Tennessee Collaborative for Optimal Pain Care (TN-COPC)

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Disclosures

- No financial disclosures
- No discussion of off label use

- Thank you to Brenda Barker, Executive Director of TIPQC

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Change

"Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed it is the only thing that ever has.“

— Margaret Mead

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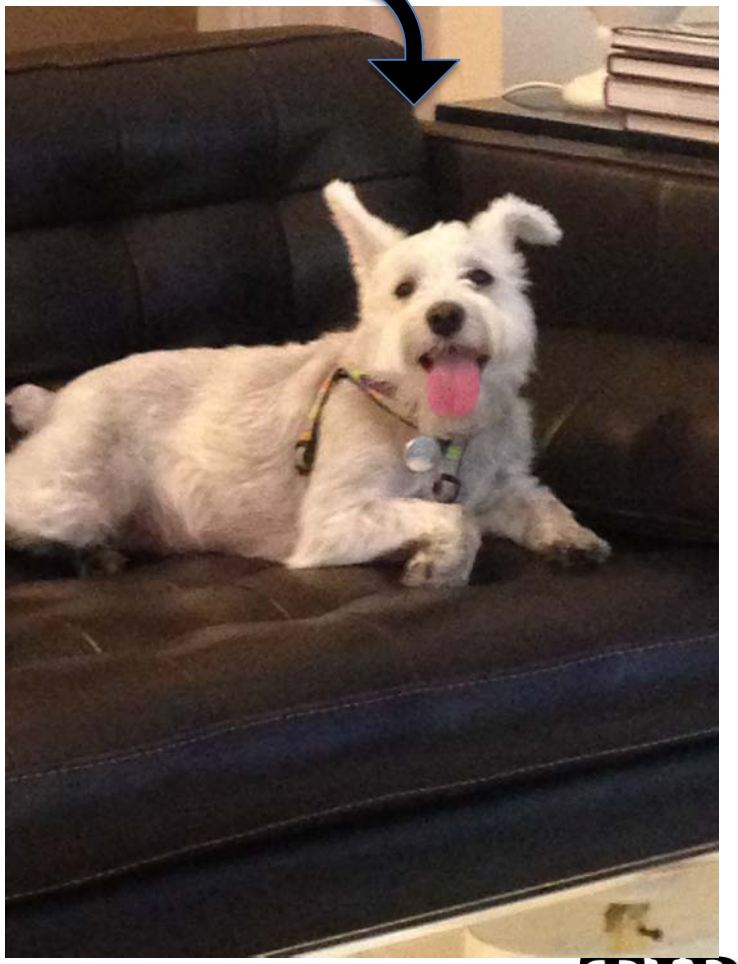
Change



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Tennessee Initiative for Perinatal Quality Care

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- **Established in 2008** by the TN Governor's Office.
- Physical **Location** is Vanderbilt University Medical Center, with data housed at TDH.
- **Focus** is Maternal and Infant Population.
- **Participants:** Open to all 65 birthing hospitals and OB clinics, and all 26 NICUs.

- **Mission Statement:** TIPQC seeks to improve health outcomes for mothers and infants by engaging key stakeholders in a perinatal quality collaborative that will identify opportunities to optimize birth outcomes and implement data-driven provider- and community-based performance improvement initiatives.

- **Goals:** Establish a statewide perinatal database; Foster state-wide quality improvement initiatives to reduce mortality and morbidity associated with premature birth and low birth weight; Promote system changes by provider organizations to increase use of evidence based clinical practices for obstetric and NICU patients.

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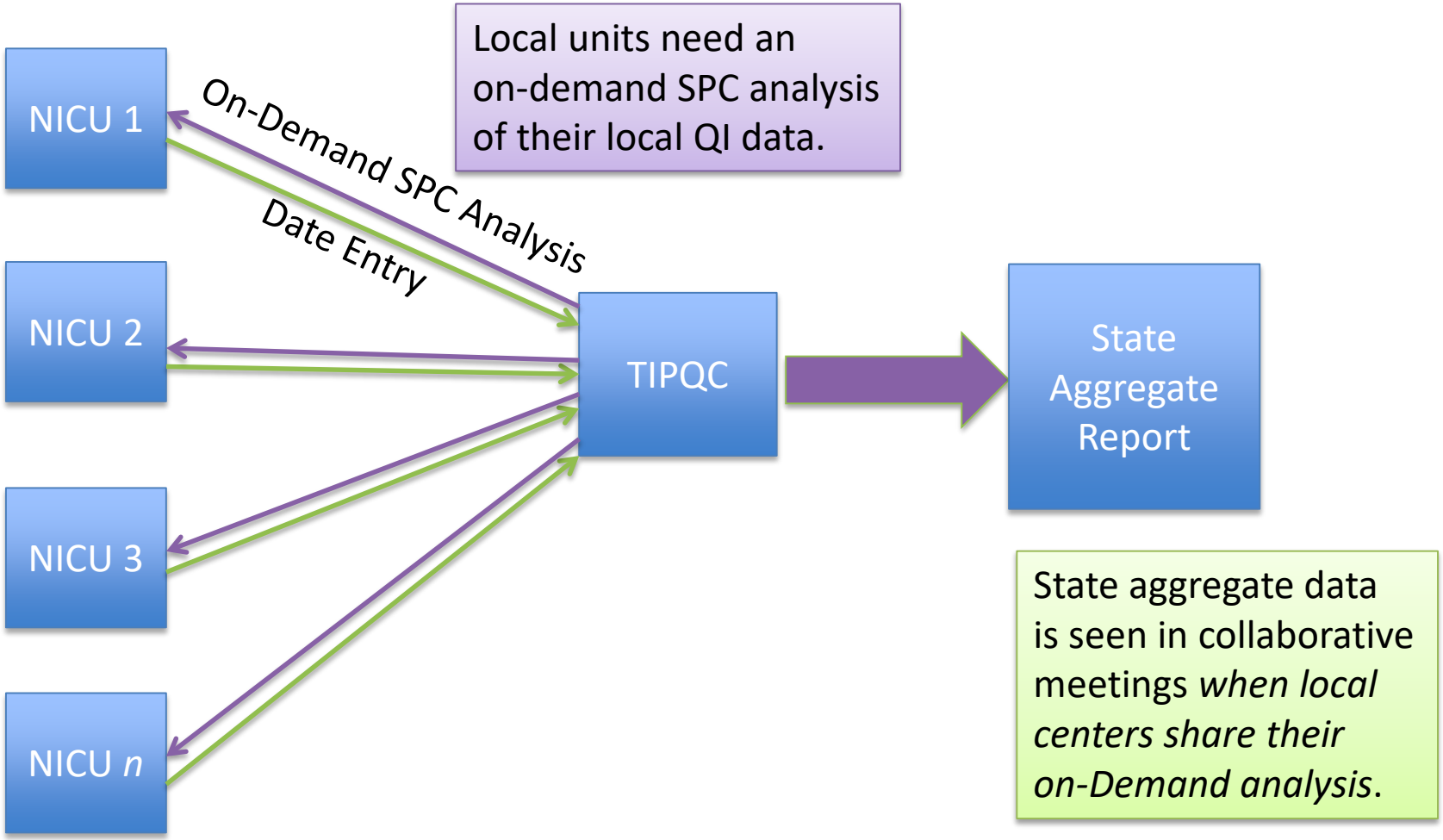
Making Measures that Matter Actionable to Bedside Decision Makers



