Neonatal Opioid Withdrawal Syndrome Initiative

Action Period Call
February 22, 2023
12:00 – 1:00 PM CT
Welcome

• Please type your name and organization you represent in the chat box and send to “Everyone.”
• Please click on the three dots in the upper right corner of your Zoom image, click “Rename” and put your name and organization.
• Please also do for all those in the room with you viewing the webinar.
• Attendees are automatically muted to reduce background noise.
• You may enter questions/comments in the “chat” box during the presentation. We will have a Q&A session at the end.
• Slides will be available via email and at http://www.alpqc.org/initiatives/nows
• We will be recording this call to share, along with any slides.
Agenda

- Welcome & Updates 12:00 – 12:05
- Data Review 12:05 – 12:20
- Team Share, Breakout Groups, Q&A 12:20 – 12:50
- Next Steps 12:50 – 1:00
Updates
Global Aim
To optimize inpatient care strategies for mothers with opiate use disorder* and opiate exposed newborns.

Primary Drivers

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

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

SMART Aims
By July 1, 2023, 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

*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
Poll Question #1

What components of the change package have you worked on? Check all that apply.

A. Stigma reduction
B. Scoring consistency
C. Pharm guidelines
D. Non pharm guidelines
D. Collaborative Discharge Planning
Poll Question #2

Which component of the change package are you actively working on? Check all that apply.

A. Stigma reduction
B. Scoring consistency
C. Pharm guidelines
D. Non pharm guidelines
D. Collaborative Discharge Planning
NOWS Data Update
## Neonatal Opioid Withdrawal Syndrome (NOWS)

### ALPQC NOWS Initiative Data Dashboard Home

<table>
<thead>
<tr>
<th>Measures</th>
<th>All Initiative Hospitals (Average)</th>
<th>No Hospital (Average)</th>
<th>Direction of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obstetrical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Patient on MOUD</td>
<td>60.26%</td>
<td>%</td>
<td>Increase</td>
</tr>
<tr>
<td>B. Referred to addiction services</td>
<td>69.87%</td>
<td>%</td>
<td>Increase</td>
</tr>
<tr>
<td>C. Narcan counseling documented</td>
<td>23.58%</td>
<td>%</td>
<td>Increase</td>
</tr>
<tr>
<td><strong>Neonatal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Non-pharm guideline consistently used</td>
<td>95.63%</td>
<td>%</td>
<td>Increase</td>
</tr>
<tr>
<td>C. Pharm treatment received</td>
<td>45.41%</td>
<td>%</td>
<td>Increase</td>
</tr>
<tr>
<td>D. Pharm treatment days</td>
<td>7.20 days</td>
<td>days</td>
<td>Decrease</td>
</tr>
<tr>
<td>E. Length of stay</td>
<td>13.15 days</td>
<td>days</td>
<td>Decrease</td>
</tr>
<tr>
<td>F. Collaborative discharge plan completed</td>
<td>86.03%</td>
<td>%</td>
<td>Increase</td>
</tr>
<tr>
<td>G. Days old when transferred</td>
<td>0.14 days</td>
<td>days</td>
<td>Decrease</td>
</tr>
<tr>
<td>H. Readmission within 10 days</td>
<td>1.31%</td>
<td>%</td>
<td>Decrease</td>
</tr>
</tbody>
</table>
Data Update

Obstetric Measures
Neonatal Opioid Withdrawal Syndrome (NOWS)

C. Narcan counseling documented

- March 2022
- May 2022
- July 2022
- September 2022
- November 2022
- January 2023

Goal is to increase

No Active Filters

Filter Selected Hospital
All Initiative Hospitals

Hide Control Limits
Control Limits

Legends
- All Initiative
- Main Hospital
- Race1
- Race2
- UpperControlLimit
- LowerControlLimit

Control Std. Dev.
Data Update

Neo Measures
Neonatal Opioid Withdrawal Syndrome (NOWS)

F. Collaborative discharge plan completed

Graph showing the percentage of collaborative discharge plans completed from March 2022 to January 2023.
Neonatal Opioid Withdrawal Syndrome (NOWS)

H. Readmission within 10 days

Graph showing readmission rates over time from March 2022 to January 2023.
Hospital Share

USA Children & Women’s Hospital
USA Health Children’s and Women’s

- 2,517 deliveries in 2022
- 972 NICU admissions in 2022
- Level 3 Neonatal Intensive Care Unit- 98 bed unit
- Average daily census of 67 babies
- 213 transports to our NICU in 2022
- 40 NOWS babies in 2022

- Dr. Richard Whitehurst
  Neonatologist
- Courtney Thomson
  RNC-NIC
  parent educator
- Cathy McCurley
  NICU nurse manager
NAS Cases at USACWH

