

2021 Kentucky Perinatal Quality Collaborative (KyPQC) Fall Annual Meeting Post-Evaluation Summary

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This post-meeting evaluation is provided as a part of Center for Public Health Innovation's (CPHI's) annual meeting facilitation. The following report includes some key points for the Kentucky Perinatal Quality Collaborative (KyPQC) to consider for future meetings based on the evaluation, the notes taken in the breakout groups, and the *Kahoot!* feedback activities. This report includes all the data from the post-evaluation survey, including all open-ended responses. Open-ended post-evaluation data was not analyzed but are presented here in tabular form.

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Meeting Summary

The Kentucky Perinatal Quality Collaborative (KyPQC) Annual meeting was held in a virtual format on October 20-21, 2021. Two full-day sessions were structured to provide opportunities for education and information sharing in perinatology, with a special emphasis on substance use disorder (SUD).

Learning objectives for the meeting were as follows:

Participants will be able to

1. Discuss the importance of participating in the Alliance for Innovation on Maternal Health (AIM) program patient safety bundles.
2. Learn strategies to improve maternal safety during the prenatal period through the first year post-partum.
3. Describe the safety and efficacy of Medication for Opioid Use Disorder (MOUD) and how to connect providers and MOUD resources in different care settings.
4. Emphasize the importance of birth equity and eliminating stigma towards pregnant and parenting women with SUD.
5. Highlight the importance of universal screening for substance use disorder using evidence-based tools in prenatal and labor and delivery care settings.
6. Provide evidence-based nutritional guidance for infants with Neonatal Abstinence Syndrome (NAS) that includes breastfeeding.
7. Hear success stories from other statewide quality improvement collaboratives and learn how these achievements can be applied in Kentucky.

Participants were welcomed on the first day by Kentucky Lt. Governor Jacqueline Coleman who emphasized the accomplishments of the KyPQC and the importance of the work for women and infants in the state of Kentucky. This year, KyPQC became the 41st state to join the Alliance for Innovation on Maternal Health (AIM). The first morning highlighted the importance of AIM at a national level, as well as the promising future for AIM in Kentucky. Presentations included the following:

- Alliance for Innovation on Maternal Health (AIM): A National Quality Improvement Commitment – Chelsea Lennox, MPH, Program Manager, AIM
- The Massachusetts Birth Equity Journey – Audra R. Meadows, MD, MPH, FACOG, Perinatal Neonatal Quality Improvement Network of MA (PNQIN)
- Supporting Better Outcomes for SUD in Kentucky through QI and AIM in the Perinatal Setting – Monica Clouse, MPH, CPH, Program Manager, KyPQC and Mary Beth Allen, PhD, MBA, Health Policy Specialist, KyPQC
- AIM/ACOG Closing Remarks – Lisa M. Hollier, MD, Past President of ACOG, Co-Chair of the Texas Mortality Review Committee, Maternal-Fetal Medicine Specialist

Chelsea Lennox introduced AIM and the goals of reducing preventable maternal deaths and severe maternal morbidity in the United States. She continued to explain the purpose and components of the AIM patient safety bundles. Participants learned about areas for improvement in equity to decrease maternal death through Dr. Audra Meadows' overview of the work of the Perinatal-Neonatal Quality Improvement Network of Massachusetts. The hard work of the KyPQC was spotlighted as Monica Clouse and Dr. Mary Beth Allen described the AIM project in Kentucky and the steps the KyPQC will be taking to support facilities in implementing the AIM SUD bundle. The session ended with Dr. Lisa Holler's

reflection on the progress made by the KyPQC in just two years to successfully be named an AIM state with the important focus of addressing SUD in the perinatal setting.

The afternoon plenary speaker, Dr. Lori Devlin, described the epidemiology of Neonatal Opioid Withdrawal Syndrome (NOWS) in her session titled “The Hear and NOWs of Neonatal Opioid Withdrawal Syndrome: Utilizing science to improve the care of infants with antenatal opioid exposure”. Dr. Devlin highlighted recent and ongoing clinical trials to improve outcomes for infants with NOWS. Following the plenary, attendees were invited to choose one workshop from each of two consecutive sessions. Each workshop was designed to provide detailed information in a topic area with opportunities for discussion and questions.

Workshop #1 Topics:

- FindHelpNowKY.org Locating Near-Real-Time Available Substance Use Disorder Treatment Options – Danita Coulter, Educational Services Assistant Senior, Kentucky Injury Prevention and Research Center (KIPRC), University of Kentucky and Brandi Murriell, Addiction Recovery Care (ARC) Centers
- Screening, SBIRT and Substance Use in the OB Setting – so what does this all mean? – Marcela Smid, MD, MA, MS, Assistant Professor, Division of Maternal Fetal Medicine, University of Utah Health
- Understanding and Applying Kentucky NAS Reporting Registry Data – Emily Ferrell, MPH, CPH, Epidemiologist, Division of Maternal and Child Health, KDPH

Workshop #2 Topics:

- Pilot Participation in the First KyPQC Quality Improvement Initiatives – Workgroup Leads: Lyndsey Neese, MD, MMM, FACOG; Cheryl Parker, DNP, CRNA, RNC-OB; Leann Baker, DNP, APRN, NNP-BC
- Opioid Analgesics Prescribing Practices during the Postpartum Period: A KASPER* Review 2014-2020 (*Kentucky All Schedule Prescription Electronic Reporting) – Connie White, MD, MS, FACOG, Deputy Commissioner, KDPH and Adam Berrones, PhD, Epidemiologist, KASPER
- Introducing the Kentucky Breastfeeding Triple Step: Three Baby-Friendly Steps that Can Improve Your Care of Infants with NAS and Their Families – Paula Schreck, MD, IBCLC, FABM, Chief of Clinical Strategy, Coffective

The first day concluded with Dr. Connie White summarizing the day with highlights from the presentations.

Day two began with welcoming remarks from Dr. Steven Stack, Commissioner for the Kentucky Department for Public Health. Dr. Dena Goffman, Vice Chair for Quality and Patient Safety at Columbia University Irving Medical Center, began the two-part plenary address with a stark comparison of maternal morbidity and mortality in the United States versus other countries, while highlighting the disparities in racial and ethnic minorities. Dr. Goffman suggested areas for prevention, including the implementation of Safe Motherhood Initiative bundles in the state of New York. The plenary session culminated with Dr. Haywood Brown, Professor of Obstetrics and Gynecology at Morsani College of Medicine, providing the rationale for addressing structural racism in health disparities followed by a

historical perspective on the longstanding challenge of health disparities in the United States. Participants then heard from Dr. Ann Borders, representing the Illinois Perinatal Quality Collaborative, who demonstrated the evolution of the collaborative in engaging hospitals statewide to promote numerous initiatives to improve outcomes for mothers and infants in Illinois.

