IL PQC
Illinois Perinatal Quality Collaborative

Birth Certificate Accuracy Initiative

Collaborative Learning Session
Webinar 2

April 27, 2015

12:30 – 2:30 pm

Agenda

- Initiative Overview
- Overview of Quality Improvement Process
- Ohio Team Testimonials
- Birth Certificate Definitions
- Next Steps
- Questions

Today's Presenters

- Ann Borders, ILPQC OB Lead & Executive Director
- Patti Lee King, ILPQC State Project Director
- Cindy Mitchell, ILPQC Birth Certificate Accuracy Initiative Perinatal Network Administrator Lead, South Central IL
- Dan Pippin, Executive Assistant to the Vital Records Division Chief, Illinois Department of Public Health
- Dr. Michelle Belardo, MD FACOG, Medical Director Westshore Women's Health at St. John Medical Center, Westlake, Ohio

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
Website: www.ilpqc.org

Birth Certificate Accuracy Initiative Overview

- 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: Baseline data collection - **Wave 1** (43 Hospitals) **Wave 2** (55 additional as of 4/24/15)
- Joint education and monthly data collection and QI
- **Aim: Obtain 95% accuracy on 17 key birth certificate variables**

Key Driver Diagram:

Goal: *Improve birth registry accuracy to support* ***Public Health initiatives and continuous*** *quality improvement activities.*

In 9 months, improve birth registry accuracy so that focused 17 focused variables identified on the IVRS audit sheet will be transmitted accurately in 95% of records

Key Drivers

- Strong communication between clinical team and birth data staff
- Trained clinical and birth data teams
- Audit process for data verification
- Appreciation of the importance of the Birth Registry information
- IVRS fields include essential and specific information/definitions
- Identification and spread of best practices for data entry and verification.

DRAFT Interventions

- Identify improvement team (nurse, physician, BC abstractor)
- Identify all sources of birth data
- Identify process for flow of data into the birth registry (IVRS) system in process flow map
- Ensure birth data team has access to necessary clinical data

•Utilize ILPQC and Perinatal Network Administrators for education and training of birth data and nursing staff
•Ensure clear understanding of birth registry variables
•Ensure clear understanding by birth data team of medical terminology related to birth registry variables

•Coaching/reinforcement by Perinatal Network Administrators leveraging QI training and support from ILPQC

•Enter and monitor medical record to IVRS audit accuracy data in ILPQC REDCap data system to identify gaps and inform hospital team PDSA cycles with support of Perinatal Network Administrator
•Continuous monitoring of Birth Registry data reports

•Clarify IVRS definitions and instructions on monthly hospital team webinars

- Monthly hospital team webinars and in-person education for all hospital birth clerks and staff
- Monthly surveys of hospital team QI processes to inform QI support from Perinatal Network Administrator

BC Accuracy Timeline

Wave 2 Baseline data (Aug., Sep., Oct. 2014) 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

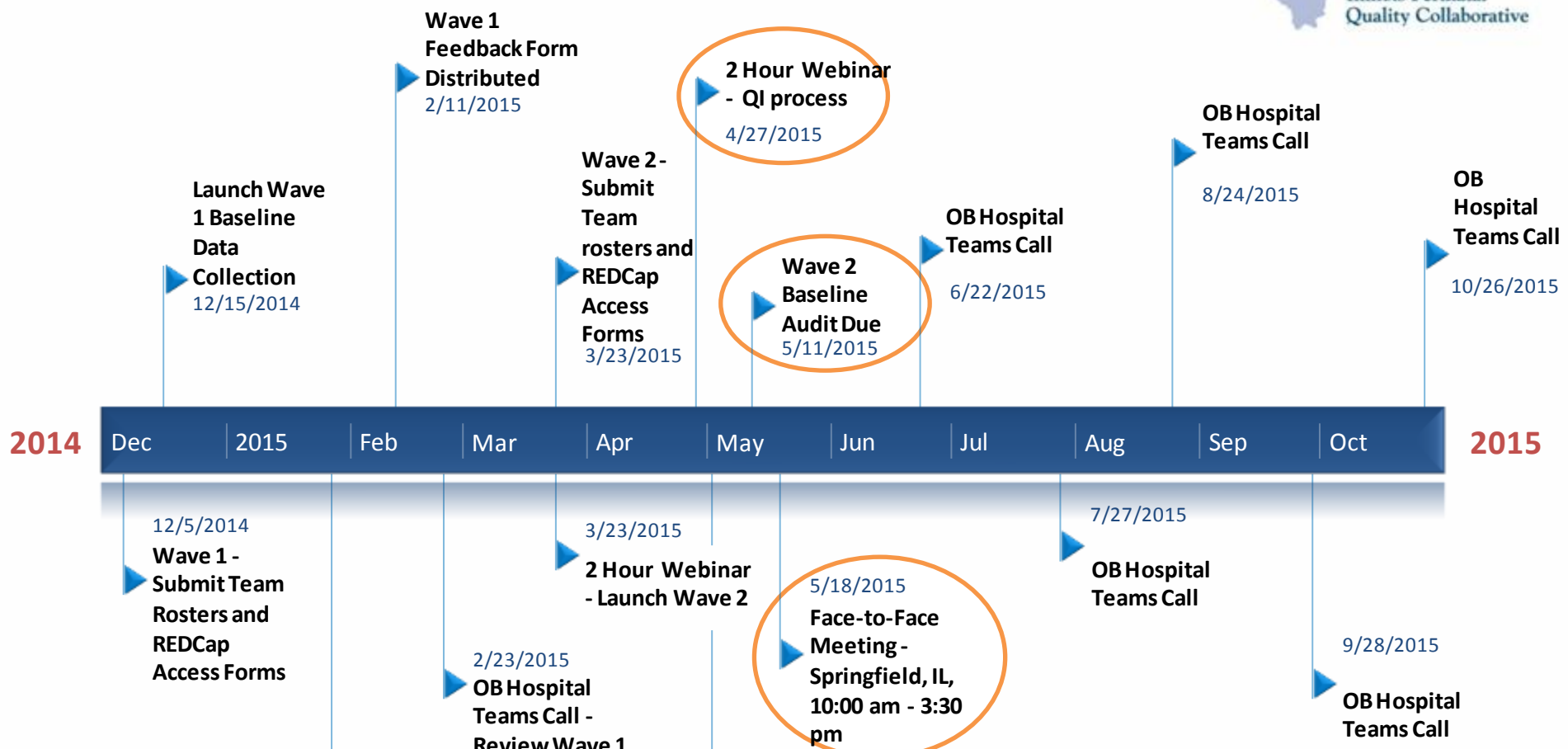
April 27, 2015 - 2 hour video webinar (12:30 – 2:30 pm)

