

Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative

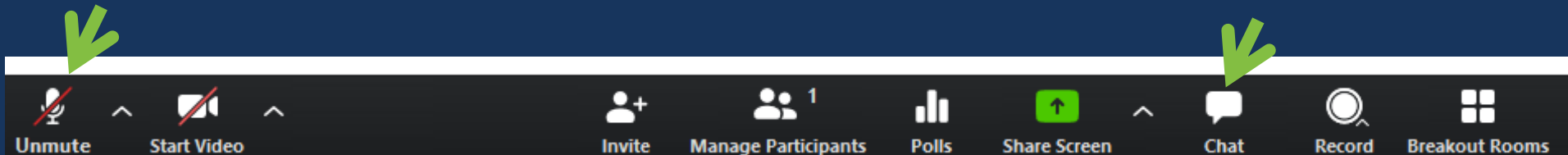
Action Period Call – Supportive Maternal Discharge

April 28, 2021

Welcome!








- Attendees are automatically muted to reduce background noise
- Please enter questions/comments in the “chat” box during the presentation
- Slides will be emailed and available at www.alpqc.org
- We are now recording



- 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



NOWS Updates		12:00 – 12:05
Data Updates		12:05 – 12:15
Supportive Maternal Discharge & Team Talk		12:15 – 12:50
Q & A		12:50 – 1:00
Next Steps		1:00



NOWS Updates

◆ Monthly Data Reporting

March data due April 30, 2021

◆ March of Dimes Breaking Through Bias Training

Extension through April 30, 2021

◆ Data sharing agreements

Please email csnowden@alaha.org

Data Updates

1. Baseline data - thank you!
2. Things to look out for when reporting data

Data portal

- Remember to fill out:
 - “Step 1” (baseline) and
 - “Step 3” (monthly)

ALPQC

Project: Neonatal Opioid Withdrawal Syndrome

Select a topic:

+ Step 1 – Select measurement period for baseline data

+ Step 2 – Enter baseline data

+ Step 3 – Select measurement period for monthly data reporting

+ Step 4 – Enter monthly data

+ Step 5 – Take brief monthly assessment

+ Quarterly Structural Measures

 Create Reports

[Back to Project List](#)

Data portal

- ✓ “Step 1” (baseline) and
- ✓ “Step 3” (monthly)
- Portal needs this information to create graphs for measures

Note:

- In “c”: only enter women who delivered at your facility
 - If some OENs that month were transferred in: “d” may be larger than “c”

The screenshot shows the ALPQC data portal interface. At the top, there is a 'Review' button. Below it, the project name 'ALPQC' and 'Project: Neonatal Opioid Withdrawal Syndrome' are displayed. The topic is 'Step 1 – Select measurement period for baseline data'. The main section is titled 'Step 1 - Baseline: Select measurement period'. It contains several fields: 'a). Baseline Measurement Period' with a 'Select' dropdown, 'b). For this measurement period' with a checkbox labeled 'We have', and a section 'If have Opioid Exposed Newborns to report for this month'. Under this section, there are two input fields: 'c). Total number of mothers with opioid exposure who delivered at your hospital this month' (circled in green) and 'd). Total number of infants ≥ 35 weeks with opioid exposure this month'. A 'Save' button is at the bottom right. A dark blue box with white text is overlaid on the right side, listing measures needed for graphing: OB A: MOUD, OB B: Referral to addiction services, and OB C: Narcan counseling. A 'Back to Topics List' link is at the bottom left.

Review

ALPQC
Project: Neonatal Opioid Withdrawal Syndrome

Topic: Step 1 – Select measurement period for baseline data

Step 1 - Baseline: Select measurement period

a). Baseline Measurement Period *

b). For this measurement period ☐ We have

If have Opioid Exposed Newborns to report for this month

c). Total number of mothers with opioid exposure who delivered at your hospital this month

d). Total number of infants ≥ 35 weeks with opioid exposure this month

Save

Back to Topics List

Needed to graph maternal measures:

- OB A: MOUD
- OB B: Referral to addiction services
- OB C: Narcan counseling

Data portal

- Remember to fill out:
 - “Step 1” (baseline) and
 - “Step 3” (monthly)
- Portal needs this information to create graphs for measures

Review

ALPQC
Project: Neonatal Opioid Withdrawal Syndrome

Topic: Step 1 – Select measurement period for baseline data

Step 1 - Baseline: Select measurement period for baseline data

a). Baseline Measurement Period ^{*}

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c). Total number of mothers with opioid exposure who delivered at your hospital this month

d). Total number of infants ≥ 35 weeks with opioid exposure this month

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Needed to graph neonatal measures:

