

# PA PQC NAS Driver Diagram

## AIMs

## KEY DRIVERS

## INTERVENTIONS

| <u>AIMs</u>  | <u>KEY DRIVERS</u>  | <u>INTERVENTIONS</u>  |
|--|---|---|
| <ul style="list-style-type: none"> <li>Optimize the health and well-being of pregnant women with OUD and their infants</li> <li>Increase standardized, compassionate care for Opioid-Exposed Newborns (OEN)</li> </ul>   | <p>Standardize compassionate, non-judgmental maternal/infant screening, prenatal education, support, and tracking</p> | <ul style="list-style-type: none"> <li>Create and use standardized coding and documentation for SENs and NAS, including specific ICD-10 codes for OENs</li> <li>Use trauma-informed principles for compassionate care for SENs and mothers</li> <li>Educate staff re: OEN and NAS, trauma-informed care, and MDWISE guidelines</li> <li>Develop screening criteria for prenatal identification of infants at risk for NAS</li> <li>Provide family education about NAS and what to expect</li> </ul>   |
| <p><b>SMART Objective and Primary Aim</b></p> <ol style="list-style-type: none"> <li>Decrease hospital LOS for NAS by 1 day by December 2019 and 2 days by September 2020</li> </ol> <p><b>Secondary Aim</b></p> <ol style="list-style-type: none"> <li>Increase identification of OENs and diagnosed NAS</li> <li>Increase percentage of OENs who receive non-pharmacologic treatment</li> <li>Increase breastfeeding by 5% among mothers with OUD within one year</li> <li>Increase recommended well-child visits through 15 months</li> </ol> | <p>Attain high reliability with NAS scoring by nursing staff</p>  | <ul style="list-style-type: none"> <li>Train hospitals on validated screens for NAS (e.g., Finnegan and Eat, Sleep, Console)</li> <li>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)</li> </ul>  |
| <p><b>Tertiary Aims</b></p> <ol style="list-style-type: none"> <li>Increase % of infants who stay with their families during the stay and go home with their mother</li> <li>Increase safe and optimized discharge plans for OENs</li> <li>Increase linkage to pediatrician or PCP</li> <li>Increase percentage of babies referred to and seen by Early Intervention services</li> </ol>   | <p>Adherence to standardized non-pharmacological measures for all OENs</p>  | <ul style="list-style-type: none"> <li>Create and use NAS order sets</li> <li>Ensure each facility has a standardized protocol and adheres to it</li> <li>Create standardized prenatal consult template and pamphlet to help families understand beginning to end the process of their hospital stay</li> <li>Rooming-in (with safety measures) where the parent is present throughout stay</li> <li>Promote Kangaroo care (skin-to-skin contact)</li> <li>Swaddling, rocking, dimmed lighting, limited visitors, quiet environment</li> <li>Establish breastmilk guidelines and support breastfeeding guidelines</li> <li>Use empowering messaging to engage the mother</li> </ul> |
|  | <p>Standardize medical management of all NAS patients</p>   | <ul style="list-style-type: none"> <li>Create and use EHR order sets</li> <li>Create standardized prenatal consult template and pamphlet to help families understand beginning to end the process of their hospital stay</li> <li>Initiate Rx if NAS score <math>\geq 8</math> three times</li> <li>Stabilization / Escalation Phase</li> <li>Wean when stable for 48 hrs by 10% daily</li> </ul>   |
|  | <p>Ensure Safe Discharge</p>  | <ul style="list-style-type: none"> <li>Partner with families to establish plans of care for the infant, using MDWISE guidelines</li> <li>Collaborate with social and child services to ensure infant safety</li> <li>Provide home visits post-discharge with counties and health plans</li> <li>Follow-up to ensure that the plans of safe care are adopted (MDWISE)</li> </ul>   |
|  | <p>Support Mother/Infant Dyad</p>   | <ul style="list-style-type: none"> <li>Connect dyad to wrap around supports and treatment prior to discharge</li> <li>Facilitate communication with Pediatrician and PCP</li> <li>Provide training to pediatricians for managing mother/infant dyad post-discharge</li> <li>Provide lactation support</li> <li>Use Cuddler Program to free up mom for treatment</li> <li>Follow the mother/infant dyad for up to 18 months</li> <li>Link babies to Early Intervention (EI) Services.</li> <li>Prepare mom for post-discharge, home-based services</li> </ul>  |