- 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

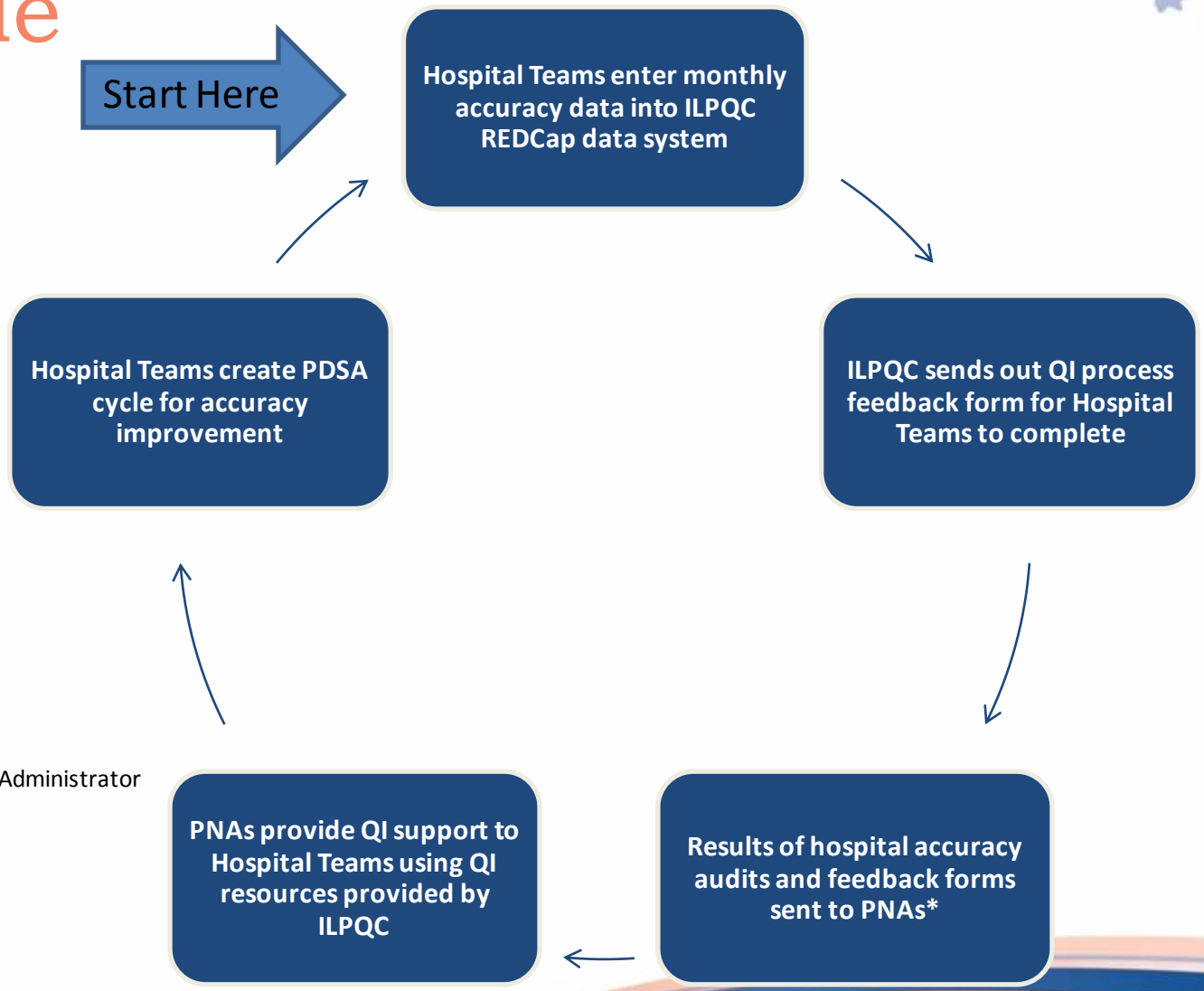
May 18, 2015 – Face-to-Face Meeting, Springfield, IL (10:00 am – 3:30 pm)

- 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

BC Accuracy Monthly Data

- Enter monthly data in REDCap by 10th of following month – e.g. May data due June 10th
- Access updated monthly reports in REDCap after the 12th of each month
  - Use for PDSA cycles, share with hospital administrators
  - Teams trained on accessing and using reports at May face-to-face meeting
- Enter monthly data in REDCap for May - December 2015

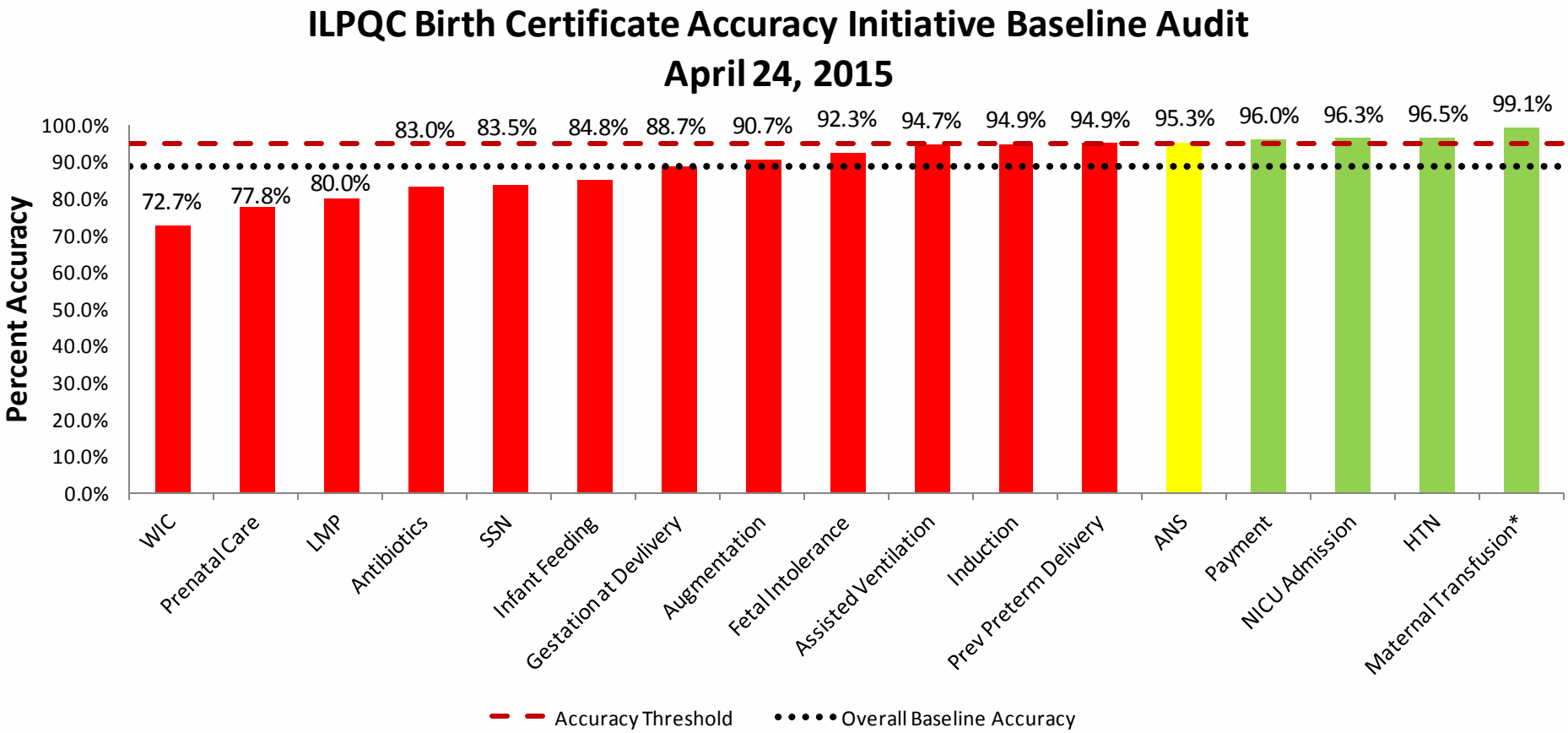
BC Accuracy QI Process

- Provide feedback on your monthly PDSA cycles via Process Feedback Form by 10th of each month – e.g. May feedback due June 10
- Perinatal Network Administrators will contact hospital teams to review PDSA cycles and data
  - Discuss successes and challenges
  - Brainstorm next steps for PDSA cycles
- Submit monthly feedback form through December 2015

BC Accuracy Baseline Data

- 98 team rosters submitted for initiative (43 wave 1, 55 wave 2)
- Wave 2 baseline data due by May 11
  - Overall baseline data completion (4/24/15):
    - 37 teams completed data entry
    - 9 teams with partial data entered
- Wave 2 teams providing feedback on BC Accuracy process via feedback form

BC Accuracy Baseline: All Variables



Overall accuracy for all 17 variables = **88.9%**

Total Hospitals Reporting Data = 46

***Total Hospitals Reporting Transfusion = 9**

Questions/Comments from Wave 2 Teams

- Comments
  - Medical record variability
  - Definitions are broad and have minimal guidelines – need clarity
  - LMP is difficult to find
- Any questions or comments from teams who have entered data?
- Please fill out Process Feedback Form once you've entered your baseline data:

  https://www.surveymonkey.com/s/ILPQCbaselinefeedback

BC Accuracy Next Key Steps

- Wave 2 completes baseline data entry by 5/11
- Prepare brief Team Story Board including your BC Process Flow Diagram for 5/18 Face to Face Meeting in Springfield (Patti to go over next)
- Will brainstorm PDSA ideas/goals at Face to Face
- Start monthly BC accuracy data collection and brief PDSA Process Feedback forms for May due 6/10 and receive data reports by 6/12
- Monthly Team meetings 4th Monday of each month, June 22 at 12:30

Using the IHI Model for Improvement to Make Change

Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

The Model for Improvement

AIM
What are we trying to accomplish?

MEASURES
How will we know that a change is an improvement?

CHANGES
What changes can we make that will result in improvement?

