Maternal Mortality: Hypertension (PA AIM)

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Evangelical Community Hospital	• Our Severe Hypertension Protocol for Obstetric Patients is easily located on the Tools list in our EMR. • We also have a Severe Hypertension binder with the protocol, antihypertensive medication algorithms, Severe HTN/ Preeclampsia order set, and our hospital procedure for Severe HTN/ Preeclampsia. • Each month, if we have a nurse or provider who does not follow the Severe HTN algorithm, talk to the nursing staff and Dr Tyrie talks to the providers.		Jen Sullivan RN, BSN Jennifer.Sullivan@evanhospital.com
Geisinger-Medical Center (GMC)	• Comprehensive reviews of each non-compliant case to understand our gaps in care	• How do you maintain staff compliance during times of high resident and nurse turnover?	LoriBeth Ryder
Geisinger-Wyoming Valley (GWV)	• Implementing checklist for HTN Crisis • Providing simulation & drills for education • Reviewing medication access • Created order set to avoid unnecessary clinical variation • Instituted home BP monitoring for patients with a diagnosis of CHTN, GHTN or Pre-Eclampsia/Eclampsia prenatally and postpartum (GHP patients only). • Comprehensive reviews of each non-compliant case to understand our gaps in care and whether or not they are justified. • Included ED in education including hospitals with no OB department (ongoing)	• Are you using any sort of notification system/alarming for severe range BPs that need attention?	Melissa Williams, mewilliams4@geisinger.edu
Holy Redeemer Hospital	• Staff wide education and knowledge sharing re: initiative and compliance with treatment timeline. • Identification of barriers to compliance with timeline.	• How to carve out patients who meet BP criteria but may have other underlying cause - (i.e., pain in labor, etc.)	Christina Marczak
Penn Medicine-Chester County Hospital	• Preeclampsia Pathway • Hypertensive Management Pathway • Postpartum Hypertension Pathway • Adoption of Heart Safe Motherhood • System-wide Collaborative	• How were you able to sustain improvements made with managing hypertensive disorders?	Katie Constantini

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Penn Medicine-Hospital of the University of Pennsylvania	- Dashboard created reporting time to treatment - this has highlighted that we have room for improvement. - Dashboard is reviewed at Quality Meetings monthly. - Best Practice Advisory underway in Electronic Medical Record for faster treatment awareness. - Pop up on screen for Severe HTN with a direct link to medication and lab order sets - Emergency Room education - M&M Reviews and case presentations via Resident Quality Forum Grand Rounds - Time to treatment has been made an Annual Departmental Goal for FY23.	- We have traditionally treated persistent consecutive severe BPs only and not severe Bps within an hour with mild range spaced between. - Do others have experience with this culture change and how did they go about educating? - Are there any safety issues/ concerns with "overtreatment"?	Kelly Zapata
Penn Medicine-Lancaster General/Women and Babies	- We are gathering a core group to evaluate the effectiveness of our current Early Obstetric Notification System processes. - Reinforcement of the need for timely treatment of HTN can be wrapped into the education surrounding this initiative	Fortunately, we continue to see improvements our responsiveness. As rates of progress begin to slow, what have other organizations found to be beneficial in maintaining focus and promoting continued improvement as they progress through the sustaining phase?	Stacy Greblick
Penn Medicine-Pennsylvania Hospital	Treating 2 consecutive severe range BPs within 60minutes of first severe range BP	Do you treat only if 2 severe range BPs are CONSECUTIVE or do you treat for 2 severe range BPs within 60minutes?	Melissa McKinney, MSN, CRNP

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Penn State Health- Hershey Medical Center and Children's Hospital	• Provide every patient with verbal education and the AWHONN Warning Signs handout • Establish and implement standard, evidence-based guidelines for management of acute hypertensive emergency in pregnant and postpartum patients to reduce delays in diagnosis and effective treatment, missed diagnosis and ineffective treatment • Develop quick reference tool/checklist to improve workflow and patient care • Medication access and availability in all Pyxis • Implement OB HTN Emergency Tackle Boxes • Conduct interdisciplinary simulations on hypertensive emergencies biannually or more frequently • Stratify outcomes and process metrics by race and ethnicity and disseminate to staff and leadership • Collaborate with staff to identify and pursue opportunities for improvement	• At your facility, are pregnant and postpartum patients with hypertensive crisis managed in the ED for any period of time, or are these patients immediately transferred to OB? • Are there any tools, workflows, and/or resources that have worked well to better equip ED staff to identify and manage hypertensive crisis in pregnant and postpartum patients?	Brittany Bogar
St. Clair Hospital	• Education completed in unit wide competency day • Order Set for Hemorrhage Meds • QBL with all Vaginal Deliveries • Hypertension Management Order set • Senior Leadership team meeting to discuss PA-AIM Bundle Support • Meeting to discuss more social services support within the FBC and Quality Data team to assist with data collection • HR who does the house wide annual education is building education on racial and ethnic disparities in healthcare, and education on cultural competence • Meeting with the Marketing team to display to the public via social media and adverting the measures taken to ensure safe and respectful maternity care	• Data tracking tips. • Discussion/debrief with families • HIS/EMR Support – tips on how other organizations-built tools to help collect data from the EMR	Shawndel Laughner
Tower Health- Reading Hospital	• Built report to capture baseline data since Jan 2022. • Analyzing current data to identify care gaps that need to be addressed.	• Ways to improve identification among labor and delivery teams.	Kerin Kohler Elizabeth Huyett

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
UPMC Womens Health Service Line-Hamot	• Collected pre-data that validated disparity. Data continues to display disparity. • Currently working with Cerner for analytic solution. o Rounding report being created for OB Safety Rounds which will identify elevated BPs & medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Horizon	• Collected pre-data that validated disparity. Data continues to display disparity. • Currently working with Cerner for analytic solution. o Rounding report being created for OB Safety Rounds which will identify elevated BPs & medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Magee-Womens Hospital	• Collected pre-data that validated disparity. Data continues to display disparity. • Currently working with Cerner for analytic solution. o Rounding report being created for OB Safety Rounds which will identify elevated BPs & medications given.		Andrea Aber Vivian Petticord
UPMC Womens Health Service Line- Northwest	• Collected pre-data that validated disparity. Data continues to display disparity. • Currently working with Cerner for analytic solution. o Rounding report being created for OB Safety Rounds which will identify elevated BPs & medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line-Pinnacle Carlisle	• Collected pre-data that validated disparity. Data continues to display disparity. • Currently working with Cerner for analytic solution. o Rounding report being created for OB Safety Rounds which will identify elevated BPs & medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line-Pinnacle Lititz	• Collected pre-data that validated disparity. Data continues to display disparity. • Currently working with Cerner for analytic solution. o Rounding report being created for OB Safety Rounds which will identify elevated BPs & medications given.		Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

Moving on Maternal Depression (MOMD)

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Geisinger-Medical Center (GMC)	• Expanding follow-up resources with NAMI resources and planning to expand support group for NICU parents to a broader audience	How can Pediatricians be better trained to support mothers who screen positive?	Elissa Concini

Einstein Medical Center- Montgomery	• The team plans to conduct patient surveys, focus groups, and analyze EPDS scores of Inpatient and Outpatient OB GYN patients of the EMCM Hospital system. We will review data and determine gaps in care. Initial plan may be to increase awareness of staff through education on screenings for Perinatal Mood Disorder. Then, based on data, increase the screenings	• Addressing administrative hurdles and maintaining enthusiasm for project. Recruitment of members to project.	Daryl Stoner, MD
Jefferson Health- Abington Hospital	• Patients are provided iPads with access to EPDS screening in myChart Bedside in Epic EHR • Staff educated about myChart bedside and purpose of the project. • Patient Access Coordinators have started distribution of iPads to all English-speaking patients (translations not available yet in Epic) on admission to L&D triage.	• Sites that have language support in Epic, prompts for response to screening in EHRs	Susan Utterback, DNP, MSIT, RN-BC Director Women's Services susan.Utterback@Jefferson.edu

Lehigh Valley Health Network- Cedar Crest	• Plan to replace existing phq2/9 with a different screening tool
	• Education for Providers
	• Select group of volunteer providers received special training
	• Education for Nurses
	• Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program
	    ○ **Women Adjusting to Various Emotional States**
	    ○ *WAVES is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		

Lehigh Valley Health Network- Hazleton	• Plan to replace existing phq2/9 with a different screening tool
	• Education for Providers
	• Select group of volunteer providers received special training
	• Education for Nurses
	• Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program
	    ○ **Women Adjusting to Various Emotional States**
	    ○ *WAVES is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of*		

	providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.		

