

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**

NNEPQIN

NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK



Update: Access to Naloxone for Birthing People with OUD/SUD NH AIM/ERASE Monthly Webinar August 12, 2021



To Receive CME/CNE Credit for today's session **Text 603-346-4334**

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Our presenters have no conflicts of interest to disclose

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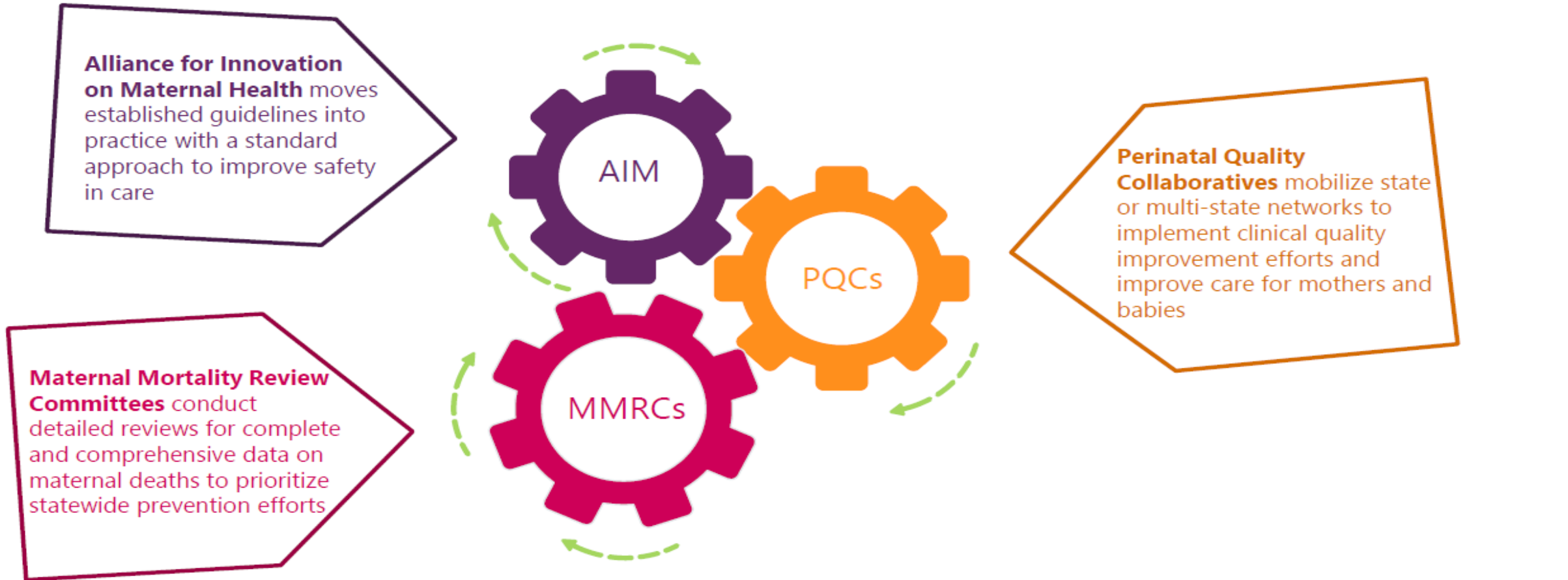
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Agenda

- ❖ 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

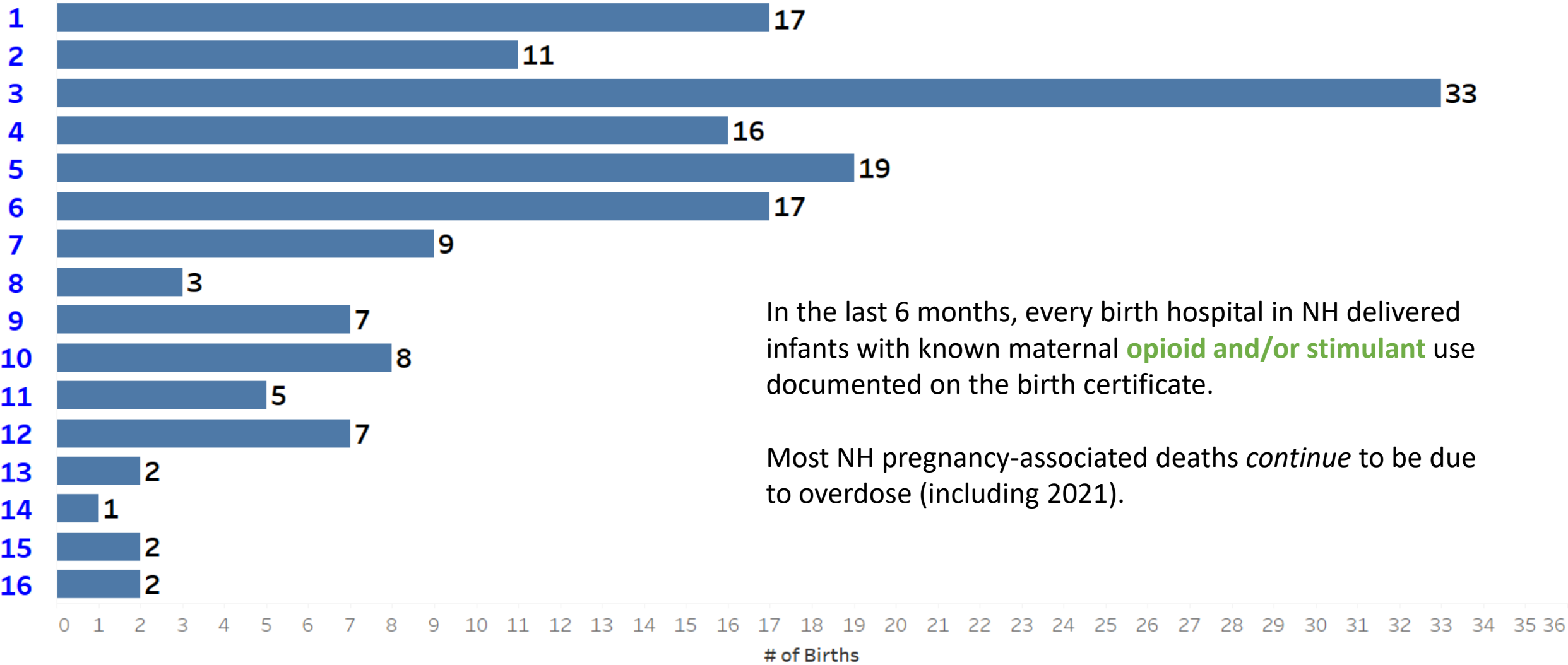


Created from a Centers for Disease Control, Division of Reproductive Health source

