ILPQC MNO-Neo Teams Call:
How to Succeed with Coordinated Discharge Planning in the MNO-Neo Initiative

August 19th, 2019
1:00pm – 2:00pm
Call Overview

• ILPQC Annual Conference Updates and MNO-Neo Award Criteria

• How to Succeed with Coordinated Discharge Planning in the MNO-Neo Initiative

• ILPQC Updates
  • Eat Sleep Console Materials
  • Neonatal 2020 QI Initiative: Newborn Antibiotic and Sepsis Management
Annual Conference Updates – Neonatal Speakers

• MNO-Neo Plenary Speaker:
  – Dr. Maya Balakrishnan (Florida Perinatal Quality Collaborative) - Confirmed

• Neonatal Antibiotic Stewardship Plenary Speaker TBD

• Neonatal Breakout Session:
  – Dr. Maya Balakrishnan - Confirmed
**TO BE AWARDED AT THE 7TH ILPQC ANNUAL CONFERENCE**

**QUALITY IMPROVEMENT RECOGNITION AWARDS**

ILPQC MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS-NEONATAL

<table>
<thead>
<tr>
<th><strong>QI Champion</strong></th>
<th><strong>QI Culture Change Leader</strong></th>
<th><strong>QI Systems Change Leader</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ <em>All Data Submitted</em></td>
<td>✓ All Data Submitted</td>
<td>✓ All Data Submitted</td>
</tr>
<tr>
<td>+ 4 Structure Measures In Place</td>
<td>+ 4 Structure Measures In Place</td>
<td>+ 4 Structure Measures In Place</td>
</tr>
<tr>
<td>✓ 3 Process Measure goals met**</td>
<td>✓ 1-2 Process Measure goals met</td>
<td>✓ (also route for teams with no patients)</td>
</tr>
</tbody>
</table>

**DETERMINED BY CUMULATIVE DATA FOR QUARTER 3 (JULY – SEPTEMBER) OF 2019**

*ALL DATA SUBMITTED FOR BASELINE (OCT – DEC 2017) AND JULY 2018 THROUGH SEPTEMBER 2019*

*MNO-NEONATAL MONTHLY PATIENT DATA, MONTHLY NEONATAL STRUCTURE MEASURES*

(Please submit no later than October 15th)
MNO-Neo Award Criteria

MNO-Neonatal Monthly Structure Measures: MUST HAVE ALL 4 IN PLACE by September 2019

- Implemented a Prenatal Consult protocol **In PLACE**
- Implemented a standardized pharmacologic treatment protocol **In PLACE**
- Implemented a standardized non-pharmacologic bundle of care protocol **In PLACE**
- Implemented a standardized coordinated discharge plan **In PLACE**

MNO-Neonatal Monthly Women with OUD Process & Outcome Measures:

Number achieved

- OENs receiving breastmilk from eligible mothers at infant discharge ≥70% (Outcome Measure)
- OENs with NAS symptoms receiving pharmacologic treatment ≤20% (Outcome Measure)
- OENs discharged with a coordinated discharge plan ≥90% (Outcome Measure)

*(PLEASE SUBMIT NO LATER THAN OCTOBER 15TH)*
MNO-NEO UPDATES
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 Outcome Measures: OENs Receiving Maternal Breast milk from Eligible Mothers

<table>
<thead>
<tr>
<th>Month</th>
<th>% of OENs</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2017)</td>
<td>58%</td>
<td>70%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Aug-18</td>
<td>71%</td>
<td></td>
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<tr>
<td>Sep-18</td>
<td>77%</td>
<td></td>
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<tr>
<td>Oct-18</td>
<td>70%</td>
<td></td>
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<tr>
<td>Nov-18</td>
<td>53%</td>
<td></td>
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<tr>
<td>Dec-18</td>
<td>54%</td>
<td></td>
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<tr>
<td>Jan-19</td>
<td>57%</td>
<td></td>
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<tr>
<td>Feb-19</td>
<td>58%</td>
<td></td>
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<tr>
<td>Mar-19</td>
<td>60%</td>
<td></td>
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<tr>
<td>Apr-19</td>
<td>60%</td>
<td></td>
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<tr>
<td>May-19</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Jun-19</td>
<td>62%</td>
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</tbody>
</table>
ILPQC MNO-Neo Initiative
Percent of OENs Receiving Breastmilk from Eligible Mothers at Infant Discharge
Hospitals with Patient Data
January 2019 - June 2019

