MORE data: Key driver diagram and Measurement grid

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Partnering to Improve Health Care Quality for Mothers and Babies
Key Driver basic concepts

**Aim**

Desired outcome
SMART AIM

**Primary Drivers**

Key Drivers

Most significant high-level influencers

Most likely to achieve aim

**Secondary Drivers**

Specific actions

Support primary drivers

“Small changes” that are testable & measureable PDSAs

Causal Pathway

Partnersing to Improve Health Care Quality for Mothers and Babies
Developing the MORE key driver diagram

MORE Advisory Committee

- National Guidance:
  - AIM Bundle
  - ACOG Committee Opinions
  - Other states Perinatal Quality Collaboratives (IL, NNE)
- Evidence-based practices and research

Achieved consensus

Relevant? Measureable? Testable?
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

**AIM**

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

**Primary Drivers**

- **Screening**
  - Perform universal SUD screening for all pregnant women
  - Perform secondary screening¹ for all pregnant women with any opioid use
- **Prevention**
  - Documentation of family planning/contraceptive counseling
- **Treatment**
  - Increase breastfeeding initiation and rooming in rates
  - Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
  - Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
  - Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)
- **Comprehensive discharge planning**
  - Compliance with discharge checklist²

**Policies & Procedures**

- Compliance with the hospital’s pain management prescribing practices
- Provider education bundle
- Patient education bundle

**Secondary Drivers**

- Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
- Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)
- Compliance with discharge checklist²
- Compliance with the hospital’s pain management prescribing practices
- Provider education bundle
- Patient education bundle

¹Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence
²Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan ® (naloxone) use)
Global aim: Improve identification, clinical care and coordinated treatment/support for pregnant women with any opioid use and their infants
## SMART Aim & Inclusion/Exclusion criteria

### AIM

By 3/2021, >50% pregnant women with any opioid use will receive screening, prevention, and treatment services.

### INCLUDES

- Any pregnant women who is admitted to a hospital for delivery with **any opioid use during this pregnancy**, regardless of infant outcome.

### EXCLUDES

- Pregnant women who are in observation status or seen in the ED, pregnant women not admitted for delivery.
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants.

AIM

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services.

Primary Drivers

Screening

O1
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services.

- Universal SUD screening denotes screening, not biologic testing.
- Validated screening tools include: 4Ps, 5Ps, NIDA, CRAFFT and others.
By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services.

Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants.

AIM

Primary Drivers

Screening

Secondary Drivers

Perform universal SUD screening for all pregnant women

Perform secondary screening\(^1\) for all pregnant women with any opioid use

\(^1\)Secondary screening:

1. **Infectious diseases**: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB

2. **Mental health** including postpartum depression

3. **Intimate partner violence**
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

A contraceptive plan should be developed:
- A **method must be provided**, if method not available,
- An appointment must be scheduled to provide the method in the contraceptive plan

Prevention

Documentation of family planning/contraceptive counseling
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Increase breastfeeding initiation and rooming in rates

AIM
Primary Drivers
Secondary Drivers
Treatment
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

AIM

Primary Drivers

Secondary Drivers

Treatment

Increase breastfeeding initiation and rooming-in rates

Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use

Increase breastfeeding initiation and rooming in rates

Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

AIM

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Primary Drivers

Secondary Drivers

Treatment

- Increase breastfeeding initiation and rooming in rates
- Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
- Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use

Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services.

Comprehensive discharge planning

Compliance with discharge checklist

2 Discharge checklist:
1. Peer counselor visit
2. Postpartum depression screening
3. Social work consult
4. Pediatric consult
5. Contraceptive plan
6. Scheduled OB postpartum visit
7. Scheduled BH and/or MAT visit or referral
8. Healthy Start/Home visiting program referral, and
9. Patient education bundle
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Compliance with hospital’s pain management prescribing practices
Global aim: Improve identification, clinical care and coordinated treatment/support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Provider education bundle:
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
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Policies & Procedures

Compliance with the hospital's pain management prescribing practices
Provider education bundle

Patient education bundle:
1. MAT & SUD treatment
2. Infectious/mental health comorbidities
3. Safe sleep
4. NAS including non-pharmacological management
5. Family planning, and
6. Narcan® (naloxone) use
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

Primary Drivers

Screening

- Perform universal SUD screening for all pregnant women

Prevention

- Perform secondary screening\(^1\) for all pregnant women with any opioid use
- Documentation of family planning/contraceptive counseling

Treatment

- Increase breastfeeding initiation and rooming in rates
- Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
- Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
- Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)

Comprehensive discharge planning

- Compliance with discharge checklist\(^2\)

Policies & Procedures

- Compliance with the hospital’s pain management prescribing practices
- Provider education bundle
- Patient education bundle

Secondary Drivers

- S1 & P1
- P 2-4
- S1; P9
- P8-10
- S3
- P10
- S2
- P11
- P12; S4

\(^1\)Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence

\(^2\)Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan ® (naloxone) use)
Measurement Grid

- List of measures: Outcome, Structural and Process

- Frequency: Monthly/Annually

- Specifics: how measure is calculated, exclusions and notes

- Aligned with key driver diagram
# Measurement Grid

<table>
<thead>
<tr>
<th>#</th>
<th>Process Measures</th>
<th>Description</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Some process measures will be reported on individual infants, and some will be reported on individual hospitals.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Universal Screening</td>
<td>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)</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numerator: # of women with documented SUD screening</td>
<td>Source: AiM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator: the first 20 women admitted for delivery in the quarter, regardless of opioid use.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exclusion: Women referred from SUD treatment facilities and clinics or already on MAT do not require screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>This denotes screening, not biologic testing: Validated screening tools include 4Ps, 5Ps, NIDA, CRAFFT and others</td>
<td></td>
</tr>
</tbody>
</table>
Data type and frequency of reporting

