Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative
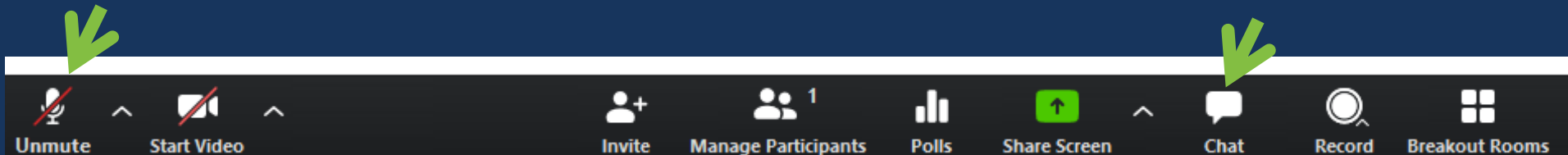
Action Period Call – Baseline Data Collection Review & PDSA Cycles
March 24, 2021

Welcome!

- Attendees are <u>automatically</u> muted to reduce background noise

- Please do not put your phone on hold as music will play

- Please enter questions/comments in the "chat" box during the presentation

- Slides will be emailed and available at www.alpqc.org

- We are now recording

- Please type your name and the institution you represent in the chat box and send to "Everyone".
- Please also do for all those in the room with you viewing the webinar.
- Thank You!

Agenda

Baseline Survey Update		12:05 – 12:10
Data Collection		12:10 – 12:25
Team Talks		12:25 – 12:30
Data Portal Review		12:30 – 12:40
PDSA Cycles		12:40 – 12:50
Q & A		12:50 – 1:00

Baseline Survey Update

Thanks for Responses!

