MNO Wave 1 OB Teams Call

March 19, 2018
12:00 – 1:00 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!
Introductions

• Please enter into the chat box your
  • Name
  • Role
  • Institution
• If you are only on the phone line, please be sure to let us know so we can note your attendance
Overview

• MNO General Updates
• Aims Overview
• Data Form & Structure Measure Updates
• Team Talks
  – Advocate Good Samaritan
  – HSHS St. John’s Hospital- Springfield
  – Advocate Sherman Hospital
  – Memorial Hospital Belleville
  – Silver Cross Hospital
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
<table>
<thead>
<tr>
<th>Jan 2018</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<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 – draft pending</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>
</tr>
</tbody>
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Wave 1 and Wave 2 Tasks

• MNO Wave 1 Team tasks (January 2018 – April 2018):
  – Review 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

• MNO Team tasks Wave 1 & 2 (April 2018 – 2019)
  – Participate in MNO Launch Webinar (April 23)
  – 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)
Wave 2 Recruitment

• Distribute letter with IDPH (currently in review) announcing statewide quality initiative

• ILPQC will send recruitment email to:
  – Perinatal Network Administrators to share with their network hospitals
  – OB HTN Teams mailing list
  – MNO Wave 1 Teams to share with other hospitals / colleagues
  – OB Advisory Work Group
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
AIMS, STRUCTURE MEASURES, AND DATA FORM UPDATES
MNO Proposed Measures link to our Improvement Goals

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 *
• 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 prenatally or prior to maternal discharge
  - Percent of women with OUD contraception counseling / plan documented prenatally or prior to maternal discharge
  - Percent of women with OUD receiving behavioral health / social work consult documented prenatally or prior to maternal discharge

• **Improve care of opioid-exposed newborns (OEN) by improving non-pharmacological care**
  - Percent of women with OUD receiving prenatal education on OUD and NAS infant care prenatally or prior to maternal discharge
  - Percent of women with OUD receiving prenatal pediatric consult
  - Percent of women with OUD/OEN who roomed together during hospitalization
  - Percent of OEN receiving maternal breastmilk at **maternal discharge***
  - Percent of OENs discharged to maternal custody*
- Improve care of opioid-exposed newborns (OEN) by improving non-pharmacological care
  - Percent of OENs receiving a toxicology screen (urine/cord/meconium) 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 care sites providing education materials on OUD and pain management strategies
- 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 & Linkage to Care:
- Increase percentage of hospitals / prenatal care sites using validated screening tool and protocol for opioid use in pregnancy
- Increase hospitals and affiliated prenatal care sites with community resources mapped

Optimizing Care for Moms/Newborns
- Increase percentage of affiliated prenatal care sites who have been provided standardized protocol / checklist for optimal prenatal management of patients with OUD.
- Increase percentage of hospitals with standardized protocol and/or checklist for optimal management of patients with OUD during labor and postpartum
- Increase cumulative proportion of providers, nurses, and staff educated on OUD care protocols
- Increase percentage of hospitals and affiliated prenatal care sites with standardized use of materials for educating women with OUD, regarding OUD and pregnancy and mothers’ role in NAS newborn care

~Stigma reduction, Screening, Assessment, Community Resources, Linkage to Care, and Optimal Care during Prenatal, Intrapartum, and Postpartum
MNO Neonatal Structure Measures

Optimizing Care for Moms/Newborns

• Increase use of improved and standardized non-pharmacological care for OENs
• Increase standardization of pharmacological care (when needed) for OENs
• Increase use of improve and standardized discharge planning for OENs
• Increase improved maternal/family engagement in care of OENs
MNO OB Data
Monthly Form Version 2

- There will be two options for using the monthly paper data forms:
  - Separate paper OB & Neo data forms (distributed to teams)
    - [DOWNLOAD MNO OB Monthly Data Form V2 here](#)
    - [DOWNLOAD MNO Neo Monthly Data Form V2 here](#)
  - Joint paper OB & Neo data form (distributed to teams)
    - [Download link in Adobe Connect](#)
- Feedback: let us know your thoughts on the use of on separate (OB, Neonatal) versus combined MNO monthly data forms
Data Collection/Entry Workflow

