

TexasAIM Opioid and Substance Use Disorder Innovation and Improvement Learning Collaborative Wave 1 Family of Measures			
State Surveillance Measures			
	TexasAIM OSUD Measure	Description	Guidance
SS1	<b>Substance use disorders among obstetric patients</b> (Disaggregate by race and ethnicity) <a href="#">AIM SS1</a>	<b>A: Denominator (D):</b> All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages <b>Numerator (N):</b> Among the denominator, those with any diagnosis of <b>substance use</b> disorder  <b>B. D:</b> All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages <b>N:</b> Among the denominator, those with a diagnosis of <b>opioid use</b> disorder	<b>Data Source: Hospital Discharge Data (ICD codes)</b>  <b>Data Coordination: DSHS populates AIM portal quarterly with most recently available data</b>  <b>Operational Definition of Substance Use Disorder:</b> For the purposes of Texas AIM OSUD Collaborative, the following substances will be included in the definition of “Substance Use Disorder”: opioids, amphetamines/stimulants, sedatives, cocaine, alcohol, and cannabis. A list of ICD-10 codes is at the end of this document, not that this is more expansive than that required of AIM National. <b>FYI</b> List will be included at the end of the document.  <a href="#">AIM SMM Codes List</a>  <a href="#">Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan (PDF)</a>
SS3	<b>SMM (excluding transfusion-only codes) among obstetric patients with SUD</b> (Disaggregate by race and ethnicity) <a href="#">AIM SS3 [Note AIM SS2 is retired]</a>	<b>A: D:</b> All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with <b>substance use</b> disorder <b>N:</b> Among the denominator, all those with any non-transfusion SMM code  <b>B. D:</b> All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with <b>opioid use</b> disorder <b>N:</b> Among the denominator, those with any non-transfusion SMM code	(Continued from SS1)
SS4	<b>Proportion of pregnancy-associated deaths due to overdose</b> (Disaggregate by race and ethnicity) TexasAIM will also report <b>Incidence and Rate</b>	<b>D:</b> Total pregnancy-associated deaths <b>N:</b> Pregnancy-associated deaths due to overdose	(Continued from SS1)

**TexasAIM Opioid and Substance Use Disorder Innovation and Improvement Learning Collaborative Family of Measures  
Unit-Reported Outcome Measures**

TexasAIM Measure	Description	Guidance
<p><b>O1. Percent of obstetric patients with OSUD who received or were referred to recovery treatment services including MAT at any point prior to discharge.</b> (Disaggregate by race and ethnicity) <a href="#">TexasAIM adaptation of AIM O2</a></p>	<p><b>D:</b> Obstetric patients with a diagnosis of substance use disorder, including opioid use disorder</p> <p><b>N:</b> Among the denominator, those with documentation of having received or been referred to recovery treatment services at any point prior to their birth hospitalization discharge</p>	<p><b>Frequency:</b> Monthly    <b>Goal:</b> 100% <b>Data Source:</b> Hospital records (manual review)</p> <p><b>Details on Numerator:</b> Include in the numerator:</p> <ul style="list-style-type: none"> <li>• Those who received recovery treatment services at any point during their pregnancy, regardless of current utilization</li> <li>• Those who did not receive recovery treatment services during pregnancy but were referred to them prior to discharge from birth hospitalization Recovery treatment services include: <ul style="list-style-type: none"> <li>• Residential treatment or inpatient recovery programs</li> <li>• Outpatient treatment; Behavioral health counseling; Peer support counseling, such as a 12-step program; Methadone treatment program</li> </ul> </li> </ul> <p>Other examples for numerator: addiction medicine services, psychiatry, psychology, MAT, peer support, inpatient/outpatient community partners, etc.</p> <p><b>Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan (PDF):</b> <a href="https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf">https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf</a></p>
<p><b>O2. Percent of obstetric patients with SUD who received or were prescribed naloxone at any point prior to delivery discharge.</b> (Disaggregate by race and ethnicity) <a href="#">TexasAIM adaptation of AIM O4</a></p>	<p><b>D:</b> Obstetric patients with a diagnosis of substance use disorder</p> <p><b>N:</b> Among the denominator, those with documentation of having received or been prescribed naloxone at any point prior to discharge from their birth hospitalization</p>	<p><b>Frequency:</b> Monthly    <b>Goal:</b> 100% <b>Data Source:</b> Hospital records including medication records</p>

**TexasAIM Opioid and Substance Use Disorder Innovation and Improvement Learning Collaborative Family of Measures**  
**Unit-Reported Process Measures**

