Mothers and Newborns affected by Opioids Kick-Off Webinar

April 23, 2018
12:30 – 2:30 pm
Conference Line Logistics

If you need to step away:

• Use the MUTE button on your phone or

• You can use *6 to place the call on MUTE and *6 to come off of MUTE

Thank you!
Introductions

• Please enter 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
MNO Kick-off Webinar

- ILPQC Overview and Model for Improvement
- Why MNO?
- Initiative Overview
- Ohio Play Book
  - Michael Marcotte, MD,
  - Director of Quality and Safety, Women’s Services, TriHealth, Cincinnati, OH
- Easy Steps for Teams to Get Started
- How will ILPQC Help Your team Succeed?
- ILPQC OB & Neonatal Face-to-Face Meeting Overview
- ILPQC OB & Neonatal Storyboard Overview
- Next Steps
ILPQC OVERVIEW AND MODEL FOR IMPROVEMENT
ILPQC Vision

A statewide perinatal quality collaborative that involves all perinatal stakeholders; utilizes data-driven, evidence-based practices; improves perinatal quality resulting in improved birth outcomes, improved health for women and infants, and decreased costs; builds on Illinois’ existing state-mandated Regionalized Perinatal System, and operates with long-term sustainable funding.
Working Together on State-wide Initiatives
ILPQC: Working with IL Hospitals Across the State

- 112/120 IL birthing hospitals participating in one or more ILPQC Initiative
- 110 hospitals in OB Initiative
  - 99% of IL births covered by ILPQC
- 26 hospitals in Neonatal Initiative
  - 91% of IL NICU beds covered by ILPQC
ILPQC: Using QI to Drive Change for MNO
Engage Patients & Families in QI Work

- **Patient /Family Advisors:**
  - Share personal stories and provide feedback
  - Review process flow and identify opportunities for improvement
  - Develop, review, and test content of materials
  - Discuss quality improvement findings

- **Statewide:** 5 Patient /Family Advisors now serve on ILPQC OB & Neonatal Advisory Groups

- **Hospital Teams:** ILPQC has provided
  - Resources to teams to engage patients and families in QI
  - Pilot program to link team with March of Dimes and Preeclampsia foundation identified 10 patient/family volunteers who want to work with hospital teams on QI
WHY MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS?
MNO: Statewide Quality Initiative

- There is important work for all hospitals regardless of patient population!
  - Prevention: education all moms & reduce opioid prescribing
  - Screen and link to care: identify moms & link to treatment
  - Optimize care for moms / babies with OUD / OEN: improve prenatal / L&D / pp / neo care protocols / safe discharge

- Opioid use affects all hospitals in Illinois – all populations are at risk for opioid use disorder

- The ILPQC MNO initiative is part of a statewide emphasis and focus on addressing the national opioid crisis
  - Alignment with State of Illinois Opioid Action Plan & Illinois Department of Public Health Neonatal Abstinence Syndrome (NAS) Advisory Committee
MNO is a Statewide Priority!

• Opioid use in pregnancy and related maternal morbidity and mortality has increased drastically in recent years as the result of
  – Clinician-approved use of prescription opioids
  – Abuse of prescription opioids
  – Illicit use

• Prevention activities offer opportunities for improvement in ALL hospitals in Illinois regardless of patient population
Mothers Affected by Opioids in IL: scope of the problem

Pregnancy is a window of opportunity to identify women with OUD and link to treatment as well as begin to develop a plan for optimizing her baby’s care.

The recording of maternal opioid use increased by 5.9% per quarter during 2011-2015.
Neonatal Abstinence Syndrome in IL: scope of the problem

53% increase in rate of NAS from 2011 – 2016
NAS rate increased 2.1% per quarter from 2011-2016
Mothers Affected by Opioids: Opportunities for Improvement

Increase moms on Medication Assisted Therapy at delivery

- Only a third to a half of pregnant women with OUD were receiving MAT in 2012
- Consistent MAT reduces risk of relapse, HIV infection, overdose, and adverse pregnancy outcomes
- Access to treatment varies widely across IL

Engaging moms in the non pharmacologic care of babies with NAS

About 50% of eligible mothers with chronic opioid use breastfeed at discharge compared to 81% for all mothers

- About 60% of NAS babies go home with their birth mothers
MNO INITIATIVE OVERVIEW
Aims:
• Reduce opioid prescriptions for routine deliveries
• Improve identification of women with OUD and linkage to addiction care
• Improve care of women with OUD with standardized protocol / checklists for clinical care and support services during prenatal care, delivery and postpartum
• Improve care of opioid-exposed newborns (OEN) by increasing family engagement
• Decrease percent of OENs with NAS, requiring pharmacologic treatment
• Increase percent of OENs with a safe and optimized discharge plan
• Increase percent of OENs receiving mother’s own milk at discharge

Approach: Establish workgroup, identify hospital teams, implement ACOG AIM Maternal Opioid Bundle & neonatal change package using QI strategies, data, & collaboration.

First ever ILPQC “dyad” initiative with OB and Neonatal teams partnering to prepare providers, nurses, and families to improve outcomes for mothers and infants affected by opioids.
Mothers and Newborns Affected by Opioids (MNO)

- Grant from CDC and IDPH
- Ongoing input from IDPH and NAS Advisory Committee
- Participation in national ACOG AIM OB Care for Women with Opioid Use Disorder Bundle Implementation Collaborative
- ILPQC OB and Neonatal Teams both participating and coordinating efforts
- ILPQC Leads
  - Ann Borders, MD, MSc, MPH, NorthShore University HealthSystem, Evanston Hospital
  - Leslie Caldarelli, MD, Lurie Children’s and Prentice Women's Hospital
  - Justin Josephsen, MD, SSM Health Cardinal Glennon
- OB Clinical Leads for addiction med expertise
  - Barbara Parilla, MD, Advocate Lutheran General Hospital
  - Jaye Shyken, MD, SSM Health St. Mary’s Hospital
- Neonatal Clinical Leads for NAS care expertise
  - Jenny Brandenburg, RN MSN, Carle Foundation Hospital
Support from Other Collaboratives Working on Perinatal Opioid Use
MNO focus for improvement

- Prevention
- Screening and Linkage to Care
- Optimizing Care for Moms/Babies
Key Elements of MNO Initiative

- **Improve identification of pregnant women with opioid use disorder (OUD)** through standardized screening and assessment for OUD on: admission to labor and delivery, emergency rooms, affiliated outpatient prenatal sites.

- **Improve linkage to addiction care for moms with OUD** through standardized mapping of local resources to link moms to addiction services/MAT/behavioral health services in your area. Share completed local linkage to care resources document with inpatient OB units, ER and affiliated prenatal care sites.

- **Optimize clinical care of pregnant women with OUD** through patient and provider education, implementation of care protocols/checklists and consultations to be completed prior to or during delivery admission.
Key Elements of MNO Initiative

- **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 newborn.

- **Improve outcomes for opioid exposed newborns through key interventions**: 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.

- **Optimize prevention of OUD** through provider and patient education on risks of OUD and alternate pain management strategies, provider compliance with state law on documentation of PMP lookup when prescribing any narcotic, and implementation of clinical guidelines for strategies to reduce opioid over-prescribing post-delivery.
**Key Driver Diagram**

**AIM**
Optimize the care of mothers with opioid use disorder (OUD) and their infants during the prenatal & postpartum periods by providing screening and comprehensive care.

