

Caring for the NAS Family ~ Body, Mind, Spirit

St. John Providence Health System Mission

St. John Providence Health System, as a Catholic health ministry, is committed to providing spiritually centered, holistic care which sustains and improves the health of individuals in the communities we serve, with special attention to the poor and vulnerable.



Potentially Better Practice # 1

Develop and implement a standardized process for the identification, evaluation, treatment and discharge management of an infant with neonatal abstinence syndrome.

Aim Statement

St. John Hospital and St. John Macomb Hospital will increase percentage of pregnant women who will be screened by history for substance use/abuse upon entry for Birthing Center care (triage and admitted).

Goal

By December 31, 2013 we will increase the number of screened pregnant women from 19 to 138, which would be a 10% increase of total number screened per number of deliveries.

St. John Hospital & Medical Center - Detroit & St. John Macomb Hospital -Warren, Michigan

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St. John Caring Community



St. John Hospital & Medical Center:

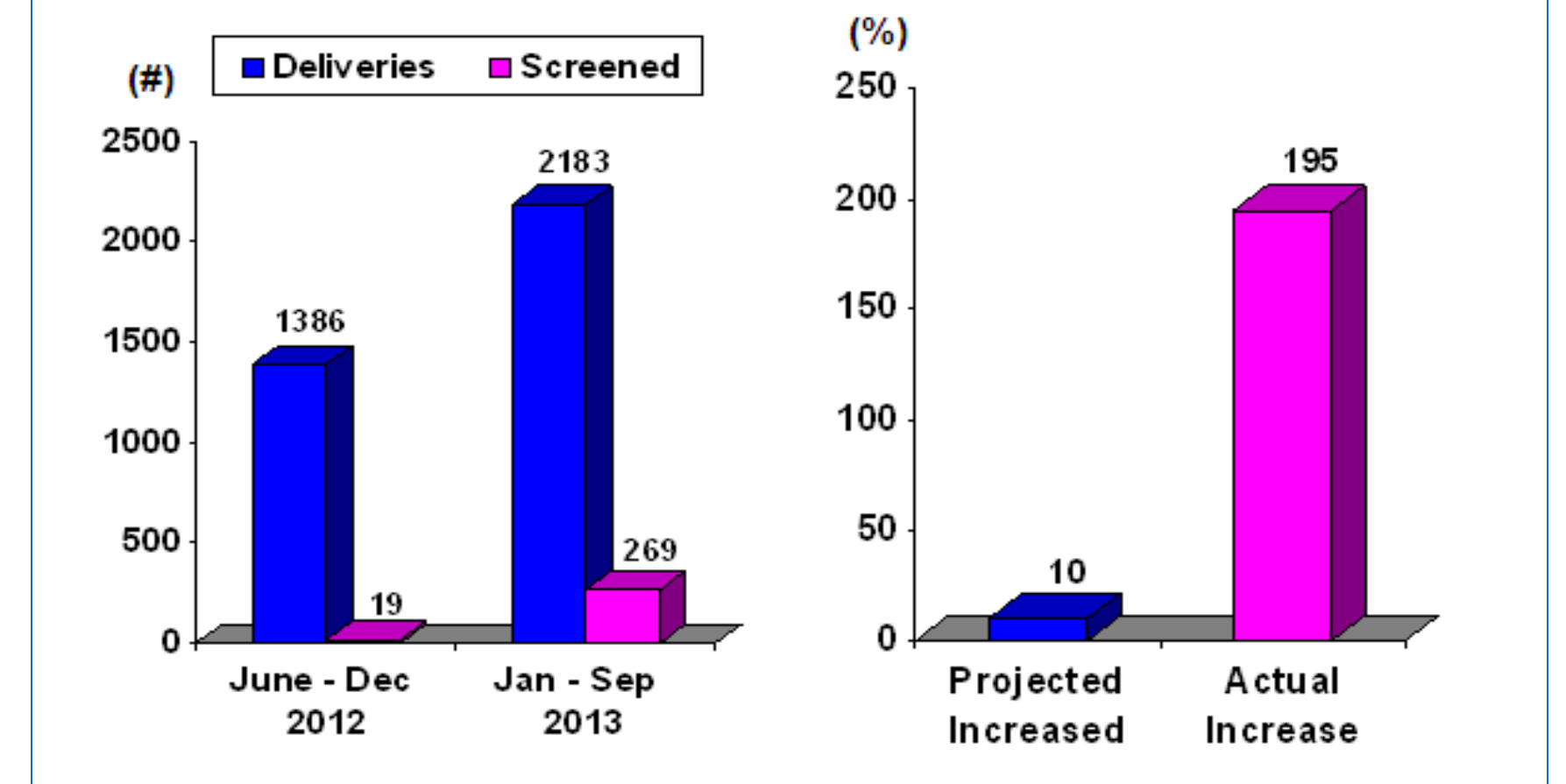
Birthing Center: 31 birthing suites plus 20 post-partum & 17 high-risk rooms; 300 average births per month; High-risk OB, Lactation support services, Outpatient Breastfeeding Clinic
Neonatal Intensive Care Unit: 35 bed Level III B; First NICU in Michigan (opened in 1970), caring for critically ill and premature babies. Regional referral center for southeast Michigan community hospitals.
Special Care Nursery: 14-bed unit for infants who need extra care

