



MNO-OB Key Strategies for Success and Creating a Crossing the Finish Line Plan

January 27th, 2020

12:30 – 1:30pm

Call Overview



- Upcoming events
- Data review
- MNO-OB Key Strategies and Opportunities
- ILPQC New Resources
- QI Corner
- Upcoming monthly webinars round robins for all to have a chance to share
- Wrap-up/Key Points

REGISTER NOW!

Upcoming ASAM Treatment of OUD Training Courses



- Monday, **March 2nd**, 2020 | 8am – 12:30pm | University of Chicago Medical Center ([Register Here](#))- Chicago, IL
- Wednesday, **March 4th**, 2020 | 8am – 12:30pm | Memorial Hospital- Belleville- (Registration Coming Soon)- Belleville, IL
- Friday, **March 20th**, 2020 | 10am – 2:30pm | OSF St. Francis Medical Center ([Register Here](#))- Peoria, IL
- Wednesday, **April 8**, 2020 | 8am – 12:30pm | Memorial Hospital Carbondale ([Register Here](#))- Carbondale, IL

SAVE THE DATE

- **What:** ILPQC Spring 2020 OB & Neonatal Face to Face Meetings
- **When:** Wednesday, May 20th (OB) and Thursday, May 21st (Neo) 2020
- **Where:** Abraham Lincoln DoubleTree, Springfield, IL

Registration coming soon...



Face to Face MNO-OB QI Awards

- **ALL Patient, Sample of Screening, & Structure Measures Submitted:**
 - Baseline and July 2018 - March 2020 data
 - *note: if any monthly data is missing, including submitting that no patients were discharged that month, a team won't qualify for an award*
- **Structure Measures 'IN PLACE' by March 2020:**
 - Screening (L&D)
 - SBIRT
 - Mapping
 - Checklist
 - Patient Education
- **Process & Outcome Measures Achieved by March 2020:**
 - MAT >70% | BH Counseling >70% | Narcan >70% | Hep C >70% | Patient Education >80% | Screening (L&D) >80%



DATA DUE MONDAY, APRIL 27th by MIDNIGHT



Face to Face M

- ALL Patient

— B

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t

- St

- Pr

— M

Pat

Submitted:

discharged

70%|

STOP

Is your baseline, and
2018 & 2019 Data in?
Don't miss your chance
to receive a QI Award
because your team's
data is missing



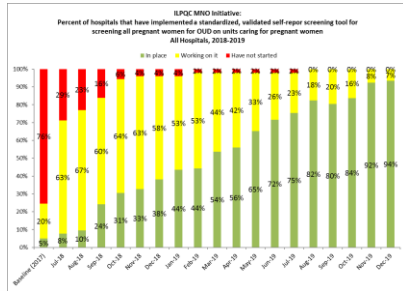
DATA DUE

by MIDNIGHT

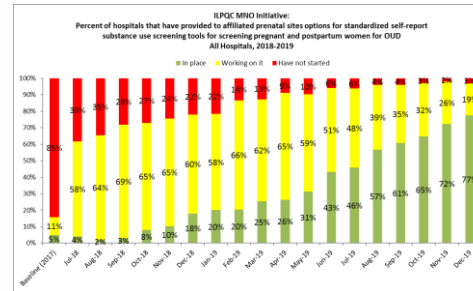


MNO-OB DATA REVIEW

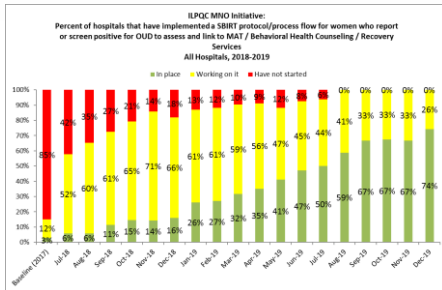
Making Systems Change Happen



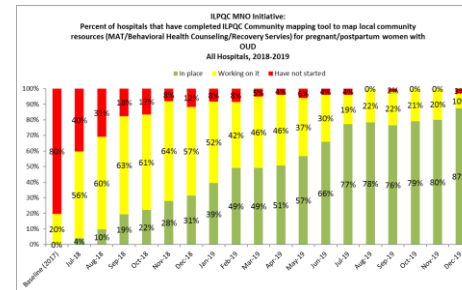
94% of teams have a validated screening tool in place on L&D



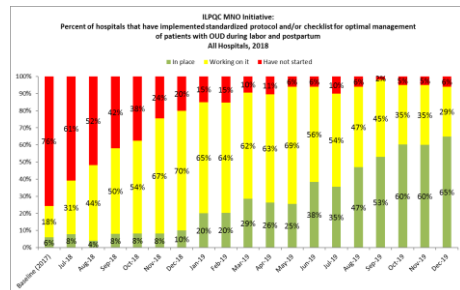
77% of teams have a validated screening tool in place prenatally



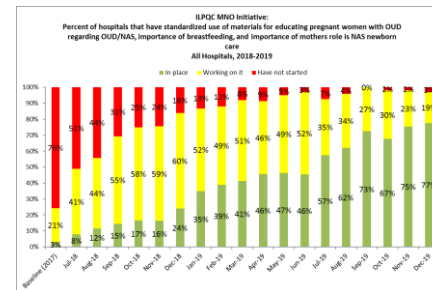
74% of teams have a SBIRT protocol/algorithm in place on L&D



87% of teams have mapped community resources for women with OUD

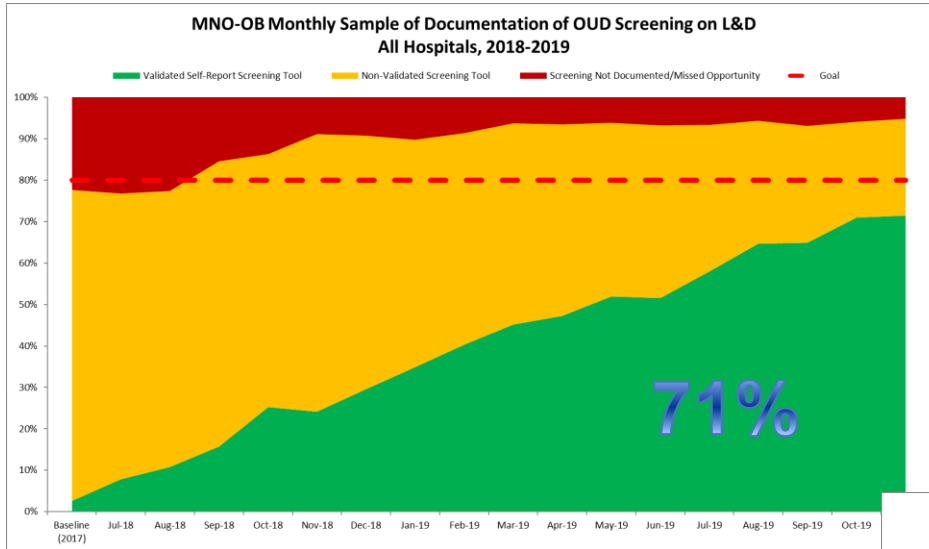


65% of teams have implemented an OUD Clinical Care Checklist on L&D



77% of teams have implemented standardized patient education on L&D

Documentation of Screening for SUD/ODU with Validated Tool

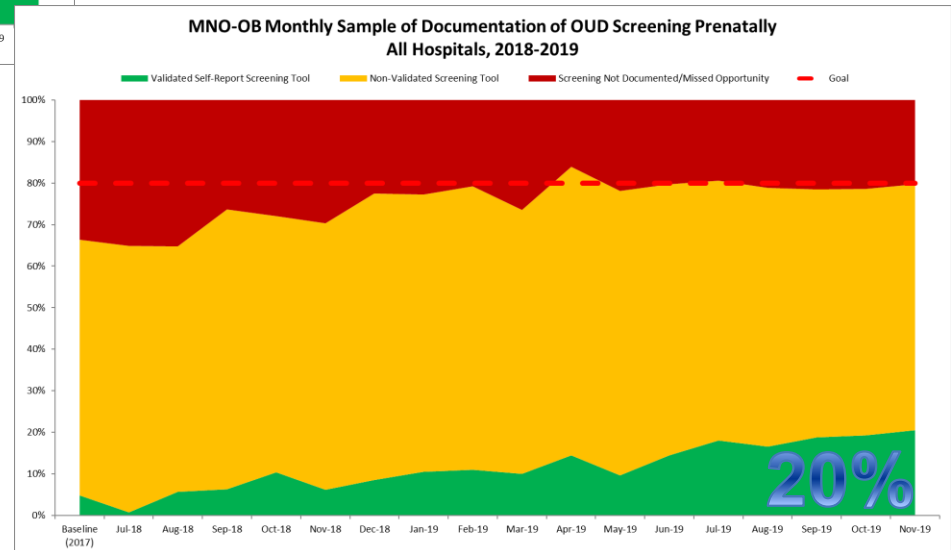


L&D

Red = No screening
 Yellow = Screened single question
 Green = Screened with validated SUD/ODU screening tool

