

## 2. Hospital & QI Team Overview

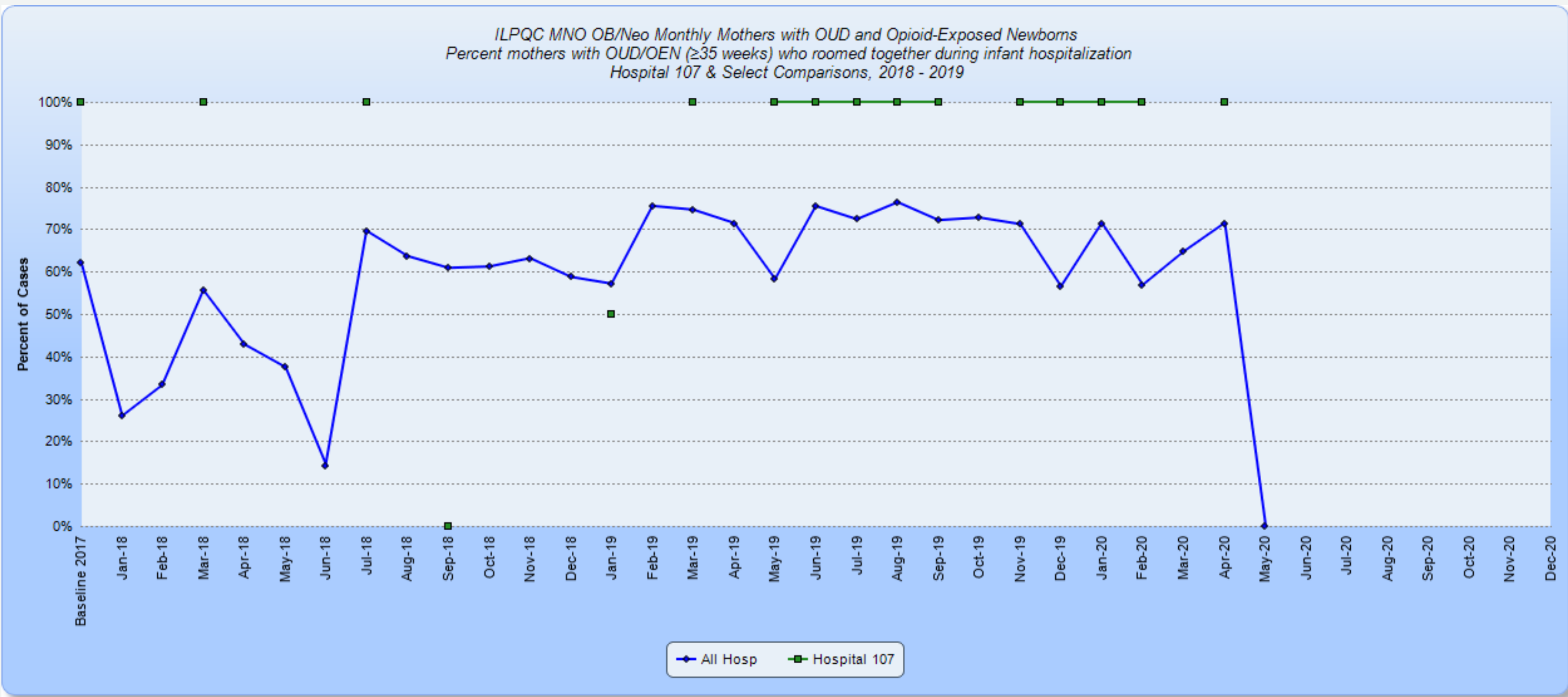
### The Team

- Dr. Hobson-OB Physician Champion
- Dr. Morker-Pediatrician Champion
- Kelly Densberger, Angela Kennedy,
- Jill Taylor, Katherine Carnell & Rhonda Sullivan-OB Nurse Champions
- Alysia Schmerbach-Professional Development Specialist
- Julie Kruiuzenga-Quality Leader
- Terri Skora-Social Services
- Kyle Johnicker-Pharmacy Clinical Coordinator
- Dawn Marshall-CRNA



## 3. MNO-Neo Data

### Rooming In



Rooming in is encouraged and supported for all OEN parents. Protocols are in place to have newborns room in even if requiring pharmacologic care. Of course, additional safety measures are in place.

