Annual Report 2020
Celebrating 15 years

CMQCC
We would like to sincerely thank all of the funders who have made our work possible over the past 15 years. Our success would not be possible without your support:

- Alliance for Innovation on Maternal Health (AIM)
- Blue Shield of California
- California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH-MCAH)
- California Health Care Foundation (CHCF)
- California Perinatal Quality Care Collaborative (CPQCC) and Stanford University
- Centers for Disease Control and Prevention
- Health Management Associates
- March of Dimes
- Merck for Mothers
- Yellow Chair Foundation

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Year in Review</td>
<td></td>
</tr>
<tr>
<td>Letter from Leadership Team</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>Key Successful Initiatives</td>
<td>5</td>
</tr>
<tr>
<td>COVID-19 Response</td>
<td>6</td>
</tr>
<tr>
<td>Mother and Baby Substance Exposure Initiative</td>
<td>8</td>
</tr>
<tr>
<td>Birth Equity</td>
<td>10</td>
</tr>
<tr>
<td>Project Updates</td>
<td>12</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>15</td>
</tr>
<tr>
<td>Tribute to Lisa Bollman</td>
<td>15</td>
</tr>
<tr>
<td>CMQCC Quality and Engagement Awards</td>
<td>16</td>
</tr>
<tr>
<td>2020 Publications</td>
<td>17</td>
</tr>
</tbody>
</table>
Letter from Leadership Team

As we close out 2020, we want to extend deep gratitude to the frontline healthcare staff who have done an amazing job caring for pregnant women, birthing people and their newborns across the state. This pandemic has challenged every part of our lives, and we have all had to readjust our priorities. At CMQCC, our team quickly pivoted to support our hospitals in their response to the pandemic as it was unfolding. Together with our sister organization CPQCC, we developed a COVID-19 resource page and launched a series of COVID-focused webinars that reached more than 20,000 viewers across the country. We have also convened a maternity workgroup with California health system leaders to share clinical best practices in addressing the pandemic’s impact on our labor and delivery units. With the vaccine on the horizon, we are hopeful 2021 will bring relief, less worry and the opportunity to focus on other perinatal quality improvement efforts.

As we look to the future, CMQCC will continue to uphold our mission to end preventable morbidity, mortality and racial inequities in California maternity care. We remain committed to respectful, equitable and supportive care as essential components of safe and high-quality maternity care. While we have learned a great deal about birth equity, we are not experts but are committed to furthering our understanding of advancing equity in perinatal quality improvement. CMQCC pledges to work collaboratively with birth equity leaders and our partners to identify and promote birth equity best practices in research, patient care, and clinical education. We stand committed until all mothers and birthing people experience the joy of a healthy pregnancy and the gift of holding a full-term healthy baby.

CMQCC will continue to ensure that quality improvement progress made to date in California hospitals is sustained. We will encourage and guide hospitals in disaggregating and tracking their maternal quality data to ensure the overall hospital rate is not masking gaps in outcomes by race/ethnicity. CMQCC’s partnership with the California Department of Public Health (CDPH) and other maternal health organizations will continue to be a cornerstone of our efforts to identify causes of maternal mortality and morbidity. Findings from the Pregnancy-Associated Mortality Review (PAMR) remain foundational to our quality improvement initiatives and research projects. We are also collaborating with CDPH to revise our multidisciplinary Hypertensive Disorders of Pregnancy and Hemorrhage toolkits, which will be released in 2021.

In closing, we would like to take this opportunity to reflect on all that we have accomplished on the 15-year anniversary of CMQCC. The successful work we celebrate would not have been possible without strong collaboration between hospitals, expert volunteers, CDPH, statewide partners and funders. We thank all of you for your hard work, partnerships and contributions over the past 15 years!
For 15 years, the CMQCC team has worked together with expert volunteers, statewide partners, and member hospitals toward our mission – ending preventable morbidity, mortality and racial disparities in California maternity care.

Our journey began in 2006 with funding from CDPH and our sister organization CPQCC to address the alarming rise in maternal mortality. Our first step was the establishment of a maternal mortality review process to identify pregnancy-related deaths, causation and contributing factors that informed quality improvement recommendations. Since 2006, California has seen maternal mortality decline by 55 percent between 2006 to 2013, while the national maternal mortality rate has continued to rise.

To drive improved maternal and pregnancy outcomes, CMQCC relies on four pillars: Data, Quality Improvement, Education and Partnerships.

