Quality Improvement Community of Learning

Care for Pregnant and Postpartum People with Substance Use Disorder: Sharing Successes and Guidance

July 13th, 2022

1:00-2:00 pm ET

AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NICHQ

National Institute for Children's Health Quality

Welcome!

Thank you for joining the call! We will get started shortly.

- You may be **muted upon entry** to the call
- You **DO have the ability** to unmute yourself
- We encourage participants to remain muted in an effort to reduce background noise

This presentation will be recorded

Today's Agenda

- Welcome
- Colorado Perinatal Care Quality Collaborative (CPCQC)
- New Mexico Perinatal Collaborative (NMPC)
- Utah Women and Newborns Quality Collaborative (UWNQC)
- Institute for Healthcare Improvement (IHI)
- Next Steps and Close


Washington
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North Carolina
Virginia
West Virginia
Pennsylvania
New York
Maryland
Delaware
New Jersey
Connecticut
Rhode Island
Massachusetts
Vermont
New Hampshire
Maine
Washington, DC
Alaska
Hawaii

Speakers

Elena Sayers, MSW, MPH
Project Manager, CPCQC

Mary Kate Hildebrandt
Director of Maternal Safety Initiative, NMPC

Heather Bertotti Sarin
Quality Improvement Director, UWNQC

Janet Fisher, RNC-OB, C-EFM
Retired Nurse Educator, UofU

Kelly McCutcheon Adams, MSW, LICSW
Director, IHI

QI Community of Learning Overview

Topic	Month
Quality Improvement: What is it? Why do we use it? How do we start?	January 25, 2022, 2-3:30pm ET
The Model for Improvement Part 1	February 22, 2022, 2-3pm ET
The Model for Improvement Part 2	March 31, 2022, 1-2:30pm ET
More on Using Data for Improvement	April 27, 2022, 1-2pm ET
Obstetric Hemorrhage: Sharing Successes and Guidance	May 31, 2022, 2-3pm ET
Severe Hypertension in Pregnancy: Sharing Successes and Guidance	June 21, 2022, 4-5pm ET
Care for Pregnant and Postpartum People with Substance Use Disorder: Sharing Successes and Guidance	July 13, 2022, 1-2pm ET
Sustaining the Gains and Spread	July 26, 2022, 1-2:30pm ET
Cardiac Conditions in Obstetrical Care: Sharing Successes and Guidance	August 2022 (exact date TBD)

Be sure to add all webinars to your calendar if you have not already done so!

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SBD

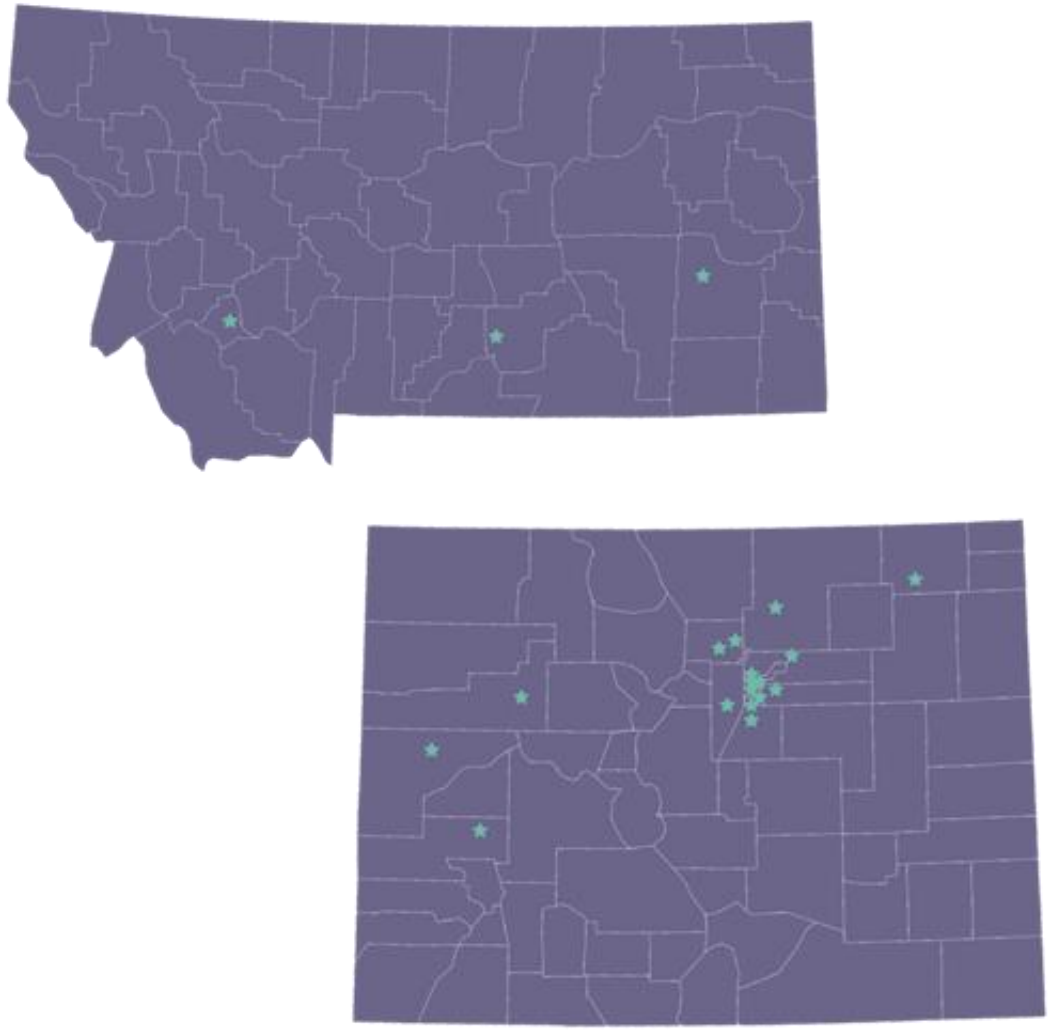
Colorado AIM: Substance Use Disorder Learning Collaborative