- Year:
  - 1999: 5
  - 2000: 6
  - 2001: 7
  - 2002: 5
  - 2003: 5
  - 2004: 5
  - 2005: 10
  - 2006: 22
  - 2007: 19
  - 2008: 19
  - 2009: 23
  - 2010: 32
  - 2011: 46
  - 2012: 48
  - 2013: 41
  - 2014: 40
  - 2015: 59
  - 2016: 71
  - 2017: 72
  - 2018: 59
  - 2019: 59
  - 2020: 45
  - 2021: 47
  - 2022: 40
Successes

Dedicated team of Neonatologist, RN parent educator, social worker, and nursing staff.

- Quality improvement in NOWS since 2013 – Vermont Oxford Network collaborative and now ALPQC.
- Analyzed baseline data in 2012.
- Established protocol and started Finnegan scoring training with all NICU and Newborn nurses in 2013.
- Addition of private rooms in NICU for families to stay with their baby in 2014. Also created an education booklet for families and had inter-rater reliability training with staff.
- In 2015 we established a prenatal NOWS clinic weekly with high-risk maternal fetal medicine educating families before they deliver. Also, initiated daily rounds on these patients while in the hospital with neonatologist and parent educator.
- Continued staff education is ongoing with all new hires.
- In 2021 created a nonpharmacological checklist in EMR that is located with the Finnegan scale.
Average Length of Stay for NOWS babies

- 3 d/c on Phenobarb
- 2 on triple med regimen
- 21 fewer than prev year
Prenatal Consults for NOWS babies

<table>
<thead>
<tr>
<th>Year</th>
<th>Prenatal Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>46</td>
</tr>
<tr>
<td>2016</td>
<td>60</td>
</tr>
<tr>
<td>2017</td>
<td>52</td>
</tr>
<tr>
<td>2018</td>
<td>64</td>
</tr>
<tr>
<td>2019</td>
<td>47</td>
</tr>
<tr>
<td>2020</td>
<td>56</td>
</tr>
<tr>
<td>2021</td>
<td>61</td>
</tr>
<tr>
<td>2022</td>
<td>65</td>
</tr>
</tbody>
</table>
Use of Medication for Withdrawal Symptoms

- 37% treated with medication in 2015
- 31% in 2016
- 3 d/c on Phenobarb
- 2 on triple med regimen
- 44% in 2018
- 31% in 2019
- 44% in 2020
- 45% in 2021 and 2022
Challenges & Barriers

Breastfeeding in NOWS babies

- BF initiated
- BF at Discharge

<table>
<thead>
<tr>
<th>Year</th>
<th>BF initiated</th>
<th>BF at Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>73</td>
<td>56</td>
</tr>
<tr>
<td>2016</td>
<td>84</td>
<td>60</td>
</tr>
<tr>
<td>2017</td>
<td>82</td>
<td>56</td>
</tr>
<tr>
<td>2018</td>
<td>78</td>
<td>47</td>
</tr>
<tr>
<td>2019</td>
<td>67</td>
<td>56</td>
</tr>
<tr>
<td>2020</td>
<td>60</td>
<td>59</td>
</tr>
<tr>
<td>2021</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>2022</td>
<td>57</td>
<td>52</td>
</tr>
<tr>
<td>2023</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>2024</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>
Opportunities

• Leadership buy in for Narcan education for mother’s prescribed opiates.
• Develop system of education and EMR documentation for Narcan education.
• Work to improve breast feeding rates.
Needs

• Learn about local resources post discharge.
• Obtain Narcan education and resources that pertain to our state to implement for hospital discharge education.
Next Steps

Collaborate with Ob/gyn doctors and director of women’s services to develop Narcan education and documentation plan.

Continue using collaborative discharge plan and make early intervention referrals.

Explore local resources for post discharge.

Continue to support referral hospitals with education.
Breakout Groups
Discussion Questions

A. What resonated with you from the presentation?
B. How are successes, challenges, new activities, or initiatives discussed within your unit?
C. What are some of the ways that your unit communicates the need for developing and running a PDSA cycle amongst staff?
D. What are some of the support, tools or resources your unit could use more of to successfully continue your QI projects?
Instructions

• Accept an invitation to join a breakout room
• If you are not a member of a hospital team, please self-select yourself out of the breakout room and return to the main room for the duration of the exercise
• Within the breakout room, discuss the following in response to the poll question? Presentation?
  • Groups will have 8 minutes to discuss
  • Everyone will return to the main room for a debrief
Report Out
Q&A

Please feel free to unmute and ask questions.

