Stronger Systems, Safer Births:

Colorado's 2025 Hospital Quality Improvement Report

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About this report

This report is submitted by the Colorado Perinatal Care Quality Collaborative (CPCQC) to the Colorado Department of Public Health and Environment (CDPHE) to fulfill the annual reporting requirements established in Senate Bill 24-175, codified at C.R.S. § 25-52-106.5(6)(a)(II). Per statute, this report covers:

1. **Clinical quality improvement efforts to reduce differences in perinatal health outcomes and prevent maternal and infant mortality and morbidity,** including relevant aggregate hospital maternal and infant health quality metrics.

2. **Hospital participation in maternal and infant perinatal quality improvement initiatives,** as required under subsection (4)(b). Engagement performance for the 2025 calendar year is reported by initiative and, where appropriate, at the hospital level.

3. **Implementation of Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles and related performance metrics,** including the status of addressing drivers of differences in perinatal health and maternal and infant mortality and morbidity, as described in subsection (4)(a). CPCQC currently leads implementation of three AIM bundles in Colorado: Safe Reduction of Primary Cesarean Birth (Supporting Vaginal Delivery For Low-Risk Mothers or SOAR), Care for Pregnant and Postpartum People with Substance Use Disorder (Turning the Tide), and Postpartum Discharge Transition (Supporting Postpartum Access, Recovery And Knowledge or SPARK).

4. **Areas of opportunity for ongoing improvement,** identified for each initiative and summarized in the CPCQC QI Initiative Opportunities section.

In addition to fulfilling the statutory reporting requirements above, this report publicly recognizes hospitals that met 100% of CPCQC's quality improvement engagement criteria in 2025 as **Maternal and Infant Care Quality Champions,** a designation authorized under C.R.S. § 25-52-106.5(3)(b)(VI). Engagement criteria are defined by initiative and are described in each initiative section.

About this report

Reporting period and statutory compliance timing: January to December 2025, Pre-Statute Baseline Report

C.R.S. § 25-52-106.5(4)(b) states that Colorado birthing hospitals should participate annually in at least one maternal or infant health quality improvement initiative with CPCQC by December 15, 2025. CPCQC's initiatives run as annual cohorts which begin in January each year, with the exception of SPARK, which began its inaugural cohort in July 2025. This report reflects hospital engagement and bundle implementation from January 2025 through December 2025, the year **immediately preceding the effective compliance window** of the statute. Therefore, engagement data presented here should be understood as a baseline.

Notably, many hospitals engaged for the first time in 2025 in preparation for the statute going into effect in December 2025, creating a significant year-over-year uptick in participation between 2024 and 2025, and highlighting the impact of the law's passage in spurring hospital participation. This report offers important insight into hospital participation patterns prior to the statute taking effect and illustrates how CPCQC uses engagement data and feedback to continuously adapt its initiatives to hospital needs.

Report Scope: Active Initiatives as of December 2025

This report covers CPCQC's three maternal initiatives that were active during 2025: SOAR, Turning the Tide, and SPARK. In January 2026, CPCQC launched a fourth quality improvement initiative which hospitals may enroll in to meet statutory requirements. This initiative, NEST (Newborn Evidence-based Sleep Teaching), is CPCQC's first standalone infant-facing initiative since 2020. Because NEST was not active during the 2025 reporting period, it is not included in the engagement and outcomes data presented here. A brief overview of the initiative is provided later in this report. Because this report is published annually, NEST data will appear for the first time in the 2026 edition, anticipated in July 2027.

About the Colorado Perinatal Care Quality Collaborative (CPCQC)

The Colorado Perinatal Care Quality Collaborative (CPCQC) is one of 48 state perinatal quality collaboratives across the United States and participates in the National Network of Perinatal Quality Collaboratives. CPCQC works with Colorado birthing hospitals, community-based organizations, patients, and national partners to advance evidence-based best practices and improve maternal and infant health outcomes, with a focus on integrating lived experience throughout its programming and strengthening the connection between obstetric and behavioral health care across the perinatal period.

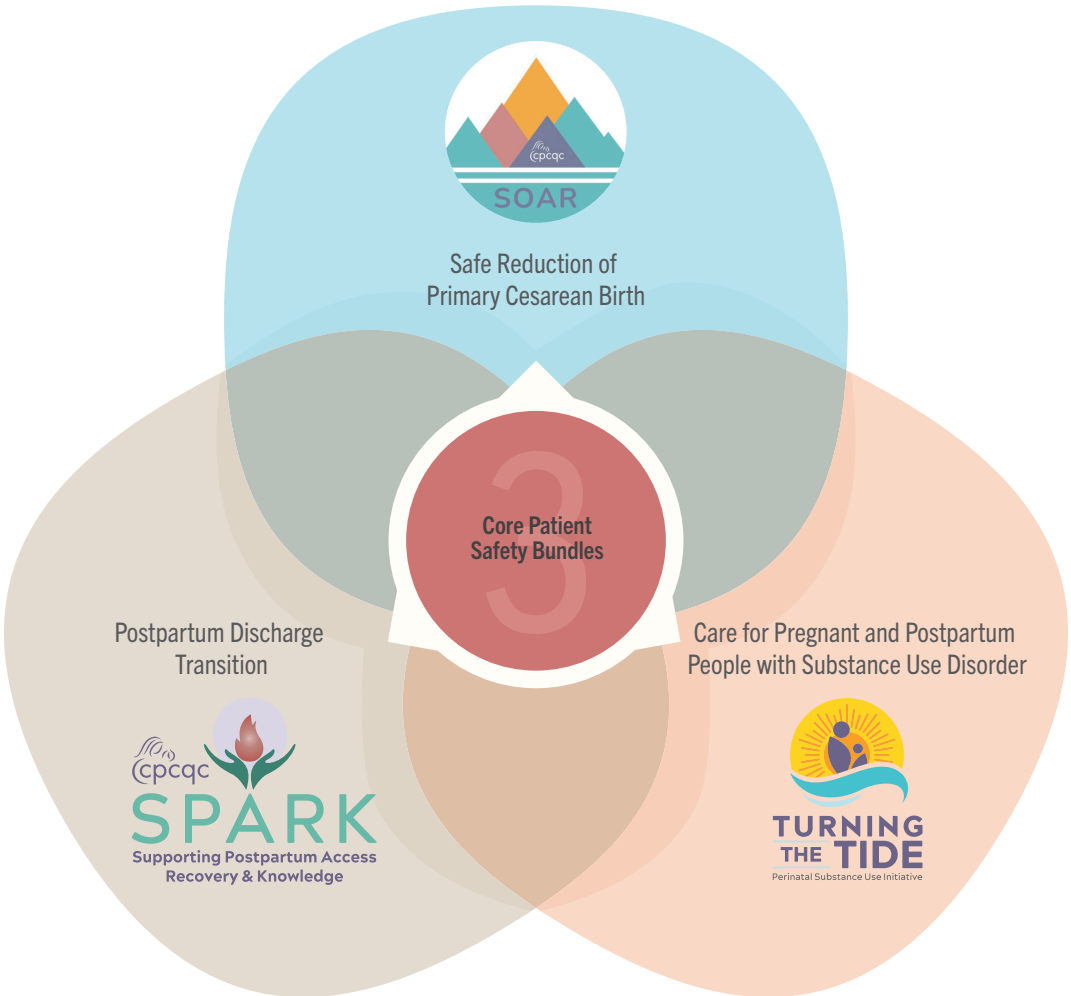
What is an AIM Patient Safety Bundle?

As of January 2026, CPCQC leads four hospital-based quality improvement initiatives in Colorado: three maternal-focused AIM Patient Safety Bundles (SOAR, Turning the Tide, and SPARK) and one infant-focused initiative (NEST).

Patient Safety Bundles are sets of evidence-informed practices that healthcare teams implement to improve care for patients and reduce preventable deaths and severe complications, across any area of medicine or facility setting. They are focused on a specific topic area, such as reducing surgical site infections or hospital-acquired illnesses. A "bundle" includes a list of actionable steps and protocols, as well as a data collection plan, to help healthcare teams track progress towards their goals.

The Alliance for Innovation on Maternal Health (AIM) was created by the American College of Obstetricians and Gynecologists. AIM created eight core Patient Safety Bundles addressing various hospital-based maternal health topics, three of which have been tailored to Colorado hospitals and are being implemented under CPCQC's leadership:

- Safe Reduction of Primary Cesarean Birth (known as SOAR in Colorado)
- Care for Pregnant and Postpartum People with Substance Use Disorder (known as Turning the Tide in Colorado)
- Postpartum Discharge Transition (known as SPARK in Colorado).



What is an AIM Patient Safety Bundle?

CPCQC AIM Patient Safety Bundles: Implementation Structure

CPCQC facilitates AIM Patient Safety Bundle implementation through structured, hospital-based learning collaboratives designed to support both clinical practice change and sustainable quality improvement. All CPCQC quality improvement initiatives are implemented through annual, closed cohort learning collaboratives. Hospitals may enroll in one or more initiatives during an open enrollment period, after which cohorts are closed to allow for focused peer learning, relationship-building, and shared accountability over the course of the year.

Within each cohort, CPCQC provides a combination of group learning and individualized support. Monthly cohort meetings bring participating hospitals together for clinical education, data-informed discussions, and peer-to-peer learning. These sessions are designed to build shared understanding of AIM Patient Safety Bundle elements, highlight implementation strategies, and create space for hospitals to learn from one another's successes and challenges.

In addition to cohort-based learning, CPCQC offers quarterly, tailored 1:1 QI advising sessions for each participating hospital. These sessions include structured data review, identification of improvement opportunities, and guidance on testing and implementing changes using the Institute for Healthcare Improvement (IHI) Model for Improvement. This dual approach, combining collaborative learning with individualized coaching, ensures that hospitals have both the knowledge and the support needed to operationalize bundle elements within their local context.

Participating hospitals submit data on a monthly or quarterly basis, depending on the initiative, in alignment with AIM-recommended data collection protocols. These include structure, process, outcome and balancing measures, allowing CPCQC and hospital teams to track progress, identify variation and guide ongoing improvement efforts.

NEST, CPCQC's first standalone infant-focused initiative which began in 2026, is not based upon an AIM patient safety bundle because AIM addresses only maternal topics. Nevertheless, NEST follows the same structured learning collaborative model described above and will be included in subsequent statutory reports.

