Neonatal Opioid Withdrawal Syndrome Initiative

Wednesday, January 27, 2020
12:00 – 1:50 PM

Webinar Logistics

- Attendees are automatically muted to reduce background noise
- Please do not put your phone on hold as music will play
- Please enter questions/comments in the “Chat” box
- We have designated times to answer questions
- Slides/videos will be available at www.alpqc.org
- We are now recording

Please type your name and the organization you represent in the chat box and send to “Everyone”

Agenda

Welcome and Call to Action	12:00 – 12:20
Model for Improvement	12:20 – 12:40
Understanding the Change Package	12:40 – 1:05
Q & A	1:05 – 1:15
Website Overview	1:15 – 1:25
PDSA Cycles	1:25 – 1:30
Next Steps	1:30 – 1:35
Q & A	1:35 – 1:50

COVID and the Opioid Epidemic

Drug overdoses climbed in Alabama during pandemic

Updated Jan 25, 1:29 PM; Posted Jan 25, 8:54 AM

By Amy Yurkanin | ayurkanin@al.com

Alabama watched overdose deaths rise in the first half of 2020 as the state locked down and the nation hit an all-time high for drug-related deaths, according to the U.S. Centers for Disease Control and Prevention.

Nationwide, 81,230 people died from drug overdoses nationwide between June 1, 2019

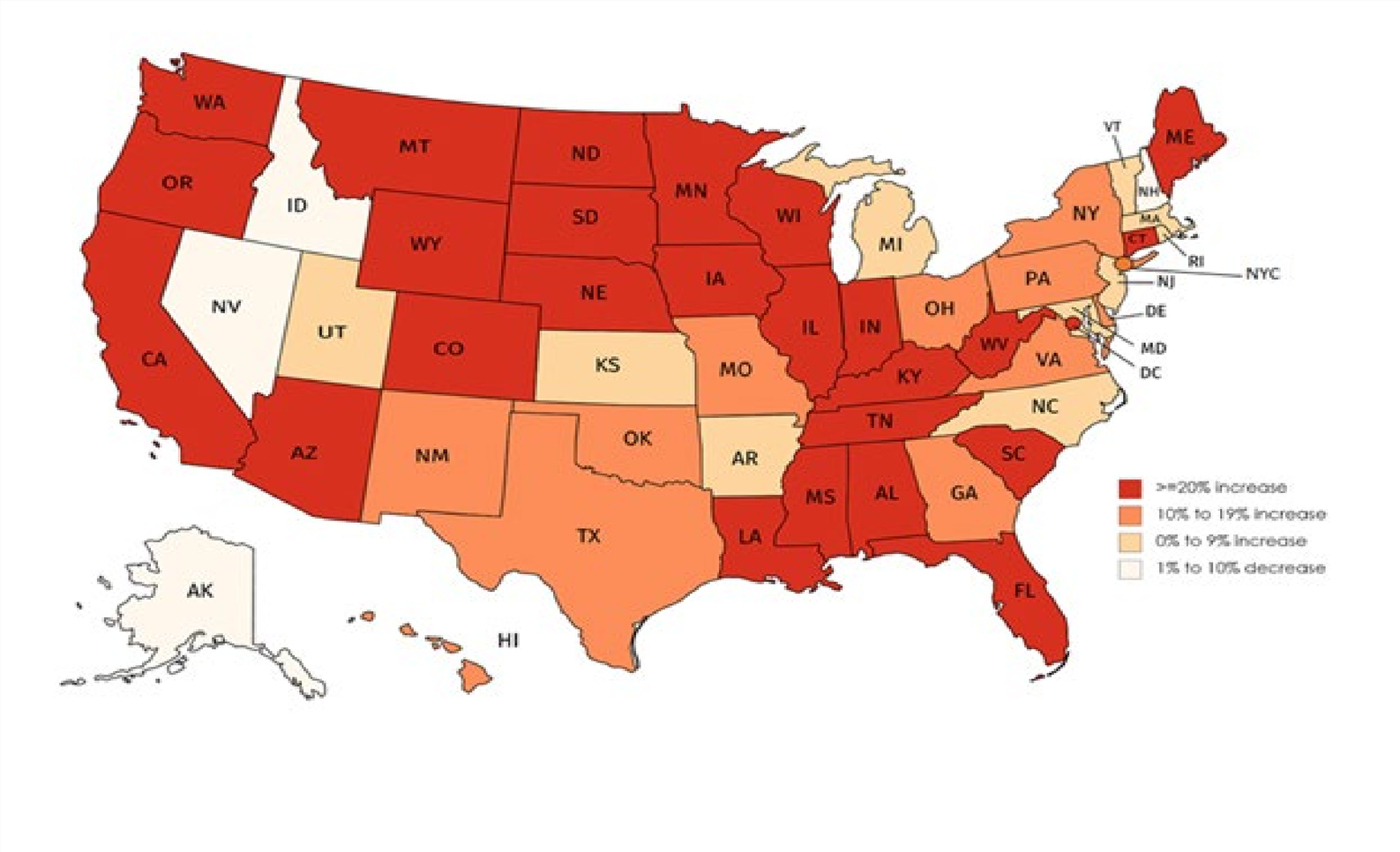
Opioid Use During Pregnancy

Suzanne Muir, MSW
Associate Director, Department of Psychiatry and Neurobiology
Program Director, Comprehensive Addiction In Pregnancy Program
UAB

Nationwide, the rate of maternal opioid use disorder at delivery hospitals more than quadrupled from 1999-2014.

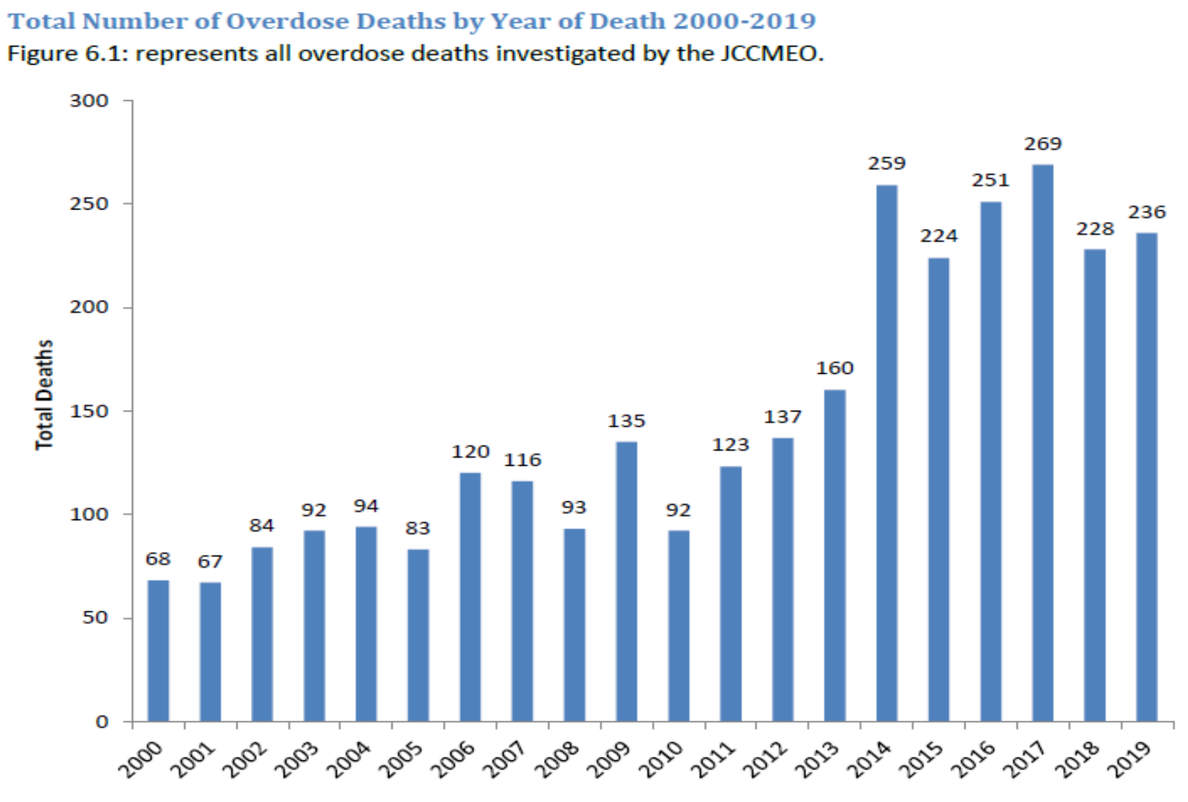
Source: Haight, S, Ko, J, Tong, V et al. Opioid Use Disorder Documented at Delivery Hospitalization – United States, 1999-2014. MMWR Morb Mortal Wkly Rep 2018:67.

Percentage change in 12-months ending provisional data on all fatal drug overdoses : Overdose deaths from 12-months ending in June 2019 to 12-months ending in May 2020



Source: CDC Health Alert Network - December 17, 2020

Overdose Update: 2020 Jefferson County



	1/1/19 – 10/31/19	1/1/20 – 10/31/20	% change
Opioid	144	179	+36.80
Other drug	49	43	-12.24
Total	193	222	+15.02

Update as of 1/25/2021: 284 confirmed overdose deaths within Jefferson County in 2020 with the majority opioid related. Previous high of 269 deaths in 2017.

Data Provided by the Jefferson County Coroner/Medical Examiner's Office on November 16, 2020.

Overdose: 2020 Madison County

Madison County seeing a spike in overdoses, deaths amid pandemic

In just four days, HEMSI responded to 22 suspected overdoses. Two of those died.

May 13, 2020 - WZDX

By Jenna Rae | July 10, 2020 at 4:55 PM CDT - Updated July 10 at 7:07 PM

HUNTSVILLE, Ala. (WAFF) - In 2019, Madison County had 75 drug overdose deaths.

In May of this year, the county had 24 drug overdose deaths. That's a third of 2019's total in just one month.

WAFF

Posted: Oct 19, 2020 / 06:38 PM CDT / Updated: Oct 19, 2020 / 06:38 PM CDT

MADISON COUNTY, Ala. — Madison County coroner Tyler Berryhill tells News 19 that numbers of drug overdose deaths are coming down from the height of the pandemic.

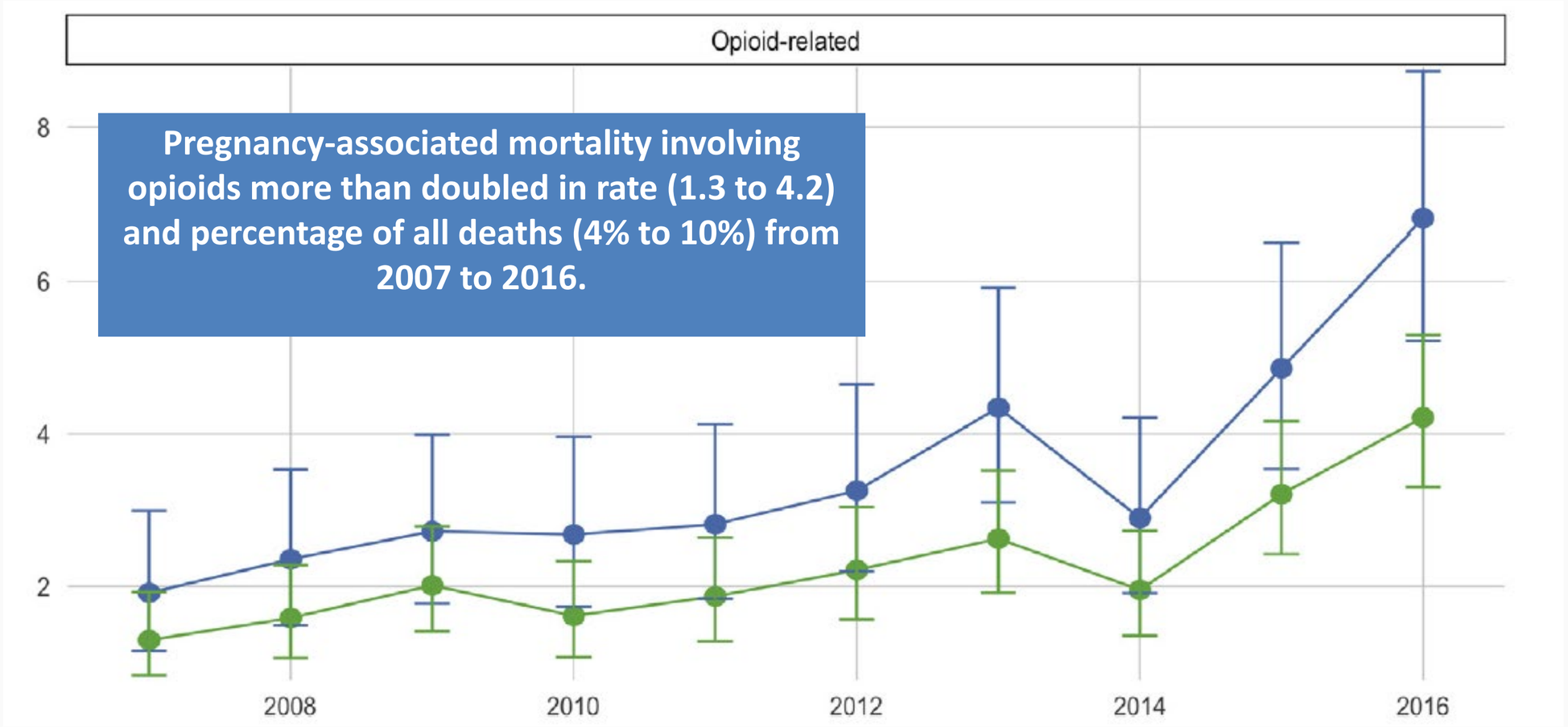
Throughout the coarse of the pandemic, overdose deaths in Madison County were pretty high. Berryhill said for about 60-75 days between April and June, Madison County was averaging one death every 1.5 days.

Berryhill says it is important to realized rug overdoses happen every day, but now the death rate from them are slowing down.

Now, the county is back to 'typical numbers' with one death every 5 days.

News19

Trends in pregnancy-associated mortality for opioid-related causes



Pregnancy-associated mortality involving opioids more than doubled in rate (1.3 to 4.2) and percentage of all deaths (4% to 10%) from 2007 to 2016.

Source: Gemmill A, Kiang M, Alexander M. Trends in pregnancy-associated mortality involving opioids in the United States, 2007-2016. Am J Obstet Gynecol 2019: 115-116.

Trends in pregnancy-associated mortality for opioid-related causes

- Increases were most prominent for white women despite lower risk for pregnancy-associated mortality
- Majority of pregnancy-associated deaths due to opioids occurred during pregnancy or **within 42 days of delivery**
- The number of deaths involving methadone or natural/semisynthetic opioids (excluding heroin) declined markedly.
- By 2016, 78% of opioid-involved deaths were attributed to heroin or other synthetic opioids compared to 17% in 2007.

Source: Gemmill A, Kiang M, Alexander M. Trends in pregnancy-associated mortality involving opioids in the United States, 2007-2016. Am J Obstet Gynecol 2019: 115-116.

Alabama Maternal Mortality Review
2016 Maternal Mortality – Key Findings

- 67% of pregnancy-associated and pregnancy-related deaths were determined to be preventable.
- Substance use disorders were key factors in 47% of pregnancy-associated and pregnancy-related deaths.

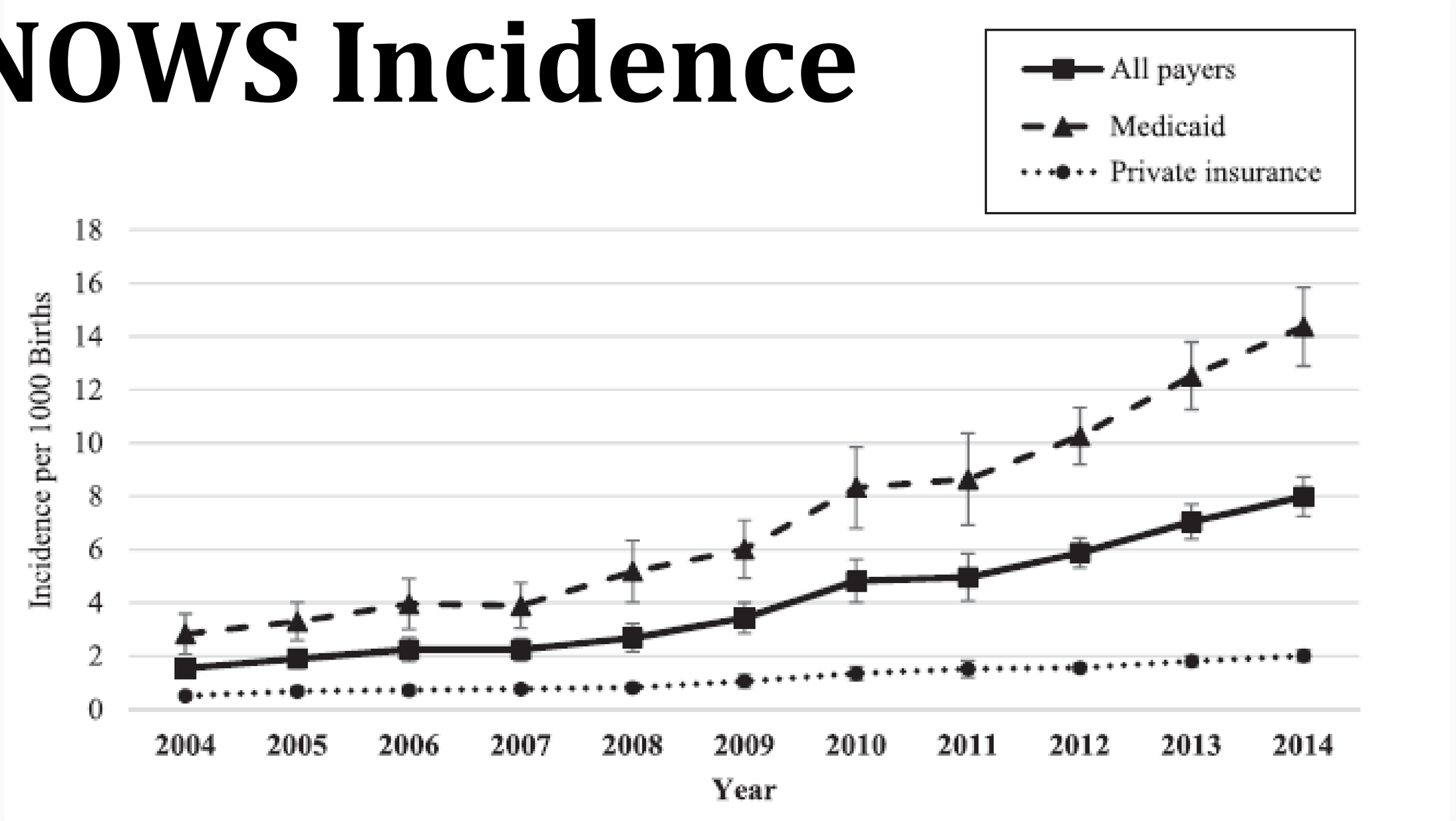
Source: Alabama Public Health. 2016MMR_Report_FINAL.pdf (alabamapublichealth.gov)

