



ILPQC Neonatal Abstinence Syndrome Initiative Workgroup

June 28, 2017

2:00 – 3:00 pm

Introductions

- When called on, please tell us:
 - Name
 - Role
 - Institution
- Please also enter this information into the chat box!

Overview

- Lessons Learned from Golden Hour
- ILPQC NAS Initiative Workgroup
 - Vision/Mission/Goals
 - Structure and Communication
 - Action Items
 - Resources
- IDPH
- Next Steps

Lessons Learned from Golden Hour Initiative



- Key lessons learned from Golden Hour?
- What can we improve on with NAS Initiative?

ILPQC NAS Workgroup

35 Members Representing:



- Stroger (3)
- Memorial Hospital Of Carbondale (2)
- Advocate Lutheran
- UIC
- St. Louis University of Medicine (2)
- Barnes Jewish Memorial
- Lurie Children's (4)
- HSHS St. John's Hospital (2)
- University of Chicago
- Central Dupage
- McDonough Medical Group
- OSF St. Francis Medical Center
- Southern Illinois University Healthcare
- Northwestern Medicine Lake Forest
- Swedish American
- AMITA Adventist Medical-Hinsdale
- Loyola University
- Advocate Condell Medical
- SSM Cardinal Glennon
- UIC
- St. Alexis Medical Center

ILPQC NAS Workgroup: Membership



- Amy Jolly
- Barbara Parilla
- Carol Rosenbusch
- Christine Emmons
- Debra Warndahl
- Derrick Rollo
- Donna Lemmenes
- Elaine Shafer
- Ginger Darling
- Heather Stanley-Christian
- Jane Shyken
- Tamara Smith
- Jennifer Hamilton-Gilpin
- Jenny Brandenburg
- Jill Alden
- Jodi Hoskins
- Kenny Kronfrost
- Kim Luckey
- Kimberly Spence
- Leslie Caldarelli
- Lisa Davis
- Lisa Maloney
- Malihaha Shareef
- Sue Horner
- Venkata Majiga
- Marcella McDonald
- Margaret Behm
- Mary Hope
- Mary Puchalski
- Omar LeBlanc
- Patricia Ittmann
- Phyllis Burnes
- Rita Brennan
- Roshena Lindsey
- Sherry Jones
- Stephanie Loiacuro
- Terry Griffin

ILPQC NAS Workgroup: Vision/Mission/Goals Discussion



- To develop and implement a NAS 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 in collaboration with the IDPH NAS Advisory Committee

NAS Initiative Group Structure



- Large group communication
 - Teleconference/webinar
 - Online collaboration via Google Drive
- Subcommittee model
 - Team Leads/contact/liaison
 - Tasks with timelines
 - Breakout teleconferences/meetings

ILPQC NAS Workgroup: Developing QI Support Plan



- Mentorship
- Education
 - QI
 - NAS

NAS Initiative Literature Review Topics



- OB: Prenatal screening, consultation, counselling, treatment/referrals/follow-up
- Exposure/Toxicology Tools
- NAS assessment tools and scoring
- Non-pharmacological treatment
- Pharmacological treatment
- Discharge and follow-up

NAS Initiative State QI Work

Review Topics



- Review state PQC resources from Ohio, Massachusetts, Tennessee for:
 - Smart AIM, Process, Outcome, and Balancing Measures
 - Data Forms and Reports
 - Toolkits/ Resources
 - Hospital Recruitment Procedures
 - Collaborative Learning Content
 - QI Support Models
- Connect with other state leads to discuss lessons learned
- At July 20th IDPH NAS Advisory Committee Meeting, ILPQC NAS Workgroup representatives present a summary of other state QI approaches for discussion
 - The focus of our presentation to them in July is the key QI components and processes of the QI work in these states

NAS Initiative Next Steps

- Identify subgroup leadership and membership
 - State PQC Initiative Review
 - Literature Review
- Prepare content
- Share on google drive
- Review
- Compile
- Present State PQC initiative review at July 20th IDPH NAS Advisory Committee Meeting

NAS Initiative Google Drive



- <https://drive.google.com/drive/folders/0B9NgXbOG8bl0X2Y1dmNwY054NHM?usp=sharing>
- The place to share information and work
- General Resources: Articles and studies on NAS, opioid use, and treatment
- State Folders: (MN, TN, OH)
 - Each state folder has a resource folder to state's toolkit, online material, references, and toolkit summary
 - Each state folder has a working folder for group work
- Literature Review Topics: Folder for each literature review topic

Progress for Neonatal Abstinence Syndrome Advisory Committee

Jodi Hoskins, RNC, MSN Perinatal Network Administrator / Northwest Illinois Perinatal Center

Shelly Bateman Regional Director of Advocacy and Government Affairs / March of Dimes

Amanda Bennett, PhD CDC Assignee in Maternal and Child Health Epidemiology / IDPH

Illinois State Legislation



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- In May 2015, the Illinois legislature updated the Administrative Code, Department of Public Health Powers and Duties Law (20 ILCS 2310/2310-677) to include the formation of the