Hospital Participation and Engagement

C.R.S. § 25-52-106.5(4)(b) requires all birthing hospitals in Colorado to participate in at least one maternal or infant health quality improvement initiative. CPCQC measures hospital engagement in quality improvement using five metrics modeled after the National Network of Perinatal Quality Collaboratives framework for engagement:

1. **Enrollment:** Hospitals must sign a Data Use Agreement (DUA) with CPCQC and enroll in an active QI initiative annually.
2. **Coaching:** Attend at least one virtual or in-person QI coaching session per quarter (4 sessions annually).
3. **Survey completion:** Submit at least two practice-related surveys (known as Hospital Readiness Assessments) per year for the chosen QI initiative.
4. **Meeting participation:** Ensure at least one team representative attends at least 9 CPCQC-led meetings annually (including monthly initiative meetings or an in-person forum).
5. **Data submission:** Submit initiative-specific data, disaggregated by race, ethnicity, and payer, for at least 75% of reporting periods (monthly or quarterly, depending on the initiative).

In 2025, prior to the statutory hospital engagement requirement taking effect in Colorado, 96% of Colorado birthing hospitals (47/49) participated in a CPCQC-led QI initiative. Of those participating, three-quarters, or 72% (34/47), met 100% of engagement criteria across at least one QI initiative. The share of hospitals meeting the individual engagement metrics ranged from 77% for meeting participation to 100% for enrollment. The table on the following page highlights hospital engagement by initiative (e.g., SOAR, Turning the Tide, or SPARK) and by engagement metric.

Prior to implementation of the engagement requirement in SB24-175, 72% of participating Colorado birthing hospitals were meeting all five QI initiative engagement criteria.

Percent of participating Colorado birthing hospitals meeting engagement criteria, overall and by metric, 2025

Hospital Participation and Engagement

Notably, many hospitals engaged for the first time in 2025 in preparation for the statute going into effect in December 2025, creating a significant year-over-year uptick in participation between 2024 and 2025: 64% of Colorado birthing hospitals participated in CPCQC QI initiatives in 2024, compared to 96% in 2025, highlighting the significant impact that the statute had on participation.

HOSPITAL ENGAGEMENT BY INITIATIVE AND BY ENGAGEMENT CRITERIA		
Engagement Criteria	**% of Enrolled Hospitals Meeting Engagement Criteria: Overall and by QI Initiative**	
Enrollment: The hospital has signed a Data Use Agreement (DUA) with CPCQC and selected an active CPCQC QI initiative to implement.	Average across QI initiatives: **100%**	SOAR: 100% Turning the Tide: 100% SPARK: 100%
Coaching: The hospital attends one QI coaching session with a CPCQC Clinical Quality Improvement Advisor each quarter (4 sessions annually). Meetings may be virtual or in-person.	Average across QI initiatives: **97%**	SOAR: 100% Turning the Tide: 91% SPARK: 100%
Survey Completion: The hospital completes a Hospital Readiness Assessment Survey to evaluate its practices related to the selected QI initiative at the beginning and end of initiative engagement.	Average across QI initiatives: **99%**	SOAR: 100% Turning the Tide: 96% SPARK: 100%
Meeting Participation: At least one team representative attends, at a minimum, nine CPCQC-led meetings annually (including monthly initiative meetings or an in-person forum)	Average across QI initiatives: **77%**	SOAR: 79% Turning the Tide: 52% SPARK: 100%
Data Submission: The hospital submits QI initiative data disaggregated by race, ethnicity, and payor, at least 75% of the time. (Data submission may be monthly or quarterly, depending on the selected QI initiative).	Average across QI initiatives: **83%**	SOAR: 100% Turning the Tide: 78% SPARK: 69%

Hospital Participation and Engagement

Maternal and Infant Care Quality Champions

CPCQC recognizes the 34 Colorado birthing hospitals that met all engagement metrics in the year preceding implementation of Colorado's maternal health quality improvement participation requirements. By actively engaging before participation was required, these hospitals helped establish a strong foundation for statewide improvement and exemplified leadership in maternal and infant health. The icons below each hospital name indicate the program(s) in which each hospital met all engagement metrics.

AdventHealth Avista	AdventHealth Littleton	AdventHealth Parker	Banner Fort Collins Medical Center	Banner North Colorado Medical Center
Children's Hospital Colorado Anschutz Medical Campus	CommonSpirit St. Anthony North Hospital	CommonSpirit St. Anthony Summit Hospital	CommonSpirit St. Francis Hospital	CommonSpirit St. Thomas More Hospital
Denver Health Medical Center	East Morgan County Hospital	Good Samaritan Hospital	HCA HealthONE Aurora	HCA HealthONE Rose
HCA HealthONE Swedish	Intermountain Health Platte Valley Hospital	Intermountain Health Saint Joseph Hospital	Intermountain Health St. Mary's Regional Hospital	Montrose Regional Health
Prowers Medical Center	San Luis Valley Health	Southwest Health System, Inc.	UCHealth Greeley Hospital	UCHealth Highlands Ranch Hospital
UCHealth Longs Peak Hospital	UCHealth Medical Center of the Rockies	UCHealth Memorial Hospital Central	UCHealth Poudre Valley Hospital	UCHealth University of Colorado Hospital
UCHealth Yampa Valley Medical Center	Vail Health	Valley View Hospital	Wray Community District Hospital	

KEY:

SOAR | Turning the Tide | SPARK

**The 100% threshold must be met within a single initiative; partial credit across multiple initiatives does not qualify a hospital for the designation.*

Hospital Participation and Engagement

Insights from Baseline Hospital Engagement Data

High Front-End Engagement among Participating Hospitals

Baseline data from 2025 reveal a consistent engagement pattern across initiatives: hospitals excel at front-end and relationship-based participation, such as enrollment and attending 1:1 QI advising sessions. Ongoing, operationally intensive activities, such as monthly meeting attendance and data submission, show greater variation in engagement.

Enrollment in 2025 was high even ahead of the statutory requirement of annual mandatory participation going into effect in December 2025: 47 out of 49 eligible birthing hospitals across the state, or 96%, participated in a CPCQC initiative in 2025. Of the 47 participating hospitals, 100% completed the enrollment step of signing a data use agreement (DUA) with CPCQC and enrolling in an active QI initiative. Biannual survey completion via Hospital Readiness Assessments was nearly universal, at 99% of participating hospitals. The share of hospitals attending 1:1 QI advising sessions averaged 97% across initiatives, suggesting that the individualized, scheduling-flexible nature of quarterly 1:1 QI advising is a reliable engagement lever.

The sharpest drop-off occurs in the two metrics that require strictly scheduled, recurring coordination: monthly initiative meeting participation (77% overall) and data submission (83% overall). These activities differ from enrollment and coaching in that they demand internal role assignment, scheduling coverage, and deadline management—a form of institutional coordination that varies considerably across hospital size, staffing, and QI infrastructure.

Characteristics of High Engagement Hospitals: Larger Systems, Strong Nurse Champions

Hospitals with strong compliance across engagement and data metrics include UCHealth system hospitals (Greeley, Highlands Ranch, Longs Peak, Medical Center of the Rockies, Memorial, Poudre Valley, Yampa Valley), AdventHealth hospitals (Avista, Parker), Denver Health, Valley View Hospital, and Wray Hospital. The UCHealth and AdventHealth pattern suggests that health system infrastructure, including shared QI staff, standardized workflows, and system-level accountability, supports consistent engagement. Notably, Wray Hospital and San Luis Valley Regional Medical Center demonstrate strong engagement despite being smaller or rural facilities, which demonstrates that geography alone is not a barrier when dedicated QI champions are in place. Both of these hospitals feature heavily engaged nurse champions and multiple initiative enrollments.

Characteristics of Low Engagement Hospitals: New to CPCQC-led QI Engagement, Limited Resources and High Staffing Turnover

Some commonalities emerge across the group of hospitals that did not meet overall engagement requirements: several were in their first year of CPCQC-led QI engagement, and many face persistent capacity constraints, including limited staff time dedicated to QI and high staffing turnover. CPCQC experience suggests that engagement often improves as hospitals develop internal routines for QI and dedicated internal champions who are driving the work forward.

Some hospitals in the low-engagement group serve as regional referral centers in geographically isolated areas, carrying patient volumes disproportionate to their staffing resources. For these hospitals, consistent QI participation competes directly with high clinical demand, a structural barrier that is distinct from lack of institutional will.

Engagement Patterns Vary Across Initiatives

Initiative-level patterns add important nuance. Engagement in each quality improvement initiative is influenced by the complexity of the initiative elements, data collection requirements, and the duration of time hospitals have been working on these issues. In subsequent sections, this report will provide further detail on hospital engagement in each of the quality improvement initiatives.

Opportunities to Increase Hospital Engagement

This report's baseline engagement data will be leveraged to support meaningful hospital engagement in future QI initiative cohorts. Baseline data indicate that monthly initiative meeting participation and data submission remain the two areas of greatest variation in hospital engagement rates, despite strong front-end engagement through enrollment, coaching, and survey completion. On average across initiatives, 23% of hospitals did not fulfill meeting participation thresholds, and 18% did not meet data submission requirements.

Opportunities to increase hospital engagement in future years include:

- **Setting benchmarks throughout the year and notifying hospitals of their progress on required engagement metrics.** Hospitals that struggled with engagement showed declining participation patterns over the year rather than consistent non-participation. This suggests an opportunity to set benchmarks throughout the year to quickly identify and provide targeted support to hospitals that are not meeting engagement metrics. In 2025, SOAR piloted a mid-year notification to hospitals to alert them to their progress on the required engagement metrics, which was well received by hospital champions. Quarterly coaching sessions provide an ideal opportunity for engagement benchmarking discussions between QI advisors and hospital teams.

- **Expanding access to the CPCQC Hospital Engagement Tracker.** The CPCQC Hospital Engagement Tracker is a standardized, web-based tool developed by CPCQC and piloted in 2025 to support transparent, consistent communication between hospitals and CPCQC. The tracker eliminates the need for formal benchmarking reports and helps hospitals clearly understand Colorado's statutory requirements for engagement, while providing real-time visibility into their progress toward established engagement metrics. Each CPCQC initiative now includes a dedicated tracker for all enrolled hospitals, allowing hospitals to monitor their participation and performance across the specific initiatives in which they are involved. By centralizing this information, the tracker promotes accountability, streamlines reporting, and helps both hospitals and CPCQC identify opportunities for support and improvement. CPCQC piloted the tracker with Turning the Tide in 2025 and has expanded access to all QI initiatives beginning January 2026. All 2026 hospitals use the engagement tracker for interest and enrollment processes.

- **Leveraging the Hospital Perinatal Quality Improvement Engagement Fund to support robust QI participation.** C.R.S. § 25-52-106.5(5) established the Hospital Perinatal Quality Improvement Engagement Fund to support hospitals that face barriers to fully participating in statewide quality improvement initiatives. Administered by CDPHE, the fund provides financial assistance to hospitals in rural or frontier areas, those serving a high proportion of Medicaid or uninsured patients, or facilities with lower maternal or neonatal levels of care. The fund distributes up to $250,000 annually across awarded hospitals and may be used for activities such as staff time, enhancements to data collection and reporting, and workforce training. In the 2025–2027 funding cycle, four Colorado hospitals received engagement awards. CPCQC partners closely with these hospitals to ensure funds are strategically aligned with QI implementation and support meaningful, sustainable improvements in care.

