MNO Wave 1 OB Teams Call

February 26, 2018
12:30 – 1:30 PM
Conference Line Logistics:

If you need to step away:

- Use the **MUTE** button on your phone or

- You can use *6 to place the call on **MUTE** and *6 to come off of **MUTE**

Thank you!
Overview

• MNO General Updates

• Importance of “M” in MNO – OB has a big role to play!

• Data Form
  – OB components
  – Team Feedback

• Team Talks
  – Rush Copley Medical Center (Melissa Knapik)
  – OSF St. Francis Medical Center (Deb Wenell, Rita Haedicke)
  – Presence St. Mary's Kankakee (Elyssa Galloway, Jillian Jackubowski, & team)
  – SSM Health St. Mary’s Hospital- St. Louis (Judy Wilson-Griffin)

• Next Steps:
  – MNO- OB Toolkit
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
- ILPQC Leads
  - Ann Borders, MD, MSc, MPH, NorthShore University HealthSystem, Evanston Hospital
  - Leslie Caldarelli, MD, Lurie Children’s and Prentice Women's Hospital
  - Justin Josephsen, MD, SSM Health Cardinal Glennon
- OB Clinical Leads for addiction med expertise
  - Barbara Parilla, MD, Advocate Lutheran General Hospital
  - Jaye Shyken, MD, SSM Health St. Mary’s Hospital
- Neonatal Clinical Leads for NAS care expertise
  - Jenny Brandenburg, RN MSN, Carle Foundation Hospital
MNO Wave 1 Launch Call

• The MNO Wave 1 launch on Jan 22 was attended by over 114 people and OB & Neonatal/Newborn teams from 24 hospitals!

• 31 hospitals have expressed interest in Wave 1 and 93% submitted at least one roster (OB or Neonatal)
  – 26 OB
  – 21 Neonatal

• Neonatal Wave 1 call on Feb 19 focused on MNO neonatal measures and data collection strategies
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
- Mercy Hospital and Medical Center
- 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
- Swedish American Hospital
- UnityPoint Health Trinity Medical Center
- West Suburban Medical Center
### MNO Timeline

<table>
<thead>
<tr>
<th>Jan 2018</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
</tr>
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<tbody>
<tr>
<td>Wave 1 Starts to test, review and provide</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: 5/31 Springfield</td>
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<tr>
<td>input on MNO data collection: measures,</td>
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<td>tools and strategies</td>
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**Webinar with all teams:**
- OB: 5/30, Springfield
- Neo: 5/31 Springfield
Wave 1 and Wave 2 Tasks

- MNO Wave 1 Team tasks (January 2018 – April 2018):
  - Reviewing MNO data form to solicit feedback and discuss solutions to collecting data with entire team
  - Test the MNO data form and data collection process with prospective / retrospective data collection at your hospital
  - Participate in monthly Wave 1 calls to share their teams unique experience and feedback (February-April)

- MNO Team tasks Wave 1 & 2 (April 2018 – 2019)
  - Participate in MNO Launch Webinar (April)
  - Participate in OB & Neonatal Face-to-Face Meetings (May 30th & 31st)
  - Participate in monthly collaborative webinars, QI support, and a real-time ILPQC data system to provide hospitals with reports to progress across time and compare to other hospitals (April 2018 – Dec 2019)
IMPORTANCE OF “M” IN MNO – OB HAS A BIG ROLE TO PLAY!
MNO OB Team Roles

• MNO will be 2 separate, yet aligned initiatives for OB & Neonatal Teams

• OB Teams will have their own specific:
  – OB AIMS
  – OB Measures (Structure, Process, Outcome)
  – OB Data Form
  – OB Toolkit
  – OB QI Methods
  – OB Monthly Team Calls
MNO OB & Neo Teams

**OB TEAMS**
- OB AIMS
- OB Measures (Structure, Process, Outcome)
- OB Data Form
- OB Toolkit
- OB QI Methods
- OB Monthly Team Calls

**NEO TEAMS**
- Neo AIMS
- Neo Measures (Structure, Process, Outcome)
- Neo Data Form
- Neo Toolkit
- Neo QI Methods
- Neo Monthly Team Calls

