

# PNQIN AIM

## Opioid Use Disorder in Pregnancy

### Webinar Series

August 18, 2020

Webinar 2



# ODU in Pregnancy Webinars

## Monthly Agenda Overview

12:00 - 12:05: Welcome/ Introductions

12:05 - 12:15: Updates from the teams on QI projects + collaborative

12:15 - 12:30: Brief QI teaching, Assignment

- **Bonnie Glass, RN, MN – Developing a Project AIM**

12:30 - 12:55: Guest Topics: 20 min presentations + 5 mins for questions

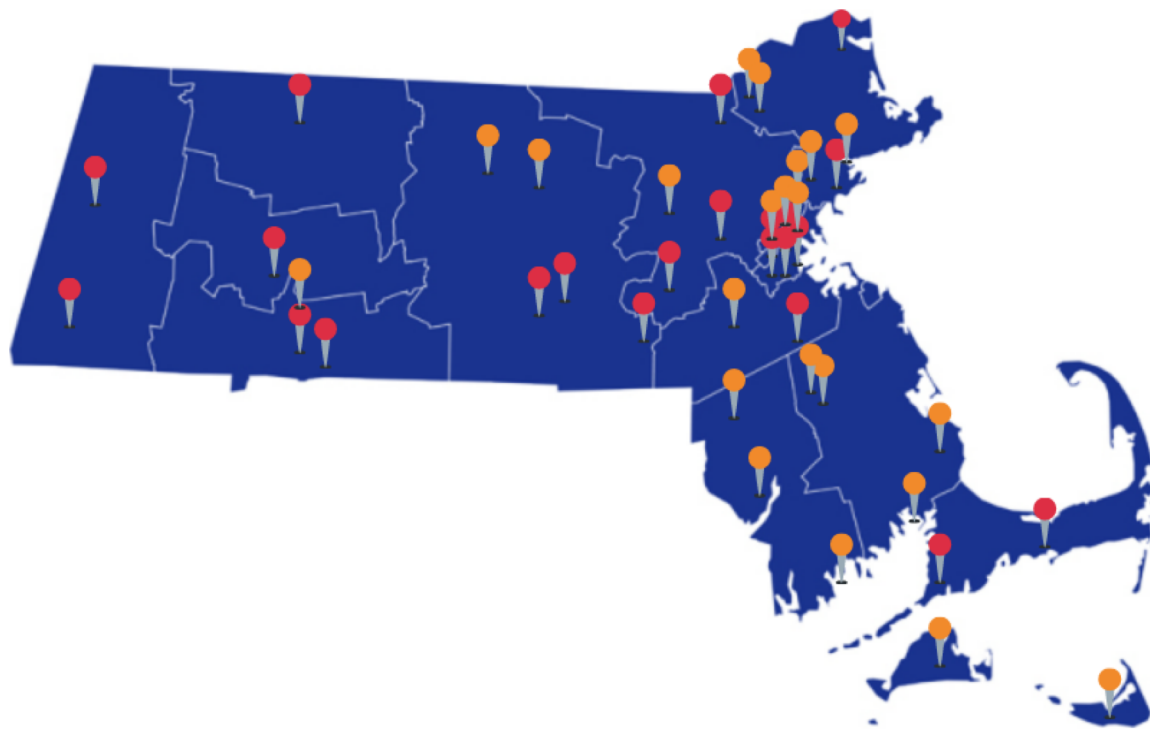
- **Brenda Casella, MSW – Plans of Safe Care**

12:55 - 1:00: Closing/ Final Comments

# Webinar Housekeeping

- We will take attendance in the chat box each month – please comment with your name and hospital
- Please mute yourselves unless you would like to contribute to the conversation or ask a question
- Utilize the "raise hand" feature or chat box to speak
- **We will record this session and upload the recording and webinar slides to our website after the call**
- We welcome feedback about the webinar content and structure!
- Please participate! We want this webinar to be helpful and collaborative!

