

PA PQC

Pennsylvania Perinatal Quality Collaborative

PA PQC Virtual Session
February 11, 2026

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. **1.0 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 **1.0 continuing education credits.**

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity **have relevant financial relationships** with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program **represents the views and opinions of the individual presenters**, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.

Learning Objectives

- Describe how to apply the PDSA framework to your designation evaluation and report

Agenda

1. **Welcome** – Jennifer Condell, SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
2. **Applying a PDSA Framework to Your Designation Report** – Jennifer Condell
3. **Peer-to-Peer Sharing** – Maureen Saxon-Gioia, MSHSA, BSN, RN, PA PQC QI Coach, Jewish Healthcare Foundation
4. **Wrap-up & Next Steps** – Lisa Boyd, PA PQC Data Manager and QI Coach, Jewish Healthcare Foundation

Update: Quarterly Reporting

- Transitioning to one data collection platform-
- *No longer submit into LifeQI system*
- Next quarterly reporting (due April 30) will be entirely through Qualtrics (surveys, data measures, QI Report)
- PA PQC has **all data submitted** in LifeQI
- **March 11** Monthly Virtual Session will include a demonstration of the new submission process for Qualtrics

qualtrics.^{XM}

Applying a PDSA Framework to Your Designation Report

JENNIFER CONDEL, SCT(ASCP)MT, SENIOR PROGRAM MANAGER,
PERINATAL HEALTH, JEWISH HEALTHCARE FOUNDATION

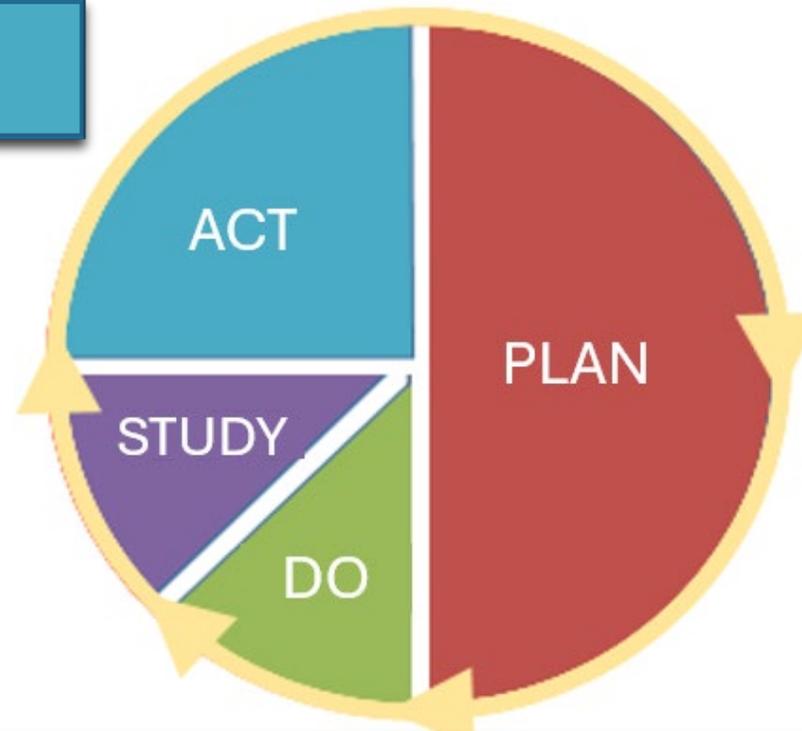
Systematic Approach to Quality Improvement

