



PA PQC

Pennsylvania Perinatal Quality Collaborative

PA PQC Learning Session
September 14, 2022

Zoom Housekeeping Reminders

- Type your name, title/role, and organization (including hospital) into the Chat - **We use this information to document completion of Milestone 1 for the QI Awards**
- Change Your Zoom Name to First and Last Name and Organization
- This Learning Session is being recorded
- This is a collaborative, “all teach, all learn” – please share your experience and questions!
- Scan the QR code for your virtual packet:



Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **4.00 hours are approved for this course.**

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9/14 Learning Objectives

- Discuss the **successes and future directions** of the PA PQC based on the PA PQC's structure and process measures
- Describe the principles of **quality improvement (QI)** and their applications to PQC initiatives
- Discuss successful tactics for incorporating **patient voices** into QI work in perinatal settings
- Describe actionable steps to embed patient voices into your PA PQC healthcare team
- Identify strategies to connect and partner with **community organizations**
- Describe next steps for how to incorporate **trauma-informed care** principles into practice

PA PQC was formed by...

- PA DDAP, DHS, and DOH *as an action arm of the MMRC*
- Preemie Network and PA AAP
- March of Dimes PA PQC Task Force
- PA PQC Advisory and 10 Work Groups (200 people)



2022 Funding Partners



Participating Hospitals by 2022 Initiatives

No Quality without Equity

- 43** Substance-Exposed Newborns (NAS)
- 39** Maternal Substance Use (OUD)
- 19** Immediate Postpartum LARC
- 23** Moving on Maternal Depression (MOMD)
- 24** Severe Hypertension Treatment (Alliance for Innovation on Maternal Health)



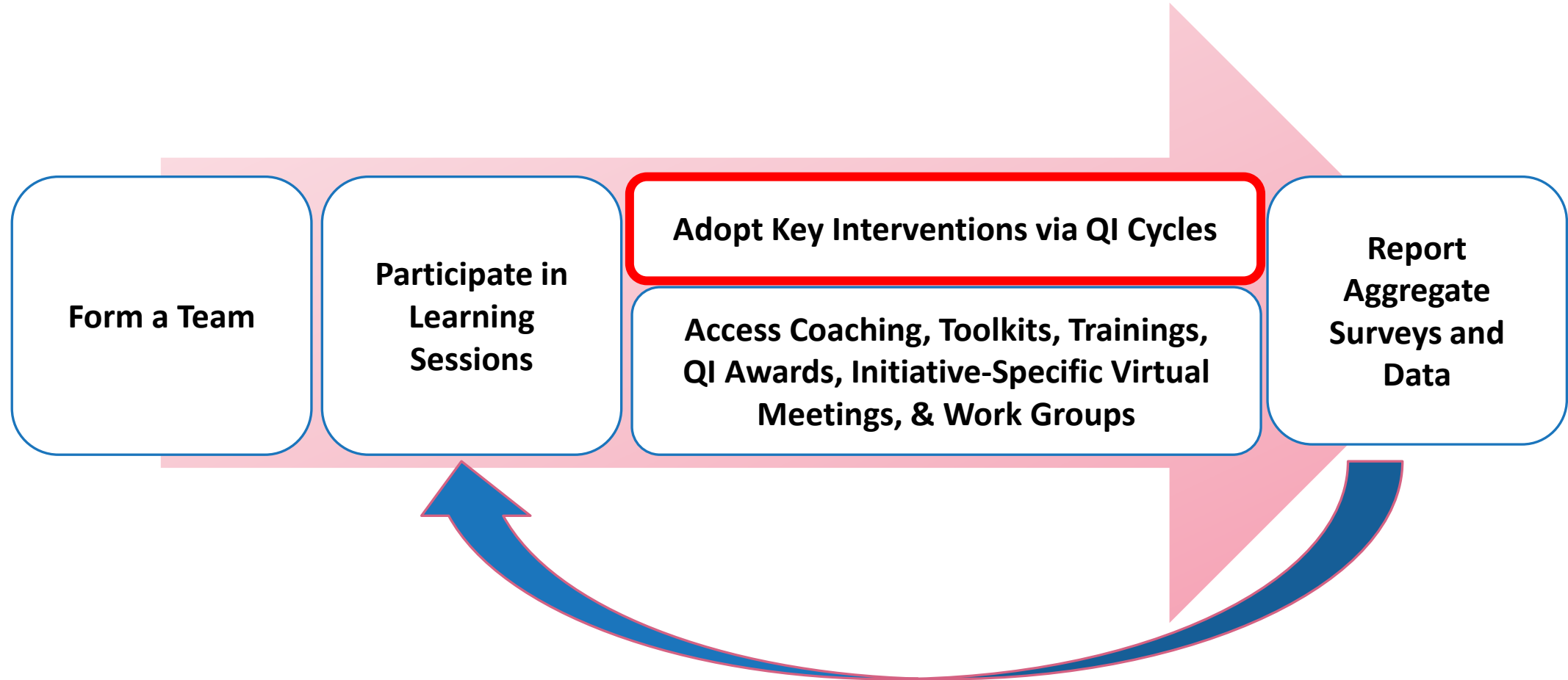
Pennsylvania Perinatal Quality Collaborative

