

2023 De-identified SUD Bundle Metrics

2023 AIM SUD Safety Bundle Patient-Level Data Form

INSTRUCTIONS

This data form is meant to be completed after delivery for people with opioid, sedative/hypnotic, cocaine, or stimulant/methamphetamine use disorders.

Patients who delivered at or transferred to your hospital are eligible.

There are no gestational age exclusions; deliveries at any gestational age that meet the above criteria should be included.

For questions, please contact: NNEPQIN@hitchcock.org

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IDENTIFIERS

For your internal use and tracking only, will not be shared with AIM.

Patient Name

MRN

Date of Birth

___/___/___ (M/D/Y)

Birth Hospital

- Androscoggin Valley Hospital
- Catholic Medical Center
- Cheshire Medical Center
- Concord Hospital
- DHMC
- Elliot Hospital
- Exeter Hospital
- Frisbie Memorial Hospital
- Littleton Regional Healthcare
- Memorial Hospital
- Monadnock Community Hospital
- Portsmouth Regional Hospital
- Southern NH Medical Center
- Spere Memorial Hospital
- St. Joseph Hospital
- Wenworth-Douglass Hospital

Month of Delivery

- 01 - Jan
- 02 - Feb
- 03 - Mar
- 04 - Apr
- 05 - May
- 06 - Jun
- 07 - Jul
- 08 - Aug
- 09 - Sep
- 10 - Oct
- 11 - Nov
- 12 - Dec

Year of delivery

- 2023
- 2024
- 2025

Eligibility

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

For the purpose of this form, SUD is defined as a response of "1," "2," "3," or "4" and OUD is defined as a response of "2."

Select all that apply.

- 1. Non-prescribed sedative, hypnotic (ie Ambien) or anxiolytic (ie Xanax, Klonopin, Valium or Ativan)
 - 2. Medication for opioid use disorder or non-prescribed opioids
 - 3. Non-prescribed stimulant (ie amphetamines)
 - 4. Cocaine
- (Select all that apply.)

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
- (Select all that apply.)

Please enter any additional substance-related ICD 10 codes
(if not listed in choices above)

Demographics

Ethnicity

(as reported on infant's Birth Certificate worksheet)

- Hispanic
 Non-Hispanic
 Unknown

Please select "Hispanic" if any of the following fields are checked "yes" on the Birth Certificate worksheet: Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latina.

Please only select "Unknown" if "Unknown" is checked on the Birth Certificate worksheet.

Race

(as reported on infant's Birth Certificate worksheet)

- White
 Black or African American
 Other
 Unknown
 (Select one.)

Please select "Other" if any of the following categories are checked "yes" on the infant's Birth Certificate worksheet: American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

Please only select "Unknown" if "Unknown" is checked on the Birth Certificate worksheet.

Please specify if "Other" is selected above.

Primary source of payment for this delivery
(as reported in Medical Record)

- None/Uninsured
 Medicaid/Medicare
 Other public insurance
 Private insurance
 Unknown
 (Select one.)

Process and Outcome Measures

P1. Was this pregnant or postpartum patient screened for SUD using a validated verbal screening tool during their birth admission?

- Yes
 No

P2. Was this pregnant or postpartum patient with OUD counseled on medication for opioid use disorder (MOUD) prenatally or during their birth admission?

- Yes
 No

O2. Did this pregnant or postpartum patient with OUD receive or get referred to medication for opioid use disorder (MOUD)? Yes
 No

Check "yes" for: Those who received MOUD at any point during their pregnancy, regardless of current use Those who did not receive MOUD during pregnancy but were referred to MOUD prior to discharge from birth hospitalization

P3. Was this pregnant or postpartum patient with SUD (including OUD) counseled on recovery treatment services prenatally or during their birth admission? Yes
 No

(see Plan of Safe Care)

Recovery treatment services include: Residential treatment or inpatient recovery programs Outpatient treatment Behavioral health counseling Peer support counseling, such as a 12-step program Methadone treatment program

O3. Did this pregnant or postpartum patient with SUD (including OUD) receive or get referred to recovery treatment services? Yes
 No

Recovery treatment services include: Residential treatment or inpatient recovery programs Outpatient treatment Behavioral health counseling Peer support counseling, such as a 12-step program Methadone treatment program

Check "yes" for: Those who received recovery treatment services at any point during their pregnancy, regardless of current utilization Those who did not receive recovery treatment services during pregnancy but were referred to them prior to discharge from birth hospitalization

P4. Was this pregnant or postpartum patient counseled on Naloxone prenatally or during their birth admission? Yes
 No

O4. Did this pregnant or postpartum patient with SUD receive Naloxone or a prescription for Naloxone prior to delivery discharge? Dispensed Naloxone
 Prescribed Naloxone
 Already had Naloxone
 Declined Naloxone
 No, did not receive Naloxone
 Unknown
(Select one.)

O1. Was the newborn discharged home with either birth parent? Yes
 No

Did severe maternal morbidity (SMM) occur during the birth admission?

Select all that apply.

- None
 - Amniotic Fluid Embolism
 - Thrombotic Embolism
 - Sepsis
 - Adult Respiratory Distress Syndrome
 - Disseminated Intravascular Coagulation
 - Puerperal Cerebrovascular Disorders
 - Pulmonary Edema/ Acute Heart Failure
 - Severe Anesthesia Complications
 - Shock
 - Acute Renal Failure
 - Hysterectomy
 - Ventilation
 - Temporary Tracheostomy
 - Blood Transfusion
 - Other
- (Select all that apply.)

Please specify if severe maternal morbidity is not listed in choices above.