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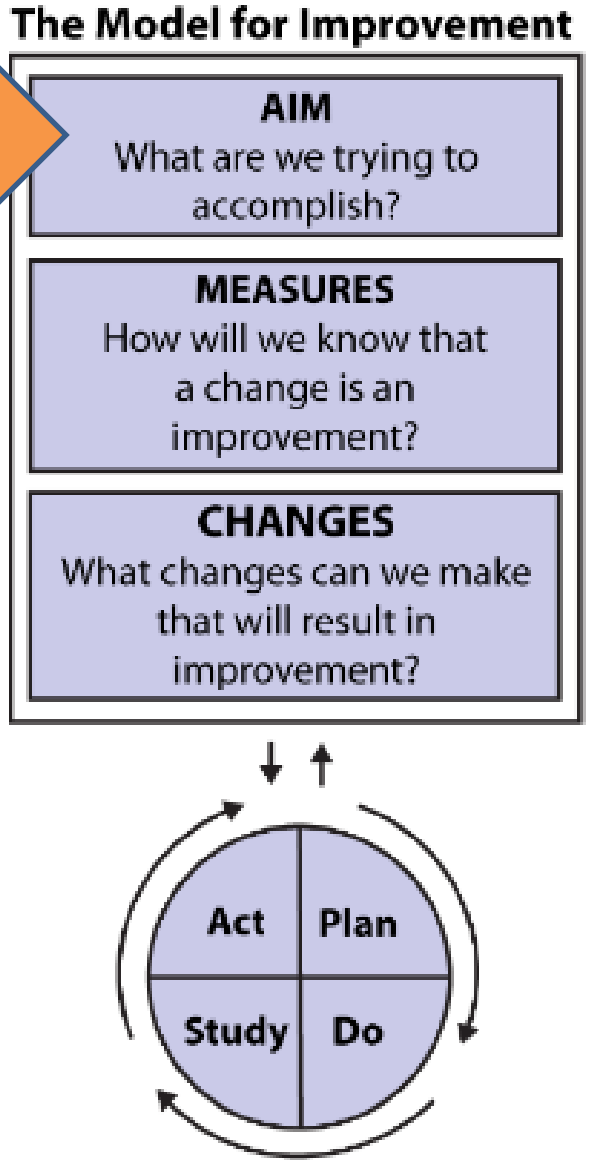
First Things First: Your Team

- What processes will be affected by the improvement?
- Who are the people who work in all of the different parts of the process you are trying to improve?
  - Physician
  - Nurse
  - Birth certificate abstractor
  - *Quality improvement member*
  - *Other staff/leadership key to the process*

Question 1

Set your aim



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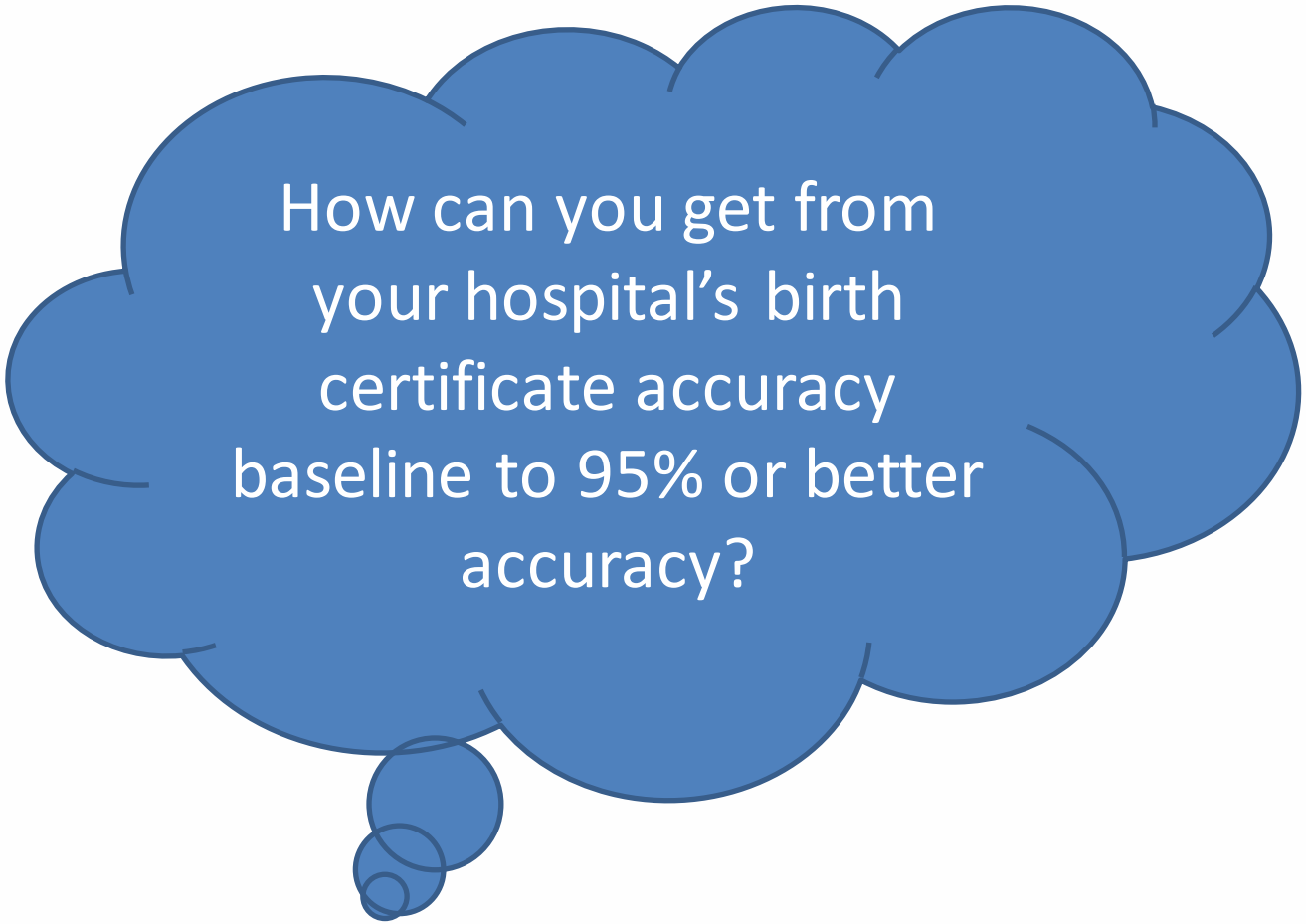
SMART AIMS

S	Specific
M	Measureable
A	Actionable
R	Relevant
T	Time bound

What is our aim?

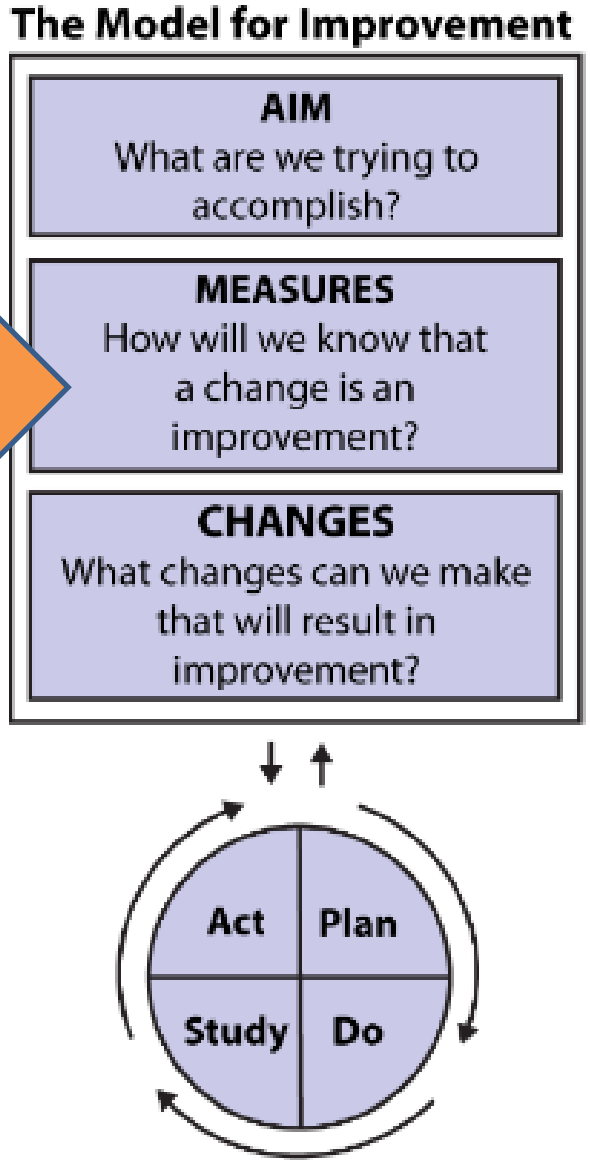
Obtain 95% accuracy on 17 key birth certificate variables by December 2015

- 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


How can you get from your hospital's birth certificate accuracy baseline to 95% or better accuracy?

