

Maternal Mortality: Hypertension

Site Name:	Key Interventions:
<p>Allegheny Health Network- Saint Vincent Hospital</p>	<ul style="list-style-type: none"> • Provide each antepartum/postpartum elevated BP/pre-eclamptic discharged patient with automated BP cuff DME to take, track BP's outside of the hospital. <i>(Target go live September 2020)</i> • Pre-eclampsia specific discharge instruction sheets for elevated BP/pre-eclamptic post-birth patients with provider indicated range of BP expectations. <i>Implemented July 2020</i> • Provide each antepartum/postpartum discharged patient with <i>Save Your Life</i> magnets and <i>Save Your Life</i> flyers (completed January 2019) • Share <i>Save Your Life</i> magnets and <i>Save Your Life</i> flyers with ED providers and staff. (completed December 2019) • Signage in each ED triage room to notify any patient to tell/notify ED staff if they have recently given birth. (<i>Save Your Life</i> information - completed December 2019)
<p>Commonwealth Health-Moses Taylor Hospital</p>	<ul style="list-style-type: none"> • Provide education to Labor and Mom Baby staff on use of the appropriate size BP cuff and the appropriate way to obtain a BP. • Developed scripting to help staff notify MD of severe range BPs. • Development of Hypertensive Critical Event Checklist. • Education of Labor, Mom Baby, ED, and ICU staff on the use of the Hypertensive Critical Event Checklist.
<p>Evangelical Community Hospital</p>	<p>We are currently participating in multi-disciplinary meetings to accomplish the following:</p> <ul style="list-style-type: none"> • Patient education opportunities • Assessment, treatment, and follow-up protocols • Standardized order set and discharge instructions • Standardization of patient placement • Staff education: office, inpatient and ED • Simulation drills/ Badge buddies • Data collection
<p>Geisinger</p>	<ul style="list-style-type: none"> • Implementing checklist for HTN Crisis • Providing simulation & drills for education • Reviewing medication access • Creating order sets to avoid unnecessary clinical variation (final phase) • Instituted home BP monitoring for patients with a diagnosis of CHTN, GHTN or Pre-Eclampsia/Eclampsia prenatally and postpartum (GHP patients only).

Site Name:	Key Interventions:
Lehigh Valley Health Network- Pocono	<ul style="list-style-type: none"> • All providers and nursing staff were educated with a Hypertension Disorders in Pregnancy module through GNOSIS • Clinical Practice Guidelines (CPG) related to perinatal hypertension reviewed with all OB providers and OB nursing staff with ED providers being educated in the near future • Daily interdisciplinary team rounding with reference to CPG's on HTN patients • Submitted a Grant proposal collaboratively with ESU to have the nursing students provide blood pressure equipment and education to hypertensive pregnant patients in their home. Patients will proactively self-monitor and report blood pressures to OB office.
Penn Medicine- Chester County Hospital	<ul style="list-style-type: none"> • Preeclampsia Pathway • Hypertensive Management Pathway • Postpartum Hypertension Pathway • Adoption of Heart Safe Motherhood
Punxsutawney Hospital	<ul style="list-style-type: none"> • Develop order sets for the ED for timely treatment of Hypertensive pregnant/postpartum patients • Education of ED staff/physicians on identifying & treating Hypertensive pregnant/postpartum patient using ACOG & AIM guidelines
St. Luke's University Health Network	<ul style="list-style-type: none"> • Verified with ED if current screening process is to determine if patient recently had a baby • Enlisted our EPIC IT team members to assist us with building a screening tool to be used in ED • Contacted WellSpan contact to get input on what they have included in their screening tool <ul style="list-style-type: none"> ○ Ordered AWHONN magnets to distribute at discharge for mothers to put on fridge
Tower Health- Reading Hospital	<ul style="list-style-type: none"> • HTN protocol in place by 7/1/20 (model after the California Quality Collaborative). • AWHONN postbirth warnings signs education for staff & for all post-partum patients prior to discharge.

