The Indianapolis Coalition for Patient Safety
Nursing Leadership Forum

Interprofessional Care and Collaboration for Pregnant Women with Substance Use Disorders

Community Hospital East
July 31, 2018

Highlight of the Issue

- http://media.ecommunity.com/2017/NAS/index.html

Phone set up: Text the word *healthlinc* to 22333. You will receive confirmation from Polleverywhere.com

Text your question to

22333

Objectives

Participants in this session will:

1. Learn the current impact of maternal substance use & NAS at the national, state, and local level
2. State 2 outcomes and 2 goals of the Indiana Perinatal Substance Use Committee and the Indiana NAS pilot hospital program
3. State 3 interventions implemented at Community Hospital East to address perinatal substance use and neonatal abstinence
4. State 2 future program goals at Community Health Network

Panel Members

Donetta Gee-Weiler RN, MSN-MBA

Rainey Martin, MSN, RN, AGCNS-BC, RNC-OB

Brooke Schaefer, MSN, RN, Nurse Practitioner

Jillian Leffler, LCSW

Kayla Schieck, BSW, Resource Coordinator

Scope of the Problem-National Statistics

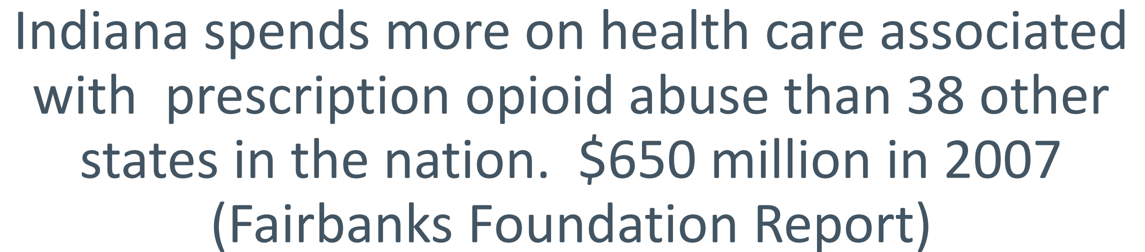
9% of babies born in the US test positive for opiates

Incidence of NAS tripled from the year 2000 to 2009

By 2012, one baby diagnosed with NAS every 25 minutes

78% of babies diagnosed with NAS are on Medicaid

Scope of the Problem-State Level



20% babies born in Indiana test positive for opiates

10% of babies born in Indiana test positive for more than one substance

Scope of the Problem-State Level

In 2014, the Indiana General Assembly required ISDH to:

- Establish a task force to develop a working definition of neonatal abstinence syndrome (NAS)
- Identify a process for identification of NAS
- Develop a data collection process to articulate incidence of NAS
- Identify resources needed to support the treatment of maternal substance use and NAS
- Select hospitals to pilot recommendations from the task force

Why did CHNw get involved

Network Mission

- Deeply committed to the communities we serve, we enhance health and well-being.

Not about competition

- The substance use epidemic will take all health care organizations working together to address

Assist State Leaders

- Currently our leaders are at a loss of how to help due to lack of knowledge regarding the depth of the problem

Gaining Support at All Levels

Senior Leadership

- Current patient statistics
- Provider frustrations
- Resources needed and current shortage

Physicians

- Care coordination process
- Ability to increase resources
  - Network resources
  - Statewide resources

Unit leadership

- Care coordination process
- Ability to increase resources
  - Network resources
  - Statewide resources
- Educational resources

Our Interprofessional Team

Ambulatory

- Resource Coordinators Kayla Schieck & Charla Condra
- OB/GYN Practice Manager James Long
- Behavioral Health Consultant Salihah Talifarro
- Ambulatory Triage Nurses
- OB/GYN Buprenorphine Prescribers Dr. Anthony Sanders, Dr. Michelle Murphy, Brooke Schaefer, NP
- Mid-America Clinical Lab Steve Dudley

Inpatient

- Interim Director, Maternity Services & NICU Rainey Martin
- Perinatal Clinical Nurse Specialist Rainey Martin
- NICU Medical Director Dr. Suyog Kamatkar Neonatal Nurse Practitioners
- Licensed Clinical Social Worker Jill Leffler
- Chief CRNA Diane Ruscoe
- Inpatient Maternity & NICU Nurses
- Kaleigh Bachus, Nursing Lead Inpatient SUD team
- Mid-America Clinical Lab Steve Dudley
- United States Drug Testing Lab
- Gallahue Behavioral Health
- Inpatient Nurse Managers and Educators

Post-Discharge

- Behavioral Health Therapist Bridgette McLaurin
- Primary Care Buprenorphine Prescribers Dr. Charles Platz
- Volunteers of America Fresh Start Recovery Center
- Nurse Family Partnership
- CleanSlate Addiction Treatment Centers
- Gallahue Behavioral Health

