

TexasAIM Opioid and Substance Use Disorders Innovation and Improvement Learning Collaborative Wave 1 Family of Measures			
State Surveillance Measures [Note AIM SS2 is retired]			
	TexasAIM OSUD Measure	Description	Guidance
SUD-SS1	Substance use disorders among obstetric patients (Disaggregate by race and ethnicity) AIM SS1 TexasAIM will also report Rate	SUD-SS1 A: Denominator (D): All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages Numerator (N): Among the denominator, those with any diagnosis of substance use disorder* SUD-SS1 B: D: All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages N: Among the denominator, those with a diagnosis of opioid use disorder	Data Source: Hospital Discharge Data (ICD codes) Data Coordination: DSHS populates AIM portal quarterly with most recently available data *Operational Definition of Substance Use Disorder: For the purposes of TexasAIM OSUD Collaborative, diagnoses related to the following substances will be included in the definition of “substance use disorder”: opioids, amphetamines/stimulants, sedatives, cocaine, alcohol, and cannabis. Note that the TexasAIM definition includes the AIM SMM Codes associated with opioid, amphetamine/stimulant, sedative, and cocaine substance use disorders and adds diagnosis codes associated with alcohol use disorder and cannabis use disorder. A list of ICD-10 codes is provided at the end of this document. AIM SMM Codes List Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan (PDF)
SUD-SS3	SMM (excluding transfusion-only codes) among obstetric patients with SUD (Disaggregate by race and ethnicity) AIM SS3 TexasAIM will also report Rate	SUD-SS3 A: D: All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with substance use disorder* N: Among the denominator, all those with any non-transfusion SMM code SUD-SS3 B: D: All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages, with opioid use disorder N: Among the denominator, those with any non-transfusion SMM code	(Continued from SUD-SS1)
SUD-SS4	Proportion of pregnancy-associated deaths due to overdose (Disaggregate by race and ethnicity) AIM SS4 and AIM PMHCSS-OP2 TexasAIM will also report Rate	D: Total pregnancy-associated deaths N: Pregnancy-associated deaths due to overdose	(Continued from SUD-SS1)

PMHC-SS1	Perinatal Mental Health Conditions (PMHC) among obstetric patients <i>TexasAIM will also report Rate</i>	D: Denominator: All patients during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages N: Among the denominator, those with any diagnosis of PMHC	Use the Severe Maternal Morbidity denominator criteria, subset by patients with a diagnosis of PMHC, to calculate the denominator for this measure
PMHC-SS2	Severe Maternal Morbidity among obstetric patients with PMHCs (excluding transfusion codes alone) (Disaggregate by race and ethnicity) <i>TexasAIM will also report Rate</i>	D: Denominator: All patients with PMHCs during their birth hospitalization, excluding those with ectopic pregnancies and miscarriages N: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	Use the Severe Maternal Morbidity denominator criteria, subset by patients with a diagnosis of PMHC, to calculate the denominator for this measure
PMHC SS-OP1	Proportion of Pregnancy-Associated Deaths Due to Suicide (Disaggregate by race and ethnicity) <i>TexasAIM will also report Rate</i>	D: Total pregnancy-associated deaths N: Among the denominator, pregnancy-associated deaths due to suicide	