In the afternoon of day two, the plenary session was shared by the University of Kentucky's Dr. John O'Brien and Dr. Jonathan Weeks. Dr. O'Brien gave an overview of the UK PATHways Program which is a multidisciplinary approach to recovery for pregnant women with opioid use disorder. Joining Dr. O'Brien was a team of panelists that included Linda Berry, RN, UK PATHways and PATHhome Program; Bethany Wilson, Patient Advocate; and moderator Jason Joy, MS, LMFT, UK PATHways Program Director. The panel provided a powerful firsthand account of the work of UK PATHways, emphasizing the comprehensive approach and the positive outcomes. Dr. Weeks described the neurobiology of addiction and identified steps for recovery. He highlighted Norton Women's and Children's Hospital's Maternal Opiate and Substance Treatment (MOST) program as a multidisciplinary approach that includes the patient's personal investment, while acknowledging the multifactorial causes of addiction. A team of panelists that included Angela Adams, LCSW; Tessa Franklin, BSN, RN, and Niki Hamm, a recent patient of the MOST program, described the program and provided a moving perspective of a real woman in recovery.

Day two concluded with participants selecting one of three breakout sessions.

Day Two Breakout Session Topics:

- Colorado Perinatal Care Quality Collaborative (CPCQC) – Maternal and Infant SUD Initiatives in Colorado – Susan Hwang, MD, MPH, PhD, Associate Professor of Pediatrics, Director, Perinatal Health Services Research, University of Colorado School of Medicine and Lisa Becker, MD, OB/GYN Hospitalist, Presbyterian St. Luke's Medical Center
- Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) – Oklahoma Mothers and Newborns Affected by Opioids – Barbara Koop, MS, RNC-ON, and Denise Cole, MS, RNC-NIC, Program Managers, OPQIC
- Baby Steps: Improving Postpartum Care One Step at a Time – Judy Theriot, MD, Medical Director, Department of Medicaid Services

At the end of day two, Dr. Connie White summarized the two-day meeting, highlighted the lessons learned, and thanked participants for their attendance and their work to improve the lives of mothers and babies in Kentucky.

To increase participant engagement in the virtual setting, questions were posted throughout the meeting using the interactive tool *Kahoot!*. During workshop and breakout sessions, input on the discussions was collected through *Kahoot!* and used to present information to the larger group at the end of the day. Before the lunch break each day, participants were asked to respond to a series of questions covering perinatal health, Kentucky birthing statistics, small group presentations, and interesting facts about attendees. To foster the competitive spirit of the participants, prizes were awarded to the winners of each game. While not all attendees participated in the games, the interactive nature of *Kahoot!* seemed to be well received by many participants.

A high-level summary of the meeting evaluation is provided below, and the detailed evaluation data follows. The meeting was interactive and provided opportunities for different types of learners to engage. In summary, the meeting provided opportunity for participants to reach the learning objectives: 1) AIM activities in Kentucky and nationally were presented throughout the two days, 2) multiple approaches were discussed to improve maternal safety, 3) specific examples of connecting individuals to providers were presented for Opioid Use Disorder, 4) equity was interwoven throughout the two-day meeting, with historical perspectives, current challenges, and solutions to improve equity challenges, 5) presenters discussed the importance of early identification of SUD in an equitable manner, 6) NAS/NOWS diagnosis and treatment were presented, including current best practices and ongoing research, and 7) multiple collaboratives shared their stories and applications within Kentucky were considered.

Evaluation Summary

- **Overview of the 78 Evaluation Respondents**
 - 55 (70.5%) attended both days or part of both days of the meeting.
 - This was higher than 2020 where 56.9% attended both days.
 - Only 19.2% attended a half day. Most attended a full day.
 - 89.5% attended Wednesday's meeting (Day 1).
 - 57 (73.1%) had been in the perinatal field for over 5 years. ([Figure 2](#))
 - 24.4% of the respondents worked in Labor and Delivery; 23.1% worked in Obstetrics. ([Figure 1](#))
- **Respondents were more likely to say they will be more involved in KyPQC over the next year.** ([Figure 3](#))
- **Respondents reported they were able to engage as much as they wanted during the meeting.**
 - 65.4% said they were able to meet at least one person they did not know prior to the meeting. This was similar to 2020 where 68.8% said they were able to meet at least one person they did not know.
- **Respondents reported they understood what impact they can have in perinatal care using the KyPQC.**
- **Respondents reported an increased familiarity with the AIM SUD bundle as a result of the meeting.**
 - Those who were familiar went from 50% prior to the meeting to 82% after the meeting.

Demographics of Post-Meeting Evaluation Respondents

Please indicate which day(s) you attended the Meeting (check all that apply)

Among the 78 evaluation respondents, 55 (70.5%) reported attending both days or part of both days of the meeting.

Table 1: Attendance patterns of participants who responded to the evaluation

Meeting Day	Number Who Said They Attended
All Day Wednesday	70
Some Wednesday sessions	8
All day Thursday	48
Some Thursday sessions	7

Participants who attended half-day were representative of broad fields in Perinatal health (Behavioral Health =1, Neonatal=2, OB=5, Public Health=3, QI=1; could be double-counted because data include Wednesday and Thursday). OBs typically attended both days (13 attended two days vs. two who attended one day), Labor and Delivery attended both days (14 attended two days vs. five who attended one day), Public Health more commonly attended both days (nine attended two days vs. three who attended one). Public Insurance & Pediatricians attended both days. There were no notable trends in the other groups.

Which best describes your field in perinatal care in Kentucky?

Table 2: Comparison of Participants in Attendance by Field of Practice, 2021 vs. 2020

Field of Practice	2021 Total Numbers (%)	2021 Attended Wed	2021 Attended Thursday	2020 Total Numbers (%)
Labor and Delivery Unit	19 (24.4%)	19	14	22 (20.2%)
Obstetrics/Prenatal Care	18 (23.15%)	18	16	28 (25.7%)
Public Health	12 (15.4%)	12	9	7* (6.4%)
Other ⁺	8 (10.2%)	8	3	
Neonatal Care	8 (10.3%)	8	5	10 (9.2%)
Quality Improvement	6 (7.7%)	6	3	6* (5.5%)
Behavioral Health	3 (3.8%)	3	1	11 (10.1%)
Pediatrics	2 (2.6%)	2	2	3 (2.8%)
Public insurance (Medicaid, TriCare, etc.)	2 (2.6%)	2	2	6 (5.5%)
Private Insurance	0 (0%)	0	0	0 (0%)

Note: *mentioned in "other" category in 2020

⁺Other includes: RPH, OIG (n=2), Mother/Baby Staff Nurse (n=2), Maternity Services Educator (n=1), Prevention (n=1), Research (n=1), and Retired Maternal Child Manager, MMRC, AWHONN Ky Legislative Rep, KPA Previous Treasurer and current CEU Administrator (n=1)

