



# OB Hospital Teams Call

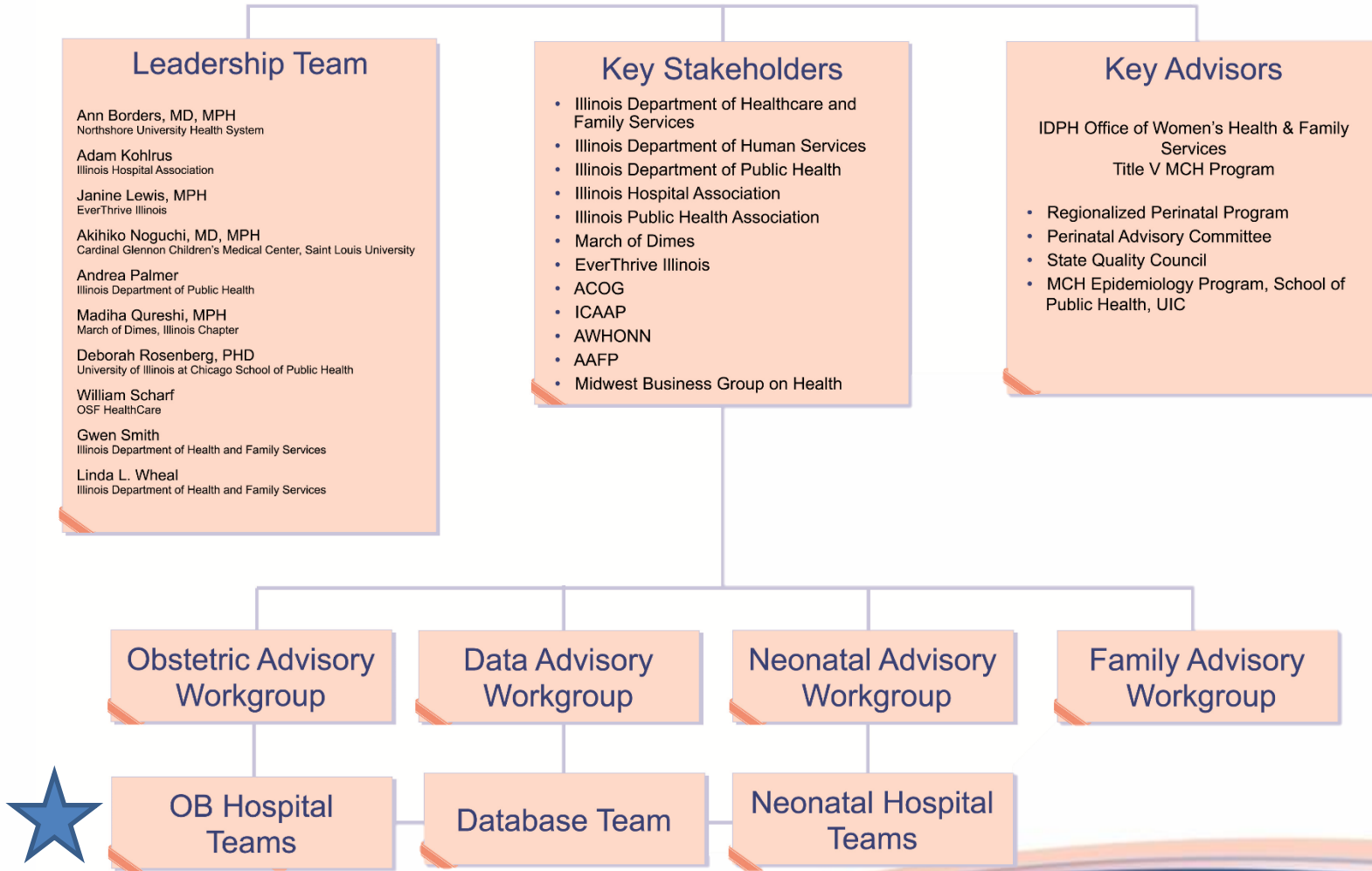
December 15, 2014

12:30 – 1:30 PM

# Agenda

- EED Wrap-Up
- Birth Certificate Accuracy
  - Audit overview
  - Tips and tricks
  - REDCap live demo and training
- TeamTalk Volunteers
- Next steps

# ILPQC Structure



# EED Wrap-Up

- Hospital teams report data through Q4 of 2014
  - 47 hospitals have submitted data
  - 37 with data complete through at least Q2 2014
- Ongoing QI support
- Hospitals to enter 2014 Q4 data by April 1, 2015
- Quarterly data collection and QI support to continue into 2015 for those hospitals still working towards <5% goal