Opportunities to Increase Hospital Engagement

- **Highlighting alignment between CPCQC QI initiatives and complementary national and state-based quality programs.** CPCQC's QI initiatives are designed to align with existing state and federal patient safety and quality programs, including those administered by the Centers for Medicare and Medicaid Services, (CMS), Joint Commission, and Leapfrog, as well as Colorado-specific efforts like the Hospital Transformation Program (HTP) and the Hospital Quality Incentive Payment Program (HQIP). Participating hospitals benefit from aligned metrics, targeted resources, regular coaching from Clinical QI Advisors, and data to track progress against quality measures. While CPCQC participation does not replace enrollment in or reporting to these programs, it provides technical assistance that strengthens hospital teams' efforts to meet their requirements. This alignment is also a strategic opportunity. When CPCQC initiatives map to metrics that hospitals are already accountable for—often with reimbursement or executive visibility attached—participation becomes a way to advance multiple priorities at once, reinforcing the case for full engagement in CPCQC initiatives. CPCQC will continue to seek out alignment with external quality programs so that hospitals participating with CPCQC have the wind at their backs. To learn more, visit CPCQC's Quality Alignment webpage.

- **Emphasizing the Return on Investment (ROI) of strong quality improvement initiatives.** Hospital leaders should be engaged in discussions about how participation in CPCQC quality improvement initiatives generates a return on investment. These returns include averted costs to the hospital, enhanced brand reputation, and an increased ability to attract new patients—including through designation in this report as a **Maternal & Infant Care Quality Champion**. Participation also likely supports staff engagement and retention, as CPCQC provides professional development opportunities that hospitals may not otherwise be able to offer. In early 2026, a third-party evaluation of the social return on investment of CPCQC'S Turning the Tide initiative focused on perinatal substance use found a 2:1 ROI through improved management of perinatal substance use disorders (SUD). CPCQC will continue to explore opportunities to demonstrate the value and ROI of QI initiatives, with a similar economic evaluation planned for the primary Cesarean reduction initiative, SOAR, in 2026.

2025 QI Impact Summary: Key Accomplishments

Key accomplishments from CPCQC's QI initiatives in 2025 include:

Progress Toward Safer Cesarean Rates. In total, 29 hospitals participated in SOAR in 2025, representing 57% of births statewide. The cohort's average nulliparous, term, singleton, vertex (NTSV) cesarean rate in 2025 was 23.7%, just above the Healthy People 2030 goal (23.6% or below). Hospitals that meet and maintain an NTSV C-section rate at or below the Healthy People 2030 goal transition into SOAR's Sustainability track. Six hospitals met and maintained the Healthy People 2030 target for NTSV C-section rates and transitioned into SOAR's Sustainability track in 2026. These hospitals joined 11 hospitals already in the Sustainability phase. The initiative also continued to deepen its clinical focus. New resources, including a trauma-informed debrief tool and a standardized unplanned C-section case review workflow, were introduced to support teams in identifying and addressing the clinical drivers behind avoidable C-sections.

Increased Referral and Treatment Initiation for Patients with Identified Substance Use. Turning the Tide engaged 23 hospitals in 2025, representing roughly 70% of Colorado births, and achieved an annual cohort average screening rate of 85% using a validated tool, approaching the 90% screening rate goal. Eight out of 10 patients who screened positive for substance use during the hospital birth admission received or were referred to recovery treatment services before hospital discharge. Additionally, 786 frontline staff completed Breaking Stigma: Compassionate Care training, which focuses on reducing stigma, one of the most persistent barriers to care for patients with substance use disorders. The scale of this effort reflects a broader shift in how perinatal substance use is approached across participating hospitals.

Expanded Postpartum Safety Net. Launched in July 2025, SPARK is Colorado's first hospital-based QI initiative focused specifically on the postpartum transition. The timing is significant: a majority of pregnancy-related deaths in the state occur between one week and one year after delivery and these deaths are primarily linked to suicide and unintentional overdose. Thirteen hospitals joined the pilot cohort, working to establish baseline screening practices for social drivers of health, interpersonal violence, and perinatal mental health. Full-year screening data will be available beginning in 2026.

CPCQC QI Initiative Opportunities

In 2026, the **Hospital Engagement Tracker** will be fully operational across all CPCQC-led QI initiatives. This real-time communication tool supports hospitals in monitoring their own progress against engagement metrics and maintaining awareness of upcoming deadlines, shifting accountability tracking from a retrospective reporting function to an active, ongoing support mechanism. Alongside this, CPCQC is developing clearer operational definitions of "timely and complete" data submission to reduce ambiguity and better equip hospital teams to meet requirements consistently.

CPCQC recognizes that for multi-hospital systems, QI participation is often shaped as much by system-level decisions as by individual hospital capacity, and continues to engage system leadership accordingly. In 2026, CPCQC piloted an annual Hospital Leadership Webinar combining initiative updates with practical strategies leaders can use to support frontline staff in implementing CPCQC QI initiatives. By creating a dedicated touchpoint for leadership rather than relying solely on frontline champions to carry information upward, this model aims to strengthen institutional commitment and reduce the internal coordination burden that contributes to engagement drop-off.

Data Collection and Meeting Attendance Burden Reduction

CPCQC balances fidelity to AIM bundle data plans, hospital capacity, and the minimum data requirements needed to support meaningful quality improvement. Annual reviews of all data collection requirements help identify elements that are no longer the most meaningful or accessible given hospitals' current capabilities. Hospital feedback on data challenges informs these decisions directly.

Looking ahead, CPCQC is evaluating a 2027 transition from initiative-level monthly meetings to a single monthly meeting for participants in all initiatives, with initiative-specific breakout sessions. This model has the potential to reduce meeting burden for hospitals enrolled in two, three, or four initiatives simultaneously, create new opportunities for cross-initiative learning, and maintain meeting participation requirements, while preserving dedicated time for initiative-specific clinical content.

CPCQC is also planning an operational impact review to better understand both the requirements placed on participating hospitals and the value hospitals receive through participation. This review will examine required activities, additional requests made by CPCQC, and the operational, clinical, and regulatory benefits associated with engagement. The goal is to identify activities that may be unnecessary, duplicative, or overly complex while also understanding which components provide the greatest benefit to hospitals. CPCQC will use the findings to better align expectations with legislative requirements, assess the overall impact of participation, and identify opportunities to streamline processes while maximizing value for hospitals.

CPCQC is developing a hospital "playbook" that puts all key resources and links in one place. Instead of searching across multiple emails, documents, or platforms, hospitals will be able to find what they need in a single resource available on CPCQC's website. This will simplify onboarding for hospitals.

CPCQC QI Initiative Opportunities

Targeting Differences in Care Delivery and Outcomes

CPCQC's initiatives require hospitals to submit QI data disaggregated by race, ethnicity, and payor, a requirement grounded in the recognition that aggregate outcome data can mask significant differences in care. Disaggregated data is not only a compliance requirement; it is the mechanism by which hospitals and CPCQC can identify which groups of patients are being underserved and direct quality improvement efforts accordingly.

CPCQC recognizes that EHR abstraction presents a genuine and persistent barrier to complete disaggregated data submission for some hospitals. Hospital and system-level EHR configurations are largely outside CPCQC's direct influence, and incomplete race, ethnicity, and payor fields at the point of care—rather than any unwillingness to report—are often the root cause of incomplete submissions. In 2025, CPCQC hosted a three-part webinar series on best practices for race, ethnicity, and language (REL) data collection and submission, equipping hospital teams with practical strategies for improving data completeness within their existing systems. These principles will be reviewed and reinforced in future cohorts as standard onboarding content. Where data infrastructure gaps persist, hospitals can apply for support through the Hospital Engagement Fund, which explicitly covers data and automation improvements as eligible uses.

Beyond data collection, continuous best practices are embedded across all CPCQC initiatives. SOAR tracks NTSV cesarean rates by race and ethnicity and uses its Unplanned Cesarean Case Review Workflow to identify clinical and system-level drivers of disparate outcomes. Turning the Tide addresses the stigma that disproportionately affects marginalized populations through the Breaking Stigma training. SPARK prioritizes universal screening for Social Drivers of Health, interpersonal violence, and perinatal mental health, with patient-facing materials translated into the five most commonly used languages among mothers and families in Colorado. Across all initiatives, coaching sessions with QI advisors provide a structured opportunity for hospitals to review their own disaggregated data, identify gaps, and develop targeted improvement strategies.

Systems-Level Opportunities

Improving hospital engagement in quality improvement requires not only programmatic support but alignment with the broader policy, financing, and reporting structures that shape hospital decision-making. CPCQC supports quality improvement at the system level in several ways.

CPCQC works closely with the Colorado Department of Health Care Policy and Financing (HCPF) to align its initiatives with existing quality programs. The SPARK initiative, for example, contains elements that directly align with the Postpartum Discharge Transitions measure within HCPF's Hospital Quality Incentive Program (HQIP). Notably, CPCQC is one of few quality improvement programs that provides hands-on technical assistance and individualized QI advising, support that builds hospital QI capacity well beyond participation in any single CPCQC initiative. To make these alignment opportunities more visible, CPCQC has developed a dedicated webpage and QI initiative crosswalk that map existing and potential future connections to programs including HQIP, the Hospital Transformation Program (HTP), the CMS Inpatient Quality Reporting Program, the U.S. News Top Maternity Hospital Ranking, and others.

C.R.S. § 25-52-106.5 established annual appropriations for a Hospital Engagement Fund, through which hospitals can apply on a two-year cycle for financial support to implement CPCQC-led QI initiatives. Eligible uses include staff time, staff training, support for patient engagement, and improvements in data and automation. CPCQC works closely with CDPHE to ensure this funding reaches the hospitals that would most benefit and funded activities directly support statutory engagement requirements.

In 2026, CPCQC completed its first initiative-level return on investment (ROI) analysis, focused on Turning the Tide. The report demonstrated a positive ROI of $1.99 in benefit for every $1 spent, a finding with significant implications for conversations with funders and policymakers about the value of sustained investment in perinatal quality improvement. A comparable ROI analysis is planned for SOAR in 2026. These reports strengthen the case for the long-term sustainability of CPCQC-led work and provide an evidence base for advocating continued public investment in hospital QI participation.

Looking Ahead

The data presented in this report represent a baseline for hospital engagement in CPCQC-led quality improvement initiatives, captured during a period that predates the full implementation of C.R.S. § 25-52-106.5. With 75% of Colorado birthing hospitals already meeting all engagement criteria, and with enrollment, coaching, and survey completion near-universal across all three initiatives in 2025, the state is building on a strong existing foundation, rather than starting from scratch.

