Collaborating to ERASE Maternal Mortality in New Hampshire

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Timothy J. Fisher, MD, MHCDS, Medical Director, NNEPQIN
• The work of the New Hampshire MMRC is to **identify** and **review** cases of pregnancy associated death, **determine cause(s)** and **preventability**, and generate **recommendations for action**.

• The **leading cause** of pregnancy-associated deaths in NH, 2016-2017 was **accidental drug overdose**.
Recommendations from the New Hampshire MMRC

**Support engagement in prenatal care and substance use treatment**
- Educate healthcare teams to reduce stigma against people who use substances
- Provide warm handoff from PCP to facilitate engagement in prenatal care
- Improve collaboration between substance use providers and mental health providers

**Address social determinants of health**
- Assess social determinants and link to services directly from Emergency Department for patients with substance-related complaints
- Increase outreach to unhoused people, prioritizing access to women's services

**Overdose prevention**
- Standardize perinatal education about risk for overdose after pregnancy or any period of abstinence
- Provide naloxone kits and standard education at discharge for postpartum patients with OUD
Population based study of 177,876 maternal records in Massachusetts

- Perinatal OUD rate = 2.3%
- Overdose rates were lowest in third trimester and highest from 7-12 months postpartum
- Women who did not receive pharmacotherapy were more than twice as likely to overdose

Recommendations based on these data:
- Universal screening for OUD during pregnancy
- Prioritize pharmacotherapy
- Overdose education and naloxone access
Naloxone

• What is naloxone?

• How is it used?
  • Naloxone “kits” for community use typically include two intranasal applicators (doses)
  • Education about overdose and administration is a required component of prescribing/dispensing naloxone

• Is naloxone safe during pregnancy and lactation?
  “Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant women in the case of maternal overdose in order to save the woman’s life.”
  
  -ACOG Committee Opinion #711 (2017)

Audience Poll

• Do you know how a person might be able to access naloxone (Narcan) in your state?
• Does your hospital system have a process for distributing naloxone to patients?
• Does your hospital unit or clinic have a process for distributing naloxone to maternity patients?

• What barriers remain for accessing naloxone in your community?
You Are Not Alone.
Help is Less Than an Hour Away.

FIND A DOORWAY
The Doorway at Dartmouth-Hitchcock

Megan M. Tracy, BS
Associate Practice Manager of the Doorway at DHMC and the After Hours Program
The Basics

**Name:** The Doorway at Dartmouth-Hitchcock Lebanon

**Location:** 85 Mechanic Street, Lebanon, NH Suite B3-1

**Phone:** Call **211** to access any of the NH Doorways (24 hours / day)
  ◦ Direct Phone: 603-653-1860

**Affiliated Hospital/Organization:** Dartmouth-Hitchcock
# Doorway Locations

<table>
<thead>
<tr>
<th>Doorway</th>
<th>Berlin</th>
<th>Concord</th>
<th>Dover</th>
<th>Keene</th>
<th>Laconia</th>
<th>Lebanon</th>
<th>Littleton</th>
<th>Manchester</th>
<th>Nashua</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td>Androscoggin Valley Hospital</td>
<td>Concord Hospital</td>
<td>Wentworth Douglass Hospital</td>
<td>Cheshire Medical Center</td>
<td>Lakes Region General Hospital</td>
<td>Dartmouth-Hitchcock Medical Center</td>
<td>Littleton Regional Healthcare</td>
<td>The Doorway of Greater Manchester</td>
<td>The Doorway of Greater Nashua</td>
</tr>
<tr>
<td><strong>Location of Doorway</strong></td>
<td>7 Page Hill Rd., Berlin, NH 03570</td>
<td>40 Pleasant St., Concord, NH 03301</td>
<td>798 Central Ave, Dover, NH 03820</td>
<td>590 Court St., Keene, NH 03431</td>
<td>80 Highland St., Laconia, NH 03246</td>
<td>Addiction Treatment Program; Rivermill Complex; 85 Mechanic St; Suite 3B-1; Lebanon, NH 03756</td>
<td>11 Riverglen Ln., Littleton, NH 03561</td>
<td>303 Belmont St., Manchester, NH 03103</td>
<td>12 Amherst St., Nashua, NH 03064</td>
</tr>
<tr>
<td><strong>Phone number:</strong></td>
<td>Call 211</td>
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</tr>
</tbody>
</table>
Person seeks OUD treatment

Call 2-1-1 (or goes directly to the Hub)

