



# ILPQC MNO Neonatal Workgroup & MNO Neonatal Wave 1 Teams Call

February 19, 2018

1:00 – 2:00 pm

# Introductions

- Welcome to Wave 1 MNO Teams
- Announcing – MNO Clinical Lead, Jenny Brandenburg
- 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

- Recap from ILPQC AC Neonatal Teams Breakout
- MNO Wave 1 Updates
  - MNO Wave 1 & Wave 2 Timeline
  - January 22<sup>nd</sup> Wave 1 Launch Recap
  - Preparing for Wave 2 launch (April & May)
- MNO Data form Review
- MNO Neonatal Toolkit Team Recruitment
- MNO Wave 1 Team Talk on Data Form and Collection Process
  - Rush Copley Medical Center
  - SSM Health St. Mary's Hospital St. Louis

# ILPQC MNO Workgroup



- Objective: To develop and implement newborn resources for statewide MNO quality improvement initiative based on successful work in other states and adapted for Illinois, including development of:
  - Smart AIM, Process, Outcome, and Balancing Measures
  - Data Forms and Reports
  - Toolkits/ Resources
  - Hospital Recruitment Procedures
  - Collaborative Learning Content
  - QI Support Models
- Work with input from the IDPH NAS Advisory Committee

# IDPH NAS Committee

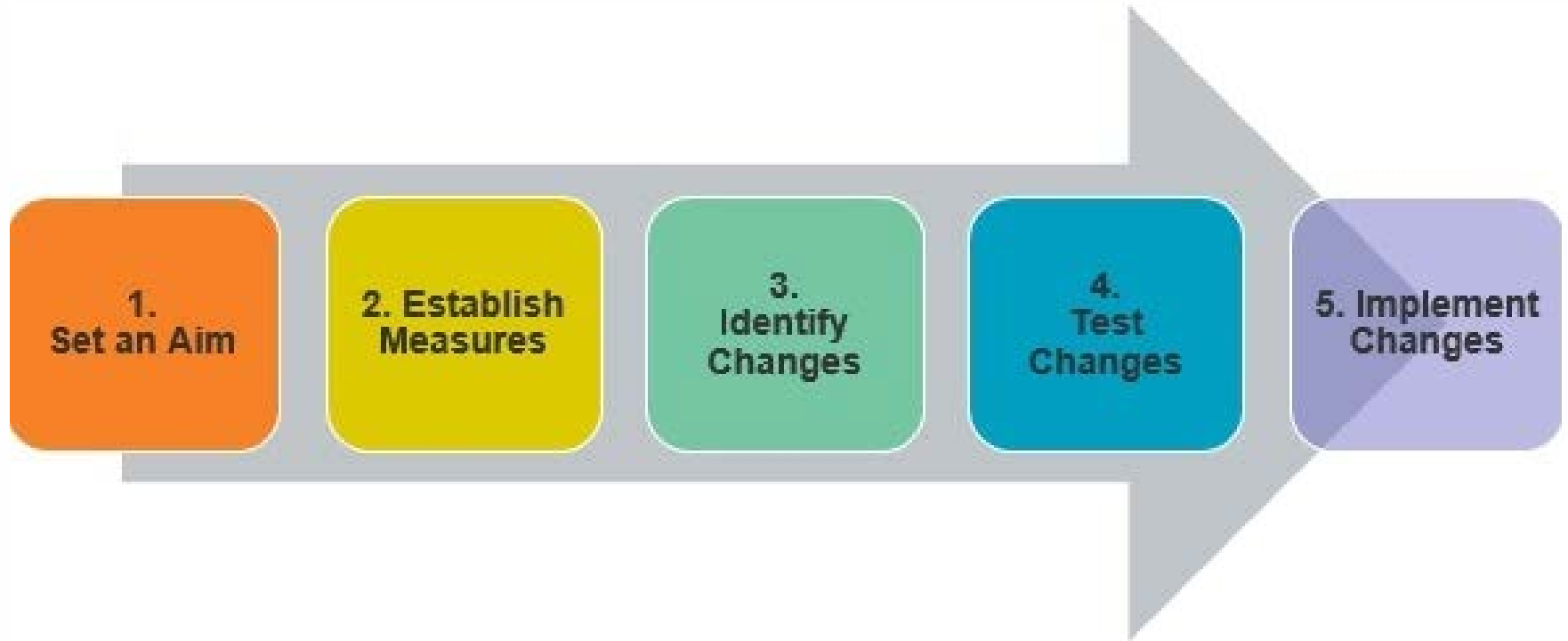
## NAS Definition



Neonatal Abstinence Syndrome refers to the collection of signs and symptoms that occur when a newborn prenatally exposed to prescribed, diverted, or illicit opiates experiences opioid withdrawal. This syndrome is primarily characterized by irritability, tremors, feeding problems, vomiting, diarrhea, sweating, and, in some cases, seizures.