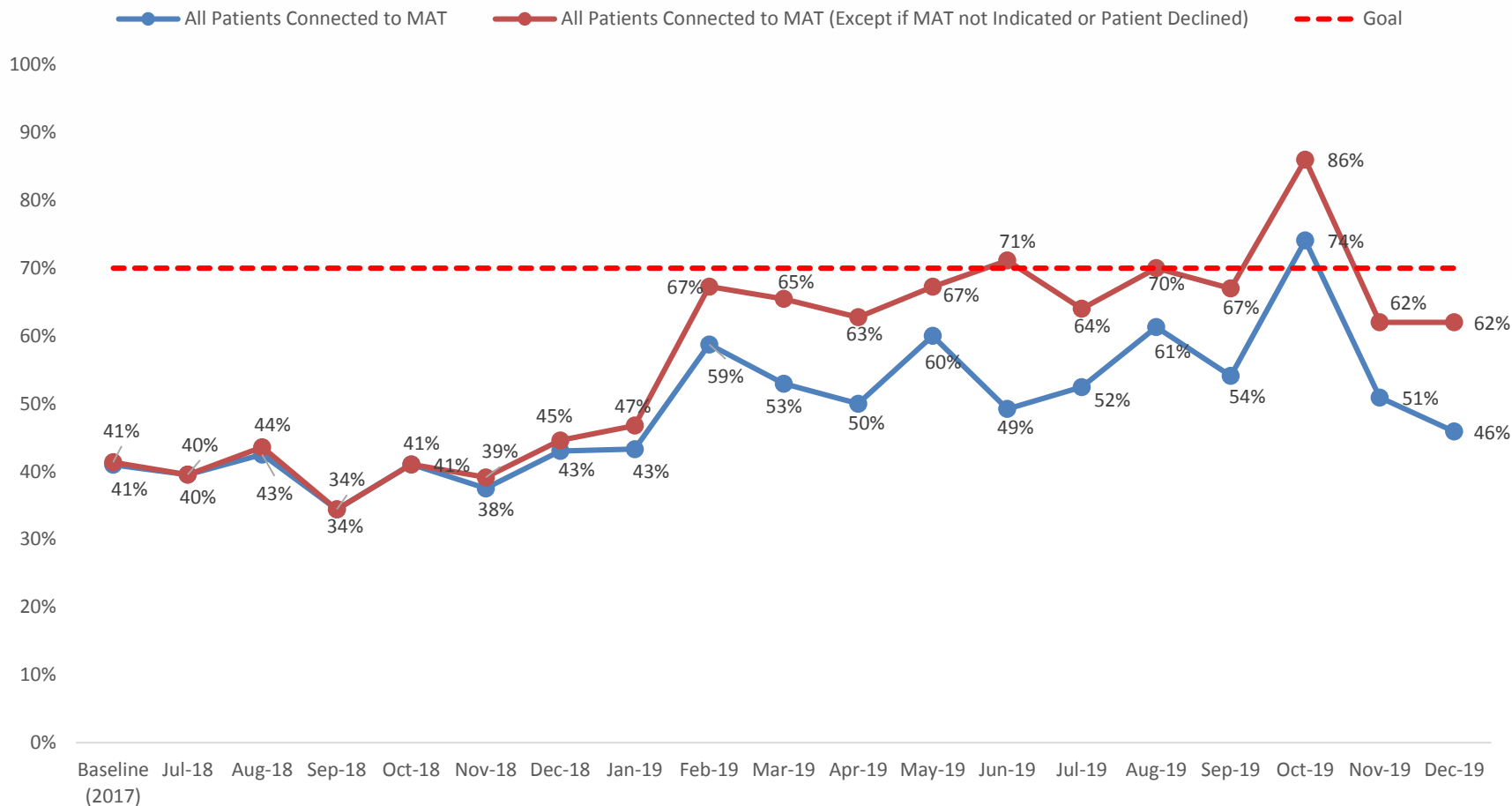
Random sample of 10 deliveries per month reviewed for documentation of SUD/ODU screening
 N = 12,400 to date

