MNO-Neonatal Teams Call: Pre-Delivery Care

June 25, 2018
1:00 – 2:00pm
Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance
IMPORTANT WEBINAR & PHONE LINE CHANGE

Using **NEW** webinar and conference phone lines for future ILPQC Meetings starting in June 2018:

**Team Calls (MNO OB/Neo, IPLARC, HTN, GH):**

- **WebEx** webinar and conference line software (starting 6/2018)

ILPQC will update all this information on the website and include in all future communications
Tips for Accessing WebEx

• You must manually add the meeting to your calendar

• WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

Add to calendar by clicking either of these options

Call-in info
Based on team feedback, the ILPQC MNO OB and Neonatal Teams calls will be held **back-to-back** from 12pm to 2pm CST today

- MNO-OB: 12pm – 1pm
- MNO-Neo: 1pm – 2pm

We will transition from the MNO-OB call to the MNO-Neo call at 1pm using the same webinar and phone line.

To help us make the back to back call transition as smooth as possible, please respond to the webinar survey questions:

- Will you stay on after the MNO-OB for the MNO-Neo call today?
- If so, would you prefer a 15 minute break between future back to back MNO calls, moving the MNO-Neo call to 1:15-2:15pm?
Not Receiving ILPQC Communications?

Not getting Teams Calls reminders, newsletters, etc.? Follow these easy steps!

1. Make sure to put info@ilpqc.org on your ‘safe senders’ and contact list on your email
2. Fill out this ILPQC Newsletter Form to be added to our mailing lists!

Follow this link: http://ilpqc.us13.list-manage.com/subscribe?u=244750cf0d942e5d1b1ca3201&id=140e251aca
Welcome to New ILPQC Staff and Summer Intern!

• Please join ILPQC in a warm welcome for our new Nursing Quality Manager, Autumn Perrault, RN and our two summer interns, Maeve Dixon & Kristin Saroyan!

• Autumn worked as an L&D nurse for 10 years at Evanston hospital with hospital policy experience before transitioning to this role.

• Maeve is a MPH candidate at UIC School of Public Health

• Kristin is an Engage Chicago Summer intern from John’s Hopkins
Overview

- Introductions
- Face-to-Face Recap
- ILPQC Data System & Training Calls
- Pre-Delivery Planning
- Quality Improvement Process Review
- Next Steps & Call Schedule
ILPQC FACE-TO-FACE RECAP
ILPQC OB Face-to-Face Meeting Debrief

- 327 physicians, nurses, and public health professionals attended OB Meeting
- 231 attended the neonatal meeting on 5/31 with over 100 attendees present at both
- Share any reactions, comments, successes or improvement for next year?
Distributed Hospital Team Toolkit Binders & Patient Education Materials at F2F

- Handed out 90 MNO-OB and 70 MNO- Neo and 15 IPLARC Binders
- Patient education materials distributed included:
  - Prescription opioid tear pads
  - Maternal opioid used disorder tear pads
  - NAS infant care ½ page cards
  - NAS booklet
- Provider education materials for pick up included:
  - Pause before your prescribe
MNO-Neo Toolkit Next Steps

• 75 Neonatal Hospitals interested in MNO-OB attended the Face-to-Face (includes currently participating teams & teams without a roster submitted)
  • 62 have rosters submitted (13 need to submit)
  • 12 have rosters submitted, but no toolkit yet
• We will follow-up with teams who have submitted Neonatal rosters since the Face-to-Face meeting to send them toolkits
• Downloadable toolkit links to ILPQC website coming this week
• Living document- please share any relevant and timely resources that you come across that would help hospitals implement QI
ROSTER SUBMISSION DEADLINE

If your team has not submitted an MNO-Neonatal Roster, please do so by WEDNESDAY, JUNE 27!