**Background**

**DATA**
Quality improvement relies on real-time data. In 2011, CMQCC launched its Maternal Data Center - an online web tool that generates near real-time data analytics on over 90 performance and statistical metrics. Through the MDC, member hospitals can benchmark their performance against like peers, perform drill down analysis to patient and provider-level data and fulfill performance reporting requirements. Currently, more than 210 maternity care hospitals - accounting for 96% of California’s delivery volume - participate in the MDC.

**QUALITY IMPROVEMENT**
To date, CMQCC has developed 8 quality improvement toolkits in partnership with CDPH, key organizations and experts across California to provide multidisciplinary evidence-based guidance for addressing the main causes of maternal mortality and morbidity. In 2020, more than 6,000 copies of the QI toolkits were downloaded from the CMQCC website and utilized by clinicians in all 50 states and internationally. To help hospitals implement the evidence-based care presented in our toolkits, CMQCC has launched large-scale QI collaboratives that facilitate shared learning between hospitals under the guidance of our expert clinical team.

**EDUCATION**
In addition to our QI collaboratives, we are committed to helping clinicians stay up to date on the latest in maternity quality improvement. Our community webinars focus on data, clinical recommendations, and most recently a series of webinars and resources on guidance around COVID-19. Member hospitals have access to our online labor support education platform and an online discussion board where clinicians share QI policies, best practices and ideas. Our experienced clinical nursing staff are also available to provide support on a one-to-one basis.

**PARTNERSHIPS**
Improving outcomes for California moms and babies would not be possible without the hard work of hospitals, expert volunteers, statewide partners, public health and funders. Each year, nearly 500,000 babies are born in California. In a state that delivers 1 in 8 babies, it takes a village working together toward a shared goal to achieve sustainable results. CMQCC celebrates the true collaborative spirit in California and works to engage partners throughout the state around aligned goals.
Key Successful Initiatives

CMQCC is committed to developing real-time solutions to assist our members in the implementation of the latest clinical guidance, data tools, and State and Joint Commission reporting requirements as the state of maternity care in California evolves. Over the years, we have celebrated key successes in the following areas:

Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Rate

- CMQCC and California hospitals have successfully reduced the number of low-risk, first-time mothers having a cesarean section though implementation of our *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans* and hospital participation in our QI collaborative. In 2019, the California average NTSV cesarean rate was 22.8%, a significant difference compared with the 2019 national average of 25.6%.

Severe Maternal Morbidity

- Severe maternal morbidity (SMM) among women with hemorrhage was reduced by 20.8% among hospitals participating in the California Partnership for Maternal Safety (CPMS), a collaborative to help hospitals implement patient safety bundles for obstetric hemorrhage and preeclampsia. Hospitals that had also participated in previous hemorrhage collaboratives with CMQCC reported an even larger reduction in SMM – 28.6%.\(^1\)

In a follow-up study on the collaborative with nine additional months of post-intervention data, we examined SMM rates due to hemorrhage by race/ethnicity. While rates were reduced in all races, Black women and birthing people’s overall SMM rate fell by the largest percentage – a 31.5% relative rate reduction. In the post-intervention period, the risk of SMM was no longer greater in Black birthing people compared with white birthing people after accounting for sociodemographic and clinical factors.\(^2\)

<39 Week Elective Deliveries

- CMQCC has been in the forefront of national efforts to reduce elective deliveries before 39 weeks gestational age. Together with the March of Dimes and the California Department of Public Health, Maternal, Child, and Adolescent Health Division, CMQCC produced a quality improvement toolkit, *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age: A California Toolkit to Transform Maternity Care*. This toolkit quickly became the national model.

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COVID-19 Response

This past year tested the strength and resolve of our healthcare community. To everyone on the front lines caring for pregnant women and birthing people across the state, you have our profound gratitude. CMQCC is committed to providing the highest levels of support during this time.

Supporting Your Perinatal Units During COVID-19: A Webinar Series from the Frontlines

From the early days of the pandemic, CMQCC and our sister organization, CPQCC, have partnered to bring hospitals and the broader healthcare community guidance on preparing and responding to COVID-19. In late March 2020, we launched the first webinar in the Supporting Your Perinatal Units During COVID-19 series with a presentation from frontline obstetric and neonatal providers from Lucile Packard Children's Hospital at Stanford. The speakers shared real-time updates on how their units were taking protection precautions and preparing to screen and care for patients exposed to COVID-19. The webinar drew over 4,000 attendees nationwide, demonstrating the urgent need for information on how to respond to the pandemic that was being felt across the country. The webinar recording has been viewed over 10,000 times.

