

PA PQC

Pennsylvania Perinatal Quality Collaborative

February 25, 2021

Formed by Statewide Partners...

- DDAP, DHS, and DOH
- Premie Network and AAP
- West Chester University Pilot Study with the Vermont Oxford Network (VON)
- PA PQC Task Force
- PA PQC Advisory and 10 Work Groups (200 people)



With Support From...

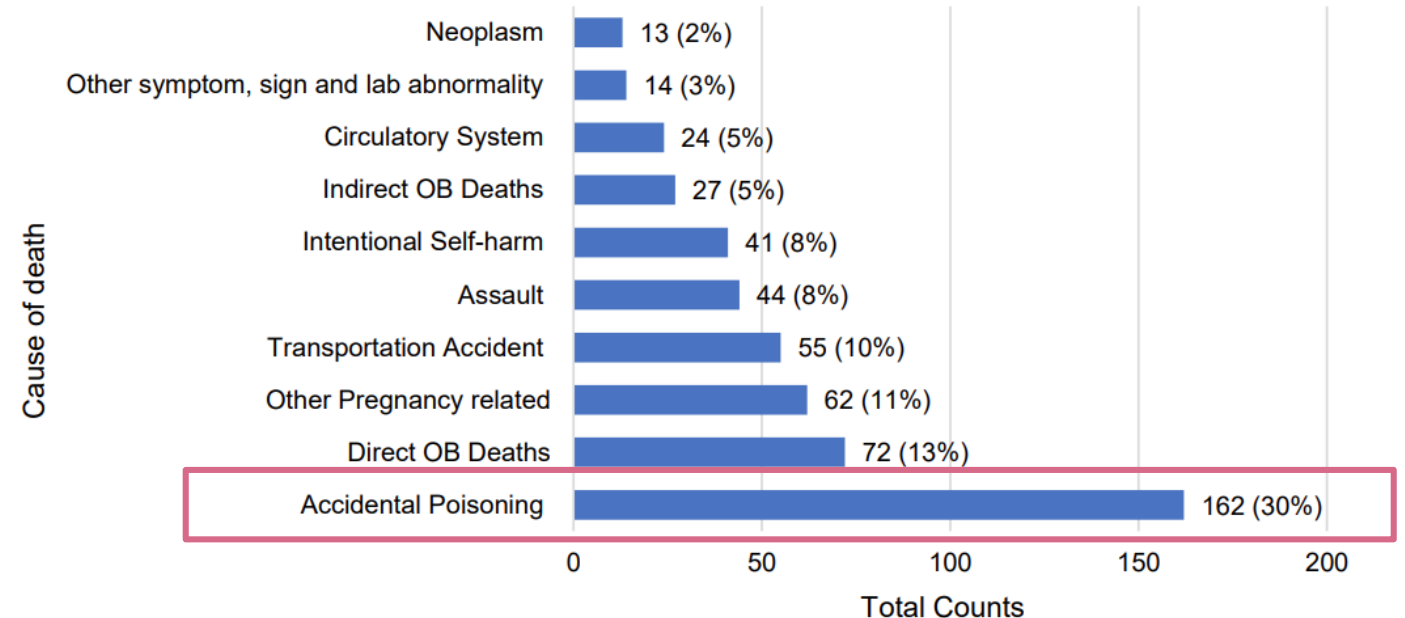


To Initially Focus on...