Prenatal



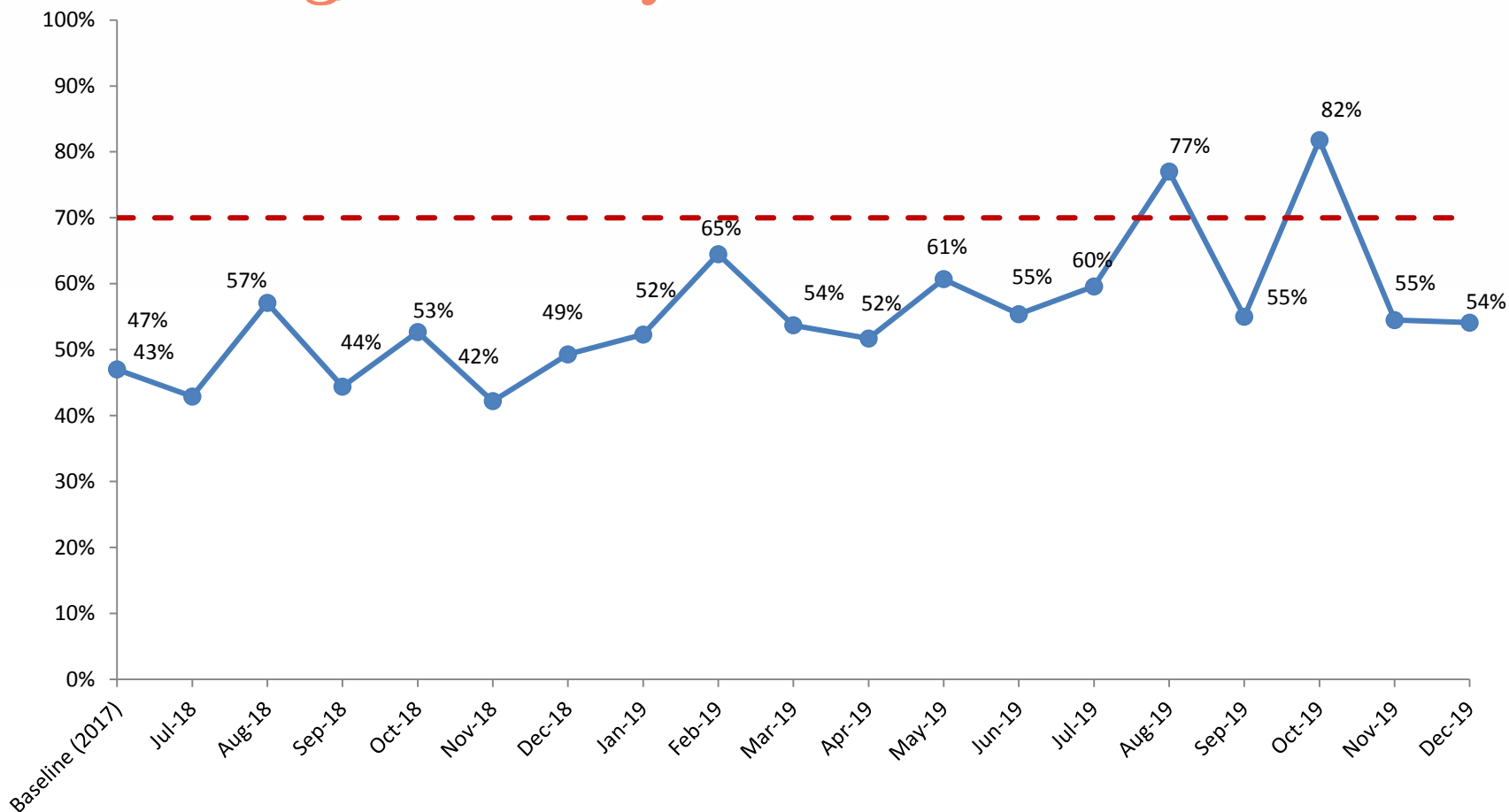
BENCHMARK = ≥ 80%

Women with OUD on MAT by Delivery Discharge



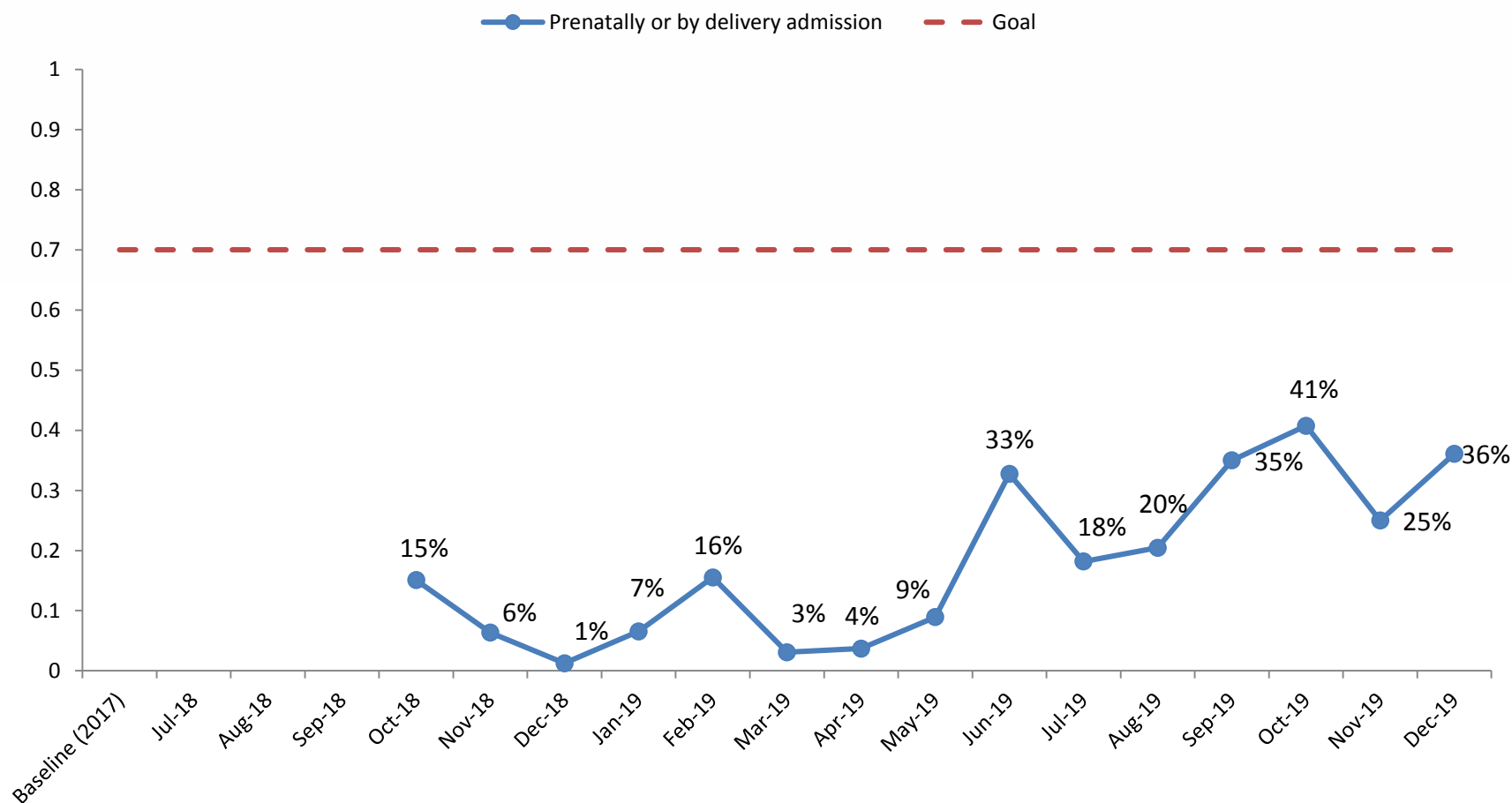
BENCHMARK = ≥ 70%

Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services



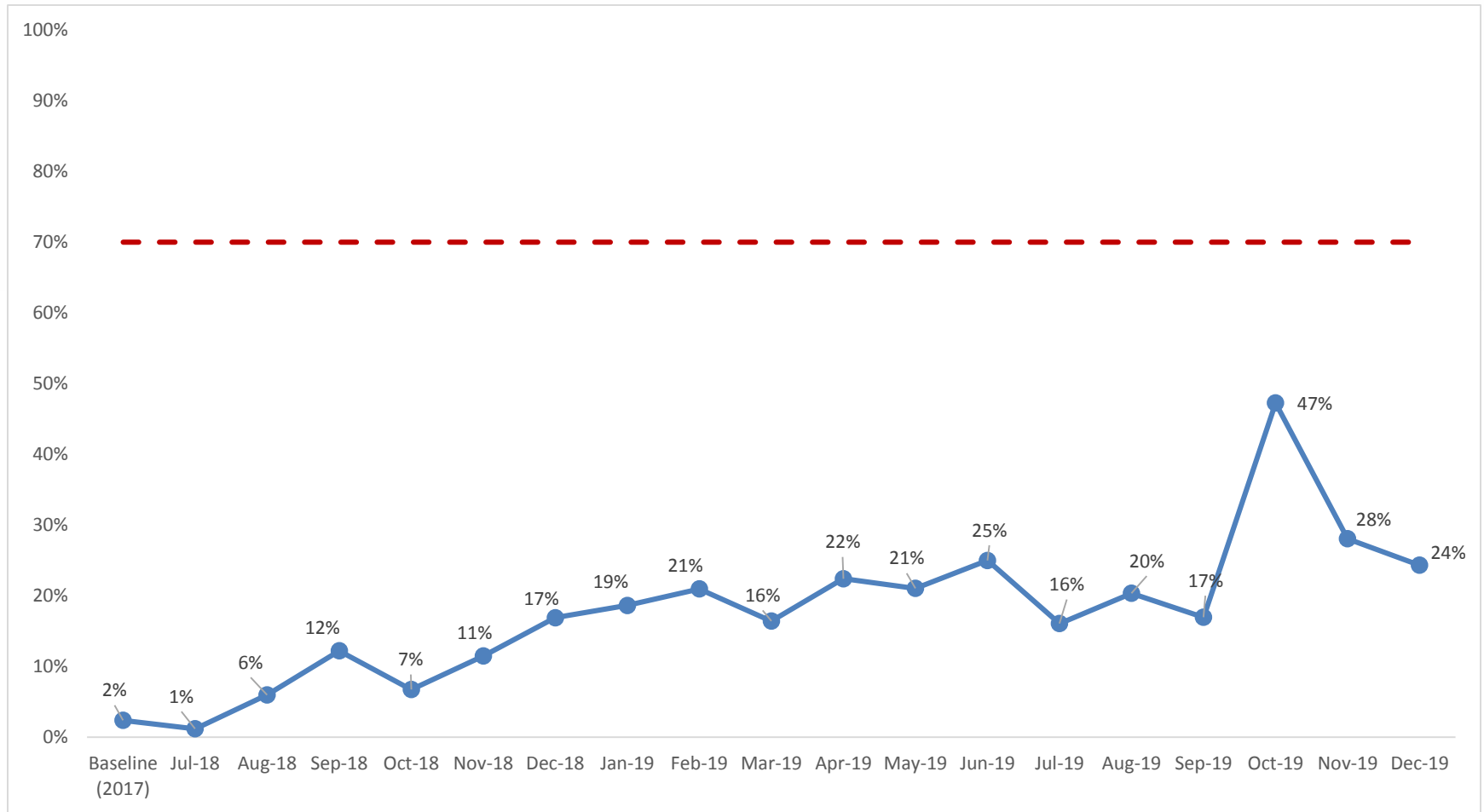
BENCHMARK = \geq 70%

OUD Clinical Care Checklist Included in Chart (Prenatally or by Delivery Admission)



