MNO-OB Teams Call:
Strategies to increase OUD screening and documentation inpatient & outpatient settings

January 28, 2019
12:30 – 1:30pm
Call Overview

• MNO-OB Strategies for Success in 2019
• MNO-OB Data Review
• Implementing Universal Validated Screening Tools for Pregnant Women with OUD Inpatient & Outpatient
• Team Talks
  – Holly Chapman, WHNP-BC, CLC, MSN, RN, HSHS St. Mary’s Hospital
  – Donna Stephens, DNP, RNC-OB, Memorial Hospital-Belleville
MNO-OB STRATEGIES FOR SUCCESS IN 2019
Mothers and Newborns affected by Opioids- OB Initiative

Aim: ≥70% women with OUD receiving MAT; ≥80% connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge

Benchmarks:

• ≥80% all pregnant women screened with a universal validated screener during prenatal period among all deliveries
• ≥80% all pregnant women screened with a universal validated screener during L&D admission among all deliveries
• ≥70% women with OUD with an OUD clinical care checklist completed prenatally or during delivery admission
• ≥70% women with OUD receiving: Narcan, Hep C, contraception, behavioral health/ social work consult prenatally or during delivery admission
• ≥70% women with OUD receiving pediatric / neonatal consult on NAS and role in newborn care prenatally or during delivery admission
• ≥80% women with OUD receiving OUD/NAS education prenatally or during delivery admission
MNO-OB Mothers with OUD
Missed Opportunities Review Form

Great new tool for your MNO-OB Hospital Team to use to identify missed opportunities in the care of pregnant women with OUD!

Can be used to review all patients with OUD not connected with MAT/Behavioral Health Counseling/Recovery Services by delivery discharge and address barriers to implementing:

- Screening
- Brief Intervention
- Referral to MAT and/or Behavioral Health Counseling/Recovery Services
- OUD Clinical Care Checklist

Available online!
1. Was patient receiving Medication Assisted Treatment (MAT) by delivery?

- Yes
- No

If no, why? Please select all that apply

- OUD was not identified prior to delivery
- Patient’s OUD was identified, but was not counselled (SBIRT) and/or navigated to care
- Patient was identified and received SBIRT counseling, received Behavioral Health Counselling/Recovery Services, but declined MAT
- Patient was identified and received SBIRT counseling, declined MAT and Behavioral Health Counselling/Recovery Services
- Providers/staff didn’t document
- MAT treatment provider not available?

If no MAT by delivery, please select all steps in the OUD protocol that were completed.

- Patient was screened for OUD using a validated screening tool prenatally and on L&D.
- Patient was counseled (SBIRT) on treatment options and MAT/Behavioral Health Counselling/Recovery Services prenatally or during delivery admission.
- Patient was navigated to MAT/Behavioral Health Counselling/Recovery Services prenatally or during delivery admission.
- Patient received MAT/Behavioral Health Counselling/Recovery Services.
- OUD clinical care check list in chart
- Prenatal pediatric consult to discuss NAS
2. Does patient have a completed OUD Clinical Care Checklist (completed prenatal or during delivery admission)?

- Yes
- No

If no, why? Please select all that apply

- OUD *not identified by clinical care team*
- Providers/staff *didn’t have access to checklist*?
- Provider/staff *didn’t know they needed to complete checklist* for patients with OUD?
- Providers/staff *didn’t document* care received?
- Checklist was *in chart but not completed*?

If no, please select all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.