# Creating a Driver Diagram for the MNO Initiative

# Using the Model for Improvement to Improve Care



# Proposed MNO Neonatal AIM Statements

- Decrease pharmacological therapy in substance exposed neonates
- Increase mothers and newborns affected by opioids breastfeeding at neonatal discharge
- Increase substance exposed newborns discharged with an optimized safe plan



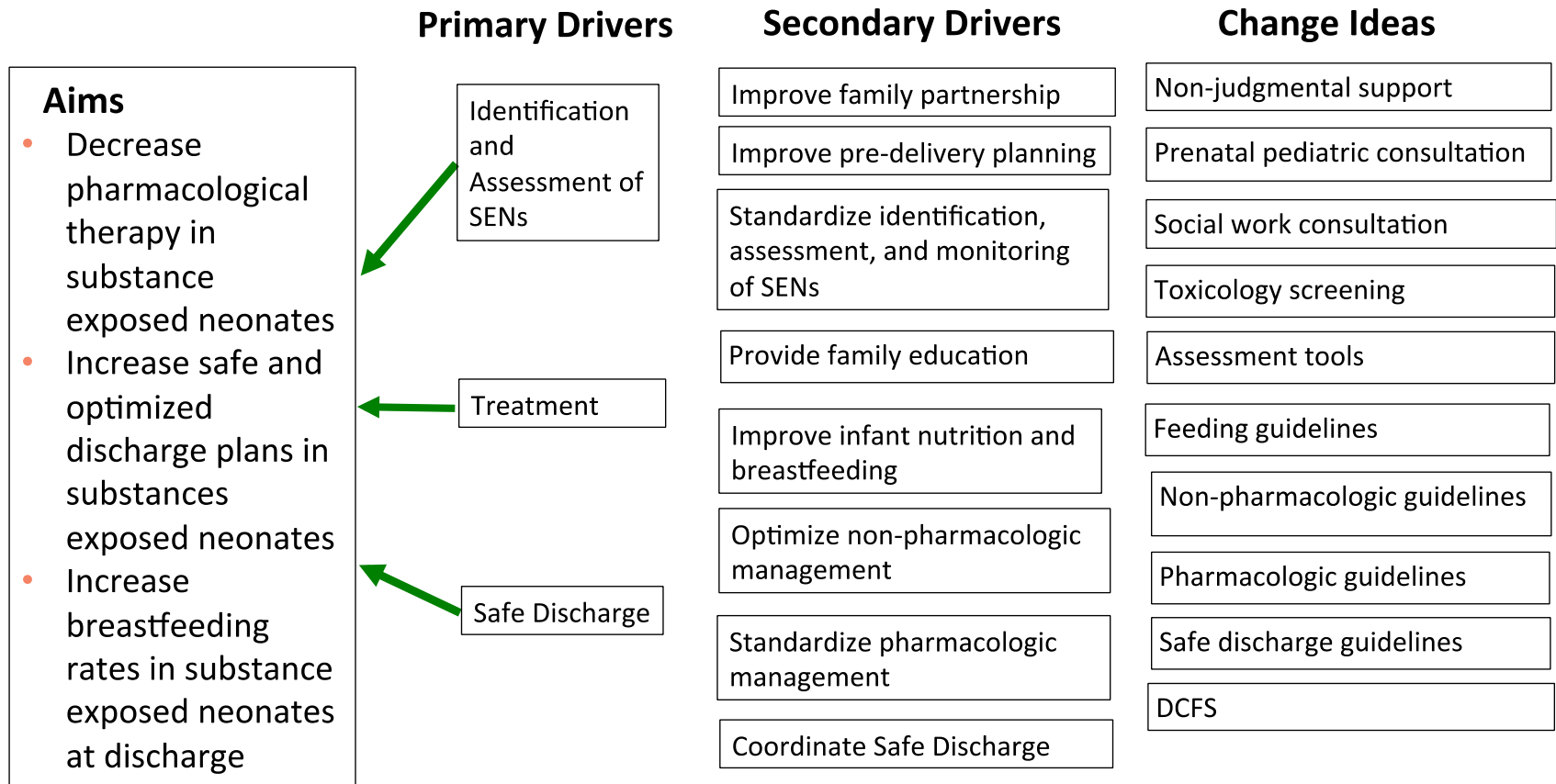
# What is a Driver Diagram?

