



# OB Advisory Workgroup

January 12, 2014

12:30 – 1:30 PM

# Overview

- HTN Initiative
  - Subcommittee
  - Update to OB Advisory group from subcommittee
- EED Initiative
- BC Initiative Process and Timeline
- Next Steps

# HTN Initiative Subgroup

- Resources to review
  - NY
    - Preeclampsia summary
    - Hypertensive Disorders in Pregnancy: Changes in Diagnosis and Management Toward Improving Morbidity and Mortality
    - Preeclampsia ED Management
    - Preeclampsia Early Recognition Tool (PERT)
    - Blood Pressure Measuring Technique
    - Hypertensive Disorders in Pregnancy Guideline Summary
    - Hypertensive Disorders in Pregnancy Executive Summary
  - CA
    - Preeclampsia Toolkit
    - Preeclampsia Collaborative – Metrics Summary
    - Preeclampsia: Debrief and Chart Review
- NY & CA video: [https://www.youtube.com/watch?v=PEKr0\\_G4u3o#action=share](https://www.youtube.com/watch?v=PEKr0_G4u3o#action=share)
- Subcommittee suggestions for additional resources?

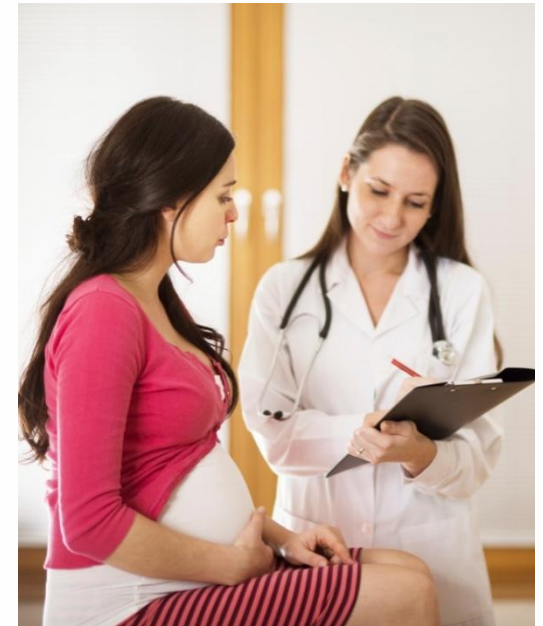
# Update from HTN Subcommittee

- First meeting
  - Subcommittee goals
  - Timeline

# Early Elective Delivery Overview

**Aim:** Reduce EED to  $<5\%$  across  $\geq 95\%$  of participating hospitals and improve ability for hospitals to compare accurate EED data across time and across other Illinois hospitals.

**Approach:** Provide access to tool kits, learning sessions, secure reporting system to compare.



- 46 IL birthing hospitals have submitted data
- Quarterly data entry (PC-01) for 2013 thru Q4 of 2014

# EED QI Recognition & Support

## For hospitals that reached the <5% goal:

- 41 letters of commendation to hospital administration for reaching QI goal
- 38 banners for reaching goals with March of Dimes, IHA



## For hospitals still working towards the <5% goal:

- Coaching calls/ PDSA support / data support
- Review hard stop policies
- Provide NQF EED Playbook (2014)
- Disseminate best practices materials from other hospitals, states
- Review progress

# EED Wrap-Up

- Hospital teams report data through Q4 of 2014
- Hospitals to enter 2014 Q4 data by April 1, 2015
  - Some hospitals may not have access to data until after this date
  - Still enter data in REDCap when it's available
- Data collection and QI support to continue into 2015 for those hospitals still working towards <5% goal

# BC 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+ also select 2 charts <34 wks and 2 charts between 34 and <39 wks – to be finalized by IDPH workgroup
  - Accuracy data reported 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

# Wave 1 Update

- 39 team rosters submitted for Wave 1
- Data entry
  - 1 team with completed data entry
  - 1 team with partial data entry
- Wave 1 teams to begin reporting on BC Accuracy process on February Teams Call
- Letter from IDPH forthcoming
- Feedback from Advisory group on process so far?

# Approach – Wave 2

- Roll out to all Illinois hospitals
  - Perinatal network administrators email hospitals for interest
  - Identify Hospital Teams: physician lead, nurse lead, birth certificate clerk required; quality lead and other team members encouraged
  - Hospital teams submit roster and request REDCap access
  - Launch state-wide initiative on OB Hospital Teams calls in March and April – proposing 2 webinars (each 2 hours)
  - Retrospective baseline data collection

# 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 review their hospitals process for completing birth certificates, identify possible areas for improvement

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

Feedback on January and February 2015 OB Hospital Team calls to discuss process and content and identify areas for training and education. Teams establish individual PDSA cycles – areas for change

# 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 (May 18, 2015)
- Teams report PDSA cycles on OB Hospital Teams calls
- Provide ongoing education based on challenges and successes identified

### Step 5 Track Progress

- Ongoing data collection
- Tracking accuracy data via REDCap and compare over time and across hospitals
- Tracking and supporting QI process and PDSA cycles to improve systems for completing birth certificates

# Proposed Education Roll Out

- 2 hour Video Webinar 1 (March 23 OB Teams Call)
  - Getting Started: REDCap, Process for baseline Data Collection and Data Entry, Team building, Resources
- 2 hour Video Webinar 2 (April 27 OB Teams Call)
  - BC Variables and QI process: Key variable definitions, Review QI process and PDSA cycles, Assign pre-work to develop process flow
- Face-to-face Meeting (May 18, Springfield)
  - Discuss BC process flow, change strategies, teams share PDSA goals
  - Distribute and review: guidebook, key variables guide
- Education on monthly OB Teams webinar (June-October)
  - Variables of the month
  - Review of QI process surveys
  - Review of audit data in REDCap

# BC Proposed QI Plan

- Teams draft process flow maps as pre-work for face-to-face meeting and present/discuss at meeting
- Monthly QI process surveys of hospital teams to assess progress and opportunities for QI support
  - Results of hospital accuracy audits and process surveys shared with PNA's by network
- QI support calls from PNAs to hospital teams in their network to follow up accuracy data, process surveys, progress with QI / PDSA cycles
- QI resources and check lists provided to support Perinatal Network Administrators (PNAs)

# BC Key Component Feedback

- Initial input from IHA stakeholders last Friday
- IDPH workgroup meeting to discuss and give input for Wave 2 Kick-off and education plan on Wednesday
- Advisory Group
  - Input on MAP-IT strategy
  - Input on roll out timeline and education proposal
  - Input on ongoing QI process and data collection

# Next Steps

- HTN
  - Subcommittee reviewing resources
- EED
  - Complete data reporting for Q4 2014 by April 1, 2015
  - Ongoing support of hospitals working to goal
- BC
  - Complete baseline data entry by February 16
  - Discuss feedback on January & February Hospital Teams calls
  - Wave 2 rolls out in March
  - Education begins in April

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