# Strategies to Cross the MNO-OB Finish Line

June 22, 2020

12:30 – 1:30pm

# Before we begin...

- In this time when the country and our communities have been shaken by the effects of racism and bias we are stricken by the impact on our communities, families, patients and colleagues. As we move forward together as the community of ILPQC, we consider the impact of institutional racism and implicit and explicit bias on maternal and newborn health outcomes.
- We remain focused on promoting equity and reducing maternal and newborn disparities in everything we do together as a collaborative, from Covid-19 impact, through our upcoming Birth Equity Initiative and in each of our ongoing and upcoming initiatives.
- Together as a collaborative we can listen, learn from each other, take responsibility for change and do better. Please send thoughts or comments to info@ilpqc.org.

# Birth Equity Links

Please see the following links and publications for information that may help your organization consider next steps to address birth equity and reduction of perinatal racial and ethnic disparities.

- AIM: Reduction of Peripartum Racial/Ethnic Disparities Patient Safety Bundle (May 2018)
- ACOG: Reduction of Peripartum Racial and Ethnic Disparities: a conceptual framework and maternal safety consensus bundle (May 2018)
- ACOG Committee Opinion No. 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care (January 2018)
- SMFM: Strategies to overcome racism's impact on pregnancy outcomes (May 2020)
- SMFM: Strategies to provide equitable care during COVID-19 (May 2020)
- ACOG: Addressing Health Equity During the COVID-19 Pandemic (May 2020)
- AAP: Racial and Ethnic Disparities in the Health and Health Care of Children (May 2013)
- AAP Policy Statement: The impact of racism on child and adolescent health (August 2019)

# Upcoming COVID-19 Calls

ILPQC has moved Covid-19 webinars to every other week for now, still from 12:00 – 1:15pm CST. You can access resources & recording of past calls on https://ilpqc.org/covid-19-information/

**Upcoming Webinars include:**

- June 26th
- July 10th
- July 24th
- August 7th

**Register for all webinars here:**
**https://northwestern.zoom.us/webinar/register/WN_VBb5dGnwT9KoWIOC7zHmcA**

# Overview

- Welcome/introductions
- MNO-OB Strategies for Success
- Team Talk
- Promoting Vaginal Birth Updates

# 2020 FACE- TO- FACE VIRTUAL MEETING

# Virtual F2F by the numbers

- 315 providers, nurses, and public health professionals at the obstetric meeting and 264 at the neonatal meeting
- 70 hospitals received quality improvement awards recognizing their achievement of initiative benchmarks
- 22 small group breakouts discussed strategies and next steps for initiatives
- 55 virtual storyboards shared teams' quality improvement work on our website

# MNO-OB STEPS TO CROSS THE FINISH LINE

# Crossing the Finish Line with MNO-OB

- This summer into fall we will focus on helping **all hospital teams achieve key aims** to cross the finish line and move into sustainability
- Not all teams are there yet, but these aims are achievable and we have clear strategies to achieve our goals to **screen all pregnant woman for OUD** and **provide optimal OUD care in every hospital, every patient, every time**
- **OUD is the leading cause of maternal death in IL**, these deaths are preventable, **we must all take action** to provide optimal care for every patient with OUD

# Crossing the finish line with MNO-OB

- We must achieve the following statewide performance on key measures:
  - MAT by delivery discharge ≥ 70%
  - Linkage to Recovery Treatment Services ≥ 70%
  - Narcan counseling by delivery discharge ≥ 60%
  - Prenatal SUD/OUD validated tool screening ≥ 50%

# We will provide additional support for hospitals lagging on key aims

- ❑ MAT: Hospitals below 50% MAT rate (Q1 2020)
- ❑ Recovery Treatment Services: Hospitals below 50% linking to recovery support services (Q1 2020)
- ❑ Narcan: Hospitals below 50% Narcan counseling rate (Q1 2020)
- ❑ Prenatal screening: Hospitals below 50% on prenatal screening or prenatal screening structure measure in RED or YELLOW (Q1 2020)

**All hospitals** implement processes to confirm optimal care provided for OUD for every hospital, every patient, every time

# MAT by Hospital (Q1 2020)

***Hospital number in left column DOES NOT correspond to REDCap Hospital ID***

Illinois Perinatal Quality Collaborative

GOAL: ≥ 70%

| Hospital | Yes | Total | % MAT |
|---|---|---|---|
| 1 | 2 | 2 | 100% |
| 2 | 1 | 1 | 100% |
| 3 | 3 | 3 | 100% |
| 4 | 3 | 3 | 100% |
| 5 | 1 | 1 | 100% |
| 6 | 1 | 1 | 100% |
| 7 | 1 | 1 | 100% |
| 8 | 1 | 1 | 100% |
| 9 | 3 | 3 | 100% |
| 10 | 3 | 3 | 100% |
| 11 | 2 | 2 | 100% |
| 12 | 2 | 2 | 100% |
| 13 | 2 | 2 | 100% |
| 14 | 2 | 2 | 100% |
| 15 | 29 | 30 | 97% |
| 16 | 18 | 23 | 78% |
| 17 | 3 | 4 | 75% |
| 18 | 3 | 4 | 75% |
| 19 | 7 | 10 | 70% |
| 20 | 4 | 6 | 67% |
| 21 | 2 | 3 | 67% |
| ILPQC Q1 2020 MAT Rate | 114 | 183 | 62% |
| 22 | 8 | 15 | 53% |

| Hospital | Yes | Total | % MAT |
|---|---|---|---|
| 23 | 2 | 4 | 50% |
| 24 | 1 | 2 | 50% |
| 25 | 1 | 2 | 50% |
| 26 | 2 | 4 | 50% |
| 27 | 1 | 3 | 33% |
| 28 | 1 | 3 | 33% |
| 29 | 1 | 3 | 33% |
| 30 | 2 | 7 | 29% |
| 31 | 1 | 5 | 20% |
| 32 | 1 | 6 | 17% |
| 33 | 0 | 1 | 0% |
| 34 | 0 | 3 | 0% |
| 35 | 0 | 1 | 0% |
| 36 | 0 | 1 | 0% |
| 37 | 0 | 2 | 0% |
| 38 | 0 | 2 | 0% |
| 39 | 0 | 1 | 0% |
| 40 | 0 | 1 | 0% |
| 41 | 0 | 2 | 0% |
| 42 | 0 | 1 | 0% |
| 43 | 0 | 2 | 0% |
| 44 | 0 | 2 | 0% |
| 45 | 0 | 1 | 0% |
| 46 | 0 | 2 | 0% |

# Narcan by Hospital (Q1 2020)

***Hospital number in left column DOES NOT correspond to REDCap Hospital ID***

GOAL: ≥ 60%

| Hospital | Yes | Total | % Narcan |
|---|---|---|---|
| 1 | 3 | 3 | 100% |
| 2 | 1 | 1 | 100% |
| 3 | 2 | 2 | 100% |
| 4 | 2 | 2 | 100% |
| 5 | 2 | 3 | 67% |
| 6 | 2 | 3 | 67% |
| 7 | 18 | 30 | 60% |
| 8 | 1 | 2 | 50% |
| 9 | 2 | 4 | 50% |
| 10 | 1 | 2 | 50% |
| 11 | 3 | 7 | 43% |
| 12 | 8 | 23 | 35% |
| 13 | 2 | 6 | 33% |
| 14 | 2 | 6 | 33% |
| 15 | 1 | 3 | 33% |
| 16 | 1 | 3 | 33% |
| ILPQC Q1 2020 Narcan Rate | 53 | 182 | 29% |
| 17 | 1 | 4 | 25% |
| 18 | 1 | 10 | 10% |
| 19 | 0 | 1 | 0% |
| 20 | 0 | 3 | 0% |
| 21 | 0 | 3 | 0% |
| 22 | 0 | 1 | 0% |

| Hospital | Yes | Total | % Narcan |
|---|---|---|---|
| 23 | 0 | 3 | 0% |
| 24 | 0 | 4 | 0% |
| 25 | 0 | 1 | 0% |
| 26 | 0 | 1 | 0% |
| 27 | 0 | 2 | 0% |
| 28 | 0 | 2 | 0% |
| 29 | 0 | 15 | 0% |
| 30 | 0 | 2 | 0% |
| 31 | 0 | 1 | 0% |
| 32 | 0 | 1 | 0% |
| 33 | 0 | 3 | 0% |
| 34 | 0 | 1 | 0% |
| 35 | 0 | 4 | 0% |
| 36 | 0 | 1 | 0% |
| 37 | 0 | 1 | 0% |
| 38 | 0 | 2 | 0% |
| 39 | 0 | 2 | 0% |
| 40 | 0 | 2 | 0% |
| 41 | 0 | 2 | 0% |
| 42 | 0 | 1 | 0% |
| 43 | 0 | 2 | 0% |
| 44 | 0 | 5 | 0% |
| 45 | 0 | 2 | 0% |

