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PA PQC Overview

PA PQC Formation

Between 2013 and 2017, the PA Preemie Network, under the PA American Academy of Pediatrics, formed and prioritized goals to improve care for Neonatal Abstinence Syndrome (NAS). The Preemie Network held Stakeholder Summits in April 2017 and 2018 that gained consensus on establishing a Perinatal Quality Collaborative in PA. To support work in-between these summits, March of Dimes convened PA PQC Task Force meetings between 2017 and 2018, facilitating efforts to create the PA PQC. The Jewish Healthcare Foundation (JHF) received initial funding from the Henry L. Hillman Foundation and joined the PA PQC Task Force in 2018, agreeing to house the PA PQC in partnership with statewide stakeholders. Geisinger also received funding to stand up a regional Northeastern PA PQC in July 2018 with a focus on NAS and maternal OUD. In the fall of 2018, the PA Maternal Mortality Review Committee (PA MMRC) was formed to identify the causes of maternal deaths and develop recommendations to reduce maternal mortality.

To launch the PA PQC as the action arm of the MMRC and dissemination vehicle for the Multi-Disciplinary Workgroup on Infants with Substance Exposure (MDWISE), JHF convened the first PA PQC Advisory Group in November 2018 and a series of seven Work Groups with Co-Chairs and over 150 members across the Commonwealth.

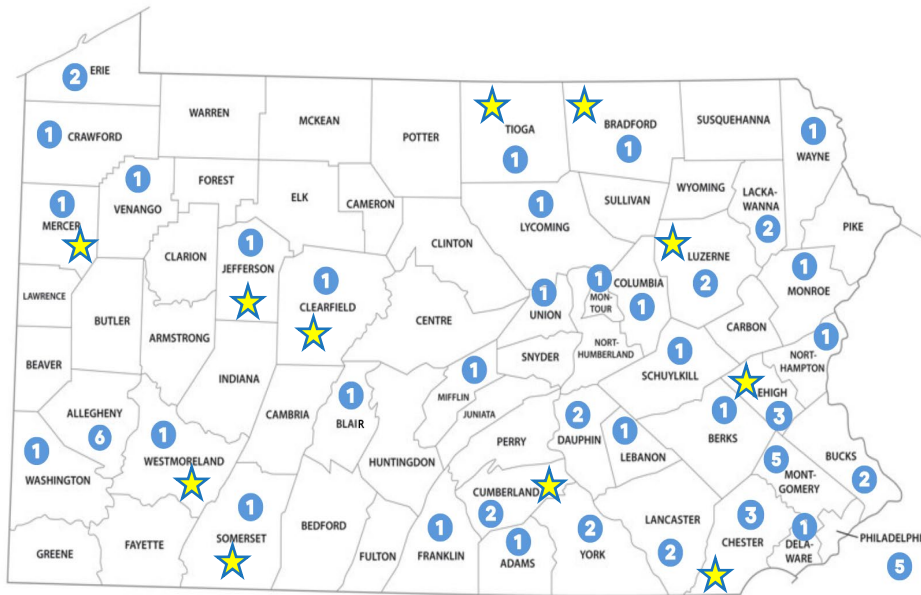
With funding from the PA Department of Drug and Alcohol Programs (PA DDAP) and an initial focus on maternal Opioid Use Disorders (OUD) and NAS, the PA PQC was launched during its first Learning Session in April 2019. Over time, the PA PQC's initiatives expanded to substance-exposed newborns, maternal substance use, severe hypertension, access to immediate postpartum LARC, and maternal depression.

PA PQC Mission

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

PA PQC Hospitals

63 birth hospitals and NICUs, representing 82.5% of live births in PA, are currently participating in the PA PQC's initiatives, which operate on an April through March Implementation Period. The list of the participating hospitals and the initiatives they are participating in is available here <https://www.papqc.org/about/hospitals>. The number of PA PQC birth hospitals in each county is shown in the map below, and the stars indicate a county with hospitals that are new to the PA PQC this year.