Responsibilities of Key Team Members

Nursing Director

- Identify opportunity and define program
- Garner support for changes with senior leaders
- Identify key stakeholders
- Support program and promote buy-in with providers, nursing staff, lab, pharmacy, anesthesia, ambulatory staff
- Assemble team to identify outcome metrics, key performance indicators, and needed resources
- Operationalize processes from ambulatory to inpatient settings via process maps
- Determine financial implications of program

Clinical Nurse Specialist

- Ensure practice is evidence based and bridge gap between literature and everyday practice
- Identify and implement practices to assist bedside staff in care (COWS, CAGE, Order Sets, Policies, Process Algorithms)
- Facilitate team communication (monthly status calls, nursing consults)
- Assist inpatient and ambulatory nursing leaders with operationalizing new processes
- Represent goals and outcomes of program at the level of the organization
- Collaborate with external organizations (ISDH, USDTL)
- Identify quality metrics and track outcomes for opportunities

OB/GYN Physician Lead

- Champion for program with peers within CHNw, administrators, legislative and ISDH leaders
- Prescribe subutex to patients within OB/GYN practice
- Co-manage substance use disorder patients with other OB/GYN providers in CHNw
- Identification of barriers and limited resources for pregnant women with substance use disorders

Responsibilities of Key Team Members

OB/GYN Nurse Practitioner

- Weekly audits of patients charts for opportunities for extended assistance
- Care coordination for patients
- Prescribe subutex to patients within OB/GYN practice as needed
- Maintaining program patient lists
- Facilitating communication between members of care teams
- Identification of barriers and limited resources for pregnant women with substance use disorders

OB/GYN Resource Coordinator

- Identify social determinants present in a patient's life and provide resources in order to mitigate barriers to care.
- Identify therapy options within urban and rural communities for SUD, depression, anxiety, and other disorders so that patients are able to be connected to proper mental health care.
- Provide patients with resources regarding baby items, transportation to medical appointments, and Nurse Family Partner referrals.
- Work within a multi-disciplinary team in order to provide comprehensive care.
- Ensure that all patients are provided referrals to medical specialists, PCPs, and MAT providers after post-partum care is complete. This exemplifies the continuum of care model.
- Provide all patients with a smoking cessation program option. The resource coordinator is Baby and Me Tobacco Free certified.

Inpatient Social Work Case Manager

- Consult with every mother after delivery
- Assess readiness for discharge: housing, transportation, emotional support, physical support, coping, safety
- Liason with DCS, WIC, medication assistance program
- Identify post-discharge providers for mother and baby

Responsibilities of Key Team Members

Behavioral Health Consultant

- Assess and treat wide variety of behavioral health and psychosocial concerns
- Design and managed interventions, including referrals to intensive outpatient therapy
- Assist with care coordination
- Assist with transition of care from OB/GYN buprenorphine provider to primary care buprenorphine provider
- Therapy liaison for staff with questions about therapy process