# PNQIN AIM Wave 2 - Who's on the Line?



## PNQIN AIM OUD Wave 2 **Targeted** Hospitals

- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Brockton Hospital
- Cambridge Hospital/CHA
- Charlton Memorial Hospital
- Emerson Hospital
- Good Samaritan Medical Center
- Health Alliance Hospital
- Heywood Hospital
- Holy Family Hospital
- Holyoke Medical Center
- Lawrence General Hospital
- Martha's Vineyard Hospital
- Melrose- Wakefield Hospital
- Mount Auburn Hospital
- Nantucket Cottage Hospital
- Norwood Hospital
- St. Elizabeth's Medical Center
- St. Luke's Hospital
- Sturdy Memorial Hospital
- Tobey Hospital
- Winchester Hospital

# PNQIN Perinatal Opioid Project Leadership Team

## PNQIN

- Fifi Diop (DPH) – Grant Primary Investigator
- Audra Meadows (BWH)
- Ron Iverson (BMC)
- Munish Gupta (BIDMC)
- Kali Vitek (BMC)

## Neonatal Folks

- Elisha Wachman (BMC)
- Larry Rhein (UMass)
- Rachana Singh (Baystate)
- Davida Schiff (MGH)
- Alan Picarillo (Maine)
- Eileen Costello (BMC)

## Maternal Folks

- Katherine Callaghan (UMass)
- Leena Mittal (MCPAP for Moms)
- Laura Sternberger (Moms Do Care)
- Nicole Smith (BWH)
- Donna Jackson-Kohlin (Baystate)
- Linda Jablonski (Baystate)

## Academic and Organizational Partners

- Patrice Melvin (BCH)
- Karla Damus (BU)
- Christina Gebel (Accompany Doula Care)

## State Partners

- Fifi Diop (DPH and PI of PNQIN Grant)
- Griffin Jones (HPC)
- Michael Kelleher (OHHS)
- Debra Bercuvitz (DPH)
- Abby Taylor (AGO)
- Karen Pressman (BSAS)
- Julia Reddy (BSAS)
- Mary Lutz (DCF)
- Alissa Cruz (MassBIRT)
- Colleen Labelle (BMC)
- Julia Prentice (BLC)
- Natalia Ciesielska (BLC)

## Families

- Patricia McDonnell (Baystate)
- Julie Maida
- Meghann Perry
- Ceara McManus (Moms Do Care)

# Available Trainings

- ASAM/ACOG's Buprenorphine Waiver Trainings
  - **Upcoming dates:** September 25th and 30th; October 2nd, 9th, and 16th
  - **Register:** [https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus?utm\\_source=ACOG&utm\\_medium=Today's%20Headlines&utm\\_campaign=ACOG&utm\\_term=20TOUD](https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus?utm_source=ACOG&utm_medium=Today's%20Headlines&utm_campaign=ACOG&utm_term=20TOUD)
- MAT Waiver training for Advanced Practice Registered Nurses is offered by Providers Clinical Support System for free!
  - CE credits available
  - **Register:** <https://pcssnow.org/medications-for-addiction-treatment/waiver-training-for-nurses/>

# Webinars, Podcasts, and Videos

- ASAM National Practice Guideline 2020 Focus Update Webinar – Pregnant Women
  - Follow the link for a recording and/or slides from June 30th: <https://elearning.asam.org/products/the-asam-national-practice-guideline-2020-focused-update-pregnant-women>
- Florida PCQ video series on maternal opioid use topics with the AIM states
  - <https://files.constantcontact.com/9648b4fd601/1d443076-3f4f-430d-b60d-1dec5934d5ea.pdf>
  - <https://health.usf.edu/publichealth/chiles/fpqc/morevideos>
- ACOG District II "On the Front Line" Podcast on Opioid Use Disorder
  - Listen here: <https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/opioid-use-disorder-in-pregnancy>
- "Engaging Women with OUD in the COVID-19 Crisis" presented by Mishka Terplan, MD, MPH
  - View the webinar recording and slides under the “Archived MORE Presentations and Webinars” tab: <https://health.usf.edu/publichealth/chiles/fpqc/MORE>

