

PA PQC

Pennsylvania Perinatal Quality Collaborative

Virtual Meeting
January 25, 2023

Agenda

1. **Welcome** – Sara Nelis, RN, PA PQC Project Manager, Jewish Healthcare Foundation
2. **Deep Dive into 2023 Programming and Designations** – Sara Nelis, RN
 - **2023 Programming**
 - **Designations Program**
3. **Q&A** – facilitated by PA PQC QI Coaches
4. **Wrap-Up & Next Steps** – Sara Nelis, RN



MMRC



PQC



Pennsylvania Perinatal Quality Collaborative

58 hospitals, representing 81% of live births in PA

<https://www.whamglobal.org/pa-pqc-hospitals>

<https://www.whamglobal.org/pa-pqc-initiatives>

Participating Hospitals by 2022 Initiatives

No Quality without Equity

49 Substance-Exposed Newborns (NAS)

39 Maternal Substance Use (OUD)

19 Immediate Postpartum LARC

23 Moving on Maternal Depression (MOMD)

24 Severe Hypertension Treatment (Alliance for Innovation on Maternal Health)

*As an Action Arm of the MMRC,
the PA PQC supports perinatal care teams in
adopting key interventions to achieve collective aims*

Because of YOUR hard work!

- **87%** of hospitals have established **breastmilk feeding guidelines for SUD** (with an additional 9% in progress)
- **91%** of hospitals use **standardized pharmacologic protocols for NAS**
- **100%** of hospitals use **non-pharmacologic protocols for NAS**
- **70%** of hospitals have been educated on criteria for **Plans of Safe Care**, their role, and the how to explain it to families (with an additional 26% in progress)
- **88%** of hospitals have evidence-based **patient education materials** on substance use in pregnancy and the caregiver's role in SEN care (with an additional 8% in progress)
- **96%** of hospitals are using a validated **screening tool for substance use** in pregnancy, with **90%** of pregnant individuals being screened for substance use
- **19 of the 21** hospitals have achieved the initial goal to put in place the structures and processes to routinely counsel, offer, and provide **immediate postpartum LARC**

How can the PA PQC support your team?

Virtual Sessions on Key interventions

Additional Trainings

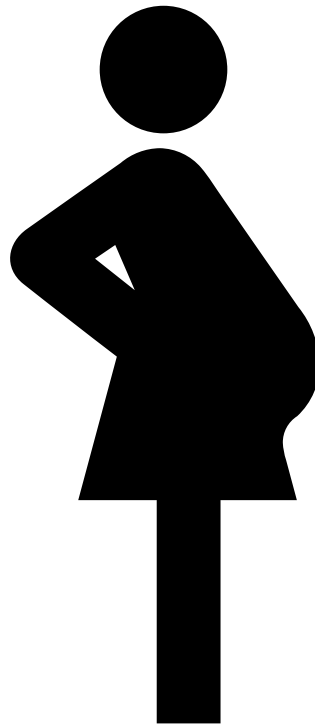
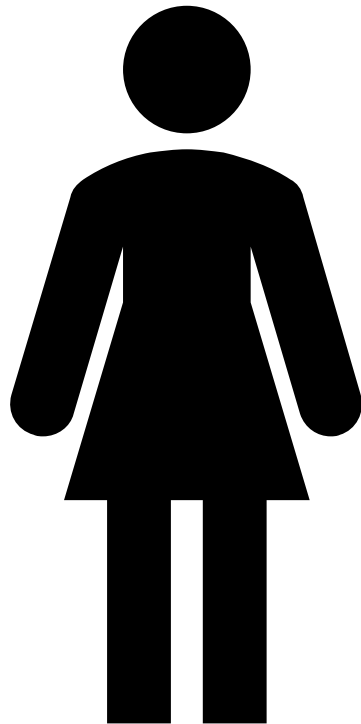
- Trauma-Informed Care
- Speak Up Implicit Bias Training
- Pitt PERU
 - Motivational Interviewing
 - SBIRT
 - Stigma
 - SUD Overview
- Plans of Safe Care Modules (coming soon)