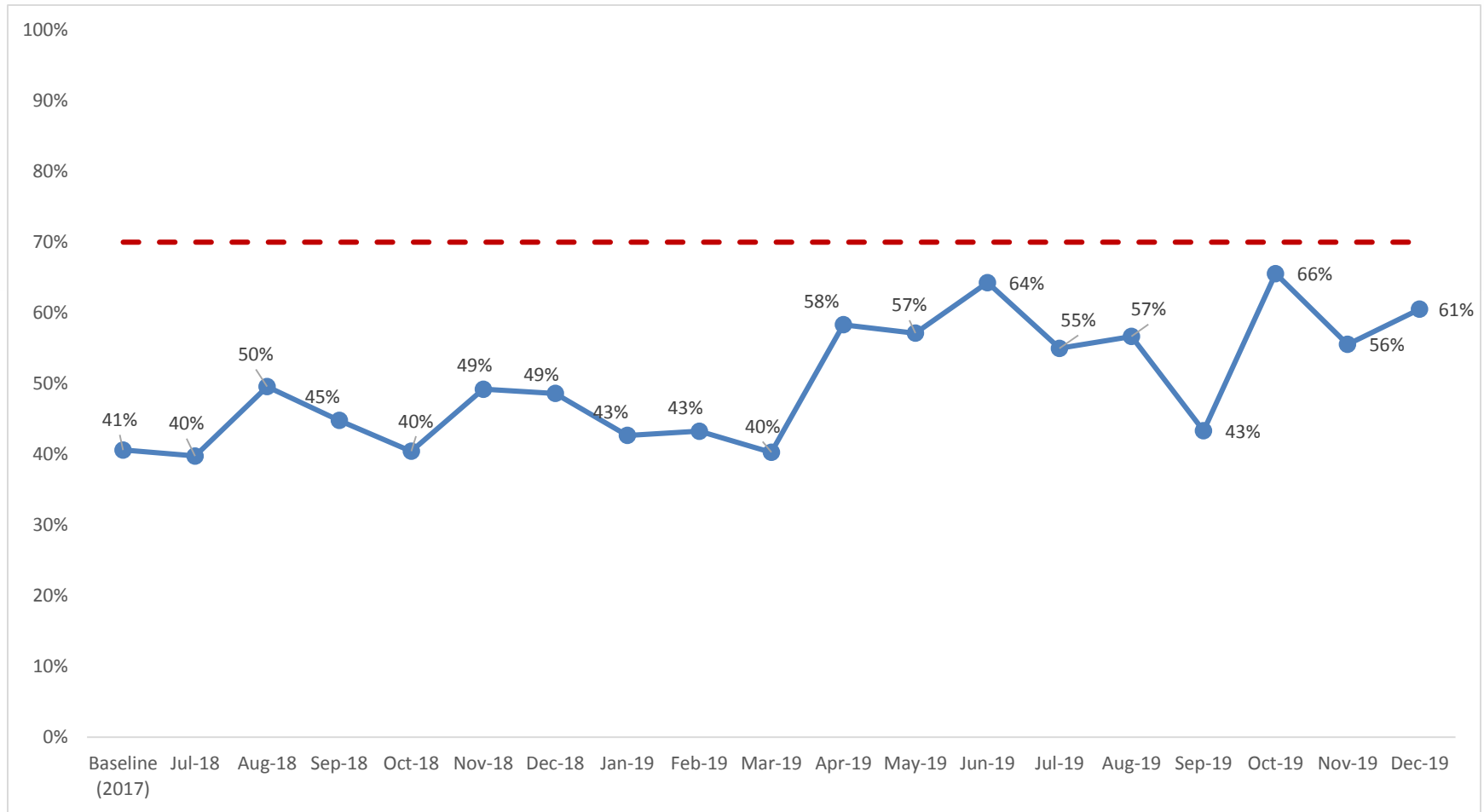
BENCHMARK = \geq 70%

Narcan Counseling & Documentation



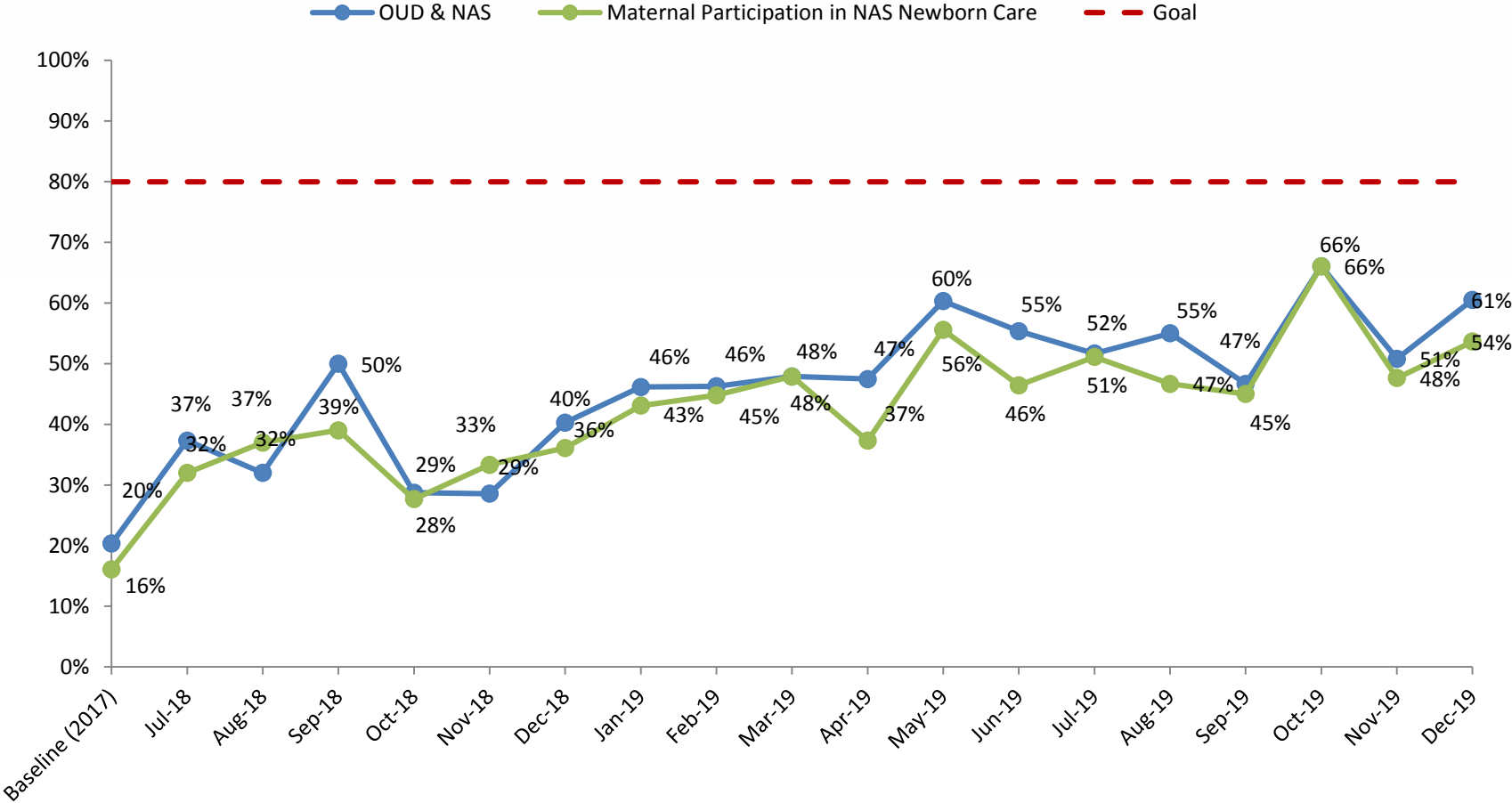
BENCHMARK = \geq 70%

Hepatitis C Screening & Documentation



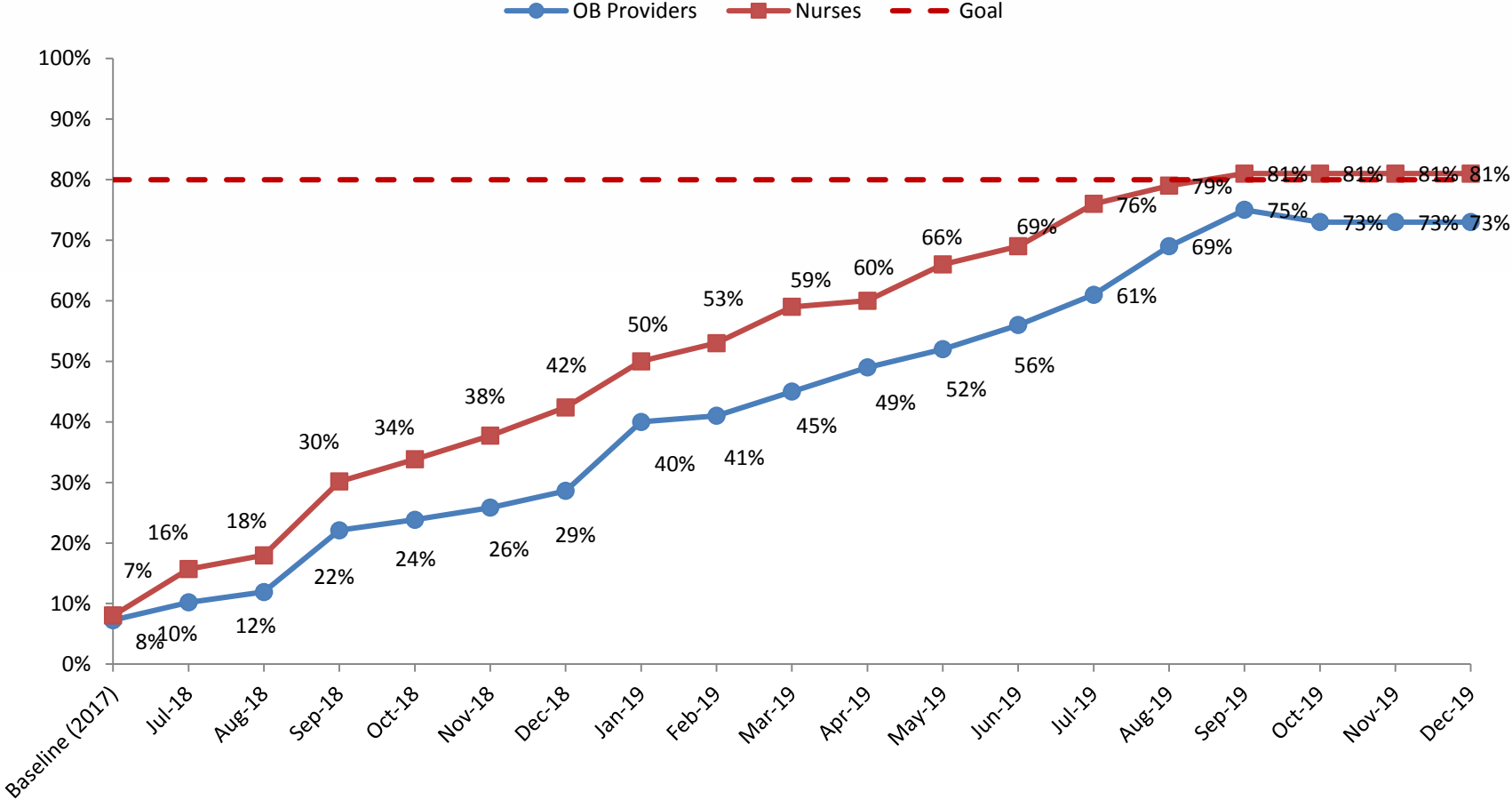
BENCHMARK = \geq 70%

Maternal OUD/NAS Education & Documentation



BENCHMARK = ≥ 80%

OB Provider and Nursing Education

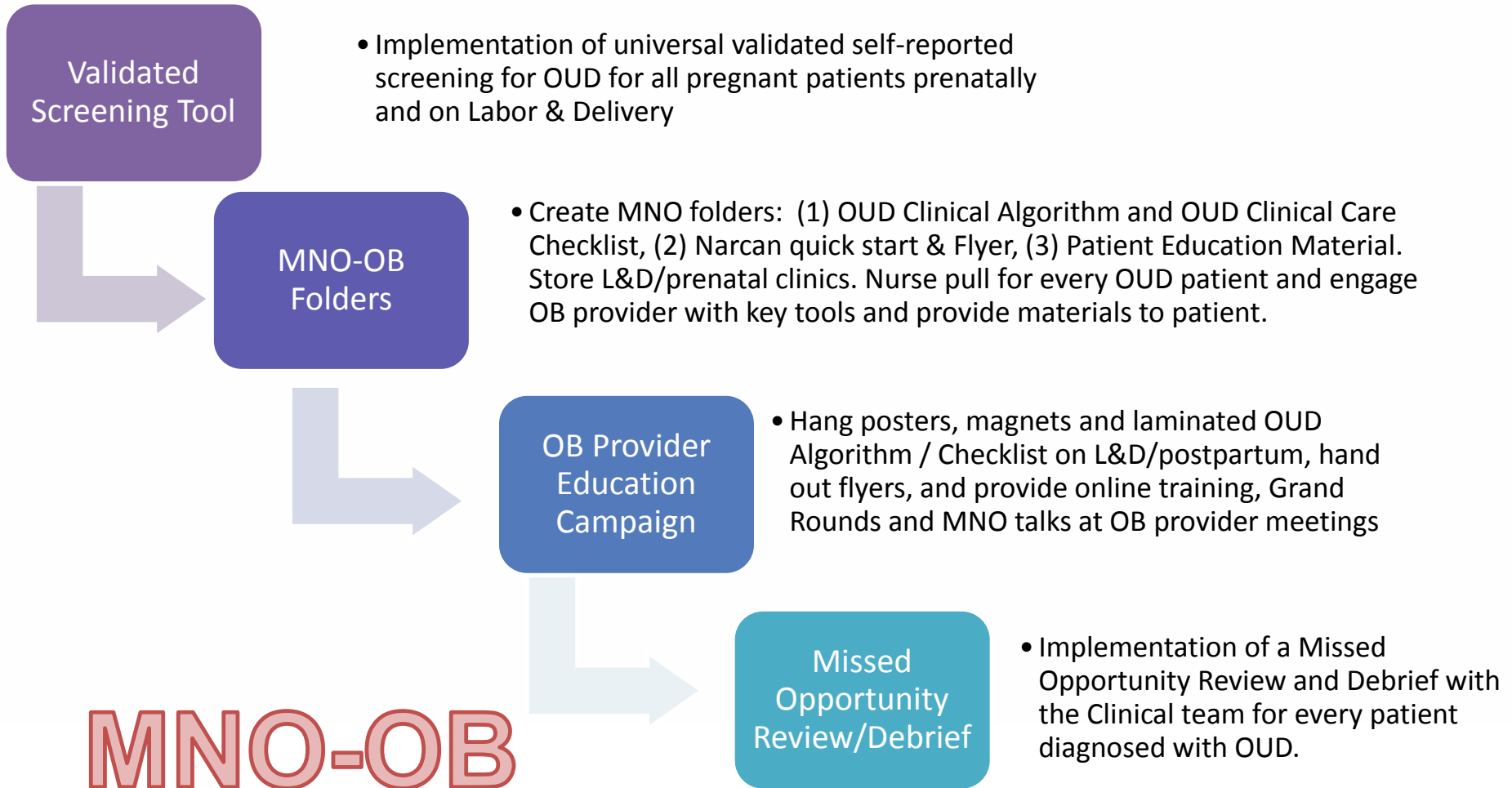


BENCHMARK = ≥ 80%

MNO-OB STRATEGIES FOR SUCCESS

Key Strategies for MNO Success

- What every hospital needs to achieve aims



Key Strategies for MNO Success

- What every hospital needs to achieve aims

- Implementation of universal validated self-reported screening for OUD for all pregnant patients prenatally and on Labor & Delivery

Validated
Screening Tool

MNO
Focus

Potential Barriers

1. We are waiting on the EMR build
2. Unsure if what we are using prenatally is validated self reported screening tool
3. We are green in LD, but we are having a hard time engaging OB providers at outpatient sites

Opportunities

- Utilize paper version until EMR is built and finalized
- Visit ILPQC website or review AIM chart here. Consider reaching out to ILPQC for help
- Visit sites one-on-one, host a grand rounds/provider meeting, engage with clinic nursing managers at each site and provide information

Key Strategies for MNO Success

- What every hospital needs to achieve aims

Validated
Screening Tool

- Implementation of universal validated self-reported screening for OUD for all pregnant patients prenatally and on Labor & Delivery



