



**Oregon Perinatal Collaborative
Perinatal Substance Use Disorder (SUD) Initiative
Hospital Enrollment Planning Packet**

Thank you for your interest in participating in the Oregon Perinatal Collaborative (OPC) Perinatal SUD Initiative! This 16-month initiative, launching in September 2026, will support teams in implementing trauma informed best practice related to perinatal SUD care in the hospital and warm handoffs into the community.

Why should my site participate?

- ✓ Mental health conditions, which include SUD, are the leading causes of pregnancy related death in Oregon.
- ✓ Participation in this initiative provides quality improvement training that supports not only care for patients with SUD but is an excellent way to generate passion and skill around clinical quality improvement broadly on your unit!
- ✓ Support from the OPC will help teams with prioritization and sequencing of work to minimize overwhelm and improve success.
 - ✓ All participating sites support one another through common and unique challenges.
- ✓ This is an example of an activity that meets the requirement of being an OPC Participating Hospital, which is a component of the CMS Inpatient Quality Reporting (IQR) program maternal morbidity structural measure.

This PDF provides detailed enrollment information for teams to review as they consider interest and ability to participate in this initiative. Identification of a senior administrative leader (project sponsor) and day-to-day leader (defined below) is needed to enroll.

Packet content

- [Initiative enrollment checklist](#)
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- [Multidisciplinary team roles/ descriptions](#)

Ready to sign up? Follow this link to enroll now: [OPC Perinatal SUD Initiative - Enrollment Form](#)

Initiative Enrollment Checklist

Teams participating in this initiative commit to:

- Confirm brief baseline survey elements are being gathered and will be ready for submission by kickoff (September 1st)
- Return completed enrollment form, with senior administrative leader (project sponsor) and day to day leader identified (descriptions of roles below), by August 18th and commitment to form multidisciplinary team as outlined in below timeline
- Commit to elements in the 3 areas below:

Data

- Complete a brief baseline survey by September 1st and complete this same survey at the conclusion of the initiative.
- Monitor local data that will require chart abstraction and report a subset of this data (de-identified) for baseline period and then monthly through initiative to OPC (more information below).

Participation in statewide work

- Attend **3 in-person** sessions in Salem/ Keizer area (specific location TBD) on **11/13/26, 4/9/27** and **11/5/27** (day to day lead or designee at minimum, preferably two members and all of project team welcome).
- Have at least 1 member of the team attend at least 80% of the monthly 1-hour virtual sessions on the 1st Tuesdays of the month from 12-1pm (*NOTE: There will be optional office hours on the 3rd Tuesday of each month from 12-1pm as well*).
- Submit brief monthly progress report to help team stay on track and identify support needs.
- Have someone on your team available to lead 1 discussion or educational topic during a monthly meeting (with OPC support).
- Discuss local data with other participating facilities at monthly statewide meetings.

Local work

- Form a multidisciplinary team that will lead the work locally with your broader onsite team.
 - Includes identifying local provider champion that will actively promote readiness for prescribing medication for opioid use disorder (MOUD), including training as needed for self and/or colleagues.
- Lead local work throughout the initiative, prioritized by responses to baseline survey, review of toolkit and local needs, including documenting focused action plans, and meeting monthly as a hospital team to review your progress and data.
- Commit to training all staff on stigma/ bias related to SUD, using provided material in 2026. The estimated duration is 90 minutes.
- Develop a sustainability plan prior to the conclusion of the initiative.

Estimated timeline and commitment

Please note that the total commitment is determined by the local team's baseline and how they organize local work outside collaborative work to test changes and implement improvements. The estimated time commitment for collaborative work is 32.5 hours of meeting time over 16 months. Data requirements will vary by hospital based on access and volume and therefore are not included in the estimate.

