

2020 Neonatal Abstinence Syndrome/Neonatal Opioids Withdrawal Syndrome (NAS/NOWS) Measures (Maternal Exposure)

Vision: Improvements in service delivery for identifying and managing infants with NAS/NOWS. Improvements in perinatal measures related to identification and management of infants with NAS/NOWS.

Key Definitions

- **Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome:** A postnatal opioid withdrawal syndrome that can occur in newborns whose mothers were addicted to or treated with opioids while pregnant.
- **Infant at risk for NAS/NOWS:** Any infant whose mother has positive history of opioid use during pregnancy or positive screen or positive biological testing for opioids.
- **Infant with NAS/NOWS:** If using Eat, Sleep, Console (ESC), 2 consecutive “no’s” resulting in medications. Any infant with 2 consecutive scores ≥ 12 or 3 scores ≥ 8 on the Finnegan Neonatal Abstinence Scoring System, or ≥ 4 on the Lipsitz Neonatal Drug Withdrawal Scoring System.
- **Length of hospitalization:** The length of time in days between admission to the hospital and discharge from the hospital.
- **Infant transferred/transported for higher level of care:** Any infant with NAS/NOWS requiring transport to a different facility providing a higher level of neonatal care due to NAS/NOWS. (e.g. infant has respiratory issues due to withdrawal from opioids, capacity to treat babies with NAS is exceeded, etc).

Measure	-Measure type (outcome, process, balancing) -Required/optional	Frequency	Numerator	Denominator	Data Source
Measure 1: Percent of infants identified at risk for NAS/NOWS managed using comprehensive care algorithm	Outcome Required	Monthly	Number of infants identified at risk for NAS/NOWS who were managed using comprehensive care algorithm.	Total number of infants at risk for NAS/NOWS	• Local electronic health record; enter into Life QI®
Measure 2: Average length of hospitalization in days for infants with NAS/NOWS	Outcome Required	Monthly	Average number of days of hospitalization for infants with NAS/NOWS	n/a	• Local electronic health record; enter into Life QI®
Measure 3: Percent of infants at risk for NAS/NOWS receiving any of their own mother’s milk* within 24 hours prior to discharge	Outcome Required	Monthly	Number of infants identified at risk for NAS/NOWS who receive any of their own mother’s milk* within 24 hours prior to discharge	Total number of infants at risk for NAS/NOWS Exclusion criteria: Surrogacy/adoptive infants	• Local electronic health record; enter into Life QI®

<i>*Not donor milk</i>					
Measure 4: Percent of infants with NAS/NOWS receiving regularly scheduled** doses for pharmacological treatment <i>**Defined as ≥ 6 doses - not PRN dosing</i>	Process Required	Monthly	Total number of infants with NAS/NOWS receiving regularly scheduled** doses for pharmacological treatment	Total number of infants with NAS/NOWS	• Local electronic health record; enter into Life QI®
Measure 5: Percent of infants discharged with safe care plan*** ***includes follow up for infant (medical, developmental, etc.) and resources for mother as outlined in discharge checklist.	Process Required	Monthly	Number of infants with NAS/NOWS discharged with safe care plan***	Total number of infants with NAS/NOWS	• Local electronic health record; enter into Life QI®
Measure 6: Percent of families expressing satisfaction	Process Required	Monthly	25% increase in satisfaction scores among families with infant with NAS/NOWS completing feedback survey	Average of Likert scale scores	• Family survey; entered into WisPQC website
Measure 7: Percent of providers expressing satisfaction (Providers include all care team members)	Process Optional	Bi-annually	1. How useful did you find the algorithm in the care of babies identified with NAS/NOWS? (Likert scale 1-5) 2. Other questions?	Average of Likert scale scores	• Provider survey; enter into WisPQC website <i>**This survey is still in development</i>
Measure 8: Number of infants with NAS/NOWS transferred to hospital with higher level of care due to NAS/NOWS	Process Optional	Monthly	Total number of infants with NAS/NOWS who are transferred out to hospital with higher level of care due to NAS/NOWS	Total number of infants with NAS/NOWS	• Local electronic health record; enter into Life QI®
Measure 9: Percent of infants with NAS/NOWS	Balancing Required	Monthly	Total number of infants with NAS/NOWS in the month	Total number of infants delivered in the month	• Local electronic health record; enter into Life QI®

Structure measures (these will all be embedded in WisPQC website link for submission)

All structure measures will be assessed QUARTERLY on a 3 point scale, by simply checking one of these boxes: **Haven't started** – **working on it** – **in place**.

1. Hospital has implemented use of a standardized tool for assessing infants identified at risk for NAS/NOWS.
Haven't started – **working on it** – **in place**.
 - If **working on it** or **in place** - which tool? (Choose from Drop down, or write in otherwise).
2. Hospital has implemented standardized procedures for:
 - Non-pharmacological care, including ESC (this will include a checklist of non-pharmacological strategies)
 - Pharmacologic care
 - Hospitals follow their own standardized medication protocol (support provided as needed).
 - Safe Discharge/Follow up Planning (this will include a checklist of discharge processes in place, e.g. contact with pediatric provider, referral to Birth to 3, first Pediatric visit set up, etc.).

Overall collaborative analytics (WisPQC will track these at the collaborative level)

- # of sites enrolled
 - 5
- # of PDSA cycles
- # of sites entering monthly data
 - 3/5 (October/baseline)