

Problem

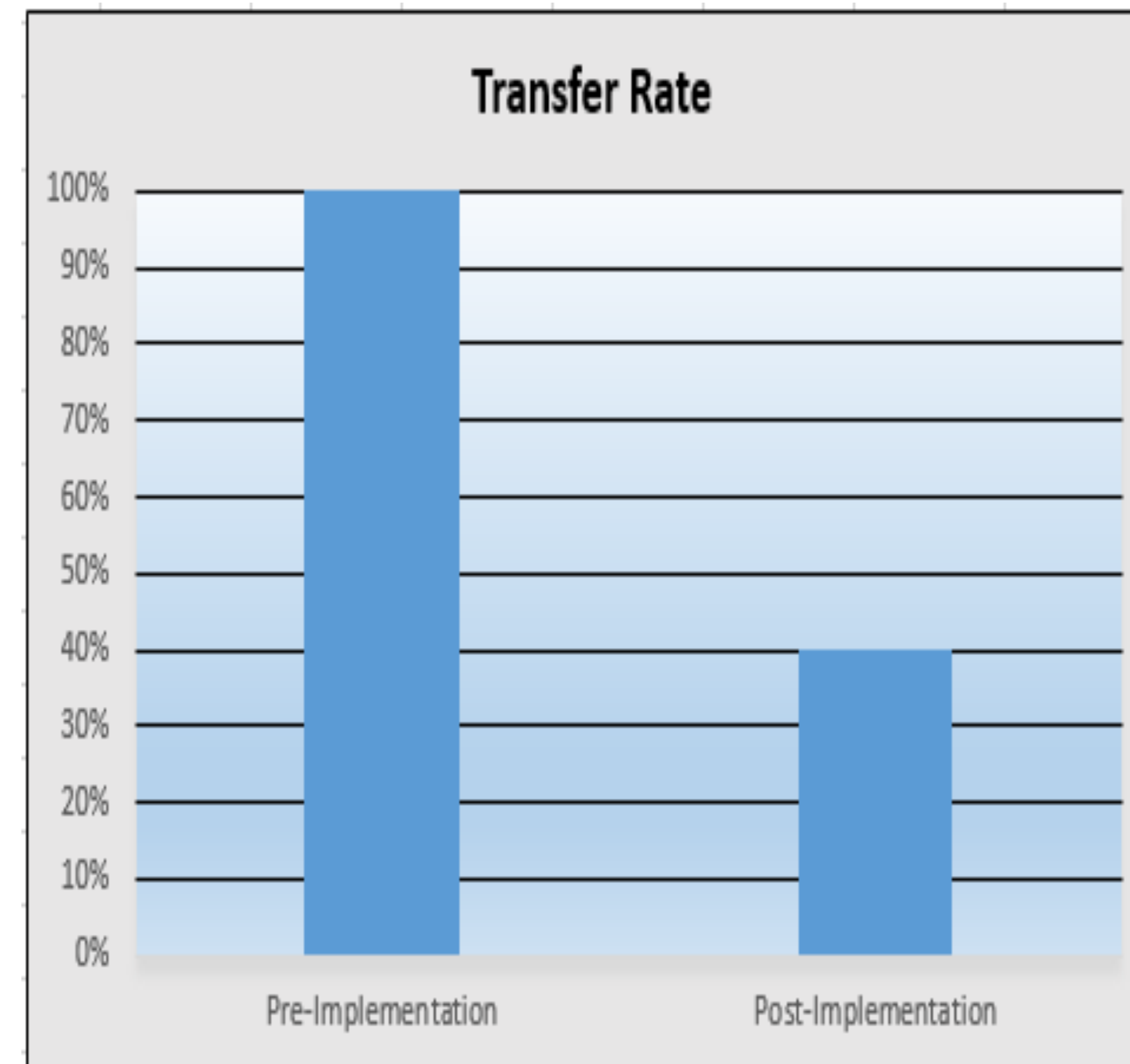
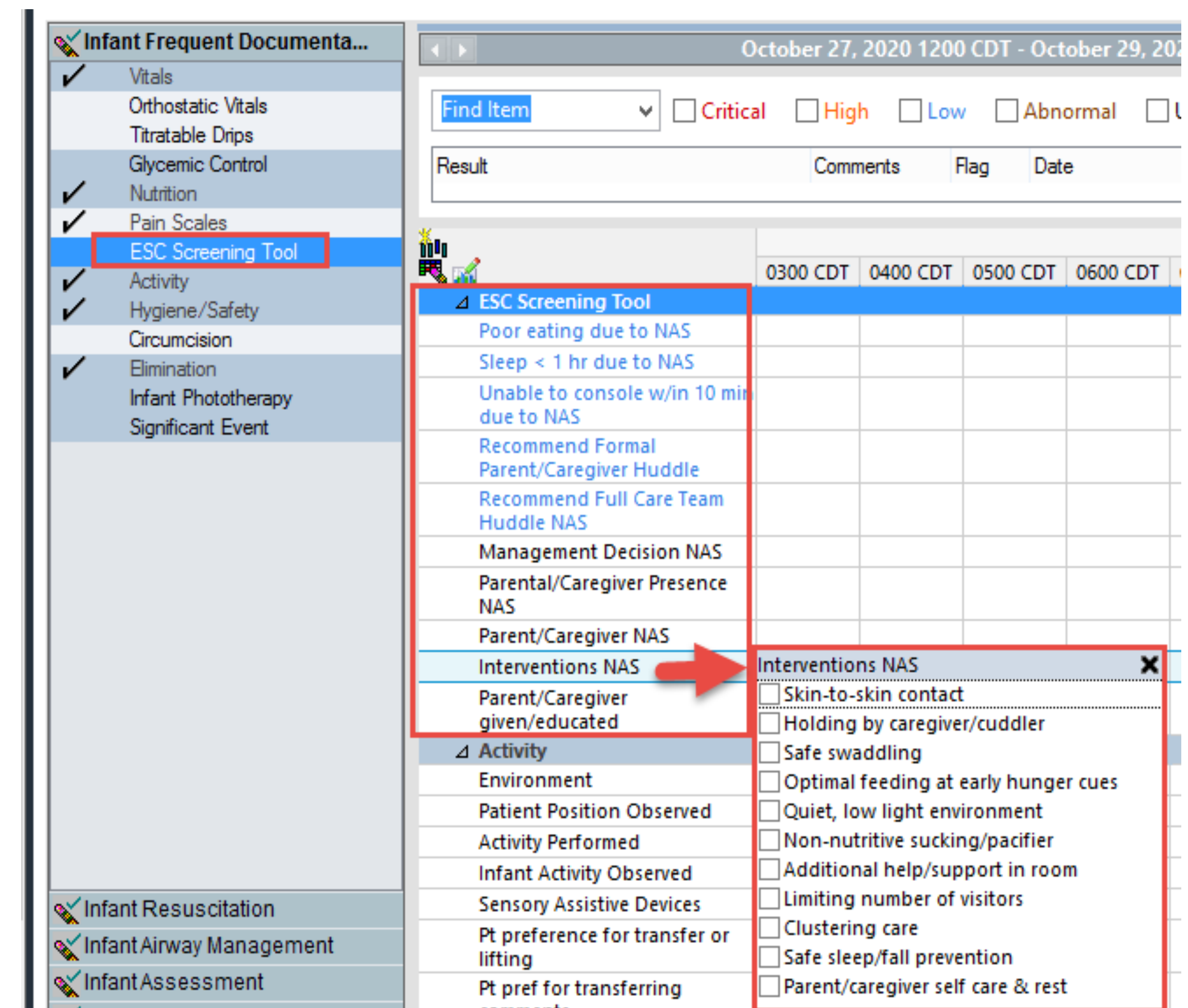
- Our team participated in the Newborn portion of the Mothers and Newborns affected by Opioids (MNO) initiative. Prior to implementation, the Modified Finnegan scale was utilized to identify those newborns requiring pharmacologic interventions and subsequent transfer to a higher level of care. Variation in scoring between healthcare providers made it difficult to correctly identify those newborns truly requiring a higher level of care without the benefit of non-pharmacologic interventions.
- What is unique about our patient population is that SIU Family Medicine exclusively delivers at our organization. Since their patients are generally a more at-risk population, there is a heightened awareness, especially to patients who are already in need of other resources.
- Our hospital team was comprised of the nursery Nurse Manager, Neonatology Department Chair, Nursing Outcomes and Improvements Facilitator, unit Social Worker, and IBCLC Lactation Consultant.

