INTRODUCTION
• This project was completed as part of the Maternal-Child Health Nurse Leadership Academy (MCHNLA) with support from SIGMA and program sponsor Johnson & Johnson.
• In-state opioid exposures continue to rise nationally. Infants at risk for Neonatal Abstinence Syndrome (NAS) often experience extended, length of stay in critical care units, and increased costs of care.
• New research suggests that functional based assessment of NAS could reduce opioid medication exposure rates and improve outcomes.

BACKGROUND
The purpose of this IRB exempt quality improvement project was to use functional based nursing interventions to support the neonate in an effort to:
• Reduce the number of infants treated pharmacologically for NAS and thus infants exposure to opioids.
• Reduce Length Of Stay.
• Reduce cost/case.

METHODS
A Multi-Disciplinary team was formed to understand the goals and program sponsor Johnson & Johnson.
• 4 hours of ESC education was provided to nursing caregivers, including a pre-test to determine learning outcomes.
• Support resources were created to expand knowledge, including: developmental aids and care, comfort measures were noted on post-test results. Knowledge about when it is appropriate to assess a sleeping infant increased from 68.7% to 91.6% after education. In addition, staff better understood the timeline to assess NAS as evidenced by an increase in correct responses from 45.7% to 82.2%.
• Case. After implementation of the ESC assessment tool, the average number of morphine doses administered to treat NAS decreased from 48 to 9. This decrease has significant implications due to both cost avoidance and exposure to opioids in the neonate.
• Length of stay for those infants with NAS related diagnosis declined from 10-48 days to 6-5 days.
• The overall direct cost of care declined from $570,183 to annualized costs of $328,430.

RESULTS / OUTCOMES
• The project resulted in improvement of both staff knowledge and care of infants with NAS. Post intervention data 4th quarter 2018 was compared to baseline data 1st through 3rd quarter 2018.
• Knowledge. Significant improvements in the caregivers’ knowledge about withdrawal symptoms, ways to console, and adequate

CONCLUSIONS
The outcomes of this project appear to support that the ESC model allows the caregiver to accurately address withdrawal symptoms while still providing supportive care to infants with NAS. Using the ESC tools appears to lead to decreased lengths of stay, decreased cost of care, and overall reductions in exposure to morphine.

LEADERSHIP JOURNEY

BENEFICIARIES IMPACTED BY THIS WORK
• General medicine physicians 100
• Obstetricians 80
• Pediatricians 100
• Other physicians 75
• Nurses 600
• Community Health workers 10
• Health educators 5
• Health care administrators 10
• Patients 5000

TOTAL 5980

LIMITATIONS / UNANTICIPATED OUTCOMES
• Elevated perception of care given to those with NAS
• Perceived change in stigma for those with Substance Use Disorder (SUD)
• Increased verbal staff satisfaction with ESC model
• Local schools of nursing including ESC in curriculum
• Volumes in NICU declining which has caused revenues to decrease

REFERENCES

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Angela M. Bratina, MSN, RN, FNP-BC, NE-BC, Fellow
Marianne Benjamin, DNP, RN, CNS, NE-BC, Mentor
Margaret Sharon Harris, MSN, RN, NEA-BC, Faculty Advisor

‘Eat, Sleep, Console’ to Reduce Opiate Exposure and Cost of Care in Neonates

Joel Johnson
Foundation

Reducing Care to Family
Reducing Care to Family

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SIGMA MCHNLA

On October 1, 2018, Franciscan Health Indianapolis replaced its current assessment tool (Finnegan Neonatal Abstinence Scoring Tool: FNAST) with the ESC (Eat, Sleep, Console) functional based scoring tool for determination of treatment planning.

The cohort of patients reviewed for outcomes were those >36 weeks gestation with a primary or secondary NAS related diagnosis.

The project resulted in improvement of both staff knowledge and care of infants with NAS. Post intervention data (4th quarter 2018) was compared to baseline data (1st through 3rd quarter 2018).

Knowledge. Significant improvements in the caregivers’ knowledge about withdrawal symptoms, ways to console, and adequate

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