GaPQC

GEORGIA PERINATAL QUALITY COLLABORATIVE

Neonatal NAS Initiative Webinar

October 8, 2019

2:00-3:00pm

General Housekeeping

- Your line has been placed to mute to reduce background noise.
  - You can press *6 to unmute yourself.
- All collaborative members want to learn from your wins and challenges so please share!

Key Driver Diagram

Please watch the following VON Micro-lessons this month (October 2019): Lesson #12

GaPQC
GEORGIA PERINATAL QUALITY COLLABORATIVE

Key Driver Diagram for VON NAS initiative

SMART Aim

We aim to decrease length of stay among newborns diagnosed with NAS in participating GaPQC hospitals from 11.2 days to 10.1 days by 9/30/2021

Global Aim

Improve care for babies and mothers impacted by NAS

Primary drivers

- Improve identification of mothers and infants at risk
- Increase reliability of scoring for symptoms of NAS
- Increase non-pharmacologic treatment
- Provide family-centered care / avoid mother-infant separation
- Reduce pharmacologic treatment
- Reduce variation in treatment of infants with NAS
- Improve transition to home, engaging parents

Interventions

- Develop standard screening guidelines
- Educate staff on scoring
- Assess inter-rater reliability of scoring
- Use Eat, Sleep, Console
- Increase breastfeeding
- Use non-pharmacologic bundles of care
- Use a standard opioid treatment protocol
- Back-transfer infants stabilized on treatment
- Collaborate with support organizations/agencies
- Provider education to reduce stigma

VON Vermont Oxford NETWORK Micro-lessons

- Lesson 1. Improved Family-Centered Care at Lower Cost & Improvement Story: Using Standardization to Create a High Reliability
- Lesson 2. The Prescription Opioid Epidemic and Neonatal Abstinence Syndrome – A Public Health Approach
- Lesson 3. Virtual Video Visit Chapter 1: Linking Attitudes with Outcomes
- Lesson 4. Substance Use 101: Mythbusters
- Lesson 5. Virtual Video Visit Chapter 2: The Face of Trauma
- Lesson 6. Substance Use 101: Frequency and Neonatal Impact by Agent
- Lesson 7. Standardizing Care to Improve Outcomes
- Lesson 8. Screening and Obtaining a Complete Drug History for Substance Use in Pregnancy
- Lesson 9. Presentation and Typical Course
- Lesson 10. Non-Pharmacologic Strategies for Symptom Management
- Lesson 11. Virtual Video Visit Chapter 3: The Birth Story
- Lesson 12. Scoring Redux: Pitfalls and Perils
- Lesson 13. Scoring: Cases, Controversies
- Lesson 14. Withdrawal, Toxidromes, and Confounders
- Lesson 15. Lactation and the Substance-Exposed Mother-Infant Dyad
- Lesson 16. Engaging Families in Feeding and Nutritional Support
- Lesson 17. Developmental Outcomes of Substance-Exposed Infant
- Lesson 18. Virtual Video: Two Stories of Recovery and the Long Road Home

Version: 1.2 Date: 7/11/19

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Across Systems – What We Do and How We Can Help

Wrayanne Glaze Parker, LPC, MAC, CACII, CPS, CARES

D·B·H·D·D

Language Matters

“Many of us have carried a message of hope on a one-to-one basis. This new recovery movement calls upon us to carry that message of hope to whole communities and the whole culture. It is time we stepped forward to shape this history with our stories, our time and our talents.” – William White, Author and Recovery Advocate

Georgia's Definition of Recovery

Recovery is a deeply personal, unique, and self determined journey through which an individual strives to reach his/her full potential.

Recovery is not a gift from any system. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.

Recovery belongs to the person. It is a right, and it is the responsibility of us all.

The Language of Recovery

- Words are important. The language we use and the stories we tell have great significance to all involved.
- They carry a sense of hope and possibility or can be associated with a sense of pessimism, both of which can influence personal outcomes
- Reduce stigma and discrimination/prejudice
- Language should be: Respectful, Clear and Understandable, Free of Jargon and Clinical Language, Confusing Data, Non-Judgmental, Hopeful and Carry a Sense of Unity

Unicorns and Big Foot

- **Myth:** Once an addict/alcoholic, always an addict/alcoholic.
- **Fact:** There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. Recovery from substance use disorder is not only possible today, but it is the expectation
- **Myth:** I can't do anything for someone suffering from addiction/alcoholism.
- **Fact:** You can do a lot, starting with the way you act and how you speak. You can nurture an environment that builds on people's strengths and promotes good mental health.

Unicorns and Big Foot

- **Myth:** People with mental health challenges are violent and unpredictable.
- **Fact:** In reality, the vast majority of people who have mental health needs are no more violent than anyone else.
- **Fact:** Violence is not a mental health diagnosis
- **Myth:** Babies born with Neonatal Abstinence Syndrome (NAS) are addicts
- **Fact:** Addiction is a brain centered condition where symptoms are behaviors. Babies are dependent often on a substance –there are no “drug babies”

