MNO-OB Teams Call
Screening and Linkage to Care:
Part 1 Screening

June 25, 2018
12:00 – 1:00pm
Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance
IMPORTANT WEBINAR & PHONE LINE CHANGE

Using **NEW** webinar and conference phone lines for future ILPQC Meetings starting in June 2018:

**Team Calls (MNO OB/Neo, IPLARC, HTN, GH):**

- WebEx webinar and conference line software (starting 6/2018)

ILPQC will update all this information on the website and include in all future communications
Tips for Accessing WebEx

- You must manually add the meeting to your calendar.
- WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device.

Add to calendar by clicking either of these options.

Call-in info:
- Join by phone:
  - +1-415-655-0002 US Toll Global call-in numbers

Can't join the meeting?
Based on team feedback, the ILPQC MNO OB and Neonatal Teams calls will be held back-to-back from 12pm to 2pm CST today

- MNO-OB: 12pm – 1pm
- MNO-Neo: 1pm – 2pm

We will transition from the MNO-OB call to the MNO-Neo call at approximately 1pm using the same webinar and phone line.

To help us make the back to back call transition as smooth as possible, please respond to the webinar survey questions:

- Are you remaining on for the MNO-Neo call after the MNO-OB call is completed?
- If so, would you prefer a 15 minute break between MNO-OB and MNO-Neo calls?
Not Receiving ILPQC Communications?

Not getting Teams Calls reminders, newsletters, etc.? Follow these easy steps!

1. Make sure to put info@ilpqc.org on your ‘safe senders’ and contact list on your email
2. Fill out this ILPQC Newsletter Form to be added to our mailing lists!

Follow this link: http://ilpqc.us13.list-manage.com/subscribe?u=244750cf0d942e5d1b1ca3201&id=140e251aca
Welcome to New ILPQC Staff and Summer Intern!

Please join ILPQC in a warm welcome for our new Nursing Quality Manager, Autumn Perrault, RN and our two summer interns, Maeve Dixon & Kristin Saroyan!

Autumn worked as an L&D nurse for 10 years at Evanston hospital with hospital policy experience before transitioning to this role.

Maeve is a MPH candidate at UIC School of Public Health

Kristin is an Engage Chicago Summer intern from John’s Hopkins
Overview

- Introductions
- Face-to-Face Recap
- MNO- How Do We Improve Care?
- ILPQC Data System & Training Calls
- Screening & Linkage to Care: Validated Screener
- Screening for Perinatal Substance Use at Dartmouth-Hitchcock
  - Louise Carpenter, RN, BSN
- Face-to-Face Breakout - Facilitator Key Take Away
- Next Steps & Call Schedule
ILPQC FACE-TO-FACE RECAP
ILPQC OB Face-to-Face Meeting Debrief

• 327 physicians, nurses, and public health professionals attended OB Meeting
• 231 attended the neonatal meeting on 5/31
• Over 100 attendees present at both
• Contact us with any comments, successes, or improvement for next year
Distributed Hospital Team Toolkit Binders & Patient Education Materials at F2F

- Handed out 90 MNO-OB and 70 MNO- Neo and 15 IPLARC Binders
- Patient education materials distributed included:
  - Prescription opioid tear pads
  - Maternal opioid used disorder tear pads
  - NAS infant care ½ page cards
  - NAS booklet
- Provider education materials for pick up included:
  - Pause before your prescribe
MNO-OB Toolkit Next Steps

- 94 OB Hospitals interested in MNO-OB attended the Face-to-Face (includes currently participating teams & teams without a roster submitted)
  - 87 have rosters submitted (7 need to submit)
  - 5 have rosters submitted, but no toolkit yet
- We will follow-up with teams who have submitted OB rosters since the Face-to-Face meeting to send toolkits
- Downloadable toolkit links to ILPQC website coming this week
- Living document- please share any relevant and timely resources that you come across that would help hospitals implement QI
If your team has not submitted an MNO-OB Roster, please do so by WEDNESDAY, JUNE 27!

