Improving care for opioid-exposed newborns in Northern New England

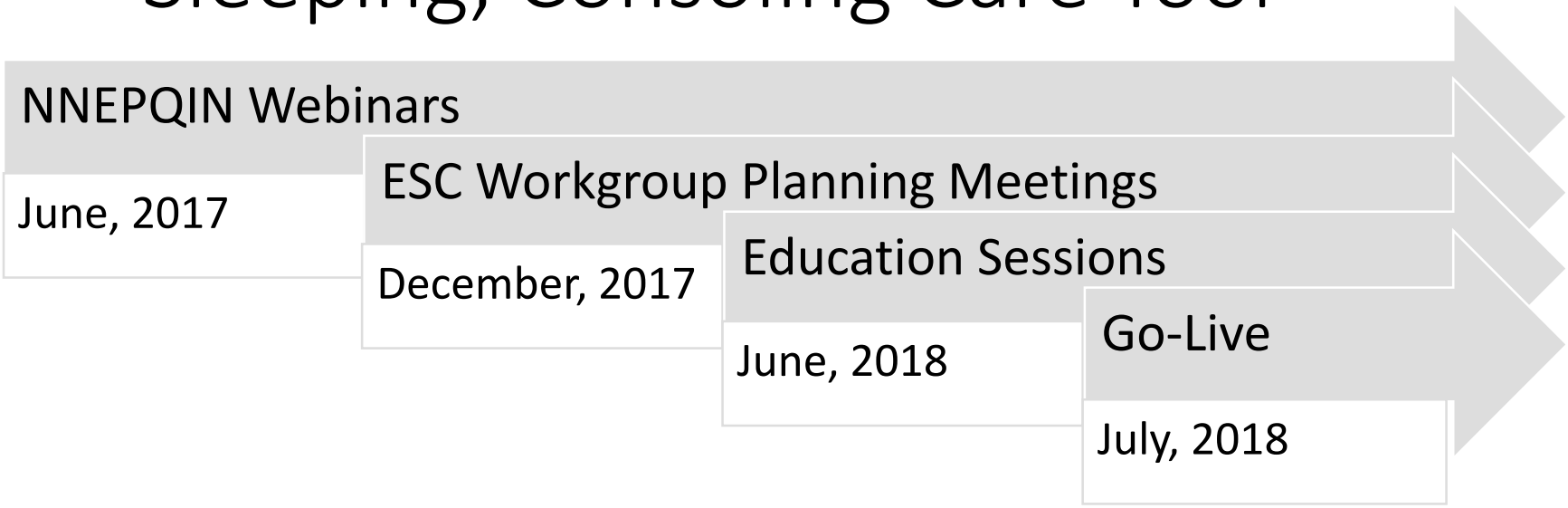
May 15, 2019 webinar

NNEPQIN
NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

Agenda

- **Welcome, Introductions**
- **UVM's ESC Journey:** Adrienne Pahl
- **UVM's neurodevelopmental outcomes:** Jerilyn Metayer
- **UVM's POSC journey:** Michelle Shepard
- **Upcoming Events:** Farrah
- **CARPP line & introduction to Stephanie Gray**

Vermont Children's Hospital Implementation of Eating, Sleeping, Consoling Care Tool



IMPLEMENTATION TEAM

Jerilyn Metayer, RN
Sara Burton, RN
Alison Corey, RN
Fran Grimason, RN
Naomi Jakobeit, RN
Amelie Thurston, RN

ESC SUPPORT MEMBERS

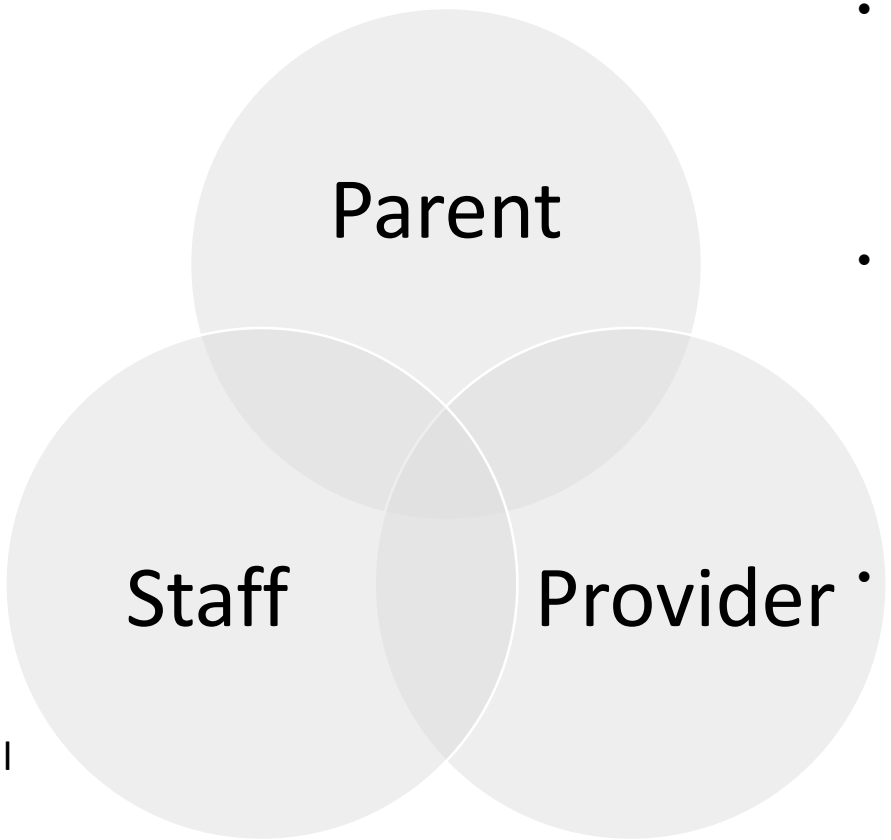
Michele Bouchard, RN
Katie Dezotelle, RN
Barbara Henle, RN
Susan Lord, RN
Jennifer Robare, RN
Holly Sarrazin, RN
Tracey Wagner, RN

PROVIDERS

Karin Gray, MD
Anne Johnston, MD
Adrienne Pahl, MD
Molly Rideout, MD
Michelle Shepard, MD
Susan White, APRN
Leslie Young, MD

Education Plan

- Team of “gold star raters” trained
- Staff Education Sessions
  - 16 in person trainings for 216 staff members (staff nurses, transport teams, pharmacists, and providers)
- Overview of ESC Approach and Care Tool
- Case review: 1 written and 3 video cases (>80% agreement with “gold star rater”)
- Co-score patients with a second nurse until 80% agreement
- Resources:
  - “Gold star rater” scheduled each shift
  - ESC Resource Binder on each unit
- Independent study tool to train future staff



- Our Care Notebook
  - Add NNEPQIN ESC information
  - NeoMed / OBs share at prenatal visits
  - Copies available on inpatient units
- ESC presented to obstetric providers
- Email announcement
  - Dr. Matt Grossman (Yale) video: ESC Approach
  - Dr. Bonny Whalen (Dartmouth) video: ESC Care Tool
- Presentations: Medical Staff Meetings, Pediatric Grand Rounds, Family Medicine Grand Rounds, Pediatric resident education session, OB/Gyn Research Retreat
- ICON ESC Handout

EHR Integration

TIME
EATING
Poor eating due to NAS? Yes / No
SLEEPING
Sleep < 1 hr due to NAS? Yes / No
CONSOLING
Unable to console within 10 min due to NAS? Yes / No
Consoling Support Needed **1:** Able to console on own **2:** Able to console with caregiver support within 10 min **3:** Unable to console with caregiver support within 10 min
PLAN OF CARE
Recommend Formal Parent/Caregiver Huddle? Yes / No
Recommend Full Care Team Huddle? Yes/No
Management Decision **1:** Continue/Optimize Non-pharm Care **2:** Initiate Medication Treatment **3:** Continue Medication Treatment **4:** Other (please describe)
PARENTAL / CAREGIVER PRESENCE
0: No parent present **1:** < 1 hour **2:** 1-2 hours **3:** 2-3 hours **4:** ≥ 3 hours
NON-PHARM CARE INTERVENTIONS
Rooming-in: Increase / Reinforce
Parent/caregiver presence: Increase / Reinforce
Skin-to-skin contact: Increase / Reinforce
Holding by caregiver / cuddler: Increase / Reinforce
Safe swaddling: Increase / Reinforce
Optimal feeding at early hunger cues: Increase / Reinforce
Quiet, low light environment: Increase / Reinforce
Non-nutritive sucking / pacifier: Increase / Reinforce / Not Needed
Additional help / support in room: Increase / Reinforce
Limiting # of visitors: Increase / Reinforce
Clustering care: Increase / Reinforce
Safe sleep / fall prevention: Increase / Reinforce
Parent/caregiver self-care & rest: Increase / Reinforce
Optional Comments:

	5/1/18 1000
EATING	
Poor eating due to NAS?	
SLEEPING	
Sleep < 1 hr due to NAS?	
CONSOLING	
Unable to console within 10 mins due to NAS?	
Consoling Support Needed	
PLAN OF CARE	
Recommended Formal Parent/Caregiver Huddle?	
Recommended Full Care Team Huddle?	
Management Decision	
PARENTAL / CAREGIVER PRESENCE	
Caregiver(s) Providing Consoling	
Parental/Caregiver Presence	
NON-PHARM CARE INTERVENTIONS	
Rooming-In	
Parent/Caregiver Presence	
Skin-to-Skin Contact	
Holding by Caregiver/Cuddler	
Safe Swaddling	
Optimal Feeding at Early Hunger Cues	
Quiet, Low Light Environment	
Non-Nutritive Sucking/Pacifier	
Additional Help/Support in Room	
Limiting # of Visitors	
Clustering Care	
Safe Sleep/Fall Prevention	
Parent/Caregiver Self-Care & Rest	
Optional Comments:	

	UVM Medical Center Birthin		
2 Hrs: ◀	10-12	12-14	14
Vitals			
Weight			
ESC			
Poor eating due to N...			
Sleep < 1 hr due to N...			
Unable to console wit...			
Consoling Support N...			
Caregiver(s) Providin...			
Parental/Caregiver Pr...			
Recommended Form...			
Recommended Full C...			
Management Decision			
Rooming-In			
Parent/Caregiver Pre...			
Skin-to-Skin Contact			
Holding by Caregiver/...			
Safe Swaddling			
Optimal Feeding at E...			
Quiet, Low Light Envi...			
Non-Nutritive Sucking...			
Additional Help/Supp...			
Limiting # of Visitors			
Clustering Care			
Safe Sleep/Fall Preve...			
Parent/Caregiver Self...			

