

## **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 sub-awards to PA PQC hospitals to 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.

## **TIMELINE**

Sub-Award Opportunity Announcement: February 27, 2020

Application deadline: March 30, 2020 (no later than 11:59 PM EST)

Sub-Awardees selected: April 1, 2020

Project End Date (completion of milestones): June 15, 2020

## **Funding Amounts**

Estimated Total Funding Available: $150,000

Award Ceiling for each Sub-Award: $15,000

Estimated Number of Sub-Awards: 10

## **Eligibility criteria**

All hospitals that joined the PA PQC prior to February 2020 are eligible to apply for the sub-awards. The sub-award applications are for individual hospitals and not the entire system.

## **SUBMISSION CRITERIA**

Applications should be submitted for individual hospitals and must:

- be no longer than 7 pages

- describe the hospital’s PA PQC context, team, and experience to date

- describe how and by when the Phase 1 and 2 Milestones will be completed (please see Tables 1 and 2)

## **Distribution of Sub-Award Amount and Project Timeline**

The $15,000 sub-awards will be distributed to each selected PA PQC Sub-Award hospital in two equal installments of $7,500 based on completion of the Milestones outlined in Tables 1 and 2 between **April 2019 and June 15, 2020**. Tables 1 and 2 outline the Milestones that need to be completed in Phase 1 for the first installment and in Phase 2 for the second installment. Tables 1 and 2 also outline the documentation that needs to be submitted to verify that the Milestones have been completed. A sub-award Memorandum of Understanding (MOU) will be issued to each selected PA PQC Sub-Award hospital to clarify the milestones and payment methods.

*Table 1: Phase 1 Milestones*

| **Phase 1 Milestones** | **Evidence to Verify Completion of the Milestone between April 2019 and June 15, 2020** |
| --- | --- |
| Organize and facilitate monthly PA PQC team meetings  | Meeting agendas and attendees lists  |
| Review the PA PQC quality measurement (QI) specifications, the PA PQC Data Portal/Dashboard, and surveys to 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, portal, and surveys here <https://www.whamglobal.org/data-collection>)  | Written analysis describing the data collections forms that either exist or do not exist for the PA PQC OUD and NAS quality measures  |
| Complete the PA PQC OUD or NAS survey | Submission of at least one PA PQC OUD or NAS survey through Survey Monkey |
| Attend the PA PQC Learning Collaboratives | Evidence of at least one person attending the 9/24/19, 12/11/19, or 3/18/20 Learning Collaborative session based on the sign-in sheet or WebEx log-in records |
| Create a QI plan, using the PA PQC QI template as a guide, including but not limited to:* 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
* 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 outcomes\*
* Creating a 30-60-90 day plan to implement the quality improvement plan with the team and collect data for the selected quality measures
 | Completed PA PQC quality improvement plan, using the PA PQC quality improvement template or a similar template (the PA PQC template is available under the Quality Improvement section of the PA PQC Resources webpage: <https://www.whamglobal.org/resources>)  |

*\*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*](https://www.whamglobal.org/data-collection)*, and please be sure that you are using the 2/26/20 version of the quality measurement specifications.*

* *Median hospital length of stay for newborns with NAS*
* *Percent of newborns with NAS who are treated with a non-pharmacologic bundle*
* *Percent of newborns with NAS who receive pharmacologic treatment*
* *Percent of newborns with NAS who receive appropriate follow-up at discharge*
* *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*

*Table 2: Phase 2 Milestones*

|  |  |
| --- | --- |
| **Phase 2 Milestones** | **Evidence to Verify Completion of the Milestone between April 2019 and June 15, 2020** |
| Continue monthly PA PQC team meetings  | Meeting agendas and attendees lists  |
| Test incremental improvements (small tests of change) towards the ideal | Workflows or protocols that document the countermeasures that are being tested with an effective or go-live date |
| 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 above.   | Reports from the PA PQC Data Portal that show that the data was successfully submitted  |
| Attend the PA PQC Learning Collaboratives | Evidence of at least one person attending the 12/11/19, 3/18/20, or 6/11/20 Learning Collaborative session based on the sign-in sheet or WebEx log-in records |
| Communicate and celebrate progress and results with stakeholders, the community, and the entire team | Communication materials that show the results and the progress being celebrated |