We want to make sure your team is included in all MNO communications to attend collaborative learning webinars and receive QI support

https://www.surveymonkey.com/r/ILPQC_OBHospitalRoster_MNO
MNO: HOW DO WE IMPROVE CARE?
MNO By-the-Numbers

- 107 Hospitals across Illinois currently participating (rosters submitted & pending rosters) in Mothers and Newborns affected by Opioids (MNO):
  - 100 MNO-OB QI Teams
  - 88 MNO-Neo QI Teams
Mothers Affected by Opioids: How do We Improve Care?

Increase moms on Medication Assisted Therapy by delivery
• Hospitals implement and share with affiliated prenatal care sites a validated screening tool, implement SBIRT protocol, map local resources and create a process flow to link moms with OUD to MAT and needed services.
• Provide education to providers on stigma reduction and key protocols (screening, SBIRT, linkage to care, optimal care protocols)

Engaging moms in the non pharmacologic care of babies with NAS (breastfeeding, skin to skin, rooming in)
• Care checklist prenatally and at L&D
• Patient education (consult and standardized education materials) empowering moms their participation matters!
• Hospital level process flow / protocol changes to increase maternal participation (rooming in, breast feeding, eat-sleep-console)
MNO Key Opportunities for Improvement (June & July 2018)

1. **Improve identification of pregnant women with opioid use disorder (OUD) through standardized screening and assessment for OUD on: admission to labor and delivery, emergency rooms, affiliated outpatient prenatal sites; and implementation of Screening, Brief Intervention, Referral to Treatment (SBIRT) protocol.**

2. **Improve linkage to addiction care for moms with OUD through standardized mapping of local resources to link moms to addiction services/MAT/behavioral health services in your area. Share completed local linkage to care resources document and process flow for linking moms with OUD to MAT and needed services, with inpatient OB units, ER and affiliated prenatal care sites.**
Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle

ACOG District II Opioid Use Disorder in Pregnancy Bundle

https://www.acog.org/-/media/Districts/District-II/Public/PDFs/ACOG_OpioidUse_Readiness_Recognition_Prevention_FINAL_Updated_POSC_June.pdf?dmc=1&ts=20180619T1807414894
MNO DATA SYSTEM OVERVIEW
How do we define women with OUD for data collection?

• All women delivering at your hospital with:
  • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or
  • Patient reports misuse of opioids / opioid use disorder, or
  • using non-prescribed opioids during pregnancy, or
  • using prescribed opioids chronically for longer than a month in the third trimester, or
  • if newborn (viable pregnancy ≥24 weeks, 0 days) has an unanticipated positive neonatal cord, urine, or meconium screen for opioids.
• Will submit with monthly data: REDcap MNO Form
What data are teams collecting to track progress?

- Monthly Data (by the 15th of following month)
  - OB Teams
    - **ILPQC MNO:** All women with OUD collect process and outcome measures
    - **ILPQC MNO OB Monthly Sample of Documentation of OUD Screening:** Random sample of 10 charts from all deliveries to collect % screened for OUD
  - Neo Teams: All opioid exposed newborns

- Quarterly Data (every 3 months)
  - **ILPQC MNO OB Quarterly Structure Measures:** track your QI work: patient and provider education, protocol implementation, mapping resources, process flow etc.
OB Data Collection & Review
Steps for Teams

MONTHLY Data
- Collect bedside and via chart review on process and outcome measures all women with OUD
- Random sample of 10 charts from all deliveries for % screened
- Data forms live in REDCap by June 29
- Baseline data for Oct-Dec 2017 due August 15, 2018
- Monthly data starting July 2018 due August 31, 2018
- Review real-time web-based reports with your team available in August 2018

QUARTERLY Data
- MNO OB Structure Measures: Report system and culture change opportunities for improvement
- Baseline data for 2017 Q4 (Oct – Dec 2017) due August 15, 2018
- Quarterly data starting 2018: Q2 (Apr – Jun 2018) due August 31, 2018
- Review your hospital data at your QI team meetings and statewide data on OB MNO Teams Calls

FORM OPTIONS: The monthly data form (print ver.) is available as a joint OB-Neo or as separate OB & Neo forms
1. Gain access to REDCap to submit data by submitting the REDCap access form by **June 27<sup>th</sup>** if you haven’t yet

2. Baseline monthly and quarterly data (Oct – Dec 2017) submitted into REDCap by **August 15<sup>th</sup>**

3. Prospective monthly data collection begins **July 2018** and July data due into REDCap by **August 31<sup>st</sup>** and continues monthly (typically submit by 15<sup>th</sup> for previous month)
   - Includes MNO Data Form
   - Sample of 10 charts for OUD Screening Form

4. Quarterly data collection begins 2018 submit Q2 by **August 31<sup>st</sup>** and continues quarterly (submit Q3 **Oct 15**, Q4 **Jan 15**, etc.)