Go Live: July 18, 2018

modified Finnegan → ESC Care Tool

Tracking Measures Over Time

Non-pharmacologic care: No Measurable Change	Rooming In Breastmilk Feeds	median 52% median 74%
Length of Stay: No Measurable Change	Non-pharmacologic care only Pharmacologically treated	median 5.1 days median 8.7 days
Pharmacologic care: Significant Median Shift	Pharmacologic Treatment Rate Discharge on Medication	median 27%→17% median 25% → 0%

Zero is not the Goal

Goal is appropriate treatment:

- Unable to eat, sleep, OR console
  - Due to NAS
  - Despite optimized non-pharmacologic care
- 11 infants received Methadone

Just-In-Time Methadone Dosing

- Attending discretion
- No official change in management with ESC implementation
- 7 infants received only inpatient Methadone

Monthly Case Review Themes

1. Timely treatment

2. Huddle workflow
   - Why hold a huddle?
   - Who attends a huddle?
   - What happens at a huddle?

3. Support for parents / caregivers
   - Cuddler Program
   - Discharge planning

1. Timely treatment

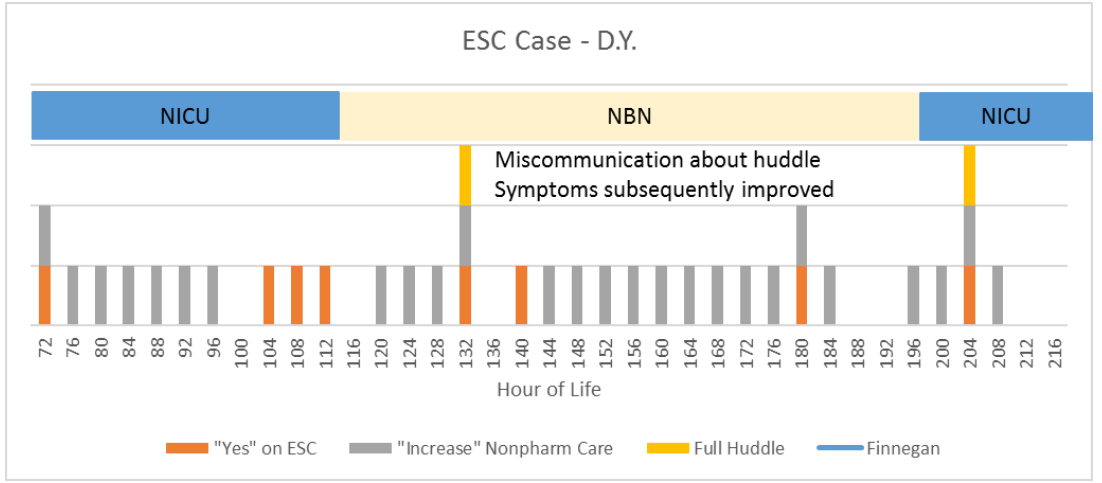
Finnegan

- Infant transfers to NICU due to escalating Finnegan scores
- NICU evaluates infant and determines need for pharmacologic treatment

ESC Care Tool

- Infant transfers to NICU for persistent inability to eat, sleep, or console due to NAS
- NICU treats immediately based on history

2. Huddle workflow



Any “Yes”:

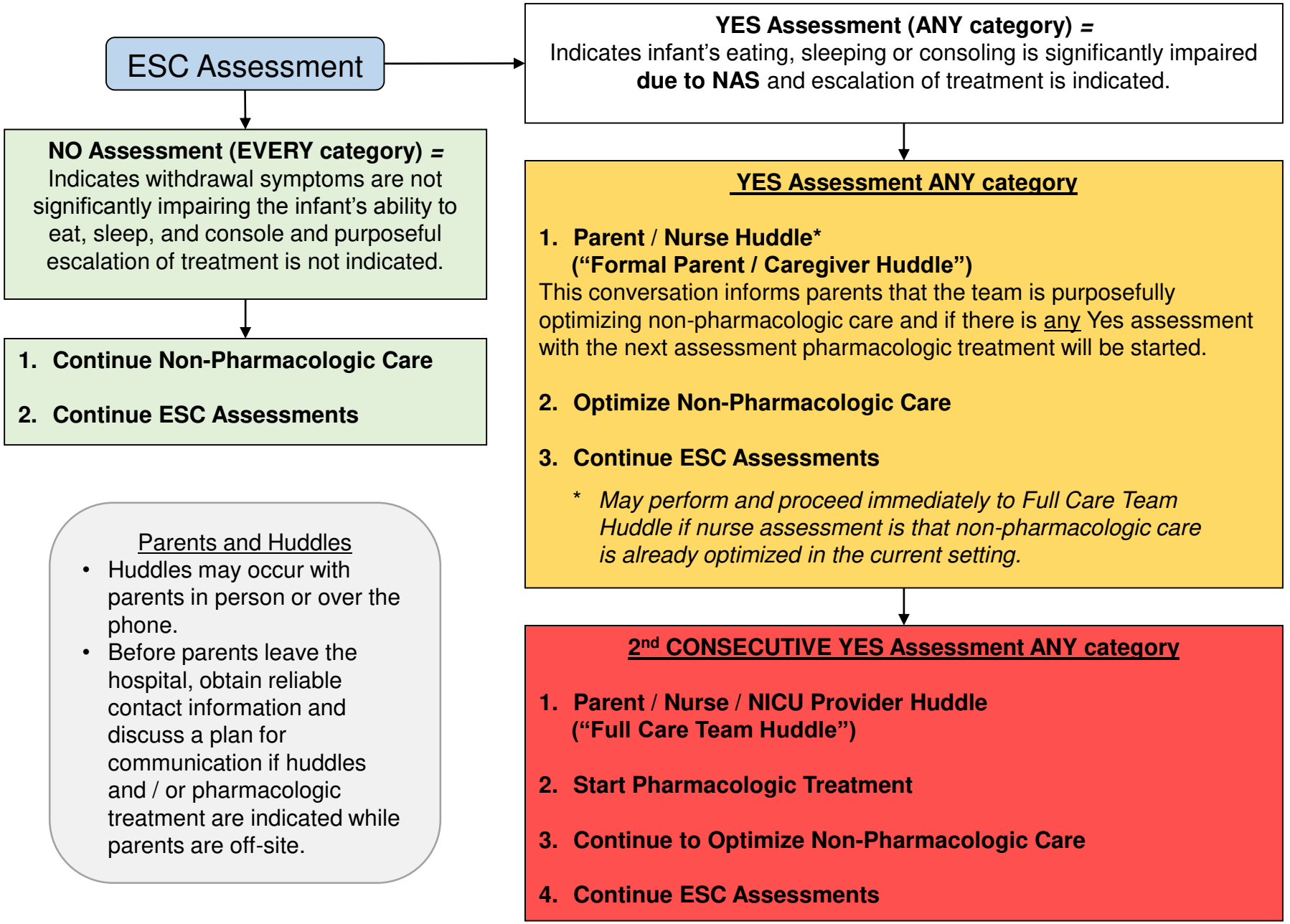
- Optimize non-pharmacologic care in a Formal Parent / Caregiver Huddle

Persistent “Yes” after Formal Parent / Caregiver Huddle:

- Consider transfer and immediate treatment in a Full Care Team Huddle

* Parents may participate in person or by phone *

EATING, SLEEPING, CONSOLING ASSESSMENT GUIDELINE



Last update: 4/1/19

3. Support for parents / caregivers

“Parents as treatment”

- Anticipatory guidance at prenatal visit
- Prenatal handout encouraging respite planning
- In hospital supports for parental rest
  - Cuddler Program
- Pre-discharge planning for home supports

Cuddler Program

- Established for NICU patients in 2012
- Special training required for volunteers to safely hold medically complex infants
- Scheduled for 3 hour shifts during daytime hours
- Cuddlers now prioritize ESC support before NICU

Goal:

- Establish separate newborn nursery cuddler group
- Consider on call scheduling for opioid exposed newborns

Discharge Criteria

Discharge criteria emphasize identification of supports at home

- ❑ Infant is at least 96 hours old
- ❑ Caregiver education complete and caregiver is comfortable with discharge plan
- ❑ Caregiver home respite supports identified
- ❑ Home Health referral placed
- ❑ Safe sleep education complete and no use of sleep aids (e.g. Mamaroo, swing, etc.) for 24 hours prior to discharge

If Methadone received:

- ❑ Stable dose or off Methadone for 72 hours prior to discharge

  * Monitoring may occur in NBN if Eating, Sleeping, <u>AND</u> Consoling well for 24 hours after a single dose

Summary

- Fewer infants are treated with Methadone and even fewer are sent home on Methadone following implementation
- Continuous case review is essential for successful implementation of the ESC Care Tool at a new site

