



Maternal Opioid Recovery Effort (MORE) Data: Definitions, Processes and Tools

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Partnering to Improve Health Care Quality
for Mothers and Babies



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



SMART Goal

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

Data collection will inform how your hospital is doing and help identify areas for improvement

Processes for Data Collection

Data type and frequency of reporting

Monthly

- ★ • **Patient level data**
 - Screening, treatment, services
- **Action/Hospital level data**
 - Staff education
 - Pain management policies & procedures

Data Collection Process

1

Identify qualifying Maternal Opioid Use cases

Early identification of cases through universal screening*



Prospectively create a log of identified cases



Check Inclusion & Exclusion Criteria

***This denotes screening, not biologic testing;**

Validated screening tools include NIDA Quick Start, 4Ps, 5Ps, CRAFFT and others.

Inclusion/Exclusion criteria

INCLUDE	EXCLUDE
<ul style="list-style-type: none">Any pregnant women who is admitted to your hospital <u>for delivery</u> with <u>any opioid use during this pregnancy</u>, regardless of infant outcome	<ul style="list-style-type: none">Pregnant women who are in observation status or seen in the EDPregnant women not admitted for delivery

Data Collection Process

1

Identify qualifying Maternal Opioid Use cases

Early identification of cases through universal screening (+ for opioid use)

Prospectively create a log of identified cases

Check Inclusion & Exclusion Criteria

Use adequate ICD-10 codes: **F11.xx**

For identification of cases: Do not rely on ICD-10 codes alone

Codes

- ▶ F11 Opioid related disorders
 - ▶ F11.1 Opioid abuse
 - ▶ F11.10 uncomplicated
 - ▶ F11.11 in remission
 - ▶ F11.12 Opioid abuse with intoxication
 - ▶ F11.120 uncomplicated
 - ▶ F11.121 delirium
 - ▶ F11.122 with perceptual disturbance
 - ▶ F11.129 unspecified
 - ▶ F11.14 with opioid-induced mood disorder
 - ▶ F11.15 Opioid abuse with opioid-induced psychotic disorder

..... the list goes on, find the one that best fits your patient diagnosis

Data Collection Process

1

Identify qualifying Maternal Opioid Use cases

Early identification of cases through universal screening (+ for opioid use)

Prospectively create a log of identified cases

Check Inclusion & Exclusion Criteria



MORE Discharge Checklist

Services Provided	
	Yes
Postpartum depression screening	<input type="checkbox"/>
Social work consult	<input type="checkbox"/>
Peer counselor visit	<input type="checkbox"/>
Behavioral health counseling	<input type="checkbox"/>
Substance use disorder counseling	<input type="checkbox"/>
Contraception counseling/plan	<input type="checkbox"/>
Plan of Safe Care initiated/updated	<input type="checkbox"/>
Report to DCF	
• Completed/filed	<input type="checkbox"/>
• Accepted	<input type="checkbox"/>

Data Collection Process

1

Identify qualifying Maternal Opioid Use cases

Early identification of cases through universal screening (+ for opioid use)

Prospectively create a log of identified cases

Check Inclusion & Exclusion Criteria

2

Chart Abstraction

STUDY ID : _____

FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Sheet

Complete for any pregnant woman admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHICS			
GA _____ Weeks _____ Days	Date of delivery _____/_____/____	Maternal age _____	
Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown	Mother's Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Mother's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Prenatal care started on <input type="checkbox"/> I trimester <input type="checkbox"/> II / III trimester <input type="checkbox"/> No prenatal care	Does mother intend to keep her newborn(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Route of delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean	
SCREENING			
Opioid use 1st identified <input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> At admission prior to delivery <input type="checkbox"/> Post delivery/postpartum <input type="checkbox"/> Unknown	Done: HIV Hepatitis A Hepatitis B Hepatitis C Infectious diseases Gonorrhea Chlamydia Syphilis Tuberculosis Mental Health Intimate partner violence	Prenatally <input type="checkbox"/>	Delivery admission screening <input type="checkbox"/>
Opioid use identified by: (check all that apply) <input type="checkbox"/> Screening tool <input type="checkbox"/> Urine toxicology <input type="checkbox"/> Medical record <input type="checkbox"/> Infant with signs of NAS <input type="checkbox"/> Other: _____	No admission screening <input type="checkbox"/>		
DRUG USE			
Select any of the following if there is a maternal history OR positive maternal lab confirmation			
<input type="checkbox"/> Methadone <input type="checkbox"/> Subutex (Buprenorphine) <input type="checkbox"/> Suboxone (Buprenorphine/Naloxone) <input type="checkbox"/> Other opioid	<input type="checkbox"/> Benzodiazepine <input type="checkbox"/> Barbiturates <input type="checkbox"/> PCP <input type="checkbox"/> Amphetamines (e.g. Adderall)	<input type="checkbox"/> Cocaine <input type="checkbox"/> SSRI <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco (includes e-cig/vape pen)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other drugs: _____
TREATMENT			
Was the opioid prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mental/Behavioral Health started: <input type="checkbox"/> No <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown	MAT Started: <input type="checkbox"/> During current pregnancy <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown	
Detox during pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No			
INFANT NUTRITION		ROOMING IN	
Breastfeeding or pumping at maternal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	Rooming-in prior to maternal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable		
ON/DISCHARGE			
Discharge Bundle			
Education <input type="checkbox"/> MAT & SUD treatment <input type="checkbox"/> Infectious/mental health comorbidities <input type="checkbox"/> Narcan (naloxone) use	<input type="checkbox"/> Family planning <input type="checkbox"/> NAS including non-pharmacological management <input type="checkbox"/> Safe sleep		
Services completed prior to maternal discharge Social work consult Peer counselor visit Pediatric consult Contraceptive plan	Yes <input type="checkbox"/>	No/Unknown <input type="checkbox"/>	Pt. declined <input type="checkbox"/>
Referrals OB Postpartum visit Behavioral Health/MAT Healthy start services/home visiting	<input type="checkbox"/> Scheduled follow-up within 2wks <input type="checkbox"/> Scheduled follow-up	<input type="checkbox"/> Instructed <input type="checkbox"/> Referral	<input type="checkbox"/> Pt. declined <input type="checkbox"/> Pt. declined <input type="checkbox"/> Pt. declined <input type="checkbox"/> Not offered <input type="checkbox"/> Not offered <input type="checkbox"/> Not offered
Opioid prescribed at discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

