Florida Perinatal Quality Collaborative

Partnering to Improve Health Care Quality
for Mothers and Babies

NAS: CONNECTING TO THE OUTSIDE WORLD

NAS Initiative Webinar

March 19, 2019

Welcome!

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Partnering to Improve Health Care Quality for Mothers and Babies

FPQC

April 4-5, 2019

Florida Perinatal
Quality Collaborative

ANNUAL CONFERENCE

Holiday Inn Tampa Westshore
Tampa, FL

Session Topics

- State of the FPQC
- Racial Disparity in Maternal Health Care
- Physicians Coaching Physicians to Reduce Cesareans
- Maternal Mental Health
- Antibiotic Stewardship

- Family Involvement in QI
- Racial and Ethnic Disparity in NICU Care Quality
- Change Management in QI
- Maternal Opioid Use Disorder
- *NAS/Eat Sleep Console*
- Medicaid's Quality Improvement Efforts
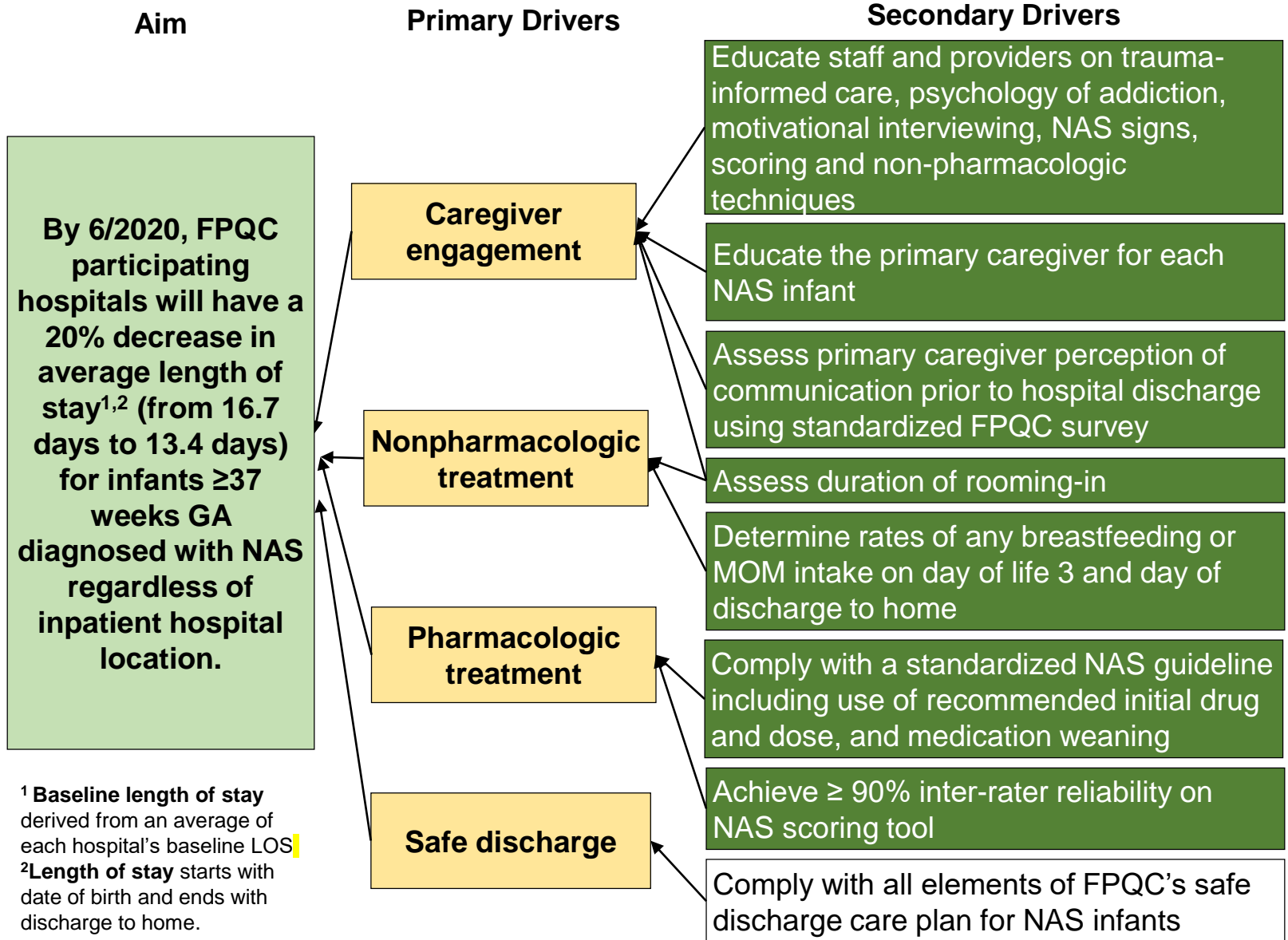
NAS: Connecting to the World Outside

