

PNQIN AIM

Opioid Use Disorder in Pregnancy

Webinar Series

March 16th, 2021
Webinar 9



OUD in Pregnancy Webinars

Monthly Agenda Overview

12:00 - 12:05: Welcome/ Introductions

12:05 - 12:15: PNQIN & team updates

12:15 - 12:30: Brief QI teaching

- **Nicole Smith, MD – Adjusting the PDSA Cycle**

12:30 - 12:55: Team presentations + discussion

- **Alexandra Heinz, LICSW, MPH – SBIRT Training**

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?

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

Closed OB permanently
Closed OB temporarily



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
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- 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)
- Allie Doyle (BIDMC)

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
- Cieara McManus (Moms Do Care)

Announcements

Available Trainings

1. Free PNQIN Online stigma, bias, and trauma-informed care training
 - Please note the different registration links for Nursing vs. CME/Social Work credit-seekers
 - Register here: <https://www.mpqcma.org/trauma-informed-care-trainings>
2. Free SPEAK UP Champions© Implicit and Explicit Racial Bias Education
 - May 18th & 25th, 12:30-4:30pm ET (both days)
 - 5.75 Continuing Education credits
 - Register here: <https://www.perinatalqi.org/event/SPEAKUPMAMAY2021>

Memorandum of Understanding with BLC – keep an eye out!

- Allows for full participation in AIM bundle data collection
- These must be signed and returned to submit data to us
- We will utilize DocuSign to complete the MOU electronically

Announcements

4th Annual Black Maternal Health Conference

- April 9th, 2021
- 12-4pm ET
- Virtual (Zoom link TBD)
- Featuring keynote speakers, presentations, breakout sessions, and more
- **Theme:** Centering the Role of Doulas in Addressing Maternal Health Disparities

4TH ANNUAL BLACK MATERNAL HEALTH CONFERENCE

CONFERENCE THEME: CENTERING THE ROLE OF DOULAS IN ADDRESSING MATERNAL HEALTH DISPARITIES

When: April 9th, 2021
Time: 12-4 PM EST

Where: Join us virtually!

Featuring: Keynote speakers, presentations, breakout sessions, and more!

MOTHER LAB

Tufts UNIVERSITY | School of Medicine

Team Updates/Check-In

QI Webinar Topics for Next 12 months

Date/QI Topic

7/21/20	OUD Bundle Components Overview & Stakeholders
8/18/20	Developing a Project AIM
9/15/20	Measures for Improvement
10/20/20	Key Driver Diagram
11/24/20	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

PNQIN QI Teaching Series

PDSA Cycle: Making Adjustments

Ronald Iverson, MD, MPH, BMC

Nicole Smith, MD MPH, BWH



PDSA worksheet



PDSA WORKSHEET

Team Name: Hospital A	Date of test: June 1, 2016	Test Completion Date: June 3, 2016
Overall team/project aim: By December 2017, to reduce the rate of severe morbidities in women with preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20%		
What is the objective of the test? To improve access to IV labetalol on the L&D unit.		

PLAN:

Briefly describe the test:

Test use of the severe hypertension medication box containing: magnesium sulfate (with tubing, syringes, and needles), labetalol, hydralazine, and calcium gluconate.

How will you know that the change is an improvement?

Feedback from providers and staff on experience with box after use on one patient – does it contribute to improved access and time to treatment?

What driver does the change impact?

Response

What do you predict will happen?

We predict the medication box will improve access to IV hypertensive medication when caring for patient with severe hypertension.

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Gather medication for boxes using appropriate protocol	Jane & John	June 1	L&D Room 2X
2. Assemble boxes and label all contents individually and list contents on box.	Jane & John	June 1	L&D Room 2X
3. Mark boxes with a PDSA label so team knows it's part of a test of change	Jane & John	June 1	L&D Room 2X
4. Notify L&D staff and providers of the box and its location in all rooms.	Jane & John	June 2	Staff meeting L&D Room 3X
5. Meet with nurse, provider and any other involved staff after first use for feedback.	John	June 3	L&D Room 3X
6. Develop subsequent PDSA cycle/other action.	Team	June 3	Team meeting L&D Room 3X

Plan for collection of data: Qualitative discussion of nurse and provider experience with the box.

DO: Test the changes.

Was the cycle carried out as planned? Yes No

Record data and observations.

Nurse Joan used the box with a patient on June 3. Felt it greatly increased her access to the medications and patient was treated within 45 minutes of confirmed BP. Feedback that box was difficult to open. Questions about how to ensure new box is in place for next case were raised.

What did you observe that was not part of our plan?

We didn't expect packaging to be an issue.

STUDY:

Did the results match your predictions? Yes No

Compare the result of your test to your previous performance:

First test. Previous treatment required additional steps to access medications.

What did you learn?

Medication box helps but needs to be easier to access in an emergency. Plan for restocking needed.

ACT: Decide to Adopt, Adapt, or Abandon.



Adapt: Improve the change and continue testing plan.

Plans/changes for next test: Change box closure type and retest with one patient. Add checking boxes for restocking to the hospital's existing crash cart check list and review status after one box is used with one patient.

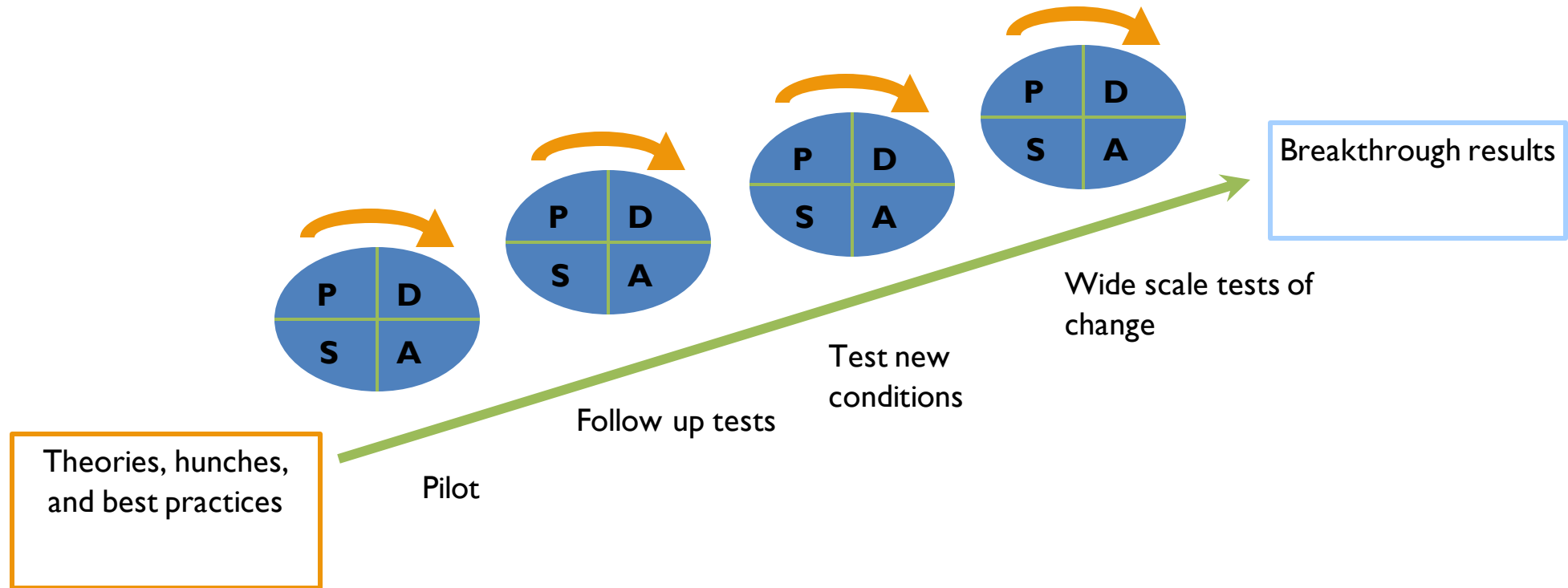


Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability




Abandon: Discard this change idea and try a different one

Iterative PDSA Cycles



Make realistic predictions

- Use the data from your first PDSA cycle to adjust your predictions for your second
- Making more informed, data-driven predictions will help you better measure and understand the success or failure rates of your next cycle
- Reevaluate your initial work sheet



