# Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative

Action Period Call – Collecting and Entering Data
February 24, 2021

Welcome!

- Attendees are <u>automatically</u> muted to reduce background noise (please double check that you are muted!)

- Please <u>do not</u> put your phone on hold as music will play

- You may enter questions/comments in the "chat" box during the presentation

- We will have designated times to answer questions

- Slides will be available at www.alpqc.org

- We are now recording!

ALPQC

ALABAMA PERINATAL QUALITY COLLABORATIVE
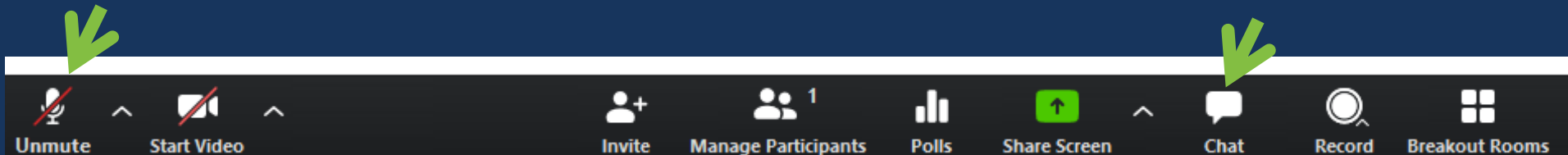
- Please type your name and the institution you represent in the chat box and send to "Everyone".
- Please also do for all those in the room with you viewing the webinar.
- Thank You!

Agenda

Baseline Survey		12:10 – 12:20
NOWS Inclusion Criteria		12:20 – 12:25
Baseline Measures		12:25 – 12:30
Data Portal		12:30 – 12:40
Q & A		12:40 – 12:50
Team Talks		12:50 – 12:55
Next Steps		12:55 – 1:00

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ALABAMA PERINATAL QUALITY COLLABORATIVE

NOWS Updates

❖ Reminders
1. Submit Team Roster
2. Complete Baseline Survey
3. MOD Implicit Bias Training
4. Office Hours

Participating Hospitals

1. Baptist Medical Center East
2. Brookwood Baptist Medical Center
3. Crestwood Medical Center
4. D.W. McMillan Memorial
5. DCH Regional Medical Center
6. East Alabama Medical Center - Opelika
7. Flowers Hospital
8. Huntsville Hospital
9. Jackson Hospital
10. Madison Hospital
11. Medical West Hospital
12. Mobile Infirmary
13. Princeton Baptist
14. RMC - Anniston
15. Southeast Health
16. St. Vincent's Birmingham
17. Thomas Hospital
18. UAB
19. USA Children's & Women's
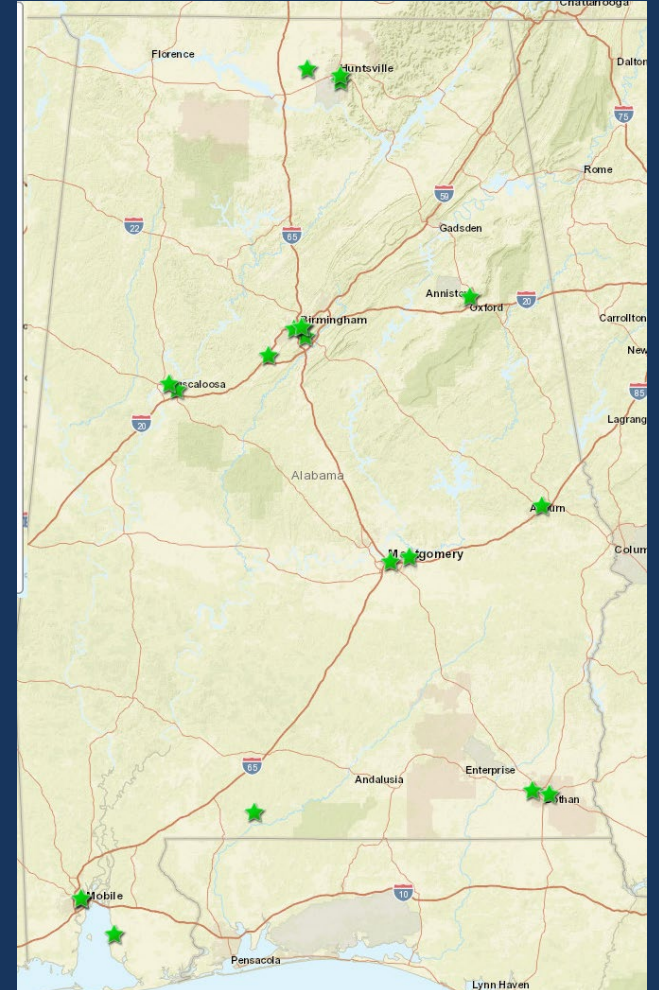
Thanks for Responses!

