

Zoom Housekeeping

- Type your name, title/role, and organization in the Chat
- This Learning Session is being recorded
- Your virtual packet is here:
<https://www.whamglobal.org/march-31st-2022-learning-collaborative>
- This is a collaborative, “all teach, all learn” – please share your experience and questions (see “**QI Report Out Summaries**” in the virtual packet)



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. **4.00 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 **4.00 continuing education credits.**

Disclosures

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3/31 Learning Objectives

1. Describe the **PA PQC's collective successes and next steps** for the April 2022 through March 2023 Implementation Period
2. Describe **trauma-informed care** principles and how to implement the principles in perinatal care settings
3. Describe **breastmilk feeding guidelines** for substance use and how to empower patients to make informed decisions and connect to lactation support services
4. Discuss **best practices for connecting patients and families** to outpatient and community services and supports
5. *For those in the IPLARC initiative:* Discuss how to **measure IPLARC expulsion rates** and how to use this measure for quality improvement purposes

PA PQC Advisory Group

Members representing:

- Patients and families
- Chairs of the current PA PQC work groups
- MMRCs
- State agencies
- Perinatal provider, birth worker, healthcare associations
- AIM (ACOG)
- PA PQC hospital and community champions from urban and rural locations
- Commercial and Medicaid health plans
- Policy and advocacy coalitions

Roles:

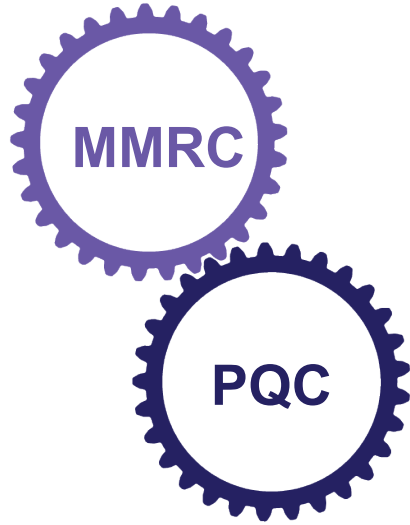
- Provide direction and guidance to the PA PQC in response to improvement opportunities
- Offer guidance on future neonatal and maternal health priority areas for the PA PQC, triggering PA PQC work groups
- Increase awareness about and engagement in the PA PQC among their networks and colleagues
- Receive monthly updates from PA PQC staff to support the above roles

PA PQC Advisory Group Chairs: James Cook, MD and Aasta Mehta, MD, MPP



2022 Funding Partners





PA PQC

Pennsylvania Perinatal Quality Collaborative

PA PQC Successes & Future Directions

March 31, 2022

Aasta Mehta, MD, MPP, FACOG and James A. Cook, MD, FAAP
PA PQC Advisory Group Co-Chairs

MMRC Programmatic Updates



- Leadership transitioned to Bureau of Family Health, DOH
- Committee membership updated and new committee established on Feb 1, 2022
 - Co-chairs: Aasta Mehta, MD, MPP and Stacey Beck, MD
 - Comprised of 30 members
 - Two vacancies:
 - Coroner/Medical Examiner
 - Health Statistician
- Resume review of 2020 cases starting in April 2022

PA MMRC Findings*



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

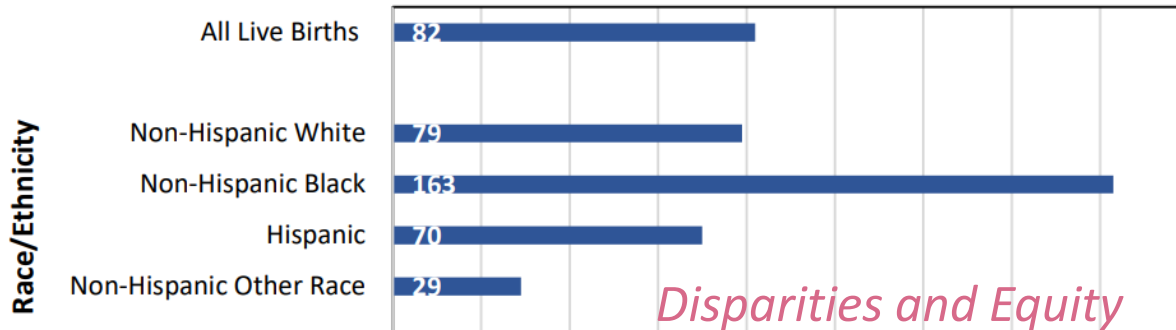


Table 3: Committee Determinations on Contributing Factors for the 2018 Maternal Deaths Reviewed by PA MMRC (N=44)

