

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA

AIM Comprehensively Lessening Opiate Use Disorder Impact Data Collection Plan



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 pqnc.org. All data, with the exception of the Snapshot will be entered into the PQCNC Delphi database.

Summary of Data Collection

Document	Frequency
PQCNC AIM cLOUDi Snapshot	November 2020 and December 2021 (beginning and end of initiative)
PQCNC AIM cLOUDi Mom Patient Data Collection Sheet	All patients
PQCNC AIM cLOUDi Mom Monthly Totals Sheet	Each month
PQCNC AIM cLOUDi Mom Quarterly Data Collection Sheet	Once every quarter (3 months)
PQCNC AIM cLOUDi Infant Patient Data Collection Sheet	All substance exposed infants
PQCNC AIM cLOUDi Infant Monthly Totals Sheet	Each month

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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



cloudi 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?

AIM cloudi Data Collection Plan

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
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PQCNC 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



cLOUDi Mom Data

1. Month/Year: _____
2. Patient Number: _____
3. Patient 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. Payor:
 - _____ 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)



AIM cLOUDi Data Collection Plan

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
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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: _____

cLOUDi Mom Monthly Data



AIM cLOUDi Data Collection Plan

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
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PQCNC 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: _____

cLOUDi Mom Quarterly Data



AIM cLOUDi Data Collection Plan

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PQCNC AIM Infant Patient Data Collection

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):
 - _____ a Methadone
 - _____ b Buprenorphine (Suboxone, Subutex)
 - _____ c Morphine
 - _____ d Heroin
 - _____ e Other opiates (codeine, fentanyl, opium, oxycodone, meperidine, hydromorphone, hydrocodone, Propoxyphene)
 - _____ f Marijuana
 - _____ g Cocaine
 - _____ h SSRIs
 - _____ i Fetal Alcohol Syndrome / Alcohol Related Birth Defects
 - _____ j Tobacco
 - _____ k Other
 - _____ l No exposure

If 3 l 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 appoint scheduled prior to discharge?
 - _____ Yes
 - _____ No
8. Was plan of safe care offered at discharge?
 - _____ Yes
 - _____ No



cLOUDi Infant Data



AIM cLOUDi Data Collection Plan

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PQCNC AIM cLOUDi Infant Monthly Totals Data Collection Sheet

Complete the AIM cLOUDi Infant Monthly Totals Data Collection form each month and include all patients. This form will be automatically generated each month in Delphi.



AIM cLOUDi Data Collection Plan

Perinatal Quality Collaborative of North Carolina
cLOUDi Infant Monthly Data Collection Form



cLOUDi Infant Data

1. Total Admissions: _____
2. Month/Year: _____

