



Neonatal Opioid Withdrawal Syndrome  
**The NOWS Initiative**

**Getting Started Kit**

December 2020



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## **An Overview of the NOWS Collaborative**

Welcome to the NOWS Collaborative. Our aim is to optimize inpatient care strategies for infants born with neonatal opioid withdrawal syndrome (NOWS). Specifically, among infants born with NOWS at  $\geq 35$  weeks GA in participating hospitals, by April 2022 we aim to:

- Reduce length of stay by 20%
- Reduce exposure to pharm care by 20%, and
- Increase the percentage of infants discharged with a coordinated care plan to 95%

This initiative takes the structure of the Institute for Healthcare Improvement's Breakthrough Series Collaborative. A Breakthrough Series (BTS) Collaborative is a systematic approach to health care quality improvement in which organizations and staff test and measure practice innovations and share their experiences in an effort to accelerate learning and widespread implementation of best practices. BTS uses the [Model for Improvement](#) as a framework to guide improvement work. Your experience will involve working together with hospital teams from across Alabama who share the same goals.

Participating in a Collaborative provides an excellent foundation to creating long-term success. This method can help hospitals accelerate work already underway and plan for meaningful progress over time.

The NOWS Collaborative aims to optimize inpatient care for infants born with NOWS by focusing on the following components of patient care:

1. Increased use of appropriate language and respectful care in patient interactions
2. Increased withdrawal scoring consistency
3. Increased use of non-pharmacologic care
4. Increased frequency of the mother-baby dyad remaining together
5. Increased consistency of pharmacologic care
6. Increased safety of hospital discharge



## Contact information

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## NOWS Collaborative Schedule

The NOWS Collaborative will commence January 2021.

### **Learning Sessions**

- Learning Session 1:
  - January 27, 2021 at 12:00 pm CST (Virtual)
- Future Learning Session(s): TBD

### **Action Periods**

- Monthly Action Period Calls:
  - 4<sup>th</sup> Wednesday of every month at 12:00 pm CST, starting February 2021

Learning Sessions (LS) are meetings bringing together participating hospital teams and expert faculty to exchange ideas in real time, learn about new changes for testing, and get energized for the work ahead. We will have at least two LSs during the project cycle.

Between Learning Sessions, hospitals engage in Action Periods (Aps), During APs, teams actively try new ideas within their organizations, and come together for monthly “All Teach, All Learn” sessions to share and receive support from ALPQC and peers. See [NOWS Charter](#) for more information on Learning Sessions and Action Periods.



## **Getting Started Checklist**

- Review Collaborative Charter
- Review Collaborative Toolkit and complete Assessment Checklist inside Toolkit
- Create Your Team
  - Confirm Sponsor
  - Select Day-to-Day Leader
  - Create Your Team
  - Select Pilot Unit
  - Fill out Team Roster
- Connect to Data Portal and Resources
- Review and Share Model for Improvement

## **Step 1: Review Nows Collaborative Charter and Toolkit**

Inside the [Nows Charter](#) and [Nows Toolkit](#) you will find more in-depth information on the project description, the data measures, and each component noted in the Overview section of this document. Please also complete the “Current Assessment” checklist found inside the Nows Toolkit, including assigning a responsible person for each component. These steps will help you start gaining an understanding of the change ideas we will implement, the best practices that underpin them, and will help you start identifying current gaps and action steps.

You’ll find these documents along with data collection forms and further resources to help with implementation at [www.alpgc.org/initiatives/nows](http://www.alpgc.org/initiatives/nows).



## **Step 2: Team Formation**

### **a. Select a pilot unit**

This is the first patient care area in your hospital where testing of the concepts in the change package (toolkit) will occur. In a small hospital, it may not be necessary to select a pilot unit but in medium to large size hospitals, it's more beneficial to begin testing in a focused location to keep the tests on a small enough scale and to allow for revision of the tests before implementation and spread occur. Ideally, hospitals would select a unit that has individuals who are excited about creating change and have a high tolerance for rapid change early on.

