ILPQC MNO-Neo Teams Call: Changing Culture: Optimizing Non-pharmacologic bundle as first line of treatment

June 17th, 2019
1:00pm – 2:00pm
Call Overview

• ILPQC Updates

• Data Review & Getting to the Green on Structure Measures!

• Strategies and Resources for Optimizing Non-Pharmacologic Bundle as First Line of Treatment- ILPQC Strategies

• Team Talk- Northwestern Memorial Hospital, Dr. Chariya Christmon

• Changing Culture- Lee Budin, MD
MNO-Neo Data Review -
Get to the **Green**!
MNO-Neo Structure Measures: Standardized Prenatal Consult

Percent of hospitals that have implemented standardized protocols/guidelines for Prenatal Consult
All Hospitals, 2018-2019

Baseline (October - December 2017)

- July 2018: 46%
- August 2018: 47%
- September 2018: 56%
- October 2018: 55%
- November 2018: 65%
- December 2018: 60%
- January 2019: 56%
- February 2019: 57%
- March 2019: 68%
- April 2019: 69%
- May 2019: 60%

Legend:
- In Place
- Working On It
- Have Not Started
How to Get to Green: Standardized Prenatal Consult

- Adapt/adopt the utilization of [ILPQC MNO Prenatal Consultation Guidelines](#) for peds/neo consults
- Utilize a paper version if waiting for IT/EHR incorporation
- Incorporate [patient education resources](#) on OUD, NAS, and Non-pharmacologic care with your prenatal consult
- Share your team’s guidelines and patient education materials with your MNO-OB team
MNO-Neo Structure Measures: Standardized Non-Pharm Care

Percent of hospitals that have implemented standardized protocols/guidelines for Non-Pharmacologic Care
All Hospitals, 2018-2019

Baseline (October - December 2017)

- July 2018: 32%
- August 2018: 50%
- September 2018: 57%
- October 2018: 56%
- November 2018: 57%
- December 2018: 58%
- January 2019: 53%
- February 2019: 56%
- March 2019: 58%
- April 2019: 51%
- May 2019: 49%

Legend:
- In Place
- Working On It
- Have Not Started
How to Get to Green:
Standardized Non-Pharm Protocol/Bundle

- Start with one aspect of non-pharm care and standardize - create a small win with your team

- Distribute to provider education on the importance of non-pharm care

- Create RN Champions on each shift

- Utilize ILPQC Infant bedside sheet for OENs as tool to standardize care
MNO-Neo Structure Measures: Standardized Pharm Treatment

Percent of hospitals that have Implemented Standardized Pharmacologic Guidelines for OENs
All Hospitals, 2018-2019

- **Baseline (October – December 2017)**: 45%
- **Jul-18**: 31%
- **Aug-18**: 27%
- **Sep-18**: 29%
- **Oct-18**: 33%
- **Nov-18**: 42%
- **Dec-18**: 48%
- **Jan-19**: 42%
- **Feb-19**: 40%
- **Mar-19**: 37%
- **Apr-19**: 38%
- **May-19**: 29%

Legend:
- **In Place**
- **Working On It**
- **Have Not Started**
How to Get to Green: Standardized Pharm Protocol

- Utilize ILPQC’s online toolkit to review pharm polices and bring to next QI team meeting

- Dedicate one of your MNO- Neo QI team meetings to discuss barriers to implementation and create a list of strategies to move forward.

- Share pharm protocols and strategies for implementation with your department chair to help create buy-in

- Finalize the pharm policy (committee reviews, etc.)
MNO-Neo Structure Measures: Standardized Discharge Planning

Percent of hospitals that have implemented standardized protocols/guidelines for Safe Discharge Planning
All Hospitals, 2018

- **Baseline (October - December 2017)**
  - 60% in Place
  - 33% Working On It
  - 7% Have Not Started

- **Jul-18**
  - 40% in Place
  - 43% Working On It
  - 7% Have Not Started

- **Aug-18**
  - 35% in Place
  - 45% Working On It
  - 20% Have Not Started

- **Sep-18**
  - 28% in Place
  - 49% Working On It
  - 21% Have Not Started

- **Oct-18**
  - 27% in Place
  - 60% Working On It
  - 21% Have Not Started

- **Nov-18**
  - 21% in Place
  - 67% Working On It
  - 21% Have Not Started

- **Dec-18**
  - 13% in Place
  - 65% Working On It
  - 13% Have Not Started

- **Jan-19**
  - 10% in Place
  - 60% Working On It
  - 10% Have Not Started

- **Feb-19**
  - 7% in Place
  - 65% Working On It
  - 7% Have Not Started

- **Mar-19**
  - 7% in Place
  - 65% Working On It
  - 7% Have Not Started

- **Apr-19**
  - 24% in Place
  - 69% Working On It
  - 28% Have Not Started

- **May-19**
  - 23% in Place
  - 69% Working On It
  - 9% Have Not Started

In Place - Yellow
Working On It - Orange
Have Not Started - Red
How to Get to Green: Standardized Coordinated Discharge Plan

