NNEPQIN

SECTION 4:

BEST PRACTICE IMPLEMENTATION AND QUALITY IMPROVEMENT

Section 4: Quality Improvement and Implementation Resources

Whether you're implementing new practices or reinforcing or updating existing practices, it is important to continuously evaluate the care you and your team provide patients. This section provides tools to assist practices who would like to assess the care they provide patients with substance use disorders.

1. Assessing the Quality of Care
   - 1.1 Provider Survey
   - 1.2 Care Improvement Questionnaire

2. Implementation Support for Perinatal SUD Care Management
   - 2.1 Best Practice Checklist for use in EMR
   - 2.2 Buprenorphine Induction Algorithm

3. Perinatal Substance Use Disorder Projects and Programs

4. Perinatal Opioid Use Learning Collaborative-Data Collection Materials
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1. Assessing the Quality of Care

The following tools may be used by practices to assess the quality of care provided to pregnant patients. One tool assesses providers' attitudes towards patients' substance use. The second tool assesses a patient's experience receiving care from a practice. Results from these brief surveys may inform educational opportunities for providers, or adjustments to practice policies or protocols.

1.1 Provider Survey

This survey was developed by the National Centre for Education and Training on Addiction, Adelaide, South Australia.

Health Professional Attitudes Towards Licit and Illicit Drug Users: A Training Resource

Please answer the following questions as accurately as possible. All responses are completely anonymous. Thank you!

	Not at all		Moderately		Very
1. To what extent are adverse life circumstances likely to be responsible for a person's problematic drug use?					
2. To what extent in an individual personally responsible for their problematic drug use?					
3. To what extent do you feel angry towards people using drugs?					
4. To what extent do you feel disappointed towards people using drugs?					
5. To what extent do you feel sympathetic towards people using drugs?					
6. To what extent do you feel concerned towards people using drugs?					
7. To what extent do people who use drugs deserve the same level of medical care as people who don't use drugs?					
8. To what extent are people who use drugs entitled to the same level of medical care of people who don't use drugs?					
9. Which of the following best describes your role?	☐ Provider ☐ Nurse ☐ Other professional ☐ Prefer not to answer				

1.2 Care Improvement Questionnaire

Developed by Dartmouth-Hitchcock Medical Center Team but heavily influenced by PROMIS questionnaires

Please answer the questions below as openly as possible. This is a completely anonymous survey and your honest feedback is really important to us.

Thank you for taking the time to let us know how we're doing!
This is a completely anonymous survey and your honest feedback is really important to us. Thank you for taking the time to let us know how we're doing!

In thinking about the care you received during your pregnancy, please answer the following questions as openly as possible:

1. My prenatal care helped me feel ready to care for my baby...	☐ Not at all ☐ Slightly ☐ Somewhat ☐ Moderately ☐ Extremely
2. I felt treated with dignity and respect...	☐ Never ☐ Almost never ☐ Occasionally/Sometimes ☐ Most of the time ☐ All the time
3. My care team explained things in a way that was easy to understand...	☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree
4. My care team was interested in what I had to say...	☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree
5. Was there anything you experienced during your hospital stay that you didn't feel adequately prepared for? If so, please describe.	
6. What was the most helpful part of the care you received during your pregnancy?	
7. What would you change about the care you received during your pregnancy?	