A driver diagram is a tool that helps to translate high level improvement goals into a logical set of underpinning goals and projects. It captures an entire change program in a single picture and also provides a measurement framework for monitoring progress.

# Why Use a Driver Diagram?

- Simple
- Visual
- Keeps the team on track
- Provides a one page synopsis of your plan
- Aligns your change ideas to the bigger goal

# MNO Neonatal Driver Diagram



# MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS (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 | Recruit Wave 2 OB and Neo MNO teams | Initiative Launch Webinar with all teams | Face to Face Meeting<br>OB: 5/30, Springfield<br>Neo: 5/31 Springfield |

# Wave 1 Teams



- Advocate BroMenn Medical Center
- Advocate Christ Medical Center
- Advocate Good Samaritan Hospital
- Advocate Lutheran General
- Advocate Sherman Hospital
- Carbondale Memorial 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

# 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 as a team
  - 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 – 2019)



# Proposed MNO Aim Statements

- Increase percentage of OB providers using PMP look up
- Reduce number of opioids prescribed for vaginal and cesarean deliveries
- Increase percentage of hospitals / prenatal clinics using validated screening tools for opioid use in pregnancy
- Increase pregnant women affected by opioids linked to care prenatally and receiving Medication Assisted Treatment (MAT) for opioid use disorder at delivery
- Decrease pharmacological therapy in substance exposed neonates
- Increase mothers and newborns affected by opioids breastfeeding at neonatal discharge
- Increase substance exposed newborns discharged with an optimized safe plan

# MNO Proposed Measures link to our Improvement Goals

Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

# Prevention



- Increase the use of safe prescribing protocols for opioids use during routine vaginal and cesarean delivery
- Increase the provision of primary prevention education materials on OUD and NAS infant care for pregnant and postpartum patients
- Increase providers / staff educated on key initiative components.
- Increase the percent of providers documenting the Prescription Monitoring Program (PMP) look up prior to prescribing opioids

# Screening and Linkage to Care

- Increase the percent of women screened for OUD
- Increase the percent of mothers receiving a standardized prenatal consultation with pediatric providers
- Increase the percent of mothers of infants at risk for NAS who are linked to treatment



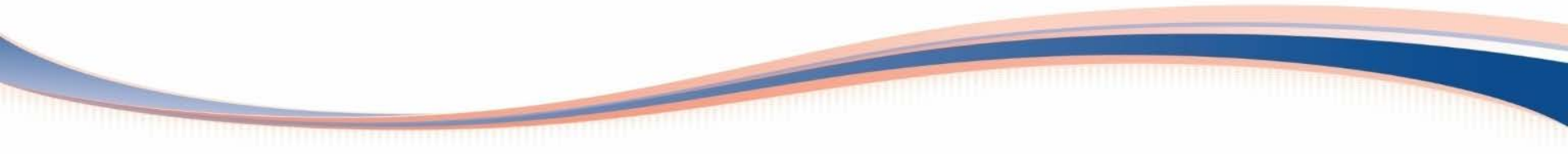
# Optimizing Care for Moms/Babies (1/2)

- Conduct mapping of community resources for perinatal opioid use treatment and support
- Increase the percent of mothers of infants at risk for NAS who are on MAT at time of delivery
- Improve and standardize care of women with OUD during prenatal, intrapartum, postpartum (protocols)
- Support patient/family partnership in care of newborn at risk for NAS





## Optimizing Care for Moms/Babies (2/2)

- Improve and standardize non-pharmacological care for SENs
  - Improve and standardize pharmacological care for SENs
  - Improve patient / family partnership in care of infant at risk for NAS
  - Improve and standardize discharge planning for SENs
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# Save the Date!

## ILPQC Face to Face Meetings

- Wednesday, May 30<sup>th</sup> (OB) and Thursday, May 31<sup>st</sup> (Neo)
- Location: Abraham Lincoln Hotel, Springfield IL
- May 30<sup>th</sup>: 9:45 am – 3:30 pm
- May 31<sup>st</sup>: 9:45 am – 2:00pm
- Topics covered: MNO (OB & Neo), Hypertension and Golden Hour sustainability, Immediate Postpartum LARC

# MNO OB & Neo Data Form



Access MNO OB & Neo data form [here](#).



# Wave 1 Feedback



- Wording confusing for no reported mothers/newborns exposed to opioids this month
- Use of date of birth versus days of life
- Timelines with collecting data for mothers versus collecting data for infants
- Provide information regarding MAT treatment specifics for teams
- What if teams aren't currently doing the entire non-pharmacological bundle
- Discussion of mothers using opioids and breastfeeding- clarify breastfeeding guidelines
- Request non-pharm bundle samples, what to do when a hospital has a different current non-pharm protocol than the ILPQC toolkit will have
- Who is responsible for collecting this data? SW, Nursing, Physicians?