Timeline/ Data Requirement	Activity/ Other activity due dates
April 20th 2026	<ul style="list-style-type: none"> Optional informational webinar, with more information about initiative prior to enrolling
Prior to September 2026 Kickoff Submit baseline survey by 9/1	<ul style="list-style-type: none"> Begin gathering baseline survey information and submit by 9/1 Begin identifying initial team members/ local structure for work upon enrollment Consult with OPC, if needed, to explore prep work in detail
September 2026 Update baseline survey by 9/30 if needed	<ul style="list-style-type: none"> Attend 90 min virtual kick-off on 9/1/26 Have the appropriate member(s) of team attend data webinar (9/22/26) where detailed information will be provided on measures and process for submission
October 2026	<ul style="list-style-type: none"> Attend 60 min virtual meeting
November 2026 Baseline data due 11/30	<ul style="list-style-type: none"> Attend 1st 6 hr. in-person meeting 11/13/26 in Salem/ Keizer area (location TBD) (NOTE: This in-person meeting is on Friday while regular monthly meetings are on Tuesdays)
December 2026 Monthly data due	<ul style="list-style-type: none"> Make any necessary adjustments/ finalize team members/ local structure for work (final updates to team form due 12/31) Complete action period 1 30/60/90-day plan (12/31) Participate in monthly virtual 1-hour meetings
Action Period 1 January-March 2027 Monthly data due	<ul style="list-style-type: none"> Participate in monthly virtual 1-hour meetings Storyboard due 1/31/27 (to present at February meeting) Complete action period 2 30/60/90-day plan (due date 3/31/27)



<p>Action Period 2 April-June 2027 Monthly data due</p>	<ul style="list-style-type: none">• Participate in monthly virtual 1-hour meetings• Attend 2nd 6 hr. in person meeting 4/9/27 in Salem/ Keizer area (location TBD)• Complete action period 3 30/60/90-day plan (due date 6/30/27)
<p>Action Period 3 July-September 2027 Monthly data due</p>	<ul style="list-style-type: none">• Participate in monthly virtual 1-hour meetings
<p>Sustainability Planning October-December 2027 Final structure survey due 10/31/27 Final monthly data due November 2027</p>	<ul style="list-style-type: none">• Participate in monthly virtual 1-hour meetings• Final storyboard due 10/22/27 to present at 11/5 in person meeting• Attend final 6 hr. in-person meeting 11/5/27 in Salem/ Keizer area (location TBD)• Confirm sustainability plan complete by 11/30

Quality Measure Reporting

Global aim of initiative

Reduce morbidity and mortality among women and birthing people during pregnancy and within 1 year postpartum by improving identification, treatment and support for those with substance use disorder and their newborns.

Goals of initiative-Among all participating hospitals:

- 80% of deliveries will be screened for substance use disorder (SUD)
- 80% of deliveries with opioid use disorders (OUD) will receive medications for opioid use disorder (MOUD) prior to discharge from the birth stay
- 80% of deliveries with any substance use disorder (SUD) will receive naloxone prior to discharge from hospital stay

NOTE: Above goals will be reviewed and updated if needed following baseline data submission by all sites

Data Reporting Process & Timeline

The below 4 measures will be reported as numerators and denominators (no patient level data shared):

- First, by November 30th for March-August 2026 deliveries (6 months)
- Then monthly from December 2026 through November 2027 (for September 2026-August 2027 deliveries)

NOTE: Additional definitions/ details for abstraction will be provided prior to teams gathering baseline data. Teams using Oregon Maternal Data Center can use this tool for all reporting below and will not be required to submit separately.

Measure Type	Measure	Numerator	Denominator
Statistic	SUD among deliveries	Among the denominator, those with substance use disorders <i>(Opioid, Sedatives, Cocaine, Amphetamines/ stimulants)</i>	Deliveries
Outcome	% of deliveries with OUD who received MOUD prior to delivery discharge	Among the denominator, those with documentation of receiving MOUD prior to delivery discharge	Deliveries with diagnosis of OUD
Outcome	% of deliveries with SUD who received naloxone prior to delivery discharge	Among the denominator, those with documentation of receiving naloxone prior to delivery discharge	Deliveries with diagnosis of SUD
Process	% of deliveries that were screened for SUDs	Among the denominator, those with documentation of having been screened for SUDs using a validated verbal screening tool during birth admission	Deliveries



Developing a multidisciplinary project team

Please review the roles below and begin forming your team prior to September 2026. You will complete a team form upon enrollment, with an opportunity to update through December 31st, 2026.

