

Birth Certificate Accuracy Initiative



ILPQC MISSION

Engage perinatal stakeholders across disciplines and at every level, in a collaborative effort to improve the quality of perinatal care and health outcomes for Illinois women and infants using improvement science, education, and evidence-based practice guidelines.

AIM

Improve birth certificate accuracy to 95% on 17 key birth certificate variables across Illinois hospitals by December 2015

PROBLEM

In 2014, during the Early Elective Delivery Initiative, hospitals across the state reviewed their provisional birth certificate data on early elective delivery. This focus on birth certificate data brought attention to the need for improved birth certificate accuracy. In addition, IDPH Office of Women's Health and Family Services Maternal and Child Health Epidemiology on review of Illinois birth certificate data identified opportunities for improvement in the quality of data. Birth Certificates are the only consistent source of health information on all Illinois babies and new mothers, serving as a national, state, and local data source; a foundation for perinatal health research; and a reflection of hospital use of best practices in perinatal care.

SCOPE

One hundred and seven (88%) Illinois birthing hospitals participated in the ILPQC Birth Certificate Initiative and 104 submitted birth certificate accuracy data over the course of the initiative.

EVIDENCE-BASED PRACTICES

Other state perinatal quality collaboratives, such as the Ohio Perinatal Quality Collaborative (OPQC), have successfully implemented state wide birth certificate accuracy initiatives. OPQC found that by using their collaborative infrastructure to implement The Institute for Healthcare Improvement (IHI) "Model for Improvement" and quality improvement science tools including process flow diagrams, Plan-Do-Study-Action (PDSA) cycles, and regular review of accuracy data, participating hospital teams achieved 95% birth certificate accuracy for key variables in Ohio.



To learn more about the Illinois Perinatal Quality Collaborative, please visit us at www.ilpqc.org

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RESULTS

- Increase in average birth certificate accuracy from 87% (baseline) to 97% (Dec 2015)
- Achieved average accuracy of 95% or greater on 14 out of 17 key variables. The remaining 3 variables are all above 93% accuracy.
- 82 out of 93 hospitals entering any October - December 2015 data achieved overall accuracy of 95% in at least one month.

APPROACH

The Birth Certificate Accuracy Initiative was launched in November 2014. The ILPQC OB Advisory Workgroup held monthly calls to direct the course of the initiative. ILPQC worked with and provided regular updates to the IDPH Birth Certificate Workgroup, Statewide Quality Council, and Regionalized Perinatal Program. ILPQC worked with IDPH Office of Women's Health and IDPH Vital Statistics, in collaboration with the Illinois Hospital Association (IHA) and input from OPQC to develop resources for hospitals participating in the initiative. Each month, participating hospitals conducted audits comparing the accuracy of the birth certificate data to the medical record of 10 to 12 patients from the previous month, met to review their progress, and completed a brief survey of their QI progress. Baseline audits included an average of accuracy

for August-October 2014. Hospital teams participated in two two-hour educational webinars in March and April 2015, a full-day face-to-face meeting in Springfield in May 2015, and monthly one-hour collaborative learning webinars that included quality improvement data review, key variable education, and hospital team talks on their challenges and progress. Eleven small group webinar workshops were also held to focus on the implementation of PDSA cycles and challenging topic areas. Improvement was measured through monthly birth certificate accuracy audits. Hospitals accessed their data in real time through the ILPQC web-based data portal to compare key variable and overall accuracy rates across time and across all participating hospitals. Outreach and support to hospitals needing additional assistance was provided by the State Project Director and Perinatal Network Administrators.

