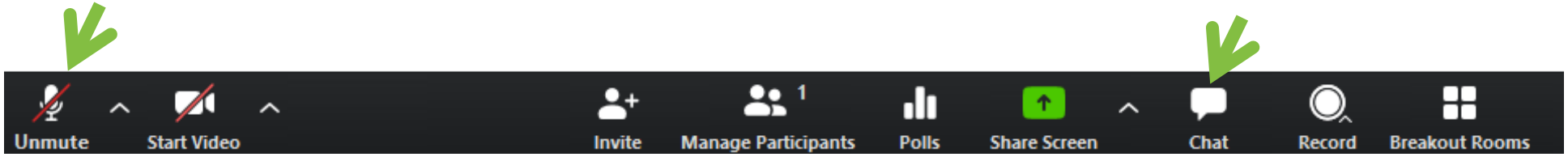
Neonatal Opioid Withdrawal Syndrome Initiative

Action Period Call
January 25, 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
Addressing Implicit Bias and Health Disparities in a Level IV NICU	12:05 – 12:45
Q&A	12:45 – 12:55
Next Steps	12:55 – 1:00

Updates

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 ≥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

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The Change Package

Stigma Reduction

Withdrawal Scoring Consistency

Non-Pharmacologic Care

Pharmacologic Care

Collaborative Discharge Plan

Stigma Reduction

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.