# Birth Certificate Accuracy

- Partnership with IDPH/ ILPQC and supported by IHA
- IDPH Birth Certificate Initiative Workgroup
  - Consultation from Ohio Perinatal Quality Collaborative
  - Developed key variables, accuracy data form, instruction form, revised birth certificate guidebook
  - Feedback from State Quality Council and OB Advisory Workgroup
- Roll out: Wave 1 (current ILPQC teams), Wave 2 remainder of hospitals
- **Aim: Obtain 95% accuracy on key birth certificate variables**

# Approach – Wave 1

- Identify Hospital Teams: **physician lead, nurse lead, birth certificate clerk required**; quality lead and other team members encouraged. If you haven't already,
  - Confirm access to ILPQC REDCap data system via [info@ilpqc.org](mailto:info@ilpqc.org) by 12/19/14
  - Submit Birth Certificate Team roster and ILPQC data system access request using the forms available at [www.ilpqc.org](http://www.ilpqc.org) by 12/19/14
  - Teams to receive individual emails with user ID and hospital ID
- Launch initiative on December 15 Teams Call with live demo and REDCap training
- Letter from IDPH to hospitals by end of year

# Approach – Wave 1

- Collect baseline accuracy data
  - Team reviews 10 charts per month for 3 months (retrospective: August, September, October)
  - Review completed birth certificate against actual medical record and record if 17 selected variables are accurate (chart matches birth certificate - yes/no)
  - Sampling: Divide total births by 8 = x then choose every x chart for review.
    - Level III and II+ include 2 charts <34 wks and 2 charts between 34 and <39 wks
    - Level I/II will select 8 random charts and 2 charts < 39 wks
  - Report accuracy data in ILPQC REDCap data system by Feb 16
  - OB teams calls in Jan/Feb will provide feedback on process
  - Sampling protocol/data form revised based on feedback

# Approach – Wave 2

- Roll out to all Illinois hospitals
  - Perinatal Network Administrators will reach out to hospitals
  - Hospitals identify teams (physician, nurse, birth certificate clerk), submit team roster and REDCap access request forms at [www.ilpqc.org](http://www.ilpqc.org)
  - Launch state-wide initiative on OB Hospital Teams call in March or April
    - All teams members participate, retrospective baseline 3 month data collection then collect monthly accuracy data, teams work on PDSA cycles for improvement in BC process and participate in monthly OB Teams calls
  - Ongoing education and QI support
    - Kick-off webinars, face-to-face teams collaborative learning meeting downstate, monthly OB Teams calls: ongoing education, review accuracy data, teams share and discuss PDSA cycles
    - Perinatal Network Administrators and Educators will review accuracy data for hospitals in their network and provide support

# Birth Certificate Initiative ACT Rapid Cycle QI Methodology: Mobilize, Assess, Plan, Implement, Track (MAP-IT)



## Wave 1: Baseline Audit with Current ILPQC and Pilot Teams

### **Step 1 Mobilize a Multidisciplinary QI Team**

Recruit physician lead, nurse lead, and birth certificate clerk (quality team members encouraged) to set goals and lead practice change at the hospital level

### **Step 2 Assess the Situation**

Hospital teams complete birth certificate accuracy audit and report baseline data in REDCap by February 16, 2015. Teams identify opportunities for improvement in their hospitals birth certificate completion process

### **Step 3 Plan Change Tactics**

Feedback on January and February 2015 OB Hospital Team calls to discuss process and identify areas for training and education. Teams establish PDSA cycles (plan for change) based on identified areas for improvement in BC completion process

# Birth Certificate Initiative

## ACT Rapid Cycle QI Methodology:

### Mobilize, Assess, Plan, Implement, Track (MAP-IT)



## Wave 2: Roll Out to All IL Birthing Hospitals

\* Repeat Steps 1-3, reaching out to all IL birthing hospitals

### Step 4 Implement

- Provide birth certificate training via webinars (starting March/April 2015) and face-to-face meeting (Spring 2015)
- Teams implement PDSA cycles and report progress on OB Hospital Teams calls
- Provide ongoing education based on challenges and successes identified

### Step 5 Track Progress

- Ongoing monthly data collection in REDCap
- Hospital teams access secure data reports to track improvements in accuracy % over time and compare across participating hospitals, provides feedback for teams QI work
- Goal to achieve >95% accuracy by November 2015

# Variables to Audit

- HTN
- Diabetes
- Previous Preterm Birth
- Augmentation of labor
- Induction of labor
- ANCS (Antenatal Corticosteroids)
- Fetal intolerance to labor
- Antibiotics received during labor
- Gestational age
- Assisted Ventilation
- NICU Admission
- Infant Feeding
- Mother's Social Security number
- Date of first prenatal care visit
- WIC participation
- Source of Payment
- Date of last menstrual period







# Guidebook Currently Available



National Vital  
Statistics System



Updated March 2012  
March 2003

Yellow Highlights indicate updated text.

