

PA PQC Hospital Name:	Maternal Substance Use Key Interventions:	Substance Exposed Newborn Key Interventions:	Immediate Postpartum Long-Acting Reversible Contraception (IP LARC) Key Interventions:
Allegheny Health Network - Forbes Hospital	<ul style="list-style-type: none"> -Provided staff-wide education on SUD/ODU 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 postpartum visit -Refer appropriate patients to our Perinatal Hope Program and/or social work to identify needs/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 	<ul style="list-style-type: none"> -Educate staff on ESC model -Educate patients on ESC model -Assist in non-pharmacologic treatment options 	
Allegheny Health Network - Jefferson Hospital	<ul style="list-style-type: none"> -Provided staff-wide education on SUD/ODU and use of 5P screening tool -Began screening all pregnant people for OUD/SUD in the outpatient setting at the first prenatal visit, 28 weeks, and postpartum visit -Refer appropriate patients to our Perinatal Hope Program and/or social work to identify needs/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 		
Allegheny Health Network - West Penn Hospital	<ul style="list-style-type: none"> -Increase education among patients related to substance use -Increase education among healthcare team 	<ul style="list-style-type: none"> -Increase identification of SENs and diagnosed NAS and FASD -Decrease hospital LOS for NAS 	

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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> -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 	
Allegheny Health Network - Wexford Hospital	<ul style="list-style-type: none"> -Provided staff-wide education on SUD/ODU and 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 postpartum visit -Refer appropriate patients to our Perinatal Hope Program and/or social work to identify needs/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 		
St. Clair Hospital	<ul style="list-style-type: none"> -We began using the 5Ps tool for outpatient prenatal visits and inpatient admissions to our hospital in June 2019 -We coordinated with affiliated OB offices for them to utilize this tool for screening their pregnant patients in the office setting, starting the 1st prenatal visit, then 2nd and 3rd trimester -We provided 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. -We educated inpatient nursing staff on the 5Ps screening tool and implemented it to be utilized on all patients admitted. 	<ul style="list-style-type: none"> -Pre-identification prior to admission to begin the Plan of Safe Care -Plan of Safe care built into our EHR to be completed on all SEN by our Perinatal Social Worker 	<ul style="list-style-type: none"> -To date we formed a team: <i>team updates due to turnaround</i> -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

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UPMC - Altoona		<ul style="list-style-type: none"> -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. 	<ul style="list-style-type: none"> -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.
UPMC - Magee Womens Hospital	<ul style="list-style-type: none"> -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 	<ul style="list-style-type: none"> -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 	

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	<p>Sleep designation as unsafe sleep deaths highest in SUD population</p> <ul style="list-style-type: none"> -Nurse Navigator to provide support, improve communication, & refer to community resources -Standardized discharge education 	<ul style="list-style-type: none"> -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 	
Washington Health System	<ul style="list-style-type: none"> -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/OD, and to broaden the knowledge base for providers and community agencies trusted in the care of those patients/ families. 	<ul style="list-style-type: none"> -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. 	