Elena Sayers, MSW, MPH
CPCQC Project Manager

Colorado AIM: Substance Use Disorder Learning Collaborative (CO: AIM SUD)

The Colorado AIM: Substance Use Disorder Learning Collaborative focuses on establishing guidelines and protocols for screening, brief intervention, and referral to treatment (SBIRT) for substance use disorder (SUD) and perinatal mood and anxiety disorders (PMADs).

We are currently in year 2 of the Learning Collaborative with 20 hospitals participating in Colorado and Montana.



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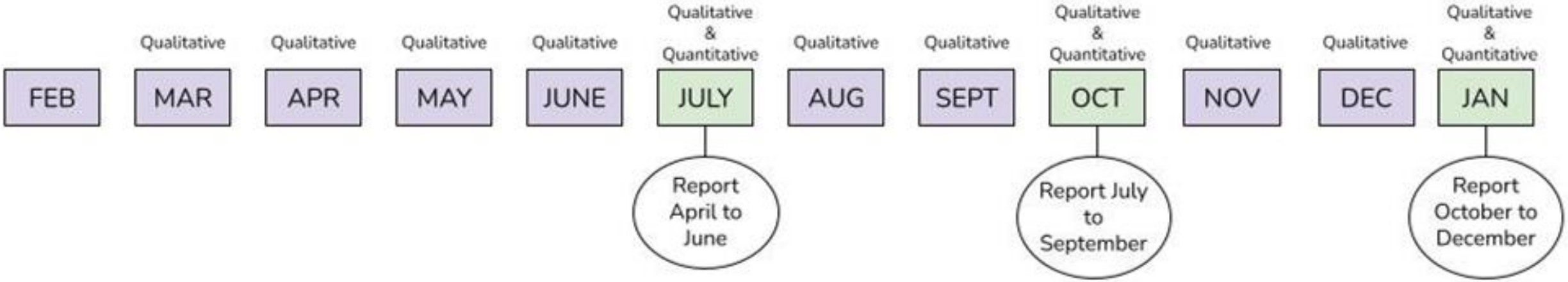

FEB
MAR
Qualitative
APR
Qualitative
MAY
Qualitative
JUNE
Qualitative
JULY
Qualitative & Quantitative
Report April to June
AUG
Qualitative
SEPT
Qualitative
OCT
Qualitative & Quantitative
Report July to September
NOV
Qualitative
DEC
Qualitative
JAN
Qualitative & Quantitative
Report October to December

Project Overview

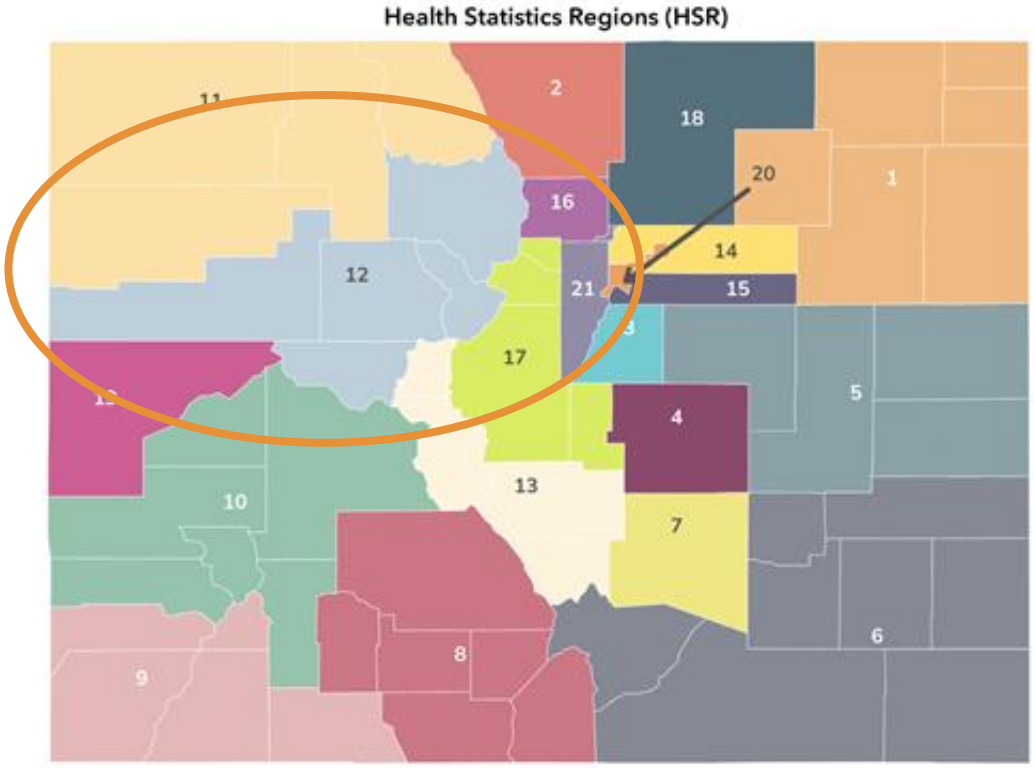
- Each team is comprised of a provider champion, nurse champion, and social work/case management champion.
- Each team based on hospital specifics, screens patients differently but will screen during the their birthing admission.
- CPCQC encourages teams to create a resource list and collaborate with outpatient resources to improve the continuity of care for patients.
- Monthly coaching calls
- Incorporation of lived experience expert voices
- Free SBIRT training

