



Missouri PQC Maternal/Infant Dyads Affected by Substance Use Disorder Required Data Elements Sheet

Instructions

1. This document is intended as a reference for the Missouri PQC Maternal/Infant Dyads Affected by SUD Collaborative project outcome, process, and structure measures definitions.
2. The below information outlines who will collect each data measure and how the measure is to be reported, along with inclusion and exclusion criteria if applicable.
3. All data measures for this project will be entered into the Life QI data platform unless otherwise noted.
4. All participating organizations should select a minimum of *one* OB provider or OB prenatal clinic to include in the implementation of this patient safety bundle. That chosen provider/clinic will be included in data measure reporting that includes implementation and monitoring of evidence-based practices in the prenatal period to improve health outcomes and reduce patient harm.
5. See Appendix A for AIM SUD Codes List

Measure Reporting Timeframes

- Outcomes measures (4) are reported quarterly (CY) beginning with Q1 2025 (January through March 2025) and submitted into Life QI by 30 days after the end of the quarter.
 - Process measures (1) are reported monthly (CY) beginning January 2025 and submitted into Life QI within 30 days of the end of the reporting month. Data submitted between January and June 2025 will be marked as baseline data. Data submitted July 2025 and after is marked as test data. Organizations are looking to improve performance by metric over baseline throughout the project.
 - Structure measures (10) are reported every six months via MS Forms.
- *It is recommended that organizations disaggregate data by Race/Ethnicity and Payor as able, however, this data will not be reported in Life QI.

Sampling Recommendations

Hospitals may choose to report process measures using a random sampling method. MO PQC recommends a minimum of a 20% random sampling rate for quality improvement purposes based on the average number of births per month from CY 2023, with a minimum of ten charts per month per measure expected. If random sampling is chosen, it is highly recommended that the method be used starting with baseline measurement and maintained throughout the collaborative to avoid skewing the data. For example, if your hospital averages 50 births per month, 10 charts would be abstracted monthly and reported into Life QI. If your hospital averages 20 births per month, a 20% sampling would only be four charts, so the organization would still abstract 10 charts to meet the minimum QI sampling requirement. If your hospital averages 100 births per month, 20 charts would be abstracted, and so on.



Member Engagement Metrics

MO PQC defines member engagement in the collaborative as at least one organizational attendee participating in the office hours calls and additional collaborative-related meetings and trainings. To meet AIM Star recognition criteria, a minimum of 75% attendance is required.

Additional requirements include:

- 85% Data Submission
- 90% Implementation of the AIM bundle elements

Outcome Measures

Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
O1: Percent of newborns exposed to substances in utero who were discharged to either birth parent	<p>Report N/D</p> <p>Disaggregate by race and ethnicity, Payor as able</p> <p>Denominator: Newborns exposed to substances in utero</p> <p>Numerator: Among the denominator, those who were discharged to either birth parent</p>	Hospital Chart Abstraction	<p>N/D;</p> <p>Quarterly</p> <p>Jan. – Mar. 2025</p> <p>Apr. – Jun. 2025</p> <p>Jul. – Sept. 2025</p> <p>Oct. – Dec. 2025</p> <p>Jan. – Mar. 2026</p> <p>Apr. – Jun. 2026</p>	



<p>O2: Percent of pregnant and postpartum people with OUD who received or were referred to Medication for Opioid Use Disorder (MOUD)</p>	<p>Report N/D</p> <p>Disaggregate by race and ethnicity, Payor as able</p> <p>Denominator: Pregnant and postpartum people with a diagnosis of opioid use disorder</p> <p>Numerator: Among the denominator, those with documentation of having received or been referred to MOUD prior to discharge from their birth admission</p> <p>Include in the numerator:</p> <ul style="list-style-type: none"> • 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 	<p>Hospital Chart Abstraction</p>	<p>N/D; Quarterly Jan. – Mar. 2025 Apr. – Jun. 2025 Jul. – Sept. 2025 Oct. – Dec. 2025 Jan. – Mar. 2026 Apr. – Jun. 2026</p>	<p>CA Bridge: CA Bridge Treatment Protocols</p>
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<p>O3: Percent of pregnant and postpartum people with SUD who received or were referred to recovery treatment services</p>	<p>Report N/D</p> <p>Disaggregate by race and ethnicity, Payor as able</p> <p>Denominator: Pregnant and postpartum people with a diagnosis of substance use disorder, including opioid use disorder</p> <p>Numerator: Among the denominator, those with documentation of having received or been referred to recovery treatment services prior to discharge prior to discharge from their birth admission.</p> <p>Include in the numerator:</p> <ul style="list-style-type: none"> • 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 <p>Recovery treatment services include:</p> <ul style="list-style-type: none"> • Residential treatment or inpatient recovery programs • Outpatient treatment • Behavioral health counseling • Peer support counseling, such as a 12-step program • Methadone treatment program 	<p>Hospital Chart Abstraction</p>	<p>N/D; Quarterly Jan. – Mar. 2025 Apr. – Jun. 2025 Jul. – Sept. 2025 Oct. – Dec. 2025 Jan. – Mar. 2026 Apr. – Jun. 2026</p>	
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<p>O4: Transfer rate of NAS diagnosed infants or infants at risk for withdrawal</p>	<p>Report N/D</p> <p>Disaggregate by race and ethnicity, Payor as able</p> <p>Numerator: Number of infants diagnosed with NAS or infants at risk for withdrawal who are transferred to higher level of care.</p> <p>Denominator: Number of infants ≥ 36 0/7 weeks admitted who are at risk for withdrawal and/or admitted with a diagnosis of NAS.</p>	<p>Hospital Chart Abstraction</p>	<p>N/D; Quarterly Jan. – Mar. 2025 Apr. – Jun. 2025 Jul. – Sept. 2025 Oct. – Dec. 2025 Jan. – Mar. 2026 Apr. – Jun. 2026</p>	
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Process Measure

Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
<p>P1: Percent of Pregnant and Postpartum People Screened for SUDs</p>	<p>Sample patient charts or report for all patients;</p> <p>Report N/D</p> <p>Disaggregate by race and ethnicity, Payor as able</p> <p>Denominator: Pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those with documentation of having been screened for substance use disorder using a validated verbal screening tool during their birth admission</p>	<p>Hospital Chart Abstraction</p>	<p>Monthly reporting in Life QI. Data should be submitted to Life QI portal within 30 days of end of reported month. Example: January data is due by March 1, February data is due by April 1.</p>	<p>ACOG Committee Opinion: Opioid Use and Opioid Use Disorder in Pregnancy</p> <p>SMFM Special Report: Substance use disorders in pregnancy</p> <p>NIH Screening and Assessment Tools Chart</p> <p>4 P's Plus</p> <p>5Ps</p>



	<p>Inclusion criteria: Screening should have occurred at least once prenatally or during a patient's hospitalization for birth.</p>			<p>Moving beyond the S of "SBIRT": Approach to Brief Interventions by Dr. Niraj Chavan</p> <p>Moving beyond the S of "SBIRT" – Part 2: Brief Interventions When All You Hear is a "No"! by Dr. Niraj Chavan</p>
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Structure Measures

Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
<p>S1: Resource Mapping/Identification of Community Resources</p>	<p>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 birthing units and outpatient OB sites?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	<p>Hospital Report submitted via MS Forms</p>	<p>Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026</p>	<p>Uplift Connection Perinatal SUD Resource Map</p> <p>Missouri Maternal Health Access Project Provider to Provider Consultation Line: (844) 538-2279 9:00 a.m. to 4:30p.m., Monday-Friday</p> <p>SAMHSA FindTreatment.gov</p>

				Findhelp.org
S2: Patient Event Debriefs	<p>Has your department established a standardized process to conduct debriefs with patients after any severe event (not just related to OUD/SUD)?</p> <ul style="list-style-type: none"> • Include patient support networks during patient event debriefs, as requested. • Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs ≥95% of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	<p>AIM TAP Webinar: Patient Support After a Severe Event: The Importance of Providing Trauma-Informed Care</p> <p>ACOG Disclosure and Discussion of Adverse Events</p> <p>Communication and optimal resolution (CANDOR) toolkit</p> <p>Oklahoma Perinatal Quality Improvement Collaborative: Birth Hospital Clinical Summary</p> <p>Amniotic Fluid Embolism Foundation: Survivor Clinical Summary Form – Specific clinical condition but excellent trauma-informed document</p>
S3: General Pain Management Guidelines	Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	<p>ACOG Clinical Consensus: Pharmacologic Stepwise Multimodal Approach for Postpartum Pain Management</p>



	Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]			
S4: OUD Pain Management Guidelines	<p>Has your hospital implemented specific pain management and opioid prescribing guidelines for patients with OUD?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	<p>Peripartum Pain Management for Patients with SUD recording and slide presentation by Dr. Niraj Chavan</p> <p>Peripartum Care Protocol for Post-Cesarean Pain Management for Patients on buprenorphine or methadone</p> <p>CA Bridge: CA Bridge Treatment Protocols</p>
S5: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Site	<p>Has your hospital shared with all its prenatal care sites validated verbal screening tools and follow up resources for OUD and SUD?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	<p>NIH Screening and Assessment Tools Chart</p> <p>4 P's Plus</p> <p>5Ps</p>
S6: Process for Prescribing or Distributing Naloxone to people with SUD	<p>Has your hospital developed a discharge order set to include Naloxone prescription for pregnant and postpartum people with SUD?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained,</p>	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	<p>Missouri PQC Naloxone Project Presentation by Becky Boedeker</p> <p>AIM TAP Webinar Recording – AIM TAP</p>



