ILPQC MNO-Neo Teams Call: Empowering Mothers & Caregivers to Participate in Newborn Care
Part 1

April 15th, 2019
Call Overview

- ILPQC Updates & MNO-Data Review
- Engaging Patients and Families in Quality Initiatives at the Bedside and Beyond- Terry Griffin, APN
- Tools for Hospital Teams
2019 FACE-TO-FACE MEETING
You’re Invited!

2019 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 29, 2019
Check-in: 8:00a-9:00a
Meeting: 9:00a-3:30p
Mothers and Newborns affected by Opioids - OB (MNO-OB)
Immediate Postpartum LARC (IPLARC)
Improving Postpartum Access to Care (IPAC)

Neonatal Teams: May 30, 2019
Check-in: 8:00a-9:00a
Meeting: 9:00a-3:30p
Mothers and Newborns affected by Opioids - Neonatal (MNO-Neonatal)

Register now! https://ilpqc.eventbrite.com

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. (OBN-001-91)

Abraham Lincoln DoubleTree Hotel,
Springfield, IL

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
Visit [www.ilpqc.eventbrite.com](http://www.ilpqc.eventbrite.com) to register today!
Storyboard Instructions

- **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. About six 8x10 inch sheets can fit in the available space. Large post-it sheets and tape will be provided at the meeting.

- **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, PDSA cycles and results, next steps or action items for your team.

- **Keep it simple:** the Storyboard is not meant to be an extremely time-consuming project.

**Display Tips**

- Be creative- there is no wrong way!
- Use fewer words and more pictures and graphics
- Include photos, collages, and illustrations (including a photo of your team)
- Use the largest font size as possible for readability
- Use 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

- Your hospitals may be participating in multiple OB & Neonatal initiatives at in 2019. We encourage teams to bring one OB AND one NEO storyboard addressing:

- OB Teams:
  - MNO- OB
    - Process flow for OUD protocol
    - Progress on structure measures and key process measures including MAT at delivery and OUD clinical care checklist in chart
  - IPLARC Wave 1 or 2

- Neonatal Teams:
  - MNO- Neonatal
    - Process flow for OEN protocol
    - Progress on structure measures and key process measures including breastfeeding, pharmacologic treatment, and safe discharge
MNO Neonatal Key Drivers

Aims

- Decrease pharmacologic treatment in opioid exposed neonates to 20%
- Increase breastfeeding rates in opioid exposed neonates at discharge to 70%
- Increase safe and optimized discharge plans in opioid exposed neonates to 95%

<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
<th>Change Ideas</th>
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</thead>
<tbody>
<tr>
<td>Identification and Assessment of OENs</td>
<td>Strengthen Family/Care Team Relationships</td>
<td>Non-judgmental support</td>
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<tr>
<td>Treatment</td>
<td>Improve pre-delivery planning</td>
<td>Prenatal pediatric consultation</td>
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<tr>
<td>Safe Discharge</td>
<td>Standardize identification, assessment, and monitoring of OENs</td>
<td>Toxicology testing</td>
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<td></td>
<td>Provide Family Education</td>
<td>Assessment tools</td>
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<td></td>
<td>Improve infant nutrition and breastfeeding</td>
<td>Feeding guidelines</td>
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<tr>
<td></td>
<td>Optimize non-pharmacologic care</td>
<td>Non-pharmacologic care guidelines</td>
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<td></td>
<td>Standardize pharmacologic treatment</td>
<td>Pharmacologic treatment guidelines</td>
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<td></td>
<td>Coordinate safe discharge</td>
<td>Safe discharge guidelines</td>
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<td>Social work consultation</td>
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DCFS
MNO-Neo in 2019

Key Strategies
- Prenatal Consult
- Stigma/Bias
- Toxicology Testing
- Assessment of OENs

Strategies to review in 2019
- Non-Pharm Care
- Pharm treatment
- Safe Discharge Planning

Work towards goals in 2019
- Optimize non-pharm care
- Reduce pharm treatment
- Increase safe discharge plans

Covered in 2018

How do we begin to make progress?
Complete and document prenatal consult

Obtain toxicology testing, perform standardized assessment of NAS signs & symptoms for OENs

Initiate Non-pharmacologic treatment, document non-pharm care checklist in medical record

Determine maternal eligibility to breastfeed, encourage breastfeeding and determine/provide appropriate nutrition support

After optimization of non-pharmacologic care, initiate pharmacologic treatment protocol as needed

