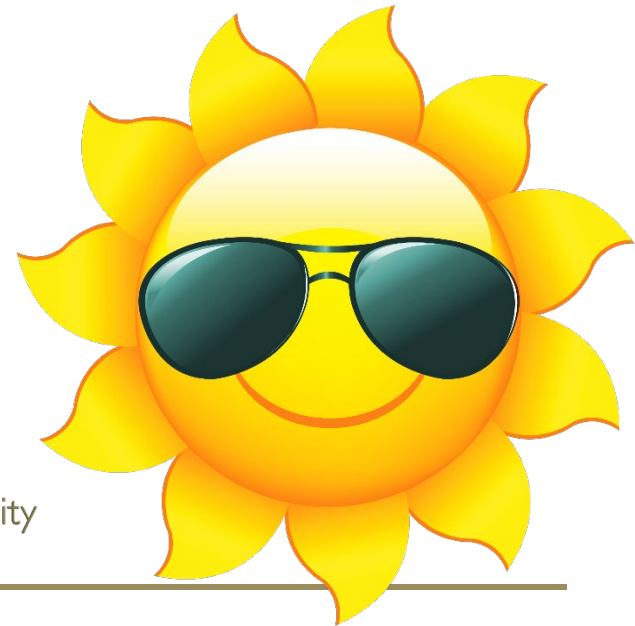




FPQC's NAS initiative

Celebrating your work!

June 2, 2020



Partnering to Improve Health Care Quality
for Mothers and Babies



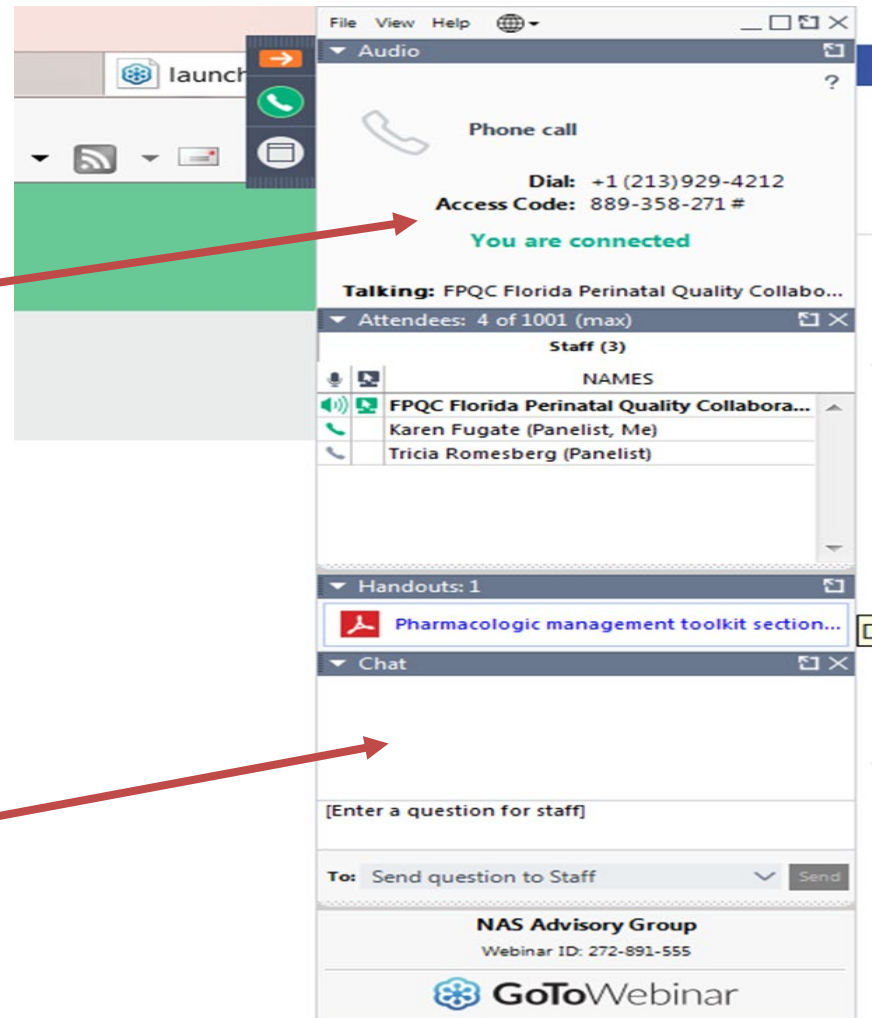
Welcome!



PLEASE ENTER YOUR **AUDIO PIN**
ON YOUR PHONE SO WE CAN
UN-MUTE YOU FOR DISCUSSION.



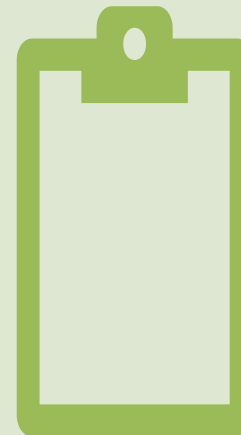
IF YOU HAVE A QUESTION,
PLEASE ENTER IT IN THE **CHAT**
BOX OR RAISE YOUR HAND TO
BE UN-MUTED.



Welcome!



THIS WEBINAR IS BEING
RECORDED.



PLEASE PROVIDE FEEDBACK
ON OUR POST-WEBINAR
SURVEY.

Vision

“All of Florida’s mothers and infants will have the best health outcomes possible through receiving high quality evidence-based perinatal care.”



Values

- Data-Driven
- Voluntary
- Population-Based
- Evidence-Based
- Value Added

FPQC Partners & Funders



AGENCY FOR HEALTH CARE ADMINISTRATION



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH **AIM**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



AWHONN
FLORIDA
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



FLORIDA AFFILIATE of the
AMERICAN COLLEGE
of NURSE-MIDWIVES
With women, for a lifetime®



Florida Association of
Healthy Start
COALITIONS, INC.
Every baby deserves a healthy start

Florida Society of Neonatologists
Advancing the Care of Neonates in the Sunshine State



