Early identification of opioid exposed newborns (OEN), use of Eat Sleep Console (ESC) tool, keeping mom & baby together along with non-pharmacological interventions as a first line of treatment resulted in decreased need for pharmacological treatment, decreased length of stay (LOS) and improved outcomes.

**BACKGROUND**

**Problem**
Prenatal exposure to opioids may lead to Neonatal Abstinence Syndrome (NAS). From 1999-2014 the occurrence of opioid use disorder (OUD) in pregnant women increased 77%. OUD increases risk for NAS.

**Issues:**
- NICU is an overstimulating environment
- Infant-mother separation
- Often required pharmacological treatment

**Purpose**
- Develop protocols and care guidelines
- Change culture/reduce stigma & bias
- Improve outcomes for OENs
- Minimize mother-infant separation
- Utilize non-pharmacological interventions

**Objectives**
- Decrease OENs receiving pharmacological treatment to below 20%
- Increase eligible OENs receiving maternal breast milk to above 70%
- Increase OENs discharged with a safe coordinated discharge to above 95%

**METHODS**

**Change Model**

- **Awareness**
  - Defined the problem in our community
  - Presented historical data to key stakeholders (ILPQC initiative)

- **DESIRE**
  - Commitment from administration & clinicians
  - Counter formed Champions: Prenatal consults

- **Knowledge**
  - Stigma & Bias Training
  - Treatment is mom
  - ESC Informed: therapeutic: discharge process

- **Ability**
  - Multidisciplinary meetings: Newborn resources
  - Electronic medical record (EMR)
  - Improvements: to facilitate change: Competencies

- **Reinforcement**
  - Huddles: shared outcomes & data monthly
  - Formal forums to communicate outcomes
  - Celebrate successes

**Impruvement Process**

**Define**
- OEN > 35 weeks
- Mother-Baby & NICU admits
- Include inborn & transported infants

**Measure**
- # OEN/Yr.
- Average LOS & days on pharmacological treatment
- Safe discharge
- Cost avoidance

**Analyze**
- Establish baseline data
- Create dashboard for all metrics to be reviewed monthly
- Compare CDH to state metrics

**Improve**
- Keep mother & baby together
- Decrease LOS & pharmacological treatment by use of ESC
- Enhance resources & processes

**Control**
- Continue to monitor results
- Submit data to ILPQC
- Unit huddles
- Report to stakeholders

**System changes to support initiative**

- Partner with OB colleagues on project
- Form a system-wide multidisciplinary MNO committee
- Implement a validated tool for identification of mothers with OUD
- Involve informatics to incorporate changes to EMR to support project initiatives and improved processes

**RESULTS**

**Control Plan**
- Team to meet quarterly, review all cases
- Continue to monitor data
- Share results/outcomes
- Continue huddles & ESC for all OENs
- Continue improvement process

**CONCLUSIONS**

Participation in the initiative was successful as demonstrated by our outcomes. Orchestration of a committed multidisciplinary team and collaboration with hospitals in our own system helped to accomplish these achievements. Keeping mothers and babies together during hospitalization, initiating education prenatally and implementing non-pharmacological interventions as a first line of treatment led to improved outcomes, safe care and empowered mothers to be the primary caregivers of their infants. Overall, these improvements promote a safe discharge and set the dyad up for success beyond the hospital stay. A secondary gain is healthcare savings by decreasing LOS and NICU utilization.

**REFERENCE**