Complete and document safe discharge plan

Activating the OEN protocol for every OEN
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 Patient-Level Data Entry Status

<table>
<thead>
<tr>
<th>Monthly Process/Outcome</th>
<th>Total Records</th>
<th># Teams with Patient Level Data Reported</th>
<th># Teams with No Newborns to Report</th>
<th># Teams Reporting</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>276</td>
<td>62</td>
<td>12</td>
<td>74</td>
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<tr>
<td>July 2018</td>
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<td>August 2018</td>
<td>88</td>
<td>39</td>
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<td>73</td>
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<td>September 2018</td>
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<td>31</td>
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<td>69</td>
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<td>October 2018</td>
<td>64</td>
<td>31</td>
<td>34</td>
<td>65</td>
</tr>
<tr>
<td>November 2018</td>
<td>51</td>
<td>26</td>
<td>38</td>
<td>64</td>
</tr>
<tr>
<td>December 2018</td>
<td>53</td>
<td>28</td>
<td>26</td>
<td>54</td>
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<tr>
<td>January 2019</td>
<td>52</td>
<td>29</td>
<td>31</td>
<td>60</td>
</tr>
<tr>
<td>February 2019</td>
<td>46</td>
<td>24</td>
<td>28</td>
<td>52</td>
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<tr>
<td>March 2019</td>
<td>43</td>
<td>23</td>
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MNO Neo Structure Measures
Data Entry Status

<table>
<thead>
<tr>
<th>Monthly Structure Measures</th>
<th># Teams with Data</th>
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<td>Baseline</td>
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<td>December 2018</td>
<td>42</td>
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<td>January 2019</td>
<td>43</td>
</tr>
<tr>
<td>February 2019</td>
<td>36</td>
</tr>
<tr>
<td>March 2019</td>
<td>19</td>
</tr>
</tbody>
</table>

Structure measures are important tools to review with your team monthly to monitor your progress towards sustainable improvement. EVERYONE whether you see 1 to 100 infants / year your team can structure processes for success!
May 2019 QI Data Completion Awards!

• ILPQC will be giving out QI Data Completion Award Certificates at the OB & Neonatal Face-to-Face Meetings (May 29, 30).

• To qualify for a MNO-Neo QI Data Completion Award, you must have submitted ALL monthly patient AND structure measures from Baseline 2017 – March 2019 Data by April 30th, 2019.

• If you have any questions regarding your data completion status, please email Dan Weiss at Dweiss@northshore.org
MNO-Neo Structure Measures: Standardized Prenatal Consult

Percent of hospitals that have implemented standardized protocols/guidelines for Prenatal Consult
All Hospitals, 2018-2019

Baseline (October - December 2017)

<table>
<thead>
<tr>
<th>Month</th>
<th>In Place (%)</th>
<th>Working On It (%)</th>
<th>Have Not Started (%)</th>
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<tbody>
<tr>
<td>Jul-18</td>
<td>25</td>
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<td>Oct-18</td>
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<td>Jan-19</td>
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<td>28</td>
</tr>
<tr>
<td>Feb-19</td>
<td>17</td>
<td>52</td>
<td>30</td>
</tr>
</tbody>
</table>
Percent of hospitals that have implemented standardized protocols/guidelines for Non-Pharmacologic Care
All Hospitals, 2018-2019

- Baseline (October - December 2017): 65% In Place, 3% Working On It, 3% Have Not Started
- Jul-18: 42% In Place, 8% Working On It, 14% Have Not Started
- Aug-18: 39% In Place, 14% Working On It, 17% Have Not Started
- Sep-18: 26% In Place, 17% Working On It, 27% Have Not Started
- Oct-18: 27% In Place, 18% Working On It, 19% Have Not Started
- Nov-18: 19% In Place, 24% Working On It, 19% Have Not Started
- Dec-18: 19% In Place, 23% Working On It, 14% Have Not Started
- Jan-19: 14% In Place, 35% Working On It, 9% Have Not Started
- Feb-19: 9% In Place, 52% Working On It, 39% Have Not Started
MNO-Neo Structure Measures: Standardized Pharm Treatment

Percent of hospitals that have Implemented Standardized Pharmacologic Guidelines for OENs
All Hospitals, 2018-2019

In Place  Working On It  Have Not Started

Baseline (October - December 2017)