2. Implementation support for perinatal SUD care management

2.1 Best Practice Checklist for use in EMR

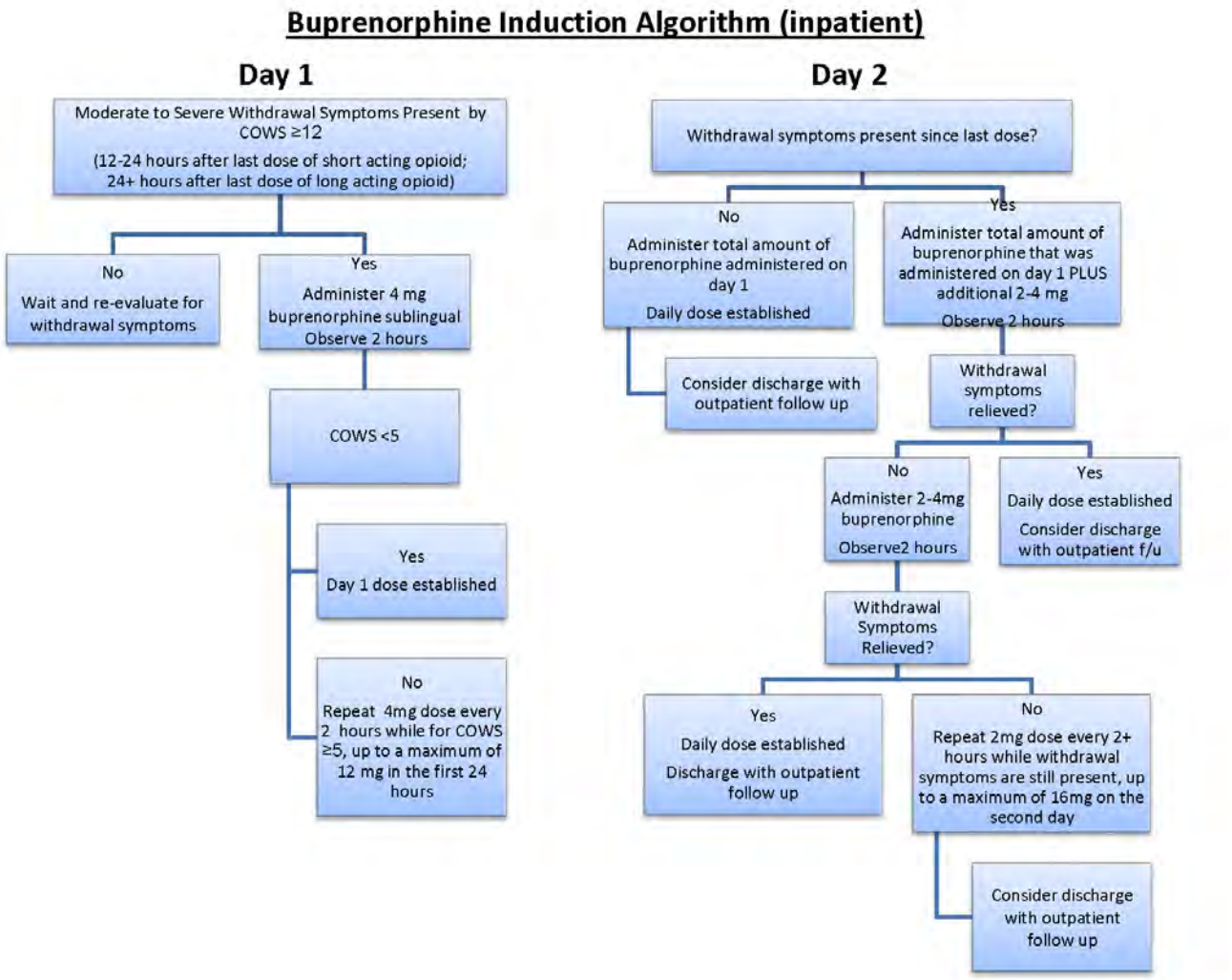
This checklist was developed as a tool used in a data collection learning collaborative facilitated by Dartmouth-Hitchcock.

Element	Date	Comments
Federal consent to share information with treatment provider		
HIV status		
HBsAg, HBcAb, HBsAb		
Hepatitis C antibody		
HCV viral load and genotype *(if indicated)*		
Hepatic Function Panel		
Serum Creatinine		
Institutional drug testing policy reviewed		
Plan of Safe Care introduced		
Behavioral Health		
Needs assessment / Care Management referral		
Risks of non-prescribed drugs and alcohol discussed		
Marijuana counseling		
Tobacco counseling/treatment		
Narcan discussed /offered		
Offer Hepatitis A or A/B vaccine		
Third Trimester		
Repeat HIV, HBsAg, HCVAb, GC/CT		
Ultrasound (growth/fluid)		
Urine toxicology with confirmation, **(consent required)**		
Ethyl glucuronide/ethyl sulfate (alcohol metabolites)		

Third trimester education		
Review Plan of Safe Care		
Review institutional drug testing policy		
NAS/newborn care		
Breastfeeding		
Pain management		
Family Planning		
Pediatrician identified		
Repeat Hepatitis A or A/B vaccine		
OTHER		

