



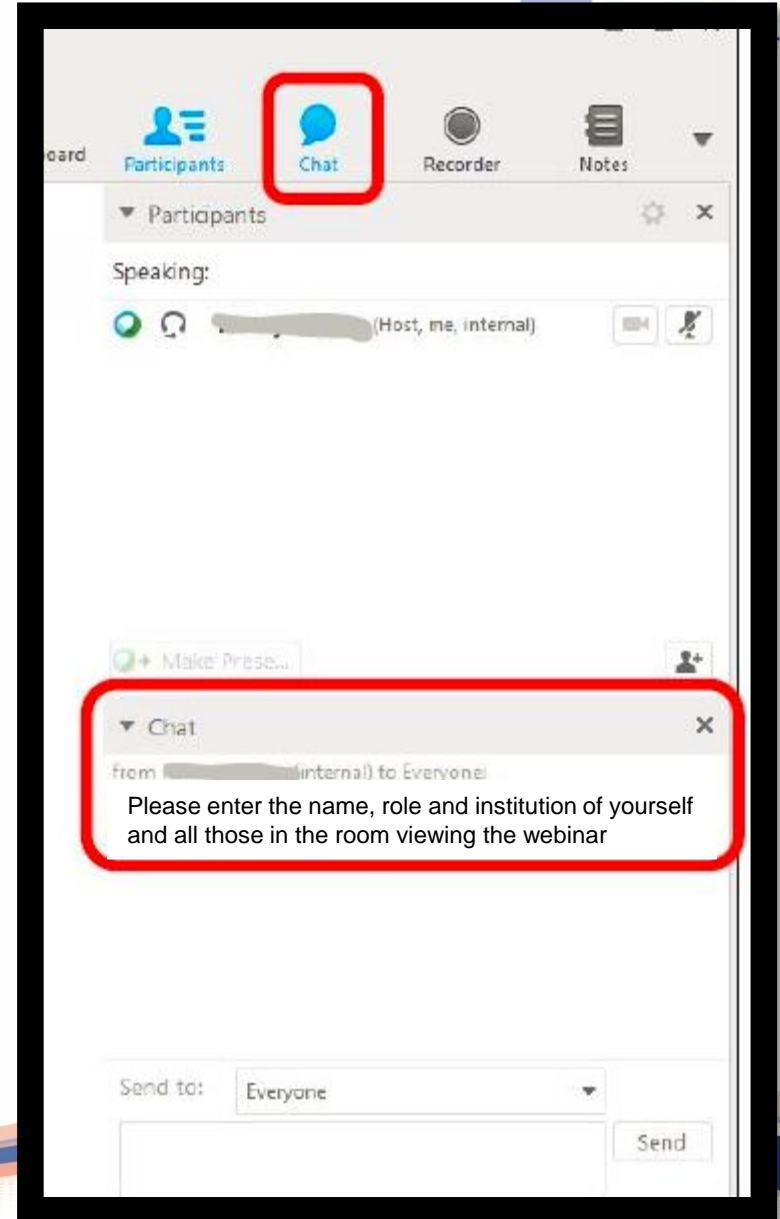
MNO-OB Teams Call:
**Systematic Implementation
of Stigma & Bias Education
for Providers and Nurses**

October 22nd, 2018

12:30 – 1:30pm

Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
 - Name
 - Role
 - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



Overview



- Preparing for the ILPQC 6th Annual Conference
- MNO-OB Updates
- Resources for Standardizing Implementation of Stigma & Bias Education for Nurses & Providers
- **Ohio Perinatal Quality Collaborative, Dayton Children's- Lisa Jasin, DNP, NNP-BC**
- Quality Improvement Corner
- **Memorial Hospital- Belleville- Angela Mann, RN, MSN, MPH, IBCLC, CLC**
- Next Steps & Call Schedule

One Week Left to Register!

ILPQC 6th Annual Conference

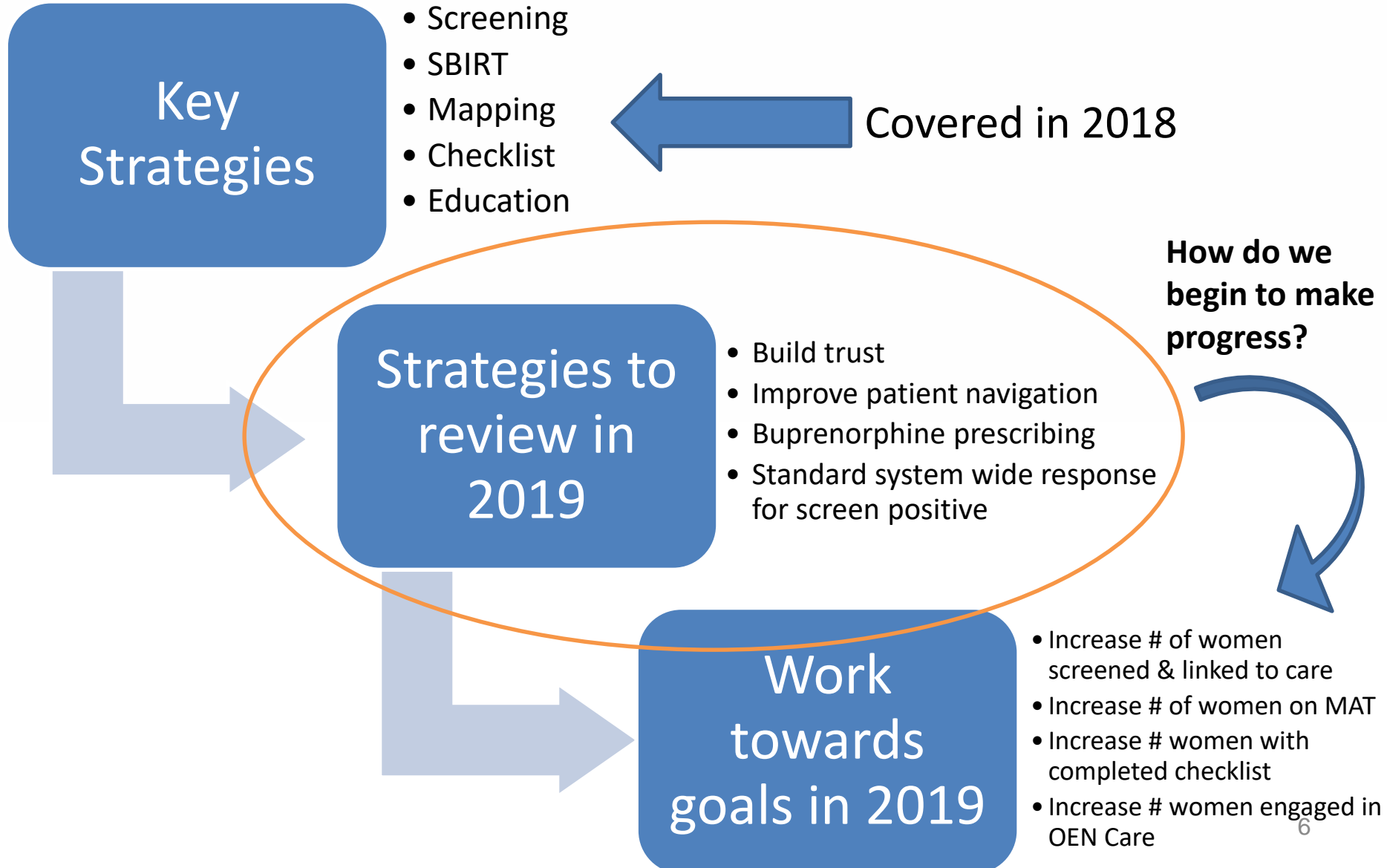


- **Register** for the ILPQC 6th Annual Conference [here](#) by Oct 29!
 - Monday, November 5th, 2018
 - Westin Lombard Yorktown Center, Lombard, IL
 - 7-8am (Registration & Breakfast); 8am-5:15pm (Conference)
 - Reserve your room [here](#).
- Have **one** representative from your hospital **complete the ILPQC 6th Annual Conference Pre-Survey** by Oct 22!
- There will be a **Patient-Family Advisor** breakout session at the Annual Conference. We encourage you to invite your patient advisors to attend the conference. ILPQC will provide **free registration** to any patients who attend the meeting.

MNO-OB Team To Dos:

- ✓ Schedule and hold a monthly meeting with your team to review your data, 30/60/90 day plans, and develop your PDSAs referencing resources in the toolkit (binder or updates on ilpqc.org)
- ✓ Set up plan for monthly data collection and reporting on process, outcome, and structure measures (3 forms in REDCap) including a process to note in REDCap if no patients in a month
- ✓ Read MNO monthly email newsletters to stay up to date on resources
- ✓ **Key QI work to include in 30/60/90 day plan:**
 - Implementation of a validated self-report screener (L&D / prenatal)
 - implementation of SBIRT protocol for screen positive (L&D / prenatal)
 - Complete mapping of local resources and process flow to link moms to MAT / addiction services / behavioral health services (share with prenatal / ER/ L&D).
 - Implement care check list for prenatal / L&D care for women with OUD
 - Implement standardized education on stigma & bias for providers and nursing prenatally and on L&D
- ✓ Kick-off slide set available if needed to help launch your efforts

MNO in 2019



MNO REDCAP DATA SYSTEM UPDATES

MNO OB REDCap Data Forms



The REDCap Data System is your data system and a key tool to facilitate your monthly improvement cycle.

- There are three data forms. All are due the 15th of the month for the previous month.
- Baseline data shows where you started. **Submit for all three forms.**

(1) Structure Measures – easy to complete dashboard of key QI steps

(red=not working on it yet, yellow = working on it, green = implemented)

- **MNO OB *Monthly* Structure Measures Data Form:** screening tool, SBIRT implementation, provider education, patient education, check list implementation, mapping tool, etc.

(2) OUD Screening Sample tracks progress with screening for OUD

- **MNO OB Monthly Sample Documentation of OUD Screening:** Random sample of 10 deliveries /month to collect % screened for OUD and documented prenatal and L&D

(3) Monthly OUD patient data tracks success caring for moms with OUD

MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form: All women delivered with OUD collect process and outcome measures

MNO-OB Data Reporting



Month	Patient-Level Data*	Structure Measures	Screening for OUD
Baseline	350 patients (70 teams)	63 teams	49 teams
July 2018	74 patients (65 teams)	48 teams	56 teams
August 2018	96 patients (67 teams)	48 teams	56 teams
September 2018	75 patients (61 teams)	54 teams	55 teams

