



**MNO- Neo Teams Call:**  
**Opportunities for and Barriers to**  
**Achieving Success**

February 17<sup>th</sup>, 2020

1:00 – 2:00pm

# Call Overview

- ILPQC General Updates
- MNO-Neo: Support Hospital Teams to Achieve the Initiative Goals
- Team Talk
- QI Corner
- ILPQC in 2020

# SAVE THE DATE

- **What:** ILPQC Spring 2020 OB & Neonatal Face to Face Meetings
- **When:** Wednesday, May 20<sup>th</sup> (OB) and Thursday, May 21<sup>st</sup> (Neo) 2020
- **Where:** Abraham Lincoln DoubleTree, Springfield, IL

Registration & Room Block Coming

Soon...

# 2020 Face-to-Face Volunteer Opportunities



## • Planning Committee Members

- ILPQC is **now recruiting** volunteers for our 2020 F2F Planning Committee.
  - Bi-weekly phone calls to share input/feedback
  - Help with day of activities
  - Email [aperrault@northshore.org](mailto:aperrault@northshore.org) if interested

## • F2F Breakout Facilitators

- ILPQC will be working with each perinatal network to recruit:
  - 1 RN & 1 OB Provider, for total of 10 pairs
  - 1 RN & 1 Neonatal provider, for total of 10 pairs
  - More info coming soon!

# Face to Face MNO-Neo QI Awards

**Award criteria will be the same, but for a different time period:**

- **ALL Patient & Structure Measures Submitted:**

- Baseline and July 2018 - March 2020 data

\*note: if any monthly data is missing, a team won't qualify for an award\*

- **Structure Measures 'IN PLACE' by March 2020:**

- Neonatal Prenatal Consult

- Non-Pharmacologic Protocol

- Pharmacologic Protocol

- Discharge Plan

- **Outcome Measures Achieved by March 2020:**

- Breastfeeding >70%

- Pharm treatment <20%

- Discharge plan >95%



**DATA DUE MONDAY, APRIL 27<sup>th</sup> at MIDNIGHT**



# Face to Face Awards

## Award criteria

- All
- S
- C
- D
- Phar
- Discharge

# STOP

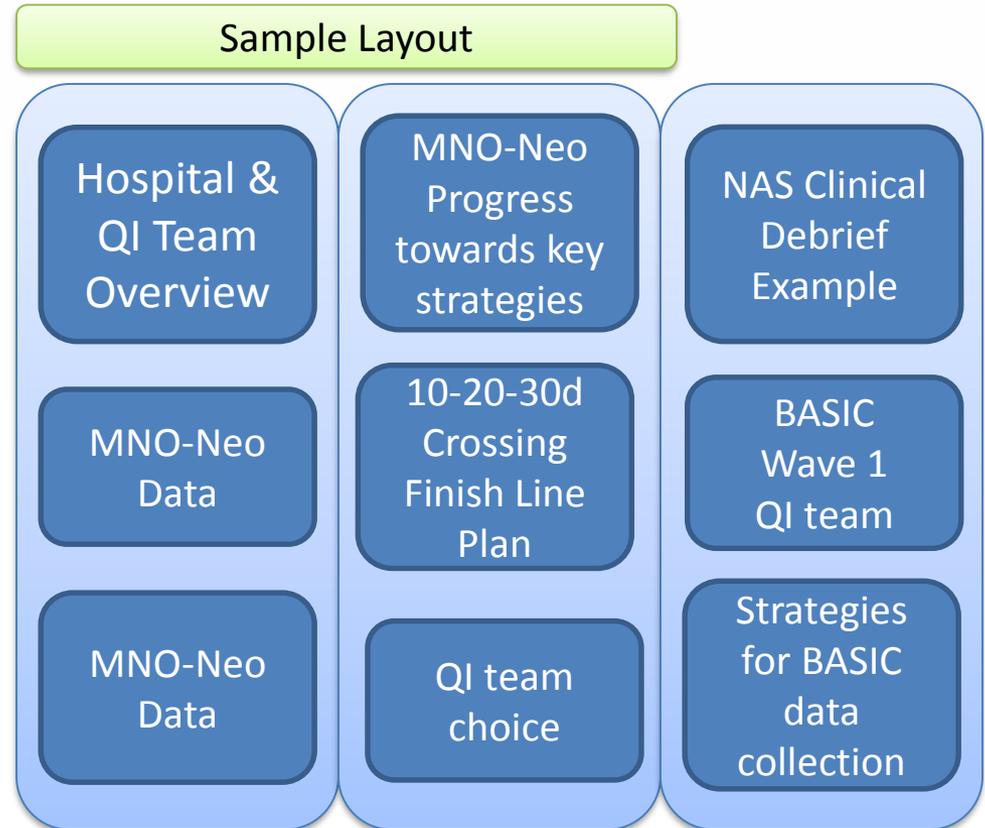
Are your baseline and  
2018 & 2019 initiative  
data in?  
Don't miss your chance  
to receive a QI Award  
because your team's  
data are missing

★ DATA DUE

★ MIDNIGHT

# F2F Storyboard Session

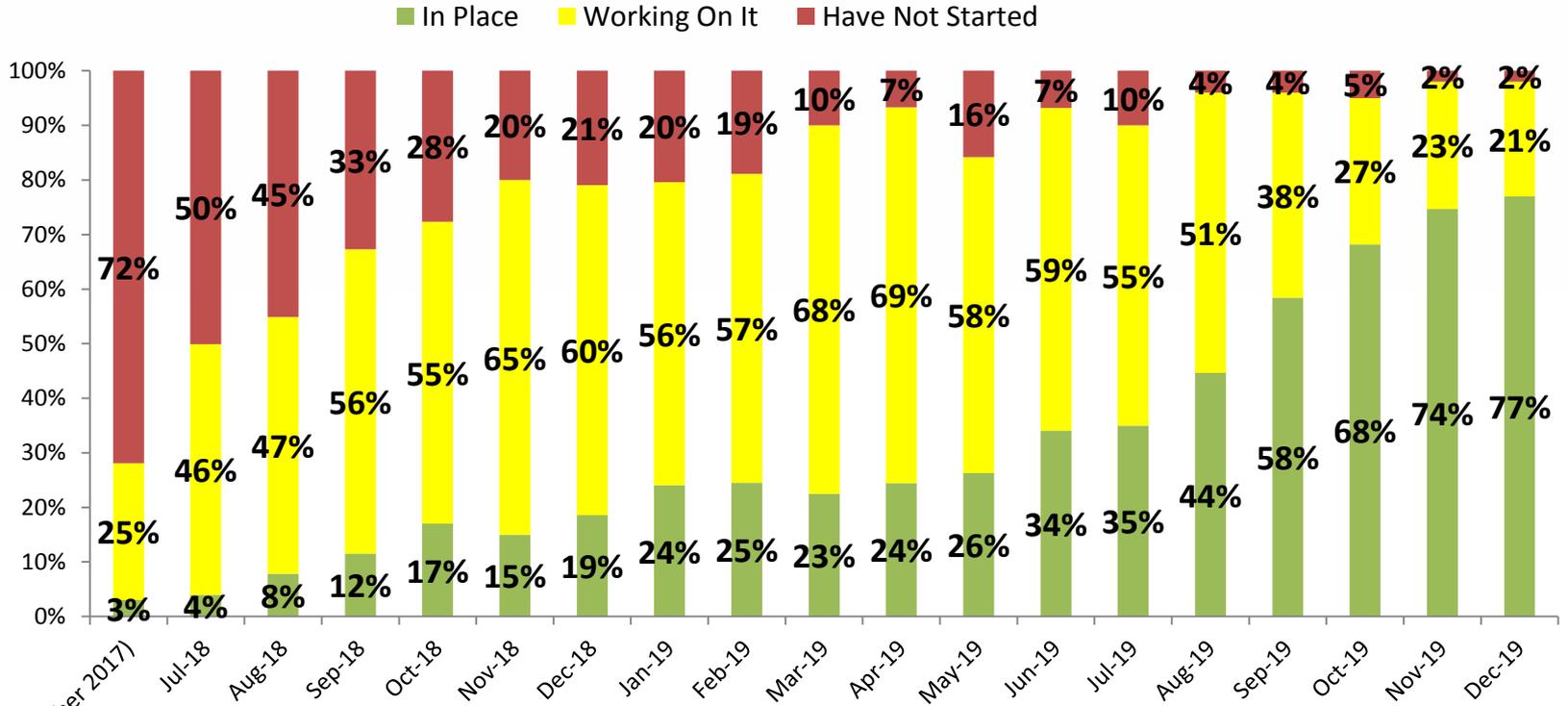
- All teams will bring a storyboard to the Face to Face to share their work on current and upcoming initiatives
- For MNO-Neo, share your progress toward crossing the finish line including implementation of the 4 key strategies
- For BASIC Wave 1 teams, share your BASIC QI Team and strategies for data collection



