



Final Birth Certificate Accuracy Initiative Monthly OB Teams Call

February 29, 2016
12:30 pm – 1:30 pm

Overview

- Review data
- Letters of commendation
- Sustainability
 - State resources available
 - Hospital level activities
- Recap

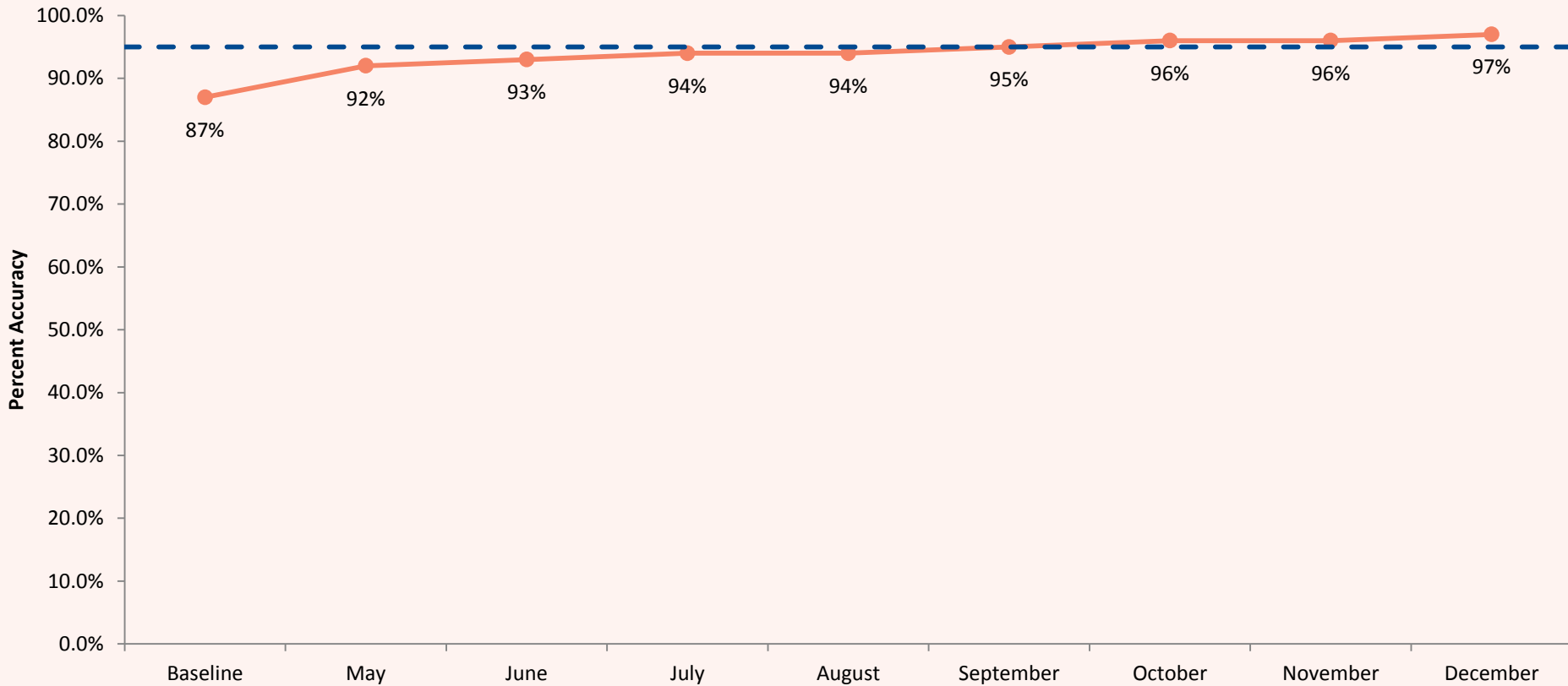
BC Accuracy Progress to Date

- 107 team rosters submitted for initiative (44 wave 1, 63 wave 2)
- December data submission (as of 2/23)
 - 89 teams entered data outcome data in REDCap (83.1%)!
- 13 OB Teams calls; 8 QI support calls; Monthly outreach to teams working towards 95% goal