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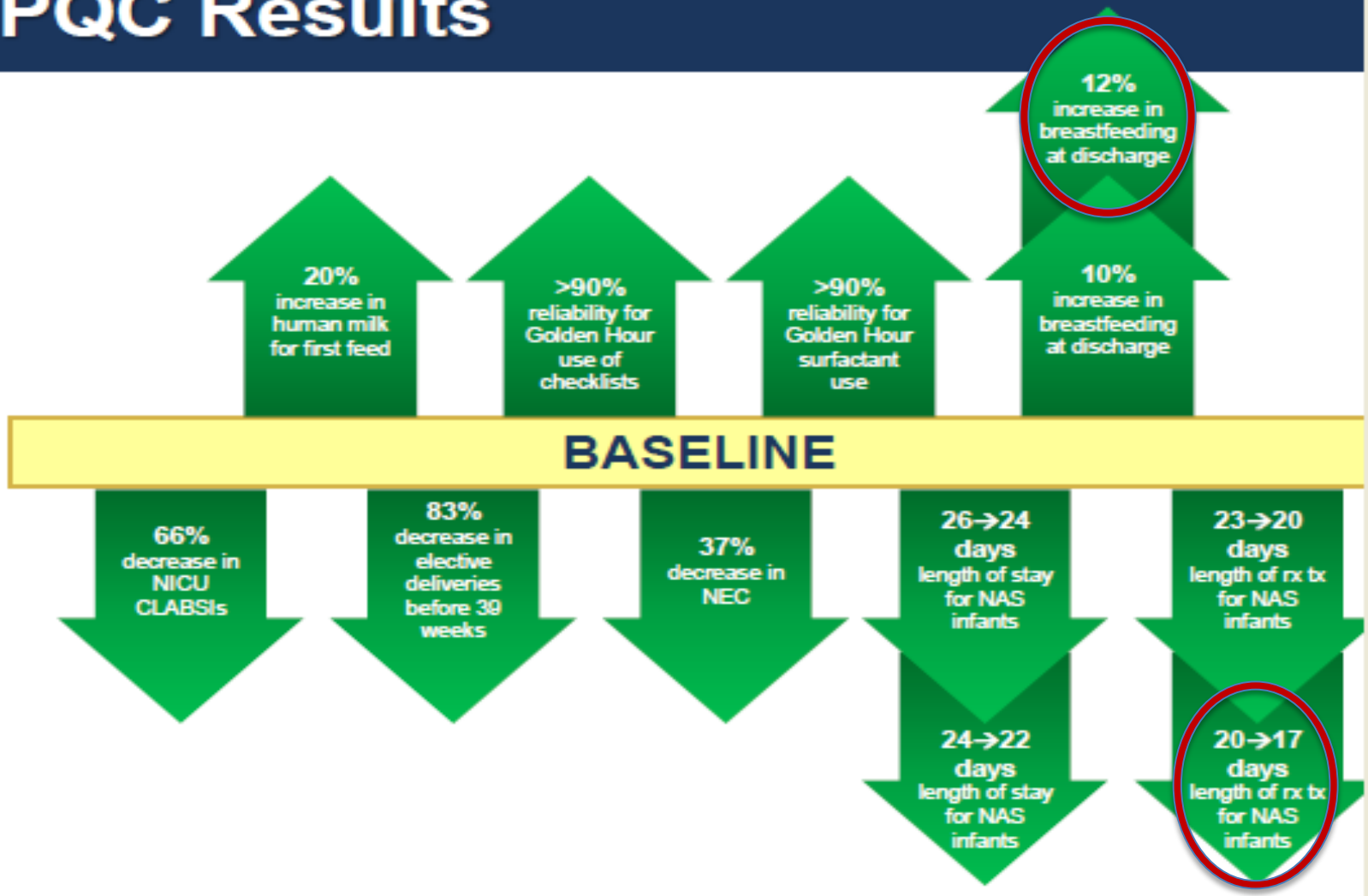
TIPQC Results



Source: TIPQC Annual Report, 2013. Available at: https://www.etsu.edu/cph/pdam/documents/tipqc_ar_2013.pdf. Last accessed 11/27/2016. And communication with Dr. Peter Grubb, TIPQC Medical Director, 11/27/2016.

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Breastfeeding Promotion Project

Goal: Improvement in exclusive breastfeeding rates at hospital discharge

- Wave 1: 11 teams comprising 48% of deliveries in TN
- Wave 2: 18 teams – now in sustainment

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Monthly Leadership Report

Charter

TIPQC BF Promotion: Delivery Project

Aim: We aim to improve our exclusive breastfeeding rate by 10% over the course of this improvement project. We plan to Implement small changes and measure their impact as we implement The 10 Steps for Breastfeeding Success.

Importance: Mothers who are exposed to the 10 steps are more likely to have increases in breastfeeding duration. Breastfeeding Improves the overall health of mother / baby and decreases healthcare cost.