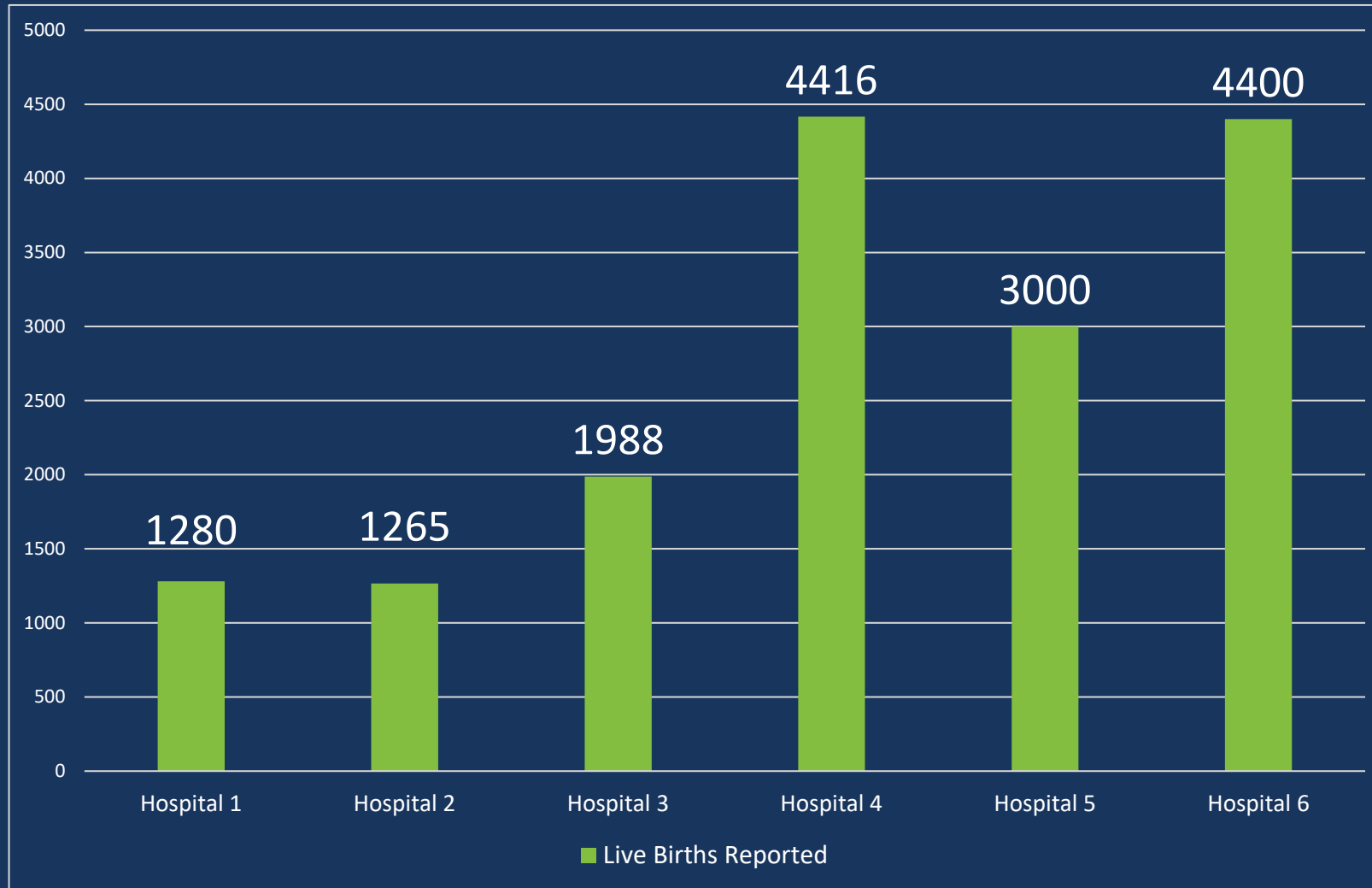1. DCH Regional Medical Center
2. Huntsville Hospital
3. Jackson Hospital
4. Madison Hospital
5. RMC - Anniston
6. St. Vincent's Birmingham
7. UAB
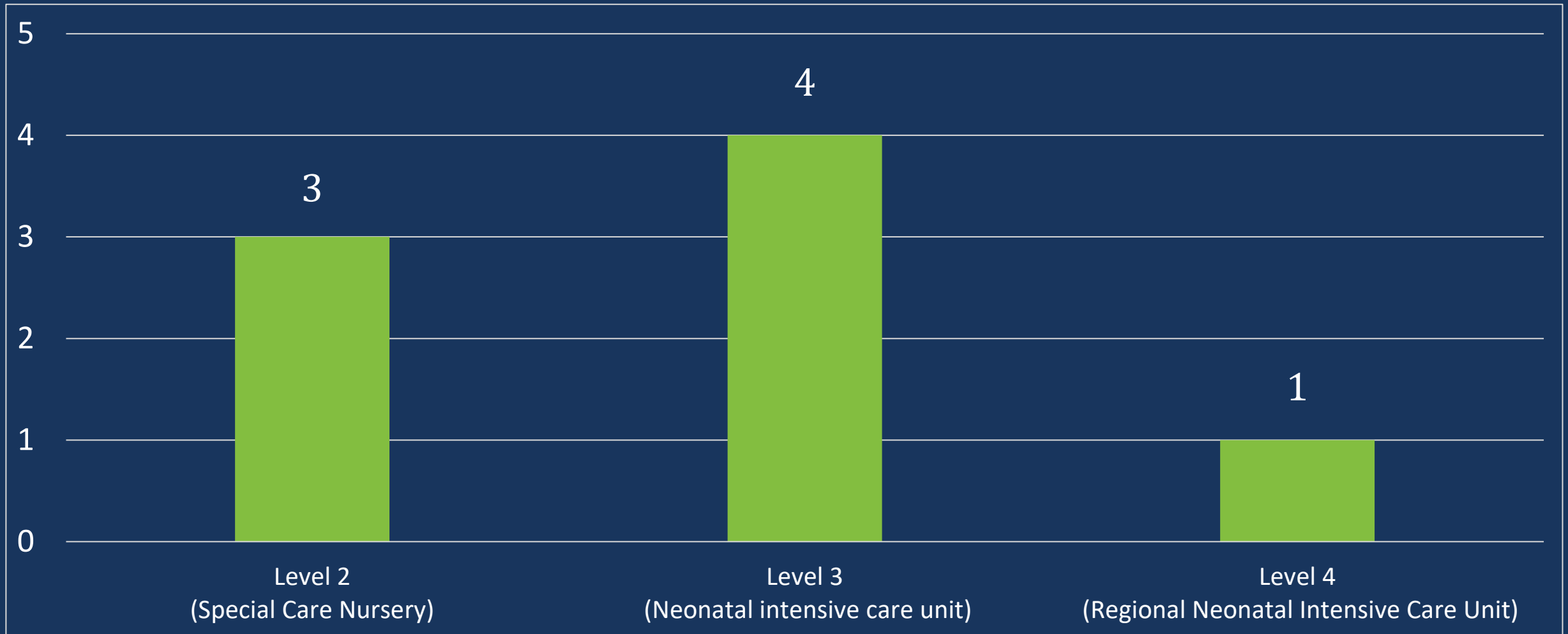8. USA Children's & Women's

NICU Level

Education Practices to Reduce Stigma
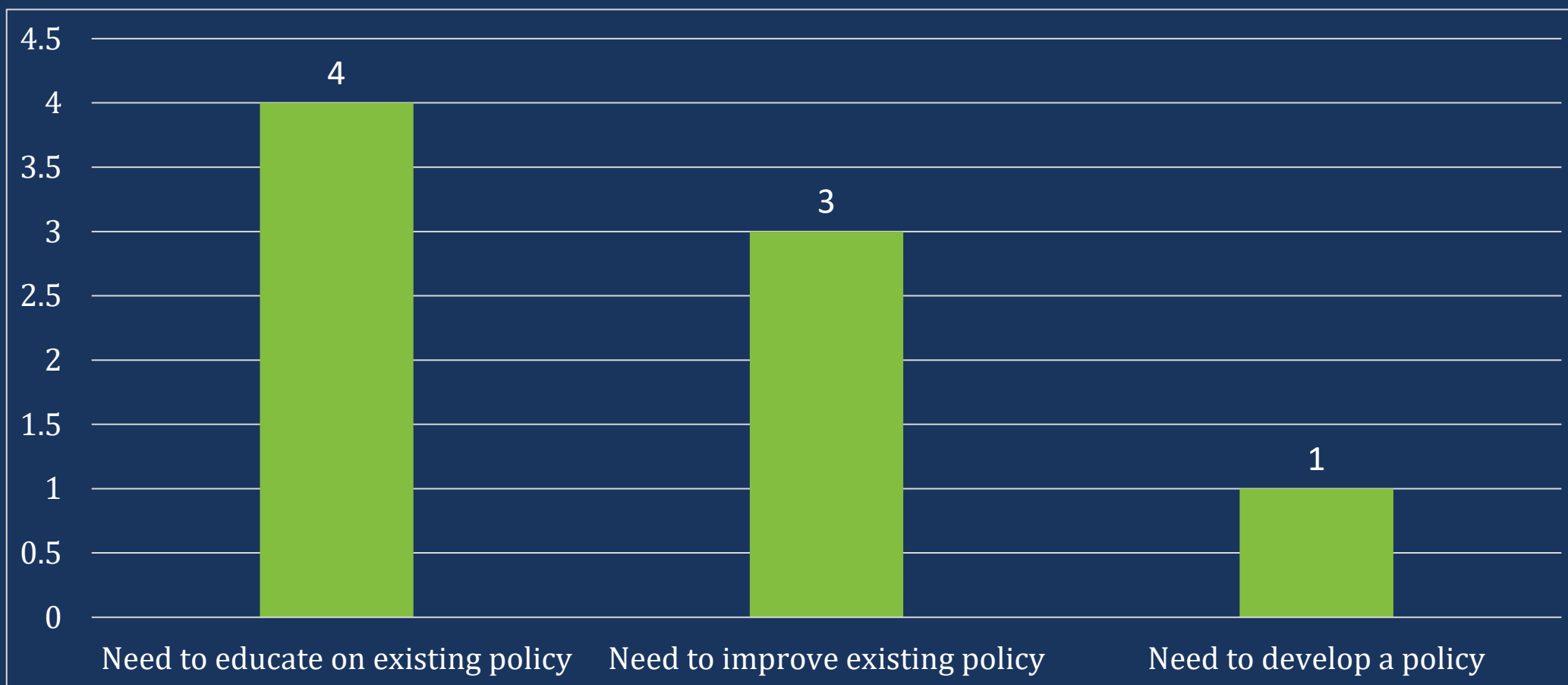
Education Practices for Withdrawal Scoring