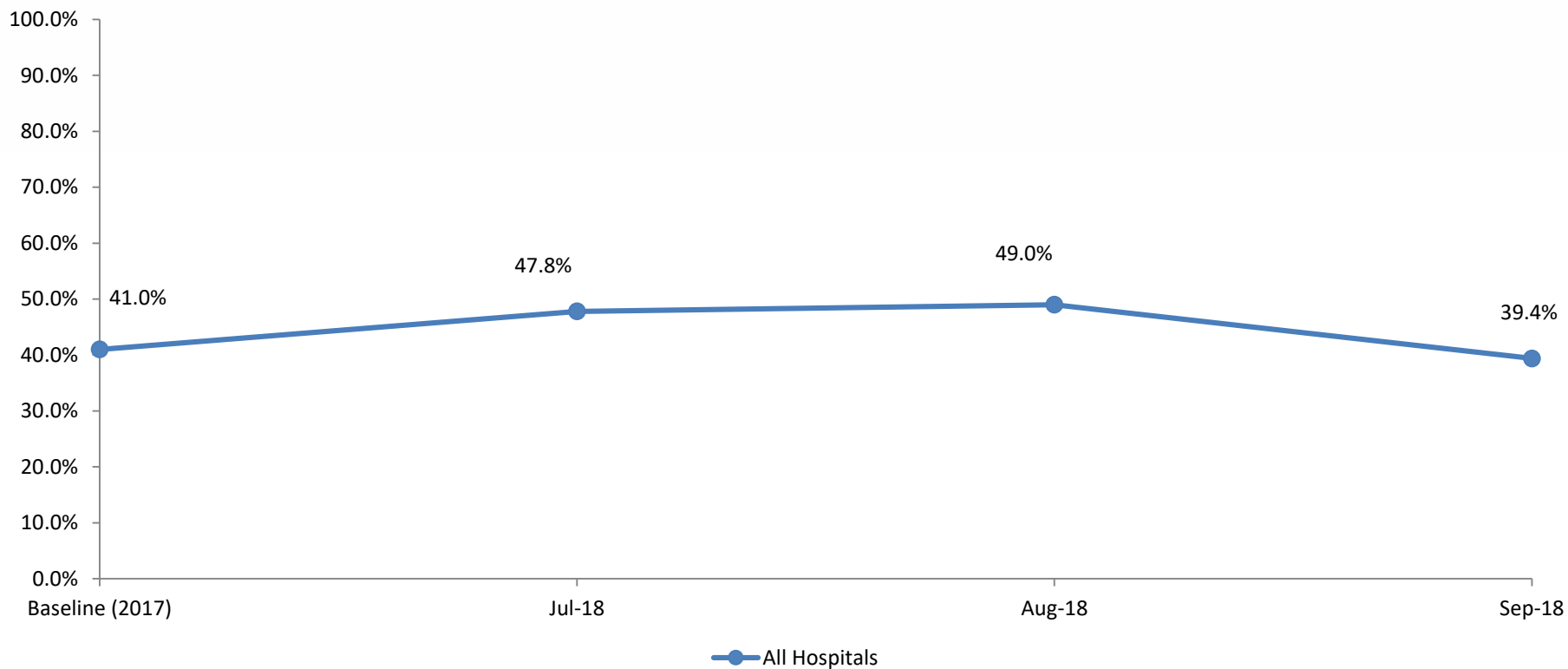
***NOTE: Team count includes teams with patient-level data & teams who reported 'no cases'**

Thank you to the MNO-OB Teams who submitted **all baseline** and **monthly** data through September 2018. We look forward to celebrating your work at the ILPQC 6th Annual Conference

Screening & Linkage to Care: Process Measure MAT At Delivery



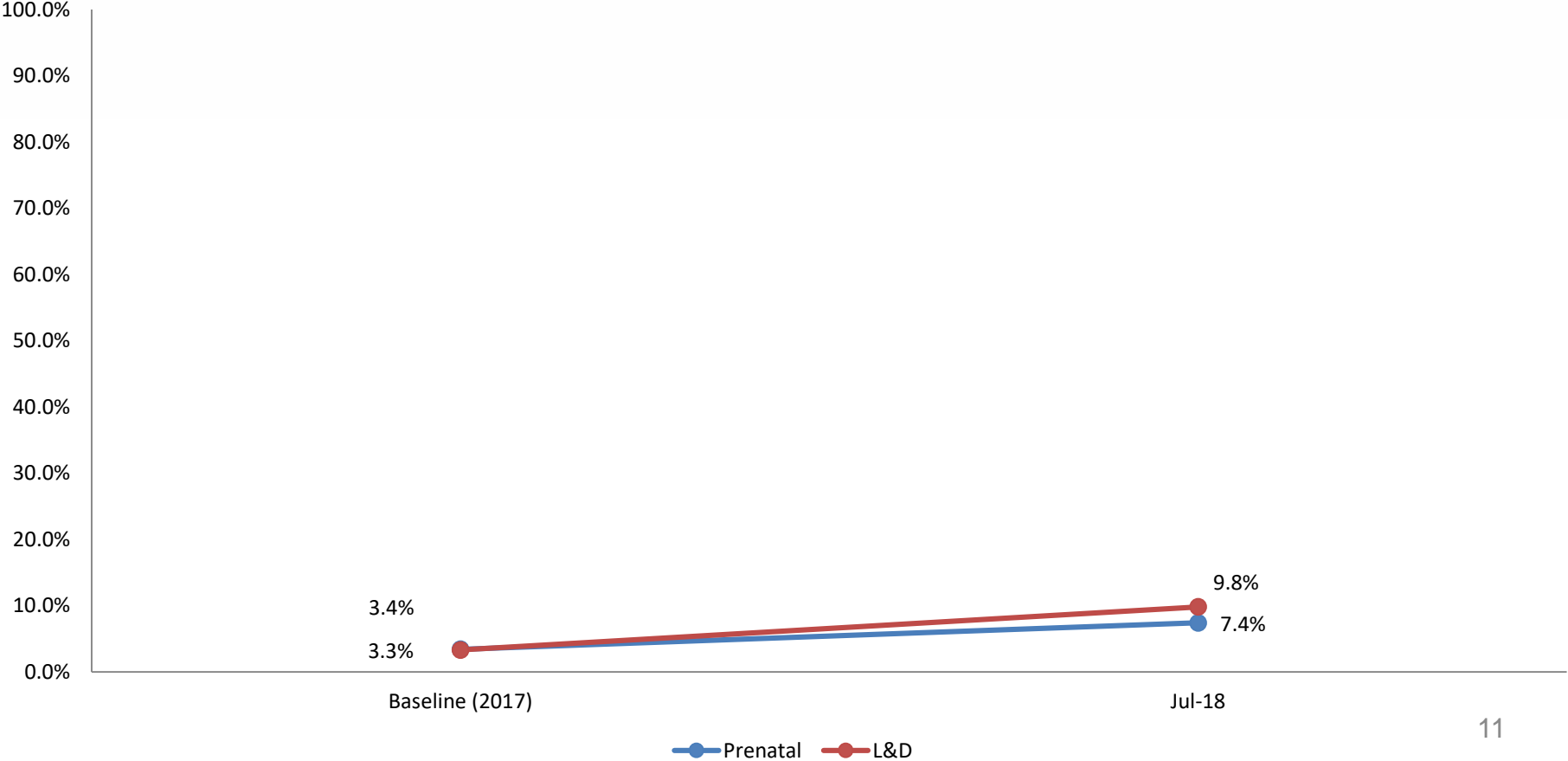
ILPQC MNO Initiative: Percent of Women with OUD on MAT at Delivery All Hospitals, 2018



Screening & Linkage to Care: Sample of Screening for OUD Prenatally & L&D (All Deliveries)

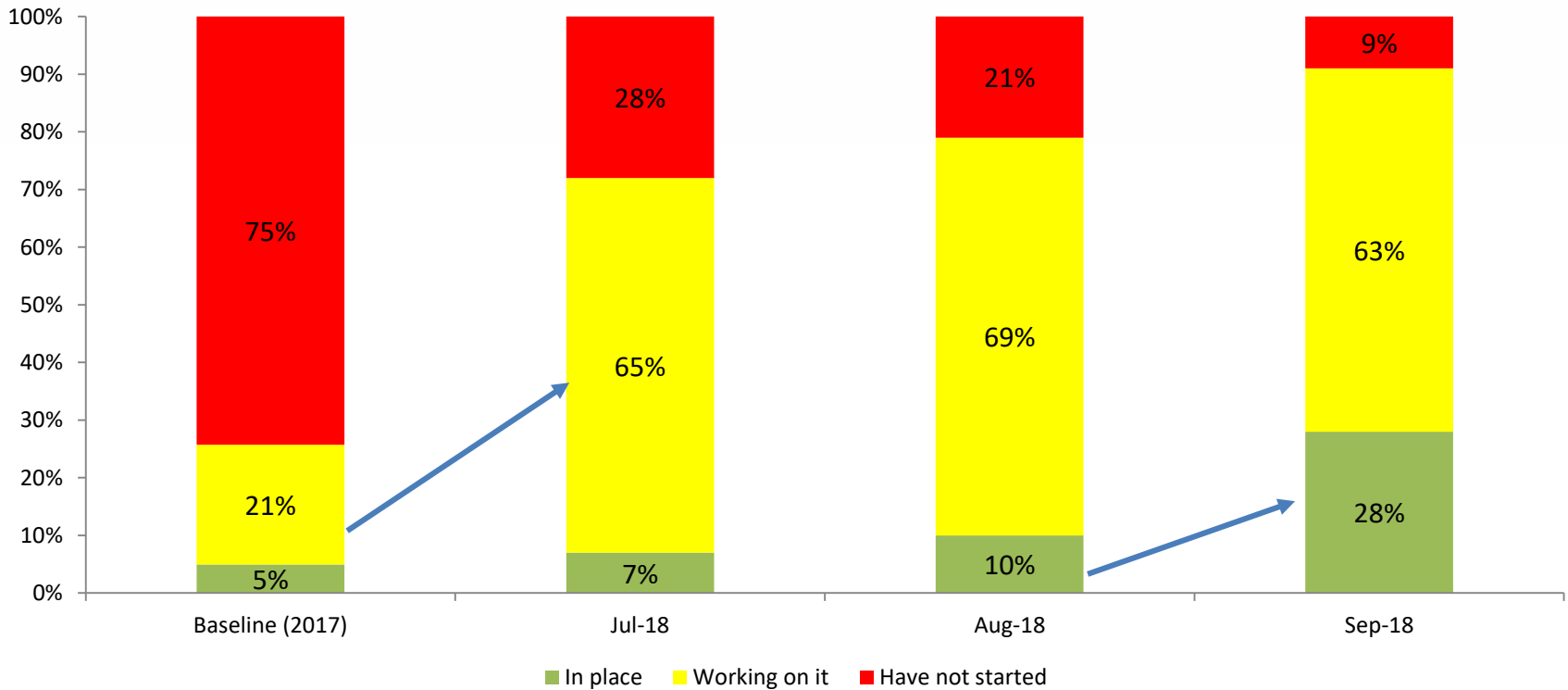


ILPQC MNO Initiative: Percent of Sample of All Deliveries with Documentation of OUD Screening Using a Self-Report Validated Screening Tool, All Hospitals, 2018



Screening & Linkage to Care: Standardized Screening Tool (Structure Measure)

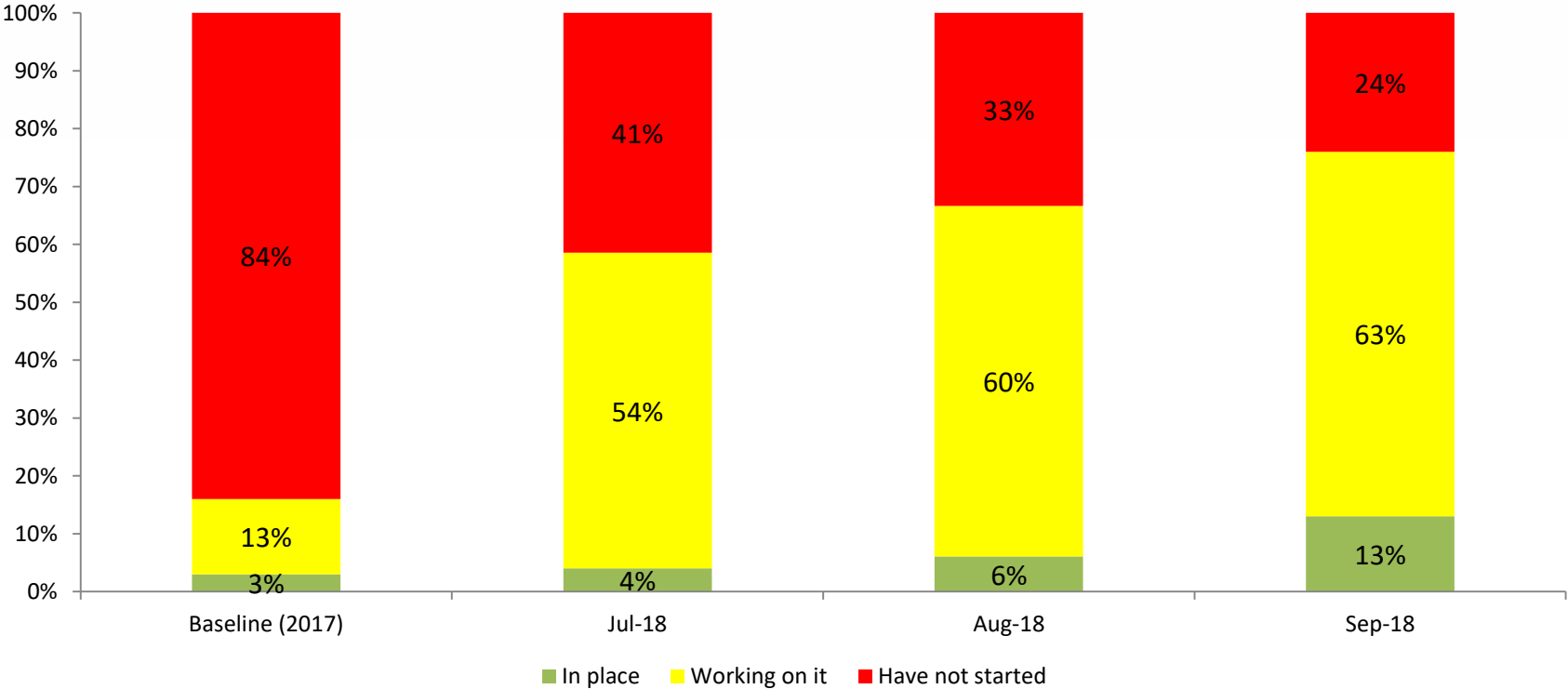
ILPQC MNO Initiative:
Percent of hospitals that have implemented a standardized, validated self-report screening tool for screening all pregnant women for OUD on units caring for pregnant women
All Hospitals, 2018