1. DCH Regional Medical Center
2. Huntsville Hospital
3. Jackson Hospital
4. Madison Hospital
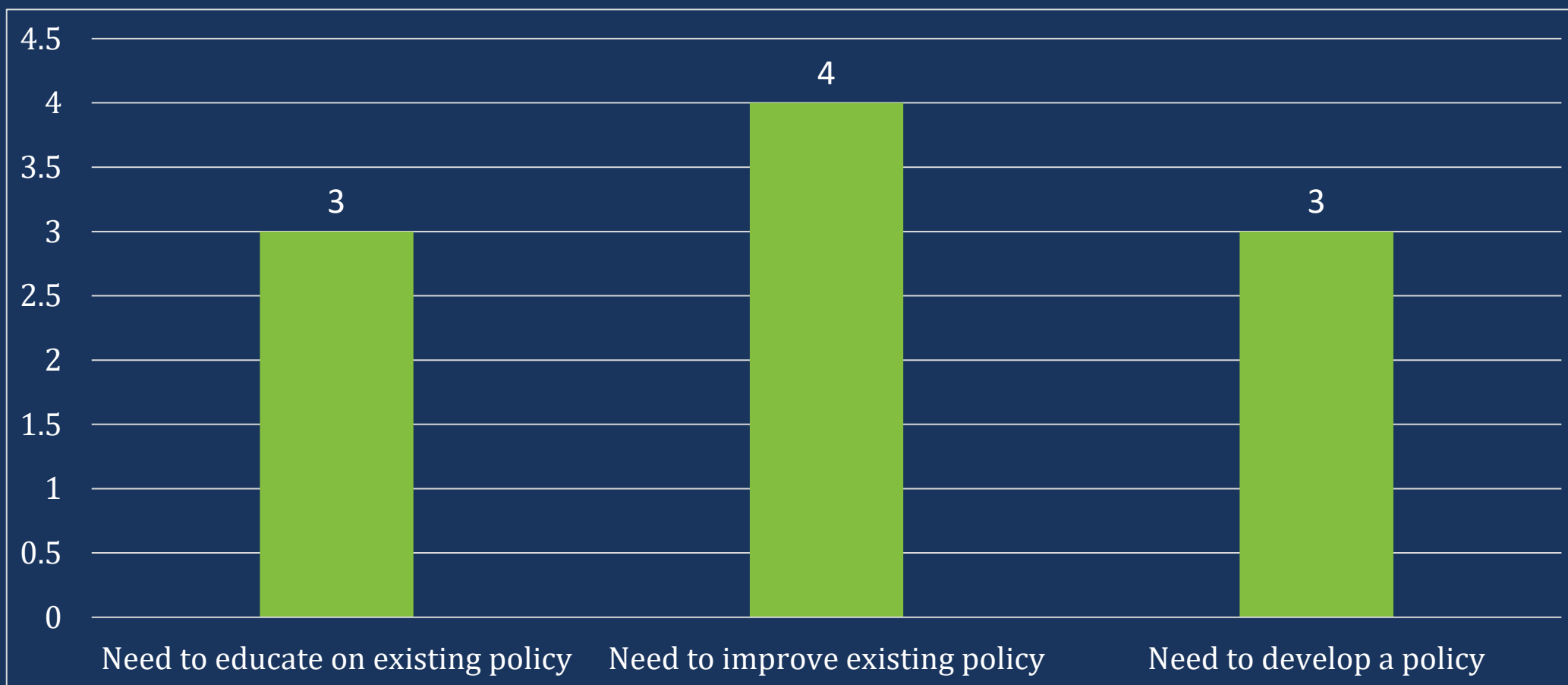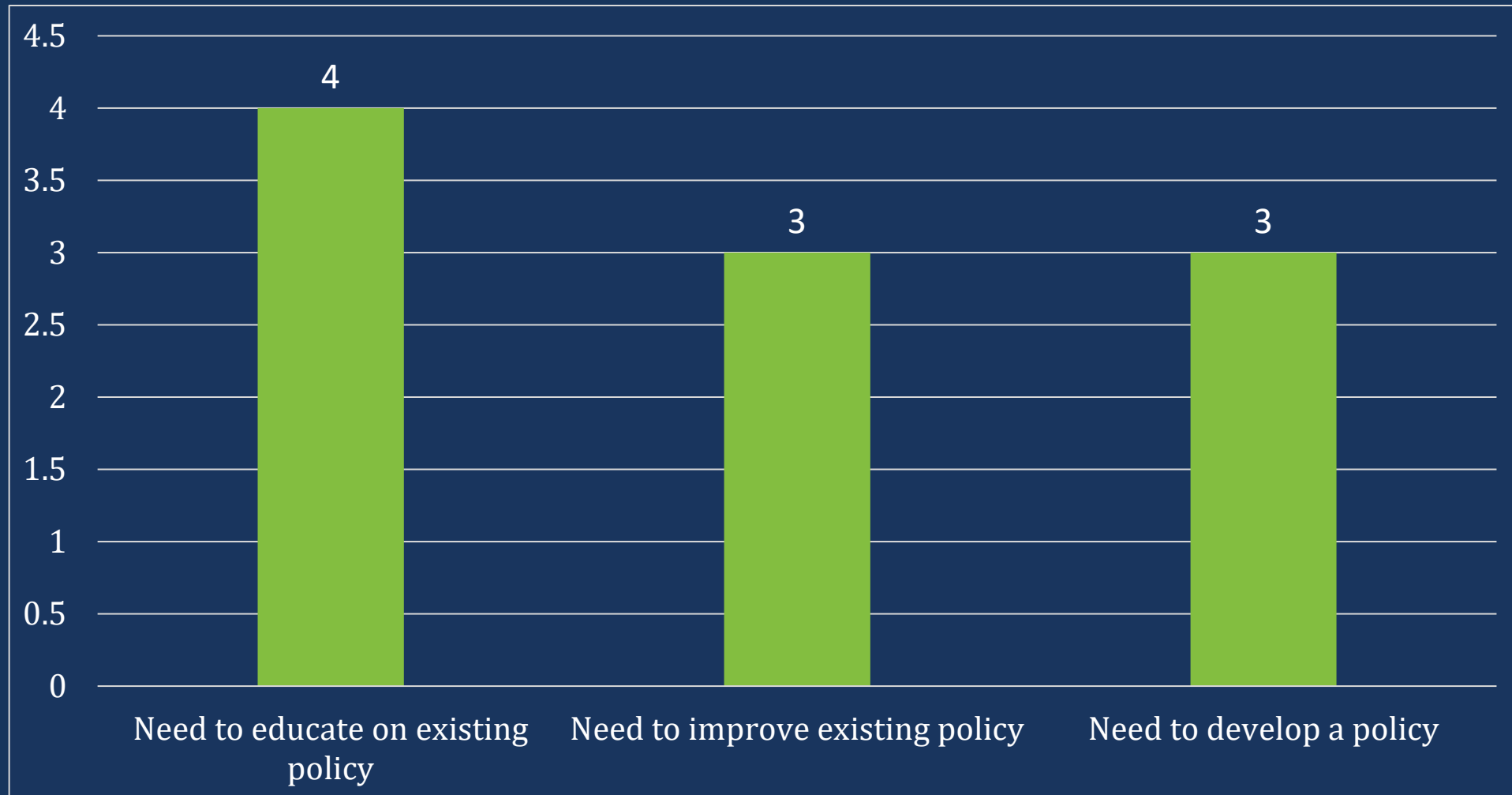5. RMC - Anniston
6. St. Vincent's Birmingham
7. UAB
8. USA Children's & Women's
9. Medical West Hospital
