



MORE DATA: KEY DRIVER DIAGRAM AND MEASUREMENT GRID

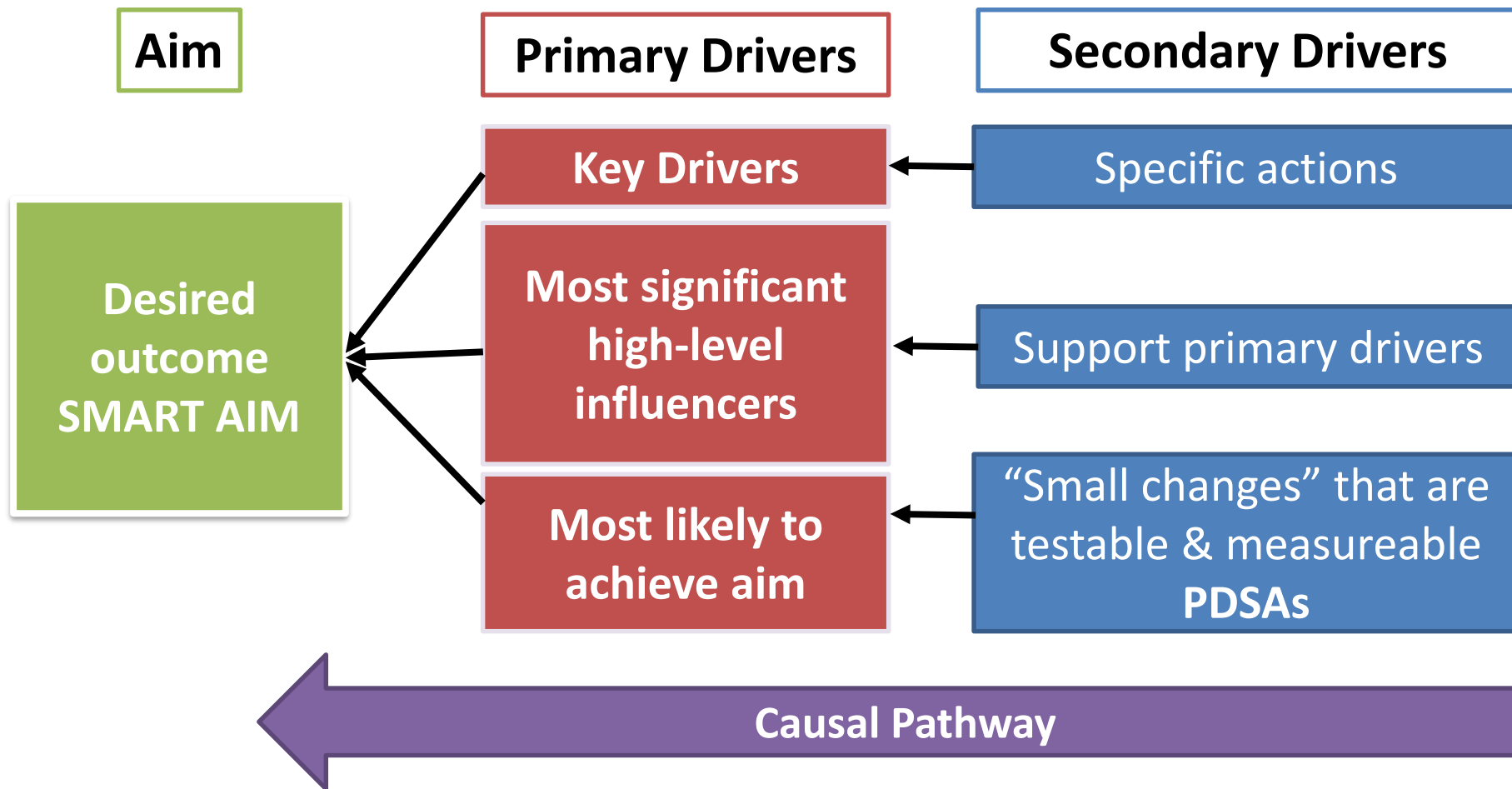
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Partnering to Improve Health Care Quality
for Mothers and Babies



Key Driver basic concepts



Developing the MORE key driver diagram

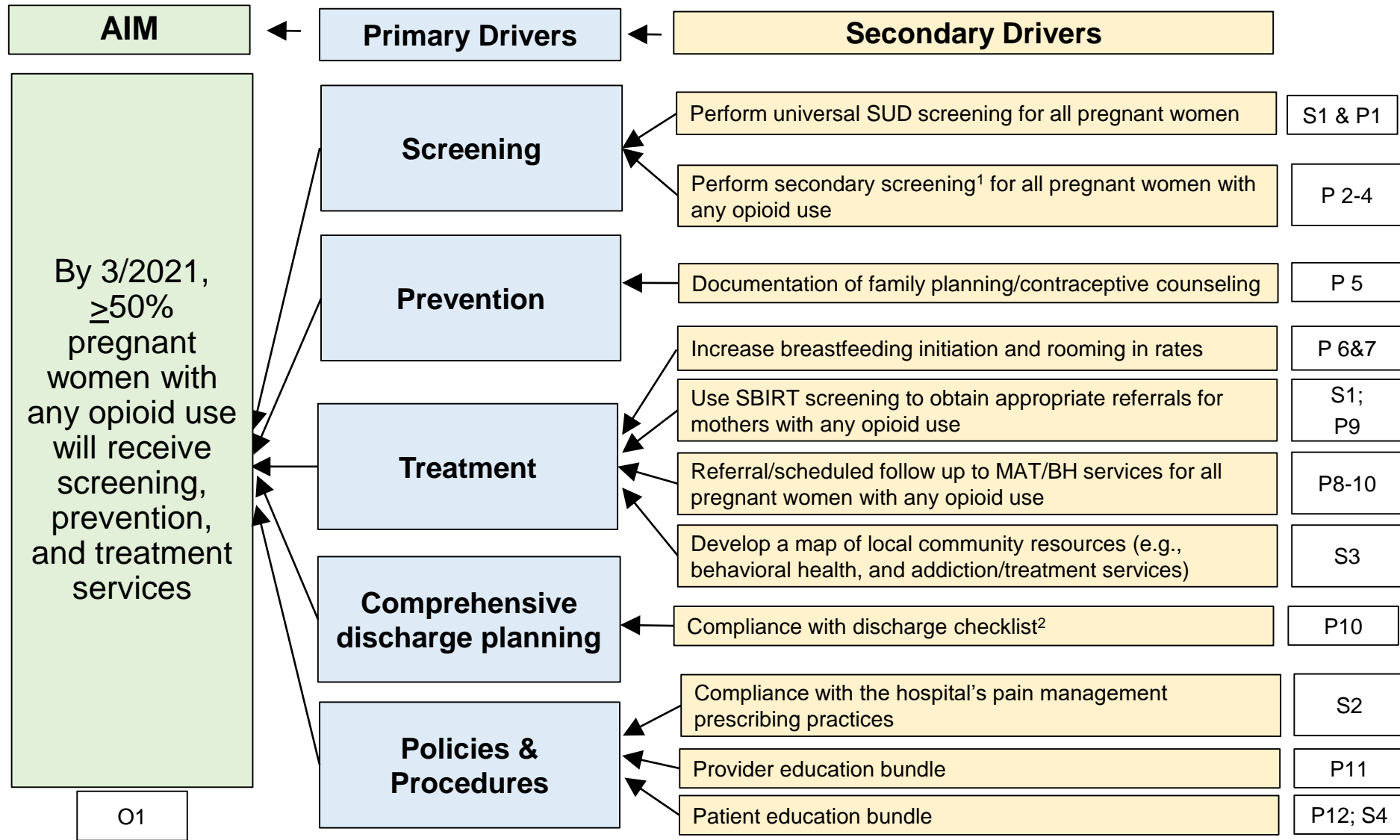
MORE Advisory Committee

- 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



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)

