Mothers and Newborns affected by Opioids (MNO)

Wave 1 Teams Launch Call

January 22, 2018
1:30 – 2:30 PM
Mothers and Newborns affected by Opioids (MNO)

LAUNCHING 2018 INITIATIVE
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<th>Jan 2018</th>
<th>Feb</th>
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<td>Wave 1 Starts to test, review and provide input on MNO data collection: measures, tools and strategies</td>
<td>Letter of support from IDPH</td>
<td>Recruit Wave 2 OB and Neo MNO teams</td>
<td>Initiative Launch Webinar with all teams</td>
<td>Face to Face Meeting OB: 5/30, Springfield Neo: May TBD</td>
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Mothers Affected by Opioids in IL: scope of the problem

Pregnancy is a window of opportunity to identify women with OUD and link to treatment as well as begin to develop a plan for optimizing her baby's care.

The recording of maternal opioid use increased by 5.9% per quarter during 2011-2015.
Increase moms on Medication Assisted Therapy at delivery

- Only a third to a half of pregnant women with OUD were receiving MAT in 2012
- Consistent MAT reduces risk of relapse, HIV infection, overdose, and adverse pregnancy outcomes
- Access to treatment varies widely across IL

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

- About 50% of mothers with chronic opioid use breastfeed at discharge compared to 81% for all mothers
- About 60% of NAS babies go home with their birth mothers
Mothers and Newborns Affected by Opioids (MNO)

- Grant from CDC and IDPH
- Ongoing input from IDPH and NAS Advisory Committee
- Participation in national ACOG AIM OB Care for Women with Opioid Use Disorder Bundle Implementation Collaborative
- ILPQC OB and Neonatal Teams both participating and coordinating efforts
  - Prevention, Screening and Linking to Care, Optimizing Care for Mom with OUD/ Baby with NAS
- OB Clinical Leads for addiction med expertise
  - Barbara Parilla, MD, Advocate Lutheran General Hospital
  - Jaye Shyken, MD, SMM Health St. Mary’s Hospital
Hospital Identified Unmet Needs to Optimize Care for Mothers and Newborns Affected by Opioids

• Education
• Management Protocols
• Treatment Facilities
• Support Systems
• Access and Transportation

OB and Neonatal teams partnering to prepare providers, nurses, and families to improve outcomes for mothers and infants affected by opioids.

ILPQC Team Survey, 2017
Current Unmet Needs in Hospital and Community for Mothers

Support of treatment during pregnancy and after pregnancy in the local community

We need info on the best way to keep moms and babies together in the face of space limitations in the hospital and education on how to help these moms and educate them.
Current Unmet Needs in Hospital and Community for Newborns

- Collaboration with and identification of community resources
- Standard of care
- Follow up care upon discharge
- Mother’s education on how to best care for newborn

Staff Providers Mothers

DCFS Transferred Discharge Infants Community Unsure
Follow Identification Resources Going Care
Unknown Education Follow-up Support Nursing
Standard Withdrawal Level NICU

ILPQC Team Survey, 2017
Proposed Smart Aims by 12/2019

• Increase percentage of OB providers using PMP look up.
• Reduce number of opioids prescribed for routine cesareans.
• Increase percentage of hospitals / prenatal clinics using validated screening tools for opioid use in pregnancy.
• Increase pregnant women affected by opioids linked to care prenatally and receiving Medication Assisted Treatment (MAT) for opioid use disorder at delivery
• Increase mothers and newborns affected by opioids breastfeeding at neonatal discharge
• Decrease pharmacological therapy in substance exposed neonates
• Increase neonates identified to be exposed to chronic maternal opioid use who can be discharged to maternal care
MNO Proposed Measures link to our Improvement Goals

- Prevention
- Screening and Linkage to Care
- Optimizing Care for Moms/Babies
Prevention

• Increase the use of safe prescribing protocols for opioids use during routine vaginal and cesarean delivery

• Increase the provision of primary prevention education materials on OUD and NAS infant care for pregnant and postpartum patients

• Increase providers / staff educated on key initiative components
Screening and Linkage to Care

• Increase the percent of women screened for OUD
• Increase the percent of mothers receiving a standardized prenatal consultation with pediatric providers
• Increase the percent of mothers of infants at risk for NAS who are linked to treatment
• Increase the percent of providers documenting the Prescription Monitoring Program (PMP) look up prior to prescribing opioids
Optimizing Care for Moms/Babies (1/2)

- Conduct mapping of community resources for perinatal opioid use treatment and support
- Increase the percent of mothers of infants at risk for NAS who are on MAT at time of delivery
- Improve and standardize care of women with OUD during prenatal, intrapartum, postpartum (protocols)
- Support patient/family engagement in care of newborn at risk for NAS (rooming in, breastfeeding, skin to skin)
• Improve and standardize non-pharmacological care for SENs
• Improve and standardize pharmacological care for SENs
• Improve patient / family engagement in care of infant at risk for NAS
• Improve and standardize discharge planning for SENs
## OB Data Elements

### Quarterly Structure
- Community Resources Mapped
- Protocols* Implemented
- Standard Screening
- Provider/Staff Education

### Monthly Process
- Received Prenatal Screening
- Linked to Treatment Prenatally
- Received Education

### Monthly Outcome
- In Treatment at Delivery
- Breastfeeding at Discharge
- Safe Discharge Plan in Place

*Protocols for safe prescribing, patient education, linking women who screen positive to care, PMP lookup, optimal management during labor and postpartum
# Newborn Data Elements