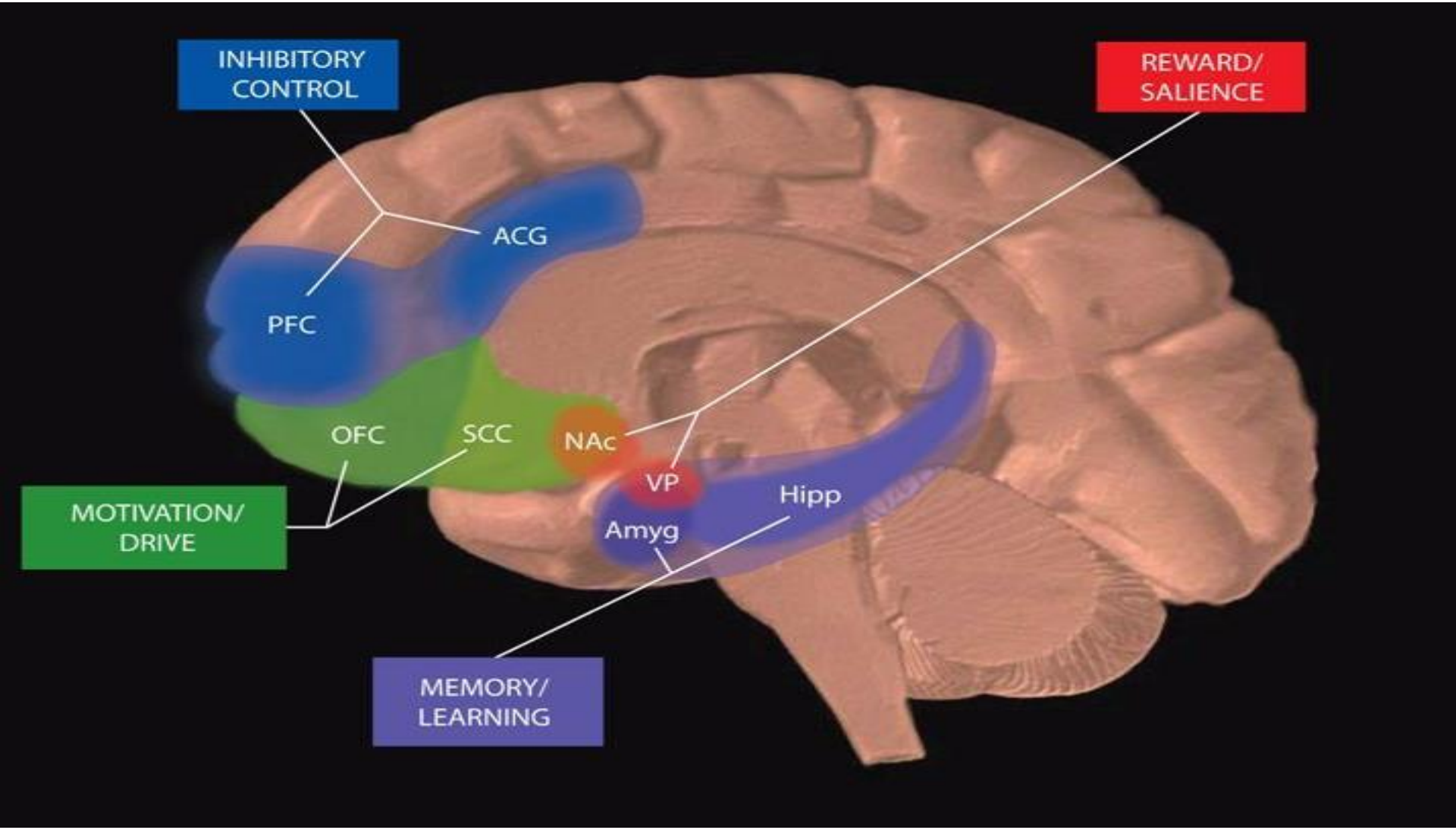
Myths become reality until we change it

Language Matters

- DON’T say “he/she is an addict” – or don’t make them
- DON’T equate the person’s identity with a diagnosis. Use the term “a person living with”
- DON’T share false statistics or information (relapse, failure, abstinence vs. harm reduction, etc.)
- DON’T dictate one way to recovery –or judge when that isn’t the way someone chooses
- DON’T ask “What is wrong with you? – instead ask “What happened to you?”
- DON’T lump into one category
- DON’T relate the unsuccessful rate of programs to the individual’s failure – it may likely be our own

Addiction as a Brain Disorder

- Addiction is a brain centered condition where symptoms are behaviors
  - Continued use in spite of adverse consequences
- Physical Dependence is the chemical changes where the body “needs” a substance
  - Dependence is an adaptation of the body to counter act withdrawal syndrome
  - Tolerance is the brain’s reaction to specific drug is reduced by repeated use
  - Withdrawal is the adaptation or “allergic reaction” to the substance


