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| ILPQC MNO-OB Quarterly Structure Measures Data Collection Form | | |
| REDCAP Study Identifiers | | |
| 1. REDCap Record ID | REDCap Record ID: \_\_\_\_\_\_\_\_\_ | |
| 1. Hospital ID Number | Hospital ID Number: \_\_\_\_\_\_\_\_ | |
| 1. Please select the time period for this quarterly data: | * Baseline (Oct -Dec 2017) * July 2018 * August 2018 * September 2018 * October 2018 * November 2018 * December 2018 January 2018 * February 2018 | * March 2018 * April 2018 * May 2018 * June 2018 * July 2018 * August 2018 * September 2018 * October 2018 * November 2018 * December 2018 |
| Screening and Linkage to Care | | |
| 1. Hospital has implemented a standardized, validated self-report screening tool for screening all pregnant women for OUD on units caring for pregnant women. | * Haven’t started * Working on it * In place | |
| 1. Hospital has provided to affiliated prenatal care sites options for standardized, validated self-report screening tools for screening pregnant and postpartum women for OUD. | * Haven’t started * Working on it * In place | |
| 1. Hospital has implemented a SBIRT protocol / process flow for women who report or screen positive for OUD to assess and link to MAT/addiction treatment services/behavioral health support, on units caring for pregnant women. | * Haven’t started * Working on it * In place | |
| 1. Hospital has provided to affiliated prenatal care sites sample SBIRT protocol / process flow for women who report or screen positive for OUD to assess and link to MAT/addiction treatment services/behavioral health support. | * Haven’t started * Working on it * In place | |
| 1. Hospital has completed ILPQC Community Mapping Tool (see MNO toolkit) to map local community resources (MAT/addiction treatment services/behavioral health support for pregnant and postpartum women with OUD. | * Haven’t started * Working on it * In place | |
| 1. Hospital has provided affiliated prenatal care sites, inpatient obstetric units and emergency room the completed ILPQC Community Mapping Tool of local community resources mapped (MAT/addiction treatment services/behavioral health support) for pregnant and postpartum women with OUD. | * Haven’t started * Working on it * In place | |
| Optimizing Care for Moms/Newborns | | |
| 1. Hospital has implemented standardized protocol and/or checklist for optimal management of patients with OUD during labor and postpartum. | * Haven’t started * Working on it * In place | |
| 1. Hospital has provided to affiliated prenatal care sites checklist and sample standardized protocols / best practices for optimal prenatal management of women with OUD. | * Haven’t started * Working on it * In place | |
| 1. Hospital has standardized use of materials for educating pregnant women with OUD regarding: benefits of MAT for OUD, benefits of breastfeeding, and importance of mothers role in NAS newborn care (i.e. pediatric/neonatology consult, patient education materials) (see MNO Toolkit) | * Haven’t started * Working on it * In place | |
| 1. Hospital has provided to affiliated prenatal care sites standardized education materials for pregnant women with OUD regarding: benefits of MAT for OUD, benefits of breastfeeding, and importance of mother’s role in NAS newborn care (i.e. pediatric/neonatology consult, patient education materials) (see MNO Toolkit) | * Haven’t started * Working on it * In place | |
| 1. At the end of this quarter, cumulative proportion of providers educated on OUD care protocols: stigma reduction, screening / SBIRT and process flow for linkage to MAT/ addiction services, importance of mother’s role in NAS newborn care, and optimal care for pregnant and postpartum women with OUD. | * 10% * 20% * 30% * 40% * 50% * 60% * 70% * 80% * 90% * 100% | |
| 1. At the end of this quarter, cumulative proportion of nurses educated on OUD care protocols: stigma reduction, screening /SBIRT and process flow for linkage to MAT/addiction services, importance of mother’s role in NAS newborn care, and optimal care for pregnant and postpartum women with OUD. | * 10% * 20% * 30% * 40% * 50% * 60% * 70% * 80% * 90% * 100% | |
| Prevention | | |
| 1. Hospital has established a standardized approach for providing education materials to all pregnant / postpartum patients: pain management expectations and options post- delivery, prescription pain medicine risk of OUD and diversion. | * Haven’t started * Working on it * In place | |
| 1. Hospital has provided affiliated prenatal care sites with education materials for pregnant and postpartum patients on pain management expectations and options post- delivery, prescription pain medicine risk of OUD and diversion. | * Haven’t started * Working on it * In place | |
| 1. Hospital has implemented a protocol and any necessary system changes for OB providers to document use of the Illinois Prescription Monitoring Program (ILPMP) look up prior to prescribing opioids to pregnant and postpartum patients in accordance with Illinois state law. | * Haven’t started * Working on it * In place | |
| 1. Hospital has implemented clinical guidelines, protocols or revised order sets for post-delivery pain management to reduce postpartum opioid overprescribing after vaginal and cesarean deliveries and educated providers on updated protocols and importance of avoiding opioid overprescribing | * Haven’t started * Working on it * In place | |