



About the PA PQC

History and Formation of the PA PQC

Between 2013 and 2017, the PA Preemie Network under the PA Chapter of the American Academy of Pediatrics (AAP) formed and prioritized goals to improve Neonatal Abstinence Syndrome (NAS). The Network held Stakeholder Summits in April 2017 and 2018 that gained consensus on establishing a PA Perinatal Quality Collaborative (PA PQC). March of Dimes convened PA PQC Task Force meetings between 2017 and 2018 to facilitate efforts to create the PA PQC. The Jewish Healthcare Foundation received initial funding from the Henry L. Hillman Foundation and joined the PA PQC Task Force in 2018, agreeing to house the PA PQC in partnership with statewide stakeholders. Geisinger also received funding to standup a regional Northeastern PA PQC in July 2018. In the fall of 2018, the PA Maternal Mortality Review Committee (MMRC) was formed to identify the causes of maternal deaths and develop recommendations to reduce maternal mortality. To launch the PA PQC as the action arm of the MMRC, JHF convened the first PA PQC Advisory Group in November 2018 and a series of Work Groups with Co-Chairs and over 150 members across all the groups.

With funding from the [PA Department of Drug and Alcohol Programs \(PA DDAP\)](#) and an initial focus on maternal Opioid Use Disorders (OUD) and NAS, the PA PQC was launched during its first Learning Session in April 2019.

PA PQC Purpose

As an action arm of the PA Maternal Mortality Review Committee (MMRC), the Pennsylvania Perinatal Quality Collaborative (PA PQC) supports perinatal care teams in adopting key interventions to achieve collective aims.

2022 Focus Areas & Uniform Structure for all Initiatives

The PA PQC is operating the following five initiatives with [55 birth hospitals, representing 81% of live births in PA](#):

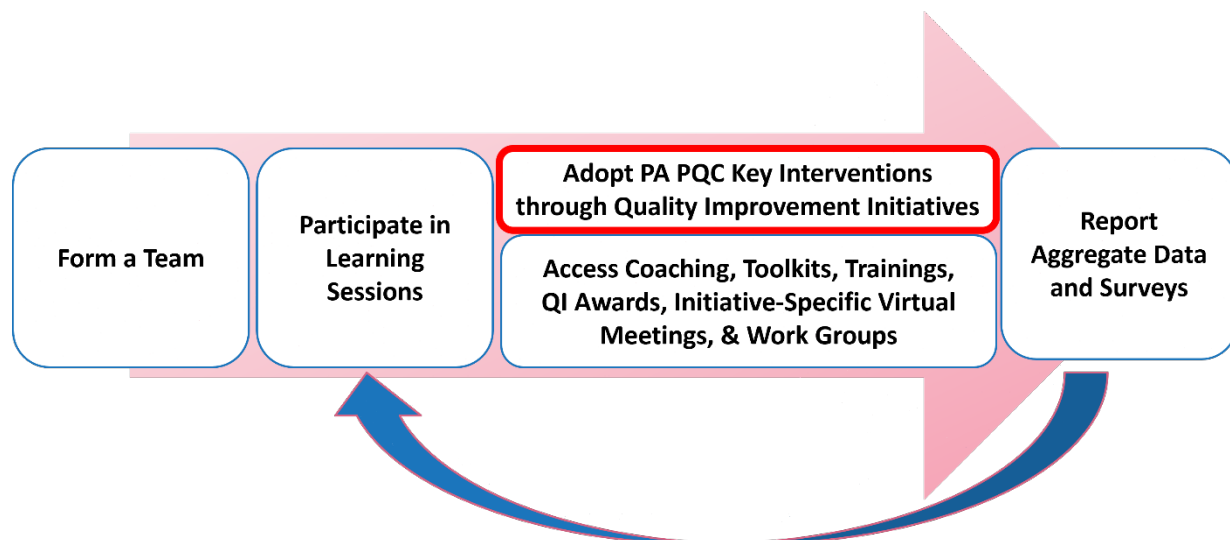
- **43** hospitals are participating in the [Substance Exposed Newborn Initiative](#) (which includes NAS)
- **39** hospitals are participating in the [Maternal Substance Use Initiative](#) (which includes OUD)
- **19** hospitals are participating in the [Immediate Postpartum LARC \(IPLARC\) initiative](#)
- **23** hospitals are participating in the [Moving on Maternal Depression \(MOMD\) Initiative](#)
- **24** hospitals are participating in the PA AIM [Severe Hypertension Treatment Initiative](#), which is part of the national initiative, the Alliance for Innovation on Maternal Health (AIM)