INHIBITORY CONTROL
REWARD/ SALIENCE
ACG
PFC
OFC
SCC
NAc
VP
Hipp
Amyg
MOTIVATION/ DRIVE
MEMORY/ LEARNING

Addiction

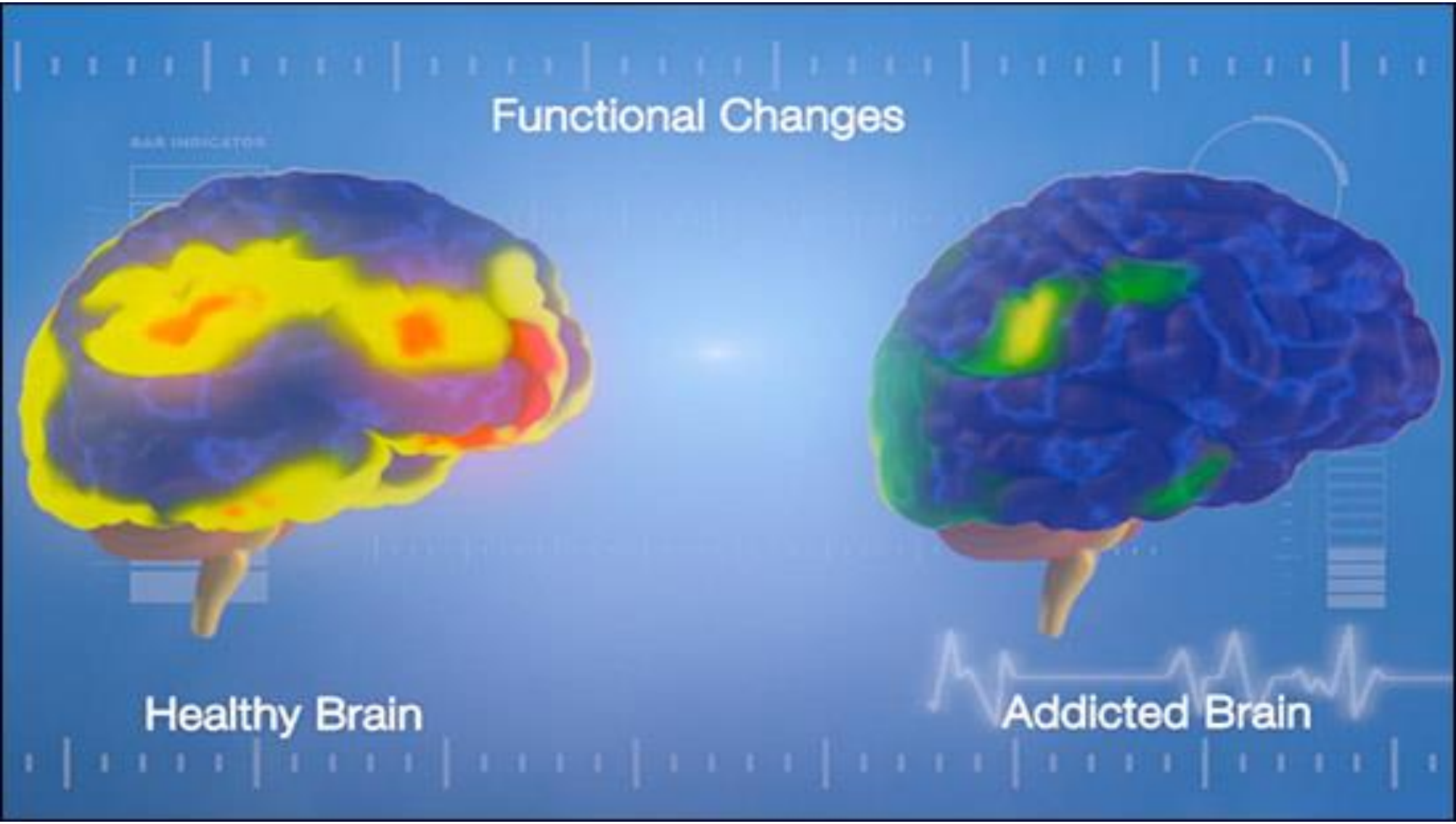
ADDICTION – a behavior

- Frequency of use
- Sources of drugs – where are they coming from?
- Changes in peers/activities
- Reasons for using
- Behaviors around use – irritable, defensive when confronted, not open to any suggestions
- Has to plan their life around use
- Cravings, urges that often drive behavior
- Compulsion, inability to weigh consequences

Dependence

DEPENDENCE

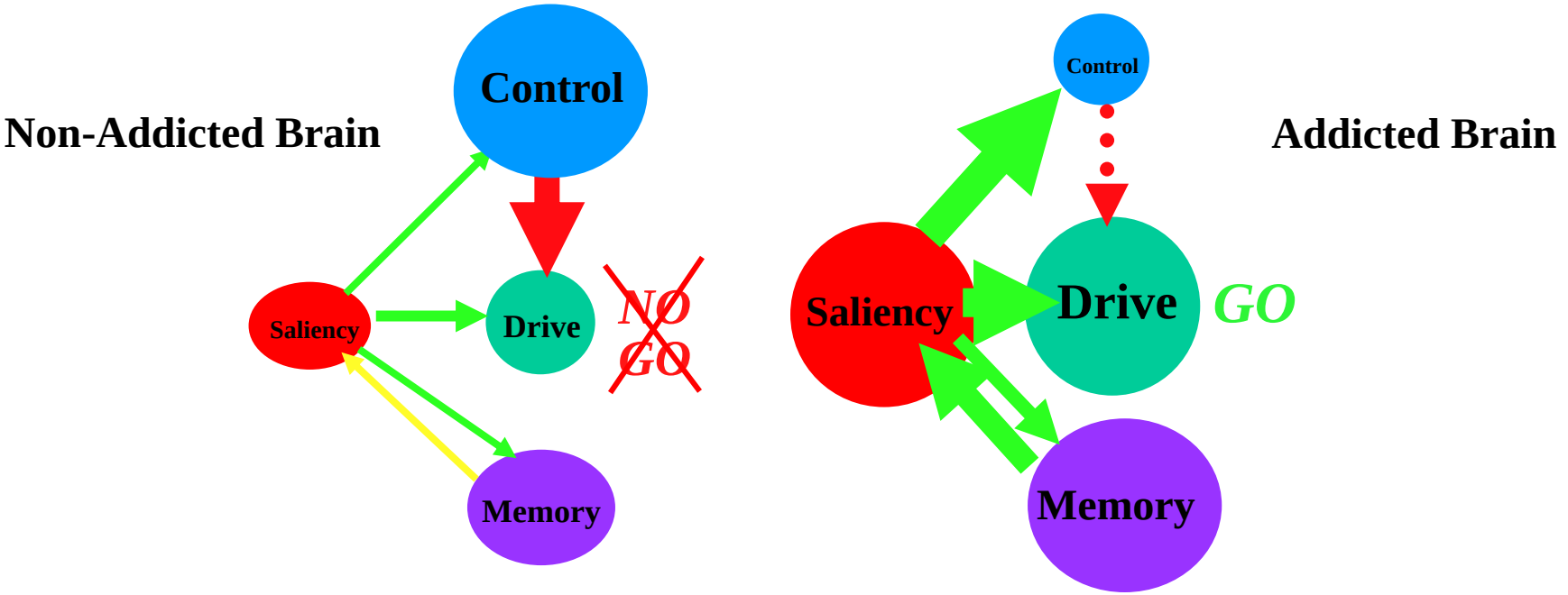
- Brain biology is dramatically changed from ‘normal/original’ state
- Neurotransmitters do not produce dopamine, endorphins without substance use – dynorphins are depleted
- Centered around avoiding withdrawal and sickness
- Pre-frontal cortex has been devastated by drug, limbic system is depleted almost entirely