Standardized Practices for Patient Transfer
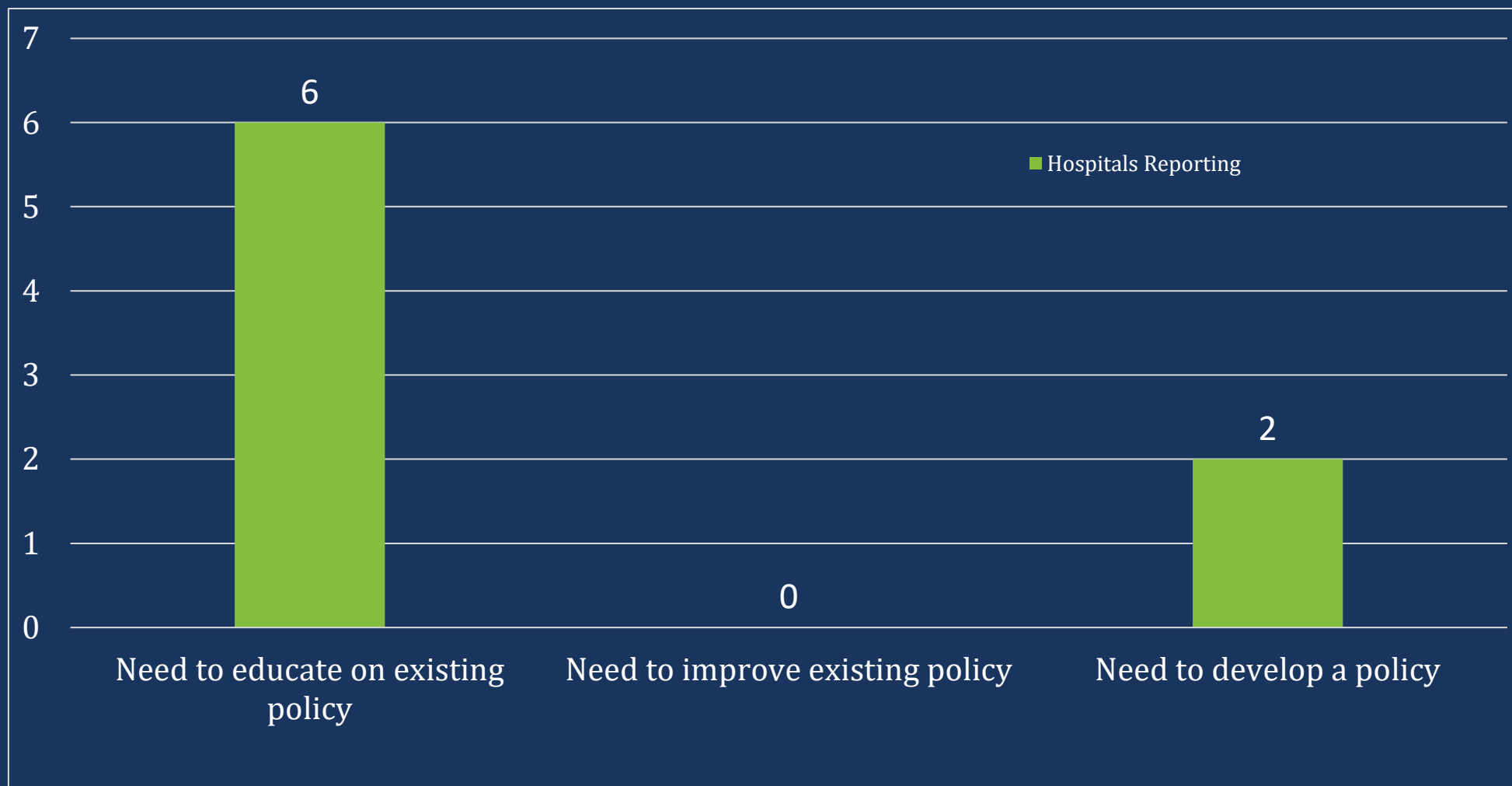
Pharmacologic Guidelines
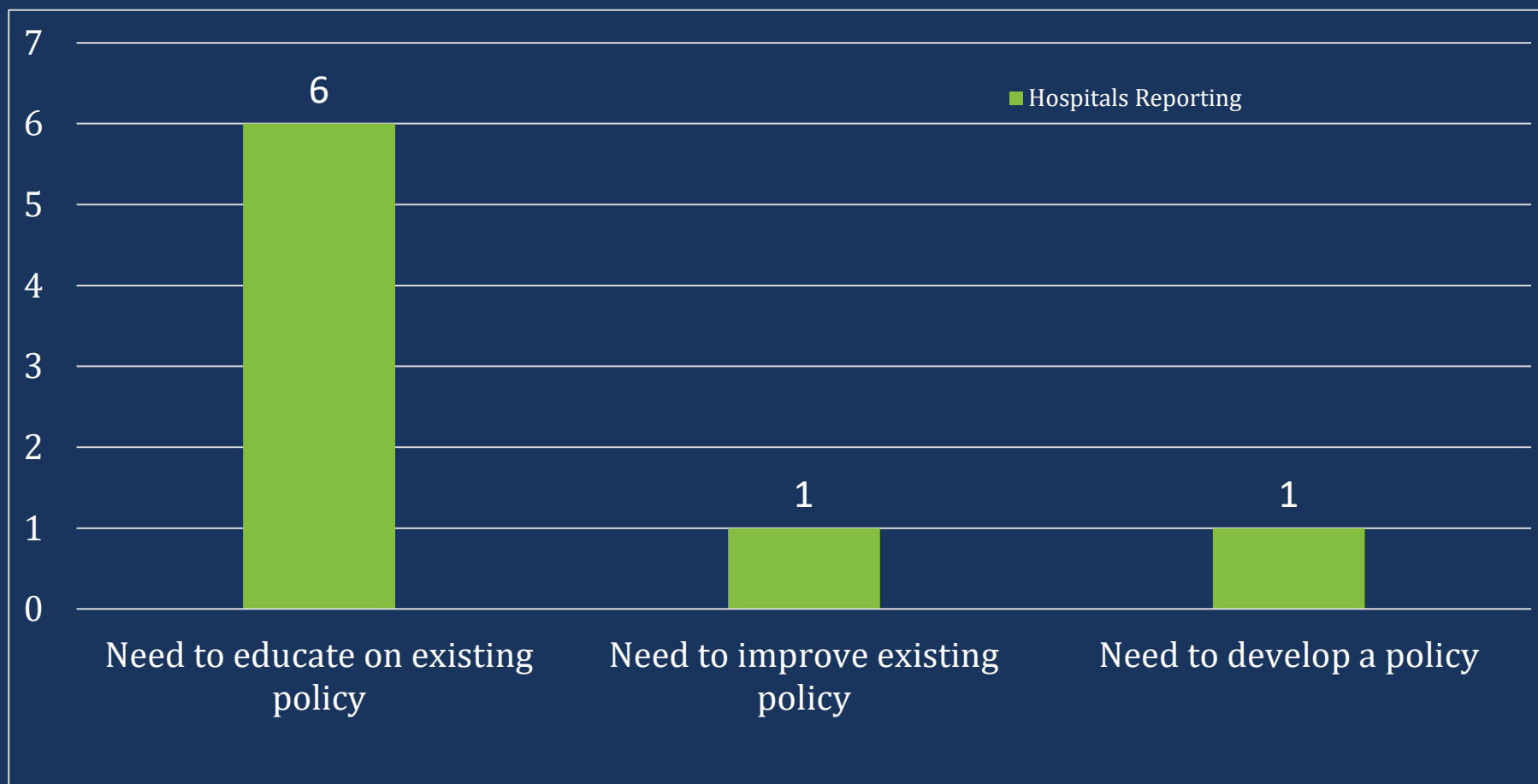
