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
May 30-31, Lakeland Regional Medical Center

**Quality Improvement Methods Training for Perinatal Healthcare Providers**

Register at: [https://tinyurl.com/QItrainingFPQC](https://tinyurl.com/QItrainingFPQC)
New! Online Discussion Forums

Join our Infant Health Discussion Group!

Visit us @theFPQC on Facebook and find our “Groups”

Direct link: https://www.facebook.com/groups/524085044782623/
Importance of NAS scoring and inter-rater reliability

Karen Fugate MSN RNC-NIC, CPHQ
Nurse Specialist
Tampa General Hospital NICU
kfugate@tgh.org
Importance of a scoring system

- Used to quantify the severity of NAS
- Determine when pharmacological intervention is needed
- Assist in monitoring, titrating, and terminating therapy
- Help determine safe discharge

Pharmacotherapy

- Infants not allowed to develop severe abstinence
- Mildly affected infants are not treated unnecessarily
<table>
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Finnegan Neonatal Abstinence Scoring Tool (FNAST): Strengths and Weaknesses

Pros

- Established inter-rater or inter-observer reliability
- Has published definitions and training tools
- Most widely used tool
- Recommended by the AAP

Limitations

- Not intended for preterm infants
- Complex (21 items)
- Less than ideal internal consistency (Cronbach’s alpha 0.62)
- Challenging to maintain consistent inter-observer reliability

New Horizons: Functional scoring using the Eat, Sleep, Console (ESC) method

- Move away from scoring signs
- Focus on ability of infant to “function”
- Reduction in pharmacologic treatment
- Reduction in LOS
- Developing tool kit and inter-rater reliability testing
- Currently an evolving QI project – NeoQIC and NNEPQN

**YALE MODEL**

```
Eat ≥ 1 oz or breastfeed well?
  Yes
  Sleep ≥ 1 hr?
    Yes
    Console within 10 minutes?
      Yes
      No further intervention
    No
    Not improved

Maximize non-pharm management
  - Feed on demand
  - Swaddle/hold
  - Low stim
  - Parental presence

Start pharm tx or increase dose
```

### How are we doing nationally?

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2016</th>
</tr>
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<tr>
<td>Written NAS policy</td>
<td>54%</td>
<td>73%</td>
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<td>Always use a scoring system</td>
<td>70%</td>
<td>99%</td>
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How are we doing in Florida?

FPQC NAS Initiative Pre-implementation survey

- Staff receive education on NAS signs: 70%
- Staff receive education on NAS scoring: 70%
- Nurses demonstrate 90% inter-rater reliability: 55%

Legend:
- Almost always
- Mostly
- Often
- Rarely
- Never
- Not measured
What scoring tool should we use?

- All have strengths and limitations
- Staff should be trained in the correct use of a standardized abstinence assessment tool
- All tools are subject to inter-rater variability
- The Finnegan is the most commonly used scoring tool in the U.S.
- 97% surveyed hospitals at FPQC NAS Kick-off use Finnegan or Modified Finnegan NAST

Pick a tool and use it well!

Inter-observer reliability

- The extent to which two or more observers observe and record behavior in the same way

- FPQC NAS Initiative requires 70% of staff to achieve ≥ 90% inter-observer reliability on YOUR chosen scoring tool
Potential benefits of establishing inter-observer reliability

- Appropriate pharmacologic management
- Decreased LOS\(^1\)
- Increased provider confidence that scores are accurate\(^2\)
- Increased trust from parent that scores are reliable to matter what nurse scores the infant\(^2,3,4\)

A Quality Improvement Project to Reduce Length of Stay for Neonatal Abstinence Syndrome

Lindsay Asti, MPH, Jacqueline S. Magers, PharmD, Erin Keels, RN, MS, Jonathan Wispe, MD, Richard E. McClead Jr, MD, MHA

Pediatrics, 135(6) June 2015

- Identified excessive variability in FNASS scores as a key driver to reduce LOS

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<th>Implementation Date</th>
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<td>November 2009</td>
<td>FNASSS training of nursing staff</td>
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<tr>
<td>December 2009</td>
<td>Morphine protocol initiated</td>
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<tr>
<td>January 2010</td>
<td>NAS LOS project begins</td>
</tr>
<tr>
<td>May 2010</td>
<td>Protocol revised to decrease morphine initiation criteria and phenobarbital therapy</td>
</tr>
<tr>
<td>March 2011</td>
<td>Protocol revised to add clonidine therapy and criteria for change to methadone therapy</td>
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<tr>
<td>March 2012</td>
<td>Nursing re-education regarding FNASSS</td>
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Decrease from 31 – 27 days
Decreased to 18 days
Challenges

- 170 nurses
- Increased accuracy from 18.8% to 34.7% (P < .001) with training, bedside reference, and re-configured Finnegan
- Improvements did not persist over time

Full Text Article

Interobserver Reliability of the Finnegan Neonatal Abstinence Scoring Tool in an Acute Care Setting

Catherine M. Retski DNpc, MSN, RNC and Mary Ellen Wright MSN, ARPN, CPNP

Journal of Obstetric, Gynecologic & Neonatal Nursing, 2014-06-01, Volume 43, Pages S61-S61, Copyright © 2014 AWHONN, the Association of Women’s Health, Obstetric and Neonatal Nurses

- 122 nurses viewed video vignette and completed the FNAST
- Avg. total score interclass correlation coefficient (ICC) = 0.996
- Single measure correlation was not reliable (ICC 0.694)
- Greatest discrepancy was within central nervous system portion
Suggestions

- Include in annual competency and new nurse orientation\(^1\)
- Frequency of performing exams drives how often inter-rater reliability checks should be performed\(^2\)
- Item definitions should be readily available so nurses can refer to them if needed\(^2\)
- One staff member scores while another observes at same time\(^2\)
- Staff member scores with expert\(^2\)
- Nurse scores after viewing a vignette(s)\(^2\)
- Decrease the number of nurses who score

**Goal is \(\geq 90\%\) agreement**

• Self-instructional
• Item definitions included
• Takes ~ 45 min to complete
• Review definitions prior to viewing vignette on DVD and taking exam to test inter-observer reliability
• Various packages available for purchase at Neoadvances.com
  https://neoadvances.myshopify.com/collections/products
• Could videotape your own exam to use in training.
Winnie Palmer Experience

Susan Bowles, DNP, APRN, RNC-NIC, CBC
Clinical Nurse Specialist
Neonatal Services
Winnie Palmer Hospital for Women and Babies
Susan.Bowles@orlandohealth.com
How do we get Inter-Observer Reliability for FNAST

❖ Easier said than done 😊
❖ Need to have definitions for scoring items
  ▪ We have a NAS education book to remind team members of the definitions
    • Currently being updated
❖ Utilize NAS champions to make sure items are scored correctly
Barriers

ירה It is a very subjective tool
ירה What people think the tool says versus the actual definition
ירה It was developed when a majority of infants were formula fed
ירה Scoring is dynamic not static
ירה It was developed for OPIOIDS and should not be used with other drugs
ירה Staff and family biases
Inter-Observable Reliability Check

中国足球 that we faced in terms of accurate scoring

- Issues with interpretation of items scored
- Team member biases
- Lack of understanding NAS
What do we do? We hold a Workshop!

鹞 4 hour class held monthly open to all WPH team members who care for NAS infants.

■ Review scoring, epidemiology and staff family dynamics too.
■ Continuing education credits are offered
■ All staff attend at least once.
■ Consistent instructor so all are taught the same
■ Focus is on the use of the tool
What do we use?

Use the program: *Assessing Signs and Symptoms of Neonatal Abstinence Using the Finnegan Scoring Tool*

- Defines the items in the tool so staff can achieve more reliable scoring.
- The program also aids in the reliability in assessing infants for signs and symptoms of opioid withdrawal.
How Perform the Inter-Observable Reliability Check

- One team member performs the exam, while the second observes.
- Both team members independently score the infant.
- Count up the number of agreements without discussion of the observations.
- Then look at your reliability %
Inter-Observable Reliability Check

How frequently should you perform IORC?

- Can be done weekly or yearly depending on how frequently you care for these infants
- Consistency with the use of the criteria is the key
- We added it to our peer review process
Nursing Peer Review Tool: Neonatal Abstinence Syndrome (NAS)

Purpose/Procedure: To ensure proper documentation of scoring infants correctly with NAS

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<td>Result</td>
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<tr>
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<td>Yes</td>
</tr>
<tr>
<td>Is there a parameter for the NAS score?</td>
<td>Yes</td>
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<tr>
<td>Is the NAS score documented every 2-4 hours?</td>
<td>Yes</td>
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<tr>
<td>Does the scoring extend from the end of one feed to the beginning of the next?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are all parameters on Frongran Scale scored appropriately?</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Pharmacologic</td>
<td>Yes</td>
</tr>
<tr>
<td>Are non-pharmacologic interventions implemented as indicated and appropriate?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are appropriate skin interventions utilized to prevent excoriation?</td>
<td>Yes</td>
</tr>
<tr>
<td>- Nose</td>
<td>No</td>
</tr>
<tr>
<td>- Ears</td>
<td>No</td>
</tr>
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<td>- Elbows</td>
<td>No</td>
</tr>
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<td>Pharmacologic</td>
<td>Yes</td>
</tr>
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<td>If initial scores are elevated per algorithm, was healthcare provider notified?</td>
<td>Yes</td>
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<tr>
<td>If subsequent NAS scores are elevated per algorithm for two consecutive intervals, was healthcare provider notified and therapy adjusted?</td>
<td>Yes</td>
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<td>Is there an order to discontinue NAS scoring when therapy is completed?</td>
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<td>Were findings discussed during bedside handoff and documented?</td>
<td>Yes</td>
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<td>Was NAS education provided to parent and documented?</td>
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Comments

Documentation
- Completed Peer Review with Primary Nurse
- Completed Peer Review Roster for Reviewer
- Completed Peer Review Roster for Reviewee

APNIC Peer Review Committee Approved Form 04-05-2010
Conclusion

🛡️ The FNAST is a challenging tool to use because of its subjective nature.
🛡️ Every effort should be made to standardize scoring practices and the best way to do that is for each institution to develop a way to perform Inter-Observer Reliability Checks.
St. Joseph’s Women’s Hospital Experience

Barbara Cirrito MSN, BSN, RNC-NIC
NICU Advanced Clinical Specialist
St. Joseph’s Women’s Hospital
Barbara.Cirrito@baycare.org
Finnegan Scoring & Achieving Inter-rater Reliability

St. Joseph’s Women’s Hospital NICU

April 16th, 2019
OBJECTIVES

• Discuss the challenges identified to achieve inter-rater reliability.

• Discuss solutions identified and barriers encountered.
BACKGROUND

• NAS Drug Withdrawal Medication: Starting and Weaning Protocol per Neonatology

• The NICU NAS Taskforce (2016)
  • Interdisciplinary Team

• A Collaborative Approach to the Care of the Infant with NAS (2017)
  • 6-hr class offered to NAS Taskforce
  • Inter-rater Reliability Competency achieved by taskforce members
FPQC NAS INITIATIVE 2019-2020

• Problems identified:

  • All nurses taking care of NAS infants must be competent in Finnegan Scoring

  • Large nursing staff (~180 RNs)
    • Education

  • Avoiding copyright infringement regarding Dr. D’Apolito’s DVD, “Assessment and Scoring of Infants with NAS”
    • Cost of obtaining copyright, licensure, and manuals for each team member
FPQC NAS INITIATIVE 2019-2020

• Current Educational Solutions:

  • Assigning NAS taskforce nurses to NAS infants
  
  • Education on Wheels regarding Finnegan Scoring
  
  • Quick resource cards for Finnegan scoring available at each nurses’ station (16 stations)
  
  • 2019 Unit Competency included Care of the Infant with NAS with a focus on Family Centered care
FPQC NAS INITIATIVE 2019-2020

• Brainstorming Solutions:
  • Reached out to obtain permission to use and share “Assessment and Scoring of Infants with NAS” video with NICU staff
    • Permission denied
  • NAS Taskforce nursing team members are available to perform inter-rater reliability with any team member when possible
  • Researched using appropriate scoring videos from YouTube without success
  • Researching NAS simulation dolls
  • Develop scoring video to be produced by SJWH
Q & A

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.
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