Neonatal Abstinence Syndrome (NAS) Initiative

NAS Data Collection: Definitions, Procedures and Tools
Welcome!

• Please enter your Audio PIN on your phone so we can un-mute you for discussion

• If you have a question, please enter it in the Question box or Raise your hand to be unmuted

• This webinar is being recorded

• Please provide feedback on our post-webinar survey
Agenda

- Key Driver Diagram
- Definition and ICD-10 codes
- Inclusion and Exclusion Criteria
- Type and Frequency of Data Collection
- Data Collection Tools
- Upcoming Webinars
Save the Date: April 4-5, Tampa
FPQC 2019 Conference

Racial/ethnic disparities in maternal mortality & morbidity – Elizabeth Howell, MD, MPP
Professor of Population Health Sciences & Policy, Obstetrics, Gynecology, and Reproductive Science, & Psychiatry, Mount Sinai Health System

Parent topic – Lelis Vernon
NICU Mom, National Network of Perinatal Quality Collaboratives, Patient and Family Centered Care advocate

Racial/ethnic disparities in NICU care quality – Jochen Profit, MD
Associate Professor of Pediatrics (Neonatology), Stanford University

Change Management – Bethany Robertson, DNP, CNM
Assistant Professor Clinical, Emory University

For More Information, go to www.fpqc.org
By 6/2020, FPQC participating hospitals will have a 20% decrease in average length of stay\textsuperscript{1,2} for infants ≥37 weeks GA diagnosed with NAS regardless of inpatient hospital location.

\textsuperscript{1} Baseline length of stay pending – derived from an average of each hospital’s baseline LOS
\textsuperscript{2} Length of stay starts with date of birth and ends with date of final disposition.
NAS Definition

Neonatal abstinence syndrome (NAS)

A

Maternal history of recent use of opioid-containing drugs (prescription or illicit)

± laboratory confirmation of recent maternal use and/or fetal drug exposure

B

C
NAS Definition

Neonatal abstinence syndrome (NAS)

A
Maternal history of recent use of opioid-containing drugs (prescription or illicit)
± laboratory confirmation of recent maternal use and/or fetal drug exposure

B
Clinical signs not explained by another etiology (e.g., sepsis, intracranial hemorrhage, hypocalcemia)

C
- Continuous, excessive, or high-pitched cry
- Hypertonia
- Exaggerated tremors
- Myoclonus
- Hyperactive Moro reflex
- Poor sleep
- Poor feeding
- Seizures

- Autonomic overreactivity
  - Sneezing
  - Nasal congestion
  - Frequent yawning
  - Fever
  - Cutaneous mottling

- Gastrointestinal hypermotility
  - Excessive regurgitation and/or vomiting
  - Loose or watery stools

- Respiratory
  - Tachypnea
  - Respiratory distress
NAS Definition

Neonatal abstinence syndrome (NAS)

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Maternal history of recent use of opioid-containing drugs (prescription or illicit)

± laboratory confirmation of recent maternal use and/or fetal drug exposure

B

Clinical signs not explained by another etiology (e.g., sepsis, intracranial hemorrhage, hypocalcemia)

C

Severity of signs requires treatment for withdrawal

in the initial hospitalization for palliative non-pharmacologic care and/or pharmacologic treatment that extends beyond the facility's recommended observation period

- CNS hyperirritability
  - Continuous, excessive, or high-pitched cry
  - Hypertonia
  - Exaggerated tremors
  - Myoclonus
  - Hyperactive Moro reflex
  - Poor sleep
  - Poor feeding
  - Seizures

- Autonomic overreactivity
  - Sneezing
  - Nasal congestion
  - Frequent yawning
  - Fever
  - Cutaneous mottling

- Gastrointestinal hypermotility
  - Excessive regurgitation and/or vomiting
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- Respiratory
  - Tachypnea
  - Respiratory distress
**NAS Definition**

**Neonatal abstinence syndrome (NAS)**

- **A**: Maternal history of recent use of opioid-containing drugs (prescription or illicit)
  - ± laboratory confirmation of recent maternal use and/or fetal drug exposure

- **B**: Clinical signs not explained by another etiology (e.g., sepsis, intracranial hemorrhage, hypocalcemia)

- **C**: Severity of signs requires treatment for withdrawal
  - In the initial hospitalization for palliative non-pharmacologic care and/or pharmacologic treatment that extends beyond the facility's recommended observation period

**INCLUDED in FPQC NAS Initiative**

**NAS = B + C ± A**

**Infant ICD-10 diagnosis code**

- **P96.1**: Used to report neonates with signs of withdrawal due to antenatal exposures to illicit use or misuse of drugs
Monitoring for Withdrawal

Neonatal abstinence syndrome (NAS)

A
- Maternal history of recent use of opioid-containing drugs (prescription or illicit)
- ± laboratory confirmation of recent maternal use and/or fetal drug exposure

B
- Clinical signs not explained by another etiology (e.g., sepsis, intracranial hemorrhage, hypocalcemia)

C
- Severity of signs requires treatment for withdrawal
  - In the initial hospitalization for palliative non-pharmacologic care and/or pharmacologic treatment that extends beyond the facility's recommended observation period

DO NOT INCLUDE in FPQC NAS Initiative
Monitoring = A

Infant ICD-10 diagnosis code
P04.49
Newborn (suspected to be) affected by maternal use of drugs of addiction
ICD-10 CODES

NAS diagnosis

P96.1
Used to report neonates with signs of withdrawal due to antenatal exposures to illicit use or misuse of drugs

Monitoring for Withdrawal

P04.49
Newborn (suspected to be) affected by maternal use of drugs of addiction
### Inclusion and Exclusion Criteria

<table>
<thead>
<tr>
<th>INCLUDES</th>
<th>EXCLUDES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gestational age ≥37 weeks</td>
<td>• Observation for possible NAS</td>
</tr>
<tr>
<td>• Infant admitted in any hospital location with <strong>NAS diagnosis</strong> (ICD-10 = P96.1)</td>
<td>• Readmissions</td>
</tr>
<tr>
<td>• Clinical signs</td>
<td>• Iatrogenic withdrawal</td>
</tr>
<tr>
<td>• Severity of signs requires treatment beyond hospital observation period (non-pharmacologic and/or pharmacologic)</td>
<td>• Conditions which in themselves may prolong length of hospital stay (e.g., major congenital anomalies, genetic syndromes, HIE, surgical diagnoses)</td>
</tr>
</tbody>
</table>

+/- maternal history
+/- lab confirmation
NAS Data Measurement Grid

Neonatal Abstinence Syndrome Initiative
Measurement Grid

Definition of NAS (Inclusion Criteria): Any infant ≥ 37 0/7 weeks gestational age admitted in any inpatient hospital location with all of the following: 1) NAS signs not explained by another etiology (e.g., sepsis, intracranial hemorrhage, hypocalcemia) AND 2) severity of NAS requires treatment (nonpharmacologic or pharmacologic) that extends beyond the facility’s recommended observation period.

Definition of NAS (Exclusion Criteria): Exclude the following: 1) infants readmitted for management of NAS signs; 2) infants with iatrogenic withdrawal (ICD-10 code P96.2) defined as neonates who require opioids to prevent or treat signs of withdrawal following prolonged use of opioids for valid medical conditions (e.g., extracorporeal life support, or treatment of pain after surgical procedures); 3) conditions which in themselves may prolong length of hospital stay (e.g., major congenital anomalies, genetic syndromes, HIE, surgical diagnoses).

NOTE: These measures are subject to change during the process of finalizing data collection and reporting tools.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcome Measure</th>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Length of Stay</td>
<td>Numerator: Total # of days of each infant’s duration of hospitalization (i.e., date of final disposition minus date of birth) Denominator: # of infants ≥37 0/7 weeks GA admitted anywhere in the hospital with a diagnosis of NAS</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Process Measures</th>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NAS education bundle compliance for staff and providers</td>
<td>Bundle includes: 1) trauma-informed care, 2) psychology of addiction, 3) motivational interviewing, and 4) NAS signs, scoring, and non-pharmacologic techniques. Nurses: Numerator: # of nurses who received education on EACH topic of the NAS education bundle to date Denominator: Total # of nurses who care for NAS infants to date Providers: Numerator: # of advance practice nurses (ARNPs, PAs), and physicians who received education on EACH topic of the NAS education bundle to date Denominator: Total # of advanced practice nurses (ARNPs, PAs) and physicians who care for NAS infants to date Exclusion: Obstetric providers</td>
<td>Quarterly (cumulative % for EACH individual topic)</td>
</tr>
</tbody>
</table>
Data type and frequency of reporting

**Monthly**
- Patient level data
  - Pharmacologic management
  - Rooming-in
  - Safe discharge, etc.

**Auto-submission**
- Parent engagement survey

**Quarterly**
- Action level data
  - Staff education
  - Inter-rater reliability with scoring tool
Data type and frequency of reporting

- **Monthly**
  - **Patient level data**
    - Pharmacologic management
    - Rooming-in
    - Safe discharge, etc.
  - **Submit data on each infant with a diagnosis of NAS**

- **Auto-submission**
  - **Parent engagement survey**

- **Quarterly**
  - **Action level data**
    - Staff education
    - Inter-rater reliability with scoring tool
**NAS Data Collection Sheet**

- **Study ID**: Start with 001 and add consecutively for each infant throughout the initiative.

- Please keep a record of the infant’s medical record number (or/and other identifiable information) with the assigned Study ID.

- This will be helpful for data validation, verification or corrections.
Length of stay

- Main outcome measure or primary aim of NAS initiative
- Total # of days the infant was hospitalized
- Starts with date of birth and ends with date of final disposition
Discharged when Medically Cleared

- Assess impact on length of stay
- Address possible causes and solutions
- Hospital defines “Medically Cleared”

**ON INITIAL DISPOSITION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the infant discharged when medically cleared?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Reason for delayed discharge</td>
<td>Caregiver related, Hospital related, DCF related, Other</td>
</tr>
<tr>
<td>Date medically cleared</td>
<td></td>
</tr>
</tbody>
</table>

* must provide value
Primary caregiver NAS education bundle

Bundle includes:
- Safe Sleep
- Expectations of hospital stay
- Shaken Baby Syndrome
- Postpartum Depression
- NAS signs and nonpharmacologic techniques

Documented completion of ALL topics of the NAS education bundle

Only 1 parent or primary caregiver needs to receive education bundle per NAS infant

Exclusion: foster care only requires NAS signs and nonpharmacologic techniques; non-biological mother placement does not require postpartum depression
Rooming-in frequency

Number of **days** where parent, other caregiver and/or hospital “cuddler” visit with the infant for $\geq 6$ **hours/day**
Sample rooming-in data collection tool

NAS Project: Rooming-in Data Collection Tool

Record estimated number of hours each shift that parent, any family member or friend, or cuddler spent with baby.

<table>
<thead>
<tr>
<th>Date</th>
<th>7A-7P hours</th>
<th>7P-7A hours</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Any breast milk within first 3 days of life and at initial disposition

😊 Infants receiving any MOM (breastfeeding or EBM) within first 3 DOL and at initial disposition

😊 Exclusion: MOM contraindicated, foster care placement, mother is incarcerated, adoption, or mother in inpatient MAT or other reason (e.g. mother hospitalized for a medical reason)
### DURING INFANT ADMISSION

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOM contraindicated</td>
<td>Yes, No</td>
</tr>
<tr>
<td>* must provide value</td>
<td>Based on your hospital’s policy or guideline</td>
</tr>
<tr>
<td>Infant received MOM by DOL 3</td>
<td>Yes, No, Transferred ≥DOL 3, Not documented</td>
</tr>
<tr>
<td>* must provide value</td>
<td>Day of birth is counted as DOL 0. MOM can be provided as expressed breast milk or breastfeeding.</td>
</tr>
<tr>
<td>Infant received any MOM at initial disposition</td>
<td>Yes, No, Not documented</td>
</tr>
<tr>
<td>* must provide value</td>
<td></td>
</tr>
</tbody>
</table>
Pharmacologic management
First line medication: initiation

 Infant was **started on** your institution's **first line medication** when treatment threshold was met

 Treatment threshold is defined by your institution

 **Exclusion:** already started on medications prior to transfer
Pharmacologic management
First line medication: recommended 1st dose

 Infant was **started on** your institution's **first line** medication at the **correct** dose

 Correct drug and dose is determined by your institution

 **Exclusion:** already started on medications prior to transfer
<table>
<thead>
<tr>
<th>PHARMACOLOGIC TREATMENT</th>
</tr>
</thead>
</table>
| **Pharmacologic treatment received** | □ Yes  
□ No  
reset |
| * must provide value |
| **Select any medications administered to the infant for NAS management** | □ Morphine  
□ Methadone  
□ Phenobarbital  
□ Clonidine  
□ Other |
| * must provide value |
| **Initiation correct: was the first line medication started when treatment threshold was met?** | □ Yes  
□ No  
□ Prior to admission  
reset |
| * must provide value |
| **1st dose correct: was the first line medication started at the correct dose?** | □ Yes  
□ No  
□ Prior to admission  
reset |
| * must provide value |
After selecting the medication(s) administered to the infant, indicate:

- If the medication was first, second or third line
- Medication’s start date
- Medication’s end date
Pharmacologic management
First line medication: weaning

Infant weaned per your institution's guideline from "capture" to medication discontinuation or initial disposition (whichever comes first)

“Capture” is defined as time from peak dose of medication to first wean

Weaning parameters are determined by your institution
Sample “rounding tool” to capture weaning opportunities

<table>
<thead>
<tr>
<th>Date (MM/DD/YY)</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finnegan scores (min-max)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wean</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>If WEANED by</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>If NOT WEANED, why?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A: Scores too high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B: Not gaining weight well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C: Physician discomfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D: Nurse discomfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E: Parent discomfort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each weaning opportunity correct
* must provide value

- Yes
- No
- Documentation inconclusive
- No wean before initial disposition

Infant met ALL opportunities to be weaned from "capture" to medication discontinuation or initial disposition (whichever comes first)
Safe discharge bundle

Bundle includes:

☑ Education provided on safe sleep, hospital expectations, shaken baby syndrome, postpartum depression, NAS signs and non-pharmacologic techniques (P4)
☑ DCF report filed
☑ Discharge clearance determined
☑ Early steps referral made prior to hospital discharge
☑ Healthy Start referral made prior to hospital discharge
☑ Pediatrician appointment made within 3 business days of infant discharge

Documented completion of the topics of the NAS Safe Discharge bundle

Exclusion: infant discharged to a state outside of Florida or initial disposition is not infant discharge

*
<table>
<thead>
<tr>
<th>Safe discharge plan - select all the options that apply</th>
<th>All education provided (safe sleep, shaken baby syndrome, postpartum depression, NAS, and expectations of hospital stay)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DCF report filed</td>
</tr>
<tr>
<td></td>
<td>Discharge clearance determined</td>
</tr>
<tr>
<td></td>
<td>Early Steps referral</td>
</tr>
<tr>
<td></td>
<td>Healthy Start referral</td>
</tr>
<tr>
<td></td>
<td>Pediatrician appointment</td>
</tr>
</tbody>
</table>
Outpatient medication management for NAS

Infant **discharged** home with any **medication** to manage NAS signs

This is a key balancing measure

**Exclusion:** None
Data not related to NAS measures

Specific characteristics are also collected for each infant such as:
- Sex, Birthweight & Gestational Age
- Mother’s Race & Ethnicity
- Type of Insurance
- Barriers to visitation
- MAT status at delivery
- Drug Exposure
- Initial disposition type
- Discharged when medically cleared, if not, reasons for delayed discharge

These data will inform case composition and track population change overtime
Guidelines determined by your institution

Please determine your hospital’s guidelines for the management of NAS infants, including:

- Recommended observation period
- Treatment threshold
- 1st, 2nd and 3rd line drug and correct dose
- Weaning parameters
- Define what it entails that the infant is “medically cleared”
Guidelines determined by your institution

Please determine your hospital’s guidelines for the management of NAS infants, including:

- Recommended observation period
- Treatment threshold
- 1st, 2nd and 3rd line drug and correct dose
- Weaning parameters
- Define what it entails that the infant is “medically cleared”
Data Collection Process

1. Identify infant with NAS
2. Medical Chart Abstraction
3. Enter data in the REDCap data portal

Check Inclusion & Exclusion Criteria

Start data collection as soon as infant is diagnosed

Rooming-in & Weaning actively tracked throughout hospital stay

EHR
Data Collection

Data collection starts for infants discharged (referred to as “initial disposition”) as of January 1, 2019

“Rolling” data submission = submit when infant is discharged or transferred out

Reporting date: 7th of the following month (e.g. data for infants discharged in January is due February 7th)

Reports will be sent out by the 21st of the following month
Data type and frequency of reporting

Monthly

- Patient level data
  - Pharmacologic management
  - Rooming-in
  - Safe discharge, etc.

Auto-submission

- Parent engagement survey
  - Rolling submission

Quarterly

- Action level data
  - Staff education
  - Inter-rater reliability with scoring tool
Primary caregiver perception of “engagement” during infant’s hospitalization

- Likert scale response from parent or primary caregiver on their perception of engagement during hospitalization

- Completely anonymous – no PHI required & no paper documentation

- Voluntary to the parents

- Completed electronically before final disposition or discharge to home

- **Exclusion:** Foster care placement, mother is incarcerated, adoption, mother in inpatient MAT or hospitalized for a medical reason and transfer to another hospital
Caregiver survey

- Hospital will facilitate completion of electronic survey
- Each hospital will be provided with a unique hospital link
Data Collection Process

1. Offer survey to primary caregiver

   - Recommended Script Available
   - Use link to access survey
   - Do NOT share link
   - Select caregiver preferred language
     (Available in English, Spanish or Creole)

2. Provide caregiver with electronic device (tablet/computer) and privacy

   - Remind caregiver to click on the arrow at the end of the page to complete submission

Something positive I would like to share about my NICU/hospital experience is:
Data Collection

Offer the survey to the caregiver starting with those infants with final disposition after January 1, 2019.

Parent engagement survey report will be sent out the 21st of the month after the quarter ends (e.g. the report for Quarter 1 will be sent out April 21st).

Your facility needs to have at least 5 surveys before we can report to protect individuals.
Data type and frequency of reporting

Monthly

- Patient level data
  - Pharmacologic management
  - Rooming-in
  - Safe discharge, etc.

Auto-submission

- Parent engagement survey

Quarterly

- Action level data
  - Staff education
  - Inter-rater reliability with scoring tool

Completed Quarterly
One entry/hospital
NAS education bundle for staff and providers

Bundle includes:

- Trauma-informed care
- Psychology of addiction
- Motivational interviewing
- NAS signs, scoring, and non-pharmacologic techniques

Report cumulative percent of:

- Nurses who receive education on EACH topic of the NAS education bundle to date
- Advance practice nurses (ARNPs, PAs), and physicians who receive education on EACH topic of the NAS education bundle to date
Staff NAS education bundle

FPQC hopes to provide this education in small 15 minute segments accessible via FPQC website.

Hospitals track completion (attestation of completion, roster, etc.)
Inter-rater reliability with scoring tool

- Institution determines how to measure inter-rater reliability (FPQC will provide suggestions)
- Example: Finnegan – agree on 19/21 items; Lipsitz – agree on 10/11 items
- % of staff demonstrating ≥ 90% reliability

**Numerator:** # of current nurses who have demonstrated ≥90% inter-rater reliability with your institution's NAS scoring tool

**Denominator:** Total # of current nurses caring for NAS infants to date

**Exclusion:** institution decides which nurses to exclude (i.e. floats, core group of nurses that perform scoring, etc.)
Quarterly Data

1. Track data for staff and providers individually

2. Complete Data Collection Form with aggregate data

3. Enter data in the REDCap data portal

EHR

Quarterly Data Collection Form

Florida Perinatal Quality Collaborative
Partnersing to Improve Health Care Quality for Mothers and Babies

Neonatal Abstinence Syndrome (NAS) Initiative
Quarterly Data Collection Form

NAS education bundle compliance for nurses and providers
- Numerator: # of nurses who received education on NAS education bundle to date
- Denominator: Total # of nurses who work at the hospital to date
- Calculation: Numerator / Denominator

NAS education bundle compliance for providers
- Numerator: # of physicians who received education on NAS education bundle to date
- Denominator: Total # of physicians who work at the hospital to date
- Calculation: Numerator / Denominator

NAS education bundle compliance for both nurses and providers
- Numerator: # of nurses and providers who received education on NAS education bundle to date
- Denominator: Total # of nurses and providers who work at the hospital to date
- Calculation: Numerator / Denominator

Inter-rater reliability with scoring tool

Challenges and Opportunities

Enter data in the REDCap data portal

Partnersing to Improve Health Care Quality for Mothers and Babies

Florida Perinatal Quality Collaborative
Data Collection

Data collection starts **January 1, 2019**

- **Reporting date:** $7^{th}$ of the month after the quarter ends (e.g. Quarter 1 data is due April 7$^{th}$)

- Reports will be sent out by the $21^{st}$ of the month
Practice & Get Ready

Collect data for NAS infants discharged in December using the NAS Data Collection Sheet

If your hospital has a signed DUA, we will send you the link to REDCap, please practice entering data and contact us with any questions

This data will NOT be used for reports, it is meant for practice only
Upcoming Webinars

Will be held the 3rd Tuesday of the month at 1:00 pm

We will be sharing webinar information soon!
THANK YOU!

Technical Assistance:

erubio1@health.usf.edu

Partnering to Improve Health Care Quality
for Mothers and Babies