5. Please reach out to info@ilpqc.org with any questions or to discuss special circumstances
REGISTER NOW for MNO REDCap Data Training

• Four 1-hour data training calls to review steps to submit data and answer any questions from teams

• Each hospital must have team members entering data attend one of the following calls
  – Tuesday, July 10th: 2-3pm (OB Focused Data)
  – Wednesday, July 11th: 10-11am (Neonatal Focused Data)
  – Tuesday, July 17th: 9-10am (Neonatal Focused Data)
  – Wednesday, July 18th: 12-1pm (OB Focused Data)

• Register for your preferred training call date/time
SCREENING & LINKAGE TO CARE: IMPLEMENTING A VALIDATED SCREENER
Screening all pregnant women as early as possible to identify more moms with Opioid Use Disorder / Substance Use Disorder and improving linkage to care will improve mom and baby short and long term outcomes

- Engage in optimal free-of-stigma prenatal care
- Link to Medication-Assisted Treatment (MAT) and needed support services
- Prepare moms to participate in NAS care
Benefits of Screening for OUD

- Screening is the most effective way to determine risk and allow self-reporting (WADOH, 2016)
- Accurate identification of substance use during pregnancy using validated screening tool has been shown to decrease substance use during pregnancy (Jones, 2005)
- Women who are asked about alcohol and other substance use in a detailed and comprehensive manner may have increased awareness of the risks associated with alcohol and drug use and may change their behavior (WHO, 2014)
- Screening normalizes conversations about substance use, which can impact a woman’s use of prenatal care (WADOH, 2016)
- Can decrease need for urine toxicology screening (Jones, 2005)
Benefits of Universal Screening And Brief Intervention

- Provides an **opportunity** to talk to **every patient** about the risks of opioid use.
- Structured screening helps **eliminate selected screening**/ “educated guessing” which is heavily dependent on biases and attitudes.
- Increasing the **likelihood of identifying OUD moms** and allows for the earliest possible intervention or referral to treatment for the patient.
- Increases the number of women on MAT, reduces overdoses, reduces NAS and increases mom/babies staying together.
- Screening and educating may **prevent the use of opioids** in future pregnancies.
- Early universal screening, brief intervention, and referral for treatment (SBIRT) of pregnant women with OUD improve maternal and infant outcomes.

Every Pregnant Patient PERIOD

*www.doh.wa.gov*
Considerations for Universal Screening

• Utilize validated screening tools to identify OUD*
• Ensure screening for polysubstance abuse among women with OUD.*
• Screen and evaluate all pregnant women for commonly occurring co-morbidities.*
  – Ensure ability to screen for infectious disease (HIV, Hep, STIs)
  – Ensure ability to screen for psychiatric disorders, physical and sexual violence.
  – Provide resources and interventions for smoking cessation.

(*AIM slides 34-35)
Screening vs. Testing

- Urine toxicology and Umbilical Cord Testing are not SCREENING and should not be used as a sole assessment of maternal substance use.

Limits of a Urine toxicology test to assess substance use:
- Often applied selectively
- Results do not assess parenting capabilities.
- Potential for false positive and false negative.
- Only assesses for current or recent substance use; does not rule out sporadic use.
- Does not detect many substances including synthetic opioids, some benzodiazepines and designer drugs.
Steps for your QI Team to Implement OUD Screening

- Develop a **plan** for privacy and confidentiality protection
- **Choose** the screening tool to be used – See MNO tool kit
  - Consider building into your EMR or scan results into EMR
- **Train** staff on the use of the tool
  - They should start with a conversation instead of an accusation
  - Quick screening
- Line up **resources** for treatment and referrals  (*More mapping information to come from ILPQC)
- **Determine** roles:
  - Who will do what? When? Orient/train?
- **Explore** additional options
- **Document and evaluate** the process using process flow diagram and PDSA Cycles

*www.doh.wa.gov*
FIRST STEPS:
Implementing a Validated Screening tool

- **CLEARLY DEFINE** your plan/approach to screening and testing pregnant patients for OUD based on what aligns best with your resources, expertise, and capacity.*
  - What tool works best for the specific setting? (Office, in-patient, etc.)
  - How will you document your screening?

