PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA

Comprehensively Lessening Opioid Use Disorder Impact Snapshot

cLOUDi Snapshot

1. Your facility _____
2. Date of snapshot _____
3. Your name _____
4. Your email _____
5. Your title / role_____
6. Maternal level of care at your facility _____
7. How many pregnant patients are served in your outpatient prenatal clinic yearly? _____
8. Who delivers your outpatient prenatal care: (select all that apply) OBGYN MD / Family Practice MD / CNM / APRN
9. Does your outpatient prenatal care clinic staff perform hospital deliveries? YES / NO
10. How many hospital systems are available for labor and delivery services for your outpatient prenatal patients? _____
11. Does your outpatient prenatal care clinic implement a universal screening protocol for substance use in pregnancy? YES / NO

11a. If 11 YES: Is the Universal Screening utilizing verbal/written or urine toxicology, or both? VERBAL-WRITTEN / URINE TOXICOLOGY / BOTH

12. Does your outpatient prenatal care clinic staff provide medication assisted treatment (Buprenorphine) for pregnant women with OUD? YES / NO

12a. If 12 YES Are women connected or referred to additional SUD treatment services, counseling or therapy? YES / NO

13. Is there education and delivery planning available for pregnant women with OUD specific to the concerns around delivery and risk for NAS already in place? YES / NO

13a If 13 YES: Is the education and plan differentiated based on if she has an OUD and is in recovery with MAT, versus an untreated OUD? YES / NO

14. NICU level of care at your facility: _____
15. Our units have a QI team. YES / NO

16. Our clOUDi Initiative team has active / engaged patients and family members. YES / NO

17. Our clOUDi Initiative team has a member of senior leadership. YES / NO

18. How many deliveries does your facility do a month? _____

19. How many perinatal care sites are associated with your hospital? _____

20. Has your hospital implemented a universal verbal screening protocol for substance use disorders including opioid use disorder? YES / NO

20a. If YES to 20 – What tool are you using? _____

21. Does your hospital have a protocol that guides providers in how to respond to a positive opioid use screen? YES / NO

22. Does your hospital have a protocol for inducting women onto medication to treat opioid use disorder? YES / NO

23. Does your hospital have a protocol for ensuring that women already taking medication to treat opioid use disorder can receive their medication without interruption during their hospital stay? YES / NO

24. Has your hospital implemented a policy and procedure to improve the rates of women with OUD returning for their post-partum care appointment? YES / NO

25. Has your hospital implemented post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focused on limiting opioid prescriptions? YES / NO

26. Has your hospital implemented specific pain management and opioid prescribing guidelines for OUD patients? YES / NO

27. Has your hospital implemented a policy and protocol that supports women receiving medication to treat opioid use disorder to breastfeed? YES / NO

Thinking about current practices around OUD at your facility:

28. Medication-assisted treatment is understood and accepted as an evidence-based treatment for pregnant women who have an opioid use disorder. NO / TO SOME EXTENT / YES

29. Policy and protocols that facilitate access to medication assisted treatment for pregnant women with opioid use disorders are in place (e.g. priority access; policies that state that pregnant women should not receive medication-assisted treatment; mutual aid groups that do not support medication-assisted treatment). NO / TO SOME EXTENT / YES

30. Our approach is guided by principles that are evidence-based and trauma informed. NO / TO SOME EXTENT / YES

31. Our approach is culturally responsive. NO / TO SOME EXTENT / YES

32. Our facility has a good working relationship with the other key agencies. NO / TO SOME EXTENT / YES

33. A formalized system of care coordination between systems is in place (e.g., information sharing agreements, MOUs). NO / TO SOME EXTENT / YES

34. All pregnant women with substance use disorders are identified. NO / TO SOME EXTENT / YES

35. Medication-assisted treatment for pregnant women is available. NO / TO SOME EXTENT / YES

36. Specialized prenatal care (e.g., obstetricians who are knowledgeable in addiction medicine) is available for pregnant women with opioid use disorders. NO / TO SOME EXTENT / YES

37. The appropriate levels of care (e.g., residential substance use treatment programs) for pregnant women are available. NO / TO SOME EXTENT / YES

38. The full range of services (e.g., individual and group counseling, residential, etc.) is provided in conjunction with medication assisted treatment. NO / TO SOME EXTENT / YES

39. Newborns and infants who have been prenatally exposed to opioids are identified. NO / TO SOME EXTENT / YES

40. Ongoing care and monitoring is available for infants who have been prenatally exposed to opioids. NO / TO SOME EXTENT / YES

41. Policies are in place to assist pregnant women who have financial obstacles when trying to access and maintain services for the treatment of opioid use disorders (e.g., medication-assisted treatment; outpatient or residential treatment; individual and group counseling; other services). NO / TO SOME EXTENT / YES

42. Priority and preferred access* to substance use treatment and medication-assisted treatment for pregnant women is enforced. *As required by the Substance Abuse Prevention and Treatment Block Grant and opioid treatment program certification standards. NO / TO SOME EXTENT / YES

43. There are policies in place to address funding obstacles in providing ongoing care (e.g., following hospital discharge) to infants who are prenatally exposed. NO / TO SOME EXTENT / YES

44. The core service providers (i.e., mother's medical providers, infant's medical providers, substance use and medication assisted treatment) are knowledgeable on the treatment of opioid use disorder in pregnancy and on the care and treatment of prenatally exposed infants. NO / TO SOME EXTENT / YES

45. Partners have a shared understanding of outcomes that includes both the mother and the infant (e.g., the overall goal includes mother, infant, and family well-being). NO / TO SOME EXTENT / YES

46. Data is tracked and shared between systems to monitor outcomes. NO / TO SOME EXTENT / YES

47. Programs and core service providers have implemented quality assurance methods. NO / TO SOME EXTENT / YES

48. Please select which service providers for the pregnant women you serve are knowledgeable about and provide evidence based perinatal substance use care

____ Obstetrical care medical team outpatient
____ Obstetrical care medical team inpatient
____ Pediatric care medical team inpatient
____ Pediatric care medical team outpatient
____ Substance use/Behavioral Health care team outpatient
____ Substance Use/Behavioral Health care team inpatient
____ Case management and wrap around support inpatient
____ Case management and wrap around support outpatient

Thinking about equity:

49. Does your facility provide staff-wide education on peripartum racial and ethnic disparities and their root causes? YES / NO?
50. Does your facility provide staff-wide education on best practices for shared decision making? YES / NO
51. Does your facility provide staff-wide education on implicit bias? YES / NO
52. Does your facility engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams? YES / NO
53. Has your facility built a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture? YES / NO
54. Has your facility established a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect? YES / NO
55. Does your facility ensure a timely and tailored response to each report of inequity or disrespect? YES / NO
56. Has your facility developed a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership? YES / NO