The Supporting Your Perinatal Units During COVID-19 webinar series includes:

- PRACTICAL RECOMMENDATIONS FROM A FRONTLINE HOSPITAL – MARCH 24, 2020
- TRANSITIONS OF CARE AND NEONATAL NUTRITION – APRIL 10, 2020
- MENTAL HEALTH CONSIDERATIONS FOR PATIENTS & HEALTHCARE WORKERS - APRIL 29, 2020
- OUTPATIENT CARE AND PATIENT EDUCATION – MAY 15, 2020
- EVOLVING GUIDANCE – AUGUST 21, 2020
- BREASTFEEDING GUIDANCE – SEPTEMBER 10, 2020
- HEALTH EQUITY FOR LATINX COMMUNITIES - SEPTEMBER 29, 2020
- A Q&A WITH FRONTLINE PERINATAL LEADERS – FEBRUARY 16, 2021

Reach of the Webinar Series

7,300+ attendees on live webinars to date
14,000+ views of webinar recordings to date
Member Hospital Workgroup

To better understand COVID’s impact on labor and delivery units and gather data at the beginning of the pandemic, CMQCC pulled together a small workgroup of obstetric physician and nurse leaders from across California. During the workgroup meetings, participants discussed cases at their hospitals, treatment options, common observations, visitor policies and testing protocols. Representatives from hospitals heavily impacted by COVID, large hospital systems, and universities were all present during the calls. In addition to being a support system for our hospitals, CMQCC leadership was able to quickly discern where additional guidance was needed. Many of the webinar topics for our Supporting Your Perinatal Units During COVID-19 webinars were developed based on feedback from our COVID-19 workgroup.

COVID-19 Resources for Maternal and Infant Health

To further our efforts in disseminating relevant and timely information to healthcare workers, patients, and communities affected by COVID-19, CMQCC and CPQCC have developed a joint website that aggregates resources related to perinatal health. Resources on the website are carefully curated and continually updated to best meet our member hospitals’ informational needs, including:

- Compilation of key data sources for California
- Sample hospital resources
- Organizational recommendations
- Updates for California hospitals from the CA Department of Public Health
- The Supporting Your Perinatal Units During COVID-19 webinar recordings and slide sets
- Caregiver support resources
- National data registries

To date, the resource site has been visited more than 54,000 times since it was launched in March 2020.

COVID-19 Health Equity

The COVID-19 pandemic has disproportionally affected communities of color throughout the United States. In California, this disparity has been felt predominantly by the state’s Latinx communities. While Latinx make up approximately 39% of the state’s population, they account for 55% of reported cases of COVID-19 and 46% of deaths (CDPH). This disparity is equally stark when looking at the perinatal population. A CDC national review of the impact of SARS-CoV-2 infection in pregnant women and women of reproductive age from January – June 2020 found that 46% identified as Latinx compared to 23% as White, 22% as Black, and 4% as Asian (CDC). The seventh webinar in the COVID-19 webinar series focused on the pandemic’s effects on California’s Latinx communities and strategies to mitigate those impacts. Materials from the webinar are available in Spanish and English on the COVID-19 Resources for Maternal and Infant Health website.
Mother and Baby Substance Exposure Initiative

Together with our sister organization CPQCC and Health Management Associates (HMA), CMQCC embarked on a multi-stakeholder initiative to improve outcomes for mothers and newborns impacted by substance exposure. The Mother & Baby Substance Exposure Initiative was a year-long hospital and community-based effort with a specific focus on Opioid Use Disorder management and care that supports the mother-baby dyad throughout the hospital stay.

Toolkit

As a part of the joint initiative, CMQCC, CPQCC and HMA co-developed the Mother & Baby Substance Exposure Initiative Toolkit with a multidisciplinary taskforce of maternal and newborn health care providers. The interactive and online toolkit shares best practices across the care continuum for:

- Screening, Assessment and Level of Care Determination
- Treatment
- Transition of Care
- Education

Best practices are organized by topic area and the type of practice setting: outpatient, labor and delivery and nursery/NICU. The toolkit can be viewed at: nastoolkit.org

Collaborative

To support implementation of toolkit best practices, the three organizations led a quality improvement collaborative for hospitals in selected counties across Northern, Central and Southern California. A total of 27 hospitals participated in the mentorship model collaborative. In addition to learning from each other throughout the collaborative, hospitals were shown how to use CMQCC and CPQCC’s robust data centers to support quality improvement.

Additional Resources

In addition to the Mother and Baby Substance Exposure Toolkit, a comprehensive list of medication-assisted treatment and opioid use disorder resources are available at addictionfreeca.org.

This initiative is a collaborative partnership between HMA, CMQCC, CPQCC and the California Department of Health Care Services (DHCS) as part of a Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response grant.

