



MNO-OB Crossing the Finish Line, Preparing for Sustainability

November 9, 2020

12:30 – 1:30pm

Call Overview

- 8th Annual Conference Debrief
- MNO-OB Finishing Strong and Preparing for Sustainability
- MNO-OB Sharing Strategies for Success: Learning from Award
- Hemorrhage and hypertension continuing education requirement

8th Annual Conference

Debrief



Please share your comments/feedback
about the Annual Conference!

- 605 providers, nurses, allied health professionals, public health professionals and more attended the online meeting- record attendance!
- 8 national speakers participated in the conference speaking to topics including Birth Equity, Promoting Vaginal Birth, Newborn Antibiotic Stewardship, Patient/Family Advisors Strategies, and other state perinatal quality collaborative work.
- 27 ILPQC hospital teams received QI Excellence Awards for optimal care provided in MNO-OB & Neonatal, and 6 awards given for IPLARC
- 25 ILPQC hospital teams submitted QI Posters, and 12 received awards for excellence for their abstracts and posters

Post Conference Information

- ILPQC have recordings from the 8th annual conference available
 - Linked here:
<https://ilpqc.org/2020annualconference/>
- Please complete evaluation to receive CMEs credit, if you attended the conference and still interested
 - Linked Here: www.cme.northwestern.edu
- Poster are still available on the conference webpage as well
 - Linked here:
<https://ilpqc.org/2020annualconference/>



MNO-OB Excellence Award

Criteria for Optimal OUD Care

✓ All Data Submitted

+

✓ 6 Structure Measures In Place

(Screening Prenatal, Screening L&D, SBIRT/OUD Protocol, Mapping, Checklist, Patient Education)

+

✓ All Process Measure goals met

>70% MAT, >70% Recovery Treatment Services

>60% Narcan, >70% Hep C

>70% Patient Education, >50% Prenatal Screening



CONGRATULATIONS



MNO-OB Excellence Award for Optimal OUD Care

ILPQC MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS INITIATIVE

- Advocate Sherman Hospital
- Advocate BroMenn Medical Center
- Barnes Jewish Hospital
- CGH Medical Center
- Elmhurst Memorial Hospital
- NM Lake Forest Hospital
- NorthShore University Health System Highland Park Hospital
- Palos Health
- Riverside Medical Center
- Saint Anthony Hospital
- St Margaret's Hospital

MNO-OB QI Award of Excellence Next Steps



Didn't qualify for MNO-OB Excellence award? Don't worry...

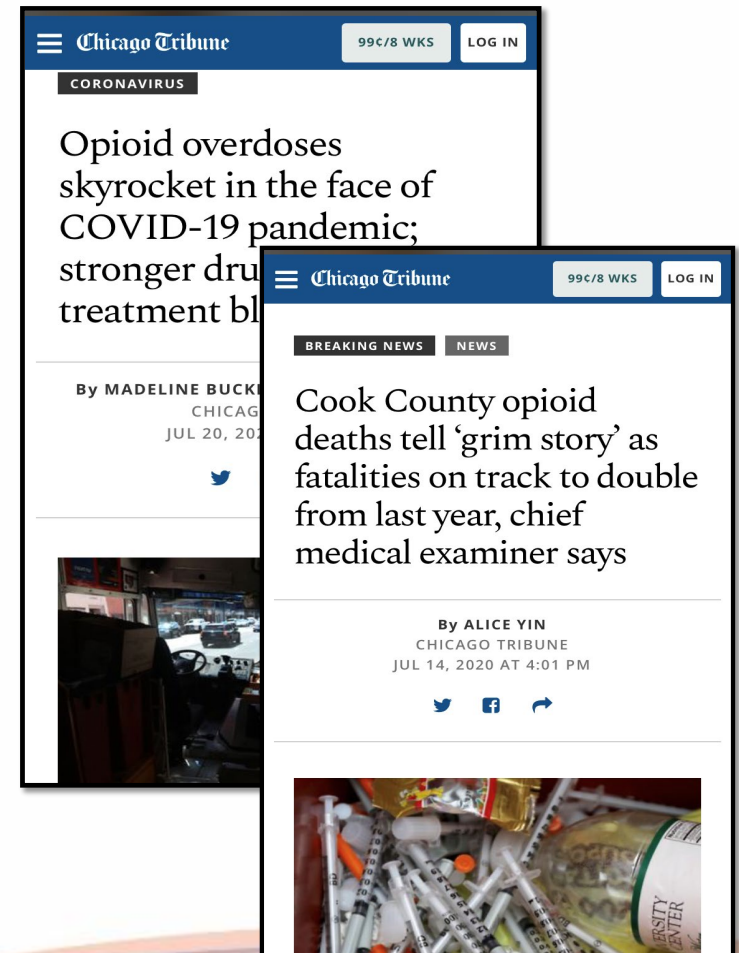
- Teams who are working to achieve AIMs will have upcoming opportunities to receive QI Awards of Excellence in Q4 2020 and into 2021

MNO-OB: FINISH STRONG & PREPARE FOR SUSTAINABILITY

Providing Optimal OUD Care every patient, every time

With the opioid crisis in Illinois **continuing & worsening**, it is essential for **every hospital** to identify pregnant patients with OUD and **provide optimal OUD care for every patient, every time**, to save lives

Optimal OUD care can only be achieved by implementing standardized and sustainable systems of care, ensuring the OB clinical team understands their role to reduce risk of maternal death and treats all patients with empathy and respect



MNO-OB AIMs

Increase patients with OUD connected to **MAT & Recovery Treatment Services** prenatally or by discharge to >70%

Increase patients with OUD receiving **Narcan Counseling** to >60%, **Hep C Screening** to >70%, and **patient education** to >80%

