



# Birth Certificate Accuracy Initiative Monthly OB Teams Call

July 27, 2015

12:30 pm – 1:30 pm

# Variables of the Month: Audience Response



- Go to [respond.cc](http://respond.cc)
- Enter the code **72967**
- Answer the questions for the variables of the month discussion

# Overview



- Birth Certificate Accuracy Initiative update
- QI topics of interest
  - Review QI Process Feedback Form
  - Review data and identify opportunities for change
- Variables of the month
  - NICU Admission
  - Induction
  - Augmentation
- Team Talks
  - UIC – Cynthia Phillips
  - Loyola – Teri Boland
- Next Steps

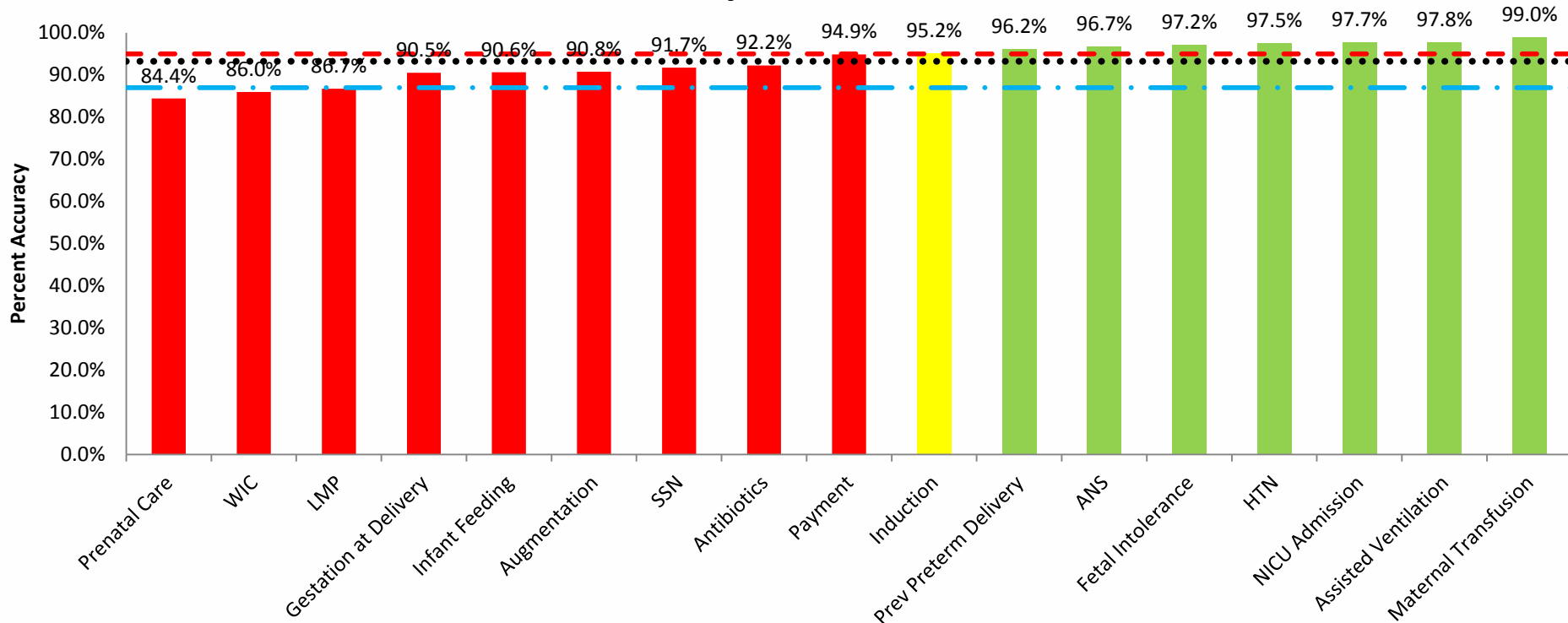
# BC Accuracy June Data

- 106 team rosters submitted for initiative (44 wave 1, 62 wave 2)
- June audit data due 7/15 in REDCap  
<https://redcap.healthlnk.org/>
  - As of 7/23, 89 teams have entered data (84.0% of teams)!
- QI Process Feedback Forms
  - 51 completed for May as of 7/23
  - 31 completed for June as of 7/23
  - Report your QI process monthly:  
<https://www.surveymonkey.com/s/MonthlyProcessSurveyMay2015>

# BC Accuracy June Data: All Variables



## ILPQC Birth Certificate Accuracy Initiative June Audit Data July 23, 2015



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

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

Overall accuracy for all 17 variables for June = **93.3%** (black dotted line)

**Total Hospitals Reporting June Data = 89**

# QI Cycle Support Recap



- **Monthly** QI cycle process
  - OB Teams webinar on the 4<sup>th</sup> Monday of each month, 12:30-1:30
  - Data reporting via REDCap and QI process feedback reporting via SurveyMonkey
  - QI coaching calls with Perinatal Network Administrators and ILPQC as needed

# QI Process Feedback Form:



## Purpose

- Information used to better provide your team with help identifying opportunities for change and developing PDSA cycles
- REDCap data alone doesn't provide enough information on your QI process to facilitate PDSA support
- Opportunity for your team to reflect on you QI work for the previous month and plan for the current month
- ***No right or wrong answers*** – all information provided is helpful!

# QI Process Feedback Form (1/3)

## Birth Certificate Accuracy Initiative Monthly QI Process Feedback Form

Directions: Please provide us with the following information on your quality improvement process and progress. In addition to your monthly birth certificate accuracy audit data that you submit into the ILPQC REDCap data systems, this information is critical to providing you with timely and relevant quality improvement support to help you meet the 95% birth certificate accuracy goal for this initiative. This feedback will be sent to your quality improvement team lead on a monthly basis for the duration of the birth certificate accuracy initiative to facilitate quality improvement and support.