# Prenatal Screening by Hospital (Q1 2020)

***Hospital number in left column DOES NOT correspond to REDCap Hospital ID***

GOAL: ≥ 50%

| Hospital | % Prenatal Screening |
|---|---|
| 1 | 100% |
| 2 | 100% |
| 3 | 100% |
| 4 | 100% |
| 5 | 100% |
| 6 | 97% |
| 7 | 96% |
| 8 | 93% |
| 9 | 82% |
| 10 | 81% |
| 11 | 79% |
| 12 | 73% |
| 13 | 67% |
| 14 | 65% |
| 15 | 63% |
| 16 | 62% |
| 17 | 60% |
| 18 | 47% |
| 19 | 47% |
| 20 | 46% |
| 21 | 43% |
| ILPQC Q1 2020 Prenatal Screening Rate | 35% |
| 22 | 33% |
| 23 | 33% |
| 24 | 30% |
| 25 | 27% |
| 26 | 27% |
| 27 | 25% |
| 28 | 25% |
| 29 | 23% |

| Hospital | % Prenatal Screening |
|---|---|
| 30 | 20% |
| 31 | 20% |
| 32 | 7% |
| 33 | 7% |
| 34 | 3% |
| 35 | 0% |
| 36 | 0% |
| 37 | 0% |
| 38 | 0% |
| 39 | 0% |
| 40 | 0% |
| 41 | 0% |
| 42 | 0% |
| 43 | 0% |
| 44 | 0% |
| 45 | 0% |
| 46 | 0% |
| 47 | 0% |
| 48 | 0% |
| 49 | 0% |
| 50 | 0% |
| 51 | 0% |
| 52 | 0% |
| 53 | 0% |
| 54 | 0% |
| 55 | 0% |
| 56 | 0% |
| 57 | 0% |
| 58 | 0% |

# Recovery Treatment by Hospital (Q1 2020)

*Hospital number in left column DOES NOT correspond to REDCap Hospital ID*

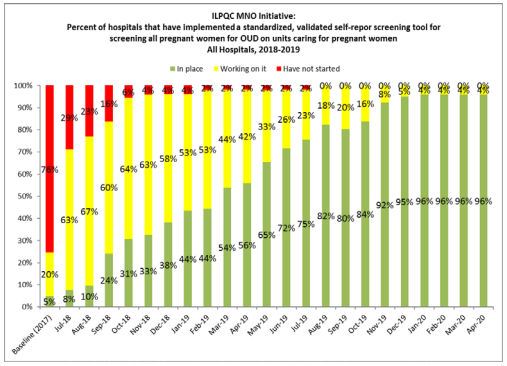
GOAL: ≥ 70%

| Hospital | Yes | Total | % Recovery Treatment |
|---|---|---|---|
| 1 | 2 | 2 | 100% |
| 2 | 1 | 1 | 100% |
| 3 | 3 | 3 | 100% |
| 4 | 4 | 4 | 100% |
| 5 | 1 | 1 | 100% |
| 6 | 3 | 3 | 100% |
| 7 | 3 | 3 | 100% |
| 8 | 1 | 1 | 100% |
| 9 | 1 | 1 | 100% |
| 10 | 1 | 1 | 100% |
| 11 | 3 | 3 | 100% |
| 12 | 2 | 2 | 100% |
| 13 | 2 | 2 | 100% |
| 14 | 2 | 2 | 100% |
| 15 | 2 | 2 | 100% |
| 16 | 30 | 30 | 100% |
| 17 | 2 | 2 | 100% |
| 18 | 2 | 2 | 100% |
| 19 | 18 | 23 | 78% |
| 20 | 3 | 4 | 75% |
| 21 | 3 | 4 | 75% |
| ILPQC Q1 2020 Recovery Treatment Rate | 124 | 181 | 69% |
| 22 | 4 | 6 | 67% |

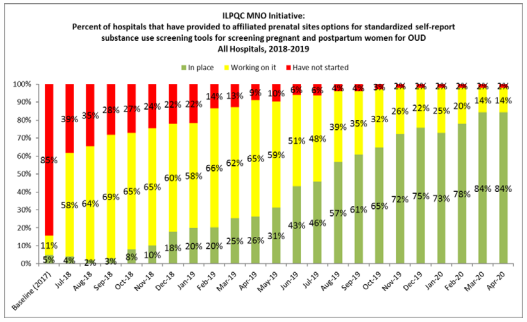
| Hospital | Yes | Total | % Recovery Treatment |
|---|---|---|---|
| 23 | 2 | 3 | 67% |
| 24 | 4 | 6 | 67% |
| 25 | 2 | 3 | 67% |
| 26 | 2 | 3 | 67% |
| 27 | 8 | 14 | 57% |
| 28 | 4 | 7 | 57% |
| 29 | 2 | 4 | 50% |
| 30 | 5 | 10 | 50% |
| 31 | 1 | 2 | 50% |
| 32 | 1 | 3 | 33% |
| 33 | 0 | 1 | 0% |
| 34 | 0 | 1 | 0% |
| 35 | 0 | 2 | 0% |
| 36 | 0 | 2 | 0% |
| 37 | 0 | 2 | 0% |
| 38 | 0 | 1 | 0% |
| 39 | 0 | 1 | 0% |
| 40 | 0 | 3 | 0% |
| 41 | 0 | 1 | 0% |
| 42 | 0 | 1 | 0% |
| 43 | 0 | 1 | 0% |
| 44 | 0 | 2 | 0% |
| 45 | 0 | 1 | 0% |
| 46 | 0 | 5 | 0% |

# Making Systems Change Happen

IL PQC
Illinois Perinatal Quality Collaborative

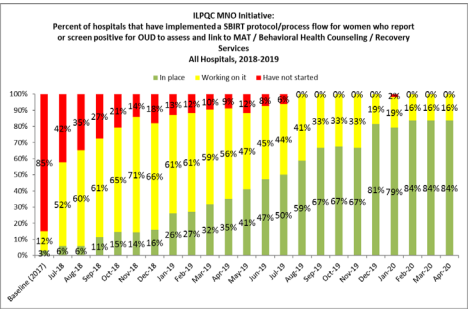



96% of teams have a validated screening tool in place on L&D

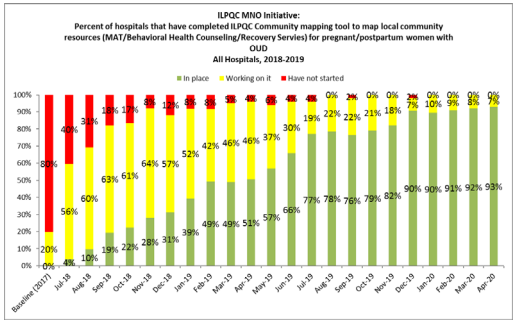



84% of teams have a validated screening tool in place prenatally

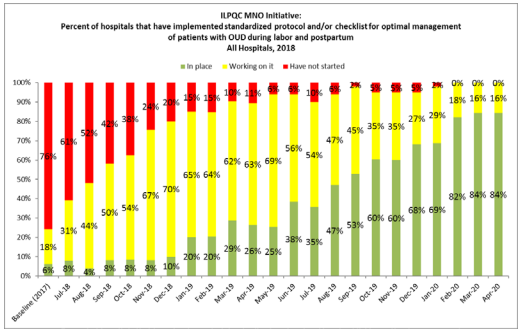
**Build on this with prenatal sites to increase prenatal screening rate**



