WELCOME!

• We will begin shortly.
• Please type your name and email into the chat box for attendance.
• Reminder, we will be recording this session.
• Please mute your line upon entering and chat in your comments or questions.
• Vicki Flanagan will monitor the chat box and call on you to unmute yourself.
• If you have trouble connecting, please email victoria.a.flanagan@hitchcock.org
Update: Access to Naloxone for Birthing People with OUD/SUD

NH AIM/ERASE Monthly Webinar
August 12, 2021
Our presenters have no conflicts of interest to disclose
Agenda

- ERASE and AIM initiatives to reduce maternal morbidity and mortality
- Data update
- NH-AIM naloxone access initiative
- Discussion: barriers and facilitators for distributing naloxone
- Example naloxone program (Jay Naliboff, MD)
- Next steps
Critical Collaborations: NNEPQIN, ERASE and AIM

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care.

Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts.

Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies.

Created from a Centers for Disease Control, Division of Reproductive Health source.
In the last 6 months, every birth hospital in NH delivered infants with known maternal opioid and/or stimulant use documented on the birth certificate.

Most NH pregnancy-associated deaths continue to be due to overdose (including 2021).
Heads up! Revised AIM SUD Bundle Metrics

**Process**
- Naloxone access among postpartum patients with OUD
  [situational surveillance question]

**Outcome**
- Pregnancy-associated and pregnancy-related overdose deaths
### NH-AIM Key Driver Diagram

**Reduce Substance-Related Maternal Mortality and Severe Maternal Morbidity in NH**

<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
<th>Change Concepts</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overdose Prevention</strong></td>
<td>• Access to SUD/OUD Treatment</td>
<td>• Universal SBIRT approach</td>
<td><strong>January-December, 2021</strong></td>
</tr>
<tr>
<td></td>
<td>• Access to naloxone (Prenatal/pp &amp; hospital DC)</td>
<td>• Develop protocols for OB/GYN naloxone distribution</td>
<td><strong>April 2021</strong></td>
</tr>
<tr>
<td><strong>Social Determinants of Health Addressed</strong></td>
<td>• Plan of Safe Care implemented for 100% of pp patients with SUD</td>
<td>• Plan of Safe Care initiated in prenatal setting</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td></td>
<td>• Adopt ACOG postpartum care recommendations</td>
<td>• Universal screening for social determinants of health</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td><strong>All Patients Receive Respectful Care</strong></td>
<td>• Disparities identified based on data and PFAC Feedback</td>
<td>• Increase accuracy of <strong>Real</strong> Data</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td></td>
<td>• PFAC recommendations inform practice improvements</td>
<td>• SMM &amp; perinatal outcomes data disaggregated by <strong>Real</strong> rurality, &amp; payer at State &amp; practice level</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td></td>
<td>• Opportunities for staff antibias training promoted by NH-AIM</td>
<td>• Engage representative Patient &amp; Family Advisors for PFAC</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td><strong>Behavioral Health (BH) Needs Addressed</strong></td>
<td>• Referral network in place for pre-/postnatal access to BH</td>
<td>• Implement universal screening for behavioral health needs</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td></td>
<td>• Suicide screening &amp; prevention implemented in OB practice</td>
<td>• Public health messaging about AWHONN Warning Signs</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td><strong>MMRC Recommendations Implemented</strong></td>
<td>• Annual Report Published</td>
<td>• Timely identification of cases</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td></td>
<td>• Implementation team incorporates MMRC recommendations in NH-AIM</td>
<td>• Regular review by multidisciplinary MMRC</td>
<td><strong>Ongoing</strong></td>
</tr>
<tr>
<td></td>
<td>• MMRC recommendations driven by data from case review</td>
<td>• <strong>Real</strong> Data &amp; perinatal outcomes data disaggregated by rurality, &amp; payer at State &amp; practice level</td>
<td><strong>Ongoing</strong></td>
</tr>
</tbody>
</table>
Reduce Substance-Related Maternal Mortality and Severe Maternal Morbidity in NH

Primary Drivers:
- Overdose Prevention

Secondary Drivers:
- Access to SUD/OUD Treatment
- Access to naloxone

Change Concepts:
- Universal SBIRT approach
- Protocols for naloxone distribution
- Staff training about harm reduction

Timeline:
- January-December, 2021
Why Naloxone?

