

Maternal Opioid Recovery Effort (MORE) Measurement Grid

<u>Definition of MORE (Inclusion Criteria)</u>: Any pregnant women who is admitted to a hospital for delivery with <u>any</u> opioid use during this pregnancy, regardless of infant outcome

<u>Definition of MORE (Exclusion Criteria</u>): Exclude the following: Pregnant women who are in observation status or seen in the ED, pregnant women not admitted for delivery

NOTE: These measures are subject to change during the process of finalizing data collection and reporting tools.

#	Outcome Measure	Description	Frequency
1	Screening, prevention, <u>and</u> treatment services	Numerator: Total # of women with any opioid use during this pregnancy who received screening, prevention, and treatment services* Denominator: # of women with any opioid use during this pregnancy admitted for delivery Exclude: Women referred from Substance Use Disorder (SUD) Treatment Facilities & Clinics or already on MAT do not require screening. *Each of the components of screening, prevention and treatment services are described below.	Monthly Source: FPQC
2	Pregnancy associated substance use disorder deaths	Numerator: Total # of women with a SUD related death within 1 year of delivery Denominator: Number of women delivering in that year	Annually Source: State Maternal Mortality Review

#	Structural Measure	Description	Frequency
1	Universal screening	Hospital: Numerator: # of hospitals that have implemented a universal screening* protocol/guideline for SUD (for all pregnant patients) Denominator: # of participating hospitals Report: Not started, planning, in place, fully implemented *This denotes screening, not biologic testing; Validated screening tools include NIDA Quick Start, 4Ps, 5Ps, CRAFFT and others.	Quarterly Source: AIM

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		PNC sites:	
		Numerator: # of prenatal care (PNC) sites affiliated with your hospital performing screening* for SUD with all pregnant patients which includes SBIRT (screening*, brief intervention and referral to treatment).	
		Denominator: # of PNC sites affiliated with your hospital	
		*This denotes <u>screening</u> , <u>not biologic testing</u> ; Validated screening tools include NIDA Quick Start, 4Ps, 5Ps, CRAFFT and others.	
		General	Quarterly
		Numerator: # of hospitals that have implement a guideline/protocol for post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription	Source: AIM
	Dain Managan and Dunamilain a	Denominator: # of participating hospitals	
2	Pain Management Prescribing Practices	Report: Not started, planning, in place, fully implemented.	
		OUD specific	
		Numerator: # of hospitals with OUD specific pain management and opioid prescribing guidelines/protocol	
		Denominator: # of participating hospitals	
		Hospitals:	Source: AIM
	Mapping of local resources	Numerator: Total # of hospitals with completed Local OUD Treatment Resources Document to map local community resources (MAT/addiction treatment services/behavioral health support/other community services) for pregnant and postpartum women with OUD	PNC sites to be collected by Healthy Start
2		Denominator: # of hospitals	
3		Prenatal care sites:	
		Numerator: Total # of PNC sites per county with completed Local OUD Treatment Resources Document to map local community resources (MAT/addiction treatment services/behavioral health support/other community services) for pregnant and postpartum women with OUD	
		Denominator: # of prenatal care sites per county	

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4	PNC sites with standardized educational materials	Numerator: # of PNC sites using standardized materials for educating women with any opioid use, regarding OUD and pregnancy and mother's role in NAS newborn care Denominator: # of PNC sites	Source: AIM	
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#	Process Measures	Description	Frequency
	Some process measures will be reported on individual infants, and some will be reported on individual hospitals.		
	Universal Screening	Abstract the first 20 medical records/quarter of all pregnant women admitted for delivery to determine if SUD screening was documented in the medical record (either prenatally or during delivery admission)	Monthly Source: AIM
1		Numerator: # of women with documented SUD screening Denominator: the first 20 women admitted for delivery in the quarter, regardless of opioid use.	
		Exclusion: Women referred from SUD treatment facilities and clinics or already on MAT do not require screening	
		This denotes <u>screening</u> , <u>not biologic testing</u> ; Validated screening tools include 4Ps, 5Ps, NIDA, CRAFFT and others	
2	Secondary screening - Infectious diseases	Numerator: # of women with any opioid use screened for: HIV, hepatitis A, hepatitis B, hepatitis C, gonorrhea, chlamydia, syphilis and tuberculosis prenatally or during delivery admission, prior to maternal discharge.	Monthly Source: AIM
	uiscuses	Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	
3	Secondary screening – Mental Health screening	Numerator: # of women with any opioid use screened for mental health prenatally or during delivery admission, prior to maternal discharge	Monthly Source: AIM
		Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	