Data Collection Sheet

www.fpgc.org/MORE

Complete audit form for each qualifying patient with any opioid use

What do I do with the Study ID#?

STUDY ID : _____



FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Sheet

Complete for any pregnant woman admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHICS		
GA _____ Weeks _____ Days	Date of delivery ____/____/____	Maternal age _____
Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown	Mother's Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	Mother's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Prenatal care started on <input type="checkbox"/> I trimester <input type="checkbox"/> II / III trimester <input type="checkbox"/> No prenatal care	Does mother intend to keep her newborn(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Route of delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean

- 👉 Study ID # : Start at 001 and add sequentially
- 👉 Every patient chart that you include for MORE data submission should get a hospital assigned Study ID number

Keep an on-site log of the study ID number and the medical chart number and/or identifiable patient information for data verification

SCREENING

SCREENING						
	<input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> At admission prior to delivery <input type="checkbox"/> Post delivery/postpartum <input type="checkbox"/> Unknown	Done:	Prenatally	Delivery admission	No screening	
		Opioid use 1st identified		Infectious diseases	HIV	<input type="checkbox"/>
	Hepatitis A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gonorrhea			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chlamydia			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use identified by: (check all that apply)	<input type="checkbox"/> Screening tool <input type="checkbox"/> Urine toxicology <input type="checkbox"/> Medical record <input type="checkbox"/> Infant with signs of NAS <input type="checkbox"/> Other: _____		Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Exclusion: Women referred from Substance Use Disorder (SUD) Treatment Facilities & Clinics do not require screening

SCREENING

SCREENING						
Opioid use 1st identified	<input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> At admission prior to delivery <input type="checkbox"/> Post delivery/postpartum <input type="checkbox"/> Unknown	Done:	Prenatally	Delivery admission	No screening	
		Opioid use identified by: (check all that apply)	<input type="checkbox"/> Screening tool <input type="checkbox"/> Urine toxicology <input type="checkbox"/> Medical record <input type="checkbox"/> Infant with signs of NAS <input type="checkbox"/> Other: _____	Infectious diseases	HIV	<input type="checkbox"/>
	Hepatitis A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify when screening was performed

SCREENING						
Opioid use 1st identified	<input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> At admission prior to delivery <input type="checkbox"/> Post delivery/postpartum <input type="checkbox"/> Unknown	Done:		Prenatally	Delivery admission	No screening
		Opioid use identified by: (check all that apply)	<input type="checkbox"/> Screening tool <input type="checkbox"/> Urine toxicology <input type="checkbox"/> Medical record <input type="checkbox"/> Infant with signs of NAS <input type="checkbox"/> Other: _____	Infectious diseases	HIV	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Intimate partner violence	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Teams may need to add timing when the service was provided in the EMR or use a paper form that includes this information

DRUG USE

DRUG USE

Select *any* of the following if there is a maternal history OR positive maternal lab confirmation

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Benzodiazepine | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Subutex (Buprenorphine) | <input type="checkbox"/> Barbiturates | <input type="checkbox"/> SSRI | <input type="checkbox"/> Other drugs: _____ |
| <input type="checkbox"/> Suboxone (Buprenorphine/Naloxone) | <input type="checkbox"/> PCP | <input type="checkbox"/> Marijuana | |
| <input type="checkbox"/> Other opioid | <input type="checkbox"/> Amphetamines (e.g. Adderall) | <input type="checkbox"/> Tobacco (includes e-cig/vape pen) | |