Screening & Linkage to Care: Standardized SBIRT (Structure Measure)

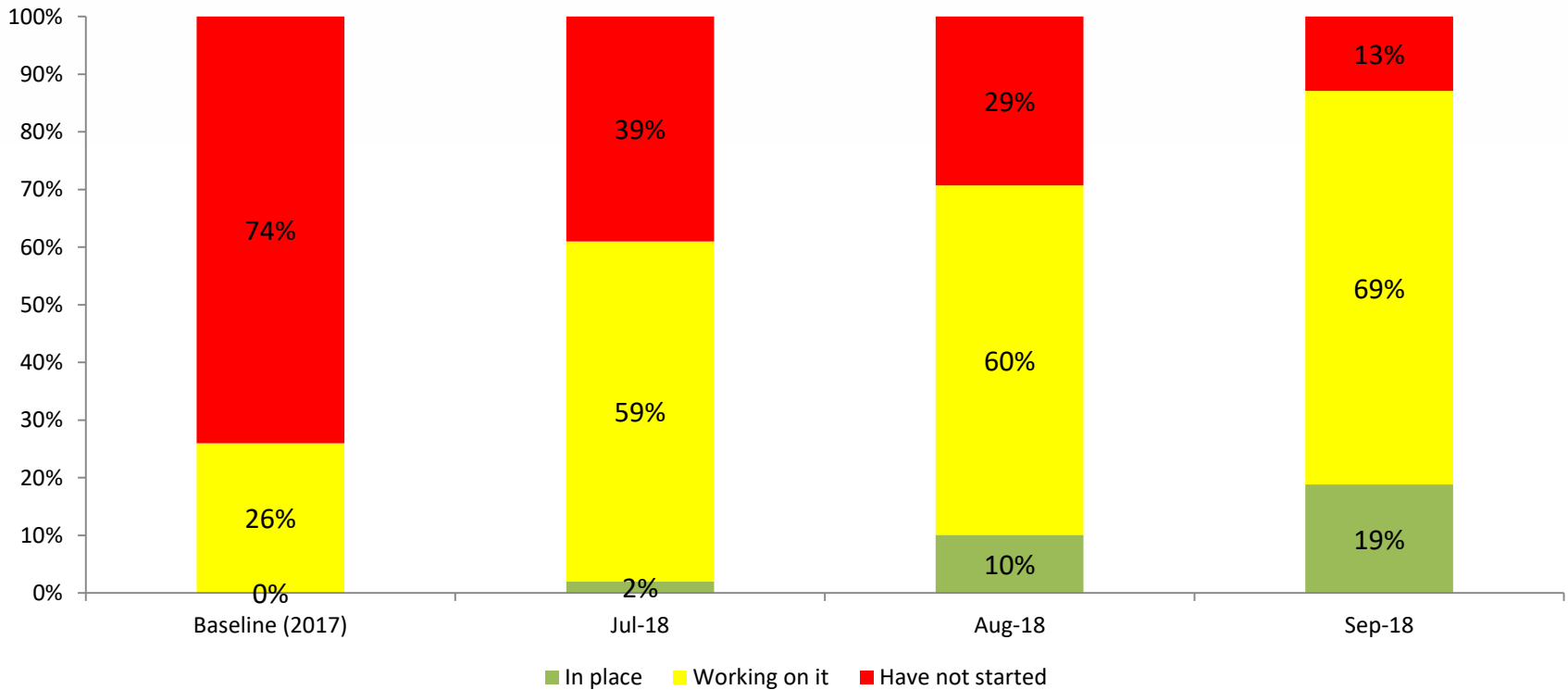


**ILPQC MNO Initiative:
Percent of hospitals that have implemented a SBIRT protocol/process flow for women who report or screen positive for OUD to assess and link to MAT/Addiction Treatment Services
All Hospitals, 2018**



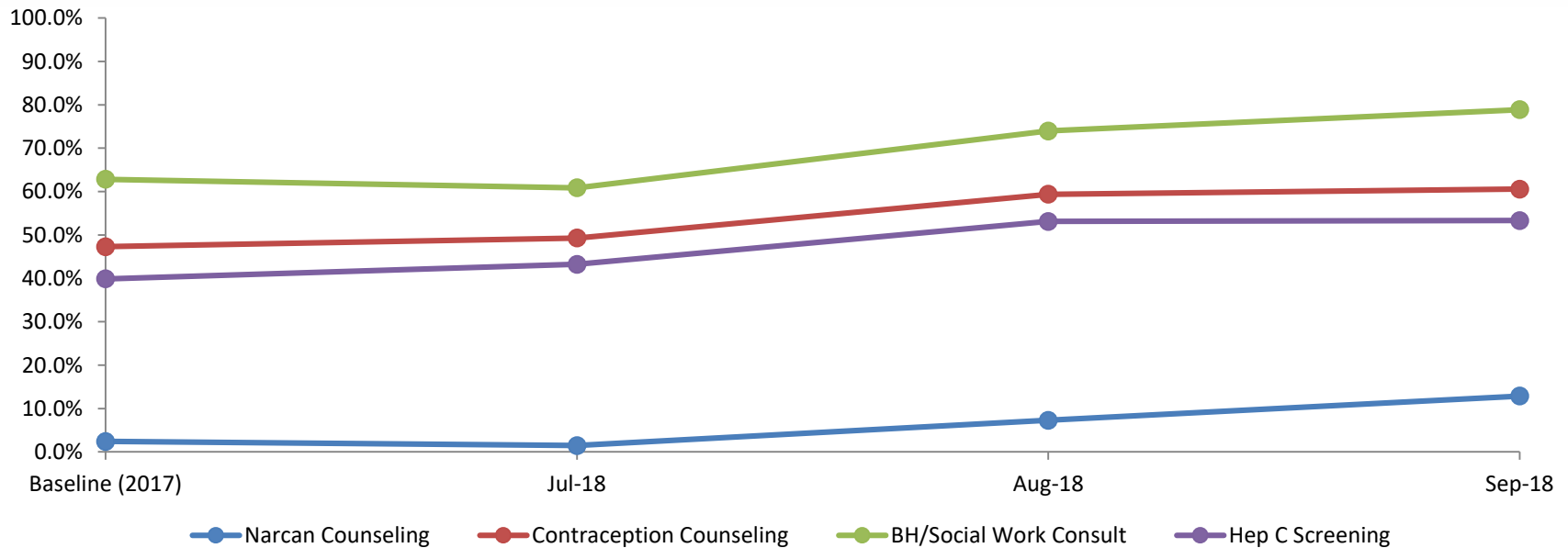
Screening & Linkage to Care: Mapping Community Resources (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have completed ILPQC Community mapping tool to map local community resources (MAT/addiction treatment services/behavioral health services) for pregnant/postpartum women with OUD
All Hospitals, 2018



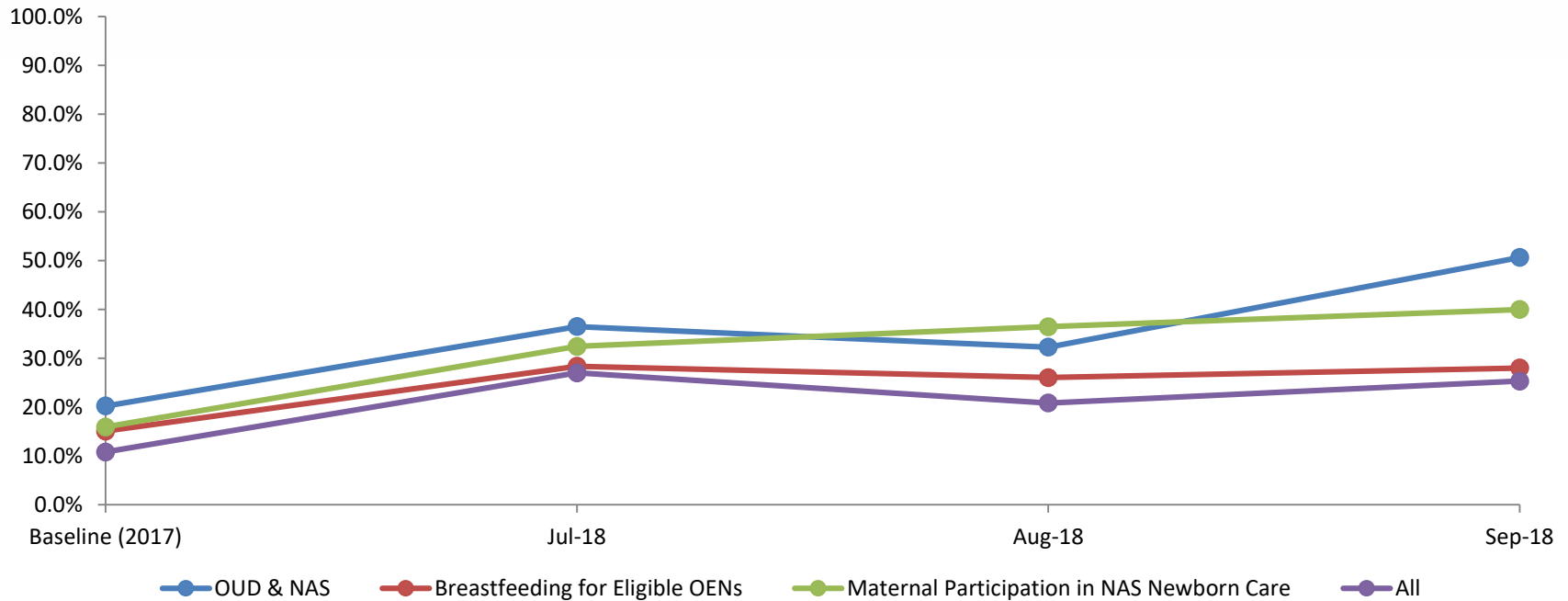
Optimizing Care: L&D Protocol/Checklist (Process Measure)

ILPQC MNO Initiative: Percent of Women with OUD Receiving Narcan, Contraception, BH/Social Work, and Hep C Screening Counseling Documented Prenatally or During Delivery Admission All Hospitals, 2018



