Annual Meeting: Peer to Peer Learning Handout **May 4, 2023**

Maternal Substance Use

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Allegheny Health Network-Forbes Hospital	-Provided staff-wide education on SUD/OUD as well as use of the 5P screening tool -Began screening all pregnant people for OUD/SUD in the outpatient setting at the first prenatal visit, 28 weeks, and at the postpartum visit -Refer appropriate patients to our Perinatal Hope Program and/or social work to identify needs and plans for the remainder of the pregnancy -Educated all inpatient staff and began using the 5P screen inpatient on any patient without a previous outpatient screen -Presented simple yes/no questions on paper in hopes to increase patient comfort level in answering screening questions	-Are infants exposed to substances during pregnancy being missed due to new screening tools? -If patient screens negative on the screening tool, but a newborn exhibits symptoms of withdraw, is a cord/mec stat sent? -What screening tools are other locations using? How does this work at other locations with plans of safe care?	Alycia Kerstetter, MSN, RNC-OB, Nurse Manager: Wexford Hospital Alycia.kerstetter@ahn.org Tiffany Mayer, MSN, RN Nurse Manager: Forbes Hospital Tiffany.mayer@ahn.org Ashley Preksta, MSN, RNC-OB, Nurse Manager: Jefferson Hospital Ashley.preksta@ahn.org
Allegheny Health Network-Jefferson Hospital	-Provided staff-wide education on SUD/OUD as well as use of the 5P screening tool -Began screening all pregnant people for OUD/SUD in the outpatient setting at the first prenatal visit, 28 weeks, and at the postpartum visit -Refer appropriate patients to our Perinatal Hope Program and/or social work to identify needs and plans for the remainder of the pregnancy -Educated all inpatient staff and began using the 5P screen inpatient on any patient without a previous outpatient screen -Presented simple yes/no questions on paper in hopes to increase patient comfort level in answering screening questions	-Are infants exposed to substances during pregnancy being missed due to new screening tools? -If patient screens negative on the screening tool, but a newborn exhibits symptoms of withdraw, is a cord/mec stat sent? -What screening tools are other locations using? How does this work at other locations with plans of safe care?	Alycia Kerstetter, MSN, RNC-OB, Nurse Manager: Wexford Hospital Alycia.kerstetter@ahn.org Tiffany Mayer, MSN, RN Nurse Manager: Forbes Hospital Tiffany.mayer@ahn.org Ashley Preksta, MSN, RNC-OB, Nurse Manager: Jefferson Hospital Ashley.preksta@ahn.org
Allegheny Health Network-West Penn Hospital	-Increase education among patients related to substance use -Increase education among healthcare team members to address stigma related to substance use -Increase universal screening and follow-up for substance use among pregnant and postpartum individual -Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) -5 Ps screening; naloxone at discharge will be beginning		Kristen Maguire
Allegheny Health Network-Wexford Hospital	-Provided staff-wide education on SUD/OUD as well as use of the 5P screening tool -Began screening all pregnant people for OUD/SUD in the outpatient setting at the first prenatal visit, 28 weeks, and at the postpartum visit	-Are infants exposed to substances during pregnancy being missed due to new screening tools? -If patient screens negative on the screening tool, but a newborn exhibits symptoms of withdraw, is a cord/mec stat sent?	Alycia Kerstetter, MSN, RNC-OB, Nurse Manager: Wexford Hospital Alycia.kerstetter@ahn.org

	-Refer appropriate patients to our Perinatal Hope Program and/or social work to identify needs and plans for the remainder of the pregnancy -Educated all inpatient staff and began using the 5P screen inpatient on any patient without a previous outpatient screen -Presented simple yes/no questions on paper in hopes to increase patient comfort level in answering screening questions	-What screening tools are other locations using? How does this work at other locations with plans of safe care?	Tiffany Mayer, MSN, RN Nurse Manager: Forbes Hospital Tiffany.mayer@ahn.org Ashley Preksta, MSN, RNC-OB, Nurse Manager: Jefferson Hospital Ashley.preksta@ahn.org
Einstein Medical Center-Philadelphia	-No workflow in current state Solution – work with current MAT program LCSW to determine. how to implement standardized screening on all women presenting for prenatal care - Change in workflow for providers and MA staff Solution-develop educational plan for provider and MA staff		
Evangelical Community Hospital	-Transitioning from the 5P Screening Tool to the NIDA Screening Tool (EPIC supported tool) -Motivational Interviewing POLAR*S training -Trauma Informed Care Workshop	-How are other facilities evaluating their SUD initiatives from patient feedback? -How are other organizations using what they learned from the MI and Trauma Informed Care trainings and educating those who could not attend?	Susan Payne MSN, RNC-OB
Geisinger-Bloomsburg Hospital	-Increase education among patients related to substance use -Increase education among healthcare team members to address stigma related to substance use -Increase universal screening and follow-up for substance use among pregnant and postpartum individual -Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) -Our Team is working on obtaining NIDA worksheets and timely documentation of these results in EPIC so that we can identify all patients	We are re implementing the follow up survey and want to identify better questions to obtain a clearer picture of patient's opinions to help improve our ESC process and care.	D Knittle
Geisinger-Community Medical Center (CMC)	-Increase education among patients related to substance use -Increase education among healthcare team members to address stigma related to substance use -Increase universal screening and follow-up for substance use among pregnant and postpartum individual -Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) -Implementing a universal SUD screening tool in L&D and outpatient.	-How did you best transition from completing both the paper and electronic version of the NIDA tools to only completing them online? -What were the major barriers?	Alexandrea Davis RN
Geisinger-Lewistown Hospital (GLH)	-Increase education among patients related to substance use -Increase education among healthcare team members to address stigma related to substance use -Increase universal screening and follow-up for substance use among pregnant and postpartum individual	-How do you address conflicted information? -Patient statement on SUD vs. OB History -How do you track universal screening and adherence to the algorithm in outpatient prenatal clinic?	Abby Newman

	-Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) -Implementing a universal SUD screening: Outpatient, L&D -Implementing a clinical pathway for at risk screens -Streamlining workflow/information sharing with data entry in EMR - Just using EMR for documentation to help with streamlining communication		
Geisinger Medical Center (GMC)	-Increase education among patients related to substance use -Increase education among healthcare team members to address stigma related to substance use -Increase universal screening and follow-up for substance use among pregnant and postpartum individual -Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) -Implementing a universal SUD screening tool in L&D and outpatient	-We incorporated NIDA completion into our nursing yearly competencies and saw our rates of compliance soar after all classes were completed and all staff had received the hands-on education.	LoriBeth Ryder
Geisinger-Wyoming Valley (GWV)	-Re-educating on existing protocol for when to obtain a urine drug test or tighten up nursing documentation when patients refuse. -Review compliance as standing item in each month's Staff Meeting. -April 15, 2023, Geisinger approved NIDA forms are handed to the patient to fill out, a laminated scoring sheet and algorithm is placed in each room for the nurse to score with a dry erase marker. The score is then placed into the EPIC charting system. We do not need to scan the paper forms and send for manual data, this can be placed into EPIC and retrieved. Rolling out this new process, was a great time to reeducate on the process, as well as the follow through with providers and documentation.	-What are other sites using to make sure the Plans of Safe Care are being done?	Rachel Cunniffe, MSN, RNCOB
Guthrie Robert Packer Hospital	-Consistent screening of every inpatient using the 5 P's screening tool -Use of developed report to identify areas of improvement opportunity and fall outs -Addition of Outpatient screening 5 P's during prenatal visits	-Tips and Tricks to increase engagement of team members -Once you have a positive screen do you use an algorithm to develop a plan of care? And examples of those if so, how do you have consistent follow up from outpatient to inpatient?	Melissa Rathbun Rochelle Kendall Kristen Wilcox
Holy Redeemer Health	-Multidisciplinary team -Increase education among patients and healthcare team members -Screen all pregnant and postpartum individuals for substance use and co-occurring needs -Follow up for all individuals who screen positive -Referral to SUD OB Navigator for those in need -Assess Needs and facilitate access to care – SUD Treatment, Medication Assisted Therapy, Behavioral Health, etc. -Integrate the individual into the team		Christina MarczaK MSN, RN

