Optimizing the Care of Opioid-Exposed Newborns







Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative (CHoSEN QIC)

Variability Across Colorado Hospitals

- Maternal and infant drug screening
- Infant assessment for withdrawal
- Location of care for opioid exposed newborns
- Degree of engagement of mothers
- Pharmacologic treatment modalities
 - Initiation and weaning protocols
- Criteria for discharge
- On and on and on.....

CHoSEN QIC

Initiative Goal

 Our goal is to develop a <u>collaborative</u> quality improvement initiative of Colorado hospitals that will use structured quality improvement methods and sharing of data and practices to further support hospital-based improvement efforts to achieve measurable improvements in the care of substanceexposed newborns and their families.

CHOSEN QIC Key Driver Diagram

Primary Drivers Secondary Drivers Primary Aims Potential Change Concepts 1) Outreach to CO hospitals Increase number of hospitals that have Increase and improve participation of structured and effective care guidelines of QI education and project Overall Project Goal CO hospitals in improvement project the SEN facilitation Database development Improve the care and Measure: % of CO birth hospitals Measure: % of hospitals in project with including completion of Data engaged in project outcomes of SENs. active SEN QI project by end of 2018 **Use Agreements** Measure: % of hospitals in project reporting data to collaborative database by 2018 Improve non-pharmacologic care Reduce post-natal exposure to opiates Development of local protocols Process Measure: % of SEN receiving non-2) Staff education pharmacologic care Outcome Measure: % of SENs at risk Family education for NAS needing pharmacologic Rx Increase use of human milk Process Measure: % of participating 1. Improve the hospital-based care of Outcome Measure: 1. total days of hospitals with appropriate local SENs. **Process Measure:** % of participating hospitals postnatal opioid therapy; 2. length of policies or guidelines with a policy on use of mother's own milk birth hospitalization 2. Improve the safe discharge of SENs. Implement ESC assessment tool **Process Measure:** % of participating hospitals utilizing the ESC assessment tool Increase antenatal consults for families with Development of local protocols SEN 2) Staff education Increase family involvement in care Measure: % of hospitals with protocol/guidelines for prenatal consultation Improve discharge process for SENs Standardize the discharge process for SENs Development of local protocols Inpatient and outpatient Measure: % of hospitals with a guideline for provider education safe discharge of SENs 3) Family education

Hospital Participation

Increase and improve participation of CO hospitals in improvement project

<u>Measure</u>: % of CO birth hospitals engaged in project

Increase number of hospitals that have structured and effective care guidelines of the SEN

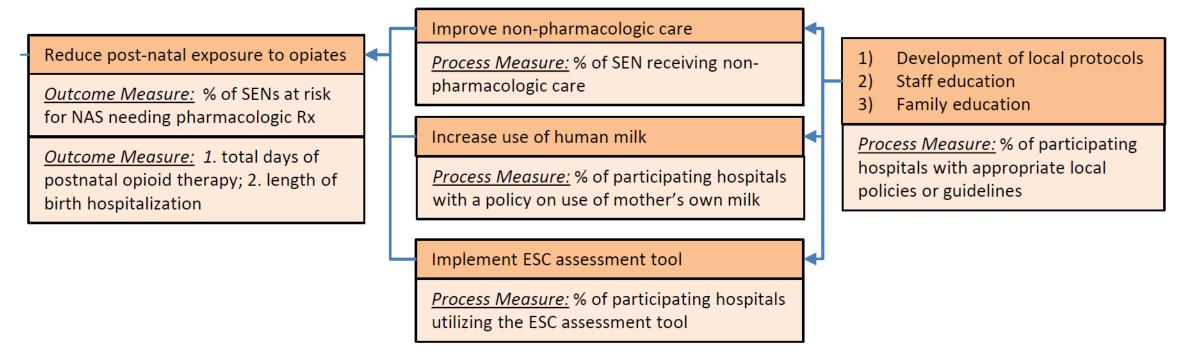
<u>Measure:</u> % of hospitals in project with active SEN QI project by end of 2018

Measure: % of hospitals in project reporting data to collaborative database by 2018

- 1) Outreach to CO hospitals
- 2) QI education and project facilitation
- Database development including completion of Data Use Agreements

- Learning about what is already being done
- Academic/university resources to expand the scope and rigor
 - Data collection system, analysis, and reporting
 - Workshops, webinars and forums
- Outreach and Engagement

Reduce Postnatal Opiate Exposure



- Standardize non-pharmacologic care.
- Develop criteria for allowing mothers with substance use disorders to breastfeed.
- Transition from Finnegan Assessment to ESC.

Finnegan vs. Eat, Sleep, Console (ESC)

Finnegan Scale

Central Nervous System Disturbances	Metabolic, Vasomotor, and Respiratory Disturbance	Gastrointestinal Disturbance
Excessive High Pitched Crying – 2 Continuous High Pitched Crying - 3	Sweating – 1	Excessive Sucking – 1
Sleep < 1 Hr After Feeding – 3 Sleep < 2 Hr After Feeding – 2 Sleep < 3 Hr After Feeding – 1	Fever < 101 (37.2 – 38.3 C) – 1 Fever > 101 (38.4 C) – 2	Poor feeding – 2
Hyperactive Moro Reflex – 2 Markedly Hyperactive Moro – 3	Frequent Yawning (>3) - 1	Regurgitation – 2 Projective Vomiting – 3
Mild Tremors Disturbed – 1 Mod – Severe Tremors Disturbed – 2	Mottling – 1	Loose Stools – 2 Watery Stools – 3
Mild Tremors Undisturbed – 3 Mod – Sev Tremors Undisturbed - 4	Nasal Stuffiness – 1	
Increased Muscle Tone - 2	Sneezing (>3) - 1	
Excoriation – 1	Nasal Flaring – 2	
Myoclonic Jerk – 3	Respiratory Rate (>60) – 1 Respiratory Rate (>60 w Retractions) – 2	
Seizures – 5		

Finnegan LP, et al, Int Clin Pharmacol Biopharm, 1975.

