the topic of the business meeting was standardization in defining NAS. The Kansas meeting was joined by Laurin Kasehagen, MA, PhD, the Senior MCH Epidemiologist and the CDC Assignee to Vermont. She is one of the lead members of the Council of State and Territorial Epidemiologists (CSTE) working the Neonatal Abstinence Syndrome Standardized Surveillance Position Statement. Dr. Kasehagen shared the CSTE recommendations for standardized NAS case definition. Dr. Jackson followed this presentation with her proposal for uniform coding and surveillance of confirmed, probable, and suspected NAS. There was general agreement among participants to adopt the proposed uniform coding for Kansas. However, the KPQC staff will reach out to all participating centers for feedback on the proposal.

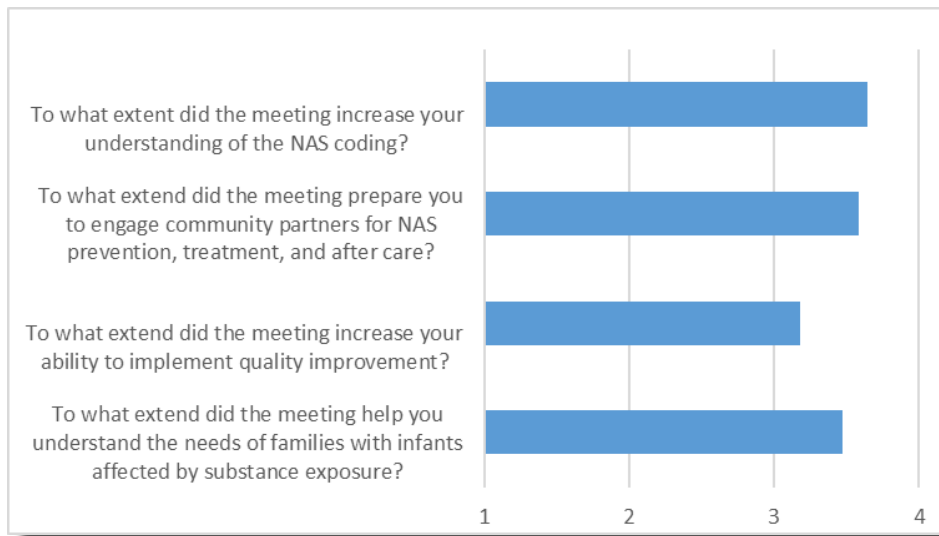
To wrap up the business meeting, Kourtney Bettinger, MD, MPH, the Chairperson-Elect of the KPQC, shared information about next steps for the KPQC following the NAS Initiative. The KPQC Executive Committee will be working closely with the KS Maternal Mortality Review Committee to identify data-driven recommendations for improving maternal and perinatal health. Kansas will enroll in the Alliance for Innovation on Maternal Health (AIM) and implement a patient safety bundle.

## Call To Action

We asked participants to complete a follow up document letting staff know the following:

Number of responses	
3	Please contact me about a resource I would like to share with the Collaborative.
2	I'd like to be a KPQC Learning Forum panelist on the topic of _____
2	I would like to nominate myself or the following individual to serve on the 2020 KPQC Executive Committee: _____
1	I would like to serve on the Nominating Committee for the 2020 KPQC election
2	I would like to serve on the Planning Committee for the KPQC 2019 Fall General Meeting
5	I would like a future Learning Forum to address _____
3	I would like more information about _____

## Evaluation



1 = None  
 2 = Small extent  
 3 = Moderate extent  
 4 = Large extent

- All but one respondent indicated that the meeting increased their understanding of **NAS coding** to a moderate or large extent
- All respondents indicated that the meeting prepared them to **engage community partners** for NAS prevention, treatment, and aftercare to a moderate or large extent
- All but two respondents indicated that the meeting increased their ability to implement **quality improvement** to a moderate or large extent
- All respondents indicated that the meeting helped them understand the **needs of families** with infants affected by substance exposure to a moderate or large extent

## **About the Community Engagement Institute**

---

**Wichita State University's Community Engagement Institute** is dedicated to improving the health of Kansans through leadership development, research and evaluation, organizational capacity building, community collaboration, and public health and behavioral health initiatives. The Community Engagement Institute maintains six Centers with skilled staff that work directly with community coalitions, nonprofits, government entities, health and human services organizations, and support groups. The Centers are:

- Center for Applied Research and Evaluation
- Center for Behavioral Health Initiatives
- Center for Leadership Development
- Center for Organizational Development and Collaboration
- Center for Public Health Initiatives
- IMPACT Center

**Wichita State University's Community Engagement Institute** also supports the efforts of four strategic initiatives. The initiatives are:

- Early Childhood Initiatives
- Prevention Initiatives
- Strategic Communication Initiatives
- Trauma-Informed Systems of Care Initiatives

**Want to know more about this report? Contact Anne Maack at [anne.maack@wichita.edu](mailto:anne.maack@wichita.edu)**