Collaborative Discharge Planning
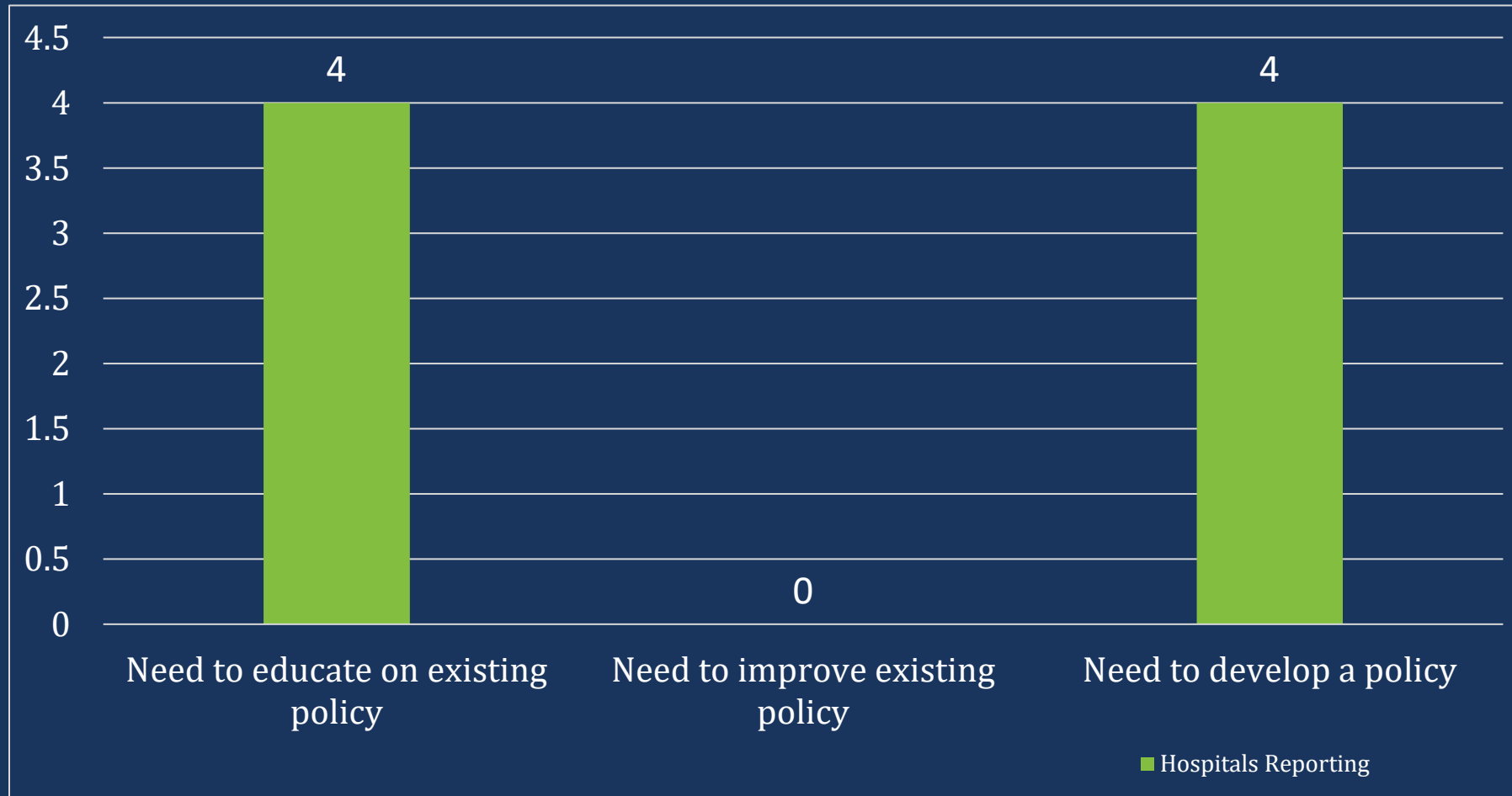
Narcan Counseling
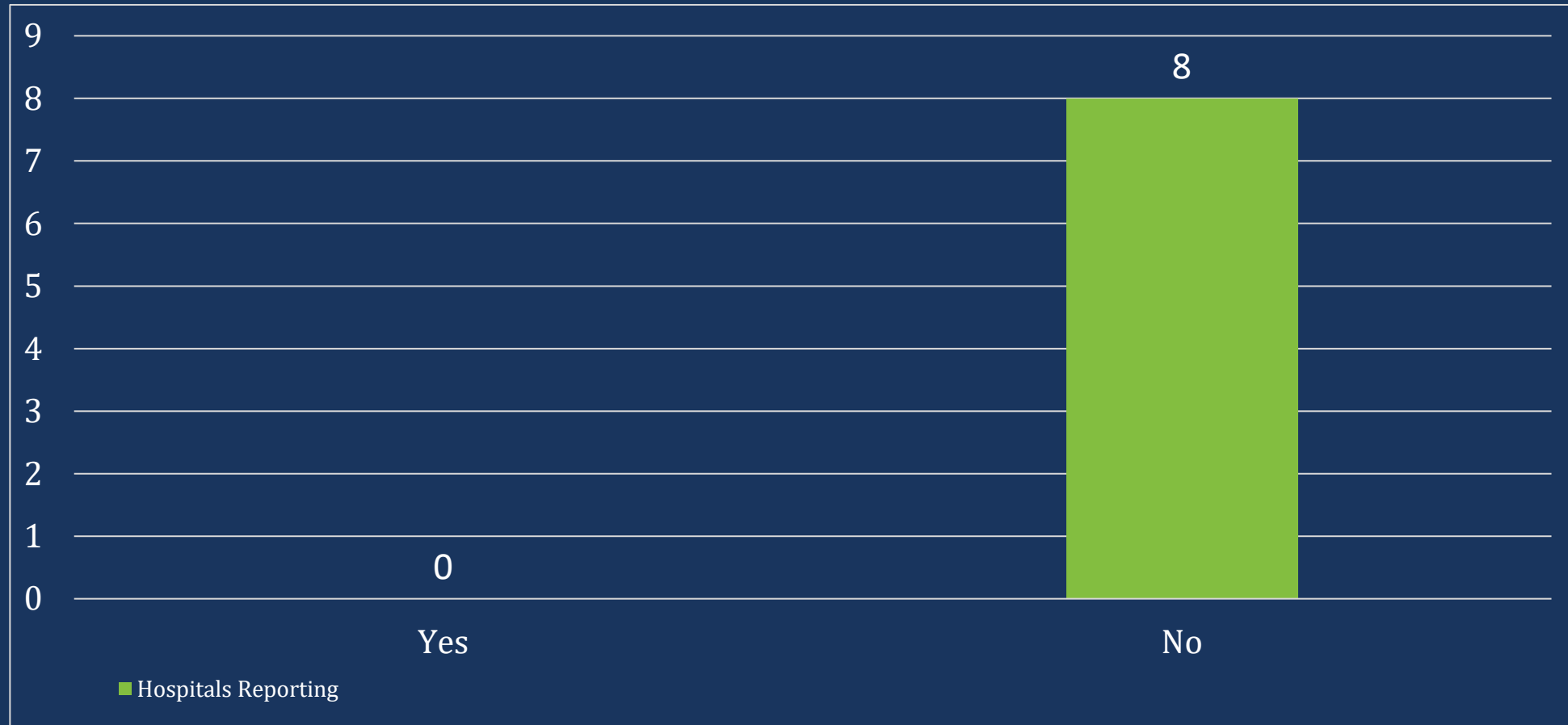
Barriers To Narcan Counseling