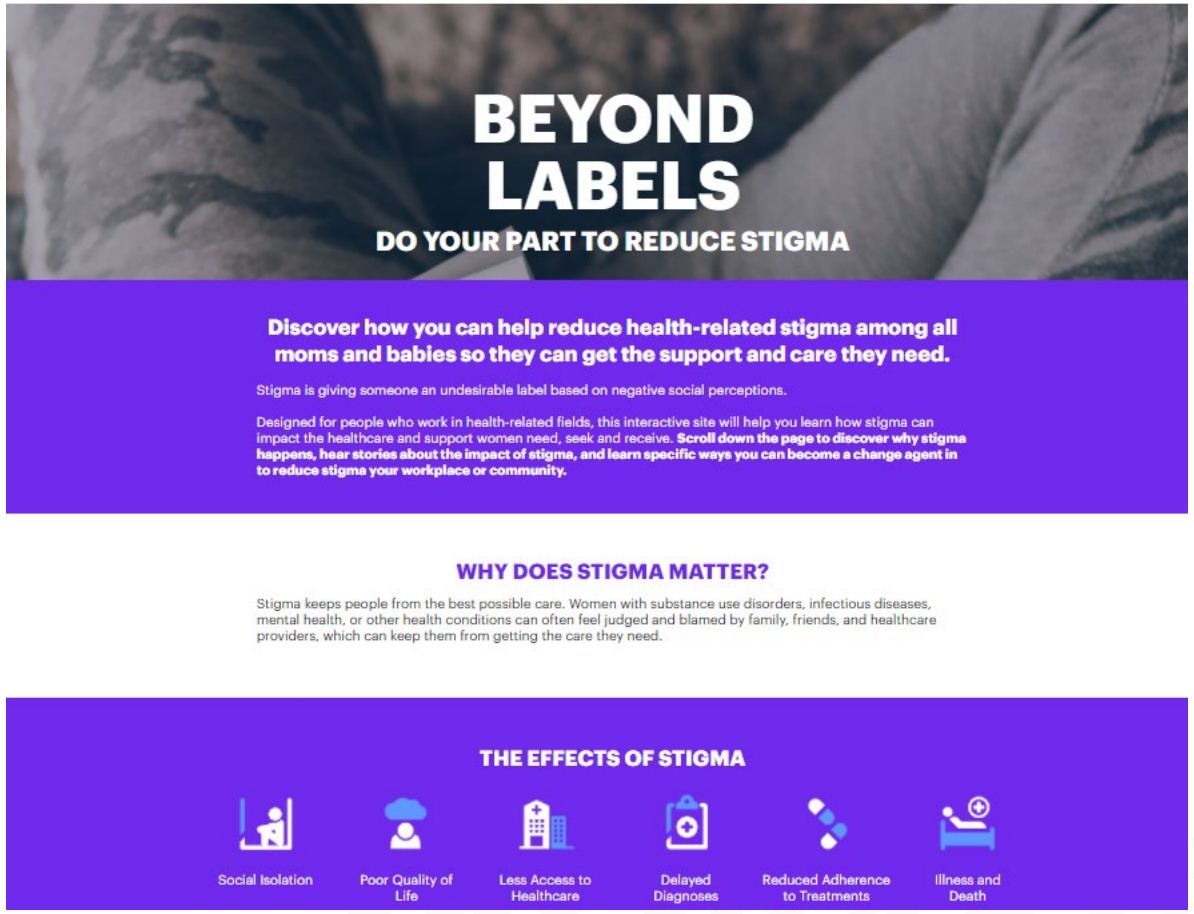
TRAINING OPPORTUNITIES

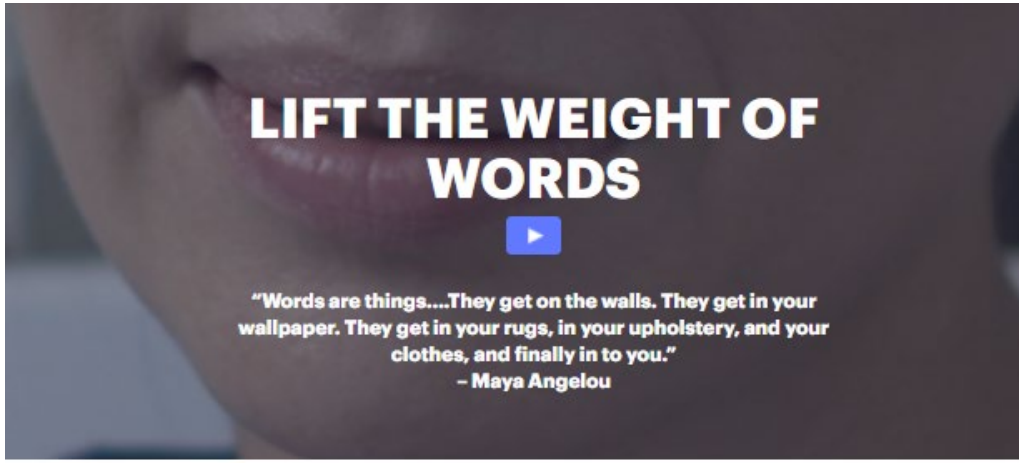
March of Dimes' Implicit Bias Training, called "Breaking Through Bias in Maternity Care," is a unique in-person or virtual learning experience that provides authentic, compelling content for health care providers caring for women before, during and after pregnancy. Training alone won't lead to immediate 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.

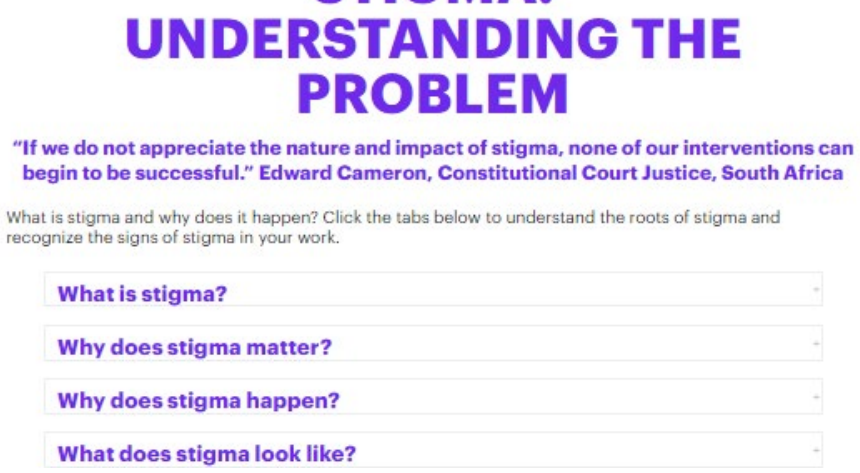
The training includes **4 key components**:

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

Addressing Implicit Bias and Health Disparities in a Level IV NICU

Yolanda Brown-Madan, MD
Associate Medical Director
Cedar Sinai Medical Center

Addressing Health Disparities and Implicit Bias in the Neonatal Intensive Care Unit

Yolanda Brown-Madan, MD

Seth Langston, MD

Amanda Williams, MSN, RN, CNS

Cedars Sinai
Guerin Children's

cedars-sinai.org

DISCLAIMER

I have nothing to disclose.

Background

Established the Department of Pediatrics Health Disparities Committee at Cedars-Sinai Medical Center (CSMC) in January 2021.

Goals:

- Provide routine educational activities to faculty and staff regarding healthcare disparities in our newborn and pediatric populations.
- Eliminate race-related health disparities.

Support:

- Received the $10,000 Vermont Oxford Network (VON) “Take Action to Follow Through” grant award in May 2021 to create and implement these educational activities.

Neonatal Intensive Care Unit (NICU) Skills Lab

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NICU Skills Lab

Who:	What:	When:	Where:	Why:
• Groups of 2 to 10 NICU nurses and/or RTs	• 60 minute small-group sessions • Participation in role-playing and discussion	• Bi-annual workshops in Fall 2021 and Spring 2022	• Cedars-Sinai Medical Center Simulation Center	• In-person discussion and real time feedback matters!

