

Neonatal Abstinence Syndrome (NAS)

Committee Meeting Minutes 3/2/2017

Welcome and Introductions

The Committee Chair, Shelly Musser-Bateman, called the meeting to order at 1:03 P.M. on Thursday, March 2, 2017. She requested that everyone around the room and on the phone introduce themselves.

Attendees

Members in Attendance	Guests and IDPH
<p style="text-align: center;">Shelly Musser-Bateman, Chair Ira Chasnoff Christine Emmons Robyn Gude Arvind Goyal Jodi Hoskins, Co-Chair Omar LaBlanc Ellen Mason David Ouyang Mary Puchalski Aki Noguchi Cindy Mitchell</p>	<p style="text-align: center;">Amanda Bennett, IDPH** Tanya Dworkin, IDPH Jane Fornoff, IDPH Trishna Harris, IDPH Shannon Lightner, IDPH*** Miranda Scott, IDPH Alexander Smith, IDPH</p> <p style="text-align: center;">Pattie Lee King, ILPQC* Brielle Osting, Everthrive IL</p>
	Members Not In Attendance
	<p style="text-align: center;">Dennis Crouse Ginger Darling Randy Malan Emily Miller Elaine Shafer Nirav Shah David Soglin Heather Stanley-Christian</p>

*Pattie Lee King joined the call for the ILPQC presentation at 1:45pm and left the meeting at 3:00pm.

**Dr. Bennett joined the meeting at 1:40pm.

***Ms. Lightner joined the meeting at 3:00pm

Minutes

The December 2016 minutes, with corrections as indicated on the most recent draft, were approved without objection.

Motions

1. Motion to approve the December 2016 Meeting Minutes
1st Jodi Hoskins, 2nd Cindy Mitchell

2. Motion to recommend substance use screening using a validated verbal or written questionnaire for all pregnant women. At a minimum, this screening should occur at their first prenatal visit and when presenting for evaluation of labor or for delivery. Toxicology screening should always be considered if it would help guide clinical management.
1st Ira Chasnoff, 2nd Jodi Hoskins

3. Motion to recommend all newborn infants with history of or evidence suggesting prenatal exposure to opiates, or with behavioral symptomatology consistent with NAS as defined by this committee, should be evaluated with a published, reliable tool that indicates the presence and quantifies the severity of NAS. This evaluation should be initiated within 2 hours of delivery in the case of known opiate exposure, or anytime behavioral symptomatology emerges, and repeated on an inpatient basis every 3 to 4 hours for at least 5 days before the infant is discharged. This can be done while the infant is rooming in with the mother during her hospital course of stay. It is recommended that (1) all physicians, APNs, and nursing personnel are thoroughly trained on the assignment of an abstinence score using the chosen NAS tool, and (2) inter-rater reliability be measured within each hospital at least on an annual basis. If validated NAS scoring tools become available, they should be implemented.
1st, Jodi Hoskins, 2nd Ira Chasnoff

4. Motion to recommend that all infants with history, signs, or symptoms due to prenatal opioid exposure should be referred for early intervention evaluation and subsequent services as indicated. It is recognized that all infants affected by prenatal substance exposure require early intervention evaluation.
1st Ira Chasnoff, 2nd Jodi Hoskins

5. Motion to adjourn.
1st Ira Chasnoff, 2nd Jodi Hoskins

Agenda Items

Old Business--Neonatal Screening Literature Review

- Mary Puchalski reviewed neonatal screening literature and shared her findings with the Committee.
- Ms. Puchalski's review included overviews of the validity, reliability, and theoretical underpinnings of the following neonatal screening tools:
 - Finnegan Neonatal Abstinence Severity Score (FNASS)
 - Modified Finnegan Neonatal Abstinence Severity Score (MFNASS)
 - MOTHER score
 - Neonatal Drug Withdrawal Scoring System
 - Ostrea System
 - Neonatal Narcotic Withdrawal Index (NNWI)
 - Neonatal Withdrawal Inventory (NWI)
- Ms. Puchalski's review indicates that none of the current tools have validity. Thus, it seems that using these tools as a sole mechanism for diagnosis oftentimes over-treats an infant with pharmacologic therapies.
- The Advisory Committee thus decided it will be important to ensure that the diagnosis of NAS in a newborn does not solely rely on a positive neonatal screen assessment utilizing a neonatal screening tool.