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

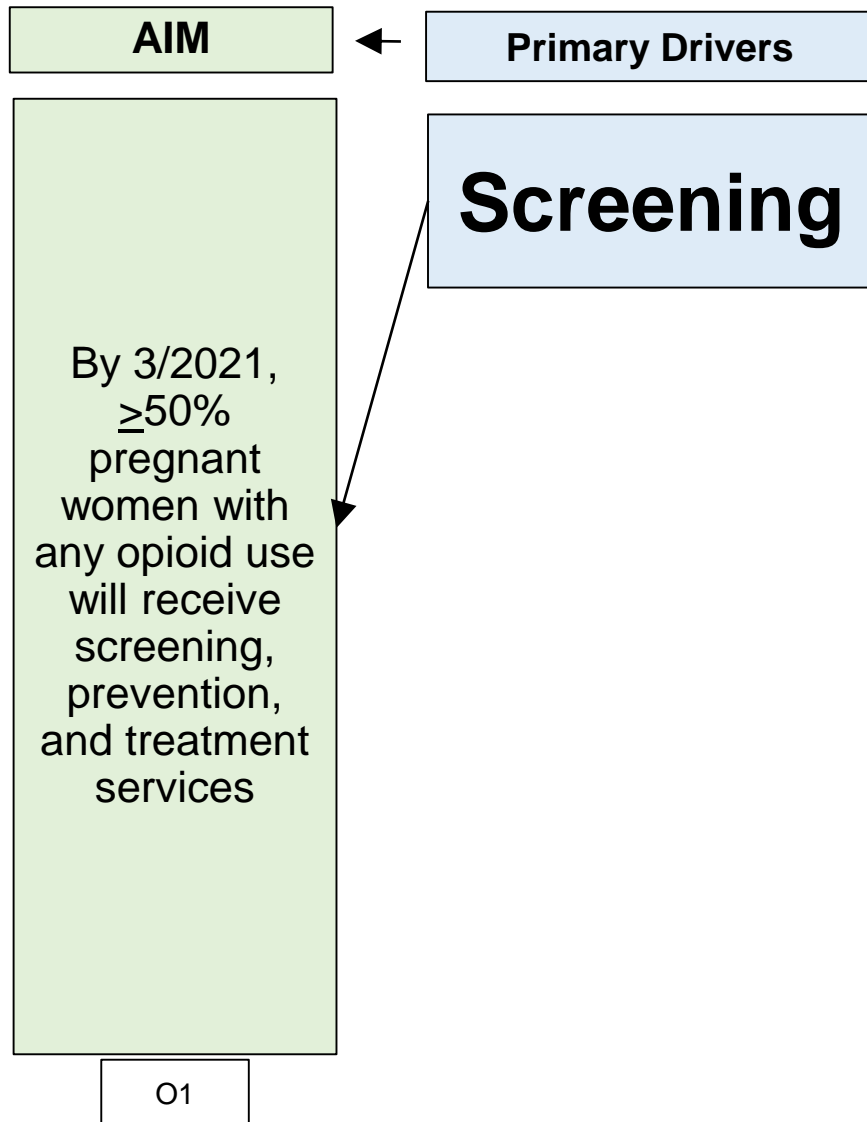
INCLUDES

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

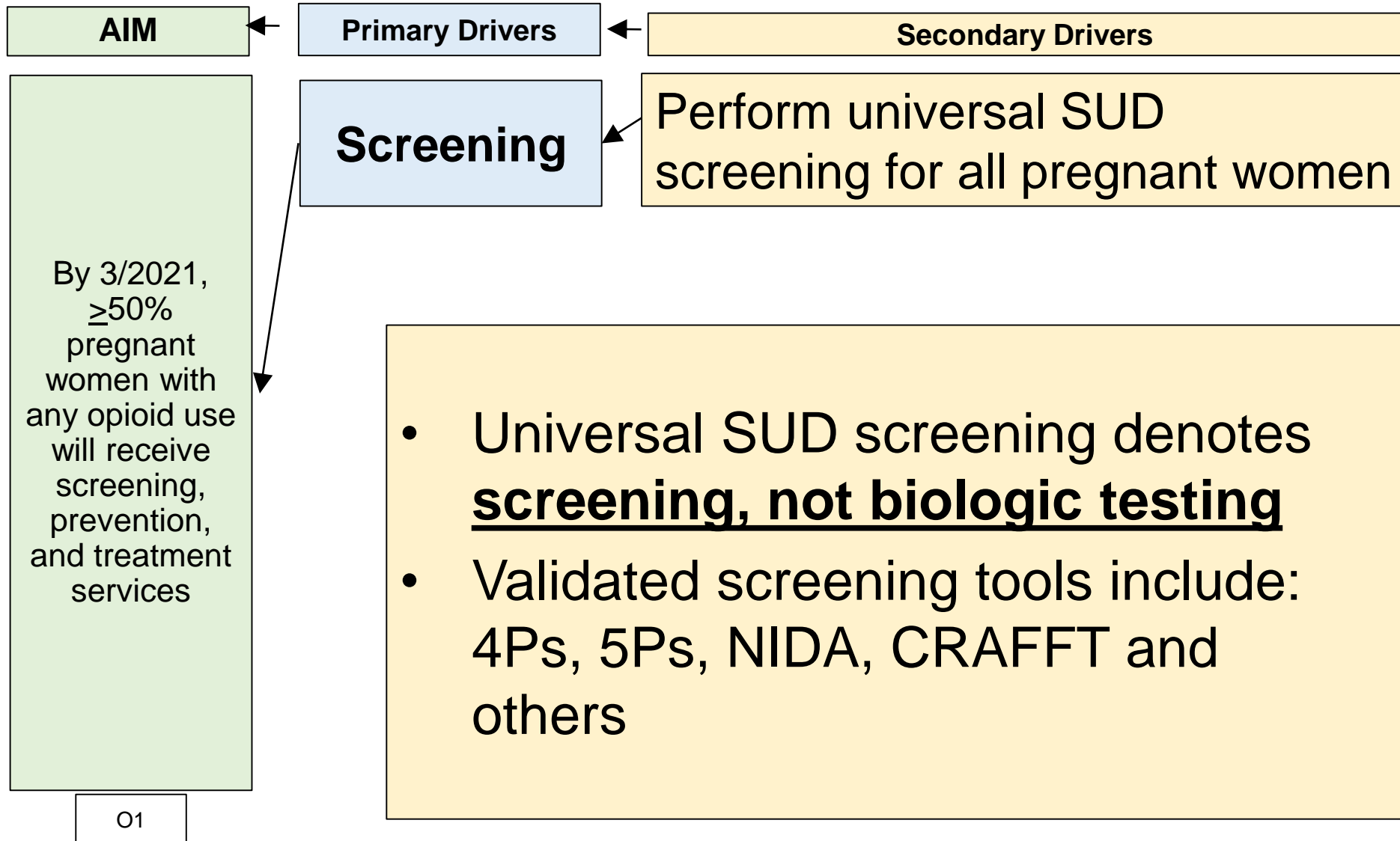
EXCLUDES

- 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

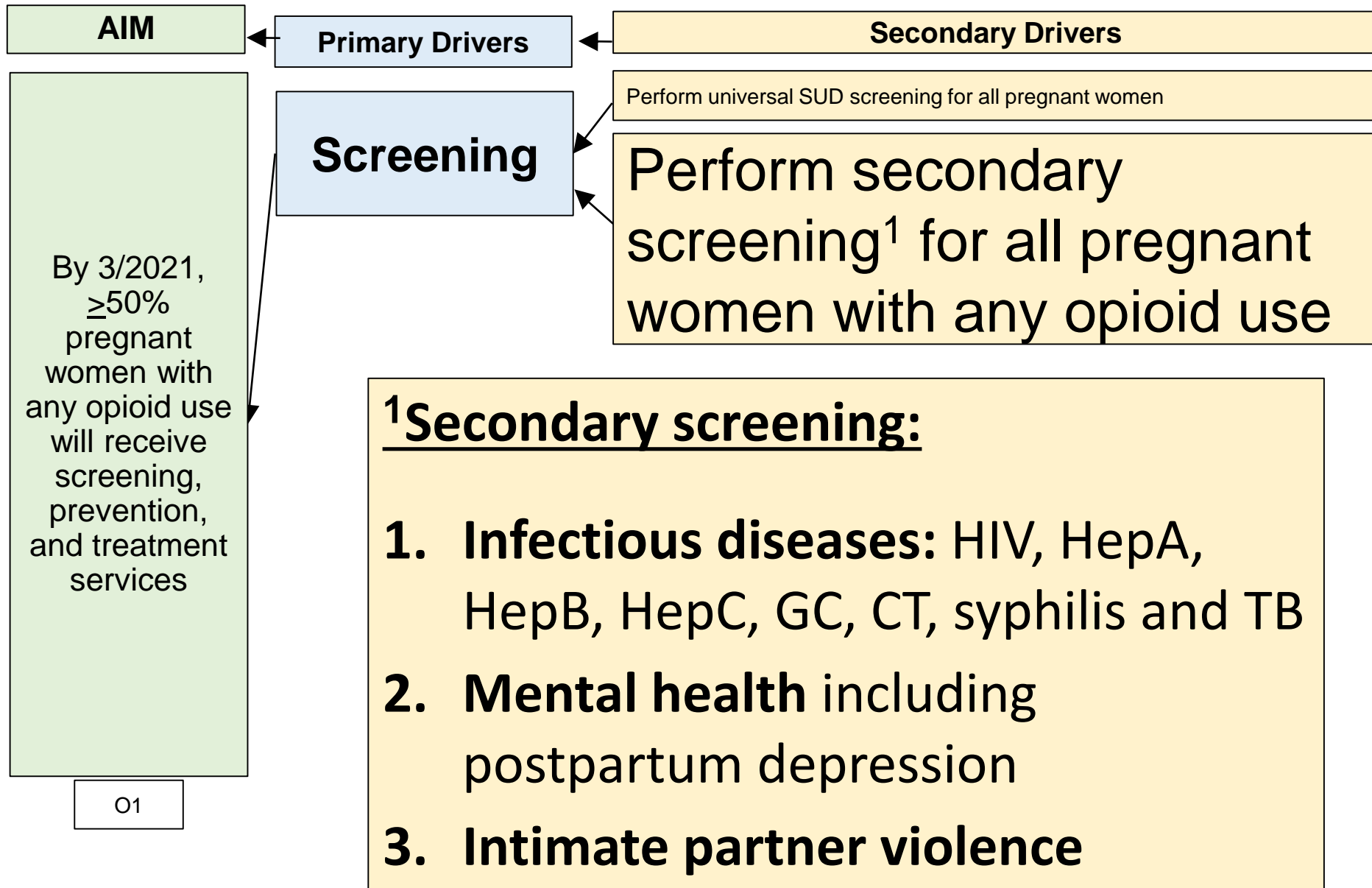


Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants

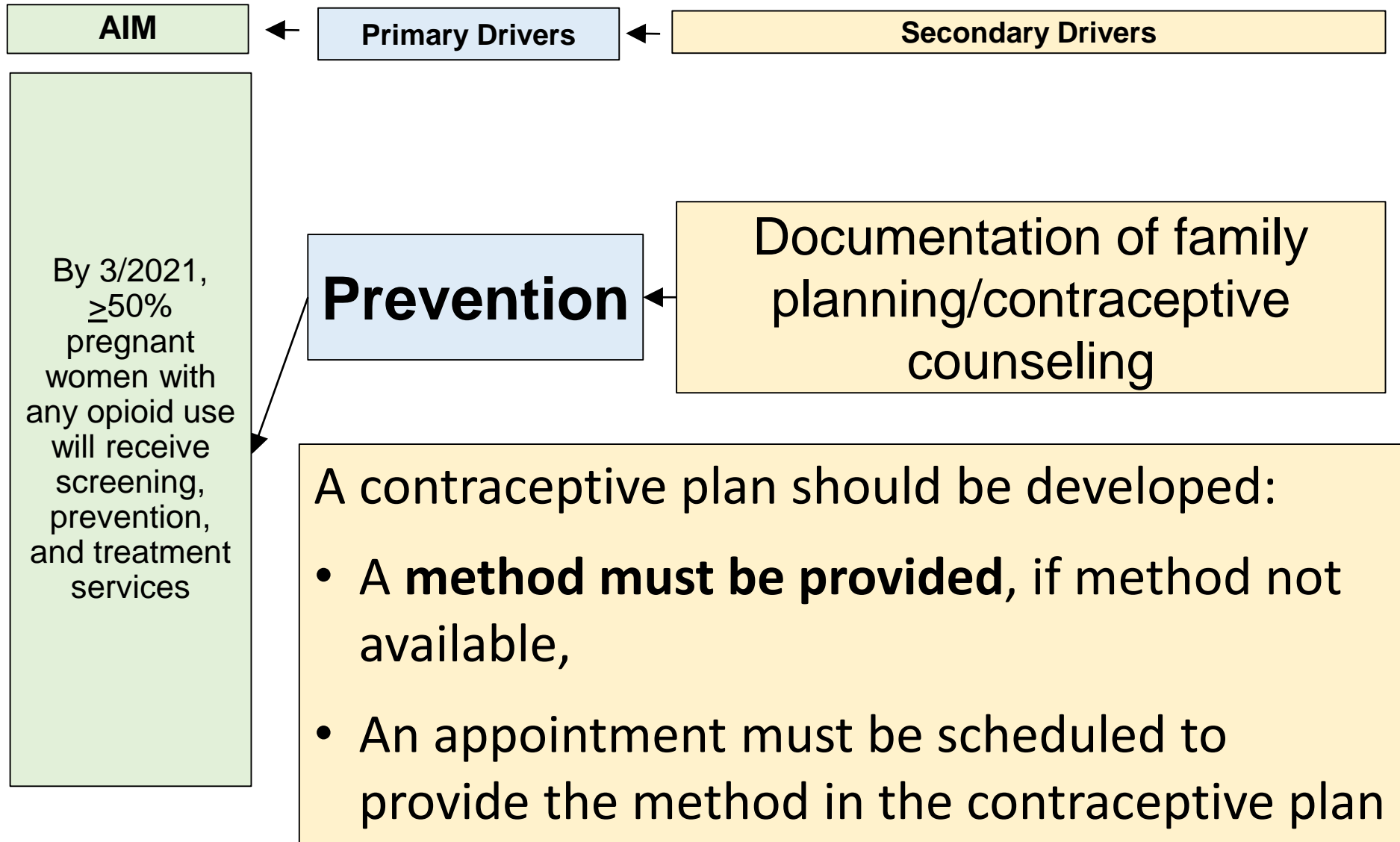


- Universal SUD screening denotes **screening, not biologic testing**
- Validated screening tools include: 4Ps, 5Ps, NIDA, CRAFFT and others

