



# 2023-24 Implementation Year Report

## August 2024

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## About the PA PQC

### PA PQC Mission

**Mission:** The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.

**Vision:** Every birthing person and baby in Pennsylvania receives equitable, safe, and optimal care.

#### How do we do it?

1. Act as an action arm of the PA MMRC (Maternal Mortality Review Committee) and CDR (Child Death Review).
2. Convene healthcare teams and stakeholders for peer-to-peer learning.
3. Provide opportunities for healthcare staff training.
4. Encourage collaboration between healthcare teams and their communities.
5. Share evidence-based care and best practices.
6. Collect and share back relevant data.

#### We Value:

- Equity
- Lived Experience
- Evidence-Based Practice
- Data-Driven Approaches
- Collaboration

## Data Update on the PA PQC's Impact in 2023-2024

Click [here](#) or on the preview below to view the video presentation of the PA PQC impact during the 2023-24 implementation year. The presentation includes data on the three completed initiatives: severe maternal hypertension, MOMD (moving on maternal depression), and IPLARC (immediate postpartum long-acting reversible contraception). Other topics covered include impact from the new Designations program, quarterly quality improvement awards, virtual and in-person learning sessions, and training opportunities.





## PA PQC SMART Objectives: 2023- 2024 Implementation Year

### PA PQC Program Objectives

*In quarter 4 of the implementation year (January – March 2024):*

- **Over 70% of hospitals submitted SUD and SEN surveys**
  - Goal: Increase the *consistency of SUD and SEN survey submissions* to at least 70% of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period
- **Over 70% of hospitals reported SUD and SEN data**
  - Increase the *consistency of hospitals reporting data* for at least one SUD or SEN quality measures to 55% of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period
- **In-Progress: 44 sites met implementation expectations**
  - Goal: At least 45 birth hospitals and NICUs meet the *implementation expectations* for the Maternal Substance Use, SEN, and/or IPLARC initiatives each quarter

### NAS and Substance Exposed Newborns

*Among the 45 hospitals that submitted the Substance Exposed Newborn (SEN) initiative surveys for the January through March 2024 period:*

- **84%** reported their newborn care teams (providers, nurses, and social workers) are educated on post-discharge services and supports (with an additional 16% in progress)
  - Goal: Increase the percentage of newborn care teams educated on post-discharge services from 70% to 80% of participating hospitals
- **82%** reported they have been educated on criteria for Plans of Safe Care, their role, and the how to explain it to families (with an additional 16% in progress)
  - Goal: Increase the percentage of newborn care teams educated on the criteria for Plans of Safe Care from 70% to 80% of participating hospitals
- **In-Progress: 31%** reported they created a protocol for closing the loop on the referral status with the post-discharge services and supports (with an additional 36% indicating this is in progress)
  - Goal: Increase the percentage of hospitals with a protocol to close the loop on the referral status with the post-discharge services and supports from 30% to 50%



#### *NAS and Substance Exposed Newborns Process Measures:*

- Based on data 36 hospitals submitted for Q1 2024, **95%** of newborns with NAS received **non-pharmacotherapy** bundled treatments
- **798** newborns impacted over the course of the 2023-2024 implementation year
  - Goal: Maintain at least 75% of newborns with NAS receiving non-pharmacotherapy bundled treatments (impacting at least 350 newborns per year)
- **In-Progress:** Based on data 29 hospitals submitted for Q1 2024, **81%** of newborns with NAS were **referred to appropriate follow-up services**
- **656** newborns impacted over the course of the 2023-2024 implementation year
  - Goal: Increase the percentage 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)

#### Maternal Substance Use and OUD

*Among the 44 hospitals that submitted the Maternal Substance Use initiative surveys for the January through March 2024 period, the PA PQC observed:*

- **50%** reported they have put a system in place to provide **naloxone** to patients prior to discharge (with an additional 27% actively working on it)
  - Goal: Increase the percentage of hospitals with a system in place to provide naloxone to at risk patients prior to discharge from 8% to 30%
- **25%** reported that they have developed **trauma-informed protocols** in the context of substance use (with an additional 34% working on it)
  - Goal: Increase the percentage of hospitals with trauma-informed protocols in the context of substance use from approximately 10% to 20%
- **In-Progress:** **65%** reported they have established perinatal care pathways for SUD that **coordinate services across multiple providers up to one year postpartum** (with an additional 20% actively working on it)
  - Goal: Increase the percentage of hospitals from 60% to 70% with established perinatal care pathways for SUD that coordinate services across multiple providers up to 1 year postpartum

#### *Maternal Substance Use Process Measure:*

- Based on data 38 hospitals submitted for Q1 2024, **93%** of pregnant individuals were **screened for substance use** with a validated screen
- **66,660** individuals impacted over the course of the 2023-2024 implementation year
  - Goal: Maintain at least 90% of pregnant individuals being screened for substance use with a validated screen (impacting at least 30,000 individuals per year)