What is a baby's job description

Eat

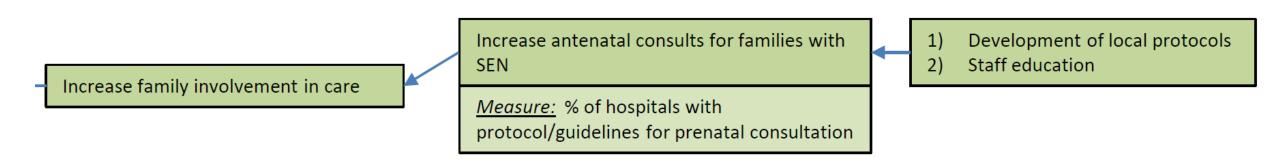
Sleep

Console



 Mothers and Non-Pharm Care = FIRST-LINE TREATMENT

Optimize Family Involvement



- Develop and distribute prenatal consultation guidelines for providers (OB, midwives, pediatricians, NICU providers).
- Focused PDSA cycle on engaging prenatal providers

Ensure "SAFE" Discharge

Improve discharge process for SENs

Standardize the discharge process for SENs

<u>Measure:</u> % of hospitals with a guideline for safe discharge of SENs

- 1) Development of local protocols
- Inpatient and outpatient provider education
- 3) Family education
- Develop guidelines for "safe" discharge for SENs and their mothers.
 - Checklist for consults while hospitalized, social services and outpatient follow-up arranged at discharge
 - Education of primary care providers

Progress to Date

September 2017

<u>Hospital</u>	<u>Team Lead</u> <u>Identified</u>	<u>Team Roster</u> <u>Completed</u>	IRB Review Completed	<u>Data Audit</u> <u>Begun</u>	Interventions Implemented	<u>Data Sharing</u> <u>Begun</u>
Denver Health	Υ					
Lutheran	Υ					
Parker	Υ					
Platte Valley	Υ					
Poudre Valley	Υ					
University Hospital	Υ					

April 2019

<u>Hospital</u>	<u>Team Lead</u> <u>Identified</u>	<u>Team Roster</u> <u>Completed</u>	<u>Data Use</u> <u>Agreement</u>	Interventions Implemented	<u>Data</u> <u>Collection &</u> <u>Sharing</u> <u>Begun</u>
Denver Health	Υ	Υ	Υ	Υ	Υ
Lutheran Medical Center	Υ	Υ	Υ	Υ	Υ
McKee Medical Center	Y	Y	Υ		
Medical Center of the Rockies	Υ	Υ	Υ		
Memorial Hospital	V	V	٧	V	Y

2018: 61,842 births in Colorado hospitals 27,973 births (45.2%) occurred in CHoSEN QIC hospitals

of Level II, III or IV NICUs in Colorado: 31 16 (52%) are in CHoSEN QIC

San Luis Valley Health	Υ	Υ			
St. Joseph Hospital	Υ	Υ	Υ	Υ	Υ
St. Mary's Medical Center	Y	Υ	Υ	Υ	Υ
St. Vincent Healthcare	Y	Υ			
University Hospital	Y	Υ	Υ	Υ	Υ
Valley View Hospital	Υ	Υ	Υ	Υ	Υ

Winter Forum: January 31, 2019

Over 80 attendees from across Colorado:

- Colorado Springs
- Denver Metro
- Fort Collins
- Grand Junction

- Glenwood Springs
- Greeley
- Pueblo

Representing:

- 14 Colorado hospitals
- 3 State agencies
- 3 Partner organizations



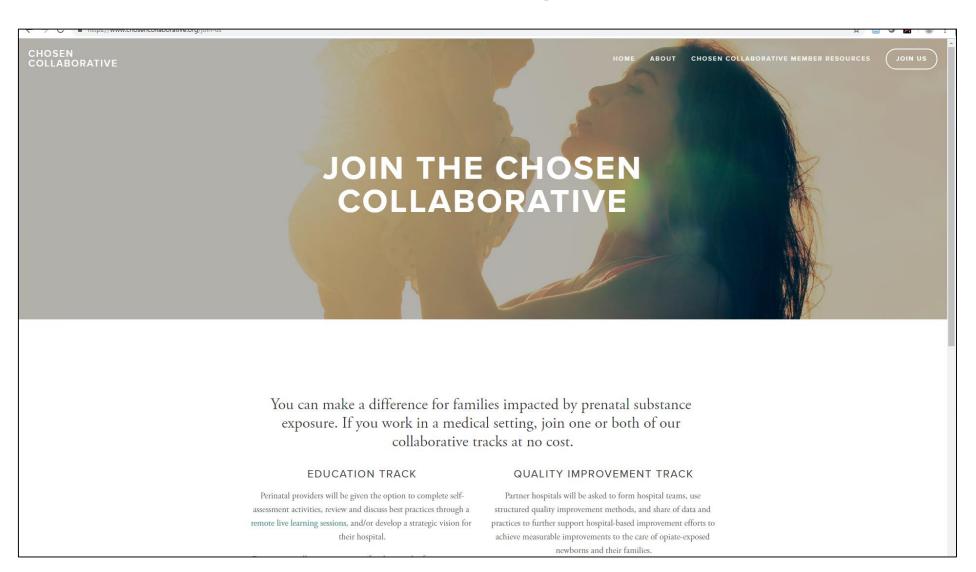
Site Visits

Hospital	Date
Denver Health	7/13/2018
Memorial Hospital	11/9/2018
Valley View Hospital	11/19/2018
St. Mary's Medical Center	11/20/2018
Parkview Medical Center	1/14/2019
St. Joseph Hospital	2/15/2019