PA PQC's Functions

To support the hospitals in implementing the key interventions in the PA PQC's initiatives, the PA PQC:

- Provides guidance on forming and structuring quality improvement teams
- Provides Designations and Quality Improvement Awards
- Facilitates in-person Learning Sessions and Virtual Meetings for peer-to-peer learning
- Offers trainings
- Receives data from the hospitals for the initiative's structure, process, outcome measures
- Provides feedback on the measures compared to state averages
- Forms statewide workgroups to gain consensus on key interventions, measures, and policies
- Vets and creates resources and toolkits



Data Update on the PA PQC Healthcare Team's Impact

NAS and Substance Exposed Newborns

Among the 37 hospitals that submitted the Substance Exposed Newborn (SEN) initiative surveys for the October through December 2022 period:

- **56%** reported they are using the CSTE case definition for NAS (with an additional 23% in progress)
- **89%** reported they established breastmilk feeding guidelines for SUD that support breastfeeding among those taking medications for OUD without contraindications (with an additional 11% in progress)
- **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 (with an additional 26% in progress)
- **74%** reported their newborn care teams (providers, nurses, and social workers) are educated on post-discharge services and supports (with an additional 18% in progress)
- **Improvement opportunity: 29%** reported they created a protocol for closing the loop on the referral status with the post-discharge services and supports (with an additional 37% indicating this is in progress)

NAS Process Measures:

- Based on data 23 hospitals submitted for Q4 2022, **76%** of newborns with NAS received **non-pharmacotherapy bundled treatments** (129/170)
- Based on data 22 hospitals submitted for Q4 2022, **34%** of newborns with NAS received **pharmacotherapy** (58/172)
- Based on data 19 hospitals submitted for Q4 2022, **79%** of newborns with NAS **were referred to appropriate follow-up services** (125/158)

Maternal Substance Use and OUD

Among the 36 hospitals that submitted the Maternal Substance Use initiative surveys for the October to December 2022 period, the PA PQC observed:

- **90%** reported they have evidence-based **patient education materials** on substance use in pregnancy and the caregiver's role in SEN care (with an additional 10% in progress)
- **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** (with an additional 21% in progress)
- **82%** reported they are providing **medications for OUD** for pregnant individuals with OUD
- **92%** reported they developed **referral relationships with SUD treatment services** (with an additional 8% in progress)
- **77%** reported they provide **anti-racist training** for providers, staff, and leadership (with an additional 13% actively working on it)



- **Currently Improving: 26%** reported they have put a system in place to provide **naloxone** to patients prior to discharge (with an additional 18% actively working on it)
- **Improvement opportunity: 10%** reported that they have developed **trauma-informed protocols** in the context of substance use (with an additional 33% working on it)
- **Improvement opportunity: 38%** reported they provide **training for staff on substance use** among pregnant and postpartum individuals that also explores and addresses **biases and stigma** (with an additional 20% actively working on it)
- **Improvement opportunity: 44%** reported they have established perinatal care pathways for SUD that **coordinate services across multiple providers up to one year postpartum** (with an additional 33% actively working on it)

Maternal Substance Use Screening Process Measure:

- Based on data 23 hospitals submitted for Q4 2022, **87%** of pregnant individuals were **screened for substance use** with a validated screen (10,851/12,532)

Immediate Postpartum LARC Initiative

- Among the hospitals the joined the PA PQC's Immediate Postpartum Long-Acting Reversible Contraception (LARC) initiative, **19 of the 21 hospitals** have achieved the initial goal to put in place the structures and processes to routinely counsel, offer, and provide immediate postpartum LARC.