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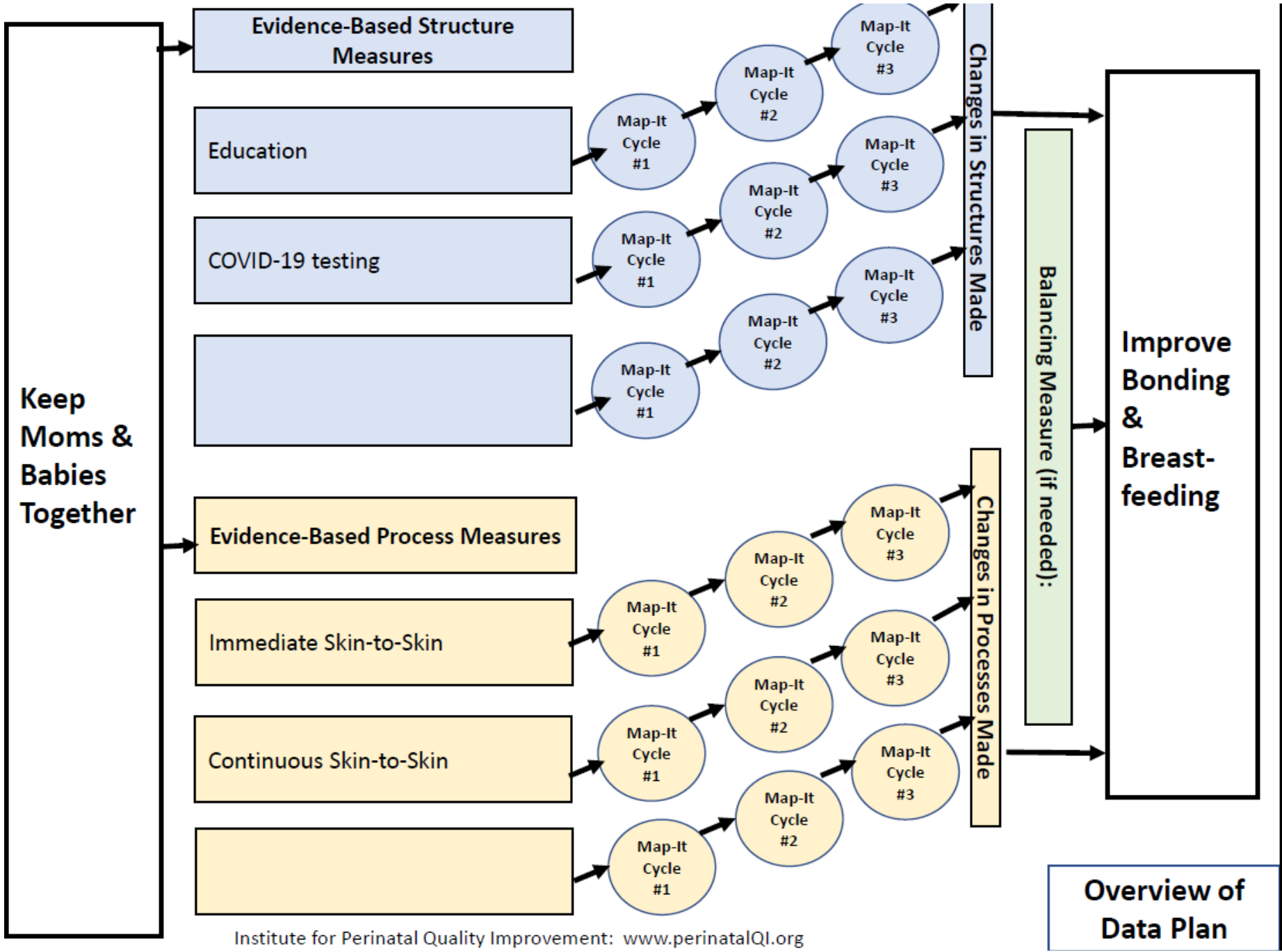
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Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Abandon: Discard this change idea and try a different one

SOURCE: www.ilpqc.org ; <https://www.nichq.org/insight/9-tips-moving-one-pdsa-cycle-next>



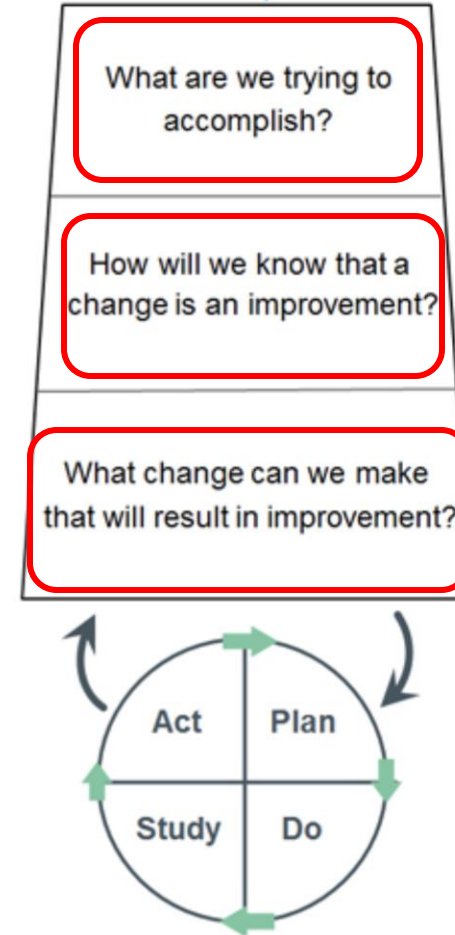
Post-PDSA Cycle Round I- What's Next

- You've finished your first PDSA cycle, which means you have taken an essential step towards driving change.
- Next phase of continuous improvement: your second, third and fourth PDSA cycle, or, as many cycles as needed to reach the final adoption stage
- Utilized following tips to adjust PDSA

Stay on goal

- Modifying an individual test of change—the original PDSA cycle—does not mean your overall project goals should change
- Remember to review your answers to the three fundamental questions and make sure your change modification still supports those goals

Model for Improvement



Setting Aims

The aim should be time-specific and measurable; it should also define the specific population of patients or other system that will be affected.

Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

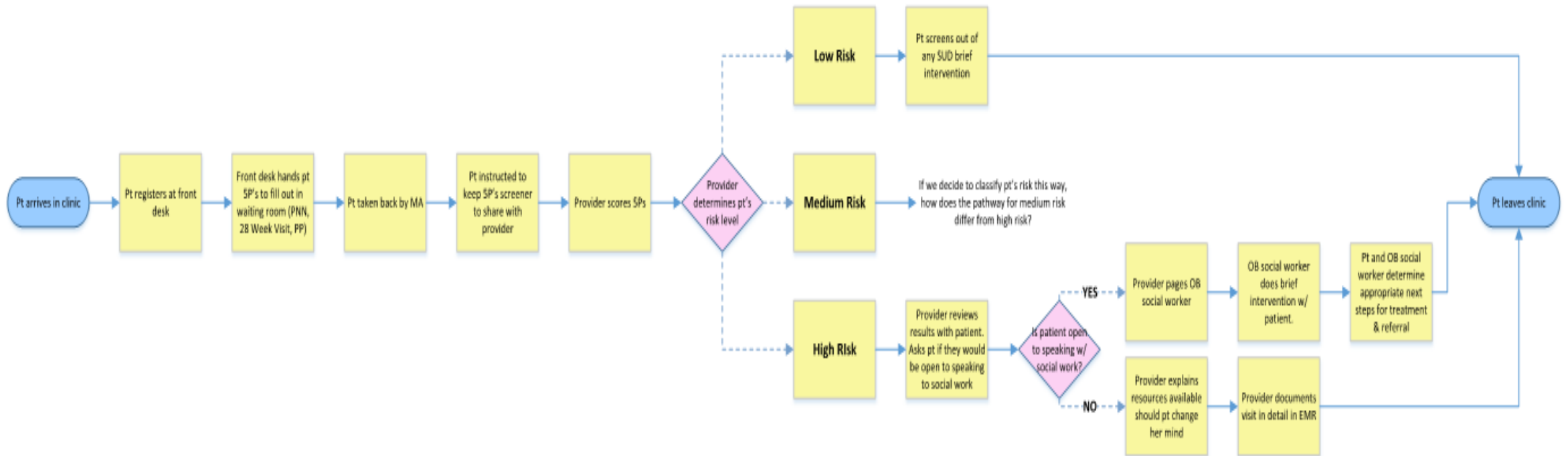
Selecting Changes

Ideas for change may come from those who work in the system or from the experience of others who have successfully improved.

Testing Changes

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method adapted for action-oriented learning.