- Neo A - H



- | ALPQC Neonatal Opioid Withdrawal Syndrome Initiative (NOWS)
BASELINE Data Collection Form | | | | | | | | | | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|---|--|--|--|--|--|--|--|---|--|---|---|---|---|--------------|--|---|---|--|---|-----------------|--|---|---|
| <p>Use this sheet to collect your NOWs data before entering it at http://qualitydata.alaha.org.</p> <p>Measurement Period:</p> <p>December 2020-February 2021
<i>This is sufficient if this time period captures ≥10 neonates)</i></p> <p>September 2020 -February 2021
<i>If Dec-Feb time period does not ≥10 neonates</i></p> | | | <p>Criteria
<i>Include all infants of mothers with opioid use disorder if mother has:</i></p> <ul style="list-style-type: none"> • Positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or • Patient endorses or reports misuse of opioids / opioid use disorder, or • Using non-prescribed opioids during pregnancy, or • Using prescribed opioids chronically for longer than 3 month in the third trimester, or • If newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids, or • If newborn affected by maternal use of opioids including NOWs | | | <p>Inclusions</p> <p><i>Using ICD-10 data will not be as accurate as clinical criteria above and will require a linkage of mother and infant discharge codes for both obstetric and pediatric records for routine use. Log created from hospital data form is preferred method of data collection.</i></p> <p><i>If using ICD-10 data, check both infant and maternal diagnoses:</i></p> <p>Newborn affected by maternal use of opiates:</p> <ul style="list-style-type: none"> • P96.1 Neonatal withdrawal syndrome from maternal use of drugs of addiction • P04.49 Newborn affected by maternal use of other drugs of addiction • P04.14 Newborn affected by maternal use of opiates (new in October 2019) <p>Maternal codes for Opioid abuse, dependency, or use:</p> <ul style="list-style-type: none"> • F11.xx | | | | | | | | | | | | | | | | | |
| Total number of infants ≥ 35 weeks with opioid exposure discharged this month | | | 4 | | | | | | | | | | | | | | | | | | | | |
| Total number of mothers with opioid exposure who delivered at your hospital this month | | | 3 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Count of Yes | | 1 | | 1 | | 0 | | | | | | | | | | | |
| | | | | | | Count of No | | 2 | | 2 | | 3 | | Count of Yes | | 2 | | Median Days Receiving Treatment | | Median Days Old | | | |
| | | | | | | Count of Delivery at Outside Facility | | 1 | | 1 | | 1 | | Count of No | | 2 | | 13 | | 5.5 | | | |
| Collection Sheet No. | | | Patient Race/Ethnicity
Please select all that apply: | | | Obstetrical A:
Was the mother on Medication for Opioid Use Disorder (MOUD)? (e.g. on prescribed methadone/Subutex/etc.) | | | Obstetrical B:
Was the mother either a) already receiving or b) referred to addiction services prior to maternal discharge? | | | Obstetrical C:
Was Narcan counseling documented in the medical record prior to maternal discharge? | | | Neonatal C:
Did infant receive pharmacologic treatment? | | | Neonatal D:
If infant received pharmacologic treatment, for how many days did the infant receive treatment (Birth is day "0") | | | Neonatal E:
How many days old infant at discharge "0" | | |
| | | | White (Non-Hispanic) | | | Delivery occurred at outside facility | | | Delivery occurred at outside facility | | | Delivery occurred at outside facility | | | Yes | | | 6 | | | | | |
| | | | Black or African American (Non-Hisp | | | No | | | Yes | | | No | | | No | | | | | | | | |
| | | | White (Non-Hispanic) | | | Yes | | | No | | | No | | | No | | | | | | | | |
| | | | White (Non-Hispanic) | | | No | | | No | | | No | | | Yes | | | 20 | | | | | |



Data portal

- Visualizing your data
every month

ALPQC

Project: Neonatal Opioid Withdrawal Syndrome

Select a topic:

- + Step 1 – Select measurement period for baseline data
- + Step 2 – Enter baseline data
- + Step 3 – Select measurement period for monthly data reporting
- + Step 4 – Enter monthly data
- + Step 5 – Take brief monthly assessment
- + Quarterly Structural Measures
-   **Create Reports**

[Back to Project List](#)

Data portal

HTN AND NOWS: LINE GRAPHS AND BAR GRAPHS

Alabama Hospital Association - Quality Data Portal

- Visualizing your data every month

If you are **adding more than one Series**, its best to **customize by series**. If you are adding **more than one measure** it is **best to customize by measure**. When customizing measures, you can select whether you want the data to be placed on the **LEFT or RIGHT axis**. Additionally you can select **Line or Bar** under **Chart type**. This allows you to create one graph with overlapping data points.

DesignViewSave

Export ExcelExport PDFExport CSV

Test Hospital for Maternal Projects

Project: Reports - Report Name: test 2

Start DateOct-2019

End DateJul-2020

PeriodMonths

Report TypeLine Chart

Chart TitleTime to Treatment

Left AxisTime (rate)

Right AxisRename Right Axis (Default=Secondary)

CustomizeMeasures

Automatic

- Add 1 or more Series to the Report -

Add

Series	+Goal	+Baseline	Color	Marker	Size
<input checked="" type="checkbox"/> Hospital: Test Hospital for Maternal Projects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="#FF0000"/>	<input type="text" value="Circle"/>	<input type="text" value="12"/>

Remove All Series

- Add 1 or more Measures to the Report -

Add

Measure	Axis	Chart	Color	Marker	Size
<input checked="" type="checkbox"/> Maternal HTN Data: Measure # 07B (Process) - Time to Treatment, 61-120 minutes	<input type="text" value="Left"/>	<input type="text" value="Line"/>	<input type="text" value="#0000FF"/>	<input type="text" value="Square"/>	<input type="text" value="12"/>
<input checked="" type="checkbox"/> Maternal HTN Data: Measure # 07A (Process) - Time to Treatment, <60 minutes	<input type="text" value="Right"/>	<input type="text" value="Bar"/>	<input type="text" value="#339966"/>	<input type="text" value="Square"/>	<input type="text" value="12"/>

Remove All Measures

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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 ≥ 35 w 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

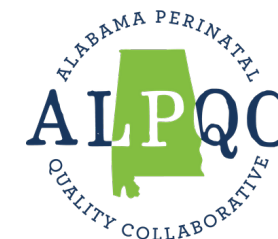
Establish hospital specific Collaborative Discharge Plan



Supportive Maternal Discharge

- NOWS Discharge Checklist 
- NOWS Toolkit 
- NOWS Resources 
- Peer Recovery Support 
- Narcan Counseling 
- Collaborative Discharge Plan 

NOWS Discharge Checklist



NOWS Discharge Checklist

This NOWS Neonatal Discharge Checklist needs to be completed for every Opioid-Exposed Newborn (OEN) before infant discharge.