% of OENs receiving breastmilk from eligible mothers by infant discharge

Initiative Goal
MNO-Neo Outcome Measures: OENs Requiring Pharmacologic Treatment for NAS

<table>
<thead>
<tr>
<th>Month</th>
<th>% of all OENs</th>
<th>% of OENs with NAS Symptoms</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2017)</td>
<td>33%</td>
<td>51%</td>
<td>18%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>29%</td>
<td>32%</td>
<td>32%</td>
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<tr>
<td>Aug-18</td>
<td>19%</td>
<td>33%</td>
<td>37%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>21%</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>29%</td>
<td>44%</td>
<td>47%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>32%</td>
<td>41%</td>
<td>43%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>32%</td>
<td>42%</td>
<td>30%</td>
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<tr>
<td>Jan-19</td>
<td>32%</td>
<td>43%</td>
<td>30%</td>
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<tr>
<td>Feb-19</td>
<td>29%</td>
<td>43%</td>
<td>30%</td>
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<tr>
<td>Mar-19</td>
<td>23%</td>
<td>37%</td>
<td>30%</td>
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<tr>
<td>Apr-19</td>
<td>32%</td>
<td>32%</td>
<td>30%</td>
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<tr>
<td>May-19</td>
<td>32%</td>
<td>43%</td>
<td>30%</td>
</tr>
<tr>
<td>Jun-19</td>
<td>30%</td>
<td>41%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Legend:
- % of all OENs
- % of OENs with NAS Symptoms
- Goal
ILPQC MNO-Neo Initiative
Percent of OENs with NAS Symptoms Receiving Pharmacologic Treatment
January 2019 - June 2019

% OENs with NAS Symptoms Receiving Pharm Treatment

Initiative Goal
MNO-Neo Outcome Measures:
OENs Discharged with a Safe Discharge Plan

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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of OENs</td>
<td>38%</td>
<td>33%</td>
<td>49%</td>
<td>54%</td>
<td>55%</td>
<td>39%</td>
<td>47%</td>
<td>41%</td>
<td>47%</td>
<td>52%</td>
<td>48%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Goal: 100%
ILPQC MNO-Neo Initiative
Percent of OENs Discharged with a Coordinated Discharge Plan
Hospitals with Patient Data
January 2019 - June 2019

- % of OENs with a Coordinated Discharge Plan
- Initiative Goal
It’s Easy Being Green!

Get to Green on MNO-Neo Structure Measures
(Standardized protocols ‘In Place’)
MNO-Neo Structure Measures: 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

If your team can check ‘yes’ to above components, you’re in the GREEN
MNO-Neo Structure Measures: Standardized Non-Pharm Care

☐ Implement non-pharm care as **FIRST LINE of treatment** for OENs

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

☐ Distribute **provider education** on the importance of non-pharm care & strategies to empower mother/family/caregiver in non-pharm care

☐ Utilize **ILPQC Infant bedside sheet** or **ESC Infant Care Tool** for OENs as tool to standardize care

If your team can check ‘yes’ to above components, you’re in the green
**MNO-Neo Structure Measures:**

**Standardized Pharm Treatment**

- Choose a pharmacologic treatment protocol that works for your hospital and educate providers, nurses, and staff on it.

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

- **Finalize the pharm policy** (committee reviews, etc.)

- Does your pharm protocol allow for parental input?