- Share and post ILPQC’s Coordinating a Safe Discharge Mapping Worksheet (Available 8/2019)

- Reference the ILPQC slide set for information

- Check out the ILPQC website next month for newly released resources.
August 2019- Helping Our Teams Coordinate Discharge Planning for OENs

ILPQC Central is working with various partners to create/revise Discharge tools to support teams in coordinating discharge planning in conjunction with mother/family, care team, community pediatrician, and other community resources including:

- **ILPQC “Coordinated Discharge Plan” Document**: Tool completed together with mother/family, care team, social work to link mom/newborn to community resources:
  - (1) Early Intervention
  - (2) APORS
  - (3) Community Pediatrician
  - (4) DCFS support resources
  - (5) Home Visiting
  - (6) Head Start/Early Head Start

- **Mapping Tool of Local Resources for OENs**: compilation of geographic-specific listings of above resources for MNO-Neo teams to map for their location, utilize when working with mom/caregiver on discharge coordination

- **Community Pediatrician Communication Tool**

- **Coordinated Discharge Plan Process Flow for MNO-Neo teams (including EI, DCFS, APORS, Community Pediatrician)**
Strategies and Resources for Optimizing Non-Pharmacologic Bundle as First Line of Treatment
Mothers and Newborns affected by Opioids - Neo Initiative

Aims:
• Decrease pharmacologic treatment in opioid-exposed newborns with NAS to 20%
• Increase safe and optimized discharge plans in opioid-exposed newborns to 95%
• Increase breastfeeding rates in opioid-exposed newborns at discharge to 70%

Measures:
• Percent of opioid-exposed newborns receiving a toxicology screen (urine/cord/meconium)
• Percent of opioid-exposed newborns requiring pharmacologic therapy for NAS
• Number of days of pharmacologic treatment for NAS
• Percent of mothers and newborns rooming together during infant hospitalization
• Percent of opioid-exposed newborns receiving maternal breast milk at neonatal discharge
• Percent of opioid-exposed newborns discharged with plan of safe care in place
• Average length of stay for opioid-exposed newborns
MNO-Neo Process Measures:
Rooming In During Infant Hospitalization

ILPQC MNO OB/Neo Initiative:
Percent of mothers with OUD/OENs (≥35 weeks) who roomed
together during infant hospitalization
All Hospitals, 2018-2019

Graph showing the percentage of OUD/OENs who roomed together from July 2018 to May 2019, with data points ranging from 61% to 78%.
MNO-Neo Outcome Measures: Eligible OENs Receiving Maternal Breast Milk at Infant Discharge

ILPQC MNO OB/Neo Initiative
Percent of Eligible OENs (≥35 weeks) Receiving Maternal Breastmilk at Infant Discharge
All Hospitals, 2018-2019
Strategies for navigating barriers to standardize non-pharm care

Culture...
Unit/administration-Stigma, protocols, safety concerns, misinformation

Resources...
Staffing ratios, mother/family engagement

BARRIERS/CHALLENGES

Culture...

- Implement stigma and bias training for all clinicians using items in the ILPQC toolkit
- Create education process flow map for new hires and clinicians to help ensure education is provided to everyone
- Share the MNO-Neo 1pager with your hospital administration
- Share and display your teams current data
- Perform a language audit on all policies including visitation policies and signs
- Review patient education materials with patient advisor
- Implement a cuddler program to help provide non-pharmacologic care
Optimize Non-Pharmacologic Care

ILPQC Tool Kit Contents cont.