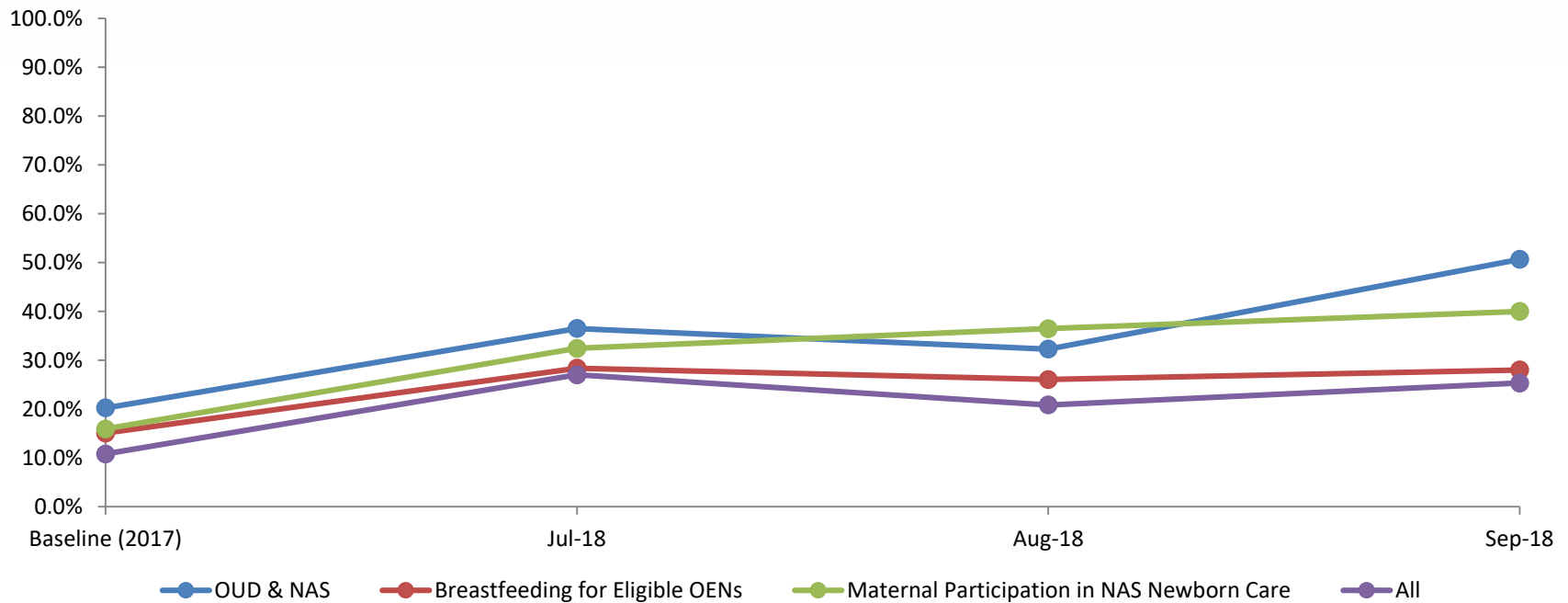
Optimizing Care: Maternal OUD/NAS Education (Process Measure)

**ILPQC MNO Initiative:
Percent of Women with OUD Receiving Education on OUD and NAS
Newborn Care Prenatally or During Delivery Admission
All Hospitals, 2018**



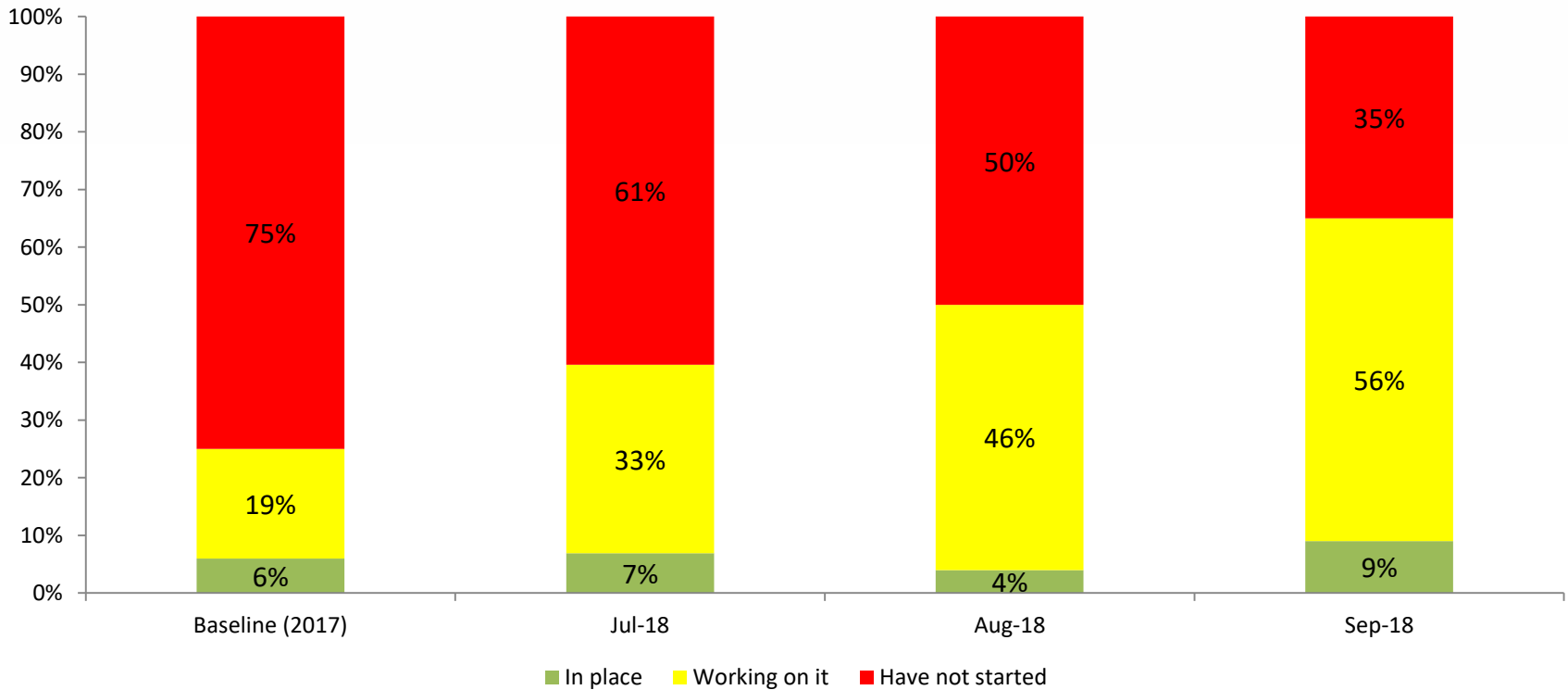
Optimizing Care: Maternal OUD/NAS Education (Process Measure)

**ILPQC MNO Initiative:
Percent of Women with OUD Receiving Education on OUD and NAS
Newborn Care Prenatally or During Delivery Admission
All Hospitals, 2018**



Optimizing Care: Standardized Protocol/Checklist on L&D Process (Structure Measure)

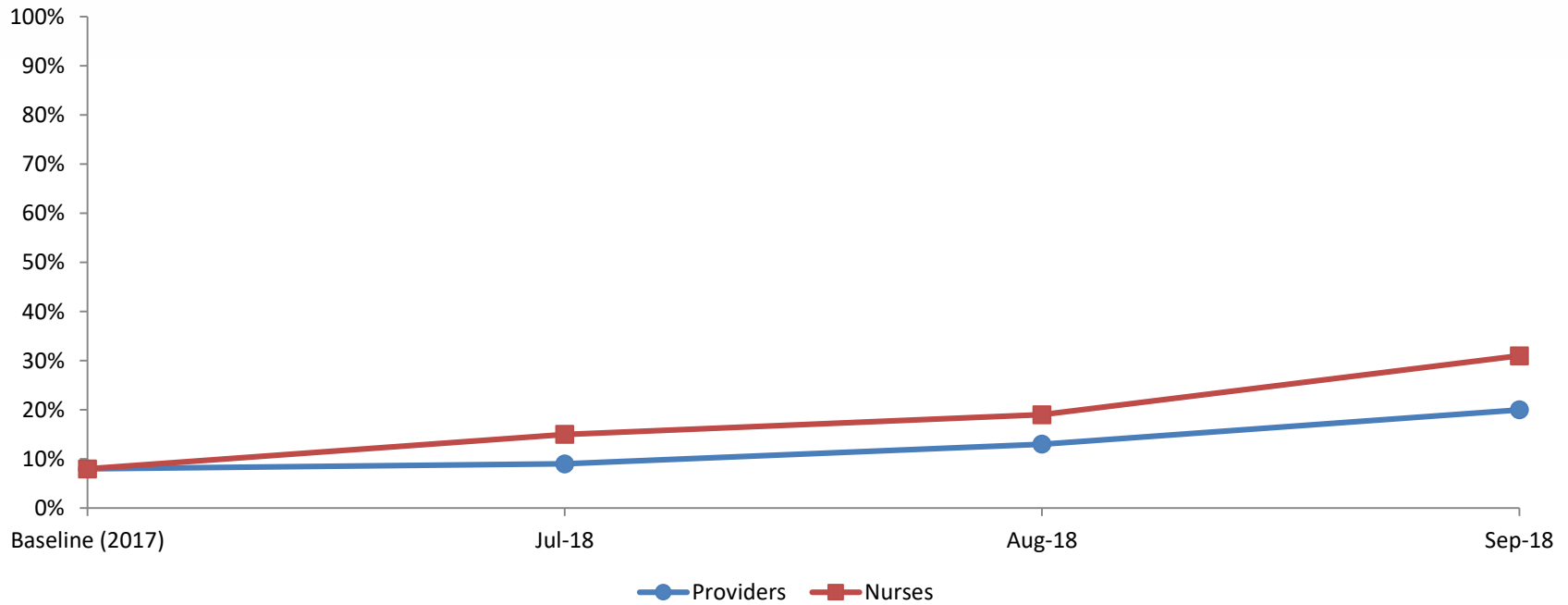
**ILPQC MNO Initiative:
Percent of hospitals that have implemented standardized protocol and/or checklist for optimal management of
patients with OUD during labor and postpartum
All Hospitals, 2018**



Optimizing Care: Cumulative Provider & Nursing Education on OUD care protocols (Structure Measure)

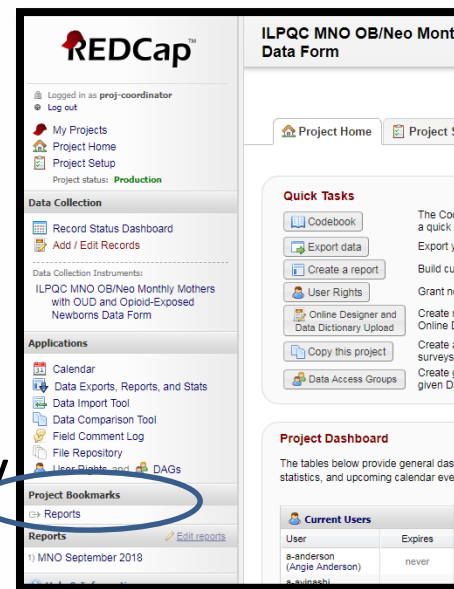


ILPQC MNO Initiative: Average cumulative proportion of providers and nurses educated on OUD care protocols (including stigma & bias) All Hospitals, 2018



How Do I Access REDCap Reports?

1. Log in to <https://redcap.healthlnk.org>
2. Go to 'My Projects' tab on top of page
3. Click 'ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form' under 'My Projects'
4. On left hand side-bar under 'Project Bookmarks', click 'Reports'
5. Type your THREE (3) digit REDCap Hospital ID into the reporting tool. Example: Hospital ID 8 is typed in as 008; Hospital ID 92 is 092.



The screenshot shows the login page for the reporting tool. The title is 'ILPQC MNO OB/NEO MONTHLY MOTHERS WITH OUD AND OPIOID-EXPOSED NEWBORNS DATA FORM - REPORTING TOOL'. Below the title is a teal 'LOGIN' button. The page is personalized with 'Welcome , proj-coordinator'. There is a 'Hospital ID:' label followed by a text input field containing 'Hospital ID' and a 'Go' button.

MNO-OB REDCap Reports

cont.



