



MNO- Neo Teams Call:
**MNO-Neonatal Key Strategies Round
Robin, Part 1**

March 16, 2020

1:00 – 2:00pm

Call Overview

- ILPQC General Updates
- MNO-Neo: Support Hospital Teams to Achieve the Initiative Goals
- MNO-Neonatal Key Strategies Round Robin, Part 1 Hospitals with full names (including health system) starting with A-L

Face to Face planning for virtual meeting options



- Given these unprecedented times facing the Covid-19 virus, we are working on back up plans for Face to Face to be a virtual meeting if needed.
- The CDC is recommending canceling all meetings > 50 people for the next 8 weeks.
- Please register for the meeting and we will update the collaborative as soon as back up plans are in place.



You're Invited!

2020 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff

join us for an interactive day of collaborative learning for current & upcoming ILPQC initiatives!

OB Teams: May 20, 2020

Check-in: 8:00a-9:00a

Meeting: 9:00a-3:30p

Mothers & Newborns affected by Opioids - OB (MNO-OB)
Immediate Postpartum LARC (IPLARC)
Improving Postpartum Access to Care (IPAC)
Promoting Vaginal Birth (PVB)

Neonatal Teams: May 21, 2020

Check-in: 8:00a-9:00a

Meeting: 9:00a-3:30p

Mothers & Newborns affected by Opioids - Neonatal (MNO-Neonatal)
Babies Antibiotic Stewardship Improvement Collaborative (BASIC)

Register now! <https://ilpqc.eventbrite.com>

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

Abraham Lincoln DoubleTree Hotel,
Springfield, IL

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611

TO BE AWARDED AT THE MAY 2020 ILPQC OB FACE TO FACE

QI Excellence Awards

ILPQC MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS- NEO

QI CHAMPION

QI LEADER: CULTURE & SYSTEMS CHANGE

QI LEADER: SYSTEMS CHANGE

- | | | |
|--|--|---|
| ✓ *All Data Submitted | ✓ All Data Submitted | ✓ All Data Submitted |
| + | + | + |
| ✓ 4 Structure Measures In Place | ✓ 4 Structure Measures In Place | ✓ 4 Structure Measures In Place |
| + | + | |
| ✓ <u>3</u> Process Measure goals met** | ✓ <u>1-2</u> Process Measure goals met | (also route for teams with no patients) |

****DETERMINED BY CUMULATIVE DATA FOR QUARTER 1 (JANUARY - MARCH) OF 2020**

**ALL DATA SUBMITTED FOR BASELINE (OCT – DEC 2017) AND JULY 2018 THROUGH MARCH 2020*

**MNO-NEONATAL MONTHLY PATIENT DATA & MONTHLY NEONATAL STRUCTURE MEASURES*

DATA DUE MONDAY, APRIL 27th by MIDNIGHT

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

Can get to green by implementing MNO Folders

Goal is to provide **every** OEN optimal care

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

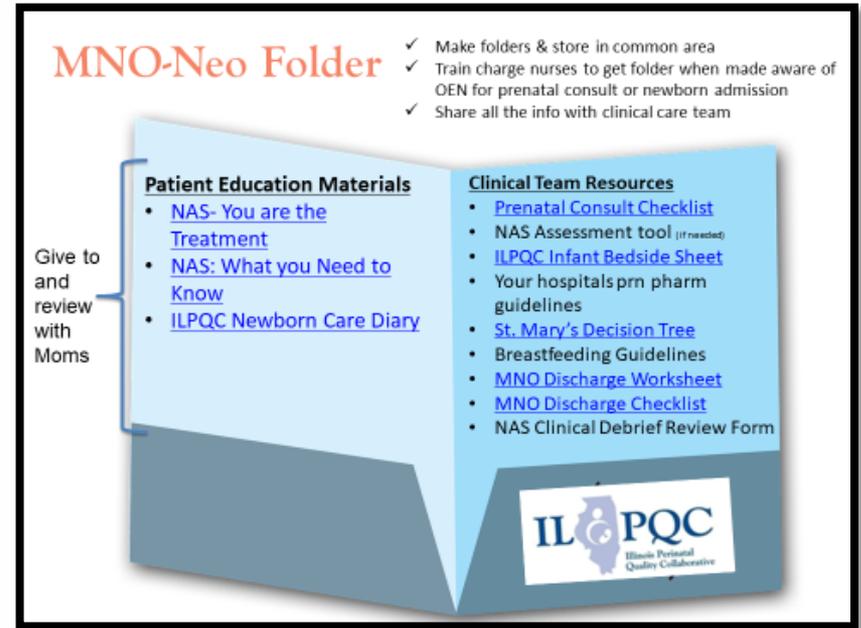
- Breastfeeding >70%
- Pharm treatment <20%
- Discharge plan >95%

