

PA PQC Hospital Name:	Maternal Substance Use Key Interventions:	Substance Exposed Newborn Key Interventions:	Immediate Postpartum Long-Acting Reversible Contraception (IP LARC) Key Interventions:
Doylestown Hospital		<ul style="list-style-type: none"> <li>-Standardize evidence-based, compassionate, non-judgmental prenatal education and support, that successfully reaches the vulnerable population of pregnant women struggling with OUD, that will continue through discharge.</li> <li>-Provide family education about NAS and ESC and what to expect in prenatal period through discharge</li> <li>-Reinforce the Neonatal Consult template and pamphlet to help families understand their hospital stay from beginning to end, reduce fear/anxiety with opportunity to meet with providers and nursing staff</li> <li>-Create a questionnaire for mother to complete at time of discharge to monitor effectiveness of program, educational process and identify areas of improvement</li> <li>-Follow up phone calls one month after discharge</li> <li>-Update NAS parent folders to provide current information regarding services/support available to parents after discharge. Encourage breastfeeding or breastmilk feeding among parents with SUD or OUD if not contraindicated:</li> <li>-Provide education for patient and family regarding current medications and how they can affect breastmilk/ breastfeeding</li> <li>-Neonatology to discuss with parents any contradictions to breastfeeding</li> <li>-Lactation Consult and daily inpatient lactation support</li> <li>-Establish and maintain breastfeeding guidelines utilizing parameters based on national guide-</li> </ul>	

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		<p>lines for parents with SUD/ODU</p> <ul style="list-style-type: none"> <li>-Maintain unit ability to provide Family Centered care</li> <li>-Decrease hospital LOS of NAS infants with multiple drug exposures and minimize the number of doses of medications (Morphine/Phenobarbital) to treat NAS infants with multiple drug exposures</li> <li>-Maximize use on non-pharmacologic interventions</li> <li>-Collect data to determine if Neonatal Abstinence Syndrome (ESC) protocol and ESC Pharmacologic Treatment Algorithm are being utilized appropriately.</li> <li>-Increase the number of nurse/physician/parent huddles to discuss progression and response to treatment.</li> <li>-Maintain unit ability to provide Family Center Care, utilizing Nesting/Border Patient Care Model</li> </ul>	
Einstein Medical Center- Montgomery		<p><u>Sustain</u>: Multidisciplinary meetings, distribution of pamphlets, non-pharmacologic supportive measures</p> <p><u>Improve</u>: Formalized ESC education; 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 (who gets EI referral) and evaluation of Plan of Safe Care, community out-reach through clinics and support groups (and visiting nursing), continued outpatient education, inpatient OT consults</p> <p><u>Start</u>: Infant massage training, evaluating rates of breastfeeding while stratifying for race, and examining parental presence stratified by race</p>	

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<b>Einstein Medical Center- Philadelphia</b>	<ul style="list-style-type: none"> <li>-No workflow in current state <u>Solution</u> – work with current MAT program LCSW to determine how to implement standardized screening on all women presenting for prenatal care</li> <li>- Change in workflow for providers and MA staff <u>Solution</u>-develop educational plan for provider and MA staff</li> </ul>	<p>ESC: -Open baby type NICU  <u>-Solution:</u> adapt ESC methodology to open bay NICU per pilot case</p> <p>No current protocol in place for ESC at EMCP  <u>-Solution:</u> Development of policy &amp; procedure by EMCP PQC team</p> <p>Prenatal Consults  -Data collection of total opioid use mothers  <u>-Solution:</u> obtain data from report from coding dept</p> <p>-Lack of educational materials in out-pt OB offices  <u>-Solution:</u> finish informational pamphlet for mothers</p> <p><u>-Solution:</u> with advent of LCSW position being filled, providers often defer to that position for follow-up, and cancel the consult.</p> <p>-Need to do education for providers.</p>	
<b>Holy Redeemer Health</b>	<ul style="list-style-type: none"> <li>-Multidisciplinary team</li> <li>-Increase education among patients and healthcare team members</li> <li>-Screen all pregnant and postpartum individuals for substance use and co-occurring needs</li> <li>-Follow up for all individuals who screen positive</li> <li>-Referral to SUD OB Navigator for those in need</li> <li>-Assess Needs and facilitate access to care – SUD Treatment, Medication Assisted Therapy, Behavioral Health, etc.</li> <li>-Integrate the individual into the team</li> </ul>	<ul style="list-style-type: none"> <li>-Increase identification of SENS</li> <li>-Decrease hospital LOS</li> <li>-Increase nonpharmacologic treatment of NAS babies</li> <li>-Standardize pharmacological treatment if needed</li> <li>-Increase breastmilk feeding if not contraindicated</li> <li>-Partnership with families and social services for Plans of Safe Care</li> <li>-Ensure follow up</li> </ul>	