2.2 Induction Algorithm

Source: Dartmouth-Hitchcock Medical Center



3. Perinatal Substance Use Disorder Project and Programs

		PERINATAL SUBSTANCE USE DISORDER PROJECTS/PROGRAMS (see below for description of each)				
Participating NH Hospitals and Other Providers	**Community Served**	**Neonatal Abstinence Syndrome (NAS) Collaborative**	**Perinatal Opioid Use Disorder (OUD) Learning Collaborative**	**NH Pediatric Recovery Friendly Practices**	**21st C Cures Act - Integrated MAT for Pregnant & Postpartum Women**	**Patient Centered Outcomes Research Institute (PCORI)**
Androscoggin Valley Hospital	Berlin	X				
Coos County Family Health Center	Berlin		X		X	
Valley Regional Pediatrics	Claremont		X[I]	X		X[I]
Concord Hospital	Concord	X	X			X
Dartmouth-Hitchcock	Concord		X			X
Memorial Hospital	Conway	X	X			X
Parkland Hospital	Derry	X				
Garrison Women's Health	Dover		X			X
Wentworth Douglass Hospital	Dover	X				
Goodwin Community Health Center	Dover/Somersworth				X	X
Exeter Hospital	Exeter	X				
Lamprey Health Care	Exeter		X			X
Cheshire Medical Center (D-H Keene)	Keene	X	X		X	X
Lakes Region General Healthcare	Laconia	X[II]				
Alice Peck Day Memorial Hospital	Lebanon	X[II]	X[I]	X		X[I]
Dartmouth-Hitchcock	Lebanon	X	X	X	X	X
Littleton Hospital	Littleton	X				
North Country Women's Health	Littleton		X			
Catholic Medical Center	Manchester	X	X			
Elliot Hospital	Manchester	X				
Manchester Community Health Center	Manchester		X			X
Dartmouth-Hitchcock	Manchester/Bedford		X		X	X
Dartmouth-Hitchcock	Nashua		X		X	X
Southern NH Medical Center	Nashua	X				
St. Joseph Hospital	Nashua	X				
Newport Primary Care (affiliated w/New London Hospital)	Newport		X[I]	X		
Monadnock Community Hospital	Peterborough	X				
Speare Memorial Hospital	Plymouth	X				X
Portsmouth Hospital	Portsmouth	X				
Frisbee Memorial Hospital	Rochester	X				

[I] *Prenatal Care is provided by Dartmouth-Hitchcock at this site*

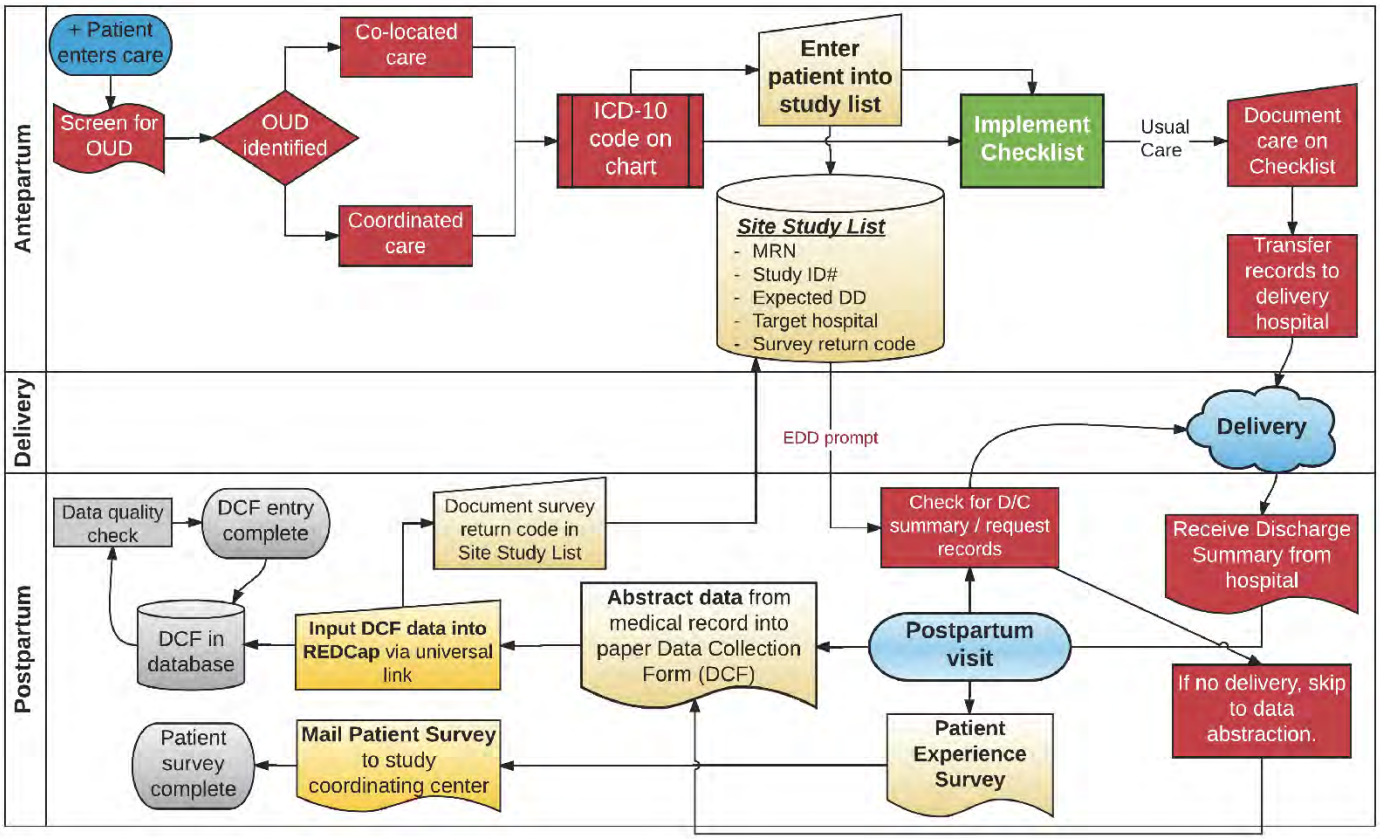
[II] *Practice sites participated in NAS collaborative until Spring 2018 (birthing centers now closed)*

