PA PQC SEPA Regional Meeting
August 17, 2023
Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. 2.0 hours are approved for this course.

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1. **Introduction: Regional Needs Related to NAS and Pregnancy-Associated Deaths and Session Objectives** – Robert Ferguson, MPH, Chief Policy Officer, Jewish Healthcare Foundation


3. **Panel: Spotlight on Southeast Community Activities** – Facilitated by Pauline Taylor, CQIA
   - Helene Coakley, BSN, RN, Substance Use Navigator, Holy Redeemer
   - Christina Rivera, Director of Specialized Home Visiting, Maternity Care Coalition
   - Korah M. Lovelace, Healthy Babies Coordinator, Maternity Care Coalition

4. **Discussion: Community Services and Supports** – Co-Facilitated by Robert Ferguson, MPH and Jennifer Condel, SCT(ASCP)MT, Manager of Lean Healthcare Strategy and Implementation, Jewish Healthcare Foundation

5. **Wrap-up and Next Steps** – Pauline Taylor, CQIA
Meeting Materials

Pre-Meeting Email sent Monday 8/14

August 17 Southeast PA Regional Virtual Session
Agenda & Logistics

Thank you for registering for the PA PQC’s Southeast PA Regional Virtual Session on Thursday, August 17 from 10:00 a.m. to 12:00 p.m. via Zoom.

The agenda is provided below. During this meeting, we will hear from Healthcare Teams in the region about their quality improvement plans for the current

Materials from August 17th 2023 Southeast PA Regional Meeting

PA PQC Website
Materials from August 17th 2023 Southeast PA Regional Meeting

- Agenda
- Community Resources Brief
- PA PQC Brief
- PA PQC Registrant List
- SUD Confidentiality Laws and Regulations
- Pregnancy-Associated Deaths in PA
- NAS Report
- SEPA PA PQC Health Care Team Key Interventions
Learning Objectives

- Describe the needs, goals, and community resources to improve care for pregnant/postpartum individuals with substance use and substance-exposed newborns

- Discuss how different settings of care can collaborate and engage individuals and families in comprehensive services
PA PQC Introduction & Regional Needs Related to NAS and Pregnancy-Associated Deaths

ROBERT FERGUSON, MPH
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<td>Southeast PA Birthing Hospitals</td>
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Examples of PA PQC Healthcare Team Improvements across PA

Substance-Exposed Newborns

- **100%** of SEN teams reported use of non-pharmacologic protocols for NAS
- **76%** of newborns with NAS received non-pharm treatment
- **79%** of newborns with NAS were referred to appropriate follow-up services

Maternal Substance Use

- **92%** of SUD teams reported using a validated **screening tool for substance use** in pregnancy
- **87%** of pregnant individuals screened for substance use with a validated screen
- **77%** of SUD teams reported they have protocols in place to provide **brief interventions**
- **82%** of SUD teams reported they are providing **medications for OUD** for pregnant individuals
Why We are Here Today

**Figure 11.** Leading Causes of Pregnancy-Associated Deaths in Pennsylvania, 2013 – 2018 (N=547)

- Neoplasm: 13 (2%)
- Other symptom, sign and lab abnormality: 14 (3%)
- Circulatory System: 24 (5%)
- Indirect OB Deaths: 27 (5%)
- Intentional Self-harm: 41 (8%)
- Assault: 44 (8%)
- Transportation Accident: 55 (10%)
- Other Pregnancy related: 62 (11%)
- Direct OB Deaths: 72 (13%)
- Accidental Poisoning: 162 (30%)

Total Counts:

Note: Numbers rounded to the nearest whole.
Data Source: DOH Bureau of Health Statistics & Registries

**Figure 9.** Distribution of Pregnancy-Associated Deaths by Time Between Pregnancy and Death in Pennsylvania, 2013 – 2018 (N=536)

- Pregnant: 126, 24%
- 43 to 365 days postpartum: 313, 58%
- End of pregnancy to 42 days postpartum: 97, 18%

Data source: DOH Bureau of Health Statistics & Registries
Why We are Here Today

Figure 1.3  Manner of Death for Pregnancy-Associated Deaths, 2013–2018 (n=110)

- Undetermined: 1
- Suicide: 6
- Homicide: 6
- Accident: 52
- Natural: 45
- 47%
- 41%
- 1%

Figure 1.4  Time from End of Pregnancy until Death for Pregnancy-Associated Deaths, 2013–2018 (n=110)

- Undelivered/Stillborn < 22 weeks: 25
- 0–1 Days: 5
- 2–42 Days: 20
- 43–364 Days: 59

Figure 3.3  Race/Ethnicity of Drug-Related, Pregnancy-Associated Deaths, 2013–2018

- Black: 42%
- White: 47%
- Other: 3%
- Hispanic: 8%
Why We are Here Today

- Non-Hispanic black birthing people were less likely to initiate prenatal care (76.27% vs. 85.85%) or receive MAT during pregnancy (33.9% vs. 60.19%) than non-Hispanic white birthing people.

