Oklahoma Mothers and Newborns Affected by Opioids (OMNO)

- From 2008 to 2016, the incidence of neonatal abstinence syndrome among SoonerCare members increased from 2.0 per 1000 hospital births to 12.7 per 1000 hospital births – an increase of 535%.
- A report from the Centers for Disease Control and Prevention (CDC) noted that nearly 48,000 women died of prescription painkiller overdoses between 1999 and 2010 representing an increase of more than 400%. It has been difficult to define the scope of the opioid epidemic in Oklahoma utilizing population-level data sources.
PROBLEM

In 2017, the federal government declared the opioid epidemic a public health emergency, shining a spotlight on the problem for the public. The opioid epidemic continues to compromise the health and well-being of families across the country.

The Centers for Disease Control and Prevention (CDC) estimates that one-third of reproductive-age women enrolled in Medicaid and more than one-quarter of those with private insurance filled a prescription for an opioid pain medication each year between 2008 and 2012.

Based on an analysis of 1999-2014 hospital discharge data from the Healthcare Cost and Utilization Project (HCUP), the rate of maternal opioid use disorder (OUD) increased from 1.5 to 6.5 per 1000 delivery hospitalizations. This is an increase of 333% over 15 years.

As the prevalence of opioid use during pregnancy has increased, the incidence of neonatal abstinence syndrome (NAS) has also increased. A recent study indicated that from 2009 to 2012, the number of infants diagnosed with NAS increased from 3.4 to 5.8 per 1,000 hospital births, with more than 20,000 infants diagnosed with NAS in 2012.

SOLUTION

Develop a standardized approach to identify and treat pregnant women with opioid use disorder and opioid-exposed newborns.

PILOT Project

OPQIC will select a small number of hospitals to participate in a pilot program in early 2020.

Your hospital is invited to apply for the Pilot Project of Oklahoma Mothers and Newborns Affected by Opioids (OMNO), to improve identification and treatment of women with OUD in pregnancy and opioid-exposed newborns (OENs).

Participating Oklahoma birthing hospitals will be supported by OPQIC during implementation of the Alliance for Innovation on Maternal Health (AIM) safety bundle Obstetric Care of the Woman with Opioid Use Disorder. The OMNO initiative aligns with national efforts and shared goals.

By way of working with hospitals, providers, and other stakeholders, the overall aims of the collaborative are to:

- Improve identification of pregnant women with OUD
- Improve linkage to addiction care for pregnant women with OUD
- Optimize clinical care of pregnant women with OUD
- Improve outcomes for opioid exposed newborns through key interventions
- Optimize prevention of OUD in pregnancy
BENEFITS OF PARTICIPATION

- Improve the safety of perinatal care provided for your patients
- Improve readiness, recognition, response, reporting and review of OUD/NAS in your hospital
- Learn about patient safety bundles for the care management of women with OUD and newborns with NAS from national content and quality improvement experts
- Free access to Vermont Oxford Network (VON) Universal Training for Neonatal Abstinence Syndrome, an online curriculum with approved CME and CNE
- Expand the statewide network for improvement work among peers with like challenges
- Receive support from the collaborative faculty and coordinators
- Receive recognition for participation. Participation in the OMNO initiative is one of the criteria for the 2019 Spotlight Hospital award.

COLLABORATIVE WORK

As with previous collaborative initiatives, we will be using improvement models based on the Institute for Healthcare Improvement (http://www.ihi.org). At the unit and clinic level, project teams will assess their individual needs, establish priorities, and work to achieve their individual goals.

- OPQIC is leading the collaborative process in coordination with other stakeholders: perinatal care clinicians, Oklahoma birthing hospitals, OSDH, ODMHSAS, OHCA, OHA, MOD, and DHS Improving practices collaboratively has been proven to be more effective than attempting to improve individually at the unit or hospital level
- Tools will be provided and assistance will be given to participating hospitals to ensure their readiness for, recognition of, response to and reporting of OUD in pregnancy and opioid exposed newborns
  Data collection and sharing is critical to understanding the scope of the problem and the impact of interventions. Data collection tools will be provided to teams by OPQIC.

There is no cost to join the collaborative. Funding from ODMHSAS will support access to Vermont Oxford Network learning management system. AIM is funded through a cooperative agreement with the Maternal and Child Health Bureau (MCHB) and the Health Resource Services Administration (HRSA). If you have any questions, please contact Barbara O’Brien at 405-271-7777 or barbara-obrien@ouhsc.edu
EXPECTATIONS OF THE CLINICAL TEAM

• Develop an internal quality improvement team minimally consisting of:
  ✓ **Physician champions**: Physicians who believe in this effort and will support the required change in process
    o Need one physician champion for obstetrics, and one for pediatrics
  ✓ **Executive leader**: Connects the team’s aim to the organization’s mission
    o Provides necessary resources and time to devote to testing and implementing changes
    o Supports and encourages the improvement team
    o Responsible for the sustainability of the team’s effective changes
  ✓ **Day to day leader**: Responsible for driving the improvement process every day
    o Manages the team and assures the changes are being made and data is collected
    o These are likely to be the OB and newborn nursing leaders
  ✓ **Technical expert**: The focus of this collaborative revolves around the implementation of the guidelines for care of women with OUD in pregnancy and OEN; therefore, the technical expert is the person who has a strong understanding of the process to be improved
    o This person is responsible for the scheduling of activities and data collection
    o This is likely to be a nurse manager or staff nurse leader
  ✓ **Other** influential people may participate

• At least **3 members of the team** (adjustments may be made according to hospital size) must attend in-person learning session in Oklahoma City before beginning OMNO activities
• Collect baseline data as instructed
• Participate in scheduled conference calls and webinars
• Report quarterly data via the AIM data portal
• Share barriers and successes
• Implement components of national bundles to ensure readiness, recognition and response in managing *Obstetric Care of the Woman with Opioid Use Disorder and Opioid Exposed Newborns*

[Click here to register](#) to participate in the OMNO Pilot Program to improve maternal and neonatal outcomes through the implementation of patient safety bundles related to Obstetric Care for Women with Opioid Use Disorder.