



# MORE 2.0

Implementation of MORE

Florida Perinatal Quality Collaborative

# MORE Toolbox, Toolkit, and Resources

[www/fpqc.org/MORE](http://www/fpqc.org/MORE)

## Florida Perinatal Quality Collaborative

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## Maternal Opioid Recovery Effort (MORE)



[Urgent Maternal Mortality Message for Providers from Florida PAMR](#): Overdoses are now the leading cause of pregnancy-associated death in Florida. Obstetric providers, nurses and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers for OUD treatment.

The rate of pregnant women diagnosed with opioid use disorder (OUD) during labor and delivery in the U.S. more than quadrupled from 1999 to 2014, according to a 2018 analysis by the Centers for Disease Control and Prevention (CDC). In Florida, the rate climbed from 0.5 per 1,000 delivery hospitalizations in 1999 to 6.6 in 2014.

This project's purpose is to work with providers, hospitals, and other stakeholders to improve identification, clinical care and coordinated treatment/support for pregnant women with opioid use disorder and their infants.



**Project Focus:** Standardization related to:

- OUD Screening
- Prevention
- Treatment
- Comprehensive Discharge Planning

Learn about our parallel infant health [NAS Initiative](#).

## MORE Project News

[Now Recruiting for MORE 2.0 - Download Application Guide](#)

[Initiative Launch News Story: 'Hospitals vow to do MORE: FPQC's new Maternal Opioid Recovery Effort'](#)

[The Maternal Opioid Recovery Effort Mid-Project Meeting Connects Diverse Stakeholders](#)

# MORE folders for MORE hospitals



## 4) Comprehensive Discharge

# Comprehensive Discharge Planning MORE, 14 Reporting Hospitals

	Q1	Q2	Q3	Q4	Q1-2021
Narcan education	21%	1%	5%	10%	8%
Social work consultation	96%	94%	95%	94%	96%
Contraceptive plan	56%	58%	52%	66%	71%
OB postpartum visit	16%	23%	21%	14%	21%
Pediatric consult	72%	78%	72%	89%	99%
Behavioral/MAT referral	46%	48%	31%	28%	38%
Healthy Start referral	85%	77%	75%	77%	86%

# MORE folder contents

- **Clinical team side(left)**

1. SBIRT pocket guide
2. Checklist
3. Provider Algorithm
4. Trauma-Informed Care
5. Narcan

- *REMOVE above and place in chart as team reference*
- ***Conduct Team Huddle when appropriate***

- **Patient side(right)**


1. MORE HOPE pamphlet
2. Narcan tri-fold
3. Family Planning info

- *Give folder to patient, add information prn*

# MORE Folders & Huddles

- ❑ MORE folders include:
  - Patient care check list
  - Provider and patient education
- ❑ Team huddles at admission to coordinate care
- ❑ Pilot in 4 hospitals
- ❑ Creating prenatal versions
- ❑ Share with other hospitals
- ❑ Sent to all MORE teams

When an OB patient screens + for Opioid Use Disorder (OUD) during an admission, a MORE Folder (stored on L&D/Triage/MBU) is obtained by the patient's nurse. Folder contents are listed below:



(1) MORE OUD Clinical Algorithm for provider review  
 (2) MORE Checklist/Workflow  
 (3) Contraceptive Counseling materials  
 (4) Community Mapping Tool to use with community referrals  
 (5) Save a Life Naloxone (Narcan ®) guide to help providers complete Naloxone counseling / prescription  
 (6) MORE patient education materials: MORE HOPE pamphlet & Naloxone tri-fold for the patient

The patient's nurse works with the rest of the OB clinical team to make sure the OUD Clinical Algorithm is followed & MORE Checklist is completed prior to discharge. Reminding the clinical team that OUD is the leading cause of maternal death in Florida may help the team understand why these steps matter. Remind all members of the care team that reducing stigma & treating patients with empathy & compassion improves outcomes for moms with OUD.