10. East Alabama Medical Center
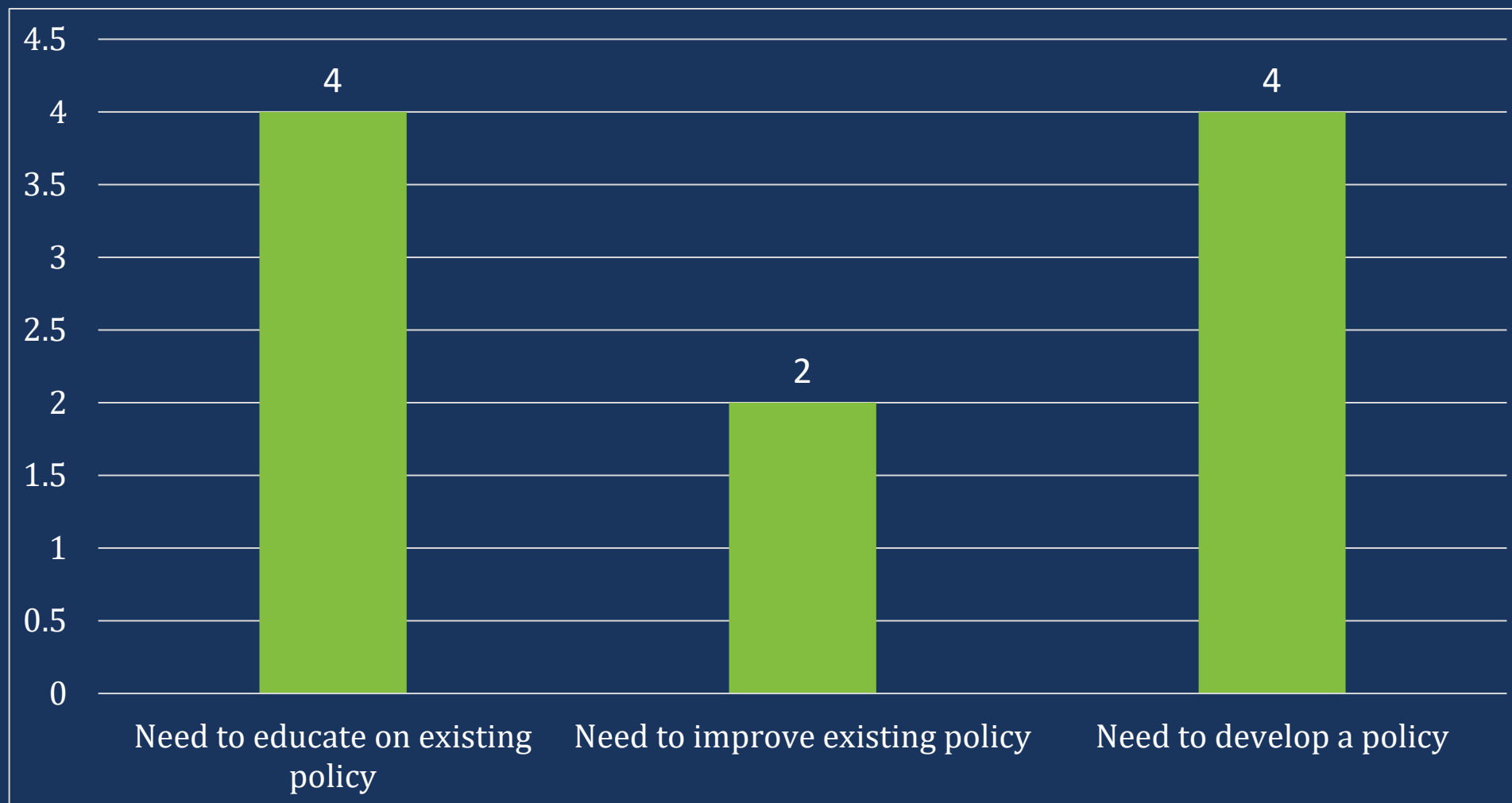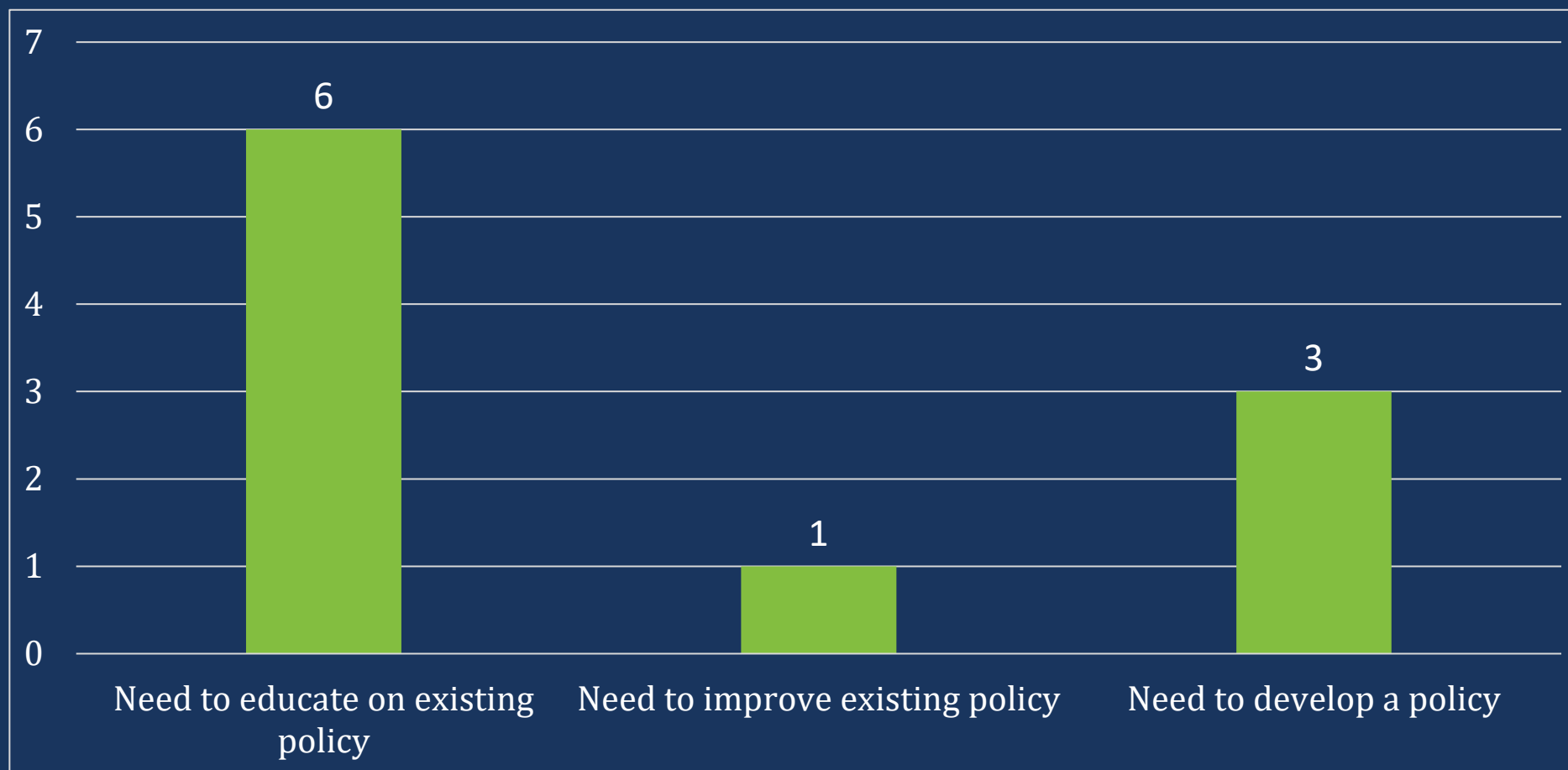11. Crestwood Medical Center
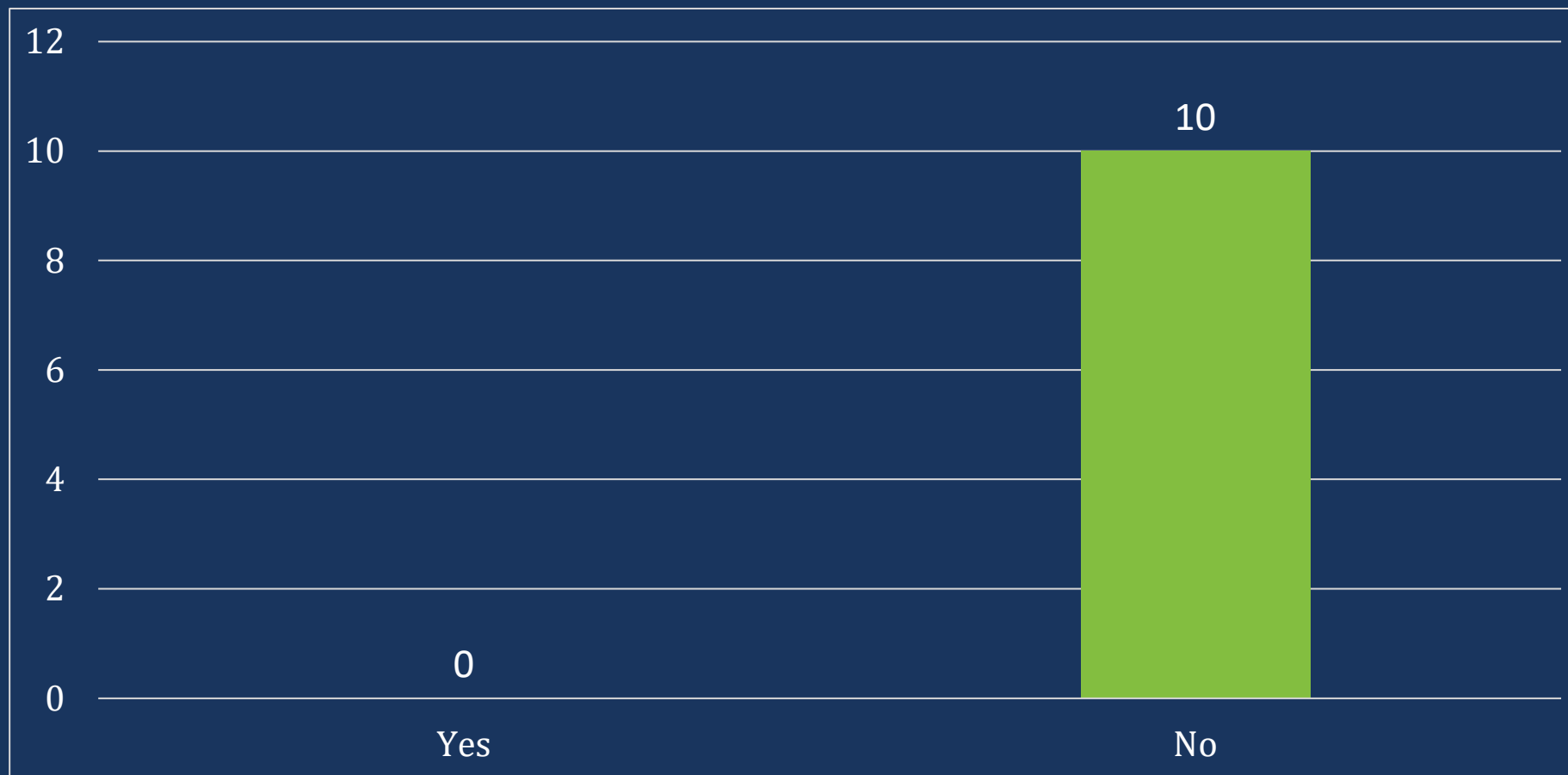
Pharmacologic Guidelines
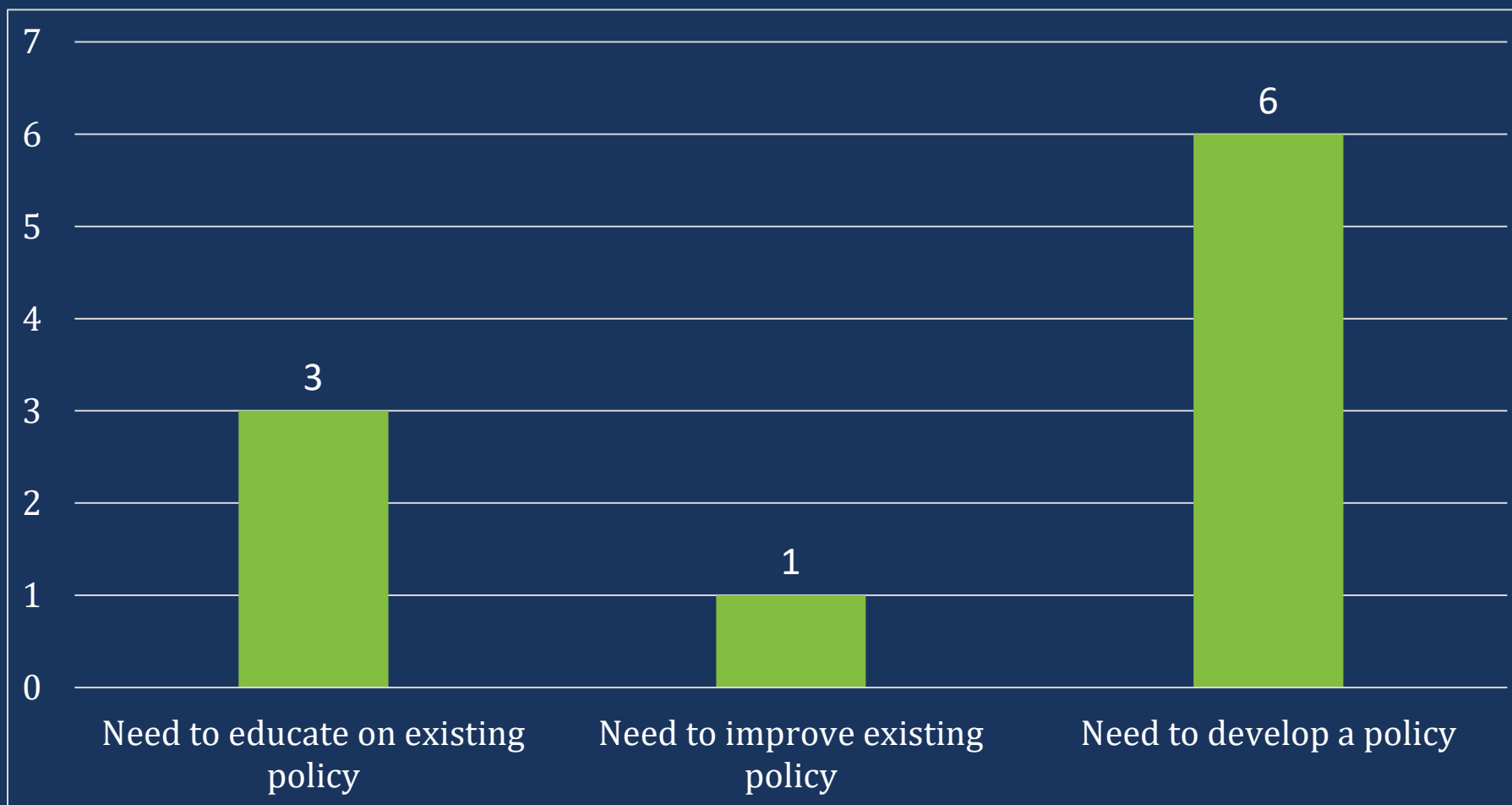
Narcan Counseling