Main Line Health- Bryn Mawr Hospital	-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use -Establish education for newly developed Trauma Informed protocols in the context of substance use -Revise OUD/SUD screening policy regarding Marijuana use/ testing -Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters.	-Best practices for screening algorithms? -Best practices for Trauma informed protocols? -Outpatient Resource Referrals?	Lavel Gwynn
Main Line Health- Lankenau Medical Center	-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use -Establish education for newly developed Trauma Informed protocols in the context of substance use -Revise OUD/SUD screening policy regarding Marijuana use/ testing -Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters.	-Best practices for screening algorithms? -Best practices for Trauma informed protocols? -Outpatient Resource Referrals?	Lavel Gwynn
Main Line Health (MLH) - Paoli Hospital	-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use -Establish education for newly developed Trauma Informed protocols in the context of substance use -Revise OUD/SUD screening policy regarding Marijuana use/ testing -Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters.	-Best practices for screening algorithms? -Best practices for Trauma informed protocols? -Outpatient Resource Referrals?	Lavel Gwynn
Main Line Health (MLH) - Riddle Hospital	-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use -Establish education for newly developed Trauma Informed protocols in the context of substance use -Revise OUD/SUD screening policy regarding Marijuana use/ testing -Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters.	-Best practices for screening algorithms? -Best practices for Trauma informed protocols? -Outpatient Resource Referrals?	Lavel Gwynn
Penn Medicine- Chester County Hospital	-Expanded 5P testing to private practices -Created a standardized process for reporting pregnant patients in need of prenatal consults (mothers of infants anticipated to be diagnosed with NAS) -Strengthening relationships with community partners through monthly multidisciplinary meetings -Scheduling education sessions for OB providers	-Strategies for engaging mothers in care and decision making.	CCH Team

	-Providing OB offices with family education booklets/PROUD project resources -Creating personalized welcome letters for patients diagnosed with substance use disorder -Monthly education for clinical staff that addresses biases and stigmas		
Penn State Health- Hershey Medical Center & Children's Hospital	-Provide staff education on Plans of Safe Care, stigma and "Words Matter." -Develop custom NAS booklet for patient education on NAS prenatally and/or in NICU -Multi-disciplinary team meets monthly and/or Ad Hoc -Screen all pregnant patients on or before the first OB appointment using 5Ps screening tool -Screen all inpatient OB patients for substance use, using NIDA Quick Screen -Complete staff education: 5Ps tool and screening rationale; 5Ps screening process and SBIRT; inpatient screening changes (Social work consult) -Offer feedback, education and goal setting through brief interventions and referral to treatment for all patients with positive 5Ps screen -Develop and implement workflow/guidelines to guide: who will respond to patients who screened positive; who will refer patients to treatment; to whom can we refer our patients -Develop Substance Use Treatment Referral Reference List -Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) and integrate pregnant and postpartum persons as part of multidisciplinary team -Respect pregnant and postpartum person's right of refusal in accordance with values and goals -Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able	-Have other organizations implemented post-delivery and discharge pain management prescribing guidelines for all vaginal and cesarean births focused on limiting opioid prescriptions? -If so, what worked well and how are you tracking compliance?	Brittany Bogar
St. Clair Hospital	-We began using the 5Ps tool for outpatient prenatal visits and inpatient admissions to our hospital in June 2019. -We coordinated with the affiliated OB offices for them to utilize this tool for screening their pregnant patients in the office setting, starting with the 1st prenatal visit and then again in the 2nd and 3rd trimester. -We provided the OB offices with referral forms to be faxed to our Level 2 Nursery Coordinator for follow-up care. When our nursery coordinator receives a referral, she reaches out to the family to discuss the care they can expect when they arrive for their delivery.	-Community resources for patients. -Post-discharge patient follow-up strategies	Shawndel Laughner

	-We educated inpatient nursing staff on 5Ps screening tool and implemented it to be utilized on all patients admitted.		
St. Luke's University Hospital- Allentown Campus	-Establish 1 screening tool for both inpatient and outpatient -Enable patients to self-report answers in screening tool (via I-Pad) -Determine what qualifies as a positive screen	-Screen is positive- now what? What triggers biologic testing for newborn?	
St. Luke's University Hospital- Anderson Campus	-Establish 1 screening tool for both inpatient and outpatient -Enable patients to self-report answers in screening tool (via I-Pad) -Determine what qualifies as a positive screen	-Screen is positive- now what? What triggers biologic testing for newborn?	
St. Luke's University Hospital- Upper Bucks Campus	-Establish 1 screening tool for both inpatient and outpatient -Enable patients to self-report answers in screening tool (via I-Pad) -Determine what qualifies as a positive screen	-Screen is positive- now what? What triggers biologic testing for newborn?	
Tower Health- Reading Hospital	-Now that we received the award money from PA PQC, we have submitted the ticket through our organization to begin the process of purchasing the rights to this screening tool. Pending IT review whether we need a project manager to be assigned to complete this process. -Asking all offices to share the data with providers and clinical staff. This will raise awareness and improve buy in with screening. -Saw a dip in a few offices in the compliance with documenting the screening questions. Identified gap that ultrasounds performed right before a patient's initial prenatal visit interferes with the testing standard we have in place. Now working towards rolling out education and competency to the ultrasounds techs in the offices so they can perform and document UDS testing results prior the ultrasound. -Working to build standing order for clinical staff and ultrasound techs to utilize to expedite this order/documentation at time of visit. Will be updating the policy for POCT tests in our ambulatory settings to include the US tech scope.	-Tips/Tricks to building reports on the follow up metrics.	Elizabeth Huyett
UPMC Womens Health Service Line- Hamot	-Increase education among patients related to substance use -Increase education among healthcare team members to address stigma related to substance use -Increase universal screening and follow-up for substance use among pregnant and postpartum individual -Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) -Identifying resources in the community	-Are others seeing decreased number of deliveries in this patient population and is there any thought of where these women could be delivering? It feels that there is a significant decrease in deliveries, however a significant rise in drug use in the community.	Lauren Kullen

UPMC Womens Health Service Line- Magee-Womens Hospital	-Formation of Perinatal Substance Use Disorder (SUD) Committee across UPMC to improve care for birthing people & infants -Bias/stigma staff education -Universal substance screening with validated tools & offering medication for opioid use disorder -Providing Narcan at discharge -Plans of Safe Care initiated prior to discharge -Achieved system-wide Gold Cribs for Kids Safe Sleep designation as unsafe sleep deaths highest in SUD population -Nurse Navigator to provide support, improve communication, & refer to community resources -Standardized discharge education		Vivian Petticord, DNP, RNC, CNL; Jennifer Young, RNC-OB, C-EFM, C-ONQS; Katelyn Fowler, BSN, RN, RNC-OB; Janet Catov, PhD; Sharee Livingston, MD; Stacy Beck, MD
Washington Health System	-Inviting community-based organizations to present at the monthly WHS Perinatal Quality Team meetings. The focus of the presentations is to share information about available resources for patients/families coping with SUD/OUD, and to broaden the knowledge base for providers and community agencies trusted in the care of those patients/ families.		Lisa Pareso, Manager Rural Health Model lpareso@whs.org
Wayne Memorial Hospital	-Continue to administer 5Ps for each patient—ask about substance use by her parents, peers, partner, herself in the past or at present. -Social Services consult and follow-up for positive screens. -Include the following queries in office EMR: active diagnosis at start of care, diagnosed during this pregnancy, follow-up action, referred to support services -Report results & celebrate awards at staff and committee meetings. -White noise machine to soothe baby		Janice Pettinato, pettinatoj@wmh.org
WellSpan Health-Chambersburg Hospital	-Patients screened in standardized process with 4P's tool at OB intake appointment. -A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. -Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care, pediatric and postpartum services. -Implemented best practice advisory (BPA) to order Naloxone prior to delivery discharge for patients screen positive for substance use.	-How are other systems increasing compliance with pediatric provider telehealth consultations for NAS infants?	A. Fleischman
WellSpan Health-Ephrata Community Hospital	-Patients screened in standardized process with 4P's tool at OB intake appointment. -A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. -Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care, pediatric and postpartum services.	-How are other systems increasing compliance with pediatric provider telehealth consultations for NAS infants.	A. Fleischman