ILPQC Presentation

- Patti Lee King from the Illinois Perinatal Quality Collaborative(ILPQC) joined the call at 1:45pm to share an update on ILPQC's plans to engage in NAS work in hospitals.
- ILPQC is a group that works to improve outcomes for moms and babies through hospital quality improvement projects. Namely, they help hospitals implement best practices related to care for moms and infants.
- ILPQC plans to launch a quality improvement initiative related to hospital protocols and best practices around NAS. This quality improvement initiative would span all 112 hospitals within ILPQC's network.
- Ms. King shared that ILPQC would like to work in partnership with the NAS Advisory Committee, as this Committee has been charged with developing recommendations around protocols and trainings for hospital staff.
- Jodi Hoskins shared that representatives from the NAS Advisory Committee and ILPQC met in early February to discuss potentially working together. It's important that the NAS Advisory Committee give recommendations before ILPQC begins developing and implementing their project.
 - Thus, IDPH and the Committee Co-Chairs recommend that the NAS Advisory Committee increase the frequency of meetings. The Committee was amendable to this suggestion.

- The NAS Advisory Committee, in conjunction with Ms. King, began brainstorming recommendations to hospital staff. In order to engage in this work, the Committee wanted to review the work of other states, so they turned to the next item on the agenda.

*Uniform Process of ID-ing NAS and Protocols and Training for Hosp. Staff --State Process Review
Indiana*

- Jodi Hoskins and Christine Emmons reviewed Indiana's process for uniformly identifying NAS and the state's protocols and training for hospital staff. Indiana recommends the following:
 - Providers should routinely conduct one standardized/validated verbal screening during a woman's pregnancy.
 - Providers, based on their own discretion, should offer a toxicological screening with the consent of the patient.
 - Hospital personnel should conduct a standardized/validated verbal screening for all women presenting for delivery.
 - Hospital personnel should conduct a toxicology screening if:
 - A woman has positive or unknown prenatal toxicology screening results.
 - A woman has a positive verbal screen when presenting for delivery.
 - Newborns should receive a toxicological screening if the mother was identified at-risk or had positive toxicological results. A newborn sample may include urine, meconium, or umbilical cord.
 - Hospital personnel should also use the Modified Finnegan Scoring Tool when diagnosing NAS.

Florida

- Jodi Hoskins and Christine Emmons also reviewed Florida's process for identifying NAS and the state's protocols and training for hospital staff. Florida focused their recommendations on prevention efforts, while Indiana focused their recommendations on hospital and newborn protocols. Florida recommends the following:
 - Screening as early in pregnancy as possible for all women to avoid bias via tools like the 4P's and CRAFFT.
 - Hospital personnel should use the Finnegan Scoring Tool when diagnosing NAS.

Ohio

- Dr. Ellen Mason reviewed Ohio's process for identifying NAS and the state's protocols and trainings for hospital staff. Ohio recommends the following:
 - Universal screening in pregnancy by provider using a validated instrument such as the 4P's or CRAFFT.
 - Hospital personnel should conduct a standardized/validated verbal screening for all women presenting for delivery. Positive verbal screens should be followed by maternal urine toxicology screens.

- In 2013, the Cincinnati region launched a universal toxicology testing program.
- In hospitals that perform universal maternal urine screens, all positive screens are followed up by neonatal urine and meconium screenings.
- Ohio funds a \$4.2 million quality improvement initiative to provide treatment to pregnant and postpartum mothers with opiate dependency in four counties.
- The Ohio Perinatal Quality Collaborative launched an NAS project to increase identification of infants with NAS in the NICU. Training courses were implemented for nursing staff with intensive training of "super users" to serve as in-house experts. Through this project, inter-rater reliability of Finnegan tool improved, average NICU length of stay reduced from 36 to 21 days, and there was improved identification of NAS.

