



# OB Hospital Teams Call

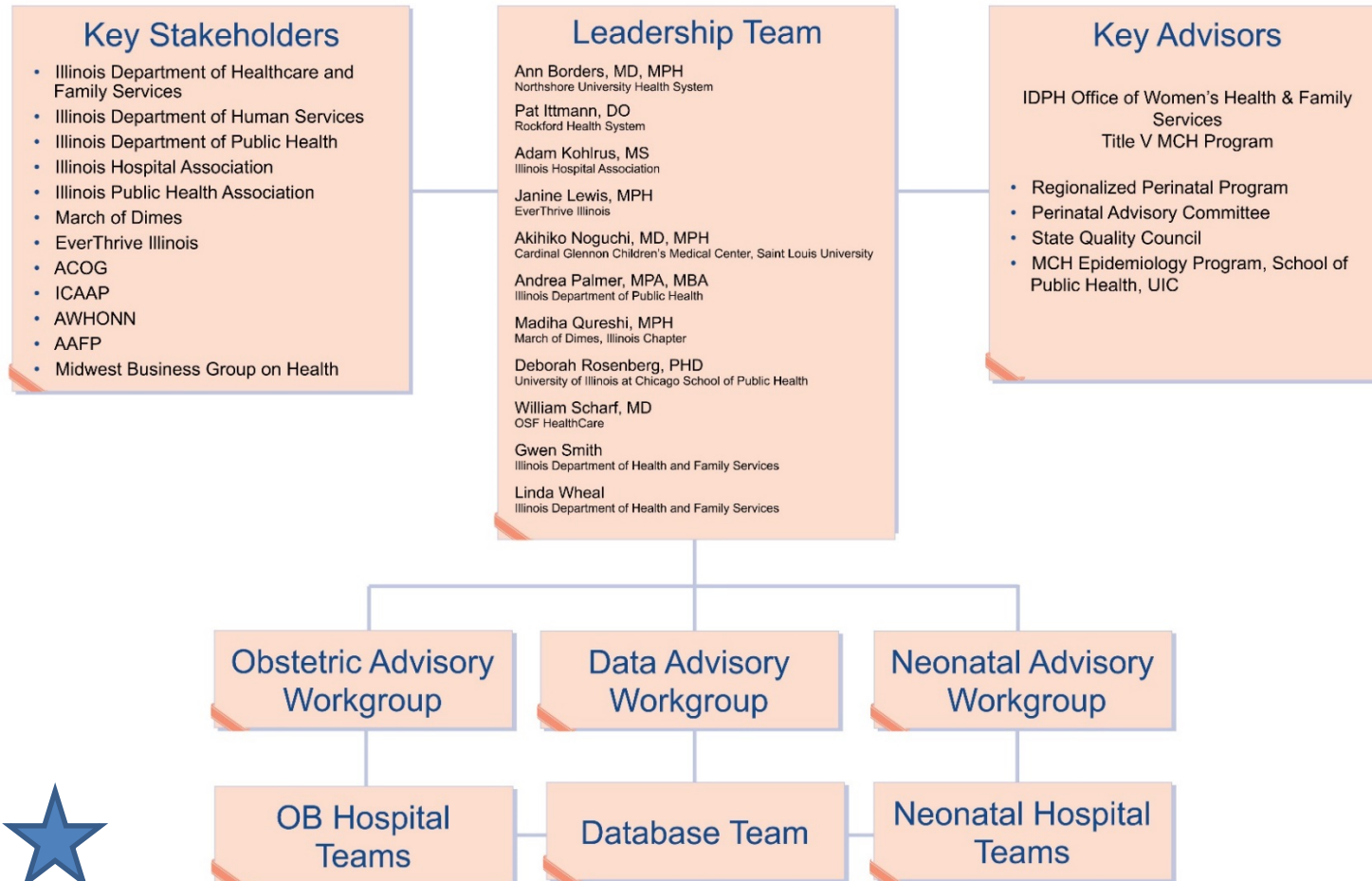
February 23, 2015

12:30 – 1:30 PM

# Agenda

- EED Wrap-up
- HTN update
- Birth Certificate Accuracy
- Next Steps

# ILPQC Structure



# EED Wrap-Up



- Data entry
  - 46 hospitals have entered data as of 2/16/2015
    - 43 hospitals with complete data entry through Q2 2014
    - 34 hospitals with complete data entry through Q3 2014
    - 13 hospitals with complete data entry through Q4 2014
- 41 Letters of Commendation and 36 MOD Banners Distributed to date
- 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 with >5% EED in Q4 of 2014