Questions / Comments

Adrienne.Pahl@uvmhealth.org

THE University of Vermont Children's Hospital

A Preliminary Look at Developmental Outcomes of Opioid-exposed Newborns

NNEPQIN NAS Webinar

May 15, 2019

Jerilyn Metayer, BSN-RN

Neonatal Medical Follow-Up

THE University of Vermont Children's Hospital

Bayley-III Results of Opioid-exposed Newborns

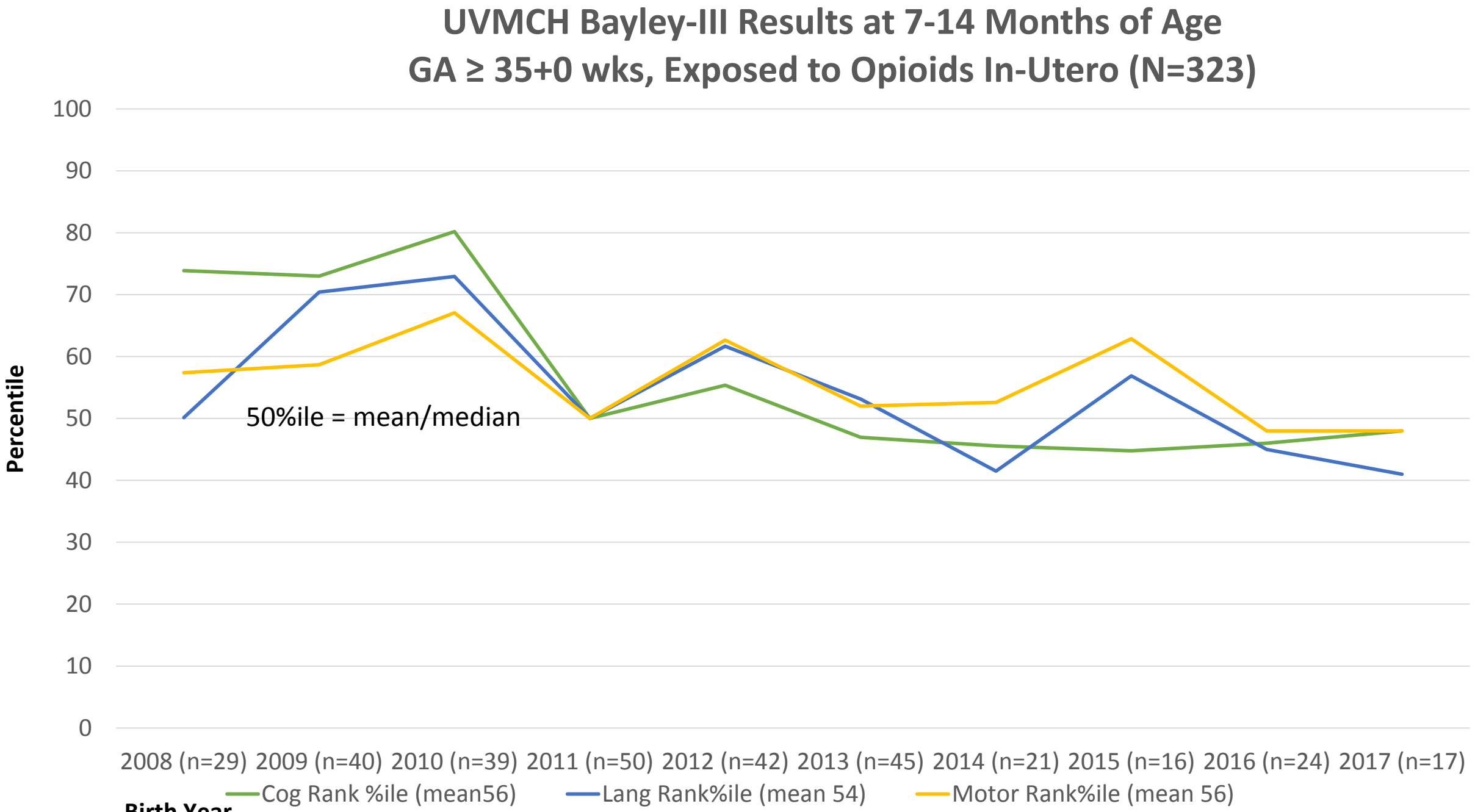
Inclusion criteria:

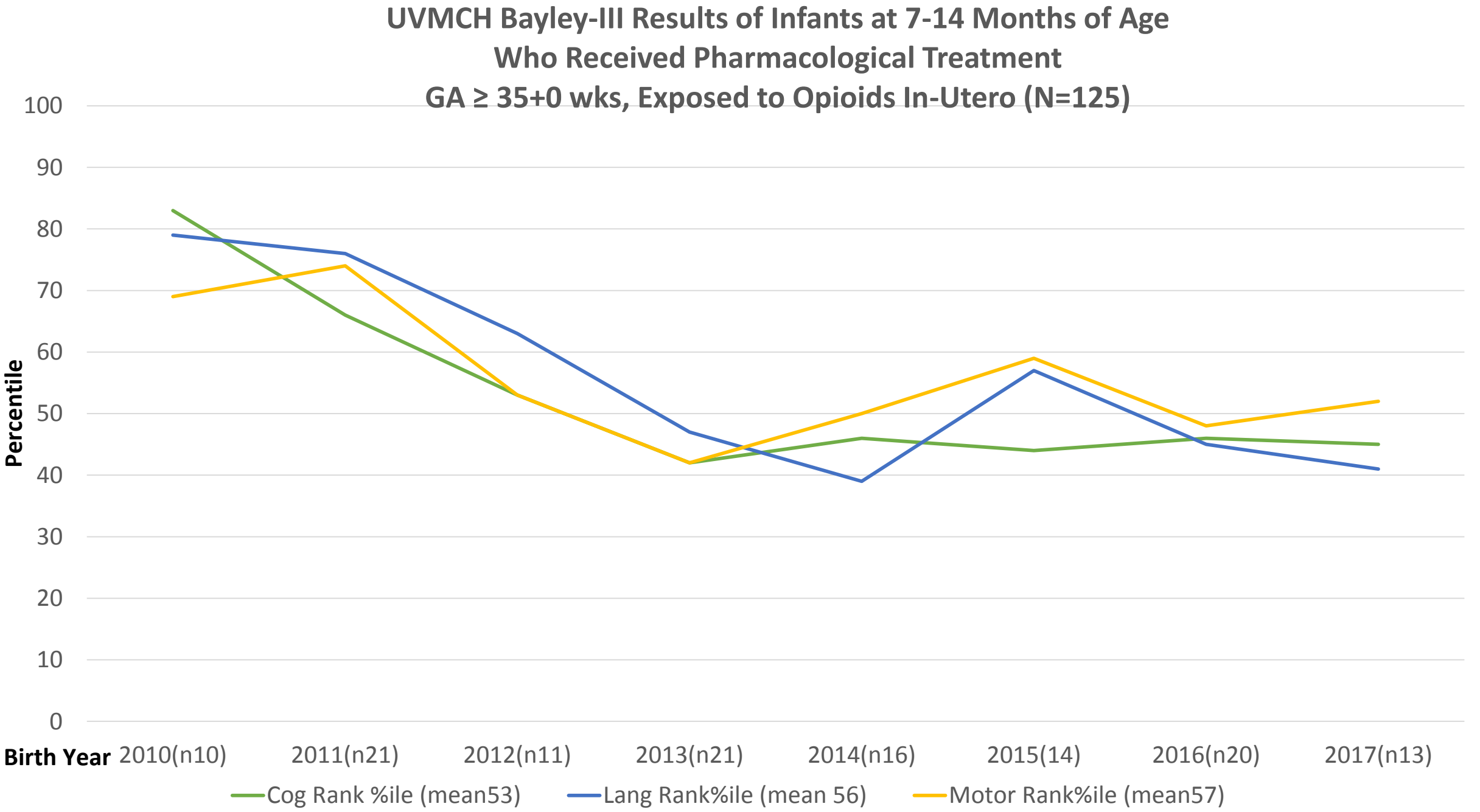
- Birth year between 2008-2017
- Gestational age ≥ 35 wks
- Followed by UVMCH Neonatal/Developmental Follow-Up Clinic
- Assessment performed between 7-14 months of age

Bayley-III Percentile Ranks

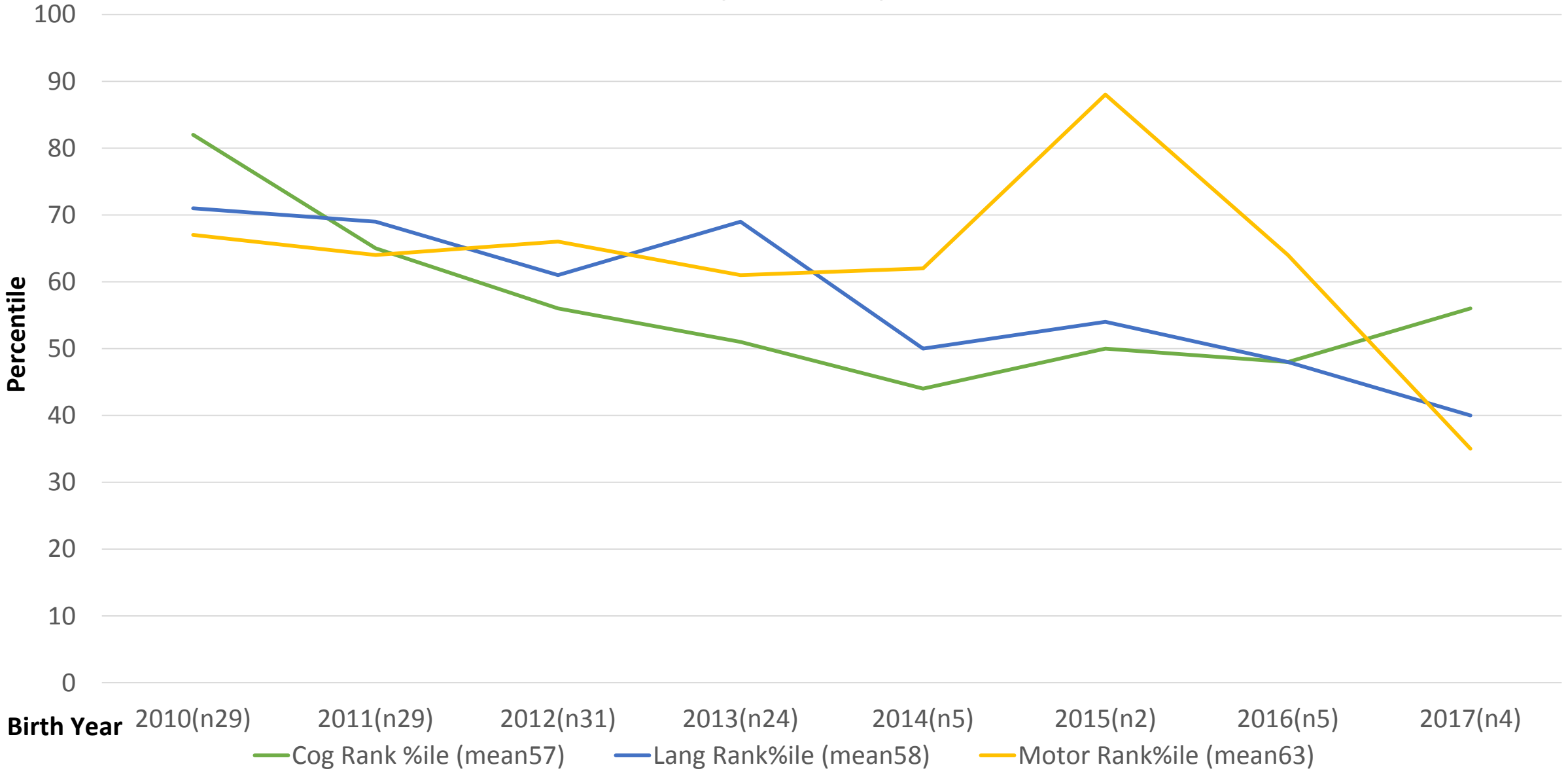
- Indicates percentage of individuals in standardization sample, at a given age, who obtained scores less than or equal to a given scaled or composite score
- Percentile ranks range from 1-99, with 50 as the mean and median.

