

CPCQC's SPARK Data Collection Plan 2025-2026

Your data will be submitted quarterly to CPCQC in REDCap by your data champion.

Reporting will be due on:

- **August 31, 2025:** Hospital Readiness Assessment due
- **Oct 7, 2025:** [Optional] July-Sept 2025 data due; *we know this may not be a complete quarter of data if you are unable to report on patients seen prior to program kickoff in late July 2025)*
- **January 7, 2026** - Oct-Dec 2025 data due
- **April 7, 2026:** Jan-March 2026 data due
- **June 30, 2026:** Hospital Readiness Assessment Due
- **July 7, 2026** : April-June 2026 data due

Measures due Biannually will be submitted via Hospital Readiness Assessment and are due on August 31, 2025, and June 30, 2026. They will always be due at the beginning and end of the program year, at the beginning and end of the cohort year.

QUARTERLY MEASURES:

Quarterly Measure	Details	Reporting Method	Notes	Alignment with Other Quality Programs
Universal screening for Social and Structural Determinants of Health (SSDoH)	Screen all patients for SSDoH during the hospital birth admission	Denominator: number of maternal discharges following a live birth during reporting quarter* Numerator: Among the denominator, number of patients screened for SSDoH using a	Examples of validated tools include PRAPARE or the AHC HRSN	HTP, SW-CP1 (page 22): <i>Social Needs Screening and Notification</i> CMS: Screening for Social Drivers of Health

		<p>validated tool</p> <p>Counts must be disaggregated by race/ethnicity and payor for both numerator and denominator</p> <p><i>*Some sites may only be able to report this for patients over the age of 18 due to existing reporting processes for CMS. This is acceptable for CPCQC.</i></p>		
Universal screening for Perinatal Mental Health Conditions (PMHCs)	Screen all patients for PMHCs during the hospital birth admission	<p>Denominator: number of maternal discharges following a live birth during reporting quarter</p> <p>Numerator: Among the denominator, number of patients screened for PMHC with a validated tool</p> <p>Counts must be disaggregated by race/ethnicity and payor for both numerator and denominator</p>	Examples of validated tools include Edinburgh Postnatal Depression Scale (EPDS), PHQ-9	<p>HQIP: Perinatal Depression and Anxiety measure (page 10)</p> <p>HTP, CP6 (page 39): <i>Screening and Referral for Perinatal and Postpartum Depression and Anxiety and Notification of Positive Screens to the RAE</i></p>
Universal screening for Interpersonal Violence (IPV)	Screen all patients for IPV during the hospital birth admission	Denominator: number of maternal discharges following a live birth	CPCQC recommends a separate, validated IPV screening tool from the	

		<p>during this reporting quarter.</p> <p>Numerator: Among the denominator of all maternal discharges during this reporting quarter during this reporting quarter, number of patients screened for IPV with a validated tool</p> <p>Counts must be disaggregated by race/ethnicity and payor for both numerator and denominator</p>	<p>SSDoH screener. Please reach out to your QI advisor with any questions related to this screening.</p> <p>Examples of validated IPV screening tools include: HITS, WAST, PVS, AAS</p>	
Multidisciplinary workgroup meeting: Yes/No	During this reporting quarter, has there been a meeting of a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period?	Report: Yes/No	N/A	HQIP: Postpartum Discharge Transition Measure, Inpatient-Outpatient Care Coordination Workgroup (page 18)

BIANNUAL HOSPITAL READINESS ASSESSMENTS:

Structure measures are collected twice annually via the Hospital Readiness Assessment, available in REDCap.

As part of the QI initiative, your hospital will complete a Readiness Assessment twice a year, near the beginning and end of your year engaged in SPARK. This helps CPCQC understand where your team currently stands and how we can best support you.

The assessment focuses on key practices or systems that support high-quality care, also known as "structure measures." Your responses will help CPCQC tailor coaching and resources to your team's needs and the broader cohort.

How does the assessment work?

For each item, you'll rate your unit's current stage of implementation on a 1-5 scale:

- **1 - Not yet started.** No work on this yet.
- **2 - Planning.** You're talking about it and preparing, but haven't started implementing.
- **3 - In progress.** Some pieces are being used, but it's not yet routine or fully adopted.
- **4 - Finalizing implementation.** Most parts are in place, with a few final steps to go.
- **5 - Implemented and fully in place.** Staff know about it and use it regularly.

You'll also be asked to rate the difficulty you anticipate your unit will have in implementing each item and **share a brief explanation** of any challenges your team may face.

Domain to Be Assessed	Question	Alignment with Other Quality Programs
Community Resource Mapping	Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and	HQIP PPDT, Element 1 (page 18)

	<p>postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?</p> <p>Notes: Resource list should be updated annually. Resource list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population (e.g. Spanish-speaking, BIPOC).</p>	
Multidisciplinary inpatient/outpatient team to coordinate clinical pathways for patient discharge	<p>Has your hospital established a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care?</p> <p>Notes: This workgroup should help coordinate the completion of the other measures on this list.</p>	HQIP PPDT, Element 2 (page 18)
Develop patient education on life-threatening postpartum concerns	<p>Has your department developed/ curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p> <p>Note: Patient and support system education should include life-threatening postpartum complications and early warning signs, including mental health conditions, in addition to individual patient-specific conditions, risks, and how to seek care.</p>	HQIP PPDT, Element 8 (page 19)

Emergency Department screenings for Current or recent pregnancy	Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	HQIP PPDT, Element 7 (page 19)
Patient event debriefs	Has your department established a standardized process to conduct debriefs with patients after a severe event?	HQIP Maternal Emergencies and Preparedness, Structure Measure D (page 14)
Standardized discharge summary template	Does the standardized discharge summary that your unit provides to all patients before discharge incorporate all elements of CPCQC's standardized discharge recommendations? Note: Refer to SPARK toolkit to reference CPCQC's discharge recommendations	<i>Related to HQIP element 2 but not a deliverable of HQIP</i>
Education for Emergency Department on OB complications	Does your OB unit provide education to ED staff or participate in cross-unit training about recognition and treatment of OB complications? Examples: Drills, cross-staff meetings, e-learning	N/A
Develop education on life-threatening postpartum concerns for patient's support system	Has your unit established education specific to patient's support system on urgent postpartum warning signs, and which is provided to the patient's support system before discharge?	N/A

Postpartum visit scheduling	Does your unit have a process for scheduling postpartum visits before or within 1 business days of discharge from birth hospitalization?	N/A
Inclusion of patients as part of a multidisciplinary workgroup	Are there patients or people with lived experience represented on your multidisciplinary workgroup of inpatient and outpatient providers?	N/A
Referrals for positive Perinatal Mental Health Conditions (PMHCs) screenings	Does your hospital have protocols and workflows in place for appropriate management and referrals for positive screens for Perinatal Mental Health Conditions?	N/A
Referrals for positive SSDOH screenings	Does your hospital have protocols and workflows in place for appropriate management and referrals for positive screens for SSDOH needs?	N/A
Protocol for positive Interpersonal Violence (IPV) screenings	Does your hospital have protocols and workflows in place for positive screens for IPV?	N/A