General Information:
- REDCap Identifiers
- Demographics: Maternal & Infant

What Data Submitting?
- OB: None
- Neo

Submit MNO-OB Data at Maternal Discharge
Submit MNO-Neo Data at Infant Discharge
Submit “No Cases” Data at end of Month
ILPQC MNO OB Monthly Data Collection Form

Question | Response/Format | Wave 1 Hospital Team Comments | *Process/Outcome Measures
--- | --- | --- | ---
REDCap Identifiers
- REDCap Record ID
- Hospital ID Number

Demographics
- Maternal Age
- Maternal Race
- Maternal Zip Code
- Maternal Drug Exposures and Neonatal Assessment

Question Response/Format Wave 1 Hospital Team Comments
Maternal Race
- XX (number, 12-50)
- White
- Black
- Hispanic
- Asian
- Other
Maternal Drug Exposures and Neonatal Assessment
- Maternal Drug Exposures
- Maternal Neonatal Assessment
- Maternal-Fetal Drug Exposures and Neonatal Assessment

REDCap Data Entry Workflow
MNO OB Questions

- Will there be baseline data collection? The plan for baseline data collection is retrospective collection for October – December 2017
- How do teams deal with maternal transfers? See the next slide.
- Definition of ‘opiate exposed women,’ discussion of numerators and denominators, How to identify- define OUD, length of use, who to collect data on
- How to track # opioid prescriptions and PMP documented?
- The MNO OB Toolkit will provide information and resources on these questions:
  - What is included in the prevention bundle for teams?
  - What are the MAT Guidelines & Definitions?
  - What are expectations of teams regarding providing Narcan information to mothers?
  - Is maternal education supposed to be verbal, written, or whatever a provider/nurse chooses?
MNO OB Transfers

• Question 9 in MNO-OB Monthly Data form: Delivered at your hospital?
  • Yes
  • No (Transfer)

• For Discussion: Document from Massachusetts provides guidance for infant transfers, which we’ve edited to include mother transfer scenarios:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Hospital Completing Form</th>
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</thead>
<tbody>
<tr>
<td>Mom presents to hospital A for delivery, delivers and is discharged from hospital A</td>
<td>Hospital A</td>
</tr>
<tr>
<td>Mom presents at hospital A for delivery, is transferred to hospital B, delivers at hospital B, and is discharged from hospital B</td>
<td>Hospital B</td>
</tr>
</tbody>
</table>
What questions do teams still have regarding:

- MNO OB Paper Data Form
- MNO Combined OB & Neo Data Form
- Data Collection
- Data Submission
- Anything else?
MNO OB Toolkit Topics

- Prevention
- Screening & Linkage to Care
- Optimizing Care for Mothers/Infants
## Compiling MNO–OB Toolkit Resources

### 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

• Toolkit Committee will work together to create a draft toolkit
• Review toolkit draft next month’s webinar (March)
  • Teams will review materials & rank usefulness of items
• Finalize on April webinar (April)
  • Representative from each team presenting on chosen materials

If interested in helping to develop components of the tool kit please email us at info@ilpqc.org
MNO OB Toolkit Committee Calls

MNO Toolkit Review Call Schedule:
• Wednesday, March 21st, 12-1pm

SPOTS STILL OPEN TO JOIN TEAM-
Please let us know if you’d like to join!
info@ilpqc.org
Toolkit Review Steps

• Toolkit Committee will critically review all resources in their toolkit (and identify gaps in content/concepts)

• Committee members will identify resources to respond to each MNO aim/goal/measure

• Committee members will rank usefulness of items for teams

• Committee will compile final list of resources for toolkit
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) or info@ilpqc.org
<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Meeting</th>
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<tbody>
<tr>
<td>March</td>
<td>3/19 (12-1pm)</td>
<td>MNO Wave 1 OB</td>
</tr>
<tr>
<td>April</td>
<td>4/16 (2-3pm)</td>
<td>MNO Wave 1 Joint OB &amp; Neonatal Call</td>
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<tr>
<td></td>
<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 30th, 2018
Neonatal: May 31st, 2018