SOURCE: <https://www.nichq.org/insight/9-tips-moving-one-pdsa-cycle-next>



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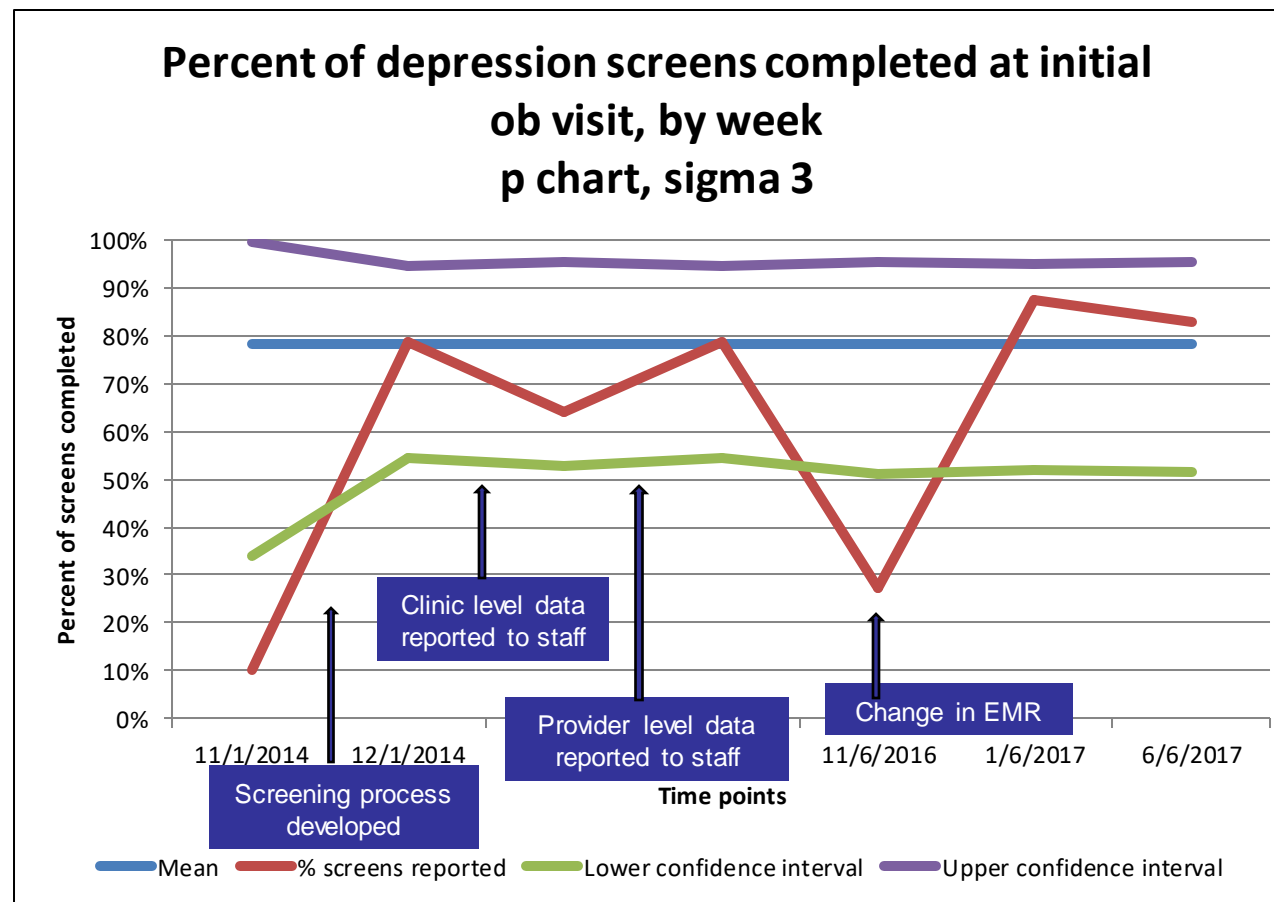
Update your learning questions

- New PDSA cycle means creating a new question that your test answers
 - Sometimes, that's a "smaller" aim
 - Don't disregard what you've learned and hope for the best
- Specifically, design a new question that addresses the problem noted in the previous PDSA cycle
- Example: AIM: help patients fill out the 5Ps, get the provider results, and support linkage to next steps
 - PDSA 1 – AIM: Can we get the 5Ps form all the way through the process for one patient? We learned that there was a disconnect from MA to Provider
 - PDSA 2 – AIM: can we help the MA and provider communicate? We learned that yes, we can, but the providers aren't documenting
 - PDSA 3 – AIM: can we help providers document? yes, but they didn't always complete linkage to SW
 - PDSA 4 –AIM: can we support linkage to SW? Yes, by changing the process to communicate with SW team

SOURCE: <https://www.nichq.org/insight/9-tips-moving-one-pdsa-cycle-next>

Update your learning questions

- PDSA cycles may reflect a response to internal challenges, or external



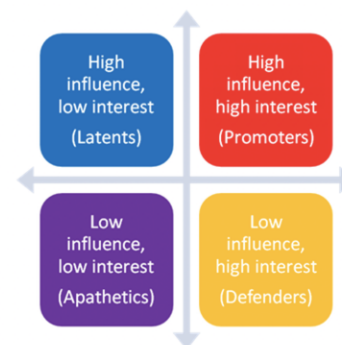
Identify who needs to be notified:

- Change to the initial test will likely impact multiple groups of people
- Meeting with all key stakeholders helps ensure that the adaption will go smoothly during the Do phase of your next PDSA cycle
- Review stakeholder analyses and matrix from first PDSA cycle

Stakeholder Matrix – Example

Names or Group	Strongly Against	Moderately Against	Neutral	Moderately Supportive	Strongly Supportive
Medical Residents					X
Medicine Attending			X	→	O
Emergency Medicine	X	→		→	O
Clinical Directors (Nursing)				X	→
Family Medicine				X	
Floor Nurses	X	→		→	O
Social Workers			X	→	O

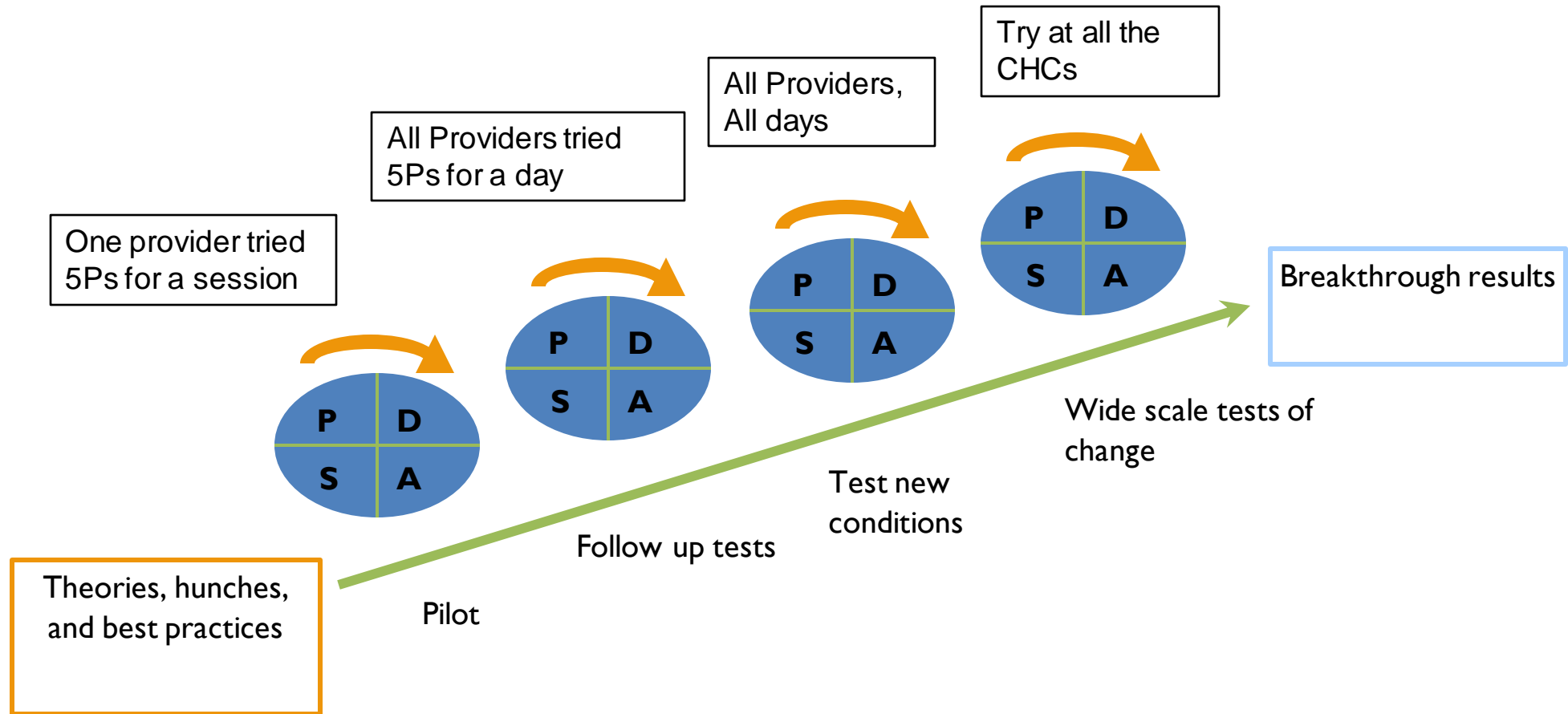
Stakeholder Analysis



- *Promoters* have both great interest in the effort and the power to help make it successful.
- *Defenders* have a vested interest and can voice their support in the community, but have little actual power to influence the effort.
- *Latents* have no particular interest or involvement in the effort, but have the power to influence it if they become interested.
- *Apathetics* have little interest and little power, and may not even know the effort exists.