The Maternal Perspective

Neonatal Opioid Withdrawal Syndrome

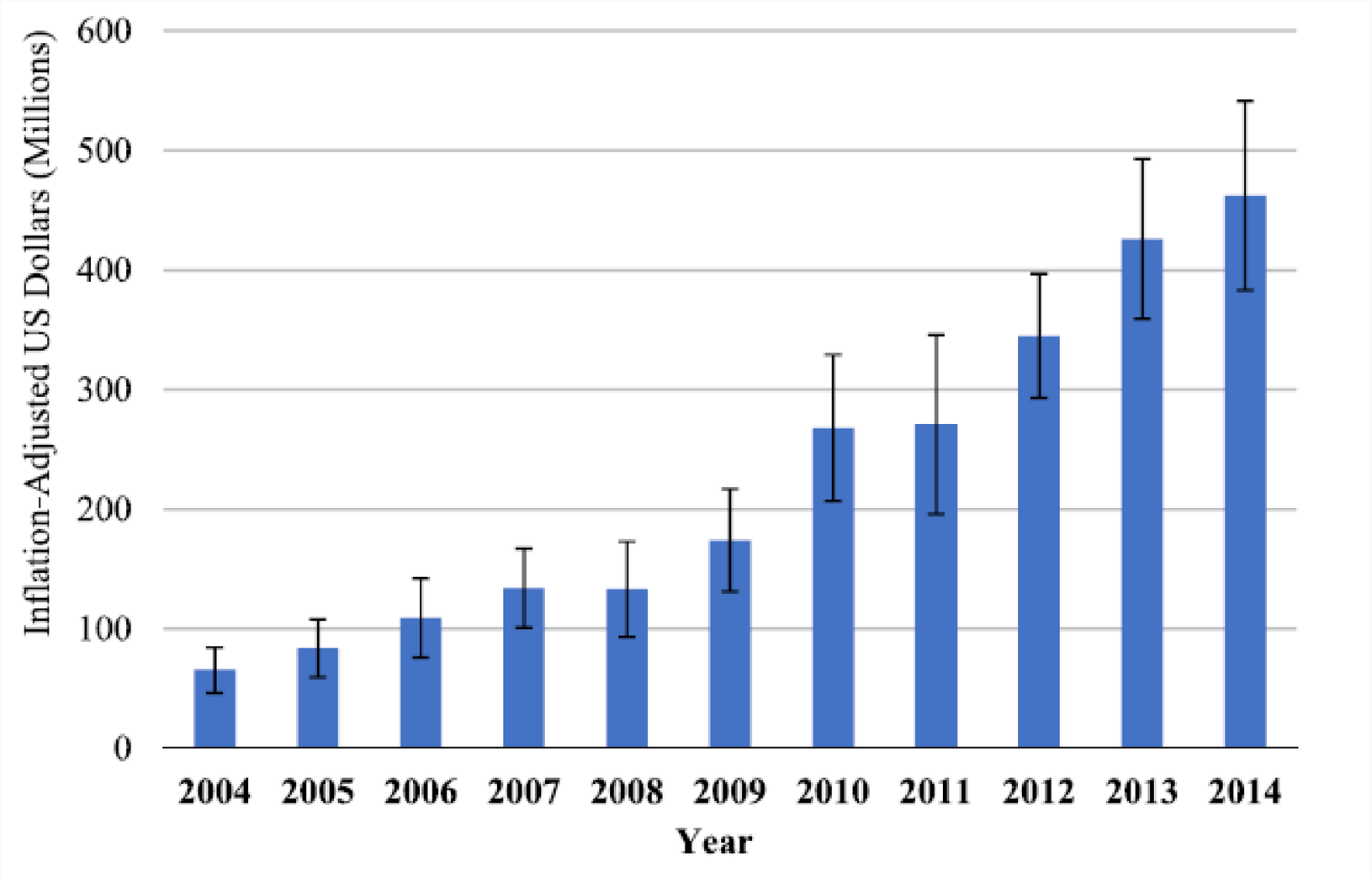
Sam Gentle, MD
Assistant Professor of Neonatology
Department Pediatrics, UAB
Neonatal Lead, ALPQC

NOWS Incidence



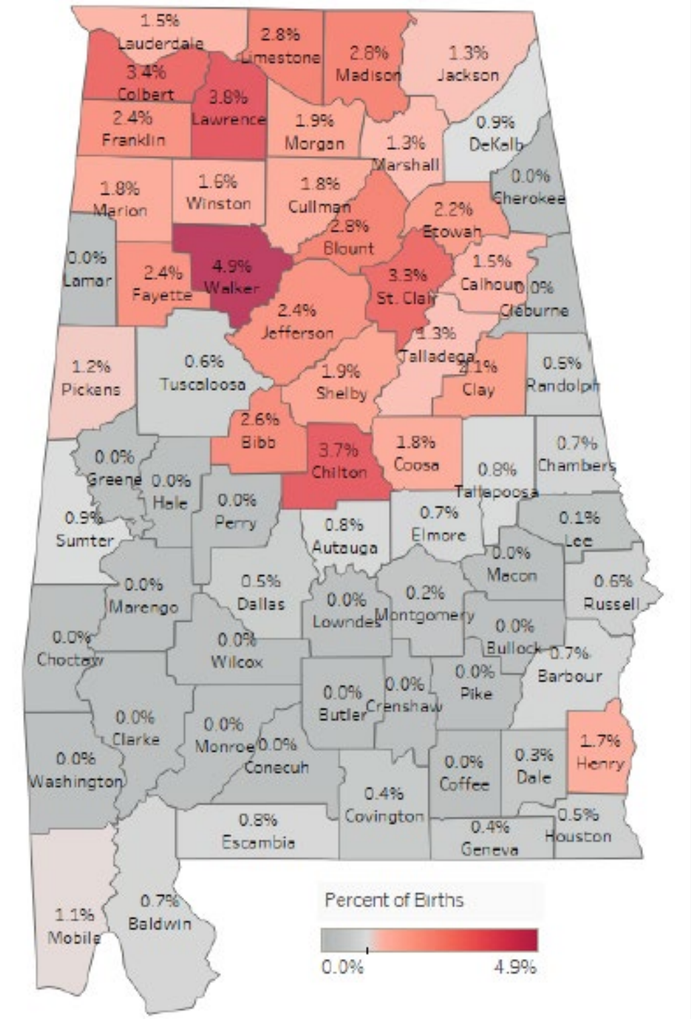
Winkelman et al. *Pediatrics*. 2018

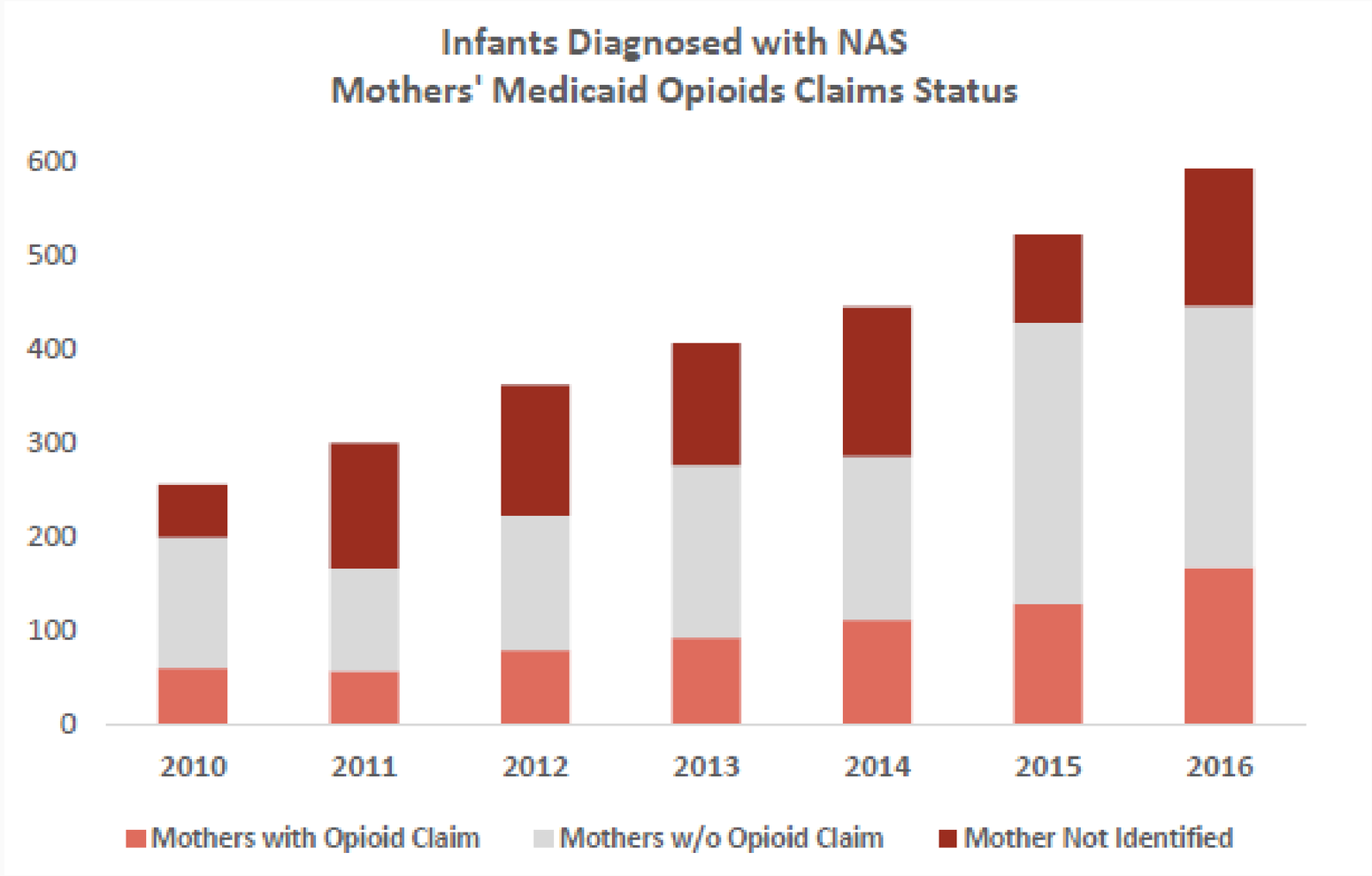
NOWS Incidence



Winkelman et al. *Pediatrics*. 2018

NOWS in Alabama





NOWS Incidence

A baby is born with opioid withdrawal…

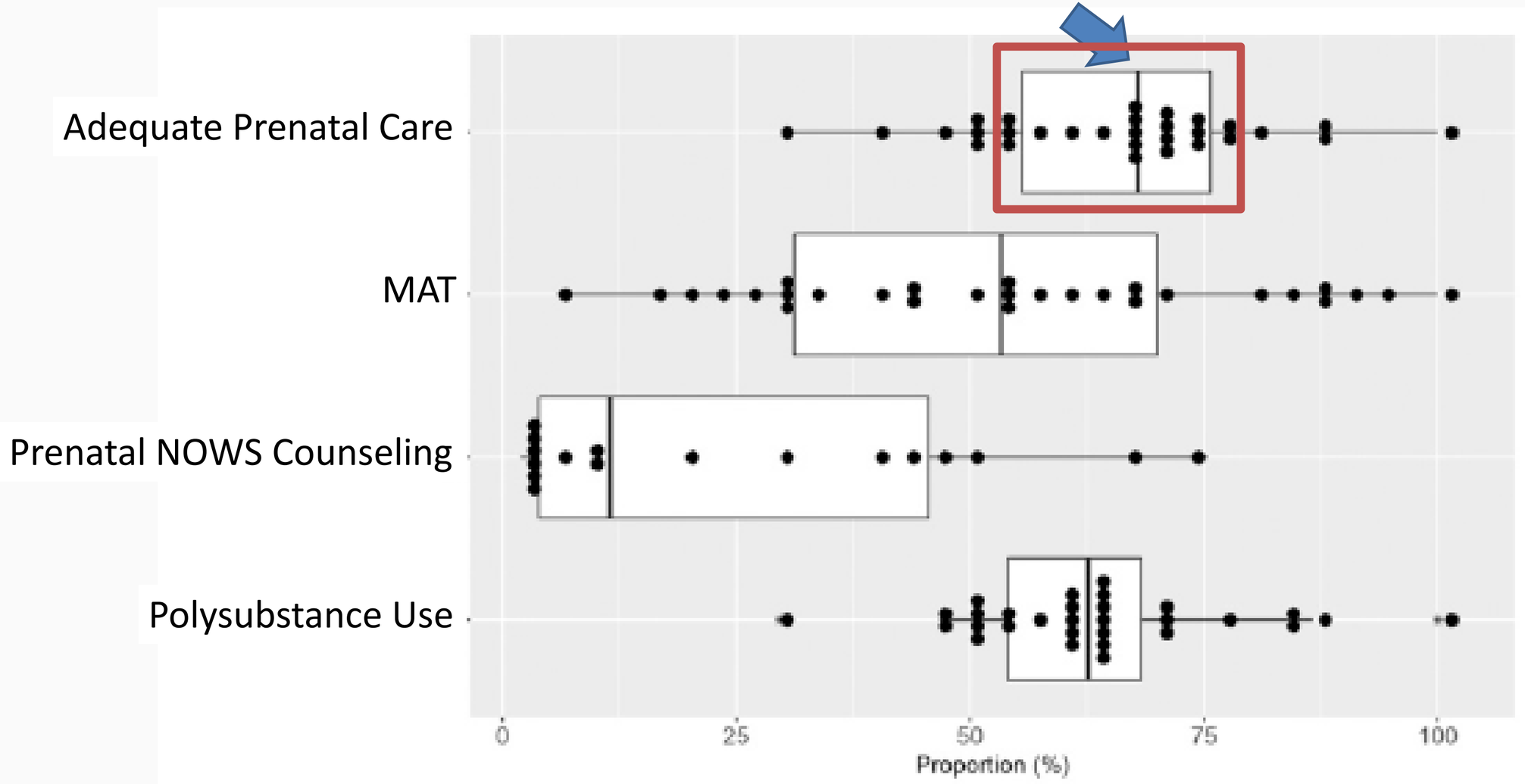
Every hour in 2009

Every 25 minutes in 2012

Every 15 minutes in 2014

Honein et al. *Pediatrics.* 2019
Haight et al. MMWR. 2019

Variation in Practice



Young et al. *Pediatrics*. 2021

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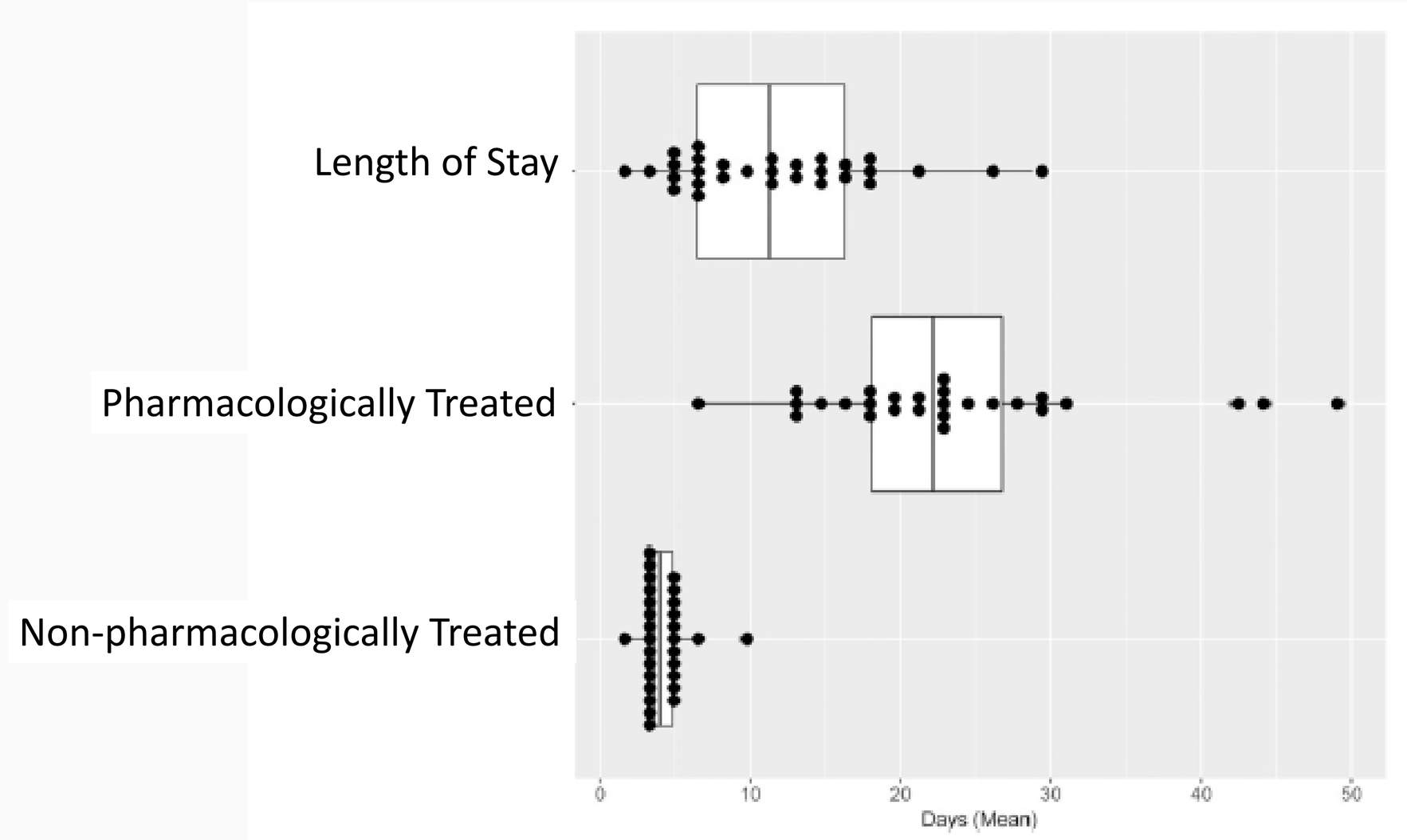


Young et al. *Pediatrics*. 2021

Model for Improvement

Sam Gentle, MD

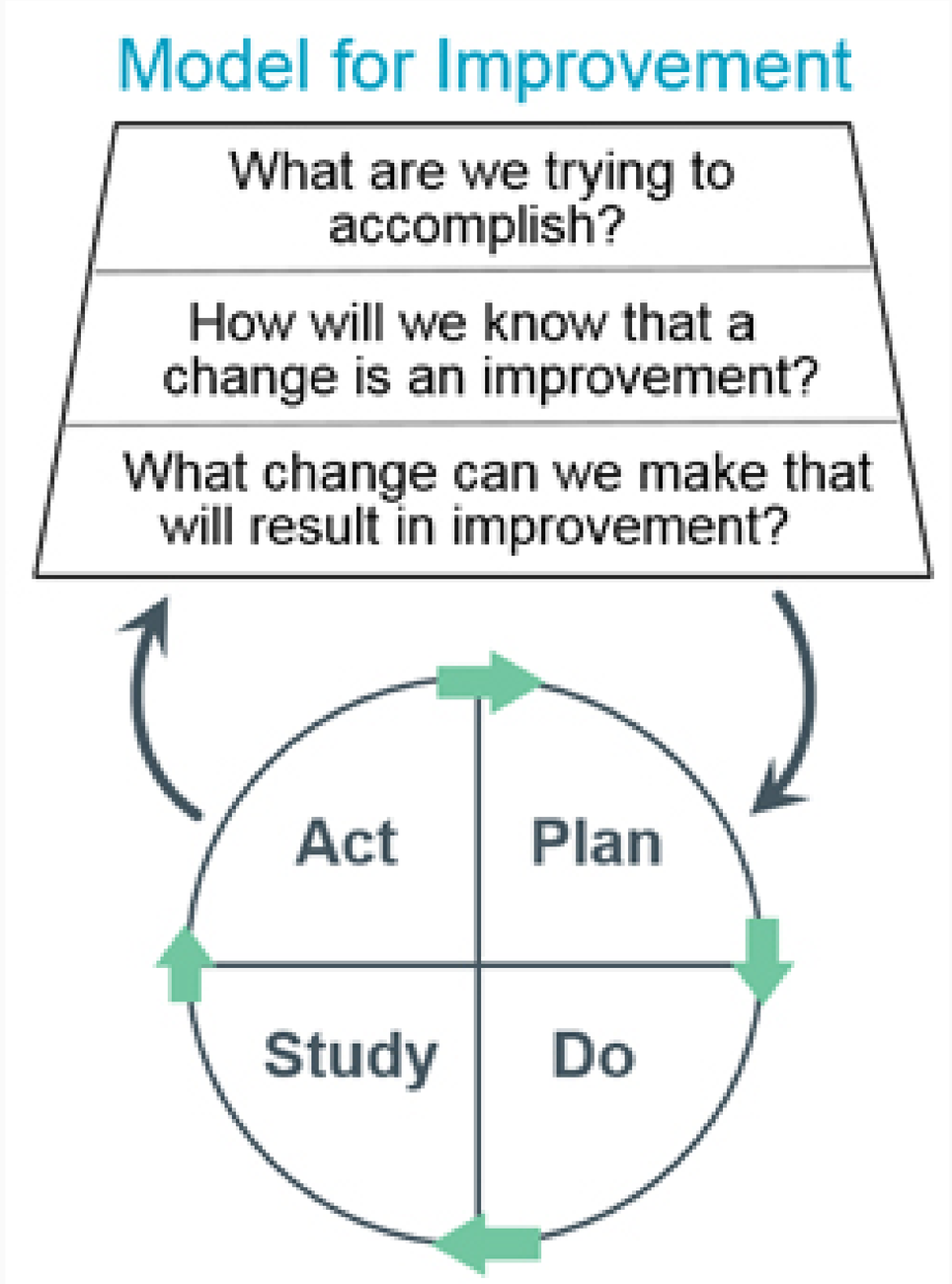
Sustainable Improvement

Subject Matter Knowledge

+

Knowledge for Improvement

Operationalizing the Model



- Setting your SMART aim
- Measurement Strategy
- Key Driver Diagram -> Change Package
- Testing Changes via PDSA cycles