# Team Updates/Check-In



# QI Webinar Topics for Next 12 months

## Date/QI Topic

7/21/20	LOUD Bundle Components Overview & Stakeholders
<b>8/18/20</b>	<b>Developing a Project AIM</b>
9/15/20	Measures for Improvement
10/20/20	Key Driver Diagram
11/17/20	Developing Interventions
12/15/20	Understanding Run Charts
1/19/21	Understanding Data Control Charts
2/16/21	Using the PDSA Cycle
3/16/21	PDSA: Making Adjustments
4/20/21	Scale and Spread Up
5/18/21	Sustainability

# QI Teaching: Developing AIM Statements

Bonnie Glass, RN, MN

# Setting the Stage



## Developing a Project Aim

Bonnell Glass, RN, MN

*Adapted from Kristen Leeman, MD*

*Boston Children's Hospital*

How do we pick a topic?

What can we do better?



# How do we pick a topic?

What can we do better?

- **Is there a process that could be more efficient?**



# How do we pick a topic?

What can we do better?

- Is there a process that could be more efficient?
- **Is there a way to deliver care more safely?**



# How do we pick a topic?

What can we do better?

- Is there a process that could be more efficient?
- Is there a way to deliver care more safely?
- **Is there a way to reduce excess steps in a process?**



# How do we pick a topic?

What can we do better?



- Is there a process that could be more efficient?
- Is there a way to deliver care more safely?
- Is there a way to reduce excess steps in a process?
- **Is there something we can modify that would make patients, their families or staff happier?**



# How do you we pick a topic?

What can we do better?



- Is there a process that could be more efficient?
- Is there a way to deliver care more safely?
- Is there a way to reduce excess steps in a process?
- Is there something we can modify that would make patients, their families or staff happier?
- **Is there an opportunity to improve patient outcomes?**

# How do you we pick a topic?

Safety

Patient Centered

Efficiency

Effectiveness

Equity

Timeliness

IOM Framework

*2001, Crossing the Quality Chasm: A  
New Health System for the 21<sup>st</sup> Century:*

*6 overarching "Aims for Improvement in  
Health Care"*

# How do we pick a topic?

- Internally – from drivers within your unit
  - Individual cases
  - Event reporting
- Externally – from comparing your performance with other centers
  - “30,000 foot” view
  - Use of comparative data, benchmarking, can risk adjust
    - VON, CHNC, NICHD NRN, MEDNAX database

Safety

Patient  
Centered

Efficiency

Effectiveness

Equity

Timeliness

Now I have a list of problems, how do I narrow it down?

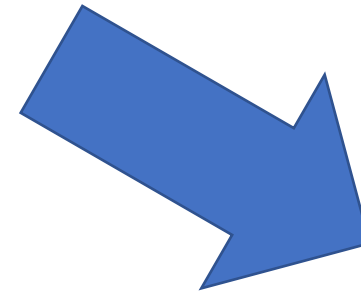
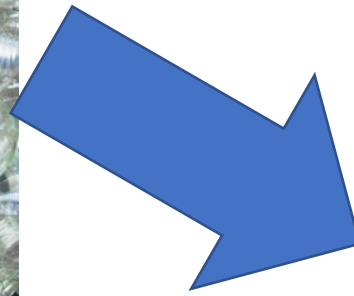


Illustration: Shutterstock.com

Now I have a list of problems, how do I narrow it down?

