



# Neonatal Opioid Withdrawal Syndrome Initiative

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Action Period Call: Hospital Team Share & Review of PDSA Cycles

December 14, 2022

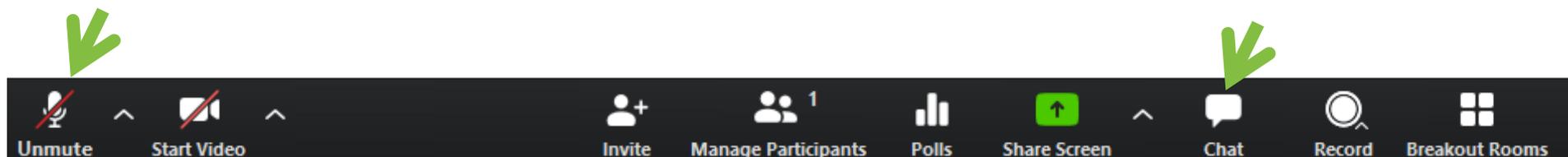
12:00 PM – 1:00 PM CST

# Welcome

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- 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

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Welcome, Updates, & Data Review	■	12:00 – 12:15
Team Hospital Share	■	12:15 – 12:30
Review of PDSA Cycles	■	12:30 – 12:50
Questions & Next Steps	■	12:50 – 1:00

# Structural Measures

Implemented educational practices for staff scoring OEN	In place	Not started	Not started	Not started	Not started	In place	In place	In place	Not started	Not started	Not started	In progress	In place	Not started	In progress	Not started	Not started
Implemented staff education for reducing stigma related to Opioid Exposed Newborns (OEN)	In place	Not started	Not started	Not started	Not started	In progress	In progress	In place	Not started	Not started	Not started	In progress	In place	Not started	In progress	Not started	Not started
Implemented standardized non-pharmacologic guidelines for OEN	In place	Not started	Not started	Not started	Not started	In place	In place	In place	Not started	Not started	Not started	In place	In place	Not started	In progress	Not started	Not started
Implemented standardized pharmacologic guidelines for infants with Nows	In place	Not started	Not started	Not started	Not started	In place	In place	In place	Not started	Not started	Not started	In place	In place	Not started	In progress	Not started	Not started
Implemented standardized practices for when to transfer infants with Nows to higher level of care	In place	Not started	Not started	Not started	Not started	In place	In place	In place	Not started	Not started	Not started	In place	In place	Not started	In progress	Not started	Not started
Implemented standardized protocols for Collaborative Discharge Plan for mothers and infants	In progress	Not started	Not started	Not started	Not started	In progress	In place	In place	Not started	Not started	Not started	In progress	In progress	Not started	In progress	Not started	Not started



		All Initiative Hospitals (Average)	ALPQC Goal
Measures			
Obstetrical	A. Patient on MOUD	50.45 %	65% 
	B. Referred to addiction services	54.57 %	75% 
	C. Narcan counseling documented	17.97 %	40% 
Neonatal	B. Non-pharm guideline consistently used	93.96 %	95%
	C. Pharm treatment received	35.59 %	48%
	D. Pharm treatment days	6.18 days	12 days
	E. Length of stay	11.86 days	15 days
	F. Collaborative discharge plan completed	78.11 %	95% 
	H. Readmission within 10 days	0.42 %	0%



Data



# Dashboard Review



# Hospital Team Share



# Ascension Saint Vincent's

## Team Members

Lisa Costa, DNP, CRNP - Day to Day Lead / Data Champion

Danielle Armstrong, MSN, RN – Project Sponsor

Lisa Costa, DNP, CRNP – Provider Champion

Brittney Shaddix, Pharm D – Pharmacy Champion

Allison Diop – Social Work Champion

Holly Hopkins, BSN, RN – Nurse Champion



# Successes

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## Withdrawal Scoring:

- Finnegan Scoring system – double nurse score if score is 10 or greater
- New Hires NICU/Birth suites – class on Finnegan scoring during orientation

## Non-Pharmacologic Care:

- Encouraging breastfeeding/kangaroo
- Consistently using non-pharm bundle

## Pharmacologic Care:

- Dilute Oral Morphine – short half life (dose can be initially adjusted with each feeding to quickly capture symptoms)
- Added DOM to Pyxis – decreased wait time when dose changed



# Challenges & Barriers

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## OB Providers:

- No consistent screening during the pregnancy

## Narcan Counselling/Training

- OB Provider buy in
- Have not implemented during post partum stay

## Staff Turnover in Birth suites



# Opportunities

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## Ascension Webinar

- Eat Sleep Console

## New Pharmacy Intern

- Assist with data collection and analysis



# Next Steps

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## OB Department Meeting

- Reiterate need for consistent screening during pregnancy
- Referral to OB social worker during pregnancy
- Offer NICU tour for OB Patients on MAT

## Narcan Counselling / Training

- Barcode for JCHD Narcan Training
- OB Social Worker to provide and discuss website



# Needs

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- In the last meeting there were several hospitals that also mentioned that Narcan Counseling / Training was lacking in their facility. We would love to know if you have any additional suggestions that we may replicate at St Vincent's.