Functional Changes
Healthy Brain
Addicted Brain

Break it Down

- Dopamine (short term) – initial response from substance – use (takes longest to restore)
- Dopamine activates Endorphines (long term) – locks in memory and establishes preference – misuse
- Cravings/withdrawal is brain response to depletion of these chemicals – addiction, SUD
- Dynorphins – compulsion, patterns of use, “relationship” with substance
  - Restore through connection – the opposite of addiction
  - Women – oxytocin and bonding with their children/others

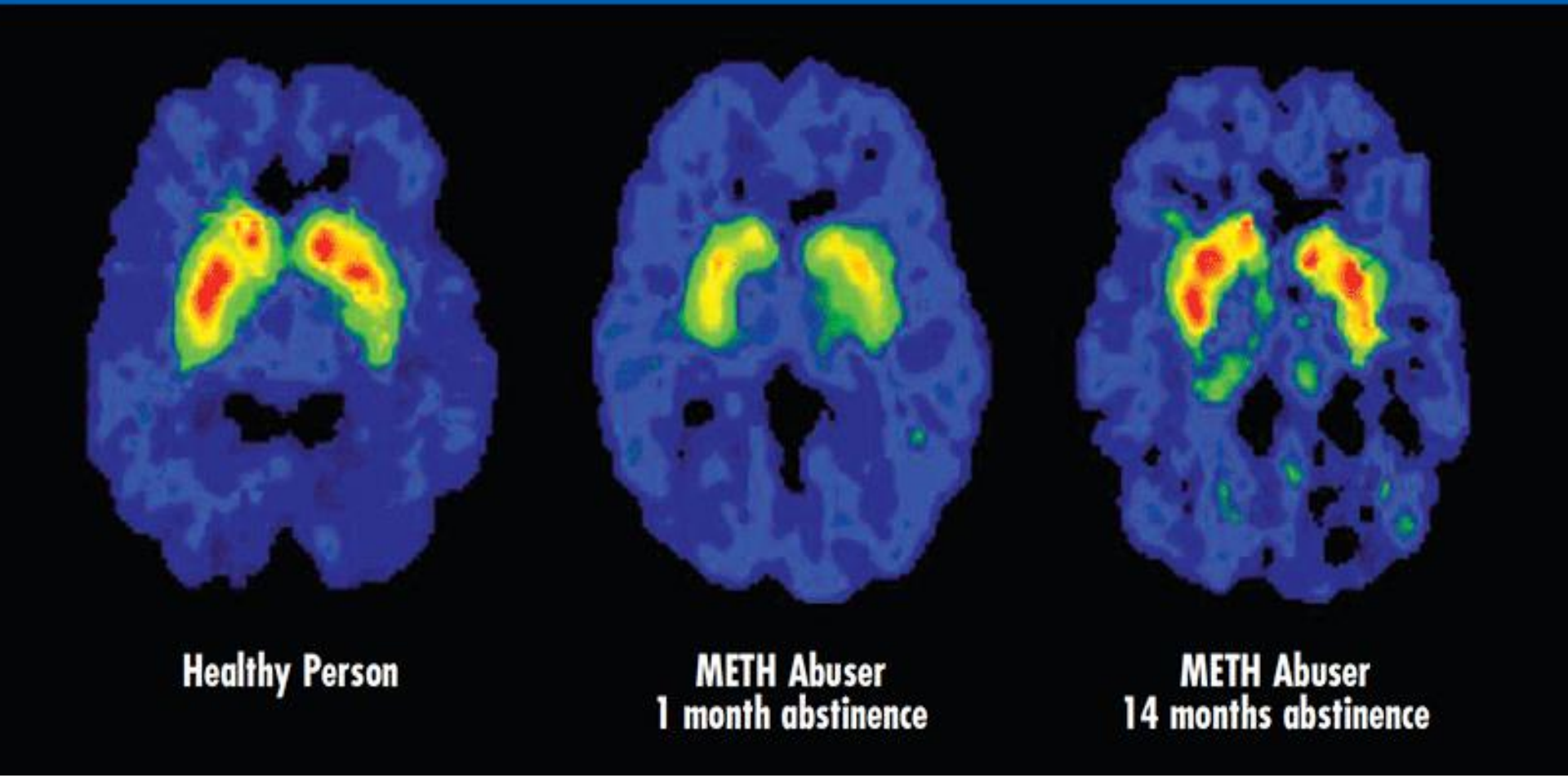
Why Can't Addicts Just Quit?