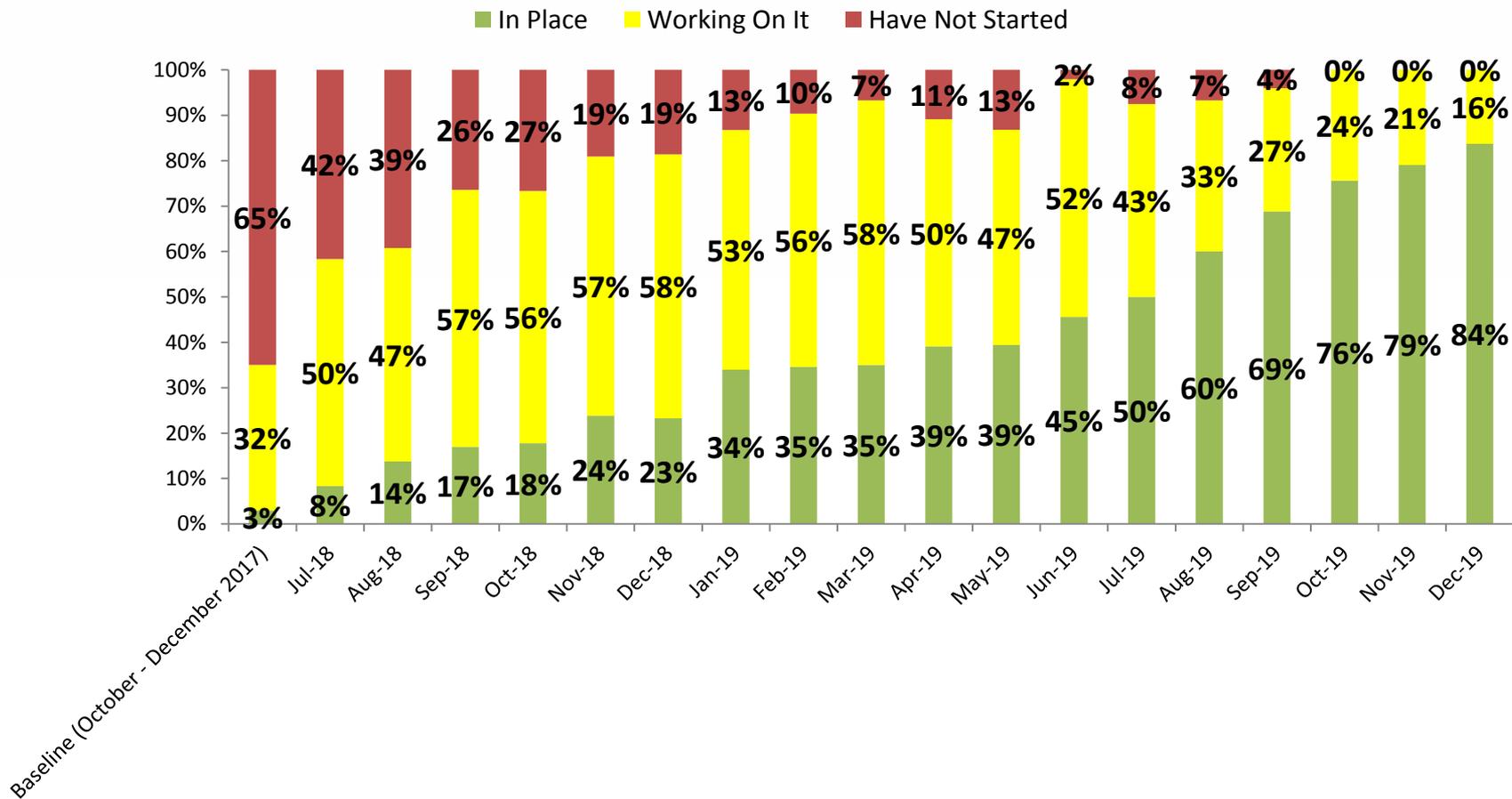
Bring your MNO Folders to display alongside your storyboard!