	-Implemented best practice advisory (BPA) to order Naloxone prior to delivery discharge for patients screen positive for substance use.		
WellSpan Health-Gettysburg Hospital	-Patients screened in standardized process with 4P's tool at OB intake appointment. -A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. -Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care, pediatric and postpartum services. -Implemented best practice advisory (BPA) to order Naloxone prior to delivery discharge for patients screen positive for substance use.	-How are other systems increasing compliance with pediatric provider telehealth consultations for NAS infants.	A. Fleischman
WellSpan Health-Good Samaritan Hospital	-Patients screened in standardized process with 4P's tool at OB intake appointment. -A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. -Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care, pediatric and postpartum services. -Implemented best practice advisory (BPA) to order Naloxone prior to delivery discharge for patients screen positive for substance use.	-How are other systems increasing compliance with pediatric provider telehealth consultations for NAS infants.	A. Fleischman
WellSpan Health-York Hospital	-Patients screened in standardized process with 4P's tool at OB intake appointment. -A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. -Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care, pediatric and postpartum services. -Implemented best practice advisory (BPA) to order Naloxone prior to delivery discharge for patients screen positive for substance use.	-How are other systems increasing compliance with pediatric provider telehealth consultations for NAS infants.	A. Fleischman

Substance Exposed Newborn (SEN)

Site:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
AHN – Forbes Hospital	-Educate staff on ESC model -Educate patients on ESC model -Assist in non-pharmacologic treatment options	-Long term outcomes for ESC	Tiffany Mayer
Allegheny Health Network-Saint Vincent Hospital	-Met with key stakeholders (neonatologists, pediatrician, pharmacy, NICU nurse manager, MCH educator, two NICU nurses) re: modified Finnegan assessment, pharma logical intervention, nurse education/process in place to achieve a more standardized approach in NAS scoring babies in the NICU -Identified (6) super users to resource NICU nurses re: standardized scoring using the Modified Finnegan Assessment		Kim Amon, MSN, RN, MBA Lanette Erdman, MSN, RN Anita Alloway, RN Molly Soltis, RN

	-Developed a tracking sheet titled "NAS Admission Log" for newborns admitted to NICU. Data points include: patient label, baby from Mother-Baby or outside transfer, Strict No Publicity, date, and time of NICU admission, discharge date, pharma logical intervention. -Developed NAS Plan of Care for staff and parents -Developed a handout for parents titled "Ways to Comfort Me"		
Allegheny Health Network-West Penn Hospital	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Follow-up phone calls to parents of SENs	-Having higher success rate of connecting post-discharge	Kristen Maguire
Doylestown Hospital	-Standardize evidence-based, compassionate, non-judgmental prenatal education and support, that successfully reaches the vulnerable population of pregnant women struggling with OUD, that will continue through discharge. -Provide family education about NAS and ESC and what to expect in prenatal period through discharge -Reinforce the Neonatal Consult template and pamphlet to help families understand their hospital stay from beginning to end, reduce fear/anxiety with opportunity to meet with providers and nursing staff -Create a questionnaire for mother to complete at time of discharge to monitor effectiveness of program, educational process and identify areas of improvement -Follow up phone calls one month after discharge -Update NAS parent folders to provide current information regarding services/support available to parents after discharge. Encourage breastfeeding or breastmilk feeding among parents with SUD or OUD if not contraindicated: -Provide education for patient and family regarding current medications and how they can affect breastmilk/ breastfeeding -Neonatology to discuss with parents any contradictions to breastfeeding -Lactation Consult and daily inpatient lactation support -Establish and maintain breastfeeding guidelines utilizing parameters based on national guidelines for parents with SUD/OUD -Maintain unit ability to provide Family Centered Care	-Comparative information on breastfeeding statistics at other organizations, and what they implemented to help increase that percentage. -Challenges other hospitals are facing with the management of SEN to multiple drugs. Interventions they have found to be effective in the management of these newborns. -How other organizations manage and preserve family centered care, during extended inpatient stays for newborns	Jo Ann Butrica, MSN, RNC

	-Decrease hospital LOS of NAS infants with multiple drug exposures and minimize the number of doses of medications (Morphine/Phenobarbital) to treat NAS infants with multiple drug exposures -Maximize use on non-pharmacologic interventions -Collect data to determine if Neonatal Abstinence Syndrome (ESC) protocol and ESC Pharmacologic Treatment Algorithm are being utilized appropriately. -Increase the number of nurse/physician/parent huddles to discuss progression and response to treatment. -Maintain unit ability to provide Family Center Care, utilizing Nesting/Border Patient Care Model		
Einstein Medical Center-Montgomery	Sustain: Multidisciplinary meetings, distribution of pamphlets, non-pharmacologic supportive measures Improve: Formalized ESC education; rates of any breastfeeding at discharge; Unified approach to testing infants in concert with OB to develop standardized screening and testing of mothers, post discharge follow-up (who gets EI referral) and evaluation of Plan of Safe Care, community out-reach through clinics and support groups (and visiting nursing), continued outpatient education, inpatient OT consults Start: Infant massage training, evaluating rates of breastfeeding while stratifying for race, and examining parental presence stratified by race	-How are hospitals improving rates of breastfeeding? -Has anyone worked with OB to standardize maternal testing and screening? -What is being considered a validated training tool for standardized ESC scoring? -Has anyone cared for an infant that required readmission for withdrawal after discharge since using ESC? -Have you cared for infants requiring second line medications since using ESC?	Celina Migone, MD, Amy Lembeck, DO
Einstein Medical Center-Philadelphia	ESC: -Open baby type NICU -Solution: adapt ESC methodology to open bay NICU per pilot case No current protocol in place for ESC at EMCP -Solution: Development of policy & procedure by EMCP PQC team Prenatal Consults -Data collection of total opioid use mothers -Solution: obtain data from report from coding dept -Lack of educational materials in out-pt OB offices -Solution: finish informational pamphlet for mothers -Solution: with advent of LCSW position being filled, providers often defer to that position for follow-up, and cancel the consult. - Need to do education for providers.	-Who has modified the Eat/Sleep/Console methodology to accommodate an open NICU floor plan and how?	
Evangelical Community Hospital	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services	-What do other hospitals use to increase and maintain inter-reliability with the ESC model when the number of newborns at your facility needing to be assessed for withdrawal from opiates is rare. How do you keep your staff proficient with these assessments?	Jen Sullivan

	-Awaiting approval to transition to ESC model by our pediatricians. EVAN has a Teams meeting today with Dr Cook, Dr Neff Bulger, and Sara Whyne with our 3 pediatricians to help answer any questions/reservations about moving to ESC. -Nursing/ancillary staff getting ESC education in our OB Ed days in preparation for our hopeful transition to ESC. -ESC documentation already built in EPIC.		
Geisinger-Bloomsburg Hospital	-Reviewed maternal risk factors -Implemented staff education -Involved physicians, nurses, and pharmacists in MFM, prenatal care and pediatric care -Developed education for prenatal patients -Sought guidance from PQC members -Implemented Eat, Sleep, Console for NAS monitoring -Involved Certified Recovery Specialists and care managers -Survey of patient experience in process -Developed EMR documentation -Evaluated equipment needs -Created process to identify eligible patients	-Do you have collaborative relationships with external MAT programs and how did you create this relationship? How does it work (e.g., data sharing, communication, etc.)? -Suggestions on additional metrics to track (maternal or infant)? -Are you collecting feedback from patients about the ESC program/process?	
Geisinger-Lewistown Hospital (GLH)	-Sought guidance from PQC members -Evaluated equipment needs -Obtained Mam Roo, Halo swaddles -Implemented Staff education -Implemented Eat Sleep Console for NAS monitoring -MAT & NIDA -Involved physicians, nurses, and pharmacists in MFM, prenatal care and pediatric care -Involved care managers -Developed EMR documentation -Developed education for prenatal patients -Developed educational folders for mothers & family related to ESC -Survey of patient experience in development -Leadership roads	-Do you have collaborative relationships with external MAT programs and how did you create this relationship? (e.g., data sharing, communication, etc.)? -Are you collecting feedback from patients about the ESC program/process? How?	Rebecca Couch, RN
Guthrie Robert Packer Hospital	-Facilitate communication from outpatient clinic to inpatient clinic on Safe Plan of Care and Patients with Maternal Substance Abuse -Pediatric Consults: to review inpatient plan of care & expectations -Staff Education on Eat, Sleep, and Console Program (including standardized definitions and terminology) -Patient and community education on Eat, Sleep, and Console Program	-Education: pharmacological treatment plans for SEN -Most efficient way of collecting data on the success of ESC program? -Do you have a “parent group” that supplies feedback on your program? -What surveys do you use for feedback? When do you give them to the patient?	Melissa Rathbun, Kristen Wilcox, Rochelle Kendall
Holy Redeemer Hospital	-Increase identification of SENs -Decrease hospital LOS -Increase nonpharmacologic treatment of NAS babies		Christina Marczak