NICU Skills Lab Layout

General introduction to health disparities and implicit bias in health care

Review pre-workshop survey results
Review past NICU parent feedback given by black moms

Role-play actual events which occurred that portray implicit bias

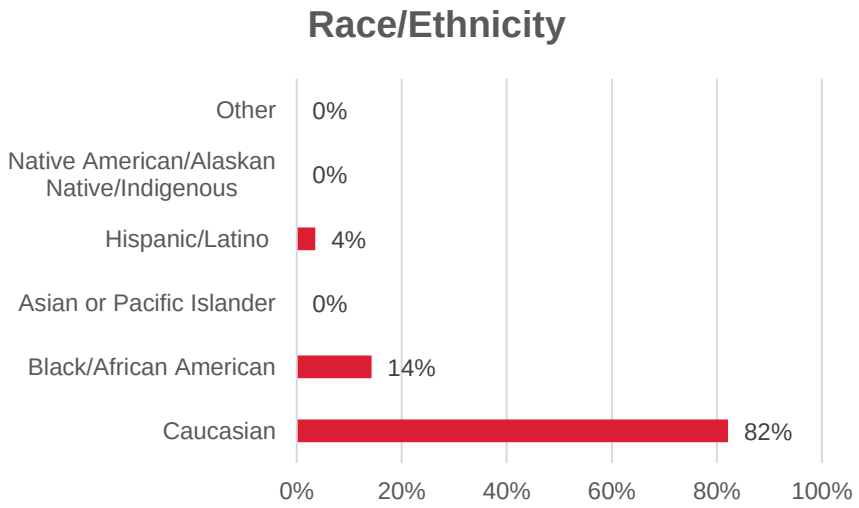
Debrief and self-reflection
Discuss available resources

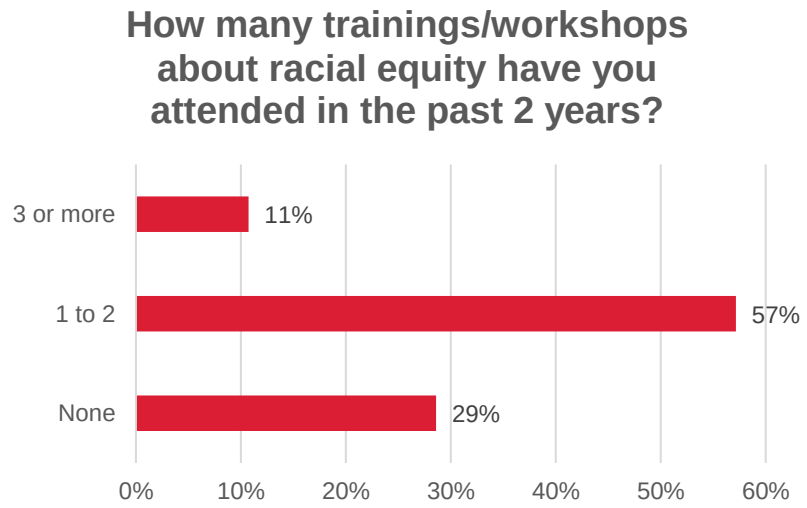
Post-Workshop Survey

Introduction to Health Disparities and Implicit Bias

- There is increasing recognition that implicit biases fuel healthcare disparities and contribute to adverse outcomes.
- Greenwood et al demonstrated that among 1 million infants, the mortality rate of Black newborns was reduced by half when cared for by a Black physician, as compared to a White physician.
- This negative association is concerning for implicit biases amongst healthcare workers.

