NH AIM/ERASE Monthly Webinar
January 12, 2023

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Facilitating Data Collection for the AIM SUD Bundle

NH AIM/ERASE Monthly Webinar
January 12, 2023

Carolyn Nyamasege, PhD, MPH, MS
Daisy Goodman, DNP, MPH, CNM
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Disclosures

Today's speakers have no financial disclosures
Session Objectives

- Describe data collection strategies for structure, process, and outcome measures for the AIM SUD bundle
- Discuss new REDCap database links designed to facilitate de-identified, case-level data collection; as well as tracking AIM structure measures at the individual hospital level
- Explore challenges regarding reporting demographic data in low volume settings
- Explore the intersection of the AIM SUD and Perinatal Mental Health bundles

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

### Critical Collaborations: NNEPQIN, ERASE and AIM

- **Alliance for Innovation on Maternal Health** moves established guidelines into practice with a standard approach to improve safety in care.
- **Perinatal Quality Collaboratives** mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies.
- **Maternal Mortality Review Committees** conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts.

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

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#### 82A: Was the infant monitored for effects of in utero substance exposure? (by Hospital #)

![Chart showing data on hospital births and monitoring of infants exposed to substances in utero.](chart.png)

- **Number of hospital births**: 12,142
- **Number of infants monitored**: 759
- **Percent of infants monitored**: 6.3%

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section
AIM Reporting: Substances Monitored by Birthing Hospital, 2022
Occurrent Births

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Opioids</th>
<th>Stimulants</th>
<th>Cocaine and Benzodiasepines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Blind# 1-2022</td>
<td>14</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>State Surveillance Outcome measures</td>
<td>60</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>State Surveillance Outcome measures</td>
<td>SUD S4: OUD Pain Management Guidelines</td>
<td>SUD S5: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites</td>
<td></td>
</tr>
<tr>
<td>Severe Maternal Morbidity Excluding Blood Transfusions (Collaborative-wide -- Sum of individual facilities' numerators and denominators)</td>
<td>SUDs among pregnant and postpartum people</td>
<td>OUDs among pregnant and postpartum people</td>
<td>SMMS among people with SUD excluding blood transfusions</td>
</tr>
</tbody>
</table>

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

**Process measures**
- Universal Screening for SUDs *
- Counseling on Maud *
- Counseling on treatment Services *
- Counseling on Naloxone *
- Newborns Discharged to Birth Parent *
- Receipt of or Referral to Maud *
- Receipt of or Referral to Recovery Treatment Services *
- Receipt of or Prescription for Naloxone *
- Provider and Nursing Education – Substance Use Disorders *
- Provider and Nursing Education – Respectful and Equitable Care *

**Structure measures**
- ALL S1: Patient Event Debriefs
- SUD S1: Resource Mapping/Identification of Community Resources
- SUD S3: General Pain Management Guidelines
- SUD S4: OUD Pain Management Guidelines
- SUD S5: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites

**Source:** https://www.maternalsafety.org/hospitals/2495/measure_lists?measure_type=process
### Example of Process and Outcome Measures to be Collected Quarterly by each Hospital

#### Process Measures

<table>
<thead>
<tr>
<th>Process Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pregnant and postpartum people during their birth admission</td>
</tr>
<tr>
<td>2. Among the denominator, those with documentation of having been screened for SUD using a validated screening tool during their birth admission</td>
</tr>
<tr>
<td>3. Pregnant and postpartum people with OUD during their birth admission</td>
</tr>
<tr>
<td>4. Among the denominator, those with documentation of counseling for MOUD perinatally or during their birth admission</td>
</tr>
<tr>
<td>5. Pregnant and postpartum people with SUD (including OUD) during their birth admission</td>
</tr>
<tr>
<td>6. Among the denominator, those with documentation of counseling for recovery treatment set during their birth admission</td>
</tr>
<tr>
<td>7. Pregnant and postpartum people with SUD during their birth admission</td>
</tr>
</tbody>
</table>

#### Outcome measures

<table>
<thead>
<tr>
<th>Outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Newborns exposed to substances in utero</td>
</tr>
<tr>
<td>2. Among the denominator, those who were discharged to either birth parent</td>
</tr>
<tr>
<td>3. Pregnant and postpartum people with OUD</td>
</tr>
<tr>
<td>4. Among the denominator, those with documentation of having received or been referred to MOUD</td>
</tr>
<tr>
<td>5. Pregnant and postpartum people with SUD (including OUD)</td>
</tr>
<tr>
<td>6. Among the denominator, those with documentation of having received or been referred to recovery treatment services</td>
</tr>
</tbody>
</table>

**Data source:** https://www.maternalsafety.org/hospitals/2495/process_measure_data_entries

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### Discussion

What are some successful strategies for collecting structure, process, and outcome measures for the AIM SUD bundle? Problems?
REDCap Data Tool is Live!

- Hospital-level structure/process measures (S1-S5 and P5 & P6)
  - Method: Quarterly touch-base on Likert scale measures (resource mapping, patient event debriefs, general/OUD pain management guidelines, validated verbal screening tool sharing with prenatal care sites) and provider and nursing education estimates

- Patient-level process/outcome measures (P1-P4 and O1-O4)
  - Method: REDCap tool now available (PDF version on NNEPQIN website)
  - Please use this going forward each time an eligible patient is identified
  - Use of this tool enables AIM to aggregate quarterly data/submit to the portal on your behalf
  - Also here to help you review your facility’s data

DH REDCap Data Entry Demo
Analysis in REDCap

Is there evidence that the patient is using a sedative (benzodiazepines), opioid, or non-prescribed stimulant? Select all that apply.

