

# **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. 6.0 hours are approved for this course.

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards' (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive 6.0 continuing education credits.

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**Mission**: The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.

**Vision**: Every birthing person and baby in Pennsylvania receives equitable, safe, and optimal care.

#### We Accomplish this by:

- 1. Acting as an action arm of the PA MMRC and CDR.
- 2. Convening healthcare teams and stakeholders for peer-to-peer learning.
- 3. Providing opportunities for healthcare staff training.
- 4. Encouraging collaboration between healthcare teams and their communities.
- 5. Sharing evidence-based care and best practices.
- 6. Collecting and sharing back relevant data.



#### We Value:

- Equity
- Lived Experience
- Evidence-Based Practice
- Data-Driven Approaches
- Collaboration

# 2024 Funding Partners







# 2024-2025 Implementation period PA PQC includes...

# 74 birthing sites and NICUs 92.4% of live births in PA

Goal: At least 50 birth hospitals and NICUs meet the Bronze designation during the April 2024 to March 2025 implementation period

### Welcome to the PA PQC!

#### BRAND NEW TO THE PA PQC

- Butler Memorial Hospital
- ❖UPMC Children's Hospital of Pittsburgh
- Grandview Hospital
- ❖Indiana Regional Medical Center
- Penn State Health Lancaster Medical Center
- Penn State Health St. Joseph Medical Center
- Trinity Health St. Mary Medical Center

#### PREVIOUSLY ON PAUSE

- Armstrong County Memorial Hospital
- **❖**UPMC Charles Cole
- **UPMC** Lititz

• 43 NAS Initiative

•43 Maternal OUD Initiative

• 57 Safe Sleep Initiative

•39 Maternal Sepsis Initiative

\* Based on 2022 birth numbers

# Objectives to Achieve by March 31, 2024

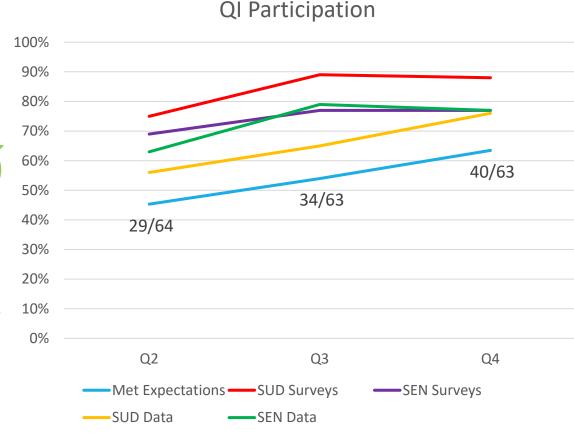
 At least 45 birth hospitals and NICUs meet the implementation expectations for the Maternal Substance Use, SEN, and/or IPLARC initiatives each quarter



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 measures to **55%** of hospitals participating in that initiative each quarter during the April 2023 to March 2024 implementation period