Identified to Enroll

1) Senior administrative leader (Project Sponsor)

This person is someone with authority who can help connect the team with other parts of the organization, serve as a connection to senior management and help teams overcome barriers and/or secure necessary resources. The sponsor does not participate in team or OPC meetings but is available to the team as needed and commits to tracking the work at a high level throughout the project.

2) Day to day leader

This person will be the primary point of contact for the Oregon Perinatal Collaborative and serves an important role for moving the work forward at the site and/or escalating issues when they arise. They will attend OPC meetings regularly and be the primary liaison between the statewide work and the local teams. They partner with the other team members and seek additional input/ expertise based on the needs of the group. They do not need to complete every action item (submitting data, etc) but will be the person who ensures it is completed and requests support when needed. They may also serve as one of the champion roles below.

To be identified ASAP and finalized by December 31st, 2026

3) Behavioral Health Champion-Community

This person will serve as primary liaison for the hospital team to coordinate and collaborate with community-based treatment partners. They provide community-based SUD treatment expertise for the project and help champion the work among their colleagues. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and help resolve any concerns/ questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary. If governance is needed for aspects of work impacting the community partner site, they will facilitate it being accomplished (can delegate for completion but will be accountable to ensure done).

4) Behavioral Health Champion-Hospital

This person will provide behavioral health/ social work discipline expertise for the project and help champion the work among their colleagues. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and help resolve any concerns/ questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary. They will support coordination and collaboration with community partners.



5) Newborn Provider Champion

This person will provide newborn provider expertise for the project and help champion the work among their colleagues. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and help resolve any concerns/questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary. If professional staff governance/ formal approval is needed for any decisions, this person will either shepherd items needing governance or delegate this to a provider colleague.

6) Nursing Champion

This person will provide nursing expertise for the project and help champion the work among their colleagues. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and help resolve any concerns/ questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary. If nursing governance/ formal approval is needed for any decisions, this person will either shepherd the items needing governance or delegate this to a nursing colleague.

7) OB Provider Champion

This person will provide OB provider expertise for the project and help champion the work among their colleagues. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and help resolve any concerns/questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary. If professional staff governance/ formal approval is needed for any decisions, this person will either shepherd the items needing governance or delegate this to a provider colleague. They will ensure access to MOUD prescribing at their location by either confirming or completing MOUD in pregnancy training and being a local resource for prescribing in the hospital and/or ensuring others complete.

8) Peer Support Specialist and/or Doula with Lived Experience

This person will provide lived experience/ expertise for the project and help champion the work among colleagues/ patients. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and patients in the community and help resolve any concerns/ questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary.

9) Pharmacy Champion

This person will provide pharmacy expertise for the project and help champion the work among their colleagues. They do not need to be at each Oregon Perinatal Collaborative meeting but should be highly engaged locally and interact with the OPC work as often as able. They need to be able to speak to the work with their colleagues and help resolve any concerns/ questions in partnership with other discipline champions to ensure the work is clearly multidisciplinary. If pharmacy and therapeutics (P&T)/ equivalent governance/ formal approval is needed for any decisions, this person will either shepherd the items needing governance or delegate this to a pharmacy colleague.



Possible additional members: Sites across the state will have different local resources. Please ensure the following roles are engaged at the level needed. Note that they may be represented in the above roles as well.

- a. Unit nurse leader
- b. Emergency department: Highly encouraged if pregnant/ postpartum patients are triaged in the ED.
- c. Anesthesia
- d. NICU team members (neonatologist, neonatal nurse practitioner, NICU RN, etc)