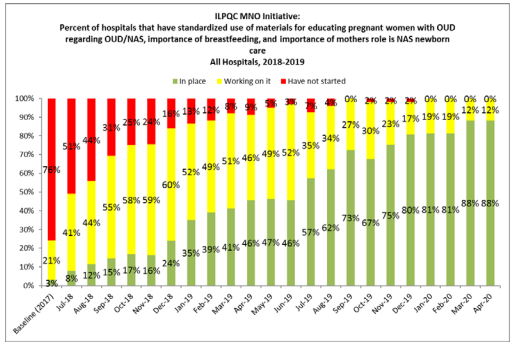

84% of teams have a SBIRT protocol/algorithm in place on L&D




93% of teams have mapped community resources for women with OUD

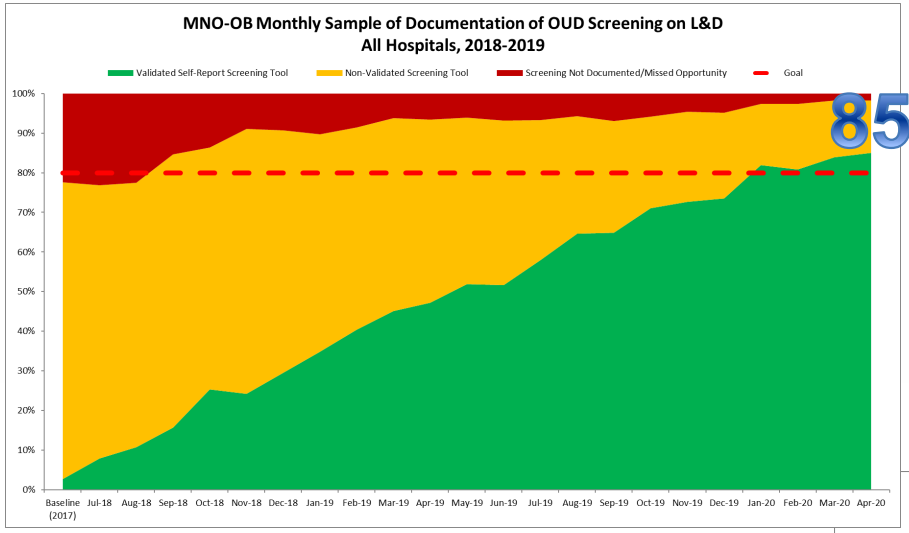



84% of teams have implemented an OUD Clinical Care Checklist on L&D




88% of teams have implemented standardized patient education on L&D

# Documentation of Screening for SUD/OUD with Validated Tool

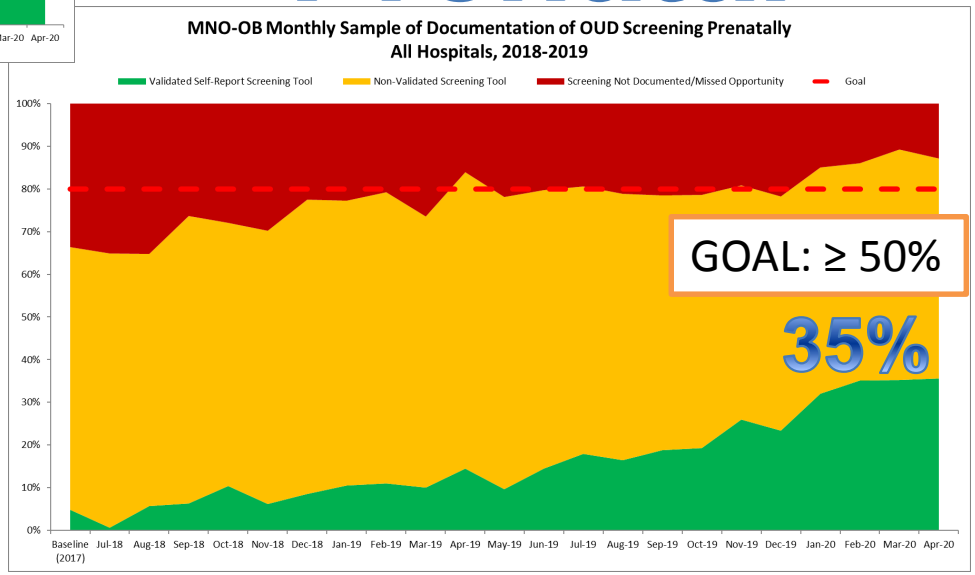



Random sample of 10 deliveries per month reviewed for documentation of SUD/OUD screening
N = 17,770 to date