55 hospitals, representing 81% of live births in PA

<https://www.whamglobal.org/pa-pqc-hospitals>

<https://www.whamglobal.org/pa-pqc-initiatives>

How the PA PQC Functions



SEN Impact & Improvement Opportunities

JAMES A. COOK, MD

PA PQC ADVISORY GROUP CO-CHAIR

PA PQC Substance Exposed Newborn Initiative Goals

1. Increase identification of SENs and diagnosed NAS and FASD
2. Increase percentage of NAS who receive non-pharmacologic treatment
3. Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers
4. Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services
5. Decrease hospital LOS for NAS

Balancing Measures

1. Percent NAS infants with ED visits in first 30 days after newborn discharge
2. Percent NAS infants with hospital readmissions in first 30 days after newborn discharge

Thank You for Completing Q2 2022 SEN Survey!

Survey response rate (Q2 2022)

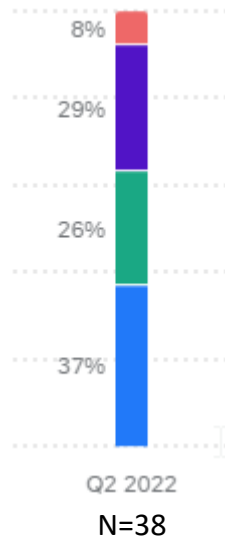
89%

AHN - Saint Vincent Hospital
AHN - West Penn Hospital
Commonwealth Health - Moses Taylor Hospital
Doylestown Hospital
Einstein Medical Center Montgomery
Einstein Medical Center Philadelphia
Evangelical Community Hospital
Geisinger - Bloomsburg Hospital
Geisinger - Lewistown Hospital
Guthrie - Robert Packer Hospital Birthing Center
Holy Redeemer Hospital
Jefferson Health - Thomas Jefferson University Hospital
Lehigh Valley Health Network - Cedar Crest
Lehigh Valley Health Network - Muhlenberg
Lehigh Valley Health Network - Pocono
Lehigh Valley Health Network - Schuylkill
Main Line Health - Bryn Mawr Hospital
Main Line Health - Lankenau Medical Center
Main Line Health - Paoli Hospital
Main Line Health - Riddle Hospital
Penn Medicine - Hospital of the University of Pennsylvania

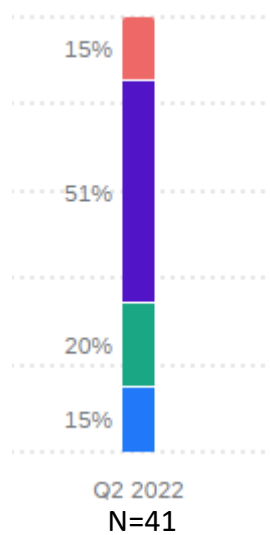
Penn Medicine - Lancaster General/Women and Babies
Penn Medicine - Pennsylvania Hospital
Penn State Health - Milton S. Hershey Medical Center and Children's Hospital
St. Clair Hospital
St. Luke's University Health Network - Allentown
Tower Health Medical Group - Reading Hospital
UPMC - Altoona
UPMC - Carlisle
UPMC - Hamot
UPMC - Horizon
UPMC - Magee Womens Hospital
UPMC - Magee Womens Hospital
UPMC - Pinnacle Harrisburg
UPMC - Pinnacle Memorial in York
Washington Health System
Wayne Memorial Hospital
WellSpan Ephrata Community Hospital
WellSpan Gettysburg Hospital
WellSpan Good Samaritan Hospital
WellSpan Summit Health Chambersburg Hospital
WellSpan York Hospital

Standardized process in place for ICD-10 coding?

For SEN w/o NAS:



For NAS:



- Yes, in place but using other codes
- Yes, in place
- Have not started
- In progress

ICD-10 Codes for In Utero Exposure:

- P04.11** Newborn affected by maternal antineoplastic chemotherapy
- P04.12** Newborn affected by maternal cytotoxic drugs
- P04.13** Newborn affected by maternal use of anticonvulsants
- P04.14** Newborn affected by maternal use of opiates
- P04.15** Newborn affected by maternal use of antidepressants
- P04.16** Newborn affected by maternal use of amphetamines
- P04.17** Newborn affected by maternal use of sedative-hypnotics
- P04.18** Newborn affected by other maternal medication
- P04.41** Newborn affected by maternal use of cocaine
- P04.42** Newborn affected by maternal use of hallucinogens
- P04.49** Newborn affected by maternal use of other drugs of addiction
- P04.1A** Newborn affected by maternal use of anxiolytics
- P04.2** Newborn affected by maternal use of tobacco
- P04.3** Newborn affected by maternal use of alcohol
- P04.5** Newborn affected by maternal use of nutritional chemical substances
- P04.6** Newborn affected by maternal exposure to environmental chemical substances
- P04.81** Newborn affected by maternal use of cannabis
- P04.89** Newborn affected by other maternal noxious substances

