

## 2. Hospital & QI Team Overview

UI health composed of a 495-licenced bed, general medical and surgical facility with over 600 active physicians.

- Obstetrical Emergency Room
  - Level III Perinatal Center
  - A Level 2 Trauma Center

QI team Members Include a multidisciplinary group was gathered including OB, FM, CNM, Social services, pharmacy and Nursing. Our goal was to identify barriers and resources for our quality initiatives in order to improve our community outcomes

**MNO Team:** Braverman, Alexis MD, Marrero Olga DNP, RN-BC, IBCLC, Hall Emily, MD, Farah, Erin PhD CNM. Martha Montes BSN, RN, Davis-Korneff Andrea, MSW, LSW & Anabel Bedoya MSN, RN, NE-BC. **IPLARC Team:** Pamela Hurt DNP, APRN, Erica Hinz MD, Emely Hall MD, Kathleen Harmon MSN, APRN,CNM, Jamie Paek Pharm.D, Tonia McCarter MSN, RN, Federico Cedillo and Olga Marrero DNP, RN-BC. **IPAC Team:** Michelle Cherry DNP, RN, Shannon Hasting BSN, RN, Gloria Elam, MD, Kathleen Harmon APRN, CNM, Emily Hall MD

## 3. MNO-OB Data

### Structure Data:

Please select the reporting month: <span>Apr 2020</span>		
Screening and Linkage to Care		
6 / 6 Measures in Place		
1. Hospital has implemented a standardized, validated self-report screening tool for screening all pregnant women for OUD on units caring for pregnant women.		<div></div>
2. Hospital has provided to affiliated prenatal care sites options for standardized, validated self-report screening tools for screening pregnant and postpartum women for OUD.		<div></div>
3. Hospital has implemented a SBIRT protocol / process flow for women who report or screen positive for OUD to assess and link to MAT/addiction treatment services/behavioral health support, on units caring for pregnant women.		<div></div>
4. Hospital has provided to affiliated prenatal care sites sample SBIRT protocol / process flow for women who report or screen positive for OUD to assess and link to MAT/addiction treatment services/behavioral health support.		<div></div>
5. Hospital has completed ILPQC Community Mapping Tool (see MNO toolkits) to map local community resources (MAT/addiction treatment services/behavioral health support for pregnant and postpartum women with OUD.		<div></div>
6. Hospital has provided affiliated prenatal care sites, inpatient obstetric units and emergency room the completed ILPQC Community Mapping Tool of local community resources mapped (MAT/addiction treatment services/behavioral health support) for pregnant and postpartum women with OUD.		<div></div>
Optimizing Care for Moms/Newborns		
4 / 6 Measures in Place		
7. Hospital has implemented standardized protocol and/or checklist for optimal management of patients with OUD during labor and postpartum.		<div></div>
8. Hospital has provided to affiliated prenatal care sites checklist and sample standardized protocols / best practices for optimal prenatal management of women with OUD.		<div></div>
9. Hospital has standardized one of materials for educating pregnant women with OUD regarding: benefits of MAT for OUD, benefits of breastfeeding, and importance of mother's role in NAS newborn care (i.e. pediatric/neonatology consult, patient education materials) (see MNO Toolkit)		<div></div>
10. Hospital has provided to affiliated prenatal care sites standardized education materials for pregnant women with OUD regarding: benefits of MAT for OUD, benefits of breastfeeding, and importance of mother's role in NAS newborn care (i.e. pediatric/neonatology consult, patient education materials) (see MNO Toolkit)		<div></div>
11. Cumulative proportion of providers educated on OUD care protocols: stigma reduction, screening / SBIRT and process flow for linkage to MAT/ addiction services, importance of mother's role in NAS newborn care, and optimal care for pregnant and postpartum women with OUD.	90	
12. Cumulative proportion of nurses educated on OUD care protocols: stigma reduction, screening /SBIRT and process flow for linkage to MAT/addiction services, importance of mother's role in NAS newborn care, and optimal care for pregnant and postpartum women with OUD.	100	
Prevention		
4 / 4 Measures in Place		
13. Hospital has established a standardized approach for providing education materials to all pregnant / postpartum patients: pain management expectations and options post- delivery, prescription pain medicine risk of OUD and diversion.		<div></div>
14. Hospital has provided affiliated prenatal care sites with education materials for pregnant and postpartum patients on pain management expectations and options post- delivery, prescription pain medicine risk of OUD and diversion.		<div></div>
15. Hospital has implemented a protocol and any necessary system changes for OI providers to document use of the Illinois Prescription Monitoring Program (ILPMP) look up prior to prescribing opioids to pregnant and postpartum patients in accordance with Illinois state law.		<div></div>
16. Hospital has implemented clinical guidelines, protocols or revised order sets for post-delivery pain management to reduce postpartum opioid overprescribing after vaginal and cesarean deliveries and educated providers on updated protocols and importance of avoiding opioid overprescribing.		<div></div>

