

Initiation of Universal Screening for Substance Use and SBIRT in the Prenatal Setting

Lindsey Reese, RN, BSN
Senior Attending Nurse
Obstetrics and Gynecology at Hope Drive

Christina DeAngelis, MD
Assistant Professor, Women's Health Division
Associate Chief Medical Officer, Academic Practice Division
Interim Division Chief, Women's Health

Brittney Bogar, RN, BSN
Quality Improvement Advisor
Quality Systems Improvement



PennState Health
Milton S. Hershey
Medical Center

Penn State Health Milton S. Hershey Medical Center

- 548 bed research and academic medical center providing tertiary care for the region of Central Pennsylvania
- 550 acre campus with approximately 938,000 patients including inpatient, ambulatory and emergency room visits
- Delivered over 2,200 babies this past year
- Opening a brand new, state of the art Labor and Delivery unit in November 2020



PennState Health
Milton S. Hershey
Medical Center

Disclosures

- None



Team Structure

PA Perinatal Quality Collaborative (PA PQC) Teams Penn State Health Milton S. Hershey Medical Center and Children's Hospital	Meeting Frequency
Executive Oversight Committee Members are updated and informed by the Steering Committee and Subgroups quarterly and as needed.	Quarterly
Steering Committee Members recruit multidisciplinary teams for each quality initiative, provide project management assistance to teams as needed, connect QI teams to organizational quality/safety leaders and staff, and coordinate team representation for oversight committee meetings and learning collaboratives.	Weekly
Subgroups <ol style="list-style-type: none">1. Maternal Mortality and Morbidity Co-Leads: Tracey Peterson, MSN and Jaimey Pauli, MD2. Opioid Use Disorder (OUD) Co-Leads: Lindsey Reese, BSN and Christina DeAngelis, MD3. Neonatal Abstinence Syndrome (NAS) Co-Leads: Mary Lewis, MSN and Christiana Oji-Mmuo, MD	Monthly



Rationale

- The Centers for Disease Control and Prevention reported that national opioid use disorder (OUD) rates at delivery have more than quadrupled from 1999 to 2014. ²
- In 2017, the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion on Opioid Use and Opioid Use Disorder in Pregnancy included the following recommendations and conclusions:
 - Early universal screening, brief intervention, and referral for treatment of pregnant women with opioid use or opioid use disorder improve maternal and infant outcomes.
 - Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman.
 - Routine screening should rely on validated screening tools. ¹



Initial Prioritization of OUD QI Work

Key Drivers

The following were taken into consideration:
Severity, Treatability, Urgency, Readiness

Screen all pregnant women for substance use

Provide staff-wide education and training on substance use, stigma and trauma-responsive care

Screen all pregnant women for commonly occurring physical and behavioral co-morbidities

Educate patients and their families on OUD and NAS

Interventions:

The following were taken into consideration: Benefit & Effort*

Screen all pregnant women for SUD/OUD using validated screening tools and SBIRT

Obtained initial buy-in to pursue the 5Ps screening tool

*Despite level of effort, it was decided that this chosen intervention was critical and needed to be the first step in optimizing the health and well-being of pregnant women with OUD/SUD and their children.



PennState Health
Milton S. Hershey
Medical Center

The 5Ps Prenatal Substance Abuse Screening Tool

This screening tool poses questions related to substance use by your *parents, peers, partner*, during your *pregnancy* and in your *past*. These are non-confrontational questions that elicit genuine responses which can be useful in evaluating the need for a more complete assessment and possible treatment for substance abuse.

- These responses are *confidential*.

1. Did any of your *Parents* have problems with alcohol or drug use?

___ No ___ Yes

2. Do any of your friends (*Peers*) have problems with alcohol or drug use?

___ No ___ Yes

3. Does your *Partner* have a problem with alcohol or drug use?

___ No ___ Yes

4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)

___ No ___ Yes

5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)

___ No ___ Yes

Staff Signature: _____ Date: _____

Interpreter Used: No Yes Interpreter Name: _____

*The 5Ps was adapted by the Massachusetts Institute for Health and Recovery in 1999 from Dr. Hope Ewing's 4Ps (1990).