You may also enter comments or questions in the “chat” box.
Poll Question #3

What areas could your unit benefit from additional technical assistance? Check all that apply.

A. Review of protocols
B. Support for data collection
C. Support for data input
D. Support in understanding data visualization
E. Identifying and implementing PDSA cycles
F. Promoting communication across teams
G. Promoting leadership-buy-in
Poll Question #4

How can the ALPQC better deliver support to team? Check all that apply.

A. Schedule regular team coaching calls on PDSA cycles
B. Schedule 1:1 data coaching calls
C. Identify and share additional resources with teams on topics relevant to the project
D. Provide additional webinars or learning opportunities with available CEU credits
E. Other (please indicate)
Next Steps & Reminders
### Process & Outcome Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Measurement Period</th>
<th>Reporting Due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neonatal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A.</strong></td>
<td>Did the infant have evidence of opioid withdrawal?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong></td>
<td>Was a non-pharmacologic guideline used throughout the infant’s hospitalization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong></td>
<td>Did infant receive pharmacologic treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D.</strong></td>
<td>If infant received pharmacologic treatment, for how many days did the infant receive treatment (Birth is day “0”)</td>
<td>Dec 2022</td>
<td>Jan 31, 2023</td>
</tr>
<tr>
<td><strong>E.</strong></td>
<td>How many days old was the infant at discharge (Birth is day “0”)</td>
<td>Jan 2023</td>
<td>Feb 28, 2023</td>
</tr>
<tr>
<td><strong>F.</strong></td>
<td>Was a Collaborative Discharge Plan completed prior to discharge?</td>
<td>Feb 2023</td>
<td>Mar 31, 2023</td>
</tr>
<tr>
<td><strong>G.</strong></td>
<td>If not born at your facility, how many days old was infant when transfer was received?</td>
<td>Mar 2023</td>
<td>Apr 30, 2023</td>
</tr>
<tr>
<td><strong>H.</strong></td>
<td>Was the infant readmitted for any cause within 10 days of discharge?</td>
<td>Apr 2023</td>
<td>May 31, 2023</td>
</tr>
<tr>
<td><strong>Obstetrical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A.</strong></td>
<td>Was the patient on Medication for Opioid Use Disorder (MOUD)? (e.g. on prescribed methadone/Subutex/etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong></td>
<td>Was the patient referred to addiction services prior to maternal discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong></td>
<td>Was Narcan counseling documented in the medical record prior to patient discharge?</td>
<td></td>
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</tr>
</tbody>
</table>

Find data forms, including ICD-10 codes, on our website at [www.alpqc.org/initiatives/nows](http://www.alpqc.org/initiatives/nows), under the “Data Resources” menu.
## Data Submission Reminders

### QUARTERLY Measures

<table>
<thead>
<tr>
<th>Structure Measure</th>
<th>Measurement Period</th>
<th>Reporting Due*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital has implemented education practices for hospital staff for reducing stigma in opioid-exposed newborns (OENs)</td>
<td>July – Sep 2022</td>
<td>Nov 30, 2022</td>
</tr>
<tr>
<td>2. Hospital has implemented education practices for hospital staff for scoring OENs</td>
<td>Oct – Dec 2022</td>
<td>Dec 31, 2022</td>
</tr>
<tr>
<td>3. Hospital has implemented standardized non-pharmacologic guidelines for OENs</td>
<td>Jan – Mar 2023</td>
<td>Mar 31, 2023</td>
</tr>
<tr>
<td>4. Hospital has implemented standardized practices of when to transfer infants with NOWs to a higher level of care</td>
<td>Apr – Jun 2023</td>
<td>Jun 30, 2023</td>
</tr>
<tr>
<td>5. Hospital has implemented standardized pharmacologic guidelines for infants with NOWS</td>
<td>July – Sep 2023</td>
<td>Sep 30, 2023</td>
</tr>
<tr>
<td>6. Hospital has implemented standardized protocols/guidelines for Collaborative Discharge Plan for mothers and infants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Find data forms, including ICD-10 codes, on our website at [www.alpqc.org/initiatives/nows](http://www.alpqc.org/initiatives/nows), under the “Data Resources” menu.
Hospital Team Share

*Please remember to sign your team up to present at an upcoming Action Period call! (Link in chat)*
Upcoming Events

Wednesday, May 24, 2023
12:00 PM – 1:30 PM
"Beyond Labels"
Hosted by March of Dimes
SAVE THE DATE

Wednesday, September 20, 2023
8:30 AM – 4:30 PM
ALPQC 2023 Summit
Montgomery, AL
Thank You!

Next Action Period Meeting:
Wednesday, March 22, 2023
12:00 PM – 1:00 PM CST