



Dear Birthing Facility Leadership,

Thank you for agreeing to partner with the Minnesota Perinatal Quality Collaborative (MNPQC) as one of the birthing facilities to participate in the Mother/Infant Opioid and Substance use Treatment and Recovery Effort (MOSTaRE) Initiative. The MNPQC is a network of organizations, medical providers, content experts and community voices. This letter serves to confirm your approval by highlighting team expectations from your facility in the MNPQC initiative.

By December 2023, our aim is to increase the identification and treatment of substance use disorders (SUDs) in pregnant people and substance exposure in infants by 50% or more in order to improve pregnancy and postpartum outcomes, increase the use of non-pharmacologic methods for treating infants exposed to opioids and reduce the average length of stay for these infants.

We recognize your facility and MNPQC each have different resources, roles, and areas of expertise. Therefore, we agree to work collaboratively in the following areas with the goal to reach multiple benefits related to being a part of the MNPQC initiative for your facility, its staff, and the community.

The MOSTaRE Initiative will emphasize family-centered care that maintains the dyad and will address treatment and prevention of substance exposure during and after pregnancy for both parent and infant.

Overall Benefits for Birthing People with substance use disorders

- Improved screening for SUD
- Improved patient, caregiver, and public education about SUD
- Provision of trauma-informed care
- Fostering of collaboration among healthcare providers and across healthcare systems
- Increased patient access to additional support services and medication-assisted treatment (MAT)

Infants exposed to substances

- Improved screening for substance exposure
- Increased adoption of nonpharmacologic methods of treating Neonatal Abstinence Syndrome or Neonatal Opioid Withdrawal Syndrome (NAS/NOWS), such as “Eat, Sleep, Console” model.
- Increased emphasis on “rooming in” to promote maintenance of maternal-infant dyad.

Birthing Facility Benefits of Participation:

- Assistance with implementation of best practice guidelines using information gained from learning collaboratives and tools created by MNPQC.
- Access to educational activities offering continuing education (CE) credits.
- Maintenance of Certification credits offered via the American College of Obstetricians and Gynecologists (ACOG).
- Assistance meeting Centers for Medicare and Medicaid Services (CMS) requirement outlined in the CMS memorandum, to report on Maternal Morbidity Structural Measure.
- Access to Project ECHO for quality improvement education.



- Quality improvement analysis of your organization’s data with comparison to regional/state/national reports.
- Opportunity to add structural measures from Alliance for Innovation on Maternal Health (AIM), which synchronizes MNPQC reporting with other states involved in AIM program.

Expectations of Birthing Facility:

- Approved participation: Support of initiative from relevant leadership in your facility according to your system hierarchy.
- Assemble a team: Identify a team and team leader based on recommended roles below (team sizes may vary based on hospital/system size, minimum of two members):
 - Hospital leadership champions (ideally a champion from both obstetric and infant services)
 - At least one healthcare provider from obstetrics and one from pediatrics
 - Pharmacy representative
 - Bedside nursing staff
 - Navigator/Case Manager/Care Coordinator/Social Worker
- Attend initiative activities: All team members actively participate in virtual collaborative activities during the initiative period (estimated 12-18 months).
 - Learning Session 1 – Wednesday September 28, 2022 11:00 am – 2:00 pm
 - Monthly Initiative Action Period calls for teams first Wednesday of the month, 12:00-1:00pm with first call on November 2nd.
 - Learning Session 2 and/or final Learning Session (Dates TBD)
- Regular local team meetings: Commitment to convene team for monthly QI meetings to:
 - Test (PDSA cycles)
 - Implement
 - Monitor/share initiative progress (data collection, feedback from patients, healthcare team members)
- Monthly reports: Teams will input data monthly to MNPQC through SimpleQi using the data collection tools to audit up to 30 charts/cases per month.
 - Structural measures survey biannually
 - Present baseline data during Learning Session 1
 - Using PDSA cycles for testing and implementation
 - Develop a spread plan for health systems statewide
 - Evaluation, ongoing and final summary
- Participation in reports based on Aggregate non-Organization Specific Reports and AIM Metrics. AIM metrics provides national benchmarking of deidentified hospital measures used to evaluate the Initiatives. MNPQC may publish these reports publicly.
- Data collection: As a quality improvement initiative, data is gathered to learn and inform PDSA cycle to result in improvement.
 - MNPQC will not request personal health identifiers (PHIs).
 - Data collection and reporting will be deidentified and any disclosed numbers would be aggregated data to partners.
 - Data will be submitted via the AIM portal.



The MNPQC looks forward to engaging health system partners to address the opioid crisis and impact of substance use disorders within the pregnant individuals and infant population.

Throughout the collaborative participation, the facility team and MNPQC will document progress of clinic changes and improvement on monthly conference calls and individual reports. Please refer to the “Mother/Infant Opioid Substance Use Treatment and Recovery Effort Initiative Charter” for more information on the role of your facility on this initiative.

We would like each facility to clarify whether there are other leadership that we need to seek approval from and be completed prior to initiation of your participation in the MNPQC MOSTaRE initiative.

Please contact the faculty to inform us of any further steps that need to be taken for this initiative to be successful. If there is any concerns and/or questions, please let us know as soon as possible.

If you agree, please sign and date this letter on the lines provided below and scan/email to info@minnesotaperinatal.org.

Sincerely,

MNPQC MOSTaRE Faculty

Adrienne Richardson, MD

MOSTaRE Chair

Rachel Cooper, MD

MOSTaRE Vice Chair

Todd Stanhope, MD

MNPQC Chair

Jane Taylor, Ed.D.

Improvement Advisor

Susan Boehm, RN, MS

MNPQC Director

Anne Walaszek, MPH

MOSTaRE Faculty

Brittany Gunderson

MNPQC Communications Manager

Approved by Birthing Facility Leadership:

Print name: _____

Signature: _____

Role: _____

Date: _____