SOURCE: <https://www.nichq.org/insight/9-tips-moving-one-pdsa-cycle-next>

Iterative PDSA Cycles – Initiation of 5Ps into all Prenatal Clinics



- **Don't abandon too soon:**
 - Don't make the mistake of discarding a promising idea because of poor execution
- **But, don't adopt too soon either:**
 - When we see improvement that is greater than predicted, we can be tempted to adopt it as standard.
 - Remember if there is still room for improvement, keep adapting and start another PDSA cycle
- **Don't repeat the cycle**
 - While this may seem like a given, it can be tempting to re-test the same change if you think the results from the first cycle aren't for sure
 - Even if an anomaly occurs, adapt the model based on the cycle's results
 - In the next cycle, develop a plan for these exceptions so that you are prepared to deal with them when they occur again in the future

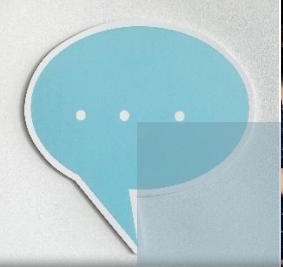
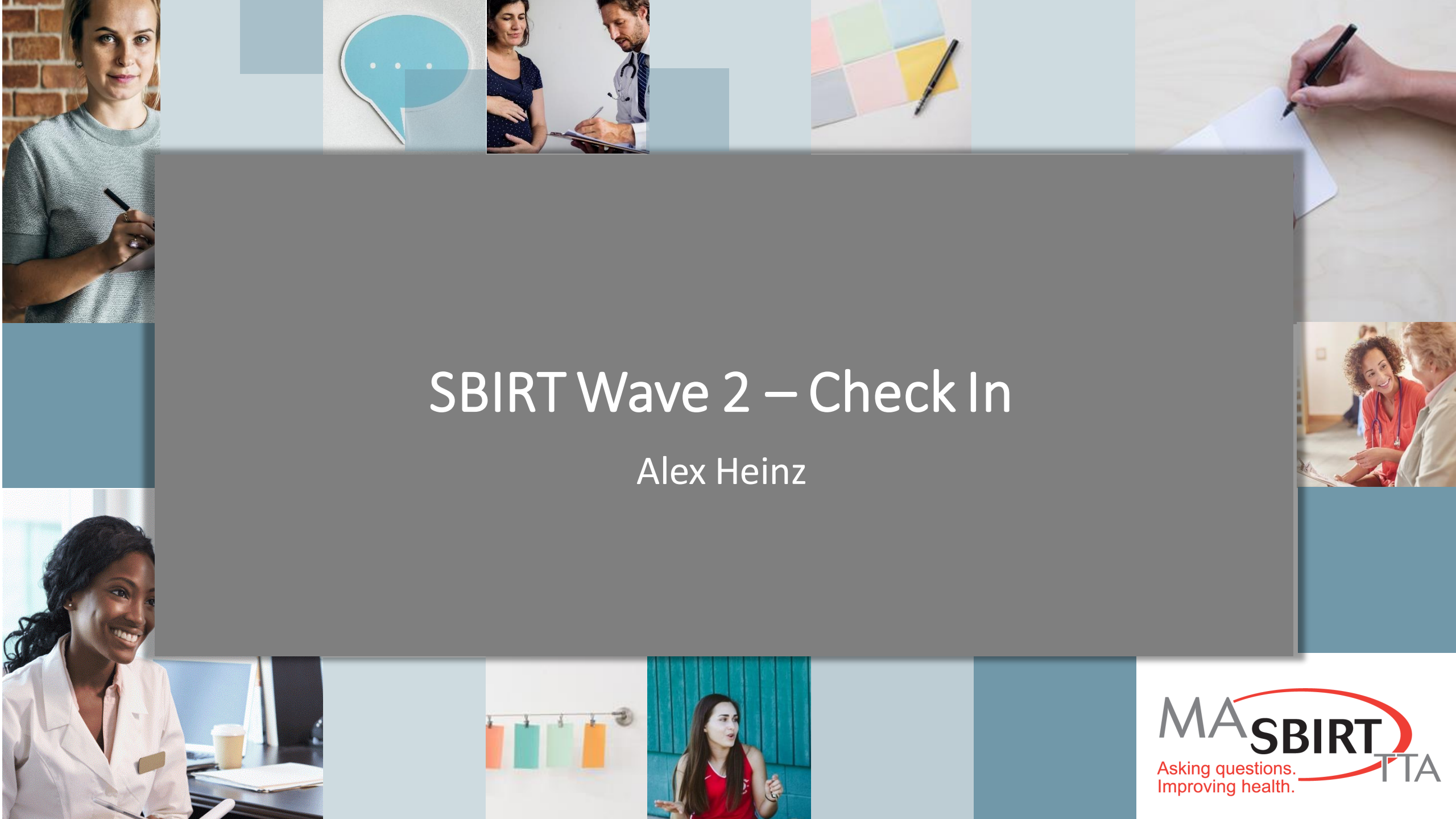
Guest Speaker Webinar Topics for Next 12 months

Date/Guest Speaker Topic

7/21/20	OUD Screening Options
8/18/20	Plans of Safe Care
9/15/20	Caring for Patients with OUD
10/20/20	Linkages to Care
11/24/20	Equity Considerations in OUD care
12/15/20	Centering Patient Voice
1/19/21	Wave 2 Team Presentations (formerly OUD SMM Data)
2/16/21	OUD SMM Data (formerly Early Head Start)
3/16/21	SBIRT Check-in
4/20/21	Pain Relief During Pregnancy, Labor, Surgery & Post-op
5/18/21	Early Head Start

Guest Topics: **SBIRT Training**

Alexandra Heinz, LICSW, MPH
Trainer, MASBIRT TTA at Boston Medical Center



SBIRT Wave 2 – Check In

Alex Heinz

Agenda

1

- Goals of Project

2

- SBIRT Implementation Overview

3

- How MASBIRT TTA Can Help

Introduction



Alex Heinz, LICSW, MPH

MASBIRT Training and Technical Assistance





Our Mission

Establish **SBIRT and MI** as a standard of care across Massachusetts via

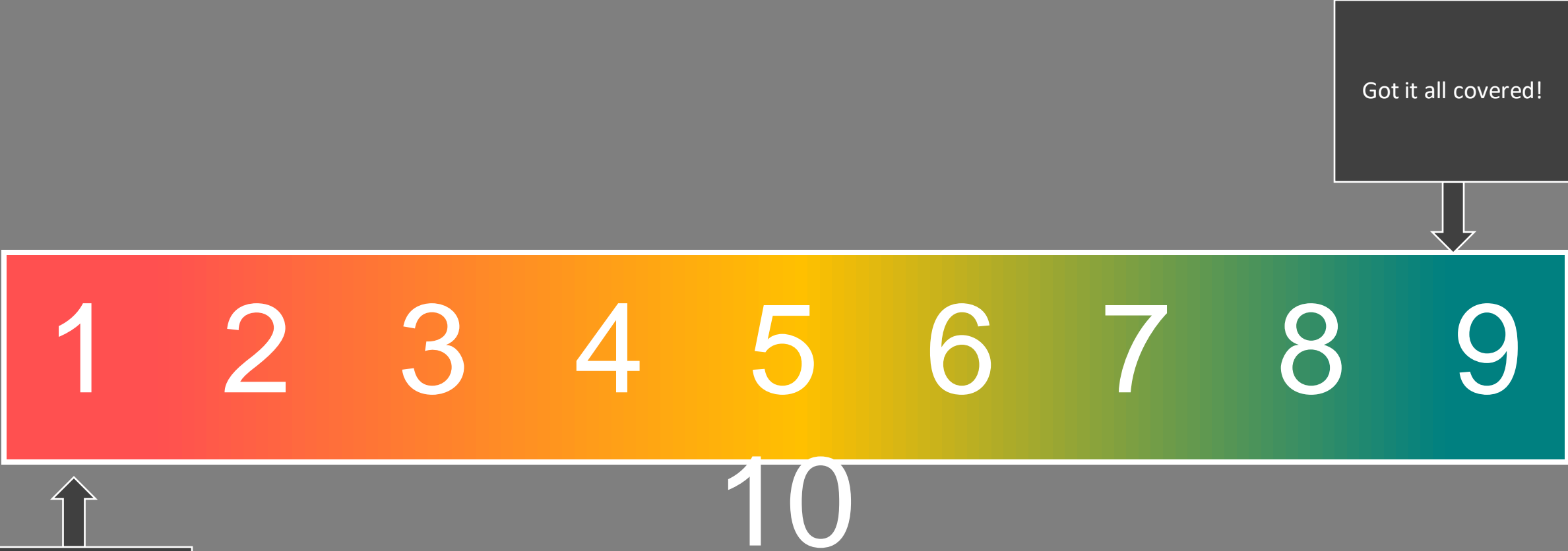


Skills training
and coaching



Implementation and
sustainability guidance

How Ready Are You to Implement SBIRT?



