Center of Excellence for Perinatal Substance Use

Application Questions

The purpose of this document is to provide an overview of the Center of Excellence application questions. To submit your application, please visit the Center of Excellence webpage.

Contact: centersofexcellence@doh.wa.gov

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Application
Centers of Excellence for Perinatal Substance Use

Thank you for applying to become a Center of Excellence for Perinatal Substance Use!

Your answers will be scored based on criteria developed by a consortium of experts in the field of perinatal health and substance use disorders.

We will contact you in seven to ten business days if there is any other information we need as we review your application.

If you have any questions or comments, please contact centersofexcellence@doh.wa.gov.

Authorization, Contact Information, Team Members

Authorization

I acknowledge and agree:

This recognition will be listed on the Washington State Department of Health's website, and for the Washington State Department of Health to promote, recognize, and acknowledge our hospital in other ways, including social media.

The Washington State Department of Health will store our application for the next seven years, as part of the Public Records Disclosure Act of RCW 42.56. If our hospital's information is requested per a Public Disclosure Request, our facility will be notified per RCW 42.56.540 in which we have the right to challenge the disclosure.

The Center of Excellence for Perinatal Substance Use recognition is valid for three years, and our hospital will need to reapply to the program to maintain recognition as a Center of Excellence for Perinatal Substance Use facility.

Upon application, the Center of Excellence for Perinatal Substance Use program will contact your facility for further information and may suggest changes in your hospital's policies to be recognized as a Center of Excellence for Perinatal Substance Use.

The Center of Excellence for Perinatal Substance Use program reserves the right to review policies, procedures, data, and materials at any time during the three-year recognition period and change our Center of Excellence for Perinatal Substance Use status based on review and subsequent follow up.

I agree that the data and information in this application are accurate, to the best of our knowledge.

☐ I (or my designee) have reviewed the information about Centers of Excellence for Perinatal Substance Use certification and authorize my facility to submit documentation to be recognized as a Centers of Excellence for Perinatal Substance Use.

Hospital Name:

Hospital Administrator:

Hospital Administrator Email:

Administrator Signature:
(The format for electronic signatures is /s/:Name)

Date:

Facility Contact Information

We may need some additional information from you. Let us know who is coordinating the application for recognition. Please list the address where we should mail the certificate and other materials. Include a webpage link that can be shared on the Center of Excellence webpage.

Name:
Title:
Email Address:
Phone Number:
Address Line 1:
Address Line 2:
City:
State:
Zip:
County:
Webpage:

If you want to include other people in application updates or notifications, please include their contact information below.

Name
Email

Name
Email

Name
Email

Application Team Members

We encourage you to put together a team of people to help with this application and process. To help in our understanding of who is involved in this work, please let us know the types of positions that make up your team. Check all that apply.

- ☐ Family Medicine Provider
- ☐ Labor & Delivery Nurse
- ☐ Lactation Consultant (IBCLC)
- ☐ Maternity Center Administrator or Manager
- ☐ Mother-Baby Care Nurse
- ☐ Social Work
- ☐ Certified Nurse Midwife (CNM)
- ☐ Nurse from Newborn Care
- ☐ Obstetrical Provider
- ☐ Pediatric Provider
- ☐ Quality Improvement Coordinator
- ☐ Other relevant staff (please specify)

Equity Acknowledgement

The Washington State Department of Health, Washington State Health Care Authority, and Washington State Hospital Association are committed to respectful perinatal care and believe health equity should be integrated into all obstetric care. You will see this reflected in the following components of the Center of Excellence requirements:

- Universal screening for substance use and perinatal mood and anxiety disorders eliminates bias in who receives screening and treatment.
- Staff are aware and trained in trauma-informed and harm reduction approaches to care.
- Providers can and will initiate and titrate medications for opioid use disorder. This reduces bias and barriers for who receives treatment.
- Rooming-in and Eat, Sleep, Console (ESC) are standards of care for the exposed infant. This reduces inequity, improves infant health outcomes, and promotes family bonding and attachment.
- Chest/breastfeeding guidance and support is trauma-informed, includes harm reduction approaches, supports the birthing person's preferences, and provides information about benefits and considerations for all feeding options.
- Universal, family-centered, and trauma-informed dialogue based on clear state guidelines for mandatory reporting reduces bias in CPS reporting.
- Universal discharge planning before discharge reduces bias in who receives postpartum support and follow-up.
- Data systems that allow stratifying by race/ethnicity can identify potential inequities in care (the Maternal Data Center [MDC] and the Alliance for Innovation on Maternal Health [AIM]).

Application Questions

The following questions ask about specific hospital policies, procedures, or guidelines. These questions help determine if your hospital meets the required criteria to become a Center of Excellence for Perinatal Substance Use.

Criterion 1: Verbally screen every pregnant or postpartum person for substance use disorder with a validated screening tool. This screening should occur during delivery admission, at a minimum.

- Does the hospital have a procedure in place to verbally screen every pregnant or postpartum person for substance use disorder (SUD) with a validated screening tool?

