Maternal Exposure Data Manual of Definitions

2020

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MATEX Database

Introduction

The purpose of this optional data collection is to improve healthcare for newborns that have been exposed in utero by focusing on treatment and length of stay in the hopital. Using the NICU Database and partnering with the community of neonatologists/pediatricians committed to improving the quality of care in California, we have a unique opportunity to collect data about the variations in practice and important associates with the outcome of infants that have been exposed in utero.

The Maternal Exposures Data Collection (MATEX) consists of items describing the exposures, treatments, and outcomes. The results will be analyzed by CPQCC and will be made available to participating centers to view reports, compare trends, and compare practices to other California hospitals.

Eligbility

Any infant who is greater than or equal to 34 weeks gestation with an **in utero** hisotry of exposures to opioids/narcotics (prescribed or illicit) with Neonatal Abstinence Syndrome (NAS) withdrawal symtpoms by Day of LIfe 7. See list of drugs for complete eligibility:

1. Buprenorphine (Subutex, Suboxone)

2. Codeine

3. Fentanyl

4. Heroin

5. Hydrocodone

6. Hydromorphone

7. Methadone

8. Oxycodone

9. Other

Reference: Hudak ML, Tan RC; Committee on Drugs; Committee on Fetus and Newborn. American Academy of Pediatrics Clinical Report. Neonatal drug withdrawal. Pediatrics. 2012;129(2). Available at: www.pediatrics.org/cgi/content/full/129/2/e540

Important Notes:

- This database is optional.

- Centers are encouraged to keep track of infants with **all** types of exposures, not just opiates.

- Eligibility for the [Mother and Baby Substance Exposure Initiative](#) (MBSEI) includes more infants.

Identification

MATEX Infant ID [MATEXID]

Internal reference number that allows associating a hospital's internal record with what is submitted in the Maternal Exposures Database.

NICU Data Record ID [CPQCCID]

If the infant is eligible for the CPQCC NICU Database, this field is the NICU Data record ID assigned to this infant.

NAD Reference Number [optional] [NADID]

If your NICU participates in the optional NICU Admits Database (NAD), the NAD reference number assigned to this infant stay.

Infant Hospital Record ID [optional] [OPTID]

An ID for this infant that is used by your hospital internally. Note that for PHI confidentiality reasons, this cannot be the MRN.

Hospital ID [HOSPNO]

For CPQCC NICU participants, the 4-digit Network ID assigned to your center.

For non-CPQCC NICUs and non-NICU participants, the 6-digit Network ID assigned to your center.

Demographics

Birth Date [BDATE]

Enter the infant's date of birth.

The date of birth is used together with the mother's date of birth to determine the maternal age at delivery.

Birth Time [BTIME]

Enter the infant's time of birth on the 24-hour clock.

Admission Type [LOCATE]

The purpose of this question is to find out where the infant was born.

Select **Inborn** if the infant was delivered in your center on this admission. This includes any location within your center, e.g., Labor & Delivery, Antepartum unit, Emergency Room AND was never sent home after birth. For Satellite NICUs the Inborn option is not available.

Select **Outborn** if the infant was born in another facility OR was at any location outside your Center OR was home at any time after birth. Any infant requiring ambulance transfer is considered outborn.

Select **Born at Co-Located Hospital** (Satellite NICUs Only) if your center is a satellite NICU and the infant was delivered in the co-located hospital. This includes any location within the co-located hospital, e.g., Labor & Delivery, Antepartum unit, Emergency Room.

Location of Birth [BIRTHLOCATION]

For outborn infants only, enter the birth hospital in your preferred format.

Location of NAS Management [TRSNASMAN0] [TRSNASMAN1] [TRSNASMAN2] [TRSNASMAN3] [TRSNASMAN4] [TRSNASMAN998] [TRSNASMAN999]

Check all locations in your hospital where the infant stayed for NAS management.

Select NICU [TRSNASMAN0] if the infant ever was in the NICU for NAS management.
Select Well Baby [TRSNASMAN1] if the infant ever was in Well Baby for NAS management.
Select Pediatrics [TRSNASMAN2] if the infant ever was in Pediatrics for NAS management.
Select PICU [TRSNASMAN3] if the infant ever was in the PICU for NAS management.
Select Transferred to another hospital [TRSNASMAN4] if the infant was transferred to another hospital for NAS management.
Select Other [TRSNASMAN998] if the infant was ever for NAS management in another department in your hospital that is not listed.
Select Unknown [TRSNASMAN999] if this information cannot be obtained.