- **EDUCATE ALL STAFF** on the practice approach and why you are screening.*
  - Explain:
    - The reasons for screening (eg, identify patients early on for care, next steps, NICU stay, etc.)
    - Why withdrawing a mom while pregnant is not optimal.

*ACOG District II Slide set
Example Screening Tools

1. **NIDA** Quick Screen
2. **5 P’s** Screening Tool & Follow-Up Questions*
3. **Institute for Health and Recovery** Integrated Screening Tool*
Sample OUD Screening Process Flow Diagram

Screening tool added to existing RN admission process

EX Tools:
NIDA, 5Ps

Delivery on this admission?

Yes

Follow L&D delivery process

No

Re-screen at next admission

Denies need for treatment

Positive

Brief Intervention
(should be done privately)

Willingness to accept treatment?

No

Unclear if physiologic dependence

Initiate treatment and referral process for stabilization.

Referral to social work and addiction treatment centers along with close follow-up with provider.

Acute Signs of Withdrawal

Yes

No

Negative

Provide information about perinatal risks.

Assess/address psychiatric co-morbidities.

Assess/address social risks including domestic violence and homelessness.

Close follow-up with social worker and out-patient provider.

adapted from www.doh.wa.gov
**PDSA WORKSHEET**

Team Name: Collaboration Health  

Date of test: June 26, 2018  

Test Completion Date: June 29, 2018

---

**Overall team/project aim:** Improve identification of pregnant women with opioid use disorder through standardized screening and assessment for OUD

**What is the objective of the test?** To implement standardized screening and assessment for OUD on admission to labor and delivery

---

**PLAN:** After discussing how hospital current manages OB process flow and how to alter process flow to incorporate standard substance use screening and brief intervention on admission to L&D, we reviewed screening tools provided in the ILPQC MNO-OB Toolkit. Our next step was to determine which screening tool to use.

**Briefly describe the test:** Test the NIDA Quick Screen, 5 P’s, and Institute for Health and Recovery Integrated Screening Tool for best fit for implementation as standardized screening.

**How will you know that the change is an improvement?** Feedback from provider on screening tool flow, scoring, format, and seamless transition to brief intervention after use – each tool tested with one patient.

**What driver in the initiative key driver diagram does the change impact?** “Early screening of all women”

**What do you predict will happen?** We predict the provider champion will prefer the 5 P’s because it is brief and question format is simple.

### PLAN

<table>
<thead>
<tr>
<th>List the tasks necessary to complete this test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepare paper copies of 3 screening tools for Dr. Vandy.</td>
<td>Debbie</td>
<td>June 25</td>
<td>L&amp;D</td>
</tr>
<tr>
<td>2. Meet with Dr. Vandy to review tools</td>
<td>Debbie</td>
<td>June 27</td>
<td>Dr. Vandy’s Office</td>
</tr>
<tr>
<td>3. Test each screening tool once with the first three patients admitted to L&amp;D</td>
<td>Dr. Vandy</td>
<td>June 28</td>
<td>L&amp;D</td>
</tr>
<tr>
<td>4. Debrief with QI team to discuss feedback</td>
<td>Debbie, Derrick, Dr. Vandy</td>
<td>June 29</td>
<td>Staff meeting room</td>
</tr>
<tr>
<td>5. Develop subsequent PDSA cycle/other action.</td>
<td>Debbie, Derrick, Dr. Vandy</td>
<td>June 29</td>
<td>Staff meeting room</td>
</tr>
</tbody>
</table>

---

**DO:** Test the changes.

**Was the cycle carried out as planned?**  

| Yes | No |

---

**Record data and observations.** Dr. Vandy tested all three screening tools with one patient each in L&D. Preferred Institute for Health and Recovery Integrated Screening Tool because it helped her transition to brief intervention most naturally. Thought that the format of the tool may need to be adapted for ease of provider use in L&D setting.