## **REVIEW CRITERIA**

The hospital-level applications will be scored by the PA PQC staff based on the hospital’s readiness to achieve these milestones and based on the hospital’s likelihood of achieving these milestones by the Sub-Award project end date (June 15, 2020). The PA PQC staff will also take geographic location and distribution into consideration.

## **Questions & Technical Assistance**

Please email any questions about the PA PQC Sub-Award opportunity and application to papqc@whamglobal.org. You may also ask your hospital’s PA PQC Quality Improvement Coach for guidance and advice on the application, but the PA PQC coaches and staff may not complete parts of the application for you.

## **Submission instructions**

**WHAT TO SUBMIT**

1. **The completed application form (see pages 5-9), saved as a PDF**

- Please limit your application to 7 pages

**HOW TO SUBMIT THIS COMPLETD APPLICATION**

1. **Use the following nomenclature to name your PDF file:** “SUBMITTING HOSPITAL NAME\_PAPQC Sub Award App”
2. **Email the PDF application to** **papqc@whamglobal.org** with the subject line, “PA PQC Sub-Award Application \_ SUBMITTING HOSPITAL NAME”

- The due date is March 23, 2020, no later than 11:59 PM EST.

REMEMBER TO SAVE YOUR WORK AS YOU GO

# **PA PQC SUB-AWARD APPLICATION**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_

Point of Contact Name­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact Email Addresss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMEMBER TO SAVE YOUR WORK AS YOU GO

## **Application**

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PLEASE LIST YOUR PA PQC TEAM MEMBERS, THEIR TITLES, AND THEIR ROLES ON THE PA PQC TEAM AT YOUR HOSPITAL AND OUTPATIENT CLINICS.** Your team can also include community-based organizations, patient/family advisors, and health plan representatives.
2. **PLEASE DESCRIBE YOUR HOSPITAL’S CONTEXT.** What is the context in which your team performs its PA PQC-related work (please consider the context at the system, hospital/organization and frontline levels)? How have the leaders, providers, and staff supported the PA PQC in your hospital and system to date? How does your organization support a culture of quality improvement, where all employees—from frontline staff to senior leadership—are empowered to drive change towards quality and safety goals as part of their daily work.
3. **PLEASE DESCRIBE YOUR HOSPITAL’S EXPERIENCE IN THE PA PQC TO DATE.** What is your current condition as it relates to Phase 1 and 2 Milestones to date? What successes and challenges have you experienced with rolling out a quality improvement initiative in the PA PQC to date?
4. **PLEASE DESCRIBE YOUR 30-60-90 DAY PLAN TO COMPLETE PHASE 1 AND PHASE 2 MILESTONES.** What is your hospital’s 30-60-90 day plan to complete Phase 1 and Phase 2 Milestones by June 15, 2020? What challenges do you anticipate encountering in completing Phase 1 and Phase 2 Milestones by this date? How will the PA PQC sub-award support your efforts to complete Phase 1 and Phase 2 Milestones?
5. **PLEASE DESCRIBE YOUR PLAN TO USE THE PA PQC NAS AND MATERNAL OUD QUALITY MEASURES.** Among the PA PQC quality measures for NAS and maternal OUD (see the list on page 3), which quality measures will you use to support and inform your quality improvement project(s) and to submit to the PA PQC Data Portal by June 15, 2020? How will your team submit the data for these quality measures, and how will your team use these results to inform your quality improvement projects by June 15, 2020? (Please use this section to expand on the data plan you included in your response to question four.)