



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.

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



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

Structural

Control Charts

Hospitals Chart

Race/Ethnicity Data



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

HospitalsParam

- Baptist Medical Cent..
- Brookwood Medical C..
- D.W. McMillan Memo..
- East Alabama Medica..
- Helen Keller Hospital
- Huntsville Hospital fo..
- Jackson Hospital
- Madison Hospital
- Medical West Hospital
- North East Alabama ..
- Princeton Baptist Me..
- Southeast Health
- Springhill Medical Ce..
- St. Vincent's Hospital
- Thomas Hospital
- UAB Women & Infant..
- USA Children's & Wo..
- No Hospital

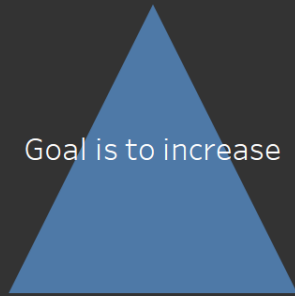


Data Update

Obstetric Measures



Neonatal Opioid Withdrawal Syndrome (NOWS)



Home



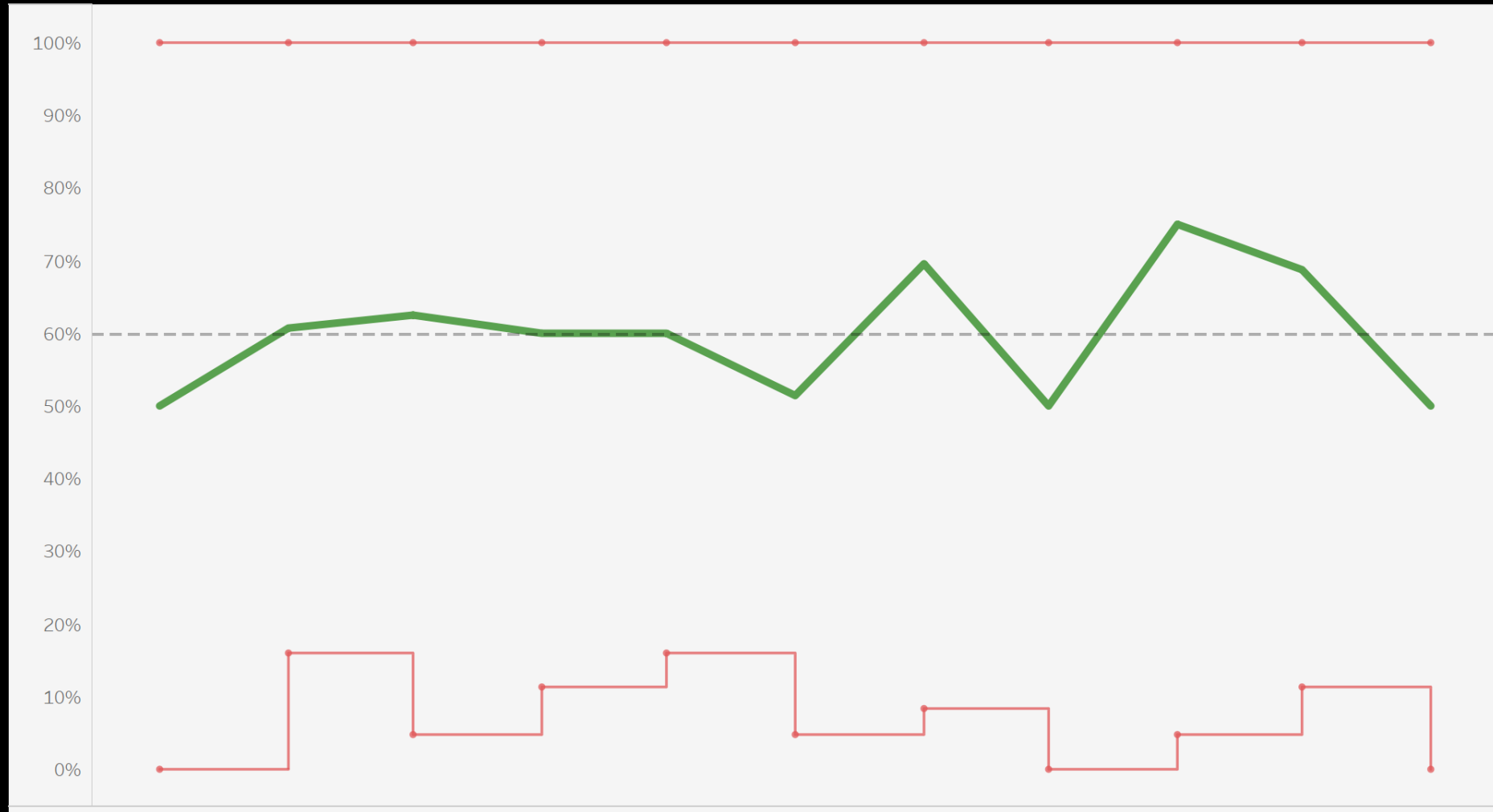
Measures
A. Patient on MOUD

Select a Hospital Graph
All Hospitals

Race1 Graph
All Races

Race2 Graph
All Races

A. Patient on MOUD



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.
3



Neonatal Opioid Withdrawal Syndrome (NOWS)

