

PA PQC Healthcare Team 2025 Enrollment Packet

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Checklist

- Complete [Annual Enrollment Survey](#) by March 31
- Fill out and return [W9](#) to nelis@jhf.org (required annually)
- Email the name and address of the person that award funds should be sent to, should your site earn an award during the implementation year, to nelis@jhf.org
- Complete [Team Roster](#) and return to your QI coach (if you do not have an assigned coach, or are not sure, please send to nelis@jhf.org)



PA PQC Overview

PA PQC Formation & History

Between 2013 and 2017, the PA Preemie Network, under the PA American Academy of Pediatrics, formed and prioritized goals to improve care for Neonatal Abstinence Syndrome (NAS). The Preemie Network held Stakeholder Summits in April 2017 and 2018 that gained consensus on establishing a Perinatal Quality Collaborative in PA. To support work in-between these summits, March of Dimes convened PA PQC Task Force meetings between 2017 and 2018, facilitating efforts to create the PA PQC. The Jewish Healthcare Foundation (JHF) received initial funding from the Henry L. Hillman Foundation and joined the PA PQC Task Force in 2018, agreeing to house the PA PQC in partnership with statewide stakeholders. Geisinger also received funding to stand up a regional Northeastern PA PQC (NEPaPQC) in July 2018 with a focus on NAS and maternal OUD. In the fall of 2018, the PA Maternal Mortality Review Committee (PA MMRC) was formed to identify the causes of maternal deaths and develop recommendations to reduce maternal mortality.

To launch the PA PQC as the action arm of the MMRC and dissemination vehicle for the Multi-Disciplinary Workgroup on Infants with Substance Exposure (MDWISE), JHF convened the first PA PQC Advisory Group in November 2018 and a series of seven Work Groups with Co-Chairs and over 150 members across the Commonwealth. With funding from the PA Department of Drug and Alcohol Programs (PA DDAP) and an initial focus on maternal Opioid Use Disorders (OUD) and NAS, the PA PQC was launched during its first Learning Session in April 2019.

PA PQC Mission & Vision

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 and CDR.
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

Hospitals

As of January 2025, 76 of 81 Birthing Hospitals Representing 90.4% of Live Births in PA participate in the PA PQC.

Birthing hospitals and NICUs across Pennsylvania come together to share best practices and quality improvement opportunities. To be considered an active site, PA PQC Healthcare Teams choose one or more perinatal initiatives to work on throughout the implementation year and share data, surveys, and quality improvement reports. Additionally, active Healthcare Teams participate in learning opportunities throughout the year. The PA PQC thanks each Healthcare Team for their work to improve care for birthing persons and babies in Pennsylvania.

A list of the hospitals, along with icons denoting the initiatives they participate in, can be found on the [PA PQC website](#).

PA PQC Programming Implementation Period



The implementation period runs from April through March each year. During the implementation period, PA PQC Healthcare Teams are expected to complete the following activities for each initiative:

1. Form, structure, and expand your multi-disciplinary PA PQC healthcare team
2. Prioritize the initiative-specific key interventions to adopt based on your current condition
3. Develop and implement a quality improvement plan and protocols with your team to translate the key interventions into practice, making continuous improvements
4. Complete and submit on a quarterly basis:
 - Surveys;
 - Data;
 - Quality Improvement reports

The minimum criteria required for a Healthcare Team to be considered “active” are:

- Submitting a QI Report Out at least once during a six-month period;
- Submitting at least one quarterly initiative-specific survey during a six-month period
- Engage with your QI coach at least once during the quarter.; **AND**
- Submitting at least one quarter’s worth of aggregated data for the PA PQC process or outcome measures during a 12-month period.

More information on this can be found on the PA PQC [website](#).



2024 Event Calendar

January

- 23rd 11am-12pm Virtual Session, 2025 Updates

February

- 27th 11am-12pm Virtual Session, Health Equity in Sepsis Prevention

March

- 20th 11am-12pm Virtual Session, Dangers of Universal Urine Drug Testing

April

- 16th 11am-12pm Virtual Session, TBD

May

- 21st 8am-5pm Harrisburg, PA, **Annual Meeting**

June

- 11th 11am-12pm Virtual Session, TBD

July

- 16th 11am-12pm Virtual Sustainment Check-in

August

- 13th 11am-12pm Virtual Session, TBD

September

- 17th 11am-12pm Virtual Session, Regional Networking

October

- 15th 11am-12pm Virtual Session, TBD
- 22nd 11am-12pm Virtual Sustainment Check-in

November

- 12th 11am-12pm Virtual Session, TBD

December

- 10th 11am-12pm Virtual Session, Designation and QI Milestone Workshop
- 11th 11am-12pm Virtual Sustainment Check-in

More information and specific details about learning sessions, as well as links to register can be found online at <https://www.papqc.org/events/register>.

Awards, Designations, & Milestones

Awards

The PA PQC's \$5,000 Quality Improvement Awards will be awarded quarterly in 2025 to PA PQC healthcare teams who complete all the milestones listed below for an active 2025 initiative until the available funding levels are reached for each quarter (the awards are also contingent on available funding).