SMART AIM Statement

Specific (clearly stated)
Measurable (measurable numeric goals)
Actionable (within control/influence)
Relevant (aligned with organization)
Time bound (specific time frame)

Measurement Strategy

- Reflect the aim statement
- Guide improvement and test changes
- Purpose is to enhance learning, NOT judgement
- Measures do have limitations
- Makes improvement goal oriented

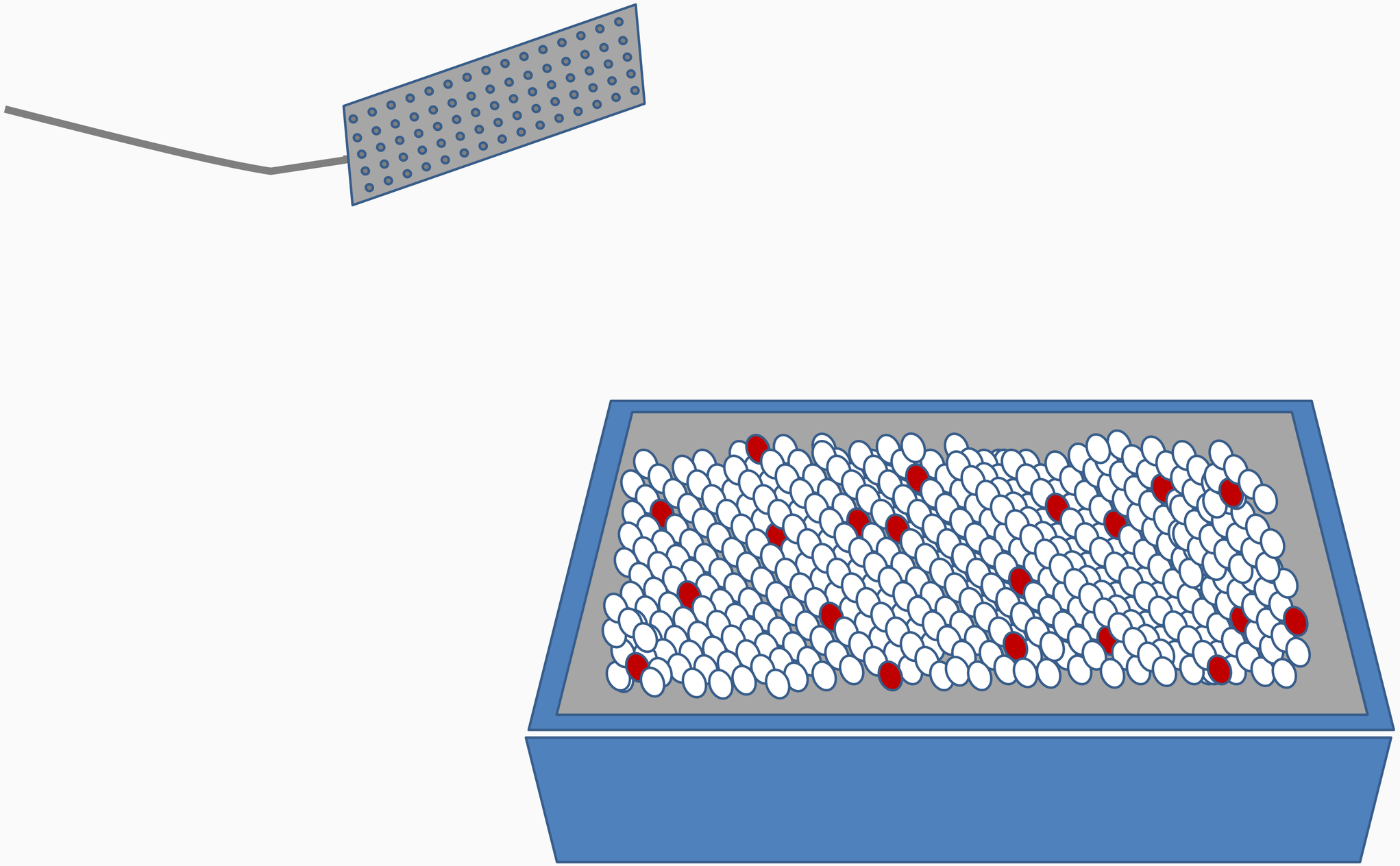
Types of Measures

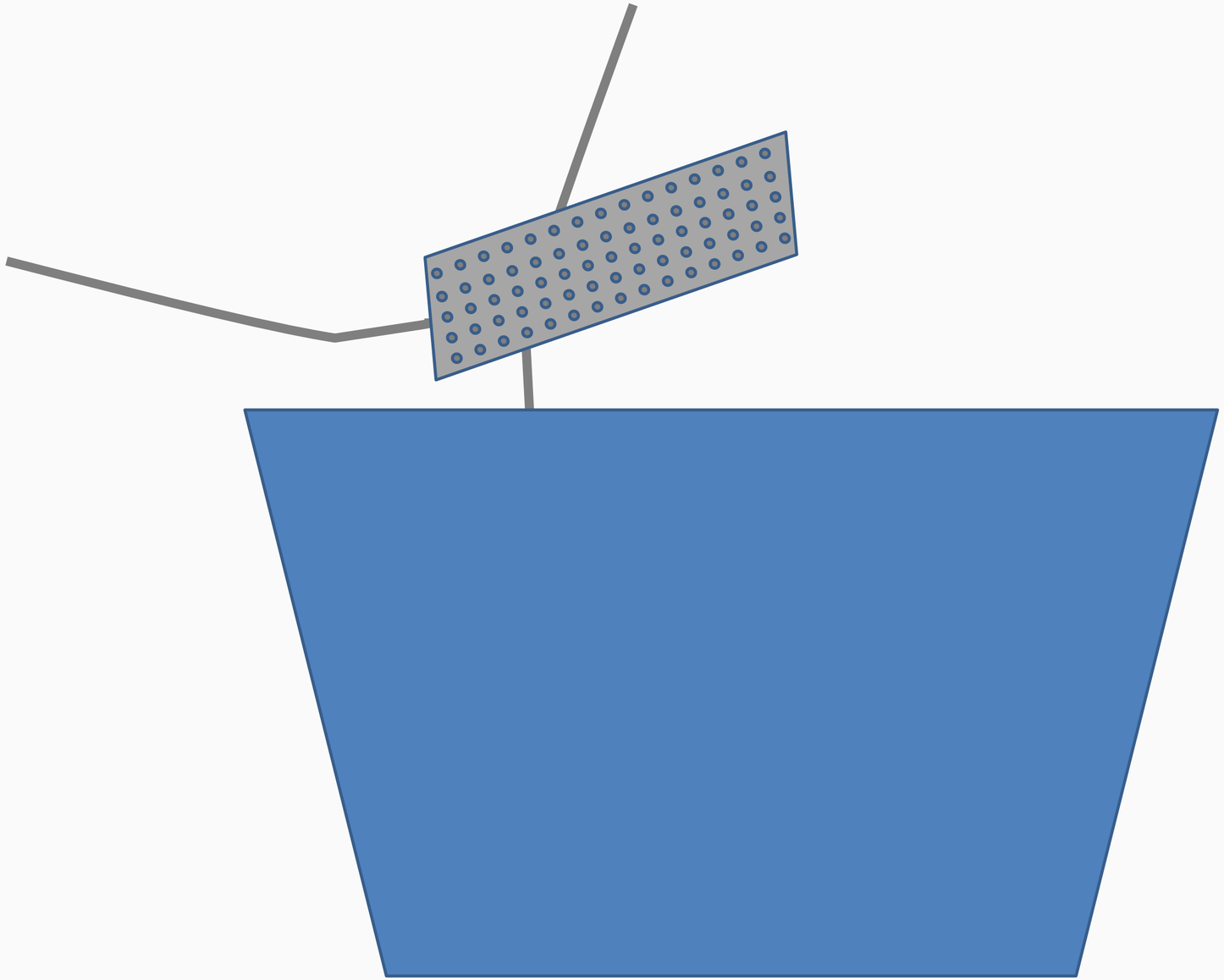
- **Outcome Measures**
  - Results – system level performance
- **Process Measures**
  - Inform changes to the system
- **Structural Measures**
  - Checkpoint for hospitals' progress
- **Balancing Measures**
  - Are changes causing new problems in the system?

Process Measures

Outcome Measures

Red Bead Experiment





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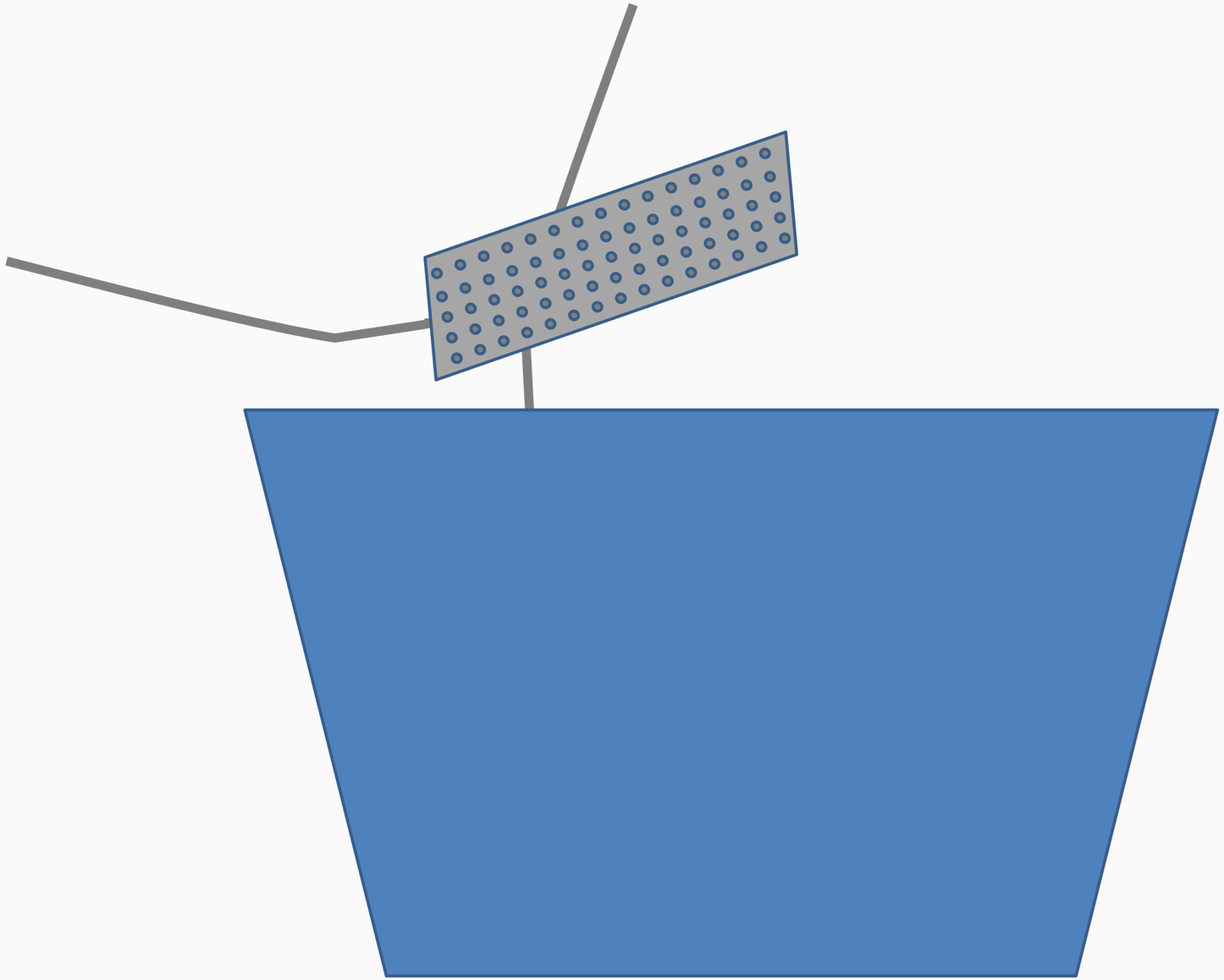

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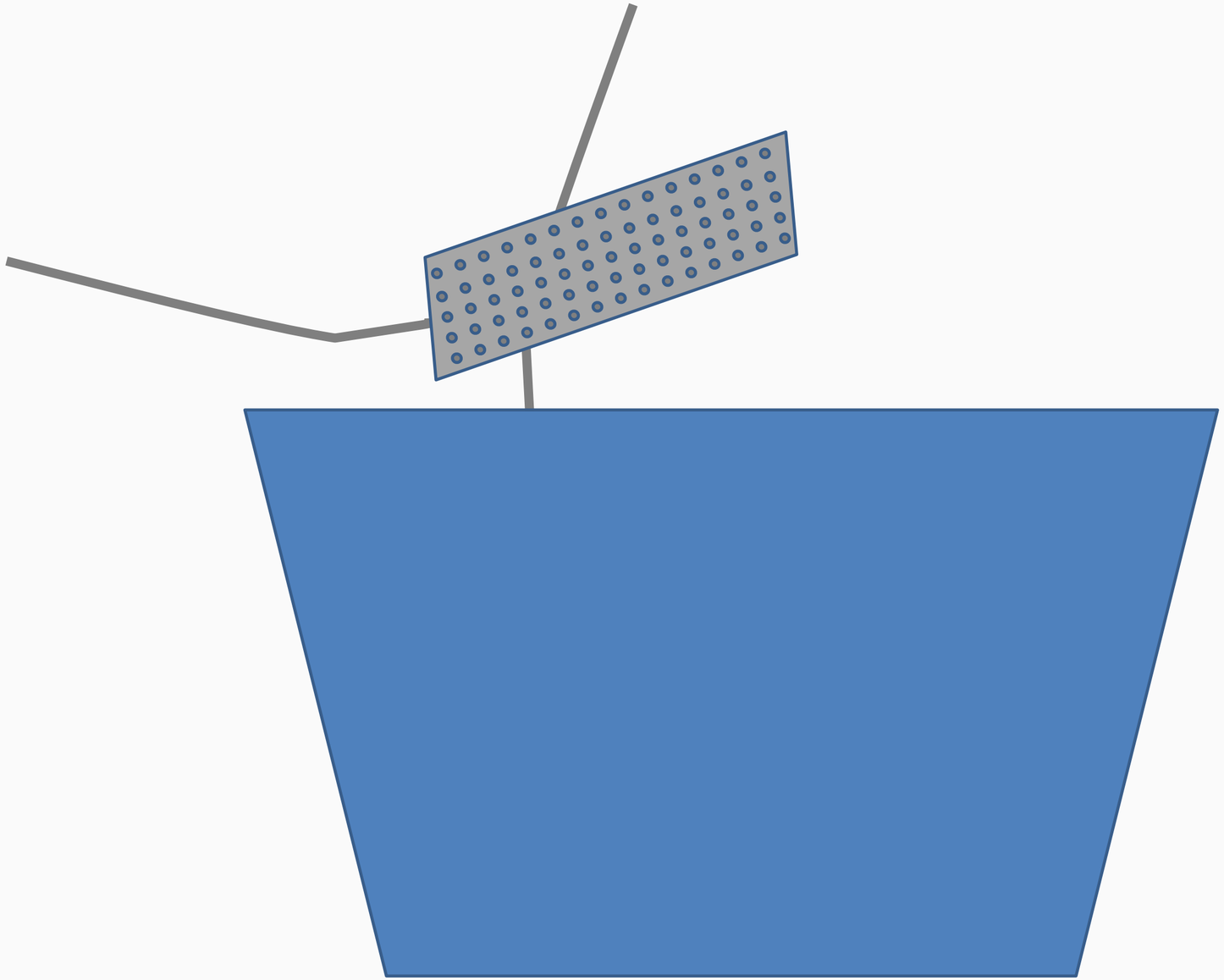

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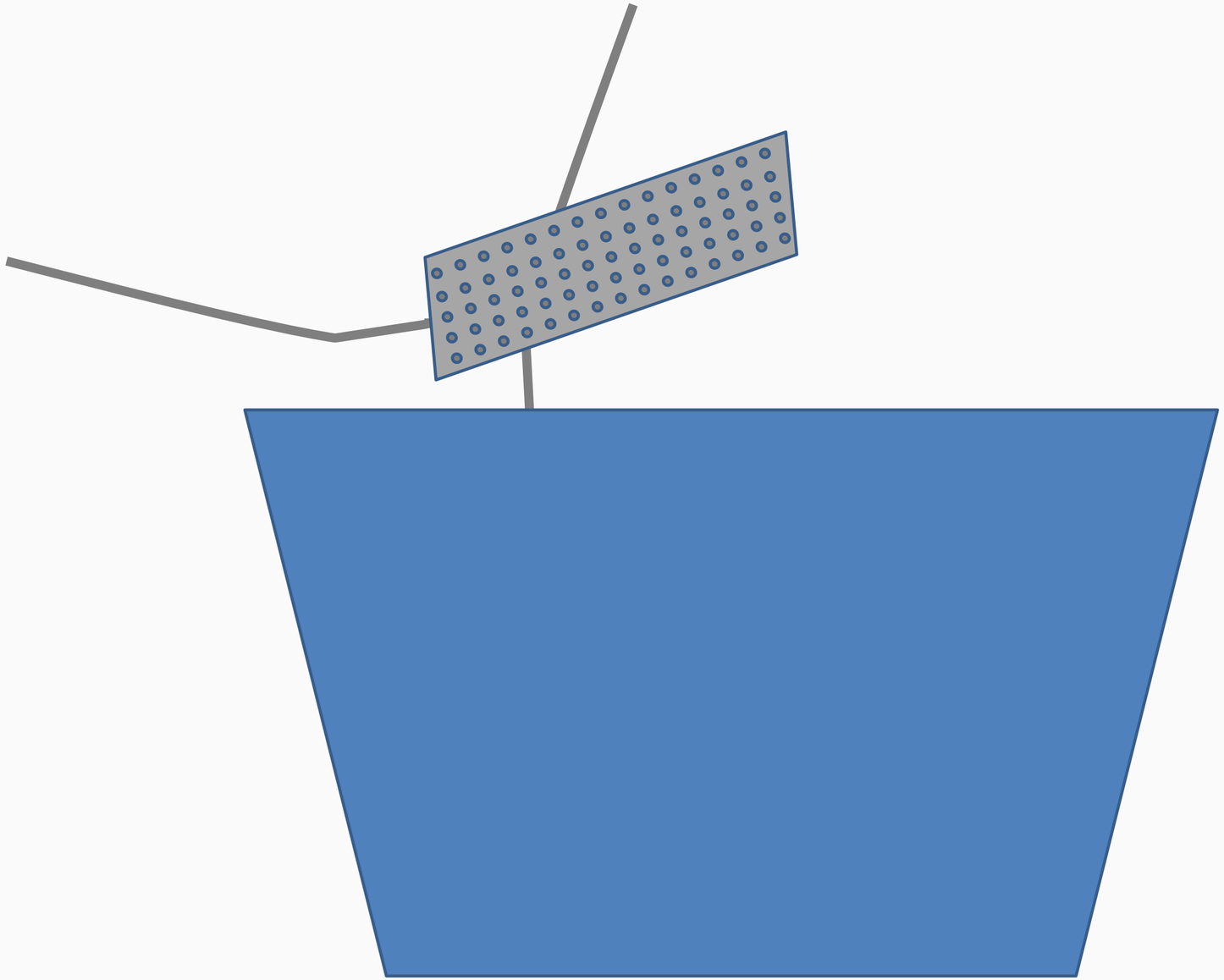