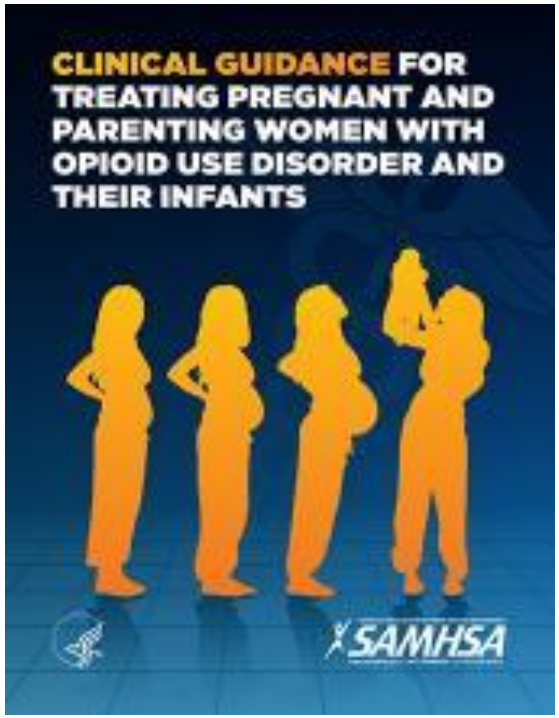


Because Addiction Changes Brain Circuits

Adapted from Volkow et al., Neuropharmacology, 2004.

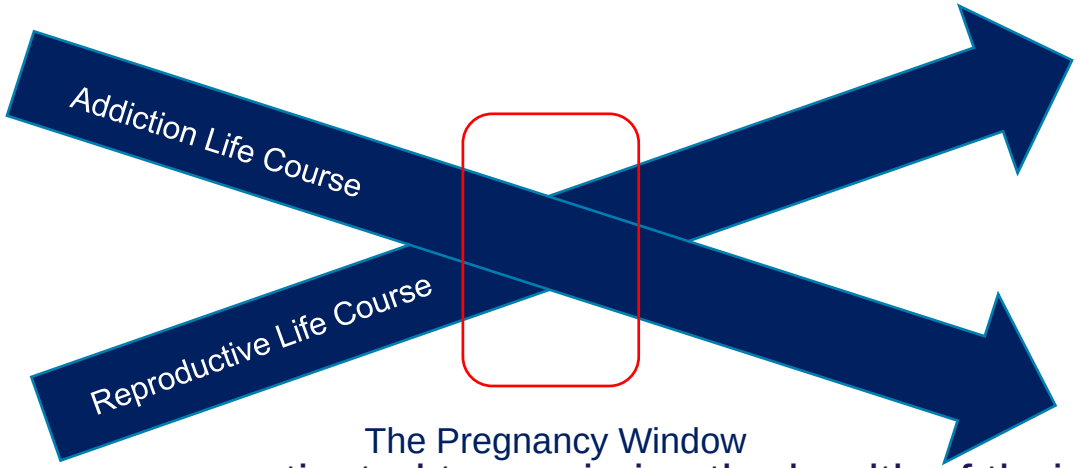
BRAIN RECOVERY WITH PROLONGED ABSTINENCE