Maternal Mortality

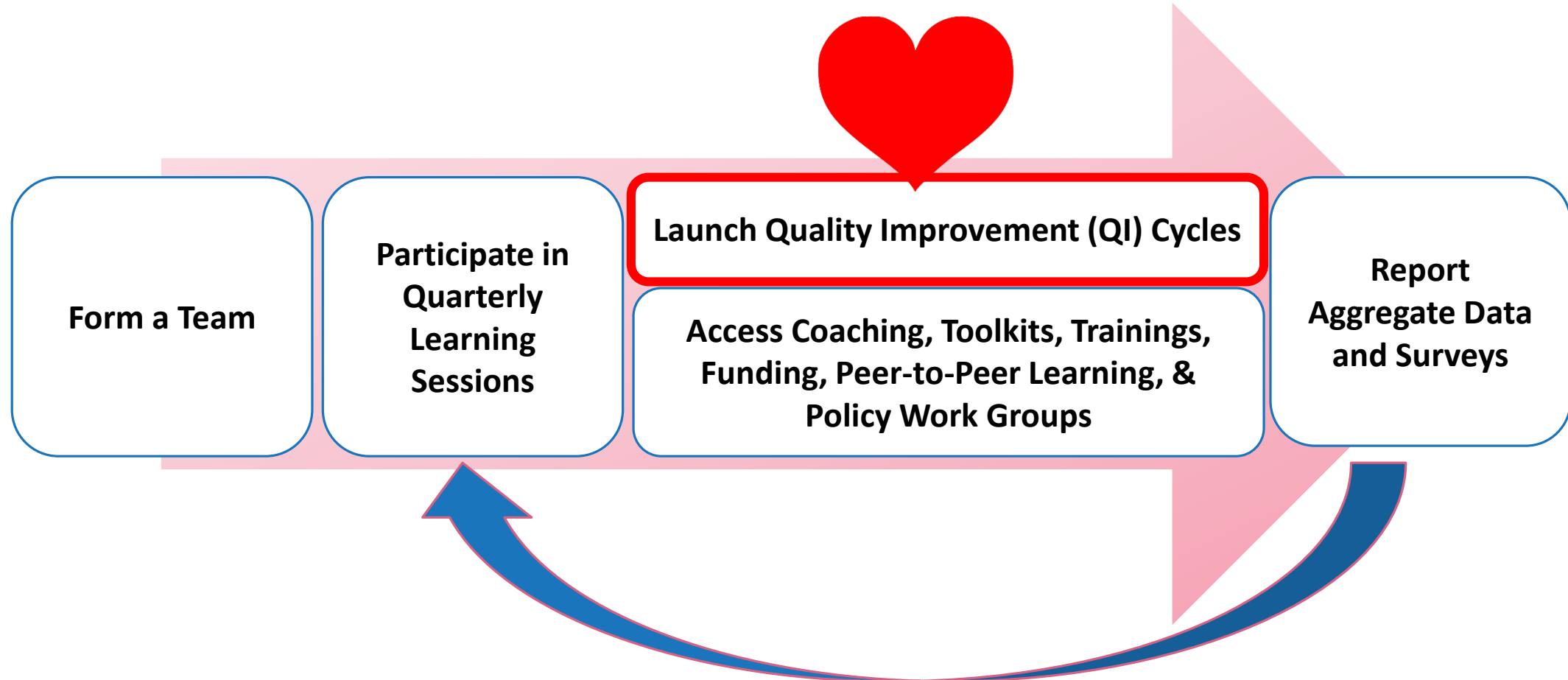
**Opioid Use Disorder +
Neonatal Abstinence
Syndrome**

Figure 11. Leading Causes of Pregnancy-Associated Deaths in Pennsylvania, 2013 – 2018 (N=547)



Note: Numbers rounded to the nearest whole.
Data Source: DOH Bureau of Health Statistics & Registries

This is what *we* do



**The PA PQC is designed to help birth sites and NICUs
drive improvement and adopt standards of care
towards collective aims.**

*If any of the PA PQC's expectations and resources
do not support your QI work, let us know.*

The PA PQC is comprised of...

60 birth sites and NICUs

86% of live births in PA

14 health plans

You Led 107 QI Projects!

38 around **NAS**

22 around **maternal OUD**

9 around **immediate postpartum LARC**

38 around **hypertension or hemorrhage**

You Received QI Awards

21 OUD/NAS QI Awards

9 Immediate Postpartum LARC Awards

You Impacted OUD Structure Measures!