## Guide to Completing The Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death (2003 revision)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL CENTER FOR HEALTH STATISTICS



CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL VITAL STATISTICS SYSTEM

Page 1 of 51

<http://www.cdc.gov/nchs/data/dvs/guidetocompletefacilitywks.pdf>

# Example of Variable

<p><b>NICU Admission</b> Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilator support for a newborn, such as a Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU) in the hospital where the newborn was delivered.</p>	<p>Includes SCN/NICU admission at any time during the infant's hospital stay following delivery.</p>	<p>1<sup>st</sup> Labor and Delivery Summary Record under Disposition under Intensive Care Nursery Special Care Nursery</p>	<p>ICN (<i>Intensive Care Nursery</i>) SCN (<i>Special Care Nursery</i>) NICU (<i>Neonatal Intensive Care Nursery</i>) PICU (<i>Pediatric Intensive Care Unit</i>)</p>
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# Charting Examples:

## EDC / Dating Information

<b>Current best EDC: 07/18/2014</b>	
Cycle Interval: 28 days	
LMP: 10/06/2013	=EDC 07/13/2014
Reliability: Yes Pill period? no	
Preg Test Date	
Initial Exam 01/22/2014	=EDC
Date Steth Tones	=EDC
Date Quickening	=EDC

## Charting Examples:

Third Trimester of Pregnancy

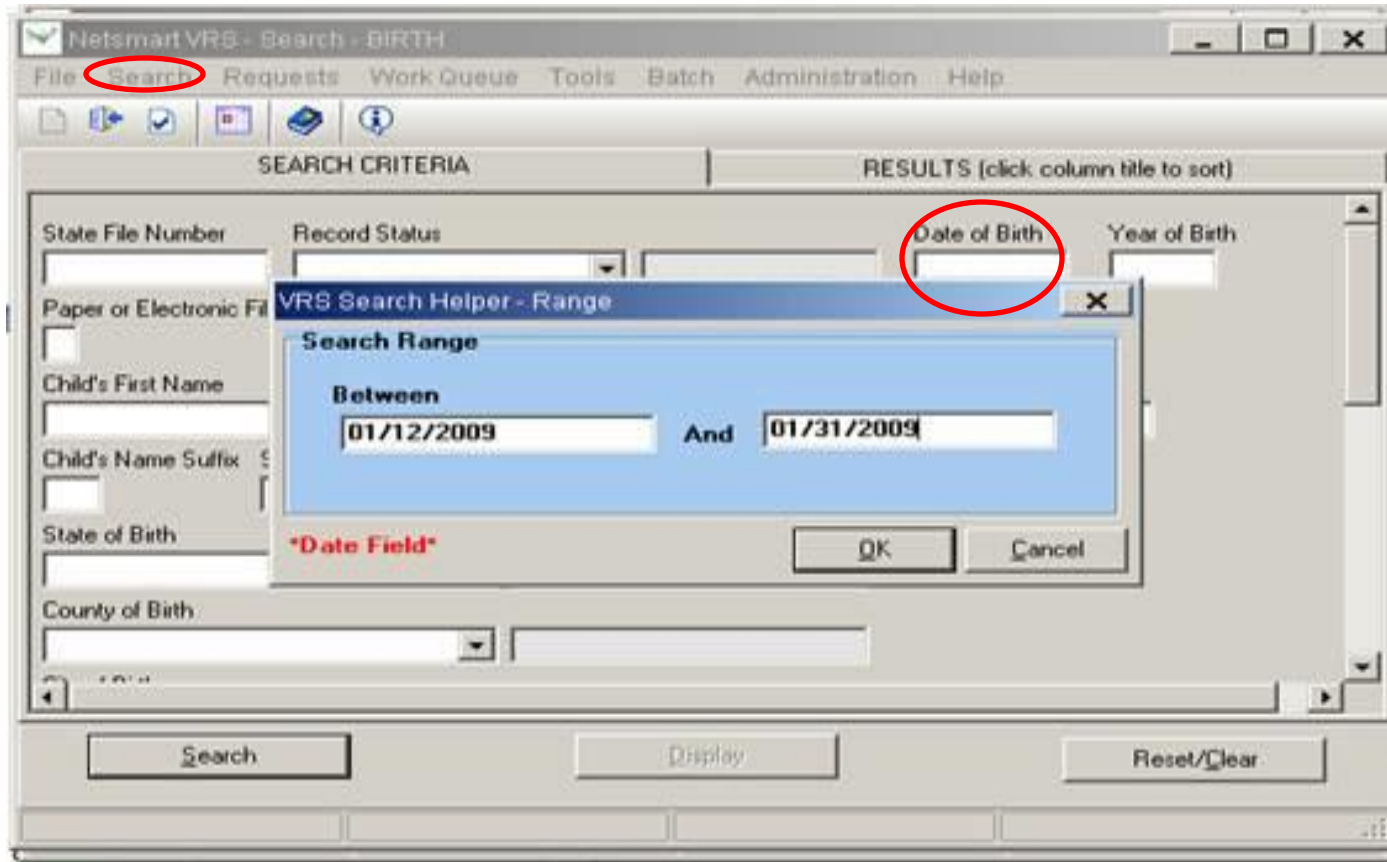
40. DATE LAST NORMAL MENSES BEGAN

10 / 04 / 2013

MM DD YYYY

10/6/2014

# IVRS Search:



The screenshot shows the Netsmart VRS Search interface. The window title is "Netsmart VRS - Search - BIRTH". The menu bar includes "File", "Search", "Requests", "Work Queue", "Tools", "Batch", "Administration", and "Help". The "Search" menu item is circled in red. Below the menu bar is a toolbar with several icons. The main area is divided into "SEARCH CRITERIA" and "RESULTS (click column title to sort)". Under "SEARCH CRITERIA", there are fields for "State File Number", "Record Status", "Date of Birth", and "Year of Birth". The "Date of Birth" field is circled in red. A "VRS Search Helper - Range" dialog box is open over the "Date of Birth" field, showing a "Search Range" of "Between 01/12/2009 And 01/31/2009". Below the range, it says "\*Date Field\*". There are "OK" and "Cancel" buttons in the dialog. At the bottom of the main window, there are "Search", "Display", and "Reset/Clear" buttons.

Place cursor in Date of Birth Box and press SHIFT 9 to bring up search box

# Audit Steps:

## Level I and Level II Hospitals

- The goal is to review a sample of 10 records, at least 2 of which were delivered at less than 39 weeks gestation.
- Begin by systematically selecting 8 records per month. First, divide the total number of live births occurring at your facility in a given month by 8 and then select every nth chart where 'n' is the result of that division.
- Example 1: If your hospital has 102 births in a month, then  $102 \div 8 = 12.75$  and you will select every 12th birth for that month.
