Crawley, Sandra, BSN, RN

Tomas, Annabel, BSN, RN

Hert, Kelly, BSN, RN

Fiocchi, Jodi, BSN, RN

Ferguson, Jamie, RN

Duffy, Brandi, RN

- IBCLC

Markey, Megan, RN

Sibert, Shannon, RN

Early Outreach

Problem

- Maternal mortality rates in the United States have been increasing as it declines in other developing countries. Opioid use disorders (OUD) have also been increasing across the nation, and in 2018 Illinois had seen 15,783 overdoses, with 2,167 of them being fatal. According to the CDC, “OUD among pregnant women has more than quadrupled” in the last 10 years. This epidemic has become the leading cause of death among pregnant women. OUD is having a lasting affect on our communities and our families, with our county being within the top 5 worse for deadly opioid overdoses for 2017.

Project Implementation

- A collaborative group of nurses formed and created a 30-60-90-day plan for the unit. The group focused on implementing a screening tool to help identify and assess pregnant women with OUD within the community. The tool implemented was “The 5Ps Prenatal Substance Abuse Screen for Alcohol and Drugs”. Education started within the hospital beginning with staff. All patients who came to the unit were screened utilizing the 5P screening tool. The group then created a list of local resources that could be handed out to patients. Education on the screening tool and community resource list was correspondingly widened to include the physician and office staff.

Results

- Barriers were noted during our deployment of this project. One obstacle was apprehension from physicians based on the belief that patients would take offense to the questions being asked. Physicians worried that patients would not follow through with prenatal care after the initial visit and screening. Fear of change in practice was another hindrance for the staff, not only was there more required screening tools and charting but also a new workflow for results. The team utilized the Kurt Lewin Change Management Model to help educate and reinforce new policies and workflow between staff and physicians. The positive feedback loop promoted adherence to the changes among mission partners.

- OSF Saint Elizabeth Medical Center’s tool utilization baseline was 0%. We were screening women in EPIC, however it was a non-validating tool. In the past two months our hospital has seen 100% of delivered women screened using the validated 5Ps tool prior to delivery. Recently affiliated OB offices have begun utilizing the 5P tool at prenatal visits and are including them in the patients prenatal records. Some OB offices have gone further and have changed the policy on prenatal urine drug testing, making it a standard of practice to test all patients during their 1st prenatal visit. With the implementation of the 5Ps screening tool, OB patients are being screened throughout the duration of pregnancy, hence helping identify women at risk earlier, and helping them connect to local resources.

- The 5Ps Prenatal Substance Abuse Screen for Alcohol and Drugs

- Currently 33 folders have been completed

That’s 33 Mothers who have been educated and encouraged to start or to continue on their path to recovery!

Acknowledgements/Hospital Team

- We would like to acknowledge our SEMC Outpatient Behavioral Health contact Jenna Boyd and our SEMC Case Management team for being willing to collaborate and participate in our meetings. Dr. Marchini is a pediatrician at OSF SEMC who has been in contact with us during this initiative. We would also like to thank those in the obstetric offices who have been working with us to make these changes happen. Last but not least, we would like to thank Barbara Beer, for her encouragement and support.

Table 1.

Reference
- Data Collection on 5Ps results
- Coordinate access to mental health services
- EMR chart review for 5Ps results
- Provided education to OB office staff and physicians with 5P tool, and community resources

Change
- Updated policies/protocols
- Created flowchart for 5Ps screening tool results
- Re-educated and reinforced 5Ps screening tool for staff
- Encouraged case management involvement