## Update from HTN Subcommittee

- Second meeting on February 9, 2015
- Discussion of CA and NY PQC HTN materials
- Next Steps to be carried out through workgroup:
  - Identify measures – process, outcome
  - Develop data and reporting form – *high value, low burden*
  - Adapt CA toolkit for IL
  - Plan education and QI strategies

# BC Accuracy Wave 1 Timeline



Send out Feedback Form to  
Wave 1 Hospital Teams –  
2/11/15

December 5, 2014

- Submit Team Roster Form on ILPQC Website
- Project Lead
- Physician Champion
- Nurse Champion
- Birth Certificate Rep
- Submit REDCap Access Form

December 15,  
2014

- Launch Wave 1
  - Baseline Audit (Aug-Oct 2014, 10 charts per month)
  - Link to instructions, data form, CDC guidebook
  - Live demo and REDCap training

January 26, 2015

- OB Hospital Teams Call
  - Gather Wave 1 feedback
  - Hear from other hospital teams

February 23, 2015

- OB Hospital Teams Call
  - Review info from feedback forms
  - Gather additional feedback
  - Hear from other hospital teams

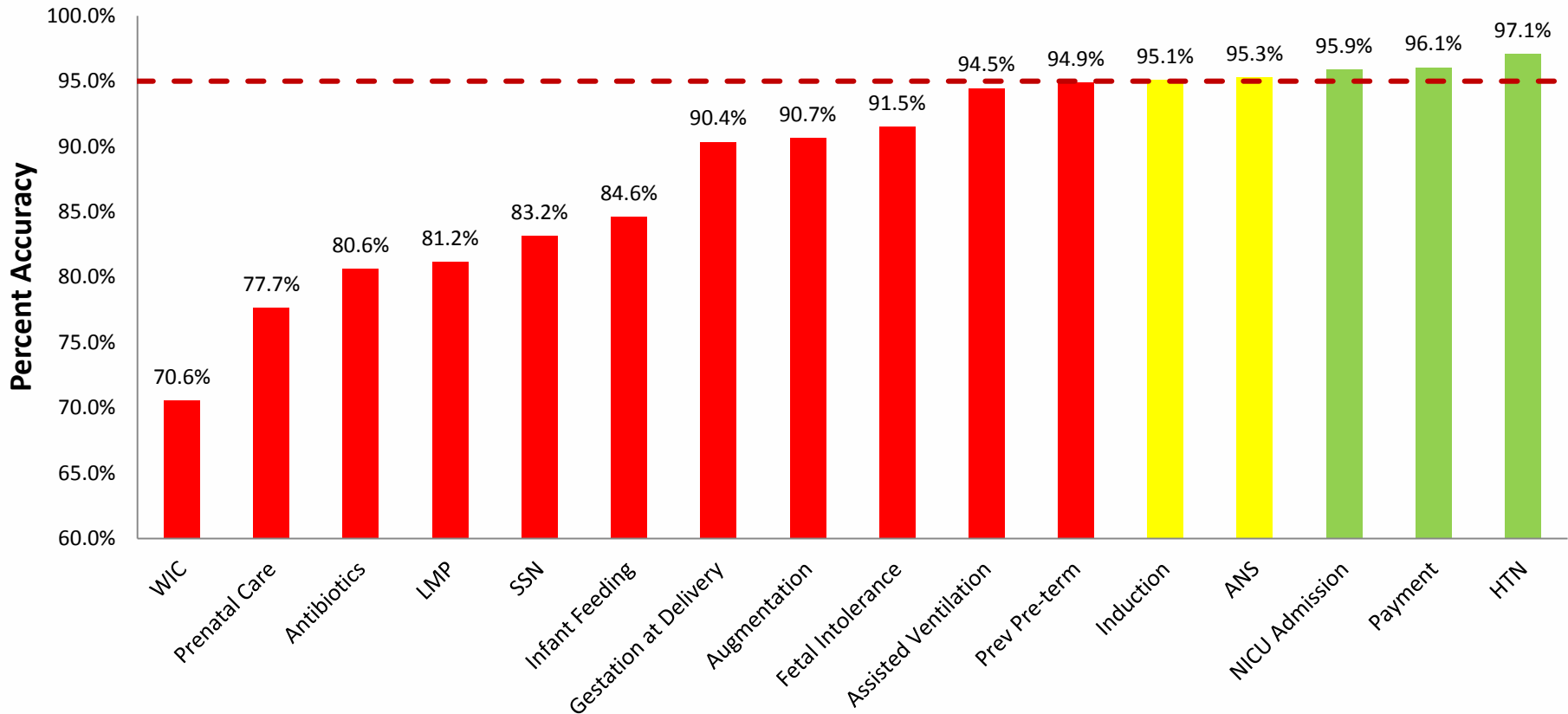
# BC Accuracy Wave 1 Update

- Complete accuracy audits for August, September, October 2014
  - See [www.ilpqc.org](http://www.ilpqc.org) for instruction sheet
- 43 team rosters submitted for Wave 1
- If not yet submitted, baseline data entry due March 16
  - As of 2/19/15, 32 teams completed data entry
- Wave 1 teams provide feedback on BC Accuracy process on January and February Teams Calls or via feedback form in Survey Monkey