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<p><b>Jefferson Health-Thomas Jefferson University Hospital-Center City (Intensive Care Nursery /Well Baby Nursery)</b></p>		<ul style="list-style-type: none"> <li>-Previous interventions now in place</li> <li>-Standardized EI referral               <ul style="list-style-type: none"> <li>-Epic note template; instructions for routing to EI through EPIC</li> </ul> </li> <li>-Standardize referral to Neonatal Follow up Clinic for all NAS</li> <li>-Standardize social work and case management referral for all NAS</li> <li>-Develop care bundle</li> <li>-Standardized pharmacologic treatment</li> <li>-Family care plans prior to discharge</li> <li>-EI, lactation, home visits, developmental medicine follow up referrals prior to discharge</li> <li>-Improving breast feeding –pumping in DR, education about importance</li> <li>-Expand interventions/measurement to all NAS population, not just those receiving pharmacologic treatment and admitted to our “NAS room.”</li> <li>-Expand standard bundle of care to well-baby nursery and remainder of intensive care nursery</li> <li>-Expand donor milk use to NAS population as needed as a bridge to maternal breast milk use</li> </ul>	
<p><b>Main Line Health-Bryn Mawr Hospital</b></p>	<ul style="list-style-type: none"> <li>-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use</li> <li>-Establish education for newly developed Trauma Informed protocols in the context of substance use</li> <li>-Revise OUD/SUD screening policy regarding</li> </ul>	<ul style="list-style-type: none"> <li>-Increase identification of SENs and diagnosed NAS and FASD</li> <li>-Decrease hospital LOS for NAS</li> <li>-Increase percentage of NAS who receive non-pharmacologic treatment</li> <li>-Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers</li> <li>-Increase referrals to and engagement in outpatient family care services, including</li> </ul>	
	<p>Marijuana use/testing</p> <ul style="list-style-type: none"> <li>-Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters</li> </ul>	<p>Physical, behavioral, and social services</p> <ul style="list-style-type: none"> <li>-Convert to ESC regarding inner-rater reliability for NAS assessment</li> <li>-Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use</li> <li>-Develop metrics to improve screening</li> </ul>	

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<b>Main Line Health-Lankenau Medical Center</b>	<ul style="list-style-type: none"> <li>-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use</li> <li>-Establish education for newly developed Trauma Informed protocols in the context of substance use</li> <li>-Revise OUD/SUD screening policy regarding Marijuana use/ testing</li> <li>-Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters</li> </ul>	<ul style="list-style-type: none"> <li>-Increase identification of SENs and diagnosed NAS and FASD</li> <li>-Decrease hospital LOS for NAS</li> <li>-Increase percentage of NAS who receive non-pharmacologic treatment</li> <li>-Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers</li> <li>-Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services</li> <li>-Convert to ESC regarding inner-rater reliability for NAS assessment</li> <li>-Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use</li> <li>-Develop metrics to Improve Screening</li> </ul>	<p>Patient education is key to the program's success. We created:</p> <ul style="list-style-type: none"> <li>-Pins reading "Ask me about LARC."</li> <li>-An educational video, that plays in our waiting room, featuring one of our patients</li> <li>-Posters in every exam room, encouraging patients to ask about postpartum birth control</li> <li>-Pamphlets with information on LARC Program maintenance and sustainability:</li> <li>-Epic generated reports produced monthly, listing all Clinical Care Center deliveries.</li> <li>-Manually monthly review and documentation of LARC fulfillment and counseling.</li> <li>-Generate report every three months. Report reviewed with residents and sent to the PA PQC.</li> <li>-Hold residents accountable for prenatal counseling birth control fulfillment.</li> <li>-Yearly didactics and hands-on training for new staff and residents.</li> </ul>
<b>Main Line Health (MLH) -Paoli Hospital</b>	<ul style="list-style-type: none"> <li>-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use</li> <li>-Establish education for newly developed Trauma Informed protocols in the context of substance use</li> <li>-Revise OUD/SUD screening policy regarding Marijuana use/ testing</li> <li>-Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters</li> </ul>	<ul style="list-style-type: none"> <li>-Increase identification of SENs and diagnosed NAS and FASD</li> <li>-Decrease hospital LOS for NAS</li> <li>-Increase percentage of NAS who receive non-pharmacologic treatment</li> <li>-Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers</li> <li>-Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services</li> <li>-Convert to ESC regarding inner-rater reliability for NAS assessment</li> <li>-Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use</li> <li>-Develop metrics to Improve Screening</li> </ul>	