President Abraham Lincoln

DoubleTree Hotel

Springfield, IL
# 2018 OB Face-to-Face Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
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<tbody>
<tr>
<td>8:45 – 9:45</td>
<td>Registration, Storyboard Set Up, &amp; Continental Breakfast</td>
</tr>
<tr>
<td>9:45 – 10:15</td>
<td>Overview of sustainability and current initiatives</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>MNO Plenary – Daisy Goodman</td>
</tr>
<tr>
<td>10:45 – 11:15</td>
<td>IPLARC Plenary – Kai Tao</td>
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<tr>
<td>11:15 – 12:00</td>
<td>Team Storyboard Session</td>
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<tr>
<td>12:00 – 12:15</td>
<td>Pick up boxed lunch</td>
</tr>
<tr>
<td>12:15 – 12:45</td>
<td>MNO panel – present toolkit &amp; data form (Daisy Goodman, Jaye Shyken, Barb Parilla, Mike Marcotte)</td>
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<tr>
<td>12:45 – 1:30</td>
<td>Breakout session group 1</td>
</tr>
<tr>
<td>1:30 – 1:45</td>
<td>Break</td>
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<tr>
<td>1:45 – 2:30</td>
<td>Breakout session group 2</td>
</tr>
<tr>
<td>2:30 – 3:15</td>
<td>ILPQC Teams Panel (possibly for MNO)</td>
</tr>
<tr>
<td>3:15 – 3:30</td>
<td>Summary and Evaluation</td>
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### Hypertension
- Finishing Strong
- Sustainability

### MNO
- Prevention (2)
- Screening & Linkage to Care (2)
- Optimizing Care for Moms and Babies (2)

### IPLARC
- Toolkit and Data Form Review

- PNAs will reach out to find one nurse/physician pair to facilitate each session
- Local content experts to participate in each breakout and support facilitators
OUD Patient Education Moms/Patient Focus Groups

- AMCHP grant to IDPH to conduct 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
• Training will be held in October in Chicago (Prentice) and September or October in Central IL (HSHS St. John’s Hospital)—stay tuned for additional information.
MNO WAVE 1 TEAM PRESENTATIONS
GOOD SAMARITAN HOSPITAL
MNO Wave 1 Team
Yorleni Ambrosio, Neonatal Clinical Nurse Specialist
Olga Lazala, Perinatal Clinical Nurse Specialist
ENGAGEMENT – OB AND NEO

- Level III Department Meetings – Quarterly
- High Risk Multidisciplinary Team Meetings – Monthly
- NICU Multidisciplinary Rounds - Weekly
- OB and Pediatric Department Meetings
- Educational Offerings – Dr. Parillia (Advocate Medical Group Perinatologist)
- Ongoing email communication
- Staff Meetings
DATA COLLECTION PROCESS

• Retrospective review of patient charts
• Mothers and neonates exposed to opiates will be identified via:
  • High risk multidisciplinary meetings
  • NICU Multidisciplinary meetings
• Future collection of data collection will be retrospective and gathered by the unit discharging the infant
DATA COLLECTION FEEDBACK

- Acronyms used in form should be spelled out or be included in a legend
- Some items need to have a “na” option
- Questions asking about antenatal consults will be difficult to obtain, i.e. Que #9
- ICD10 Codes will be difficult to find for substance use dx
THANK YOU!
Illinois Perinatal Quality Collaborative (IL-PQC) Maternal Newborn Opioid (MNO) Obstetric Committee

St. John’s Hospital
Springfield, IL
Women & Infants Services
MNO OB Committee Members

- Dr. Elizabeth Unal, OB Lead Provider
- Dr. Anne Martin, OB Provider
- Chris Lopian, RN OB Clinical Facilitator
- Kelli Irvin, RN OB Manager
- Jessica Smith, RN OB Lead & Data Collector
- Susan Waterman, RN OB Unit Educator
- Sarah Crowell, Licensed Social Worker
MNO OB Committee Members