Tennessee

- Dr. David Soglin reviewed Tennessee's process for identifying NAS and the state's protocols and trainings for hospital staff. Unfortunately, he was not able to attend the meeting, so the Advisory Committee reviewed a document he sent along. Tennessee recommends the following:
 - Tennessee engages in mandated reporting; however, it is explicitly stated that a diagnosis of NAS does not mean that there is a tie to a DCFS report.
 - Dr. Chasnoff mentioned that this might contradict federal law as outlined in CAPTA.
 - A diagnosis of NAS is not defined by the state of Tennessee. However, the state does generate weekly reports of NAS diagnoses in the state.

Follow Up Conversation/Discussion

- Following the review of other states' processes, the Advisory Committee broke into small groups to wordsmith recommendations related to maternal verbal/dialogue screenings, NAS identification and treatment, and treatment of NAS outside of the hospital. The small groups reconvened into one large group to review and edit the proposed recommendations.
- Dr. Chasnoff made a motion to recommend substance use screening using a validated verbal or written questionnaire for all pregnant women. At a minimum, this screening should occur at their first prenatal visit and when presenting for evaluation of labor or for delivery. Toxicology screening should always be considered if it would help guide clinical management. Ms. Hoskins seconded this motion and it was unanimously accepted by the Committee.
- Ms. Hoskins made a motion to recommend all newborn infants with history of or evidence suggesting prenatal exposure to opiates, or with behavioral symptomatology consistent with NAS as defined by this committee, should be evaluated with a published, reliable tool that indicates the presence and quantifies the severity of NAS. This evaluation should be initiated within 2 hours of delivery in the case of known opiate exposure, or anytime behavioral symptomatology emerges, and repeated on an

inpatient basis every 3 to 4 hours for at least 5 days before the infant is discharged. This can be done while the infant is rooming in with the mother during her hospital course of stay. It is recommended that (1) all physicians, APNs, and nursing personnel are thoroughly trained on the assignment of an abstinence score using the chosen NAS tool, and (2) inter-rater reliability be measured within each hospital at least on an annual basis. If validated NAS scoring tools become available, they should be implemented. Dr. Chasnoff seconded this motion, and it was unanimously accepted by the Committee.

- Dr. Chasnoff made a motion to recommend that all infants with history, signs, or symptoms due to prenatal opioid exposure should be referred for early intervention evaluation and subsequent services as indicated. It is recognized that all infants affected by prenatal substance exposure require early intervention evaluation. Ms. Hoskins seconded this motion and it was unanimously accepted by the Committee.
- The Committee decided they would continue the conversation around recommendations for developing a uniform process for identifying NAS and protocols and trainings for hospital staff at their next meeting.

New Business

Reporting NAS Data

- Due to time constraints, the Committee decided to launch into this conversation at the next NAS Advisory Committee meeting.

IDPH March of Dimes Application

- Dr. Bennett and Ms. Fornoff shared information about a March of Dimes grant application IDPH is submitted around data standardization and NAS. They asked if the group would feel comfortable signing a letter of support for this grant application. The group agreed.

IDPH Update

ILPQC Update

- As mentioned during the ILPQC presentation, the NAS Advisory Committee will be working with ILPQC to develop recommendations around protocols and trainings for hospital staff. The two groups will be in communication as ILPQC implements their quality improvement project.

Revised Meeting Schedule

- As discussed earlier in the meeting, IDPH and the Advisory Committee Chairs recommend meeting more frequently as ILPQC develops and implements their quality improvement project. The Committee agreed to this.
- Brielle will send a doodle poll regarding a meeting time prior to the previously scheduled July 20 meeting.

Adjournment

Dr. Chasnoff moved for the meeting to be adjourned. This was agreed upon by Jodi Hoskins at 5:56 P.M. on Thursday, March 2, 2017.