

Problem

Northwestern Memorial Hospital (Level III Perinatal Designation)

Northwestern Memorial's Prentice Women's Hospital is the largest birthing center in Illinois with 11,514 deliveries in 2019. Care is managed by sixteen obstetric practices and fourteen pediatric practices.

Drug overdose is the leading cause of maternal death in Illinois. Opioid use disorder (OUD) can be managed successfully by combining medications with comprehensive care and recovery support. Pregnancy is a window of opportunity to identify women with OUD, link to treatment and develop a plan for optimizing her baby's care.

The ILPQC Mothers and Newborns affected by Opioids Initiative laid the groundwork for us to improve our identification and management of OUD. Baseline data collected (N=5) revealed that all patients received medication assisted treatment and were linked to recovery treatment services; however, none were screened with a validated screening tool prenatally or in the hospital and none received Narcan counseling. It was evident that we did not have a consistent process in place to identify or manage these patients prenatally or in the hospital setting.

Project Implementation

In order to provide best care and improve outcomes, the team focused on the following key interventions.

- To improve identification of pregnant women with OUD, all patients were screened with the 5 P's validated screening tool that was implemented into the electronic health record as required documentation. Staff and providers were educated on the use of this tool through Grand Rounds and Skills Days as well as enrolled in an online learning module regarding stigma and bias training.
- To improve maternal participation in the care of opioid exposed newborns, we had guidelines to keep newborns rooming-in with the mother, encouraged the mother to hold the newborn and breastfeed the newborn, and provided her with standardized education obtained from ILPQC.
- To optimize non-pharmacologic newborn care we trained staff and the mothers on eat-sleep-console. All Postpartum staff were trained in Skills Day and additional staff went through further training to become "Champions" of this initiative. Staff minimized environmental stimuli, promoted adequate rest and sleep, and provided sufficient caloric intake to establish weight gain in the newborn. The NICU team was consulted for each newborn and anesthesia was consulted for maternal pain management.
- Development of safe discharge plans occurred through social work consults, linkage to rehabilitation treatments, and Narcan prescribed to the mother when applicable.

Results

- Process measures are in place. The use of a validated screening tool has steadily improved over the course of the project. For July through September 2020, compliance with use of the 5P tool on admission to the hospital improved to 93% and compliance in the prenatal setting improved to 43%. Overall compliance with the use of medication assisted treatment is 71%, 80% in 2020 YTD. In 2020 YTD, Narcan counseling improved to 60% and obtaining Hepatitis C lab values improved to 80%.
- Obstetric practices are using different EMRs. Through education the practices are now incorporating the validated screening tool into their documentation. Our hospital system is working on incorporating the ILPQC checklist into the medical record. In the meantime, we use a paper checklist that is scanned into the EMR at discharge. Both of these efforts should help to improve our compliance on all measures.



Conclusions

A challenge at our institution was the low volume of patients identified with opioid use disorder. We directed effort to standardize care through the distribution of the MNO folders and identifying 'Nurse Champions' on the units. Our sustainability efforts will need to focus on work with Ob Practices to use validated screening tools and our vigilance in the hospital to ensure that a validated screening tool and the MNO checklist elements are completed.

Acknowledgements/Hospital Team

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