PLAN - DO - STUDY - ACT

- **Act** based on what you learned
- Adopt, Adapt, Abandon

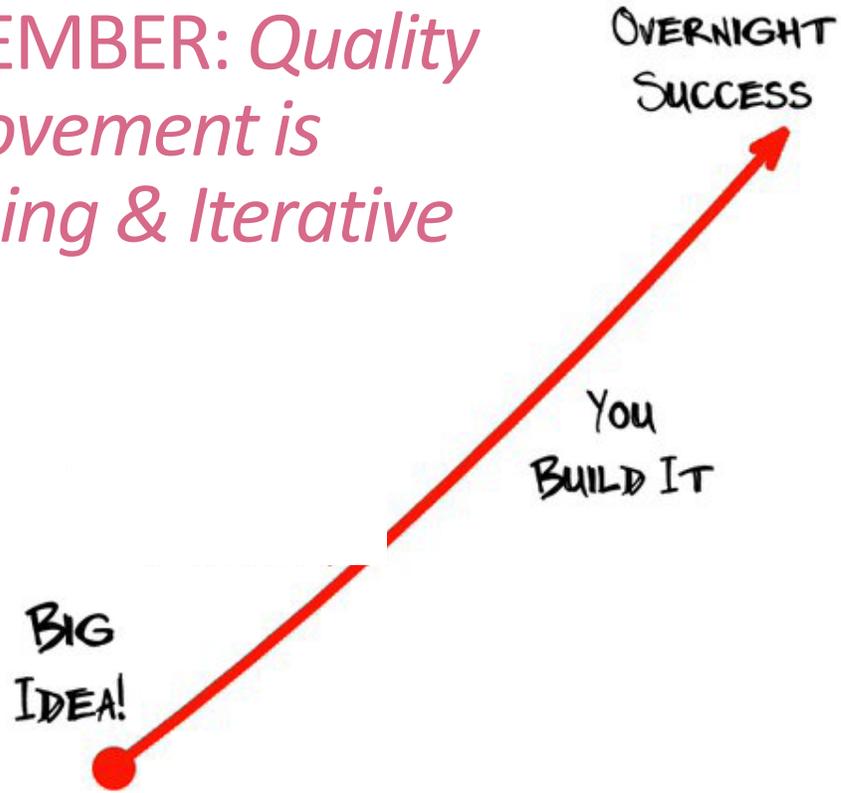
- Identify your goal
- Understand the **current state**
- Design experiment/interventions
- Identify metrics
- Predict results

