Program Expansion Application Instructions

Overview of MAiN

Over the past decade, a clinical team led by Dr. Jennifer Hudson at Prisma Health Greenville Memorial Hospital has developed, implemented, and evaluated the Managing Abstinence in Newborns (MAiN) model of care to provide early pharmacologic therapy to otherwise healthy newborns at highest risk for neonatal abstinence syndrome (NAS). The MAiN model incorporates a multidisciplinary, coordinated, and family-centered approach that facilitates collaboration among those caring for opioid-dependent mothers and their newborns.

Key Components of the MAiN treatment model include:
- Early initiated pharmacologic treatment within 48 hours of birth for qualified newborns
- Rooming-in with mother, or care in Level 1 nursery when mother is not able to room in
- Combined inpatient/outpatient medication weaning

A multiyear analysis found the MAiN model to be safe, effective, and cost-effective. MAiN babies have shorter hospital stays and lower hospital charges compared with NAS babies treated using other models. MAiN babies have not experienced unusual safety events and do not have an increased risk of readmission.

Partnership Opportunity

With the support and partnership of the South Carolina Department of Health and Human Services, the MAiN Program Administrators will partner with 10 birthing hospitals across the State of South Carolina over the next five years to implement the MAiN model at their facilities.

During this multiyear expansion project, partner hospitals will receive on-site training, access to online training modules and resources, ongoing support during model implementation, and up to $30,000 in funding to support implementation start-up costs. In return, partner hospitals agree to dedicate adequate staff time and resources necessary to implement the model and to provide timely, accurate, case-specific data to the program administrators.

Application Instructions

Hospitals that wish to be considered as a MAiN expansion site must follow the application process:

Step 1: Complete the self-appraisal and written application and obtain required signatures.

Step 2: Return the fully completed, signed application and self-appraisal to the MAiN Program Coordinator via email to katie.howle@prismahealth.org or via fax to 864-455-4241.

Applicant Information		
Facility Information	Name	
	Address	
Contact Person	Name	
	Position	
Contact Information	Phone	Fax
	E-mail	

Part I: Facility Self-Appraisal

The self-appraisal contains four sections. Please provide answers that reflect current (not planned) facility operations. Answers will NOT impact eligibility for participation in MAiN expansion.

Section 1	Build a multi-disciplinary team that is dedicated to improving care for newborns at risk for opioid withdrawal.	Yes	No
		Yes	No
1.1	Does the facility have a collaborative relationship with obstetric providers who deliver newborns in the hospital?		
1.2	Does the facility have a collaborative relationship with community providers who care for newborns after discharge?		
1.3	Can the facility identify a newborn provider champion who will be dedicated as the team lead for implementing the MAiN model?		
1.4	Can the facility identify a nursing champion who will be engaged with implementing the MAiN model?		
1.5	Does the facility employ a case manager or social worker dedicated to maternal, newborn and/or pediatric care?		
1.6	Does the facility provide any of the following services for newborns?		
a	*Physical therapy*		
b	*Occupational therapy*		
c	*Speech therapy*		

Section 2	Establish written policies related to the identification and care of substance-exposed infants that are routinely communicated to health care staff, including those working on the Mother/Baby Unit.		
		Yes	No
2.1	Are your newborn providers and nursing staff accurately identifying maternal factors that may lead to cases of neonatal abstinence syndrome?		
2.2	Does your facility have a written policy that establishes a standard of care for infants with substance exposure and potential substance dependence?		
2.3	Does your facility use a validated scoring tool (such as Finnegan or Lipsitz) to measure NAS symptoms and specify frequency of scoring?		
2.4	Does your facility define a minimum length of stay for substance-exposed newborns?		
2.5	Does your facility define an initial level of care for substance-exposed newborns?		
2.6	Does your facility define criteria for the transfer of an infant with neonatal abstinence syndrome to a higher level of care?		
2.7	Does your facility have criteria for drug screening both mothers and newborns in the hospital?		
2.8	Does your facility outline expectations for documentation of social and behavioral concerns related to potentially substance-exposed infants?		
2.9	Does your facility provide staff training related to the care of substance-exposed infants?		
	If yes, does the training include the following elements:		
a	*NAS Scoring*		
b	*How to recognize signs and symptoms of neonatal abstinence syndrome*		
c	*Administration of medication for opioid withdrawal*		
d	*Soothing strategies for symptomatic newborns*		
e	*How to provide supportive environmental care*		
2.10	Does your facility's infant feeding policy include contraindications for breastfeeding related to substance exposures?		

