

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 Kruizenga-Quality Leader
- Terri Skora-Social Services
- Kyle Johnicker-Pharmacy Clinical Coordinator
- Dawn Marshall-CRNA



4. MNO-OB Progress

Screening Tools

- NM KH also implemented and standardized urine drug screens on all admissions to remove perceived bias from patient care.
- The screening is engrained into the EMR admission work flow and a report has been made to help maintain sustainability.

MNO-OB Folders

MNO resource folders were made for physicians and nurses. These include:

- Addiction service resource list
- Education resources
- OUD Checklist
- SBIRT Algorithm with billing codes
- Narcan prescription sample and education

When a patient is admitted and diagnosed with OUD, the folder is copied and appropriate patient resources are given to the patient.

Education Campaign

- Monthly chart audits help to identify areas of improvement. This is shared at monthly unit meetings, along with any necessary education.
- Nurse champions act as resource nurses for MNO challenges and questions.



Monthly Review of all OUD Cases

- Monthly MNO meetings have been designated to OUD case review incorporating the Missed Opportunity Form.
- These forms will be submitted to OB Chair for review.

5. IPLARC/IPAC or MNO Overflow

Transversus Abdominis Plane (TAP) Block – for Post Op Anesthesia

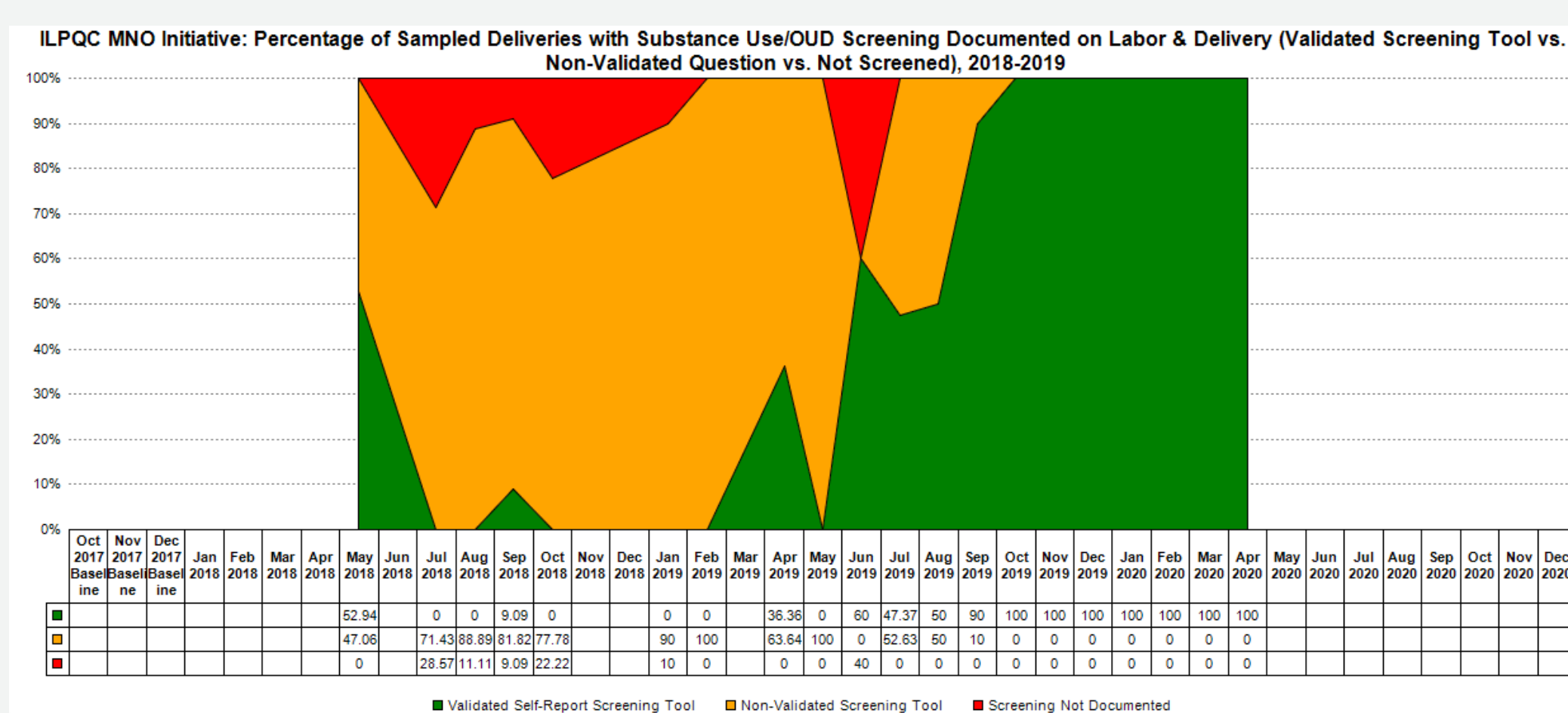
NM KH has worked with anesthesia to develop a process for post operative pain management using a TAP block. This has reduced post op narcotic administration, and enhanced recovery.



