MARYLAND
Patient Safety
CENTER

November 8, 2018

Dear CEO, Chair of Obstetrics, Obstetrical Nursing Leaders and Perinatal Quality Committees:

Prenatal substance use is a serious public health concern that often leads to several harmful consequences to both the fetus and the mother. Substance use during pregnancy, especially the use of opioids (known as Opioid Use Disorder (OUD)) has risen dramatically in the last decade. This has led to unintentional overdose/substance use as the number one cause of maternal deaths in Maryland.

The Maryland Patient Safety Center (MPSC) will participate in a multi-state collaborative entitled ***Obstetric Care for Women with Opioid Use Disorder,*** in collaboration with the ***Alliance for Innovation in Maternal Health (AIM)***. MPSC will coordinate the activities in Maryland utilizing the AIM bundle of best practices. The collaborative will run for two years - from January 2019 to December 2020.

The bundle reflects emerging scientific, clinical and patient safety advances and does not dictate a specific course of treatment or procedure to be followed. The bundle may be used in its entirety or just portions as your resource levels allow. MPSC will provide guidance and recommendations as we partner and learn from other states' hospitals, prenatal treatment practices and clinics, health departments and other organizations working to improve the care of women with substance use disorder and their children.

By implementing processes, identifying resources and sharing of best practices, the participating states expect to improve the care for women with OUD, reduce associated maternal mortality, improve the overall maternal morbidity rate and decrease the adverse effects to exposed infants.

Participation in the collaborative is of no cost and we are seeking participation of all thirty-two birthing hospitals in Maryland.

Included in this recruitment packet for ***Obstetric Care for Women with Opioid Use Disorder*** please find:

- Bundle Implementation Guide for ***Obstetric Care for Women with Opioid Use Disorder***
- Participation requirements for birthing hospitals
- Participation Agreement

A hospital may withdraw from collaborative participation at any time; however, to take advantage of all of the benefits of the collaborative work, participation is encouraged throughout the entire collaborative.

Any questions may be directed to Bonnie DiPietro at bdipietro@marylandpatientsafety.org

Sincerely,

Robert Imhoff
President and CEO

Maryland Patient Safety Center
Perinatal/Neonatal Quality Collaborative
OBSTETRIC CARE FOR WOMEN WITH OPIOID USE DISORDER
Participation Requirements

Collaboration Requirements and Transparency

To have the greatest impact on improving outcomes we will encourage birthing hospitals to work collaboratively. Participants are expected to attend educational sessions (both in-person and electronically) and to share successes, challenges, experiences, and ideas during all facilitated events. The **OBSTETRIC CARE FOR WOMEN WITH OPIOID USE DISORDER COLLABORATIVE** requires support and commitment from senior leadership to explore the hospital efforts to improve the care of women with opioid use disorder and their infants, both within the hospital and in the community they serve. Additionally, the participating organization will be required to designate a team lead for the collaborative and to submit organizational responses to data requirements described further below.

To foster peer-to-peer learning, the following will be tracked at the facility-level and shared through Collaborative Calls minutes, and attendance reports for in-person and electronic educational sessions.

- Attendance at Collaborative Meetings (in-person and electronic meetings)
    - Meeting dates to be determined
- Attendance on calls and webinars which will be monthly from January 2019 to June 2019, then bi-monthly from July 2019 to June 2021 and then quarterly from July 2021 to December 2021.
    - Appropriate staff in attendance
    - Dates to be determined
- Submission of required data elements as outlined on the Data Requirements Table below.
- Completion of the **OBSTETRIC CARE FOR WOMEN WITH OPIOID USE DISORDER** collaborative agreement

Questions may be directed to Bonnie DiPietro, RN, MS, Director of Operations, Maryland Patient Safety Center at bdipietro@marylandpatientsafetycenter.org

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Participation Agreement
Maryland Patient Safety Center
Obstetric Care for Women with Opioid Use Disorder
Please Return this Form Signed

Collaborative Goals: To improve the obstetric care of women with opioid use disorder (OUD) as evidenced by:

- Increasing the rate of prenatal care areas performing universal drug testing
- Decreasing the length of stay for infants diagnosed with neonatal abstinence syndrome
- Increasing the rate of delivering women with OUD receiving medication assisted therapy
- Increasing the rate of opioid exposed newborns receiving mothers own milk at discharge
- Increasing the rate of opioid exposed newborns discharged home to mother
- Decreasing the rate of infants diagnosed with neonatal abstinence syndrome

Expectations: Participation in collaborative events, data collection, and webinars, and collaborative calls. Effort toward implementation and commitment to the elements of the Obstetric Care for Women with Opioid Use Disorder. Facilities may consider rotating team leads over the course of the project if desired.