I. Clinical Readiness

- ☐ 4-7 days of inpatient monitoring for infants exposed to buprenorphine and sustained-release opioids who do not require pharmacotherapy
- ☐ 5-7 days of inpatient monitoring for infants exposed to methadone who do not require pharmacotherapy
- ☐ 72 hours of inpatient monitoring after pharmacotherapy for infants who require pharmacotherapy
- ☐ The infant should feed well and gain weight over two consecutive days
- ☐ Consultation with social work or hospital equivalent completed
- ☐ Medication dispensing schedule and demonstration of ability to dose the infant, as applicable
- ☐ Scheduled a developmental follow-up appointment and/or physical and occupational therapy appointments as applicable
- ☐ Hepatitis B/ Hepatitis C/ HIV exposed infants – Pediatric infectious disease appointment scheduled or if preference is to follow infant in primary care, please refer to 2018 American Academy of Pediatrics Red Book for current recommendations

II. Family Preparedness

- ☐ Education provided regarding:
 - ☐ Understanding components of NOWS Collaborative Discharge Plan
 - ☐ Importance and benefits of breastfeeding, unless contraindicated
 - ☐ Increased risk of visual problems including strabismus
 - ☐ Developmental follow-up, physical and occupational therapy
 - ☐ Safe sleep practice
 - ☐ Non-accidental trauma
 - ☐ CPR
- ☐ Narcan counseling offered.
- ☐ Linkage to addiction services and MOUD/MAT made, as applicable.
- ☐ Patient received "Neonatal Opioid Withdrawal Syndrome: What you need to know - A Guide for Families"

III. Transfer of Care

- ☐ Completion of NOWS Collaborative Discharge Plan in partnership with care team, family, and community pediatrician.
- ☐ Communication and coordination with primary care provider completed:
 - ☐ Discussion of medical and social information, including infant custody
 - ☐ Description of hospital course
 - ☐ Plan for outpatient medication wean, if applicable
 - ☐ Heightened need for vision screening for refractive errors/strabismus
- ☐ Coordination and clearance with local Department of Human Resources (DHR) office completed, as applicable



NOWS Discharge Checklist



II. Family Preparedness

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NOWS Toolkit



NOWS Toolkit: Collaborative Discharge Plan

Discharge education specific to the unique needs of infants with NOWS should be provided to caregivers.

In creating a Collaborative Discharge Plan, all involved stakeholders should ensure that support is offered to caregivers to ensure that four essential foundations of health are met, these include:

1. **Responsive Caregiving**
2. **Safe and Secure Environment**
3. **Adequate and Appropriate Nutrition**
4. **Health Promoting**



ALPQC Website



- Family Education
 - [NOWS: What You Need to Know – A Guide for Families](#)
 - [Peer Support Services for Pregnancy and Postpartum Patients](#)
 - [Pregnancy: Methadone and Buprenorphine](#)
 - [ESC – Caring for Your Baby with Love](#)
 - [NAS: What You Need to Know – Be with Your Baby: You Are the Treatment!](#)
 - [MORE Hope: Helping our Parents Excel](#)
 - [Better Together to Prevent Neonatal Opioid Withdrawal Syndrome](#)
 - [NAS Brochure](#)



NOWS Resources



NOWS Resources in Our Service Area

Contact information for resources below found in the [ALPQC Perinatal Resource Directory Map](#)

FOR STAFF USE

MAPPING RESOURCES

ALPQC Resources Directory - [ALPQC PERINATAL RESOURCES DIRECTORY \(arcgis.com\)](#)

Jefferson County Pregnant and Parenting Women Resources -

https://www.google.com/maps/d/drive?state=%7B%22ids%22%3A%5B%22101PP1s95e_4mgzBLfCDNbTu20ZBOgPV%22%5D%2C%22action%22%3A%22open%22%2C%22userId%22%3A%22104619027012769224629%22%7D&usp=sharing

Alabama Coordinated Health Network

Provider and/or Program Name: Alabama Care Network Mid-State

Contact Information: Call by phone at 1-833-296-5245 (toll-free); TTY: 711. Our care team is available Monday through Friday from 8am to 5pm.

Helpful Tips for a Successful Referral: Alabama Care Network Mid-State serves Medicaid recipients in Jefferson and Shelby Counties.

Community Health Center

Provider and/or Program Name: Alabama Regional Medical Services

Contact Information: <https://alabamarms.org/locations/metro/>

205-407-6900	712 25th Street, North	Birmingham	35203
205-407-5600	2817 30th Avenue North,	Birmingham	35207
205-783-9300	417 19th Street, Ensley	Birmingham	35218
205-421-9615	7001 Crestwood Blvd., Suite 822	Birmingham	35210

Helpful Tips for a Successful Referral: Federally Qualified Health Clinic (FQHC), General Dentistry Practitioner, Obstetrician/Gynecologist, Plan First

Mapping Resources

[ALPQC Perinatal Resources Directory](#)

[Jefferson County Pregnant and Parenting Women Resources](#)