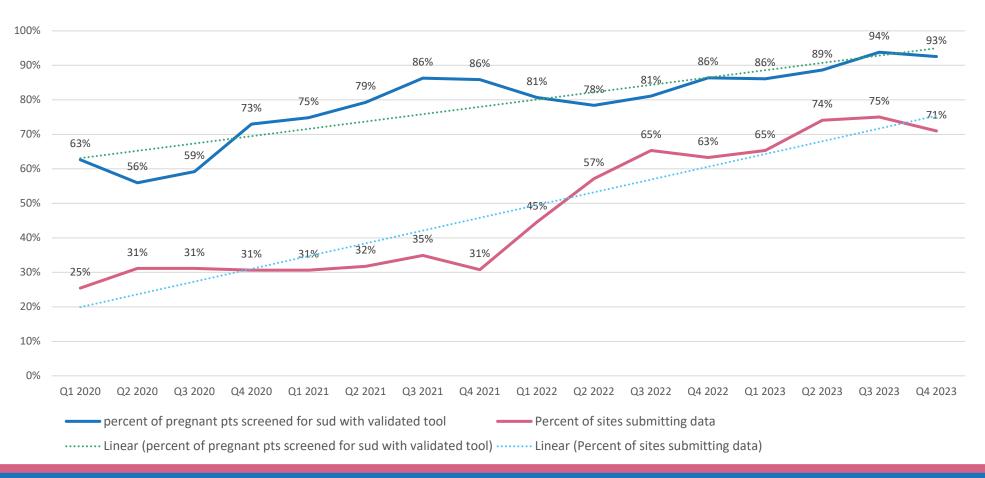






## IPLARC is going into sustainment in 2024

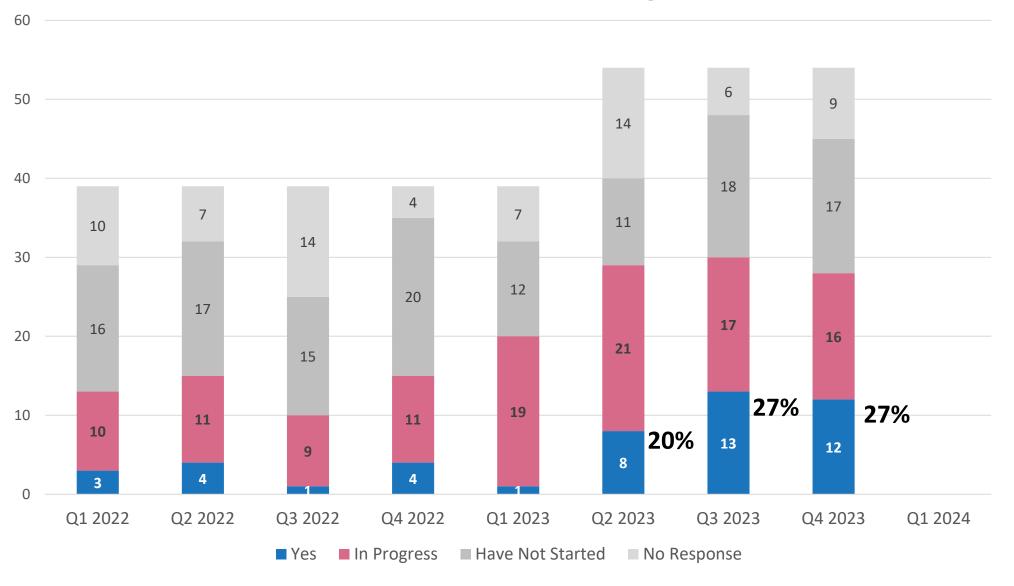
# Percentage of pregnant individuals screened for substance use with a *self-reporting validated tool*



Goal: Maintain at least 90% of pregnant individuals being screened for substance use

Maintain at least 90% of pregnant individuals being screened for substance use with a self-reporting validated tool (impacting at least 30,000 individuals per year)

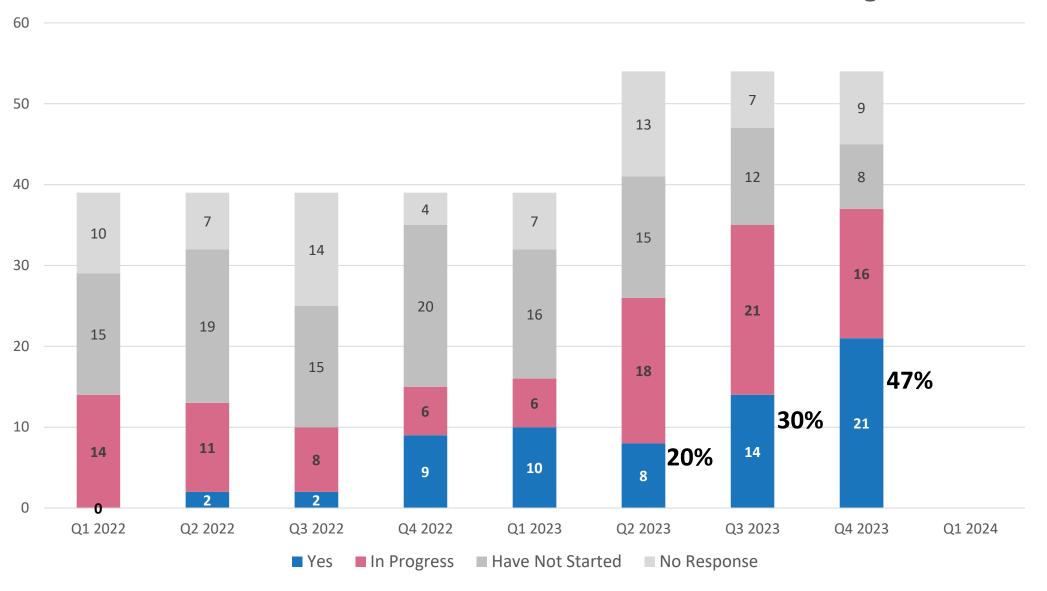
#### Trauma-Informed Protocols in the Setting of Substance Use



Goal: Increase the percentage of hospitals with *trauma-informed protocols* from approx. 10% to 20%