	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

**Does not include Philadelphia since Philadelphia has a local MMR*

Philadelphia MMRC Findings



Figure 1.9 Reported History of Maternal Substance Use, Mental Health Diagnosis and Intimate Partner Violence in Pregnancy-Associated Deaths, 2013-2018 (n=110)

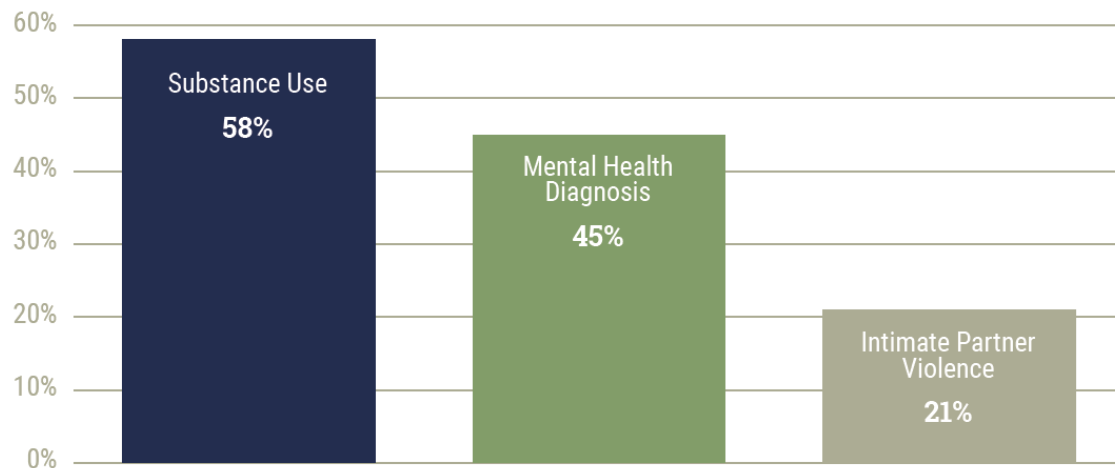
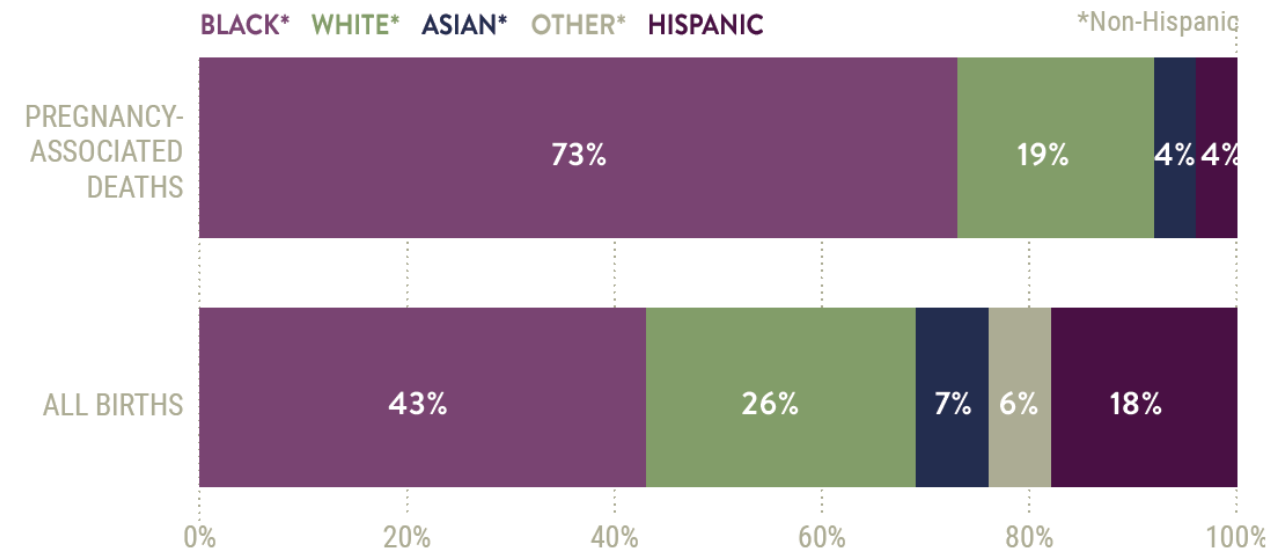