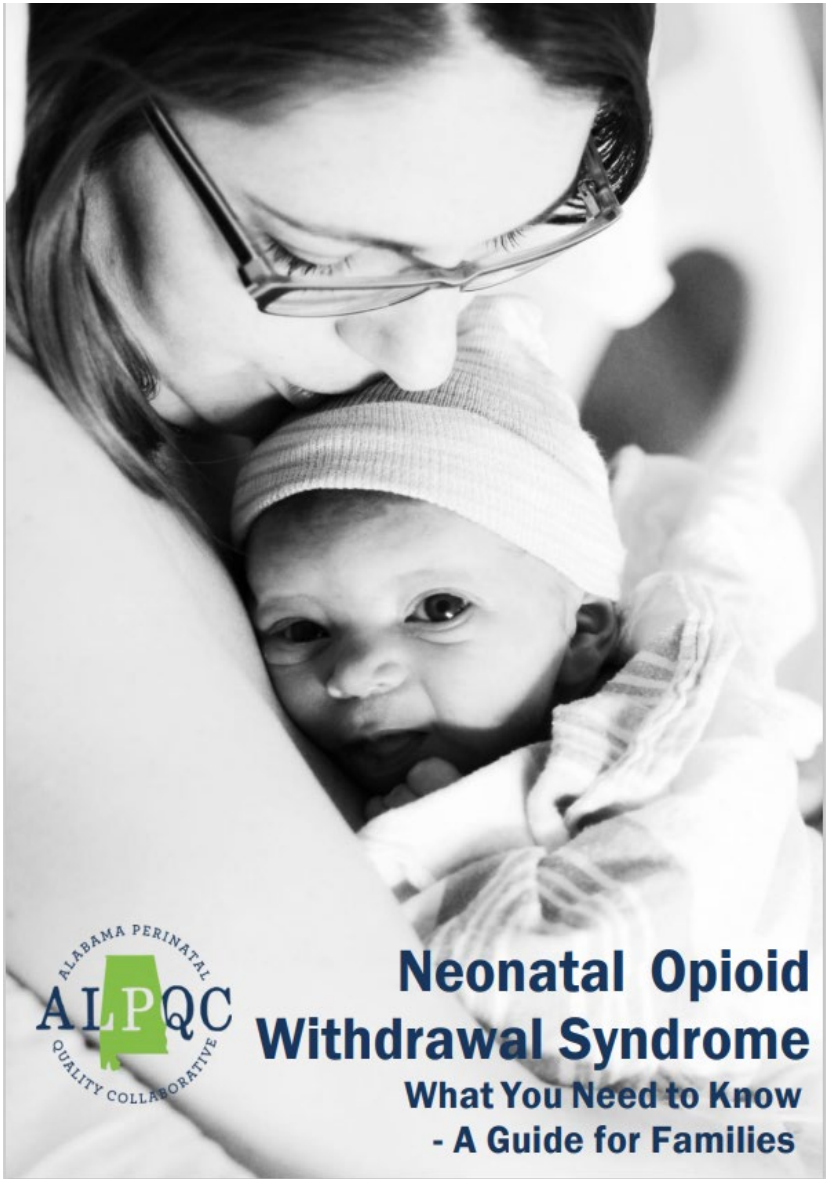


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Gratefully adapted with permission from the ILPQC Mothers and Newborns affected by Opioids (MNO) Neonatal Initiative.



Peer Recovery Support



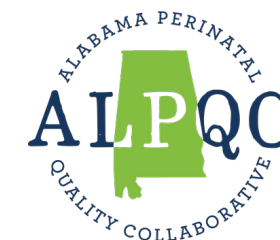
Julie Ray, CRSS
Shanika Webb, CRSS

Recovery Organization of Support
Specialists (R.O.S.S.)



- The Recovery Organization of Support Specialist is the first peer-run organization in Alabama.
- All our certified peers are individuals in recovery from a substance use disorder.
- We started R.O.S.S. to reach the people who fall through the cracks and all our services are free of charge.

- R.O.S.S. has 3 Recovery Community Centers in Alabama;
 1. Birmingham
 2. Montgomery
 3. Marshall County
- 24/7 Helpline
- R.O.S.S. Outreach Program
- Mentorship Program in Jefferson, Montgomery and Marshall counties.



R.O.S.S. 24/7 Helpline



- Our R.O.S.S. 24/7 Helpline is 844-307-1760
- All calls are confidential
- You are always talking to a Certified Recovery Support Specialist.



R.O.S.S. 24/7 Helpline



- A caller receives contact information for recovery resources including;
 1. Treatment provider in one's area as well as support groups, shelters and anything else requested
 2. Someone to talk to who has been where they are
 3. Connection to an Outreach peer to help them navigate the substance use disorder system of care





24/7 HELPLINE
844-307-1760

Are you, a family member, or friend struggling with addiction or in need of support?

Do you prefer chat? Live chat is available through our website:
Want to send an email? Send us a message:
helpline4u.al@gmail.com

Every call, live chat and email is answered by a person in recovery at:

R.O.S.S. RECOVERY ORGANIZATION OF SUPPORT SPECIALIST
www.rosshelpline4u.org

Addiction is a disease, not a moral failing.
All services are confidential and FREE,
made possible through funding from ADMH and SAMHSA.

 **SAMHSA**

R.O.S.S. Outreach Program



- Our R.O.S.S. Outreach Program is in 35 counties across Alabama, literally boots on the ground, going out to communities and helping to enrich the lives of whoever chooses to connect.
- Our R.O.S.S. Outreach Specialist stays with that individual every step of the way.
- We also have our R.O.S.S. Certified Recovery Support Specialists in OTP Clinics across Alabama providing peer support services to individuals on Medically Assisted Recovery.



Outreach for Success

Services Available



- Assist in navigating the substance use disorder system of care.
- Connect individuals and family members to available resources.
- Provide support for individuals and family members.
- Provide transportation to recovery resources.
- Engage individuals at risk for overdose.
- Educate the community on substance use disorder and the resources needed to obtain and maintain recovery.

- We work with expectant mothers and help them to meet the challenges they face together.




R.O.S.S., has peer services available in Alabama's Emergency Rooms for nonfatal opioid overdoses. The peers will take advantage of the "window of opportunity" to provide overdose prevention education, naloxone, support, and linkage to treatment services. This is a novel and replicable response to the opioid epidemic. Patients with opioid use disorder (OUD) who connect to a peer in an emergency department will be at reduced risk for a later overdose.

R.O.S.S. RECOVERY ORGANIZATION OF SUPPORT SPECIALISTS

Recovery Mentorship Program – a work-force development program focused on providing the necessary training, supports and experience for peer mentors with one year of recovery to prepare for the Alabama peer certification.

R.O.S.S. Road to Recovery Program is a peer recovery support program for individuals in early recovery. R.O.S.S. offers a variety of options to help participants achieve their recovery goals.

Peer-Lead Recovery Classes – provides a safe haven for participants to share concerns and receive recovery information and solutions that prevent addictive behaviors and support successful recovery journeys.

One-On-One Peer Mentoring – customized to meet the on-going recovery support needs on an individual basis to assist participants in maintaining abstinence and realizing the freedom of choices in living in recovery.

Recovery Check-Ups – telephonic check-ins by peers.

Sober Living Activities – Access to an array of social activities designed to support recovery.

Recovery Planning - including the development of individual recovery plans.

Get the help and support you need!

Reducing Opioid Addiction through Diversion, R.O.A.D. is a project to divert an individual with a substance use disorder from incarceration to recovery. This project is available for any individual in Montgomery (and surrounding counties), Etowah, Jefferson, and Walker Counties with involvement with the criminal justice system.

Pardons & Parole Project – Connect a former inmate with a substance use disorder to a peer support specialist to assist with maintaining recovery to avoid returning to prison for a drug related offense. Services offered in Jefferson, Madison, Marshall, and Montgomery Counties.