- Review the test
- **Analyze results**
- Assess learnings

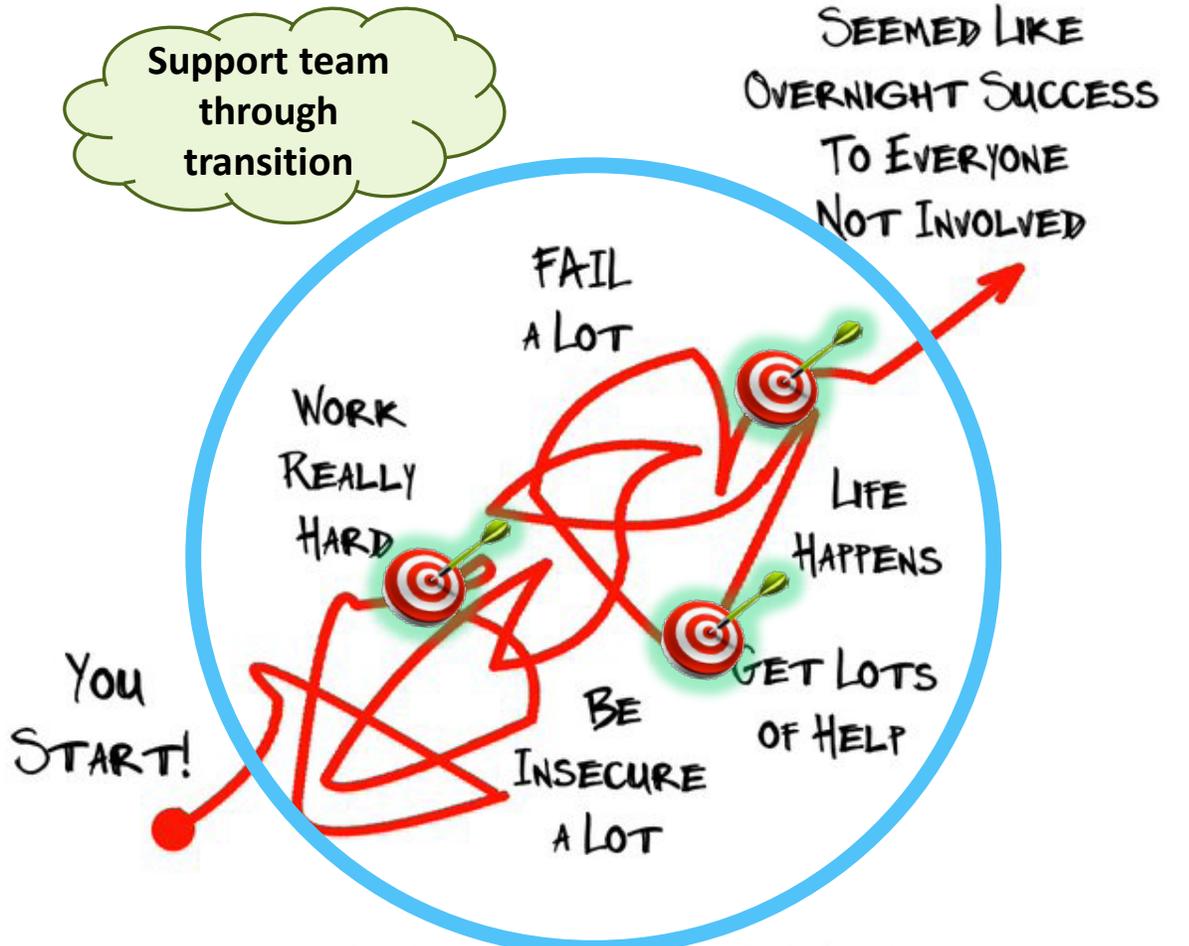


- Test the change
- Carry out a **small-scale experiment**
- Collect data

REMEMBER: *Quality Improvement is Ongoing & Iterative*



WHAT PEOPLE THINK IT LOOKS LIKE ...



WHAT IT REALLY LOOKS LIKE ...



Action Planning: Document Your Work

Action Item (What Will Happen)	By Whom (Team Member/Role)	Target Date	Status	Outcomes (Results/Barriers)
			<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 30%; height: 20px; background-color: green;"></div> <div style="width: 30%; height: 20px; background-color: yellow;"></div> <div style="width: 30%; height: 20px; background-color: red;"></div> </div>	



Systematic Approach to Quality Improvement

PLAN - DO - STUDY - ACT

Write Down:

- Understand your starting point
- What information is known and not known
- What data/measures tell you this is a problem?
- Who needs to be part of the team?
- Define SMART goal
- Create small test of change/experiment- Action Plan



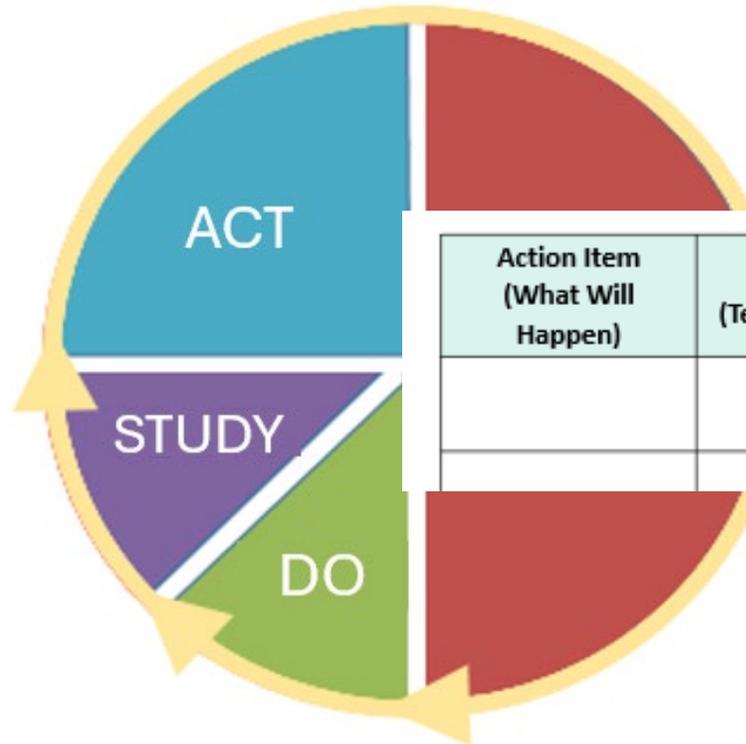
- Identify your goal
- Understand the **current state**
- Design experiment/interventions
- Identify metrics
- Predict results

Systematic Approach to Quality Improvement

PLAN - DO - STUDY - ACT

Write Down:

- Run the experiment-
record the action plan
 - Observe the plan in action
 - Map the process
- Collect data/measures
(qualitative and quantitative)
- Update Action Plan



