

# PA PQC

Pennsylvania Perinatal Quality Collaborative

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**PA PQC Virtual Session**

April 16, 2025

# Continuing Education Information

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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. **1.0 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards' (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credits.**

# Disclosures

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**No members** of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

# Disclaimer

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**The information presented** at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

# Milestone #1: Changing for 2025

## Engage With PA PQC Coach

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- Milestone 1 will no longer be tied to virtual session attendance
- Engage meaningfully with your PA PQC QI coach ***at least*** once per quarter
- Examples of engagement might include:
  - Reciprocal interaction between Healthcare Team and QI coach
    - Incorporating your coach into your Healthcare Team meeting
    - 1-on-1 meeting with your coach
  - Other engagement opportunities as agreed upon by your team and your coach
- What doesn't count?
  - Email updates to QI coach
  - One-sided communications

# Learning Objectives

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- Discuss preparation for successfully moving active initiatives into sustainment.
- Identify challenges to sustainment and strategies for overcoming common barriers.

# Agenda

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1. **Welcome** – Sara Nelis, RN, C-ONQS, CCE, Program Manager, Jewish Healthcare Foundation
2. **Data** – Lisa Boyd, QI Coach & Program Specialist, Jewish Healthcare Foundation & Hadar Re'em, Program Associate, Jewish Healthcare Foundation
3. **Sustainment Overview** – Jennifer Condel, SCT(ASCP)MT, Lead QI Coach, Jewish Healthcare Foundation, Karena Moran, PhD, NEPaPQC Manager, and Sara Nelis, RN, CCE
4. **Facilitated Discussion** – PA PQC Quality Improvement Coaches
5. **Wrap-up & Next Steps** – Sara Nelis, RN, C-ONQS, CCE

# Data

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LISA BOYD, BA

HADAR RE'EM, BA

# Sustainment

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JENNIFER CONDEL, SCT(ASCP)MT

KARENA MORAN, PHD

SARA NELIS, RN, C-ONQS, CCE

# Sustainment

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- One year period following the active implementation
- The PA PQC will not be actively providing services and content related to sustaining initiatives
- Your team **CAN** continue implementing new interventions independently
- Coaching and support during this time is focused on sustainability of key interventions that have been implemented to date
- Yes! You are **STILL** considered a participating PA PQC hospital!

# Active vs. Sustained Initiatives

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## ACTIVE IMPLEMENTATION

Quarterly Awards

Designations

Education Content

QI Coaching Calls

Quarterly Data, Survey and QI Reports

## SUSTAINMENT

No Quarterly Awards

Not Part of Designations Program






Sustainment Check-Ins & Initiative Non-Specific Virtual Sessions

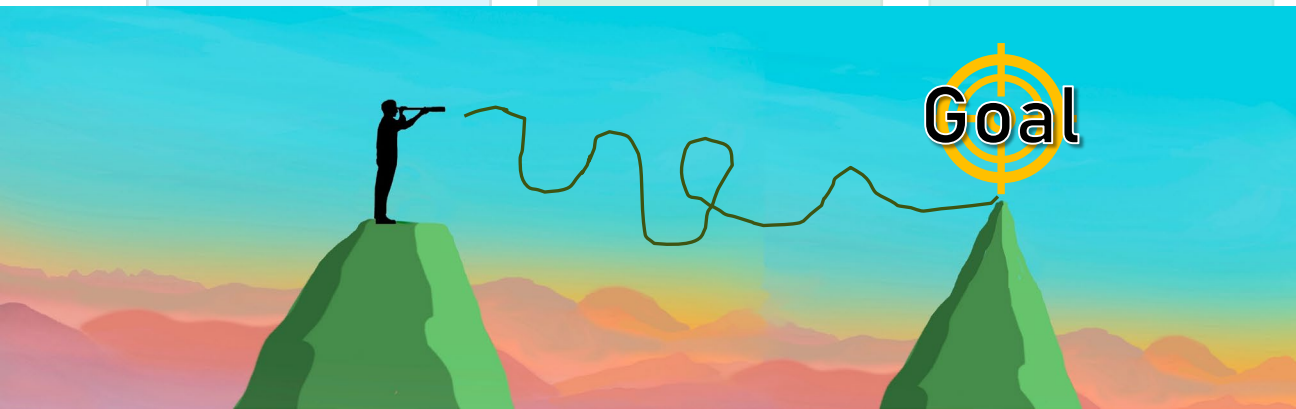
Sustainment Plans

Quarterly Data and Surveys

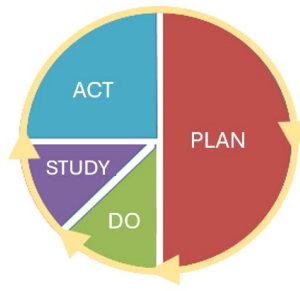
# Sustain the Gains: Follow Your Quality Improvement Planning



