

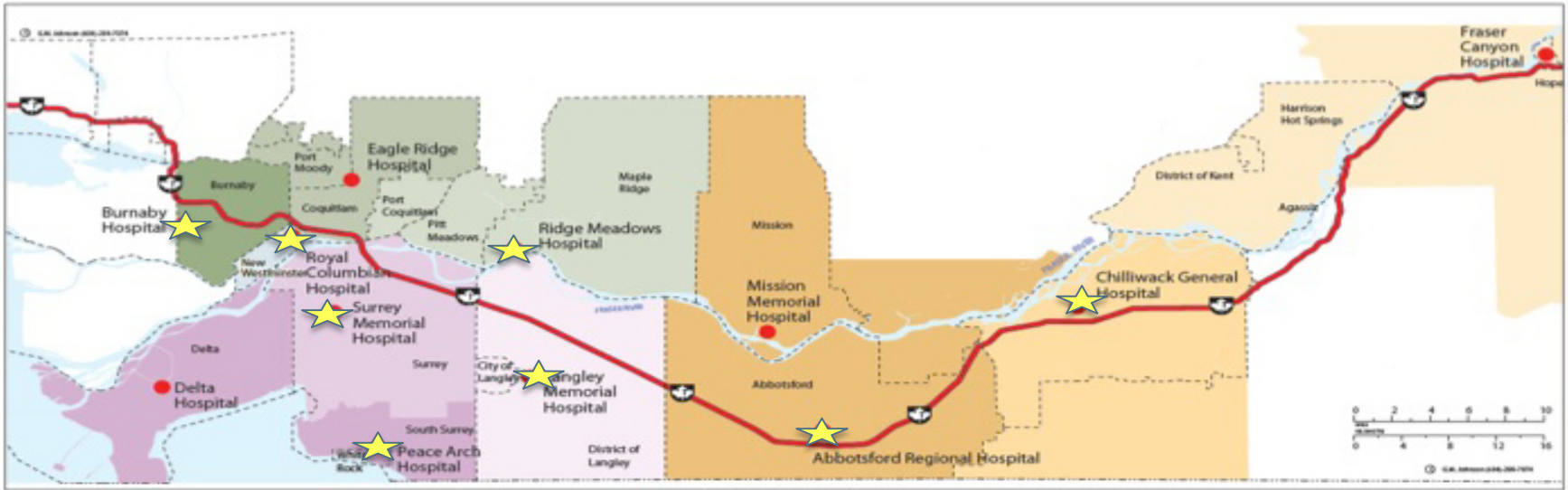
# Eat, Sleep, Console – Strategies for Implementation Planning

Healthy Mothers, Healthy Babies 2020

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Maternal,  
Infant,  
Child Youth  
Program

8 Perinatal  
5 NICU  
4 Pediatric  
Units

30% of BC's  
Births  
~ 16, 000  
Births/yr

Tertiary  
Services:  
New West  
Surrey

## Review of Fraser Health Newborns Exposed to Opioids in Utero

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### Background

- Increase in Neonatal Abstinence Syndrome (NAS) cases in Canada
- Traditionally, newborns are assessed using the Finnegan Neonatal Abstinence Scoring System (FNASS), which includes central nervous system, metabolic, respiratory, and gastrointestinal disturbances
- Regular treatment of NAS includes morphine with adjunct therapy (e.g. phenobarbital) if necessary, which prolongs length of stay as it includes a weaning-off period
- The ESC protocol (Grossman, 2017) focused on a "common-sense" approach that prioritized non-pharmacological treatments and dyad care for NAS and saw significant results:
  - Decreased number of newborns with NAS treated with morphine
  - Decreased average length of stay
  - Decreased cost of treatment

