

Perinatal Quality Collaborative of North Carolina

Neonatal Abstinence Syndrome Initiative 2 Charter



NAS CHARTER

Problem Statement:

A recent national study indicated that illicit drug use is 16.2% among pregnant teens and 7.4% among pregnant women aged 18 to 25 years. Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome in newborns following birth. The rates from NAS have risen more than 240% in North Carolina over the last five years. While this is a growing patient population in our hospitals there are no nationally recognized standards of care or treatment. Additionally, there is wide variation in the care treatment offered such infants across and within hospitals in North Carolina.

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. There will be a 75% increase in inter-rater reliability scoring of NAS infants in hospitals, 75% adherence to hospital based NAS non-pharmacologic and pharmacologic treatment bundles and there will be a 50% 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.

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.

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



Measurement Strategy includes:

1. Number of infants 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 requiring rescue dosing at a facility
8. % of infants requiring dosing increases at a facility
9. % of infants discharged home on medication
10. % of infants with follow up appointment arranged at discharge
11. % 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)
- Parents Participate in Scoring 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 ≤ 1 during stay
- Rescues ≤ 1 during stay
- Verbal communication of plan of treatment and follow up to outpatient doc