ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle: Data Transition Instructions and Summary of Data Collection Revisions

This document is for state teams and perinatal quality collaboratives (PQCs) who are currently implementing AIM's Obstetric Care for Women with Opioid Use Disorder (OUD) patient safety bundle (PSB) and/or planning to implement or currently implementing AIM's Care for Pregnant and Postpartum People with Substance Use Disorder (CPPSUD) PSB.

This document contains details on:

- AIM Data Center instructions and logistics for transitioning from the OUD data collection plan to the CPPSUD data collection plan.
- Frequently asked questions to support the data transition.
- Changes to AIM's data collection plan as the OUD PSB was revised and replaced with the CPPSUD PSB to aid in decision making.
    - **Refer here for the complete set of metrics for the revised CPPSUD patient safety bundle and here for the original OUD data collection plan.**

AIM Data Center Instructions and Logistics

Determine which of the scenarios below most closely reflects your state team's bundle implementation and data collection progress and use the corresponding instructions to submit information to AIM.

My state team or PQC has collected any data using AIM's OUD data collection plan.

1. Review the summary of changes made on page 4 of this document.

2. Based on the summary of changes made and your state team or PQC's quality improvement goals, determine whether you will:
    a. Continue data collection using OUD metrics only
    b. Mostly use OUD metrics for data collection but begin collecting data for some CPPSUD metrics. *If you select this option, additional CPPSUD metrics will be added to your OUD dashboard in the Data Center.*
    c. Mostly use the revised CPPSUD metrics for data collection but continue collecting data for some OUD metrics. *If you select this option, you will be asked*

to provide a start date for collecting and reporting CPPSUD metrics to configure your dashboard in the AIM Data Center.

d. Transition to collecting data for CPPSUD metrics only.

3. Document which data collection plan(s) your state team or PQC will use for data collection and reporting and submit this and supporting information via Airtable.
    a. If your state team or PQC plans to transition to or use some of the metrics from the CPPSUD data collection plan, you will be asked a series of questions to support the addition of this PSB to your dashboard in the AIM Data Center.

4. As AIM receives your responses and AIM's Data Center vendor adds CPPSUD metrics to the Data Center, AIM will reconfigure your dashboard in the AIM Data Center. You can expect this to be completed around mid-February 2022 and to receive a confirmation email from AIM.

My state team or PQC has never collected data using AIM's OUD data collection plan.
If your state team or PQC has never collected data using AIM's data collection plan for the OUD PSB, **please use the CPPSUD data collection plan.**

Follow this link to answer a series of questions to support the addition of the CPPSUD PSB to your dashboard in the AIM Data Center.

As AIM receives your responses and AIM's Data Center vendor adds CPPSUD metrics to the Data Center, AIM will configure your dashboard in the AIM Data Center. You can expect this to be completed around mid-February 2022 and to receive a confirmation email from AIM.

Frequently Asked Questions

My state team or PQC collected data based on the optional measures in AIM's OUD data collection plan. Will these optional measures still be available in the Data Center?
Yes. If your state team or PQC ever collected optional measures using AIM's OUD data collection plan, please list them in the free response section of the Airtable form.

When can facilities report their first period of data for CPPSUD metrics in the Data Center?
Facilities can report their first period of data for CPPSUD metrics at any point in time. This includes reporting of historical data that may predate AIM's CPPSUD data collection plan or its addition to the Data Center. Please indicate the earliest reporting period for which facilities will collect process measures data in the Airtable form.

My state team or PQC collected data based on AIM's OUD data collection plan but never submitted this data to the Data Center. How should I follow AIM's transition instructions?
Please follow transition instructions for "My state team or PQC has collected data using AIM's OUD data collection plan" above.

My state team or PQC wants to collect data for both the OUD and the CPPSUD data collection plans. Is this possible?
Yes, but with some caveats. Some measures may be redundant to report from both the OUD and CPPSUD data collection plans and/or there are similar metrics that may be confusing for facility teams in terms of data collection and reporting. For these reasons, we ask that you select which data collection plan you will primarily use for data collection and select metrics from a set list in an Airtable form. The metrics available for selection in the Airtable form are not duplicative.

Optional CPPSUD metrics that can be added to OUD dashboards include: O4, P1, P4, P5, P6, S1, S2, SS1, SS2, SS3, SS4.

Optional OUD metrics that can be added to CPPSUD dashboards include: O3, O4, P2, S1, SS1, SS2.

Please find these cross-referenced metrics outlined in more detail in the table below.

My state team or PQC wants to collect data mostly using the CPPSUD data collection plan, but we want to migrate original OUD metrics to our CPPSUD dashboard in the Data Center. Will our historic data be available to trend over time?
Yes. If you ever reported data for the OUD patient safety bundle to the Data Center and want to transition to CPPSUD metrics while continuing collection of certain OUD metrics outlined above, historic OUD data can be retained on your state team's dashboard.

Even if you transition completely from OUD to CPPSUD metrics and do not retain any original OUD metrics, this historic data will remain in the Data Center.

