**Goal:** The goal of this self-assessment is to help the CPCQC team better understand the current policies, practices, and workflows in place at your hospital. The pillars and domains of the [Turning the Tide: A Perinatal Substance Use Initiative](https://cpcqc.org/programs/co-aim-sud/) is based on an Alliance for Innovation on Maternal Health (AIM) [Patient Safety Bundle](https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-people-with-substance-use-disorder/). Each pillar and domain is listed below and includes an example task as reference. The results of this assessment will be used to help guide your annual goal setting and priority development.

**Status of Implementation 1-5 rating**: This is defined as the current stage of implementation for each specific domain action item.

Likert Scale Key:

* + **5**: It is currently fully implemented on the unit. The staff is aware of the necessary resources and where they are located.
  + **3**: The unit is currently working to implement this action item. Pieces of it are in place, but there is no full buy-in or continued use.
  + **1**: This action item is not at all implemented on the unit.

**Difficulty to Implement Stoplight Rating:** This rating indicates the potential barriers the unit could face in attempting to implement this specific action item in the unit culture. Green indicates easy implementation, and Red indicates difficult implementation. Please also include the “why” and context around the unit and how that will impact the action item.

Color Key:

* Green: a quick win project (Ex: Creating or updating patient facing education)
* Yellow: a incremental gains project (Ex: Scheduling stigma & bias training)
* Red: a major project (Ex: EMR integration for data collection)

**Resources for additional guidance:**

[IHI and AIM Change Package](https://saferbirth.org/wp-content/uploads/Substance-Use-Disorder-Change-Package-Updated-May-2024.pdf)

[Element Implementation Details](https://saferbirth.org/wp-content/uploads/CPPSUD_EID_Final_V1_2022.pdf)

| **Readiness** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Domain to Be Assessed** | **Example Tasks** | **Status of Implementation** | **Difficulty to Implement** | | |
|
| Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure | \*Establish practices that distribute patient educational materials equitably to all patients  \*Culturally relevant patient education and translated into the most common languages spoken by the population served  \*Folders pre-filled with culturally appropriate education materials and referral resources | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| Why?: | | |
| **4** |
|
| **3**: Working to implement |
|
| **2** |
|
| **1**: Not at all implemented |
|
| Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs  Collaborators may include:   * obstetrics * maternal-fetal medicine * addiction medicine * psychiatry * social work * neonatology & pediatrics * nursing * lactation * those with lived experience | \*Team meets at regular intervals to guide SUD care and improvements  \*Team identifies priorities for the unit initiative  \* Pain management approaches that utilize shared medical decision making with the birthing person’s goals and values in accordance with a safe therapeutic regimen | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment | \*Referral resource list is readily available to all unit staff  \*Referral resources are updated at regular intervals  \*Staff are educated on available resources & support services | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Develop trauma-informed protocols and anti-racist training to address healthcare team member biases and stigma related to SUDs | \*Staff complete training on trauma-informed care, anti-racism, stigma and bias.  \*Staff complete training on perinatal perinatal substance use | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Engage appropriate partners to assist pregnant and postpartum people and families in the development of Plans of Safe Care, starting in the prenatal setting | \*Unit has partnerships with community organizations to support inpatient to outpatient transitions  \*Unit has partnerships with prenatal care providers to support the creation and continuation of Plans of Safe Care | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Facility or system toxicology policy has been reviewed within 1 year |  | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Facility or system perinatal substance use policy has been reviewed within 1 year |  | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |

| **Recognition and Prevention** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Domain to Be Assessed** | **Example Tasks** | **Status of Implementation** | **Difficulty to Implement** | | |
| Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission | \*The unit has implemented a validated screening tool for perinatal substance use  \*The unit universally screens for perinatal substance use during hospital birth admission  \*Staff has participated in SBIRT training  \*Staff utilize SBIRT strategies | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Screen all pregnant and postpartum people for Perinatal Mental Health Conditions using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission | \*The unit has implemented a validated screening tool for perinatal mental health conditions, including depression and anxiety  \*The unit universally screens for perinatal mental health conditions during hospital birth admission | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Distribution of Naloxone as a harm reduction strategy | \*The unit distributes Naloxone to all patients identified with opioid use  \*The unit prescribes Naloxone to all patients receiving an opioid prescription | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |

| **Response** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Domain to Be Assessed** | **Example Tasks** | **Status of Implementation** | **Difficulty to Implement** | | |
| Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, and discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up | \*The unit counsels all patients identified with substance use on recovery treatment services.  \*A social worker consults with every patient identified with substance use before hospital discharge  \*The unit utilizes peer recovery services | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Assist pregnant and postpartum people with OUD to receive evidence-based, person-directed OUD treatment, including MOUD/MAT that is welcoming and inclusive in an intersectional manner, and discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up | \*The unit counsels all patients identified with opioid use on MOUD maintenance, initiation, and or referral.  \*A social worker consults with every patient identified with substance use before hospital discharge  \*Implementation of withdrawal management clinical pathways and order sets. | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Implementation of specific pain management and opioid prescribing guidelines for patients with a diagnosis of opioid use disorder | \*Pain management approaches that account for each person’s unique pain sensitivity and avoid the use of mixed agonist-antagonist opioid analgesics such as nalbuphine.  \*Pain management approaches that utilize shared medical decision making congruent with the pregnant and post-partum person’s goals and values in accordance with a safe therapeutic regimen. | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Implementation of post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions | \*Patients have a postpartum visit (for any reason) scheduled  \*Provide referrals to other needed healthcare providers (e.g. behavioral health, mental health, infectious disease).  \*Provide breastfeeding and lactation support if desired for all postpartum people receiving SUD treatment. | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |

| **Reporting** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Domain to Be Assessed** | **Example Tasks** | **Status of Implementation** | **Difficulty to Implement** | | |
| Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able | \*The unit collects data on SUD and PMHCs screening rates by race, ethnicity, and payor  \*The unit collects data on the clinical care provided to patients identified with substance use including scheduling a postpartum visit, consulting with social work, and counseling and referral to recovery treatment services | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Convene with inpatient and outpatient providers and community stakeholders, including those with lived experience, in an ongoing way, to share successful strategies and identify opportunities to improve outcomes and system-level issues | \*The unit consults with peer recovery support specialists/peer recovery doulas to support the care of patients identified with substance use  \*The unit participates in collaborative learning opportunities with peer hospitals and/or community organizations | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |

| **Respectful, Equitable, and Supportive Care** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Domain to Be Assessed** | **Example Tasks** | **Status of Implementation** | **Difficulty to Implement** | | |
| Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person’s values and goals | \*The unit has a protocol for informed consent for toxicology screening  \*The unit implements the principles of shared decision-making in patient care | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Address stigma and bias related to perinatal substance use through training, protocols, and person-first language | \*The unit has implemented staff training on stigma and bias  \*The unit has implemented staff training on person-first language  \*The unit has reviewed and updated protocols and policies to reflect patient-centered, evidence-informed care | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |
| Established a standardized process to conduct debriefs with patients after a severe event  *(Severe events may include the Joint Commission sentinel event definition, severe maternal morbidity, or fetal death.)* | \*The unit includes patient support networks during patient event debriefs, as requested. | **5**: Fully implemented | Quick Win | Incremental Gains | Major Project |
| **4** | Why?: | | |
| **3**: Working to implement |
| **2** |
| **1**: Not at all implemented |