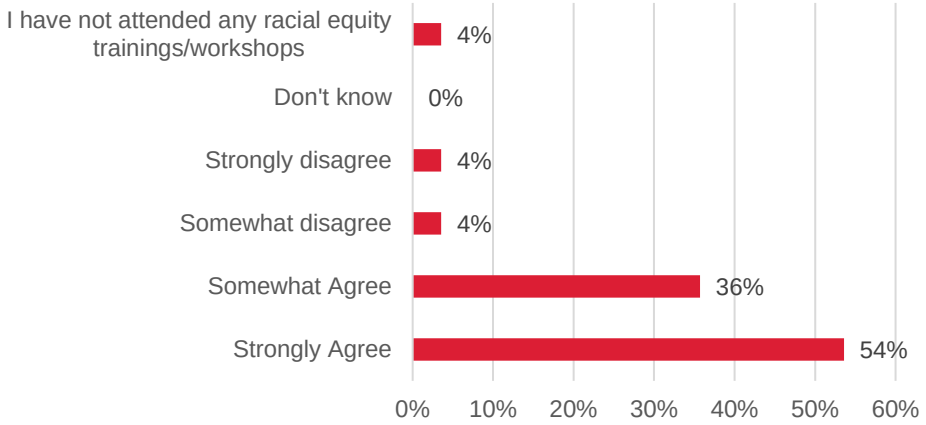
ALPQC Pre Survey



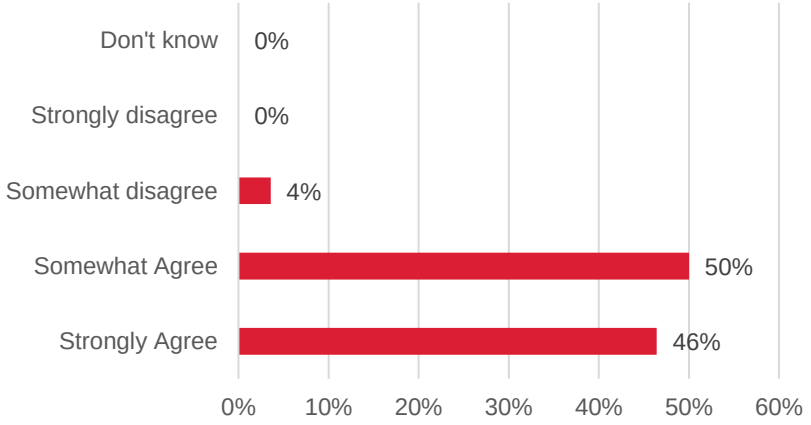


ALPQC Pre Survey

In general, trainings/workshops about racial equity are useful



I feel comfortable talking about race



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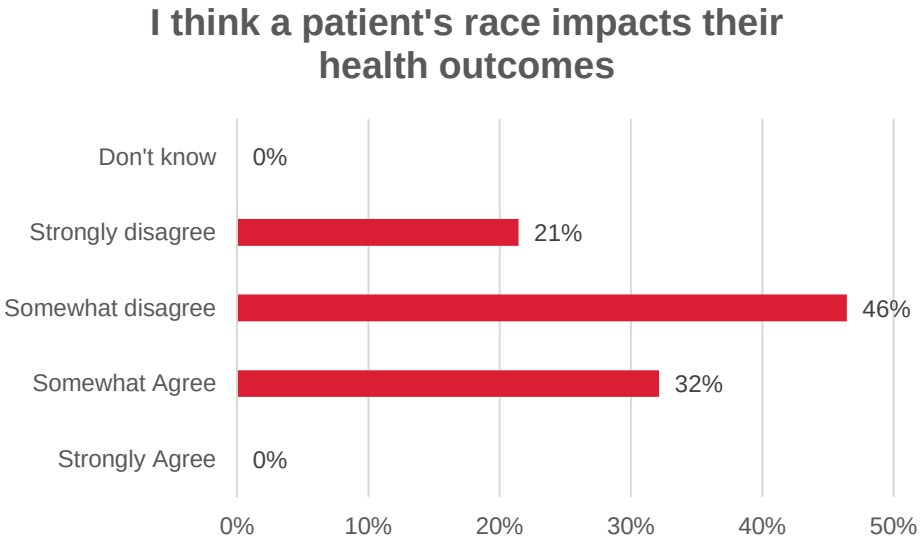