_The toolkit contained a lot of information those of us working in this area knew about, but since it was published in such a nice concise way with references attached it helped influence change in others who hadn’t really been on board or been thinking about this topic._

- MICHELLE LEFF, MD, IBCLC FAAP, ASSOCIATE PROFESSOR OF PEDIATRICS, NEWBORN HOSPITALIST/GENERAL PEDIATRICIAN, UNIVERSITY OF CALIFORNIA, SAN DIEGO
Collaborative Hospital Wins

Leaders from three of our collaborative hospitals share about their hospital’s experience implementing the Mother and Baby Substance Exposure Toolkit:

**UC Irvine**

*One success:* Rolled out a new neonatal algorithm in the NICU and Mother & Baby Unit

*Next step in progress:* Expediting identification and provision of resources for at-risk mothers and neonates

*Advice for those beginning their work:* Pick targets that you can impact early on, and use that momentum to drive the rest of your project.

- ALEXANDRA IACOB, MD, NEONATAL-PERINATAL FELLOW

**Community Memorial**

*One success:* Education of staff on addiction, stigma, bias and medication-assisted treatment in as many modalities as possible, including: new modules integrated into Learning Management System, webinars, short videos, flyers, staff in services, meetings and huddles

*Next step in progress:* Task force established during the collaborative will continue to focus on implementing the toolkit, and staff will continue to monitor outcomes in the data center

*Advice for those beginning their work:* Instead of looking at everything in one piece, take it apart and find a piece that you can do well, do it, and move on from there. Find what is important to your facility and what the needs are of the community you serve. It is important to educate first so an understanding of the neurobiology of addiction can be established.

- MEGAN RODARTE, MSN, RN, NE-BC, DIRECTOR OF MATERNAL CHILD HEALTH SERVICES (L)
- JANE DESILLIER, BSN, RN, RNC-MNN, CLINICAL NURSE MANAGER (R)

**UCSD**

*One success:* Overhauled policy and procedures for initiating buprenorphine in conjunction with addiction medicine

*Next steps in progress:* Improving pain control for postpartum moms on MAT, especially those who have a cesarean section, and improving collaboration with methadone clinics

*Advice for those beginning their work:* Find a few champions within your institution, both on the OB side and the NICU/Newborn side, to go through this initiative with you initially. You will need a few early adopters who are passionate about this who will be able to answer questions and make more people feel comfortable over time.

- MICHELLE LEFF, MD, IBCLC, FAAP, ASSOCIATE PROFESSOR OF PEDIATRICS, NEWBORN HOSPITALIST/GENERAL PEDIATRICIAN (L)
- JERASIMOS (JERRY) BALLAS, MD, MPH, FACOG, MATERNAL-FETAL MEDICINE, ASSOCIATE CLINICAL PROFESSOR, UCSD DEPARTMENT OF OBSTETRICS, GYNECOLOGY, AND REPRODUCTIVE SCIENCES (R)
**Birth Equity**

Racism and social injustice perpetuate a violent cycle that includes disparities and inequities in maternal and infant health. As our nation grapples with issues of social justice, we also continue to document substantial variation in maternal outcomes across racial/ethnic groups in our Maternal Data Center. We are committed to furthering our understanding of structural racism and health inequities and are continuing our work to mitigate their effects on maternal health outcomes.

Since 2008, California’s maternal mortality rate has declined by 55 percent while the national maternal mortality rate has continued to rise. Despite this reduction, Black and Indigenous women experience 3-to-4 times the rates of maternal mortality, and these inequities are directly attributable to systemic racism and bias.

Optimizing the quality of perinatal care is impossible without equity in care delivery and CMQCC is committed to centering birth equity through the following actions:

- Prioritize reducing inequities within all CMQCC activities and promote projects that actively support anti-racist practices
- Engage with external partners to advance our equity work
- Amplify the voices of birthing persons in maternal equity and quality initiatives
- Develop and provide guidance to hospitals on interpretation and use of race/ethnicity data within CMQCC’s Maternal Data Center
- Critically examine task force and committee composition with the goal of diverse and inclusive representation
- Incorporate supportive, equitable and respectful care in our toolkits and quality improvement work
- Integrate equity into collaborative research processes
- Continue internal learning about structural, institutional, and interpersonal racism in maternity care and apply these insights to our work as an organization

### Definition

CMQCC has adopted the definition of birth equity put forward by Joia Adele Crear-Perry, MD, Founder and President of the National Birth Equity Collaborative:  
*“The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.”*

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**Pilot Collaborative**

As a first step to understanding the best ways to advance equity in quality improvement, CMQCC launched a pilot collaborative in 2019 with hospital leaders who were highly motivated to improve birth outcomes, the birthing experience and care for Black mothers and birthing people. Over the course of this initiative, CMQCC and participating collaborative hospitals have worked together to:

