MNO-OB Teams Call:
Engaging OB Providers in Clinical Culture Change: Standardized Education, QI Data Review, and Missed Opportunity Review/Debriefs

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

• ILPQC 7th Annual Conference Updates
• MNO-OB Strategies for Success & Data Review
• Engaging OB Providers in Clinical Culture Change: Standardized Education, QI Data Review, and Missed Opportunity Review/Debriefs
• Strategies to Engage OB Providers
  – Beth Plunkett, MD; NorthShore University HealthSystem- Beth Plunkett, MD
• Key Strategies, Successes, & Barriers
  – Keli Sidebottom, MSN, RNC-OB, CBC, Advocate BroMenn Hospital
• Wrap-up/Key Points
ANNUAL CONFERENCE
UPDATE
ABOG Part IV MOCs

- **LAST CHANCE DUE BY TOMORROW 10/30/2019**
- OB-Gyns, Multi-Specialty Physicians of participating medical boards, and certified PAs are eligible to receive ABOG Part IV MOCs for participating in
  - Mothers and Newborns affected by Opioids – OB
  - Maternal Hypertension Sustainability
  - Improving Postpartum Access to Care
- **The credit would replace doing one of the Part IV modules for each year of participation**
- Participating physicians who participate on a hospital QI team as indicated on the hospital team roster for the QI initiative complete our [Physician Attestation Survey](#) by **October 30, 2019**.
- ILPQC will complete a project attestation survey and physician completion table to confirm your participation as an initiative hospital team member in our records and submit to ACOG by November 1, 2018.
Conference Prep

- Contact us with any issue with registration
- Print and bring your poster
- See you next week!
During the AC Lunch & Poster Session, there will be 2 kiosks for all attendees to visit:

- **MNO-OB OUD/SBIRT & Stigma Education & Simulation Kiosk**: Opportunity for participants to view/learn about the MNO-OB resources including the SBIRT Simulation Guide, online eModules, and patient & provider education materials.

- **IL Opioids Helpline & DocAssist, Narcan Information Kiosk**: Learn more about the IL Opioids Helpline & how to look up MAT providers in your community, speak with physicians and pharmacists who handle the IL DocAssist line, obtain information & resources to help your providers incorporate Narcan counseling all patients with OUD.

Check out our AC MNO-OB Kiosks!
MNO-OB STRATEGIES FOR SUCCESS & DATA REVIEW
<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>87% of teams have a Validated Screening tool on L&amp;D In Place</td>
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<tr>
<td>67% of teams have a SBIRT Protocol/Algorithm in Place on L&amp;D</td>
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<td>85% of teams have mapped their MAT / Recovery Services resources</td>
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<tr>
<td>48% of teams have implemented an OUD Clinical Care Checklist on L&amp;D</td>
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As of September 2019...
Sample of Documentation of Screening for OUD on L&D

MNO-OB Monthly Sample of Documentation of OUD Screening on L&D
All Hospitals, 2018-2019

BENCHMARK = ≥ 80%
Sample of Documentation of Screening for OUD Prenatally

MNO-OB Monthly Sample of Documentation of OUD Screening Prenatally
All Hospitals, 2018-2019

- Validated Self-Report Screening Tool
- Non-Validated Screening Tool
- Screening Not Documented/Missed Opportunity
- Goal
Narcan Counseling & Documentation

Every hospital should review Narcan Counseling. We must do better. Narcan is life saving and a key risk reduction clinical strategy. Please review Missed Opportunities and provide feedback to clinical teams. Every OUD patient needs Narcan Counseling.

ILPQC MNO OB:
Percent of Women with OUD who Received Narcan Counseling and Prescription Offer, Documented Prenatally or During Delivery Admission
All Hospitals, 2018-2019

BENCHMARK = ≥ 70%
Hep C Screening & Documentation

ILPQC MNO OB:
Percent of Women with OUD who Received Hep C Screening, Documented
Prenatally or Prior to Delivery
All Hospitals, 2018-2019

BENCHMARK = ≥ 70%
Maternal OUD/NAS Education & Documentation

ILPQC MNO Initiative:
Percent of Women with OUD Receiving Education on OUD and NAS Infant Care Prenatally or During Delivery Admission
All Hospitals, 2018-2019

BENCHMARK = ≥ 80%
Women with OUD at Delivery in MAT (Outcome Measure)