Baseline compared to October-December 2020

Standardized education
materials for OUD/NAS

41% vs. 84% (↑43%)

Used a validated, self-report
screening tool for substance use
in pregnancy

36% vs. 70% (↑34%)

Provide opioid
pharmacotherapy for
pregnant women with OUD

52% vs. 77% (↑25%)

Developed referral
relationships with OUD
treatment programs

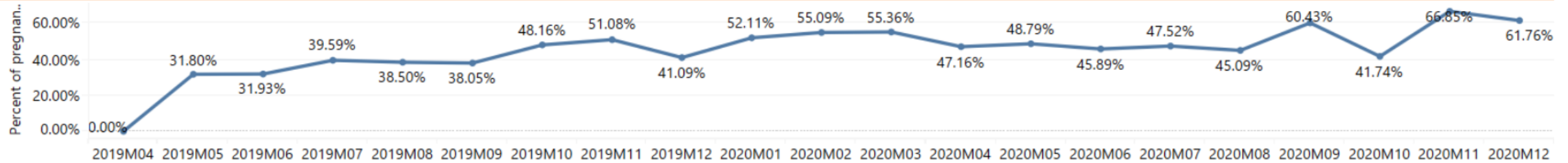
70% vs. 93% (↑23%)

Developed clinical
pathways/order sets for
pregnant women with OUD

34% vs. 66% (↑32%)

You Impacted OUD Process Measures!

OUD SUD Screening Percentage



	2019Q2			2019Q3			2019Q4			2020Q1			2020Q2			2020Q3			2020Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Women screened for SUD with a validated screen at any time during the pregnancy	0	627	600	869	844	783	994	947	1,042	961	968	1,043	1,113	1,191	1,162	1,189	1,156	1,031	718	1,196	953
Women with a delivery in the month	989	1,972	1,879	2,195	2,192	2,058	2,064	1,854	2,536	1,844	1,757	1,884	2,360	2,441	2,532	2,502	2,564	1,706	1,720	1,789	1,543

You Impacted NAS Structure Measures!

Baseline compared to October-December 2020

Percentage of nursing staff
caring for newborns trained in
validated assessments for NAS

63% vs. 80% (↑17%)

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

23% vs. 35% (↑12%)

Standardized non-
pharmacologic protocols for
NAS

71% (Oct.-Dec. 2019) vs.
93% (↑22%)

Used standardized
pharmacologic protocols for
NAS

76% (Oct.-Dec. 2019) vs.
88% (↑12%)

You Impacted Structure Measures!

Baseline compared to October-December 2020

Respond with unit-standard,
stage-based, OB hemorrhage
emergency management plan
with checklists

69% vs. 92% (↑23%)

Offer support programs for
patients, families, and staff for
significant hemorrhages

15% vs. 49% (↑34%)

Established a system in your
facility to perform regular,
formal debriefs after cases
with major complications

67% vs. 90% (↑23%)

We Have Improvement Areas for 2021!

Baseline compared to October-December 2020

Engage diverse patient, family,
and community advocates who
can represent important
community partnerships on
quality and safety leadership
teams

46% vs. 49% (↑3%)

Implement QI projects that
target disparities

49% vs. 56% (↑7%)

You did this during a pandemic &
even launched new priorities.



MMRC

PQC

PA PQC

Pennsylvania Perinatal Quality Collaborative

2021 Initiatives: *No Quality without Equity*

A Primary Focus:

Maternal OUD & NAS

Open enrollment period

Immediate Postpartum LARC

Express interest by April 1

A Complementary Focus:

**Moving on Maternal
Depression (MOMD)**

Express interest by March 1

A Complementary Focus:

Severe Hypertension (AIM)

Express interest by March 1

With Support From...