After Hours

Yes

After-Hours Hub Services

Assessment, evaluation, referral (acute needs refer patient to ED)

No

Patient seen at the Hub

Assessment, evaluation, referral

Information from assessment is sent to local Hub with appropriate security
**Staffing Plan**

The Doorway at Lebanon currently has the following staff available to support individuals:

<table>
<thead>
<tr>
<th>Staff Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager / Medical Director</td>
</tr>
<tr>
<td>Clinicians (MD, LICSW/MLADC, RN)</td>
</tr>
<tr>
<td>Clinic Support (RN, LNA)</td>
</tr>
<tr>
<td>Case Managers (Resource Specialist)</td>
</tr>
<tr>
<td>Recovery Support</td>
</tr>
<tr>
<td>Clerical / Data</td>
</tr>
</tbody>
</table>

*Utilizing MD/clinicians and other staff from the DH Addiction Treatment Program to cover until candidates are hired*
Purpose

The purpose of The Doorway at DH-Lebanon is to provide:

Rapid access to information and an evaluation to link individuals to the most appropriate treatment and resources.

Our goal is to increase the likelihood that a person will start or continue their path to recovery from substance use disorders.

NO WRONG DOOR
# Current Core Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone screening and crisis stabilization</td>
<td>Y</td>
</tr>
<tr>
<td>In Person screening and crisis stabilization</td>
<td>Y</td>
</tr>
<tr>
<td>Diagnostic Evaluation</td>
<td>Y</td>
</tr>
<tr>
<td>Care Planning</td>
<td>Y</td>
</tr>
<tr>
<td>Facilitated Referral</td>
<td>Y</td>
</tr>
<tr>
<td>Continuous Recovery Monitoring</td>
<td>Y</td>
</tr>
<tr>
<td>GPRA Data Collection</td>
<td>Y</td>
</tr>
<tr>
<td>Naloxone Distribution</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Y</td>
</tr>
<tr>
<td>Organizational</td>
<td>N</td>
</tr>
<tr>
<td>After Hours Call Service</td>
<td>Y</td>
</tr>
</tbody>
</table>
## Current Additional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT Services</td>
<td>Y</td>
</tr>
<tr>
<td>Telephonic support for loved ones</td>
<td>Y</td>
</tr>
<tr>
<td>In Person support for loved ones</td>
<td>Y</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>Y</td>
</tr>
<tr>
<td>Peer Support</td>
<td>Y</td>
</tr>
<tr>
<td>IOP</td>
<td>Y</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>Y</td>
</tr>
<tr>
<td>Specialized program for peripartum women</td>
<td>Y</td>
</tr>
<tr>
<td>Community Food Shelf</td>
<td>Y</td>
</tr>
</tbody>
</table>
Statistics

**Clients Served:**

DHMC Doorway has served 728 individuals for the period of January 2019 – August 2020

*This is a count of individuals seen in person or assisted by telephone. Also includes friends and family seeking information on how to help a loved one.*

**Naloxone Distribution:**

January 2019 – August 2020 Narcan Kits - 938

- Number of kits given to individuals: 101
- Number of kits distributed to the community: 837
Getting Naloxone Into the Hands of Maternity Care Patients and Families
Improving Naloxone Access Using a Checklist:

**Perinatal Substance Use Checklist**

<table>
<thead>
<tr>
<th>Element</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal consent to share medical information</td>
<td></td>
<td>Name of Consent signed and shared with substance use treatment provider</td>
</tr>
<tr>
<td>HIV status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C antibody, if + draw viral load</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatic Function Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional drug testing policy reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan of Safe Care and mandated reporting requirements discussed</td>
<td></td>
<td></td>
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<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs assessment and/or Care Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risks of non-prescribed drugs and alcohol discussed</td>
<td></td>
<td></td>
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<tr>
<td>Marijuana counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone counseling and/or offered</td>
<td></td>
<td></td>
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<tr>
<td><strong>Third Trimester</strong></td>
<td></td>
<td></td>
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<tr>
<td>Repeat HIV, HBsAg</td>
<td></td>
<td></td>
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<tr>
<td>GLC/HCT</td>
<td></td>
<td></td>
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<tr>
<td>HCV antibody, if + draw viral load</td>
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<tr>
<td>Ultrasound for growth/fluid</td>
<td></td>
<td></td>
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<tr>
<td>UDAdI with confirmation sent (consent required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Plan of Safe Care</td>
<td></td>
<td></td>
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<tr>
<td>NAS information reviewed</td>
<td></td>
<td></td>
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<tr>
<td>Breastfeeding information reviewed</td>
<td></td>
<td></td>
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<tr>
<td>Pain management discussed</td>
<td></td>
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<tr>
<td>Family Planning discussed</td>
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<tr>
<td>OTHER</td>
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</tbody>
</table>

**Proportion with OUD who discussed Naloxone with prenatal provider (N=478)**

- Integrated MAT (n=167) - 56%
- External MAT (n=273) - 25%
- No Treatment (n=6) - 36%

Discuss access to naloxone.