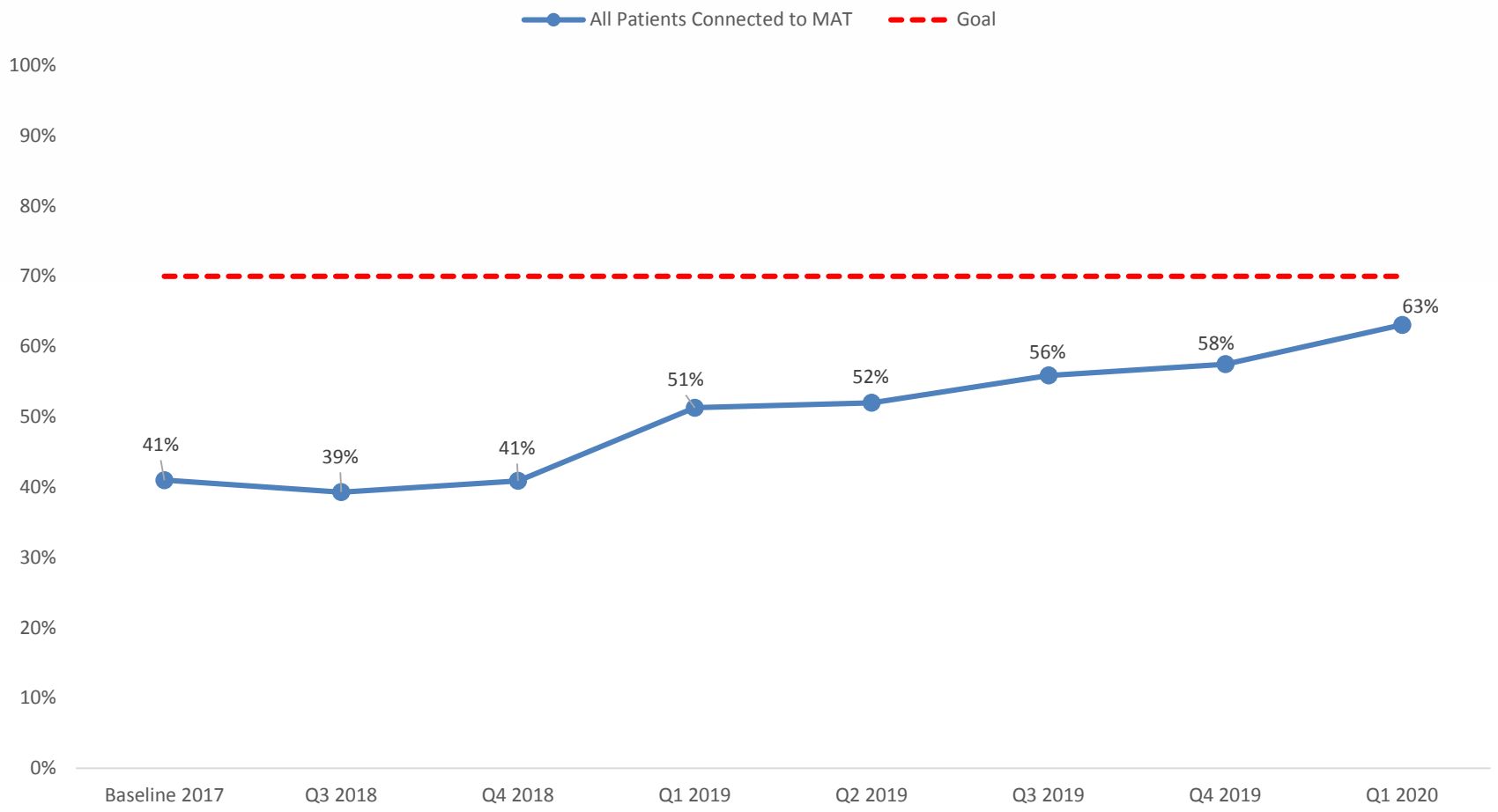
**L&D**

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

**Prenatal**



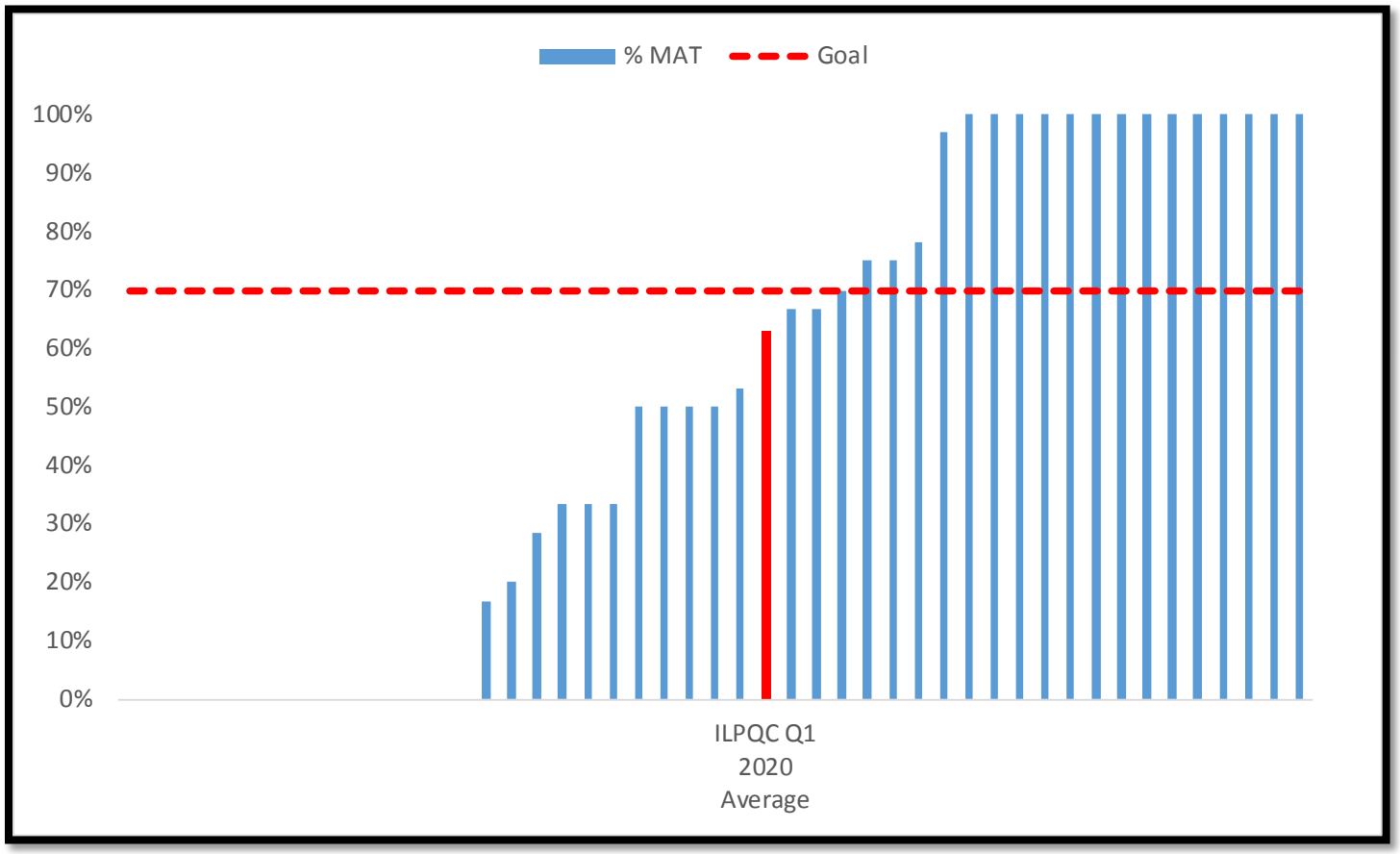
# Women with OUD on MAT by Delivery Discharge- Quarterly