BC Accuracy: Overall Accuracy of All Variables



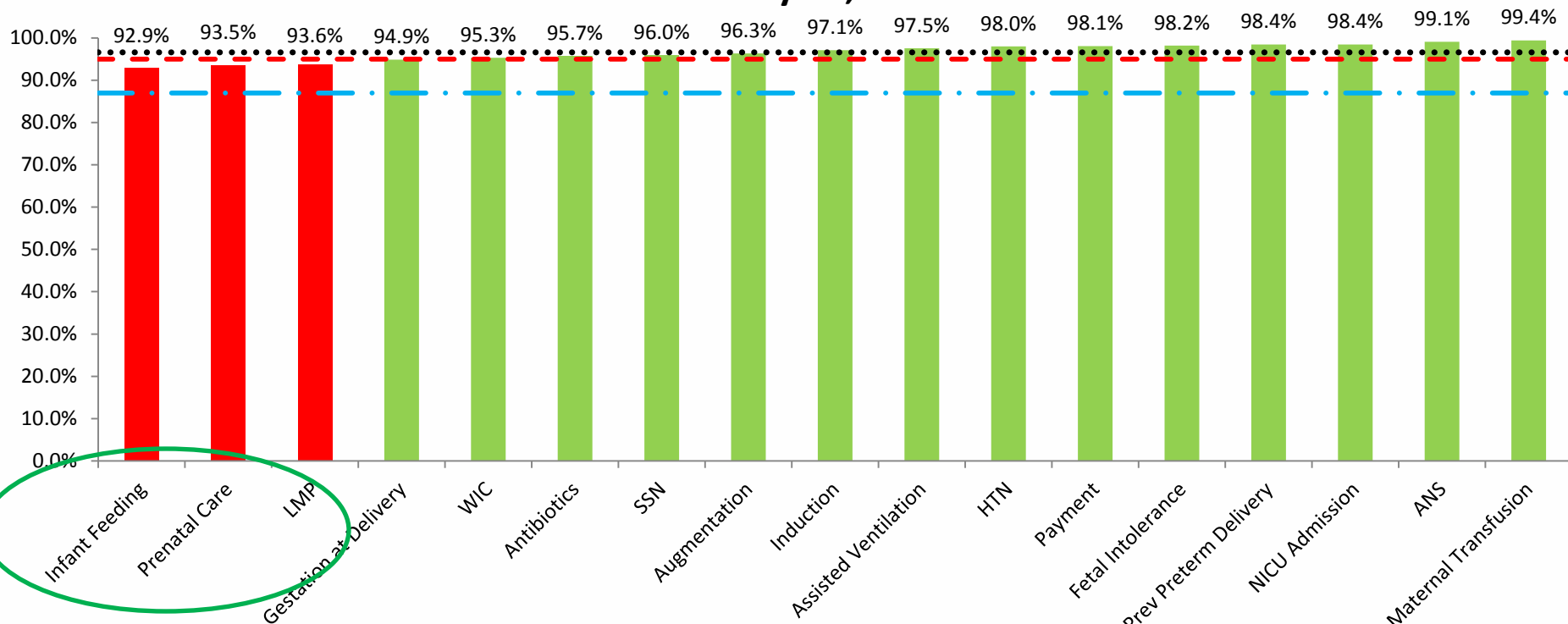
ILPQC Birth Certificate Accuracy Initiative Overall Accuracy of All Birth Certificate Variables All Variables, 2015



BC Accuracy December Data: Accuracy by Variable



ILPQC Birth Certificate Accuracy Initiative December Data February 23, 2016



Goal = **95.0%** (red dashed line)