- Naloxone for community use
  - Naloxone “kits” typically include two intranasal applicators
  - Standard education about opioid overdose and naloxone administration is required when dispensing

- Safety 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)

NH-AIM Baseline Hospital Survey Results
Do you have a process for ensuring access to naloxone (Narcan) for prenatal/postpartum patients with OUD? (n=16)
Steps towards Developing a Naloxone Distribution Program

✓ Identify source for naloxone:
  □ Establish relationship with state distribution network
  □ Develop collaborative procedures for ordering, delivery, and data collection

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

✓ Training and education:
  □ Train providers in process
  □ Train nursing staff to provide naloxone and harm reduction education
  □ Develop annual nursing competency for sustainability

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

✓ Data collection:
  □ Electronic medical record documentation
  □ Inventory, ordering, reporting, data collection
**Specific Aim:** By December 31st, 2021, 75% of postpartum people with an identified substance use condition will receive or be prescribed naloxone by the time of hospital discharge.

**What:** Ask about naloxone and provide naloxone to all postpartum patients with OUD/SUD before hospital discharge

**Who:** Clinical staff (RN/MD/CNM/Pharmacy), local Doorways program

**When:** Before postpartum discharge

**Where:** All New Hampshire birthing hospitals
Sources of Naloxone

New Hampshire Doorways Program

- “Hub” and “Spoke” approach
- 24-hour access to Doorways services through 211
- Naloxone distributed to communities through Doorways sites across NH

https://www.thedoorway.nh.gov/hubmap
# New Hampshire Doorway Locations

<table>
<thead>
<tr>
<th>Doorway Site</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>Organization</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>Location of Doorway</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>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>Phone number:</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
<td>Call 211</td>
</tr>
</tbody>
</table>

https://www.thedoorway.nh.gov/hubmap
Ask About Naloxone

NH-AIM recommendation:

**Universal screening for naloxone access**

- “Opioid overdose is a serious problem in our community. Naloxone can save someone’s life if they overdose.”
- “Would you like to talk to someone about having a naloxone kit?”
Is there documentation that access to naloxone (e.g. Narcan) was discussed with the patient?

Bar Axis (%)

Area Axis (#)

Data refreshed: 9/11/2021 9:04:00 AM

David LeFlemme@smith.edu
Discussion: How is Your Labor and Delivery Unit Doing?

• Barriers

• Opportunities

• Next steps
Distribution of Naloxone to Pregnant and Postpartum Women with OUD

**Community:** Doorway, SOS Recovery Center

**Prenatal:** OB offices (+SBIRT screening / Hx of OUD / Partner with OUD)

- GWHC: Doorway has provided Narcan to be distributed to OB patients with positive DAST-10 screens or desire to have access to medication- documentation should be found in prenatal record
- WHP OB Offices: Practices can also request free samples from Doorway to hand out to their patients with instructions or send to WDH Outpatient Pharmacy (standing order at pharmacy) where their insurance will be run. This may result in a copay. Another option is to send patient to the Doorway to receive free Narcan.
- WMCH Prenatal Care Planning Meetings: Team assesses if patient and or partner have access to Narcan. If not, RN Coordinator to obtain from Outpatient Pharmacy (standing order) and dispense with instructions provided by pharmacy. This information would be documented in Patient Care Coordination Note and or problem list.

**Antepartum-Postpartum:** WMCH and OB Providers

- **All** patients with Hx of OUD, in recovery on MAR/MAT, have active OUD, or a partner at risk, should be offered Narcan at discharge. Plan will be to have Doorway supplied Narcan stored in Med Pyxis. Discharging provider will write order on discharge and Narcan can be handed to patient before leaving WMCH to ensure access. This needs to be documented in a progress note. If patient declines, please also document this and attempt to offer.
Welcome

Jay Naliboff, MD
UNIVERSAL POSTPARTUM NALOXONE TO PREVENT POSTPARTUM MATERNAL MORTALITY

PERINATAL QUALITY COLLABORATIVE FOR MAINE (PQC4ME)

MAINE MEDICAL ASSOCIATION CENTER FOR QUALITY IMPROVEMENT

JAY NALIBOFF MD, FACOG

NELL THARPE CNM, MS, FACNM
THE AIM

• Two-Pronged Aim:

• 1. Reduce postpartum maternal mortality due to opioid overdose and increase community access to naloxone by providing a naloxone-containing “first aid kit” to every postpartum person at hospital discharge.