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

We didn’t expect the Institute for Health and Recovery Integrated Screening Tool to be preferred.

---

**STUDY:**  

**Did the results match your predictions?**  

| Yes | No |

---

**Compare the result of your test to your previous performance:**  

First test. Standardized screening not currently in place.

**What did you learn?**  

Ease of transition to brief intervention is valued when selecting a screening tool.

---

**ACT:** Decide to Adopt, Adapt, or Abandon.

- **Adapt:** Improve the change and continue testing plan.  
  Plans/changes for next test: Test the Institute for Health and Recovery Integrated Screening Tool on L&D with 1 nursing champion during 1 day on L&D to determine how it works in current process flow to identify potential adjustments to process flow/adaptation of screening tool formation.

- **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.
SCREENING QUESTIONS IN REDCAP

MNO OB Monthly Data Form

MNO OB Quarterly Structure Measures Form
Substance Use Screening on Admission

- Universal screening is also recommended in the inpatient setting
- Often an abbreviated process (one-step screening)
- Team roles may differ
- Same sequence and principles apply
- May be the only opportunity for screening if patient did not receive prenatal care
- Need explicit policy regarding indications and procedure for maternal urine toxicology or fetal umbilical/meconium testing

Example: Antepartum to Postpartum Screening Implementation Process

Antepartum:
- + Patient enters care
- Screen for OUD
- OUD identified
- Co-located care
- Coordinated care
- Enter patient into study list
- Implement Checklist
- Document care on Checklist

Delivery:
- EDD prompt
- Delivery
- Transfer records to delivery hospital

Postpartum:
- Data quality check
- DCF entry complete
- Document survey return code in Site Study List
- Check for D/C summary / request records
- Receive Discharge Summary from hospital
- If no delivery, skip to data abstraction.

Other:
- DCF in database
- Input DCF data into REDCap via universal link
- Abstract data from medical record into paper Data Collection Form (DCF)
- Patient Experience Survey
- Mail Patient Survey to study coordinating center
- Postpartum visit
Opportunity for Improvement: Hospital Standardized Tool for Screening Pregnant Women for Substance Use around the Time of Delivery?

- Yes
- No
- Unsure

60% use single-item screen
1. MNO-OB Teams without a roster need to submit one by **June 27**th: https://www.surveymonkey.com/r/ILPQC_OBHospitalRoster_MNO

2. Gain access to REDCap to submit data by submitting the [REDCap access form](https://www.surveymonkey.com/r/ILPQC_OBHospitalRoster_MNO) by **June 27**th if you haven’t yet

3. REGISTER NOW for MNO REDCap Data Training  
   **Tuesday, July 10**th: 2-3pm (OB Focused Data)  
   **Wednesday, July 18**th: 12-1pm (OB Focused Data)

4. Baseline monthly and quarterly data (Oct – Dec 2017) submitted into REDCap by **August 15**th

5. Prospective monthly data collection begins **July 2018** and July data due into REDCap by **August 31**st and continues monthly
GUEST SPEAKER:
LOUISE CARPENTER, RN, BSN
DARTMOUTH-HITCHCOCK MEDICAL CENTER
Screening for Perinatal Substance Use at Dartmouth-Hitchcock

Louise Carpenter, RN, BSN
• NH’s opioid epidemic is the second worst in the country
• In 2014 our department decided to be part of the solution
• We started a perinatal substance use program in collaboration with the D-H Department of Psychiatry
• We implemented a substance use screening program in our OB clinic to identify women who needed help
All pregnant women will be screened for drug and alcohol use at the first prenatal visit and at 32 weeks gestation using the “SBIRT “approach.

Women are also screened at the time of admission to our Birthing Pavilion

The goal of screening and intervention for substance use in pregnancy is to identify women using drugs or alcohol, to arrange appropriate referrals, and to develop a treatment plans

This presentation is about our SBIRT process in the prenatal setting
What is the “SBIRT” Approach?