As the statute is now in full effect, CPCQC remains committed to meeting hospitals where they are: continuing both initiative-level improvements and systems-level strategies to address structural barriers to engagement, while maintaining fidelity to AIM bundle evidence and the intent and letter of C.R.S. § 25-52-106.5. Future reports will track progress against this baseline and document how CPCQC's evolving support structures translate into improved outcomes for mothers and families across Colorado.

The following section includes more detailed initiative-specific information on hospital engagement, implementation highlights for 2025, plans for ongoing improvement, and key metrics related to implementation of each AIM Patient Safety Bundle.

SOAR:
SuppOrting vAginal delivery for low-Risk mothers

Launched: 2018

Focus: Reducing unnecessary Cesareans among low-risk, first-time mothers

Participating hospitals in 2025 cohort: 18 active-track, 11 sustainable-track

Share of Colorado births: 57%

Initiative Overview

The SOAR initiative (Supporting Vaginal Deliveries for Low-Risk Mothers) supports Colorado birthing hospitals in safely reducing unnecessary cesarean section rates among first-time, low-risk mothers. Through hands-on education, checklist implementation, and individualized advising, the initiative equips hospitals to apply evidence-based labor management protocols and quality improvement interventions suited to their specific context.

Why It Matters

Cesarean deliveries can be lifesaving when medically indicated, but because they carry inherent risks for both mother and baby, reducing non-medically indicated cesarean births remains an important patient safety goal. These risks include increased maternal morbidity, hemorrhage, infection, longer hospital stays, and greater risk of complications in future pregnancies. Data from the Colorado Maternal Mortality Review Committee linked cesareans to 10% of pregnancy-related deaths between 2019 and 2023. As the most common surgery in the United States, unnecessary cesareans also carry a significant financial burden compared to vaginal births.

Active and Sustainability Tracks

Hospitals that meet all engagement and initiative-specific clinical performance metrics may be eligible to enroll in an initiative's Sustainability Track for up to one year. Designed to support long-term maintenance of quality improvement gains, the Sustainability Track provides continued access to CPCQC resources, expertise, and support while reducing participation requirements. Compared with Active Track hospitals, Sustainability Track participants have fewer required meetings, quality improvement advising sessions, and data submission requirements, while still meeting Colorado statutory engagement requirements. This approach supports hospitals to sustain evidence-based practices and improved outcomes while reducing the operational demands associated with active implementation.

The SOAR initiative has successfully offered a Sustainability Track since 2025, demonstrating that hospitals can maintain improvements while participating at a reduced level of intensity. Beginning in 2027, all CPCQC-led quality improvement initiatives will offer Sustainability Track metrics to guide hospital eligibility for Sustainability Track enrollment.

SOAR:
SuppOrting vAginal delivery for low-Risk mothers

Hospital Engagement Metrics

Engagement among SOAR cohort hospitals was strong across nearly all metrics in 2025.

Percent of SOAR cohort hospitals meeting engagement criteria, 2025

Number of Hospitals Meeting All Engagement Criteria:

23

The following 23 hospitals met 100% of SOAR's 2025 engagement criteria and are therefore recognized as 2025 Maternal and Infant Care Quality Champions:

1. AdventHealth Avista
2. AdventHealth Parker
3. Banner Fort Collins Medical Center
4. Banner North Colorado Medical Center
5. CommonSpirit St. Anthony North Hospital
6. Denver Health Medical Center
7. Good Samaritan Hospital
8. HCA HealthONE Aurora
9. HCA HealthONE Swedish
10. Intermountain Health Saint Joseph Hospital
11. Intermountain Health St. Mary's Regional Hospital
12. Montrose Regional Health
13. San Luis Valley Health
14. UCHealth Greeley Hospital
15. UCHealth Highlands Ranch Hospital
16. UCHealth Longs Peak Hospital
17. UCHealth Medical Center of the Rockies
18. UCHealth Memorial Hospital Central
19. UCHealth Poudre Valley Hospital
20. UCHealth Yampa Valley Medical Center
21. Vail Health
22. Valley View Hospital
23. Wray Community District Hospital

The 2025 SOAR initiative included two participation tracks: Active and Sustainability. Each track had distinct engagement expectations. The Active track provides intensive support, including frequent engagement with the SOAR team and hands-on quality improvement assistance for hospitals that have not yet consistently achieved the Healthy People 2030 target of an NTSV (Nulliparous, Term, Singleton, Vertex) cesarean rate of 23.6%. The Sustainability track serves hospitals that have met this target consistently for at least one year through successful initiative implementation, with reduced touchpoints and lighter data submission requirements.

SOAR:
SuppOrting vAginal delivery for low-Risk mothers

Implementation Highlights

Time Period: January 2025-December 2025

SOAR's quality improvement approach is designed to improve clinical outcomes and system performance, address uneven NTSV rates across populations, and strengthen patient-centered care. The initiative uses data-driven cycles of learning, including standardized case review, hospital engagement and patient and family partnership, to support consistent, evidence-based improvement in obstetric care across Colorado hospitals. Highlights from 2025 include:

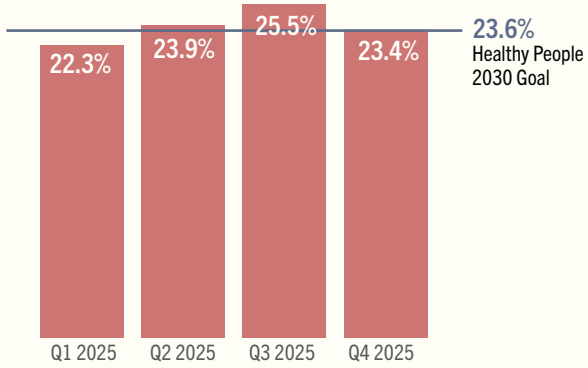
- **Deepening sustainability and broadening participation:** With the introduction of the Sustainability track in 2025, 29 hospitals participated in SOAR: 18 in the Active track and 11 in the Sustainability track. Of those in the Active track, five were new to CPCQC quality improvement efforts.
- **Sharing evolving best practices with hospitals.** SOAR held monthly cohort meetings and an in-person forum to support ongoing quality improvement and shared learning. Meeting topics included the ARRIVE Trial, doula partnerships, intermittent auscultation, Pitocin titration, and elective inductions.
- **Implementing an innovative trauma debrief tool.** SOAR developed and distributed the trauma-informed debrief tool, a structured conversation guide supporting care teams in debriefing with patients, and sometimes families, following a difficult, unexpected, or traumatic birth experience—most commonly an unplanned or emergency cesarean. The tool supports trauma-informed care by addressing both clinical understanding and emotional recovery.
- **Operationalizing c-section case reviews.** SOAR standardized and helped hospitals operationalize the unplanned Cesarean section case review workflow. This workflow is a structured, multidisciplinary, data-driven quality improvement process for reviewing unplanned cesareans, identifying clinical and system-level drivers and informing practice changes to improve outcomes, reduce disparities and strengthen patient-centered care.
- **Providing labor support education.** SOAR held five Labor Support Workshops in 2025, educating 77 participants in hands-on, interdisciplinary training designed to build care team skills in evidence-based labor support techniques that promote physiologic birth progress and reduce unnecessary cesareans.

Key Metrics

This section includes several key metrics that assess the progress SOAR hospitals made during 2025 toward the initiative's goal to reduce unnecessary cesarean sections.

SOAR cohort NTSV cesarean rates fluctuated around the Healthy People 2030 benchmark in 2025.

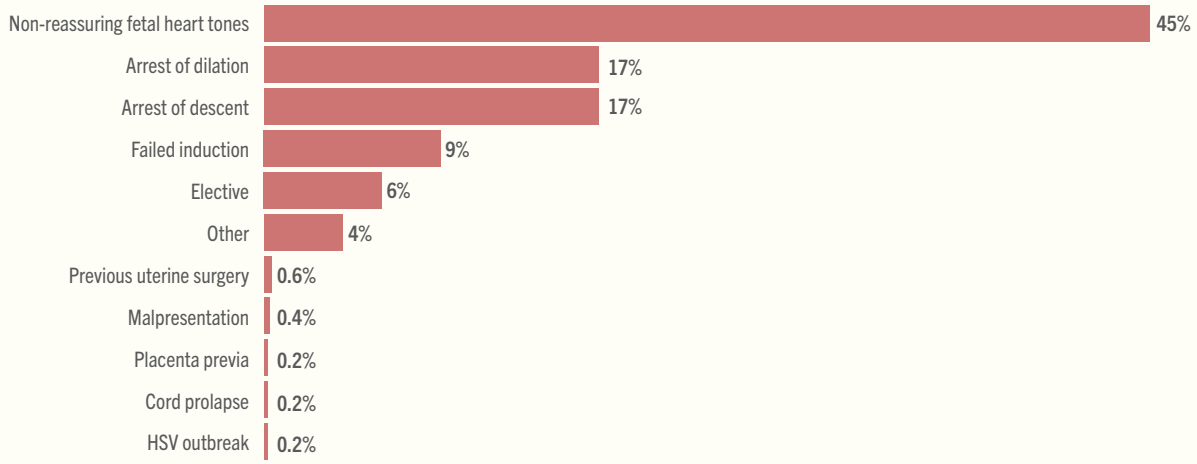
Quarterly NTSV cesarean rates among SOAR cohort hospitals, compared with the Healthy People 2030 benchmark of 23.6%



SOAR hospitals are supported to meet the Healthy People 2030 goal of maintaining an average NTSV Cesarean rate at or below 23.6%. The SOAR cohort's quarterly NTSV rates were below the Healthy People 2030 benchmark in Q1 (22.3%) and Q4 (23.4%), and just slightly above it in Q2 (23.9%) and Q3 (25.5%), maintaining an average rate of 23.7%, just above the Healthy People 2030 goal of 23.6%.

Non-reassuring fetal heart tones were the most common indication for a c-section among SOAR cohort hospitals in 2025.

Indications for NTSV c-sections among SOAR cohort hospitals, 2025

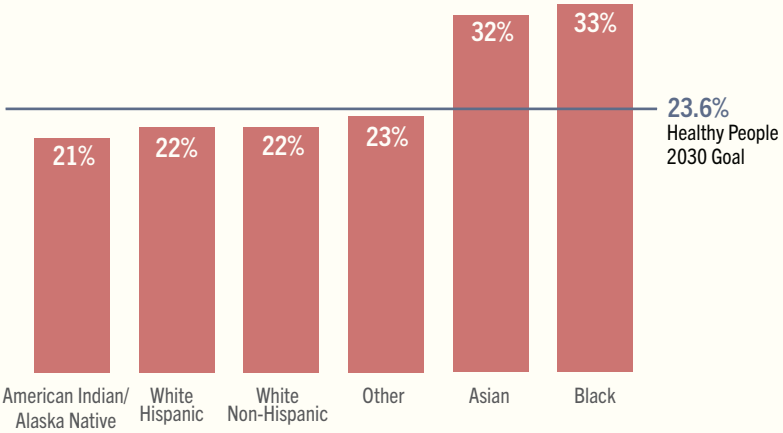


Through SOAR engagement, hospitals track their leading indication for NTSV Cesarean sections to allow for targeted improvement approaches to ensure all NTSV Cesarean births are medically indicated.