- 👶 Include substances reported by the mother as well as those that come back positive in laboratory testing if the patient gives consent for biologic testing
- 👶 Note e-cigarettes/vape pens should be reported as Tobacco

TREATMENT

TREATMENT		
Was the opioid prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mental/Behavioral Health started: <input type="checkbox"/> During Current Pregnancy <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown	MAT Started: <input type="checkbox"/> During current pregnancy <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown
Detox during pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		
INFANT NUTRITION		ROOMING IN
Breastfeeding or pumping at maternal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	Rooming-In prior to maternal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable	<input type="checkbox"/> Unknown

👶 Note that rooming-in means that the infant roomed-in with the mother prior to maternal discharge

ON DISCHARGE

ON DISCHARGE					
Discharge Bundle					
Education	<input type="checkbox"/> MAT & SUD treatment			<input type="checkbox"/> Family planning	
	<input type="checkbox"/> Infectious/mental health comorbidities			<input type="checkbox"/> NAS including non-pharmacological management	
	<input type="checkbox"/> Narcan ® (naloxone) use			<input type="checkbox"/> Safe sleep	
Services completed prior to maternal discharge		Yes	No/Unknown	Pt. declined	Opioid prescribed at discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	PPD screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Social work consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Peer counselor visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pediatric consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contraceptive plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Referrals	OB Postpartum visit	<input type="checkbox"/> Scheduled follow-up within 2wks	<input type="checkbox"/> Instructed	<input type="checkbox"/> Pt. declined	<input type="checkbox"/> Not offered
	Behavioral Health/MAT	<input type="checkbox"/> Scheduled follow-up	<input type="checkbox"/> Referral	<input type="checkbox"/> Pt. declined	<input type="checkbox"/> Not offered
	Healthy start services/home visiting		<input type="checkbox"/> Referral Made	<input type="checkbox"/> Pt. declined	<input type="checkbox"/> Not offered

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

FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Definitions

Collect data on all women admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHIC

GA: Infant's birth gestational age. Collect in weeks and days.

Date of delivery: Collect in MM/DD/YY format.

Maternal age: the age of the mother at the time of delivery. Completed 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.

Prenatal Care: specify the trimester when prenatal care started as documented in the medical record.

Mother intends to keep her newborn(s): whether the mother intends to keep her newborn(s) at the time of mother's discharge

Route of delivery: final route of delivery as documented in the medical record.

SCREENING

Opioid use 1st identified: the period when opioid use was first identified by someone in the healthcare system.

Opioid use identified by: tool/test/circumstance that identified opioid use. **Check all that apply.**

Infectious disease screening: woman was screened for HIV, Hepatitis A, Hepatitis B, Hepatitis C, Gonorrhea, Chlamydia, Syphilis and Tuberculosis either prenatally or during this admission for delivery as documented in the medical record

Mental Health screening: woman was screened for psychiatric comorbidities including peripartum depression.

Intimate partner violence screening: woman was screened for physical, sexual, or psychological harm by a current or former partner or spouse.

DRUG USE

Select any that apply for the listed drugs (illicit or prescribed) based on maternal report or drug screen (mother, infant).

TREATMENT

Prescribed opioid : the opioid was prescribed by a medical professional.

Detox during pregnancy: woman who received opioid detoxification as the primary intervention during this pregnancy.

MAT started: specify the period when MAT was started as documented in the medical record (treatment has to be started not referred).

Mental/Behavioral Health: specify the period when mental/behavioral health was started as documented in the medical record (treatment has to be started not referred). Mental/behavioral health services to be defined by hospital.

Breastfeeding or pumping at maternal discharge: mother is breastfeeding infant or pumping at maternal discharge.

Rooming-in: the infant roomed in with the mother prior to maternal discharge. Mark unable if infant was transferred to another facility or to the NICU

ON DISCHARGE - Discharge Bundle

Education: education provided to the patient on: MAT & substance use disorder (SUD) treatment, infectious/mental health comorbidities, narcain® (naloxone) use, family planning, NAS including non-pharmacological management and safe sleep.

Services completed prior to maternal discharge: Post partum depression (PPD) screening, social work consult, peer counselor visit, pediatric consult and contraceptive plan documented in the medical record. As part of a contraceptive plan a method must be provided, if method not available, an appointment must be schedule to provide the method in the contraceptive 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 programs

See back of the
data collection
sheet for helpful
definitions

Measurement Grid

- List of measures: Outcome, Structural and Process
- Frequency
- Specifics: how measure is calculated, **exclusions and notes**
- Aligned with key driver diagram



Measurement Grid

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

 [FPQC.org/MORE](https://www.FPQC.org/MORE)

Data Collection Process

1

Identify qualifying Maternal Opioid Use cases

Early identification of cases through universal screening (+ for opioid use)