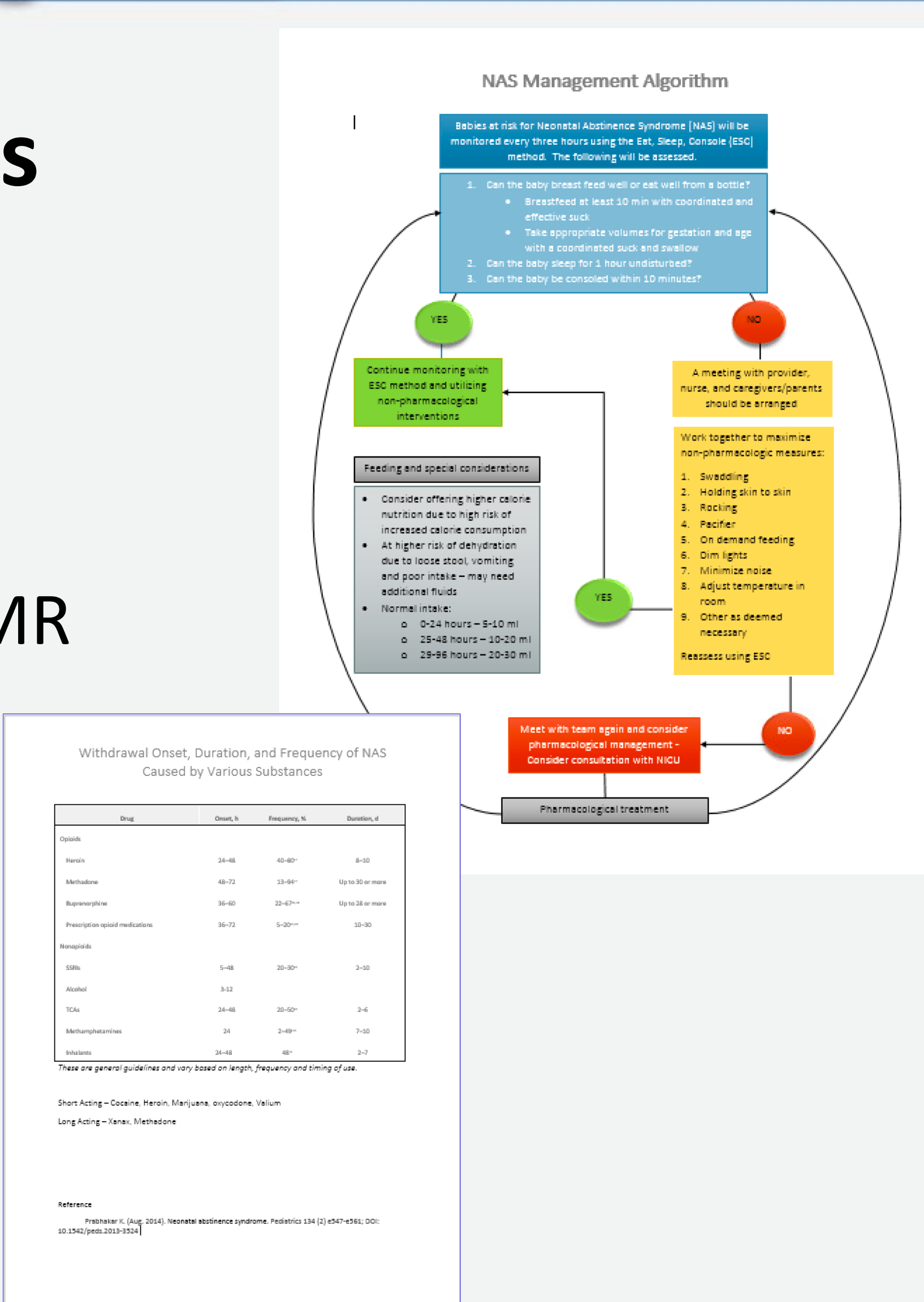
### Pharmacological Management

There have been no discharges for tertiary management of pharmacological treatment since adopting Eat, Sleep, Console (ESC).

