

PA PQC'S THIRD ROUND OF NAS/LOUD QUALITY IMPROVEMENT SUB-AWARDS

Application Deadline: By September 28, 2020

(Reviewed and Selected on a Rolling Basis Until the Number of Available Awards is Reached)



BACKGROUND

With support from the State Opioid Response grant funds from the Pennsylvania Department of Drug and Alcohol Programs (DDAP), the Pennsylvania Perinatal Quality Collaborative (PA PQC) will provide a **third round of Sub-Awards** to PA PQC hospitals to recognize and support efforts to build their infrastructure for collecting and submitting data for the PA PQC's Neonatal Abstinence Syndrome (NAS) or Opioid Use Disorder (OUD) quality measures and implementing a PA PQC quality improvement project for NAS or maternal OUD.

The NAS/OUD quality improvement milestones outlined in Table 1 in the section, "Submission Process & Criteria," must be completed by September 28, 2020. As a result, these Sub-Awards are designed to recognize and support the OUD/NAS quality improvement projects that your PA PQC team has already been working on through the PA PQC. The Sub-Awards are not intended to start a new quality improvement project, because the milestones must be completed by September 28, 2020.

TIMELINE

Sub-Award Opportunity Announcement:	September 1
Application deadline:	September 28 (11:59 PM EST) on a rolling basis
Sub-Awardees selected:	September 30 on a rolling basis
Project End Date (completion of milestones):	September 28

FUNDING AMOUNTS

Estimated Total Funding Available:*	\$75,000
Award Ceiling for each Award:	\$15,000
Estimated Number of Awards:*	5

**The exact number of awards is dependent upon available funds.*

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ELIGIBILITY CRITERIA

Hospitals that are currently participating in the PA PQC are eligible to apply for the third round of Sub-Awards.

If a PA PQC hospital received a previous PA PQC Sub-Award for a quality improvement project, that hospital may not apply for that same quality improvement project again. For example, if your hospital received a Sub-Award for a NAS quality improvement project, then your hospital is only eligible to apply for a Sub-Award related to a maternal OUD quality improvement project (and vice versa). Priority will be given to hospitals that have not received any PA PQC Sub-Awards in the past.

The Sub-Award applications are for individual hospitals and not an entire health system.

SUBMISSION PROCESS & CRITERIA

By or before September 28, 2020 11:59 PM EST, please send the three items below to papqc@whamglobal.org with the subject line, "PA PQC Sub-Award 3 Application _ SUBMITTING HOSPITAL NAME". Please use the following nomenclature to name your PDF file: "SUBMITTING HOSPITAL NAME_PAPQC Sub Award 3 App."

1. "Evidence of Completing the Milestones between April 2019 and September 28, 2020" that is outlined in Table 1
2. Your organization's W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) for where the monetary award should be made out to if your application is approved
3. The mailing address for where to send the Sub-Award letter and check to if your application is approved*

**The "mailing address" must be associated with the organization (hospital) that is listed on the W-9.*

The applications will be accepted on a rolling basis, meaning the PA PQC will accept and respond to applications on a continuing basis between September 1 and September 28 or until the number of available funding slots are filled for the third round of the Sub-Awards.

