

Problem

Context

NorthShore Evanston Hospital serves a diverse population over a wide geographic region spanning the north side of Chicago and its northwestern suburbs. In 2019, 3,369 patients delivered at Evanston Hospital. These patients receive prenatal care from a variety of outpatient offices that do not all use the same electronic medical record system. Additionally, these practices have unique workflows that may ultimately affect their screening rates for opioid use disorder (OUD).

QI Team

In addition to the usual ILPQC initiative team roles, the MNO team enlisted 2 research assistants to assist with supplemental QI activities.

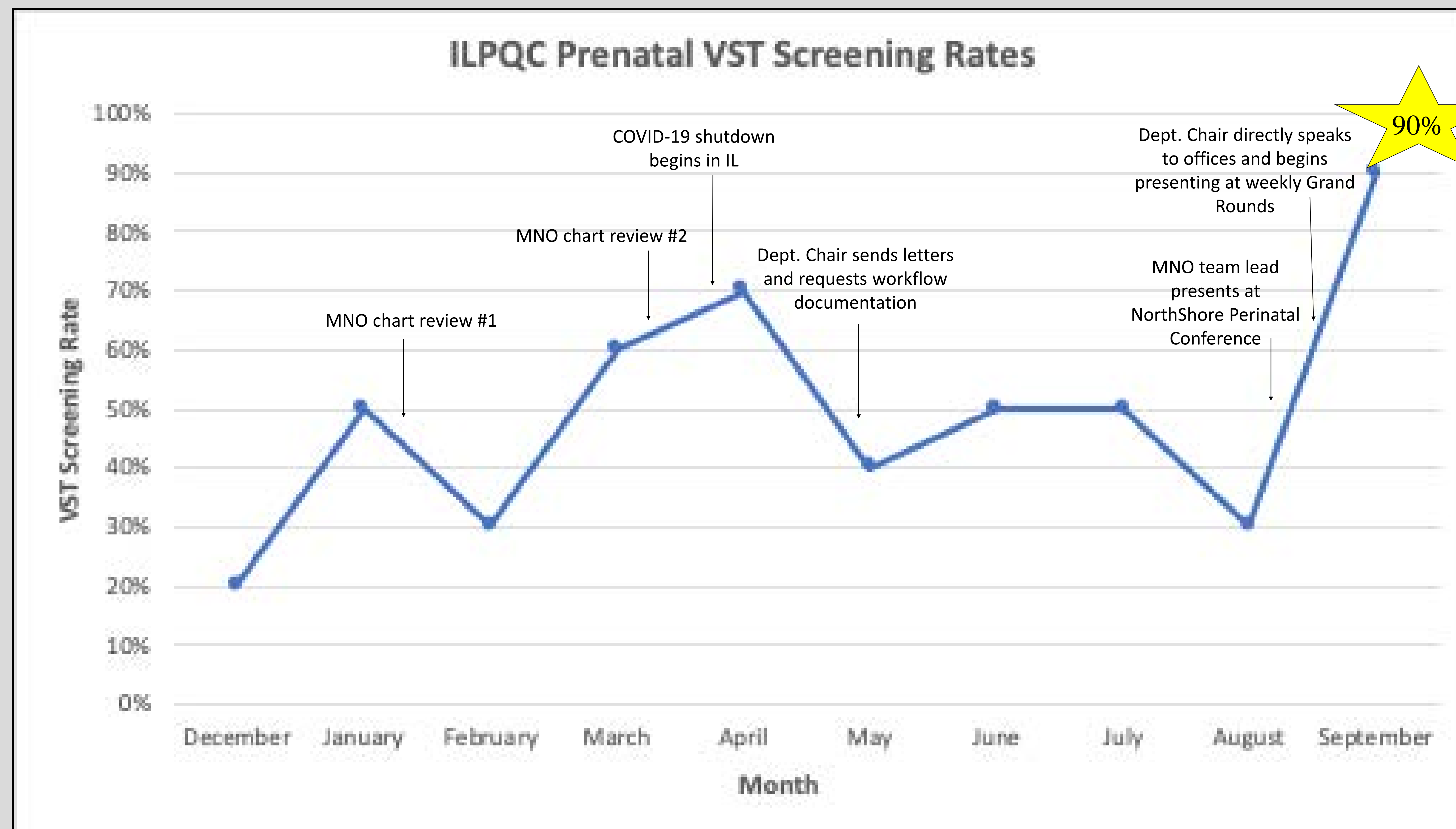
Problem

Despite meeting with outpatient obstetric office staff and physicians to provide education and tools for the MNO initiative, only 30% of the charts audited for ILPQC review indicated that a validated opioid screening tool (VST) was administered prenatally.

Project Implementation

- January 19, 2020 - Team members conducted a chart review of all patients who delivered at Evanston Hospital that week. Searched for documentation of prenatal outpatient VSTs in patient charts. Providers and office staff were contacted by telephone, informed of incomplete administration of VSTs in their offices, and re-educated on the importance of proper documentation in the inpatient chart at time of delivery. Additional materials and guidance were provided where needed to facilitate screening with a VST.
- March 24, 2020 chart review for all patients who delivered at Evanston Hospital that week to discover which offices needed additional support.
- May 1, 2020 - letter from the Department Chair sent to the lead physicians and staff of all offices along with their individualized office screening percentages. Each office lead was asked to submit a worksheet that outlined their office workflow. The worksheet detailed who was responsible for administering the VST in the office, when it was administered, how the administration was tracked and how the information was sent to the inpatient chart.
- September 3, 2020, - MNO Physician Lead presented at Perinatal Conference comparing discrepancies between OUD screening and standard prenatal screening.
- Offices which still had not provided a written workflow for VST screening were contacted directly by the Department Chair.
- Subsequently, every week before Grand Rounds, the Chair discussed the importance of universal prenatal VST administration, emphasizing it as a critical step in decreasing maternal mortality.

Results



Conclusion

A multipronged approach which included strong support from the Department Chair, documentation of a written office workflow, sharing of hospital data and repeated education on the importance of OUD screening led to significantly higher rates of VST administration in the outpatient obstetric offices.

Acknowledgements/Hospital Team

The MNO team would like to thank Dr. Richard Silver, OB-GYN Department Chair, Jacqueline Mortillaro, RN, Angela Thao, Christy Goode, MPH, Nicole Tanna, BA and the rest of the MNO team at NorthShore Evanston Hospital.