# MNO-NEO DATA REVIEW

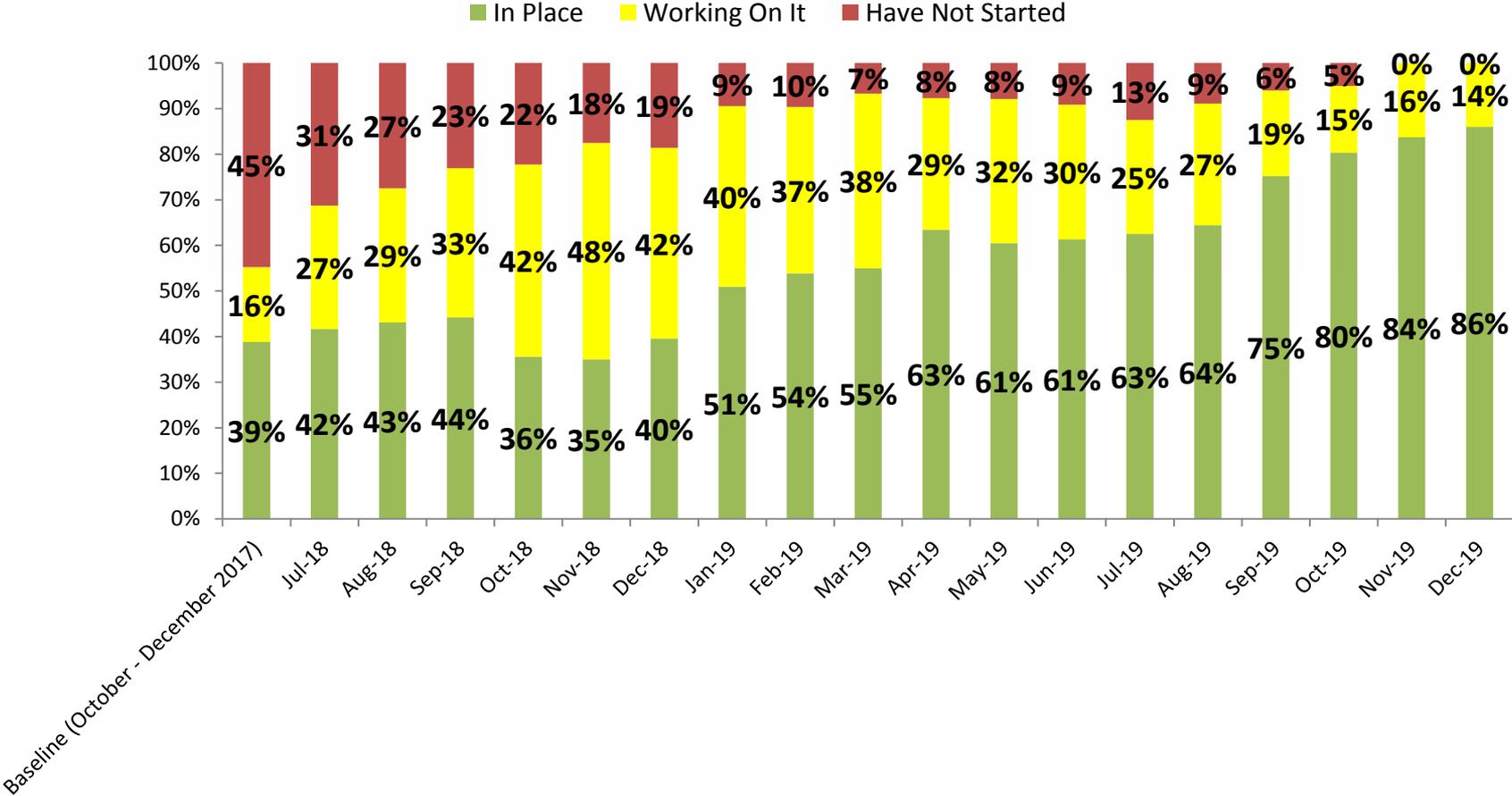
# Prenatal Consult Structure Measure



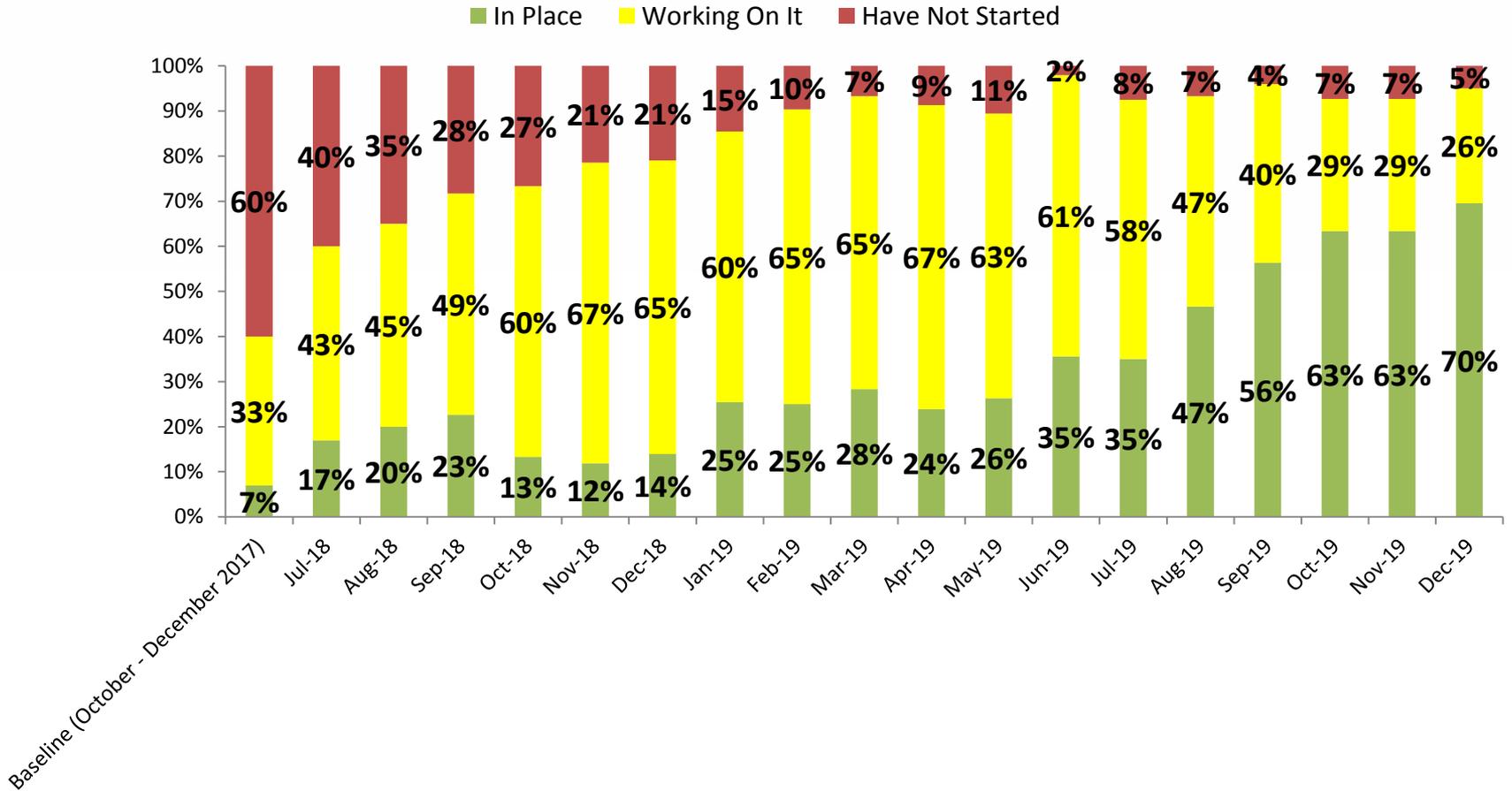
# Non-Pharm Care Protocol Structure Measure



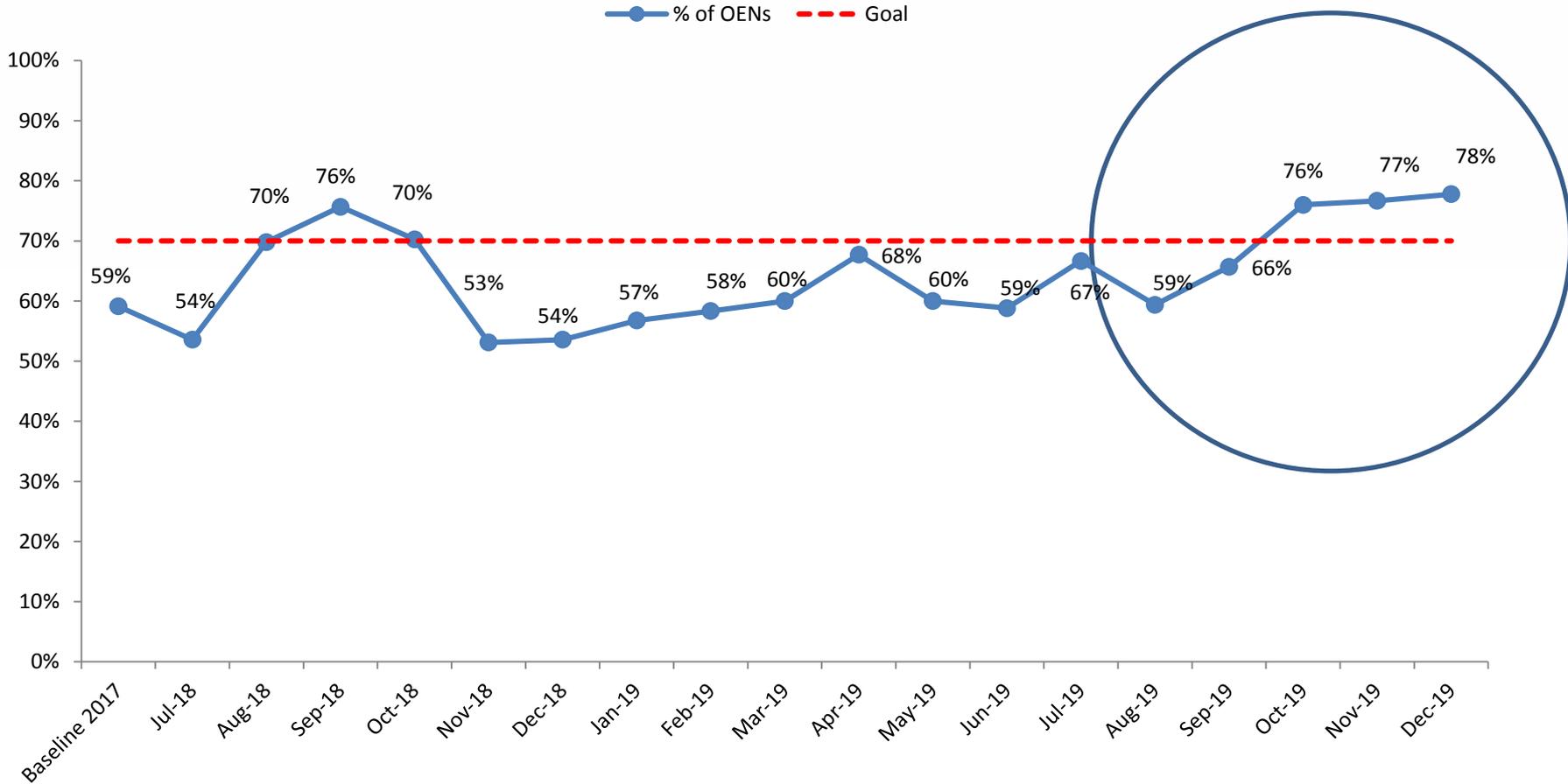
# Pharmacologic Treatment Protocol Structure Measure