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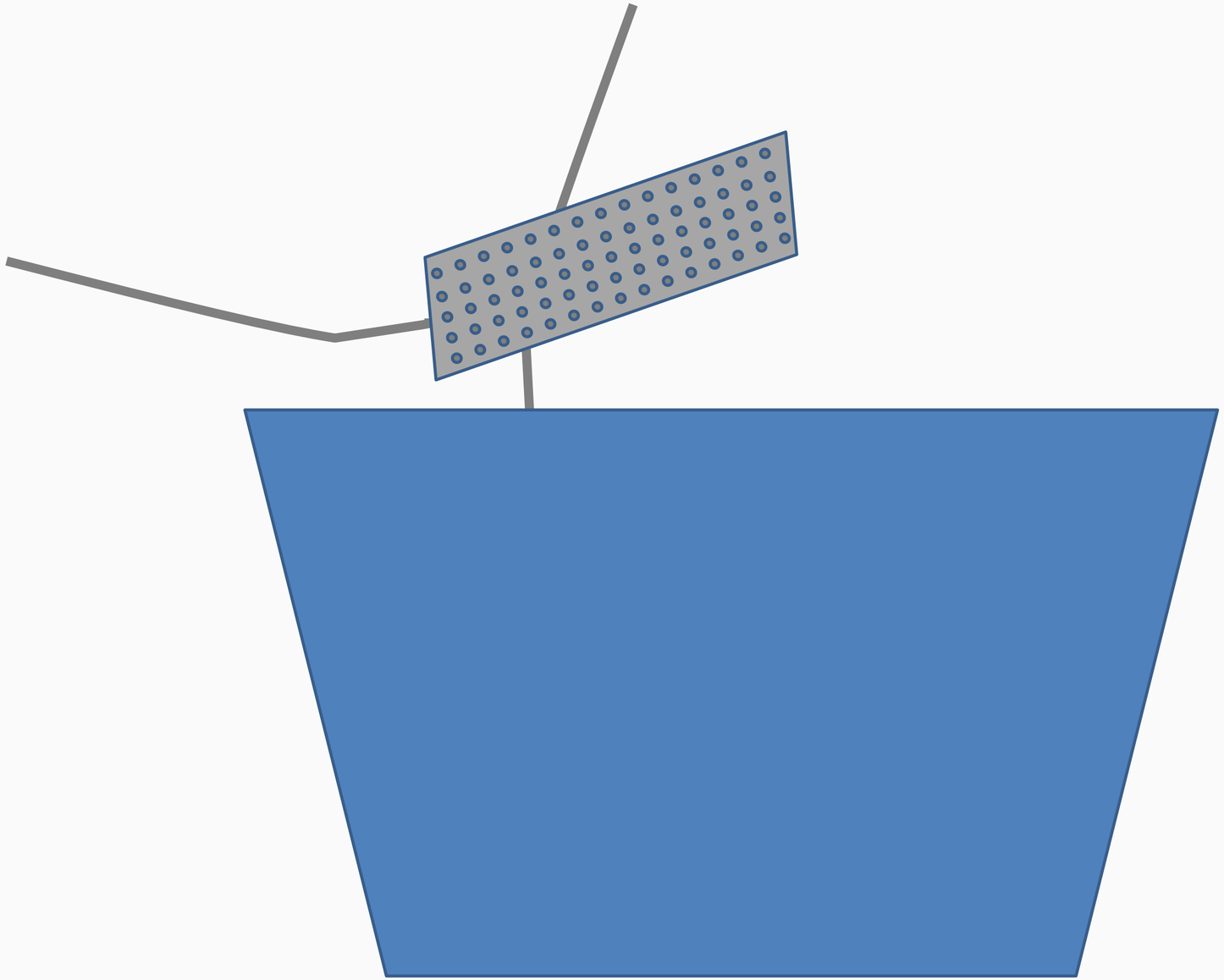
News flash Worker #3!
You’re promoted!



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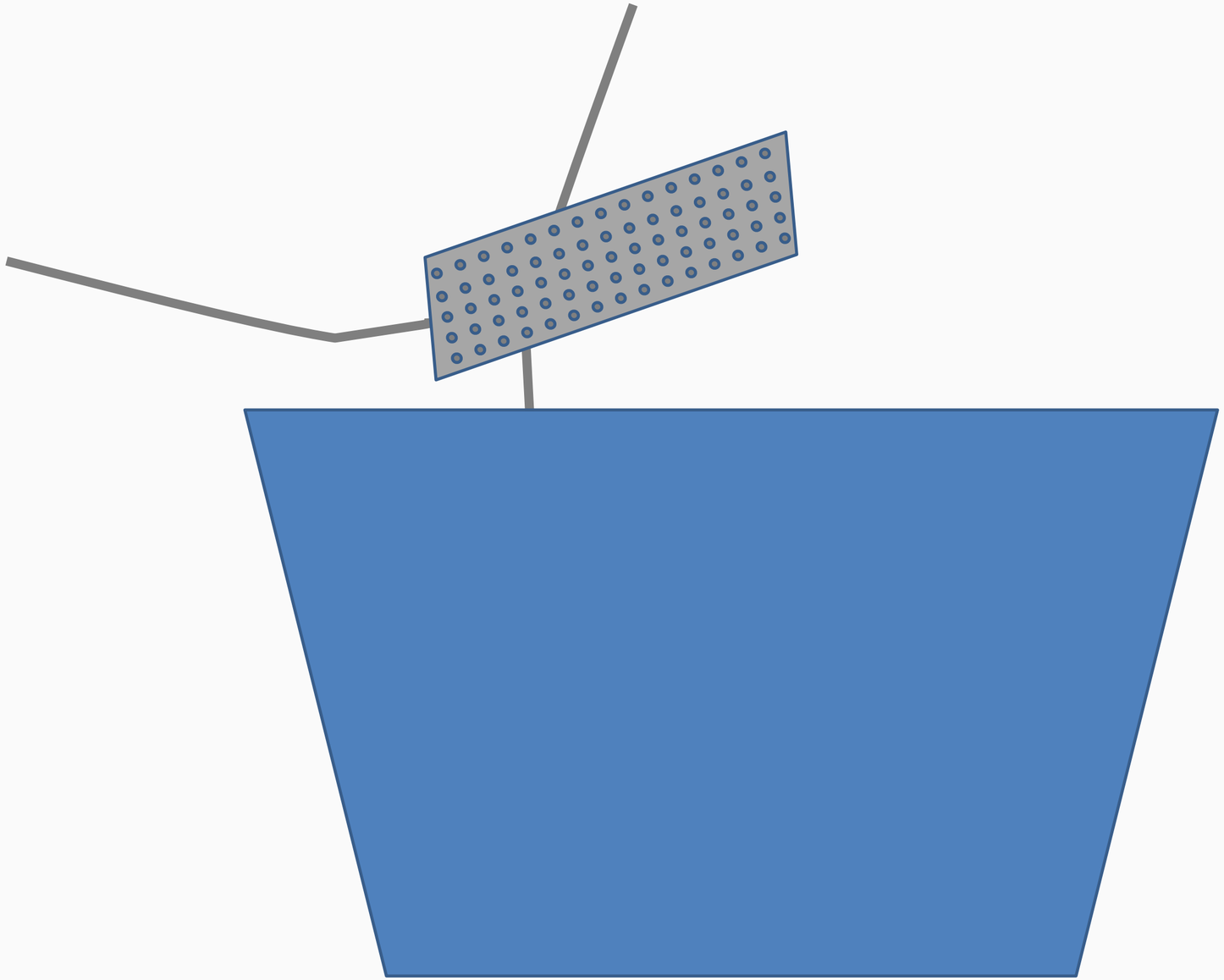

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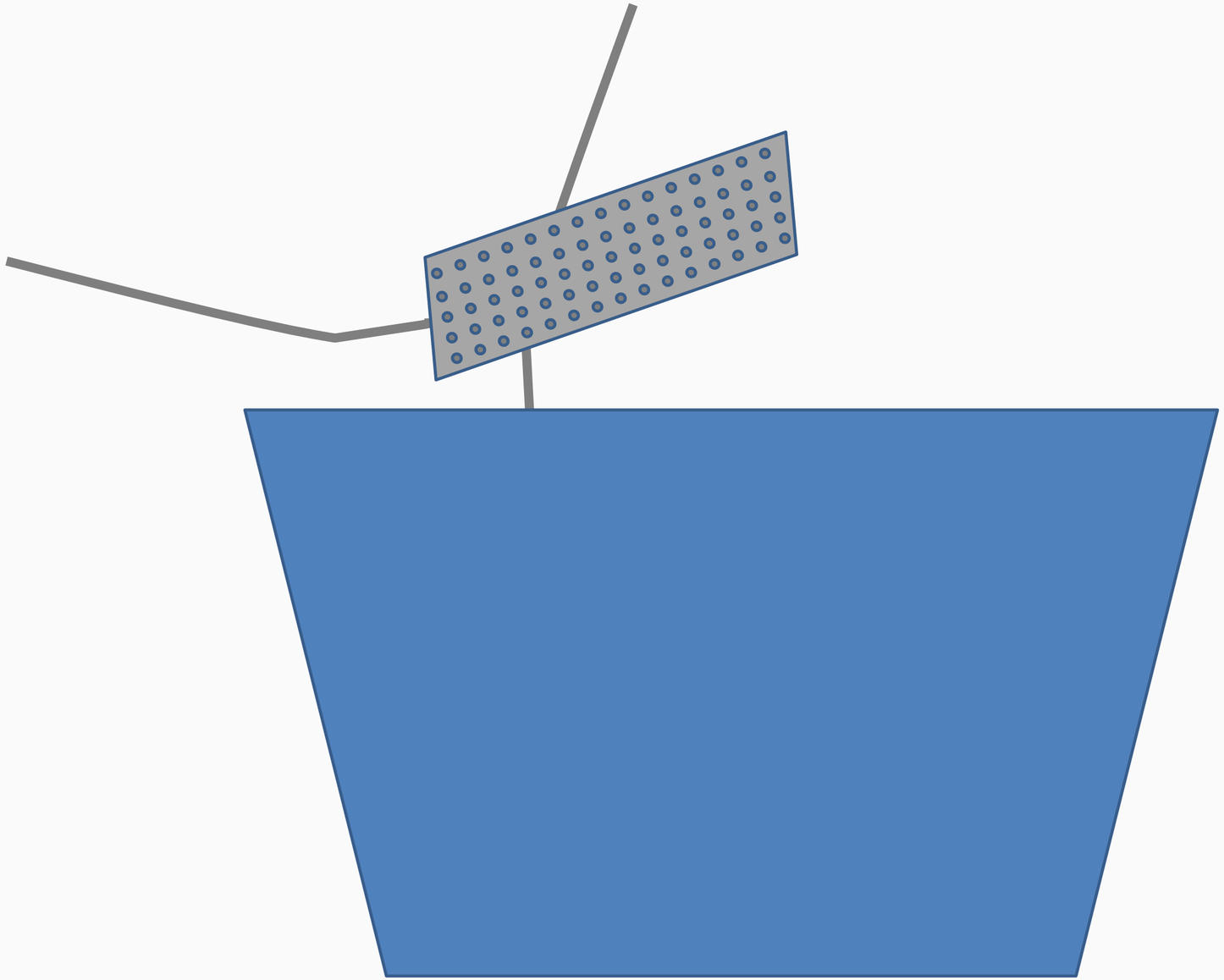

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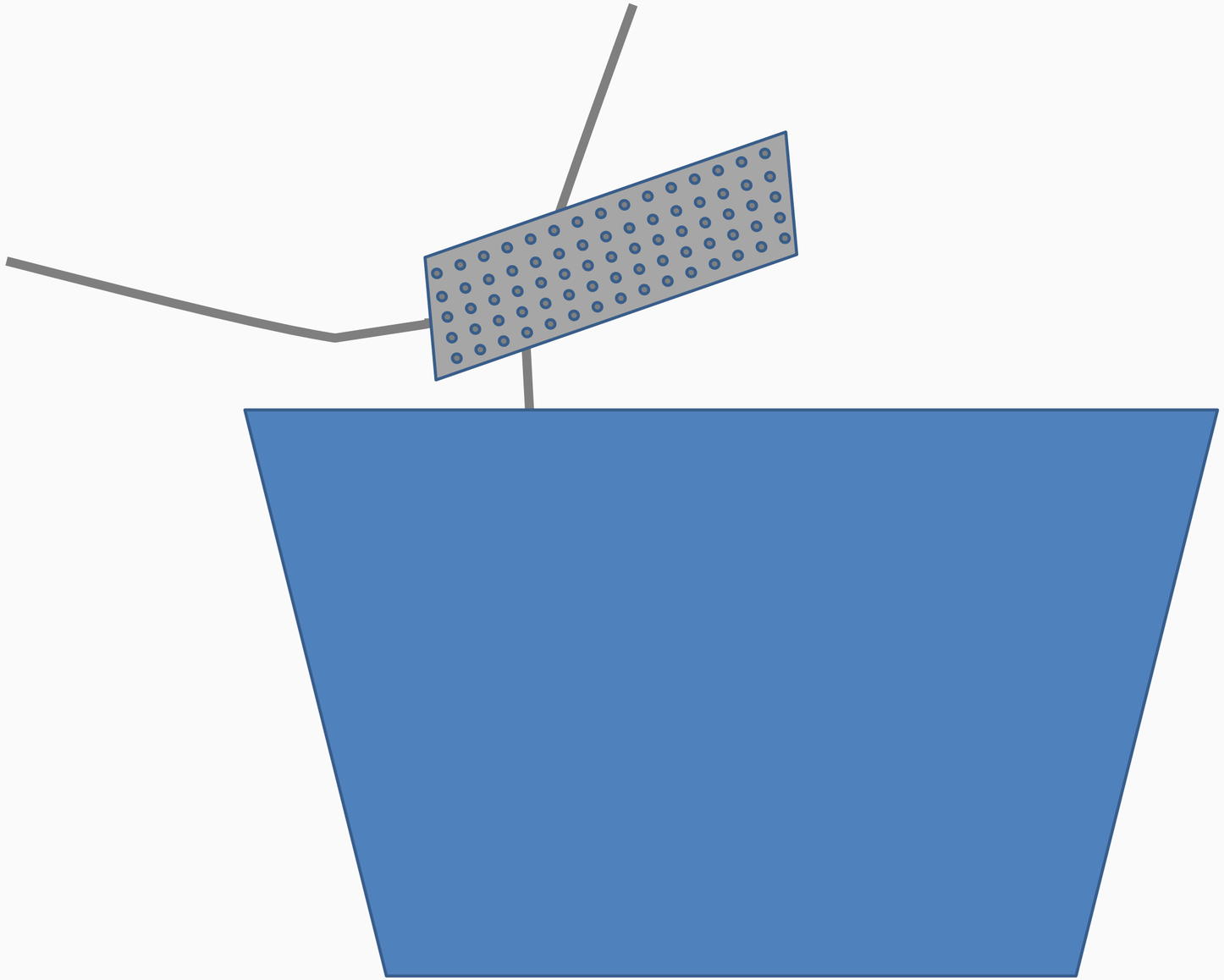

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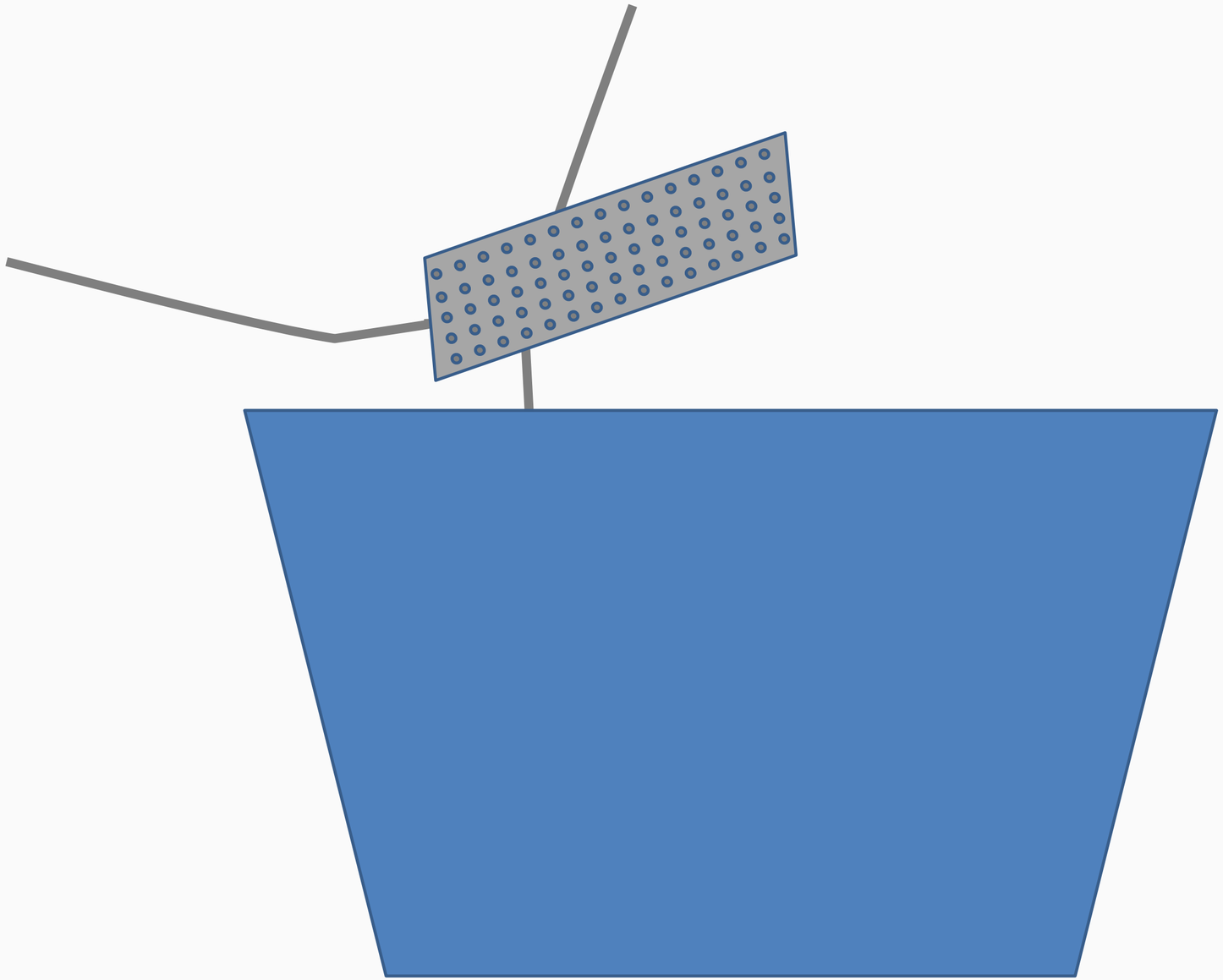
ZERO DEFECTS!!!