Establish measures

Question 2



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Why Measure?

- Measures tell your team whether the changes you make lead to improvement

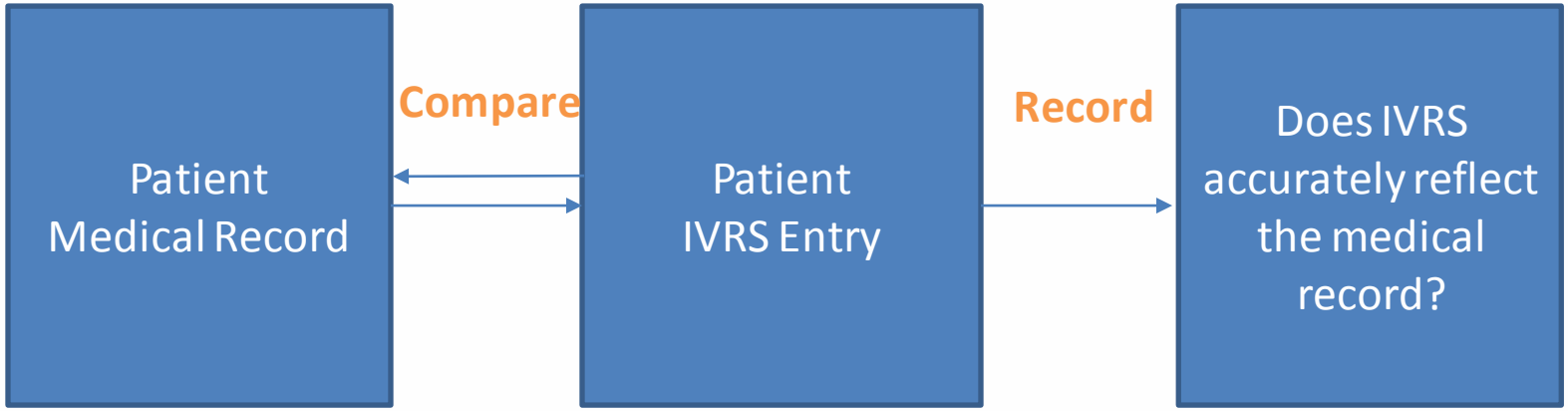
"You can't improve what you don't measure."
– Peter Drucker

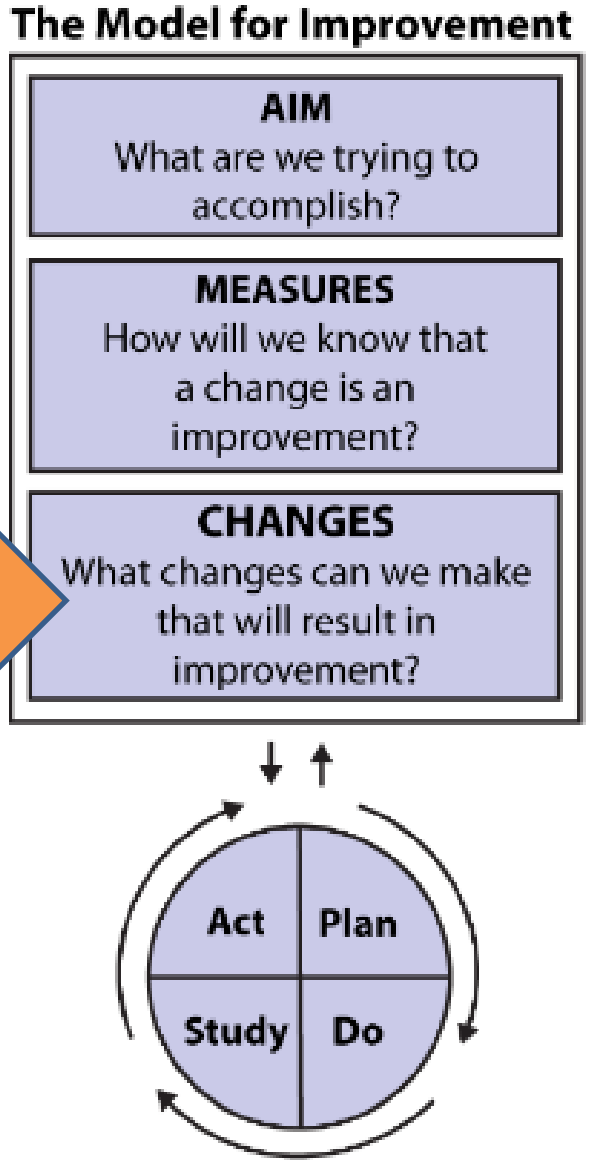
Types of Measures

Outcome	Process	Balancing
• What are your results towards your aim?	• How do you achieve your aim?	• Are there unintended consequences?

How will we measure improvement?

- You will measure your progress in increasing accuracy by comparing 10-12 patient medical records with their corresponding IVRS entries each month





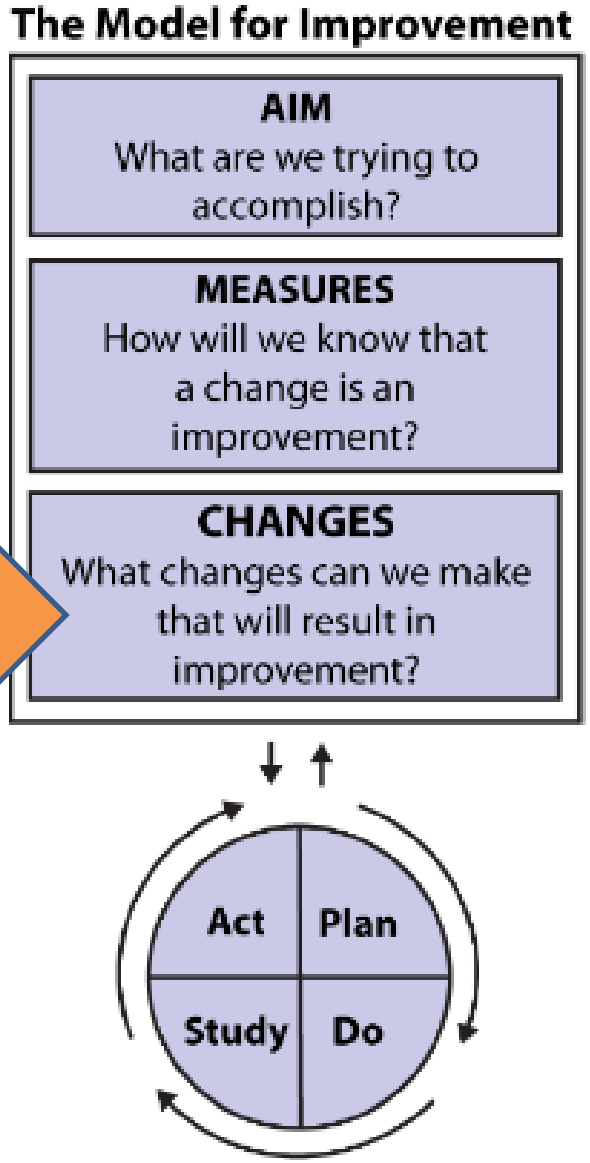
Question 3

Identify changes

How do we come up with ideas for change?

- Compare your process to best practices in literature, from other hospital teams, and the key driver diagram
- Creative brainstorming with your entire team
- Critical thinking about your current system using your **process flow diagram** (Langley et al., 1996)
  - Move steps closer together
  - Make it easier to remember steps
  - Limit the number of transitions

PDSAs: Test changes



Question 3

You will learn more about PDSA cycles with real examples and break down into small groups to develop them at the Face to Face meeting. Then you will be ready to start the PDSA work with your teams in May!