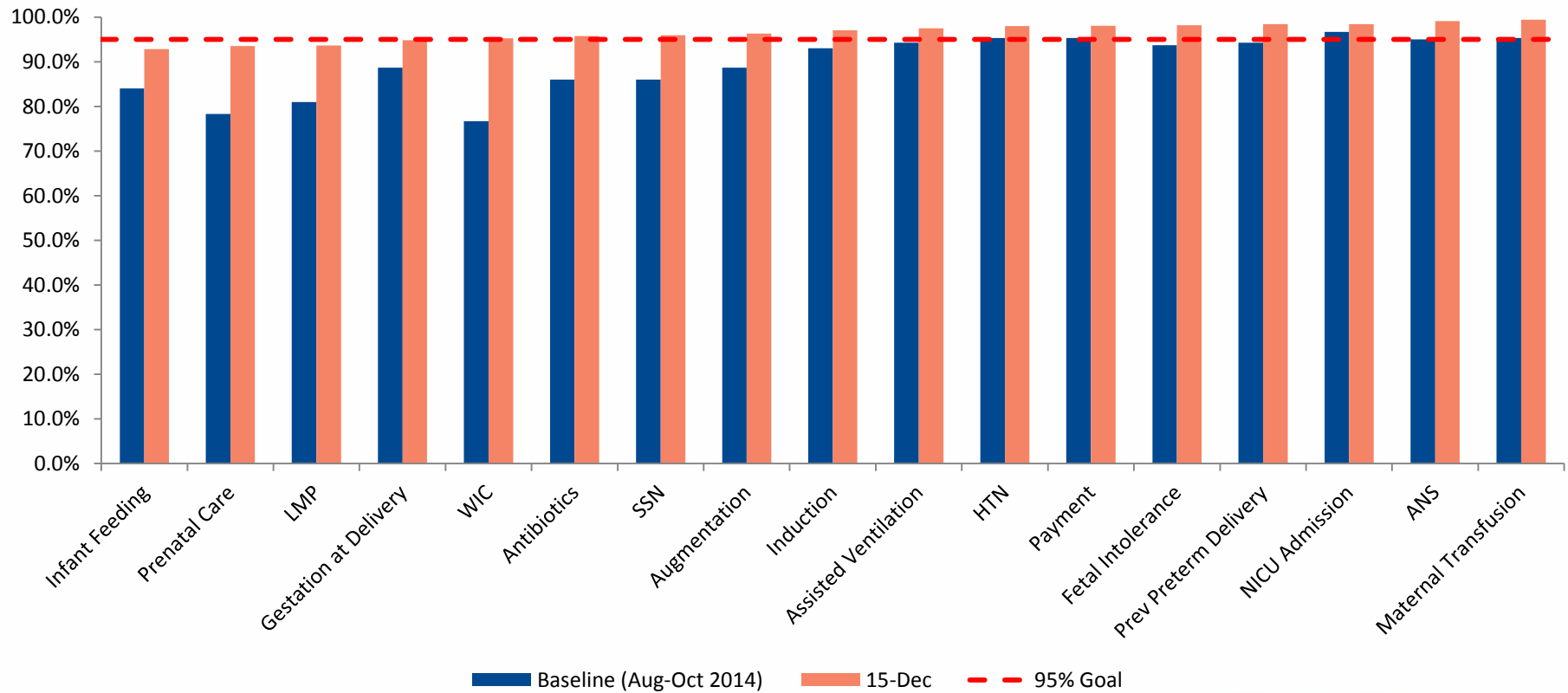
Baseline = **87.0%** (blue dash dot line)

Overall accuracy for all 17 variables for December = **96.7%** (black dotted line)

Total Hospitals Reporting December Data = 89

BC Accuracy Improvement from Baseline to Date

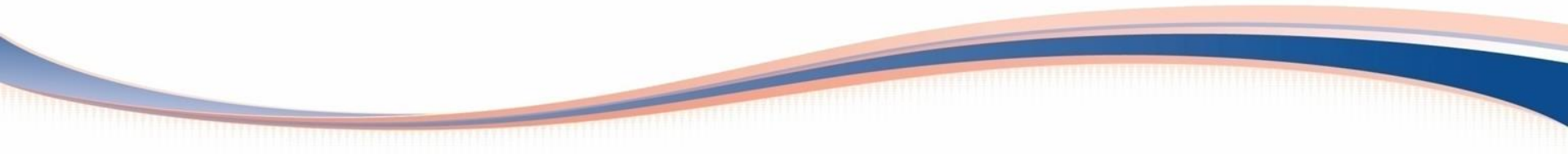
**ILPQC Average Birth Certificate Accuracy for 17 Key Variables
Comparing Baseline (Aug-Oct 2014) to December 2015 Audit Data**



Opportunities for Change

Variables under 95% accuracy & identified on QI support calls are focus for improvement

Variable	Baseline Accuracy	May Accuracy	June Accuracy	July Accuracy	August Accuracy	September Accuracy	October Accuracy	November Accuracy	December Accuracy
Augmentation	88.7	91	91	94	93	95	94	94	96
Antibiotics	86.0	91	92	94	94	94	94	93	96
Gestation	88.0	91	91	93	93	94	94	94	95
Infant Feeding	83.7	87	90	89	90	91	92	92	93
SSN	85.7	93	91	92	94	95	95	96	96
Prenatal Care	78.3	84	85	87	87	89	89	89	94
WIC	76.0	82	86	86	90	93	94	95	95
LMP	81.0	83	87	86	90	91	91	92	94



Letters of Commendation

- Teams reaching the initiative goal of >95% accuracy for October, November, or December will receive a letter of commendation
 - 81 teams receiving letters so far (75.7% of teams)!
 - Last call for data – 3/15
- Letters will be mailed to CEOs
- OB Directors and Team Leads will receive a copy of the letter via email

OB TEAMS CALL BIRTH CERTIFICATE OPTIMIZATION INITIATIVE

February 29, 2016

Cindy Mitchell

HSHS St. John's

WHERE DO WE GO FROM HERE



ANYWHERE BUT BACKWARDS

- Sustain Momentum
- Sustain Collaboration
- Continued Education

HOW

- Quarterly Newsletters
- Education
- Yearly Conference
- Resources
- Hospital-level QI