QI Coaching

Regional and Annual Meetings

2023 Programming

2023 Theme: Continuum of Care



Initiatives

NEW OR CONTINUING

Maternal Substance Use (includes SUD and OUD)
Substance Exposed Newborns (SEN) (includes NAS)
Immediate Postpartum LARC

SUSTAINING

MOMD – Moving on Maternal Depression
PA AIM Hypertension



Please complete the Annual Enrollment Survey by **March 31** →

Objectives to Achieve by March 31, 2024:

- At least **45 birth hospitals and NICUs** meet the *minimum criteria for active participation* for the Maternal Substance Use, SEN initiatives, and/or IPLARC initiatives over the implementation period of April 2023 to March 2024
- Increase the *consistency of SUD and SEN survey submissions* to at least **70%** of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period
- Increase the *consistency of hospitals reporting data* for at least one SUD or SEN quality measure to **55%** of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period

SEN Goals & Plans

- Increase the percent of newborn care teams *educated on post-discharge services* from **70% to 80%** of participating hospitals
- Increase the percent of newborn care teams *educated on the criteria for Plans of Safe Care* from **70% to 80%** of participating hospitals
- Maintain at least **75%** of newborns with NAS receiving *non-pharmacotherapy bundled treatments* (impacting at least 350 newborns per year)
- Increase the percent of newborns with NAS who were *referred to appropriate follow-up services* at discharge from **85% to 95%** (impacting at least 350 newborns per year)
- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**

Maternal Substance Use Goals & Plans

- Increase the percent of hospitals with *trauma-informed protocols* in the context of substance use from approx. **10% to 20%**
- Increase the percent of hospitals with a system in place to *provide naloxone* to at risk patients prior discharge from **8% to 30%**
- Increase the percent of hospitals from **60% to 70%** with *established perinatal care pathways* for SUD that coordinate services across multiple providers up to 1 year postpartum
- Maintain at least **90%** of pregnant individuals being *screened for substance use* with a validated screen (impacting at least 30,000 individuals per year)

Meetings



MONTHLY VIRTUAL SESSIONS

January ← You are here!

February: Naloxone Project Updates

March: QI Plans for Connecting Across the Continuum (Accredited!)

October: Topic TBD

November: Topic TBD

December: Topic TBD

ANNUAL MEETING

May 4, 2023 8:30 am – 4:30 pm

Harrisburg Hilton

REGIONAL MEETINGS (VIRTUAL)

May: Southwest PA

June: Northwest PA

July: Northeast PA

August: Southeast PA

September: Lehigh/Capital PA

HealthChoices Zone Map



Annual Meeting

May 4, 2023

8:30 a.m. – 4:30 p.m.

Harrisburg Hilton

In-Person only!

National speaker

State representation

Poster presentations:

- Criteria

Regional Breakouts

March
Virtual
Session

Regional
Breakout
(Annual
Meeting)

Regional
Meeting

Minimum Criteria for Active Participation

- Submitting a **QI Report Out**, using the QI Report Out Template or Life QI Portal, during a six-month period;
- Submitting a quarterly initiative-specific **survey** during a six-month period;
- Having at least one hospital-level representative **attend** at least one meeting (virtual, annual in-person, or regional) during a six-month period;
AND
- Submitting at least one quarter's worth of aggregated **data** for a PA PQC process or outcome measure(s) during a 12-month period.

Designations Program





Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community.

Criteria: QI Participation

Designation Criteria: QI Participation

- Two “qualifying quarters” for the *same initiative* during April 2023-March 2024 period
- A “qualifying quarter” is defined as a single quarter in which milestones 1-4 are all met for a *specific initiative*
- For Example:

April – June
2023:
SUD & SEN

July – September
2023:
SUD

October –
December
2023

January – March
2024:
SUD

Milestone 1:

Depending on which **learning sessions** are offered during a particular calendar quarter, **attend:**

- The In-Person Annual Meeting on May 4
- The Regional Virtual Meeting (if there is a virtual session for your region offered in the quarter)
- At least one Virtual Meeting in Q4 2023
- At least one Virtual Meeting in Q1 2024

Milestone 2:

Submit a **Quality Improvement (QI) Report Out**, showing work related to key intervention(s)

Quarterly:

July 31, 2023

October 31, 2023

January 31, 2024

April 30, 2024

Milestone 3:

Complete the initiative-specific PA PQC **quarterly survey**

Quarterly:

July 31, 2023

October 31, 2023

January 31, 2024

April 30, 2024

Milestone 4:

Submit **aggregated data** for a PA PQC process or outcome measure(s) through Life QI

Quarterly:

July 31, 2023

October 31, 2023

January 31, 2024

April 30, 2024

Milestone 5*:

Communicate and celebrate your team's impact in the PA PQC within your hospital and community

**Required only once annually for the designation program*

For Example:

Q2 2023 (April – June):

Attended Annual Meeting in HBG!