Expert Faculty Group

The Expert Faculty Group (EFG) is a the guiding advisement to the QI project. Comprised of:

- Researchers
- SBIRT Professionals
- Lived Experience Experts
- OB/GYNs
- Doulas
- Midwifes
- Nurses
- Psychologists

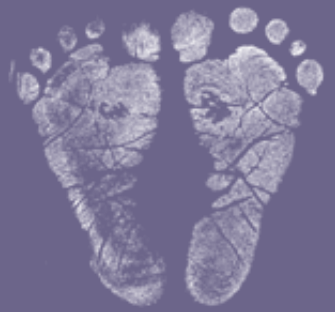
CPCQC is working with a community in rural Western Colorado to implement a program focused on navigating the pregnant and postpartum individual with their behavioral health needs.



- Perinatal Navigation
- Inpatient mental health screening and substance use disorder screening
- Peer support groups
- Community resources
- Connection between inpatient and outpatient
- Naloxone distribution
- MAT

Thank you!

To learn more about the quality improvement project, visit www.cpcqc.org or email info@cpcqc.org.



New Mexico Perinatal Collaborative

Maternal Safety Initiative

CPPPSUD Bundle Implementation

Mary Kate Hildebrandt
Director of Maternal Safety Initiative
mkhildebrandt@nmperinatalcollaborative.org

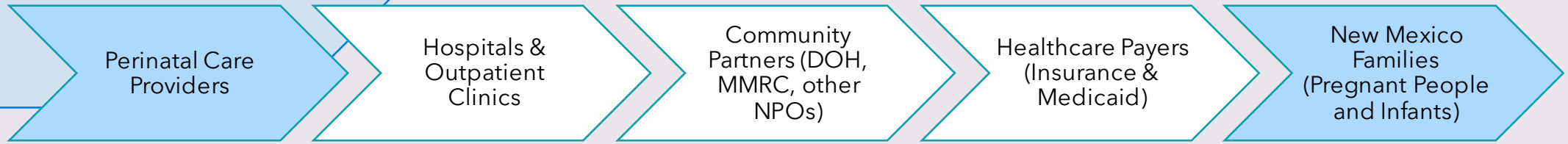
NMPC Maternal Safety Initiative

- 27 of New Mexico's 30 birthing hospitals
- 2 of 30 facilities temporarily closed
- 6 Critical Access Hospitals
- 3 Indian Health Services facilities
- Rurality of the state
- NMPC is an independent 501c3
- Kicked off CPPPSUD bundle Aug 2021

