

# New Website!

[www.papqc.org](http://www.papqc.org)



# Accomplishments of 2022 and SMART Goals of 2023

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MMRC

PQC



Pennsylvania Perinatal Quality Collaborative

62 hospitals, representing 82.5% of live births in PA



<https://www.papqc.org/about/hospitals>

# # Participating Hospitals by 2023 Initiatives

*No Quality without Equity*

**45** Substance-Exposed Newborns (NAS)

**55** Maternal Substance Use (OUD)

**24** Immediate Postpartum LARC

**23** Moving on Maternal Depression (MOMD) \*SUSTAINING\*

**23** Severe Hypertension Treatment (Alliance for Innovation on Maternal Health) \*SUSTAINING\*

# 2023-2024 Implementation period PA PQC includes...

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**62** birth sites and NICUs

*82.5% of live births in PA*

*Goal:* At least **45 birth hospitals and NICUs** meet the **minimum criteria for active participation** for the Maternal Substance Use, SEN initiatives, and/or IPLARC initiatives over the implementation period of April 2023 to March 2024

# *New PA PQC Teams*

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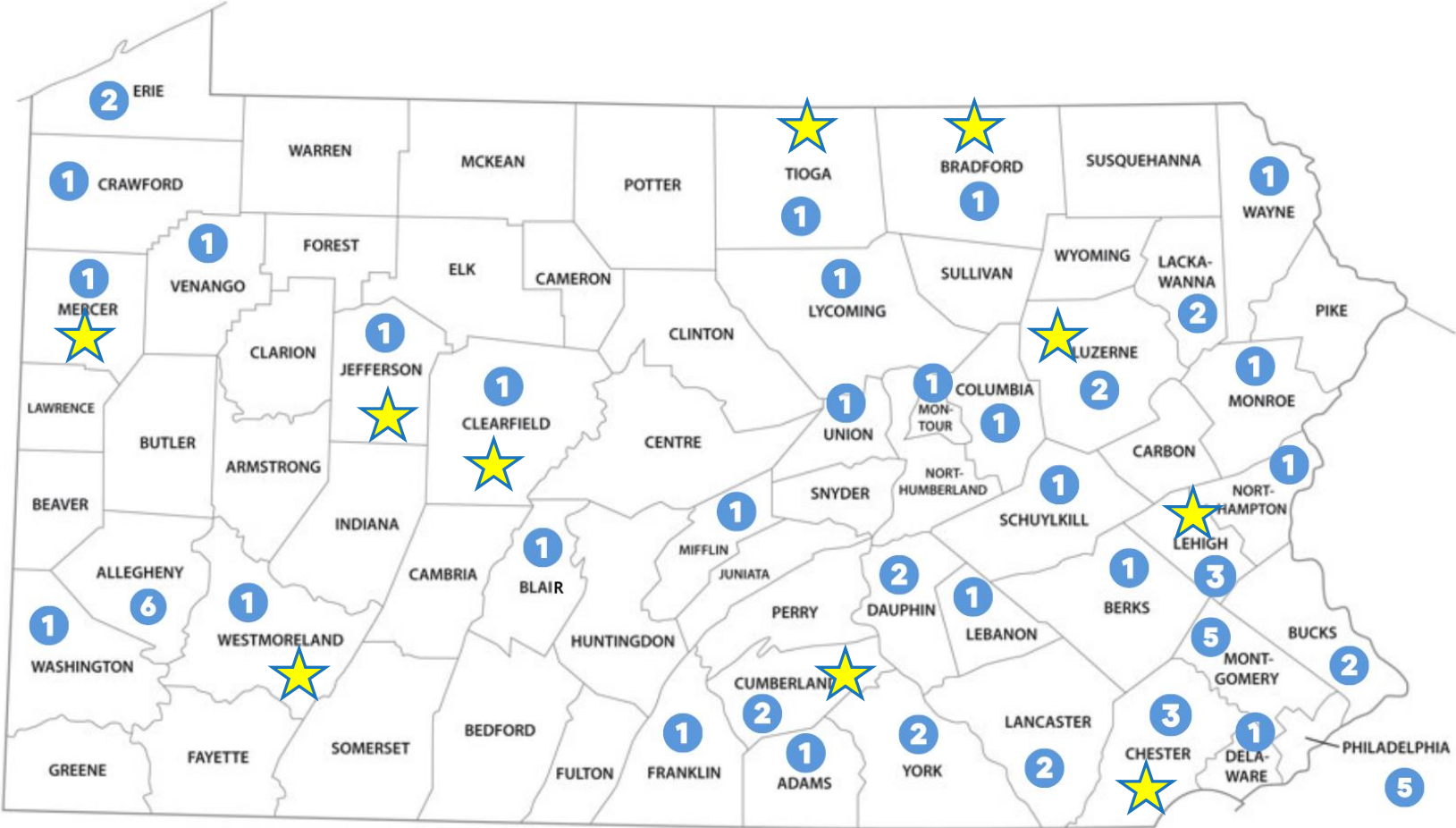
## BRAND NEW TO THE PA PQC

- ❖ Commonwealth Health – Wilkes-Barre General Hospital
- ❖ Lehigh Valley Health Network – Hazelton
- ❖ Meadville Medical Center
- ❖ Penn Highlands DuBois Hospital
- ❖ Penn State Health Hampden Medical Center
- ❖ Tower Health – Phoenixville Hospital