We want to make sure your team is included in all MNO communications to attend collaborative learning webinars and receive QI support

https://www.surveymonkey.com/r/ILPQC_NeonatalHospitalRoster_MNO
MNO: HOW DO WE IMPROVE CARE?
MNO By-the-Numbers

- 107 Hospitals across Illinois currently participating (rosters submitted & pending rosters) in Mothers and Newborns affected by Opioids (MNO):
  - 100 MNO-OB QI Teams
  - 88 MNO-Neo QI Teams
MNO 6 Key Opportunities for Improvement

- **Increase maternal participation in the care of opioid exposed newborns** (rooming in, breastfeeding, swaddling/holding, eat-sleep-console) through standardized education materials and a neonatal / pediatric consult before delivery regarding NAS and care of opioid exposed newborns. Implement any needed protocol / process flow to support above.

- **Improve outcomes for opioid exposed newborns through key interventions (Neo Teams)**: standardize identification and assessment of opioid-exposed newborns, increase maternal involvement in care, optimize non-pharmacologic newborn care, standardize pharmacologic treatment, and develop standard safe discharge plans.
MNO DATA SYSTEM OVERVIEW
How do we define: infants at risk for NAS for data collection

• All infants (≥35 gestational weeks- 35 weeks, 0 days) of mothers with opioid use disorder if mother has:
  • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or
  • Patient endorses or reports misuse of opioids / opioid use disorder, or
  • using non-prescribed opioids during pregnancy, or
  • using prescribed opioids chronically for longer than a month in the third trimester, or
  • if newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids.
• *If infants delivered before 35 weeks, OB data will be collected on mom with basic newborn data on OB data form, neo data will only be collected if the baby is born ≥35 gestational weeks*
• Will submit with monthly data: REDcap MNO Form
What data are teams collecting to track progress?

• Monthly Data (by the 15th of following month)
  • Neo Teams
    • **ILPQC MNO**: All infants at risk for NAS collect process and outcome measures

• Quarterly Data (every 3 months)
  • **ILPQC MNO Neo Quarterly Structure Measures**: track your QI work: patient and provider education, protocol implementation, mapping resources, process flow etc.
Neo Data Collection & Review
Steps for Teams

MONTHLY Data
• Collect bedside and via chart review on process and outcome measures all opiate-exposed newborns ≥35 weeks
• Data forms live in REDCap by June 29
• Baseline data for Oct-Dec 2017 due August 15, 2018
• Monthly data starting July 2018 due August 31, 2018
• Review real-time web-based reports with your team available in August 2018

QUARTERLY Data
• MNO Neo Structure Measures: Report system and culture change opportunities for improvement
• Baseline data for 2017 Q4 (Oct – Dec 2017) due August 15, 2018
• Quarterly data starting 2018: Q2 (Apr – Jun 2018) due August 31, 2018
• Review your hospital data at your QI team meetings and statewide data on OB MNO Teams Calls

FORM OPTIONS: The monthly data form (print ver.) is available as a joint OB-Neo or as separate OB & Neo forms
MNO Neo Data Collection Timeline

1. Gain access to REDCap to submit data by submitting the **REDCap access form** by **June 27th** if you haven’t yet
2. Baseline monthly and quarterly data (Oct – Dec 2017) submitted into REDCap by **August 15th**
3. Prospective monthly data collection begins **July 2018** and July data due into REDCap by **August 31st** and continues monthly (typically submit by 15th for previous month)
4. Quarterly data collection begins 2018 submit Q2 by **August 31st** and continues quarterly (submit Q3 **Oct 15**, Q4 **Jan 15**, etc.)
5. Please reach out to **info@ilpqc.org** with any questions or to discuss special circumstances
REGISTER NOW for MNO REDCap Data Training

• Four 1-hour data training calls to review steps to submit data and answer any questions from teams
• Each hospital must have team members entering data attend **one** of the following calls
  – Tuesday, July 10\(^{th}\): 2-3pm (OB Focused Data)
  – Wednesday, July 11\(^{th}\): 10-11am (Neonatal Focused Data)
  – Tuesday, July 17\(^{th}\): 9-10am (Neonatal Focused Data)
  – Wednesday, July 18\(^{th}\): 12-1pm (OB Focused Data)
• Register for your preferred training call date/time
NEXT STEPS FOR MNO-NEO TEAMS

