NAS Orchestrated Testing Measures and Data Entry Guidelines

September 28, 2015
Orchestrated Testing Measures

• Measures that are *not* changing:
  – Length of stay for pharmacologically treated infants
  – Length of opiate treatment for pharmacologically treated infants
  – Percent of infants treated pharmacologically

• Each of these measures will continue on from the beginning of the collaborative with an annotation for the start of the Orchestrated Testing phase
Orchestrated Testing Measures

- **New or redesigned process measures:**
  - Non-pharmacologic bundle compliance
    - Adding **22 kcal/oz formula**
    - Only including **low lactose feeding**

- **High Reliability Measures:**
  - Depending on your site and your group
  - Percent of formula fed infants receiving low lactose feeding
  - Percent of formula fed infants receiving 22 kcal/oz feeds
  - Percent of infants fed breast milk
Orchestrated Testing Measures

- **New outcome measures:**
  - Length of stay for **ALL** infants
    - We will now be collecting length of stay for all babies whether they are treated pharmacologically or not
  - Percent of infants with >10% weight loss
    - Severity of withdrawal
Orchestrated Testing Measures

- **New balancing measures:**
  - Highest Finnegan score in 24 hours prior to starting treatment
  - Number of Finnegan scores >12 in 24 hours prior to starting treatment
Percentage of the Time Sites Are Using Formula that Matches Their Orchestrated Testing Group

• 18% of sites (9 hospitals) used the same type of formula at least 90% of the time

• 41% of sites (21 hospitals) used the same type of formula at least 75% of the time

• On average, sites are currently using formula that match their group choice 43% of the time.
OPQC NAS Project

Data Collection Paper form. OPQC does NOT collect this form. All data must be entered electronically. Sites are encouraged to use the paper to collect their data prior to entry.

This form can be found on the OPQC SharePoint. www.opqc.net
Did you know that we have a document that may assist you in filling out the data collection form? There is one!

You can find it on the SharePoint site.

Click on the link that says Data collection.

There is also a slide presentation on how to enter data in SharePoint posted to the site.
Eligibility

• Any infant ≥37 weeks gestational age at birth with **IN UTERO** opioid exposure
• who is monitored for signs with the Finnegan scoring system.
• Infants may be inborn or outborn and transferred to a participating center after birth.
• Infants may be born outside Ohio.

Exclusion

Infants who were only exposed to opioids *postnatally* are NOT included in this study.

Important reminders for data collection

*Date of birth will be counted as Day of Life 1
Day of Life is abbreviated as DOL in this survey*
What if I don’t have any eligible babies for a calendar month?  *(calendar month based on the baby birth month)*

Don’t worry! It’s easy to tell us!

1. Fill in the Checkbox and indicate the Month/Year you did not have any babies
2. Once the data entry system is ready – you will check this box and hit Submit
3. Do not fill out the rest of the form
Date of birth will be counted as Day of Life 1
Day of Life is abbreviated as DOL in this survey

Question #1: Baby Birth Month
Indicate the month and year only

1. Baby Birth Month and Year
   
   ________ month ________ year

Question #2: Was the baby born in your hospital?
• Yes (Inborn)
• No (Outborn)

2. Was the baby born in your hospital?
   
   Yes (Inborn) skip to #3
   No (Outborn) complete A-B below

*If the baby was Inborn – please skip to Question #3. If the baby was Outborn and transferred into your hospital, please complete Questions 2A and 2B.*

Question #2 A and B will consider all care prior to the baby being transferred to your location. Care given to the baby once transferred to your hospital will be captured later in the data form.
**Question #2A and #2B**
The following data will be collected on **OUTBORN** babies.

