

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:

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:
Webpage:

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

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 person giving birth for substance use disorder with a validated screening tool

- Does the hospital have a procedure in place to verbally screen every person giving birth for substance use disorder (SUD) with a validated screening tool?
- Is the verbal screening tool integrated into the Electronic Medical Record (EMR) system? *(Note: while integration into an EMR is ideal, this will not impact your ability to become a Center of Excellence)*
- What screening tool do you use to screen every person giving birth for substance use disorder?
 - [4P's](#)
 - [4Ps Plus](#)
 - [5P's](#)
 - [ASSIST \(Alcohol, Smoking, and Substance Involvement Screening Test, Version 5\)](#)
 - [AUDIT-C \(Alcohol Use Disorder Identification Test – Consumption\)](#)
 - [AUDIT-C Plus 2](#)
 - [CRAFFT \(Car, Relax, Alone, Forget, Friends, Trouble\)](#)
 - [DSAT-10](#)
 - [Integrated 5Ps Screening Tool](#)
 - [NIDA Quick Screen](#)
 - [Substance Use Risk Profile Pregnancy Scale](#)
 - [TAPS \(Tobacco, Alcohol, Prescription medication, and other Substance use Tool\)](#)
 - [T-ACE \(Tolerance, Avoidance, Cut Down, Eye-opener\)](#)
 - [TWEAK \(Tolerance, Worried, Eye-openers, Avoidance, K\[C\] Cut-down\)](#)
 - [TICS \(Two-Item Conjoint Screening\)](#)
 - Other: _____
- Describe when and how staff receive training on screening every person giving birth for substance use disorder (max 500 words)

Criterion 2: Verbally screen every person giving birth for Perinatal Mood and Anxiety Disorders (PMADs) with a validated screening tool

- Does the hospital have a procedure in place to verbally screen every person giving birth for perinatal mood disorders, anxiety, and depression (PMADs) with a validated screening tool? (Y/N) *(Note: This screening should be in addition to any hospital-wide mandatory mental health screenings and be validated for the perinatal population)*
- Is the screening tool integrated into the Electronic Medical Record (EMR) system? (Y/N) *(Note: while integration into an EMR is ideal, this will not impact your ability to become a Center of Excellence)*

- What screening tool(s) do you use to screen every person giving birth for perinatal mood disorders, anxiety, and depression? (Check all that apply)
 - o [EPDS \(Edinburgh Postpartum Depression Scale\)](#)
 - o [PHQ-2 \(Patient Health Questionnaire 2\)](#)
 - o [PHQ-4 \(Patient Health Questionnaire 4\)](#)
 - o [PHQ-9 \(Patient Health Questionnaire-9\)](#)
 - o Other: _____
- Describe when and how staff receive training on screening every person giving birth for perinatal mood disorders, anxiety, and depression (max 500 words)

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

OR

If the hospital does not have an on-site/on-call provider, there is a procedure in place to consult with a provider to initiate or adjust maintenance medications when needed.

- Does the hospital have a provider that is either on-site or on-call that can and will initiate maintenance medication to treat opioid use disorder in a pregnant or postpartum person, and/or can adjust (titrate) maintenance medications during labor and postpartum?

This person must have awareness of the need for potential medication adjustment in the postpartum period related to physiologic and metabolic shifts and regulation, which is expected to vary at the individual level during and after delivery.

- If the hospital *does not* have a provider on-site or on-call, is there a procedure in place to obtain a provider consultation that can guide the initiation or adjustment (titration) of maintenance medication when needed?
- Describe the procedure and what steps are taken to receive a provider consultation (500 words maximum).
- How often would the hospital care team say this procedure is followed?
 - o Always
 - o Usually
 - o Sometimes
 - o Rarely
 - o Never

Criterion 4: Allows the birth parent 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.

- Does the hospital have a policy or procedure that allows the birth parent 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?
- How often would the hospital care team say this procedure is followed?
 - o Always
 - o Usually
 - o Sometimes
 - o Rarely
 - o Never

Criterion 5: Have an evidence informed policy for breastfeeding with medications that treat opioid use disorder that is trauma informed and supports choice

- Does the hospital have guidelines to support breastfeeding/chestfeeding for individuals who are on medication to treat opioid use disorder?
- Describe how the guidelines addresses the following (maximum 500 words):
 1. Supports a person's choice about whether or not to breastfeed/chestfeed (max 500 words)
 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 breastfeed/chestfeed (max 500 words)
 3. When and how staff receive training on this approach (max 500 words)
- How often would the hospital care team say these guidelines are followed?
 - o Always
 - o Usually
 - o Sometimes
 - o Rarely
 - o Never
- What exceptions, if any, exist to these guidelines?

Criterion 6: Practice the use of on-pharmacological interventions as the first line of treatment for withdrawal symptoms in the infant

- Does the hospital have a policy or procedure that requires the use of non-pharmacological interventions as the *first* line of treatment for withdrawal symptoms in the infant (e.g., [Eat, Sleep, Console](#))
- How often would the hospital care team say this care plan policy is followed?
 - o Always
 - o Usually

- o Sometimes
 - o Rarely
 - o Never
- Describe when and how staff receive training on this policy or procedure. Include information on which members of the care team receive this training (maximum 500 words).

Criterion 7: Have patient education requirements that include communication with parents about what to expect regarding the notification and report process for infants exposed to substances and what may be expected regarding potential interactions with child welfare.

- How familiar would the hospital care team say they are with the WA State Department of Children, Youth, and Families (DCYF) [guidelines for notifying and reporting infants exposed to substances/Plan of Safe Care?](#)
 - o Extremely familiar
 - o Very familiar
 - o Somewhat familiar
 - o Not so familiar
 - o Not at all familiar
- How does the hospital engage in family-centered dialogue about what interactions to expect with child welfare services, and what notifications/reporting child welfare services will receive from the hospital, if indicated? Include information on which members of the care team are involved in these processes (maximum 500 words).

Criterion 8: Have a system in place to support care coordination at discharge, including a warm handoff* if the patient is scheduled to receive care from a provider they haven't met with before.

****A warm handoff is a transition that is conducted in person, between two members of the health care team, in front of the patient (and family if present).***

- Does the hospital have a system in place to ensure postpartum appointments are scheduled by discharge?
- Does this plan of care include a warm handoff if the patient is scheduled to receive care from a provider they haven't met with before?

Is your hospital part of the Washington State Hospital Association (WSHA) Safe Delivery Roadmap [Perinatal Substance Use Disorder Learning Collaborative?](#)

Please note, participation in the SUD Learning Collaborative will not impact your ability to become a Center of Excellence.