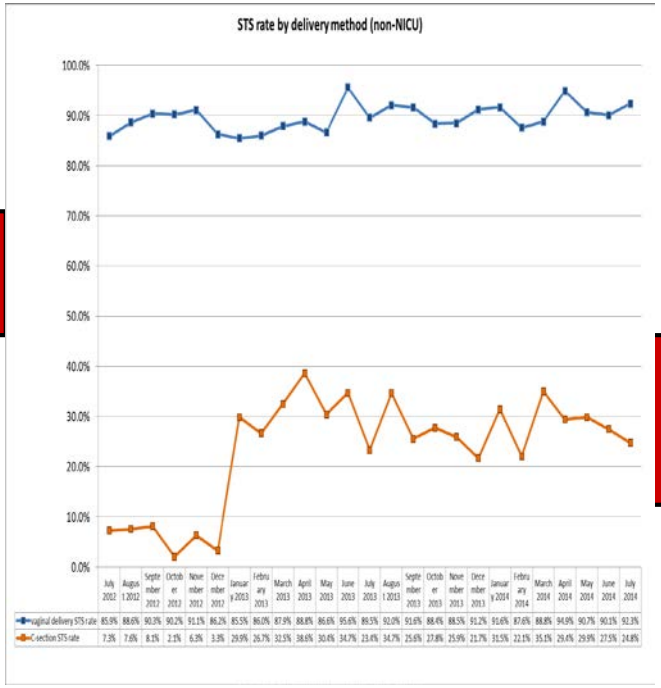
Changes – Proposed (P), Tested (T), Implemented (I)

I: 1/2012: New Breastfeeding Policy compliant with 10 steps (x not WHO code compliant yet)
T: Sent out to all Mother/ Baby Staff by LMS module with post test
Audit: New LMS module with Q&A
I: nursery windows are filmed

Staff Ed:
I: "weight can Wait" campaign to delay weights until closer to 2 hours

Patient Care:
I: Transition nurse started and now staffing STS after C/S.
T: Increase in C/S STS rate
I: Admit nurse now assisting with L&D care
Rooming In:
I: Survey completed with large gaps in process identified

I: Handouts printed and placed on walls for better access
I: Formula in locked cabinet and RN only distribution
P: New supplemental feeding practice
P: laminated flip books for clinic and postpartum
P: language specific breastfeeding class



Lessons Learned/Anecdotes

- Nursing staff still offering to take baby to the nursery
- Nursing staff try to avoid procedures in mom's room

Senior Role/Recommendations / Next Steps

- Increase STS availability after C/S
- Need administration buy in for rooming in
- Continue Staff and Patient education plan

Team Members

Baby-Friendly Task Force

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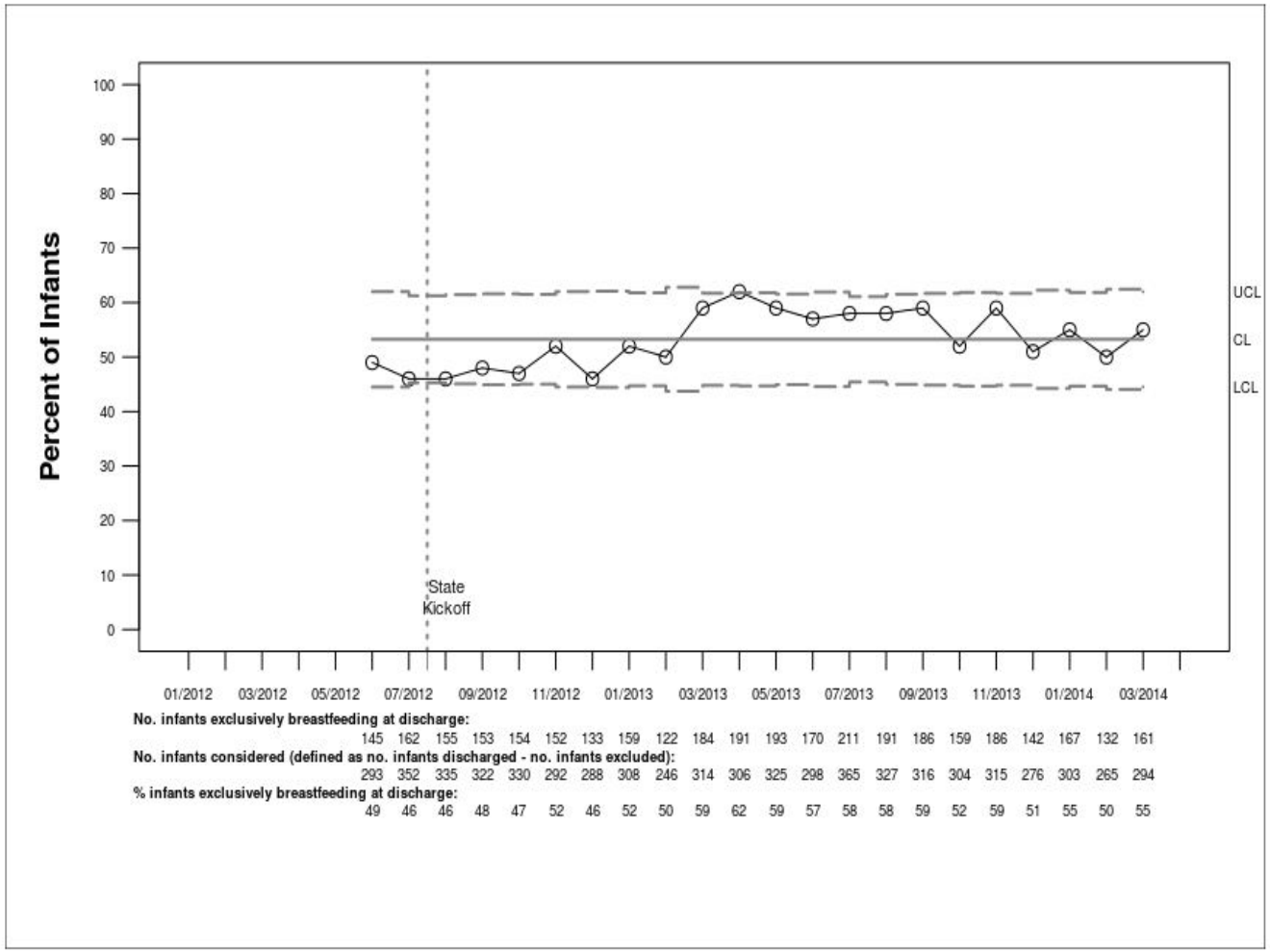
Local Team results from RedCap