**Key Drivers**
- Early screening of all pregnant women (SBIRT)
- Linkage to Care: Access OUD Tx Programs
- Optimize Care for Women with OUD: Best practices in clinical care
- Provider education
- Patient education and engagement
- Prevention

**Interventions**
- Select validated tool
- Train staff to use tool
- Evaluate need for wraparound services
- Assess and link women with OUD (screen positive) to OB & OUD treatment services
- Map local resources and establish protocols for referral
- Perform screening for infectious & psychiatric co-morbidities
- Identify coordinator to be liaison between community partners and clinicians for:
  - Linkage to local support resources
  - Resources for transportation, food & housing
  - Coordinate access to mental health services
  - Establish plan of safe care for women with OUD and their families
- Develop clinical protocols for OUD women for antepartum/intrapartum/postpartum periods and in different settings—inpatient/outpatient/ED
- Screening for infectious & psychiatric co-morbidities
- Develop prescribing protocols for pain management for both vaginal & cesarean deliveries
- Establish referral path for OUD services including follow up
- Provide case management support to women on psychotherapy & MAT
- Develop provider/staff training:
  - Screening
  - Stigma of OUD
  - MAT & related issues
  - Intra- & post-partum management
  - Neonatal Management/NAS
- Develop & provide patient education about OUD, NAS, & treatment
- Develop reproducive life plan for all women
- Coordinate wraparound services
- Ensure priority access to home visiting for women w/OUD
- Educate all providers: OUD / stigma / “pause before you prescribe resource”, reduce go/no go post-delivery
- Educate all patients: OUD / expectations and strategies for pain control after delivery resource
- Compliance with state law: document P/P lookup when prescribe any narcotic
- Clinical guidelines to promote reduction of opioid use after delivery
MNO Neonatal Driver Diagram

**Aims**
- Decrease pharmacological therapy in substance exposed neonates
- Increase safe and optimized discharge plans in substances exposed neonates
- Increase breastfeeding rates in substance exposed neonates at discharge

**Primary Drivers**
- Identification and Assessment of SENs
- Treatment
- Safe Discharge

**Secondary Drivers**
- Improve family partnership
- Improve pre-delivery planning
- Standardize identification, assessment, and monitoring of SENs
- Provide family education
- Improve infant nutrition and breastfeeding
- Optimize non-pharmacologic management
- Standardize pharmacologic management
- Coordinate Safe Discharge

**Change Ideas**
- Non-judgmental support
- Prenatal pediatric consultation
- Social work consultation
- Toxicology screening
- Assessment tools
- Feeding guidelines
- Non-pharmacologic guidelines
- Pharmacologic guidelines
- Safe discharge guidelines
- DCFS
Quality Improvement means

• Build a multidisciplinary QI team
• Assess where starting from
• Plan where want to get to (goals / aims)
• Try small test of change (PDSA cycle), repeat
• Collect data (structure, process and outcome measures) to track progress, challenges, success, compliance
• DATA is key for quality improvement
  – Want to collect data that matters!
• Learn from other hospital teams
THANK YOU to all MNO OB & Neo Wave 1 Teams

Wave 1 teams met monthly January – April to optimize initiative data collection, provide feedback and guidance on:

• MNO OB & Neo data form revisions
• Data collection processes and definitions (opioid-exposed, MAT, etc.)
• Creation of the OB & Neo MNO Toolkits
• Opportunities for improvement and barriers to care for mothers and newborns affected by opioids
MNO OB & Neo

Wave 1 Teams

- Advocate BroMenn Medical Center
- Advocate Christ Medical Center
- Advocate Children's- Park Ridge
- Advocate Children’s- Oak Lawn
- Advocate Good Samaritan Hospital
- Advocate Lutheran General
- Advocate Sherman Hospital
- Cardinal Glennon Children’s Hospital
- Crawford Memorial
- Decatur Memorial
- Heartland Regional Medical Center
- Jackson Park Hospital
- John H. Stroger, Jr. Hospital
- Loyola University Medical Center
- Memorial Hospital Belleville
- Mercy Hospital and Medical Center
- Morris Hospital
- Northwest Community Hospital

- OSF St. Francis Medical Center
- Presence St. Mary’s Hospital
- Presence Sts. Mary and Elizabeth Medical Center
- Riverside Medical Center
- Roseland Community Hospital
- Rush Copley Medical Center
- Silver Cross Hospital
- St. Bernard Hospital
- St. John’s Hospital
- St. Joseph Medical Center
- St. Mary’s Hospital – St. Louis
- Swedish American Hospital
- UnityPoint Health Trinity Medical Center
- West Suburban Medical Center
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launch initiative at ILPQC annual meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wave 1 Teams calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test data collection process and implementation, collect baseline data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wave 1 feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enroll Wave 2 teams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-hour educational webinar for all teams – April 23, 12:30-2:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wave 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face meeting to launch QI work – OB- May 30, 9:45 – 3:30, Neo- May 31, 9:45 – 3:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly data collection/team calls (June 2018-Dec 2019)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MNO Proposed Measures link to our Improvement Goals

- Prevention
- Screening and Linkage to Care
- Optimizing Care for Moms/Babies
Types of Measures

- **Outcome Measures** – Identify whether changes are leading to improvement and achieving aims
  - How is the system performing?
  - What is the result?

- **Process Measures** – identify changes to processes of care that can affect outcome measures. Measuring the results of these process changes will tell you if the changes are leading to an improved, safer system

- **Structure Measures** – identify system and culture changes

- **Balancing Measures** – identify changes in one part of the system that may result in new problems in other parts of the system.
OUTCOME MEASURES:

• Reduce opioids prescription for routine deliveries
  • Number of opioids prescribed for all vaginal and cesarean deliveries *

Prevention

Screening and Linkage to Care

Optimizing Care for Moms/Babies

OB
STRUCTURE MEASURES:

• Increase hospitals and affiliated prenatal sites providing patient education materials on OUD and pain management strategies
• Increase cumulative proportion of providers, nurses, and staff educated on OUD, stigma reduction, and appropriate opioid prescribing in pregnancy and postpartum
• Increase percentage of OB providers documenting use of PMP look up when prescribing opioids
• Increase the use of practice guidelines for pain management to reduce postpartum opioid use after routine vaginal and cesarean delivery
PROCESS & OUTCOME MEASURES:

• Improve identification of women with OUD and linkage to addiction care
  • Percent of mothers with OUD at delivery in medication assisted treatment (MAT)*
  • Percent of mothers with OUD at delivery screened for OUD in pregnancy
STRUCTURE MEASURES:

• Increase percentage of hospitals / prenatal care sites using validated screening tool and protocol for opioid use in pregnancy

• Increase hospitals and affiliated prenatal care sites with community resources mapped
PROCESS & OUTCOME MEASURES:

• **Improve care of women with OUD with standardized protocol / checklists for clinical care and support services during prenatal care, delivery and postpartum**
  - Percent of women with OUD received Narcan counseling / offer documented prenatally or during delivery admission, prior to maternal discharge
  - Percent of women with OUD received contraception counseling and plan documented prenatally or during delivery admission, prior to maternal discharge?
  - Percent of women with OUD receiving behavioral health or social work consult documented prenatally or during delivery admission, prior to maternal discharge

• **Improve care of opioid-exposed newborns (OEN) by improving non-pharmacological care**
  - Percent of women with OUD receiving prenatal education on OUD and NAS infant care prenatally or during delivery admission, prior to maternal discharge
  - Percent of women with OUD receiving prenatal pediatric consult
  - Percent of women with OUD/OEN who roomed together during hospitalization
  - Percent of OEN receiving maternal breastmilk at *maternal* discharge*
  - Percent of OENs discharged to maternal custody*
STRUCTURE MEASURES:

• Increase percentage of affiliated prenatal care sites who have been provided standardized protocol / checklist for optimal prenatal management of patients with OUD.