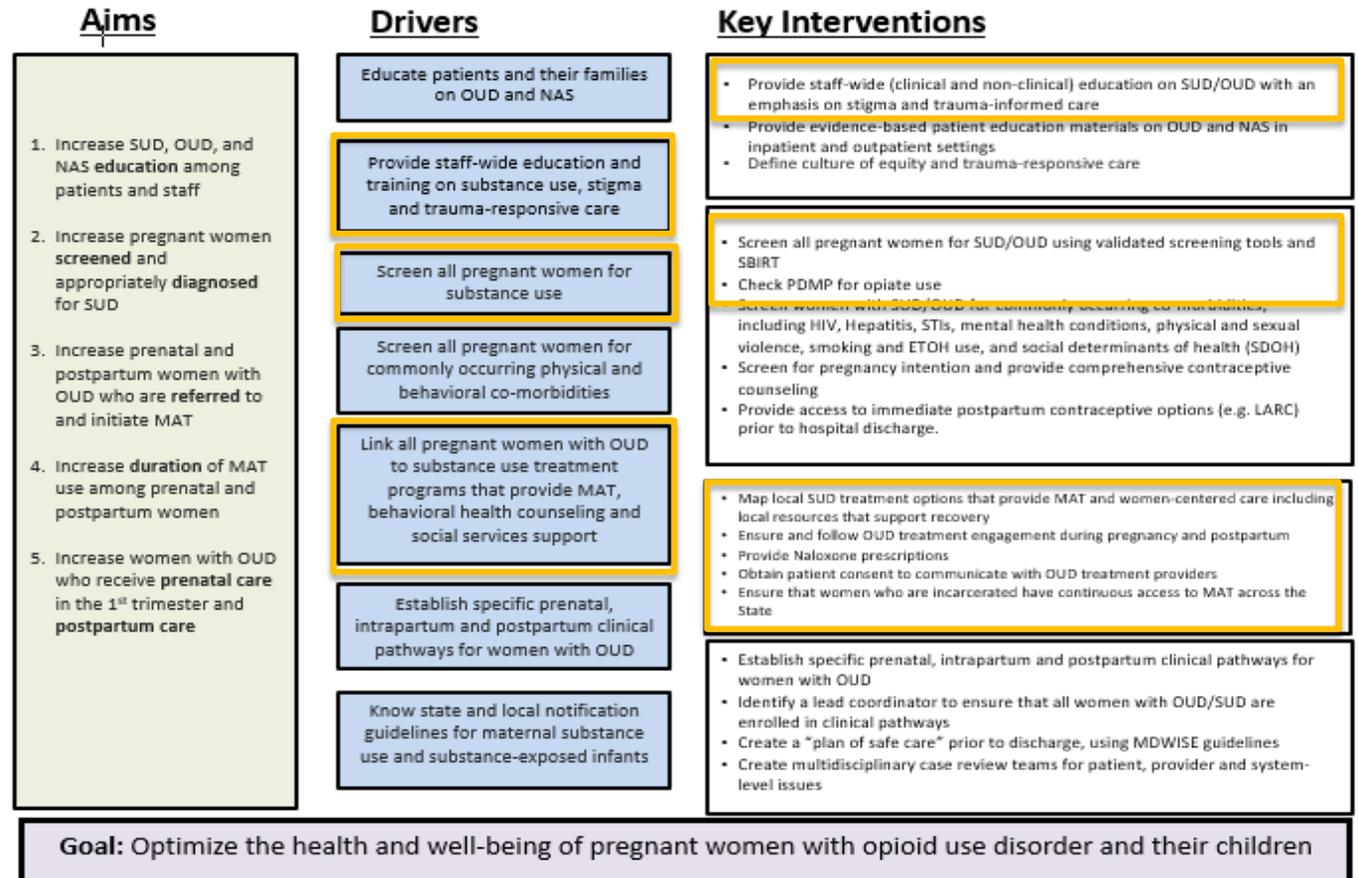
PennState Health
Milton S. Hershey
Medical Center