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<b>Main Line Health (MLH) -Riddle Hospital</b>	<ul style="list-style-type: none"> <li>-Develop a schedule for ongoing education of clinical and non-clinical staff on substance use specific to pregnant and postpartum individuals that includes biases and stigma related to substance use</li> <li>-Establish education for newly developed Trauma Informed protocols in the context of substance use</li> <li>-Revise OUD/SUD screening policy regarding Marijuana use/ testing</li> <li>-Develop internal metrics to track training completion and opioid prescribing guidelines utilization, and screening to include disparities filters</li> </ul>	<ul style="list-style-type: none"> <li>-Increase identification of SENs and diagnosed NAS and FASD</li> <li>-Decrease hospital LOS for NAS</li> <li>-Increase percentage of NAS who receive non-pharmacologic treatment</li> <li>-Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers</li> <li>-Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services</li> <li>-Convert to ESC regarding inner-rater reliability for NAS assessment</li> <li>-Establish education, workflow, or algorithm for trauma-informed protocols in the context of substance use</li> <li>-Develop metrics to Improve Screening</li> </ul>	
<b>Penn Medicine-Chester County Hospital</b>	<ul style="list-style-type: none"> <li>-Expanded 5P testing to private practices</li> <li>-Created a standardized process for reporting pregnant patients in need of prenatal consults (mothers of infants anticipated to be diagnosed with NAS)</li> <li>-Strengthening relationships with community partners through monthly multi-disciplinary</li> </ul>	<ul style="list-style-type: none"> <li>-All nurses caring for infants in the Newborn Nursery and NICU trained on validated assessments for NAS (ESC, Finnegan)</li> <li>-Use of standardized protocols for non-pharmacologic and pharmacologic protocols for NAS</li> <li>-Adhere to a standardized non-pharmacological</li> </ul>	
	<ul style="list-style-type: none"> <li>meetings</li> <li>-Scheduling education sessions for OB providers</li> <li>-Providing OB offices with family education booklets/PROUD project resources</li> <li>-Creating personalized welcome letters for patients diagnosed with substance use disorder</li> <li>-Monthly education for clinical staff that addresses biases and stigmas</li> </ul>	<ul style="list-style-type: none"> <li>treatment protocol (Eat-Sleep-Console) as the first line of treatment</li> <li>-Implement “Baby Friendly” practices. Encourage breastfeeding unless medically contradicted.</li> <li>-Partner with families and social/child services to establish family care plans</li> <li>-Use Cuddler Program to free up parent for treatment</li> <li>-Refer SENs to appropriate follow-up service prior to discharge</li> </ul>	

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<p><b>Penn Medicine-Hospital of the University of Pennsylvania</b></p>		<p>-Using Prenatal Consults for Substance Use Disorder to Enhance Quality of Postpartum Care            -To educate on the postnatal care of infants with substance exposure in utero on: ESC, 5-day watch, breastfeeding, hospital policies, and plans of safe care. Our SMART goal was to increase the percentage of patients with OUD receiving a documented antenatal consultation about NOWS from 50% (baseline on run chart) to 80 % by June</p> <p>CONTENT OF CONSULTS</p> <ul style="list-style-type: none"> <li>-Family/maternal history of substance use</li> <li>-Signs and symptoms of neonatal abstinence syndrome</li> <li>-Eat, Sleep, Console protocols with 5-day stay</li> <li>-Breastfeeding eligibility and counseling</li> <li>-Assessment of social supports</li> <li>-Referrals for developmental follow up (early intervention, CHOP neonatal follow up, plans of safe care)</li> </ul>	
<p><b>Penn Medicine-Pennsylvania Hospital, Newborn Medicine</b></p>		<ul style="list-style-type: none"> <li>-Increase identification of NOWS infants</li> <li>-Increase 5 of NOWS infants who receive non-pharmacologic treatment</li> </ul>	
		<ul style="list-style-type: none"> <li>-Decrease LOS for NOWS infants</li> <li>-Increase referrals to and engagement in outpatient family care services including physical, behavioral, and social services</li> </ul>	
<p><b>St. Luke's University Hospital- Upper Bucks Campus</b></p>	<ul style="list-style-type: none"> <li>-Establish 1 screening tool for both inpatient and outpatient</li> <li>-Enable patients to self-report answers in screening tool (via I-Pad)</li> <li>-Determine what qualifies as a positive screen</li> </ul>		

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<p><b>Tower Health-Reading Hospital</b></p>	<p>-Now that we received the award money from PA PQC, we have submitted the ticket through our organization to begin the process of purchasing the rights to this screening tool. Pending IT review whether we need a project manager to be assigned to complete this process.</p> <p>-Asking all offices to share the data with providers and clinical staff. This will raise awareness and improve buy in with screening.</p> <p>-Saw a dip in a few offices in the compliance with documenting the screening questions. Identified gap that ultrasounds performed right before a patient's initial prenatal visit interferes with the testing standard we have in place. Now working towards rolling out education and competency to the ultrasounds techs in the offices so they can perform and document UDS testing results prior the ultrasound.</p> <p>-Working to build standing order for clinical staff and ultrasound techs to utilize to expedite this order/documentation at time of visit. Will be updating the policy for POCT tests in our ambulatory settings to include the US tech scope.</p>	<p>-Working on identifying a team specifically to focus on standardizing the use of SEN diagnoses so that we can appropriately identify patients from a reporting perspective.</p>	<p>-We have identified a physician leader. We do not have any other formal team members outside of Karen and me.</p> <p>-Reporting at this time has not yet been built to track these patients.</p> <p>-Plan to roll this out to all medical assistance patients in all OB offices to start as we currently offer it to those patients in our women's clinic.</p>