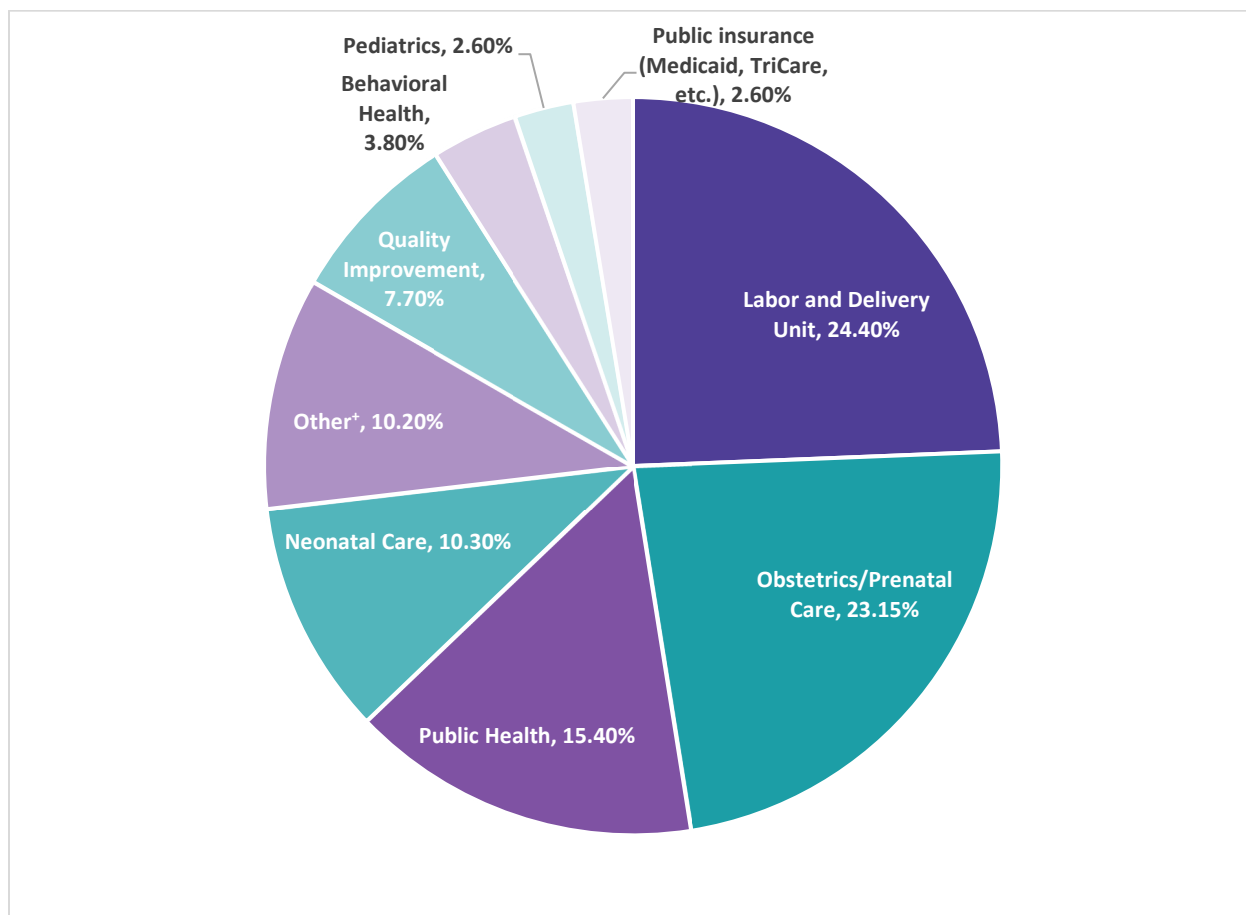


Figure 1. Perinatal Fields of Employment Reported by KyPQC Post-Evaluation Participants

⁺Other includes RPH, OIG (n=2) , Mother/Baby Staff Nurse (n=2), Maternity Services Educator (n=1), Prevention (n=1), Research (n=1) and Retired Maternal Child Manager, MMRC, AWHONN Ky Legislative Rep, KPA Previous Treasurer and current CEU Administrator (n=1).

Table 3: Length of time respondents have worked in their role, with 2020 data as comparison

Number of years in field	2021	2020
Less than 1 year	16 (20.5%)	9 (8.3%)
1-3 years	4 (5.1%)	15 (13.8%)
3-5 years	1 (1.3%)	13 (11.9%)
More than 5 years	57 (73.1%)	72 (66.1%)

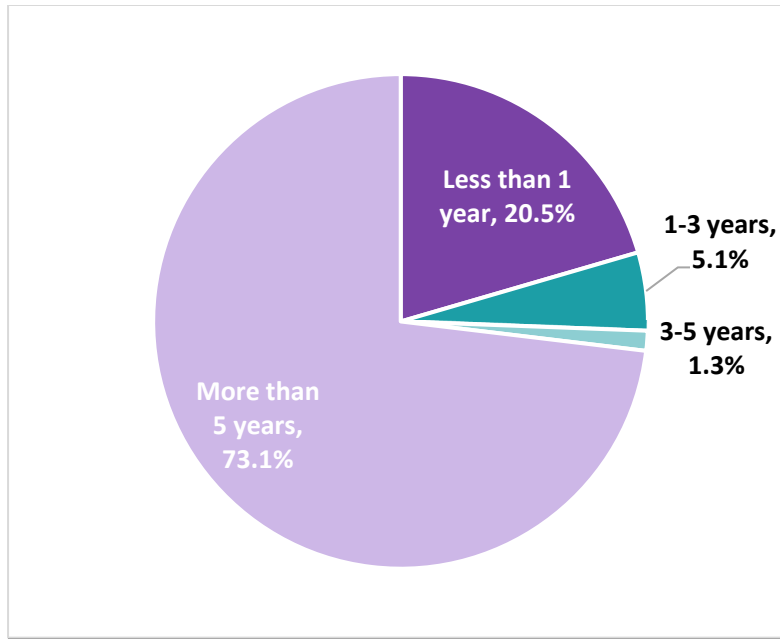


Figure 2. Number of Years in Perinatal Fields Reported by KyPQC Post-Evaluation Participants

KyPQC Involvement

Table 4: Self-reported involvement in KyPQC prior to 2021 and 2020 meetings, and projected involvement after meetings (2020 evaluation data used as comparison)

Level of Involvement	Prior to Meeting 2021 (n = 47)	Prior to Meeting 2020 (n = 97)	Predict Over Next Year 2021 (n=77)	Predict Over Next Year 2020 (n = 97)
not at all active	10 (12.8%)	39 (35.8%)	10 (12.8%)	3 (2.7%)
somewhat active	19 (24.4%)	35 (32.1%)	25 (32.1%)	43 (39.4%)
fairly active	10 (12.8%)	17 (47.7%)	21 (26.9%)	34 (31.2%)
very active	8 (10.3%)	6 (5.5%)	21 (26.9%)	17 (15.6%)