Prioritization of OUD QI Work

February 26, 2020

PA PQC OUD Driver Diagram

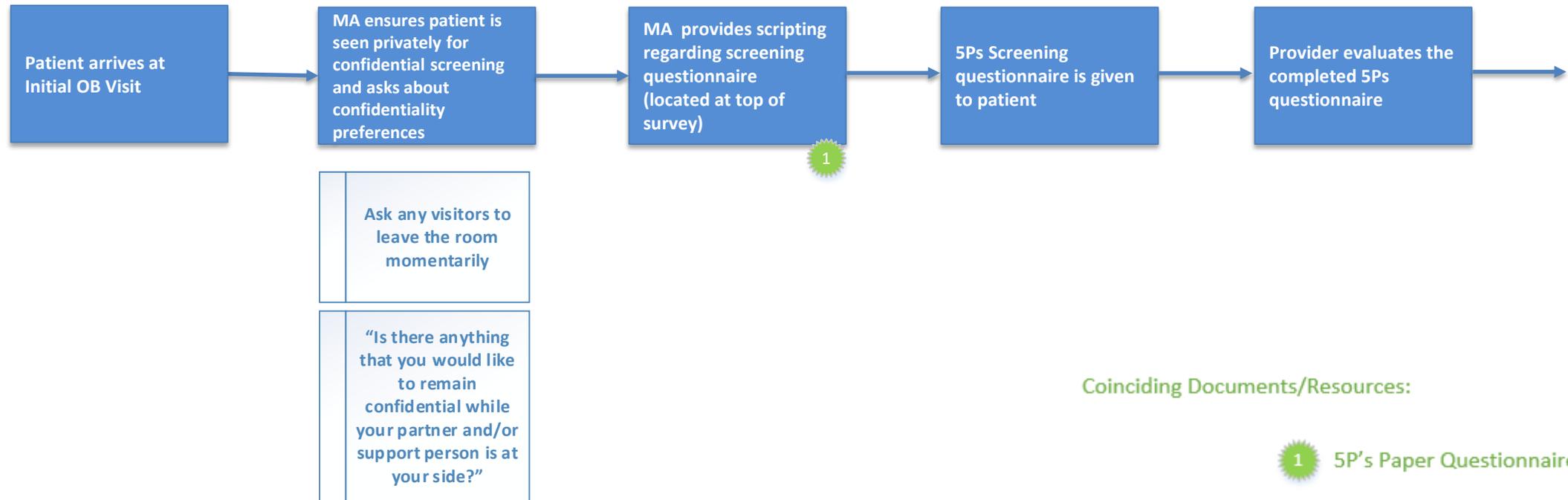
- Screening cannot be implemented alone, without a plan to provide a brief intervention and referral to treatment