During the January through March 2022 [recruitment period](#), [birth hospitals](#) formally [joined or re-committed](#) to their PA PQC initiatives. These hospitals have now entered the April 2022 through March 2023 [Implementation Period](#), which will be followed by an April 2023 through March 2024 [Sustaining Period](#).



During the Implementation Period, the perinatal care teams from the PA PQC hospitals are expected to:

- Form a multi-disciplinary team,
- Participate in [quarterly Learning Sessions](#),
- Launch [quality improvement initiatives](#),
- Access quality improvement resources (including [coaching](#), milestone-based [Quality Improvement Awards](#), [toolkits](#), initiative-specific [Virtual Meetings](#), and trainings), and
- Report quarterly [aggregate data](#) via surveys and the PA PQC Data Portal to drive improvement towards the collective statewide goals.



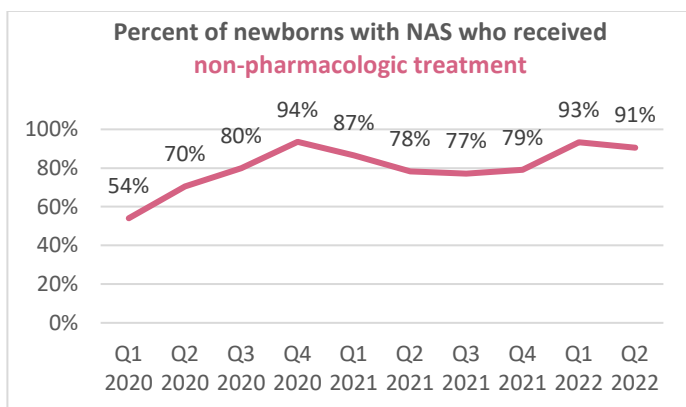
Each PA PQC initiative includes a Driver Diagram, Change Package, or Bundle that lists key interventions for PA PQC healthcare teams to adopt and achieve collective goals. The PA PQC quarterly surveys are designed to track structural measures, assessing which key interventions have been put in place over time. The PA PQC also receives aggregate data (e.g., numerators, denominators, and medians) to assess the process and outcome measures in each initiative. The PA PQC is using a new data entry and quality improvement platform called Life QI to collect and track the data.

PA PQC Data Update

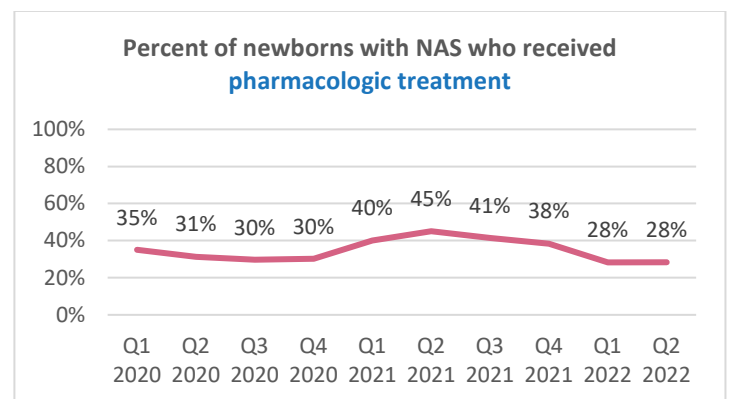
NAS and Substance Exposed Newborns

Among hospitals that submitted the Substance Exposed Newborn (SEN) initiative surveys for the April through June 2022 period, the PA PQC observed:

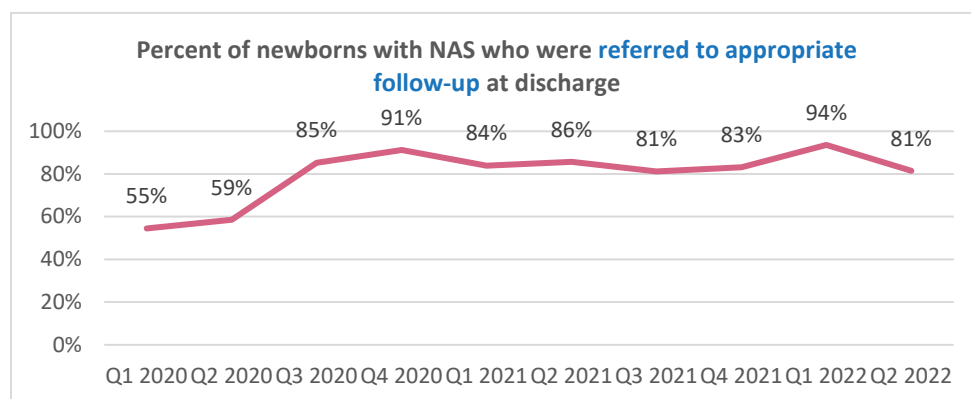
- **80%** of hospitals reporting they have been educated on criteria for Plans of Safe Care, their role, and the how to explain it to families
- **85%** of hospitals reporting they have established breastmilk feeding guidelines for SUD that support breastfeeding among those taking medications for OUD without contraindications
- **95%** of hospitals reporting they use standardized pharmacologic protocols for NAS
- **98%** of hospitals reporting they use non-pharmacologic protocols for NAS
- **Improvement opportunity: 26%** of hospitals reporting they created a protocol for closing the loop on the referral status with the post-discharge services and supports (with an additional 31% indicating this is in progress)



The pharmacologic treatment graph includes data from 37 PA PQC hospitals.



The non-pharm treatment graph includes data from 32 PA PQC hospitals.