# Coordinated Discharge Protocol Structure Measure

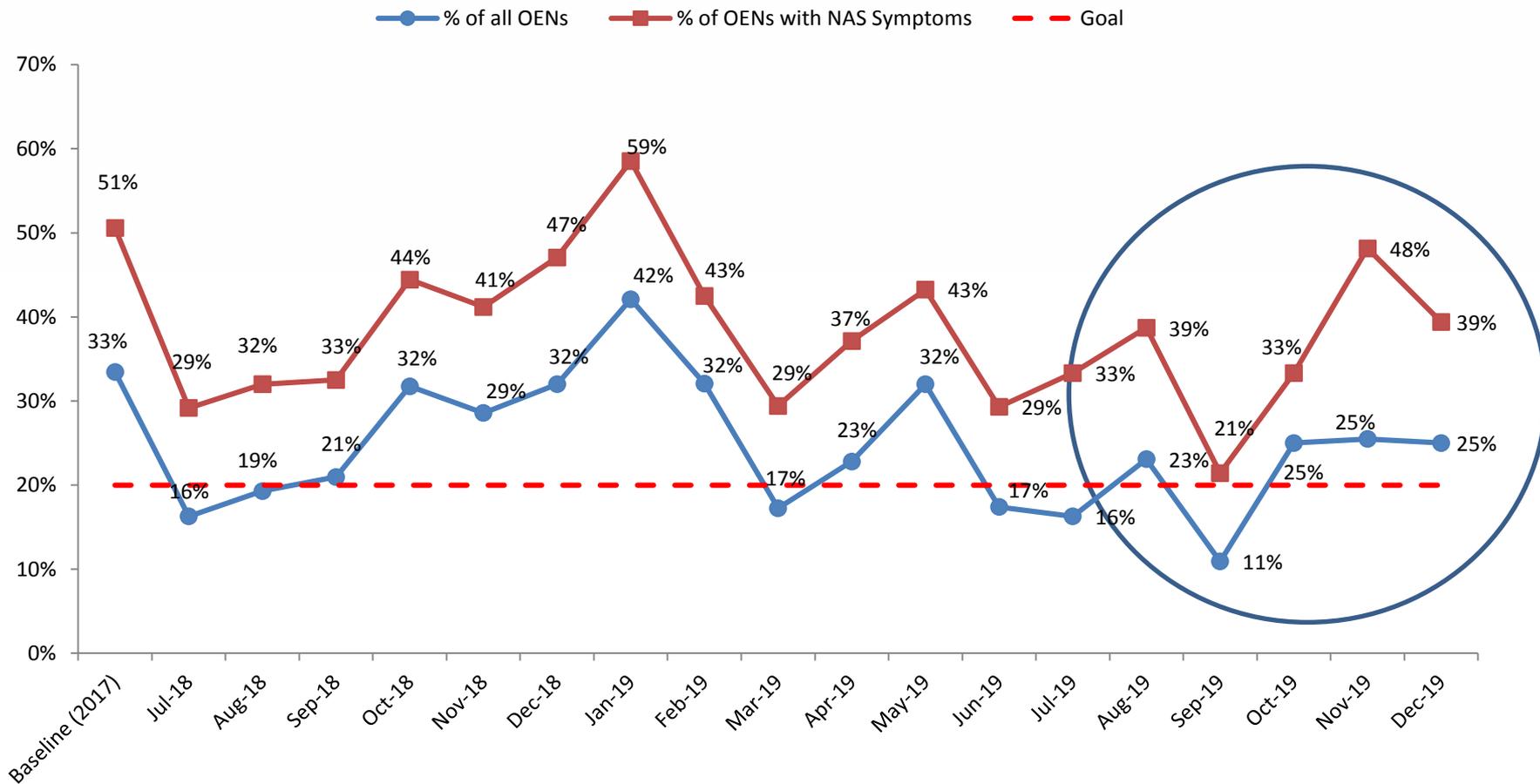


# Received Maternal Breastmilk from Eligible Mothers at Infant Discharge



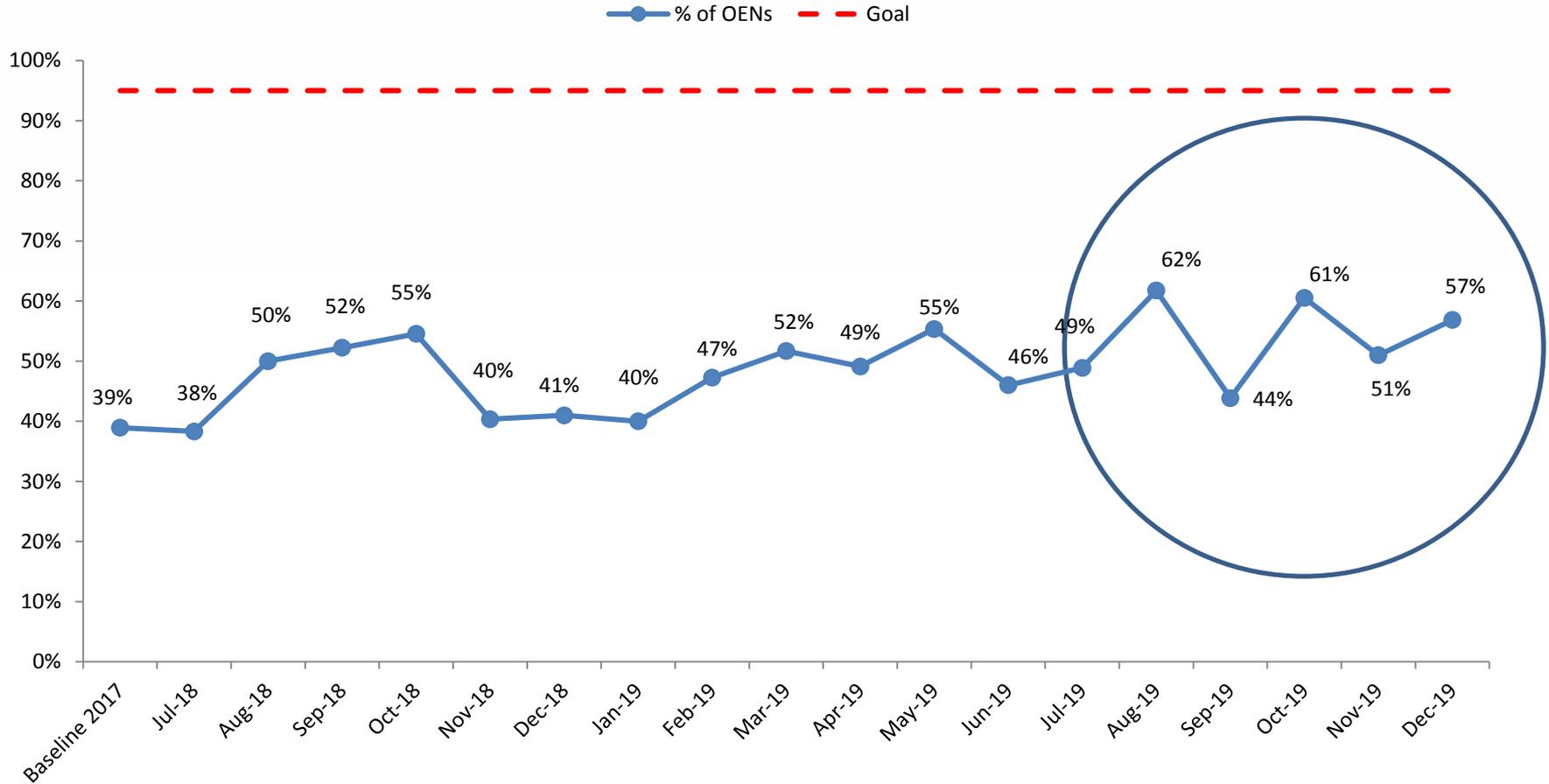
**AIM =  $\geq 70\%$**

# Received Pharmacologic Treatment



**AIM = ≤ 20%**

# Discharged with a Coordinated Plan



**AIM =  $\geq$  95%**

# MNO-NEO STRATEGIES FOR SUCCESS

# Key Strategies for MNO Success

## - What every hospital needs to achieve aims

NAS signs and symptoms assessment tool

- Implementation of an NAS assessment tool to assist in partnering with mothers/families in providing non-pharm care as the 1<sup>st</sup> line tx.

MNO-Neo Folders

- Create MNO folders to store in common area for nurse to pull for every OEN. Engage all clinical care team members with key tools and provide materials to mothers/families.

MNO-Neo Education Campaign

- Hang posters, hand out flyers, and provide online training, Grand Rounds and MNO talks at provider meetings

NAS Clinical Debrief

- Implementation of a NAS Clinical Debrief Review Form with the clinical team for every infant with NAS

We are working with perinatal network administrators on opportunities for teams to discuss strategies regionally

# Key Strategies for MNO-Neo Success

## - What every hospital needs to achieve aims

NAS signs and  
symptoms  
assessment tool

- Implementation of an NAS assessment tool to assist in partnering with mothers/families in providing non-pharm care as the 1<sup>st</sup> line tx.

### Potential Barriers

1. Hospital wants to transition to ESC, however there is a desire to stay with Modified Finnegan
2. Unsure how to systematically engage every family in non-pharm care of OENs

### Opportunities

- MNO-Neo team can continue to conduct modified Finnegan assessments while also reinforcing the Eat Sleep Console methodology. Can act on the ESC results (i.e. determine whether to give medication) while also tracking Modified Finnegan regardless of the results.
- The care team can track non-pharm care with the ILPQC Bedside Sheet & can empower the family to fill out the infant care diary

# Key Strategies for MNO-Neo Success

## - What every hospital needs to achieve aims

NAS signs and  
symptoms  
assessment tool

- Implementation of an NAS assessment tool to assist in partnering with mothers/families in providing non-pharm care as the 1<sup>st</sup> line tx.

MNO-Neo  
Folders

- Create MNO folders to store in common area for nurse to pull for every OEN. Engage all clinical care team members with key tools and provide materials to mothers/families.