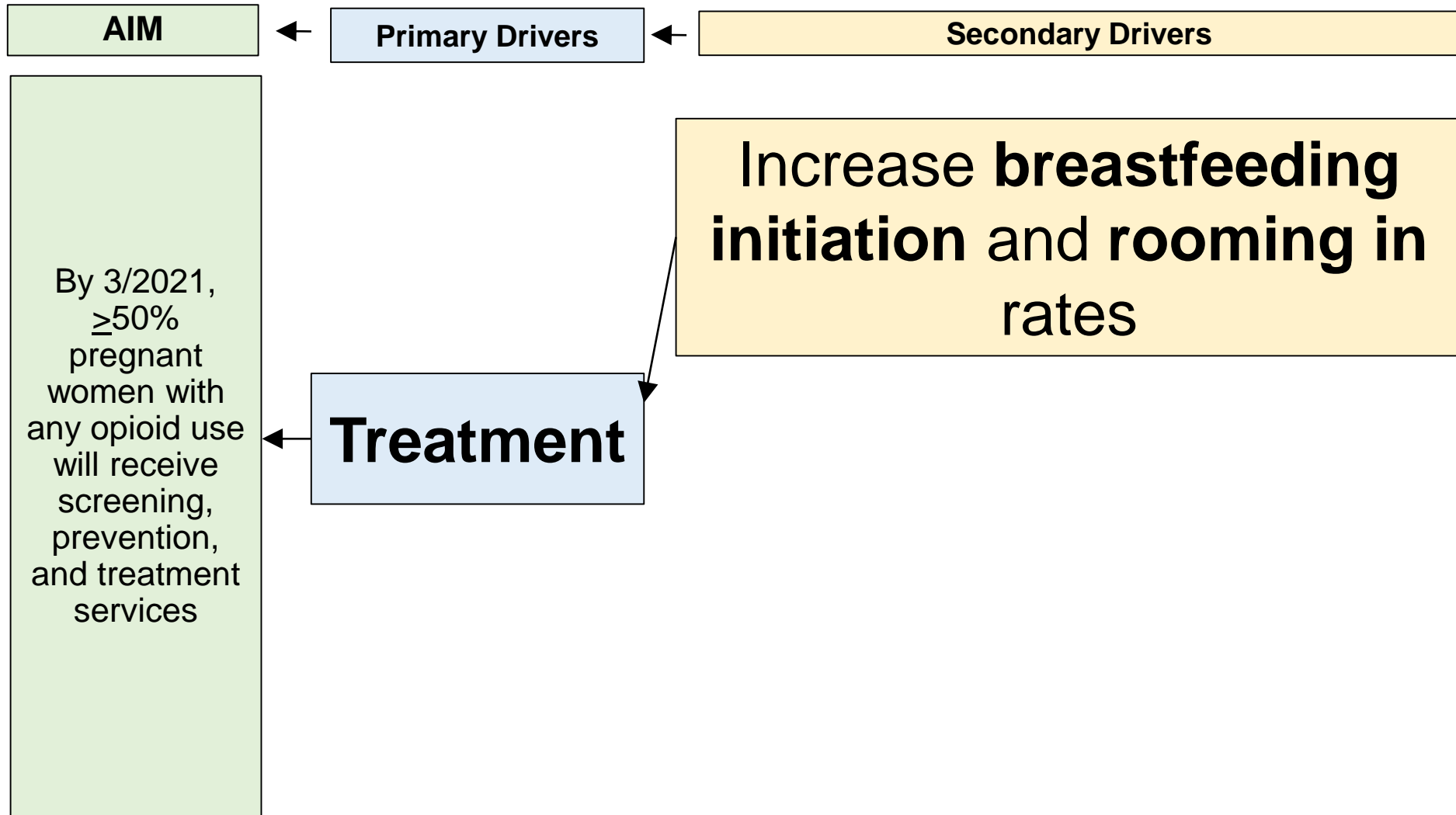
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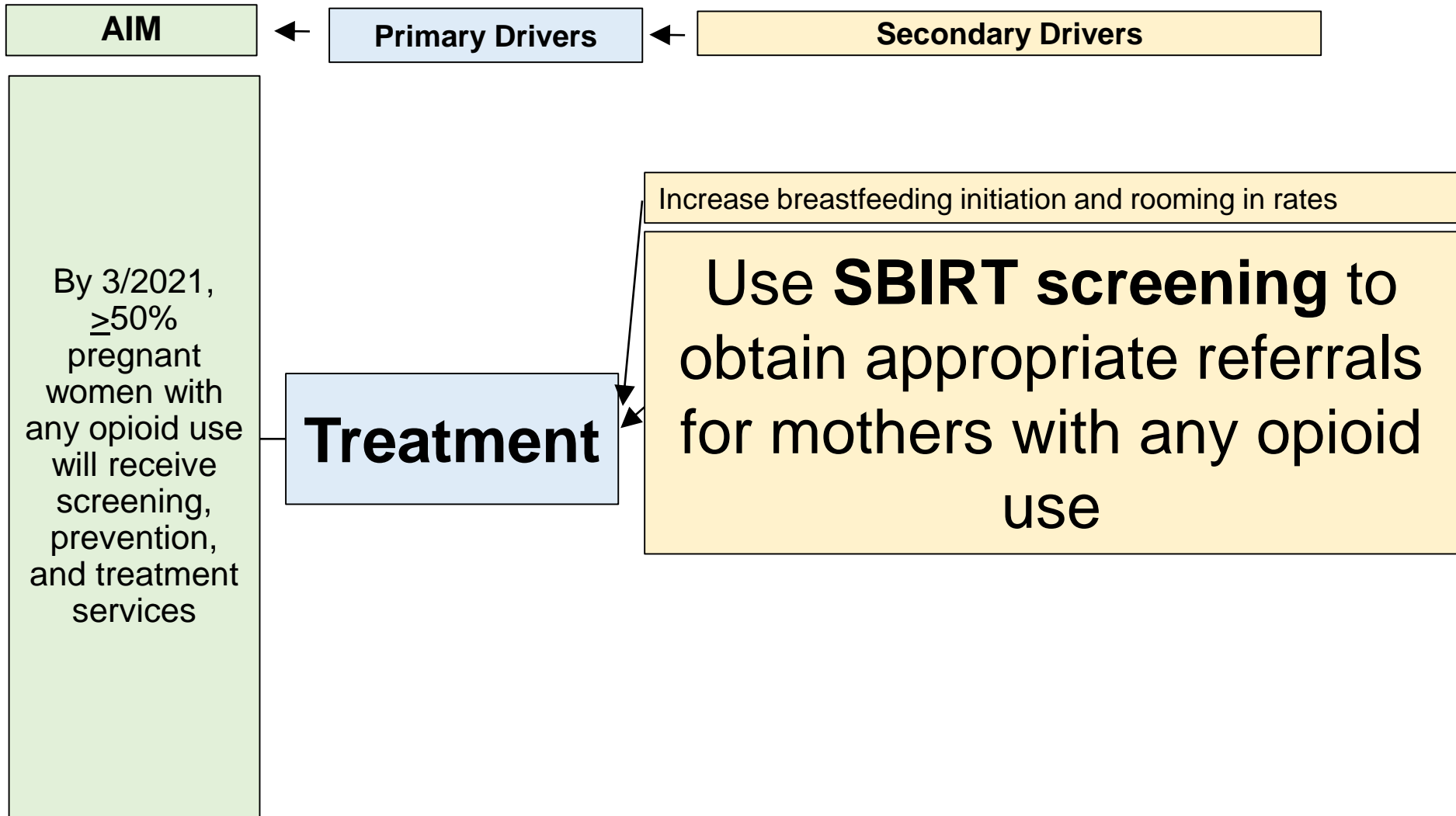
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