• Increase percentage of hospitals with standardized protocol and/or checklist for optimal management of patients with OUD during labor and postpartum.

• Increase cumulative proportion of providers, nurses, and staff educated on OUD care protocols:
  – Stigma reduction, Screening, Assessment, Community Resources, Linkage to Care, and Optimal Care during Prenatal, Intrapartum, and Postpartum.

• Increase percentage of hospitals and affiliated prenatal care sites with standardized use of materials for educating women with OUD, regarding OUD and pregnancy and mothers’ role in NAS newborn care.
PROCESS MEASURES:

• Improve care of opioid-exposed newborns (OEN) by improving non-pharmacological care
  • Percent of OENs receiving a toxicology screen (urine/cord/meconium) for NAS
  • Percent of OENs requiring pharmacologic therapy for NAS*
  • Number of days of pharmacological treatment for OENs*
  • Percent of women with OUD/OEN who roomed together during infant hospitalization
  • Percent of OENs receiving maternal breast milk at neonatal discharge *
  • Percent of OENs discharged with plan of safe care in place
  • Average Length of Stay (LOS) for OENs*
STRUCTURE MEASURES:

- Increase adherence to **standardized non-pharmacological guidelines** for OENs
- Increased adherence to **standardized pharmacological guidelines** for OENs to
- Increase **standardization of pharmacological care** (when needed) for OENs
- Increase maternal/family engagement in care of OENs (prenatal consult, non-pharmacological care, discharge)
<table>
<thead>
<tr>
<th>MNO AIMS OB</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase % women with OUD screened with validated screening tool</td>
<td></td>
</tr>
<tr>
<td>Increase % of women on Medication-Assisted Treatment at delivery</td>
<td></td>
</tr>
<tr>
<td>Increase % of women with OUD with Narcan counseling documented in the medical record prenatally or during delivery admission, prior to maternal discharge</td>
<td></td>
</tr>
<tr>
<td>Increase % of women with OUD with contraception counseling and plan documented in the medical record prenatally or during delivery admission, prior to maternal discharge</td>
<td></td>
</tr>
<tr>
<td>Increase % of women with OUD with social work/behavioral health consult, and neonatology/peds consult documented in the medical record prenatally or during delivery admission, prior to maternal discharge</td>
<td></td>
</tr>
<tr>
<td>Increase % of affiliated prenatal sites with validated screening in place</td>
<td></td>
</tr>
<tr>
<td>Increase % of patients with opioid prescriptions with PMP lookup documented</td>
<td></td>
</tr>
<tr>
<td>Reduce number of opioids prescribed per vaginal and cesarean delivery</td>
<td></td>
</tr>
<tr>
<td>MNO AIMS NEO</td>
<td>GOAL</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Decrease the percent of OENs with NAS, requiring pharmacologic treatment to 60% by December 2019</td>
<td>60%</td>
</tr>
<tr>
<td>Increase the percent of OENs receiving mother’s own milk at discharge to 40% by December 2019</td>
<td>40%</td>
</tr>
<tr>
<td>Increase % of OENs with toxicology screen documented for NAS</td>
<td></td>
</tr>
<tr>
<td>Decrease number of days of pharmacological treatment for OENs</td>
<td></td>
</tr>
<tr>
<td>Increase % of infants and mothers rooming-in together during infant hospitalization</td>
<td></td>
</tr>
<tr>
<td>Decrease average length of stay for OENs</td>
<td></td>
</tr>
<tr>
<td>MNO AIMS OB &amp; NEO</td>
<td>GOAL</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Increase % of infants and mothers rooming-in together during maternal hospitalization</td>
<td></td>
</tr>
<tr>
<td>Increase % of infants breastfeeding at maternal discharge</td>
<td></td>
</tr>
<tr>
<td>Increase the percent of OENs with a safe and optimized discharge plan to 90% by December 2019</td>
<td>90%</td>
</tr>
<tr>
<td>Increase % of infants discharged to mother</td>
<td></td>
</tr>
</tbody>
</table>
Michael Marcotte, MD
Director of Quality and Safety, Women’s Services, TriHealth, Ohio

OHIO PLAY BOOK
OH Play Book

Michael P. Marcotte, MD
Physician Advisor
OPQC
michael_marcotte@trihealth.com
513-250-6144
Maternal Opiate Medical Supports Plus Quality Improvement Project (MOMS+)

• **2014-2016:** Ohio tested models of care for pregnant women with OUD in a project known as Maternal Opiate Medical Supports (MOMS).

• **2014-Present:** OPQC successfully implemented a NAS care bundle in 52 Level II and III NICUs across Ohio in the NAS Project.

• **2018:** OPQC will build on these previous efforts and work upstream to test and spread a “Mentor-Partner” model to improve care and outcomes for pregnant women with OUD and their infants in the MOMS+ Project.

  • “Mentor-Partner” framework consists of Obstetric (OB), Medication Assisted Treatment (MAT)/Opioid Treatment Program (OTP), Behavioral Health (BH) and Neonatal/Pediatric providers to improve care for pregnant women with OUD and their infants.

  • Focus will be on compassionate and coordinated clinical and community based services, and supported mother/infant dyad post delivery.
Optimize maternity medical home to improve outcomes for pregnant women with opioid use disorder (OUD) as measured by:

- Increased identification of pregnant women with OUD
- Increased % of women with OUD during pregnancy who receive prenatal care (PNC), Medication Assisted Treatment (MAT) and Behavioral Health (BH) counseling each month
- Decreased % of full-term infants with Neonatal Abstinence Syndrome (NAS) requiring pharmacological treatment
- Increased % of babies who go home with mother
**Global Aim**
Optimize the health and well-being of pregnant women with opioid use disorder and their infants

**SMART Aim**
Optimize maternity medical home to improve outcomes for pregnant women with opioid use disorder (OUD) as measured by:
- Increased identification of pregnant women with OUD
- Increased % of women with OUD during pregnancy who receive prenatal care (PNC), Medication Assisted Treatment (MAT) and Behavioral Health (BH) counseling each month
- Decreased % of full-term infants with Neonatal Abstinence Syndrome (NAS) requiring pharmacological treatment
- Increased % of babies who go home with mother

**Population**
Pregnant women with opioid use disorder who intend to carry to term

**Key Drivers**
- Timely identification and tracking of pregnant women with opioid use disorders
- Compassionate and coordinated clinical and community based services
- Empowerment of women
- Supported mother/infant dyad post delivery

**Interventions**
- Track pregnant women with OUD history/diagnosis
- Connect with community resources serving women with OUD, including MAT providers, drug courts, homeless shelters, and ERs
- Complete a standardized screening tool on each patient to accurately identify and diagnose pregnant women with OUD
- Coordinate care between OB, BH, MAT, NICU
- Implement a standardized process for referral of women with a positive screen for OUD
- Provide immediate support/counseling at time of identification
- Promote healthy behaviors during pregnancy (e.g. sobriety, smoking cessation, stable housing and birth spacing (LARC))
- Consider a Centering Pregnancy© program
- Provide non-judgmental support for pregnant women with OUD (training regarding trauma informed care and addiction as a chronic illness)
- Connect women to vocation training opportunities
- Involve community partners including faith-based organizations to support pregnant women with OUD
- Utilize shared decision making and motivational interviewing to encourage healthy behaviors
- Prenatal consultation from neonatology/pediatrics regarding NAS
- Ensure mom and baby have a PCMH (post-delivery)
- Warm handoff to pediatric care provider for infant post discharge
- Provide lactation consultation (if applicable), post partum depression screening and contraceptive counseling
- Support from Community Health Workers and/or home visitation
- Referral or consideration for parenting classes
- Continuation and retention of services during pregnancy and post-delivery, to include maintenance of MAT services
- Coordinate with DJFS and CPS regarding (possible) safety plan for infant
Measures