DATA DUE MONDAY, APRIL 27th at MIDNIGHT



Implement MNO-Neo Folders in 3 Easy Steps

- 1. Print** all materials with one click [here!](#)
- 2. Print** 5-10 to keep on your units
- 3. Orient & Educate** Providers & Nurses to Folder Contents and Protocol to use for all screen+ patients



If patient screens + for OUD, ask nurse to pull MNO folder for easy access to materials for provider, nurse and patient

Monthly Case Review of All OEN Cases in 4 Easy Steps

1. **Identify** all OUD cases at least monthly
2. QI Team **reviews medical record** to identify missed opportunities for optimal care using the form
3. Nurse champion **provides feedback** to patient's nursing team as indicated
4. Provider champion **provides feedback** to neonatal/pediatric provider as indicated

IL PQC MNO-OB Mothers with OUD
Missed Opportunities Review / Debrief Form

Missed Opportunity Review/Debrief key steps:

1. Identify all OUD cases at least monthly
2. Review medical record to identify missed opportunities for optimal care using this form
3. Nurse champion provide feedback to patient's LD and postpartum nursing team as indicated
4. Provider champion give feedback to prenatal and LD admission provider as indicated

1a. Was patient receiving Medication Assisted Treatment (MAT) prenatally or by delivery discharge?

Yes
 No (if unknown assume no and continue to 1b)

1b. If no, why? Select all that apply (BHC/RTS = Behavioral Health Counseling/Recovery Treatment Services)

OUD not identified prior to delivery AND prenatal care received OR limited to no prenatal care received
 OUD identified, but patient was not counseled/assessed for readiness to start MAT and referral to treatment (SBIRT)
 OUD identified, patient received counseling (SBIRT), but declined BHC/RTS and MAT
 OUD identified, patient received counseling (SBIRT) and was linked to BHC/RTS but declined MAT
 Providers/staff didn't document
 OUD identified, patient received counseling (SBIRT) and ready for MAT, but MAT treatment providers not available
 MAT not indicated. Describe why not: _____

2. Select all the steps in the OUD protocol that were completed prenatally OR during delivery admission unless otherwise noted.

Patient was screened for OUD using a validated screening tool prenatally AND on L&D
 OB provider was notified of positive screen and documented provider assessment of OUD diagnosis
 Patient was counseled (SBIRT) on OUD risks, benefits of treatment, assessed for readiness for treatment (MAT)
 Patient was navigated to MAT
 Patient was navigated to Behavioral Health Counseling/Recovery Treatment Services
 Patient received Behavioral Health Counseling/Recovery Treatment Services
 OUD clinical care checklist in chart
 Prenatal/pediatric consult (or during delivery admission) to discuss NAS and non-pharmacologic care of newborn
 Patient received education materials / counseling on OUD / NAS and engaging in opioid exposed newborns care

3a. Does patient have a completed OUD Clinical Care Checklist (completed prenatally or during delivery admission)?

Yes
 No

3b. If no, why? Please select all that apply

OUD not identified by clinical care team
 Providers/staff didn't have access to checklist
 Providers/staff didn't know they needed to complete checklist for patients with OUD
 Providers/staff didn't document care received
 Checklist was in chart but not completed

4. Select all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.

Referral to BH Services/Recovery Treatment Services
 MAT provided and documented
 Narcan counseling and prescription offered and documented
 Hepatitis C screening and provided and documented
 Contraception Counseling provided and documented
 Behavioral Health/Social Work Consult provided and documented
 OUD/NAS Neonatal/Pediatric consult provided and documented
 Education on OUD and Engaging in Opioid Exposed Newborn Care provided and documented
 Close OB follow up visit scheduled (if postpartum an early OB postpartum visit scheduled within 2 weeks)
 Warm handoffs / close follow up used to link to services and treatment

