Neonatal Abstinence Syndrome Regional Conferences

Kentucky Perinatal Quality Collaborative
Thanks to a generous grant from

Anthem® Foundation
**FIGURE 1: INTERVENTION POINTS TO PREVENT PRENATAL SUBSTANCE EXPOSURE AND AMELIORATE THE IMPACTS OF SUBSTANCE EXPOSURE IN INFANCY**

1 - PRECONCEPTION

Promote awareness of effects of prenatal substance use by educating adolescent and adult women about the risks of unhealthy use. Encourage no use (including of tobacco and alcohol) when planning pregnancy and during pregnancy.

Universal screening, brief intervention and referral to treatment during routine medical visits for all women of childbearing age.

2 - DURING PREGNANCY

Universally screen pregnant women for substance abuse and make referrals to treatment when appropriate.

Provide enhanced prenatal services, including referrals to services in which coordination can occur with all relevant entities (hospitals, DCF, substance-abuse treatment providers, etc.) prior to birth.

3 - AT BIRTH

Use consistent and effective protocols for identification of substance-exposed newborns.

Make referrals for developmental or child welfare services.

4 - THROUGH INFANCY

Provide developmental services.

Ensure an environment safe from abuse and neglect.

Respond to immediate needs of other family members, including treatment of the parent-child relationship.

5 - THROUGH THE LIFE SPAN

Identify and respond to needs of exposed child.

Respond to needs of mother and other family members.

Provide an appropriate education, screening, and support as exposed children approach adolescence and adulthood to prevent adoption of high-risk behaviors such as substance abuse.
State-wide Approach

• Surveillance for NAS-affected infants and the sources of maternal opiate use.
• Reimbursement for utilizing screening protocols to detect substance abuse early in pregnancy and withdrawal signs in newborns.
• Development of better measures to ensure follow-up with opioid-dependent women and receipt of comprehensive services.
• Collaborative efforts to strengthen clinical standards for identification, management, and follow-up with NAS-affected infants and their families.
Project Aim

By June 30, 2016

• Decrease the average length of stay for NAS admissions by 10%
• Decrease the number of NAS infants referred for higher level of care by 5%
• Decrease the number of NAS infants requiring pharmacologic treatment by 5%
Theory of Change: System Improvement

Global Aim

To reduce the number of moms and babies with narcotic exposure, and improve outcomes for those who are exposed or experience NAS.

Key Drivers

- Prenatal identification of mom; implement optimal tx/rx program
- Improve Recognition of substance exposed mothers and infants
- Improve non-judgmental support for women and their families struggling with addiction
- Optimize non-pharmacologic Tx Bundle
- Attain high reliability in NAS scoring by nursing staff
- Standardize pharmacologic Rx protocols
- Connect with outpatient supports and treatment program prior to discharge
- Partner with families to establish safety plan for infant
- Partner with other stakeholders to influence policy and primary prevention

Interventions

- Develop site protocol for screening and testing
- Education for all MD and RN staff on the science of addiction
- All unit staff are trained in trauma-informed practices
- Swaddling, low stim; Encourage Kangaroo care;
- Feed on demand; MBM if appropriate; 22 cal formula
- Fulltime RN’s to complete training video and achieve 90+% reliability
- Initiate with scores >8x3 or >12x2; Protocol for escalation and weaning,
- Establish agreements with outpt programs and mental health services
- Collaborate with DCBS/CPS; engage family in safety planning
- Promote primary prevention materials among partners

Ideas from the field: data, experience, literature

CONTENT: adapted from OPQC; STRUCTURE: adapted from Sue Gallo, IHI
Activities

- State Workgroups
- March Blizzard Conference
- Action Period Calls
- Regional Conferences
- Social Media
- MOC
- June KPA/KPQC Conference
Summary of Recommendations

• Address primary prevention with adolescents (e.g. SAMSHA “Communities that Care” model or Anne E. Casey “Communities of Hope”).
• Consider extending coverage for mental health and substance abuse services to women of childbearing age < 185% of poverty (before and between pregnancies).
• Develop Consensus KY Guidelines for Prenatal Care of Women with Substance Abuse.
• Develop a Universal Screening for pregnant women and a referral System for positive screens.
• Implement Screening, Brief Intervention, Referral to Treatment (SBIRT) in provider offices by providing Medicaid payment and trainings for this service.
• Hospitals should develop a protocol for testing infants at risk.
• Develop Consensus Guidelines for Management of NAS.
• Build systems of Support for the mother/caregiver and the infant through the first 2-3 years.