Figure 2.5 Race/Ethnicity of Pregnancy-Related Deaths, 2013-2018 (n=26)





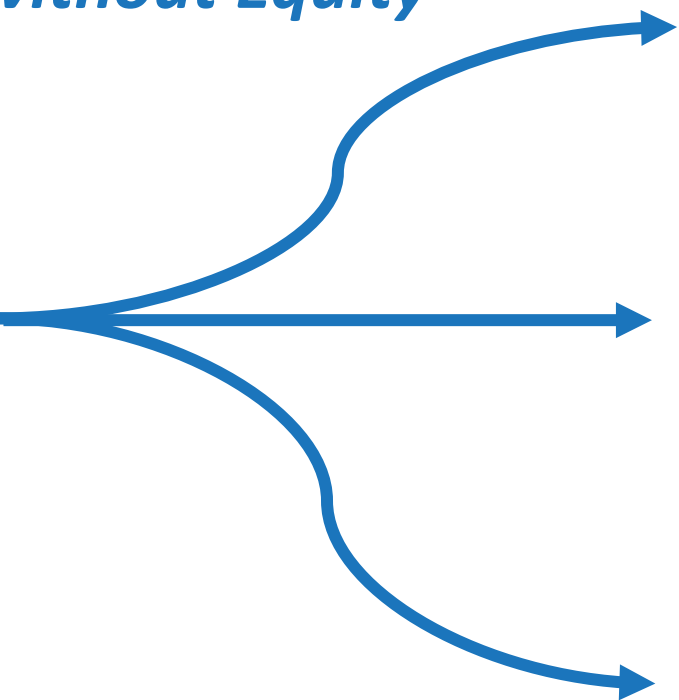
2022 PA PQC Maternal Health Initiatives: *Number of Participating Hospitals*



No Quality without Equity



Pennsylvania Perinatal Quality Collaborative



31 Maternal Substance Use
19 Immediate Postpartum LARC

20 Moving on Maternal Depression
(MOMD)

21 Severe Hypertension Treatment
(Alliance for Innovation on Maternal
Health)

PA PQC Teams Impacted OUD Structure Measures! *Baseline compared to October-December 2021*

Provide OUD sensitivity training requirements for staff/providers

15% vs. 74% (↑ 59%)

Use a validated, self-report screening tool for substance use in pregnancy

44% vs. 100%* (↑ 56%)

Provide opioid pharmacotherapy for pregnant women with OUD

67% vs. 85% (↑ 18%)

Develop unique clinical pathways/order sets for pregnant individuals with OUD

33% vs. 85% (↑ 52%)

**The 100% may be due to a lower number of surveys received for Oct-Dec. period.*



MMRC



PQC

2022 PA PQC Neonatal Health Initiatives: Number of Participating Hospitals

No Quality without Equity



Pennsylvania Perinatal Quality Collaborative



38 Substance-Exposed Newborns

PA PQC Teams Impacted NAS Structure Measures!