Mission to Care. **Vision to Lead.**



PREECLAMPSIA
foundation

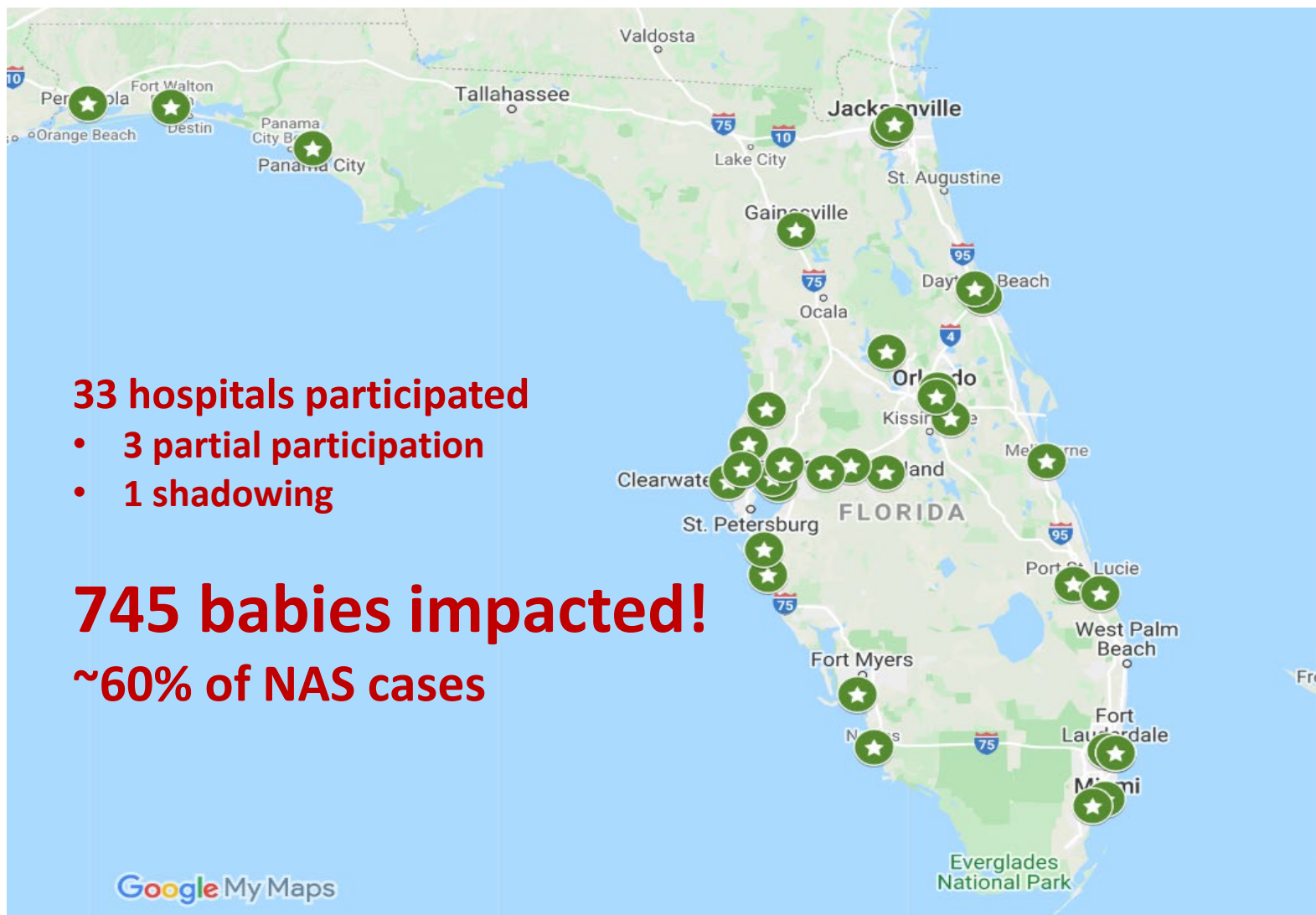


FLORIDA ALLIANCE
FOR HEALTHCARE VALUE

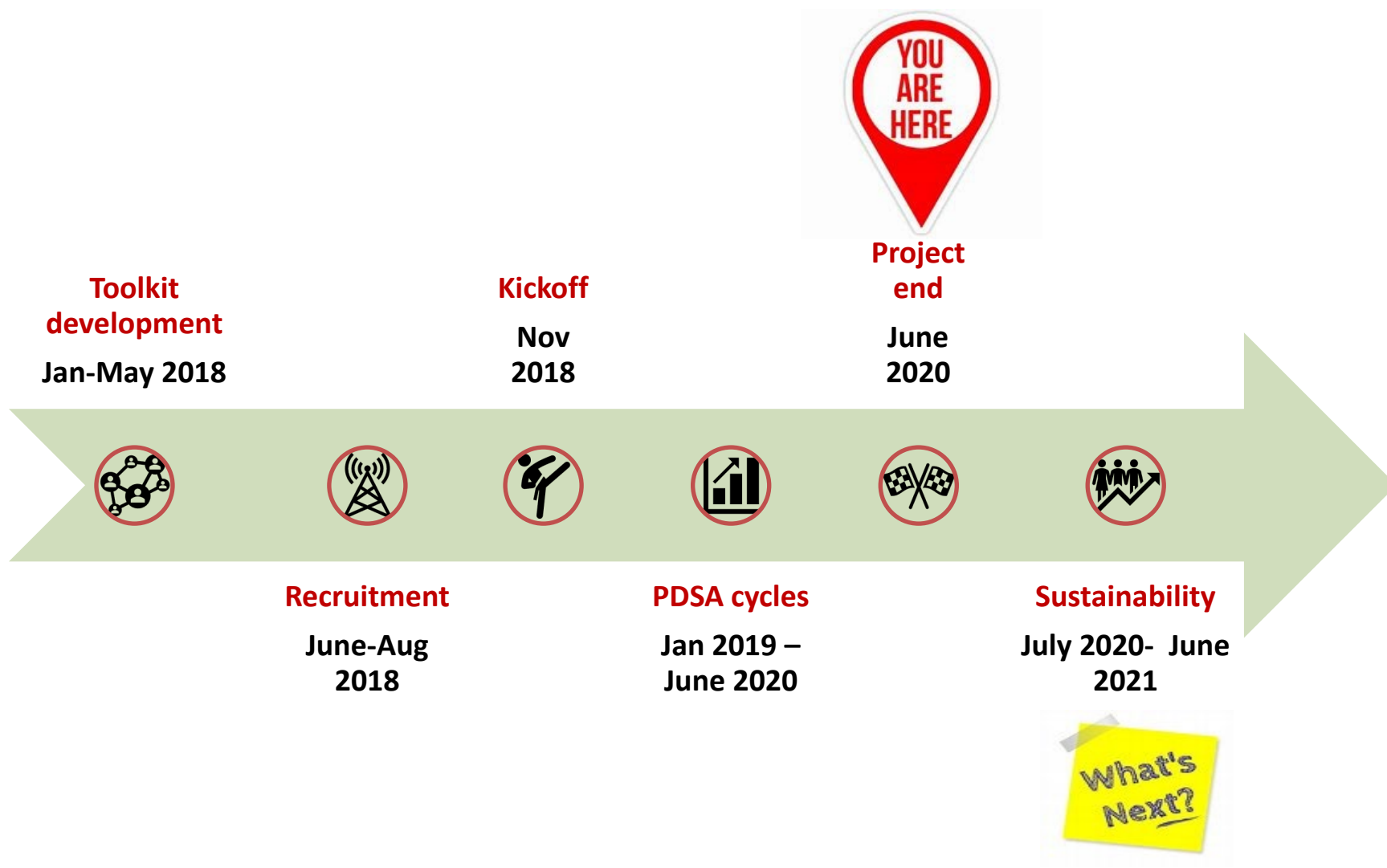
FPQC NAS Teams

- Advent Health for Children
- Advent Health Memorial Medical Center
- Advent Health Tampa
- Advent Health Waterman
- Baptist Health South - Jacksonville
- BayCare-Morton Plant Hospital
- Bayfront Health Spring Hill
- Fort Walton Beach Medical Center
- Golisano Children's Hospital
- Gulf Coast Regional Medical Center
- Halifax Health Medical Center
- Holmes Regional Medical Center
- Holtz Children's/Jackson Memorial Hospital
- Lakeland Regional Health
- Manatee Memorial Hospital
- Martin Medical Center
- Mease Countryside Hospital
- Medical Center of Trinity
- Naples Community Hospital
- Nemours Children's Hospital
- Nicklaus Children's Hospital
- Plantation General Hospital
- Sacred Heart Hospital Pensacola
- Salah Foundation Children's Hosp Broward Health
- Sarasota Memorial Hospital
- St. Joseph's Women's Hospital
- St. Vincent's Medical Center (Riverside)
- Tampa General Hospital
- Tradition Medical Center
- University of Florida - Gainesville
- University of Florida - Jacksonville
- Winnie Palmer Hospital (NICU & Newborn Nursery)
- Winter Haven Women's Hospital

FPQC NAS Teams



Project Journey



Aim

By 6/2020, FPQC participating hospitals will have a 20% decrease in average length of stay^{1,2} (from a baseline of 13.5 days to 10.8 days) for infants ≥ 37 weeks GA diagnosed with NAS regardless of inpatient hospital location.

¹ **Baseline length of stay** pending – derived from an average of each hospital's baseline LOS

² **Length of stay** starts with date of birth and ends with discharge to home.

Primary Drivers

Caregiver engagement

Nonpharmacologic treatment

Pharmacologic treatment

Safe discharge

Interventions

Educate staff and providers on trauma-informed care, psychology of addiction, and communication methods

Educate the primary parent for each NAS infant

Assess parent perception of communication prior to hospital discharge using standardized FPQC survey

Assess duration of rooming-in

Determine rates of any breastfeeding or MOM intake on day of life 3 and day of discharge to home

Comply with a standardized NAS guideline including use of recommended initial drug and dose, and medication weaning

Achieve $\geq 90\%$ inter-rater reliability on NAS scoring tool

Comply with all elements of FPQC's safe discharge care plan for NAS infants

Population Characteristics

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1

General	# NAS infants	174	154	144	149	124
	% Inborn	81%	86%	81%	83%	87%
	% Transfer in	19%	14%	19%	17%	13%
	Average GA	38.5	38.5	38.4	38.3	38.2
	Average BW	3075	3004	3033	3066	3005
	% Male	50%	53%	44%	56%	48%
	% Medicaid	83%	86%	85%	85%	84%
	% in MAT	51%	58%	47%	59%	55%
	% NH-white	90%	90%	91%	92%	91%
	% Unknown race/ethnicity	1%	5%	5%	4%	3%
Barriers to Visitation*	% any barrier to visitation	33%	29%	37%	23%	35%
	% Incarcerated	2%	2%	3%	1%	2%
	% Inpatient MAT	3%	3%	4%	3%	6%
	% Adoption	14%	8%	15%	8%	12%
	% Foster care	3%	8%	5%	3%	5%
	% Supervised visits req.	5%	5%	10%	2%	7%
	% None	67%	71%	63%	77%	65%
Exposure	% Mom/infant +ve lab conf. of opioid	76%	78%	84%	81%	81%
	% Mom +ve opioid history	48%	58%	60%	68%	60%

Decreased over time

Significant payor

COVID may have impacted Q1 2020

Screening mothers and infants is important!

*One infant may have multiple barriers



Initiative-wide report through Q1 2020



Partnering to Improve Health Care Quality
for Mothers and Babies

Infant substance exposures

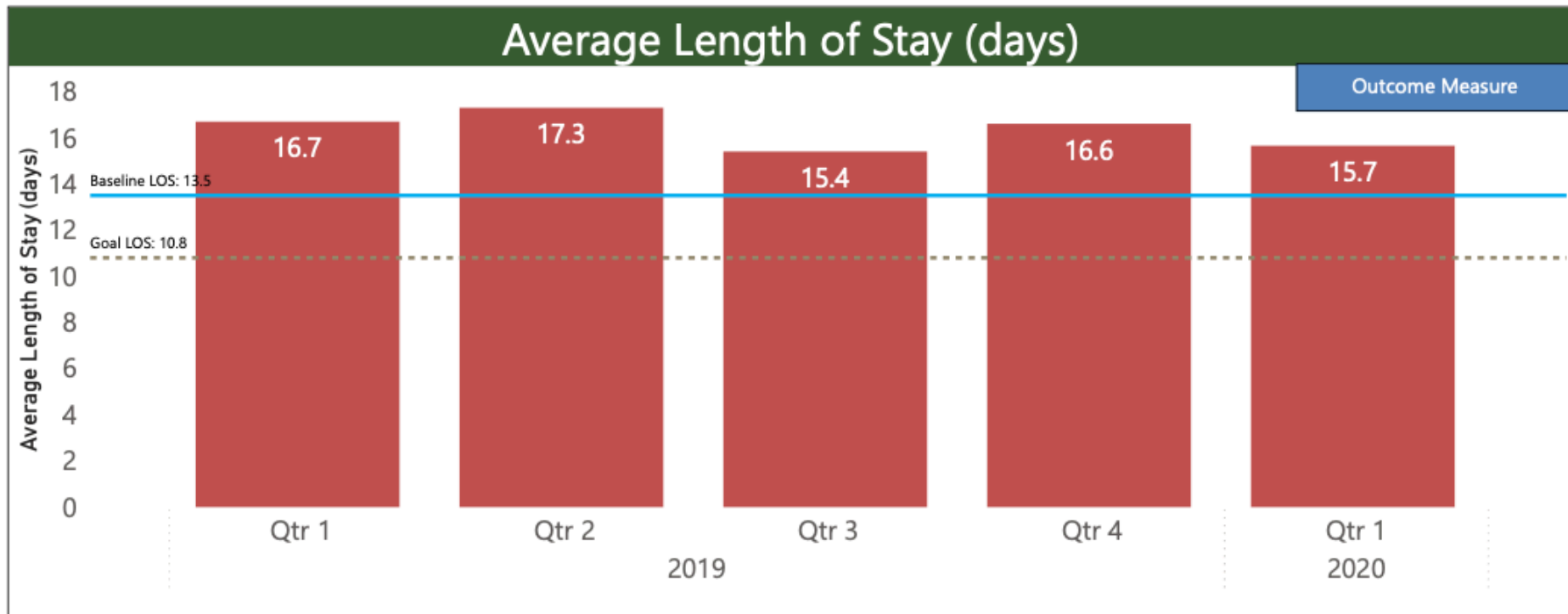
Drug Exposure (%)