Section 3	Maintain a hospital environment that can support cost-effective low-acuity care for opioid-dependent newborns.	Yes	No
		Yes	**No**
3.1	Does the facility have central cardiorespiratory monitoring for maternity rooms or a patient call system that supports plug-in monitoring devices?		
3.2	Is your facility designated Baby Friendly?		
	If no…		
a	*Is your facility on the pathway to Baby Friendly designation?*		
b	*Does your facility practice nursing couplet care?*		
c	*Does your facility practice rooming-in on a 24-hour basis?*		
3.3	Does the facility allow an extended stay for mothers whose newborns require prolonged stay for medical problems?		
3.4	Does your facility have an outpatient pharmacy?		
a	*If no, is there a community pharmacy nearby that would be willing to accommodate special medication requests (such as dispensing medication in oral syringes) seven days per week?*		
3.5	Does your facility's inpatient (and outpatient, if applicable) pharmacy stock methadone liquid in a 1mg/mL concentration?		
3.6	Do your newborn care providers routinely order meconium or umbilical cord drug screens on newborns with suspected substance exposure?		
3.7	Does the facility have standardized order sets for newborns with substance exposures or at risk for opioid withdrawal?		
3.8	Does your facility employ shared decision-making between the nursing staff and providers?		

Section 4	Give caregivers necessary tools to manage newborn opioid weaning after hospital discharge.	Yes	No
		Yes	**No**
4.1	Does your facility refer mothers to smoking cessation, substance abuse, and mental health services when applicable?		
4.2	Does your facility link every infant to a medical home prior to discharge?		
4.3	Do families receive written and verbal education about newborn substance exposures, when applicable?		
4.4	Does your facility arrange DHEC home nursing visits for qualified newborns?		
4.5	Do you have a Nurse Family Partnership Program in your area?		
4.6	Does your facility refer newborns exposed to opioids or illicit substances for developmental screening in early infancy?		

Part II: Facility Application

Dedicated Implementation Team Information	
Newborn Provider, practice name, and role within facility	
Nurse Lead and job title	
Social Worker or Case Manager	
Other Key Staff (List Positions)	

Facility Data	
PLEASE NOTE: If you are unable to obtain the requested data in a timely fashion, please provide an estimate using the most recent data available. Please indicate the year of data provided and indicate whether data is estimated.	
How many cases of NAS were diagnosed in your facility during the most recent 24 month period? Please include the time frame. *(Filter by ICD10 code P96.1 and gestational ages 35-42 weeks*)*	
How many mothers who delivered in your facility were coded for opioid dependence during the birth hospitalization in the most recent 24 month period (same time frame as above)? *(Filter by ICD10 code group F11)*	
How many newborn admissions per year to your mother/baby unit?	
How many newborn admissions per year to your special care nursery and NICU?	
How many newborn providers (and groups) round on your mother/baby unit?	
How many obstetricians (and groups) deliver in your facility?	
How many nurses work in your mother/baby unit?	
How many nurses work in your special care nursery or Neonatal Intensive Care Unit (NICU)?	
What system of Electronic Medical Record (EMR) do you use?	

Other codes that may reflect NAS include: P04.1, P04.49, and P04.8

1. Why are you interested in implementing the MAiN model in your facility? What primary benefits to your facility and patients do you anticipate from the implementation of the MAiN model?

2. Who are your biggest champions for implementing the MAiN model (administration, nurses, providers, patients)?

3. Please explain any current or anticipated barriers to implementation of the MAiN model (staffing, technology, training, etc.). How do you plan to overcome those barriers?

4. Selected applicants are eligible to receive up to $30,000 in one-time funding to support implementation. Please provide a proposed budget for the use of the funds and an estimated timeline for expenditure.

Acknowledgement and Approvals

The facility Director of Nursing for the Mom/Baby Unit and the facility Director of Nursing for the Neonatal Intensive Care Unit, or the person with resource allocation authority, must initial each statement and provide a signature below. If resources for mothers and newborns are allocated by different departments or administrators, both parties should be aware of and agree to the application for participation in the MAiN expansion.

Initials   **Statement**

____ ____   1. I/we the undersigned recognize that participation in the implementation of the MAiN model is a multi-year engagement and commit to dedicating adequate staff time and resources necessary for the project.

____ ____   2. I/we the undersigned agree to provide timely, accurate, case-specific data to the program administrators.

____ ____   3. I/we the undersigned recognize that failure to implement the model within a reasonable time frame, not to exceed the duration of the contractual partnership with the South Carolina Department of Health and Human Services, may result in a request for the facility to reimburse allocated funding in full. This will ensure that state funding is available for another facility committed to implementing the model.

_____   _____
Name/Title   Name/Title

_____   _____
Signature/Date   Signature/Date