Resource Access www.chosencollaborative.org



Data Update

CHoSEN QIC

(Colorado Hospitals Substance Exposed Newborns Quality Improvement Collaborative)

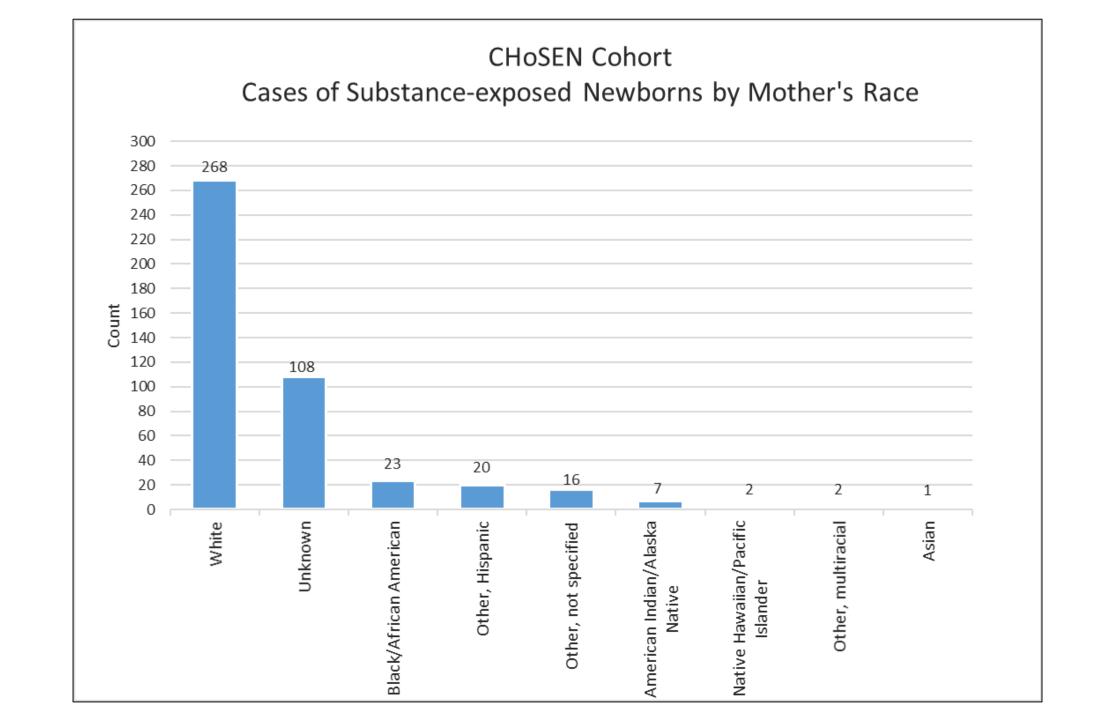
- Timeframe: Qua2 2017 Qua1 2019
- 443 substance-exposed newborns
 - Qua2 2017: 18
 - Oua2 2017: 2/

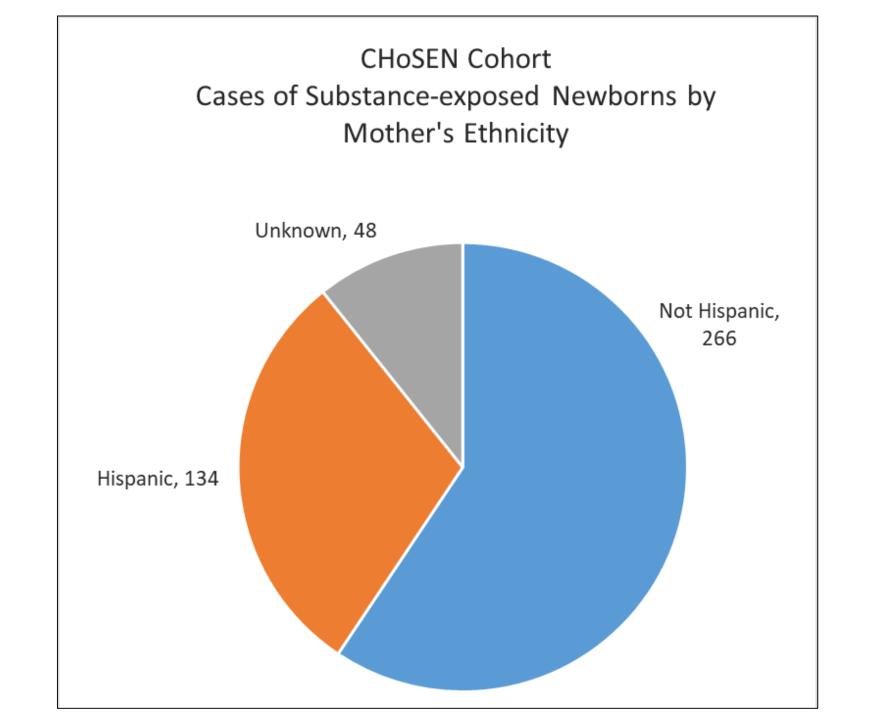
OEN/NAS rate of 11.2 per 1000 live births

