

# BUSH

Rush Copley Medical Center

## JLPQC 22020 OB Storyboard

## 2. Hospital & QI Team Overview

Director of Women's Health- Karen Werrbach

Director of Neonatology - Dr. Lina Sapiegiene

Maternal Fetal Medicine Specialist-Dr. Barbara Parilla

OB Clinical Manager- Andrea Grzyb L&D Clinical Manager- Peggy

Mikkelsen NICU Clinical Educator- Sharon Colin Lactation Consultant- Susan Women's Health Clinical Educator-

Care Management- Celeste Emrich

Women's Health Coordinator-Melissa Knapik

NICU Staff RN- Madi Tassone and Carol Heinz

OB Staff RN- Tita Cozzoni and Katherine Mueller

NICU Clinical Manager- Louise Fazio L&D Staff RN- Tracie New and Melissa Acton

> Lactation and Childbirth Education Coordinator- Gina Becker-Espinoza

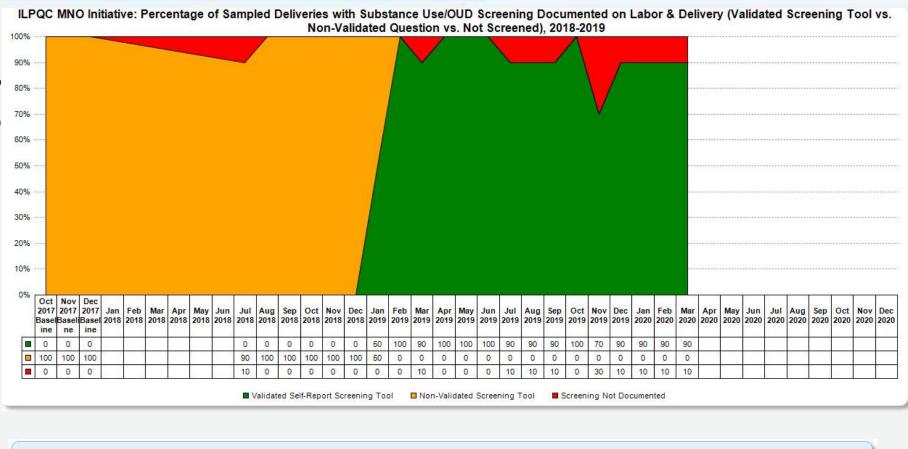
McCormack

MFM and Pelvic Medicine Coordinator- Mary Antongiorgi

## 3. MNO-OB Data



Meg Puente



MAT 48% referred to MAT

→ All Hosp → Hospital 034 — Goal

Some patient's did not qualify for MAT per MFM

## Recovery Program/ Services

28% connected to counseling

## Narcan

12% received Narcan prescription and counseling



Working with care management and community resources

Provider education to document counseling given

## 4. MNO-OB Progress

## Screening Tools

- 5 P's Screening Tool went live January 2019 using a paper form, tool was later built into EPIC
- All patients are screened with 5 P's Tool prenatally, and on admission to L&D

#### MNO Folders

- Combined folder for mother and baby
- Available in MFM clinic, Labor and Delivery, Mother Baby, and the NICU
- Folder is provided as soon as a patient has been identified
- Folders contain all documents recommended by ILPQC, as well as our custom RN checklist for drug exposed newborns and neonatal drug withdrawal policy

#### **Education Campaign**

- All nurses were educated using
  - E-learning slides & modules on OUD, NAS, and the MNO initiative in December 2018
- All nurses continue to receive E-learning slides & modules regarding MNO updates & sustainability planning
- Presentations by Dr. Barbara Parilla (OB Champion)
  - Lunch and learn session open to the whole hospital
  - OB department meeting
  - Plans to present at the Pediatric Department meeting post COVID-19

#### recommendations Monthly Review of all OUD Cases

- Initial huddle is called when a patient presents on Labor and Delivery o Includes the Women's Health Director, FBC department managers, primary nurses, relevant ancillary personnel
- In addition to initiating the missed opportunity review form on admissions, real time chart audits are performed on patients identified with OUD using the ILPQC MNO-OB Missed Opportunities Review Form
  - o Missed Opportunities are identified and brought forward to the monthly MNO-OB meeting/unit partnership meetings
  - o The Clinical Educators follow through with reviewing the opportunities with the staff/provider involved
- A pre-discharge huddle will allow us to capture and reduce missed opportunities

## 5. IPLARC/IPAC or MNO Overflow

## Sustainability

- Utilize the L&D Clinical Care Checklist to guide care
- Education bundle is being developed specific to the MNO mother and baby, to ensure that education is being documented in a consistent and efficient way Structure/Outcome measures for both the Neo and OB MNO initiatives are part of our Women's Health Quality Dashboard (progress tracked monthly)
- Key information is disseminated to staff throught partnership and staff meetings.

Checklist Element	Date	Comments
Antepartum Care		
ounsel on MAT for OUD and arrange appropriate referrals		
ounsel and link to behavioral health counseling /recovery support services		
ocial work consult or navigator who will link patient to care and follow up		
btain recommended lab testing-  HIV / Hep B / Hep C (if positive viral load & genotype)		
Serum Creatinine/ Hepatic Function Panel	$\perp$	
stitutional drug testing policies and plan for testing reviewed		
rine toxicology testing for confirmation and follow up (consent required)		
iscuss Narcan as a lifesaving strategy and prescribe for patient / family		
eonatology/Pediatric consult provided, discuss NAS, engaging mom in non-		
harmacologic care of opioid exposed newborn, and plan of safe care.		
CPS Reporting system reviewed, discuss safe discharge plan for mom/baby		
reen for alcohol/tobacco/non-prescribed drugs and provide cessation counseling		
reen for co-morbidities (se: mental health & domestic violence)		
onsent for obstetric team to communicate with MAT treatment providers		
onsider anesthesia consult to discuss pain control, L&D and postpartum	+	
Third Trimester		
epeat recommended labs (HTV/HbsAg/Gc/CT/RPR)		
ltrasound (Fluid/Growth)	<del>                                     </del>	
rine toxicology with confirmation (consent required), and review policy	+	
eview safe discharge care plan and DCPS process	+	
atient Education: OUD/NAS, participating in non-pharmacologic care of the	+ +	
pioid exposed newborn, including breastfeeding, and rooming in.		
omprehensive contraceptive counseling provided and documented	$\top$	
During Delivery Admission		
ocial work consult, peds/neonatology consult, (consider) anesthesia consult		
erify appointments for support services (MAT/BH / Recovery Services)	+	
onfirm Hep C, HTV, Hep B screening completed	+	
iscuss Narcan as a lifesaving strategy and prescribe for patient / family	+	
rovide patient education & support for non-pharmacologic care of newborn	+	
eview plan of safe care including discharge plans for mom/infant	+ +	
thedule early postpartum follow-up visit (within 2 weeks pp)	+	
rovide contraception or confirm contraception plan	+	

## 6. PVB

We are preparing for the next ILPQC initiative PVB

#### Team Roster

OB Team Lead: Peggy Mikkelsen- Clinical Nurse Manager L&D

OB Provider Champion: Dr. Bryan Sweeney, DO OB Nurse Champion: Rebecca Hamm, OB Staff Nurse Colleen Jones, CNM

Melissa Knapik, Women's Health Coordinator Meg Puente, Women's Health Clinical Educator Karen Werrbach, Director of Women's Health Carolyn Jacobsen, Staff Nurse