

Pennsylvania Perinatal Quality Collaborative

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

Agenda

- Introduction & Review of the PA PQC's Survey Dashboard Robert Ferguson, MPH, Chief Policy Officer, Jewish Healthcare Foundation (JHF)
- 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:

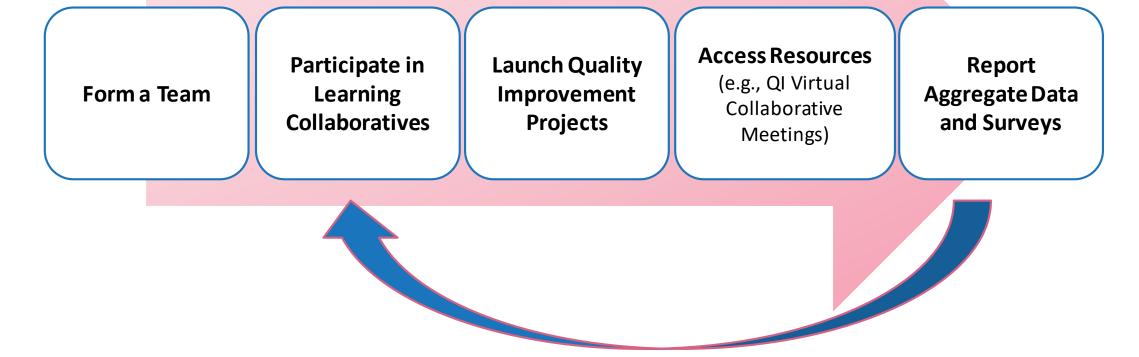
Abington Hospital - Jefferson Health Allegheny Health Network Doylestown Hospital Einstein Medical Center Montgomery Geisinger Community Medical Center Geisinger Lewistown Hospital Geisinger Medical Center Geisinger Wyoming Valley Medical Center Holy Redeemer
Hospital of the University of Penn.
Lankenau 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



PA PQC NAS Driver Diagram

AIMS KEY DRIVERS INTERVENTIONS

- 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

Today's Focus →

SMART Objective and Primary Aim

 Decrease hospital LOS for NAS by 1 day by December 2019 and 2 days by September 2020

Secondary Aim

- Increase identification of OENs and diagnosed NAS
- 3. 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

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%
- 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 OFNs

- 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

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

https://www.whamglobal.org/images/PA_PQC_NAS_Driver_Diagram.pdf

Review of the PA PQC's NAS Survey Dashboard

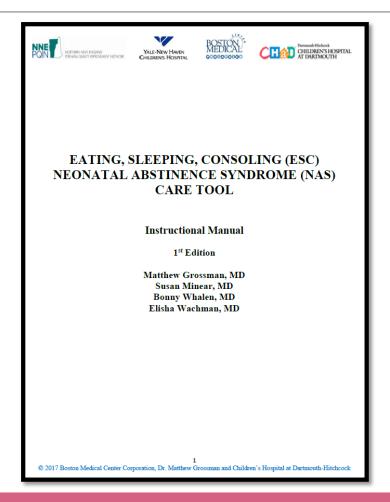
Inter-Rater Reliability

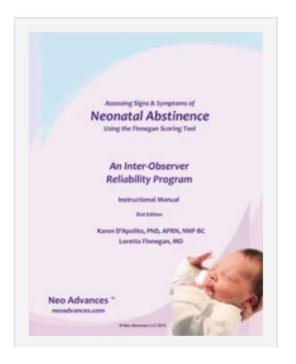
The level of agreement between scorers or raters when using the same tool.

- 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





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

Date	Details
April 8 11am to 12pm	QI Collaborative Virtual Meeting
May 13 11am to 12pm	QI Collaborative Virtual Meeting
June 11 830am to 4pm	Learning Collaborative
July 8 11am to 12pm	QI Collaborative Virtual Meeting
August 12 11am to 12pm	QI Collaborative Virtual Meeting
September 3 830am to 4pm	Learning Collaborative
October 14 11am to 12pm	QI Collaborative Virtual Meeting
December 16 830am to 4pm	Learning Collaborative

Thank You!

PA PQC

NEPaPQC

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Frequently Asked Questions: https://www.whamglobal.org/images/PA_PQC_FAQ.pdf