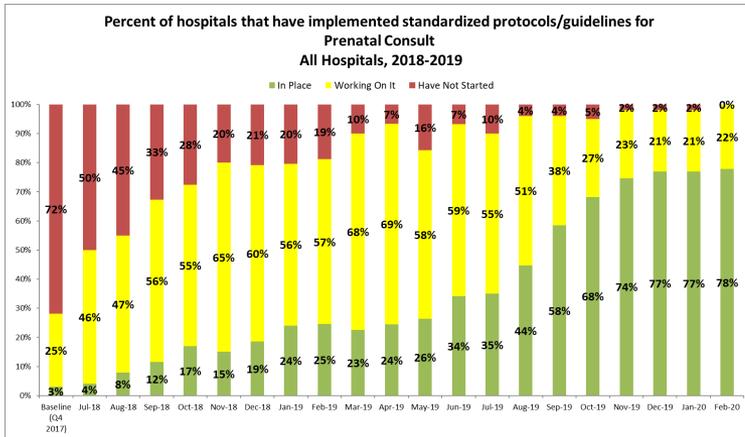
Version 2, date 10/31/2019

MNO-NEO DATA REVIEW

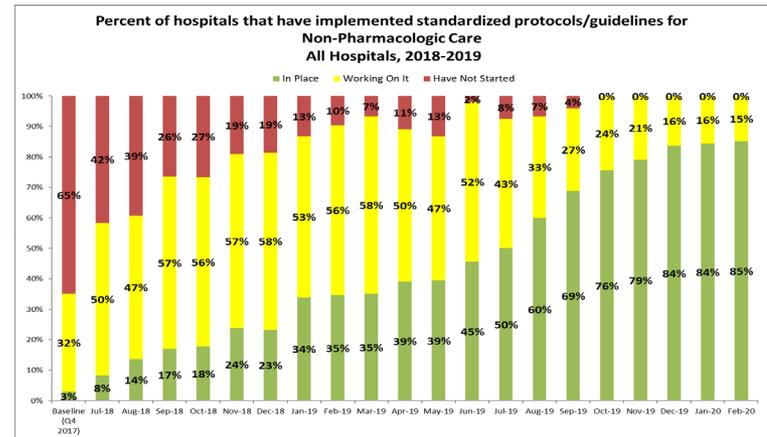
Making Systems Change Happen



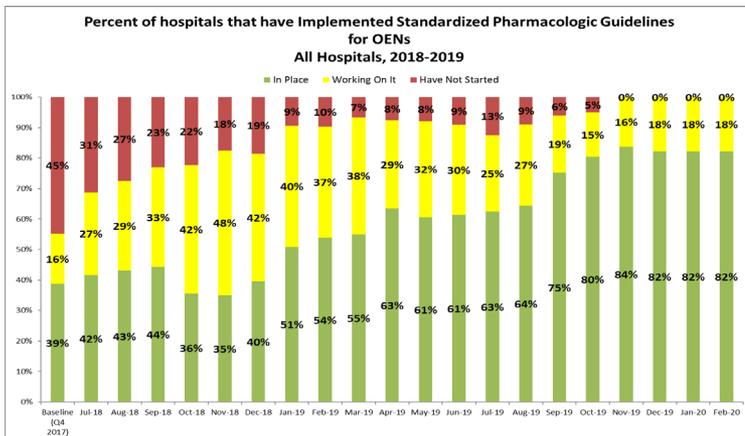
78% of teams have a prenatal consult protocol in place



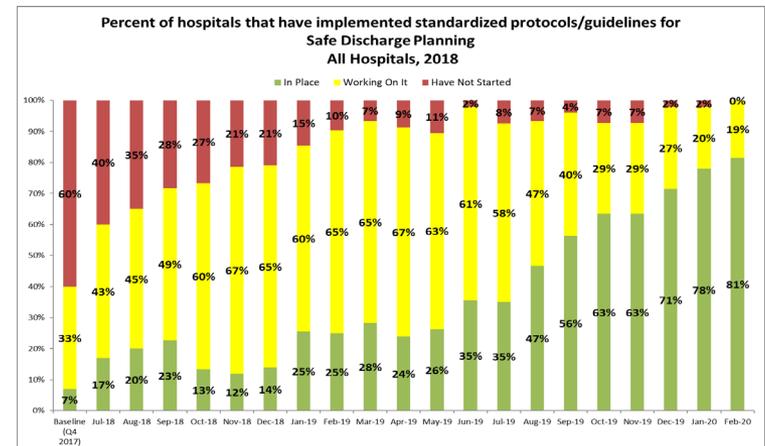
85% of teams have a non-pharm protocol in place