- Narcan counseling and prescription offered and documented
- Contraception Counseling and Plan documented
- Behavioral Health/Social Work Consult provided and documented
- Referral to SUD support services / MAT provided and documented
- Hepatitis C screening provided and documented
- OUD/NAS Neonatal/Pediatric consult provided and documented
- Education on OUD and NAS Newborn Care provided and documented
## Upcoming MNO-OB Teams Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Strategies to increase OUD screening and documentation inpatient vs outpatient settings</td>
</tr>
<tr>
<td>February</td>
<td>Implementing the Perinatal OUD Protocol, a standard system wide response for OUD screen positive pregnant patients: Navigate to MAT, Clinical Care Checklist, Patient Education</td>
</tr>
<tr>
<td>March</td>
<td>Engaging OB Providers in MNO: Strategies to standardize education on stigma and OUD as a chronic disease, understand importance of MAT and completion of clinical care checklist to reduce maternal morbidity/mortality and improve outcomes for mom / baby</td>
</tr>
<tr>
<td></td>
<td>*Discussion: move to second Monday 3/11, from 12:30-1:30pm, because of spring break schedule</td>
</tr>
<tr>
<td>April</td>
<td>Strategies for successful navigation of pregnant women with OUD to MAT / Behavioral Health Counselling/Recovery Services – the warm hand off matters</td>
</tr>
<tr>
<td>May</td>
<td>Face-to-Face Meeting</td>
</tr>
<tr>
<td>June</td>
<td>Strategies to increase completion of the OUD Clinical Care Check list</td>
</tr>
</tbody>
</table>
## Upcoming MNO-OB Teams Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Optimize the L&amp;D OUD protocol: pain control in labor/postpartum for women with OUD, L&amp;D care plan, managing MAT on L&amp;D/postpartum</td>
</tr>
<tr>
<td>August</td>
<td>Strategies to optimize Non-Pharmacologic care for Mom/Baby: Empowering moms to participate in non-pharmacologic care of opioid-exposed newborn through standardized education for moms, systems changes to support rooming in and Eat/Sleep/Console</td>
</tr>
<tr>
<td>September</td>
<td>Optimizing postpartum care for moms with OUD: supporting safe discharge planning, linkage to support services and appropriate follow up.</td>
</tr>
<tr>
<td>October</td>
<td>Prevention webinar – reducing opioid prescribing at delivery</td>
</tr>
<tr>
<td>November</td>
<td>Prevention – educating providers / patients risk of OUD, PMP look up/documentation</td>
</tr>
<tr>
<td>December</td>
<td>No Call- Christmas Eve.</td>
</tr>
</tbody>
</table>
MNO in 2019

Key system changes in place
- Screening
- SBIRT
- Mapping
- Checklist
- Education

Confidence

Strategies to review in 2019
- Build trust/reduce stigma
- Improve patient navigation for MAT and behavioral health counseling/recovery services
- Improve engaging providers in OUD Clinical Care Checklist
- +Buprenorphine prescribing
- Standard system wide response for screen positive (OUD protocol)

Work towards goals in 2019
- Increase # of women screened & linked to care
- Increase # of women on MAT and behavioral health counseling/recovery services
- Increase # women with completed checklist
- Increase # women engaged in Opioid exposed newborn Care

Covered in 2018

How do we begin to make progress?
MNO-OB: Making Change Happen

Key QI Strategies

- Implement universal screening and documentation (prenatal/L&D)
- Ensure standard SBIRT protocol response for all screen positive
- Complete and share Mapping Tool to identify local resources for MAT/behavioral health counseling/recovery services and standardize process for linking patients to care
- Implement OUD Clinical Care Checklist (prenatal/L&D)
- Standardize patient education on OUD & NAS, and importance of participation in newborn care
- Complete Provider/Nurse Training on stigma and bias, screening, SBIRT, clinical care checklist and activating the OUD Protocol
MNO-OB OUD Protocol

Activating the OUD protocol for every screen positive woman, every time:

• Increasing % of mothers with OUD on MAT saves lives
• Implement & activate OUD protocol to improve care

Screen and document positive result
Provide SBIRT risk assessment and brief counseling re: benefits of treatment, next steps for linking patient to care
Activate care coordination and navigation to link woman to MAT, and behavioral health counseling/recovery programs
Insert and complete OUD clinical care checklist in electronic medical record (or paper chart) (prenatal / L&D)
Provide patient education re: OUD and NAS, and engaging in newborn care via neonatology consult, counseling, hand-outs.