82A: Was the infant monitored for effects of in utero substance exposure? (by Hospital)

Subset: *Opioid or Stimulant Reported*

Infant born 2/1/2021 to 7/31/2021 (includes infants born in currently active 16 birth hospitals only)
Data refreshed: 8/11/2021 11:27:35 AM
Data source: VR_BIRTH (EBI_DATAMART.VR_BIRTH)+ (EBI_DATAMART)



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

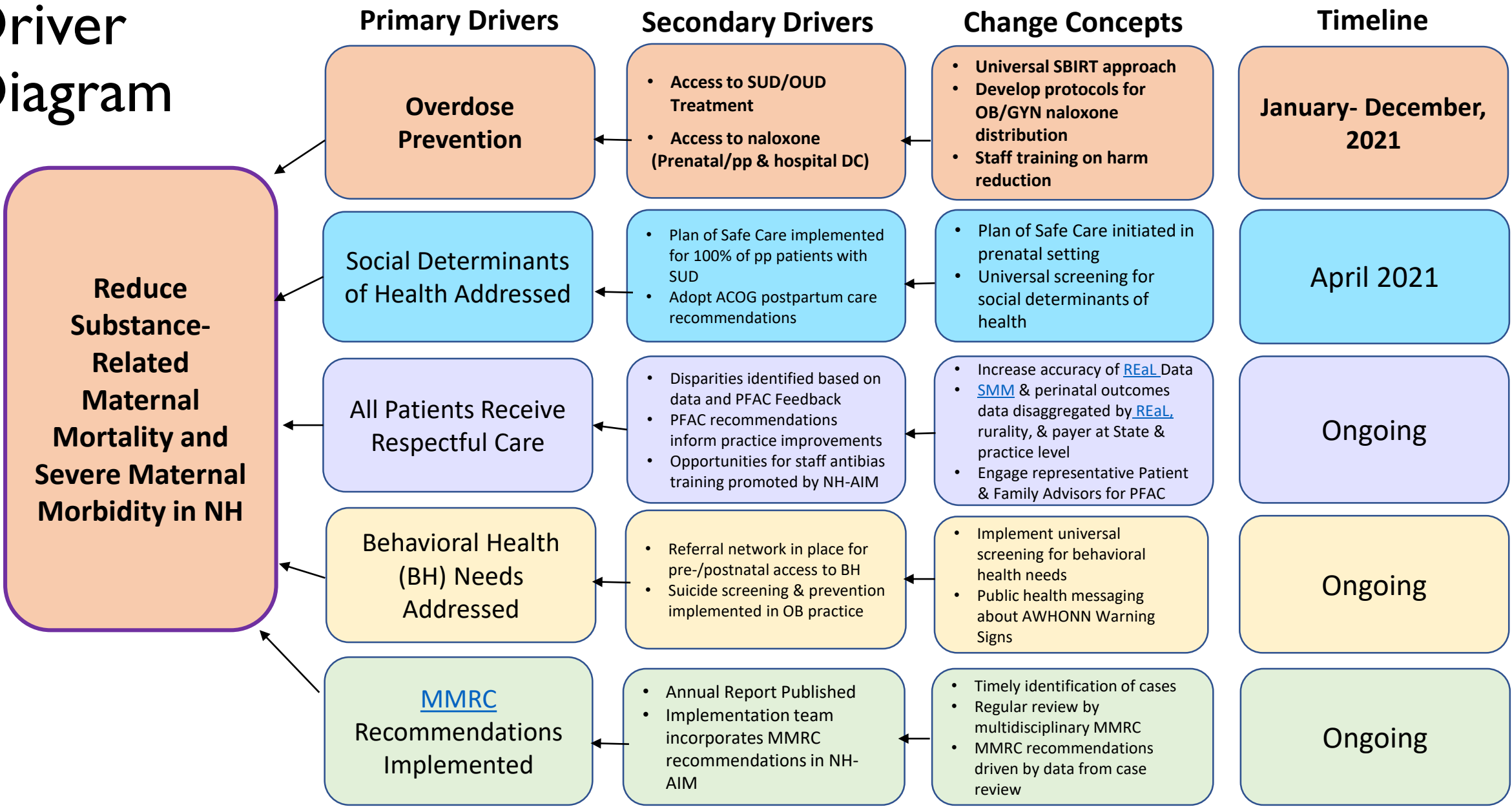
Process

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

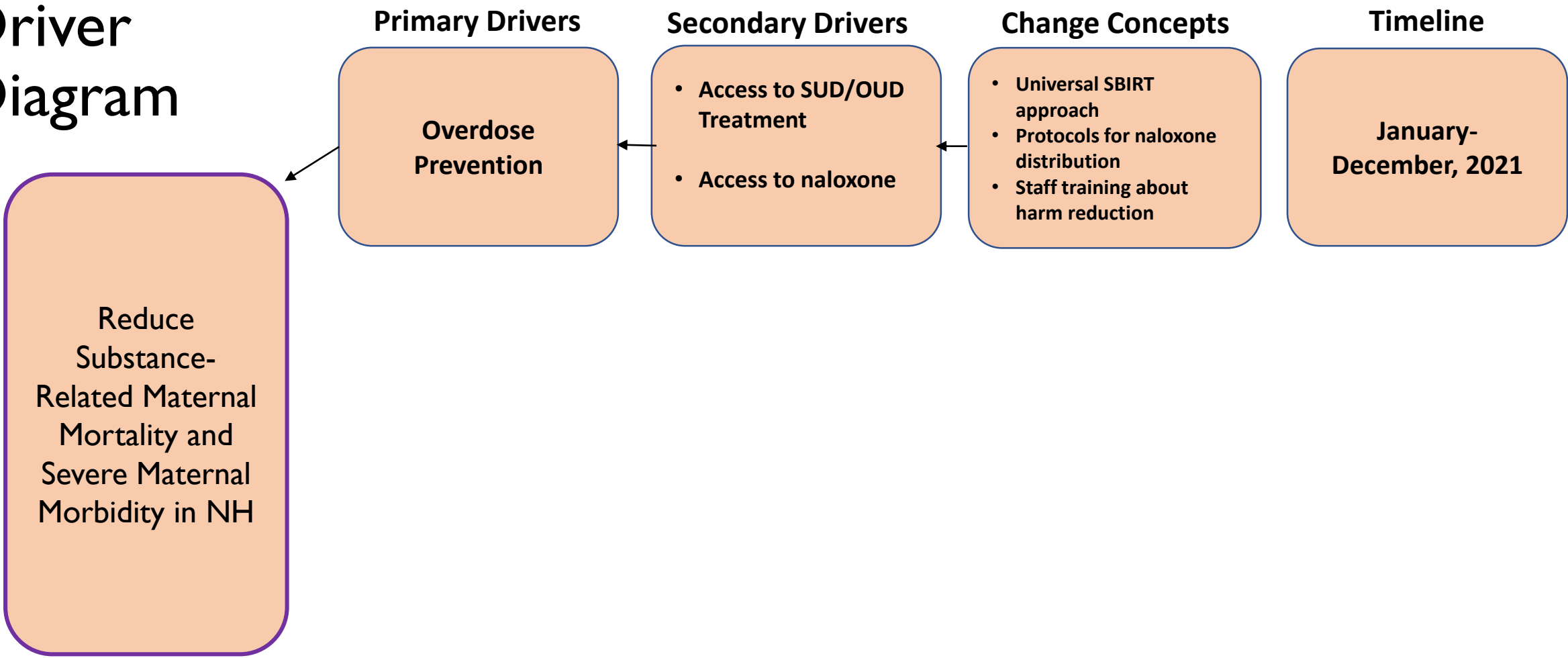
Outcome

- Pregnancy-associated and pregnancy-related overdose deaths

NH-AIM Key Driver Diagram



NH-AIM Key Driver Diagram



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)