Key Metrics

NTSV cesarean rates vary across racial and ethnic groups at SOAR cohort hospitals, with higher rates among Black and Asian patients.

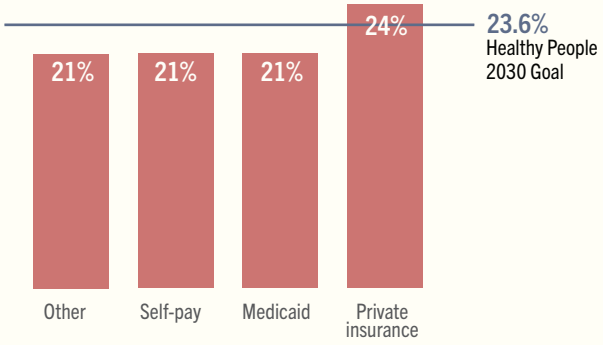
NTSV c-section rates by race/ethnicity at SOAR cohort hospitals, 2025



SOAR hospitals use NTSV cesarean rates by race, ethnicity, and payor to identify differences in care delivery and outcomes and guide targeted quality improvement efforts. At SOAR cohort hospitals, NTSV cesarean rates vary across racial and ethnic groups, with Black and Asian patients experiencing higher rates and being further from the Healthy People 2030 target. These patterns reflect differences in how care is delivered and accessed, rather than individual patient characteristics, and highlight opportunities to strengthen evidence-based maternity care across settings. NTSV cesarean rates also vary by payor, with the rate for patients who have private insurance exceeding the Healthy People 2030 goal. These differences are a central focus of SOAR's 2026 plans for ongoing improvement.

Privately insured patients were the only group above the HP2030 NTSV C-Section goal among SOAR cohort hospitals in 2025.

NTSV c-section rates by payor at SOAR cohort hospitals, 2025

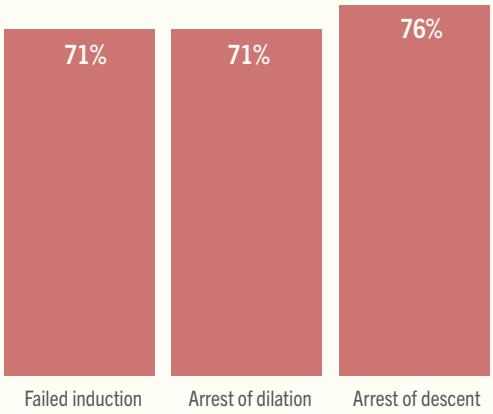


SOAR:
SuppOrting vAginal delivery for low-Risk mothers

Key Metrics

Across common labor dystocia indications, more than seven in 10 NTSV cesareans met medical criteria at SOAR cohort hospitals in 2025.

Percent of NTSV cesareans for labor dystocia indications that met medical criteria, 2025



Labor dystocias—including failed induction, arrest of dilation, and arrest of descent—remain a leading indication for NTSV Cesareans in Colorado. Supporting consistent, evidence-informed diagnosis and management of labor dystocia is therefore a central focus of SOAR engagement.

Importantly, there is no expected or target rate for labor dystocia diagnoses. Rather, these diagnoses are tracked to support evidence-informed labor management and clinical review to ensure that NTSV Cesareans attributed to labor dystocia are grounded in clear, evidence-based criteria, as defined by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.

6

hospitals "graduated" into the Sustainability track for 2026 by sustaining an NTSV rate below the Healthy People 2030 goal of 23.6%.

(Denver Health, HCA HealthONE Swedish, San Luis Valley Regional Medical Center, UCHealth Medical Center of the Rockies, UCHealth Highlands Ranch Hospital, HCA HealthONE Medical Center of Aurora)

Plans for Ongoing Improvement

Improving and Sustaining Hospital Engagement

SOAR's 2025 engagement results reflect a mature, well-functioning initiative. With 100% enrollment, survey completion, and data submission, and coaching participation at or near the ceiling, the priority for 2026 is targeted support for the subset of Active track hospitals where meeting participation fell short, and continued investment in the conditions that make SOAR's engagement model work.

The most actionable opportunity within SOAR is supporting Active track hospitals in building the internal routines and dedicated QI champion capacity that characterize the initiative's highest-performing sites. The goal is to bring more Active hospitals into Sustainability by helping them maintain the Healthy People 2030 target. Cross-cutting support introduced in 2026, including the Hospital Engagement Tracker, an annual calendar-at-a-glance, and proactive meeting reminders, directly address the scheduling and coordination barriers most likely to affect Active track attendance.

Expanding the Sustainability track remains one of SOAR's most effective long-term engagement strategies. Sustainability designation reduces required engagement touchpoints for hospitals that have consistently achieved initiative targets, rewarding successful implementation while freeing up SOAR team capacity to focus on intensive support where it is most needed. SOAR will continue listening closely to hospital feedback—through the Steering Committee's annual initiative reflection review and through 1:1 QI advising sessions, to ensure its structure and support offerings remain responsive to what hospitals actually need to stay engaged over time.

Plans for Ongoing Improvement

Strengthening the SOAR Initiative

SOAR's 2026 priorities are anchored in addressing different outcomes in obstetric care. National data show that approximately 1 in 3 Black, Hispanic, and multiracial women report mistreatment during obstetric care, and unplanned Cesarean birth is an independent risk factor for that mistreatment.[1] SOAR cohort data also show NTSV cesarean rates that are higher and further from the Healthy People 2030 target for Black and Asian patients—patterns that reflect how care is delivered, not patient characteristics. The improvements below, including structured trauma-informed debriefs, standardized clinical algorithms, and stronger doula integration, are each designed, in part, to close these gaps.

In 2026, CPCQC will build on SOAR's success by:

- **Elevating patient voice.** Amplifying the voices of patients remains a fundamental priority for SOAR. SOAR will continue to use the FIRST initiative (Family Integration to ReStore Trust) to formally integrate people with lived experience into its quality improvement work, ensuring that individual and family perspectives directly inform initiative design and hospital practices.
- **Partnering with community experts for trauma-informed debrief training.** SOAR will partner with community experts to offer Trauma-Informed Debrief Training, equipping care teams with skills to conduct structured, supportive conversations with patients following an unplanned cesarean or other difficult birth experience. These debriefs strengthen patient-centered care by addressing both clinical understanding and perinatal mental health.
- **Expanding educational support on fetal heart rate tracing algorithms.** Non-reassuring fetal heart tones is a leading indication for NTSV Cesareans in Colorado. SOAR will share comparative, evidence-informed insights on the strengths and limitations of different clinical approaches to support consistent decision-making and improved system performance.
- **Supporting hospitals with integrating doula support.** In 2026, SOAR will develop and begin implementation of the Doula Integration Guide, supporting hospitals in strengthening the integration of doulas into labor care teams. This work advances access to continuous labor support as part of broader efforts to reduce unnecessary cesarean births.

[1] Centers for Disease Control and Prevention. (2023, September 29). *Many women report mistreatment during pregnancy and delivery: Moms deserve respectful and equal maternity care.* https://www.cdc.gov/vitalsigns/respectful-maternity-care/index.html

Turning the Tide

Launched: 2020

Focus: Improving care for substance use during the perinatal period

Participating hospitals in current cohort: 23

Share of Colorado births: 60%

Initiative Overview

Turning the Tide, formerly known as Colorado Alliance for Innovation on Maternal Health: Substance Use Disorder (CO AIM: SUD), improves maternity care by strengthening birthing hospitals' ability to identify and respond to perinatal substance use. Grounded in the AIM Patient Safety Bundle for perinatal substance use disorder, Turning the Tide supports hospitals with the implementation of universal screening, brief intervention, and treatment initiation and/or referral to ongoing outpatient care. Turning the Tide also supports hospitals in strengthening coordination between maternal and infant care teams and expanding access to addiction medicine.

Why It Matters

Substance use during pregnancy is a growing public health concern linked to serious complications for both the parent and their newborn. Unintentional overdose is one of the leading causes of maternal mortality in Colorado. The Colorado Maternal Mortality Review Committee determined that 100% of these deaths were preventable.[2]

Approximately 96% of births occur in hospitals in Colorado, making them an ideal place to identify and support individuals affected by perinatal substance use.[3] Patients who use substances are often highly motivated to address their use during pregnancy, making the perinatal period a valuable opportunity to help families establish a healthy start.[4]

[2] Colorado Department of Public Health and Environment. (2023). Maternal Mortality in Colorado, 2016-2020.

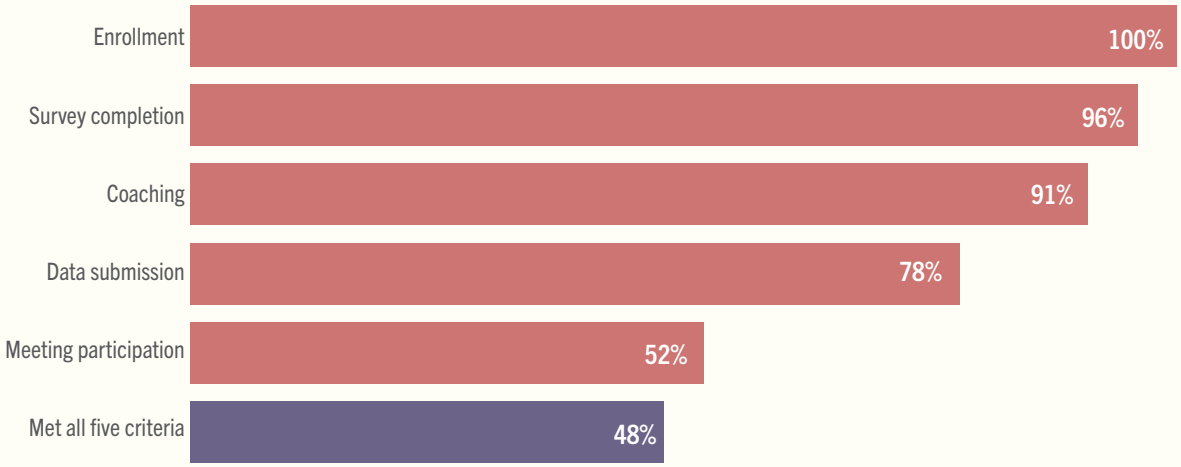
[3] Colorado Department of Public Health and Environment, Vital Statistics Program.