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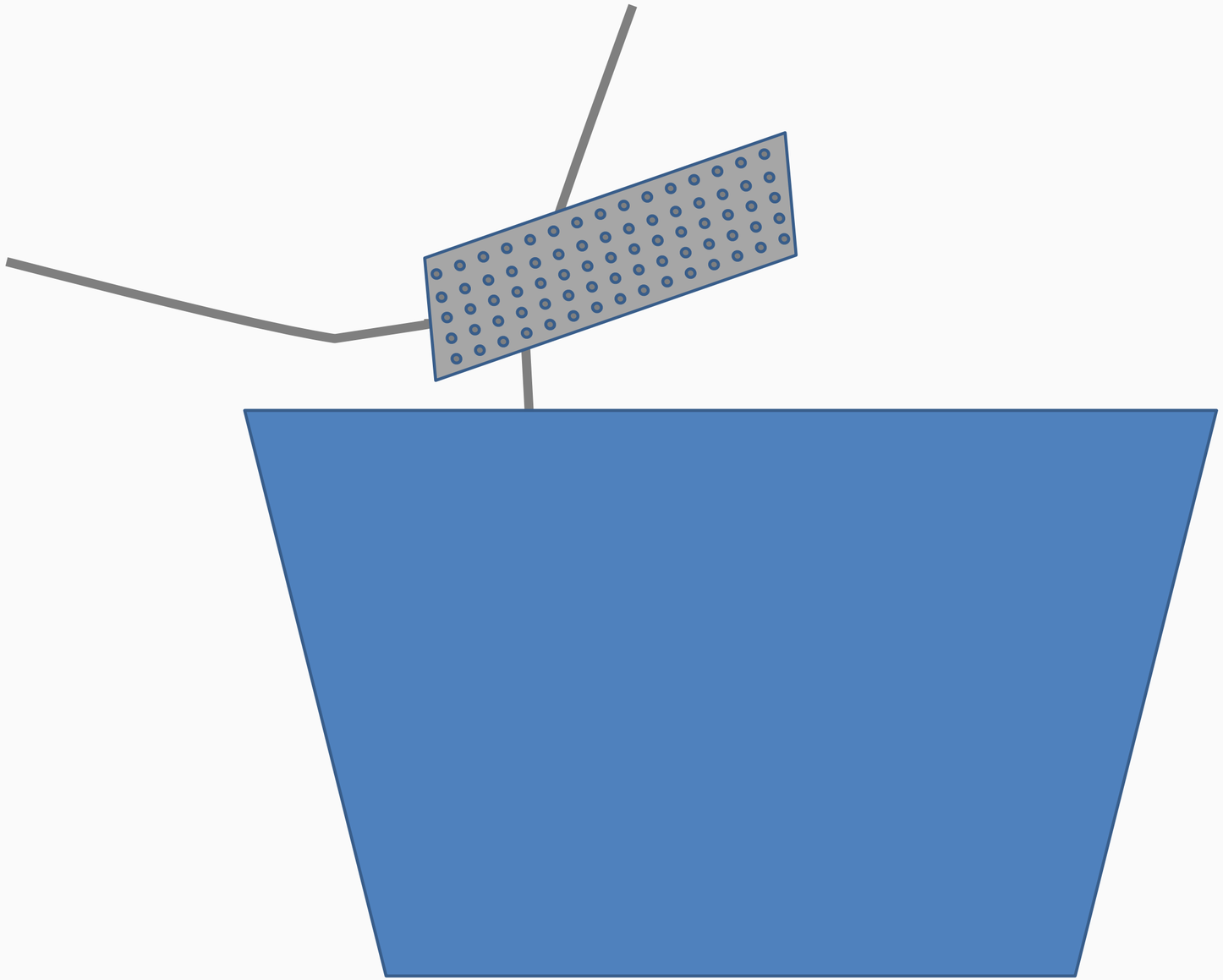

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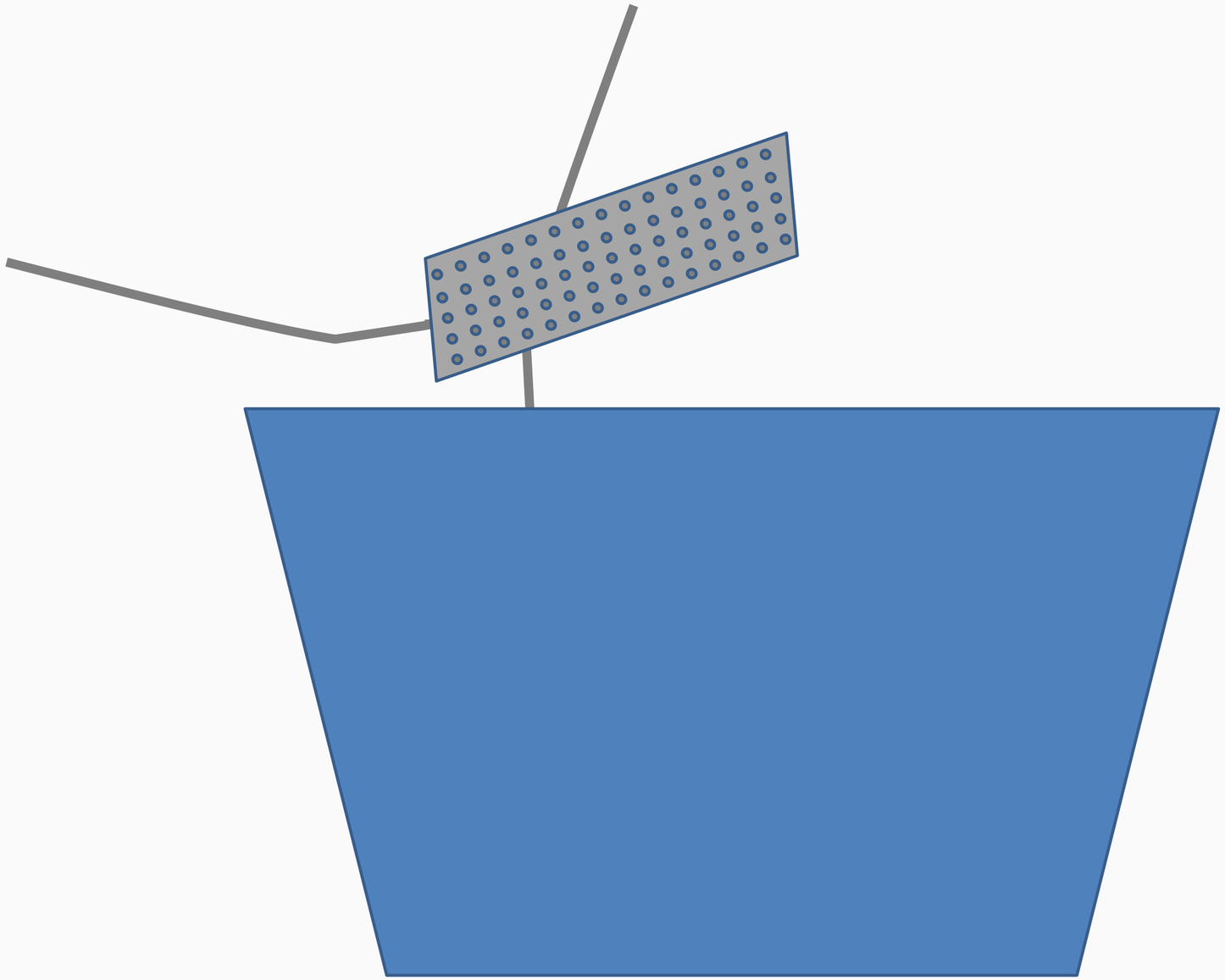

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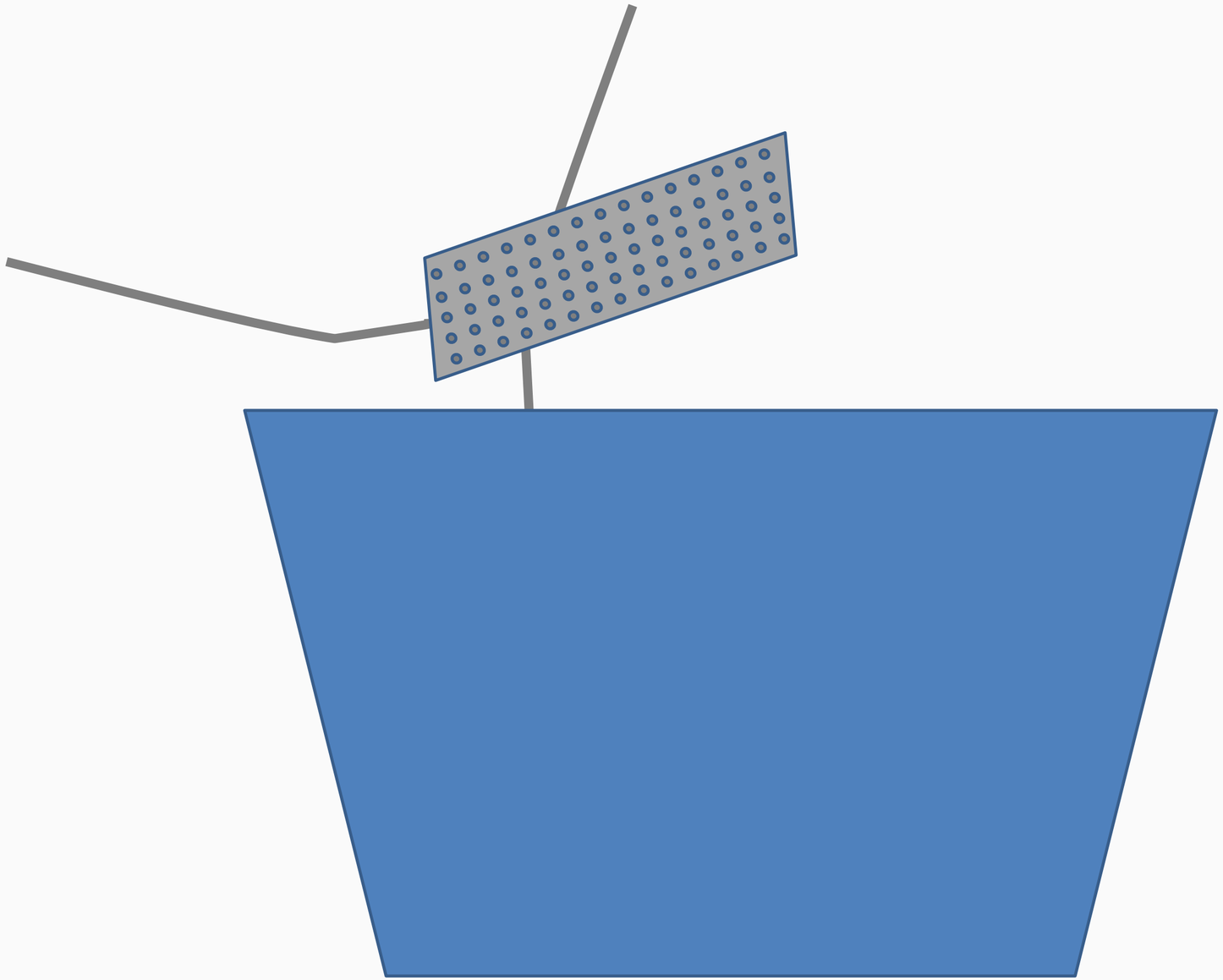

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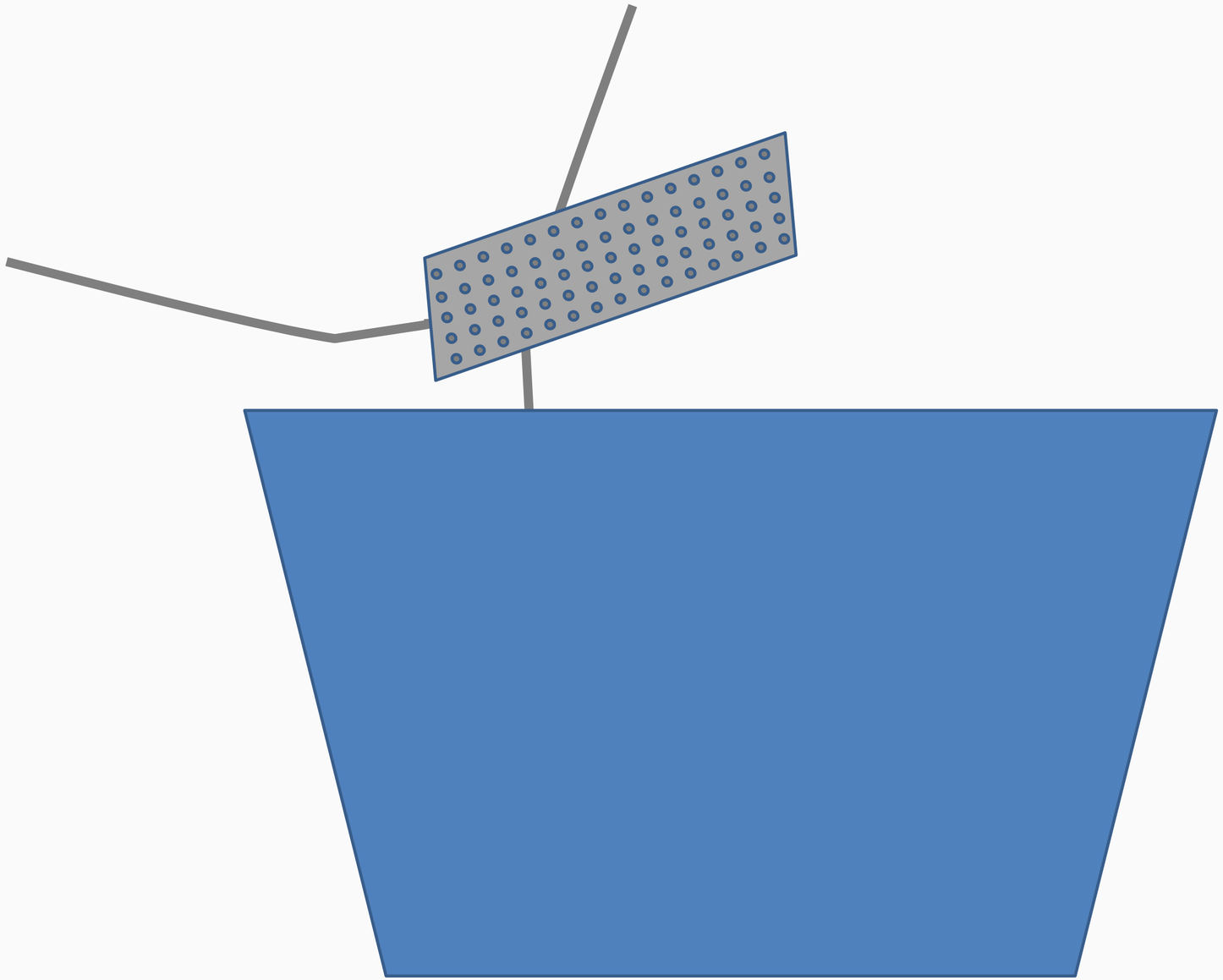

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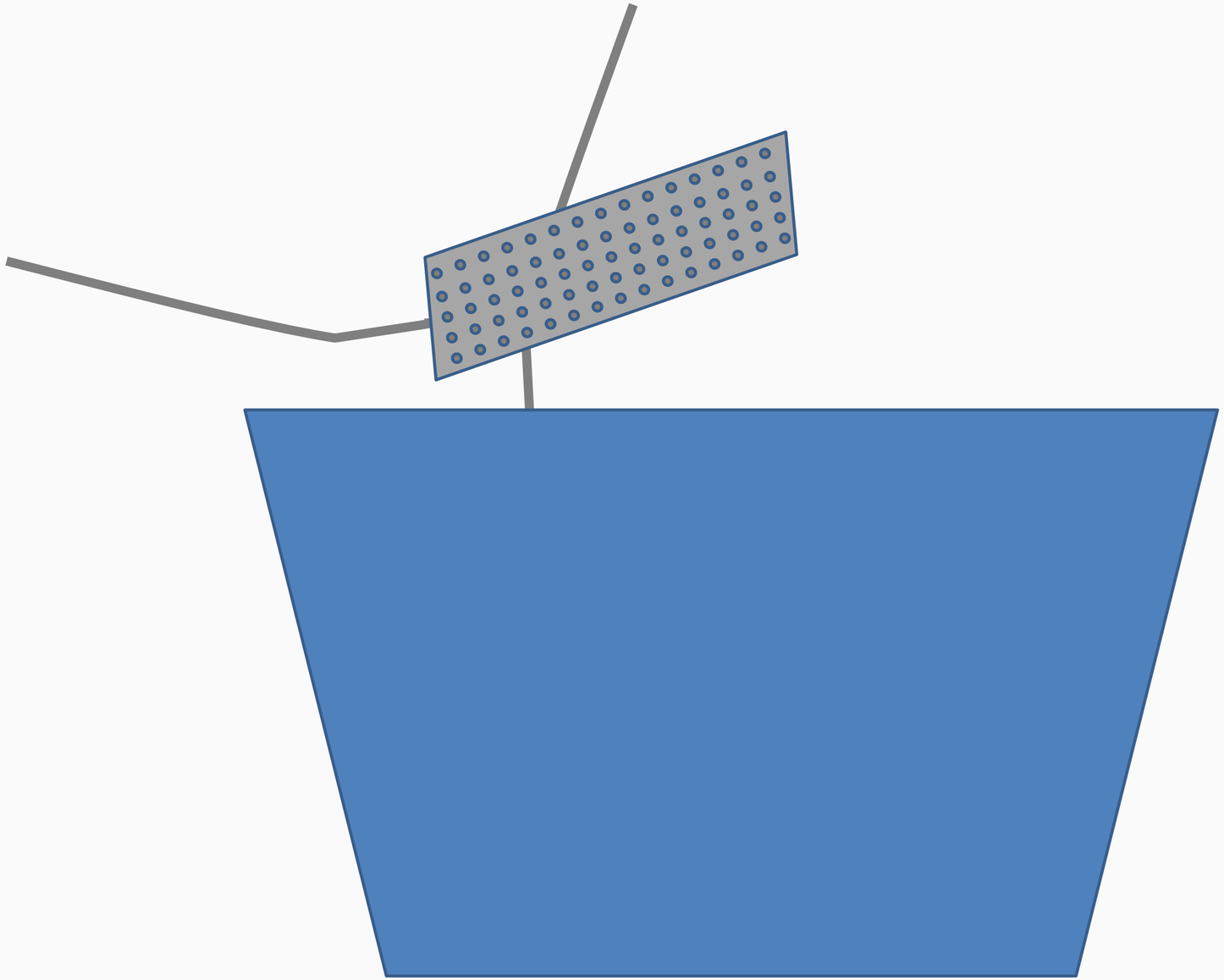