Prospectively create a log of identified cases

Check Inclusion & Exclusion Criteria

2

Chart Abstraction

STUDY ID: _____

FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Sheet

Complete for any pregnant woman admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHICS			
GA _____ Weeks _____ Days	Date of delivery _____/_____/_____	Maternal age _____	
Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown	Mother's Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Mother's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Prenatal care started on <input type="checkbox"/> I trimester <input type="checkbox"/> II / III trimester <input type="checkbox"/> No prenatal care	Does mother intend to keep her newborn(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Route of delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean	
SCREENING			
Opioid use 1st identified by: <input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> At admission prior to delivery <input type="checkbox"/> Post delivery/postpartum <input type="checkbox"/> Unknown	Done:	Prenatally	Delivery
	<input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Syphilis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Mental Health <input type="checkbox"/> Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use identified by: (check all that apply) <input type="checkbox"/> Screening tool <input type="checkbox"/> Urine toxicology <input type="checkbox"/> Medical record <input type="checkbox"/> Infant with signs of NAS <input type="checkbox"/> Other: _____	No admission screening <input type="checkbox"/>		
DRUG USE			
Select any of the following if there is a maternal history OR positive maternal lab confirmation			
<input type="checkbox"/> Methadone <input type="checkbox"/> Subutex (Buprenorphine) <input type="checkbox"/> Suboxone (Buprenorphine/Naloxone) <input type="checkbox"/> Other opioid	<input type="checkbox"/> Benzodiazepine <input type="checkbox"/> Barbiturates <input type="checkbox"/> PCP	<input type="checkbox"/> Cocaine <input type="checkbox"/> SSRI <input type="checkbox"/> Marijuana <input type="checkbox"/> Amphetamines (e.g. Adderall)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other drugs: _____ <input type="checkbox"/> Tobacco (includes e-cig/vape pen)
TREATMENT			
Was the opioid prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mental/Behavioral Health started: <input type="checkbox"/> No <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown	MAT Started: <input type="checkbox"/> During current pregnancy <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown	
Detox during pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No			
INFANT NUTRITION		ROOMING IN	
Breastfeeding or pumping at maternal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	Rooming-in prior to maternal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable		
ON/DISCHARGE			
Discharge Bundle			
Education <input type="checkbox"/> MAT & SUD treatment <input type="checkbox"/> Infectious/mental health comorbidities <input type="checkbox"/> Narcan (naloxone) use	<input type="checkbox"/> Family planning <input type="checkbox"/> NAS including non-pharmacological management <input type="checkbox"/> Safe sleep		
Services completed prior to maternal discharge <input type="checkbox"/> PPD screening <input type="checkbox"/> Social work consult <input type="checkbox"/> Peer counselor visit <input type="checkbox"/> Pediatric consult <input type="checkbox"/> Contraceptive plan	Yes <input type="checkbox"/>	No/Unknown <input type="checkbox"/>	Pt. declined <input type="checkbox"/>
Referrals <input type="checkbox"/> OB Postpartum visit <input type="checkbox"/> Behavioral Health/MAT <input type="checkbox"/> Healthy start services/home visiting	<input type="checkbox"/> Scheduled follow-up within 2wks <input type="checkbox"/> Scheduled follow-up <input type="checkbox"/> Referral Made	<input type="checkbox"/> Instructed <input type="checkbox"/> Pt. declined <input type="checkbox"/> Not offered	Opioid prescribed at discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

3

Enter data in the REDCap data portal



Maternal Opioid Recovery Effort (MORE) Initiative

Please complete for any woman admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome.

Thank you!

Hospital Name

Study ID #

* must provide value

Start with 001 and add consecutively for each infant

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



Data Submission

- Each hospital lead will receive the REDCap link for data submission
- Bookmark this link, you will use the same link throughout the initiative to submit your data





Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?



Access to Online Reporting System

- 👤 We are developing your reports in our new online system—Power Bi
- 👤 You can access your updated report one day after submitting your data
- 👤 Complete this link if you would like to access the online reporting system: <https://tinyurl.com/FPQCreports>



Data type and frequency of reporting

Monthly

- **Patient level data**
 - Screening, treatment, services
- **Action/Hospital level data**
 - Staff education
 - Pain management policies & procedures





Maternal Opioid Recovery Effort (MORE) Hospital Level Data Collection Form

MORE education bundle compliance for healthcare team

Please report the cumulative percent of staff and providers who received education on each of the following topics:

	Ancillary	Nurses	ARNPs, PAs, MDs
Universal Screening	_____ %	_____ %	_____ %
Trauma-informed care	_____ %	_____ %	_____ %
Psychology of addiction (including stigma)	_____ %	_____ %	_____ %
Motivational interviewing	_____ %	_____ %	_____ %
Guideline to reduce use of opioids in pain mgmt.	_____ %	_____ %	_____ %
Family planning	_____ %	_____ %	_____ %
Infectious/mental health co-morbidities	_____ %	_____ %	_____ %

Ancillary staff is to be defined by each hospital and may include: OT specialist, social worker, case manager, Healthy Start specialist, etc.