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

TexasAIM Measure	Description	Guidance
<p>O1* Percent of obstetric patients with OSUD who received or were referred to recovery treatment services including medications for substance use disorders at any point prior to discharge TexasAIM adaptation of AIM O3</p>	<p>D: Obstetric patients with a diagnosis of substance use disorder*</p> <p>N: Among the denominator, those with documentation of having received or been referred to recovery treatment services including medications for substance use disorder at any point prior to their birth hospitalization discharge</p>	<p>*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: 100% Data Source: Hospital records (manual review) Details on Numerator: Include in the numerator:</p> <ul style="list-style-type: none"> • Those who received recovery treatment services at any point during their pregnancy, regardless of current utilization • 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"> • Residential treatment or inpatient recovery programs • Outpatient treatment; Behavioral health counseling; Peer support counseling, such as a 12-step program; Medications for Opioid Use Disorder (MOUD), Medications for Alcohol Use Disorder (MAUD) <p>Other examples for numerator: addiction medicine services, psychiatry, psychology, peer support, inpatient/outpatient community partners, etc.</p> <p>See Operational Definition of Substance Use Disorder in the outcome measure notes</p>
<p>O2* Percent of obstetric patients with OUD who received or were referred to medication for opioid use disorder (MOUD) AIM O2</p>	<p>D: Obstetric patients with a diagnosis of opioid use disorder</p> <p>N: Among the denominator, those with documentation of having received or been referred to MOUD at any point prior to their birth hospitalization discharge</p>	<p>*(Disaggregate by race and ethnicity) Include in the numerator:</p> <ul style="list-style-type: none"> • Those who received MOUD at any point during their pregnancy, regardless of current use • Those who did not receive MOUD during pregnancy but were referred to MOUD prior to discharge from birth hospitalization
<p>O3* Percent of obstetric patients with OSUD who were counseled on and received or were prescribed naloxone at any point prior to delivery discharge TexasAIM adaptation of AIM O4</p>	<p>D: Obstetric patients with a diagnosis of substance use disorder*</p> <p>N: Among the denominator, those with documentation of having been counseled on and received or been prescribed naloxone at any point prior to discharge from their birth hospitalization</p>	<p>*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: 100% Data Source: Hospital records including medication records</p>

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

TexasAIM Measure	Description	Guidance
P1* Percent of obstetric patients screened for SUDs TexasAIM adaptation of AIM P1	D: Obstetric patients during their birth hospitalization N: Among the denominator, those with documentation of having been screened for substance use disorder using a validated verbal screening tool during their birth hospitalization	*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: 95% Data Source: Hospital records Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan (PDF): https://saferbirth.org/wp-content/uploads/CPPSUD_DCP_Final_V1_2022.pdf
P2* Percent of obstetric patients with mental health screening completed Unique TexasAIM measure - TexasAIM adaptation of Perinatal Mental Health Conditions Patient Safety Bundle OP3	D: Number of obstetric patients during their birth hospitalization N: Among the denominator, those with documentation of completed mental health screening using a validated screening tool(s) during their birth hospitalization	*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: 95% Data Source: Hospital records Screen for depression and anxiety using validated screening tools for each or a single tool that is valid for both
P3* Percent of obstetric patients who screened positive for signs of SUD during their birth hospitalization with a documented post-discharge plan of care at time of discharge Unique TexasAIM measure	D: Number of obstetric patients who screened positive for signs of substance use disorder* during their birth hospitalization N: Among the denominator, those with a documented post-discharge plan of care	*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: 100% Data Source: Hospital records
P4* Percent of obstetric patients who screened positive for signs of a mental health condition with a documented postpartum plan of care at discharge Unique TexasAIM measure	D: Number of obstetric patients who screened positive for signs of a mental health condition during their birth hospitalization N: Among the denominator, those who had a documented postpartum plan of care at discharge	*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: 100% Data Source: Hospital records

<p>P5. Provider and nursing education – substance use disorders AIM P5 measure with TexasAIM-added disaggregation</p>	<p>P5A: Cumulative proportion of OB providers (including L&D and PP) who received education on caring for pregnant and postpartum patients with substance use disorders within the last 2 years</p> <p>P5B: Cumulative proportion of OB nurses (including L&D and PP) who received education on caring for pregnant and postpartum patients with substance use disorders within the last 2 years</p>	<p>Frequency: Quarterly Goal: 100% Measure Detail: Report proportion completed (estimated in 10% increments – round up) Data Source: Hospital records</p>
<p>P6. Provider and Nursing Education – Respectful, Equitable, and Supportive Care AIM P6</p>	<p>P6A: Cumulative proportion of OB providers (including L&D and PP) who received education on providing respectful, equitable, and supportive care within the last 2 years</p> <p>P6B: Cumulative proportion of OB nurses (including L&D and PP) who received education on providing respectful, equitable, and supportive care within the last 2 years</p>	<p>Frequency: Quarterly Goal: 100% Measure Detail: Report proportion completed (estimated in 10% increments – round up) Data Source: Hospital employee education records</p>
<p>TexasAIM Opioid and Substance Use Disorders Innovation and Improvement Learning Collaborative Family of Measures Unit-Reported OPTIONAL Measures</p>		
TexasAIM Measure	Description	Guidance
<p>O4* (OPTIONAL) Percent of newborns exposed to substances in utero discharged to care of the postpartum mother AIM O1</p>	<p>D: Number of newborns exposed to substances in utero who were discharged</p> <p>N: Among the denominator newborns who are discharged to the care of the postpartum mother</p>	<p>*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: TBD after baseline data collection</p>
<p>P7* (OPTIONAL): Percent of substance-exposed newborns receiving mother’s own milk at newborn discharge Unique TexasAIM measure</p>	<p>D: Number of substance-exposed newborns > 35 weeks gestation</p> <p>N: Among the denominator, those receiving their mother’s own milk at discharge</p>	<p>*(Disaggregate by race and ethnicity) Frequency: Monthly Goal: TBD from baseline data collection relative to NICU/newborn discharge breastfeeding rate Data Source: Hospital records Details on Denominator: Include only those infants discharged to foster care or home and not those transferred to other hospitals</p>

