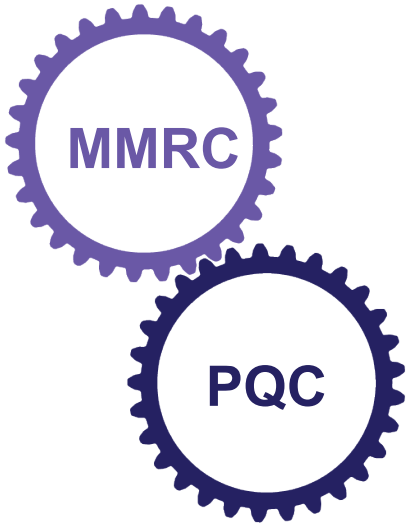


PA PQC

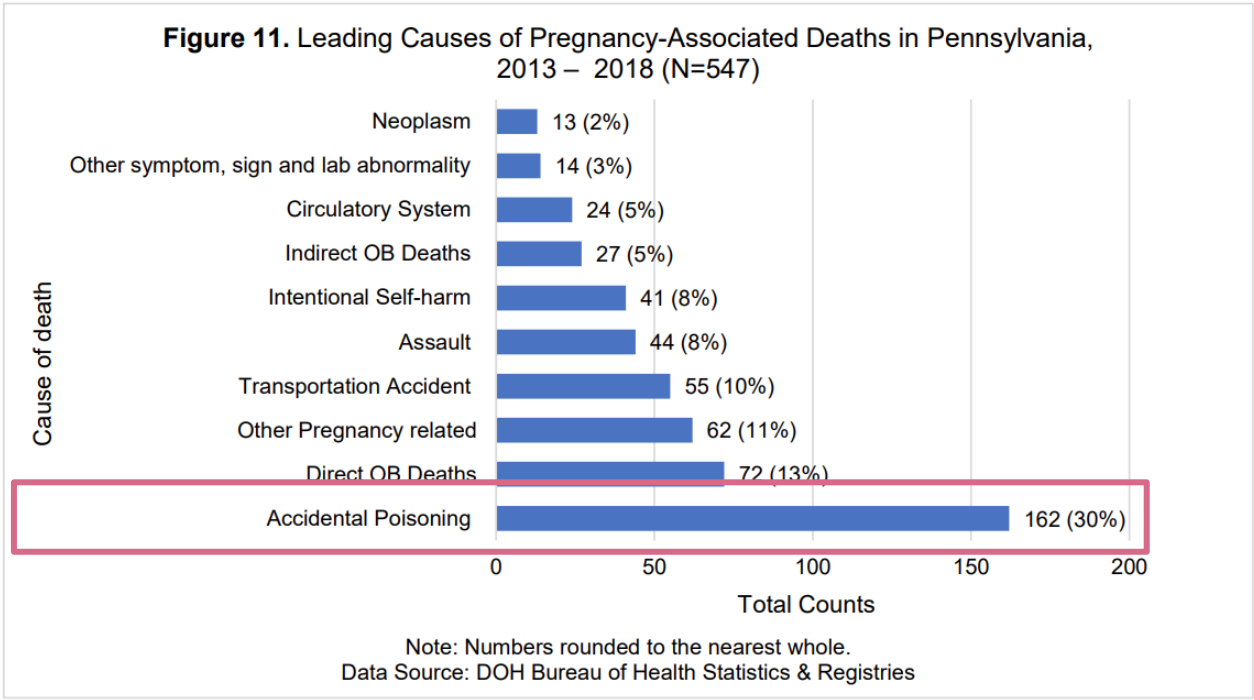
Pennsylvania Perinatal Quality Collaborative

PA PQC SUD/SEN Virtual Meeting

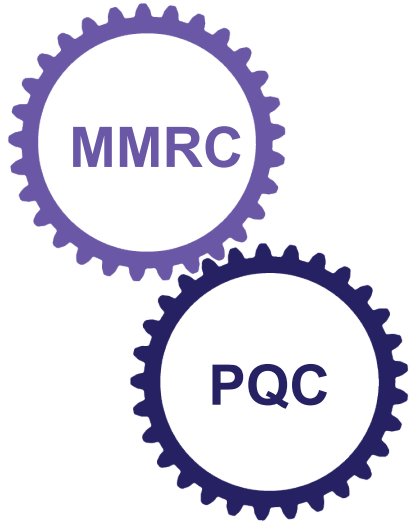
February 23, 2022

Formed as an Action Arm of the PA MMRC to Initially Focus On…

Opioid Use Disorder
&
Neonatal Abstinence Syndrome



Pregnancy-Associated Deaths in PA (2013-2018), PA DOH



And Expanded to…

Figure 1: Pregnancy-Associated Mortality Ratio (PAMR), by Demographics, Pennsylvania 2018