√	<b>MORE Checklist/Workflow</b>	Clinical Team Initials/Notes/Date
	Report + OUD screen to OB provider & give OB provider the MORE Clinical Algorithm to review	
	Request a neo/peds consult for positive OUD screen to counsel on NAS & how moms engage in opioid exposed newborn care when appropriate	
	Call Team Huddle-OB Provider, Neo/Peds, Social work, Charge Bedside RN during hospitalization	
	Confirm Hep C, Hep B, HIV and other recommended secondary screening completed	
	Confirm the provider has the Save a Life Naloxone guide (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly)	
	Handoff/Review MORE folder & MORE Checklist/Workflow with postpartum RN	
√	<b>Prior to Discharge</b>	Clinical Team initials/Notes/Date
	Review MORE patient education materials (MORE folder or <a href="http://fpqc.org/more">http://fpqc.org/more</a> Reinforce important role of mom/family in self-care & care of baby with NAS.	
	Confirm patient's readiness for Medication-Assisted Treatment (MAT) & plan is documented. Remind providers that help with clinical management of OUD / MAT is available through the <a href="http://ucsf.org/warmline">UCSF Substance Use Warmline</a> : 855-300-3595 with free addiction med phone consult.	
	Confirm the patient is linked to behavioral health services/recovery treatment program & has follow up or work with a social work consult to confirm a warm hand off & close follow up to establish linkage to services.	
	Work with Neo/Peds team to engage & support mom/family, providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, Eat Sleep Console (ESC).	
	Confirm Behavioral Health and/or MAT appointment made before discharge.	
	Confirm Naloxone (Narcan ®) counseling has been provided & prescription has been provided before discharge. If possible, encourage having the prescription filled prior to discharge.	
	Confirm all recommended secondary infectious disease screening completed, results provided to the patient, & follow up plan established by OB for all positive screens.	
	Confirm comprehensive contraception counseling has been provided and method of contraception has been identified/prescribed.	
	Review this Checklist with OB Provider. Determine next steps for ANY incomplete elements.	
	Confirm patient has early postpartum follow up visit with OB for 1-2 weeks PP scheduled.	
	Ensure the OB clinical team is in communication with Neo/Peds to confirm a coordinated Plan of Safe Care (POSC). Make sure the patient / family understands their POSC.	
	Ensure Alternatives to Opioids pamphlet has been provided if opioids prescribed.	

# MORE HOPE: Helping Our Parents Excel



**HEALTHY START  
COALITION**  
*Hillsborough County*  
[www.HealthyStartCoalition.org](http://www.HealthyStartCoalition.org)



**FPQC**

**MORE  
HOPE**

*Helping Our Parents Excel*

# PROVIDER Education flyers

## Ask Yourself: Am I Providing Trauma-Informed Care?



### Trauma can result from:

- Experiencing or witnessing violence/abuse
- Household substance use or mental health disorders
- Racism
- Anti-LGBTQ+ discrimination
- Prior birth trauma
- Poverty
- ...and other emotionally harmful experiences across the lifespan.

## Actionable Tips To Help Patients:

### Feel SEEN

- Unconditional positive regard
- Eye contact
- Acknowledge what you see (e.g., "You look uncomfortable, how can I help?")
- Grounding in the present

### Feel HEARD

- Remind them that their voice matters
- Use trauma-informed language
- Ask them how they would like to be supported (e.g., "Do you prefer distraction during the exam, or should I talk you through it step-by-step?")
- Share trauma disclosures with team (with patient consent) so the patient does not need to retell or relive trauma

### Feel IN CONTROL

- Always ask for consent before touching a patient in any way
- Knock before entering room and ask for permission to enter
- Give control to the patient for initiation and termination of procedures
- Help maintain modesty
- Reflect on your reaction to a birth plan/preferences
- Respect the purpose of a birth plan/preferences: it is what you need to know about the patient so you can provide them with excellent care

Visit [www.fpqc.org/MORE](http://www.fpqc.org/MORE) for Trauma-Informed Care resources • E-mail: [fpqc@vet.edu](mailto:fpqc@vet.edu) • @TheFPQC