1. MNO-OB Teams without a roster need to submit one by **June 27th**: https://www.surveymonkey.com/r/ILPQC_NeonatalHospitalRoster_MNO
2. Gain access to REDCap to submit data by submitting the **REDCap access form** by **June 27th** if you haven’t yet
3. REGISTER NOW for MNO REDCap Data Training
   - Wednesday, July 11th: 10-11am (Neonatal Focused Data)
   - Tuesday, July 17th: 9-10am (Neonatal Focused Data)
4. Baseline monthly and quarterly data (Oct – Dec 2017) submitted into REDCap by **August 15th**
IMPROVE PRE-DELIVERY PLANNING
Aims
• Decrease pharmacologic treatment in substance exposed neonates
• Increase safe and optimized discharge plans in substance exposed neonates
• Increase breastfeeding rates in substance exposed neonates at discharge

Primary Drivers
Identification and Assessment of SENs
Treatment
Safe Discharge

Secondary Drivers
Strengthen Family/Care Team Relationships
Improve pre-delivery planning
Standardize identification, assessment, and monitoring of SENs
Provide Family Education
Improve infant nutrition and breastfeeding
Optimize non-pharmacologic care
Standardize pharmacologic treatment
Coordinate safe discharge

Change Ideas
Non-judgmental support
Prenatal pediatric consultation
Social work consultation
Toxicology screening
Assessment tools
Feeding guidelines
Non-pharmacologic care guidelines
Pharmacologic treatment guidelines
Safe discharge guidelines
DCFS
Goals of Pre-Delivery Planning

• Recommend hospitals partner with prenatal clinics and treatment programs/providers in their area to provide education (in-person & written) regarding ways to best prepare for a newborn’s NAS birth hospitalization, including resources available and ways the family can engage in non-pharmacologic care of the infant.

• Opportunity for OB and Neonatal hospital QI teams to coordinate work
ILPQC MNO-Neo Toolkit

Resources

- ILPQC MNO Prenatal Consultation Guidelines
### Preparing for a Healthy Pregnancy and Birth

- Discuss the need for continued maternal compliance with treatment for opioid use disorder
- Discuss limiting tobacco and marijuana exposure
- Discuss impact of maternal outpatient medications (including mental health medications like SSRIs)
- Communicate with OB provider after consultation

### Reviewing Neonatal Abstinence Syndrome

- Discuss the signs and symptoms of Neonatal Abstinence Syndrome (NAS)
- Discuss duration of NAS symptoms
Describing Expectations After Baby is Born

- Discuss location of care in your hospital for infants with NAS
- Discuss the need for 4-7 days of inpatient monitoring for infants who do not require pharmacotherapy
- Review possible NAS assessment methodologies at your hospital (Finnegan, ESC, etc.)
- Describe benefits of mother to stay in hospital until baby is discharged (if hospital is able to provide a place for mother) - address barriers to staying with baby
- Discuss arrangement to be present during the hospitalization including speaking to residential treatment programs, methadone guest dosing near the hospital, childcare preparations, and transportation considerations
- Review need for a support person to assist the mother during the hospitalization
- Discuss anticipated length of hospitalization and criteria for discharge
- Discuss need for at least 48 hours of inpatient monitoring after stopping NAS medications for infants who require pharmacotherapy
- Review maternal Hepatitis C status, and if positive discuss with mother potential impact on baby (5% transmission rate)
### Treating NAS

- Review non-pharmacologic care as the key treatment of NAS (moms are the best treatment!)