TexasAIM Measure	Description	Guidance
<p><b>P1. Percent of obstetric patients screened for SUDs</b>            (Disaggregate by race and ethnicity)  <a href="#">TexasAIM adaptation of AIM P1</a></p>	<p><b>D:</b> Obstetric patients during their birth hospitalization</p> <p><b>N:</b> Among the denominator, those with documentation of having been screened for substance use disorder using a validated verbal screening tool</p>	<p><b>Frequency:</b> Monthly    <b>Goal:</b> 95%  <b>Data Source:</b> Hospital records</p> <p><b>Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan (PDF):</b>  <a href="https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf">https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf</a></p>
<p><b>P2. Percent of obstetric patients with mental health screening completed</b>            (Disaggregate by race and ethnicity)  <a href="#">Unique TexasAIM measure</a></p>	<p><b>D:</b> Number of obstetric patients during their birth hospitalization</p> <p><b>N:</b> Among the denominator, those with documentation of completed mental health screening using a validated screening tool</p>	<p><b>Frequency:</b> Monthly    <b>Goal:</b> 95%  <b>Data Source:</b> Hospital records</p>
<p><b>P3. Percent of obstetric patients with a diagnosis of OSUD during their birth hospitalization with a documented post-discharge plan of care at time of discharge</b>            (Disaggregate by race and ethnicity)  <a href="#">Unique TexasAIM measure</a></p>	<p><b>D:</b> Number of obstetric patients with a diagnosis of OSUD during their birth hospitalization</p> <p><b>N:</b> Among the denominator, those with a documented post-discharge plan of care</p>	<p><b>Frequency:</b> Monthly    <b>Goal:</b> 100%  <b>Data Source:</b> Hospital records</p>

<p><b>P4. Percent of obstetric patients who screened positive for signs of a mental health condition with a documented postpartum plan of care at discharge</b> (Disaggregate by race and ethnicity) <i>Unique TexasAIM measure</i></p>	<p><b>D:</b> Number of obstetric patients who screened positive for signs of a mental health condition during their birth hospitalization</p> <p><b>N:</b> Among the denominator, those who had a documented postpartum plan of care at discharge</p>	<p><b>Frequency:</b> Monthly    <b>Goal:</b> 100% <b>Data Source:</b> Hospital records</p>
<p><b>P5. Provider and nursing education – substance use disorders</b> <i>AIM P5 measure with TexasAIM-added disaggregation</i></p>	<p>Cumulative proportion of OB providers (including L&amp;D and PP) who received education on caring for pregnant and postpartum patients with substance use disorders within the last 2 years</p> <p>Cumulative proportion of OB nurses (including L&amp;D and PP) who received education on caring for pregnant and postpartum patients with substance use disorders within the last 2 years</p>	<p><b>Frequency:</b> Quarterly    <b>Goal:</b> 100% <b>Measure Detail:</b> Report proportion completed (estimated in 10% increments – round up) <b>Data Source:</b> Hospital records</p>
<p><b>P6. Provider and Nursing Education – Respectful, Equitable, and Supportive care</b> <i>AIM P6</i></p>	<p>Cumulative proportion of OB providers (including L&amp;D and PP) who received education on providing respectful, equitable, and supportive care within the last 2 years</p> <p>Cumulative proportion of OB nurses (including L&amp;D and PP) who received education on providing respectful, equitable, and supportive care within the last 2 years</p>	<p><b>Frequency:</b> Quarterly    <b>Goal:</b> 100% <b>Measure Detail:</b> Report proportion completed (estimated in 10% increments – round up) <b>Data Source:</b> Hospital employee education records</p>

## TexasAIM Opioid and Substance Use Disorder Innovation and Improvement Learning Collaborative Family of Measures

### Unit-Reported OPTIONAL Measures

TexasAIM Measure	Description	Guidance
<p><b>O3. (OPTIONAL) Percent of newborns exposed to substances in utero discharged to care of the postpartum mother</b> (Disaggregate by race and ethnicity) AIM O1</p>	<p>Number of newborns exposed to substances in utero who were discharged</p> <p>Among the denominator newborns who are discharged to the care of the postpartum mother</p>	<p><b>Frequency:</b> Monthly <b>Goal:</b> TBD after baseline data collection</p> <p><b>Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan (PDF):</b> <a href="https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf">https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf</a></p>
<p><b>P7. (OPTIONAL): Percent of substance-exposed newborns receiving mother’s own milk at newborn discharge</b> (Disaggregate by race and ethnicity) Unique TexasAIM measure</p>	<p>Number of substance-exposed newborns &gt; 35 weeks gestation</p> <p>Among the denominator, those receiving their mother’s own milk at discharge</p>	<p><b>Frequency:</b> Monthly</p> <p><b>Goal:</b> TBD from baseline data collection relative to NICU/newborn discharge breastfeeding rate</p> <p><b>Data Source:</b> Hospital records</p> <p><b>Details on Denominator:</b> Include only those infants discharged to foster care or home and not those transferred to other hospitals</p>