- Deploy a patient-reported experience metric (PREM)
- Promote online interactive and interprofessional educational resources
- Pilot best practices for addressing hospital culture to support birth equity

To date, more than 800 patients from these collaborative hospitals have completed the patient-reported experience metric (PREM) survey. Throughout the process, CMQCC and the Birth Equity Collaborative
Pilot Collaborative (continued)

hospital teams have been meeting monthly to identify opportunities for improvement based on the hospital patient survey findings and Maternal Data Center outcomes disaggregated by race/ethnicity. Together with our collaborative hospital teams, we are learning what approaches and quality improvement resources work best to advance equity on their units. We look forward to expanding our pilot collaborative to include additional hospitals in 2021, and will continue to share resources on our website.

I believe that the birth equity collaborative is helping our entire team be more aware of the need for this work and commit to developing processes and plans to meet the needs of the community. Recently, our laborist group shared data that compares the outcomes of MLKCH with another hospital, and we discovered that there is a drastic difference in the outcomes between the facilities in spite of the fact that both places have the same model of care and patient population. We believe the difference is the birth equity work that we have been doing in helping our nurses understand the importance of how we relate to our patients, and the relationships that we are able to build with them.”

- TAMMY TURNER, MANAGER OF PERINATAL SERVICES AT MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL

Maternal Data Center

CMQCC’s Maternal Data Center collects and presents data for 96% of all California births. The MDC has several features available that enable member hospital QI teams to view measures by race/ethnicity to support perinatal quality improvement activities. These features include overall hospital level race/ethnicity distributions, as well as the ability to stratify any perinatal clinical measure by race/ethnicity. For example, hospitals may meet the overall Cesarean Birth: NTSV (PC-02) statewide target of 23.6%, but when examined by race/ethnicity, the results may uncover significant variation across patient populations.

These disaggregated data can provide insights into the importance of viewing perinatal quality improvement through an equity lens as we collectively work to improve outcomes for all birthing people and newborns.

Cesarean Birth: NTSV (PC:02) by race/ethnicity with CA Maternal Data Center peer comparison

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<th>Race/Ethnicity</th>
<th>Statewide Target: ≤ 23.6%</th>
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<tbody>
<tr>
<td>Alpha Medical Center</td>
<td>21.6%</td>
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<tr>
<td>Hispanic-US Born</td>
<td>24.4%</td>
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<tr>
<td>Hispanic-Foreign Born</td>
<td>26%</td>
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<tr>
<td>Non-Hispanic White</td>
<td>19.8%</td>
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<tr>
<td>Non-Hispanic Black</td>
<td>29.1%</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>22.5%</td>
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<tr>
<td>Others</td>
<td>16.7% (n=6)</td>
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<tr>
<td>Unknown</td>
<td>23.4%</td>
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<tr>
<td>CA MDC</td>
<td>23%</td>
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<tr>
<td>CA MDC: Non-Hispanic White</td>
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<tr>
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<tr>
<td>CA MDC: Non-Hispanic Black</td>
<td>27.8%</td>
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<tr>
<td>CA MDC: Others</td>
<td>23.1%</td>
</tr>
<tr>
<td>CA MDC: Unknown</td>
<td>24.6%</td>
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*Healthy People 2030 Target Rate
2020 Project Updates

MATERNAL MORTALITY REVIEWS (CA-PAMR)

The California Pregnancy-Associated Mortality Review (CA-PAMR) is in its 15th year! Together, CDPH, CMQCC and the Public Health Institute collaboratively produced two maternal mortality reports and several peer-reviewed journal articles based on maternal mortality findings. In addition, these analyses have identified improvement opportunities that led to the development of maternal quality toolkits. The toolkits published and implemented to date provide best practices for clinicians to better care for women who experience obstetric hemorrhage, hypertensive disorders of pregnancy, venous thromboembolism, sepsis and cardiovascular disease.

Currently, there are 3 separate maternal death reviews in process, with committees composed of clinicians and community members selected for their expertise, representativeness, and commitment to eliminating preventable maternal mortality and racial inequities.

PREGNANCY-ASSOCIATED MORTALITY SURVEILLANCE SYSTEM (PMSS)

A small subset of reviewers looked at >500 cases of deaths occurring to women within one year of pregnancy to determine pregnancy-relatedness and cause of death. The project produced a report (currently in the approval process) on pregnancy-related deaths that occurred between 2008-2016. Currently, the committee continues to review maternal deaths through 2020.

