

Labor & Delivery Universal Screening Protocols for Substance Use Disorder (SUD):

Lessons Learned through Pilot Implementation of the AIM Obstetric Care for Women with Opioid Use Disorder Bundle

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Project Aim

- Determine challenges to and solutions for successful implementation of universal screening for SUD at the time of admission for birth
- Assess a Screening, Brief Intervention, and Referral to Treatment (SBIRT) training curriculum for relevance to hospital Labor & Delivery team workflows
- Develop a feasible data plan for bundle implementation

Background

- CPCQC serves as the implementation arm of the Colorado Department of Public Health & Environment's Maternal Mortality Prevention Program
- CPCQC will convene a Learning Collaborative in 2021 to implement the Alliance for Innovation in Maternal Health (AIM) [Obstetric Care for Women with Opioid Use Disorder](#) Patient Safety Bundle

Pilot Methods

8 hospitals were recruited to pilot this initiative from July – September 2020. These teams:

- Completed an SBIRT Readiness Assessment to establish protocol baselines and identify trends
- Participated in SBIRT Core Components (Peer Assistance Services) and Breaking Through Bias in Maternity Care (March of Dimes) trainings
- Shared challenges & solutions for EMR reporting

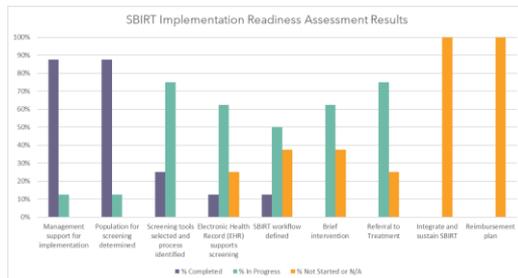
Outcomes

Common Assets

- Clinician/Staff dedication & administrative support
- Relationships with Addiction Medicine specialists
- Staff & clinician familiarity with local resources
- Peer Learning Opportunities for:
 - Clinical workflow (stop orders, redundancies, etc.)
 - Sample protocols for L&D workflows
 - Solutions where resources are lacking (e.g., CM)

Common Needs

- Standardization needs at all levels of SBIRT:
 - Awareness and use of validated screening tools
 - Response to a positive brief screen
 - Provider consistency in brief intervention
 - Formal protocols for documentation, toxicology screening, Plans of Safe Care, coordination with child welfare, and referral to treatment
- Staff training for comfort in difficult conversations
- Protocols and education related to stigma, bias, equity, and trauma-informed care



Next Steps

CPCQC will launch a Learning Collaborative¹ in 2021 to implement the AIM: Obstetric Care for Women with Opioid Use Disorder bundle.

2021 Learning Collaborative Timeline



CPCQC will help participating hospital teams:

- Draft best practice protocols for universal SBIRT
- Address EMR documentation and reporting challenges
- Provide additional SBIRT and bias training opportunities statewide
- Map community resources for substance use treatment and mental health, particularly treatment options for pregnant/parenting families
- Incorporate universal maternal depression and anxiety screening where not already present

¹ Based on the Institute for Healthcare Improvement's Breakthrough Series Collaborative Model. http://bit.ly/IHI_BTS_WhitePaper

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