TexasAIM Opioid and Substance Use Disorder Innovation and Improvement Learning Collaborative Family of Measures		
Unit-Collected Structure Measures		
TexasAIM Progress toward Structure Measures <i>AIM Structural measures (a-e)</i>	Definition and Resources	Instructions:
<b>a. Resource Mapping/ identification of community resources</b>	<p>Hospital has created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum mothers, that will be shared with all postpartum inpatient nursing units and outpatient OB sites. (If 4 or 5, please indicate the initial completion date of the list)</p> <ul style="list-style-type: none"> <li>Resource list should be updated annually</li> <li>Resource list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population</li> </ul>	<p><i>Using the 1-5 scale and the definitions for each, please define where you are related to each element below (reported before L1 and LS2, and after LS3).</i></p> <ol style="list-style-type: none"> <li><b>Contemplation:</b> No work done yet in this area.</li> <li><b>Preparation:</b> Recognized as a key area and planning is in place to address.</li> <li><b>Some Action/Testing:</b> Have taken small steps towards addressing.</li> <li><b>Substantial Action/ Implementation:</b> Have taken large steps and have implemented successful changes. 50-85% of the elements are in place or the elements are in place but used 50-85% of the time or we are at 50%-85 of our goal related to this area.</li> <li><b>Maintenance/ Sustainability:</b> Best practices are in place in this area as defined by the Texas AIM measurement plan and applying 85-100% of the time.</li> </ol>
<b>b. Patient event team debriefs</b>	<p>Department has established a standardized process to conduct debriefs with patients after a severe event. (If 3, 4 or 5, please indicate start date of debriefs)</p> <ul style="list-style-type: none"> <li>Include patient support networks during patient event debriefs, as requested</li> <li>Severe events may include the TJC sentinel event definition, severe maternal morbidity, or fetal death</li> </ul>	
<b>c. General pain management guidelines</b>	<p>Hospital has implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions. (If 4 or 5, please indicate implementation date)</p>	
<b>d. OUD pain management guidelines</b>	<p>Hospital has implemented specific pain management and opioid prescribing guidelines for patients with a diagnosis of OUD (If 4 or 5, please indicate implementation date)</p>	
<b>e. Validated verbal screening tools and resources shared with prenatal care sites</b>	<p>Hospital has shared with all its prenatal care sites validated verbal screening tools for OUD and SUD and follow up tools for OUD and SUD. (If 4 or 5, please indicate completion date)</p> <ul style="list-style-type: none"> <li>Follow-up tools include Screening, Brief Intervention and Referral to Treatment (SBIRT) resources</li> </ul>	
<b>f. Counseling for obstetric patients with OUD on medications for OUD.</b> <i>Unique TexasAIM measure, similar to AIM P2 measure</i>	<p>Hospital has standard processes and policies in place to ensure that all obstetric patients with opioid use disorder (OUD) get counseling on medications for OUD available to them.</p>	

**TexasAIM Opioid and Substance Use Disorder Innovation and Improvement Learning Collaborative Family of Measures  
Unit-Collected Structure Measures**

<p><b>g. Counseling for pregnant and postpartum patients with SUD on recovery treatment services.</b> Unique TexasAIM measure, similar to AIM P2 measure</p>	<p>Hospital has standard processes and policies in place to ensure that all pregnant and postpartum patients with OUD/SUD get counseling on available local and regional recovery treatment services</p>	
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**NOTES:**

- TexasAIM OSUD measurement strategy includes does not include CPPPSUD measure O2.
- In the TexasAIM OSUD measurement strategy, CPPPSUD P2 and P3 have been adapted as structural measures

**Definitions:**

**Any SMM Codes:** See AIM Codes list [https://saferbirth.org/wp-content/uploads/AIM-SMM-Code-List\\_04042023.xlsx](https://saferbirth.org/wp-content/uploads/AIM-SMM-Code-List_04042023.xlsx)

- **Delivering Providers:** Physicians and Midwives (per AIM National)
- **Race and Ethnicity:** Based on AIM’s definitions for required race and ethnicity data, data will be collected and reported as in the following discrete categories: Non-Hispanic White (NH/W), Non-Hispanic Black (NH/B), Hispanic, and Other to include unknown or unspecified.
- **Substance-exposed Newborn (SEN):**

TXAIM OB-OSDU IILC Family of Measures	Number of Measures	Frequency of Collection
State Surveillance Measures	4	Collected by State
Outcome Measures	2 (1 optional)	Monthly by Teams
Process Measures	7 (1 optional)	4 collected monthly by Teams 2 collected 3x by Teams (before LS1 and LS2 and after LS3)
Structure Measures	7	3x by Teams (before LS1 and LS2 and after LS3)