Site Name:	Key Interventions:
UPMC Womens Health Service Line	<p>Readiness:</p> <ul style="list-style-type: none"> • Diagnostic criteria, monitoring & treatment of severe preeclampsia/eclampsia, algorithms, order sets, protocols, staff & provider education, unit-based drills, debriefs. Process defined for timely triage & inpatient, outpatient, & ED evaluation. Medications for treatment stocked and immediately available. <p>Recognition and Prevention:</p> <ul style="list-style-type: none"> • Protocol for measurement and assessment of BP and labs for all pregnant and postpartum women <ul style="list-style-type: none"> ○ Prenatal & postpartum patient education on signs and symptoms of hypertension & preeclampsia ○ Implemented remote monitoring for outpatient B/P monitoring and symptomatology ○ Implemented a new daily discern report providing the nursing staff with patients who have blood pressures > 150/90 and communicate results to provider for further B/P management and a candidate for further remote monitoring. <p>Response:</p> <ul style="list-style-type: none"> • Expanded Nurse Driven Protocol for ordering remote monitoring to Northwest and Horizon. • Provided take home toolkit for participants. Due to Covid-19, more patients are provided blood pressure cuffs in the outpatient setting. • Post birth warning sign magnets provided to all mothers upon discharge across UPMC • Implemented Maternal Fetal Triage Index (MFTI) obstetrical triage rapid assessment tool • Commercials and interviews by Medical Staff leaders on Maternal Morbidity & Mortality • Draft system wide policy for assessing and managing HTN • Providing patients with purple wrist bands to be worn for the 4th trimester as a reminder to tell any healthcare provider they delivered, and issue can be related to the recent delivery HTN. Rolled out systemwide except UPMC Western Maryland • Follow up phone calls for all post-partum discharges and documented in the EHR and concerns routed to the physicians' office staff
WellSpan Health	<p>Completed:</p> <ul style="list-style-type: none"> • Roll out of low dose aspirin screening in epic at the first OB visit • Free aspirin provided at office • Roll out of Relias OB education-Hypertension module complete • Roll out of Meds to Beds (YH) to get severe HTN meds to patients prior to discharge. • Implemented new policy on severe hypertension • Implemented new physician guidelines on severe hypertension • Implemented severe maternal morbidity reviews • Creation of an Epic grease board alert to OB team of severe HTN and to trigger need for repeat BP measurement in pregnant and postpartum women with severe hypertension • Education on SMM for all ED nurses rolled out at each entity • System wide ED policy approved by the ED system workgroup • System wide debriefing form created and approved by the WCSL Education Committee <p>In process:</p> <ul style="list-style-type: none"> • Post-birth screen in the ED with BPA (DONE) goes live Sept. 15th

Maternal Mortality: Hemorrhage

Site Name:	Key Interventions:
Einstein Medical Center Philadelphia	<ul style="list-style-type: none"> Change in workflow for providers and nursing staff <ul style="list-style-type: none"> • Solution – educational plan developed for provider and nursing staff PPH Scoring in AeCIS • Solution – Cerner working with CMQCC to standardize scoring for risk tool based on AWHONN project
Jefferson Health- Thomas Jefferson University Hospital	<ul style="list-style-type: none"> • Upgrade to EMR allows PPH calculation tool to flow directly into Delivery Summary • Collect data to determine predictability of PPH score • Hemorrhage supplies added to delivery cart for remote deliveries (ICU) • Assign K2 antepartum hemorrhage module
Penn Medicine- Lancaster General/Women and Babies	<ul style="list-style-type: none"> • Train champions to facilitate QBL process <ul style="list-style-type: none"> ○ Feedback and process recommendations for clinical workflow ○ Communication/Education with teams • Implemented EMR tool for PPH risk assessment (Go-Live 12/2/19) • Inventory tools/equipment required for QBL process <ul style="list-style-type: none"> ○ Additional scale obtained for L&D • Implemented QBL with EMR calculator (Go-Live 2/2/20) <ul style="list-style-type: none"> ○ Expanded QBL process to all vaginal delivery patients (7/27/20) ○ Expand QBL process to include cesarean deliveries (TBD – Dec 2020) • Order set changes approved by OBGYN Care Management team • Established a method for reporting and determining baseline data <ul style="list-style-type: none"> ○ OB Vaginal & Cesarean PPH reports built in EMR ○ Blood utilization and uterotonic usage reports ○ QBL report
Penn Medicine- Pennsylvania Hospital	<ul style="list-style-type: none"> • We implemented a comprehensive Code Crimson policy that includes 3 levels of hemorrhage with specific assessments, actions, and checklists for each. • We made significant improvements to our QBL calculator and created a dashboard to measure our progress. • We educated all nurses and providers working in L&D or Mother Baby and had drills prior to implementation. A debrief occurs after each event.
Penn State Health- Hershey Medical Center & Children's Hospital	<ul style="list-style-type: none"> • Assessment by provider using an evidence- based tool. • Risk Assessment score placed in EMR and on electronic Chalkboard. • Postpartum Hemorrhage kit with emergency medications present at every delivery. • Postpartum Hemorrhage Cart containing guidelines for actions & emergency supplies immediately available. • Simulation exercises are ongoing.
St. Clair Hospital	<ul style="list-style-type: none"> • Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists • Quantification of blood loss • Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms) • Establish a culture of huddles for high risk patients & post-event debriefs to identify successes and opportunities