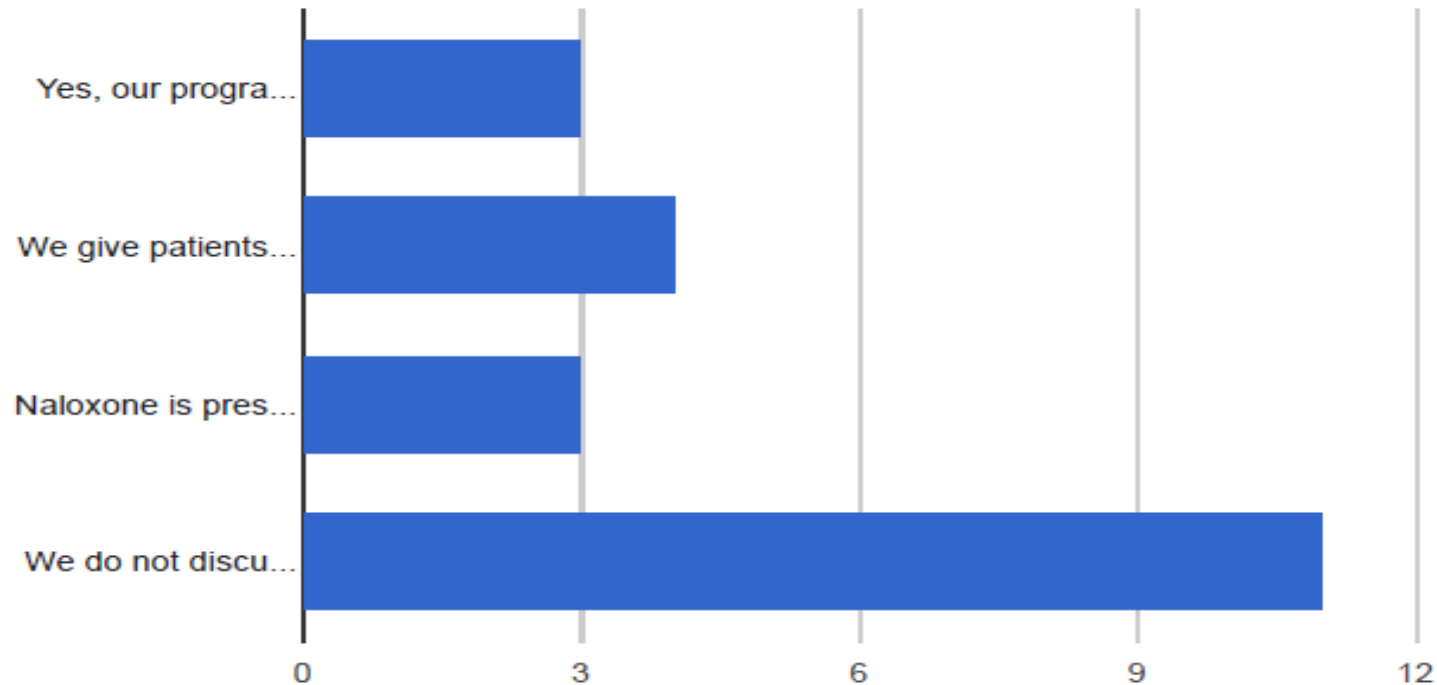


<https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio>

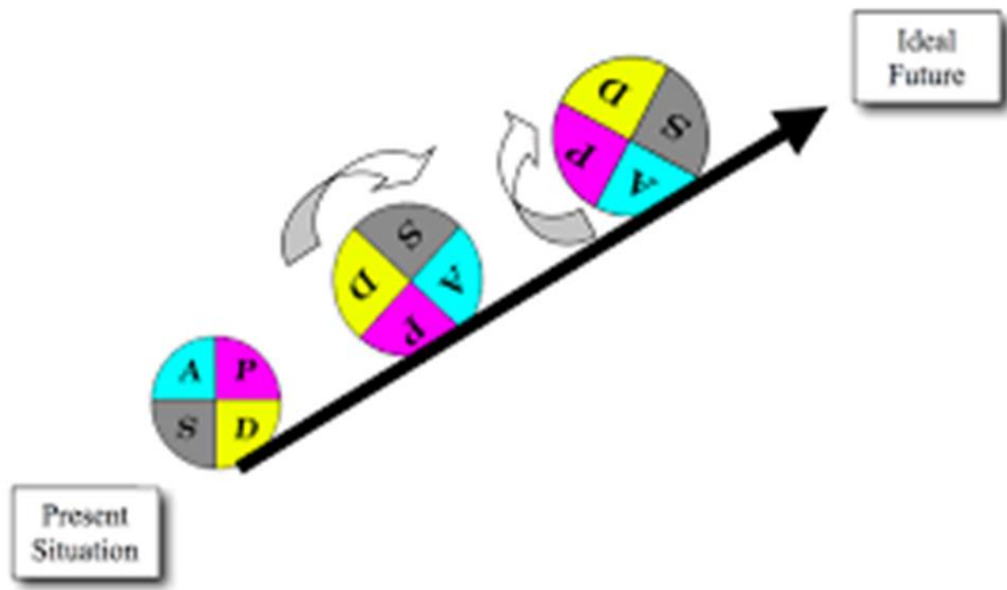
NH-AIM Baseline Hospital Survey Results



*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

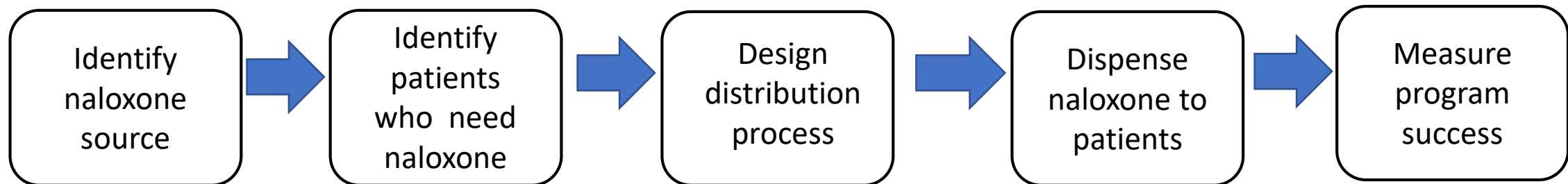
Specific Aim: By December 31st, 2021, 75% of postpartum people with an identified substance use condition will receive or be prescribed naloxone by the time of hospital discharge.

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 Regions



New Hampshire Doorway Locations

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

<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?”*



Bar Axis (%)

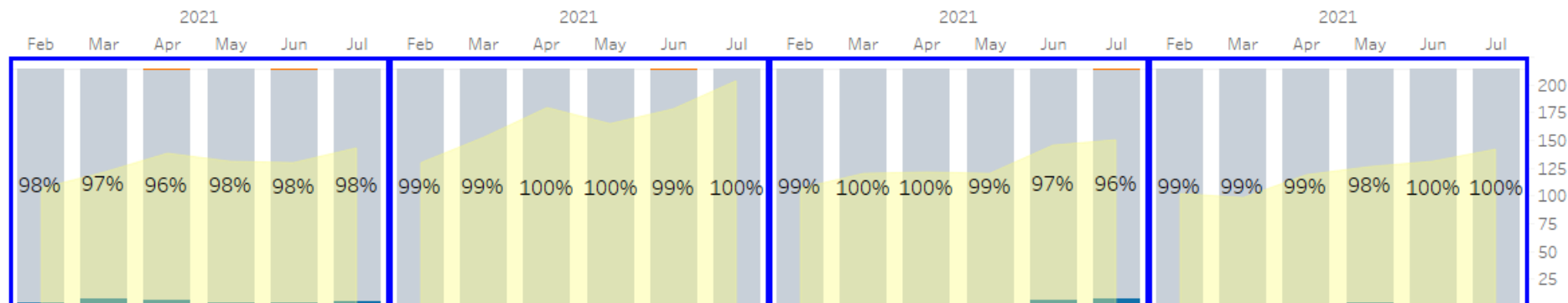
Is there documentation that access to naloxone (e.g. Narcan) was discussed with the patient?

Area Axis (#)