- Educational Literature
- We are working on creating patient education that is easy to read and understand. We had question about obtaining the rx for Narcan, but that was answered in the call last week.
- Have not included in patient education
- Unsure of what information to give and how to address it with families.
- No certain
- Not sure - It may be happening but not documented
- Unsure of how this information should be disseminated and what information exactly should be given.
- Education regarding availability of Narcan counseling.

Special Event
March 10, 2021, 2-2:45pm ET

Naloxone Administration Virtual Training for Alabama

Opioid overdose is the leading cause of accidental death in the United States. Naloxone has been proven to reverse the effects of opioid overdose.

Teaching people to administer naloxone is an effective means of preventing deaths among people who may overdose.

Who should participate? This training is intended for everyone beneficiaries (patients), family members, community members, coalition members, clinicians, treatment providers, long-term care facility staff.

REGISTER

This training is being provided by the team at Project FREEDOM at the University of Alabama.

Narcan Counseling
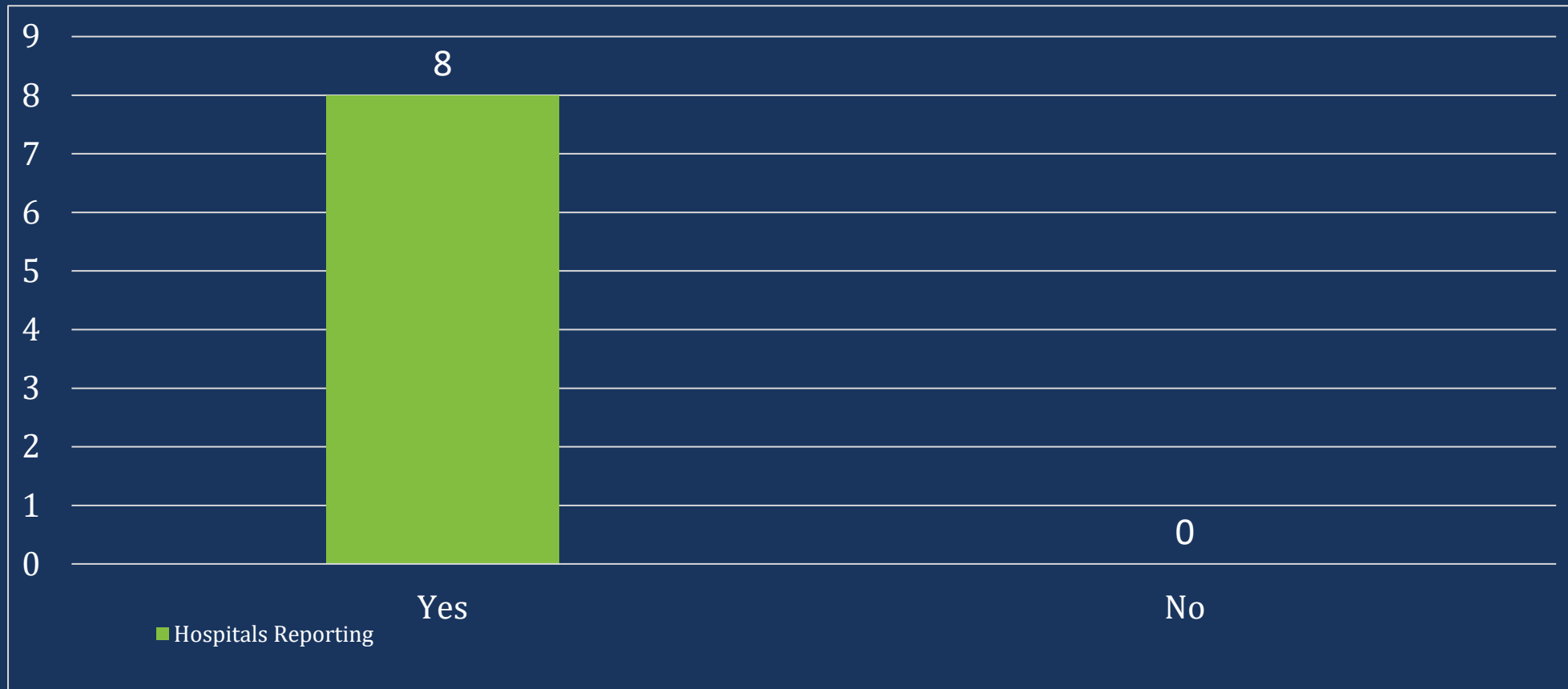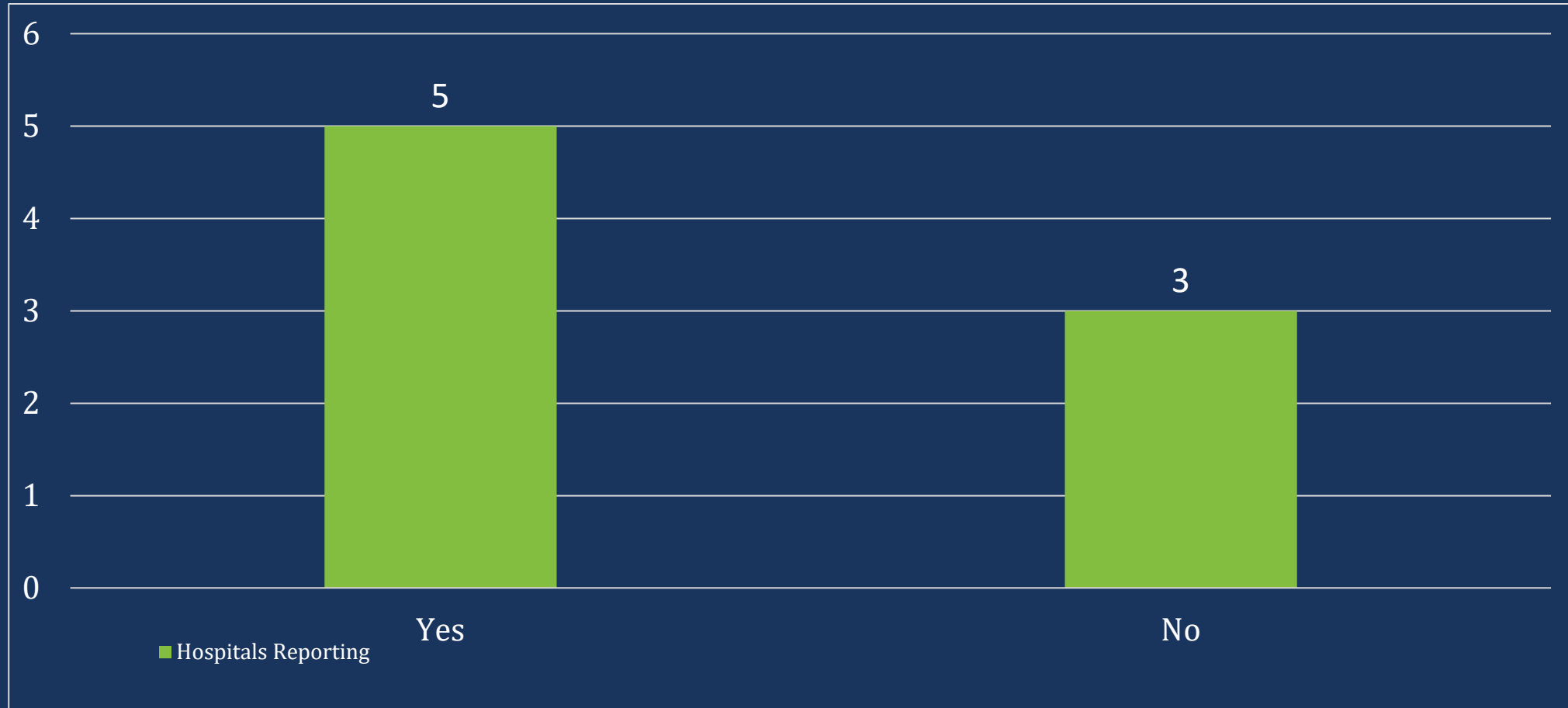
Specific Resources

- Treatment programs in the area
- Contact information
- Unsure
- MAT
- CAPP, community resources

Specific Resources

Is a connection with the resource made before discharge?

- Not usually unless requested by the patient
- No
- Unsure
- Not always
- Don't know

If addiction resources are discussed with the mother prior to discharge…
- Does a protocol exist to standardize the process?

- No (x3)
- Unsure
- Don't Know

Specific Resources

If addiction resources are discussed with the mother prior to discharge...
- Is follow up made after discharge?