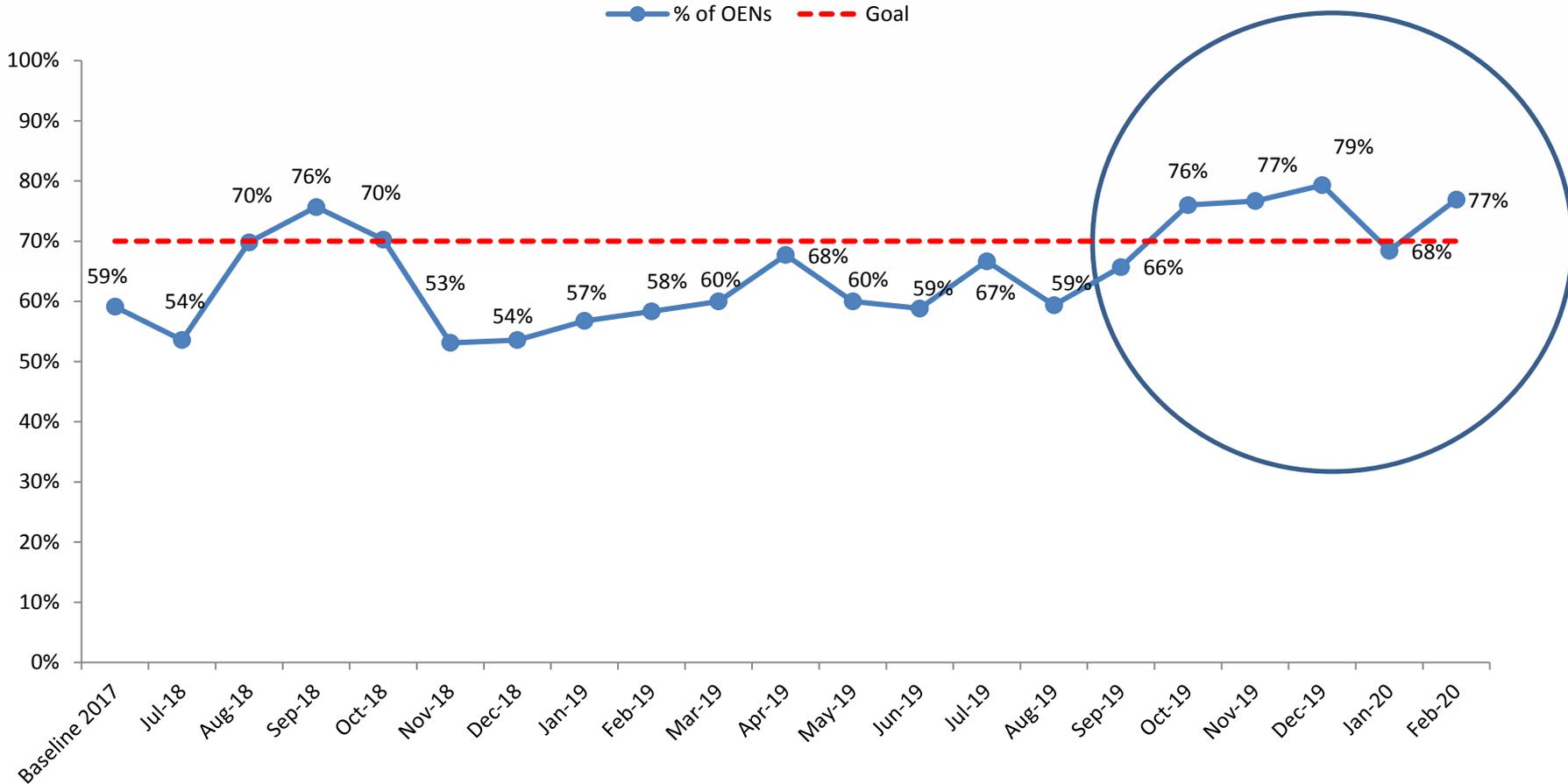
82% of teams have a pharm protocol in place