- Example 2: If your hospital has 18 births in a month, then  $18 \div 8 = 2.25$  and you will select every 2nd birth for that month.
- After selecting the first 8 records, find and select an additional 2 births with gestational ages less than 39 weeks. Find these early births by utilizing your hospital's delivery log or EMR query.

# Audit Steps:

## Level II+ and Level III Hospitals



- The goal is to review a sample of 10-12 records, at least 2 of which were delivered at less than 34 weeks gestation and another 2 of which were delivered at 34-38 weeks gestation.
- Begin by systematically selecting 8 records per month. First, divide the total number of live births occurring at your facility in a given month by 8 and then select every  $n$ th chart where ' $n$ ' is the result of that division.
- Example 1: If your hospital has 102 births in a month, then  $102 \div 8 = 12.75$  and you will select every 12th birth for that month.
- Example 2: If your hospital has 18 births in a month, then  $18 \div 8 = 2.25$  and you will select every 2nd birth for that month.
- Check the gestational ages of the first 8 records selected and then do one of the following:

If all of the selected births have gestational ages of 39 weeks or more, then find and select an additional 4 births—2 with gestational ages less than 34 weeks and 2 others with gestational ages from 34-38 weeks.

If at least 2 of the original 8 records selected are births with gestational age less than 39 weeks, then find and select 2 additional births such that you have a sample including 4 less than 39 weeks gestation, with 2 of those being less than 34 weeks.

Find these additional early births by utilizing your hospital's delivery log or EMR query.

# Live REDCap Demo

- Kanika Mittal



# Team Talks – BC Initiative

- Teams present 5-10 min on current QI work
  - What was the test of change (i.e., your QI process)?
  - What did you predict your change would improve?
  - What did you learn?
- Generate discussion and learning through sharing
  - Good basis for poster presentations!
- Sign up form for volunteers on website ([www.ilpqc.org](http://www.ilpqc.org))
  - Would like all teams to present within next year



# Next Steps

- EED
  - Submit Q4 2014 by April 1, 2015
- BC
  - Submit your hospital team roster for the Birth Certificate Initiative on [www.ilpqc.org](http://www.ilpqc.org) by 12/19/14
  - Submit form to request REDCap access for team members on [www.ilpqc.org](http://www.ilpqc.org) by 12/19/14
  - Submit form on [www.ilpqc.org](http://www.ilpqc.org) if your team is interested in presenting on your BC baseline audit PDSA at January OB Hospital Teams call
- HTN
  - Email [info@ilpqc.org](mailto:info@ilpqc.org) if your team is interested in participating in the hypertension initiative or if you would like to join the planning subgroup

# Thank You

For continuing to move obstetric and neonatal  
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even better place to be born!



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