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### Percent of hospitals that have implemented Standardized Pharmacologic Guidelines for OENs

**All Hospitals, 2018-2019**

<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 (Oct-Dec 2017)</td>
<td>39%</td>
<td>42%</td>
<td>29%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>45%</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>43%</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>44%</td>
<td>34%</td>
<td>22%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>36%</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>35%</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>41%</td>
<td>42%</td>
<td>18%</td>
</tr>
<tr>
<td>Jan-19</td>
<td>19%</td>
<td>15%</td>
<td>66%</td>
</tr>
<tr>
<td>Feb-19</td>
<td>9%</td>
<td>10%</td>
<td>81%</td>
</tr>
<tr>
<td>Mar-19</td>
<td>28%</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>Apr-19</td>
<td>29%</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>May-19</td>
<td>38%</td>
<td>32%</td>
<td>24%</td>
</tr>
<tr>
<td>Jun-19</td>
<td>10%</td>
<td>10%</td>
<td>80%</td>
</tr>
</tbody>
</table>

If your team can check ‘yes’ to above components, you’re in the green.
MNO-Neo Structure Measures: Standardized Discharge Planning

- Use the Coordinated Discharge Mapping Tool to map your local resources and share with your team (including social work).
- Review the Coordinated Discharge Instructions Sheet and incorporate key steps into your teams workflow including assigning task responsibilities.
- Complete the Coordinated Discharge Worksheet for EVERY OEN in conjunction with the care team, mother, family, caregiver based on their local resources.

If your team can check ‘yes’ to above components, you’re in the green.
How to Succeed in Coordinated Discharge Planning
Fresh off the Press: ILPQC Coordinated Discharge Worksheet & Mapping Tool

- Introducing two new resources:
  1. ILPQC Coordinated Discharge Worksheet
  2. ILPQC Support Services Information
  3. Mapping Tool

- Provides clear guidance on what dictates a coordinated discharge

- Helps your team identify and map local resources to link OENs to community resources by infant discharge

- Implementation of this tool for all OENs will help your team achieve Green!
Coordinated Discharge Mapping Tool

• Contains **background information** on various IL state resources and **how/why/when to utilize** each resource.

• Provides **contact info** for the listed resources.

• This tool is to be **filled out by your team** for staff to reference when completing the *Coordinated Discharge Worksheet* for each newborn.

Pages 3-7 contain valuable information for your team.

To be completed by your QI team and referenced when completing worksheet.
Coordinated Discharge Worksheet

- To be completed with every OEN over the duration of hospital stay - the discharge journey starts at infant admission

- This tool is to be filled out with the mother/caregiver for all OENs and signed prior to discharge

To be completed together with families
How to complete the Coordinated Discharge Worksheet

**Step 1: Utilize the Mapping Tool to identify local resources**

Your Hospital’s Local:
- Early Intervention Offices*
- Local Pediatricians*
- Local Health Depts.
- WIC
- Family Case Management
- Home Visiting
- Early Head Start
- Crisis Nurseries
How to complete the Coordinated Discharge Worksheet

Step 2: Complete Discharge Plan Worksheet TOGETHER with EVERY Dyad at Infant Discharge with Dyad’s local resources

Mother/Baby Dyad’s:
- Early Intervention Offices*
- Local Pediatricians*
- Local Health Depts.
- WIC
- Family Case Management
- Home Visiting
- Early Head Start
- Crisis Nurseries
Opportunity to engage in discussion of dyad’s current supports (e.g. partner/spouse, family/friends, Medication Assisted Treatment (MAT), behavioral health counseling/recovery services, spiritual faith/community, recovery community, etc.)
Opportunity to identify existing supports and possible needs in areas regarding:
- Breastfeeding
- Family/Household
- Parenting
- Housing
- Smoking Cessation
- OUD Treatment & Recovery

**NOTE:** SW may have collected the information and it would be a good idea to verify this information to have in one place.
**Emergency Childcare Contact/Other Primary Supports**

Opportunity to discuss and identify emergency childcare contacts

**NOTE:** SW may have collected the information and it would be a good idea to verify this information to have in one place.

Mothers and newborns affected by opioids coordinated discharge worksheet

TO BE COMPLETED WITH PARENT/CAREGIVER AND STAFF

This Coordinated Discharge Worksheet should be completed collaboratively with mother or caregiver for EVERY newborn affected by opioids prenatally (if possible) and completed by infant discharge. This Coordinated Discharge Worksheet is to be shared with the infant’s and the mother’s providers and supports.