MNO-OB
Folders

- Create MNO folders: (1) OUD Clinical Algorithm and OUD Clinical Care Checklist, (2) Narcan quick start & Flyer, (3) Patient Education Material. Store L&D/prenatal clinics. Nurse pull for every OUD patient and engage OB provider with key tools and provide materials to patient.

Potential Barriers

1. We are unsure of what should be included
2. Need to determine where the folders will be kept
3. Uncertain who will take on the responsibilities of upkeep

Opportunities

- Click this link for a quick print access of resources
- Consider keeping in a common area in LD where RNs can access forms and consents
- Engage your unit concierges or secretaries to empower them in the care of women with OUD

UD
n, hand
and
meetings

Missed
and Debrief with
every patient

Potential Barriers

1. Unsure exactly where to hang posters/magnets/laminated algorithm/checklist for best use
2. Do not have enough posters / flyers to cover every office/ outpatient site
3. Have not investigated e-modules, simulation guide, how to schedule Grand Round

Opportunities

- Hang posters/flyers anywhere and every OB providers will see them-no wrong place
- Visit ILPQC website to print more and schedule a grand rounds
- Staff and MD lounges provide another option

OB Provider Education Campaign

- Hang posters, magnets and laminated OUD Algorithm / Checklist on L&D/postpartum, hand out flyers, and provide online training, Grand Rounds and MNO talks at OB provider meetings

OB Education Campaign is more than posters & flyers...