**Goal = ≥ 70%**

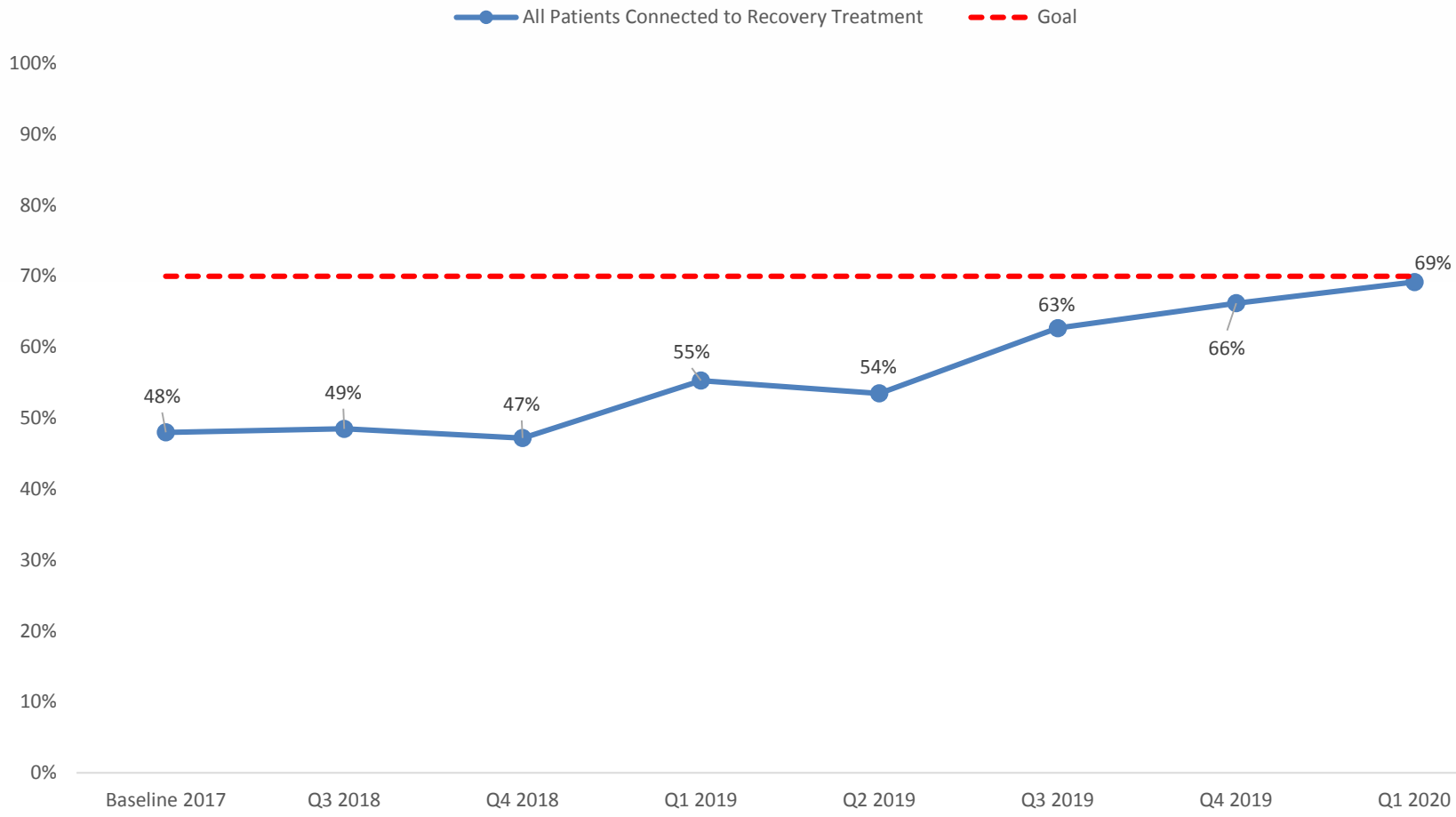
# MAT by Hospital

## 183 Women with OUD Delivered in Quarter 1, 2020




**28 of 47 (60%) of ILPQC hospitals are below MAT Goal for Quarter 1 2020 and 14 of 47 (29%) at 0%.**

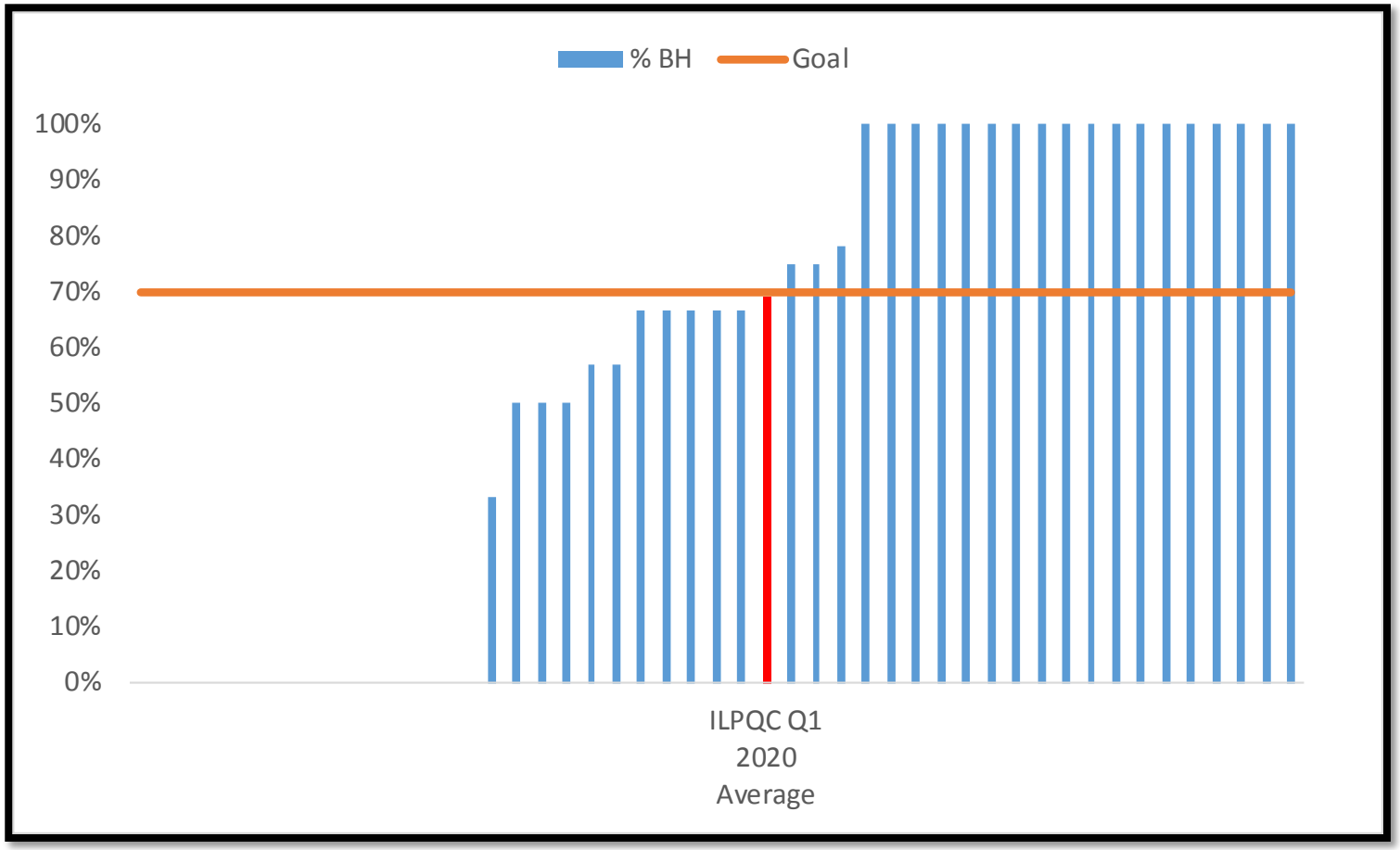
# Women with OUD at Delivery Connected to Recovery Treatment- Quarterly




**Goal ≥ 70%**

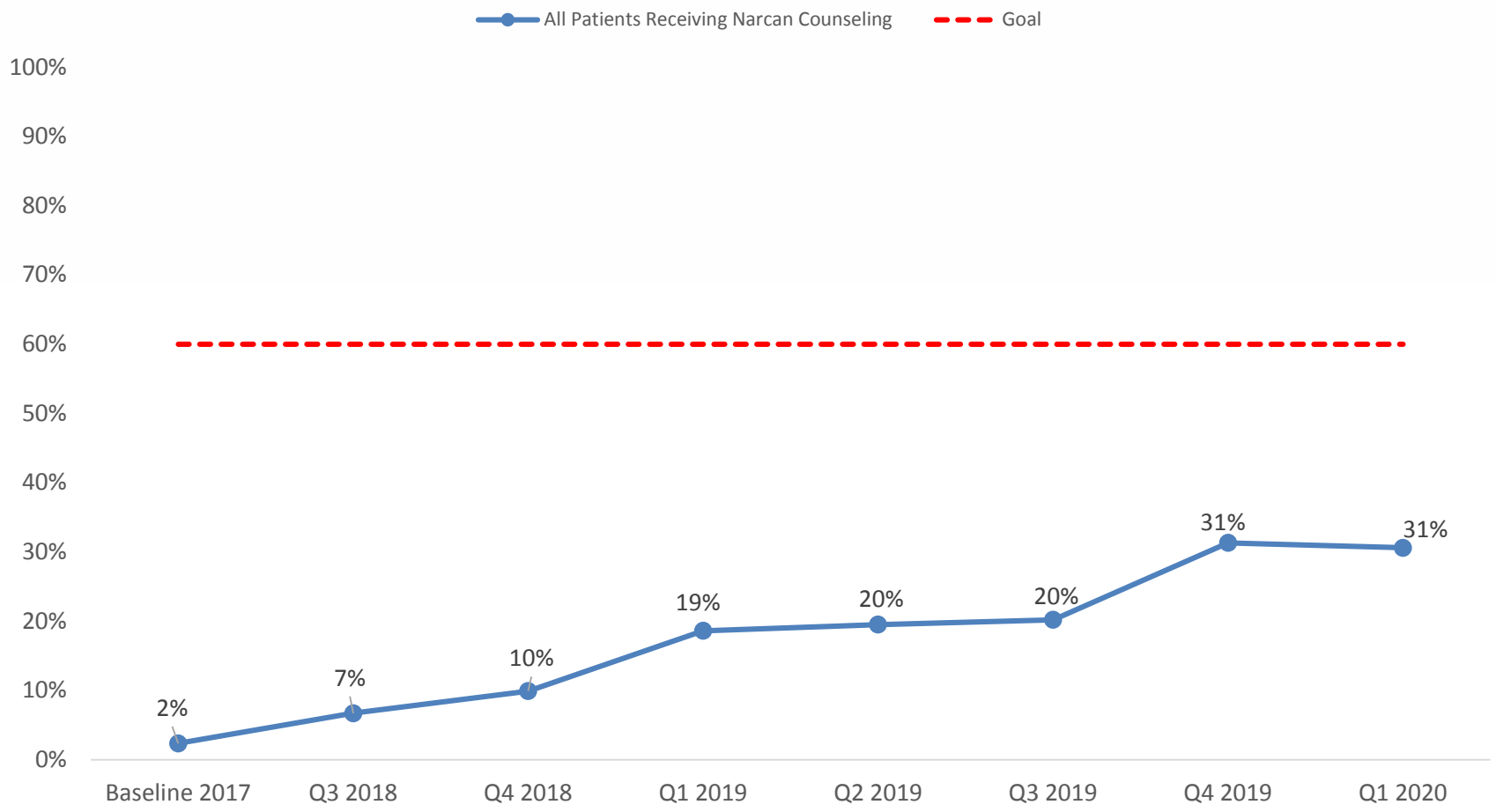
# Linking to Recovery Treatment Services by Hospital