Data Use and Sharing: The experiences of Maryland hospitals participating in the collaborative can provide lessons to other states that will help improve national maternal health. In order to enhance the learning from the collaborative, the Maryland Patient Safety Center is partnering with the University of Maryland, Baltimore County, to study implementation of the "Obstetric Care for Women with Opioid Use Disorder" bundle through the collaborative. To this end, Maryland Patient Safety Center shall provide Aggregate Health Information reported by participating hospitals to our partner, **Jennifer Callaghan-Koru, PhD.** from the University of Maryland, Baltimore County. The Aggregate Health Information is not "Protected Health Information" as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). However, the Aggregate Health Information is data that tracks the collaborative's progress and may be included in analysis and reporting presented in conference presentations and/or journal articles. Results of the collaborative that will be publicly available will be reported as de-identified information and will not identify or allow for a particular hospital to be identified.

Confirmation Statement

_____ (Facility) is pleased to confirm that we agree to the participation requirements of the Maryland Patient Safety Center **Obstetric Care for Women with Opioid Use Disorder Collaborative.**

_____	_____	_____
Chief Executive Officer Signature	Print Name	Date
_____	_____	_____
Collaborative Team Lead /Contact Signature	Print Name	Date

Please return the completed and signed scanned form to:
bdipietro@marylandpatientsafety.org

Obstetric Care for Women with Opioid Use Disorder
Measures Required by Participating Hospitals

Process Measures	Description	Data Source	Reporting Frequency	Notes
P1: Percent of women with OUD[3] during pregnancy who receive medication assisted treatment MAT[4] or behavioral health treatment	Denominator: Women with OUD Numerator: Among the denominator, those who received MAT or behavioral treatment during pregnancy	Hospital data form	Quarterly	*ACOG currently recommends MAT for Opioid using pregnant women and does not recommend detox. Discussion about alternative treatment courses and women who may use MAT at some point in pregnancy, but not at delivery create differences in approach to this measure* *Optional- may specify prescribed and non-prescribed opioid type*
P2: Percent of OEN[5] receiving mother's milk at newborn discharge[6]	Denominator: Number of OEN ≥35 weeks gestation Numerator: Among the denominator, those receiving some mother's milk at the time of discharge	Hospital data form or logbook are preferred methods of collection See notes for ICD10 identification	Quarterly	*100% is not the goal; there are circumstances in which mother's milk is contraindicated* *For ICD-10 code method of OEN patient identification use:* ***P96.1** Neonatal withdrawal symptoms from maternal use of drugs of addiction* ***P04.49** Newborn affected by maternal use of other drugs of addiction* ***P04.14** Newborn affected by maternal use of opiates (new in October 2018)* *AND Maternal codes for Opioid abuse, dependency, **F11.xx***
P3: Percent of OEN[5] who go home to biological mother	Denominator: Number of OEN ≥35 weeks gestation Numerator: Among the denominator, those who are discharged to biological mother	Hospital data form or logbook are preferred methods of collection See notes for ICD10 identification	Quarterly	*Consulting safe plans of care and other child welfare policies. Highlight success of plan with mothers who engage in treatment.* *Sites may collect other discharge dispositions to define this measure 100% is not the goal; there are circumstances in which discharge to biological mother is contraindicated* *For ICD-10 code method of OEN patient identification use:* ***P96.1** Neonatal withdrawal symptoms from maternal use of drugs of addiction* ***P04.49** Newborn affected by maternal use of other drugs of addiction* ***P04.14** Newborn affected by maternal use of opiates (new in October 2018)* *AND Maternal codes for Opioid abuse, dependency, **F11.xx***

