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children's hospital
a member of **SPECTRUM HEALTH**



Rating the Drivers of care for NAS: Current State							
2/18							
Driver	Potential Benefit	Feasibility	Within Our Mutual Sphere of Influence	Time to Implement	Impact On Cost vs. Value	Does Good Evidence Exist?	Total
Unit Culture	5	3	2	2	4	3	19
Attitudes	5	3	3	2	4	3	20
Addiction Education	5	5	5	3	5	5	28
1 Continuity Relationships	5	4	4	3	5	3	24
Intra-disciplinary Team	5	5	5	4	4	4	27
Standardized Care Process	5	5	5	3	5	5	28
Avoid Maternal Separation	4	5	5	5	2	3	25
Appropriate Site of Care	4	5	5	5	3	3	25
Avoid Scoring Inconsistencies	5	4	3	3	5	5	26
Avoid Excess Use of Rx	4	5	5	4	4	4	26
Avoid discharge delays	4	4	4	4	5	4	25
Collection of Specimens	5	4	5	4	4	4	26
Soothing techniques for families	4	5	3	4	2	2	20



<p>Identification</p> <ul style="list-style-type: none"> • Prenatal Records • Mom's H&P • MSW notes • OB Clinic notes (EPIC) • Rounds • OBTV • Verbal report from OB Staff • Mom's Toxicology Screen • Mom's Chart • Outlying hospital identification • Infant symptoms • NAS scores 	<p>Barriers</p> <ul style="list-style-type: none"> • No Flagging in chart/computer • Don't usually know ahead of time • Some drugs not detected by screening (Suboxitine) • Collection for toxicology screen is inconsistent
<p>Evaluation</p> <ul style="list-style-type: none"> • NAS scores • Baby's toxicology screen • Nursing • CPS referrals made by MSW on all babies being treated 	<ul style="list-style-type: none"> • Unclear when and how often a baby should be scored • No standardization for scoring • Inconsistent reporting of abnormal scores • Nursing not always aware they don't need an order • Collection of meconium inconsistent • Inconsistent charting and recording
<p>Treatment</p> <ul style="list-style-type: none"> • Evidence based guidelines are in place • Pharmacological tx • Non-pharmacological tx • Single room • NAS score of 8 or > X3 • Attempt to keep baby in post partum till mom discharged or if pharmacological tx is needed. 	<ul style="list-style-type: none"> • Information needs to be reviewed and updated • Physicians have different practices and approaches to weaning • We have longer LOS than others • Different opinions on breast feeding • Dosing sometimes unclear
<p>Discharge</p> <ul style="list-style-type: none"> • Off medication for 24-48 hours • NAS score <8 • CPS referrals done by MSW • Some with home med tx • Visiting Nurse • Soothing techniques for parents • Follow up clinic: Jane Brouwer • Contact pediatrician by Neo physicians 	<ul style="list-style-type: none"> • Some babies need meds at home but not all pediatricians are comfortable with managing patients • Not all Neo Docs call the follow-up Peds • Don't have good flow • Need PT to teach soothing techniques • Problem with those outside or GR • Need for home treatment with meds.



Addiction Education

- Physician
- NICU staff and support staff

Fall 2013

Interdisciplinary Team

- Clinics
- Obstetrics
- Community

Started

Avoid Scoring Inconsistencies

- Practitioners
- Nursing

Starting May 2013



Current PDSA Cycles

- Call from Neonatologist to Pediatricians to help manage babies discharged on medication
- Communication from outpatient clinic to the NICU when a family has been identified prenatally
- Resources from clinic identified to support staff involved with difficult cases
- Addiction education for MSW
- Finnegan Scoring training for all new hires

Future PDSA Cycles

- Mandatory addiction education
- Community resource brochure
- Fall NAS conference (Sept.)
- Recruitment of previous families affected by NAS for our parent support program
- Community education and references



