

11 Steps to Getting Started with the ILPQC Mothers and Newborns affected by Opioids (MNO) – Neonatal Initiative

1. Schedule regular, at least monthly, **team meetings** and develop a communication plan with your hospital's MNO OB team, if applicable.
2. Review the ILPQC **Data Collection Form** with your team and discuss opportunities for data collection including bedside, EMR queries, chart review, pharmacy reports, etc.
3. Review the **Data Use Agreement** and forward to the appropriate parties at your hospital for signature to facilitate sharing of de-identified aggregate data with Alliance of Innovation on Maternal Health (AIM).
4. Complete the **MNO-Neonatal Team Readiness Survey** and identify team goals. Please work together as a team to complete the survey. Choose one designee to fill out a Neonatal Readiness Survey. This survey will help teams understand current barriers and opportunities for getting started with MNO. There are no right answers! It is ok to start with lots of opportunities for improvement!
5. Create a draft **30-60-90 day plan**. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Call it the "where should we start" plan.
6. Diagram your **process flow**. This diagram helps your team describe your hospital's process for identification of and care for mothers and newborns affected by opioids starting with labor and delivery or the neonatal nursery, and admission of mom with opioid use disorder (OUD) and then her opioid exposed newborn. This should be a work in process diagram to help you identify key opportunities for improvement. Involve everyone in this process, including your hospital's MNO OB team, to help your team understand who is doing each activity, when, where, why, and how.
7. Review your final process flow diagram with your team and **identify opportunities for improvement**. Reference the **Key Driver Diagram** to identify possible interventions. Focus first on activities supporting standardized identification of newborns with Neonatal Abstinence Syndrome (NAS) and optimizing the provision of non-pharmacologic care and standardizing the pharmacologic care of opioid exposed newborns (OENs)
8. Review the ILPQC Mothers and Newborns affected by Opioids **Toolkit Binder** for nationally vetted resources to support your improvement goals organized by our key drivers: strengthen family/care team relationships, improve pre-delivery planning, standardize identification assessment, and monitoring of SENs, provide family education, improve infant nutrition and breastfeeding, optimize non-pharmacologic care, standardize pharmacologic treatment, coordinate safe discharge.
9. Plan your first **PDSA cycle** with your team to address your 30-60-90 day plan. These small tests of change help your hospital test process/system changes to reach initiative goals. Focus on MNO key elements for improvement, start small and test a change/ improvement with one nurse, one provider, one patient or for one day or one week. Review results, make improvements and implement if successful, repeat cycle if improvements needed.
10. Develop your team's **30, 60, and 90 day implementation plan** for key improvement areas. Remember we will be working together on this initiative through the end of 2019 and longer if needed. Every hospital is different and is starting at a different place. Your readiness survey should help direct your team on where you may want to start.

Below are the 6 key opportunities for improvement areas we will be working on together across the MNO initiative.

- Improve identification of pregnant women with opioid use disorder (OUD) through standardized screening and assessment for OUD on: admission to labor and delivery, emergency rooms,

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affiliated outpatient prenatal sites, implement Screening, Brief Intervention, Referral to Treatment (SBIRT) protocol.

- Improve linkage to addiction care for moms with OUD through standardized mapping of local resources to link moms to addiction services/MAT/behavioral health services in your area. Share completed local linkage to care resources document with your inpatient OB units, ER and affiliated prenatal care sites.
 - Optimize clinical care of pregnant women with OUD through patient and provider education, implementation of care protocols/checklists and consultations to be completed prior to or during delivery admission.
 - Increase maternal participation in the care of opioid exposed newborns (rooming in, breastfeeding, swaddling/holding, eat-sleep-console) through standardized education materials and a neonatal / pediatric consult before delivery regarding NAS and care of newborn.
 - **Improve outcomes for opioid exposed newborns through key interventions: standardize identification and assessment of opioid-exposed newborns, increase maternal involvement in care, optimize non-pharmacologic newborn care, standardize pharmacologic treatment, and develop standard safe discharge plans.**
 - Optimize prevention of OUD through provider and patient education on risks of OUD and alternate pain management strategies, provider compliance with state law on documentation of PMP lookup when prescribing any narcotic, and implementation of clinical guidelines for strategies to reduce opioid over-prescribing post-delivery.
11. Reach out to ILPQC for help (info@ilpqc.org) and celebrate your successes with your team early and often.