

PA PQC Healthcare Team 2024 Enrollment Packet

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Checklist

- ☐ Complete [Annual Enrollment Survey](#)
- ☐ 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

As an action arm of the PA Maternal Mortality Review Committee (PA MMRC), the Pennsylvania Perinatal Quality Collaborative (PA PQC) supports perinatal care teams in adopting key interventions to achieve collective aims.



Hospitals

As of April 2023, 63 of 84 Birthing Hospitals Representing 82.5% 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 a quarterly initiative-specific survey during a six-month period
- Having at least one hospital-level representative attend at least one meeting (virtual, annual in-person, or regional) during a six-month period; **AND**
- Submitting at least one quarter’s worth of aggregated data for the PA PQC process and outcome measures during a 12-month period.

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



2024 Event Calendar

January

- 25th 11am-12pm Virtual Session, Recruitment Kickoff

February

- 22nd 11am-12pm Virtual Session, New Initiative Deep Dive

March

- 21st 11am-12pm Virtual Session

April

- 17th 11am-12pm Virtual Session

May

- 22nd 8am-5pm Harrisburg, PA, **Annual Meeting**

June

- 27th 11am-12pm Virtual Session

July

- 25th 11am-12pm Virtual Session

August

- 22nd 11am-12pm Virtual Session

September

- 19th 11am-12pm Virtual Session, IPLARC Sustainment Check In

October

- 24th 11am-12pm Virtual Session, Regional Networking

November

- 13th 11am-12pm Virtual Session

December

- 11th 11am-12pm Virtual Session, Designation and QI Milestone Workshop

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 2024 to PA PQC healthcare teams who complete all the milestones listed below for a 2024 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 a PA PQC 2024 initiative.

Birth hospitals are eligible for these Quality Improvement Awards if they:

- join a PA PQC 2024 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 2024 through March 2025 implementation period. Designations will be initiative-specific, meaning milestones cannot be “mixed-and-matched” if a PA PQC Healthcare Team is participating in multiple initiatives. Initiatives in sustainment are not eligible for designation. Designation recognition will include a PA PQC 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 2024 – March 2025). 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 joined).

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	Attend at least one event each quarter	Quarterly	See the Events Page for the list of learning sessions
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, 2024 October 31, 2024 January 31, 2025 April 30, 2025
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 or patient voice criteria.
 - The intervention needs to be actively worked on during the designation period (April 2024 through March 2025).
- If you would like to be considered for Silver or Gold-level designation, 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 30, 2024**, and show proof of your equity and/or patient voice intervention through a **post-survey** by **March 30, 2025**. The “proof” will be evaluated by PA PQC staff based on the plan to determine whether the QI work meets the criteria.

Resources

[Find resources here](#)

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

PA PQC Initiatives 2024-25

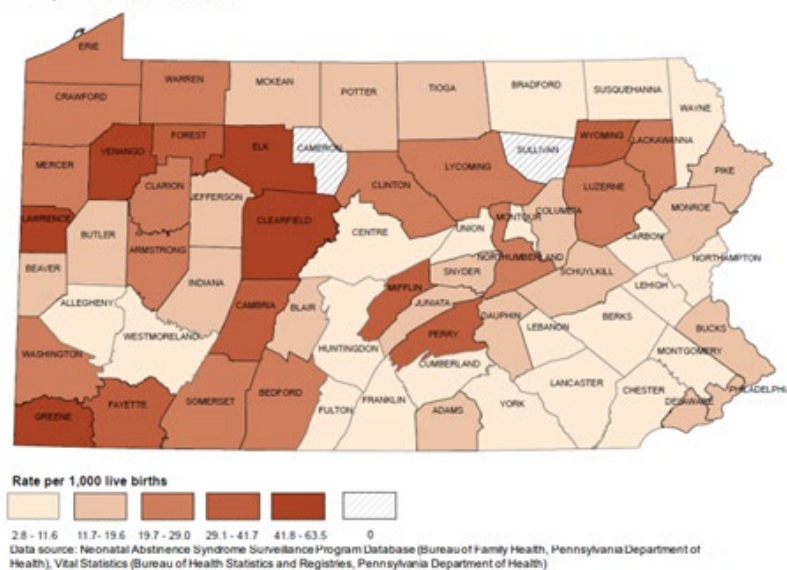
Neonatal Abstinence Syndrome

The incidence of Neonatal Abstinence Syndrome (NAS) increased from 11.9 NAS cases per 1,000 live births in 2019 to 14.0 in 2020. At that time, nearly 91% of newborns with NAS remained in the hospital for 4 to 7 days or longer. Additionally, NICU admissions were significantly higher for newborns with substance exposure.