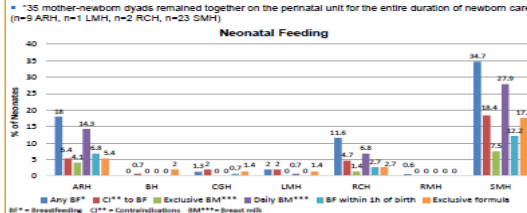
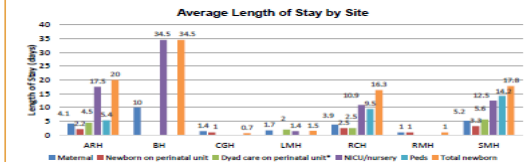
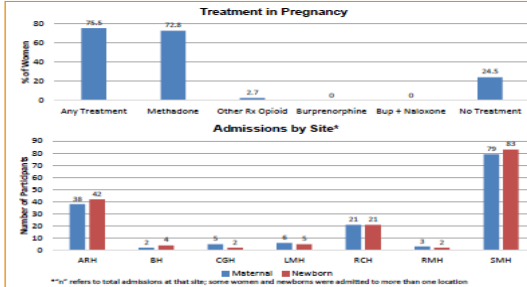
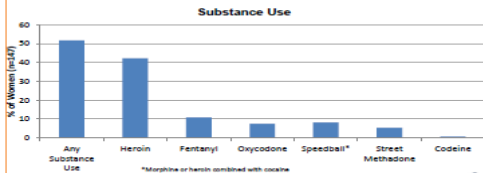
### Methods

- Design: Chart review
- Inclusion: Opioid-exposed mother-newborn pairs in Fraser Health
- April 2015 to March 2017
- Objectives:
  - To characterize mothers using opioids during pregnancy
  - To characterize hospital stay of newborns exposed to opioids in utero

\*Thanks to the UBC Directed Studies Students for completing chart review

### Results

- 147 mother-newborn pairs
- Mothers:
  - Average maternal age: 29.6 years
  - Average maternal length of stay: 4.3 days
  - 43% deliveries by cesarean section
  - Average Gravidity 4 Parity 1
- Newborns:
  - Average gestational age: 37 weeks (range 28 to 41 weeks; 14 < 34 weeks)
  - Average birthweight: 2917g
  - Average newborn length of stay: 18 days



### Results

Average Finnegan Scores for 1=7 days in NICU	
Highest	12.9
Lowest	3.31

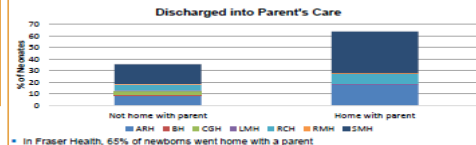
Average Sleep Scores in Perinatal Unit	
Highest	2
Lowest	0.4

Average Scores for "Excessive" or "Continuous" High Pitched Cry in Perinatal Unit	
Highest	1
Lowest	0.1

- 52% (n=76/147) of newborns received morphine therapy
- Grossman (2017) reported 98% (54/55) of newborns received morphine prior to implementing ESC

Morphine Treatment					
Site*	Receiving morphine therapy by site	Average day of life initiation	Average duration (days)	Average peak dose (mg q3h)	Requiring adjunctive treatment
ARH (n=20)	25 (62%)	2.1	25.1	0.23	0
BH (n=2)	3 (75%)	1.7	47.7	0.2	0
CGH (n=2)	0	0	0	0	0
LMH (n=2)	0	0	0	0	0
RCH (n=2)	8 (40%)	1.9	24.6	0.13	0
RMH (n=2)	0	0	0	0	0
SMH (n=79)	40 (51%)	2	22.8	0.14	7 (9%)

\*\*n refers to total admissions at that site; some newborns were admitted to more than one location



### Limitations

- Reliance on self-reporting of substance use

### Conclusion

- 75.5% of women received treatment in pregnancy, primarily methadone therapy
- Pharmacological treatment (morphine) is currently the backbone of NAS treatment and separation of mother-newborn dyads is common
- Average newborn length of stay was 18 days
- Non-pharmacological dyad care with assessment of eating, sleeping, & consolability are underutilized and could have a positive impact on patient experience, length of stay, NICU admission, proportion of newborns requiring morphine, and cost of care.