SUD:

- ☒ QI Report
- ☒ Survey
- ☒ Data

SEN:

- ☒ QI Report
- ☒ Survey
- ☒ Data

April – June
2023:
SUD & SEN

For Example:

Q2 2023 (July – September):

Attended Virtual Regional Meeting!

SUD:

QI Report

☒ Survey
Data

SEN:

☒ QI Report
Survey
Data

April – June
2023:
SUD & SEN

July – September
2023

For Example:

Q2 2023 (April – June):

Did not attend any meeting

SUD:

- ☒ QI Report
- ☒ Survey
- ☒ Data

SEN:

- ☒ QI Report
- ☒ Survey
- ☒ Data

April – June
2023:
SUD & SEN

July – September
2023

October –
December
2023

For Example:

Q2 2023 (April – June):

Attended Virtual Meeting

SUD:

- ☒ QI Report
- ☒ Survey
- ☒ Data

SEN:

- ☒ QI Report
- Survey
- Data

April – June
2023:
SUD & SEN

July – September
2023

October –
December
2023

January – March
2024:
SUD



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community, *and are dedicated to incorporating patient voice or health equity in their quality improvement work.*

Criteria: QI Participation plus EITHER Patient Voice OR Health Equity



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community, *with a proven commitment to health equity and patient participation in their quality improvement work.*

Criteria: QI Participation, Patient Voice, AND Health Equity

Designation Criteria: Patient Voice & Health Equity

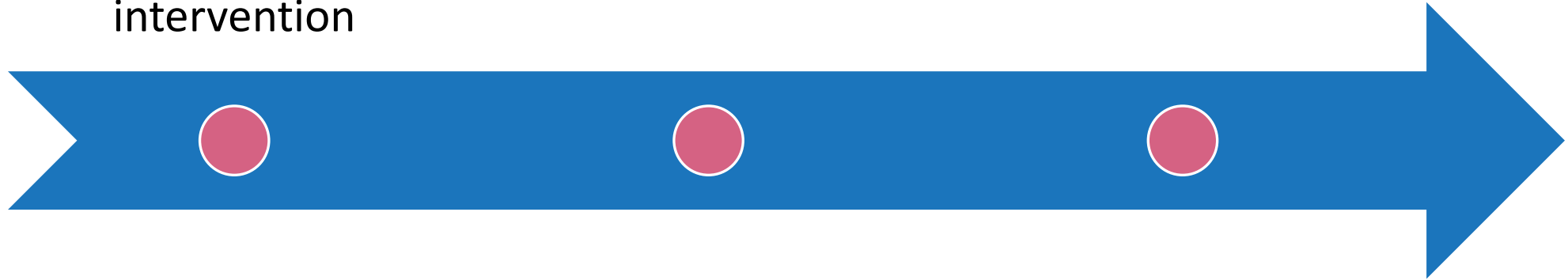
Patient Voice: Show proof of including *lived experience voices* in quality improvement work by participating in one or more community and patient partnership interventions.

Health Equity: Show proof of *health equity interventions* in quality improvement work that demonstrate a commitment to narrowing the equity gap.