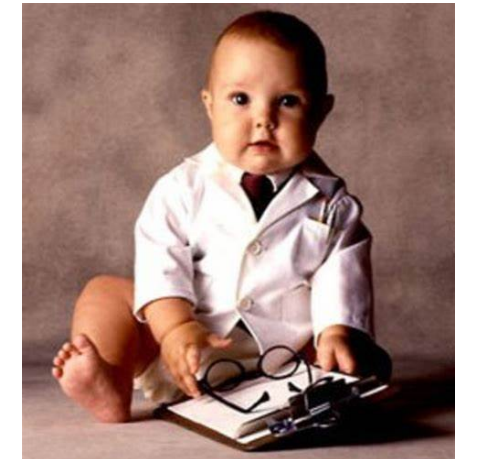


# Narrow the focus

- Review current practice, evidence-based data and perform practice comparison with centers that have
- “Good” problems can be common, modifiable, have readily available benchmarks, and are important to the team
- Joint Commission “FINER framework” can help narrow focus:
  - Feasible
  - Interesting
  - Novel
  - Ethical
  - Relevant

# Example

- When examining your center's Necrotizing Enterocolitis (NEC) rate compared to the VON network, you note your rate is significantly higher than the national benchmark.
- The team performs practice comparison with centers with low rates of NEC and notes that one difference is that those centers use donor milk in LBW infants when mother's milk is unavailable.
- The team then narrows their focus to increase the use of human milk in LBW infants by starting a donor milk program and test its affect over time



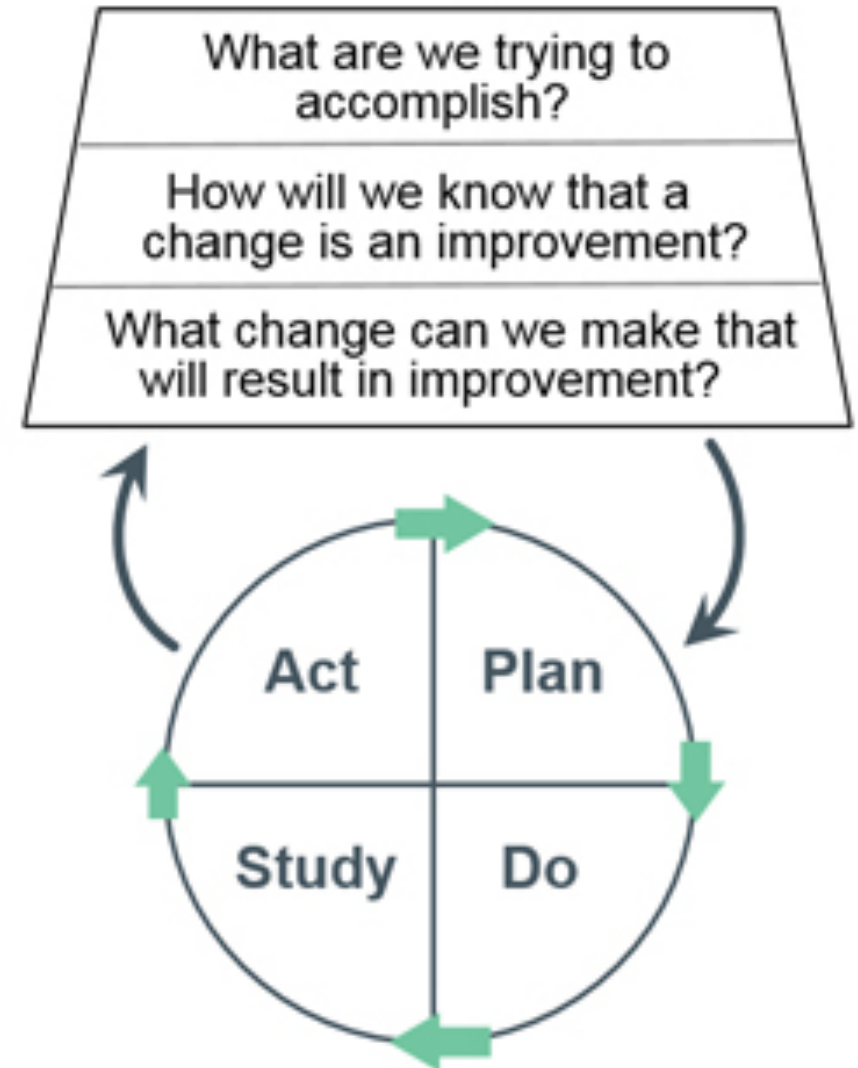
# What are we trying to accomplish?