### Audit Month:

- |                              |                                 |
|------------------------------|---------------------------------|
| <input type="radio"/> May    | <input type="radio"/> September |
| <input type="radio"/> June   | <input type="radio"/> October   |
| <input type="radio"/> July   | <input type="radio"/> November  |
| <input type="radio"/> August | <input type="radio"/> December  |

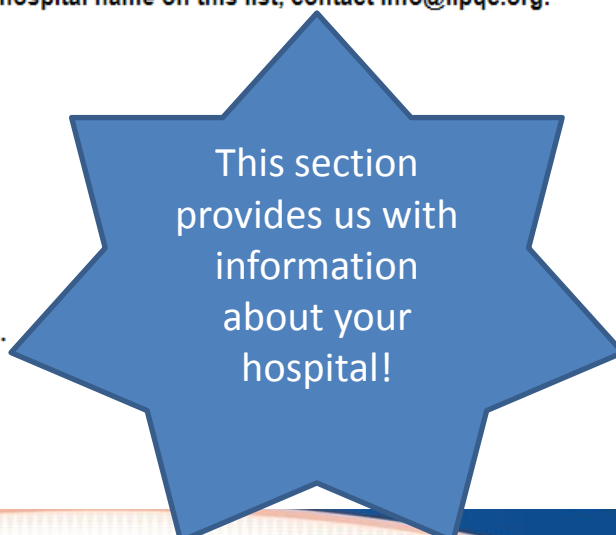
1. Hospital Name (Select from Drop Down List of all Birthing Hospital Names): \*Please note: if you not see your hospital name on this list, contact [info@ilpqc.org](mailto:info@ilpqc.org).

\*What city/town is your hospital located in?

2. Perinatal Network

3. Date (MM/DD/YYYY): \*Please note: this survey must be completed by 15th of the month for the previous month.

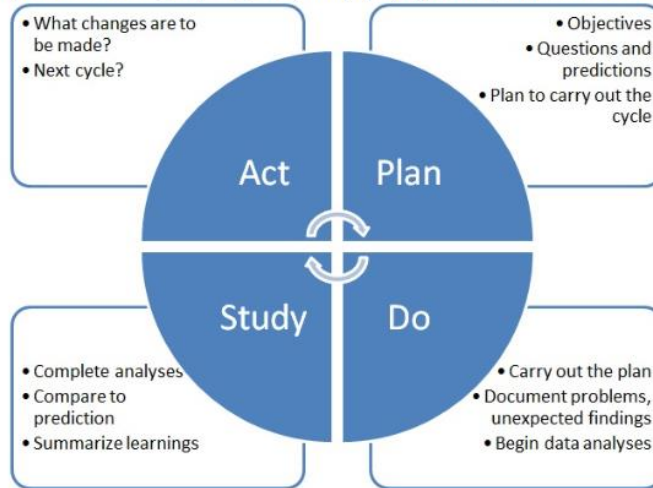
4. How many times did your quality improvement team meet this month to discuss birth certificate accuracy?



This section provides us with information about your hospital!

# QI Process Feedback Form (2/3)

5. Please briefly describe the Plan, Do, Study, Act (PDSA) cycle(s) you completed this month in the following sections:



This section tells us about your PDSA cycle at your hospital this month!

a. Plan: What was your hospital's aim for improvement this month? What changes did you test this month? How did you implement the test of change (Who, What, When, Where, How)?

b. Do: When did you implement your first test of change? What barriers did you experience and how did you overcome them?

c. Study: What did you learn? Is it what you expected?

d. Act: What changes do you plan to test next month? How will you implement your next test of change?

# QI Process Feedback Form (3/3)

**6. What changes in your practice have resulted from your participation in this project?**

**7. Please list anything you would like help or support with:**

**8. Do you have any suggestions for our monthly OB Teams conference calls?**

**9. Is there anything else you would like to report?**

This section tells us if ILPQC can provide any additional support.

# Opportunities for Change

- Let's take a closer look at variables under 95% accuracy & identified on PDSA workshop calls

Variable	Baseline Accuracy	May Accuracy	June Accuracy
Augmentation	88.7	91	91
Antibiotics	86.0	90	92
Gestation	88.0	91	91
Infant Feeding	83.7	87	91
SSN	85.7	92	92
Prenatal Care	78.3	84	84
WIC	76.0	81	86
LMP	81.0	83	87