# BC Accuracy Wave 1 Baseline: **IL PQC** All Variables



## Wave 1 Birth Certificate Accuracy of Variables - February 19, 2015



Overall accuracy for all 17 variables = **89.3%**

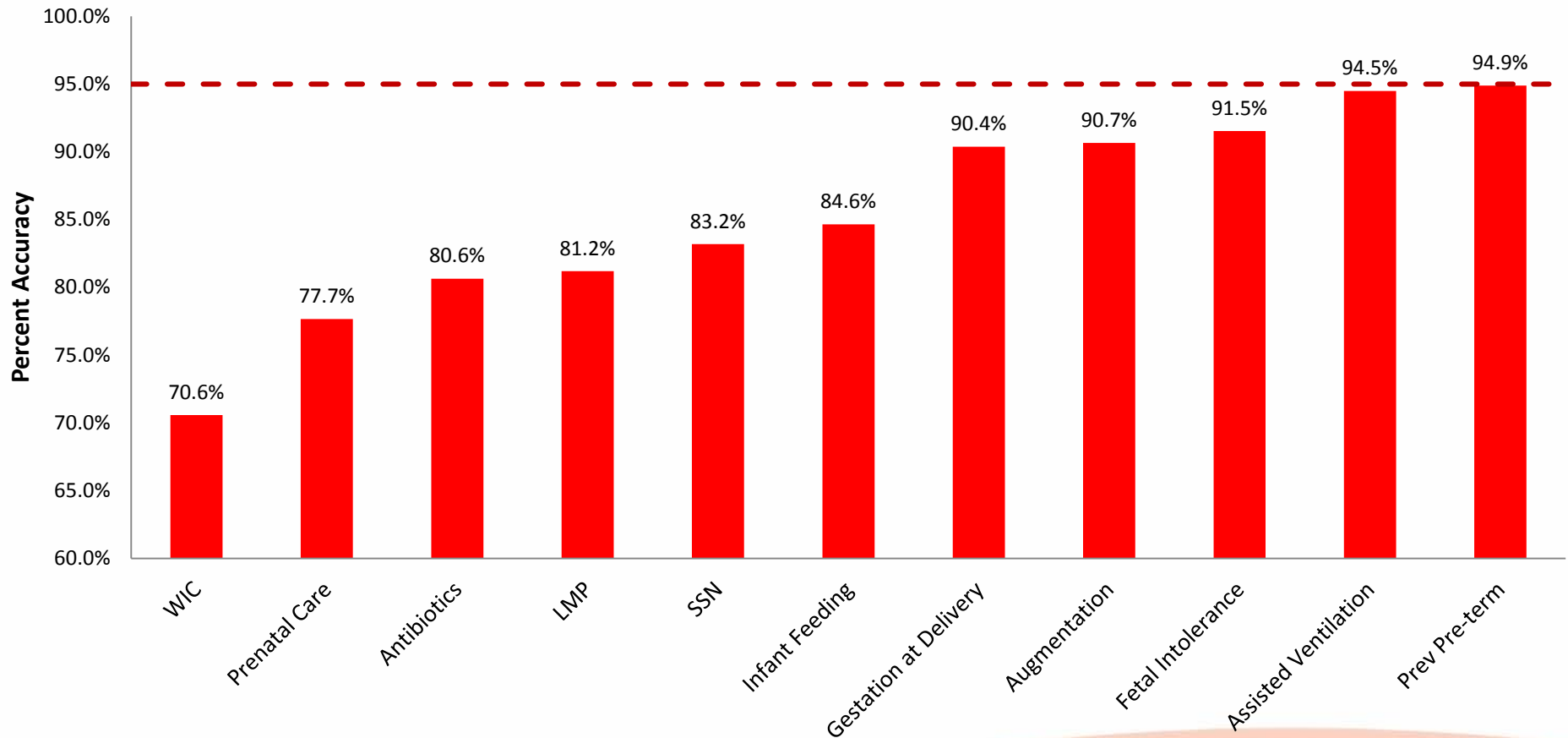
Total Hospitals Reporting Data = **32**

# BC Accuracy Wave 1 Baseline:



# Variables Less than 95% Accuracy

Wave 1 Birth Certificate Accuracy Variables Under 95% - February 19, 2015



# Next Steps

Wave 2 baseline audit due **5/11/15**  
Monthly data collection begins in  
May

## For Wave 2 By March 23, 2015

- Wave 2 teams Submit Team Roster Form on ILPQC Website
- Project Lead
- Physician Champion
- Nurse Champion
- Birth Certificate Rep
- Submit REDCap Access Form

## March 23, 2015 - 2 hour video webinar (12:30 – 2:30 pm)

- ILPQC and BC Overview
- IDPH – Why BC is important
- Susan Ford
- Baseline data collection process
- REDCap Training

## April 27, 2015 - 2 hour video webinar (12:30 – 2:30 pm)

- Update on baseline data collection
- Timeline Overview
- Overview of QI strategy process
  - MAPIT
  - PDSA
  - QI Team
- Testimonial from OH team that created a process flow map and document
- Definitions – IVRS with Cindy and potentially Dan Pippin
- Improved Process flow
- Assign Process Flow Diagram – due at face-to-face on 5/18/15

## May 18, 2015 – Face-to- Face Meeting, Springfield, IL (10:00 am – 3:30 pm)

- Susan Ford
- IHI Model for Improvement - Patti
- PDSA cycles
- Story Board
  - Process Flow
  - Aims statement
- Variables
  - Definition – new how they differ from CDC guidebook
  - Meanings
  - Revised guidebook, highlight in desk reference
- Review certificate of live birth worksheet
- How to do monthly audit and link to the QI process

# Birth Certificate Initiative

## ACT Rapid Cycle QI Methodology:

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



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

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

OB Hospital Teams 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)



#### **Step 4**            **Implement**

- Provide birth certificate training via webinars (March 23rd & April 27th 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