- DOL was baby transferred to your hospital
- Type(s) of NAS treatment or support at the transferring hospital
  - The DOL treatment started at the transferring hospital
  - A few details on the NAS treatment at the transferring hospital
- How was the baby fed at the transferring hospital

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Was the baby born in your hospital?</td>
<td>Yes (Inborn)</td>
<td>No (Outborn)</td>
</tr>
<tr>
<td>A. What DOL was baby transferred to your hospital?</td>
<td>skip to #3</td>
<td>complete A-B below</td>
</tr>
<tr>
<td>B. Indicate the type of NAS treatment at transferring hospital (check all that apply)</td>
<td>Non-Pharmacologic Treatment</td>
<td>None</td>
</tr>
<tr>
<td>a. Indicate the DOL non-pharmacologic treatment was initiated</td>
<td>complete a, b, and c</td>
<td>skip to #3</td>
</tr>
<tr>
<td>b. Indicate the types of non-pharmacologic support that the baby received (check all that apply)</td>
<td>Pharmacologic Treatment</td>
<td>Can't Determine</td>
</tr>
<tr>
<td>c. How was the baby fed at the transferring hospital? (check all that apply)</td>
<td>DOL</td>
<td>Can't Determine</td>
</tr>
</tbody>
</table>

If the baby was Inborn—please skip this section and proceed to Question #3
**Question #3:** Please indicate the highest level of care for this baby

Record the highest level of care the infant received during hospitalization:
- Level 1 = Normal nursery
- Level 2 = Independent Level 2 NICU or stepdown/transitional nursery
- Level 3 = NICU Level 3 or 4

**Question #4:** Baby birth weight

*record in grams*

**Question #5:** Record the baby’s lowest weight in the first 7 days of life

*record in grams*
Maternal Drug Exposure

Question #6 - 11: Questions in this section ask about mom’s exposure to drugs or tobacco during this pregnancy

Questions include:

- Is mom in a drug treatment program
- Drug exposure to prescribed opiates
  - other than treatment program opiates
  - you can find a list of opiates in the data instruction document
- Drug exposure to heroin
- Drug exposure to illicit opiates
  - other than heroin
- Drug exposure to other drugs not listed above
  - you can find a list of other drugs in the data instruction document
- Did mom smoke tobacco cigarettes during this pregnancy

<table>
<thead>
<tr>
<th>Maternal Drug Exposure</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
<th>Unknown</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Is mom actively participating in a treatment program?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
<td>Unknown</td>
<td>Skip</td>
</tr>
<tr>
<td>A. Indicate the medication assisted opiate treatment</td>
<td>methadone</td>
<td>suboxone</td>
<td>Unknown</td>
<td>buprenorphine</td>
<td>Other Specify:</td>
</tr>
<tr>
<td>7. Maternal drug exposure to other prescribed opiates during this pregnancy? (other than methadone, subutex, suboxone, buprenorphine)</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Maternal drug exposure to heroin during this pregnancy?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Maternal drug exposure to illicit opiates during this pregnancy? (other than heroin)</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Maternal exposure to other drugs not listed above in this pregnancy?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
<td>Unknown</td>
<td>Skip</td>
</tr>
<tr>
<td>A. If Yes, please indicate which type(s) of drugs (check all that apply)</td>
<td>Cocaine</td>
<td>Barbiturates</td>
<td>Benzodiazepines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCP</td>
<td>Amphetamines</td>
<td>Methamphetamine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>THC</td>
<td>Unknown</td>
<td>Other Specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Non-Pharmacologic Treatment *(at your hospital)*

- **Question #12:** Indicate the types of non-pharm support the baby received *(check all that apply)*
  - Low Stimulation, Rooming In, Kangaroo Care or Clothed Cuddling, Swaddling, Other (specify) or None

- **Question #13:** Indicate how this baby was fed at your hospital *(check all that apply)*
  - Formula, Breast Milk or Other type of feed
  - For each type of feed
    - Complete calorie content and indicate DOL start and DOL stop
    - If the feed was low lactose, indicate DOL start and DOL stop
Pharmacologic Treatment (at your hospital)

• Question #14: Did the baby receive pharmacologic treatment at your hospital?
  – Yes, No or Can’t Determine

*If the baby did not receive pharmacologic treatment, or you cannot determine treatment – please skip to Question #15. If the baby was treated pharmacologically for NAS, please complete Questions 14A through 14L.*

• Questions 14A – 14L include:
  – Finnegan score >12 and the highest score in the 24 hours prior to starting pharmacologic treatment on this baby
  – When treatment was initiated and the primary drug used
  – Did you follow your hospital NAS protocol for this baby?
    • Please review your hospital protocol to respond to questions in this section
  – Was a dose escalation necessary? If yes when?
  – Did the baby fail a wean step?
  – Did the baby follow your hospitals NAS treatment weaning schedule?
  – Was a secondary medication used? If yes, what medication and when did you initiate it?