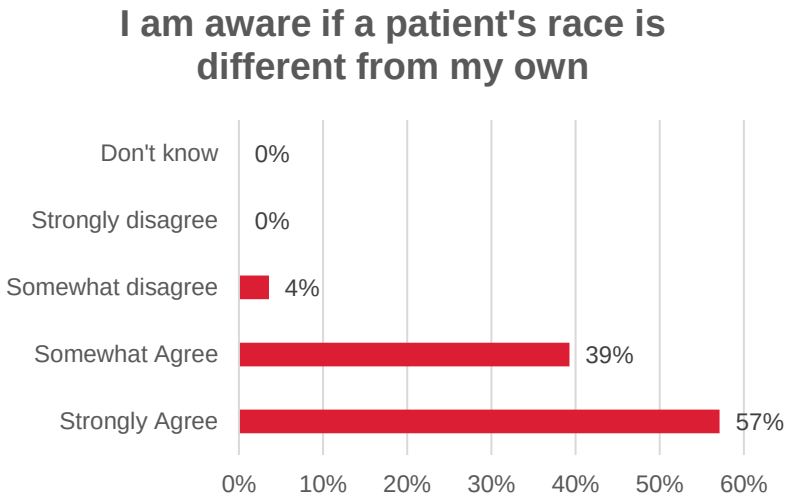

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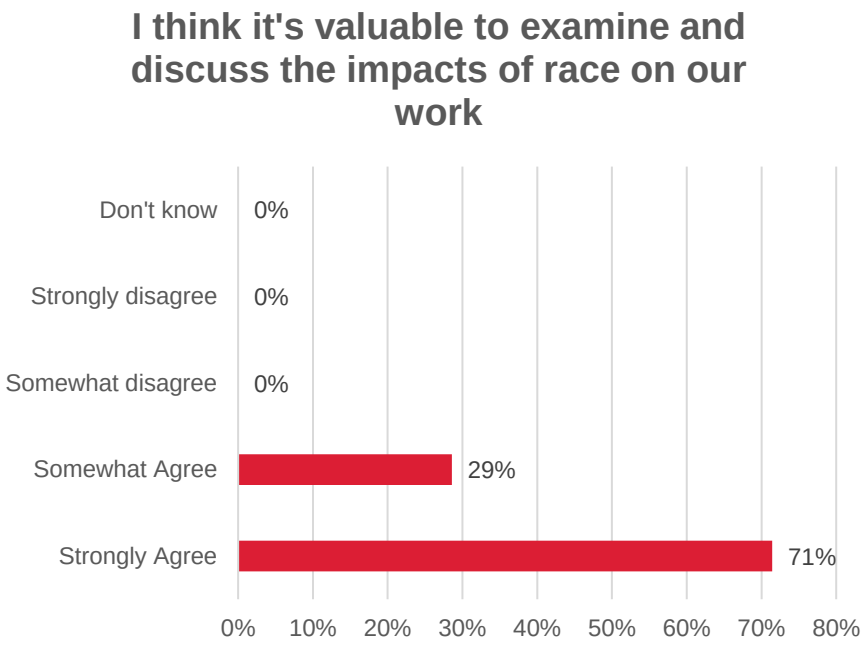
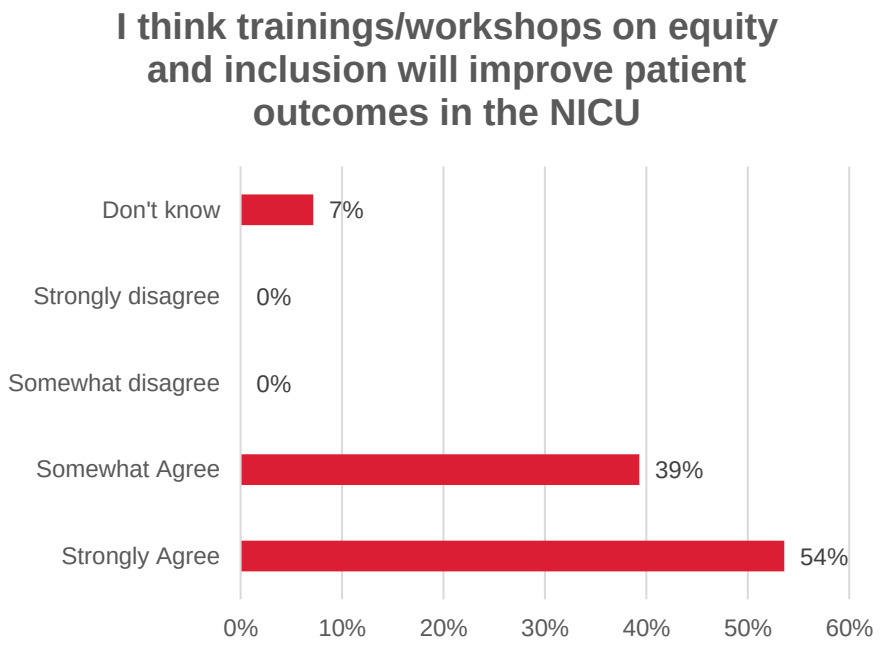
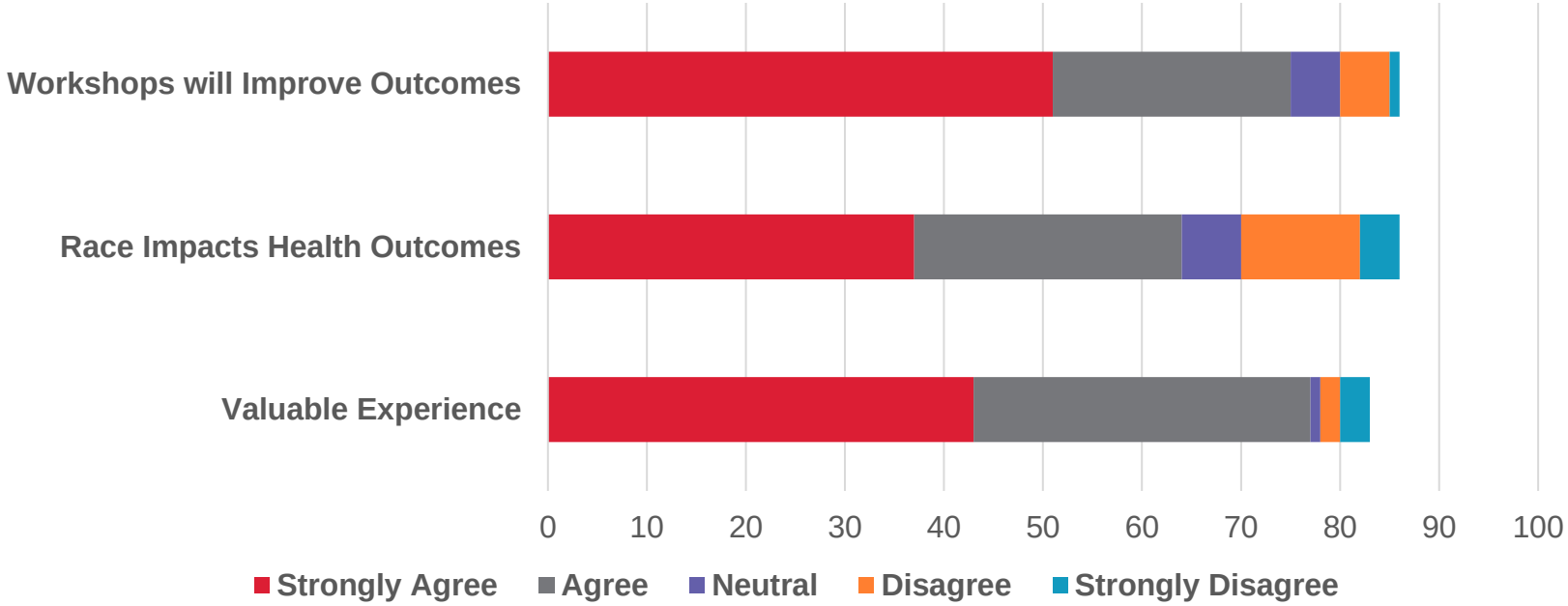