NOWS Baseline and Monthly Data

Neonatal Opioid Withdrawal Syndrome Key Driver Diagram

ALPQC — ALABAMA PERINATAL QUALITY COLLABORATIVE

Global Aims

To optimize inpatient care strategies for mothers with opiate use disorder* and opiate exposed newborns

SMART Aims

By April 1,2022, in infants born at ≥35w GA with NOWS:

1) Reduce length of stay by 20%
2) Reduce exposure to pharm care by 20%
3) Increase the % of mothers and infants discharged with Collaborative Discharge Plan to 35%

Population

Mothers with opiate use disorder and opiate exposed newborns in the state of Alabama

Primary Drivers

- Identification and Assessment of Opiate Exposed Newborns
- Inpatient Management of Infants with NOWS
- Supportive Discharge for Mothers and Baby

Secondary Drivers

- Strengthen Family/Care Team Relationships
- Withdrawal scoring consistency
- Non-pharmacologic care standardization
- Pharmacologic care consistency: initiation, weaning, and cessation
- Keeping mother-baby dyad together
- Hospital specific Plan of Supportive Infant Discharge
- Hospital specific Plan of Supportive Maternal Discharge

Interventions

- Stigma education as part of ongoing education procedures
- Standardize education for all staff on withdrawal scoring
- Non-pharmacologic care guidelines for opioid exposed newborns
- Pharmacologic treatment guidelines
- Establish hospital policy for infant transfer and rooming in
- Establish hospital specific Collaborative Discharge Plan

*Positive self report screen or toxicology, use of non-prescribed opioids, use of prescribed opioids > 1month, newborn screen positive for opioids, newborn affected by maternal use of opioids

Why This Matters

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do
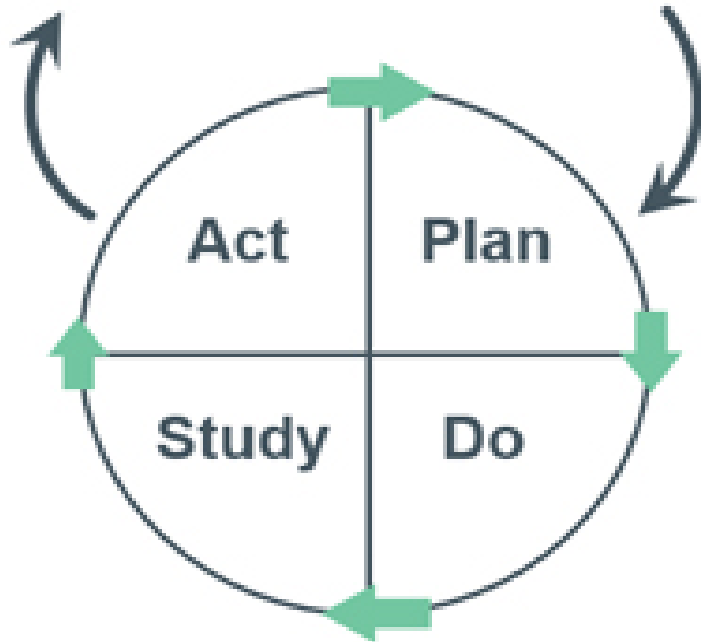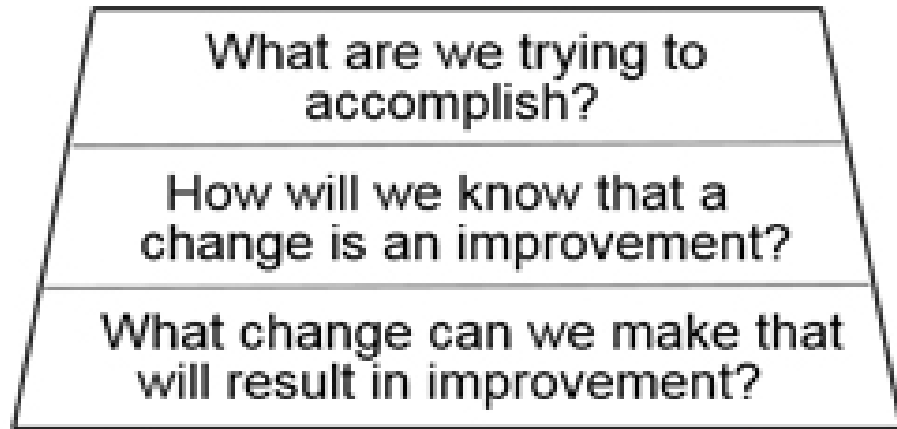
→ Setting your SMART aim

→ Measurement Strategy

→ Key Driver Diagram

→ Testing Changes via PDSA cycles

Baseline Data Collection

Step 1: Start with ICD-10 Codes

Step 2: Ensure Infant Meets Inclusion Criteria

Step 3: Collect Baseline Measures

Step 4: Enter Data Into Data Portal

Baseline Data Collection

Measurement Type	Measurement
Outcome	Neonatal C: Did infant receive **pharmacologic treatment**?
Outcome	Neonatal D: If infant received pharmacologic treatment, for **how many days** did the infant receive treatment (Birth is day "0")
Outcome	Neonatal E: How many **days old** was the infant at discharge
Process	Obstetrical A: Was the mother on **Medication for Opioid Use Disorder (MOUD**)? (e.g. on prescribed methadone/ Subutex/etc.)
Process	Obstetrical B: Was the mother either a) already receiving or b) referred to **addiction services** prior to maternal discharge?
Process	Obstetrical C: Was **Narcan counseling** documented in the medical record prior to maternal discharge?
Balancing	Balancing Measure H: Was the infant **readmitted** for any cause within 10 days of discharge?

