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| ILPQC MNO-OB Monthly Sample of Documentation of  OUD Screening Completed Prenatally and L&D | | |
| **Definition of screening includes: standardized use of a self-reported validated screening tool for substance use / opioid use disorder (see MNO toolkit for examples of validated screening tools).  For 10 randomly sampled charts from deliveries per month, will report if OUD screening was documented in the patient’s prenatal and L&D medical record (yes/no) or if the patient was not screened as OUD previously identified.**  **If OUD screening was documented in the patient’s prenatal and/or L&D medical record, please note which of the following was used:**   * Validated self-report screening tool (see MNO toolkit for examples, <http://ilpqc.org/MNO-OB>) * Non-validated screening question (single item screening question- “Any illicit drug use in this pregnancy?”) * Urine toxicology screen/test is a separate option and should not be recorded as “Validated self-report screening tool” or “Non-validated screening question” | | |
| **Please take a random sample of 10 charts of all women delivering at your hospital for this month**. Begin by systematically selecting 10 records. First, divide the total number of live births occurring at your facility in a given month by 10 and then select every nth chart where n is the result of that division.  Example 1: If your hospital has 102 births in a month, then divide 102 by 10=10.2 and you will select ever 10th birth for that month. Example 2: If your hospital has 28 births in a month, then 28 divided by 10 is 2.8 and you will select every 2nd birth for that month. Review this random sample of charts and record the number of charts (0-10) with the following information documented. | | |
| REDCap Record ID: | |  |
| Hospital ID Number: | |  |
| Month: | |  |
| **Chart Number** | **Prenatal OUD screening documented:** | **L&D OUD screening documented:** |
| 1 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 2 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 3 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 4 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 5 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 6 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 7 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 8 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 9 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |
| 10 | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified | * Yes   If Yes, screened with (check all that apply):   * + Validated self-report screening tool   + Non-validated screening question   + Urine toxicology screen/test   + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No * Not screened, OUD previously identified |