Define Your Goal	Identify Tasks	Set Timelines	Assign Responsibility & Resources	Monitor Progress	Results &/or Barriers
<ul style="list-style-type: none"><li>• <b>S</b>pecific </li><li>• <b>M</b>easurable </li><li>• <b>A</b>ttainable </li><li>• <b>R</b>elevant </li><li>• <b>T</b>ime-bound </li></ul>	<ul style="list-style-type: none"><li>• Breakdown goal into small, <b>manageable</b> tasks</li></ul>	<ul style="list-style-type: none"><li>• Establish a <b>deadline for each task</b> toward achieving the overall goal</li></ul>	<ul style="list-style-type: none"><li>• Identify a <b>specific</b> team member/role, team, or department for each task</li><li>• Determine resources needed to complete each task (equipment, personnel, tools)</li></ul>	<ul style="list-style-type: none"><li>• Determine the <b>status</b> of each task (not started, in progress, behind schedule, needs addressed, completed)</li></ul>	<ul style="list-style-type: none"><li>• Indicate the <b>results</b> for each task</li><li>• <b>Clearly identify</b> any barriers to achieving a task</li></ul>



# Sustain the Gains: Quality Improvement Action Planning



## Plan

- What was the program goal?
- Who were the team members?
- What did the team achieve?

## Do

- How has the goal and outcomes been shared and communicated across teams/departments/systems?
- What data has been used and will be used to monitor sustainment?
- Has the achieved outcome been documented as standard work (i.e. new workflow process, or policy)

## Study

- What is the established monitoring process and timeframe?
- Which team members are responsible for monitoring?
- What forums will be used to track and communicate sustainment progress (i.e. team meetings, electronic dashboards)?

## Act

- If sustainment lapses, what is the process to review and evaluate for improvement opportunities?
- What is the process to update the sustainment plan when improvements are made requiring new standard work?



# Action Planning Tool to Sustain

**Our Goal:**

**Intervention Achieved:**

**Date Started Plan:** \_\_\_\_\_ **Date Implemented:** \_\_\_\_\_

**Department(s) Involved:** \_\_\_\_\_

**Team Members/Roles:** \_\_\_\_\_

Tasks/ Action Items (Specific Work Activities)	By Whom (Team Member(s)/ Role(s))	Target Date (Due By)	Status (Monitor Progress)	Results &/Or Barriers (What Happened/Learned)

# Action Planning To Sustain: Example



**Our Goal:** Establish a system-wide Safe Sleep education program for all staff (clinical & non-clinical) within 6 mons

**Intervention Achieved:** Developed a comprehensive 15 min standard Safe Sleep education learning module for all staff to access 24/7. Incorporated into bi-annual education requirements.

**Date Started Plan:** 4/1/24 **Date Implemented:** 10/15/24

**Department(s) Involved:** Pediatrics, NICU, OB, Education, Learning MS, IT, Environmental Services, Nutrition

**Team Members/Roles:** Sara (CNO), Kristen (CMO), Maureen (Education), Lisa (IT), Hadar (LMS), Karena (RN), Jen (ES), Bridget (Nutrition)

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Tasks/ Action Items (Specific Work Activities)	By Whom (Team Member(s)/ Role(s))	Target Date (Due By)	Status (Monitor Progress)	Results &/Or Barriers (What Happened/Learned)
Safe Sleep education program go live	Maureen/Education, Sara/CNO, Kristen/CMO, Karena/RN, Hadar/LMS	10/15/24	Completed	Learning module successfully launched for clinical & non-clinical staff; some non-clinical staff unable to access
Establish written policy for staff education expectations (new hire orientation, clinical & non-clinical staff)	Maureen/Education, Karena/RN, Sara/CNO, Kristen/CMO	12/10/24	Completed	Barrier: accessing LMS for non-clinical staff- work with Lisa/IT
Establish dashboard for ongoing monitoring of process for SS learning module participation	Maureen/Education, Karena/RN	3/15/25	Ongoing	
Provide quarterly monitoring updates during SS team meeting for review and discussion	Maureen/Education, Hadar/LMS, Karena/RN	3/15/25, 6/15/25, 9/15/25	Ongoing	



