

# PNQIN Provider Attitudes and Skills Survey 2019

## General Instructions

This survey is a tool to help measure the attitudes, knowledge, and skills of perinatal providers' attitudes towards mothers with opioid use disorder (OUD) and infants at risk for neonatal abstinence syndrome (NAS). The goal is to help hospitals identify barriers and facilitators to quality care for mothers and infants impacted by perinatal opioid use, and will allow us as a collaborative to better target education and training opportunities. All Massachusetts hospitals within PNQIN are invited to use the survey with their staff.

Ideally, staff of all disciplines caring for mothers and newborns in your hospital should be invited to complete this survey. All responses will be anonymous; results will be aggregated by discipline and by hospital.

This survey is intended to take approximately 8-10 minutes to complete. Please try to complete the survey to the best of your ability; you can add clarifying comments in the free text section at the end of the survey. As this survey will be going to maternal and newborn providers and some questions ask about the care of mothers and others ask about the care of infants, there is an option to choose "not applicable" for each question; however, feel free to answer any question that you feel comfortable, even if it's not your primary area of care.

This survey is based on several published tools, and has been modified for PNQIN use.

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Please Indicate Your Hospital:

- ☐ AnnaJaques
- ☐ Baystate Medical Center
- ☐ Baystate Franklin Medical Center
- ☐ Berkshire Medical Center
- ☐ Beth Israel Deaconess Medical Center
- ☐ Beth Israel Deaconess Medical Center - Plymouth
- ☐ Beverly Hospital
- ☐ Boston Children's Hospital
- ☐ Boston Medical Center
- ☐ Brigham and Women's Hospital
- ☐ Brockton Hospital
- ☐ Cambridge Health Alliance
- ☐ Cape Cod Hospital
- ☐ Charlton Memorial Hospital
- ☐ Cooley-Dickinson Hospital
- ☐ Emerson Hospital
- ☐ Fairview Hospital
- ☐ Falmouth Hospital
- ☐ Franciscan's Hospital
- ☐ Good Samaritan Hospital
- ☐ Health Alliance Hospital
- ☐ Heywood Hospital
- ☐ Holy Family Hospital
- ☐ Holyoke Medical Center
- ☐ Lawrence General Hospital
- ☐ Lowell General Hospital
- ☐ Martha's Vineyard Hospital
- ☐ Massachusetts General Hospital
- ☐ Melrose-Wakefield Hospital
- ☐ Mercy Medical Center
- ☐ Metrowest Medical Center
- ☐ Milford Regional Medical Center
- ☐ Morton Hospital
- ☐ Mt. Auburn Hospital
- ☐ Nantucket Cottage Hospital
- ☐ Newton-Wellesley Hospital
- ☐ North Shore Medical Center
- ☐ Norwood Hospital
- ☐ South Shore Hospital
- ☐ Spaulding Hospital
- ☐ St. Elizabeth's Hospital
- ☐ St. Luke's Hospital
- ☐ St. Vincent Hospital
- ☐ Sturdy Memorial Hospital
- ☐ Tobey Hospital
- ☐ Tufts Medical Center
- ☐ UMass Memorial Medical Center
- ☐ Winchester Hospital
- ☐ Other

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If Other, Please Indicate Your Hospital:

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Please Indicate Your Title/Role:

- ☐ Nurse  
☐ Nurse Practitioner/Physician Assistant  
☐ Nurse Manager or Nurse Educator  
☐ Midwife  
☐ Social Worker  
☐ Lactation Consultant  
☐ Family Advisor or Liason  
☐ Nutritionist  
☐ Occupational Therapist,  
☐ Physical Therapist  
☐ Attending Physician  
☐ Resident or Fellow  
☐ Student  
☐ Peer Specialist  
☐ Other

If Other, Please Indicate Your Role

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Where do you PRIMARILY take care of mothers or newborns?

- ☐ Inpatient  
☐ Outpatient  
☐ Both inpatient and outpatient  
☐ Not applicable

In which areas do you care for mothers and newborns?  
Select all that apply.

- ☐ Outpatient OB clinic  
☐ Labor & Delivery  
☐ Special Care Nursery or Neonatal Intensive Care Unit  
☐ Postpartum maternal unit  
☐ Postpartum newborn nursery  
☐ Pediatric ward  
☐ Pediatric clinic  
☐ Not applicable

### I. Attitudes Towards Mothers With OUD & Infants With NAS (10 Qs)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree	Not Applicable
When interacting with a mother with OUD, I consider the potential life circumstances surrounding her drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that mothers with OUD deserve the same level of health care as mothers without a substance use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I frequently blame the mother of an infant with NAS for the infant's health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find working with mothers with OUD to be stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I find working with infants with NAS to be stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that I am sympathetic towards mothers with OUD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that I am sympathetic towards infants with NAS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it frustrating when the mother of an infant with NAS is infrequently present to provide care for her infant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that I am responsible for caring for both the mother with OUD and her infant with NAS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that the rewards of caring for a mother with OUD and an infant with NAS outweigh the challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## II. Knowledge and Skills for Mothers With OUD & Infants With NAS (15 Qs)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree	Not Applicable
I have enough knowledge about OUD to provide care for affected mothers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough knowledge about NAS to provide care to affected infants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my hospital/clinic, we universally screen women during pregnancy for unhealthy substance use using a standardized question-based tool.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am knowledgeable about the use of medication for addiction treatment (MAT) for mothers with OUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am knowledgeable about how to appropriately assess symptoms of NAS in opioid-exposed newborns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The score I assign to an infant for NAS symptoms, whether by the Finnegan scale or another tool, is accurate and objective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At my hospital, we strive to maximize non-pharmacologic interventions when caring for an infant with NAS.

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I am knowledgeable about the use of medications to treat an infant with NAS.

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I advocate for mothers of infants with NAS to breastfeed their infants when appropriate.

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I am knowledgeable about the criteria for completion of a 51A report to DCF.

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I am knowledgeable about eligibility criteria for Early Intervention for infants of women with OUD.

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I am knowledgeable about how to make a referral to Early Intervention for eligible infants.

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I make Early Intervention referrals for all infants with NAS.

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I make Early Intervention referrals for all opioid-exposed newborns.

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I believe that my hospital/clinic has the necessary practice protocols and guidelines for caring for mothers with OUD and infants with NAS.

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