

## Perinatal Quality Collaborative & ESC Tool for Substance Exposed Infants



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## Continuum of Care – Maine CDC

- Workgroup convened by Dr. Sheila Pinette
- Purpose: Focus on home birth: choice, safety, and access to hospital-based care
- Results
  - Updates to electronic Birth Certificate
  - Blood spot, hearing & CCHD screening
  - Transport Communication Guidance and Tool Kit
  - Expansion of Perinatal Leadership Coalition
  - Formation of effective interdisciplinary collaborative workgroup



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## How We Arrived Here

Maine CDC: Continuum of Care Collaborative

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Maine Medical Association & Maine Association of Certified Professional Midwives: Maine Home Birth Collaborative

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Maine Home Birth Collaborative: Maine Perinatal Quality Collaborative



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## Maine Home Birth Collaborative

- Convened by Maine Medical Association and Maine Association of Certified Professional Midwives (CPMs)
- Facilitated interdisciplinary workgroup
- Supported by AMA *Scope of Practice* Grant
- Purpose: Development of mutually acceptable consensus-developed language for a bill to license CPMs



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## Perinatal Quality: What's Next

- Desire to continue and expand the interprofessional collaboration that began with the Continuum of Care
- Expand to include an array of stakeholders who have an interest in all aspects of maternal infant care and outcomes

## The PQC4ME Vision

To improve the state of perinatal health care in Maine, under the direction of expert perinatal clinicians who represent the full range of choices and care options, with inclusion of all interested stakeholders, and without undue influence from any one sector.

## What is a Perinatal Quality Collaborative?

- PQCs are networks of perinatal care professionals, public health teams, members of the public and industry who are committed to improving pregnancy outcomes for women and newborns through
  - Advancing evidence-informed clinical practices and processes
  - Interprofessional dialogue and collaboration
  - Recognition that birth occurs within a cultural and social context

## Why Maine *Quality Counts*?

- QC is a regional health improvement collaborative that brings together people who give care, get care, and pay for care to improve health care quality throughout Maine.
- QC is transforming health and healthcare in Maine by leading, collaborating, and aligning improvement efforts.

## Putting Evidence into Practice

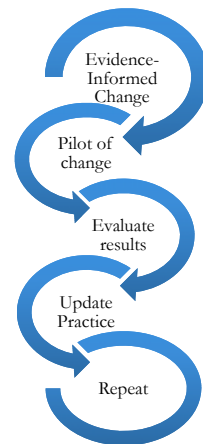
- Review of evidence by experienced clinicians
- Interprofessional education opportunities on emerging science
- Translation of the evidence into clinical activities
- Monitoring outcomes and collecting data using uniform data sets that are meaningful to practice
- Evaluating project and initiative impacts
- Case review in light of evidence

## What Makes an Effective PQC?

- Population-based focus (Public Health)
- Solid clinical leadership in maternity and pediatrics
- Involvement of professional associations and state agencies
- Integration of community and academic providers
- Rigorous improvement science expertise
- Centralized PQC administration and infrastructure

## Sample Projects

- Reduce preterm births (NY):
  - Indications for scheduled births before 39 weeks
  - Increase maternal education about preterm birth
- Increase vaginal birth rates (CA)
  - Improve culture of care for physiologic birth
  - Support intended vaginal birth
  - Manage complications to reduce cesarean
  - Use data to drive reductions in cesarean



The PDSA Cycle

## Who Benefits from a PQC?

- Families – improved outcomes
- Maternity and Pediatric care providers – education and support for evidence-informed practice
- Health care organizations – improved data for decision-making
- Liability insurance companies – improved outcomes, state standards for evaluation
- Payors – reduced costs with improved outcomes

## Stakeholder Involvement

- Stakeholder input is a hallmark of PQCs
- Variety of stakeholders varies per PQC
- Stakeholder involvement assures that
  - All interested parties have a voice in the PQC
  - PQC projects address issues relevant across stakeholders
  - The PQC has access to experts to assure a well-rounded approach to projects

## NNEPQIN



**NNEPQIN** NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

HOME CONFERENCES CLINICAL GUIDELINES PROJECTS ABOUT MEMBERS CONTACT

The Northern New England Perinatal Quality Improvement Network (NNEPQIN) has been going strong for more than 13 years! It is a tribute to our 40+ member organizations – and their dedicated staff – that NNEPQIN has continued to grow and to promote collaboration on projects aimed at improving perinatal health in our region.

NNEPQIN's mission is to improve perinatal health across Northern New England through collaboration on clinical guidelines, QI projects, case review, and educational conferences.

## What's YOUR Role?

## Eat Sleep Console-What is it?

**Patient-centered, Function-based ESC Non-Pharm Care Tool that will:**

**Improve health for newborns with NAS:**

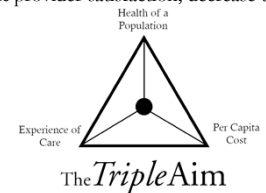
- Decrease need for pharmacologic treatment
- Decrease LOS

**Improve care experience for baby, family, provider:**

- Simplified assessment → improve family & provider satisfaction; decrease time spent in assessment

**Improve value / costs:**

- Decrease hospital costs



## Eat, Sleep, Console Training Resources

**CARING FOR OPIOID-EXPOSED NEWBORNS USING THE EATING, SLEEPING, CONSOLING (ESC) CARE TOOL**

Instructional Manual  
2nd Edition  
2018

Eliska Wachman, MD  
Benny Whalen, MD  
Susan Minzar, MD  
Katherine MacMillan, MD  
Matthew Grossman, MD

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**TIME**

**EATING**

Poor eating due to NAS? Yes / No

**SLEEPING**

Sleep < 1 hr due to NAS? Yes / No

**CONSOLING**

Unable to console within 10 min due to NAS? Yes / No

**Soothing support used to console infant:**

Soothes with little support: 1

Soothes with some support: 2

Soothes with much support or does not soothe in 10 min: 3

**PARENTAL / CAREGIVER PRESENCE**

Parental / caregiver presence since last assessment:

No parent present: 0

1 - 59 minutes: 1

1 hr - 1 hr 59 min: 2

2 hr - 2 hr 59 min: 3

3 hr+: 4

## ESC Training Resources

### Appendix B

#### Newborn Care Diary

Baby's Name: Samantha Rose      Baby's Med Record #: 1124567-2      Date: 3/24/18

Time of baby's feeding (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # ml)	Time when baby fell asleep	Time when baby woke up	Did baby feed well? (If no, please describe)	Did baby sleep for an hour or more? (If no, please describe)	Did baby console in 10 min? (If no, please describe)	Check box for pee	Check box for poop (please describe)	Extra Comments / Care Provided
example 12:15 pm - 12:40 pm	L - 15 min B - 10 min		8 am	12:00 pm	Yes but needed to suck on finger for 2 min before able to latch on ok	Yes	Yes - Was very fussy when woke so had to come down after 5 min of holding and sucking on finger	✓	VV loose	Last feed was 4 hr ago - will do skin-to-skin time and offer breastfeed sooner next time
example 2:30 pm - 2:45 pm	L - 15 min		1:00 pm	2:05 pm	Yes but baby kept rooting around and had problems latching. Finally able to latch after 12 min of trying.	Yes	No - took 25 min to calm down while holding him skin-to-skin and sucking on my finger	✓	V watery	Starting easily and having more tears Nurse helped me express my milk and get him latched on after changing my position Will put him on my chest skin-to-skin earlier next time and call for help prior to BF
L - B -										

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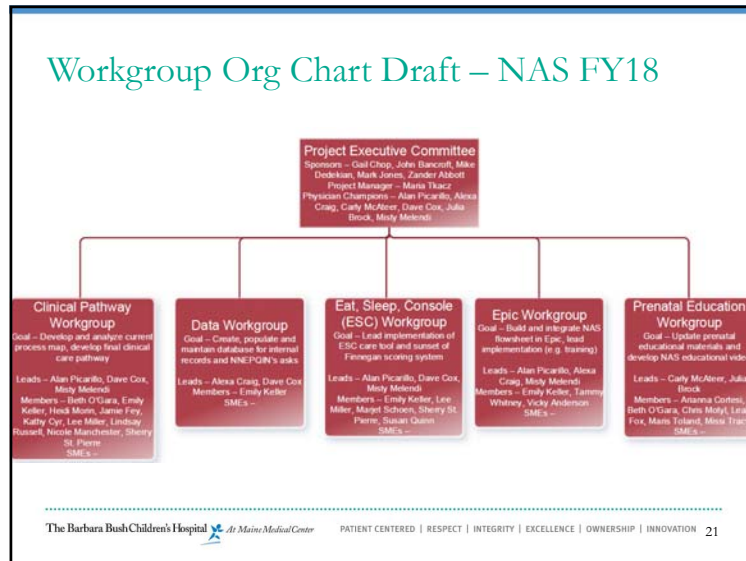
MANAGEMENT DECISION										
Recommend a Team Huddle? Yes / No										
<b>Management decision:</b>										
Optimize non-pharm care: 1										
Initiate medication treatment: 2										
Continue medication treatment: 3										
Other (please describe):										
NON-PHARM CARE RECOMMENDATIONS										
Rooming-in with additional help: Increase / Reinforce										
Parental presence: Increase / Reinforce										
Skin-to-skin contact: Increase / Reinforce										
Holding by caregiver / cuddler: Increase / Reinforce										
Swaddling: Increase / Reinforce										
Optimal feeding: Increase / Reinforce										
Quiet, low light environment: Increase / Reinforce										
Non-nutritive sucking / pacifier use: Increase / Reinforce										
Limit visitors: Increase / Reinforce										
Clustering care: Increase / Reinforce										
Safe sleep / fall prevention: Increase / Reinforce										
Optional Comments:										

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## ESC Training Resources

[https://www.bmc.org/sites/default/files/For\\_Medical\\_Professionals/Nursing/esc-nas/index.html](https://www.bmc.org/sites/default/files/For_Medical_Professionals/Nursing/esc-nas/index.html)

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### To learn more.....

- AAP Maine Chapter fall conference
  - October 27 and 28<sup>th</sup> 2018 at Point Lookout
- Quality Counts
  - October 30<sup>th</sup> at Maine Medical Center

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