Baseline compared to October-December 2021

% NICU or well-baby
nurses trained in
validated NAS
assessments

53% vs. 83% (↑30%)

Use standardized
pharmacologic protocols
for NAS

70% vs. 93% (↑23%)

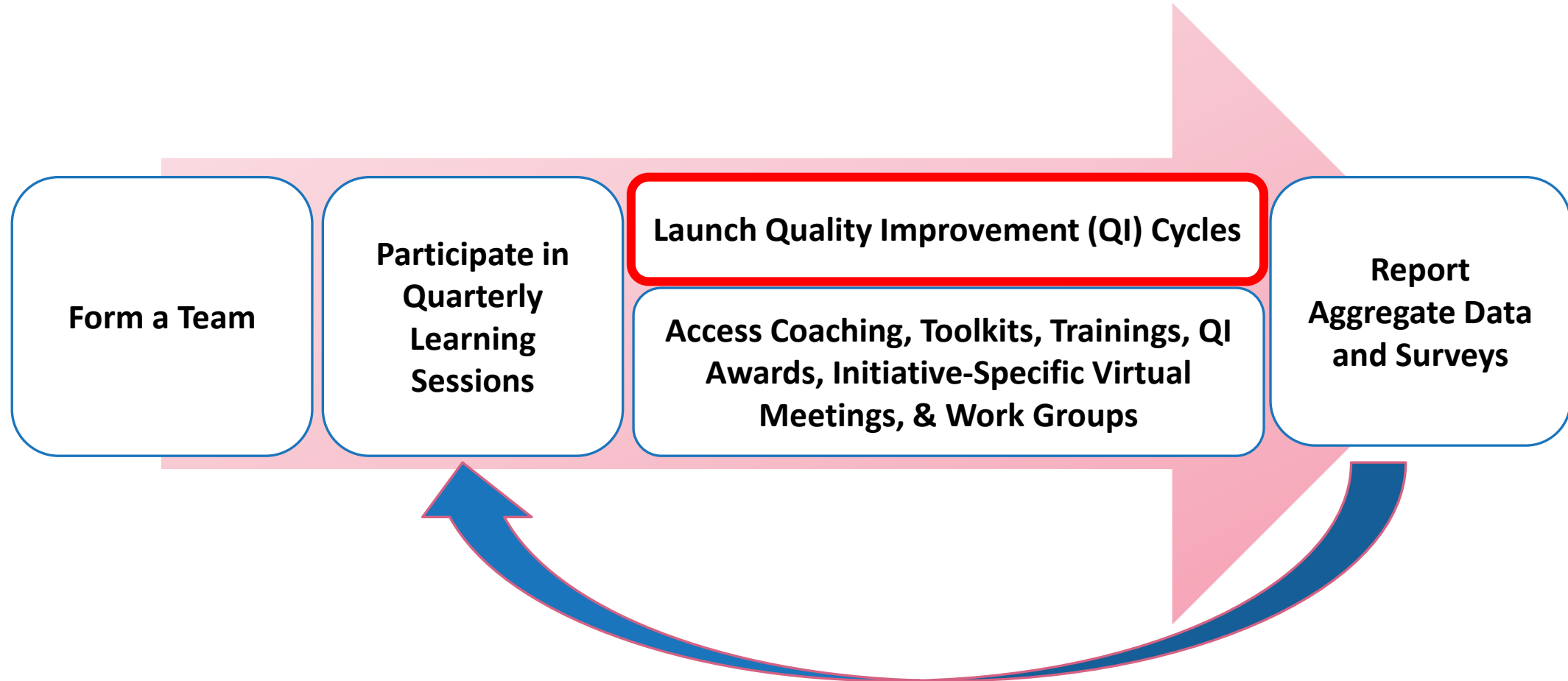
Use standardized
non-pharmacologic
protocols for NAS

59% vs. 96% (↑37%)