Maternal Opioid Recovery Effort (MORE) Hospital Level Data Collection Form

MORE education bundle compliance for healthcare team

Please report the cumulative percent of staff and providers who received education on each of the following topics:

	Ancillary	Nurses	ARNPs, PAs, MDs
Universal Screening	_____ %	_____ %	_____ %
Trauma-informed care	_____ %	_____ %	_____ %
Psychology of addiction (including stigma)	_____ %	_____ %	_____ %
Motivational interviewing	_____ %	_____ %	_____ %
Guideline to reduce use of opioids in pain mgmt.	_____ %	_____ %	_____ %
Family planning	_____ %	_____ %	_____ %
Infectious/mental health co-morbidities	_____ %	_____ %	_____ %

🌀 Modules available at www.fpqc.org/opioids



Tells us where you are implementing Policies to support MORE

Policies				
Has your hospital :	Not started	Planning	In-place	Fully implemented
Implemented a universal screening protocol/guideline for substance use (for all pregnant women)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a guideline/protocol for post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed the local OUD Treatment Resources Document to map local community resources for pregnant and postpartum women with OUD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affiliated Prenatal Care Sites

Affiliated Prenatal Care (PNC) Sites

Percent of PNC sites affiliated with your hospital performing screening for OUD with all pregnant patients which includes SBIRT, linkage to care, brief intervention, and referral.

Universal Screening

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)

Number of pregnant women with SUD screening documented in the medical record (either prenatally or during delivery admission)

_____/20 women

🕒 This question will only come up every 3 months

🕒 Abstract the first 20 medical record of all pregnant women to determine if screening was documented in the medical record

Let us how we can support your efforts

Challenges and Opportunities

What challenges or barriers have you encountered that impact the MORE initiative?	
What new process has your hospital implemented that has been helpful in the management of MORE infants?	
What are you working on during the next quarter?	
What can FPQC and our partners do that could be helpful?	

Hospital Level Data

1

Track data for healthcare team members individually

EHR

Poll/Hospital's Intranet

2

Complete Data Collection Form with aggregate data

Maternal Opioid Recovery Effort (MORE) Quarterly Data Collection Form

MORE education bundle compliance for healthcare team

Please report the cumulative percent of staff and providers who received education on each of the following topics:

	Ancillary	Nurses	ARNPs, PAs, MDs
Universal Screening	_____%	_____%	_____%
Trauma-informed care	_____%	_____%	_____%
Psychology of addiction (including stigma)	_____%	_____%	_____%
Motivational interviewing	_____%	_____%	_____%
Guideline to reduce use of opioids in pain mgmt.	_____%	_____%	_____%
Family planning	_____%	_____%	_____%
Infectious/mental health co-morbidities	_____%	_____%	_____%

Policies

Has your hospital:	Not started	Planning	In-place	Fully implemented
Implemented a universal screening protocol/guideline for substance use (for all pregnant women)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a guideline/protocol for post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed the local OUD Treatment Resources Document to map local community resources for pregnant and postpartum women with OUD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affiliated Prenatal Care (PNC) Sites

Percent of PNC sites affiliated with your hospital performing screening for OUD with all pregnant patients which includes SBIRT, linkage to care, brief intervention, and referral. _____%

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)

Number of pregnant women with SUD screening documented in the medical record (either prenatally or during delivery admission) _____/20 women

Challenges and Opportunities

What challenges or barriers have you encountered that impact the MORE initiative?

What new process has your hospital implemented that has been helpful in the management of MORE infants?

What are you working on during the next quarter?

What can FPQC and our partners do that could be helpful?

Questions? Please contact EPQC@health.usf.edu



3

Enter data in the REDCap data portal



Maternal Opioid Recovery Effort (MORE) Initiative

Please complete for any woman admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome.

Thank you!