- Not usually unless they are a breastfeeding mother. Those mothers are contacted by our Lactation dept. for follow up.
- Not through the hospital
- Not certain
- Not usually
- Don't know

NOWS Data Collection

Neonatal Opioid Withdrawal Syndrome Key Driver Diagram

Global Aims

To optimize inpatient care strategies for mothers with opiate use disorder* and opiate exposed newborns

SMART Aims

By April 1,2022, in infants born at ≥35w GA with NOWS:

1) Reduce length of stay by 20%
2) Reduce exposure to pharm care by 20%
3) Increase the % of mothers and infants discharged with Collaborative Discharge Plan to 35%

Population

Mothers with opiate use disorder and opiate exposed newborns in the state of Alabama

Primary Drivers

- Identification and Assessment of Opiate Exposed Newborns
- Inpatient Management of Infants with NOWS
- Supportive Discharge for Mothers and Baby

Secondary Drivers

- Strengthen Family/Care Team Relationships
- Withdrawal scoring consistency
- Non-pharmacologic care standardization
- Pharmacologic care consistency: initiation, weaning, and cessation
- Keeping mother-baby dyad together
- Hospital specific Plan of Supportive Infant Discharge
- Hospital specific Plan of Supportive Maternal Discharge

Interventions

- Stigma education as part of ongoing education procedures
- Standardize education for all staff on withdrawal scoring
- Non-pharmacologic care guidelines for opioid exposed newborns
- Pharmacologic treatment guidelines
- Establish hospital policy for infant transfer and rooming in
- Establish hospital specific Collaborative Discharge Plan

*Positive self report screen or toxicology, use of non-prescribed opioids, use of prescribed opioids > 1month, newborn screen positive for opioids, newborn affected by maternal use of opioids

Why This Matters

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do
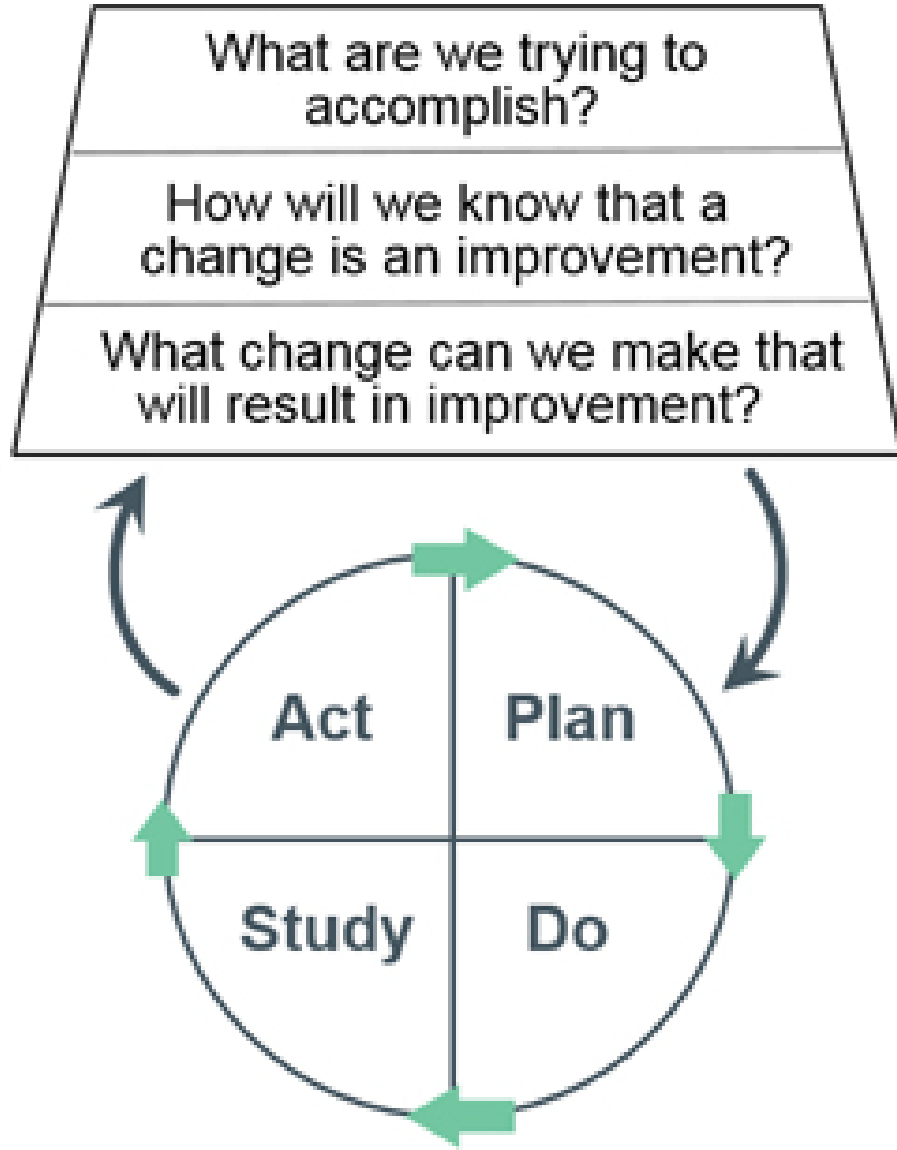
→ Setting your SMART aim

→ Measurement Strategy

→ Key Driver Diagram

→ Testing Changes via PDSA cycles

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Baseline Measurement Period

Goal of ≥ 10 patients per hospital...

Step 1: Review December 2020 – February 2021

If fewer than 10 patients...

Step 2: Review September 2020 – November 2020

Data Collection

Step 1: Start with ICD-10 Codes

Step 2: Ensure Infant Meets Inclusion Criteria

Step 3: Collect Baseline Measures

Step 4: Enter Data Into Data Portal

NOWS Definition

Neonatal Opioid Withdrawal Syndrome refers to the collection of signs and symptoms that occur when a newborn prenatally exposed to prescribed, diverted, or illicit opiates experiences opioid withdrawal. This syndrome is primarily characterized by irritability, tremors, feeding problems, vomiting, diarrhea, sweating, and, in some cases, seizures.

An Elusive Definition
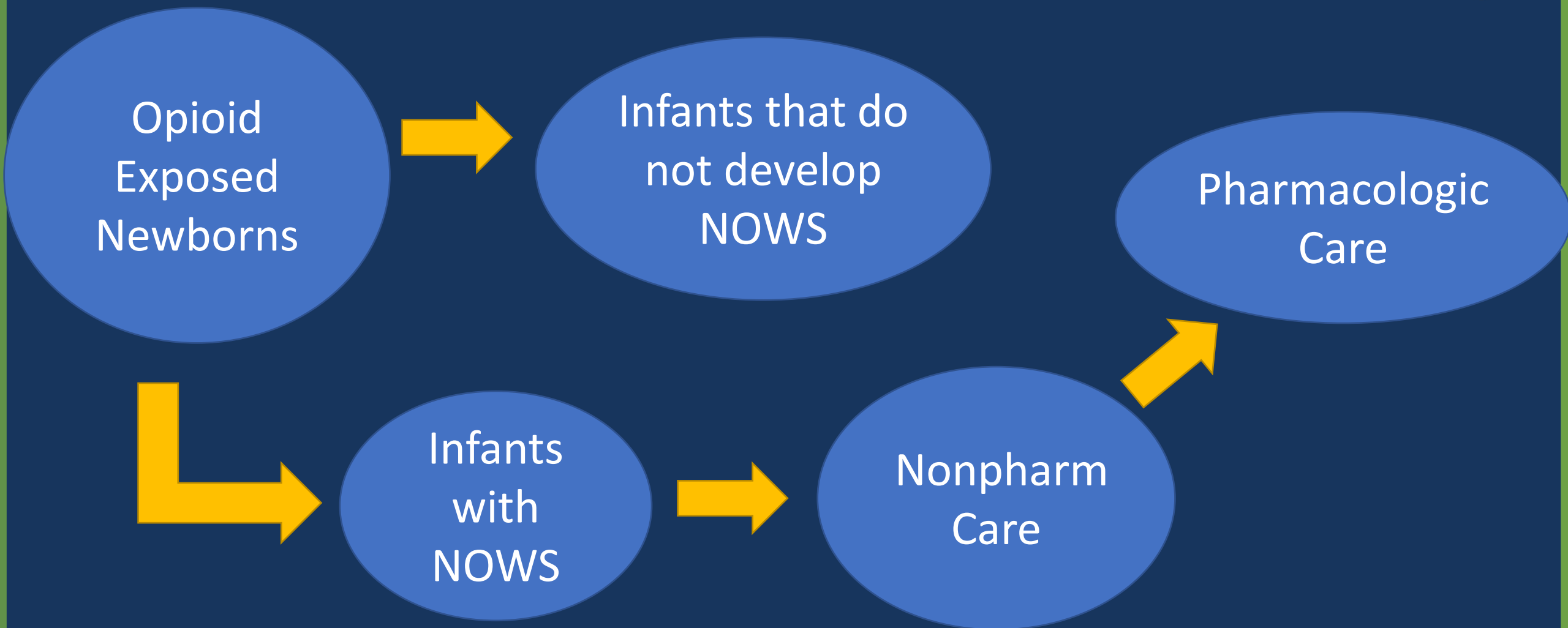
Step 1: Start with ICD-10 Codes