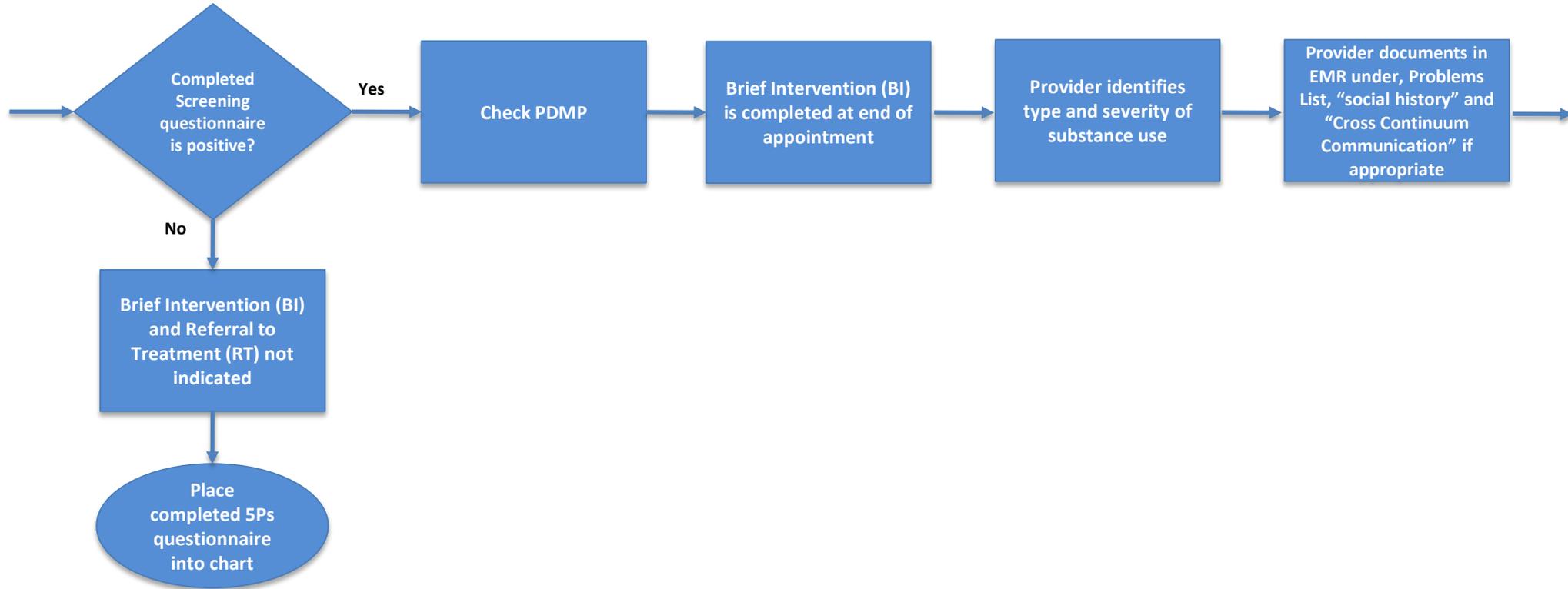
³ https://www.whamglobal.org/images/PA_PQC_OUD_Driver_Diagram_and_Measures.docx