Site Name:	Key Interventions:
Temple University Hospital	<ul style="list-style-type: none"> • Risk assessment for every patient • Implement the hemorrhage protocol (everything will be consistent) • Hemorrhage cart (virtual) • Running Drills • Cultural diversity training • Pain Management protocol
Tower Health- Reading Hospital	<ul style="list-style-type: none"> • Create standard for prenatal identification of high-risk patients, quantitative blood loss, and early interventions • All nurses, providers attend yearly sim. QBL roll-out scheduled for 3/7/20; Sims – yearly • Policy / protocol in place and communicated by 7/1/20
UPMC Womens Health Service Line	<p>Readiness:</p> <ul style="list-style-type: none"> • Includes: hemorrhage cart supplies, checklist, algorithms, hemorrhage medication kit, response team, advanced gynecologic surgery, massive transfusion protocols, unit guidelines, unit-based drills with post-drill debriefs, and staff/provider education <p>Recognition and Prevention:</p> <ul style="list-style-type: none"> • Standardized assessment tool. <ul style="list-style-type: none"> ○ Admission, other appropriate times ○ Measurement from EBL to QBL & defined quantity <p>Response:</p> <ul style="list-style-type: none"> • Support programs for patients, families, staff • Service Line MMRC has been established, meeting held July 13, 2020, 5 cases reviewed. • July 13, 2020 MMRC findings presented to the UPMC Perinatal PQC <ul style="list-style-type: none"> ○ Workgroups to be formed to address recommendations. Currently focus on standardized VTE prophylaxis. ○ WHSL Perinatal SUD committee established. Data is reflecting the primary cause of Maternal mortality is related to overdose both at UPMC and state. Multidisciplinary committee membership. Committee meets every 2 months and 2 meetings have been completed. <ul style="list-style-type: none"> ▪ Drug testing policy revised. • Completed tracers for compliance to 2020/2021 The Joint Commission Standards to determine compliance to new TJC standards. • Draft system wide policy for assessing and managing PPH with hemorrhage simulation scenario • Established a Service Line Education Committee to address opportunities identified in the Gap Assessment <ul style="list-style-type: none"> ○ PPH protocol, addressing key elements within the 4 domains. ○ Standardizing education for all members of the healthcare team <p>Reporting:</p> <ul style="list-style-type: none"> • Event reporting to Risk/Quality Department • Multidisciplinary review for opportunities in systems and processes <ul style="list-style-type: none"> ○ Internal hospital systematic reviews are conducted per occurrence • Monitor outcomes and metrics via Obstetrical Dashboard all hospitals have direct access • Report as appropriate to various committees

Maternal Mortality: Timely Fourth Trimester Contact

Site Name:	Key Interventions:
Jefferson Health-Abington Hospital	<ul style="list-style-type: none"> Standardized guidelines for PP follow-up (current focus on Htn and PPD) Interprofessional postpartum rounding on inpatient Mother-baby units Developing standardized guidelines for postpartum follow-up