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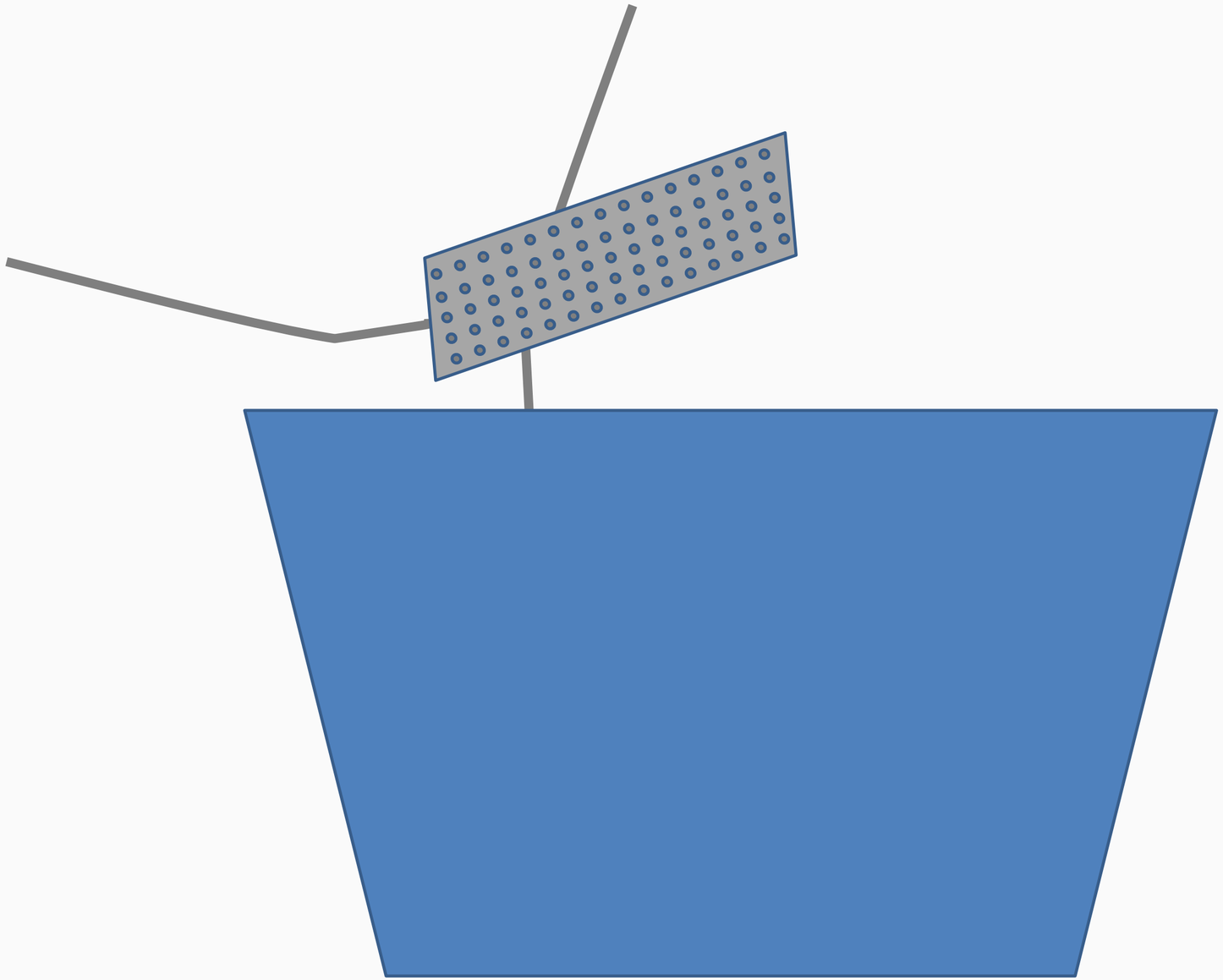

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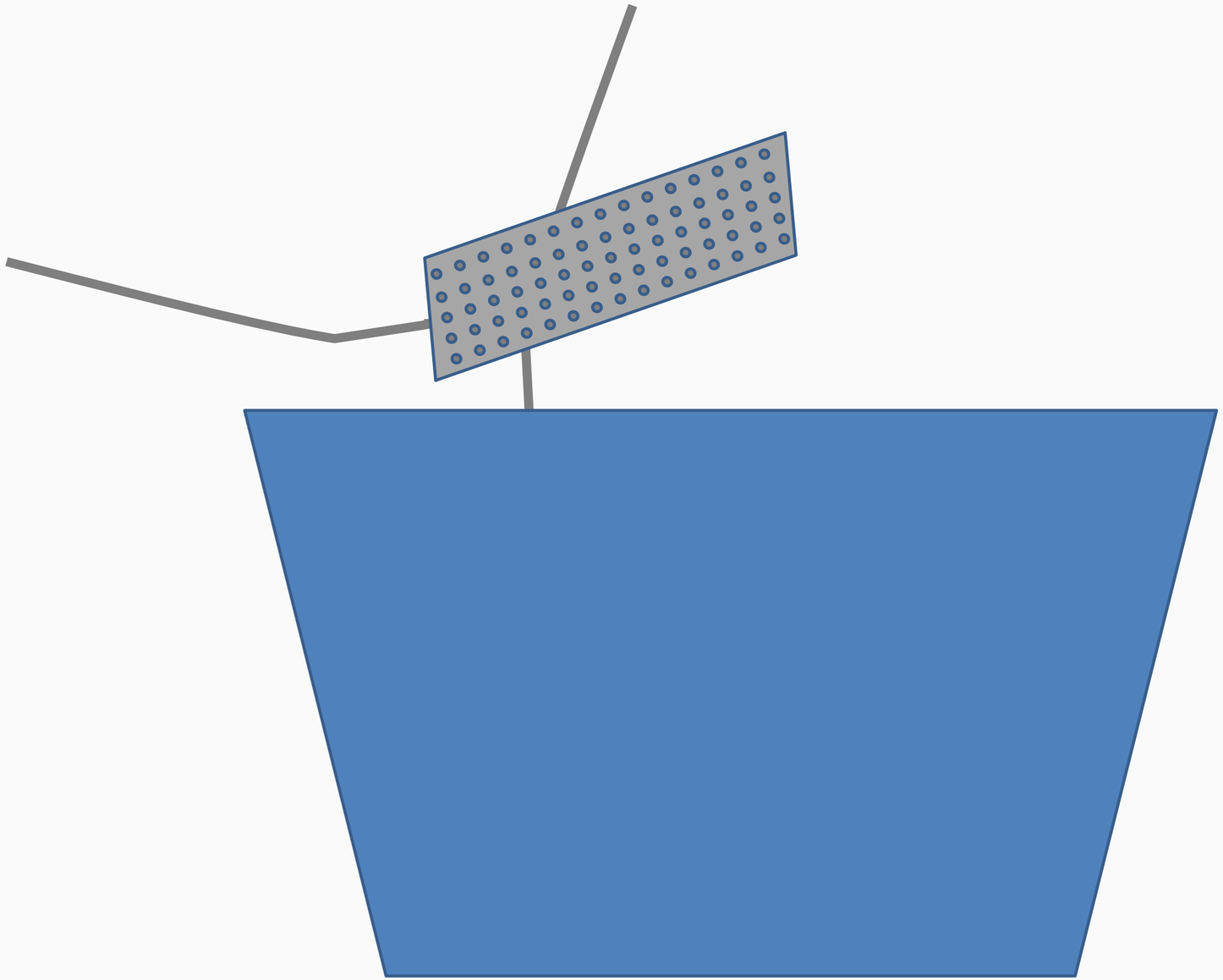

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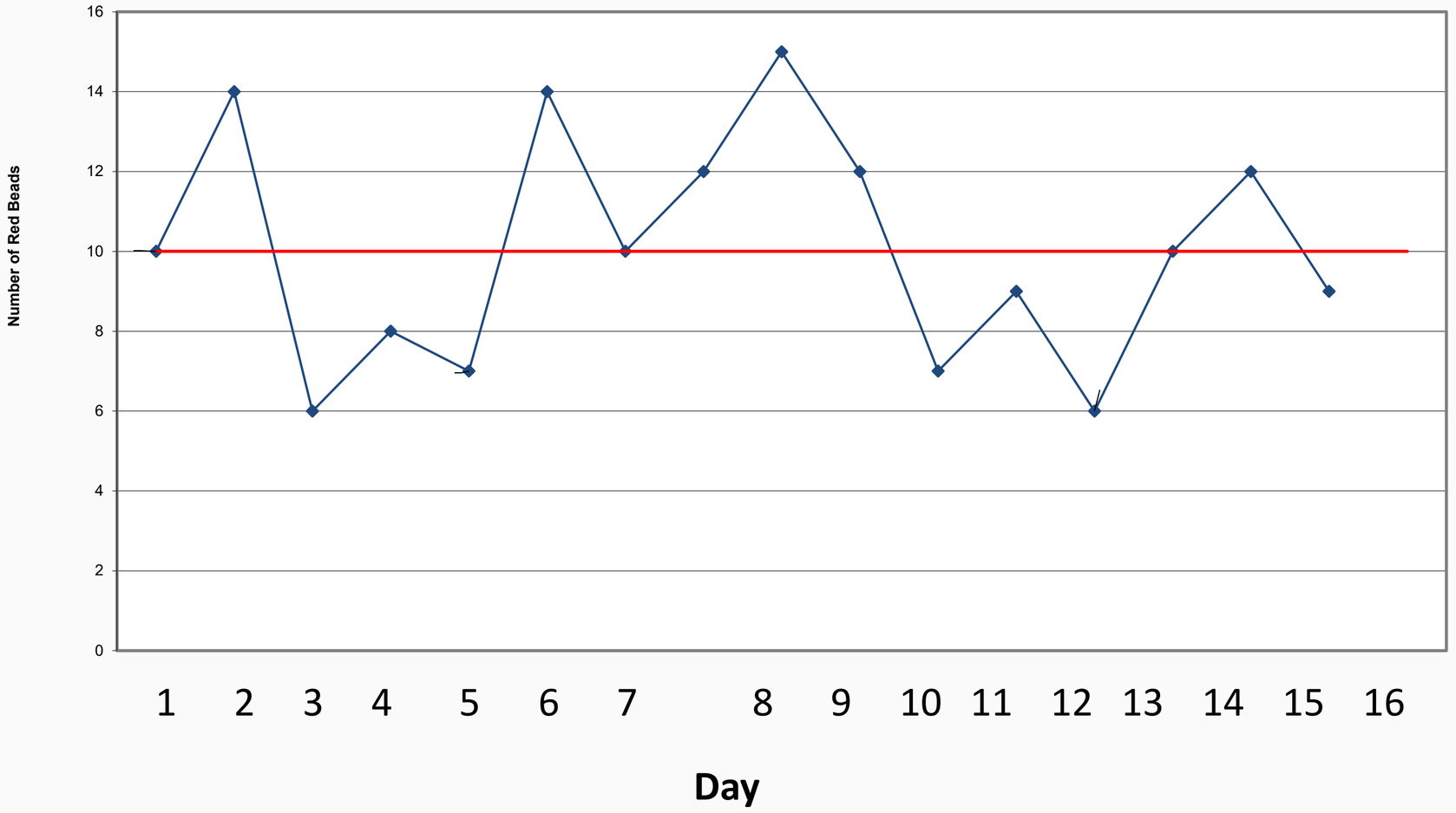
Number of Red Beads
16
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Day

Questions to Consider

- Were management techniques helpful?
- What type of problems did we have?
- If you were CEO, what would you change?
- What did you learn about systems?

The Change Package

Stigma Reduction	12:40 – 12:45
Withdrawal Scoring Consistency	12:45 – 12:50
Non-Pharmacologic Care	12:50 – 12:55
Pharmacologic Care	12:55 – 1:00
Collaborative Discharge Plan	1:00 – 1:05

Our Work In Context

Pre-Pregnancy
Awareness of substance use effects

Prenatal
Screening and Assessment

Birth
In hospital management of infants with NOWS

Post Partum
Ensure infant's safety and respond to infant's needs

Infancy and Beyond
Identify and respond to the needs of the infant and parent

Global Aim

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 95%

Population

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

Primary Drivers	Secondary Drivers	Interventions
Identification and Assessment of Opiate Exposed Newborns	Strengthen Family/Care Team Relationships	Stigma education as part of ongoing education procedures
	Withdrawal scoring consistency	Standardize education for all staff on withdrawal scoring
Inpatient Management of Infants with NOWS	Non-pharmacologic care standardization	Non-pharmacologic care guidelines for opioid exposed newborns
	Pharmacologic care consistency: initiation, weaning, and cessation	Pharmacologic treatment guidelines
	Keeping mother-baby dyad together	Establish hospital policy for infant transfer and rooming in
Supportive Discharge for Mother and Baby	Hospital specific Plan of Supportive Infant Discharge	Establish hospital specific Collaborative Discharge Plan
	Hospital specific Plan of Supportive Maternal Discharge	

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

ALABAMA PERINATAL ALPQC QUALITY COLLABORATIVE

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ALABAMA PERINATAL ALPQC QUALITY COLLABORATIVE

Stigma Reduction

Britta Cedergren, MPH, MPA
Associate Director, Postpartum Care
March of Dimes

HEALTHY MOMS. STRONG BABIES.

MARCH OF DIMES

MARCH OF DIMES IMPLICIT BIAS TRAINING:

BREAKING THROUGH BIAS IN MATERNITY CARE

ALABAMA PERINATAL QUALITY COLLABORATIVE ALPQC

HEALTH EQUITY FOR MOMS AND BABIES

The U.S. faces a maternal and infant health crisis. It remains among the most dangerous developed nations for childbirth, with significant ethnic and racial disparities existing in health care. To improve health outcomes for moms and babies, health care systems must address threats to good health. Research shows one potential threat is **implicit bias**—the attitudes and stereotypes that affect an individual's understanding, actions and decisions in an unconscious manner.

March of Dimes supports investments nationally and locally to reduce disparities in maternal and infant health. As part of this work, we offer Implicit Bias Training to increase awareness and stimulate action to address implicit bias in maternity care settings.

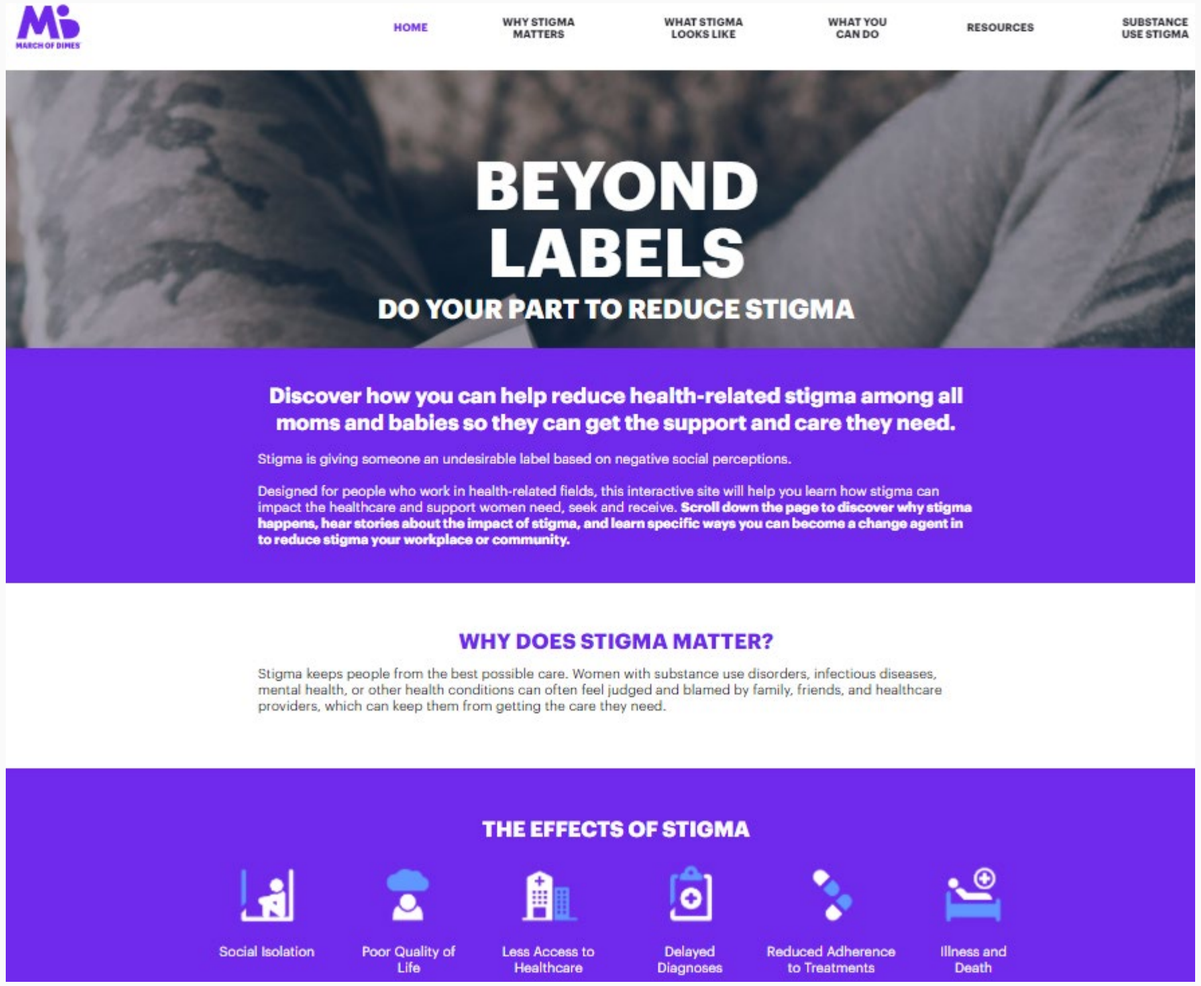
TRAINING OPPORTUNITIES

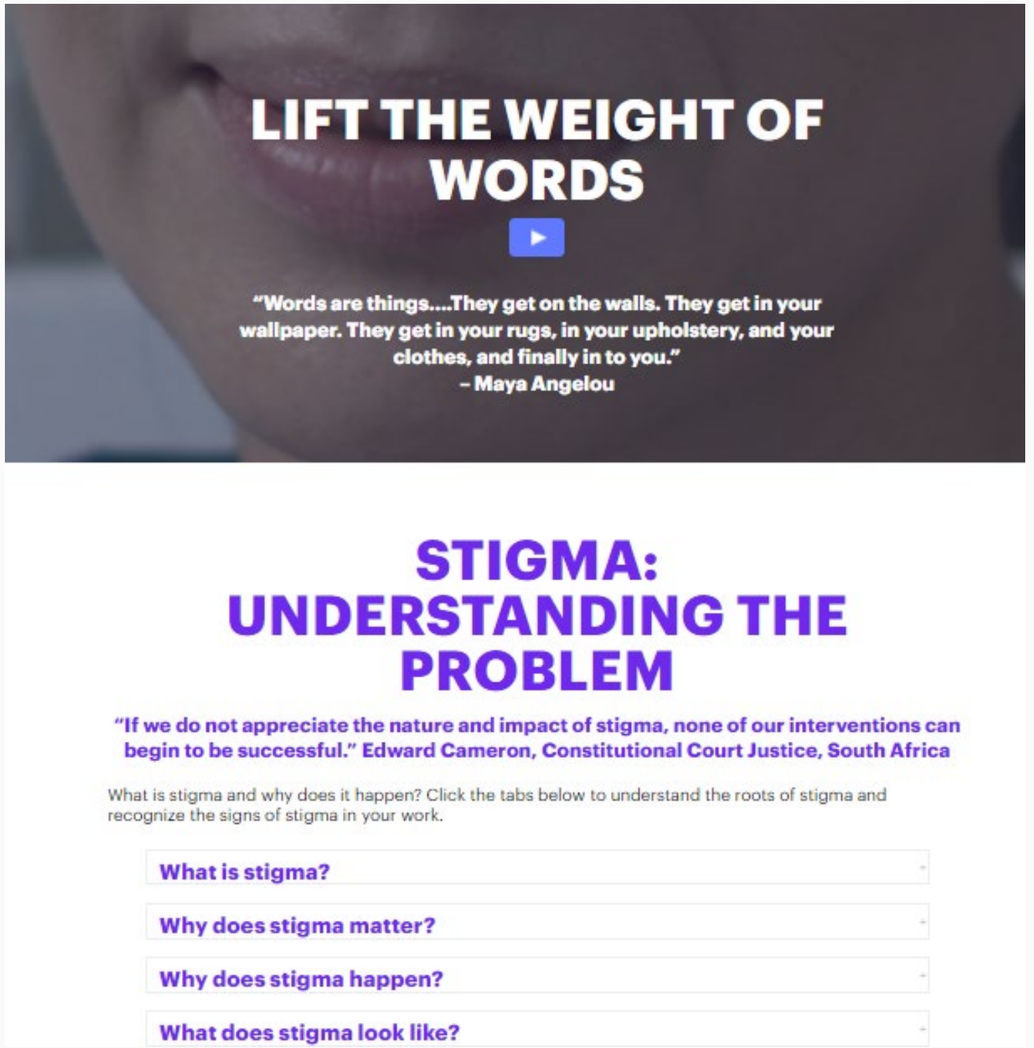
March of Dimes' Implicit Bias Training, called "Breaking Through Bias in Maternity Care," is a unique in-person or virtual learning experience that provides authentic, compelling content for health care providers caring for women before, during and after pregnancy. Training alone won't lead to immediate improvements in racial and ethnic disparities, but it can provide health care providers with important insights to recognize and remedy implicit bias. These actions can result in improved patient-provider communication, overall patient experience and quality of care, and a culture shift across committed organizations towards the broader goal of achieving equity for all moms and babies.