Measures

B. Referred to addiction services

Select a Hospital Graph

All Hospitals

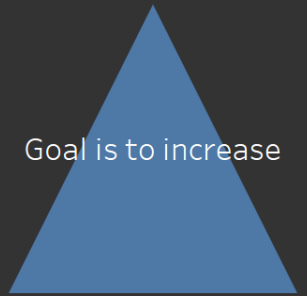
Race1 Graph

All Races

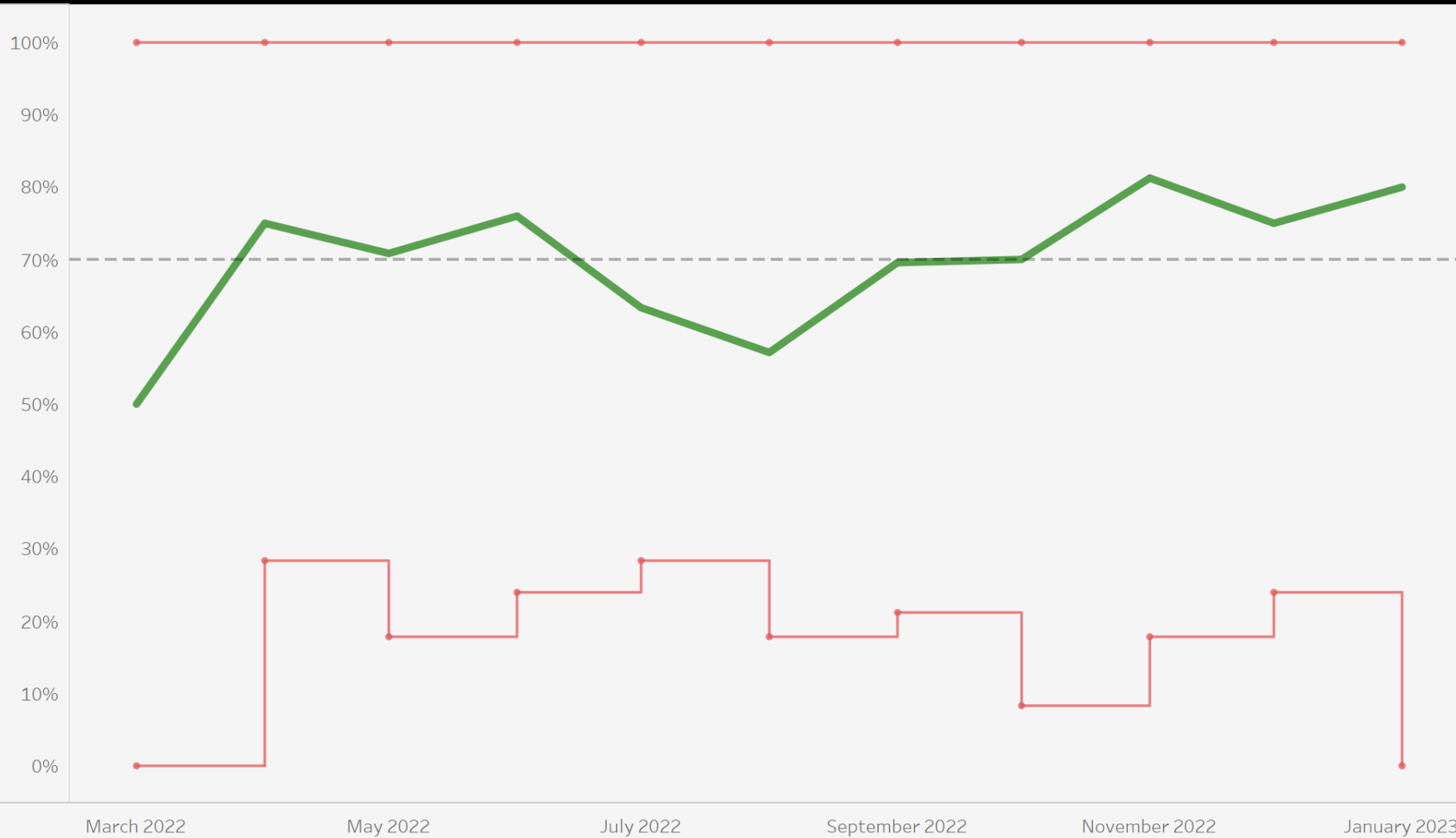
Race2 Graph

All Races

Goal is to increase



B. Referred to addiction services



No Active Filters

Filter Selected Hospital
All Initiative Hospitals

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Control Limits

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Home



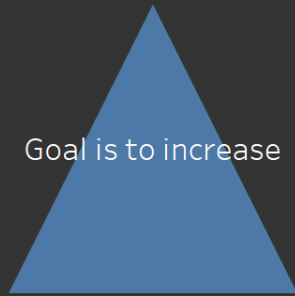
UAB
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Control Std. Dev.

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Neonatal Opioid Withdrawal Syndrome (NOWS)



Measures
C. Narcan counseling documented

Select a Hospital Graph
All Hospitals

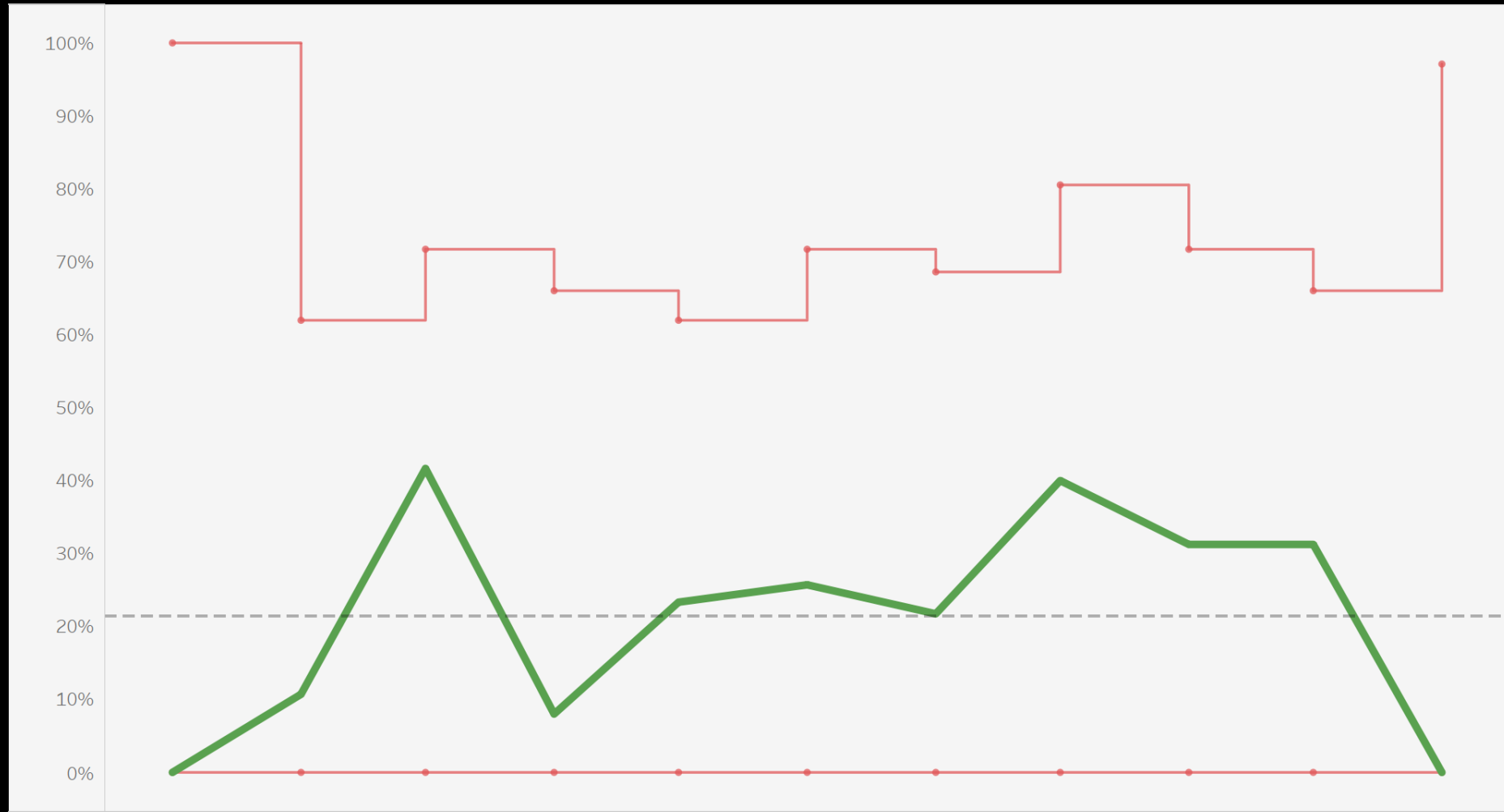
Race1 Graph
All Races

Race2 Graph
All Races

C. Narcan counseling documented



Home



No Active Filters

Filter Selected Hospital
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Control Limits

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 - LowerControlLimit

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Data Update

Neo Measures



Neonatal Opioid Withdrawal Syndrome (NOWS)