Maternal OUD

Site Name:	Key Interventions:
Allegheny Health Network- Forbes Hospital	<ul style="list-style-type: none"> Have OB offices send list of patients who have positive screen. Social work able to initiate plan before patient even arrives for delivery. Social work to reach out to other facilities to see how they are working through this.
Allegheny Health Network- Jefferson Hospital	<ul style="list-style-type: none"> Work with IT department to develop online tablet-based 5P questionnaire Development of a system-wide algorithm for further assessment and possible treatment based on 5P score. This includes referral to the Perinatal Home Program within AHN as well as phone consultation by social work 5/7/20: Teaching of all providers regarding 5P tool and how/when to implement. Discussed referral for services 5/11/20: Implementation of the 5P screening tool starting at all NOB visits for Jefferson Women’s Health and Allegheny Health Midwives 5/12/20: Meeting with L&D nurses to discuss 5P tool and review how it will be utilized eventually on admission to L&D. 7/1/20: Began screening ALL new OB patients and all Post-partum visits at JWH and CNM’s office 7/14/20: Refresher for all nurses at the staff meeting
Allegheny Health Network- Saint Vincent Hospital	<ul style="list-style-type: none"> Staff Education – See NAS QI update Provider documentation education (completed) Laminated tip sheets located at provider PC’s Incorporate information on SVH Growing Hope program and community support available for addicted moms-to-be <ul style="list-style-type: none"> Utilization of NAS informational booklet – implemented, access in provider offices and community locations. Distribution of community agency support listing – still being worked on. Target for completion – November 2020
Geisinger	<ul style="list-style-type: none"> Implementing universal NIDA screening Implementing a clinical pathway for positive screens Re-educating on urine toxicology protocol

Site Name:	Key Interventions:
Guthrie Hospital	<ul style="list-style-type: none"> • Finding a validated screening tool- chose 4P's tool • Educating staff and training on chosen tool • Implement screening of all pregnant women at least once during prenatal care (to start)
Jefferson Health- Abington Hospital	<ul style="list-style-type: none"> • Universal Screening with 5Ps tool at first prenatal visit & all triage & inpatient admissions to L&D
Lehigh Valley Health Network- Pocono	<ul style="list-style-type: none"> • Educate all Prenatal Care Providers on the 4P's and scripting • Educate on the referral process to the LSW • Provide educational materials to pregnant women with OUD • Created an OB nurse navigator position to follow at risk patients from prenatal through post-partum for compliance
Main Line Health	<ul style="list-style-type: none"> • Revised UDS Policy for Reflex Testing • Worked MLH Clinical Informatics to enhance Risk Assessment • Developed Sensitivity Education 2020 Timeline: <ul style="list-style-type: none"> ○ NAS Education Brochure for Parents ○ Computer Based Training: Interdisciplinary Providers ○ Grand Rounds with Dr. Gary Stoner • Social Work Evaluation of Outpatient Resources
Penn Medicine- Chester County Hospital	<ul style="list-style-type: none"> • Completed process mapping, gap analysis, Affinity Diagram, & brainstorming • Evaluated screening tools; Agreed to use 5P's screening tool • Engaged County & Community representatives
Penn Medicine- Hospital of the University of Pennsylvania	<p>Prenatal consultation:</p> <ul style="list-style-type: none"> • Creation of an EMR template for a prenatal consult for pregnant women with OUD • Consistent use of NAS pamphlet with consult • Educated OB staff about need for prenatal consultation when able <p>NAS care:</p> <ul style="list-style-type: none"> • PAH-specific NAS protocol (vs using CHOPs) • Guidelines on obtaining UDS for mothers and infants just went live <p>EI referral:</p> <ul style="list-style-type: none"> • Standardized EI referral (via EMR) by assigning neonatal NP who tracks/reports all OENs