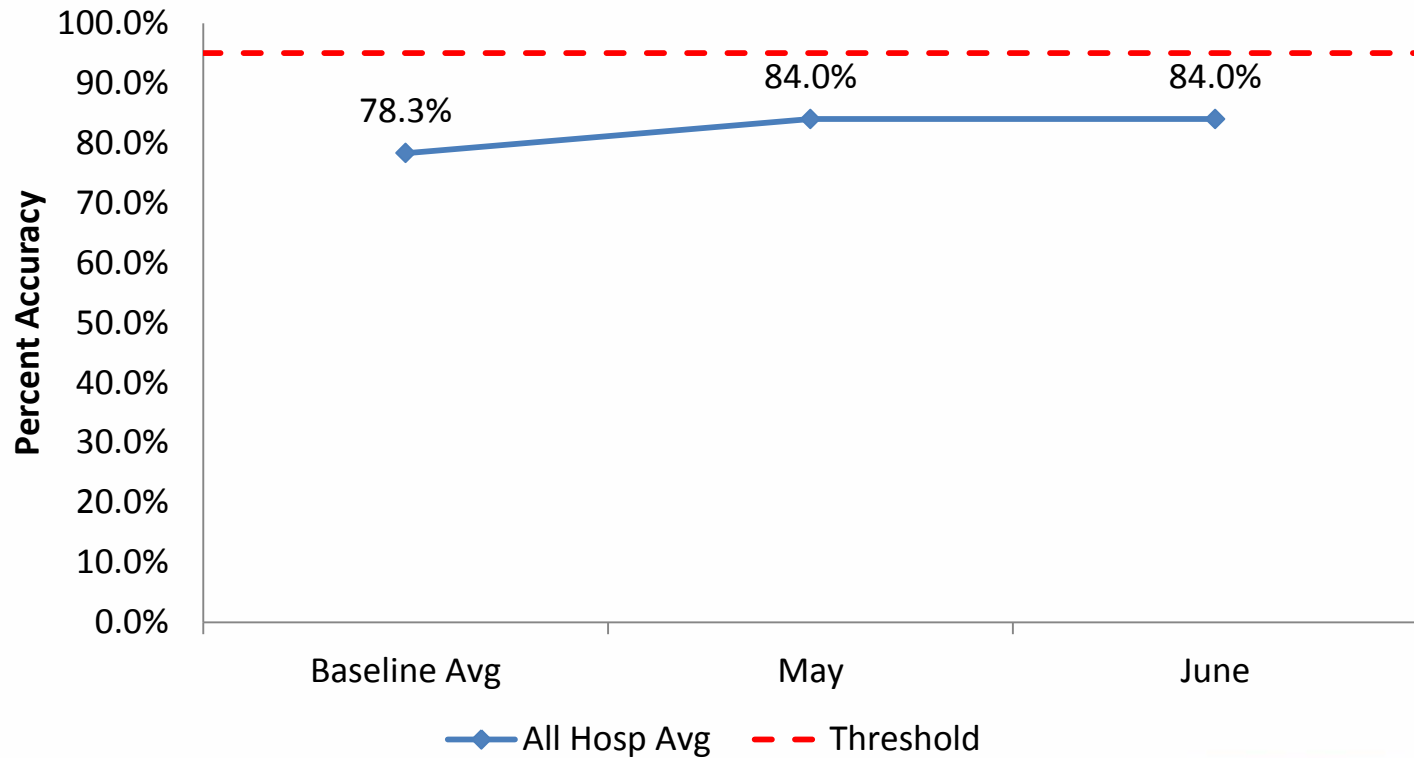
# Prenatal Care Variables

- 3 variables collected in birth certificate on Prenatal Care:
  - 30a. Date of first prenatal care visit
  - 30b. Date of last prenatal care visit
  - 31. Total number of prenatal care visits for this pregnancy
- We are focused on 30a – date of first prenatal visit for this initiative, but process changes to accessing the prenatal record may improve accuracy of all 3

# Opportunities for Change: Prenatal Care



**ILPQC Birth Certificate Accuracy Initiative  
1st Prenatal Visit Accuracy  
July 23, 2015**



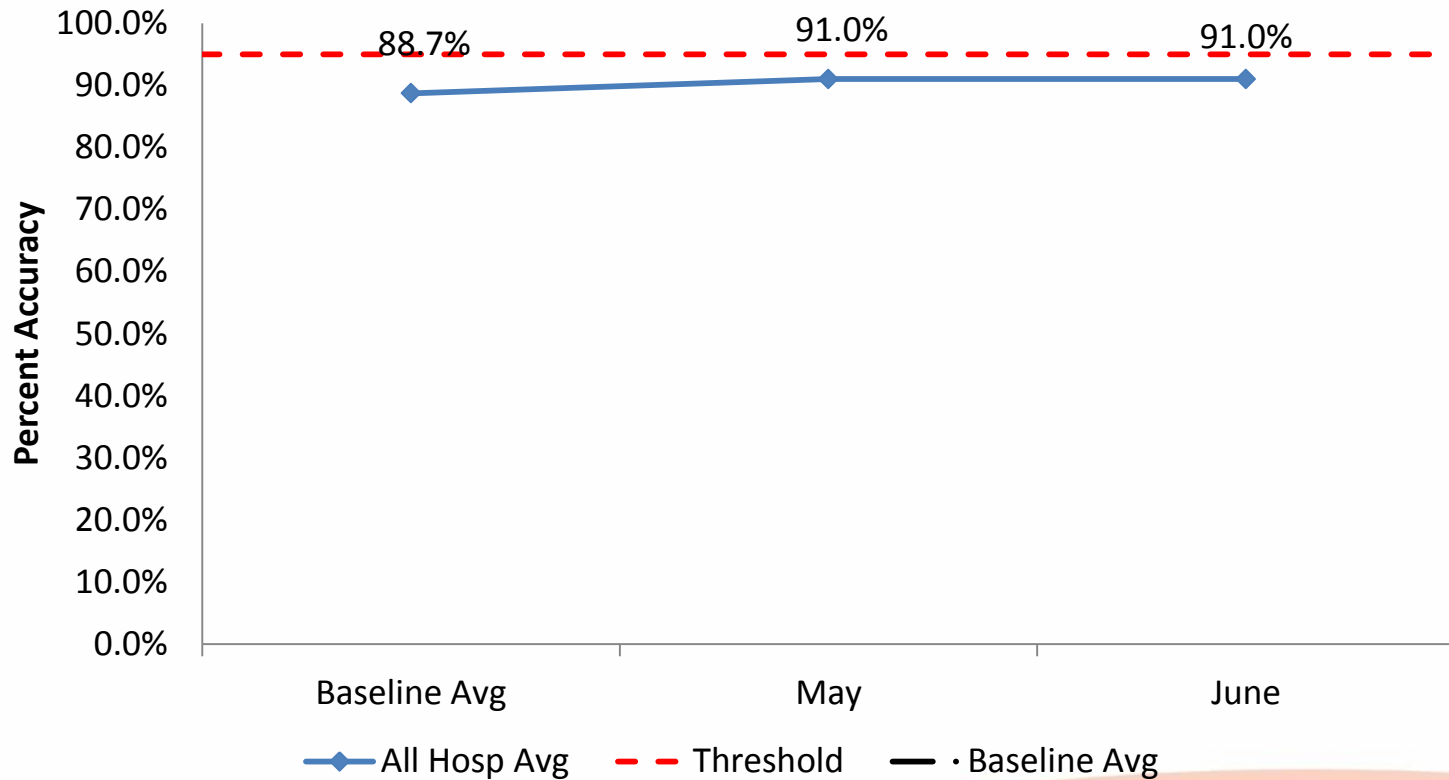
# Accuracy of 1<sup>st</sup> Prenatal Visit

- What is your process for obtaining the prenatal record?