Measures

B. Non-pharm guideline consistently used

Select a Hospital Graph

All Hospitals

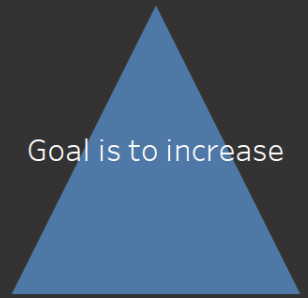
Race1 Graph

All Races

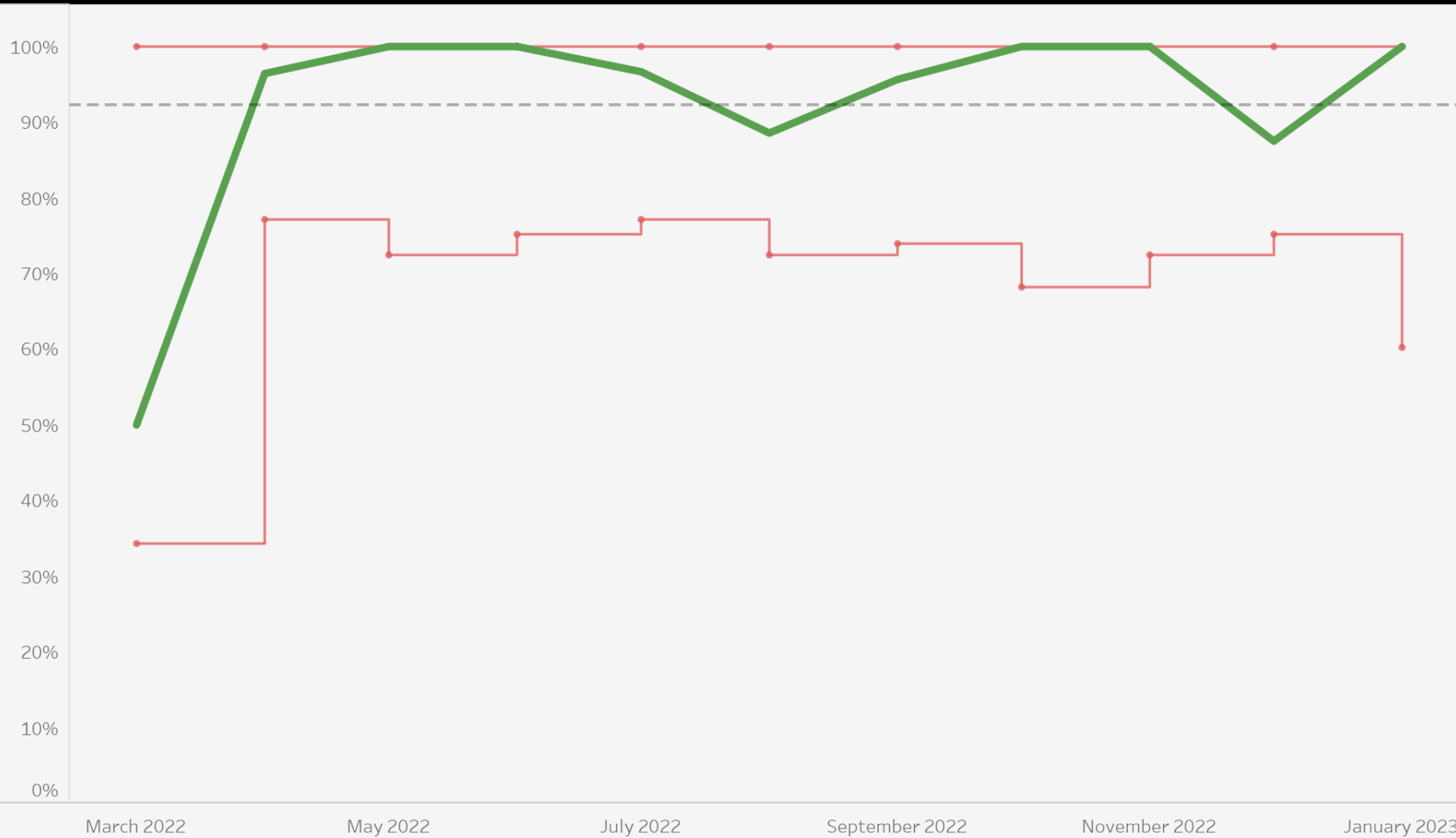
Race2 Graph

All Races

Goal is to increase



B. Non-pharm guideline consistently used



No Active Filters

Filter Selected Hospital
All Initiative Hospitals

Hide Control Limits
Control Limits

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Home



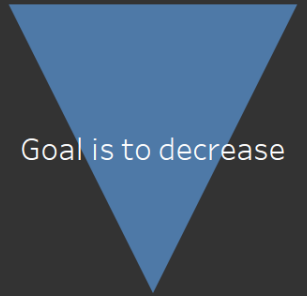
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Neonatal Opioid Withdrawal Syndrome (NOWS)