	-Standardize pharmacological treatment if needed -Increase breastmilk feeding if not contraindicated -Partnership with families and social services for Plans of Safe Care -Ensure follow up		
Main Line Health- Bryn Mawr Hospital	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Convert to ESC regarding inner-rater reliability for NAS assessment -Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use -Develop metrics to Improve Screening	-Best practices for screening?	Lavel Gwynn
Main Line Health- Lankenau Medical Center	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Convert to ESC regarding inner-rater reliability for NAS assessment -Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use -Develop metrics to Improve Screening	-Best practices for screening?	Lavel Gwynn
Main Line Health- Paoli Hospital	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Convert to ESC regarding inner-rater reliability for NAS assessment -Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use -Develop metrics to Improve Screening	-Best practices for screening?	Lavel Gwynn
Main Line Health- Riddle Hospital	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS	-Best practices for screening?	Lavel Gwynn

	-Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Convert to ESC regarding inner-rater reliability for NAS assessment -Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use -Develop metrics to Improve Screening		
Penn Medicine-Chester County Hospital	-All nurses caring for infants in the Newborn Nursery and NICU trained on validated assessments for NAS (ESC, Finnegan) -Use of standardized protocols for non-pharmacologic and pharmacologic protocols for NAS -Adhere to a standardized non-pharmacological treatment protocol (Eat-Sleep-Console) as the first line of treatment -Implement "Baby Friendly" practices. Encourage breastfeeding unless medically contradicted. -Partner with families and social/child services to establish family care plans -Use Cuddler Program to free up parent for treatment -Refer SENs to appropriate follow-up services prior to discharge	-Approaches used to present non-pharmacological treatment education to caregivers during the prenatal period.	Melissa Welsh
Penn Medicine-Hospital of the University of Pennsylvania	-Using Prenatal Consults for Substance Use Disorder to Enhance Quality of Postpartum Care -To educate on the postnatal care of infants with substance exposure in utero on: ESC, 5-day watch, breastfeeding, hospital policies, and plans of safe care. Our SMART goal was to increase the percentage of patients with OUD receiving a documented antenatal consultation about NOWS from 50% (baseline on run chart) to 80 % by June CONTENT OF CONSULTS -Family/maternal history of substance use -Signs and symptoms of neonatal abstinence syndrome -Eat, Sleep, Console protocols with 5-day stay -Breastfeeding eligibility and counseling -Assessment of social supports -Referrals for developmental follow up (early intervention, CHOP neonatal follow up, plans of safe care)		Ashley Savage, MHA, RNC NIC, IBCLC, Whitney Zachritz, MSN, CPNP PC, RN, Sharon Silks, MSN, RN, NEA BC, Joanna Parga Belinkie, MD, IBLCL, FAAP, Lori Christ MD, FAAP Hospital of the University of Pennsylvania, Philadelphia, PA
Penn Medicine-Lancaster General/Women and Babies	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers	-Are you finding hesitancy to pharmacologically treat now that we are needing to utilize that treatment strategy less?	Stacy Greblick

	-Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services		
Penn Medicine-Pennsylvania Hospital, Newborn Medicine	-Increase identification of NOWS infants -Increase % of NOWS infants who receive non-pharmacologic treatment -Decrease LOS for NOWS infants -Increase referrals to and engagement in outpatient family care services including physical, behavioral, and social services	-How to optimize engagement and involvement of families in the care of their infant? -How to support families to remain with the infant without private NICU patient rooms and limited parent overnight rooms? -Do other hospitals parents to stay in an inpatient room?	Melissa McKinney, MSN, CRNP Melissa.McKinney@pennmedicine.upenn.edu
Penn State Health- Hershey Medical Center & Children's Hospital	-Use empowering messages to care givers -Earlier engagement of OT to educate & empower patients -Identify SE as early as possible -Complete universal SUD screening on or before first OB appt -Improve specimen availability for infant tox testing through implementation of universal meconium collection and storage -Train nurses caring for newborns on validated NAS assessments and practice inter-rater reliability -Provide staff education on Finnegan Scoring -Develop Finnegan scoring resource card -Plan for huddles / collaboration of scoring at times of key decisions (real time) -Identification of team members to be included in huddles -Reinforce and remind team to conduct and document huddles -Develop parent/family education materials about SENs (including NAS) and what to expect from beginning to end. -Custom booklet for patient education on NAS and prenatally and/or in NICU.	-Does your hospital use a standardized screening protocol to determine which babies will require toxicology testing? If so, what is your screening criteria?	Mary Lewis
St. Clair Hospital	-Pre-identification prior to admission to begin the Plan of Safe Care -Plan of Safe care built into our HER to be completed on all SEN by our Perinatal Social Worker	-The methods used to refine and teach Finnegan Scoring	Shawndel Laughner
St. Luke's University Health Network-Anderson Campus	-Data in EMR -? Whether this measure exists, since Finnegan scoring is no longer used	When there are times of high census how do you accommodate moms/families staying for a 5 day stay?	Jennifer King, MSN, RNC Coordinator Clinical Quality Improvement Jennifer.king2@sluhn.org
Thomas Jefferson University Hospital- Center City (Intensive Care Nursery /Well Baby Nursery)	-Previous interventions now in place -Standardized EI referral -Epic note template; instructions for routing to EI through EPIC -Standardize referral to Neonatal Follow up Clinic for all NAS -Standardize social work and case management referral for all NAS -Develop care bundle -Standardized pharmacologic treatment -Family care plans prior to discharge	-Curious if anyone else is seeing an increase in severity of NAS (higher pharmacologic doses, more babies needing medication) as xylazine has become ubiquitous in the fentanyl supply. -Any changes you've made to combat this?	Dave Carola

	-EI, lactation, home visits, developmental medicine follow up referrals prior to discharge -Improving breast feeding –pumping in DR, education about importance -Expand interventions/measurement to all NAS population, not just those receiving pharmacologic treatment and admitted to our "NAS room." -Expand standard bundle of care to well-baby nursery and remainder of intensive care nursery -Expand donor milk use to NAS population as needed as a bridge to maternal breast milk use		
Tower Health-Reading Hospital	-Working on identifying a team specifically to focus on standardizing the use of SEN diagnoses so that we can appropriately identify patients from a reporting perspective.	-How to navigate the report builds with the state's definition of SEN?	Elizabeth Huyett
UPMC Womens Health Service Line- Altoona	-A Parent Partnership Unit (PPU) was implemented to focus on mothers and newborns using the Eat, Sleep, Console (ESC) assessment and using targeted non-pharmacologic soothing strategies to decrease length of stay and need for pharmacologic treatment. -Interdisciplinary meetings utilized the Plan Do Study Act method to discuss project goals, needs, and evaluate progress throughout the year. Newborn data was collected from financial reports including identification of newborns with an ICD-10 codes P04.49, P04.14, and P96.1, LOS, and use of pharmacologic treatment.		Pamela O'Donnell MSN, RN-BC; Dr. Greg Barretto MD, MS; Jennifer Eger RN-C; Michele Thompson RN, IBCLC; Alison Keating BSN, RN, IBCLC; Margaret Marinak BSN, RN; Elizabeth Hetrick BSN, RN-BC; Dr. Joseph Castel MD, FAAP; Jennifer Kraft PharmD; Aleishia Albertson MS, CCS, CRS
UPMC Womens Health Service Line- Cole	-Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! -While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. -We know that our SUD moms are very high risk for unsafe sleep deaths -UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022 Created system wide Safe Sleep Education Module for all staff (OB, Peds, RNs, PCTS, support staff, Social Work)	-Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Hamot	-Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! -While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. -We know that our SUD moms are very high risk for unsafe sleep deaths -UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022 Created system wide Safe Sleep Education Module for all staff (OB, Peds, RNs, PCTS, support staff, Social Work)	-Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