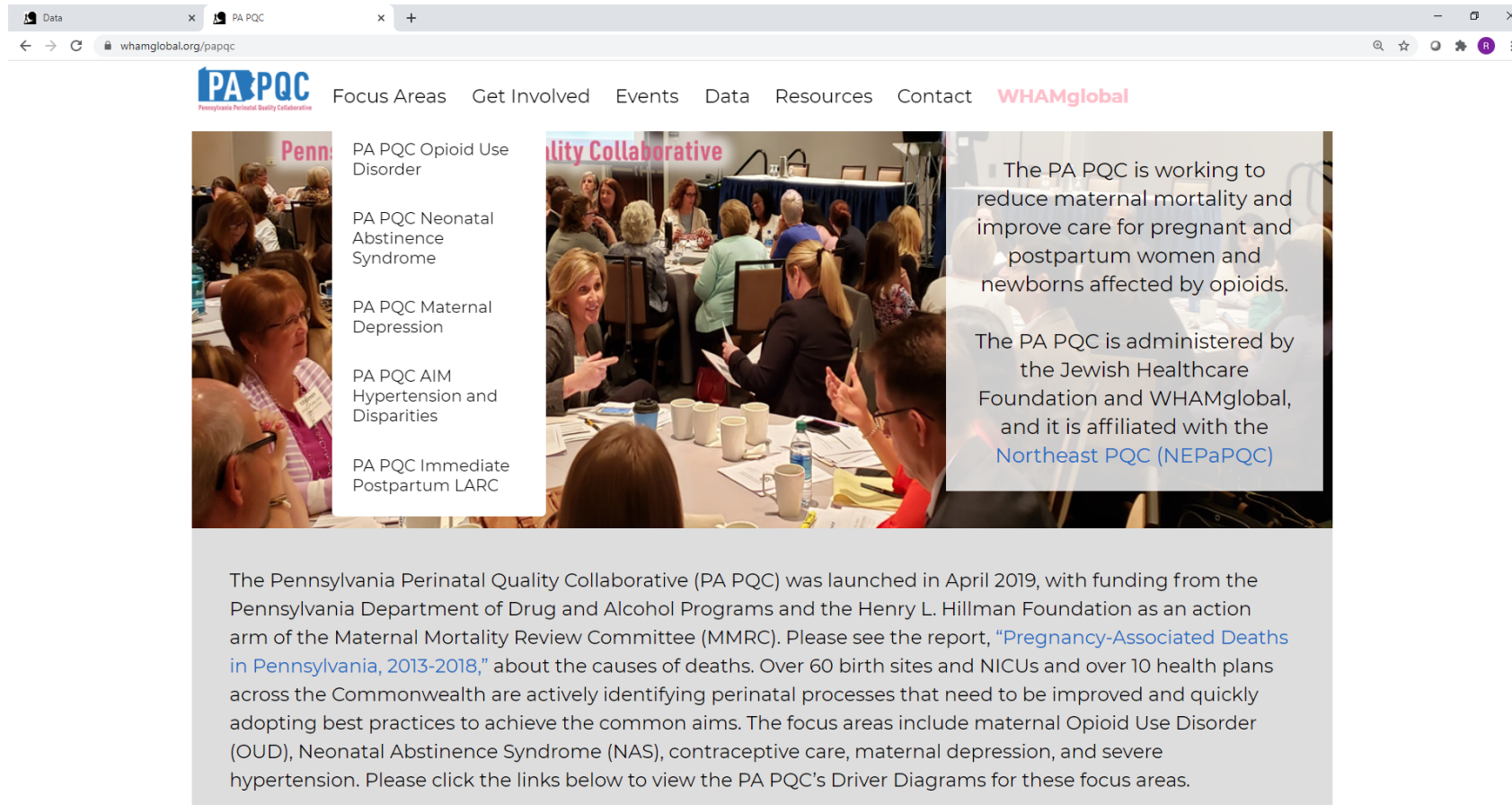


Why?

- Maternal mortality rates are 3x greater for Black women than for white women in Pennsylvania
- Accidental poisoning is the leading cause of pregnancy-associated deaths in Pennsylvania
- Preeclampsia is one of the most preventable causes
- Perinatal mood and anxiety disorders are the #1 complication in pregnancy

The PA PQC Website is Your Virtual Packet and Intranet

Each Initiative Has a Home Page



Maternal Opioid Use Disorder

**Accidental Poisoning, including Unintentional Prescription
Drug-Related Deaths, is the Leading Cause of Pregnancy-
Associated Deaths in Pennsylvania**

(PA DOH Report, [Pregnancy-Associated Deaths in Pennsylvania, 2013-2018](#))