STATEWIDE REVIEW OF OBSTETRIC HEMORRHAGE DEATHS, 2014-2019

This review examines cause of maternal deaths and identifies quality improvement opportunities among the cases of women who died from hemorrhage. The goal is to assess whether there are changes over time because this period of time (2014-2019) mirrors CMQCC statewide efforts to implement the hemorrhage bundle in >200 California hospitals.

SOUTHERN CALIFORNIA PREGNANCY-ASSOCIATED MORTALITY REVIEW, 2019

Funded by a grant from the CDC-Enhancing Reviews and Surveillance to Eliminate Maternal Mortality program, this review covers maternal deaths which occurred in Los Angeles, Orange, Riverside and San Bernardino counties in 2019. The project is piloting a new data collection tool and incorporating social determinants of health perspectives in the identification of quality improvement opportunities.
CMQCC’s Maternal Data Center (MDC) is an online web tool that generates near real-time performance metrics on maternity care. Through the MDC, member hospitals can access their own rapid-cycle data analytics, benchmark their performance against peers, perform drill-down analysis to identify QI opportunities, and fulfill performance reporting requirements. Data is a key driver for quality improvement, and CMQCC continues to prioritize enhancements to the MDC. In 2020, CMQCC launched several new features, including:

- A tracking tool that allows hospitals to record their progress toward The Joint Commission’s Perinatal Standards while also providing links to relevant CMQCC implementation resources
- Automated Perinatal Care (PC) Measure reports for The Joint Commission Direct Data Submission Platform (DDSP)
- New features to support QI activities for Severe Maternal Morbidity, including a new risk-adjusted version of the severe maternal morbidity rate and enhanced SMM case review worksheets and analytic tools
- Expanded (optional) Breastfeeding Metrics that are aligned with the Baby Friendly Hospital Initiative and the WHO Ten Steps

A full list of the MDC’s 2020 enhancements is available here. MDC participating member hospitals now represent 96% of all California births! Coming in 2021: New online education modules designed to facilitate hospital user training on the MDC’s extensive features. We look forward to continuing to update the Maternal Data Center to meet our members’ quality improvement needs in 2021.

MATERNAL SEPSIS

In January 2020, CMQCC released its seventh quality improvement toolkit: Improving Diagnosis and Treatment of Maternal Sepsis. The toolkit was developed by the Maternal Sepsis Task Force as a resource for obstetricians, rapid response teams, and intensive care unit staff who interact with women during pregnancy and in the postpartum period. The toolkit introduces a new two-step screening and confirmation process to more accurately diagnose and treat maternal sepsis. Other key elements include: an algorithm for maternal sepsis evaluation flow chart, assessment and monitoring recommendations, guidelines for distinguishing chorioamnionitis/intraamniotic infection from sepsis and guidelines for antibiotics and source control by infectious condition. The toolkit has been downloaded more than 1,400 times in the first year since its release.
2020 Project Updates (continued)

**QI ACADEMY**

CMQCC’s quality improvement mentorship program has successfully transitioned to an all-virtual format in light of the COVID-19 pandemic. In partnership with Blue Shield, this popular program launched its first ever online cohort in October 2020. QI Academy is a dynamic learning environment where participating hospitals receive mentorship to enhance their perinatal team’s QI skills. The year-long educational initiative focuses on applying evidence-based QI techniques to a hospital-specific project, giving participants the opportunity to apply learnings and cultivate leadership.

CMQCC initially launched QI Academy in August 2018, and begins new cohorts every 6 months. Our next team of hospitals is scheduled to begin in May 2021. QI Academy is currently available to California hospitals. Based on the success of our virtual program, we are exploring possible expansion to a national audience. If your hospital is interested in joining our QI Academy, please email us. Thanks to generous funding from Blue Shield of California, member hospitals will continue to have access to the QI Academy through 2021.

**QI ACADEMY by the numbers**

1 YEARLONG MENTORSHIP PROGRAM 2 COHORTS OFFERED A YEAR 3 YEARS, AND RUNNING! 4 GRADUATED COHORTS 5 CURRENTLY RECRUITING FOR COHORT NUMBER 5

**OUTREACH PROGRAMS**

**Mid-Coastal California Perinatal Outreach Program**

CMQCC and Stanford’s perinatal outreach program, MCCPOP, has been providing comprehensive obstetrical and neonatal education and consultations for over 40 years. Contracted hospitals from San Mateo County to San Luis Obispo County have access to outreach education, data interpretation and patient consultation. As a part of the CMQCC and MCCPOP partnership, we look forward to expanding our educational offerings to hospitals across the state.