Increasing % of mothers with OUD on MAT saves lives
Implement & activate OUD protocol to improve care
MNO-OB Key Strategies
Reimbursement Barriers

• ILPQC took heard the suggestions you shared in the Annual Conference survey and communicated them with IL agency leaders

• If your team has specific examples of unavailable services or reimbursement issues, please email info@ilpqc.org and we’ll share with the state agencies to address
  – Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  – Prescribing Narcan / Naltrexone
  – Prescribing Buprenorphine in the Outpatient setting for pregnant / pp women with Opioid Use Disorder
  – Early postpartum visits (first 2 weeks postpartum)
  – Access to MAT
MNO-OB DATA REVIEW
# Project Aims

**By December 2019, for all pregnant/postpartum women with OUD across participating hospitals:**

<table>
<thead>
<tr>
<th>Goal</th>
<th>%</th>
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<tbody>
<tr>
<td>Increase proportion of all pregnant women screened with a universal validated screener during prenatal period</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>Increase proportion of all pregnant women screened with a universal validated screener during delivery admission</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>Increase proportion of women with OUD receiving MAT prenatally or by delivery discharge</td>
<td>≥ 70%</td>
</tr>
<tr>
<td>Increase proportion of women with OUD connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>Increase proportion of women with OUD with an OUD clinical care checklist completed prenatally or during delivery admission</td>
<td>≥ 70%</td>
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<td>Increase proportion of women with OUD receiving: Narcan, contraception plan, Hep C screen, behavioral health /social work consult, prenatally or during delivery admission</td>
<td>≥ 70%</td>
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<td>Increase proportion of women with OUD receiving pediatric / neonatal consult, on NAS and role in non-pharmacologic newborn care, prenatally or during delivery admission</td>
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<td>≥ 80%</td>
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</tbody>
</table>
## MNO-OB Data Reporting

<table>
<thead>
<tr>
<th>Month</th>
<th>Patient-Level Data*</th>
<th>Structure Measures</th>
<th>Screening for OUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>350 patients (70 teams)</td>
<td>63 teams</td>
<td>57 teams</td>
</tr>
<tr>
<td>July 2018</td>
<td>88 patients (65 teams)</td>
<td>55 teams</td>
<td>61 teams</td>
</tr>
<tr>
<td>August 2018</td>
<td>117 patients (67 teams)</td>
<td>54 teams</td>
<td>60 teams</td>
</tr>
<tr>
<td>September 2018</td>
<td>96 patients (61 teams)</td>
<td>62 teams</td>
<td>62 teams</td>
</tr>
<tr>
<td>October 2018</td>
<td>92 patients (67 teams)</td>
<td>47 teams</td>
<td>57 teams</td>
</tr>
<tr>
<td>November 2018</td>
<td>60 patients (60 teams)</td>
<td>44 teams</td>
<td>49 teams</td>
</tr>
<tr>
<td>December 2018</td>
<td>47 patients (36 teams)</td>
<td>27 teams</td>
<td>28 teams</td>
</tr>
</tbody>
</table>

*NOTE: Team count includes teams with patient-level data & teams who reported ‘no cases’*
Screening & Linkage to Care: Standardized Screening Tool on L&D (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have implemented a standardized, validated self-report screening tool for screening all pregnant women for OUD on units caring for pregnant women
All Hospitals, 2018

AIM: Increase proportion of all pregnant women screened with a universal validated screener on L&D
Screening & Linkage to Care: Standardized Screening Tool Prenatal Care Sites (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have provided to affiliated prenatal sites options for standardized self-report substance use screening tools for screening pregnant and postpartum women for OUD
All Hospitals, 2018

AIM: Increase proportion of all pregnant women screened with a universal validated screener during prenatal period
Screening & Linkage to Care: Standardized SBIRT (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have implemented a SBIRT protocol/process flow for women who report or screen positive for OUD to assess and link to MAT/Addiction Treatment Services
All Hospitals, 2018

AIM: Increase proportion of women with OUD receiving MAT and Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge
Screening & Linkage to Care: Sample of Documentation of Screening for OUD Prenatally

MNO-OB Monthly Sample of Documentation of OUD Screening Prenatally
All Hospitals, 2018

BENCHMARK = ≥ 80%
Screening & Linkage to Care: Sample of Documentation of Screening for OUD on L&D

MNO-OB Monthly Sample of Documentation of OUD Screening on L&D
All Hospitals, 2018

BENCHMARK = ≥ 80%
## Screening & Linkage to Care: Mapping Community Resources (Structure Measure)

### ILPQC MNO Initiative:

Percent of hospitals that have completed ILPQC Community mapping tool to map local community resources (MAT/addiction treatment services/behavioral health services) for pregnant/postpartum women with OUD