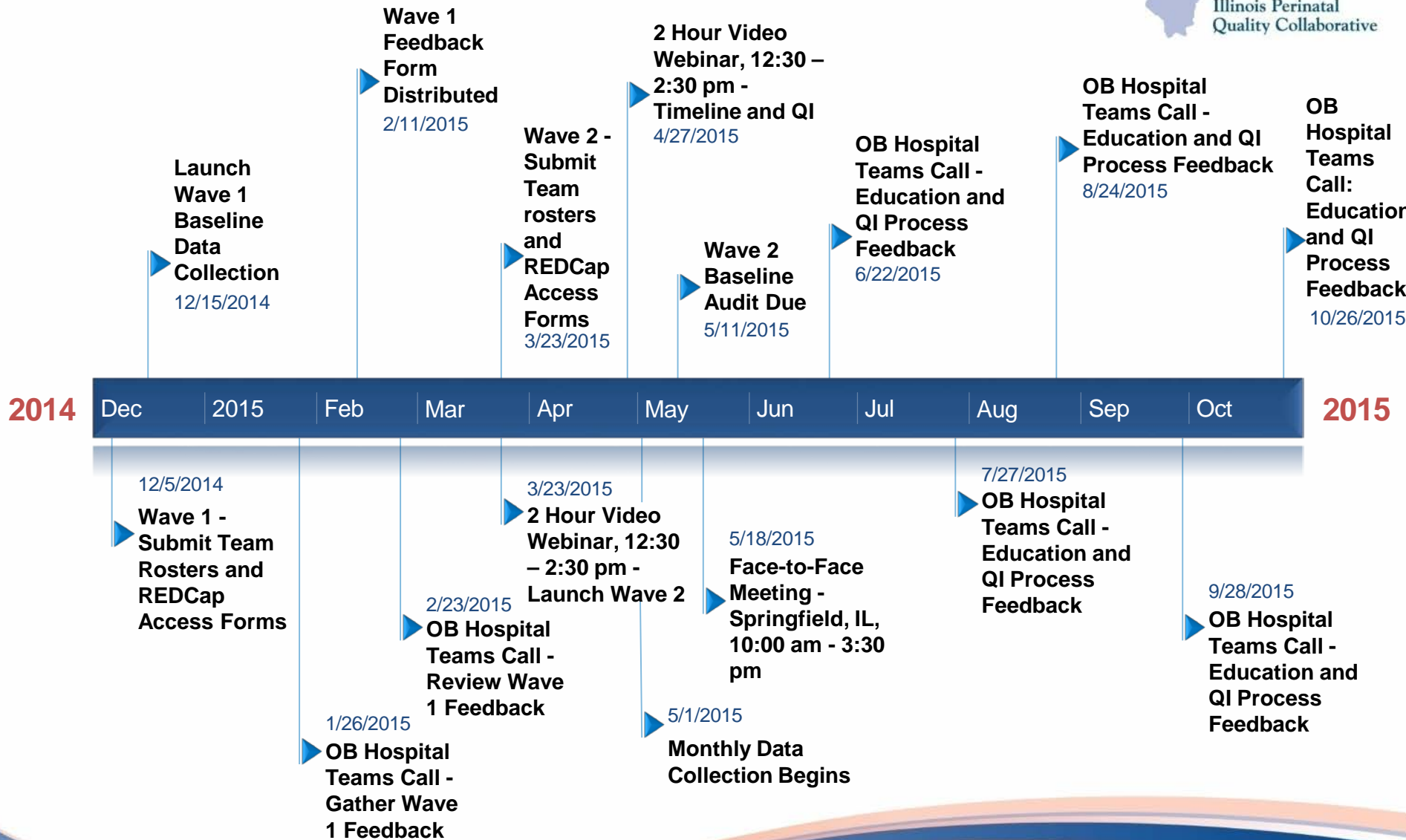
#### **Step 5**            **Track Progress**

- Ongoing monthly 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

## 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 Timeline - Overview



# BC Accuracy Wave 1 Team Feedback

- Abraham Lincoln Memorial Hospital (Level I)
  - Elizabeth Meyrick
- Carle Foundation Hospital (Level III)
  - Jenny Brandenburg
- Silver Cross Hospital (Level II)
  - Marilyn Paoella & Cindy Lanham
- Feedback
  - Team setup
  - Physician involvement
  - How did the baseline audit go?
  - Any feedback on the forms or variables?
  - Any issues with birth certificate abstraction system that can be used to plan change tactics?

# BC Accuracy Wave 1 Feedback

- Method for Engaging Physicians on team
- Referencing Physician vs. RN notes
- Accuracy of Prenatal Care Visits
- SS# missing
- Missing or Inaccurate Last Menstrual Period
- When does Antibiotic Administration Count?
- WIC Participation – verbal vs. chart collection
- Definition of Breast Feeding at Discharge