• % of pregnant women identified with Opioid Use Disorder (OUD)
• % of women identified with tobacco use
• % of women who receive Prenatal Care (PNC), Medication Assisted Treatment (MAT) and Behavioral Health Counseling (BH)
• % of women receiving a toxicology screen during pregnancy
• % of women with stable housing
• % of women maintaining sobriety
• % of women receiving a toxicology screen at delivery
• % of infants with Neonatal Abstinence (NAS) Syndrome diagnosis
• % of full-term infants with NAS requiring pharmacological treatment
• % of babies who go home with mother without needing CPS Safety Plan
Data Collection

*using a registry modelled on chronic care*

<table>
<thead>
<tr>
<th>Form</th>
<th>Completed by</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>PNC Provider</td>
<td>Once – at first PNC visit</td>
</tr>
<tr>
<td>Prenatal Visit</td>
<td>PNC Provider</td>
<td>At each PNC visit</td>
</tr>
<tr>
<td>MAT Initial Visit</td>
<td>MAT Provider</td>
<td>Once – at first MAT visit</td>
</tr>
<tr>
<td>MAT Follow-up Visit</td>
<td>MAT Provider</td>
<td>At each MAT visit</td>
</tr>
<tr>
<td>BH Visit</td>
<td>BH Provider</td>
<td>Once – at first BH visit</td>
</tr>
<tr>
<td>BH Follow-up Visit</td>
<td>BH Provider</td>
<td>At each BH visit</td>
</tr>
<tr>
<td>Delivery &amp; Discharge (mother &amp; infant)</td>
<td>PNC Provider</td>
<td>At discharge</td>
</tr>
<tr>
<td>Post-Partum Visit</td>
<td>PNC Provider</td>
<td>At 6 week post-partum visit</td>
</tr>
</tbody>
</table>
Dashboard view of all patients entered via data entry.

- Updated nightly
- Customizable view
- Ability to export and Download All patients or only selected Filtered Patients to Excel

<table>
<thead>
<tr>
<th>ICN ID</th>
<th>Patient Name</th>
<th>MRN</th>
<th>Birth Date</th>
<th>Gender</th>
<th>Provider ID</th>
<th>Assessment Date</th>
<th>CARE Stratification</th>
<th>Diagnosis Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1183</td>
<td></td>
<td></td>
<td>08/27/2015</td>
<td></td>
<td></td>
<td>02/26/2016</td>
<td>4-3 (High)</td>
<td>11/23/2015</td>
</tr>
<tr>
<td>1219</td>
<td></td>
<td></td>
<td>07/25/2015</td>
<td></td>
<td></td>
<td>07/15/2016</td>
<td>0-3 (Low)</td>
<td>05/05/2016</td>
</tr>
<tr>
<td>1141</td>
<td></td>
<td></td>
<td>04/05/2014</td>
<td></td>
<td></td>
<td>04/28/2016</td>
<td>0-3 (Low)</td>
<td>10/05/2015</td>
</tr>
<tr>
<td>1029</td>
<td></td>
<td></td>
<td>08/10/2013</td>
<td></td>
<td></td>
<td>05/10/2016</td>
<td>0-3 (Low)</td>
<td>10/15/2014</td>
</tr>
<tr>
<td>901</td>
<td></td>
<td></td>
<td>06/10/2013</td>
<td></td>
<td></td>
<td>04/01/2016</td>
<td>4-3 (High)</td>
<td>05/05/2014</td>
</tr>
<tr>
<td>914</td>
<td></td>
<td></td>
<td>03/08/2013</td>
<td></td>
<td></td>
<td>06/20/2016</td>
<td>4-3 (High)</td>
<td>02/21/2014</td>
</tr>
<tr>
<td>1049</td>
<td></td>
<td></td>
<td>11/10/2012</td>
<td></td>
<td></td>
<td>07/11/2016</td>
<td>0-3 (Low)</td>
<td>03/16/2015</td>
</tr>
<tr>
<td>1056</td>
<td></td>
<td></td>
<td>03/20/2012</td>
<td></td>
<td></td>
<td>02/22/2016</td>
<td>0-3 (Low)</td>
<td>04/22/2015</td>
</tr>
<tr>
<td>1134</td>
<td></td>
<td></td>
<td>04/05/2012</td>
<td></td>
<td></td>
<td>06/16/2016</td>
<td>0-3 (Low)</td>
<td>03/10/2015</td>
</tr>
<tr>
<td>1132</td>
<td></td>
<td></td>
<td>01/18/2012</td>
<td></td>
<td></td>
<td>05/13/2016</td>
<td>0-3 (Low)</td>
<td>10/09/2015</td>
</tr>
<tr>
<td>1147</td>
<td></td>
<td></td>
<td>01/05/2012</td>
<td></td>
<td></td>
<td>05/06/2016</td>
<td>0-3 (Low)</td>
<td>11/26/2014</td>
</tr>
<tr>
<td>910</td>
<td></td>
<td></td>
<td>06/01/2010</td>
<td></td>
<td></td>
<td>11/02/2015</td>
<td>0-3 (Low)</td>
<td>06/09/2014</td>
</tr>
<tr>
<td>406</td>
<td></td>
<td></td>
<td>07/12/2010</td>
<td></td>
<td></td>
<td>01/11/2016</td>
<td>0-3 (Low)</td>
<td>09/21/2011</td>
</tr>
<tr>
<td>938</td>
<td></td>
<td></td>
<td>06/11/2010</td>
<td></td>
<td></td>
<td>03/30/2016</td>
<td>0-3 (Low)</td>
<td>07/08/2014</td>
</tr>
</tbody>
</table>
Pre-Visit Planning Report:

- Report will contain data unique to patient’s journey. Faculty and Physician input will be crucial in determining the factors of the report.

One option of PVP Report:

- Longitudinal Progress reporting.
- Displays patients status each visit on selected variables on a run chart
- This report is customizable to fit the needs of the project.
Another option of PVP:

- Displays current patient status with treatments they are currently receiving, considerations and recommendations.

- Both options of reports would be accessible through the main dashboard, the day after the patients data is entered in data entry.