1. Schedule a grand rounds/OB provider meeting
2. Complete/Require e-modules
3. Implement SBIRT simulations

Missed Opportunity Review/Debrief

- Implementation of a Missed Opportunity Review and Debrief with the Clinical team for every patient diagnosed with OUD.

Key Strategies for MNO Success

- What every hospital needs to achieve aims

Validate
Screening

<u>Potential Barriers</u>	<u>Opportunities</u>
<ol style="list-style-type: none">1. Unsure exactly what it means to do a missed opportunity for OUD2. Nervous to provide feedback3. Do not have enough time to complete	<ul style="list-style-type: none">• Join the Feb QI Topic call to learn from more from other teams• Include this as part of your monthly data collection and team meetings• Identify a regular time to provide feedback to clinical care team

Clinical Care
Education Material.
Identify and engage
staff.

Identify OUD
at birth, hand
off, Grand
round meetings

**Join us for a QI Topic call
Dr. Beth Plunkett**
When: February 20, at 10am
How: Go to ILPQC website for
quick access to the webinar

Missed
Opportunity
Review/Debrief

- Implementation of a Missed Opportunity Review and Debrief with the Clinical team for every patient diagnosed with OUD.

RESOURCES FOR YOUR TEAM BASED ON YOUR FEEDBACK

MNO Folder

- ✓ Make folders & store on L&D
- ✓ Train charge nurses to get folder when OUD screen + identified, engage OB providers
- ✓ Share folders with outpatient sites

Patient Education Materials

- [Prescription Pain Medicines and Pregnant Women](#)
- [NAS- You are the Treatment](#)
- [NAS: What you Need to Know](#)
- [Contraception Counseling for Women with OUD](#)

Give to and review with Moms

Clinical Team Resources

- OUD/SBIRT Clinical Algorithm
- OUD Clinical Care Checklist
- [Narcan- Quick start guide](#) & Save a Life Flyer for OB to review and prescribe to patient
- OUD Protocol
- Nurse Workflow

Give to OB to complete

For nurse




MNO-OB Folders-

What you need to know

1. Easy to print with one click [here](#)
2. Print 5-10 to keep in L&D and educate staff on location
3. Provide 2-5 folders for each outpatient site/clinic to utilize

MNO Folder: MNO Nursing Workflow

New Nursing Resource




patient sticker

MNO Nursing Workflow

When an obstetric patient screens positive for Opioid Use Disorder (OUD) during an L&D admission, an MNO Folder (stored on L&D/triage) should be obtained by the patient's nurse. The folder should have (1) OUD/SBIRT Clinical Algorithm and the OUD Clinical Care Checklist to give to the OB provider to complete, (2) Naloxone (Narcan ®) quick start guide to help providers complete Naloxone counseling / prescription and (3) has MNO patient education material to give to the patient to provide information on OUD / Neonatal Abstinence Syndrome (NAS) and the importance of moms engaging in the care of the opioid exposed newborn with breastfeeding, skin to skin, and rooming in. The L&D nurse should hand off and review this form to the pp nurse.

The patient's nurse should work with the rest of the obstetric clinical team to make sure the Algorithm and OUD Checklists are completed prior to discharge. Reminding the clinical team that the leading cause of maternal death in Illinois may help the team understand why these clinical steps are important.

✓	Labor and Delivery/Admission Nurse:	Nursing task
		Report positive OUD screen to OB provider and give the OB provider the OUD/SBIRT Clinical Care Algorithm and OUD Clinical Care Checklist to complete. Remind them these items need to be completed for every patient with OUD during the hospital admission.
		Request a neonatology consult for positive OUD screen to counsel on how moms engage in opioid exposed newborn care.
		Confirm Hep C, HIV, Hep B screening completed or draw appropriate tests as indicated.
		Ensure patient has received the OUD/NAS education materials in the MNO folder, review materials with the patient and document.
		Confirm OB Provider assessed patient's readiness for Medicated Assisted Treatment (MAT) and plan for treatment is documented before hospital discharge. Remind providers that help with clinical management of OUD / NAS is available through the IL Doc Assist Hotline 1-866-986-2778 with a free addiction med phone consult.
		Confirm the patient is linked to behavioral health services / recovery treatment program and has follow up or work with a social work consult to confirm a warm hand off and close follow up to establish linkage to services before discharge. Local OUD treatment program options are available through the IL OUD Hotline 1-833-2-FINDHELP.
		Confirm the provider has the Naloxone quick start guide from the MNO folder (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly).
		Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.
		Handoff MNO folder and MNO nursing workflow to postpartum nurse and review completed tasks.



patient sticker

Postpartum / Delivery Discharge Nurse:

✓	Nursing task	Comments/Notes
	Review MNO patient education material (found in the MNO folder or www.ilpqc.org website) with the patient / family and confirm understanding of importance of mom/family in the care of opioid exposed newborns including breastfeeding, skin to skin, and rooming in. Provide education on safe sleep. Education provided.	
	Engage neonatology / pediatric team to support mom / family providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, etc.	
	Review OUD Clinical Care Checklist with OB Provider to determine next steps for patient before discharge.	
	Ensure patient and family understand patient's understanding of OUD and the importance of follow-up.	
	Ensure patient has a follow-up appointment made for postpartum follow-up.	
	Ensure counseling has been provided by the clinical team before discharge. If possible, encourage patient to attend follow-up appointment before discharge. Document counseling / follow-up.	
	Ensure all OUD Clinical Care Checklist are complete.	
	Ensure patient has an early postpartum follow up visit with OB for 1-2 weeks scheduled before hospital discharge.	
	Ensure OB clinical team is in communication with neonatology / pediatrics to confirm a coordinated discharge plan checklist has been or will be completed for the newborn and make sure the patient / family is engaged in and understands the discharge plan process.	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	

Launched in
December
([Download here](#))

Include the Nursing Workflow in the MNO Folder to engage L&D and Postpartum Nurses in key clinical steps needed to reduce risk of maternal death from OUD

SAVE A LIFE.

Overdose is now the leading cause of death
for pregnant and postpartum women in Illinois.



HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg/1ml.
Administer spray x 1 intranasally
Repeat in alternate nostril if no
response after 2-3 minutes.
- Dispense quantity 2
- Allow for 2 refills.
- When prescribing at delivery discharge,
consider "rmed to bed" programs so
medication can be provided to
patient before discharge home.

NARCAN/NALOXONE

WHAT

Narcan/Naloxone is an approved medication for the
treatment of overdose and is a key risk reduction
strategy that reduces overdoses and save lives. It is
safe and easy to use.

WHO

OB providers should counsel and prescribe
Narcan/Naloxone for all patients with Opioid Use
Disorder (OUD) and co-prescribe for all patients
taking opioids regularly.

HOW

Share with patients that it is important for all
women who are prescribed opioids or have OUD to
stay safe because opioid medications can cause
slowed breathing and even overdose.

Narcan/Naloxone is an antidote that can reverse an
overdose. Having this medication on hand can be
life saving for any patient and her friends or family.