Increase prenatal screening for OUD with **validated tool** to >50%



93%

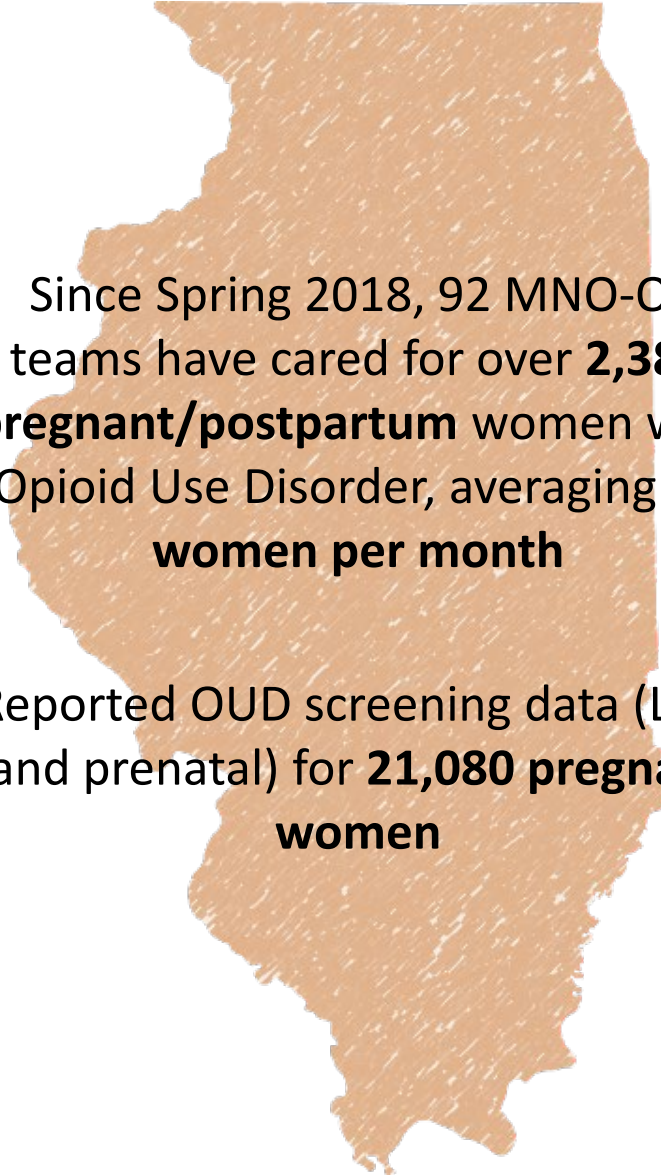
Standardized Prenatal
Screening

93%

Standardized L&D
Screening

95%

Standardized
Mapping of Resources

A light brown, textured map of the state of Illinois is centered in the background of the infographic.

Since Spring 2018, 92 MNO-OB
teams have cared for over **2,384**
pregnant/postpartum women with
Opioid Use Disorder, averaging **71**
women per month

Reported OUD screening data (L&D
and prenatal) for **21,080 pregnant**
women

95%

Standardized
SBIRT/OUD Protocol

95%

Standardized OUD
Clinical Checklist

95%

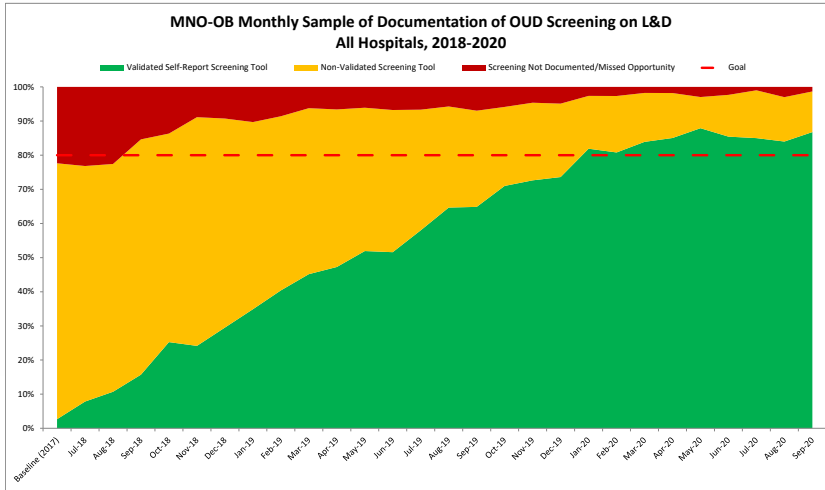
Standardized Patient
Education¹¹

Screening for SUD/OD

AIM ACHIEVED!
>80%

87%

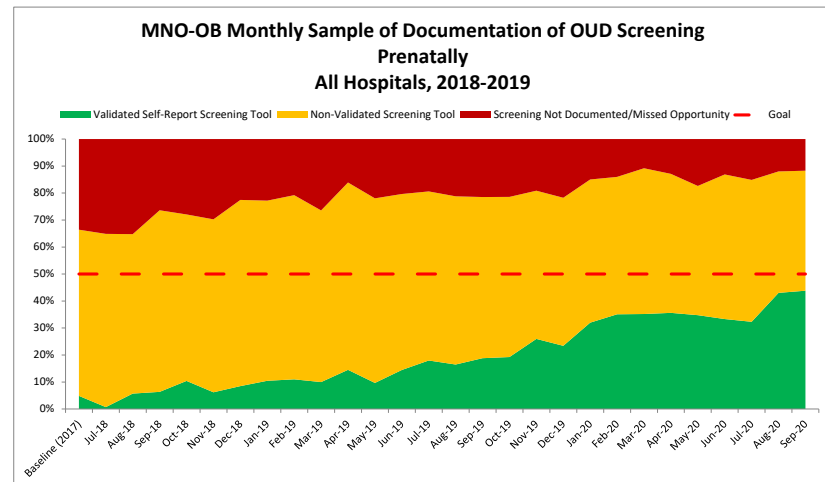
Random sample of 10 deliveries per month reviewed for documentation of SUD/OD screening
N = 21,080 to date