Monthly Combined OB & Neo ILPQC Newsletter
• **Reduce opioids prescription for routine deliveries**
  • Number of opioids prescribed for routine vaginal and cesarean deliveries *
• Improve identification of women with OUD and linkage to addiction care
  • Percent of mothers with OUD at delivery in medication assisted treatment (MAT)*
  • Percent of mothers with OUD at delivery screened for OUD in pregnancy
- **Improve care of women with OUD with standardized protocol / checklists for clinical care and support services during prenatal care, delivery and postpartum**
  - Percent of women with OUD received Narcan counseling / offer documented
  - Percent of women with OUD contraception counseling / plan documented
  - Percent of women with OUD receiving behavioral health / social work consult documented
- **Improve care of opioid-exposed newborns (OEN) by increasing family engagement**
  - Percent of women with OUD receiving prenatal education on OUD and NAS newborn care
  - Percent of women with OUD receiving prenatal pediatric consult to discuss NAS before delivery
  - Percent of women with OUD/OEN who roomed together during hospitalization
  - Percent of women with OUD having skin to skin contact with OEN
  - Percent of women with OUD breastfeeding OEN at maternal discharge*
  - Percent of OENs discharged to maternal custody*
• Improve care of opioid-exposed newborns (OEN) by increasing family engagement
  • Percent of OENs screened for NAS
  • Percent of OEN receiving maternal breast milk at neonatal discharge *
  • Percent of OENs requiring pharmacologic therapy for NAS *
  • Number of days of pharmacological treatment for OENs *
  • Percent of OENs discharged with plan of safe care in place
MNO OB Structure Measures

• Prevention
  – Increase hospitals and affiliated prenatal clinics providing primary prevention education materials on OUD and NAS
  – Increase percentage of OB providers documenting use of PMP look up when prescribing opioids
  – Increase the use of practice guidelines for pain management to reduce postpartum opioid use after routine vaginal and cesarean delivery

• Screening and Linkage to care
  – Increase percentage of hospitals and affiliated prenatal sites using validated screening tools for opioid use in pregnancy
  – Increase percentage of hospitals and affiliated prenatal sites with community resources for MAT/addiction services/behavioral health or other support services mapped

• Optimize Care for Moms with OUD / Opioid Exposed Newborns
  – Improve and standardize care of women with OUD during prenatal, intrapartum, postpartum (protocols/checklists)
  – Increase percentage of hospitals and affiliated prenatal care sites with standardized education available for pregnant women with OUD regarding OUD in pregnancy and mother’s role in NAS newborn care
  – Increase providers/nurses educated on key initiative components
MNO OB Data Form Feedback

• We are using feedback from teams and leads for Version 2 of the MNO data form
• Will distribute Version 2 MNO data form (for teams to start testing) in email newsletter later this week
• 2 options
  – Separate OB & Neo data forms
  – Joint OB & Neo data form
• Any questions about the current data form?
MNO OB Team Data Form

Questions

• When will data be collected on the mother?
• Is there a standard definition, guidelines, and drugs for MAT?
• How do we work with transfers?
• What are expectations of teams regarding providing Narcan information to mothers?
• Will there be baseline data collection? If yes, when?
• Is maternal education supposed to be verbal, written, or whatever a provider/nurse chooses?
TEAM TALKS
Team Structure

• Passionate concerning topic of MNO
• Leadership qualities
• Organized
• Proven follow through
• Committed to the full scope of the initiative
• Interdisciplinary team
Team Members

**NEO Team**
- Neonatologist
- NICU Clinical Educator
- NICU Clinical Manager
- Perinatal Quality Coor
- Care Manager
- NICU Staff RN
- OB Staff RN
- Lactation Consultant

**OB Team**
- Maternal Fetal Medicine Specialist
- Women’s Health Clinical Educator
- OB & L&D Clinical Managers
- Care Manager
- Perinatal Quality Coordinator
- NICU Clinical Educator
- Lactation Consultant
Data Collection Process

- Both NEO & OB Teams met together
- Reviewed ILPQC MNO-OB & NEO Data Collection Form
- Retrospective review of Mother Baby dyad
What Worked Well

• Useful having both teams together for review

• Able to abstract data from Prenatal and L&D Summary

• Having the data collection form together for the dyad was beneficial for ease of abstracting data
Challenges

- Identified numerous questions that need to be reworded or have further clarification for reliability of data
- Many questions referred to the new Bundle, however, we haven’t received education on the various components of the bundle
- Definition of Medically Assisted Therapy (MAT) unclear
- Narcan question unclear if the information requested was for mom or baby
- Unclear if diagnosis comes from the prenatal or the problem list at time of delivery
- Unclear as to when to submit the data when the dyad is discharged at different times
Mothers & Newborns Affected By Opioids

