



MNO Wave 1 OB Teams Call

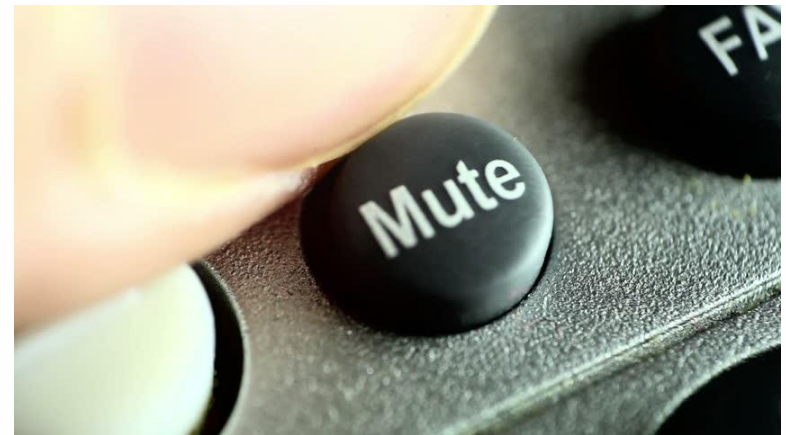
March 19, 2018

12:00 – 1:00 PM

Conference Line Logistics

If you need to step away:

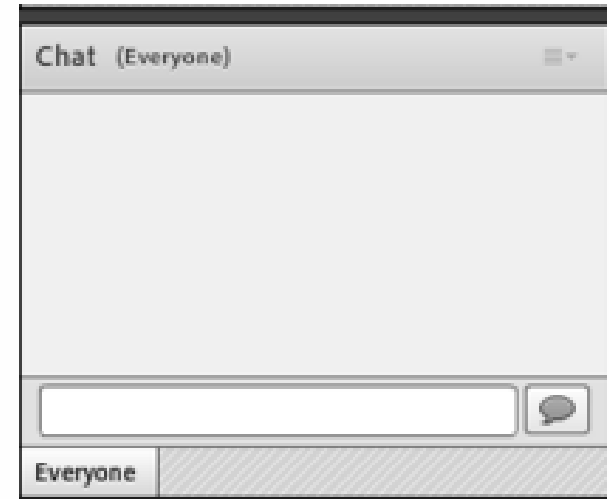
- Use the **MUTE** button on your phone or
- You can use ***6** to place the call on **MUTE** and ***6** to come off of **MUTE**



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

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 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 – draft pending	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



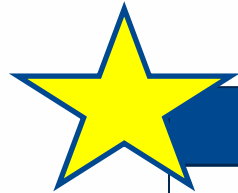
- MNO Wave 1 Team tasks (January 2018 – April 2018):
 - Review MNO data form to solicit feedback and discuss solutions to collecting data with entire team
 - Test the MNO data form and data collection process with prospective / retrospective data collection at your hospital
 - Participate in monthly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



- Hospital Teamwork
- Communication
- Data collection
- Initiative Alignment



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



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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 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*