Scan here for a sample script for Narcan/Naloxone

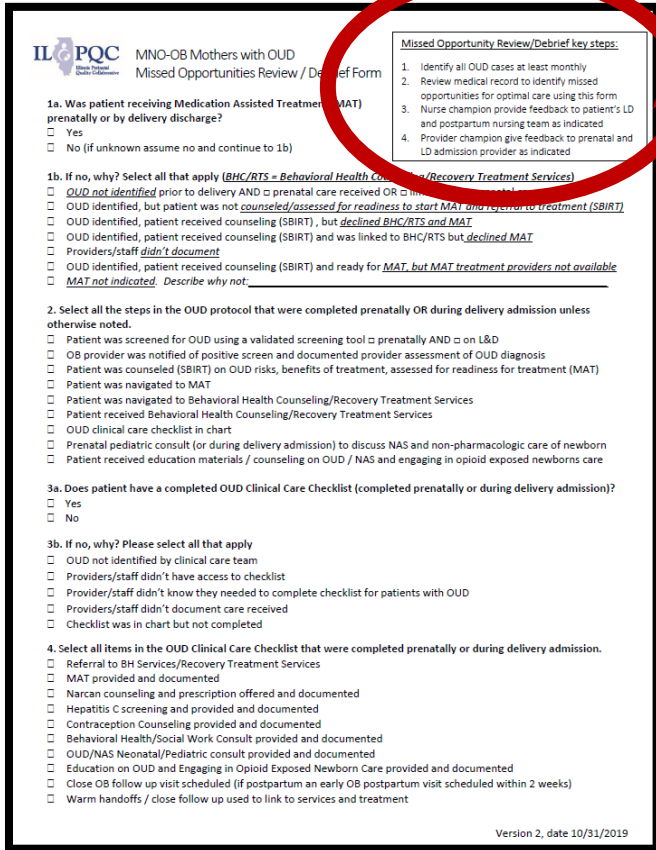
NEW PROVIDER RESOURCE

Narcan/Naloxone

On website
([Download
here](#))

Missed Opportunity/Debrief UPDATED

Updated with steps to help guide you to review each OUD case every month for opportunities to optimize care and provide feedback to clinical team



Missed Opportunity Review/Debrief key steps:

1. Identify all OUD cases at least monthly
2. Review medical record to identify missed opportunities for optimal care using this form
3. Nurse champion provide feedback to patient's LD and postpartum nursing team as indicated
4. Provider champion give feedback to prenatal and LD admission provider as indicated

MNO-OB Mothers with OUD Missed Opportunities Review / Debrief Form

1a. Was patient receiving Medication Assisted Treatment (MAT) prenatally or by delivery discharge?

- Yes
- No (if unknown assume no and continue to 1b)

1b. If no, why? Select all that apply (BHC/RTS = Behavioral Health Counseling/Recovery Treatment Services)

- OUD not identified prior to delivery AND prenatal care received OR prenatal care received but not documented
- OUD identified, but patient was not counseled/assessed for readiness to start MAT and referred to treatment (SBIRT)
- OUD identified, patient received counseling (SBIRT), but declined BHC/RTS and MAT
- OUD identified, patient received counseling (SBIRT) and was linked to BHC/RTS but declined MAT
- Providers/staff didn't document
- OUD identified, patient received counseling (SBIRT) and ready for MAT, but MAT treatment providers not available
- MAT not indicated. Describe why not: _____

2. Select all the steps in the OUD protocol that were completed prenatally OR during delivery admission unless otherwise noted.

- Patient was screened for OUD using a validated screening tool prenatally AND on L&D
- OB provider was notified of positive screen and documented provider assessment of OUD diagnosis
- Patient was counseled (SBIRT) on OUD risks, benefits of treatment, assessed for readiness for treatment (MAT)
- Patient was navigated to MAT
- Patient was navigated to Behavioral Health Counseling/Recovery Treatment Services
- Patient received Behavioral Health Counseling/Recovery Treatment Services
- OUD clinical care checklist in chart
- Prenatal pediatric consult (or during delivery admission) to discuss NAS and non-pharmacologic care of newborn
- Patient received education materials / counseling on OUD / NAS and engaging in opioid exposed newborns care

3a. Does patient have a completed OUD Clinical Care Checklist (completed prenatally or during delivery admission)?

- Yes
- No

3b. If no, why? Please select all that apply

- OUD not identified by clinical care team
- Providers/staff didn't have access to checklist
- Providers/staff didn't know they needed to complete checklist for patients with OUD
- Providers/staff didn't document care received
- Checklist was in chart but not completed

4. Select all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.

- Referral to BH Services/Recovery Treatment Services
- MAT provided and documented
- Narcan counseling and prescription offered and documented
- Hepatitis C screening and provided and documented
- Contraception Counseling provided and documented
- Behavioral Health/Social Work Consult provided and documented
- OUD/NAS Neonatal/Pediatric consult provided and documented
- Education on OUD and Engaging in Opioid Exposed Newborn Care provided and documented
- Close OB follow up visit scheduled (if postpartum an early OB postpartum visit scheduled within 2 weeks)
- Warm handoffs / close follow up used to link to services and treatment

Version 2, date 10/31/2019

1. Who? monthly all patients with OUD
2. How? use form to check if patient received optimal elements of care and provide feedback to clinical team.
3. Why? Helps providers/staff understand OUD care AND helps QI team know what to focus on.

QI CORNER

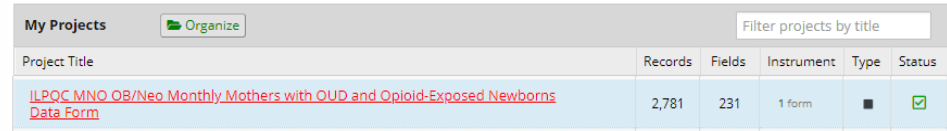
MNO-OB QI Team Meeting



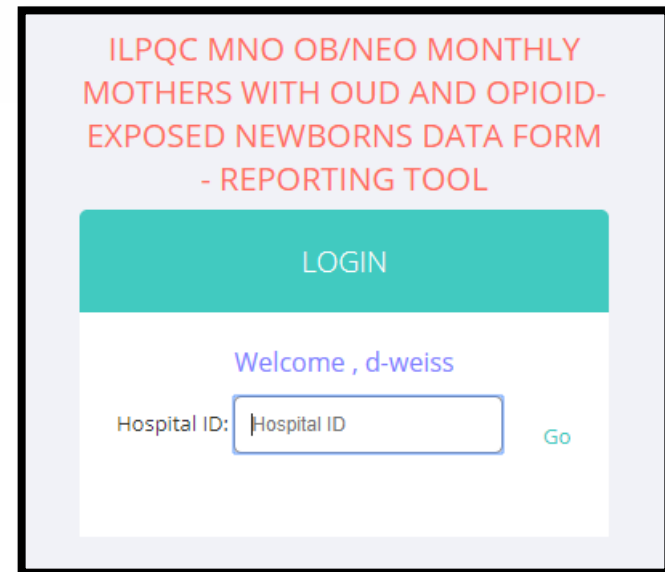
- The team met together after the MNO-OB Webinar to review data and create “**Crossing the Finish Line Plan**”
- To prepare for the meeting the following was completed...
 1. Pulled and printed data reports for meeting
 2. Printed copies of 10-20-30 day “Crossing the Finish Line Plan” for each team member
 3. Printed the ILPQC Key Strategies slide to review and assist in creating next steps

Wait... How Do We Pull MNO-OB Data?

1. Log into the ILPQC Data System (<https://redcap.healthlink.org/>)
2. Go to “My Projects tab” and click the link for: ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form
3. On that project’s page, navigate to the left hand side halfway down the webpage and click the link for “Reports”
4. This will open up a brand new webpage tab with a place to type in your hospital ID
5. Enter your hospital’s 3-digit ID and press “Go”
6. This will take you to the reports portal where you’ll be able to view your hospital’s specific data compared to the collaborative



Project Title	Records	Fields	Instrument	Type	Status
ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form	2,781	231	1 form	■	☑



ILPQC MNO OB/NEO MONTHLY MOTHERS WITH OUD AND OPIOID-EXPOSED NEWBORNS DATA FORM - REPORTING TOOL

LOGIN

Welcome , d-weiss

Hospital ID: Go

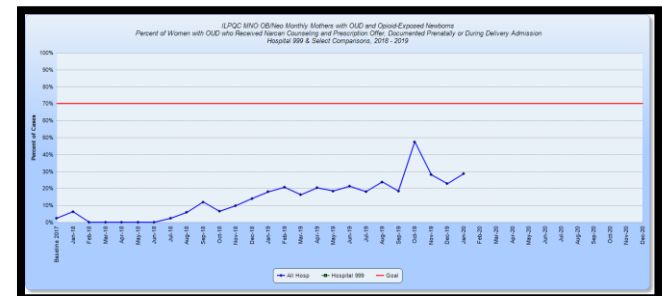
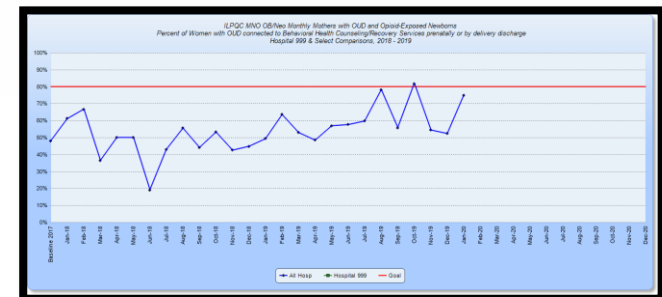
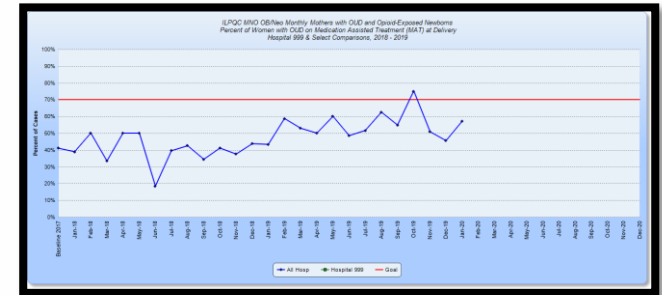
Wait... How Do We Pull MNO-OB Data?