**All Hospitals, 2018**

<table>
<thead>
<tr>
<th>Month</th>
<th>In place</th>
<th>Working on it</th>
<th>Have not started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2017)</td>
<td>80%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>56%</td>
<td>4%</td>
<td>30%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>60%</td>
<td>10%</td>
<td>31%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>63%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>61%</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>63%</td>
<td>30%</td>
<td>7%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>55%</td>
<td>36%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Legend: In place, Working on it, Have not started
Screening & Linkage to Care: Women with OUD at Delivery in MAT (Outcome Measure)

ILPQC MNO Initiative:
Percent of Women with OUD at delivery in medication assisted treatment (MAT) prenatally or by delivery discharge
All Hospitals, 2018

BENCHMARK = ≥ 70%
Screening & Linkage to Care: Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services

A graph to track our progress towards this key strategy is coming soon

BENCHMARK = ≥ 80%
Optimizing Care: Standardized OUD Checklist on L&D (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have implemented standardized protocol and/or checklist for optimal management of patients with OUD during labor and postpartum
All Hospitals, 2018

AIM: Increase proportion of women with an OUD clinical care checklist completed prenatally or during delivery admission
Optimizing Care: L&D Clinical Care Checklist (Process Measure)

ILPQC MNO Initiative:
Percent of Women with OUD Receiving Narcan counseling/offer, Contraception counseling and plan documented, BH/Social Work counseling, and Hep C Screening Counseling Documented Prenatally or During Delivery Admission
All Hospitals, 201

BENCHMARK = ≥ 70%
Now Available!

Process measure reports to help you monitor progress towards aims:

• Increase % of women with OUD with an OUD clinical care checklist included in the pregnancy medical record prenatally or during delivery admission

• Increase % of women with OUD with a **completed** OUD clinical care checklist prenatal or during delivery admission

With corresponding questions in the data form allow for teams to track these important measures
Optimizing Care: Standardized Education for Women with OUD (Structure Measure)

ILPQC MNO Initiative:
Percent of hospitals that have standardized use of materials for educating pregnant women with OUD regarding OUD/NAS, importance of breastfeeding, and importance of mothers role is NAS newborn care
All Hospitals, 2018

AIM: Increase proportion of women with OUD receiving OUD/NAS education prenatally or during delivery admission
Optimizing Care: Maternal OUD/NAS Education (Process Measure)

ILPQC MNO Initiative:
Percent of Women with OUD Receiving Education on OUD and NAS Infant Care Prenatally or During Delivery Admission
All Hospitals, 2018

BENCHMARK = ≥ 80%
Optimizing Care: Cumulative Provider & Nursing Education on OUD care protocols (Structure Measure)

ILPQC MNO Initiative:
Average cumulative proportion of providers and nurses educated on OUD care protocols (including stigma & bias)
All Hospitals, 2018
Steps to drive QI change at your hospital:

- Work towards getting all MNO-OB structure measures *In Place (get to green!)*
- Review and share your team’s *progress toward key data benchmarks* every month to determine if team is working to achieve metrics
- Have a process in place to identify, review, and address *missed opportunities for women with OUD* using the review form as a QI tool
- Schedule a *Grand Rounds* to educate providers and staff on the *WHY* this matters and *WHAT* to do to improve outcomes for moms/babies affected by opioids.
IMPLEMENTING SCREENING FOR INPATIENT AND OUTPATIENT
### Strategies for navigating barriers to implementing screening - Inpatient

#### BARRIERS

<table>
<thead>
<tr>
<th>Waiting on...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms Committee</td>
</tr>
<tr>
<td>IT EMR build</td>
</tr>
<tr>
<td>System/admin approval</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unclear about...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible for what?</td>
</tr>
<tr>
<td>How are we going to navigate the patient through care?</td>
</tr>
</tbody>
</table>

#### STRATEGIES FOR NAVIGATING

- Opportunity to [work on other Key QI Strategies](#)
- Create and distribute an [SBIRT Protocol](#)
- Complete [mapping tool](#)
- Identify patient [care navigator](#)
- Use the [paper version](#) and complete a [PDSA](#) cycle to determine process flow

- **Identify team member** who will do the screening, documentation, navigate patient to care, complete the mapping tool
- Consider adding a [resident champion](#) to team
- Create a [process flow map](#) for patients who screen positive for OUD on L&D
- [Utilize random sample](#) of 10 charts/month to provide feedback on process
- [Share screening data](#) with your L&D team
Strategies for implementing screening - Outpatient

