

# Program Guide: Perinatal Substance Use Disorder Learning Collaborative

Developed by the WA State Safe Delivery's Roadmap and adapted from  
resources provided by California, Colorado, Illinois, and Florida PQC's

March 2022

# Welcome to the Collaborative!

## We're glad you're on the team.

This document will orient you to the WA State Safe Delivery Roadmap (SDR) Perinatal Substance Use Disorder Learning Collaborative.

### Contact

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## Introduction

Through the Safe Deliveries Roadmap initiative, the Washington State Hospital Association (WSHA) and our partners at the Department of Health (DOH) aim to improve birthing person and infant outcomes by establishing and promoting best practices for care.

Pregnancy is a unique time to address the complex and challenging health needs of people with a substance use disorder. It's an opportunity to provide interventions that can improve maternal and child health well beyond the perinatal period. Hospitals play a critical role in providing evidence-informed services and linkages to treatment.

In their most recent legislative report, the WA State Maternal Mortality Review Panel found that one of the leading underlying causes of pregnancy-related deaths were behavioral health conditions including suicide and overdose; and opioids were involved in most of the pregnancy associated accidental overdose.

Making systems changes and improving our care practices for people who are pregnant or postpartum and have a substance use disorder is one of the most impactful initiatives you can be involved in that improves outcomes and reduces maternal deaths in Washington State. **Thank you for being here.**

## Program Overview

This quality improvement program consists of three main components:

1. **Monthly Learning Sessions:** Each month, WSHA will host a one-hour learning session focused on a specific topic, such as screening or medication assisted treatment (see Appendix 2 for schedule). Topic experts will lead the trainings and you will have access to an online [toolkit](#) of resources and materials to help you implement best practices with your hospital team. We *highly* recommend that all your team champions attend these trainings. The sessions will be recorded and found on the [Safe Delivery Roadmap webpage](#).
2. **Regional Touchbase Team:** Once a month, your Regional Perinatal Coordinator will host a peer touch-base. These meetings provide technical assistance and support as you implement changes in your hospital and offer the benefit of connecting with other peer hospitals to troubleshoot barriers and share successes. See Appendix 5 to find your Regional Perinatal Coordinator.
3. **Implementation and QI:** Your team champions will choose what “Core Concepts” to implement with your hospital team throughout the year. We will provide resources on using a 30-60-90 QI approach to set your benchmarks for achievement (see Appendix 4).

## Project Goals

Global Aim: Improve identification, treatment, and support for individuals who give birth and families affected by substance use disorder.

Primary Drivers:

- Patient and family education
- Clinician education
- Identification
- Treatment and care
- Comprehensive discharge planning

SMART AIM:

By August 31, 2023, increase the percentage of women screening for substance use disorder (SUD) with a validated screening tool by 20%

By August 31, 2023, increase the percentage of pregnant women with opioid use disorder (OUD) who are referred for treatment by 20%

By December 31, 2023,  $\geq 50\%$  of hospitals that participated in the SDR AIM Learning Collaborative will apply to become a Center of Excellence for Perinatal Substance Use

## Learning Collaborative Checklist

<p style="margin: 0;"><b>Complete Before May 31, 2022</b></p> <p style="margin: 0;"><i>Review this checklist of items that should have been completed prior to May 12, 2022. If you have not completed one of them, please do so as soon as possible.</i></p>	
<input type="checkbox"/>	Identify at least 3 team champions to participate in Learning Collaborative. We recommend you select, at a minimum, a nurse, physician, and social work champion.
<input type="checkbox"/>	If you haven't already, complete the <a href="#">SUD Initiative Participation Form</a> . Even if signing up after the Kick-off, please complete the form so we have your contact information.
<input type="checkbox"/>	Each team member must <a href="#">register</a> for the monthly training sessions (this will send you a calendar invite for every monthly call throughout the year).  Refer to the training schedule and key dates (Appendix 2) and block off time on your calendar.
<input type="checkbox"/>	Bookmark the following webpages. These offer useful tools to support your improvement goals:  <ul style="list-style-type: none"> <li>- <a href="#">Safe Delivery Roadmap SUD Initiative</a></li> <li>- <a href="#">Center for Excellence for Perinatal Substance Use</a></li> <li>- <a href="#">Care for Pregnant and Postpartum People with Substance Use Disorder bundle</a></li> </ul>
<input type="checkbox"/>	Inform members of your hospital care team about the hospital's participation in the collaborative and what they can expect.  <i>Optional: schedule monthly/quarterly team meetings to share learning and resources</i>
<input type="checkbox"/>	Review the Data Collection Plan (Appendix 3) with your team. Also discuss how you might collect project data as part of your workflow (e.g., at bedside, EMR report, chart reviews, etc.,). Visit the <a href="#">Safe Delivery Roadmap webpage to learn more</a> .
<input type="checkbox"/>	Complete the Core Concepts Progression Survey: Pre-Test