If the number of PA PQC healthcare teams that achieved the milestones for a particular quarter exceeds the number of available awards for that quarter, the Quality Improvement Awards will be determined through a random selection among all eligible teams who successfully meet the criteria by the quarterly due date.

The purpose of the awards is to recognize and support efforts to further build the PA PQC healthcare team’s infrastructure for collecting and submitting data and for implementing a PA PQC quality improvement project for an active PA PQC 2025 initiative.

PA PQC Healthcare Teams are eligible for these Quality Improvement Awards if they:

- join an active PA PQC 2025 initiative, AND
- stay engaged in the PA PQC by meeting the minimum set of criteria listed in the Expectations section during the Implementation Period.

Designations

The designation levels are based on meeting the milestone criteria per established frequency over a 12-month period, starting with the April 2025 through March 2026 implementation period. **Initiatives in sustainment are not eligible for designation.** The first year designation recognition includes a PA PQC banner with individual badges earned in subsequent years to place on the existing banner, a graphic for sites to display on their website, and being listed on the PA PQC website by Designation category, celebrating the hospital’s achievement.



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community, *with a proven commitment to health equity and patient participation in their quality improvement work.*
Criteria: QI Participation, Patient Voice, AND Health Equity



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community, *and are dedicated to incorporating patient voice or health equity in their quality improvement work.*
Criteria: QI Participation plus EITHER Patient Voice OR Health Equity



Achievement: Established multidisciplinary teams that have demonstrated improvements in maternal and newborn care by sharing best practices and data in their hospital and community.
Criteria: QI Participation

Designation Criteria:

QI Participation: Meet milestones listed below and maintain a minimum of two “qualifying quarters” for the same initiative during the designation year (April 2025 – March 2026). A “qualifying quarter” is defined as a single quarter in which the milestones are all met for a specific initiative (milestones 1 and 5



are completed at the hospital level and therefore only need to be completed ONCE per quarter per hospital, regardless of the number of initiatives in which the team is engaged).

Patient Voice: Show proof of including lived experience voices in PA PQC quality improvement work by implementing one or more community and patient partnership interventions.

Health Equity: Show proof of health equity interventions in PA PQC quality improvement work that demonstrate a commitment to narrowing the equity gap.

Milestone	Activity	Frequency	Due Date
Milestone 1	Engage with your QI coach at least once during the quarter.	Quarterly	
Milestone 2	Submit an initiative-specific Quality Improvement (QI) Report Out in the LifeQI Data Portal , showing work related to implementing Key Intervention(s)	Quarterly	July 31, 2025 October 31, 2025 January 31, 2026 April 30, 2026
Milestone 3	Complete initiative-specific PA PQC quarterly survey		
Milestone 4	Submit initiative-specific aggregated data for the PA PQC process and outcome measure(s) through the Life QI Data Portal		
Milestone 5	Communicate and celebrate your team’s impact in the PA PQC within your hospital and community		

Health Equity and Patient Voice Reporting:

- Work with your QI coach to determine an eligible intervention to meet the health equity and/or patient voice criteria.
 - The intervention needs to be actively worked on during the designation period (April 2025 through March 2026).
- If you would like to be considered for Silver or Gold-level designations, you will need to turn in a form (**pre-survey**) outlining your quality improvement plan for your equity and/or patient voice intervention to your coach by **June 13, 2025**, and show proof of your equity and/or patient voice intervention through a **post-survey** by **March 31, 2026**. The “proof” will be evaluated by PA PQC staff based on the plan to determine whether the QI work meets the criteria.

PA PQC Initiatives 2025-26

Maternal Sepsis – Active Implementation



Obstetric sepsis remains a leading cause of maternal mortality in the United States and throughout the world. Maternal deaths due to sepsis have been found to be largely preventable with timely recognition, appropriate treatment, and escalation of care. Sepsis disproportionately affects those from underrepresented minority groups. National rates of obstetric sepsis are 2.4 times higher for Black patients, 1.5 times higher for Asian/Pacific Islander patients, and 1.8 times higher for Native American patients compared with White patients. These differences directly reflect the effects of racism on maternal morbidity and mortality. ([source](#))

The World Health Organization definition for maternal sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or the postpartum period (up to 42 days). Such conditions include infections that are related to delivery and other types of infections that occur during pregnancy or the postpartum period.