CSMC Pre-Skills Lab Survey (2021-2022)



Breakthrough with Role-Playing

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Identifying Implicit Bias

- **Have you ever heard someone make a comment that made you feel uncomfortable?**
  - Perhaps you have even made a comment that made someone else uncomfortable.
  - Everyone has implicit bias that occurs automatically and unintentionally based on our lived experiences, cultural conditioning, what we see in the media, and our upbringing.

- **Our team aimed to address implicit bias toward black mothers and babies and how it creates a disparity in the healthcare provided to them.**

- **The following scenarios were used for role playing in our skills labs.**
  - These scenarios are real examples of implicit bias that were shared with us, or we experienced ourselves.

- **When reading these scenarios consider how you might respond to the action or comment described. What would you do? How would you address someone and help them reflect on their bias?**

Scenario #1

You are rounding in an open bay NICU.

Five of the six patients in the room are of black ancestry with their mothers providing skin to skin at the bedside.

A colleague comes to you, scans the room, and asks, “Are we accepting more Medi-Caid?”

Scenario #2

A father has been at the bedside holding his baby. After putting the baby back to bed, he stands up, looks around, and says, “I’m the only black person in here. Are there are any other black people here?”

The bedside clinician is stunned and doesn’t know what to say. Later in the shift when the clinician is in the employee lounge; they start venting to a colleague.

Visibly upset they say “Why did he say that?! Am I not good enough? Maybe he should go back to his own neighborhood!”.

Scenario #3

You approach the bedside of a critically ill neonate.

You ask your colleague, “How’s the baby doing today?” and they respond, “Not so good… you know black boys just don’t do as well”