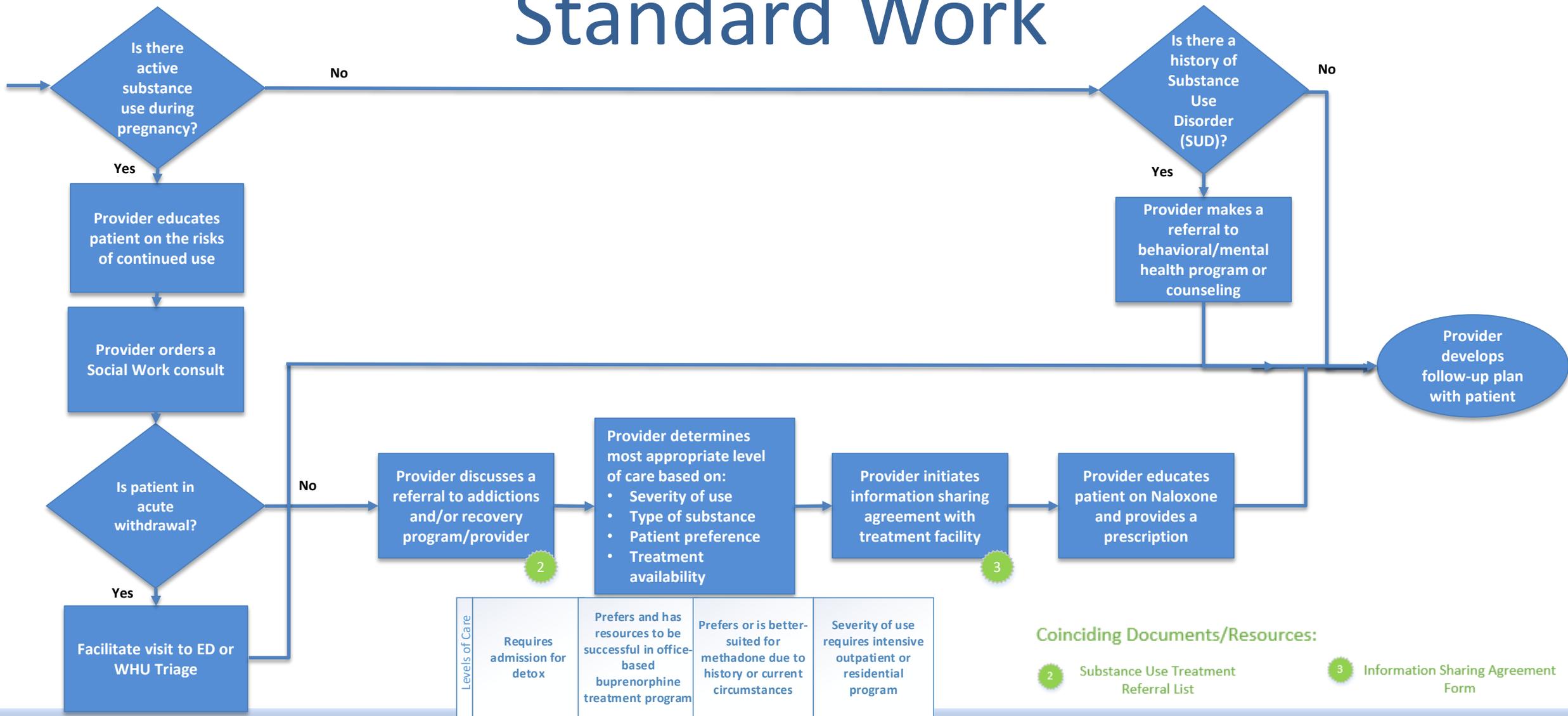
Standard Work



Standard Work



Standard Work



Levels of Care	Requires admission for detox	Prefers and has resources to be successful in office-based buprenorphine treatment program	Prefers or is better-suited for methadone due to history or current circumstances	Severity of use requires intensive outpatient or residential program

Coinciding Documents/Resources:

- 2 Substance Use Treatment Referral List
- 3 Information Sharing Agreement Form

⁴ https://www.nnepqin.org/wp-content/uploads/2018/05/Screening-for-Alcohol-Tobacco-and-Drug-Use-During-Pregnancy_4-1-18.pdf