## Step 2

# Identify Your Opportunities

Location	LOS	Treated with morphine	Dyad Care
New Haven Baseline	22.4	98% (54/56)	N/A
New Haven Eat, Sleep Console approach	5.9	14% (6/14)	80% (35/44)
Fraser Health Baseline	18	52% (76/146)	24% (35/144)

FH is already half way there, but there is room for improvement

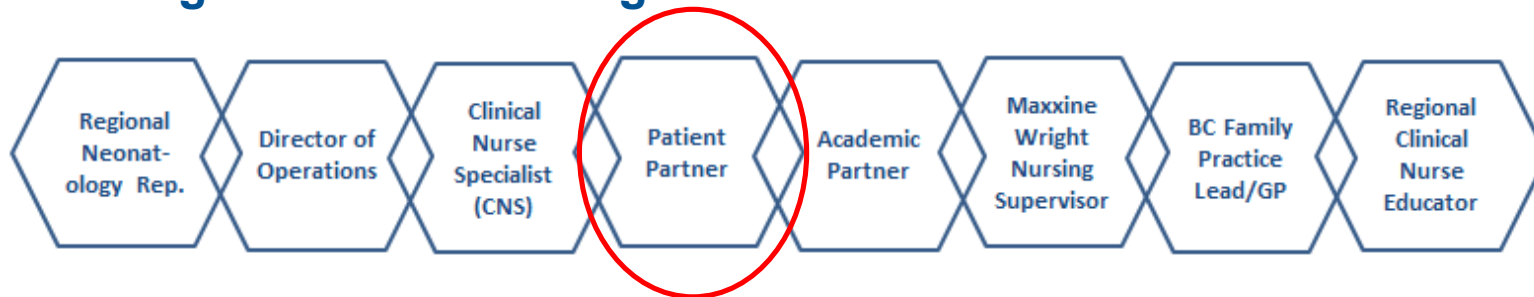
- Improve patient experience (TIC)
- Increase dyad care
- Decrease newborn LOS
- Decrease morphine therapy
- Improve breastfeeding rates
- Decrease NICU admissions (optimize resource utilization/decrease cost of care)
- ARH, SMH, RCH 94% of deliveries (focus for implementation)



Step 3

# Assemble a Steering Committee

## FH Regional ESC Planning Committee



### GOAL

To support local site teams to create an high level implementation plan for the Eat Sleep Console model of care

### OBJECTIVES

- Clarify project context and scope
- Determine objectives and deliverables of site core teams
- Develop agendas for 2 site core team meetings



# Patient Perspective



User Experience

Design

# Establish a Vision

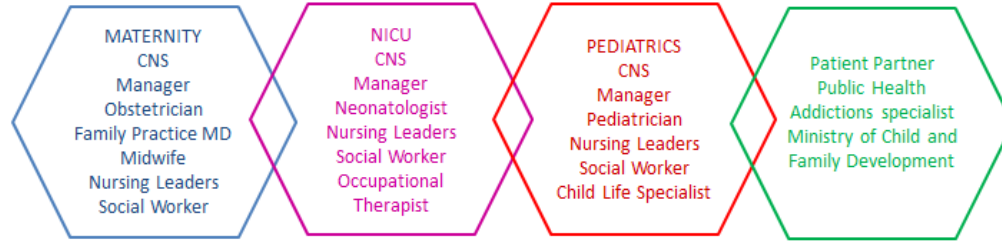
## FH Regional Guiding Principles

- Mothers and their newborns stay together whenever possible
- All health care providers use respectful trauma informed care
- Recommendations are evidence informed
- Continuity of care providers
- Early collaborative care planning
- Parents/caregivers non-pharmacological care is first line treatment
- Deliver care as close to home as possible

## Step 4

# Assemble Site Teams

## Membership of FH Site Teams



## GOAL

To support each site team to create a local implementation plan for the Eat Sleep Console model

## OBJECTIVES

- Determine location of dyad care
- Identify operational facilitators and barriers
- Draft site implementation plan
- Identify knowledge translation needs and activities (ESC and TIC philosophy)



