

IMPROVING CARE OF THE INFANT AT RISK FOR NEONATAL ABSTINENCE SYNDROME THROUGH A STANDARDIZED FAMILY CENTERED PROTOCOL AND NURSING EDUCATION

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Initial Steps in Changing the Site of Care

- Setting Smart Aims
- Developing PDSA cycles for Standardized Care, Site Transition and Competency monitoring
- Standardized Education for Mother/Baby Unit
- Standardized Education for NICU Unit

AIM

- To increase exposure of the 81 Mother-Baby nurses to a standardized Neonatal Abstinence Syndrome (NAS) education program from 0% to 100% by November 2013
- To increase exposure of the 43 NICU nurses to the same program from 0% to 100% by Nov 2014
- To reduce the need for pharmacologic treatment for NAS from 50% to 25% by Jan 2015
- To reduce NICU admissions from 60% of substance-exposed infants to 25 % by Jan 2015
- To increase NAS scoring consistency through required competency validation from 0-90% by Jan 2015

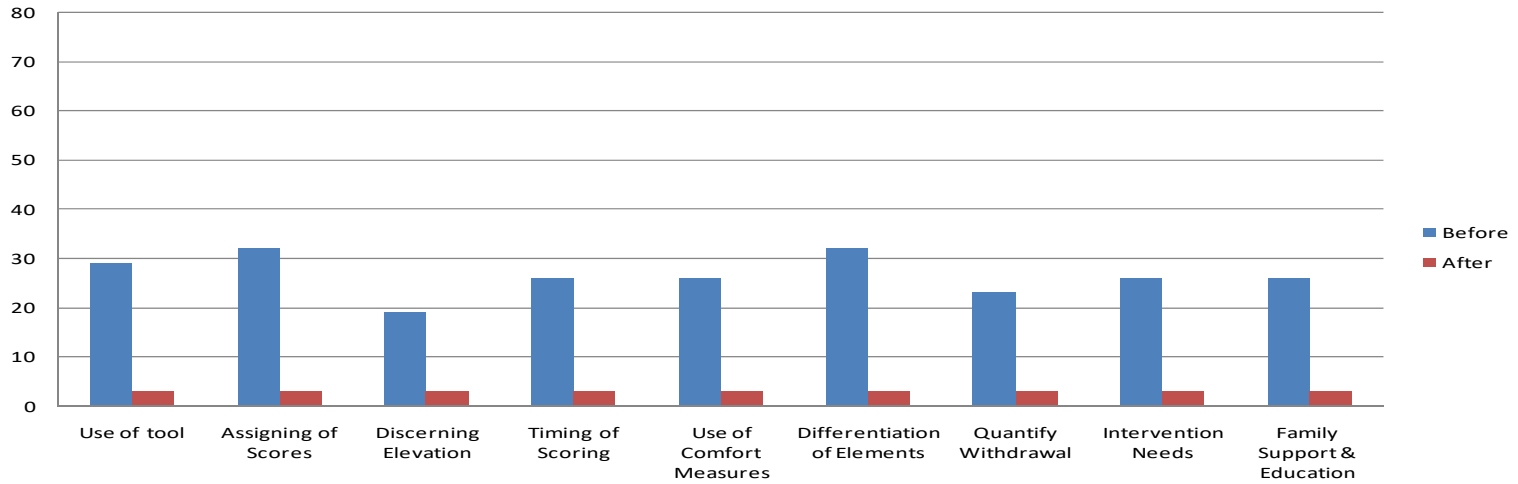
METHOD

- Oct 1, 2013: NAS Protocol Trialed
 - Infants at risk for NAS admitted to Mother-Baby unit
 - NAS scoring per NICU RN
- Dec 1, 2013: Protocol Fully Implemented
 - Mother-Baby standardized NAS education completed
 - Infants at risk for NAS scored and cared for by Mother-Baby RN
 - Infants transferred to NICU when pharmacologic treatment needed
- Jan, 2014: Joined the iNICQ Collaborative providing structure and group education to NAS project
- Jan 2014: PDSA quality improvement process utilized for development and evaluation
 - Development/Implementation of a standardized NAS educational program for NICU
 - NAS Scoring competency/reliability for NICU/Mother-Baby