Increase the percent of hospitals with *trauma-informed protocols* in the context of substance use from approx. 27% to 40%

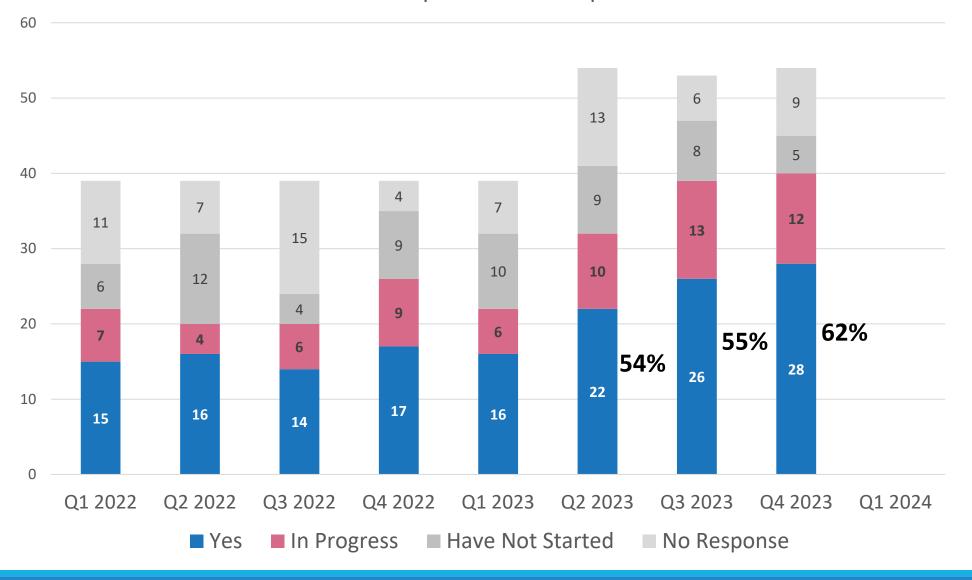
#### Process in Place to Distribute Naloxone Prior to Discharge



Goal: Increase the percentage of hospitals with a system in place to provide naloxone to atrisk patients prior to discharge from approx. 8% to 30%

Increase the percentage of hospitals with a system in place to *provide naloxone* to at-risk patients prior to discharge from 47% to 60%

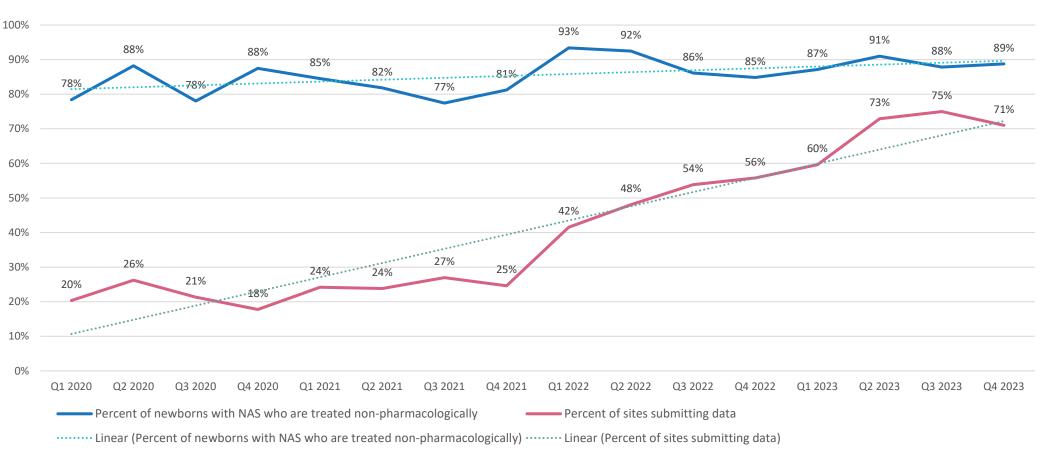
# SUD: Established Care Pathways for SUD That Coordinate Multiple Providers up to 1 Year Postpartum



Goal: Increase the percentage of hospitals from 60% to 70% with established perinatal care pathways for SUD that coordinate services across multiple providers up to 1 year postpartum.

