



# 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

# MNO UPDATES

# 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



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: 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 30<sup>th</sup> & 31<sup>st</sup>)
  - 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

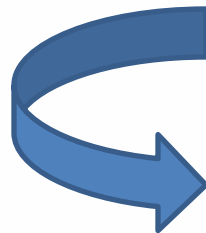
- OB AIMS
- OB Measures (Structure, Process, Outcome)
- OB Data Form
- OB Toolkit
- OB QI Methods
- OB Monthly Team Calls

## NEO TEAMS

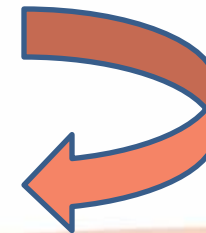
- Neo AIMS
- Neo Measures (Structure, Process, Outcome)
- Neo Data Form
- Neo Toolkit
- Neo QI Methods
- Neo Monthly Team Calls



- Hospital Teamwork
- Communication
- Data collection
- Initiative Alignment



Monthly Combined OB & Neo ILPQC Newsletter



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graph LR; A[Prevention] --> B[Screening and Linkage to Care]; B --> C[Optimizing Care for Moms/Babies]
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Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

- **Reduce opioids prescription for routine deliveries**
  - Number of opioids prescribed for routine vaginal and cesarean deliveries \*

Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

- **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

Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

- **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\*

Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

- **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

# DATA FORM

# 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

# ILPQC MNO Wave 1



TEAM REPORT

MELISSA KNAPIK BSN, RNC-MNN

PERINATAL QUALITY COORDINATOR

# Team Structure

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

# Team Members

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## 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

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

# What Worked Well

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- 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

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- 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

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- 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

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- 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

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- 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

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## Obstacles

- Time consuming
- Difficult to find education items
- Difficult to determine start of MAT for moms
- Rooming in and non pharmacologic bundle for NAS not specifically documented
- Limited resources for data collection in smaller hospitals

## Suggestions

- Restate Question #1 & #18 for clarification
- Condense education items (23-26)
- Streamline focus on bringing forth true objective
- Provide clear definition to ensure consistent data collection
- Work with OB offices to develop easy to use screening tool which would trigger treatment plan & education





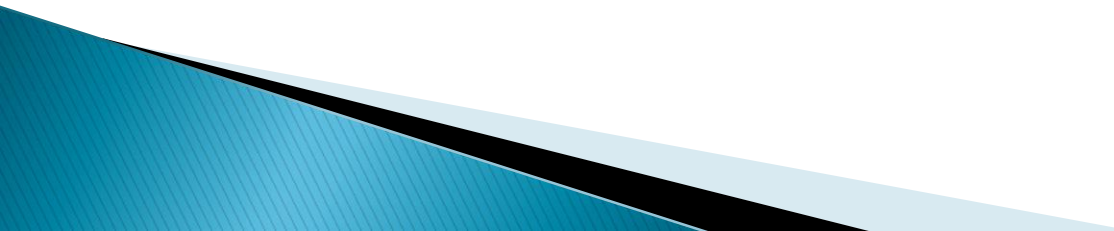
**Mothers and Newborns affected by  
Opioids (MNO) Initiative  
Wave 1  
Presence St. Mary's Kankakee Team**



- 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
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# 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.