Site Name:	Key Interventions:
Penn State Health- Hershey Medical Center & Children's Hospital	<ul style="list-style-type: none"> • Gain consensus and approval on a validated screening tool to screen all pregnant women for substance use- Done • Draft a paper patient-friendly form to screen patients at the time of the first prenatal appointment- Done • Develop workflow to identify: who will respond to patients who screened positive; who will refer patients to treatment; and to whom can we refer our patients- Done • Draft Substance Use Treatment Referral Reference List- Done • Provide unbiased non-judgmental, trauma-informed care: <ul style="list-style-type: none"> ○ Complete baseline attitudes measurement staff survey- Done ○ Provide education/intervention- Done ○ Complete reassessment through the attitude's measurement staff survey • Complete staff education regarding: <ul style="list-style-type: none"> ○ The 5Ps tool and screening rationale- Done ○ The 5Ps screening process and SBIRT- Done • Spread to other practice sites within the health system- In progress
St. Clair Hospital	<ul style="list-style-type: none"> • We began using the 5Ps tool for outpatient prenatal visits and inpatient admissions to our hospital in June 2019. • We coordinated with the affiliated OB offices for them to utilize this tool for screening their pregnant patients in the office setting, starting with the 1st prenatal visit and then again in the 2nd and 3rd trimester. • We provided the OB offices with referral forms to be faxed to our Level 2 Nursery Coordinator for follow-up care. When our nursery coordinator receives a referral, she reaches out to the family to discuss the care they can expect when they arrive for their delivery. • We educated inpatient nursing staff on 5Ps screening tool and implemented it to be utilized on all patients admitted.
Tower Health- Reading Hospital	<ul style="list-style-type: none"> • Clinical pathway for pregnant women with OUD <ul style="list-style-type: none"> ○ Screening for SUD ○ Hospital observation for MAT induction, methadone and buprenorphine offered ○ Connection with methadone program in county. ○ Suboxone maintenance program at Women's Health Center for pregnant women with OUD. <ul style="list-style-type: none"> ▪ Intensive case management with the COE, drug & alcohol treatment, social services, prenatal development of Plan of Safe Care, connection with Early Intervention, prenatal parent education on NAS.

Site Name:	Key Interventions:
UPMC Womens Health Service Line	<p>Access:</p> <ul style="list-style-type: none"> ○ Maternal medical support to prevent withdrawal during pregnancy ○ On call service for all UPMC hospitals 24/7 ○ Provide regular prenatal and other medical appointments ○ 4 Outreach Community Centers ○ Same day on next day within 24-hour appointments <p>Prevention:</p> <ul style="list-style-type: none"> ○ Community education ○ Obstetrical provider education ○ Minimize fetal exposure to Opioid substances ○ Early engage mother as a leader in her recovery ○ Narcan “to go” <p>Response:</p> <ul style="list-style-type: none"> ○ Pregnancy Recovery Center (Prenatal & Postpartum) ○ UPMC Healthplan engagement <ul style="list-style-type: none"> ▪ Support programs for patients, families, staff ○ Multidisciplinary team OB, MFM, SW, Nurses, Mental Health therapists ○ Methadone Conversion to buprenorphine from inpt. to outpt. ○ Outpatient buprenorphine medication treatment ○ Warm hand overs ○ ED Physician and APP trained in buprenorphine treatment ● Reporting: Centers of Excellence <ul style="list-style-type: none"> ○ State, Allegheny County, UPMC Healthplan ○ Report as appropriate to various committees
Wayne Memorial Hospital	<ul style="list-style-type: none"> ● Use of standardized codes & documentation for SEN’s and NAS. Including specific ICD codes for OEN’s ● Educate staff re: OEN and NAS, trauma informed care and MD wise guidelines. ● Develop screening criteria for prenatal ID of infants at risk ● Provide family education about NAS and what to expect.

Neonatal Abstinence Syndrome (NAS)

Site Name:	Key Interventions:
Allegheny Health Network- Saint Vincent Hospital	<ul style="list-style-type: none"> ● Two NICU RN’s researched and developed education in classroom format to teach all WAIC staff proper methods and tips to use when assessing neonates for withdrawal using Modified Finnegan Assessment ● Core group of 6 RN’s identified to perform skill validation on all of WAIC staff. ● Each staff RN must perform assessments proficiently for skill validation & watch/review NAS Scoring DVD ● Comparison of retrospective RN assessment scores and post-education/validation scores by each RN ● Develop ESC guidelines (utilizing network resources as to not re-invent the wheel) ● 9/3 presentation at PAPQC collaborative