Using ICD-10 data <u>will not be as accurate</u> as clinical criteria above and will require a linkage of mother and infant discharge codes for best estimate and so is <u>not recommended for routine use</u>.

ICD-10 Codes

1

P96.1

Neonatal withdrawal symptoms from maternal use of drugs of addiction

2

P04.49

Newborn affected by maternal use of other drugs of addiction

3

P04.14

Newborn affected by maternal use of opiates (new in October 2018)

Maternal Codes

Maternal Codes for Opioid abuse, dependency, or use:

F11.xx

Step 2: Ensure Infant Meets These Criteria

Include all infants of mothers with opioid use if any of the following:
- Positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD
- Patient endorses or reports misuse of opioids / opioid use disorder
- Using non-prescribed opioids during pregnancy
- Using prescribed opioids chronically for longer than a month in the third trimester
- If newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids
- If newborn affected by maternal use of opioids including NOWS

Step 3: Collect Baseline Measures

Measurement Type	Measurement
Outcome	Neonatal C: Did infant receive pharmacologic treatment?
Outcome	Neonatal D: If infant received pharmacologic treatment, for how many days did the infant receive treatment (Birth is day "0")
Outcome	Neonatal E: How many days old was the infant at discharge (Birth is day "0")
Process	Obstetrical A: Was the mother on Medication for Opioid Use Disorder (MOUD)? (e.g. on prescribed methadone/ Subutex/etc.)
Process	Obstetrical B: Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge?
Process	Obstetrical C: Was Narcan counseling documented in the medical record prior to maternal discharge?
Balancing	Balancing Measure H: Was the infant readmitted for any cause within 10 days of discharge?

Baseline data due March 31, 2021

Measurement Period:
Dec2020 – Feb2021
- If fewer than 10 patients:
  - ✓ Additional review of Sep2020 – Nov2020

See data collection tools on our website
www.alpqc.org/nows
under "Data Resources"

Step 3: Collect Baseline Measures

Excel Data Entry Tool

Step 4: Enter Data Into Data Portal

Data Portal Overview
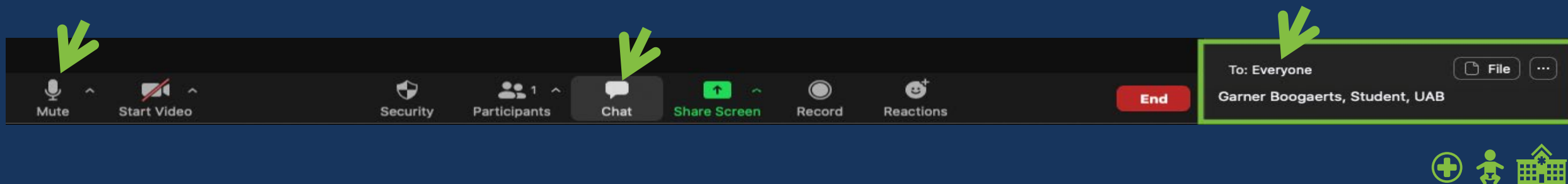
Team Talks

USA Health

Project Background

- The rate of NAS was rising steeply on a national level. We were seeing the same trend at our hospital.
- The costs associated with the increased length of stay (LOS) and resource utilization for babies with NAS was also on the rise.
- Despite implementing a NAS management protocol we were not seeing a significant decrease in LOS.

Neonatal Abstinence Syndrome (NAS)/NOW
NICU/NBN

Original Aim: Decrease the LOS for NAS babies by 10% by December 31, 2014. This was achieved. The team continued in the Vermont Oxford project through December 2016.
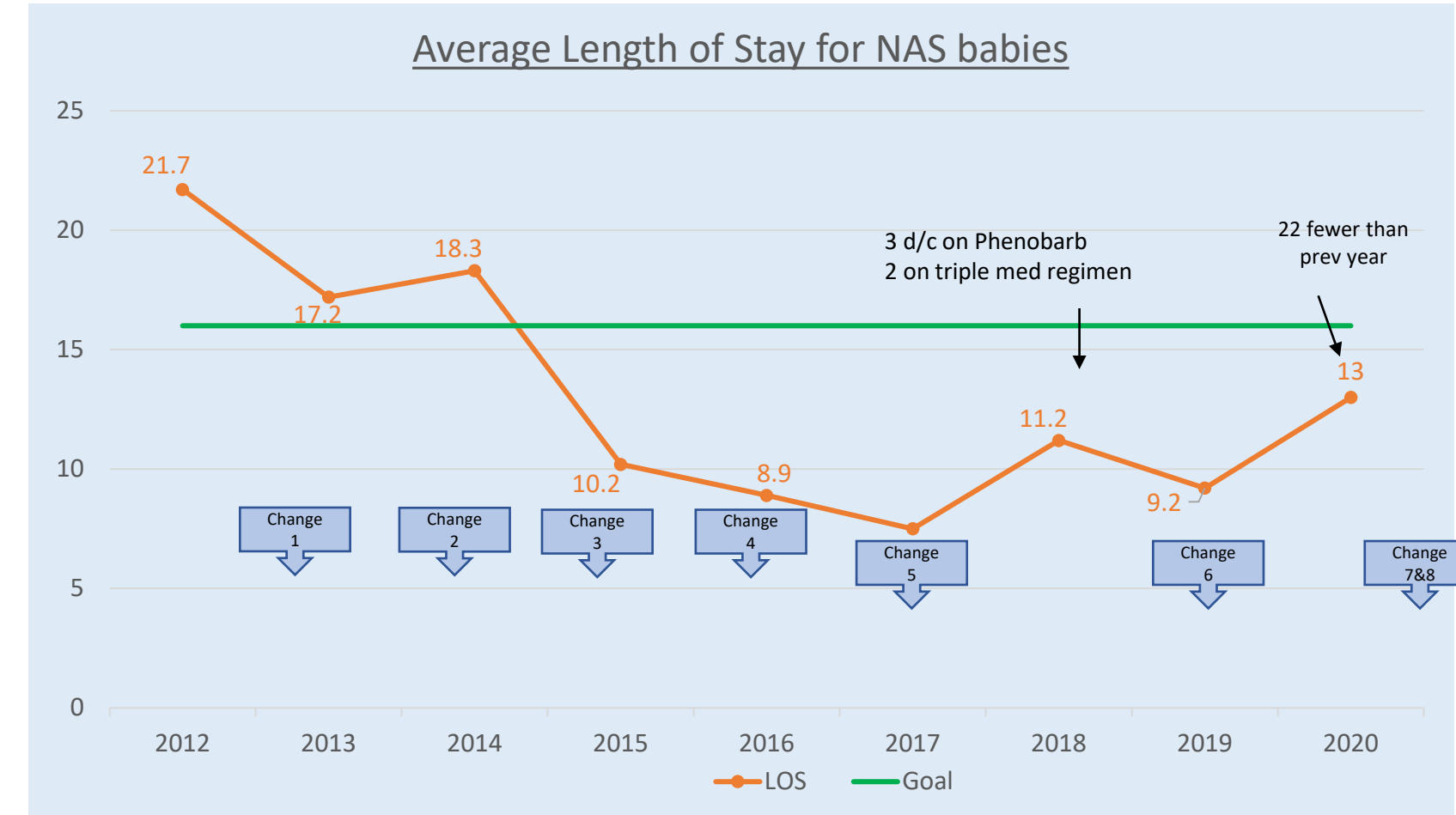
Current Aim: Measurement of sustained improvement remains ongoing. National benchmark for Average LOS with NAS is 16 days. (*JAMA Pediatrics, February 2020*)