(Bayley Scales of Infant and Toddler Development-Third Edition, Gloria Maccow, Ph.D., Assessment Training Consultant, Pearson Education, Inc)


UVMCH Bayley-III Results at 7-14 Months of Age
GA ≥ 35+0 wks, Exposed to Opioids In-Utero (N=323)
Percentile
100
90
80
70
60
50
40
30
20
10
0
50%ile = mean/median
2008 (n=29)
2009 (n=40)
2010 (n=39)
2011 (n=50)
2012 (n=42)
2013 (n=45)
2014 (n=21)
2015 (n=16)
2016 (n=24)
2017 (n=17)
Cog Rank %ile (mean56)
Lang Rank%ile (mean 54)
Motor Rank%ile (mean 56)
Birth Year


UVMCH Bayley-III Results of Infants at 7-14 Months of Age
Who Received Pharmacological Treatment
GA ≥ 35+0 wks, Exposed to Opioids In-Utero (N=125)
Percentile
100
90
80
70
60
50
40
30
20
10
0
Birth Year
2010(n10)
2011(n21)
2012(n11)
2013(n21)
2014(n16)
2015(14)
2016(n20)
2017(n13)
Cog Rank %ile (mean53)
Lang Rank%ile (mean 56)
Motor Rank%ile (mean57)

UVMCH Bayley-III Results of Infants at 7-14 Months of Age Who Did NOT Require Pharmacological Treatment GA ≥ 35+0 wks, Exposed to Opioids In-Utero (N=129)



Educational Outcomes of Children Born to Mothers in Treatment for Opioid Dependence in Vermont

- Abigail Crocker, PhD, Statistics, University of Vermont
- Wendy Geller, PhD, Vermont Agency of Education
- Anne Johnston, MD, Pediatrics, University of Vermont
- Ben Littenberg, MD, Medicine, University of Vermont
- Jerilyn Metayer, RN, Pediatrics, Vermont Children's Hospital
- Marjorie Meyer, MD, Maternal Fetal Medicine, University of Vermont

Preliminary Ed Outcomes: Vermont Subject Inclusion

Exposed group, n=429

- Date of birth 1/1/2006 - 12/31/2010
- Born at UVMMC
- Estimated Gestational Age >=37 weeks
- Clinically identified *in utero* opioid exposure
  - Mother receiving MAT during pregnancy
- Medicaid Insurance at delivery
- Enrolled in Vermont education system (permID)

Non-exposed group, n=1009

- Date of birth 1/1/2006 - 12/31/2010
- Born at UVMMC
- Estimated Gestational Age >=37 weeks
- No known *in utero* opioid exposure
- Medicaid insurance at delivery
- Enrolled in Vermont education system (permID)

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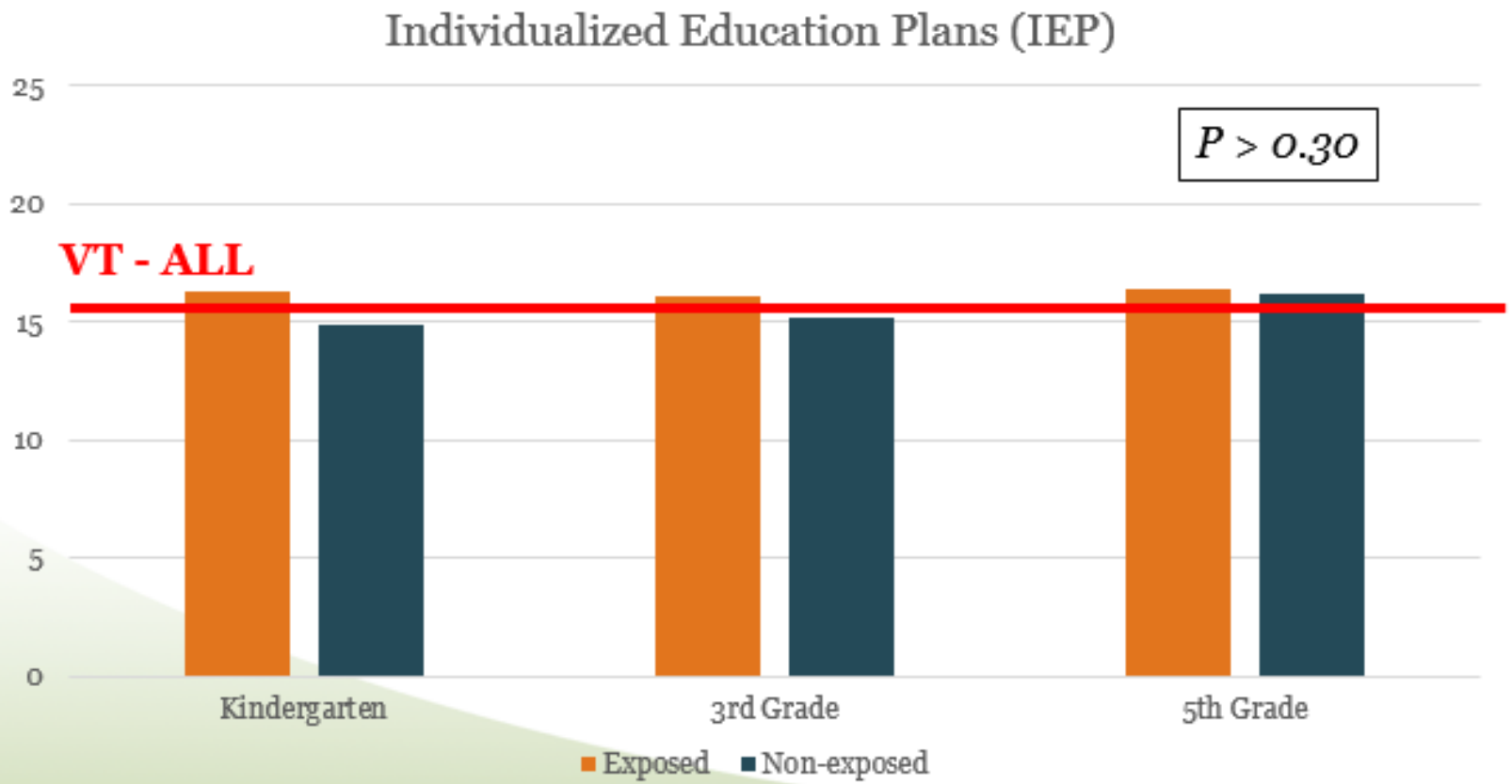
The University of Vermont

Education Outcomes



Preliminary results. Manuscript in preparation.

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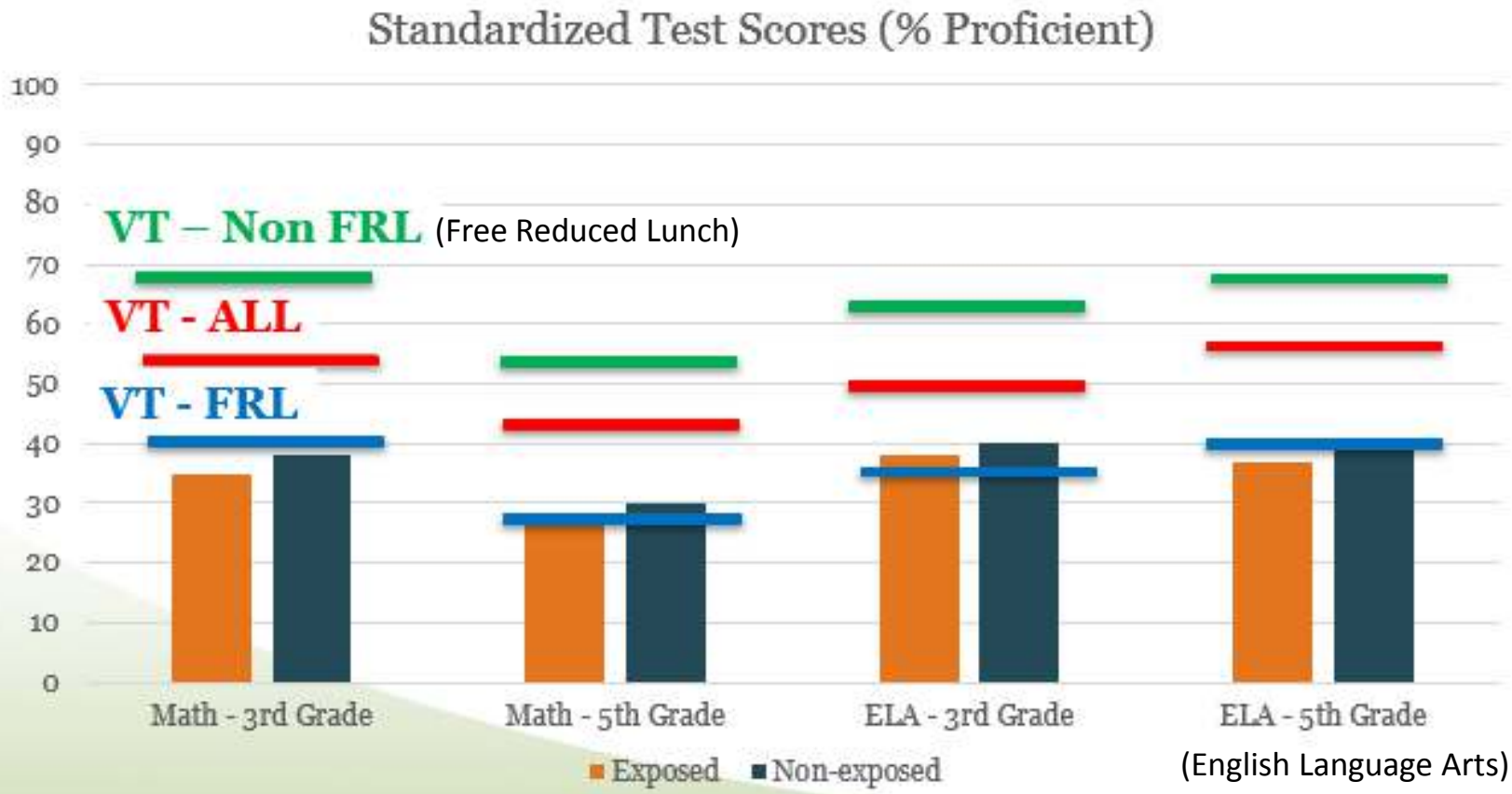
Education Outcomes



(English Language Arts)

Preliminary results. Manuscript in preparation.