Disparities and Equity

Table 3: Committee Determinations on Contributing Factors for the 2018 Maternal Deaths Reviewed by PA MMRC (N=44)

	Yes	Probably	No	Unknown	Blank
Did obesity contribute to the death?	3 (7%)	2 (5%)	34 (77%)	5 (11%)	0 (0%)
Did discrimination contribute to the death?	1 (2%)	8 (18%)	18 (41%)	11 (25%)	6 (14%)
Did mental health conditions other than substance use disorder contribute to the death?	17 (39%)	4 (9%)	17 (39%)	6 (14%)	0 (0%)
Did substance use disorder contribute to the death?	15 (34%)	3 (7%)	22 (50%)	4 (9%)	0 (0%)

PA Maternal Mortality Review Report (January 2022), MMRC Legislative Report

2022 PA PQC Initiatives

No Quality without Equity

PA PQC
Pennsylvania Perinatal Quality Collaborative

Primary Focus Areas:
Substance-Exposed Newborns
Maternal Substance Use
Immediate Postpartum LARC

Complementary Focus:
Moving on Maternal Depression (MOMD)

A Complementary Focus:
Severe Hypertension Treatment (Alliance for Innovation on Maternal Health)

PA PQC 2022 Initiative Timeline

Recruitment: January to March 2022

Implementation: April 2022 to March 2023

Sustaining: April 2023 to March 2024

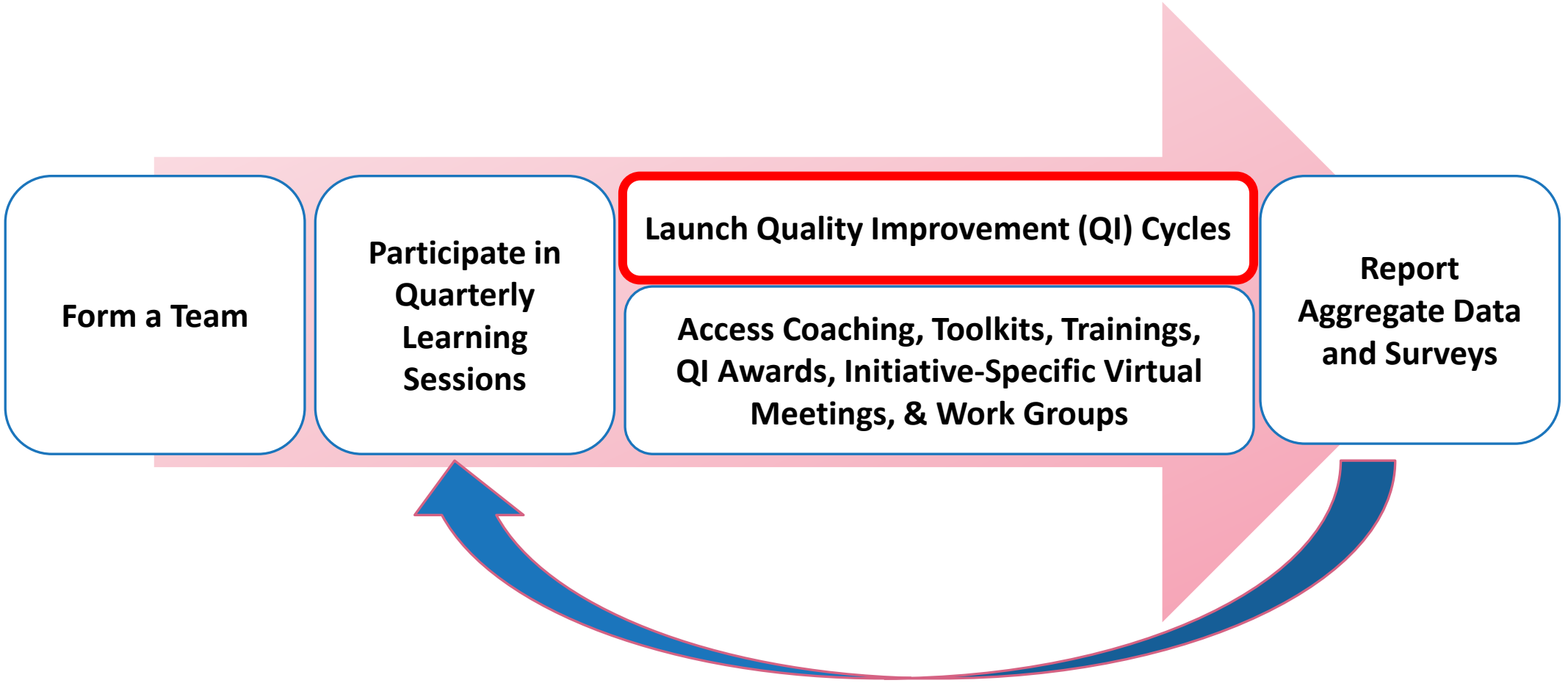
- ✓ Formally join PA PQC initiative(s) by 3/30