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
% Methadone	37%	36%	35%	38%	43%
% Buprenorphine	33%	28%	30%	35%	27%
% Suboxone	9%	9%	3%	5%	6%
% Other opioid	32%	34%	45%	28%	36%
% Benzodiazepine	20%	17%	11%	15%	9%
% Barbiturates	1%	1%	1%	1%	2%
% PCP	0%	1%	0%	0%	0%
% Amphetamines	11%	13%	24%	12%	18%
% Cocaine	15%	16%	24%	13%	17%
% SSRI	2%	2%	1%	2%	6%
% Tobacco	15%	18%	13%	17%	24%
% Marijuana	18%	21%	24%	19%	20%
% Alcohol	2%	5%	3%	1%	1%
% Other	17%	12%	14%	15%	15%

% of Infants and Number of Drugs Exposed

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
1 Drug	37%	38%	31%	40%	31%
2 Drugs	25%	31%	31%	31%	34%
3 or more Drugs	34%	31%	37%	28%	34%

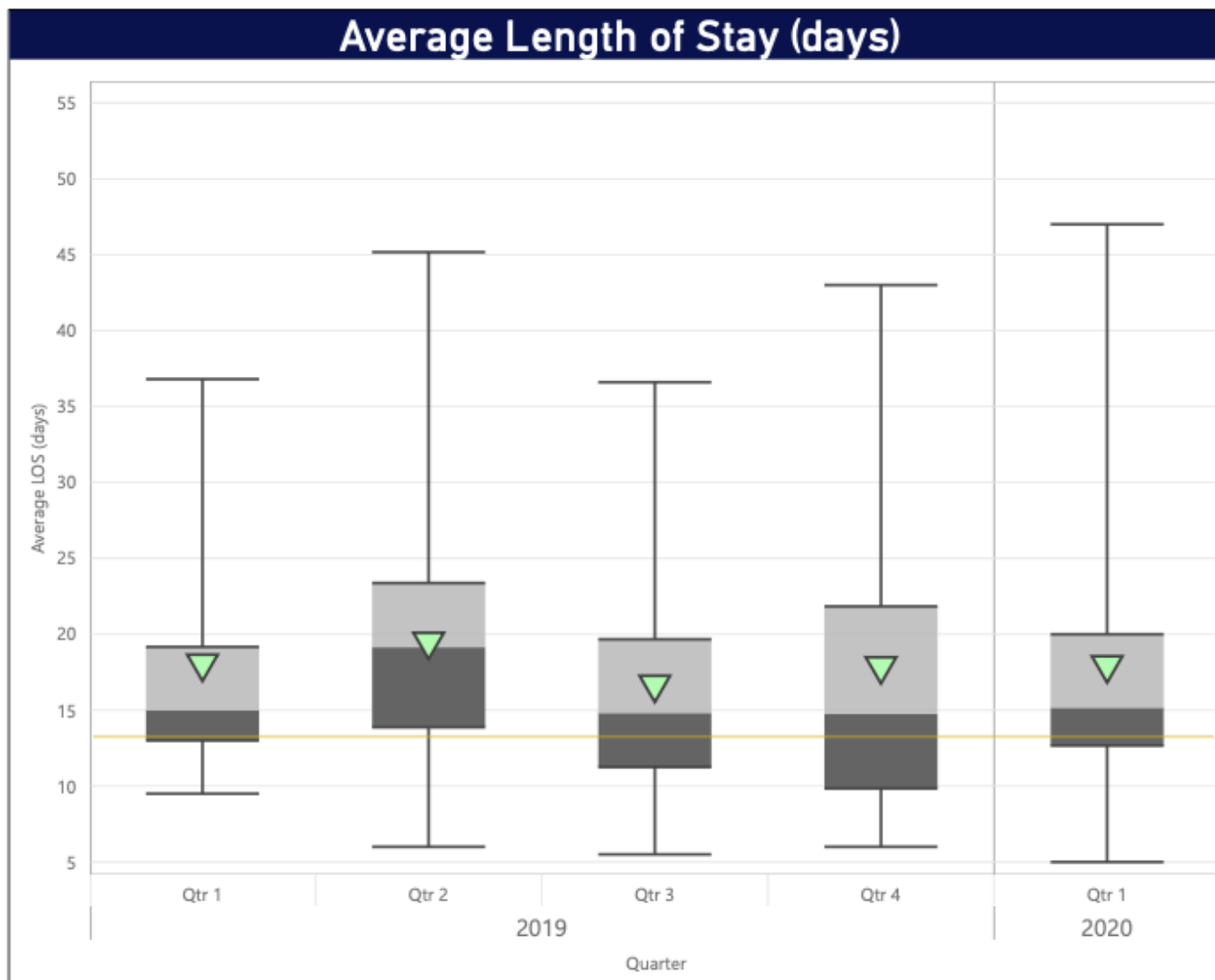
Infant-level data



Denominator: total # of infants					
2019				2020	
Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	
174	154	144	149	124	

PLEASE NOTE: The baseline is calculated by taking the median of the average length of stay of all available data from March 2017-December 2017. Data source: Linked Inpatient Hospital Discharge to Birth Certificate dataset.

Hospital-level data



Caregiver engagement

Educate staff and providers on trauma-informed care, psychology of addiction, and communication methods

Staff Education

RNs	% of nurses who received education on the following topics:					
		Q1'19	Q2'19	Q3'19	Q4'19	Q1'20
	Trauma-informed care	11.8	13.6	31.5	42.4	51.3
	Psychology of addiction	7.9	9.1	10.3	27.7	51.3
	Motivational interviewing	12.8	11.3	12.5	22.2	22.3
	NAS symptoms and scoring	35.5	55.7	62.6	68.4	88.3
	Non-pharmacologic techniques	26.7	51.7	51.4	64.3	88.3
MDs ARNPs PAs	% of advance practice nurses (ANRPs, PAs) and physicians who received education on the following topics:					
		Q1'19	Q2'19	Q3'19	Q4'19	Q1'20
	Trauma-informed care	9.0	4.7	16.7	25.8	43.7
	Psychology of addiction	3.6	8.9	21.3	19.4	43.7
	Motivational interviewing	9.1	8.3	20.4	22.9	33.3
	NAS symptoms and scoring	18.2	29.0	38.2	50.1	77.0
	Non-pharmacologic techniques	46.3	29.0	42.7	45.5	77.0