P4: Universal Screening[7] at Prenatal Care Sites	Denominator: Number of PNC sites associated with your hospital Numerator: Among the denominator, those sites performing screening for OUD with all pregnant patients	Hospital administered PNC Site Survey	Once per year (quarterly, if possible, until 100%)	*This will include SBIRT, linkage to care, brief intervention, and referral* *PNC sites includes provider groups, delivery sites*
Structure Measures	**Description**	**Data Source**	**Reporting Frequency**	**Notes**
S1: Universal Screening[7] on L&D	**Report Completion Date** Has your hospital implemented a universal screening[7] protocol for OUD?	Hospital (State roll-up occurs automatically with AIM Data Portal)	Once, when completed	
S2: General pain management practices	**Report Completion Date** Has your hospital implemented post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focused on limiting opioid prescriptions?	Hospital (State roll-up occurs automatically with AIM Data Portal)	Once, when completed	*Focus on reduction in unnecessary opioid prescriptions after delivery and on primary prevention of OUD* *Guidelines may include:* •*Policy statements on the importance of decreasing opioid prescription* •*Template or order set with limited use of opioids*
S3: OUD pain management guidelines	**Report Completion Date** Has your hospital implemented specific pain management and opioid prescribing guidelines for OUD patients?	Hospital (State roll-up occurs automatically with AIM Data Portal)	Once, when completed	*Guidelines should include:* •*Respect for a mother's request to not have pain medication* •*Access to sufficient medication to manage pain in relation to preexisting pain management plan of care* *Protocol/policy/guidelines/order sets all pertaining to patients with OUD are considered relevant for this measure*

Definitions:

Term	*Definition*
1. Newborn	Infant admitted at 0 days old, transfer admission up to 1 week old, or readmission from home/ER/clinic up to 1 week old *Admitted at less than 7 days old
2. Neonatal Abstinence Syndrome (NAS)	Refer to ICD 10 Code P96.1 Neonatal Withdrawal Symptoms from Maternal Use of Drugs of Addiction
3. Opioid Use Disorder (OUD)/ Pregnant Woman with Opioid Use Disorder	**Clinical Criteria:** All women delivering at your hospital with: • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or • Patient endorses or reports misuse of opioids / opioid use disorder, or • using non-prescribed opioids during pregnancy, or • using prescribed opioids chronically for longer than a month in the third trimester
4. Medication Assisted Treatment (MAT)	Medication Assisted Treatment (MAT): the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (SAMHSA, 2018)
5. Opioid Exposed Newborn ≥ 35 weeks (OEN)	**Clinical Criteria:** All infants of mothers with opioid use disorder if mother has: • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or • Patient endorses or reports misuse of opioids / opioid use disorder, or • using non-prescribed opioids during pregnancy, or • using prescribed opioids chronically for longer than a month in the third trimester, or • if newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids. • if newborn affected by maternal use of opioids including NAS *Using ICD-10 data will not be as accurate as clinical criteria above and will require a linkage of mother and baby discharge codes for best estimate and so is not recommended for routine use. Log created from hospital data form is preferred method of data collection.* If using ICD-10 data, check both infant and maternal diagnoses: Newborn affected by maternal use of opiates P96.1 Neonatal withdrawal symptoms from maternal use of drugs of addiction P04.49 Newborn affected by maternal use of other drugs of addiction P04.14 Newborn affected by maternal use of opiates (new in October 2018) And Maternal codes for Opioid abuse, dependency, or use: F11.xx *Note: For process measures that use OEN ≥ 35 weeks as the denominator, this is limited to those OEN ≥ 35 who were discharged home (i.e. exlclude those who were discharged to another NICU/ death, etc)*
6. Mother's milk at discharge	Mother's Milk at Discharge: Any ongoing plan for use of some mother's milk after discharge
7. Screening	Screening: Verbal and written questions regarding opiate use. Screening tests include NIDA, 4Ps, 5Ps and others; refer to AIM screening tool guide
8. Testing	A biologic test of serum, urine, hair for presence of opioids