Develop a SMART aim

The key tool to clearly define your mission

- S
- M
- A
- R
- T

## Model for Improvement





# Develop a SMART aim

- The key tool to clearly define your mission

- **SPECIFIC** 

Is the statement precise about what the team is trying to achieve?

- M

- A

- R

- T

# Develop a SMART aim

- The key tool to clearly define your mission



- **Specific**

- **MEASURABLE**



Are the outcomes measurable? Will you know if changes resulted in improvement?

- **A**

- **R**

- **T**

# Develop a SMART aim

- The key tool to clearly define your mission



- Specific



- Measurable

- ACHIEVABLE



Is this doable in the time you have? Are you attempting too much? Could you do more?

- R

- T

# Develop a SMART aim

- The key tool to clearly define your mission



- **Specific**

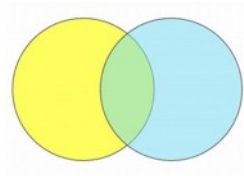


- **Measurable**



- **Achievable**

- **REALISTIC**



Do you have the resources needed?

- **T**

# Develop a SMART aim

- The key tool to clearly define your mission



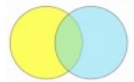
- **Specific**



- **Measurable**



- **Achievable**



- **Realistic**

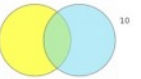
- **TIMELY**



Is the timeline identified?

# Why is a SMART Aim important?

- Clearly articulates the problem being address
  - so that, when resolved, will provide meaningful value to the patients and organization
  - Examination of current state can help define a starting point
- Provides a clear and specific goal for the team, succinct, specific
  - Nothing will improve without a clear intention to do so
  - precisely define your problem and your population
  - Includes measurement to see if change led to improvement
- Team agreement on the AIM is crucial
  - Can stimulate enthusiastic team support
  - Important to allocate people and resources necessary to accomplish the AIM