<input type="checkbox"/>	<p>Team Champions decide <i>at least one</i> of the Core Concepts to accomplish in the first Action Period.</p> <p>Use the template found in Appendix 4 to create a draft 30-60-90-day plan for the first Core Concept you want to focus on. This plan helps your team decide where to start and identify what you want to accomplish in the first three months. Call it “[hospital name] 30-60-90 plan” and send to your Perinatal Regional Coordinator (Appendix 5) by <b>May 31, 2022</b>. Subject line: [hospital name] 30-60-90 plan</p>
<input type="checkbox"/>	<p>Attend the Kick-Off meeting on <a href="#">April 14, 2022, from 12:00 – 1:00</a></p> <p>Afterwards, you can review the slides and recording on this session on the <a href="#">Safe Delivery Roadmap webpage</a>.</p>

<b>During Action Periods (April 2022 – July 2023)</b>	
<input type="checkbox"/>	<p>Attend Initial Perinatal SUD Hospital Team Meeting on <a href="#">April 28, 2022, from 12:00 - 1:00</a> where you will meet your Perinatal Regional Coordinator and determine date and time for ongoing meetings.</p> <p>Afterwards, you can review the slides and recording on this session on the <a href="#">Safe Delivery Roadmap webpage</a>.</p>
<input type="checkbox"/>	<p>Attend Data Submission Instruction Session for MDC and Non-MDC hospitals On <a href="#">May 4, 2022, from 12:00 – 1:00</a></p> <p>MDC Hospitals: <a href="#">MDC ZOOM Meeting Link</a> Non-MDC Hospitals: <a href="#">AIM ZOOM Meeting Link</a></p>
<input type="checkbox"/>	<p>Attend monthly learning sessions and share back learnings with your team.</p>
<input type="checkbox"/>	<p>Attend monthly touch-base with your Perinatal Regional Coordinator.</p>
<input type="checkbox"/>	<p>Celebrate successes with your team early and often.</p>
<input type="checkbox"/>	<p>Submit data through the Maternal Data Center or AIM at least quarterly (ideally monthly) and complete the Core Concepts Progression Survey.</p>
<input type="checkbox"/>	<p>During each action period, implement at least one Core Concept using your 30-60-90-day plan to help move toward your goals. Conduct Plan-Do-Study-Act (PDSA) cycles to help your hospital test these changes. Refer to the Kick-off Toolkit found on the <a href="#">Safe Delivery Roadmap webpage</a>.</p> <p>Tips for success:</p> <ul style="list-style-type: none"> <li>• Focus on your priorities for improvement.</li> <li>• Start small and test a change/improvement with one nurse, one provider, one</li> </ul>

	<p>patient or for one day or one week</p> <ul style="list-style-type: none"><li>• Review results, make improvements and repeat the cycle if adjustments are needed, or spread and retest if you are successful</li></ul>
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## Appendix 1: Core Concepts

While every topic we discuss is important to the care of people who are pregnant and have a substance use disorder and their infant, the Core Concepts prepare you to become a [Center of Excellence for Perinatal Substance Use](#).

You will choose *at least one* Core Concept to focus on during **each** Action Period (see schedule in Appendix 2). Our goal is that every hospital who participates in the SUD Learning Collaborative will be prepared to apply to become a Center of Excellence.

A step-by-step guide to implementing each of these components, along with tools and resources, are found on the [Safe Delivery Roadmap webpage](#).