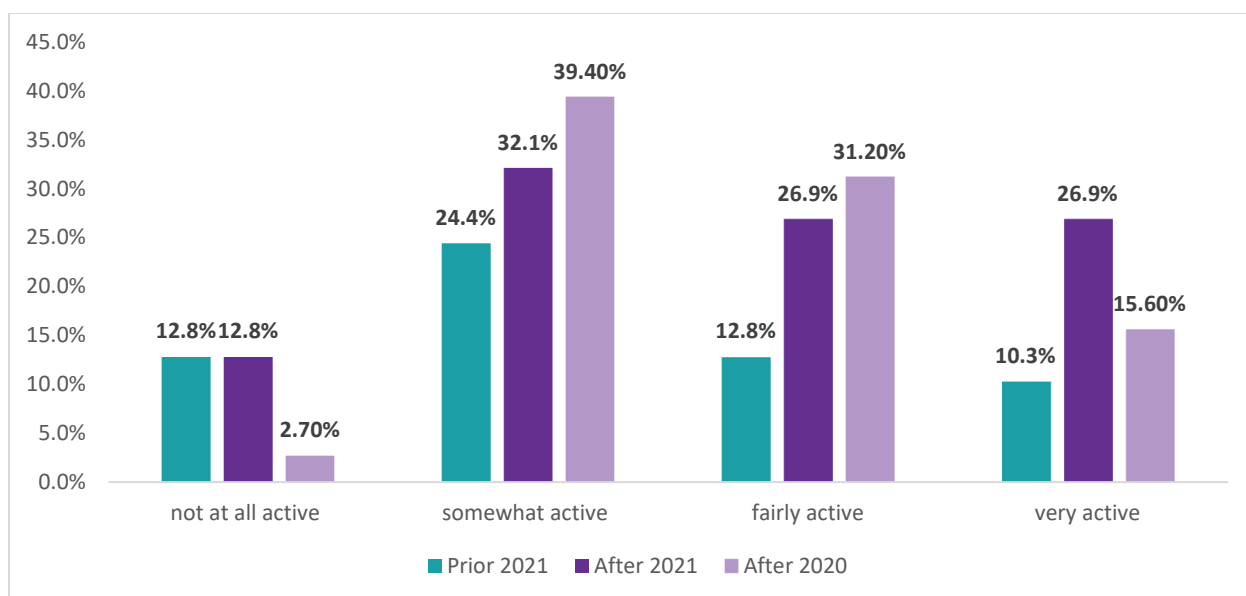


Figure 3. Comparison of Pre-Meeting KyPQC Involvement to Perceived Involvement Over the Coming Year. Includes 2021 and Perceived Involvement for 2020 Participants.

Table 5: Numbers of respondents who want to receive KyPQC communication

Response	2021 total	2020 total
Already receive communication	40 (51.3%)	57 (52.3%)
Would like to receive communication	19 (24.4%)	29 (26.6%)
Not interested	2 (2.6%)	9 (8.3%)

Table 6: Respondents interested in receiving KyPQC communication

There were 13 people who provided contact information. Table is not shared because it contained names. The label of the table was retained for consistency between versions of the report.

Table 7: If you are not already involved, would you want to become involved with the KyPQC?

Response	2021 Totals	2020 Totals
Already involved	29 (37.2%)	45 (41.3%)
Would like	16 (20.5%)	27 (24.8%)
Not interested at this time	16 (20.5%)	21 (19.3%)

Table 8: Contact Info for those who would like to become involved in KyPQC

There were 10 people who provided contact information. Table is not shared because it contained names. The label of the table was retained for consistency between versions of the report.

Views on Meeting/Impact of Meeting

Table 9: Rate how strongly you agree with each statement: (strongly agree, agree, disagree, strongly disagree)

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1
I was able to engage as much as I wanted during the meeting.	39 (50%)	28 (35.9%)	1 (1.3%)	0 (0%)
I am able to see what impact I can have in perinatal care using the KyPQC network.	31 (39.7%)	33 (42.3%)	2 (2.6%)	0 (0%)
Before the meeting, I was familiar with the Alliance for Innovation on Maternal Health (AIM) SUD safety bundle.	11 (14.1%)	28 (35.9%)	20 (25.6%)	7 (9.0%)
Following the meeting, I am familiar with the Alliance for Innovation on Maternal Health (AIM) SUD safety bundle.	32 (41.0%)	32 (41.0%)	3 (3.8%)	0 (0%)
I learned new strategies to improve maternal safety during the prenatal period through the first-year post-partum.	29 (37.2%)	38 (48.7%)	1 (1.3%)	0 (0%)
I can describe the safety and efficacy of Medication for Opioid Use Disorder (MOUD).	25 (32.1%)	40 (51.3%)	3 (3.8%)	0 (0%)
I understand the importance of birth equity and eliminating stigma towards pregnant and parenting people with substance use disorder.	38 (48.7%)	30 (38.5%)	0 (0%)	0 (0%)
I understand the important of universal screening for substance use disorder using evidence-based tools in prenatal and labor and delivery care settings.	38 (48.7%)	29 (37.2%)	1 (1.3%)	0 (0%)

Table 10: Rate how strongly you agree with the following statement: The activities that the KyPQC are planning to address over the next year are important.

	2021 Totals
Strongly Agree	38 (48.7%)
Agree	23 (29.5%)
Disagree	0 (0%)
Strongly Disagree	0 (0%)
I am not sure what those activities are	0 (0%)

Table 11: The participants were asked to respond to the following statement: During this event, I was able to meet at least one person I did not know.

	2021 Totals	2020 Totals
Yes	51 (65.4%)	75 (68.8%)
No	10 (12.8%)	20 (18.3%)

Table 12: Please describe what, in your opinion, was the most informative agenda item during this meeting. – order from highest to lowest

	#	%
AIM Kickoff Presentations and Discussion – Chelsea Lennox, Audra Meadows, Monica Clouse, Mary Beth Allen and Lisa Hollier	11	14.1%
The Here and NOWs of Neonatal Opioid Withdrawal Syndrome: Utilizing science to improve the care of infants with antenatal opioid exposure – Lori Devlin	11	14.1%
Maternal Morbidity, Mortality and Racial Disparities: What Can We Do? – Dena Goffman	8	10.2%
Illinois Perinatal Quality Collaborative: Improving Care for Pregnant Persons with OUD through a Statewide Quality Improvement Initiative – Ann Borders	7	8.9%
Maternal Opiate and Substance Treatment (MOST) Program: Caring for Pregnancies with Opiate Use Disorder – Jonathan Weeks and Angela Adams	7	8.9%
Screening, SBIRT and Substance Use in the OB Setting – so what does this all mean? – Marcela Smid	7	8.9%
Pilot Participation in the First KyPQC Quality Improvement Initiatives – Lyndsey Neese, Cheryl Parker, Leann Baker, and Pilot sites	4	5.1%
Maternal Health Equity in Vulnerable Populations – Haywood Brown	3	3.8%
FindHelpNowKY.org Locating Near-Real-Time Available Substance Use Disorder Treatment Options – Danita Coulter and Brandi Murriell	2	2.6%
Introducing the Kentucky Breastfeeding Triple Step: Three Baby-Friendly Steps that Can Improve Your Care of Infants with NAS and Their Families – Paula Schreck	2	2.6%
Opioid Analgesics Prescribing Practices during the Postpartum Period: A KASPER* Review 2014-2020 (*Kentucky All Schedule Prescription Electronic Reporting) – Connie White and Adam Berrones	2	2.6%
UK PATHways: Perinatal Assistance and Treatment Home at the University of Kentucky Polk Dalton Clinic – John O'Brien, Jason Joy, Linda Berry, and Bethany Wilson	2	2.6%
Baby Steps: Improving Post-Partum Care One Step at a Time – Judy Theriot	1	1.3%
Understanding and Applying Kentucky NAS Reporting Registry Data – Emily Ferrell	1	1.3%
Colorado Perinatal Care Quality Collaborative (CPCQC) – Maternal and Infant SUD Initiatives in Colorado – Susan Hwang and Lisa Becker	0	0%
Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) – Oklahoma Mothers and Newborns affected by Opioids – Barbara Koop and Denise Cole	0	0%



Figure 4. Comments About the 2021 KyPQC Annual Meeting

Table 13: Overall comments about the 2021 KyPQC Annual Meeting

Participant Responses
Excellent conference with a really great & wide range of speakers representing a great variety of our country! Thank you!!
Excellent Presentation both days. Thank you.
Great program and diversity in topics. Good information from established Perinatal Quality Collaboratives
I was very impressed by the keynote speakers. The information was very interesting. It was nice to hear the KY was making a positive impact that is being recognized. Thank you for this conference.
Making breakout groups larger really helped improve the conversation.
Thank you!!!
Wonderful meeting!