SBIRT??? What is that?

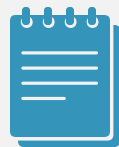
Got it all covered!

Overview - What is SBIRT?

S

SCREENING

Universal screen to identify unhealthy substance use



BI

BRIEF INTERVENTION

Brief intervention to address screening results



RT

REFERRAL TO TREATMENT

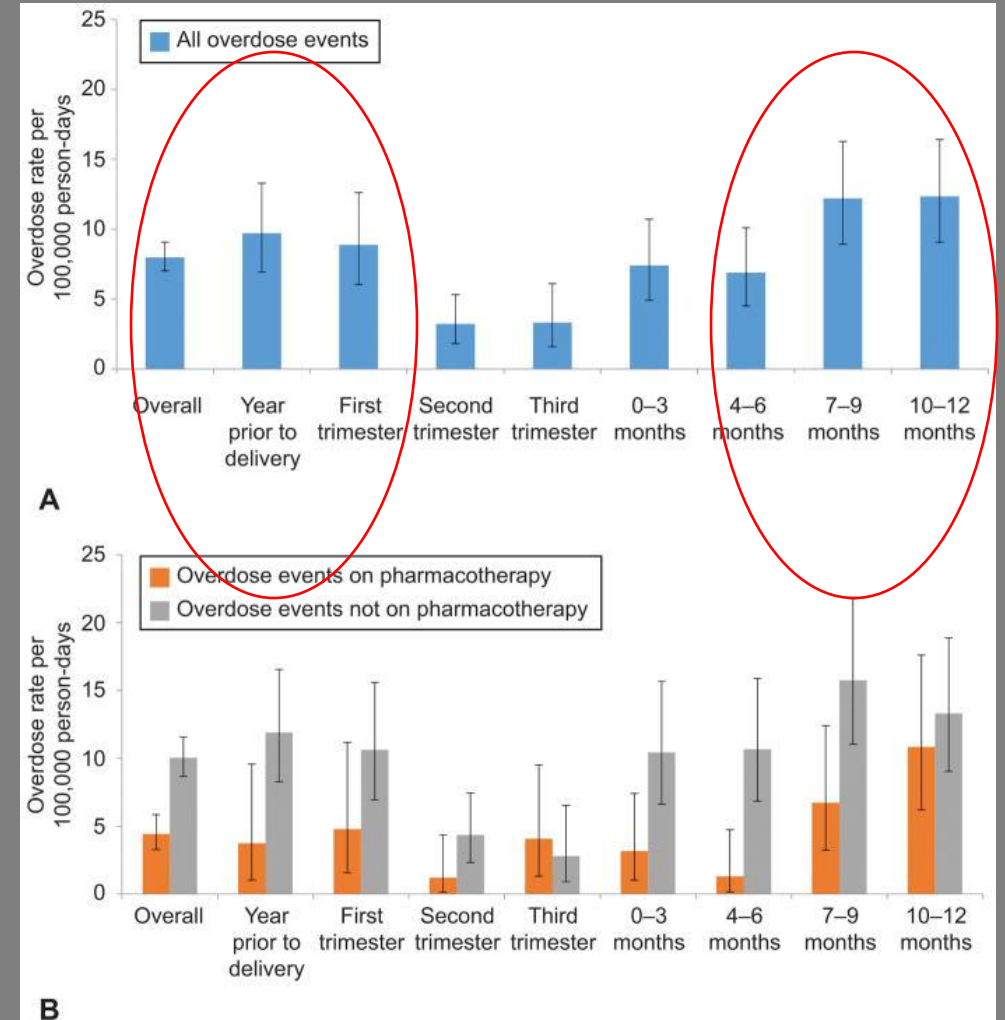
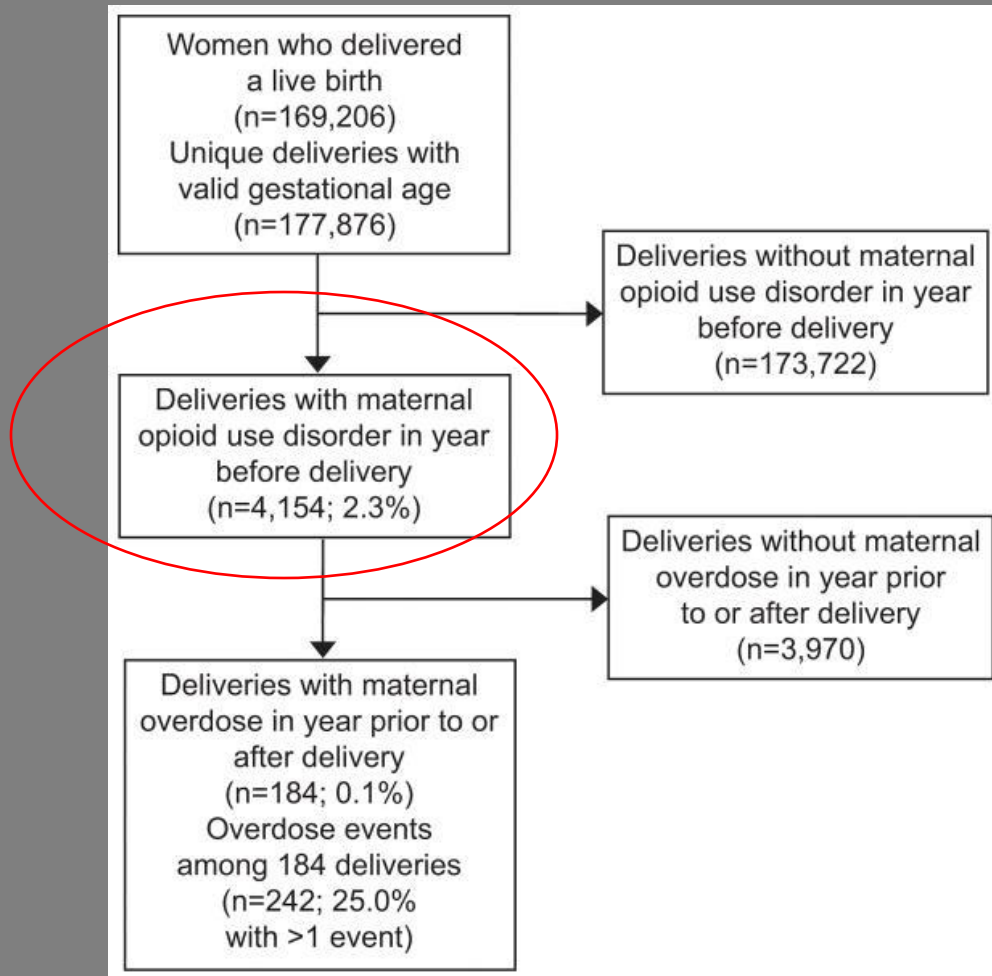
Referral for further services as needed