6. Overview of REDCap Reports: OB 1-9, Neo 10-17

Hospital Id: 999

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Compare to Level Average

Display Values

Export To PDF

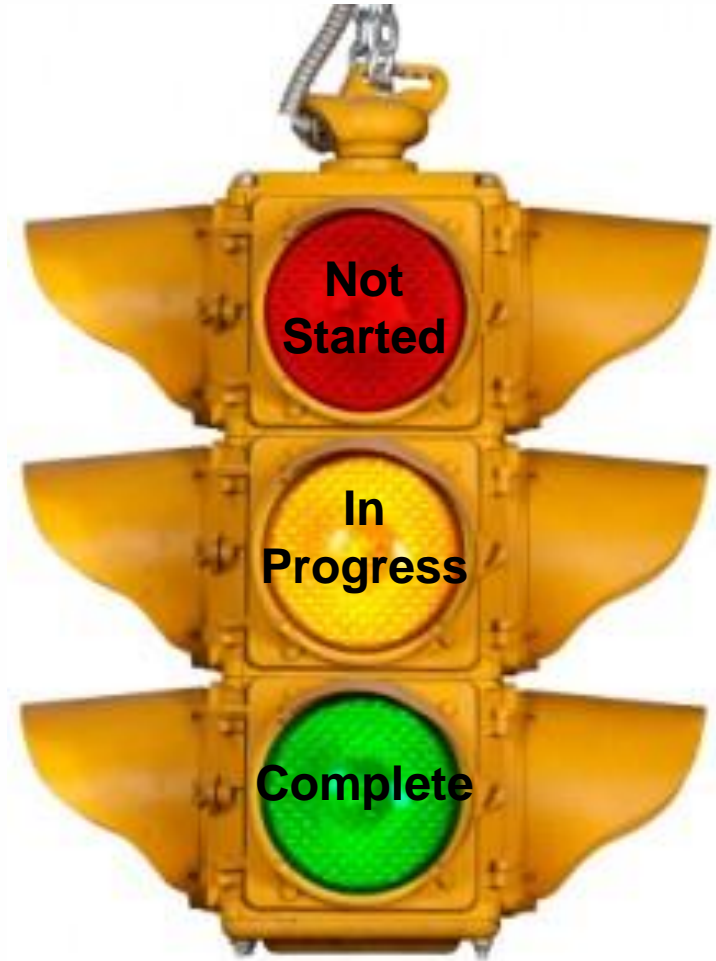
ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns
Percent of Women with OUD on Medication Assisted Treatment (MAT) at Delivery
Hospital 999 & Select Comparisons, 2018 - 2019



All Hosp Hospital 999 Goal

MNO-OB Reports in Development

- MNO-OB Monthly Structure Measure Dashboards (Live by end of week)
- MNO-OB Monthly Documentation of Screening for OUD (Live by Nov 1st)



STANDARDIZE STIGMA & BIAS EDUCATION FOR PROVIDERS AND NURSES

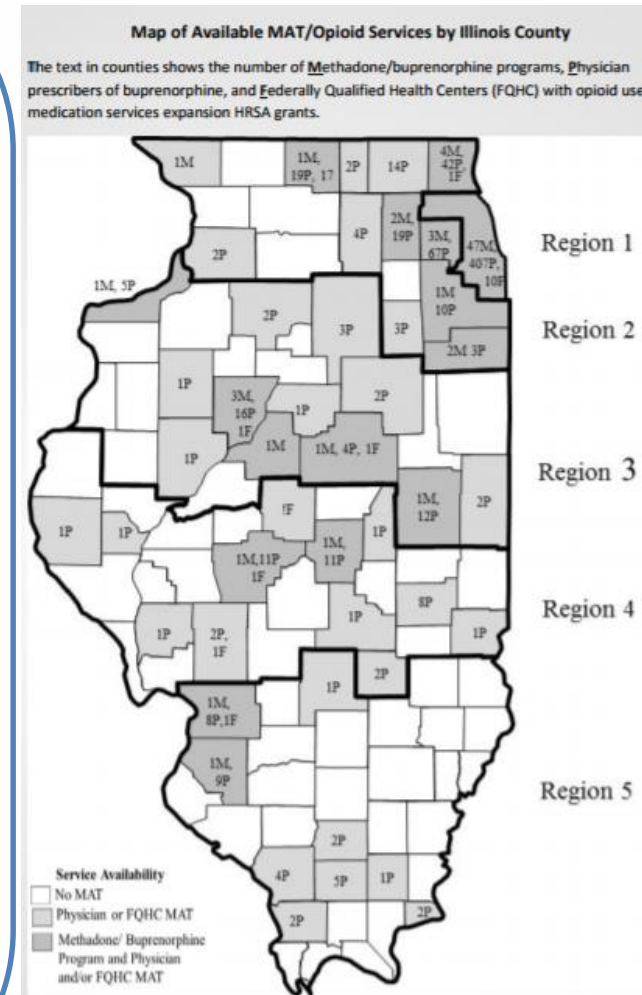
Mothers Affected by Opioids: How do We Improve Care?

Increase moms on Medication Assisted Therapy by delivery

- Hospitals implement and share with affiliated prenatal care sites a validated screening tool, implement SBIRT protocol, map local resources and create a process flow to link moms with OUD to MAT and needed services.
- Provide education to providers on stigma reduction and key protocols (screening, SBIRT, linkage to care, optimal care protocols)

Engaging moms in the non pharmacologic care of babies with NAS (breastfeeding, skin to skin, rooming in)

- Care checklist prenatally and at L&D
- Patient education (consult and standardized education materials) empowering moms their participation matters!
- Hospital level process flow / protocol changes to increase maternal participation (rooming in, breast feeding, eat-sleep-console)



The MNO Initiative Aims



- 1. Improve identification of pregnant women with opioid use disorder (OUD)** through standardized screening and assessment for OUD on: admission to labor and delivery, emergency rooms, affiliated outpatient prenatal sites; and implementation of Screening, Brief Intervention, Referral to Treatment (SBIRT) protocol.
- 2. Improve linkage to addiction care for moms with OUD** through standardized mapping of local resources to link moms to addiction services/MAT/behavioral health services in your area. Share completed local linkage to care resources document and process flow for linking moms with OUD to MAT and needed services, with inpatient OB units, ER and affiliated prenatal care sites.
- 3. Optimize clinical care of pregnant women with OUD** through patient and provider education, implementation of care checklists and consultations to be completed prior to or during delivery admission.

What we've worked on with teams so far:

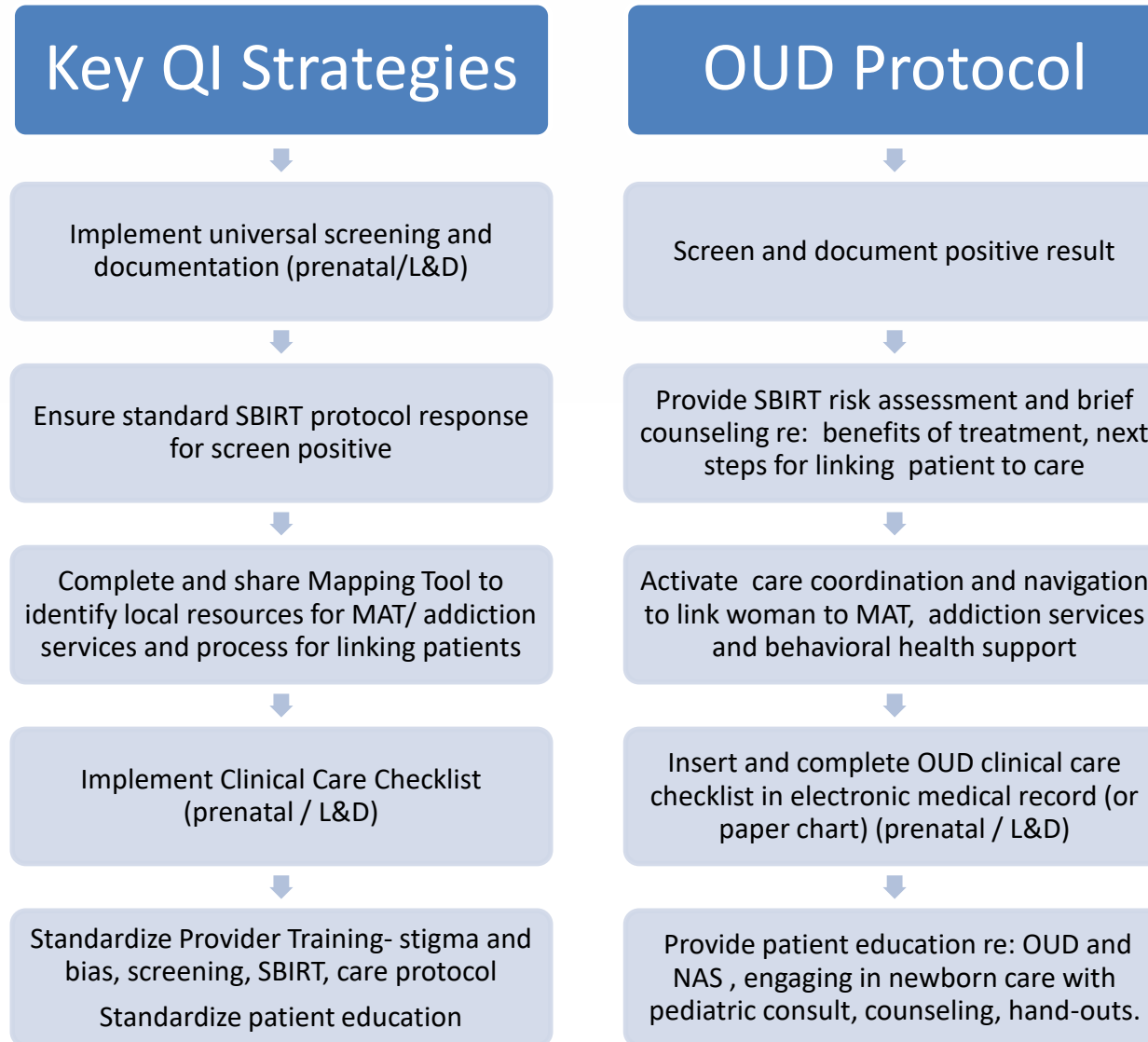
- Implement a standardized validated screen for OUD in affiliated outpatient prenatal care sites and labor and delivery.
- Implement SBIRT protocol to counsel and document screen positive, assess risk and link to care
- Complete mapping tool of local addiction support / MAT resources
- Implement a check list to optimize prenatal care, delivery admission, postpartum care for moms with OUD
- This month: addressing stigma, standardize patient education

Sample resources in ILPQC Toolkit to help teams standardize practices:

- [AIM Opioid Screening Tool Chart](#)
- [Integrated Screening Tool - 5Ps](#)
- [Screening for Substance Use using an SBIRT Framework](#)
- [ILPQC Mapping Tool to map local resources](#)
- [AIM Opioid Use Disorder Chart Checklist *New**](#)

Toolkit: <http://ilpqc.org/MNO-OB>

MNO-OB: Making Change Happen



Healthcare Providers

Stigma and Bias

“Substance Use Disorder is among the most stigmatized conditions in the US and around the world.”

SAMHSA “Words Matter”

Standardizing care through protocols and checklist create a space and provider openness to address stigma and bias.

Time to Change Our Thinking

Old way of thinking

We need to identify moms with OUD to help protect the babies. The members of the healthcare team are the best people to provide care to NAS babies.

New way of thinking

We need to identify moms with OUD, connect them to MAT / services with care coordination and provide resources & education on caring for their newborn while coming alongside them.

Changing our thinking requires us to take an honest look at our own biases.

Opioid Addiction

- Primary **chronic disease** of brain reward, motivation, memory and related circuitry.
 - Dysfunction in these circuits leads to psychological, social and spiritual manifestations.
- Reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Like other **chronic diseases**, addiction often involves cycles of relapse and remissions
- Without treatment, addiction is progressive and can result in disability or death.