The University of Vermont

THE University of Vermont Children's Hospital

Vermont Plan of Safe Care Journey

NNEPQIN NAS Webinar

May 15th 2019

Michelle Shepard MD, PhD

Objectives

- Review Federal CAPTA/CARA regulations
- Understand the development of Vermont's Plan of Safe Care
- Describe the goals and clinical use of the Vermont Plan of Safe Care
- Review feedback and results since implementation of the VT Plan of Safe Care
- Discuss future directions for the PSC

CAPTA- *Child Abuse Prevention and Treatment Act*

1974
- Enacted to provide federal funding to support prevention, assessment, investigation, prosecution, and treatment activities related to child abuse and neglect

2003
- Amendment: governors must assure policies and procedures are in place to address the needs of infants "*born with and identified as being affected by* ***illegal*** *substance abuse or withdrawal symptoms resulting from prenatal drug exposure*"
- Plan of Safe Care

2010
- Amendment: clarified the definition of substance exposed infant and added **Fetal Alcohol Spectrum Disorder (FASD)**

2016
- Amendment: clarified population requiring a Plan of Safe Care: "*born with and identified being affected by* ~~***illegal***~~ *substance abuse withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder*"

CARA →

Comprehensive Addiction and Recovery Act (CARA)

- Addresses the needs of infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
- Health care providers involved in the delivery or care of such infants required to "notify" child protective services
  - States are instructed to set up their own definitions and systems
- Plan of safe care for affected infants
- Requires states to report to Children's Bureau annually
  - # of such infants
  - # of infants with plan of safe care
  - # of infants for whom a referral was made for appropriate services

Vermont CAPTA Workgroup established February 2017

- VT Department of Health (VDH)
  - Division of Alcohol and Drug Programs
  - Division of Maternal and Child Health
- VT Department for Children and Families (DCF)
  - Child Development Division
  - Family Services Division
- Vermont Children's Hospital Neonatology
- Vermont Child Health Improvement Program (VCHIP), Improving Care for Opioid-Exposed Newborns (ICON)
- Lund
- KidSafe Collaborative

2017 Policy Academy

Improving Outcomes for Pregnant and Postpartum Women with Opioids Use Disorder and their Infants, Families, and Caregivers.

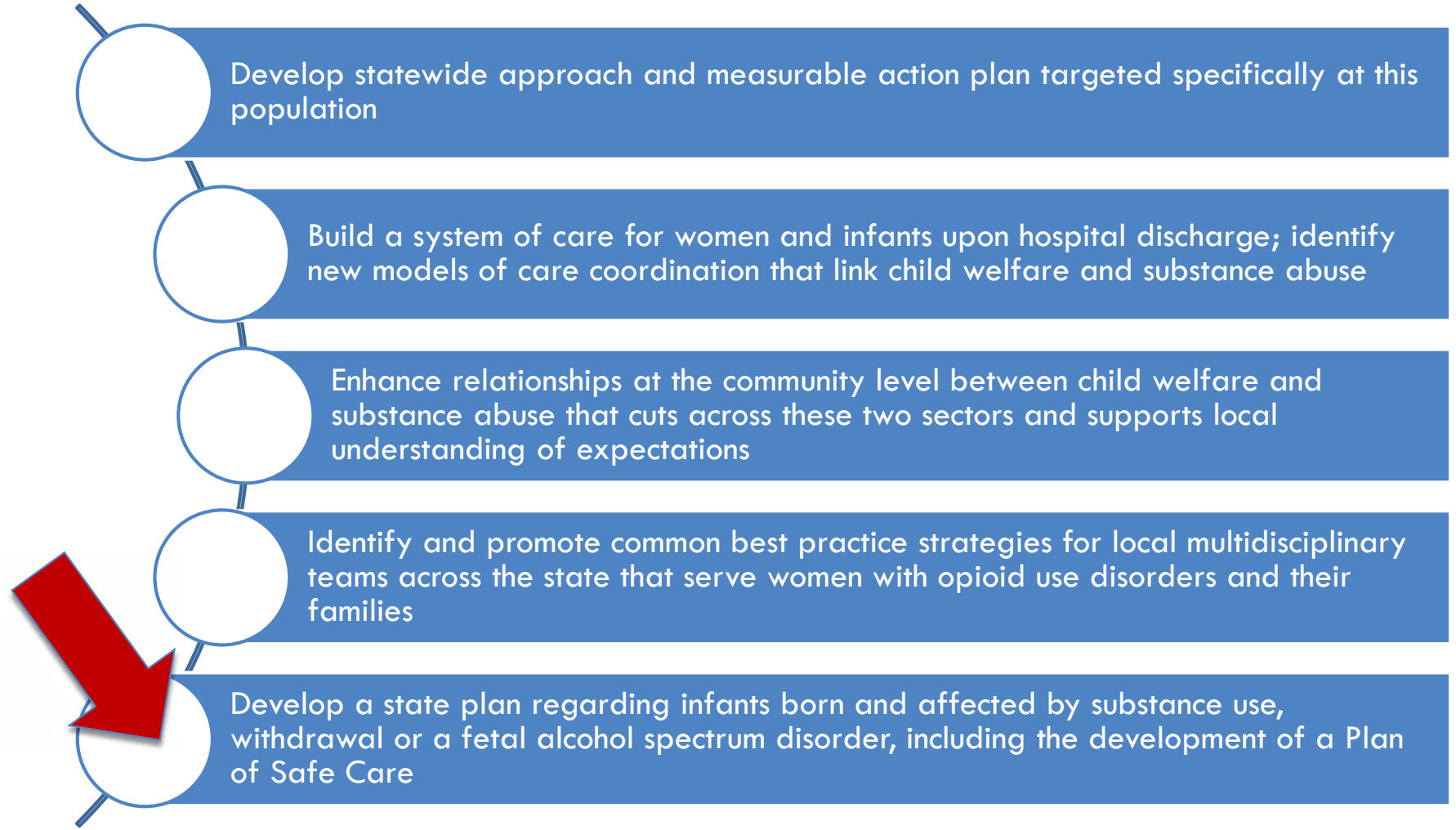
- Collaboration between the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families (ACYF), Children's Bureau (CB)

- "Supported teams to create a state-specific policy agenda and action plan and strengthen collaboration across systems to address the multiple and complex needs of this population."

2017 Policy Academy

- Meeting held February 7-8, 2017
- State teams applied and VT selected to attend
- Provided federal guidance, subject matter experts and technical assistance via jointly funded National Center on Substance Abuse and Child Welfare
- VT focus: to implement the new CAPTA requirements in a way that would continue to attract pregnant opioid-dependent women into treatment and not create unintentional barriers.

Vermont Goals



VT CARA/CAPTA Requirements in Practice

- Hospital staff caring for infants affected by substance abuse must:
  - Notify DCF after birth
  - Develop a Plan of Safe Care before discharge

- DCF collects information for annual reporting
  - # of substance exposed infants
  - # of infants with plan of safe care
  - # of infants for whom a referral was made for appropriate services

Vermont Plan of Safe Care

- Required for all substance exposed newborns born in VT
- Completed by hospital staff and parent(s) before discharge
- Sent to infant's primary care provider
- Families may choose to share with other providers

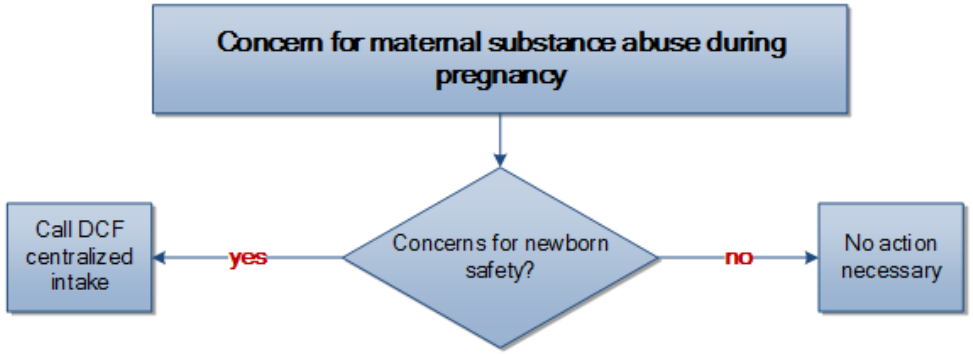
Vermont PSC Goals

- Continue to support women who are currently engaged or seeking treatment
- Support the existing relationships between the mother and her providers and supports
- Facilitate referrals to local community resources for any identified needs
- Encourage communication with the infant's primary care provider

Vermont Policy Academy Team Action Steps

1. Develop draft procedures for hospitals → Flowsheet
2. Solicit input from key stakeholders → 2017-2018
3. Make revisions based on feedback from stakeholders → 2017-2019
4. Draft communication memo to hospitals → 11/2018
5. Hospitals implement new procedures → 11/17-3/18
6. Family Services implement policy updates → 11/2017
7. Provide support around implementation to hospitals → Ongoing
8. Signed Governor's assurance → 4/2018

Vermont's Approach to Substance Use During Pregnancy



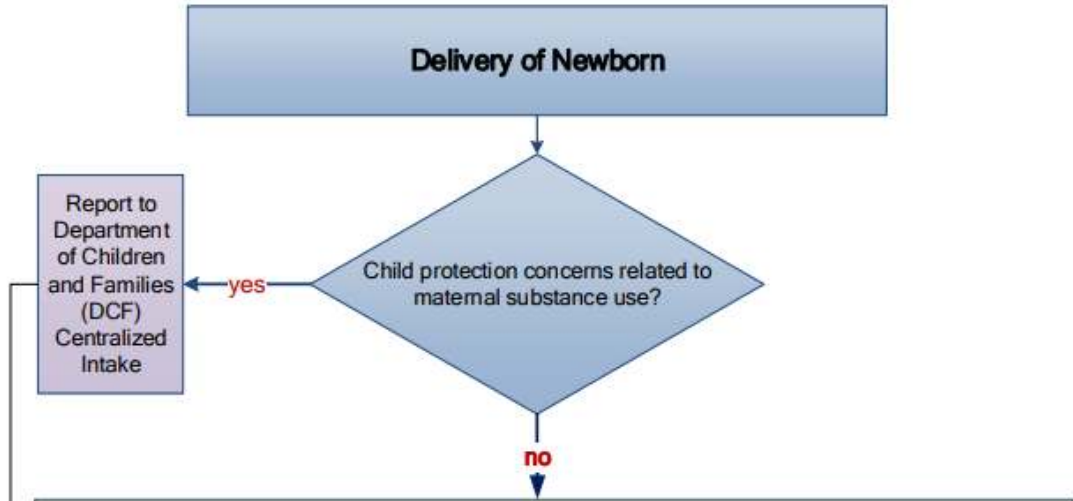
DCF's Prenatal report acceptance criteria:

- A medical professional certifies or the mother admits to use of illegal substances use of non-prescribed prescription medication, or non-medical use or misuse of prescription medication during the last trimester of her pregnancy.
- When there is an allegation that there is likely to be a serious threat to a child's health or safety due to the mother's substance abuse during pregnancy, intervention before a child's birth may assist the family to remediate the issues and avoid the need for DCF custody after the birth.
- DCF Family Services does not intervene in situations in which the sole concern is the pregnant woman's use of marijuana

Assessments may begin approximately one month before the due date or sooner if medical findings indicate that the mother may deliver early.