# MNO NEONATAL TOOLKIT

# MNO Neonatal Toolkit

- Recruit MNO Neonatal Toolkit Development Groups based on MNO Workgroup literature review topics:
  - Families at Risk
  - NAS Assessment Tools and Scoring
  - Exposure/Toxicology Reports
  - Non-pharmacological treatment
  - Pharmacological Treatment
  - Discharge and Follow-Ups

# MNO Neonatal Toolkit Topics



- Improve family partnership
- Improve pre-delivery planning
- Standardize identification, assessment, and monitoring of SENs
- Provide family education
- Improve newborn nutrition and breastfeeding
- Optimize non-pharmacologic management
- Standardize pharmacologic management
- Coordinate and Communicate Safe Discharge

# MNO Neonatal Toolkit

- **Toolkit team sign-up roster will be sent out online this week – Please sign up!**
- Teams work together to create a draft toolkit
- Review toolkit draft next month's webinar (March 19<sup>th</sup>)
- Finalize on April webinar (April 16<sup>th</sup>)
- Jenny Brandenburg and Dan Weiss will help coordinate efforts

# MNO WAVE 1 TEAM PRESENTATIONS

# 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

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# Questions

# SSM Health

## St. Mary's Hospital St. Louis

Brenda Davison MSN, RN

Katie Althoff-Moore BSN, RN

Wave 1 Introduction to MNO



# Overview of Hospital



SSM Health St. Mary's Hospital 525-bed facility - St. Louis is a major teaching hospital

affiliated with the Saint Louis University Department of Obstetrics and Gynecology.

St. Mary's Hospital - St. Louis offers a wide variety of outpatient services, high-risk obstetrics level III nursery Women and Infants Substance Health Center (WISH)

# St. Mary's Hospital Neonatal Team Members

- Project Leader: Brenda Davidson, Director Antepartum/Mother-Baby
- Physician Lead: Dr. Kimberly Spence, Assistant Professor of Neonatology
- Nurse Lead: Katie Althoff-Moore, Team Leader Mother-Baby
- OB representative: Dr. Jaye Shyken, Assist. Professor Maternal Fetal Medicine
- Other Members: Dr. Halloran, Assistant Professor of Pediatrics  
Mary Hope, Neonatal Outreach Educator  
Rebecca Boedeker, Lactation Consultant  
Dr. Mohamad Al-Hosni, Assistant Professor of Neonatology  
Laurie Niewoehner, Clinical Pharmacy Specialist  
Julie Nickles, Team Leader NICU  
Staff nurses from both Mother-Baby and NICU



# Team Structure and Data Process

- ▶ Expand current NAS monthly meeting
- ▶ Most meetings will have neonatal and maternal team members
- ▶ Data will be collected on all newborns discharged from the newborn/NICU nursery of moms who screen positive during pregnancy
  - ▶ Current observations
    - ▶ Increase in Opioid Dependent Infant
    - ▶ Most infants now cared for on mother- baby unit





# Data Collection



- ▶ Collection has taken 30-35 minutes; both maternal and neonatal charts must be reviewed to answer all question. BIG question, do we include all OUD infants or only Illinois infants?
- ▶ Both Maternal and a neonatal teams must be in communication if maternal team completing part
- ▶ Opportunities of Form
  - ▶ #20 very difficult to obtain because of numerous codes available
  - ▶ Combine some questions (i.e. #23 and 25)
  - ▶ Questions should follow order of care (i.e. move #26 to follow #19)
  - ▶ #34 needs to include day 0 as an option
  - ▶ #38 should state formula fed instead of bottle

# Comments & Questions?



| Month    | Date                | Meeting   |
|----------|---------------------|---|
| February | 2/19 (1-2pm)        | MNO Neonatal/Newborn Wave 1 AND MNO Neonatal Workgroup Call               |
|          | 2/26 (12:30-1:30pm) | MNO Wave 1 OB Teams Call  |
| March    | 3/19 (1-2pm)        | MNO Neonatal/Newborn Wave 1 AND MNO Neonatal Workgroup Call               |
|          | 3/26 (12:30-2:30pm) | Severe HTN (1 <sup>st</sup> Hour)<br>MNO Wave 1 OB (2 <sup>nd</sup> Hour) |
| April    | 4/16 (1-2pm)        | MNO Neonatal Workgroup Call   |
|          | 4/16 (2-3pm)        | MNO Wave 1 Joint OB & Neonatal/Newborn 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                                      |

THANKS TO OUR SPONSORS



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**Family Foundation**