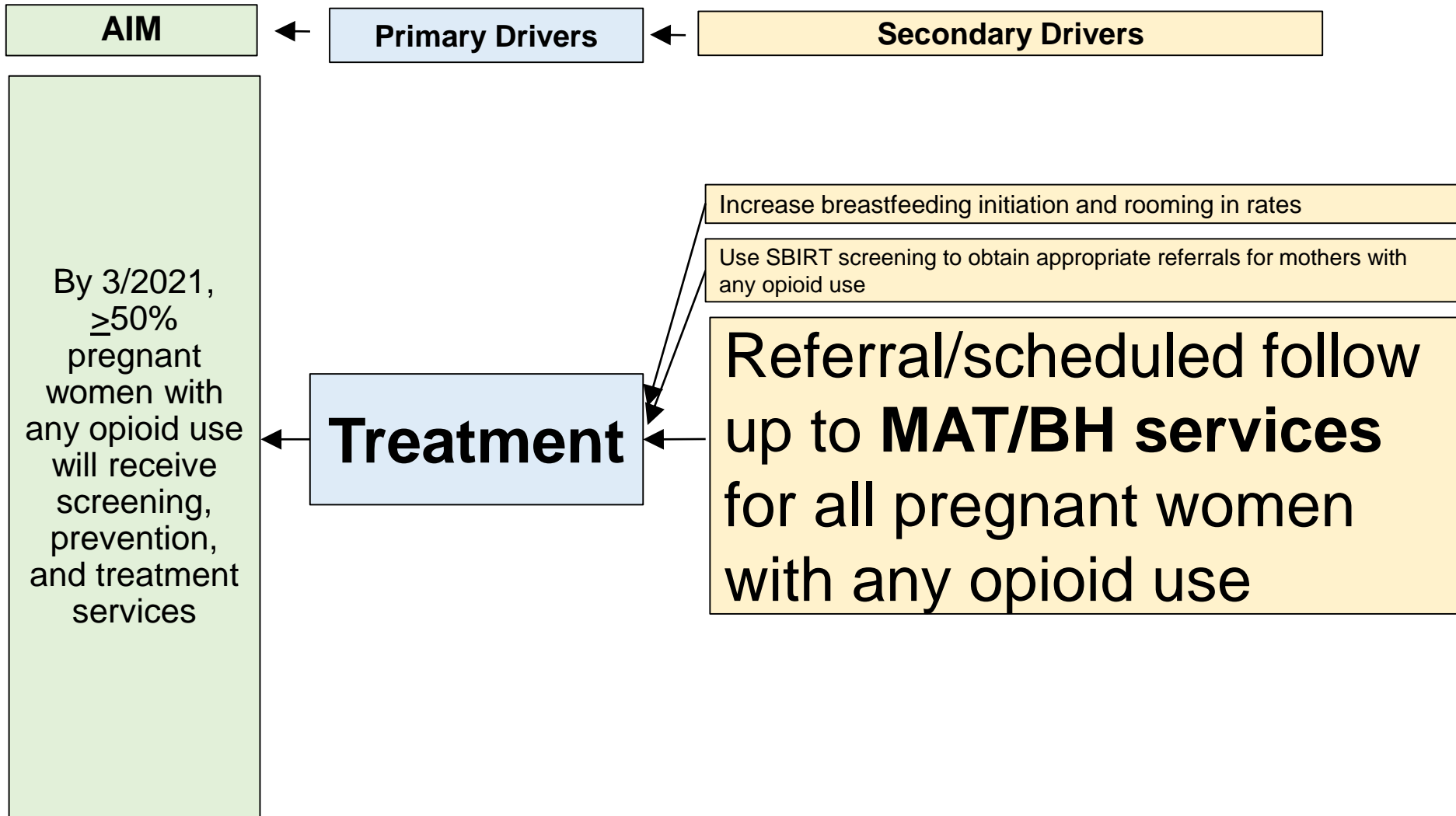
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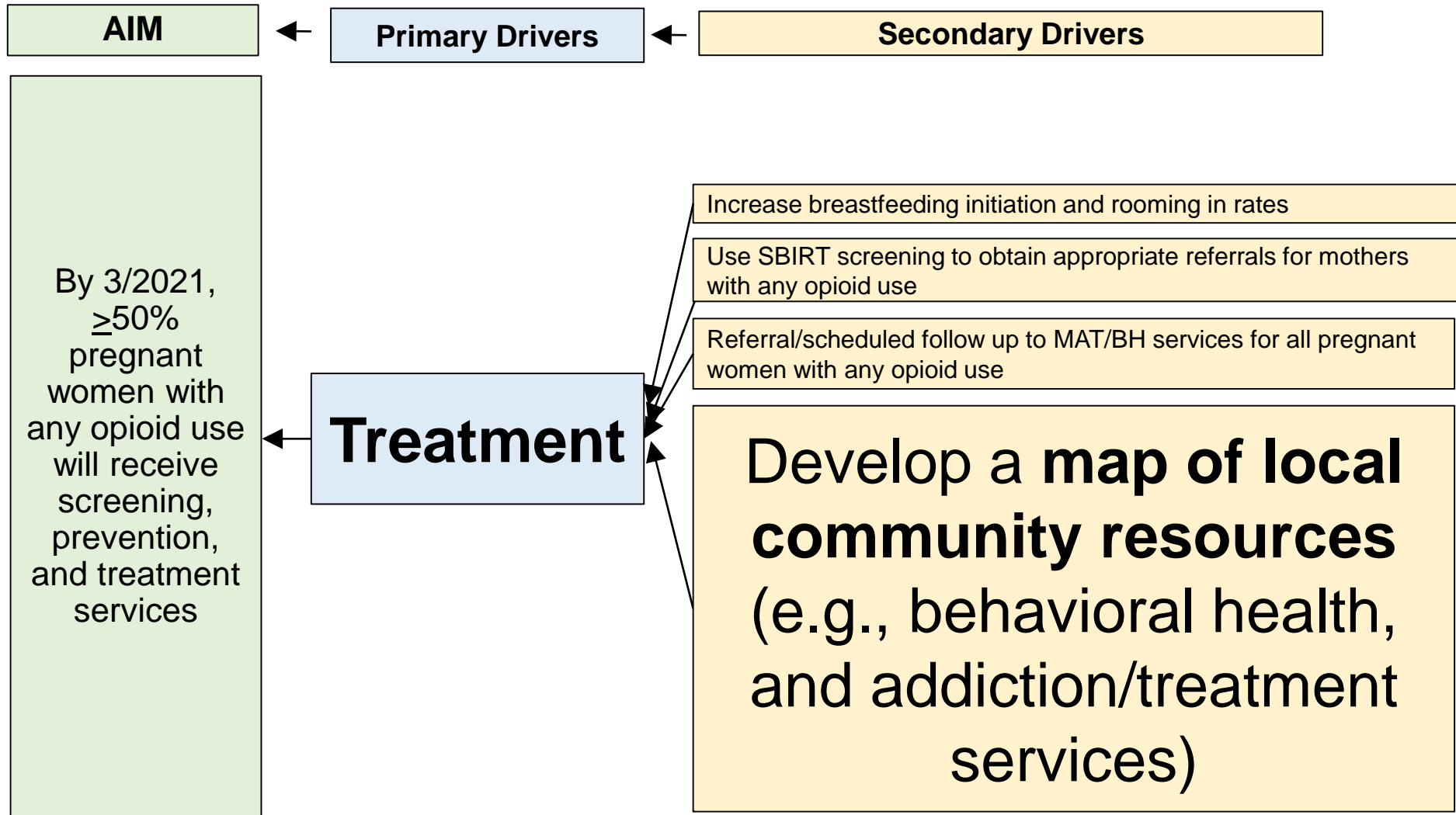
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