# Q & A

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Please feel free to **unmute** and ask questions.

You may also enter comments or questions in the “chat” box.



# Refresher on PDSA Cycles

## Global Aim

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

## SMART Aims

By July 1, 2023, in infants born at  $\geq 35w$  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

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

Hospital specific Plan of Supportive Infant Discharge

Hospital specific Plan of Supportive Maternal Discharge

### Interventions

Stigma education as part of ongoing education procedures

Standardize education for all staff on withdrawal scoring

Non-pharmacologic care guidelines for opioid exposed newborns

Pharmacologic treatment guidelines

Establish hospital policy for infant transfer and rooming in

Establish hospital specific Collaborative Discharge Plan

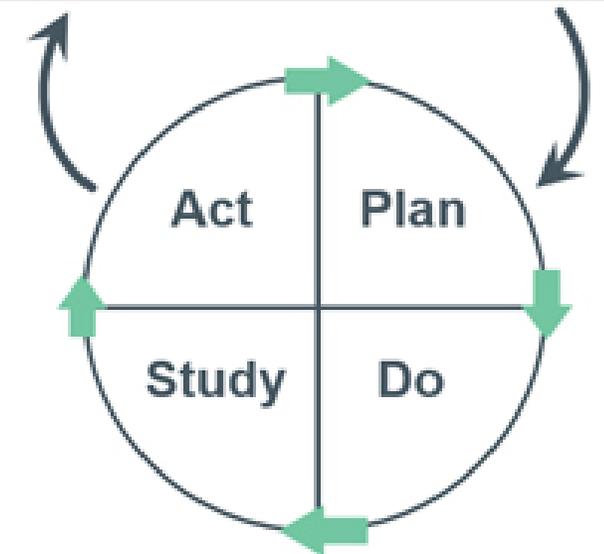
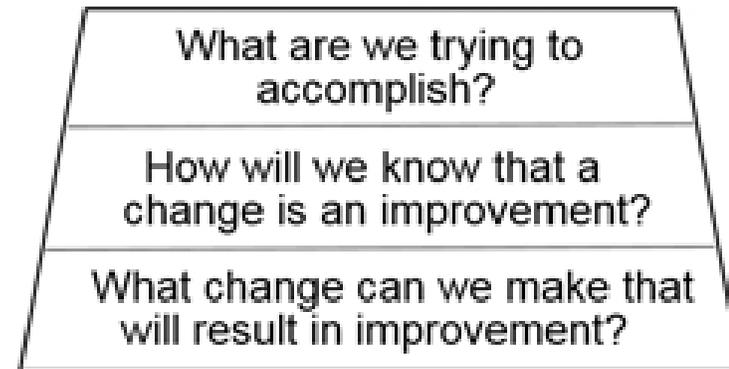
\*Positive self report screen or toxicology, use of non-prescribed opioids, use of prescribed opioids >1 month, newborn screen positive for opioids, newborn affected by maternal use of opioids

# PDSA

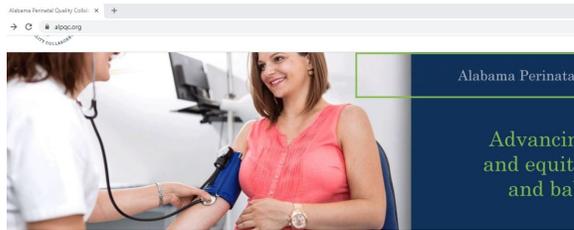
- Happening constantly
- Not all changes result in improvement
- Important to adapt components of the change package to the actual environment
- Start with small tests of change
- PDSA cycles



## Model for Improvement



# PDSA Worksheet



## Key Documents

- [NOWS Charter \(June 2022\)](#)
- [NOWS Getting Started Kit \(June 2022\)](#)
- [NOWS Toolkit & Checklist](#)
- [NOWS Driver Diagram](#)
- [NOWS Team Roster](#)
- **Worksheets**
  - [SMART Aim Worksheet](#)
  - [Key Driver Diagram Worksheet](#)
  - [NOWS 30-60-90 Day Plan Worksheet](#)
  - [NOWS 30-60-90 Day Plan Sample \(04/07/2021\)](#)
- **PDSA** ←
  - [PDSA How-To & Worksheet \(IHI\)](#)
  - [NOWS PDSA Worksheet](#) ←
  - [PDSA Worksheet 2](#)
  - [NOWS PDSA Sample 1](#)
  - [NOWS PDSA Sample 2](#)