Are you pregnant and have a substance use disorder?
YOU ARE NOT ALONE!! WE CAN HELP!

Services Available

- Assist in navigating the substance use disorder system of care.
- Connect individuals and family members to available resources.
- Provide support for individuals and family members.
- Provide transportation to recovery resources.
- Engage individuals at risk for overdose.
- Educate the community on substance use disorder and the resources needed to obtain and maintain recovery.




- R.O.S.S. is developing ongoing relationships between our peers and all the Emergency Departments, Neonatal/OB Departments and first responders in Alabama.




R.O.S.S. Peer Support in the Neonatal/OB Department

Mothers with a substance use disorder who connect to a peer after delivery have a better chance of avoiding continued use.

Recovery Organization of Support Specialist, R.O.S.S., is a peer-run organization assisting individuals with a substance use disorder in obtaining and maintaining recovery. R.O.S.S. offers peer support to help improve an individual's emotional health, well-being, and sense of belonging.

What is a peer? A peer is an individual with lived experience in active drug/alcohol use now living in recovery. The peer gives an individual support, encouragement, hope, guidance, and understanding to aid in obtaining and maintaining recovery. The peer is certified by the Alabama Department of Mental Health to provide recovery support services.

As a response to the opioid crisis, R.O.S.S., will link recovery services to individuals that give birth to a baby dependent on opioids. The peer will take advantage of the "window of opportunity" to provide support and linkage to treatment services. The longer addiction goes untreated, the harder the journey to recovery. The need for treatment is even more pertinent in women who are pregnant or are trying to have a baby so that fewer children are born as opioid-addicted babies. Mothers with a substance use disorder who connect to a peer after delivery have a better chance of avoiding continued use. The peer will also provide support navigating the legal and child custody system.

Please Call the 24/7 Helpline  **HELPLINE 844-307-1760**

R.O.S.S. peers will provide the following services for individuals and family members:

- Use their lived experience in active addiction and recovery to connect to the individuals and family members. (This takes away the individual feeling, "You don't understand").
- Introduce and explain recovery resources, including the many pathways to recovery.
- Provide support for the individual before, during, and after treatment to provide hope that we do recover.
- Provide support and information for family member(s).
- Connect the individual to the appropriate treatment resources of their choice.
- Assist you to navigate the substance use disorder system of care, legal system, and child custody system
- Provide transportation through a "warm-off" method to recovery resources. A warm hand-off mean we will transport you to and from treatment and visit you as you desire.
- In-person peer response from 7:00am – 7:00pm; Phone support only 7:00pm – 7:00am.

• All services are free of charge.



- We are the people we serve, and we believe recovery is about the journey not the destination. There is hope out there so let's love people to a better life!
- Visit us at ross4u.org or rosshelpline4u.org
- Visit us on Facebook, Twitter and Instagram @rossbhm4us
- Email us at rossbhm4us@gmail.com

Contact Information



- Julie Ray CRSS, R.O.S.S. Outreach Administrator over Women's And Special Children's Programs, ross4us.julieray@gmail.com, 205-267-7893
- Shanika Webb CRSS, R.O.S.S. Outreach Specialists working with Expectant Mothers in Jefferson County, ross4us.swebb@gmail.com, 205-878-1421
- Mark Litvine CRSS/CPS, Director Of Marketing for R.O.S.S., ross4us.mlitvine@gmail.com, 205-470-7870



Online Naloxone Training



Darlene Traffanstedt, MD
Jefferson County Department of Health



Online naloxone
training web
address:
jcdh.org/naloxone

Naloxone Training Registration

A **phone number** or **email address** is required to complete the online naloxone training. If you are unable to provide a phone number or email, please call (205) 930-1065 for assistance.

Fill out online form and then select registration type:

First & Last Name:

Street Address:

City:

Zip Code:

Phone Number:

Email:

☐ I live outside of Jefferson County

HOW DID YOU LEARN ABOUT US?

Choose at least one:

- ☐ a sticker on a prescription
- ☐ a radio/tv/news source
- ☐ a social media post
- ☐ a friend or family member
- ☐ a community organization (please list)
- ☐ other (please list)

If you would like to receive Narcan training in order to receive a free Narcan kit, please click Receive Narcan Training.

RECEIVE NARCAN TRAINING

If you have already been trained by JCDH on the use of Narcan and need a replacement kit, please click Receive Replacement Kit

RECEIVE REPLACEMENT KIT



Naloxone Narcan Training

To receive your certificate of completion you must watch the required video, check all 4 boxes, and enter your digital signature

Watch the video and complete the certification statements.

Watch Video

- ☐ I am a person at risk of an opioid overdose, or I am a family member, friend, or other person in a position to assist someone else at risk an opioid overdose.
- ☐ I have received information on how to recognize and respond to a possible opioid overdose.
- ☐ I have received basic instructions on how to administer naloxone.
- ☐ By adding my digital signature I certify that I have watched the video.

HOW TO RECEIVE YOUR FREE KIT

- ☐ Pick up kit at JCDH (1400 6th Ave S, Birmingham, AL 35233)
- ☒ Have kit mailed to you
- ☐ Pick up kit at Local Pharmacy

Address must be in the state of Alabama

COMPLETE SUBMISSION AND RECEIVE CERTIFICATE

For any questions, please email naloxonetraining@jcdh.org or call (205) 930-1065.



Naloxone Narcan Training

To receive your certificate of completion you must watch the required video, check all 4 boxes, and enter your digital signature

■ Watch Video

- ☐ I am a person at risk of an opioid overdose, or I am a family member, friend, or other person in a position to assist someone else at risk an opioid overdose.
- ☐ I have received information on how to recognize and respond to a possible opioid overdose.
- ☐ I have received basic instructions on how to administer naloxone.
- ☐ By adding my digital signature I certify that I have watched the video.

Enter First & Last Name...

HOW TO RECEIVE YOUR FREE KIT

- ☐ Pick up kit at JCDH (1400 6th Ave S, Birmingham, AL 35233)
- ☐ Have kit mailed to you
- ☒ Pick up kit at Local Pharmacy

View the list of pharmacies [here](#).