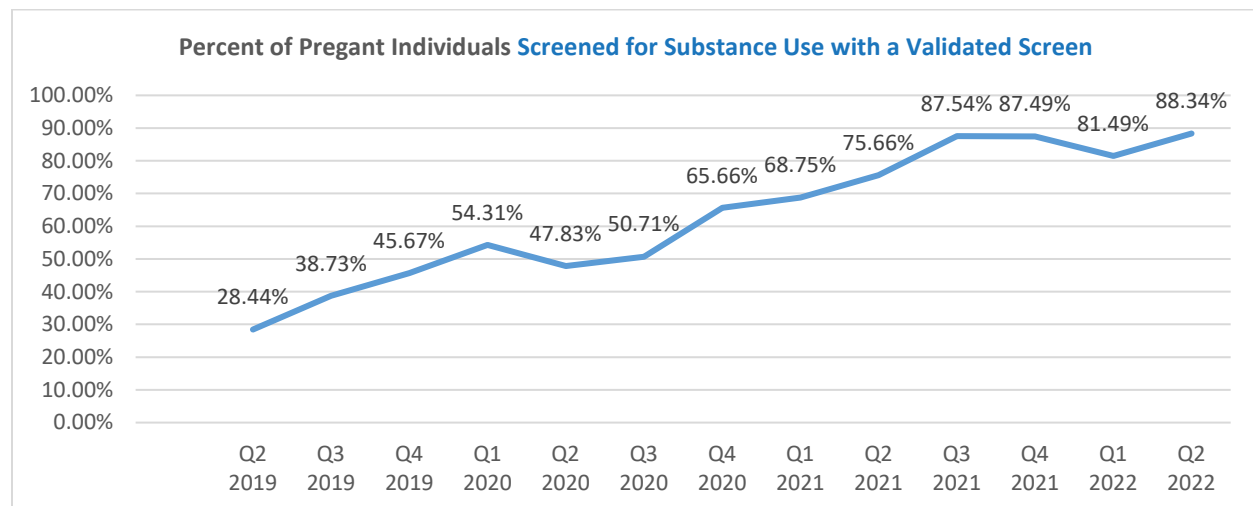


The graph displays data reported by 31 PA PQC hospitals.

Maternal Substance Use and OUD

Among hospitals that submitted the Maternal Substance Use initiative surveys for the April through June 2022 period, the PA PQC observed:

- **76%** of hospitals reporting that they have evidence-based **patient education materials** on substance use in pregnancy and the caregiver's role in SEN care (with an additional 15% in progress)
- **85%** of hospitals reporting that are using a validated **screening tool for substance use** in pregnancy (with an additional 12% in progress)
- **82%** of hospitals reporting that have protocols in place to provide **brief interventions** (with an additional 18% in progress)
- **83%** of hospitals reporting that they are providing **medications for OUD** for pregnant individuals with OUD (with an additional 4% in progress)
- **94%** of hospitals reporting that developed **referral relationships with SUD treatment services**
- **Improvement opportunity: 6%** of hospitals reporting they have put a system in place to provide **naloxone** to patients prior to discharge (with an additional 36% actively working on it)
- **Improvement opportunity: 12%** of hospitals reporting that they have developed **trauma-informed protocols** in the context of substance use (with an additional 33% working on it)
- **Improvement opportunity: 18%** of hospitals reporting they provide **training for staff on substance use** among pregnant and postpartum individuals that also explores and addresses **biases and stigma** (with an additional 36% actively working on it)



The graph displays data reported by 32 PA PQC hospitals.

Immediate Postpartum LARC Initiative

- Among the hospitals that joined the PA PQC's Immediate Postpartum Long-Acting Reversible Contraception (LARC) initiative, **17 of the 21 hospitals** have achieved the initial goal to put in place the structures and processes to routinely counsel, offer, and provide immediate postpartum LARC

Moving on Maternal Depression

Among the MOMD teams that completed the quarterly MOMD survey for April-June 2022:

- **87%** of MOMD teams **use a validated mental health screening tool** (e.g., PHQ-2/9 or the Edinburgh Postnatal Depression Screen) during the prenatal and postpartum period (with an additional 13% in progress)
- **37%** of MOMD teams are **stratifying maternal depression and follow-up measures by race** (with an additional 42% in progress)
- **30%** of MOMD teams conducted a **QI project to reduce racial disparities** for maternal mental health quality measures (with an additional 13% in progress)
- **52%** of MOMD teams are **working with patient/family and community resources** to inform their **maternal mental health screening and follow-up process** (with an additional 17% in progress)
- **43%** of MOMD teams are **working with patient/family and community resources** to inform their work to **reduce racial disparities** (with an additional 26% in progress)
- **Improvement opportunity:** The type of standardized follow-up actions that are in place varies across the MOMD teams: 17 refer to specialty mental health treatment, 14 provide a warm handoff to integrated behavioral health team members, 10 provide medications, 10 refer to community resources, 7 have a suicide risk response policy, 3 make a diagnosis, and 2 refer to home visiting programs.

Eight MOMD hospitals reported data for at least one of the four MOMD process measures (the prenatal and postpartum depression screening and follow-up measures), indicating:

- **80%** of pregnant individuals screened for depression with a validated screen in Q1 2022
- **64%** of pregnant individuals who screened positive received follow-up actions within 30 days in Q1 2022
- **82%** of postpartum individuals screened for depression with a validated screen in Q1 2022
- **71%** of postpartum individuals who screened positive received follow-up actions within 30 days in Q1 2022