## Quarterly Structure
- Community Resources Mapped
- Guidelines* Implemented
- Standardized Screening
- Provider/Staff Education

## Monthly Process
- Received NAS Screening
- Received Education

## Monthly Outcome
- Days of Pharmacological Treatment
- Breastfeeding at Discharge
- Safe Discharge Planning

*Guidelines for prenatal consults, non-pharmacological care and family engagement, pharmacological care, and discharge planning.
WAVE 1 TEAMS
Wave 1 Teams

- Advocate BroMenn Medical Center
- Advocate Christ Medical Center
- Advocate Good Samaritan Hospital
- Advocate Lutheran General
- Advocate Sherman Hospital
- Cardinal Glennon Children’s Hospital
- Crawford Memorial
- Decatur Memorial
- Heartland Regional Medical Center
- Jackson Park Hospital
- John H. Stroger, Jr. Hospital
- Loyola University Medical Center
- Memorial Hospital Belleville
- Morris Hospital
- Northwest Community Hospital
- OSF St. Francis Medical Center
- Presence St. Mary’s Hospital
- Presence Sts. Mary and Elizabeth Medical Center
- Riverside Medical Center
- Roseland Community Hospital
- Rush Copley Medical Center
- Silver Cross Hospital
- St. Bernard Hospital
- St. John’s Hospital
- St. Joseph Medical Center
- St. Mary’s Hospital – St. Louis
- UnityPoint Health Trinity Medical Center
- West Suburban Medical Center
Update on Team Rosters

- 89% of hospitals have submitted at least one roster (OB or Neonatal)
  - 24 OB
  - 17 Neonatal
- If you have not submitted a team roster yet, we need this as soon as possible
- Contact info@ilpqc.com if you need assistance submitting your roster
MNO Wave 1 Team Composition

OB MNO Required Team Members
• Team Lead
• OB provider Lead
• Nurse Lead
• Neo/Peds Representative
• Outpatient Representative

Neonatal MNO Required Team Members
• Team Lead
• Neo/Peds Physician Lead
• Nurse Lead
• OB Representative

Project Team Leader can be (but doesn’t have to be) the same person as the Physician Lead, Nurse Lead, or Quality Lead

OB & Neo other recommended key team members:
• QI Professionals
• Social workers
• Lactation consultants
• Early Intervention professionals
Different Kinds of Teams

• We recognize that all teams will not look the same – that’s OK!
• For hospitals with both OB and Neonatal MNO teams, will work together to communicate and coordinate across teams
• Particularly around optimizing care for mom with OUD / baby with NAS during delivery admission will take coordination to optimize rooming in, breastfeeding and skin to skin (non-pharm bundle)
WAVE 1 TASKS
Data Form

• The Draft MNO OB Neo Data form is available for download now
Target Population for Data Collection

• Women and babies born to women who have been exposed to opiates:
  – Opioid is on the medication list (prescribed)
  – Positive verbal screen
  – Positive maternal urine drug screen or neonatal urine or meconium screen
  – Maternal endorsement of opioid use
  – Other reason to have documented exposure to opiates
Wave 1 Team Tasks

- Review the form to solicit feedback and discuss solutions to collecting data with your entire team
- Test the data form
- Provide feedback on individual items using the “Comments” Column
- Answer the questions at the bottom of the form in the “Feedback” section
- Complete upcoming survey to be distributed via Survey Monkey about the data form in late Feb/early March
Strategies for Testing Data Form and Process

• Test the form using retrospective data from mothers and/or babies with known or suspected opiate use disorder in record

• Test the form using data from known or suspected opiate exposed mothers and neonates who are admitted during February and March 2018

• Test your hospital’s process for OB teams completing the maternal questions and Neonatal/Peds teams completing the newborn questions

• Document data sources and process to share!
February and March Team Talks – Time to Share!

- Team talks are an opportunity to hear from colleagues across the state about challenges or strategies they’ve encountered in the QI process.
- For MNO Wave 1, teams will present your testing process and what you’ve learned regarding data collection strategies, and feedback on the data form.
- 4-5 teams each month – Teams who reach out to us to present by February 13 will receive:
  - MNO Wave 1 Data Champion Certificate
  - Be recognized on the call
  - Help improve the MNO data form for ALL TEAMS!
Important Wave 1 Teams Calls

- We will move to focused calls for Neonatal and OB teams in February and March
  - Wave 1 Neonatal Teams: 3rd Monday of the Month (MNO Neonatal Work Group)
    - February 19 @ 1PM
    - March 19 @ 1PM
  - Wave 1 OB Teams: 4th Monday of the Month (MNO OB Teams Calls)
    - February 26 @ 12:30PM (no HTN)
    - March 26 @ 12:30PM (1st hour = HTN; 2nd hour = MNO)
- Webinar information will be distributed via email
February Wave 1 Calls

• OB
  – Team Talks (4-5 teams)
  – Review quarterly OB structure measures
  – Discuss strategies for working with your Outpatient Representative team member on prenatal structure measures

• Neo
  – Team Talks (4-5 teams)
  – Discuss measures, data form, strategies for data collection with MNO Workgroup
Q&A

Ways to ask questions:

– Raise your hand on Adobe Connect to ask your question by phone
– Post a question in the Adobe Connect chat box
Contact

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