The Core Concepts are:

1. Stigma, Bias, Trauma-Informed Care
2. Screening, Brief Intervention and Referral to Treatment (SBIRT)
3. Medication Assisted Treatment (MAT)
4. Extended Stay/Rooming In
5. Care of Exposed Newborn (Eat, Sleep, and Console)
6. Lactation
7. Notification and Reporting
8. Linkage to Community Services/Warm Handoff

## Appendix 2: Training Schedule & Key Dates (subject to change)

Description	Date(s)
If you haven't already, complete <a href="#">SUD Initiative Participation Form</a>	By April 14, 2022
<a href="#">Register</a> for monthly training sessions (each person must register)	By April 14, 2022 <a href="#">Webinar Link</a>
Project Kick-Off	April 14, 2022, Noon – 1 p.m. <a href="#">Webinar Link</a>
Initial Perinatal SUD Hospital Team Meeting	April 28, 2022, Noon – 1 p.m. <a href="#">Meeting Link</a>
Data Submission Instruction for MDC and Non-MDC hospitals	May 4, 2022, Noon – 1 p.m. MDC Hospitals: <a href="#">MDC ZOOM Meeting Link</a> Non-MDC Hospitals: <a href="#">AIM ZOOM Meeting Link</a>
Complete pre-test	By May 31, 2022
Complete a 30-60-90-day plan for your chosen Core Component during Action Period #1 and send it to your Perinatal Regional Coordinator	By May 31, 2022
<b>Action Period #1</b>	
Learning Session #1: Stigma & Bias and Trauma Informed Care	May 12, 2022, Noon – 1 p.m.  Presented virtually within the WA State Perinatal Advisory Committee (WAPAC) Conference  <a href="#">Webinar Link</a>
Learning Session #2: Screening & Readiness for Change	June 9, 2022, Noon – 1 p.m.  <a href="#">Webinar Link</a>
Learning Session #3: Treatment of Substance Use Disorder & Medication for Opioid Use Disorder (MAT)	July 14, 2022, Noon – 1 p.m.  <a href="#">Webinar Link</a>
Learning Session #4: Multi Care Team Coordination & Patient-Centered Care	August 11, 2022, Noon – 1 p.m.  Presented within the WSHA & DOH Perinatal Mental Health and SUD Summit- Virtual option available  <a href="#">(Meeting link coming)</a>

<ul style="list-style-type: none"> <li>• Data</li> <li>• Monthly coaching calls</li> <li>• Complete a 30-60-90-day plan for your chosen Core Component during Action Period #2 and send it to your Perinatal Regional Coordinator</li> </ul>	Data due (monthly is ideal but quarterly is ok) (add to calendars): <ul style="list-style-type: none"> <li>• May 31</li> <li>• June 30</li> <li>• July 31</li> <li>• August 30</li> </ul>
<b>SUD Learning Collaborative Conference</b>	<b>August 11, 2022</b>
<b>Action Period #2</b>	
Learning Session #5: Care of Exposed Newborn (Eat, Sleep, Console)	September 8, 2022, Noon – 1 p.m. <a href="#">Webinar Link</a>
Learning Session #6: Extended Stay & COMPASSION Model	October 13, 2022, Noon – 1 p.m.  Presented virtually within the WA State Perinatal Advisory Committee (WAPAC) Conference  <a href="#">(Meeting link coming)</a>
Learning Session #7: Notification & Reporting Process for Exposed Infant	November 10, 2022, Noon – 1 p.m. <a href="#">Webinar Link</a>
Learning Session #8: SUD & Lactation Guidelines	December 8, 2022, Noon – 1 p.m. <a href="#">Webinar Link</a>
<ul style="list-style-type: none"> <li>• Data</li> <li>• Monthly coaching calls</li> <li>• Complete a 30-60-90-day plan for your chosen Core Component during Action Period #3 and send it to your Perinatal Regional Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• Data due (monthly is ideal but quarterly is ok) (add to calendars): <ul style="list-style-type: none"> <li>○ September 30</li> <li>○ October 31</li> <li>○ November 30</li> <li>○ December 31</li> </ul> </li> </ul>
<b>Action Period #3</b>	
Learning Session #9: Outpatient Care Coordination & Linkage to Community Services	January 12, 2023, Noon – 1 p.m. <a href="#">Webinar Link</a>
Learning Session #10: Overdose Education, Prevention, and Naloxone Prescribing	February 9, 2023, Noon – 1 p.m. <a href="#">Webinar Link</a>
Learning Session #11: Contraception	March 9, 2023, Noon – 1 p.m. <a href="#">Webinar Link</a>
Learning Session #12: Patient Education, Empowerment & Provider Wellness	April 13, 2023, Noon – 1 p.m.  Presented virtually within the WA State