[4] Flykt, M. S., Salo, S., & Pajulo, M. (2021). "A window of opportunity": Parenting and addiction in the context of pregnancy. *Parenting & Addiction 8*, pp. 578-94.

Hospital Engagement Metrics

Slightly less than half of all Turning the Tide cohort hospitals met all five engagement criteria in 2025.

Percent of Turning the Tide cohort hospitals meeting engagement criteria, 2025



Number of Hospitals Meeting All Engagement Criteria:

11

The following 11 hospitals met 100% of Turning the Tide's 2025 engagement criteria and are therefore recognized as 2025 Maternal and Infant Care Quality Champions:

1. AdventHealth Littleton
2. Children's Hospital Colorado Anschutz Medical Campus
3. Good Samaritan Hospital
4. HCA HealthONE Rose
5. Intermountain Health Platte Valley Hospital
6. Montrose Regional Health
7. Prowers Medical Center
8. Southwest Health System, Inc.
9. UCHealth Highlands Ranch Hospital
10. UCHealth University of Colorado Hospital
11. Valley View Hospital

Turning the Tide

Implementation Highlights

Time Period: January 2025-December 2025

Turning the Tide aims to improve perinatal substance use care, strengthen patient-centered approaches and promote respectful care for all mothers and their families. Highlights from the implementation of Turning the Tide in 2025 include:

- **Robust, hospital-driven training opportunities.** The *Breaking Stigma: Compassionate Care in Substance Use* training, created and delivered in partnership with peer support specialists, provides bedside staff with actionable strategies to engage in compassionate, nonjudgmental care while centering the voices of individuals with lived experience. In 2025, 786 staff participated in the training. The initiative also delivered Perinatal screening, brief intervention, and referral to treatment (SBIRT) training sessions and saw growing interest in the Perinatal Naloxone Readiness Drill. Additionally, the *2025 Quarterly Perinatal SUD Educational Series* engaged 106 hospital staff and community partners on a variety of topics to support ongoing learning and clinical excellence.
- **Strengthening dyadic care through a new elective option and a new data dashboard.** In 2025, in close partnership with the Colorado Hospital Substance Exposed Newborn Quality Improvement Collaborative (CHoSEN QIC), Turning the Tide implemented a Dyadic Care Elective in seven pilot hospitals. These hospital teams established a maternal-newborn dyadic workgroup and conducted process mapping to identify quality improvement opportunities. Additionally, CPCQC created a novel dyadic data dashboard to combine maternal and newborn outcomes, providing a holistic view of the dyad's health and track QI progress. This dashboard was piloted with Denver Health and will be expanded for additional hospitals' use in mid-2026.
- **Expanding addiction medicine learning opportunities.** In 2025, Turning the Tide, in partnership with Maternal Overdose Matters+ (MOMs+), a maternal overdose prevention program focused on helping birthing hospitals provide equitable access to treatment and recovery for perinatal patients with substance use disorder (SUD), piloted an addiction medicine elective to provide targeted technical assistance to hospitals that had strong screening practices and that expressed interest in the initiation and continuation of medications for opioid use disorder (MOUD). MOMs+ developed MOUD order sets, case studies, and patient education materials for all hospitals to reinforce safe, evidence-informed, and respectful care. CPCQC and MOMs+ collaborated to provide plans of safe care education and expand hospital adoption of opt-out naloxone distribution, increasing access for families.
- **Publishing a roadmap for addressing perinatal substance use in Colorado.** CPCQC published the Field Guide to Addressing Perinatal Substance Use in Colorado. This statewide resource supports hospitals, providers and families in delivering safe, respectful and patient-centered care for patients using substances. It provides a unified roadmap of clinical guidance, patient education, and quality improvement tools that emphasize dyadic care, reduce stigma, and improve outcomes.

Turning the Tide

Implementation Highlights

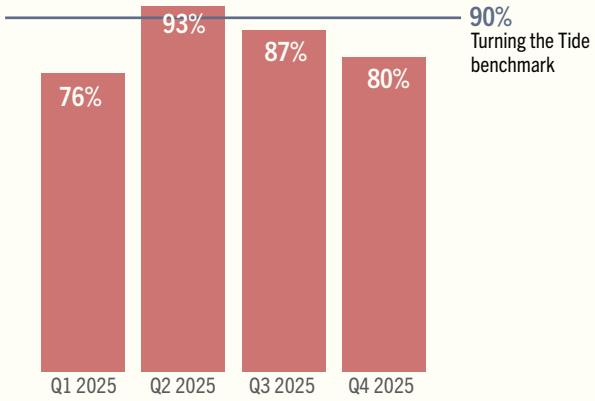
- **Hosting the 2025 Dyadic Perinatal Substance Use Forum.** This annual forum brought together 93 attendees, including clinicians, social workers, pharmacists, and community partners to learn from national and Colorado-based speakers. The forum focused on respectful care and discrimination in perinatal substance use care, the intersectionality with intimate partner violence, impacts on breastfeeding, and how to address provider compassion fatigue.
- **Strengthening community partnerships.** Robust partnerships with PROSPER and Peer Recovery Support Specialists provided hospitals with perinatal mental health support and insights from individuals with lived experience. Both partners offer direct technical assistance to Turning the Tide hospitals to support the implementation of evidence-based, respectful care.

Key Metrics

This section includes several key metrics that assess the progress Turning the Tide cohort hospitals made during 2025 toward the initiative's goal to support hospitals' ability to identify and respond to substance use during the birth admission.

Screening rates for substance use disorder varied by quarter among 2025 Turning the Tide cohort hospitals.

% of patients at Turning the Tide cohort hospitals screened for substance use disorder, 2025

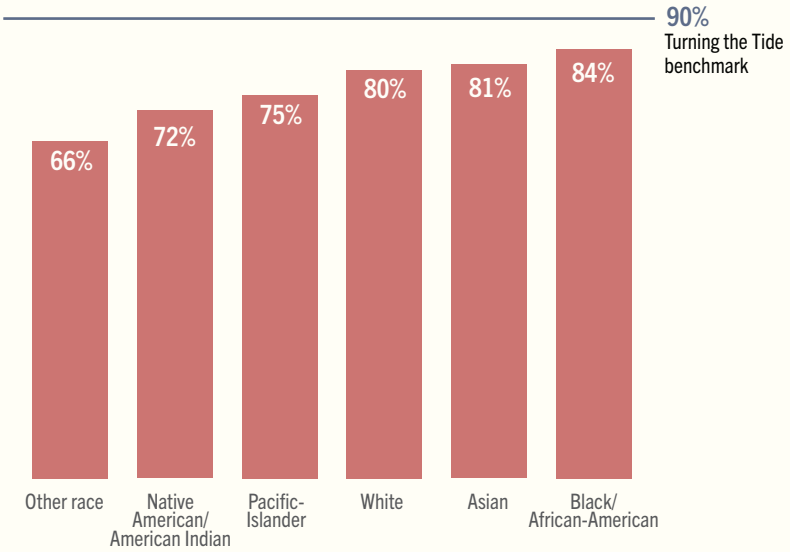


Hospitals enrolled in Turning the Tide implement universal screening for substance use using a validated screening tool. Across four quarters, the annual cohort average screening rate was 85%, approaching the goal of consistently screening 90% or more of patients admitted during the birth hospitalization.

Key Metrics

Screening rates for substance use disorder varied based on the patient's identified race among 2025 Turning the Tide cohort hospitals.

% of patients at Turning the Tide cohort hospitals screened for substance use disorder, 2025

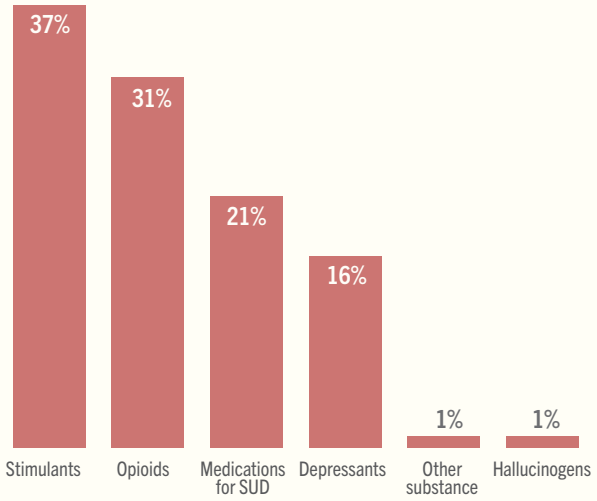


Turning the Tide cohort hospitals track screening rates for substance use disorder by race to identify differences in care delivery and guide quality improvement. In 2025, screening rates varied across racial groups, with some patients less likely to be screened and no group reaching the 90% benchmark. These differences reflect variation in how screening is implemented, rather than patient characteristics, and highlight opportunities to improve consistency in screening practices across hospitals.

Key Metrics

Stimulants (e.g., methamphetamine, amphetamine misuse, or cocaine) were the most commonly used substances among patients who screened positive for substance use during pregnancy at Turning the Tide cohort hospitals in 2025.

Substances as a % of positive substance use screens, 2025



Turning the Tide hospitals collect data on substances identified through universal screening to inform targeted quality improvement efforts, including staff education, optimization of pharmacy order sets, and strengthening recovery and treatment referral workflows. Turning the Tide does not focus on patients who screen positive for cannabis and/or nicotine-only, as these patients are beyond the scope of the initiative's goals, and tracking follow-up care for this population would be overly burdensome for hospitals.

Eight out of 10 patients who screened positive for substance use during pregnancy in Turning the Tide hospitals received a social work consultation, recovery treatment services or a referral.

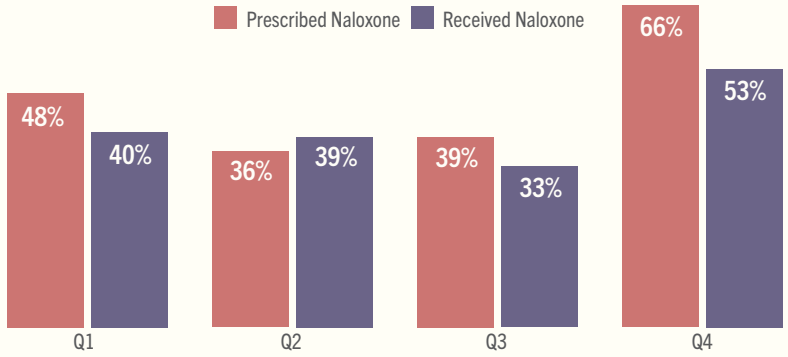
Follow-up services among patients with a positive SUD screen, 2025

For patients with a positive substance use screen, the full care protocol recommended in Turning the Tide is (1) receipt of or referral to recovery treatment services, (2) consultation with a social work team, (3) scheduling of a postpartum follow-up visit prior to discharge from the hospital, and (4) counseling on recovery treatment services. The goal is for each of these elements to occur at least 90% of the time, with consistent implementation of all four measures representing the highest standard of care.