A Pitch for Any Public Health Screening

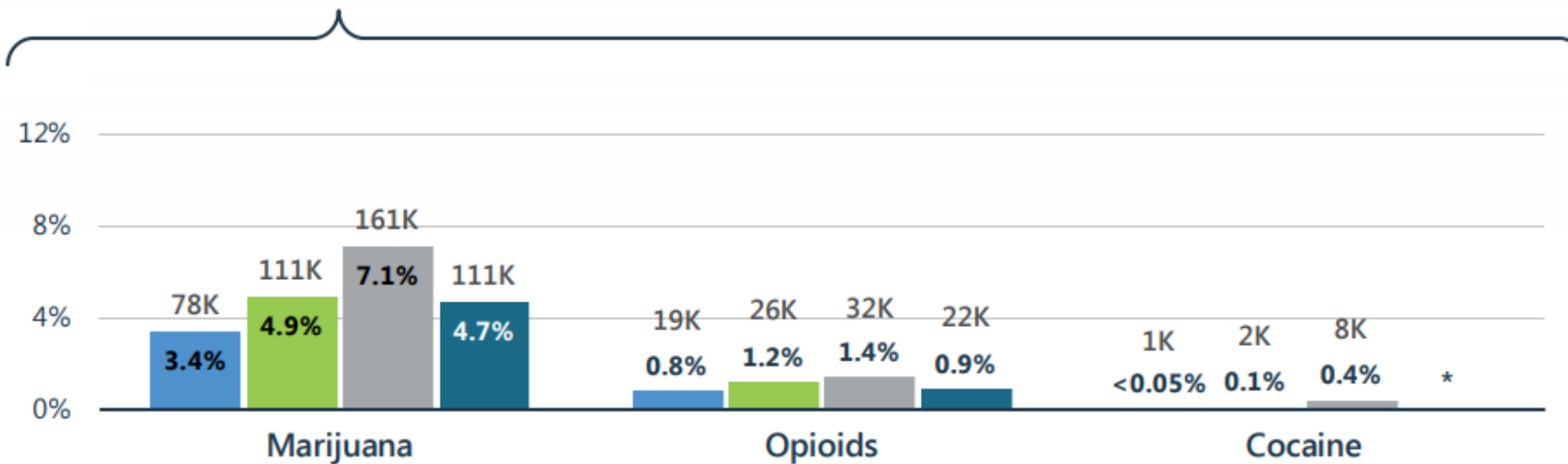
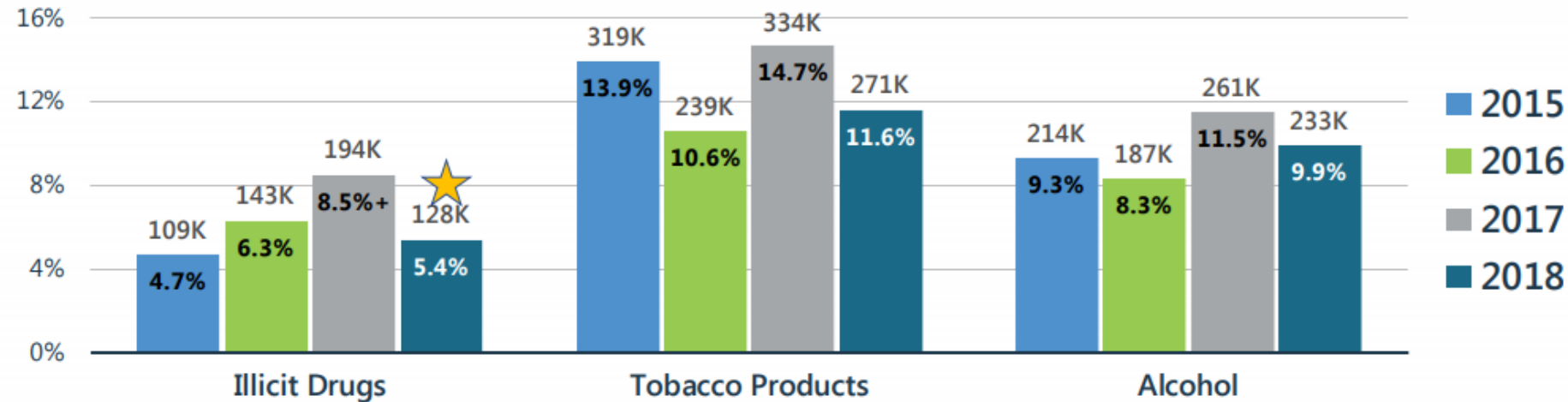
- Disease has high prevalence in population
- Risk associated
- Treatment available
- Benefit to early detection and intervention
- Reliable screening method

OUD and Pregnancy in MA 2012-2014



Past Month Substance Use Among Pregnant Women in US

PAST MONTH, 2015-2018 NSDUH, 15-44



* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.



Screening Recommendations During Pregnancy

ACOG COMMITTEE OPINION

Number 711, August 2017

(Replaces Committee Opinion Number 524, May 2012)

- Universal screening for substance use at first prenatal visit
- Screening should rely on validated tools
- Early universal SBIRT with pregnant women with opioid use and opioid use disorder to improve outcomes



- Screening is considered best practice during primary care and prenatal care visits
- Implementing SBIRT improves recognition, facilitates awareness and education about use, enhances the referral-to-treatment process, and decreases overall health care costs

1. SAMHSA. (2018, September). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm>

2. ACOG. (2017, August). Opioid Use and Opioid Use Disorder in Pregnancy. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy?IsMobileSet=false>

3. American College of Nurse-Midwives. (2017) <https://www.ncbi.nlm.nih.gov/pubmed/29135087>

Goals - PNQIN MA AIM OUD Bundle



PNQIN AIM OUD Wave 2 Targeted Hospitals

- Beth Israel Deaconess Plymouth
- Beverly Hospital
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- St. Luke's Hospital
- Sturdy Memorial Hospital
- Tobey Hospital
- Winchester Hospital

Recognition & Prevention

Every provider/clinical setting

- Assess all pregnant women for SUDs.
 - Utilize validated screening tools to identify drug and alcohol use.
 - Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach in the maternity care setting.
 - Ensure screening for polysubstance use among women with OUD.
- Screen and evaluate all pregnant women with OUD for commonly occurring co-morbidities.
 - Ensure the ability to screen for infectious disease (e.g. HIV, Hepatitis and sexually transmitted infections (STIs)).
 - Ensure the ability to screen for psychiatric disorders, physical and sexual violence.
 - Provide resources and interventions for smoking cessation.
- Match treatment response to each woman's stage of recovery and/or readiness to change.

Where Do We Start? Project Outline

Phase 1: Project Initiation

Phase 2: Implementation Plan and Refinement

Phase 3: Training and Implementation

Phase 4: Project Evaluation and Conclusion

Create a Multidisciplinary Team and Meet Regularly



Project Outline

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What is Screening?

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Universal screen to identify unhealthy substance use



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RT

REFERRAL TO TREATMENT

Referral for further services as needed



Choose Screening Tool

NIDA Quick Screen
+ NM Assist

5Ps

CRAFFT

Quick Screen Question:

In the past year, how often have you used the following?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol					
<ul style="list-style-type: none"> For men, 5 or more drinks a day For women, 4 or more drinks a day 					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

**Institute for Health and Recovery
Integrated Screening Tool**

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Peers Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Partner Does your partner have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Past In the past month, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking Have you smoked any cigarettes in the past three months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Review Risk Review Domestic Violence Resources Review Substance Use, Set Healthy Goals Consider Mental Health Evaluation

Advise for Brief Intervention

	Y	N	NA
Did you State your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Advise to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Check patient's reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you Refer for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At Risk Drinking	
Non-Pregnant	Pregnant/Planning Pregnancy
>7 drinks / week >3 drinks / day	Any Use is Risky Drinking

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

Date: _____
Language: _____
Race: _____
Ethnicity: _____

2005

The CRAFFT Interview (version 2.1)
To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A
During the PAST 12 MONTHS, on how many days did you:

- Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none. # of days
- Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Say "0" if none. # of days
- Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. # of days

Did the patient answer "0" for all questions in Part A?

Yes No

↓ ↓

Ask CAR question only, then stop Ask all six CRAFFT* questions below

Part B

C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	No	Yes
R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	No	Yes
A Do you ever use alcohol or drugs while you are by yourself, or ALONE?	No	Yes
F Do you ever FORGET things you did while using alcohol or drugs?	No	Yes
F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No	Yes
T Have you ever gotten into TROUBLE while you were using alcohol or drugs?	No	Yes

*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

Position

Method

Frequency

- Front Desk
- MA
- RN
- Provider
- SW
- Other?

- Verbal
- Written
- Electronic

- PN New
- 28 W
- L+D
- 6 W PP

- Which one aligns best with your current workflow?
- Which one will help build rapport over time?
- Will you need to make changes based on visit or site?
- How will you record outcomes?
- What does data indicate?

Communication FAQs

What is our hospital screening policy, and how do we communicate to patients?

What if a patient does not want to answer the screening questions?

Why are patients being asked the same questions more than once?

What happens if the patient answers yes to any of the screening questions?

What is our hospital testing policy and process for consent?

What is our hospital DCF policy?

What is Brief Intervention?

S

SCREENING

Universal screen to identify unhealthy substance use



BI

BRIEF INTERVENTION

Brief intervention to address screening results



RT

REFERRAL TO TREATMENT

Referral for further services as needed



Brief Intervention Based on Level of Risk

Level of Risk

Low

- No current SU
- Hx SU prior to pregnancy

REACT

Moderate

- Stable in tx for SUD/ODD
- Current cannabis
- Current occasional alcohol

BNI + Follow Up

High

- Current SUD
- Current regular or binge alcohol

BNI + Referral

Position

- RN
- Provider
- SW
- Other?

Timing

- During visit
- Warm hand off
- Follow up
- Other?