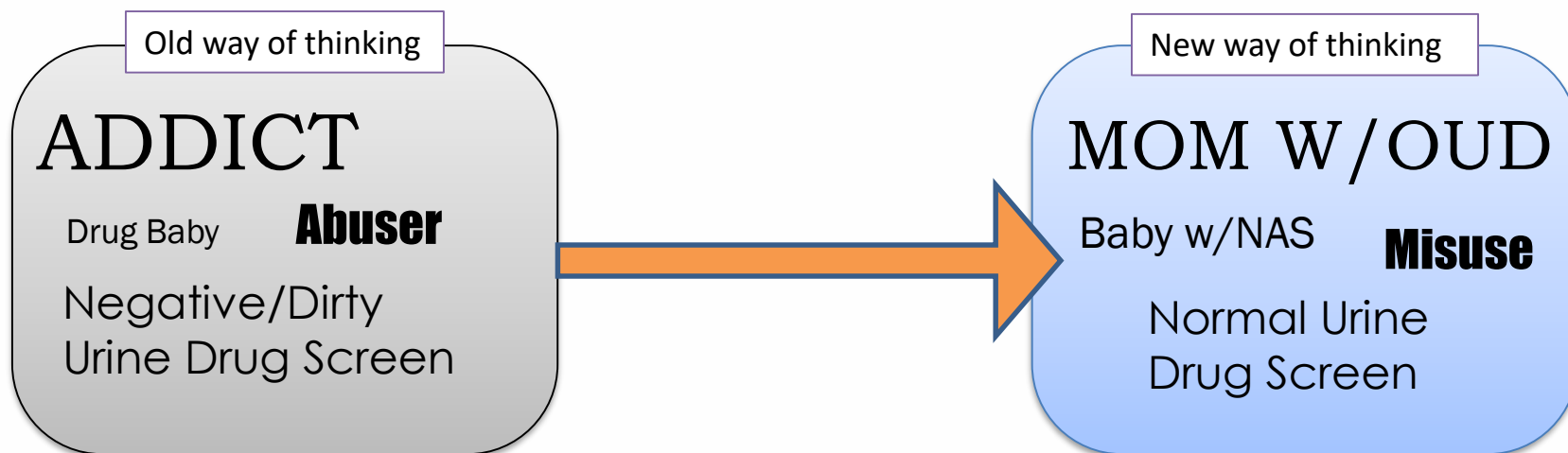
Physical Opioid Dependence

“ Physical dependence is the physiological adaptation of the body to the presence of an opioid. It is defined by the development of withdrawal symptoms when opioid are discontinued, when the dose is reduced abruptly or when an antagonist (eg, naloxone) or an agonist-antagonist (eg, pentazocine) is administered.”

ILPQC Toolkit Resource:
[“Understanding NAS as a Chronic Illness”](#)

Implicit and Explicit Attitudes

“Words Matter”



Perform a **language audit** of existing material for language that may be stigmatizing, then replace with more inclusive language.

Person-first Language to Reduce Stigma and Improve Treatment



Words to Avoid

- Addict
- Alcoholic
- Drug problem, drug habit
- Drug abuse
- Drug abuser
- Clean
- Dirty
- A clean drug screen
- A dirty drug screen
- Former/reformed addict/alcoholic
- Opioid replacement, methadone maintenance

Words to Use

- Person with substance use disorder
- Person with alcohol use disorder
- Substance use disorder
- Drug misuse, harmful use
- Person with substance use disorder
- Abstinent, not actively using
- Actively using
- Testing negative for substance use
- Testing positive for substance use
- Person in recovery, person in long-term recovery
- Medication assisted treatment

We'll help you get there!

AIM slide set and
eModules in
development



ILPQC Custom
Education as needed



Exploring options to
access VON's
"Nurture the Mother,
Nurture the Child"



ILPQC's 6th Annual
Conference
And options to
record stigma and
bias plenary



STANDARDIZING OUD/NAS PERINATAL
EDUCATION; LISA JASIN, DNP, NNP-BC,
OHIO PERINATAL QUALITY
COLLABORATIVE



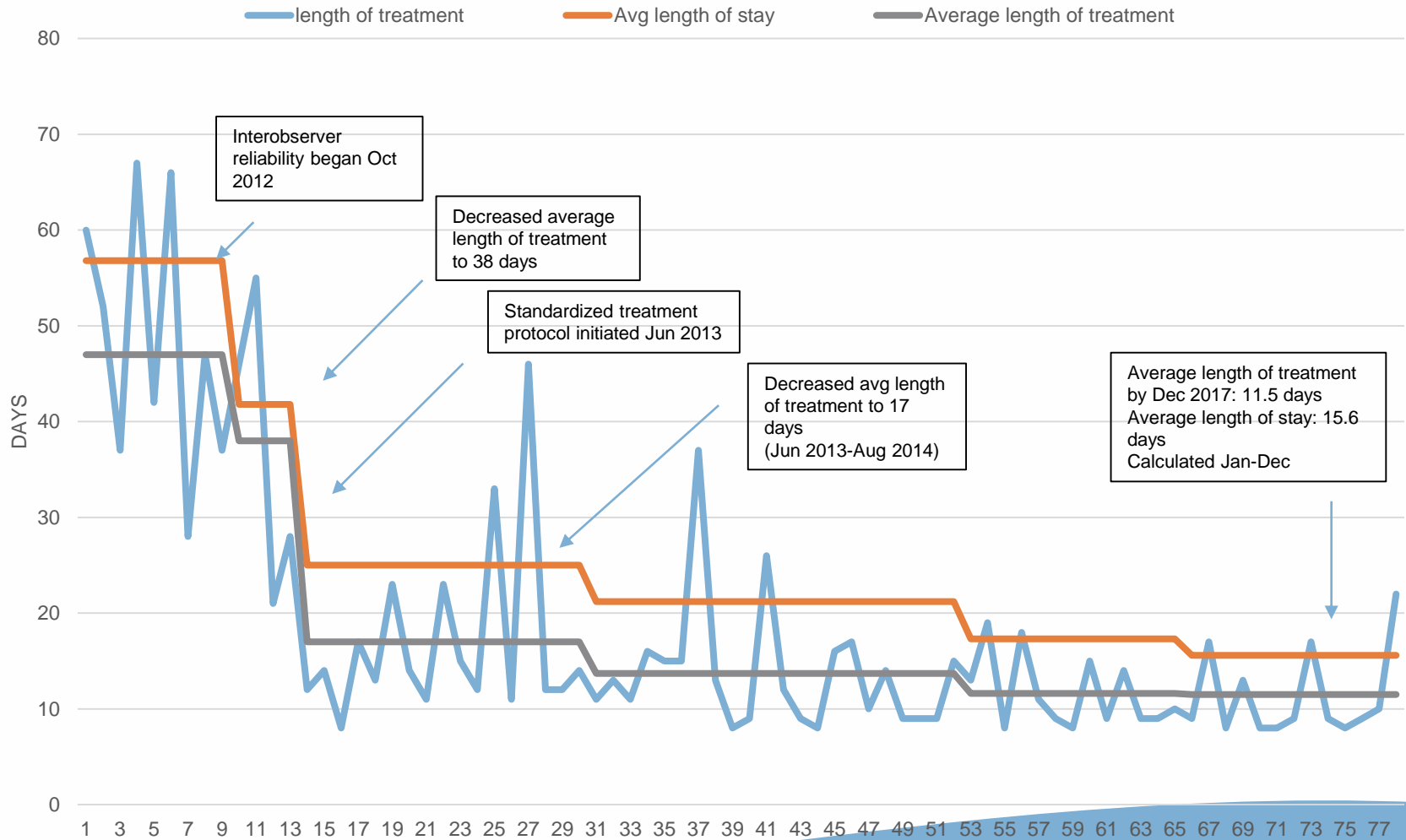
NAS Perinatal Education

Lisa R Jasin DNP, NNP-BC

Phases

- Research: Jan 2012 – Sep 2013
 - Finnegan scoring education
 - Inter-observer reliability Oct 2012
 - Emphasis on non-pharmacologic treatment
 - Staffing changes to accommodate needs of babies with NAS
 - Standardized medication treatment protocol
 - Hall ES, Wexelblatt SL, Crowley M, Grow JL, Jasin LR, et al. A multicenter cohort study of treatments and hospital outcomes in neonatal abstinence syndrome. *Pediatrics*. 2014;134(2):e527-e534.
 - Hall, ES, Wexelblatt SL, Crowley, M. Grow, JL, Jasin LR, et al. Implementation of a neonatal abstinence syndrome weaning protocol: A multicenter cohort study. *Pediatrics*. 2015; 136(4):e803-10
- QI: OPQC Phase 1 Jan 2014-Jun 2016
 - NICU concentration
 - OB mother/baby participation 2015
- Phase 2: Orchestrated Testing (Oct 2015-Dec 2016)
 - Use of 22 cal vs 20 cal
 - Use of Low lactose vs Regular lactose formula
 - 4 groups – 22 cal LL, 22 cal reg lactose, 20 cal LL, 20 cal reg lactose
- Phase 3: Sustain (Jan 2017-Jun 2018)
- Throughout had monthly webinars
- Twice per year in person “sharing seamlessly, stealing shamelessly”

Neonatal Abstinence Syndrome Length of Treatment 2012-2017



In the Beginning

- Identified difficulties

- Inconsistent expectations between referring hospitals and NICU
 - OB and peds
- Inconsistent information about NAS and treatment
- Limited resources for pregnant women struggling with addiction
- Babies were transferred to us for treatment for NAS
 - Feeling that we “needed to treat” due to transfer for treatment
- Inconsistent scoring between referring hospitals and NICU
- Mothers stated they felt judged and uncomfortable
 - Didn’t want to admit substance use
- Realized needed to address the continuum of care

Education for Culture Change

- All OB/NICU staff received about 90 minutes of trauma informed, non-judgmental care
- Emphasis on how women entered the world of substance use
- Nurture the Mother Nurture the Child video – watched first chapter (5 min), had a facilitated discussion of trauma and barriers to care
- Review of organized vs disorganized infant, mother and support system.
- Pre and post education attitude surveys

Education for Culture Change

- Partner hospital OB Education – delivery hospital
- Promise to Hope
 - “Soft start” May 2015
 - Maternal-Fetal specialists provide prenatal care, MAT
 - Support groups for moms
 - Follow moms for several months after delivery
- Empathy training
 - Promise to Hope took the lead for their hospital/Network
 - Social workers
 - Physicians from Promise to Hope
 - Moms present their story going through Promise to Hope
 - Ongoing education at this time

Attitude Survey

Dayton Children's Hospital Attitude Survey Results: Pre and post education

Answers range from 1 (Not at all) to 5 (Very) on a Likert scale

	Average score pre education	Average score post education	Desired direction of change	Percent change
To what extent are adverse life circumstances likely to be responsible for a woman's problematic substance use?	3.8	4.2	Increase	9%
To what extent is an individual personally responsible for their problematic substance use?	4.3	3.8	Decrease	11%
To what extent do you feel angry towards women who use drugs and alcohol while they are pregnant?	3.5	2.8	Decrease	21%
To what extent do you feel disappointed towards women who use drugs and alcohol while they are pregnant?	3.8	3.5	Decrease	1%
To what extent do you feel sympathetic towards women who use drugs and alcohol while they are pregnant?	2.7	3.4	Increase	11%
To what extent do you feel concerned towards women who use drugs and alcohol while they are pregnant?	3.9	4.4	Increase	13%
To what extent do women who use drugs and alcohol while pregnant deserve the same level of health care as people who don't use drugs?	4.5	4.8	Increase	6%

How Culture Change was Possible

- Process change came first
 - Finnegan scoring was optimized – interobserver reliability with champions and objective data decreased “waffling” about a score
 - Standardized, score based medication protocol improved decision making
 - Education and emphasis on non-pharmacologic care provided tools for care
 - All of the above decreased length of stay and nurse’s frustration

How Culture Change was Possible

Decreased frustration with care of the babies allowed time for education and openness to culture change. Decreased frustration and increased time enabled the nursing and physician staff to concentrate on family centered care specifically for this population

The ability to focus on family centered care enabled the NNPs and Neonatologists to begin an open dialogue with the referring hospital providers and nurses to address inconsistencies in care when an infant was transferred

Education Outside the NICU

- Referral hospital Morbidity and Mortality meetings
 - Discussion of patients referred for NAS treatment at quarterly meetings
 - Hospitals saw decreased length of medication and length of stay in patients referred for treatment for NAS
 - Education by NNPs and Neonatologists about NAS at M&Ms
 - What were we seeing vs what we expected to see
- Cooperative education and management for perinatal nurses/units in the Region
 - PCEO (Perinatal Continuing Education Consortium)
 - Perinatal Nurse Managers group