### PDSA Worksheet

TEST DETAILS			
<b>Project Name:</b> ALPQC NOWS Initiative			
<b>Project SMART Aim:</b>			
<input type="checkbox"/> Reduce length of stay by 20%			
<input 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%			
<b>Component of Change Package:</b>			
<input type="checkbox"/> Stigma Reduction			
<input type="checkbox"/> Withdrawal Scoring			
<input type="checkbox"/> Non Pharmacologic Care			
<input type="checkbox"/> Transfer Policy			
<input type="checkbox"/> Pharmacologic Guidelines			
<input type="checkbox"/> Coordinated Care Plan			
<b>Test Name:</b>			
<b>Test Start Date:</b>			
<b>Test Complete Date:</b>			
<b>What key driver does this test impact?</b>			
<b>What is the objective of the test?</b>			
PLAN:			
<b>Briefly describe the test:</b>			
<b>How will you measure the success of this test?</b>			
<b>What would success look like?</b>			
<b>What do you predict will happen?</b>			
<b>Plan for collection of data:</b>			
<b>Tasks:</b>			
Name of Task	Person Responsible	Dates:	Location

# Plan

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- 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
- Prepare training and data tracking tools



# Do

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

# Study

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



# Act

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- 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



<b>DO:</b>
Was the cycle carried out as planned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>STUDY:</b>
Did the results match your predictions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

<b>ACT: Decide to Adapt, Adopt, or Abandon</b>
<input checked="" type="checkbox"/> 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.
<input type="checkbox"/> Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability
<input type="checkbox"/> Abandon: Discard the change idea and try a different one

**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:** L&D implementation of Narcan counseling

**Test Start Date:** 1/3/2023

**Test Complete Date:** 1/10/2023

**What key driver does this test impact?** Coordinated Care Plan

**What is the objective of the test?**





**PLAN:**

Briefly describe the test:

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**How will you measure the success of this test?**

**What would success look like?**

**What do you predict will happen?**

**Plan for collection of data:**

**Tasks:**

Name of Task	Person Responsible	Dates:	Location



# Preparing Educational Materials

## Timing of Deaths:



## Preventability:

**~70%** of all deaths determined to be preventable

## Contributing Factors:

### Mental Health:

A contributor in **42%** of the deaths

### Substance Use Disorder:

A contributor in **47%** of the deaths

**DO:**

Was the cycle carried out as planned?  Yes  No

Record data and observations:

What did you observe that was not part of the plan? 

**STUDY:**

Did the results match your predictions?  Yes  No

Compare the result of your test to your previous performance:

What did you learn?

**ACT: Decide to Adapt, Adopt, or Abandon**

Adapt: Improve the change and continue testing the plan.

Plan/changes for the next test:

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



# Input Your Data

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## REMINDER:

Please add your PDSA cycle into REDCap when prompted!

If you have a month where your team does not have a PDSA cycle, that's ok, BUT, this is a great time to think about what changes the team would like to consider pursuing and get started on the PLANNING process.



# REMEMBER...

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Negative results are not failures, they are opportunities for learning and future improvement!

A Quality Improvement Haiku...

*QI takes time and  
energy but we do it  
because we all care*

# Q & A

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Please feel free to **unmute** and ask questions.

You may also enter comments or questions in the “chat” box.



## Next Steps

# Data Submission Reminders

## MONTHLY Measures



Process & Outcome Measures		Measurement Period	Reporting Due
Neonatal	A. A: Did the infant have evidence of opioid withdrawal?	Aug 2022 Sep 2022 Oct 2022 Nov 2022 Dec 2022	↔ Oct 15, 2022 ↔ Nov 30, 2022 ↔ Nov 30, 2022 ↔ Dec 31, 2022 ↔ Jan 31, 2023
	B. Was a non-pharmacologic guideline used throughout the infant's hospitalization?		
	C. C: Did infant receive pharmacologic treatment?		
	D. D: <b>If</b> infant received pharmacologic treatment, for how many days did the infant receive treatment (Birth is day "0")		
	E. How many days old was the infant at discharge (Birth is day "0")		
	F. Was a Collaborative Discharge Plan completed prior to discharge?		
	G. If not born at your facility, how many days old was infant when transfer was received?		
	H. Was the infant readmitted for any cause within 10 days of discharge?		
Obstetrical	A. Was the patient on Medication for Opioid Use Disorder (MOUD)? (e.g. on prescribed methadone/ Subutex/etc.)		
	B. Was the patient referred to addiction services prior to maternal discharge?		
	C. Was Narcan counseling documented in the medical record prior to patient discharge?		

*All Measures Reported by Race/Ethnicity*

# Data Submission Reminders

## QUARTERLY Measures



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



# Thank You!

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Next Meeting:

Wednesday, January 25, 2022

12:00 PM – 1:00 PM CST