Project / Program Description	Collaborative focused on optimizing newborn outcomes through simplified NAS Eat, Sleep, Console (ESC) assessments, optimal baby- and family-centered non-pharmacologic care, and Plans of Safe/Supportive Care.	Collaborative focused on improving prenatal and postpartum care for women with OUDs and optimizing outcomes for their baby and their family.	Initiative focused on building recovery-friendly pediatric practices to support healthy development of children 0-3 whose caregiver(s) are impacted by addiction.	Integration of MAT including group therapy, care coordination, peer recovery coaching, & other supports.	Observational research study to explore the impact of integrated vs. referral-based models of MAT on maternal & neonatal outcomes.
Target Audience	NNEPQIN providers and community professionals interested in optimizing newborn care.	Selected teams involved in implementing NNEPQIN Toolkit.	Selected NH pediatric practices	Selected NH OB sites	At least 21 sites across NH, VT and ME; currently under recruitment.
Open/Closed Initiative	Open	Open	Closed *(Will be open to others after trial period)*	Closed	Open
Contact Information	**Dr. Bonny Whalen** Bonny.L.Whalen @hitchcock.org	**Daisy Goodman** Daisy.J.Goodman@hitchcock.org	**Dr. Steven Chapman** Steven.H.Chapman @hitchcock.org **Holly Gaspar** holly.gaspar@hitchcock.org	**Dr. Julia Frew** Julia.R.Frew @hitchcock.org	**Daisy Goodman** Daisy.J.Goodman@hitchcock.org

4. Perinatal Opioid Use Learning Collaborative-Data Collection Materials

The following set of materials were developed by Dartmouth-Hitchcock and provided to participants of a data collection learning collaborative aimed at improving care for pregnant patients at-risk for, or experiencing substance use disorder.

4.1 Process Map



www.nnepqin.org/clinical-guidelines/

4.2 Sample Universal Demographics Form

Universal Demographics Form Please complete this form for every OB patient with OUD.	
Care Site:	
Patient Study ID: *Please assign each patient a unique Study ID. The Study ID should consist of* ***y our site 's two-letter identifier.***	Patient Study ID: _____
Estimated Date of Delivery:	_____(mm/dd/yy)
iMAT patient?	☐ Yes → ☐ No →
→ *If* ***iMAT patient****, did patient enter iMAT prenatally or postpartum.*	☐ Prenatal ☐ Postpartum
→ *If* ***NOT iMAT patient****, please indicate reason:*	☐ Prefers no treatment ☐ Prefers external MAT provider ☐ Requires higher level of care ☐ iMAT not yet started, referred to external MAT prov. ☐ iMAT not yet started, seeing external MAT prov. ☐ Does not want ANY treatment or assistant at this time ☐ Unknown ☐ Other:
Date of first OB visit at your site:	_____(mm/dd/yy)
Mother's age at first OB visit:	_____years
Gestational age at first OB visit at your site:	_____weeks
Number of living children, not including this pregnancy:	_____
Race:	☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other: _____ ☐ Unknown