- **ILPQC Infant Bedside Sheet** (tool for providers & nursing to track assessment, family engagement, and non-pharm bundle)
- **ILPQC Newborn Care Diary** (tool for MOTHER and/or CAREGIVER to be engaged in tracking ESC & non-pharm care of newborn in conjunction with care team)
- **Sample Rooming-In policy** for mother-infant dyad impacted by in-utero opioid exposure (tool for team to model a rooming-in policy for unit)
- **NEW- FREE Trauma Informed Care eModules for providers, nurses, and staff**
  
  [https://www.aquifer.org/courses/trauma-informed-care/](https://www.aquifer.org/courses/trauma-informed-care/)

- **Engaging Mom/Caregiver in Non-Pharmacologic Care & Team Huddle SIMULATION VIDEOS & DEBRIEFS** (tools to train your providers, nurses, and staff)
  - Eat, Sleep, Console Simulation & Debrief
  - Engaging Mom in Non-pharm care & team huddle Simulation & Debrief

How is YOUR team utilizing these resources for every OEN every time?
Infant Bedside Sheet

<table>
<thead>
<tr>
<th>Shift Time (i.e. 7am-7pm)</th>
<th></th>
</tr>
</thead>
</table>

**ESC Assessment**
- Poor feeding due to NAS? Yes/No
- Sleep < 1 hr due to NAS? Yes/No
- Unable to console within 10 minutes due to NAS? Yes/No

**Care Plan**
- Recommend Full Care Team Huddle? Yes/No

**Management Decision**
1. Optimize Non-Pharmacologic Care
2. Initiate Medication
3. Continue Medication
4. Other (please describe)

**Parental/Caregiver Presence**
- 0: No parent present
- 1: < 1 hour
- 2: 1-2 hours
- 3: 2-3 hours
- 4: ≥ 3 hours

**Non-Pharmacologic Care (check all that were tried)**
- Rooming-in: Increase/Reinforce
- Parent/caregiver presence
- Skin-to-skin contact
- Holding by caregiver/cuddler
- Safe swaddling
- Optimal feeding at early hunger cues
- Quiet, low-light environment
- Non-nutritive sucking/pacifier
- Limiting visitors
- Clustering Care
- Safe sleep/suff prevention

*Was the above Infant Bedside Sheet fully completed for this shift? Yes/No

Tracking OEN’s ability to eat, sleep & console

Tool for GROUP decision to reinforce Non-Pharm or escalate to pharm (Includes PARENTS)

Is your team optimizing the non-pharm bundle & engaging the mother/caregiver EVERY TIME before going down a pharm route?

Is your team optimizing the non-pharm bundle & engaging the mother/caregiver EVERY TIME before going down a pharm route?
### Newborn Care Diary

<table>
<thead>
<tr>
<th>Time of feed (start to finish)</th>
<th>Breast feeding (total # minutes)</th>
<th>Bottle feeding (total # mL)</th>
<th>Time baby fell asleep</th>
<th>Time baby woke up</th>
<th>Did baby feed well? (if no, describe)</th>
<th>Did baby sleep for an hour or more? (if no, describe)</th>
<th>Did baby console in 10 min? (if no, describe)</th>
<th>Check box for diaper wet</th>
<th>Check box for diaper dirty (please describe)</th>
<th>Care provided and extra comments</th>
<th>Update given to care team</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:10 AM</td>
<td>L: 10 R: 15</td>
<td>8:30</td>
<td>11:50</td>
<td>Yes, but I had a hard time getting him to latch since he was crying. Took 10 min to get</td>
<td>Yes</td>
<td>Yes, but he was very fussy and I had to offer the breast</td>
<td>√</td>
<td>√</td>
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</tr>
</tbody>
</table>

How is YOUR team actively engaging mothers/caregivers/staff in non-pharmacologic care?

**MOTHER/CAREGIVER** Tracking OEN’s ability to Eat, Sleep & Console

**MOTHER/CAREGIVER** Tracking reinforcing Non-pharmacologic bundle
Cuddler Program launched by SSM Health St. Mary's Hospital and Cardinal Glennon. Example materials graciously shared with ILPQC by Mary Hope and her affiliated institutions:

- CGCH Volunteer Service Description
- Cuddler Presentation
- Cuddler Training
- Parent Letter
- SMH Volunteer Service Description
- Staff Update Letter CG
- Volunteer Tracking Sheet Cuddlers

How is YOUR team actively engaging mothers/caregivers/staff in non-pharmacologic care
Team Talk-
Northwestern Memorial Hospital
Dr. Chariya Christmon
Optimizing Non-Pharmacologic Care - Engaging the Team
Prentice Women’s hospital is located in downtown Chicago. It is the largest birthing center in Illinois with approximately 13,000 deliveries annually.
The NICU is an 84 bed level 3 unit, comprised primarily of inborn patients requiring medical management. There are approximately 1,600 admissions to the NICU annually.

The Postpartum unit has 110 single-occupancy rooms across 3 floors, admitting approximately 12,000 couplets a year. Rooming in is highly encouraged, but there is a nursery available 24/7 for those who wish to use it.