Prevention

Screening and
Linkage to
Care

Optimizing
Care for
Moms/Babies

- **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

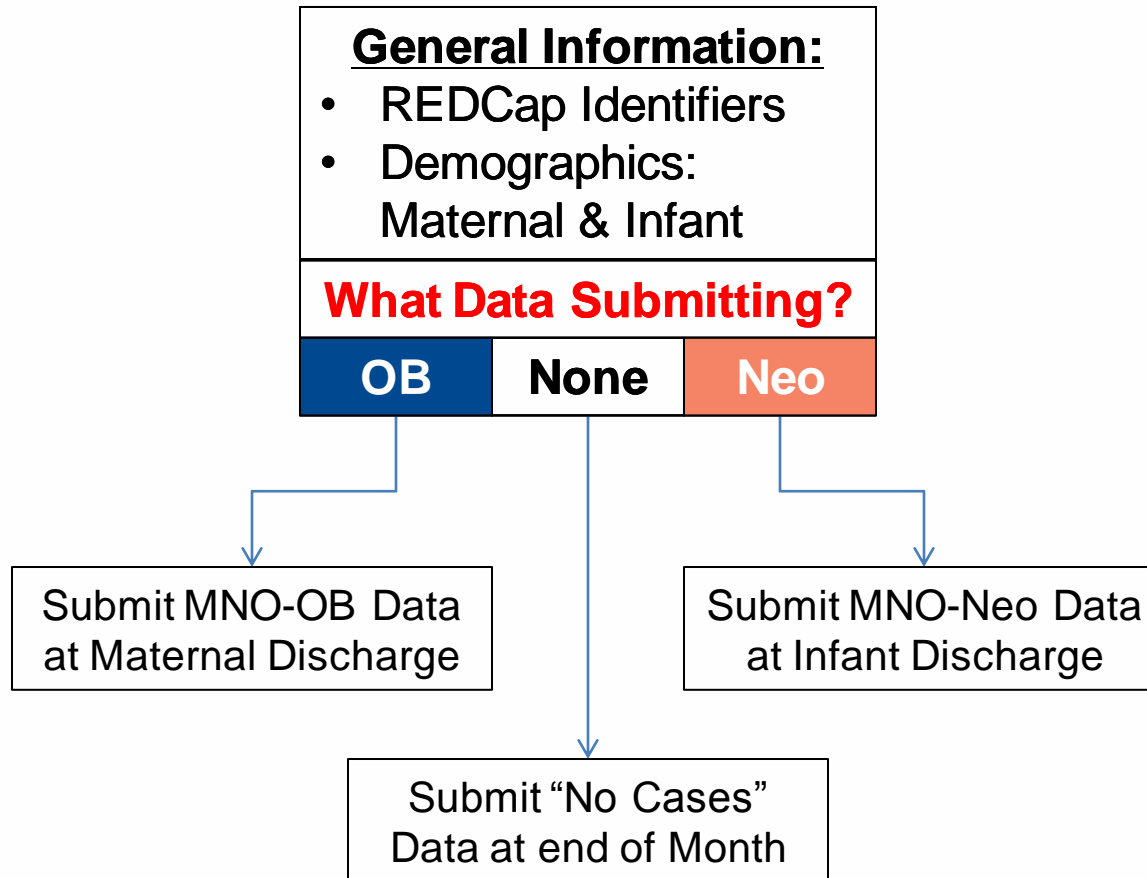
- Increase use of improved and standardized non-pharmacological care for OENs
- Increase standardization of pharmacological care (when needed) for OENs
- Increase use of improve and standardized discharge planning for OENs
- Increase improved maternal/family engagement in care of OENs

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



OB Monthly Data Collection Form

This data is to be collected by OB MNO Teams for process and outcome measures. This data should be collected & submitted at time of maternal discharge.

Wave 1 Hospital Teams: Please test this form and provide feedback. ILPQC want to know items that worked well, items you would recommend changing, and items you would recommend removing. Please also let us know if you identify additions, removals, edits and/or format changes to the responses. Please note your comments on individual items in the "Comments" column and your summary feedback in the "Feedback" section at the bottom of the form.

A. Basic Hospital Information

1. Delivered in your hospital? <i>- If maternal transfer, complete all following fields based on all information available from your hospital as well as birth hospital. If information from birth hospital/transferring hospital is not available, indicate "unknown" or leave questions blank</i> <i>- Use 0 (zero) on date of birth to determine days of age.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Transfer)	Guidance on transfers forthcoming
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B. Mother Treatment History

2. Received prenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Neonatal Data Collection Form

This data is to be collected by Neonatal MNO Teams for process and outcome measures. This data should be collected & submitted at time of infant discharge.

Question	Response/Format	Comments
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REDCAP Identifiers

Hospital ID Number	3-digit number provided by ILPQC (not current) maternal (same across initiatives) hospitalization	
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A. Demographics

1. Infant DOB	MM/DD/YYYY (Calendar)	
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B. Basic Hospital Information

2. Was the infant born in your hospital? <i>- If infant transfer, complete all following fields based on all information available from your hospital as well as birth hospital. If information from birth hospital/transferring hospital is not available, indicate "unknown" or leave questions blank</i> <i>- Use 0 (zero) on date of birth to determine days of age.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Transfer) <input type="checkbox"/> If transferred, how many days old was baby when admitted. <input type="checkbox"/> If transferred, was the reason for transfer related to management of NAS (feedings, withdrawal, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Infant transfer details forthcoming
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C. Maternal-Fetal Drug Exposures and Neonatal Assessment

OB Monthly Data Collection Form

Question	Response/Format	Wave 1 Hospital Team Comments
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*Process/Outcome Measures

REDCAP Identifiers

REDCap Record ID	This will be generated for users by REDCap; it will be unique to every mother/infant dyad in the initiative.	
Hospital ID Number	3-digit number provided by ILPQC (same across initiatives)	