The training includes **4 key components:**

1. **Overview of implicit bias and personal assessment**
2. **Historical overview of structural racism in the U.S.**
3. **Strategies to mitigate racial bias in maternity care**
4. **Building a culture of equity within an organization**

marchofdimes.org





beyondlabels.marchofdimes.org

STORIES OF STIGMA

See me for who I am. I am not a label. I am not my health condition. I am me.

Click each image below to see and hear stories from people impacted by stigma.

Natalie	Sarah	Beatrice
Dilini	Dr. Bell	Lila
Delilah	Sheila	Laura

Stories are based on actual people and events. However, to protect privacy, some details have been changed or stories compiled.

WHAT YOU CAN DO

Discover how you can make a difference by reducing stigma in your workplace and community.

CLEAN SLATE

Click the circles below to advance the content.

SAY THIS, NOT THAT

Make a commitment to stop using words that stigmatize, dehumanize and are harmful to others.

And not just when you're talking to someone with a stigmatized health condition. It might not always seem obvious, but how we speak and the words we put out into the world affect the perceptions and attitudes around us. Health conditions and the challenges someone is facing can be invisible. You don't always know who you are talking to and who else is listening.

USE PERSON-FIRST LANGUAGE

Person-first language puts the person before the diagnosis. It emphasizes the person, not their medical condition or disability. Rearranging words is a powerful way to not let the diagnosis define the person.

To see alternative language for some stigmatizing words, click on the diamonds below.

BE A CHANGE AGENT

You don't have to alter your entire workplace or community to help reduce stigma. Small changes can have an impact and lead to even bigger changes.

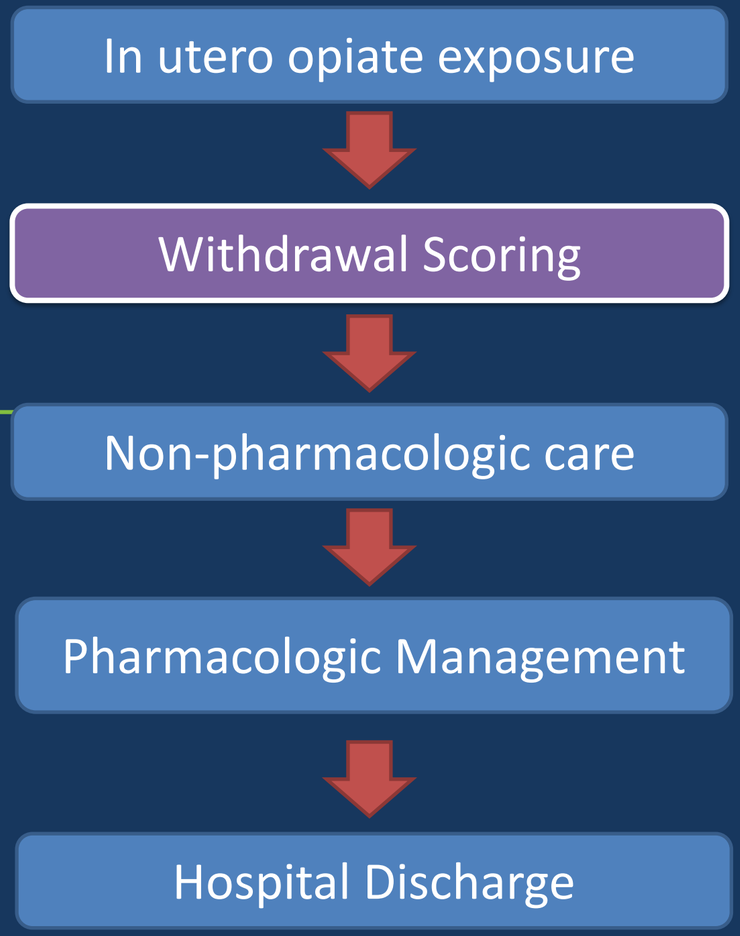
beyondlabels.marchofdimes.org

Stigma Reduction Measures

Measurement Type	Measurement	Frequency
Structural	Hospital has implemented education practices for hospital staff for reducing stigma in opioid-exposed newborns (OENs)	Quarterly

Withdrawal Scoring

Lisa Costa, DNP, NNP-BC
Neonatal Nurse Practitioner
Neonatal Intensive Care Unit,
St. Vincent's Birmingham



Withdrawal Scoring

All infants with in-utero substance exposure should be assessed for signs and symptoms of withdrawal every 3-4 hours beginning within the first 2-6 hours after birth. Scoring should be timed around vital signs, diapering and feedings.

Key principles of scoring include:
1. The infant should be kept in the room with the mother for scoring if possible
2. The score encompasses the entire 3-4 hour period, not one point in time
3. The infant should be scored after feeding to ensure hunger is not contributing.

Withdrawal Scoring

The **Finnegan Scoring Tool** lists 21 symptoms that are most frequently observed in substance exposed infants. Each symptom and its associated degree of severity are assigned a score and the total withdrawal score is determined by totaling the score assigned to each symptom over the scoring period. Generally, if an infant scores ≥ 8 three times or ≧ 12, pharmacologic treatment should be considered.

The **Eat, Sleep Console** scoring method looks at whether the infant can eat ≥ 1 ounce or breastfeed well, can sleep ≥ 1 hour and can be consoled within 10 minutes. If these three items are being met, there is no need for pharmacologic management.

Withdrawal Scoring

Proper training of health care professionals is imperative to accurate, consistent and reliable scores. Neo Advances has materials that can be purchased for training on the Finnegan Scoring system with video demonstrations as well as the capability of doing onsite demonstrations and workshops.

More information can be obtained at https://www.neoadvances.com

Withdrawal Scoring

Gap analysis & resources:

1. Identify space for rooming-in and -Eat, Sleep, Console is based on keeping the infant with the mother as much as possible
2. Education of nurses/staff regarding scoring tools/ methods
3. Assess resources: On-site training workshop, training materials
4. Initiate volunteer/cuddler program to help with consoling when parents unavailable

Withdrawal Scoring

People to involve in this effort:

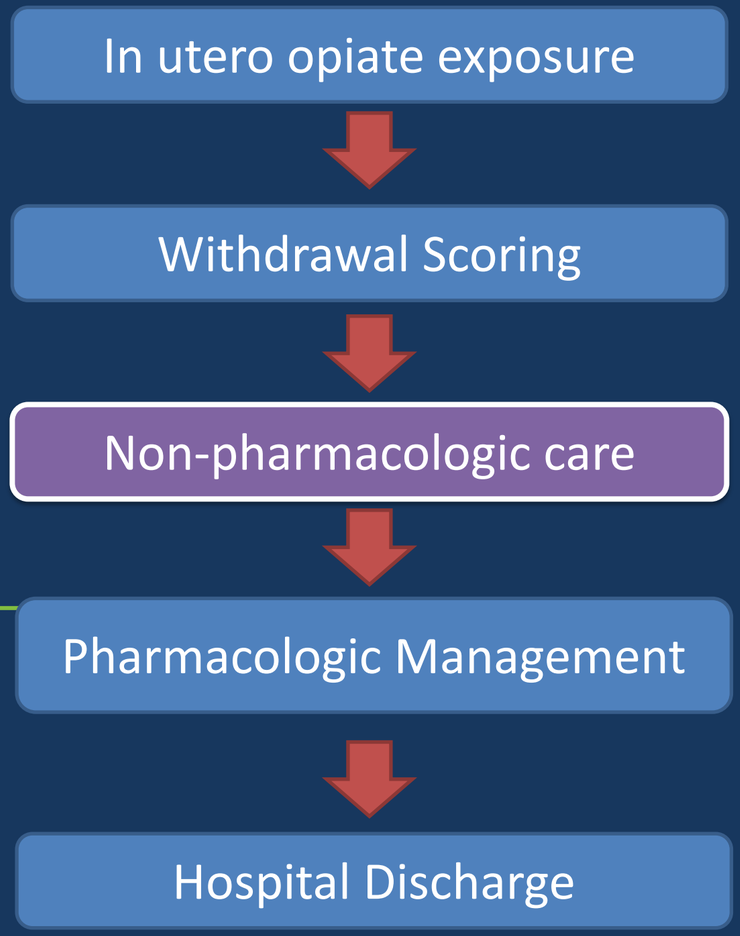
Well Baby Nursing / Postpartum Nursing Staff
NICU Nursing Staff
Pediatricians / Neonatologists
Family Practice Physicians
Physical and Occupational Therapists (if available)
Parents
Volunteer “Cuddlers”

Withdrawal Scoring Measures

Measurement Type	Measurement	Measure Frequency
Process	Did the infant have evidence of opioid withdrawal?	Monthly per patient
Structural	Hospital has implemented education practices for hospital staff for scoring opioid-exposed newborns (OENs)	Quarterly

Non-Pharmacologic Management

Stephanie Israel, MD
Neonatal Hospitalist
Department of Pediatrics,
Huntsville Hospital



Non-Pharmacologic Management

There are a number of ways to soothe babies and support them during withdrawal through means other than medication. This section provides some techniques for non-pharmacological management which hospitals can explore to use with their patients. Should be started on admission or when a patient is identified.

Non-Pharmacologic Management

Rooming-in

- Limit time away from mom
- Cluster care – clustering several routine or nursing care events together rather than spacing them out to allow the infant longer periods of rest
- Limit visitors

Non-Pharmacologic Management

- Encourage skin-to-skin and holding by mom
- Reduction of stimuli including sound, light, and touch
- Swaddling
- Swings or mamaroos as available
- Infant massage – identify trained providers who can perform and teach parents
- Non-nutritive sucking, pacifiers
- Holding and comforting by RNs and volunteers/cuddlers

Feeding Strategies

- Feeding based on hunger cues
- Smaller, more frequent amounts if needed
- Breastfeeding as allowed by protocol
- Lactose low/sensitive formula if no breastmilk available
- Consider fortifying to 22 or 24 cal/oz
- Possible need for NG tube

Parent Education

- Non-judgmental guidance and teaching by providers and staff
- Soothing methods
- Feeding guidance (on demand, feeding small, more frequent amounts
- Safe sleep

Gap Analysis and Resources

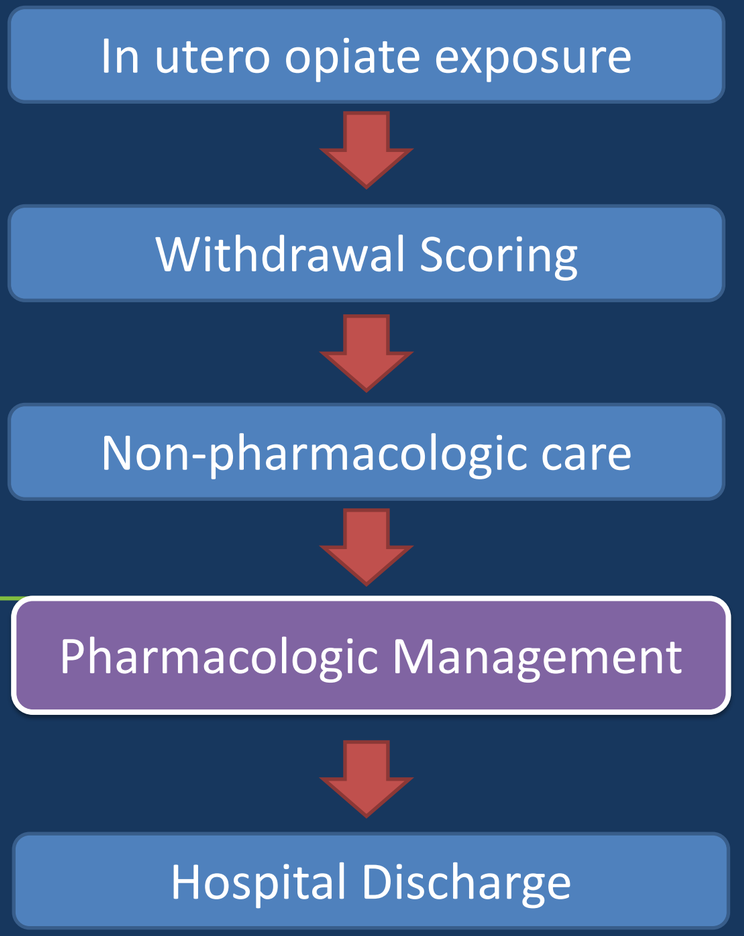
1. Identify space for rooming-in and/or consider keeping NOWS babies together postpartum
2. Education of nurses/staff regarding non-pharmacological methods
3. Assess resources: swings, mamaroos, low light/sound areas
4. Initiate volunteer/cuddler program to help with rocking when parents unavailable
5. Identify availability of therapists/child life specialists

Non-Pharmacologic Care Measures

Measurement Type	Measurement	Measure Frequency
Process	Was a non-pharmacologic bundle used consistently with the infant?	Monthly per patient
Outcome	Did infant receive pharmacologic treatment?	Monthly per patient
Structural	Hospital has implemented standardized non-pharmacologic guidelines for OENs	Quarterly

Pharmacologic Management

Sam Gentle, MD
Assistant Professor of Neonatology
Department Pediatrics,
UAB



Using Pharmacologic Protocols

- Prior to considering pharmacologic interventions, non-pharmacologic interventions should first be implemented as these interventions may reduce the need for pharmacologic treatment[1,2]
- If started on pharmacotherapy, the use of protocols may reduce the length of treatment and hospital stay[3]

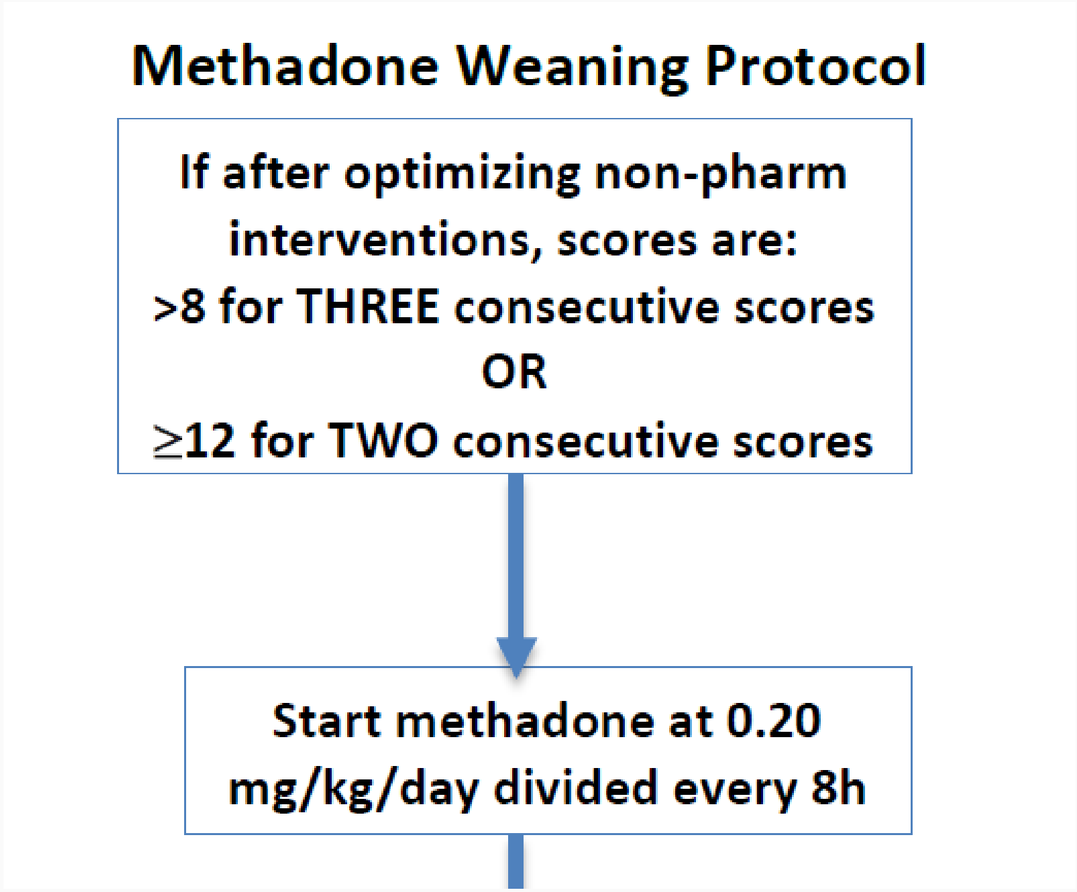
1. Grossman et al. *Pediatrics*. 2017
2. Grossman et al. *Hosp Peds.* 2018
3. Walsh et al. *Pediatrics*. 2018

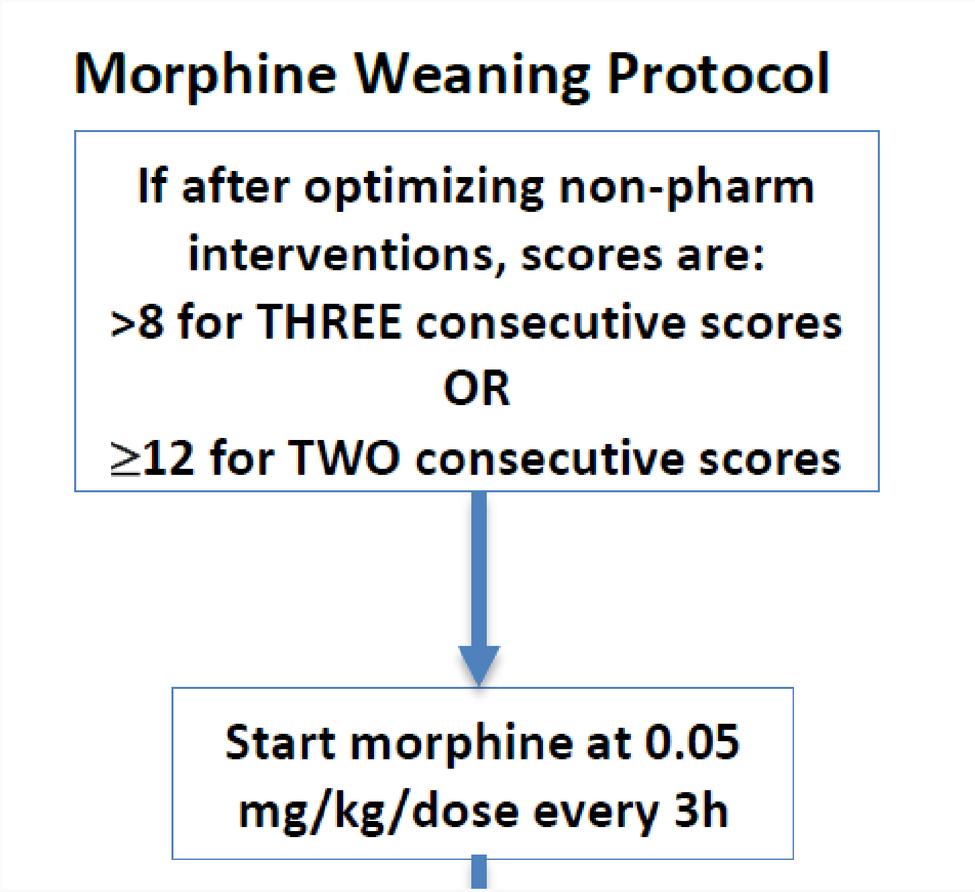
Choice of Agent

- No consensus as to the optimal agent[4]
- Morphine is most common followed by methadone[5]
- Morphine has a shorter half-life, more frequently dosed
- Infants receiving methadone may have a shorter length of treatment and hospital stay[6]