Structural Measures

1. Hospital has implemented education practices for hospital staff for reducing stigma in opioid-exposed newborns (OENs)

2. Hospital has implemented education practices for hospital staff for scoring OENs

3. Hospital has implemented standardized non-pharmacologic guidelines for OENs

4. Hospital has implemented standardized practices of when to transfer infants with NOWs to a higher level of care

5. Hospital has implemented standardized pharmacologic guidelines for infants with NOWS

6. Hospital has implemented standardized protocols/guidelines for Collaborative Discharge Plan for mothers and infants

☐ Haven't started
☐ Working on it
☐ In place

Additional Measures for Monthly Data Entry

Measurement Type	Measurement
Process	Did the infant have evidence of opioid withdrawal?
Process	Was a non-pharmacologic bundle used consistently with the infant?
Process	Was a Collaborative Discharge Plan completed prior to discharge?
Process	If not born at your facility, how many days old was infant when transfer was received?

A point to clarify

For hospital transfers, the data form will be completed by the **receiving hospital**.

As maternal measures will reflect the transferring facility, there will soon be a new option for maternal data measures of "Mother delivered at transferring facility"

Team Talks

Rhonda Hamm, MSN, RN, RNC-NIC

WIS Quality Manager

UAB Medicine

NOWS Data Collection

By Rhonda Hamm
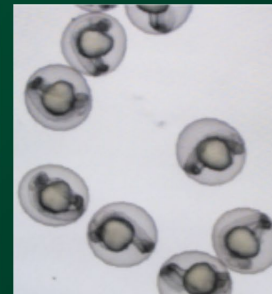
How can I find this information?

Diagnosis coding

Logbooks

Daily patient assignment sheet indicates baby who has NAS

Report from EMR

- PowerPlan
- Documentation of Finnegan score - Jackpot
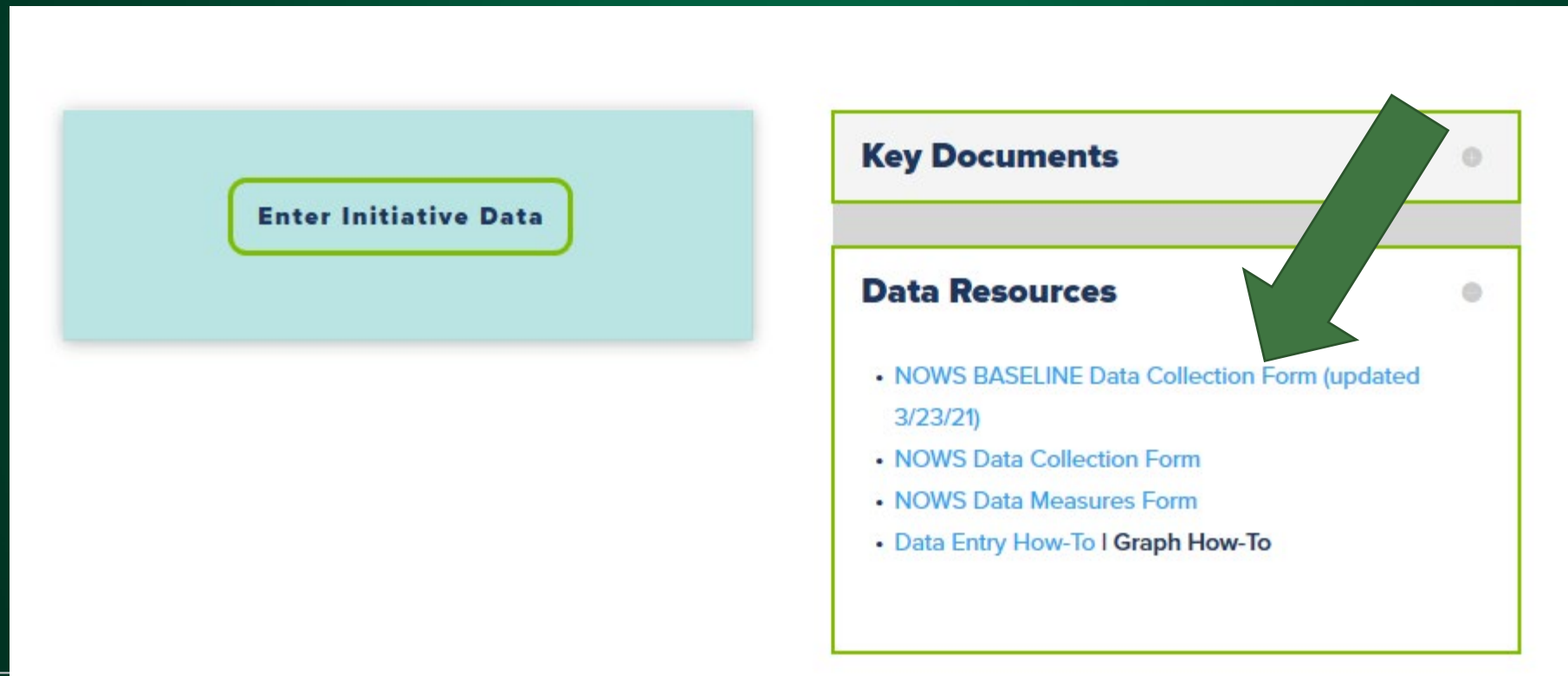
Meanwhile....

- I made sure I had appropriate access to AlaHA data portal
- Email yesterday

UAB MEDICINE

So I know what charts need review, now what?
Download the NOWS baseline data collection form

This form guides data collection

- Data collection for baby is "credited" to the month of discharge
- The number of months for data collection depends on the number of babies
- Start in February 2021 and worked backwards to December or September 2020.
- Each month is a new sheet
- Important: Include babies that are 35 weeks and greater

This form guides data collection

- Data collection for baby is "credited" to the month of discharge
- The number of months for data collection depends on the number of babies
- Start in February 2021 and worked backwards to December or September 2020.
- Each month is a new sheet

For each month document:
- Number of moms and babies with opioid exposure
- The patient race/ethnicity
- The data points: 3 Mom questions & 4 baby questions
- Criteria for inclusion

UAB MEDICINE

I don't like Excel when doing chart reviews
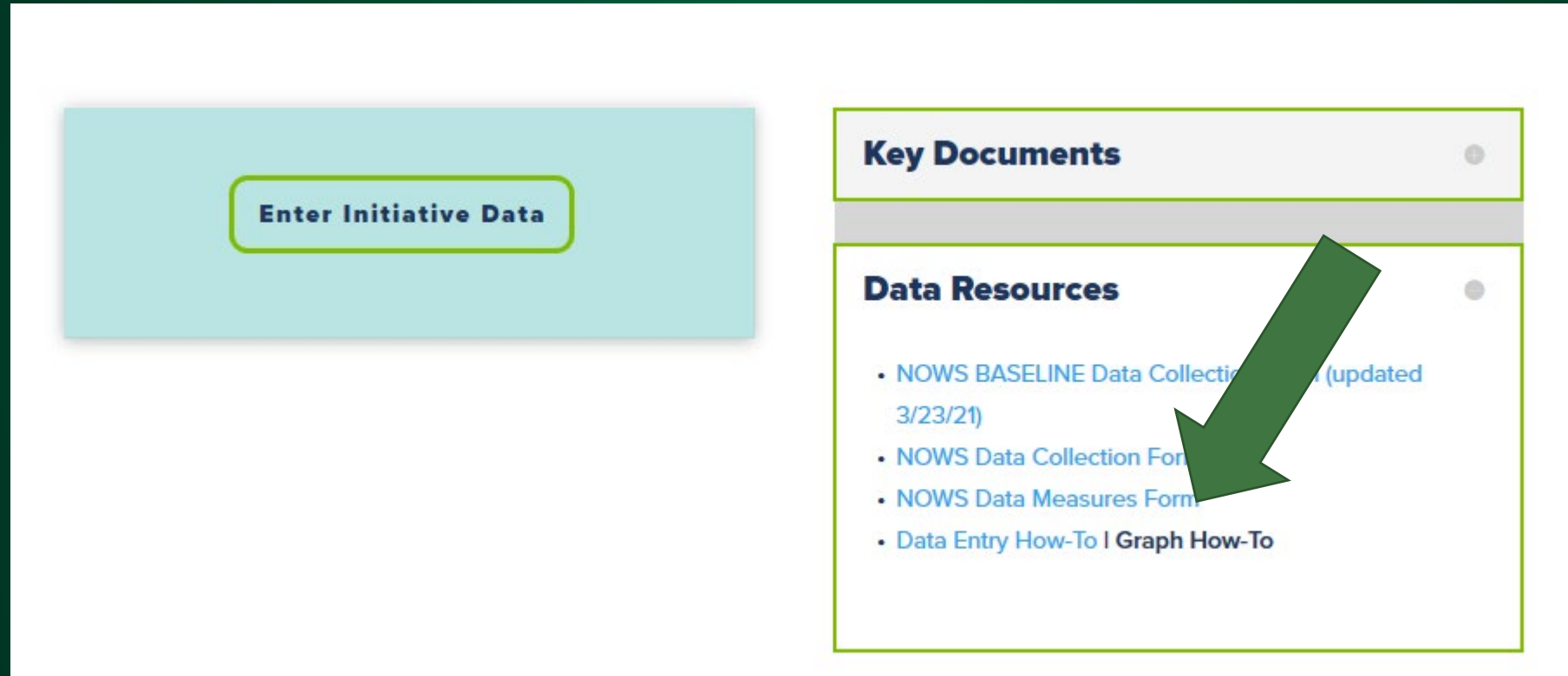
ALPQC NOWS Data Collection Form