Recent studies and practices such as the Eat-Sleep-Console method, as well as other non-pharmacological interventions, have demonstrated that pharmacological interventions can be reduced while giving parents skills and confidence to care for their baby before leaving the hospital. Since 78% of newborns with NAS are discharged with their parents, this is especially important.

This also highlights the importance of referral and discharge planning, such as Plans of Safe Care. The PA PQC Substance-Exposed Newborn initiative is designed to support these recommendations. (PA DOH, 2022)

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



Source: Pennsylvania Department of Health, 2020

[NAS Driver Diagram, Survey, and Measures](#)



Maternal Opioid Use Disorder

“Accidental poisonings were the leading cause of maternal deaths in 2018 and accounted for over 50% of all maternal deaths. This category includes drug-related overdose deaths. In 2013, only 19% of pregnancy-associated deaths were due to accidental poisonings. That over half of all deaths in 2018 fell into this category reflects, in part, the continuing devastating impact of Pennsylvania’s opioid epidemic on both individuals and families.” (source: [PA MMRC](#))

Top Causes of Death for All Maternal Deaths (Excluding Philadelphia County) in 2018 (N=85)

Cause of Death	Number of Deaths	Overall Percentage
Accidental Poisoning	43	51%
Other Direct Obstetric Deaths	9	11%
Transportation Accidents	8	9%
Assault	7	8%
Other Pregnancy Related	4	5%
Intentional Self-Harm	4	5%

- 70-84% of pregnant women with Opioid Use Disorder (OUD) do not receive a post-partum visit in PA [Kelley, D, 2018 CMS Quality Conference](#)

[Maternal Opioid Use Disorder Driver Diagram, Survey, and Measures](#)

Safe Sleep

Approximately 3,500 infants die of sleep-related deaths, including sudden infant death syndrome (SIDS) and accidental suffocation and strangulation in bed.¹ Of the infant deaths reviewed by Child Death Review Teams in Pennsylvania, 59 (18.8%) of the 314 reviewed deaths from 2020 were sudden unexpected infant death (SUID) related cases. The causes of death for the SUID-related cases include pending, unknown/undetermined, unintentional asphyxia, and SIDS. In Pennsylvania, black or African American infants die of SUID at more than twice the rate of white infants.²

Of the 59 SUID cases, 36 (61.0%) occurred when the child was placed to sleep in an unsafe sleep location and in 22 of the 36 cases the unsafe sleep location was an adult bed. In a majority of the SUID related deaths (61.0%) a safe sleep environment was available at the time of the death.²

[Safe Sleep Driver Diagram Survey and Measures](#)

¹ [Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

² [2020 Child Death Review Annual Report \(pa.gov\)](#)

Maternal Sepsis



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](#)



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:

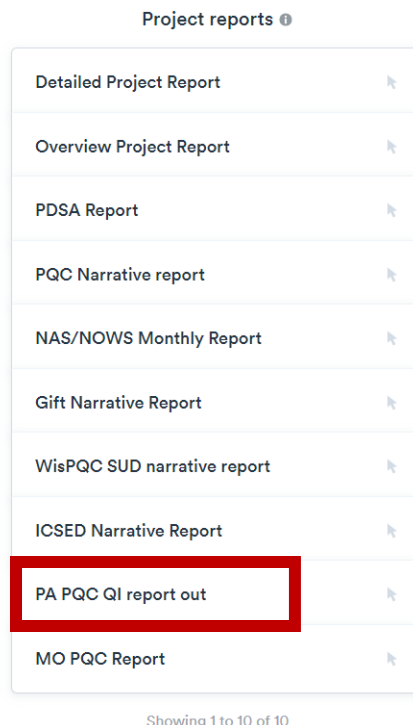
- <https://help.lifegisystem.com/projects/running-a-project-report>
- “PA PQC QI report out” is toward the bottom of the report list

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.



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

ODU Opioid Use Disorder

SBIRT Screening, Brief Intervention and Referral to Treatment

SEN Substance Exposed Newborn

SUD Substance Use Disorder

TIC Trauma-Informed Care

Appendix

Blank W9

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Blank Team Roster

<https://www.papqc.org/resources/quality-improvement/730-pa-pqc-team-roster-worksheet/file>