Workshop Session – FindHelpNowKY.org Locating Near-Real-Time Available Substance Use Disorder Treatment Options

Table 14: Rate how strongly you agree with each statement about the FindHelpNowKY.org Locating Near-Real-Time Available Substance Use Disorder Treatment workshop (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The workshop was beneficial to the work I am doing or could be doing.	5 (33.3%)*	10 (66.7%)	0 (0%)	0 (0%)	3.33
I know how to complete a general and an advanced search to locate near-real-time available treatment options.	6 (40.0%)	9 (60.0%)	0 (0%)	0 (0%)	3.40
I know how to locate resources on FindHelpNowKY.org for patients with SUD/ODU that are pregnant/postpartum.	7 (46.7%)	8 (53.3%)	0 (0%)	0 (0%)	3.47
I know how to register my practice/facility on the FindHelpNowKY.org website.	3 (30.0%)	7 (70.0%)	0 (0%)	0 (0%)	3.30
I know how my practice and/or my facility can remain published on the treatment locator website.	4 (40.0%)	6 (60.0%)	0 (0%)	0 (0%)	3.40
I know how my practice and/or my facility can request technical assistance from FindHelpNowKY.org staff.	5 (41.7%)	7 (58.3%)	0 (0%)	0 (0%)	3.42

*Percentages are based on the number who answered the question.

Table 15: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Connecting mothers from our facility to OP treatment in their area
help connect patients to resources
helpful information on resources
Improve my screening tools and resources for my Mothers and newborns
It will give us more resources to share with our PN and PP mom clients.
Make our program more aware of help/resources for our clients and make the process easier.
Resources, pilot program hospital locations, SUD locations for pregnancy and postpartum
Take information back to my unit

Workshop Session – Screening, SBIRT and Substance Use in the OB Setting – so what does this all mean?

Table 16: Rate how strongly you agree with each statement about the Screening, SBIRT and Substance Use in the OB Setting – so what does this all mean? workshop (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The workshop was beneficial to the work I and/ or my facility is doing or could be doing.	13 (41.9%)*	18 (58.1%)	0 (0%)	0 (0%)	3.42
Based on what I learned in this session, I know I can define what is and what is not an evidence-based tool for screening for substance use in the perinatal population.	14 (45.2%)	17 (54.8%)	0 (0%)	0 (0%)	3.45
I understand the SBIRT approach to delivering early intervention and treatment for individuals with substance use disorders and those at risk for substance use disorders.	14 (45.2%)	17 (54.8%)	0 (0%)	0 (0%)	3.45

*Percentages are based on the number who answered the question.

Table 17: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Better utilize screenings to identify mothers who may need help with substance use disorders.
Better ways to screen moms that would facilitate better treatment
Change the tool we are using.
Early detection and intervention
First to choose the appropriate tool for my hospital and patient population
Help to incorporate a validated tool for providers to use at postpartum visits.
Implementation!!!!
Improve my mother/baby experience
More data to make a case for SBIRT USE both pre and post-partum
Share information with my team
Share with my unit
Using universal screening tools in clinical setting to better identify women who may need help with SUD
We need to implement an EB screening tool on this unit

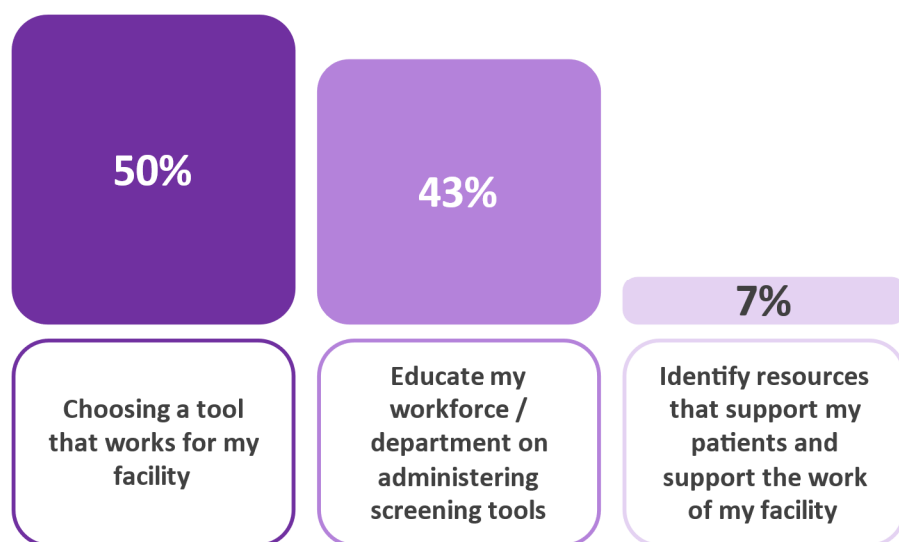


Figure 5. What participants stated when asked “which of the following is your likely next step?”

Using an interactive polling tool in *Kahoot!* participants were asked about the most likely next step following what they learned in the presentation. Participants were provided choices and were encouraged to participate using their smart-device or by visiting the Kahoot website. The attendees at the Screening, SBIRT and Substance Use in the OB Setting session answered “Choosing a tool that works for my facility,” followed by “Educate my workforce on administering screening tools.” These findings provide opportunities for the KyPQC to support attendees to further the reach of the tools presented in this session

Workshop Session – Understanding and Applying Kentucky NAS Reporting Registry Data

Table 18: Rate how strongly you agree with each statement about the Understanding and Applying Kentucky NAS Reporting Registry Data workshop (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The small group discussion was beneficial to the work I am doing or could be doing.	5 (33.3%)*	10 (66.7%)	0 (0%)	0 (0%)	3.33
I understand what gets reported in the annual NAS report and the hospital fact sheets.	7 (43.8%)	9 (56.2%)	0 (0%)	0 (0%)	3.44
I identified something KyPQC and/or my facility can do to improve the quality of NAS data reported.	8 (50.0%)	8 (50.0%)	0 (0%)	0 (0%)	3.5
I understand the importance of data quality in improving NAS prevention.	10 (62.5%)	6 (37.5%)	0 (0%)	0 (0%)	3.63

*Percentages are based on the number who answered the question.

Table 19: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Better reporting of data
Better understand what other centers report as well
Currently I am reporting Finnegan Scores of 8 or above. I plan to take the recommendations of Emily to the Team and reconsider our reporting population.
I did not know the process of reporting at all; I am the manager of a neonatal abstinence unit. I now want to know who is responsible for reporting this data.
Improve my ability to help mothers with SUD
Improve the accuracy and speed of reporting
Plan to share with our OB director
Better reporting of data



Figure 6. Big Take Away from Understanding and Applying Kentucky NAS Reporting Registry Data

Using the *Kahoot!* polling tool, attendees in the Kentucky NAS Reporting Registry data session were asked what their biggest takeaway was from the discussion. Participants were encouraged to enter up to two responses, and a word cloud was formed. Highlighted in purple font in Figure 6, reporting data promptly and with similar criteria was the big take-away.