1. Identify an **outpatient champion**
2. **Start with your easiest** outpatient team(s) (best relationship, largest, most willing to implement, etc.)
3. Engage outpatient champion to **work with prenatal care sites to conduct a PDSA cycle** to test out the screening process & obtain feedback and share the tested process with other affiliated prenatal care sites
4. **Share experiences** and lessons learned from L&D
5. Host a MNO-OB **Grand Rounds and invite outpatient** nursing leaders and providers to attend
6. **Provide the MNO-OB Outpatient Packet** to prenatal sites to help jump start their efforts
OUD Screening/ SBIRT Reimbursement

**Documentation** should include screening results and time spent counseling along with details of the brief interaction including:

1. Face-to-face interaction with the patient
2. Assessed readiness for change
3. Advised the patient about risks
4. Recommended MAT treatment / Behavioral health counseling/ recovery services for the patient
5. Referrals made to link patient to care

**Billing Codes:**

**G0396:** Alcohol and/or substance (other than tobacco) abuse structured screening (e.g. audit, DAST), and brief intervention; 15 to 30min

**G0397:** Alcohol and/or substance (other than tobacco) abuse structured screening (e.g. audit, DAST), and brief intervention; greater than 30min

**H0049:** Alcohol and/or drug screening
MNO-OB Outpatient Packet

Contains:

1. **ILPQC outpatient letter**
   - Letter from ILPQC that can be personalized and signed by your hospital team leads

2. **SBIRT One-Pager**
   - With key documentation information and billing codes

3. **ILPQC’s OUD Protocol**

4. **OUD Patient Education Resources**

5. **ADD your teams**
   - Community mapping tool
   - Chosen screening tool
   - Hospital OUD Process Flow
Contains:

1. Brief Interview and Referral 1-pager for OUD
2. What to include in SBIRT documentation, with example language
3. SBIRT Billing Codes
4. Information about the Illinois Referral Helpline for Opioids and Other substances
COLLABORATION: BUILDING THE RELATIONSHIP WITH THE OUTPATIENT BY FIRST TACKLING THE INPATIENT

Mothers and Newborns Affected by Opioids Initiative Goal
SBIRT Tool Implementation
ST. MARY’S
PROVIDER PRACTICE STRUCTURE

- 2 Large group practices off-campus (one serves the privately insured patient while the other serves patients with public assistance)
- 2 Single provider private practices with both of their offices being located on the St. Mary’s property
- 1 Provider and Mid-level at a private practice off-campus

* None of the above listed Outpatient Clinics share our Inpatient documentation system.
Collaboration through Invitation

- **Service Line Meetings**
  Quarterly Meetings for the purpose of collaboration with regards to Women and Infants' Center policies and Procedures as they pertain to the inpatient setting. Team reviews Quality Metrics to drive change.

  **Team Composition**

  - Chief Nursing Officer
  - Chief Medical Officer
  - Chief Medical Information Officer
  - Director of Quality
  - Director of Anesthesia Services
  - Director of Women and Infants' Center
  - All Privileged Obstetrical Physicians and Midwives
  - All Privileged Pediatric Physicians and Nurse Practitioners
  - Women and Infants' Center Department Chair
  - Women and Infants' Center Education Team
  - Women and Infants' Center Quality Initiative Lead

- Email
COLLABORATION THROUGH CONVERSATION

Knowing your Audience........
Created a “Packet” to quickly review the “Why” and Next Steps
Packet Composition

1) Initiative Goals as well as Process & Outcome Measures
2) Importance of SBIRT Screening process during Pregnancy and Sample Algorithm
3) Introduction of St. Mary’s OUD Screening Process Flow Diagram
4) Screen Shot of the “Opioid Female Score Screening Tool” that is live in our Electronic Documentation System
5) Identification of Resources available in the Community as well as Importance of MAT
6) Buprenorphine Training Information and Upcoming Sessions
St. Mary's OUD Screening Process Flow Diagram

