

Hospital & QI Team Overview



MNO-OB Data

- Screening: 59% February
- Narcan: 0%
- MAT:

Recovery Program/Services

- Family Guidance
- Gateway



4. MNO-OB Progress

Screening Tools

- Maternal 5 P Screen
- All Admissions
- Documented in EPIC

MNO-OB Folders

Called "OB-OD" Folder

- OUD, MAT, NAS, Narcan Patient Education
- Care Algorithm/Protocol
- MD Checklist and Narcan Article
- RN Checklist

Education Campaign

- Staff Meetings
- Daily Huddles
- E-mail Communications
- Department Meeting
- Simulations

Monthly Review of all OUD Cases

- Missed Opportunity Form
- Retrospective

5. IPLARC/IPAC or MNO Overflow

MNO-OB Team

Elizabeth Unal, OB	Anne Martin, OB
Jessica Patty, RN	Jessica Gonko, Mgr.
Emma James, Resident	Kara Restagno, SW
Lynn Nguyen, Resident	Buffy Lael-Wolf, IT

PVB Team

Robert Abrams, MD-Project Team Leader
 Terah Holland, MD-OB Champion
 Emma James, MD
 Jessica Gonko, RN-QI Professional
 Libby Tolley, RN Champion

6. PVB

30-day goals

- Gather current C/S data on NTSV pts for each respective OB/GYN group
- Educate staff/residents/attendings on ACOG/SMFM definitions of arrest disorders
- Ensure complete cervical examination is documented upon admission (including cervix position and consistency)
- Educate residents to write a preop note to document reason for C/S

60-day goals

- Standardize response to fetal heart rate abnormalities
- Obtain individual data for each physician to recognize outliers
- Ensure each NTSV patient receives standardized labor support
- Fill out ILPQC data form during debrief after C/S

90-day goals

- Initiate debrief after every NTSV Cesarean section
- Create patient education which promotes this initiative
- Meet with entire OB community to make sure everyone is aware of this initiative



HSHS St. John's Hospital

ILPQC 2020
OB Storyboard

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