## 183 Women with OUD Delivered in Quarter 1, 2020




**26 of 47 (55%) of ILPQC hospitals are below Recovery Goal for Quarter 1 2020 and 14 of 47 (29%) at 0%.**

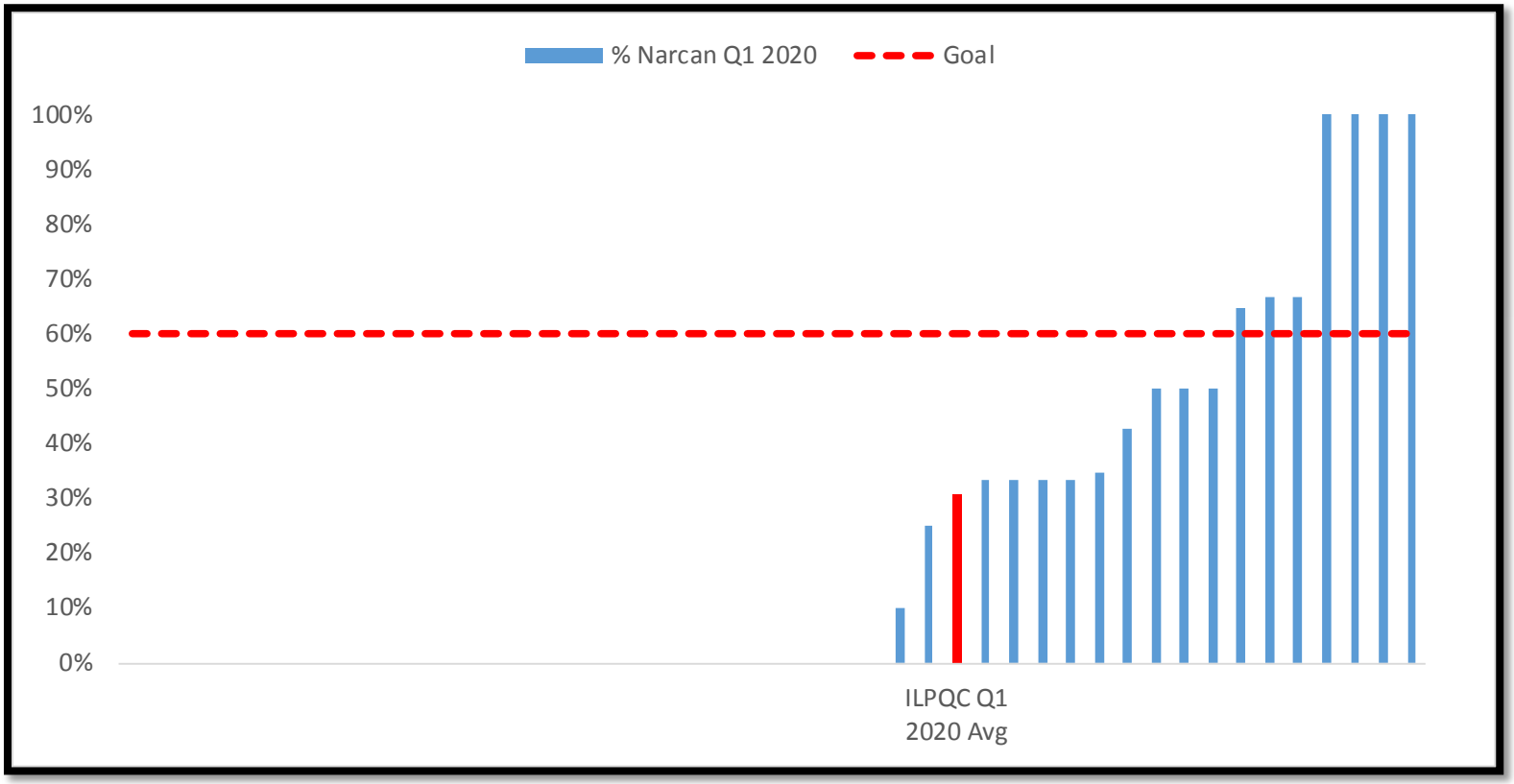
# Narcan Counseling & Documentation- Quarterly




**Goal ≥ 60%**

# Narcan Counseling & Documentation by Hospital

## 183 Women with OUD Delivered in Quarter 1, 2020




**42 of 46 (91%) of ILPQC hospitals are below Narcan Goal for Quarter 1 2020 and 27 of 46 (59%) at 0%.**

# Narcan Counseling by MAT Status

**Among women connected to MAT…**

- 44% (50 of 113) received Narcan counseling and prescription offer in Quarter 1 2020

**Among women not connected to MAT…**

- 4% (3 of 69) received Narcan counseling and prescription offer in Quarter 1 2020

**We must achieve ≥ 60%**

# COLLABORATIVE EFFORTS TO CROSS FINISH LINE

# Call to Action for all MNO Teams

- What key steps do you need to take to cross the finish line and achieve key MNO aims by October 2020.
- How can you improve **prenatal OUD screening**?
- How can you make sure every OUD patient seen at your hospital is **assessed for readiness to start MAT**, **linked to MAT and Recovery Treatment Services** and **provided Narcan counseling and prescription**?

# Achieve OUD Prenatal Screening

- We must **improve prenatal screening with validated self report OUD screening tool** in order to identify patients early in pregnancy and link to OUD treatment
  - OUD screening with validated tool early in pregnancy is recommended by ACOG
- **Please communicate to ALL AFFILIATED PRENATAL CARE SITES, must provide and document validated OUD screening** - ie OB Chair Letter
- **Audit completion of prenatal screening for OUD**
  - Pull sample of deliveries by affiliated prenatal sites to determine individual screening rates
  - Work with prenatal sites to share feedback on site-specific screening data and completion of prenatal site workflows

# Sample Prenatal Site Audit Materials

## Letter to Prenatal Sites from OB/GYN Chairman

Dear Colleagues,

Even while the Coronavirus pandemic diverts our attention and consumes resources, the opioid epidemic continues to be responsible for a significant amount of suffering and loss of life among our pregnant women and their families.

Opioid Use Disorder (OUD) is a life threatening chronic medical condition but the good news is that life-saving treatment is available. The Illinois Department of Public Health (IDPH) reported that of the 2,772 Illinois statewide drug overdose deaths in 2018, 2,167 (79%) were opioid overdose-related fatalities. Most pertinent for our work, **drug overdose now kills more pregnant/postpartum women in Illinois yearly than any other cause, including hemorrhage or hypertension combined**. Medication assisted treatment (MAT) and naloxone together can save women's lives.

The American College of Obstetricians and Gynecologists (ACOG) and IDPH-Illinois Maternal Morbidity and Mortality Report 2018, recommend that all pregnant women receive screening with a validated screening tool for opioid use disorder early in pregnancy and again on **admission for** delivery. Over a year ago, NorthShore University HealthSystem joined the Illinois Perinatal Quality Collaborative *Mothers and Neonates Affected by Opioids* (MNO) Initiative to achieve these goals. Unfortunately, **we are failing to meet these goals**.

It is imperative that we screen all of our patients prenatally with a **validated** screening tool to identify all women with OUD. All providers and your offices have been provided with a validated screening tool with a detailed workflow embedded within it. Any woman who is identified with OUD is assessed by her provider and encouraged to start medication assisted treatment (MAT), referred to a recovery treatment program, tested for Hepatitis C and provided with a naloxone prescription. A robust clinical care checklist is available to guide optimal care (type .**oudchecklist** into Epic to see checklist).

**You are uniquely positioned to identify and treat women who have an opioid use disorder.**

**It is imperative that we have 100% compliance and screen all women with a validated screening tool early in pregnancy.**

Please provide a written description of your office's work flow process for insuring that all patients are screened using a validated opioid screening tool and detail when and how those screening tools will be entered into the patients' EPIC chart prior to delivery admission. Please complete the attached form and return to Beth Plunkett

SCREENING FOR OPIOID USE DISORDER

## OFFICE PLAN

This is the _____ plan for administering and uploading our patients' opioid use disorder validated screening tools (VSTs).
[Obstetrics Group Name]

### OFFICE LEADERSHIP

| | Name | Email | Phone |
|---|---|---|---|
| Practice Manager | | | |
| Physician Lead | | | |
| RN Lead | | | |
| Other Leadership (if applicable) | | | |

### SCREENING

| | |
|---|---|
| Who administers the validated screening tool in your office? | |
| At what appointment will the validated screening tool be administered? (e.g., first prenatal visit) | |
| How is completion of the validated screening tool tracked in your office? | |
| What happens if the validated screening tool is not completed at the intended visit? | |
| Will the validated screening tool be completed on paper or recorded directly into an Electronic Medical Record? | |

### UPLOADING INTO EPIC

| | |
|---|---|
| **How** will the validated screening tool be uploaded into the patient's EPIC chart? | |
| **Who** is responsible for uploading the validated screening tool into EPIC? | |
| **When** will the validated screening tool be uploaded into EPIC? | |
| **Where** is the validated screening tool found in the patient's EPIC chart? | |
| Please **confirm** that you have audited two charts and found the screening tool there. | |

# NEW Additional national recommendation to share with your OB Providers & Prenatal Sites: U.S. Preventive Services Task Force Recommendation on Screening for Unhealthy Drug Use

Recommendation Summary

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening

| Population | Recommendation | Grade |
|---|---|---|
| Adults age 18 years or older | The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) | B |

- Recommendation includes pregnant and postpartum persons
- Screening = asking 1 or more questions about drug use or drug-related risks in face-to-face, print, or audiovisual format. It **does not** refer to testing urine, saliva, blood, or other biological specimens for the presence of drugs
- SAMHSA recommends universal screening for substance use, brief intervention, and/or referral to treatment as part of routine health care, including during pregnancy.