<table>
<thead>
<tr>
<th>CURRENT SUPPORTS (e.g. partner/spouse, family/friends, Medication Assisted Treatment (MAT), behavioral health counseling/recovery services, spiritual/faith/community, recovery community, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>STRENGTHS AND GOALS (Use this section to identify existing supports and possible needs in each of these areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding:</td>
</tr>
<tr>
<td>Family/Household:</td>
</tr>
<tr>
<td>Parenting:</td>
</tr>
<tr>
<td>Housing:</td>
</tr>
<tr>
<td>Smoking Cessation:</td>
</tr>
<tr>
<td>Opioid Use Disorder Treatment:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CHILD CARE CONTACT/OTHER PRIMARY SUPPORTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>NOTES/ADDITIONAL SUPPORT NEEDS</th>
</tr>
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</table>
Opportunity to Identify infant’s community pediatrician and facilitate a warm handoff for discharge follow-up with the mother/caregiver/family (See ILPQC Coordinated Discharge Mapping Document for resources)

Inform mother/caregiver/family to schedule and confirm an appointment with the identified community pediatrician 48-72 hours after discharge.
Early Intervention

Opportunity to Verify Early Intervention (EI) referral completed if infant meets medical criteria or plan in place for follow-up (EI referral can also be made through APORS, DCFS, parental self-referral and/or pediatrician) and provide EI Education.
Additional Community Resources

Identify any additional community resources in the **Coordinated Discharge Mapping Document** to link the mother & newborn (i.e. Early Head Start, Home Visiting, Crisis Nursery, WIC, Local Health Department)
Case Scenario: Setting the Stage

- **Quality Collaborative Hospital**
  - Attended the August 2019 Coordinated Discharge Webinar.
  - QI team desires to be **GREEN**
  - Partnered with a social worker to complete the **Coordinated Discharge Mapping Tool**
    - Verified resources and discovered new contact information for some support services
  - **Reviewed** their current discharge workflow and updated it based on the Key Steps to Coordinate Discharge in MNO-Neo Initiative and assigned roles to team members
Case Scenario: Jane Doe

- **Jane Doe** is 22w 5d pregnant and lives in Fox River Grove (McHenry County, Zip Code 60021), which is a 30 minute drive from where she will deliver.
- Screened positive for OUD
- Facilitated a **Prenatal Consult** with the Neonatology team at the Quality Collaborative hospital using the ILPQC prenatal consult guidelines.
- Jane delivered at 38w2d on August 29, 2019 to a beautiful baby boy.
- After Jane’s delivery, the MNO-Neo team partnered with her to begin completing the **Coordinated Discharge Worksheet** and provided education on the next steps for Baby Doe’s discharge process:
**Case Scenario: Supports**

- After discussing with the hospital social worker, the MNO-Neo team worked with Jane to complete the “Current Supports,” “Strengths and Goals,” and “Emergency Childcare Contact/Other Primary Support” sections of the Discharge worksheet.
Case Scenario: Services, Supports, and New Referrals

Using the **Coordinate Discharge Mapping Tool**, the MNO-Neo completed the rest of the key information with Jane:

- **Identify and Confirm appt. with pediatrician:**
  - Dr. Joe King, located in Fox River Grove, appointment set up on September 3rd, 2019 at 4pm.

- Even though there were no additional developmental concerns with Baby Doe besides opioid-exposure, the MNO-Team submitted an **EI referral**. In addition, completed an APORS report (which they know generates EI referrals). They shared education about EI and provided the phone number and office location for Jane’s local EI office and encouraged her to share this information with Dr. Joe King at her pediatrician appointment and feel empowered to follow up on an EI referral if necessary:
  - Options & Advocacy for McHenry Co. located in Crystal Lake, their address and phone number
Case Scenario: Additional Resources

After a discussion with Jane, the MNO-Neo team learned she was interested in learning more about the services her local health department offers, as well as identifying more support for breastfeeding and nutrition. Using their Discharge Mapping Tool as a guide, they were able to share with Jane:

- Her local health department, the McHenry County Health Department has a Maternal Child Health Services department which has many support services including:
  - Local WIC program
  - High Risk Infant case Management
  - Immunizations

- With a completed Coordinated Discharge Worksheet, Jane left the hospital with Baby Doe feeling confident about the plan for optimizing her and her baby’s health along with the key community resources to help achieve that!
ILPQC Coordinating Discharge: Getting Started

1. Locate and download the following on the ILPQC e-toolkit:
   - MNO-Neo Coordinated Discharge Worksheet
   - Mapping Tool