Department Admission Date [ADATE]

Enter the date the infant was admitted to the department specified in the previous question.

Mother's Birth Date [MDATE]

Enter the mother's date of birth.

The mother's date of birth is used together with the infant's date of birth to determine the maternal age at delivery.

Check **unknown** if the mother's date of birth is unknown.

Birth Weight (in Grams) [BWGT]

Record the birth weight in grams. Since many weights may be obtained on an infant shortly after birth, enter the weight from the Labor and Delivery record if available and judged to be accurate. If unavailable or judged to be inaccurate, use the weight on admission to the neonatal unit or lastly, the weight obtained on autopsy (if the infant expired within 24 hours of birth).

Sex of infant [SEX]

Select **Male** or **Female**.

Select **Undetermined** when sex is not assigned as male or female by the time of discharge because it has been considered to be undetermined (or "ambiguous") by the clinical team

Select **Unknown** if information on sex cannot be obtained.

Best Estimate of Gestational Age, [GAWEEKS], [GADAYS]

CPQCC has adopted the JC definition of gestational age:

Gestational age is defined as the best obstetrical estimate (OE) of the newborn's gestation in completed weeks based on the birth attendant's final estimate of gestation, irrespective of whether the gestation results in a live birth or a fetal death. This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but not the newborn exam. Ultrasound taken early in pregnancy is preferred (source: American College of Obstetricians and Gynecologists reVITALize Initiative).

Source: https://manual.jointcommission.org/releases/TJC2017A/DataElem0265.html

In the cases where there is no prenatal care or there are significant discrepancies between the obstetrical gestational age and neonatal gestational age (i.e., over two weeks), please determine the gestational age from the neonatologist exam.

Select the gestational age in completed weeks and days.

Select **Unknown** if the information cannot be obtained.

User Comment / Notes [optional] [MTXCOMMENT]

Add any notes regarding this infant to the MATEX record.

Maternal History

Maternal Drug Exposure History [MHIST]

Drug exposure is defined as drugs of addiction, illicit drugs, or antidepressants/antipsychotics.

Select **Negative** if the Mother does not have a history of drug exposure during pregnancy.

Select **Positive** if the Mother has a history of drug exposure during pregnancy.

Select **Unknown** if this information is not obtainable.

Maternal Drug Exposures [MHISTPOS1] [MHISTPOS2] [MHISTPOS3] [MHISTPOS4] [MHISTPOS5] [MHISTPOS6] [MHISTPOS7] [MHISTPOS8] [MHISTPOS9] [MHISTPOS10] [MHISTPOS998] [MHISTPOS999] [MHISTPOSDESC]

This item is only applicable if a maternal drug exposure history was done.

Check all maternal drug exposures which were present in the antenatal period. At least one of the exposures must be checked:

Alcohol [MHISTPOS1]
Amphetamines [MHISTPOS2]
Antidepressants/Psychotropics (non SSRI) [MHISTPOS3]
Benzodiazepines/Barbiturates [MHISTPOS5]
Cocaine [MHISTPOS6]
Marijuana [MHISTPOS8]
Opiates [MHISTPOS7]
Phencyclidine [MHISTPOS9]
Selective serotonin reuptake inhibitors (SSRI) [MHISTPOS4]
Tobacco/Nicotine [MHISTPOS10]
Other (DESCRIBE) [MHISTPOS998]
Unknown [MHISTPOS999]

Check **Other** if the exposure is not listed and provide a description.

Check **Unknown** if the information is not obtainable or maternal drug exposure is unknown. In this instance, no other choices are possible.

Maternal Opiate Exposures [MHISTOPIATE701] [MHISTOPIATE702] [MHISTOPIATE703] [MHISTOPIATE704] [MHISTOPIATE705] [MHISTOPIATE706] [MHISTOPIATE707] [MHISTOPIATE708] [MHISTOPIATE709] [MHISTOPIATE710] [MHISTOPIATE711] [MHISTOPIATE998] [MHISTOPIATE999] [MHISTOPIATEDESC]

This item is only applicable if a maternal drug exposure history was done <u>and</u> if the drug exposure history included opiates.