July 2018
August 2018
September 2018
October 2018
November 2018
December 2018
January 2019
February 2019
Percent of hospitals that have implemented standardized protocols/guidelines for Safe Discharge Planning
All Hospitals, 2018

Baseline (October - December 2017)
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19

- In Place
- Working On It
- Have Not Started
MNO-Neo Process Measures: OENs Receiving Toxicology Testing

ILPQC MNO OB/Neo Initiative
Percent of OENs (≥35 weeks) receiving a toxicology test (urine, cord, meconium) for NAS
All Hospitals, 2018-2019
MNO-Neo Process Measures: Rooming In During Infant Hospitalization

ILPQC MNO-OB/Neo Initiative:
Percent of mothers with OUD/OENs (>35 weeks) who roomed together during infant hospitalization
All Hospitals, 2018-2019

63% | 69% | 67% | 65% | 63% | 70% | 57% | 67% | 75% | 83%
MNO-Neo Outcome Measures: Eligible OENs Receiving Maternal Breast Milk at Infant Discharge

ILPQC MNO OB/Neo Initiative
Percent of Eligible OENs (≥35 weeks) Receiving Maternal Breastmilk at Infant Discharge
All Hospitals, 2018
MNO-Neo Outcome Measures: OENs Requiring Pharmacologic Treatment for NAS

ILPQC MNO OB/Neo Initaitive
Percent of OENs (≥35 weeks) requiring pharmacologic treatment for NAS
All Hospitals, 2018
Median Days of Pharmacologic Treatment for OENs (≥35 weeks) with NAS symptoms

ILPQC MNO-Neo:
Median Number of Days of Pharmacologic Treatment for OENs (≥35 weeks) with NAS symptoms during infant hospitalization
All Hospitals, 2018-2019
ILPQC MNO OB/Neo Initiative
Percent of OENs (≥35 weeks) Discharged with a Safe Discharge Plan
Made in Partnership with Family, Hospital, and Community PCP
All Hospitals, 2018

---|---|---|---|---|---|---|---|---|---
38% | 33% | 49% | 54% | 55% | 39% | 47% | 46% | 55% | 52%

MNO-Neo Outcome Measures: Average Length of Stay for OENs

ILPQC MNO-Neo:
Median Length of Stay (LOS) for All OENs with NAS Symptoms (≥35 weeks)
All Hospitals, 2018-2019
As with the Maternal Hypertension Initiative, ILPQC participates in the National ACOG Alliance for Innovation on Maternal Health (AIM) program. Our participation in this program allows for statewide comparisons of quality data across participating AIM states. For MNO, we will share aggregate de-identified hospital-level data (we will not share hospital name/ID and AIM will not be able to identify individual hospitals; patient level data will not be shared). MNO data will be shared with AIM by default (no DUA required). If you do not wish for us to share your hospital’s de-identified data please let us know in writing by March 31 via an email from the project lead and nurse lead and/or physician lead. As in the past, if your hospital would like a DUA with ILPQC, please contact us at info@ilpqc.org for a template. ILPQC does not require DUAs.
Engaging Patients and Families in Quality Initiatives at the Bedside and Beyond

Terry Griffin, APN
What are Typical Goals of Health Care Providers?

- Provide excellent, safe, quality care
- Make a difference in the lives of patients and families who trust us to give them care
- Find joy and meaning in our careers
- **Improve outcomes**
What are Typical Goals of Patients and Families?

- Receive care that is:
  - Satisfying
  - Meaningful
  - Supportive
  - Safe
  - **Quality**
Yet, the journey to these goals is not often easy
Changing the Culture

• Acknowledge that patients and families bring & develop their own expertise
• Health care providers are experts in delivering care
• Families/Patients are experts in receiving care
Barriers to Partnering with Patients and Families

- Barriers which may adversely affect our ability to develop essential partnerships with patients and families include:
  - Traditional education and care practices
  - System centered care
  - Family and patient focused care
  - Worry about space, confidentiality
  - Lack of communication, collaboration and negotiation skills
Changing the Culture

• Change the “visitation” policy
• Change the language of health care
• Create advisory councils
“Visitation” Policy

• Who? When? How many?
• Often policy defines “family”
  – Parents
  – Grandparents
• Only parents/patients know who is most important to them at this time
• Siblings?
  – Age
  – Season
“Visitation” Policy

• When?
• 24 hours?
  – Report?
  – Rounds?
  – Admissions?
  – Emergencies?
Change in NICU Policy