Lehigh Valley Health Network-Muhlenberg	• Plan to replace existing phq2/9 with a different screening tool
	• Education for Providers
	• Select group of volunteer providers received special training
	• Education for Nurses
	• Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program
	   o **W**omen **A**djusting to **V**arious **E**motional **S**tates
	   o *WAVES is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		

Lehigh Valley Health Network-Pocono	• Plan to replace existing phq2/9 with a different screening tool
	• Education for Providers
	• Select group of volunteer providers received special training
	• Education for Nurses
	• Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program
	   o **W**omen **A**djusting to **V**arious **E**motional **S**tates
	   o *WAVES is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.*		

Lehigh Valley Health Network-Schuylkill	• Plan to replace existing phq2/9 with a different screening tool • Education for Providers • Select group of volunteer providers received special training • Education for Nurses • Establishment of LVHN WAVES (Women Adjusting to Various Emotional States) Program o **W**omen **A**djusting to **V**arious **E**motional **S**tates		

	o **WAVES** is a program at LVPG OBGYN developed to meet the needs of women who are struggling with the various emotions of pregnancy and motherhood. It is a group of providers who have specialized training in perinatal mood disorders, such as depression and anxiety, as well as birth trauma and infant loss.		

Main Line Health- Bryn Mawr	• Proposed:
	  o Education plan for patient screening w/ nursing documentation
	  o Education plan for providers & staff
	  o Data Source to include utilization of screening tool & resource referral
	  o Resource list for staff and patients
	  o Updated MLH OB Website
		• Best practices for screening algorithms
		• Staff Education options
		• Resource Referral resources
			Sharon Register

Main Line Health- Lankenau Medical Center	• Proposed:
	  o Education plan for patient screening w/ nursing documentation
	  o Education plan for providers & staff
	  o Data Source to include utilization of screening tool & resource referral
	  o Resource list for staff and patients
	  o Updated MLH OB Website
		• Best practices for screening algorithms
		• Staff Education options
		• Resource Referral resources
			Sharon Register

Main Line Health-Paoli Hospital	• Proposed:
	  o Education plan for patient screening w/ nursing documentation
	  o Education plan for providers & staff
	  o Data Source to include utilization of screening tool & resource referral
	  o Resource list for staff and patients
	  o Updated MLH OB Website
		• Best practices for screening algorithms
		• Staff Education options
		• Resource Referral resources
			Sharon Register

Main Line Health-Riddle Hospital	• Proposed:
	  o Education plan for patient screening w/ nursing documentation
	  o Education plan for providers & staff
	  o Data Source to include utilization of screening tool & resource referral
	  o Resource list for staff and patients
	  o Updated MLH OB Website
		• Best practices for screening algorithms
		• Staff Education options
		• Resource Referral resources
			Sharon Register

Penn Medicine – Hospital of	• Improving Perinatal Depression screening and follow-up services • Reducing racial and ethnic disparities	• Outpatient services	Bridget Howard

the University of Pennsylvania			
Penn State Health- Hershey Medical Center and Children's Hospital	- Report consistently PAPQC data and stratify by race and ethnicity - Improve access to specific psych by having a dedicated psychiatrist available for maternal mental health - Schedule inter-departmental grand rounds - Increase comfort and knowledge of OBGYN residents' diagnosis and treatment of perinatal depression - Screen with EPDS 4-6 weeks PP AND 1-, 2-, 4-, and 6-month newborn visits - Implement universal hospital PPD screening using EPDS for all patients within 24 hours of delivery	How have other organizations implemented depression screening in the NICU? What has worked well?	Brittany Bogar
St. Clair Hospital	- To date we hold a Postpartum support group for women with perinatal mood changes. - Reach out to OB offices – assess the screening tool - Plan QI project - Implement the Edinburgh Screening tool for hospital outpatients and inpatients	- Data collection tactics - Postpartum follow up - Community resources used	Shawndel Laughner
Tower Health- Reading Hospital	- Need to educate/implement improved documentation of patient's race/ethnicity. - Improve compliance with screening prenatal and post-partum patients. - Administer PHQ at each visit (verbal or written form) - ICC refer to Tower Health Behavior Health (insurance dependent) or other Behavioral Health provider - Connection with Community Care Behavioral Health pre-natal and post-partum case managers - Improve reporting on support/treatment for patients identified as high risk. - Proper documentation in EHR relating to depression to close the loop - Improve community collaboration with OBGYN midwifery center and local OBGYN office for improved reporting	- Ways to effectively collaborate on reporting of data. - Opportunities to navigate the current state of mental health resources	Kerin Kohler Elizabeth Huyett
UPMC Womens Health Service Line- Magee-Womens Hospital	- Improving perinatal depression screening and follow-up services and reducing racial/ethnic disparities - UPMC Health Equity NOW committee chose "Reducing maternal health disparities by aligning patient, family, community, and health system resources to support safer		Andrea Aber

	childbirth in our UPMC birthing hospitals" as our theme for the week. • Warm Walk: UPMC Magee, Lititz, Harrisburg, Williamsport, Hamot; Doulas, midwives, social workers, and other appropriate staff to interact with patients and collect a brief needs assessment for mental health. The results will help drive how UPMC better meets the mental health needs of our patients, especially BIPOC and LGBTQ. • Supporting Breastfeeding for Black Women • UPMC Life Changers: Dr. Sharee Livingston • Mental Health Challenges Black Mothers Face		
WellSpan Health- Chambersburg Hospital	• Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with high score or history of depression is referred to the perinatal depression program. • Perinatal Depression Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. • Every patient is screened with EPDS during inpatient hospital stay. Perinatal Depression program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. • Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Depression program, if needed. • Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. • Increasing education in Babyscripts on mental health	• Have other hospitals returned to in-person support groups or zoom only? Has this impacted attendance? • Creative opportunities to improve access to mental health services for our patients	Aimee Fleischman
WellSpan Health- Ephrata Community Hospital	• Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with high score or history of depression is referred to the perinatal depression program. • Perinatal Depression Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. • Every patient is screened with EPDS during inpatient hospital stay. Perinatal Depression program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary.	• Have other hospitals returned to in-person support groups or zoom only? Has this impacted attendance? • Creative opportunities to improve access to mental health services for our patients	Aimee Fleischman

	• Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Depression program, if needed. • Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. • Increasing education in Babyscripts on mental health		
WellSpan Health- Gettysburg Hospital	• Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with high score or history of depression is referred to the perinatal depression program. • Perinatal Depression Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. • Every patient is screened with EPDS during inpatient hospital stay. Perinatal Depression program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. • Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Depression program, if needed. • Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. • Increasing education in Babyscripts on mental health	• Have other hospitals returned to in-person support groups or zoom only? Has this impacted attendance? • Creative opportunities to improve access to mental health services for our patients	Aimee Fleischman
WellSpan Health- Good Samaritan Hospital	• Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with high score or history of depression is referred to the perinatal depression program. • Perinatal Depression Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. • Every patient is screened with EPDS during inpatient hospital stay. Perinatal Depression program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. • Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Depression program, if needed. • Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required	• Have other hospitals returned to in-person support groups or zoom only? Has this impacted attendance? • Creative opportunities to improve access to mental health services for our patients	Aimee Fleischman

Site Name	Key Interventions		Our team would most like to learn from our peers	Key Contact
	documentation on discharge summary of any patient with an increased EPDS score. • Increasing education in Babyscripts on mental health			
WellSpan Health-York Hospital	• Patient is screened with PHQ-2 and PHQ-9 if appropriate, at every OB intake appointment. Each patient with high score or history of depression is referred to the perinatal depression program. • Perinatal Depression Program Nurse calls patient. Additional resources, such as behavioral health can be expedited for appropriate patients from this referral. • Every patient is screened with EPDS during inpatient hospital stay. Perinatal Depression program Nurse calls each patient with elevated screening and assists with additional resource/referrals, as necessary. • Every patient is screened at postpartum OB visit with EPDS and referred to Perinatal Depression program, if needed. • Embedding alerts and improved documentation into the EHR-BPA to fire with high EPDS scores, required documentation on discharge summary of any patient with an increased EPDS score. • Increasing education in Babyscripts on mental health		• Have other hospitals returned to in-person support groups or zoom only? Has this impacted attendance? • Creative opportunities to improve access to mental health services for our patients	Aimee Fleischman

Immediate Postpartum Long-Acting Reversible Contraception (IP LARC)

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Geisinger-Bloomsburg Hospital	• Implementing offering of IPLARC • Kick off workgroup meetings have occurred and to continue until implementation. • Provider and staff education planning is in process. • Storage location of devices has been decided upon in collaboration with Pharmacy.		Sara Whyne Debra Knittle

Geisinger – Community Medical Center (CMC)	• Education of both providers and nursing staff has begun
	  o Midwives received hands-on training.
	  o Educator's training completed.
	  o Roll-out education for staff has begun
	• Develop the supporting structure, processes, team roles, and skills to offer comprehensive contraceptive counseling, including ILARC
		• What was your biggest challenge when rolling-out the IPLARC process?	Alex Davis

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	• Increase placement of IPLARC among eligible individuals desiring IPLARC		
Geisinger-Lewistown Hospital (GLH)	• Re-educate providers and nurses on IUD insertion immediately postpartum • Improve device access on L&D (storage) • Assess patient desire for IPLARC • Monitor and address expulsion rates with the clinic	• What are you considering as contraceptives? • Who are you offering IPLARC to?	Abby Newman Jen Sunderland
Geisinger Medical Center (GMC)	• Assessing patients' desire for IPLARC. • Monitoring and addressing placement and expulsion rates (as applicable).	• How can we have discussions on IPLARC integrated into early prenatal care discussions?	LoriBeth Ryder
Geisinger Wyoming Valley (GWV)	• (Re)educate providers and nurses on IUD insertion immediately postpartum. • Clarify billing, coding, and reimbursement processes. • Clarify patient eligibility for reimbursement outside of the DRG. • Improve device access on L&D. • Assess patient desire for IP LARC. • Monitor and address expulsion rates (as applicable).	• How have sites worked through provider barriers related to comfort-levels in placing IPLARC, specifically IUDs?	Melissa Williams mewilliams4@geisinger.edu

Main Line Health-Lankenau Medical Center	• "Desires IPLARC" has been implemented as a field in the EMR
	• Education for providers, residents, and staff about offering and documenting LARC desire and LARC placement – supply, role, etc.
	• Prenatal patients are educated about pros/cons of IPLARC, and determination of interest is obtained
	  o Prenatal counseling
	  o Video on display in clinic
	  o Patient education materials and information sheets being distributed
	• Patient education video for immediate postpartum LARC:
	◦ This video will be played in the waiting room - awaiting tech support to display ◦
	Marketing will put this on the MLHS YouTube site so patients can also view it there and share it with others.
	◦ Marketing is developing additional educational/promotional materials for us that we will have in our Care Center.
		• What are the most effective:
		  o Counseling strategies?
		  o Strategies for physician and patient engagement in program?
		  o Educational materials?
		  o Workflow for monthly reporting?
		  o Documenting and collecting information on why LARC was desired but not placed?
			Main Line Health PPLARC Interdisciplinary Team

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:

St. Clair Hospital	• To date we formed a team: *team updates due to turnaround*
	   ○ Key physician lead
	   ○ Social Work/Case Management
	   ○ Clinical Integration Specialist
	   ○ Director W&C Services
	   ○ Director Inpatient Pharmacy
	• Develop the supporting structure, processes, team roles, and skills to offer contraceptive counseling and access, including IPLARC
	• Increase access to IPLARC among eligible women desiring IPLARC
	• Signage placed in Triage and patient rooms regarding contraception options.
	• ACOG Staff education completed in July 2022 staff meeting on IPLARC
	• OB department will identify in the office those in need of IPLARC
	• Insertion added to charge OB charge master
	• Work with pharmacy to obtain product
	   ○ Pharmacy working on charge structure IPLARC purchasing – we are adding Liletta and Nexplanon
	     - Depo Provera currently available.
	   ○ HIS working on ordering the devices in
		• How you were able to implement the structures and processes to routinely counsel, offer, and provide IPLARC?
		• Did you meet any resistance on offering IPLAC in the hospital setting?
		• Did you find a large need/desire from patients for IPLARC?
			Shawndel Laughner

St. Luke's University Hospital-Anderson Campus	• Use EMR to identify patients who desire and receive IPLARC • Use EMR to make ordering and documenting provision of IPLARC more streamlined for physicians	• Methods for tracking which patients desire IPLARC to more accurately follow PA PQC metrics • How to overcome insurance barriers to make IPLARC available for all patients	Danielle Johnson, DO Danielle.johnson@sluhn.org
St. Luke's University Hospital-Allentown Campus	• Use EMR to identify patients who desire and receive IPLARC • Use EMR to make ordering and documenting provision of IPLARC more streamlined for physicians	• Methods for tracking which patients desire IPLARC to more accurately follow PA PQC metrics • How to overcome insurance barriers to make IPLARC available for all patients	Danielle Johnson, DO Danielle.johnson@sluhn.org