### Potential Barriers

1. We are unsure of what should be included
2. Need to determine where the folders will be kept
3. Uncertain who will take on the responsibilities of upkeep

### Opportunities

- Click this link for a quick print access of resources
- Consider keeping in a common area where RNs can access forms and resources
- Engage your unit concierges or secretaries to empower them in the care of OENs

nds  
gs

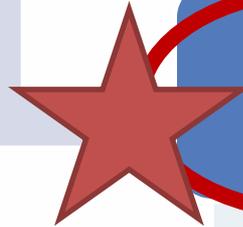
of a NAS Clinical  
form with the  
very infant

Potential Barriers

1. Unsure exactly where to hang posters/magnets/laminated algorithm/checklist for best use
2. Have not investigated e-modules, simulation guide
3. Unsure how to schedule Grand Round
4. Trouble engaging pediatricians in OEN Care

Opportunities

- Hang posters/flyers anywhere a care team member will see them-no wrong place
- Staff and MD lounges provide another option
- Visit ILPQC website to print more and schedule a grand rounds
- MNO-Neo team (including neonatologists) provide 'Just in Time' education to pediatricians (focusing on keeping the mom/baby together, ESC, etc.), created a 'Just in Time' educational packet for the pediatricians including provider & family education



MNO-Neo  
Education  
Campaign

- Hang posters, hand out flyers, and provide online training, Grand Rounds and MNO talks at provider meetings

**Neo Education Campaign is more than posters & flyers...**

1. Schedule a grand rounds/ peds meeting
2. Complete/Require e-modules
3. Implement ESC simulations

NAS Clinical  
Debrief

- Implementation of a NAS Clinical Debrief Review Form with the clinical team for every infant with NAS

# Key Strategies for MNO-Neo Success

## - What every hospital needs to achieve aims

NAS signs and  
symptoms  
assess

- Implementation of an NAS assessment tool to assist in partnering with mothers/families in

### Potential Barriers

1. Unsure what an NAS Clinical Debrief Is
2. Nervous to provide feedback
3. Do not have enough time to complete

### Opportunities

- NAS Clinical Debrief is a form your QI Team should use on a monthly basis for all OENs discharged to check if a patient received optimal elements of care and provide feedback to the clinical team.
- Include this as part of your monthly data collection and team meetings
- Identify a regular time to provide feedback to clinical care team



NAS Clinical  
Debrief

- Implementation of a NAS Clinical Debrief Review Form with the clinical team for every infant with NAS

# MNO-Neo Folder

- ✓ Make folders & store in common area
- ✓ Train charge nurses to get folder when made aware of OEN for prenatal consult or newborn admission
- ✓ Share all the info with clinical care team

## Patient Education Materials

- [NAS- You are the Treatment](#)
- [NAS: What you Need to Know](#)
- [ILPQC Newborn Care Diary](#)

## Clinical Team Resources

- [Prenatal Consult Checklist](#)
- NAS Assessment tool (if needed)
- [ILPQC Infant Bedside Sheet](#)
- Your hospitals prn pharm guidelines
- [St. Mary's Decision Tree](#)
- Breastfeeding Guidelines
- [MNO Discharge Worksheet](#)
- [MNO Discharge Checklist](#)
- NAS Clinical Debrief Review Form

Give to  
and  
review  
with  
Moms



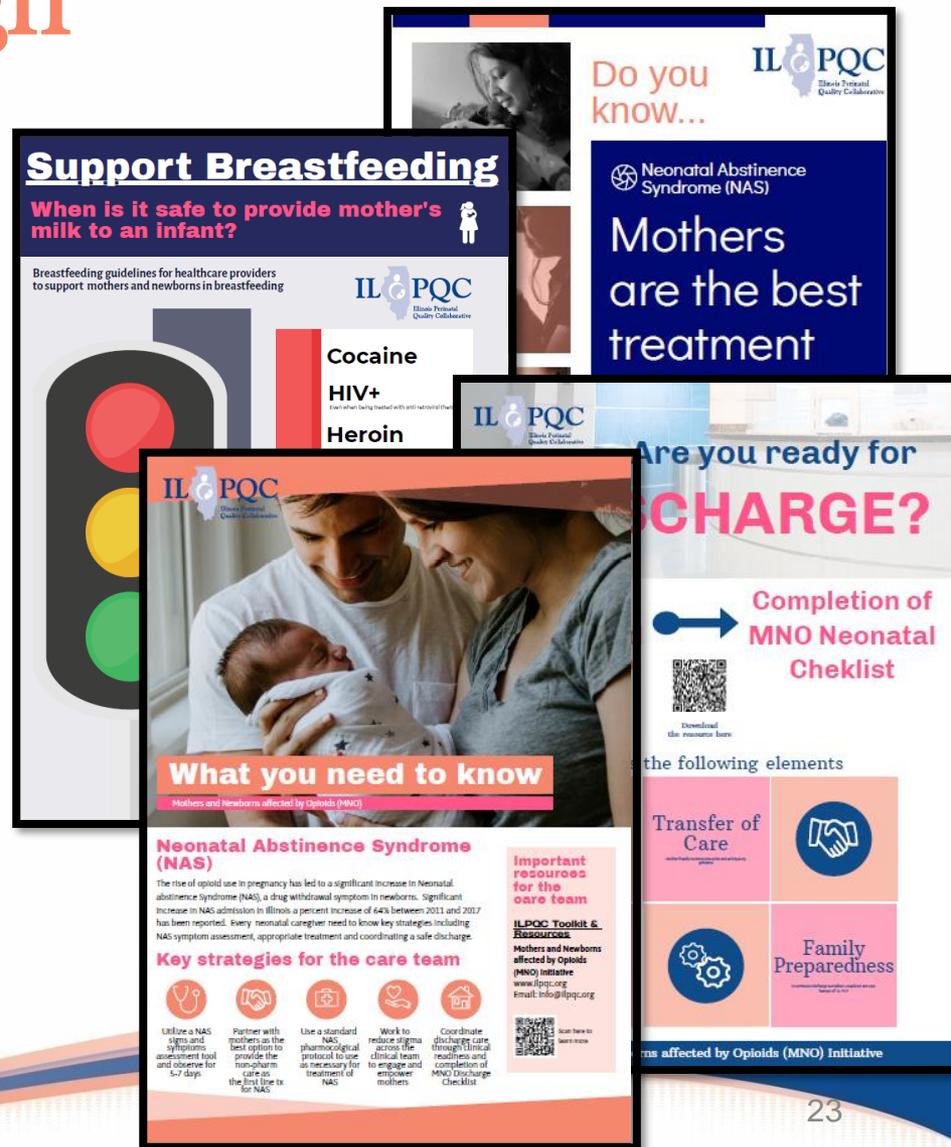
# MNO-Neo Provider Education Campaign

- Launched on December's MNO-Neo team call
- How can we help team's launch this campaign?

## MNO-Neo Education Campaign Strategies



- NAS Assessments and e-training
  - ESC Simulation and Debrief [Training Video](#)
  - Engaging Moms in Non-pharm Care [Training Video](#)
- Provider Education Campaign Posters & Flyers
- MNO-Neo Grand Rounds or Department Meetings
- Implement stigma & bias education
  - [Words Matter e-Module](#) from ILPQC Annual Conference
  - [Trauma-Informed Care e-Modules](#)
  - [Stigma & OUD: What Pediatricians Need to Know online webinar](#)



**Support Breastfeeding**  
When is it safe to provide mother's milk to an infant?  
Breastfeeding guidelines for healthcare providers to support mothers and newborns in breastfeeding  
ILPQC  
Cocaine  
HIV+  
Heroin

**Do you know...**  
Neonatal Abstinence Syndrome (NAS)  
Mothers are the best treatment

**Are you ready for DISCHARGE?**  
Completion of MNO Neonatal Checklist  
Download the resource here

**What you need to know**  
Mothers and Newborns affected by Opioids (MNO)

**Neonatal Abstinence Syndrome (NAS)**  
The rise of opioid use in pregnancy has led to a significant increase in Neonatal abstinence Syndrome (NAS), a drug withdrawal symptom in newborns. Significant increase in NAS admission in Illinois a percent increase of 64% between 2011 and 2017 has been reported. Every neonatal caregiver need to know key strategies including NAS symptom assessment, appropriate treatment and coordinating a safe discharge.

**Key strategies for the care team**

- Utilize a NAS signs and symptoms assessment tool and observe for 6-7 days
- Partner with mothers as the best option to provide the non-pharm care as the first line tx for NAS
- Use a standard NAS pharmacological protocol to use as necessary for treatment of NAS
- Work to reduce stigma across the clinical team to engage and empower mothers
- Coordinate discharge care through clinical readiness and completion of MNO Discharge Checklist

**Important resources for the care team**  
ILPQC Toolkit & Resource  
Mothers and Newborns affected by Opioids (MNO) Initiative  
www.ilpqc.org  
Email: info@ilpqc.org