Action Item (What Will Happen)	By Whom (Team Member/Role)	Target Date	Status	Outcomes (Results/Barriers)
			<div style="display: inline-block; width: 15px; height: 15px; background-color: green; border: 1px solid black;"></div> <div style="display: inline-block; width: 15px; height: 15px; background-color: yellow; border: 1px solid black;"></div> <div style="display: inline-block; width: 15px; height: 15px; background-color: red; border: 1px solid black;"></div>	

- Test the change
- Carry out a **small-scale experiment**
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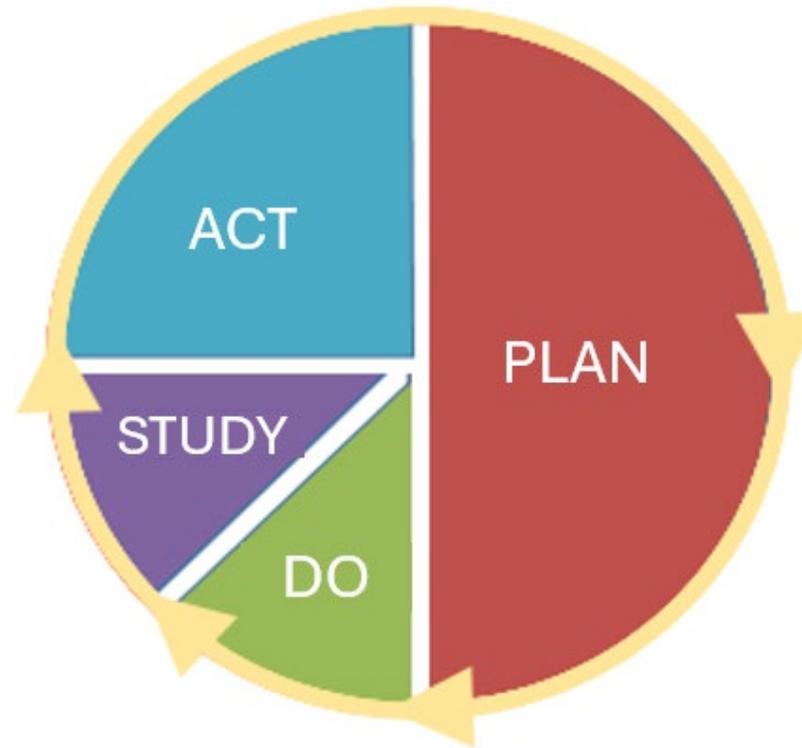
Systematic Approach to Quality Improvement

PLAN - DO - STUDY - ACT

Write Down:

- Evaluate the results of the test of change
- Lessons learned
- Barriers/challenges encountered
 - Were you able to address
 - If so, how addressed (Root Cause Analysis)
 - If not, why
- Update action plan

- Review the test
- Analyze results
- Assess learnings



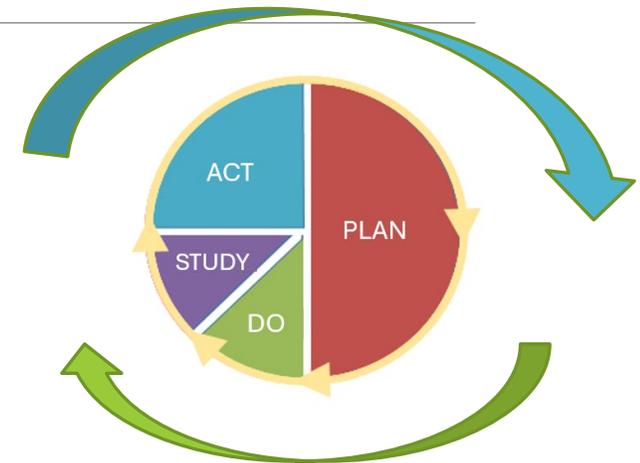
Systematic Approach to Quality Improvement:

Study and Reflect

- **What did you set out to accomplish versus what really happened?**

Study.

