Journey for quality Neonatal Abstinence Syndrome care at Hurley Medical Center

By NAS Team

HURLEY
MEDICAL CENTER

AIM

At Hurley Medical Center we will improve care for infants that are treated for neonatal abstinence by:

A. Implementing consistent perinatal screening for both Mom and baby

B. Choosing the best method for our hospital to test infants and moms.

C. Providing consistent care for infants with Neonatal abstinence by following current protocol and/or revision as needed .

D. Decreasing length of stay for our infants over the next year by 5 - 10 days

Team Members

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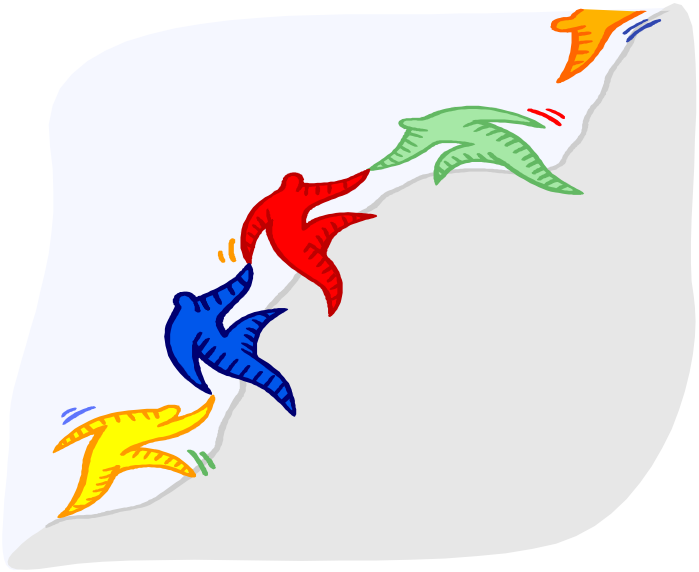


Our Beginning: Where are we starting from?

Our current state at Hurley Medical Center: We do have....

Screening of infants

- We have a NICU policy for which babies we screen and consistent criteria.

Treatment of infants

- NAS policy for treatment in place for the past several years. Revised this policy in past 6 months. (switched from traditional weight based to an integrated symptom based policy in Oct 2012).
- Education provided to our NICU staff on the revised policy and treatment protocol.
- Collected study data comparing weight based to integrated symptom care **reduced our LOS by 6 days**☺
- Nurses trained on a modified Finnegan scale scoring tool.

Our Beginning cont..

1 Year ago our hospital organized an education program for pregnant women who are in a methadone treatment program. Our program is called **Hopeful Hearts**

Our program focuses on educating pregnant women primarily about the effects of opiates on infants and care of infant after delivery.

Our Lactation Consultant is part of the presentation and supplies information regarding lactation and breast feeding to these women.

Starting Line: Maternal

Goal/Plan by September we will:

Have a hospital policy on Maternal screening:

- Who gets screened/rescreened when they are admitted to hospital

A flag on patient's electronic medical record that an OB Provider has screened at risk for substance abuse and requires screening on admission.

Action: Maternal

Maternal screening Policy

Survey our OB Providers

- Surveyed OB Providers regarding their office screening policy for drug and alcohol history and screening criteria for hospital admission.

Plan to provide education to our OB colleagues regarding our project and ACOG/AAP standards for drug and alcohol screening in pregnant women

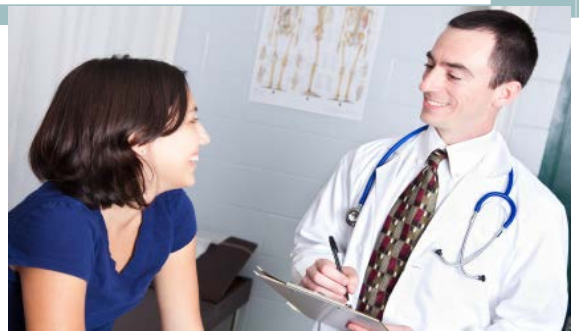
By September we plan to:

1.Create policy to standardize screening of pregnant women upon admission to the hospital

2.Electronic flag for Patients at risk so that no at risk infants are missed

3. Develop audit tool for compliance

Prenatal Substance Abuse Screening Survey results



We are still in process of collecting surveys Preliminary results show:

- 100% of women were screened for drug use; 81 % were screened for alcohol use
- Drug Screen: 75% of OB Providers used self report and 25% use urine drug screen
- Alcohol Screen: 35 % use SBIRT,CAGE, TACE
- Most are using some type of protocol to identify patient to screen but compliance is an issue: Most common criteria used – No or limited prenatal care, Previous unexplained fetal demise, and Abruption Placenta. (75-88% reported these)
- Those patients that have positive screen on 1st prenatal visit are not re-screened at time of delivery or any other time.

Starting Line: Infant

Meconium vs. Cord

By October

- Investigate best method for identifying positive drug screens for infants (meconium vs. cord or combination)
- Establish chain of custody for specimens
- Review current policy of screening infants
- Continue consistent treatment using our current policy (symptom based treatment)

Action: Infant

- Decide whether to continue to use Meconium or change to cord as source for testing
- Planning to invite speaker from lab and review current literature on the subject
- Will create/revise current policy after research has been completed
- Create brochure for Mom's that are at risk of having a baby with NAS
- Invite Child Protective Service worker to join our group to create open line of communication and possible decrease some length of stay by having home for infants ready prior to infants planned discharge

Finish Line

- Continue to monitor length of stay for these infants
- Decrease our length of stay by 5 – 10 days
- Discharge infants safely to Moms or other homes
- Continual evaluation of the policies
- Improve communication with the OB Provider