L&D

Red = No screening
Yellow = Screened single question
Green = Screened with validated SUD/OD screening tool

Prenatal



44%

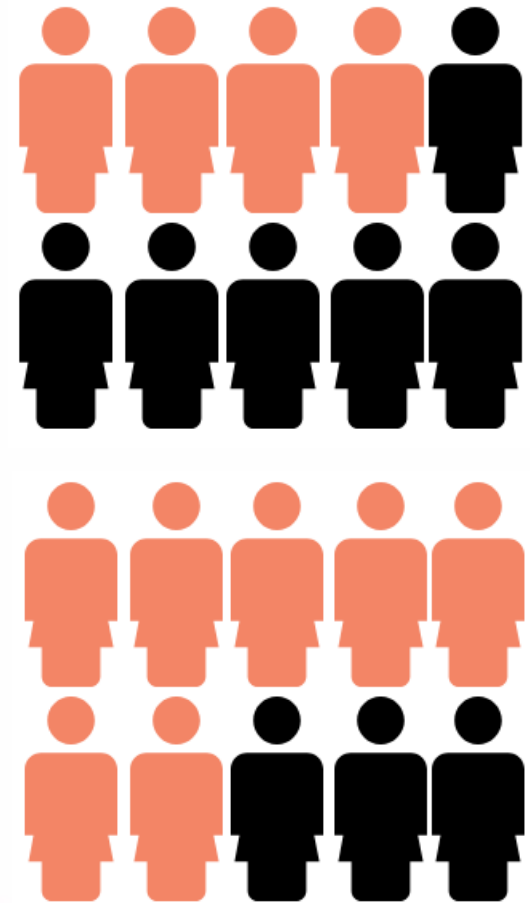
GOAL: $\geq 50\%$

Connected to MAT

AIM ACHIEVED!
>70%

At baseline Quarter 4
2017, 4 out of 10 patients
with OUD were connected
to MAT prenatally or by
deliver discharge

As of Quarter 3 2020, 7 of
10 patients with OUD
were connected to MAT!