SAMHSA Guidelines

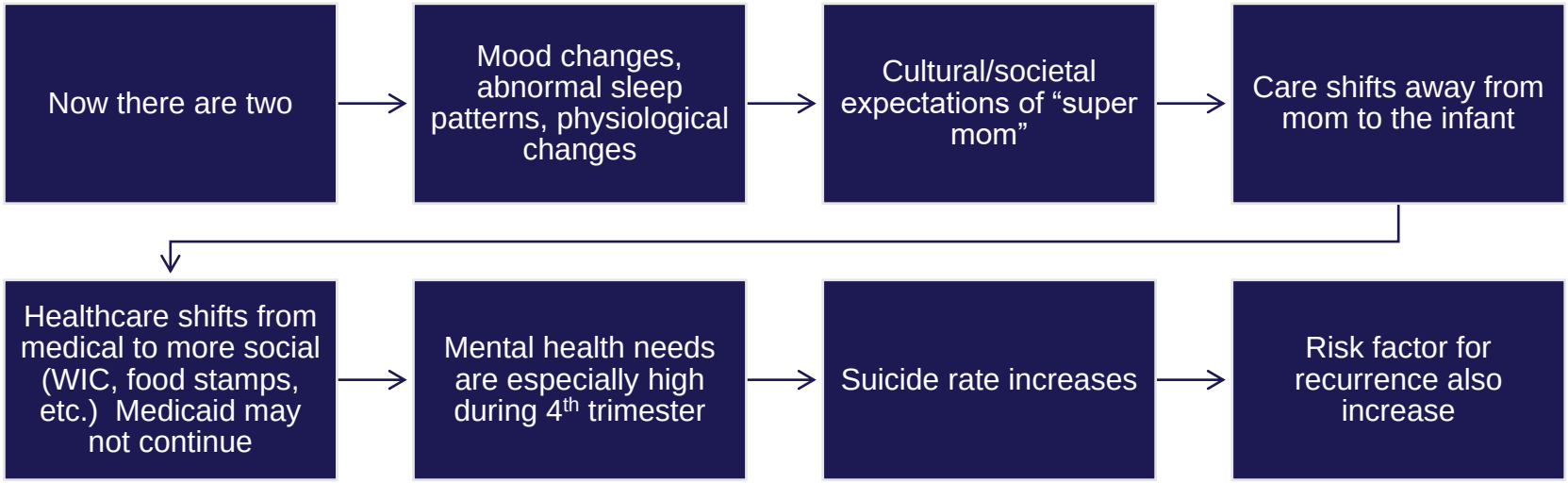
Pregnancy and Addiction



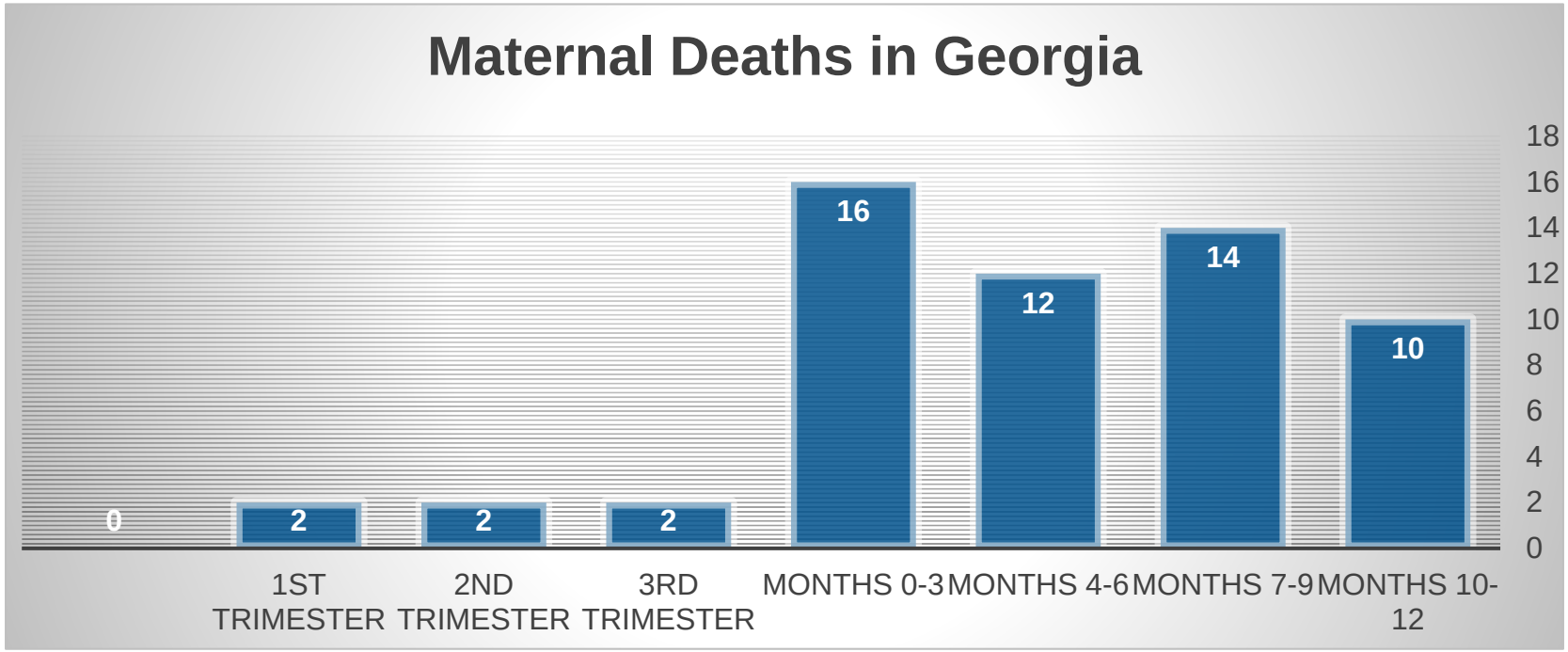
The Pregnancy Window

Pregnant women are motivated to maximize the health of their baby to be

The 4th Trimester – The Most Critical Time



Maternal Deaths – Pre and Post Natal



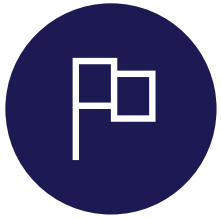

Hope
Person-Driven
Respect
Many Pathways
HOME
HEALTH
COMMUNITY
PURPOSE
Strengths / Responsibility
Holistic
Addresses Trauma
Peer Support
Culture
Relational

Components for Successful Recovery Effort

Home: Housing, Permanent Supportive Housing, Housing First, Recovery Housing

Health: Medical, Mental Health, Addictions (including Prevention), Clinical Care, Recovery Supports, Rehabilitation Services

Purpose: Jobs, Education, Community Service (giving back), Relationships, Leisure Time, Transportation, Child Care, Parenting, Family/Caretaking Roles



Community: Support Networks, Community Groups, Faith Community, Recovery Community Centers, Support Groups

RECOVERY is the Goal

Individualized and unique for each person	Treatment episodes that include longer engagement and inclusion	Cognitive behavioral therapy (CBT)
EBP focused on specific topics (criminogenic thinking, trauma, stress, parenting, anger, life skills, etc.) A holistic approach	Group counseling and Psycho education - generational differences in learning must be considered	Medication – Methadone, Bupenorphine for prenatal – Naltrexone, Suboxone may be option in 4th Trimester but continue whatever is working
Coping skills – healthy lifestyle changes	Support groups – AA, CA, NA, DTR, Celebrate Recovery, Reformer's Unanimous, Smart Recovery, All Recovery – Peer Support	Community involvement and service – CONNECTION IS THE OPPOSITE OF ADDICTION (and it replinishes Dynorphins)

Women's Treatment and Recovery Supports

21 WTRS Residential Sites

17 WTRS Intensive Outpatient Programs

14 Transitional Housing Programs

Priority Admission

- Admission priority is given to following:
  - Pregnant iv using Women
  - Pregnant women
  - IV Users
  - Women with DFCS/CPS involvement
  - Plan of safe care
  - All other women
    - Children under age of 12 live in residential unit with mom