Key Metrics

By Q4 of 2025, more than half of patients who screened positive for SUD at Turning the Tide cohort hospitals either were prescribed or received naloxone prior to discharge.

% of patients who screened positive for substance use and were prescribed or received naloxone, 2025



Turning the Tide cohort hospitals track and increase the provision of naloxone for patients who screen positive for substance use because naloxone is a safe, effective medication that can reverse opioid overdoses and save lives. In 2025, the proportion of patients prescribed or receiving naloxone prior to discharge increased over time, with more than half of patients receiving this intervention by Q4. These trends reflect efforts to ensure patients leave the hospital with access to life-saving tools and support during a high-risk period.

Plans for Ongoing Improvement

Improving and Sustaining Hospital Engagement

Monthly meeting attendance is the most pressing engagement challenge for Turning the Tide, with 11 of 23 hospitals (48%) not meeting the meeting attendance threshold. Five hospitals also did not meet data submission criteria. One vulnerability that made data submission more challenging was relying on a single clinical champion rather than having a team. For example, in 2025, one hospital's participation was primarily driven by a single nurse champion whose multiple work leaves contributed to gaps in engagement that other team members could not fully offset. When CPCQC initiatives rely heavily on a single individual, and particularly when they are enrolled in multiple initiatives, Turning the Tide is often perceived as the more operationally complex initiative and may be the first to be deprioritized when staffing capacity is constrained.

Strengthening Turning the Tide

In 2026, CPCQC will continue to strengthen the Turning the Tide initiative by:

- **Extending the cohort timeframe from one year to two years.** In 2026, Turning the Tide transitions to a two-year cohort model with staged, quarter-long content sprints. This structural change is designed to support the complex, multidisciplinary teamwork and workflow changes required to sustain high-quality perinatal substance use care. This model and its sprint structure are described in detail in the CPCQC QI Initiative Opportunities section of this report.

- **Advancing dyadic care.** A central 2026 priority is advancing dyadic care, a whole-family approach that integrates maternal and infant outcomes into a unified view of care quality. CPCQC will continue dyadic activities with the original pilot hospitals. Two hospitals have already begun submitting maternal and optional infant data and contributed to the development of a novel dyadic data dashboard that combines maternal and newborn outcomes to track QI progress and provide a more holistic view of family health. In July 2026, the remaining pilot hospitals will be invited to submit infant data and begin using the dashboard. Looking ahead to 2027, in alignment with the Quarter 5 dyadic care sprint, all Turning the Tide hospitals will be encouraged, though not required, to submit supplemental infant data. This shift will support a more comprehensive, family-centered approach to quality improvement across the full cohort.

- **Integrating addiction medicine into the cohort cycle for all participating hospitals.** Through a partnership with MOMs+, addiction medicine will be formally integrated into the two-year cohort cycle. Quarter 3 will serve as a dedicated addiction medicine sprint focused on initiation and referral to treatment and strengthening connections to care outside the hospital. This work will build on the medications for opioid use disorder (MOUD) elective piloted in 2025 and bring structured, sequenced addiction medicine support to all participating hospitals.

Plans for Ongoing Improvement

- **Building on successful training programs.** Turning the Tide will continue to offer Breaking Stigma, Naloxone Readiness Drills, and Plans of Safe Care training to equip bedside staff with strategies for compassionate, nonjudgmental care. As funding and capacity allow, this training will expand to include motivational interviewing, deepening the communication skills hospitals need to engage patients effectively and reduce the stigma that remains one of the most persistent barriers to perinatal SUD care.
- **Sustaining partnerships with Colorado PROSPER and perinatal substance use disorder peer support groups.** These organizations will continue as optional technical assistance partners for Turning the Tide hospitals, providing perinatal mental health support and lived experience perspectives to complement the initiative's core clinical focus on screening, brief intervention, and referral to treatment (SBIRT).

SPARK: Supporting Postpartum Access, Recovery, and Knowledge

Launched: July 2025

Focus: Reducing maternal mortality by ensuring continuity of care between the hospital and home

Participating hospitals in current cohort: 13

Share of Colorado births: 21%

Initiative Overview

Supporting Postpartum Access, Recovery, and Knowledge (SPARK) is a hospital-based quality improvement initiative designed to improve care during the transition from birth hospitalization to postpartum discharge. SPARK supports hospitals in implementing bundled, evidence-based practices that ensure safer transitions from hospital to home. Through one-on-one coaching, collaborative learning, and data-driven tools, SPARK helps hospitals close gaps in postpartum care, improve continuity, and reduce maternal complications after birth.

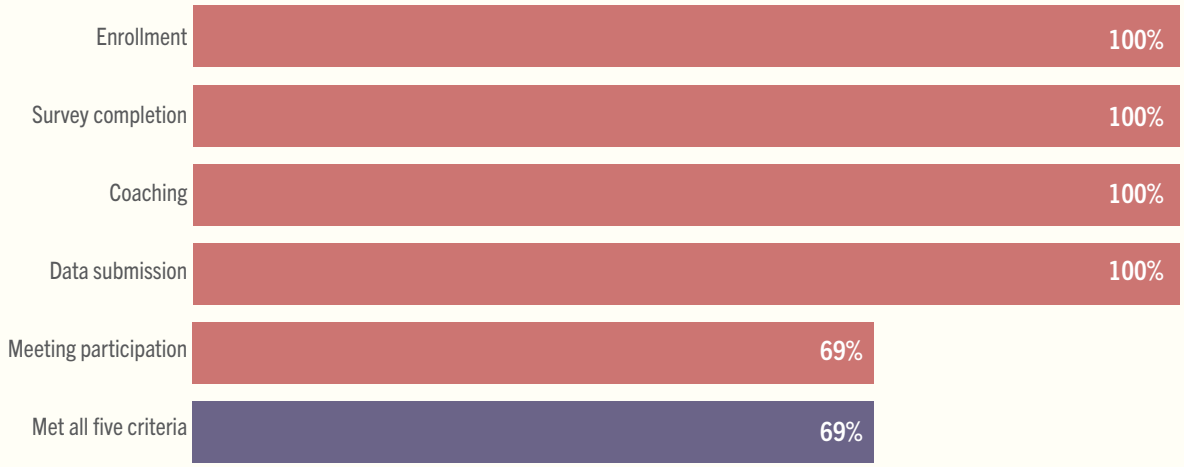
Why It Matters

According to Colorado's Maternal Mortality Review Committee, more than 60% of pregnancy-related deaths between 2019 and 2023 occurred between one week and one year postpartum—making the transition from hospital to home a critical window to intervene and prevent maternal deaths. Yet this transition is often fragmented, with gaps in screening, follow-up, and connection to community resources leaving patients without support at one of the most vulnerable moments of their care.

Hospital Engagement Metrics

Data from the first six months of the inaugural SPARK cohort point to strong engagement among hospitals.

Percent of SPARK cohort hospitals meeting engagement criteria, July-December 2025



Number of Hospitals Meeting All Engagement Criteria:

9

The following 9 hospitals met 100% of SPARK's 2025 engagement criteria and are therefore recognized as 2025 Maternal and Infant Care Quality Champions:

1. AdventHealth Avista
2. CommonSpirit St. Anthony Summit Hospital
3. CommonSpirit St. Francis Hospital
4. CommonSpirit St. Thomas More Hospital
5. Denver Health Medical Center
6. East Morgan County Hospital
7. San Luis Valley Health
8. Valley View Hospital
9. Wray Community District Hospital District Hospital

The SPARK pilot launched off-cycle in July 2025 and completed its first six months of cohort engagement in December 2025, with a full calendar year of data available beginning in 2026. Engagement statistics reflect eligible months of participation (July–December 2025) and do not represent a full initiative year. Notably, two hospitals withdrew from the pilot cohort after completing all eligible months of participation in 2025. Four hospitals did not meet data submission criteria, including the two that withdrew; of the remaining two, one did not provide disaggregated race/ethnicity data, and one did not meet the 75% data reporting period submission threshold.

Implementation Highlights

Time Period: July 2025-December 2025 (Partial Cohort)

Highlights from the first six months of SPARK's launch and implementation include:

- **A successful launch that engaged hospitals new to CPCQC's quality improvement work.** SPARK launched in July 2025, enrolling a cohort of 13 hospitals, including six hospitals new to CPCQC-led quality improvement efforts, expanding the reach of data-driven postpartum care improvement across Colorado.
- **Holding monthly cohort meetings for shared learning.** SPARK held six Monthly Cohort Meetings to support ongoing, data-driven quality improvement and shared learning across participating hospitals.
- **Providing participating hospitals with 1:1 QI support.** SPARK facilitated quarterly coaching sessions with each participating hospital to support continuous quality improvement and reduce variation in practice. Across the cohort, hospitals collectively completed nine aim statements, with additional improvement projects continuing beyond the reporting period.
- **Hosting an in-person Learning Lab.** This event brought together 16 hospital team members for focused sessions on resource mapping, practical QI tools, behavioral health impacts during the postpartum period, and strategies for engaging and partnering with referral resources. Participants reported increased confidence in implementing quality improvement initiatives and integrating clinical, behavioral health, and social care support for postpartum patients.
- **Launching the Colorado Quick Care Card.** This practical clinical tool is designed to support timely identification of recent pregnancy and guide appropriate, evidence-based clinical response to postpartum complications. SPARK also developed an accompanying online Quick Care Card Toolkit that includes implementation materials, educational resources, and quality improvement tools to support consistent adoption across hospital settings. To improve accessibility and reach, patient-facing materials were translated into the five most commonly used languages among patients in Colorado: English, Spanish, Cantonese, Mandarin, and Vietnamese.

Key Metrics

Because SPARK launched mid-year in July 2025, 2025 data represent a baseline rather than a full initiative year. The following metrics will be reported on an ongoing basis beginning with the 2026 initiative year:

Among patients with a maternal discharge following a live birth, disaggregated by race/ethnicity and payor:

- Percentage screened for Social Drivers of Health
- Percentage screened for perinatal mental health conditions
- Percentage screened for interpersonal violence
- Proportion of hospitals with an active multidisciplinary workgroup convening regularly to identify and implement best practices related to pregnancy and the postpartum period

Plans for Ongoing Improvement

SPARK's pilot cohort runs 18 months, from July 2025 through December 2026. This timeline is designed to allow for streamlined annual recruitment aligned with all other CPCQC QI initiatives. During the October-December 2026 recruitment window, SPARK will enroll its second cohort, which will follow the standard 12-month cycle beginning in 2027. This structure means 2026 is both a continuation year for the pilot cohort and a foundation-building year for SPARK's long-term initiative model.