*I'm not lost for I know where I am. But however,
where I am may be lost.*


A. A. Milne, Winnie-the-Pooh #1

SUPPORT FOR STAFF

- Reestablish Quarterly Newsletters
- In-Person Training
- Yearly Conference
- Maintaining Current Reference Material
- Avenues for Improved Communication

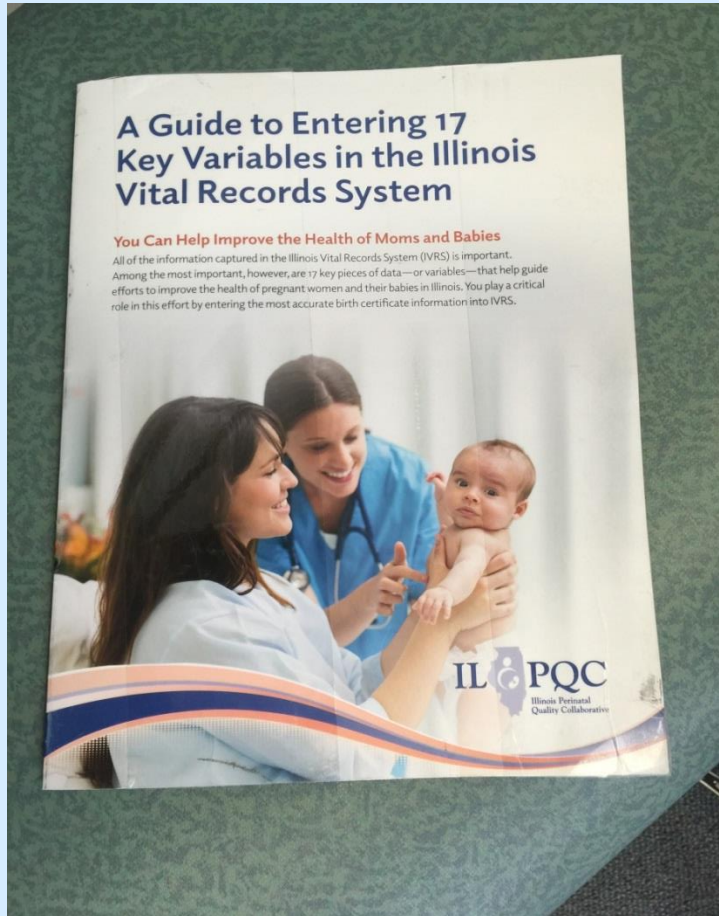
GUIDEBOOK

State of Illinois
Revised May 2015

A black and white photograph showing a close-up of a newborn baby's hand being held by an adult's hand. The baby's hand is small and delicate, while the adult's hand is larger and more textured. The background is blurred, focusing attention on the hands.

Completing The Facility Worksheet For the Certificate of Live Birth

KEY VARIABLES DOCUMENT



Key Variables Document was created for this original project ~ it will not be updated as we move forward. The Guidebook in the previous slide is the one that will be kept current.

BIRTH CERTIFICATE ACCURACY SUSTAINABILITY: HOSPITAL LEVEL

- Quarterly audits to monitor accuracy levels
- Monthly team meetings
- New hire training
- EMR integration examples:
 - OPQC
 - Abraham Lincoln Memorial Hospital
 - NorthShore Evanston
 - MN Department of Public Health
 - CDC e-Vital Standards Initiative

The Role of EMR in Birth Registry Abstraction - OPQC



- EMR is an asset in birth registry abstraction if the abstractor knows where to correctly find information
 - Is the necessary data being documented in your EMR?
 - Is this a standardized process? (Is the data ALWAYS pulled from the same place by the same person(s)?)
 - WHERE is the data being entered into the EMR?

Opportunities to optimize EMR for birth registry abstraction



- Work with internal IT department to
 - Confirm needed data can be documented in the EMR
 - Facilitate EMR systems that “speak” with each other
 - Construct a **birth registry data report** that includes the majority of variables pulled from various locations in EMR
- Ensure that all L&D staff that do birth data abstraction have access to view both mom and infants EMR
- Identify which area of the EMR is to be used for abstraction of specific variables (truth in source tool) as there can be conflicting data across the EMR

IL Case Study:

Abraham Lincoln Memorial Hospital

- Level 1 hospital, 200 births/year, central Illinois, predominately rural population



- Problem

- Information for the birth registry was in several different areas of the EMR
- Conflicting and duplicate information in EMR
- Difficult to abstract the information for the birth registry