ILPQC MNO Initiative:
Percent of Women with OUD connected to Medication-Assisted Treatment, Prenatally or by Delivery Discharge,
All Hospitals, 2018 - 2019

We must succeed here.
We all must work to increase % MAT.
MAT saves lives

BENCHMARK = ≥ 70%
Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services

ILPQC MNO Initiative
Percent of Women Connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge
All Hospitals, 2018-2019

BENCHMARK = ≥ 70%
ENGAGING OB PROVIDERS IN CLINICAL CULTURE CHANGE: STANDARDIZED EDUCATION, QI DATA REVIEW, AND MISSED OPPORTUNITY REVIEW/DEBRIEFS
Creating Change

OB Provider Education

Review QI data with clinical team

Missed Opportunity debrief with feedback to clinical team

Clinical Culture Change
QI Check: Does your hospital’s MNO education include the following key resources and how to implement them in clinical practice?
Opioid Use Disorder is an urgent obstetric issue

Opioid Use Disorder is a life-threatening chronic disease with lifesaving treatment available, reducing stigma improves outcomes.

There are key steps OB providers need to take prenatally and on L&D to care for women with Opioid Use Disorder:

- Linking moms to MAT / Recovery Services
  - Reduces overdose deaths for moms
  - Improves pregnancy outcomes
  - Increases # women who can parent their baby
OUD SBIRT/Clinical Algorithm

OB provider to see patient, provide brief intervention to assess diagnosis, counsel risks, assess readiness for treatment (SBIRT Counseling)

Screen positive SUD/OUD

Provide Universal SUD/OUD screening with validated tool

+ Risk factors: provide brief intervention discuss risk reduction

Document OUD in problem list: 099.320

Start OUD Clinical Care Checklist

Hep C screen
Narcan Counseling
Serial Tox screen w/ consent
Neo/Peds consult
Social Work Consult
Anesthesia consult
MFM consult
Contraception counseling

IL OUD Hotline
MAT/Recovery Treatment locations:
1-833-2-FINDHELP
IL Doc Assist for free Perinatal OUD Addiction Med Consult:
1-866-986-ASST (2778)

OB provider to see patient, provide brief intervention to assess diagnosis, counsel risks, assess readiness for treatment (SBIRT Counseling)

Withdrawal symptoms &/or ready to start MAT

Admit to hospital for Fast-Track MAT start

Unclear if MAT indicated, Not ready to start MAT or Outpatient MAT available

Initiate outpatient stabilization with Social Work support

Stabilize MAT and discharge to Behavioral Health/Recovery Treatment Program

Screen positive SUD/OUD + Risk factors: provide brief intervention discuss risk reduction

Document OUD in problem list: 099.320

Start OUD Clinical Care Checklist

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Serial Tox screen w/ consent
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New OB Provider Education Campaign Strategies

**Goal:** Systematically educate all OB providers, nurses, and staff on key MNO-OB strategies & messaging

- Post 2 New **Provider Education Campaign posters on units** and distribute 2 new flyers
- Put up 2 new magnets on units promoting Illinois DocAssista and Illinois Helpline resources
- Set up a **MNO-OB Grand Rounds** or MNO-OB Presentation at **OB Provider Meetings**
- Implement **SBIRT Simulations** for providers & nurses for ongoing education & new hire education
  - 1hr SBIRT IRETA **Training e-Module**
  - ACOG District II SBIRT Training **6 Min Video**
- Implement stigma & bias education
  - **Words Matter e-Module** from ILPQC Annual Conference
  - **Trauma-Informed Care e-Modules**
  - **CDC Opioid Use and Pregnancy e-Module**
NEW Resources to help facilitate Clinical Culture Change!

To be distributed at the Annual Conference:

- IL DocAssist & IL Helpline for Opioids Magnets
- SBIRT Simulations Guide
- Provider Education Campaign Posters
Reviewing and Sharing your Data

Why?