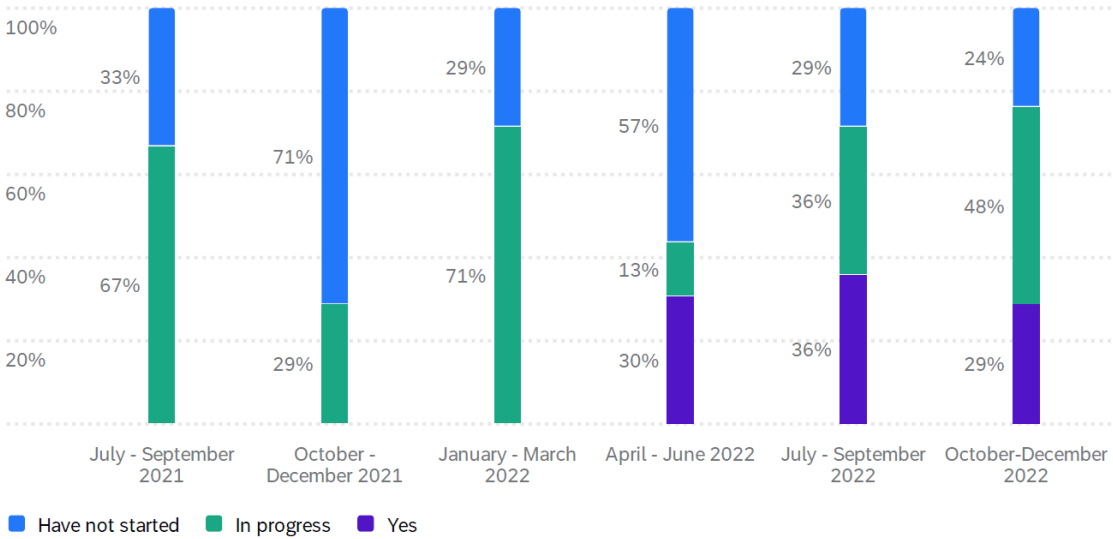
Moving on Maternal Depression

Among the 20 hospitals that submitted the Moving on Maternal Depression (MOMD) initiative surveys for the October to December 2022 period:

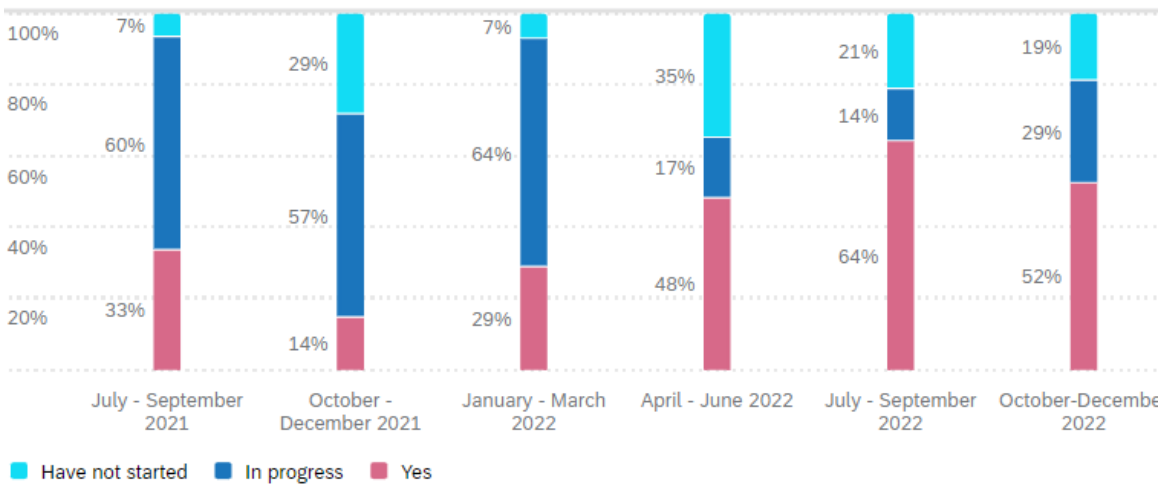
- **95%** have a process in place to screen people with a validated **mental health screening tool prenatally**
- **100%** have a process in place to screen people with a validated **mental health screening tool in the postpartum period**
- Of those with a screening process in place, they use the EPDS or PHQ-2/PHQ-9 in the prenatal/postpartum office, birth hospital, pediatric office, NICU, and/or primary care office.
- **95%** have a standardized protocol in place to **follow-up on positive depression screens**
 - **95%** have a process in place to refer to mental health
 - **60%** have a process in place to refer to community resources
 - **55%** have a process in place to provide medications
 - **85%** have a process in place to provide a warm handoff to a behavioral health consultant/care manager
 - **55%** have a suicide risk response policy in place
 - **20%** have a process in place to make a diagnosis
 - **10%** have a process in place to refer to home visiting
 - **5%** have a systematic review of depression cases with multidisciplinary team