- Could be an option for the patient to take with them to their next visit.
MOMS Care Coordination Model

Step 1: MOMS Readiness Process
Step 2: Patient Presents to MOMS Entry Point
Step 3: Care Delivered by MOMS Care Coordination Team

- First Contact Assessment Tree
- Care Coordination Team Tree
- BH Entry to MAT Services Tree
- OB/GYN Assessment Tree
- BH Assessment Tree
- Person Centered Care Planning Tree
- BH Prenatal MAT Services Tree
- OB/GYN Prenatal Care Tree
- New Patient Presents Labor Triage or ED
- OB/GYN Labor & Delivery Tree
- BH Labor & Delivery MAT Management Tree
- OB/GYN & BH Post Delivery Care Trees

• Client
• Client’s family and support system
• Care coordinator(s)
• Obstetrics and Gynecology (OB/GYN)
• Behavioral Health (BH)
• Medication Assisted Treatment (MAT)
• Pediatricians
• Primary care
• 3rd party case management
  - Medicaid managed care
  - Private insurance

OPQC
Ohio Perinatal Quality Collaborative
Entry Points

Disease Management
Treatment for medical conditions, pain management

Child Welfare
Prevent, identify, assess, and treat to ensure child and family safety

OB/GYN
- Prenatal Care
- Delivery
- Postpartum Care
- Breastfeeding
- Family planning

Social Services
Housing, education, selfcare, employment, public welfare programs

Behavioral Health
Psychiatric counseling including therapy, behavioral modification, and relationship/family counseling

Primary Care Clinician
General medical care, Pediatrician

Addiction Services
Medication assisted treatment, therapy, vocational, housing, transportation, relapse prevention

Legal System
Placement decisions

Emergency Department/Hospitalization
Acute trauma care, opiate-related admission, labor & delivery

Others
Church, friends, family, self-referral, health department

MOMS MATERNAL CARE HOME

COMMUNICATION
SCREENING
EARLY DETECTION
EASY STEPS FOR TEAMS TO GET STARTED
Easy Steps for MNO-OB Team to Get Started

1. Form MNO-OB Team & find a monthly meeting time
2. Complete MNO-OB Team baseline readiness survey (distributed this week) and identify team goals (e.g. choosing a validated screening tool, mapping community resources, standardized use of materials for educating women with OUD)
3. Create a draft 30-60-90 day plan – where to start? What do you want to accomplish in the first 3 months?
4. Create a baseline process flow diagram for identification & care of mom with OUD
5. Plan first PDSA cycle
6. Incorporate Steps 1-4 in MNO-OB Storyboard at F2F
Easy Steps for MNO-Neo Team to Get Started

1. Form MNO-Neo Team & find a monthly meeting time
2. Complete MNO-Neo Team baseline readiness survey (distributed this week) and identify team goals, where to start (e.g. implementing non-pharm bundle, standardizing identification & monitoring, safe discharge plan)
3. Create a draft 30-60-90 day plan – where to start? What do you want to accomplish in the first 3 months?
4. Create a baseline process flow diagram for identification and care of opioid exposed newborn
5. Plan first PDSA cycle
6. Incorporate Steps 1-4 in MNO-Neo Storyboard at F2F
Forming your QI Team

OB MNO Required Team Members
• Team Lead
• OB provider Lead
• Nurse Lead
• Neo/Peds Representative
• Outpatient Representative

Neonatal MNO Required Team Members
• Team Lead
• Neo/Peds Physician Lead
• Nurse Lead
• OB Representative

Project Team Leader can be (but doesn’t have to be) the same person as the Physician Lead, Nurse Lead, or Quality Lead. Can also be same for both OB & Neo Teams.

OB & Neo other recommended key team members:
• QI Professionals
• Social workers
• Lactation consultants
• Early Intervention professionals
• Pharmacists
## MNO OB & Neo Team Alignment

### OB TEAMS
- OB AIMS
- OB Measures (Structure, Process, Outcome)
- OB Data Form
- OB Toolkit
- OB QI Methods
- OB Monthly Team Calls

### NEO TEAMS
- Neo AIMS
- Neo Measures (Structure, Process, Outcome)
- Neo Data Form
- Neo Toolkit
- Neo QI Methods
- Neo Monthly Team Calls

---

### Monthly Combined OB & Neo ILPQC Newsletter
- Hospital Teamwork
- Communication
- Data collection
- Initiative Alignment
MNO OB & Neo Teams Baseline Assessment

• MNO-OB & Neo brief Baseline Assessments will be distributed this week

• Baseline assessment survey will help develop team goals and planning where to start
30-60-90 Day Plans

- What are your goals?
- Where do you want to start?
- What would you like to accomplish in first 3 months of this initiative?
- Include plan for first small test of change (PDSA cycle)
What is a Process Flow Diagram?

- Illustrates all of the activities involved - what really happens – to identify and manage women with OUD / opioid exposed newborn in Labor and Delivery, Postpartum, Newborn Nursery or Emergency Department
  - Who is doing each activity, Where, Why, How?
  - Baseline process flow is a starting point
- Involve everyone in the process to help your team understand
  - What steps are missing?
  - Where repetition is occurring?
  - Are the right people performing the right tasks?
  - What additional information / resources are needed?

Adapted from OPQC.
Key questions to discuss with your team before getting started:

• What is the process for identifying mothers and newborns affected by opioids
• What is the process for linking women with OUD into addiction care?
• What is the process for engaging mother & family in care of opioid-exposed newborns
• What is the process for implementing non-pharmacological care for opioid-exposed newborns
• How is care coordinated between units (Prenatal, L&D, PP, ED, Neo/Peds)
Process Flow Diagram Symbols

- Start or End of the process
- Task in the process
- Decision point in the process
Sample Process Flow: Screening and Linkage to Care

Initial OB Assessment

- Check Patient Hx
- Medical Hx
- OB Hx and Exam
- Physical Exam
- Confirm Preg/GA/Fetal well-being
- Lab Tests

Is patient appropriate for MAT services?

YES

- Refer to MAT Services

NO

- Refer to Appropriate Level of Care
  (i.e. if potential threat to self or others, refer for ER psychiatric eval)

Proceed to Prenatal Care Planning
Plan-Do-Study-Act (PDSA) Cycle: Building Hospital-Level QI Capacity

Hospital QI Work: What changes can you make to your process/system and test with a PDSA cycle to reach initiative goals?
Sample PDSA: Prevention

Scenario: Your hospital QI team reviews your baseline opioid prescribing data and identifies an opportunity to improve overprescribing. You roll out “Pause before you prescribe education” with providers but find the education effort alone is resulting in system change. For your first test of change, you decide to post an infographic outside your operating room.
Sample PDSA: Prevention

• Plan:
  – Objective: We’d like to increase OB provider awareness of the risks to maternal health associated with overprescribing of opioids
  – Prediction: We think that if we post an infographic outside the OR that it will remind providers about the risks discussed in “Pause before you prescribe” education efforts
  – 5Ws: Karen will laminate and post the infographic outside the OR and debrief with providers for feedback to share at next month’s meeting
Sample PDSA: Prevention

- Do: Karen posts infographic for 4 weeks and debriefs with 10 providers.

Infographic credit to David Ouyang adapted from Alison Stuebe (2018) SMFM
Sample PDSA: Prevention

• Study: Karen analyzes the provider feedback into key points for discussion at her hospital QI team meeting. Her QI team discusses and learns that 7 out of 10 providers read the infographic and were reminded of the “Pause before your prescribe education.” 6 of them noted reviewing their prescribing practices as a result.

• Act: The team decides to keep the infographic posted and explores efforts to engage additional providers in the next month.
Regular Team Meetings

- ILPQC Monthly Team Call (all teams members join)
  - We will review data, discuss QI strategies for MNO OB & Neonatal bundle implementation, review education topic and Team Talks (hear from teams across IL sharing progress, barriers and successes)
- Submit monthly data into REDCap
  - You will be able to track your progress across time and compare to all hospitals in initiative
- Schedule regular meetings with your MNO OB & Neonatal Team to review data and drive QI
Data Collection & Review

MONTHLY Data

• Form: OB & Neonatal Monthly Data Form
• Process and Outcome Measures
• Content: Bedside and chart review
• Timeframe: start in June 2018
• Baseline data: Oct-Dec 2017

QUARTERLY Data

• OB & Neonatal Quarterly Data Form
• Structure Measures
• Content: system and culture change opportunities for improvement
• Timeframe: June 2018
MNO Paper Data Form:
2 Options!