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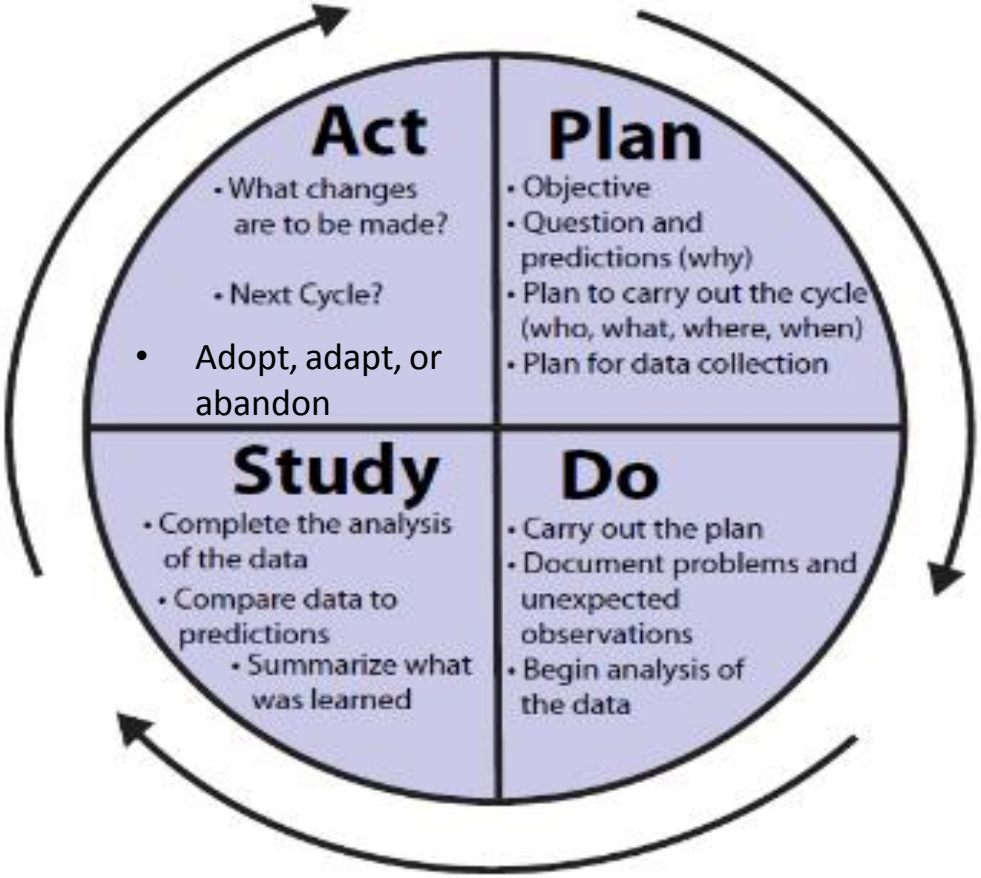
The PDSA Cycle for Learning and Improving



A PDSA is a sequential, small test of change

Source: Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.* 2nd ed. San Francisco, CA: Jossey-Bass Publishers; 2009: 97.

Plan, Do, Study, Act (Repeat)

- **Plan** your test
  - What is the objective of the test?
  - What do you predict will happen?
  - What tasks are needed to complete the test? Develop an action plan: Who, What, When, Where?
  - How will you measure affect of the test? What data do you need to collect?
- **Do** – Test the change
  - Carry out the test
  - Document problems and unexpected observations

Also adapted from OPQC.

Plan, Do, Study, Act (Repeat)

- **Study** the results of your test
  - What were the results from the test?
  - Was you prediction correct?
  - Were there any unexpected observations?
  - What do you need to do next?
- **Act** on your results
  - Adapt: Do you need to make revisions and retest?
  - Adopt: Do you need to scale up a successful test?
  - Abandon: Did your test fail but you were able to learn from it? What did you learn?

Adapted from OPQC.

What is a PDSA?

A PDSA is a TEST that

- Puts a small change into effect on a temporary basis and learn about its impact

Adapted from OPQC.

A TEST is not

- Collecting data
- Implementing a solution
- Rolling out an educational program/toolkit
- Approval of a policy or procedure

Tips for success with PDSAs

- Initial tests should be on the smallest scale possible
- Always predict what is going to happen before a test of change
  - Provides a learning opportunity from a “failed” PDSA cycle
- Use a measure specific to your PDSA
  - Usually NOT the initiative measure(s)
  - Specific to the small test of change
  - Gather qualitative results too!
- Test under as many conditions as possible before implementation
  - Where is the change is likely to break down?

Adapted from OPQC.

PDSA – SMALL Scale Tests The Power of One

- Conduct your tests with
  - One day
  - One provider
  - One patient

Adapted from OPQC.

Storyboard Instructions

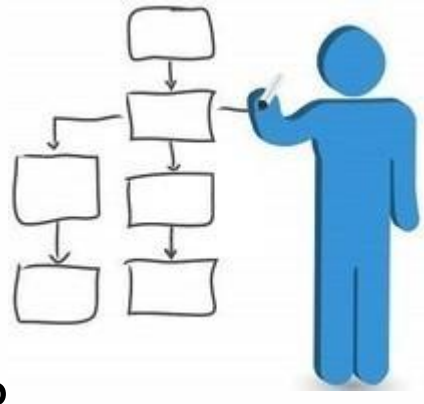
- Use the Storyboard to tell your team's story
  - Team name, information-describe your team
  - Hospital description, populations served
  - Process flow diagram for BC
  - Baseline data
  - Change ideas, strengths, support needed
- No wrong way to create a Storyboard so don't be afraid to be creative
- Keep it simple - not meant to be an extremely time-consuming project

Storyboard Instructions

- Bring letter-sized print outs of your power point slides or word documents
- Ten to twelve sheets can fit in the available space (ok to have fewer!)
- Boards for posting (approximately 28 x 40 inches) and pushpins will be provided around the room for your use
- Use powerpoint template as a tool

What is a Process Flow Diagram?

- Illustrates all of the activities involved - what really happens - in getting information from the medical record into IVRS
  - Who is doing each activity, Where, and Why?
- Involve everyone in the process to help your team understand
  - What steps are missing?
  - Where repetition is occurring?
  - Are the right people performing the right tasks?



Adapted from OPQC.

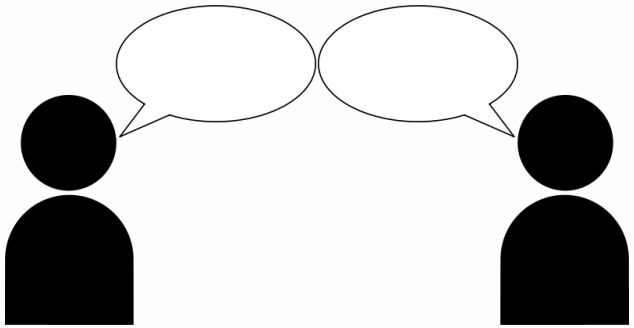
Discuss with your team before getting started:

- Who documents the information initially?
- Who sends the information to the hospital? When? How?
- Who collects information on:
  - Demographics?
  - Mom/Prenatal?
  - Labor and delivery?
  - Baby?

Adapted from OPQC.

Discuss with your team before getting started:

- What are the information sources?
  - Were there any forms that were used?
  - Where is data recorded before being input into IVRS?
- How do physicians, nurses, clerical staff communicate with each other before inputting information?



Adapted from OPQC.

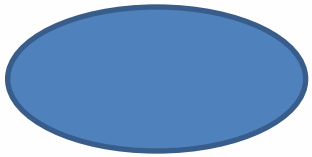
Discuss with your team before getting started:

- How is information recorded on facility worksheets, maternal worksheets, and eventually in IVRS?
- What happens when the person entering information can't find the information or has conflicting information?

- Link to OPQC Educational Training Module

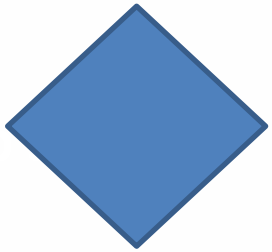
Adapted from OPQC.