In light of the pandemic, MCCPOP has transitioned all courses to virtual formats. The 40th Annual Perinatal Potpourri Conference will offer Continuing Medical Education (CME) and focus on advances in maternal, fetal and neonatal medicine. We invite all clinicians to attend on May 13th and 14th. Learn more.

**Regional Perinatal Programs of California (RPPC)**

RPPC is a California Department of Public Health (CDPH) program that provides quality improvement resources, networking, consultation, and technical assistance to hospitals and health care providers throughout the state linking all birthing hospitals to CDPH. Currently, CMQCC receives funding from CDPH to serve the North Coast –East Bay and Mid-Coastal RPPC Regions.
## Executive Committee

CMQCC’s Executive Committee provides guidance on strategy and priorities to best support our mission of reducing preventable maternal morbidity, mortality and racial disparities in California maternity care.

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<thead>
<tr>
<th>Name</th>
<th>Organization/Position</th>
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<tbody>
<tr>
<td>Ifeyinwa Asiodu, RN, PhD, IBCLC</td>
<td>AWHONN, UCSF School of Nursing</td>
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<tr>
<td>Joy Burkhard, MBA</td>
<td>2020 Mom</td>
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<tr>
<td>William (Bill) Gilbert, MD</td>
<td>Sutter Health</td>
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<tr>
<td>Jeffrey B. Gould, MD, MPH</td>
<td>Stanford University</td>
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<tr>
<td>Robert Imhoff</td>
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<tr>
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<tr>
<td>Lisa Korst, MD, PhD</td>
<td>Childbirth Research Associates, LLC</td>
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<tr>
<td>Leslie Kowalewski</td>
<td>CMQCC</td>
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<tr>
<td>Chris Krawczyk, PhD</td>
<td>Office of Statewide Health Planning and Development</td>
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<tr>
<td>David Lagrew, MD</td>
<td>St. Joseph Health</td>
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<td>Lawrence D. Lurvey, MD, JD</td>
<td>Kaiser Permanente</td>
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<tr>
<td>Elliott Main, MD</td>
<td>CMQCC</td>
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<tr>
<td>Sarah Mandel, MD</td>
<td>Kaiser Permanente, Northern California</td>
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<tr>
<td>Manuel Porto, MD</td>
<td>UC Irvine</td>
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<tr>
<td>Diana Ramos, MD, MPH</td>
<td>California Department of Public Health, Maternal Child Adolescent Health Division</td>
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<td>Usha Ranji, MS</td>
<td>Kaiser Family Foundation</td>
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<td>Stephanie Teleki, MPH, PhD</td>
<td>California Health Care Foundation</td>
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<td>Holly Smith, MPH, MSN, CNM</td>
<td>American College of Nurse Midwives</td>
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<td>John Wachtel, MD, FACOG</td>
<td>Lucile Packard Children’s Hospital</td>
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<td>Zachary Zwolak, MD</td>
<td>Ventura County Medical Center</td>
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## Tribute to Lisa Bollman

On November 12, 2020, we lost our colleague and friend, D. Lisa Bollman. Lisa was a leader in perinatal health who made an indelible impact on our organizations and on the lives of countless patients, families, and clinicians throughout the state of California and beyond. Lisa was Executive Director of the Community Perinatal Network and a skilled neonatal nurse. Her many roles and accomplishments included:

- Serving on the CMQCC Executive Committee
- Receiving CPQCC’s 2015 Janet Pettit Award
- Serving as a member of CPQCC’s Perinatal Quality Improvement Panel since 2002
- Consulting for the California Diabetes and Pregnancy Program (DCAPP)
- Contributing to the Regional Perinatal Programs of California (RPPC)
- Leading the Southern California Perinatal Transport Data System (SCPeTS)
- STABLE Lead Instructor and a researcher and author

In her role as Executive Director of the Community Perinatal Network, Lisa was instrumental in our state’s work to define maternal levels of care, recognizing that neonatal outcomes could not be addressed without also prioritizing the health of their mothers. She was a true collaborative leader, bringing together partners and hospitals across the state to make sure that California’s moms, babies and families were given the best possible start to life together.

In honor of Lisa, CPQCC has created the CPQCC D. Lisa Bollman NICU Transport QI Award. This award will be granted to an (n) Neonatologist, Registered Nurse (RN), advanced practice nurse (NNP, CNS) or NICU transport team (either an individual member or the entire team) who has made significant contributions to neonatal transport through quality improvement within their unit or beyond or who is an emerging QI leader in the neonatal transport community.
CMQCC Quality and Engagement Awards

CMQCC is excited to announce our first ever Quality and Engagement Awards. We present the following awards to member hospital teams who go above and beyond to improve the quality of care for California’s mothers and birthing people.