Local participating pharmacies (select one)

Instructions for Pickup: you can go to one of listed pharmacies to pick up your free kit.

- ☐ Birmingham Apothecary: 1032 20th St S, Birmingham, AL 35205
- ☐ Cahaba Medical Care Pharmacy: 1308 Tuscaloosa Ave Suite P, Birmingham, AL 35211
- ☐ Eastwood Pharmacy: 4500 Montevallo Rd Suite E103, Birmingham, AL 35210
- ☐ FMS Pharmacy: 1819 13th Ave N, Bessemer, AL 35020
- ☐ Hinkle Pharmacy: 1090 9th Ave SW # 110, Bessemer, AL 35022
- ☐ Homewood Pharmacy: 940 Oxmoor Rd, Homewood, AL 35209
- ☐ Mills Pharmacy - Corner: 10107 Corner School Rd, Warrior, AL 35180
- ☐ Mills Pharmacy - Gardendale: 835 Odum Rd Ste 101, Gardendale, AL 35071
- ☐ Mills Pharmacy - Pinson: 6662 Hwy 75, Suite 118, Pinson, AL 35126
- ☐ Mills Pharmacy - Parkway East: 9709 Parkway East Suite F, Birmingham, AL 35215
- ☐ Mills Pharmacy - Woodlawn: 6501 1st Ave N, Birmingham, AL 35206
- ☐ Mills Pharmacy - Leeds: 8420 1st Ave SE Leeds, AL 35094
- ☐ Mills Pharmacy - Bluff Park: 758 Shades Mountain Plaza, Hoover, AL 35226
- ☐ Mills Pharmacy - McCalla: 4750 Eastern Valley Rd, McCalla, AL 35111
- ☐ Mills Pharmacy - Midfield: 30-A Phillips Dr Midfield, AL 35228
- ☐ Mills Pharmacy - Pleasant Grove: 847 Park Road Suite A, Pleasant Grove, AL 35127
- ☐ Rock Creek Pharmacy: 6817 Warrior River Rd, Bessemer, AL 35023

COMPLETE SUBMISSION AND RECEIVE CERTIFICATE

For any questions, please email naloxonetraining@jcdh.org or call (205) 930-1065.

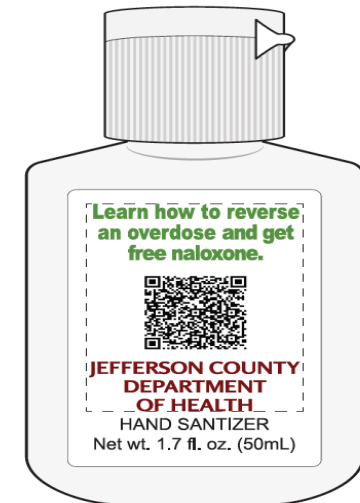


Jefferson County residents or those who deliver in Jefferson County or live in adjacent counties may take their training certificate into one of these pharmacies to pick up a free kit.



Ideas for Partnership

- Stickers
- Promotional Materials
 - Hand sanitizer, lip balm
- Providing an IPAD or other technology
 - Completion prior to discharge
- Establishing a MOU for dispensing free kits



Care Team Education

- Increase Use of Appropriate Language
 - [Beyond Labels: Do Your Part to Reduce Stigma](#)
 - [Say This Not That – Language Matters](#)
 - [SAMHSA Words Matter: How Language Choice Can Reduce Stigma](#)
 - [OPQC Substance Abuse 101: MythBusters](#)
 - [Reducing Stigma Education Tools \(ReSET\) Modules – PCSS](#)
- Other Resources
 - [PCSS Resources for Health Professionals, Patients and Community](#)
 - [IHI Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care](#)
 - [SAMHSA: Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants](#)
 - [Provider Education Resources, FPQC](#)
 - [Partner with Mothers to Seek and Support Recovery Post Prenatal Opioid Exposure](#)
- Naloxone
 - [Talking to Patients About Naloxone](#)
 - [Naloxone Save a Life Poster](#)
 - [Naloxone Training and Kits](#)

Collaborative Discharge Plan

- [ALPQC NOWS Toolkit: Creating a Collaborative Discharge Plan](#)
- Collaborative Discharge Tools
 - [ALPQC NOWS Discharge Checklist](#)
 - [ALPQC NOWS Resources in Our Service Area](#)
 - [ALPQC NOWS Collaborative Discharge Plan \(Updated 4/20/2021\)](#)
 - [ALPQC Perinatal Resource Directory](#)
- Naloxone education
 - [Naloxone Patient Education Brochure](#)
 - [Opioid Safety and How to Use Naloxone](#)
 - [Naloxone Training and Kits](#)
- Family Education
 - [NOWS: What You Need to Know – A Guide for Families](#)

Collaborative Discharge Plan



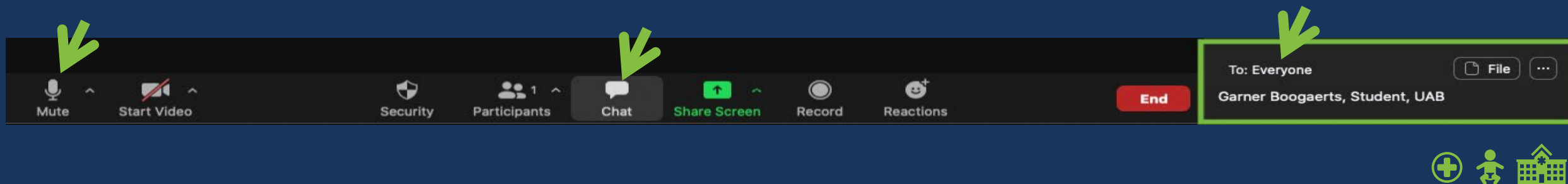
Team Talk

Lauren Padalino, LICSW
UAB Comprehensive Addiction in
Pregnancy Program (CAPP)



Q&A

- Please feel free to **unmute** and ask questions
- You may also enter comments or questions in the "chat" box (with **Everyone** selected)