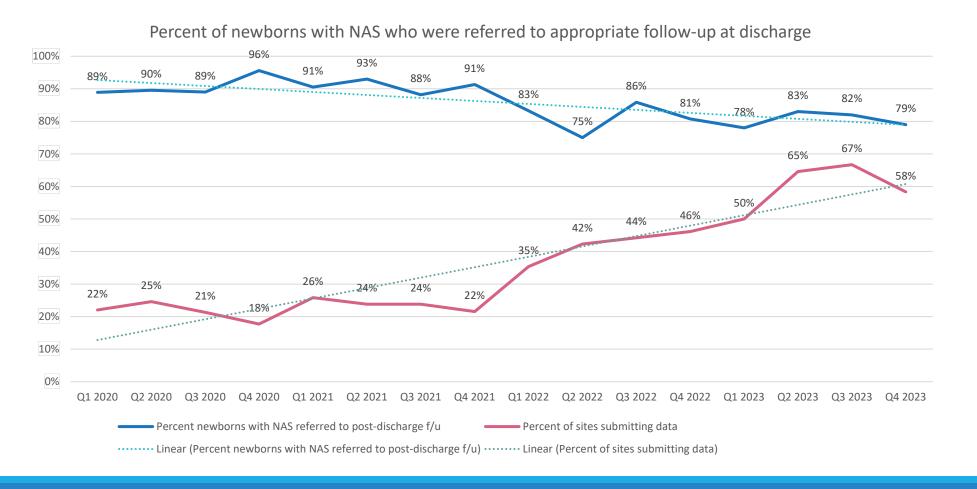


## Percentage of newborns with NAS treated nonpharmacologically



Goal: Maintain at least 75% of newborns with NAS receiving non-pharmacotherapy bundled treatments

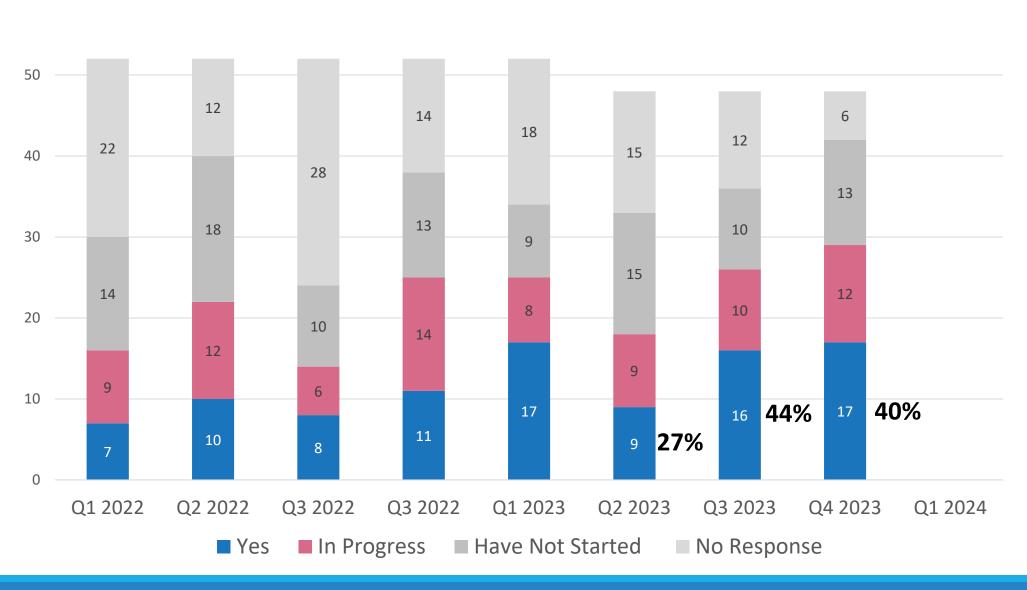
# Percent of newborns with NAS who were referred to appropriate follow-up at discharge



Goal: Increase the percent of newborns with NAS who were referred to appropriate follow-up services at discharge from 85% to 95%