DCF will assess child safety and engage mother/parents in the development of a Plan of Safe Care.

Child Abuse and Protection Treatment Act (CAPTA) Requirements Related to Substance Exposed Newborns (Revised 01/22/18)



Hospital staff are required to make a CAPTA *notification* for any of the following:

- Mother is stable and engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids for chronic pain by a physician
- Mother is taking benzodiazepines as prescribed by her physician
- Mother used marijuana during pregnancy

The notification system will request non-identifying information.

A Plan of Safe Care will be developed by hospital staff.

DCF's newborn report acceptance criteria:

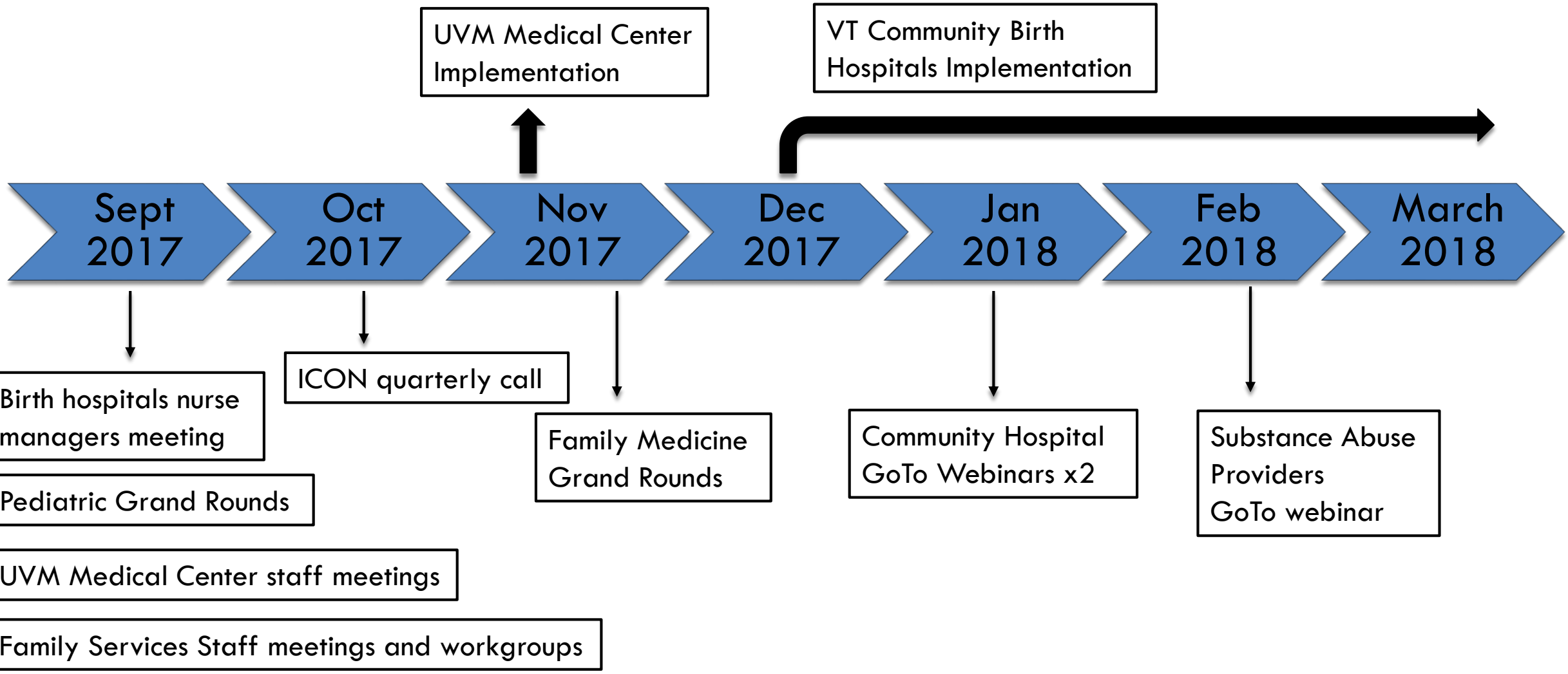
- A newborn has a positive toxicology screen for illegal substances or prescription medication not prescribed to the patient or administered by a physician; or
- A newborn has been deemed by a medical professional to have neonatal abstinence syndrome as the result of maternal use of illegal substances, non-prescribed prescription medication or misuse of prescribed medication, a newborn is being treated pharmacologically due to an undetermined exposure; or
- A newborn has been deemed by a medical professional to have Fetal Alcohol Spectrum Disorder.
- DCF Family Services does not intervene in situations in which the sole concern is a newborn's prenatal exposure to marijuana

DCF will assess child safety and engage mother/parents in the development of a Plan of Safe Care.

Input, Feedback and Revisions

- Stakeholders:
  - Vermont's Citizen Advisory Board (VCAB)
  - Hospital staff responsible for implementation
  - Family Services staff
  - Family Services Stakeholders workgroup
  - Medical Providers
  - Substance Abuse Providers

Education & Implementation



CAPTA Requirements: VT considerations

- What is the difference between a notification and a report to DCF?
- Which substances and under which conditions?
- How do we handle use of marijuana during pregnancy?
- Who is responsible for developing the “Plan of Safe Care”?
- What information should be in the “Plan of Safe Care”?
- Who should have access to the “Plan of Safe Care” and where should it reside?
- How will DCF Family services Division collect the required data?

Vermont CAPTA Notification (aka DCF Notification)

- Infants exposed to maternal use of:
  - MAT (stable in program)
  - Prescribed opioids for pain
  - Prescribed benzodiazepines
  - Marijuana
    - November 1, 2017 DCF changed the acceptance criteria regarding the use of marijuana.
    - The division does not intervene in situations where the sole concern is a pregnant woman's use of marijuana (or the newborn's prenatal exposure to marijuana).

Vermont CAPTA Notification *(Revised 1.8.18)*

Please do not include patient identifiers

Please check the box next to the following criteria, if applicable:

- ☐ Mother is engaged in medication-assisted treatment with methadone or buprenorphine
- ☐ Mother is being treated with opioids for chronic pain by a provider
- ☐ Mother is being treated with benzodiazepines by a provider
- ☐ Mother used marijuana during pregnancy

Please check if any of the following are applicable:

- ☐ Plan of Safe Care was completed and will be provided to infant's PCP for ongoing monitoring
- ☐ Mother was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- ☐ Additional referrals were made for services at the time of delivery for the infant and/or mother/caregivers

Unique hospital identifier: ☐☐☐☐-☐☐☐☐ (Hospital code followed by last 4 digits of hospital medical record number)

Fax Number: (802) 241-9060 or scan to AHS.DCFFSDCaptaNotification@vermont.gov (No cover sheet necessary)

Vermont Specific Procedure: DCF notification vs. report

DCF Notification

- Infant exposed to prescribed MAT, medications or THC only
- NO child safety concerns
- De-identified CAPTA notification form faxed to DCF
- Plan of Safe Care completed prior to hospital discharge

DCF Report

- Infant exposed to illicit substances or non-prescribed meds
- ANY child safety concerns
- Report via call made to DCF central intake
- If accepted, DCF develops discharge plan and the Plan of Safe Care

DCF Reports: made in the following situations

Prenatal Report

- Maternal illegal substance use in 3rd trimester
- Maternal non-prescribed medication use or misuse 3rd trimester
- Maternal substance use is serious threat to child health/safety

Newborn Report

- Infant with positive tox screen for illegal substance or non-prescribed med
- Infant with NAS due to illegal substance or non-prescribed med
- Infant with fetal alcohol syndrome disorder

Who, what, where, when and how

- Who is responsible for developing the “Plan of Safe Care”?
- What information should be in the “Plan of Safe Care”?
- Where should the “Plan of Safe Care” reside and who should have access it?
- When should the “Plan of Safe Care” be developed?
- How will DCF Family services Division collect the required data?

VT Plan of Safe Care

- When is it done?
  - Ideally started prenatally
  - Must be completed by hospital discharge
- Who completes it?
  - Prenatal providers
  - Hospital staff (nurses, care managers, social work)
- How will DCF collect required data?
  - De-identified information from CAPTA notification form
  - #infants, # with POSC completed, # referrals made included on form

VT Plan of Safe Care- What is included?

- Infant info
- Household members
- Identified supports
- Infant exposures
- Services in place or new referrals placed for infant and family
- Strengths

VT Plan of Safe Care

- Where does it reside?
  - Copy given to mother/family
  - In hospital EMR
    - Maternal vs. infant chart
    - Infant discharge summary
- Who has access?
  - Maternal providers
  - Faxed to infant provider

Vermont Newborn Plan of Safe Care *(Revised 11/10/17)*

Name of infant: DOB: Admission date: Discharge date:

Infant's PCP:

Household members:

Name	Age	Relationship to infant	Name	Age	Relationship to infant

Identified supports:

Check box(es) next to applicable criteria:

Methadone / Buprenorphine	
Prescribed opioids for chronic pain	
Prescribed benzodiazepines	
Marijuana	

Additional exposures:

Nicotine/tobacco	
Alcohol	
Other	
Other	

Comments:

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	Discussed	Current	New Referral	Organization	Contact person (if applicable)
Medication Assisted Treatment					
Mental Health Counseling					
Substance Abuse Counseling					
12 Step Group					
Recovery Supports					
Smoking Cessation					
Parenting Groups					
Home visiting					
WIC					
Children's Integrated Services					
Housing Assistance					
Financial Assistance					
Childcare					
Safe Sleep Plan					
Other					

Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery)

Comments:

Signature of parent /caregiver: _____ Signature of staff: _____

VT CAPTA resources on the DCF Family Services website

- CAPTA and PSC FAQ's
- Flowcharts
- DCF memo to hospitals
- Downloadable CAPTA notification
- PSC form for hospitals
- PSC handout for mothers

http://dcf.Vermont.gov/fsd/partners

VERMONT
DEPARTMENT FOR CHILDREN & FAMILIES
FAMILY SERVICES DIVISION

Plan of Safe Care for Mothers and Babies

If you used certain prescription medications or substances while you were pregnant, the hospital staff caring for your baby will help you with a *Plan of Safe Care*.