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Tower Health-Reading Hospital	• We are re-introducing our IPLARC team and recruiting new team members. 　○ Reinstitute IPLARC committee; physician leader identified, resident year 2024; inpatient staff, ambulatory staff all identified • Working on building reports to track these patients. 　○ Identify patients in inpatient floor desiring IPLARC 　○ Communication between Soft Landing Program and OB offices relating to patients with OUD desiring IPLARC discussion • Identify current reimbursement and billing requirements from payers	• Lack of understanding on billing/reimbursement for these devices for the commercial payers. • How to appropriately code and bill for these across both Medicaid and commercial payers.	Elizabeth Huyett Kerin Kohler
UPMC Womens Health Service Line-Altoona	• Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC. • Ensure all patients receive contraceptive information prenatally- including the option to receive IPLARC. • Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. 　○ Educate clinicians, community partners and nurses on informed consent and shared decision making. • Involve pharmacy for obtaining the device & distribution to ensure timely placement. • Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs. • Participate in hands-on training of IPLARC insertion. • Shared UPMC consent processes for IPLARC to customize for each hospital. • Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. • Assure all patients receive comprehensive contraceptive counseling prior to discharge.	• This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. • Billing and reimbursement for cost of device and insertion remains challenging	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
UPMC Womens Health Service Line-Hamot	• Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC. • Ensure all patients receive contraceptive information prenatally- including the option to receive IPLARC. • Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. 　○ Educate clinicians, community partners and nurses on informed consent and shared decision making. • Involve pharmacy for obtaining the device & distribution to ensure timely placement. • Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs. • Participate in hands-on training of IPLARC insertion. • Shared UPMC consent processes for IPLARC to customize for each hospital. • Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. • Assure all patients receive comprehensive contraceptive counseling prior to discharge.	• This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. • Billing and reimbursement for cost of device and insertion remains challenging	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line-Harrisburg	• Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing, and reimbursement for IPLARC. • Ensure all patients receive contraceptive information prenatally- including the option to receive IPLARC. • Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. 　○ Educate clinicians, community partners and nurses on informed consent and shared decision making. • Involve pharmacy for obtaining the device & distribution to ensure timely placement. • Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs.	• This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. • Billing and reimbursement for cost of device and insertion remains challenging as well as identifying who has SUD	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	• Participate in hands-on training of IPLARC insertion. • Shared UPMC consent processes for IPLARC to customize for each hospital. • Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. • Assure all patients receive comprehensive contraceptive counseling prior to discharge.		
UPMC Womens Health Service Line- Horizon	• Ensure IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing, and reimbursement for IPLARC. • Ensure all patients receive contraceptive information prenatally- including the option to receive IPLARC. • Modify L&D, OB OR, postpartum workflows to identify and have devices available for pts desiring LARC. Store LARC devices for easy access in a timely manner. o Educate clinicians, community partners and nurses on informed consent and shared decision making. • Involve pharmacy for obtaining the device & distribution to ensure timely placement. • Assure billing codes are in place and that staff in all necessary departments are educated on correct billing procedures- device and procedure costs. • Participate in hands-on training of IPLARC insertion. • Shared UPMC consent processes for IPLARC to customize for each hospital. • Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding. • Assure all patients receive comprehensive contraceptive counseling prior to discharge.	• This is a difficult project to implement. The training is still remote for providers and not in-person related to on-going pandemic. • Billing and reimbursement for cost of device and insertion remains challenging as well as identifying who has SUD	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Williamsport	• Training for Nexplanon placement for all new residents and CNMs who have not had the training • Training for immediate post-placental IUD placement for all providers • The Mama-U practice model and instruments are set up and available for practice in an easily assessable area.	• Has anyone used marketing strategies to increase the acceptance of Nexplanon and IUDs immediate postpartum?	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu Kathy Swatkowski, CNM

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
WellSpan Health-Chambersburg Hospital	- System wide nursing policy approved on IPLARC - EPIC Orders built and approved - Procedure education provided for nursing and providers.	- How do we ensure insurances cover the cost of Nexplanon in private pay patients? - What education do you provide in prenatal setting to encourage use of IPLARC in this population?	Aimee Fleischman
WellSpan Health-Ephrata Community Hospital	- System wide nursing policy approved on IPLARC - EPIC Orders built and approved - Procedure education provided for nursing and providers.	- How do we ensure insurances cover the cost of Nexplanon in private pay patients? - What education do you provide in prenatal setting to encourage use of IPLARC in this population?	Aimee Fleischman
WellSpan Health-Gettysburg Hospital	- System wide nursing policy approved on IPLARC - EPIC Orders built and approved - Procedure education provided for nursing and providers.	- How do we ensure insurances cover the cost of Nexplanon in private pay patients? - What education do you provide in prenatal setting to encourage use of IPLARC in this population?	Aimee Fleischman
WellSpan Health-Good Samaritan Hospital	- System wide nursing policy approved on IPLARC - EPIC Orders built and approved - Procedure education provided for nursing and providers. - Working on this with pharmacy	- How do we ensure insurances cover the cost of Nexplanon in private pay patients? - What education do you provide in prenatal setting to encourage use of IPLARC in this population?	Aimee Fleischman
WellSpan Health-York Hospital	- System wide nursing policy approved on IPLARC - EPIC Orders built and approved - Procedure education provided for nursing and providers.	- How do we ensure insurances cover the cost of Nexplanon in private pay patients? - What education do you provide in prenatal setting to encourage use of IPLARC in this population?	Aimee Fleischman

Maternal OUD and Maternal Substance Use

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Allegheny Health Network-Forbes Hospital	- Increase education among patients related to substance use - Increase universal screening and follow up for substance abuse among pregnant and postpartum individuals	Implementation and follow up process	Tiffany Mayer, Nurse Manager Tiffany.Mayer@ahn.org

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Allegheny Health Network- Jefferson Hospital	• We provided staff-wide education on SUD/OUD as well as use of the 5P screening tool. • We began screening all pregnant people for OUD/SUD in the outpatient setting at the first prenatal visit, at 28 weeks, and again at post-partum visit. • We refer appropriate patients to our Perinatal Hope Program and/or a social worker to more fully identify their needs and make a plan for the remainder of their pregnancy care. • We educated our inpatient staff and started using the 5P screen inpatient on any patient without a previous outpatient screen. • There is now a devoted outpatient social worker that sees any patient that screens position prenatally, and a notification is sent to L&D management team when the patient is close to delivery.	• Are providers not ordering cord stats when nursing feels one should be ordered? • What screening tools are other locations using? • Should questions directly related to opiate use be asked if they screen positive in the initial 5 questions?	Ashley Preksta RN, BSN
Allegheny Health Network- Saint Vincent Hospital	• Staff Education • Provider documentation education completed; Laminated tip sheets located at provider PC's • Incorporate information on Growing Hope/Perinatal Hope program and community support available for addicted moms-to-be • Utilization of NAS informational booklet – implemented, access in provider offices and community locations. • Distribution of community agency support listing – still in process • Re-education of ED staff for referral process* (December 2022 target) *New date*	• Are chart audits completed randomly to ensure coding accuracy? • How is incorrect coding identified and how is provider documentation reviewed to reflect accurate patient picture/level of acuity?	Lani Erdman Kim Amon Erika Pluta Jill O'Connor
Allegheny Health Network- West Penn Hospital	• Continue to screen patients with 5 Ps on admission to labor and delivery • Establish clear protocols based on clinical criteria for when drug tests are indicated and obtain informed patient consent for toxicology prior to testing • Establish policies and protocols to provide Naloxone to anyone who may witness an overdose	• Ways to improve discharge follow-up and resources for patients	Kristen Maguire
Allegheny Health Network-	• Wexford has formed a multidisciplinary team that meets on the 4th Wednesday of every month.	• Are other sites seeing a difference in staff demeanor towards patients with a current	Alycia Kerstetter, MSN, RNC-OB

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Wexford Hospital	• Met with office manager of specific OB group where we found a gap in documentation. Being uploaded in different areas of the chart. IP Nurse Manager shared OP flowsheets with office manager. Staff educated on where to document 5P's screening at OP appointments.	or history of substance use disorder after implementing PA PQC initiatives?	