Monthly

• Patient level data
  • Screening, treatment, services

Quarterly

• Action/Hospital level data
  • Staff education
  • Pain management policies & procedures
**MORE Data Collection Sheet**

### STUDY ID: __ __ __

#### DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Study</th>
<th>Gestation Weeks</th>
<th>Days</th>
<th>Date of delivery</th>
<th>Maternal age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of insurance</td>
<td>Medicaid/Medicare</td>
<td>No additional</td>
<td>Male</td>
<td>White</td>
</tr>
<tr>
<td>Mothers Race</td>
<td>Asian</td>
<td>Other</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Prenatal care started on</td>
<td>First trimester</td>
<td>Second trimester</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does mother intend to keep her newborn?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Route of delivery</td>
<td>Vaginal</td>
<td>Cesarean</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### SCREENING

<table>
<thead>
<tr>
<th>Date</th>
<th>Previously</th>
<th>Maternal admission</th>
<th>No admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal history</td>
<td>AIDS</td>
<td>Hepatitis A</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Maternal history</td>
<td>Gonorrhea</td>
<td>Chlamydia</td>
<td>Syphilis</td>
</tr>
<tr>
<td>Maternal history</td>
<td>Mental Health</td>
<td>None</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

#### DRUG USE

- **Intervention:**
  - Benzodiazepines
  - Exonucleases
  - Benzodiazepines
  - Alcohol
  - Drugs for maternal use
  - Other opioid

#### TREATMENT

- **Was the opioid prescribed?**
  - Yes | No | Unknown
- **Maternal Health started:**
  - During Current
  - On admission, prior to delivery
  - Post delivery/Postpartum
  - Not started | Unknown

#### INFANT NUTRITION

- **Breastfeeding or pumping at maternal discharge:**
  - Yes | No | Contraindicated
  - Revealing | Yes | No | Unknown

#### ROOMING IN

- **Postnatal care started on:**
  - First day of life | Second day | Third day | Fourth day | Unknown

#### ON DISCHARGE - Discharge Bundle

- **Services completed prior to maternal discharge:**
  - OB continuity of care | Social work consult | Peer counselor visit | Pediatric consult | Contract compliance

- **Opioid prescribed at discharge:**
  - Yes | No | Unknown

- **Referrals provided prior to maternal discharge:**
  - OB postpartum visit | Behavioral health/MAT | Healthy start program | Home visiting program

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**FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Definitions**

**DEMOGRAPHIC**

- **Gestation:** Weeks and days.
- **Date of delivery:** Collect in MAMSONY format.
- **Maternal age:** The age of the mother at the time of delivery. Complete years only. Do not round up.
- **Type of insurance:** Mother’s insurance type as documented in the medical record.
- **Race & Ethnicity:** Mother’s race and ethnicity as documented in the medical record.

**SCREENING**

- **Prenatal care:** Specify the trimester when prenatal care started as documented in the medical record.
- **Mother intends to keep her newborn:** Whether the mother intends to keep her newborn at the time of maternal discharge.
- **Route of delivery:** Final route of delivery documented in the medical record.

**DRUG USE**

- **Prescribed opioid:** The opioid was prescribed by a medical professional.

**TREATMENT**

- **MAT started:** Specify the period when MAT was started as documented in the medical record (treatment has to be started not refilled).
- **Maternal/Behavioral Health:** Specify the period when maternal/behavioral health was started as documented in the medical record (treatment has to be started not refilled).

**DISCHARGE BUNDLE**

- **Services completed prior to maternal discharge:** Postpartum depression (PPD) screening, social work consult, peer counselor visit, pediatric consult and contracts/compliance plan documented in the medical record. As part of a contracts/compliance plan, a method must be provided. If the method is not available, an appointment must be scheduled to provide the method in the contracts/compliance plan.

**Opioid prescribed at discharge:** Whether or not an opioid was prescribed at discharge for pain management.

**Referrals provided prior to maternal discharge:** OB postpartum visit, behavioral health/MAT and Healthy start services/home visiting program.
Data Collection Process

1. Identify women with opioid use

2. Medical Chart Abstraction

3. Enter data in the REDCap data portal

Check Inclusion & Exclusion Criteria

If there are data elements not included in the EHR, start collecting as soon as screening is positive for opioid use

Link will be sent to the project and data lead once DUA is fully executed
Data Collection

Data collection starts for women discharged as of January 1, 2020

Reporting date: 14th of the following month (e.g. data for women discharged on January is due February 14th)

Reports will be sent out by the 30th of the following month
Data type and frequency of reporting

Monthly

• Patient level data
  • Screening, treatment, services

Quarterly

• Action/Hospital level data
  • Staff education
  • Policies & procedures, etc

One entry/hospital
Quarterly Data

1. Track data for healthcare team members individually

2. Complete Data Collection Form with aggregate data

3. Enter data in the REDCap data portal

Poll/Hospital’s Intranet

Link will be sent to the project lead
Data Collection

Data collection starts **January 1, 2019**

**Reporting date:** 14th of the month after the quarter ends (e.g. Quarter 1 data is due April 14th)
Upcoming Webinar

Thursday, December 12th, 2019
12:00 pm

MORE Data Collection: Definitions, Procedures and Tools
THANK YOU!

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Partnering to Improve Health Care Quality for Mothers and Babies