PERCENTAGE OF INFANTS EXCLUSIVELY BREASTFEEDING AT DISCHARGE



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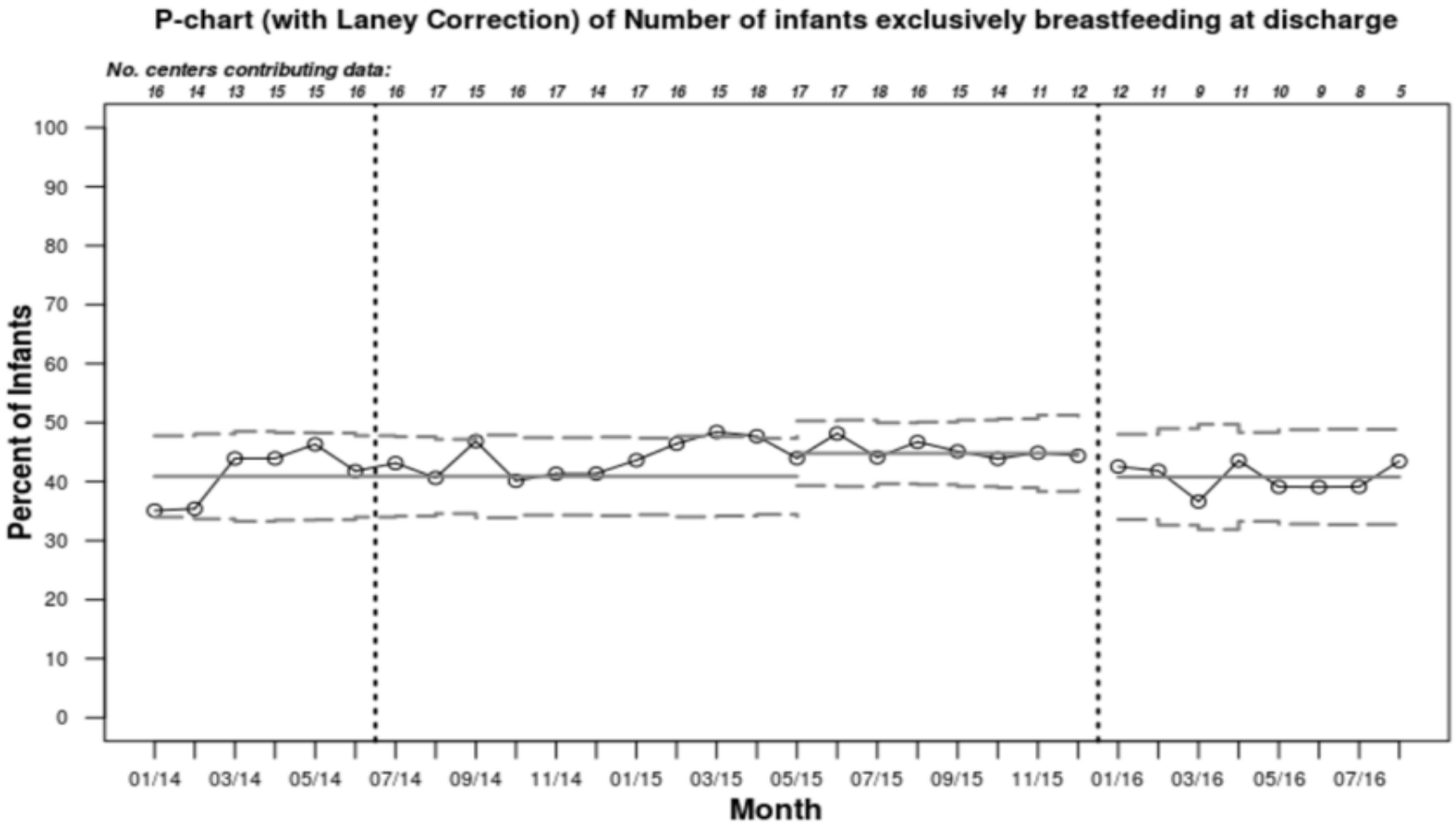
Collaborative results from RedCap



Source: www.tipqc.org

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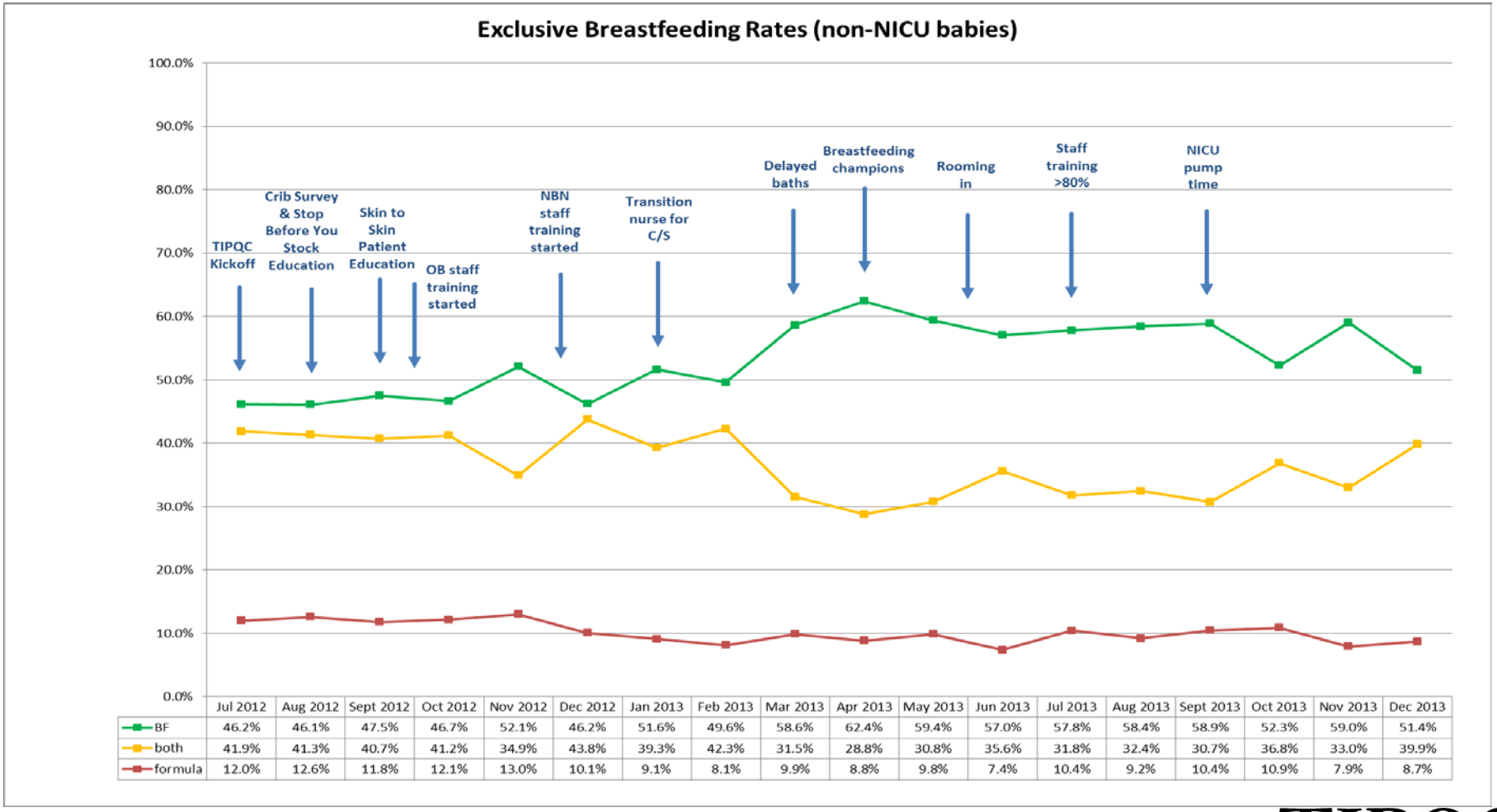
Example of PDSA run chart