• Partnership with Parents
  • They are essential partners in caregiving and decision making. They are welcome to be with their baby 24 hours per day.
• Family and friends are welcome when accompanied by the parents.
• The number of people welcomed at the bedside will be guided by the nurse, parents, the unit and baby’s needs
• No age limit for siblings.
The American Academy of Family Physicians defines “family” as “a group of individuals with a continuing legal, genetic and/or emotional relationship”. (American Academy of Family Physicians, 2009).
Language

• The language of power?
• The language of partnership?
• Remember the power of language!
Language

• Review the written and spoken language in your unit/organization.
• Does the language suggest partnership or power?
• Does the language suggest that patients and families are our partners?
Language

• Language of Power
  – Visitor/visiting hours
  – Allow
  – Permit
  – Require
  – Non-compliant
  – “Difficult” parent/patient
  – “Refused”
NICU VISITING POLICY

VISITING HOURS

PARENTS MAY VISIT 24 HOURS A DAY EXCEPT:

NURSING REPORT:
07:00 - 08:00 AM
07:00 - 08:00 PM

DOCTORS ROUNDS:
08:00 - 10:30 AM
04:30 - 05:00 PM

Parents may bring their visitors
2:00 - 7:00 pm only.
Only two visitors at a time.

THANK YOU FOR YOUR COOPERATION.

Staff of NICU

VISITING POLICY
Parents and Grandparents only.

Only Two Visitors per patient at a Time.

Visiting Hours:
9:30 am - 2:15 pm
4:30 pm - 9:00 pm
5:00 am - 5:30 am
No Visiting
Physician Rounds In Progress
FOR THE PROTECTION OF THE BABIES, ONLY DOCTORS AND NURSES ARE ALLOWED IN THE NURSERY.
Language

• Language of Partnership
  – Welcome
  – Encourage
  – Support
  – Let’s
  – Guidelines
  – “You are his parents, we are partners in helping him get better.”
  – “There are things that you can do and things that we can do. Together, we are going to do everything to help him.”
Changing our Language

• Gather patients, families and staff
  – Advisory council
• Enter your organization using patient and family routes
• Take pictures of all your signs to review
• Gather all your handouts
• Discuss them
• Improve them
  – Choose words that convey partnerships and change first impressions
  – Revise and create them so they are understandable and meet the needs of the patient and family
Words Can Make a Difference

• Not “families are allowed...” but

• “Families are welcomed...”
ATTENTION VISITORS
Visiting Hours - Immediate Family Only
INTENSIVE CARE UNITS
10:30 - 10:45 A.M.
12:30 - 12:45 P.M.
2:30 - 2:45 P.M.
4:30 - 4:45 P.M.
6:00 - 6:15 P.M.
8:30 - 8:45 P.M.

INTERMEDIATE CARE UNITS
11:00 A.M. - 2:00 P.M.
5:00 P.M. - 9:00 P.M.

2 Visitors Per Patient - No Visitors Under Age 12
University of Virginia Children’s Hospital
Charlottesville, VA

First Impressions of Newborn Intensive Care.
Advisors
Patients and Families

• Traditionally, feedback is solicited from patients and families by satisfaction surveys or focus groups
• Patients and families may provide feedback verbally in compliments or complaints to staff or administration
• Patients and families provide positive or negative feedback in letters
Advisory Roles for Patients and Families

- Staff can solicit immediate feedback from patients and families about care
- Change of shift report
- Rounds
- Leader rounds
SWINE FLU
CDC HEALTH ADVISORY

There has been activity of Swine Flu cases in the United States.
If you have any flu like symptoms; fever, cough, sore throat and nasal congestion
PLEASE RECONSIDER VISITING OUR PATIENTS.

As always:
♦ wash your hands often
♦ cover your nose and mouth when you cough or sneeze
♦ avoid touching your nose, mouth, or eyes
RSV is a common virus. It causes mild and cold-like symptoms in healthy adults and children. However, it can be very serious in babies, especially those that are premature or have other health conditions.
What can you do to help?

1. Washing and cleaning your hands before touching your baby is the most important way you can help stop the spread of germs.

2. Persons who are sick can easily spread germs by touching and kissing your baby!

3. Coming to the NICU is unsafe for the babies if you, other family or friends are sick with cold symptoms...

4. Added protection would be:
   - Limit the number of family and friends you bring to the NICU
   - Limit the number of family and friends touching your baby.
What is an advisor?