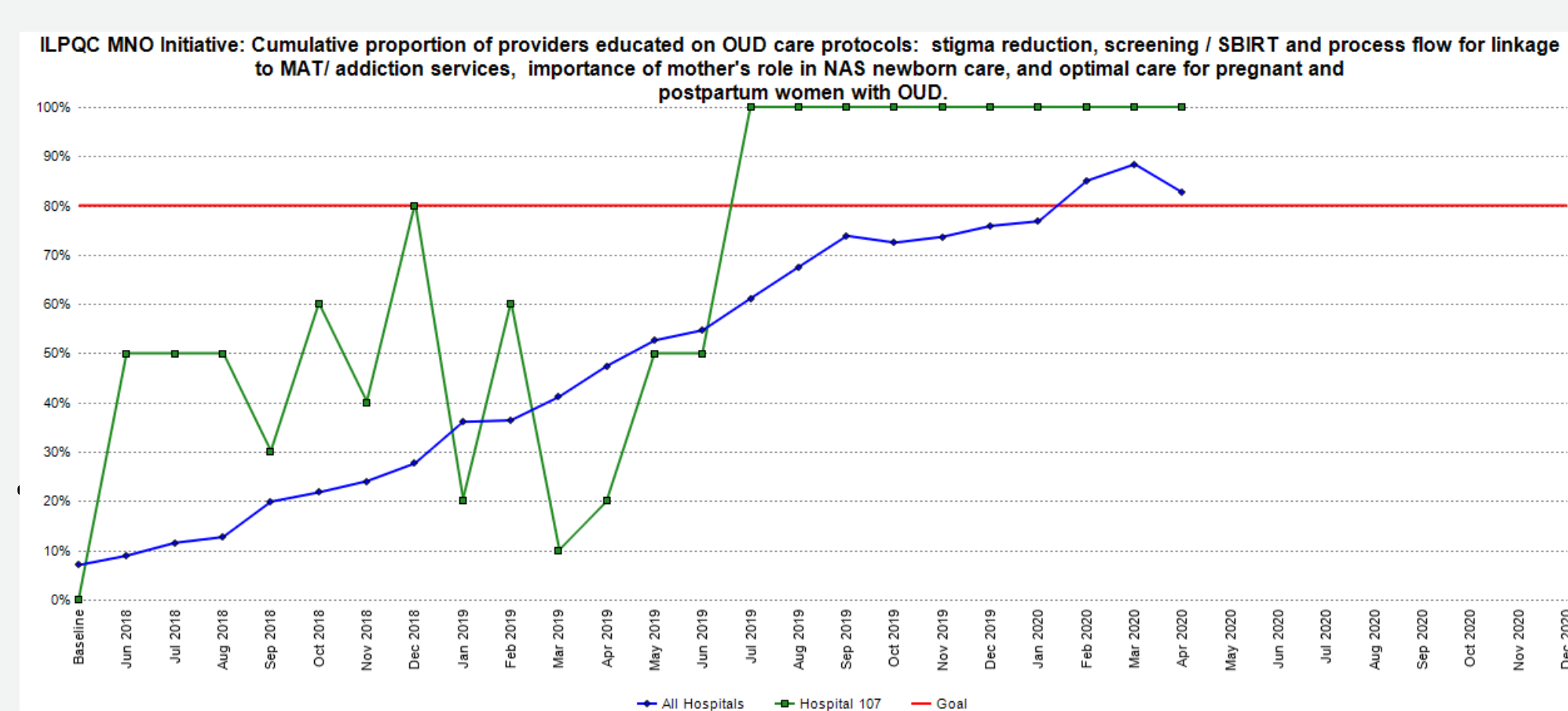
3. MNO-OB Data

Screening

- NM KH uses the 5 P's screening tool.
- The hospital has maintained 100% screening of all patients for the last four months!



Provider Education



- ILPQC visit for providers in house
- Education at quarterly OB Meetings
- Face to face education

6. PVB

30 Days

- Establish project team
- Determine routine meeting day/time
- Attend ILPQC kick off
- Schedule routine meetings

60 DAYS

- Hold first team meeting
- Finish project charter
- Determine team roles
- Determine project timeline
- Start baseline data

90 DAYS

- Finish baseline data
- Continue to hold monthly meetings
- Evaluate first PDSA

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<Hospital Name>

ILPQC 2020
OB Storyboard

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