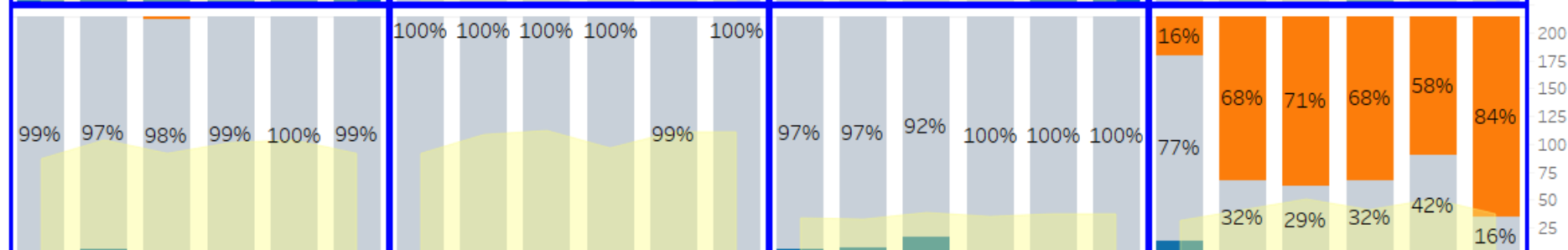
Naloxone Discussed?
 UNKNOWN
 NO
 YES

Yellow=Birth Volume

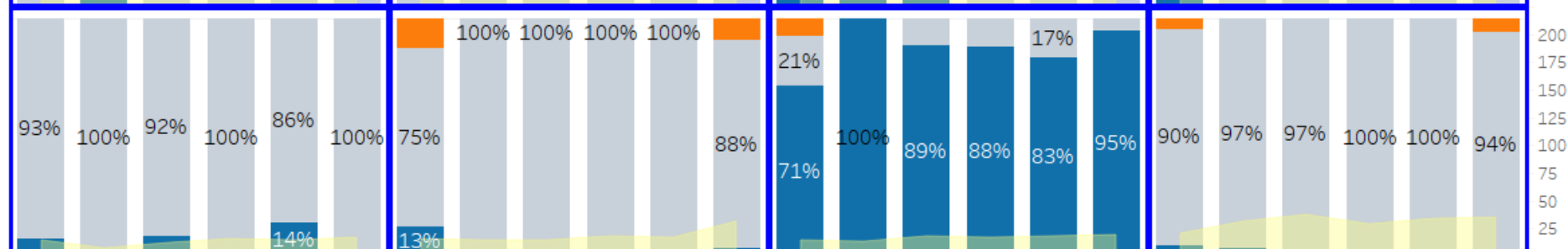
Hosp 1-4



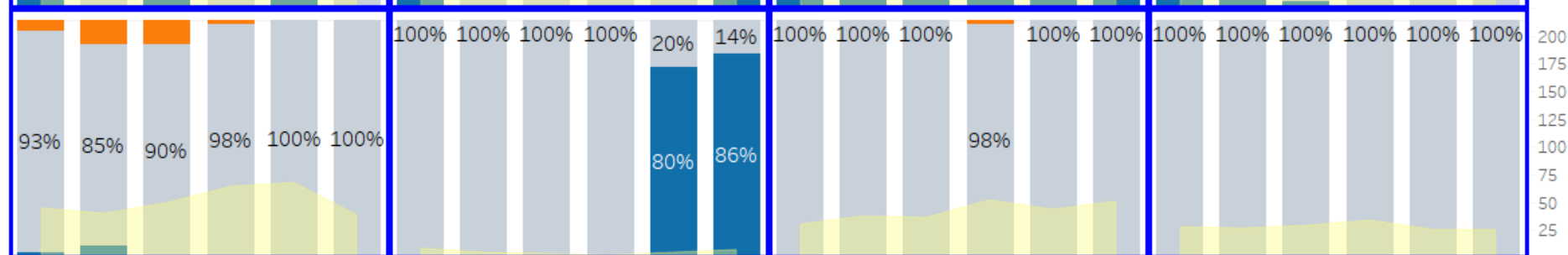
Hosp 5-8



Hosp 9-12



Hosp 13-16



Data refreshed: 8/11/2021 9:04:00 AM

David.Laflamme@unh.edu

Discussion: *How is Your Labor and Delivery Unit Doing?*

- Barriers
 - Opportunities
 - Next steps



Distribution of Naloxone to Pregnant and Postpartum Women with OUD



WENTWORTH-DOUGLASS
HOSPITAL
A Mass General Community Hospital

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.



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.

