



ODU & OEN Projects

– Data FAQ –

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What data are we capturing for the (maternal) OUD project?

For this project, we are asking the teams to capture data in two different REDCap databases:

(1) “MONTHLY SAMPLING SCREENING”, and (2) “MATERNAL CLINICAL CARE CHECKLIST”.

As you know, one of our key improvement bundles for the OUD project is universal screening. We realized that teams would not be able to capture whether every pregnant woman they see prenatally and/or at Labor & Delivery (L&D) was screened for SUD/ODU. That’s why we decided to use a “random sample” of charts instead, which is what the “MONTHLY SAMPLING SCREENING” database captures. More specifically, one record in this REDCap database is used to capture the random sample of 20 charts pulled from all the women who delivered at your hospital in a given month. We have asked the teams to capture the random sample of 20 charts per month starting in May 2019. This data collection is retrospective in nature – that is, you are extracting data from women who have already delivered and have been discharged. The database and paper data entry form have instructions on how to pull the “random sample”.

We are also asking the teams to capture the “MATERNAL CLINICAL CARE CHECKLIST” for every pregnant woman identified to have OUD admitted to your L&D and subsequently delivered a live newborn at your hospital on/after June 1, 2019. A record for each of these women should be captured in this REDCap database.

It should be noted that the sample of 20 charts randomly selected from a given month’s deliveries for the “MONTHLY SAMPLING SCREENING” database should not be used to determine the pregnant women with OUD that the “MATERNAL CLINICAL CARE CHECKLIST” is collected on. See the answer to the next question for further clarification.

How do we identify the pregnant women we’re supposed to be collecting the “MATERNAL CHECKLIST” data on?

The “MATERNAL CLINICAL CARE CHECKLIST” REDCap database and paper data entry form contain the details on how the desired group of pregnant women is defined. Ideally, you would already know a specific pregnant woman’s OUD status when she is admitted to L&D, you had been providing her prenatal care and already identified her OUD prenatally through universal SUD & OUD screening. If this is not the case, hopefully you are able identify her OUD shortly after admission to L&D through the universal SUD & OUD screening. In either case, the goal is to be capturing the data in the “MATERNAL CLINICAL CARE CHECKLIST” over the course of the woman’s stay in your hospital – that is prospectively. The “MATERNAL CLINICAL CARE CHECKLIST” was designed to not only capture the key outcome measures for this project, but also as a tool to capture the process measures surrounding the care of our pregnant women with OUD.

We realize that capturing these women prospectively may be difficult for some teams at first. It is important for your team to design and implement a “triage” process (if you don’t already have one) that identifies these pregnant women identified to have OUD in as “real time” as possible. This may be your first major PDSA cycle.

What data are we capturing for the (newborn) OEN project?

For this project, we are asking the teams to capture the “NEWBORN CLINICAL CARE CHECKLIST” for all newborns that (1) are ≥ 35 weeks gestation; (2) are suspected or proven to be opioid-exposed; and (3) have no medical comorbidities or have medical comorbidities that do NOT lengthen their hospital stay longer than opioid exposure/NAS/NOWS care. More specifically, we are asking teams to capture a record for each newborn (born on/after June 1, 2019) that meets the inclusion criteria in the corresponding REDCap database.

How do we identify the newborns we’re supposed to be collecting the “NEWBORN CHECKLIST” data on?

Ideally, the OEN team would be alerted by their maternal (ie, Obstetric) counterparts when a mother who has OUD has been admitted to L&D, or at least of the mother’s OUD status when the newborn is delivered. If this happens, then your team can assess whether the newborn meets the inclusion criteria. The goal is to be capturing the data in the “NEWBORN CLINICAL CARE CHECKLIST” over the course of the newborn’s stay in your hospital – that is prospectively.

The “NEWBORN CLINICAL CARE CHECKLIST” was designed to not only capture the key outcome measures for this project, but also as a tool to capture the process measures surrounding the care of our OEN.

We realize that capturing these OEN prospectively may be difficult for some teams at first. It is important for your team to design and implement a “triage” process (if you don’t already have one) that identifies these OEN in as “real time” as possible. This may be your first major PDSA cycle.

How do we know we’re capturing the “correct” moms and/or babies? How do we know we didn’t miss anyone?

As mentioned, the ideal scenario is to be identifying the moms and babies that meet our project inclusion criteria prospectively (ie, upon admission to L&D and upon delivery). While your identification/triage process is being refined, there may be instances where you do not identify the mom as OUD or the baby as OEN until after their discharge. It may be helpful to incorporate a retrospective chart review after the end of each month – that is, to compare your list of moms/newborns that your captured data on with the list of NAS infants reported to the state. Or perhaps, the list of moms/newborns with specific ICD-10 codes upon discharge:

- 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.xx Maternal codes for Opioid abuse, dependency.

The ICD-10 codes captured in a mom’s/newborn’s chart is another area of improvement we foresee with this project. We expect that most of our hospitals will have disagreeing information in their charts – that is, moms/newborns that were coded as OUD/OEN, respectively, who should not have been coded as such as well as moms/newborns that were not coded as OUD/OEN who should have been.

We really haven’t gotten started yet. Should we still be collecting data?

While you may still be in the beginning stages of getting all your ducks in a row and making any changes, we feel collecting data at this stage is beneficial. With any quality improvement project, it is important to know where you’re starting from – that is, the current value of your outcome and process measures. Collecting data before you start to make changes is a great way for you to determine these “baseline” values. Without these baseline values, it’ll be difficult to determine if your changes led to any improvement. Collecting data before you “get started” can also help you identify problems or barriers in your processes that you weren’t aware of – for example, you are trying to use your EMR to identify your OENs but you realize there isn’t a place to consistently and concisely capture mom’s OUD details, which is needed for the hand-off to the NICU/newborn nursery.

I was listed on our team’s application as needing REDCap access, but I don’t have it yet. How do I get access?

Please send an email to Terri Scott. You will need to sign two forms from the TN Department of Health (TDH) and return them to Terri. Once this is done, she will create your REDCap account and grant you appropriate access to specific REDCap databases.

Is there a manual or something that shows me how to enter data in REDCap?

When Terri Scott creates a REDCap account for you, she sends you a REDCap manual that provides general instructions and screen shots on how to work in REDCap. The “data training” huddle for each project was also recorded in Webex. Brenda Barker (brenda.barker@vumc.org) can send you a copy. Terri Scott is also happy to schedule a data training session (via Webex) with just you and/or anyone else on your team – send her an email.

How do we add or remove a team member from our list of who should have REDCap access? What about changing a team member’s level of access (ie, data entry versus report generation)?

To request to add/remove a team member or to modify a team member’s level of access, an email must be sent from your team leader to Brenda Barker (brenda.barker@vumc.org) detailing the request. Once she approves the request, Theresa (Terri) Scott will make the necessary changes in REDCap.

If you have any questions or need any help, please contact Theresa (Terri) Scott (theresa.scott@vumc.org; 615-875-9446).