

# Increasing Provider Satisfaction with Perinatal Addictions Stabilization Admissions: A Quality Improvement Project

Category: Oral Presentation

Abstract Body

Objective

The Perinatal Addiction Medicine service at Victoria General Hospital facilitates admissions for pregnant and postpartum patients requiring stabilization of their substance use disorders. At baseline, only 38% of surveyed providers involved in these admissions reported that they were satisfied with how stabilization admissions were organised. This project aimed to improve stabilization admission processes, in order to increase this satisfaction rate to 50% or more.

Methods

Consultations were completed with providers involved in stabilization admissions, including GP-Obstetrics, Midwifery, Nursing, and Social Work, in order to better understand the root causes of the problem and generate change ideas. Multiple changes were tested simultaneously in an initial Plan-Do-Study-Act (PDSA) cycle from January 4-March 8, 2023, including implementing a standardised admission process and weekly interdisciplinary care planning meetings, and holding a perinatal addictions continuing medical education event. The primary outcome measure was self-reported provider satisfaction with stabilization admissions.

Results

Root causes of dissatisfaction included lack of provider comfort with addiction medicine, inconsistent handover from community providers, and ineffective communication among the care team during admissions. New processes were adhered to in the majority of admissions. Perinatal addictions physicians felt that, despite requiring them to change their practice or take on additional workload, the changes implemented had either a positive or neutral impact on their experience as providers. At the end of the first PDSA Cycle 73% of surveyed providers reported they were satisfied with perinatal addictions stabilization admissions, an increase of 35 percentage points from baseline.

Conclusions

The change ideas implemented resulted in increased rates of provider satisfaction with stabilization admissions. In our second PDSA cycle we will provide perinatal addictions education sessions for bedside nurses, explore the

implementation of an ALC designation for stable patients in order to reduce rounding requirements, and work to further improve communication within the care team.

#### Key Words

- Caring in Crisis
- Quality Improvement
- Treatment Models/Programs
- Women/Pregnancy/Neonatal Issues

#### Learning Objective # 1

Understand the challenges posed by operating a Perinatal Addictions Consult Service within a general maternity ward setting.

#### Learning Objective # 2

Describe processes and procedures that can improve interdisciplinary care, communication, and provider satisfaction when working with perinatal inpatients with substance use disorders.

#### Reference # 1

Provincial Blueprint for a Perinatal Substance Use Continuum of Care. Provincial Perinatal Substance Use Project Team, 2021. <http://www.bcwomens.ca/Professional-Resources-site/Documents/Perinatal%20Substance%20Use/PPSUP%20Blueprint%20Final%203Nov2021.pdf>

#### Reference # 2

Rutman et al. Multi-service prevention programs for pregnant and parenting women with substance use and multiple vulnerabilities: Program structure and clients' perspectives on wraparound programming. *BMC Pregnancy and Childbirth* (2020) 20:441. <https://doi.org/10.1186/s12884-020-03109-1>

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