	Jul 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013
BF	46.2%	46.1%	47.5%	46.7%	52.1%	46.2%	51.6%	49.6%	58.6%	62.4%	59.4%	57.0%	57.8%	58.4%	58.9%	52.3%	59.0%	51.4%
both	41.9%	41.3%	40.7%	41.2%	34.9%	43.8%	39.3%	42.3%	31.5%	28.8%	30.8%	35.6%	31.8%	32.4%	30.7%	36.8%	33.0%	39.9%
formula	12.0%	12.6%	11.8%	12.1%	13.0%	10.1%	9.1%	8.1%	9.9%	8.8%	9.8%	7.4%	10.4%	9.2%	10.4%	10.9%	7.9%	8.7%

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Party For the POLICY!

- Breastfeeding policy rolled out to all mother-baby staff
- Staff read the policy and wrote something they learned to enter a raffle for gift cards
- We ate cake!!

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The Golden Hour and Bonding with Your Baby

The first hour of your baby's life is golden!

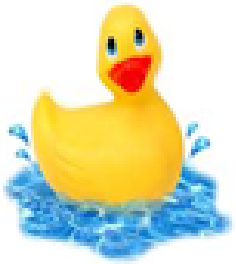
The Golden Hour and Skin-to-Skin

The first hour of your baby's life is a bonding time for you and your baby that is a once-in-a-lifetime event and needs to be celebrated! It is the first time you, your support person, and baby spend together as a family. We suggest you bring family and friends in the room after you have had this

Breastfeeding Your Baby

The Center for Women's Health and the Monroe Carell Jr. Children's Hospital at Vanderbilt encourage mothers to breastfeed. Research shows that breastfeeding benefits both you and your baby.

Benefits of breastfeeding for baby



No Soak For Six

Baths are delayed for at least six hours* after birth in order to allow baby and mom to bond, baby's temperature to stabilize and baby to transition. This also allows the family to participate in the first bath and learn how to give a bath. Baths are usually done in the room with the family. Baths may be given earlier at the families' request.

Please wear gloves during infant exams unless the duck sticker is on the crib card (which indicates the bath is done).

Some families do elect to wait longer and we honor those wishes.

*Babies at higher risk for infectious diseases are bathed immediately

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Wanted

Breastfeeding Champions from 4East, L&D and Newborn Nursery.

Role: To work together as Breastfeeding Champions during the period of April 7th to May 18th, to assist staff in completing their BFHI 5 hour clinical hands-on competencies check –off form.

Plan: Two day shift Champions and two night shift Champions will cover a two week period during the time frame above. You will be clocked in as In-Service and cannot be pulled into staffing unless cleared by management. It is important to have champions from different units so that on any two week rotation each unit, at the most will only have 2 staff members (1day/1night, preferable) out of staffing. Together you will work opposite shifts of each other to cover as many days/nights as possible.

Example:

7-Sun 4E-Day LD-Night	8-Mon LD-Day LD-Night	9-Tue 4E-Day 4E-Night	10-Wed 4E-Day	11-Thu LD-Night	12-Fri LD-Day 4E-Night	13-Sat LD-Day 4E-Night
14 LD-Day	15 4E-Day	16 LD-Night	17 LD-Day 4E-Night	18 4E-Day LD-Night	19 LD-Day 4E-Night	20 LD-Night

The above 4 champions will be completed.

21-Sun NN-Day LD-Night	22-Mon NN-Day LD-Night	23-Tue NN-Day 4E-Night	24-Wed 4E-Day LD-Night	25-Thu 4E-Day 4E-Night	26-Fri 4E-night	27-Sat 4E-Day
28 4E-Day	29 4E-Night	30 NN-Day 4E-Night	1 NN-Day	2 NN-Day LD-Night	3 4E-Day LD-Night	4 4E-Day LD-Night

Then these 4 champions will be completed and so on…..

Training: During the February 14th to March 6th schedule, you will work with Lactation to schedule two 12 hour orientation days with a Lactation Consultants. These days can either be one of your scheduled days or an additional day.

We would like to also schedule a meeting in late March with all of the champions to answer all questions and ensure a clear understanding of our goal.

To be a part of this opportunity please contact: Michelle.J.Browning@Vanderbilt.edu (4East), Robin.B.Seaton@vanderbilt.edu (L&D) or Carrie.Reale@Vanderbilt.edu (NN).

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5 hour hands on

- Communication
- Skin to Skin
- LATCH Assessment
- Pump Set-up
- Hand Expression
- Positioning

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Before you Stock!

Is the baby exclusively formula fed?

- If yes, then the crib may be stocked with 2 bottles on admit and then daily (please document)
- Make families aware of amount needed per day and that infant should not take entire bottle
- Use edocs formula mixing form to teach safe mixing for home
- Gooddstart for WIC and Similac for families who avoid pork products
- Document amount on form and may discharge with **2 bottles*** if needed

Is the baby breastfeeding but has a medical reason for formula?

- If yes, then discuss with mom and care team how the formula should be given and use syringe, SNS, cup or spoon **before nipple**
- If mom is able to breastfeed, encourage and assist her to breastfeed before giving supplement
- Remember to make sure mom is pumping or hand expressing if the baby isn't feeding well
- Do not stock formula in crib; mom needs your help and support with every feed!
- Document amount on form and may discharge with **2 bottles*** if needed

Is the baby breastfeeding and mom wishes to supplement?

- Provide education to mom about importance of exclusive breastfeeding
- Remind her what is normal and give edocs formula sheet
- If she decides to supplement, offer support for her decision and reassure her that she can still breastfeed when she is ready
- Do not stock crib with formula; mom needs the opportunity to decide her plan for each feed
- If mom plans to supplement at home - teach safe formula mixing
- Document amount and do not discharge with formula if breastfeeding is going well

Discharge: Do not send formula home with breastfeeding moms
***Consult Social Work if more than 2 bottles needed at discharge – families will have WIC vouchers so this should only be an issue for out of county or weekend**

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Neonatal Abstinence Syndrome Project

- Goal for high reliability practices
  - Screening
  - Scoring
  - Implementation of non-pharmacologic management
  - Initiation and weaning of pharmacologic management

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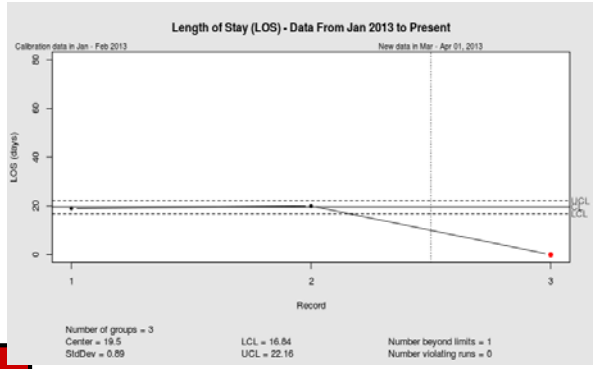
Aim: Develop a treatment plan to treat Neonatal Abstinence Syndrome (NAS) that will: consistently evaluate the presence and severity of withdrawal symptoms; initiate appropriate non-pharmacological interventions and pharmacotherapy to control symptoms; wean the opioid-dependent infant as quickly as possible while providing good control of withdrawal symptoms. This plan of care will optimize outcomes, coordinate care during transition to home, and provide for appropriate developmental follow up.

Graphs of Measures



Lessons Learned/Anecdotes

Data collection and review important.
Patient placement and care was not what we believed.
Large systems move slowly!

Senior Role/Recommendations / Next Steps

We have enough data to begin setting numeric goals
Track placement of patients
Continue to double check and improve capture of NAS patients

Changes – Proposed (P), Tested (T), Implemented (I)

- Add cord stat testing to available options for documentation (P) Goal 4/13
- Method for identifying patients (T and in revision) Goal 4/13
- Plan for placement of patients (P) 4/13
  - Form to track placement (T) 3/13
- Change to Finnigan scoring (P) Goal 5/13
  - Educ in progress
- Change to morphine protocol (P)Goal 5/13

Team Members

IHI Rating Scale

2: activity, but no changes have occurred

Contact: Tami Wallace NNP
Tarmara.j.wallace@vanderbilt.edu

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Vanderbilt MONROE CARELL JR. Children's Hospital

NEONATAL ABSTINENCE SCORING TOOL

Date: _____

Signs & Symptoms	Time:													Comments
Central Nervous System Disturbances														
Excessive High-Pitched Cry	2													
Continuous High-Pitched Cry	3													
Sleeps <1 Hour After Feeding	3													
Sleeps <2 Hours After Feeding	2													
Sleeps <3 Hours After Feeding	1													
Hyperactive Moro Reflex	2													
Markedly Hyperactive Moro Reflex	3													
Mild Tremors: Disturbed	1													
Mod-Severe Tremors: Disturbed	2													
Mild Tremors: Undisturbed	3													
Mod-Severe Tremors: Undisturbed	4													
Increased Muscle Tone	2													
Excoriation (Specific Areas)	1													
Myoclonic Jerks	3													
Generalized Convulsions	5													
Metabolic/Vasomotor/Respiratory Disturbances														
Sweating	1													
Fever: 37.2-38.3 C	1													
Fever: 38.4 C and Higher	2													
Frequent Yawning (>3)	1													
Mottling	1													
Nasal Stuffiness	1													
Sneezing (>3)	1													
Nasal Flaring	2													
Resp. Rate >60/min	1													
Resp. Rate >60/min w/ Retractions	2													
Gastrointestinal Disturbances														
Excessive Sucking	1													
Poor Feeding	2													
Regurgitation	2													
Projectile Vomiting	3													
Loose Stools	2													
Watery Stools	3													
Total Score:														
Initials of Scorer														

Signature: _____ Initials: _____ Date: _____ Time: _____

Scripting

- *Substance Exposure protocol initiated for infant. Meconium/cord drug screens ordered. Plan to monitor for a minimum of 5-7 days for long acting narcotic exposure. NAS handout given to family. Discussed NAS scoring tool and s/s of NAS.* ***Emphasized importance of non-pharmacologic therapies- quiet, dim-lit room, frequent skin-to-skin, swaddling, pacifier use, limited stimulation.*** *Also discussed possibility of pharmacologic management with increasing NAS scores. Family was able to ask questions and verbalized understanding. SW notified and will follow mother throughout hospital stay.*

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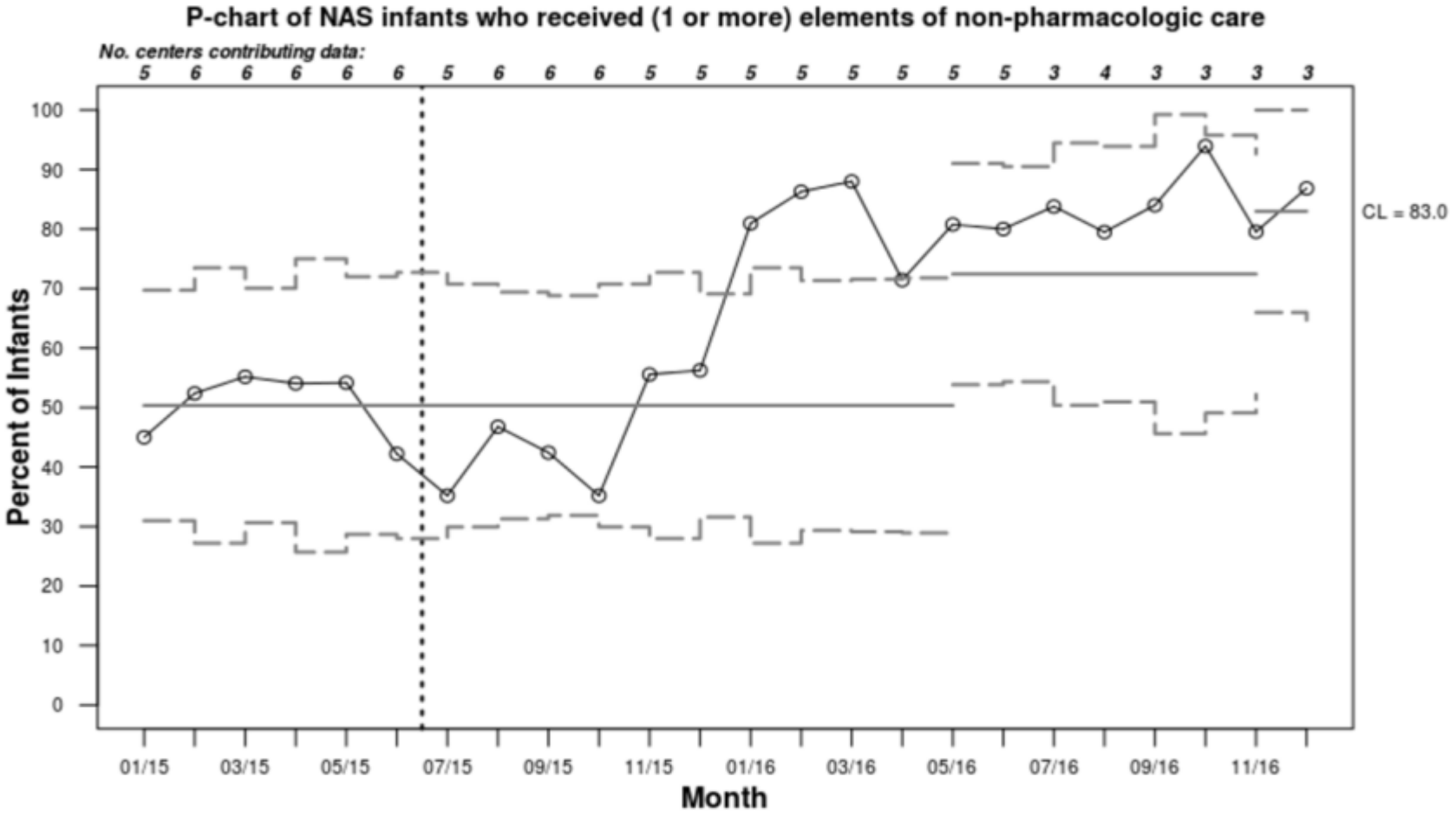
Neonatal Abstinence Syndrome



Source: www.tipqc.org

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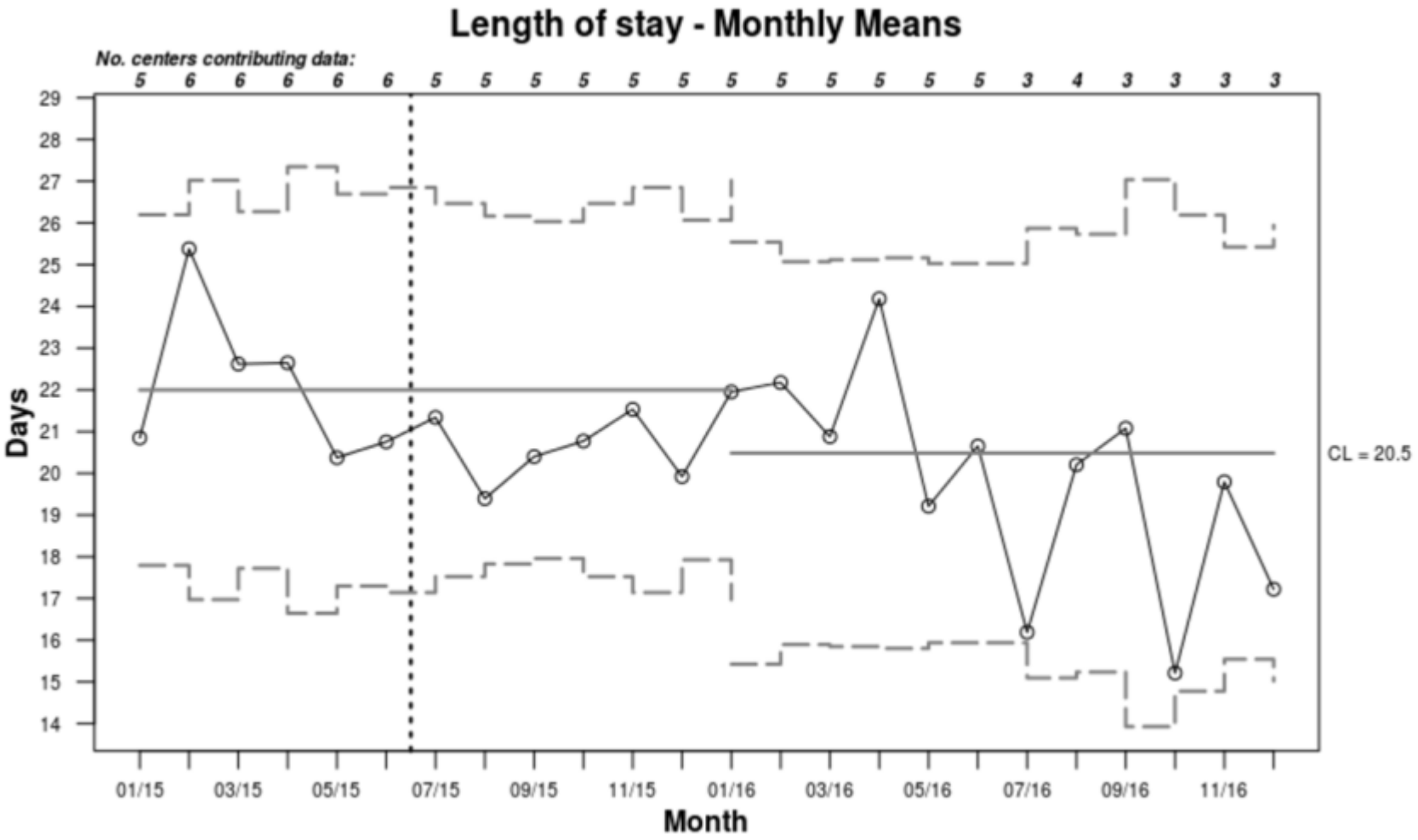
NAS Length of Stay



Source: www.tipqc.org

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Local work continues…

- The NAS project moved to sustainment
- Vanderbilt continued to work with our local team and decided to transfer care out of the NICU setting
- Infants remain with their moms throughout the stay and now have additional services from lactation and child life services (Team HOPE)
- LOS is under 14 days!