Check all maternal opiate exposures which were present in the antenatal period. At least one of the opiate exposures must be checked:

Buprenorphine (Suboxone, Subutex) [MHISTOPIATE701]
Codeine [MHISTOPIATE702]
Fentanyl [MHISTOPIATE703]
Heroin [MHISTOPIATE704]
Hydrocodone [MHISTOPIATE705]
Hydromorphone [MHISTOPIATE706]

Meperidine [MHISTOPIATE709]
Methadone [MHISTOPIATE707]
Morphine [MHISTOPIATE710]
Oxycodone [MHISTOPIATE708]
Oxycontin [MHISTOPIATE711]
Other (DESCRIBE) [MHISTOPIATE998]
Unknown [MHISTOPIATE999]

Check **Other** if opirate is not listed and provide a description.

Check **Unknown** if the information is not obtainable. In this instance, no other choices are possible.

Maternal Screen and Treatment during Pregnancy

Maternal Toxicology Screen [MTXSCRN]

Check **Negative** if the Mother's Toxicology Screen was negative.

Check **Positive** if the Mother's Toxicology had positive results.

Check **Not Done** if a toxicology screen was not performed.

Check **Unknown** if this information is not obtainable.

Drug Exposures Maternal Toxicology Screened Positive [MTXSCRNPOS1] [MTXSCRNPOS2] [MTXSCRNPOS3] [MTXSCRNPOS5] [MTXSCRNPOS6] [MTXSCRNPOS7] [MTXSCRNPOS8] [MTXSCRNPOS9] [MTXSCRNPOS998] [MTXSCRNPOS999] [MTXSCRNPOSDESC]

This item is only applicable if at least one maternal toxicology screen was done.

Select all maternal drug exposures a maternal toxicology screen tested positive for. At least one of the exposures must be checked:

Alcohol [MTXSCRNPOS1]
Amphetamines [MTXSCRNPOS2]
Antidepressants/Psychotropics (non SSRI) [MTXSCRNPOS3]
Benzodiazepines/Barbiturates [MTXSCRNPOS5]
Cocaine [MTXSCRNPOS6]
Marijuana [MTXSCRNPOS8]
Opiates [MTXSCRNPOS7]
Phencyclidine [MTXSCRNPOS9]
Other (DESCRIBE) [MTXSCRNPOS998]
Unknown [MTXSCRNPOS999]

Check **Other** if the drug exposure is not listed and provide a description.

Check **Unknown** if the information is not obtainable or it is not known whether a maternal toxicology screen was done. In this instance, no other choices are possible.

Maternal Opiates Exposures Screened Positive on Toxicology Screen [MOPIATE701] [MOPIATE702] [MOPIATE703] [MOPIATE704] [MOPIATE705] [MOPIATE706] [MOPIATE707] [MOPIATE708] [MOPIATE709] [MOPIATE710] [MOPIATE711] [MOPIATE998] [MOPIATE999] [MOPIATEDESC]

This item is only applicable if at least one maternal toxicology screen was done and if a maternal toxicology screen tested positive for opiates.

Select all maternal opiates that were tested positive. At least one of the opiates must be checked:

Buprenorphine (Suboxone, Subutex) [MOPIATE701]
Codeine [MOPIATE702]
Fentanyl [MOPIATE703]
Heroin [MOPIATE704]
Hydrocodone [MOPIATE705]
Hydromorphone [MOPIATE706]
Meperidine [MOPIATE709]
Methadone [MOPIATE707]
Morphine [MOPIATE710]
Oxycodone [MOPIATE708]
Oxycontin [MOPIATE711]
Other (DESCRIBE) [MOPIATE998]
Unknown [MOPIATE999]

Check **Other** if the opiate is not listed and provide a description.

Check **Unknown** if the information is not obtainable. In this instance, no other choices are possible.

Did the Mother Receive Medication Assisted Treatment during the Pregnancy? [MOPPGRM]

Check **No** if the mother did not receive medication assisted treatment during this pregnancy.

Check **Yes** if the mother did receive medication assisted treatment during this pregnancy.

Check **Unkown** if this information cannot be obtained.

Medication used in Medication Assisted Opiate Treatment Program [MOPTRTMT701] [MOPTRTMT707] [MOPTRTMT998] [MOPTRTMT999] [MOPTRTMTDESC]

If the mother received medication assisted treatment during the pregnancy, select all maternal drug exposures that were used in the medication assisted treatment.

