



## 5 R'S TO SUCCESSFUL IMPLEMENTATION

Readiness Every Unit	<ul> <li>Update protocols &amp; policies to be trauma informed</li> <li>Creation of a multidisciplinary team</li> <li>Provide staff with most up to date state toxicology guidelines &amp; local reporting requirements</li> </ul>
Recognition & Prevention Every Patient	<ul> <li>Universal SUD screening with a validated tool</li> <li>Universal anxiety and depression screening</li> <li>Universal social determinates of health screening</li> </ul>
<b>Response</b> Every Event	<ul> <li>Utilize staff scripting to ensure person-first language</li> <li>Identify evidence-based SUD treatment opportunities &amp; provide warm hand-offs to community resources</li> <li>Utilize order sets to begin a pharmacologic response to withdrawal &amp;/or treatment</li> <li>Distribute naloxone to all who screen positive or leave with an opioid prescription</li> </ul>
Reporting & Systems Learning <sub>Every Unit</sub>	<ul> <li>Identify &amp; monitor data related to: <ul> <li>screening</li> <li>active recovery</li> <li>clinical care &amp; treatment</li> <li>naloxone distribution</li> <li>patient demographics</li> </ul> </li> <li>Share data with team &amp; c-suite to highlight quality improvement changes</li> </ul>
Respectful, Equitable, & Supportive Care Every Unit/Provider/Team Member	<ul> <li>Train staff to identify their own stigma &amp; bias towards birthing people experiencing SUD</li> <li>Incorporate patients &amp; those with living experience to help inform improvement practices</li> <li>Respect the birthing persons right of refusal</li> </ul>

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