Why do outcome measures appear as process measures in the Data Center for CPPSUD?
AIM's Data Center is not structured so facilities may directly report outcome measures data. Since all outcomes for the CPPSUD data collection plan are facility-reported, they were classified as process measures for the purposes of directly collecting data from facilities in the Data Center.

Summary of Changes Made

Source OUD Metric (Old)	CPPSUD Metric (New)	Rationale/Comment
State Surveillance Measures		
n/a	Added **Substance use disorders among pregnant and postpartum people** (SS1) **A. Denominator:** All people during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages **Numerator:** Among the denominator, those with any diagnosis of substance use disorder **B. Denominator:** All people during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages **Numerator:** Among the denominator, those with a diagnosis of opioid use disorder	• Metric supports ongoing, statewide monitoring of pregnant and postpartum people with SUDs to support quality improvement interventions. • Metric allows for a distinction between SUD and OUD.
Severe Maternal Morbidity (O1)	Revised **Severe Maternal Morbidity (SMM) (including transfusion codes) among people with SUD** (SS2) **A. Denominator:** All people during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with substance use disorder	• Metric was limited to SUD. • Metric was reclassified from Outcome to State Surveillance measure due to potentially small case counts at individual facilities.

	Numerator: Among the denominator, those with any SMM code **B. Denominator:** All people during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with opioid use disorder **Numerator:** Among the denominator, those with any SMM code	
Severe Maternal Morbidity (excluding transfusion codes) (O2)	Revised **Severe Maternal Morbidity (SMM) (excluding transfusion codes) among people with SUD** (SS3) **A. Denominator:** All people during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with substance use disorder **Numerator:** Among the denominator, all those with any non-transfusion SMM code **B. Denominator:** All people during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with opioid use disorder **Numerator:** Among the denominator, those with any non-transfusion SMM code	• Metric was limited to SUD. • Metric was reclassified from Outcome to State Surveillance measure due to potentially small cases counts at individual facilities.

Pregnancy Associated Opioid Deaths (O3)	Revised **Proportion of Pregnancy Associated Deaths due to Overdose** (SS4) **Denominator:** Total pregnancy-associated deaths **Numerator:** Pregnancy-associated deaths due to overdose	• State teams reported difficulty collecting and reporting data on substance-specific pregnancy-associated overdose deaths. • Most jurisdictions now have a Maternal Mortality Review Committee (MMRC) to provide high quality data for this metric. Every jurisdiction has death certificate data that can be used for this metric, though MMRC data are preferred. • Deaths due to overdose are a leading cause of pregnancy-associated deaths (example 1, example 2). • Reclassified from Outcome to State Surveillance measure.
Percent of Newborns Diagnosed as Affected by Maternal Use of Opiates (SS1)	Removed	• AIM has transitioned from neonatally-focused metrics to metrics that focus on primary clinical drivers of severe maternal morbidity and mortality. • Lack of standardized clinical definitions for newborns affected by substances make data unstable for reporting and systems learning.

Percent of Newborns Diagnosed with Neonatal Abstinence Syndrome (NAS) (SS2)	Removed	• AIM has transitioned from neonatally-focused metrics to metrics that focus on primary clinical drivers of severe maternal morbidity and mortality. • Changing clinical practices, such as Eat, Sleep, Console, and lack of standardized clinical definitions for NAS make data unstable for reporting and systems learning.
Outcome Measures		
Percent of Opioid Exposed Newborns (OEN) Who Go Home to Biological Mother (P3)	Revised **Percent of Newborns Exposed to Substances in Utero Who Go Home to Either Birth Parent** (O1) **Denominator:** Newborns exposed to substances in utero **Numerator:** Among the denominator, those who were discharged to either birth parent	• AIM reclassified this metric from a Process to an Outcome measure and broadened it to include newborns exposed to additional substances in utero. • Metric was changed to include either birth parent.
Percent of Women with Opioid Use Disorder (OUD) during Pregnancy who Receive Medication Assisted Treatment (MAT) or Behavioral Health Treatment (P1)	Revised **Percent of Pregnant and Postpartum People with OUD who Received or Were Referred to Medication for Opioid Use Disorder** (O2) **Denominator:** Pregnant and postpartum people with a diagnosis of opioid use disorder	• Original measure included two components (MAT or Behavioral Health Treatment) within one measure. The best practice is to split this in two. • Metric was updated to align with changing terminology/treatment (e.g. MOUD instead of MAT).

