When a mother uses substances during pregnancy, her baby may become addicted and begin withdrawal upon birth—a condition called neonatal abstinence syndrome (NAS). This includes babies born to mothers who are “clean” and being treated with medication-assisted treatment such as methadone.

Traditionally, NAS babies are assessed against a list of clinical criteria to determine if they need help managing symptoms by comforting the baby, which can reduce the need for medical intervention.

“IT sounds counterintuitive, but sometimes NAS babies need a bit of medication to help them over the hump. They will still need to go through a carefully monitored withdrawal,” Livengood Waite said.

The goal of Eat, Sleep, Console is to avoid separating mom and baby with a NICU stay and having to administer morphine. Prior to introducing the program in February 2021, 51% of NAS newborns at Women & Babies Hospital were admitted to the NICU. As of September, it’s dropped to 18%.

“We look at whether the baby is able to eat, sleep and be consoled. If any of these are being impacted by withdrawal, we encourage the mother to try methods like skin-to-skin contact, frequent nursing, and holding her baby in a quiet room with low light,” explained Alyssa Livengood Waite, MHA, MSN, RN, director of nursing, Women & Babies Hospital.

“Eat, Sleep, Console is preparing to roll out the next phase of the program early this year by training the NICU staff to follow these same protocols.”

The survey identified several areas of opportunity for improvement.

The survey hit your inboxes at an especially difficult time, as we faced high patient volumes and staffing challenges more than 16 months into the COVID-19 pandemic. But because your feedback is so important to our leadership team,in this issue CEO MESSAGE JOHN J. HERMAN, MBA, FACHE, CEO, PENN MEDICINE LANCASTER GENERAL HEALTH

Early this fall, we invited everyone on our Penn Medicine Lancaster General Health team to complete the 2021 Safety Culture & Employee Engagement PULSE Survey. We asked you to do this because your input is essential in identifying our organization’s areas of strength and opportunities for improvement.

The survey hit your inboxes at an especially difficult time, as we faced high patient volumes and staffing challenges more than 16 months into the COVID-19 pandemic. But because your feedback is so important to our leadership team, we moved ahead with our plans for the survey.

Despite your incredibly busy schedules and the many demands you face, more than 72% of you took the time to complete the survey—thank you. Along with your positive feedback, you offered us some very clear and specific suggestions for improvement.

The survey identified several areas of strength, including your affirmation that we have created an environment where you would feel comfortable speaking up about a potential problem. This speaks directly to our efforts around psychological safety, Just Culture and high reliability.

Perhaps most importantly, you shared that you would feel safe being treated here as a patient. No one knows more about the quality and safety of our care, our culture and values, and there is no higher compliment than your trust in us to provide care for yourself and your loved ones.

Our opportunities for improvement are similar to what health systems are seeing nationwide.

In response to the survey results, we created several task forces to address critical opportunities for improvement, including burnout, staffing and growth and development.

We have begun implementing the task forces’ recommendations, which include:

• Comprehensive compensation market evaluations of several critical clinical roles
• Continued enhancement of our Career Services resources to assist all employees in their professional development
• Enhanced training and resources for leaders, to include engaging new hires with development of a “buddy system” and additional support
• Increased sharing of critical workforce metrics to help leaders stay informed
• Development of additional well-being efforts that will be communicated in the months ahead

Thank you for taking the time to actively participate in the survey. We hear you, and we hear your concerns. We are grateful that you felt comfortable sharing them with us, as well as your confidence in our leadership team to respond appropriately. I look forward to sharing more with you about our action plan to address those concerns as we continue to strengthen our organization overall.
Maternal morbidity and mortality (complications and deaths) in women of color is an issue of national importance that had increased attention in recent months. Notably, Vice President Kamala Harris recently marked Maternal Health Day of Action, which is a nationwide call to the private and public sectors to improve maternal health in the United States. Penn Medicine Lancaster General Health set a Diversity, Equity & Inclusion goal for FY22 to reduce major maternal morbidity and mortality in women of color, and as of Q2 we have exceeded our target.

The effort began as a systemwide Penn Medicine goal in the last fiscal year. “When we looked at complication rates at LG Health, there was a wide gap between Black and white maternity patients,” said Robert Faizon, MD, medical director, OB-GYN and patient safety officer, Penn Medicine Lancaster General Health. “Our team of physicians, nurses, nurse midwives, managers and support staff, including coders and billers, took a closer look at factors associated with higher complication rates among pregnant Black women.”

They discovered that Black women were having more hemorrhage-related issues. In response, the team developed protocols such as hemorrhage risk assessment for mothers, measurement of blood loss in childbirth and rapid interventions to prevent or avoid complications.

The maternal mortality team also shared information with our independent private practice OB-GYN colleagues at Women & Babies Hospital and reviewed patient charts to ensure standards of care were consistently being met. “Our providers are 100% on board with these improvements,” Faizon said.

In just a year, the team closed the care gap and expanded the program to all women of color — a level of measurable success that has not gone unnoticed. In December 2021, U.S. News & World Report announced its inaugural Best Hospitals for Maternity rankings, naming Lancaster General Health as High Performing in Maternity Care (Uncomplicated Pregnancy) with top ratings for this category in Pennsylvania.

“Our success is the result of a group effort — our physicians and nursing staff are more acutely aware of what to look for, and executive leadership understands that this is a priority. As an organization, we have set the expectation that this is what is best for our patients and we are going to do everything we can to accommodate those goals,” said Geoffrey Eddowes, senior vice president and senior operating officer, Women & Babies Hospital.

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