Diversifying voices in perinatal care & reducing clinical siloes

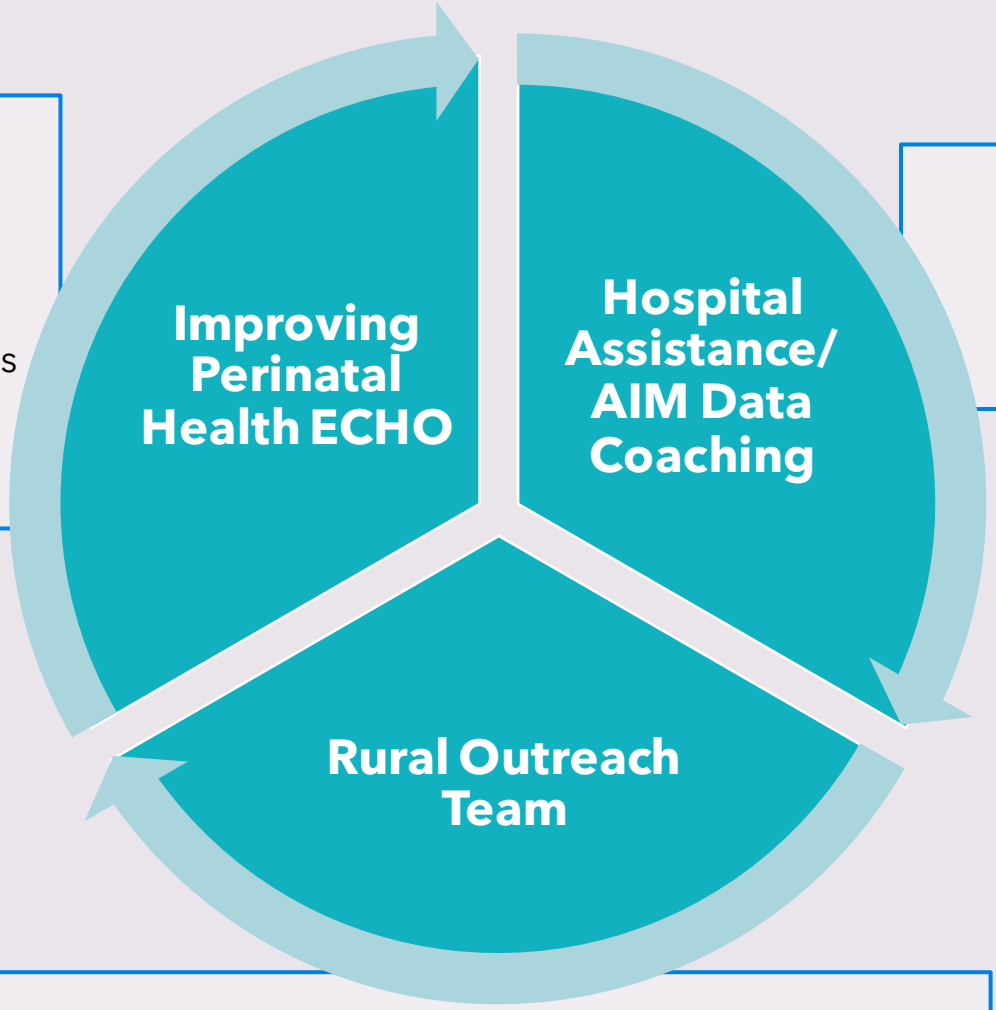
Statewide Coalition

physicians, midwives, nurses, advanced practice clinicians, pharmacists, doulas, lactation consultants, home visitors, policy advocates, community health workers, peer support specialists, community partners, lived experience experts



NMPC Maternal Safety Initiative: Outreach

- Tele-mentoring sessions supporting implementation of AIM Maternal Safety Bundles
- Vehicle for dissemination of best practices
- Didactic presentation and case format



- Technical support to AIM enrolled hospital teams on safety bundle implementation and QI.

- Team of multidisciplinary providers & NMPC travel to NM rural hospitals to provide on-site, place-based train-the-trainer sessions.

Hospital Assistance/ AIM Data Coaching

- Technical support to AIM enrolled hospital teams on safety bundle implementation and QI.

- Hospital teams began collecting data on CPPPSUD structure and process measures in May 2022

Challenges:

- Hospital team staff shortages, locums, turnover, no dedicated QI person in unit
- AIM Data Portal not real time data/not useful to hospitals
- COVID-19 reduced hospital capacity for data collection and coaching calls with NMPC
- Varied levels of engagement
- Temporary closures
- Lack of community resources, treatment options, and care team

Challenges to implementation in rural New Mexico: Equity & Readiness

"When we hear recommendations from the MMRC, there are so many assumptions there… treatment options simply don't exist in rural New Mexico. There are no mental health providers, we don't have a social worker on staff, and there is no MAT."

"There might be one rehab center, but they don't accept pregnant people."

"The biggest dealbreaker between rural and central New Mexico… [out here] you encounter the same situation again and again trying to creating a plan of care, "she needs rehab. There's this one place, but she'd have to bring her kids and they don't allow that. On top of that, she doesn't have access to reliable transportation…"

"Transportation is a huge issue and one of the biggest barriers our patients face in seeking care."

"Patients are told to travel to Albuquerque for treatment, prenatal care, for labor complications, as though that's a feasible plan. I think about the pregnant patient with kids at home and one truck on the family ranch that's five hours from Albuquerque."

"We care about QI but there is definitely fatigue because we don't even have things like a hemorrhage cart. The nurses on staff went to Home Depot and rigged one out of tackle boxes. This needs to be a part of the conversation when we talk about safety, not having the resources on hand to ensure patient safety."

Rural Outreach Team

- Team of multidisciplinary providers & NMPC travel to NM rural hospitals to provide on-site, place-based train-the-trainer sessions.

- Provide targeted train-the-trainer sessions, simulations, drills, etc.
- Focus on Critical Access Hospitals
- Outreach visit evaluation system and ongoing relationship building
- Community provider participation

Improving Perinatal Health ECHO

- Tele-mentoring sessions supporting implementation of AIM Maternal Safety Bundles
- Vehicle for dissemination of best practices
- Didactic presentation and case format

- Upcoming SUD sessions:

  Fentanyl epidemic in NM and associated MOUD challenges; Screening with a validated screening tool; Peer Support Specialists in perinatal care.