The below graphs show changes over time in the racial/ethnic disparities structural measures based on MOMD survey data from the PA PQC Healthcare Teams.

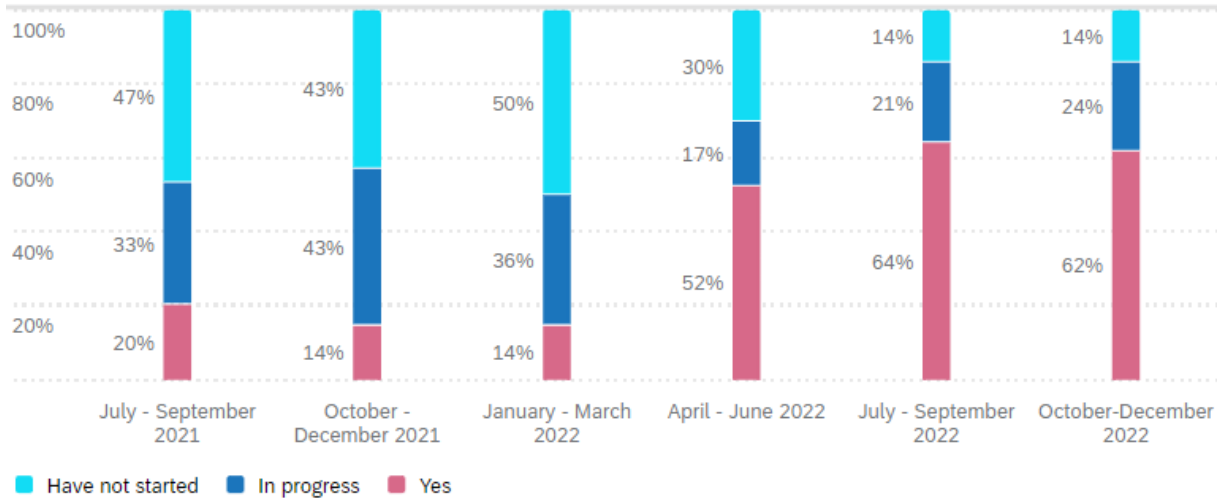
Have you conducted a quality improvement project to reduce racial disparities for maternal mental health quality measures? ⓘ