Site Name:	Key Interventions:
Allegheny Health Network- West Penn Hospital	<ul style="list-style-type: none"> • Reviewing and enforcing our process of inter-user reliability with Finnegan • Implementation of Eat-Sleep-Console strategy for management of NAS • Improve communication and provide education to referring PCP's • Obtain certification as NAS Center of Excellence
Doylestown Hospital	<ul style="list-style-type: none"> • Reinforced education to all staff on ESC approach. Develop inter-rater reliability education. • Continued use of NAS Order Sets with standardized medication dosing and faster weaning. • Educated staff and parents regarding non-pharmacological interventions. Empower parents to provide these interventions to their baby. • Reaching out to obstetric providers to refer pregnant women with OUD for Neonatal consult in order to begin prenatal education, tour maternity and pediatric unit, and discuss care of infant prior to delivery.
Einstein Medical Center Montgomery	<p>Sustain:</p> <ul style="list-style-type: none"> • Multidisciplinary meetings bi-monthly • Continued distribution of information antenatally (pamphlets), and updated results at OB provider meetings • Non-pharmacologic supportive measures • Breastfeeding "Traffic Lights" <p>Improve:</p> <ul style="list-style-type: none"> • Transportation and Food Vouchers for parents to stay with infants • Post discharge follow-up and evaluation of Plan of Safe Care • Community Out-reach through clinics and support groups <p>Start:</p> <ul style="list-style-type: none"> • Transition to ESC with finalization of protocol and pathway • Infant massage training • Facility enhancements - parent lounge
Einstein Medical Center Philadelphia	<p>ESC (pilot in December 2020)</p> <ul style="list-style-type: none"> • Open baby type NICU <ul style="list-style-type: none"> ○ Solution – Maryann Malloy to transition Care-by-Parent room to be able to be used for ESC dyad • No current protocol in place for ESC at EMCP <ul style="list-style-type: none"> ○ Solution – Development of policy & procedure by EMCP PA PQC team • No educational materials for staff re: ESC <ul style="list-style-type: none"> ○ Solution – Development of Healthstream educational module by EMCP PA PQC team in conjunction with Nursing Education and Professional Development Dept. <p>Prenatal Consults (implementation in September 2020)</p> <ul style="list-style-type: none"> • Data collection of total opioid use mothers <ul style="list-style-type: none"> ○ Solution – place ticket for report from AeCIS • Lack of educational materials in out-pt OB offices <ul style="list-style-type: none"> ○ Solution – finish informational pamphlet for mothers • Ensure on-going inter-rater reliability for use of the MOM NAS Score in the NICU by implementing a process for above by October 1, 2020

Site Name:	Key Interventions:
	<ul style="list-style-type: none"> • Standardize use of MOM NAS Scoring system at EMCP by introduction of system to Term Nursery by December 31, 2020 On-going Inter-rater Reliability in NICU (<i>begins September 2020</i>) • None Use of MOM NAS Score on MBU (<i>Implementation Sept.-Dec. 31, 2020</i>) • Staff perception of difficulty of using MOM NAS Score <ul style="list-style-type: none"> ○ Solution – <ul style="list-style-type: none"> ▪ Education ▪ Score NICU infants prior to rollout on MBU
Jefferson Health – Abington Hospital	<ul style="list-style-type: none"> • Implementation of Eat, Sleep, Console tool for NAS assessment
Mount Nittany Health System-Mount Nittany Medical Center	<ul style="list-style-type: none"> • Help mothers recognize they are encouraged/welcome with new brochure (Given at 28-week appt AND now ORT clinic closer to birth if not received prior) • Increase staff interest and knowledge with VON training • Standardize non-pharmacologic interventions to help improve their maximization
Penn Medicine-Lancaster General/Women and Babies	<ul style="list-style-type: none"> • Identified physician & unit-based champions to participate in Eat, Sleep, Console implementation team <ul style="list-style-type: none"> ○ Completed assessment of current state with champions and identified areas of opportunity to improve standardization and care of NAS infants. ○ Established a target condition to identify stakeholders and develop an action plan ○ Investigate EMR tools for OUD screening, ESC assessment and order set changes • Establish a method for reporting and determining baseline data <ul style="list-style-type: none"> ○ Validate current NAS report provides correct information ○ % Pharmacologic treatment rates ○ % weight loss during hospital stay ○ % 30-day readmission rates for NAS infants
Penn Medicine-Pennsylvania Hospital, Newborn Medicine	<ul style="list-style-type: none"> • Review pharmacologic treatment for every OED newborn from 3/1/2019 - 8/31/2019 to determine total medication use & weaning process
Penn Medicine-Hospital of the University of Pennsylvania	<ul style="list-style-type: none"> • Non-pharmacological interventions – supplies, huddle process • Education – staff and families • Family support, volunteer program • Optimal care guidelines (safe sleep, nutrition) • NAS Prenatal Consults
Penn State Health-Hershey Medical Center & Children's Hospital	<ul style="list-style-type: none"> • Universal collection of meconium at delivery or transfer • Cerner (EHR) order and task created • Store refrigerated specimen for 7 days • Go-Live Date: June 1st, 2020