- Chris Emmons, RN Neonatal Outreach Educator
- Debra Kamradt, RN Perinatal Outreach Facilitator
- Cindy Mitchell, RN Perinatal Network Administrator
- Kelly Jones, RN MFM
- Kelsey Crawford, RN Newborn Nursery
- Paula Redenius, RN Lactation
Wave 1 Meeting Minutes

- Identified team member roles
- Determined data collection methods
  - Collecting OUD maternal inpatient chart labels
  - Running a weekly toxicology report
- Assigned tasks
  - Primary data collector
  - Each member
Data Collection Process

* Time for data collection
  * Varied by team member
    * 20 minutes – 2 hours
* Data form length
  * Not as cumbersome as expected
Wave 1 Team Questions

- Definition of chronic use?

- Should the data include both inpatient and outpatient information?

- #16 on collection form
  - Medically assisted therapy
Wave 1 Team Recommendations

* Recommended form changes
  * Combine #5 and #6 on data form
  * #24 and #25 are not part of mother’s medical record

* Recommended changes to responses
  * Add “notes” in place of format under response/format

* Changes to the response options
  * #14 lengthy list
    * Define screening tools
Wave 1 Data Form Feedback

* Utilizing inpatient vs outpatient sources
  * Prenatal record is essential
  * Inpatient systems helpful
    * Referral notes

* Limitations
  * Lack of prenatal education documentation
Mothers and Newborns Affected by Opioids (MNO) Initiative

Advocate Sherman Hospital
Elgin, IL

Courtney Buss BSN, RNC, PCL L&D
Anne Surerus, RNC, Assistant Clinical Manager
OB
- MFM: Dr. Duval
- OB Manager: Julie Kane
- RN lead: Courtney Buss
- RN help from Mother/Baby unit
- Social Work
- Lactation
- Need: Clinic representative

NEO
- Neo: Dr Mehta
- SCN Manager: Luisa Velazquez
- RN Lead: Anne Surerus
- RN help from Special Care Nursery
- Social Work
- Lactation
Communicating Across Teams

- Currently, RN leads (one OB and one Neo) communicate in person, phone and e-mail about how retrospective data collection is going:
  - Making notes on possible practice and charting changes for the future to make sure all data and outcome measures are occurring.

- Once the toolkit comes out, will meet with the entire team for practice changes and recommendations.
Current Form: What works well

- Great depth and descriptions on form
- Easy to follow
- Able to retrospectively pull out most information from our Medical records
  - January and February, have only had 2 mom/babies that qualify
- Keeping mom and Newborn form separate works well
Need to add more items and revise our intake screen:

- Opiates, Amphetamine, Benzo, Barbituates, PCP
- Antenatal Consult info
- Meds used to treat drug disorder
- Education on OUD disorder, breastfeeding and caring for infant
What is MAT (Medically Assisted Therapy), what are some examples of that this consists of?

Advocate Sherman currently does not use any screening tool (use maternal verbal history, drug screens or prenatal record/medical record for screening)

Once the form is completed, how is the data submitted?

Is there a state law on urine/meconium toxicology
  - Chain of custody?
  - Consent needed?
THANK YOU