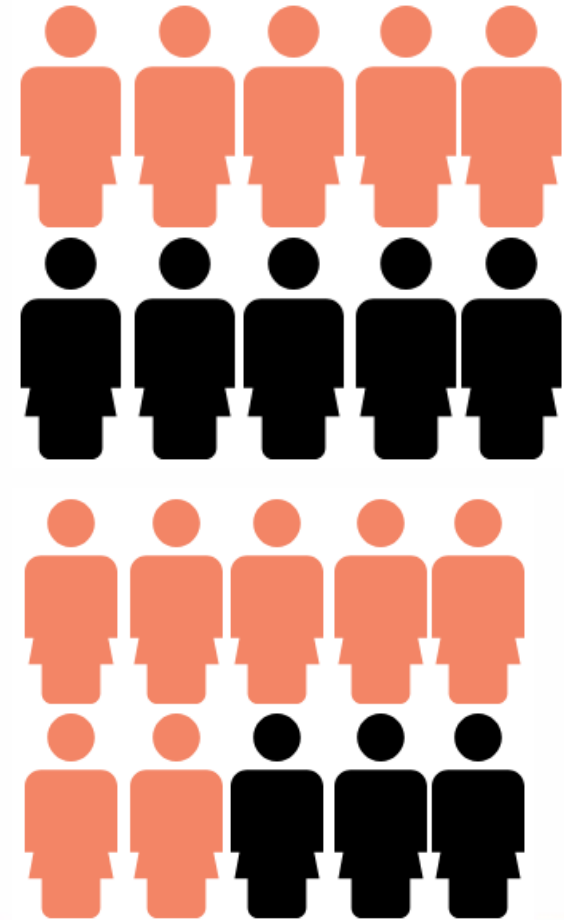


Linked to Recovery Treatment Services

AIM ACHIEVED!
>70%

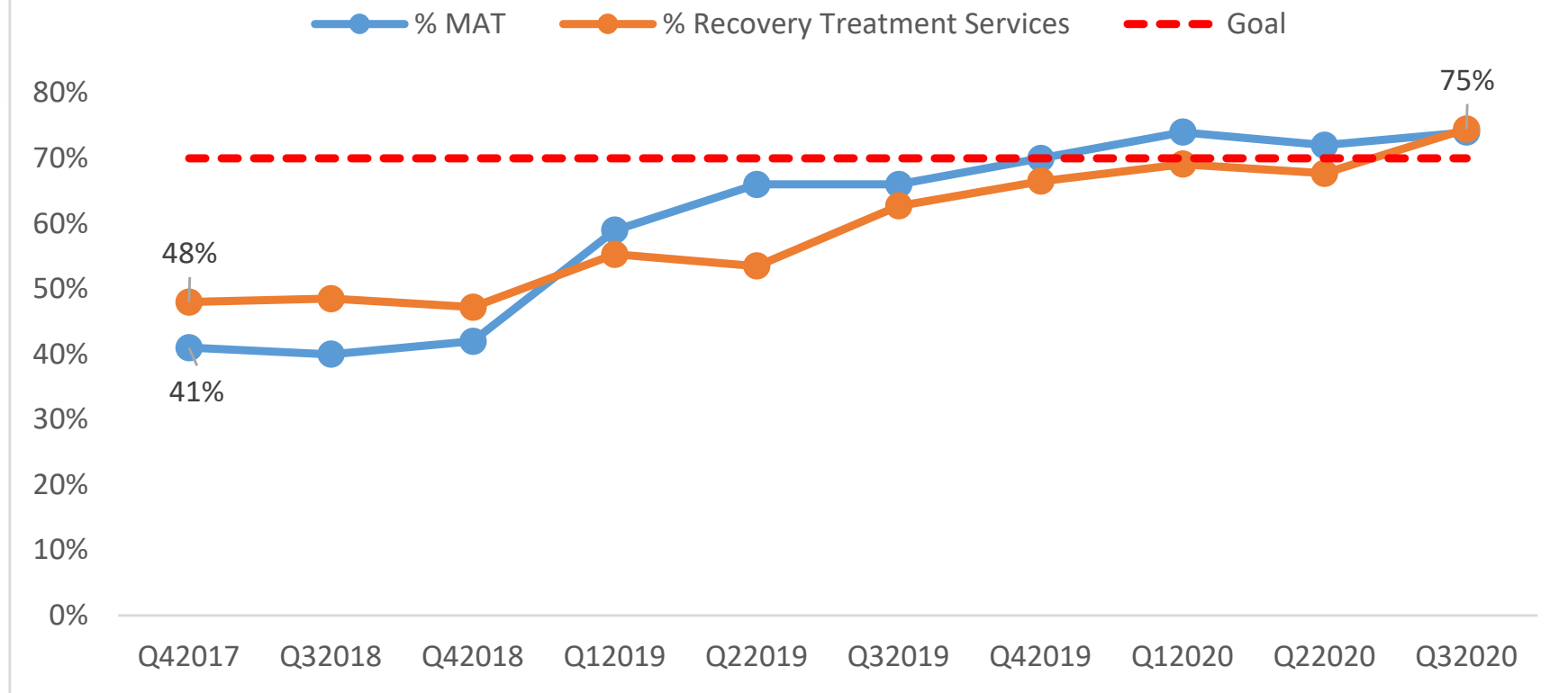
At baseline Quarter 4 2017, 5 out of 10 patients with OUD were linked to recovery treatment services prenatally or by delivery discharge

As of Quarter 3 2020, 7 of 10 patients with OUD were connected to recovery treatment services before delivery discharge!



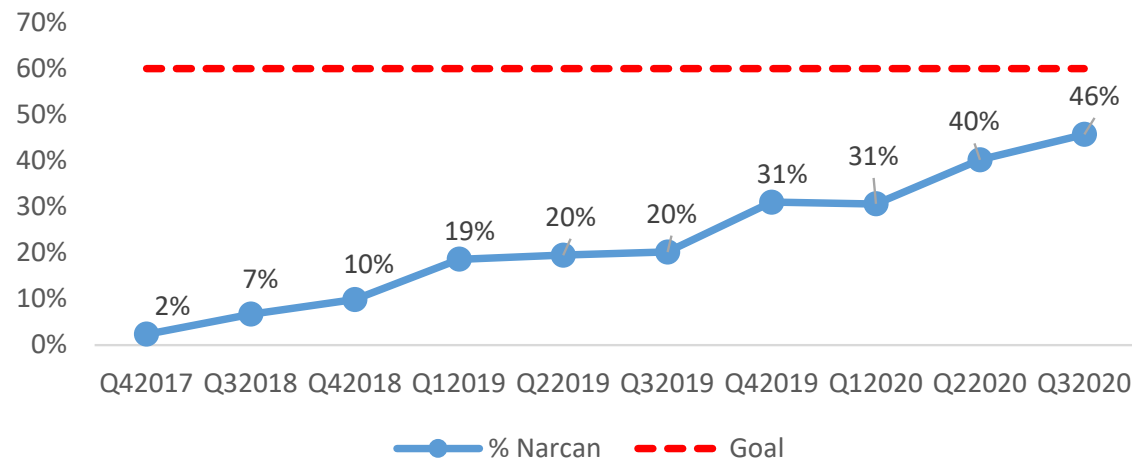
Optimal OUD Care

Percent of women with OUD connected to Medication Assisted Treatment and Linked to Recovery Treatment Services Prenatally or by Delivery Discharge



Narcan Counseling: A Story of Collaborative Improvement

Percent of women with OUD receiving Narcan Counseling & Documentation Prenatally or by Delivery Discharge