October 2012
Summary of Recommendations

• Extend and Focus KIDS NOW Substance abuse in pregnancy program on case management.
• Develop support for Grandparents caring for Substance Exposed Infants.
• Develop a system of ready access to health care professionals & supports for affected families.
• Increase awareness of substance abuse needs in the child welfare system.
• Host a Governor’s Summit on this topic to create a unified ACTION AGENDA.
• Establish a coordinating body to implement the Action Agenda.
• Leverage Medicaid options.
• Establish baseline measures for monitoring this problem.
• Increase access to and oversight of Medication Assisted Treatment within Opioid Treatment Programs.
• Increase the residential treatment facilities available for pregnant women/women with children.
NAS Symposium
Quality Improvement Projects in Kentucky: Making A Difference

Day 1 – Thursday, March 5, 2015
Symposium on Best Practices in Perinatal Substance Abuse and Neonatal Abstinence

Pregnancy and Opioid Dependence: Challenges and Approaches.  Dr. Loretta Finnegan

Moving Toward Best Practice in Kentucky: Lessons Learned in Treating Substance Using Moms.  Dr. Agatha Critchfield

Neonatal Opioid Abstinence – 2015.  Dr. Loretta Finnegan
NAS Symposium
Quality Improvement Projects in Kentucky: Making A Difference

Day 2 – Friday, March 6, 2015
KY’s Quality Improvement Collaborative NAS Project

Breakouts - Launching the KY NAS Project
- Medical Guidelines for treating NAS Babies in the NAS project
  Dr. Henrietta Bada and Dr. Lori Devlin
- Non-pharmacological Interventions for treating NAS Babies
  Dr. Eric Reynolds

Finnegan Scoring: Consistency and Interpretation
  Dr. Loretta Finnegan

QI Project & Assignments for team time
Hospital Team Time - QI work plan development
“Care of the Newborn Experiencing Drug Withdrawal”

DVD recommended by Dr. Finnegan

“Care of the Newborn Experiencing Drug Withdrawal” © 2014 - 22 min.
Washington State University, Spokane

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309-324-7322
reynolds@wsu.edu
# Action Period Calls

<table>
<thead>
<tr>
<th>18 teams voting</th>
<th>1 not helpful</th>
<th>2 somewhat helpful</th>
<th>3 yes, this would help</th>
<th>4 very helpful for us</th>
<th>5 extremely helpful, necessary for success</th>
<th>WEIGHTED SCORE</th>
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<tbody>
<tr>
<td>Update on new literature related to NAS</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>80</td>
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<tr>
<td>Sharing what other hospitals are doing</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>10</td>
<td>75</td>
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<tr>
<td>Hearing best practices from other states</td>
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<td>2</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>67</td>
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<tr>
<td>Mini-presentations (15min) on relevant topics</td>
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<td>2</td>
<td>6</td>
<td>10</td>
<td>0</td>
<td>62</td>
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<tr>
<td>General Q&amp;A</td>
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<td>1</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>59</td>
</tr>
<tr>
<td>Learning in detail what one or two hospitals are doing in their QI projects</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>59</td>
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Action Period Calls

• Literature Update
• Topics
  – Barriers to Data Collection
  – Building a Storyboard
  – Breastfeeding and NAS
  – Grant Review
  – Donabedian Quality of Care Framework
  – Beyond the Stigma of Addiction: Caring for Families of NAS Patients
  – A Journey to Freedom: Using a trauma informed approach with women who are pregnant and parenting and substance use disordered
  – Focus on Upcoming Learning Sessions
Regional Conferences