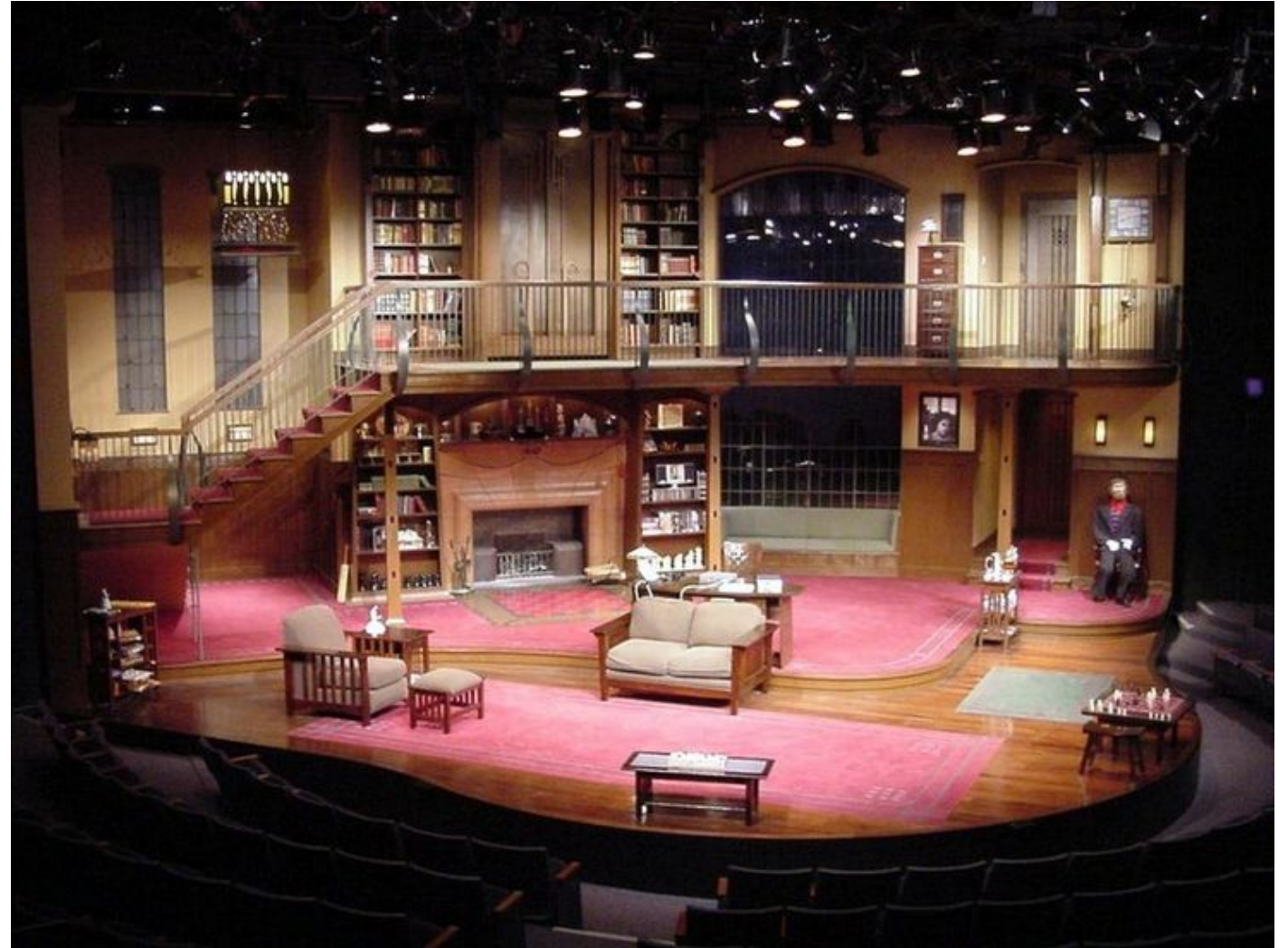
# *Example*

- A team noticed their NICU did not model compliant safe sleep practice in Level II babies nearing discharge to home.
- Initial Aim: To increase safe sleep practice in the NICU
- Not specific (who?, what?), measurable?, achievable?, realistic?, no time frame identified (over what time period?)
- SMART Aim: To increase rates of compliance with all elements of safe sleep in eligible level II NICU babies from a baseline of 50% to greater than 90% over a 12 month period



# The stage is set!

- Identify a general area to improve
- Narrow the focus
- Develop a SMART aim





# Exercises

Draft a SMART Aim for a potential future improvement project using the IHI Worksheet that was sent to you

# Guest Speaker Webinar Topics for Next 12 months

## Date/Guest Speaker Topic

7/21/20	OUD Screening Options
<b>8/18/20</b>	<b>Plans of Safe Care</b>
9/15/20	Caring for Patients with OUD
10/20/20	Linkages to Care
11/17/20	Equity Considerations in OUD care
12/15/20	Centering Patient Voice
1/19/21	OUD SMM Data
2/16/21	Early Head Start
3/16/21	MAT
4/20/21	Pain Relief During Pregnancy, Labor, Surgery & Post-op
5/18/21	SBIRT Check-in

# Guest Topics: Plans of Safe Care

Brenda Casella, MSW  
Department of Children and Families

# Plan of Safe Care

## Empowering Woman & Families in Recovery

***Brenda D. Cassella, MSW, LCSW***  
***Department of Children and Families***  
***Statewide Plan of Safe Care Coordinator***  
[\*\*\*brenda.cassella@mass.gov\*\*\*](mailto:brenda.cassella@mass.gov)



# Overview

- Understanding where POSC came from- CAPTA/CARA
- Massachusetts POSC
- What is a Plan of Safe Care? Review a document
- DCF Regional Coordinators and Resources during COVID