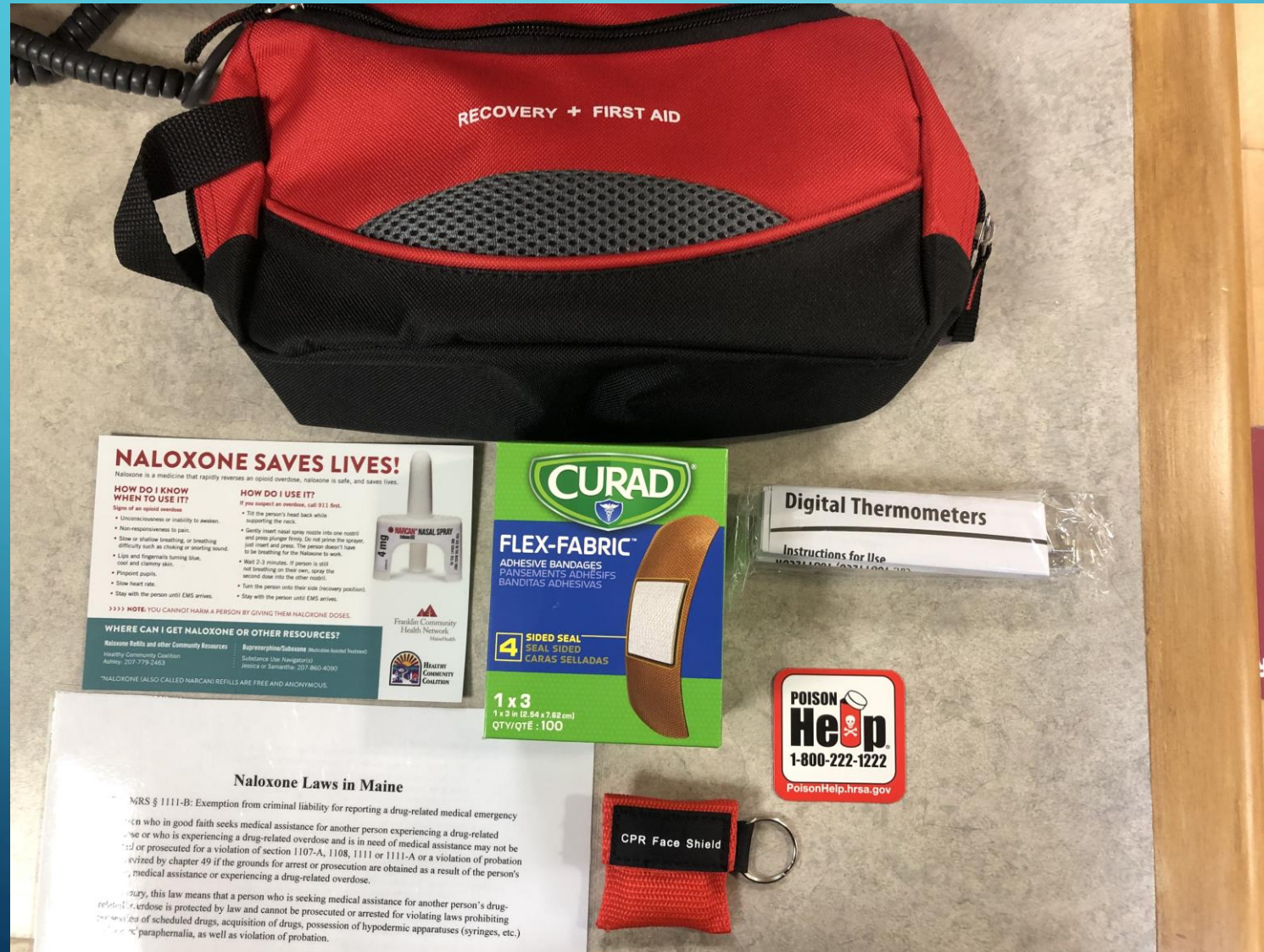
THE PROJECT

- 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



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

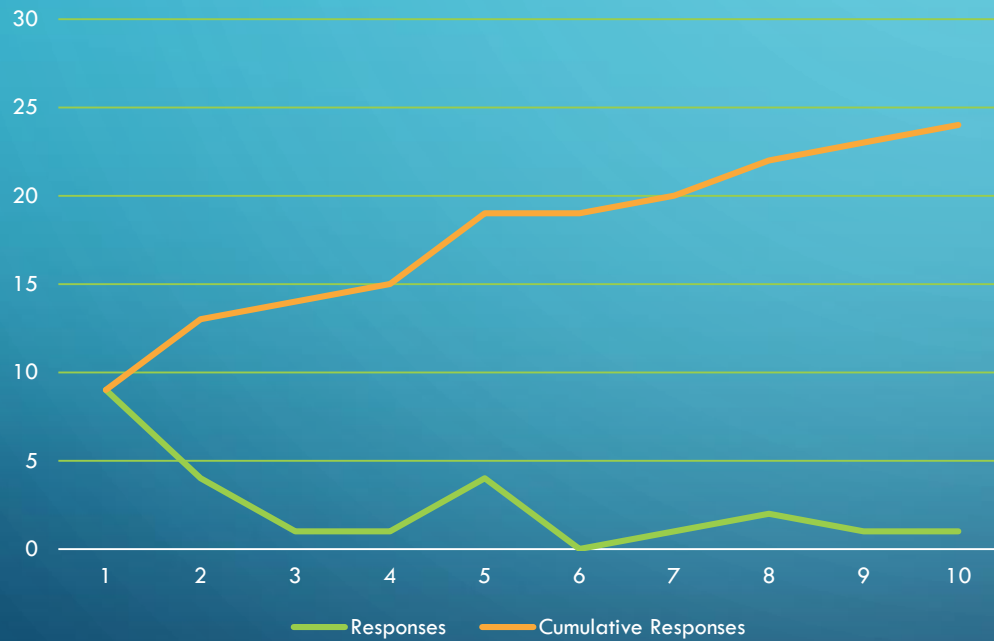
- Buy in from providers, nursing staff, hospital administration.
- Strong in-house champions.
- Frequent communication with project champions and project leadership.
- Preparation by office staff at prenatal visits so that people aren't surprised to be offered naloxone at discharge.
- Ongoing support, problem-solving, and feedback about results.

CHALLENGES ENCOUNTERED

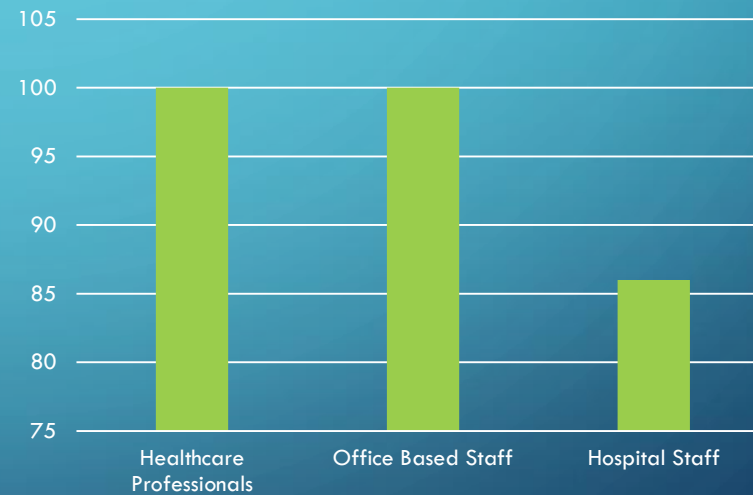
- Funding.
- Curriculum development.
- Nursing scope of practice rules.
- Community reaction.
- Incomplete data sheets.
- “Data collection fatigue”