Was this baby discharged on drug to treat NAS? If yes, which drug and how long was the baby treated?
Pharmacologic Treatment *(at your hospital)*

- **Question #14:** Did the baby receive pharmacologic treatment at your hospital?
  - Yes, No or Can’t Determine

*If the baby did not receive pharmacologic treatment, or you cannot determine treatment – please skip to Question #15. If the baby was treated pharmacologically for NAS, please complete Questions 14A through 14L.*

- **Questions 14A – 14L** include questions about:
  - Finnegan scores in the 24 hours prior to starting treatment on this baby
  - When treatment was initiated and the primary drug used
  - Did you follow your hospital NAS protocol for this baby?
    - *Please review your hospital protocol to respond to questions in this section*
    - Was a dose escalation necessary?
    - Did the baby fail a wean step?
    - Did the baby follow your hospitals NAS treatment weaning schedule?
    - Was a secondary medication used?
    - Was this baby discharged on drug to treat NAS?
**Hospital Length of Stay**

- **Question #15:** Enter the number of days this baby was in your hospital only

Image below is Questions #14 - #15

| Pharmacologic Treatment (at your hospital) |  
|------------------------------------------|---|
| 14. Did the baby receive pharmacologic treatment at your hospital? | ○ Yes complete A-L ○ No skip to #15 ○ Can't Determine skip to #15  
| A. How many Finnegan scores were >12 in the 24 hours prior to starting pharmacological treatment? | _____________ Number of scores >12 ○ Can't Determine  
| B. What was the highest Finnegan score in the 24 hours prior to starting pharmacological treatment? | _______ Finnegan score ○ Can't Determine  
| C. Indicate the DOL that treatment was initiated. | ________________ DOL ○ Can't Determine  
| D. Indicate the primary drug used to treat NAS. | ○ Morphine ○ Phenobarbital ○ Methadone ○ Other Specify ______  
| E. Was pharmacologic treatment initiated according to your NAS protocol at your hospital? | ○ Yes ○ No ○ Can't Determine  
| F. Was the designated primary opiate given? | ○ Yes complete a ○ No ○ Can't Determine skip a  
| G. Did the baby require a dose escalation? | ○ Yes complete a ○ No ○ Can't Determine skip a  
| a. Indicate the DOL of the initial dose escalation was required | ________________ DOL ○ Can't Determine  
| H. Did the baby fail a wean step? | ○ Yes ○ No ○ Can't Determine  
| I. Did this baby follow your hospital’s NAS treatment weaning schedule? | ○ Yes ○ No ○ Can't Determine  
| J. Did this baby receive a secondary medication? | ○ Yes complete a and b ○ No skip a and b ○ Can't Determine skip a and b  
| a. Indicate which medication (indicate first secondary medication given) | ○ Morphine ○ Methadone ○ Clonidine ○ Phenobarbital ○ Other Specify: _____________ ○ Can't Determine  
| b. Indicate the DOL the secondary medication was added | ________________ DOL ○ Can't Determine  
| K. Baby’s length of treatment with opiate drugs (days in your hospital only) | ________________ days  
| L. Was this baby discharged on drug? | ○ Yes complete a and b ○ No skip a and b ○ Can't Determine skip a and b  
| a. Indicate drug | ○ Morphine ○ Methadone ○ Other Specify ______  
| b. If Yes, indicate the number of days treated with drug after discharge. | ________________ days ○ Can't Determine  
| 15. Length of hospital stay (days in your hospital only) | ________________ days |
Questions