# 2016 CAPTA / CARA

## CARA Comprehensive Addiction & Recovery Act

- Congress amended the Child Abuse Prevention and Treatment Act, CAPTA by adding the Comprehensive Addiction and Recovery Act, CARA.(1)
- This required states to address health and substance use disorder treatment needs of the infant and family/caregiver by having a Plan of Safe Care, collecting data and monitoring.
- 2017 Massachusetts State Plan on Substance Exposed Newborns and Neonatal Abstinence Syndrome.(2)
- (1) <https://www.samhsa.gov/find-help/recovery>
- (2) <https://malegislature.gov/Reports/4724/Final%2520report>.

# Massachusetts

- DPH partners with DCF and service providers across the Commonwealth with the goal of creating integrated and collaborative partnerships for pregnant and parenting families with SUD's.
- The goal of creating integrated partnerships to positively impact the recovery and well-being of families. The process of ongoing and coordinated work throughout the perinatal period, including connecting services and supports in areas of need, to provide the best outcome for these families.

# Who creates a POSC?

- The Client and the Provider.
  - The Plan of Safe Care is a document created jointly by a pregnant or parenting woman and her provider. This is an individualized plan.
  - It is intended to empower the client in her recovery and important to be done with her.
- Intended to support coordination and collaboration of the services or supports to help her recovery and parenting the newborn. It should include the infants and caregiver's discharge referral needs for medical, behavioral, and/or developmental services.
- A tool for the client. It is to organize their care, services supports in pregnancy and recovery, which is meant to help and support collaboration among providers.



# Who are the Providers?

- It is simply someone who works with the Mom/pregnant woman/caregiver
- Any provider working with perinatal clients with substance use can help with initiating or completing the POSC such as a *recovery coaches, case managers, home visitors, doulas, Early Intervention staff, treatment providers, medical providers, and social workers.*
- Providers that have a relationship with a client/patient for 30 days or more who is pregnant or parenting(under age1) and has substance use/mis-use are encouraged to help create a Plan of Safe Care.

# When?

- Anytime during the pregnancy when the provider may be aware that there is substance use. Any substance including marijuana, alcohol, prescribed substances, MAT and non-prescribed substances that may be an exposure to the newborn.
- What can help is introducing POSC early
  - Talking with a client gently over a few visits may help the client's engagement. Providers support of coordinated care may improve a client's understanding of how having her providers work together could be better for her and her baby.
  - Any topic that has to do with substances is difficult for the client and you the provider. These topics are much more stressful on the client and may trigger feelings of shame.
- Introducing the information that DCF may be working with her and a POSC may help demonstrate her recovery services and supports.
- Best practice would be to see POSC continue into the postpartum period with the Pediatrician and treatment providers. Many Pediatrician's are now talking with parents about it.

# Plan of Safe Care and hospitals

- The Federal legislation of CAPTA/Cara reads; ***prior to infants discharge from the healthcare facility.***
  - Best practice is during the pregnancy and work is being done to have this happen as early as possible to provide the client with coordinated and collaborative care opportunities.
- POSC is intended to help the state “***ensure the safety and well being of infants following the release from care of health care providers, by 1- addressing the health and substance use disorder treatment need of the infant and affected family or caregiver;***”
- <https://www.congress.gov/bill/114th-congress/house-bill/4843>
- <https://www.mass.gov/doc/posc-cover-letter-for-community-service-healthcare-providers/download>
- <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section51a>

# Lets look at a POSC

- Share screen- Open document - [Plan of Safe Care Cover Page \(PDF\)](#)
- There is no mandatory format or style for a POSC it should include
- **Important to remember - POSC does not determine parental capacity.**
- **No one tool or piece of information can determine parental capacity.**