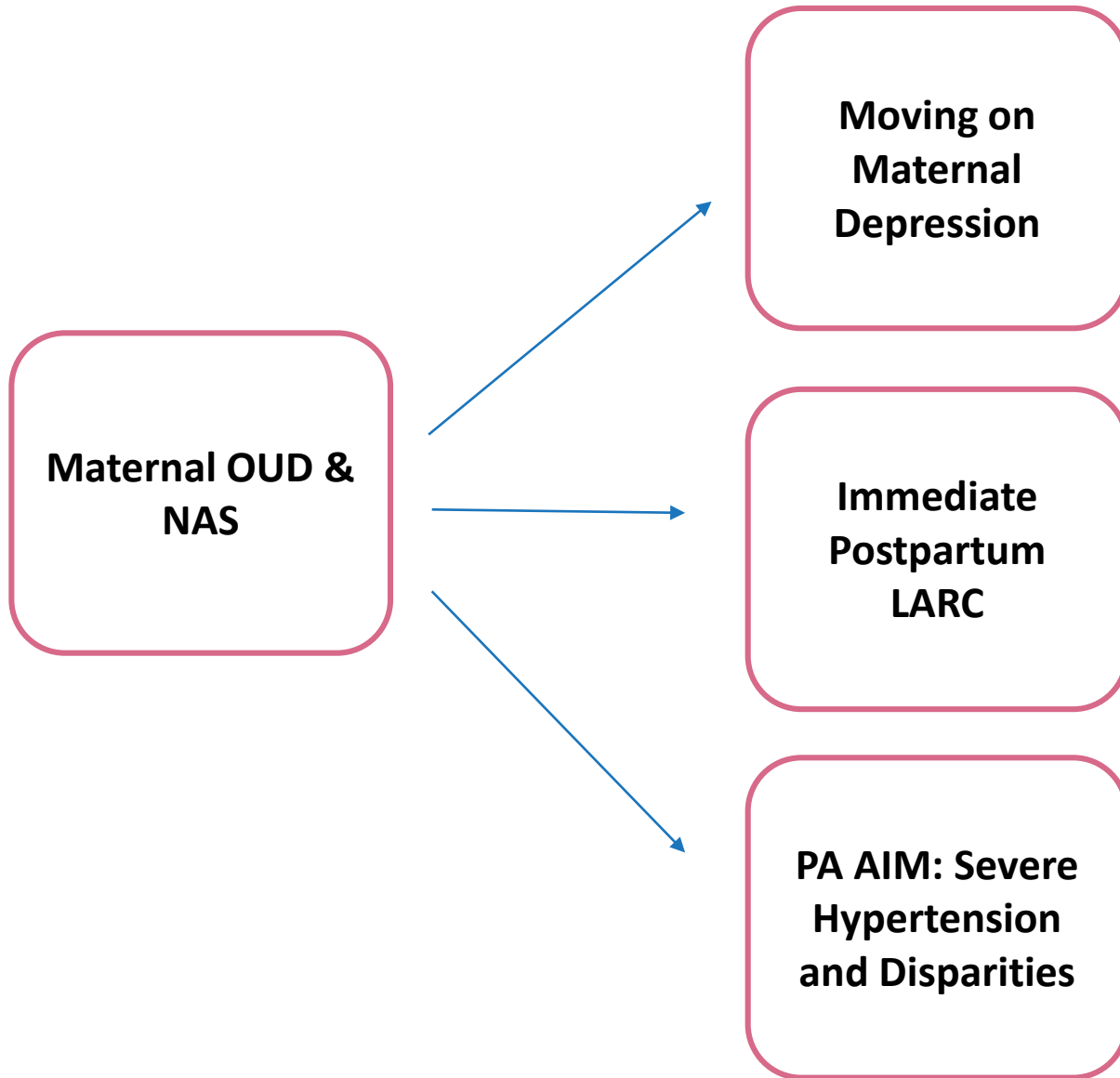
Goals

Key Interventions

Get Involved

Expectations

Resources



Uniform Expectations for All Initiatives

For the initiative your organization and team are leading:

QI Team

Further expand, develop, and structure your multi-disciplinary team

Inpatient + Outpatient + Community

Organize monthly QI team meetings to prioritize and adopt the PA PQC key interventions

Develop and implement a QI plan with protocols, making continuous improvements

Learning

Attend the quarterly Learning Sessions

Provide a QI Report Out prior to each Learning Session

Attend the QI Collaborative Meetings (if helpful to you)

Data

Complete quarterly surveys to track structure measures

Submit aggregated data for the PA PQC process and outcome measures (data portal)

Initiative-Specific Expectations

Moving on Maternal Depression (MOMD)

- ✓ Organize a community action and listening session to inform your quality improvement plan
- ✓ Attend the MOMD Team Talks (if helpful to you)

