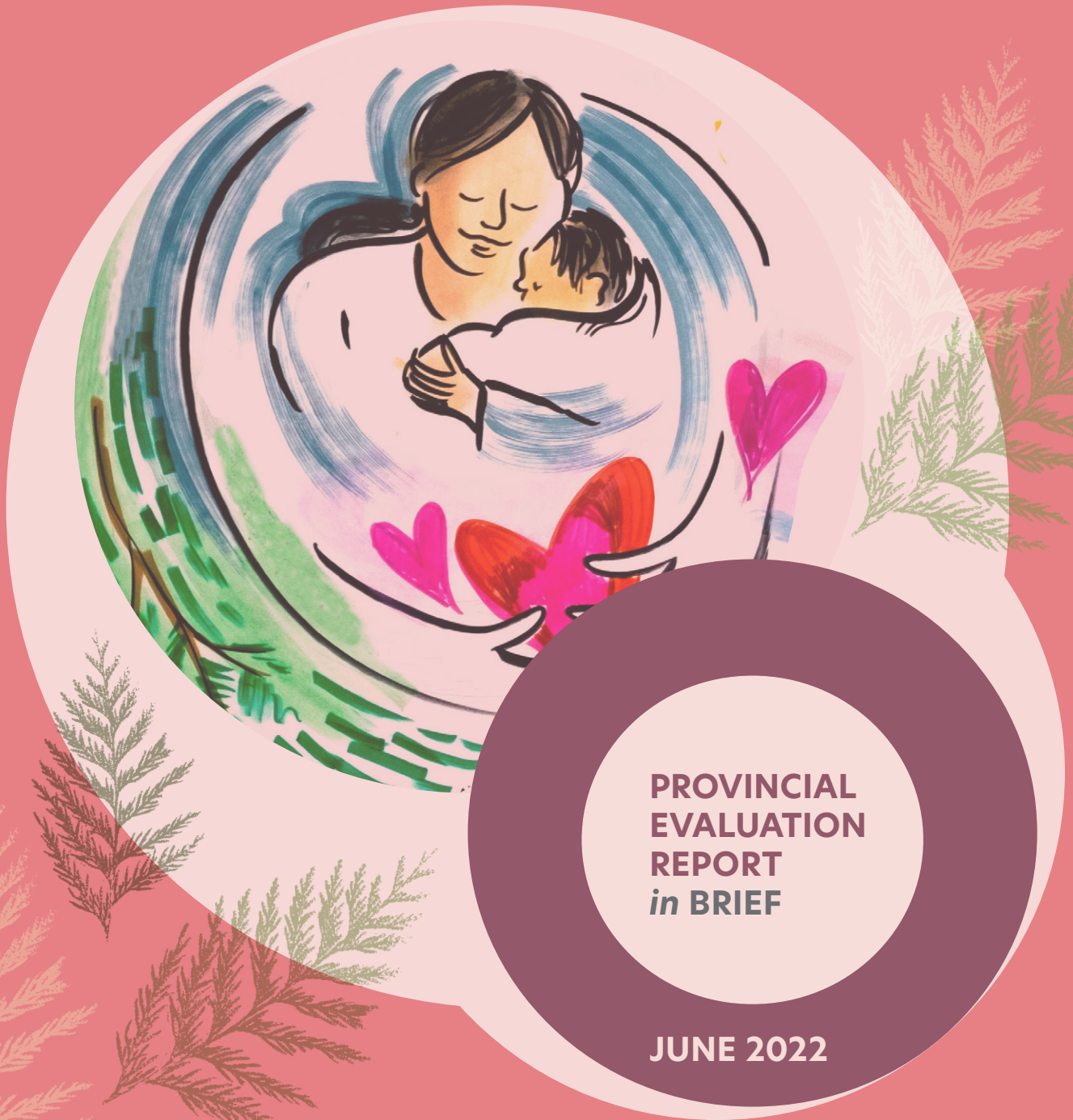


IMPLEMENTING

EAT SLEEP CONSOLE



PROVINCIAL
EVALUATION
REPORT
in BRIEF

JUNE 2022

PROVINCIAL PERINATAL SUBSTANCE USE PROGRAM

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EAT SLEEP CONSOLE EVALUATION EXECUTIVE SUMMARY

Introduction

The Provincial Perinatal Substance Use Program (PPSUP), BC Women's Hospital, Provincial Health Services Authority (PHSA) was established in 2018/19 to provide centralized leadership of systems transformation efforts to improve perinatal substance use services and supports for pregnant and parenting women using substances.