## 4. MNO-Neo Progress

### NAS Assessment Tools

- Eat, Sleep, Console was adopted at NM KH
  - Newborn Care Diary
  - Integrated ESC documentation tool in EMR
  - NAS Algorithm of management
  - Withdrawal time frame table



### Education Campaign

- Nurses receive monthly education as areas of improvement are recognized in monthly chart audits
- Patients have access to additional education literature, housed in hanging wall file. Allows easy access for nurses when patients ask and offers discreteness for patients walking in hallways.



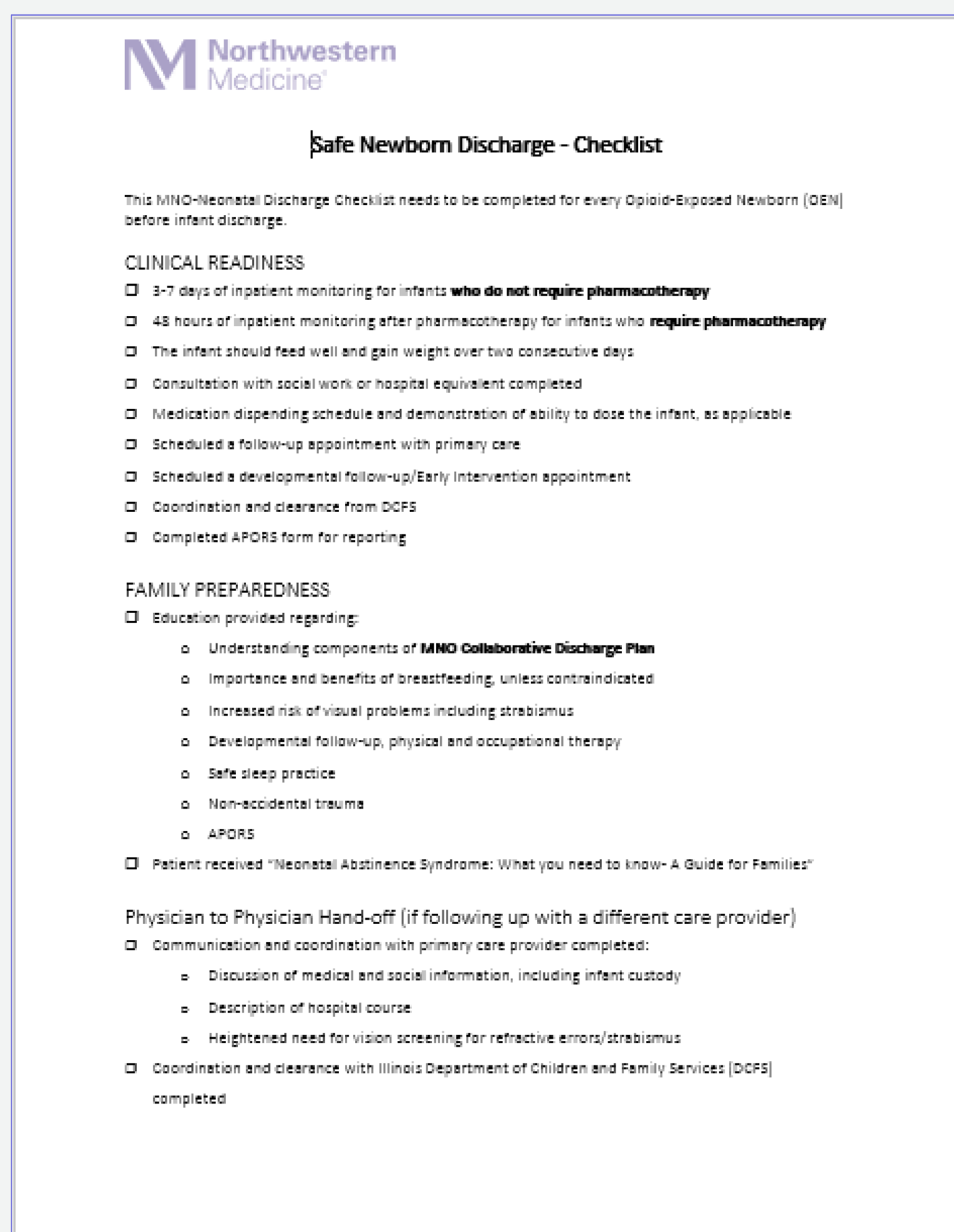
### Review of all NAS cases

Monthly MNO meetings review any NAS cases

## 5. Coordinated Discharge

### Discharge

- NM KH will try to set up opportunities for more visits with community health involvement, including:
  - ✓ The Breastfeeding Center
  - ✓ Post Partum Visit Program
  - ✓ The Children's Home and Aid Doula



“An APORS form will be completed to ensure timely reporting.”