1. Patrick et al. *J Perinatol*. 2014
2. Stover et al. *Semin Perinatol.* 2015
3. Davis et al. *JAMA Pediatr*. 2018

Pharmacologic Initiation

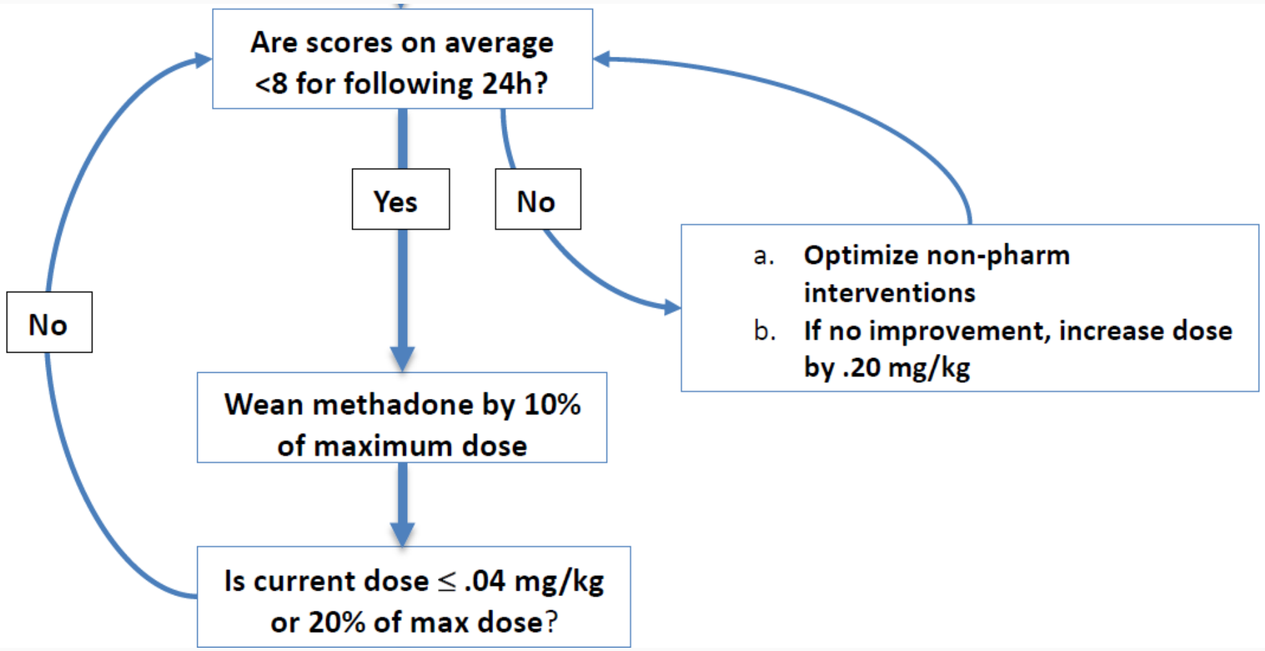




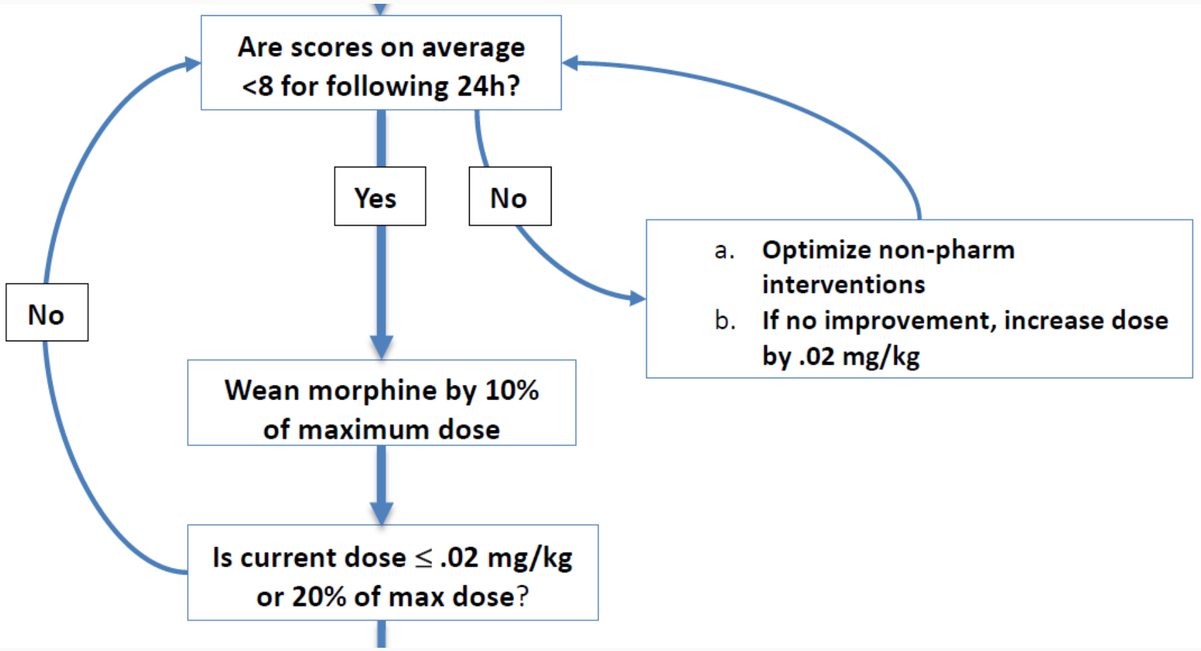
1. Northern New England PQC
2. Boston University
3. Ohio PQC

Pharmacologic Weaning

Methadone Weaning Protocol

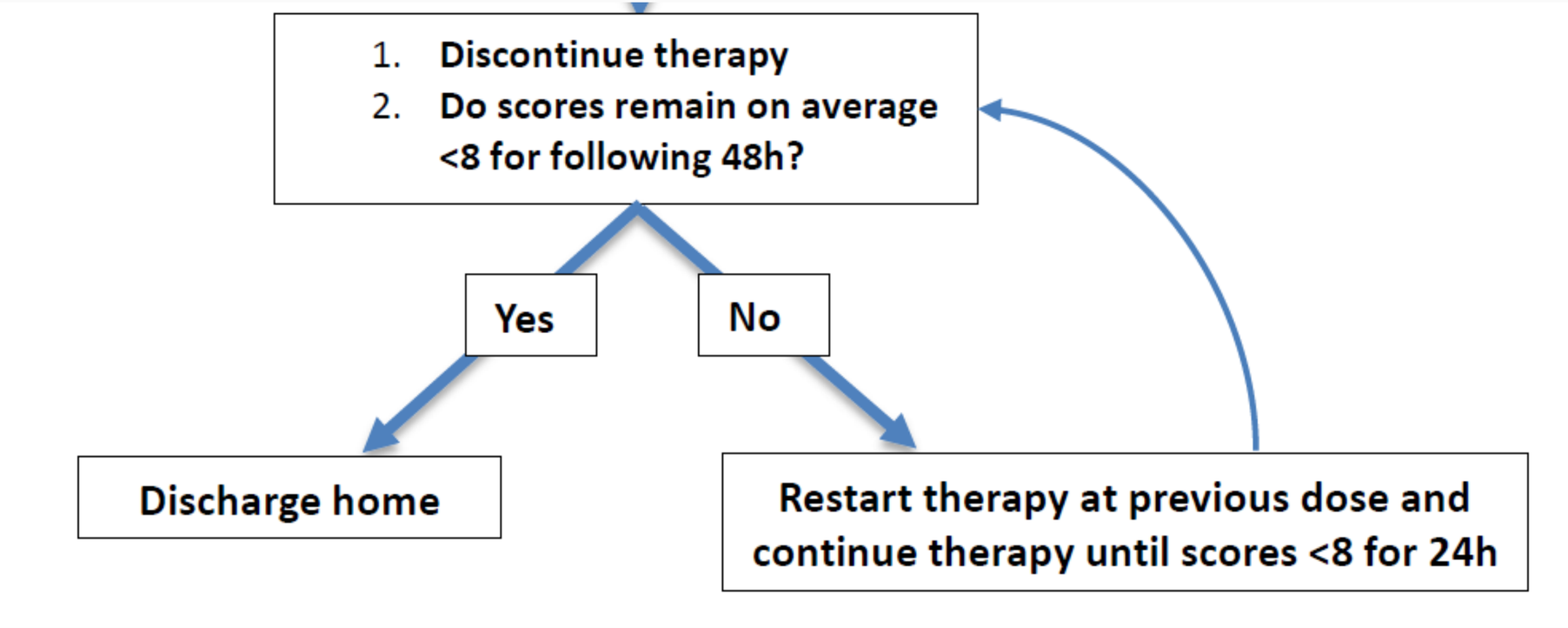


Morphine Weaning Protocol



1. Northern New England PQC
2. Boston University
3. Ohio PQC

Pharmacologic Discontinuation



1. Northern New England PQC
2. Boston University
3. Ohio PQC

Pharmacologic Care Measures

Measurement Type	Measurement	Measure Frequency
Outcome	How many days did the infant receive treatment	Monthly per patient
Outcome	How many days old was the infant at discharge (Birth is day “0”)	Monthly per patient
Structural	Hospital has implemented education practices for hospital staff for scoring opioid-exposed newborns (OENs)	Quarterly

Collaborative Discharge Plan

Suzanne Muir, MSW
Associate Director, Department of Psychiatry and Neorobiology
Project Director, Comprehensive Addiction In Pregnancy Program
UAB

Supportive Discharge

Collaborative Discharge Plan

+

NOWS Discharge Checklist

NOWS Collaborative Discharge Plan

CURRENT SUPPORTS (Use this section to identify current supports e.g. partner/spouse, family/friends, Medication Assisted Treatment (MAT), behavioral health counseling/recovery services, spiritual faith/community, recovery community, etc.)

STRENGTHS AND GOALS (Use this section to identify existing strengths and possible needs in each of these areas)
Breastfeeding:
Family/Household:
Parenting:
Housing:
Smoking Cessation:
Opioid Use Disorder Treatment and Recovery:
Other:

NOWS Collaborative Discharge Plan

ADDITIONAL QUESTIONS ABOUT OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME
What can I expect at home:
Strategies to soothe my baby:
What to do if I’m stressed or need a break:

NOWS Collaborative Discharge Plan

Services, Supports, and New Referrals

Community Obstetrician Appointment

My Obstetrician Name:	
Obstetrician's Office Phone Number:	
Obstetrician's Office Address:	
Appointment Date:	**Appointment Time:**

Community Pediatrician Identification & Referral

☐ **Newborn has an appointment scheduled with a community pediatrician for post-discharge follow-up (within 24 – 48 hours after infant discharge)**	My Newborn's Pediatrician Name:
	Pediatrician's Office Address:
	Pediatrician's Office Phone Number:
	Appointment Date:
	Appointment Time:

NOWS Collaborative Discharge Plan

Early Intervention (Alabama Early Intervention System) Identification and Referral

☐ **Referral made to Early Intervention for Newborn Developmental Follow-Up completed by newborn discharge**	My Local Early Intervention Office Name:
	Office Location:
OR	Office Phone Number:
☐ ***Referral to Early Intervention for Newborn Developmental Follow-Up not applicable at this time**	

***If infant does not meet EI referral eligibility criteria by infant discharge, please share this information with the infant's pediatrician.**

- If you have future questions about your infant's Early Intervention eligibility, benefits, or local EI services in your area please contact the Alabama Early Intervention System Help Line (800-543-3098). You can also look-up your local office online here: www.rehab.alabama.gov/services/ei.
- The Early Intervention program aims to ensure that families who have infants and toddlers (birth to 36 months old) with diagnosed disabilities, developmental delays, or are at risk for delays receive the necessary resources to support you and help optimize your child's development. Early Intervention provides these services in the comfort and ease of your living arrangements.

NOWS Collaborative Discharge Plan

My Local Community Health Center (As Applicable)	
Your community health center can offer services including behavioral health care through physicians, physician assistants, nurse practitioners, nurse midwives, clinical psychologists and clinical social workers.	Name of Program: Main Number: Website:

My Local Peer Recovery Support Organization (As Applicable)	
Recovery support can be invaluable to new mothers with substance use disorders. Peer Specialists are individuals in recovery who are available to help you enter treatment, find self-help groups or simply talk. 24/7 Addiction Hotline – 1-844-307-1760.	Name of Program: Main Number: Website:

NOWS Collaborative Discharge Plan

My Local Home Visiting Programs (As Applicable)	
Home visiting programs promote positive parenting, healthy child grown and development, and prepare young children for school success. Program components include home/personal visits, group connections, screening, and family service planning.	Name of Program:
	Main Number:
	Website:

My Local Community Mental Health Center (As Applicable)	
Eighty-seven mental health centers operate throughout the state to provide a wide range of services to address mental health needs.	Name of Program:
	Main Number:
	Website:

NOWS Discharge Checklist

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
- ❒ 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.

NOWS Discharge Checklist

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”

NOWS Discharge Checklist

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

Community Resources Mapping Tool

Collaborative Discharge Measures

Measurement Type	Measurement	Measure Frequency
Process	Was a Collaborative Discharge Plan completed prior to discharge?	Monthly per patient
Process	Was the mother on Medication for Opioid Use Disorder?	Monthly per patient
Process	Addiction services prior to discharge?	Monthly per patient
Process	Narcan counseling prior to discharge?	”
Structural	Hospital has standardized guidelines for collaborative discharge planning	Quarterly
Balancing	Was the infant readmitted within 10 days of discharge?	Monthly per patient

Q&A

NOWS Website Overview

Evelyn Coronado-Guillaumet, MPH
Program Director
ALPQC

https://www.alpqc.org/initiatives/nows/

PDSA Cycles

Samuel Gentle, MD

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: ☒Reduce length of stay by 20% ☒Reduce exposure to pharm care by 20% ☐Increase the percentage of infants discharged with a coordinated care plan to 95%
Component of Change Package: ☐Stigma Reduction ☐Withdrawal Scoring ☒Non-Pharmacologic Care ☐Transfer Policy ☐Pharmacologic Guidelines ☐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

Next Steps

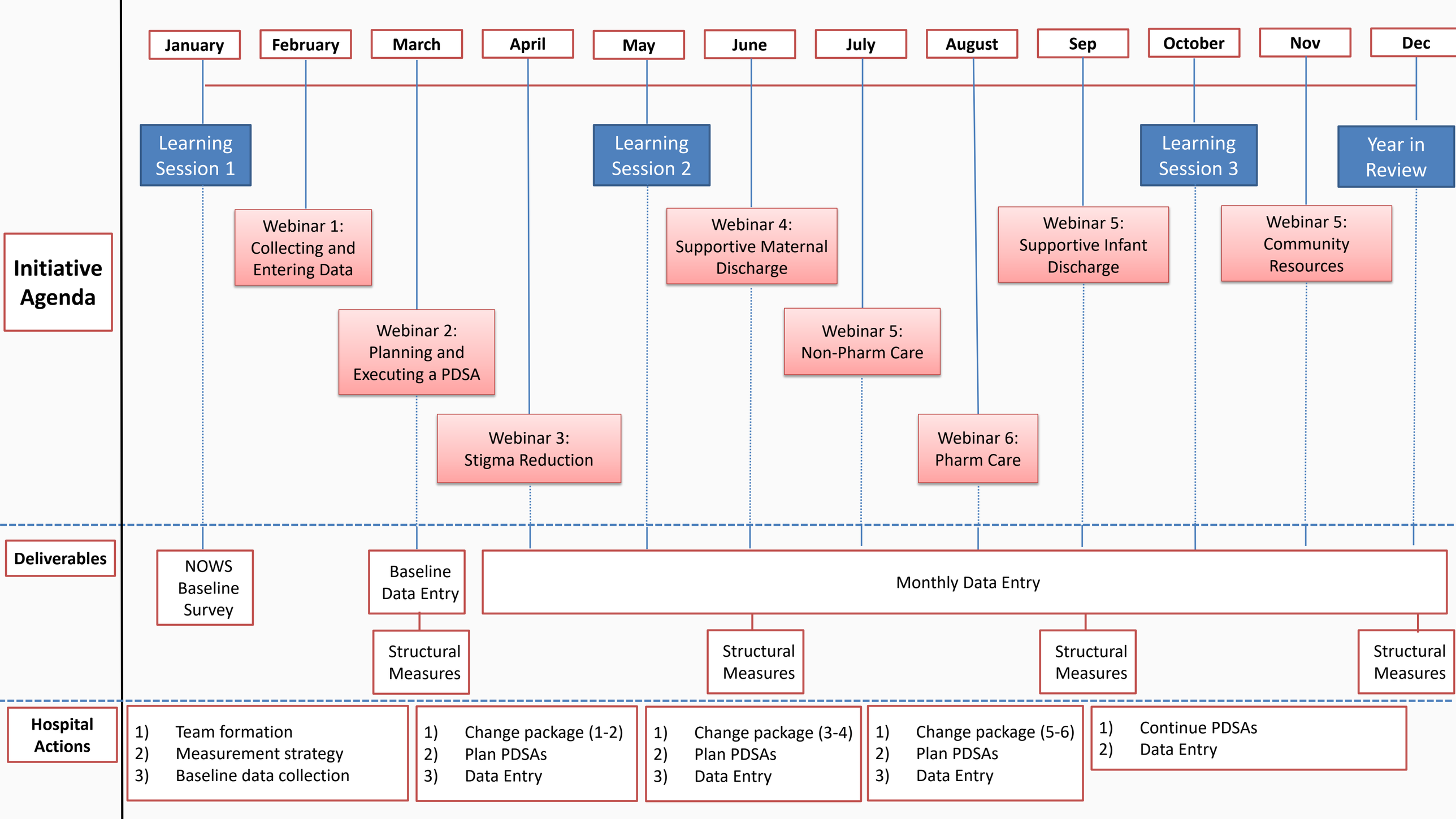
Evelyn Coronado-Guillaumet, MPH

Next Steps

1. Fill out your Team Roster: let us know Data Champion(s) so we can connect your hospital to the Data Portal
2. Review Charter, Getting Started Kit, Toolkit
3. Meet with your team
4. Work on your team Aim and 30-60-90 Day Plan (see worksheet on our website)
5. Complete:
    a) NOWS Baseline Survey
    b) March of Dimes Breaking Through Bias Training
    c) Sign up for brief office hours with us

Baseline Data Measures

Measurement Type	Measurement	Measure Frequency
Outcome	Did infant receive pharmacologic treatment?	Monthly per patient
Outcome	How many days did the infant receive treatment	Monthly per patient
Outcome	How many days old was the infant at discharge (Birth is day “0”)	Monthly per patient
Process	Was the mother on Medication for Opioid Use Disorder?	Monthly per patient
Process	Was the mother on Medication for Opioid Use Disorder?	Monthly per patient
Process	Narcan counseling prior to discharge?	Monthly per patient
Balancing	Was the infant readmitted within 10 days of discharge?	Monthly per patient


January
February
March
April
May
June
July
August
Sep
October
Nov
Dec
Initiative Agenda
Learning Session 1
Webinar 1: Collecting and Entering Data
Webinar 2: Planning and Executing a PDSA
Webinar 3: Stigma Reduction
Learning Session 2
Webinar 4: Supportive Maternal Discharge
Webinar 5: Non-Pharm Care
Webinar 6: Pharm Care
Webinar 5: Supportive Infant Discharge
Learning Session 3
Webinar 5: Community Resources
Year in Review
Deliverables
NOWS Baseline Survey
Baseline Data Entry
Monthly Data Entry
Structural Measures
Structural Measures
Structural Measures
Structural Measures
Hospital Actions
1) Team formation
2) Measurement strategy
3) Baseline data collection
1) Change package (1-2)
2) Plan PDSAs
3) Data Entry
1) Change package (3-4)
2) Plan PDSAs
3) Data Entry
1) Change package (5-6)
2) Plan PDSAs
3) Data Entry
1) Continue PDSAs
2) Data Entry

Q&A

Thank You

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