## PREVIOUSLY ON PAUSE

- ❖ Guthrie Robert Packer Hospital Birthing Center
- ❖ Excelsior Health Westmoreland – Excelsior Health Greensburg Community Hospital
- ❖ Punxsutawney Area Hospital
- ❖ UPMC – Wellsboro

- Excelsa Health - Greensburg Community Hospital
- Tower Health - Phoenixville Hospital
- Commonwealth Health - Wilkes-Barre General Hospital
- Lehigh Valley Health Network – Hazleton
- Meadville Medical Center
- Penn Highlands Dubois Hospital
- Penn State Health Hampden Medical Center
- Punxsutawney Area Hospital
- UPMC Wellsboro
- Guthrie-Robert Packer Hospital



# Initiatives 2023-2024

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## IMPLEMENTATION

- **46** healthcare teams are participating in the **Substance Exposed Newborn Initiative** (which includes NAS)
- **54** healthcare teams are participating in the **Maternal Substance Use Initiative** (which includes OUD)
- **24** healthcare teams participating in the **Immediate Postpartum LARC (IPLARC) initiative**

## SUSTAINMENT

- **23** healthcare teams are sustaining the **Moving on Maternal Depression (MOMD) Initiative**
- **23** healthcare teams are sustaining the **PA AIM Severe Hypertension (HTN) Treatment Initiative**

# Structure measures (Survey) completion rates

**Goal:** Increase the *consistency of SUD and SEN survey submissions* to at least **70%** of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period

Initiative	Response rate			
	Q1	Q2	Q3	Q4
Maternal Substance Use	74%	85%	67%	95%
Substance Exposed Newborns	76%	89%	60%	86%
Moving on Maternal Depression	76%	91%	61%	87%
Immediate Postpartum LARC			100%	



# Process and outcome measure submission rates

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**Goal:** Increase the *consistency of hospitals reporting data* for at least one SUD or SEN quality measure to **55%** of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period

Initiative	Response rate		
	Q2 2022	Q3 2022	Q4 2022
Maternal Substance Use	38%	51%	56%
Substance Exposed Newborns	42%	51%	53%
Moving on Maternal Depression	8%	42%	35%
Immediate Postpartum LARC	37%	32%	32%

# *PA PQC Teams* Impact on SUD Process Measures

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THROUGH Q4 2022 REPORTED QUARTERLY

# Maternal Substance Use Goals

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- Increase the percent of hospitals with *trauma-informed protocols* in the context of substance use from approx. **10% to 20%**
  - Q4 2022: **10%**
- Increase the percent of hospitals with a system in place to *provide naloxone* to at risk patients prior discharge from **8% to 30%**
  - Q4 2022: **26%**

# Maternal Substance Use Goals

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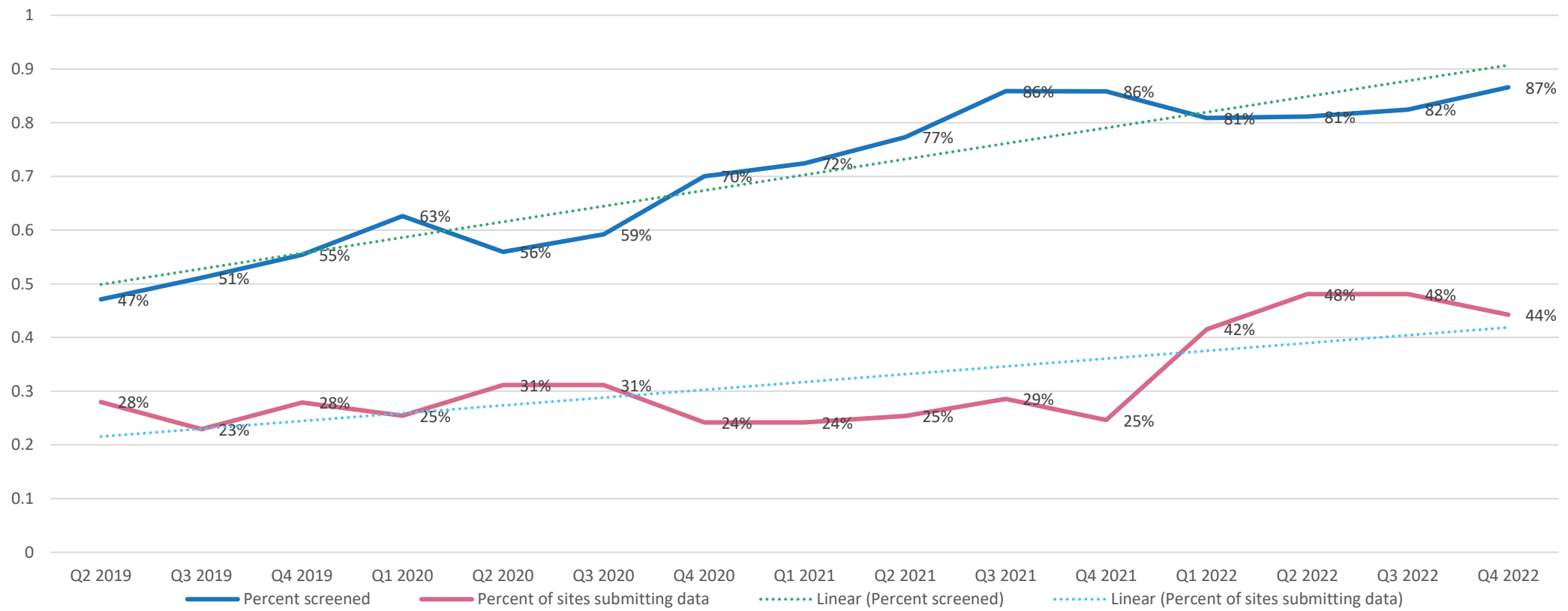
- Increase the percent of hospitals from **60% to 70%** with ***established perinatal care pathways*** for SUD that coordinate services across multiple providers up to 1 year postpartum
  - Q4 2022: **44%**
- Maintain at least **90%** of pregnant individuals being ***screened for substance use*** with a validated screen
  - 23 healthcare teams submitted data for this measure in Q4 2022
  - **87% (10,851/12532) patients screened**