- BI can be both short in duration and substantial in impact
- Work towards partnership in care – language is important
- Ultimately, focus on highlighting the link between substance use and health and encourage cessation or treatment to work towards risk reduction

Tools

P1 Perinatal SBIRT MA SBIRT TA

Introduction

Do you mind if I ask you a few questions regarding your health and the health of people close to you?

Screening with the 5P's

- Do/ did any of your parents/ caregivers have a problem with alcohol or other drug use?
- Do any of your friends have a problem with alcohol or other drug use?
- Does your partner have a problem with alcohol or other drug use?
- Are you feeling at all unsafe in any way in your relationship with your current partner?
- Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?
- In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
- In the past month, have you had any alcohol or used other drugs?
- Have you smoked any cigarettes in the past three months?

Substance Feedback

Smoking cigarettes during pregnancy may cause:

- miscarriage
- pre-term birth
- low birth weight

Babies born weighing less than 5 pounds have more health and learning problems.

There is no known safe amount of alcohol during any stage of pregnancy. Alcohol use during pregnancy may cause:

- miscarriage
- newborn death
- Fetal Alcohol Spectrum Disorders (FASD)

Babies born with FASD have low birth weight, physical defects, and intellectual disabilities.

The potential risks of marijuana use during pregnancy and while breastfeeding are not well understood. Marijuana use may:

- disrupt normal brain development
- concentrate or build-up in breast milk

Use of marijuana in any form is not recommended during pregnancy or while breastfeeding.

Negative Screen - REACT

Reinforce

- You've decided not to drink or use other drugs during pregnancy to keep yourself and your baby healthy. This is what I recommend to all of my patients.

Educate

- What do you already know about the risks of drinking or using other drugs during pregnancy?
- Is it okay if I share some information with you? Drinking any amount of alcohol or using other drugs could impact your health or your baby's growth and development.

Anticipate Challenges of Tomorrow

- What circumstances, if any, could make it hard to continue to abstain from drinking or using other drugs during your pregnancy?

Positive Screen - Brief Negotiated Interview

Build Rapport

- I'd like to learn a little bit more about how you answered the questionnaire. Can you tell me how drinking or other drug use currently fits (or has fit) into your life?

Explore Pros and Cons

- What do you like about using [X]? What else?
- What do you like less about using [X]? What else?
- So on the one hand [PROS] and on the other hand [CONS]. Where does that leave you?

Provide Feedback

- What do you already know about the risks of using [X] during pregnancy? Is it okay if I share some information with you? **Provide 1-2 salient facts.**
- I recommend that all of my patients abstain from alcohol and other drug use during pregnancy.

Use Readiness Ruler

- Given what we have talked about, on a scale of 1-10 how ready are you to avoid drinking or using altogether?
- Why did you pick that number and not a lower number? **Reflect back reasons for change.**

Negotiate Action Plan

- Summarize conversation, then:
- What steps do you think you can take to reach your goal of a healthy pregnancy and healthy baby? **Offer SW referral if appropriate.**
- Is it okay if we check in about this at your next appointment to see how things are going?

Referral to Social Work FAQ

Why do you want me to meet with the SW?

- I think meeting with our SW for further support during pregnancy or postpartum would be really helpful.
- The SW is part of our clinical team and routinely meets with patients for various reasons.

What is the SW going to do?

- The SW will have a conversation with you and work to identify other helpful resources as needed.

Will the SW know what I talked to my provider about?

- Yes, we work as a clinical team, so we document important information in your medical record to communicate about your health and provide you with the best care.

What if I do not want to see the SW?

- Tell me more about your concerns...
- Is there anything I can do to help you feel more comfortable?
- OR: I appreciate your consideration, I will talk to the SW to see if we can try again at your next visit.

EPIC Documentation

- Go to the 5P section of the rooming tab to access the flowsheet, then select the appropriate text box at the bottom of the flowsheet.
- Enter Smartphrase "5P" below HPI and above physical exam findings.

Perinatal SBIRT MA SBIRT TA

Introduction

Thank you for completing this questionnaire. Is it okay if I review your responses?

Negative Screen - REACT

Reinforce

- You've decided not to drink or use other drugs during pregnancy to keep yourself and your baby healthy. This is what I recommend to all of my patients.

Educate

- What do you already know about the risks of drinking or using other drugs during pregnancy?
- Is it okay if I share some information with you? Drinking any amount of alcohol or using other drugs could impact your health or your baby's growth and development.

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- What do you already know about the risks of using [X] during pregnancy? Is it okay if I share some information with you? **Provide 1-2 salient facts.**
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Use Readiness Ruler

- Given what we have talked about, on a scale of 1-10 how ready are you to avoid drinking or using altogether?
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If possible, it's nice to spend a good chunk of training time on this

What is Referral to Treatment?

S

SCREENING

Universal screen to identify unhealthy substance use



BI

BRIEF INTERVENTION

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RT

REFERRAL TO TREATMENT

Referral for further services as needed



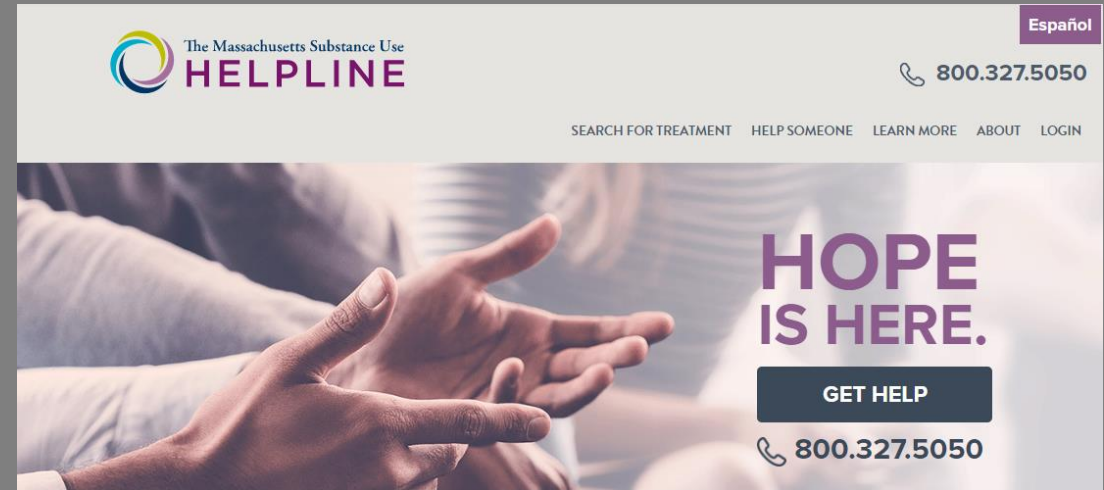
Referrals

- Internal Program Resources

- MOUD Providers on team
- IBH Team/ Social Work
- Psychiatry
- Addiction Medicine

- External Resources

- BSAS Substance Use Helpline - 800-327-5050 - <https://helplinema.org/>
- Institute for Health and Recovery Referral Line - 866-705-2807
- MCPAP for Moms - 855-MOM-MCPAP (666-6272)



How Do We Measure Successful Implementation?

Objective:

- Universal screening at PNN, 28 W, 6W PP visits

Measure:

- Was screening offered at the appropriate times to the appropriate patients?
- Was screening completed? (e.g., yes, no patient refused screen, no unable to screen)
- Was the screening result documented?
- What was the screening result? (e.g., percent positive or negative, actual score, low, moderate, high risk)

Use these measures (or others) to write up SMART goals.