Women's Treatment and Recovery Supports

Highland Rivers Rome 706-291-7201	Avita Community Partners Gainesville 678-866-8564	Mothers Making a Change Marietta 678-932-6130	Advantage Athens 706-227-5321	Hope House, Inc. Augusta 706-737-9879	Oconee CSB Milledgeville 478-445-5518
Life Spring Macon 478-803-8729	Mary Hall Sandy Springs 770-642-5500	Clayton Center Morrow 770-960-2050	Right Side UP Decatur 678-805-5100	Right Side Up Atlanta 678-805-4113	St. Jude's Atlanta 404-917-1000
Breakthru House Decatur 404-284-4658, ext. 1 or 2	Maya's House Cairo 229-377-5010	The Pines Family Campus Valdosta 229-245-8045	Abundant Life Dublin 478-275-6800	Gateway CSB Brunswick 912-554-8486	Pineland CSB Statesboro 912-764-1817
Recovery Place Savannah 912-662-8720	Unison Waycross 912-449-7861	New Choices Barnesville 770-358-8506 or 8503	Micasa Warner Robins 478-988-1222 ext. 401	Millennium Center Cuthbert 229-732-5602	New Horizons Columbus 706-327-0279

Medication Assisted Treatment Providers

Advantage Athens 706-389-6789	Alliance Athens 770-712-4396	Aspire BH Albany 229-430-6001	Avita Gainesville 470-755-1834	BHG of Jackson Jackson 770-775-9044	Changing Phases Marietta 678-903-5197
Colonial Management Group Savannah 912-233-6430	DM&ADR Athens 706-552-0688	Georgia Pines Thomasville 229-225-3944	Grady Memorial Atlanta 404-616-3976	Highland Rivers Rome 706-291-7201	Legacy Valdosta 229-671-6100
McIntosh Trail McDonough 229-251-0165	New Horizon Rome 706-233-9603	Newport BH Decatur 404-289-8223	Recovery Place Savannah 912-355-1440	River Edge Macon 478-803-7700	St. Jude's Atlanta 404-874-2224
Someone Cares Marietta 678-921-2706	Southside Medical East Point 404-627-1385	Unison Waycross 912-449-7171			

Addiction Recovery Support Centers

- **The Mosaic Place** 321 West Ave Cedartown, GA 30125 - Nikki Kemp feliciakemp@highlandrivers.org 678-246-4174
- **LivingProof Recovery** 408 Shorter Avenue NW, Rome, GA 30165 – Claudia Hamilton claudia@livingproofrecovery.org 706-204-8710
- **The Zone** 32 Fairground St NE, Marietta, GA 30060 – Melissa Owens missy@davisdirection.com 678-725-1298
- **RCFF - The Connection** 608 Veterans Memorial Boulevard Cumming, Georgia 30040 – Catherine Rosborough catherine@theconnectionforsyth.org 470-253-8564
- **J's Place Recovery Center** 1362 Juanita Ave, Gainesville, GA 30501 – Mary Pagliamary paglia@centerpointga.org 678-316-0403
- **Divas Who Win Freedom Center** 645 Hawthorne Ave, Athens, GA 30606 - Chanda Santana info@divaswhowin.org 706-850-5945
- **People Living in Recovery** 370 Gaines St, Athens, GA 30605 - Shane Simsshane plrecovery@gmail.com 706-850-8858
- **Focus on Recovery – Augusta** 3711 Executive Center Dr Suite 101, Martinez, Georgia 30907 - Christian Frazier christian@foraugusta.org 706-945-0290
- **Macon Recovers** 750 Baconsfield Dr. Ste 101, Macon, GA 31211 - Marissa Cody mcody@river-edge.org 478-803-7661
- **Navigate Recovery - Safe Harbor** 52 Gwinnett Drive, Suite A Lawrenceville, GA 30046 - Amanda Strittmatter amandastrittmatter@navigaterecovery.org 678-743-1808
- **Paula Crane Life Enrichment Center** 1792 Mt Zion Road, Morrow, GA 30260 - Ava Allisonava allison@claytoncenter.org 770-473-2647
- **The DOOR** 4086 Covington Hwy Suite H, Decatur GA 30032 - Charles Sperling csperling@standinc.com 678-888-1411
- **Peers Empowering Peers** 7770 Roswell Rd, Atlanta, GA 30350 - Paul Thompson pepthomp13@gmail.com 404-825-6017
- **Recovery Resources of Atlanta Midtown** 623 Spring St NW, Atlanta, Georgia 30308 - Isadore Hannon ihannon@covenantatlanta.org 404-574-0517
- **R2ISE**675 Metropolitan Pkwy SW Suite 5036, Atlanta, GA, 30310 - Alexia Jones r2iseteam@gmail.com 770-885-5306
- **WECOVERY Peer Recovery Support Center** 2004 Georgia Highway 122, Thomasville, GA 31757 - Christopher Sheffield csheffield@georgiapines.net 229-236-7464
- **OASIS, Inc.** 902 South Main St, Tifton, GA 31794 - Vicky Bossevicky oasistifton@gmail.com 229-396-5900
- **Change Center** 500 Pine Ave, Albany, GA 31701 - Kathryn Newcombe knewcomb@albanycsb.org 229-854-9418
- **RISE UP** 621 Academy Ave, Dublin Ga 31021 - Pamela Ranke pranke@csbmg.com 478-353-1188
- **Face to Face**189 N Brunswick St, Jesup, GA 31546 - Patty Collins facetofacerco@gmail.com 912-321-7337
- **Freedom Through Recovery - The Susan Ford RCO** 204 South Main St, Statesboro, GA 30458 - Bo Fordham bfordham1996@gmail.com 912-764-8283
- **Coweta FORCE**48 E Washington St, Newnan, GA 30263 - Hank Arnold hank@cowetaforce.org 678-763-8129
- **Middle Flint Addiction Recovery Center**100 Plantation Ridge Dr, Americus, GA 31709 - Jennifer Castro jenniferc@mfbhc.org 478-957-5396
- **iHOPE** 603C Russell Parkway, Warner Robins, GA 31088 - Tarusa Stewart tarusa@ihopeinc.org 478-225-2895
- **Connections** 4827 14th Avenue, Columbus, GA 31904 - Denise Wade dwade@nhbh.org 706-569-0727