EARLY RESULTS

Survey Responses

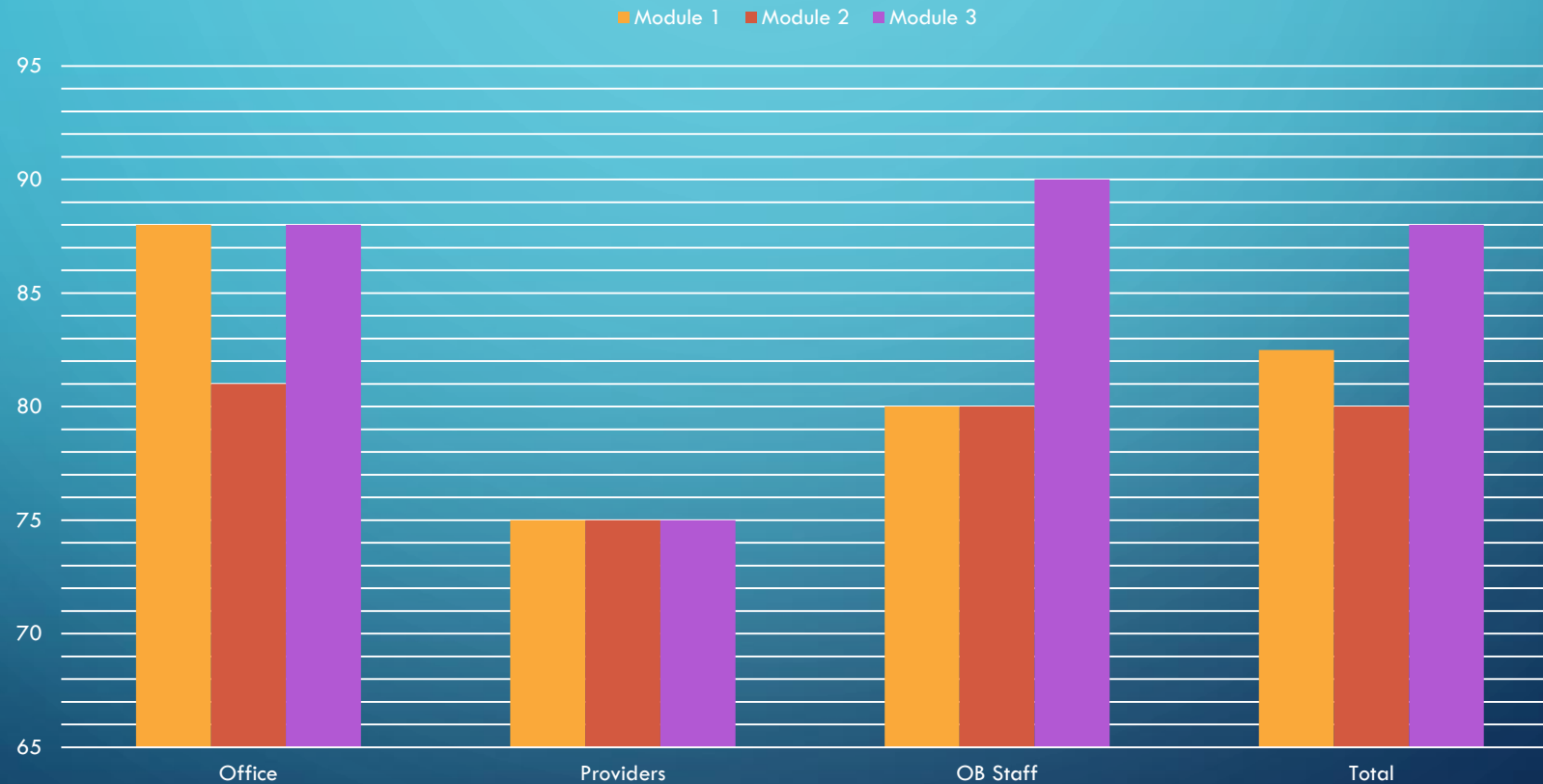


Percent Possible Responders



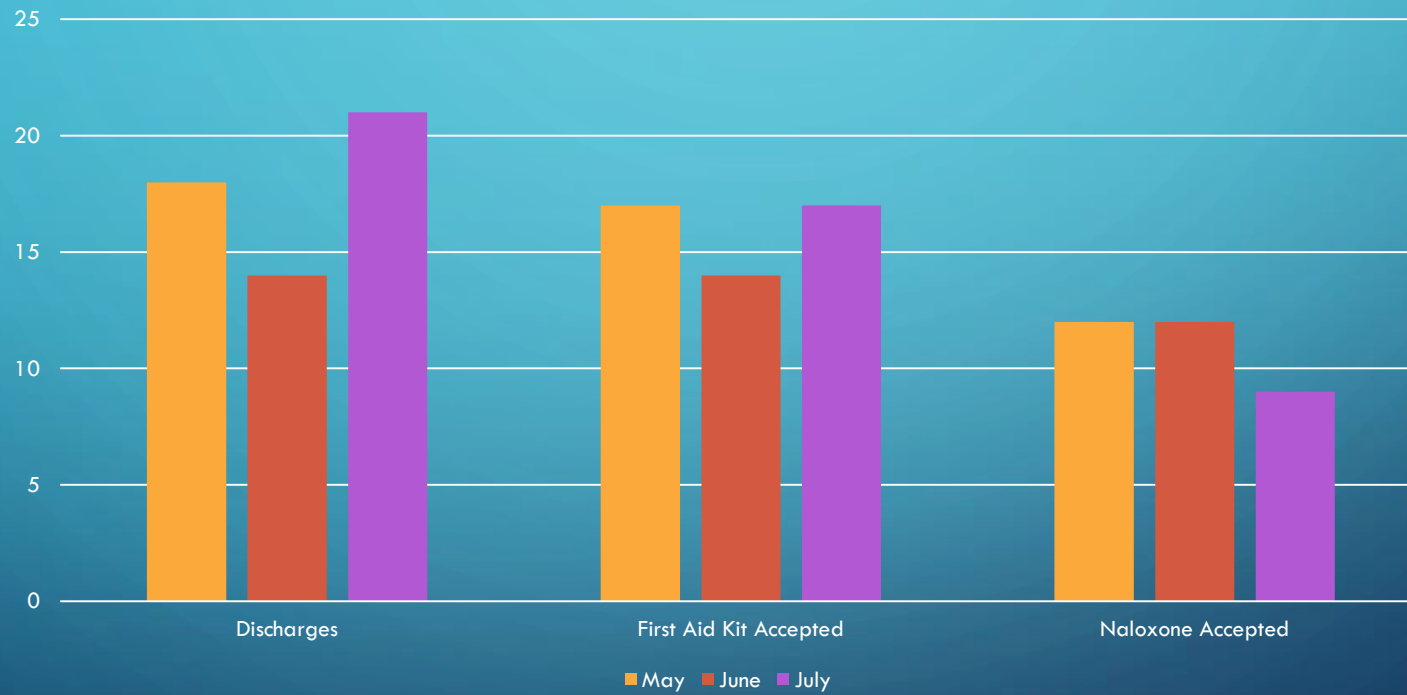
EARLY RESULTS

NetLearning Module Completion Percentage By Group



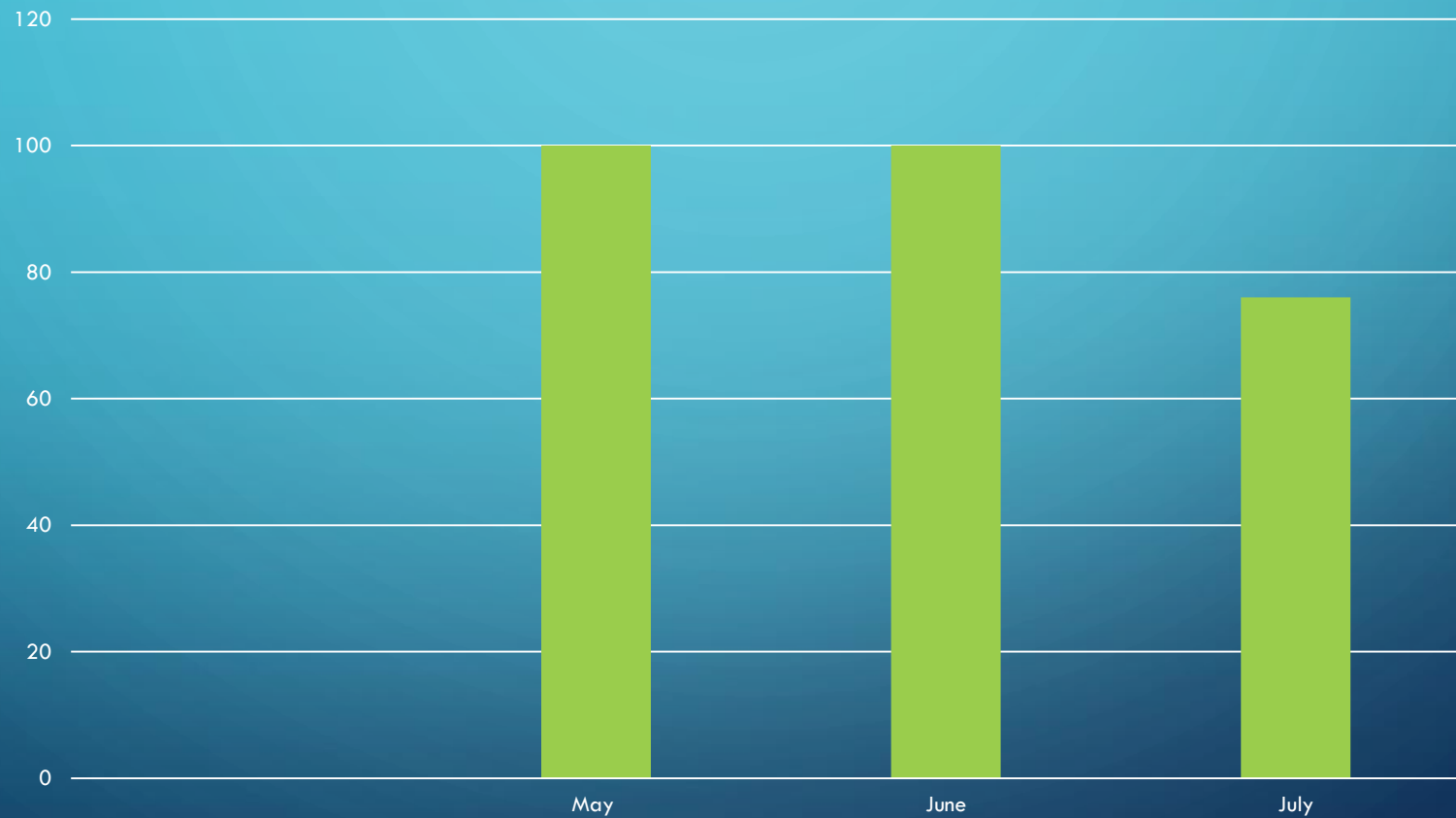