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# Questions

# SSM Health

## St Mary's Hospital St Louis



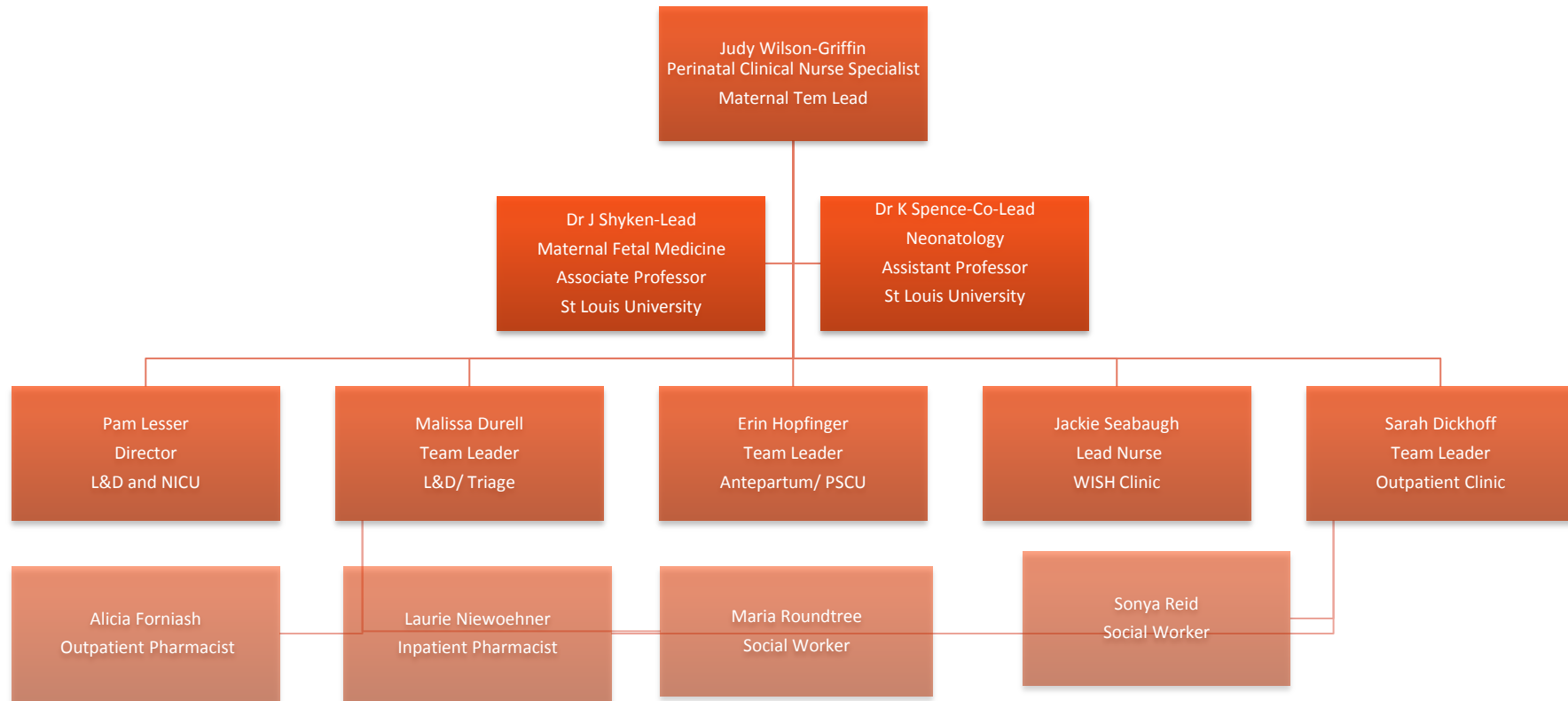
MNO Wave 1 OB Teams  
Judy Wilson-Griffin  
Perinatal Clinical Nurse Specialist

# 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



# Maternal MNO Wave 1 OB Team Members





# 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

## History Reviewed

Tobacco history not reviewed

## Social History

Category	History
Alcohol Use	No
Drug Use	No
Sexually Active	Not Asked
ADL	Not Asked
Family History	

SSM Health – St. Louis Region  
Patient Care Policy



SSMHealth

- . 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.



SSMHealth

# 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](mailto: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

MNO-OB  
Toolkit Review  
Team

## Alignment with MNO-OB Improvement Goals

- Prevention
- Screening & Linkage to Care
- Optimizing Care for Mom and Baby



MNO-OB  
Toolkit for  
Teams



# 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](mailto:info@ilpqc.org)



Month	Date	Meeting
<b>February</b>	2/26 (12:30-1:30pm)	MNO Wave 1 OB Teams Call
<b>March</b>	3/26 (12:30-2:30pm)	OB Teams Call Severe HTN (1 <sup>st</sup> Hour) MNO Wave 1 OB (2 <sup>nd</sup> Hour)
<b>April</b>	4/16 (2-3pm)	MNO Wave 1 Joint OB & Neonatal Call
	4/23 (12:30-2:30pm)	MNO Launch Call with Wave 1 & Wave 2 Teams
<b>May</b>	5/30	OB Face-to-Face in Springfield
	5/31	Neonatal Face-to-Face in Springfield



# 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?

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THANKS TO OUR SPONSORS



**JB & MK PRITZKER**  

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**Family Foundation**