Process Flow Diagram Symbols



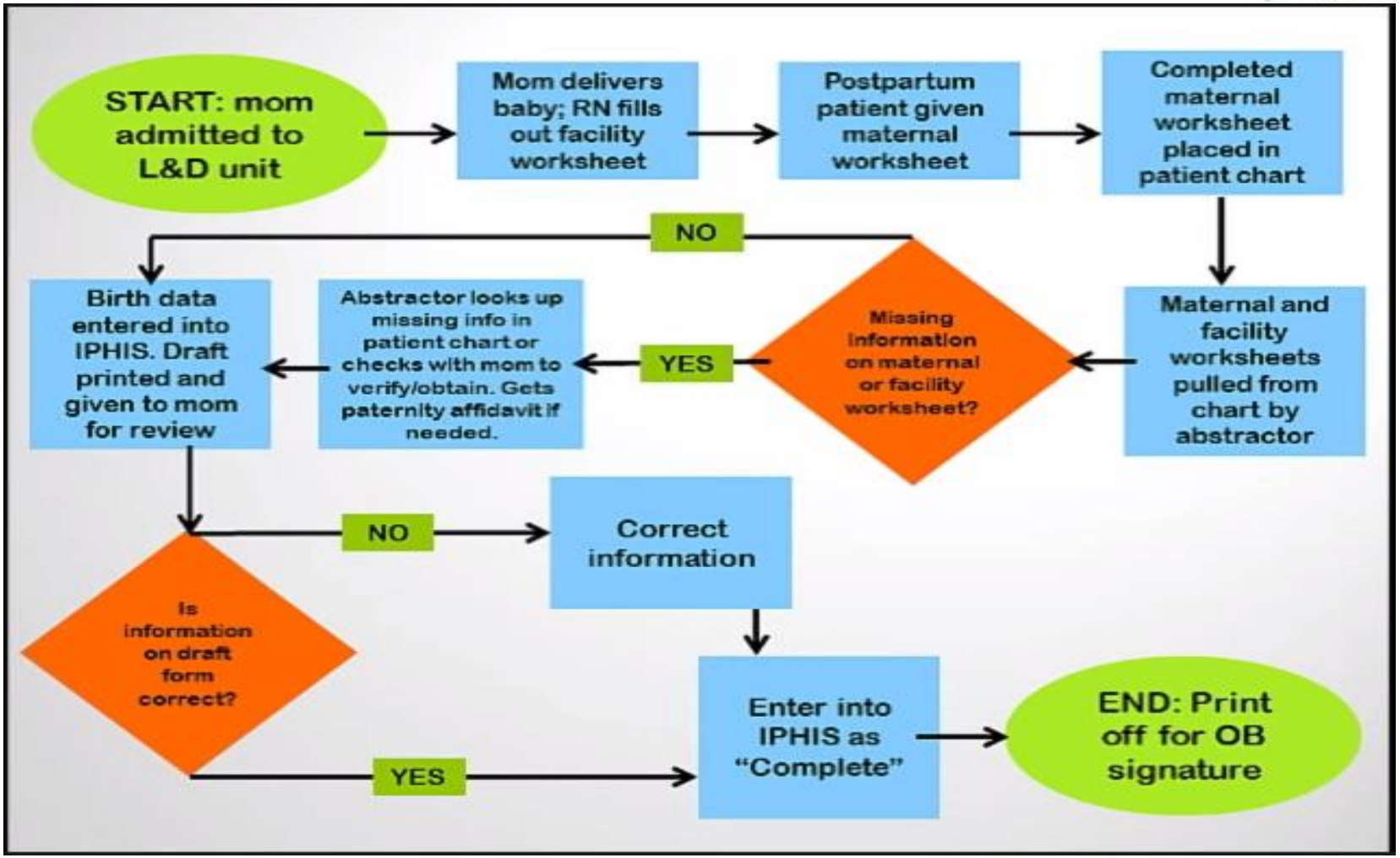
Start or End of the process

Task in the process



Decision point in the process

Sample Process Flow Diagram



**This process flow diagram is from Ohio Perinatal Quality Collaborative's (OPQC) IPHIS Educational Training Modules, Module 5.*

Ohio Team Testimonials

- Dr. Michelle Belardo, MD FACOG, Medical Director, Westshore Women's Health at St. John Medical Center, Westlake, Ohio
- Nancy J. Cossler, MD, Chief, System Quality for Obstetrics, University Hospital, Vice Chair, Quality & Patient Safety, MacDonald Women's Hospital, Associate Professor, Department of Reproductive Biology, Case Western Reserve University School of Medicine
  - http://progressive.powerstream.net/008/00153/OPQC_Mod4_03252014/OPQC_Mod4_03252014.html
  - Clip starts at 12:00 minutes and ends at 14:48 minutes

Saint John Medical Center

Westlake, Ohio

Michelle Belardo, MD


MAIN ENTRANCE
EMERGENCY
ST. JOHN MEDICAL CENTER
University Hospitals
SISTERS of CHARITY HEALTH SYSTEM

Our Hospital

ST. JOHN MEDICAL CENTER
A CATHOLIC HOSPITAL
University Hospitals
SISTERS of CHARITY HEALTH SYSTEM

- 250 bed hospital
- A Catholic Healthcare system
- Partnership between University Hospital and the Sisters of charity Health System
- Recently ranked number 19 out of 250 Ohio hospitals in US News and World Report's Best Hospitals survey

Our Birthing Center

ST. JOHN MEDICAL CENTER
A CATHOLIC HOSPITAL
University Hospitals
SISTERS of CHARITY HEALTH SYSTEM

- 750 deliveries a year
- Hospital Based Holistic Birthing Center
- 7 physicians
- 4 Certified Nurse midwives
- Level I nursery with support from University Hospitals
- In house anesthesia services

OPQC Project Aim Statement

- Maintain at zero the number of elective deliveries less than 39 weeks gestation w/o a medical indication

AND

- Improve our Birth Registry data collection process so that focused variables* will be transmitted with 95 % accuracy by December 2013.

- *Pre and Gest HTN, DM, Labor Induction, Antenatal steroid use, Gestational Age assessment

Birth Registry data collection- Increasing our Accuracy

- No prior evaluations of accuracy
- No leadership
- Our data at start of OPQC = 48 % accurate transmitted data

Birth Certificate Accuracy

- Change began with Physician lead
- Review of current process


leansixsigmasource.com

- Identification of absent data:
  Unknown or NONE
- Meeting and COMMUNICATION with Birth Registry personnel and Medical Records manager

Birth registry deficiencies

- What we found:
- Needed understanding and clarification of terminology on Facility Worksheet
- Needed to find where the data was documented
- Need reminders to providers for complete H&P and antenatal records
- Still working on how to collect the data in most efficient manner

Current Birth Registry data

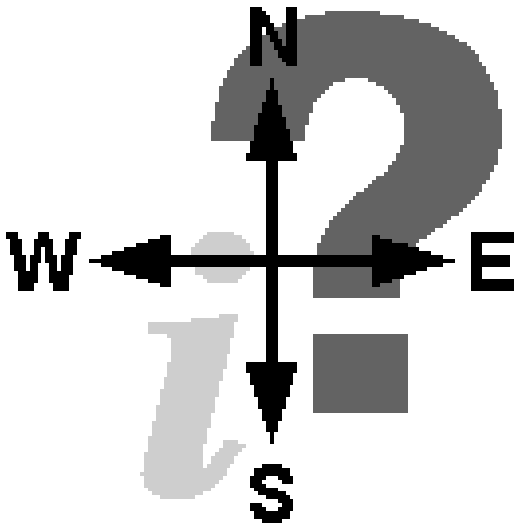
- Process involves **all** levels: Physicians, Midwives, Nurses, Medical Records staff
- Trial of efficiency PDSA 

in small numbers
- Eradicated " Unknown" and replaced with NONE
- July 2013 accuracy = 98%

ST. JOHN MEDICAL CENTER
A CATHOLIC HOSPITAL
University Hospitals
SISTERS of CHARITY HEALTH SYSTEM

Thank you!

Questions?



Birth Certificate Optimization Project

Cindy Mitchell RN, BSN, MSHL
Perinatal Network Administrator

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

ILPQC Webinar #2
April 27, 2015

The Question we often hear:

- How hard can it be to complete a birth certificate?

Well……..

- It's not how *hard* is it to complete the birth certificate…..but how hard is it to complete the birth certificate *accurately*.

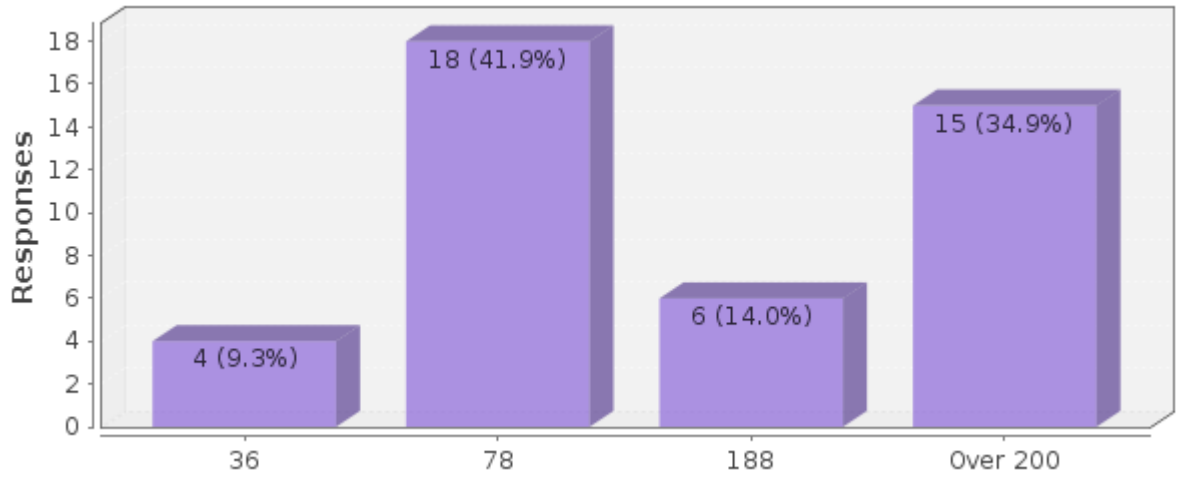
Elements to Audit:

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

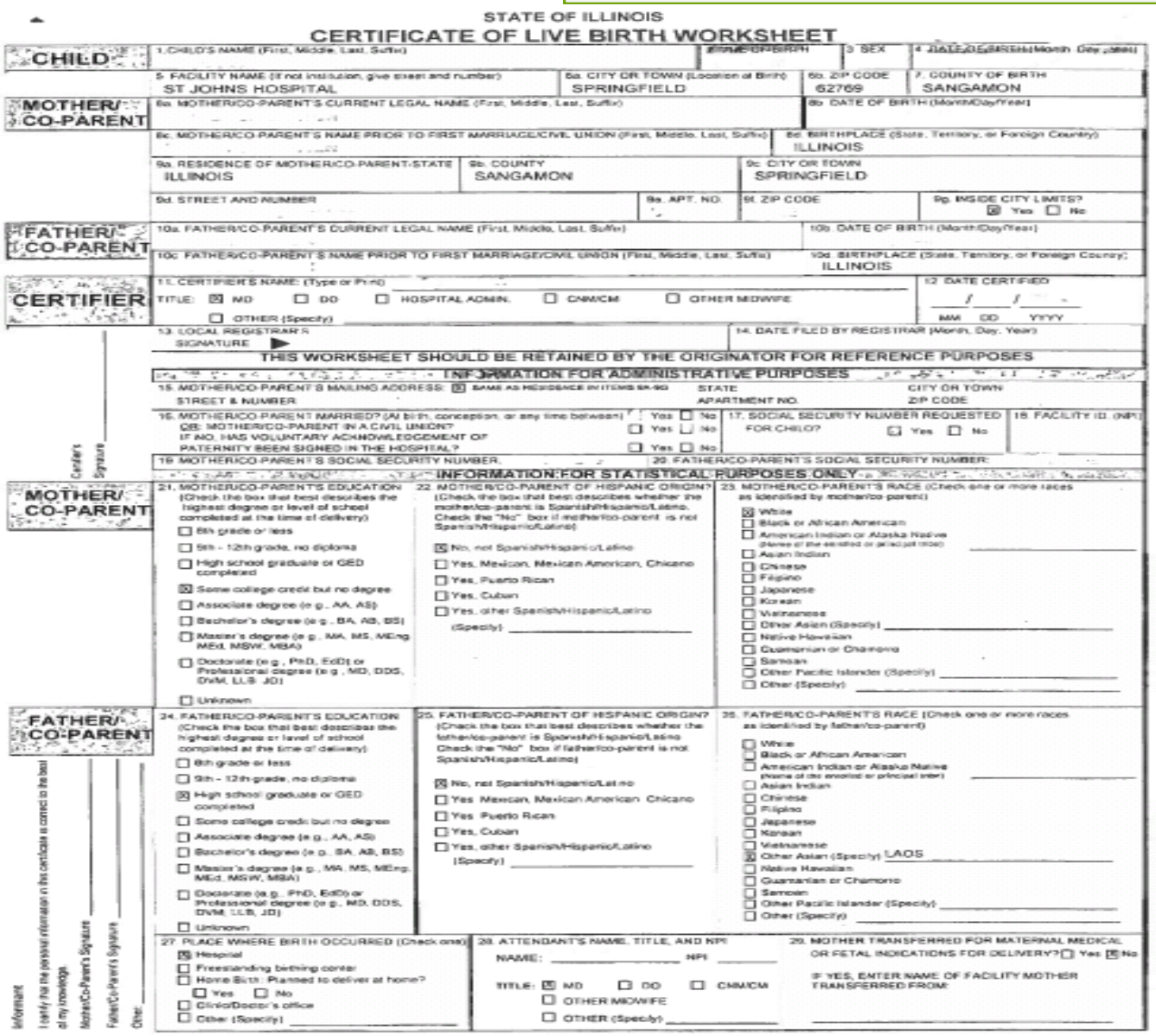
Illinois AWHONN Section Conference Audience Polling Results

- 4/23/2015 43 of the attendee's at the AWHONN conference participated in an audience response poll
- 6 questions were asked based on some of the variables we are collecting data on for this project
- Most of the conference participants were staff nurses
- A few of the participants have been involved in this initiative prior to the poll

How many variables on the birth certificate?



35% of participants answered correctly ~ there are over 200 different variables



STATE OF ILLINOIS

CERTIFICATE OF LIVE BIRTH WORKSHEET

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix)
2. TIME OF BIRTH
3. SEX
4. DATE OF BIRTH (Month, Day, Year)
5. FACILITY NAME (If not institution, give street and number): ST JOHNS HOSPITAL
6a. CITY OR TOWN (Location of Birth): SPRINGFIELD
6b. ZIP CODE: 62769
7. COUNTY OF BIRTH: SANGAMON

MOTHER/ CO-PARENT

8a. MOTHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)
8b. DATE OF BIRTH (Month/Day/Year)
8c. MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last, Suffix)
8d. BIRTHPLACE (State, Territory, or Foreign Country): ILLINOIS
9a. RESIDENCE OF MOTHER/CO-PARENT-STATE: ILLINOIS
9b. COUNTY: SANGAMON
9c. CITY OR TOWN: SPRINGFIELD
9d. STREET AND NUMBER
9e. APT. NO.
9f. ZIP CODE
9g. INSIDE CITY LIMITS? [X] Yes [ ] No

FATHER/ CO-PARENT

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): ILLINOIS

CERTIFIER

11. CERTIFIER'S NAME: (Type or Print)
TITLE: [X] MD [ ] DO [ ] HOSPITAL ADMIN. [ ] CNM/CM [ ] OTHER MIDWIFE [ ] OTHER (Specify)
12. DATE CERTIFIED: ___/___/____ (MM DD YYYY)
13. LOCAL REGISTRAR'S SIGNATURE
14. DATE FILED BY REGISTRAR (Month, Day, Year)

Certifier's Signature

THIS WORKSHEET SHOULD BE RETAINED BY THE ORIGINATOR FOR REFERENCE PURPOSES

INFORMATION FOR ADMINISTRATIVE PURPOSES

15. MOTHER/CO-PARENT'S MAILING ADDRESS: [X] SAME AS RESIDENCE IN ITEMS 9A-9G — STATE; CITY OR TOWN; STREET & NUMBER; APARTMENT NO.; ZIP CODE
16. MOTHER/CO-PARENT MARRIED? (At birth, conception, or any time between) [ ] Yes [ ] No
OR: MOTHER/CO-PARENT IN A CIVIL UNION? [ ] Yes [ ] No
IF NO, HAS VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED IN THE HOSPITAL? [ ] Yes [ ] No
17. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? [ ] Yes [ ] No
18. FACILITY ID. (NPI)
19. MOTHER/CO-PARENT'S SOCIAL SECURITY NUMBER:
20. FATHER/CO-PARENT'S SOCIAL SECURITY NUMBER:

INFORMATION FOR STATISTICAL PURPOSES ONLY

MOTHER/ CO-PARENT

21. MOTHER/CO-PARENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
[ ] 8th grade or less
[ ] 9th - 12th grade, no diploma
[ ] High school graduate or GED completed
[X] Some college credit but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

22. MOTHER/CO-PARENT OF HISPANIC ORIGIN? (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)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)

23. MOTHER/CO-PARENT'S RACE (Check one or more races as identified by mother/co-parent)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)

FATHER/ CO-PARENT

24. FATHER/CO-PARENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
[ ] 8th grade or less
[ ] 9th - 12th grade, no diploma
[X] High school graduate or GED completed
[ ] Some college credit but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

25. FATHER/CO-PARENT OF HISPANIC ORIGIN? (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)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)