Workshop Session – Pilot Participation in the First KyPQC Quality Improvement Initiatives

Table 20: Rate how strongly you agree with each statement about the Pilot Participation in first KyPQC Quality Improvement Initiatives workshop (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The workshop was beneficial to the work I am doing or could be doing.	13 (41.9%)*	18 (58.1%)	0 (0%)	0 (0%)	3.42
I now understand the structure and goals of the KyPQC First Initiatives.	14 (45.2%)	17 (54.8%)	0 (0%)	0 (0%)	3.45
I understand the value of participating in the KyPQC First Initiatives.	15 (48.4%)	16 (51.6%)	0 (0%)	0 (0%)	3.48
I can now discuss the OB and Neo SMART Aims with others.	11 (35.5%)	20 (64.5%)	0 (0%)	0 (0%)	3.35
I believe I can explain the framework for implementing the KyPQC First Initiatives to others.	10 (32.2%)	21 (67.8%)	0 (0%)	0 (0%)	3.32
I understand how pilot hospitals were selected for the KyPQC First Initiatives.	11 (35.5%)	20 (64.5%)	0 (0%)	0 (0%)	3.35
Based on what I learned I think I and/ or my facility am interested in being selected for next wave of pilot hospitals	7 (26.9%)	19 (73.1%)	0 (0%)	0 (0%)	3.27

*Percentages are based on the number who answered the question.

Table 21: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or the climate in Kentucky around improving the health of mothers and their newborns in your area?

Participant Responses
Awareness of pilot hospitals
Data is key in assessing outcomes
Excited to start the initiative
Excitement to see this work in our state
It was good to learn methods other facilities are using to help reduce the use of opioids post-partum. I work at two facilities and the one who is using the newer practices are actually showing a reduced use of opiates post-partum.
It was interesting to learn how different facilities are implementing new practices to treat and reduce opiate use.
Metrics from the pilot project
Quality assessment and care for Health Justice
Screening
Share with unit
We need this in our rural area



Figure 7. Lessons Learned from Pilot Participation in first KyPQC Quality Improvement Initiatives

The Pilot Participation in the First KyPQC Quality Improvement Initiatives session ended with participants sharing their biggest lessons learned from the presentations using a live *Kahoot!* word cloud generator. The takeaways for participants centered around collaboration, sharing, and teamwork, as seen in Figure 7.

Workshop Session – Opioid Analgesics Prescribing Practices during the Postpartum Period: A KASPER* Review 2014-2020 (*Kentucky All Schedule Prescription Electronic Reporting)

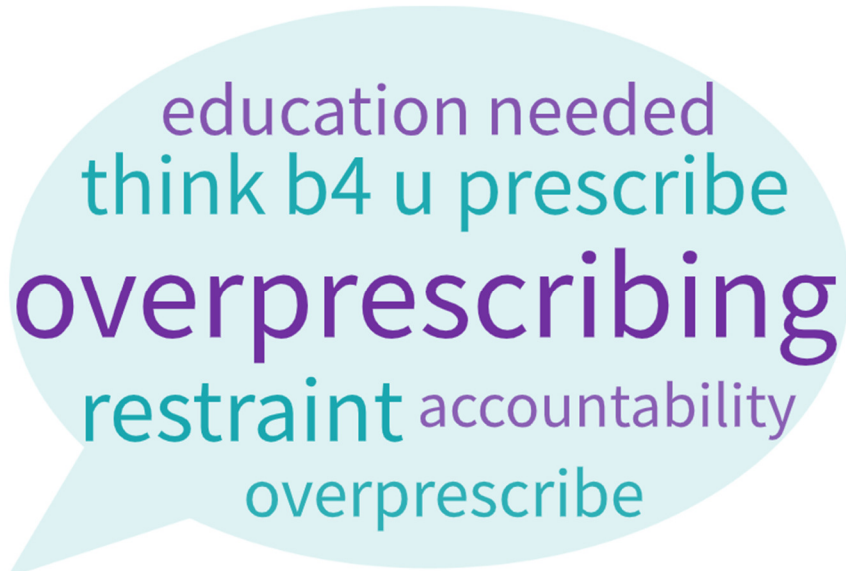
Table 22: Rate how strongly you agree with each statement about the Opioid Analgesics Prescribing Practices during the Postpartum Period: A KASPER* Review 2014-2020 (*Kentucky All Schedule Prescription Electronic Reporting) workshop (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The small group discussion was beneficial to the work I am doing or could be doing.	6 (40.0%)*	9 (60.0%)	0 (0%)	0 (0%)	3.4
I identified this as something that I and /or my facility should further discuss.	8 (57.1%)	6 (42.9%)	0 (0%)	0 (0%)	3.57
I now understand how the partnerships and coordination at the policy level can impact the outcomes of maternal mortality reduction.	8 (53.3%)	7 (46.7%)	0 (0%)	0 (0%)	3.53
I understand the factors that contribute to maternal mortality as a result of substance use disorder in Kentucky.	12 (80.0%)	3 (20.0%)	0 (0%)	0 (0%)	3.80
I now understand the trends in opioid prescribing behavior during the post-partum period by obstetrical care providers in Kentucky.	10 (66.7%)	5 (33.3%)	0 (0%)	0 (0%)	3.67

*Percentages are based on the number who answered the question.

Table 23: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Early identification and intervention
Evidence based info to share with local PP prescribers
Have prescribing info presented at the administrative and prescriber level
Hope to see changes in prescribing implemented
Reduce the number of narcotics provided with vaginal delivery
Review policies for discharge prescriptions for postpartum women.
Would like to know my systems prescribing actual practices to try to get some providers to decrease the amount prescribed.
Share with my staff
Unable to really change practices but will give us more understanding of the scope of SUD
Would like to get the fact sheet for our hospital, review, for ways of improvement



education needed
 think b4 u prescribe
 overprescribing
 restraint accountability
 overprescribe

Figure 8. Lessons Learned from Opioid Analgesics Prescribing Practices during the Postpartum Period: A KASPER Review 2014-2020

Kahoot! was also used to gather feedback from participants in the Opioid Analgesics Prescribing Practices during the Postpartum Period: A KASPER Review 2014-2020. The key lessons described by the participants were related to overprescribing, and the need for education and restraint.

Workshop Session – Introducing the Kentucky Breastfeeding Triple Step: Three Baby-Friendly Steps that Can Improve Your Care of Infants with NAS and Their Families

Table 24: Rate how strongly you agree with each statement about the Introducing the Kentucky Breastfeeding Triple Step workshop (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The small group discussion was beneficial to the work I am doing or could be doing.	8 (53.3%)*	7 (46.7%)	0 (0%)	0 (0%)	3.53
I understand premise for the World Health Organization's 10 Steps to Successful Breastfeeding.	11 (68.8%)	5 (31.2%)	0 (0%)	0 (0%)	3.69
I identified something I and/or my facility can do to apply the benefits of post-natal skin to skin contact and rooming into the management of NAS	7 (50.0%)	7 (50.0%)	0 (0%)	0 (0%)	3.50
I identified something I and/or my facility can do to make sure we employ an equitable approach to building an accessible community network of support for exposed infants and their families.	6 (40.0%)	9 (60.0%)	0 (0%)	0 (0%)	3.40

*Percentages are based on the number who answered the question.

