PA PQC Quality Improvement (QI) Collaborative Virtual Session
Inter-Rater Reliability for NAS Scoring
April 8, 2020
Agenda

1. **Introduction & Review of the PA PQC’s Survey Dashboard** – Robert Ferguson, MPH, Chief Policy Officer, Jewish Healthcare Foundation (JHF)

2. **Peer-to-Peer Learning & Q&A** – Facilitated by Nichole Parker, MSN RN, NICU Staff RN, Penn Medicine Chester County Hospital

3. **Wrap Up** – Pauline Taylor, Program Specialist, JHF
Peer-to-Peer Learning

Each PA PQC hospital team on the Zoom call will have an opportunity to respond to the questions below:

1. How would you describe your experience with NAS inter-rater reliability? What has worked well (successes)? What hasn’t worked well (challenges)?

2. What aspect of NAS screening and inter-rater reliability scoring would you like to learn more about?

3. How has COVID-19 affected this process?

Participating PA PQC hospital teams:

Abington Hospital - Jefferson Health
Allegheny Health Network
Doylestown Hospital
Einstein Medical Center Montgomery
Geisinger Community Medical Center
Geisinger Lewistown Hospital
Geisinger Medical Center
Geisinger Wyoming Valley Medical Center

Holy Redeemer
Hospital of the University of Penn.
Lankenau MC/MLHS
UPMC Magee-Womens Hospital
UPMC Pinnacle Harrisburg
Penn State Hersey Medical Center
Pennsylvania Hospital

Reading Hospital
St. Luke's University Hospital
St. Clair Hospital
Thomas Jefferson University
Wayne Memorial Hospital
WellSpan Health
PA PQC’s Three Aims

✓ Reduce maternal mortality and morbidity
✓ Improve Identification of and Care for Pregnant and Postpartum Women with Opioid Use Disorders (OUD)
✓ Improve Identification of and Care for Opioid-Exposed Newborns (OEN)
Journey through the PA PQC

- Form a Team
- Participate in Learning Collaboratives
- Launch Quality Improvement Projects
- Access Resources (e.g., QI Virtual Collaborative Meetings)
- Report Aggregate Data and Surveys
### Today’s Focus ➔

**SMART Objective and Primary Aim**
1. Decrease hospital LOS for NAS by 1 day by December 2019 and 2 days by September 2020

**Secondary Aim**
2. Increase identification of OENs and diagnosed NAS
3. Increase percentage of OENs who receive non-pharmacologic treatment
4. Increase breastfeeding by 5% among mothers with OUD within one year
5. Increase recommended well-child visits through 15 months

**PA PQC NAS Driver Diagram**

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<thead>
<tr>
<th>AIMS</th>
<th>KEY DRIVERS</th>
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| • Optimize the health and well-being of pregnant women with OUD and their infants  
• Increase standardized, compassionate care for Opioid-Exposed Newborns (OEN) | Standardize compassionate, non-judgmental maternal/infant screening, prenatal education, support, and tracking | ▪ Create and use standardized coding and documentation for SENs and NAS, including specific ICD-10 codes for OENs  
▪ Use trauma-informed principles for compassionate care for SENs and mothers  
▪ Educate staff re: OEN and NAS, trauma-informed care, and MDWISE guidelines  
▪ Develop screening criteria for prenatal identification of infants at risk for NAS  
▪ Provide family education about NAS and what to expect |
| | **Attain high reliability with NAS scoring by nursing staff** | ▪ Train hospitals on validated screens for NAS (e.g., Finnegan and Eat, Sleep, Console)  
▪ RN staff at Level 2 and 3 NICUs complete NAS scoring training and achieve 90% reliability with a validated screen (e.g., Finnegan and Eat, Sleep Console) |
| | Adherence to standardized non-pharmacological measures for all OENs | ▪ Create and use NAS order sets  
▪ Ensure each facility has a standardized protocol and adheres to it  
▪ Create standardized prenatal consult template and pamphlet to help families understand beginning to end the process of their hospital stay  
▪ Rooming-in (with safety measures) where the parent is present throughout stay  
▪ Promote Kangaroo care (skin-to-skin contact)  
▪ Swaddling, rocking, dimmed lighting, limited visitors, quiet environment  
▪ Establish breastfeeding guidelines and support breastfeeding guidelines  
▪ Use empowering messaging to engage the mother |
| | Standardize medical management of all NAS patients | ▪ Create and use EHR order sets  
▪ Create standardized prenatal consult template and pamphlet to help families understand beginning to end the process of their hospital stay  
▪ Initiate Rx if NAS score ≥ 8 three times  
▪ Stabilization / Escalation Phase |

Review of the PA PQC’s NAS Survey Dashboard
Inter-Rater Reliability

The level of agreement between scorers or raters when using the same tool.

1. One team member performs the exam, while the second observes
2. Both team members independently score the infant
3. Count up the number of agreements without discussion
4. Calculate the reliability percentage (% agreement between two RNs on the assessment items)

General goal: ≥ 90% agreement
NAS Assessment Training

EATING, SLEEPING, CONSOLING (ESC) NEONATAL ABSTINENCE SYNDROME (NAS) CARE TOOL

Instructional Manual
1st Edition
Matthew Grooman, MD
Swan Minors, MD
Bonny Washmo, MD
Eliska Wachman, MD

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Finnegan Scoring Training
https://www.neoadvances.com/program.html
Let’s Start with the Experience of Today’s Content Expert

Nichole Parker, MSN RN, NICU Staff RN, Penn Medicine Chester County Hospital
Peer-to-Peer Learning, Brainstorming, and Q&A

1. How would you describe your experience with NAS inter-rater reliability?
   1. What has worked well (successes)?
   2. What hasn’t worked well (challenges)?

2. What aspect of NAS screening and inter-rater reliability scoring would you like to learn more about?

3. Has COVID-19 affected this process?
Wrap-Up

Pauline Taylor, CQIA, Program Specialist
## Upcoming Sessions

https://www.whamglobal.org/member-content/register-for-sessions

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<tr>
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<tbody>
<tr>
<td>April 8 11am to 12pm</td>
<td>QI Collaborative Virtual Meeting</td>
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<tr>
<td>May 13 11am to 12pm</td>
<td>QI Collaborative Virtual Meeting</td>
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<td><strong>June 11 830am to 4pm</strong></td>
<td><strong>Learning Collaborative</strong></td>
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<td>July 8 11am to 12pm</td>
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<td>August 12 11am to 12pm</td>
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<td><strong>September 3 830am to 4pm</strong></td>
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<td>October 14 11am to 12pm</td>
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<td><strong>December 16 830am to 4pm</strong></td>
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Thank You!

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