	Perinatal Advisory Committee (WAPAC) Conference <a href="#">(Meeting link coming)</a>
<ul style="list-style-type: none"> <li>• Data</li> <li>• Monthly coaching calls</li> </ul>	<ul style="list-style-type: none"> <li>• Data due (monthly is ideal but quarterly is ok) (add to calendars): <ul style="list-style-type: none"> <li>○ May 31</li> <li>○ June 30</li> <li>○ July 31</li> </ul> </li> </ul>
<b>Project Closeout and Celebration</b>	<b>May 2023</b>

## Appendix 3: Data Collection Plan

### Data Collection Plan

Data	Submission	Data Collection Frequency	Explanation
AIM Data Measures	Maternal Data Center or AIM	Monthly	Fulfills AIM data requirements  Visit <a href="#">Safe Delivery Roadmap webpage for data guidelines and resources.</a>
Core Concepts Progression Survey: <i>Pre-Test</i>	Survey Monkey sent April 2022	by May 31, 2022	Determine what Core Concepts hospitals have already engaged in
Core Concepts Progression Survey: <i>Action Period #1</i>	Survey Monkey sent September 2022	By October 31, 2022	Determine short-term outcomes of the training, any improvements that were made
Core Concepts Progression Survey: <i>Action Period #2</i>	Survey Monkey sent January 2023	By February 28, 2023	
Core Concepts Progression Survey: <i>Action Period #3</i>	Survey Monkey sent May 2023	By June 30, 2023	
Core Concepts Progression Survey: <i>Post-test</i>	Survey Monkey link sent out <b>6 months after</b> the last training	6-7 months after the last training	Determine immediate outcomes of Collaborative
Core Concepts Progression Survey: <i>1 year Post-test</i>	Survey Monkey link sent out <b>1 year after</b> the last training	12-13 months after the last training	Determine long-term outcomes of Collaborative
Centers of Excellence Certification	<a href="#">Center of Excellence webpage</a>	Continuous	Determine how many hospitals are certified as a Centers of Excellence

## Core Concepts Progression Survey Guide

Hospital Name (text box)

Has your hospital implemented/completed a:	Not Started 0	Developing Procedure 1	Educating Users 2	Fully Implemented Date 3
Procedure to universally screen every person giving birth for substance use disorder using a validated screening tool in OB Triage and/or during admission to an OB unit?				Date (year): Name of Tool:
Procedure to universally screen every person giving birth for perinatal mood and anxiety disorders using a validated screening tool?				Date (year): Name of Tool:
Process to utilize a provider consultation who is on-site or on-call that can guide the initiation or adjustment (titration) of maintenance medication to treat opioid use disorder in a pregnant or postpartum person?				
Policy/procedure that allows the birth parent and infant to room together unless the birth parent is in the ICU or there are medical reasons outside of Neonatal Abstinence Syndrome (NAS) that require the infant to be in the NICU?				
Guidelines that support breastfeeding for individuals who are on medication to treat opioid use disorder that is trauma-informed and supports a person's choice to breastfeed?				
Policy that requires the use of non-pharmacological interventions as the first line of treatment for withdrawal symptoms in the infant (e.g., Eat, Sleep, Console)?				

