

Initiating and Sustaining a Perinatal SART Process: The “Throw-ins” that Make the Difference

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Jan Campbell and Sue Spooner have established successful perinatal SART processes in their California counties -- Jan in San Luis Obispo and Sue in Riverside County. They would be the first to tell you that they have not done this by themselves. Jan’s team in San Luis Obispo includes Lisa Fraser, Carol Jones and Gina Pinto. Sue’s team in Riverside County includes Diane Ewing, Patricia Douglas and Alice Sprockett.

In the preface to a book on psychotherapy the author recalls taking a course in soup making from a local woman who was famous for her wonderful soups. He observed her closely writing down everything she did but when he went home and attempted to re-create her soup, he was disappointed to see that his soup was missing a certain something. He went back and watched her again checking his notes to make sure he captured every single detail but then he noticed something -- after she had finished her formal instructions, she carried the pot to the stove and along the way a she reached out and threw in a few things, some spices. He used the story to suggest that psychotherapy and making soup shared something in common -- it was the little things you did, the unscripted throw-ins that could often make the difference. It seems that that same lesson can be applied to establishing a perinatal SART system. The flowcharts look the same from one county to the next and, though each County refines their 4Ps plus screening tool in some way that is unique to them, county to county there is a shared basic structure. So what do Jan and Sue put in their SART soup? What are their throw-ins that seem to make a difference?

Jan and Sue give us nine perinatal SART tips which reflect the attention to detail that is needed. But, there is something else -- Jan and Sue’s tips are a practical translation of the value of respect that is at the heart of any true partnership. That’s their secret ingredient. Here are a few observations on the connection between their tips and respect:

- Respect for the professionalism of OB providers means providing scientific proof and best practice information when the SART process is first proposed.
- Respect for the providers’ time means bringing all the necessary materials to them and providing training and ongoing support as needed.
- Respect for the providers as partners means being physically present -- visiting them as often as necessary and providing whatever training and support is needed face-to-face. Being a partner avoids extractive demands -- here's what *I* want -- and instead adapts to what *we* can do together.
- Respect for the commitment of the providers to the SART process involves acknowledging their contribution.
- Respect for the providers’ commitment to their patients means providing accurate and timely feedback so that the process can be perfected.
- Respect for the providers’ interest in real results means working with other agencies to make sure the referrals which are generated in the provider's office are acted upon.

I encourage you to read Jan and Sue's tips and to see them not only as discrete activities but also as the communication of an essential value.

Perinatal SART Provider Tips

- 1. Plan your initial outreach to your OB providers well. Bring them together at a dinner or luncheon and have another physician present the SART program, providing scientific proof and best practice information.*
- 2. Provide your physicians with EVERYTHING. This includes the 4P's Plus screening forms, patient education materials and the "I Am Concerned... Pre-Treatment: A Brief Intervention for the Primary Prenatal Care Setting" office manuals. Provide training to the prenatal provider and their staff on the SART process and on-going technical support. Be available to provider staff via telephone and email.*
- 3. Visit the providers frequently. Some SART staff visits monthly or bi-monthly, depending upon the need of each provider. At that time, staff will pick up copies of the 4P's Plus forms for data purposes, ask how things are going and help resolve any implementations issues.*
- 4. Re-train, re-train, RE-TRAIN provider staff. When we do training, we usually do it at lunchtime at their office and provide the lunch for the provider and their staff.*
- 5. Giving providers some type of incentive is always helpful. It builds a trusting relationship and bond with them. Makes it a fun visit. We have bought pretty candy dishes (and candy) and put them in every screening provider's office. When we go out to the office, we bring more candy.*
- 6. We acknowledge outstanding providers and their work. We gave our initial screening providers a special award and recognized them in front of their peers at a provider dinner conference. Recently, we have offered to pay for one of our outstanding providers to attend the upcoming conference "Putting the Pieces Together for Children and Families". (Riverside County) Another had their Board of Supervisor (an elected official) do a proclamation at a public meeting, which is then publicized. The presentation was made to an OB physician as representative of all OB's doing screening and education.*
- 7. We send out holiday cards and candy to all our screening providers. These incentives are paid for thru grants. Listed in grant as provider incentives. These can be lunches, treats, cards, educational materials, etc.*
- 8. Perinatal SART staff members provide feedback about each provider's SART stats. We give encouragement about their progress, and develop a relationship with the provider and their staff so that they feel comfortable asking questions and discussing their concerns.*
- 9. Support is the key to any successful SART program. Physicians need to know that what they are doing is important and that something will come of it. Having the support of outside agencies, non-profits and other private providers helps take the burden off the physician. Services need to be in place and communication between services and provider needs to take place regularly. This keeps the program alive and in the forefront.*

A program is only as good as the time you put into it.

Jan and Sue lend a human touch to their efforts by bringing lunch when they do training, leaving candy to say thank you and by sending holiday cards. Less experienced people might view these gestures as minor and inconsequential but Jan and Sue know better. These gestures speak loudly -- thank you for your expertise; we value the extra effort and time this process requires; and, we are your partners in very important work.

I've seen the consequences of failing to make these gestures and failing to communicate respect in all the ways the Jan and Sue outline. In time, screening comes to be seen by the providers as just another demand in an already too busy day. When that happens, participation drops off. Similarly, when there is no feedback, no acknowledgement and no report back on successes, involvement with the process fades.

Their last comment "*A program is only as good as the time you put into it.*" highlights another reality – a SART process needs on-going attention. Some communities make a strong start but then make the incorrect assumption that the process once started will be self-sustaining. Not true. The success of the teams working in these two counties is traceable to their respect for their participating providers and the teams' perseverance.

It is clear from Jan and Sue's tips that establishing an enduring perinatal SART process is a communication-intensive event. It cannot be successfully initiated and sustained exclusively through e-mail. Jan and Sue's practical pointers chart a course which holds the potential for success.