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4	Secondary screening – Intimate partner violence	Numerator: # of women with any opioid use screened for intimate partner violence prenatally or during delivery admission, prior to maternal discharge Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	Monthly Source: AIM
5	Family planning/contraceptive counseling and plan	Numerator: # of women with any opioid use with contraception counseling and plan documented in the medical record prenatally or during delivery admission, prior to maternal discharge Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	Monthly Source: FPQC
		NOTE: As part of a contraceptive plan, a method must be provided, if method not available, an appointment must be scheduled to provide the method in the contraceptive plan.	
6	Breastfeeding initiation	Numerator: Total # of women with any opioid use who started breastfeeding or pumping prior to maternal discharge	Monthly Source: IL
		Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	
		Exclusion: MOM contraindicated, fetal or infant death, if the mother is not keeping the infant (e.g. adoption)	
7	Rooming-in	Numerator: # of women with any opioid use rooming-in with neonate prior to maternal discharge	Monthly Source: AIM
		Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery	
		Exclusion: fetal or infant death, infant transferred at birth, if the mother is not keeping the infant (e.g. adoption).	

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8	MAT/Behavioral Health (BH) Services – all	Numerator: Total # of women with any opioid use who received MAT and/or BH services prior to delivery admission Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery Exclude from the numerator: women who received treatment after delivery NOTE: the patient may not be receiving MAT at the time of delivery, but she must had received MAT at any point during this pregnancy	Monthly Source: AIM
9	MAT/BH Services- women not previously identified	Numerator: Total # of women not previously identified with any opioid use who deliver an Opioid Exposed Newborn (OEN) referred to MAT or other opioid treatment programs prior to maternal discharge Denominator: Total # of women not previously identified with any opioid use during this pregnancy who deliver OEN Exclude: women identified with OEN prior to delivery admission	Monthly Source: AIM
10	Comprehensive discharge planning bundle	 Need all of the following prior to discharge: Education on: 1) MAT & SUD treatment, 2) infectious/mental health comorbidities, 3) Narcan ® (naloxone) use, 4) family planning, 5) NAS including non-pharmacological management, and 6) safe sleep; Services need to be completed and documented: 1) Postpartum depression screening, 2) Social work consult, 3) Peer counseling visit, 4) Pediatric consult, 5) contraceptive plan; Referrals for: 1) OB postpartum visit within 2 weeks, 2) Behavioral Health and/or MAT, 3) Healthy Start services and/or home visiting program. Numerator: Total # of women with any opioid use where comprehensive discharge planning was fully completed (must be compliant with ALL comprehensive discharge planning bundle elements). Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery Exclusions: Pediatric consult and education on non-pharmacological management are not needed if the mother does not intend to keep the infant. Patients must have either a referral or follow-up appointment for the listed services. 	Monthly Source: FPQC/AIM

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11	MORE education bundle compliance for staff and providers.	Training bundle includes all of the following: 1) universal screening, 2) trauma- informed care, 3) psychology of addiction (including stigma), 4) motivational interviewing, 5) clinical guidelines to reduce use of opioids in pain management 6) family planning 7) infectious/mental health co-morbidities Nurses: Numerator: # of nurses who received education on EACH topic of the MORE education bundle to date Denominator: Total # of nurses who care for pregnant women Providers: Numerator: # of advance practice nurses (ARNPs, PAs), and physicians who received education on EACH topic of the MORE education bundle to date Denominator: Total # of advanced practice nurses (ANRPs, PAs) and physicians who care for pregnant women	Quarterly Source: FPQC/AIM
12	MORE education bundle compliance for women with opioid use	Training bundle includes all of the following: 1) MAT & SUD treatment, 2) infectious/mental health comorbidities, 3) Narcan ® (naloxone) use, 4) family planning, 5) NAS including non-pharmacological management, and 6) safe sleep. Numerator: # of women with any opioid use who received education on EACH topic of the MORE education bundle prior to discharge* Denominator: Total # of women with any opioid use during this pregnancy admitted for delivery Exclusion: education on non-pharmacological management are not needed if the infant is not going to be discharged with the mother. *To be included in the numerator, must be compliant with ALL comprehensive discharge planning bundle elements.	Monthly Source: AIM/IL/FPQC

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