Transfer of Care  
Family Preparedness

Mothers and Newborns affected by Opioids (MNO) Initiative

# TEAM TALK



# NEO MNO

**Lisa Davis**

*NNP-BC, Quality Lead NICU*

*Carle Foundation Hospital, Urbana, IL*



# Timeline for MNO

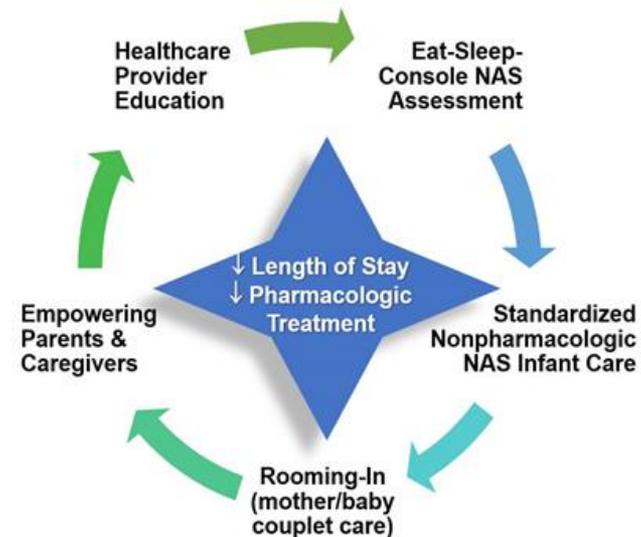
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- Multidisciplinary committee: formed to develop and implement the **non-pharmacologic bundle**
- Hospital administrators, nurse champions, providers, unit managers and educators from the NICU, pediatrics, and OB departments
- Education: hospital-based online module for inpatient nurses and providers employed in the NICU, pediatrics, obstetrics, and labor and delivery units
- Opioid epidemic and NAS, utilizing ESC for assessing infants with NAS, stigma reduction, engaging caregivers, and breastfeeding recommendations
- Mandatory for nurses 1-hour CEU
- Optional for providers 1-hour CME
- Care of infants with NAS transitioned from NICU admission to **mother/baby care**
- Admission to **NICU** only if clinically warranted (e.g., treatment with morphine indicated or clinically ill)
- **ESC** adopted as the primary method for assessing the infant with NAS – FNASS was discontinued
- Plan-Do-Study-Act method of quality improvement was used for implementation
- Exempt from IRB, approved as a QI project
- Admitted to **PEDS** if treatment needed for NAS

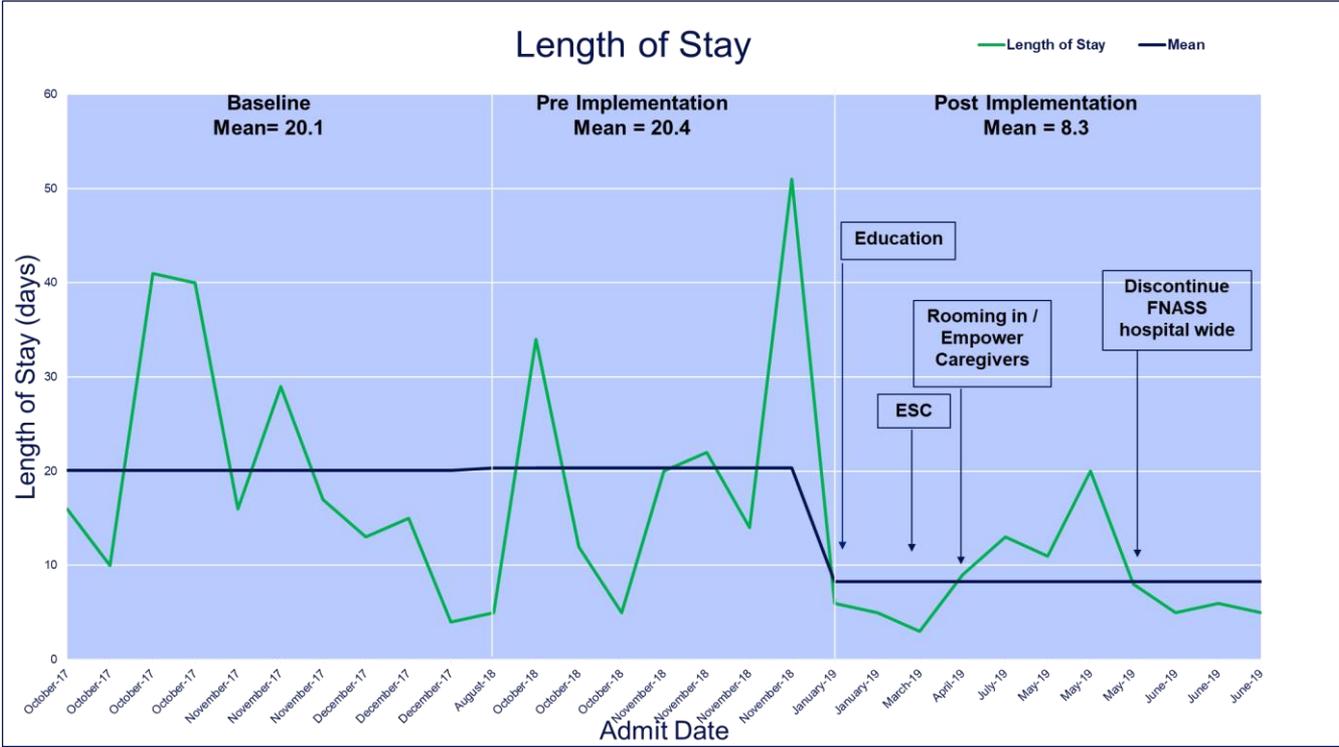
# MNO Plan

## Non-Pharm Bundle

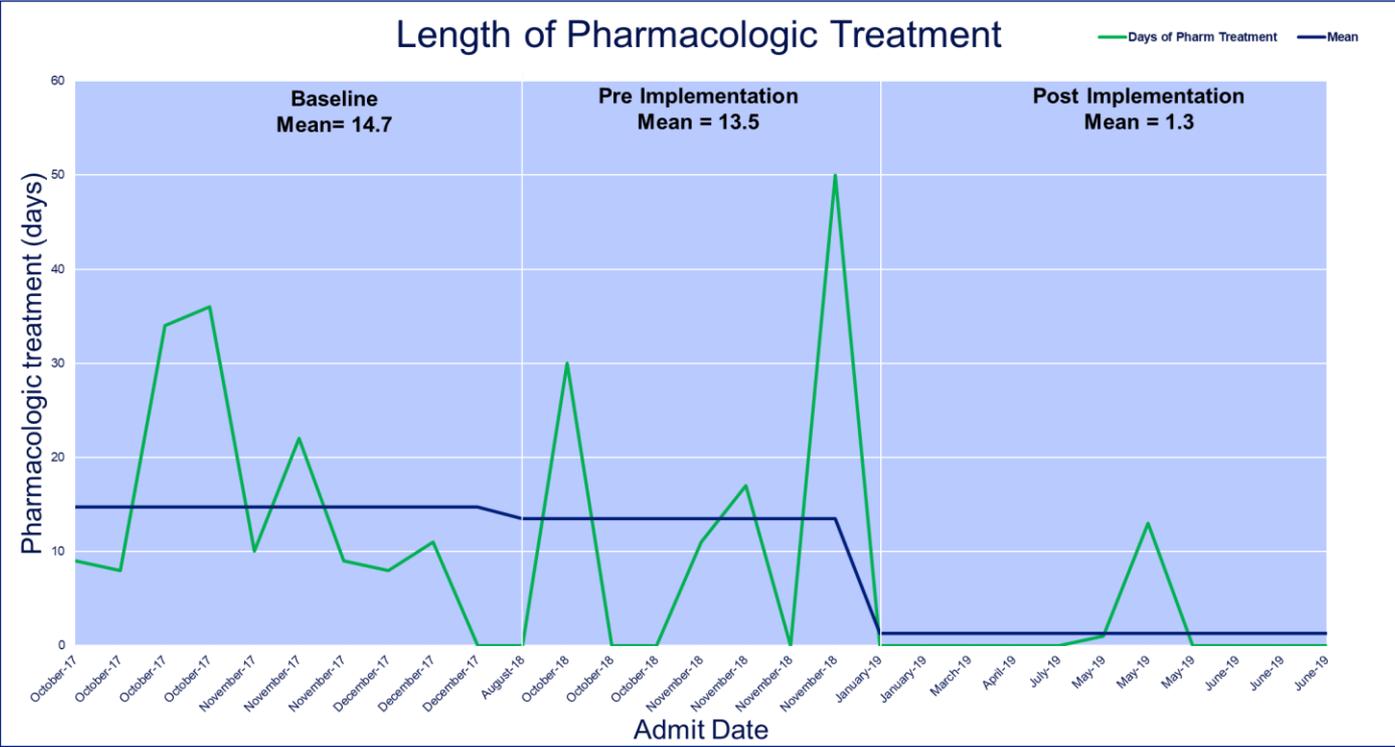
- Rooming-in with parent throughout the hospital stay
- Ensuring parental presence at the bedside as often as possible during the hospital stay
- Encouraging skin-to-skin contact
- Encouraging holding / gentle rocking / swaying by a caregiver or cuddler
- Swaddling / flexed positioning
- Ensuring optimal feeding quality including encouraging breastfeeding for mothers without concerns for continued substance use or other medical contraindication (e.g., HIV)
- Non-nutritive sucking with pacifier or finger (ensuring baby is well fed first)
- Ensuring a quiet environment with low light stimulation in the room
- Limiting visitors to one at a time (and to those that will be quiet/supportive).
- Providing uninterrupted periods of sleep/clustering infant's care