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Erin Hough – Florida Department of Children and Families

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Partnering to Improve Health Care Quality
for Mothers and Babies

Aim	Primary Drivers	Secondary Drivers

Aim

By 6/2020, FPQC participating hospitals will have a 20% decrease in average length of stay[1,2] (from 16.7 days to 13.4 days) for infants ≥37 weeks GA diagnosed with NAS regardless of inpatient hospital location.

[1] **Baseline length of stay** 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

Secondary Drivers

- Educate staff and providers on trauma-informed care, psychology of addiction, motivational interviewing, NAS signs, scoring and non-pharmacologic techniques
- Educate the primary caregiver for each NAS infant
- Assess primary caregiver 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 ≥ 90% inter-rater reliability on NAS scoring tool
- Comply with all elements of FPQC's safe discharge care plan for NAS infants

FPQC NAS Safe Discharge Bundle

1. DCF notified
2. Discharge clearance
3. Caregiver education
4. Early Steps referral
5. Healthy Start referral
6. Pediatrician appointment

Partnering to Improve Health Care Quality for Mothers and Babies

DCF notification and clearance

- Notify DCF for infants that meet inclusion criteria for the FPQC NAS Initiative if there is a "reasonable cause to suspect" infant may be maltreated
  - May not have all information to make this determination
  - Err on the side of caution
  - Provide all necessary information to ensure DCF has sufficient information to make decision

- If DCF notified, obtain DCF clearance prior to discharge
  - Implied if DCF notified and report is not accepted
  - If report accepted, DCF determines placement

Primary caregiver education

Safe Sleep

What to expect
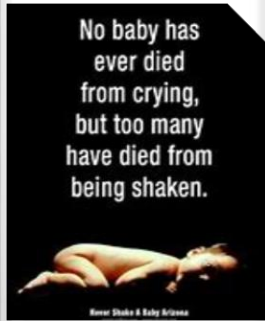
Shaken baby

Postpartum depression

NAS signs

Non-pharm techniques

Safe discharge: referrals and pediatrician f/u

Early Steps[1-3]

- F/U growth, behavioral, and developmental problems
  - attention deficit disorders, disruptive behavior, and need for psychiatric referral

Healthy Start[4]

- Care coordination, breastfeeding, education & support, home visits

Pediatrician[5]

- motor deficits, cognitive delays, behavioral concerns, school absence or failure, growth and nutritional benchmarks

1. Wexelblatt SL, McAllister JM, Nathan AT, Hall ES. Opioid Neonatal Abstinence Syndrome: An Overview. Clin Pharmacol Ther 2017.
2. Hunt RW, Tzioumi D, Collins E, Jeffery HE. Adverse neurodevelopmental outcome of infants exposed to opiate in-utero. Early Hum Dev 2008;84:29-35.
3. Kraft WK, Stover MW, Davis JM. Neonatal abstinence syndrome: Pharmacologic strategies for the mother and infant. Semin Perinatol 2016;40:203-12.
4. Healthy Start Standards and Guidelines. Chapter 12: Substance Abusing Pregnant Women, Substance Exposed Children and Their Families. 2009. at http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/_documents/final-chap-12.pdf.)
5. Kocherlakota P. Neonatal abstinence syndrome. Pediatrics 2014;134:e547-61.

Comprehensive Addiction and Recovery Act of 2016 (CARA)

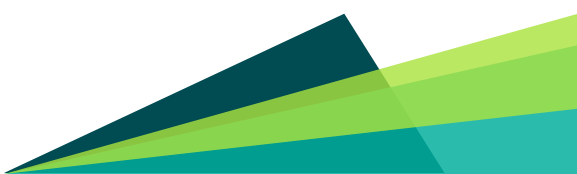**Further clarified the population requiring a Plan of Safe Care:**

▶ "Born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder"; it specifically removed the term "illegal"

Requires that the Plan of Safe Care include the needs of both the infant and family/caregiver

Comprehensive Addiction and Recovery Act of 2016 (CARA), cont.