Goal is to decrease

Measures
C. Pharm treatment received

Select a Hospital Graph
All Hospitals

Race1 Graph
All Races

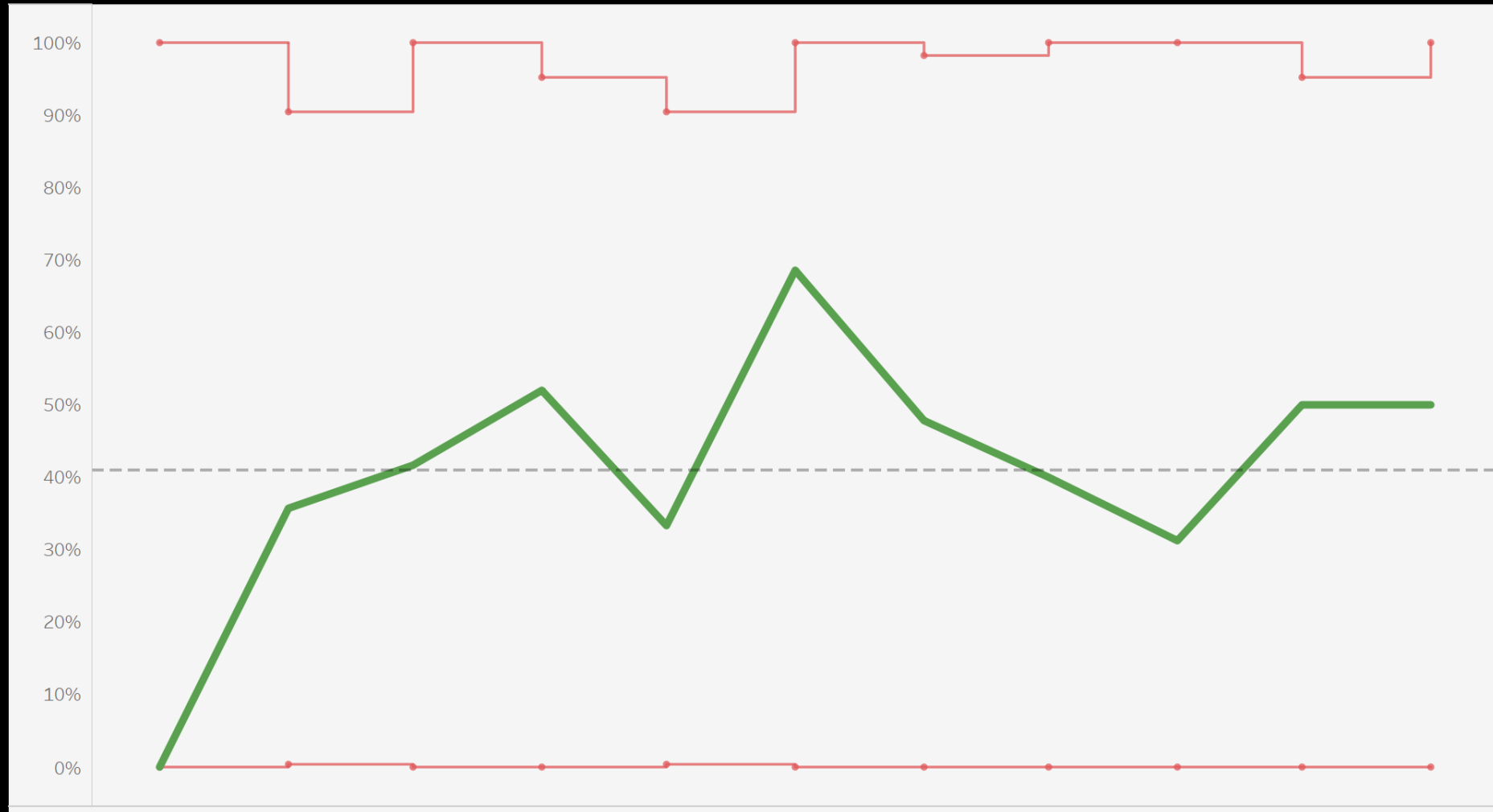
Race2 Graph
All Races



Home



C. Pharm treatment received



No Active Filters

Filter Selected Hospital
All Initiative Hospitals

Hide Control Limits
Control Limits

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Neonatal Opioid Withdrawal Syndrome (NOWS)



Home



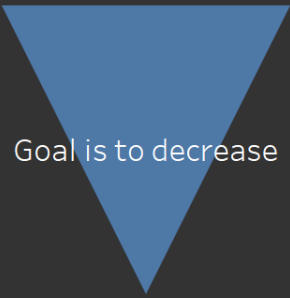
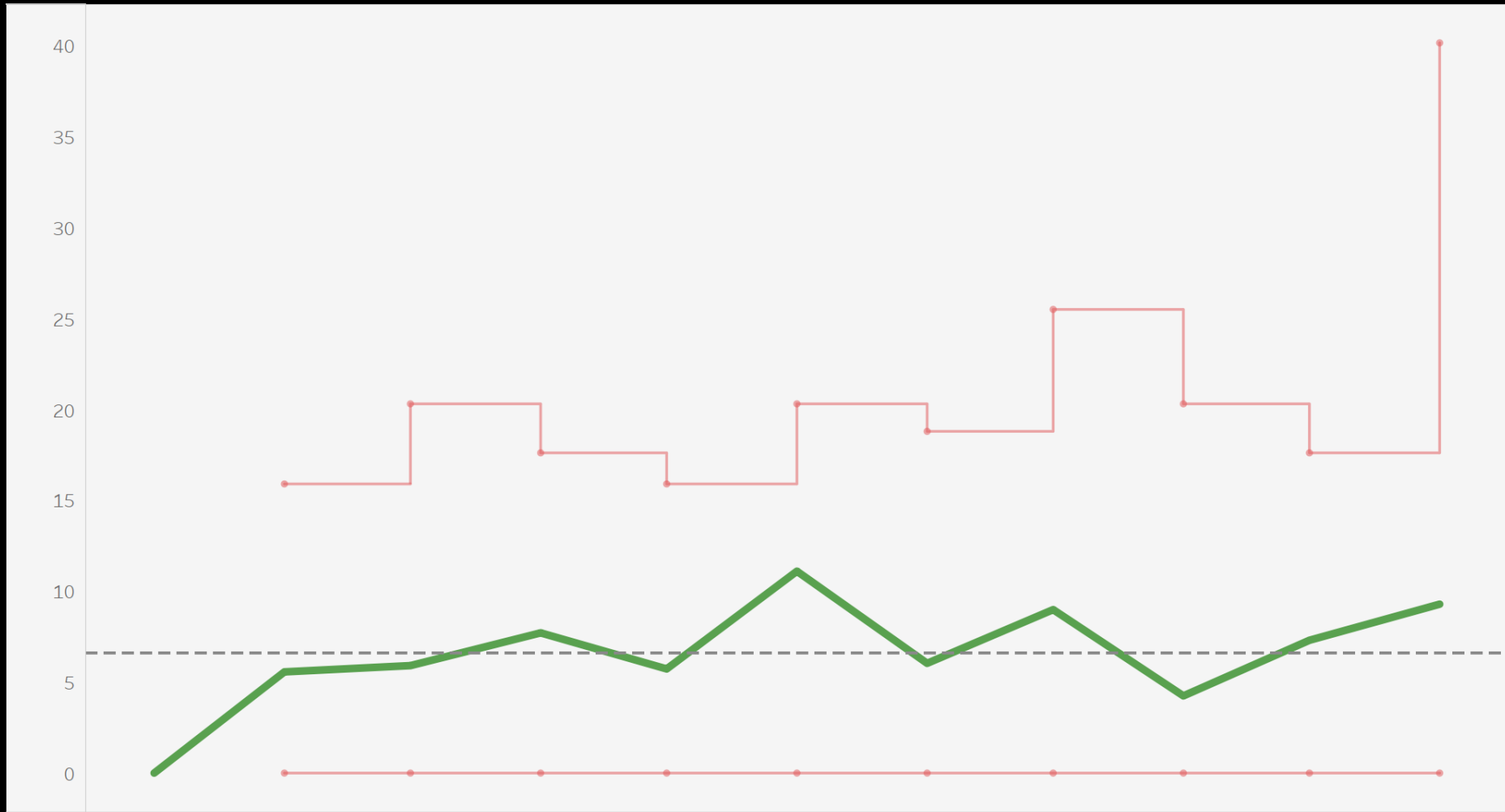
Measures
D. Pharm treatment days

Select a Hospital Graph
All Hospitals

Race1 Graph
All Races

Race2 Graph
All Races

D. Pharm treatment days



Goal is to decrease

No Active Filters

Filter Selected Hospital
All Initiative Hospitals

Hide Control Limits
Control Limits

Legends

Control Std. Dev.
3



Neonatal Opioid Withdrawal Syndrome (NOWS)