Project Implementation

- Our first step was to present the Eat, Sleep, Console (ESC) to key stakeholders, of which, buy in from Neonatology was key since our Level III in Springfield utilizes the Modified Finnegan. Once we had buy in, our ESC policy went through several drafts, until a final draft was determined. Collaboration with IT enabled us to create a band within documentation for ESC assessments which included conditional logic when a “yes” response was indicated and reference text embedded into the documentation with each components’ criteria. The education portion was the longest phase of the project, with weekly portions presented to staff. This phase took one month due to it being a practice change and a multi-faceted initiative. An ESC Tool Kit/ folder, entitled “The Power of You,” includes all materials needed when caring for the dyad. For our newborns, this is comprised of the pamphlet, *Neonatal Abstinence Syndrome (NAS): What You Need to Know*, *Newborn Care Diary*, and *NAS: Ways to Help Your Baby*, which includes all of the non-pharmacologic treatment measures. Also included is the *Coordinated Discharge Worksheet* and a comprehensive *Services and Support for You and Your Newborn* listing all central Illinois county WIC, DCFS, and Health Department resources. In addition, staff received badge reference cards with symptoms of NAS and consoling interventions. This initiative was implemented October 2019.

Results

- Results identified a 40% transfer to a higher level of care for pharmacologic management when nearly 100% were transferred prior to implementation.
- Barriers to this process have been that we have only had five newborns requiring NAS monitoring since implementation. Some difficulties that we found that were, staff were so intent on having all of our newborns succeed with only non-pharmacologic interventions, that they failed to recognize when interventions were exhausted and unrealistic to maintain.
- All charts were audited for initiation within the correct timeframe, consistent use throughout newborn admission, correct identification of “yes” response with appropriate use of non-pharmacologic interventions, and correct escalation of NAS management per protocol. Successes have been celebrated and remediation provided when needed.

The screenshot shows a clinical documentation interface. On the left, a checklist for 'Infant Frequent Documenta...' includes items like Vitals, Glycemic Control, Pain Scales, and 'ESC Screening Tool' (highlighted with a red box). On the right, a table displays data for October 27, 2020, with columns for 0300 CDT, 0400 CDT, 0500 CDT, and 0600 CDT. A dropdown menu for 'ESC Screening Tool' is open, listing various symptoms and management actions. A red arrow points to the 'Interventions NAS' section, which is expanded to show a list of interventions such as 'Skin-to-skin contact', 'Holding by caregiver/cuddler', and 'Safe swaddling'.

Conclusions

- A valid assessment tool to determine need for pharmacologic treatment, or success of non-pharmacologic interventions, has decreased our transfer rate to a higher level of care by 60%. Monitoring the aforementioned auditing components, along with remediation as necessary, continues to support sustainability and success of this initiative.

Acknowledgements/Hospital Team

- We would like to thank our unit ESC champions for supporting this initiative and serving a content resources for our unit . .