UPMC – Pinnacle Harrisburg	-Nurse education/IRR		Patti Miller
UPMC Womens Health Service Line- Horizon	-Eat, Sleep, Console program implemented and continues.	-Improving compliance on appropriate follow up post discharge.	L. Lehett
UPMC Womens Health Service Line- Magee	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers -Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Allowing pts with polysubstance to stay and provide non pharm care. Implemented structured process for Plans of Safe Care that is in coordination with outpatient. -Providing bridge milk to babies in the parent partnership unit	-New and innovative approaches in the care of SEN.	Vivian Petticord
UPMC Womens Health Service Line- Northwest	-Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! -While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. -We know that our SUD moms are very high risk for unsafe sleep deaths -UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022 Created system wide Safe Sleep Education Module for all staff (OB, Peds, RNs, PCTS, support staff, Social Work)	-Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
Washington Health System	-Invitations to community-based organizations to present at the monthly Washington Health System Perinatal Quality Team meetings. -Presentations are focused on sharing information about available resources thus broadening the knowledge base of providers and team members. -Collection and distribution of patient educational materials and referral pathways.	-How are health systems tracking Plans of Safe Care after hospital discharge? What entity is responsible for following SEN families after initiation of Plan of Safe Care?	Lisa Pareso, Manager Rural Health Model lpareso@whs.org
Wayne Memorial Hospital	-Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS -Increase percentage of NAS who receive non-pharmacologic treatment -Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers	-How to start Inter-relater reliability	Janice Pettinato

	-Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services -Create a welcome booklet for all NAS families to be used during the hospital stay -Working on getting all of the interventions in the EMR for the staff to document on.		
WellSpan Health- Chambersburg Hospital	-Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. -Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. -Standardized order set in place which includes case management referral to address discharge planning and needs. -Monthly data reported at system Neonatal Quality Management Council.	-Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. -Has anyone utilized telehealth consults, if so, how is attendance? -Increasing telehealth consult opportunities surrounding NAS within health systems.	A. Fleischman
WellSpan Health- Ephrata Community Hospital	-Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. -Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. -Standardized order set in place which includes case management referral to address discharge planning and needs. -Monthly data reported at system Neonatal Quality Management Council.	-Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. -Has anyone utilized telehealth consults, if so, how is attendance? -Increasing telehealth consult opportunities surrounding NAS within health systems.	A. Fleischman
WellSpan Health- Gettysburg Hospital	-Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. -Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. -Standardized order set in place which includes case management referral to address discharge planning and needs. -Monthly data reported at system Neonatal Quality Management Council.	-Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. -Has anyone utilized telehealth consults, if so, how is attendance? -Increasing telehealth consult opportunities surrounding NAS within health systems.	A. Fleischman
WellSpan Health- Good Samaritan Hospital	-Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. -Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. -Standardized order set in place which includes case management referral to address discharge planning and needs. -Monthly data reported at system Neonatal Quality Management Council.	-Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. -Has anyone utilized telehealth consults, if so, how is attendance? -Increasing telehealth consult opportunities surrounding NAS within health systems.	A. Fleischman
WellSpan Health- York Hospital	-Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. -Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy.	-Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. -Has anyone utilized telehealth consults, if so, how is attendance?	A. Fleischman

	-Standardized order set in place which includes case management referral to address discharge planning and needs. -Monthly data reported at system Neonatal Quality Management Council.	-Increasing telehealth consult opportunities surrounding NAS within health systems.	

Immediate Postpartum Long-Acting Reversible Contraception (IP LARC)

Site:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Geisinger-Bloomsburg Hospital	-Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC -Once the sites' infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC. -We are increasing awareness of this process with our patients. During admission, if not already discussed prenatally we inquire on preferences for birth control and have an opportunity to educate on this subject.	-How are your patients being educated n the process?	D Knittle
Geisinger – Community Medical Center (CMC)	-Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC -Once the sites' infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC. -Education of staff nurses & providers -Hands-on training for providers to place devices -Creation of a "Nexplanon Insertion Kit" to add to staff's ease of placing this device -Collaborate with Pharmacy team to ensure devices are available on Labor & Delivery for quick and easy access -Modify department workflows that allow for placement of LARC -Provide comprehensive contraception counseling for each patient prior to discharge	-How did you get buy-in from provider stakeholders who are resistant to adopting the practice of placing LARC devices for patients who request them? -What measures have you taken to increase patient education on their IPLARC options?	Alexandrea Davis RN, MSN-Ed
Geisinger-Lewistown Hospital (GLH)	-Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC -Once the sites' infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC. -Re-educate providers and nurses on IUD insertion immediately postpartum -Improve device access on L&D (storage) -Allow for ease of access to supplies needed. -Assess patient desire for IP LARC -Monitor and address expulsion rates with the clinic	-What are you considering as contraceptives? -Who are you offering IPLARC to? - How can we offer this more?	Abby Newman

Geisinger Medical Center (GMC)	-Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC -Once the sites' infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC. -Assessing patients' desire for IPLARC. Monitoring and addressing placement and expulsion rates (as applicable).	-How can we have earlier discussions on IPLARC integrated into prenatal care discussions?	LoriBeth Ryder
Geisinger-Wyoming Valley (GWV)	-Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including IPLARC -Once the sites' infrastructure to offer LARC is in place, the PA PQC IPLARC initiative will increase placement of IPLARC among eligible individuals desiring IPLARC.	-How have sites worked through provider barriers related to comfort-levels in placing IPLARC, specifically IUDs? -Also, out of all the eligible patients, how to we increase compliance?	Rachel Cunniffe, MSN, RNCOB
Main Line Health-Lankenau Medical Center	Patient education is key to the program's success. We created: -Pins reading "Ask me about LARC." -An educational video, that plays in our waiting room, featuring one of our patients -Posters in every exam room, encouraging patients to ask about postpartum birth control -Pamphlets with information on LARC Program maintenance and sustainability: -Epic generated reports produced monthly, listing all Clinical Care Center deliveries. -Manually monthly review and documentation of LARC fulfillment and counseling. -Generate report every three months. Report reviewed with residents and sent to the PA PQC. -Hold residents accountable for prenatal counseling birth control fulfillment. -Yearly didactics and hands-on training for new staff and residents.		Dr. Tal Lee, Dr. Beverly Vaughn
St. Clair Hospital	-To date we formed a team: *team updates due to turnaround* -Key physician lead, Social Work/Case Management, Clinical Integration Specialist, Director W&C Services, Director Inpatient Pharmacy -Develop the supporting structure, processes, team roles, and skills to offer contraceptive counseling and access, including IPLARC -Increase access to IPLARC among eligible women desiring IPLARC	-How you were able to implement the structures and processes to routinely counsel, offer, and provide IPLARC? -Did you meet any resistance on offering IPLAC in the hospital setting? -Did you find a large need/desire from patients for IPLARC?	Shawndel Laughner
St. Luke's University Hospital-Anderson Campus	-Use EMR to identify patients who desire and receive IPLARC -Use EMR to make ordering and documenting provision of IPLARC more streamlined for physicians	-Methods for tracking which patients desire IPLARC to follow PA PQC metrics more accurately -How to overcome insurance barriers to make IPLARC available for all patients?	Jennifer King
St. Luke's University	-Use EMR to identify patients who desire and receive IPLARC	-Methods for tracking which patients desire IPLARC to follow PA PQC metrics more accurately	Jennifer King