Outcomes, Process and Balancing Data Collection Form

Month: _____ **Collection Sheet #** _____ (assign a random number to help track data collection – **no PI**). Data entry portal: www.qualitydata.alaha.org

Patient Race/Ethnicity – Please select all that apply: (NH = Non-Hispanic)

☐ Hispanic or Latino ☐ NH American Indian or Alaska Native ☐ NH Asian ☐ NH Black or African American ☐ NH White ☐ Other ☐ Unknown

Obstetrical Data – Track only for moms who delivered at your facility and are now discharged		
A: Was the mother on Medication for Opioid Use Disorder (MOUD)? (e.g. on prescribed methadone/ Subutex/etc.)	☐ Yes ☐ No	
B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	Denominator: All moms with opioid use disorder

Neonatal Data – Track only for infants who have been discharged and who were born at ≥ than 36 weeks		
A: Did infant have evidence of opioid withdrawal? (e.g. irritability, tremors, feeding problems, vomiting, diarrhea, sweating)	☐ Yes ☐ No	**Numerator:** Keyed answer "Yes" **Denominator:** All infants born to mother with opioid use disorder*
B: Was a non-pharmacologic bundle used consistently with the infant?	☐ Yes ☐ No	**Numerator:** Keyed answer "Yes" **Denominator:** All infants born to mother with opioid use disorder*
C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	**Numerator:** Keyed answer "yes" **Denominator:** All infants born to mother with opioid use disorder*
D: If infant received pharmacologic treatment, for how many days did the infant receive treatment (Birth is day "0")	Days on treatment	**Answer:** Average number of days per month infants were on pharmacologic treatment
E: How many days old was the infant at discharge (Birth is day "0")	Days old at discharge _	**Answer:** Average number of days NOWS infants were in the hospital.
F: Was a Collaborative Discharge Plan completed prior to discharge of infant (see four components in Toolkit)	☐ Yes ☐ No	**Numerator:** Keyed answer "Yes" **Denominator:** All infants born to mother with opioid use disorder*
G: If born at your facility, how many days old was infant when transfer was received (Birth is day "0")	Days old at transfer_	**Average:** Average number of days NOWS infants were when received at transferring facility.
Balancing Measure		
H: Was the infant readmitted for any cause within 10 days of discharge?	☐ Yes ☐ No	**Numerator:** Keyed answer "yes" **Denominator:** All infants born to mother with opioid use disorder*

Monthly chart review form
- Word doc so I modified to match the data collected on the Excel document.

UAB MEDICINE

ALPQC NOWS Data Collection Form

Outcomes, Process and Balancing Data Collection Form

Month: _____ Collection Sheet # _____ (assign a random number to help track data collection – **no PI**). Data entry portal: www.qualitydata.alaha.org

Infant name _____ MR# _____ Acct # _____ .

Mother name _____ MR# _____ Acct # _____ .

Gestation Age_____ DOB_____ Admit date _____ DC date _____ .

Substance exposure_____ .

Patient Race/Ethnicity – Please select all that apply: (NH = Non-Hispanic)

☐ Hispanic or Latino   ☐ NH American Indian or Alaska Native   ☐ NH Asian   ☐ NH Black or African American   ☐ NH White   ☐ Other   ☐ Unknown

Obstetrical Data – Track only for moms who delivered at your facil...		
A: Was the mother on Medication Assisted Treatment (MAT)? (e.g. on prescribed methadone/ Subutex/etc.)	☐ Yes ☐ No	Num... Deno...
B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	Num... Deno...
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	Num... Deno...

Neonatal Data – Track only for infants who have been discharged and who were born at ≥ than 36 we...		
C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	Num... Denominator: All infants born to mother with opioid use disorder
D: If infant received pharmacologic treatment, how many days did the infant receive treatment (Birth is day "0")	Days on treatment	**Answer:** Average number of days per month infants were on pharmacologic treatment
E: How many days old was the infant at discharge (Birth is day "0")	Days old at discharge _	**Answer:** Average number of days NOWS infants were in the hospital.

Balancing Measure		
H: Was the infant readmitted for any cause within 10 days of discharge?	☐ Yes ☐ No	**Numerator:** Keyed answer "yes" **Denominator:** All infants born to mother with opioid use disorder*

*Include all infants of mothers with opioid use disorder if mother has:
- Positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or
- Patient endorses or reports misuse of opioids / opioid use disorder, or
- Using non-prescribed opioids during pregnancy, or
- Using prescribed opioids chronically for longer than a month in the third trimester, or
- If newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids, or

Using ICD-10 data will not be as accurate as clinical criteria above and will require a linkage of mother and infant discharge codes for best estimate and so is not recommended for routine use. Log created from hospital data form is preferred method of data collection.
If using ICD-10 data, check both infant and maternal diagnoses:
Newborn affected by maternal use of opiates
P96.1 Neonatal withdrawal symptoms from maternal use of drugs of addiction
P04.49 Newborn affected by maternal use of other drugs of addiction

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UAB MEDICINE

Outcomes, Process and Balancing Data Collection Form

Month: _____ Collection Sheet # _____ (assign a random number to help track data collection – **no PI**). Data entry portal: www.qualitydata.alaha.org

Infant name _____ MR# _____ Acct #_____.

Mother name _____ MR# _____ Acct #_____.

Gestation Age_____DOB_____ Admit date _____ DC date _____.

Substance exposure_____.

Patient Race/Ethnicity – Please select all that apply: (NH = Non-Hispanic)

☐ Hispanic or Latino   ☐ NH American Indian or Alaska Native   ☐ NH Asian   ☐ NH Black or African American   ☐ NH White   ☐ Other   ☐ Unknown

Obstetrical Data – Track only for moms who delivered at your facility and are now discharged		
A: Was the mother on Medication Assisted Treatment (MAT)? (e.g. on prescribed methadone/ Subutex/etc.)	☐ Yes ☐ No	
B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	

Neonatal Data – Track **only** for infants who have been discharged and who were born at ≥ than 3...		
C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	**Denominator:** All infants born to mother with opioid use disorder*
D: If infant received pharmacologic treatment, how many days did the infant receive treatment (Birth is day "0")	Days on treatment	**Answer:** Average number of days per month infants were on pharmacologic treatment
E: How many days old was the infant at discharge (Birth is day "0")	Days old at discharge _	**Answer:** Average number of days NOWS infants were in the hospital.