Einstein Medical Center-Philadelphia	• No workflow in current state
	   o Solution – work with current MAT program LCSW to determine how to implement standardized screening on all women presenting for prenatal care
	• Change in workflow for providers and MA staff
	   o Solution – develop educational plan for provider and MA staff		

Evangelical Community Hospital	• As we prepare to transition to EPIC this December, we are taking the necessary steps to move from using the 5P to the NIDA. • We presented the NIDA to our MRIC committee (Medical Records committee) end of August and was approved for use pending we follow-up with a few questions they had. • Sue Payne modified the Geisinger algorithm for use of the NIDA to meet Evangelical's needs. • Education on the NIDA started today with staff by Sue Payne. • We will present the NIDA at this month's multidisciplinary OB Committee meeting so that the OB providers/anesthesia are aware of the upcoming change.	• Any tips on educating staff on the NIDA use	Jen Sullivan RN, BSN Jennifer.Sullivan@evanhospital.com

Geisinger-Bloomsburg Hospital	• Implementing a clinical pathway for at-risk screens
	• Re-educating on existing protocol for when to obtain a urine drug test
	• Streamlining workflow and information sharing with data entry in EMR
	• Implementing universal SUD screening:
	   o L&D
	   o Outpatient
		• Process for when patient refuses to complete screening tool?
		   o Or mother refuses to give urine sample?
		• How to implement and track universal screening and adherence to algorithm in outpatient prenatal clinics?
		   o How often do you screen prenatally?
		• What is your process for medical marijuana?
			Sara Whyne
			Debra Knittle

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Geisinger-Community Medical Center (CMC)	• Celebrating success and continuing to encourage staff to complete NIDA screen on every patient	• How do you best encourage staff to continue doing well when they have a month where there is a slip in the compliance percent?	Alex Davis

Geisinger-Lewistown Hospital (GLH)	• Implementing a universal SUD screening
	  ○ Outpatient and L&D
	• Implementing a clinical pathway for at risk screens
	• Streamlining workflow and information sharing with data entry in EMR
		• How do you address conflicted information?
		  ○ Patient statement on SUD vs. OB History
		• How do you track universal screening and adherence to the algorithm in outpatient prenatal clinic?
			Abby Newman
			Jen Sunderland

Geisinger Medical Center (GMC)	• Implementing universal SUD screening in L&D and Outpatient	• How to ensure compliance of nursing staff completing the electronic medical record documentation of the screening tool?	LoriBeth Ryder
Geisinger-Wyoming Valley (GWV)	• Implementing universal SUD screening in L&D and outpatient clinics • Implementing a clinical pathway for at-risk screens • Re-educating on existing protocol for when to obtain a urine drug test • Placing NIDA as a 2022 staff competency & reviewing data at monthly staff meetings	• How have other platforms been successful with this? *Upon admission, patients are given a packet to fill out for NIDA screening. That packet is scored by the RN and then given to department educator who scans all information to Karena to capture compliance.*	Melissa Williams mewilliams4@geisinger.edu
Guthrie Robert Packer Hospital	• Standardized screening tool for outpatient and inpatient (5 P's assessment) • Inpatient and Outpatient screening education, completion, and collaboration (5 P's) • Development of report to track compliance of completion of screening tool and identify areas of opportunity (Outpatient and Inpatient)	• Are there more appropriate and comprehensive screening tools that are being used? • Once you have a positive screen do you use an algorithm to develop a plan of care? And examples of those if so.	Melissa Rathbun Rochelle Kendall Kristen Wilcox
Holy Redeemer Health	• Continuing to collect data for Quarter 3 Calendar Year 2022. • All OB offices now using updated validated screening tool which includes social determinants. ○ Tools translated and available in 7 languages. • Continuing to recruit for Substance Use OB Nurse Navigator position. • Actively collaborating with pharmacy and county to provide Narcan to SUDOB patients with planned implementation date 9/15/22.	• Increasing compliance with follow-up postpartum appointments- especially for unregistered OB patients	Julie Greenfield, Director of Nursing, OB-GYN Acute and Ambulatory Alliance jgreenfield@holyredeemer.com Christina Marczak

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Main Line Health- Bryn Mawr Hospital	Proposed: • Refine Education and develop a schedule for ongoing clinical and non-clinical staff on substance use specific top regnant and postpartum individuals that includes biases and stigma related to substance use • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Identify/ develop internal metrics to track Training completion and opioid prescribing guidelines utilization and improved screening to include disparities filters for mom & babies.	• Best practices for screening algorithms • Best practices for Trauma informed protocols Outpatient Resource Referrals	Sharon Register, Project Manager
Main Line Health (MLH) - Lankenau Medical Center	Proposed: • Refine Education and develop a schedule for ongoing clinical and non-clinical staff on substance use specific top regnant and postpartum individuals that includes biases and stigma related to substance use • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Identify/ develop internal metrics to track Training completion and opioid prescribing guidelines utilization and improved screening to include disparities filters for mom & babies.	• Best practices for screening algorithms • Best practices for Trauma informed protocols Outpatient Resource Referrals	Sharon Register, Project Manager
Main Line Health (MLH) - Paoli Hospital	Proposed: • Refine Education and develop a schedule for ongoing clinical and non-clinical staff on substance use specific top regnant and postpartum individuals that includes biases and stigma related to substance use • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Identify/ develop internal metrics to track Training completion and opioid prescribing guidelines utilization and improved screening to include disparities filters for mom & babies.	• Best practices for screening algorithms • Best practices for Trauma informed protocols Outpatient Resource Referrals	Sharon Register, Project Manager

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Main Line Health (MLH) - Riddle Hospital	Proposed: • Refine Education and develop a schedule for ongoing clinical and non-clinical staff on substance use specific top regnant and postpartum individuals that includes biases and stigma related to substance use • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Identify/ develop internal metrics to track Training completion and opioid prescribing guidelines utilization and improved screening to include disparities filters for mom & babies.	• Best practices for screening algorithms • Best practices for Trauma informed protocols Outpatient Resource Referrals	Sharon Register, Project Manager
Penn Medicine- Chester County Hospital	• Strengthening relationships with community partners through monthly meetings • Accessing community resources for mothers after discharge **Next steps:** • Postpartum contraception education and administration before discharge • Improving and standardizing urine toxicology screening • Retrospective analysis of ESC cohort data	• How to more effectively capture mothers prenatally for prenatal counseling?	

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Penn State Health- Hershey Medical Center & Children's Hospital	• Provide staff education on Plans of Safe Care, stigma and "Words Matter" • Develop custom NAS booklet for patient education on NAS prenatally and/or in NICU • Multi-disciplinary team meets monthly and/or Ad Hoc • Screen all pregnant patients on or before the first OB appointment using 5Ps screening tool • Screen all inpatient OB patients for substance use, using NIDA Quick Screen • Complete staff education: 5Ps tool and screening rationale; 5Ps screening process and SBIRT; inpatient screening changes (Social work consult) • Offer feedback, education and goal setting through brief interventions and referral to treatment for all patients with positive 5Ps screen • Develop and implement workflow/guidelines to guide: who will respond to patients who screened positive; who will refer patients to treatment; to whom can we refer our patients • Develop Substance Use Treatment Referral Reference List • Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) and integrate pregnant and postpartum persons as part of multidisciplinary team • Respect pregnant and postpartum person's right of refusal in accordance with values and goals • Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able	• Have other organizations implemented post-delivery and discharge pain management prescribing guidelines for all vaginal and cesarean births focused on limiting opioid prescriptions? • If so, what worked well and how are you tracking compliance?	Brittany Bogar

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
St. Clair Hospital	• We began using the 5Ps tool for outpatient prenatal visits and inpatient admissions to our hospital in June 2019. • We coordinated with the affiliated OB offices for them to utilize this tool for screening their pregnant patients in the office setting, starting with the 1st prenatal visit and then again in the 2nd and 3rd trimester. • We provided the OB offices with referral forms to be faxed to our Level 2 Nursery Coordinator for follow-up care. When our nursery coordinator receives a referral, she reaches out to the family to discuss the care they can expect when they arrive for their delivery. • We educated inpatient nursing staff on 5Ps screening tool and implemented it to be utilized on all patients admitted.	• Growing the role of our newly created perinatal social worker position • Post-discharge patient follow-up strategies	Shawndel Laughner
St. Luke's University Hospital-Anderson Campus	• Working to update our current screening tool to a PAPQC validated screening tool • Use of same screening for both outpatient and inpatient settings • Work with L&D education specialist to develop and distribute education about SUD including stigma	• Are the screening tool questions asked by the health care provider or do you have a tool to allow patient to answer the questions independently?	Jennifer King, MSN, RNC Coordinator Clinical Quality Improvement Jennifer.king2@sluhn.org