<b>Opportunity for Change</b>	<b>Possible PDSA</b>
<b>Access to current prenatal record in a timely manner</b>	Is it the most current record? If not, how can you change your process with 1 prenatal provider to get the most current record in a timely manner for 1 patient, or 1 day?
<b>Accuracy of current prenatal record</b>	Is the most current record accurate? If not, reach out to 1 prenatal provider to about the value and importance of BC and the role of the prenatal record and identify a test to improve accuracy of 1 patient record.
<b>Identification of the first prenatal visit on the current prenatal record</b>	Is the first prenatal visit on the current prenatal record easy to find? If not, reach out to 1 prenatal provider to identify a test to organize or present the prenatal record in a different format before of when sending to the hospital.

# Opportunities for Change: Augmentation

ILPQC Birth Certificate Accuracy Initiative  
Augmentation Accuracy  
July 23, 2015



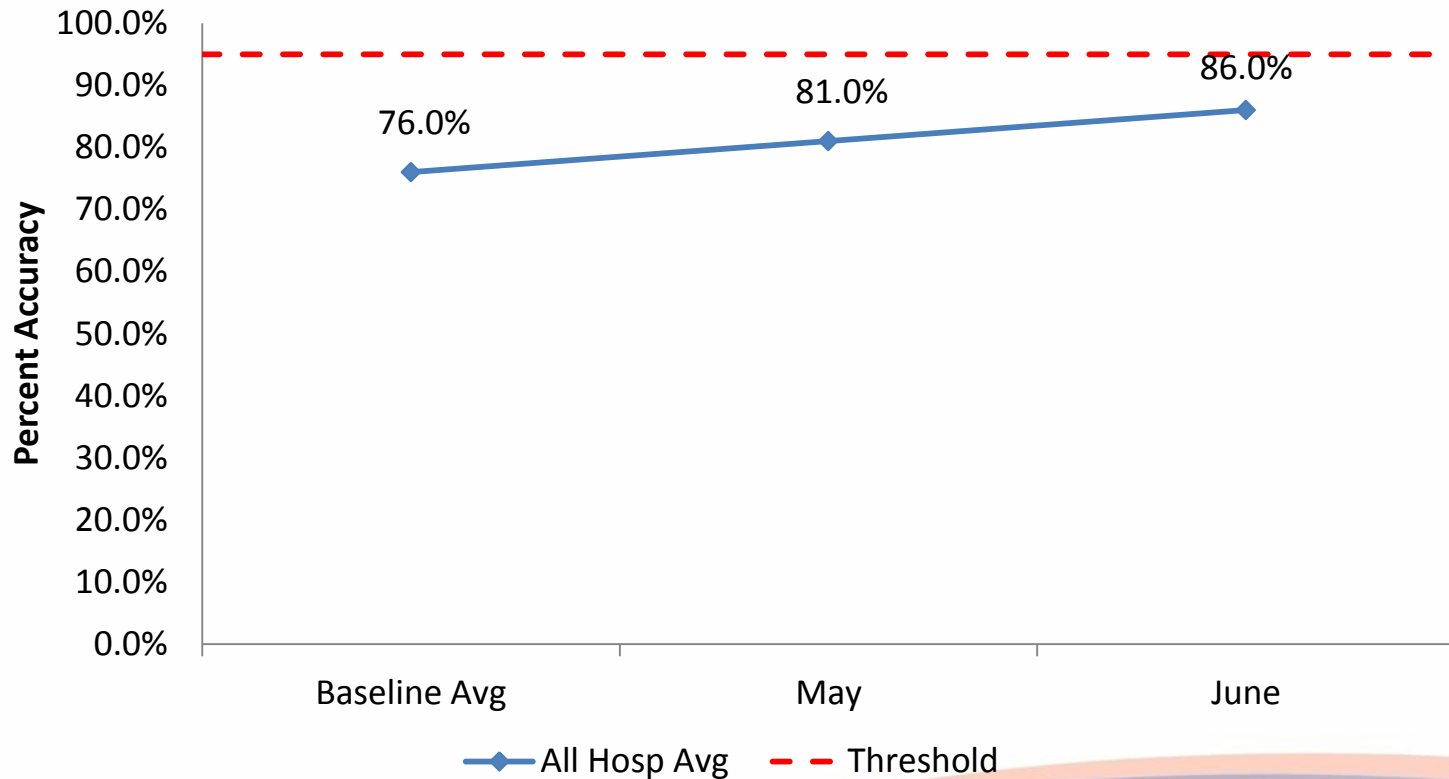
# Accuracy of Augmentation

<b>Opportunity for Change</b>	<b>Possible PDSA</b>
<b>Provider understanding and use of IVRS definition of augmentation</b>	Do all providers know, understand and use the IVRS augmentation definition consistently and record it clearly on the medical record? <ul style="list-style-type: none"><li>• If providers don't know the definition, identify 1 provider to educate on the definitions (with key variables guide or other source) and test accuracy of medical record.</li><li>• If providers don't record augmentation clearly on the medical record, identify 1 provider to work with you to recording it differently for 1 day and see how these records are abstracted in IVRS.</li></ul>
<b>Birth Certificate abstractor's identification of augmentation on the medical record</b>	Do all abstractors know how to identify augmentation on the medical record and distinguish it from induction? <ul style="list-style-type: none"><li>• If abstractors don't know definition, identify 1 abstractor to educate on the definitions (e.g. with key variables guide).</li><li>• If abstractors don't know where to find augmentation clearly on the medical record, identify 1 provider to record augmentation in a different way for 1 day and see how these records are abstracted in IVRS.</li></ul>

If you don't know the source of your inaccuracy in your process, a focused audit of augmentation and induction may be helpful.

# Opportunities for Change: WIC

## ILPQC Birth Certificate Accuracy Initiative WIC Accuracy July 23, 2015



# Accuracy of WIC

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## Opportunity for Change

## Possible PDSA

**Does your process capture information on WIC?**

If no, how could you add this step?

Possible approaches to test with one patient, one abstractor include:

- Mother's worksheet (verify completion)
- Contact with a department at your hospital that collects this information

If yes, how could you improve the consistent completion of this item or accurate abstraction into IVRS?