“Neonatal Abstinence Syndrome Advisory Committee”

- Advises IDPH on issues related to NAS and improving the outcomes of pregnancies with respect to NAS
- Has no independent authority to implement its recommendations
- Reports yearly to Illinois General Assembly on March 31st
- Final report is due March 31, 2019

Illinois NAS Advisory Committee

Charged with:

1. Develop an appropriate standard clinical definition of “NAS”
2. Develop a uniform process of identifying NAS
3. Develop protocols for training hospital personnel in implementing an appropriate and uniform process for identifying and treating NAS
4. Identify and develop option for reporting NAS data to the Department by using existing or new data reporting options
5. Make recommendations to the Department on evidence-based guidelines and programs to improve the outcomes of pregnancies with respect to NAS

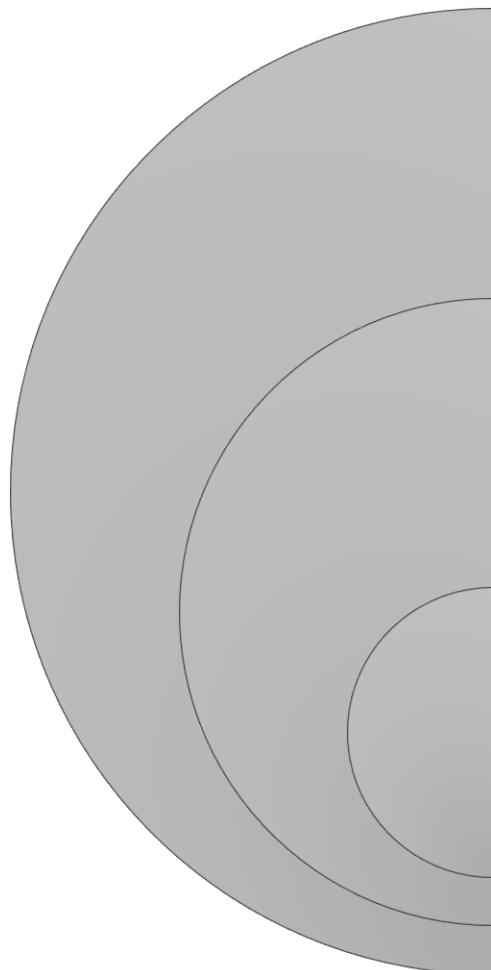
Illinois NAS Advisory Committee

- At least 10 voting members appointed by the Director of Public Health
 - Association of hospitals representative
 - Pediatrician
 - Obstetrician
 - Advocate for the health of mothers and infants
 - Licensed physician
 - Licensed practical nurse, registered professional nurse, or advanced practice nurse with expertise in the treatment of newborns in NICU
 - Representative from a local or regional public health agency
 - Expertise in the treatment of drug dependency and addiction

Progress

- Required to meet a minimum of three times per year
- Advisory Committee sunset date is June 20, 2019
- Beginning February 2016-the committee has met a total of six times to date.

Illinois NAS Advisory Committee



Considered NAS legislation from a national perspective	<ul style="list-style-type: none">• Florida• Ohio• Indiana• Tennessee
Broaden membership composition	<ul style="list-style-type: none">• Representation from urban and rural areas• Families impacted by NAS
Review of existing NAS data	<ul style="list-style-type: none">• Hospital discharge data<ul style="list-style-type: none">• DC codes reviewed for bias• APORS• Medicaid claims• Prescription drug monitoring program

Illinois NAS Advisory Committee

- **Objective #1: Develop standard 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.”