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Table 1: Milestones

Phase 1 Milestones	Evidence to Verify Completion of the Milestone between April 2019 and September 28, 2020
Organize and facilitate monthly PA PQC team meetings	Provide at least two meeting agendas, including attendees lists, from team meetings that occurred in separate months.
Assess the hospital's resources and gaps related to developing data collection mechanisms for the PA PQC NAS or OUD measures (please access the specifications, data portal, and survey links here: https://www.whamglobal.org/data-collection)	Provide a written description or screen shots of data collection forms that exist for at least one of the PA PQC OUD or NAS quality measures. ¹ <i>e.g., If your team is applying for the SUD screening quality improvement work that your team has completed, you could include a copy of the validated SUD screening tool your team is using and a description of how the screening data is being documented.</i>
Complete the PA PQC OUD or NAS survey (please access the surveys here https://www.whamglobal.org/data-collection)	Submission of at least one PA PQC OUD or NAS survey through SurveyMonkey <i>(Your team's Quality Improvement Coach from the PA PQC can provide these records to you if you request them. A copy of the coach's email response that confirms completion of the survey will suffice as evidence of completion.)</i>
Attend the PA PQC Learning Collaboratives	Evidence of at least one person from your hospital team attending the 12/11/19, 3/18/20, 6/11/20, or 9/3/20 Learning Collaborative session based on the sign-in sheet or WebEx/Zoom log-in records. <i>(Your team's Quality Improvement Coach from the PA PQC can provide these records to you if you request them. A copy of the coach's email response that confirms attendance will suffice as evidence of completion.)</i>
Create a QI plan, using the PA PQC QI template as a guide, including but not limited to: <ul style="list-style-type: none"> • Prioritizing a specific PA PQC goal and a related improvement opportunity at your hospital to start a QI project • Diagraming the current process flow and identifying improvement opportunities 	Completion of a PA PQC quality improvement plan, using the PA PQC quality improvement template or a similar template <i>(The PA PQC template is available under the Quality Improvement section of the PA PQC Resources webpage: https://www.whamglobal.org/resources.)</i>

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Phase 1 Milestones	Evidence to Verify Completion of the Milestone between April 2019 and September 28, 2020
<ul style="list-style-type: none"> • Selecting Key Interventions from the PA PQC Driver Diagram and reviewing the PA PQC vetted resources to inform countermeasures in response to the improvement opportunities (i.e., the future condition) • Selecting PA PQC quality measure to monitor whether the countermeasures are improving the intended outcomes¹ • Creating a 30-60-90 day plan to implement the quality improvement plan with the team and collect data for the selected quality measures 	
<p>Submit at least one month's worth of data through the PA PQC Data Portal for at least one of the PA PQC NAS or OUD quality measures listed below.¹ <i>The PA PQC NAS or OUD quality measure that your team submits must align with or relate to your quality improvement work.</i></p>	<p>Reports from the PA PQC Data Portal that show the data was successfully submitted.</p> <p><i>(Your team's Quality Improvement Coach from the PA PQC can provide these records to you if you request them. A copy of the coach's email response that confirms data submission for the quality measures will suffice as evidence of completion.)</i></p>
<p>Communicate and celebrate progress and results with stakeholders, the community, and the entire team.</p>	<p>Communication materials that show results and progress being celebrated within your team, department, or organization (e.g., the PA PQC QI Report Out Template, a presentation about your hospital's PA PQC project during a Learning Collaborative, an internal presentation to your hospital, or an internal or external announcement)</p> <p><i>(Your team's Quality Improvement Coach from the PA PQC can provide these records to you if you request them. A copy of the coach's email response that confirms receipt of a QI Report Out template from your team will suffice as evidence of completion.)</i></p>

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¹ The following PA PQC quality measures apply for this sub-award opportunity. Please refer to the PA PQC's quality measurement specifications here <https://www.whamglobal.org/data-collection>, and please be sure that you are using the 2/26/20 OUD and 8/10/20 NAS versions of the quality measurement specifications. As a reminder, the PA PQC NAS or OUD quality measure that your team submits must align with or relate to your quality improvement work.

- Median hospital length of stay for newborns with NAS
- Percent of newborns with NAS who are treated with a non-pharmacologic bundle²
- Percent of newborns with NAS who receive pharmacologic treatment²
- Percent of newborns with NAS who receive appropriate follow-up at discharge²
- Percentage of pregnant women screened for SUD with a validated screen
- Percentage of pregnant women diagnosed with OUD at any time of pregnancy
- Percentage of pregnant and postpartum women diagnosed with OUD who initiate MAT
- Percentage of women diagnosed with OUD receiving postpartum care

QUESTIONS & TECHNICAL ASSISTANCE

Please email any questions about the third round of the PA PQC Award opportunity and application to your hospital's PA PQC Quality Improvement Coach for guidance and advice on the application.