- Use interview to complete mother's worksheet
  - Ensure abstractor knows where to find this information when entering data into IVRS
-

**OB TEAMS CALL  
BIRTH CERTIFICATE  
OPTIMIZATION INITIATIVE**

July 27, 2015

# VARIABLES FOR DISCUSSION

- Induction
- Augmentation
- NICU Admission

# AUDIENCE RESPONSE

- Go to [respond.cc](http://respond.cc)
- Enter the code **72967**
- Answer the following questions



# INDUCTION/AUGMENTATION

Mom comes into the hospital with SROM and without contractions. After being in the hospital for about 2 hrs she is having irregular contractions but not dilating. Pitocin is started. Is this considered an augmentation or an induction?

- Induction
- Augmentation

# INDUCTION/AUGMENTATION

- 40 weeks admission with painful uterine contractions for 6 hours
- No cervical dilation or effacement
- AROM

- Induction
- Augmentation

# INDUCTION/AUGMENTATION

- 39 weeks
- Has been contracting for 7 hours
- On admission was 2 cm
- Progressed to 4 cm and has stayed there for the last 3 hrs
- Pitocin is started

- Induction
- Augmentation

# INDUCTION/AUGMENTATION

- Admitted at 38 weeks with high blood pressure
- No uterine activity
- No cervical dilation
- Pitocin started

- Induction
- Augmentation

# INDUCTION/AUGMENTATION

- Patient contracting every 3 minutes
- Cervix 3/80%/-2
- AROM

- Induction
- Augmentation

# ***DEFINITION OF LABOR***

- Presence of regular uterine contractions resulting in cervical change
- Check to see if labor had begun before deciding which IVRS category is correct



# INDUCTION

- **Definition:** Initiation of uterine contractions by medical and/or surgical means. These medications and/or interventions are given BEFORE labor begins.
- Some of the methods and medicines used to start, or induce, labor are the same as those used to advance, or augment, labor. Some examples include
  - AROM
  - Balloons
  - Oxytocin
  - Prostaglandin
  - Laminaria
  - Other cervical ripening agents
  - Also includes pts with SROM without contractions
- Characteristics of labor and delivery
- Guidebook #46; pg 43
- Key Variable Document variable #8

# AUGMENTATION

- **Definition:** Augmentation of labor occurs AFTER labor has started. Stimulation of uterine contractions to increase their frequency and/or strength following the onset of labor. Please see definition of labor above.
- Some of the methods and medicines used to induce labor are the same as those used to advance, or augment, labor. Some examples are:
  - oxytocin (Pitocin)
  - artificial rupture of membranes (AROM)
- Characteristics of labor and delivery
- Guidebook #46; pg 43
- Key Variable Document variable #8

# DEFINING RUPTURE OF MEMBRANES

RUPTURE OF MEMBRANES RELATED DEFINITIONS		
<b>ARTIFICIAL RUPTURE OF MEMBRANES</b>	<p>An intervention that perforates the amniotic sac.</p> <p>Applies even if the rupture of membranes occurs during or immediately following a procedure or exam not intended to cause artificial rupture of membranes</p> <p>Does not apply if rupture of membranes occurs during cesarean birth</p>	
<b>DURATION OF RUPTURED MEMBRANES</b>	Duration from rupture of membranes to birth (in hours and minutes)	
<b>PRE-LABOR RUPTURE OF MEMBRANES</b>	Spontaneous rupture of membranes that occurs before the onset of labor	Modified by gestational age categories <b>eg, preterm, term</b>

# NICU ADMISSION

- Mom comes into the hospital in active labor at 37w 6d. Delivers without complications. Infant starts to have respiratory issues and is transferred to another hospital for higher level of care. Would you mark NICU admission on the birth certificate?

■ Yes

■ No



# NICU ADMISSION

- **Definition:** Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support for a newborn.
- **DO NOT** chose NICU admission if the infant was transferred to another hospital because that is a different variable.
- Do choose NICU admission, if the infant was admitted to the:
  - NICU
  - Special Care Nursery,
  - Intensive Care Nursery, or
  - Pediatric Intensive Care in your hospital
- Level II+ or III hospital should be the only facilities with a “yes” answer in this box.
- Abnormal conditions of the newborn: NICU admission
- Guidebook #55; pg 59
- Key Variable Document variable #16

# NICU ADMISSION

## 55. Abnormal conditions of the newborn (continued)

Definitions	Instructions	Sources	Key word/Abbreviations
<p><b><u>NICU admission:</u></b></p> <p>Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support for a newborn.</p>	<p><b><u>DO NOT</u></b> chose NICU admission if the infant was transferred to another hospital. This is a different variable. Do choose NICU admission, if the infant was admitted to the:</p> <ul style="list-style-type: none"> <li>• NICU</li> <li>• Special Care Nursery</li> <li>• Intensive Care Nursery</li> <li>• Pediatric Intensive Care</li> </ul> <p>This can occur at ANY time during the infant's stay <b>at your hospital only.</b></p> <p><b>Level II+ or III hospital should be the only facilities with a "yes" answer in this box.</b></p>	<p>1<sup>st</sup> Labor and Delivery Summary Record</p> <ul style="list-style-type: none"> <li>• Disposition</li> <li>• Intensive Care Nursery</li> <li>• Special Care Nursery</li> </ul>	<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>

# QUESTIONS



# Team Talks



- University of Illinois Health & Hospital System
  - Cynthia Phillips
- Loyola University Medical Center
  - Teri Boland



# Birth Certificate Accuracy Initiative

## *Quality Improvement*



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Hospital & Health Sciences System  
— Changing medicine. For good. —