Community Hospitals

- Historically addiction/NAS education had been provided to community hospital nurses (OB/Peds) through PCEO combined MFM/NNP once or twice per year
- Updates given at Perinatal Nurse Managers meetings
- Referral hospitals began to request more education about care of moms and babies with substance use
- Evening education offering by PCEO/AWHONN
“Understanding Addiction.”
 - Spearheaded by Promise to Hope

Education for Prenatal Nurses

- Nurses taking care of pregnant women asked for information regarding risk assessment
- Education provided
 - SBIRT (screening brief intervention, referral to treatment)
 - Use of 5P's for screening
 - Causes of NAS
 - Symptoms
- Outcome
 - Increased risk revealed at second visit (after trusting relationship established)

**Institute for Health and Recovery
Integrated Screening Tool**

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Peers Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Partner Does your partner have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking Have you smoked any cigarettes in the past three months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Review Risk

Review Domestic Violence Resources

Review Substance Use, Set Healthy Goals

Consider Mental Health Evaluation

Advise for Brief Intervention

	Y	N	NA
Did you State your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Advise to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Check patient's reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Refer for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At Risk Drinking	
Non-Pregnant	Pregnant/ Planning Pregnancy
> 7 drinks / week	Any Use is Risky Drinking
> 3 drinks / day	

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

2005

Date: _____

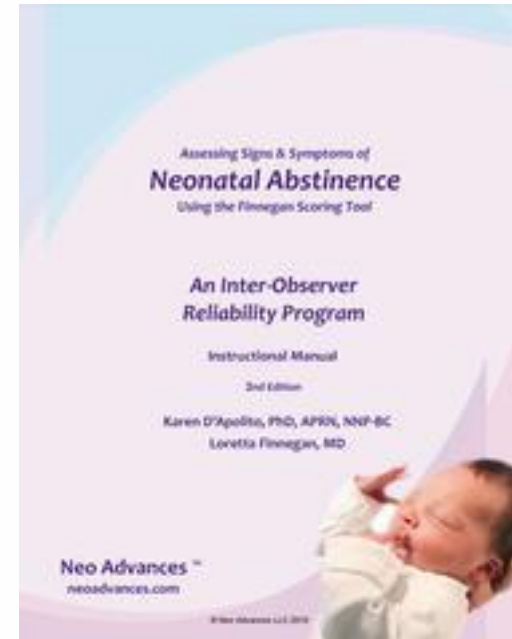
Language: _____

Race: _____

Ethnicity: _____

Education for Community Hospitals

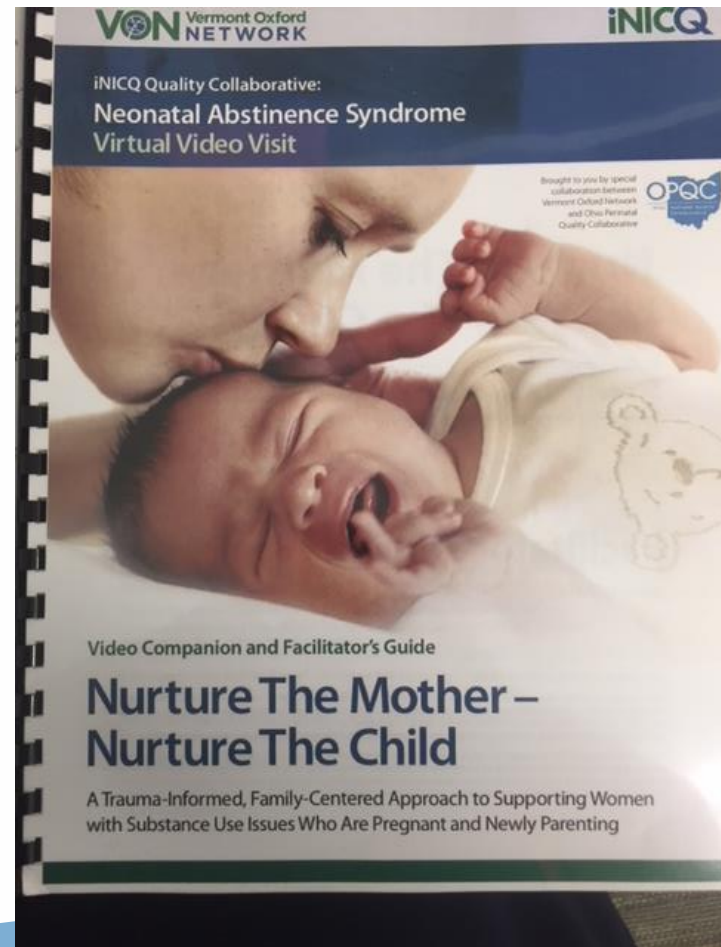
- Adopted a community hospital perinatal focus – addressed mother/baby, labor and delivery as well as Special Care Nursery nurses
- Education provided
 - Symptoms
 - Inter-observer reliability Finnegan Scoring adapted from Karen D’Apolito’s scoring system
 - Emphasis on non-pharmacologic care
 - Trauma informed care
 - Nurture the Mother/Nurture the Child
 - Pre/post attitude testing
- Nursing contact hours (1.5)



<https://neoadvances.com/index.html>

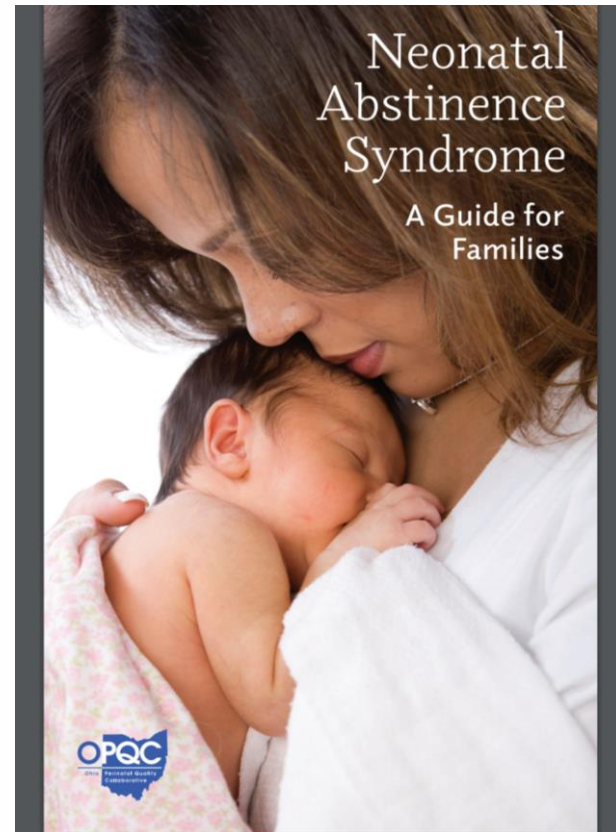
Education for Visiting Nurses

- Requested when increased home visits for babies with NAS
- Focus was on community health nurses following babies and moms at home
- Education Focus
 - Symptoms
 - Non-pharmacologic management (at home)
 - Trauma informed care
 - When to return to the hospital
- Nursing contact hours (1.5)



Family Involvement

- Families verbalized there was a consistent message after coordinated education
- Families (primarily mothers) stated they did not feel judged after initial education completed – all mothers who have infant with drug exposure in NICU are interviewed one on one
- Mothers provided feedback on a short term basis initially
- Now there is a mother who assists with education for RN orientation for trauma informed care and NAS



<https://opqc.net/patients-providers/%20NAS>

Facilitators

- Support of Administration/Management – Senior leadership at Dayton Children’s to fund the NNPs providing community education and at referring hospitals to fund nurses receiving the information
- Nurse and Physician Champions at referring hospitals
- Super-Users at referral facilities – helped with inter-observer reliability
- Education of ALL staff
 - PCAs, RNs and Attendings (primarily pediatricians during hospital based education, OB and peds at M&Ms).
- Staff Buy-in
 - Made a part of competencies in many of the referral hospitals
- “The Team”
 - Lisa Jasin DNP, NNP, David Yohannan MD, Karen Beekman CNS, Erin Kichline RN (data collection), Kara Pierce RN (staff education), Kerri Scott RN (staff education), Jen Morris RN (manager)

Successes

- Decreased length of treatment
- Agreement by providers
- Improved attitude scores
- Education of referral staff paid off
 - Fewer babies being referred for NICU care that don't get started on medications
 - More babies managed at outside hospitals with non-pharmacologic care
- Length of treatment now an average length of treatment 11.5 days

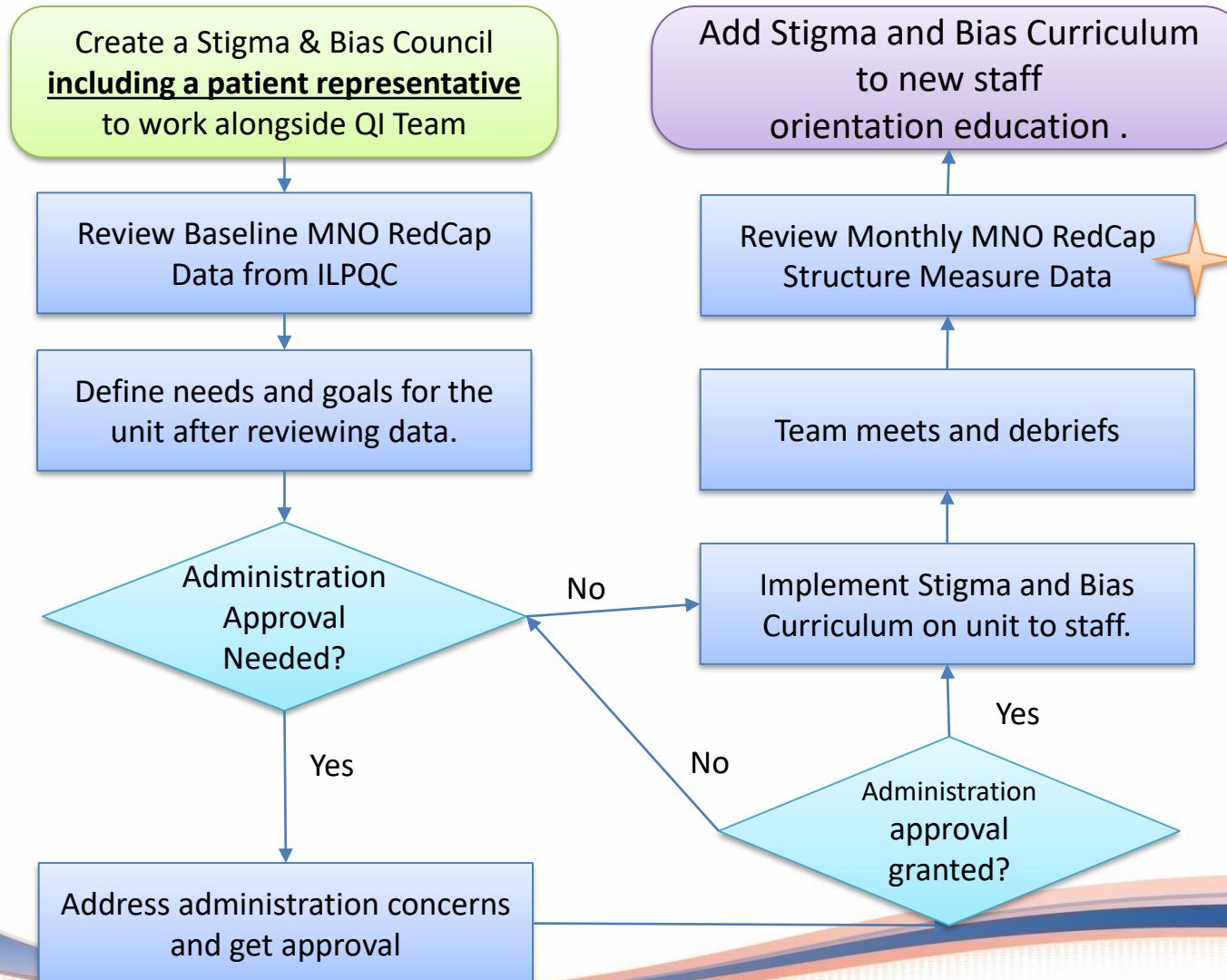
Opportunities for Improvement

- Social worker was not brought in soon enough
 - Now an active part of the team
- We did not coordinate initially with OB colleagues and staff – perhaps a year into the QI project
 - Realized the mistake at an M&M and at a Perinatal Nurse Managers meeting

Questions?