# Sustainment Plans

**PA PQC**  
Pennsylvania Perinatal Quality Collaborative

**PA PQC OUD: Sustainability Plan**

**Compliance Monitoring** of key process measures:

1. Percentage of pregnant individuals screened for substance use with a validated screen
2. Percentage of pregnant individuals diagnosed with OUD at any time of pregnancy
3. Percentage of pregnant and postpartum individuals diagnosed with OUD who initiate Medication for Opioid Use Disorders (MOUD)
4. Percentage of individuals diagnosed with OUD receiving postpartum care
5. Percentage of pregnant individuals with a positive substance use screen who received an appropriate follow-up action for alcohol or other drug use
6. Percentage of postpartum individuals with a positive substance use screen who received an appropriate follow-up action for alcohol and other drug use
7. Percent of pregnant and postpartum individuals with SUD who received or were prescribed Naloxone prior to delivery discharge

Measures will be collected **QUARTERLY** in LifeQI

Will you continue to track additional data internally?  Yes  No

Name and email address of team member(s) in charge of data reporting (include name and contact for a backup person/role): \_\_\_\_\_

How often will your QI team meet to review hospital data reports and develop and implement PDSA cycles if compliance on measures starts to slip?:  
 Weekly  Monthly  Quarterly  Other

**New Hire Education Plan** (applicable for all new hires)  
 What education tool(s) will you use for new hires?  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you incorporate OUD education, workflows, and protocols into hospital new hire education?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ongoing Education** for all providers and nurses  
 What education tool(s) will you use for ongoing education for all nurses and providers?  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you incorporate OUD education, workflows, and protocols into ongoing education?  
 \_\_\_\_\_  
 \_\_\_\_\_

Nursing Champion(s): \_\_\_\_\_ Provider Champion(s): \_\_\_\_\_  
 Drafted Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

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**PA PQC NAS: Sustainability Plan**

**Compliance Monitoring** of key process measures:

1. Median hospital lengths of stay for newborns with NAS
2. Median hospital lengths of stay for newborns with NAS who only received non-pharm treatment
3. Median hospital lengths of stay for newborns with NAS who received pharmacologic treatment
4. Percent of newborns with NAS who are treated with a non-pharmacologic bundle
5. Percent of newborns with NAS who receive pharmacologic treatment
6. Percent of newborns with NAS who were referred to appropriate follow-up at discharge
7. Percent of NAS who were readmitted to the hospital within 30 days of discharge
8. Percent of NAS with an emergency department visit within 30 days of discharge

Measures will be collected **QUARTERLY** in LifeQI

Will you continue to track additional data internally?  Yes  No

Name and email address of team member(s) in charge of data reporting (include name and contact for a backup person/role): \_\_\_\_\_

How often will your QI team meet to review hospital data reports and develop and implement PDSA cycles if compliance on measures starts to slip?:  
 Weekly  Monthly  Quarterly  Other

**New Hire Education Plan** (applicable for all new hires)  
 What education tool(s) will you use for new hires?  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you incorporate NAS education, workflows, and protocols into hospital new hire education?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ongoing Education** for all providers and nurses  
 What education tool(s) will you use for ongoing education for all nurses and providers?  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you incorporate NAS education, workflows, and protocols into ongoing education?  
 \_\_\_\_\_  
 \_\_\_\_\_

Nursing Champion(s): \_\_\_\_\_ Provider Champion(s): \_\_\_\_\_  
 Drafted Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

**PA PQC**  
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**PA PQC Safe Sleep: Sustainability Plan**

**Compliance Monitoring** of key process measures:

1. Proportion of inpatient staff educated on safe sleep in the previous year
2. Proportion of outpatient staff educated on safe sleep in the previous year
3. Proportion of clinical staff educated on motivational interviewing in the previous year
4. Percentage of patients with a delivery in the month that received safe sleep education prenatally

Measures will be collected **QUARTERLY** in LifeQI

Will you continue to track additional data internally?  Yes  No

Name and email address of team member(s) in charge of data reporting (include name and contact for a backup person/role): \_\_\_\_\_

How often will your QI team meet to review hospital data reports and develop and implement PDSA cycles if compliance on measures starts to slip?:  
 Weekly  Monthly  Quarterly  Other

**New Hire Education Plan** (applicable for all new hires)  
 What education tool(s) will you use for new hires?  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you incorporate Safe Sleep education, workflows, and protocols into hospital new hire education?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ongoing Education** for all providers and nurses  
 What education tool(s) will you use for ongoing education for all nurses and providers?  
 \_\_\_\_\_  
 \_\_\_\_\_

How will you incorporate Safe Sleep education, workflows, and protocols into ongoing education?  
 \_\_\_\_\_  
 \_\_\_\_\_

Nursing Champion(s): \_\_\_\_\_ Provider Champion(s): \_\_\_\_\_  
 Drafted Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