Eat Sleep Console (ESC) was identified as essential training and education critical to supporting mother-baby togetherness. ESC is an evidence-informed model focusing on the comfort and care of infants exposed to substances by maximizing non-pharmacological interventions and increased family involvement in the care of the infant; pharmacological treatment such as PRN morphine could also be used as a part of second-line therapy.

Champions across the province, including BC Women's Hospital + Health Centre, Perinatal Services BC (PSBC), Fraser Health, and Island Health, have led significant efforts in advancing both the non-pharmacological and pharmacological treatment options for infants experiencing Neonatal Abstinence Syndrome (NAS). The Provincial Perinatal Substance Use Program (PPSUP) has leveraged the collaborative efforts across the province to support the advancement of ESC through the development of tools, resources, and supports to manage NAS and inform ESC implementation across regions. This has included the development of Perinatal Substance Use (PSU)/ESC online training modules in partnership with University of British Columbia (UBC) Continuing Professional Development (CPD) in collaboration and guided by provincial and regional subject matter experts. The modules focus specifically on ESC as a model for the non-pharmacological management of NAS and neonatal opioid withdrawal syndrome (NOWS) as first-line treatment.

Evaluation Objectives and Process

The provincial ESC evaluation was conducted in phases and aimed to be utilization-focused, starting with a formative evaluation. The evaluation also employed a highly collaborative approach and was guided by an Evaluation Advisory Committee (AC) with provincial representation. The evaluation commenced in August 2021 with the following objectives:

TO ASSESS UPTAKE AND IMPACTS of the online PSU/ESC training modules on care provider knowledge and practice

TO DOCUMENT the site-based experiences of implementing ESC

TO IDENTIFY KEY FACTORS associated with ESC implementation at acute care hospital sites across the province

The evaluation used both quantitative/survey and qualitative/interview data, collected between December 2021 and May 2022, to describe and document implementation processes successes, challenges, and lessons learned across BC Health Authorities. A literature review/jurisdictional scan was also conducted.



Findings and Discussion

The evaluation revealed that the pace and progress of ESC implementation was variable both within and across Health Authorities. A key finding was that a number of hospitals across the province had made considerable strides toward: providing staff training and education foundational to ESC; shifting attitudes, practices, and policies; and garnering essential operational capacity to support ESC implementation. In nearly all Health Authorities, two or more hospitals had fully or mostly implemented ESC.

The evaluation's review of the literature also showed that BC's experience was consistent with that of other jurisdictions. Specifically, the key drivers of success cited in the literature were also found to be important "enablers" in BC. Chief among these was having committed champions/leaders and regular opportunities for education and training for hospital staff.

Enablers of ESC implementation

The presence of strong regional leadership and a full-time PSU/ESC lead with clear responsibility for the planning and delivery of the roll-out of ESC was an important factor facilitating uptake of ESC. The leads were instrumental in encouraging staff, promoting ESC best practices, developing site-specific training, advocating, and problem-solving. Health Authorities that had fully committed to having these positions and that weren't experiencing staff turnover were further along in their ESC journey; conversely, Health Authorities that had experienced disruption and turnover in these positions weren't as far along.