This includes the following medications/substances:

- Prescribed opioids for chronic pain
- Prescribed methadone or buprenorphine
- Prescribed benzodiazepines
- Marijuana (prescribed or recreational)

What will be in your plan?

Your plan will:

- Explain how to keep your baby healthy. This could include supports such as financial help, child care and health care services.
- Connect you to resources. This could include public benefits, support groups, well-baby visits and information.

Who keeps the plan?

You'll get a copy and one will be given to your baby's primary care provider.

Will the hospital provide information about me or my newborn to DCF?

No, the federal government requires states to track the number of babies exposed to substances. Hospital staff fax basic information to DCF when a baby is born including what substance they were exposed to; but, it will NOT include any identifying information (e.g., name or date of birth) about you or your baby.

Will the hospital call the Department of Children and Families (DCF) to make a report?

Hospital staff are required to make a report to DCF **only** when there are child safety concerns such as:

- the use of *illegal* substances, except marijuana, during the last trimester of your pregnancy
- the use of *non-prescribed* substances or *misuse* of prescription medication during the last trimester of your pregnancy
- your baby has a positive toxicology screen for illegal substances or prescription medication that were not prescribed to you by a physician, with the exception of marijuana
- your baby requires treatment for Neonatal Abstinence Syndrome (NAS) as a result of your use of *illegal* or *non-prescribed* substances or *misuse* of prescription medication
- your baby has Fetal Alcohol Spectrum Disorder
- there are concerns that your baby has been harmed or is at risk of being harmed

Revised 4.19.2018

POSC Process at UVM MC

- Completed by Women's and Children's Case Managers
- Discussed with family as part of the discharge planning process
- Completed form faxed to the infant's PCP office
- Documentation in EMR not consistent
  - Usually documented in case management note that POSC was completed
  - Some have scanned into infant chart, others give to mother

- CAPTA notification form is faxed to DCF office and then shredded

What happens after discharge?

- Infant's PCP office should follow-up on any new referrals made for the infant (home visits, CIS, etc)

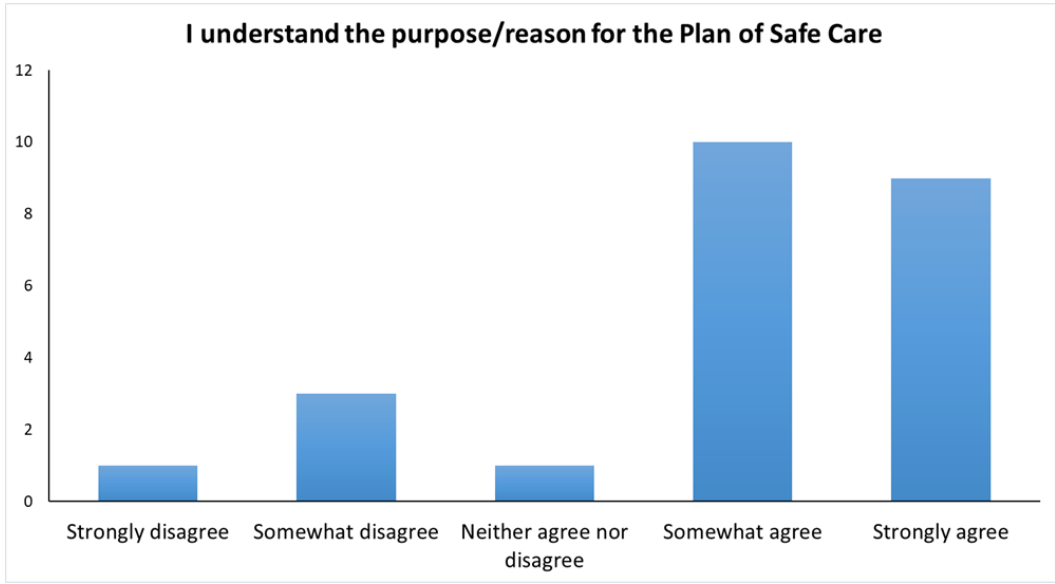
- The family should be encouraged to follow-up on new referrals made for the mother/caregivers in conjunction with her PCP or other providers

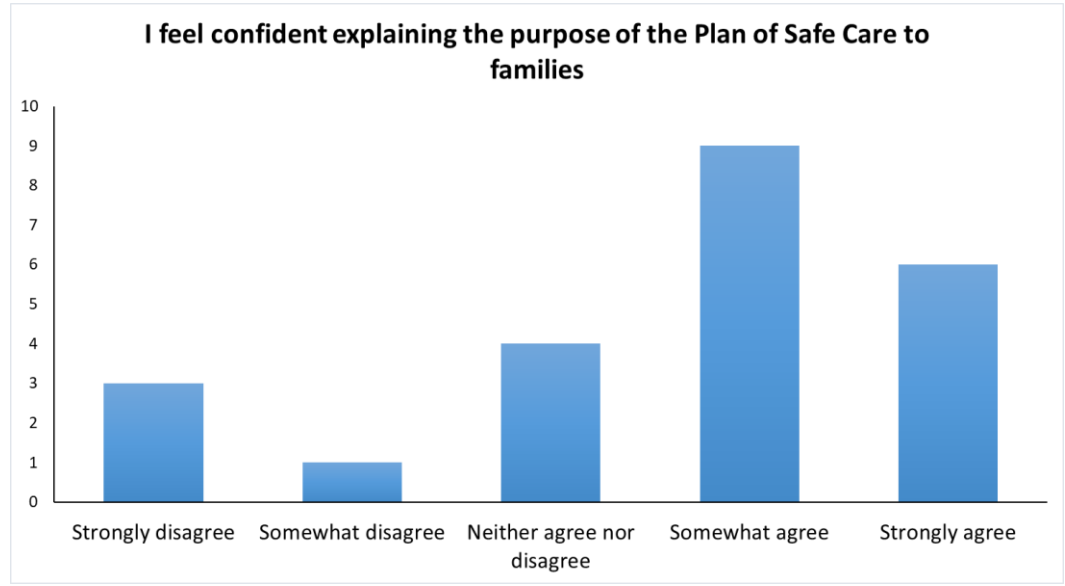
Feedback from UVM MC

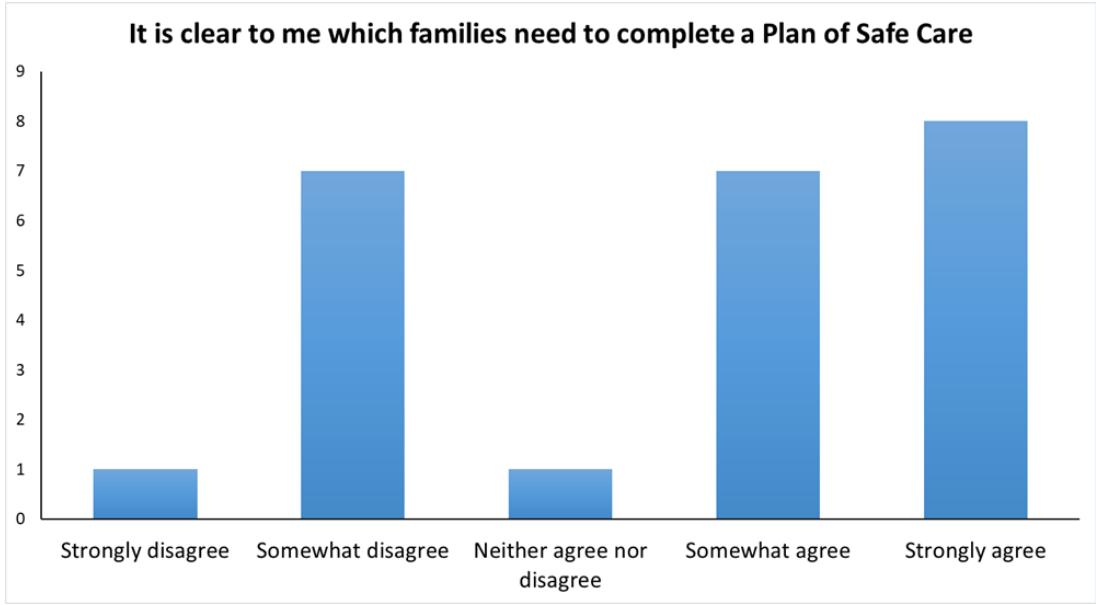
- Challenges
  - Double documentation of information for POSC and EMR discharge info
  - Form inconsistently put in infant's chart
  - OB providers not always discussing THC use so family surprised by need to complete the POSC
  - Explaining a de-dentification DCF notification to families was confusing
- Recommendations
  - Streamlined entry into EMR
  - Consider more friendly name

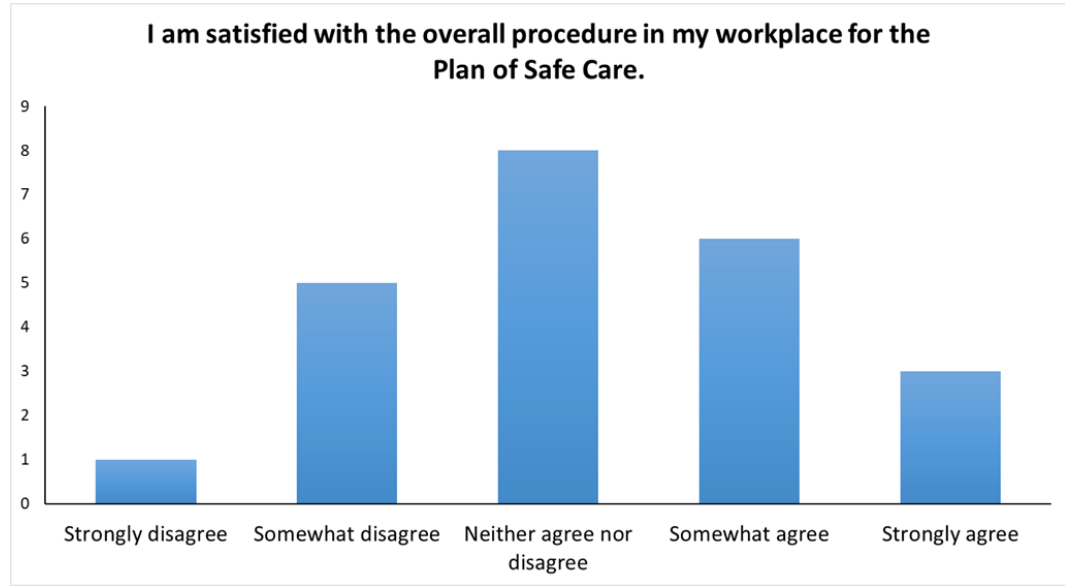
Statewide Feedback on the PSC

- Fall 2018 survey developed by a UVM honors nursing student regarding PSC use and experience
  - Survey was sent to Vermont birth hospitals nurse managers
  - 37 responses received from 10 hospitals
- Data compiled as part of honors thesis project
  - Raw data (total responses) included here


