Perinatal Quality Collaborative of North Carolina

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Comprehensively Lessening Opioid Use Disorder Impact Charter

CLOUDI CHARTER

Problem Statement:

The opioid epidemic is a profound public health crisis. In 2014, 92 million, or 37.8% of adults in the United States reported the use of prescription opioids. This and the availability of illicit narcotics fuels the crisis. Escalations in opioid use have been particularly profound among women of reproductive age. A greater prevalence of comorbid psychiatric disorders, gender-based violence, physical and sexual abuse, and chronic pain disorders likely contribute to disproportionate rates of opioid use and misuse among women compared with men. These demographic shifts have contributed to the rising prevalence of opioid use disorder during pregnancy.

Between 1999 and 2014, the prevalence of opioid use disorder during pregnancy increased from 1.5 to 6.5 per 1,000 hospital births per year. In 2017, there were 1,953 overdose deaths--- involving opioids in North Carolina—a rate of 19.8 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons.

Pregnancy-associated morbidity and mortality due to substance use is a major patient safety issue. Pregnancy is a unique opportunity to address the complex and often challenging health needs of women with opioid use disorder and provide interventions that can improve maternal and child health well beyond the perinatal period.

Each year, an estimated 15 percent of infants are affected by prenatal alcohol or illicit and prescription drug exposure. Prenatal exposure to alcohol, tobacco, and other drugs has the potential to cause a wide spectrum of physical and developmental challenges for these infants. There is also potential for ongoing challenges in the stability and well-being of infants who have been prenatally exposed, and their families if substance use disorders are not addressed with appropriate treatment and long-term recovery support.

Neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS) is a drug withdrawal syndrome in newborns following birth. The most recent data on the rate of babies born with NAS/NOWS in North Carolina is from 2014 hospital discharge data. From 2008 to 2014, the rate of NAS/NOWS increased from 1.8 cases per 1,000 hospital births to 8.2 cases per 1,000 hospital births.

The Perinatal Quality Collaborative of North Carolina will address this through an initiative that addresses issues relevant to the care of both moms and babies.

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FOR MOMS

Mission:

Decrease complications of OUD in pregnancy by optimizing the care for women through screening, education, resource mapping, access to treatment services, and protocols for all stages of pregnancy including postpartum care in all locations where care is received

Aim:

Working with perinatal quality improvement teams in participating centers the initiative will focus on:

- Develop protocols for antepartum, intrapartum, and postpartum care
    - Universal Screening / Toxicology screening - how to introduce, implement, consent
    - Labor & Delivery Pain Management
    - Breastfeeding
    - Induction on to MAT
    - NAS - Plan of Safe Care
- Screening every pregnant patient for OUD with a validated screening tool
- Referral: Use an evidence-based tool to assess for SU during a person's initial OB appointment and provide immediate referrals to SA treatment providers
- Assessing readiness for and starting Medication-Assisted Treatment (MAT) and linking to Recovery Treatment Programs
- Education/Training for Medical Residents: Educate residents about perinatal SA and encourage X waiver training and the importance of using their X waivers once trained.
- Educate nurses and lactation consultants about the positive effects of breastfeeding post-birth for mothers with OUD
- Establish and coordinated referral system with BH providers, MAT providers, drug courts, prisons, and shelters.
- Designate a care coordinator to arrange referrals between the trans disciplinary team.
- Develop a provider/staff training of stigma, trauma-informed care of OUD, MAT, etc.
- Reduce stigma and bias across the clinical team

Scope:

Working with perinatal quality improvement teams in participating centers the initiative will focus on the time between the admission and discharge of the mom diagnosed with OUD.

Method:

Invite teams from delivery units to participate in the collaborative organized by PQCNC to include learning sessions, web conferencing and coaching to support perinatal quality improvement teams (PQIT's) to use quality improvement strategies to implement elements of the action plan

Measurement Strategy includes:

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FOR BABIES

Mission:

Via a statewide NAS collaboration, provide the facilitation, education and support necessary to develop standards of care within in NC hospitals for the NAS population.

Aim:

- Create a multidisciplinary hospital based community focused on providing a standardized approach to the identification, evaluation, treatment and discharge of the NAS infant and family.
- Assess the effectiveness of Eat Sleep and Console practices in hospitals employing ESC as a method to assess and treat infants at risk for NAS
- Increase inter-rater reliability scoring of NAS infants in hospitals using the modified Finnegan to manage NAS infants.
- Adherence to hospital based NAS non-pharmacologic and pharmacologic treatment bundles
- Educate nurses and lactation consultants about the positive effects of breastfeeding post-birth to reduce NAS symptoms
- Increase in partnership with families in the care of their NAS babies. The latter will be demonstrated by a bundle of process measures that includes support for breastfeeding, regular parent visitation, and parent participation in NAS scoring of infants.
- Create a safe discharge to home program for NAS infants and parents/families.
- Infants receive ongoing assessments via care and connections with informed and trained medical providers

Scope:

Working with perinatal quality improvement teams in participating centers the initiative will focus on the time between the admission of the infant and the discharge of the infant diagnosed with NAS, encouraging maternal infant bonding and breastfeeding and insuring that the infant's providers are briefed on the course of hospitalization.

Method:

Invite teams from NICU's and Nurseries to participate in the collaborative organized by PQCNC to include learning sessions, web conferencing and coaching to support perinatal quality improvement teams (PQIT's) to use quality improvement strategies to implement elements of the action plan

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Measurement Strategy includes:

1. Number of infants diagnosed as at risk for NAS, number diagnosed with NAS
2. % of infants diagnosed with NAS requiring pharmacologic treatment
3. % deviations from consistent use of a single primary medication in a facility
4. LOS for infants requiring pharmacologic treatment
5. % Parent participation based on skin to skin time, bedside time, feedings performed by parents, breastfeeding, lactation support, rooming in by parents, participation in scoring by parents
6. % Infants cared for in single room
7. % of infants ever breastfed, % of infants breastfeeding at DC
8. % of infants requiring rescue dosing at a facility
9. % of infants requiring dosing increases at a facility
10. % of infants discharged home on medication
11. % of infants with follow up appointment arranged at discharge
12. % of cases in which there was a verbal handoff to follow up provider

Bundles of care which require full adherence in order for a patient's care to be counted as compliant:

Non-Pharm:

- Breastfeeding or lactation consult if not breastfeeding
- Parents Skin to Skin Once During stay (or more)
-
- If infant not held by parent or family member, held by volunteer or "cuddler"

Pharm:

- Primary med is one recommended by hospital
- Escalations $\leq$ 1 during stay
- Rescues $\leq$ 1 during stay
- Verbal communication of plan of treatment and follow up to outpatient doc