Measures

E. Length of stay

Select a Hospital Graph

All Hospitals

Race1 Graph

All Races

Race2 Graph

All Races

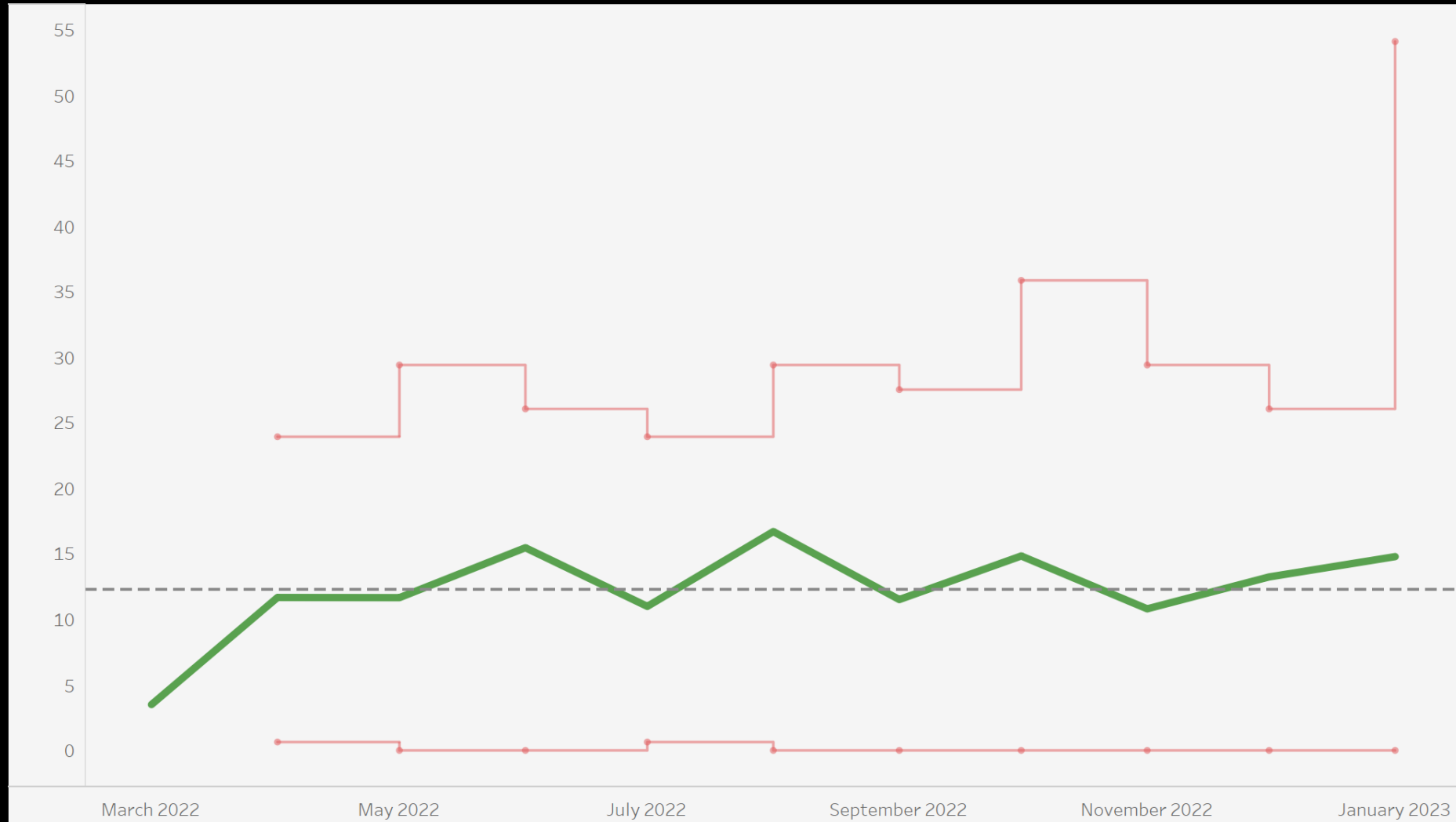
Goal is to decrease



Home



E. Length of stay



No Active Filters

Filter Selected Hospital
All Initiative Hospitals

Hide Control Limits
Control Limits

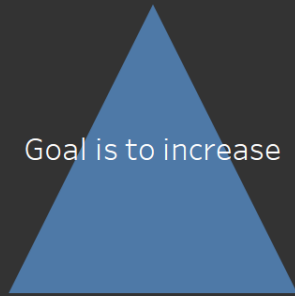
Legends

Control Std. Dev.

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Neonatal Opioid Withdrawal Syndrome (NOWS)



Home



Measures
F. Collaborative discharge plan completed

Select a Hospital Graph
All Hospitals

Race1 Graph
All Races

Race2 Graph
All Races

F. Collaborative discharge plan completed



No Active Filters

Filter Selected Hospital
All Initiative Hospitals

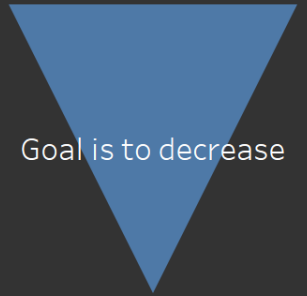
Hide Control Limits
Control Limits

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Neonatal Opioid Withdrawal Syndrome (NOWS)