- Lived experience centering exercise
- SUD case format: “how might have stigma and bias impacted the outcome of this case?”

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Doulas for Pregnant People with Substance Use Disorders

Pilar Sanjuan, PhD

Julie Maxwell, ADN

Melissa Marie Lopez, MBA

Pregnant patients receiving substance use disorder treatment may greatly benefit from access to experienced doulas trained to provide trauma-informed and addiction-informed support. Not only can doula support reduce maternal morbidity and mortality in the context of prenatal substance use disorders, but doulas can also reduce the workload for providers during labor and delivery as well as prenatally and postpartum. This may be especially useful at a time when New Mexico is experiencing shortages in medical staff.

The Improving Perinatal Health program is a collaboration between Project ECHO, The New Mexico Perinatal Collaborative and the Alliance for Innovation on Maternal Health.

Focusing on maternal medicine by increasing awareness of best practices in New Mexico, the Four Corners and the southwest border regions.

noon-1 p.m. MT

No Cost Continuing Education Credits Available!

Audience:

- Physicians & Advanced Practice Clinicians
- Psychologists
- Midwives & Doulas
- Nurses
- Pharmacists
- Community Health Workers
- Counselors
- Social Workers
- Community Partners
- Peer Support Specialists

This project is supported by Johnson & Johnson

Register for Zoom Link Here

Contact Info:

IPH Webpage

Email: perinatalECHO@salud.unm.edu

Website: echo.unm.edu

HEALTH SCIENCES

ECHO

NMPC SUD in Pregnancy Workgroup

- **Promoting a culture shift to reduce stigma and bias in caring for pregnant and postpartum people with SUD**
- AIM CPPSUD bundle implementation & SUD curriculum
- Community partnerships & centering lived experience
- Harm Reduction
- Resource development and sharing
- Linking community & clinical networks of care
- SUD community resource mapping: Community Resource Survey
- Increase access to MOUD
- Engaging Peer Support Specialists in perinatal care

Artwork: https://www.boldfuturesnm.org/

08/02/21	Addressing stigma and providing respectful care for people who are substance using and pregnant	02/07/22	Pharmacology of Medication Assisted Treatment for Opioid Use Disorder
08/16/21	Practices and respectful care in supporting people who are substance using and pregnant: The dos, don'ts, and whys	02/21/22	Clinical Components of Medicated Assisted Treatment
09/20/21	Introduction to the AIM SUD Bundle - Care for Pregnant and Postpartum People with Substance Use Disorder	03/07/22	COVID-19 Vaccination in Pregnancy Updates
10/04/21	COVID Updates: Vaccinations in Pregnancy	03/21/22	CARA-CAPTA: Implementing the Plan of Care in Clinical Practice
10/18/21	Current Issues in the State: Epidemiological Scope of the Problems in New Mexico	04/04/22	The Fourth Trimester: Addiction and Recovery in Pregnancy and Postpartum
11/01/21	Harm Reduction: Overdose Prevention	04/18/22	Perinatal Syphilis Infections
11/15/21	CARA-CAPTA	05/02/22	Doulas for Pregnant People with Substance Use Disorders
12/06/21	Welcoming Difficult Conversations and Providing Respectful Care	05/16/22	Breastfeeding with Substance Use Disorder - Opiates, Stimulants, Etc.
12/20/21	Harm Reduction: Syringe Exchange	06/20/22	Effects of Alcohol Exposure During Pregnancy

Respectful Care : Language Commitment

Improving Perinatal Health ECHO is committed to reducing stigma and negative bias when discussing race, class, gender identity, sexual orientation, substance use, and mental health. By overcoming stigma, we work toward ending discrimination.

The language we use during ECHO sessions matters and we understand that breaking old habits can be tough to do. When we use person-first and strengths-based language it lifts people up and maintains the integrity of individuals as whole human beings. Let's work together to avoid using language that equates people to their condition or has negative connotations.

We appreciate your support in helping to gently correct us if you hear language that may be considered stigmatizing and celebrate with us when we choose language that leads to an environment with less discrimination.

Improving Perinatal Health ECHO: Centering lived experience expertise

BOLD FUTURES

Bold Futures, formerly Young Women United, leads policy change, research, place-based community organizing, and culture shift by and for women and people of color in New Mexico.

Bold Futures works to:

- Maintain and grow access to reproductive healthcare, including contraception and abortion
- Improve access to pregnancy related care, including:
  - licensed midwifery models of care
  - trauma informed care for substance using pregnant women and people
- Lead criminal and juvenile justice reform centering girls, women, and LGBTQ women and people
- Build strength based narratives and systems of support for young people, young parents and their families

