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| 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 | -Increase identification of SENs and diagnosed NAS and FASD  
-Decrease hospital LOS for NAS  
-Increase percentage of NAS who receive non-pharmacologic treatment  
-Increase breastfeeding 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  
-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 | -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 | -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 | -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. |
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| 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. | 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 | -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 |
| 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  
-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. | -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 | -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 |
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| 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 | | - 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). |
| Geisinger- Wyoming Valley Medical Center (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. | | - 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. |
| 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 | - 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 | |
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| **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 available for practice in an easily assessable area. |
| **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 | - 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  
- 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. |