  https://www.surveymonkey.com/r/CN75J78

- ✓ QI Report Outs or Surveys indicate a key intervention was implemented

- ✓ Submitted data for a process or outcome measure indicates the team's goal was achieved and is starting to be sustained over time.

PA PQC Implementation Structure



Learning Sessions & SUD/SEN Virtual Meetings

https://www.whamglobal.org/member-content/register-for-sessions

Quarterly Learning Sessions

- March 31 from 830am to 1230pm via Zoom
- June 30
- September 14
- December 14

SUD/SEN Virtual Meetings

- April 27 11am to 12pm
- May 25 11am to 12pm
- July 13 11am to 12pm
- August 10 11am to 12pm
- October 20 11am to 12pm
- November 9 11am to 12pm

Implementation Phase Expectations for all 2022 PA PQC Initiatives

1. Further form, structure, and expand your multi-disciplinary team
2. Attend the quarterly PA PQC Learning Sessions
3. Prioritize the initiative-specific key interventions to adopt based on your current condition
4. Develop and implement a QI plan and protocols with your team to translate the key interventions into practice
5. Complete quarterly initiative-specific surveys to track your impact on the structure measures
6. Submit quarterly aggregated information for the PA PQC process and outcome measures via the PA PQC data portal and annually by race/ethnicity
7. Submit a Quality Improvement Report Out, using the QI Report Out Template

Opportunity to Request Trainings

https://www.surveymonkey.com/r/JXYFWNV

- [ ] Reducing substance misuse stigma among providers
- [ ] Patient and family education about substance misuse
- [ ] Plans of Safe Care overview and key messages for provider and patient/family education
- [ ] Assessing substance-exposed newborns with validated screening tools
- [ ] Standardizing non-pharmacological interventions for substance exposed newborns
- [ ] Implementing trauma-informed approaches to perinatal care
- [ ] Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use
- [ ] Motivational Interviewing
- [ ] Working with patient, family, and community advisors to develop and improve programs
- [ ] Speaking up against racism and structural inequities
- [ ] Connecting patients and families to community and outpatient services and supports
- [ ] Recruiting, training, and embedding peer specialists on maternity care teams

Quarterly QI Award Structure

Milestone 1: Attend the PA PQC Learning Sessions

Milestone 2: Submit a Quality Improvement (QI) Report Out, showing work related to implementing Key Intervention(s) from the Driver Diagrams

Milestone 3: Complete the initiative-specific survey

Milestone 4: Submit at least one new quarter's worth of aggregate data for a PA PQC process or outcome measure(s) through the PA PQC Data Portal

Milestone 5: Communicate and celebrate your team's impact in the PA PQC within your hospital and community

https://www.whamglobal.org/pa-pqc-initiatives/criteria-for-quality-improvement-awards

Minimum Criteria for all 2022 PA PQC Initiatives

1. Submitting a QI Report Out, using the QI Report Out Template, during a six-month period
2. Submitting a quarterly initiative-specific survey during a six-month period
3. Having at least one hospital-level representative attend a quarterly Learning Session during a six-month period
4. Submitting at least one quarter's worth of aggregated data for the PA PQC process and outcome measures during a 12-month period

Maternal Substance Use Driver Diagram

SELECT KEY INTERVENTION(S) TO IMPLEMENT IN YOUR ORGANIZATION

https://www.whamglobal.org/pa-pqc-initiatives#Initiative-Goals-and-Key-Interventions

Maternal Substance Use Driver Diagram

READINESS – EVERY UNIT

Aims

1. Increase **education** among patients related to substance use
2. Increase **education** among healthcare team members to address stigma related to substance use

