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\textsuperscript{nd} 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
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

1. Set an Aim
2. Establish Measures
3. Identify Changes
4. Test Changes
5. Implement Changes
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
**Aims**
- Decrease pharmacological therapy in substance exposed neonates
- Increase safe and optimized discharge plans in substances exposed neonates
- Increase breastfeeding rates in substance exposed neonates at discharge

**Primary Drivers**
- Identification and Assessment of SENs
- Treatment
- Safe Discharge

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

**Change Ideas**
- Non-judgmental support
- Prenatal pediatric consultation
- Social work consultation
- Toxicology screening
- Assessment tools
- Feeding guidelines
- Non-pharmacologic guidelines
- Pharmacologic guidelines
- Safe discharge guidelines
- DCFS
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
<table>
<thead>
<tr>
<th>Jan 2018</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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</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</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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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\textsuperscript{th} & 31\textsuperscript{st})
  – 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
• 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
Save the Date!
ILPQC Face to Face Meetings

- Wednesday, May 30th (OB) and Thursday, May 31st (Neo)
- Location: Abraham Lincoln Hotel, Springfield IL
- May 30th: 9:45 am – 3:30 pm
- May 31st: 9:45 am – 2:00pm
- Topics covered: MNO (OB & Neo), Hypertension and Golden Hour sustainability, Immediate Postpartum LARC
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 19th)
• Finalize on April webinar (April 16th)
• 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

- 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
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 Niewohner, 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 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?
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<th>Month</th>
<th>Date</th>
<th>Meeting</th>
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<tr>
<td>February</td>
<td>2/19 (1-2pm)</td>
<td>MNO Neonatal/Newborn Wave 1 AND MNO Neonatal Workgroup Call</td>
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<tr>
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<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>3/19 (1-2pm)</td>
<td>MNO Neonatal/Newborn Wave 1 AND MNO Neonatal Workgroup Call</td>
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<tr>
<td></td>
<td>3/26 (12:30-2:30pm)</td>
<td>Severe HTN (1st Hour) MNO Wave 1 OB (2nd Hour)</td>
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<td>April</td>
<td>4/16 (1-2pm)</td>
<td>MNO Neonatal Workgroup Call</td>
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<td>4/16 (2-3pm)</td>
<td>MNO Wave 1 Joint OB &amp; Neonatal/Newborn 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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<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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