

T13: Evaluating Clinical Practice Change for Neonatal Opioid Withdrawal: Psychometric Testing of the Eat Sleep Console Nurse Questionnaire

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Background & Significance: The Eat Sleep Console care model for the management of neonatal opioid withdrawal or neonatal abstinence syndrome has resulted in improved newborn outcomes including reduced hospital length of stay and amount of replacement opioid received.

Purpose: The purpose of this study was to conduct reliability testing of the Eat Sleep Console Nurse Questionnaire (ESCNQ) used in the process and outcomes evaluation of the implementation of Eat Sleep Console to manage neonatal opioid withdrawal.

Problem: APRN-led evaluation of the practice change to Eat Sleep Console for the management of neonatal opioid withdrawal relies on valid and reliable tools to assess adherence to the processes of care.

Methods: The original project evaluated the practice change through a cross-sectional questionnaire distributed to postpartum and neonatal intensive care unit nurses (N=52) using the Eat Sleep Console care model at a Baby-Friendly hospital in the northeast. In this secondary analysis, reliability testing was conducted using Cronbach's α and correlational analysis for the full ESCNQ and subscales including Knowledge (N=4), Attitudes (N=6), Perceptions (N=2), Confidence (N=3), and Processes of Care (N=14). St John Fisher University IRB deemed this study exempt.

Results: Cronbach's α did not show good internal consistency for the full ESCNQ ($\alpha=0.655$, n=28 items). Cronbach's α showed good internal consistency for the full Fidelity to Processes of Care subscale ($\alpha=0.764$; n=14 items) and its three subscales ($\alpha=0.774$, 0.793, 0.777, respectively).

Discussion/conclusions: Further psychometric testing including content validity, with a larger sample size is needed. Establishing a valid and reliable tool to evaluate processes and outcomes of the implementation of the Eat Sleep Console allows healthcare teams to understand and target areas of continued quality improvement in the care of opioid-exposed neonates.

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Key words: neonatal opioid withdrawal, Eat Sleep Console, practice change evaluation