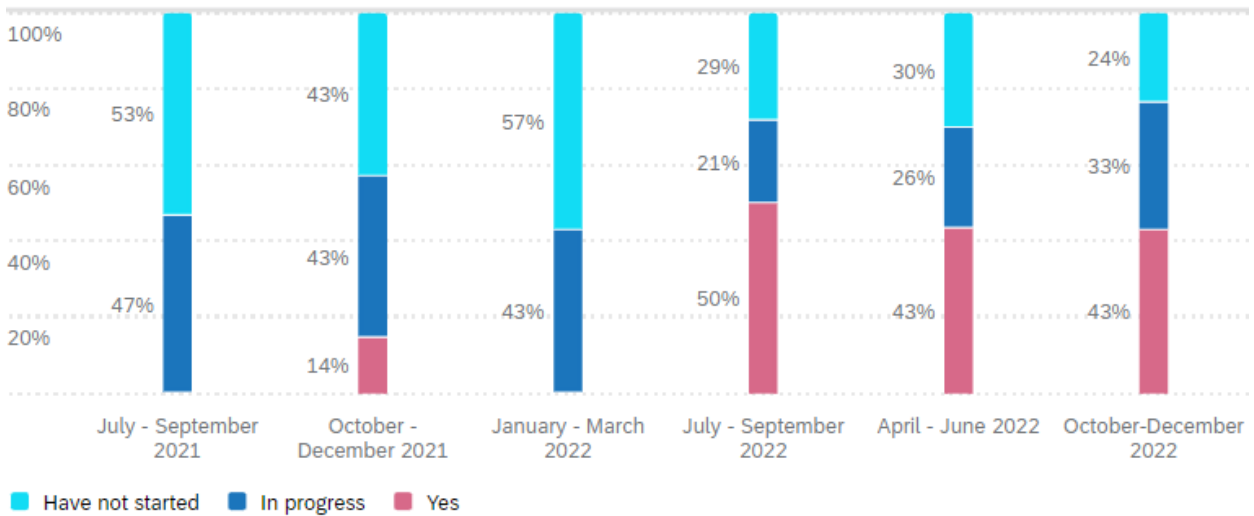
Does your organization provide staff-wide education on perinatal racial and ethnic disparities and root causes? >



Work with patient/family advocates or community resources to inform maternal mental health screening and follow-up processes >



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





MOMD Depression Screening Process Measures:

- Based on data 8 hospitals submitted for Q4 2022, **86%** of pregnant individuals were **screened for depression** with a validated screen during the **prenatal period** (4,288/5,004)
- Based on data 8 hospitals submitted for Q4 2022, **74%** of postpartum individuals were **screened for depression** with a validated screen during the **postpartum period** (3,501/4,732)

MOMD Depression Follow-up Care Process Measures:

- Based on data 3 hospitals submitted for Q4 2022, **69%** of pregnant individuals who screened positive for depression during the **prenatal period** received **follow-up care within 30 days** (218/315)
- Based on data 3 hospitals submitted for Q4 2022, **65%** of postpartum individuals who screened positive for depression during the **postpartum period** received **follow-up care within 30 days** (159/243)



PA PQC's Objectives for the April 2023 through March 2024 Implementation Period

To build on the past improvements and support the adoption of key interventions to improve care for maternal substance use and substance-exposed newborns, the PA PQC launched a continuum of care theme across the initiatives for the April 2023 through March 2024 implementation period with the following statewide objectives. The PA PQC Regional Meetings are a key strategy for supporting collaborative quality improvement work around these objectives.

Objectives that apply to all Initiatives:

- 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
- 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
- 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

Substance Exposed Newborns Initiative-Specific Objectives:

- Increase the percent of newborn care teams **educated on post-discharge services** from **70% to 80%** of participating hospitals
- Increase the percent of newborn care teams **educated on the criteria for Plans of Safe Care** from **70% to 80%** of participating hospitals
- Maintain at least **75%** of newborns with NAS receiving **non-pharmacotherapy bundled treatments** (impacting at least 350 newborns per year)
- Increase the percent of newborns with NAS who were **referred to appropriate follow-up services** at discharge from **85% to 95%** (impacting at least 350 newborns per year)
- 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%**

Maternal Substance Use Initiative-Specific Objectives:

- Increase the percent of hospitals with **trauma-informed protocols** in the context of substance use from approx. **10% to 20%**
- Increase the percent of hospitals with a system in place to **provide naloxone** to at risk patients prior discharge from **8% to 30%**
- 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
- Maintain at least **90%** of pregnant individuals being **screened for substance use** with a validated screen (impacting at least 30,000 individuals per year)