

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"> Optimize the health and well-being of pregnant women with OUD and their infants Increase standardized, compassionate care for Opioid-Exposed Newborns (OEN) 	<p>Standardize compassionate, non-judgmental maternal/infant screening, prenatal education, support, and tracking</p>	<ul style="list-style-type: none"> 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
<p>SMART Objective and Primary Aim</p> <ol style="list-style-type: none"> Decrease hospital LOS for NAS by 1 day by December 2019 and 2 days by September 2020 <p>Secondary Aim</p> <ol style="list-style-type: none"> Increase identification of OENs and diagnosed NAS Increase percentage of OENs who receive non-pharmacologic treatment Increase breastfeeding by 5% among mothers with OUD within one year Increase recommended well-child visits through 15 months <p>Tertiary Aims</p> <ol style="list-style-type: none"> Increase % of infants who stay with their families during the stay and go home with their mother Increase safe and optimized discharge plans for OENs Increase linkage to pediatrician or PCP Increase percentage of babies referred to and seen by Early Intervention services 	<p>Attain high reliability with NAS scoring by nursing staff</p>	<ul style="list-style-type: none"> 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)
	<p>Adherence to standardized non-pharmacological measures for all OENs</p>	<ul style="list-style-type: none"> 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 breastmilk guidelines and support breastfeeding guidelines Use empowering messaging to engage the mother
	<p>Standardize medical management of all NAS patients</p>	<ul style="list-style-type: none"> 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 Wean when stable for 48 hrs by 10% daily
	<p>Ensure Safe Discharge</p>	<ul style="list-style-type: none"> Partner with families to establish plans of care for the infant, using MDWISE guidelines Collaborate with social and child services to ensure infant safety Provide home visits post-discharge with counties and health plans Follow-up to ensure that the plans of safe care are adopted (MDWISE)
	<p>Support Mother/Infant Dyad</p>	<ul style="list-style-type: none"> Connect dyad to wrap around supports and treatment prior to discharge Facilitate communication with Pediatrician and PCP Provide training to pediatricians for managing mother/infant dyad post-discharge Provide lactation support Use Cuddler Program to free up mom for treatment Follow the mother/infant dyad for up to 18 months Link babies to Early Intervention (EI) Services. Prepare mom for post-discharge, home-based services