Buprenorphine (suboxone, subutex) [MOPTRTMT701]
Methadone [MOPTRTMT707]
Other (DESCRIBE) [MOPTRTMT998]
Unknown [MOPTRTMT999]

Check **Other** if the medication assisted treatment drug is not listed.

Check **Unknown** if the information is not obtainable. In this instance, no other choices are possible.

Did the Mother Receive Addiction Services during Pregnancy? [THERAPIST]

Addiction Services includes case management, psychiatry, psychology, social work, facilitated group therapy, or facilitated family therapy.

During the pregnancy includes any time during the pregnancy and before admission to labor and delivery.

Select **No** if the mother did not receive addiction services during this pregnancy.

Select **Yes** if the mother received addiction services during this pregnancy.

Select **Unknown** if this information cannot be obtained.

Infant Screen

Infant Toxicology Screen [BTXSCRN]

Select **Negative** if the infant's Toxicology Screen was negative.

Select **Positive** if the infant's Toxicology screen has positive results.

Select **Not done** if an infant toxicology screen was not done.

Select **Unknown** if this information cannot be obtained.

Drug Exposures Infant Toxicology Screened Positive [BTXSCRNPOS1] [BTXSCRNPOS2] [BTXSCRNPOS3] [BTXSCRNPOS5] [BTXSCRNPOS6] [BTXSCRNPOS7] [BTXSCRNPOS8] [BTXSCRNPOS9] [BTXSCRNPOS998] [BTXSCRNPOS999] [BTXSCRNPOSDESC]

This item is only applicable if at least one infant toxicology screen was done.

Select all drug exposures an infant toxicology screen tested positive for. At least one of the exposures must be checked:

Alcohol [BTXSCRNPOS1]
Amphetamines [BTXSCRNPOS2]
Antidepressants/Psychotropics (non SSRI) [BTXSCRNPOS3]

Benzodiazepines/Barbiturates [BTXSCRNPOS5]
Cocaine [BTXSCRNPOS6]
Marijuana [BTXSCRNPOS8]
Opiates [BTXSCRNPOS7]
Phencyclidine [BTXSCRNPOS9]
Other (DESCRIBE) [BTXSCRNPOS998]
Unknown [BTXSCRNPOS999]

Check **Other** if the drug exposure is not listed and provide a description.

Check **Unknown** if the information is not obtainable or it is not known whether an infant toxicology screen was done. In this instance, no other choices are possible.

Opiate Exposures Infant Toxicology Screened Positive [BOPIATE701] [BOPIATE702] [BOPIATE703] [BOPIATE704] [BOPIATE705] [BOPIATE706] [BOPIATE707] [BOPIATE708] [BOPIATE709] [BOPIATE710] [BOPIATE711] [BOPIATE998] [BOPIATE999] [BOPIATEDESC]

This item is only applicable if at least one infant toxicology screen was done and if an infant toxicology screen tested positive for opiates.

Select all infant opiate exposures. At least one of the opiate exposures must be checked:

Buprenorphine (Suboxone, Subutex) [BOPIATE701]
Codeine [BOPIATE702]
Fentanyl [BOPIATE703]
Heroin [BOPIATE704]
Hydrocodone [BOPIATE705]
Hydromorphone [BOPIATE706]
Meperidine [BOPIATE709]
Methadone [BOPIATE707]
Morphine [BOPIATE710]
Oxycodone [BOPIATE708]
Oxycontin [BOPIATE711]
Other (DESCRIBE) [BOPIATE998]
Unknown [BOPIATE999]

Check **Other** if the opiate is not listed and provide a description.

Check **Unknown** if the information is not obtainable. In this instance, no other choices are possible.

Non-Pharmacological Treatment

Was a structured non-pharmacologic approach, such as 'Eat, Sleep, Console', used for treatment of this substance exposed newborn? [ESCAPPROACH]

Check **Yes** if a structured nonpharmacologic approach, such as "Eat, Sleep, Console", was used for the treatment of this substance exposed newborn.

Check **No** if a structured nonpharmacologic approach, such as "Eat, Sleep, Console", was not used for the treatment of this substance exposed newborn.

Check **Unknown** if this information cannot be obtained.