Hospital-Allentown Campus	-Use EMR to make ordering and documenting provision of IPLARC more streamlined for physicians	-How to overcome insurance barriers to make IPLARC available for all patients?	
Tower Health-Reading Hospital	-We have identified a physician leader. We do not have any other formal team members outside of Karen and me. -Reporting at this time has not yet been built to track these patients. -Plan to roll this out to all medical assistance patients in all OB offices to start as we currently offer it to those patients in our women's clinic.	-Any documentation standards for identifying patients interested in the IPLARC and/or received the IPLARC prior to discharge.	Elizabeth Huyett
UPMC Womens Health Service Line-Altoona	-Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing, and reimbursement for IPLARC. -Ensure all patients receive contraceptive information prenatally-including the option to receive IPLARC. -Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. -Educate clinicians, community partners and nurses on informed consent and shared decision making. -Involve pharmacy for obtaining the device & distribution to ensure timely placement. -Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs. -Participate in hands-on training of IPLARC insertion. -Shared UPMC consent processes for IPLARC to customize for each hospital. -Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. -Assure all patients receive comprehensive contraceptive counseling prior to discharge.	-This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. -Billing and reimbursement for cost of device and insertion remains challenging	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line-Hamot	-Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing, and reimbursement for IPLARC. -Ensure all patients receive contraceptive information prenatally-including the option to receive IPLARC. -Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. -Educate clinicians, community partners and nurses on informed consent and shared decision making.	-This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. -Billing and reimbursement for cost of device and insertion remains challenging	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

	-Involve pharmacy for obtaining the device & distribution to ensure timely placement. -Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs. -Participate in hands-on training of IPLARC insertion. -Shared UPMC consent processes for IPLARC to customize for each hospital. -Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. -Assure all patients receive comprehensive contraceptive counseling prior to discharge.		
UPMC Womens Health Service Line-Harrisburg	-Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing, and reimbursement for IPLARC. -Ensure all patients receive contraceptive information prenatally- including the option to receive IPLARC. -Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. -Educate clinicians, community partners and nurses on informed consent and shared decision making. -Involve pharmacy for obtaining the device & distribution to ensure timely placement. -Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs. -Participate in hands-on training of IPLARC insertion. -Shared UPMC consent processes for IPLARC to customize for each hospital. -Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. -Assure all patients receive comprehensive contraceptive counseling prior to discharge.	-This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. -Billing and reimbursement for cost of device and insertion remains challenging	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Horizon	-Identifying on admission individuals who are interested in ILARC.	-How do we increase new provider buy in on the use of ILARC?	L. Lehett
UPMC Womens Health Service Line-Williamsport	-Training for Nexplanon placement for all new residents and CNMs who have not had the training -Training for immediate post-placental IUD placement for all providers -The Mama-U practice model & instruments are set up and	-Has anyone used marketing strategies to increase the acceptance of Nexplanon and IUDs immediate postpartum?	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu Kathy Swatkowski, CNM

	available for practice in an easily assessable area.		
WellSpan Health- Chambersburg Hospital	-System wide nursing policy approved on IPLARC -EPIC Orders built and approved -Monthly tracking of usage -Procedure education provided for nursing and providers -Encourage additional education in prenatal space about this option.	-What education do you provide in prenatal setting to encourage use of IPLARC in this population?	A. Fleischman
WellSpan Health- Ephrata Community Hospital	-System wide nursing policy approved on IPLARC -EPIC Orders built and approved -Monthly tracking of usage -Procedure education provided for nursing and providers -Encourage additional education in prenatal space about this option.	-What education do you provide in prenatal setting to encourage use of IPLARC in this population?	A. Fleischman
WellSpan Health- Gettysburg Hospital	-System wide nursing policy approved on IPLARC -EPIC Orders built and approved -Monthly tracking of usage -Procedure education provided for nursing and providers -Encourage additional education in prenatal space about this option.	-What education do you provide in prenatal setting to encourage use of IPLARC in this population?	A. Fleischman
WellSpan Health- Good Samaritan Hospital	-System wide nursing policy approved on IPLARC -EPIC Orders built and approved -Monthly tracking of usage -Procedure education provided for nursing and providers -Encourage additional education in prenatal space about this option.	-What education do you provide in prenatal setting to encourage use of IPLARC in this population?	A. Fleischman
WellSpan Health- York Hospital	-System wide nursing policy approved on IPLARC -EPIC Orders built and approved -Monthly tracking of usage -Procedure education provided for nursing and providers -Encourage additional education in prenatal space about this option.	-What education do you provide in prenatal setting to encourage use of IPLARC in this population?	A. Fleischman

Moving on Maternal Depression (MOMD)

Site Name:	Key Intervention:	Our team would most like to learn from our peers:	Key Contact:
Geisinger- Medical Center (GMC)	-Collating all resources for at risk screens, to ensure peds has a pathway. -Continuing to meet to work through barriers such as referral processes -Revamping views of data collection tools, internal to Geisinger, to continue to monitor and address compliance. -Working through kinks in the survey process for patients.	-How to best support pediatrics in referring at risk parents	Elissa Concini
Einstein Medical Center- Montgomery	-The team plans to conduct patient surveys, focus groups, and analyze EPDS scores of Inpatient and Outpatient OB GYN patients of the EMCM Hospital system. We will review data and determine gaps in care. The initial plan may be to increase awareness of staff through education on screenings for Perinatal Mood Disorder. Then, based on data, increase the screenings	-Addressing administrative hurdles and maintaining enthusiasm for project. Recruitment of members to project.	Daryl Stoner, MD

Jefferson Health-Abington Hospital	-Revision of screening and response guideline -Education of providers and staff on screening and response guideline -Enrolling patients in the patient portal -Automating assignment of EPDS screen in patient portal to allow patient-generated screening	-Strategies for building caregiver comfort and competency in addressing perinatal mood disorders -Building a culturally congruent community of resources to address mental health needs for childbearing patients and their families	Sue Utterback, DNP, MSIT, RN-BC Carol Chwal, DNP, MBA, RN Michele Walker, MSN, RN
Lehigh Valley Health Network-Cedar Crest	-Plan to replace existing phq2/9 with a different screening tool -Education for Providers -Select group of volunteer providers received special training -Education for Nurses -Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program **-W**omen **A**djusting to **V**arious **E**motional **S**tates ***WAVES*** *is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		
Lehigh Valley Health Network-Hazleton	-Plan to replace existing phq2/9 with a different screening tool -Education for Providers -Select group of volunteer providers received special training -Education for Nurses -Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program **-W**omen **A**djusting to **V**arious **E**motional **S**tates ***WAVES*** *is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		
Lehigh Valley Health Network-Muhlenberg	-Plan to replace existing phq2/9 with a different screening tool -Education for Providers -Select group of volunteer providers received special training -Education for Nurses -Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program **-W**omen **A**djusting to **V**arious **E**motional **S**tates ***WAVES*** *is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		

Lehigh Valley Health Network-Pocono	-Plan to replace existing phq2/9 with a different screening tool -Education for Providers -Select group of volunteer providers received special training -Education for Nurses -Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program **-W**omen **A**djusting to **V**arious **E**motional **S**tates ***WAVES*** *is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		
Lehigh Valley Health Network-Schuylkill	-Plan to replace existing phq2/9 with a different screening tool -Education for Providers -Select group of volunteer providers received special training -Education for Nurses -Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program **-W**omen **A**djusting to **V**arious **E**motional **S**tates ***WAVES*** *is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		
Main Line Health- Bryn Mawr	-Improving Perinatal Depression Screening and Follow-up Services and Reducing Racial/Ethnic disparities -Education plan for patient screening w/ nursing documentation -Education plan for providers & staff -Data Source to include utilization of screening tool & resource referral? -Resource list for staff and patients (started) -Updated MLH OB Website	-Best practices for screening algorithms? -Staff Education options? -Resource Referral resources?	Lavel Gwynn
Main Line Health-Lankenau Medical Center	-Improving Perinatal Depression Screening and Follow-up Services and Reducing Racial/Ethnic disparities -Education plan for patient screening w/ nursing documentation? -Education plan for providers & staff -Data Source to include utilization of screening tool & resource referral? -Resource list for staff and patients (started) -Updated MLH OB Website	-Best practices for screening algorithms? -Staff Education options? -Resource Referral resources?	Lavel Gwynn
Main Line Health-Paoli Hospital	-Improving Perinatal Depression Screening and Follow-up Services and Reducing Racial/Ethnic disparities -Education plan for patient screening w/ nursing documentation -Education plan for providers & staff -Data Source to include utilization of screening tool & resource referral? -Resource list for staff and patients (started)	-Best practices for screening algorithms? -Staff Education options? -Resource Referral resources?	Lavel Gwynn