- Hospital staff indicated a Plan of Safe Care was initiated for 56% of newborns with NAS.

**NAS Referrals:**
- 31% to pediatricians experienced with NAS
- 25% to EI services
- 22% to home visiting services
- 13% to developmental assessment clinics
- 3% to medical homes

**Maternal Referrals:**
- 51% to other (WIC, Children and Youth, care management, and addiction/pain treatment services and unknown)
- 48% to MAT
- 10% to substance use care
- 8% to community support programs
- 7% to home visiting services
- 6% to parenting support
- 5% to other behavioral health services

*PA DOH 2020 NAS Reports using the CSTE Standardized Case Definition*
Why We are Here Today

Map 3. Neonatal abstinence syndrome (NAS) incidence rate per 1,000 live births by county of maternal residence

Data source: Neonatal Abstinence Syndrome Surveillance Program Database (Bureau of Family Health, Pennsylvania Department of Health), Vital Statistics (Bureau of Health Statistics and Registry, Pennsylvania Department of Health)

PA DOH 2020 NAS Reports using the CSTE Standardized Case Definition
Examples of PA PQC Objectives for April 2023 through March 2024

Substance-Exposed Newborns

• Increase the percent of newborns with NAS who were referred to appropriate follow-up services at discharge from 85% to 95% (impacting at least 350 newborns per year)
• Increase the percent of hospitals with a protocol to close the loop on the referral status with the post-discharge services and supports from 30% to 50%

Maternal Substance Use

• Increase the percent of hospitals with a system in place to provide naloxone to at risk patients prior discharge from 8% to 30%
• Increase the percent of hospitals from 60% to 70% with established perinatal care pathways for SUD that coordinate services across multiple providers up to 1 year postpartum
Thank You for Joining!

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Thank You for Joining!

Family Services
- Berks County Intermediate Unit
- CORA Services
- Delaware County Office of Early Intervention
- Family Connects Philadelphia
- Kutest Kids
- Maternal and Family Consortium
- Maternity Care Coalition
- PA Early Head Start Child Care Partnership

Community Health
- Health Federation of Philadelphia
- Health Promotion Council
- Lifecycle WomanCare

Community Services
- Community Behavioral Health
- Nurse-Family Partnership of Chester County
- The Foundation of Delaware County
- Today is a Good Day

Domestic Violence Services
- A Woman’s Place
- Laurel House
- Lutheran Settlement Home
- PA Coalition Against Domestic Violence
- The Women’s Center of Montgomery County

Child Advocacy
- PA Child Welfare Resource Center
Two Quick Updates that May Come Up

The PA Navigate statewide platform for connecting patients to social services is being implemented through the PA HIEs, with functionality to close the loop

SUD Confidentiality Laws in PA were updated in July 2022, aligning with the federal “42 CFR Part 2” regulations
PA PQC Health Teams: 2023-2024 Quality Improvement Goals

FACILITATED BY PAULINE TAYLOR, CQIA
When thinking about the whole person needs of the pregnant/postpartum individuals with substance use and substance-exposed newborns you care for, what goals is your PA PQC Healthcare Team prioritizing for April through March?

To inform your work on these goals, what would you like to know from the community partners?
Panel: Spotlight on Southeast Community Activities

FACILITATED BY PAULINE TAYLOR, CQIA
Collaboration Across Multiple Organizations and Agencies:

Helene Coakley, BSN, RN, Substance Use Navigator, Holy Redeemer

Christina Rivera, Director of Specialized Home Visiting, Maternity Care Coalition

Korah M. Lovelace, Healthy Babies Coordinator Maternity Care Coalition
Discussion: Community Services & Supports

CO-FACILITATED BY ROBERT FERGUSON, MPH
& JENNIFER CONDEL, SCT(ASCP)MT
What guidance do you have for the PA PQC Healthcare Teams?

Based on the needs of pregnant/postpartum individuals with substance use and substance-exposed newborns, what processes have worked well to engage individuals in your services?
Wrap-Up

PAULINE TAYLOR, CQIA
Learn about the Initiatives

Access Session Materials

Register for Other Regional Sessions to hear what’s happening across PA
PA PQC QI Coaches Can Support Connections Between PA PQC Community Partners and Birth Hospitals

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**PLEASE** complete the electronic evaluations by **Thursday, August 24th**: [https://www.surveymonkey.com/r/LDMLCJD](https://www.surveymonkey.com/r/LDMLCJD)

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits.

2. The UPMC Center for Continuing Education will follow up with you, via email, after **Thursday, August 24th** to notify you about how you can claim your credits.

- To prepare, we recommend you create an account with UPMC CCE via this website [https://cce.upmc.com](https://cce.upmc.com).
Thank You!

www.papqc.org
papqc@whamglobal.org