

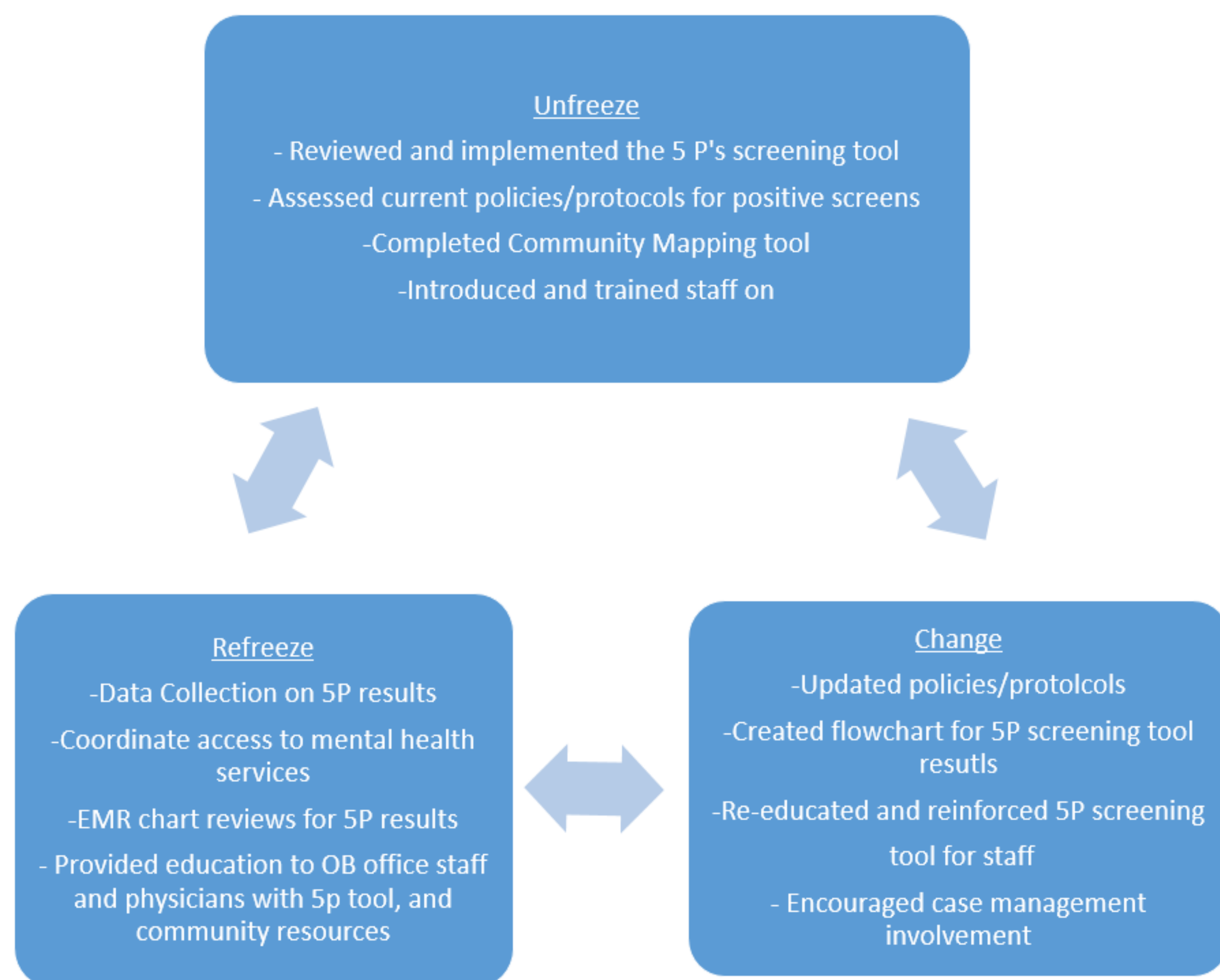


## Problem

- 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 15783 overdoses, with 2167 of them being fatal. According to the CDC, "OUD among pregnancy women has more than quadrupled" in last 10 years. This epidemic has become the leading cause of death among pregnant women. OUD is having a lasting affect 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 work flow for results. The team utilized the Kurt Lewin Change Management Model to help educate and reinforce new policies and work flow 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 1<sup>st</sup> 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 5P Screening was the QI tool chosen by our hospital to assist in identifying patients with OUD.

## Conclusions

- With this earlier identification system and resource mapping, we are able to link women to resources in our community prior to delivery, thus decreasing the number of overdoses, and decreasing the number of infants at risk for neonatal abstinence syndrome. We are working to provide at risk women with Narcan prescriptions and a scheduled follow-up appointment prior to discharge, thus decreasing the number of overdoses, and decreasing the number of infants at risk for neonatal abstinence syndrome.
- Our future goals include staff education on the PDMP. Reinforce involvement with Case Management and Behavioral Health, and work to get a BPA to fire when a 5 P screening is positive within Epic. Educate pediatricians on safe discharge checklist.

## Acknowledgements/Hospital Team

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