• Single OB & Neonatal data form
  • can be used both at the bedside and for chart abstraction

• Separate data forms also available
  • OB data form
  • Neonatal data form

• Both options gather the same information
• Use whatever works for your hospital team!
Steps for Data Form Implementation

1. Review MNO OB & Neonatal data forms
2. Identify where data is available in EMR or chart review or can track via bedside checklist
3. Identify data collection plan: who will collect, what data and when to submit
4. OB & Neonatal teams work together (if applicable) to determine data collection strategy for mom / baby pair
Data Collection/Entry Workflow

**General Information:**
- REDCap Identifiers
- Demographics: Maternal & Infant

**What Data Submitting?**

- **OB**
  - None
- **Neo**

- **Submit Monthly MNO-OB Data for Mothers Discharged that Month**
- **Submit Monthly MNO-Neo Data for Infants Discharged that Month**
- **Submit “No Cases” Data at end of Month**
- **Submit Quarterly MNO-OB Structure Measures Data Form**
- **Submit Quarterly MNO-Neo Structure Measures Data Form**
## OB Monthly Data Collection Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Wave 1 Hospital Team Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>REDCap Identifiers</td>
<td></td>
<td>*Process/Outcome Measures</td>
</tr>
<tr>
<td>REDCap Record ID</td>
<td>This will be generated for users by REDCap; it will be unique to every mother/infant dyad in the initiative.</td>
<td></td>
</tr>
<tr>
<td>Hospital ID Number</td>
<td>3-digit number provided by ILPQC (same across initiatives)</td>
<td></td>
</tr>
</tbody>
</table>

### Demographics

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Age</td>
<td>XX (number, 12-50)</td>
<td></td>
</tr>
<tr>
<td>Maternal Race</td>
<td>White, Black, Hispanic, Asian, Other</td>
<td></td>
</tr>
<tr>
<td>Infant DOB</td>
<td>MM/DD/YYYY (Calendar)</td>
<td></td>
</tr>
<tr>
<td>Infant Birth Weight (grams)</td>
<td>XXXX (Number, define range)</td>
<td></td>
</tr>
<tr>
<td>Infant gestational age weeks</td>
<td>XX (number, 0-44)</td>
<td></td>
</tr>
<tr>
<td>Infant gestational age days</td>
<td>X (number, 0-6)</td>
<td></td>
</tr>
<tr>
<td>Infant Gender</td>
<td>Male, Female, Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### Maternal Treatment History

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal treatment options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal endorsement of opioid use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive maternal urine drug screen or maternal verbal screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive maternal urine drug screen or maternal verbal screen, urine or maternal serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive maternal urine drug screen or maternal verbal screen, urine or maternal serum or neonate serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal treatment options</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Option to Report No Cases for a Month

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>What MNO data are you submitting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am entering OB Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am entering Neonatal Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have no mothers/newborns affected by opioids to report this month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Maternal-Fetal Drug Exposures and Neonatal Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal-Fetal Drug Exposures and Neonatal Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Wave 1 Hospital Teams

Please test this form and provide feedback. ILPQC want to know items that worked well, items you would recommend changing, and items you would recommend removing. Please also let us know if you identify additions, removals, edits and/or format changes to the responses. Please note your comments on individual items in the "Comments" column and your summary feedback in the "Feedback" section at the bottom of the form.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Basic Hospital Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Delivered in your hospital?</td>
<td>Yes, No (Transfer)</td>
<td>Guidance on transfers forthcoming</td>
</tr>
<tr>
<td>2. Maternal endorsement of opioid use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maternal treatment options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maternal OUD receiving prenatal pediatric consult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Maternal treatment options</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Neonatal Data Collection Form

This data is to be collected by Neonatal MNO Teams for process and outcome measures. This data should be collected & submitted at time of infant discharge.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Infant DOB</td>
<td>MM/DD/YYYY (Calendar)</td>
<td></td>
</tr>
</tbody>
</table>

### Basic Hospital Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Maternal-Fetal Drug Exposures and Neonatal Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maternal-Fetal Drug Exposures and Neonatal Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Maternal-Fetal Drug Exposures and Neonatal Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Response/Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal-Fetal Drug Exposures and Neonatal Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REDCap Data Entry Workflow

The REDCap Data Entry Workflow is designed to facilitate the collection of data across various initiatives, ensuring accurate and timely submission of information.
Access to REDCap for MNO Data Collection

- Complete the [REDCap Access Form](#) for ALL members of your team who need REDCap access!
- Please indicate if the team member needs access to OB data, Neonatal data, or BOTH
HOW WILL ILPQC HELP YOUR TEAM SUCCEED?
Together we make it easier

• Opportunities for collaborative learning
  – Monthly ILPQC MNO Webinars: learn from other states, learn from other IL hospital teams, share resources
    • OB
    • Neonatal
  – Face to Face meetings to share and learn (May / November)
• ILPQC REDCap Data System provides real time reports, tracking progress and comparison to other hospitals
• Monthly newsletter / website with resources
• QI coaching calls to assist in QI strategies
• MNO Toolkits for OB teams and for Neo teams
• Regional Buprenorphine Trainings for OB providers
ILPQC monthly webinars

• 4th Monday of the Month:
  – MNO-OB Teams Call: 12-1pm
  – MNO-Neo Teams Call: 1-2pm

• Each month will be a key topic, will have education, data review and will learn from other states and IL teams.

• OB and Neo topics will align where possible

• Plan to share progress, challenges, successes with Team Talks (10 minutes) each team will sign up for a month to share
<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>5/30, 5/31</td>
<td>MNO-Face-to-Face Meetings, Springfield, IL OB 5/30, Neo 5/31</td>
</tr>
</tbody>
</table>
| June       | 6/25                  | **MNO-OB**: Screening for OUD and Linkage to Care
|            |                       | **MNO-Neo**: Standardizing Identification, Assessment & Monitoring of SENs |
| July       | 7/23                  | **MNO-OB**: Optimize Care: Protocols and Checklists
|            |                       | **MNO-Neo**: Optimize Care: Standardizing Pharm Bundle                   |
| August     | 8/27                  | **MNO-OB**: Educate/Empower Moms to Engage in Newborn NAS Care
|            |                       | **MNO-Neo**: Optimize Non-Pharmacologic Bundle                           |
| September  | 9/24                  | **MNO-OB**: Prevention: Changing Opioid Prescribing Patterns
|            |                       | **MNO-Neo**: Patient/Provider Education, Addressing Stigma & Bias       |
| October    | 10/22                 | **MNO-OB**: Community Mapping of Resources & Linkage to Care
|            |                       | **MNO-Neo**: Pre-Delivery Planning & Safe Discharge Planning             |
| November   | TBD                   | ILPQC 6th Annual Conference                                             |
| December   | 12/17 (3rd Monday)    | OB: Troubleshooting: Narcan Counseling, Contraception Access, Buprenorphine Prescribing
|            |                       | Neo: Annual Conference Recap, Breastfeeding & Nutrition                 |
More team than ever are reviewing their Rapid Response reports on outcome, process, and balancing measures to compare data across time and across hospitals.

Every team has a secure web portal to access ILPQC REDCap data system:
- Teams enter monthly data to receive real-time free reports.
- Can track progress across time and compare to all participating hospitals.
Connecting with our teams through regular communication

ILPQC Website: www.ilpqc.org
Up-to-date initiative resources

Every team will receive Monthly MNO OB & Neo e-Newsletters
Save the Date!

2018 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff join us for an interactive day of collaborative learning for current ILPQC initiatives!