Baseline Audit	8/2014	9/2014	10/2014
Mother's Social Security Number	100%	100%	100%
Date of First Prenatal Care Visit	57%	90%	70%
WIC Participation during Pregnancy	100%	100%	100%
Source of Payment for Delivery	100%	100%	90%
Date of Last Menses	85%	100%	70%
Pre-pregnancy and Gestational hypertension	75%	90%	90%
Previous Preterm Delivery	100%	100%	90%
Induction of Labor	75%	90%	80%
Augmentation of Labor	65%	90%	80%
ANCS	95%	90%	80%
Antibiotics received by th mother during delivery	100%	100%	100%
Fetal Intolerance to labor	55%	90%	60%
Maternal Transfusion	100%	100%	100%
Obstetrical estimate of gestation at delivery	100%	100%	90%
Assisted Ventilation required immediately after delivery	35%	90%	100%
NICU Admission	100%	100%	100%
How is Infant fed	75%	50%	40%
Gestational Age Reported on BC	100%	90%	90%
Gestational Age reported in Medical Record	95%	100%	100%



# Aim Matrix

Unit Matrix	Goals
AIM	Achieve 95% accuracy with all Birth Certificate variables
	Implement PDSA Cycle
	Focus variable: Induction and Augmentation
Birth Certificate Accuracy QI*	





# Test Results

## Test 1

Reviewed 20 EMR  
Provider clinical notes of  
scheduled IOLs.

**Results:**

16 IOLs were documented  
accurately.

4 IOLs were documented  
as Augmentation with  
Pitocin.

1

## Test 2

Reviewed 7 EMR Provider  
clinical notes of scheduled  
IOLs.

**Results:**

All IOLs were documented  
accurately.

2

## Test 3

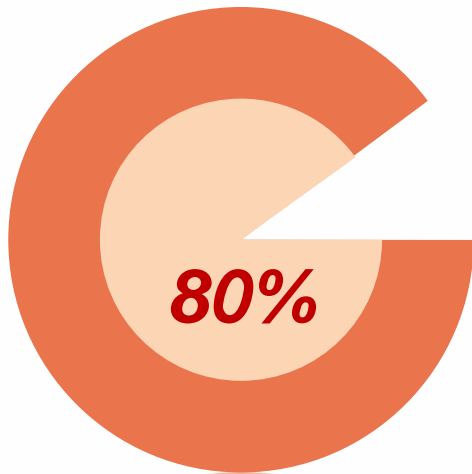
Reviewed 9 EMR Provider  
clinical notes of scheduled  
IOLs.

**Results:**

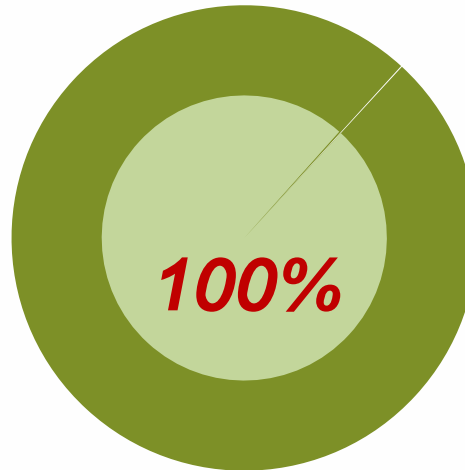
All IOLs were documented  
accurately.

3

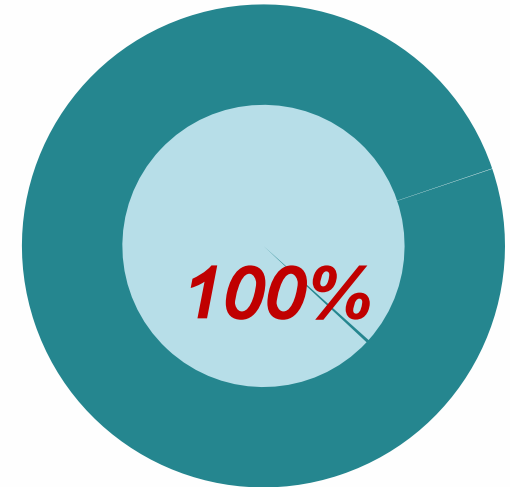
# Test 1, Test 2, & Test 3



*Test 1: 5/24 – 6/6*  
*N=20*



*Test 2: 6/26 – 7/13*  
*N=7*



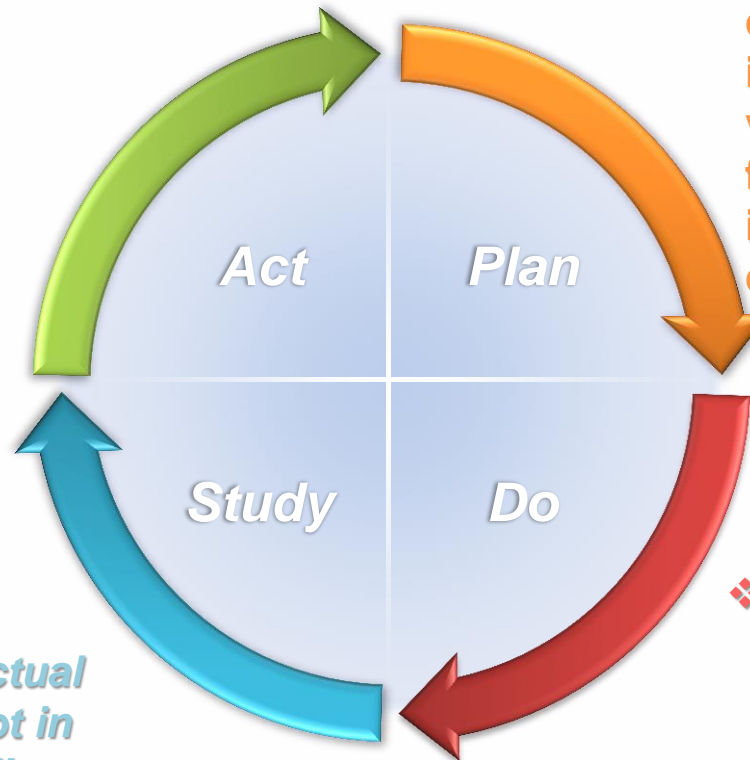
*Test 3: 7/9/15 – 7/21/15*  
*N=9*





# PDSA Cycle

- ❖ **Corrective actions**
- ❖ **Analyze the differences**



- ❖ **Providers will document induction of labor vs. augmentation for scheduled induction of labor cases.**