# Length of Stay: Baseline 20.1 days → 8.3 days



# Length of Pharmacologic Treatment: Baseline 14.7 → 1.3 days



# Case Study

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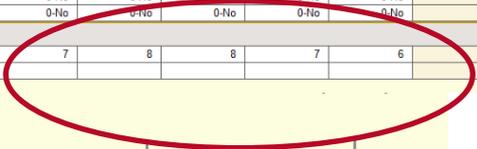
- G6P3, adequate PNC
- Gestational diabetes, obesity, preeclampsia, UTI, anxiety, drug dependency, history of narcotic dependence, history of barbiturate dependence
- Subutex 28 mg QD; also on lexipro, gabapentin, flexeril
- 36 week infant, BW 2330 grams; Repeat C/S
- Admitted to NICU for respiratory distress, CPAP, pneumothorax
- Off CPAP and in RA DOL 1
- Cord stat +opioids and barbiturates
- ESC started early
- 2 doses of PRN morphine
- Discharged home at 11 days

# FNASS vs ESC



Team huddle for any "Yes" ESC item or "3s" for Soothing Support

Expanded	9/11/19		9/12/19		2/5/20	
View All	1900	2200	0100	0400	0700	1000
<b>Central Nervous System Disturbances</b>						
Crying	0-N/A	0-N/A	0-N/A	0-N/A	0-N/A	
Sleeps	0-N/A	2-<3 hours ...	0-N/A	0-N/A	0-N/A	
Moro Reflex	0-N/A	0-N/A	0-N/A	0-N/A	0-N/A	
Disturbed	1-Mild trem...					
Undisturbed	0-N/A	0-N/A	0-N/A	0-N/A	0-N/A	
Increased muscle tone	2-Yes	2-Yes	2-Yes	2-Yes	2-Yes	
Excoriation (specify area)	0-No	0-No	0-No	0-No	0-No	
Myoclonic jerks	0-No	0-No	0-No	0-No	0-No	
Generalized convulsions	0-No	0-No	0-No	0-No	0-No	
<b>Metabolic, Vasomotor and Respiratory Disturbances</b>						
Sweating	0-No	0-No	0-No	0-No	0-No	
Fever	0-N/A	0-N/A	0-N/A	0-N/A	0-N/A	
Frequent Yawning (>3)	1-Yes	0-No	0-No	1-Yes	0-No	
Mottling	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	
Nasal Stuffiness	0-No	0-No	0-No	0-No	0-No	
Sneezing (>3)	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	
Nasal Flaring	0-No	0-No	0-No	0-No	0-No	
Respiratory Rate	0-N/A	0-N/A	0-N/A	0-N/A	0-N/A	
<b>Gastro-Intestinal Disturbances</b>						
Excessive Sucking	1-Yes	1-Yes	1-Yes	1-Yes	1-Yes	
Poor Feeding	0-No	0-No	0-No	0-No	0-No	
Regurgitation	0-No	0-No	0-No	0-No	0-No	
Projectile Vomiting	0-No	0-No	0-No	0-No	0-No	
Loose Stools	0-No	0-No	2-Yes	0-No	0-No	
Watery Stools	0-No	0-No	0-No	0-No	0-No	
<b>Score</b>						
Total Score	7	8	8	7	6	
Abstinence Score Verification						



Expanded		View All		9/12/19						
		0900	1000	1200	1300	1500	1600	1800		
<b>Eat, Sleep, Console</b>										
Poor eating due to NAS?	Yes	Yes	No	Yes	Yes	Yes				
Sleep <1 hour due to NAS?	yes	yes	no	yes	yes	yes				
Unable to console within 10 min due to NAS?	no	no	no	no	no	no				
Soothing support used to console infant	2: soothes with...	2: soothes with...	2: soothes with...	2: soothes with...	2: soothes with...	2: soothes with...	3: soothes with...	2: soot		
Parent / Caregiver presence since last	1: 1 - 59 minutes	1: 1 - 59 minutes	0: no parent pr...	0: no parent pr...						
Recommend a Team Huddle?	yes	yes	yes	no	no	yes				
Management Decision	1	1	1	1	1	2				
Non-pharmacologic Interventions	parental prese...	parental presence in	skin-to-skin co...	skin-to-skin co...	skin-to-skin co...	skin-to-skin co...				

# Huddles and PRN Dosing

Vitals/Hourly   NICU RN Admit   Neo In/Out Feeding   Neo Dietitian Assess   Neo OT   Abstinence Score   <b>ESC Assessment</b>   Neo PT   SLP NICU   ESC Assessment									
Expanded   View All   9/12/19									
«Search (Alt+Comma)»	0900	1000	1200	1300	1500	1600	1800	2100	
<b>Eat, Sleep, Console</b>									
Poor eating due to NAS?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	
Sleep <1 hour due to NAS?	yes	yes	no	yes	yes	yes	yes	yes	
Unable to console within 10 min due to NAS?	no	no	no	no	no	no	yes	no	
Soothing support used to console infant	2: soothes with...	3: soothes with...	2: soothes with...	1: soc					
Parent / Caregiver presence since last	1: 1 - 59 minutes	1: 1 - 59 minutes	0: no parent pr...	0: no parent pr...					
Recommend a Team Huddle?	yes	yes	yes	no	no	yes			
Management Decision	1	1	1	1	1	2			
Non-pharmacologic Interventions	parental prese...	parental prese...	skin-to-skin co...	skin-to-skin co...	skin-to-skin co...	skin-to-skin contact		parel	

**Pharmacologic Tx:** Consider initiating oral Morphine after full team huddle if:

- Continues with “Yes” to any ESC item or “3s” for “Soothing Support” AND
- Non-pharm care optimized to greatest extent AND
- Non-NAS causes excluded (e.g., cluster feeding, SSRI or nicotine withdrawal in first 24 hours)

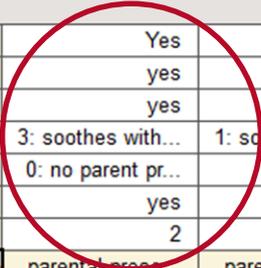
**Morphine:**

- PRN dose 0.1 mg/kg/dose PO
- Give up to 2 PRN doses

1<sup>st</sup> PRN morphine dose at 96 hours of life



Vitals/Hourly   NICU RN Admit   Neo In/Out Feeding   Neo Dietitian Assess   Neo OT   Abstinence Score   <b>ESC Assessment</b>   Neo PT   SLP NICU   ESC Assessment									
Expanded   View All   <span>Reset</span>   Now									
9/13/19   9/14/19									
<Search (Alt+Comma)>	0300	0600	1000	1100	1130	1600	2100	0000	
<b>Eat, Sleep, Console</b>									
Poor eating due to NAS?	No	No	Yes	Yes	Yes	No	No	No	
Sleep <1 hour due to NAS?	no	no	yes	yes	yes	no	no	no	
Unable to console within 10 min due to NAS?	no	no	no	yes	yes	no	no	no	
Soothing support used to console infant	1: soothes with...	1: soothes with...	3: soothes with...	3: soothes with...	3: soothes with...	1: soothes with...	1: soothes with...	1: soothes with...	1: soc
Parent / Caregiver presence since last				0: no parent pr...	0: no parent pr...				
Recommend a Team Huddle?			no	yes	yes	no			
Management Decision				1	2				
Non-pharmacologic Interventions	parental prese...	parental prese...	parental prese...	parental presence in	parental prese...	parental prese...	parental prese...	parental prese...	parei



2nd PRN morphine dose at 114 hours of life



Guideline: Methadone if requires treatment after 2 doses morphine

# QI CORNER

# MNO-Neo QI Team Meeting



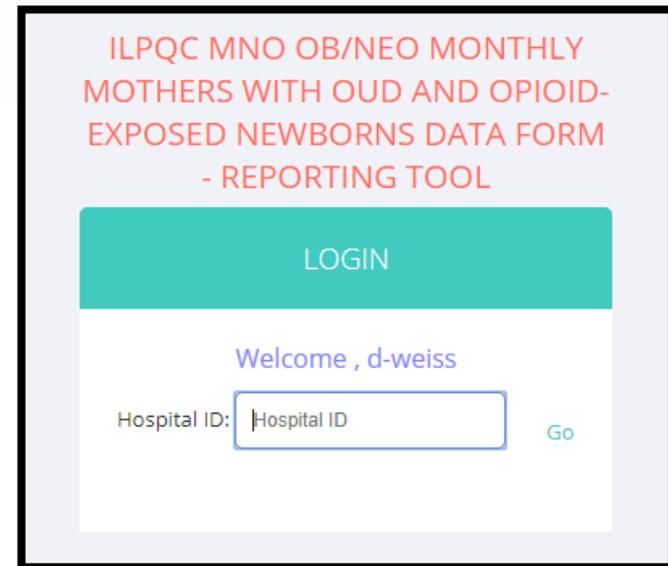
- The team met together after the MNO-Neo Webinar to review data and create “**Crossing the Finish Line Plan**”
- To prepare for the meeting the following was completed...
  1. Pulled and printed data reports for meeting
  2. Printed copies of 10-20-30 day “Crossing the Finish Line Plan” for each team member
  3. Printed the ILPQC Key Strategies slide to review and assist in creating next steps