	-Updated MLH OB Website		
Main Line Health-Riddle Hospital	-Improving Perinatal Depression Screening and Follow-up Services and Reducing Racial/Ethnic disparities -Education plan for patient screening w/ nursing documentation? -Education plan for providers & staff -Data Source to include utilization of screening tool & resource referral -Resource list for staff and patients (started) -Updated MLH OB Website	-Best practices for screening algorithms? -Staff Education options? -Resource Referral resources?	Lavel Gwynn
Penn Medicine – Hospital of the University of Pennsylvania	-Improving Perinatal Depression screening and follow-up services Reducing racial and ethnic disparities	-Outpatient services	Bridget Howard
Penn State Health- Hershey Medical Center and Children's Hospital	-Report consistently PAPQC data and stratify by race and ethnicity -Improve access to specific psych by having a dedicated psychiatrist available for maternal mental health -Schedule inter-departmental grand rounds -Increase comfort and knowledge of OBGYN residents' diagnosis and treatment of perinatal depression -Screen with EPDS 4-6 weeks PP and 1-, 2-, 4-, and 6- month newborn visits -Implement universal hospital PPD screening using EPDS for all patients within 24 hours of delivery	-How have other organizations implemented depression screening in the NICU? What has worked well?	Brittany Bogar
St. Clair Hospital	-To date we hold a Postpartum support group for women with perinatal mood changes. -Reach out to OB offices – assess the screening tool -Plan QI project -Implement the Edinburgh Screening tool for hospital outpatients and inpatients Edinburgh Screening tool built into the EMR for all inpatients within the FBC.	-Data collection tactics -Postpartum follow up -Community resources used	Shawndel Laughner
Tower Health-Reading Hospital	-Standardized screening/ referral process -Created list of community resources -Improve IDT documentation -Educated on the benefits of using the problem list to update patient's plan of care -Hosted Postpartum Support International (PSI) training -Created reports		Elizabeth Huyett, MSN, RN, CEN & Kerin Kohler, BSW
UPMC Womens Health Service Line- Magee-Womens Hospital	Racial inequities, implicit bias, & black maternal mortality: -Developed clinically integrated Birth Doula program -PA PQC Moving on Maternal Depression Project led to creation of: UPMC Health Equity Now Committee -Created as a voice for change to examine outcome data by race & ethnicity, day- to-day processes on L&D units, & advocating for legislative policy –including expansion of Medicaid up to 1 year postpartum		Vivian Petticord, DNP, RNC, CNL; Jennifer Young, RNC-OB, C-EFM, C-ONQS; Katelyn Fowler, BSN, RN, RNC-OB; Janet Catov, PhD; Sharee Livingston, MD; Stacy Beck, MD

	-Black Maternal Health & Black Breastfeeding Week Celebrations -Birthing while Black community education series -Implicit bias, anti-racism Upstander training for birth workers -Standardized Depression screening (PHQ9) & social detriments of health (SDOH) assessment with referral -System education via Grand Rounds, Perinatal conferences on racial disparities, maternal morbidity, amniotic fluid embolism, & SUD -Established policies following national guidelines for hemorrhage & hypertension including routine simulation training -Recommended 2-week video visit before 6-week postpartum in-person visit -Mandating a warning sign video for patients to view before discharge that describes when to seek help (similar to shaken baby & safe sleep videos -Continuing to screen women for depression prenatally and postpartum		
UPMC Womens Health Service Line- Hamot	-Screening tool in development to be utilized by labor and delivery nurse upon admission of every woman to the labor & delivery unit. -Once screening is complete, if a woman screens positive for PMAD or for the risk of developing PMAD a consultation will be offered to the patient for an inpatient tele psych consult. -After the telemedicine consult is completed, it will be determined if the patient needs/wants outpatient services. It will be my job as nurse navigator to coordinate the telemedicine consultations as well as set up outpatient services for patients that want them.	-Our OB providers in agreement with psychiatrist consultation recommendations, such as if the patient warrants a start of a new medication, are OBs in typical agreement to write for the medication and start it on the patient based upon consultation recommendations?	Lauren Kullen
WellSpan Health-Chambersburg Hospital	-Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with a high score or history of depression is referred to the perinatal depression program. -Perinatal Support Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. -Every patient is screened with EPDS during inpatient hospital stay. Perinatal Support Program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. -Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Support program, if needed. -Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. -Increasing education in Babyscripts on mental health -Perinatal Support Program Nurse can make direct referrals to OB Behaviorist and Group Therapy	-Have other hospitals utilized APP for telehealth mental health visits? -Creative opportunities to improve access & leverage technology for mental health services for our patients. App use? -How do other large hospital systems prioritize OB patients?	A. Fleischman

WellSpan Health- Ephrata Community Hospital	-Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with a high score or history of depression is referred to the perinatal depression program. -Perinatal Support Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. -Every patient is screened with EPDS during inpatient hospital stay. Perinatal Support Program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. -Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Support program, if needed. -Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. -Increasing education in Babyscripts on mental health -Perinatal Support Program Nurse can make direct referrals to OB Behaviorist and Group Therapy	-Have other hospitals utilized APP for telehealth mental health visits? -Creative opportunities to improve access & leverage technology for mental health services for our patients. App use? -How do other large hospital systems prioritize OB patients?	A. Fleischman
WellSpan Health- Gettysburg Hospital	-Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with a high score or history of depression is referred to the perinatal depression program. -Perinatal Support Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. -Every patient is screened with EPDS during inpatient hospital stay. Perinatal Support Program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. -Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Support program, if needed. -Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. -Increasing education in Babyscripts on mental health -Perinatal Support Program Nurse can make direct referrals to OB Behaviorist and Group Therapy	-Have other hospitals utilized APP for telehealth mental health visits? -Creative opportunities to improve access & leverage technology for mental health services for our patients. App use? -How do other large hospital systems prioritize OB patients?	A. Fleischman
WellSpan Health- Good Samaritan Hospital	-Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with a high score or history of depression is referred to the perinatal depression program. -Perinatal Support Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. -Every patient is screened with EPDS during inpatient hospital stay. Perinatal Support Program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary.	-Have other hospitals utilized APP for telehealth mental health visits? -Creative opportunities to improve access & leverage technology for mental health services for our patients. App use? -How do other large hospital systems prioritize OB patients?	A. Fleischman

	-Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Support program, if needed. -Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. -Increasing education in Babyscripts on mental health -Perinatal Support Program Nurse can make direct referrals to OB Behaviorist and Group Therapy		
WellSpan Health-York Hospital	-Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with a high score or history of depression is referred to the perinatal depression program. -Perinatal Support Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. -Every patient is screened with EPDS during inpatient hospital stay. Perinatal Support Program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. -Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Support program, if needed. -Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. -Increasing education in Babyscripts on mental health -Perinatal Support Program Nurse can make direct referrals to OB Behaviorist and Group Therapy	-Have other hospitals utilized APP for telehealth mental health visits? -Creative opportunities to improve access & leverage technology for mental health services for our patients. App use? -How do other large hospital systems prioritize OB patients?	A. Fleischman

Maternal Mortality: Hypertension (PA AIM)