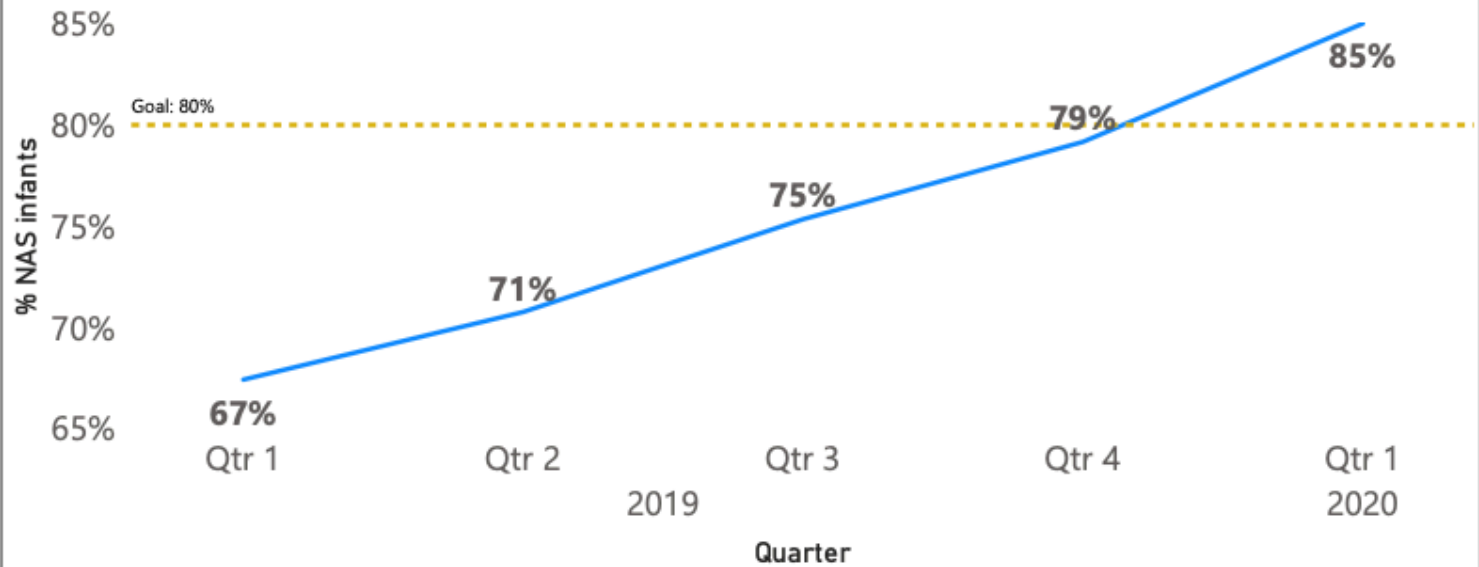
Initiative goal = 80%



Caregiver engagement

Educate the primary parent for each NAS infant

NAS education bundle compliance for infant's primary caregiver



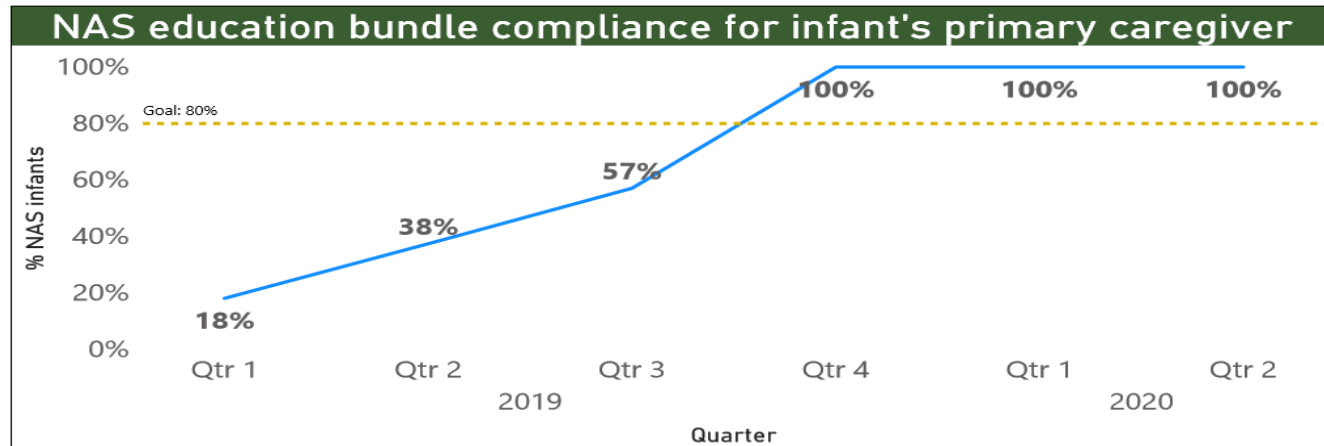
Exception: foster care only requires NAS signs and nonpharmacologic techniques; nonbiological mother placement does not require postpartum depression

NAS Education Bundle

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
% Safe sleep	96%	96%	97%	98%	97%
% Postpartum Depression	72%	72%	72%	83%	90%
% NAS signs and nonpharmacologic mngt	85%	86%	90%	90%	93%
% Shaken baby syndrome	91%	93%	90%	91%	96%
% Expectations of hosp stay	79%	88%	86%	88%	96%



UF- Jacksonville



NAS Education Bundle						
Year	2019				2020	
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
% Safe sleep	100%	100%	100%	100%	100%	100%
% Postpartum Depression	11%	38%	36%	100%	100%	100%
% NAS signs and nonpharmacologic mngt	82%	100%	100%	100%	100%	100%
% Shaken baby syndrome	100%	75%	76%	100%	100%	100%
% Expectations of hosp stay	70%	100%	100%	100%	100%	100%

Exception: foster care only requires NAS signs and nonpharmacologic techniques; nonbiological mother placement does not require postpartum depression

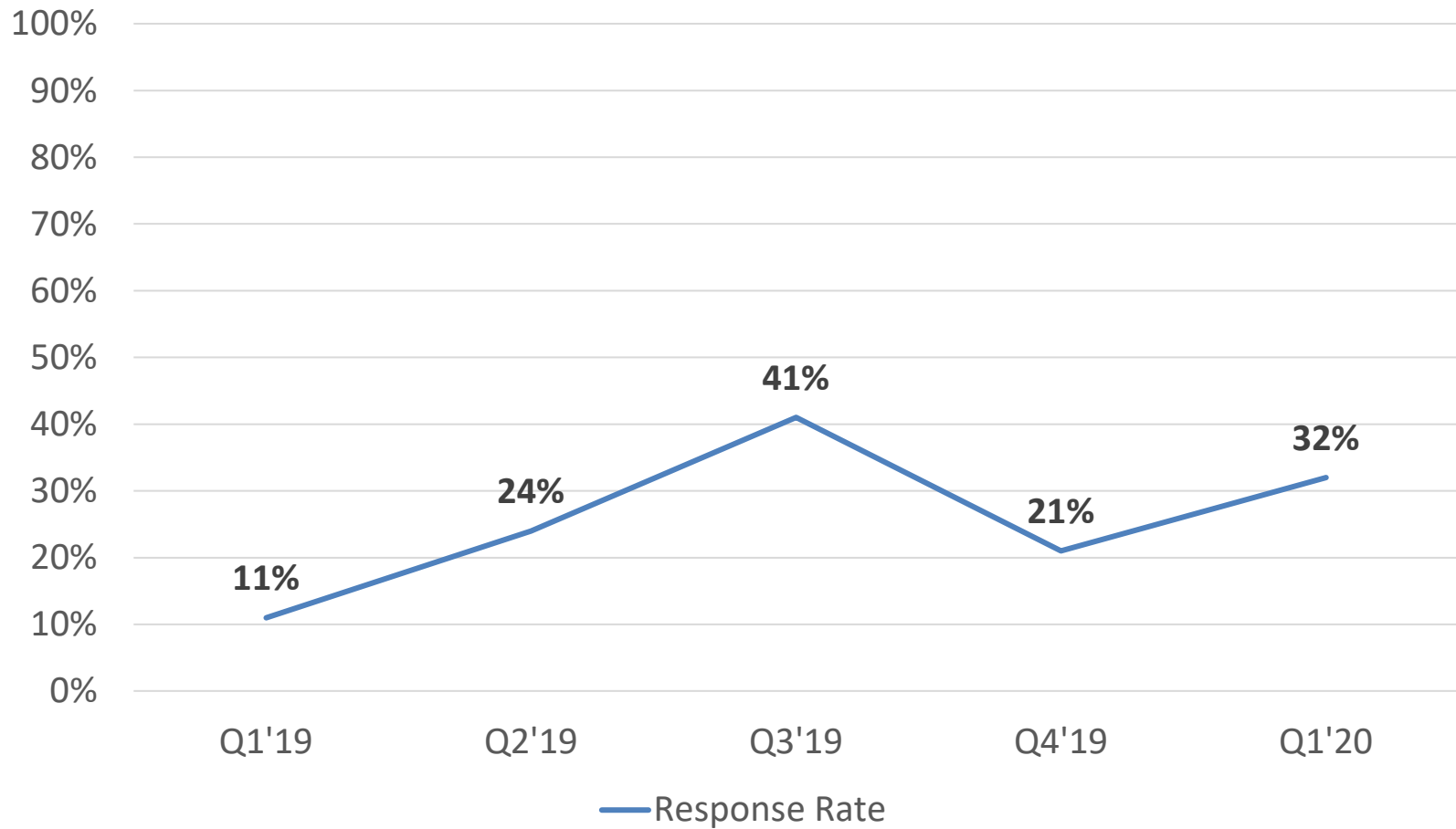
UF - Jacksonville



Successes	Challenges
Creation of NAS Brochure	<ul style="list-style-type: none"> Timely launch of NAS brochure with the organizations public relation's department.
<ul style="list-style-type: none"> MD consultation on all NAS infant's prior to admission to NICU 	<ul style="list-style-type: none"> Coordinating timing for NAS consultation.
<ul style="list-style-type: none"> Revamp of NICU Admission Binders 	<ul style="list-style-type: none"> Cost of the admission binders, Determining who is responsible for the creation of the binders
Fully staffed and operational NAS Unit for rooming in.	Hiring dedicated staff, and ongoing challenge to staff the unit with only 1-2 patients.
<ul style="list-style-type: none"> Safe sleep campaign Case management consult for ever patient and post partum depression is discussed. 	<ul style="list-style-type: none"> Funding for the safe sleep campaign

Caregiver engagement

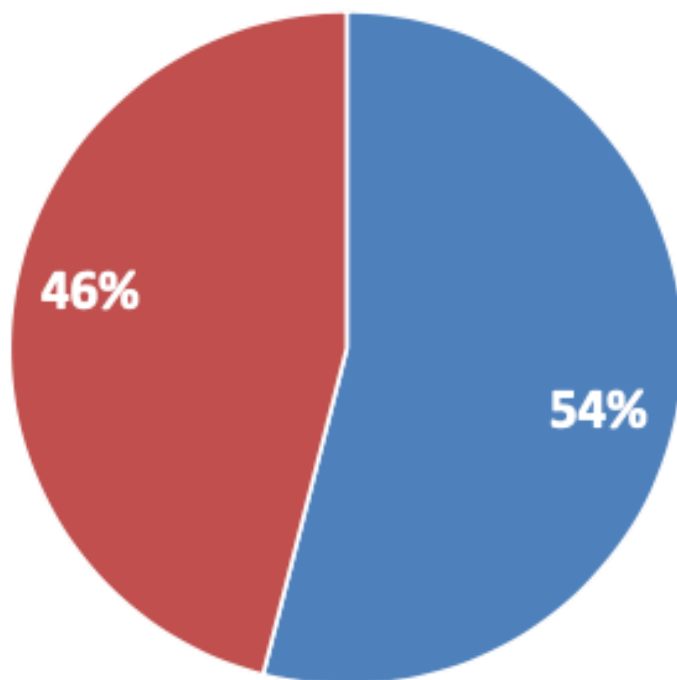
Assess parent perception of communication prior to hospital discharge using standardized FPQC survey



Caregiver engagement

Assess parent perception of communication prior to hospital discharge using standardized FPQC survey

Percentage of Cases in Which DCF Was Contacted

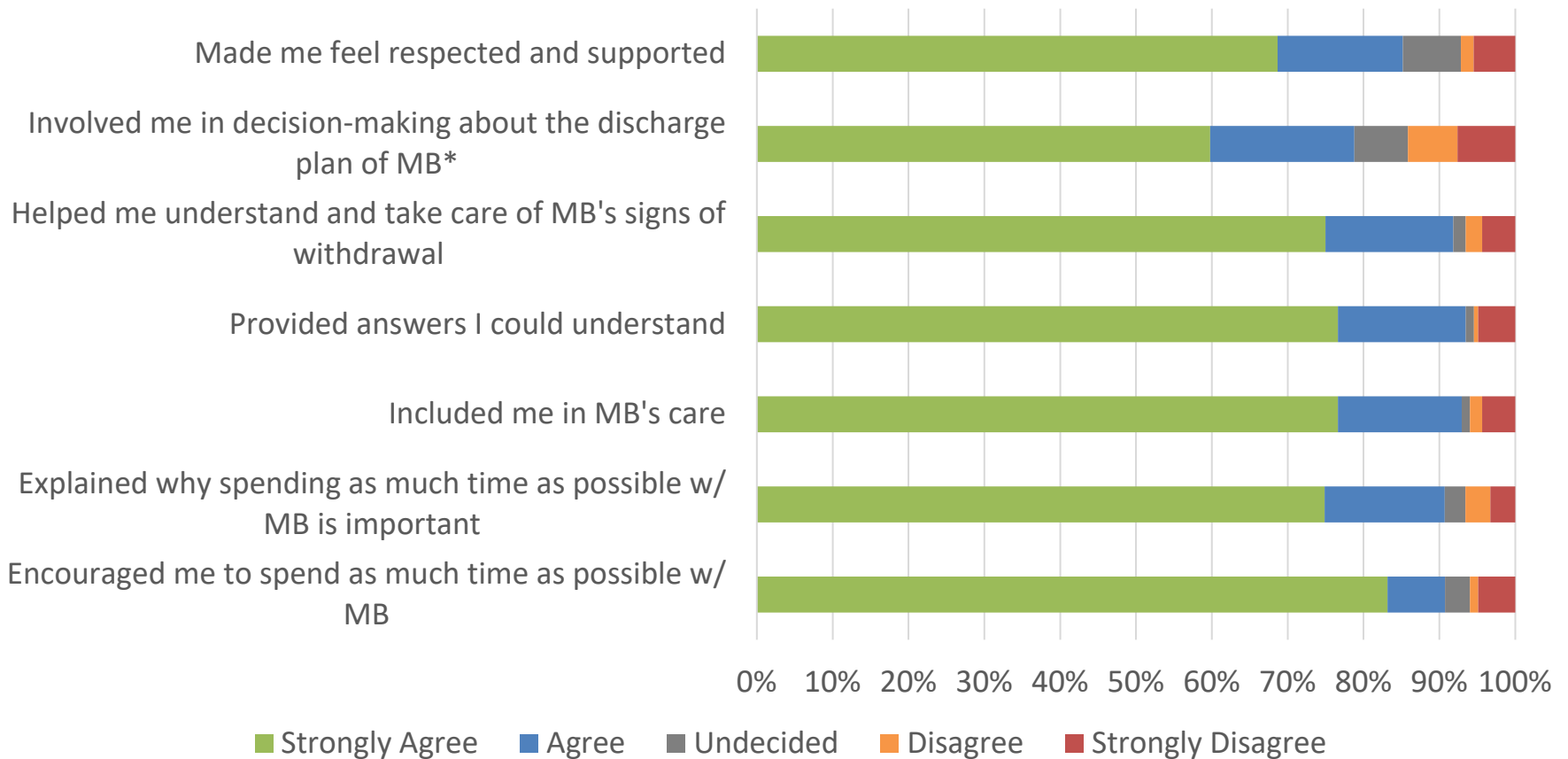


70% of caregivers felt that they were given enough information on why DCF was called

■ Yes ■ No

Caregiver engagement

Assess parent perception of communication prior to hospital discharge using standardized FPQC survey



Positive Feedback

“We received incredible care while in the NICU. Every staff member we interacted with was professional, compassionate, and inclusive. We are tremendously grateful for the care we received!”

“Overall the experience was really good. The nurses were very informative and nice. would help you out as much as they could. They explained everything that they were doing when they were doing it and why. The doctors were all very nice and had great bedside manner. ”

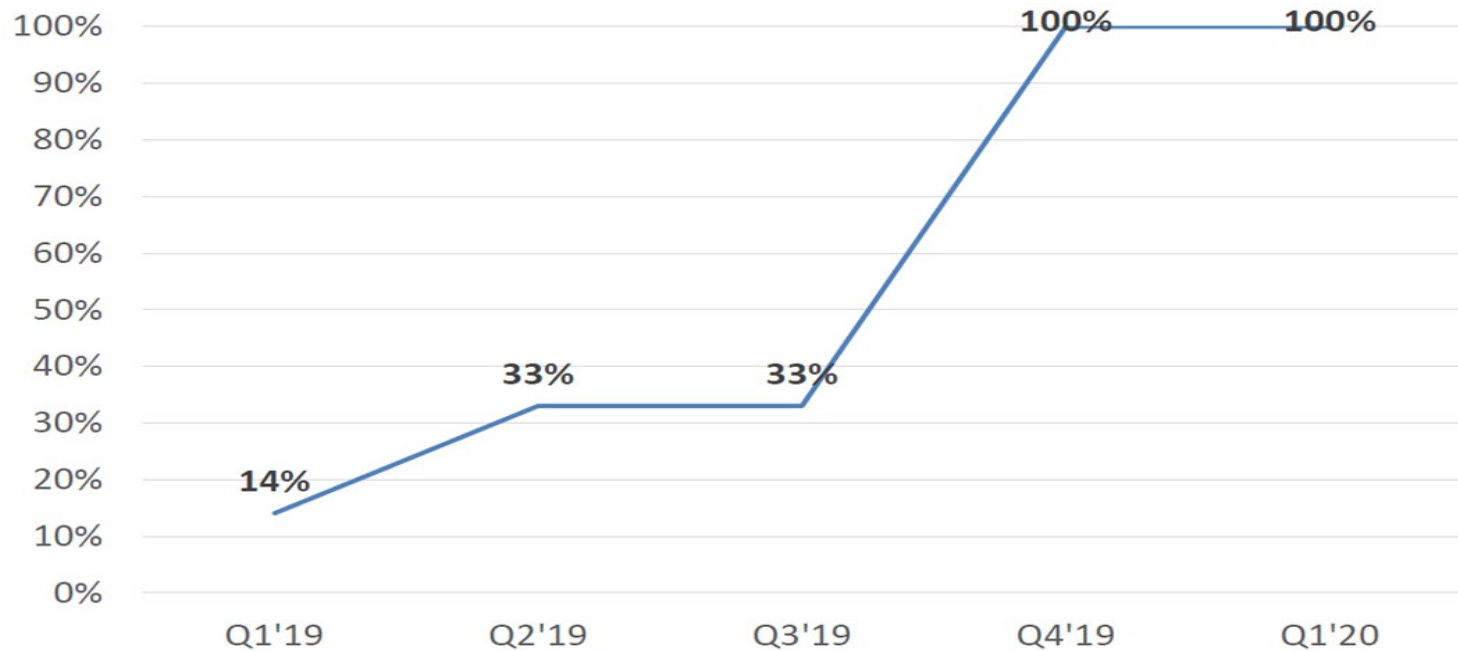
“The NICU staff has been amazing. As first time parents (and adoptive parents) we were treated with so much respect and care. I cant speak highly enough about the doctors, nurses, OT, and entire staff!!”

helpful
loving knowledgeable
caring
incredible
informative
kind
compassionate
inclusive
supportive
Involved comforting hands-on
empathetic
pleasant professional

Sarasota Memorial



Caregiver Engagement Survey Response Rate 2019- Q1 2020



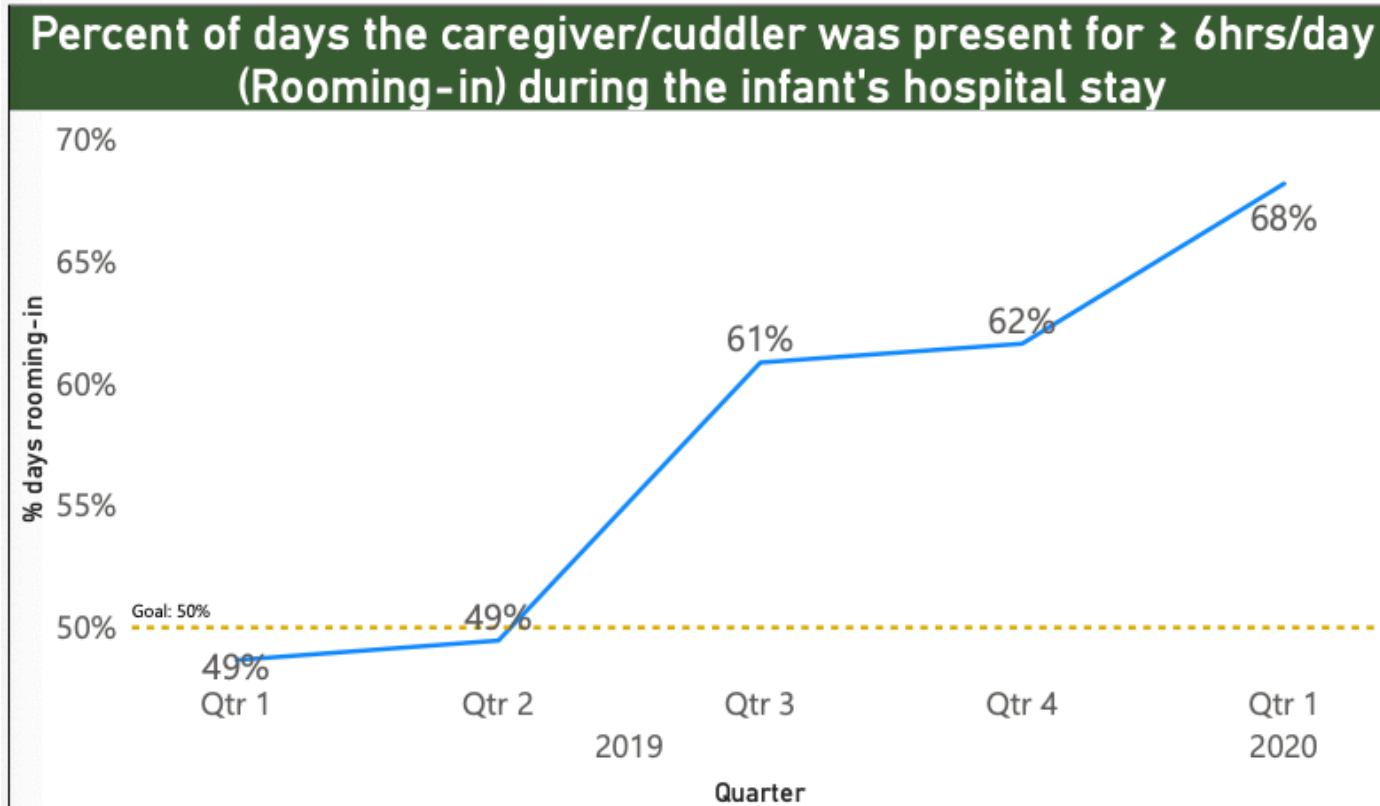
Sarasota Memorial



Successes	Challenges
<ul style="list-style-type: none">• Direct link to Caregiver Engagement Survey was installed on language translation I-pad for quick access• Survey was placed on SMH Intranet for access from any computer	<ul style="list-style-type: none">• Connectivity issues with computers on wheels• Shortcut for survey link would disappear from computer on wheels
<ul style="list-style-type: none">• Asked caregivers to fill out survey 24-48 hours before discharge	<ul style="list-style-type: none">• Day of discharge was too hectic to ask parents to fill out survey
<ul style="list-style-type: none">• Discharge planners were members FPQC team and encouraged parents to fill out survey	<ul style="list-style-type: none">• Staff did not remember to ask parents to fill out engagement survey on day of discharge

Nonpharmacologic treatment

Assess duration of rooming-in



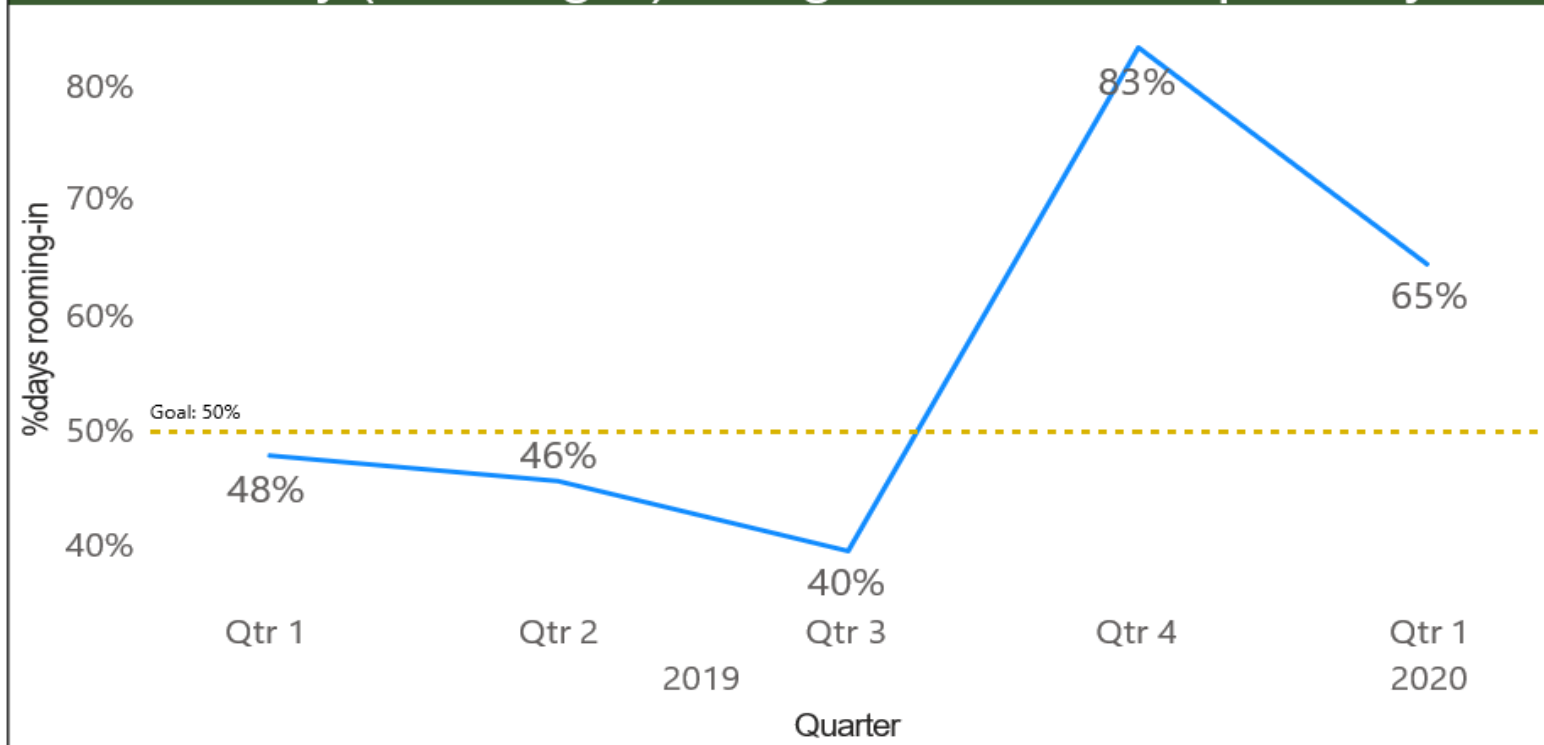
Denominator: total # of infants

2019				2020
Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
171	153	144	149	124

Tampa General Hospital



Percent of days the caregiver/cuddler was present for \geq 6hrs/day (Rooming-in) during the infant's hospital stay



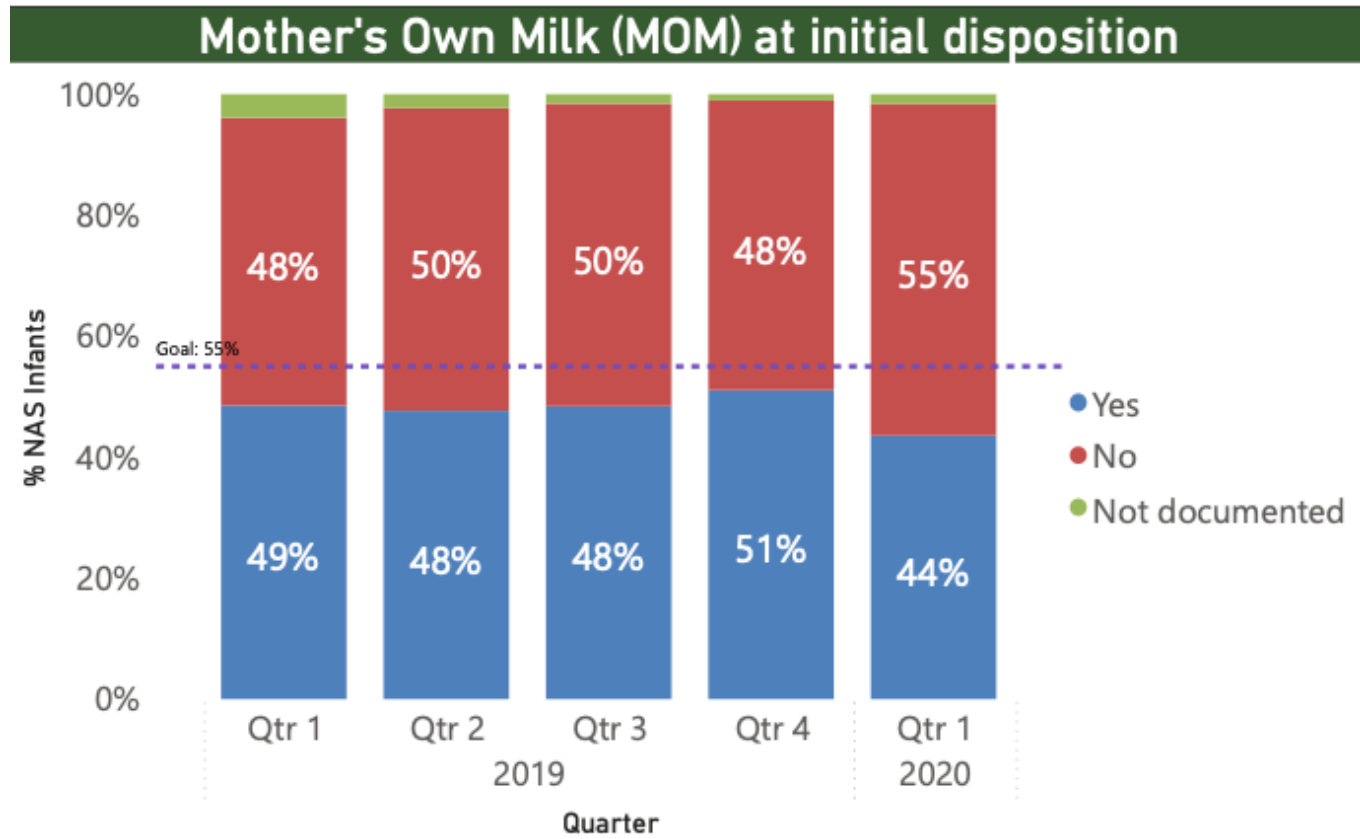
Tampa General Hospital



Successes	Challenges
<ul style="list-style-type: none"> Dr. Wright completes prenatal consults and educates mothers before their delivery. 	<ul style="list-style-type: none"> Financial considerations to have a designated medical provider for prenatal consults.
<ul style="list-style-type: none"> We support the mothers by using the phrase “you are the best treatment for your baby”. 	<ul style="list-style-type: none"> The moms can be defensive and very sensitive to judgmental comments.
<ul style="list-style-type: none"> Transportation organized between the drug treatment program and the hospital. 	<ul style="list-style-type: none"> The hospital cannot prescribe the daily dose of Methadone.
<ul style="list-style-type: none"> Cohort the babies and have a smaller group of passionate nurses care for this population. 	<ul style="list-style-type: none"> Assignments can be a challenge when we have multiple NAS babies.
<ul style="list-style-type: none"> Dr. Wright advocates with the drug treatment program to allow the moms to visit the maximal number of hours. 	<ul style="list-style-type: none"> Treatment facilities require a certain amount of hours per day at the treatment program.

Nonpharmacologic treatment

Determine rates of any breastfeeding or MOM intake on day of life 3 and day of discharge to home



Denominator: # of infants without barriers*

2019				2020
Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
103	86	64	94	62

*Excluded from the denominator: MOM contraindicated, foster care placement, adoption, mother is incarcerated, or inpatient MAT



Pharmacologic treatment

Comply with a standardized NAS guideline including use of recommended initial drug and dose, and medication weaning

Pharmacologic Treatment

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
% NAS with pharmacological treatment	71%	70%	72%	65%	73%
% receiving 1st line medication	90%	91%	86%	88%	90%
% receiving 2nd line medication	25%	28%	29%	32%	31%
% receiving 3rd line medication	7%	8%	5%	8%	8%
Average Morphine days	14.5	14.1	12.5	14.1	12.2

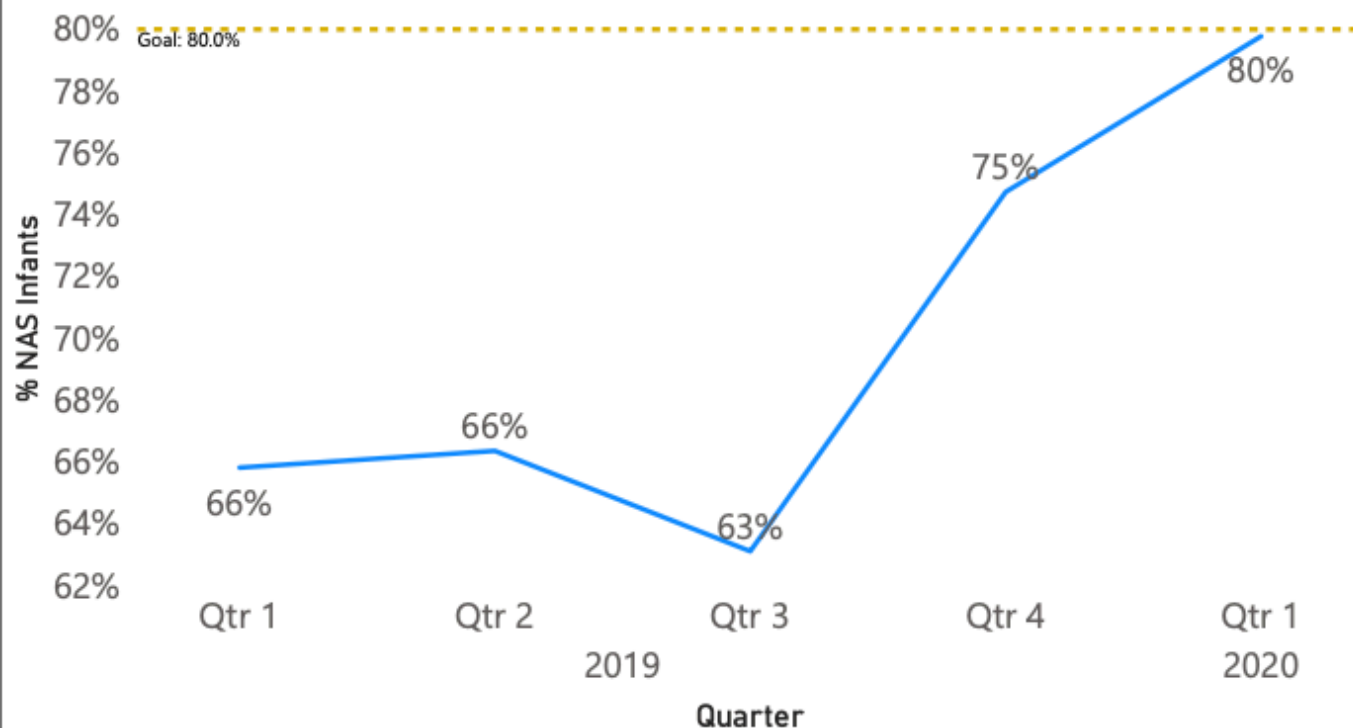
% Initiation correct (91-98%), with recommended 1st dose (92-99%), & weaned correctly (64-80%) remained high and increased throughout the initiative.



Pharmacologic treatment

Comply with a standardized NAS guideline including use of recommended initial drug and dose, and medication weaning

Bundle compliance (Correct initiation, dose & weaning)



Denominator: # of infants with pharmacologic treatment*

2019				2020
Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
117	107	103	95	89

Note: Excluded from denominator are those already started on medications prior to transfer, initial disposition before medication weaning occurs.



Pharmacologic treatment

Achieve $\geq 90\%$ inter-rater reliability on NAS scoring tool



elevateeducator.com

Cumulative % of current nurses who have demonstrated $\geq 90\%$ inter-rater reliability with your institution's NAS scoring tool

Q1'19	Q2'19	Q3'19	Q4'19	Q1'20
45.9	47.8	61.5	69.0	52.3

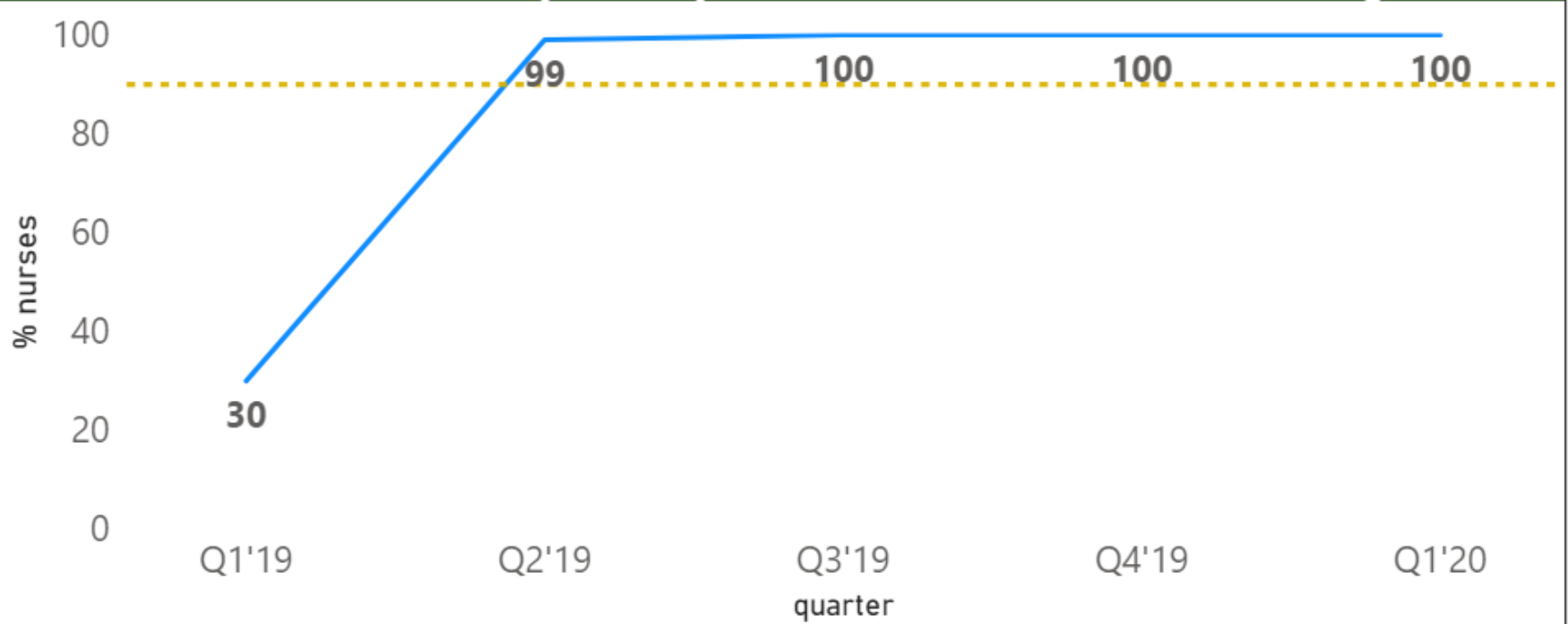
10

Goal = $\geq 75\%$

Winne Palmer Hospital - Newborn



Cummulative % of current nurses who have demonstrated $\geq 90\%$ inter-rater reliability with your institution's NAS scoring tool



Winne Palmer Hospital - Newborn



Successes	Challenges
<ul style="list-style-type: none">• Consistency in Education	<ul style="list-style-type: none">• Large Nursing Staff
<ul style="list-style-type: none">• Consistency in Nursing Staff caring for the NAS patients	<ul style="list-style-type: none">• Pediatric groups with differing opinions on patient placement options
<ul style="list-style-type: none">• Staff involvement/Nurse Champion/Communication	<ul style="list-style-type: none">• Nurse Buy-In
<ul style="list-style-type: none">• Leadership support	

Safe discharge

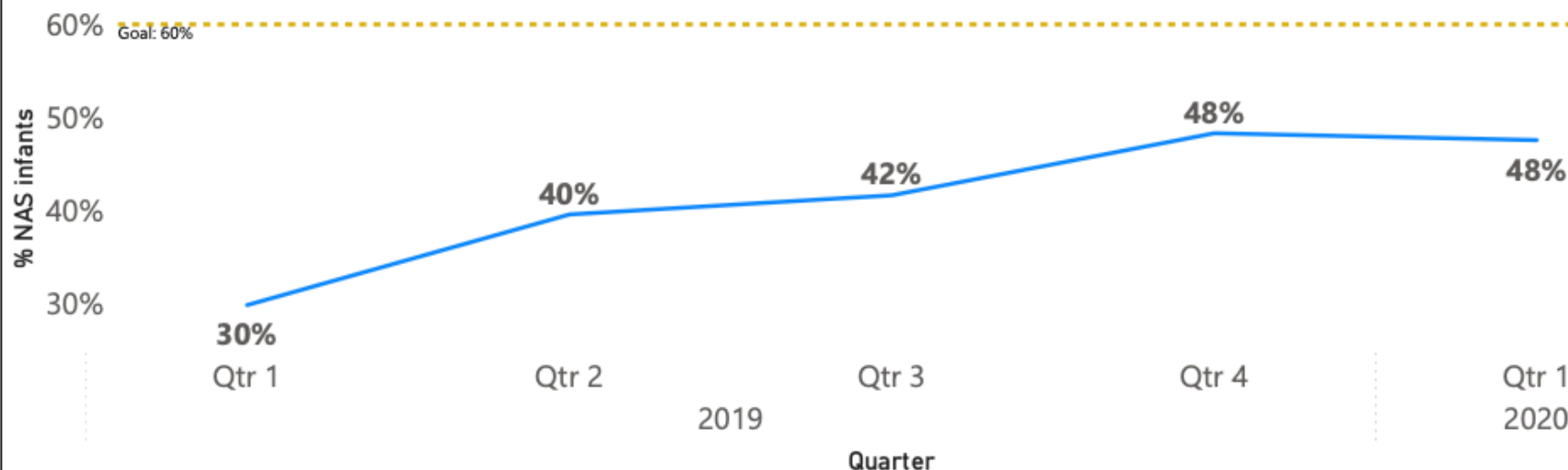
Comply with all elements of FPQC's safe discharge care plan for NAS infants

		Discharge Info				
Year		2019		2020		
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
Medically cleared	% discharged when medically cleared	93%	95%	94%	95%	94%
	Non medically indicated hospital days	30	12	13	21	19
Reasons for delayed discharge	Caregiver related	8%		13%	25%	
	Hospital related	8%		13%		
	DCF related	77%	86%	50%	63%	57%
	Other	8%	14%	25%	13%	43%
Initial Disposition	Mother	63%	64%	56%	70%	64%
	Father or family member	13%	14%	12%	7%	10%
	Foster Care	10%	13%	17%	11%	11%
	Adoption	14%	9%	14%	8%	11%
	Transfer to another hospital	1%	0%	1%	3%	3%
	Discharged outside Florida	10%	6%	13%	7%	8%
	DCF Filed	74%	74%	67%	64%	72%
Balancing Measure	Outpatient NAS medication	3%	6%	7%	7%	5%

Safe discharge

Comply with all elements of FPQC's safe discharge care plan for NAS infants

Safe discharge bundle compliance



Safe discharge plan

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
% Education Bundle	67%	71%	74%	77%	82%
% DCF clearance	85%	100%	93%	95%	99%
% Pediatrician appointment scheduled	71%	74%	73%	77%	76%
% Early steps compliant	64%	73%	81%	75%	76%
% Healthy Start compliant	67%	76%	79%	81%	82%

Early Steps Compliance

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
Referral made	53%	69%	77%	67%	69%
Not offered	36%	27%	19%	25%	24%
Caregiver declined	11%	3%	4%	8%	7%

Healthy Start Compliance

Year	2019				2020
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
Caregiver declined	13%	11%	12%	16%	18%
Not offered	33%	24%	21%	19%	18%
Referral made	54%	65%	67%	65%	64%



Baptist Health South - Jax



- 👤 Compliance = referral made
- 👤 Compliant even if caregiver declines

Year	2019				2020
Qtr	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1
Early Steps referral (%)	100	100	100	100	100
Healthy Start referral (%)	100	100	100	100	100

100% Compliance

Baptist Health South - Jax



Successes	Challenges
<ul style="list-style-type: none"> All admits to NICU are screened by Social Worker within 48 hours of admission. 	<ul style="list-style-type: none"> Social Worker is now working between two different hospitals. Current schedule does not provide for immediate assessment of parental needs.
<ul style="list-style-type: none"> Social Worker performs an initial assessment with mother. Social Worker participates in daily rounds and/or reviews nursing documentation. 	<ul style="list-style-type: none"> Infants transferred from other facilities: lack appropriate testing; lack of referrals to DCF; lack of educational resources available to parents.
<ul style="list-style-type: none"> Social Workers provides every parent with information on Healthy Start ; Early Steps; support groups and Child Care Services. 	<ul style="list-style-type: none"> Birth Certificate Coordinator position has experienced recent turnover.
<ul style="list-style-type: none"> Birth Certificate coordinator uses an on-line program. Scores 4 or higher: coordinator provides parents with Healthy Start information. If parents agree referral can be submitted by the coordinator. 	
<ul style="list-style-type: none"> Vital Statistics provided an educational offering to enhance birth certificate data collection. Four employees from Baptist South attended. 	

Sustainability Phase Timeline



Timeline is July 1, 2020 - June 30, 2021.



We will collect data through April 30, 2021 (the last set of data will be submitted in May).



We will have a final evaluation survey and likely a wrap-up webinar in June 2021.

Sustainability

- 👶 We are currently collecting responses to a survey of all NAS hospitals about their needs and requests for assistance going into the sustainability phase. **40% return rate as of 5.29.20**
- 👶 We anticipate an emphasis on non-pharmacologic treatment as hospitals need assistance in this area to fully implement ESC.

The beauty of collaboratives

- 👤 Webinars x 5 (archived on FPQC NAS website)
- 👤 Zoom Coaching Calls x 4
- 👤 Mid Project networking/sharing via Round Robin sessions
- 👤 I:I assistance per request
- 👤 FPQC website – multitude of resources including comprehensive NAS Toolkit
- 👤 Monthly e-bulletin
- 👤 Eat, Sleep, Console workshops x2 – 20 hospitals attended
- 👤 Community connections
- 👤 Hospital connections

Sustainability: Next Steps

- 👶 Hospitals will formally commit to participate by responding to an email we will send after the webinar (later in the week).
- 👶 It will include a link to a Qualtrics form to indicate participation.

*Data collection remains the same
with 1 additional question related to ESC status*

MOC Credits

- 👤 Physicians participating in NAS can request 25 points of Part IV MOC credit
- 👤 Credits are available only once per initiative
- 👤 All NAS physician champions should have received an email about how to request credits
- 👤 If other physicians would like to request credits, the physician champion should email their names and email addresses to Linda at ldetman@usf.edu



THANK YOU!

*For information on the
NAS sustainability phase please contact FPQC
fpqc@usf.edu*



Partnering to Improve Health Care Quality
for Mothers and Babies