- Discuss the approach to non-pharmacologic care
  - Feeding on demand
  - Swaddling
  - Holding, cuddling, or gently rocking
  - Non-nutritive sucking
  - Rooming-in
  - Breastfeeding or pumping milk as appropriate
  - Keep lights, noise, and visitors to a minimum
  - Skin-to-Skin
  - Gently handling
  - Avoid waking baby

- Discuss the possibility of needing medication to treat symptoms
### Breastfeeding
- Review benefits of breastfeeding and breast milk in the context of NAS
- Review possible need for supplementation or higher calorie formula
- Review breastfeeding contraindications
- Review breastfeeding if mother has Hepatitis C infection

### Reviewing Neonatal Abstinence Syndrome
- Discuss the process for DCFS reporting in Illinois
- Discuss need for inpatient monitoring for 4-7 days if no pharmacologic treatment needed
- Discuss discharge approximately 48 hours after stopping pharmacologic treatment and possible length of time in the hospital
- Discuss need for optimal weight gain
- Discuss need for close follow-up with the baby’s pediatrician
- Discuss the need and timing for Hepatitis C monitoring in the infant if the mother has HCV infection
Steps for your QI Team to Implement Standardized Prenatal Consults

- **Review** the ILPQC MNO Prenatal Consultation Guidelines
  - Identify which aspects of the guidelines are currently being documented
  - Consider building into your EMR or scan results into EMR

- **Train** staff on the use of the tool

- Share **resources** for engaging mother in non-pharmacologic care of infant

- **Determine** roles:
  - Who will do what? When? Orient/train?

- **Explore** additional options

- **Document and evaluate** the process using process flow diagram and PDSA Cycles

*www.doh.wa.gov*
Provide Family Education

- NAS Definition
- When will my baby show signs of NAS?
- What are the signs of NAS?
- Where will my baby and I be while he or she is being monitored?
- How can I help my baby?
- How to swaddle your baby
- Does my baby need medicine to get better?
- What happens if my baby is given medicine for NAS?
- How long will my baby need treatment?
- How long will my baby have symptoms?
- Can I breastfeed my baby?
- What do I do if my baby experiences NAS?
- When can I take my baby home?
- Will my baby have problems after we go home?
- How can I care for my baby and me at home?
- Asking questions helps you help your baby
- Ways to support and care for your baby
- Extra ways to calm and help your baby
Provide Family Education

Neonatal Abstinence Syndrome (NAS):
What You Need to Know

Be with your baby:
You are the treatment!

1. **Hold your baby:** When your baby is fussy or upset, hold your baby. Your family can help too.
2. **Practice these calming techniques:**
   - Swaddle or tightly wrap your baby in a blanket to help soothe him or her. Ask your nurses to show you how to swaddle your baby.
   - Pacifier for non-nutritive sucking
   - Shooshing
   - Slow, rhythmic up and down movements
3. **Feed on demand:** If you can, feed your baby breast milk. Feed your baby on demand by watching your baby for feeding cues instead of the clock.
4. **Skin-to-skin:** Holding your baby skin-to-skin can help calm your baby. Be careful though - if you are feeling sleepy, place your baby in a bassinet.
5. **Room-In:** Stay in the same room with your baby in the hospital if possible. This will help make sure you will be close by when your baby cries or is fussy, so you can hold and comfort your baby.
6. **Quiet room:** Keep the noise level as low as possible by limiting visitors, asking your family, friends, and hospital staff to speak softly, keeping the TV volume low, and talking on the phone quietly.
7. **Dim the lights in your room.
8. **Cluster care:** Ask your doctors and nurses to group their care visits together when possible to help limit disruptions for your baby.
9. **Medications:** Some babies with NAS require medication to help with their symptoms of withdrawal, to allow them to sleep, eat, and be comfortable.

IDPH and ILPQC gratefully acknowledge Basion Medical Center for its contributions to this brochure.
Hospitals with Standardized Protocols and Education for Engaging Mom & Family in the Care of OENs

Pre-delivery Planning

- Yes: 26.47%
- No: 61.76%
- Unsure: 11.76%
How can we connect the care to produce optimal family outcomes?
Tracking Pre-Delivery Consultation in REDCap

Maternal “pediatric consult on OUD/NAS completed” data entered on the OB portion of the form auto populates into the neonatal portion of the form (and vice versa).