### **b. Confirm Project Sponsor**

In addition to the working members of your team, a successful improvement team needs a sponsor—someone with executive authority who serves as a liaison with other areas of the organization, provides structure to support the team effort, advocates for supportive policies, and allocates resources for improvement to overcome barriers. The Sponsor is not a day-to-day participant in team meetings and testing but reviews its progress on a regular basis.

The sponsor is responsible for:

- Encouraging the team to set its goals at an appropriate level to meet organizational goals
- Providing the team with the resources needed, including staff time and operating funds
- Making it clear to the team that they have the time, resources, and authority needed to change organizational systems to accomplish their goal
- Regularly reviewing the work of the team
- Developing a plan to spread the successful changes from the improvement team to the rest of the organization, including: communicating what is learned from the improvement work in ways that motivate and mobilize the rest of the organization, and designating someone who will be responsible for leading the activities needed to support spread

**c. Select the day-to-day leader for the initiative**

The day-to-day leader is the person who drives the project forward, ensures that changes are tested and implemented, and oversees data collection. It is important that this person understands the details of the system and the various levers for making changes in the system; and will be someone who can work effectively with the physician and nurse champions, other technical experts, and leaders. This person typically devotes a significant amount of time to the improvement team's work.

The main contact person identified on your Team Roster may be the same person who serves in this role, but not necessarily.

The day-to-day leader should be someone who:

- Has a working knowledge of the project topic
- Is in a position to carry the work of the improvement team beyond the pilot
- Is able to organize and coordinate a functioning team that is engaged in rapid cycles of improvement and has time allocated by senior leadership to work on this project
- Is motivated and excited about change and new designs to improve care

**d. Create your team**

Your implementation team will guide the work and execute the tests of change throughout the Collaborative. Including the right persons in an improvement team is critical to the success of the improvement effort. Some helpful steps to consider:

1. Review the project aim
2. Consider the system that is related to the aim: what components of patient care will be affected by the improvement effort?
3. Select team members that represent and are familiar with all the different parts of the process

It is critical to get all team members on board early in the process to build a strong foundation for driving the project forward. You'll want to meet at least monthly, likely more frequently at the beginning as you get the initiative established. For more information, see [IHI's Science of Improvement: Forming the Team.](#)

e. **Fill out Team Roster**

Please fill out a Team Roster to help us better communicate with your team and keep everyone abreast of initiative information. You will find the Team Roster form [here](#).

f. Considerations of team rules, roles, and attributes

Determine your team's ground rules - such as meeting frequency, meeting venue/format, etc.). Agree on roles of each team member - including who will prepare agendas, who will take notes, etc.

Consider the attributes of highly effective teams:

Highly effective teams don't just happen! Time, cultivation, and attention are needed to create an environment for high-functioning teams. Some attributes of such teams are:

- The purpose and objectives of the team are clear
- The roles of team members are clear
- A climate exists that a) seeks and supports participation of all team members, and b) supports problem solving and learning
- Decision making processes are clear
- Leaders model a clear conflict resolution process
- The team practices good housekeeping: clear agendas, start and stop times, role assignments (facilitator, note taker, timekeeper)
- Leadership is distributed and shared among team members
- Team members' strengths are utilized to the fullest
- The team encourages risk taking and creativity
- The team has a method to assess itself as a team



### **Step 3: Connect and Join**

#### *Data Portal*

We will be using the [Alabama Hospital Association \(AlaHA\) Quality Portal](#) for data entry. If you have not done so already, let us know which team members will need access to the data portal by filling out the Team Roster, or by reaching out to us at [mborders@alaha.org](mailto:mborders@alaha.org) or [eguillaumet@uab.edu](mailto:eguillaumet@uab.edu).

#### *Collaborative Documents*

The [NOWS Collaborative website](#) is where you will find all materials needed for implementation, including how-to documents on entering and visualizing data in the portal.

### **Step 4: Become Familiar with the Model for Improvement**

We will use a simple improvement approach for the NOWS Collaborative called the Model for Improvement (MFI). The MFI will be taught at the Learning Sessions. However, if your team does not have experience with the MFI, we encourage your team to review some of the videos and resources below.

- [An Illustrated Look at Quality Improvement in Health Care](#) – 8 minute video
- [The Model for Improvement \(Part 1\)](#) – 3 minute video
- [Science of Improvement: Testing Changes](#)