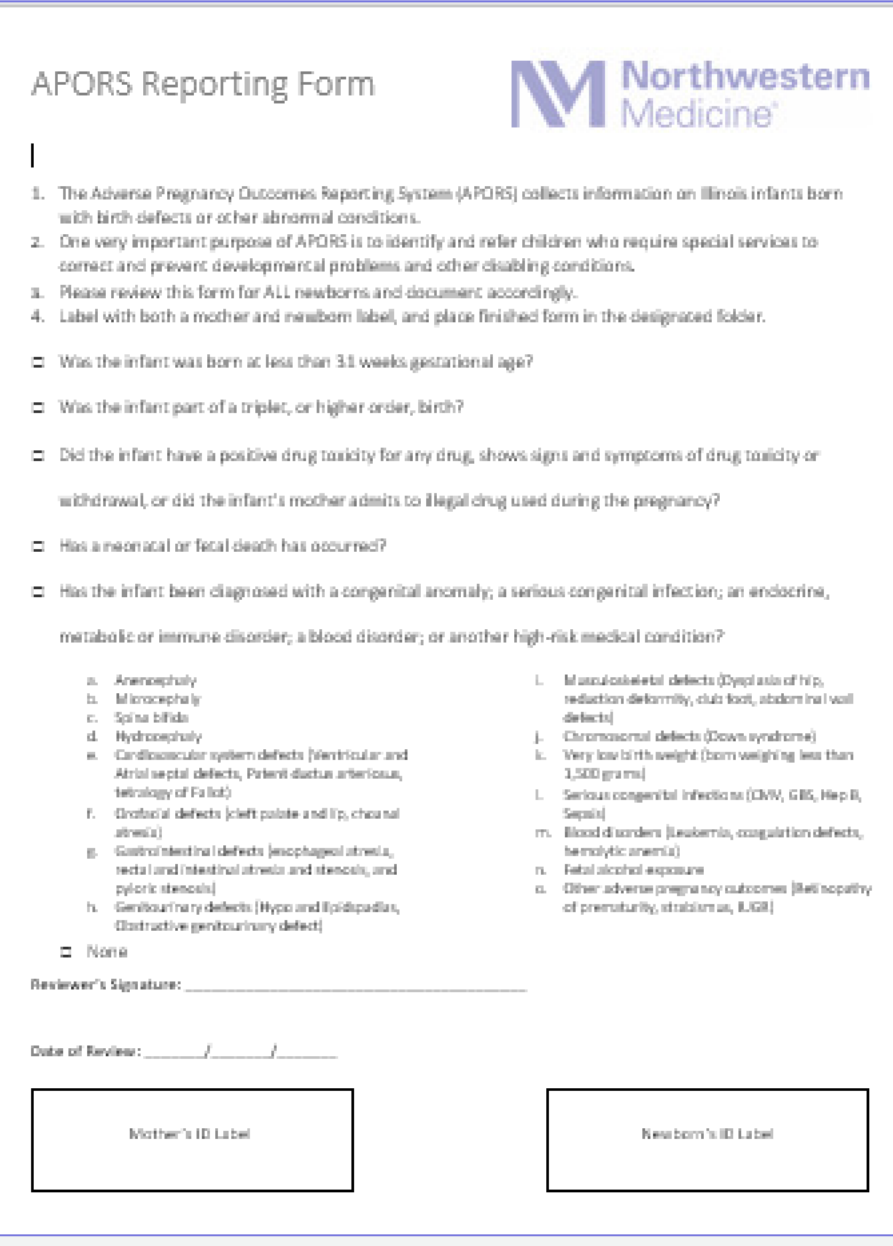
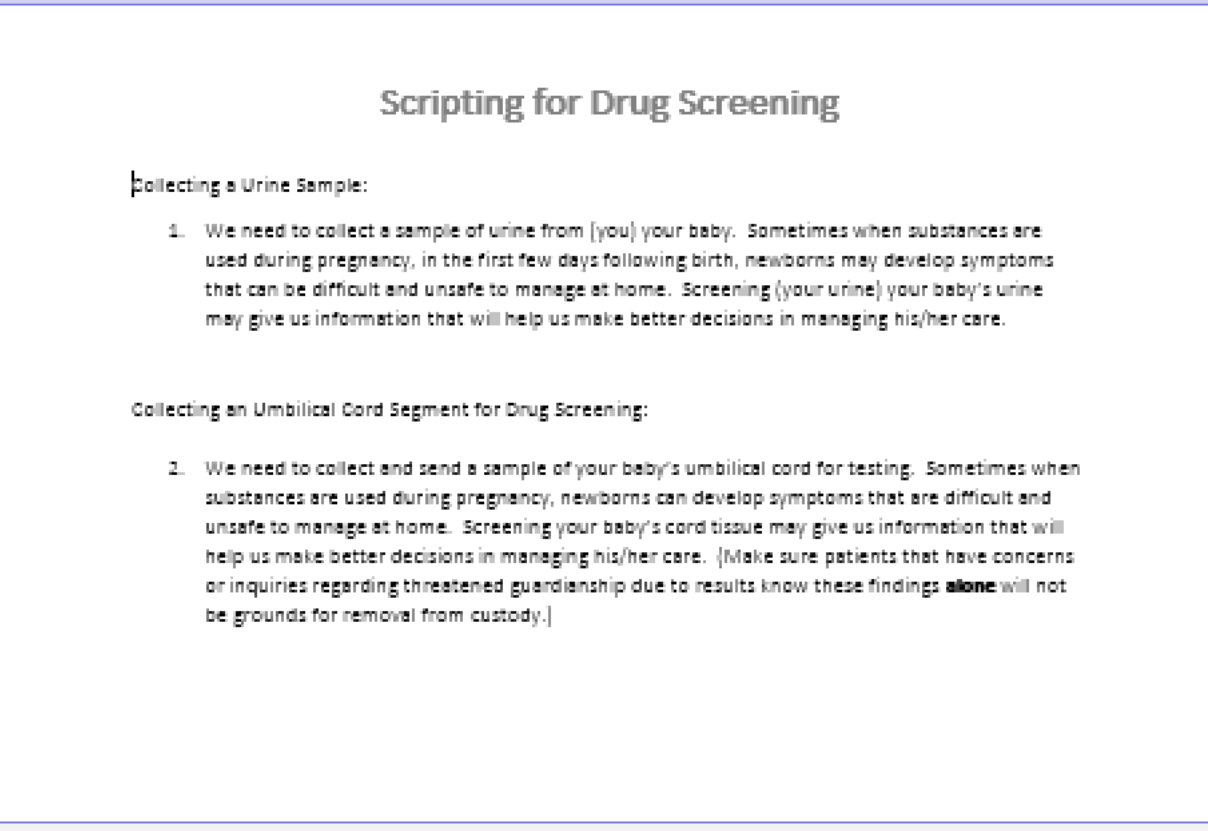
“Infant Treatment Procedure:

Infants with confirmed or potential substance exposure. will be monitored for withdrawal symptoms.

Symptoms and length of withdraw will vary according to the exposed substance, mother's frequency and timing of use, and the genetic susceptibility of the neonate. Length of hospitalization for an infant with known exposure should be sufficient to detect signs of NAS, recognizing the presentation of symptoms may be delayed. Consider observing the substance exposed infant in the hospital as recommended: 3 days for short-acting substances and 5-7 days for longer acting substances. (For approximate onset and withdraw timing, see attached appendixes.)”

“The Eat, Sleep, Console (ESC) assessment tool will be used to assess and treat infants with the primary goal of non-pharmacological care delivered predominantly by the mother and/or caregivers.”

“Nurses should establish a nonjudgmental, therapeutic relationship with the mother. “





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Use this space for overflow and additional information your team would like to share.