- ❖ **Study the actual results, if not in 100% compliance, continue PDSA cycle.**

- ❖ **Implemented plan, recorded data, and created the audit tool to monitor documentation of induction of labor.**

# QUESTIONS





LOYOLA  
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HEALTH SYSTEM

*We also treat the human spirit.®*

# Improving the Birth Certificate Process at Loyola

Teri Boland, MS, RNC-NIC/OB, C-EFM  
Clinical Nurse Specialist, Women's Health

Loyola University Health System

July 27, 2015

# Loyola University Medical Center



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HEALTH SYSTEM

- A member of Trinity Health, Loyola is a Level III Perinatal Center 13 miles west of Chicago Loop with a diverse patient population from city and suburbs
- Loyola serves a high risk pregnancy population and maintains a 50-bed Level III NICU

# The Problem



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HEALTH SYSTEM

- A year ago we found that Birth Certificate data did not reflect the care provided at Loyola
- The Data in the Birth Certificate was derived from
  - The patient
  - A clerk
- The required medical information may be more complex than we realized

# Solution #1



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HEALTH SYSTEM

- 1 year ago we gave our L&D nurses the Birth Certificate Worksheet to initiate at the time of delivery focusing on medical information
- Medical accuracy improved
  - Overall 79% accuracy for 17 variables
  - Education was still needed to reach better accuracy

# Solution #2



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HEALTH SYSTEM

- ILPQC Birth Certificate Improvement Initiative
- Face-to-Face Meeting in May
- Education

# Staff Education



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HEALTH SYSTEM

- Slide Presentation
  - Importance of BC
  - 17 variables
  - Staff meeting, small groups, 1-on-1
- Discussion and Feedback



DATE OF BIRTH (PLEASE PRINT) <input type="checkbox"/> NO. VISUAL LINE		DATE OF LAST MENSTRUATION (MM DD YYYY)		TOTAL NUMBER OF PREGNANCIES (COUNT ALL PREGNANCIES)		DATE OF LAST MENSTRUATION (MM DD YYYY)		PATIENT'S MEDICAL RECORD NUMBER	
22. MATERNAL PREPREGNANCY WEIGHT (lb)		23. MATERNAL PREPREGNANCY HEIGHT (in)		24. MATERNAL PREPREGNANCY BLOOD PRESSURE (mm Hg)		25. MATERNAL PREPREGNANCY HEMOGLOBIN (g/dl)		26. MATERNAL PREPREGNANCY HEMATOCRIT (%)	
27. CIGARETTE SMOKING BEHAVIOR AND QUANTITY (Average per week) (Cigarettes per day)		28. ALCOHOL CONSUMPTION (Average per week) (Alcoholic drinks per week)		29. COFFEE CONSUMPTION (Average per week) (Cups of coffee per day)		30. DIETARY INTAKE (Average per week) (Calories per day)		31. PHYSICAL ACTIVITY (Average per week) (Hours per week)	
32. DATE OF LAST LIVE BIRTH (MM DD YYYY)		33. DATE OF LAST CEBIAN PREGNANCY OUTCOME (MM DD YYYY)		34. DATE LAST NORMAL MENSTRUATION (MM DD YYYY)		35. MATERNAL MEDICAL RECORD NUMBER		36. MATERNAL MEDICAL RECORD NUMBER	
37. RISK FACTORS IN THIS PREGNANCY (Check all that apply)		38. OBSTETRIC PROCEDURES TO USE (Check all that apply)		39. METHOD OF DELIVERY		40. INTERVENTIONS DURING DELIVERY		41. OBSTETRIC PROCEDURES TO USE (Check all that apply)	
39. A. BIRTH WEIGHT (lb) (Specify preterm, term, or post-term)		40. B. BIRTH LENGTH (in)		41. C. BIRTH WEIGHT (kg)		42. D. BIRTH LENGTH (cm)		43. E. HEAD CIRCUMFERENCE (cm)	
44. A. BIRTH WEIGHT (lb)		44. B. BIRTH LENGTH (in)		44. C. BIRTH WEIGHT (kg)		44. D. BIRTH LENGTH (cm)		44. E. HEAD CIRCUMFERENCE (cm)	
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68. A. BIRTH WEIGHT (lb)		68. B. BIRTH LENGTH (in)		68. C. BIRTH WEIGHT (kg)		68. D. BIRTH LENGTH (cm)		68. E. HEAD CIRCUMFERENCE (cm)	
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Note: The Father's Signature is required for all deliveries. The Mother's Signature is required for all deliveries. The Patient's Signature is required for all deliveries. The Health Care Provider's Signature is required for all deliveries.

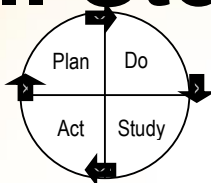
# Solution #3



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- Birth Certificate review by Mother-Baby RN
- Greater Impact on the Newborn Section

# PDSA – Small Steps of Change



## PDSA WORKSHEET

Team Name: TEAM LOYOLA	Date of test: <i>planned</i> JUNE 4	Test Completion Date: June 11, 2015
Overall team/project aim: TO ACHIEVE 95% ACCURACY BY JANUARY 1, 2016 OF 17 BIRTH CERTIFICATE VARIABLES		
What is the objective of the test? TO TEST ONE MOTHER-BABY NURSE IN NEW BC REVIEW PROCESS		

### PLAN: CYCLE 1

#### Briefly describe the test:

One nurse from Mother-Baby will test the new process of MB nurses reviewing and completing the BC worksheet before final review by patient and submitting into IVRS