2. Complete Coordinated Discharge Mapping Tool to identify specific local resources

3. Review the Coordinated Discharge Worksheet with your QI team and determine the timeline for PDSA utilizing this new tool

4. Complete PDSA and adapt, adopt as appropriate for your institution.

5. Educate ALL staff on the new discharge process once implementation is ready

Completion of these steps and implementation of these new tools will move your team to GREEN on this structure measure!
ILPQC Coordinating Discharge: Key Takeaways

1. Completion of the Coordinated Discharge Mapping Tool is a key step for your MNO-Neo team to have the Coordinated Discharge Plan Structure Measure “In Place”.

2. By completing this document with the family by infant discharge, the MNO-Neonatal team will have successfully completed a coordinated discharge plan in conjunction with the mother/family/caregiver, the care team, and the community pediatrician.

3. Completion of the Coordinated Discharge Worksheet prenatally (if possible) or by infant discharge allows for your team to answer “Yes” to “Was a Discharge Plan made in partnership with the family, hospital, and community PCP” in the MNO-Neo Infant Patient data form.
ILPQC Updates
Eat Sleep and Console Materials: Updated Materials for ILPQC Team Use!

• Through an updated use agreement, we are pleased to share with you the **Eat, Sleep, Console (ESC) Care Tool** and **associated training materials** developed by faculty at Boston Medical Center, Children’s Hospital at Dartmouth-Hitchcock (CHaD), and Yale New Haven Children’s Hospital.

• *Downloadable Versions* of the above Tools are available in the August 2019 MNO-Neo Teams Call Reminder Email & will be sent out in the Call Recap. Please email info@ilpqc.org or Dweiss@northshore.org if you miss those links.*

• Copyright for the ESC Care Tool materials is owned by Boston Medical Center (Elisha Wachman, Susan Minear), Yale (Matthew Grossman), and CHaD (Bonny Whalen, Kate MacMillan).
In accordance with the Eat, Sleep, Console (ESC) Care Tool and associated training materials use agreement we ask teams implementing these tools to follow these protocols:

• Please use ESC Care Tool in its current form without modifications.
• Please do not share the ESC Care Tool or any associated training materials outside of ILPQC-participating hospitals.
• Please keep “© Boston Medical Center, Dr. Matthew Grossman, and Children’s Hospital at Dartmouth-Hitchcock” header/footer on any ESC Care Tool materials individualized to your hospital.
• If you publish using the ESC Care Tool, please credit Boston Medical Center, Yale, and CHaD as the ESC Care Tool’s co-creators.
• Please email info@ilpqc.org with any questions or links to download the ESC Care Tool & training materials
Upcoming MNO-Neo Teams Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
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<tbody>
<tr>
<td>September 2019</td>
<td>Optimizing Pharm &amp; Non-Pharm Care using the Eat, Sleep, Console Assessment Method</td>
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DON'T MISS THIS OPPORTUNITY!
The following statewide QI initiative has been approved for all ILPQC neonatal teams by the Illinois Perinatal Quality Collaborative & NEO Advisory Group.

<table>
<thead>
<tr>
<th>QI</th>
<th>Quality Improvement</th>
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<tbody>
<tr>
<td></td>
<td>All material is suitable for ILPQC hospital teams</td>
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<td>For improving care for newborns across Illinois</td>
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</tbody>
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WWW.ILPQC.ORG
THANKS TO OUR FUNDERS

IDPH  CDC
Illinois Department of Public Health  Centers for Disease Control and Prevention

JB & MK PRITZKER
Family Foundation

Illinois Department of Human Services
ILPQC Monthly Data Review

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

90% 93% 88% 94% 97% 92% 98% 88% 94% 90% 92% 94% 98%
MNO-Neo Process Measures: Rooming In During Infant Hospitalization

- Baseline: 62%
- Jul-18: 70%
- Aug-18: 65%
- Sep-18: 66%
- Oct-18: 63%
- Nov-18: 67%
- Dec-18: 61%
- Jan-19: 63%
- Feb-19: 77%
- Mar-19: 76%
- Apr-19: 75%
- May-19: 62%
- Jun-19: 80%

% of OENs