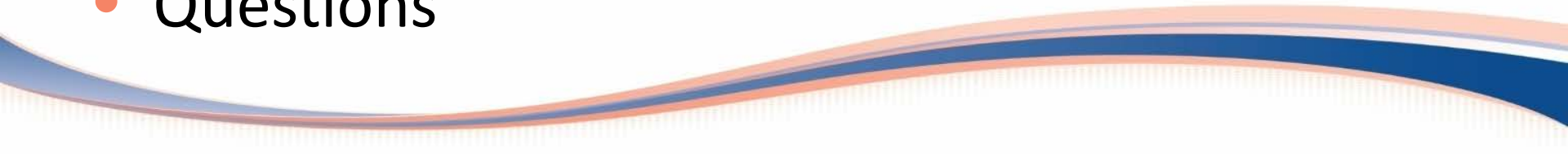




# Birth Certificate Accuracy Initiative Collaborative Learning Session Webinar 1

March 23, 2015  
12:30 – 2:30 pm

# Agenda

- ILPQC Overview
  - Birth Certificate Accuracy Initiative Overview
  - Why is Birth Certificate Accuracy Important?
  - Overview of Ohio's Experience
  - Baseline Data Collection Process
  - REDCap Training
  - Wave 1 Team Stories
  - Next Steps
  - Questions
- 

## Today's Presenters

- Ann Borders, ILPQC OB Lead & Executive Director
- Amanda Bennett, Senior MCH Epidemiologist/  
CDC Assignee, IDPH Office of Women's Health  
& Family Services
- Susan Ford, BEACON Quality Improvement  
Coordinator, OPQC
- Cindy Mitchell, ILPQC Birth Certificate  
Accuracy Initiative Perinatal Network  
Administrator Lead, South Central IL

# 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)



# CDC Definition: Perinatal Quality Collaboratives



“ “ **State Perinatal Quality Collaboratives (PQCs) are networks of perinatal care providers and public health professionals, working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes.** ” ”

# Key elements in a successful state collaborative

- “ “
- *Population-based, rapid-response data system*
  - *Well-connected, committed, **clinical leadership** in both obstetrics and pediatrics*
  - *Access to **baseline data***
  - *Involvement of key **state agencies and professional organizations***
  - *Centralized **administrative infrastructure***
  - *Access to rigorous, **improvement science** expertise*
  - *Integration of **community and academic providers***
  - *Open to idea of **transparent sharing** of results* ” ”

*Ed Donovan, MD, founder OPQC*

# ILPQC Vision



A statewide perinatal quality collaborative that involves all perinatal stakeholders; utilizes data-driven, evidence-based practices; improves perinatal quality resulting in improved birth outcomes, improved health for women and infants, and decreased costs; builds on Illinois' existing state-mandated Regionalized Perinatal System, and operates with long-term sustainable funding.

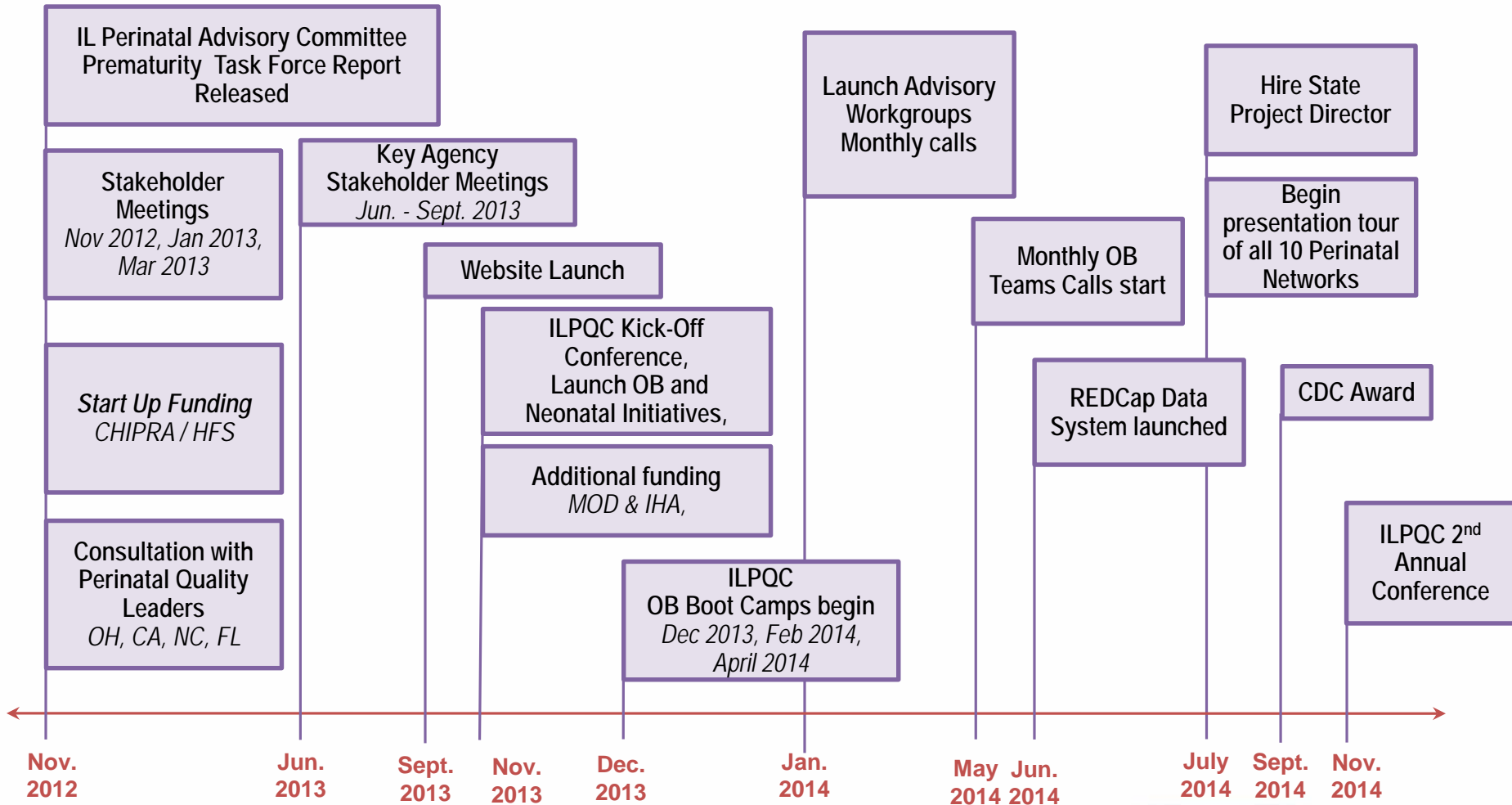


# ILPQC Goals

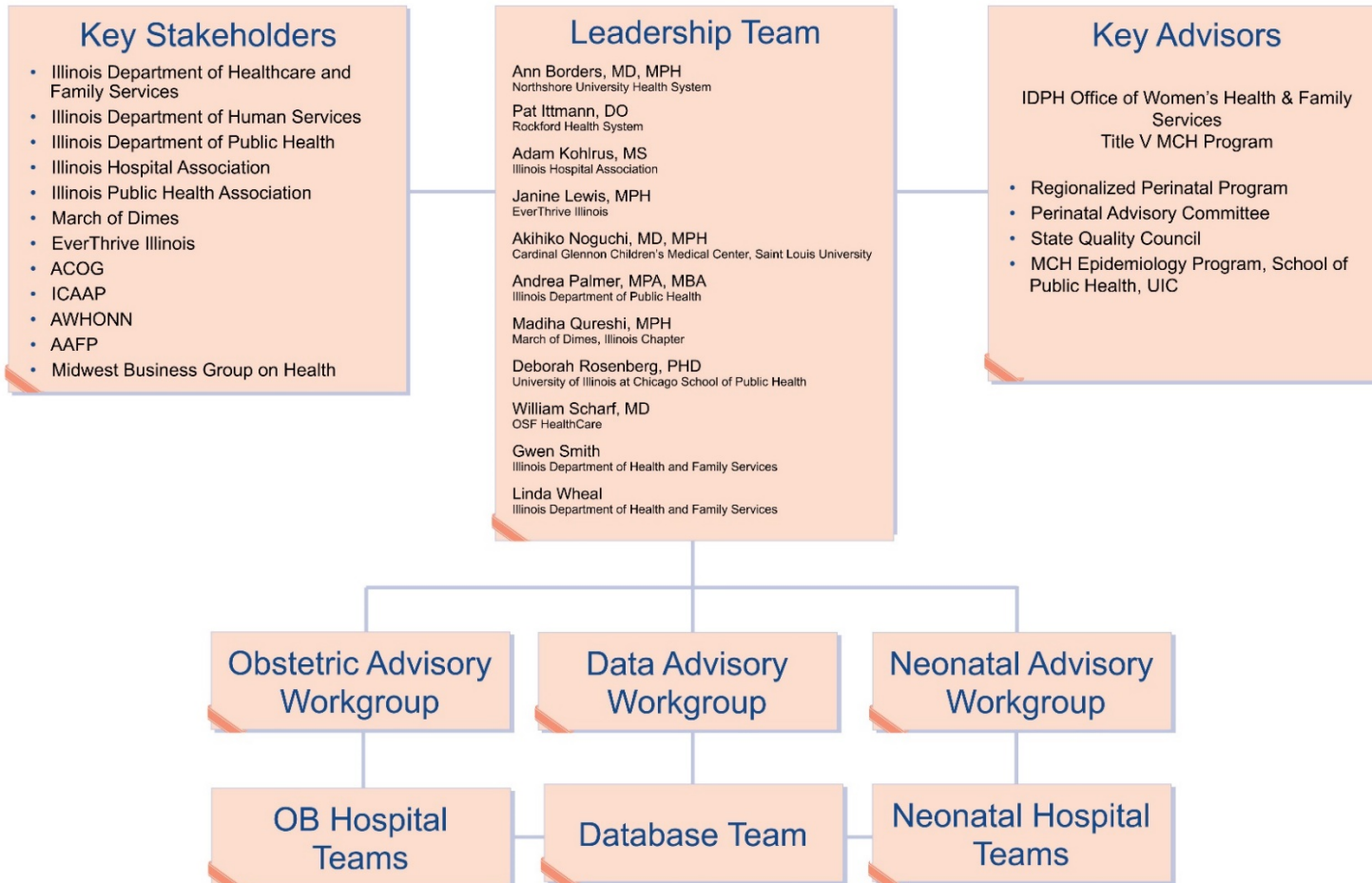


- Develop a **collaborative network** of perinatal stakeholders (focused on birthing hospitals with obstetric and neonatal leadership teams) committed to improving perinatal safety, efficiency, quality of care, and outcomes for women and infants.
- Educate stakeholders on **improvement science** and best practice, and use improvement science to design, implement and evaluate data driven, evidence-based processes to improve the quality of perinatal care.
- Utilize a **statewide database** with real-time data collection, analysis, and reporting capability.
- Assure that each initiative undertaken **adds value** for all perinatal stakeholders, optimizes resources, spreads best practices, reduces variation, and promotes family and patient-centeredness.

# ILPQC Start-up Timeline



# ILPQC Structure



# Hospital Team Involvement

- 101 Hospital teams across the state are involved in current ILPQC Initiatives
- 96 hospitals have participated at least one OB Initiative (Early Elective Delivery or Birth Certificate Accuracy)
  - Approximately 85% of IL births covered by ILPQC
- 18 hospitals participated in Neonatal Very Low Birth Weight Nutrition Initiative
  - Approximately 84% of IL NICU beds covered by ILPQC

# ILPQC Website

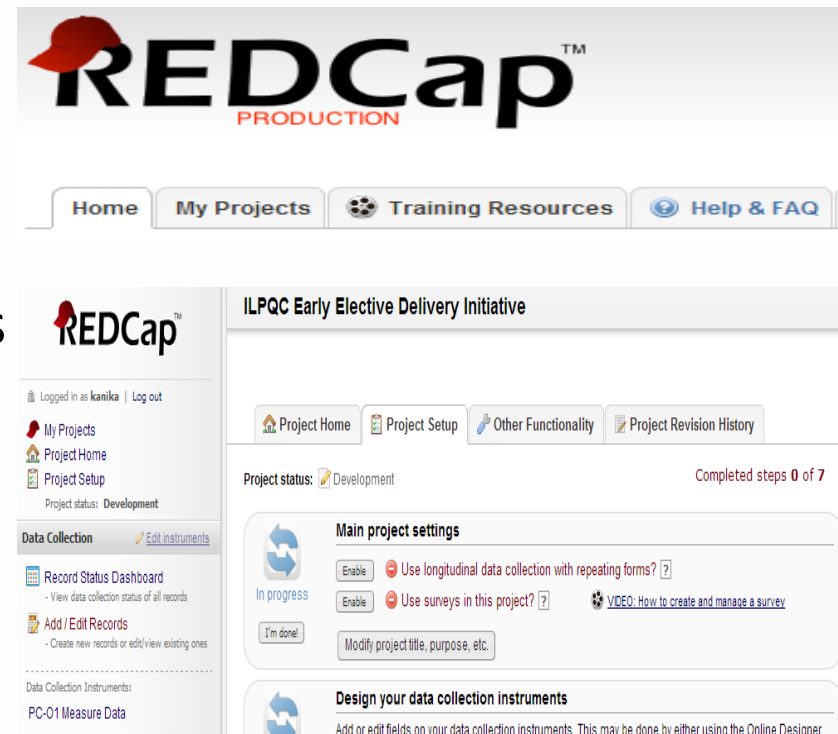


- Latest news related to ILPQC initiatives
- Partner announcements and resources
- Access ILPQC forms and event registration
- Developing members-only area
  - Share initiative resources
  - Collaborate via discussion boards



# REDCap Data System

- Data team meets bi-weekly with ILPQC leads to support data system
- Customizable data forms based on advisory group recommendations and initiative needs
- Dynamic secure data reporting available to users to view their progress and compare to other hospitals
- Additional data analysis and reporting on a quarterly basis



The screenshot displays the REDCap PRODUCTION web interface. At the top, the REDCap logo is prominent, with 'PRODUCTION' in red below it. A navigation bar includes links for 'Home', 'My Projects', 'Training Resources', and 'Help & FAQ'. The main content area is titled 'ILPQC Early Elective Delivery Initiative'. Below this, there are tabs for 'Project Home', 'Project Setup', 'Other Functionality', and 'Project Revision History'. The 'Project status' is shown as 'Development' with 'Completed steps 0 of 7'. The 'Data Collection' section includes options to 'Edit instruments', 'Record Status Dashboard', and 'Add / Edit Records'. The 'Main project settings' section has toggle switches for 'Use longitudinal data collection with repeating forms?' and 'Use surveys in this project?'. The 'Design your data collection instruments' section provides instructions on adding or editing fields.

# Birth Certificate Accuracy Initiative



- 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** (43 Hospitals) **Wave 2** (50 additional as of 3/23/15) remainder of hospitals
- **Aim: Obtain 95% accuracy on 17 key birth certificate variables**

# Wave 1 Timeline

Baseline Data Due  
February 16, 2015

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/month)
  - Link to instructions, data form, CDC guidebook
  - Live demo and REDCap training

January 26, 2015

- OB Hospital Teams Call
  - Gather Wave 1 feedback

February 23, 2015

- OB Hospital Teams Call
  - Gather Wave 1 feedback

# Wave 2 Timeline

Baseline data due May 11, 2015  
Monthly data collection begins in May

By March 23, 2015

- Submit Wave 2 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 Birth Certificate Accuracy Initiative Overview
- Why is birth certificate Accuracy important?
- Baseline data collection process
- REDCap Training

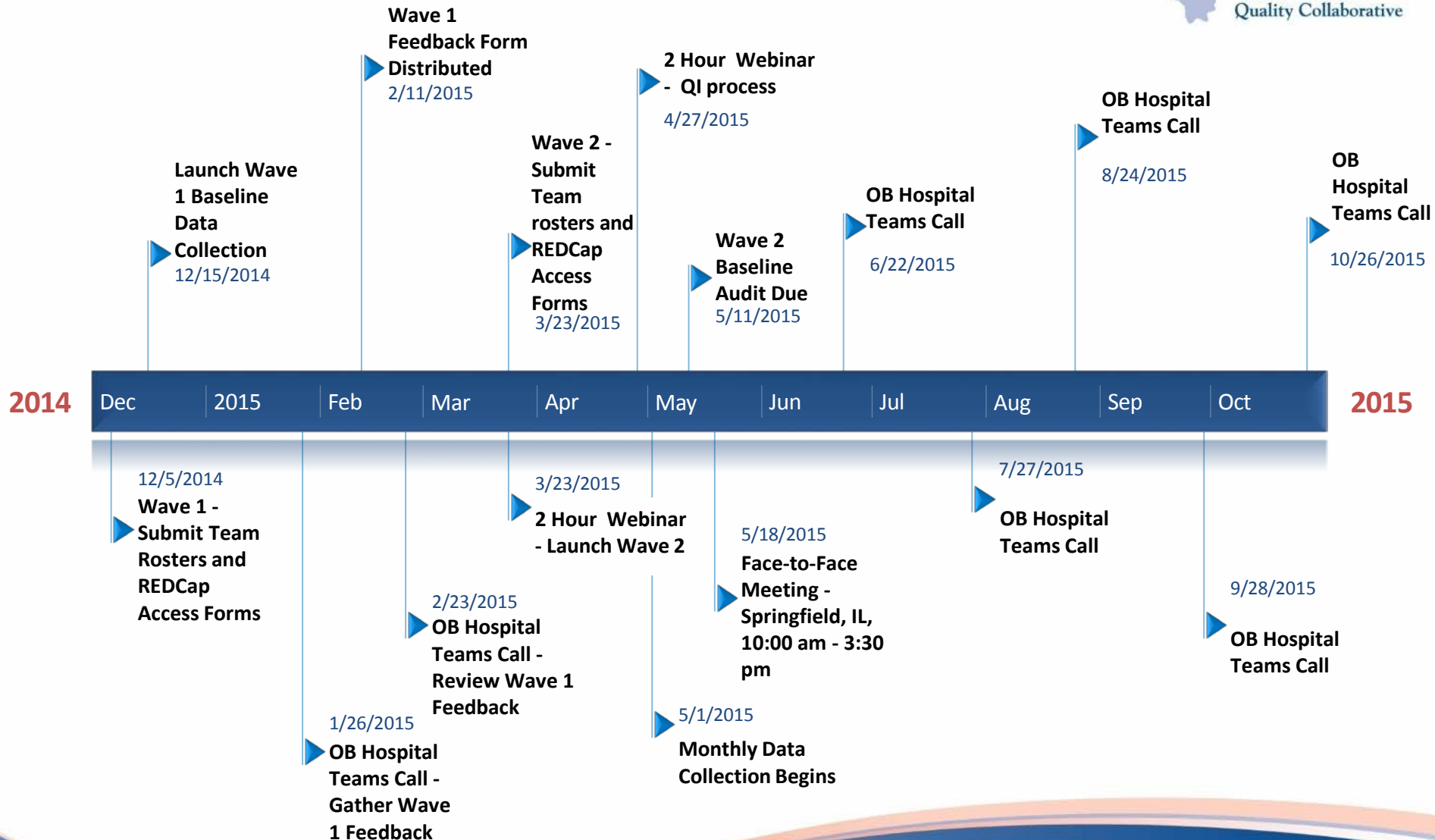
April 27, 2015 - 2 hour  
video webinar (12:30 –  
2:30 pm)

- Initiative timeline and update on baseline data collection
- QI Process
- Testimonial from OH teams
- Birth certificate variable definitions
- Next steps - Describe and assign storyboards and process flow diagram – due on 5/18/15

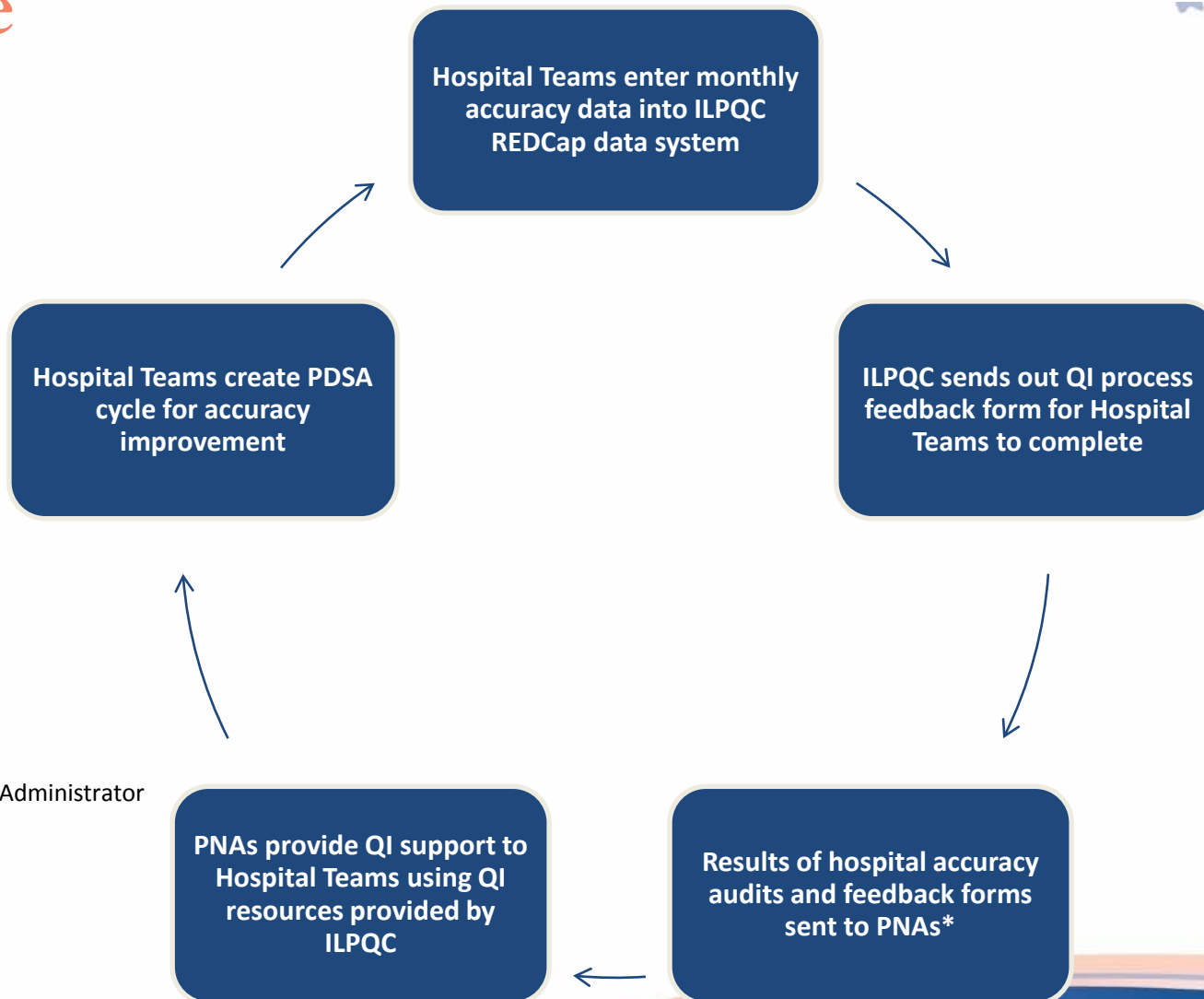
May 18, 2015 – Face-to-  
Face Meeting,  
Springfield, IL (10:00 am  
– 3:30 pm)

- Application of IHI Model for Improvement and PDSAs
- Team story board presentation viewing
- Working Lunch - Discussion of lessons learned from story boards
- Small group breakout discussion of PDSAs
- Debrief with large group
- Birth certificate variables
- Plan to support monthly quality improvement cycles

# BC Timeline - Overview



# Monthly Quality Improvement Cycle



\*PNA: Perinatal Network Administrator



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

**IDPH**

PROTECTING HEALTH, IMPROVING LIVES

# **Why is Birth Certificate Accuracy Important?**

**Amanda Bennett, PhD**

**Senior MCH Epidemiologist / CDC Assignee**

**IDPH Office of Women's Health and Family Services**

**3/23/2015**

# The “Birth Certificate” is more than just a piece of paper...

- The electronic birth certificate:
  - Collects over 300 pieces of information on Illinois mothers and babies
  - Is a data information system used by local, state, and national partners
  - Is the only consistent source of health information on ALL Illinois babies and new mothers
  - Is the foundation for surveillance, monitoring and public health research in perinatal health

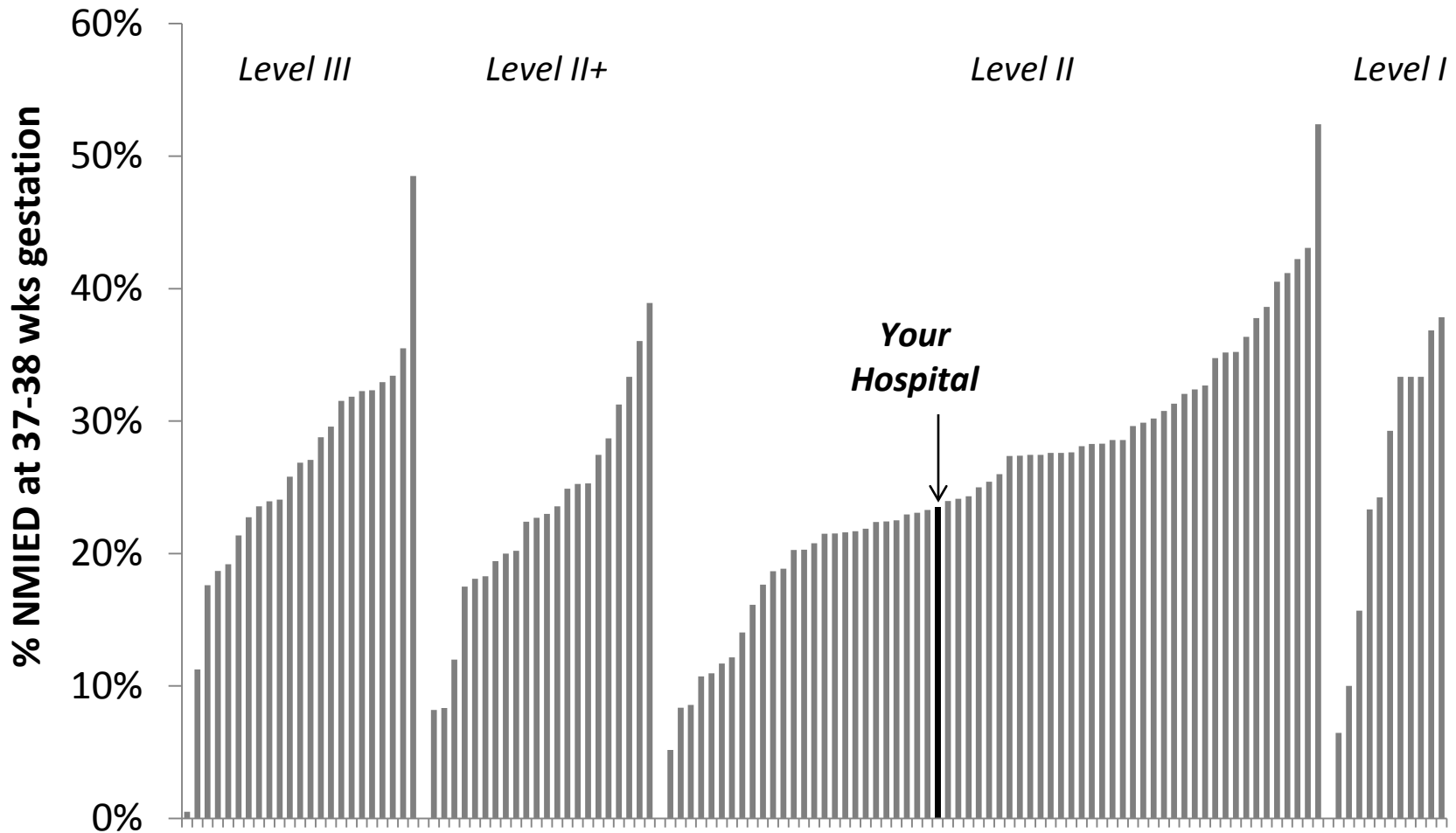
# How is Birth Certificate Data Used?

- Analyze trends in infant health
- Understand the factors that influence the health of moms and babies
- Design prevention and public health programs
- Improve clinical practice standards
- Inform quality improvement initiatives
- Support grant applications
  - Title V Block Grant, Healthy Start, Family Planning, etc.
- Support research in maternal and child health
  - During the last 5 years in the *Maternal and Child Health Journal* alone, ~300 articles used birth certificate data

# Birth Certificate Data in Action: Informing Policy Change

- Initiative to Reduce Early Elective Delivery
  - BC Data used to compare the rates of early elective delivery across hospitals and perinatal networks
  - BC Data was the only source of consistent information available for all delivery hospitals
  - BC Fields Used: Method of Delivery (C-section), Induction, Maternal and Infant Medical Conditions, Gestational Age
- **Importance of Accurate Data:** The data reflects on your hospital's performance and the facility's adherence to best practices in clinical care

# Example: Percent Non-Medically Indicated Elective Deliveries (NMIED) at 37-38 weeks gestation By Illinois Hospital and Perinatal Level, 2012



# Birth Certificate Data in Action: Public Accountability

- The Illinois Hospital Report Card reports two key indicators for each birthing hospital
  - Data available publicly online
  - Consumers can compare hospitals to each other
  - BC Fields Used: Method of Delivery (C-section), Breastfeeding
- **Importance of Accurate Data:** The data is made available to the public and could impact consumer choice of facility

# Cesarean Section Delivery

« Obstetric Traum...

-- Cesarean Section Delivery



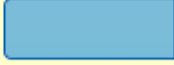



Primary Cesarea... »

## What these values mean:

Utilization indicators examine procedures whose use varies significantly across hospitals and for which questions have been raised about overuse, underuse, or misuse. This measure is used to assess the number of hospital-level Cesarean deliveries per 1000 deliveries. (IQI 21) [\[more\]](#)

## Timeframe:

This data covers the time period from 01/01/2013 to 12/31/2013

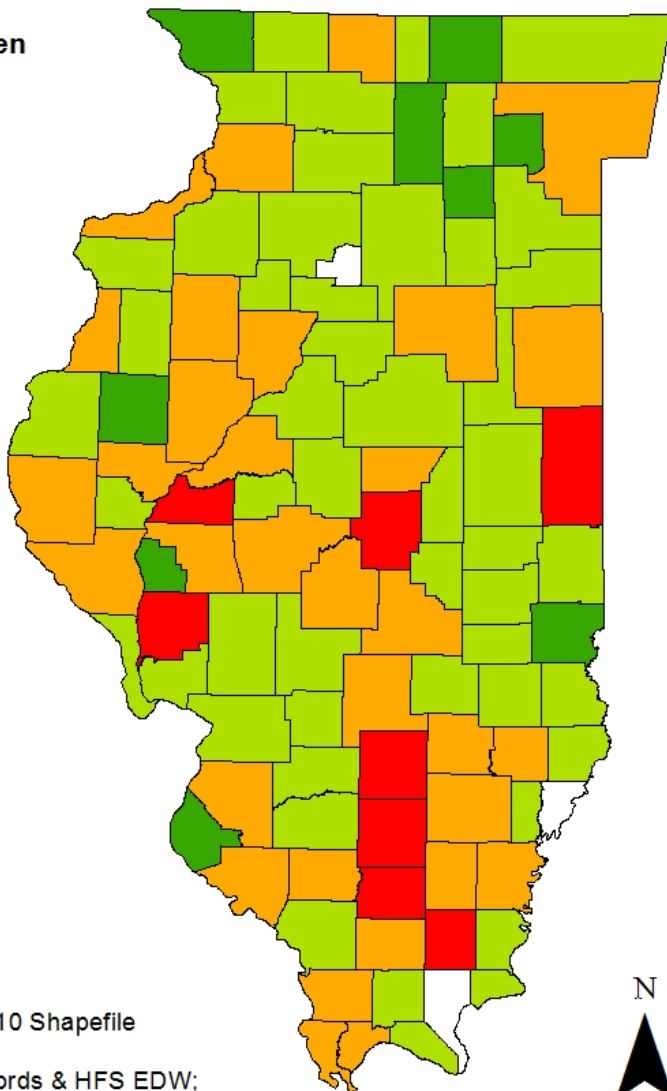
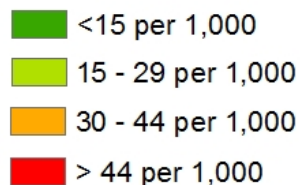
Entity	Value
	321.6 per 1000 
	288.98 per 1000 
Illinois State	280.33 per 1000 
	265.52 per 1000 
	233.23 per 1000 
	213.45 per 1000 

# Birth Certificate Data in Action: State Public Health Monitoring

- IDPH uses BC to monitor the health of moms and babies
  - Monitor changes over times
  - Design and target prevention programs
  - Assess community health needs and risk factors
  - BC Data Used: birth weight, gestational age, demographics, payer, infant conditions, mother's residential location
- **Importance of Accurate Data:** The data impacts the development of programs and services, and reflects whether programs are working

## Teen Birth Rate By County, 2011-2013 (provisional)

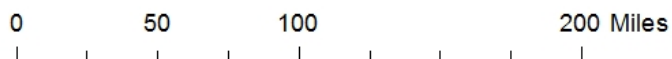
Births per 1,000 women  
ages 15 to 19



### Data Sources:

Map: TigerLine Census 2010 Shapefile

Birth Data: IDPH Vital Records & HFS EDW;  
2011-2013 uncertified birth files



Birth certificate data can help identify populations with poor health outcomes, or areas where public health prevention programs should be targeted

# Birth Certificate Data in Action: National Research

- Illinois BC data is reported to the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention
  - Conduct national analysis of trends
  - Compares states and regions to each other
  - NCHS develops standard definitions to ensure consistency across states
- **Importance of Accurate Data:** The data is part of the national birth registry system, which is used to monitor the health of our nation's babies

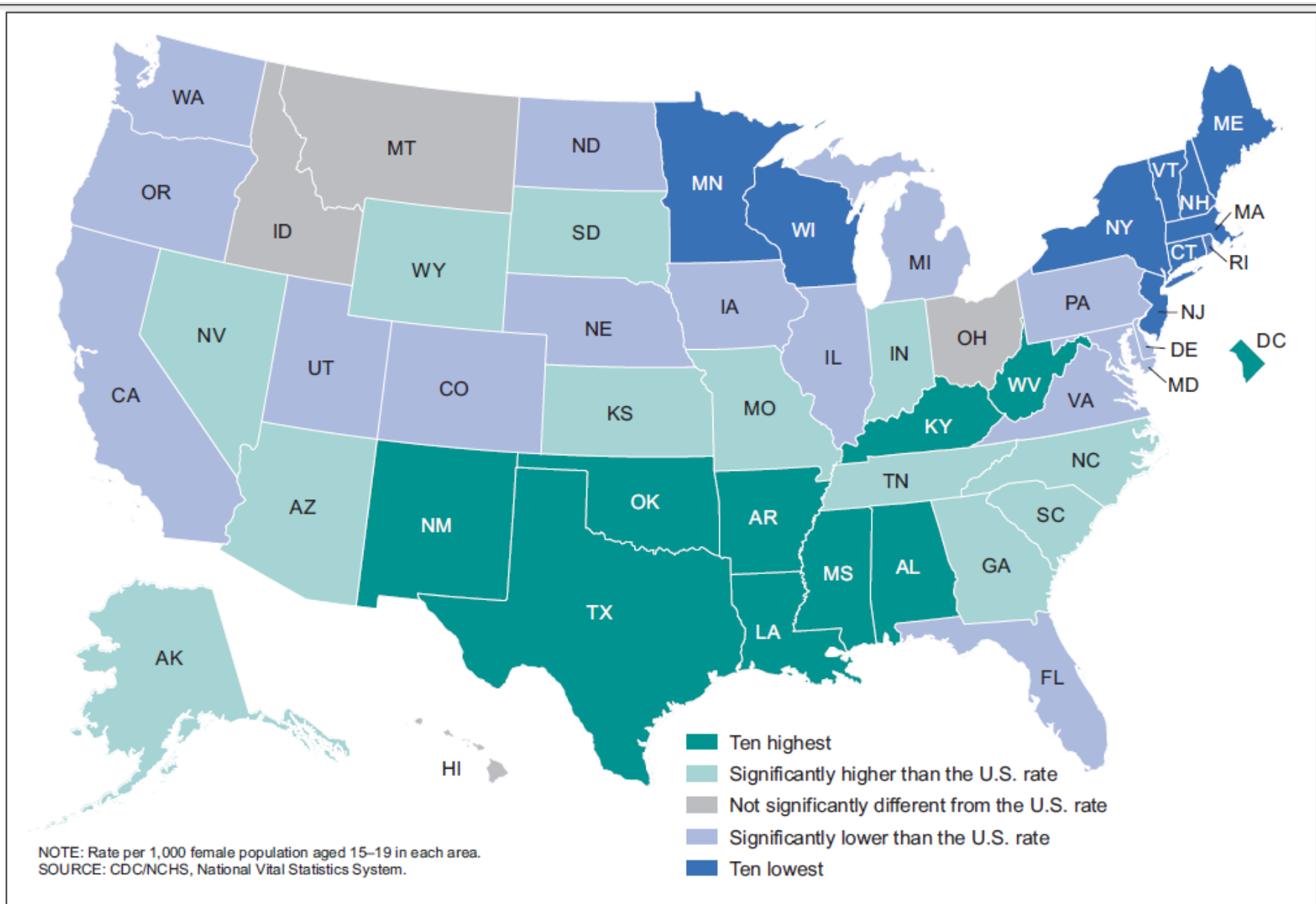


Figure 8. Birth rates for teenagers aged 15–19, by state: United States, 2012

## In Summary...

- The data you report into IVRS is a key driver of local, state, and national initiatives to improve the health of moms and babies
- **Your commitment to entering accurate birth information in IVRS is extremely important!**

# Lessons Learned from OPQC's 39 week/Birth Registry Accuracy Project

Susan Ford, RN, BSN

BEACON Quality Improvement Coordinator

March 23, 2015



# What is the Mission of OPQC?

Reducing prematurity-related adverse outcomes for babies in Ohio

## Goal:

Through collaborative use of improvement science methods, Reduce preterm births and improve outcomes of preterm newborns in Ohio as quickly as possible.



OPQC Is A Voluntary Organization of Ohio Stakeholders Who Care About Fetal & Infant Health



# The Ohio Perinatal Quality Collaborative



## Obstetrics

**39-Week Scheduled Deliveries without medical indication**

**Steroids for women at risk for preterm birth**  
**(24<sup>0/7</sup> - 33<sup>6/7</sup>)**  
**Sustain → Transition to BC Surveillance**

**INCREASE BIRTH DATA ACCURACY**

**Spread to all maternity hospitals in Ohio**  
**2013-2014**

**2014: Progesterone to Reduce Preterm Birth Risk**

## Neonatal

**Blood Stream Infections: High reliability of line maintenance bundle**

**Use of human milk in infants 22-29 weeks GA**

**2014: Neonatal Abstinence Syndrome**

**OCHA NAS in 6 CH's**

# Charter Sites – 39 Week Delivery Project

- **First OB OPQC Project**
- **Used hand collected data**
- **Baseline Data Collection  
July 2008 → August 2008 /  
Project Begun 9-1-08**
- **Gestational Age measure  
was 36.0 – 38.6 weeks**

## Charter Hospitals

- **Large teaching  
Hospitals in the state**
- **History of previous QI  
Project work or  
Research Participation**
- **These 20 hospitals  
represented 49% of all  
births in Ohio**

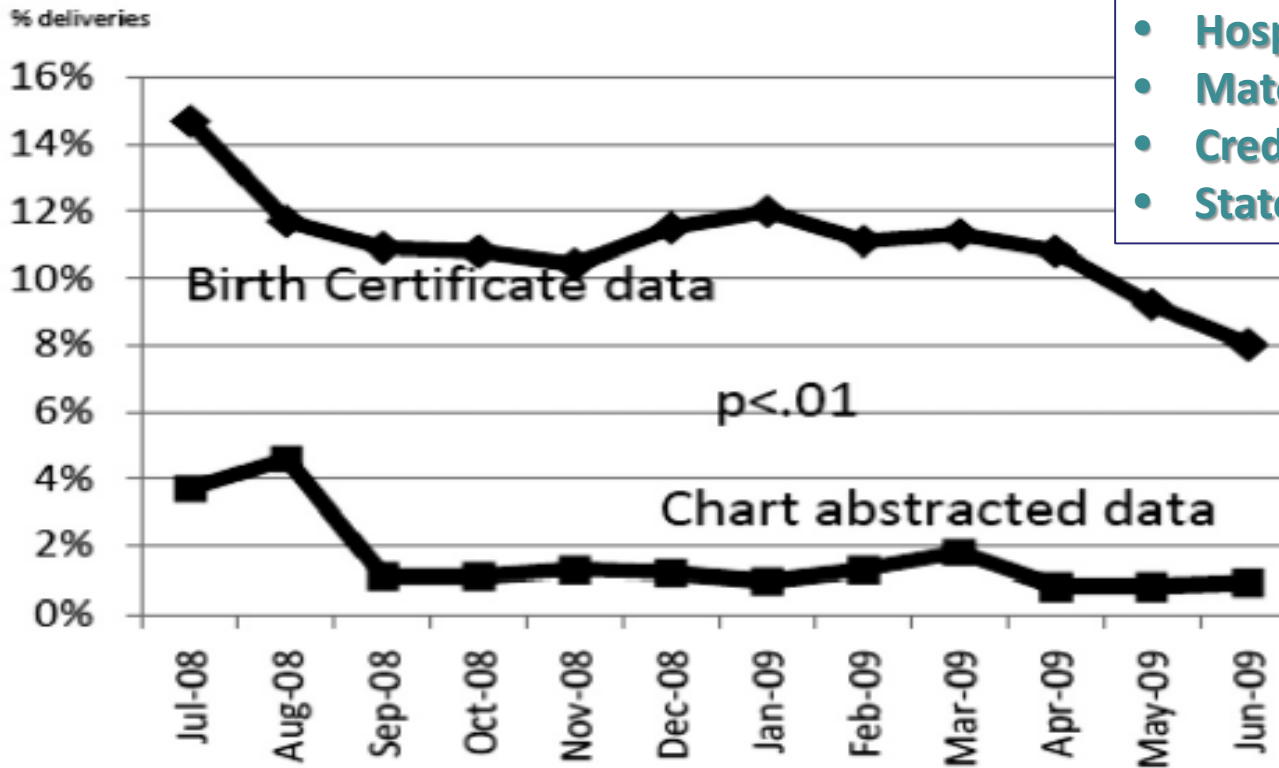


# Rates of labor induction without medical indication are overestimated when derived from birth certificate data

Jennifer L. Bailit, MD, MPH; for the Ohio Perinatal Quality Collaborative

FIGURE

Rates of nonmedically indicated induction of labor that were calculated by birth certificate data vs chart abstracted data



- BC Data Varies By:**
- Hospital
  - Maternal Dis
  - Credentials
  - State

Bailit. Induction rates derived from birth certificate data. Am J Obstet Gynecol 2010.



# Variation between IPHIS and hand collected data

- Improving birth registry accuracy was added when the project was spread in 2011
- IPHIS data was the only data used to document improvement in <39 weeks scheduled deliveries
- 15 pilot hospitals tested and studied changes to decrease early scheduled deliveries and increase birth registry documentation accuracy



# Dissemination of The 39 Week Delivery Project

## Done in Waves

- Piloted in 15 Sites 2012
- 3 Subsequent Waves with Staggered Start Dates
  - Jan 2013 → Apr 2014
- Ohio Birth Registrars are excited to participate

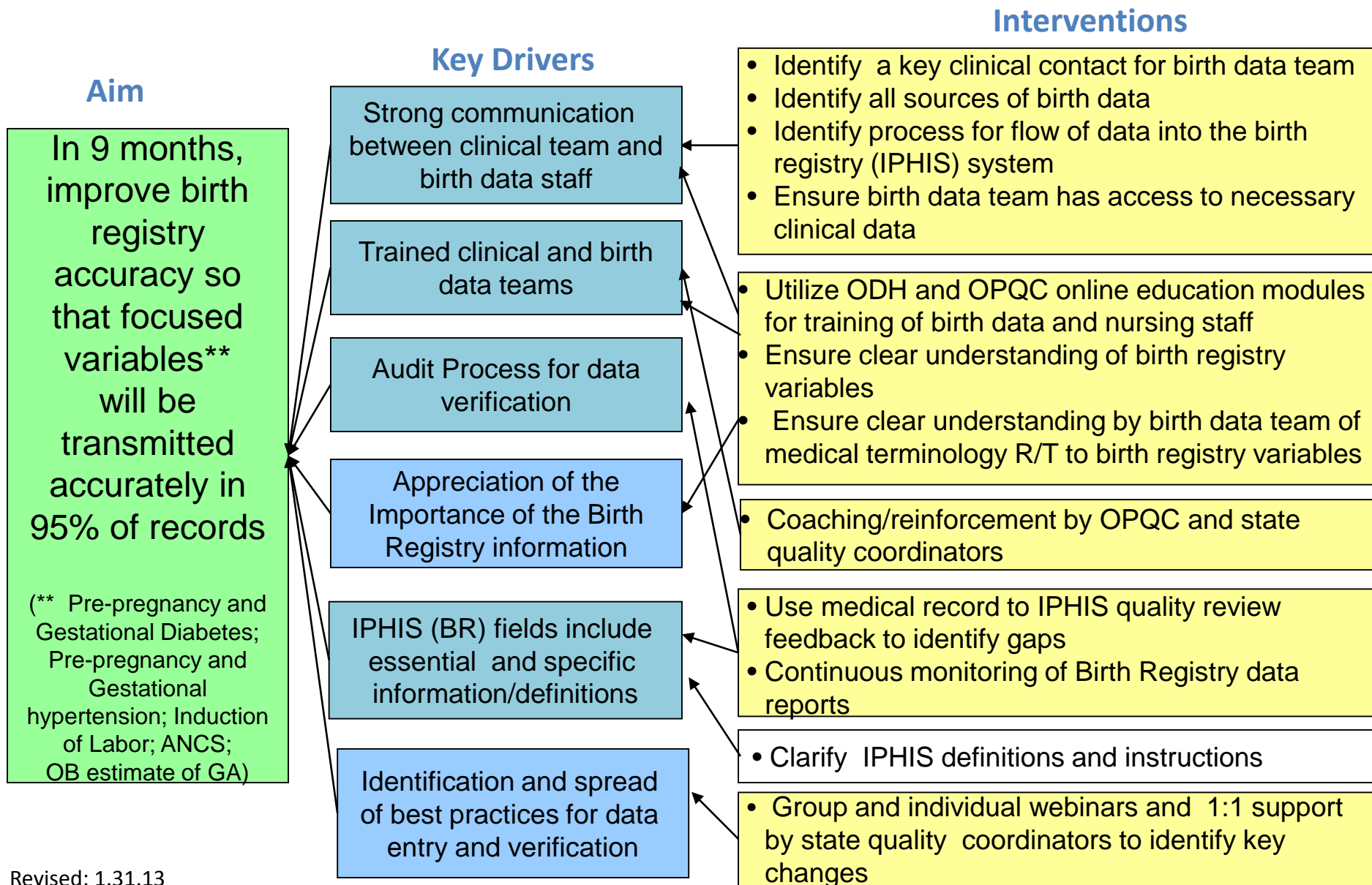
## Different from Charters

- Used Birth Registry data instead of hand collected
- Site Visits by BEACON QI Coordinators
- Monthly Calls
- Periodic Learning Meetings
- Collaboration w/ ODH + ODH Office of Vital Statistics + CDC





# OPQC: Decreasing births < 39 weeks gestation without medical indication and improving birth registry accuracy project





# Your Improvement Team!

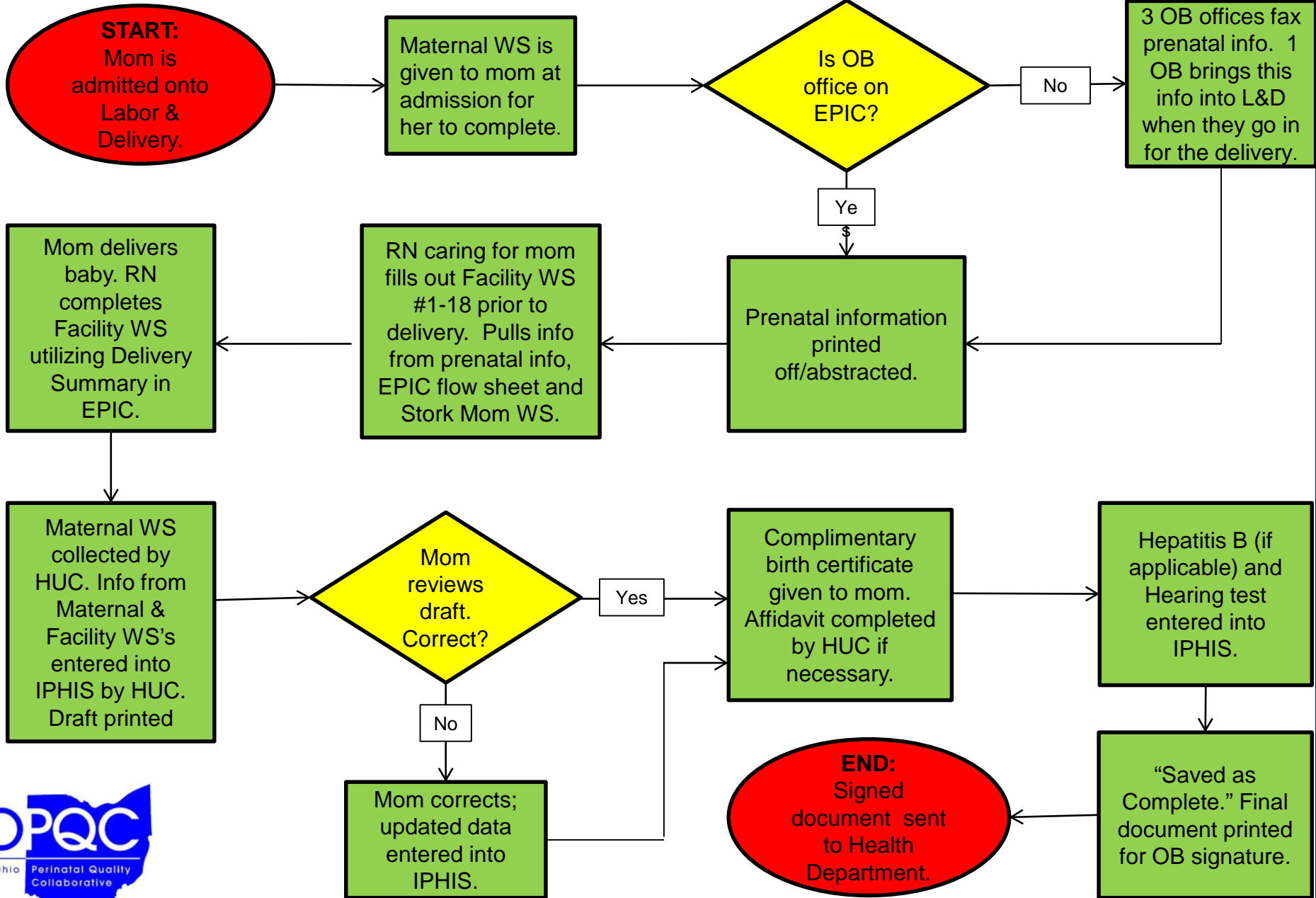
- OB Lead –  
Physician or Midwife
- Administrative Staff Member –  
Director of Maternity Services and/or  
Clinical Manager of Labor and Delivery
- Quality Improvement Member
- Clinical Nurse and/or Clinical  
Educator
- Birth Certificate Abstractor(s)  
Medical Records clerk or Unit Secretary  
(if they have abstractor role)



# Where did you start??

Process flow map detailing Abstraction and Submission of Birth Data





# “Baker’s Dozen” of top variables

Variable	IPHIS Tab
<b>1. Obstetrical estimate of gestational age</b>	Newborn
<b>2. Total number of Prenatal visits</b>	Prenatal
<b>3. Pregnancy Risk Factors: pre-pregnancy and gestational diabetes</b>	Pregnancy
<b>4. Pregnancy Risk Factors: pre-pregnancy and gestational hypertension</b>	Pregnancy
<b>5. History of prior preterm birth</b>	Pregnancy
<b>6. Induction of Labor</b>	Labor & Delivery
<b>7. Augmentation of Labor</b>	Labor & Delivery
<b>8. Antenatal corticosteroids (ANCS)</b>	Labor & Delivery
<b>9. Antibiotics received by the mother during delivery</b>	Labor & Delivery
<b>10. Birth weight</b>	Newborn
<b>11. Abnormal conditions of the newborn: Assisted ventilation after delivery and NICU admission</b>	Newborn
<b>12. Congenital abnormalities of the Newborn</b>	Newborn
<b>13. Breast feeding at discharge</b>	Newborn



## 13 KEY IPHIS VARIABLES

While it is important that you know the definitions of all of the Integrated Perinatal Health Information System (IPHIS) variables, there are 13 very important ones that are essential to understanding the health status of the Ohio population of pregnant women and their newborns. The accuracy of following 13 variables is paramount and can help improve health outcomes for women and babies.



# Variables of the Month:

- **Breastfeeding at Discharge**



- **Is the infant being breast-fed before discharge from the hospital?**
  - “Breast-fed” is the action of breast-feeding or pumping (expressing) milk.
  - \*\*Exclusive breast feeding is not required to check “yes”. Infant may be intermittently fed both breast milk and formula at discharge.
- It is **NOT** the *intent* or plan to breast-feed.

# POLL:

## Breastfeeding at Discharge?

- RN obtains history from mom on admission to L&D. Mom states “breast” when asked if breast or bottle feeding.

Breastfeeding at discharge

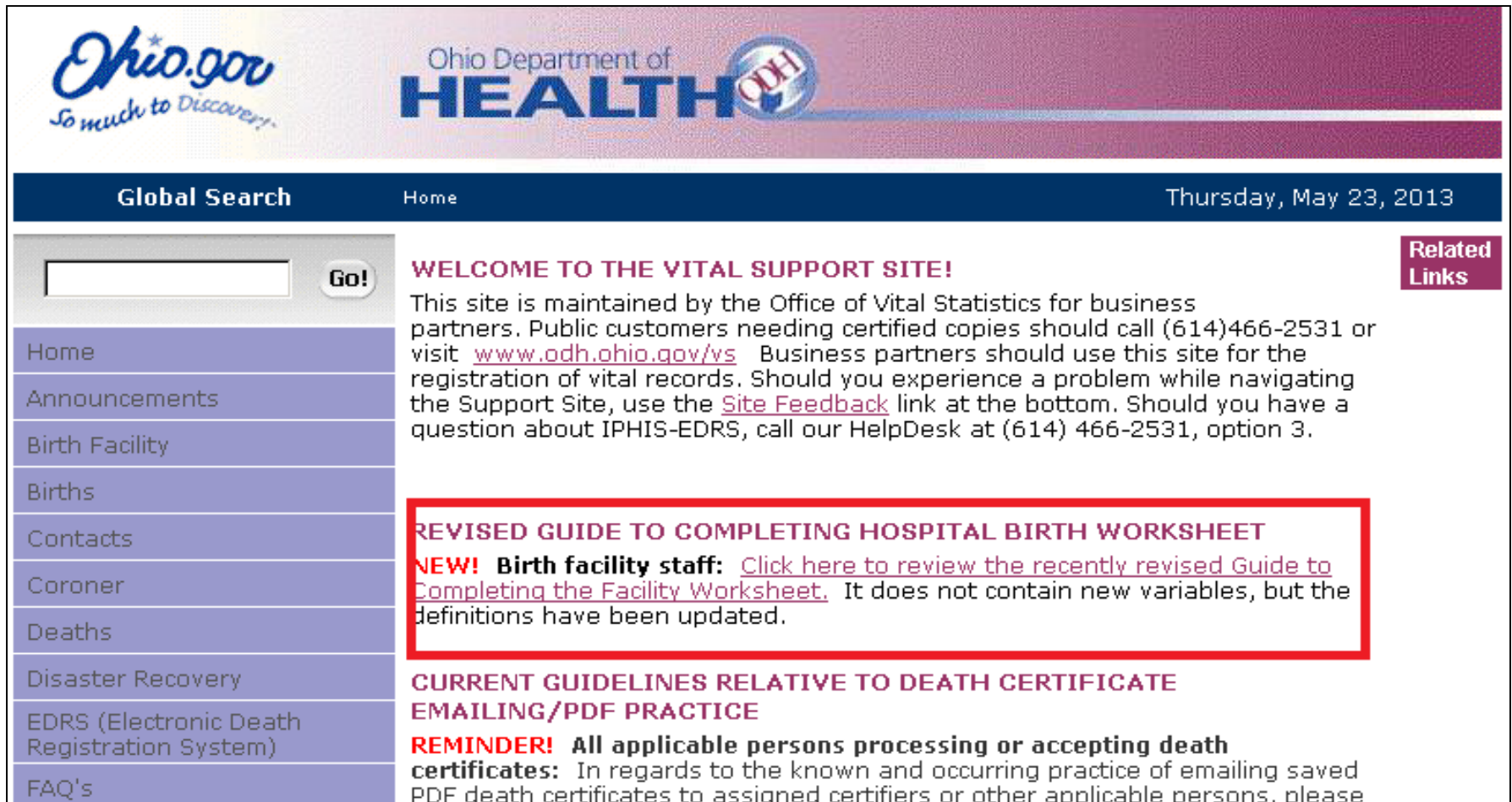
Not breastfeeding at discharge

- Infant is in the Special Care Nursery and is on NG feeds. Mom is pumping her breasts to supply milk for her baby.

Breastfeeding at discharge

Not breastfeeding at discharge

# The Vital Support Site



The screenshot shows the Ohio Department of Health Vital Support Site homepage. At the top left is the Ohio.gov logo with the tagline "So much to Discover!". To its right is the Ohio Department of Health logo, featuring the word "HEALTH" in large blue letters and a circular seal with "ODH" and a map of Ohio. Below the header is a dark blue navigation bar containing "Global Search", "Home", and the date "Thursday, May 23, 2013". On the left side, there is a search box with a "Go!" button and a vertical menu with links: Home, Announcements, Birth Facility, Births, Contacts, Coroner, Deaths, Disaster Recovery, EDRS (Electronic Death Registration System), and FAQ's. A "Related Links" button is located in the top right corner. The main content area features a "WELCOME TO THE VITAL SUPPORT SITE!" message, followed by a paragraph explaining the site's purpose and contact information. A red-bordered box highlights a "REVISED GUIDE TO COMPLETING HOSPITAL BIRTH WORKSHEET" with a "NEW!" announcement for birth facility staff. Below this, there is a section for "CURRENT GUIDELINES RELATIVE TO DEATH CERTIFICATE EMAILING/PDF PRACTICE" and a "REMINDER!" regarding death certificates.

**Ohio.gov**  
So much to Discover!

Ohio Department of  
**HEALTH**

Global Search Home Thursday, May 23, 2013

Go!

**Related Links**

**WELCOME TO THE VITAL SUPPORT SITE!**

This site is maintained by the Office of Vital Statistics for business partners. Public customers needing certified copies should call (614)466-2531 or visit [www.odh.ohio.gov/vs](http://www.odh.ohio.gov/vs). Business partners should use this site for the registration of vital records. Should you experience a problem while navigating the Support Site, use the [Site Feedback](#) link at the bottom. Should you have a question about IPHIS-EDRS, call our HelpDesk at (614) 466-2531, option 3.

**REVISED GUIDE TO COMPLETING HOSPITAL BIRTH WORKSHEET**

**NEW! Birth facility staff:** [Click here to review the recently revised Guide to Completing the Facility Worksheet.](#) It does not contain new variables, but the definitions have been updated.

**CURRENT GUIDELINES RELATIVE TO DEATH CERTIFICATE EMAILING/PDF PRACTICE**

**REMINDER! All applicable persons processing or accepting death certificates:** In regards to the known and occurring practice of emailing saved PDF death certificates to assigned certifiers or other applicable persons, please

Home  
Announcements  
Birth Facility  
Births  
Contacts  
Coroner  
Deaths  
Disaster Recovery  
EDRS (Electronic Death Registration System)  
FAQ's



# OPQC-ODH Online Modules

## Introduction to the Ohio Electronic Birth Registry

### The Integrated Perinatal Health Information System (IPHIS)

*The foundation of healthcare for  
Ohio's women & their infants*



- 1. Why is the birth certificate important to the healthcare of women and newborn infants?**
- 2. What are the variables in the Ohio birth certificate and what do they mean?**
- 3. Where are select birth certificate variables found in the patient's medical record?**
- 4. How can I know if I have accurately entered data into IPHIS?**
- 5. How can I Improve the data entry processes at my hospital?**



<https://opqc.net>



## 39-WEEKS DISSEMINATION RESOURCES

### Key Driver Diagrams

[39-Week Scheduled Delivery Project](#)

[Improving Accuracy of Ohio Birth Data](#)

**[IPHIS to Patient Medical Record Checklist](#)**

[Data Dictionary for IPHIS Checklist](#)

[IPHIS Accuracy Directions](#)

[IPHIS to Patient Medical Record Checklist](#)

### Toolkit

[Aim Worksheet](#)

[Flow Charts: Picturing the process](#)

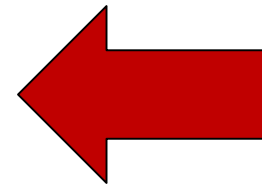
[Flow Charts: Youtube: MindToolsVideo](#)

[Improvement Glossary](#)

MONTHLY UPDATES

[Click here to Subscribe!](#)

SEARCH



# IPHIS to Patient Medical Record Checklist

Hospital: \_\_\_\_\_ Month: \_\_\_\_\_

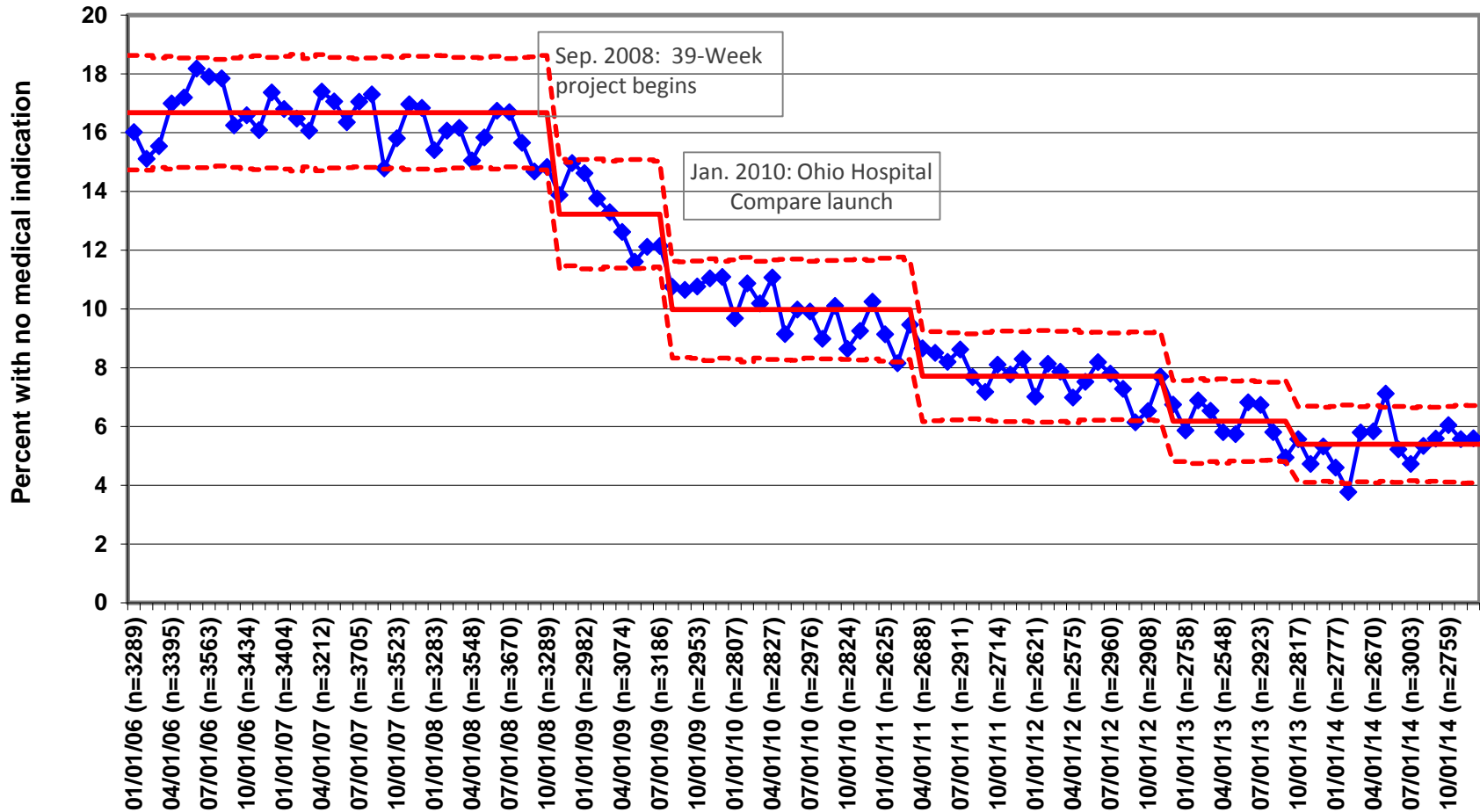
IPHIS	Variable		Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Total	Total	Total	
			Y	N	Y	N	Y	N	Y	N	Y+N
Pregnancy tab: Risk Factors	Pre-pregnancy and Gestational diabetes	Does the data documented in IPHIS <u>match</u> the data found in the patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS	Variable		Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Total	Total	Total	
			Y	N	Y	N	Y	N	Y	N	Y+N
Pregnancy tab: Risk Factors	Pre-pregnancy and Gestational hypertension	Does the data documented in IPHIS <u>match</u> the data found in the patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS	Variable		Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Total	Total	Total	
			Y	N	Y	N	Y	N	Y	N	Y+N
Labor & Delivery tab: Characteristics of Labor & Delivery	Induction of Labor	Does the data documented in IPHIS <u>match</u> the data found in the patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS	Variable		Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Total	Total	Total	
			Y	N	Y	N	Y	N	Y	N	Y+N
Labor & Delivery tab: Characteristics of Labor & Delivery	Antenatal corticosteroids (ANCS)	Does the data documented in IPHIS <u>match</u> the data found in the patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS	Variable		Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Total	Total	Total	
			Y	N	Y	N	Y	N	Y	N	Y+N
Newborn tab: Other	Obstetrical estimate of gestation at delivery	Does the data documented in IPHIS <u>match</u> the data found in the patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
									Total	Total	Total
									Y	N	Y+N
Total "yes" and "yes + no" responses from charts 6 - 10											
Total "yes" and "yes + no" responses from charts 1 - 5											
Total "yes" and "yes + no" responses from charts 1 - 10											
Total "yes" responses divided by total "yes" + "no" responses=											%

# Team Take Aways



- **Better understanding from Clinicians regarding requirements for birth certificate data collection**
- **Numerous areas documented throughout the patient chart for several of the variables; documentation not always consistent**
- **Data personnel did not always have a clear understanding of variables; often had difficulty finding the data in the patient chart**

# Ohio inductions < 39 weeks without a medical indication



Source: Ohio Department of Health, Vital Statistics



◆ Monthly Percent

— Baseline Average Percent


- - - Control Limits

# New IPHIS Variables 2014

Variable	IPHIS TAB
1. Pregnancy/Ultrasound Dating	Prenatal
2. Previous Cesarean Delivery	Pregnancy Risk Factors
3. Intrauterine Growth Restriction (IUGR)	Pregnancy Risk Factors
4. Renal (Kidney) Disease	Pregnancy Risk Factors
5. Cholestasis	Pregnancy Risk Factors
6. Blood Group Allo-Immunization	Pregnancy Risk Factors
7. Prior Non-Pregnant Surgery	Pregnancy Risk Factors
8. HIV - Human Immunodeficiency Virus	Pregnancy Infections
9. Progesterone	Pregnancy Progesterone
10. Obstetric estimate of gestational age (updated)	Newborn
11. Exclusive breast milk feeding through entire stay	Newborn
12. Critical Congenital Heart Disease Screening/Pulse Oximetry (CCHD)	CCHD Tab


**2014 ADDITIONAL IPHIS VARIABLES**


Twelve new additional variables have been added to Ohio's IPHIS Database. Each is listed below with the corresponding tab and tips for accurate data entry. Enhanced classification of a number of key existing variables is also described. These variables are important to an understanding of prenatal health and will assist us in improving health outcomes for women and babies in Ohio.



# Summary

- **Birth Registry Data is important!! Hospitals want their data to accurately reflect the work they are doing.**
- **OPQC and ODH – VS working together were able to assist hospitals in improving their data accuracy; team work makes the dream work!**
- **Only you know the accuracy of your hospital's birth registry data; monitoring/auditing of select variables will help you sustain your gains.**



Bill Callaghan, MD MPH  
Centers for Disease Control and Prevention  
December 1, 2011

**“The focus of  
healthcare for women  
and infants over the  
next century depends  
on the quality of the  
data collected by those  
who fill out the birth  
certificates.”**



# Questions/Comments



# ILPOC Wave 2 Data Collection

Cindy Mitchell RN, BSN, MSHL  
Perinatal Network Administrator

South Central Illinois Perinatal  
Center  
HSHS St. John's Children's Hospital

03/23/2015

## **Background:**

The Illinois Department of Public Health (IDPH) recognizes the importance of birth certificate data, as these data are used to identify prevention strategies and determine funding for state, local and national maternal and child health programs, among other important uses. The Department is committed to proactively helping hospitals improve the accuracy of this information and has partnered with the Illinois Perinatal Quality Collaborative (ILPQC) to carry out a quality improvement initiative across the state. The initiative calls for assessing and continuously monitoring the degree to which information in the medical record supports information on the birth certificate. Targeted education of hospital staff to promote improvement will be provided as an integral part of the initiative. The goal shared by the IDPH and ILPQC is 95% consistency between the birth certificate and the medical record.

Below are the steps that will allow you to assess current consistency as well as subsequent improvement.

# Elements to Audit:

- HTN
- Maternal Transfusion
- Previous Preterm Birth
- Augmentation of labor
- Induction of labor
- ACS (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

# Audit Process:

- Clerk logs into IVRS
- Click on the search field
- Place the cursor in the date of birth box and hit SHIFT 9
- This will bring up a box in which you can enter a date range to search
- It is a good idea to have identified the number you will be searching by before hand

**STATE OF ILLINOIS  
CERTIFICATE OF LIVE BIRTH WORKSHEET**

<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) <b>ST JOHN'S HOSPITAL</b>		2. SEX <b>MALE</b>	3. DATE OF BIRTH (Month/Day/Year) <b>05/15/2011</b>
<b>MOTHER/CO-PARENT</b>	5. FACILITY NAME (If not institution, give street and number) <b>ST JOHN'S HOSPITAL</b>		6a. CITY OR TOWN (Location of Birth) <b>SPRINGFIELD</b>	6b. ZIP CODE <b>62769</b>
	6a. MOTHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>ST JOHN'S HOSPITAL</b>		6b. DATE OF BIRTH (Month/Day/Year)	
	6c. MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last, Suffix) <b>ST JOHN'S HOSPITAL</b>		6d. BIRTHPLACE (State, Territory, or Foreign Country) <b>ILLINOIS</b>	
	9a. RESIDENCE OF MOTHER/CO-PARENT-STATE <b>ILLINOIS</b>	9b. COUNTY <b>SANGAMON</b>	9c. CITY OR TOWN <b>SPRINGFIELD</b>	
	9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER/CO-PARENT</b>	10a. FATHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		10b. DATE OF BIRTH (Month/Day/Year)	
	10c. FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last, Suffix)		10d. BIRTHPLACE (State, Territory, or Foreign Country) <b>ILLINOIS</b>	
<b>CERTIFIER</b>	11. CERTIFIER'S NAME (Type or Print) TITLE: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify)			12. DATE CERTIFIED MM DD YYYY
	13. LOCAL REGISTRAR'S SIGNATURE		14. DATE FILED BY REGISTRAR (Month, Day, Year)	
<b>THIS WORKSHEET SHOULD BE RETAINED BY THE ORIGINATOR FOR REFERENCE PURPOSES</b>				
<b>INFORMATION FOR ADMINISTRATIVE PURPOSES</b>				
15. MOTHER/CO-PARENT'S MAILING ADDRESS: <input checked="" type="checkbox"/> SAME AS RESIDENCE IN ITEMS 9A-9D				
STREET & NUMBER		STATE	CITY OR TOWN	ZIP CODE
16. MOTHER/CO-PARENT MARRIED? (At birth, conception, or any time between) OR: MOTHER/CO-PARENT IN A CIVIL UNION? IF NO, HAS VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED IN THE HOSPITAL?		17. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD?	18. FACILITY ID (NPI)	
19. MOTHER/CO-PARENT'S SOCIAL SECURITY NUMBER		20. FATHER/CO-PARENT'S SOCIAL SECURITY NUMBER		
<b>INFORMATION FOR STATISTICAL PURPOSES ONLY</b>				
<b>21. MOTHER/CO-PARENT'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> Unknown		<b>22. MOTHER/CO-PARENT OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the mother/co-parent is Spanish/Hispanic/Latino. Check the "No" box if mother/co-parent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		<b>23. MOTHER/CO-PARENT'S RACE</b> (Check one or more races as identified by mother/co-parent) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (name of the ancestor or principal ancestor) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
<b>24. FATHER/CO-PARENT'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> Unknown		<b>25. FATHER/CO-PARENT OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the father/co-parent is Spanish/Hispanic/Latino. Check the "No" box if father/co-parent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		<b>26. FATHER/CO-PARENT'S RACE</b> (Check one or more races as identified by father/co-parent) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (name of the ancestor or principal ancestor) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input checked="" type="checkbox"/> Other Asian (Specify) <b>LAOS</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
27. PLACE WHERE BIRTH OCCURRED (Check one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Free-standing birthing center <input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____		28. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		29. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____

I verify that the personal information in this certificate is correct to the best of my knowledge.

MOTHER/CO-PARENT'S SIGNATURE

FATHER/CO-PARENT'S SIGNATURE

Other: \_\_\_\_\_

Certifier's Signature

**INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY**

<b>MOTHER</b>	30a. DATE OF FIRST PRENATAL CARE VISIT MM / DD / YYYY <input type="checkbox"/> No Prenatal Care		30b. DATE OF LAST PRENATAL CARE VISIT MM / DD / YYYY		31. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY (If none, enter "0")			
	32. MOTHER'S HEIGHT (feet/inches) _____		33. MOTHER'S PREGNANCY WEIGHT (pounds) _____		34. MOTHER'S WEIGHT AT DELIVERY (pounds) _____			
35a. Now Living Number _____ <input type="checkbox"/> None		35b. Now Dead Number _____ <input type="checkbox"/> None		36. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If NONE, ENTER "0". Average number of cigarettes or packs of cigarettes smoked per day _____ Three Months Before Pregnancy _____ OR _____ First Three Months of Pregnancy _____ OR _____ Second Three Months of Pregnancy _____ OR _____ Third Trimester of Pregnancy _____ OR _____		39. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay <input type="checkbox"/> Other (Specify) _____		
36c. Date of Last Live Birth MM / YYYY		37b. Date of Last Other Pregnancy Outcome MM / YYYY		40. DATE LAST NORMAL MENSES BEGAN MM / DD / YYYY		41. MOTHER'S MEDICAL RECORD NUMBER		
<b>MEDICAL AND HEALTH INFORMATION</b>	42. RISK FACTORS IN THIS PREGNANCY (Check all that apply) Alcohol Alcohol use during pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No Average number of drinks per week _____ Diabetes <input type="checkbox"/> Pregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) Hypertension <input type="checkbox"/> Pregnancy (Chronic) <input type="checkbox"/> Gestational (PM, preeclampsia) <input type="checkbox"/> Eclampsia <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/Intrauterine growth restricted birth) <input type="checkbox"/> Pregnancy resulted from infertility treatment. If yes, check all that apply: <input type="checkbox"/> Fertility-enhancing drugs, Assisted insemination or Intrauterine insemination <input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intralipid transfer (GIFT)) <input type="checkbox"/> Mother had a previous cesarean delivery. If yes, how many _____ <input type="checkbox"/> None			44. OBSTETRIC PROCEDURES (Check all that apply) <input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolytic External cephalic version <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the procedures listed above			47. METHOD OF DELIVERY A. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Fetal presentation at birth (Check one) <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other D. Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	43. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the infections listed above			45. ONSET OF LABOR (Check all that apply) <input type="checkbox"/> Pressure rupture of the membranes (prolonged, >12 hrs.) <input type="checkbox"/> Precipitous labor (<3 hrs.) <input type="checkbox"/> Prolonged labor (> 20 hrs.) <input type="checkbox"/> None of the above			48. MATERNAL MORBIDITY (Complications associated with labor and delivery) (Check all that apply) <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following <input type="checkbox"/> None of the above	
<b>NEWBORN</b>	49. NEWBORN MEDICAL RECORD NUMBER		55. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Resuscitation at delivery <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skull fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above conditions			56. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply) <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastrochisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and charring syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate <input type="checkbox"/> Cleft Palate alone <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypoplasia <input type="checkbox"/> Other congenital anomalies <input type="checkbox"/> None of the congenital anomalies listed above		
	50. BIRTHWEIGHT (grams preferred, specify unit) _____ <input type="checkbox"/> grams <input type="checkbox"/> lb/oz		57. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____			58. HOW IS INFANT BEING FED? _____		
51. OBSTETRIC ESTIMATE OF GESTATION ____ (completed weeks) ____ (completed days)		59. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant Deceased, status unknown			52. APGAR SCORE Score at 5 minutes _____ If 5 minute score is less than 6, Score at 10 minutes _____			
53. PLURALITY - Single, Twin, Triplet, etc. (Specify): _____		54. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify): _____			59. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant Deceased, status unknown			

Note: The Father/Co-Parent has my consent to review this worksheet.  Yes  No

Mother/Co-Parent's Signature: \_\_\_\_\_

Note: The Father/Co-Parent cannot review this worksheet without consent from the Mother/Co-Parent.

# Audit Process For Level I&II Hospitals

- Choosing charts to audit
- Take total # of births in the month and divide by 8

Example:

- Hospital had 102 deliveries in August

$$102 \div 8 = 12.75$$

- Therefore, every 12<sup>th</sup> chart in the August search will be selected.

# Audit Process For Level I&II Hospitals

- Identify in IVRS every 12<sup>th</sup> chart
- Print the certificate of live birth worksheet on identified patients
- Once worksheets are printed ~ identify the first 2 records from your log book with a gestational age of 38w 6d or earlier. (making sure this record wasn't one already picked via IVRS).

# Audit Process For Level II+ & III Hospitals

- Slightly different than for Level I or II
- Want to assure that we capture deliveries prior to 34weeks gestation and also 39 weeks gestation

# Audit Process For Level II+ & III Hospitals

- You will audit 10 – 12 charts total for each month
- You will also identify how many deliveries occurred during the month and divide by 8
- Hospital has 123 deliveries in August

$$123 \div 8 = 15.38$$

You will audit every **15<sup>th</sup>** chart

# Audit Process For Level II+ & III Hospitals

- Identify in IVRS every 15<sup>th</sup> chart
- Print the certificate of live birth worksheet on identified patients
- Once worksheets are printed ~ identify the gestational ages of all 8 records
- If all 8 have a gestational age of 39 weeks or greater select **4** more records from your log book
- 2 charts with a gestation age prior to 34 weeks
- 2 charts with a gestational age of 34w 0d to 38w 6d

# Audit Process For Level II+ & III Hospitals

- If 1 of the 8 selected records has a gestational age less than 39 weeks find 3 more births
- Picking records so that you end up with 4 deliveries before 39 weeks gestation ~ 2 being prior to 34 weeks gestation
- Continue this process making sure you audit a minimum of 10 charts each month with each month having 2 with a gestational age before 34 weeks and at least 2 with gestational age before 39 weeks

# Understanding the Variable

- Please reference the Guidebook for Completing Facility worksheet that is currently available
- Identify the variables being audited and familiarize yourself with how the guidebook is defining each variable we are auditing and where they recommend the information be obtained
- Understanding that some of the definitions may not be clear to what is being asked

# 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/guidetocompletfacilitywks.pdf>

# Example of Variable

## **NICU Admission**

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.

Includes SCN/NICU admission at any time during the infant's hospital stay following delivery.

1<sup>st</sup> Labor and Delivery Summary Record under Disposition under  
Intensive Care Nursery  
Special Care Nursery

ICN (*Intensive Care Nursery*)  
SCN (*Special Care Nursery*)  
NICU (*Neonatal Intensive Care Nursery*)  
PICU (*Pediatric Intensive Care Unit*)

## MEDICAL AND HEALTH INFORMATION

Note: The Father/Co-Parent has my consent to review this worksheet.  No  Yes

Note: The Father/Co-Parent cannot review this worksheet without consent from the Mother/Co-Parent.

Note: The Father/Co-Parent cannot review this worksheet without consent from the Mother/Co-Parent.

### 42. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Alcohol

Alcohol use during pregnancy  Yes  No

Average number of drinks per week \_\_\_\_\_

Diabetes

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis in this pregnancy)

Hypertension

- Prepregnancy (Chronic)
- Gestational (PIH, preeclampsia)
- Eclampsia
- Previous preterm birth
- Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
- Pregnancy resulted from infertility treatment. If yes, check all that apply.
  - Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
  - Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- Mother had a previous cesarean delivery
 

If yes, how many \_\_\_\_\_
- None

### 43. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the infections listed above

### 44. OBSTETRIC PROCEDURES (Check all that apply)

- Cervical cerclage
- Tocolysis
- External cephalic version:
  - Successful
  - Failed
- None of the procedures listed above

### 45. ONSET OF LABOR (Check all that apply)

- Premature rupture of the membranes (prolonged, >12 hrs.)
- Precipitous labor (<3 hrs.)
- Prolonged labor (> 20 hrs.)
- None of the above

### 46. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioamnionitis diagnosed during labor or Maternal temperature >38°C (100.4°F)
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- Epidural or spinal anesthesia during labor
- None of the above characteristics

### 47. METHOD OF DELIVERY

- A. Was delivery with forceps attempted but unsuccessful?
  - Yes  No
- B. Was delivery with vacuum extraction attempted but unsuccessful?
  - Yes  No
- C. Fetal presentation at birth
  - Cephalic
  - Breech
  - Other
- D. Final route and method of delivery (Check one)
  - Vaginal/Spontaneous
  - Vaginal/Forceps
  - Vaginal/Vacuum
  - Cesarean
 

If cesarean, was a trial of labor attempted?

    - Yes  No

### 48. MATERNAL MORBIDITY

(Complications associated with labor and delivery)  
(Check all that apply)

- Maternal transfusion
- Third or fourth degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following
- None of the above

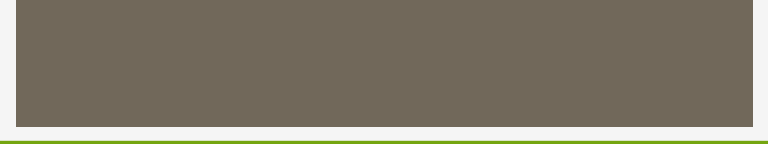
# Audit Checklist

- After your cases are identified compare the information on the certificate of live birth worksheet with what is documented in the medical record
- If the information on the certificate of live birth worksheet matches what is in the medical record mark "Y" for Yes on the audit checklist
- If the information on the certificate of live birth worksheet doesn't match the medical record mark "N" for No.
- If using the paper copy of the audit form make sure results are then entered into the REDCap data base.









IVRS	Variable	Does the data document ed in IVRS <b><i>MATCH</i></b> the data found in the patient record	1	2	3	4	5	6	7	8	9	10	11	12	Total Y	Total N	Total Y+N	
			Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N				
"Newborn Medical Info" tab Item #58	How is infant being fed																	
	Gestational Age Reported on BC		1	2	3	4	5	6	7	8	9	10	11	12				
	Gestational Age reported in Medical Record		1	2	3	4	5	6	7	8	9	10	11	12				
														Total Y	Total N	Total Y+N		
																%		

# Discussion



# Live REDCap Demo:

## Kate Finnegan



- <https://redcap.healthlnk.org/>
- Site navigation
  - Log in
  - How to find the BC project
  - Record Entry
- How to edit a record
- Troubleshooting - what to do if you forgot user name/password, don't have access to a project, etc

# Wave 1 Teams Stories

- Abraham Lincoln Memorial Medical Center
  - Elizabeth Meyrick RNC-OB, BSN
- Rush-Copley Medical Center
  - Karen Werrbach MSN, RNC-OB, NEA-BC
  - Kristin Simmons RNC, BSN

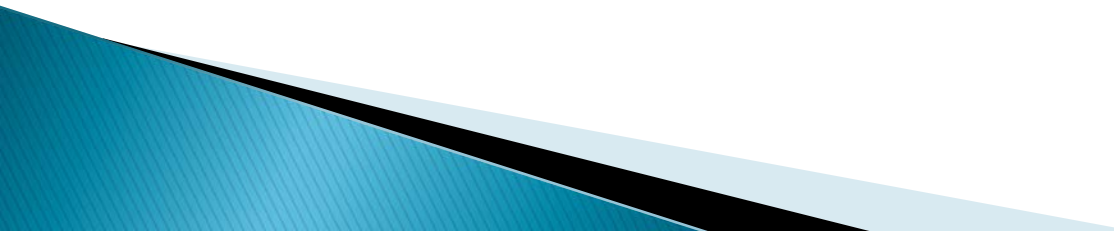
# Rush Copley Medical Center

ILPQC Birth Certificate Initiative

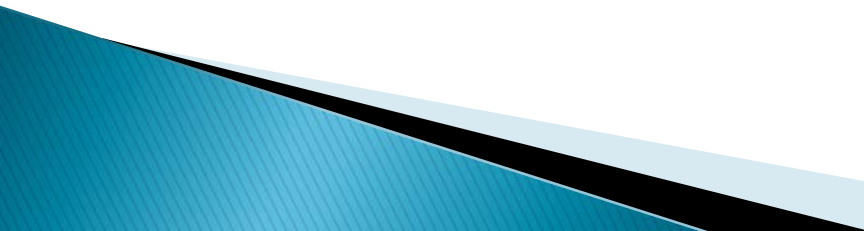
March 23. 2015



# Our Team

- ▶ **Birth Certificate Clerk:** Jessica Sanchez
  - ▶ **Nurse Lead:** Andrea Grzyb RNC-OB, MS, APN, CNML
  - ▶ **Provider Lead:** Deborah Riddell, APN, CNM, DNP
  - ▶ **Quality Lead:** Kristin Simmons RNC-MNN, BSN
  - ▶ **Director:** Karen Werrbach MSN, RNC-OB, NEA-BC
- 

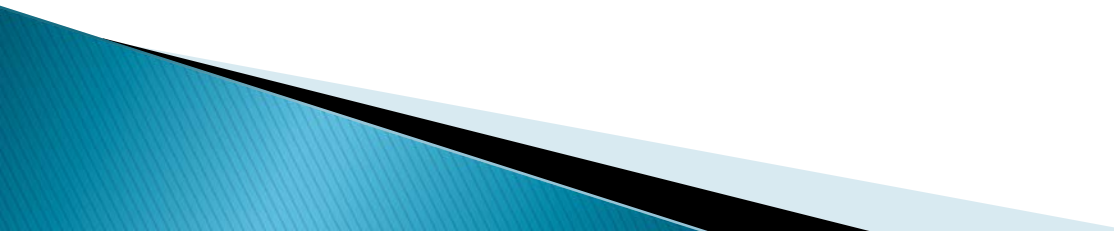
# Baseline Audit

- ▶ Performed by Birth Certificate Clerk and Quality Lead
  - ▶ Team meeting with all members after completion of data collection to review data and trends
  - ▶ Initial review of data looked pretty good
    - Most items matched on 8–9/10 charts
    - LMP, Date of 1<sup>st</sup> Prenatal Visit, and Antibiotics Received were our biggest struggles
  - ▶ However we took a further look
- 

# Baseline Audit Cont.

- ▶ Deeper review of data performed
  - How many times was a condition present in the patient's medical record AND checked on the birth certificate
    - Ex: 9/10 times we matched on the Pre-pregnancy and Gestational Hypertension variable
      - Only one of those 10 patients actually had gestational hypertension and that was the patient that did not match
      - So 0/1 times when the condition was present was it correctly marked on the birth certificate
    - Ex: 8/10 times we matched on the Previous Preterm Delivery variable
      - Two of those 10 patients actually had previous preterm deliveries
      - So 0/2 times when the condition was present was it correctly marked on the birth certificate

# What we learned

- ▶ Importance of the RN that cared for the patient during labor and delivery completing the worksheet vs a nonclinical employee reviewing the chart after the fact
  - ▶ Importance of provider awareness
  - ▶ Initial PDSA will focus on completion of the worksheet by the appropriate RN and re-education of the RN staff regarding definitions of pertinent variables
- 

**QUESTIONS?**

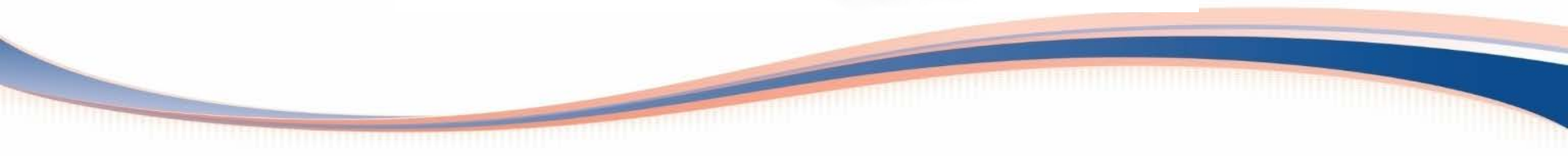
## Next Steps

- If you haven't already, submit your QI Team roster and REDCap access forms (2 separate forms at [ilpqc.org](http://ilpqc.org))
- Wave 2 baseline audit data due in REDCap by 5/11/15
- Provided feedback via Feedback Form – opportunity to identify questions on definitions
- Begin to draft your team storyboard and process flow diagram
- Mark your calendar: 2<sup>nd</sup> collaborative learning webinar on April 27<sup>th</sup> from 12:30 – 2:30 pm
- ALL teams will begin monthly data collection and PDSA cycles for May birth certificates

## Next Steps

- Face-to-Face Collaborative Learning Session on May 18<sup>th</sup> from 10:00 am – 3:30 pm in Springfield, IL
  - Registration opens TODAY! Register online at: <https://www.eventbrite.com/e/birth-certificate-accuracy-initiative-face-to-face-collaborative-learning-session-tickets-16206580318>
  - Link will be sent out this afternoon to all teams submitting rosters and distributed by your PNA
  - Registration currently limited to 2 team members per hospital

# Questions



THANKS TO OUR SPONSORS