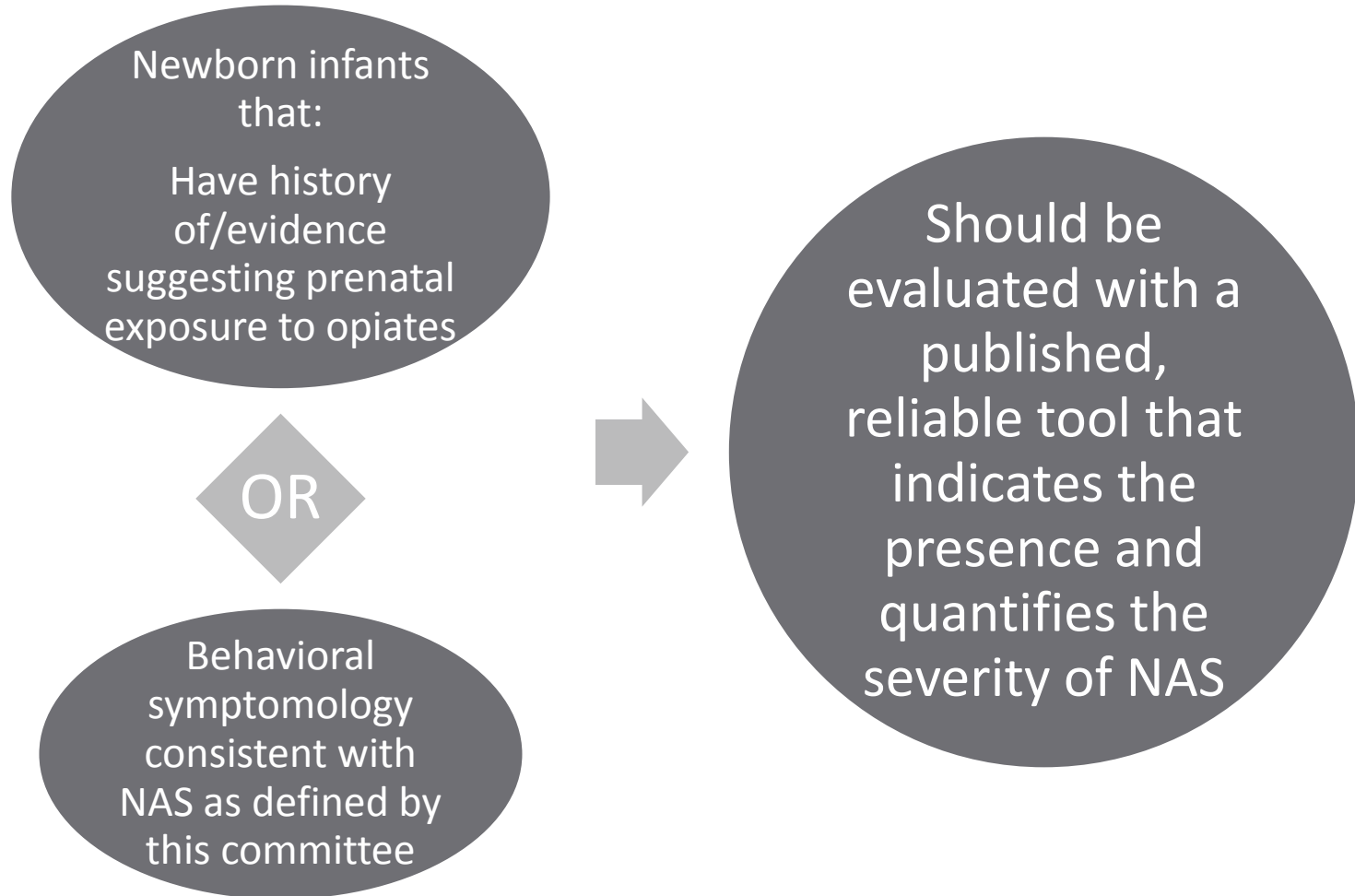
Illinois NAS Advisory Committee

- **Discussion of Objective #2: Develop uniform process to identify NAS**
 - Need for improvement in detection and diagnosis
 - Universal drug screening during the prenatal period
 - Criteria for screening
 - Utilization of the Prescription Monitoring Program (PMP) in screening assessment
 - When toxicology screening should be considered
 - *Maternal consent need acknowledged
 - Committee researched and reviewed NAS implementation measures from other states

Illinois NAS Advisory Committee

- Conclusions from review for Objective 2:
 - Substance use screening using a validated verbal or written questionnaire for all pregnant women.
 - At minimum: first visit and presenting in Labor and Delivery
 - Toxicology screening to be considered if it will help guide management

Illinois NAS Advisory Committee



Illinois NAS Advisory Committee

- Recommendation that newborns with history, or signs/symptoms of prenatal opioid exposure be:
 - Referred for early intervention evaluation and subsequent services
- Neonatal toxicology screening
 - Committee to recommend criteria
 - Committee to develop decision tree for screening decision making

Illinois NAS Advisory Committee

- Looking forward...
 - Amanda Bennett, IDPH Epidemiology, shared possible sources of data to consider to satisfy Objective #4: data reporting options:
 - Vital records, hospital discharge, Medicaid claims, and the national survey on drug use and health.
 - Protocol development and what hospital personnel training and education dissemination will include.
 - Committee has added/conducted an extra meeting to speed up the process of addressing the objectives.

Illinois NAS Advisory Committee

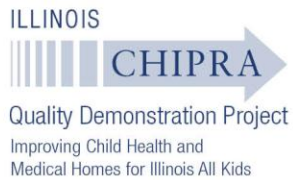
- Looking forward (Cont.)...
- Collaboration and communication with ILPQC to streamline the NAS initiative roll-out of the NAS Advisory Committee's recommendations on the five objectives they are charged with regarding NAS and improving the outcomes of pregnancies with respect to NAS

NAS Initiative Next Steps



- Subgroups complete state PQC QI process reviews and develop content for IDPH Advisory Committee meeting
 - Connect with team by 7/11
 - Develop 5-6 slides and send to info@ilpqc.org by 7/17
- Determine next ILPQC NAS Workgroup meeting date (and regular meeting time) where we will discuss:
 - Feedback from IDPH other state PQC QI discussion
 - Develop timeline for our work
 - Begin updates from literature review subgroups?
 - Discuss QI support model

THANKS TO OUR SPONSORS



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