Table 25: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Excellent presentation! I plan to address Dr. Schreck's recommendations with our providers.
Promoting more breastfeeding for mothers' in SUD programs



Figure 9. Lessons Learned from Introducing the Kentucky Breastfeeding Triple Step

The big take-away from the *Kahoot!* word cloud in the Kentucky Breastfeeding Triple Step session was around the importance of skin to skin contact, and the newborn rooming in with the mother.

Kentucky Panel Session – UK PATHways and MOST Programs

Table 26: Keeping the PATHways and Patient Perspective panel session in mind, please indicate how strongly you agree with the following statements.

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
I was able to engage as much as I wanted during this discussion.	21 (36.8%)	35 (61.4%)	1 (1.8%)	0 (0%)	3.35
This discussion helped me see what impact I can have in perinatal care using the KyPQC network.	19 (33.3%)	38 (66.7%)	0 (0%)	0 (0%)	3.33
As a result of this discussion, I understand the importance of birth equity and eliminating stigma towards pregnant and parenting people with substance use disorder.	27 (46.5%)	29 (50.0%)	2 (3.5%)	0 (0%)	3.43
As a result of this discussion, I understand the experience a patient should expect when receiving services at UK PATHways	23 (39.6%)	35 (60.3%)	0 (0%)	0 (0%)	3.40
This panel session was informative based on the patient perspective and gave further insight on what resources worked for them	24 (41.4%)	34 (58.6%)	0 (0%)	0 (0%)	3.41
I identified how I and/or my facility can use PATHways as a resource in our own work	21 (38.9%)	31 (57.4%)	2 (3.7%)	0 (0%)	3.35

*Percentages are based on the number who answered the question.

Kentucky Panel Session – Maternal Opiate and Substance Treatment (MOST) Program: Caring for Pregnancies with Opiate Use Disorder

Table 27: Keeping the Maternal Opiate and Substance Treatment (MOST) Program and Patient Perspective panel session in mind, please indicate how strongly you agree with the following statements.

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
I was able to engage as much as I wanted during this discussion.	22 (38.6%)*	34 (59.6%)	1 (1.8%)	0 (0%)	3.37
This discussion helped me see what impact I can have in perinatal care using the KyPQC network.	22 (38.6%)	35 (61.4%)	0 (0%)	0 (0%)	3.39
As a result of this discussion, I understand the importance of birth equity and eliminating stigma towards pregnant and parenting people with substance use disorder.	26 (45.6%)	31 (54.4%)	0 (0%)	0 (0%)	3.46
This panel session was informative based on the patient perspective and gave further insight on what resources worked for them	27 (47.4%)	30 (52.6%)	0 (0%)	0 (0%)	3.47
I identified how I and/or my facility can use MOST as a resource in our own work	21 (38.9%)	32 (59.3%)	1 (1.8%)	0 (0%)	3.37

*Percentages are based on the number who answered the question.

Breakout Session – Colorado Perinatal Care Collaborative (CPCQC) – Maternal and Infant SUD Initiatives in Colorado

Table 28: Rate how strongly you agree with each statement about the Colorado Perinatal Care Collaborative (CPCQC) – Maternal and Infant SUD Initiatives in Colorado breakout session (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The workshop was beneficial to the work I am doing or could be doing.	5 (25.0%)*	15 (75.0%)	0 (0%)	0 (0%)	3.25
I can describe the approaches used to standardize the care of Substance Exposed Newborns (SENs) during birth hospitalization.	7 (35.0%)	13 (65.0%)	0 (0%)	0 (0%)	3.35
I understand how to standardize care of birthing parents with SUD on labor and delivery using the AIM OUD Bundle.	7 (35.0%)	13 (65.0%)	0 (0%)	0 (0%)	3.35
I know the strengths and challenges teams may encounter when implementing AIM OUD Bundle (e.g. selecting validated tools, implementing universal screening, understanding available resources).	9 (45.0%)	11 (55.0%)	0 (0%)	0 (0%)	3.45

*Percentages are based on the number who answered the question.

Table 29: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Great information, we need to see what others are doing and their successes
Plan to share with our OB director and also with our social worker
Review policies for admission to NICU and NACU
Strengthen Screening/ and Guidelines for optimal family care
SUD screening and using communication
Take back information to my team
Use some of the lessons they learned and apply them to our facility

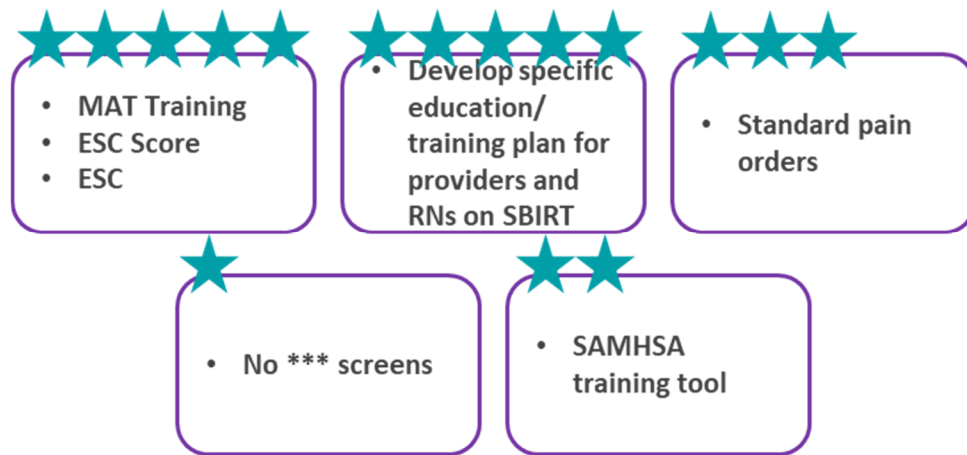


Figure 10. What Participants Felt KyPQC Could Apply Based on Colorado PQC's Presentation

Participants in the Colorado PQC session were asked what they felt the KyPQC could apply in their own work. The *Kahoot!* brainstorming feature was utilized, and each participant was encouraged to submit up to two ideas on what the KyPQC could apply. Following the brainstorming session, similar ideas were grouped together, and each participant voted on the ideas that they thought would be the most applicable. Eat Sleep Console (ESC) scores and specific education for providers on SBIRT were the most popular suggestions for the KyPQC moving forward, as represented by the number of votes, or stars, in Figure 10.