Goal is to decrease

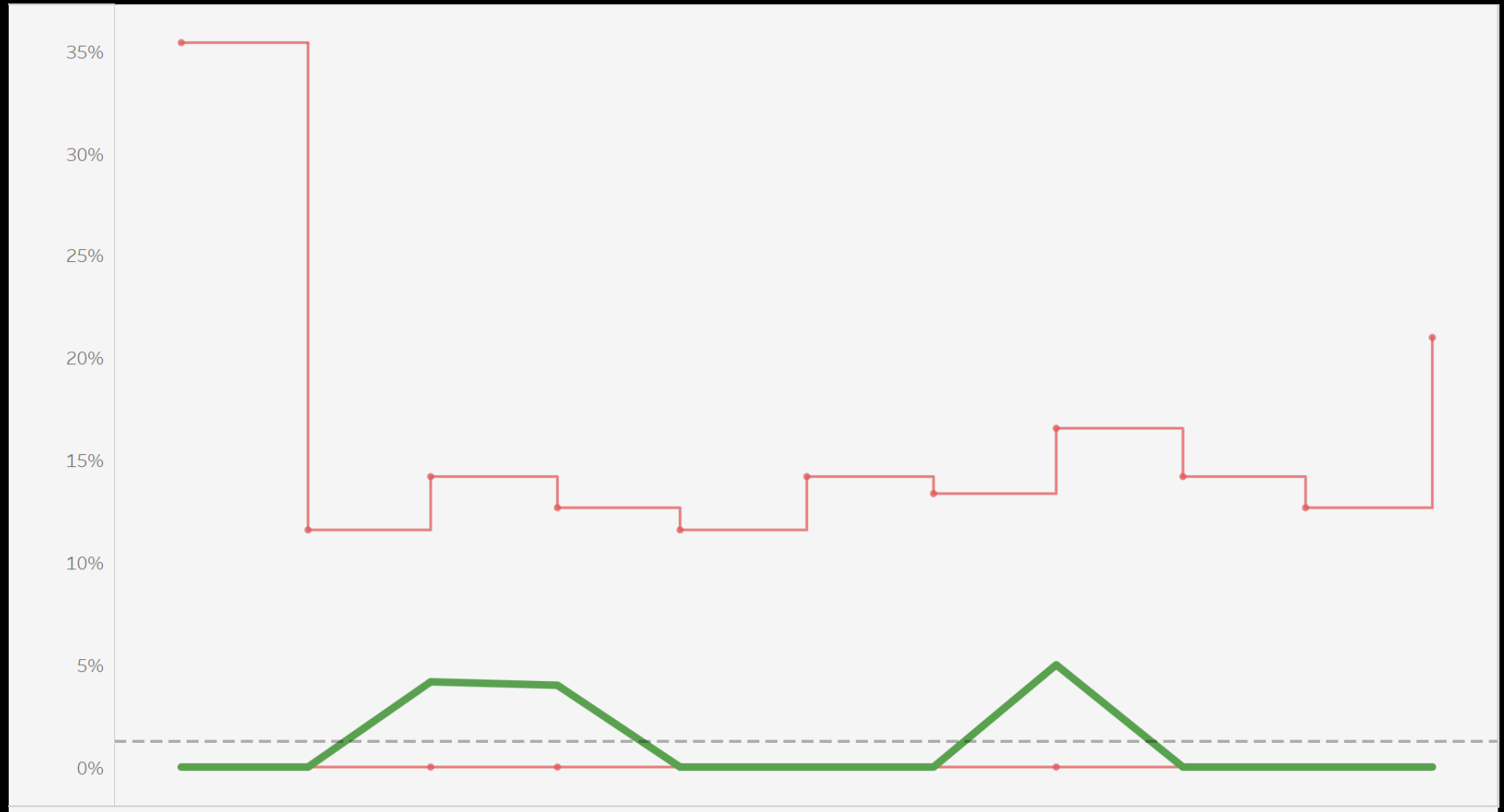
Measures
H. Readmission within 10 days

Select a Hospital Graph
All Hospitals

Race1 Graph
All Races

Race2 Graph
All Races

H. Readmission within 10 days



No Active Filters

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Home



Control Std. Dev.
3



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



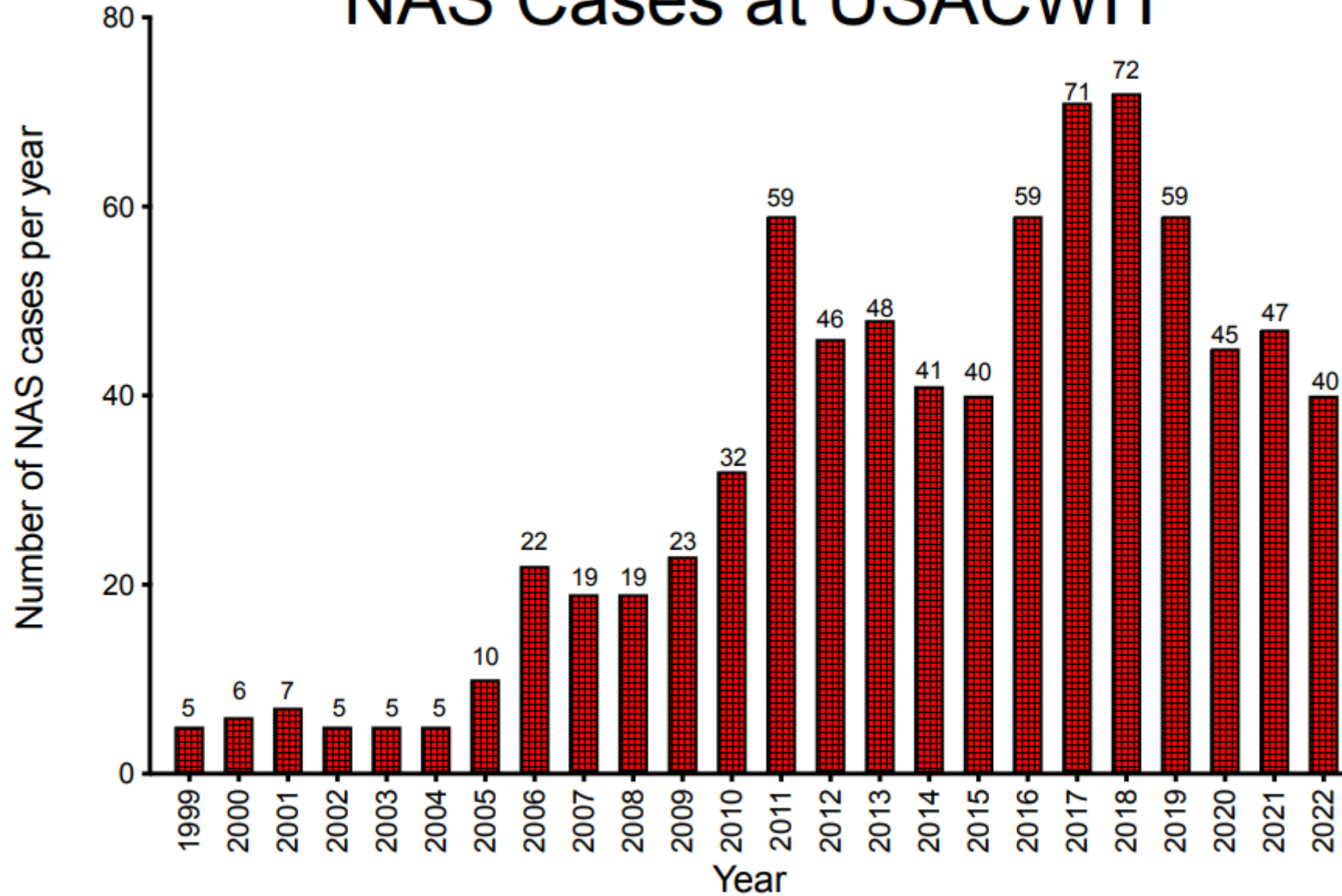
- Courtney Thomson
RNC-NIC
parent educator