1. Helps define and determine goals/next steps for all care providers
2. Tracks your progress over time
3. Serves as a gauge to help determine which change ideas/actions were beneficial or need to be adapted
4. RedCap allows you to compare your teams progress to other hospitals

Graphs of 2019 data sent to hospital teams with MAT rates <50% compared to other hospitals in MNO
Sharing Data helps Drive Change

- **Hospital QI team** in monthly meetings to review data and identify QI strategies and tests of change

- **Clinical team** in ongoing staff / provider meetings or post in common areas for discussion

- **Hospital leadership** in ongoing meetings to discuss progress towards goals and identify support / resources to achieve goals
MISSED OPPORTUNITY REVIEW/DEBRIEF
Debrief all patients with OUD, Missed Opportunities Review Form

- Plan for at least **monthly review of all OUD cases** for missed opportunities to reduce risk and improve care:
  - SBIRT provided to assess readiness for treatment
  - Started MAT / linked to Recovery Treatment Program
  - OUD Checklist completed before discharge including counsel Narcan and Hep C screen
  - Patient education provided

- **Provide feedback to clinical teams** to review missed opportunities, review how to improve care with the OUD Protocol, OUD/SBIRT Clinical Algorithm

- Use **missed opportunities** to inform teams QI strategies
How do we succeed? We must engage OB providers in Clinical Culture Change

• It takes 3 components to make change happen

1. **Review your MNO data monthly** and **share goals and progress** with all OB providers and staff (ie: screening rates, MAT, Recovery Treatment Programs, Narcan) share and post data!

2. **Debrief every OUD patient** with a **Missed Opportunities Review** and provide feedback to clinical teams

3. **Standardize provider MNO education** using grand rounds, e-modules, Simulations, OB packet
STRATEGIES TO ENGAGE OB PROVIDERS
Advocate BroMenn Hospital

TEAM TALK
Key Strategies Successes & Barriers

Keli Sidebottom, MSN, RNC-OB, CBC

October 28, 2019
OUD Treatment Algorithm

Successes:

- Persons responsible for intervention is slightly different depending on the day of the week and time. Algorithm has allowed for clarity as to who is responsible for what items.

- Utilization of MNO Bundle has allowed for better consistency in intervention.
MNO Bundle

- Neonatal Abstinence Syndrome: What you need to know (provided by ILPQC)
- BE with your baby: You are the treatment (provided by ILPQC)
- Childbirth, Breastfeeding and Infant Care: Methadone and Buprenorphine/Pregnancy: Methadone and Buprenorphine (provided by ILPQC)
- Prescription Pain Medicine, Opioids, and Pregnancy: What All Pregnant Women Need to Know (provided by ILPQC)
- Marijuana and Breastfeeding (adapted from ILPQC toolkit)
- Counseling Services in Bloomington/Normal (provided by BroMenn Social Services)
- Illinois Institute for Addiction Recovery Referral List (provided by BroMenn Social Services)
OUD Clinical Checklist

Process:
- Initiation of Clinical Checklist in OB Provider’s office, checklist is faxed to OB Department with patient’s prenatal records
  OR
- Initiation of Clinical Checklist upon admission to OB Department if not already initiated in OB Provider’s office

Success:
- One OB Provider office with large practice initiates Clinical Checklist and faxes to OB Department with patient’s prenatal records

Barrier:
- Low volume of opioid exposed patients thus haven’t had many opportunities to utilize checklist

Adapted from ILPQC Toolkit

<table>
<thead>
<tr>
<th>Checklist Element</th>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Antepartum Care</td>
<td></td>
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<tr>
<td>Routine ultrasounds and lab work (include HIV, STIs, Hep C, drug screen)</td>
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<tr>
<td>Case management/social work referral</td>
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<tr>
<td>Discuss need for Narcan at home/Narcan Rx</td>
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<tr>
<td>Neonatology consult/Pediatric Consult</td>
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<tr>
<td>Consent for obstetric team to communicate with treatment center</td>
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<tr>
<td>(Sign release of information)</td>
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<tr>
<td>Consider anesthesia consultation if difficult IV access</td>
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<tr>
<td>Patient education (NAS screening, extended stay, breastfeeding, Eat Sleep Console)</td>
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<td>MFM consult if appropriate</td>
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<tr>
<td>Discuss pain management plan during and after delivery</td>
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<tr>
<td>Discuss safe discharge plan for mom/baby</td>
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<td>Admission to Hospital</td>
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<td>Confirm lab results (draw initial OB labs if needed)</td>
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<tr>
<td>Place social work consult</td>
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<tr>
<td>Neonatology/Pediatric Consult (if not done prior to admission)</td>
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<tr>
<td>Consider anesthesia consultation if difficult IV access</td>
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<tr>
<td>Patient education (if not given antenatally)</td>
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<tr>
<td>Confirm Methadone dosage</td>
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<tr>
<td>- Sign release of information from clinic if not already done</td>
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<tr>
<td>- Discuss continuance of Methadone during hospital stay</td>
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<tr>
<td>Discuss pain management plan during labor and post-partum (if not done)</td>
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<tr>
<td>&quot;Do not give Nubain-can cause acute withdrawal&quot;</td>
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<tr>
<td>Post-Partum</td>
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<tr>
<td>Perform post-partum depression screening</td>
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<tr>
<td>Connect with primary care doctor for follow-up</td>
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<tr>
<td>Discuss methadone clinic hours for follow-up and timing of discharge</td>
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<tr>
<td>Schedule early post-partum follow-up with Opiatologist (within 2 weeks)</td>
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<tr>
<td>Discuss need for Narcan at home/Narcan Rx</td>
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<tr>
<td>Tylenol and NSAIDS should be scheduled, not as needed</td>
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<tr>
<td>Social work/GPS to follow-up with patient</td>
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Adapted from EPQC Toolkit
Debrief