AIM

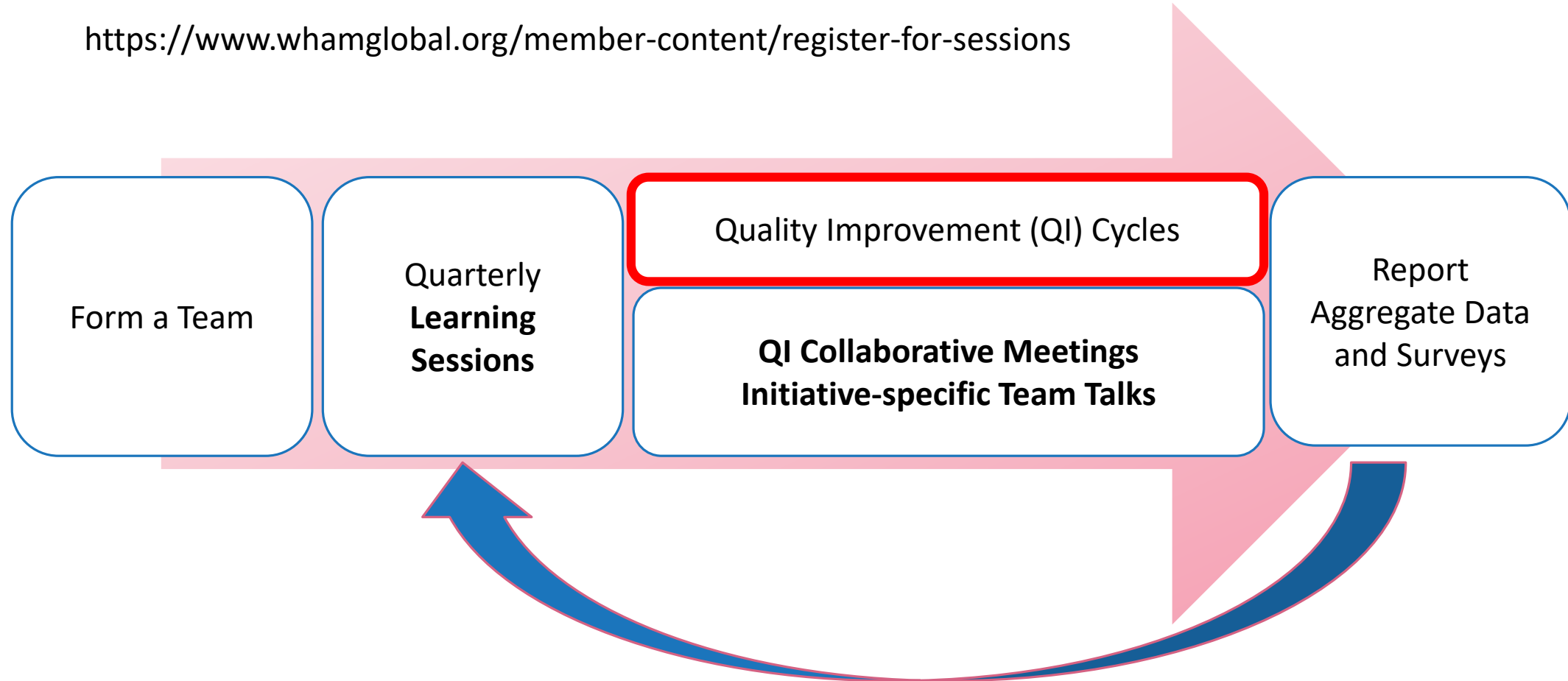
- ✓ Attend the AIM Team Talks (if helpful to you)
- ✓ Apply for the PA AIM Innovation Award
 - ✓ Application submitted by Level I or II birth hospital with support from Level III or IV birth hospital

Immediate Postpartum LARC

- ✓ Organize trainings with assistance from the PA PQC and ACOG
- ✓ Attend the IPLARC Team Talks (if helpful to you)

Differentiating Between the Sessions

<https://www.whamglobal.org/member-content/register-for-sessions>



How to Get Involved

NAS & Maternal OUD

- Contact your PA PQC quality improvement coach or papqc@whamglobal.org

MOMD

- Express interest and complete a baseline survey (<https://www.surveymonkey.com/r/58GM9BR>)