Ethnicity:	☐ Hispanic or Latino origin ☐ Not Hispanic or Latino origin ☐ Other/Unknown
Primary Payer:	☐ Private insurance ☐ Medicaid only ☐ Medicare only ☐ Medicare & Medicaid (dual eligible) ☐ Uninsured ☐ Other

4.3 Sample Outcomes Summary Form

Outcomes Summary Please complete for all OUD patients at 12 weeks postpartum.	
Did patient transfer care or become lost to follow up prior to delivery?	☐ Yes ☐ No
Date of delivery:	_____(mm/dd/yy)

Social/Behavioral Demographics	
Tobacco/nicotine use during pregnancy:	☐ Non-smoker ☐ Former smoker ☐ Smoked during pregnancy ☐ Quit during pregnancy ☐ Vaped during pregnancy ☐ Used Smokeless tobacco ☐ Nicotine replacement therapy (NRT) → ☐ Unknown *(check all that apply)*
*If **NRT** prescribed, please specify type:*	☐ Patch ☐ Gum ☐ Lozenges ☐ Other *(check all that apply)*
Transportation status:	☐ Has own transportation (driver's license and car) ☐ Receives ride from family member, friend, or partner ☐ Medicaid ride service ☐ Public transportation ☐ Unknown *(check all that apply)*

Housing status:	☐ Rents/owns (includes staying with partner) ☐ Staying with family member ☐ Staying with friend ☐ At risk for losing housing ☐ Incarcerated ☐ Staying in shelter ☐ Unknown ☐ Other: *(check all that apply)*

Integrated MAT-OB Program Treatment History (skip this section if not integrated)	
Did patient continue iMAT program participation through at least 12 weeks postpartum?	☐ Yes ☐ No →
*If **no**, please indicate reason for discontinuation:*	
Number of iMAT program visits prior to delivery:	_____visits
Number of iMAT program visits after delivery (from delivery to 12 weeks postpartum):	_____visits
Additional comments on iMAT participation (optional):	

Prenatal Treatment History	
Did patient transfer care from another prenatal practice?	☐ Yes → ☐ No
***If transferred**, how many visits did patient have at previous provider?*	☐ 1 visit ☐ More than 1 visit ☐ Unknown
***If transferred**, what was the gestational age at first OB visit at previous provider?*	_____weeks
Was MAT treatment for OUD co-located?	☐ Yes ☐ No ☐ Not receiving MAT

Treatment for opioid use disorder during pregnancy:	☐ Methadone ☐ Buprenorphine (Subutex) ☐ Buprenorphine/Naloxone (Suboxone) ☐ Naltrexone, oral ☐ Naltrexone, injectable ☐ No MAT ☐ Other/Unknown *(check all that apply)*
Is psychiatric diagnosis other than OUD included on the problem list?	☐ Yes → ☐ No ☐ Unknown
*If **yes,** please specify psychiatric diagnosis:*	☐ Depression ☐ Anxiety ☐ PTSD ☐ Bipolar ☐ ADHD/ADD ☐ Eating disorder ☐ Other: *(check all that apply)*
Is patient being treated with a psychiatric medication?	☐ Yes ☐ No ☐ Unknown
Did patient receive behavioral health counseling?	☐ Yes ☐ No
*If **yes**, was behavioral health counseling co-located?*	☐ Yes ☐ No
Number of prenatal care visits at your site:	_____visits
Gestational age at first prenatal visit at your site:	_____weeks
Treatment history comments (optional):	

Care Process Measures	
Is a substance use diagnosis included on the problem list?	☐ Yes ☐ No
Is the checklist present in the record?	☐ Yes → ☐ No

