



How do CPCQC Quality Improvement Initiatives Align with Other Quality Programs my Hospital Participates in?

Participation in one or more of CPCQC's Quality Improvements Initiatives will help your hospital meet the requirements of existing state and federal patient quality & safety programs. By participating in CPCQC's Quality Improvement (QI) initiatives, your hospital will reap synergistic benefits to all of your quality efforts. The benefits of participation in CPCQC include aligned quality metrics, streamlined data collection and reporting, established frameworks and resources to support efforts across quality programs, regular check-ins and coaching with Clinical QI Advisors to help guide the roll-out of quality efforts in your facility, and access to a data team to support evaluation of team progress on quality measures and submission of necessary quality program data. For more information, please contact qi@cpcqc.org.

Alignment between any CPCQC QI Initiative and State/Federal Quality Programs:

In the pages below, CPCQC highlights the alignment between each of its QI initiatives and state/federal quality programs. However, participation in any eligible CPCQC QI program satisfies the requirements of:

- **SB24-175:** Effective December 15, 2025, all Colorado hospitals with Labor & Delivery Units or NICUs must enroll in at least one quality improvement (QI) initiative with CPCQC and meet minimum engagement requirements. If hospitals meet the minimum engagement requirements for any of the three programs listed below, their participation will comply with the requirements of [SB24-175](#).
- **CMS:** By meeting the minimum engagement requirements in CPCQC QI programs for SB24-175 compliance, hospitals will also meet the
 - [CMS Maternal Morbidity Structural Measure](#) (also known as "CMS Birthing-Friendly Hospital Designation") as part of the Hospital Inpatient Quality Reporting Program.
 - [Conditions of Participation](#) pertaining to QAPI programs, staff training, and participation in at least one measurable performance improvement project focused on improving disparities and outcomes.



Quality Program Alignment by CPCQC Initiative

CPCQC QI Initiative 1: [SPARK](#) (Postpartum Discharge Transition)

Quality Program	Quality Program Measure	How CPCQC's PPDT Initiative aligns with Measure	CPCQC Initiative Directly or Indirectly Addresses Measure
HQIP (measure details)	Measure III.E, Postpartum Discharge Transition (PPDT) Bundle (starting on page 17 of the measure details document)	CPCQC's PPDT QI program will include the HQIP PPDT measure group; both are based upon the AIM PPDT bundle. Via CPCQC's PPDT QI program, hospitals receive support with their performance on the elements in the HQIP measure group. Within the PPDT measure group, the only element not directly addressed by CPCQC's SPARK program is Element 6, which is addressed by CPCQC's Turning the Tide program (see below).	Directly
	CP6 (page 39) <i>Screening and Referral for Perinatal and Postpartum Depression and Anxiety and Notification of Positive Screens to the RAE</i>	SPARK requires screening for Perinatal and Postpartum Depression and assists in the development and implementation of discharge planning processes, including referral to other clinicians and notification to RAEs.	Directly



HTP (measure details)	SW-CP1 (page 22) <i>Social Needs Screening and Notification</i>	SPARK supports implementing and tracking social needs screening, including for personal violence, among all patients admitted for birth.	Directly
	RAH1 (page 15) <i>Follow-up appointment with a Clinician and Notification to the RAE within one business day</i>	SPARK encourages a postpartum follow-up appointment with a Clinician to be scheduled within one business day of discharge for all postpartum patients.	Indirectly
	COE1 (page 58) <i>Increase the successful transmission of a summary of care record to a patient's primary care physician (PCP) or other healthcare professional within one business day of discharge from an inpatient facility to home</i>	SPARK supports hospitals in developing and implementing discharge planning processes, including for referral to specialty outpatient care or notifying RAEs or other relevant clinicians.	Indirectly
	SW-BH11 (page 42) <i>Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAEs for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED</i>	Via the SPARK program, your hospital will be supported in developing and implementing discharge planning processes, including referral to specialty outpatient care or notifying RAEs or other relevant clinicians.	Indirectly



CPCQC QI Initiative 2: [SOAR](#) (primary Cesarean reduction)

Quality Program	Quality Program Measure	How SOAR aligns with Measure	SOAR Directly or Indirectly addresses measure
Joint Commission; Leapfrog; USNews Top Maternity Hospitals; CMS Inpatient Quality Reporting program, HAC, VBP and Stars; Anthem BCBS Blue Distinction	PC-02 - Cesarean Birth	SOAR supports hospitals in reducing the NTSV cesarean rate, as measured by PC-02.	Directly
HQIP (measure details)	Measure III.B. - Cesarean Section Measure (page 9)	SOAR supports a process for determining cesarean rates and helps establish methods to reduce these rates. <i>Our data team will even help you get all the stats!</i>	Directly
	Measure III.D. - Maternal Emergencies and Preparedness	SOAR assists hospitals in developing the tools to meet Structure Measures C and D	Directly



	Measure, Structure Measures C and D (page 14)	for patients with C-sections.	
HTP (measure details)	SW-COE1 <i>Hospital Index (avoidable care)</i> - includes C-section and hysterectomy in measure of avoidable care across procedural episodes. (page 57)	SOAR supports hospitals in preventing avoidable C-sections, which simultaneously reduces the associated risk of hysterectomy - addressing both OB/GYN procedures in the Hospital Index.	Directly
	CP5 - <i>Reducing Neonatal Complications</i> (page 35)	SOAR supports hospitals in preventing avoidable C-sections, lowering the risk of neonatal complications associated with C-section sequelae.	Indirectly

