This is a guide of the data to be collected and the frequency of data collection for the AIM Comprehensively Lessening Opiate Use Disorder Impact (AIM cLOUDi) initiative. The front page of each data collection form is included for reference, full forms are available at pqcnc.org. All data, with the exception of the Snapshot will be entered into the PQCNC Delphi database.

### Summary of Data Collection

<table>
<thead>
<tr>
<th>Document</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQCNC AIM cLOUDi Snapshot</td>
<td>November 2020 and December 2021 (beginning and end of initiative)</td>
</tr>
<tr>
<td>PQCNC AIM cLOUDi Mom Patient Data Collection Sheet</td>
<td>All patients</td>
</tr>
<tr>
<td>PQCNC AIM cLOUDi Monthly Totals Sheet</td>
<td>Each month</td>
</tr>
<tr>
<td>PQCNC AIM cLOUDi Quarterly Data Collection Sheet</td>
<td>Once every quarter (3 months)</td>
</tr>
<tr>
<td>PQCNC AIM cLOUDi Infant Patient Data Collection Sheet</td>
<td>All substance exposed infants</td>
</tr>
<tr>
<td>PQCNC AIM cLOUDi Infant Monthly Totals Sheet</td>
<td>Each month</td>
</tr>
</tbody>
</table>
PQCNC AIM clouDi Snapshot
Complete the AIMRPC Snapshot in November 2020 and in December 2021 (the beginning and end of the initiative). Each team will receive a link to complete this snapshot. This is the only data that will not be entered into Delphi.

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
Comprehensively Lessening Opioid Use Disorder Impact Snapshot

1. Your facility ____________
2. Date of snapshot ________
3. Your name ____________
4. Your email ________
5. Your title / role_______
6. How many outpatient obstetric (FP, PH, OB offices, hospital based practice) clinics send patients to deliver at your hospital? ______
7. What percent of your referral clinics universally screen all pregnant women for OUD? ______
8. Do you know what screening tool is used for maternal verbal screening? YES / NO
9. What percent of deliveries at your hospital are complicated by maternal OUD? ______
10. What percent of mothers with identified opioid use were NOT identified prior to hospital arrival? ______
11. Does your hospital universally verbally screen all women admitted for delivery care? YES / NO
12. Who verbally screens mothers at admission? ________
13. Does your hospital use a validated screening tool? YES / NO / DON'T KNOW
14. Is there policy to guide providers if a verbal screen is positive? YES / NO / DON'T KNOW
15. Is there education for pregnant women with OUD admitted for delivery regarding the risk for NAS and care of infants with withdrawal symptoms? YES / NO / DON'T KNOW
16. Does your hospital policy encourage breastfeeding of all infants born to mothers with OUD according to AAP criteria (or if mother in a treatment program)? YES / NO / DON'T KNOW
17. Is your hospital care for newborns at risk for NAS based on Finnegan scoring or ESC? Finnegan scoring / ESC?
PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
AIM Comprehensively Lessening Opiate Use Disorder Impact Data Collection Plan

PQNC AIM cLOUDi Mom Patient Data Collection Sheet
Complete the AIM cLOUDi Mom Patient Data Collection form for all patients. You will generate this form in Delphi as you enter each patient.

| Perinatal Quality Collaborative of North Carolina |
| cLOUDi Mom Patient Data Collection Form |

1. Month/Year: ______________
2. Patient Number: ______________
3. Race is:
   - White
   - Asian American
   - Black or African American
   - Hispanic or Latino
   - Native Hawaiian and Other Pacific Islander
   - American Indian or Alaska Native
   - Multiracial
   - Refused
4. Payer:
   - Medicaid
   - BCBS/State
   - Uninsured
   - Other
5. Was patient verbally screened at a prenatal visit for OUD using a validated verbal screening tool?
   - Yes
   - No
   - Unknown
6. Was patient verbally screened for OUD on entry to the hospital using a validated verbal screening tool?
   - Yes
   - No
   - Unknown
   - Patient already in a treatment program
7. Did patient screen positive?
   - Yes (continue form)
   - No (stop here and enter result)
   - Unknown (stop here and enter result)
PQCNC AIM cLOUDi Mom Monthly Totals Data Collection Sheet
Complete the AIM cLOUDi Mom Monthly Totals Data Collection form each month and include all patients. This form will be automatically generated each month in Delphi.

Perinatal Quality Collaborative of North Carolina

**cLOUDi Mom Monthly Data Collection Form**

1. **Total admissions:** _________
2. **Month / Year:** _______________
PQNC AIM cLOUDi Mom Quarterly Data Collection

Complete the AIM cLOUDi Quarterly Data Collection form once every quarter (three months). This form will be automatically generated in Delphi at the beginning of each quarter.

---

**Perinatal Quality Collaborative of North Carolina**

**cLOUDi Mom Quarterly Data Collection Form**

1. How many perinatal care sites are associated with your hospital? _______

2. How many perinatal care sites associated with your hospital perform screening for OUD with all pregnant patients? _______

3. Has your hospital implemented a universal screening protocol for OUD?
   
   Yes: ______
   No: ______

4. Has your hospital implemented post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focused on limiting opioid prescriptions?
   
   Yes: ______
   No: ______

5. Has your hospital implemented specific pain management and opioid prescribing guidelines for OUD patients?
   
   Yes: ______
   No: ______
Complete the AIM cLOUDi Infant Patient Data Collection form for all substance exposed infants. You will generate this form in Delphi as you enter each patient.

**Perinatal Quality Collaborative of North Carolina**

**cLOUDi Infant Patient Data Collection Form**

(Inclusion criteria: substance exposed infants)

1. Patient Number: ____________
2. Month/Year: ____________
3. Did infant have substance exposure? (click all that apply):
   - Methadone
   - Buprenorphine (Suboxone, Subutex)
   - Morphine
   - Heroin
   - Other opiates (codeine, fentanyl, opium, oxycodone, meperidine, hydrocodone, hydrocodone,Propoxyphene)
   - Marijuana
   - Cocaine
   - SSRIs
   - Fetal Alcohol Syndrome / Alcohol Related Birth Defects
   - Tobacco
   - Other
   - No exposure

   If 3: no exposure, stop here, do not enter in Delphi, if 3 a-k, continue form.

4. Was infant ever breastfed?
   - Yes
   - No

   If 3 i-k skip to 16.

5. Was infant discharged home or transferred?
   - Discharged home
   - Transferred

   If discharged home continue to 6, if transferred skip to 11.

6. Was infant breastfeeding / receiving mother’s milk at discharge?
   - Yes
   - No

7. Was follow-up appointment scheduled prior to discharge?
   - Yes
   - No

8. Was plan of safe care offered at discharge?
   - Yes
   - No
Perinatal Quality Collaborative of North Carolina
clOUDi Infant Monthly Data Collection Form

1. Total Admissions: ____________
2. Month/Year: ________________