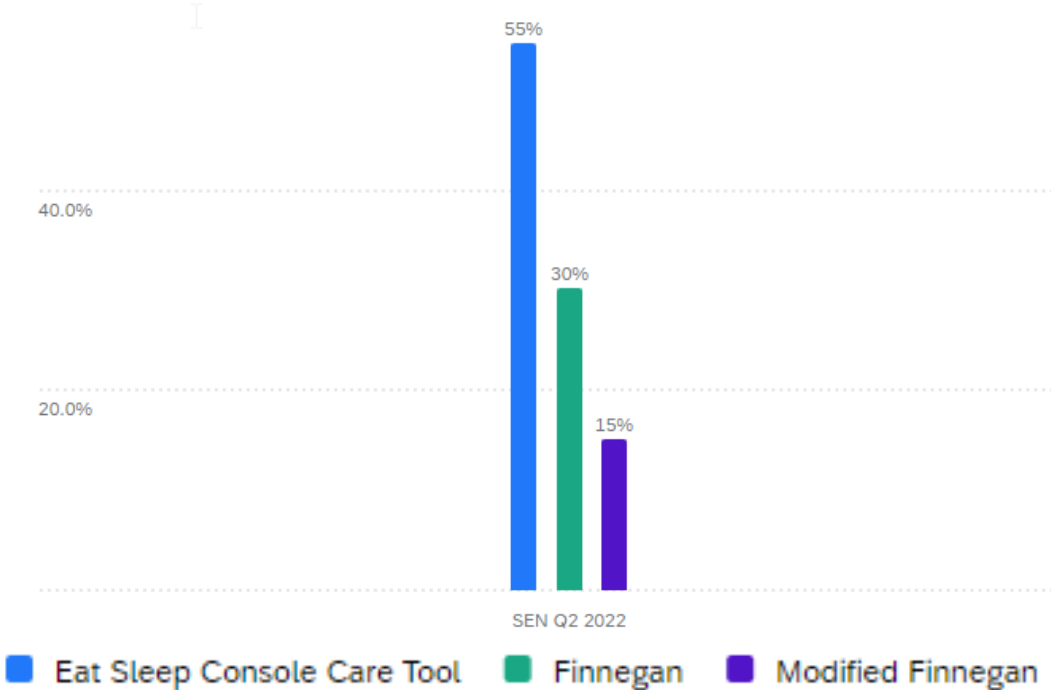
Primary ICD-10 Code for NAS:

- P96.1** Neonatal withdrawal symptoms from maternal use of drugs of addiction

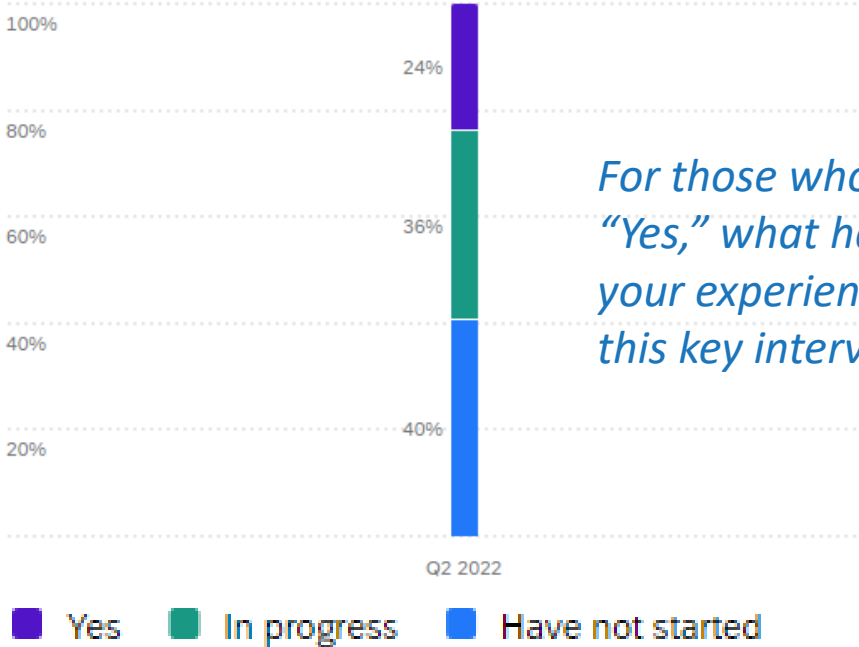
How does your hospital use codes, such as P04.17?

NAS Assessments: Current Snapshot

Validated assessment your team is using:



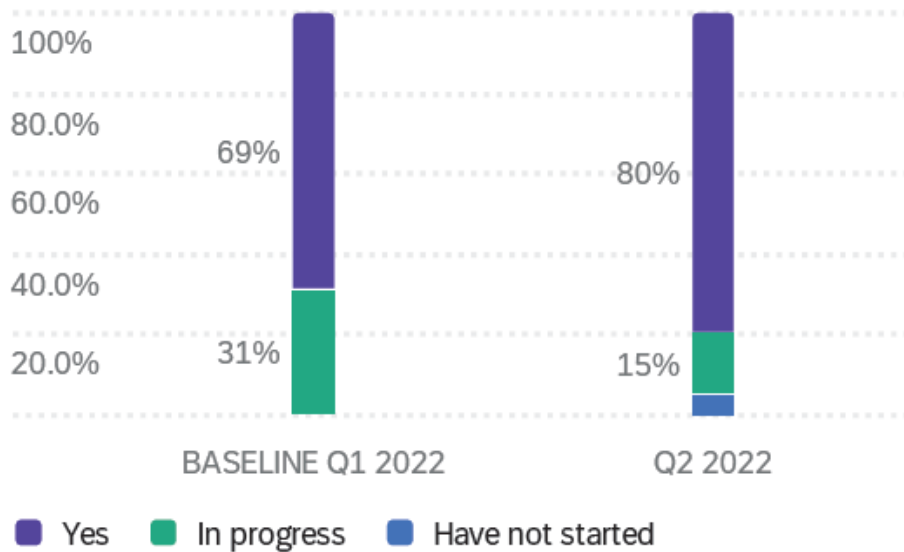
QI efforts in place to increase and maintain inter-rater reliability for NAS assessments?



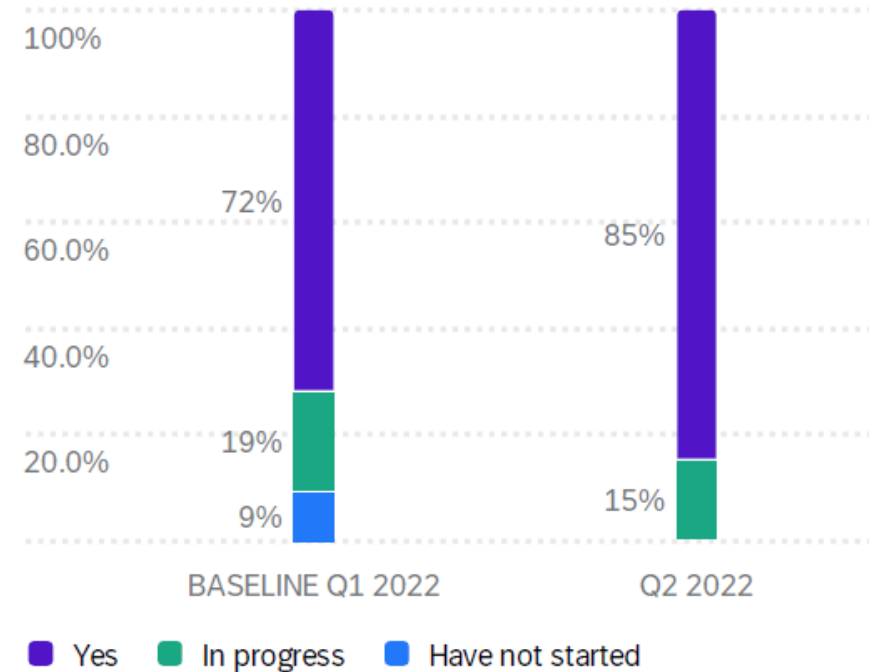
For those who answered "Yes," what has been your experience with this key intervention?

PA PQC Teams Impacted NAS Structural Measures!

Has your newborn care team been educated on criteria for **Plans of Safe Care**, their role, and how to explain it to families?

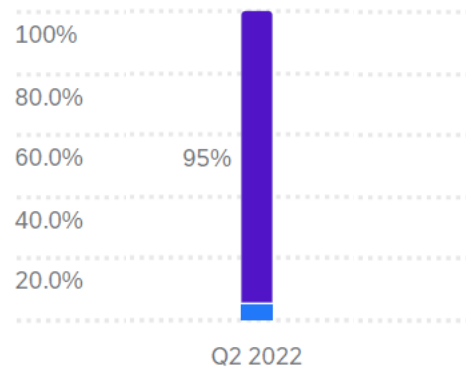


Established **breastmilk feeding guidelines** for SUD that support breastfeeding among those taking MOUD without contraindications?



PA PQC Teams Impacted NAS Structural Measures!

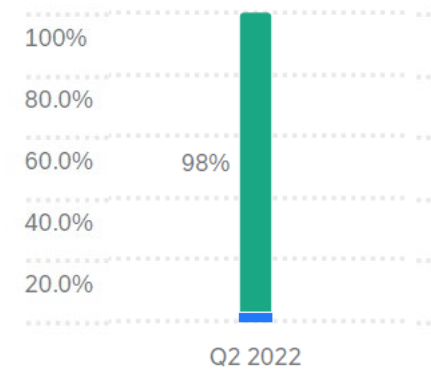
Use standardized pharmacologic protocols for NAS