# *SUD outcomes as of December 2022*

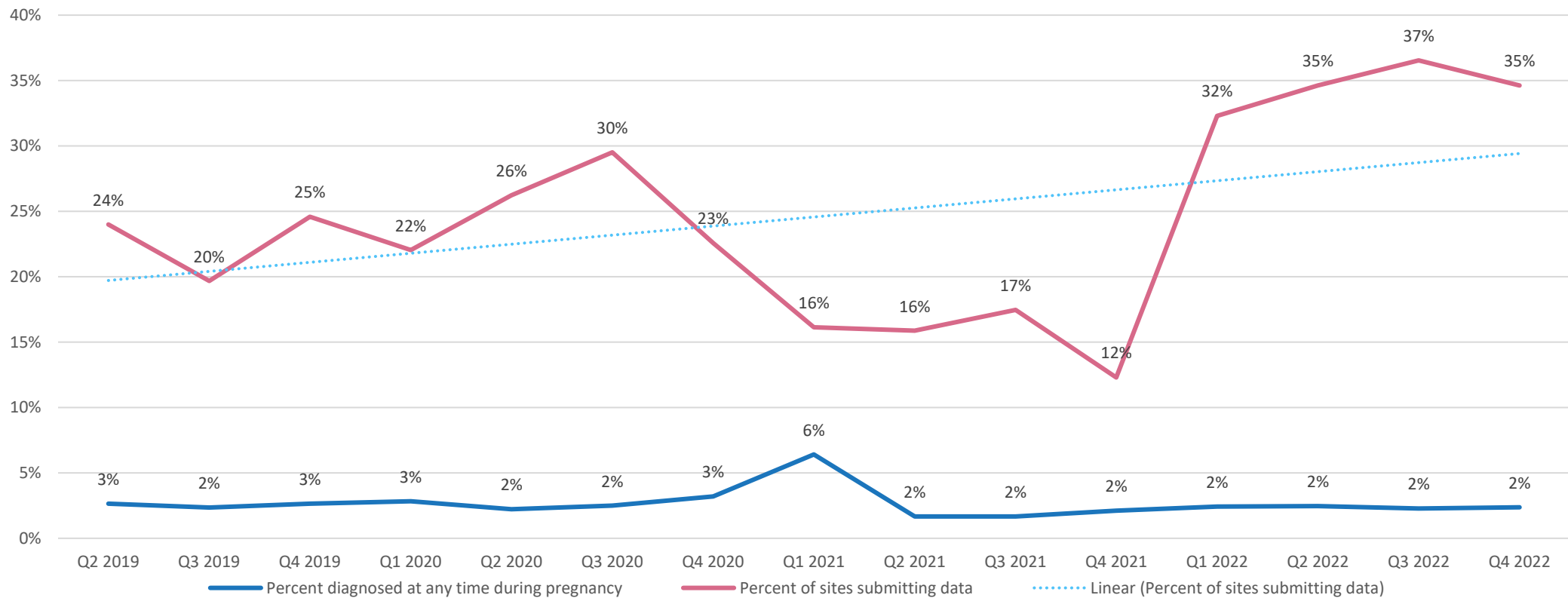
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- **90%** reported they have evidence-based **patient education materials** on substance use in pregnancy and the caregiver's role in SEN care
- **92%** reported they are using a validated **screening tool for substance use** in pregnancy
- **77%** reported they have protocols in place to provide **brief interventions**
- **82%** reported they are providing **medications for OUD** for pregnant individuals with OUD
- **92%** reported they developed **referral relationships with SUD treatment services**
- **77%** reported they provide **anti-racist training** for providers, staff, and leadership

# Percent screened for SUD with validated tool



# Percent diagnosed with OUD any time during pregnancy



# *PA PQC Teams* Impacted SEN Structure Measures

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THROUGH Q4 2022 REPORTED QUARTERLY



# Substance Exposed Newborn Goals

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- Increase the percent of newborn care teams ***educated on post-discharge services*** from **70% to 80%** of participating hospitals
  - Q4 2022: **74%**
- Increase the percent of newborn care teams ***educated on the criteria for Plans of Safe Care*** from **70% to 80%** of participating hospitals
  - Q4 2022: **71%**
- Maintain at least **75%** of newborns with NAS receiving ***non-pharmacotherapy bundled treatments***
  - 22 healthcare teams submitted data for this measure in Q4 2022
  - **76% (58/172) infants treated non-pharmacologically**