Opioid Female Score Screening Tool

<table>
<thead>
<tr>
<th>Family History of Substance Abuse (Female)</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family History of Alcohol Abuse (Female)</td>
<td>0</td>
</tr>
<tr>
<td>Illegal Drug Abuse (Female)</td>
<td>0</td>
</tr>
<tr>
<td>Prescription Drug Abuse</td>
<td>0</td>
</tr>
<tr>
<td>Personal History of Substance Abuse</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>0</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>0</td>
</tr>
<tr>
<td>Prescription Drug Abuse</td>
<td>0</td>
</tr>
<tr>
<td>Age (indicate if between 16-45 years old)</td>
<td>1</td>
</tr>
<tr>
<td>History of Preadolescent Sexual Abuse (Female)</td>
<td>0</td>
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<tr>
<td>Preadolescent Sexual Abuse (Female)</td>
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<td>Psychological Disease:</td>
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<tr>
<td>Attention Deficit Disorder, Obsessive-Compulsive Disorder, Bipolar, Schizophrenia</td>
<td>0</td>
</tr>
<tr>
<td>Depression</td>
<td>0</td>
</tr>
<tr>
<td>Opioid Total Score (Female)</td>
<td>1</td>
</tr>
<tr>
<td>Score</td>
<td>1</td>
</tr>
<tr>
<td>Total Score Action</td>
<td>1</td>
</tr>
<tr>
<td>Score of 8 or greater?</td>
<td>1</td>
</tr>
<tr>
<td>Referred to treatment program?</td>
<td>1</td>
</tr>
</tbody>
</table>
(June 2018) First MNO Initiative Committee Meeting
(July 2018) Attempted to contact all MDs who deliver at St. Mary’s Hospital regarding SBIRT tool. Wanted to Identify if they were currently using a screening tool for Opioid Use Disorder. No response from any group.
(July 2018) Second MNO Initiative Committee Meeting
(August 2018) Updated Mother Baby Gyn Log to reflect columns for Auditing purposes.
(August 2018) Third MNO Initiative Committee Meeting. Committee Members assigned roles in the Auditing process.
(August 2018) Quarterly OB Service Line Meeting. Packet created to review with providers regarding initiative roll-out, screening tool, process diagram, referral programs and auditing process.
(September 2018) Screening tool for Opioid use went “live” in Epic.
(September 2018) All women and Infants Center colleagues informed of the initiative roll-out, next steps, and auditing process through Email and Daily Huddle Notes.
(October 2018) Fourth MNO Initiative Committee Meeting.
(December sessions on the 3rd, 5th & 11th) Roll-out additional Education for Women and Infants Center colleagues and discuss the current audit results.
(February 2019) Service line Meeting – Present current data from Redcap to providers as well as suggested SBIRT tool for implementation in the outpatient clinic setting.
Don’t underestimate your Inpatient Team!!!!!

Chief Medical Information Officer – Dr. Glezer
Clinical Informatics for our Hospital System as well as part of the IDPH Initiative Roll-outs……..

Meaning, he knows what requirements are with regards to physician documentation according to current EBP. He helps create the “order sets” that go live in our inpatient electronic documentation system.

Therefore……..

• He advocates for Initiatives and enforces the importance of them from a “system” level at Service Line Meetings

• Partners with the Women and Infants’ Team to ensure order sets and initiative goals flow

• He helped make my Opioid Risk Screening Tool go live (in Queryable fields for easier data abstraction with mentioned added columns)

• He is setting-up a link under medication prescription for Prescription Monitoring Program compliance (in Queryable fields for easier data abstraction)
Inpatient
• Opioid Risk Screening Tool is Live
• Quarterly Initiative updates through service line meetings
• Upcoming PMP Link and Auditing Capability