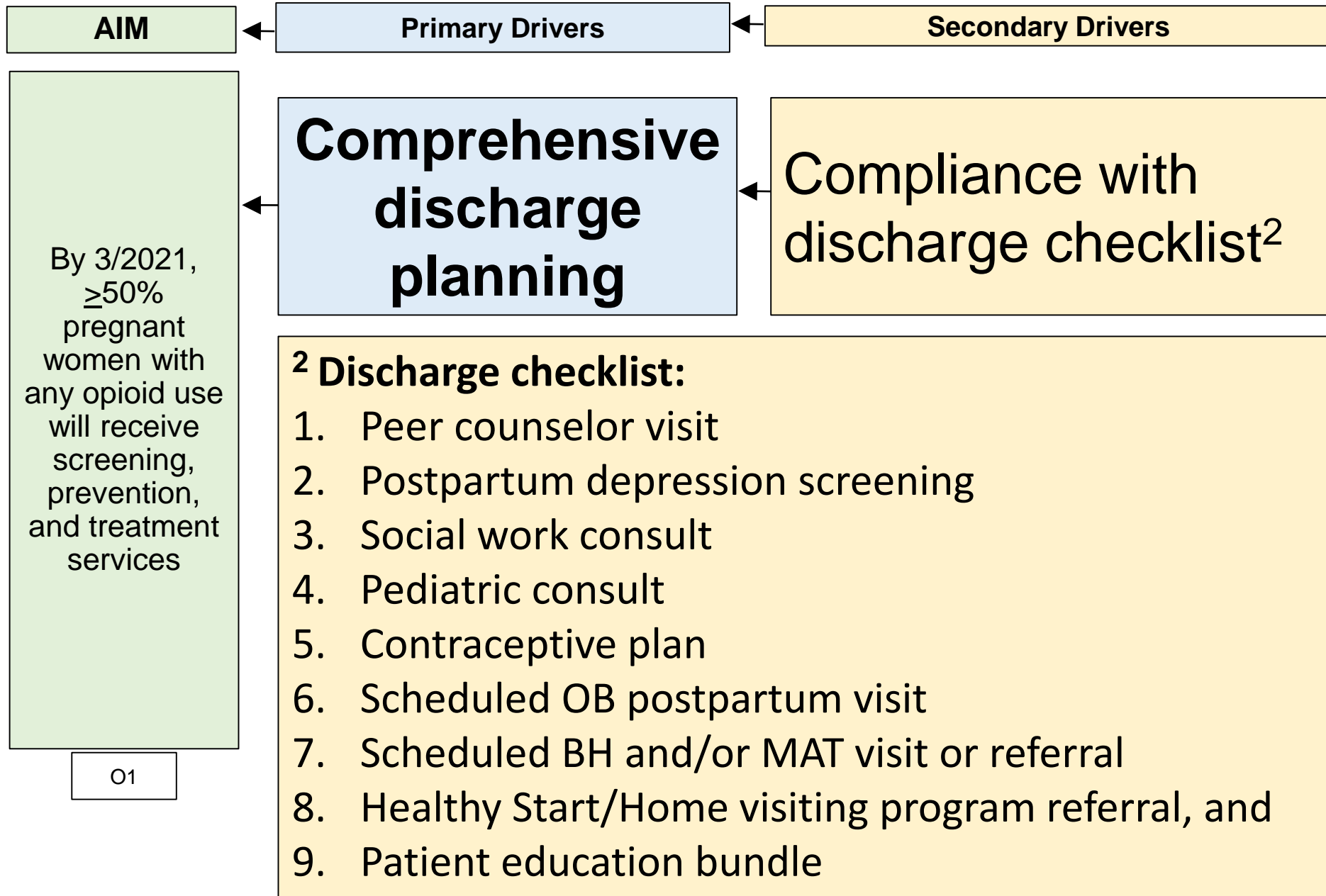
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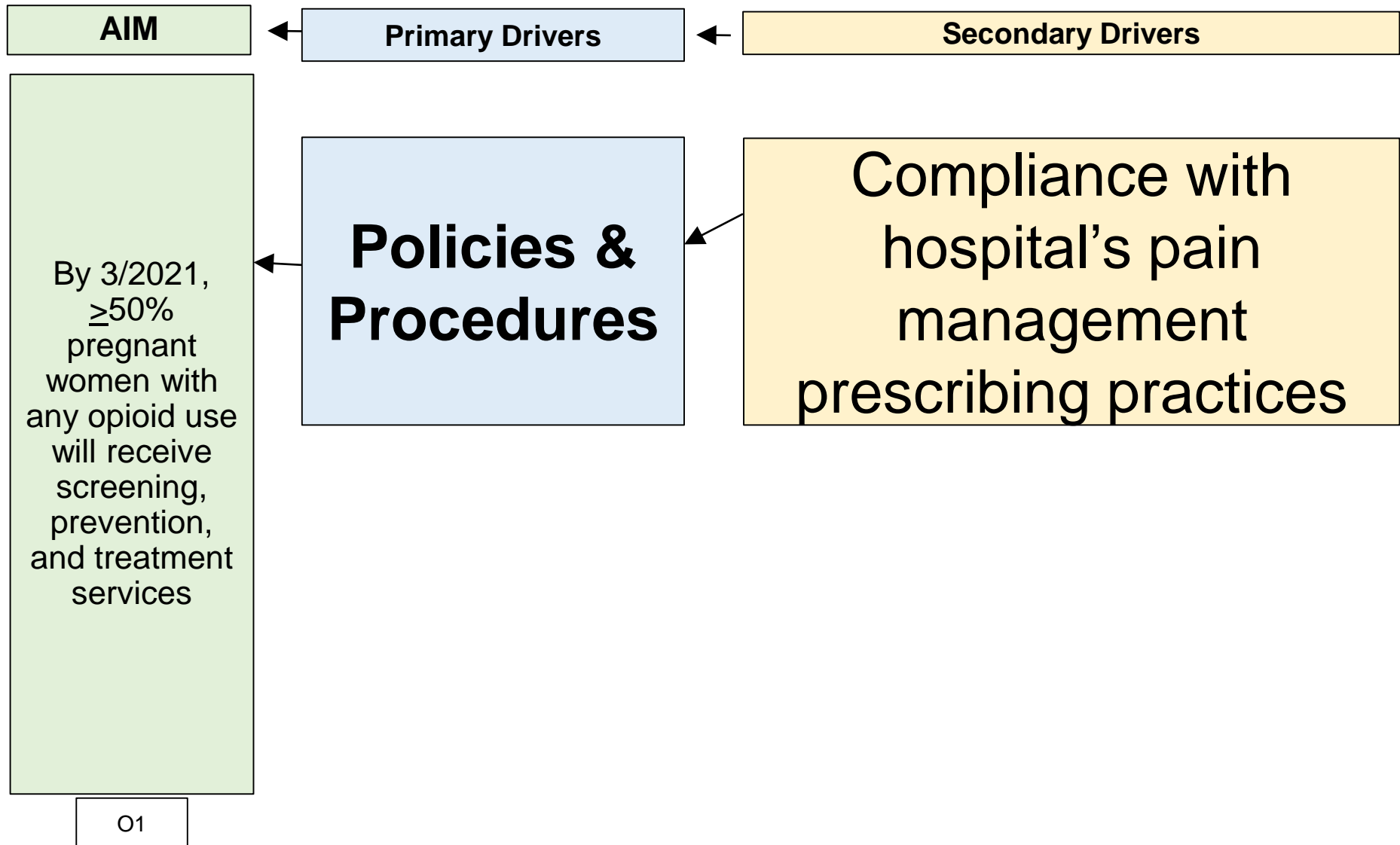
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