

# Chart Abstracted Measures

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Record ID

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## Instructions:

If you are from a level 2 hospital, please enter data on patients that are admitted 7 or more days.

If you are from a level 3 hospital, please enter data on patients that are admitted 14 or more days.

For this data form, consider the day of birth as DOL 1.

## Demographic Variables

### Month of Birth

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

### Year of Birth

- 2020
- 2021
- 2022
- 2023

### Location of birth (inborn or outborn)

- Inborn
- Outborn

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DOL at Admission (If inborn, day admitted to the NICU; if outborn, the DOL on date of transfer)

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((Remember, the day of birth is considered DOL 1 in this data set))

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If outborn, what hospital was the infant transferred from?

- Baystate Medical Center
- Beth Israel Deaconess Medical Center
- Beverly Hospital
- BI Plymouth Hospital
- Boston Children's Hospital
- Boston Medical Center
- Brigham and Women's Hospital
- Emerson Hospital
- Good Samaritan Medical Center
- Holy Family Hospital
- Lawrence Hospital
- Lowell General Hospital
- Massachusetts General Hospital
- Melrose Wakefield Hospital
- Metrowest Medical Center
- Mt. Auburn Hospital
- Newton-Wellesley Hospital
- North Shore Medical Center
- Signature Healthcare Brockton Hospital
- South Shore Hospital
- Southcoast - Charlton Memorial
- Southcoast - St. Luke's
- St. Elizabeth's Medical Center
- St. Vincent Hospital
- Tufts Medical Center
- UMass Memorial Health Care
- Winchester Hospital

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Birth weight

\_\_\_\_\_

(grams)

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Gestational age, weeks

\_\_\_\_\_

(weeks)

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Gestational age, days

\_\_\_\_\_

(days)

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Maternal race

- Black or African American
- White
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Multi-racial
- Other
- Unknown

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Specify

\_\_\_\_\_

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Ethnicity of Mother

- Not Hispanic
- Hispanic
- Unknown

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What is the mother's preferred language for health care discussions?

See appendix regarding Joint Commission standards for preferred language for health care discussions

- English
- Spanish
- Chinese (Mandarin and/or Cantonese)
- Tagalog
- Vietnamese
- Arabic
- French
- Korean
- Russian
- German
- Haitian Creole
- Other
- Unknown

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If other, what is the mother's preferred language for health care discussions?

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(language)

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What kind of insurance did the mother have during pregnancy?

- Masshealth
- Tufts ACO/ Progeny
- BMC HealthNet Plan
- Health Plans, Inc.
- Other
- No Insurance
- Unknown

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If other, what other kind of insurance did the mother have during pregnancy?

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(insurance type)

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Maternal Age

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(in years)

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Maternal Zip Code

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**Infant Sex**

- Female  
 Male  
 Undetermined

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**Plurality**

- Singleton  
 Twins  
 Triplets  
 Other Multiple

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If other plurality, how many infants?

\_\_\_\_\_

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**Mode of Delivery**

- Vaginal  
 Cesarean section

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Prenatal care (See appendix for VON definition)

- Yes  
 No

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Maternal substance use during pregnancy (check all that apply)

Definition: MAT = medication assisted treatment, the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders

- Methadone or suboxone only for MAT  
 Any substance use besides methadone and suboxone  
 None  
 Unknown

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What were the infant diagnoses at birth (check all that apply)

- Prematurity  
 At risk for neonatal opioid withdrawal syndrome or neonatal opioid withdrawal syndrome  
 Respiratory distress  
 Surgical diagnosis  
 Hypoxic ischemic encephalopathy  
 Hypoglycemia  
 Rule out sepsis  
 Other

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What was the surgical diagnosis?

\_\_\_\_\_

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If other, what was/were the other infant diagnoses at birth?

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Has the baby been discharged yet?

Yes  No

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What was the DOL at the initial disposition?

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(DOL)

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What was the weight at the initial disposition?

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(grams)

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What happened to the infant at the initial disposition?