**See Designation Program packet for examples of interventions*

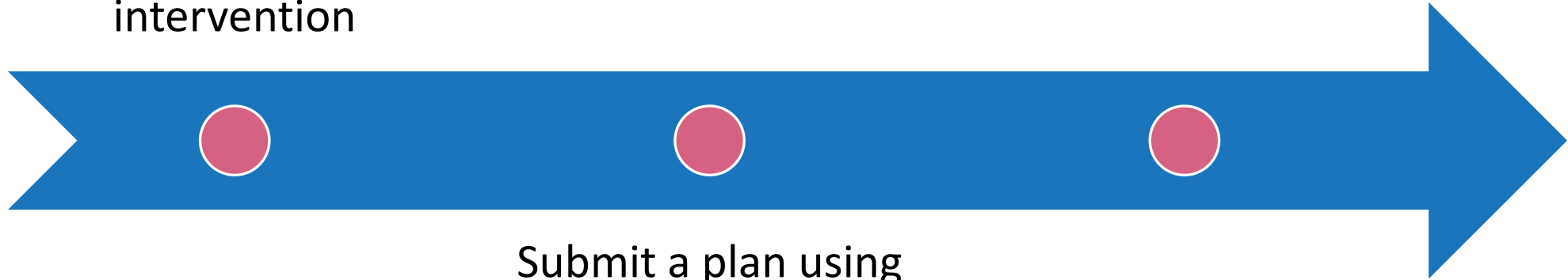
Health Equity and Patient Voice:

Work with your QI
coach to determine
an eligible
intervention



Health Equity and Patient Voice:

Work with your QI
coach to determine
an eligible
intervention



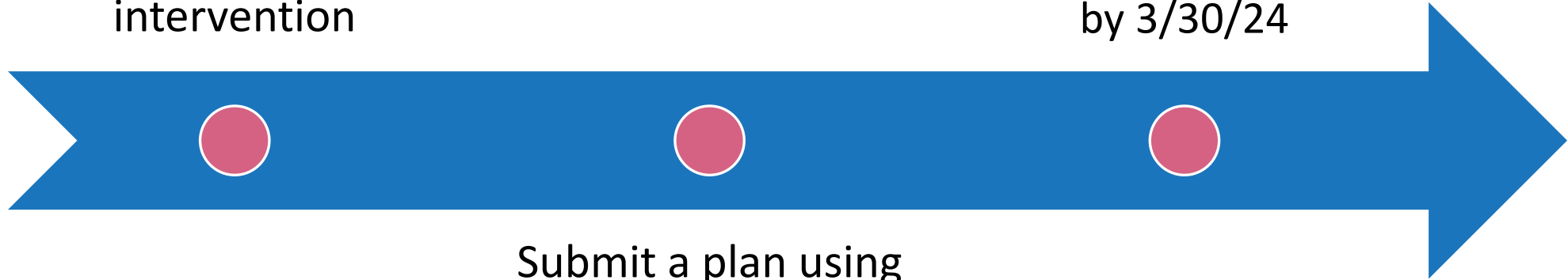
Submit a plan using
the template by
6/30/23

Health Equity and Patient Voice:

Work with your QI coach to determine an eligible intervention

Show proof of QI work by submitting Health Equity and/or Patient Voice survey by 3/30/24

Submit a plan using the template by 6/30/23



Q&A

Wrap Up & Next Steps

Sara Nelis, RN, CCE

Project Manager

Jewish Healthcare Foundation

QI Awards Reminder for Q4 2022

Milestone 1: Attend a Virtual Session

Milestone 2: Submit a Quality Improvement (QI) Report Out, showing work related to implementing Key Intervention(s)

Milestone 3: Complete a PA PQC quarterly survey for the initiative **January 31, 2023**

Milestone 4: Submit at least one quarter's worth of aggregated data for a PA PQC process or outcomes measure(s) through Life QI **January 31, 2023**

Milestone 5: Communicate and celebrate your team's impact! **January 31, 2023**

<https://www.whamglobal.org/pa-pqc-initiatives/criteria-for-quality-improvement-awards>



Upcoming Learning Opportunities

Virtual Sessions

- February 22, 11 a.m. to 12 p.m.
- March 16, 11 a.m. to 12 p.m.

Annual Meeting

- May 4, 8:30 a.m. to 4:30 p.m.
- In-person only!



<https://www.whamglobal.org/member-content/register-for-sessions>

Speak Up! 28 Day Challenge – Starts February 1

Speak Up! Training – March 23 & 30

NAS Symposium presented by Mercer County Children & Youth, Sharon, PA – May 19



<https://www.whamglobal.org/member-content/additional-events>