Process:
- Obstetric Event Debriefing form is utilized to facilitate debrief
  - Available staff who cared for patient participates in debrief
  - Debrief form is reviewed by Assistant Clinical Manager to determine if further review is needed by MNO Focus Group
  - Adjustments/process changes are made as needed

Successes:
- Identified 2 missed opportunities for outpatient (OP) social work phone consultation
  - Changed process for notifying social work of the need for phone consult
  - Changed process for documenting when consultations are complete

Barrier:
- Low volume of opioid exposed patients thus haven’t had many opportunities to debrief
OB Provider MNO Education

Process:
• Email education
• Education provided every other month at Department of OB/GYN meeting
• Education provided at OB Provider’s Office

Barriers:
• All private practice OB providers
• No guarantee email is read
• Provider attendance isn’t guaranteed at meetings
• Education offered to OB Provider and office staff by scheduling a 30 minute appointment at OB office
  • OB office has to agree to schedule appointment
  • 30 minutes is a short timeframe to cover education
  • Hospital staff providing education have to travel to multiple OB offices

Success:
• One OB Provider office with large practice received education and is utilizing 5Ps Screen, Clinical Checklist, and portions of MNO Bundle
WRAPPING UP
## Upcoming MNO-OB Teams Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>November 25\text{th}, 2019</td>
<td>CANCELED- HAPPY TURKEY WEEK</td>
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<tr>
<td>December 9\text{th}, 2019</td>
<td>IMPORTANT: DECEMBER CALL BEING HELD ON MONDAY, DECEMBER 9\text{th} (NOT the 23\text{rd})</td>
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<td>OUD Clinical Care Checklist Implementation</td>
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<tr>
<td>January 27\text{th}, 2020</td>
<td>SBIRT Primer- Engaging OB Providers in the Brief Negotiated Interview</td>
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<tr>
<td>March 23\text{rd}, 2020</td>
<td>Cross the Finish Line &amp; Prepare for Sustainability</td>
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<td><em>LAST ACTIVE INITIATIVE TEAMS CALL BEFORE SUSTAINABILITY</em></td>
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SAVE THE DATE
FREE MAT TRAINING!

Medication Assisted Therapy: Implementing MAT into your practice

November 8 and 9th, 2019
UIC College of Medicine
1601 Parkview Avenue
Rockford IL

Who should attend? Physicians, Nurse Practitioners, Physician Assistants, Nurses and Pharmacists who are interested in Substance Use Disorder

Program Description: This program will provide healthcare professionals with the necessary training and education to implement MAT therapy into their practice

Program Chair: Nicole Gastala MD
Registration Fee: Free of Charge
Highlighted Educational Topics:
• DEA-X Waiver Training
• Setting up MAT Therapy in your office practice
• Induction therapy options- Inpatient, Emergency Department, and Home
• Maternity Care and Neonatal Abstinence Syndrome
• Scheduling follow up for MAT therapy patients
• Interpretation of urine drug screen results

Registration information available on ilpqc.org! For more information contact Mary L Moody BSPharm at mlmoody@uic.edu.
REGISTER NOW!

December 13th ASAM OUD Course

Friday, December 13th 2019
Carle at the Fields, Champaign, IL
(8am – 12:30pm)

https://elearning.asam.org/p/ILPQC1213
THANKS TO OUR FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation