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

How We Arrived Here

Maine CDC: Continuum of Care Collaborative

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

Maine Home Birth Collaborative: Maine Perinatal Quality Collaborative

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
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

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

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.

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

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

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

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

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 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 reviews, 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

TIME

EATING
Poor eating due to NAS? Yes / No

SLEEPING
Sleep < 1 hr due to NAS? Yes / No

CONSOLED

Not able to console within 10 min due to NAS? Yes / No

Soothing support used to console infant:
- Soothed with little support: 1
- Soothed with some support: 2
- Soothed 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 – 30 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

Eating, Sleeping, Consoling (ESC) Nursing Assessment Symptom/Plan of Care Tool

https://www.bmc.org/sites/default/files/For_Medical_Professionals/Nursing/esc-nas/index.html
To learn more………

• AAP Maine Chapter fall conference
  - October 27 and 28th 2018 at Point Lookout

• Quality Counts
  - October 30th at Maine Medical Center

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