#### How will you know that the change is an improvement?

There will be at least one variable that was added or changed

**What driver does the change impact?** Trained clinical and birth data collection teams

**What do you predict will happen?** Variable #17 "How is the infant being fed" will be correct when submitted into IVRS

### PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. BC VCL will complete BC draft copy of one newborn IVRS and print 2 copies.	One VCL: Gina	After completing mother interview	VCL Desk
2. BC VCL will give to Nurse assigned to patient one draft copy for review and updating. The 2nd printed copy will be saved and labeled as "1st draft"	One VCL: Gina	After draft copy is printed	MB
3. MB RN will review document with attention to items 48-56 and variables 1-17. MB will complete items 57-59.	One MB RN: Becky	When given draft copy by VCL	MB Work Station
4. MB RN will return completed form to VCL.	Becky and Gina	After completed by MB RN	MB
5. VCL will update draft copy in IVRS and print. VCL will review with mother and obtain signature when accepted.	VCL	When performing Patient interview rounds.	MB
6. VCL will submit BC into IVRS and print 1 copy for MD signature and 1 copy for audit.	VCL	After BC is signed by mother	MB

#### Plan for collection of data: AUDIT

:Review final BC document copy submitted in the IVRS System for accuracy and compare with 1st Draft

### DO: Test the changes.

Was the cycle carried out as planned?  Yes  No

*Kristin was VCL because Gina was not here*

Record data and observations.

What did you observe that was not part of our plan?

*Printed 1 draft copy not 2*

### STUDY:

Did the results match your predictions?  Yes  No

Compare the result of your test to your previous performance:

*#17 feeding was incorrect: initially stated Bottle feeding only but patient only breastfed*

What did you learn?

*Mother Baby review prior to submission will improve accuracy*

### ACT: Decide to Adopt, Adapt, or Abandon.

**Adapt:** Improve the change and continue testing plan.  
Plans/changes for next test: *Carry out as first test was actually done*

**Adopt:** Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

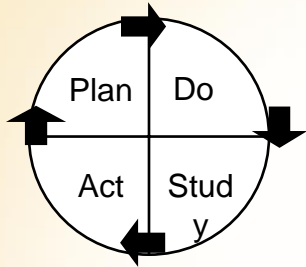
**Abandon:** Discard this change idea and try a different one

# PDSA – Small Steps of Change

PDSA WORKSHEET



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PDSA WORKSHEET

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What is the objective of the test? TO TEST ONE MOTHER-BABY NURSE IN NEW BC REVIEW PROCESS		

# PDSA – Small Steps of Change



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## PLAN: CYCLE 1

### **Briefly describe the test:**

One nurse from Mother-Baby will test the new process of MB nurses reviewing and completing the BC worksheet before final review by patient and submitting into IVRS

### **How will you know that the change is an improvement?**

There will be at least one variable that was added or changed

### **What driver does the change impact?**

Trained clinical and birth data collection teams

### **What do you predict will happen?**

Variable #17 “How is the infant being fed” will be correct when submitted into IVRS

# PDSA – Small Steps of Change



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## PLAN:

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
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# PDSA – Small Steps of Change



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**Plan for collection of data:**

**AUDIT**

Review final BC document copy submitted in the IVRS System for accuracy and compare with 1<sup>st</sup> Draft

# PDSA – Small Steps of Change



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**DO:** Test the changes.

Was the cycle carried out as planned? †

Yes † No

*Kristin was VCL.because Gina was not here*

Record data and observations.

What did you observe that was not part of our plan?

*Printed 1 draft copy not 2*

# PDSA – Small Steps of Change



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## STUDY:

Did the results match your predictions? †

Yes † No

Compare the result of your test to your previous performance:

*#17 feeding was incorrect: initially stated Bottle feeding only but patient only breastfed. MB Nurse corrected entry*

What did you learn?

*Mother Baby review prior to submission will improve accuracy*

# PDSA – Small Steps of Change



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**ACT:** Decide to Adopt, Adapt, or Abandon.

**Adapt:** Improve the change and continue testing plan.

Plans/changes for next test: Carry out as first test was actually done

**Adopt:** Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

**Abandon:** Discard this change idea and try a different one

# PDSA CYCLES



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- Tested MB RN BC Review 3 Times
  - Always able to add or correct
  - Coordinating interview process and review process challenging
    - Allowing time for the VCL Interview
    - RNs having time to review BC
- 2<sup>nd</sup> PDSA
  - Tested VCL interview process 3 times
  - Tweaked our process flow based on small tests of change
  - Need better buy-in from charge nurse and staff
    - Worked well when VCL Orienteer working with VCL Preceptor
    - MB nurse was not always able to review right away

# What we learned



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- Review by Mother-Baby improves accuracy
- When staffing is good, interview process and RN review process flows better
- Education review needed:
  - L&D RNs areas to review prior to transfer
  - MB RNs areas to review prior to completion
  - VCLs must enter into IVRS system accurately
- Emphasize the importance of accurate BC data entry



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*We also treat the human spirit.®*

## Next Steps

- Conduct monthly audit for July and enter data into REDCap by August 15
- Submit monthly QI process feedback form for July via SurveyMonkey by August 15
- Review your reports immediately in REDCap to evaluate your progress towards improved accuracy and identify new opportunities for change
- Contact ILPQC or your PNA with any questions

## Next Steps

- As we continue to look for sustainable funding, we've been advised to better acknowledge our great work to date with abstract submissions and publications
- We are currently working on a Neonatal abstract for VON and OB abstract for SMFM
- The proposed SMFM abstract: an analysis of aggregate baseline data from the BC Accuracy Initiative to share why QI is needed in this area

# Next OB Teams Meeting



- August 24, 12:30-1:30pm
- Need 2 teams to sign up for “Team Talks” for August – December meetings
- Remember to register for the [www.ilpqc.org](http://www.ilpqc.org) ILPQC website member’s only section
- Send your Process Flow Diagram and PDSA worksheets to [info@ilpqc.org](mailto:info@ilpqc.org) to share with other teams in the ILPQC members section.

# ILPQC Administrative Team



**Ann Borders**

ILPQC Executive Director, OB Lead

**Aki Noguchi and Pat Ittmann**

Neonatal Leads

**Patricia Lee King**

State Project Director

**Kate Finnegan**

Project Coordinator

Email us at [info@ilpqc.org](mailto:info@ilpqc.org)

Website: [www.ilpqc.org](http://www.ilpqc.org)



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