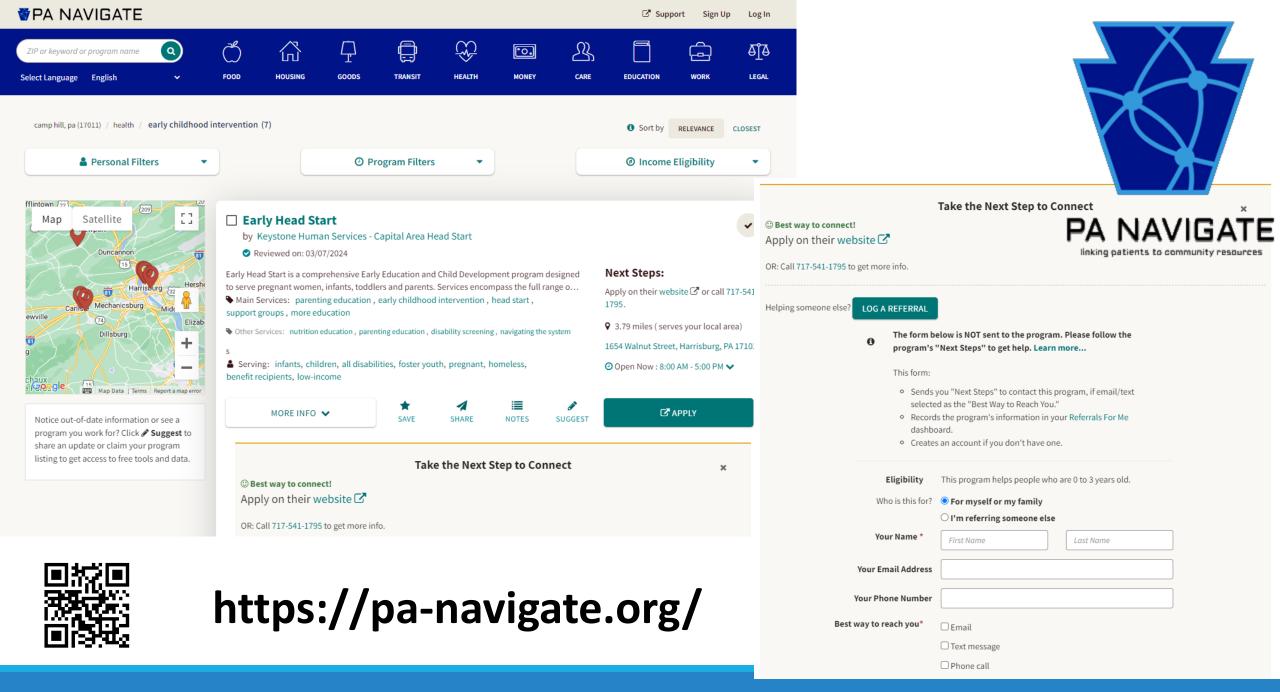
#### SEN: Closing the Loop on Referral Status

60

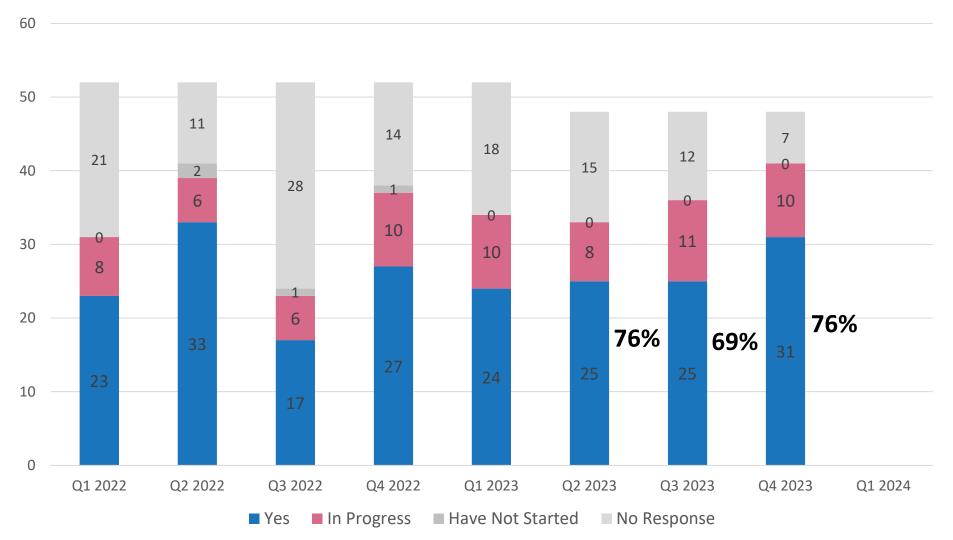


Goal: Increase the percentage of hospitals with a protocol to close the loop on the referral status with the post-discharge services and supports from 30% to 50%

Increase the percentage of hospitals with a *protocol* to close the loop on the referral status with the post-discharge services and supports from 40% to 45%



#### SEN: Newborn Care Teams Educated on the Criteria for Plans of Safe Care



\*PA PQC Plans of Safe Care training includes an overview of SAI notification to ChildLine and POSC county protocols and procedures. It does **NOT** include techniques for staff to engage patients in participating in the POSC process, such as motivational interviewing.



Increase the percentage of newborn care teams educated on the criteria for *Plans of Safe Care* from 75% to 80% of participating hospitals