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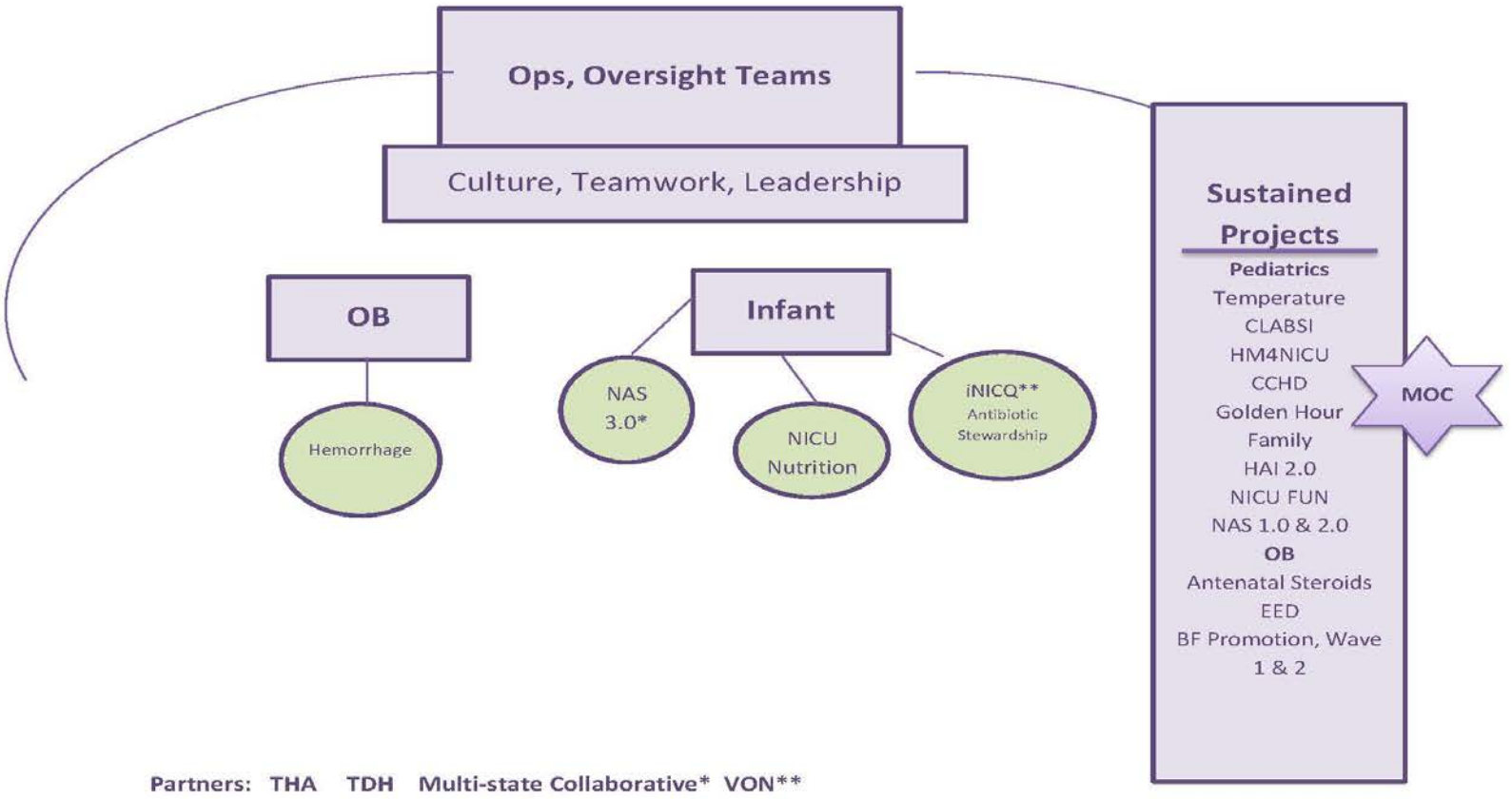

Mission: *Tennessee Initiative for Perinatal Quality Care (TIPQC) seeks to improve health outcomes for mothers and infants in Tennessee by engaging key stakeholders in a perinatal quality collaborative that will identify opportunities to optimize birth outcomes and implement data-driven provider- and community-based performance improvement initiatives.*

Funded *in 2008 through the GOCCC, transitioned to TDH in 2011*.

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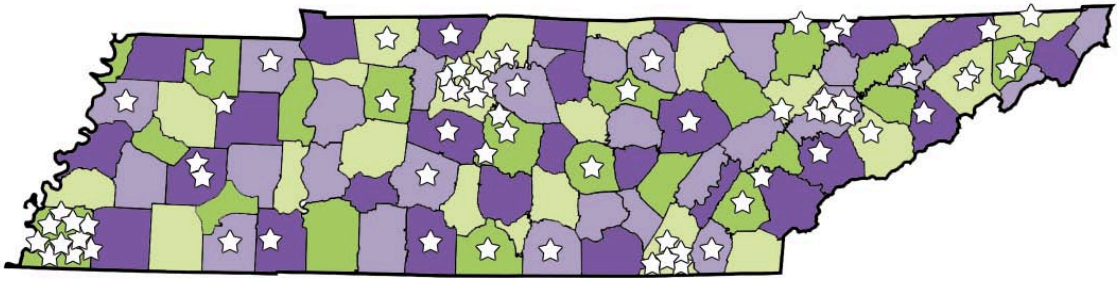
Engaged Stakeholders & Active Participants



Families
Oversight Committee
Project Development
Project Participants ***

Payers
TennCare
MCOs
Commercial Payers

Bedside Decision Makers
Nurses/Nurse Managers
Nurse Practitioners & Midwives
Physicians/Medical Directors
Hospital Pharmacists
Lactation Consultants
QI

TIPQC

VON & others…
Other State Collaboratives
TNAAP
ACOG
TMA
MOD

Hospitals
THA
CHAT
CMO Society
Local Hospital Leadership

Government
*TDH Family Health**
Vital Statistics
HAI Reduction

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Questions & Discussion

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