OSF Saint Francis Medical Center
Peoria, IL

Presented By: Deb Wenell, RNC, BSN & Rita Haedicke, RNC, MSN
Team Formation

- Comprehensive Structure
- Outpatient office in an inpatient setting provided resource advantage
- Drew some members from Regional Perinatal Addiction Committee
- Included inpatient and outpatient providers, nursing, nursing management, case managers, social workers, coordinators, pastoral care, and other ancillary services.
Team Members

- Team Lead(s)
- OB Provider Lead (Perinatologist)
- OB Provider (Outpatient – subspecializing in addiction medicine)
- OB Providers (MD & CNM) – Outpatient OB Clinic
- Neonatologist
- Pediatrician
- Nurse Lead

- Nurse Coordinator
- Nurse Educators
- Inpatient/Outpatient Nursing Leadership
- Outpatient Care Management
- Inpatient Social Worker/Case Manager
- Outpatient Social Worker (Human Service Center)
- County Health Department Rep
- QI Professionals (OB & NICU)
- Lactation Consultant
- Pastoral Care
Data Collection

- Retrospective review of 6 dyad charts (Moms & Babies)
  - Random selection of 6 charts – 3 inborn infants & 3 outborn; Some patients on meds, some not

- Information gathered from Electronic Medical Record (EMR)
  - Included scanned in records from offices & outside facilities (Prenatal Records & Lab results)
## Data Collection Feedback

<table>
<thead>
<tr>
<th>Obstacles</th>
<th>Suggestions</th>
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<tbody>
<tr>
<td>• Time consuming</td>
<td>• Restate Question #1 &amp; #18 for clarification</td>
</tr>
<tr>
<td>• Difficult to find education items</td>
<td>• Condense education items (23-26)</td>
</tr>
<tr>
<td>• Difficult to determine start of MAT for moms</td>
<td>• Streamline focus on bringing forth true objective</td>
</tr>
<tr>
<td>• Rooming in and non pharmacologic bundle for NAS not specifically documented</td>
<td>• Provide clear definition to ensure consistent data collection</td>
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<tr>
<td>• Limited resources for data collection in smaller hospitals</td>
<td>• Work with OB offices to develop easy to use screening tool which would trigger treatment plan &amp; education</td>
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Mothers and Newborns affected by Opioids (MNO) Initiative
Wave 1
Presence St. Mary’s Kankakee Team
• 9 Bed Family Birthing Center
  • Triage
  • Antepartum
  • LDRP Model
  • OR Suite on unit
  • Private Surgical Recovery Room
  • Level II Nursery
Wave 1 MNO Team

* Patient Care Manager - Elyssa Galloway
* Clinical Educator/Staff RN - Jillian Jackubowski
* Midnight Charge Nurse - Laura Redenius
* Certified Nurse Midwife - Jennifer Klump
* Pediatrician - Dr. Safwat Iskander
Team Goals

• Like our birthing center, our team has been developed with both obstetrics and neonatal involvement as well as multiple shift coverage.
• At PSMH we are excited to jump in with both feet as a collaborative team to together make this initiative a success in our family birthing center.
• Chosen team members are very detail oriented to use and critique data entry form.
• Community Resources such as Aunt Martha’s, County Health Department, Healthy Families, and Social Services can help with attaining early pregnancy intervention.
Questions
SSM Health
St Mary’s Hospital St Louis

MNO Wave 1 OB Teams
Judy Wilson-Griffin
Perinatal Clinical Nurse Specialist
SSM Health St Mary’s Hospital Facts

- Home to the Saint Louis University School of Medicine’s Department of Obstetrics, Gynecology and Women’s Health residency program and supported by neonatologists from St. Louis University - SSM Health Cardinal Glennon Children's Hospital.
- Southern Illinois perinatal referral center
- Level III Obstetric and Neonatal Service
- Dedicated Maternal Transport Program
Current Identification Methods for Mothers that Qualify for the Project

Initial intake question from the EMR under social history and clinical history per policy criteria

- Social History
  - Alcohol Use
  - Drug Use
  - Sexually Active
  - ADL
  - Family History

<table>
<thead>
<tr>
<th>History Reviewed</th>
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<tbody>
<tr>
<td>Tobacco history not reviewed</td>
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SSM Health – St. Louis Region
Patient Care Policy