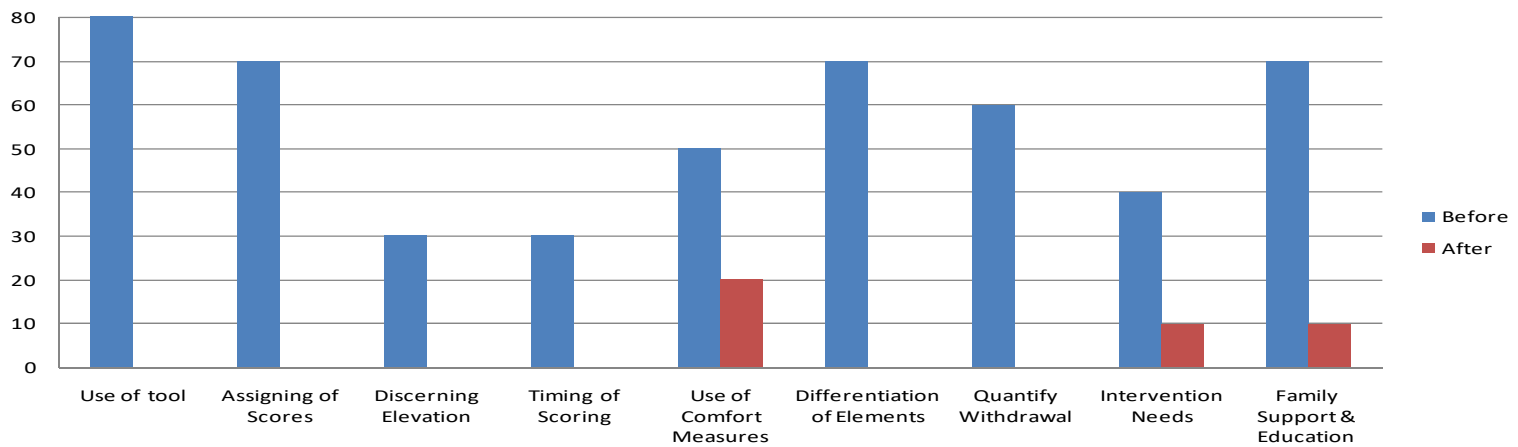
MEASURES

- **Outcome measure:** percentage of infants at risk for NAS who avoid NICU admit and pharmacologic treatment
 - Initial: comparison of 8 months pre versus 11 months post protocol for NICU admission/pharmacologic tx
 - Ongoing: Quarterly review of NICU admission/pharmacologic tx percentage of all infants at risk for NAS
- **Process Measures:** number of nurses attending NAS educational program, and impact on competency and comfort
 - Initial: comfort with NAS was measured using a Likert scale self report before and after educational program
 - Ongoing: measure of reliability will be made with competency evaluations, 2-4x/year for each nurse

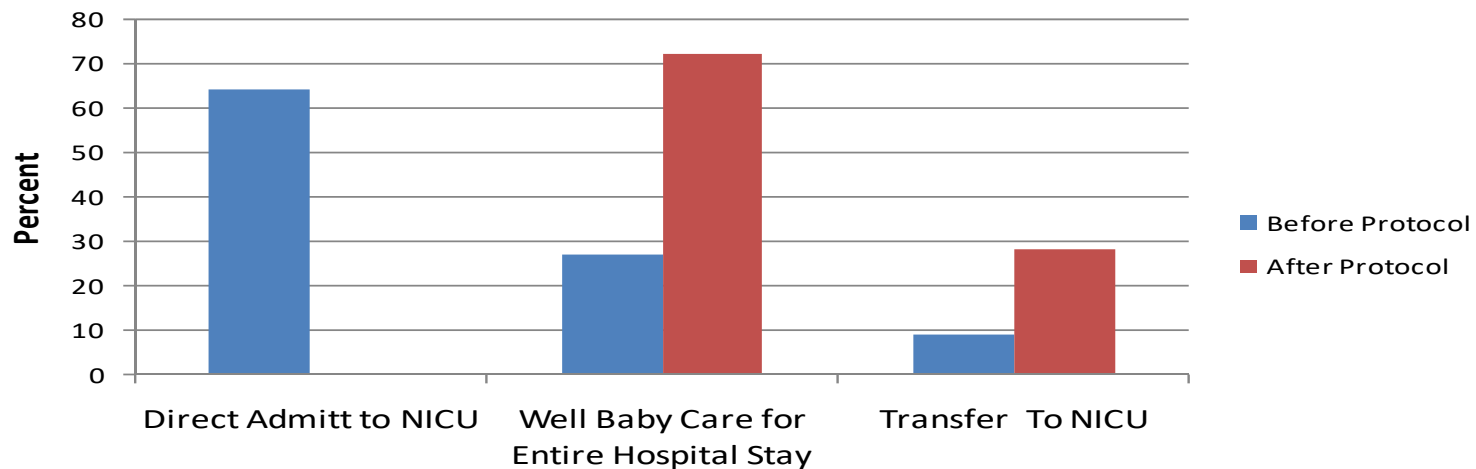
Percentage of NICU Nurses Reporting Discomfort with Elements of NAS Scoring Before and After Education



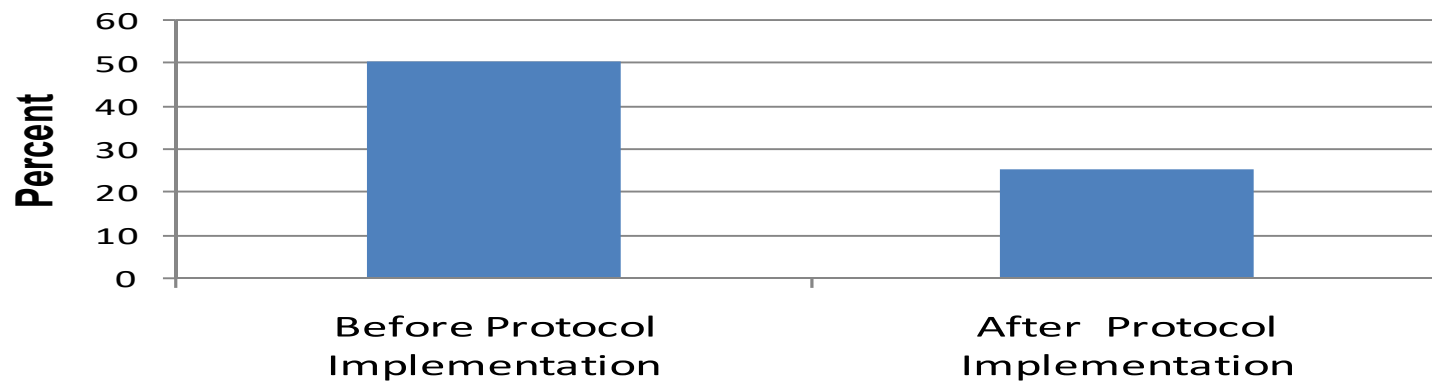
Percentage of Mother-Baby Nurses Reporting Discomfort with Elements of NAS Scoring Before and After Education



Location of NAS Scoring for Infants at Risk



Infants Requiring Pharmacological Treatment



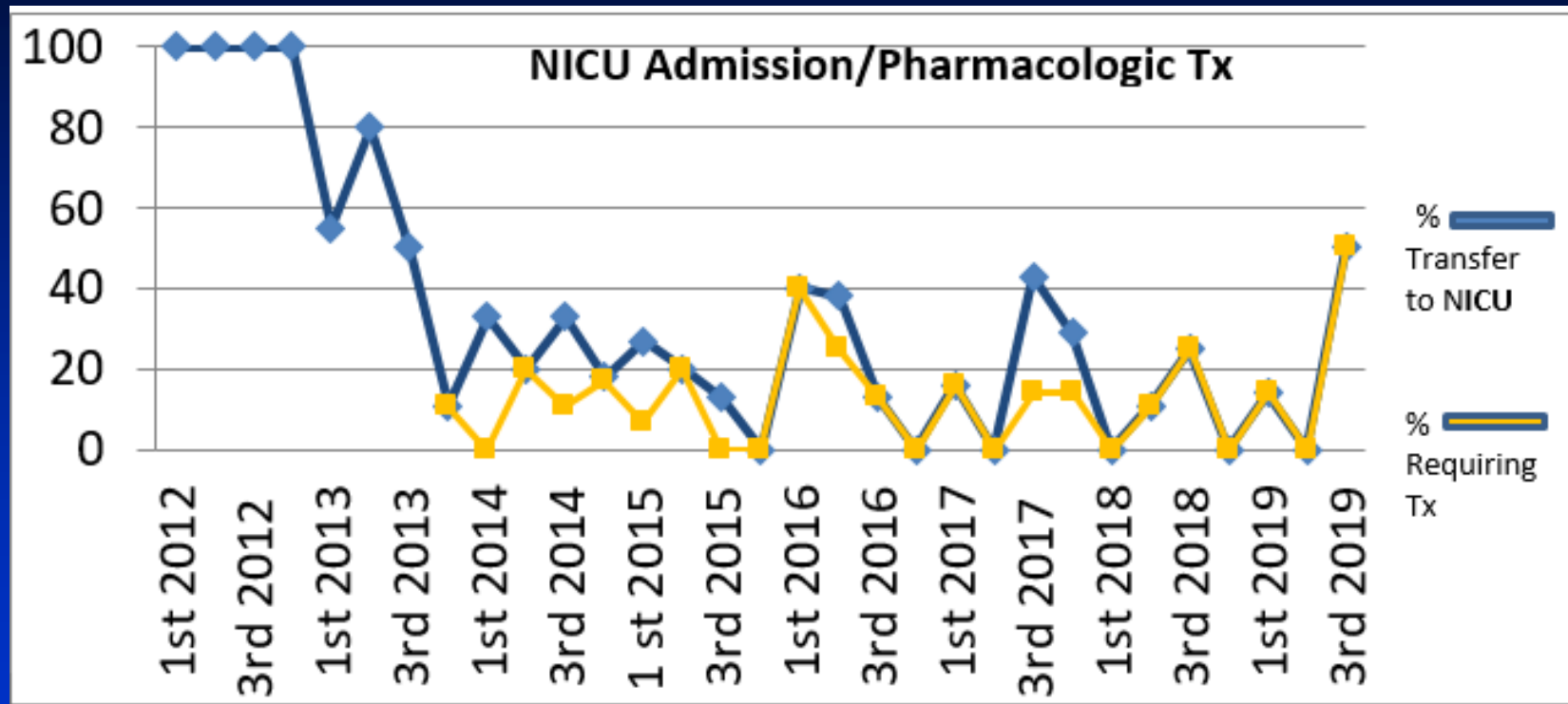
Improving the Program

- Parent Education Material Developed
- Prenatal Consults to prepare the family to provide care
 - Obstetrician support and education
 - Data monitored to track pre vs post delivery consults
- Breastfeeding and Substance Use Protocol Developed
 - Encouraged use of breastmilk for opiate exposure infants

Improving the Program

- Continued Standardized Scoring Education for new hires
- Yearly Competencies for all Mother/Baby and NICU staff
- Data monitoring
 - NICU admissions and Pharmacological treatment
 - Scoring validation (90% accuracy on second scorer)
 - Breastfeeding rates of eligible mothers
 - LOS of pharmacologically tx infants and pharmacological tx adherence
 - Consults

Transfers to the NICU



DISCUSSION

- This project reflects the work of several PDSA cycles.
- Progress: is made through ongoing data monitoring of scoring consistency, on going staff education, NICU admission/pharmacological treatment and missed opportunity for prenatal parent education.
- Most Important Goal: Providing consistent care and keeping these infants with their mothers!