Tower Health-Reading Hospital	• Improve screening compliance with existing questions
	  o Continue testing all OB patients at the initial prenatal visit to compare to screening question data.
	• Purchase 4Ps screening tool and implement in inpatient and all ambulatory OBGYN offices
	  o Decrease gap in testing positive vs. screening positive for substance use
	• Invite community programs to join the team. Goal to have community members join by FY2023
	• Increase offer of naloxone in OB offices
	  o Identify and refer to appropriate service provider through Plan of Safe Care
	  o Check PoSC at delivery
	  o Initiate Naloxone kits in OBGYN offices (ON GOING)
	  o Kits incorporated at WHC and available for LD for women admitted for MAT initiation. Working with COCA for supply and reporting.
		• How to implement a new screening tool.
		• How to work collaboratively with community programs to improve reporting of patients who are engaged in treatment.
			Kerin Kohler Elizabeth Huyett

UPMC Womens Health Service Line- Hamot	• Education of the screening tool utilized in the admission assessment form, going through step by step of the assessment, making sure to not only assess the patient for	• How do you ensure compliance of a complete validated substance screen on your unit?	Lauren Kullen

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	current use in pregnancy, but to assess for use in the past twelvemonths. • Also, if a patient is known to have substance use via chart documentation or through verbal conversation, to indicate what substance has been utilized.	• Do you find that your nursing staff provides a full validated screening, or are there significant portions omitted? • Also, what approach/ training/education was provided to ensure compliance of proper documentation?	
Washington Health System	• Working with the IS department to include the necessary fields for report out • Increase education among patients related to substance use • Increase education among healthcare team members to address stigma related to substance use • Increase universal screening and follow-up for substance use among pregnant and postpartum individual • Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD)		Lisa Pareso, Manager Rural Health Model lpareso@whs.org
Wayne Memorial Hospital	• Adding Interventions to the EMR regarding teaching, along with the new booklet being created. ○ Interventions started in test system	• Tracking the OUD/SUD mothers during the post-Partum period	Janice Pettinato, pettinatoj@wmh.org
WellSpan Health-Chambersburg Hospital	• Patients screened in standardized process with 4P's tool at OB intake appointment. • A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. • Organized MAT CET. • Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care. • Consider best practice advisory to order Naloxone prior to delivery discharge for patients who screen positive for substance use.	• EPIC uses for best practice advisory for referrals and additional community resources. • Increase compliance with telehealth consultations. • Is Naloxone provided to all patients at discharge? How is this education completed and documented?	Aimee Fleischman
WellSpan Health-Ephrata Community Hospital	• Patients screened in standardized process with 4P's tool at OB intake appointment. • A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. • Organized MAT CET. • Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care.	• EPIC uses for best practice advisory for referrals and additional community resources. • Increase compliance with telehealth consultations. • Is Naloxone provided to all patients at discharge? How is this education completed and documented?	Aimee Fleischman

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	• Consider best practice advisory to order Naloxone prior to delivery discharge for patients who screen positive for substance use.		
WellSpan Health-Gettysburg Hospital	• Patients screened in standardized process with 4P's tool at OB intake appointment. • A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. • Organized MAT CET. • Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care. • Consider best practice advisory to order Naloxone prior to delivery discharge for patients who screen positive for substance use.	• EPIC uses for best practice advisory for referrals and additional community resources. • Increase compliance with telehealth consultations. • Is Naloxone provided to all patients at discharge? How is this education completed and documented?	Aimee Fleischman
WellSpan Health-Good Samaritan Hospital	• Patients screened in standardized process with 4P's tool at OB intake appointment. • A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. • Organized MAT CET. • Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care. • Consider best practice advisory to order Naloxone prior to delivery discharge for patients who screen positive for substance use.	• EPIC uses for best practice advisory for referrals and additional community resources. • Increase compliance with telehealth consultations. • Is Naloxone provided to all patients at discharge? How is this education completed and documented?	Aimee Fleischman
WellSpan Health-York Hospital	• Patients screened in standardized process with 4P's tool at OB intake appointment. • A positive screen will trigger best practice advisory to Foundations of Pregnancy Services. • Organized MAT CET. • Foundations of Pregnancy Services will contact patient to discuss available resources and encourage healthy prenatal habits, such as regular prenatal care. • Consider best practice advisory to order Naloxone prior to delivery discharge for patients who screen positive for substance use.	• EPIC uses for best practice advisory for referrals and additional community resources. • Increase compliance with telehealth consultations. • Is Naloxone provided to all patients at discharge? How is this education completed and documented?	Aimee Fleischman

Neonatal Abstinence Syndrome (NAS) and Substance Exposed Newborn (SEN)

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
AHN – Forbes Hospital	• Educate staff on ESC model • Educate patients on ESC model • Assist in non-pharmacologic treatment options	• Long term outcomes for ESC	Tiffany Mayer
Allegheny Health Network-Saint Vincent Hospital	• Met with key stakeholders (neonatologists, pediatrician, pharmacy, NICU nurse manager, MCH educator, two NICU nurses) re: modified Finnegan assessment, pharma logical intervention, nurse education/process in place to achieve a more standardized approach in NAS scoring babies in the NICU • Presented Eat, Sleep, Console (ESC) initiative to (9) Family Practice Residents plus medical students on 11/5/2020. Presented by: Dr. Susheel, NICU NM, and NICU nurse • Mother-baby staff assigned to watch YouTube video titled "Reconsidering the Standard Approach to Neonatal Abstinence Syndrome" by Dr. Matthew Grossman on 11/2/2020 • Two Mother-baby nurses (as part of their master's capstone project) spearheading (ESC) initiative on Mother-baby. Started on 11/16/2020. One of the nurses will focus on the mothers and their NAS babies, the other nurse will focus on the other mothers and their babies to prepare them to better manage the Baby's Second Night and reinforce the '5 S's' by Dr. Harvey Karp. • Identified (6) super users on Mother-baby to resource mother-baby nurses re: ESC scoring • NICU NM working with IT re: EPIC build for ESC documentation *COMPLETED* • Developed a tracking sheet titled "NAS Admission Log" for babies admitted to NICU. Data points include: patient label, baby from Mother-Baby or outside transfer, Strict No Publicity, date and time of NICU admission, discharge date, pharma logical intervention. • ESC implemented on 5N. Provider met with nurse managers, re: ESC, outcome was both ESC and Modified Finnegan scoring would be completed on babies on 5N.		Lani Erdman Kim Amon Anita Alloway Molly Soltis

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Allegheny Health Network- West Penn Hospital	• All NICU staff will be trained in SENs, trauma-informed care, and state and county guidelines (e.g., Family Care Plans / Plans of Safe) • Prioritization of private rooms for substance exposed newborns. • All NICU nurses will be trained in caring for newborns on validated ESC tool. • Utilization of baby cuddlers to provide consolation in the absence of family.	• Strategies to support mothers and their partners in rooming in with their infant	Kristen Maguire