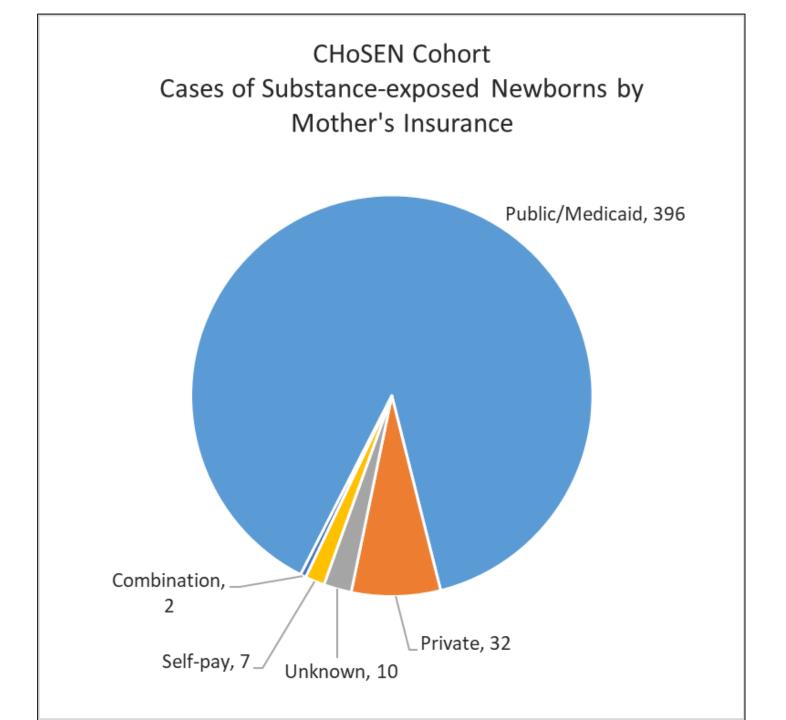
- Qua2 2018: 38
- Qua3 2018: 103
- Qua4 2018: 76
- Qua1 2019: 53

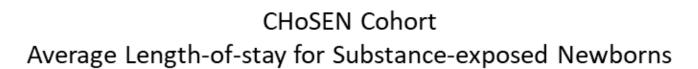
11 hospitals submitting data:

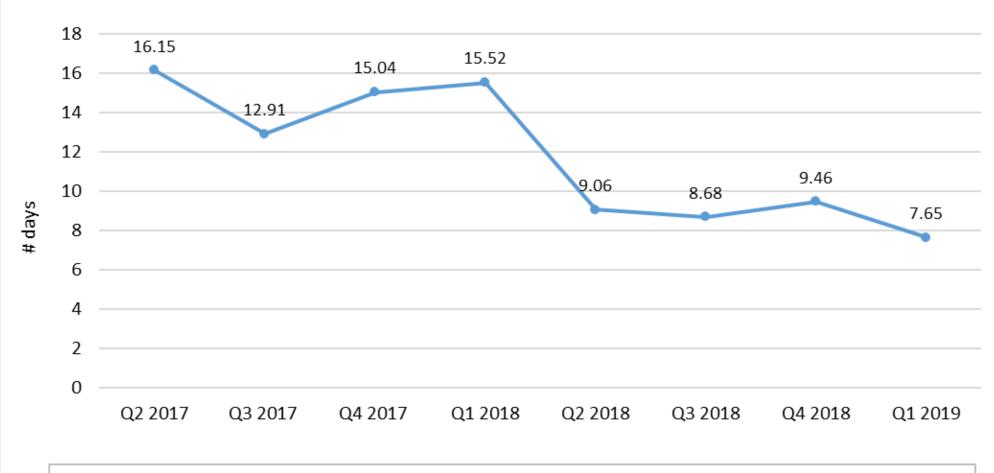
- Saint Joseph Hospital (65)
- Parkview Medical Center (145)
- UCHealth Memorial Hospital (112)
- Denver Health Medical Center (38)
- St. Mary's Medical Center (27)
- Parker Adventist Hospital (4)
- Platte Valley Medical Center (4)
- North Suburban Medical Center (16)
- University of Colorado Hospital (8)
- Valley View Hospital (6)
- Lutheran Medical Center (18)