2022 Initiatives Timeline



PA PQC Quarterly Structure for Implementation Period



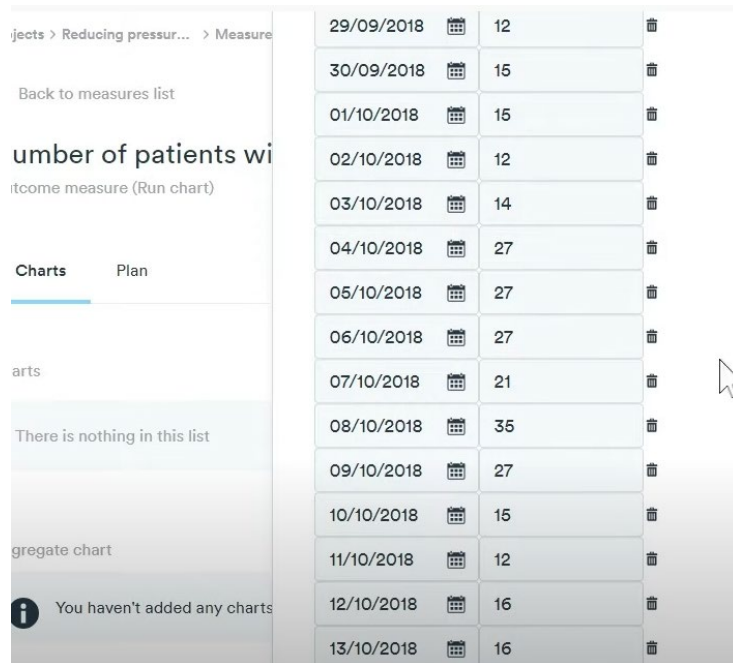
2022 Enhanced Supports

- Trainings on Key Interventions for Maternal Substance Use, Substance-Exposed Newborn, and Immediate Postpartum LARC Driver Diagrams
 - PA PQC teams can request trainings via an online form at <https://www.whamglobal.org/pa-pqc-initiatives>
- Quarterly QI Awards
 - \$5,000 per eligible hospital per quarter based on QI and data-related milestones

2022 Enhanced Supports:

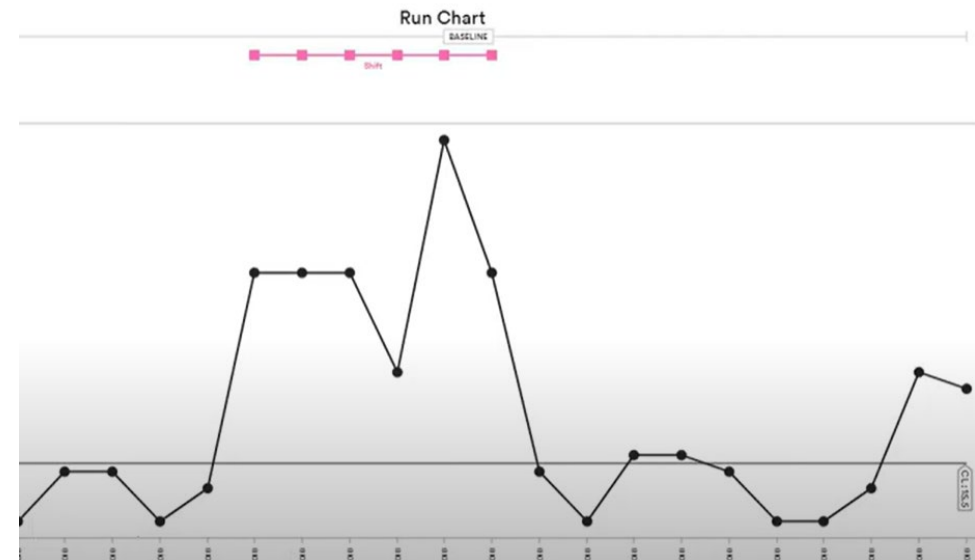
PA PQC is Switching to Life QI for Data Reporting and Visualization

In April, the PA PQC will transfer the data, provide recorded trainings, and offer coaching assistance



The screenshot shows the Life QI software interface. On the left is a sidebar with navigation options: 'Back to measures list', 'Charts' (selected), and 'Plan'. The main area displays a table of patient data for the measure 'Number of patients with a positive outcome measure (Run chart)'. The table has columns for date, value, and a trash icon. The data is as follows:

Date	Value	Action
29/09/2018	12	Trash
30/09/2018	15	Trash
01/10/2018	15	Trash
02/10/2018	12	Trash
03/10/2018	14	Trash
04/10/2018	27	Trash
05/10/2018	27	Trash
06/10/2018	27	Trash
07/10/2018	21	Trash
08/10/2018	35	Trash
09/10/2018	27	Trash
10/10/2018	15	Trash
11/10/2018	12	Trash
12/10/2018	16	Trash
13/10/2018	16	Trash



<https://www.lifeqisystem.com/>

In 2022, the PA PQC includes...

49 birth sites and NICUs

Out of 80 hospitals with 75+ annual births

14 health plans