- The development and delivery of the foundational PSU/ESC training modules, offered through UBC's Continuing Professional Development since 2020, were pivotal to perinatal care providers developing an understanding and appreciation of the practice shifts that were necessitated by ESC. Additional regional and site-specific training was also extremely important
- This tailored training and practice support, offered in ways that were most responsive to sites' needs and offered to health care providers working in various care settings and even across service sectors, helped to introduce, guide, and sustain the practices and attitudinal shifts embodied by ESC.
- The use of a phased approach meant the Health Authorities were free to choose how to implement ESC and as such introduced practice components that were more easily managed, such as use of the ESC Care Tool, while continuing to look for solutions to other operational, staffing, and care provider readiness challenges.
- Receiving dedicated funding allowed health care providers to complete the foundational PSU/ESC training during their regular working hours (for many trainees, or at least for those who completed the training in 2020/2021), while providing backfill for clinical, patient care roles and supporting the PSU/ESC lead positions.



Challenges

- The primary challenges identified in the literature were also evident in the BC experience.
- These included insufficient nursing resources, difficulty promoting skin-to-skin contact and consoling when the parent wasn't present or had been discharged, limitations of maternity units with respect to rooming-in, and hospital-based protocols and/or attitudes that potentially slowed the implementation of ESC.

Recommendations

Based on the findings from this evaluation, it is recommended that:

- Funding be provided/allocated for PSU/ESC foundational training for all multidisciplinary perinatal health care providers. Ideally, this education should be organized such that providers are able to complete the training during their regular working hours, rather than during their non-work time.
- The role of PSU/ESC lead continue to be supported. It is essential that PSU leads have dedicated time to plan and implement ESC in hospital sites within their Health Authority and are not undertaking the work of ESC implementation off the sides of their desks.
- As part of their role, the PSU leads continue to plan and deliver tailored, site-specific education and training opportunities on ESC and related best practice approaches such as trauma-informed care for health care staff. In addition, it is recommended that the PSU Leads continue to explore best practice alternatives for supporting ESC and providing non-pharmacological care to infants in the absence of a consistent care provider.
- The PSU leads employ a phased and collaborative approach to implementing ESC, starting with the PSU ESC online training, then working closely with birthing facilities in their region to determine operational and care provider readiness and an agreed-upon process and timeline to undertake implementation.
- To work through practice issues and strengthen/sustain ESC, a virtual Community of Practice be created and that regular meetings be offered at a regional and/or provincial level for perinatal care staff involved in ESC care.
- The PPSUP team coordinate discussions with the PSU/ESC leads regarding key ESC outcomes and indicators that would be feasible to collect through health systems data and from patients'/families' perspectives, to further assess and evaluate ESC impacts.



KEY LEARNINGS to Support Successful Implementation



1

Ensure there is **A DEDICATED REGIONAL ROLE TO LEAD** the PSU/ESC work, including delivering site-specific education and training opportunities related to ESC and coordinating and optimizing training across sites.



2

Allocate **FUNDING** for all perinatal health care providers to complete the foundational [PSU online training \(UBC CPD\)](#) during their work hours.



3

Depending on operational capacity, take **A PHASED-BASED APPROACH** to implementing ESC practice supports (e.g. start at one site or one unit).



4

UTILIZE THE ESC CARE TOOL in patient charts to support implementation and review the data derived from the ESC care tool over time. The ESC care tool is available here: [Eating Sleeping Consoling ESC Care Tool.pdf \(perinatalservicesbc.ca\)](#)



5

Where pharmacological management may be required, **REFER TO THE USE OF A PRN MORPHINE ALGORITHM** as available on page 28 in the Care of the Newborn Exposed to Substances During Pregnancy Practice Resource for Health Care Providers, available here: [Practice Resource: Care of the Newborn Exposed to Substances During Pregnancy \(perinatalservicesbc.ca\)](#)



6

Where a consistent care giver is not available to console a newborn, **EXPLORE BEST PRACTICE ALTERNATIVES** such as volunteer cuddlers, or use of alternate caregivers.



7

Where possible, **SUPPORT THE COLLECTION OF KEY ESC DATA AND INDICATORS**, including patient and family perspectives, for quality improvement purposes.



8

ENGAGE with provincial-level perinatal health care providers involved in ESC care through a **COMMUNITY OF PRACTICE** to share key learnings and address practice issues.