Step 5

# Site Meeting #1 – Meeting Preparation

## Recommended

1. Watch - Gabor Mate Presentation. Watch from minute 5 to 12. (7 minutes)  
<https://www.youtube.com/watch?v=sBtklSnf2wE&feature=youtu.be>
2. Watch – What is Trauma Informed Care? (3:30 minutes)  
<https://www.youtube.com/watch?v=fWken5DsJcw&feature=youtu.be>
3. Watch – Brene Brown empathy vs. Sympathy (3 minutes)  
<https://youtu.be/1Evwgu369Jw>
4. Read - Grisham et al., (2019). Eat, Sleep, Console Approach: A Family Centered Model for NAS. *Advances of Neonatal Care*, 19(2), 138-144.

## Optional

5. Watch Dr. Andrew Berkwitt Webinar – NAS: Rethinking our Approach (75 minutes) <http://www.dandlelion-webinars.com/aug-webinar-resources-2018/>

# Site Meeting #1 – Set the Stage

## FOCUS

Provide foundational information to prepare team for developing a collaborative plan in meeting 2

## AGENDA

- Welcome & guidelines for working with patient partners
- Current state & baseline data
- Overview of Eat Sleep Console model
- **One mother's experience**
- Introducing trauma informed care
- **Prepare for meeting #2 – reflect and complete homework assignment in advance of second meeting**



<https://www.youtube.com/watch?v=hO8MwBZI-Vc>

**Plan for 2 hours**

# Eat, Sleep, Console Required Components

1. Women feel safe, supported and respected
2. Antenatal referrals & teaching about eat, sleep, console
3. Dyad Care – keep mom & baby together for duration of hospital stay (min 5-7 days)
4. Breastfeeding support
5. Functional assessment of baby's ability to eat, sleep, & console
6. Non-pharmacological management as 1<sup>st</sup> line treatment
7. Pharmacological management as 2<sup>nd</sup> line treatment – in addition to 1<sup>st</sup> line, not in place of
8. Limit # of transitions in the patient journey - Continuity of care



# Prepare for meeting #2 – Homework

## 1. As a (Perinatal/NICU/Pediatric) team:

- a) what is in place to achieve each required component?
- b) what is needed to achieve each required component?

## 2. As a (your profession):

- a. What education is needed for you to have the knowledge to achieve each required component?
- b. How do you want to receive this knowledge?

Site Core Team - Eat, Sleep, Console Planning

For each required component, as a (Perinatal/NICU/Pediatric) team:

	What is in place to achieve this?	What is needed to achieve this?
1. Women feel safe, supported and respected – trauma informed care		
2. Antenatal referrals & teaching about eat, sleep, console		

**Plan for 5 minutes**

Step 6

# Site Meeting #2 – Planning

## FOCUS

Develop implementation plan for Eat Sleep Console (knowledge needs & logistics) within site context