[Patient Safety Bundle](#)

[Data Collection Plan](#)

[Change Package](#)

Sustaining Initiatives

During the April 2025 through March 2026 implementation year, *Maternal OUD*, *NAS*, and *Safe Sleep* initiatives will be in sustainment. Sustainment in the PA PQC occurs in the period following the active implementation. While 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. Virtual sustainment check-ins will be offered in July, October, and December as a way for teams to garner support in a peer-to-peer environment. Additionally, sustainment planning documents for each initiative are available on the initiative pages. Your team should meet with your QI



coach to plan for your sustainment year using this document. While your team is still an active part of the PA PQC, even during sustainment, there are a few key differences:

Active Initiatives	Sustaining Initiatives
<ul style="list-style-type: none">• Quarterly Awards• Designations• Initiative-Specific Education Content• QI Coaching Calls• Quarterly Data, Survey and QI Reports	<ul style="list-style-type: none">• No Quarterly Awards• Not Part of Designations Program• Sustainment Check-Ins & Initiative Non-Specific Virtual Sessions• Sustainment Plans• Quarterly Data and Surveys

Initiative-specific sustainment planning documents can be found in the red box in the upper right-hand corner of each initiative page:

[Safe Sleep](#)

[Neonatal Abstinence Disorder](#)

[Maternal Opioid Use Disorder](#)



LifeQI

How to Access LifeQI for the First Time

1. Request access by emailing your team's QI Coach with the name and email address of the individual needing access (i.e., person submitting data or completing QI reports).
2. After access has been granted, you will receive one email, per initiative that your team participates in, from bot@lifeqisystem.com. If you do not see the below email(s), check your spam/junk folder or quarantine (if applicable).

Hi there,

We've started your sign-up to Life QI.

Karena Moran has invited you to join the organisation 'PA PQC' in Life QI, click the link below to complete your signup.

Your confirmation code is:

690867

To continue your signup, head over to <https://us.lifeqisystem.com/login/sign-up/2?key=23E65F9DB4774A799451D1C7E6F6885BC8641AA5EFD2484A41A8A9FE32A742C1BF38D99D0A9BEE67663D469B2978>

All the best,
Life QI team

3. Click the link in the **LAST** email you received to create an account. The link in earlier emails is inactivated by each new email received.
4. Follow the prompts to create your account. **When asked for your Organization, search for and select PA PQC (PA Perinatal Quality Collaborative).**
5. When you first log in, your account will be in a Personal View Only Mode until your account is verified. This will be designated by a yellow bar across the top of your screen.
 - a. Accounts are verified in 1-2 business days if all of the above instructions are followed.
 - b. *If you put your own Organization instead of PA PQC, there will be a delay in verifying your account.*
6. Any issues or questions, please contact your team's QI Coach.

LifeQI Tutorials

Data and QI Report:

<https://us.lifeqisystem.com/login/>



Creating a QI Report:

- <https://help.lifegisystem.com/projects/running-a-project-report>
- “PA PQC QI report out” is toward the bottom of the report list

Entering Data:

- If you are entering data for a new metric for the first time:
 - <https://help.lifegisystem.com/measures-and-charts/creating-a-chart>
- If you are adding data to an existing chart (i.e., entering data for the second and all subsequent times):
 - <https://help.lifegisystem.com/en/measures-and-charts/adding-data-to-a-chart>
- Annotating charts with helpful information (e.g., “re-educated staff on SUD screening protocol”)
 - <https://help.lifegisystem.com/adding-notes-to-a-chart>

Common Mistakes to Avoid in LifeQI

- QI Reports
 - LifeQI is an online platform that many other state PQC’s use. Be sure to complete the report titled “**PA PQC QI report out**” and not another state PQC’s report.



- Data Entry
 - When entering data, do not forget **Step 4 – Click the Chart**.
 - Step 3 and 4 look very similar in the platform. If you do not click the chart in Step 4, you will not be able to add new data to an existing chart.

How to manually add data to a chart row by row

1. Select your project
2. Click Measures & Charts
3. Click the Measure
4. Click the Chart
5. Click Edit
6. Scroll down the screen and edit your data
7. Click the 'Save' button at the top of the Chart. Your Chart will then update with the new data point(s).

- Quarterly metrics should only have **one** chart.
- Annual metrics will have four separate charts for each race/ethnicity category.
- When entering your data for the quarter, remember:
 - Count = Numerator
 - Total = Denominator
 - The numerator should always be smaller than the denominator.
 - Check the chart to ensure there are no data points with percentages over 100% or under 0%. If there are, the data has been entered incorrectly.



Appendix

[Blank W9](#)

[Blank Team Roster](#)

[Blank AIM MOU/DUA](#)

[Blank Leadership Template](#)

Resources

[Find resources here](#)

[Find materials from PA PQC learning sessions here](#)

*Initiative-specific resources can be found at the bottom of each initiative page:

[Maternal Sepsis](#)

[Safe Sleep](#)

[Neonatal Abstinence Disorder](#)

[Maternal Opioid Use Disorder](#)

Commonly Used Acronyms:

ACOG American College of Obstetricians and Gynecologists

AIM Alliance for Innovation on Maternal Health

CDR Child Death Review

DDAP Department of Drug and Alcohol Programs

DHS Department of Human Services

DUA Data Use Agreement

HRSA Health Resource and Services Administration

MMRC Maternal Mortality Review Committee

MOU Memorandum of Understanding

NAS Neonatal Abstinence Syndrome

NNPQC National Network of Perinatal Quality Collaboratives

ODD Opioid Use Disorder

POSC Plans of Safe Care

SBIRT Screening, Brief Intervention and Referral to Treatment

SEN Substance Exposed Newborn

SUD Substance Use Disorder

TIC Trauma-Informed Care