Provide staff-wide education on substance use, stigma, racism, bias, and trauma-informed care	• Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum individuals with SUDs including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements (Plans of Safe Care) • Provide clinical and non-clinical staff education on recovery and trauma-informed language and practices* • Develop trauma-informed protocols and anti-racist training to address healthcare team member biases and stigma related to SUDs
Educate patients and their families on substance use and the care of infants with in-utero substance exposure	• Provide evidence-based education to pregnant and postpartum individuals related to SUD, naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure • Provide education for best practices for engaging and treating pregnant and postpartum individuals who themselves have an FASD*
Form a **Multi-Disciplinary Team**	• Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting • Establish a multidisciplinary care team to provide coordinated clinical pathways for individuals experiencing SUD
Ensure **Access to Resources for all Identities**	• Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment. • Have evidence-based substance use resources that are inclusive for people of all backgrounds, race, ethnicity, gender, social class, language, ability, and other personal or social identities and characteristics.*

Maternal Substance Use Driver Diagram

RECOGNITION & PREVENTION – EVERY PATIENT

Aims

1. Increase universal **screening and follow-up** for substance use among pregnant and postpartum individual

Screen all pregnant and postpartum individuals for substance use and co-occurring needs	• Screen all pregnant and postpartum people for substance use using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission • Screen each pregnant and postpartum person for co-occurring medical and behavioral health needs (e.g., HIV, Hepatitis B and C, behavioral health conditions, physical and sexual violence, Sepsis, Endocarditis), and provide linkage to community services and resources • Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans, and provide linkage to resources
Follow-up on all positive substance use screens	• Offer feedback, education, and goal-setting through brief interventions for all individuals who screen positive on substance use screens* • Establish clear protocols based on clinical criteria for when drug urine tests are indicated and obtain informed patient consent for urine toxicology prior to testing*
Equip patients/families with resources to **save lives**	• Establish policies and protocols to provide Naloxone to anyone who may witness an overdose*
Offer **reproductive life planning** discussions and resources	• Offer comprehensive reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens

Maternal Substance Use Driver Diagram

RESPONSE – Every Event

Aims

3. Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) (Metric 3, 5 and 6)

Link all pregnant and postpartum individuals with SUD to **substance use treatment** programs (including Medication for OUD)

- Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows
- Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, and discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up

Maternal Substance Use Driver Diagram

RESPECTFUL, EQUITABLE, AND SUPPORTIVE CARE – EVERY UNIT, PROVIDER, AND TEAM MEMBER

Place the **Patient at the Center of their Own Care**	• Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) to understand diagnosis, options, and treatment plans • Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals • Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals

REPORTING AND SYSTEMS LEARNING – EVERY UNIT

Monitor Performance	• Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able
Elicit **Community Feedback**	• Convene inpatient and outpatient providers and community stakeholders, including those with lived experience, in an ongoing way to share successful strategies and identify opportunities to improve outcomes and system-level issues

Maternal Substance Use Surveys (Structure Measures)

USE THE SURVEY DATA TO PRIORITIZE KEY INTERVENTION(S) AND THEN TRACK THE KEY INTERVENTION(S) YOUR TEAM IMPLEMENTS

https://www.whamglobal.org/data-collection#PA-PQC-Site-Surveys

Maternal Substance Use Quarterly Aggregate Data (Process Measures)

USE THE PROCESS MEASURES TO TRACK THE PARTS AND STEPS IN THE SYSTEM BEING PERFORMED AS INTENDED

https://www.whamglobal.org/data-collection#PA-PQC-Site-Surveys

Quarterly Process Measures

https://www.whamglobal.org/data-collection#PA-PQC-Measurement-Specifications

screened with validated substance use screen during pregnancy

with delivery in the quarter

with OUD diagnosis during pregnancy

with delivery in the quarter

administered a medication for OUD during or after pregnancy

with delivery and OUD diagnosis in the quarter

with postpartum visit 1-84 days after delivery

with delivery at least 84 days ago with OUD

What changes?

Quarterly submissions (not monthly)

Additional reporting by race/ethnicity annually

Quarterly Process Measures

https://www.whamglobal.org/data-collection#PA-PQC-Measurement-Specifications

screened with validated substance use screen during pregnancy

with delivery in the quarter

received follow-up brief intervention or care up to 30 days

with delivery in the quarter that had a positive substance use screen during pregnancy

Additional reporting by race/ethnicity annually

received follow-up brief intervention or care up to 30 days

with delivery 84 days prior to start/end of month with a positive substance use screen during 84-day post delivery period

received or prescribed Naloxone prior to delivery

with SUD and delivery in the quarter

Substance Exposed Newborn Driver Diagram

SELECT KEY INTERVENTION(S) TO IMPLEMENT IN YOUR ORGANIZATION

https://www.whamglobal.org/pa-pqc-initiatives#Initiative-Goals-and-Key-Interventions

Substance Exposed Newborn Driver Diagram

Aims

1. Increase identification of SENs and diagnosed NAS and FASD

Standardize compassionate, non-judgmental maternal/infant **screening**, prenatal **education**, and **support**