**MAT:** All patient identified with substance use disorder are offered medication assisted treatment options

**Narcan:** Patients are provided with narcan education.

### Recovery Program/Services

Patient are link with a program prior to delivery or as soon as patient is ready .

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## 4. MNO-OB Progress

Screening Tools: The 5P’s was adopted in form format and it will be added to the electronic medical record with epic implementation

MNO-OB Folders: All Substance use patient are provided with a folder to standardize Education.

Education Campaign: all team members where provided education via email, electronic links

Monthly Review of all OUD Cases: We continue to plan to review cases as needed.

### LARC Success:

- LARC Guidelines available on L & D and Post-Partum units to assist with education.
- Devices are easily accessible and available in Omnicell on both units.
- Over 67 devices implanted in 2019
- 90% of staff educated
- LARC Sustainability Plan:
- Continue to educate patient prenatally on this safe and effective option for family planning
- Continued education and training of providers and nursing staff
- Continued collaboration with pharmacy for surveillance
- Post-Partum follow-up after device insertion
- Continue to monitor LARC devices dispensed
- Continue to bill for procedures
- Continue to work with hospital finance to identify and overcome challenges.
- Work with upcoming 3I conversion to EPIC to improve documentation and develop standardized order set

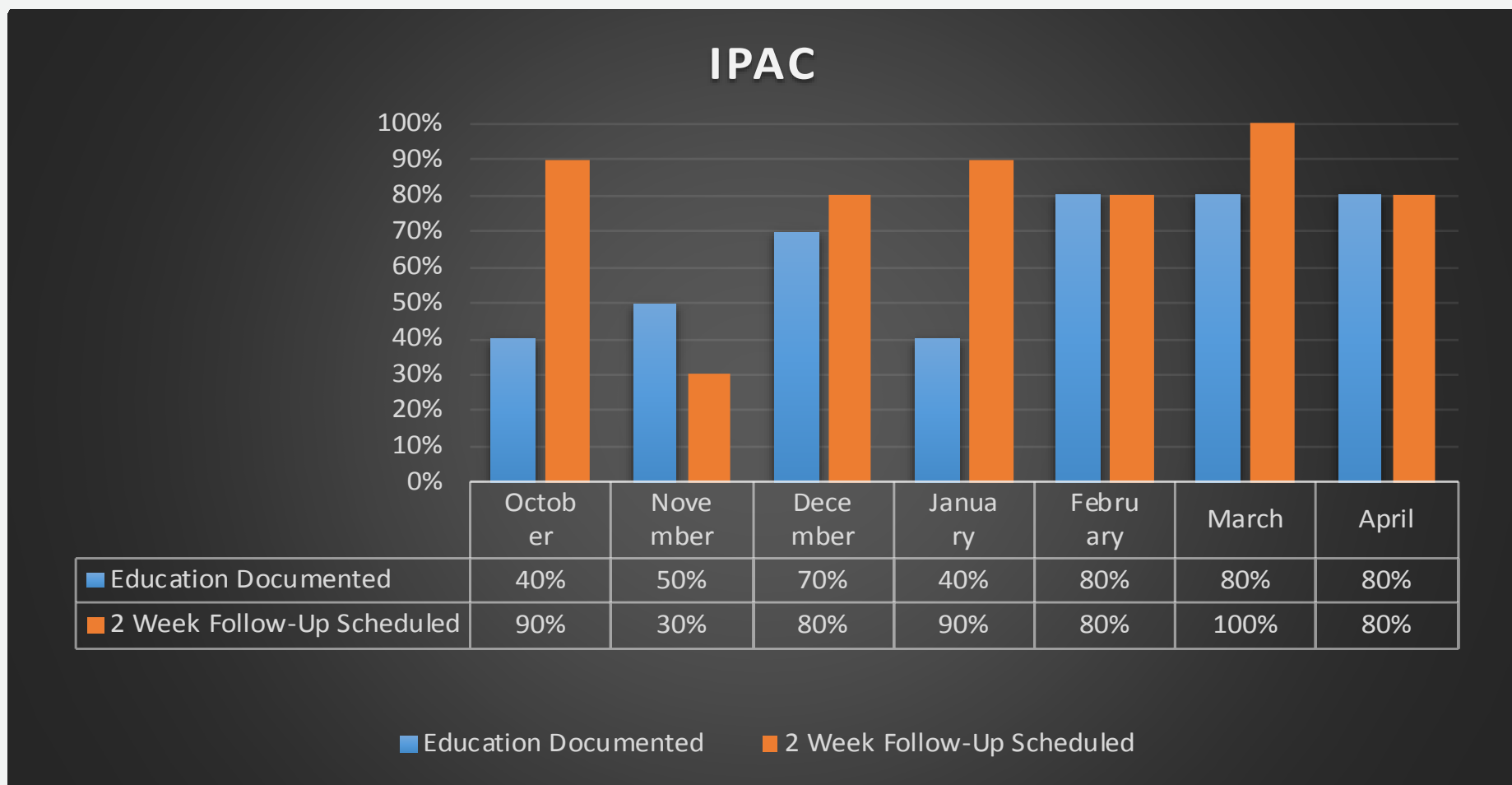
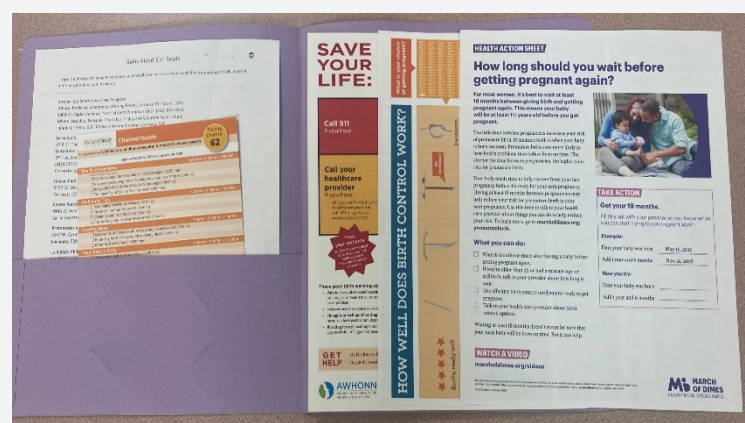


## 5. IPLARC/IPAC or MNO Overflow

### IPAC Success

Future goals include:

- Reinforce IPAC initiatives , incorporate expectation for all new team members
- Work with providers and scheduling staff to enhance two-week appointment availability.
- Appointment to be scheduled on patient delivery day versus day of discharge
- Reinforce the importance of documentation and engage staff in the audit process