# Wait... How Do We Pull MNO-OB Data?

1. Log into the ILPQC Data System (<https://redcap.healthlink.org/>)
2. Go to “My Projects tab” and click the link for: ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form
3. On that project’s page, navigate to the left hand side halfway down the webpage and click the link for “Reports”
4. This will open up a brand new webpage tab with a place to type in your hospital ID
5. Enter your hospital’s 3-digit ID and press “Go”
6. This will take you to the reports portal where you’ll be able to view your hospital’s specific data compared to the collaborative



Project Title	Records	Fields	Instrument	Type	Status
<a href="#">ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form</a>	2,781	231	1 form	■	☑



ILPQC MNO OB/NEO MONTHLY MOTHERS WITH OUD AND OPIOID-EXPOSED NEWBORNS DATA FORM - REPORTING TOOL

LOGIN

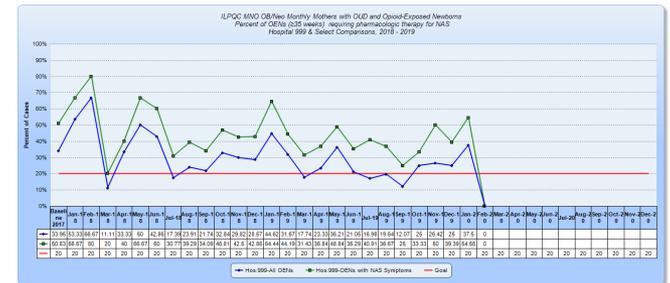
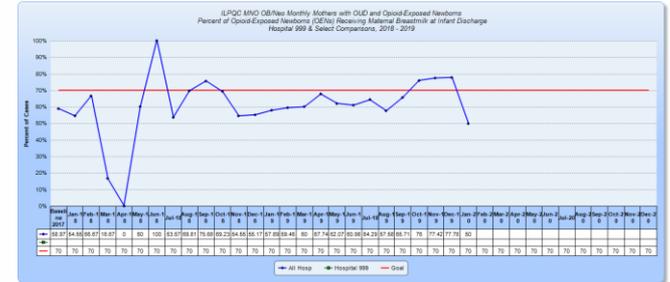
Welcome , d-weiss

Hospital ID:  Go

# Wait... How Do We Pull MNO-Neo Data?



7. Key Reports to Review as a team:
- 14: Rooming-in during infant stay
  - 15: OENs receiving breastmilk from eligible mothers at infant discharge (AIM)
  - 16: OENs receiving pharmacologic treatment for NAS Symptoms (AIM)
  - 17: Average number of days of pharm tx
  - 18: OENs discharged with coordinated plan (AIM)
  - 20: Average length of stay
8. You can click the “Display Values” click button at the top left of the web page to see the percent for each month.
9. You can either (1) click “Export to PDF” to get a PDF of the report or (2) right click, copy and paste the report as an image on a word document, email, etc.

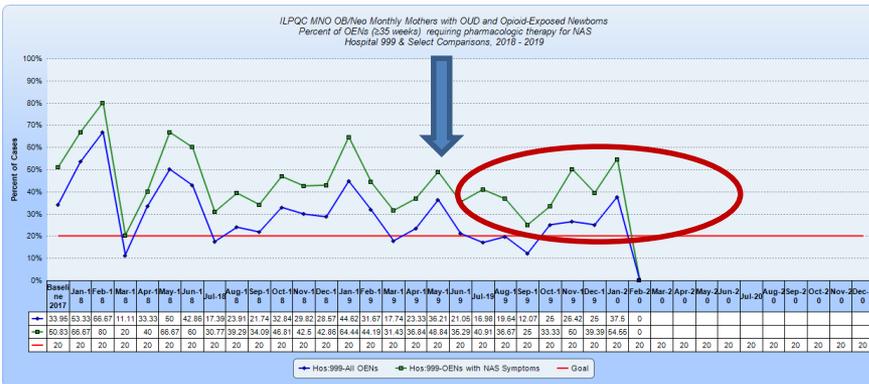


# MNO-Neo QI Team Meeting

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- To prepare for the meeting the following was completed...
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**READY FOR MEETING!**

# QI Team Meeting- example



## Key Strategies for MNO-Neo Success

- What every hospital needs to achieve aims

- Implementation of an NAS assessment tool to assist in partnering with mothers/families in providing non-pharm care as the 1<sup>st</sup> line tx.
- Create MNO folders to store in common area for nurse to pull for every OEN. Engage all clinical care team members with key tools and provide materials to mothers/families.
- Hang posters, hand out flyers, and provide online training, Grand Rounds

Determined the focus and worked to complete the **Crossing the Finish Line Plan 10-20-30 day**

### MNO-Neo Crossing the Finish Line Plan

10-20-30 Days

Day	Overall Goal:	TASKS TO ACHIEVE GOAL:	RESPONSIBLE PARTY:
10 DAY		1. 2. 3.	o = o
20 DAY		1. 2. 3.	o = o
30 DAY		1. 2. 3.	o = o

of a NAS Clinical Form with the every infant

# MNO-Neo Crossing the Finish Line Plan



## 10-20-30 Days

10 DAY

**Overall Goal:**  
Print MNO-Folders and educate RN staff on materials with an emphasis on Coordinated Discharge materials

<u>TASKS TO ACHIEVE GOAL:</u>	<u>RESPONSIBLE PARTY:</u>
1. Print folders	◦ Katie
2. Share folders during safety huddles	◦ Katie
3. Email RNs info and highlight d/c	◦ Jan

20 DAY

**Overall Goal:**  
Hold discharge Q&A and also hang discharge & other education posters. Reach out to ILPQC for GR

<u>TASKS TO ACHIEVE GOAL:</u>	<u>RESPONSIBLE PARTY:</u>
1. Host Q&A	◦ Katie
2. Determine where to hang flyers	◦ Dr. Ye
3. Print Posters and hang	◦ Katie

30 DAY

**Overall Goal:**  
Finalize details for GR and start NAS clinical care debrief

<u>TASKS TO ACHIEVE GOAL:</u>	<u>RESPONSIBLE PARTY:</u>
1. Send out invites to staff	◦ Katie
2. Start NAS clinical debrief	◦ both
3. Provide follow-up call for ?s	◦ Jan

# Every team to create a Cross the Finish Line Plan



1. **Pull MNO-Neo Data Reports** on key AIMS and Measures from the ILPQC Data System
2. Next MNO-Neo QI Team meeting **review reports, along with MNO-Neo key strategies for success.**
3. **Create a 10-20-30 day Crossing the Finish Line Plan** utilizing the MNO-Neo key strategies for success for ideas or call ILPQC for help
4. **Share your Crossing the Finish Line Plan** during your assigned month.

What next steps will help your hospital cross the finish line with MNO? How can you achieve aims for an MNO QI Award at Face2Face?

# Upcoming MNO-Neonatal Teams Calls



Date	Topic
March 16 <sup>th</sup> , 2020	MNO-Neonatal Key Strategies Round Robin, Part 1 <b>Hospitals with full names (including health system) starting with A-L</b>
April 20 <sup>th</sup> , 2020	MNO-Neonatal Key Strategies Round Robin, Part 2 <b>Hospitals with full names (including health system) starting with M-W</b>

# ILPQC IN 2020

# Initiative Timelines

Initiative	Status
<b>MNO-Neo (Active Initiative)</b>	<b>Transition to sustainability May 2020</b>
<b>MNO-Neo (Sustainability)</b>	<b>Start June 2020, focused data collection, quarterly webinars</b>
<b>BASIC Workgroup</b>	<b>Start January 2020 through April 2020 *Email <a href="mailto:Dweiss@northshore.org">Dweiss@northshore.org</a> if interested in participating on workgroup*</b>
<b>BASIC Wave 1</b>	<b>Start May 2020 Interested in Wave 1? Email <a href="mailto:Dweiss@northshore.org">Dweiss@northshore.org</a> for more info</b>
<b>BASIC Statewide Launch</b>	<b>Start September 2020</b>

# Contact Us

- Email [info@ilpqc.org](mailto:info@ilpqc.org) or visit us at [www.ilpqc.org](http://www.ilpqc.org)



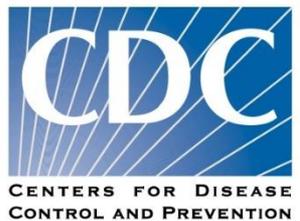
- **Ilpqc.org has a new look with new functions coming soon!**
  - **Direct link to REDCap**
  - **Quick access to webinars**
  - **Provider/clinical quick start resources**
  - **News and event tabs**

- ILPQC website is going through a transition in response to your needs and feedback
- Our soft launch was at the end of November to ensure you have continued access to active initiative toolkits
- We are working to finish the transition by the end of December and to manage future updates at ILPQC Central by the end of January



THANKS TO OUR

FUNDERS



**JB & MK PRITZKER**  

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**Family Foundation**