EARLY RESULTS

May, June, July Raw Numbers



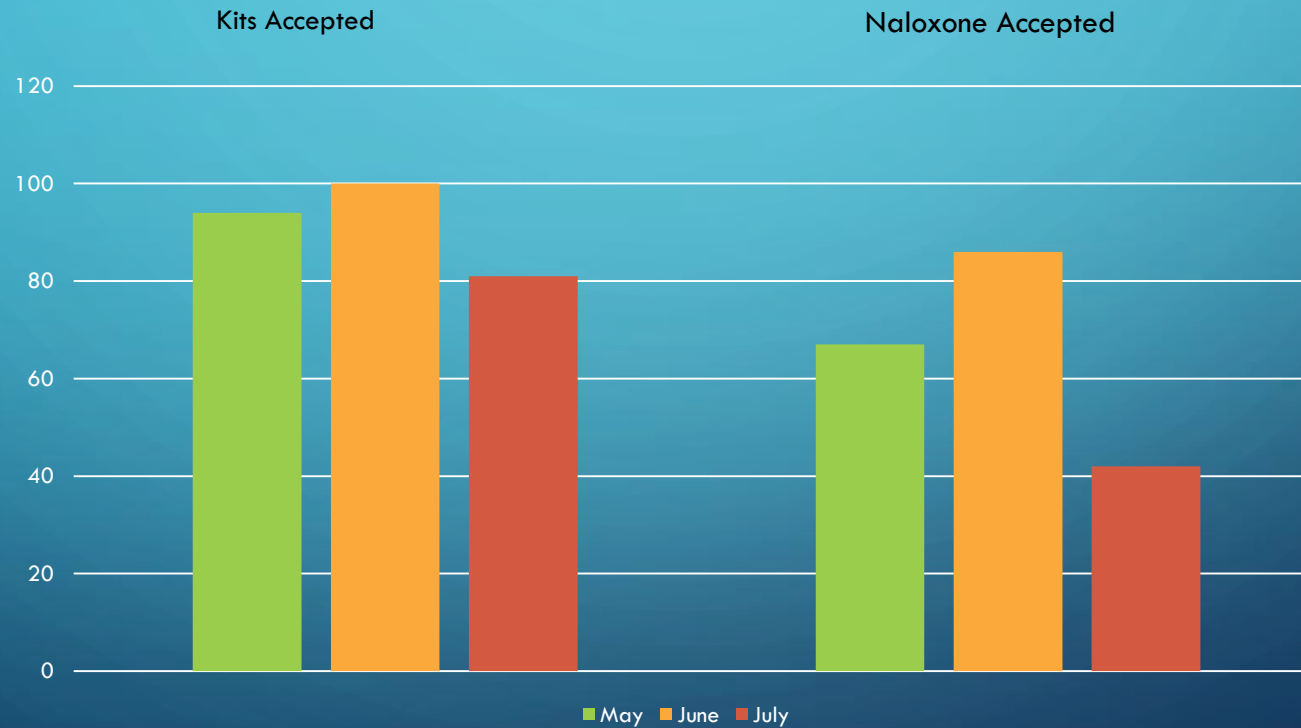
EARLY RESULTS

% Harm Reduction Discussed



EARLY RESULTS

% First Aid Kits and Naloxone Accepted



QUESTIONS?

PROJECT CONTACTS:

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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

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Our presenters have no conflicts of interest to disclose.



Let's stay in touch....

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