Quarter 4, 2017

1 of 10

Quarter 3, 2020

5 of 10

patients with OUD received
Narcan Counseling
prenatally or by delivery
discharge

Lessons Learned, Systems for Optimal OUD Care

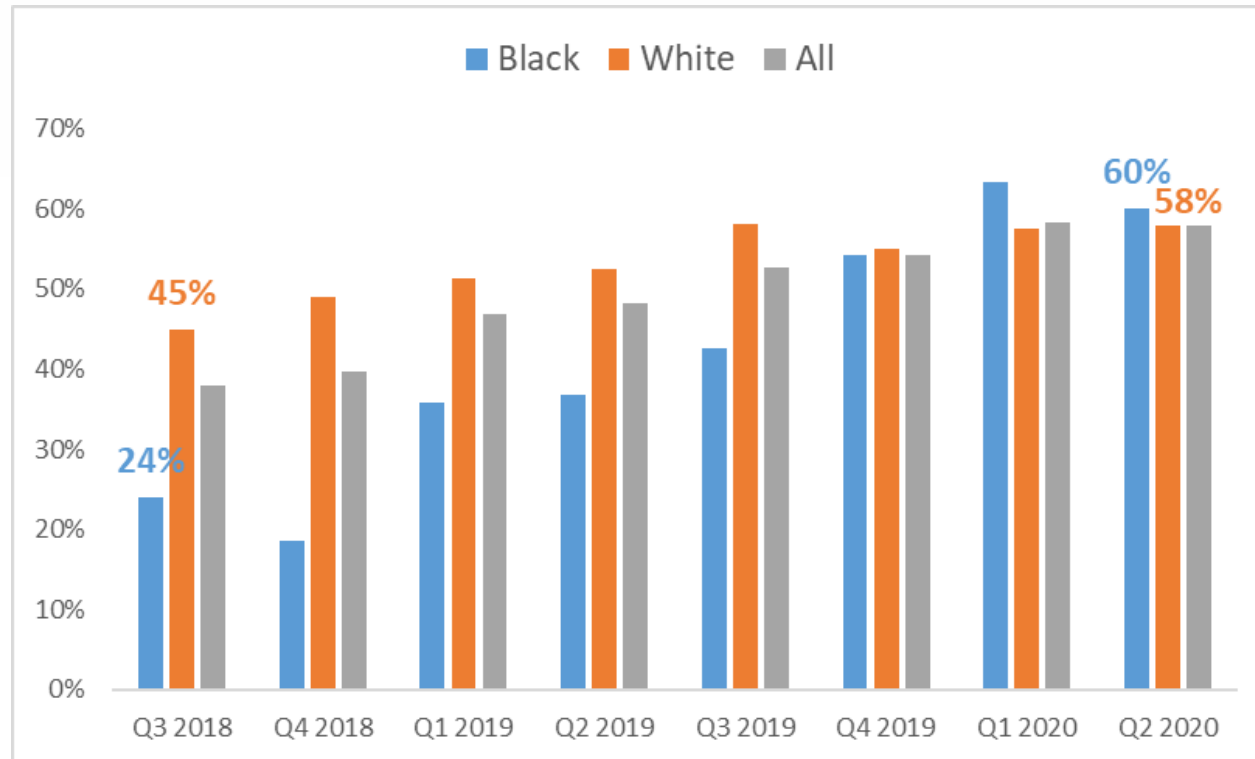
Individual hospital sharing of experiences greatly shaped the strategies developed to ensure systems for optimal OUD care for every patient including:

- MNO-OB Folders
- L&D OUD Huddles
- OUD Order sets
- Strategies for improving prenatal screening & Narcan counseling



Improving equitable care and reducing disparities for patients receiving MAT

Comparison of percent of patients with OUD receiving MAT by delivery discharge by race/ethnicity across the MNO Initiative



At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement for Black patients.

Strategies for System Implementation for OUD Care

To provide optimal care, we must activate the OUD systems for every patient seen with opioid use disorder



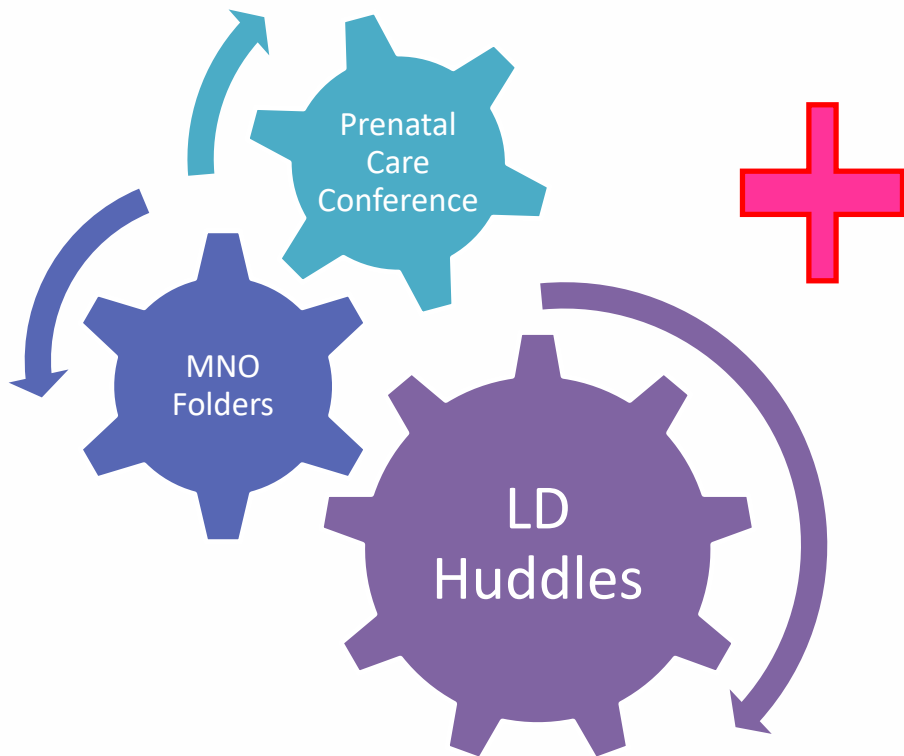
Optimal OUD Care

To succeed, every OB provider and clinical care team member must be educated on the following:

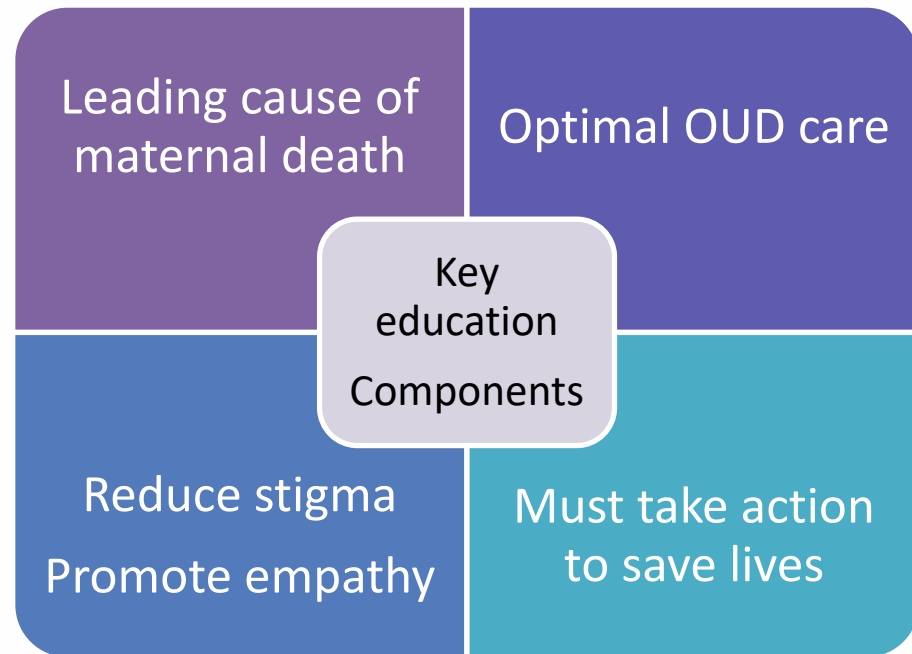
- 1. Implementation of validated screening tool prenatal and L&D**
 - Screen ALL patients for SUD/OUD prenatally and L&D
- 2. Activate the use MNO-OB Folders**
 - When patients screen + use folders to activate OUD algorithm, complete OUD checklist and nursing workflow
- 3. Confirm optimal OUD Care is provided**
 - **L&D Huddle** for all OUD patients on L&D to review MNO folder, and checklist, confirm optimal care elements provided
 - Improve **Narcan counseling**: OUD order set, Narcan on formulary and Med to Bed program
 - **Prenatal care team conference** for prenatal OUD patients identified to discuss optimal OUD care plan with OB/ neonatology/ nursing / SW

Action steps for every hospital

Systems Activated



Provider and staff education provided



MNO Education for all OBs & RNs

Stigma & bias education

- [Words Matter e-Module](#) from ILPQC AC Conference
- [CDC Opioid Use and Pregnancy e-Module](#)

Implement stigma & bias education

Provider & RN e-Modules

- [MNO-OB Provider](#) eModule
- [MNO-OB Nursing](#) eModule

Shares key strategies for caring for pregnant and pp women with OUD

Provider & RN education campaign

- [MNO-OB Education Flyers](#)

Post & distribute in clinical areas including prenatal sites

SBIRT Simulations Guide and e-training

- 1hr SBIRT IRETA [Training e-Module](#)
- ACOG District II SBIRT Training [6 Min Video](#)

Train providers to talk to patients about readiness for MAT & linking to recovery treatment services.

MNO-OB FINISHING STRONG & PLANNING FOR SUSTAINABILITY

QI Sustainability Phase

We must maintain and sustain the MNO efforts in providing optimal care for every patient

Saving Lives

OID continues to be on the rise and patients' lives are on the line.



Sustainability Plan



What systems do you have in place to ensure your QI work is continuously integrated into your clinical culture?

Strategies for Sustainable Change

Compliance Monitoring

Monitor prenatal screening and on LD

Monitor MAT and Behavioral Health/Recovery Treatment

Monitor Narcan counseling and prescribing

New Hire & Ongoing Education

Plan for training residents, new providers on optimal OUD care

Plan for training new nursing hires on optimal OUD care

Plan for ongoing education for inpatient and outpatient clinical staff

Maintain Systems Changes

Identify who will be responsible for maintaining MNO-OB Folders

QI team to continue with MNO Missed Opportunity Review forms and provide feedback

QI team will create a plan to monitor compliance and engagement with OUD L&D huddles

ILPQC MNO-OB Sustainability Plan

- Helps capture your QI team's plan for MNO sustainability
- Submit plan to ILPQC and your PNA by Jan 1

ILPQC MNO-OB Initiative: Sustainability Plan

Sustained Improvement Tracking of key process measures:

1. SUD/ODU Prenatal and LD Screening documented
2. Medication Assisted Treatment (MAT) Prenatally or by Delivery Discharge
3. Linkage to Behavioral Health Counseling / Recovery Treatment Services Prenatally or by Delivery Discharge
4. Narcan Counseling & Prescription Offered Prenatally or by Delivery Discharge
5. Hepatitis-C Screening Prenatally or by Delivery Discharge

How will measures be collected? _____

Team member(s) in charge of monthly reporting in REDCap: _____

How often will your QI team meet to review hospital data reports via REDCap and develop a response if compliance on measures are below the goal? ☐ Monthly ☐ Quarterly ☐ Other: _____

Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for all nurses and providers?

☐ ILPQC Provider eModule ☐ ILPQC RN eModule ☐ Missed Opportunity Review form ☐ ILPQC SBIRT Simulations

☐ SBIRT/ODU Clinical Algorithm ☐ MNO-OB Toolkit Provider Education Materials ☐ RN Workflow ☐ Other: _____

How will you incorporate MNO-OB education and clinical care policies and protocols into ongoing education? _____

How often will you provide ongoing education? ☐ Biannually ☐ Annually ☐ Other? _____

New Hire Education for all new hires

What education tool(s) will you use for new hires (see above)? _____

How will you incorporate MNO-OB education and clinical care policies and protocols into hospital new hire education? _____

Sustained System-level Changes

What system-level changes have you put into place to sustain providing optimal care for every patient with OUD?

☐ LD Admission Huddles ☐ Prenatal Care Conference ☐ MNO-OB Folders ☐ MNO OUD Order Sets

☐ Missed Opportunity review with clinical team feedback ☐ Validated Screening tool in EMR ☐ Other: _____

How will you sustain these efforts, such as how will you ensure that MNO-OB Folders are replenished and updated? How will you confirm OUD Admission Huddles are being completed for all patients with OUD? _____

Community Resources: How often will you update your local map of resources to connect pregnant/postpartum patients to MAT & Behavioral Health/Recovery Treatment Services? ☐ Bi-annually ☐ Annually

Whose job is it to update the MNO- OB folders? _____

Whose job is it to update local map of resources to MAT & Behavioral Health/Recovery Services? _____