2015
• Lexington
• Owensboro
• Pikeville

Winter 2016
• Lexington
• Madisonville
• London
Social Media

• Website - http://www.kentuckyperinatal.com/kpqc/
• Facebook
• Twitter
• Others?
## Key Drivers

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<tr>
<th>Key Drivers</th>
<th>Secondary Drivers</th>
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| Provision of optimal non-pharmacologic measures to manage NAS | - Education of frontline care givers on non-pharmacologic alternatives (swaddling, calm environment, pacifier)  
                                                                - Maximization of developmental care through OT, child life, music therapy, massage etc. |
| Standardized NAS symptom scoring           | - Education to nurses of NAS scoring                                              |
| Standardized medication initiation and weaning | - Confirmation of NAS scores by multiple caregivers                             |
| Utilization of multi-disciplinary support systems | - Development and implementation of an evidenced based standard protocol        |
|                                            | - Optimize communication between multi-disciplinary team members and families    |
|                                            | - Form NAS care teams                                                           |
SAVE THE DATE
Sunday, June 5, 2016
Lake Cumberland State Park
Run Chart for Length of Stay (Days) for All Cases

September 2015
## All KPQC Reports

<table>
<thead>
<tr>
<th></th>
<th>Sep – Dec 2015</th>
<th>All Cases</th>
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<tbody>
<tr>
<td>Total Reported</td>
<td>203</td>
<td>1092</td>
</tr>
<tr>
<td>#/ % Inborn</td>
<td>169 (83.3%)</td>
<td>827 (75.7%)</td>
</tr>
<tr>
<td>#/ % with Finnegan Scoring</td>
<td>170 (83.7%)</td>
<td>935 (86.2%)</td>
</tr>
<tr>
<td>#/ % on Pharmacologic Treatment</td>
<td>81 (40.1%)</td>
<td>527 (49.1%)</td>
</tr>
<tr>
<td>#/ % using Nicotine During Pregnancy</td>
<td>138 (79.3%)</td>
<td>768 (80.8%)</td>
</tr>
<tr>
<td>#/ % using SSRIs During Pregnancy</td>
<td>19 (11.4%)</td>
<td>94 (10.5%)</td>
</tr>
<tr>
<td>#/ % of Mothers in a Treatment Program</td>
<td>79 (44.1%)</td>
<td>463 (48.1%)</td>
</tr>
<tr>
<td>#/ % of Mothers with Hx Multi-Drug Use</td>
<td>88 (43.3%)</td>
<td>554 (50.7%)</td>
</tr>
<tr>
<td>Average Length of Stay (Days)</td>
<td>12.7</td>
<td>16.8</td>
</tr>
<tr>
<td>Rank</td>
<td>Drug Description</td>
<td>Percentage</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1.</td>
<td>Buprenorphine</td>
<td>45.5%</td>
</tr>
<tr>
<td>2.</td>
<td>Other Opiates*</td>
<td>31.6%</td>
</tr>
<tr>
<td>3.</td>
<td>Cannabinoid</td>
<td>21.5%</td>
</tr>
<tr>
<td>4.</td>
<td>Heroin</td>
<td>15.9%</td>
</tr>
<tr>
<td>5.</td>
<td>Benzodiazepines</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

*Other Opiates includes Codeine, Hydrocodone, Hydromorphone, Morphine, Methadone, Meperidine, Propoxyphene
08:00 - 08:30  Welcome and Overview of the NAS Data  
Scott D. Duncan, MD, MHA

08:30 - 09:30  Medical Management  
Lori Devlin-Phinney, DO, MHA

09:30 - 10:30  Non-Pharmacologic Management – Best Practices  
Eric Reynolds, MD, MPH

10:30 - 10:45  BREAK

10:45 - 11:45  Overcoming Stigma in Addiction Disorders  
Scott Duncan, MD, MHA

11:45 - 12:00  Introduction of New Drivers  
Scott Duncan, MD, MHA

12:00 - 12:30  Working Lunch

12:30 - 02:00  PDSA Cycles and Driver Diagrams – What’s the Link?  
Hannah Fischer, MD

02:00 - 02:30  Group Reports

02:30  Adjourn – Drive Safe!