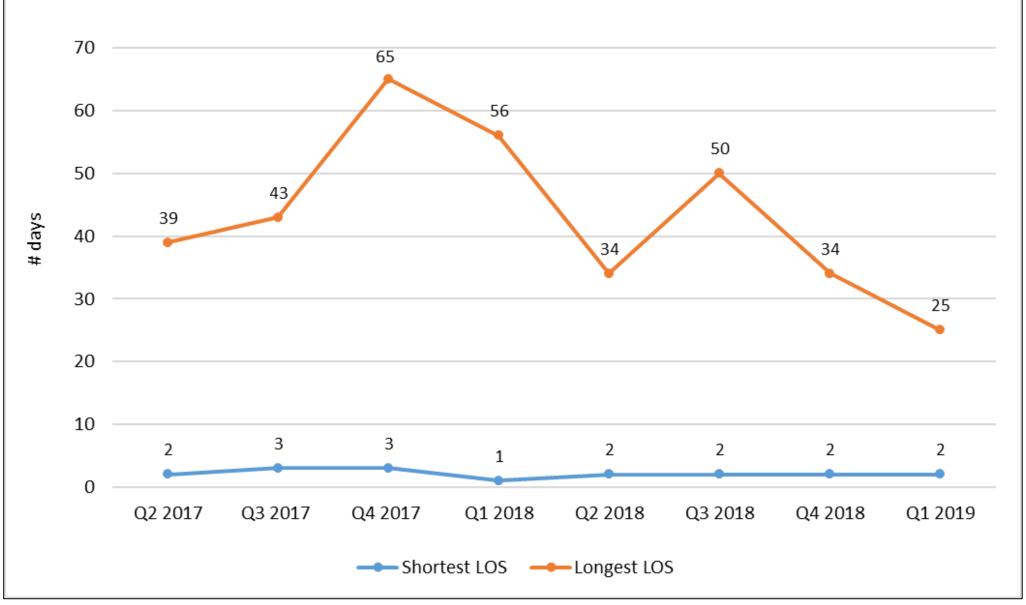


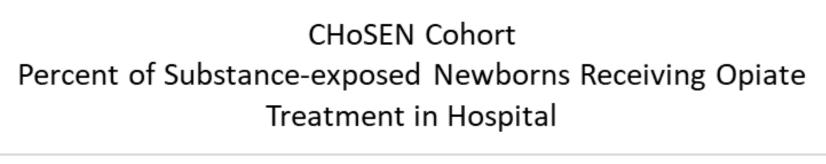


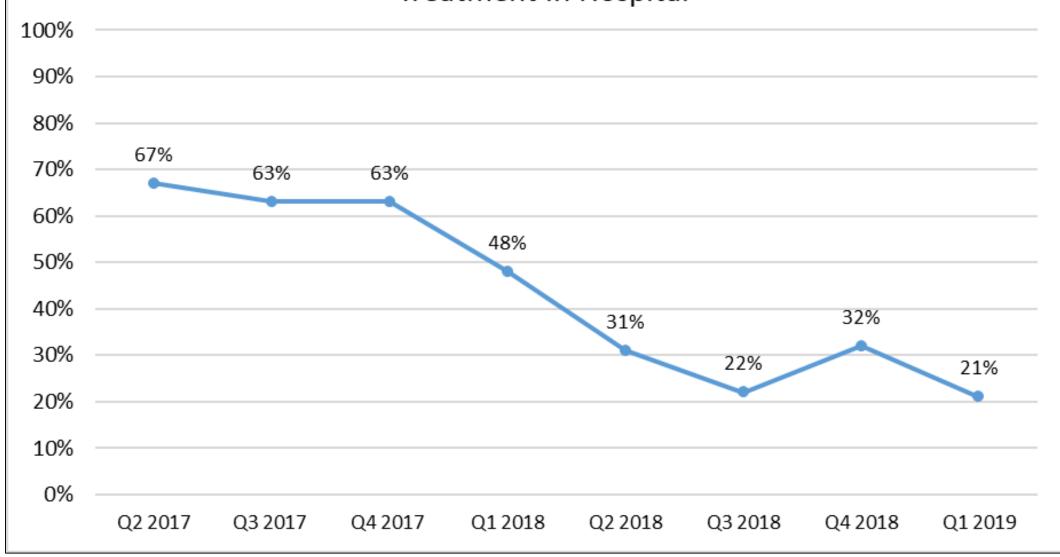
Number of newborns each quarter:

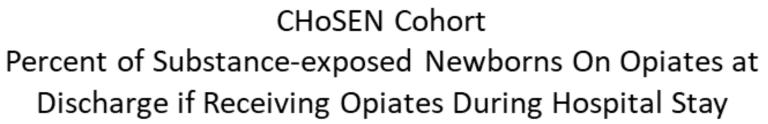
Newborns born under 35-0 weeks gestation and newborns transferred to another facility were excluded from the data.

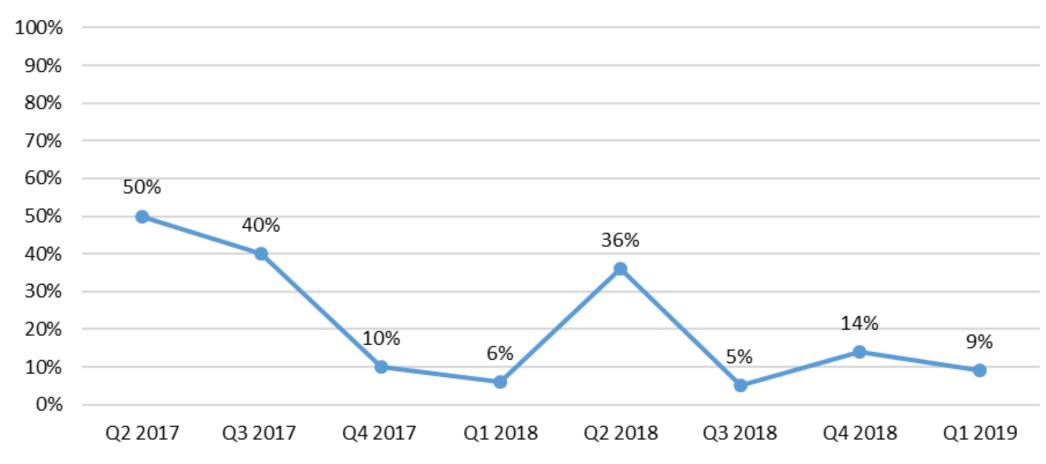
CHoSEN Cohort Length-of-stay Range for Substance-exposed Newborns