IL Case Study: Abraham Lincoln EMR Truth in Source Tool



- Goal:
 - Abstractors get information from the same place each time
 - Decrease the number of places abstractors need to view
- Activity:
 - Created an EMR truth in source tool
 - Added additional BC variables to EMR: LMP, receiving WIC, and principle source of payment to EMR patient interview form

IL Case Study:

Abraham Lincoln Memorial Hospital



- Summary:
 - Majority of BC data now abstracted from EMR
 - Increased BC accuracy from 92% to 99%
 - Truth in source tool directs the abstractors to specific sources for specific variables:
 - Physicians' H&P (EMR)
 - Initial Patient Interview (EMR)
 - Labor and Delivery Summary (EMR)
 - Prenatal record - only paper form used

Case Study: Evanston Hospital

EMR Birth Registry Summary Report



- Level 3 hospital, over 3400 births/year, Chicago suburb serving Chicago and Northern suburbs



- Problem:
 - Information for the birth registry was in several different areas of the EMR
 - Conflicting and duplicate information in EMR
 - Difficult to abstract the information for the birth registry

Case Study: Evanston Hospital

EMR Birth Registry Summary Report



- Goal: Reduce need for abstractors to navigate the EMR and avoid conflicting information
- Activity:
 - Worked with EMR staff to develop an OB Navigator Birth Registry summary report
 - Added key variables: Gestational age (GA); LMP; Induction; Augmentation; Previous preterm, etc.
 - Pulling the GA consistently from delivery summary alone greatly improved accuracy.

Case Study: Evanston Hospital

EMR Birth Registry Summary Report



- Summary:
 - Accuracy increased from 80% to 99% accuracy
 - Still difficult to abstract high risk patients
- Additional opportunities and challenges:
 - Continue adding other high risk variables to report
 - Physician champion working with physicians to chart in a standard way to flow consistently into summary report
 - 70% of providers not using same EMR system for outpatient, making outpt linkages challenging

Minnesota Department of Health



The Minnesota Electronic Birth Records Project (e-Birth Records Project) evaluated the readiness of the Minnesota Department of Health (MDH) and Minnesota birth hospitals for secure standards-based exchange of birth records information

<http://www.health.state.mn.us/divs/chs/osr/birthreg/evitalsrept.pdf>

Minnesota Department of Health



- Worked closely with Epic to create a report in the EHR with all of the birth record information
- Shared data fields with the vital records definitions and pulled information from mother and baby's EHR records into a single report.
- Report includes an Epic add-on option
- Most hospitals don't yet have access to Epic add on, many MN hospitals are developing EMR Birth Certificate Summary Reports on their own

CDC e-Vital Standards Initiative



- Collaboration between:
 - CDC/NCHS/Division of Vital Statistics (DVS)
 - Classifications and Public Health Data Standards Staff (CPHDSS)
 - National Association for Public Health Statistics and Information Systems (NAPHSIS)
 - State representatives
 - Other vital records stakeholders
- Working to develop vital records standards to enable electronic data exchanges among electronic health record systems, U.S. vital records systems and other public information systems for birth, death and fetal death events
- http://www.cdc.gov/nchs/nvss/evital_standards_intiatives.htm

Recap

- IL hospital teams are awesome!
- Improved accuracy from 87% at baseline to 97% in December 2015
- Quality improvement initiatives improve outcomes

A large, dark blue ribbon graphic that spans across the bottom of the slide. The ribbon has a 3D effect with a lighter blue shadow on the bottom edge. In the center of the ribbon, there is a white rectangular box with a dark blue border containing the congratulatory text.

*Congratulations on exceeding
the Birth Certificate Accuracy
Initiative goals!*

ILPQC Maternal Hypertension Initiative



- Wave 1 launched in January with 24 hospital teams, baseline data collection strategies
- Letter from IDPH and ILPQC announcing the state wide initiative was sent this week to CEOs and Perinatal Network Administrators
- Recruitment of Wave 2 teams starts in March – stay tuned for a letter from your Perinatal Network Administrator, will need to submit team rosters by April 15 to ILPQC.org

Maternal Hypertension



Timeline

- Jan-Apr 2016: Wave 1 monthly calls
- By April 15 2016: Wave 2 teams submit team rosters
- May 2016: All teams (Wave 1 and 2) bundle implementation
 - 2-hour kick off webinar: May 2, 12:30-2:30pm
 - Face to Face (teams bring storyboards): May 23, 9:45a-3:30p, Dove Conference, Springfield
- Jun-Dec 2016: All teams monthly calls
- 2017 – continuation of implementation with 6 months sustainability period (CA model)

THANKS TO OUR SPONSORS



IDPH