81% of teams have a discharge protocol in place

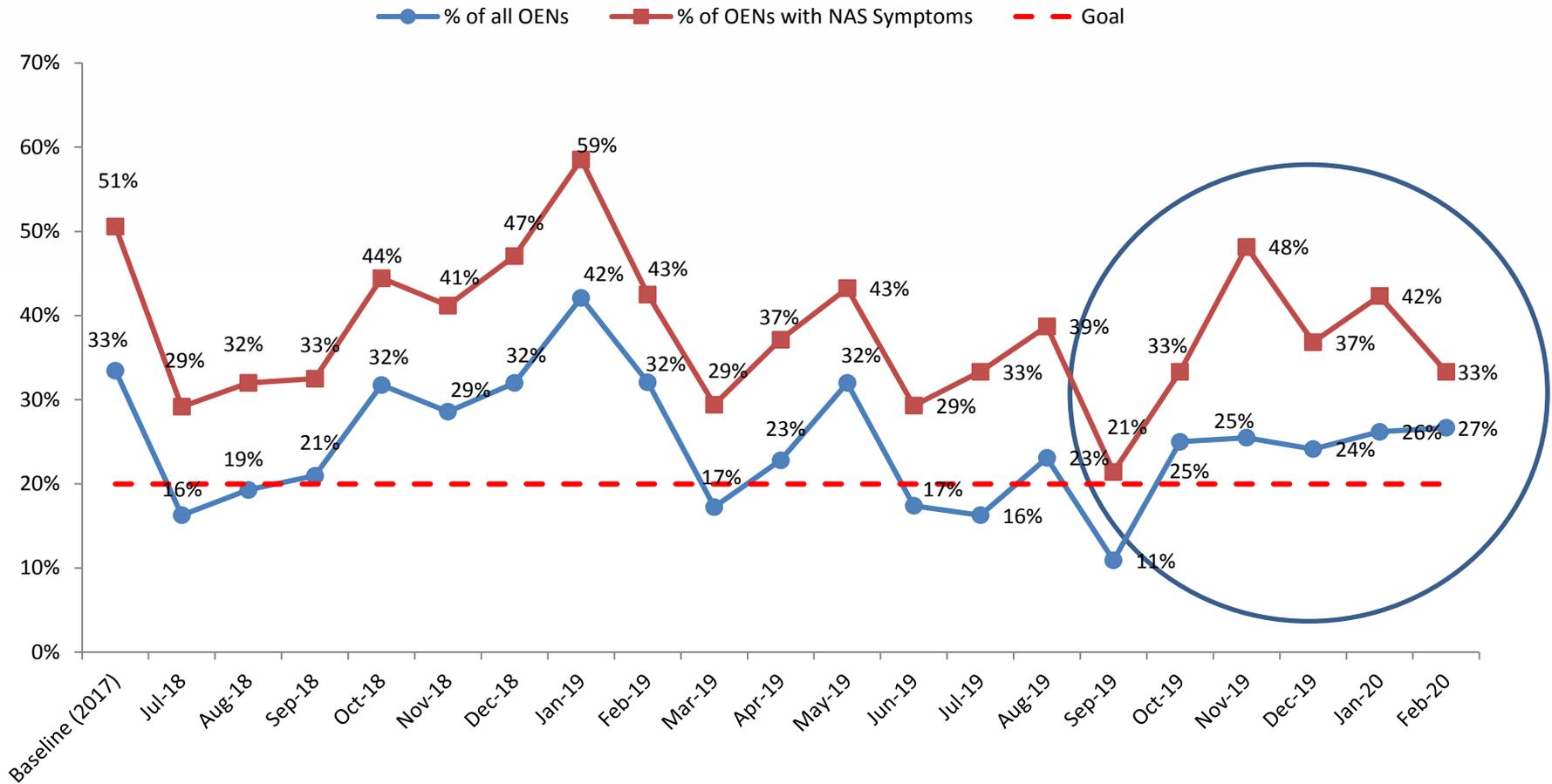


Received Maternal Breastmilk from Eligible Mothers at Infant Discharge



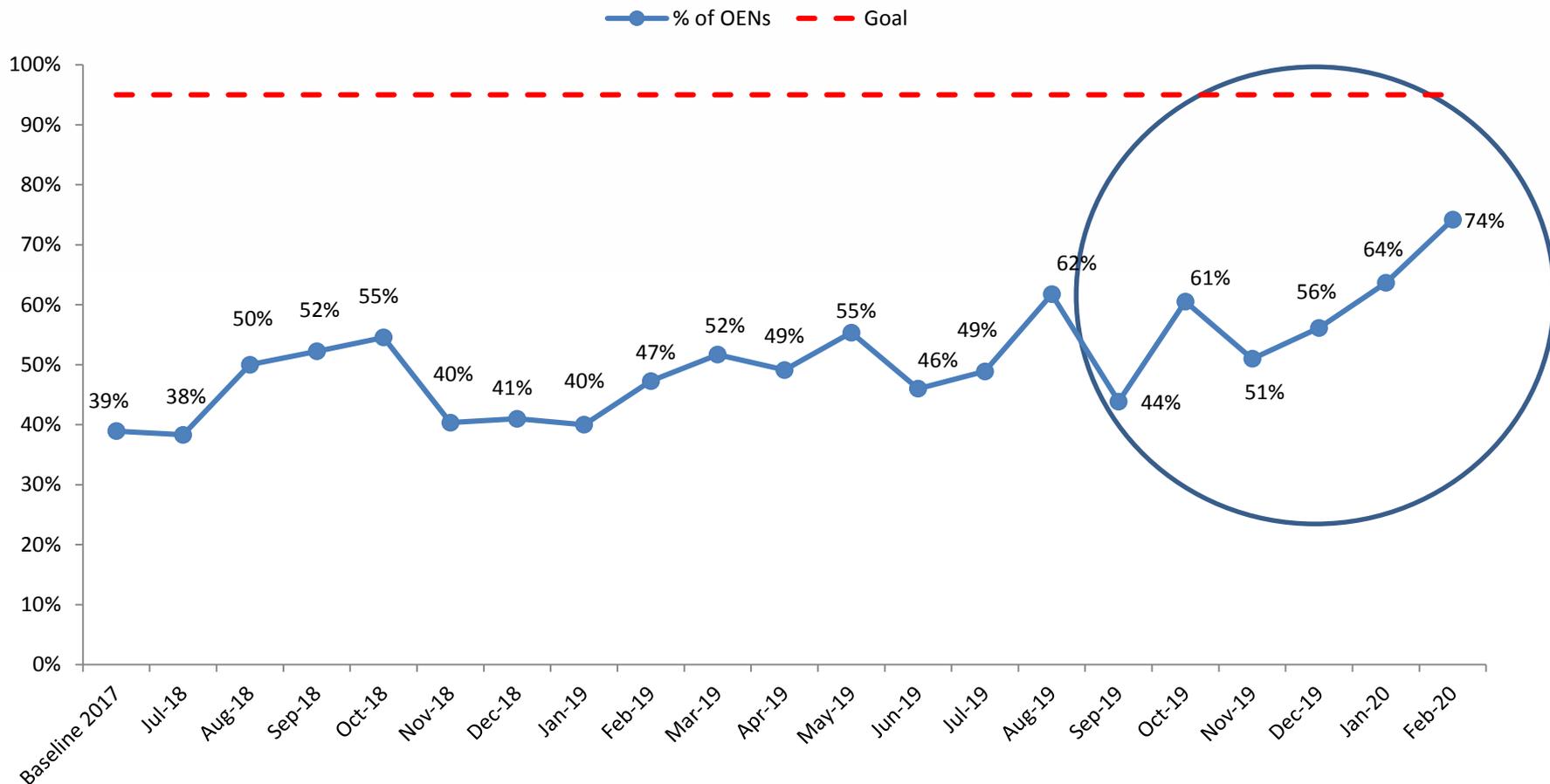
AIM = $\geq 70\%$

Received Pharmacologic Treatment



AIM = ≤ 20%

Discharged with a Coordinated Plan



AIM = $\geq 95\%$

MNO-NEO STRATEGIES FOR SUCCESS ROUND ROBIN

Hospitals Sharing Today...