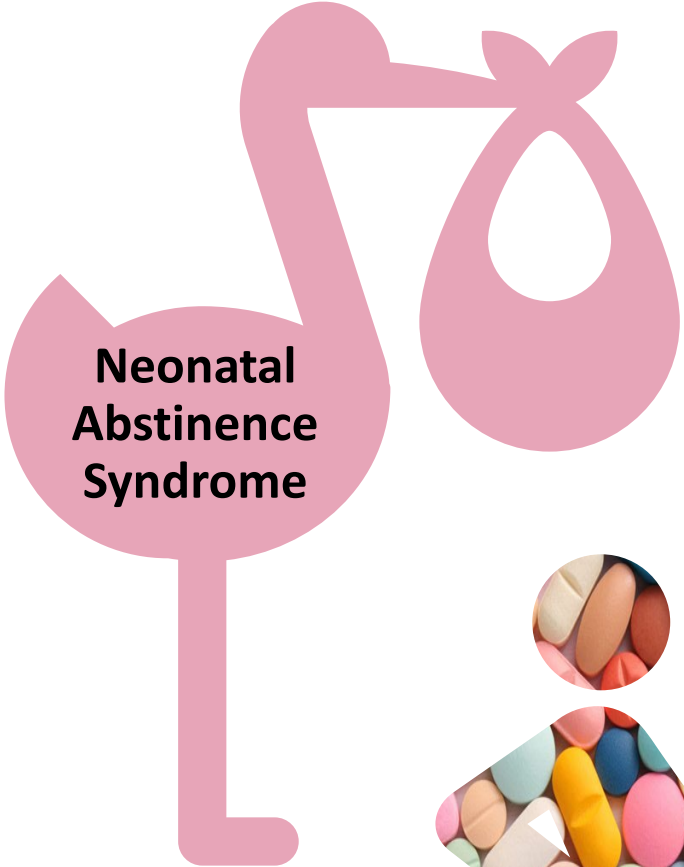
Hospital Name: \_\_\_\_\_

# PA PQC Sustainment Check-Ins

July 16

October 22

December 11



# Education Planning

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1. How do you plan on weaving your sustainment education plan into your *new staff* education?
2. How do you plan on weaving your sustainment education plan into your *annual staff* education?

# Data Planning

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1. Is there another process/workflow at your site that is regularly tracked? (i.e. SSI, NTSV c/s)
2. Planning for *data monitoring* – who, what, and how often?
3. *Action planning* - What is your data “trigger” to prompt intervention? (i.e. timeframes, thresholds, trends)
4. What challenges do you foresee?

# Wrap-Up

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# Upcoming Virtual Sessions

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## MAY

No virtual sessions this month – register and join us at our in-person Annual Meeting in Altoona!

## JULY 16

*Sustainment Check-in*

11:00 a.m. – 12:00 p.m.

Zoom

## JUNE 11

*TBD*

11:00 a.m. – 12:00 p.m.

Zoom



8/13-  
10/15

# Urgent Maternal Warning Signs Sprint



Register for the  
kickoff here!!



# Health and Racial Equity in Neonatal Care

Free e-Learning Courses for Pennsylvania State Healthcare Professionals



For more information or to register, please visit:

<https://www.onceuponapremie.org/pennsylvania%20state/>



Blair County  
Convention Center

One Convention Center Drive  
Altoona, PA 16602



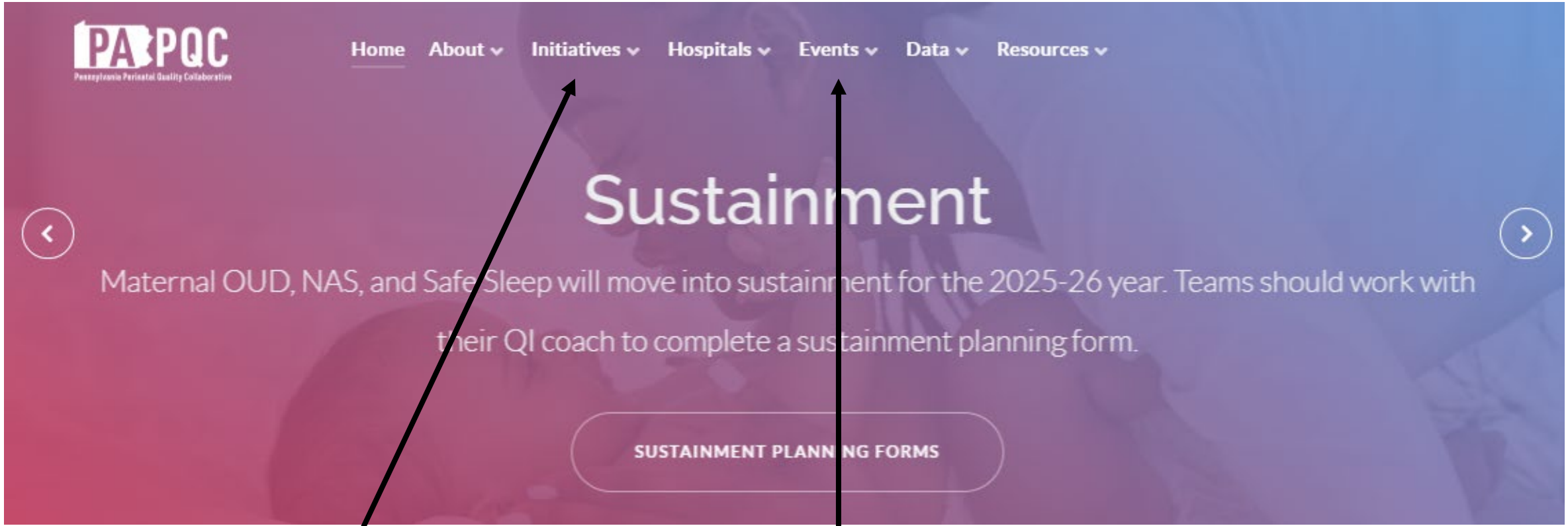
*Save the  
Date*

05.21.25

[Register today](#)  
deadline is 5/19!

The PA PQC  
Annual Meeting is  
an in-person  
event, there  
is no option to  
attend virtually.





Learn about the Initiatives

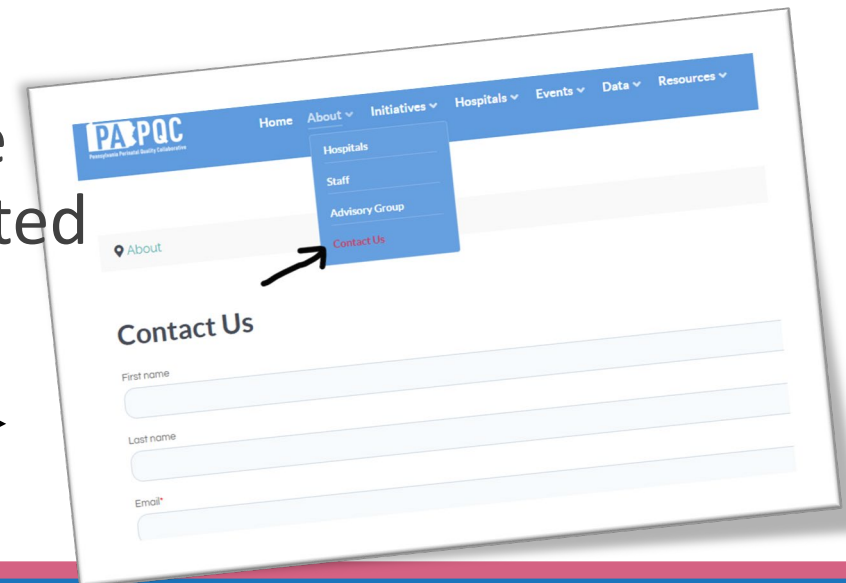
Access Session Materials

<https://www.papqc.org/>

# Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while?

- Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC
- If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address
- You can always reach us [here](#) →



# PA PQC QI Coaches

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**Kristen Brenneman,**  
MSN, RN  
Quality Improvement  
Facilitator, Jewish  
Healthcare Foundation



**Lisa Boyd, BA**  
Program Associate,  
Jewish Healthcare  
Foundation



**Jennifer Condel,**  
SCT(ASCP)MT  
Manager, Lean Healthcare  
Strategy and  
Implementation, Jewish  
Healthcare Foundation



**Karena Moran, PhD**  
Improvement  
Optimization Advisor,  
Geisinger Health &  
NEPaPQC



**Maureen Saxon-Gioia,**  
MSHSA, BSN, RN  
Nurse Project Manager,  
Jewish Healthcare  
Foundation

# Credentialing Guidelines:

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**PLEASE** complete the electronic evaluations by Wednesday, April 23<sup>rd</sup>: <https://www.surveymonkey.com/r/5D73SSC>

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 Wednesday, April 23<sup>rd</sup> 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>.



# Thank You!

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Pennsylvania Perinatal Quality Collaborative



Northeastern Pennsylvania Perinatal Quality Collaborative

[www.papqc.org](http://www.papqc.org)

[papqc@whamglobal.org](mailto:papqc@whamglobal.org)