Process that outlines who and how family-centered dialogue occurs to ensure families are aware of the interactions to expect with child welfare services?				
Process that outlines if a notification or a report with child welfare is indicated?				
Procedure to ensure postpartum appointments are scheduled by discharge, including a warm handoff? (e.g., maternal discharge checklist)				

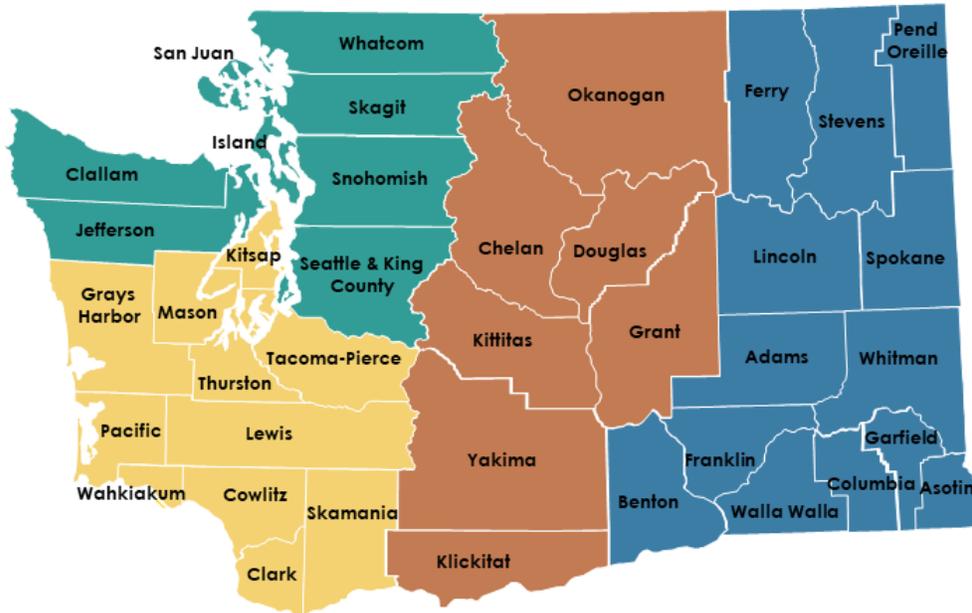
### Appendix 4: 30-60-90 Day Plan

<b>NEXT 30 DAYS</b>	
Goal:	
Tasks to achieve goal	Responsible Party
	•
2.	•
3.	•
<b>NEXT 60 DAYS</b>	
Goal:	
Tasks to achieve goal	Responsible Party
1.	•
2.	•
3.	•
<b>NEXT 90 DAYS</b>	
Goal:	
Tasks to achieve goal	Responsible Party
1.	•
2.	•
3.	•

## Appendix 5: Perinatal Regional Coordinators

### Perinatal Regional Networks

Department of Health manages contracts with four regional perinatal centers in Washington State to coordinate and implement state and regional quality improvement projects to improve pregnancy and newborn outcomes.



#### Northwest Region:

Mary Kay Ausenus, MSN, WHNP, CPHQ  
[marykaya@wsha.org](mailto:marykaya@wsha.org)

#### Southwest Region:

Susan Bishop, RN, MN  
[Susan.Bishop@multicare.org](mailto:Susan.Bishop@multicare.org)