CPCQC QI Initiative 3: [Turning the Tide](#) (perinatal substance use)

Quality Program	Quality Program Measure	How Turning the Tide Aligns with Measure	Turning the Tide Directly or Indirectly addresses Measure
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HQIP (measure details)	Measure III.C. - Perinatal Depression and Anxiety measure group (page 10)	Turning the Tide requires tracking of screening and referral for Perinatal and Postpartum Depression and Anxiety <i>Our data team will even help you gather the data to submit!</i>	Directly
	Measure III.E. - Postpartum Discharge Transition Bundle, Element 6: <i>Screen each patient for current or history of Substance Use</i> (page 18)	Turning the Tide requires tracking of screening for a history of and current substance use disorder. <i>Our data team will even help you gather the data to submit!</i>	Directly
HTP (measure details)	CP6 (page 39) <i>Screening and Referral for Perinatal and Postpartum Depression and Anxiety and Notification of Positive Screens to the RAE</i>	Turning the Tide requires screening and referral for Perinatal and Postpartum Depression and assists in the development and implementation of discharge planning processes, including referral to other clinicians and notification to RAEs	Directly
	SW-CP1 (page 22) <i>Social Needs Screening and Notification</i>	Turning the Tide supports implementing and tracking social needs screening.	Directly
	RAH1 (page 15) <i>Follow Up Appointment with a Clinician and Notification to the RAE within One Business Day</i>	Turning the Tide requires a postpartum follow-up appointment with a Clinician to be scheduled prior to discharge for patients with substance use disorder	Directly



	<p>COE1 (page 58) Increase the Successful Transmission of a Summary of Care Record to a Patient's Primary Care Physician (PCP) or Other Healthcare Professional within One business Day of Discharge from an Inpatient Facility to home</p>	<p>Via Turning the Tide, your hospital will be supported in developing and implementing discharge planning processes, including for referral to specialty outpatient care or notifying RAEs or other relevant clinicians</p>	<p>Directly</p>
	<p>SW-BHI1 (page 42) <i>Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAEs for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED</i></p>	<p>Via the Turning the Tide program, your hospital will be supported in developing and implementing discharge planning processes, including referral to specialty outpatient care or notifying RAEs or other relevant clinicians</p>	<p>Indirectly</p>
	<p>BH1(page 52) <i>Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the ED</i></p>	<p>Via Turning the Tide, your team will establish a Screening, Brief Intervention, and Referral to Treatment (SBIRT) workflow that can be shared across hospital departments</p>	<p>Indirectly</p>
	<p>BH2 (page 54) <i>Initiation of Medication Assisted Treatment (MAT) in ED or Hospital Owned Certified Provider-Based Rural Health Center</i></p>	<p>Via Turning the Tide, your team will establish a workflow for the Initiation of Medication-Assisted Treatment (MAT) that can be shared across hospital departments</p>	<p>Indirectly</p>



	SW-BH3 (page 46) <i>Using Alternatives to Opioids (ALTO) in Hospital Emergency Departments (ED)</i>	Via Turning the Tide, your team will have an established Alternatives to Opioids (ALTOs) plan that can be shared across hospital departments	Indirectly
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CPCQC QI Initiative 4: [NEST](#) (reducing sleep-related infant deaths)

Quality Program	Quality Program Measure	How CPCQC's PPDT Initiative aligns with Measure	CPCQC Initiative Directly or Indirectly Addresses Measure
American Board of Pediatrics (ABP) Maintenance of Certification (MOC) Part IV (measure details)	Meaningful Participation in an Approved Quality Improvement Initiative	As an approved American Board of Pediatrics Maintenance of Certification (MOC) Part IV activity, NEST allows pediatric clinicians to earn MOC credit through participation in safe sleep quality improvement. Aligns hospital infant safety efforts and improved newborn care with board certification requirements/clinician professional development.	Directly
Cribs for Kids National Safe Sleep Certification (measure details)	Safe Sleep Compliance Audits	NEST provides standardized crib audit tools and unit-level data tracking to assess safe sleep modeling and compliance over time, aligned with Cribs for Kids certification.	Directly



	Identification of Families in Need of Safe Sleep Resources and Referral to Safe Sleep Spaces	NEST supports workflows to identify families without safe sleep environments and connect them with appropriate resources prior to discharge. Includes tools to support consistent screening, referral, and documentation.	Indirectly
	Staff Education, Caregiver Education, and Implementation of Safe Sleep Policies and Practices	NEST provides standardized staff and caregiver education tools and implementation guidance to support consistent safe sleep education and modeling, as well as development of unit-level workflows aligned with AAP recommendations.	Indirectly
HTP (measure details)	COE1 (page 58) <i>Increase the Successful Transmission of a Summary of Care Record to a Patient's Primary Care Physician (PCP) or Other Healthcare Professional within One business Day of Discharge from an Inpatient Facility to home</i>	NEST supports discharge communication by providing documentation tools, discharge summary templates, and referral workflows to promote continuity of care and communication with outpatient pediatric providers, particularly for families at higher risk of unsafe sleep environments.	Indirectly