• 2. Reduce implicit bias leading to discrimination against people who use opioids by healthcare workers by educating nursing staff and providers about implicit bias and harm reduction strategies.
THE PROJECT

• Staff and providers have taken a validated survey about attitudes toward caring for people who use drugs. To measure change in attitudes, the survey will be repeated three to six months after the start of the project.

• An educational curriculum was developed and placed on the hospital NetLearning platform for completion by OB office staff, providers, and hospital OB unit nursing staff.

• The components of the curriculum include an introduction to the project, modules on implicit bias and harm reduction, and a tutorial on teaching about naloxone administration.
THE PROJECT

• Every postpartum person will be provided a naloxone-containing first aid kit prior to hospital discharge.

• Nursing staff will provide education regarding naloxone use.

• The first aid kit will also contain:
  • Instructions on how to access recovery resources,
  • a poison control magnet
  • naloxone use instructions, and
  • supplies for newborn care including a digital thermometer

• Postpartum people may decline naloxone but the emphasis will be on providing the take-home kit and not just offering it.
THE KIT

**NALOXONE SAVES LIVES!**

*Naloxone Laws in Maine*

**Curad Flex-Fabric Bandages**

**Digital Thermometers**

**CPR Face Shield**

**Poison Help**

1-800-222-1222
WHY EVERY POSTPARTUM PERSON?

- Hard to predict who might need naloxone.
- Increase saturation of naloxone in the community.
- Avoid the stigmatization of people who do use drugs.
- Decrease implicit bias and increase acceptance of all birthing people.
- Avoids the perceived risk of involving DHHS if kit is accepted.
- Includes mechanisms in place to avoid mention of naloxone in the health or billing record.
REQUIREMENTS FOR SUCCESS

• Buy in from providers, nursing staff, hospital administration.

• Strong in-house champions.

• Frequent communication with project champions and project leadership.

• Preparation by office staff at prenatal visits so that people aren’t surprised to be offered naloxone at discharge.

• Ongoing support, problem-solving, and feedback about results.
CHALLENGES ENCOUNTERED

- Funding.
- Curriculum development.
- Nursing scope of practice rules.
- Community reaction.
- Incomplete data sheets.
- “Data collection fatigue”
EARLY RESULTS

NetLearning Module Completion Percentage By Group

<table>
<thead>
<tr>
<th>Group</th>
<th>Module 1</th>
<th>Module 2</th>
<th>Module 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>90%</td>
<td>80%</td>
<td>95%</td>
</tr>
<tr>
<td>Providers</td>
<td>75%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>OB Staff</td>
<td>85%</td>
<td>85%</td>
<td>95%</td>
</tr>
<tr>
<td>Total</td>
<td>85%</td>
<td>80%</td>
<td>90%</td>
</tr>
</tbody>
</table>
EARLY RESULTS

May, June, July Raw Numbers

Discharges
First Aid Kit Accepted
Naloxone Accepted

May, June, July
EARLY RESULTS

% Harm Reduction Discussed

May | June | July
---|---|---
100 | 100 | 60
EARLY RESULTS

% First Aid Kits and Naloxone Accepted

Kits Accepted

Naloxone Accepted

- May
- June
- July
QUESTIONS?

PROJECT CONTACTS:

JNALIBOFF@ME.COM

NELLTHARPE.CNM@GMAIL.COM
Save the Date

Introducing the Revised AIM Patient Safety Bundle for the Care of Pregnant and Postpartum People with Substance Use Disorders

September 9, 2021
To Receive CME/CNE Credit for today’s session
Text 603-346-4334
Enter Activity Code: By7H (Good for this Live Session Only)

Need help? clpd.support@hitchcock.org
Signing in on-line? http://www.d-h.org/clpd-account

Our presenters have no conflicts of interest to disclose.
Let’s stay in touch....

Victoria.A.Flanagan@hitchcock.org
Daisy.J.Goodman@hitchcock.org