- Is the verbal screening tool integrated into the Electronic Medical Record (EMR) system as a **required field**? *(Note: while integration into an EMR is ideal, this will not impact your ability to become a Center of Excellence)*

    - If the SUD screening tool is not integrated into the EMR as a required field, are you conducting audits to ensure the screening is done?

- What screening tool(s) do you use to screen every pregnant and postpartum person for substance use disorder?
    - 4P's
    - 4Ps Plus
    - 5P's
    - NIDA Quick Screen
    - Substance Use Risk Profile Pregnancy Scale
    - TAPS (Tobacco, Alcohol, Prescription medication, and other Substance use Tool)
    - Other: _____

- Describe when and how staff receive training about screening every pregnant or postpartum person for substance use disorder. Include information about what training staff receive on how to complete a screening using trauma-informed principles (max 500 words).

- Describe when and how pregnant and postpartum patients are screened for SUD. Include information about the process for asking verbal permission, who conducts the screening, and how a positive screen is discussed with the patient (max 500 words).

Criterion 2: Screen every pregnant or postpartum person for Perinatal Mood and Anxiety Disorders (PMADs) with a validated screening tool. This screening should occur during delivery admission, at a minimum

- Does the hospital have a procedure in place to screen every pregnant or postpartum person for perinatal mood disorders, anxiety, and depression (PMADs) with a validated screening tool? *(Note: This screening should be in addition to any hospital-wide mandatory mental health screenings and be validated for the perinatal population)*

- Is the PMAD screening tool integrated into the Electronic Medical Record (EMR) system as a **required field?** *(Note: while integration into an EMR is ideal, this will not impact your ability to become a Center of Excellence)*

    - If the screening tool is not integrated into the EMR as a required field, are you conducting audits to ensure the screening is done?

- What screening tool(s) do you use to screen every pregnant and postpartum person for PMADs? (Check all that apply)
    - EPDS (Edinburgh Postpartum Depression Scale)
    - PHQ-2 (Patient Health Questionnaire 2)
    - PHQ-4 (Patient Health Questionnaire 4)
    - PHQ-9 (Patient Health Questionnaire-9)
    - Other:_____

- Describe when and how staff receive training about screening every pregnant or postpartum person for PMADs. Include information about what training staff receive on how to complete a screening using trauma-informed principles (max 500 words).

- Describe when and how patients are screened for PMADs during pregnancy and postpartum. Include information about who conducts the screening and how a positive screen is discussed with the patient (max 500 words).

Criterion 3: Have a provider on-site or on-call that can and will initiate and adjust (titrate) medications that treat opioid use disorder during pregnancy, labor and delivery, and postpartum.

OR

If the hospital does not have an on-site/on-call provider, there is a process in place to consult with a provider to initiate and adjust medications to treat opioid use disorder during pregnancy, labor and delivery, and postpartum when needed.

- Does the hospital have a provider that is either on-site or on-call that can and will initiate and adjust (titrate) medications that treat opioid use disorder during pregnancy, labor and delivery, and postpartum?

  This person must have awareness of the need for potential medication adjustments during pregnancy, labor and delivery, and postpartum related to an individual's physiological and metabolic adaptations.

    - Describe the process for an on-site or on-call provider to care for a pregnant or postpartum patient (max 500 words).

    - Does the hospital follow this process at least 95% of the time?

- If the hospital *does not* have a provider on-site or on-call, is there a process in place to obtain a provider consultation that can guide the initiation or adjustment (titration) of medications to treat opioid use disorder when needed?
    - Describe the process of receiving a provider consultation (max 500 words).
    - Does the hospital follow this process at least 95% of the time?

Criterion 4: Allows the birthing person and infant to room together unless the birthing person is in the ICU or there are medical reasons outside of Neonatal Abstinence Syndrome (NAS) for the infant to be in the NICU/special care nursery.

- Does the hospital have a written practice document that allows the birthing person and infant to room together unless the birth parent is in the ICU or there are medical reasons outside of Neonatal Abstinence Syndrome (NAS) for the infant to be in the NICU/special care nursery?
- Describe the hospital practice to allow the birthing person and infant to room together unless the birth parent is in the ICU or there are medical reasons outside of Neonatal Abstinence Syndrome (NAS) for the infant to be in the NICU/special care nursery
- Does the hospital follow this process at least 95% of the time?

Criterion 5: Have evidence-informed guidelines for chest/breastfeeding when using substances or taking medication to treat opioid use disorder (MOUD) that integrates a trauma-informed and harm reduction approach, supports the birthing person's preferences, and provides information about benefits and considerations for all feeding options.

- Does the hospital have an evidence-informed guideline to support chest/breastfeeding for individuals who are using substances or are on medication to treat opioid use disorder?
- Describe how the chest/breastfeeding guideline addresses the following:
    1. Supports the birthing person's feeding preferences and provides information about benefits and considerations for all feeding options (i.e., formula feeding, expressing, supplementing, and chest/breastfeeding).
    2. Integrates a trauma-informed approach, acknowledging how a person's life circumstances, or past experiences of sexual abuse or trauma can impact their ability or desire to chest/breastfeed.
    3. Integrates a harm-reduction approach, such as those found in the Lactation and Substance Use: Guidance for Health Care Professionals
    4. Describe exceptions to this guideline, if any exist.
- Does the hospital follow this process at least 95% of the time?