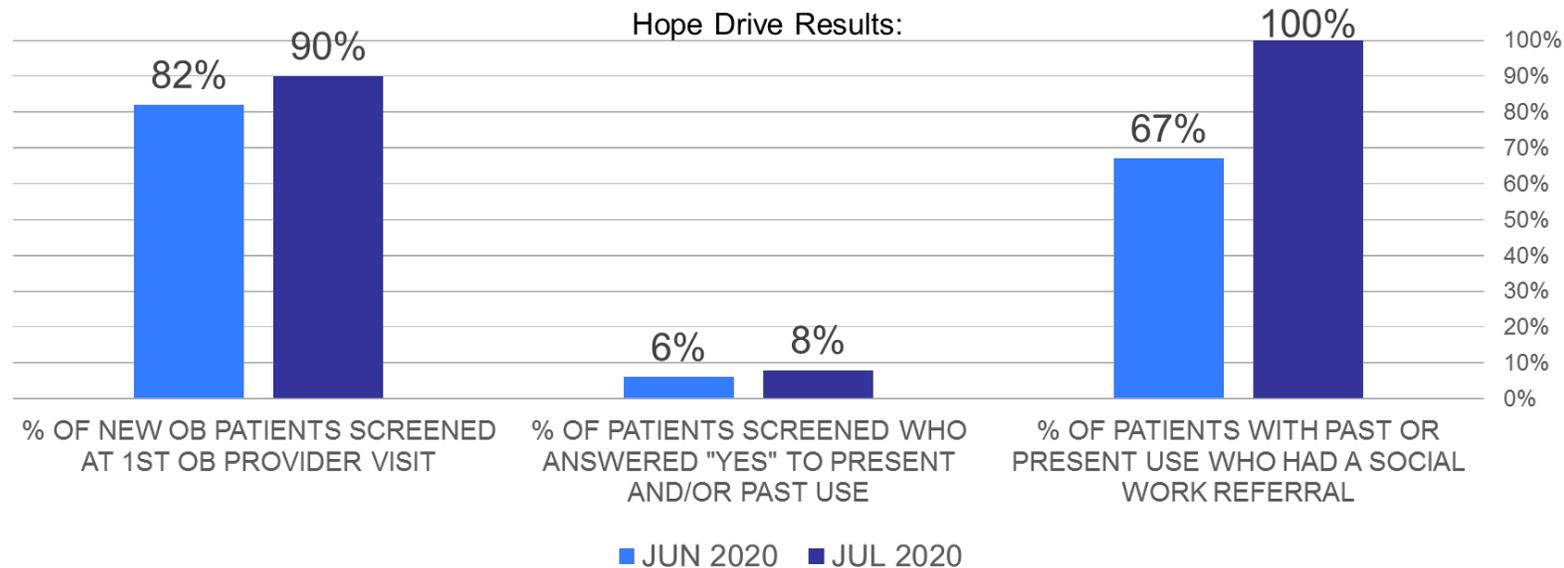
Implementation Summary

PDSA Phase	Activity
Plan	<ul style="list-style-type: none">• Prioritization of OUD QI work and key drivers• Identification of area to initially pilot the process: Hope Drive• Development of standard work• Development of data collection plan
Do	<ul style="list-style-type: none">• Staff Education: Occurred in March 2020• Go-Live: June 1st, 2020
Study	<ul style="list-style-type: none">• Review data with staff (weekly/monthly)• Celebrate accomplishments
Act	<ul style="list-style-type: none">• “Adjust” the process as needed



Data Collection

- The percentage of pregnant women screened for SUD with a validated screening tool was **0%** at **baseline**.
- Since universal screening at Hope Drive began, **≥82%** of our new OB/MFM patients have been screened. Out of the patients that were screened, 6-8% screened positive for past and/or present substance use.



Next Steps

Enhance data collection and analysis

Track the following additional measures:

- % of pregnant women screened for SUD with a validated screen at or prior to delivery
- % of pregnant women diagnosed with OUD at any time of pregnancy
- % of pregnant and postpartum women diagnosed with OUD who initiate MAT

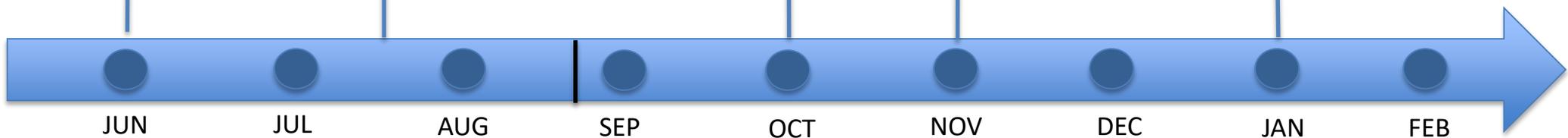
Go-live at Hope Drive

Analyze pilot data and process
Plan for expansion to other sites

- Integrate 5Ps into the EMR
- Expand to other sites

Optimize patient care:

Create a list within the EMR to track specific milestones in the supportive care pathway for pregnant and postpartum moms with OUD



PennState Health

Milton S. Hershey
Medical Center

References

- ¹Committee opinion No. 711. (2017). *Obstetrics & Gynecology*, 130(2), e81-e94.
- ²Haight, S. C., Ko, J. Y., Tong, V. T., Bohm, M. K., & Callaghan, W. M. (2018). Opioid use disorder documented at delivery hospitalization — United States, 1999–2014. *MMWR. Morbidity and Mortality Weekly Report*, 67(31), 845-849.
- ³*OUD driver diagram and measures*. (2020, February 26). WHAMglobal.
https://www.whamglobal.org/images/PA_PQC_OUD_Driver_Diagram_and_Measures.docx
- ⁴*Screening for alcohol, tobacco and drug use during pregnancy*. (2018, April 1). Northern New England Perinatal Quality Improvement Network. https://www.nnepqin.org/wp-content/uploads/2018/05/Screening-for-Alcohol-Tobacco-and-Drug-Use-During-Pregnancy_4-1-18.pdf