- **Screening**: the healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

- **Brief Intervention**: the healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

- **Referral to Treatment**: the healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.
Screening (Step 1):

**AUDIT –C:** 3 questions about past year alcohol use

- How often did you have a drink containing alcohol in the past year?
- How many drinks did you have on a typical day when you were drinking in the past year?
- How often did you have 3 or more drinks on one occasion in the past year?

**NIDA:** 1 question about past year drug use

- How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

Follow up: **AUDIT-10** and/or **DAST-10** questions explore severity of use;

*These questions populate automatically if AUDIT-C >=3 or NIDA >0*
(Step 2): Follow Up for a Positive Screen for Alcohol Use with the AUDIT 10

More than 3 drinks/day or 7 drinks/week indicates “at risk” drinking for a non-pregnant women

During pregnancy, any alcohol use is “at risk drinking”!

### AUDIT

**Patient:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

**Note:** In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink.

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(Step 2): Follow up for a Positive Screen for Drug Use using the DAST-10

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>3. Are you unable to stop abusing drugs when you want to?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

**Scoring:** Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

Score:
• At first we started with the AUDIT and DAST as printed questionnaires
• The questionnaires had to be scanned in to the patient record
• Providers often missed seeing the results
• In 2015 we decided to go electronic to standardize our process
Using a tablet to screen allows us to integrate results directly into the OB visit note in EPIC.

We implemented the tablet approach in each of our 3 divisions, one at a time.
Tablet-based SBIRT Process in the Prenatal Clinic

1. **Pt Arrives** → **RN loads screen** → **Pt called by RN** → **Tablet given to patient**

2. **OB care**
   - **RN uploads result in EMR**
   - **Pre-screen**
     - **Pos** → **Full Screen**
     - **Neg** → **OB care & follow-up**

3. **BI by Provider**
   - **RN uploads result in EMR**

4. **Perinatal Treatment Program**
   - **Yes** → **Mod/Sev care** → **Behavioral Health**
   - **No** → **Behavioral Health**

**Flowchart Diagram**
Proportion of new obstetric patients screened at the first OB visit
Please answer the following questions.

Please answer the questions to the best of your ability. Your healthcare team will review the answers with you.

To correctly answer some of these questions you need to know the definition of a drink.

For this test one drink is: One can of beer (12 oz or approx 330 ml of 5% alcohol), or One glass of wine (5 oz or approx 140 ml of 12% alcohol), or One shot of liquor (1.5 oz or approx 40 ml of 40% alcohol).
The patient selects responses and uses the arrows to advance. After the patient is done, results are immediately available in EPIC.
### Documenting Screening Results in a Visit Note in EPIC

<table>
<thead>
<tr>
<th>Screening Question</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking frequency</td>
<td>2 to 3 times a week</td>
</tr>
<tr>
<td>Drinks per day</td>
<td>10 or more drinks</td>
</tr>
<tr>
<td>Unable to stop past year</td>
<td>Weekly</td>
</tr>
<tr>
<td>Failed to meet expectations, past year</td>
<td>Weekly</td>
</tr>
<tr>
<td>Drink in morning after heavy drinking</td>
<td>Weekly</td>
</tr>
<tr>
<td>Guilt or remorse, past year</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>Unable to remember, past year</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>Injury due to drinking</td>
<td>Yes, but not in the last year</td>
</tr>
<tr>
<td>Concern from close people</td>
<td>Yes, during the last year</td>
</tr>
<tr>
<td>AUDIT Score</td>
<td>34 (Probable Alcoholism)</td>
</tr>
<tr>
<td>NIDA</td>
<td>Daily or Almost Daily</td>
</tr>
<tr>
<td>Have you used drugs other than those required for medical reasons?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you abused prescription drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you abuse more than one drug at a time?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you get through the week without using drugs (other than those required for medical reasons)?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Sign on close**
Everyone who screens in the “at risk” category needs a Brief Intervention.
Questions?