<p>Compliance Monitoring</p> <p>1. Percent of patients with opioid prescription who checked before discharge (SBIRT to data)</p> <p>2. Percent of patients who received standardized postpartum education prior to discharge (SBIRT to data)</p> <p>3. <b>Number of staff responsible for</b></p> <p>4. <b>Early warning signs</b></p> <p>5. <b>Monthly compliance audit</b></p> <p>How will compliance be collected? <b>Measurements are collected via monthly auditing of 10 randomly selected patient charts based on the # of deliveries per chart month.</b></p> <p>Will you continue to track IPAC data using the IPAC Data System? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Team membership to change of reporting to IPAC: <b>Shannon Hastings</b></p> <p>How often will your QI team meet to review hospital data reports via IPAC and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other</p> <p><b>New Hire Education for all new hires</b></p> <p>What education tool(s) will you use for new hires?</p> <p><input type="checkbox"/> IPAC Grand Rounds Slide Set <input type="checkbox"/> IPAC IPAC Toolkit Binder <input type="checkbox"/> IPAC OB Provider Pocket</p> <p><input type="checkbox"/> IPAC Checklist for Maternal Health Safety Check <input type="checkbox"/> Other: <b>IPAC Staff Pamphlet, Quarterly Poster</b></p> <p>How will you incorporate IPAC to your education (see new hire training/education)?</p> <p><b>a) maternal safety risks in the postpartum period/education program (SBIRT)</b></p> <p><b>b) benefits of early postpartum care (maternal health and newborn)</b></p> <p><b>c) assessment for facilitating screening early postpartum care and SBIRT</b></p> <p><b>d) documentation and billing for early postpartum care</b></p> <p><b>e) components of early postpartum care (maternal health safety risks), including people discharge folder to combine IPAC education materials given to patient.</b></p> <p>How will you track new hire education staff to ensure IPAC education is included in education? <b>New Hire education?</b></p> <p>Ongoing education conducted with outpatient staff administration to ensure staff is educated. Outpatient staff to receive updated PowerPoint narrated with IPAC education and copies of IPAC education sheets as well as IPAC staff education pamphlets.</p> <p>Ongoing education for all providers and nurses</p> <p>What education tool(s) will you use for ongoing education for providers and nurses?</p> <p><input type="checkbox"/> IPAC Toolkit <input type="checkbox"/> Grand Rounds <input type="checkbox"/> QIQC Committee updates #742 <input type="checkbox"/> QIQC Checklist for Maternal Health Safety Check</p> <p><input type="checkbox"/> Other: <b>Staff Pamphlet and One-on-one meeting as needed to ensure understanding and compliance</b></p> <p>How will you incorporate IPAC education into ongoing provider/staff education including:</p> <p><b>a) maternal safety risks in the postpartum period/education program (SBIRT)</b></p> <p><b>b) benefits of early postpartum care (maternal health and newborn)</b></p> <p><b>c) assessment for facilitating screening early postpartum care and SBIRT</b></p> <p><b>d) documentation and billing for early postpartum care</b></p> <p><b>e) components of early postpartum care (maternal health safety risks)</b></p>
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## 6. PVB

We are looking forward to the new initiative Promoting Vaginal Birth. We have identified a diverse team to initiate this quality initiative . We haven't met yet as a group, but the first goal is to determine our NTSV (nullip, term, singleton, vertex) C-section rate. Currently investigating how to best pull and analyze data to meet the needs of the Promoting Vaginal Birth QI initiative. We must know where we are starting in order to get where we need to go!

Members:

Damaris Peralta, MSN, RNC-OB, CNII  
Pam Hurt, DNP, APN-BC, RN, ANI  
Busayo Ajasa, BSN, RN, SNI  
Jessica Dudley, MSN, RN, SNI  
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Rebecca Commito, MD  
Catherine Ford, MD

**Project Lead:** Jen Benson MS, RN, CNCII

**Physician Lead:** Steve Locher, MD

**Nurse Lead:** Tiana Dunlap, MS, RN, CNCII