	<p>highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>			<p>webinar detailing a Universal Naloxone project done in a hospital in Maine</p> <p>Slide Deck</p> <p>Naloxone Resources</p> <p>National Harm Reduction Coalition Pregnancy and Substance Use: A Harm Reduction Toolkit</p>
<p>S7: Eat, Sleep, Console Policy</p>	<p>Has your hospital implemented Eat, Sleep, Console model policy for the care of substance exposed newborns?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	<p>Hospital Report submitted via MS Forms</p>	<p>Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026</p>	<p>Evidence-Based Care for Maternal/Infant Dyads Affected by SUD Resource Workbook</p> <p>NAS Collaborative Implementation Guide - extensive guide with multiple resources</p> <p>NIH: Eat, Sleep, Console Approach: A Family-Centered Model for the Treatment of Neonatal Abstinence Syndrome</p> <p>ESC NAS Care Tool</p>



				CMQCC NAS Toolkit Yale New Haven Health ESC Pathway
S8: Provider and Nursing Education on SUD	<p>Has your organization provided education on SUD to Providers and Nurses?</p> <p>Rate Progress (Not started, <25% of staff educated, 25-50% of staff educated, 50-75% of staff educated, 75-95% of staff educated, 95-100% of staff educated)</p>	Hospital Report submitted via MS Forms	<p>Report q 6 months</p> <p>Jan 31, 2025</p> <p>July 31, 2025</p> <p>Jan 31, 2026</p>	<p>Optimizing Care of the Mother-Baby Dyad Affected by SUD</p> <p>On-demand webinars and slide presentations included</p> <p>3 sections:</p> <ul style="list-style-type: none"> • The Brain, SUDs and Parenting: A Health Care Professional's Guide • Pregnant and Parenting Families with SUD: Evidence-based treatment, Neonatal Opioid Withdrawal and Supporting the Infant-Parent Relationship • Stigma, Language and Implicit Bias: Moving Toward becoming a Stigma-free Provider



				Each section includes 3 presentations about 30 minutes in length
S9: Provider and Nursing Education on Respectful and Equitable Care	<p>Has your organization provided education on Respectful and Equitable Care to Providers and Nurses?</p> <p>*Perinatal population-focused content must include the following:</p> <ul style="list-style-type: none"> • Stigma and implicit bias reduction • Trauma-informed care • Health Equity <p>Rate Progress (Not started, <25% of staff educated, 25-50% of staff educated, 50-75% of staff educated, 75-95% of staff educated, 95-100% of staff educated)</p>	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	Evidence-Based Care for Maternal/Infant Dyads Affected by SUD Resource Workbook
S10: Provider and Nursing Education- Eat, Sleep, Console	<p>Has your organization provided education on the Eat, Sleep, Console model of care to Providers and Nurses?</p> <p>Rate Progress (Not started, <25% of staff educated, 25-50% of staff educated, 50-75% of staff educated, 75-95% of staff educated, 95-100% of staff educated)</p>	Hospital Report submitted via MS Forms	Report q 6 months Jan 31, 2025 July 31, 2025 Jan 31, 2026	Evidence-Based Care for Maternal/Infant Dyads Affected by SUD Resource Workbook NAS Collaborative Implementation Guide - extensive guide with multiple resources NIH: Eat, Sleep, Console Approach: A Family-Centered Model for the Treatment of



				Neonatal Abstinence Syndrome ESC NAS Care Tool CMQCC NAS Toolkit Yale New Haven Health ESC Pathway
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Appendix A
AIM Data SUD Codes List

Substance	Codes
Opioids	F1110, F1111, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F1121, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199
Sedatives	F1310, F1311, F13120, F13121, F13129, F1314, F13150, F13151, F13159, F13180, F13181, F13182, F13188, F1319, F1320, F1321, F13220, F13221, F13229, F13230, F13231, F13232, F13239, F1324, F13250, F13251, F13259, F1326, F1327, F13280, F13281, F13282, F13288, F1329, F1390, F13920, F13921, F13929, F13930, F13931, F13932, F13939, F1394, F13950, F13951, F13959, F1396, F1397, F13980, F13981, F13982, F13988, F1399
Cocaine	F1410, F1411, F14120, F14121, F14122, F14129, F1414, F14150, F14151, F14159, F14180, F14181, F14182, F14188, F1419, F1420, F1421, F14220, F14221, F14222, F14229, F1423, F1424, F14250,



	F14251, F14259, F14280, F14281, F14282, F14288, F1429, F1490, F14920, F14921, F14922, F14929, F1494, F14950, F14951, F14959, F14980, F14981, F14982, F14988, F1499
Amphetamines/Stimulants	F1510, F1511, F15120, F15121, F15122, F15129, F1514, F15150, F15151, F15159, F15180, F15181, F15182, F15188, F1519, F1520, F1521, F15220, F15221, F15222, F15229, F1523, F1524, F15250, F15251, F15259, F15280, F15281, F15282, F15288, F1529, F1590, F15920, F15921, F15922, F15929, F1593, F1594, F15950, F15951, F15959, F15980, F15981, F15982, F15988, F1599

American College of Obstetricians and Gynecologists. (2023). Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle Core Data Collection Plan. <https://saferbirth.org/wp-content/uploads/Care-for-Pregnant-and-Postpartum-People.pdf>