Balancing Measure		
H: Was the infant readmitted for any cause within 10 days of discharge?	☐ Yes ☐ No	**Numerator:** Keyed answer "yes" **Denominator:** All infants born to mother with opioid use disorder*

*Include all infants of mothers with opioid use disorder if mother has:	Using ICD-10 data will not be as accurate as clinical criteria above and will require a
• Positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or • Patient endorses or reports misuse of opioids / opioid use disorder, or • Using non-prescribed opioids during pregnancy, or • Using prescribed opioids chronically for longer than a month in the third trimester, or • If newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids, or	linkage of mother and infant discharge codes for best estimate and so is not recommended for routine use. Log created from hospital data form is preferred method of data collection. If using ICD-10 data, check both infant and maternal diagnoses: Newborn affected by maternal use of opiates P96.1 Neonatal withdrawal symptoms from maternal use of drugs of addiction P04.49 Newborn affected by maternal use of other drugs of addiction

- I am the only one who will see this document so I do note PI
- I printed a stack, stapled them and numbered the sheets
- Month is discharge month for infant

43 MEDICINE

Outcomes, Process and Balancing Data Collection Form

Month: _____ Collection Sheet # _____ (assign a random number to help track data collection – no PI). Data entry portal: www.qualitydata.alaha.org

Infant name _____ MR# _____ Acct #_____ .

Mother name _____ MR# _____ Acct #_____ .

Gestation Age_____ DOB_____ Admit date _____ DC date _____ .

Substance exposure_____ .

Patient Race/Ethnicity – Please select all that apply: (NH = Non-Hispanic)

☐ Hispanic or Latino   ☐ NH American Indian or Alaska Native   ☐ NH Asian   ☐ NH Black or African American   ☐ NH White   ☐ Other   ☐ Unknown

Obstetrical Data – Track only for moms who delivered at your facility and are now discharged

A: Was the mother on Medication Assisted Treatment (MAT)? (e.g. on prescribed methadone/ Subutex/etc.)	☐ Yes ☐ No	N... D...
B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	N... D...
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	N... D...

Neonatal Data – Track only for infants who have been discharged and who were born at ≥ than 36 ...

C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	N... D...
D: If infant received pharmacologic treatment, how many days did the infant receive treatment (Birth is day "0")	Days on treatment	A... ph...
E: How many days old was the infant at discharge (Birth is day "0")	Days old at discharge _	**Answer:** Average number of days NOWS infants were in the hospital.

Balancing Measure

H: Was the infant readmitted for any cause within 10 days of discharge?	☐ Yes ☐ No	**Numerator:** Keyed answer "yes" **Denominator:** All infants born to mother with opioid use disorder*

*Include all infants of mothers with opioid use disorder if mother has:
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- Month is discharge month for infant
- Look at gestational age first – less than 35 weeks is excluded

43 MEDICINE

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B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	N... D...
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	N... D...

Neonatal Data – Track only for infants who have been discharged and who were born at ≥ than 36 ...		
C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	N... D...
D: If infant received pharmacologic treatment, how many days did the infant receive treatment (Birth is day "0...	Days on treatment	A... ph...
E: How many days old was the infant discharge (Birth is day "0")	Days old at discharge _	A... hospital.

Balancing Measure		
H: Was the infant readmitted for ... use within 10 days of discharge?	☐ Yes ☐ No	**Numerator:** Keyed answer "yes" **Denominator:** All infants born to mother with opioid use disorder*

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- Next look at substance exposure – Opioid only

43 MEDICINE

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Substance exposure_____ .

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B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	N... D...
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	N... D...

Neonatal Data – Track only for infants who have been discharged and who were born at ≥ than 36 ...		
C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	N... D...
D: If infant received pharmacologic treatment, how many days did the infant receive treatment (Birth is day "0")	Days on treatment	A... ph...
E: How many days old was the infant at discharge (Birth is day "0")	Days old at discharge _	A... h...

Balancing Measure

H: Was the infant readmitted for any cause within 10 days of discharge?	☐ Yes ☐ No	N... D...

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- I printed a stack, stapled them and numbered the sheets
- Month is discharge month for infant
- Look at gestational age first – less than 35 weeks is excluded
- Next look at substance exposure – Opioid only
- You need to know this information to be able to calculate data for Neonatal Data item E

43 MEDICINE

ALPQC NOWS Data Collection Form

Outcomes, Process and Balancing Data Collection Form

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Mother name _____ MR# _____ Acct #_____ .

Gestation Age_____ DOB _____ Admit date _____ DC date _____ .

Substance exposure_____ .

Patient Race/Ethnicity – Please select all that apply: (NH = Non-Hispanic)

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Obstetrical Data – Track only for moms who delivered at your facility and are now discharged

A: Was the mother on Medication Assisted Treatment (MAT)? (e.g. on prescribed methadone/ Subutex/etc.)	☐ Yes ☐ No	N... D...
B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?	☐ Yes ☐ No	N... D...
C: Was Narcan counseling documented in the medical record prior to maternal discharge?	☐ Yes ☐ No	N... D...

Neonatal Data – Track only for infants who have been discharged and who were born at ≥ than 36...

C: Did infant receive pharmacologic treatment?	☐ Yes ☐ No	N... D...
D: If infant received pharmacologic treatment, how many days did the infant receive treatment (Birth is day "0")	Days on treatment	A... ph...
E: How many days old was the infant at discharge (Birth is day "0")	Days old at discharge	A... no...

Balancing Measure

H: Was the infant readmitted for any cause within 10 days of discharge?	☐ Yes ☐ No	N... D...

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• Patient endorses or reports misuse of opioids / opioid use disorder, or
• Using non-prescribed opioids during pregnancy, or
• Using prescribed opioids chronically for longer than a month in the third trimester, or
• If newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids, or

Using ICD-10 dat...
linkage of mother...
recommended for...
data collection.
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- Next look at substance exposure – Opioid only
- You need to know this information to be able to calculate data for Neonatal Data item E
- I write in the Days old at discharge here

43 MEDICINE

After all the data is collected

I transfer the information to the Excel document NOWS Baseline Data Collection form

Enter the data from spreadsheet to AlaHA data portal

My concerns

Balancing measure

- Infant readmit within 10 days of discharge

- This balancing measure is used to determine that if we impact LOS, which is a ALPQC NOWS Initiative goal, are influencing readmission rates.

- Might be really hard to track

How many days old at discharge

- Challenge if the infant was transferred to another facility

- Would it be correct to interpret the transfer as the discharge?

Data Portal Review

https://qualitydata.alaha.org

PDSA Cycles

PDSA

- Happening constantly
- Not all changes result in improvement
- Important to adapt components of the change package to the actual environment
- Start with small tests of change
- PDSA **cycles**

Plan

- Assemble a team
- Identify the issue
- Ask basic questions:
  - How do we do it?
  - What are steps in the process?
  - Who should we involve?
  - How can we reduce variation in the process?
- Predict what will happen

Do

- Test your idea
- Prepare (training, resources)
- Start small (n=1); less risk, work out kinks
- Monitor your progress (continuous system)

Study

- Reflect on your test
- What has changed?
- Was it effective?
- Changes worth keeping?
- How does this differ from your prediction?

Act

- Adapt, Adopt, Abandon
- Act on your reflection
- Implement positive changes
- Consider spread
- If negative results, consider removing/revising
- Failures during testing can be useful!

