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- Please mute your line upon entering and chat in your comments or questions.
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Revised AIM Patient Safety Bundle for the Care of Pregnant and Postpartum People with Substance Use Disorders

NH AIM/ERASE Monthly Webinar
October 14, 2021

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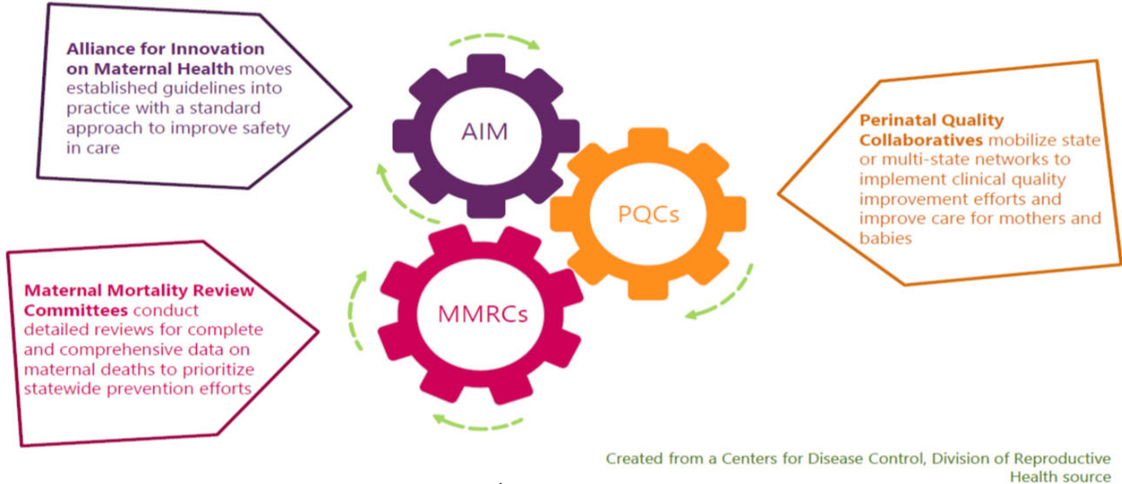
Our presenters have no conflicts of interest to disclose

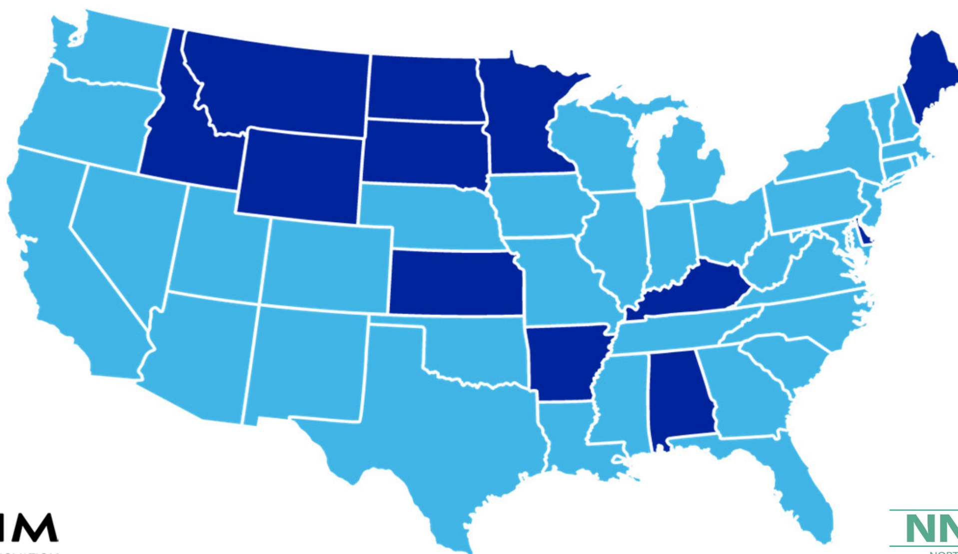
Agenda

- ❖Draft Revised AIM Patient Safety Bundle for Care of Pregnant and Postpartum People with SUD
- ❖Bundle Metrics
- ❖Discussion:
  - ❖Implementation strategies
  - ❖Initial challenges
  - ❖Role of NNEPQIN / NH-AIM

Critical Collaborations: NNEPQIN, ERASE and AIM



AIM States (in October, 2020)



Revised AIM Patient Safety Bundle for Care of Pregnant and Postpartum People with SUD

Bundle Elements*

*final draft language

Safety Bundle Structure

Draft Safety Bundle Language

Respectful, Equitable, and Supportive Care

- Respect the pregnant and postpartum person's **right of refusal** in accordance with their values and goals*

Element Implementation Details

Right of Refusal

- Every person has the right to refuse unwanted medical treatment including drug and alcohol testing and screening.
- Every person is autonomous and deserves the respect to choose what will be done to their own body, even when refusing treatment means that the person might die or be gravely injured or in distress.

Draft Readiness: Every Unit

- Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies and care of substance exposed newborns (SENs).*
- Develop trauma-informed protocols and anti-racist training to address health care team member biases and address stigma related to SUDs.
- Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure including comprehensive "Family Care Plan" requirements.*
- Engage appropriate partners to assist pregnant and post-partum people and families in the development of a family care plans, starting in the prenatal setting.*
- Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs.*
- 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 substance use disorder treatment.*

*Refer to implementation guide

Draft Recognition: Every Patient

- Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during delivery admission.*
- Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services/resources. *
- Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources.