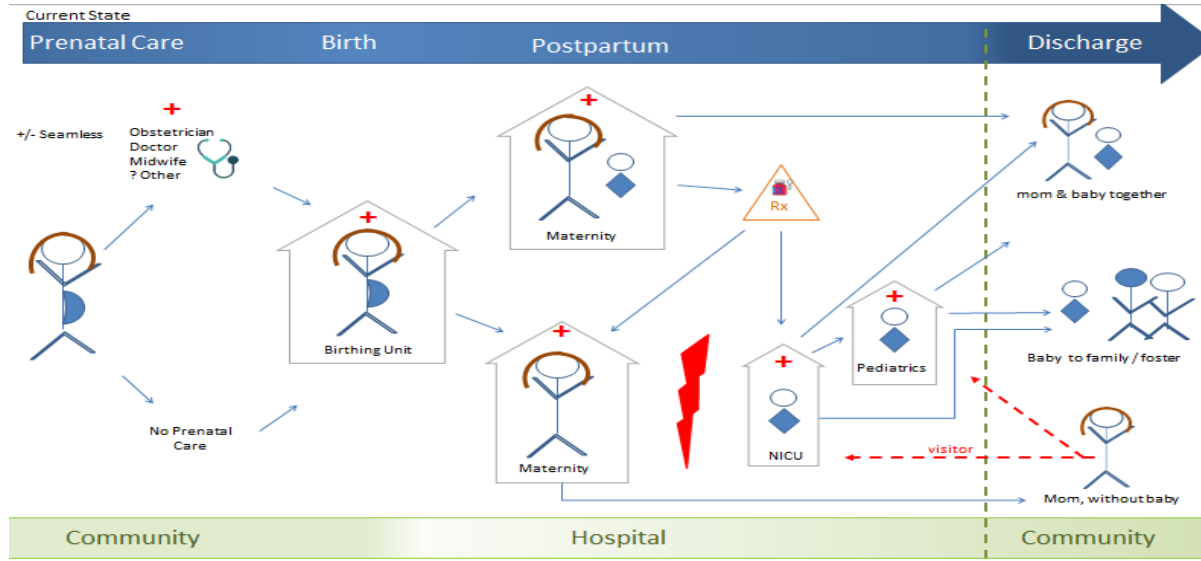
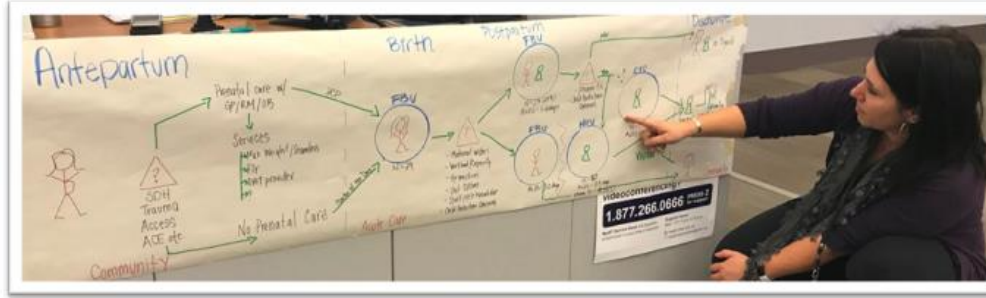


## AGENDA

- Patient Journey – Current State
- Stream Work – Can you achieve the ESC Components?
- Stream Report Out – Make your argument - Can you achieve the ESC Components?
- Stop-light Activity
- Patient Journey – Envisioning Future State
- Knowledge Translation Needs – Professional Groups

**Plan for 3 hours**

# Patient Journey - Current State



**Plan for 5 minutes**

# Stream Work - Can you achieve the required components of Eat, Sleep, Console?

- ACTIVITY** 1. Divide into streams (Perinatal – NICU – Pediatrics)
2. As a group, use your homework to answer the following questions on the chart paper for each of the components
  3. Prepare to report out as a group

## **QUESTIONS**

1. **Are you doing it?** Yes, Kind of, No
2. **Can you do it?** Yes or No
3. **What do you need to do it? Or What do you need to do it better?**

**Plan for 30 minutes**

# Stream Report Out – Make your argument

## - Can you achieve the ESC Components?

Convince us if and how your stream can support mothers and their newborns using the Eat, Sleep, Console Components

**Perinatal – Blue**

**NICU – Purple**

**Pediatrics – Red**

**Plan for 30 minutes  
(10/stream)**

(plan 10 minutes/stream)