OB Teams: May 30, 2018
Check-in 8:30a-9:30a
Meeting: 9:30a-3:30p
Mothers and Newborns affected by Opioids (MNO)
Immediate Postpartum LARC (IPLARC)
Severe Maternal Hypertension

Neonatal Teams: May 31, 2018
Check-in: 8:45a-9:45a
Meeting: 9:45a-3:00p
Mothers and Newborns affected by Opioids (MNO)
Golden Hour

More information available soon at ilpqc.org

Abraham Lincoln DoubleTree Hotel, Springfield, IL
Update on MNO OB & Neonatal Toolkits

• THANK YOU to our MNO OB & Neonatal Toolkit team volunteers reviewing the potential toolkit materials and rating their usefulness and alignment with measures

• Toolkit released to MNO Teams at Face to Face meeting May 30/31
OB Toolkit Sections

• Prevention
  – PMP Lookup Guidance
  – Patient Education Materials on OUD & Pain Management
  – Practice Guidelines for Pain Management post Vaginal and Cesarean Delivery

• Screening & Linkage to Care
  – Validated Screening Tools
  – Local Community Resources Mapping Guidance

• Optimizing Care for Mom & Baby
  – Sample protocols/checklists for prenatal management of OUD
  – Sample protocols/checklists for management of patients with OUD during labor & postpartum
  – Educational materials for women with OUD, regarding OUD in pregnancy and engaging in care for infant with NAS

• ACOG Guidance
• AIM Materials
• Comprehensive Materials
Neonatal Toolkit Sections

• Improve Pre-Delivery Planning
  – Pre-Delivery Checklist
• Partnering with Families on Infant Care (Family Education)
  – Patient education materials
• Improve Family Partnership (Stigma and Bias)
  – Materials on stigma and bias for providers
• Standardize Identification, Assessment, and Monitoring of SEN
  – Sample protocols
• Optimize Non-Pharmacologic Management
  – Non-pharm bundles, bedside checklist
• Improve Newborn Nutrition and Breastfeeding
  – Nutrition and breastfeeding resources
• Standardize Pharmacologic Management
  – Sample pharmacological protocols, order sets, procedures
• Coordinate and Communicate Safe Discharge
  – Safe Discharge Checklist
• AAP Guidelines
• Comprehensive Guidelines
OUD Patient Education Moms/Patient Focus Groups

• AMCHP grant to IDPH - conducting patient focus groups across IL to review and provide feedback on education materials:
  • Primary prevention OUD materials for all women
  • Primary prevention materials for mothers affected by opioids including education on OUD, MAT, NAS, and engaging with non-pharm care (breastfeeding, rooming in, skin to skin)

• 3 Focus Groups Conducted – Thanks to Stroger, Rockford, and Central IL Perinatal Networks!
• Materials will be printed and distributed at May F2F
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 – 9:45</td>
<td>Registration, Storyboard Set Up, &amp; Continental Breakfast</td>
</tr>
<tr>
<td>9:30 – 10:15</td>
<td>Sustaining the Severe Maternal Hypertension Initiative and Launching 2018 Initiatives: Mothers and Newborns affected by Opioids and Immediate Postpartum LARC</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>MNO Plenary – Daisy Goodman</td>
</tr>
<tr>
<td>10:45 – 11:15</td>
<td>IPLARC Plenary – Kai Tao</td>
</tr>
<tr>
<td>11:15 – 12:00</td>
<td>Team Storyboard Session</td>
</tr>
<tr>
<td>12:00 – 12:15</td>
<td>Pick up boxed lunch</td>
</tr>
<tr>
<td>12:15 – 1:00</td>
<td>MNO Initiative Overview: Aims, Measures, Data Form and Toolkit</td>
</tr>
<tr>
<td>1:00 – 1:45</td>
<td>Breakout session group 1</td>
</tr>
<tr>
<td>1:45 – 2:00</td>
<td>Break</td>
</tr>
<tr>
<td>2:00 – 2:45</td>
<td>Breakout session group 2</td>
</tr>
<tr>
<td>2:45 – 3:15</td>
<td>MNO Key Topics Panel – prevention, screening &amp; linkage to care, optimizing care for moms &amp; babies, and prescribing buprenorphine (Mike Marcotte, Daisy Goodman, Jaye Shyken, Barb Parilla)</td>
</tr>
<tr>
<td>3:15 – 3:30</td>
<td>Summary and Evaluation</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• Finishing Strong: Meeting the Time to Treatment Goal</td>
<td></td>
</tr>
<tr>
<td>• Sustainability</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prevention</td>
</tr>
<tr>
<td>• Screening &amp; Linkage to Care</td>
</tr>
<tr>
<td>• Optimizing Care for Moms and Babies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPLARCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IPLARCC Initiative Overview: Aims, Measures, Data Form and Toolkit</td>
</tr>
</tbody>
</table>
# 2018 Neo F2F Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 – 9:45</td>
<td>Registration, Storyboard Set Up, &amp; Continental Breakfast</td>
</tr>
<tr>
<td>9:45 – 10:00</td>
<td>Goals for Today, Overview of Sustainability and Current Initiatives</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>MNO Keynote Speakers</td>
</tr>
<tr>
<td></td>
<td><strong>Rebecca Boedeker, RN, MSN, IBCLC- SSM Health St. Mary’s- St. Louis</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Maria Roundtree, MSW, LCSW- SSM Health St. Mary’s- St. Louis</strong></td>
</tr>
<tr>
<td>10:30 – 11:15</td>
<td>MNO Neonatal Toolkit Overview and Data Form</td>
</tr>
<tr>
<td>11:15 – 12:00</td>
<td>Panel- “That Won’t Work Here! Overcoming Barriers to Changing Culture.”</td>
</tr>
<tr>
<td></td>
<td><strong>Rajeev Kumar, MD- John H. Stroger, Jr. Hospital- Chicago</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Dennis Rollo, DO- Carle Foundation Hospital- Urbana</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Rebecca Boedeker, RN, MSN, IBCLC- SSM Health St. Mary’s- St. Louis</strong></td>
</tr>
<tr>
<td>12:00 – 12:15</td>
<td>Pick up boxed lunch</td>
</tr>
<tr>
<td>12:15 – 12:45</td>
<td>Lunch &amp; Team Storyboard Session</td>
</tr>
<tr>
<td>12:45 – 1:30</td>
<td>Breakout Session Group #1</td>
</tr>
<tr>
<td>1:30 – 1:45</td>
<td>Break</td>
</tr>
<tr>
<td>1:45 – 2:30</td>
<td>Breakout Session Group #2</td>
</tr>
<tr>
<td>2:30 – 3:00</td>
<td>MNO- Neonatal “Office Hours,” Summary &amp; Evaluation</td>
</tr>
</tbody>
</table>
# Neo Breakout Sessions Topics

<table>
<thead>
<tr>
<th>Golden Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sustaining and Finishing Strong</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MNO-Neonatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve Family Partnership and Partnering with Families on Infant Care</td>
</tr>
<tr>
<td>• Improve Pre-Delivery Planning &amp; Standardize Identification, Assessment, and Monitoring of SENs</td>
</tr>
<tr>
<td>• Improve Newborn Breastfeeding &amp; Nutrition</td>
</tr>
<tr>
<td>• Optimize Non-Pharmacologic Management</td>
</tr>
<tr>
<td>• Standardize Pharmacologic Management</td>
</tr>
<tr>
<td>• Coordinate and Communicate Safe Discharge</td>
</tr>
</tbody>
</table>
OB & Neonatal Face-to-Face Meeting
May 30/31 Springfield:

• Registration is now live!
  – Can visit www.ilpqc.org
  – OB: https://www.eventbrite.com/e/ilpqc-spring-2018-ob-face-to-face-meeting-tickets-45349181623
  – Neo: https://www.eventbrite.com/e/ilpqc-spring-2018-neonatal-face-to-face-meeting-tickets-45349578811
  – Strongly encouraged to bring both nurse and provider teams leads to Face to Face (up to 4 team members)

• OB teams 5/30, Neo Teams 5/31, but can attend both

• Registration fee of $25.00 plus $3.45 Eventbrite processing fee for $28.45 Total

• Registration closes on Monday, May 21st at EOB

• All teams are asked to bring a team story board to share your teams story
  – Opportunity to share what you have accomplished (HTN/GH)
  – Opportunity to share how you are getting started (MNO/IPLARC)
Storyboard Template for ILPQC OB & Neo QI Teams

Adapted from the New York State Perinatal Quality Collaborative (NYSPQC)
Storyboard Instructions

Adapted from the New York State Perinatal Quality Collaborative (NYSPQC)

- At the Face-to-Face Learning Session, use the Storyboard to tell your team’s story descriptively, clearly and creatively – photos, collages and illustrations are welcome.