USA HEALTH
CHILDREN'S & WOMEN'S HOSPITAL

Plan / Do / Study / Act

PDSA: Plan

1. Continue to decrease LOS for NAS babies.

PDSA: Small Tests of Change

1. Analyze baseline data.
2. 2013: Join VON iNICQ collaborative and education for staff on Finnegan scoring scale
3. 2014: Join VON iNICQ collaborative, revised NAS care protocol, use of private rooms, parent education booklet, inter-observer reliability testing for scoring, cuddler program
4. 2015: Join VON iNICQ collaborative, Prenatal NAS education, NAS care team, universal online training through VON for staff
5. 2016: Medical treatment protocol revision
6. 2019: Update and re-educate staff
7. 12/2020: New NAS protocol.
8. 2/2021: ALPQC NOWS initiative

PDSA: Study

1. Continue to monitor monthly NHSN data to evaluate trends.

Average Length of Stay for NAS babies

Year	LOS
2012	21.7
2013	17.2
2014	18.3
2015	10.2
2016	8.9
2017	
2018	11.2
2019	9.2
2020	13

3 d/c on Phenobarb
2 on triple med regimen

22 fewer than prev year

Change 1 · Change 2 · Change 3 · Change 4 · Change 5 · Change 6 · Change 7&8

Legend: LOS · Goal

ALPQC NOWS Initiative

AIM:
1. Reduce LOS by 10%
2. Improve use of correct ICD 10 codes for NOWS
3. Improve safe discharge process including Narcan education

Strengths:
1. Established team who rounds on NOWS patients
2. Prenatal visits for NOWS education
3. A developed protocol
4. Experienced nurses

Barriers:
1. Lack of parent visitation or involvement
2. No cuddlers due to Covid restrictions
3. Multi-drug use prenatally complicating withdrawal

30 Day plan:
1. Evaluate the ICD codes being used to identify baseline
2. Develop process of documenting non-pharm interventions
3. Evaluate current discharge process for NOWS babies

Next Steps

Keys to Success

❖ **Attend monthly calls**
1. We will review education topic, review data, discuss QI strategies for implementation, and you'll hear from peer teams sharing progress, barriers and lessons learned

❖ **Submit data regularly into data portal**
1. You will be able to track your progress across time and compare to other hospitals in initiative

❖ **Regular meetings with your Team**
- Monthly meetings to review your data, identify opportunities for improvement, plan and discuss PDSA cycles, etc. to drive QI work
- Work on your hospital team Aim and 30-60-90 Day Plan

Next Steps

- Submit Team Roster
- Complete NOWS Baseline Survey
- March of Dimes Breaking Through Bias 1-hr online training
    - Email eguillaumet@uab.edu to sign up your team
    - If already signed up, complete training before March 31, 2021.
- Sign up for 15-min Coaching Call

- **Baseline data due March 31, 2021**

- Start your first PDSA cycle!
    - Samples and template on our website under "Key Documents"
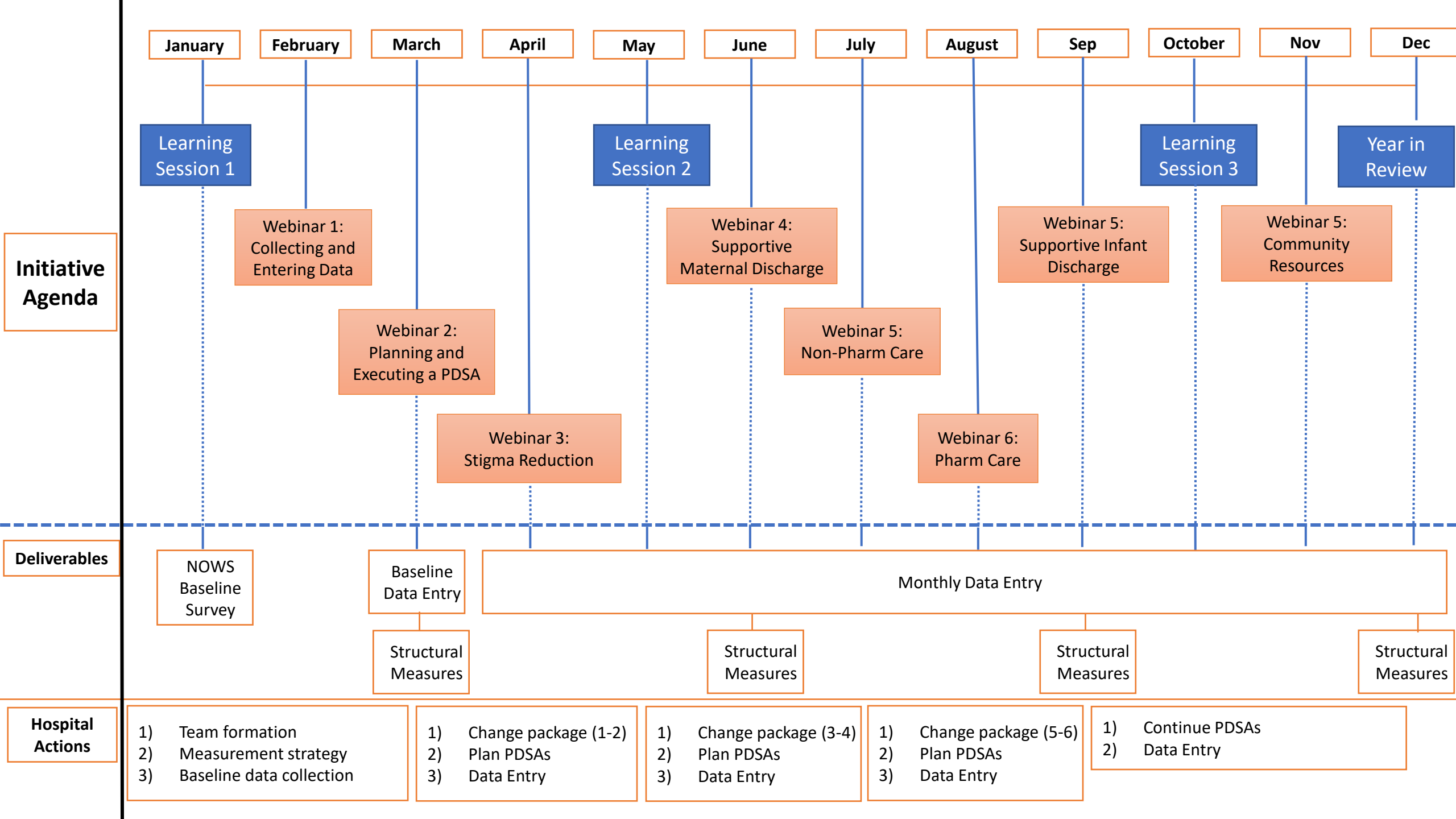
Thank You

Next Call: Wednesday, March 24 at 12:00 PM