Hospital Name
* must provide value

Study ID #
* must provide value

Start with 001 and add consecutively for each infant

Link will be sent to the project lead

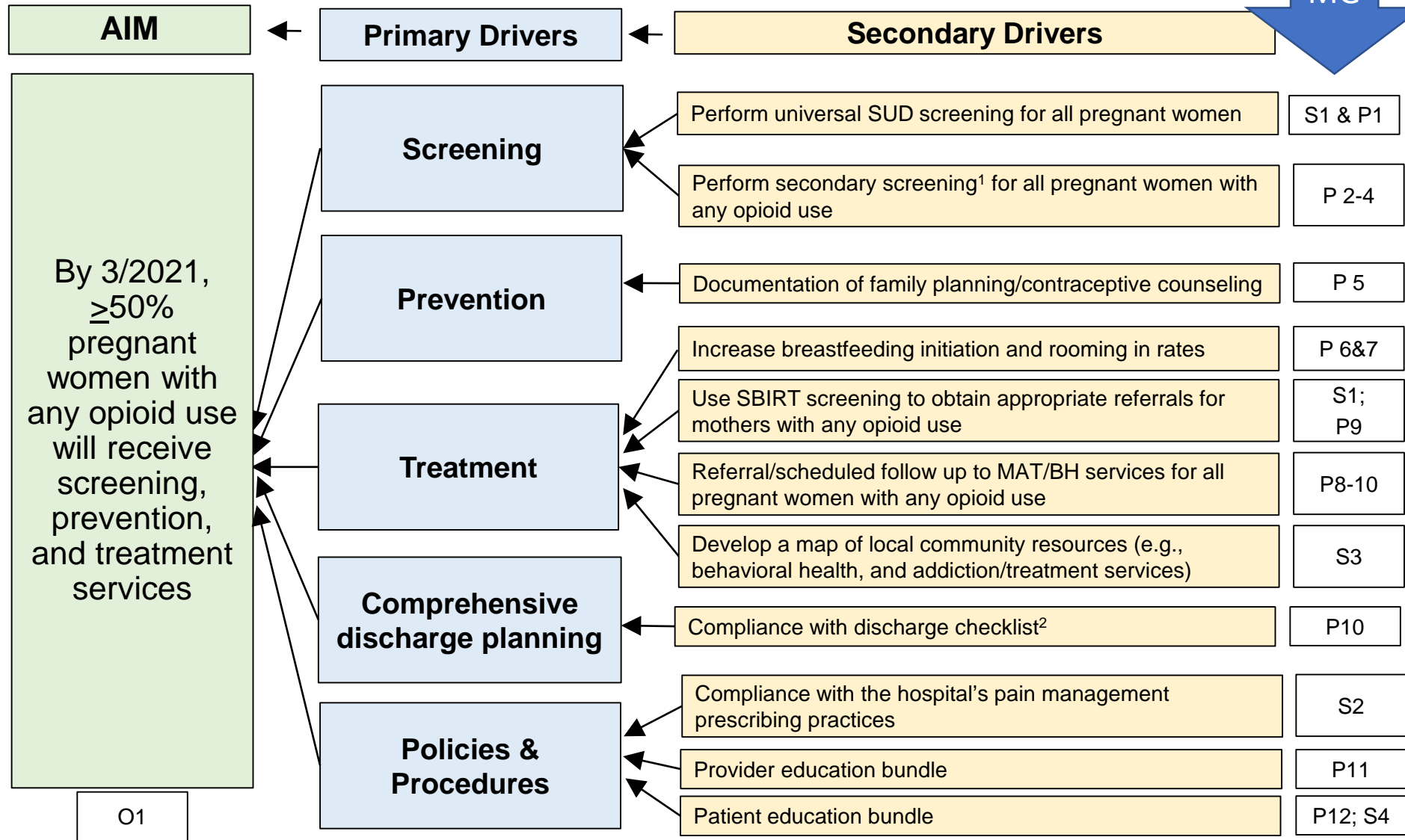


Data Collection

- 👶 Data collection starts **January 1, 2019**
- 👶 **Reporting date:** 14th of the month after the month ends (e.g. January data is due February 14th)