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Doylestown Hospital	Standardize compassionate, non-judgmental prenatal education and support: • Provide family education abut NAS and ESC and what to expect in prenatal period through discharge • Reinforce the Neonatal Consult template and pamphlet to help families understand their hospital stay from beginning to end • Create a questionnaire for mother to complete p at time of discharge to monitor effectiveness of educational process and identify areas of improvement • Follow up phone calls 1 month after discharge • Update our NAS parent folders to provide more information regarding services/support available to them after discharge Encourage breastfeeding or breastmilk feeding: • Provide family education about medications mom is taking and how it can affect breastmilk/breastfeeding • Neonatology to discuss with parents any contradictions to breastfeeding • Lactation Consult • Establish breastfeeding guidelines and parameters based on national guidelines for parents with SUD/OUD Decrease hospital LOS of NAS infants with multiple drug exposures Minimize the number of doses of medications (Morphine/Phenobarbital) to treat NAS infants with multiple drug exposures • Maximize use on non-pharmacologic interventions • Collect data to determine if Neonatal Abstinence Syndrome (ESC) protocol and ESC Pharmacologic Treatment Algorithm are being utilized appropriately. • Increase the number of nurse/physician/parent huddles to discuss progression and response to treatment.	• Comparative information on breastfeeding statistics at other hospitals and what they implemented to help increase that percentage. • Challenges other hospitals are facing with the management of SEN to multiple drugs. Interventions they have found to be effective in the management of these newborns.	Michelle Joseph BSN, Pediatric Clinical Lead mijoseph@dh.org

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Einstein Medical Center-Montgomery	Sustain: • Multidisciplinary meetings targeted for every two months • Continued distribution of information antenatally (pamphlets), and updated results at OB provider meetings (tracking pamphlet distribution) • Non-pharmacologic supportive measures • ESC education Improve: • Rates of any breastfeeding at discharge • Unified approach to testing infants in concert with OB to develop standardized screening and testing of mothers • Post discharge follow-up and evaluation of Plan of Safe Care • Community Out-reach through clinics and support groups (and visiting nursing) • Continued outpatient education for pediatricians • Inpatient OT consults even for infants that only stay 5 days Start: • Infant massage training	• How do you treat/decide when to give meds for infants that are NPO with other medical conditions and can't eat/on CPAP? Do you "count" those PRNs? • How many infants being scored with ESC tool have needed a second line medication? • Anyone able to report a readmission for NAS in the 2 weeks following discharge when using ESC tool? • Has anyone seen an infant exposed to daily long-acting benzodiazepine in the absence of any opioid or opioid like substance? If so, how was that infant evaluated? • What gestational age is used as a cutoff? (35 vs 36wk) • Does anyone switch between scoring tools? • What are people doing to improve BF rates?	Celina Migone, MD

Einstein Medical Center-Philadelphia	ESC
	• Open baby type NICU
	    ○ Solution – adapt ESC methodology to open bay NICU as per pilot case
	• No current protocol in place for ESC at EMCP
	    ○ Solution – Development of policy & procedure by EMCP PA PQC team
	Prenatal Consults
	• Data collection of total opioid use mothers
	    ○ Solution – obtain data from report from coding dept
	• Lack of educational materials in out-pt OB offices
	    ○ Solution – finish informational pamphlet for mothers
	    ○ Solution – with advent of LCSW position being filled, providers often defer to that position for follow-up, and cancel the consult. Need to do education for providers.
		• Who has modified the Eat/Sleep/Console methodology to accommodate an open NICU floor plan and how?	

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Evangelical Community Hospital	• We are laying the groundwork to transition to Eat Sleep Console in December when we go live with EPIC. • Currently we are using Finnegan with an emphasis on non-pharmacologic care. • When we transition to EPIC, we will be transiting to ESC from Finnegan model. Education provided to OB Nursing staff this past year at our OB Ed days.	• Any suggestions to help transition staff from Finnegans to Eat Sleep Console model	Jen Sullivan, RN, BSN
Geisinger-Bloomsburg Hospital	• Reviewed maternal risk factors • Sought guidance from PQC members • Evaluated equipment needs • Implemented staff education • Implemented Eat Sleep Console for NAS monitoring • Created process to identify eligible patients • Involved physicians, nurses and pharmacists in MFM, prenatal care and pediatric care • Involved Certified Recovery Specialists and care managers • Developed EMR documentation • Developed education for prenatal patients • Survey of patient experience in process	• Do you have collaborative relationships with external MAT programs and how did you create this relationship? How does it work (e.g., data sharing, communication, etc.)? • Suggestions on additional metrics to track (maternal or infant)? • Are you collecting feedback from patients about the ESC program/process?	Sara Whyne Debra Knittle

Geisinger-Lewistown Hospital (GLH)	• Reviewed maternal risk factors
	• Sought guidance from PQC members
	• Evaluated equipment needs
	    ○ Obtained Mama Roo
	    ○ Halo swaddles
	• Implemented staff education
	• Implemented Eat Sleep Console for NAS monitoring
	• Created process to identify eligible patients
	    ○ MAT & NIDA
	• Involved physicians, nurses, and pharmacists in MFM, prenatal care and pediatric care
	• Involved case managers
	• Developed EMR documentation
	• Developed education for prenatal patients
	• Developed educational folders for mothers and family related to ESC
	• Survey of patient experience in process
	    ○ Leadership Rounds
		• Do you have collaborative relationships with external MAT programs and how did you create this relationship? How does it work (e.g., data sharing, communication, etc.)?
		• Are you collecting feedback from patients about the ESC program/process? How?
			Abby Newman
			Jen Sunderland

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
Guthrie Robert Packer Hospital	• Discontinued use of Finnegan scoring tool • Staff Education on Eat, Sleep, and Console Program (including standardized definitions and terminology) • Implementation of Eat, Sleep, and Console • Patient education on Eat, Sleep, and Console Program	• How are other organizations collecting data on the successfulness of the ESC program? • What are the quality metrics other organizations are using for substance affected newborns? Length of stay? Use of pharmacological treatment?	Melissa Rathbun Rochelle Kendall Kristen Wilcox
Holy Redeemer Hospital	• Actively recruiting for Substance Use OB Nurse Navigator position to assist with care coordination of SUD families. • Identifying items needed for NICU developmental clinic.	• Tips for successful Nesting once mom discharged from hospital.	Christina Marczak
Main Line Health- Bryn Mawr Hospital	• Convert to ESC regarding inner-rater reliability for NAS assessment. • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Develop metrics to Improve Screening	• Best practices for Screening	Sharon Register
Main Line Health- Lankenau Medical Center	• Convert to ESC regarding inner-rater reliability for NAS assessment. • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Develop metrics to Improve Screening	• Best practices for Screening	Sharon Register
Main Line Health- Paoli Hospital	• Convert to ESC regarding inner-rater reliability for NAS assessment. • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Develop metrics to Improve Screening	• Best practices for Screening	Sharon Register
Main Line Health- Riddle Hospital	• Convert to ESC regarding inner-rater reliability for NAS assessment. • Establish workflow or algorithm for trauma-informed protocols in the context of substance use • Develop metrics to Improve Screening	• Best practices for Screening	Sharon Register

Penn Medicine- Hospital of the University of Pennsylvania	• Centered around mother-infant dyad collaborating with newborn nursery to reduce Mom/Baby separation
	• Prenatal Consults – *main goal for FY2023*
	• Staff & Family education regarding Eat, Sleep, Console
	• Facilitating and participation in ESC escalation huddles to maximize non-pharmacologic interventions:
	  o Nonpharmacologic bundle
	  o Transfer from S8 to ICN
		• Creating opportunities for parents to spend more time at the bedside
		  o Space; Food; Transport; Childcare
		• Continued education on ESC
		  o Strategies for increasing comfort level of the staff
		  o Sustaining education with new staff
			HUP NAS Task Force