# Substance Exposed Newborn Goals

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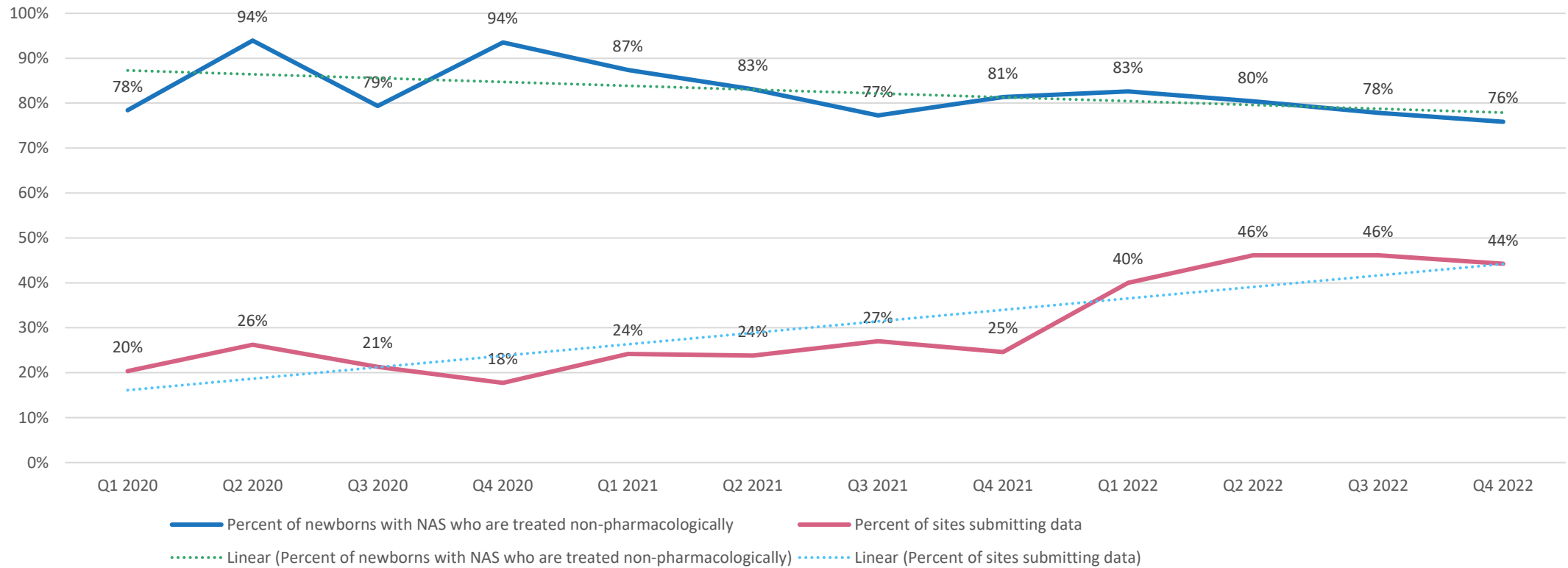
- Increase the percent of newborns with NAS who *were referred to appropriate follow-up services* at discharge from **85% to 95%**
  - 19 healthcare teams submitted data for this measure in Q4 2022
  - **79% (125/158) infants referred**
- Increase the percent of hospitals with a *protocol to close the loop* on the referral status with the post-discharge services and supports from **30% to 50%**
  - **Q4 2022: 29%**