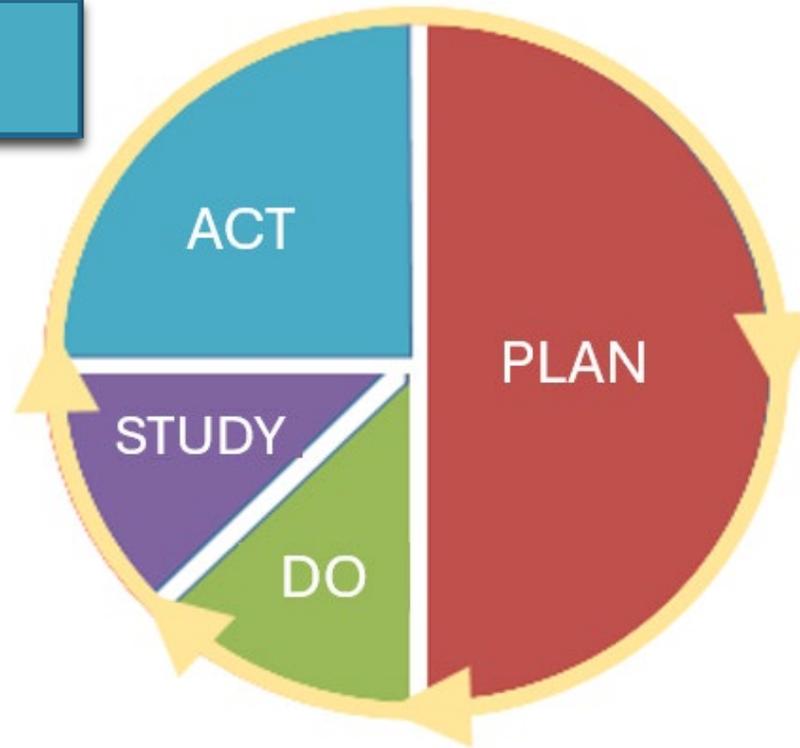
- What data (qualitative and quantitative) did you collect and what story did it tell?
- Revisit your PDSA cycle: did you have to make changes over the course of the nine months? Why? How did you adjust?
- Provide details about your QI designation journey



Systematic Approach to Quality Improvement

PLAN - DO - STUDY - ACT

- **Act based** on what you learned
- Adopt, Adapt, Abandon



Write Down:

- Review Lessons learned
- If you accomplished your goal, what is needed to hardwire and **sustain**
- If you came close but the Barriers/challenges encountered caused you to pivot, what adaptation occurred
- If you could not meet your goal and had to abandon, what are you considering for your next PDSA?
- Update action plan

Health Equity Post-Designations Award Application

1. What was your team's SMART goal on your designations Pre-Designations Application?

Write your SMART goal from your application

PLAN

1. Was your team able to meet this goal? Please explain.

Yes or no and explain why the team could or could not meet the SMART goal

1. What did your team learn from this intervention?

Reflecting on your team's work over the last 9 mons, identify and explain key lessons learned from your team's QI work, i.e. experiences in planning or launching the work.

1. List 3-5 steps the team took to implement your QI plan.

Outline the approach your team took to meet your established SMART goal.

1. What challenges/barriers arose during your QI work?

Explain aspects of your team's QI work that did not go as planned and/or any unexpected issues that arose for your team during the nine months.

1. How did your team address those challenges/barriers?

Explain how the team approached these challenges/barriers and any necessary steps taken to adjust/pivot your QI work plan.

1. What was your team's biggest success? Please provide any data you may have collected.

Explain what your team's biggest accomplishment was (this could be overcoming a challenge/barrier, how your team was able to pivot your QI work to continue working toward your SMART, etc.)

1. What else would you like to share?

Provide any additional context to the QI work your team focused on for this designation period

P-D-S-A
helps to
capture and
tell your
team's QI
story

DO

STUDY

STUDY

STUDY

ACT

Examples: Study and Act

- Team set out to implement multiple initiatives for safe sleep over the course of the 9 months but did not meet their goal
 - Questionnaire for safe sleep in their offices and institute a patient voice survey
 - Not Planned: IT department suggested the use of iPads/Kiosks to administer the surveys
 - New opportunity but extended timeline and created a larger task to complete
 - Encountered staff turnover
 - Pivoted plan, adjusted timelines, involved additional team members

Examples: Study and Act

- Team set out to create a database system to gather information about ethnicity and language preferences over the course of the 9 months were able to meet their goal
 - Not Planned: information collected not consistently accurate
 - Staff challenges to feel empowered and comfortable asking these questions during visits
 - Pivoted plan: worked with system level teams, including IT and Patient Family Concierge roles to support data collection, adjusted timelines
 - Created new collaborations and ongoing engagement to address the concern

Peer-to-Peer Sharing

MAUREEN SAXON-GIOIA, MSHSA, BSN, RN, PA PQC QI
COACH, JEWISH HEALTHCARE FOUNDATION

Wrap-Up

LISA BOYD, PA PQC DATA MANAGER AND QI COACH,
JEWISH HEALTHCARE
FOUNDATION

Upcoming Virtual Sessions

MARCH 11

Sustainment

11:00 a.m. – 12:00 p.m.