■ Yes ■ In progress ■ Have not started

Reminder: We started at 82% in Q1 2020

Use standardized non-pharmacologic protocols for NAS

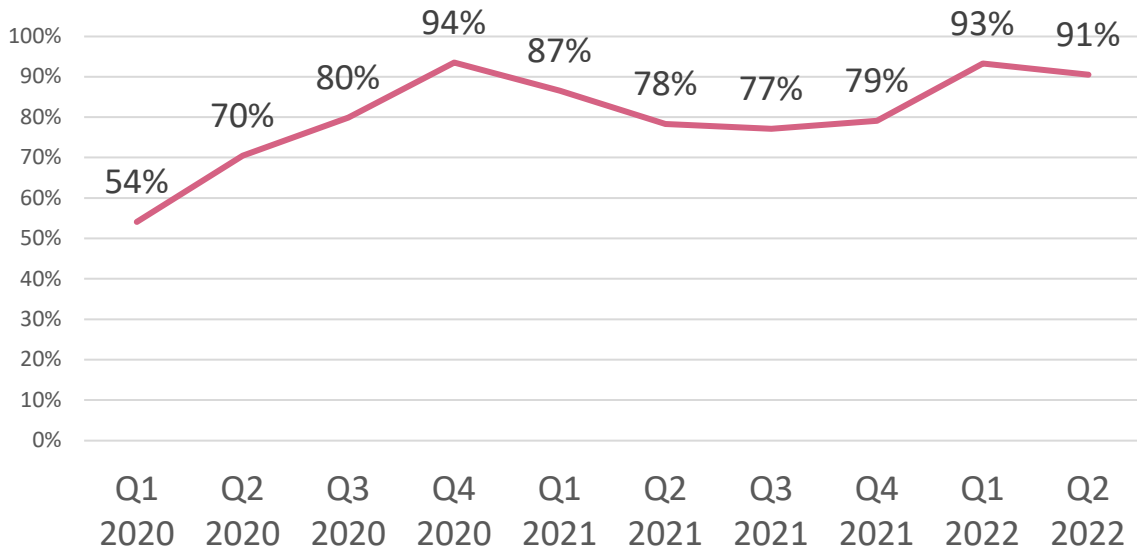


■ Yes ■ In progress

Reminder: We started at 71% in Q1 2020

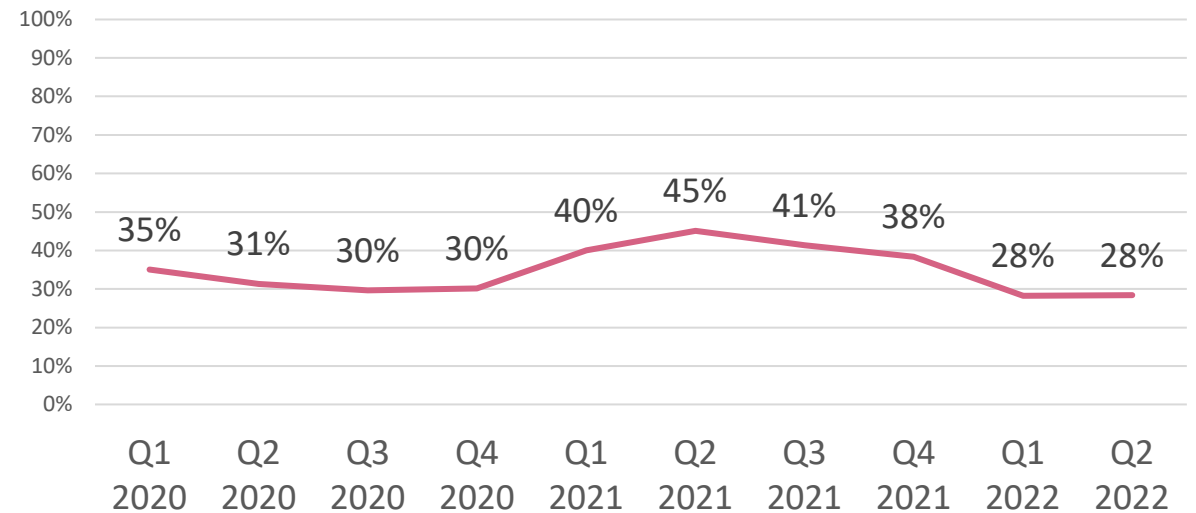
PA PQC Teams Improved Adherence to Non-pharm Care as 1st Line of Treatment (e.g., skin-to-skin contact)

