Driver Diagram
Provide pregnant women with OUD access to MAT

Provide naloxone education and prescription to women who are receiving opioids, via in person education and/or handouts

All staff and providers having contact with women with OUD complete education on compassionate care and appropriate language (VON LMS)

Provide pregnant women with OUD access to Behavioral Health Counseling

Comply with state laws on opioid prescribing

Utilize OK Opioid Prescribing Guidelines:
- Oklahoma Opioid Prescribing Guidelines
- Risks of Opioids in Pregnancy
- Treating Pregnant Women with Opioid Use Disorder

Universal usage of asking the “One Key Question” of women of child-bearing age with OUD

Provide naloxone education and prescription to women who are receiving opioids, via in person education and/or handouts

Provide pregnant women with OUD access to MAT

Provider education on appropriate prescribing of naloxone

Promote Buprenorphine waiver training through professional organizations and state agencies

All staff and providers having contact with women with OUD complete education on compassionate care and appropriate language (VON LMS)

Screen all women with OUD for HIV, STI, Hepatitis prenatally, intrapartum and treat according to recommended protocols. Consider referral to ID specialist

By December 31, 2022, reduce fetal opioid exposure from baseline data by X% (awaiting data)

Updated August 2020
By December 31, 2022, reduce LOS for infants ≥ 35 weeks with NAS by at least 1 day across participating hospitals through reduced incidence and length of pharmacological treatment. O4, Optional O1 and O2

Facilitate Parental Engagement and Rooming-In: Provide family education on NOWS/Communicate expectations for rooming in OP13

Develop Plan of Care for OEN, including prenatal pediatric consultation, decision on transfer of baby, minimum 4-day stay, rooming-in options after maternal discharge OP12, OP14

Comply with state statute on reporting

Identify and Refer to Early Intervention Resources

Develop and implement a family-focused Plan of Safe Care prior to discharge P3

Develop a standard process for the identification of babies at risk for NOWS

Provide education and guidance on use of ICD-10 codes for babies exposed to opioids/experiencing withdrawal symptoms

Educate providers regarding toxicity from non-opioid sources (e.g., tobacco or SSRI) vs. withdrawal from opioid sources.

Utilize ESC care tool for known/suspected OENs to determine effectiveness of non-pharmacologic interventions and need for pharmacologic treatment (train staff, ensure IRR)

Standardize NOWS Pharmacological Treatment Protocol

Promote non-pharmacologic interventions: skin-to-skin, pacifier use, gentle handling, swaddling, quiet environment

Encourage breastfeeding/use of mother’s milk when appropriate P2

Evidence-based Treatment

AIM

Prepared and Engaged Staff

Prepared and Engaged Parents

Care Coordination

Updated August 2020
AIM Opioid Data Metrics

Data Collected by Hospital
Data Collected by State or other source

Outcome Measures (O)
O1: Severe Maternal Morbidity
O2: Severe Maternal Morbidity (excluding transfusion codes)
O3: Pregnancy Associated Opioid Deaths
O4: Average length of stay for newborns with Neonatal Abstinence Syndrome (NAS)
Optional O1: Percent of OENs requiring pharmacologic therapy
Optional O2: Number of days of pharmacological treatment for babies with NAS

Process Measures (P)
P1: Percent of women with OUD during pregnancy who receive medication assisted treatment MAT or behavioral health treatment
P2: Percent of OEN receiving mother’s milk at newborn discharge
P3: Percent of OEN who go home to biological mother
P4: Universal Screening at Prenatal Care Sites
Optional P6: Percent of pregnant women with OUD screened for STI during pregnancy
Optional P12: Percent of mothers with OUD receiving prenatal pediatric consult
Optional P13: Percent of OEN who roomed together with mother for ANY length of time during hospitalization
Optional P13a: Percent of OEN who roomed together with mother during at least 50% of hospitalization
Optional P14: Percent of OEN with appropriate follow up at discharge (Early intervention)

Structure Measures (S)
S1: Universal Screening Policy
S2: General pain management practices
S3: OUD pain management guidelines

State Surveillance (SS) Measures
SS1: Percent of newborns diagnosed as affected by maternal use of opiates
SS2: Percent of newborns diagnosed with NAS

Updated August 2020
References

- Council for Patient Safety in Women’s Health Care (2017): Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle
- Ohio Perinatal Quality Collaborative: OPQC NAS Key Driver Diagram
- Illinois Perinatal Quality Collaborative: MNO-OB Driver Diagram
- Illinois Perinatal Quality Collaborative: MNO-Neonatal Driver Diagram

Updated August 2020