7. Key Reports to Review as a team:




- 1: MAT
- 2: BH/Recovery Treatment Services
- 3: Narcan
- 6: Hep C
- 8: Patient Education
- 12: Clinical Care Checklist included in medical record

8. You can click the “Display Values” click button at the top left of the web page to see the percent for each month.

9. You can either (1) click “Export to PDF” to get a PDF of the report or (2) right click, copy and paste the report as an image on a word document, email, etc.

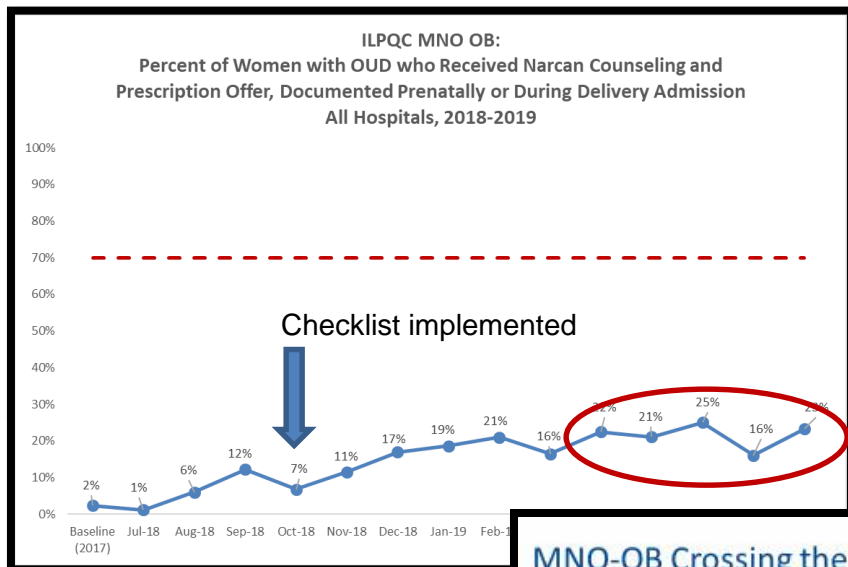


MNO-OB QI Team Meeting

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READY FOR MEETING!

QI Team Meeting- example



Key Strategies for MNO Success

- What every hospital needs to achieve aims

- Implementation of universal validated self-reported screening for OUD for all pregnant patients prenatally and on Labor & Delivery
- Create MNO folders: (1) OUD Clinical Algorithm and OUD Clinical Care Checklist, (2) Narcan quick start & Flyer, (3) Patient Education Material. Store L&D/prenatal clinics. Nurse pull for every OUD patient and engage OB provider with key tools and provide materials to patient.
- Hang posters, magnets and laminated OUD Algorithm / Checklist on L&D/postpartum, hand out flyers, and provide online training, Grand Rounds and MNO talks at OB provider meetings
- Implementation of a Missed Opportunity Review and Debrief with the Clinical team for every patient diagnosed with OUD.

MNO-OB

Determined the focus and worked to complete the **Crossing the Finish Line Plan** 10-20-30 day

MNO-OB Crossing the Finish Line Plan

10-20-30 Days

Day	Overall Goal:	TASKS TO ACHIEVE GOAL:	RESPONSIBLE PARTY:
10 DAY		1. 2. 3.	◦ ◦ ◦
20 DAY		1. 2. 3.	◦ ◦ ◦
30 DAY		1. 2. 3.	◦ ◦ ◦

MNO-OB Crossing the Finish Line Plan



10-20-30 Days

GOALS

10
DAY

Print MNO-Folders & educate LD & PP staff on materials. Work with ILPQC to schedule Grand Round

TASKS TO ACHIEVE GOAL:

RESPONSIBLE PARTY:

1. Print folders & email ILPQC ◦ Katie
2. Share folders during safety huddles ◦ Katie
3. Email RNs re: RN workflow doc ◦ Jan

20
DAY

Print MNO-OB Folders for out-patient sites/clinics and hang Narcan & other education posters. Attend the ILPQC QI topic call in Feb.

TASKS TO ACHIEVE GOAL:

RESPONSIBLE PARTY:

1. Print folders and attend call ◦ Katie
2. Determine where to hang flyers ◦ Dr. Ye
3. Print Posters and hang ◦ Katie

30
DAY

Visit all outpatient sites to provide folders and outpatient flyers to by hung. Finalize details for Grand Rounds

TASKS TO ACHIEVE GOAL:

RESPONSIBLE PARTY:

1. List out sites & assign ◦ Katie
2. Visit each site and provide folders ◦ All
3. Provide follow-up call for ?s ◦ Jan
and schedule discovery call for GR

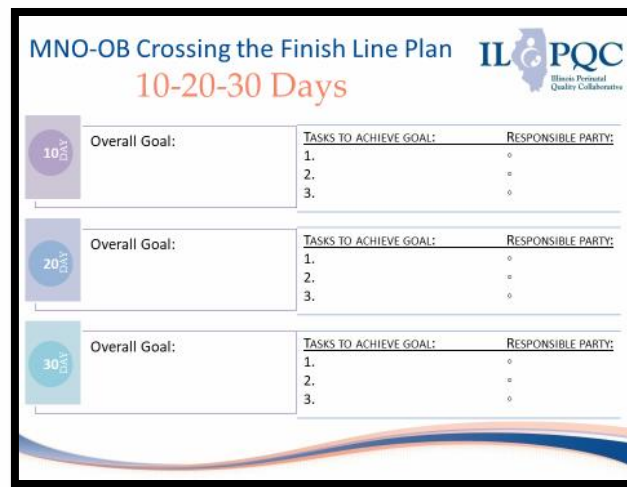
Every team to create a Cross the Finish Line Plan



1. Pull MNO-OB Data Reports on key AIMS and Measures from the ILPQC Data System
2. Next MNO-OB QI Team meeting review reports, along with MNO-OB key strategies for success. What next steps will help your hospital cross the finish line with MNO? How can you achieve aims for an MNO QI Award at Face2Face?
3. Create a 10-20-30 day Crossing the Finish Line Plan (utilize key strategies for success for ideas or call ILPQC for help)

WHAT EVERY TEAM SHOULD DO THIS MONTH

Moving forward...



MNO-OB Crossing the Finish Line Plan
10-20-30 Days

IL PQC
Illinois Perinatal
Quality Collaborative

10 Days	Overall Goal:	TASKS TO ACHIEVE GOAL:	RESPONSIBLE PARTY:
		1.	o
		2.	o
		3.	o

20 Days	Overall Goal:	TASKS TO ACHIEVE GOAL:	RESPONSIBLE PARTY:
		1.	o
		2.	o
		3.	o

30 Days	Overall Goal:	TASKS TO ACHIEVE GOAL:	RESPONSIBLE PARTY:
		1.	o
		2.	o
		3.	o



- Review your data
- Review the key strategies for success.
- Discuss what is needed for your team to cross the finish line with MNO and receive MNO QI Award.
- Utilize the 10-20-30 day Crossing the Finish Line Plan to help your team plan next steps.
- Feb, March and April MNO Webinars will Round Robin and ask each team to share 2 min on their Crossing the Finish Line plan

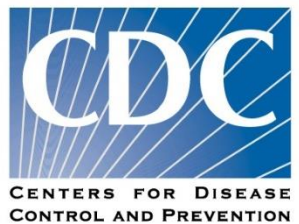
Upcoming MNO-OB Teams Calls

Date	Topic
February 24 th , 2020	Strategies to Cross the Finish Line- Round Robin Screening, MNO Folders, OB Education, Missed Opp. Review Hospitals with full names (including health system) starting with A-G
March 23 rd , 2020	Strategies to Cross the Finish Line- Round Robin Screening, MNO Folders, OB Education, Missed Opp. Review Hospitals with full names (including health system) starting with H-O
April 27 th , 2020	Strategies to Cross the Finish Line- Round Robin And Preparing for Sustainability Hospitals with full names (including health system) starting with P-W



THANKS TO OUR

FUNDERS



JB & MK PRITZKER

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Email info@ilpqc.org or visit us at www.ilpqc.org