

# Supporting Consistency in SEN/SUD Care through Family Safety Huddles

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## Our Quality Improvement Project

We will increase completed huddles for eligible patients from 0% to 50% by June 2025, regardless of race, ethnicity, language, newborn care service (Pediatrics/Penn Family Medicine/Intensive Care Nursery), insurance status, and parity.  
**Our Focus Areas:** Improve communication and knowledge about Pennsylvania Childline reporting, Minimize bias in reporting, Minimize trauma for patients, Minimize distress for healthcare providers

### Problem Statement

Hospital-based child protective service (CPS) reporting is an area in which potential bias can lead to disparities in reporting. In a retrospective study done in California in 2018, race and insurance type contributed to differences in the likelihood a CPS report followed a substance exposed birth.<sup>1</sup> We recognized opportunities for potential bias at our large, academic, urban birthing hospital. We set out to create a new interdisciplinary approach to CPS report determination with the addition of family safety huddles which was inspired by similar work done at UCSF<sup>2</sup>.

### Facilitators/Barriers

#### Facilitators:

- Readiness for change: High level of moral distress of providers regarding Childline reporting
- Collaborative multidisciplinary team
- Culture of cross-discipline consultation
- Culture of rigorous quality improvement

#### Barriers:

- Time!
- Conflicting schedules
- High turnover on postpartum service
- Size of nursing and frontline staff

### Measures

- Outcome:** % of SEN/SUD patients with huddle for tracking
- Process:** Presence of relevant stakeholders at each huddle
- Balancing:** Time needed per huddle

### Key Interventions

- Identified key stakeholders
- Bimonthly meetings and weekly check ins
- PDSA Cycles to refine huddle and script
- Multidisciplinary team approach
- Use of Secure Chat in Epic to arrange huddles

### DHS Huddle Script (version 7!)

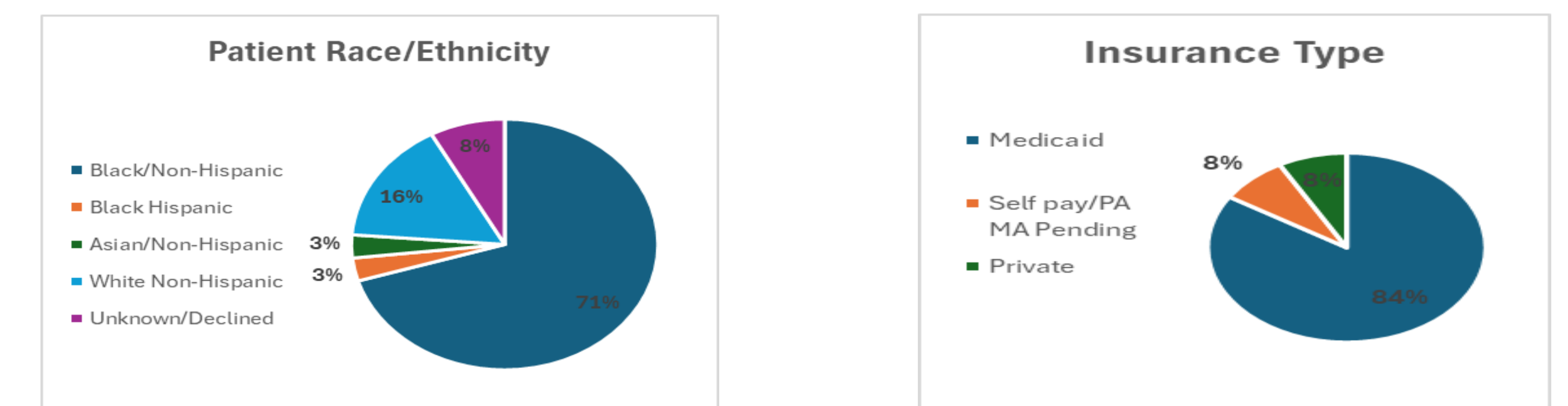
### Indications for Huddle

- Unable to identify safe place of discharge with infant
- MOUD
- Active substance use regardless of MOUD
- Child welfare involvement (past or present)
- Significant mental health concerns (suicide attempt, self-harm, and/or hospitalization in last year) or active symptoms (e.g. psychosis or mania)
- Repeated concerns about ability to care for self or baby in the setting of intellectual disability

### Results

- Currently outperforming our goal of 50% huddle completion with a FYTD percent completion of 68% for SEN/SUD patients.
- Duration of huddles ranged from 5-40 minutes (some have now been done exclusively via Secure Chat)

#### Demographics (All Huddles)



#### SEN/SUD Families with Huddle Completed- Run Chart



### Next Steps

- More robust education needed for healthcare team regarding Childline reporting
  - Who qualifies?
  - What are the next steps after a report is made?
- Transparency with families regarding family safety huddles
- Soliciting family feedback