Percent of newborns with NAS who received non-pharmacologic treatment



Among 32 hospitals reporting data

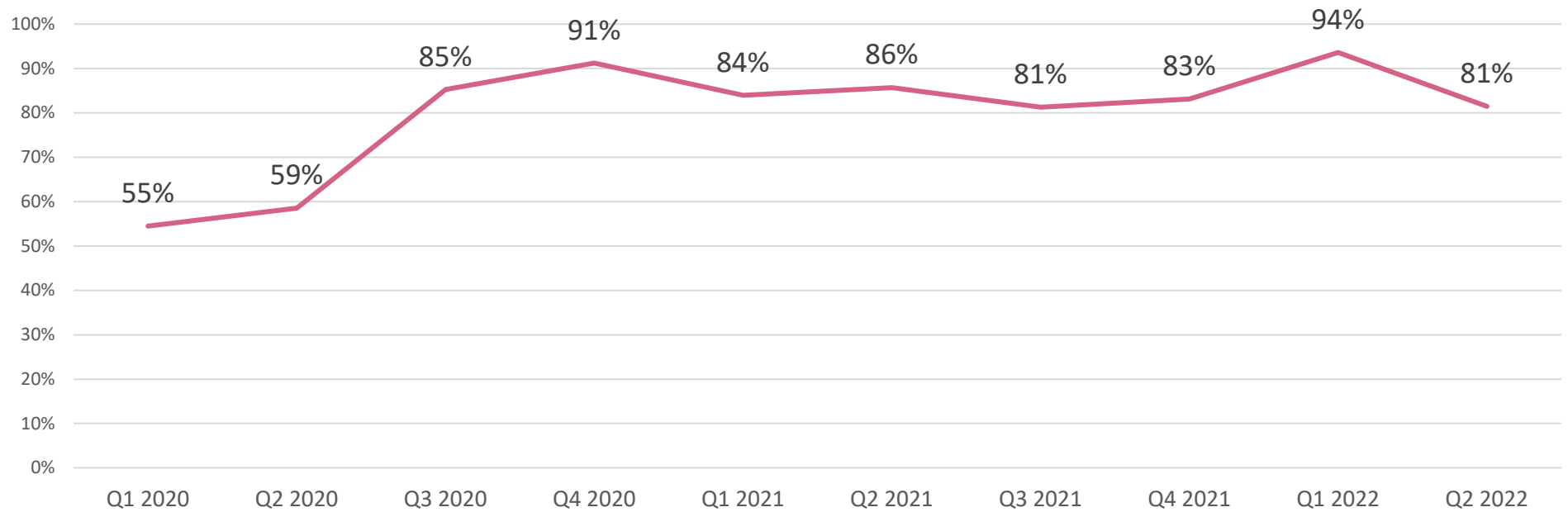
Percent of newborns with NAS who received pharmacologic treatment



Among 37 hospitals reporting data

PA PQC Teams Increased Referral Rates to Follow-up Services for NAS

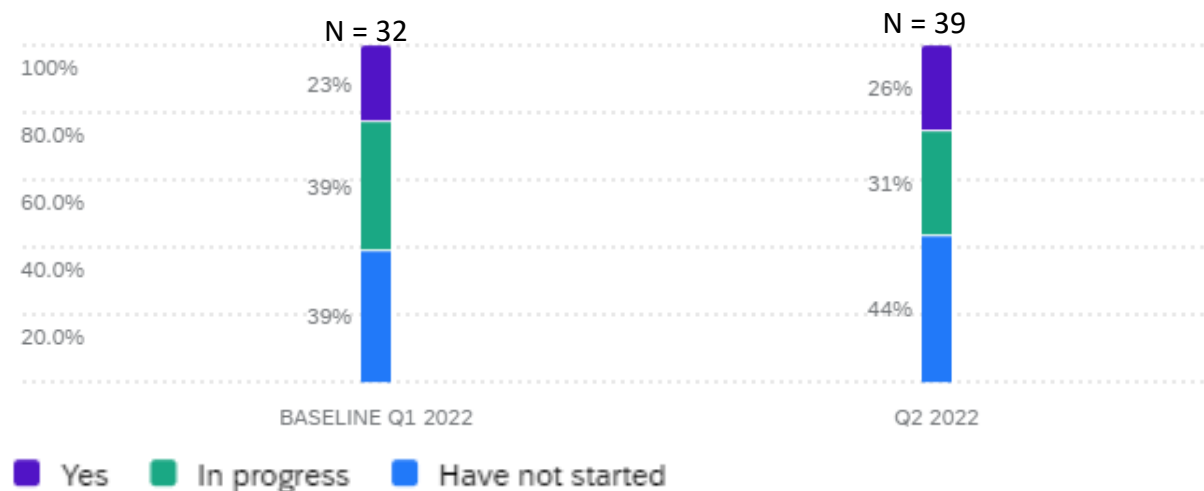
Percent of newborns with NAS who were referred to appropriate follow-up at discharge



Among 31 hospitals reporting data

Improvement Opportunity: Closing the Loop

Created a protocol for closing the loop on the referral status with the post-discharge services and supports?



For those who answered “Yes,” what has worked well to put this in place? Is this part of your Multi-Disciplinary Team structure for Plans of Safe Care?

Maternal Substance Use Impact & Improvement Opportunities

AASTA MEHTA, MD, MPP

Thank You for Completing Q2 2022 Substance Use Survey!

Survey response rate (Q2 2022)

85%

AHN - Jefferson Hospital
AHN - St. Vincent Hospital
AHN - West Penn Hospital
AHN - Wexford Hospital
Commonwealth Health - Moses Taylor Hospital
Einstein Medical Center - Philadelphia
Evangelical Community Hospital
Geisinger - Bloomsburg Hospital
Geisinger - Community Medical Center
Geisinger - Lewistown Hospital
Geisinger - Medical Center, Danville
Geisinger - Wyoming Valley Hospital
Guthrie Robert Packer Hospital Birthing Center
Holy Redeemer Hospital
Main Line Health - Bryn Mawr Hospital
Main Line Health - Paoli Hospital
Main Line Health - Riddle Hospital