We have seen an increase in the number of MNO dyads over the last year, but still have a low volume of about one dyad a month.
Improving Pre-Delivery Planning

Providing Family Education

Strengthening Family/Care Team Relationships

Optimizing Non-Pharm Care

Standardizing Assessment of OENs

Improving Nutrition and Breastfeeding

Strengthening Family/Care Team Relationships

Optimizing Non-Pharm Care

Providing Family Education

Improving Pre-Delivery Planning

Standardizing Assessment of OENs
Changing the Culture – Moving Beyond “That Won’t Work Here”
MNO Consult Team
MATERNAL ENGAGEMENT

• MNO consult - early and consistent contact with a mother and baby
  • Review ESC / non-pharmacologic measures with demonstrations and active family participation
  • Positive reinforcement of baby’s response to mother
  • Encourage rooming-in and breastfeeding
FAMILY EDUCATION

- Introducing the ILPQC brochures upon admission
- Eat, Sleep, Console education
- Skin-to-Skin reinforcement
- Newborn Care Diary
- Utilizing the safe discharge checklist to ensure consistent teaching
JOINT
NICU/POSTPARTUM TEAM
• Conduct monthly joint team meetings, led by a NICU hospitalist
• Establish RN staff education plan
• Implement ILPQC structural components of the MNO program
• Conduct continuing conversations and evaluation of each patient admitted under the protocol
Super Users

- Establishing NICU and Postpartum “Super User” nursing teams
- Developing educational resources for Eat, Sleep, Console method (power points, printed bedside materials etc.)
- Lunch and Learn opportunities
- One-on-One bedside support for RN’s
- Daily debrief with the MNO team
Implicit Bias Conversations
SHARING OUR SUCCESSES

- Decreased length of stay
- Decreased use of pharmacologic therapy by following the ESC method and optimizing non-pharmacologic therapy
- Improved communication with community Pediatricians
- Improved team communication between Postpartum and NICU units
- Increased rooming in after maternal discharge
- Incorporated “safe discharge” protocols and follow-up phone calls with families post discharge
- Creating a Cuddler Program
- Excited to know that we are making a difference for our patients and their families!
PERFECTION IS THE ENEMY OF PROGRESS

--Winston Churchill
THE PRENTICE MNO TEAM

- MOTHERS, NEWBORNS and FAMILIES
- NEONATOLOGISTS
- HOSPITALISTS
- CLINICAL NURSE SPECIALIST
- EDUCATORS
- MNO SUPER USERS
- NICU AND POSTPARTUM RNS
- PHARMACISTS
- SOCIAL WORKERS
- DIETICIANS
Guest Talk-
Lee Budin, MD
Changing Culture: Optimizing the Non-Pharmacologic Care Bundle as First Line Treatment for OENs

MNO-Neonatal Teams Call
July 15, 2019
Lee Budin, M.D.
You want to improve care

• You attend a great conference, lecture, webinar or talk to a trusted colleague...
• You are unsure that this non-pharm approach can work...
• You do some reading...
• You talk to a great colleague like Dr. Christmon and you are ready to move forward...

Now what???
Applying Improvement Science Methodology
PDSA Cycles

Ideal State

Current State
Recommendations

• Start Small smaller
• Predict the result of the planned intervention
• Revise, eliminate, or implement
• Expand
Applying Improvement Science Methodology

- Innovators: 2.5%
- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Laggards: 16%
What now

• Continue using PDSA cycles with growing impact
• Data and comparisons are your friend
  • Internal
  • External
ILPQC Infant Bedside Sheet

Baby’s Name: ____________ Baby’s Med Record #: ____________ Date: ____________

<table>
<thead>
<tr>
<th>Shift Time (i.e. 7am-7pm)</th>
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<tbody>
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<th>ESC Assessment</th>
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<tr>
<td>Poor feeding due to NAS? Yes/No</td>
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<tr>
<td>Sleep &lt; 1 hr due to NAS? Yes/No</td>
</tr>
<tr>
<td>Unable to console within 10 minutes due to NAS? Yes/No</td>
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<table>
<thead>
<tr>
<th>Care Plan</th>
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<tbody>
<tr>
<td>Recommend Full Care Team Huddle? Yes/No</td>
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<table>
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<tr>
<th>Management Decision:</th>
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</thead>
<tbody>
<tr>
<td>1. Optimize Non-Pharmacologic Care</td>
</tr>
<tr>
<td>2. Initiate Medication</td>
</tr>
<tr>
<td>3. Continue Medication</td>
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</table>
Figure 2  Revised conceptual model of plan–do–study–act (PDSA) methodology.\cite{Ogrinc2014}