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	○ Escalation in treatment in the ICN ○ *Both with discussion of non-pharm measures attempted prior to escalation - Volunteer program- on hold (COVID) - Feeding policies created: breastfeeding eligibility policy, routine fortification - Data collection and discharge phone calls to collect data and patient feedback	- Strategies to engage with hospital administration/ regulatory around rooming in patient rooms after birth parents are discharged but infants remain in the hospital for observation. - Plans of safe care: How are you deeming infants as "affected by substance use" for plans of safe care. ○ We use ESC huddle, ICN admission for medication treatment - Question for other Philadelphia County Hospitals: What improvement efforts have you done for increasing/connecting prenatal care & involvement?	
Penn Medicine- Lancaster General/Women and Babies	Eat, Sleep, Console order added to the NICU admission order set to promote consistent use when applicable to infants admitted to NICU for indications unrelated to substance exposure.	Is anyone validating the use of ESC "scoring" to ensure that we are not missing high risk infants?	Stacy Greblick
Penn Medicine- Pennsylvania Hospital, Newborn Medicine	- Increase identification of SENs and diagnosed NAS - Decrease LOS for NAS - Increase % of NAS who receive non-pharmacologic treatment - Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services	- How to increase family involvement during COVID and with minimal overnight rooms. - Which ICD-10 codes are used by other sites? - Are infants affect by SSRIs required to have plan of safe care? - Which outpatient services do other sites most commonly refer SEN patients to?	Melissa McKinney, MSN, CRNP

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:

Penn State Health- Hershey Medical Center & Children's Hospital	• Use empowering messages to care givers
	  o Earlier engagement of OT to educate and empower patients
	• Identify SE as early as possible
	  o Complete universal SUD screening on or before first OB appt
	  o Improve specimen availability for infant tox testing through implementation of universal meconium collection and storage
	• Train nurses caring for newborns on validated NAS assessments and practice inter-rater reliability
	  o Provide staff education on Finnegan Scoring
	  o Develop Finnegan scoring resource card
	• Plan for huddles / collaboration of scoring at times of key decisions (real time)
	  o Identification of team members to be included in huddles
	  o Reinforce and remind team to conduct and document huddles
	• Develop parent/family education materials about SENs (including NAS) and what to expect from beginning to end.
	  o Custom booklet for patient education on NAS and prenatally and/or in NICU.
		• Does your hospital use a standardized screening protocol to determine which babies will require toxicology testing? If so, what is your screening criteria?	Mary Lewis

St. Luke's University Health Network- Anderson Campus	• Data in EMR	• When there are times of high census how do you accommodate moms/families staying for a 5 day stay?	Jennifer King, MSN, RNC Coordinator Clinical Quality Improvement Jennifer.king2@sluhn.org

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:

Thomas Jefferson University Hospital- Center City (Intensive Care Nursery /Well Baby Nursery)	• Previous interventions now in place
	  o Standardized EI referral
	    ▪ Epic note template; instructions for routing to EI through EPIC
	  o Standardize referral to Neonatal Follow up Clinic for all NAS
	  o Standardize social work and case management referral for all NAS
	  o Develop care bundle
	  o Standardized pharmacologic treatment
	  o Family care plans prior to discharge
	  o EI, lactation, home visits, developmental medicine follow up referrals prior to discharge
	  o Improving breast feeding –pumping in DR, education about importance
	  o Expand interventions/measurement to all NAS population, not just those receiving pharmacologic treatment and admitted to our "NAS room"
	  o Expand standard bundle of care to well-baby nursery and remainder of intensive care nursery
	  o Expand donor milk use to NAS population as needed as a bridge to maternal breast milk use
		• Curious if anyone else is seeing an increase in severity of NAS (higher pharmacologic doses, more babies needing medication) as xylazine has become ubiquitous in the fentanyl supply.
		• Any changes you've made to combat this?
			Dave Carola

Tower Health- Reading Hospital	• Need to work on standardizing the identification/coding for these patients and those patients that are "at risk" who are managed by the pediatrician. • Working on collecting the breastfeeding data as needed	• How to properly identify these patients in the EMR to facilitate reporting. • How to navigate identifying patients exposed to substances other than opioids.	Kerin Kohler Elizabeth Huyett
UPMC Womens Health Service Line- Altoona	• Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! • While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. • We know that our SUD moms are very high risk for unsafe sleep deaths • UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022	• Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Cole	• Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime!	• Still remain very interested in protocols that provide intermittent medication	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	• While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. • We know that our SUD moms are very high risk for unsafe sleep deaths • UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022	treatment for symptoms versus protocols that dose on a routine basis.	
UPMC Womens Health Service Line- Hamot	• Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! • While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. • We know that our SUD moms are very high risk for unsafe sleep deaths • UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022	• Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC – Pinnacle Harrisburg	• Nurse education/IRR		Patti Miller
UPMC Womens Health Service Line- Horizon	• Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! • While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. • We know that our SUD moms are very high risk for unsafe sleep deaths • UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022	• Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
UPMC Womens Health Service Line- Magee	• Magee-offer milk bank breast milk to infants in the PPU whose mothers are breastfeeding and may require supplementation as a means to support the mother's choice to breastfeed. The pilot ended in July • Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! • While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas.	• Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu

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	• We know that our SUD moms are very high risk for unsafe sleep deaths • UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022		
UPMC Womens Health Service Line- Northwest	• Updated our ABCD's Poster to include: Tell us where baby will sleep for naps and nighttime! • While visiting UPMC birthing hospitals this past quarter we have been validating that this poster is hanging in all OB areas. • We know that our SUD moms are very high risk for unsafe sleep deaths • UPMC System-wide Cribs 4 Kids Gold Safe Sleep Designation for all 15 birthing hospitals in August 2022	• Still remain very interested in protocols that provide intermittent medication treatment for symptoms versus protocols that dose on a routine basis.	Vivian Petticord Director, Women's Health Service Line pettvm@upmc.edu
Wayne Memorial Hospital	• Producing a "Welcome Booklet" for all SEN's and the family. Final draft completed.	• Having a consistent place to have the mothers stay so they can be with their newborns as much as possible.	Janice Pettinato pettinatoj@wmh.org
WellSpan Health- Chambersburg Hospital	• Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. • Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. • Standardized order set in place which includes case management referral to address discharge planning & needs.	• Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. • Increasing telehealth consult opportunities surrounding NAS within health systems.	Aimee Fleischman
WellSpan Health- Ephrata Community Hospital	• Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. • Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. • Standardized order set in place which includes case management referral to address discharge planning & needs.	• Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. • Increasing telehealth consult opportunities surrounding NAS within health systems.	Aimee Fleischman
WellSpan Health- Gettysburg Hospital	• Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. • Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy.	• Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. • Increasing telehealth consult opportunities surrounding NAS within health systems.	Aimee Fleischman

Site Name:	Key Interventions:	Our team would most like to learn from our peers:	Key Contact:
	• Standardized order set in place which includes case management referral to address discharge planning & needs.		
WellSpan Health- Good Samaritan Hospital	• Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. • Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. • Standardized order set in place which includes case management referral to address discharge planning & needs.	• Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. • Increasing telehealth consult opportunities surrounding NAS within health systems.	Aimee Fleischman
WellSpan Health- York Hospital	• Focus group review of NAS cases to determine opportunities in standardizing care, review data and discussion. Meeting monthly. • Standardized care of the non-pharmacologic bundle use for all NAS infants per standardized tool and nursing policy. • Standardized order set in place which includes case management referral to address discharge planning & needs.	• Innovative opportunities for prenatal education related to NAS expectations during the hospital stay. • Increasing telehealth consult opportunities surrounding NAS within health systems.	Aimee Fleischman