Main Line Health- Lankenau Medical Center
Penn State Health - Milton S. Hershey Medical Center and Children's Hospital
St. Clair Hospital
St. Luke's University Health Network - Allentown
St. Luke's University Health Network - Allentown
Temple Health - Temple University Hospital
Tower Health Medical Group
UPMC - Hamot
UPMC - Magee Women's Health
Washington Health System
Wayne Memorial Hospital
WellSpan - Epharata Community Hospital
WellSpan - Gettysburg Hospital
WellSpan - Good Samaritan Hospital
WellSpan - Summit Health Chambersburg Hospital
WellSpan - York Hospital

Maternal Substance Use Initiative

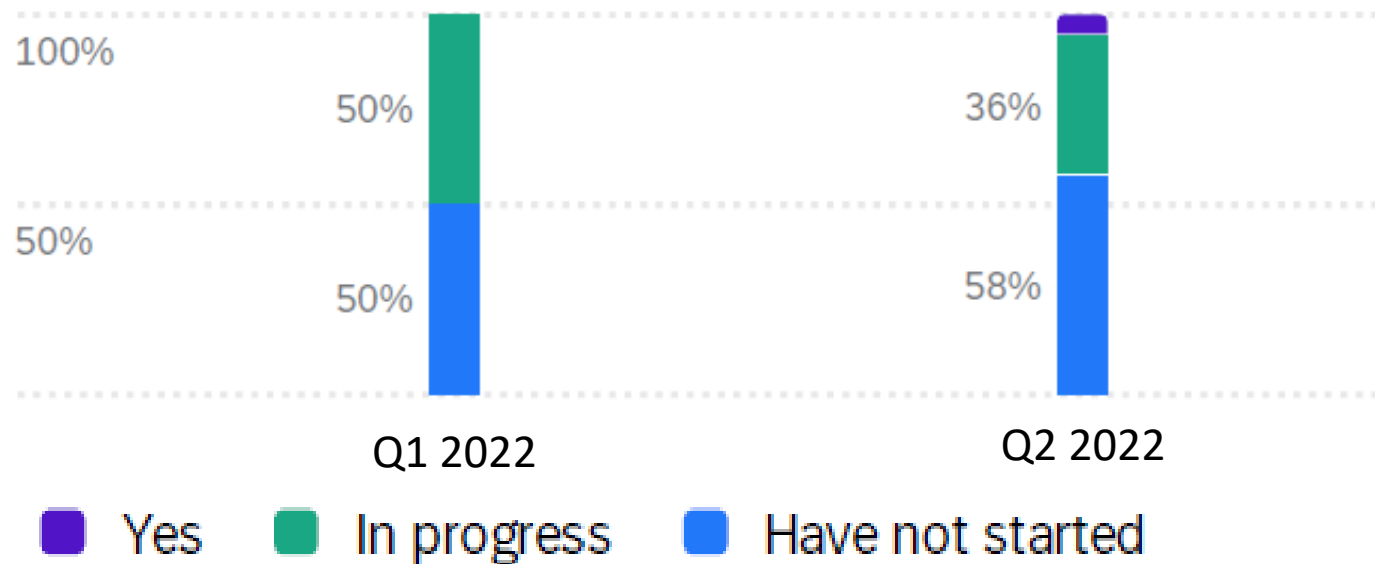
What we are doing well

- **76%** of hospitals have evidence-based **patient education materials** on substance use in pregnancy and the caregiver's role in SEN care (additional 15% in progress)
- **85%** of hospitals are using a validated **screening tool for substance use** in pregnancy (additional 12% in progress)
 - **88%** of pregnant **individuals screened for substance use** in Q2 2022 with a validated screen!
- **82%** of hospitals have protocols in place to provide **brief interventions** (additional 18% in progress)
- **83%** of hospitals are providing **medications for OUD** for pregnant individuals with OUD (additional 4% in progress)
- **94%** of hospitals developed referral relationships with SUD treatment services

Maternal Substance Use Initiative

Early signs of improvement

Does your hospital have a system in place to provide naloxone to patients prior to discharge?



Maternal Substance Use Initiative

Opportunities for Improvement

Has your hospital developed **trauma-informed protocols** in the context of substance use?

- **12%** Yes
- **33%** In Progress
- **55%** Have Not Started

What type of training has worked well for you?

Does your hospital provide **training for staff on substance use** among pregnant and postpartum individuals that also explores and addresses **biases and stigma**?

- **18%** Yes
- **36%** In Progress
- **45%** Have Not Started

Maternal Substance Use Initiative

Opportunities for Improvement

About **40%** of pregnant and postpartum individuals with OUD **initiated Medication for Opioid Use Disorders** (MOUD) based on data available to PA PQC healthcare teams.

What barriers have you experienced to initiate MOUD?

Moving on Maternal Depression (MOMD) Impact & Improvement Opportunities

AASTA MEHTA, MD, MPP

Thank You for Completing Q2 2022 MOMD Surveys!