## *SEN outcomes as of December 2022*

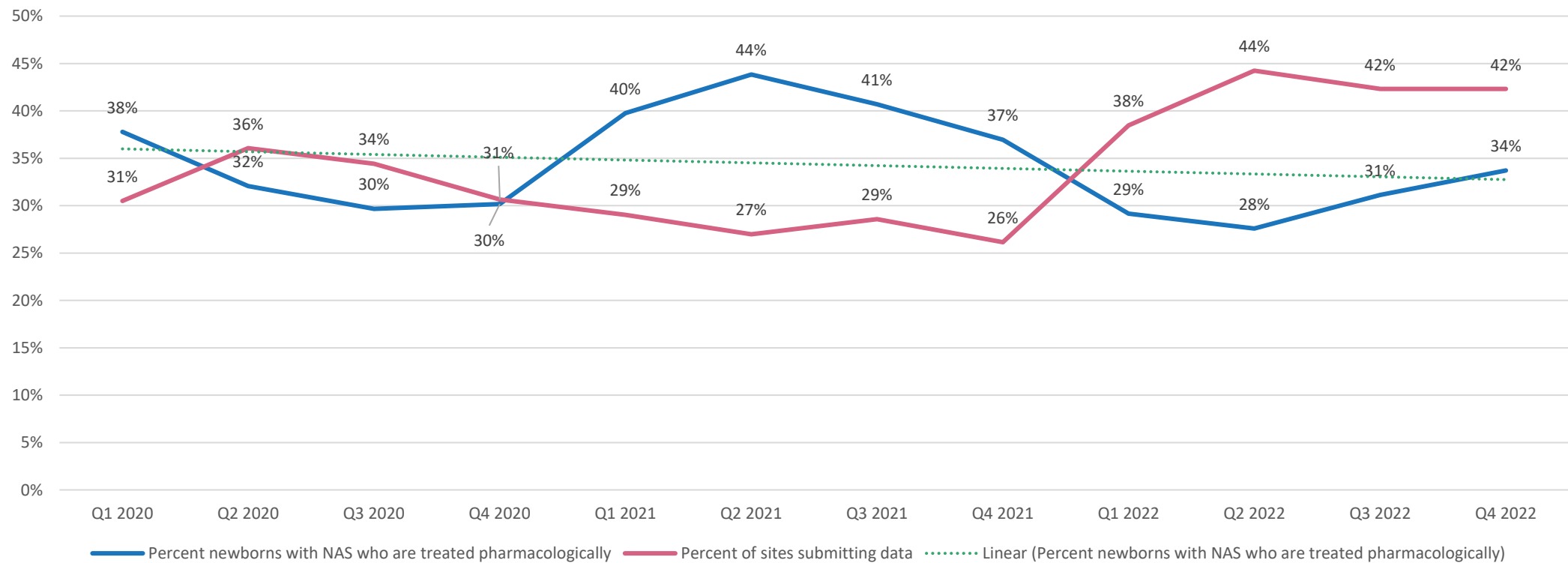
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- **56%** reported they are using the CSTE case definition for NAS)
- **89%** reported they established breastmilk feeding guidelines for SUD that support breastfeeding among those taking medications for OUD without contraindications
- **95%** reported they use standardized pharmacologic protocols for NAS
- **100%** reported they use non-pharmacologic protocols for NAS
- **71%** reported they have been educated on criteria for Plans of Safe Care, their role, and the how to explain it to families
- **74%** reported their newborn care teams (providers, nurses, and social workers) are educated on post-discharge services and supports

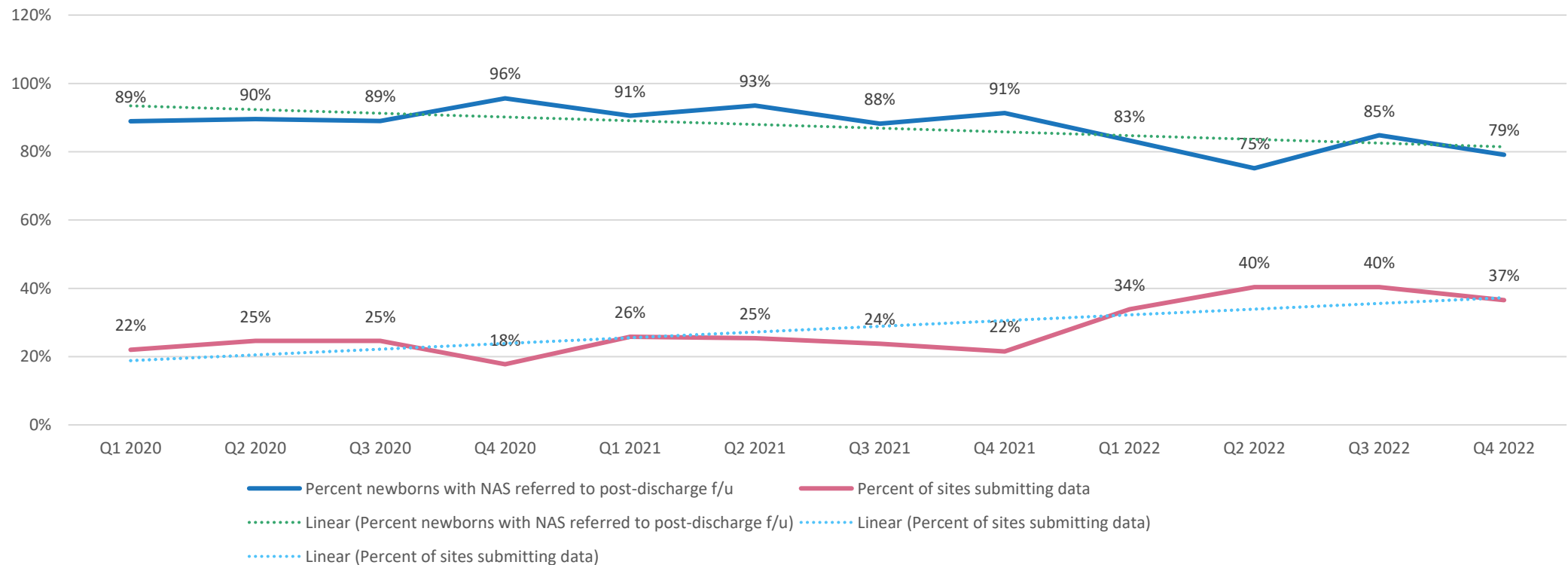
# Percentage of newborns with NAS treated non-pharmacologically