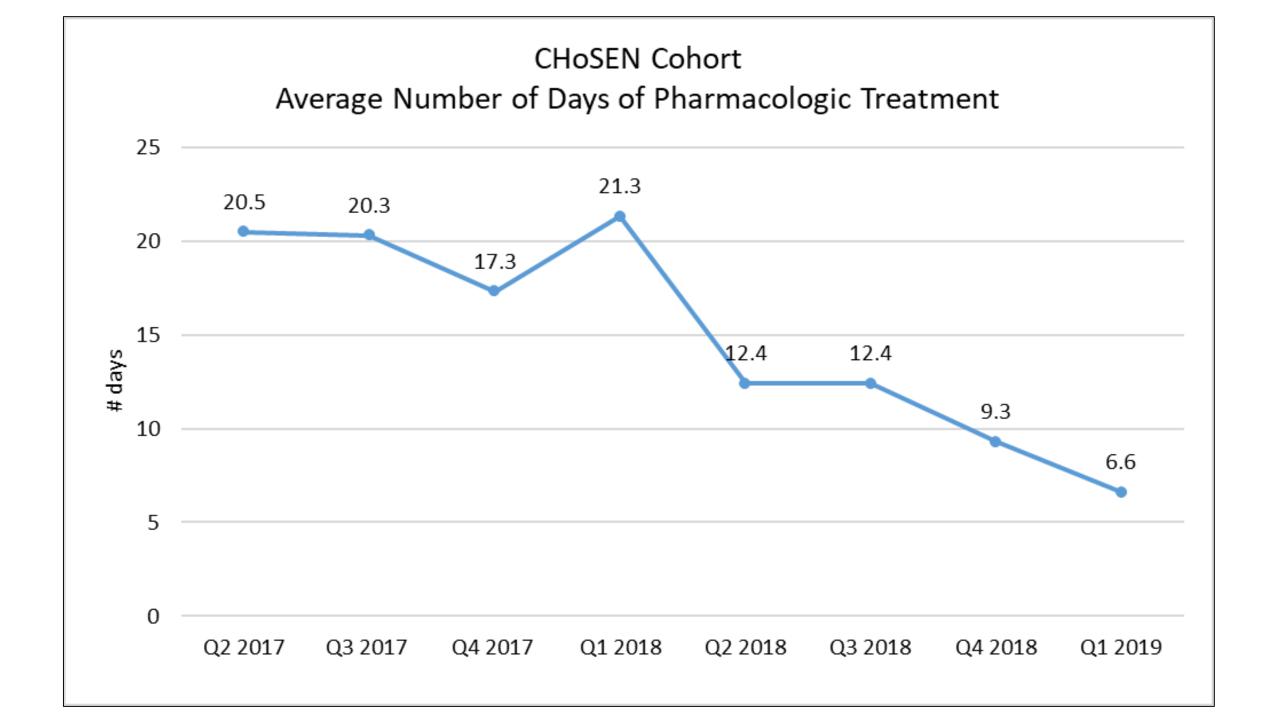


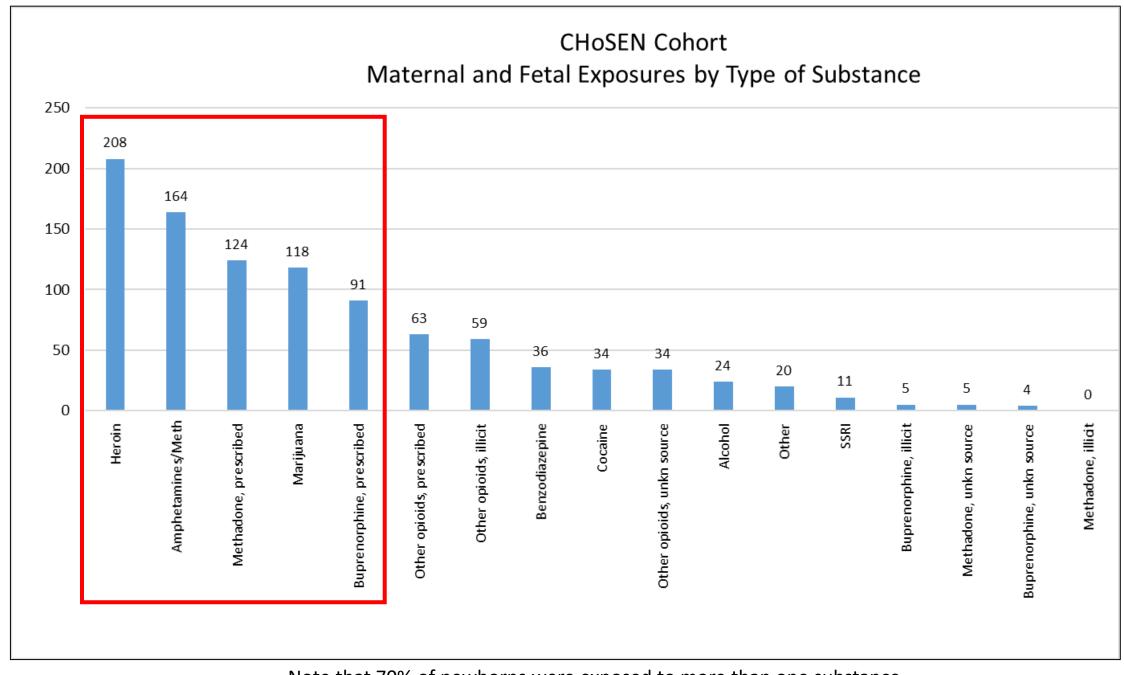


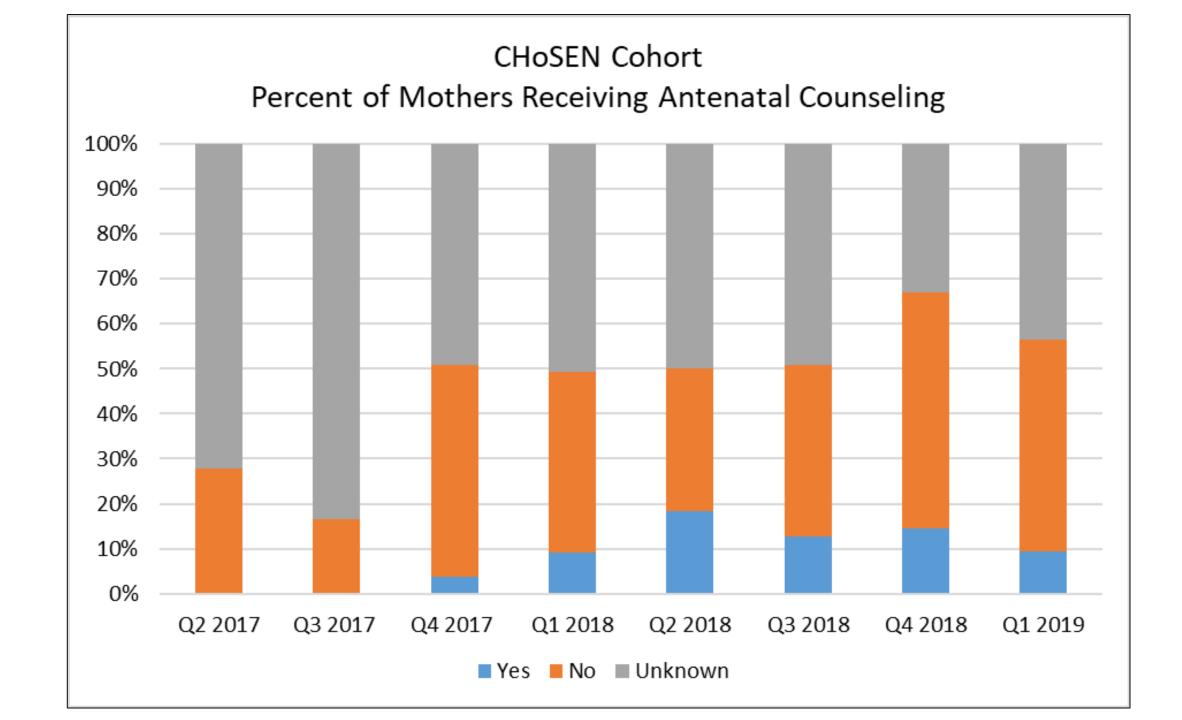


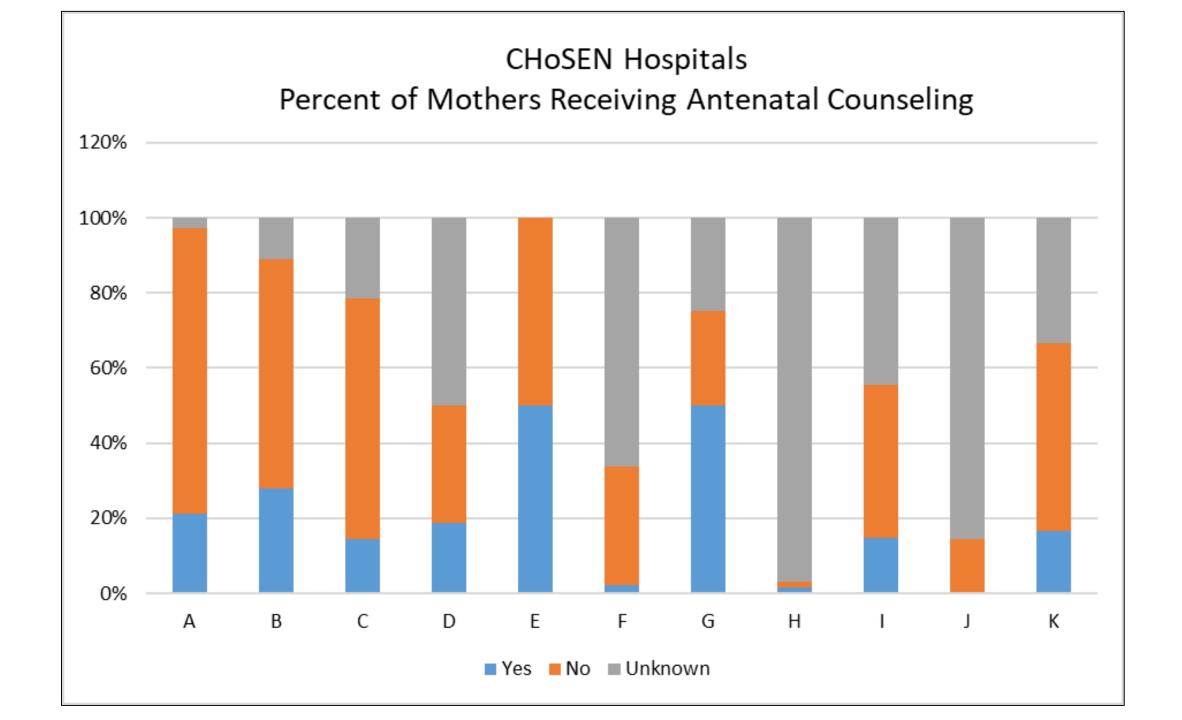