OB Data Form

Neo Data Form

Neo Structure Measures Data Form
QUALITY IMPROVEMENT
REVIEW
Pre-Delivery Planning Process Flow

Patient prenatally screened positive (+) for OUD

- NO
  - Re-screen per OB Screening Schedule
  - OB Prenatal Care Provider Contacts Pediatric Provider/Liaison
  - Pre-Delivery Planning Appointment with Pediatrics Scheduled
    - Pediatrician meets with patient and completes pre-delivery checklist
    - Pediatrician documents completion of pre-delivery checklist in chart

- YES
  - Pediatrician follows up with OB provider
  - Patient arrives for delivery, OB notifies Pediatrician
Set Aims

**The Model for Improvement**

**AIM**
What are we trying to accomplish?

**MEASURES**
How will we know that a change is an improvement?

**CHANGES**
What changes can we make that will result in improvement?

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<tr>
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<th>Specific</th>
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<tbody>
<tr>
<td>M</td>
<td>Measureable</td>
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<td>A</td>
<td>Attainable</td>
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<td>Relevant</td>
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<tr>
<td>T</td>
<td>Time bound</td>
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</tbody>
</table>

© 2012 Associates in Process Improvement
Establish measures

**Outcome**
- What are the results towards your aim?

**Process**
- How do you achieve your aim?

**Balancing**
- Are there unintended consequences?
Identify changes

P–D–S–A
Sequential small tests of change
Planning is a BIG Portion of the PDSA Cycle
Example

- **Review** the ILPQC MNO Prenatal Consultation Guidelines
  - Identify which aspects of the guidelines are currently being documented
  - Consider building into your EMR or scan results into EMR

- **Train** staff on the use of the tool

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- **Determine** roles:
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- **Explore** additional options

- **Document and evaluate** the process using process flow diagram and PDSA Cycles

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PDSA WORKSHEET

Team Name: Collaboration Health
Date of test: June 26, 2018
Test Completion Date: June 29, 2018
Overall team/project aim: Improve pre-delivery planning
What is the objective of the test? To implement standardized prenatal pediatric consult with women screened positive for OUD

PLAN: After discussing with MNO-OB team about how hospital current manages OB process flow and how to alter process flow to incorporate standard prenatal pediatric consult with women screened positive for OUD (See PDSA Cycle 1.1, 1.2, and 1.3), we planned a test implementation of the ILPQC Prenatal Consultation Guidelines Checklist.

Briefly describe the test: Test ILPQC Prenatal Consultation Guidelines Checklist for acceptability and feasibility.

How will you know that the change is an improvement? Feedback from provider on ILPQC Prenatal Consultation Guidelines Checklist flow, documentation, and follow-up upon testing with one patient.

What driver in the initiative key driver diagram does the change impact? "Identification and Assessment of SENS"

What do you predict will happen? We predict the provider champion will find the checklist acceptable and feasible for facilitating the consult and follow up with OB.

<table>
<thead>
<tr>
<th>List the tasks necessary to complete this test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare paper copies of ILPQC Prenatal Consultation Guidelines Checklist for Dr. Vivaldi</td>
<td>Helen</td>
<td>June 26</td>
<td>L&amp;D</td>
</tr>
<tr>
<td>2. Meet with Dr. Vivaldi to review checklist</td>
<td>Helen</td>
<td>June 27</td>
<td>Dr. Vivaldi’s Office</td>
</tr>
<tr>
<td>3. Test checklist with first patient, including documentation and OB follow up</td>
<td>Dr. Vivaldi</td>
<td>June 28</td>
<td>L&amp;D</td>
</tr>
<tr>
<td>4. Debrief with QI team to discuss feedback</td>
<td>Helen, Henry, Dr. Vivaldi</td>
<td>June 29</td>
<td>Staff meeting room</td>
</tr>
<tr>
<td>5. Develop subsequent PDSA cycle/other action.</td>
<td>Helen, Henry, Dr. Vivaldi</td>
<td>June 29</td>
<td>Staff meeting room</td>
</tr>
</tbody>
</table>

Plan for collection of data: Notes from checklist administration, documentation, and OB follow-up on 1 patient and qualitative discussion of experience using checklist.