# Percentage of newborns with NAS who receive pharmacologic treatment



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



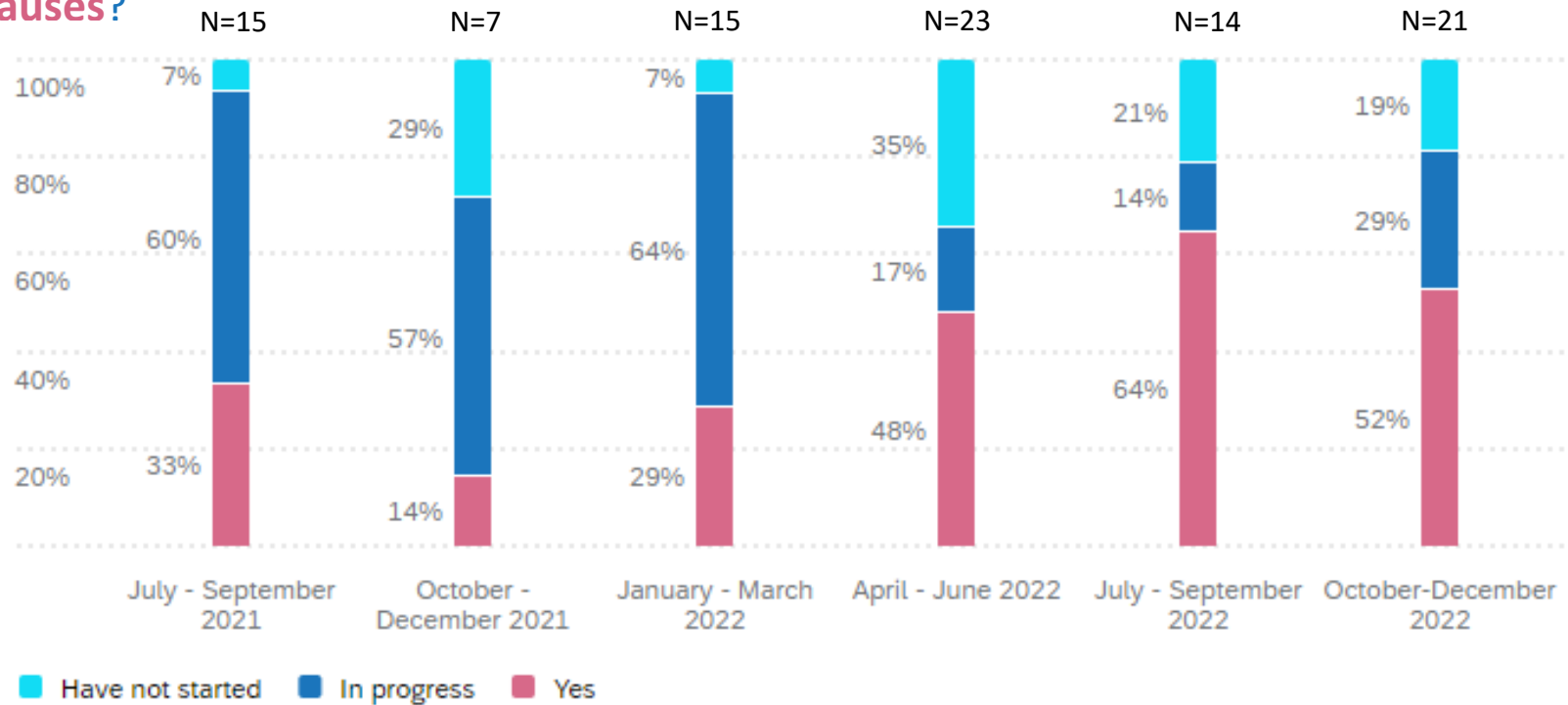
# PA PQC Moving on Maternal Depression

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STARTED IN THE 2<sup>ND</sup> QUARTER OF 2021  
IN SUSTAINMENT APRIL 2023-MARCH 2024  
DATA AS OF DECEMBER 2022