Site Name:	Key Interventions:
St. Luke's University Health Network	<ul style="list-style-type: none"> • Working with IT to create an EPIC report to accurately identify any babies with NAS & who are affected by OUD • PA PQC core team: working on completing the required NAS education to build competence & consistency within our NAS scoring throughout the network
Temple University Hospital	<ul style="list-style-type: none"> • Education to Moms pre/post delivery • Getting OUD screening into EPIC • Teaching for Eat, Sleep, Console approach available on Healthstream • Created Nesting Room protocol
Thomas Jefferson University Hospital-Center City (Intensive Care Nursery /Well Baby Nursery)	<p>Improve Parental and Staff Education</p> <ul style="list-style-type: none"> • ICN nurses to treatment program for education sessions • Educational materials and provider education at OB clinic • Breast feeding education during methadone/buprenorphine stabilization hospitalization • Standardized prenatal neonatology consult <p>Improve Breast Pump Access</p> <ul style="list-style-type: none"> • Coordinating with WIC • Standardized process with post-partum and case management <p>Improve Treatment Program Involvement in supporting breast feeding</p> <ul style="list-style-type: none"> • Working with new management to • improve maternal access from inpatient treatment to hospital • Create pumping and milk storage space • Support leaving sessions to pump <p>Improve breast feeding support while in hospital</p> <ul style="list-style-type: none"> • Improving lactation consultant access • Support skin-to-skin in NICU • Encourage early breast feeding in DR, upon post-partum arrival
Tower Health- Reading Hospital	<ul style="list-style-type: none"> • Implement "Eat Sleep Console" program on Specialty care unit. (Moms will room-in with newborns.) Transfer family to pediatrics when mother is discharged. • Staff education, music therapy, cuddlers, OT, patient/family education, community education

Site Name:	Key Interventions:
UPMC Womens Health Service Line	<p>Access:</p> <ul style="list-style-type: none"> • Maternal medical support to prevent withdrawal during pregnancy • Provide regular prenatal and other medical appointments <p>Prevention:</p> <ul style="list-style-type: none"> • Minimize fetal exposure to illicit substances • Engage mother as a leader in her recovery <p>Response:</p> <ul style="list-style-type: none"> ○ Parent Partnership Unit (PPU) <ul style="list-style-type: none"> ▪ Eat, Sleep, Console (ESC) implemented and spreading across system <ul style="list-style-type: none"> • Expanding room availability adding 4 additional rooms ○ Rolled Eat, Sleep, Console across UPMC hospitals ○ Developing a PPU model at each hospital based on each hospital's capabilities/resources ○ Established a service line SUD Committee with membership consisting with representatives from each hospital for Plans of Safe Care. Two meetings have occurred. <ul style="list-style-type: none"> ▪ Policies revisions, case studies are underway. • Reporting: <ul style="list-style-type: none"> ○ Pa DOH of all NAS occurrences ○ Internal leadership and appropriate committees e.g. NICU

Immediate Postpartum Long Acting Reversible Contraception (IP LARC)

Site Name:	Key Interventions:
Geisinger	<ul style="list-style-type: none"> • (re)educate providers and nurses on IUD insertion immediately postpartum. • Clarified billing, coding, and reimbursement processes. • Clarified patient eligibility for reimbursement outside of the DRG. • Improving device access on L&D (storage). • Assessing patient desire for IP LARC.
St. Luke's University Hospital- Anderson & Allentown campuses	<ul style="list-style-type: none"> • Providing counseling materials to outpatient offices and labor & delivery • Using EMR to identify patients who desire and receive LARC
UPMC Horizon	<ul style="list-style-type: none"> • Educating providers on PP insertion of IUD • Increasing education for support staff in the hospital and the offices • Increasing patient knowledge regarding options for postpartum contraception. • Strategies for billing • Patient tracking so that those patients who desire it can receive it • Ensuring proper and appropriate documentation