- Cathy McCurley
NICU nurse manager



NAS Cases at USACWH



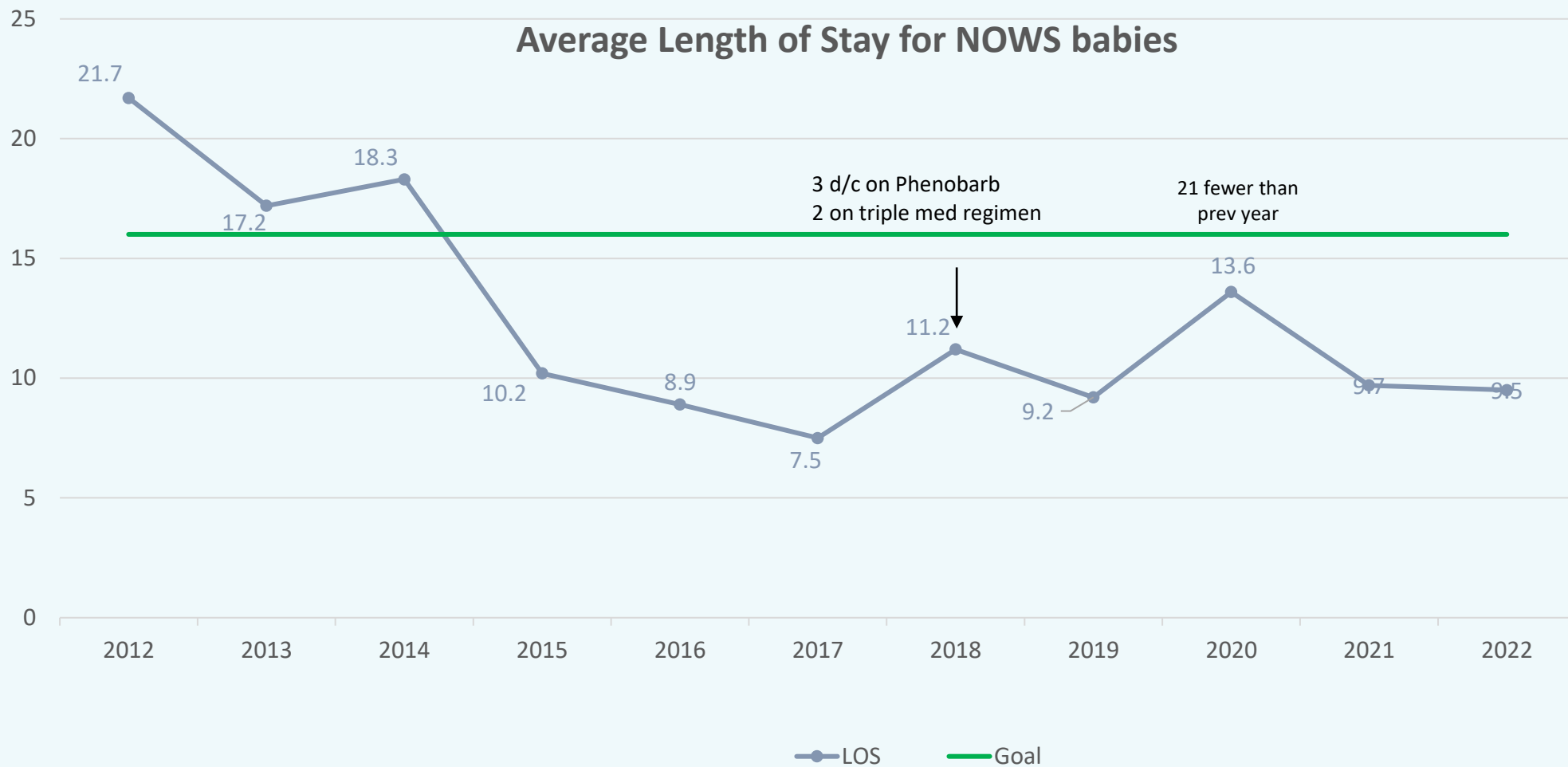


Successes

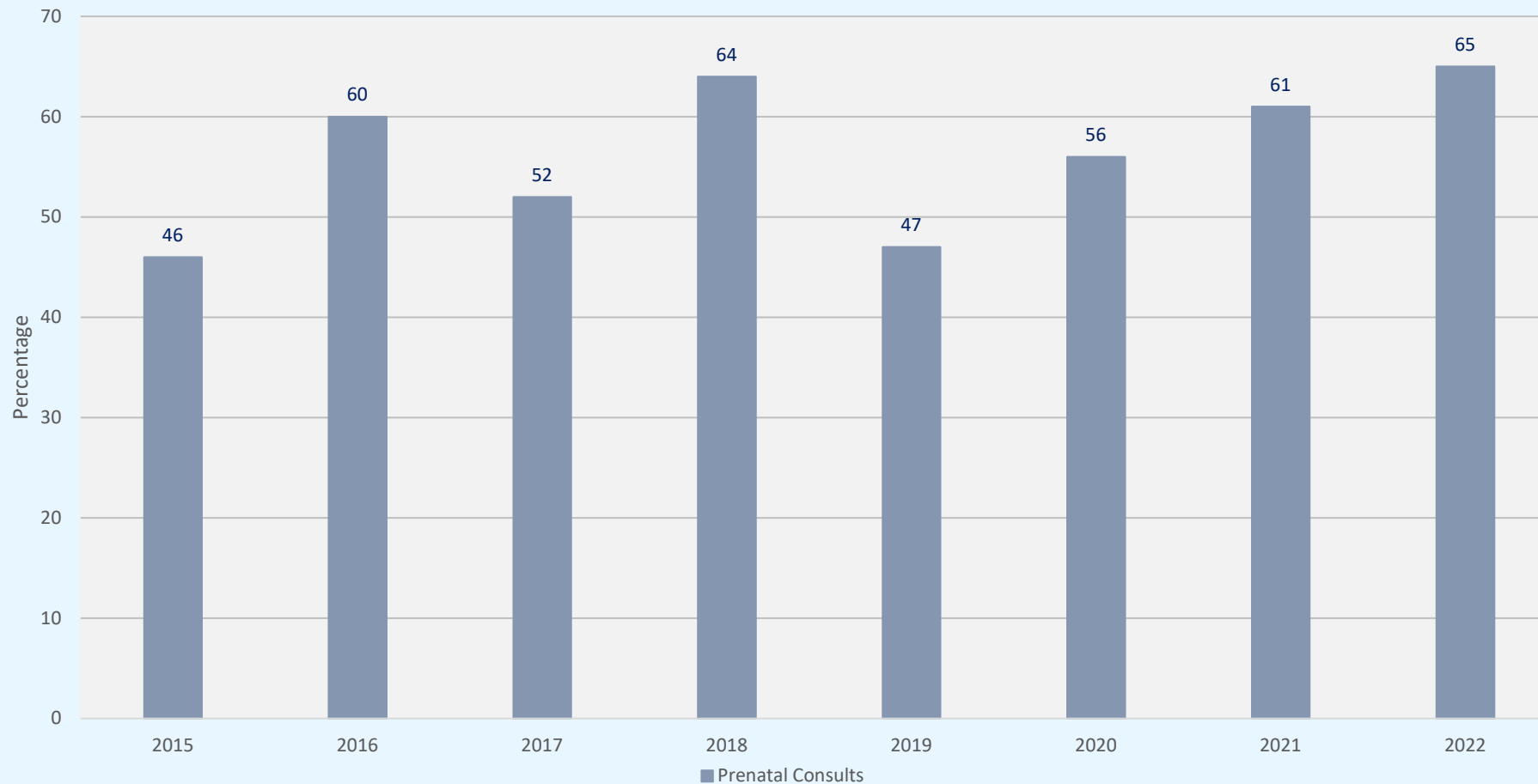
Dedicated team of Neonatologist, RN parent educator, social worker, and nursing staff.

- 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.