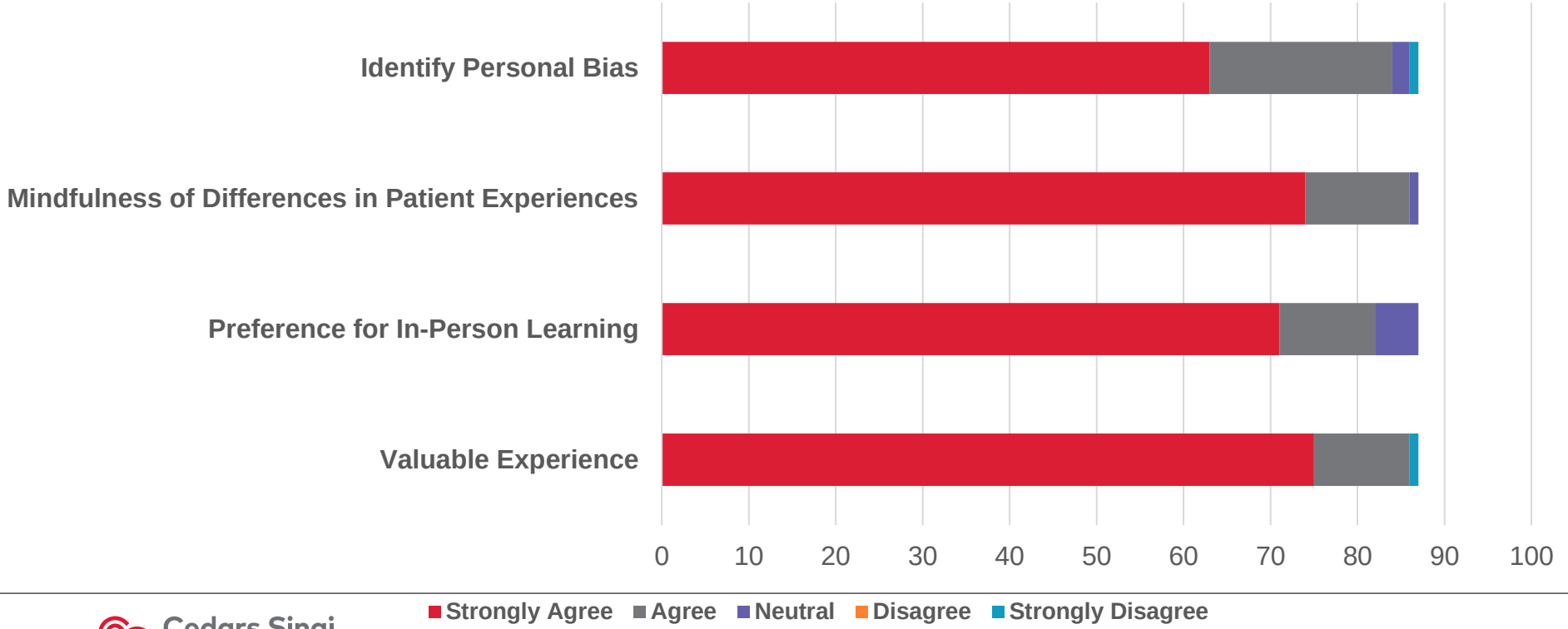
Scenario #4

You are caring for one patient in the NICU when a different parent arrives to her baby's bedside.

A colleague assists the mom in holding her baby. The mom asked for her chair to be cleaned, a pillow to hold her baby, and a stool to elevate her feet.

Later in the shift, after this mother has left, your colleague says to you, "Your mom is so ghetto! She needed me to clean the chair before she would sit down."

CSMC Post-Skills Lab Results (2021-2022)



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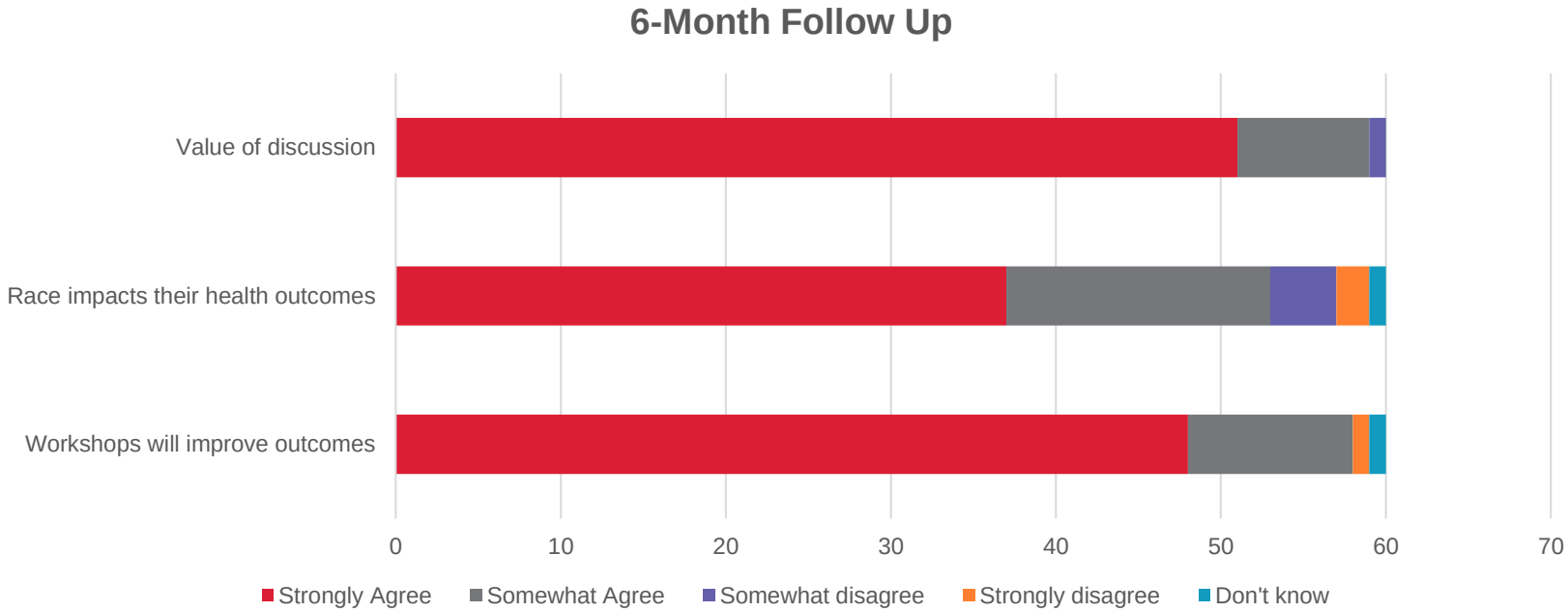
CSMC 6-Month Follow Up (2022)