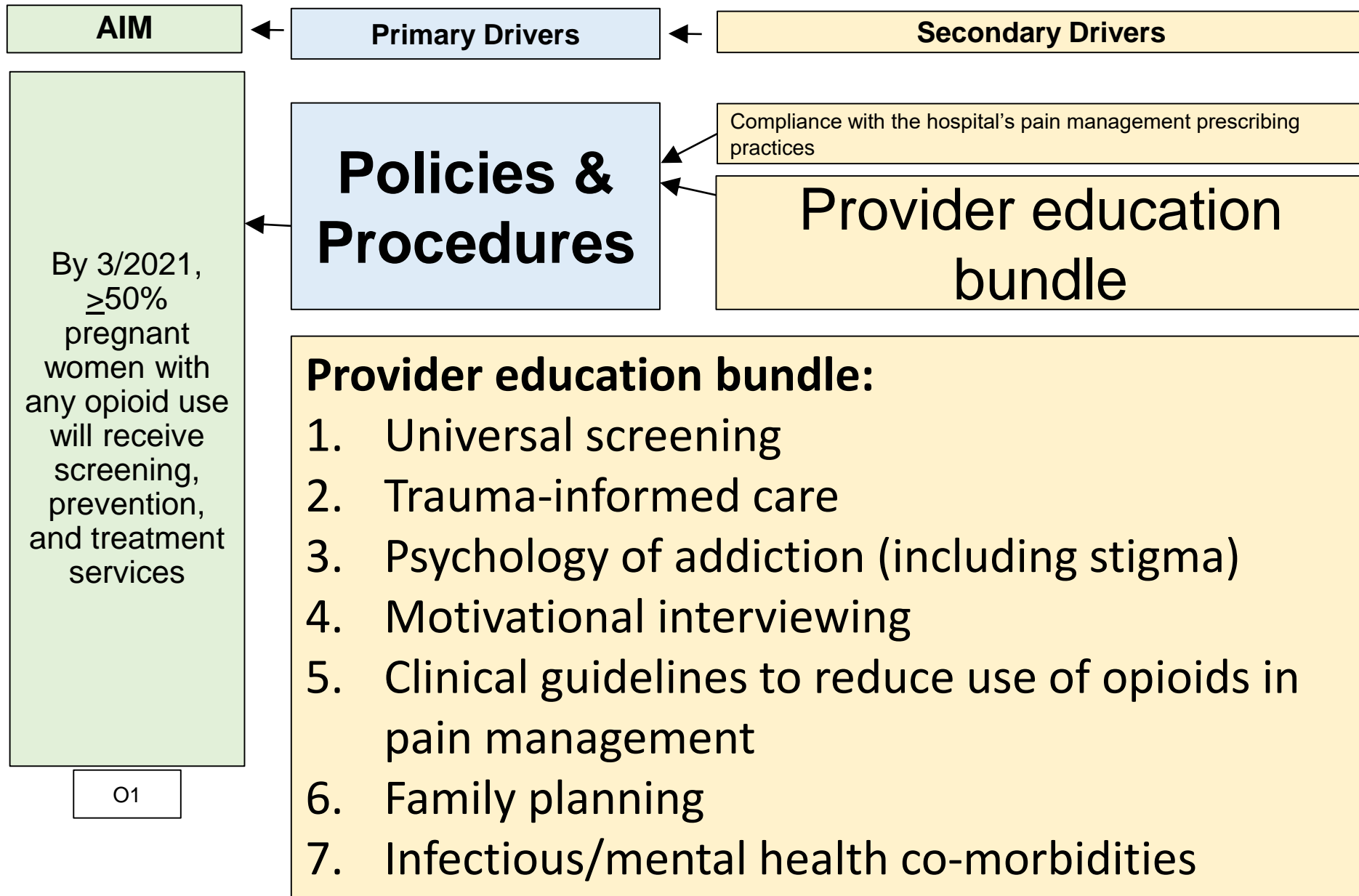
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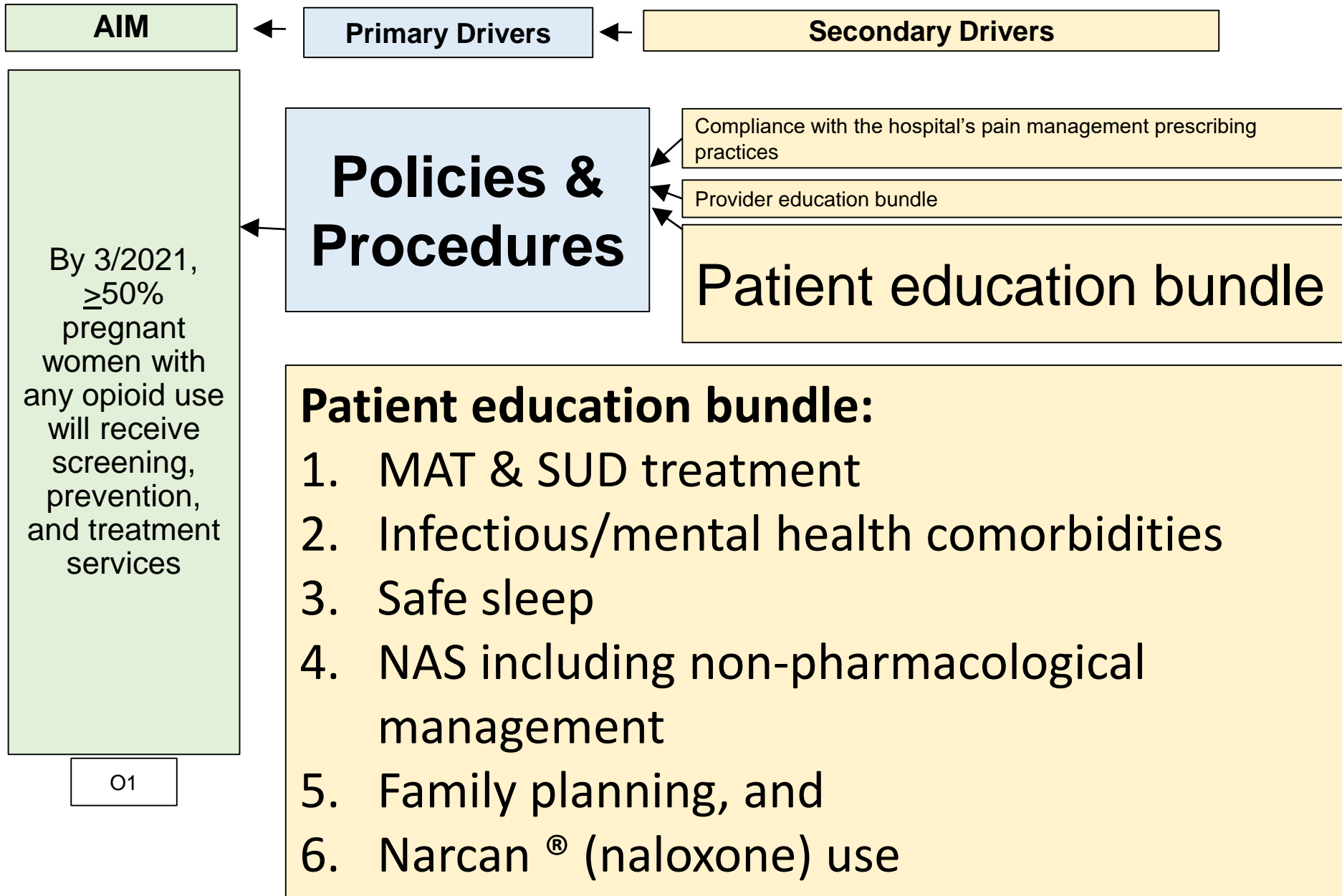
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