Demographics

Maternal Age	XX (number, 12-50)	
Maternal Race <i>Please select all that apply</i>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
Maternal Zip Code of Residence	Maternal Zip Code	
Infant DOB	MM/DD/YYYY (Calendar)	
Infant Birth Weight (grams)	XXXX (Number, define range)	
Infant gestational age weeks	XX (number, 0-44)	
Infant gestational age days	X (number, 0-6)	
Infant Gender <i>Please select one</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	

Option to Report No Cases for a Month

What MNO data are you submitting?	<input type="checkbox"/> I'm entering OB Data <input type="checkbox"/> I'm entering Neonatal Data <input type="checkbox"/> I have no mothers/newborns affected by opioids to report this month	
Definition: <i>- Opioid is on the medication list</i> <i>- Positive maternal verbal screen</i> <i>- Positive maternal urine drug screen or neonatal cord, urine or meconium screen</i> <i>- Maternal endorsement of opioid use</i> <i>- Other reason to suspect exposure to opiates</i>		
If NO mothers/newborns affected by opioids to report this month	<input type="checkbox"/> Dropdown of months of initiative (2018-2019)	

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:

Scenario	Hospital Completing Form
Mom presents to hospital A for delivery, delivers and is discharged from hospital A	Hospital A
Mom presents at hospital A for delivery, is transferred to hospital B , delivers at hospital B , and is discharged from hospital B	Hospital B

MNO OB Questions

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 COMMITTEE

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

MNO-OB
Toolkit Review
Committee

Alignment with MNO-OB Improvement Goals

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



MNO-OB
Toolkit for
Teams

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

Month	Date	Meeting
March	3/19 (12-1pm)	MNO Wave 1 OB
April	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
May	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 30th, 2018

Neonatal: May 31st, 2018

President Abraham Lincoln

DoubleTree Hotel

Springfield, IL

2018 OB Face-to-Face Agenda



8:45 – 9:45	Registration, Storyboard Set Up, & Continental Breakfast
9:45 – 10:15	Overview of sustainability and current initiatives
10:15 – 10:45	MNO Plenary – Daisy Goodman
10:45 – 11:15	IPLARC Plenary – Kai Tao
11:15 – 12:00	Team Storyboard Session
12:00 – 12:15	Pick up boxed lunch
12:15 – 12:45	MNO panel – present toolkit & data form (Daisy Goodman, Jaye Shyken, Barb Parilla, Mike Marcotte)
12:45 – 1:30	Breakout session group 1
1:30 – 1:45	Break
1:45 – 2:30	Breakout session group 2
2:30 – 3:15	ILPQC Teams Panel (possibly for MNO)
3:15 – 3:30	Summary and Evaluation

Breakout Sessions



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

TOMORROW
STARTS
TODAY.