DO: Test the changes.

Was the cycle carried out as planned? X Yes No

Record data and observations. Dr. Vivaldi tested the ILPQC Prenatal Consultation Guidelines Checklist with one patient after being contacted by OB for consult. Dr. Vivaldi found the checklist comprehensive and a helpful guide to keep track of key points. She’d like a place to add notes for each section and a reminder at the bottom on the process for documentation in Epic and for OB follow-up. Suggested a consult packet, which includes the checklist and the supporting patient education materials in a folder for ease of use and to pass on to the patient. Should add specific hospital resources for mom to the “Expectations after birth” section to customize for hospital.

What did you observe that was not part of our plan? Documentation and OB follow-up didn’t occur as planned.

STUDY:
Did the results match your predictions? X Yes No

Compare the result of your test to your previous performance: First test.

What did you learn? The checklist is a helpful tool but needs further customization and to be packaged with additional resources to be most useful.

ACT: Decide to Adopt, Adapt, or Abandon.

Adapt: Improve the change and continue testing plan.
Plans/changes for next test: Develop and test the checklist consult packet with customized checklist and instructions for documentation and OB follow-up with two providers on the next two patients.

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Abandon: Discard this change idea and try a different one
MONTHLY CALLS, UPCOMING TRAININGS AND MOC PART IV OPPORTUNITIES
NEXT MNO NEO CALL

July 23

MNO-Neo Teams Call

Standardize Identification, Assessment & Monitoring of SENs
NEXT STEPS FOR MNO-NEO TEAMS

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   Tuesday, July 17th: 9-10am (Neonatal Focused Data)


5. Prospective monthly data collection begins July 2018 and July data due into REDCap by August 31st and continues monthly
OB & Neonatal MOC Part IV Opportunities

Obstetric Teams- **NEW** ACOG MSPP (OB-Gyns and Multi-Specialty Physicians)- **DUE NOV 1st, 2018**

- Step 1: Participating physicians complete [Physician Attestation Survey](#)
- Step 2: On-site project leads complete [Project Lead Attestation Survey](#)
- MNO-OB AND/OR Severe Maternal Hypertension will **BOTH** qualify!

Neonatal Teams- Approved by ABP for 25 Part IV MOC Credits **DUE NOV 1st, 2018**

- Pediatricians must have an active role-attest to all of the following to get the credits
  - Be intellectually engaged in planning and executing the project
  - Participate in implementing the project’s interventions
  - Review data in keeping with the project’s measurement plan
  - Collaborate actively by attending team meetings, whether in person or virtually
- MNO-Neo AND/OR Golden Hour Sustainability will **BOTH** qualify!

- [EMAIL](mailto:INFO@ILPQC.ORG) with any questions!
SAVE THE DATE
ILPQC 6th Annual Conference
Monday, November 5, 2018
Westin Lombard
Contact

• Email  info@ilpqc.org
• Visit us at  www.ilpqc.org
ACOG/ASAM Buprenorphine Training

- REGISTRATION OPEN SOON!
- 4 hour online course + 4 hour in-person led by an addiction medicine specialist & OB/GYN for physicians
  - MOC Part IV credits
  - CME for 8 hours credit (via ASAM)
- 4 hours in-person + 20 hours of online-training for NPs and APNs
  - Contact hours (via ASAM)
- Working with ACOG to host 2 in-person maternal-focused Buprenorphine Trainings for physicians, nurse practitioners and APNs in Illinois
- Initiates buprenorphine waiver process

- October 22, Chicago IL
- September 14, Springfield, IL

Recent survey showing a shortage of providers certified to prescribe buprenorphine
ACOG IPLARC Training

• July 30, Northwestern, Chicago, IL
• Approx. 4-hour training for nurses, providers, lactation consultants
• Training will cover:
  – Capacity building
  – Contraceptive counseling
  – Insertion training
• Each team should have at least one representative(s) attend one of the two trainings (ideally a provider and a nurse attend from each team)