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____

Hospital Name: _____

Due January 1st

MNO-OB Preparing for Sustainability Checklist



- ☐ Submit ILPQC monthly MNO-OB Patient, Screening, & Structure Measure data through December 2020 by March 15, 2021 in ILPQC Data System
- ☐ Facilitate completion of education with all providers and nurses, determine plan for continuing & new hire education
- ☐ Review data for AIMS with your team
- ☐ Connect with your Perinatal Network Administrator if you are not yet at the MAT, RTS, Narcan, or Screening AIMS
- ☐ Develop sustainability plan with your QI team (draft plan provided by ILPQC), submit to your Perinatal Network Administrator & ILPQC
- ☐ Continue to collect / submit data on sustainability measures for compliance monitoring. Compliance data form and reports will be active January 2021

MNO-OB: SHARING STRATEGIES FOR SUCCESS FROM AWARD WINNERS

MNO-OB QI Award Winners

Sharing Strategies for Success



- Advocate Sherman Hospital
- Advocate BroMenn Medical Center
- Barnes Jewish Hospital
- CGH Medical Center
- Elmhurst Memorial Hospital
- NM Lake Forest Hospital
- NorthShore University Health System Highland Park Hospital
- Palos Health
- Riverside Medical Center
- Saint Anthony Hospital
- St Margaret's Hospital

MNO-OB Panel

Sharing Strategies for Success

1. Which strategies were most important for your success in achieving the ILPQC QI Excellence Award and getting across the finish line
2. What steps are you taking for sustainability for the following:
 1. Compliance monitoring
 2. Education (ongoing & new hire)
 3. Systems changes (MNO-OB Folders & Mapping resources)

Hospital Name
Advocate Sherman Hospital
Advocate BroMenn Medical
Barnes Jewish Hospital
CGH Medical Center
Elmhurst Memorial Hospital
NM Lake Forest Hospital
NorthShore Highland Park Hospital
Palos Health
Riverside Medical Center
Saint Anthony Hospital
St Margaret's Hospital

MNO-OB Next Steps

ODU Systems

- Continue to cross the finish line and ensure all systems are in place to provide optimal ODU care

Provider Education

- Ensure all clinical team members receive education and know how to activate the ODU Systems and provide stigma free care

Sustainability Plan

- Begin preparing for sustainability and work with your QI team to complete & submit your sustainability plan

Supporting MNO-OB teams into 2021

Date	Topic
November 9th, 2020 12:30-1:30pm	MNO-OB Initiative Sustainability Call
January 11th, 2021 12:30-1:30pm	MNO-OB Initiative Sustainability Call
March 29th, 2021 12:30-1:30pm	MNO-OB Initiative Sustainability Call
May 26th, 2021 12:30-1:30pm	OB Virtual Face-to-Face Meeting

MNO-OB ongoing support for every team to achieve sustainable success

- Ongoing data compliance monitoring
- QI support to help teams cross the finish line
 - Grand Rounds
 - OB provider meeting
 - Hospital QI support calls
- Regional perinatal network meetings, data monitoring and support



Upcoming Buprenorphine Waiver Training Opportunities



- There are **several available remote national trainings** for ASAM Treatment of OUD Blended Courses for OB providers available via this link: <https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus>
- **NEW:** [Moving Beyond the Barriers of Treating Opioid Use Disorder](#) provides a deeper dive into implementing office-based treatment for opioid use disorder.

HEMORRHAGE AND HTN CONTINUING EDUCATION

Maternal Hypertension & OB Hemorrhage Continuing Education



- To reduce maternal morbidity and mortality and build on current quality improvement efforts, **I PROMOTE-IL** and **ILPQC** support hospital efforts to provide ongoing education for managing obstetric hemorrhage and maternal hypertension, as specified in [Public Act 101 0390](#).
- There are several ways for birthing facilities to fulfill this annual training requirement, including e-modules, simulations, or drills from AIM, ACOG and other leading national groups available on the ilpqc.org website.

Preview of Survey Form



Completion of Maternal Hypertension & OB Hemorrhage Continuing Education Requirement Reporting Form



Directions:

To reduce maternal morbidity and mortality and build on current quality improvement efforts, I PROMOTE-IL and ILPQC support hospital efforts to provide ongoing education for managing obstetric hemorrhage and maternal hypertension, as specified in [Public Act 101-0390](#).

There are several ways for birthing facilities to fulfill this annual training requirement, including e-modules, simulations, or drills from AIM, ACOG and other leading national groups available on the [ilpqc.org](#) website.

Please complete this form annually for your hospital to report training occurring in the calendar year by **December 31st** and annually thereafter. Hospitals should report the number of hospital staff and providers with admitting privileges who have met the obstetric hemorrhage and maternal hypertension training requirements.

This information will help hospitals track their training progress, identify areas for quality improvement initiatives, and will be used by I PROMOTE-IL and ILPQC to understand hospitals' ability to complete the training requirement and identify opportunities to provide further support to hospitals towards our shared goal of improved maternal health across the state.

Thank you!

1) Date Data Submitted	<input type="text"/> <input type="button" value="Today"/> M-D-Y
2) Calendar Year Training Occurred	<input type="text"/>
3) Birthing Facility Name	<input type="text"/> <small>Please include health system and hospital name for accurate reporting</small>
4) Method of Training	<input type="text"/> <small>Choose method of training utilized by hospital to meet this requirement</small>
Person completing data submission	
5) Name	<input type="text"/>
6) Email	<input type="text"/>
7) Phone Number	<input type="text"/>
TOTAL number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers in hospital, including community providers with admitting privileges.	
8) Total MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
9) Total Nurses (Includes APN and MSN)	<input type="text"/>
10) Total Certified Nursing Assistants/MAs	<input type="text"/>
11) Total Residents & Fellows	<input type="text"/>

Number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with refresher training in both HYPERTENSION

and HEMORRHAGE, including community providers with admitting privileges.