Specified data reported by states, to the extent practical, through National Child Abuse and Neglect Data System (NCANDS):

▶ The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder

▶ The number of infants for whom a Plan of Safe Care was developed

▶ The number of infants for whom referrals were made for appropriate services, including services for the affected family or caregiver

Comprehensive Addiction and Recovery Act of 2016 (CARA), cont.

Specified increased monitoring and oversight:

▶ Children's Bureau through the annual CAPTA report in the state plan

▶ States to ensure that Plans of Safe Care are implemented and that families have referrals to and delivery of appropriate services

Developing a Plan of Safe Care

► A Plan of Safe Care is intended to facilitate a holistic multi-disciplinary approach to responding the needs of the entire family.

► Plans of Safe Care are to be developed through constructive, supportive, and non-adversarial relationships.

► A Plan of Safe Care is intended to be developed at the earliest point the mother's use or infant's exposure have been identified.

► Plans of Safe Care are always VOLUNTARY.

Plan of Safe Care Components

Infant's Medical Care

- Prenatal exposure history
- Hospital care (NICU, length of stay, diagnosis)
- Other medical or developmental concerns
- Pediatric care and follow-up
- Referral to early intervention and other services
- Other

Mother's Medical Care

- Prenatal care history
- Pregnancy history
- Other medical conditions
- Screening and education
- Follow-up care with OB-GYN
- Referral to other health care services

Plan of Safe Care Components, cont.

Mother's Substance Use and Mental Health

- Substance use history
- Mental health history
- Treatment history
- Medication-assisted treatment history
- Referrals for services

Family/Caregiver History and Needs

- Family history
- Living arrangements
- Parent-child relationships
- Prior involvement with Child Welfare
- Current services
- Other needed services
- Child safety and risk concerns

Points of Intervention

▶ Depending on the concerns and the level of need of the family, agency involvement may vary.

• All mothers and infants will be screened by Healthy Start, both prenatally and postnatally.

• As a result of the screening the mother and family may receive services from various home visiting programs depending on the program they select. Home visiting programs include Healthy Families, Healthy Start, Nurse Family Partnership, etc.
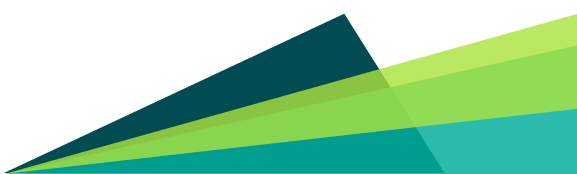
Points of Intervention, cont.

▶ Not all mother's and babies needing a plan of safe care will necessitate a call to the Florida Abuse Hotline.

▶ Should concerns of child maltreatment arise at the time of the infant's birth or through service provision, Florida's robust reporting requirements require those with concerns report the information regarding the mother, infant, or family to the Florida Abuse Hotline.
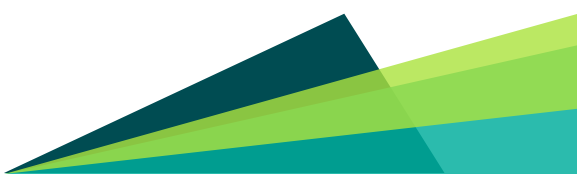
Totality of Information guides when to/when not to report when there is history of administered medical treatment:

- Validation from treating physician or substance abuse professional that patient's use has been appropriate
- No positive drugs screens for other drugs during pregnancy or illicit use stopped early in pregnancy when mother learned she was pregnant
- Received appropriate pre-natal care (e.g., kept appointments, followed medical recommendations, etc.)
- Strong supportive family or informal network in place
- Positive attachment and nurturing behaviors displayed by mother

Florida Statute guides report acceptance:

- Harm from exposure to a controlled substance is defined in s. 39.01(35)(g), F.S., as:

- A test administered at birth to an infant which indicates exposure of any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was **NOT** the result of medical treatment administered to the mother or newborn infant; or

- Evidence of extensive, abusive and chronic use of a controlled substance or alcohol by a parent to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised.

Opportunities for Collaboration

▶ Home Visiting Programs

▶ Hospitals and birthing centers

▶ Prenatal and pediatric care

▶ Substance abuse treatment providers

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Coordinating in the Hospital

- Identify intent of caregiving for the baby.

- Establish positive rapport.

- Coordinate with DCF and Healthy Start with consent.

- Determine who is the point person for developing the Plan of Safe Care.