Next Steps



- Monthly data due April 30, 2021
 - Please submit *baseline* data if have not done so already
- March of Dimes Breaking Through Bias 1-hr online training
 - Complete training by this Friday April 30, 2021.
- Submit data agreement
- Continue running PDSAs!
 - Samples and template on our website under “Key Documents”

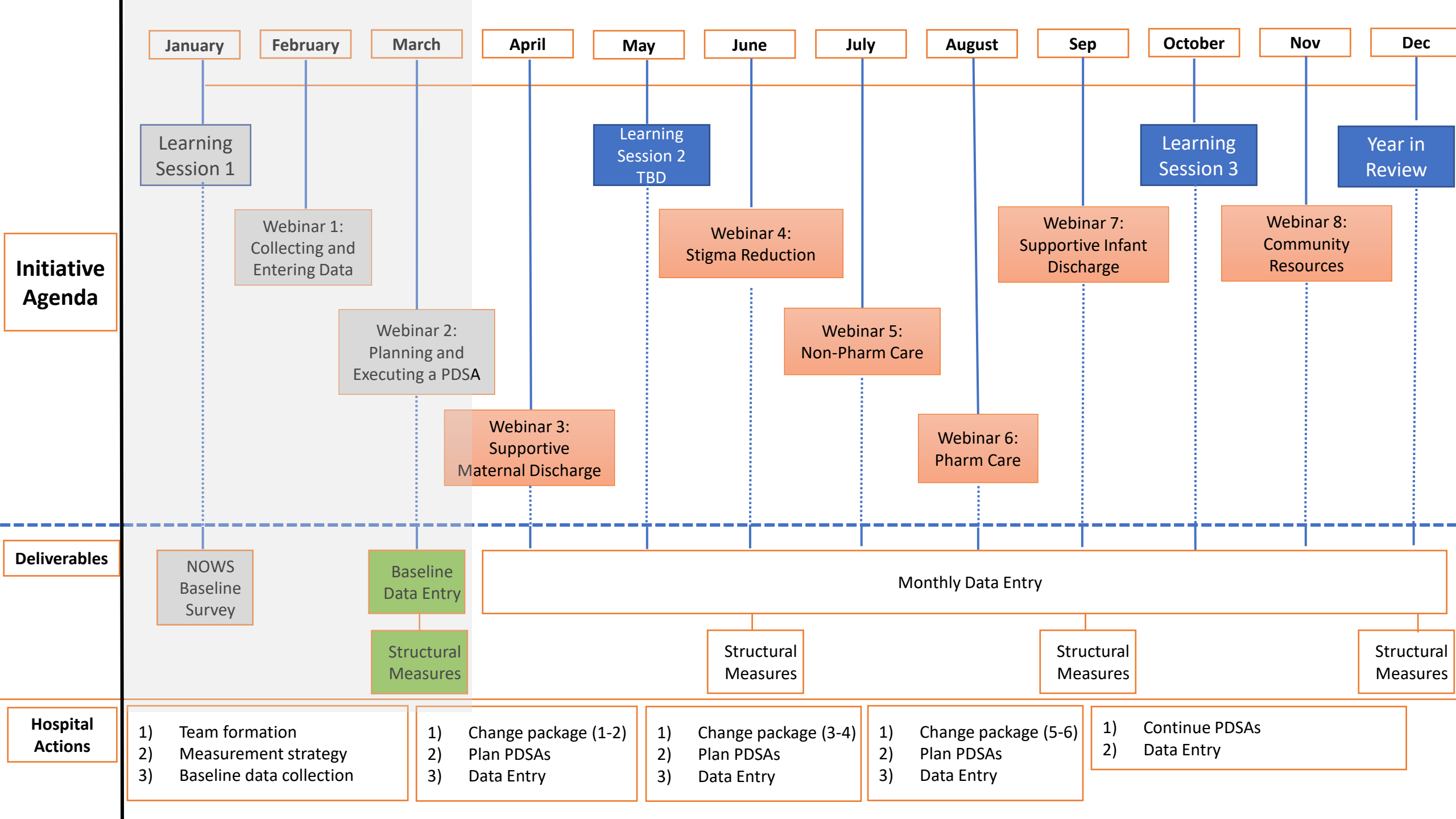


Thank You

Next Call: Wednesday, May 26 at 12:00 PM



APPENDIX



Heading

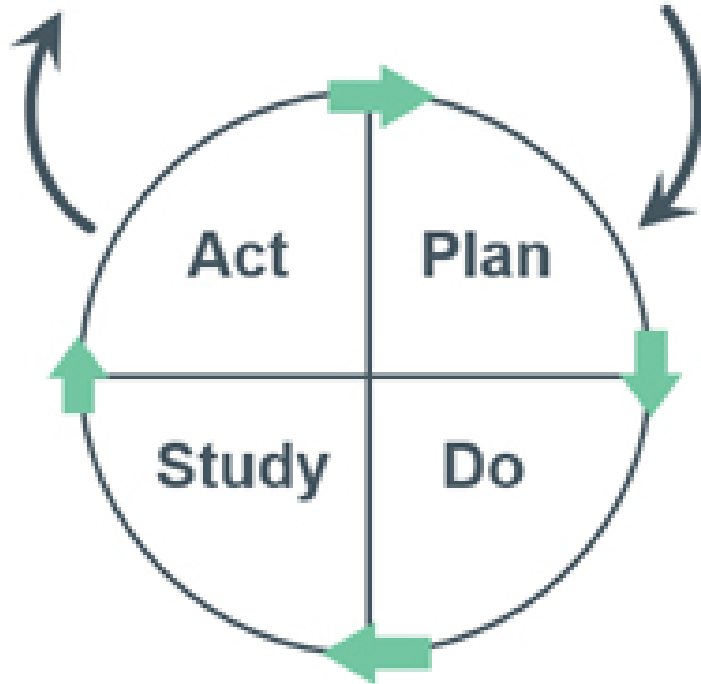
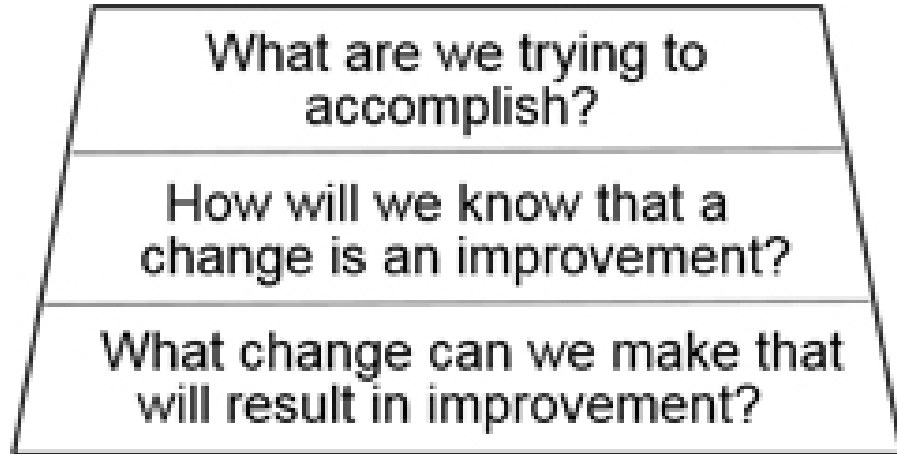
Subheading