Site Name:	Key Intervention:	Our team would most like to learn from our peers:	Key Contact:
Evangelical Community Hospital	-Our Severe Hypertension Protocol for Obstetric Patients is easily located on the Tools list in our EMR. -We also have a Severe Hypertension binder with the protocol, antihypertensive medication algorithms, Severe HTN/ Preeclampsia order set, and our hospital procedure for Severe HTN/ Preeclampsia. -Each month, if we have a nurse or provider who does not follow the Severe HTN algorithm, I talk to the nursing staff and Dr Tyrie talks to the providers.		Jen Sullivan RN, BSN Jennifer.Sullivan@evanhospital.com
Geisinger-Medical Center (GMC)	-Implementing checklist for HTN Crisis -Providing simulation and drills for education -Reviewing medication access -Created order set to avoid unnecessary clinical variation		

	-Instituted home BP monitoring for patients with a diagnosis of CHTN, GHTN or Pre-Eclampsia/Eclampsia prenatally and postpartum (GHP patients only). -Comprehensive reviews of each non-compliant case to understand our gaps in care and whether or not they are justified -Including ED in education including hospitals with no OB department (ongoing)		
Geisinger-Wyoming Valley (GWV)	-Implementing checklist for HTN Crisis -Providing Interdisciplinary simulation and drills for education -Reviewing medication access -Created order set to avoid unnecessary clinical variation -Instituted home BP monitoring for patients with a diagnosis of CHTN, GHTN or Pre-Eclampsia/Eclampsia prenatally and postpartum (GHP patients only). -Comprehensive reviews of each non-compliant case to understand our gaps in care and whether they are justified -Including ED/ICU in education including hospitals with no OB department (ongoing) -Dissemination of all case reviews at monthly staff meetings	-How have they achieved success in monitoring elevated BP's when you have competing patient priorities?	Melissa Williams, MSN, RNC-OB Rachel Cunniffe, MSN, RNC-OB
Holy Redeemer Hospital	-Continuing to collect data and identification of patients who may meet criteria for severe HTN but related to pain, etc.	-How are patients who have isolated period of HTN related to pain or other issue carved out?	Christina Marczak
Moses Taylor Hospital Family birthing Suites	-Development of a Hypertensive emergencies in OB-Severe Pre-eclampsia- Policy and Critical Event Checklist. -The Critical Event Checklist has been updated to lower the severe BP Range to 155/105 -Development of a Hypertension Emergency Critical Event Checklist card that can be worn with ID badges. -Development of a Hypertensive Emergency competency which includes the appropriate way to obtain a blood pressure Competency is completed yearly. Completed 3/2023. -Education to all ED staff and ICU staff on management of hypertension -Completion of a Blood Pressure/ Hypertensive Monitor to help with the identification of severe range blood pressures and time hypertensive medications were administered. -Implementation of Perigen software to monitor and alarm with out-of-range EFM strips and maternal vital signs. -Implementation of the AWHONN Post-Birth Warning Signs as discharge instructions for going home. -Postpartum office visits 3 days after discharge for BP check.	-Have hospitals considered decreasing their Severe BP treatment range to 155/105? -Other possible educational avenues or drill simulations used on this topic. -What other hospitals are doing for blood pressure management of postpartum patients after discharge?	Diane Grodack RN BSN / Teri Evans RN BSN
Penn Medicine-Chester County Hospital	-Preeclampsia Pathway -Hypertensive Management Pathway -Postpartum Hypertension Pathway	-How were you able to sustain improvements made with managing hypertensive disorders?	Melissa Welsh

	-Adoption of Heart Safe Motherhood -System-wide Collaborative -EMR Alerts for Hypertension Criteria with Pathway Treatment Guidelines (Beginning)		
Penn Medicine-Hospital of the University of Pennsylvania	-Best Practice Advisory underway in Electronic Medical Record for faster treatment awareness. -Emergency Room education. -M&M Reviews and case presentations via Resident Quality Forum Grand Rounds. -Nursing and Physician Leadership working on Policy updates. -Staff education on Policy updates and documentation requirements and best practices. -Clinical Nurses completing 10-15 chart reviews per month to trend and identify opportunities for improvement.		Kelly Zapata
Penn Medicine-Lancaster General/Women and Babies	-Improving Sever Hypertension Treatment and Reducing Racial/Ethnic Disparities	-Has anyone identified successful ways to reinvigorate progress as metrics begin to plateau?	Stacy Greblick
Penn State Health- Hershey Medical Center and Children's Hospital	-Development of written evidence-based guidelines for management of acute hypertensive emergency in pregnant and postpartum patients -ED, ICU and WBC Nursing staff education (initial and ongoing) -Availability of guidelines in the electronic manual(s) and posted on the unit. -Development of a quick reference tool/checklist based on the written guidelines. -Placement of medications in the medication Pyxis machines for quick and easy access. -OB Provider education distributed and tracked via an electronic education module -ED, Anesthesia, Trauma Provider Education. -Monthly case reviews for patients who were not treated within 60 minutes, per the PA PQC measure. Key findings and improvement opportunities disseminated at the monthly interdisciplinary WBC UACT. -Interdisciplinary simulations on hypertensive emergencies biannually or more frequently -Collaboration with ED staff to review cases and improve comfort and awareness with treatment guidelines and medications/dosing. -Availability of OB HTN Emergency tackle boxes (provided through Pharmacy).	-Management of pregnant and postpartum patients in the ED. Are patients treated in the ED or immediately transferred to OB upon identification?	Lisa Murphy, RN, MSN, Jaimey Pauli, MD, John Dougherty, MD, FACOG, MBA, Julie Becker, RN, MSN, NPD-BC, RNC-OB, Brittney Bogar, RN, BSN, CPPS, Catherine Rejrat, PharmD, BCPPS
St. Clair Hospital	-Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists	-Data tracking tips. -Discussion/debrief with families	Shawndel Laughner

	-Quantification of blood loss -Standards for early warning signs, diagnostic criteria, monitoring, and treatment of severe preeclampsia/eclampsia (include order sets and algorithms) -Establish a culture of huddles for high-risk patients and post-event debriefs to identify successes and opportunities	-HIS/EMR Support – tips on how other organizations built tools to help collect data from the EMR	
Tower Health-Reading Hospital	-Currently working on reviewing data still to obtain baseline. -Reinforcing policy with providers and nursing staff to improve identifying and treating these patients.	-How to improve standard treatment mindsets from a provider perspective?	Elizabeth Huyett
UPMC Womens Health Service Line-Hamot	-Collected pre-data that validated disparity. Data continues to display disparity. -Currently working with Cerner for analytic solution. -Rounding report being created for OB Safety Rounds which will identify elevated BPs and any medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Horizon	-Collected pre-data that validated disparity. Data continues to display disparity. -Currently working with Cerner for analytic solution. -Rounding report being created for OB Safety Rounds which will identify elevated BPs and any medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Magee-Womens Hospital	-Collected pre-data that validated disparity. Data continues to display disparity. -Currently working with Cerner for analytic solution. -Rounding report being created for OB Safety Rounds which will identify elevated BPs and any medications given.		Andrea Aber Vivian Petticord
UPMC Womens Health Service Line- Northwest	-Examined data and shared results with the Medical Director of OB -The results were then shared with all of the Obstetricians -Education for Obstetricians regarding adequate treatment for Severe Hypertension - i.e., PO Labetalol or Magnesium Sulfate are not adequate treatments for severe hypertension. -OB Nurse education regarding Severe Hypertension guidelines for BP monitoring and reporting to providers. Also, need to administer appropriate anti-hypertensive within 30-60 minutes.	-Nurse awareness of the severity of acute onset severe hypertension. -Adequate communication between the nurses and the providers.	Cheryl Siverling
UPMC Womens Health Service Line-Pinnacle Carlisle	-Collected pre-data that validated disparity. Data continues to display disparity. -Currently working with Cerner for analytic solution. -Rounding report being created for OB Safety Rounds which will identify elevated BPs and any medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line-Pinnacle Lititz	-Collected pre-data that validated disparity. Data continues to display disparity. -Currently working with Cerner for analytic solution. -Rounding report being created for OB Safety Rounds which will identify elevated BPs and any medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu