

# Oklahoma Spotlight on Excellence in Perinatal Care

The Oklahoma Perinatal Quality Improvement Collaborative (OPQIC) seeks to recognize hospitals that are creating a culture of excellence in perinatal care for Oklahoma mothers and newborns. Oklahoma birthing hospitals meeting certain criteria will be recognized as "Spotlight Hospitals" at the 7<sup>th</sup> annual OPQIC summit on October 2, 2020. The criteria are based on participation in and outcomes of quality improvement initiatives that are available to all birthing hospitals. They change on a yearly basis as focus areas for improvements evolve. As activities progress, criteria will become more stringent and will be based on process, structure and outcomes measures, if available. Spotlight Hospitals will be recognized at the Summit and on the OPQIC website. Contact [info@opqic.org](mailto:info@opqic.org) with questions.

## 2020 Spotlight Hospital Criteria

Criteria will be evaluated as of **August 31, 2020**.

- **Early Elective Deliveries**  
PC-01 (Early Elective Delivery) rate on [Hospital Compare](#) at or below the national average
- **Every Mother Counts/Alliance for Innovation in Maternal Health (AIM)**
  - 1) Process measures data complete through Q2 2020 ([AIM Data Portal](#))
  - 2) Hemorrhage **and** Hypertension protocol in place ([AIM Data Portal](#))
  - 3) Q2 2020 QBL rate of at least 80% for all births **OR** timely treatment of at least 80% of women presenting with severe hypertension ([AIM Data Portal](#))
  - 4) Commit to participate in the Oklahoma Mothers and Newborns affected by Opioids (OMNO) Program beginning in 2020-2021. [Complete the commitment form here](#) (Wave 1 and Wave 2 Pilot Program Hospitals do not need to complete commitment form)
- **Breastfeeding**  
Baby-Friendly® designation or in ≥ Development Stage for < 1 year in the [Becoming Baby-Friendly® in Oklahoma \(BBFOK\)](#) project **OR** most recent mPINC score ≥ the national average. Contact [rebecca-mannel@ouhsc.edu](mailto:rebecca-mannel@ouhsc.edu) for more information.
- **Newborn Screening**  
≤ 2.5% average rate of newborn screening specimens submitted in 3 months prior are labeled as "unsatisfactory". See the [Every Baby Counts QI Program](#) or contact [JenniferXA@health.ok.gov](mailto:JenniferXA@health.ok.gov) for more information.
- **Full participation in OSDH sleep sack program**
  - (1) Current hospital agreement for initiative signed by both hospital and OSDH MCH Director
  - (2) Receiving sleep sacks from OSDH
  - (3) Educate current and new staff, parents and families as outlined in the agreement
  - (4) Model infant safe sleep practices and environments throughout hospital
  - (5) Certified (or in process of certification) as Cribs for Kids® Safe Sleep Hospital
- **Full participation in Period of PURPLE Crying® program**
  - (1) Accept and sign updated (June 2020) hospital agreement for initiative and submit to OSDH
  - (2) Maintain the fidelity of the program as outlined in the OSDH agreement
  - (3) Educate parents of all newborns using the Apps or DVDs and examples provided by NCSBS program N
  - (4) Educate current staff and new staff using the NCSBS online training web site