TexasAIM Opioid and Substance Use Disorders Innovation and Improvement Learning Collaborative Family of Measures Unit-Reported Measures

TexasAIM Progress toward Structure Measures AIM Structural measures (a-e) + Unique TexasAIM measures (f-g)	Definition and Resources	Instructions:
a. Resource mapping/ identification of community resources	Hospital has created a comprehensive list of community resources , customized to include resources relevant for pregnant and postpartum mothers, that is shared with all postpartum inpatient nursing units and outpatient OB sites . (If 4 or 5, please indicate the initial completion date of the list) <ul style="list-style-type: none"> Resource list should be updated annually Resource list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population 	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). <ol style="list-style-type: none"> Contemplation: No work done yet in this area. Preparation: Recognized as a key area and planning is in place to address. Some Action/Testing: Have taken small steps towards addressing. Substantial Action/Implementation: 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. Maintenance/Sustainability: Best practices are in place in this area as defined by the Texas AIM measurement plan and applying 85-100% of the time.
b. Patient event team debriefs	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) <ul style="list-style-type: none"> Include patient support networks during patient event debriefs, as requested Severe events may include the TJC sentinel event definition, severe maternal morbidity, or fetal death 	
c. General pain management guidelines	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)	
d. OUD pain management guidelines	Hospital has implemented specific pain management and opioid prescribing guidelines for patients with a diagnosis of opioid use disorder (If 4 or 5, please indicate implementation date)	
e. Validated verbal screening tools and resources shared with prenatal care sites	Hospital has shared with all its prenatal care sites validated verbal screening tools for substance use disorder* (SUD), including opioid use disorder (OUD) and follow-up tools for OUD and SUD. (If 4 or 5, please indicate completion date) <ul style="list-style-type: none"> Follow-up tools include Screening, Brief Intervention and Referral to Treatment (SBIRT) resources 	

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

f. Counseling for obstetric patients with MOUD. TexasAIM adaptation of AIM P2	Hospital has standard processes and policies in place to ensure that all obstetric patients with opioid use disorder get counseling on available medications for opioid use disorder (MOUD).	
g. Counseling obstetric patients with SUD on recovery treatment services. TexasAIM adaptation of AIM P3	Hospital has standard processes and policies in place to ensure that all obstetric patients with substance use disorder* get counseling on available local and regional recovery treatment services	

NOTES:

- In the TexasAIM OSUD measurement strategy, AIM’s [Care for Pregnant and Postpartum People with Substance Use Disorder Core Data Collection Plan](#) P2 and P3 have been adapted as structural measures
- Because of the common co-morbidity of substance use and mental health disorders and their contribution to severe maternal morbidity and mortality, the TexasAIM OSUD measurement strategy has incorporated some measures aligned with the AIM [Perinatal Mental Health Conditions Patient Safety Bundle](#)

Definitions:

SMM Codes: See AIM Codes list 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 these 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-OSUD IILC Family of Measures	Number of Measures	Frequency of Collection
State Surveillance Measures	6	Collected by State
Outcome Measures	2 (+1 optional)	Monthly by Teams
Process Measures	7 (+1 optional)	4 collected monthly by Teams 2 collected quarterly by Teams
Structure Measures	7	collected quarterly by Teams