Resources:

- SAMSHA Treatment Locator: https://findtreatment.samhsa.gov/
- GCAL: https://www.valueoptions.com/referralconnect/doLogin.do?e=Z2FjbSAg
- RCO - https://www.gasubstanceabuse.org/recovery-community-organization
- GMHCN Warm Line: 1-888-945-1414
- CARES Warm Line: 1-844-326-5400
- OTP Providers: https://www.otpgeorgia.org/

QUESTIONS???

What are we doing right?

What can we do better?

How can we work better together?

References:

- Mishka Terplan, MD MPH FACOG DFASAM Adjunct Faculty, Clinical Consultation Center, UCSF Addiction Medicine Consultant, Virginia Medicaid
- Dr. Merrill Norton Pharm.D.,D.Ph.,ICCDP-D Clinical Associate Professor University of Georgia College of Pharmacy Athens, Georgia
- “Our Stories Have Power” training by Faces and Voices of Recovery
- American Society of Addiction Medicine (ASAM). https://www.asam.org/
- George Braucht, Science of Addiction and Recovery SOAR. http://www.brauchtworks.com/
- SAMHSA Clinical Guide for treating pregnant women with OUD and their infants. https://www.samhsa.gov/search_results?k=pregnant+opioid
- Centers for Disease Control (CDC) https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

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Georgia Department
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& Developmental
Disabilities

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BE COMPASSIONATE
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BE CARING
BE EXCEPTIONAL
BE INSPIRED
BE ENGAGED
BE ACCOUNTABLE
BE INFORMED
BE FLEXIBLE
BE HOPEFUL
BE CONNECTED
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Beverly Knight Olson Children's Hospital @ Navicent Health

Macon , Georgia

GaPQC

NAS Initiative

2019

- Our team started the journey with short meetings / emails in February and March to discuss our participation and identify core groups and staff to participate.
- First official meeting was in May. Meeting every 2 weeks.
- Decided all L/D, MB and NNICU staff would be involved and expected to complete modules.
- Identified our data person: NNICU was the chosen department .
- Our Neo's had already started working on changing our screening process to minimize stereotyping.

- Initial meetings were really about our thoughts and identifying challenges and goals related to the initiative.
  - Staff buy in & participation, as well as changing the perceptions and culture.
  - MD buy in and willingness to support changing practices if necessary.
  - Inconsistencies in practice from both OB, Pediatrics and Neos.
  - How to keep mom and baby together without the option of rooming /nesting post maternal discharge.

What have we done as a Task Force?

June and July 2019

- Established our timeline for modules.
- Added NAS education early for our new NNICU nurses. Adding it to our annual competency requirements.
- Working on parent education handout for NAS to integrate them more into plan of care and help them understand the goal.

August and September 2019

- Set up a lunch and learn with representatives from DPH (Substance Abuse Director, a CARES counselor and staff from NE Ga. Medical Center) to help bring some information and insight from lived experiences.
- Offered CEUs to participants.
- Decided that NNICU would be our initial focus.

October Goals

- Place laminated guides at bedsides to help improve scoring.
- Tracking our positive drug screens on NNICU admissions and looking at maternal record to determine if we had not screened, would baby have been missed.
- Establishing consistent timing of scoring with our Neos and NPs. Timing of scoring has been found to be all over the board with our staff.

Accomplishments

- All staff are registered for the VON modules. 85 % of NNICU staff is on target or ahead of timeline. Our Educator is tracking staff participation and sending reminders in our weekly news.
- Members from our Quality Department are also now completing the modules and will be coming on board the task force.
- Positive feedback from the Lunch and Learn .We had approximately 40 participants who were able to participate from different areas and hospitals.
  - Provided us with resources and contacts in our region.

Challenges still ahead …

- Pediatrician engagement in the initiative.
- OB providers participation.
- Changes and staffing issues limiting participation from the OB bedside clinicians.
- Inconsistencies in practices both maternal and neonatal.
- Culture change and changing perceptions and biases of staff.
- Involvement from DFACS to assist with the social aspect and providing moms with resources they need to seek a sober lifestyle.
- Resources in our referral areas and how to assist the OBs with connecting pregnant moms prior to delivery.

- Incorporating our Peds staff and Peds EC staff in identifying NAS in infants presenting in the ED or on Gen Peds floor that may be exhibiting symptoms.
- Improving our NAS scoring and reliability.
- Establishing protocols for use in both our Mother/ Baby unit and in the NNICU.
- Providing consistent care, education and support for all of the NAS babies and their mothers and families.

Reminders

- Technical Assistance call on October 16th from 3:30-4:3
- Watch Lesson #12 during October