

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

1. Schedule regular, at least monthly, **team meetings** and develop a **communication plan** with your hospital's MNO Neonatal 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 **Date 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-OB Team Readiness Survey and identify team goals**. Please work together as a team to complete the survey. Choose one designee to fill out an OB Readiness Survey. This survey will help teams understand current barriers and opportunities for getting started with MNO. There are no right answers! It's 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 to help your team understand who is doing each activity, when, where, why, and how. See an example process flow for screening and assessing moms for opioid use disorder in the toolkit.
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 standardizing how you identify women with OUD, optimizing clinical care of pregnant with OUD in the hospital, and helping moms to participate in the care of their opioid exposed newborns, including:
 - Educate providers and staff on OUD/stigma reduction/protocols
 - Standardize how you identify women with OUD (validated screener in place to screen for substance use risk on all patients and protocol to assess screen positive for OUD)
 - Map your local resources to link moms to addiction services/MAT/behavioral health services in your area (Use the ILPQC mapping document to help organize: who do you call and how do you make sure the linkage happens?)
 - Standardize how you educate/empower moms to participate in opioid exposed newborn care (rooming-in, breastfeeding, skin to skin, swaddling/holding, eat-sleep-console) – use ILPQC education materials, include neo/peds consult on an admission checklist.
 - Implement care protocols/checklists for optimal clinical care for women with OUD during delivery admission (pain management/management of MAT, Narcan counseling/prescription, contraception plan, follow up with addiction services/MAT referral post-delivery)
 - Including consultations to be completed prior to or during delivery admission (social work, neonatology, anesthesia consults)
8. Review the ILPQC Mothers and Newborns affected by Opioids **Toolkit Binder**, the **Mothers and Newborns affected by Opioids Slide Set**, and the **ACOG AIM Obstetric Care for Women with Opioid Use Disorder Bundle** for nationally vetted resources to support your improvement goals organized by our improvement areas: screening and linkage to care, optimizing care for mothers and babies affected by opioids, and prevention of opioid use disorder.
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. Please see attached slides for more details on planning your first small test of change. 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 teams 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. Consider focusing on identification and linkage to

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care and optimizing clinical care for women with opioid use disorder in the labor and delivery admission/ ER/ inpatient setting. Early communication with your affiliated outpatient prenatal care sites to make them aware of this initiative and goals for improving standardized screening, linkage to care and optimized care of women with OUD in prenatal settings, and educating providers and staff will be helpful. Think about how you may want to work on prevention efforts to reduce opioid overprescribing after delivery, or plan this for later in the initiative. 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, 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.