# Stop Light Activity



**Red:**  
can't occur

**Yellow:**  
maybe be able to  
occur

**Green:**  
can occur

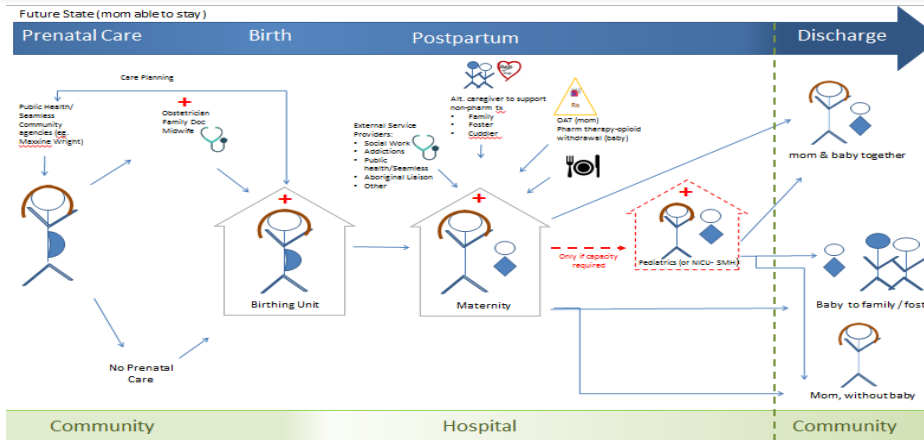
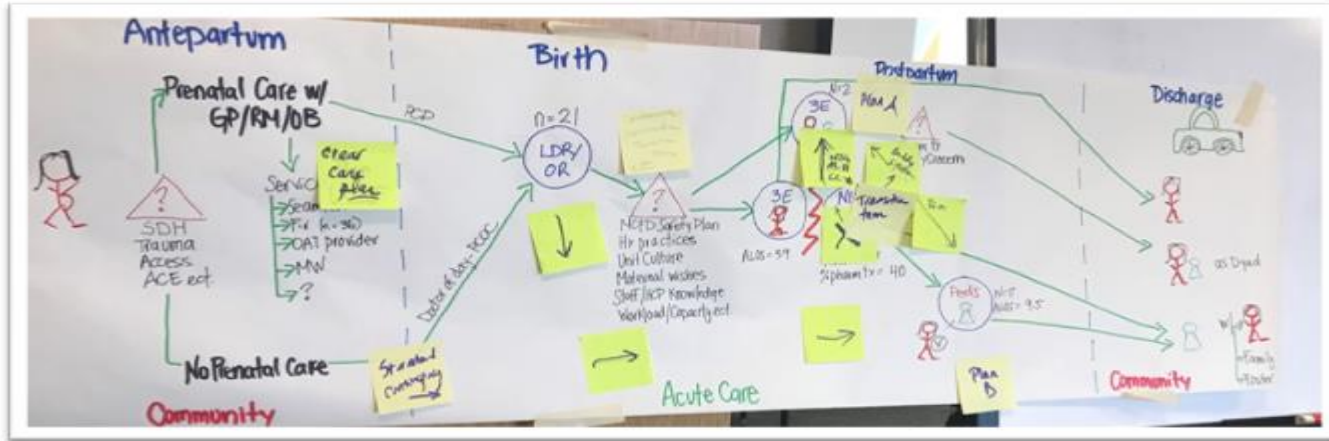
Use the red, yellow and green stickers, to indicate the feasibility of each component occurring on that unit.

Put a sticker in each box.

COMPONENT	PERINATAL	NICU	TEEN/AD
WOMEN FEEL SAFE, SUPPORTED + RESPECTED PAIN/INFORMED CARE	Green	Green	Green
ANTENATAL REFERRALS + TEACHING ABOUT ESC.	Green	Yellow	Yellow
DIAD CARE	Green	Red	Green
BREASTFEEDING SUPPORT	Green	Green	Green
FUNCTIONAL ASSESSMENT OF BABY'S ABILITY TO E.S.C.	Green	Green	Green
NON PAREN 1 <sup>ST</sup> LINE TREATMENT	Green	Yellow	Green
PHARM MANAGEMENT 2 <sup>ND</sup> LINE TREATMENT	Yellow	Green	Green
LIMIT # OF TRANSITIONS	Green	Red	Green

**Plan for 15 minutes**

# Patient Journey - Envisioning Future State



Plan for 30 minutes

# Knowledge Translation Professional Group Brainstorming

With the future patient journey in mind....

As a professional group, use your homework to  
brainstorm

1. What do you need to know? (educational needs)
2. How do you want to receive the information?

Prepare to report out as a group

**Plan for 20 minutes**

# Thank You

Questions

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