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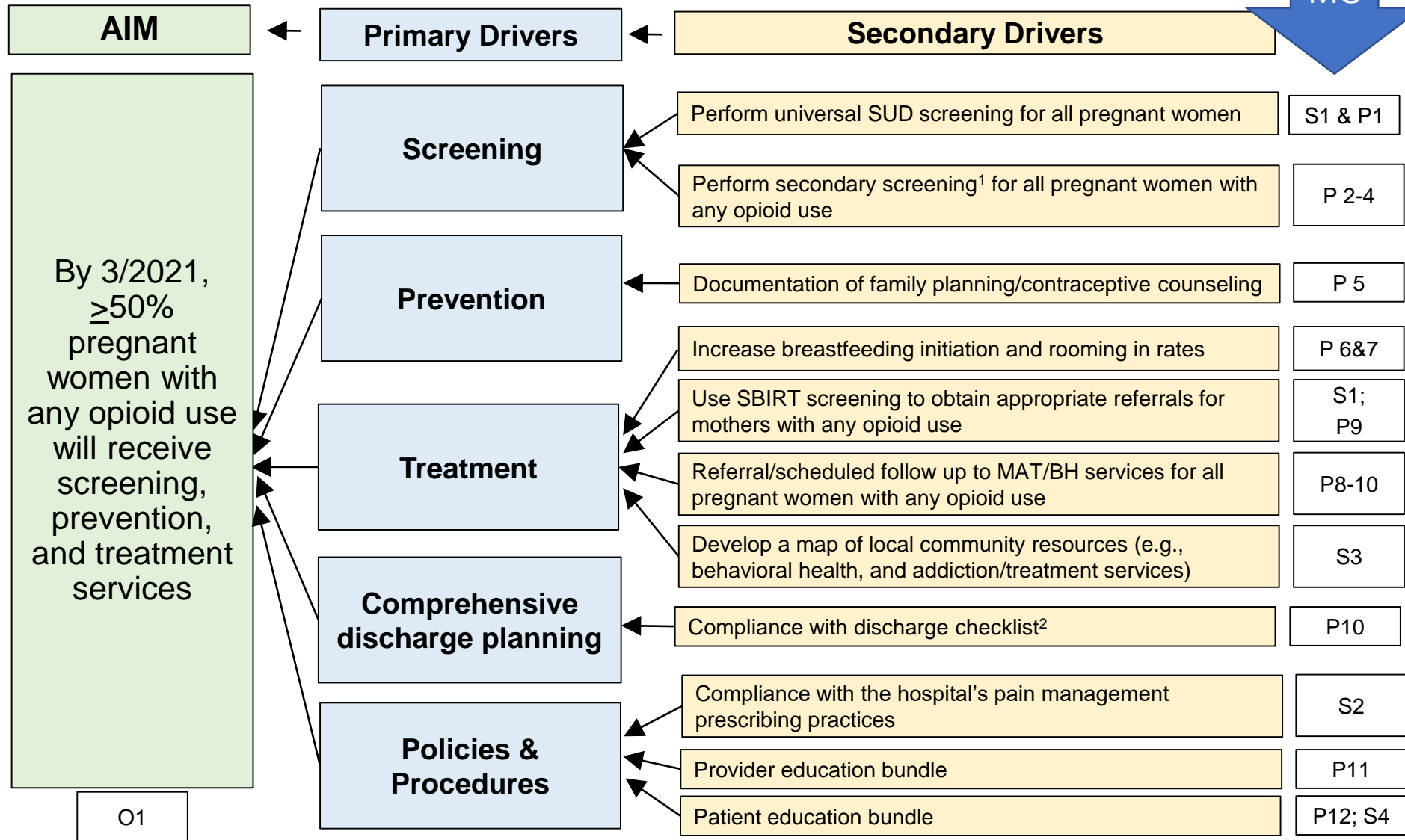


Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



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

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)

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

#	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

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 : _____



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:	Prenatally	Delivery admission
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: _____	HIV	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
	Infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>
	Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>
	Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>
	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
	Intimate partner violence	<input type="checkbox"/>	<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"/> 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)	
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		
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	Yes	No/Unknown	Pt. declined
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
	Behavioral Health/MAT	<input type="checkbox"/> Scheduled follow-up	<input type="checkbox"/> Referral
	Healthy start services/home visiting	<input type="checkbox"/> Referral Made	<input type="checkbox"/> Pt. declined
			<input type="checkbox"/> Not offered

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/YYYY 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, narcan® (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



Data Collection Process

1

Identify women with opioid use

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

EHR

2

Medical 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 _____	
<input type="checkbox"/> Medicaid/Medicoid plan <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"/> Unknown <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"/> 1st trimester <input type="checkbox"/> 2nd 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: <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Infectious diseases <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	Prenatally <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery admission screening <input type="checkbox"/> Yes <input type="checkbox"/> No
Opioid use identified by (week at the 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: _____	DRUGS: Select any of the following if there is a clinical 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"/> Suboxone (Buprenorphine/Naloxone) <input type="checkbox"/> Barbiturates <input type="checkbox"/> SSRI <input type="checkbox"/> Other drugs _____ <input type="checkbox"/> Other opioid <input type="checkbox"/> Amphetamines (e.g. Adderall) <input type="checkbox"/> Tobacco (includes e-cigarette pan)		
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 <input type="checkbox"/> Unknown	INFANT NUTRITION		
Breastfeeding or pumping at maternal discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	ROOMING IN Rooming-in prior to maternal discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Unable		
ON DISCHARGE			
Discharge Bundle: <input type="checkbox"/> Family planning <input type="checkbox"/> Infectious/mental health comorbidities <input type="checkbox"/> NAS including non-pharmacological management <input type="checkbox"/> Naloxone (Naloxone) use <input type="checkbox"/> Safe sleep			
Education: <input type="checkbox"/> MAY & SUD treatment <input type="checkbox"/> Infectious/mental health comorbidities <input type="checkbox"/> Naloxone (Naloxone) use	Yes <input type="checkbox"/> No/Unknown <input type="checkbox"/> Pt. declined <input type="checkbox"/>	Opioid prescribed at discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Services completed prior to maternal discharge: PPD screening <input type="checkbox"/> Social work consult <input type="checkbox"/> Peer counselor visit <input type="checkbox"/> Pediatric consult <input type="checkbox"/> Contraceptive plan <input type="checkbox"/>			
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		
Referrals: <input type="checkbox"/> Behavioral Health/MAT <input type="checkbox"/> Healthy start services/home visiting	Referral Made <input type="checkbox"/> Pt. declined <input type="checkbox"/> Not offered		

3

Enter data in the REDCap data portal

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality for Mothers and Babies

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 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

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 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 (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 FPQC@health.usf.edu



3

Enter data in the REDCap data portal

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality for Mothers and Babies

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 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