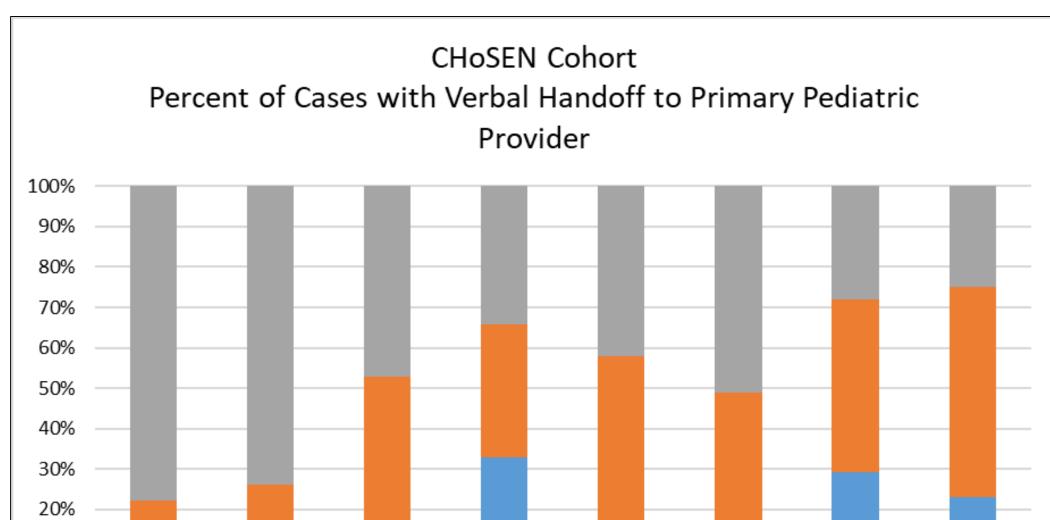
The incresae in Q2 2018 is due, in part, to a significantly lower number of infants receiving opiate therapy.