- Discharged home
  - Transferred to a level 2
  - Transferred to a Level 3 or 4
  - Transferred to a rehabilitation hospital
  - Unknown
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If transferred to another MA hospital, which one was the infant transferred to?

- Baystate Medical Center
  - Beth Israel Deaconess Medical Center
  - Beverly Hospital
  - BI Plymouth Hospital
  - Boston Children's Hospital
  - Boston Medical Center
  - Brigham and Women's Hospital
  - Emerson Hospital
  - Good Samaritan Medical Center
  - Holy Family Hospital
  - Lawrence Hospital
  - Lowell General Hospital
  - Massachusetts General Hospital
  - Melrose Wakefield Hospital
  - Metrowest Medical Center
  - Mt. Auburn Hospital
  - Newton-Wellesley Hospital
  - North Shore Medical Center
  - Signature Healthcare Brockton Hospital
  - South Shore Hospital
  - Southcoast - Charlton Memorial
  - Southcoast - St. Luke's
  - St. Elizabeth's Medical Center
  - St. Vincent Hospital
  - Tufts Medical Center
  - UMass Memorial Health Care
  - Winchester Hospital
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Was a 51a filed prior to the initial disposition?

- Yes
- No
- Unknown

Did the infant remain in the social custody of the mother for the entire hospitalization prior to the initial disposition?

- Yes  
 No  
 Unknown

**Two days before the initial disposition or earlier, did at least one family member demonstrate proficiency in the following skills:**

	No	Yes	Unknown	N/A
Administration of medications or vitamins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding the infant by breast or bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of safe sleep recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixing fortified breast milk or formula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Human Milk Eligibility Variables**

Was the mother deemed ineligible to provide mother's own milk to her infant(s) by the medical team during the hospitalization?

- Yes  
 No  
 Unknown

If Yes, for what reason was the mother deemed ineligible?

- Recent substance abuse  
 Use of maternal drugs contraindicated with breastfeeding (i.e. chemotherapy)  
 Maternal HIV  
 Significant social issue where the infant will not go the mother's care following discharge  
 Other  
 Unknown

If other, why was the mother deemed ineligible?

\_\_\_\_\_

**Multi-Disciplinary Family Meeting Questions**

Did a multi-disciplinary family meeting occur in the first 7 days after admission as documented in the medical record?

Definition: A multi-disciplinary family meeting is defined as a meeting with representation from nursing, social work, the medical team (MD, NNP, or PA) and/or other providers.

- Yes  
 No  
 Unknown

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If yes, is the day of life of the multi-disciplinary family meeting documented in the medical record?

- Yes  
 No  
 Unknown

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If yes, what day of life did the multi-disciplinary family meeting occur?

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(day of life)

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Did a social worker consult with the mother and/or other caregivers (separate from the multi-disciplinary family meeting) in the first 7 days after admission as documented in the medical record?

- Yes  
 No  
 Unknown

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If yes, is the day of life that the social worker first consulted with the mother and/or other caregivers documented in the medical record?

- Yes  
 No  
 Unknown

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If yes, what day of life did the social worker first consult with the mother and/or other caregivers?

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(day of life)

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### Other Social Questions

Was the mother screened for postpartum depression using a standardized screening tool during the NICU hospitalization as documented in the medical record?

- Yes  
 No  
 Unknown

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If yes, what was the DOL when the postpartum depression screening tool was administered?

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(DOL)

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Was the family assessed for any unmet basic needs (e.g. housing, transportation difficulties, food insecurity) as documented in the medical record during the NICU hospitalization?

- Yes  
 No  
 Unknown

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If yes, which unmet basic needs? (check all that apply)

- Housing
- Food
- Utilities
- Transportation
- Childcare
- Parental education
- Parental employment
- Other

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If other unmet needs, please list:

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**Day-of-life specific data:**

NOTE: You must save this form at least once before using the Day of Life table - the button to add a new instance will not work correctly until you do. However, the form status does not affect this.

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