Improving Care of the Infant at Risk for Neonatal Abstinence Syndrome Through a Standardized Family Centered Protocol and Nursing Education

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Aim

- Decrease NICU admissions of substance-exposed infants
  - From 100% to 25% by Jan 2015
- Decrease need for pharmacologic treatment for NAS
  - From 50% to 25% by Jan 2015
- Create a new Family Centered Process for high risk infants
  - Direct admission to MB unit, screening and care by MB RN
  - Increased maternal involvement and comfort measures
- Standardized NAS education program
  - MB RN attendance to increase from 0 to 100% by Nov 2014
  - NICU RN attendance to increase from 0 to 100% by Nov 2015
-NAS scoring consistency through required competency
  - Validation from 0-90% by January 2015

Methods

- October 1, 2013: NAS Protocol Trialed
  - Mandatory NICU admit for high risk infant stopped
  - Infants admitted to Mother-Baby unit
  - NAS scoring per NICU RN
- December 1, 2013: Mother-Baby Education Completed
  - Infants scored by Mother-Baby RN
  - Transferred to NICU when treatment needed
- January 2014: Joined the iNICQ Collaborative
  - PDSA QI process utilized for ongoing projects
  - Begun standardized education program for NICU nurses
  - NAS scoring competency/reliability for NICU/Mother-Baby

Measures

- Infants at risk for NAS avoiding NICU admit and treatment
  - Initial: month blocks pre/post protocol for NICU admission/treatment
  - Ongoing: Quarterly review admission/treatment; run chart

Nursing comfort with scoring

- 100% of the 81 mother/baby and 57% of the 54 NICU RNs completed standardized education program
- Pre/Post education questionnaire analysis showed a self-reported increase with comfort in NAS scoring
- Competency analysis will begin in October 2014 - no data to report presently

Location of scoring and need for pharmacological treatment

- In the 8 months prior to new NAS policy - 11 infants at-risk for NAS, 74% admitted to NICU, 50% treated
- In the 10 months after policy initiation - 18 infants at-risk for NAS, 28% NICU admits, 25% treated

Discussion

- Most important Goal
  - Keeping infants with their mothers whenever possible!
  - Providing consistent care in a non NICU environment
- This project reflects the work of several PDSA cycles
  - Trends suggest new policy and structured education decreased NICU admissions and the need for pharmacological treatment
- Future progress: through ongoing PDSA cycles
  - Implement NAS scoring competencies
  - Evaluation of scoring consistency
  - Continued monitoring of scoring comfort/NICU admissions/treatment
  - Trending of Balancing Measures