# Optimal OUD Prenatal Care

- Screen all patients for OUD with **validated screening tool**
- When patients screen + use **MNO folder** to activate OUD protocol and complete OUD checklist
- Hospitals are using **OUD Prenatal Care Conference** for OUD pts identified prenatally to improve care
  - Hospital team (MFM, Neo, Nursing, SW) helps identify prenatal pts and has system to organize a multidisciplinary meeting or call to review MNO folder, complete OUD care checklist, confirm consults provided and OB/Neo/Nursing/SW communicating about pt
  - Offer the patient a hospital tour (virtual) and opportunity to talk to member of hospital nursing team

# Optimal OUD Obstetric Care

**Given the high risk of maternal death from OUD, need systems to make sure optimal OUD OB care is provided for every patient, every time.**

1) **MNO Folders**
   - Stored in prenatal care sites and L&D, contains all provider, nurse and patient resources needed for optimal care. Obtain MNO folder for every OUD pt.
2) **Prenatal Care Team Conference for OUD pregnant pts**
   - Multidisciplinary prenatal care meeting /call with OB/MFM, neonatology/peds, nursing, SW to review algorithm & checklist to confirm key clinical elements completed.
3) **L&D Care Team Huddles**
   - Called by charge nurse, care team huddle for every OUD pt with OB/MFM, nursing, neonatology/peds, SW, anesthesia, addiction med/psych etc, review MNO Folders, checklist and care plan confirm optimal care provided.
4) **OUD Order set**
   - Establish OUD order set with Narcan order, Hep C screen, consults, and key elements from checklist.

# L&D Team Huddle for all OUD patients

- Charge nurse activates huddle when a patient with OUD is admitted to L&D (OB, Nursing, Neo/peds, SW, anesthesia, etc)
- Convene care team to review the MNO-OB folder and confirm OUD checklist completion before delivery discharge
  - ❑ Linkage to Medication Assisted Treatment
  - ❑ Linkage to Recovery Treatment Services
  - ❑ Narcan Counseling & Prescription

# L&D-OUD Order Set

OUD Order Set that includes Narcan prescription helps support OUD Checklist completion and improve Narcan prescribing

**Example OUD Order Set:**

- ❑Narcan Prescription
- ❑Hepatitis C Screening
- ❑MFM Consult
- ❑Neonatal/Pediatric Consult
- ❑Social Work Consult
- ❑Addiction Medicine/Psychiatry consult (if available)
- ❑Anesthesia Consult
- ❑Patient Education given on OUD, NAS, and maternal participation in non-pharmacologic care of newborn given
- ❑Schedule early postpartum visit within 2 weeks
- ❑Comprehensive contraception counseling completed
- ❑Confirm MAT/Recovery Treatment services follow up appointments) scheduled prior to discharge
- ❑Coordinated discharge planning for mom & infant with neonatology/peds and social work

# Engage your Pharmacy to optimize Narcan prescribing

1. Set up a meeting with your pharmacy to determine if Narcan is on **formulary at your hospital**
2. Determine if your hospital has a **med to bed program** available
3. Discuss steps needed to implement these two strategies at your hospital to provide Narcan to all patients with OUD/use opioids regularly before delivery discharge

# Crossing the finish line with MNO-OB means optimal OUD care for every pt, every time

- To reduce risk of maternal overdose death and improve pregnancy outcomes we must achieve:
  - MAT by delivery discharge ≥ 70%
  - Linkage to Recovery Treatment Services ≥ 70%
  - Narcan counseling by delivery discharge ≥ 60%
  - Prenatal SUD/OUD validated tool screening ≥ 50%

# Together we can achieve MNO Success

- Review your quarterly data
- Take action to improve prenatal validated OUD screening, and use systems to ensure optimal care for EVERY OUD patient prenatal / before delivery discharge every time
- Determine what strategies your team needs to ensure your team can cross the MNO-OB finish line and achieve MNO aims by Sept.
- Reach out to ILPQC for assistance to help you get there

# Upcoming MNO-OB Teams Calls

| Date | Topic |
|---|---|
| July 27, 2020 | Strategies to Cross the MNO-OB Finish Line |
| August 24, 2020 | Teams share progress strategies to cross the finish line |
| September 28, 2020 | Sharing progress towards implementation of strategies to cross the finish line |
| October 2020 | No Teams Call… 2020 Annual Conference |
| Nov/Dec 2020 | Sustaining the Gains→ Preparing for Sustainability |

# MNO-OB 2020 Timeline

**Summer 2020:**

**All teams work to cross the finish line, and start sustainability plan**

**Fall & Winter 2020**

**Work to implement sustainability plan, ILPQC 1:1 QI Support for hospitals**

**2021:**

**Quarterly Sustainability check in Calls with Teams, implement sustainability plans**

# TEAM TALK

# Strategies for Success
# MNO Initiative
# Rush Copley Medical Center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# MNO TEAM AT RUSH COPLEY

**Dr. Barbara Parilla,** Maternal Fetal Specialist,OB Lead
**Dr. Lina Sapiegiene,** Neonatologist,Neo Lead
**Karen Werrbach,** MSN, RNC-OB, NEA-BC
Director, Women's Health
**Louise Fazio,** MSN, RNC-NIC, CNML
Clinical Nurse Manager, NICU
**Andrea Grzyb,** MS, APN, RNC-OB, CNML,
Clinical Manager, Obstetrics/Maternal Fetal Medicine/Pelvic Medicine
**Peggy Mikkelson,** BSN, RNC
Clinical Manager, Labor and Delivery
**Sharon Colin,** MSN,RNC-NIC, NICU Clinical Educator
**Meg Puente,** MSN,RNC-OB, Women's Health Educator
**Melissa Knapik,** MSN, RNC-MNN
Women's Health Perinatal Data Coordinator
**Susan McCormack,** RD and IBCLC
**Tita Cozzoni,** BSN, OB Staff Nurse
**Mary Antongiorgi,** MSN, RNC-OB MFM and Pelvic Medicine Coordinator
**Carol Heinz,** ADN, RNC-NIC NICU Staff Nurse
**Madison Genseal,** BSN, NICU Staff Nurse
**Tracie New,** BSN, RNC-OB L&D Staff Nurse
**Melissa Acton,** MSN, RN L&D Staff Nurse

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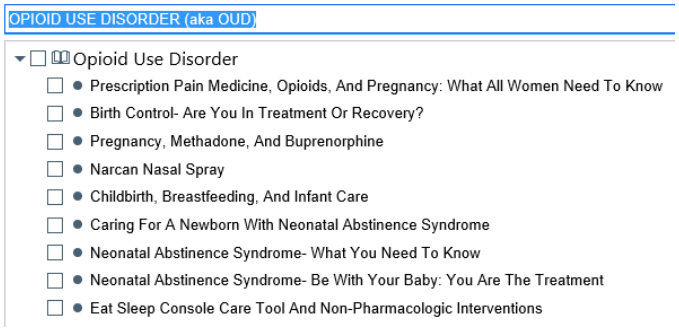
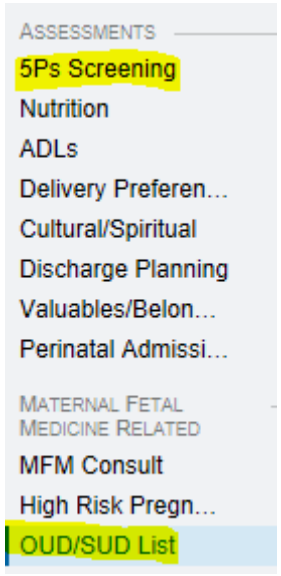
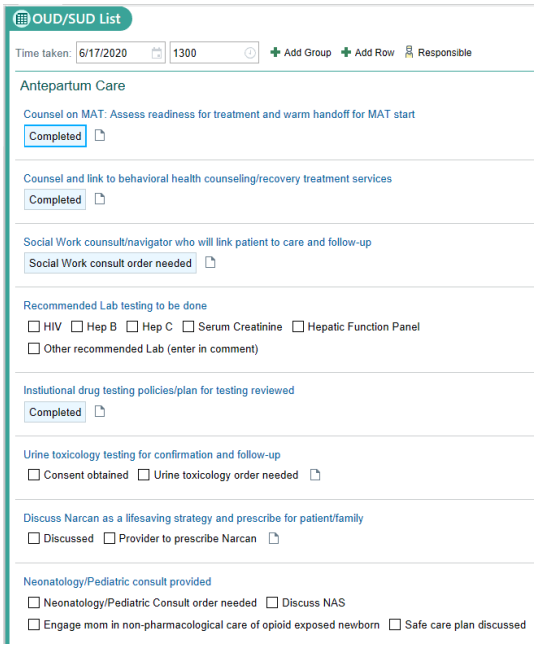
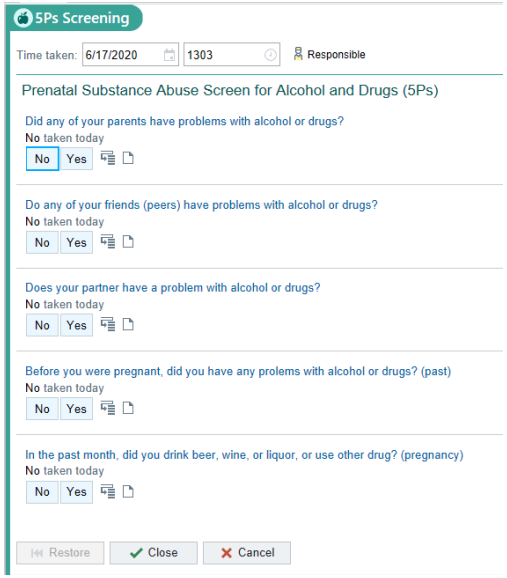
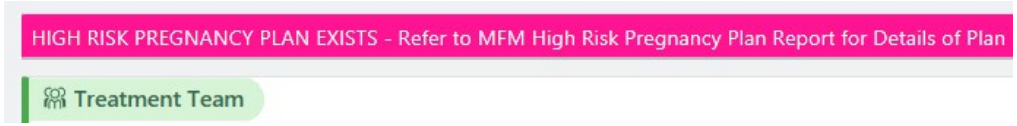
# MNO CHARTING INCORPORATED INTO EPIC