*Refer to Implementation Details

Draft Response: Every Event

- Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up.*
- Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens.
- Establish specific prenatal, intrapartum and postpartum clinical pathways that incorporate care coordination among multiple providers during pregnancy and the year that follows*

*Refer to implementation Details

Draft Reporting and System Learning: Every Unit

- 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.*
- Convene inpatient and outpatient providers and community stakeholders, including those with lived experience in ongoing way to share successful strategies and identify opportunities for prevention of undesired outcomes and system-level issues.*

*Refer to Implementation Details

Draft Respectful, Equitable, and Supportive Care: Every Unit/Provider/Team Member

- Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) to understand diagnosis, options, and treatment plans.
- Integrate pregnant and postpartum person 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.*
- Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals*

*Refer to Implementation Details

Draft **Implementation** Details

Readiness

- Education for pregnant people
- Provider education about SUD
- Antibias training for providers
- Family plan of care
- Multidisciplinary care planning

Recognition and Prevention

- Screening for SUD
- Screening for SDOH
- Screening for medical and behavioral health needs

Response

- Evidence based, person-directed treatment
- Provider coordination through pp year

Reporting and System Learning

- Disaggregation by race, ethnicity, and payor
- Participate in collaborative learning

Respectful, Equitable, and Supportive Care

- Include pregnant/pp person as part of the multidisciplinary team
- Right of refusal
- Include chosen support person

Draft SUD Bundle Metrics

DRAFT State Surveillance Measures

Calculated by the State using hospital discharge data and maternal mortality data

- Substance use disorders among pregnant and postpartum people
- SMM* (including transfusion codes) among SUD cases
- SMM (excluding transfusion codes) among SUD cases
- Pregnancy associated overdose deaths

Note that there is a significant lag in hospital discharge data that will affect the timeliness of these measures.

*SMM=Severe Maternal Morbidity

DRAFT Outcome Measure

Calculated by the **Hospital** using provided definition/methodology

- Percent of newborns exposed to substances in utero who go home to biological birth parent

DRAFT Process Measures

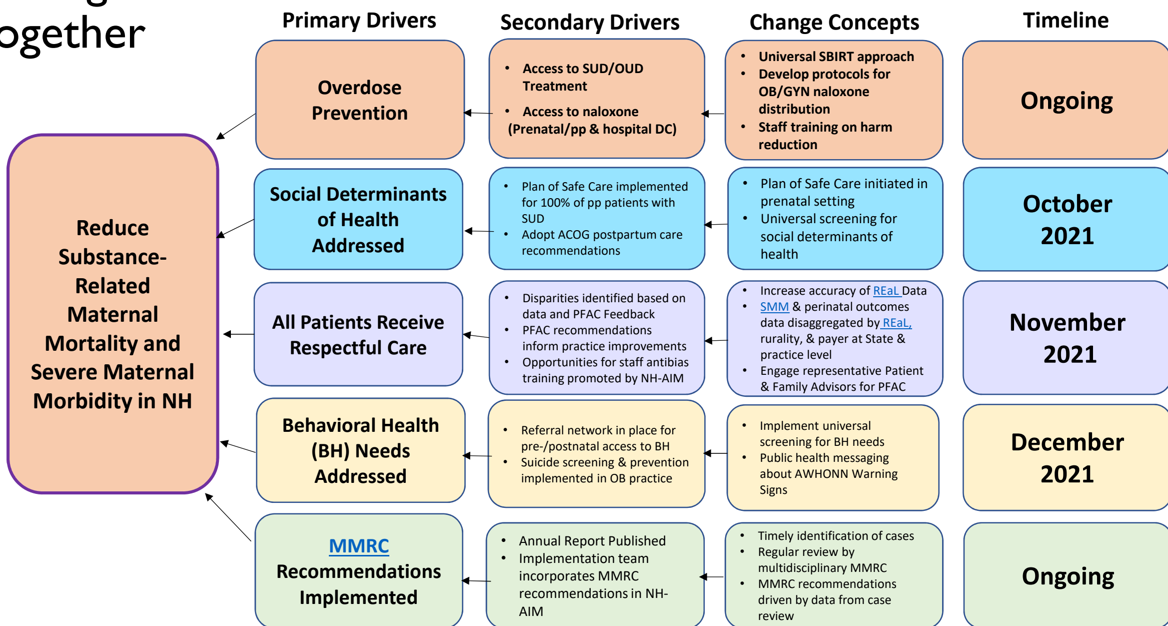
Calculated by the **Hospital** using provided definition/methodology

- Percent of pregnant and postpartum people screened for SUD on L&D
- Percent of pregnant and postpartum people with OUD who received or were referred to medication for opioid use disorder (MOUD)
- Percent of pregnant and postpartum people with SUD who received or were referred to recovery treatment services
- Percent of pregnant and postpartum people with SUD who received or were prescribed Naloxone prior to delivery discharge

DRAFT Structure Measure

Calculated by the **Hospital** using provided definition/methodology

- General pain management guidelines
- OUD pain management guidelines
- Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites
- Comprehensive Postpartum Discharge Processes and Procedures for Birthing Patients with OUD/SUD



Discussion: Bundle Implementation

- Barriers
  - Opportunities
    - Next steps

Stay in touch….

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