Advocate BroMenn Medical Center
Advocate Children's Hospital- Park Ridge
Advocate Children's- Oak Lawn
Advocate Condell Medical Center
Advocate Good Samaritan Hospital
Advocate Good Shepherd Hospital
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Advocate Sherman Hospital
Advocate South Suburban Hospital
Advocate Trinity Hospital
Alton Memorial Hospital
AMITA Alexian Brothers Womens and Childrens
Hospital at St. Alexius
AMITA Health Adventist Medical Center Hinsdale
AMITA Health Alexian Brothers Medical Center
AMITA Health Saints Mary and Elizabeth Medical
Center
AMITA Health St. Joseph Hospital - Chicago
AMITA Health St. Mary's Hospital
AMITA Mercy Medical Center

AMITA Resurrection Medical Center
AMITA St. Joseph Medical Center - Joliet
Anderson Hospital
Barnes-Jewish Hospital
Blessing Hospital
Carle Foundation Hospital
CGH Medical Center
Children's Hospital of Illinois- Peoria, OSF
Crawford Memorial Hospital
Edward Hospital
Elmhurst Memorial Hospital
FHN Memorial Hospital
Gateway Regional Medical Center
Graham Hospital
HSHS Holy Family Greenville
HSHS St. Mary's Hospital - Decatur
Illinois Valley Community Hospital
Ingalls Memorial Hospital
Iroquois Memorial Hospital
Little Company of Mary Hospital
Loyola University Medical Center

Please share your MNO-Neo Team's progress on implementing...

- What assessment tool are you using to increase non-pharm care?
- What systems are you putting into place to ensure the folders are used?
- What parts of the Neo Provider/ Nurse education campaign you implemented and what you're planning to do in the next month?
- Have you started implementing a monthly NAS Clinical Debrief? What has been successful?



Hospitals Sharing Next Month...



MacNeal Hospital
Memorial Belleville Hospital
Memorial Hospital Carthage Illinois
Memorial Hospital East
Memorial Hospital of Carbondale
Memorial Medical Center
Mercy Hospital & Medical Center - Chicago
Morris Hospital and Health Care Centers
Mount Sinai
NM Central DuPage Hospital
NM Delnor Hospital
NM Hospital Huntley
NM Hospital McHenry
NM Kishwaukee Hospital
NM Lake Forest Hospital
NorthShore University Health System - Evanston
Hospital
NorthShore University Health System - Highland Park
Hospital
Northwest Community Hospital
Northwestern Medicine McHenry Hospital
Northwestern Memorial Hospital
Norwegian American Hospital
OSF St. Anthony Medical Center- Rockford
OSF St. Elizabeth Medical Center
OSF St. Francis Medical Center
OSF St. James - John W. Albrecht Medical Center
Palos Community Hospital
Riverside Medical Center

Roseland Hospital
Rush University Medical Center
Rush-Copley Medical Center
Silver Cross Hospital
SSM Cardinal Glennon Children's Hospital
SSM Health Good Samaritan
SSM Health St. Mary's Hospital- Centralia
SSM St. Mary's Hospital - St.Louis
St. Anthony Hospital
St. John's Hospital
St. Joseph Hospital - Breese
St. Louis Children's Hospital
Stroger Hospital of Cook County
Swedish American Hospital
Swedish Covenant Hospital
Touchette Regional Hospital
Unity Point Health Methodist
UnityPoint Health Trinity
University of Chicago
UI Health
Vista Medical Center East
West Suburban Medical Center

Upcoming MNO-Neonatal Teams Calls



Date	Topic
April 20 th , 2020	MNO-Neonatal Key Strategies Round Robin, Part 2 Hospitals with full names (including health system) starting with M-W

COVID-19 Information for Clinicians Caring for Children and Pregnant Women

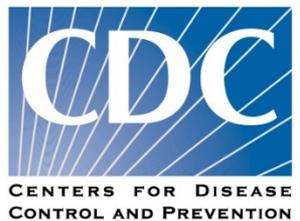


- There was CDC Clinician Outreach and Communication Activity (COCA) Call was March 12. Topics focused on current information about COVID-19 as it relates to children and pregnant women. Topics included infection prevention and control measures in inpatient obstetric healthcare settings ([CDC's Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)) and resources available to care for pediatric patients.
- View On-Demand Recording of the webinar here: https://emergency.cdc.gov/coca/calls/2020/callinfo_031220.asp?deliveryName=DM22358



THANKS TO OUR

FUNDERS



JB & MK PRITZKER

Family Foundation