# Successes around disparities and equity

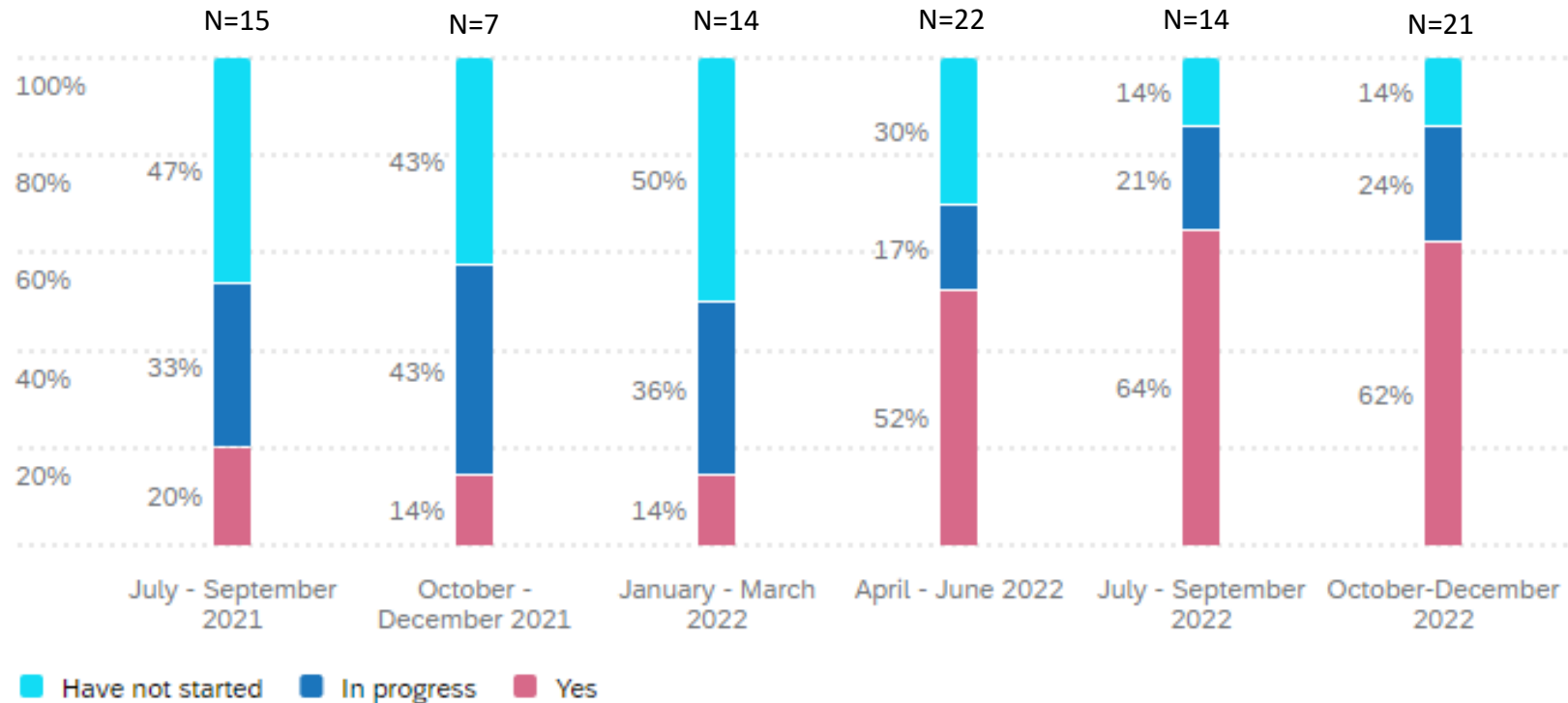
Does your organization provide staff-wide education on **perinatal racial and ethnic disparities and root causes?**





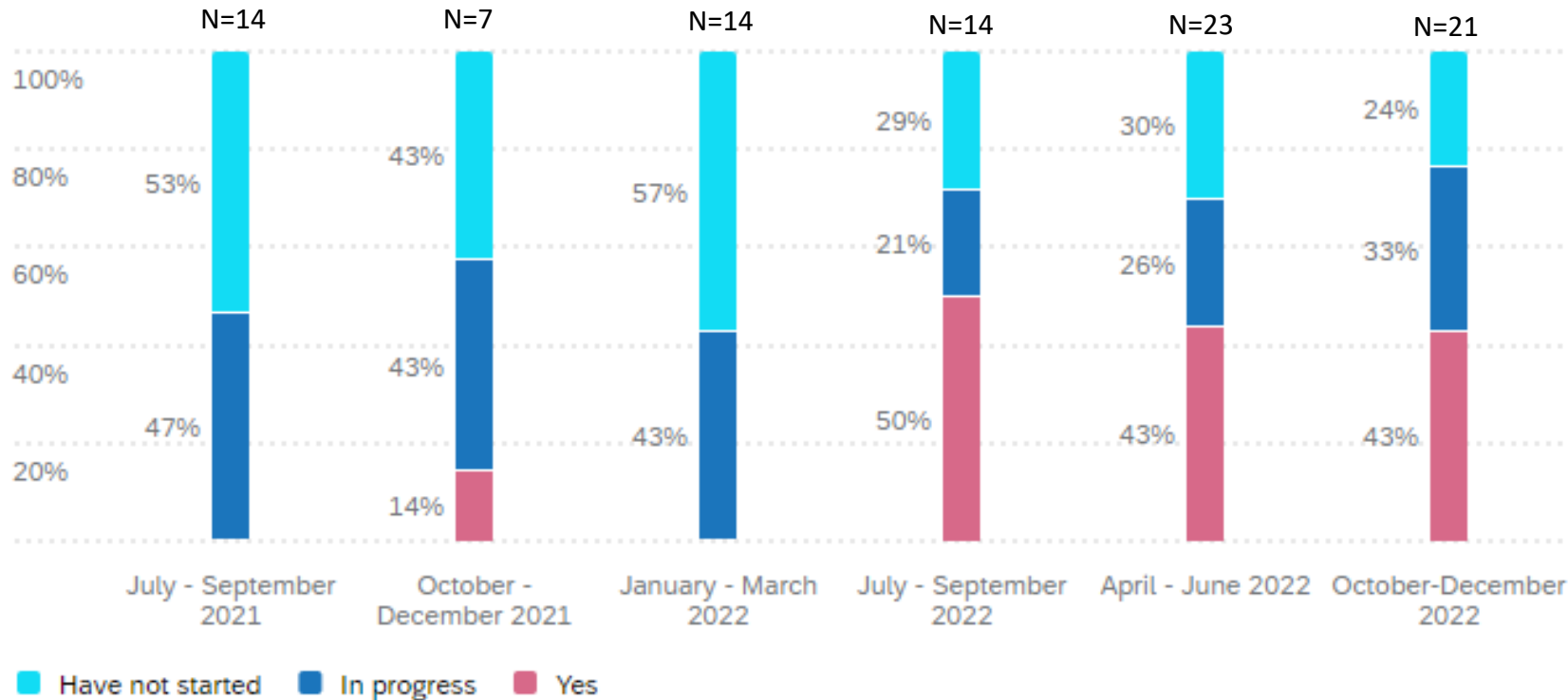
# Successes around disparities and equity