Neonatologist and Neonatal Nurse Practitioner

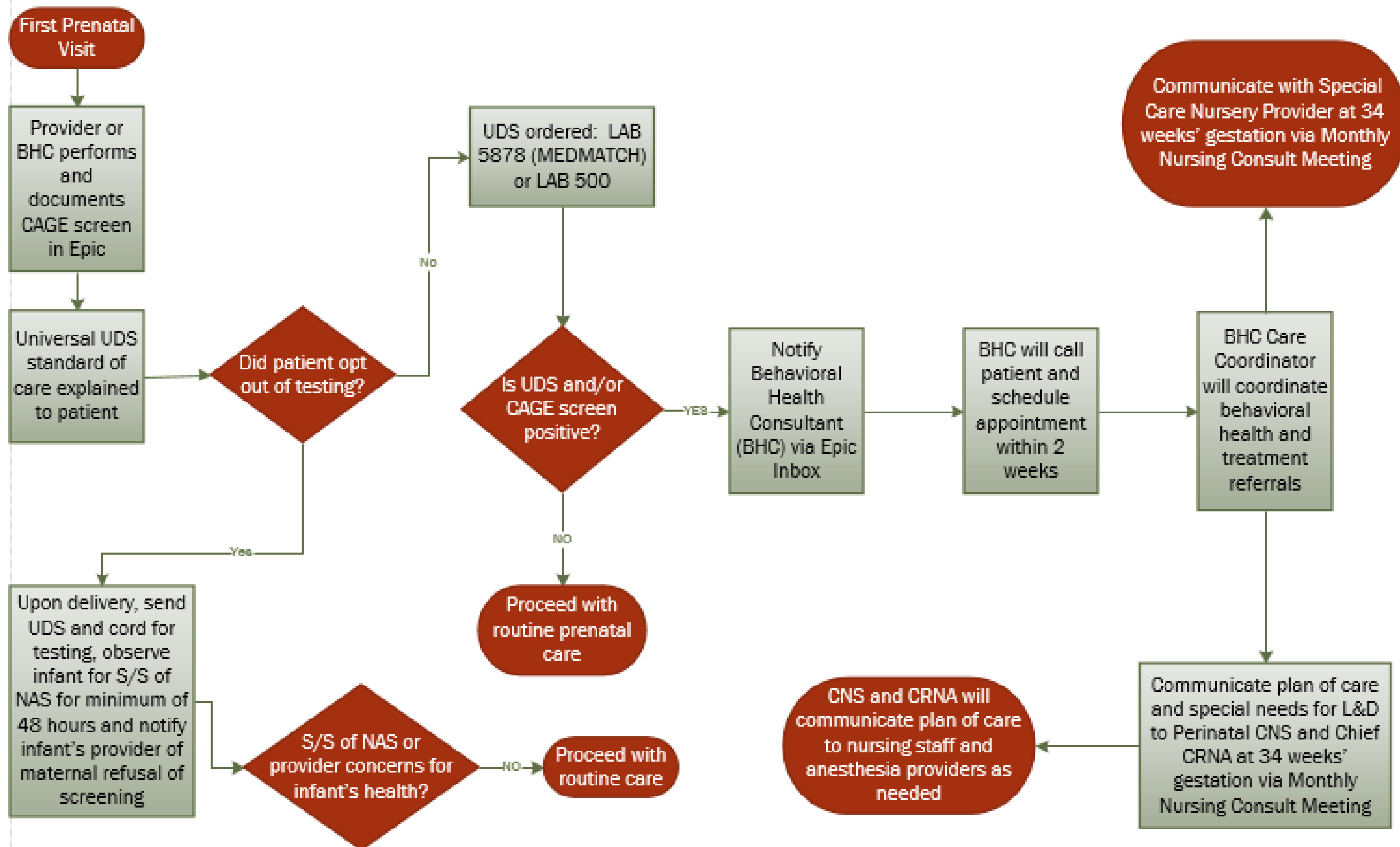
- Diagnose and treat neonatal abstinence syndrome
- Provide nursing staff education
- In-person consultation with expectant mothers regarding care of babies exposed to substances during pregnancy
- Champion for program with peers within CHNw, administrators, legislative and ISDH leaders

Physician Lead & VP Women's and Children's

- Provide support at the network & state level
- Highlight the work & success of the clinical team
- Break barriers that cause issues within the program
- Provide resources for the project team

Universal toxicology screens on initial prenatal visit
Referral of all positive screens to Behavioral Health Consultant for brief intervention and referral to intensive outpatient therapy as needed (MOMentum)
Referral to MAT (2 OB/GYN and 1 NP buprenorphine prescribers on site)
Prenatal consult with neonatology to educate parents on what care plan to expect for their substance-exposed infant
Prenatal consult with CRNA to develop post-delivery pain management plan
Prenatal consult with lactation consultant to develop breastfeeding plan of care
Universal tox screen upon hospital admission for labor and delivery
Umbilical cord drug screens for infants born to mothers with a history of substance use and/or + tox screen on admission
Observation of all opioid exposed infants for withdrawal for 5 days
Post-partum follow up counseling with Behavioral Health Consultant or MOMentum therapy program
Transition care of mother to primary care provider who is a buprenorphine prescriber

CHE Ambulatory Process for SUD/NAS Program



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Opportunities for Improvement

- Standardize non-pharmacologic care of the newborn with NAS
- Strengthen relationships with primary care and pediatric providers to standardize follow up for exposed infants
- Track long term outcomes on exposed babies
- Standardize POC UDS in OB/GYN offices
- Sustainable data tracking platform

Actionable Steps to Get Started

- Gain senior leadership support
- Recruit OB/GYN provider to become buprenorphine provider. Identify a physician champion.
- Budget for umbilical cord drug screening and universal maternal screening
- Establish connection with behavioral health services for pregnant women
- Finnegan training for maternity and nursery/NICU staff
- Standardize mandatory observation periods for opioid-exposed infants
- Standardize prenatal consults with nursery and anesthesia providers
- Educate team members on use of screening tools (COWS, CAGE, 4Ps)
- Build tools into EMR to assist staff and providers (order sets for management of acute withdrawal and buprenorphine initiation, COWS, CAGE)
- Contact a member of the Community team for tips on getting started

Recommendations from Professional Organizations

Positive results of the CHE pilot program for Maternal Substance Use support the approach recommended by multiple professional organizations:

"The problem of drug and alcohol use during pregnancy is a health concern best addressed through education, prevention and community-based treatment, not through punitive drug laws or criminal prosecution."

-ACOG, AWHONN, AAP, ACNM, AAFP, APHA, ASAM, MoD

Questions & Discussion:
Text your questions to 22333

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