Images provided by Bold Futures session materials

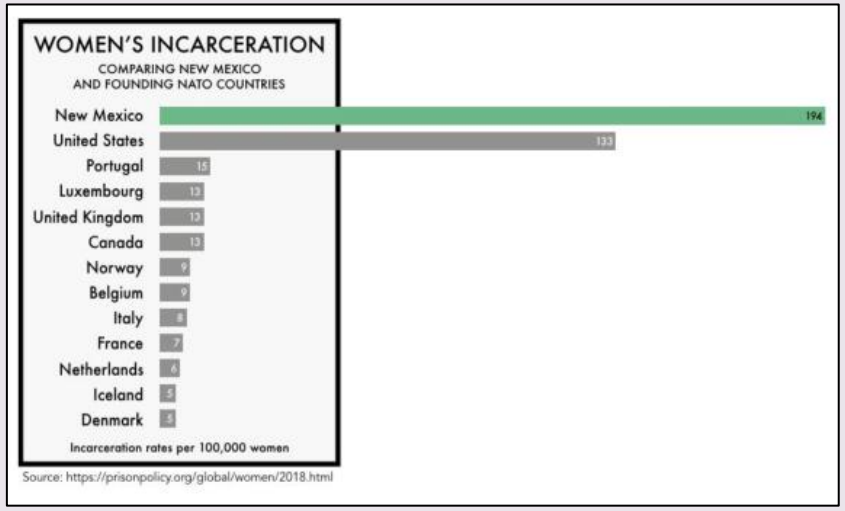
Bold Futures: Orientation to the CPPSUD Bundle

Grounding the AIM Bundle

Most trainings around substance use and pregnancy start with detailing potential dangers of a variety of drugs and substances in pregnancies and families.

Distinctly in our trainings, we intend to provide context around substance use in New Mexico and a basis for respectful, person centered care.

- Emphasis on reducing stigma and bias
- Context setting in NM



Images provided by Bold Futures session materials

Expert Panel of Leaders

- Centering exercise
- Evaluation of SUD cases; feedback
- Attendance and participation in SUD sessions

Images provided by Bold Futures session materials

Increase Access to Medication Assisted Treatment

- Multilevel work
- NMPC OB MOUD waiver trainings targeted to OB providers
- NM DOH Gap Analysis: 38% of units designated “MOUD Location”

Statewide MOUD waiver training *Every provider*

MOUD providers at every unit
Every unit

Standardizing access to quality care *Every patient*

Equity & Improved Outcomes

Utah Department of Health & Human Services

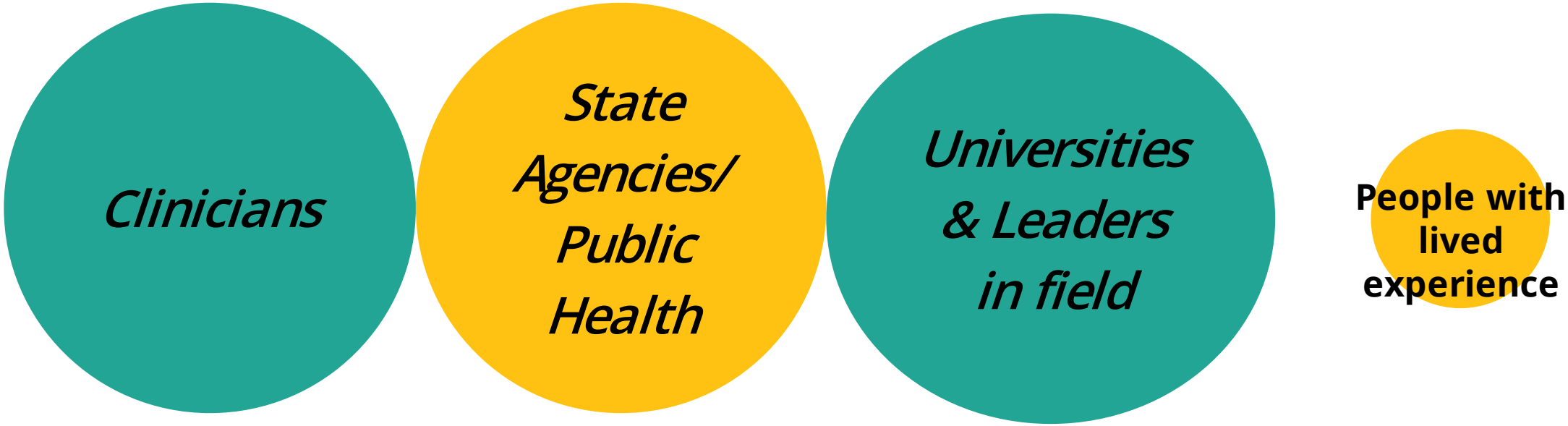
Lessons Learned–Care for Pregnant and Postpartum People with Substance Use Disorder

Utah Women and Newborns Quality Collaborative
Heather Bertotti Sarin, Quality Improvement Director
Janet Fisher, RNC-OB, C-EFM

Overview

- Kick-off meeting in March 2020
- Hospitals from Utah (25) and Wyoming (6) attended
- Previously worked on the Obstetric Hemorrhage and Hypertension Safety Bundles

Establishing a Multidisciplinary Team



Stigma

- Provided "Breaking Through Implicit Bias in Maternal Healthcare" online class and debrief session to interested hospitals and clinics
- Participants talked about what they could do to reduce implicit bias at their facility

"I ask you to help me fight stigma. I truly believe stigma is our biggest killer. Stigma kills more people than opioid overdoses…it keeps people from giving you help."