Survey response rate (Q2 2022)

91%

Commonwealth Health - Moses Taylor Hospital - inpatient
Commonwealth Health - Moses Taylor Hospital - outpatient
Einstein Medical Center Montgomery
Geisinger Medical Center
Jefferson Health - Abington Hospital
Lehigh Valley Health Network - Cedar Crest
Lehigh Valley Health Network - Muhlenberg
Main Line Health - Bryn Mawr Hospital
Main Line Health - Lankenau Medical Center
Main Line Health - Paoli Hospital
Main Line Health - Riddle Hospital

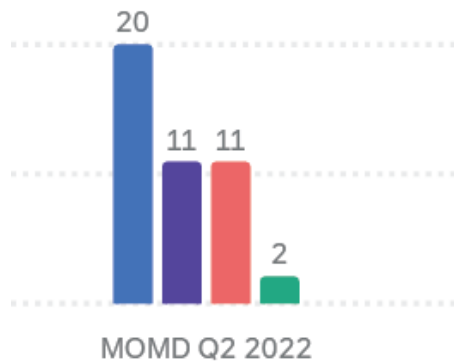
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UPMC - Hamot
UPMC - Magee Women's Hospital
WellSpan Ephrata Community Hospital
WellSpan Gettysburg Hospital
WellSpan Good Samaritan Hospital
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WellSpan York Hospital

MOMD Initiative

What we are doing well

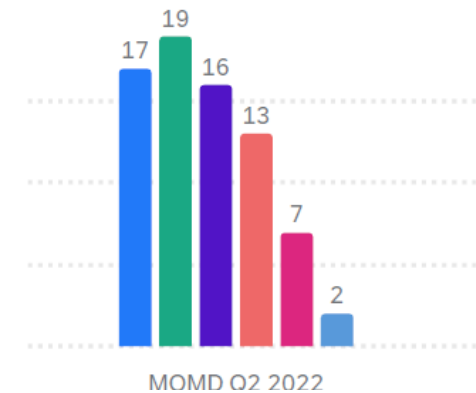
- ✓ 87% of MOMD teams use a validated mental health screening tool during the prenatal and postpartum depression screen (13% in progress)

Depression Screening Tool



- Edinburgh Postnatal Depression Screen (EPDS)
- Patient Health Questionnaire 2 (PHQ-2)
- Patient Health Questionnaire 9 (PHQ-9)
- Other (please specify)

Where the Depression Screening is Occurring



- OB Prenatal Office
- Birth Hospital
- OB Postpartum Office
- Pediatric Offices
- NICU
- Primary Care Offices

The 2 “other” also selected EPDS, PHQ-2, and/or PHQ-9. Of the two, one noted they are transitioning from EPDS to PHQ-9. The other noted EPDS is used in the inpatient setting and various screens are used in the outpatient setting.

MOMD Initiative

Preliminary improvement

- **37%** of MOMD teams are stratifying maternal depression and follow-up measures by race (additional 42% in progress)
- **30%** of MOMD teams conducted a QI project to reduce racial disparities for maternal mental health quality measures (additional 13% in progress)
- **52%** of MOMD teams are **working with patient/family and community resources** to inform their **maternal mental health screening and follow-up process** (17% in progress)
- **43%** of MOMD teams are **working with patient/family and community resources** to inform their work to **reduce racial disparities** (26% in progress)

How has your MOMD team established these relationships with outpatient and community team members?

How can the PA PQC support you in forming these teams?

MOMD Initiative

Preliminary improvement

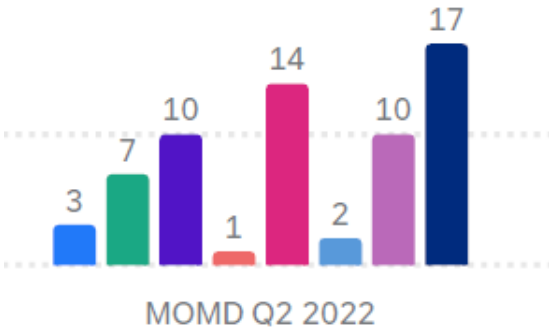
- ✓ 2 MOMD systems—Penn Medicine HUP and Tower Health Reading—reported data for the MOMD prenatal/postpartum depression screening and follow-up measures, showing positive trends!

How did you setup this tracking system?

Moving on Maternal Depression Initiative

Opportunities for Improvement

Standardized Follow-up Actions in Place



- Diagnosis
- Follow suicide risk response policy
- Medications
- Other
- Warm hand off to integrated behavioral health consultants or care managers
- Referral to home visiting programs
- Referral to other community resources
- Referral to specialty mental health treatment

Immediate Postpartum LARC Impact

AASTA MEHTA, MD, MPP

PA PQC Teams Put in Place a Structure to Offer Immediate Postpartum LARC (IPLARC)

17 hospitals achieved the 1st goal of the IPLARC initiative, and are now routinely counseling, offering, and providing immediate postpartum LARC (among the 21 hospitals that joined the IPLARC initiative)

Understanding Barriers and Facilitators for IPLARC in PA

SARAH HORVATH, MD, MSHP, ASSISTANT PROFESSOR OF OBSTETRICS AND GYNECOLOGY AT PENN STATE UNIVERSITY

Implementing Immediate Postpartum Long-Acting Reversible Contraception in Pennsylvania

- Survey study of L&D leadership
- 15-20 minutes
- Modest compensation for time
- We want to capture everyone!

<https://redcap.ctsi.psu.edu/surveys/?s=YHXT9YWKW73DF4EA>



PennState Health
Milton S. Hershey Medical Center



PennState
College of Medicine

inspired together