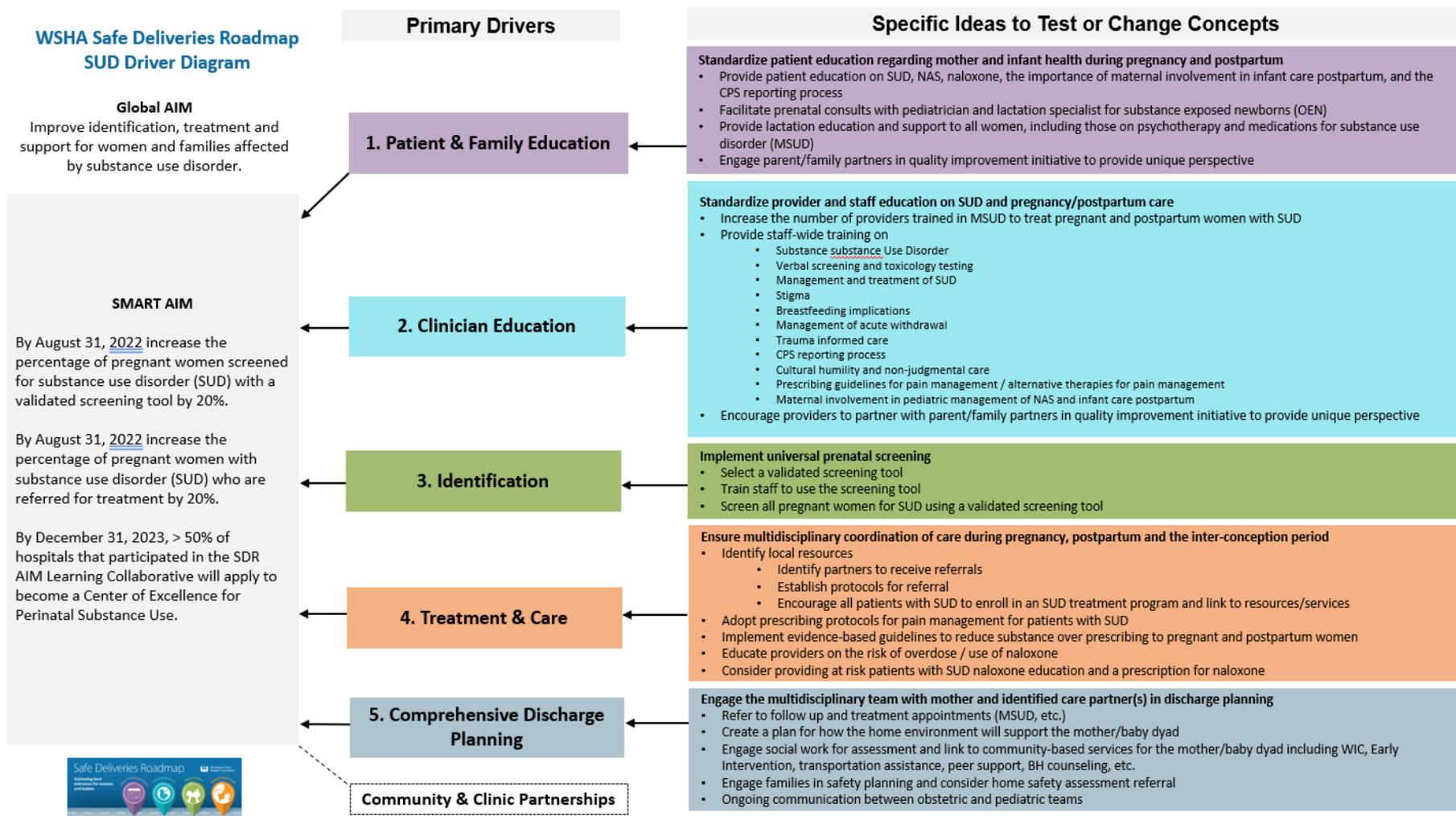
#### Central Region:

Sharilyn Emhoff, RN, BSN  
[Sharilynemhoff@ymh.org](mailto:Sharilynemhoff@ymh.org)

#### Eastern Region:

Rebecca Penders, PhD, RNC-OB  
[Rebecca.Penders@providence.org](mailto:Rebecca.Penders@providence.org)

# Appendix 6: Driver Diagram



## Appendix: Expectations

### What should my team expect from the Collaborative?

- **Monthly learning sessions**  
*receive education on specific topics related to collaborative, learn about quality improvement implementation, and hear from leaders in the field*
- **Individualized implementation guidance and support**  
*connect with other teams, design interventions that address your hospital's priorities*
- **Rapid feedback**  
*strategize improvement with support from Safe Delivery Roadmap staff and partners*
- **Data insights**  
*receive detailed reports based on your own hospital data to guide individualized interventions: where has your team been successful and where can you improve? how does your hospital compare in WA and nationwide?*
- **Clinical and improvement science education**  
*learn best practices and innovations to support optimal outcomes*

### How to get the most out of the Collaborative

- **Commitment to improvement**  
*establish a multidisciplinary team dedicated to improving outcomes*
- **Active Participation**  
*project champions actively participate in all scheduled meetings (project Kick-Off, monthly learning sessions, and monthly coaching calls); ensure any assigned prep work is completed prior to sessions; present work/progress to the group upon request*
- **Implementation**  
*implement one or more Core Concepts during Action Periods based on best practice guidelines and the unique needs of your hospital*
- **Data Collection & Reporting**  
*report monthly for the duration of the collaborative, and up to one year after for assistance monitoring sustainability of implemented changes*
- **Provide Feedback**  
*we practice continuous quality improvement, too! Your feedback helps us better serve you.*