I understand the purpose/reason for the Plan of Safe Care
12
10
8
6
4
2
0
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree


I feel confident explaining the purpose of the Plan of Safe Care to families
10
9
8
7
6
5
4
3
2
1
0
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree


It is clear to me which families need to complete a Plan of Safe Care
9
8
7
6
5
4
3
2
1
0
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree


I am satisfied with the overall procedure in my workplace for the Plan of Safe Care.
9
8
7
6
5
4
3
2
1
0
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree

Survey take-homes

- Those completing the PSC understand it's purpose and generally feel comfortable explaining this to families
- It is not always clear which families need a PSC completed prior to discharge
- The procedure for completing the PSC prior to hospital discharge could benefit from more clarity and/or standardization

Summary: Vermont Specific Procedure After Birth

- If NO child safety concerns:
  - CAPTA report faxed to DCF after birth of infant
    - De-identified notification
  - Plan of Safe Care completed by birth hospital
    - Copies sent to infant's PCP and given to family

- If ANY child safety concerns:
  - DCF report made via central intake
  - DCF develops Plan of Safe Care

Summary: Vermont CAPTA/DCF Notification

- Infants exposed to maternal use of:
  - MAT (stable in program)
  - Prescribed opioids for pain
  - Prescribed benzodiazepines
  - Marijuana

DCF notifications & Reports 11/1/2017 – 10/31/2018

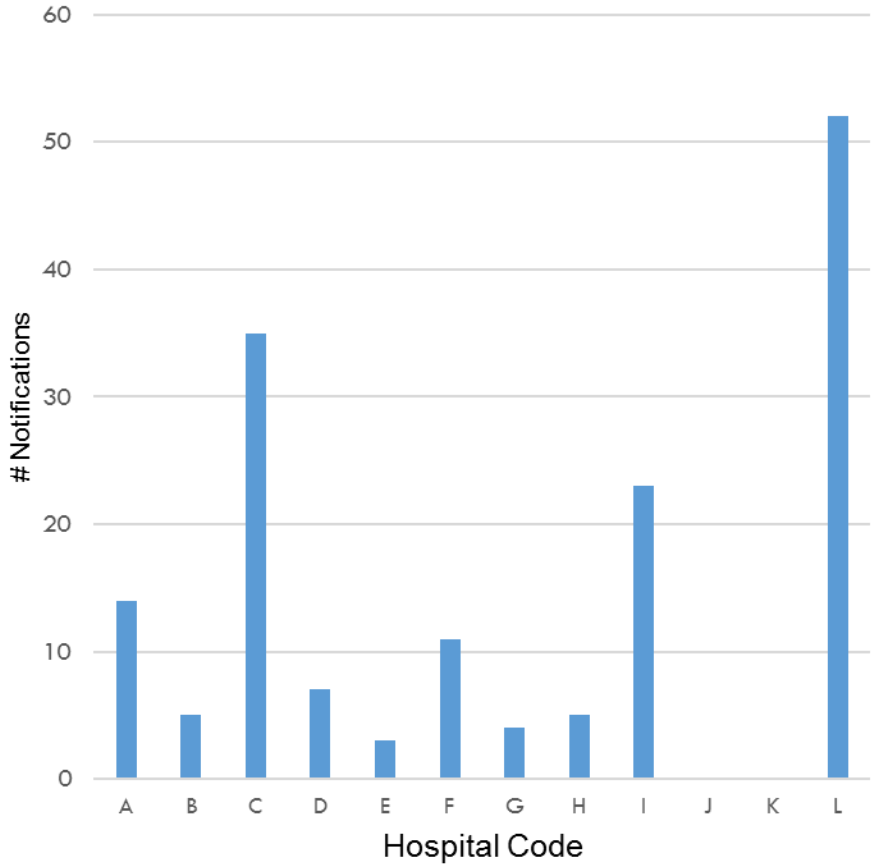
- DCF Notifications and Plan of Safe Care
  - Total Notifications 159
  - Plan of Safe Care completed 133 (84%)
  - Mothers already engaged in services 90 (60%)
  - Additional referrals made 35 (22%)

- DCF reports for illegal substance abuse in last trimester or positive toxicology of newborn
  - Total accepted for assessment 64

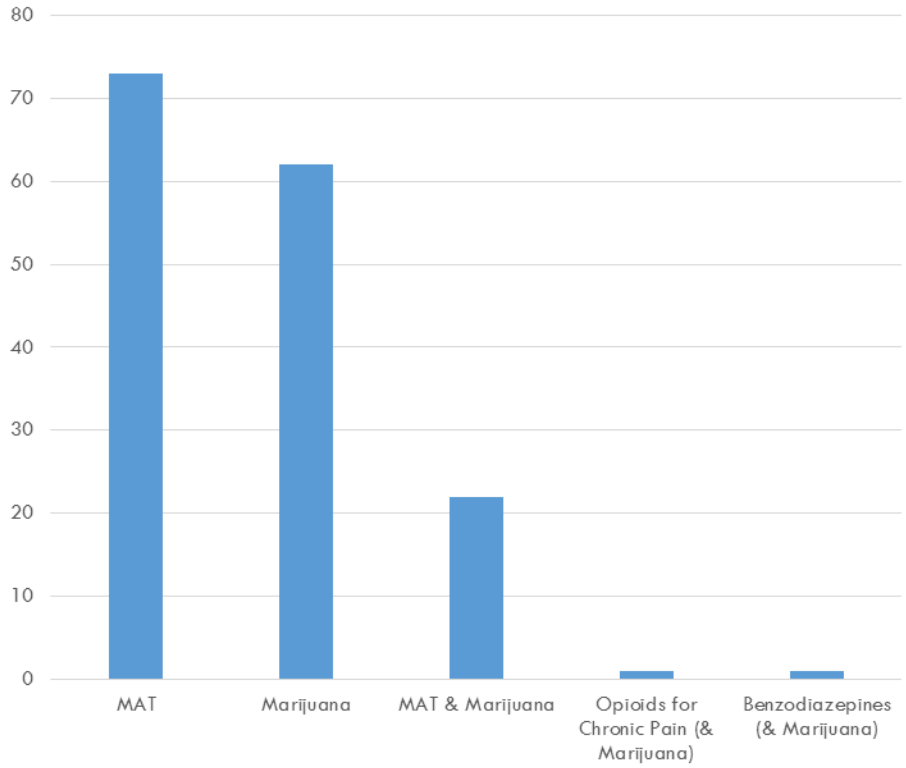
DCF Notifications 11/01/2017 – 10/31/2018

Total Notifications: 159

Notifications at VT hospitals



Criteria for Notifications



Goals Moving Forward

- Provide hospital nurse managers with quarterly data on notifications
- Identify ways to better support hospitals with the implementation of new requirements
- Seek input from PCPs on the Plan of Safe Care
  - ICON to survey PCPs in next year
- Continue to seek feedback from stakeholders to refine and improve Vermont's system around the Plan of Safe Care

What about residents of other states?

If mother lives in another state but delivers at a VT hospital:

NO child safety concerns:

- VT DCF notification
  - Stable MAT
  - Prescribed opiates
  - Prescribed benzos
  - Marijuana use
- VT Plan of safe care by hospital staff to infant's PCP

ANY child safety concerns:

- Report to child protective services in state mother resides
- If immediate concerns also report to VT DCF to allow coordination
- Plan of safe care by DCF/DCYF

NNEPQIN Spring Meeting

Thursday, June 6, 2019
Auditoria E & F

Dartmouth-Hitchcock Medical Center,
Lebanon, NH

Broadcasting via Live Stream
will be available

Email Vicki at Victoria.A.Flanagan@hitchcock.org
for link to register

Upcoming webinars

- **June 19:** Overview of 3rd edition ESC Care Tool & care manual and ESC implementation toolkit; ESC & NNEPQIN data updates

Summer Sessions Combined with NNEPQIN SUD collaborative – note change to 4th Wed in August:

- **July 17:** NH's POSC experience to date; ESC updates
- **Aug 28:** Community partners for POSC development
  - Note date change to 4th Wednesday to join NNEPQIN SUD Collaborative

Upcoming Events

- **NH ESC Implementation Advisory Committee Meeting** – *please RSVP to Farrah if able to join**
  - Wednesday May 22nd, 1PM to 3PM
  - NH Hospital Association, Concord

- **ESC On Site Education**
  - Monday May 20th, Littleton Regional Hospital
  - July/August 2019 – Waypoint Home Visiting Programs
  - Fall 2019 Wentworth Douglas Hospital

- **ESC Lebanon Sim Center Training Day**
  - July 16, DHMC – prioritizing 2 NH hospitals not yet sim-center trained; please contact Bonny/Farrah by Mon 5/20 if interested in attending**

Center for Addiction Recovery in Pregnancy + Parenting

https://med.dartmouth-hitchcock.org/carpp.html

Please call 603-653-1800 or email your mother/baby questions and challenges to: CARPP@hitchcock.org

Introducing Stephanie Gray!

Administrative Coordinator for the Center for Addiction Recovery in Pregnancy & Parenting (CARPP)

Bio: Stephanie started at Dartmouth Hitchcock Medical Center in 2009 and initially spent several years in General Pediatrics. She then transferred to Obstetrics & Gynecology where she worked with the Midwives and Maternal Fetal Medicine, and with the team that specialized in caring for pregnant women with substance use disorders. In 2018, Stephanie was promoted to the role of Administrative Coordinator for the Center for Addiction Recovery in Pregnancy & Parenting (CARPP) as well as the Moms in Recovery Program at the Addiction Treatment Program.

Please send ALL substance use disorder / substance-exposed newborn questions to Stephanie at ***CARPP@hitchcock.org*** and she will help find the right person to answer your ?/email in the most expedient way possible!

You may also call Stephanie directly at: ***603-653-1800***

Thank you!