# Next Steps

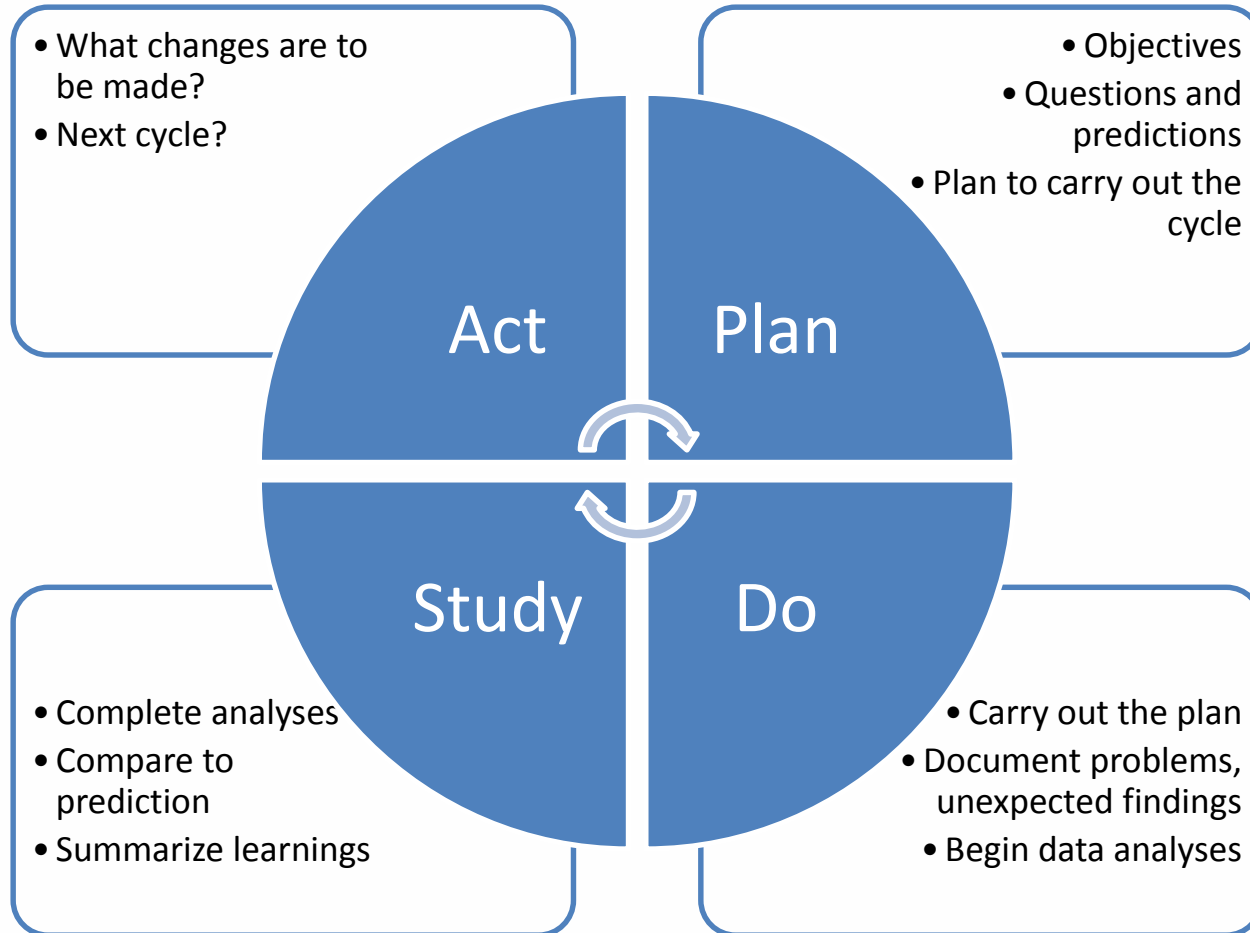
- HTN
  - Subcommittee reviewing measures
- EED
  - Complete data reporting for Q4 2014 by April 1, 2015
  - Ongoing support of hospitals working towards goal
- BC
  - If not yet completed, enter baseline data by March 16
  - Wave 2 joins Wave 1 on March 23<sup>rd</sup> call
  - Education on March 23<sup>rd</sup>, April 27<sup>th</sup>, and May 18<sup>th</sup>
  - Ongoing QI work and support

# Team Talks – BC Initiative

- Teams present 5-10 min on their QI work on June – Oct. Hospital Team Calls
  - 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))



# PDSA Cycle



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