- Describe when and how staff receive training on a trauma-informed and harm-reduction approach to lactation and substance use (max 500 words)

Criterion 6: Practice the use of non-pharmacologic interventions as the first line of treatment for withdrawal symptoms in the infant, centering the parent(s) as the most important aspect to the infant's care.

- Does the hospital have a written practice document that requires the use of non-pharmacologic interventions as the *first* line of treatment for withdrawal symptoms in the infant (e.g., Eat, Sleep, Console)?

- Describe the written practice that requires the use of non-pharmacologic interventions as the first line of treatment for the infant (max 500 words).

- Does the hospital follow this process at least 95% of the time?

- Describe when and how staff receive training on the use of non-pharmacologic interventions as the first line of treatment for withdrawal symptoms in infants. Include information on which members of the care team receive this training (max 500 words).

Criterion 7: Align hospital policy for contacting Child Protective Service (CPS) with state policy for reporting and notification. Conduct family-centered, trauma-informed communication with the birth parent about what to expect regarding the reporting or referral process for infants exposed to substances, and what they may expect regarding potential interactions with (CPS).

The purpose of this criteria is to reduce the ambiguity and fear about CPS' involvement, connect parents with resources for their parenting needs, support infant and parent bonding, and align hospital policy with state policy.

- Does the hospital process for contacting Child Protective Services align with state policy for reporting or notification?

- Describe the hospital process for submitting a report or referral using the Plan of Safe Care Online Referral Portal (max 500 words)?

- Has the hospital received technical assistance training from the Department of Children, Youth, and Families on the state policy and how to use the Plan of Safe Care Online Referral Portal?

- Describe how the hospital engages in family-centered, trauma-informed dialogue about what information is shared on the Plan of Safe Care Referral Portal, and what interactions to expect from Child Protective Services or Help Me Grow Washington. Include information on which members of the care team are involved in these processes (max 500 words).

Criterion 8: Have a process in place to support patient care coordination and ensure a comprehensive and supportive transition to outpatient or community services.

- Does the hospital have a discharge process in place to ensure a comprehensive and supportive transition to inpatient residential, outpatient, or community services?

- Describe your hospital's discharge process to connect patients with outpatient or community services (max 500 words).

  This process can include, but is not limited to:

  - **Patient-Centered Follow Up Care:** Postpartum appointments are scheduled prior to discharge, and the hospital connects with an outpatient service provider to schedule follow up care. This process involves the patient, and their support person(s), in all care plan decisions. Outpatient appointments should be scheduled within 72 hours of discharge to ensure appropriate continuity of care.
  - **Relevant Medical Information (Including Discharge Summary):** Ensure that the outpatient treatment clinic/providers have relevant medical information. This may include their discharge summary, medication list (including Medications for Opioid Use Disorder [MOUD]), date/time of last MOUD dose given, and any MOUD doses given to the patient to take in the 72 hours after leaving the hospital.
  - **Patient and Family Education:** Provide education to the patient, and their support person(s), about harm reduction strategies, the risk factors of overdose, signs of an overdose, where to get naloxone, and community resources.
  - **Other assistance:** Assist the patient with additional needs as identified (e.g., transportation to outpatient appointments, lactation support, temporary childcare). Connect them to Help Me Grow, Washington.

Criterion 9: Have a process in place to discharge patients who use substances, or use medication for substance use disorder, with naloxone or a prescription for naloxone. Provide patient education about the risk factors of overdose, signs of an overdose, overdose response steps, the use of naloxone, and safe storage (i.e., medication lockbox).

Exceptions to naloxone distribution include if the patient declines medication, provider judgement that it is not appropriate, or the patient already has naloxone.

- Do you have a process in place to discharge every pregnant or postpartum person that uses substances, or use medication for substance use disorder, with naloxone or a prescription for naloxone?

- Describe the hospital's process for providing naloxone, or a naloxone prescription, at discharge. Include information about how the hospital addresses barriers to providing patients with naloxone (e.g., empowering inpatient pharmacies to purchase and stock naloxone for patients), how naloxone is discussed with the patient, and what patient education materials are provided.

- Does the hospital follow this process at least 95% of the time?
  - Yes
  - No

Criterion 10: Have a process in place to submit coded, and chart abstracted substance use disorder data measures through the Maternal Data Center (MDC), the Alliance for Innovation on Maternal Health (AIM) data center, or the Obstetrical Care Outcome Assessment Program (OBCOAP).

- Does your hospital submit coded, and chart abstracted substance use disorder data measures through the Maternal Data Center (MDC) or the Alliance for Innovation on Maternal Health (AIM) data center or the Obstetrical Care Outcome Assessment Program (OBCOAP)?

- How often do you submit data?

- What barriers, if any, exist to submitting data?

Thank you for completing your application to become a Center of Excellence for Perinatal Substance Use!