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>August 2019</td>
<td><strong>Strategies for MNO-Neo Teams to Successfully Coordinate Discharge</strong> for Opioid-Exposed Newborns</td>
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Have a safe and fun summer!
THANKS TO OUR FUNDERS

IDPH  CDC  DHS  JB & MK PRITZKER
Illinois Department of Public Health  Centers for Disease Control and Prevention  Illinois Department of Human Services  Family Foundation
ILPQC Monthly Data Review

APPENDIX 1
MNO-Neo Process Measures: OENs Receiving Toxicology Testing

ILPQC MNO OB/Neo Initiative
Percent of OENs (≥35 weeks) receiving a toxicology test (urine, cord, meconium) for NAS
All Hospitals, 2018-2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Baseline (2017)</td>
<td>90%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>93%</td>
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<tr>
<td>Aug-18</td>
<td>88%</td>
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<tr>
<td>Sep-18</td>
<td>94%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>97%</td>
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<tr>
<td>Nov-18</td>
<td>92%</td>
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<tr>
<td>Dec-18</td>
<td>98%</td>
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<tr>
<td>Jan-19</td>
<td>88%</td>
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<td>Feb-19</td>
<td>94%</td>
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<td>Mar-19</td>
<td>90%</td>
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<td>Apr-19</td>
<td>92%</td>
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<tr>
<td>May-19</td>
<td>92%</td>
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MNO-Neo Outcome Measures: OENs Requiring Pharmacologic Treatment for NAS

ILPQC MNO OB/Neo Initiative
Percent of OENs (≥35 weeks) requiring pharmacologic treatment for NAS
All Hospitals, 2018-2019
MNO-Neo Outcome Measures: OENs Discharged with a Safe Discharge Plan

ILPQC MNO OB/Neo Initiative
Percent of OENs (≥35 weeks) Discharged with a Safe Discharge Plan
Made in Partnership with Family, Hospital, and Community PCP
All Hospitals, 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>% of OENs</th>
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<tbody>
<tr>
<td>Baseline (2017)</td>
<td>38%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>33%</td>
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<tr>
<td>Aug-18</td>
<td>49%</td>
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<tr>
<td>Sep-18</td>
<td>54%</td>
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<tr>
<td>Oct-18</td>
<td>55%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>39%</td>
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<tr>
<td>Dec-18</td>
<td>47%</td>
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<tr>
<td>Jan-19</td>
<td>41%</td>
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<tr>
<td>Feb-19</td>
<td>47%</td>
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<tr>
<td>Mar-19</td>
<td>52%</td>
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<td>Apr-19</td>
<td>48%</td>
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<tr>
<td>May-19</td>
<td>56%</td>
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Goal: 100%
Median Days of Pharmacologic Treatment for OENs (≥35 weeks) with NAS symptoms

ILPQC MNO OB/Neo Initiative
Number of days of pharmacologic treatment for OENs (≥35 weeks) with NAS Symptoms during Infant Hospitalization
All Hospitals, 2018

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<tr>
<td>All Hospital Median</td>
<td>13.0</td>
<td>9.5</td>
<td>11.5</td>
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<td>9.0</td>
<td>8.0</td>
<td>9.0</td>
<td>11.5</td>
<td>8.5</td>
<td>9.5</td>
<td>13.0</td>
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<tr>
<td>All Hospital Min</td>
<td>0.0</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
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<td>0.0</td>
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<td>0.0</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
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<tr>
<td>All Hospital Max</td>
<td>61.0</td>
<td>18.0</td>
<td>46.0</td>
<td>29.0</td>
<td>28.0</td>
<td>62.0</td>
<td>30.0</td>
<td>50.0</td>
<td>72.0</td>
<td>18.0</td>
<td>31.0</td>
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MNO-Neo Outcome Measures: Median Length of Stay for OENs

ILPQC MNO-Neo Initiative
Length of Stay for All OENS with NAS Symptoms (≤35 weeks)
All Hospitals, 2018-2019

---|---|---|---|---|---|---|---|---|---|---|---
All Hospital Median | 10.0 | 6.0 | 9.0 | 6.5 | 8.5 | 9.5 | 6.0 | 10.5 | 7.0 | 9.0 | 7.0 | 7.0
All Hospital Min | 0.0 | 0.0 | 3.0 | 3.0 | 3.0 | 2.0 | 3.0 | 2.0 | 3.0 | 3.0 | 2.0 | 3.0
All Hospital Max | 71.0 | 25.0 | 54.0 | 54.0 | 35.0 | 64.0 | 40.0 | 94.0 | 72.0 | 39.0 | 41.0 | 34.0