MDC Early Implementer Award

Awarded to hospitals that implemented a new MDC measure or feature. For 2021, the award was given to hospitals that submitted supplemental data for all 5 of the MDC’s new Expanded Breastfeeding measures for 6 consecutive months in calendar year 2020.

- Sutter Health System
- Adventist Health Bakersfield
- Adventist Health Ukiah Valley
- Anaheim Global Medical Center
- Anaheim Regional Medical Center
- Arrowhead Regional Medical Center
- Barton Memorial Hospital
- Community Memorial Hospital
- Fairchild Medical Center
- Hemet Global Medical Center
- Kern Medical
- LAC / Olive View - UCLA Medical Center
- Loma Linda University Medical Center - Murrieta
- Martin Luther King, Jr. Community Hospital
- Miller Children’s & Women’s Hospital
- Palomar - Poway
- PIH Health Good Samaritan - Los Angeles
- San Gorgonio Memorial Hospital
- San Joaquin General Hospital
- St. Elizabeth Community Hospital
- Stanford Health Care - ValleyCare - Pleasanton
- Tahoe Forest Hospital
- UC Irvine Health

MDC Super Star Award: Small Birth Volume Hospitals

Awarded to hospitals with <1000 births that accrued Maternal Data Center (MDC) utilization points over a defined level. For small hospitals, Super Star status is defined as hospital personnel accessing the MDC at ≥ 300 points across 4 MDC utilization categories (Overall Login Counts, Supplemental Data Completeness, Hospital Report Views and Provider Report Views) during the prior calendar year.

- Anaheim Global Medical Center
- Corona Regional Medical Center
- Dominican Hospital
- El Camino Health - Los Gatos
- Fairchild Medical Center
- French Hospital Medical Center
- Hemet Global Medical Center
- LAC / Harbor - UCLA Medical Center
- LAC / Olive View - UCLA Medical Center
- Martin Luther King, Jr. Community Hospital
- Mercy Medical Center - Mt. Shasta
- Palomar - Poway
- Queen of the Valley Medical Center - Napa
- Ridgecrest Regional Hospital
- San Gorgonio Memorial Hospital
- Santa Rosa Memorial Hospital
- St. Elizabeth Community Hospital
- St. Elizabeth Community Hospital
- USC Verdugo Hills Hospital

MDC Super Star Award: Medium-Sized Birth Volume Hospitals

Awarded to hospitals with 1000-2499 births that accrued Maternal Data Center (MDC) utilization points over a defined level. For medium hospitals, Super Star status is defined as hospital personnel accessing the MDC at ≥ 700 points across 4 MDC utilization categories (Overall Login Counts, Supplemental Data Completeness, Hospital Report Views and Provider Report Views) during the prior calendar year.

- Adventist Health and Rideout
- Adventist Health Glendale
- Contra Costa Regional Medical Center
- Enloe Medical Center
- Garfield Medical Center
- Kaiser Permanente Redwood City Medical Center
- NorthBay Medical Center
- Orange Coast Medical Center
- PIH Health Hospital - Whittier
- Providence Saint Joseph Medical Center
- Redlands Community Hospital
- Riverside University Medical Center
- Ronald Reagan UCLA Medical Center
- Saddlesback Medical Center
- St. Jude Medical Center
- St. Mary Medical Center - Apple Valley
- Stanford Health Care - ValleyCare - Pleasanton
- Tri-City Medical Center
- UC Irvine Health
CMQCC Quality and Engagement Awards (continued)

MDC Super Star Award: Large Birth Volume Hospitals
Awarded to hospitals with >2500 births that accrued Maternal Data Center (MDC) utilization points over a defined level. For large hospitals, Super Star status is defined as hospital personnel accessing the MDC at ≥ 1000 points across 4 MDC utilization categories (Overall Login Counts, Supplemental Data Completeness, Hospital Report Views and Provider Report Views) during the prior calendar year.

- Adventist Health Bakersfield
- Arrowhead Regional Medical Center
- Clovis Community Medical Center
- Community Memorial Hospital
- Community Regional Medical Center
- Doctors Medical Center of Modesto
- El Camino Health - Mountain View
- Hoag Memorial Hospital
- Huntington Hospital
- Kaiser Permanente Modesto Medical Center
- Kern Medical
- Loma Linda University Children’s Hospital
- Miller Children’s & Women’s Hospital
- PIH Health Good Samaritan - Los Angeles
- Providence Little Company of Mary-Torrance
- St. Joseph Hospital, Orange
- Torrance Memorial Medical Center
- UC San Diego Health

Visit www.cmqcc.org/awards to see the full list of criteria for next year’s 2022 awards!

2020 CMQCC Publications