Surgeon General, Jerome M. Adams, 2020

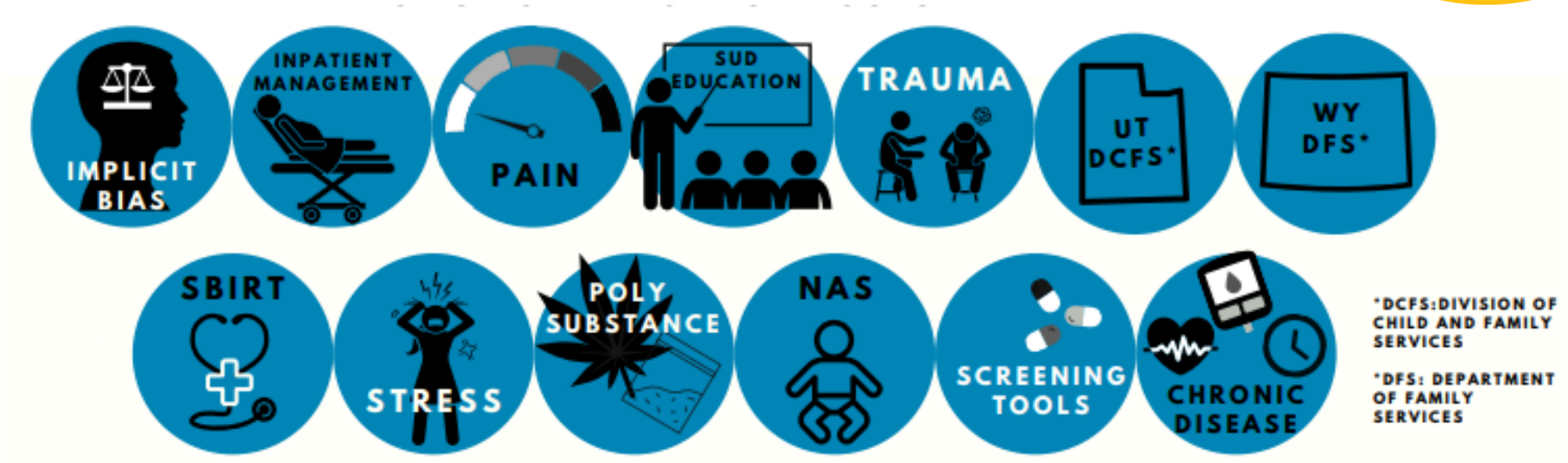
MARCH OF DIMES

QUALITY INTERACTIONS

Telehealth Training Sessions

Sessions recorded and available

Covered key aspects of safety bundle



Collaboration

AWHONN
UTAH
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

THE UNIVERSITY OF UTAH

Office of Home Visiting

Implementation Challenges

- Data Collection and analysis
- Recognizing Substance Use Disorder is an issue–bias
- Complexity of safety bundle–resources
- Coordination of what organizations are doing
- Implementing during pandemic
- Staffing/clinician capacity and burn-out

Resource Highlights

Pregnancy & Opioid Resources

H.O.P.E Folders

- Thanks to Illinois and Florida Perinatal Quality Collaboratives
- Clinician and Patient resources and Naloxone sent to all hospitals in UT & WY
- Worked with translation service to provide in Spanish