	Numerator: Among the denominator, those with documentation of having received or been referred to MOUD **Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services** (O3) **Denominator:** Pregnant and postpartum people with a diagnosis of substance use disorder, including opioid use disorder **Numerator:** Among the denominator, those with documentation of having received or been referred to recovery treatment services	• Metric was reclassified from Process to Outcome measures.
n/a	Added **Percent of pregnant and postpartum people with SUD who received or were prescribed Naloxone prior to delivery discharge** (O4) **Denominator:** Pregnant and postpartum people with a diagnosis of substance use disorder **Numerator:** Among the denominator, those with documentation of having received or been prescribed Naloxone prior to discharge from their birth hospitalization	*Refer to P4 for complementary measure*

Severe Maternal Morbidity (O1)	Revised *Refer to SS2 above.*	
Severe Maternal Morbidity (excluding transfusion codes) (O2)	Revised *Refer to SS3 above.*	
Pregnancy Associated Opioid Deaths (O3)	Revised *Refer to SS4 above.*	
Average length of stay for newborns with Neonatal Abstinence Syndrome (NAS) (O4)	Removed	• This metric was removed as shorter lengths of stay for newborns with NAS do not necessarily reflect improved quality of care. • Changing clinical practices, such as Eat, Sleep, Console, and lack of standardized clinical definitions for NAS make data unstable for reporting and systems learning.
Process Measures		
Universal Screening on L&D (S1) **Report completion date** Has your hospital implemented a protocol for	Revised **Percent of Pregnant and Postpartum People Screened for SUD (P1)**	• Metric was updated to reflect expansion of substances. • Metric was reclassified from Structure to Process measure.

universal screening with a validated tool for OUD?	**Denominator:** Pregnant and postpartum people during their birth hospitalization **Numerator:** Among the denominator, those with documentation of having been screened for SUD using a validated verbal screening tool during their birth hospitalization	
n/a	Added **Percent of pregnant and postpartum people with OUD who were counseled on medication for opioid use disorder (MOUD)** (P2) **Denominator:** Pregnant and postpartum people with a diagnosis of opioid use disorder during their birth hospitalization **Numerator:** Among the denominator, those with documentation of counseling for MOUD prenatally or during their birth hospitalization	*Refer to O2 for complementary measure*
n/a	Added **Percent of pregnant and postpartum people with SUD who were counseled on recovery treatment Services** (P3) **Denominator:** Pregnant and postpartum people with a diagnosis of substance use disorder, including opioid use disorder during their birth hospitalization	*Refer to O3 for complementary measure*

	Numerator: Among the denominator, those with documentation of counseling for recovery treatment services prenatally or during their birth hospitalization	
n/a	Added **Percent of pregnant and postpartum people with SUD who received Naloxone counseling** (P4) **Denominator:** Pregnant and postpartum people with a diagnosis of substance use disorder during their birth hospitalization **Numerator:** Among the denominator, those with documentation of counseling for Naloxone prenatally or during their birth admission	*Refer to O4 for complementary measure* Similar to original Optional P9.
n/a	Added **Provider and Nursing Education – Substance Use Disorders** (P5) **Report proportion completed (estimated in 10% increments – round up)** At the end of this reporting period, what cumulative proportion of OB providers and nurses (including L&D and PP) has received within the last 2 years an education program on care for pregnant and postpartum people with substance use disorders?	

n/a	Added **Provider and Nursing Education – Respectful and Equitable Care** (P6) **Report proportion completed (estimated in 10% increments-round up)** At the end of this reporting period, what cumulative proportion of inpatient clinical OB providers and nursing staff has received within the last two years an education program on respectful and equitable care?	
Percent of Women with Opioid Use Disorder (OUD) during Pregnancy who Receive Medication Assisted Treatment (MAT) or Behavioral Health Treatment (P1)	Revised *Refer to O2 and O3 above.*	
Percent of Opioid Exposed Newborns (OEN) Receiving Mother's Milk at Newborn Discharge (P2)	Removed	• Removed as metrics were revised to focus primarily on pregnant and postpartum people and primary clinical drivers of severe maternal morbidity and mortality.
Percent of Opioid Exposed Newborns (OEN) Who Go Home to Biological Mother (P3)	Revised *Refer to O1 above.*	

Universal Screening at Prenatal Care Sites (P4)	Revised *Refer to S5 below.*	
Structure Measures		
n/a	Added **Resource Mapping/Identification of Community Resources** (S1) **Report Initial Completion Date** Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?	Similar to original Optional S3
n/a	Added **Patient Event Debriefs** (S2) **Report Start Date** Has your department established a standardized process to conduct debriefs with patients after a severe event?	

n/a	Retained **General Pain Management Guidelines** (S3) **Report Completion Date** Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?	Originally S2
n/a	Retained **OUD Pain Management Guidelines** (S4) **Report Completion Date** Has your hospital implemented specific pain management and opioid prescribing guidelines for patients with a diagnosis of opioid use disorder?	Originally S3
Universal Screening at Prenatal Care Sites (P4) **Denominator:** Number of PNC sites associated with your hospital **Numerator:** Among the denominator, those sites performing screening for OUD with all pregnant patients	Revised **Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites** (S5) **Report Completion Date** Has your hospital shared with **all** its prenatal care sites validated verbal screening and follow up tools for OUD and SUD?	• Many sites reported difficulties capturing the data for the original metric. • Reclassified from Process to Structure measure.

Universal Screening on L&D (S1)	Removed	