- Patient and family who have had experiences at hospital
- Volunteer position
- Collaborate with staff to improve care
- Bring expertise and ideas
- See our processes through a different and important lens
- Outcomes are improved!
Engaging Patients and Families as Partners

• Health care leaders and staff collaborate with patients and families in:
  – policy and program development, implementation, and evaluation;
  – in health care facility design;
  – in professional education,
  – and the delivery of care.
Opportunities to Improve Care

- Recruitment of formal advisors
- AHRQ (Agency for Healthcare Research and Quality) resources
  - Implementation handbook
Changing the Culture

• Beginning steps
  – “Visitation” policy
  – Language
  – Advisors

• Universal goal = improve care

• Patients and families are underutilized resource

• Goal= achieve essential and meaningful partnerships at the bedside and beyond
One person proposing change is a lunatic. Two people proposing change are a conspiracy. Three people proposing change are the beginning of a movement.

Jim Conway
Empowering Mothers & Caregivers to Participate in Newborn Care: Tools for Hospital Teams
Empowering mothers and families to participate in newborn care

**Mothers/Families**
- Can feel frustrated and not welcomed to be involved in the caring for their baby

**Providers**
- Can feel frustrated and ill-equipped to care for this patient population

- Providers and mothers/families are often feeling the same feelings of frustration and uncertainty
- Remember mothers/families are the best treatment for NAS
- Treating the mother-infant dyad improves outcomes
- ILPQC has tools to help
Improving pre-delivery planning

ILPQC MNO Prenatal Consultation Guidelines

• Perfect opportunity to **begin building trust and creating a partnership** with the mother and family

• Provide initial education and knowledge to help mothers and their families learn about NAS and the best ways to care for their own baby

• **Helps prepare parents** about the expected treatments for NAS
ILPQC Patient and Family Education Materials

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

ILPQC Infant Bedside Sheet

- Is your team/hospital utilizing this tool?
- Are you including mothers and families as a part of the care team during your huddles?

Care team huddles are the perfect opportunity to include mothers and families in care decisions.
Partnering to Optimizing Non-pharmacologic care

- **ILPQC Newborn Care Diary:**
  - A **complimentary tool for mothers and families** to utilize with the ILPQC Infant Bedside sheet
  - Tool to **engage mother/partner/family in non-pharmacologic care** of newborn. Tracks eating, sleeping, consoling.
  - This is useful to **help build communication/partnerships** with families

![Newborn Care Diary Image]
Working together for a Safe Discharge

• This **bundle** of safe discharge criteria should be completed for every family in conjunction with the hospital and community primary care provider before infant discharge.

• Share this with tool with families and use it to guide communication.
The stigma associated with OUD and NAS can create a significant barrier between mothers, families and healthcare providers.

**Systematically implement education and training** to reduce stigma and include in your new hire training.

**WATCH HERE**
Engaging Patient & Family Advisors in your QI work

• Ways to partner with patient and family advisors
  – Invite a patient to join your MNO team
  – Participate on policy committees to offer insights from the patient perspective
  – Review your training and educational resources for both providers and patients
  – Review patient and provider tools your team creates
Quality Improvement Tools

Using QI to empower mothers and families to engage in NAS care:

• Review at MNO-Neo QI team meeting to identify what areas are not currently being implemented/in place and create 30/60/90 day plans

• Create process flow for your individual hospitals discharge guidelines for all providers and staff to reference

• PDSA- Test with 1 nurse, 1 provider for the first patient with NAS, discuss, adjust accordingly, retest

• Use the ILPQC Eat Sleep Console Simulations and practice filling out a safe discharge plan for one of the cases with hospital providers and staff
## Upcoming MNO-Neo Teams Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>May 2019</td>
<td>Empowering mothers to participate in their newborn's care Part 2 &amp; Face-to-Face meeting</td>
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<tr>
<td>June 2019</td>
<td>Nutrition and Breastfeeding</td>
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<td>July – December</td>
<td>To Be Determined...</td>
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<td>Other possible topics:</td>
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<td></td>
<td>• Newborns with polysubstance exposure, Marijuana</td>
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<td>• Deeper dive into IDPH NAS Advisory Council Recommendations</td>
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<td>• Deeper dive into Coordinating a Safe Discharge</td>
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<td>• QI Topic Calls: Care of OENs who require NICU Stays, coordination between newborn nurseries &amp; NICUs</td>
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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