|  |  |  |
| --- | --- | --- |
| **Outcomes, Process and Balancing Data Collection Form** Data entry portal: [[][]](http://www.qualitydata.alaha.org) | [www.alpqc.org/initiatives/nows](https://www.alpqc.org/initiatives/nows/)  **Month: \_\_\_\_\_\_\_\_\_\_ Patient ID#\_\_\_\_** (assign a random number to help track data collection (non-PHI). Besides race/ethnicity, the information in this top section is only included for your internal processes to help you determine inclusion criteria and thus will not be collected in the data portal.  Infant’s name MR# Acct # .  Mother’s name MR# \_ Acct # \_ .  Gestation Age DOB \_\_ Admit date ­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Discharge date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  Substance infant was exposed to \_.  Birthing patient’s Race/Ethnicity–Select all that apply: Asian | Black/African American | Hispanic | Multi Racial | Native American | Native Hawaiian/Pacific Islander | White | Other | Race Not Reported | Unknown | | |
| **Obstetrical Data – Track only for moms who delivered at your facility and are now discharged** | | |
| A: Was the patient on Medication for Opioid Use Disorder (MOUD)? (e.g. prescribed methadone/Subutex/etc.) | Yes  No [comment box]  Unknown [comment box] | * Include all infants of birthing patients with opioid use disorder if patient 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, or     - If newborn affected by maternal use of opioids including NAS |
| B: Was the patient referred to addiction services prior to maternal discharge? | Yes  No  Delivery occurred at outside facility  Patient was already connected to services  Patient refused services  Other (please state why) |
| C: Was Narcan counseling documented in the medical record prior to patient discharge? | Yes  No  Delivery occurred at outside facility  Patient was already connected to services  Patient refused services  Other (please state why) |

|  |  |  |
| --- | --- | --- |
| **Neonatal Data – Track only for infants who were born at ≥ than 35 weeks and have been discharged** (Ex. March 2021: report infants discharged between March 1-31) | | |
| A: Did the infant have evidence of opioid withdrawal? (e.g. irritability, tremors, feeding problems, vomiting, diarrhea, sweating) | Yes  No | *Using ICD-10 data will not be as accurate as clinical criteria above and will require a linkage of mother and infant 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) F11: Maternal codes for Opioid abuse, dependency, or use |
| B: Was a non-pharmacologic guideline used throughout the infant’s hospitalization? | Yes  No |
| C: Did infant receive pharmacologic treatment? | Yes  No |
| D: **IF** infant received pharmacologic treatment, for how many days did the infant receive treatment (Birth is day “0”; *leave blank if infant did not receive treatment*) | Days on treatment\_ |
| E: How many days old was infant at discharge (Birth is day “0”) | Days old at discharge\_ |
| F: Was a Collaborative Discharge Plan completed prior to discharge of infant (see [Toolkit](https://cpb-us-w2.wpmucdn.com/sites.uab.edu/dist/1/156/files/2021/02/ALPQC-NOWS_CollaborativeDischarge-02-05-2021.pdf)) | Yes  No |
| G: If not born at your facility, how many days old was infant when transfer was received? (Birth is day “0”) | Days old at transfer\_ |
| Balancing Measure: H: Was infant readmitted for any cause within 10 days of discharge? | Yes  No |