If yes, was checklist used?	☐ Yes ☐ No
Was information about the risk of non-prescribed drugs and alcohol given?	☐ Yes ☐ No
Was smoking cessation education and/or treatment given?	☐ Yes ☐ No
Was marijuana use discussed?	☐ Yes ☐ No
Was breastfeeding education given?	☐ Yes ☐ No
Was Naloxone (Narcan) discussed and Rx offered?	☐ Yes ☐ No
Was Plan of Safe Care discussed?	☐ Yes → ☐ No
*If **yes**, was a plan of safe care initiated?*	☐ Yes ☐ No
Did domestic violence screening take place using a validated screener?	☐ Yes ☐ No
Checklist process comments (optional):	

Prenatal Screening	
Hepatitis C antibody screen:	☐ Positive → ☐ Negative ☐ Not tested or results not available
*Hepatitis C **viral load** screen (if Ab positive):*	☐ Positive ☐ Negative ☐ Not tested or results not available
HIV screen:	☐ Positive ☐ Negative ☐ Not tested or results not available
Drug screening in Third Trimester for non-prescribed substances:	☐ Positive → ☐ Negative ☐ Not tested or results not available

*If **positive**, please indicate substance(s):*	☐ Alcohol ☐ Opioids (Heroin, Fentanyl, Buprenorphine, Other pain medications, Methadone) → ☐ Cannabis ☐ Spice (synthetic Cannabis) ☐ Cocaine ☐ Sedatives/Tranquilizers (Ambien, Benzodiazepines, Barbiturates) ☐ Amphetamines/Methamphetamines ☐ Bath Salts ☐ Ecstasy/MDMA ☐ GHB ☐ Ketamine ☐ Inhalants ☐ Over the counter medications ☐ Other: *(check all that apply)*
*If **opioids**, please indicate opioid(s):*	☐ Heroin ☐ Fentanyl ☐ Buprenorphine (non-prescribed) ☐ Methadone ☐ Other pain medications (e.g. oxycodone) *(check all that apply)*
Was patient screened (or re-screened) for hepatitis C in the third trimester?	☐ Yes ☐ No ☐ N/A already known
Was patient screened (or re-screened) for HIV in the third trimester?	☐ Yes ☐ No ☐ N/A already known
Was patient screened for sexually transmitted infections (gonorrhea, chlamydia, or syphilis)?	☐ Yes → ☐ No
Gonorrhea:	*First trimester:* ☐ Positive ☐ Negative ☐ Not tested *Third trimester:* ☐ Positive ☐ Negative ☐ Not tested

Chlamydia:	*First trimester:* ☐ Positive ☐ Negative ☐ Not tested *Third trimester:* ☐ Positive ☐ Negative ☐ Not tested
Syphilis:	*First trimester:* ☐ Positive ☐ Negative ☐ Not tested *Third trimester:* ☐ Positive ☐ Negative ☐ Not tested
Prenatal Complications	
Was patient admitted during pregnancy for any reason other than for delivery?	☐ Yes → ☐ No
*If **yes**, please specify reason for admission:*	

Delivery Outcomes	
Was discharge summary received?	☐ Yes ☐ No
Mother's age in years at time of delivery:	_____years
Gestational age at delivery (weeks and days):	_____weeks_____days
*If **<38 weeks**, please specify reason:*	
Birthweight in grams:	_____grams
Was this a multiple or twin birth?	☐ Yes ☐ No
Mode of delivery:	☐ NSVD (nonsurgical vaginal delivery) ☐ Operative vaginal delivery (vacuum assisted/ forceps) ☐ Cesarean section

Did patient experience severe maternal morbidity during hospitalization?	☐ Yes → ☐ No
*If **yes**, please indicate type of maternal morbidity:*	
Maternal length of stay during delivery hospitalization (elapsed time from delivery to discharge):	_____days
*If **>3 days**, please specify reason for prolonged stay:*	☐ Normal OB management ☐ Complications →
*If **complications**, please specify type:*	☐ Prenatal ☐ Delivery-related ☐ Postpartum ☐ Other
Drug screening for non-prescribed substances at time of delivery hospital admission:	☐ Positive → ☐ Negative ☐ Not tested or results not available
*If **positive**, please indicate substance type(s):*	☐ Alcohol ☐ Opioids (Heroin, Fentanyl, Buprenorphine, Other pain medications, Methadone) → ☐ Cannabis ☐ Spice (synthetic Cannabis) ☐ Cocaine ☐ Sedatives/Tranquilizers (Ambien, Benzodiazepines, Barbiturates) ☐ Amphetamines/Methamphetamines ☐ Bath Salts ☐ Ecstasy/MDMA ☐ GHB ☐ Ketamine ☐ Inhalants ☐ Over the counter medications ☐ Other: *(check all that apply)*
*If **opioids** used, please specify type of opioid(s):*	☐ Heroin ☐ Fentanyl ☐ Buprenorphine ☐ Methadone ☐ Other pain medications (e.g. oxycodone) *(check all that apply)*
What type of feeding was infant receiving at discharge?	☐ Breast milk ☐ Formula ☐ Unknown *(check all that apply)*