Info



Why This Matters

Model for Improvement



Setting your SMART aim



Measurement Strategy



Key Driver Diagram



Testing Changes via PDSA cycles

Baseline Data Collection

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
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?

Structural Measures

1. Hospital has implemented education practices for hospital staff for reducing stigma in opioid-exposed newborns (OENs)

☐ Haven't started

☐ Working on it

☐ In place

2. Hospital has implemented education practices for hospital staff for scoring OENs

3. Hospital has implemented standardized non-pharmacologic guidelines for OENs

4. Hospital has implemented standardized practices of when to transfer infants with NOWs to a higher level of care

5. Hospital has implemented standardized pharmacologic guidelines for infants with NOWS

6. Hospital has implemented standardized protocols/guidelines for Collaborative Discharge Plan for mothers and infants

Additional Measures for Monthly Data Entry

Measurement Type	Measurement
Process	Did the infant have evidence of opioid withdrawal?
Process	Was a non-pharmacologic bundle used consistently with the infant?
Process	Was a Collaborative Discharge Plan completed prior to discharge?
Process	If not born at your facility, how many days old was infant when transfer was received?

PDSA Cycles

PDSA

- Happening constantly
- Not all changes result in improvement
- Important to adapt components of the change package to the actual environment
- Start with small tests of change
- PDSA **cycles**

Plan

- Assemble a team
- Identify the issue
- Ask basic questions:
 - How do we do it?
 - What are steps in the process?
 - Who should we involve?
 - How can we reduce variation in the process?
- Predict what will happen

Do

- Test your idea
- Prepare (training, resources)
- Start small (n=1); less risk, work out kinks
- Monitor your progress (continuous system)

Study

- Reflect on your test
- What has changed?
- Was it effective?
- Changes worth keeping?
- How does this differ from your prediction?

Act



- Adapt, Adopt, Abandon
- Act on your reflection
- Implement positive changes
- Consider spread
- If negative results, consider removing/revising
- Failures during testing can be useful!



TEST DETAILS
Project Name: ALPQC NOWS Initiative
Project SMART Aim: <input checked="" type="checkbox"/> Reduce length of stay by 20% <input checked="" type="checkbox"/> Reduce exposure to pharm care by 20% <input type="checkbox"/> Increase the percentage of infants discharged with a coordinated care plan to 95%
Component of Change Package: <input type="checkbox"/> Stigma Reduction <input type="checkbox"/> Withdrawal Scoring <input checked="" type="checkbox"/> Non-Pharmacologic Care <input type="checkbox"/> Transfer Policy <input type="checkbox"/> Pharmacologic Guidelines <input type="checkbox"/> Coordinated Care Plan
Test Name: Nursing implementation of non-pharmacologic guidelines
Test Start Date: 4/1/2021
Test Complete Date: 5/1/2021
What key driver does this test impact? Non-pharmacologic care standardization
What is the objective of the test? To increase the use of non-pharm care in opiate exposed newborns so as to reduce the number of infants requiring pharmacologic care.



PLAN:

Briefly describe the test: We have developed a comprehensive non-pharm guideline to implement at bedside including: 1) reduction of stimuli 2) swaddling 3) non-nutritive sucking 4) on demand feeding 5) clustered care. All nursing staff has been provided with education on this intervention to occur prior to consideration of pharmacologic treatment.

How will you measure the success of this test? The number of infants with NOWS symptoms that have nursing documentation of these non-pharm interventions.

What would success look like? 1) >90% of NOWS infants receiving non pharm care

What do you predict will happen? There may be inconsistency in the documentation as well as implementation of non-pharm care at the bedside.

Plan for collection of data: Nurses will complete the bedside non-pharm checklist for each assessment.

Tasks:

Name of Task	Person Responsible	Dates:	Location
Form Collection	Julie (RN)	4/1-5/1	Red pod
Nursing Reminders at huddles on Monday	Barbara (Nurse Educator)	4/1-5/1	Red pod
Just in time education when a baby with NOWS is admitted	Barbara (Nurse Educator)	4/1-5/1	Red pod

DO:

Was the cycle carried out as planned? ☒ Yes ☐ No

Record data and observations: We had 3 infants with NOWS during this monitoring period.

What did you observe that was not part of the plan? Some data forms were not returned.

STUDY:

Did the results match your predictions? ☐ Yes ☒ No

Compare the result of your test to your previous performance: There was inconsistency in what components of non-pharmacologic care were performed/documented. There were also many assessments in which there was no documentation. Additionally, in some instances, families created a stimulating environment.

What did you learn? We need to better specify our expectations for nursing staff and continue with nursing huddles/reminders to emphasize the need for documentation. Family education needed.

ACT: Decide to Adapt, Adopt, or Abandon

☒ Adapt: Improve the change and continue testing the plan.

Plan/changes for the next test: Modify our bedside worksheet. Weekly updates via nursing huddle regarding form completion. Education pamphlet for families regarding non-pharm care.

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

☐ Abandon: Discard the change idea and try a different one