PA AIM

- Express interest (<https://www.surveymonkey.com/r/VT6RWQ5>) and complete readiness assessment (https://acog.az1.qualtrics.com/jfe/form/SV_25hX91AYTkBNOxD)
- Complete MOU and DUA provided by the PA PQC in March

Immediate Postpartum LARC

- Complete a baseline readiness survey (<https://www.surveymonkey.com/r/W6VPQRJ>)

Structure Measures: Collected Quarterly

PA PQC teams notified 15 days after the end of the quarter

Surveys due 30 days after the end of the quarter

<https://www.whamglobal.org/data-collection#PA-PQC-Site-Surveys>

OUD Survey

NAS Survey

IPLARC Survey

Moving on Maternal Depression Survey

PA AIM Survey (*replaced the “Maternal Mortality Survey” in 2021*)

Process Measures:

Maternal OUD

screened with validated SUD screen during pregnancy

with delivery in month

with OUD diagnosis during pregnancy

with delivery in the month

administered a MAT medication during or after pregnancy

with delivery and OUD diagnosis in the month

with postpartum visit 1-84 days after delivery

with delivery at least 84 days ago with OUD

All Monthly

Go to

<https://www.whamglobal.org/data-collection>

for the most up to date guidance

Process & Outcome Measures:

NAS

Median hospital length of stay for newborns with NAS

Quarterly

treated with a non-pharm bundle

NAS cases

Monthly

receiving pharmacologic therapy

NAS cases

Monthly

referred to appropriate follow-up services

NAS cases

Monthly

Go to
<https://www.whamglobal.org/data-collection> for the most up to date guidance

Process Measures:

Immediate Postpartum LARC

received LARC prior to discharge

postpartum individuals who desired IPLARC

with OUD who received LARC prior to discharge

postpartum individuals with OUD who desired IPLARC

All Monthly

Go to

<https://www.whamglobal.org/data-collection>

for the most up to date guidance and details

Process Measures: MOMD

All Quarterly

All by Race/Ethnicity

Annually (NH white, NH black, Hispanic, NH other)

Go to

<https://www.whamglobal.org/data-collection> for the most up to date guidance

with validated depression screening during pregnancy

deliveries during measurement period

with follow-up care within 30 days

with positive depression screen during pregnancy

with standardized depression during 84 day period after delivery

with deliveries 84 days prior to start and end of measurement period

with follow-up care within 30 days

with deliveries 84 days prior to start and end of period with positive depression screen during the 84 day period after delivery

**Use HEDIS-compliant data fields
e.g., “follow-up” means:**

- An outpatient or telephone follow-up visit
- A depression care management encounter
- A behavioral health encounter
- A dispensed antidepressant medication
- Documentation of additional depression screening indicating no depression (i.e., if positive PHQ-2 then negative PHQ-9 on the same day)

Process & Outcome Measures:

PA AIM: Hypertension & Disparities

treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine

with acute-onset severe hypertension (SBP \geq 160 or DBP \geq 110) that persists for 15 min. or more

PA PQC AIM hospitals are still encouraged to report:

- Severe Maternal Morbidity (SMM)
- SMM excluding cases with only a transfusion code

All Quarterly

All by Race/Ethnicity

Annually

(NH white, NH black, Hispanic, NH other)

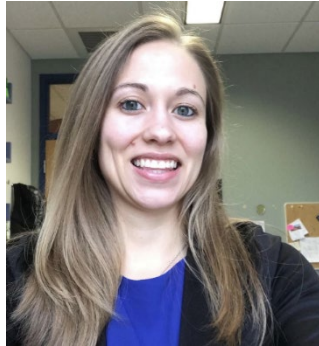
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*There are a lot of opportunities:
it all starts with your team and QI*
Step 1: prioritize as a team

Our aim is to connect to and support your existing or upcoming QI work in these areas.

Your Coaches are Here to Guide and Support



Karena Moran, PhD
Research and Quality
Project Manager



Jennifer Condel, SCT(ASCP)MT
Manager, Lean Healthcare
Strategy and Implementation



Pauline Taylor, CQIA
Program Specialist



Elizabeth Balskus, MA
Quality Improvement Facilitator



Carol Frazer, MEd, LPC
Practice Transformation Specialist

Thank You!

PA PQC

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