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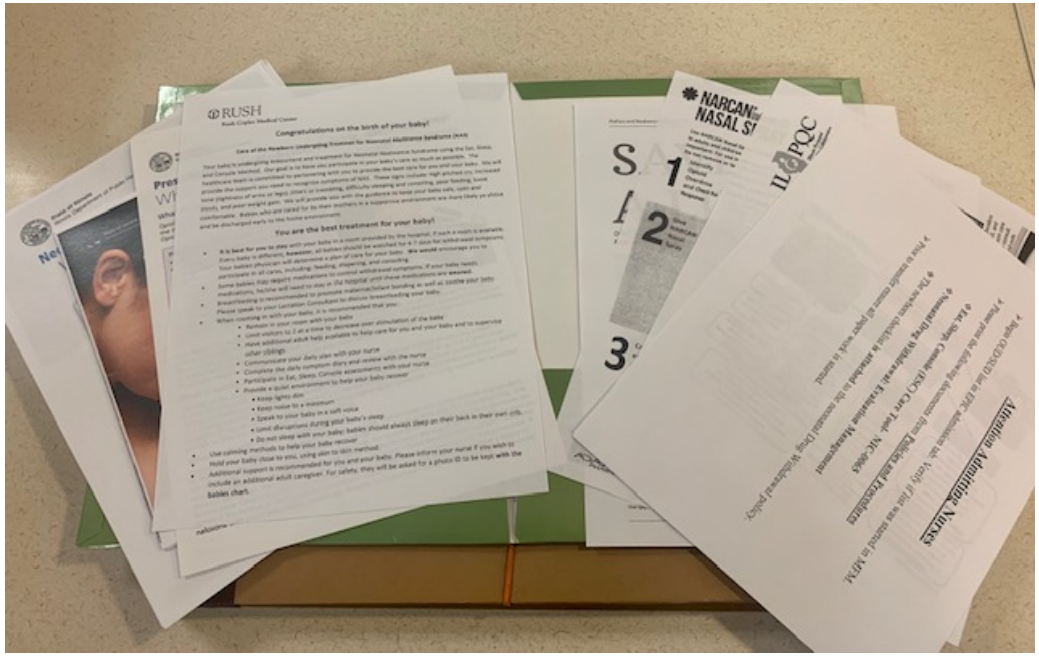
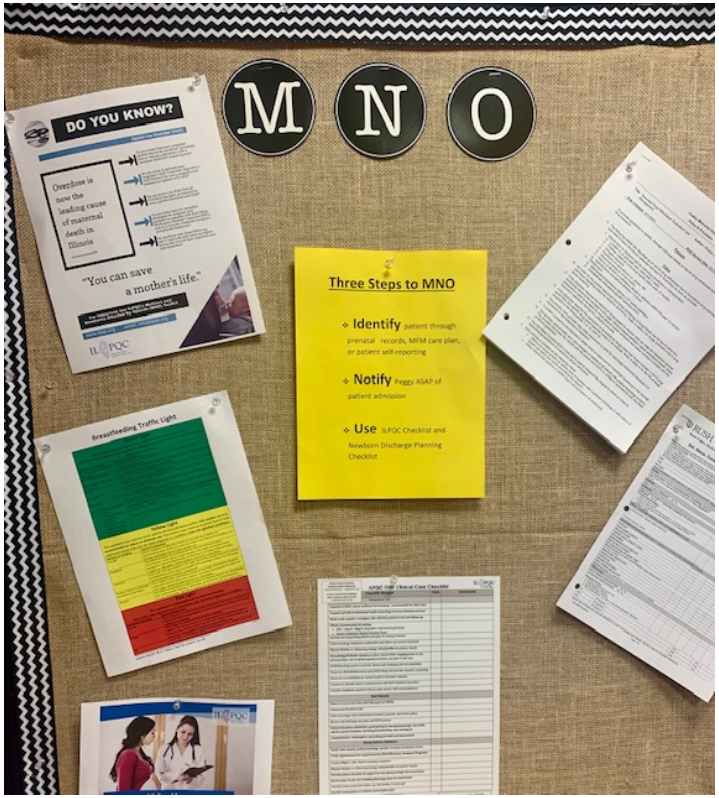
# PATIENT AND STAFF EDUCATION

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# HUDDLE

- **When MNO patient presents to L&D**
  - **Manager L&D notified at admission. Staff to be included in Huddle : Director of Women's Health, Managers of Labor/Delivery, Mother-Baby and NICU, Nurse Educators, Clinical Coordinators, Patient's RN, Social Services, Neonatology, Pediatrician, Obstetrician.**
  - **Not every huddle will include all the staff mentioned above depending on timing, staff availability or other unit needs.**
  - **Huddle discussion includes: brief review of maternal history, clinical care checklist, newborn discharge checklist and missed opportunity review form.**
  - **Purpose of huddle is to anticipate patient needs ahead of time to avoid missed opportunities later.**


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# LESSONS LEARNED AND THE PATH TO SUCCESS

- **Initially we did a retrospective chart review—debriefing session.**
- **Learned from this experience of debriefing that we could do a better job by being proactive in addressing issues and concerns "just in time" to avoid missed opportunities later.**
- **The team came up with the idea of using a "huddle" of team members, nurses and providers each time a MNO patient presents.**
- **Discovered this was a great way to coach staff and providers and address issues with stigma and bias.**
- **Gave us the ability to identify challenges and then address them with the staff who were able to provide solutions to the challenges.**

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Questions?

# REGISTER NOW!
# Upcoming ASAM Treatment of OUD Training Courses

- Make sure OB providers, residents/ fellows, midwives aware of great opportunity to attend online: Treatment of Maternal OUD / Buprenorphine waiver course
- Wednesday, **June 24**, 2020 | 8am – 12:30pm FULLY ONLINE (Register Here)

# PROMOTING VAGINAL BIRTH (PVB)

# PVB Timeline

| May | June-Sept | Oct |
|---|---|---|
| **May 4**: PVB Launch Call<br><br>**May 20**: OB Face-to-Face Meeting, Springfield, IL | **Holding on PVB while supporting MNO teams to achieve initiative aims**<br><br>*July, August, September webinars for MNO* | Annual Conference<br><br>PVB data collection begins and start monthly webinars After Annual Conference **2020** |

**This means:** October Annual Conference transition from MNO Active Phase to Sustainability and start of PVB data collection and monthly calls after Annual Conference in November 2020

Follow this link to submit your hospital's PVB roster
https://redcap.healthlnk.org/surveys/?s=NF8MPDY9LF

# THANKS TO OUR

## FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation

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