Louise.B.Carpenter@hitchcock.org
Daisy.J.Goodman@hitchcock.org
FACE-TO-FACE BREAKOUT SESSION KEY TAKEAWAYS
Key Points from Screening & Linkage to Care Breakout

• Most hospitals currently use a simple ‘yes or no’ question as a screening tool, need to implement validated screeners
• Perception that screening results would contribute to additional follow up work for the staff, need training on screening protocol and stigma reduction
• Recommended using a screener with open-ended questions
• More education needed regarding screening versus testing
• Majority of attendees had not heard of SBIRT prior to the Face-to-Face, general consensus there is more work needed to be done
• Need to think about screening to help mom get treatment and services as early in pregnancy as possible to improve both mom and baby outcomes (new thinking) rather than just screening mom to identify at risk babies (old thinking)
MONTHLY CALLS, UPCOMING TRAININGS AND MOC PART IV OPPORTUNITIES
NEXT STEPS FOR MNO-OB TEAMS

1. MNO-OB Teams without a roster need to submit one by **June 27th**: https://www.surveymonkey.com/r/ILPQC_OBHospitalRoster_MNO

2. Gain access to REDCap to submit data by submitting the REDCap access form by **June 27th** if you haven’t yet

3. REGISTER NOW for MNO REDCap Data Training  
   **Tuesday, July 10th**: 2-3pm (OB Focused Data)  
   **Wednesday, July 18th**: 12-1pm (OB Focused Data)

4. Baseline monthly and quarterly data (Oct – Dec 2017) submitted into REDCap by **August 15th**

5. Prospective monthly data collection begins **July 2018** and July data due into REDCap by **August 31st** and continues monthly
NEXT MNO OB CALL

July 23, 12-1

MNO-OB Teams Call

Screening and Linkage to Care: Part 2- Linkage to Care / SBIRT
QI Topic Call Ideas?

• Successful Implementation of OUD screening tool
• Training staff / providers on SBIRT process flow including documentation / billing.
• Key steps for successful linkage to MAT / addiction services
• How do we address stigma / bias with providers and staff to improve patient engagement in care?
• How do we empower women with OUD around engaging in newborn care?
• How do we change protocols/process flow to increase rooming in / eat-sleep-console for moms/babies?
• How do we improve coordinated care for women with OUD across prenatal care, MAT / addiction service, delivery admission, pediatric care, and postpartum care
• Any others?
ACOG/ASAM Buprenorphine Training

- REGISTRATION OPEN SOON!
- 4 hour online course + 4 hour in-person led by an addiction medicine specialist & OB/GYN for physicians
  - MOC Part IV credits
  - CME for 8 hours credit (via ASAM)
- 4 hours in-person + 20 hours of online-training for NPs and APNs
  - Contact hours (via ASAM)
- Working with ACOG to host 2 in-person maternal-focused Buprenorphine Trainings for physicians, nurse practitioners and APNs in Illinois
- Initiates buprenorphine waiver process

- CONFIRMED – October 22, Chicago IL
- CONFIRMED – September 14, Springfield, IL

Recent survey showing a shortage of providers certified to prescribe buprenorphine
ACOG IPLARC Training

- **Completed:** May 31, Abraham Lincoln DoubleTree Hotel, Springfield, IL - 16 hospitals represented!
- **Confirmed:** July 30, Northwestern, Chicago, IL
- Approx. 4-hour training for nurses, providers, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- Each team should have at least one representative(s) attend one of the two trainings (ideally a provider and a nurse attend from each team)
OB & Neonatal MOC Part IV Opportunities

Obstetric Teams - NEW ACOG MSPP (OB-Gyns and Multi-Specialty Physicians) - DUE NOV 1st, 2018

• Step 1: Participating physicians complete Physician Attestation Survey
• Step 2: On-site project leads complete Project Lead Attestation Survey
• MNO-OB AND/OR Severe Maternal Hypertension will BOTH qualify!

Neonatal Teams - Approved by ABP for 25 Part IV MOC Credits DUE NOV 1st, 2018

• Pediatricians must have an active role-attest to all of the following to get the credits
  • Be intellectually engaged in planning and executing the project
  • Participate in implementing the project’s interventions
  • Review data in keeping with the project’s measurement plan
  • Collaborate actively by attending team meetings, whether in person or virtually
• MNO-Neo AND/OR Golden Hour Sustainability will BOTH qualify!
• EMAIL INFO@ILPQC.ORG with any questions!
SAVE THE DATE

ILPQC 6th Annual Conference

Monday, November 5, 2018

Westin Lombard
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org