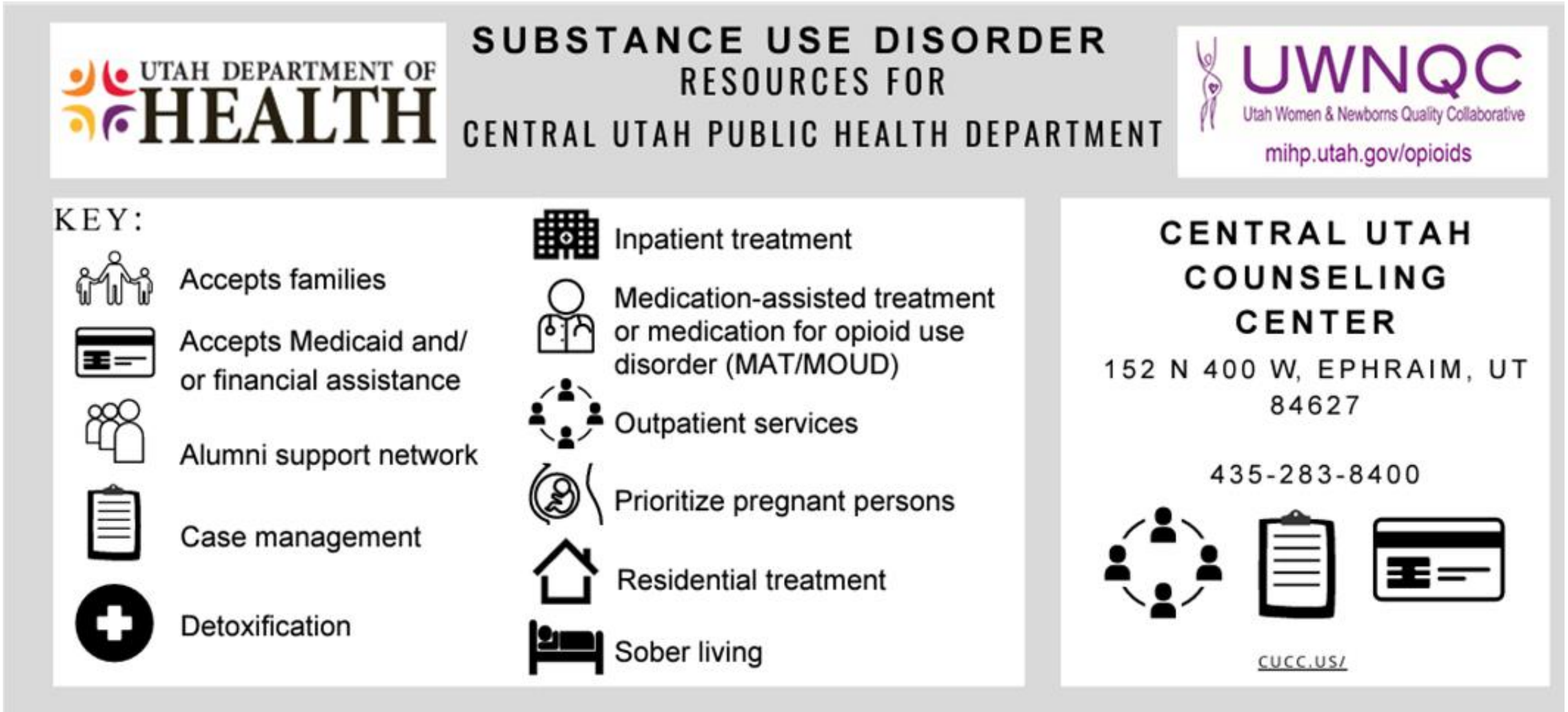
Website

- Compiled resources with the help of a nurse
- Developed separate website in Spanish

Local Resources

- Used MCH Title V summer interns to compile community resources for 9 Local Health Departments

Resources by Local Health Department



Gap Analysis

- Tool in Excel developed by University of Utah
- Used to track site progress toward safety bundle components
- Recognizes that not all hospitals have the same level of resources
- Used with our Steering Committee to determine overall progress

Template provided to kick-off participants

		Objective/Process	Current State	Status	Owner	Recognized Gaps	Action Plan/Next Steps	Desired State
		Readiness						
Patient Focus	1	Provide patient education about opioid use disorder (OUD) and available treatment.	No System in Place	Not Started				
	a	Emphasize that opioid pharmacotherapy and behavioral therapy are effective treatments for OUD.						
	b	Emphasize that substances use disorders (SUDs) are chronic medical conditions, treatment is available, family and peer support is necessary and recovery is possible.	Existing Process in Place, Needs Work					
	2	Provide education regarding neonatal abstinence syndrom (NAS) and newborn care.	Existing Process in Place, Works Well					
	a	Awareness of the signs and symptoms of NAS.	Existing Process in Place, Needs Work					
	b	Interventions to decrease NAS severity (ex. Breastfeeding, smoking cessation)	Not Yet Reviewed					
	3	Engage appropriate partners (i.e. social workers, case managers) to assist patients and families in the development of a "plan of safe care" for mom and baby.	Existing Process in Place, Needs Work					
Clinical	4	Provide staff-wide (clinical & non-clinical) education on SUDs.	Beyond Hospital's Capabilities					
	a	Create staff trainings, call-in resource, resource maps, etc. *	Existing Process in Place, Needs Work					
	b	Provide training regarding trauma-informed care.	Existing Process in Place, Works Well					
	5	Establish care coordination among all providers/services for all women with OUD.	Not Yet Reviewed					
	a	Utilize established lead coordinator, referal path, and follow-up plan	Existing Process in Place, Needs Work					

We'd love to hear from you:

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Janet Fisher jlafisher@gmail.com

Rainbow Bridge Natural Arch
Photo by Bill Leverton

Institute for Healthcare Improvement (IHI)

Kelly McCutcheon Adams, MSW, LICSW

Director

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SUD Draft AIM/IHI Change Package

Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in prenatal setting	Prescribe naloxone at discharge and train families and support people in using this.			AMA: How to administer Naloxone AMA: 5 Tips on talking with patients, families
	Create naloxone distribution toolkit for inpatient and outpatient settings			Sample: North Carolina Naloxone Distribution Toolkit

Reminders and Next Steps

- The next QI COL webinar will be held on July 26, 2022. The topic will be Sustaining the Gains and Spread. Participants will also present their storyboards during this webinar.
- If you have not done so already, register for QI COL sessions and download them to your calendar: https://nichq.zoom.us/meeting/register/tJckcOGorDoiHdXJ27vnCTcEZC8iuE39ucS6
- You can still sign up for TA! Complete this TA request form to set up a session with Jane or Sue when you're ready! One person from your state should fill this out. https://survey.alchemer.com/s3/6707471/QI-Community-of-Learning-TA-Form

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Thank you!

THANK YOU