Advocate Sherman Hospital

Inspiring medicine. Changing lives.
Mothers and Newborns affected by Opioids (MNO) Initiative
Wave 1
Memorial Hospital Belleville
Family Care Birthing Center Memorial Hospital Belleville
8 LDR Rooms 2 Triage
10 Bed Mother Baby Unit
Level II Nursery
6 Special Care Nursery Beds
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<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Team Lead</td>
<td>Donna Stephens</td>
<td><a href="mailto:Donna.Stephens@bjc.org">Donna.Stephens@bjc.org</a></td>
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<tr>
<td>OB Physician Lead</td>
<td>Dr. Engeljohn</td>
<td><a href="mailto:Dengeljohn@sihf.org">Dengeljohn@sihf.org</a></td>
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<tr>
<td>Nurse Lead</td>
<td>Mona LeGrand</td>
<td><a href="mailto:Mona.Legrand@bjc.org">Mona.Legrand@bjc.org</a></td>
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<tr>
<td>Neonatology</td>
<td>Dr. R. Kilani</td>
<td>1/18-4/1/18</td>
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<td><a href="mailto:Dfitzgerald@onsiteneonatal.com">Dfitzgerald@onsiteneonatal.com</a></td>
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<td>Dr. S. O’Connor 4/1/18</td>
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<td><a href="mailto:Soconnor@wustl.edu">Soconnor@wustl.edu</a></td>
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<tr>
<td>Social Service</td>
<td>Maria Holt</td>
<td><a href="mailto:Maria.Holt@bjc.org">Maria.Holt@bjc.org</a></td>
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<tr>
<td>Addiction Help</td>
<td>Wish Clinic St. Mary’s Health Center</td>
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</table>
Current identification Methods for Mothers that Qualify

- Admission question from the EMR under drug usage history, and if a positive Urine drug screen on admission or history noted on prenatal.
Urine Toxicology

- Urine toxicology is obtained on all pregnant women upon arrival to labor and delivery. If the test is positive, a social service consult is placed, and the infant receives a urine drug screen and meconium drug screen.
Challenges

• Length of the form
• Time Consuming
• Some prenatal information not available at time of delivery
• No psychiatric services available at the hospital most must be transferred to St. Louis
• Patients do not want to give a lot of information they are afraid the baby will be taken from them
Recommendations

• Shorten the form and make it easier for private physician offices to use along with the hospital setting
• Provide clear definition on items to ensure consistent data collection
• Work with the Neonatal team on monthly calls to address issues noted
• Bring a pharmacist on board
SILVER CROSS HOSPITAL
NEW LENOX, ILLINOIS

OB – Neonatal Opioid Teams
Data Collection Process
Level 2-E with approximately 2,900 births yearly.

Affiliated with Lurie Children’s Hospital for pediatric hospitalist and neonatology coverage.
Maternal Team
- Dr. Gamillah Pierre
- Tina O’Sullivan MSN, RN
  Unit Based Educator
- Heather Myers, MSW
- Marilyn Paolella RN, MS
  Director Women and Infant Services
- L&D staff RNs (x2)
- Data Collection clerk

Neonatal Team
- Dr. Christine Baumker
- Dr. Colleen Malloy
- MarySue Fajman MSN, RN
- Heather Myers MSW
- Marilyn Paolella RN, MS
  Director Women and Infant Services
- Debbie Tuider IBCLC
- Nursery staff RNs (x3)
- Data collection clerk
Reviewed data from CY 2016 and 2017 to begin to understand scope of problem at SCH. This was done through Medical Record coding query.

16 neonates in 2016 and 17 neonates in 2017 coded with NAS.

Question if this is under-reported / under coded. Plan to obtain baseline time to treatment, length of stay and discharge plan with data.
Currently have Drug Screening policy which requires a urine drug screen for several different indicators, such as limited/no prenatal care and history of substance abuse. Currently do not have universal drug screening for all admissions.

Highest percentage of maternal positive drug screen is marijuana.

Have used meconium for confirmation for positive newborn screen for years, recently started sending portions of the umbilical cord for confirmation.
First kick-off meeting had both teams together. We found this very beneficial and will probably continue to meet as one team with sub groups while we map out our short and long term actionable items.

Plan to include Will County Health Department and local Aunt Martha’s in initiative, invite to meetings, and share protocols and practice guidelines with them.

Plan to include Pharmacist on both teams.

Have not used the new data collection forms yet, plan for trial of forms, both maternal and neonatal this week.

Plan to review the recently received goals, measures, process and outcomes as well as do the Quarterly Structure Measures Data Collection Form together at next meeting 3/27/18. There is concern over question #5 as related to total # of prescriptions/pills – amount / time of data collection required. Can sample size be used?
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) or info@ilpqc.org
Comments & Questions?