TEST DETAILS
Project Name: ALPQC NOWS Initiative
Project SMART Aim: ☒Reduce length of stay by 20% ☒Reduce exposure to pharm care by 20% ☐Increase the percentage of infants discharged with a coordinated care plan to 95%
Component of Change Package: ☐Stigma Reduction ☐Withdrawal Scoring ☒Non-Pharmacologic Care ☐Transfer Policy ☐Pharmacologic Guidelines ☐Coordinated Care Plan
Test Name: Nursing implementation of non-pharmacologic guidelines
Test Start Date: 4/1/2021 **Test Complete Date:** 5/1/2021
What key driver does this test impact? Non-pharmacologic care standardization
What is the objective of the test? To increase the use of non-pharm care in opiate exposed newborns so as to reduce the number of infants requiring pharmacologic care.

PLAN:			
Briefly describe the test: We have developed a comprehensive non-pharm guideline to implement at bedside including: 1) reduction of stimuli 2) swaddling 3) non-nutritive sucking 4) on demand feeding 5) clustered care. All nursing staff has been provided with education on this intervention to occur prior to consideration of pharmacologic treatment.			
How will you measure the success of this test? The number of infants with NOWS symptoms that have nursing documentation of these non-pharm interventions.			
What would success look like? 1) >90% of NOWS infants receiving non pharm care			
What do you predict will happen? There may be inconsistency in the documentation as well as implementation of non-pharm care at the bedside.			
Plan for collection of data: Nurses will complete the bedside non-pharm checklist for each assessment.			
Tasks:			
Name of Task	Person Responsible	Dates:	Location
Form Collection	Julie (RN)	4/1-5/1	Red pod
Nursing Reminders at huddles on Monday	Barbara (Nurse Educator)	4/1-5/1	Red pod
Just in time education when a baby with NOWS is admitted	Barbara (Nurse Educator)	4/1-5/1	Red pod

DO:
Was the cycle carried out as planned?   ☒ Yes   ☐ No
Record data and observations: We had 3 infants with NOWS during this monitoring period.
What did you observe that was not part of the plan? Some data forms were not returned.

STUDY:
Did the results match your predictions?   ☐ Yes   ☒ No
Compare the result of your test to your previous performance: There was inconsistency in what components of non-pharmacologic care were performed/documented. There were also many assessments in which there was no documentation. Additionally, in some instances, families created a stimulating environment.
What did you learn? We need to better specify our expectations for nursing staff and continue with nursing huddles/reminders to emphasize the need for documentation. Family education needed.

| ACT: Decide to Adapt, Adopt, or Abandon |
|---|
| ☒ Adapt: Improve the change and continue testing the plan.
    Plan/changes for the next test: Modify our bedside worksheet. Weekly updates via nursing huddle regarding form completion. Education pamphlet for families regarding non-pharm care. |
| ☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability |
| ☐ Abandon: Discard the change idea and try a different one |
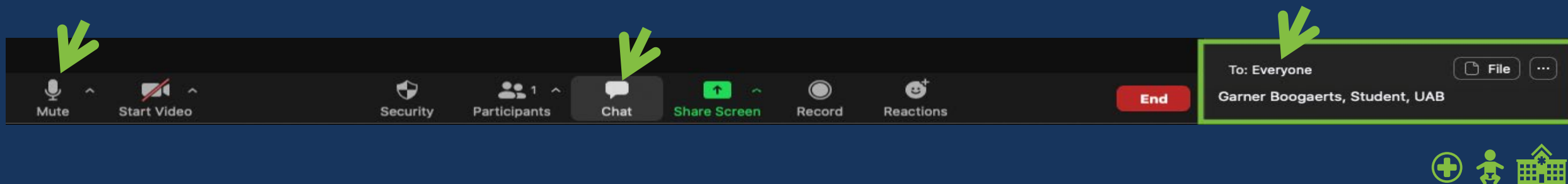
Next Steps

- Submit NOWS Baseline Data and Structural Measures due March 31, 2021

- March of Dimes Breaking Through Bias 1-hr online training
  - Complete training before March 31, 2021.

- Please complete your data use agreement

- Continue running PDSAs!
  - Samples and template on our website under "Key Documents"
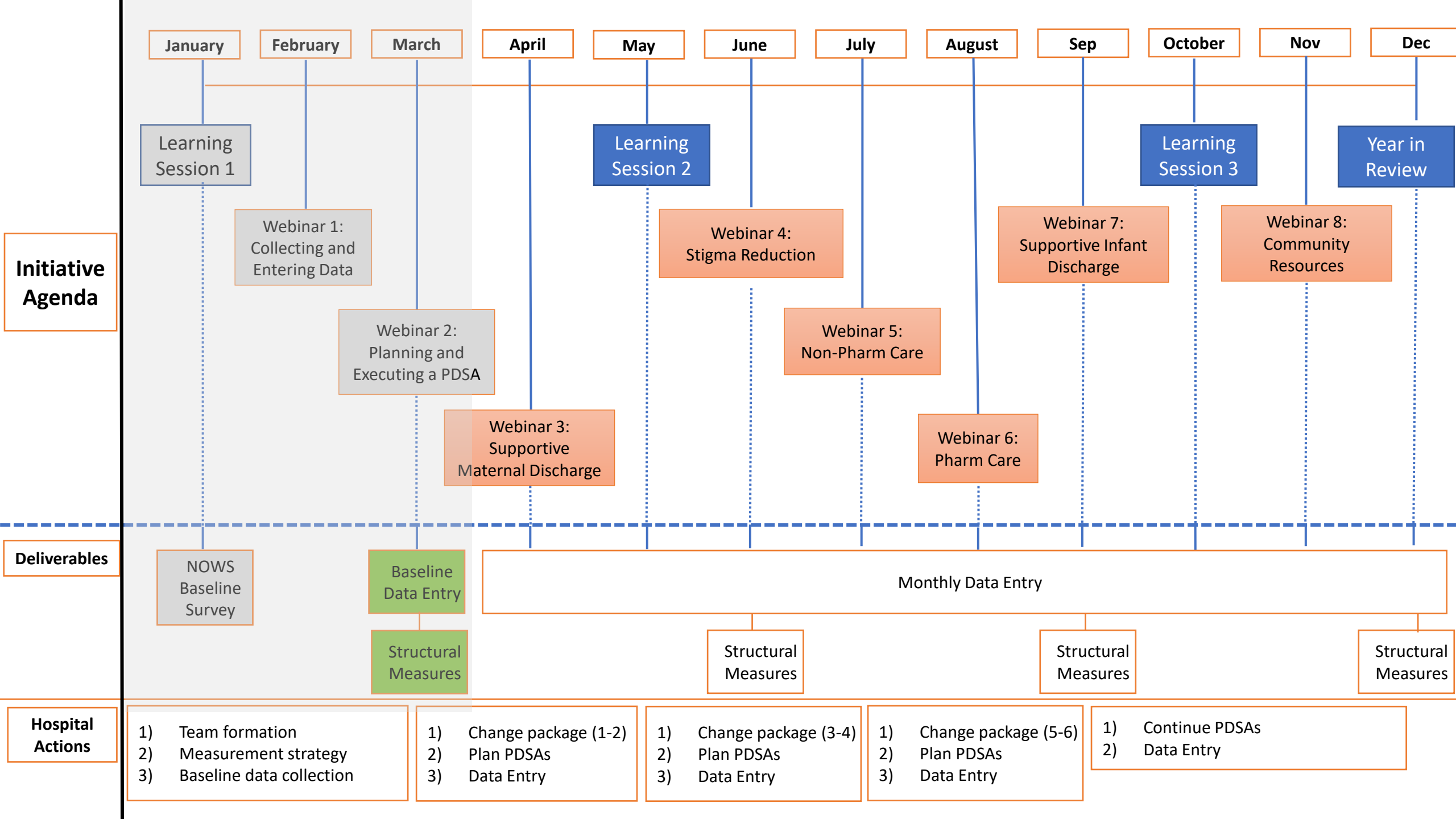
Thank You

Next Call: Wednesday, April 28 at 12:00 PM