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

MG



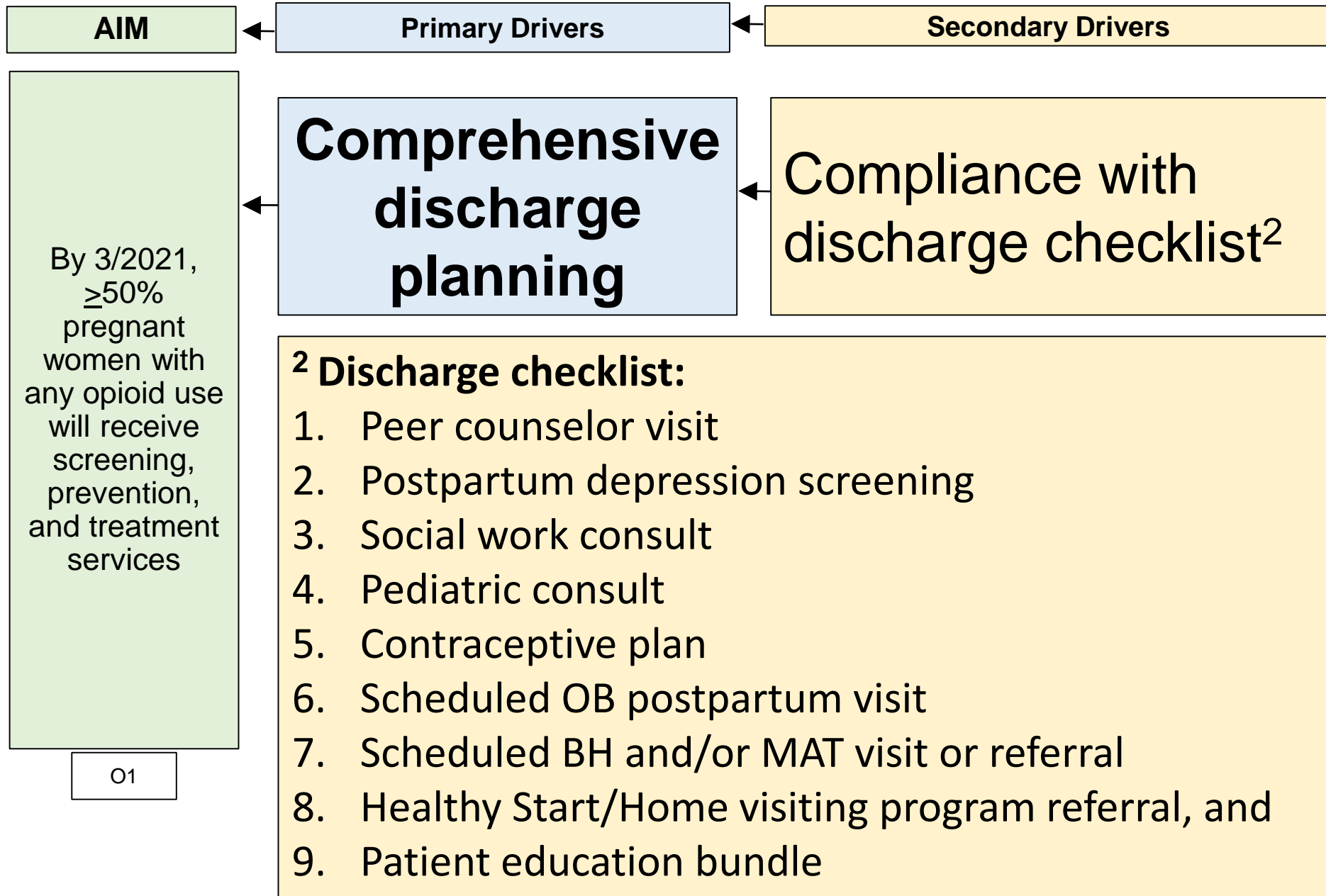
O1

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

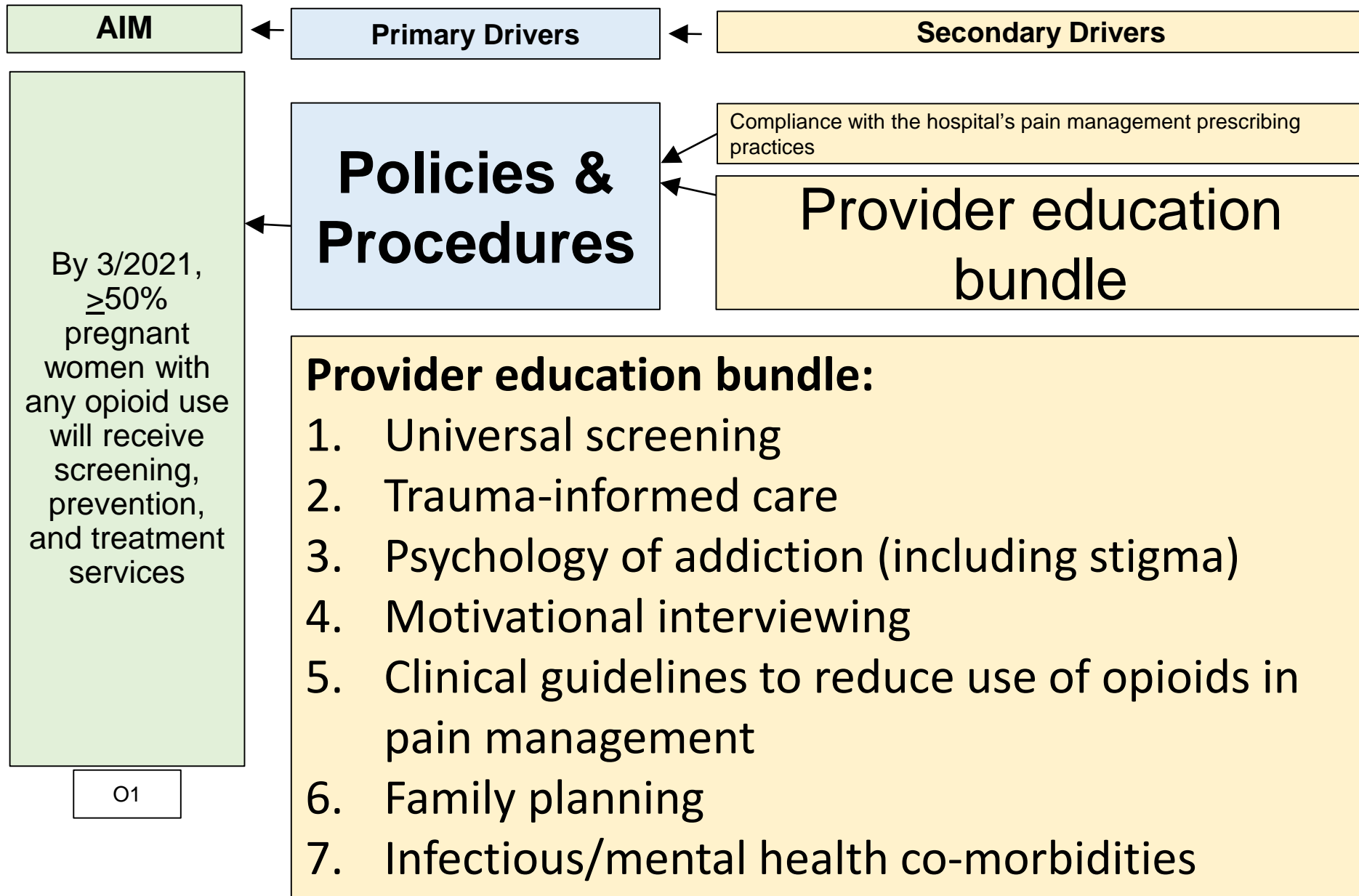
² Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9)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