Zoom

APRIL 8

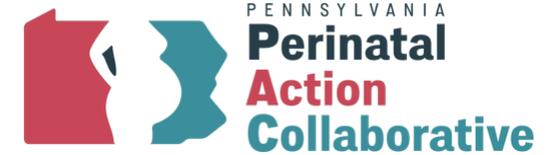
Title/Topic

11:00 a.m. – 12:00 p.m.

Zoom



Save the Dates!



Join Pennsylvania stakeholders for **cross sector collaboration**, and shared learning in preparation for the launch of the PA PQC's **next AIM Patient Safety Bundle Initiative, Postpartum Discharge Transition**, and alignment with Pennsylvania's Maternal Health Strategic Plan. This convening will center community voices and lived experience to inform and advance quality improvement efforts across the Commonwealth.

TUESDAY, MAY 19, 2026

- 2:30-5:30pm - Programming - session content and speaker details forthcoming
- 5:30-6:30pm - Networking Reception

WEDNESDAY, MAY 20, 2026

8:30am-4:00pm - Programming - session content and speaker details forthcoming

Learn about the
Initiatives

Access Session
Materials

Pennsylvania Perinatal Quality Collaborative

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

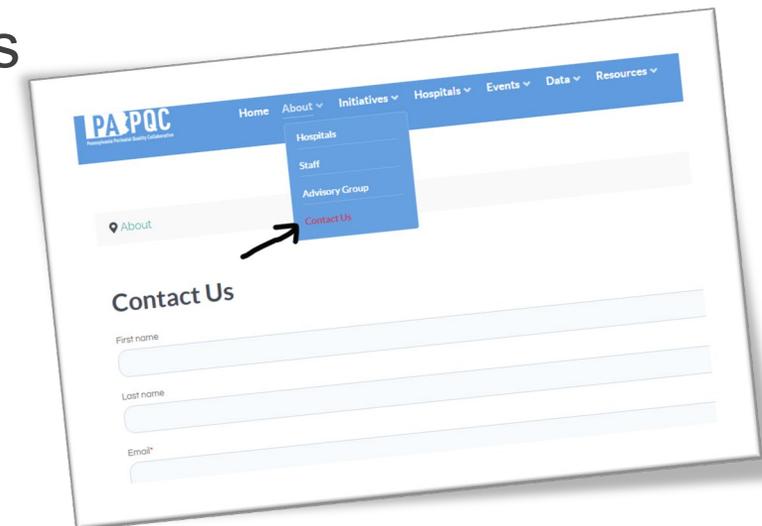
[REGISTER FOR SESSIONS](#)

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

Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while?

- Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC.
- If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address.
- You can always reach us [here](#)



PA PQC QI Coaches



Kristen Brenneman,
MSN, RN
Women's Health
Program Specialist,
Jewish Healthcare
Foundation



Lisa Boyd
Data Manager and QI
Coach, Jewish
Healthcare
Foundation



Jennifer Condel,
SCT(ASCP)MT
Senior Program
Manager, Perinatal
Health, Jewish
Healthcare
Foundation



Karena Moran,
PhD
Improvement
Optimization
Advisor, Geisinger
Health & NEPaPQC



Maureen Saxon-Gioia,
MHA, BSN, RN
Nurse Project Manager,
Jewish Healthcare
Foundation



Hadar Re'em
Program Associate and
QI Coach, Jewish
Healthcare Foundation

Credentialing Guidelines:

PLEASE complete the electronic evaluations by Wednesday, February 18th: <https://www.surveymonkey.com/r/2CFRVR2>

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits.
2. The UPMC Center for Continuing Education will follow up with you, via email, after Wednesday, February 18th to notify you about how you can claim your credits.
 - To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.



Thank You!



Pennsylvania Perinatal Quality Collaborative



Northeastern Pennsylvania Perinatal Quality Collaborative

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