

St. John Hospital & St. John Maccomb
Hospital
... providing spiritually centered,
holistic care

**Vermont Oxford Network
iNICQ 2013 Collaborative**

***“Controversies in the Care of Infants and
Families Affected by Neonatal Abstinence
Syndrome”***

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NICU & SCN Clinical Nurse Manager
May 31, 2013

The St. John Team

- Dr. Ali Rabbani - Dept of Pediatrics, Director NICU & Special Care Nursery
- Gayle Novack - Administrative Leader
- Sandra Scerri - Department Leader
- Dr. Maria Duenas, Debbie Cuthbert, Karen Jelalian – VON Audits
- Dr. John Adams, Dr. Renato Casabar - Neonatology Leaders
- Dr. Anne Schneider, Kelly Riesterer – Perinatal/Obstetrics
- Laurie Aman, Jessica Corte – Neonatal Nurse Practitioners
- Dr. Karen Alton, Laura Ashburn – St. John Macomb Level II Nursery
- Mary Sullivan - Logistics Leader
- Tammy Palice, Arlene MacEachran – Social Work
- Claudia Ogilvy – Case Management
- Joedi Mailloux, Jeannene Sulewski – Lactation Consultant
- Pastor Sybill Glenn – Spiritual Care
- Heidi Sartori, Jason Taylor – Pediatric Pharmacy
- Jill Dowling, Valerie Rochon, LaRae Bearden, Tracy Wanamaker – NICU & SCN Nursing Leaders

The St. John Team



St. John Team Goals

- Identified team members according to role and responsibilities
- Identified subcommittees and members for each specific to Potentially Better Practices 1, 2, and 3
- Established meeting schedule
- First meetings we agreed upon drivers of care:
 - Avoid maternal separation- rooming in with parents
 - Support a family-centered care approach
 - Identify personal feelings (leadership principle: *Be curious rather judgmental*)
 - Identify spiritual care triggers

Spiritually Centered, Holistic Care

- Align goals with **St. John Providence Health System Mission**

St. John Providence Health System, as a Catholic health ministry, is committed to providing spiritually centered, holistic care which sustains and improves the health of individuals in the communities we serve, with special attention to the poor and vulnerable.

Spiritual Care Triggers

Spiritual Care provider responds and ministers spiritual counsel per patients or health care team member request. The request may include providing for example, prayer or other religious rituals to enhance the ability to cope with the diverse changes in life.

Spiritual Distress, Anger toward God:

- The need to be reassured of God's Love and care
- Lack of a peaceful existence
- Feeling angry
- Loneliness
- Hopelessness
- Meaning and purpose in life is void
- Lack of direction
- Separation from religious community
- Difficulty in coping
- Family challenges
- Lack of family support