Improving and Sustaining Hospital Engagement

Data submission was the only engagement metric where SPARK hospitals fell short in 2025. For three of the four hospitals which did not meet data submission requirements, this pattern can be traced to a shared operational challenge: they are part of a single hospital system that has experienced significant structural changes, contributing to fragmented workflows, reduced system-level coordination, and persistent difficulties with EHR modifications and automated data abstraction. In response, the SPARK team convened a system-level meeting with leadership and all enrolled hospitals from the system to identify practical, system-wide strategies for addressing these barriers. The two hospitals that did not meet submission criteria and remain enrolled will receive targeted support in 2026 to ensure race, ethnicity, and payor data are submitted completely and consistently. The other two hospitals withdrew from the SPARK pilot cohort and transitioned to SOAR in 2026.

Strengthening the SPARK Initiative

As CPCQC continues SPARK implementation, it will build on early lessons learned by:

- **Working with hospital teams to ensure important social screenings are conducted consistently.** SPARK will work with hospital teams to ensure consistent universal screening for Social Drivers of Health, interpersonal violence (IPV), and perinatal mental health conditions, and that positive screens reliably trigger timely, appropriate clinical responses to address identified needs, tailored to the hospital's local resources.
- **Developing training to help hospitals respond to interpersonal violence.** In partnership with subject matter experts, SPARK is developing a targeted IPV training curriculum in 2026 to equip hospital care teams with the skills and confidence to identify and respond to interpersonal violence, strengthening both clinical practice and patient outcomes within a broader whole-person care framework.
- **Supporting implementation of the Colorado Quick Care Card across participating hospitals**. SPARK will provide a one-year supply of cards, along with implementation resources, patient-facing materials, and staff education tools to support consistent, system-wide adoption of this critical resource.

Looking Ahead

NEST is CPCQC's fourth quality improvement initiative and its first standalone infant-facing initiative since 2020. Launched in January 2026, NEST helps Colorado birthing hospitals model, teach, and sustain evidence-based safe sleep practices to reduce preventable sleep-related infant deaths. Hospital participation in NEST counts toward annual statutory compliance. Unlike SOAR, Turning the Tide, and SPARK, NEST is not an Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle, as the AIM portfolio focuses exclusively on maternal care. NEST is modeled after the AIM Patient Safety Bundle format and follows the same cohort-based learning collaborative structure used across CPCQC's other initiatives.

Colorado has prioritized safe sleep in response to a rising number of largely preventable sleep-related infant deaths. These deaths occur early in infancy and disproportionately affect infants of color and families in low-access regions of the state. Between 2020 and 2023, the death rate from sudden unexpected infant death (SUID) for American Indian or Alaska Native infants was 3.5 times higher than the statewide rate, while the rate for Black infants was 2.7 times higher than the statewide rate.[5] Infants residing in the most remote counties were nearly twice as likely as infants overall to die from SUID between 2019 and 2023.[6] These patterns reflect differences in access to resources, support, and safe sleep environments, and highlight opportunities to strengthen consistent, evidence-based practices across communities. NEST was developed through a statewide scoping analysis and hospital engagement process conducted in 2025 to address this leading cause of preventable infant mortality through a structured, evidence-based approach.

The NEST initiative focuses on standardizing hospital-based safe sleep education, strengthening discharge processes, and promoting family-centered communication. Core measures include crib audits to assess in-hospital safe sleep practices and chart reviews to evaluate education delivery, documentation quality, and identification of family needs and resource referrals. Together, these measures are designed to strengthen hospital-based safe sleep practices and reduce sleep-related infant deaths statewide.

Because NEST launched in January 2026, hospital engagement data will be available for calendar year 2026 and will be reported in CPCQC's next annual report to CDPHE, anticipated in July 2027.

[5] Colorado Department of Public Health and Environment. (2025). Child Fatality Prevention System: 2025 Annual Legislative Report. Retrieved from https://drive.google.com/file/d/1iMcn0YmQwzubBtOKWflJU7hSJvZy-ZXc/view.
[6] *Ibid.*

Appendix

Definition of Engagement Metrics

Below is how each of the 5 engagement metrics are defined. Unless an alternative definition is noted for Sustainability Track hospitals, these requirements are universal to all hospitals.

1. **Enrollment:** The hospital has signed a Data Use Agreement (DUA) with CPCQC and selected an open CPCQC QI initiative to implement.

2. **Coaching:** The hospital attends one QI coaching session with a CPCQC Clinical Quality Improvement Advisor per quarter (4 per year). This can be virtual or in person.

   Sustainability Track hospitals: The hospital attends two QI coaching sessions with a CPCQC Clinical Quality Improvement Advisor per year (2 per year). These can be virtual or in person.

3. **Survey Completion:** The hospital completes a Hospital Readiness Assessment Survey to evaluate its practices related to the selected QI initiative at the beginning and end of the initiative engagement (2 per year).

4. **Meeting Participation:** Hospitals attend at least 9 meetings annually. Eligible meetings include monthly initiative meetings and the annual in-person forum.

   Sustainability Track hospitals: Hospitals attend at least 4 meetings annually. Eligible meetings include monthly initiative meetings and the annual in-person forum.

5. **Data Submission:** The hospital submits QI initiative data disaggregated by race, ethnicity, and payor, for at least 75% of data deadlines. Data submission may be monthly (requiring 9 of 12 monthly submissions) or quarterly (requiring 3 of 4 quarterly submissions), depending on the selected QI initiative.

   Sustainability Track hospitals: The hospital submits QI initiative data representing at least one quarter per annual initiative, disaggregated by race, ethnicity, and payor, for at least 75% of data deadlines. For SOAR, sustainability data are automatically obtained on behalf of participating hospitals from state birth certificate data provided by the Colorado Department of Public Health and Environment.

Evaluating Data Submission with Disaggregation Requirement

Definitions:

- CPCQC collects three demographic domains: race (e.g., Black, Asian, white); ethnicity (e.g., Hispanic/Latino or non-Hispanic/Latino); and payor (e.g., Medicaid, commercial plans, TRICARE).

- **Categories** refer to subgroup breakdowns within each domain (e.g., Asian category within the race domain, Hispanic/Latino category within the ethnicity domain, and Medicaid category within the payor domain).

- A percentage can be calculated for a category when both (1) the number of patients admitted (denominator) and (2) the number of patients screened (numerator) are reported for that **category.**

Appendix

Data submission was considered complete if a hospital provided QI initiative records with sufficient disaggregation by the demographic domains of race, ethnicity, and payor to calculate at least one category-level screening percentage within at least two of the three domains. An example table is provided below to illustrate.

For SPARK and Turning the Tide, which rely on hospital-reported aggregate data, a domain is considered sufficiently disaggregated if at least one category within that domain includes both a count of patients admitted and a count of patients screened, enabling calculation of a percentage of patients screened (e.g., % screened among patients with private insurance).

For SOAR, disaggregated data are automatically obtained on behalf of participating hospitals from state birth certificate data provided by the Colorado Department of Public Health and Environment. No action is required of SOAR hospitals to submit disaggregated data to CPCQC.

Because this report reflects performance prior to the implementation of the state law, we used a rigorous but intentionally flexible definition of disaggregation. Hospitals were not required to provide complete stratification across all categories within all domains; rather, they were required to provide sufficient data to calculate at least one category-level screening rate in at least two of the three demographic domains.

This threshold was selected to ensure meaningful assessment of relevant screening patterns while accounting for variation in hospitals' data infrastructure and reporting capacity during the pre-statutory period (e.g., limited or inconsistent access to ethnicity data in electronic health records).

Example Table.

Hospital	Race Data Submitted	Ethnicity Data Submitted	Payor Data Submitted	Meets Requirement?	Why
A	Black: # of admitted patients, # of screened patients	Hispanic: # of admitted patients, # of screened patients	Commercial: # of admitted patients, # of screened patients	✓ Yes	Has valid screening percentages in all 3 domains
B	Asian: # of admitted patients, # of screened patients	—	Medicaid: # of admitted patients, # of screened patients	✓ Yes	Has valid screening percentages in 2 domains (race + payor)
C	—	Non-Hispanic: # of admitted patients, # of screened patients	Self-pay: # of admitted patients, # of screened patients	✓ Yes	Has valid screening percentages in 2 domains (ethnicity + payor)
D	White: # of admitted patients only (but not accompanying numerator # of screened patients)	Hispanic: # admitted of admitted patients only	Private: # of admitted patients only	✗ No	Cannot calculate any screening percentages
E	White: # of admitted patients, # of screened patients	—	—	✗ No	Only 1 domain has a usable screening percentage
F	White: # of screened patients only (but not accompanying denominator of # admitted)	Hispanic: # of admitted patients, # of screened patients	—	✗ No	Only 1 valid domain (ethnicity)
G	—	—	Medicaid: # of admitted patients only (but not accompanying numerator of # of screened patients)	✗ No	No valid screening percentages anywhere

Appendix

Evaluating Hospital Engagement

Two complementary approaches were used to assess hospital engagement:

- **Hospital-Level Engagement (Overall Engagement Rate):** Overall engagement was calculated as the proportion of hospitals that met all required engagement criteria within at least one QI initiative. Each participating hospital is counted once. The numerator is the number of hospitals that met all engagement requirements in at least one QI initiative. The denominator is all hospitals that participated in at least one QI initiative, regardless of whether they met engagement requirements. Using this definition, 72.3% (34/47) of hospitals fulfilled all five engagement requirements in at least one QI initiative.
- **Initiative-Level Engagement (Activity-Specific Averages):** Engagement was also assessed by examining completion rates for the five engagement metrics across QI initiatives. These engagement metrics include enrollment, coaching, survey completion, meeting participation, and data submission. For each metric, a completion rate was calculated within each QI initiative (i.e., the proportion of participating hospitals meeting that activity-specific requirement). These initiative-specific rates were then averaged across the three QI initiative. In this approach, hospitals may be represented multiple times if they participated in more than one initiative.

Metric Performance Across Initiatives (Average Across Three Initiatives):

- **Enrollment:** 100% of hospitals signed a DUA
- **Coaching:** 97% attended coaching meetings
- **Survey Completion:** 98.5% completed readiness assessments
- **Meeting Participation:** 81.8% met meeting attendance requirements
- **Data Submission:** 82.5% submitted QI data

Interpretation: Together, these approaches show that while most hospitals achieved full engagement in at least one QI initiative, participation in specific activities varied across initiatives. These approaches capture different dimensions of engagement: the hospital-level metric reflects whether hospitals achieved full participation within at least one initiative, while the initiative-level averages reflect consistency in completing individual engagement activities across initiatives. As a result, strong performance on individual activities does not necessarily translate into a hospital meeting all engagement criteria within a single initiative.

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