- TITLE: Family Birth Place Urine Drug Screening for Pregnant Women
- OUTCOME STATEMENT: Patients urine, initially collected on admission, will be sent to the laboratory for a urine drug screen if the patient has a history of drug use, the physician orders a drug screen, or the patient presents with indications of drug use.
How Urine Toxicology Is Obtained Currently

If any of these risk factors are present, the physician is notified to place an order to obtain a urine drug screen once the patient has been informed. The urine will be sent for testing once the order has been obtained.
Identified Challenges

- Length of the form
- Hard to obtain outpatient information if not seen within our system or prenatal record not integrated with EMR
- Maternal and infant data forms should discrete questions
- Mom and baby data need to link within redcap
- Defining the true target population for the project
  - Maternal history
  - Positive urine toxicology
Recommendations

- Reduce redundancy when possible in data collection tool
  - Question 9 could be worded differently
  - Question 55 should it include another option fetal/newborn demise?
- Suggest what to do next
  - Establish a better intake form that can be use in either the outpatient or inpatient setting
- Identify action items
  - Will join the NAS group to meet monthly to monitor progress and address any issues or concerns
  - Develop education materials for the moms on what to expect
Questions
NEXT STEPS
MNO OB Wave 1 Team

Next Steps

• Continue to form your teams if missing any members

• Document your process for collecting the data

• Provide feedback on MNO OB data form & process for collecting data to Dan (Dweiss@northshore.org)
Compiling MNO-OB Toolkit Resource

### Compiling MNO-OB Resources
- ACOG/AIM OUD Patient Safety Bundle & Workgroup
- State PQCs
  - NNEPQIN
  - PNQIN (MA)
  - M.O.M.S Ohio
- Other Resources:
  - CDC
  - SAMHSA
  - HRSA
  - MOD
- Other resources as they come available

### Alignment with MNO-OB Improvement Goals
- Prevention
- Screening & Linkage to Care
- Optimizing Care for Mom and Baby

MNO-OB Toolkit Review Team
Call for MNO Toolkit Volunteers: Review Maternal OUD Resources

• ACOG/AIM “Obstetric Care for Women with Opioid Use Disorder” bundle
• Other state PQC resources
• If interested in helping to review these materials to provide clinical input/feedback, please email info@ilpqc.org
<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>February</td>
<td>2/26 (12:30-1:30pm)</td>
<td>MNO Wave 1 OB Teams Call</td>
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<tr>
<td>March</td>
<td>3/26 (12:30-2:30pm)</td>
<td>OB Teams Call</td>
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<tr>
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<td>Severe HTN (1st Hour)</td>
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<td>MNO Wave 1 OB (2nd Hour)</td>
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<tr>
<td>April</td>
<td>4/16 (2-3pm)</td>
<td>MNO Wave 1 Joint OB &amp; Neonatal Call</td>
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<td>4/23 (12:30-2:30pm)</td>
<td>MNO Launch Call with Wave 1 &amp; Wave 2 Teams</td>
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<tr>
<td>May</td>
<td>5/30</td>
<td>OB Face-to-Face in Springfield</td>
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<td>5/31</td>
<td>Neonatal Face-to-Face in Springfield</td>
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SAVE THE DATE!

2018 OB & NEONATAL FACE-TO-FACE MEETINGS

OB: May 30, 2018  
Neonatal: May 31, 2018  
Springfield, IL
OUD Patient Education
Moms/Patient Focus Groups

• AMCHP grant to IDPH to conduct 3-4 patient focus groups across IL to review and provide feedback on education materials:
  • Primary prevention OUD materials for all women
  • Primary prevention materials for mothers affected by opioids including education on OUD, MAT, NAS, and engaging with non-pharm care (breastfeeding, rooming in, skin to skin)
• Materials will be printed and distributed at May F2F
Illinois Buprenorphine Training

- ACOG and ASAM offer
  - 4 hour online course + 4 hour in-person 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 and APNs
    - Contact hours (via ASAM)
- Working with ACOG to host 2 in-person maternal-focused Buprenorphine Trainings for physicians, nurse practitioners and APNs in Illinois
  - $75/participant
- Initiatives buprenorphine waiver process
- Please respond to poll questions on interest and location
Comments & Questions?
THANKS TO OUR SPONSORS

IDPH | CDC | DHS | JB & MK PRITZKER
Illinois Department of Public Health | Centers for Disease Control and Prevention | Illinois Department of Human Services | Family Foundation