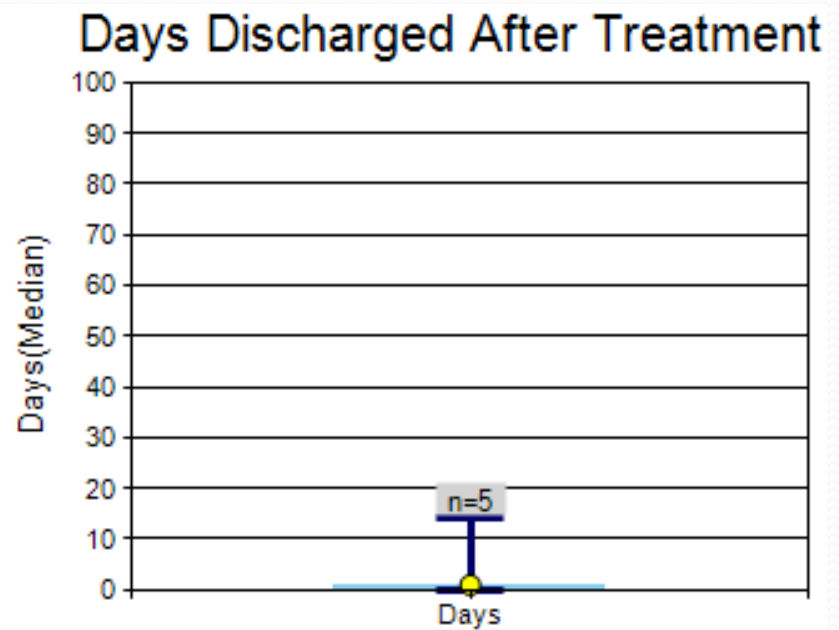
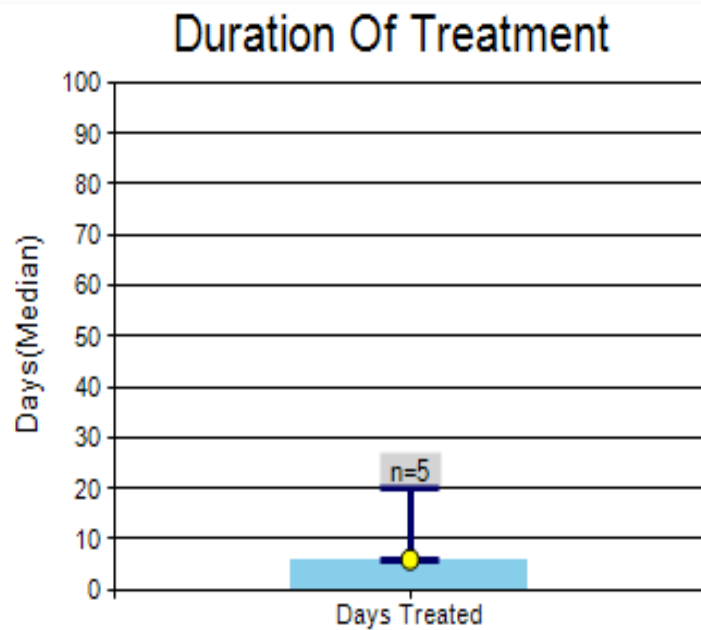
Spirituality Assessment Tool Proposed Questions

What brings joy in your life? What do you value as important in life? Do you enjoy caring for others? Are you hopeful to have life be fulfilling? What do you do to care for your body/spirit? What makes you hurt? How do you feel being a bearer of life? Are you at peace within your spirit? What would life look like without medicine or drugs? How do you cope with anger? How do you cope with being overwhelmed? How do you cope with disappointments? What bring happiness?