Bundles / All or nothing

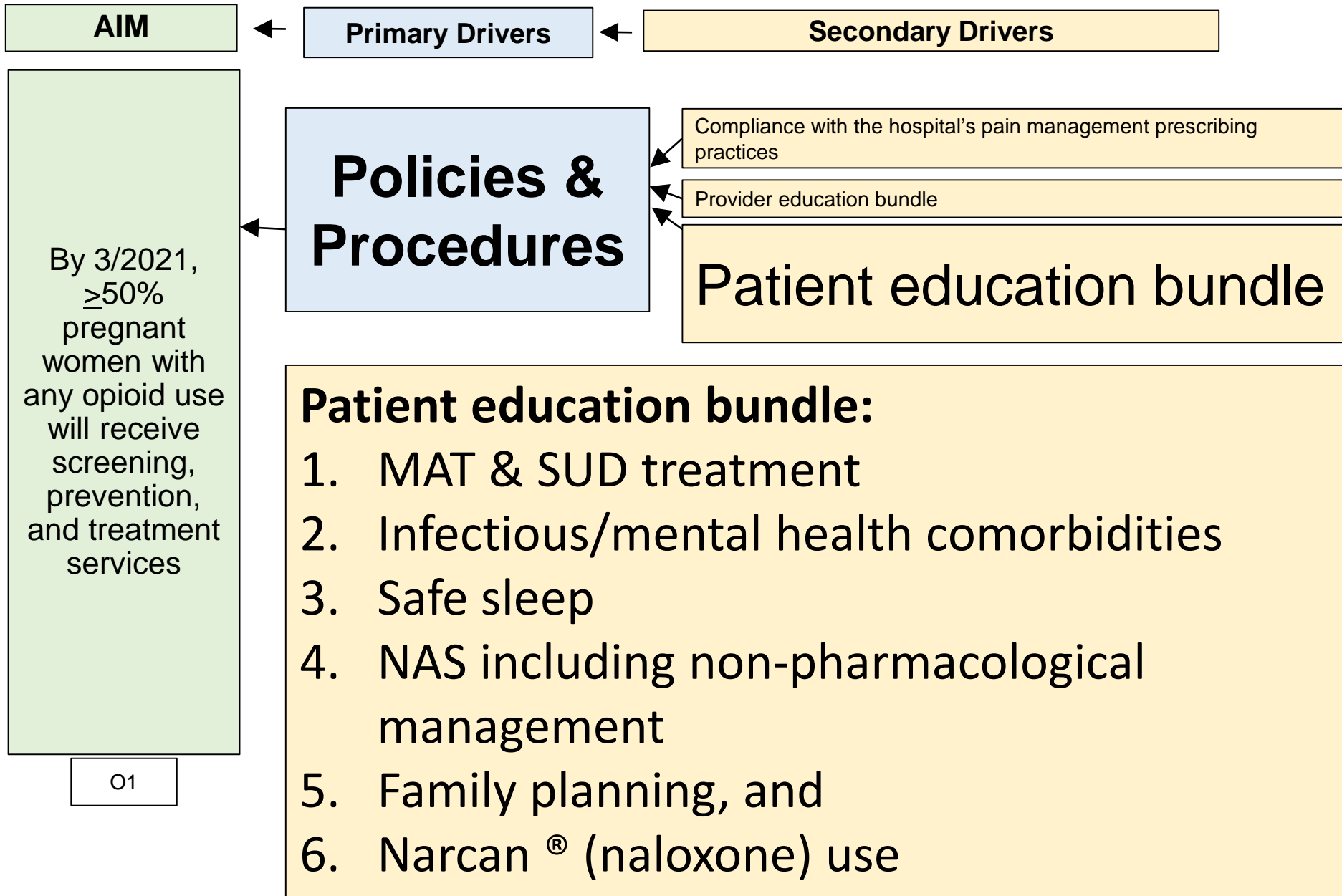
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



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



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





Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?





THANK YOU!

Technical Assistance:

erubio1@usf.edu

fpqc@usf.edu

Partnering to Improve Health Care Quality
for Mothers and Babies