# DCF POSC Coordinators

- There are 5 DCF Regional Area Plan of Safe Care Coordinators and they can help with questions. Every hospital has a Coordinator.
  - Western Regional Area- James Shultis - [james.shultis@mass.gov](mailto:james.shultis@mass.gov)
  - Northern Regional Area - Ellen Kreida - [ellen.kreida@mass.gov](mailto:ellen.kreida@mass.gov)
  - Southern Regional Area- Melanie Crowley -(covering)  
[brenda.cassella@mass.gov](mailto:brenda.cassella@mass.gov)
  - Central Regional Area - Quin Rollo - [quin.rollo@mass.gov](mailto:quin.rollo@mass.gov)
  - Boston Regional Area - Sharita Fauche- [sharita.fauche@mass.gov](mailto:sharita.fauche@mass.gov)
- **See contact information separated by hospital in attachment forwarded by AIM**

# DCF

- When a 51a is called in the intake worker will ask if a POSC has been completed.
  - If so DCF will ask if the POSC can be shared with DCF?
  - The plan **may** help Intake worker facilitate contacting providers and impact screen in/out process time.
  - If no POSC then the worker will ask for the referrals for mother and baby to address needs, Substance use/mis-use, mental health or co-occurring disorders, postpartum care for medical and behavioral health, Early Intervention referral per SEN, supportive, safety, or basic unmet needs identified.
- DCF collects the data of POSC through the intake department.  
This is per the legislation of the state.

<https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter208>

# COVID & POSC; Lets talk about the impact

- Think about what it's like doing everything from home with your young children. What it may be like to share your story with a provider as your child or your Aunt or significant other can hear from the other room. ***Covid has impacted opportunity to speak privately. Feeling safe enables us to share the most intimate feelings, thoughts and emotions.***
- Many of us are working from home and we may think that some barriers to care are lifted? It can be much harder to feel support or empathy virtually. It makes it is more difficult to feel heard, or supported which will effect engagement. Especially in the setting of feelings of self doubt, shame, exhaustion and isolation.
- Attending treatment groups, IOP's, medical appointments, counseling may rely on internet access, phone/computer availability and other variables that are unfairly impacted by our socio-economic situation. Maslow's hierarchy of needs, basic needs come first. **BUT having to make these choices adds to feelings of shame, self-doubt and stress.**
- Think of the layers of added concerns families and DCF workers have going into the home/hospital/community. There are layers of added stress on the parents and the workers both to meet all the needs of the family. *Think of meeting areas, hand washing, masks while feeding infants and children, etc.*

# Resources

- **SUD in pregnancy - The Journey Project** - <https://journeyrecoveryproject.com/>
- **Repository of serve agencies for Pregnant woman by area and need:**  
<https://healthrecovery.org/resource-search/> **Institute for Health & Recovery**
- **State & Federal Resources for Recovery;** <https://www.samhsa.gov/find-help/recovery>
- **Facilities can create their own document or use the one on** [mass.gov](https://www.mass.gov) link; [Plan of Safe Care Cover Page \(PDF\)](#)
- **If you need the longer tool with more direction then this link;** [Family Support Plan Template \(PDF\)](#)
- **SUD during Covid Resources-** [helpline.ma.org/covid-19-resources-for-ma/](https://helpline.ma.org/covid-19-resources-for-ma/)
- **Early Recovery & Covid-** <https://hria.org/2020/03/19/social-distancing-recovery/>
- **National sites for families with SUD and other resources;**  
<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/safecare/>



# Collaborate

***No one organization or system can address all of the substance use challenges facing families and communities. Ensuring child safety and family health requires collaboration and partnership among families, professionals, agencies, organizations, and communities.***

*Massachusetts Family Recovery Collaborative, 2005*

# Closing Thoughts

- Next webinar is **Tuesday, September 15th, 2020** from 12-1pm
- **QI Topic:** Measures for Improvement
- **Guest Topic:** Caring for Patients with OUD
- **Assignment:** Continue working on AIM statements for whichever project your team is working on

## Reminders:

- Send your team roster to [pnqinadmin@pnqinma.org](mailto:pnqinadmin@pnqinma.org)
- Send your contract, W9, and invoices to Denise Henry at AdCare

# Questions or Concerns?