Future Directions

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Future Directions

- **Department of Pediatrics Workshop**
- **Grand Rounds Series to continue**
- **Focus second year on the “economics of healthcare”, primary language, and health literacy.**
  - How this directly contributes to healthcare disparities

References

- Greenwood, B. N., Hardeman, R. R., Huang, L., & Sojourner, A. (2020). Physician-patient racial concordance and disparities in birthing mortality for newborns. Proceedings of the National Academy of Sciences - PNAS, 117(35), 21194-21200. https://doi.org/10.1073/pnas.1913405117
- Karvonen, K. L., Baer, R. J., Rogers, E. E., Steurer, M. A., Ryckman, K. K., Feuer, S. K., Anderson, J. G., Franck, L. S., Gano, D., Petersen, M. A., Oltman, S. P., Chambers, B. D., Neuhaus, J., Rand, L., Jelliffe-Pawlowski, L. L., & Pantell, M. S. (2021). Racial and ethnic disparities in outcomes through 1 year of life in infants born prematurely: a population-based study in California. Journal of perinatology : official journal of the California Perinatal Association, 41(2), 220–231. https://doi.org/10.1038/s41372-021-00919-9
- Sigurdson, K., Mitchell, B., Liu, J., Morton, C., Gould, J. B., Lee, H. C., Capdarest-Arest, N., & Profit, J. (2019). Racial/Ethnic Disparities in Neonatal Intensive Care: A Systematic Review. Pediatrics, 144(2), e20183114. https://doi.org/10.1542/peds.2018-3114/pnas.1913405117

Collaborators

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Tiffany Laundry, RN

Vermont Oxford Network

Thank you for viewing our presentation on addressing implicit bias in a level IV NICU. Please feel free to reach out to me with any comments and/or questions:

Yolanda Brown-Madan, MD
(Yolanda.Brown-Madan@cshs.org)

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Q&A

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?	Dec 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: **If** 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?	Jan 2023	**Feb 28, 2023**
	G. If not born at your facility, how many days old was infant when transfer was received?	Feb 2023	**Mar 31, 2023**
	H. Was the infant readmitted for any cause within 10 days of discharge?	Mar 2023	**Apr 30, 2023**
		Apr 2023	**May 31, 2023**
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

Find data forms, including ICD-10 codes, on our website at www.alpqc.org/initiatives/nows, under the "Data Resources" menu

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	~~July – Sep 2022~~	~~Nov 30, 2022~~
3. Hospital has implemented standardized non-pharmacologic guidelines for OENs	~~Oct – Dec 2022~~	~~Dec 31, 2022~~
4. Hospital has implemented standardized practices of when to transfer infants with NOWs to a higher level of care	Jan – Mar 2023	**Mar 31, 2023**
5. Hospital has implemented standardized pharmacologic guidelines for infants with NOWS	Apr – Jun 2023	**Jun 30, 2023**
6. Hospital has implemented standardized protocols/guidelines for Collaborative Discharge Plan for mothers and infants	July – Sep 2023	**Sep 30, 2023**

Find data forms, including ICD-10 codes, on our website at www.alpqc.org/initiatives/nows, under the "Data Resources" menu

Bekah Bischoff

Education & Development Coordinator

MoMMA's Voices Coalition

The Alabama Perinatal Quality Collaborative Presents

Listen To Me:

How to Effectively Listen to Patients and Help Them to Be Their Own Advocates

Friday, January 27, 2023

12 - 1 PM

Zoom Registration Link

https://tinyurl.com/3zzy9wyz

Scan to Register!

Next ALPQC Webinar

Thank You!

Next Meeting:

Wednesday, February 22, 2023

12:00 PM – 1:00 PM CST