Access to Naloxone for Perinatal Patients with Opioid Use Disorder - DHMC data

Proportion of Patients with OUD with Whom Naloxone was Discussed
Can We Do Better?

• Birthing Pavilion *Meds to Beds Program*
  • Naloxone dispensed to patients with OUD diagnosis as part of discharge process
  • Outpatient Pharmacy staff provide naloxone education
  • Launched in early 2020
  • Temporarily on hold due to COVID-19, plan to resume soon

• Ob/Gyn outpatient naloxone program- *under construction*
  • Will dispense naloxone in prenatal clinic to patients at risk or who have a family member at risk of overdose
  • Doorways supplies medication
  • Registered Nurse, physician, or APRN/CNM provides naloxone education
  • Parallel programs underway in Emergency Department and Infectious Disease clinic
  • Ob/Gyn to launch in late September, 2020
Screening in Ob/Gyn Clinic

Additional question added to SBIRT-screening during the initial prenatal visit:

“Are you, or is someone you know, at risk of experiencing an opioid overdose?”
Developing a Naloxone Distribution Program for the Ob/Gyn Clinic

• Many steps in the implementation process

✓ Identify source for naloxone:
  ⊗ Establish relationship with state-based distribution
  ⊗ Develop collaborative procedures regarding ordering, delivery, and data collection

✓ Develop clinic policies and procedures:
  ⊗ Write official clinic policy
  ⊗ Pharmacy and Therapeutics Committee approval

✓ Training and education:
  ⊗ Train providers in process
  ⊗ Train nursing staff to provide naloxone education
  ⊗ Develop annual nursing competency

✓ Implementation
  ⊗ Launch Screening/identification of patients
  ⊗ Integrate naloxone distribution into clinic flow

✓ Data collection:
  ⊗ Electronic medical record documentation
  ⊗ Inventory, ordering, reporting, data collection
Proposed Clinic Process

Data collection (State program requirement)

- Social worker* sees patient
- Provider* sees patient
- Recovery coach* sees patient

Naloxone conversation, education, and distribution

- Tablet Q
- Patient waits in exam room
- CHW* sees patient

Documentation by RN

- Patient waits in exam room
- Patient goes on tour of birthing center with recovery coach
- Patient brought to check-out

*May be seen in any order, and each entity may be seen more than once, or not at all
Next Steps

Short term:
Department-wide Provider, nursing, and staff education about new policies and procedures
Nurse manager trained as naloxone trainer

Medium term:
Annual competency for nursing staff
Track and analyze process measures

Long term:
Continue to track program success
Track primary outcome (maternal deaths)
Take Homes From Our Experience so far

• A multi-modal approach is needed to reach our goal is to reduce maternal mortality due to opioid overdose

• Developing policies, procedures, and a work-flow for a point-of-care naloxone distribution program in an ambulatory clinic takes a long time!

• We hope that sharing this work-in-progress will be helpful for other Ob/Gyn programs
WENTWORTH DOUGLASS HOSPITAL’S NALOXONE DISTRIBUTION

Katie White, Perinatal NAS / SUD RN Care Coordinator
Women and Children’s Unit
Wentworth Douglass Hospital
Dover, NH
September 10th 2020

• Outpatient OB
• Inpatient
• Doorway
FDA Drug Topics: An Overview of Naloxone and FDA’s Efforts to Expand Access

Will be held on:
September 29, 2020
Time: 1:00 pm to 2:00 pm (EDT)

To register for the online meeting, please visit:
https://collaboration.fda.gov/ddi092920/event/registration.html
SAVE THE DATE!

ERASE MATERNAL MORTALITY

October 8, 2020: Maternal Suicide Prevention

David R. Eiler, MD
SUMHI Suicide Prevention, Dartmouth-Hitchcock

Elizabeth Fenner-Lukaitis, MSW
Acute Care Services Coordinator
Bureau of Mental Health Services/NH DHHS