QI CORNER

Process Flow for Implementing Stigma and Bias Education



MNO-OB TEAM TALK



Memorial Hospital Belleville





Family Care Birthing Center Memorial Hospital
Belleville
8 LDR Rooms 2 Triage
10 Bed Mother Baby Unit
Level II Nursery
6 Special Care Nursery Beds

Opened in 1958
Has grown to become healthcare provider of
choice in the area
216 Licensed beds:
L&D & MB 16, ICU 19,
IMCU 9, ER 29,
Med-Surg 116, Telemetry 64

Population



- Serving IL counties of: St. Clair, Monroe, Madison, Randolph, Clinton, and Washington
- 65% Caucasian; 30% African American; 3% Hispanic
- 80% High School education; 25% baccalaureate
- 19% at poverty level; Per capita income: \$26,459;
- 9% unemployed
- 12% without any type of insurance
- Total charges of healthcare and social services: \$1,363,794,000
- Teen births (15-19 yrs): 56/1000
- Low birth rate-9%



Team Members

Team Lead:	Donna Stephens, DSN, RN-C
OB Physician Lead:	Daryll Engeljohn MD
Nurse Lead:	Mona LeGrand, MSN, RNC
Neonatology:	Shawn O'Connor MD
Quality Lead:	Mona LeGrand MSN, RNC
Social Service:	Maria Holt LSW
Neonatal Pharmacist:	Chris McPherson DPharm
Nurse Manager:	Courtney Beebe, MSN, RN
Nurse Educator:	Angie Mann MSN, RN, IBCLC Renee Junker, MSN, RNC

Background



- OB Director (Donna Stephens) conducted her DNP project “Early Assessment and Resource Provision for the Pregnant Substance Abuser” at both our facilities (11/1/2017-1/31/18) using the 4Ps Plus screening tool and created a resource pamphlet for mother’s who screened positive
- She screened 56 patients who presented for initial prenatal care with our providers or who presented to the OB unit or the ED with limited or no prenatal care
- If a patient screened positive for tobacco, alcohol, marijuana or other drug use, they were offered the resource pamphlet (of 56 positive screens, 1 patient accepted Medication Assisted Treatment)
- Her preliminary work was a great lead into the MNO initiative



Educating Staff

- OB Director presented her findings to the OB providers at their quarterly meeting and at OB RN staff meetings
- 5 Ps screening tool chosen and incorporated into EMAR documentation
- Nurse Educator provided additional education about the MNO Initiative at the OB staff meetings, using the ILPQC Mothers and Newborns Affected by Opioids Initiative and ACOG slides
- ILPQC resources and community resources shared and available on the unit
- Emphasis was placed on the screening tool, completing the data collection tool, decreasing the stigma of substance abuse, and reminding staff the mother is the treatment for her infant

Admission Question



- Admission question from the EMR under drug usage history, and if a positive Urine drug screen on admission or history noted on prenatal. This was all we used until August 1, 2018.

Social Behaviors ✓	
Drugs	
Drug Use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Type	
Amount	
Frequency	



Additional Admission Questions

Labor, Jane H00000000190 M00000017
 29 F 09/18/1989 R00000019
 ADM IN H.LBRIN LBR01-01 5ft 7in 180lb BSA:1.93m² BMI:28.2kg/m²
 Allergy/Adv: Not Recorded

Include Interventions Outcomes Regulatory
 Look ahead 12 hours

Care Item	Last Done	Status/Due	NOW
A LD Arrival/Orient to Unit	ONE TIME	16mo	
A LD General Admission Assessment	ONE TIME	21mo	
A LD Admission Assessment 6/16	ONE TIME		
A Past Medical History	ONE TIME		
A Alert Band Application		2y	
A LD Safety Measures	HRLY RDS	2y	
A LD Shift Assessment		21mo	
A LD Maternal Delivery Summary	ONE TIME	17mo	
A LD Labor Services	ONE TIME	2y	
A Saline Lock/IV Catheter	Q8HR		
A IV Flowsheet	Q12HR		
A Intake and Output	Q8HR	17mo	
A LD/OB Physician Communication			
A Dietary Intake			
A Stool Assess			
O Resolution of Pregnancy	END SHFT		
A LD Education Record			
A LD Recovery Record			
A DTS Testing Jessie		2y	
Io External Fetal Monitor	.RTN		
AO Activity - Up Ad Lib	.RTN		
Io LDR Oxygen	.RTN		
AO Catheter Straight	.PRN		
Io Internal Scalp Electrode	.RTN		
Io LDR Call MD, Meconium Fluid	.RTN		
Io LDR Call Anesthesia	.RTN		
A OB Mother Breast Pumping Record		2y	
A Breastfeeding Assessment		23mo	
A LD Triage Assessment			
A LD Blood Patch Procedure			
A LD Flowsheet		11mo	
A OB Nutritional Screening		12mo	
A LD Prenatal Substance Abuse Screening	ONE TIME	49d	

- Status Board
- Select Visits
- Summary
- Review Visit
- Notices
- New Results
- Clinical Panels
- Vital Signs
- I & O
- Medications
- Laboratory
- Microbiology
- Blood Bank
- Reports
- Patient Care
- Notes
- Refresh EMR
- Orders
- Amb Orders
- Clinical Data
- Plan Of Care
- Worklist
- Mar
- Write Note
- TAR
- Discharge

This item appears on all in-patient and Triage charts directly under the admission assessment

Questions 5 P's



Labor, Jane		H00000000190	M00000017
29 F 09/18/1989		5ft 7in 180lb BSA:1.93m ² BMI:28.2kg/m ²	R00000019
ADM IN H.LBRIN LBR01-01		Allergy/Adv: Not Recorded	

<div style="float: right; background-color: #e0ffe0; padding: 2px;">Tue Oct 16 14:32 by MEL</div>	
Interventions	
LD Prenatal Substance Abuse Screening ONE TIME	✓
Assessments	
<input checked="" type="checkbox"/> Prenatal Substance Abuse Screen ✓	
<input checked="" type="checkbox"/> Screening <ul style="list-style-type: none"> * Advise the client responses are confidential. * A single "Yes" to any of these questions indicates further assessment is needed. 	
Did Any of Your Parents Have Problems With Alcohol or Drug Use?	<input type="radio"/> Yes <input type="radio"/> No
Did Any of Your Friends (Peers) Have Problems With Alcohol or Drug Use?	<input type="radio"/> Yes <input type="radio"/> No
Does Your Partner Have a Problem With Alcohol or Drug Use?	<input type="radio"/> Yes <input type="radio"/> No
Before You Were Pregnant Did You have Problems With Alcohol or Drug Use? (Past)	<input type="radio"/> Yes <input type="radio"/> No
In The Past Month, Did You Drink Beer, Wine or Liquor, or Other Drugs? (Pregnancy)	<input type="radio"/> Yes <input type="radio"/> No
Comment	
<input checked="" type="checkbox"/> Follow-Up Questions <ul style="list-style-type: none"> * Women who screen high risk for substance use should be assessed for opioid use. 	
Have You Used Any Opioids, Narcotics, or Pain Meds in The Last Year?	<input type="radio"/> Yes <input type="radio"/> No
Were They Prescribed or Unprescribed?	<input type="radio"/> Prescribed <input type="radio"/> Unprescribed
Comment	
<input checked="" type="checkbox"/> Resource <ul style="list-style-type: none"> Resource Brochure Provided 	
Resource Brochure Provided	<input type="radio"/> Yes <input type="radio"/> No
Comment	



Reflex Order

<input checked="" type="checkbox"/> Type	Suggestions	Action	Trigger	Res
<input type="checkbox"/> Order	Social Services Consult	Order Now	Have You Used Any Opioids, Narcotics, or Pain Meds in The Last Year?	Yes

Triggered By

Trigger	Answer	Reason	Assessment
Have You Used Any Opioids, Narcotics, or Pain Meds in The Last Year?	Yes	Equal to Yes	Prenatal Substance Abuse

Select Action
Order Now



Audit Sheet

Audit sheet on any patient that has a positive drug screen or baby has positive Meconium. We keep track on a monthly basis to notify the Pedi or DCSF if it was not done while in the Hospital.

Memorial Hospital Belleville September 2018	
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	Date	Mom M#	UDS done on admission	Results	Other hospital results	Prenatal Availabl	Prenatal UDS	OB	Baby M#	UDS?	MDS?	Pedi	Social Service?
32	9/28/2018	735103	Yes	Neg		NO	Cocain,MJ	SIHF	735123	Neg	Cocain,MJ	Hanson	Saw
33	9/28/2018	483492	Yes	Neg		Yes	Neg	SIHF	735133				
34	9/29/2018	169000	Yes	Neg		Yes	Neg	SIHF	735181				
35	9/29/2018	637651	Yes	Neg		Yes	Neg	SIHF	735155				
36													
37													
38													

DCFS Called	Missed MDS	Pedi Called	SS Emailed
Not Called			

We average 1-3 positive screens per month for opioids.

Follow Up



- Since beginning this project, staff education was completed to include assessment questions (5 P's), decreasing staff stigma toward this patient population, available community resources given to at risk patients, and continued coordination with community pediatricians and social service involvement.
- We have a dedicated staff member who follows up on positive meconium drug screens and notifies pediatricians and social services as appropriate
- Social Services helps mothers get into Medication Assisted Treatment facilities if it is needed or requested



Questions?

WRAP-UP

OB MOC Part IV Opportunities



Obstetric Teams- NEW ACOG MSPP (OB-Gyns and Multi-Specialty Physicians)- **DUE NOV 1st, 2018**

- Participating physicians complete [Physician Attestation Survey](#)
- MNO-OB AND/OR Severe Maternal Hypertension will **BOTH** qualify!
- **EMAIL** INFO@ILPQC.ORG with any questions!



12 trained in Springfield!

Chicagoland Area- over 30 registered!

Monday, October 22, 2018 | 8:00 am - 12:00 pm
Prentice Women's Hospital, Conference Room L
(North), 3rd Floor, 250 E Superior St, Chicago, IL 60611

[Register Here](#)

NEW OFFERING *Central Illinois*

Monday, December 3, 2018 | 10:00 am - 2:00 pm
Carle at the Fields, Champaign
Registration details coming

- 4 hour in-person course + (4 hour online) led by an addiction medicine specialist & OB/GYN for physicians
 - MOC Part IV credits
 - CME for 8 hours credit (via ASAM)
- 4 hours in-person + 20 hours of online-training for NPs/APNs
 - Contact hours (via ASAM)
- Initiates buprenorphine waiver process
 - National waiver from DEA and added to MD prescribing number

Next Steps

- Register team for annual conference and complete ILPQC preconference survey by 10/22 – VERY IMPORTANT!
- Submit and review data to date on all three data forms (Sept data due Oct 15)
- Work on standardized screening tool for L&D and prenatal clinics with SBIRT protocol (pocket card) and posted screening process flow
- Continue process for mapping local resources for MAT and key services for moms OUD and develop process flow to use Mapping Tool for linking moms to MAT / behavioral health / social work
- Work on implementation of clinical care checklists for moms with OUD for use prenatal & L&D
- Discuss steps for implementation of standardized stigma & bias education for providers and nurses

Upcoming MNO-OB Teams Calls



- **November 5:** ILPQC 6th Annual Conference
- **November 26:** Debrief from AC, overview of progress on key steps
- **December:** Canceled
- **2019:** Helping teams complete key steps
 - Build trust
 - Improve patient navigation for EVERY mom with OUD
 - Support providers Buprenorphine prescribing
 - Standard system wide response for OUD screen positive moms
 - how do we make it easy to activate a standard response every time (prenatal or L&D) even if don't do it often?

Contact

- Email info@ilpqc.org
- Visit us at www.ilpqc.org



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