

# ILPQC MNO-Neonatal Initiative: Sustainability Plan

## Sustained Improvement Tracking of key process measures:

1. Opioid-Exposed Newborns Receiving Pharmacologic Treatment for NAS Symptoms
2. Opioid-Exposed Newborns Receiving Breastmilk from Eligible Mothers at Infant Discharge
3. Opioid-Exposed Newborns Discharged with a Coordinated Plan in Conjunction with Care Team, Family, and Community Pediatrician

How will measures be collected? \_\_\_\_\_

Will you continue to track additional data internally?  Yes  No

Team member(s) in charge of reporting in REDCap: \_\_\_\_\_

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance on measures starts to slip?:

Weekly  Monthly  Quarterly  Other

## New Hire Education for all new hires

What education tool(s) will you use for new hires?

\_\_\_\_\_

How will you incorporate MNO-Neonatal education and clinical care policies and protocols into hospital new hire education?

\_\_\_\_\_

## Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for all nurses and providers?

Non-Pharm Simulations  NAS Clinical Debrief  MNO-Neonatal Toolkit Provider Education Materials

Other: \_\_\_\_\_

How will you incorporate MNO-Neonatal education and clinical care policies and protocols into ongoing education?

\_\_\_\_\_

How often will you provide ongoing education?  Biannually  Annually  Other? \_\_\_\_\_

## Sustained System-level Changes

**MNO-Neo Folders:** How will you ensure that MNO-Neo Folders are replenished and updated?

\_\_\_\_\_

**Coordinated Discharge and Mapping Community Resources:** How often will you update your local map of resources to coordinate a discharge plan with the care team, family, and community pediatrician?  Bi-annually  Annually

Whose job is it to update the MNO- Neo folders? \_\_\_\_\_ Coordinated Discharge materials and local map of resources? \_\_\_\_\_

Nursing Champion(s): \_\_\_\_\_ Provider Champion(s): \_\_\_\_\_

Drafted Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

Hospital Name: \_\_\_\_\_