St. John Macomb Hospital:

Birthing Center 8 private LDR birthing suites; 110 average births per month; Special Care Nursery with neonatologist on site 24-hours a day; Perinatologists available; maternal and neonatal transfers to St. John Hospital for high risk mother/baby

Measurement of Outcomes

Prenatal Screening by History for Substance Use



The St. John Hospital and St. John Macomb Hospital goal was to increase the percentage of pregnant women who were screened by history for substance use/abuse by 10 %.

As shown by the graph above, we surpassed the number of pregnant women screened from **138 to 269** within nine months, thus attaining a **195 % increase**.

Mechanisms for Change

Aligning our goals with the **St. John Providence Health System Mission, Vision and Values** the interdisciplinary team agreed upon our drivers of care:

- Integrate spiritually centered, holistic care ~ **Mind, Body & Spirit**
- Special care to the poor and vulnerable of the community we serve
- Avoid maternal separation - rooming in with parents
- Support a family-centered care approach, keeping the patient and family dyad at the center of our ministry
- Identify personal feelings ~ **Be curious rather judgmental**
- Focus on opportunity to build relationships, strengthen communication across the continuum of care, build and strengthen ties in connections between inpatient and community settings and among all disciplines.

Accomplishments to Achieve Goals

Present:

- Collaboration of interdisciplinary teams
- Attendance & participation in iNICQ 2013 VON webinars, followed by debriefing of family case studies to provide understanding of the patient and family continuum of care
- **NAS Quality Audits** – February & August 2013
- Identified **Spiritual Care** triggers
- Developed standardized maternal history screening questionnaire for use in OB offices and hospital setting
- Included question relative to spiritual well-being (aligned with SJPHS mission & vision)
- Revised history and physical forms, policies and guidelines
- Developed education plans for health care team to promote consistency and continuity in care

Evaluation of Holistic Caring Experience

Future

- Share VON NAS project work with OB physicians fostering interdisciplinary collaboration
- Formulation of Treatment and Weaning Guidelines
- Design family educational booklet with focus on community resources and follow up family support
- Create breastfeeding guidelines
- Design post discharge survey - routine follow-up telephone courtesy call asking reflective questions.

Post Discharge Survey

- Did you use resources in information booklet?
- What in the resource information booklet was most helpful?
- How has it changed in how you care for baby at home?
- What do you do to care for your body/spirit?
- Have we empowered you to seek out resources you need to care for self and baby?
- How do you cope with being overwhelmed?

(Include questions that focus on the mother's confidence level, ability to recognize cues, ability to console baby, etc.)



July 2013	September 2013	October 2013	November 2013	January 2014	March 2014	May 2014
Development of Staff Education Plan	Creation of Maternal Screening Questionnaire	Development of NAS Process Algorithm	Creation of Breastfeeding Guidelines	Formulation of Treatment and Weaning Guidelines	Design of Family Education Booklet	Design of Post Discharge Survey

