

The Impact of the Tennessee Initiative for Perinatal Quality Care

Opioid Use Disorder in Pregnancy & Opioid Exposed Newborn Project - Wave 2



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PROBLEM

After Wave 1, TIPQC recognized the complexity of this project particularly in coordination between mother and infant teams, changing hospital policies and implementing best practices during the COVID-19 pandemic. Overdose deaths increased in several regions in Tennessee while access to treatment declined. Wave 2 focused on implementation of best practices regarding opioid use disorder in pregnancy and the care of the opioid exposed newborn by combining infant and maternal teams, focusing on early identification, care, communication, handoffs, and discharge planning.

ACTION

Seven (7) participating hospitals were provided a toolkit, data collection tools, and a road map for implementation. Teams participated in monthly huddles, quarterly learning sessions, and annual state-wide meetings. Based on their current practice, these teams implemented evidence-based procedures, protocols, and potentially best practices.

The participating hospital teams captured relevant project data from Jan 1, 2021 to Dec 30, 2021. Specifically, 20 randomly sampled delivery charts (live births only) were reviewed for substance use screening, and clinical data was collected on all OUD-OEN “dyads”, defined as a pregnant woman with Opioid Use Disorder (OUD) who delivered one or more live Opioid Exposed Newborn (OEN).

EXPLANATION OF IMPACT

A primary aim of Wave 2 was to increase the percent of pregnant women screened for Substance Use Disorder (SUD) using a validated screening tool. [1] From Jan 1 to Dec 30, 2021, N = 1519 randomly sampled delivery charts were reviewed by the participating hospital teams.

Significant improvement from the baseline percent (calculated from the first 3 months of Wave 2) was seen over the course of the project in the percent of sampled delivery charts where the pregnant woman was indicated as screened for SUD during her pregnancy using a validated screening tool (Figure 1). Specifically, a signal of special cause variation was indicated in July '21, shifting the percent from 64% to 91% - a 42% relative increase.

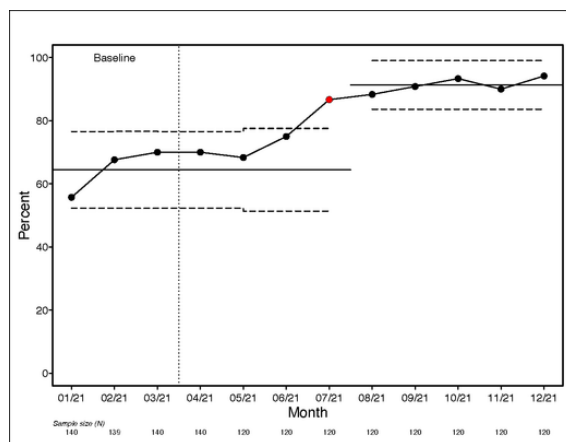


Figure 1: Percent (p-) chart of pregnant women screened for SUD using as validated screening tool (based on randomly sampled delivery charts)

Project Statistics

42%

relative increase in the percent of pregnant women screened for SUD using a validated screening tool

90%

of opioid exposed newborns discharged received a referral to a pediatric development clinic/specialist



[1] National Institute on Drug Abuse (NIDA) NIDA Quick Screen, Integrated 5 P's, 4P's Plus, Substance Use Risk Profile – Pregnancy Scale (SURP-P), and/or CRAFFT. Screening had to be documented in woman's record. Screening could have occurred prenatally or during L&D stay. Documented cases of previously identified SUD (prior to current pregnancy) were excluded.

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EXPLANATION OF IMPACT CONT.

During the Wave 2 project time frame, data was captured on N = 517 OUD-OENs dyads. Among the dyads, 91% were White (mother's race), 7% were Black / African American, and 2% were Hispanic (mother's ethnicity). The mother and/or OEN was a TennCare / Medicaid recipient in 90% of the dyads.

A second aim of Wave 2 was to increase the percent of OEN identified as such via communication to the Newborn staff by the Obstetric staff immediately after birth (if not prior). "Communication" was defined as more than the Newborn staff reviewing the mother's history, screening, and test results in her medical record. No special cause of cause variations was indicated in the percent of newborn's OEN status communicated to the Newborn staff by the OB staff. The percent hovered around the baseline percent (calculated from the first 3 months of Wave 2) of 66% - see Figure 2.

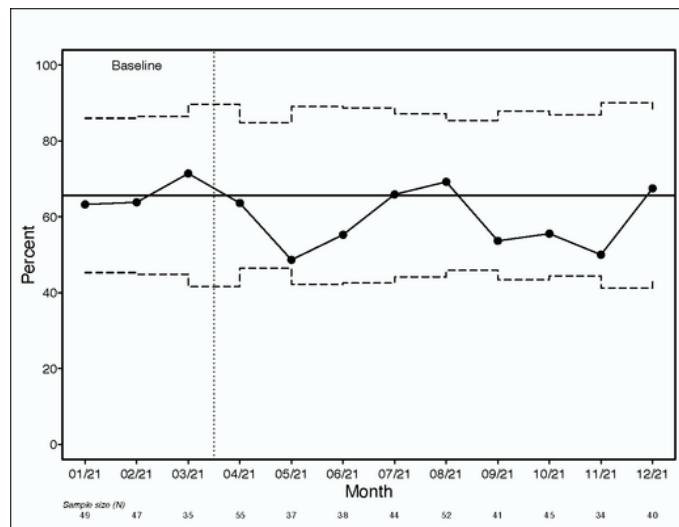


Figure 2: Percent(p-) chart of newborn's OEN status communicated to the Newborn staff by the OB staff

WHO WAS RESPONSIBLE

The collaborative and statewide efforts of TIPQC and the participating hospitals have all contributed to this improvement.

CONTACT

For more information, please contact Brenda Barker, TIPQC Executive Director, at brenda.barker@tipqc.org, or visit our website at www.tipqc.org.