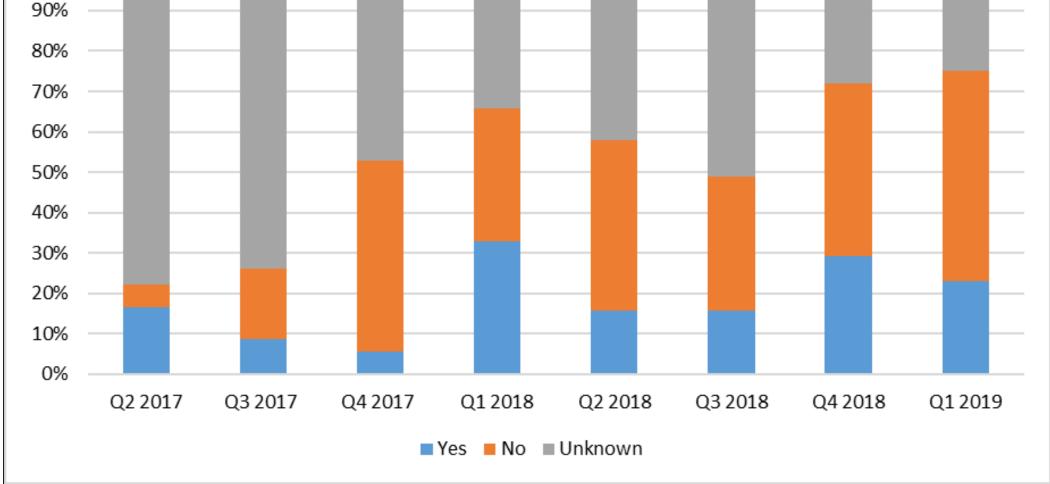


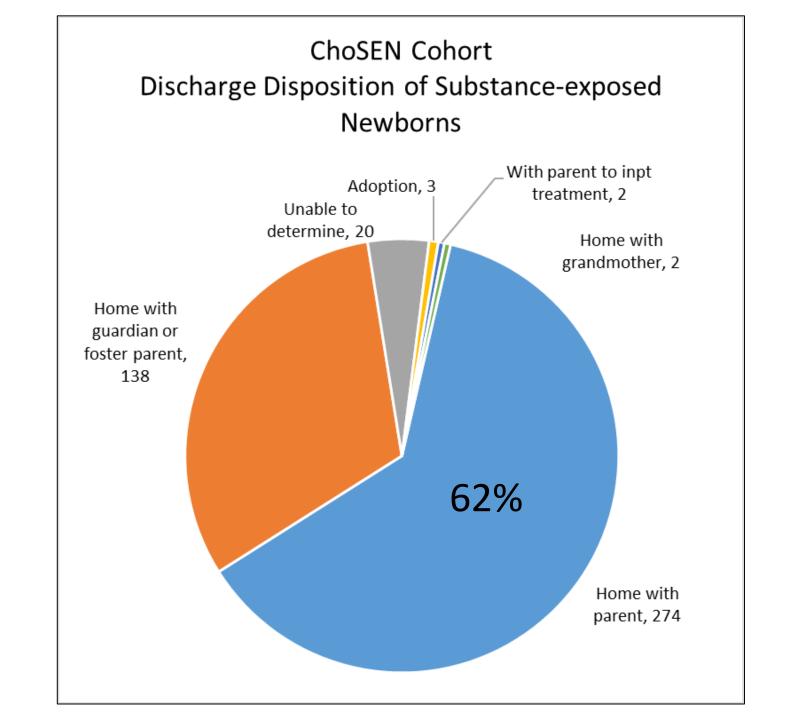












Based on the data, what next?

CHoSEN QIC Next Steps

- Targeted Efforts at Local Hospitals
 - Prenatal Counseling: Parkview Medical Center
 - Breastfeeding: Hospital with the lowest BF rate
 - Safe Discharge: Poudre Valley Hospital
 - Parent engagement/Patient experience: Denver Health
- Qualitative interviews of mothers, hospital staff, and PCPs
- Increase hospital participation in CHoSEN QIC within and beyond Colorado

Barriers (or Opportunities)

- Physical and conceptual separation of the maternal-infant dyad
- Lack of linked data systems
 - Mother Infant
 - Prenatal Birth Hospitalization Postnatal Care
 - Hospital care social service utilization
 - Maternal medical care Mental health care SUD Treatment

Upcoming Forum

- Monday, November 4, 2019, 9a-4p
- Hotel Colorado, Glenwood Springs





Acknowledgements

CUSOM Neonatology
Randall Wilkening
James Barry

Illuminate Colorado
Jillian Adams
Jade Woodard

CPCQC
Jaime Cabrera
Nancy Griffith
Rachel Wright

CHoSEN QIC Steering
Committee
Ann Hall
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Danielle Smith
Colleen Wheeler
Erica Wymore

Funders
Colorado Office of the
Attorney General
COPIC
Colorado Medicaid UPL

Hospitals

Denver Health Lutheran Medical Center McKee Medical Center **Medical Center of the Rockies Memorial Hospital North Colorado Medical Center** North Suburban Medical Center **Parkview Medical Center Parker Adventist Platte Valley Poudre Valley** San Luis Valley Health St. Joseph Hospital

St. Mary's Medical Center

St. Vincent Healthcare

University Hospital

Valley View Hospital