- Non-prescribed sedative
- Medication for opioid use disorder
- Non-prescribed stimulant
- Cocaine
- Opioid use complicating pregnancy
- None of the above
- Unknown

Counts/frequency:
- Non-prescribed sedative: 3 (5.0%)
- Medication for opioid use disorder: 24 (39.7%)
- Non-prescribed stimulant: 7 (11.1%)
- Cocaine: 5 (8.1%)
- Opioid use complicating pregnancy: 5 (8.1%)
- None of the above: 1 (2.0%)
- Unknown: 0 (0.0%)

Analysis in REDCap

Are any of the following diagnostic codes documented in the patient's medical record? Select all that apply.

- F11 (Opioids)
- F13 (Sedative, hypnotic or anxiolytic)
- F14 (Cocaine)
- F15 (Stimulants)
- O99.32 (Drug use complicating pregnancy)
- None of the above

Counts/frequency:
- F11 (Opioids): 18 (58.1%)
- F13 (Sedative, hypnotic or anxiolytic): 3 (9.6%)
- F14 (Cocaine): 1 (3.2%)
- F15 (Stimulants): 3 (9.6%)
- O99.32 (Drug use complicating pregnancy): 5 (16.1%)
- None of the above: 12 (38.7%)
Challenges of Reporting Demographic Data in REDCap for Low Volume Settings

- Low volume settings means small numbers for some demographic characteristics such as race and ethnicity
- This may make individual identities distinct or discernible
- Data collected using REDCap is de-identified, hence no collection of “protected health information”
- AIM ask for quarterly submissions of outcome data not disaggregated by race and ethnicity or payor.
- We encourage hospitals with low birth volumes to fill the individual reporting form using REDCap for each patient with SUD
- Reporting will be based on quarterly aggregates for each process measure,
- We may annually upload **outcome measures (e.g. SMM)** data disaggregated by race, ethnicity to avoid small case counts and protect patient privacy.
- Sensitive information e.g. race and ethnicity with counts less than five will be suppressed during reporting
Thinking about the next bundle

2022 NH PRAMS Data Brief: Depression Before, During, and After Pregnancy

In 2020, 23.1% of NH birthing people self-reported depression or anxiety during pregnancy

Source: Wisdom DHHS

New Hampshire PRAMS
Pregnancy Risk Assessment Monitoring System

Data Brief: Maternal Depression around the time of Pregnancy, 2016-2020

Proportion Reporting Depression During Pregnancy

Source: Wisdom DHHS
What is the Pregnancy Risk Assessment Monitoring System?

- Developed by CDC in 1987
  - To reduce infant morbidity and mortality and promote maternal health by influencing MCH programs, policies, and maternal behaviors
  - Improving the health of mothers and infants
  - Provides state-specific data about pregnancy and the first few months after birth
  - Represents births from 47 states, DC, Puerto Rico, and NYC

NH PRAMS

- Pregnancy Risk Assessment Monitoring System
- NH PRAMS supported by NH-DHHS since 2013
- 2021 not weighted due to low response rate
- Monthly surveillance - relatively up to date
  - Preconceptual, prenatal, and postpartum risk data
  - Patient reported data (mail or phone), stratified random sample, designed to yield a representative sample
  - Core and state-specific questions
- Ob/Gyn Providers can help these data collection efforts by talking with patients about participating
Characteristics Associated With Prenatal Depression In NH (NH PRAMS, 2016-2020)

In 2020, 14.8% of postpartum people were diagnosed with depression postpartum (Wisdom DHHS)

Postpartum Depression In NH (2016-2020)

In 2020, 14.8% of postpartum people were diagnosed with depression postpartum (Wisdom DHHS)
What Role Should Ob/Gyn Nurses and Providers Play In Meeting Perinatal Behavioral Health Needs?

- Prenatal and Postpartum care
- Primary Care and/or Psychiatry
- Screening
- Brief Intervention
- Referral when needed
FEATURED TOPICS/SPEAKERS:

• Screening and Intervening for Perinatal SUD and Mental Health Concerns: Optimizing the Role of Perinatal Providers
   Daisy Goodman, CNM, DNP, MPH, CARN-AP, NH AIM State Lead, DHMC, Lebanon, NH
   Carolyn K. Nyamasege, PhD, MPH, MS, Epidemiologist, MCH Section, DHHS Concord, NH

• Creative and Sustainable Ways to Address Staffing Issues
   Faye Weir, DNP, RN-BC, NEA-BC, Maine Medical Center, Portland, ME
   Meaghan L. Smith, MSN, RN, MaineHealth
   Melissa Devine, Nurse Manager, The Family Place at Concord, NH

• Update on Maternal and Infant COVID Infections
   Carolyn Fredette, Maternal and Infant Infectious Disease Epidemiologist at NH Department of Health and Human Services (DHHS)
   Andrea Lenartz, MPH, Epidemiologist, Maine DHHS, Augusta, Maine

Questions and Comments?

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