Do you work with patient/family advocates or community resources to **inform your maternal mental health screening and follow-up processes?**



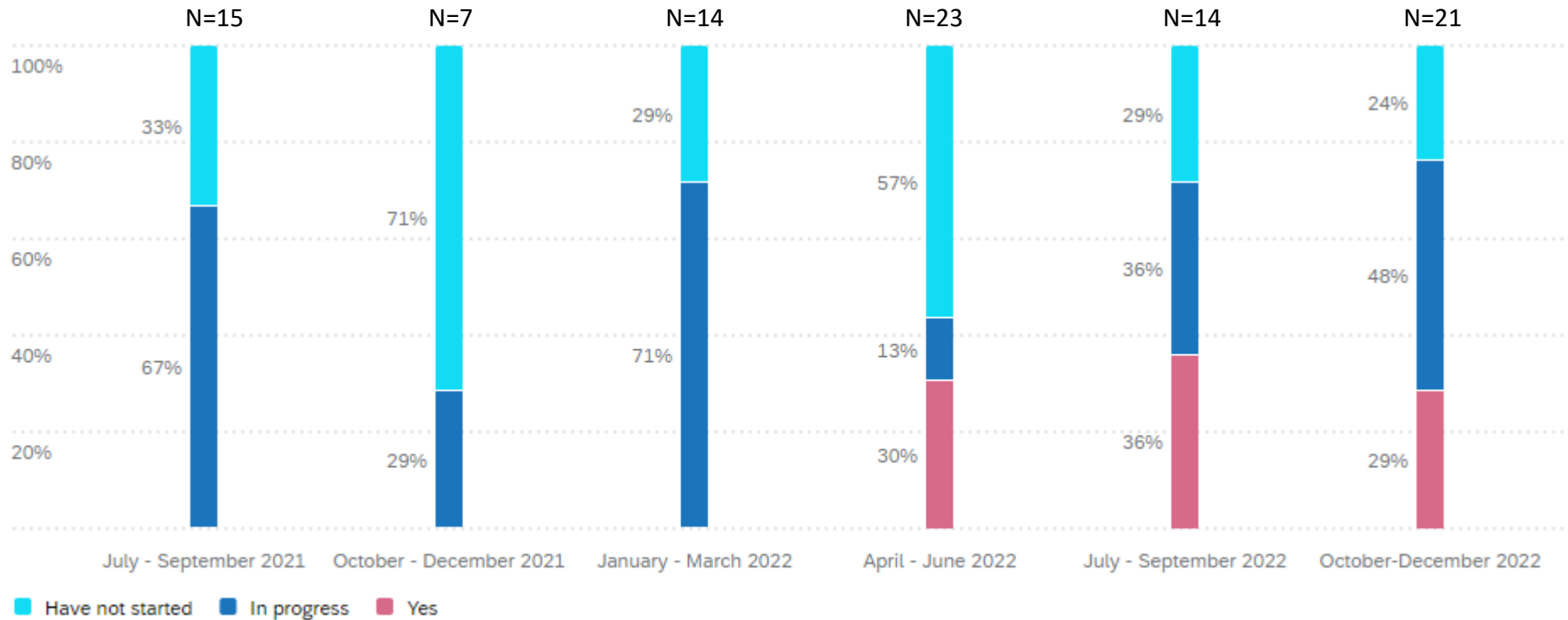
# Successes around disparities and equity

Do you work with patient/family advocates or community resources to inform your work to **reduce racial disparities**?



# Successes around disparities and equity

Have you conducted a quality improvement project to **reduce racial disparities in** maternal mental health quality measures?



# MOMD Process Measures

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## PRENATAL DEPRESSION SCREEN

- Among 8 hospitals reporting data in Q4 (23 hospitals total)
- 86% Pregnant individuals (4,288/5,004) screened for depression prenatally

## POSTPARTUM DEPRESSION SCREEN

- Among 8 hospitals reporting data in Q3 (23 hospitals total)
- 74% postpartum individuals (3,501/4,732) screened for depression postpartum

# MOMD Process Measures

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INDIVIDUALS SCREENED POSITIVE FOR DEPRESSION DURING THE PRENATAL PERIOD RECEIVED FOLLOW-UP CARE WITHIN 30 DAYS

- Among 3 hospitals reporting data in Q4 (23 hospitals total)  
69% Pregnant individuals (218/315) screened for depression prenatally

POSTPARTUM INDIVIDUALS WHO SCREENED POSITIVE FOR DEPRESSION DURING THE POSTPARTUM PERIOD RECEIVED FOLLOW-UP CARE WITHIN 30 DAYS

- Among 8 hospitals reporting data in Q4 (23 hospitals total)  
63% postpartum individuals (159/243) screened for depression postpartum

# *PA PQC Teams* Impacted IPLARC Structure Measures

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AS OF DECEMBER 2022

*19 of 21 PA PQC IPLARC hospitals are now routinely  
counseling, offering, and providing immediate  
postpartum LARC*