- There is no wrong way to create a Storyboard so don’t be afraid to be creative. Additionally, be sure to keep it simple; the Storyboard is not meant to be an extremely time-consuming project.

- **Storyboards must fit into a space approximately 28 x 40 inches.** It may be created from a collection of letter-sized sheets (print outs of your power point slides or word documents) that are convenient for carrying while traveling. Ten to twelve sheets can fit in the available space – depending on arrangement. Boards for posting and pushpins will be provided at the Face-to-Face Learning Session.

- **Share your story:** about your hospital, about your team, describe your goals for this initiative, include process flow diagram draft, can include any barriers you have identified and opportunities for improvement, describe next steps or action items for your team

Display Tips

- Fewer words: More pictures and graphics
- Real people pictures... At least of your teams
- Font size as big as possible
- Fancy not necessary
- Color to highlight key messages (If you don’t have a color printer, use bright highlighters)
- Clear titles and labels if you use graphs (X and Y axes, dates, brief explanation of what it shows)
Storyboard Instructions: Participating in Multiple Initiatives?

- Hospitals may be participating in multiple OB & Neonatal initiatives at in 2018. We encourage teams to bring **one OB and one NEO** storyboard addressing the active initiatives they are participating in:

- **OB Teams:**
  - Hypertension Sustainability
  - MNO- OB
  - IP LARC

- **Neonatal Teams:**
  - Golden Hour Sustainability
  - MNO- Neonatal
OB & Neonatal Teams
Shared Content

• Describe your Hospital and your improvement team(s)

• List team members and their roles (add a team photo if available)

• Brief description of your hospital demographics

• Other additional information about cultural groups or important demographics others should know about you
OB Storyboards Specific Content

- List team members and their roles (add a team photo if available): HTN QI Team, MNO-OB Team, and IP LARC Team

- HTN: Include information about HTN sustainability plan and compliance monitoring

- MNO-OB:
  - Team goals based on Readiness Survey
  - Draft 30-60-90 day plan – where are you starting, what do you want to accomplish next?
  - Draft Process Flow
  - Include any identified barriers / challenges and possible strategies for addressing them

- IPLARC:
  - Include team goals, next steps, draft process flow, 30-60-90 day plan- where are you starting, what do you want to accomplish next?
  - Include any identified barriers and strategies for addressing them
List team members and their roles (add a team photo if available): GH QI Team and MNO-Neo Team

GH: Include information about GH sustainability plan and compliance monitoring

MNO-Neo:
- Team goals based on Readiness Survey
- Draft 30-60-90 day plan – where are you starting, what do you want to accomplish next?
- Draft Process Flow

Include any identified barriers and possible strategies for addressing them
Storyboard Creation: Coordinating Across Teams

- To complete a storyboard from a hospital, the various QI teams will need to communicate to share information (if applicable).

- We understand there might be different OB teams participating on a hospital’s OB QI projects (HTN, MNO, IPLARC) and different Neo teams participating on a hospital’s Neo QI projects (GH, MNO).

  - Example 1: Hospital A’s OB Team has the same Team Lead for Hypertension and MNO.
  
  - Example 2: Hospital B’s OB Team has different Team Leads for Hypertension, MNO, and IPLARC.
  
  - Example 3: Hospital C’s Neo & OB Team has the same Team Lead for MNO.

- If your hospital is unsure of who a specific team lead is for a OB or Neo QI project, please reach out to info@ilpqc.org and we’ll share contact information.
Sample Layouts

With 4 portrait oriented sheets in the middle panel

With 3 landscape oriented sheets in the middle panel
Example: OB Team participating in 3 initiatives

Hospital Name
- Hospital Demographics
- OB HTN QI Team Composition
- OB MNO QI Team Composition
- OB IPLARC QI Team Composition

HTN Sustainability
- HTN Compliance Monitoring, Data
- HTN Sustainability Plan
- Identified barriers & strategies to address

IPLARC
- IPLARC Team Goals, Next Steps, Draft Process Flow, 30-60-90 Day Plan
- Identified barriers & strategies to address

MNO-OB
- Identified MNO-OB Team goals based on readiness survey
- Draft 30-60-90 Day plan
- Draft process flow
- Identified barriers & strategies to address
Example: Neo Team participating in 2 initiatives

**Hospital Name**

**Hospital Demographics**

**Neo GH QI Team Composition**

**Neo MNO QI Team Composition**

**GH Sustainability**

**GH Compliance Monitoring, Data**

**GH Sustainability Plan**

**MNO-Neo**

- Identified MNO-Neo Team goals based on readiness survey
- Draft 30-60-90 Day plan
- Draft process flow
- Identified barriers & strategies to address

**PANEL 1**

**PANEL 2**

**PANEL 3**
ACOG/ASAM OB specific Buprenorphine Training

- 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

**CONFIRMED** – October 22, Chicago IL

TBD – September or October, Springfield, IL

Recent survey showing a shortage of providers certified to prescribe buprenorphine
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** [INFO@ILPQC.ORG](mailto:INFO@ILPQC.ORG) with any questions!
Next Steps

• Still accepting teams for MNO initiative: **DEADLINE: May 15th**
• Submit team roster to ILPQC:
  • OB Teams Roster Form: [https://www.surveymonkey.com/r/ILPQC_OBHospitalRoster_MNO](https://www.surveymonkey.com/r/ILPQC_OBHospitalRoster_MNO)
  • Neonatal Teams Roster Form: [https://www.surveymonkey.com/r/ILPQC_NeonatalHospitalRoster_MNO](https://www.surveymonkey.com/r/ILPQC_NeonatalHospitalRoster_MNO)
• Complete REDCap access form for team members: [https://docs.google.com/forms/d/e/1FAIpQLSdrzWAgGUNouyZiMR9kVuK0LfUEN73um2aiTVJMS7mhE1wkTA/viewform?c=0&w=1](https://docs.google.com/forms/d/e/1FAIpQLSdrzWAgGUNouyZiMR9kVuK0LfUEN73um2aiTVJMS7mhE1wkTA/viewform?c=0&w=1)
• Look for brief Baseline Assessment Survey email
• Set teams goals and plan where to start
• Draft baseline process flow for OUD moms/babies
• Share your team story with StoryBoard for F2F Mtng
• Register for Face-to-Face meeting
• Data collection forms, can trial data collection strategy
• Start data collection in June, baseline data Oct-Dec 2017
Getting Started Q&A

• Ways to ask questions:
  • Raise your hand on Adobe Connect to ask your question by phone
  • Post a question in the Adobe Connect chat box
Contact

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