12) Trained MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
13) Trained Nurses (Includes APN and MSN)	<input type="text"/>
14) Trained Certified Nursing Assistants/MAs	<input type="text"/>
15) Trained Residents & Fellows	<input type="text"/>

Number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with refresher training in HEMORRHAGE ONLY, including community providers with admitting privileges.

16) Trained MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
17) Trained Nurses (Includes APN and MSN)	<input type="text"/>
18) Trained Certified Nursing Assistants/MAs	<input type="text"/>
19) Trained Residents & Fellows	<input type="text"/>

Number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with refresher training in HYPERTENSION ONLY, including community providers with admitting privileges.

20) Trained MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
21) Trained Nurses (Includes APN and MSN)	<input type="text"/>
22) Trained Certified Nursing Assistants/MAs	<input type="text"/>
23) Trained Residents & Fellows	<input type="text"/>

24) List any other staff types that completed both hypertension and hemorrhage trainings, including the number of staff from each type:	<input type="text"/>
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Expand

25) Participating Departments (check all that apply : OB/Family Medicine, MFM Anesthesia, Emergency Department, Internal Medicine, Other)	<input type="checkbox"/> OB/Family Medicine <input type="checkbox"/> MFM Anesthesia <input type="checkbox"/> Emergency Department <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Other
26) Comment Section - Please provide any comments regarding training processes and challenges with reaching all providers who care for pregnant and postpartum patients at your facility, in order to comply with Public Act 101-0390.	<input type="text"/>

Hypertension and Hemorrhage Reporting

- Please complete this [form](#) annually for your hospital to report training occurring in the calendar year by **December 31st** and annually thereafter.
- Hospitals should report the number of hospital staff and providers with admitting privileges who have met the obstetric hemorrhage and maternal hypertension training requirements.

QI Leadership Development Opportunity

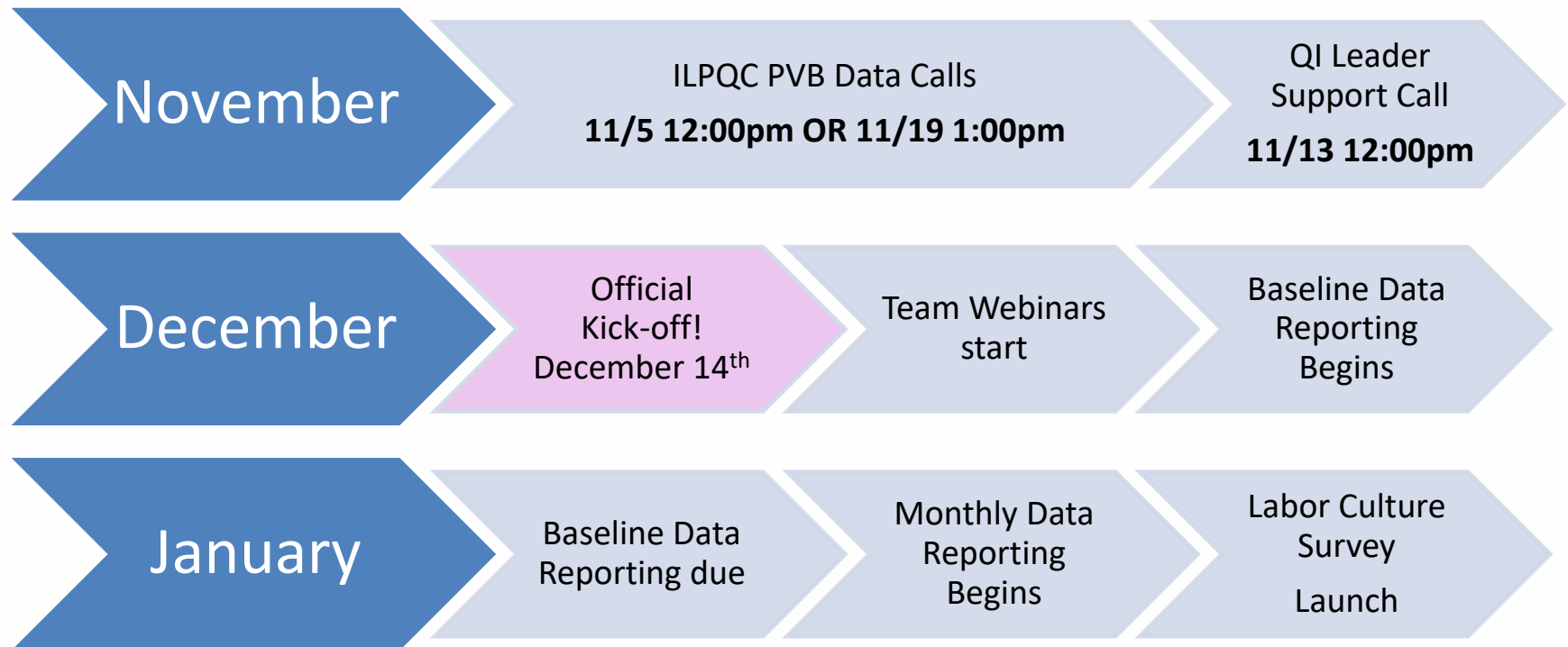


- Call for team leads (nurse and/or provider champions) to support QI leadership development
 - Discussion of strategies to engage clinical teams
 - How to lead successful QI team meetings
 - Optimizing use of monthly data to drive QI
 - Networking opportunity with other team leads

**QI Leader Support Call:
Friday, 11/13 12-1**

Look for email with Zoom link and registration

PVB Timeline



Coming Soon: Statewide Launch



Recruit
wave 1
(Nov-Jan)

Wave 1
team test
data form
(Feb-Apr)

Statewide
launch
(May)





THANKS TO OUR

FUNDERS



JB & MK PRITZKER

Family Foundation



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Email info@ilpqc.org or visit us at www.ilpqc.org