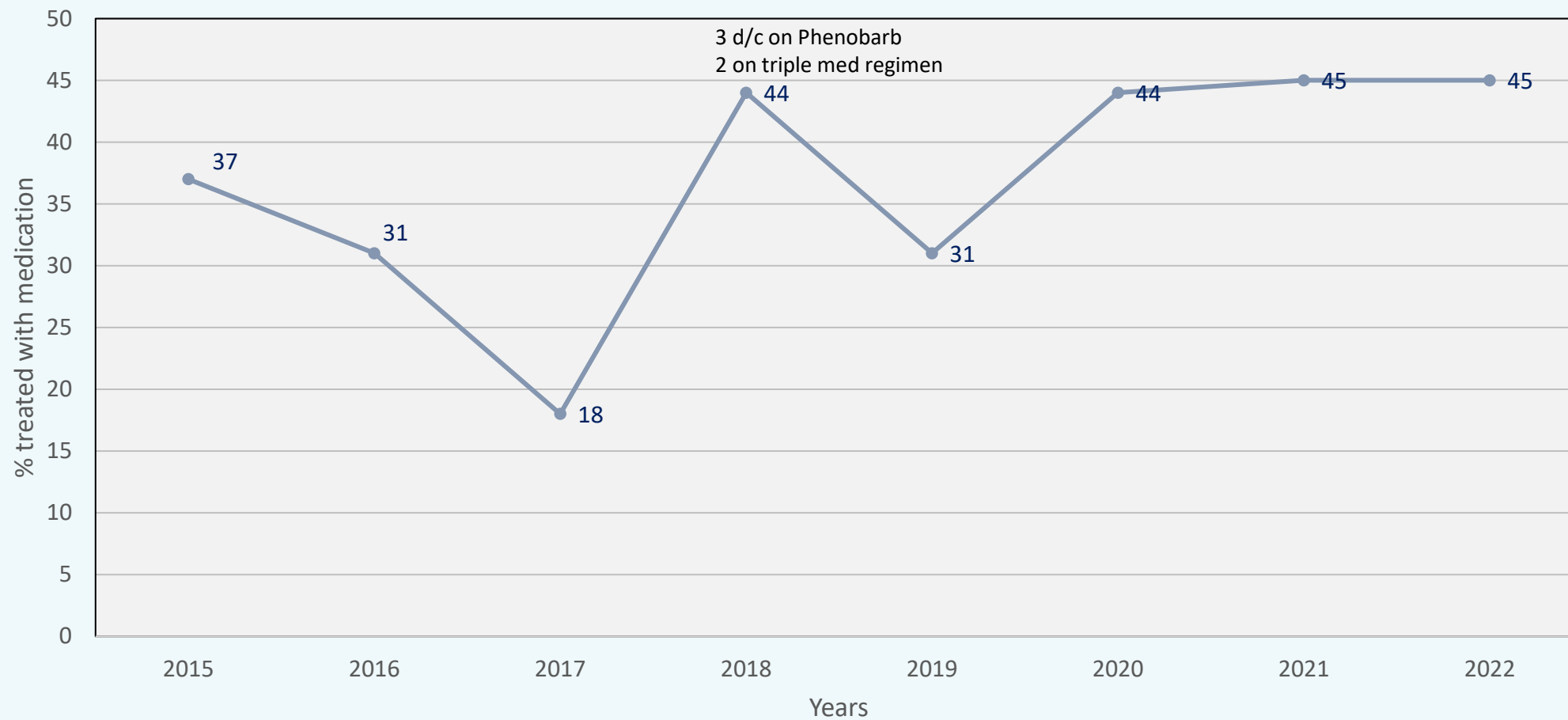
Average Length of Stay for NOWS babies



Prenatal Consults for NOWS babies

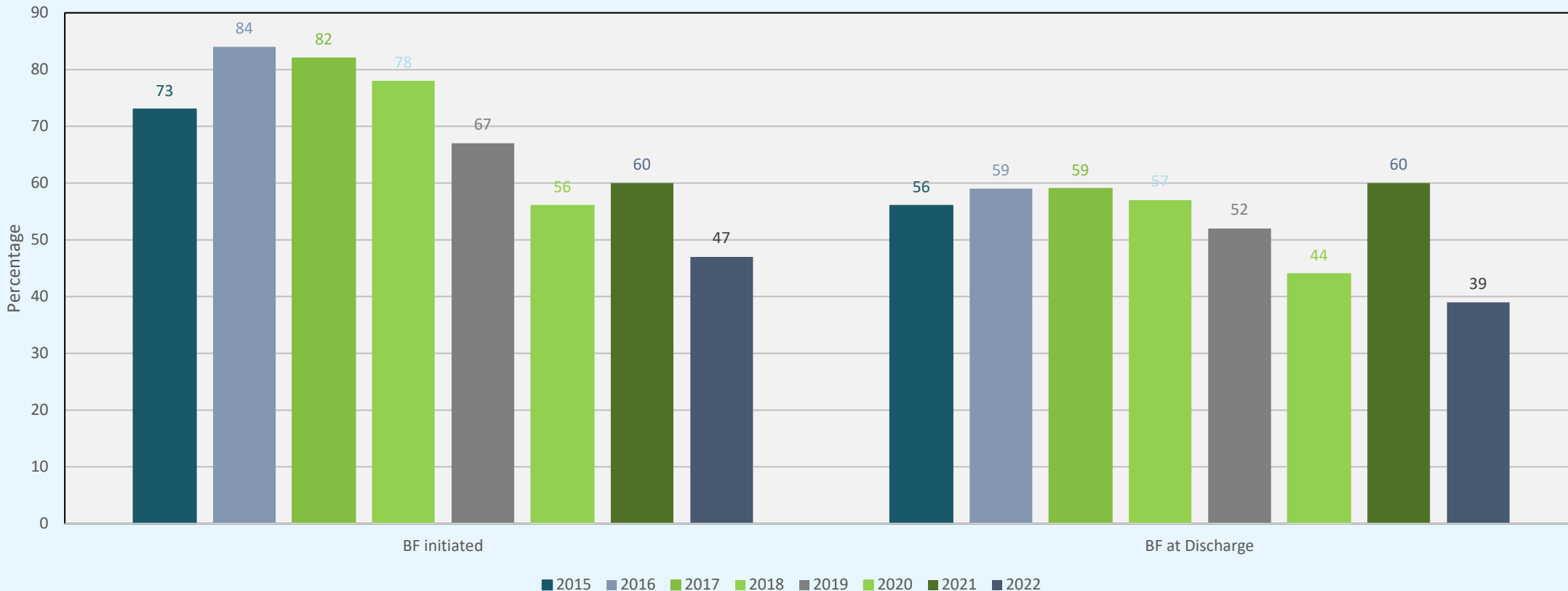


Use of Medication for Withdrawal Symptoms



Challenges & Barriers

Breastfeeding in NOWS babies





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

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 2023 ↔ Feb 2023 ↔ Mar 2023 ↔ Apr 2023 ↔ | Jan 31, 2023 Feb 28, 2023 Mar 31, 2023 Apr 30, 2023 May 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? | | |
| | 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? | | |

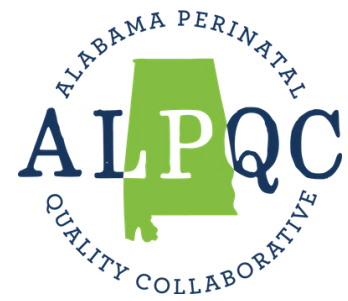
All Measures Reported by Race/Ethnicity

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 | 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 |



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

BEYOND LABELS
DO YOUR PART TO REDUCE STIGMA

Discover how you can help reduce health-related stigma among all moms and babies so they can get the support and care they need.

Stigma is giving someone an undesirable label based on negative social perceptions.

Designed for people who work in health-related fields, this interactive site will help you learn how stigma can impact the healthcare and support women need, seek and receive. **Scroll down the page to discover why stigma happens, hear stories about the impact of stigma, and learn specific ways you can become a change agent to reduce stigma in your workplace or community.**

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