Non-Pharmacologic Support Infant Received at your Hospital [NONPHARMTRT0] [NONPHARMTRT1] [NONPHARMTRT2] [NONPHARMTRT3] [NONPHARMTRT4] [NONPHARMTRT5] [NONPHARMTRT6] [NONPHARMTRT7] [NONPHARMTRT8] [NONPHARMTRT997] [NONPHARMTRT998] [NONPHARMTRT999] [NONPHARMTRTDESC]

Select all types of non-pharmacological treatment that the infant received at your hospital at any time.

None [NONPHARMTRT0]
Coddlers [NONPHARMTRT5]
Higher Calorie Formula [NONPHARMTRT7]
Kangaroo Care or Clothed Cuddling [NONPHARMTRT3]
Low Lactose Formula [NONPHARMTRT8]
Low Stimulation [NONPHARMTRT1]
Pacifiers [NONPHARMTRT6]
Rooming in [NONPHARMTRT2]
Swaddling [NONPHARMTRT4]
Other (DESCRIBE) [NONPHARMTRT998]
Not Applicable (no NAS) [NONPHARMTRT997]
Unknown [NONPHARMTRT999]

Select **None** if non-pharmacological treatment was not used. In this case, no other choices are possible.

Select **Other** if the non-pharmacological treatment is not listed and add a description.

Select **Unknown** if this information cannot be obtained. In this case, no other choices are possible.

Infant Feed Types at your Hospital [FEEDTYPE1] [FEEDTYPE2] [FEEDTYPE3] [FEEDTYPE998] [FEEDTYPE999] [FEEDTYPEDESC]

Select all feeding types that were used at your hospital at any time.

Formula [FEEDTYPE1]
Mother's Breast Milk [FEEDTYPE2]
Donor Breast Milk [FEEDTYPE3]
Other [FEEDTYPE998]
Unknown [FEEDTYPE999]

Select **Other** if feeding type is not listed and specify a description.

Select **Unknown** if this information cannot be obtained. In this case, no other choices are possible.

Reasons Why Infant was not Breastfed at your Hospital [REASONNOTBFED1] [REASONNOTBFED2] [REASONNOTBFED3] [REASONNOTBFED4] [REASONNOTBFED998] [REASONNOTBFED999] [REASONNOTBFEDDESC]

Select **Mother not available** [REASONNOTBFED1] if the mother was not available to breastfeed the baby at your hospital at any time.

Select **Mother medically unstable** [REASONNOTBFED2] if the mother was medically unstable and could not breastfeed the baby.

Select **Mother HIV positive** [REASONNOTBFED3] if the mother is HIV Positive and was unable to breastfeed the baby.

Select **Mother positive for illicit drugs** [REASONNOTBFED4] if the mother is actively on illicit drugs and was unable to breastfeed the baby.

Select **Other (DESCRIBE)** [REASONNOTBFED998] if the reason why mother did not breastfeed at your hospital is not listed and provide a description.

Select **Unknown** [REASONNOTBFED999] if this information cannot be obtained (no other choices possible).

Pharmacologic Treatment

Was Infant Treated with Pharmacologic Drugs in your Hospital? [PHARMTRT]

Select **No** if infant was not treated with pharmacological drugs.

Select **Yes** if infant was not treated with pharmacological drugs.

Select **Unknown** if this information cannot be obtained.

Was the Pharmacologic Treatment Done in Accordance to the NAS Protocol at your Hospital? [NASPROT]

This item is only applicable if the infant was treated pharmacologically at your hospital.

Select **No** if infant was not treated in accordance to the NAS protocol at your hospital.

Select **Yes** if infant was treated in accordance to the NAS protocol at your hospital.

Select **No NAS Protocol for Treatment** if your hospital does not have an NAS protocol or if infant was not treated with pharmacologic drugs.

Select **Unknown** if this information cannot be obtained.

Primary Pharmacologic Treatment Drug [PRIMDRUG], [PRIMDRUGDESC]

This item is only applicable if the infant was treated pharmacologically at your hospital.

Select infant's primary treatment drug.

Buprenorphine
Methadone
Morphine
Diluted Tincture of Opium
Clonidine
Phenobarbital
Other (DESCRIBE)

Select **Other** if the drug is not listed and provide a description.

Select **Primary Treatment Drug not Used** if the primary treatment drug was not used.

Select **Unknown** if this information cannot be obtained.

Primary Treatment Drug Start Date [PRIMTRTSTART]

Enter the date that primary drug treatment was initiated.