- Use standardized definitions, diagnoses, ICD-10 codes, and documentation for SENs (for guidance, see CSTE NAS Case Definitions used by PA DOH)
- Train nurses caring for newborns on validated NAS assessments (e.g., Finnegan, Eat Sleep Console Care Tool) and practice inter-rater reliability
- Develop screening criteria for prenatal identification of infants at risk for substance exposure and NAS (see PA PQC SUD Driver Diagram)
- Screen for prenatal substance exposure (especially if not done during pregnancy) in the newborn nursey setting in the context of discussing health issues possibly affecting infant
- Educate staff re: SENs (including NAS), trauma-informed care, and state and county guidelines (e.g., Family Care Plans / Plans of Safe)
- Educate staff on appropriate communication strategies for engaging parents/caregivers who are individuals with an FASD
- Create standardized prenatal consult templates and family education materials about SENs (including NAS) and what to expect from beginning to end (e.g., see https://www.ddap.pa.gov/Documents/Agency%20Publications/NAS%20Toolkit%20Book.pdf)
- Use trauma-informed principles for compassionate care for SENs and parents

Substance Exposed Newborn Driver Diagram

Aims

2. Decrease hospital LOS for NAS
3. Increase percentage of NAS who receive non-pharmacologic treatment
4. Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers

Balancing Measures

1. Percent NAS infants with ED visits in first 30 days after newborn discharge
2. Percent NAS infants with hospital readmissions in first 30 days after newborn discharge

Use standardized **non-pharmacological treatment** bundles as the first line of treatment for all SENs	▪ Create and use non-pharmacotherapy order sets for SENs, including NAS ▪ Establish and adhere to a standardized non-pharmacological treatment protocol as the first line of treatment (e.g., rooming in with safety measures, skin-to-skin contact, swaddling, rocking, dimmed lighting, limited visitors, quiet environment) ▪ Establish breastmilk feeding guidelines based on national recommendations, and educate staff on the guidelines and how to empower patients to make informed decisions about breastmilk feeding that support the health of their newborn ▪ Use empowering messaging to engage the parent/caregiver
Standardize **pharmacological management** of NAS	▪ Create and use pharmacotherapy EHR order sets for NAS ▪ Create standardized protocols for pharmacologic treatment of NAS

Substance Exposed Newborn Driver Diagram

Aims

5. Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services

Establish Family Care Plans Prior to Discharge	▪ Partner with families and social/child services to establish family care plans (Plans of Safe Care) according to federal, state, and county guidelines ▪ Use Cuddler Program to free up parent for treatment
Support **Engagement in Family Care Plans**	▪ Refer SENs to appropriate follow-up services prior to discharge, including but not limited to Early Intervention (EI) Services, lactation support, and home visits, and close the loop on those referrals ▪ Follow-up with outpatient providers to ensure that the family care plans are adopted and engagement in outpatient care ▪ Follow the dyad for up to 15 months

Substance Exposed Newborn Surveys (Structure Measures)

USE THE SURVEY DATA TO PRIORITIZE KEY INTERVENTION AND THEN TRACK THE KEY INTERVENTIONS YOUR TEAM IMPLEMENTS

https://www.whamglobal.org/data-collection#PA-PQC-Site-Surveys

Substance Exposed Newborn Quarterly Aggregate Data (Process Measures)

USE THE PROCESS MEASURES TO TRACK THE PARTS AND STEPS IN THE SYSTEM BEING PERFORMED AS INTENDED

Quarterly Process & Outcome Measures:

https://www.whamglobal.org/data-collection#PA-PQC-Measurement-Specifications

Median hospital length of stay for newborns with NAS

treated with a non-pharm bundle

NAS cases

receiving pharmacologic therapy

NAS cases

referred to appropriate follow-up services

NAS cases

NEW

readmitted within 30 days of discharge

NAS cases

NEW

used ED within 30 days of discharge

NAS cases

What changes?

All NAS measures reported quarterly

Additional annual breakdown for LOS by treatment type (pharm and non-pharm)

Additional annual reporting by race/ethnicity

Process to Join PA PQC Initiatives in 2022

By March 30, 2022, formally join or re-commit to the PA PQC initiative(s) by submitting an online form to (1) select PA PQC initiative(s) for the Implementation Period; (2) create or update your multi-disciplinary PA PQC healthcare team; (3) agree to work towards the initiative's goals; and (4) agree to follow the expectations for the Implementation and Sustaining Periods

https://www.surveymonkey.com/r/CN75J78

Q&A and Feedback

DISCUSSION