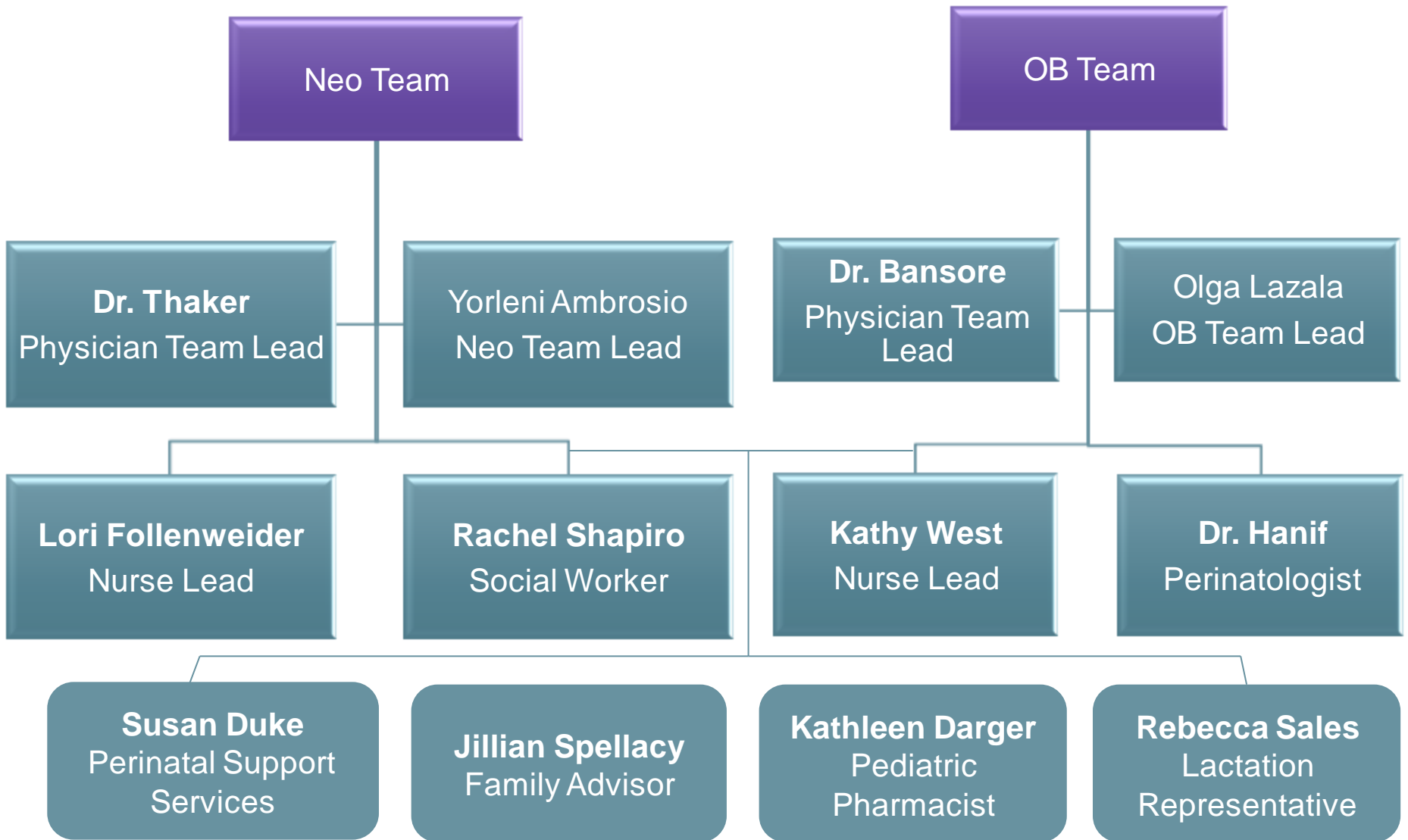
GOOD SAMARITAN HOSPITAL

MNO Wave 1 Team

Yorleni Ambrosio, Neonatal Clinical Nurse Specialist

Olga Lazala, Perinatal Clinical Nurse Specialist

TEAM STRUCTURE



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

TEAM MEMBERS

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

CURRENT OB INTAKE

ALCOHOL/SMOKING/DRUG USE

Alcohol	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Cigarettes	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Marijuana	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Cocaine/Crack	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Heroin/Methadone	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Other Illicit Drugs	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...

Normal Values

ALCOHOL USE: No
CIGARETTES: No
MARIJUANA: No
COCAINE/CRACK: No
OTHER ILLICIT DRUGS: No

Previous

COCAINE/CRACK USE

Cocaine Use

None
 Occasional
 3 - 5 times per week
 6 or more times per week

How Long? (Yrs)

Date Last Used
M/d/yyyy

Previous Tx

None
 Outpatient Treatment
 Inpatient Treatment

Comments

OK

- 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

Current Form: Challenges/Questions

- 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



Wave 1 MNO Team

Maternal Team

Team Lead	Donna Stephens Donna.Stephens@bjc.org
OB Physician Lead	Dr. Engeljohn Dengeljohn@sihf.org
Nurse Lead	Mona LeGrand Mona.Legrand@bjc.org
Neonatology	Dr. R. Kilani 1/18-4/1/18 Dfitzgerald@onsiteneonatal.com Dr. S. O'Connor 4/1/18 Soconnor@wustl.edu
Social Service	Maria Holt Maria.Holt@bjc.org
Addiction Help	Wish Clinic St. Mary's Health Center



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.

Social Behaviors ✓	
Drugs	
Drug Use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Type	
Amount	
Frequency	



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**

SILVER CROSS HOSPITAL

- Level 2-E with approximately 2,900 births yearly.
- Affiliated with Lurie Children's Hospital for pediatric hospitalist and neonatology coverage.



SILVER CROSS HOSPITAL MNO TEAMS

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

RETROSPECTIVE DATA

- 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.



MATERNAL IDENTIFICATION

- 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.

REVIEW OF MEETING AND DATA COLLECTION TOOL

- 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?

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JB & MK PRITZKER

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