Primary Treatment Drug Stop Date [PRIMTRTEND]

Enter the date that primary drug treatment was stopped.

Secondary Pharmacologic Treatment Drug [SECDRUG], [SECDRUGDESC]

This item is only applicable if the infant was treated pharmacologically at your hospital.

Select infant's secondary treatment drug.

Buprenorphine
Methadone
Morphine
Diluted Tincture of Opium
Clonidine
Phenobarbital
Other (DESCRIBE)

Select **Other** if the drug is not listed and provide a description.

Select **Secondary Treatment Drug not Used** if a secondary treatment drug was not used.

Select **Unknown** if this information cannot be obtained.

Secondary Treatment Drug Start Date [SECTRTSTART]

Enter the date that secondary drug treatment was initiated.

Secondary Treatment Drug Stop Date [SECTRTEND]

Enter the date that secondary drug treatment was stopped.

Comment on Additional Treatment Drugs [OTHDRUGCOMMENT]

If there were additional treatment drugs used (i.e., in addition to the primary and secondary treatment drug), please describe in the comment box.

Disposition

Was the Infant Discharged on NAS Treatment Drugs? [DISDRUG]

Select **No** if the infant was not discharged on NAS treatment drugs.

Select **Yes** if infant was discharged on NAS treatment drugs.

Select **Unknown** if this information cannot be obtained.

Discharge Treatment Drug [DISDRUGTYPE], [DISDRUGTYPEDESC]

This item is only applicable if the infant was discharged on an NAS treatment drug.

Select NAS treatment drug that the infant was discharged on.

Methadone
Morphine
Clonidine
Phenobarbital
Other (DESCRIBE)

Select **Other** if the drug is not listed and provide a description.

Select **Unknown** if this information cannot be obtained.

Was the Infant Receiving any Mother's Milk at Newborn Discharge? [DISBMILKMOM]

Select **No** if the infant did not receive any mother's milk at discharge.

Select **Yes** if the infant did receive any mother's milk at discharge.

Select **Unknown** if this information cannot be obtained.

Infant Health Insurance [HLTHINSUR1] [HLTHINSUR2] [HLTHINSUR3] [HLTHINSUR4] [HLTHINSUR5] [HLTHINSUR998] [HLTHINSUR999] [HLTHINSURDESC]

Select all insurance options that apply for the infant's hospital stay.

CCS [HLTHINSUR1]
Commercial HMO [HLTHINSUR2]
Commercial PPO [HLTHINSUR3]
Medi-Cal [HLTHINSUR4]
Point of Service EPO [HLTHINSUR5]
Other [HLTHINSUR998]
Unknown [HLTHINSUR999]

Select "Medi-Cal" for Medi-Cal Managed Care plans.

Select **Unknown** if this information cannot be obtained. In this case, no other choices are possible.

Note:

Healthy Families Program transitioned to Medi-Cal in 2013.

Infant Hospital Discharge Date [DDATE]

Enter the infant's discharge date from hospital.

Infant Hospital Disposition [HSPDISP]

Specifiy the infant's hospital disposition.

Select **Discharged Home to biological mother** if the infant ultimately went home with biological mother.

Select **Discharged Home to other family member** if the infant ultimately went home with another family member.

Select **Discharged /Social Services/Foster Care** if the infant was discharged to a Social Services orFoster Care System.

Select **Adoption** if the infant was adopted and discharged to his/her adoptive parents.

Select **Died** if the infant ultimately died during the hospital stay.

Select **Transported** if the infant was transported to another hospital.

Select **Unknown** if this information cannot be obtained.

Did Mother meet All Safe Discharge Checklist criterea? [DISCHECKLIST]

A template Maternal Safe Discharge Checklist is available here.

If you do not have a Maternal Safe Discharge Checklist, you can customize the template to create a maternal Safe Discharge Checklist for your facility.

If you have a Maternal Safe Discharge Checklist, or once you have developed your facility-specific criteria, indicate here whether the checklist has been followed for each specific patient.

Check **Yes** if the patient has met <u>**all**</u> safe discharge criteria on your hospital's defined Safe Discharge Checklist.

Check **No** if the patient has not met <u>**all**</u> safe discharge criteria on your hospital's defined Safe Discharge Checklist.

Check **No Checklist** if your hospital has not yet developed a Safe Discharge Checklist specific to your hospital.

Check **Unknown** if this information cannot be obtained.