Launch Meeting to Introduce to Wider Staff



Project Outline

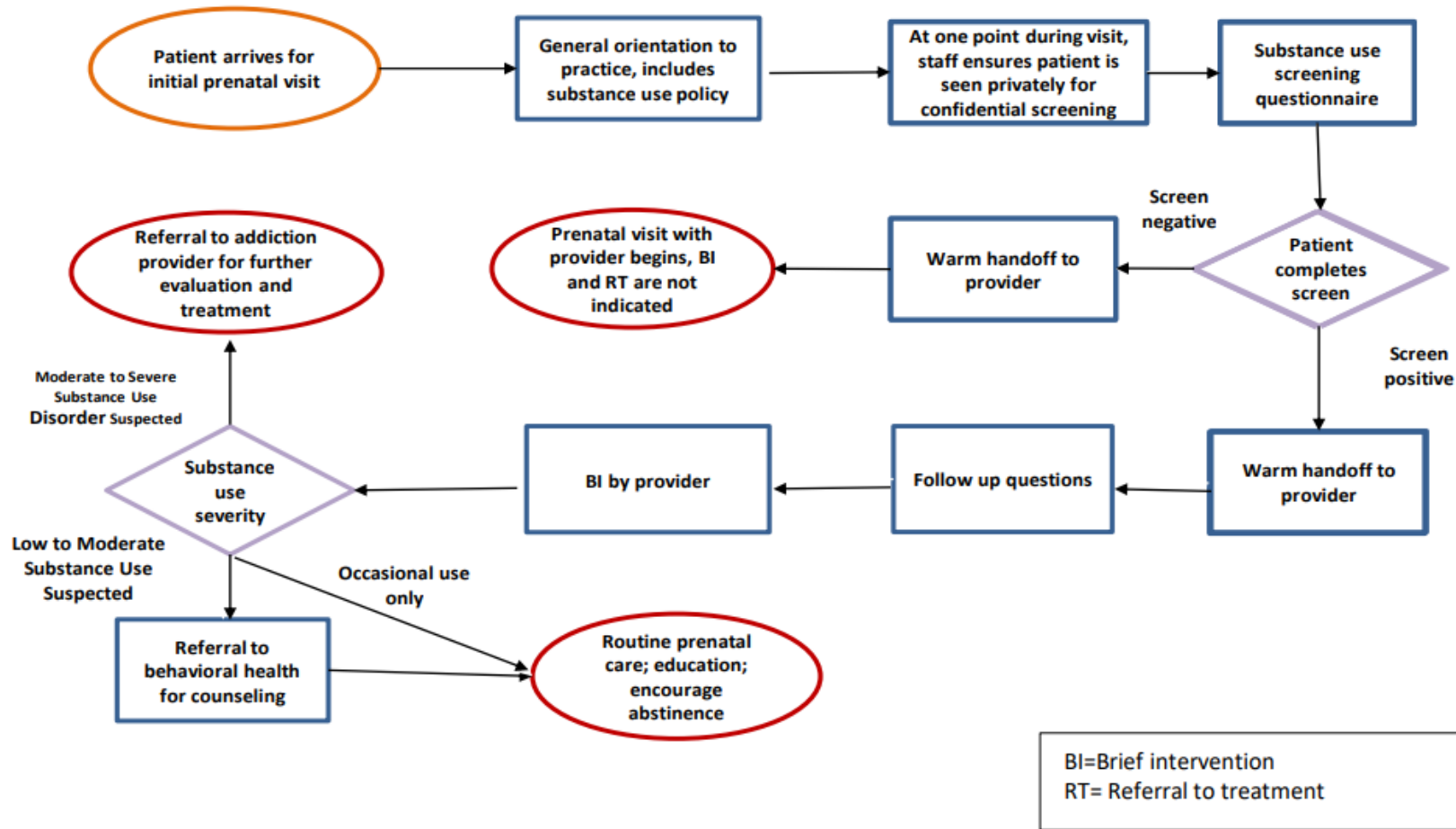
Phase 1: Project Initiation

Phase 2: Implementation Plan and Refinement

Phase 3: Training and Implementation

Phase 4: Project Evaluation and Conclusion

Sample Outpatient Workflow



What is Training Like?

- Virtual!
- Most successful when there is a clear SBIRT protocol
- Can be implemented into short sessions to fit into regular meeting times (1-2 hours)
 - Offer multiple sessions
 - Tailored to role in SBIRT process
- Does **not** end with Wave 2 completion
- Sustainability:
 - Train the trainer option – staff onboarding



Project Outline

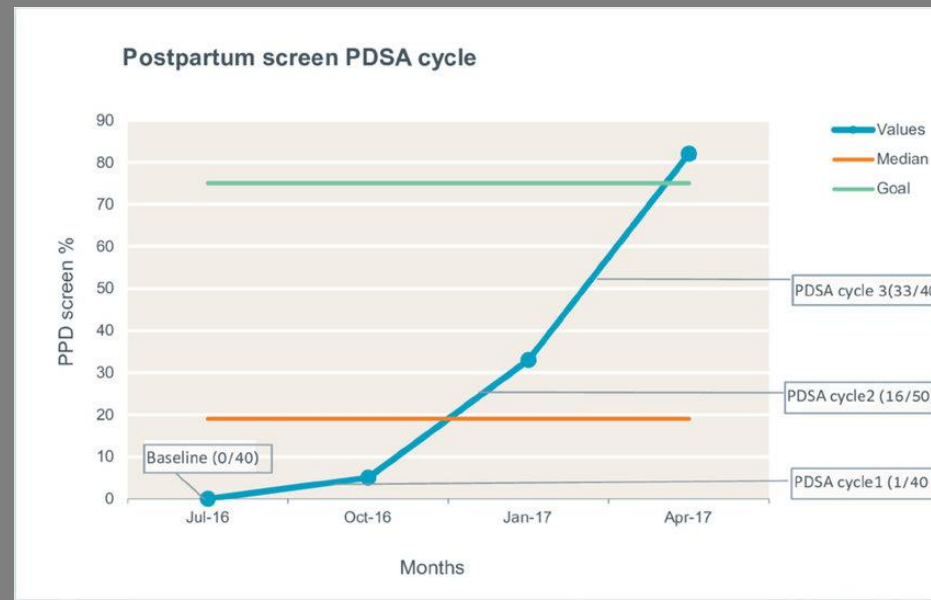
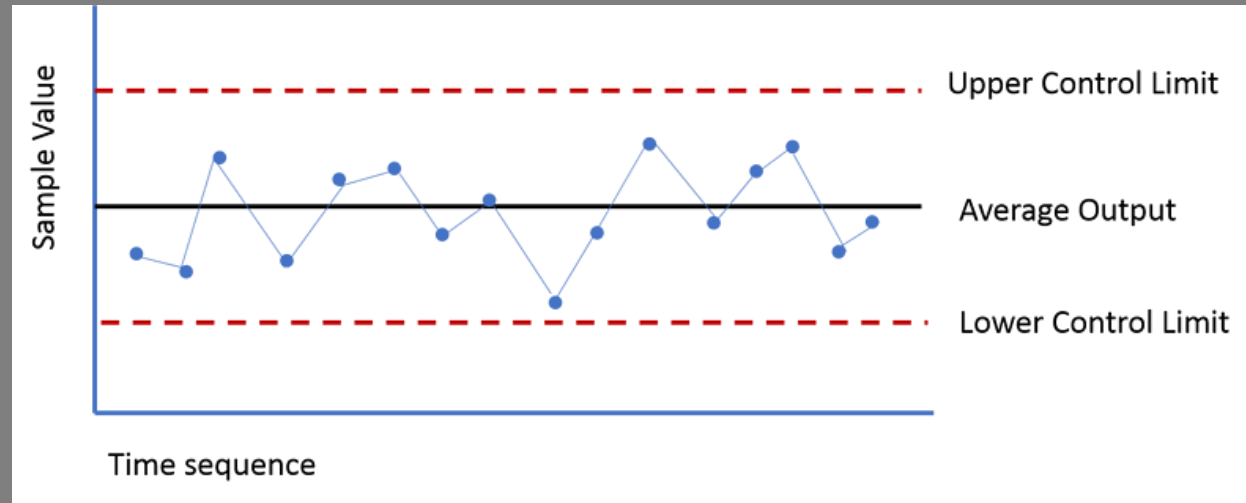
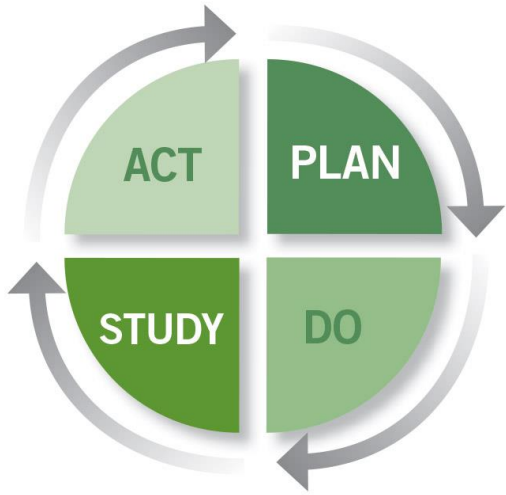
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Phase 3: Training and Implementation

Phase 4: Project Evaluation and Conclusion

Evaluation



Plan for Sustainability

What do we need in place to keep this new process going?

- Staff on-boarding plan
- Booster skills training
- Training in other areas (trauma, stigma + bias, MOUD, etc.)
- IT changes
- Updated job descriptions
- Other?

Celebrate Successes!



Questions or Comments?



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Closing Thoughts

Next webinar is Tuesday, April 20th, 2021 from 12-1pm ET

- **QI Topic:** Scale and Spread Up
- **Guest Topic:** Pain Relief During Pregnancy, Labor, Surgery & Post-op

Reminders:

We highly encourage your whole team (OBs, RNs, MFMs, neonatologists, social workers, midwives, doulas, lactation consultants, educators, etc.) to register for SPEAK UP training!

Thank you for being here!!

Questions or Concerns?