- Determine referral source for Early Steps.

- Have information for bio mom about managing pain post partum.

- Provide information on caring for NAS babies to the primary caregiver.

- Where capacity allows encourage caregivers to have home visiting services.

- Support family planning and baby spacing

- Ensure information about safe sleep, post partum/perinatal mood disorders, and coping with crying

Audience poll
Question #1

Terms

- **MAT** – Medication Assisted Treatment – use of medication as a harm reduction strategy for people with substance use disorders that put them at significant risk for negative health outcomes including sepsis, Hepatitis B & C, HIV, staff infection/MRSA, overdose and suicide.

- **Protective Factors Framework**– risk mitigation that includes specific factors to include resiliency, social connections, social and emotional competence, knowledge of child development, nurturing and attachment, practical support. www.cssp.org

Trauma-Informed Response

- Create a safe environment
- Do not attempt to "shame" or criticize
- Ask: "What happened?" not What's Wrong With You?"
- Listen to family "story"
- Recognize effort and successes – large and small
- Identify family priorities
- Consider the protective factors

Audience poll
Question #2

Developing a Plan of Safe Care

- Identify immediate stressors and coping capability – "What is your plan for ensuring the safety of your baby?"

- Use Motivational Interviewing Techniques

- Coordinate with other partners

- Identify support system/respite/child care

- Consider the following as immediate needs are addressed:
  - Family Planning
  - Partner Coercion
  - Communication
  - Transportation

Audience poll
Question #3

Elements for Consideration

1. History – substance use, mental health, physical health, previous verified maltreatment

2. Medical Concerns – infant, mother, other children in the home

3. Caregiver Efficacy – any and all caregivers ability to care for unique needs of infant

4. Living Arrangements – environmental safety and stability

5. Supports and Protective Factors – address factors in framework

6. Partner – relapse rate for women with partners of PWID

Trauma – responses associated with childbirth

Audience poll
Question #4

Points to Remember

- NAS babies are at elevated risk for SUID – ensure family has safe sleeping environment.

- Mothers at elevated risk for PPD or relapse – identify support system.

- High risk of child maltreatment. Ensure coping strategy for crying and adequate supports for respite

- Caregivers need to know how to handle NAS babies – ensure special instruction is provided and ongoing.

- Early Steps referral and Pediatric follow up are essential

Let's work together to keep them <u>ALL</u> safe, healthy, and happy!

Thank You!

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Florida Association of
Healthy Start
COALITIONS, INC.

Frequently Needed Resources for Coordinating on behalf of NAS Babies and their Caregivers

Mother and Infant Services

- Florida Association of Healthy Start Coalitions for website map will connect you to the closest Healthy Start Coalition
https://www.healthystartflorida.com/about-us/coalition-map/
- Medicaid Managed Care Plan
  - Info and eligibility screening
https://flmedicaidmanagedcare.com/health/comparehealthplans
  - Choice Counseling – toll free 1-877-711-3662 Mon.-Fri. 8am – 7pm
- Florida Alcohol and Drug Abuse Association for alcohol and drug treatment center locator
https://www.fadaa.org/page/Treatment
- WIC Nutrition Program for the Florida Department of Health
www.floridahealth.gov/programs-and-services/wic/index.html
- *Healthy Families Florida for one of Florida's home visiting programs focused on abuse/neglect prevention*
www.healthyfamiliesfla.org/programs_map.html
- American Congress of Obstetrics and Gynecology Florida Chapter
https://www.acog.org/About-ACOG/ACOG-Districts/District-XII

Infant Services

- Early Steps for information about referrals and Children's Medical Services
http://www.floridahealth.gov/alternatesites/cms-kids/families/early_steps/early_steps.html
- Early Learning Coalitions for quality child care
http://www.floridaearlylearning.com/coalitions
- Florida Chapter of American Academy of Pediatrics for pediatric guidance and resources
https://fcaap.org/
- Florida Department of Children and Families
http://www.myflfamilies.com/service-programs
  - Suspect a child is in immediate danger—call 911
  - Abuse Hotline info about making a report
http://www.dcf.state.fl.us/service-programs/abuse-hotline/
  - Abuse Hotline online report at
https://reportabuse.dcf.state.fl.us/
  - Abuse Hotline call report at 1-800-962-7873 or Florida Relay 711 or TTY 800-955-8771 or fax report to 800-914-0004

Draft #2: 03/10/2019

What questions do you have?

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Q & A

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THANK YOU!

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