Outpatient
• Hand-delivered Community Resources for Referral as well as additional patient handouts received to each outpatient clinic.
• Continued discussion of importance of outpatient SBIRT Tool for patient identification and treatment prior to Admission via email and Service Line Meetings
1. Select 1 SBIRT Tool for implementation in the Outpatient Clinic
2. Present the SBIRT Tool at our next Service Line Meeting to all OB Providers.
3. Hand-deliver it to each Outpatient Facility
4. Audit its completion through scanned prenatal records upon patient admission
5. Continue Identification of Mothers on the Inpatient unit who qualify for referral for Behavioral Health Counseling/MAT
6. Once mother has been identified, engage physician and consult social services
7. Together they will discuss with patient options and proceed with the referral process based on county patient resides if patient is willing.
8. Ensure Opioid screening on Admission is completed for every patient every time to comply with initiative requirements. (December we only had 50% compliance). Trying to get the screening tool moved to another location within the electronic documentation to compliment workflow.
9. Increase referral to treatment program for mothers who screen positive by stated admission, Positive screening tool, positive urine toxicology or newborns positive urine toxicology or need for NAS scoring by increased participation from providers.
10. Develop a relationship with Child Protective Services to adjust care plans to allow for mothers involvement in the care of the newborn.
11. Continue to Develop a relationship with Social Services so that they may participate and advocate for referral to treatment program.
12. Updates for compliance with Initiative goals to be given in staff meetings for Colleagues
13. Updates for compliance with MNO Initiative goals to be given at quarterly service line meetings for Providers.
14. Initiative Education to be done for all new colleagues upon Hire.
15. Annual updates and supplemental education for MNO Initiative to be done in December.
Memorial Hospital Belleville & Memorial Hospital East
# Our MNO Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Team Lead</td>
<td>Donna Stephens, DNP, RNC-OB</td>
</tr>
<tr>
<td>OB Physician Lead</td>
<td>Daryll Engeljohn MD</td>
</tr>
<tr>
<td>Nurse Lead</td>
<td>Mona LeGrand, MSN RNC</td>
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<tr>
<td>Neonatology</td>
<td>Shawn O’Connor MD</td>
</tr>
<tr>
<td>Quality Lead</td>
<td>Mona LeGrand MSN, RNC</td>
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<tr>
<td>Social Service</td>
<td>Maria Holt LSW</td>
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<tr>
<td>Neonatal Pharmacist</td>
<td>Chris McPherson PharmD</td>
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<tr>
<td>Nurse Manager</td>
<td>Courtney Beebe, RN, MSN, Stacy Mauch, RN, MSN, and Natosha McEvers, RN, MSN</td>
</tr>
<tr>
<td>Nurse Educator</td>
<td>Angie Mann RN, MSN</td>
</tr>
<tr>
<td></td>
<td>Renee Junker RNC, MSN</td>
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Evolution of Our MNO Program

- Early introduction to the topic/issue
- Wave 1 participation
- Creation of multidisciplinary MNO Team
- Roll out to OB physicians and FCBC staff
- Data collection built in to EMR
- Ongoing staff education – reduce stigma, provide resources, encourage MAT
### 5 P’s Screening

#### Labor, Jane
- **Date of Birth:** 09/18/1989
- **Height:** 5ft 7in
- **Weight:** 180lb
- **BMI:** 28.2kg/m²
- **Allergy/Adv:** Not Recorded

**Interventions**
- LD Prenatal Substance Abuse Screening ONE TIME

**Assessments**

**Prenatal Substance Abuse Screen**
- **Screening**
  - Advise the client responses are confidential.
  - A single "Yes" to any of these questions indicates further assessment is needed.
- **Follow-Up Questions**
  - Women who screen high risk for substance use should be assessed for opioid use.
  - Have You Used Any Opioids, Narcotics, or Pain Meds in the Last Year?
    - Yes
    - No
  - Were They Prescribed or Unprescribed?
    - Prescribed
    - Unprescribed

**Comment**
- Resource Brochure Provided
  - Yes
  - No
Reflex Order
Audit Sheet

Audit sheet on any patient that has a positive drug screen or baby has positive Meconium. We keep track on a monthly basis to notify the Pedi or DCSF if it was not done while in the Hospital.

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<th>Date</th>
<th>Mom M#</th>
<th>UDS done on admission</th>
<th>Results</th>
<th>Other hospital results</th>
<th>Prenatal Available</th>
<th>Prenatal UDS</th>
<th>OB</th>
<th>Baby M#</th>
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<th>MDS?</th>
<th>Pedi</th>
<th>Social Service?</th>
<th>DCFS Called</th>
<th>Missed MDS</th>
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<th>SS Emailed</th>
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Next steps: Expanding our program to capture outpatients

• Additional physicians to attend buprenorphine training
• Engage OB office managers/staff - 5 Ps, MAT options and resource information
• Follow up calls to pediatrician with NAS babies
• Roll out screening to ER staff
Questions?
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org