Breakout Session – Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) – Oklahoma Mothers and Newborns Affected by Opioids

Table 30: Rate how strongly you agree with each statement about the Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) – Oklahoma Mothers and Newborns Affected by Opioids breakout session (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	Mean (1 low, 4 high)
The small group discussion was beneficial to the work I am doing or could be doing.	1 (16.7%)*	5 (83.3%)	0 (0%)	0 (0%)	3.17
I can identify and communicate the strategies for undertaking an extensive state-wide initiative.	0 (0%)	6 (100%)	0 (0%)	0 (0%)	3.00
I understand the hospitals' gaps in knowledge and practices in comparison to AIM Opioid Bundle and can explain that to others.	0 (0%)	5 (83.3%)	1 (16.7%)	0 (0%)	2.83
I now understand how a data collection plan augments clinical efforts	1 (16.7%)	5 (83.3%)	0 (0%)	0 (0%)	3.17
I understand and believe I can use tactics to keep hospital teams engaged and progressing.	0 (0%)	5 (100.0%)	0 (0%)	0 (0%)	3.00

*Percentages are based on the number who answered the question.

Table 31: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Access to available resources
I would love to see our hospital create a resource map directory for our families like they have created for their families. That is an awesome resource!

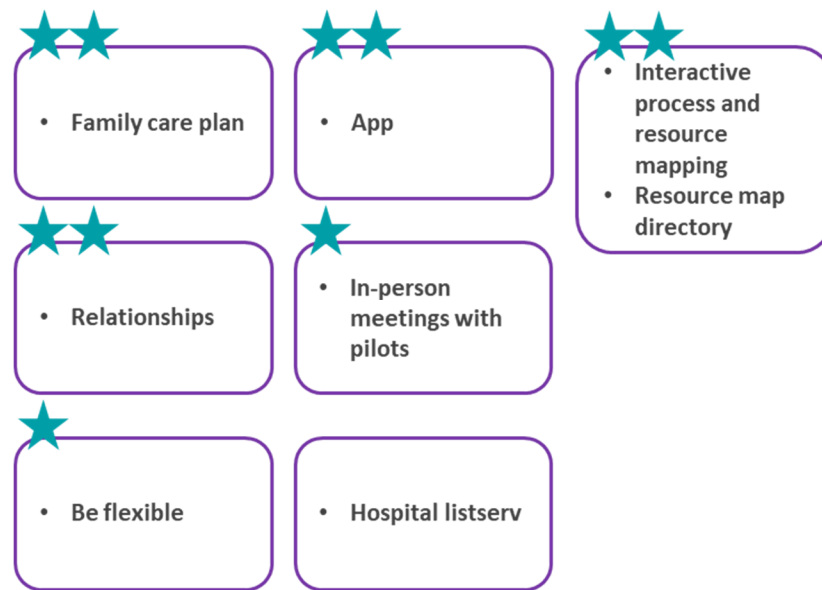


Figure 11. What Participants Felt KyPQC Could Apply Based on Oklahoma PQC’s Presentation

Using similar brainstorming methodology in *Kahoot!* as described above, the participants identified a number of lessons learned from the Oklahoma PQC response. The most popular ideas were in family care planning, resource mapping, and developing relationships, as indicated by the number of votes, or stars, shown in Figure 11. The participants also felt the App presented by the Oklahoma PQC might be an important adaptation for KyPQC.

Breakout Session – Baby Steps: Improving Post-Partum Care One Step at a Time

Table 32: Rate how strongly you agree with each statement about the Baby Steps: Improving Post-Partum Care One Step at a Time breakout session (strongly agree, agree, disagree, strongly disagree).

	Strongly Agree =4	Agree =3	Disagree =2	Strongly Disagree =1	N/A	Mean (1 low, 4 high)
The small group discussion was beneficial to the work I am doing or could be doing.	11 (44.0%)	13 (52.0%)	0 (0%)	0 (0%)	1 (4.0%)	3.46
I now understand the importance of post-partum care and what should be included in a complete post-partum visit.	12 (50.0%)	11 (45.8%)	0 (0%)	0 (0%)	1 (4.2%)	3.52
I can identify opportunities to improve the post-partum visit and attendance at post-partum visits.	10 (41.7%)	13 (54.2%)	0 (0%)	0 (0%)	1 (4.2%)	3.43
I am now able to Develop “Plan, Do, Study, Act” cycles, to be used in various settings to improve post-partum care.	1 (7.7%)	11 (78.6%)	0 (0%)	0 (0%)	1 (7.7%)	3.46

*Percentages are based on the number who answered the question.

Table 33: How will the information from this session impact the work you are doing, changes you want to incorporate into your practice, or improve the health of mothers and their newborns in your area?

Participant Responses
Better education and resources for members
Empower mothers to make more informed decisions
Empowering mothers to make informed decisions regarding available resourced
No change at this time
Share with unit

Using an open ended-word cloud approach in *Kahoot!*, participants identified the need for communication with all parties as a key takeaway from the Baby Steps: Improving Post-Partum Care One Step at a Time breakout session.



Figure 12. Most Important Thing Learned from Improving Post-Partum Care Session

Recommendations for Future KyPQC Meetings and Education to be Considered by the Advisory Committee

Below are the responses submitted by meeting attendees. Similar responses have been grouped together.

Table 34: In what ways, if any, could we improve this type of meeting for the future?

Participant Responses
No change
ZOOM was great! It was well-organized! (x2)
Great offering even with the restriction of virtual
Excellent meeting. Well planned. Just right - not too long, with materials on target (x6)
Wish we could meet in person. (x8)
Keep political opinions out of medical
Concrete ideas to help reduce or eliminate disparities in healthcare, especially for pregnant women and their infants.
Easier viewer response to breakouts, Kahoot and surveys
Not having to use a laptop/tablet and phone

Table 35: What topics or speakers (up to three) would you like to see on the agenda in future meetings?

Participant Responses
People/Speakers <ul style="list-style-type: none"> ○ Ann Borders ○ Dr. Jonathan Weeks (x2) ○ Jennifer Hancock VOA Ky (Uniting Families) ○ Goffman
Breastfeeding <ul style="list-style-type: none"> ○ Alternatives to bonding when breast feeding is not done ○ Breastfeeding education
Covid 19
Educating staff who are reluctant to change
evidenced based practice (non-specific)
Implementing drills in a facility
Long term outcome data on moms and newborns exposed to substance of abuse
Morbidly adherent placenta
More neonatal topics
NAS data on SIDS
PPH
Qbl
SBIRT
Sepsis and septic shock
Trauma Informed care
Any from this mtg.
Not sure

Table 36: From what you have learned today, what future continuing education topics (up to three) would be helpful for your profession?

Participant Responses
Any OB-related
Anything neonatal
Substance Use Disorder <ul style="list-style-type: none"> ○ Biology of SUD ○ Information on SUD
Communication
Community services
Covid
Evidenced based practice (non-specific)
Health equity and bias training
MI
Neonatal abstinence syndrome (x2)
Noninvasive prenatal screening
OB topics
Plan of safe care strategies for communities
PPH
qbl
Tools to assess long term outcomes
Training on SBIRT (x2)
Training on MAT
Trauma informed training

Table 37: Other Comments

Participant Responses
Excellent Program <ul style="list-style-type: none"> ○ Day 1 was very informative with excellent faculty! Thank you! ○ Excellent program. Well worth the time. Thank you! ○ Excellent seminar!! ○ I really enjoyed the speakers ○ This has been one of the most informative and well organized meetings I have ever attended. The speakers were great, as well has the moderators. so much information to share and to use for quality improvement initiatives ○ Wonderful program!
Any topic related to OB would be appreciated!
I would love to hear Dr Meadows elaborate on Disparities.