v. 3/3/2021







# TY WP, LRH, UF JAX & Halifax who tested folders 1<sup>st</sup>!!



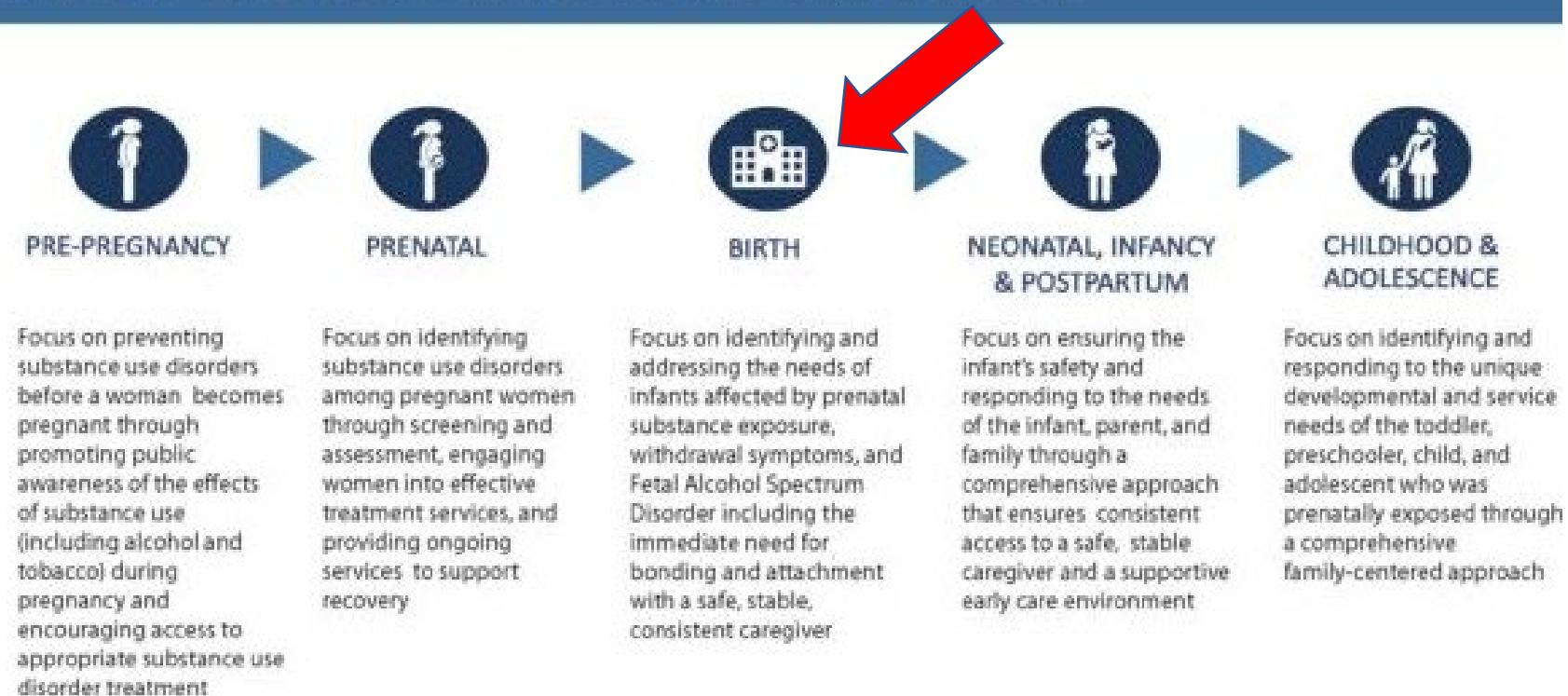
# Community Collaborations

- Plans of Safe Care
- Resource Mapping



# Community Collaborations: POSC

## FIVE POINTS OF FAMILY INTERVENTION



# Community Collaborations: POSC

- Purpose is to link moms, babies & families with services, as soon as SUD is identified.
- Components:
  - Mom's Behavioral Health Needs
  - Infant's Medical Care
  - Mom's Medical Care
  - Family/Caregiver Hx and Needs
- Whose leading efforts in your community?

# Community Collaborations: Resource Mapping

- Work with local Healthy Start Coalitions to identify community resources, contacts
- Learn about CONNECT
- Get info about community initiatives
- Training for staff





# Narcan Distribution Program

**32**

hospitals enrolled  
in program

Since 2016

**168,757**

Narcan kits  
distributed

Since 2016

**10,267**

self reported  
reversals  
(LIVES SAVED)

Florida's Narcan Distribution Program partners with over 200 providers as of May 2021. Overdose prevention training is provided to all enrolled partners. Kits are purchased with grant funds and distributed for free to anyone at risk of witnessing or experiencing an opioid overdose.

to enroll, email [isavefl@myflfamilies.com](mailto:isavefl@myflfamilies.com)

Check out [isavefl.com](http://isavefl.com) for our naloxone locator

Created 5/18/21



# Lakeland Regional Health MORE Experience



# Mindfulness & Stretching Activities



Photo credit: Jeffrey Westerhoff blue-tit-in-water-reflection

# Mindfulness Activity: 4 Breaths

Breathe in for 4 slow counts...

Hold the breath for 4 slow counts...

Breathe out for 4 slow counts...

Wait 4 slow counts...

*Repeat the cycle 4 times*

# Neck and Shoulder Stretch

- Slowly....

1. Ear to shoulder
2. Chin back, release
3. Nod yes
4. Side bends
5. Look over shoulder
6. Hold elbow over head
7. Shrug shoulders

