



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

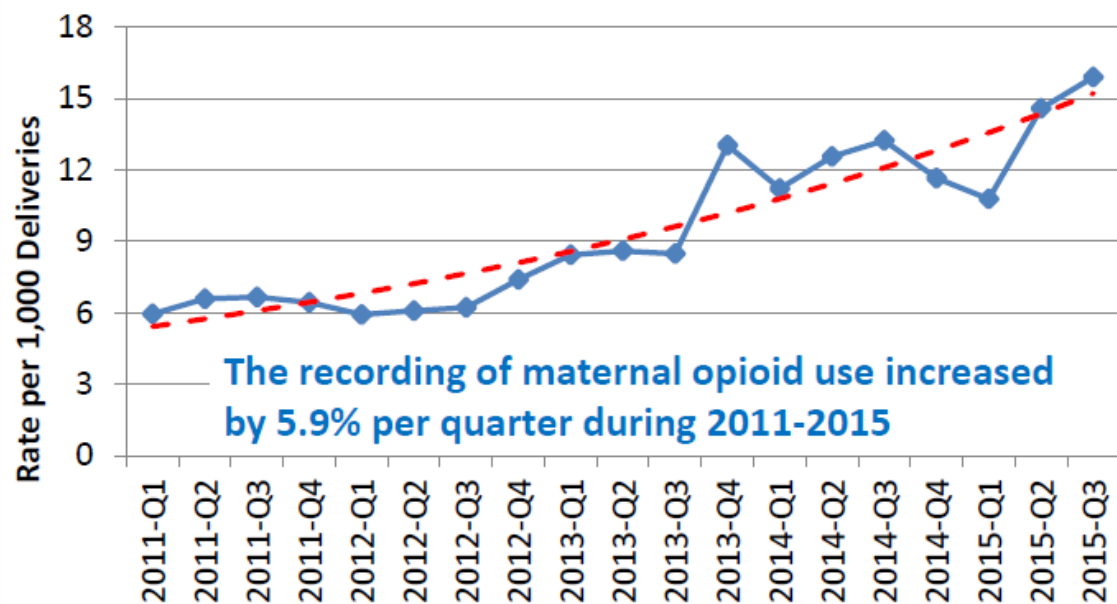
MNO Timeline



Jan 2018	Feb	Mar	Apr	May
Wave 1 Starts to test, review and provide input on MNO data collection: measures, tools and strategies	Letter of support from IDPH	Recruit Wave 2 OB and Neo MNO teams	Initiative Launch Webinar with all teams	Face to Face Meeting OB: 5/30, Springfield Neo: May TBD

Mothers Affected by Opioids in IL: scope of the problem

Rate of *Recorded* Maternal Antenatal Opioid Use among Deliveries, Illinois Discharge Data 2011-2015



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

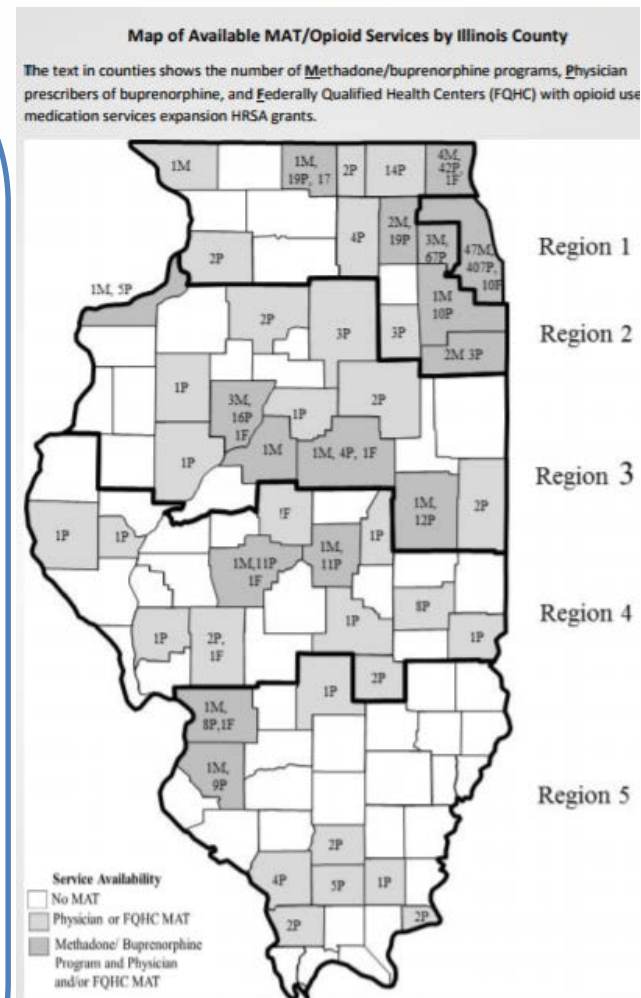
Mothers Affected by Opioids: Opportunities for Improvement

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

- Education
- Resources
- Follow-Up Care
- Standardized Assessment Tools

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



Current Unmet Needs in Hospital and Community for Mothers



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

Standard Programs Identification Prenatally Follow Referrals
Resources Access Support Pregnant Women
Treatment Community Education Unknown Care
Patients Awareness Recovery Mothers

Access to treatment
Resources
Standards

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

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

Staff
Providers
Mothers

Standard of care
Follow up care upon discharge
Mother's education on how to best care for newborn

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)



Non
Pharmacologic
Bundle

Optimizing Care for Moms/Babies (2/2)

- 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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