NAS Quality Audit

October – December 2012

- **Date of audit:** 02/05/2013
- **Total Number of Infants:** 5



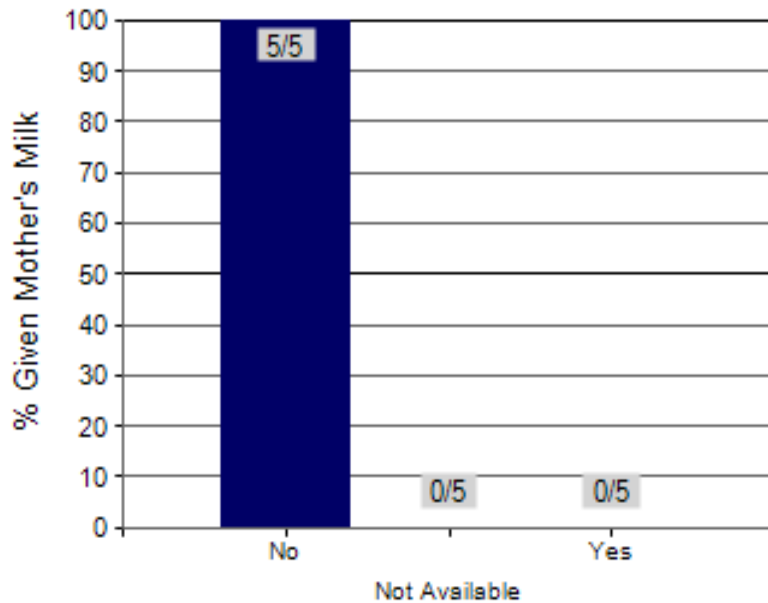
NAS Quality Audit

October – December 2012

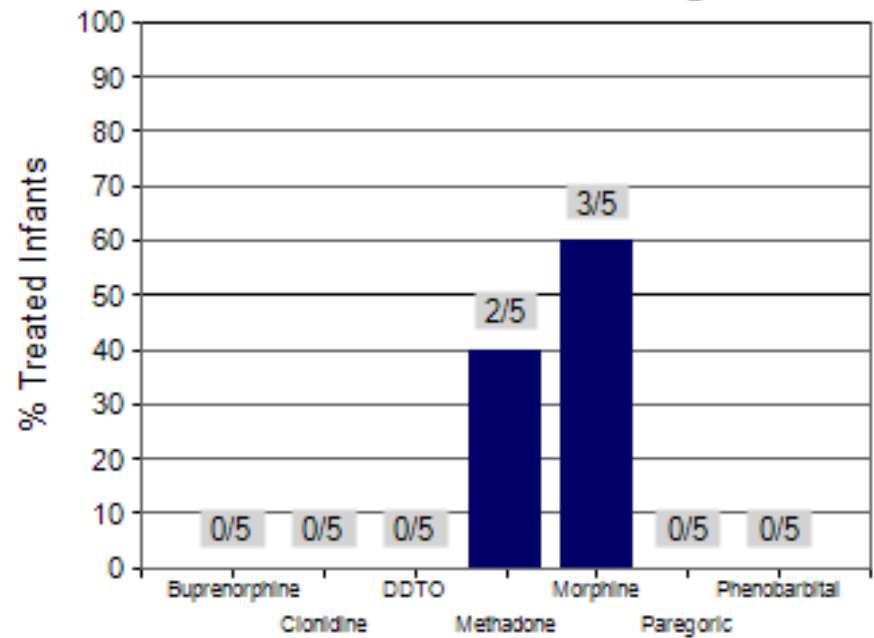
Date of audit: 02/05/2013

Total Number of Infants: 5

% Given Mother's Milk



Medications for Treating NAS



Potentially Better Practice # 1

Develop and implement a standardized process for the identification, evaluation, treatment and discharge management of an infant with neonatal abstinence syndrome

AIM Statement –What are we trying to accomplish?

St. John Hospital and Macomb Hospital will increase percentage of pregnant women who will be screened by history for substance use/abuse upon entry for Birthing Center care (triage and admitted). By December 31, 2013 we will increase number of screened pregnant women from 19 to 138.

Goal: 10% increase of total number screened/number of deliveries
Total number of deliveries from June – Dec 2012 = 1,386 (audit period)

Screening/Identifying Mothers and Infants at Risk

- Standardize screening tool in OB offices and hospital
- Review current history and physical forms
- Contact OB physician offices re: H&P tools
- Discuss screening questions to help identify potential risk
- Include question relative to their spiritual well being (align with St. John Providence Health mission & vision)
- Consult local physician addiction specialist Dr. Christianson, Hutzler Hospital
- Compose letter to OB physicians to share project work and identify importance of enhancing our tools

Screening/Identifying Mothers and Infants at Risk

NAS Maternal Screening Questionnaire - questions should be asked at every patient/healthcare provider contact, inpatient, outpatient and triage.

At any time in the past 12 months:

1. Have you consumed any alcohol more than just a few sips?

If yes, describe what and how much?

2. Have you used any type of tobacco, smoked or other?

If yes, describe what and how often?

3. Have you smoked marijuana or taken any substance to “get high”?

If yes, describe what and how often?

4. What medications do you take regularly for pain, either prescription or not?

What drug(s), how many tablets and how often?

5. What things do you do to take care of yourself (mind, body, spirit)?

Developing a standardized approach to the evaluation of the substance-exposed infant

1. Which infants are at risk for NAS?
2. Toxicological screening for drug exposure – Need to develop guideline/protocol if nothing is in place or we have guideline, need to review and make necessary changes based on current recommendation(s)
3. Screen for associated risk - HIV, Hep C, Hep B
4. Social service involvement
5. Non-pharmacological care
6. Monitor for signs and symptoms of NAS using the Modified Finnegan Scoring System
7. Nutritional support - breastfeeding

Communication & Education Plan

- OB & Pediatric business meetings
- VON iNICQ 2013 webinars viewed by Pediatric Resident team
- Case Studies – share stories and discuss how we could have cared for the family in a different approach to get the best patient & family-centered care experience
- Newborn Database Revision
- OB and Pediatric Resident Education (add to new resident education)
- OB & NICU/SCN Nursing Education
- Key messages (see maternal screening guidelines template)

Next Steps

- Consult legal and risk management depts re: consent for maternal urine testing
- Legal representative to come to next meeting
- Continue education plan development OB/NICU/SCN
- Data collection – 2nd audit August 2013
- Continue complying NAS Resource Pamphlet information (OB offices, clinic & hospital settings)