Are APGAR Scores available?	☐ Yes → ☐ No
APGAR Scores (1, 5, and 10-minute):	▪ *1-minute:* _____ ▪ *5-minute:* _____ ▪ *10-minute:* _____

Neonatal Outcomes	
Infant length of stay in hospital (days):	_____days
Did baby require NICU care?	☐ Yes → ☐ No ☐ Unknown
*If **yes**, how many days were spent in NICU?*	_____days
Did baby require medication to treat symptoms of neonatal abstinence syndrome (NAS)?	☐ Yes ☐ No
Did umbilical cord or meconium test positive for non-prescribed substances?	☐ Yes → ☐ No
*If **positive**, please specify:*	☐ Alcohol ☐ Opioids (Heroin, Fentanyl, Buprenorphine, Other pain medications, Methadone) → ☐ Cannabis ☐ Spice (synthetic Cannabis) ☐ Cocaine ☐ Sedatives/Tranquilizers (Ambien, Benzodiazepines, Barbiturates) ☐ Amphetamines/Methamphetamines ☐ Bath Salts ☐ Ecstasy/MDMA ☐ GHB ☐ Ketamine ☐ Inhalants ☐ Over the counter medications ☐ Other: *(check all that apply)*
*If **opioids** used, please specify:*	☐ Heroin ☐ Fentanyl ☐ Buprenorphine ☐ Methadone ☐ Other pain medications (e.g. oxycodone) *(check all that apply)*
Was infant referred to DCYF?	☐ Yes ☐ No

Was infant discharged home with mother?	☐ Yes ☐ No →If no, please indicate reason:

Postpartum Care	
Did postpartum visit occur within 8 weeks after delivery?	☐ Yes → ☐ No →
If yes, please check all that apply:	☐ Visit within 2 weeks ☐ Visit within 4 weeks ☐ Visit within 6 weeks ☐ Visit within 8 weeks *(check all that apply)*
If no postpartum visit, please specify reason:	
What type of feeding was infant receiving at postpartum visit?	☐ Breast milk ☐ Formula ☐ Unknown *(check all that apply)*
Did patient receive contraception at hospital discharge?	☐ Yes ☐ No
If yes, please indicate type of contraception:	☐ IUD ☐ Nexplanon ☐ Depo ☐ Prescription
Tobacco/nicotine use at postpartum visit:	☐ Non-smoker ☐ Former smoker ☐ Smoking at the time of postpartum visit ☐ Quit during pregnancy ☐ Vaped ☐ Used smokeless tobacco ☐ Nicotine replacement therapy (NRT) → ☐ Unknown *(check all that apply)*
If NRT prescribed, please specify type:	☐ Patch ☐ Gum ☐ Lozenges ☐ Other *(check all that apply)*
Was patient continuing substance use treatment at time of postpartum visit?	☐ Yes ☐ No ☐ Unknown

4.4 Patient Tracking List

iMAT OB Patient Tracking List

Instructions: Please use this document to keep track of all eligible patients. Enter data into REDCap after each timepoint.

REDCap Data Collection Link: www.redcap.hitchcock.org

					Data Collection Timepoints									
					T1		T2	T3			T4			
					Intake Visit		24-28 Weeks	38-39 Weeks	Delivery	Newborn Data	12 Weeks Postpartum			
					Patient Demographics		Patient Demographics	Patient Demographics	Delivery Outcomes	Infant Outcomes	Patient Demographics	Outcomes summary		
	MRN	EDC	Delivery HOSPITAL	Site-specific Patient ID	Intake Date	Gestational Age at Intake	Expected Date	Expected Date	ACTUAL Date	Expected Date	Expected Date		REDCap Data entry status:	REDCap Return Code
ex:	8271274-6	09/09/18	DHMC	DH001	02/02/18		06/03/18	09/02/18	09/09/18	09/16/18	12/02/18	12/02/18	partial	
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