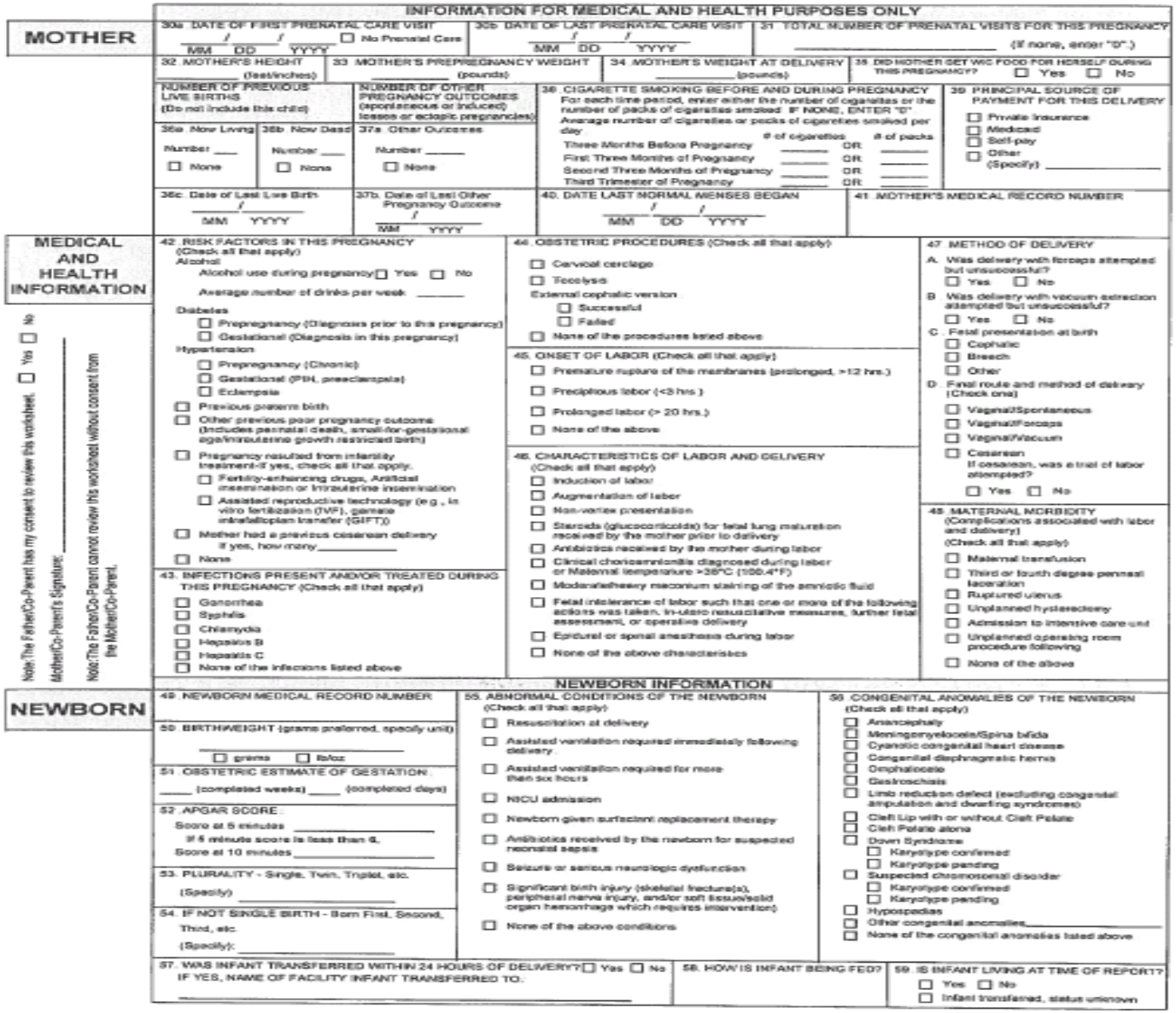
26. FATHER/CO-PARENT'S RACE (Check one or more races as identified by father/co-parent)
[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[X] Other Asian (Specify) LAOS
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)

27. PLACE WHERE BIRTH OCCURRED (Check one)
[X] Hospital
[ ] Freestanding birthing center
[ ] Home Birth: Planned to deliver at home? [ ] Yes [ ] No
[ ] Clinic/Doctor's office
[ ] Other (Specify)

28. ATTENDANT'S NAME, TITLE, AND NPI
NAME: NPI
TITLE: [X] MD [ ] DO [ ] CNM/CM [ ] OTHER MIDWIFE [ ] OTHER (Specify)

29. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? [ ] Yes [X] No
IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:

Informant: I certify 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



INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

30a. DATE OF FIRST PRENATAL CARE VISIT (MM DD YYYY) ☐ 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 PREPREGNANCY WEIGHT (pounds)

34. MOTHER'S WEIGHT AT DELIVERY (pounds)

35. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? ☐ Yes ☐ No

NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)

36a. Now Living: Number ___ ☐ None

36b. Now Dead: Number ___ ☐ None

NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)

37a. Other Outcomes: Number ___ ☐ 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

	# of cigarettes	OR	# of packs
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
☐ Private Insurance
☐ Medicaid
☐ Self-pay
☐ 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

MEDICAL AND HEALTH INFORMATION

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

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.

NEWBORN

NEWBORN INFORMATION

49. NEWBORN MEDICAL RECORD NUMBER

50. BIRTHWEIGHT (grams preferred, specify unit)
☐ grams ☐ lb/oz

51. OBSTETRIC ESTIMATE OF GESTATION
___ (completed weeks) ___ (completed days)

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): ___

55. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
☐ Resuscitation at delivery
☐ Assisted ventilation required immediately following delivery
☐ Assisted ventilation required for more than six hours
☐ NICU admission
☐ Newborn given surfactant replacement therapy
☐ Antibiotics received by the newborn for suspected neonatal sepsis
☐ Seizure or serious neurologic dysfunction
☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
☐ None of the above conditions

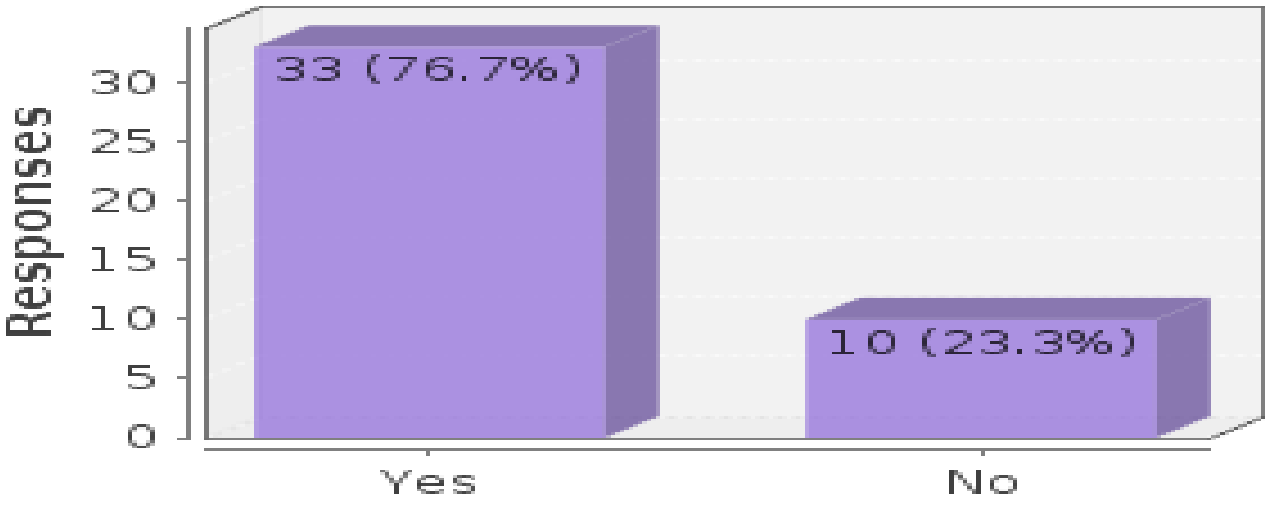
56. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
☐ Anencephaly
☐ Meningomyelocele/Spina bifida
☐ Cyanotic congenital heart disease
☐ Congenital diaphragmatic hernia
☐ Omphalocele
☐ Gastroschisis
☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
☐ Cleft Lip with or without Cleft Palate
☐ Cleft Palate alone
☐ Down Syndrome
☐ Karyotype confirmed
☐ Karyotype pending
☐ Suspected chromosomal disorder
☐ Karyotype confirmed
☐ Karyotype pending
☐ Hypospadias
☐ Other congenital anomalies ___
☐ None of the congenital anomalies listed above

57. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? ☐ Yes ☐ No
IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: ___

58. HOW IS INFANT BEING FED?

59. IS INFANT LIVING AT TIME OF REPORT?
☐ Yes ☐ No
☐ Infant transferred, status unknown

Previous Preterm Birth

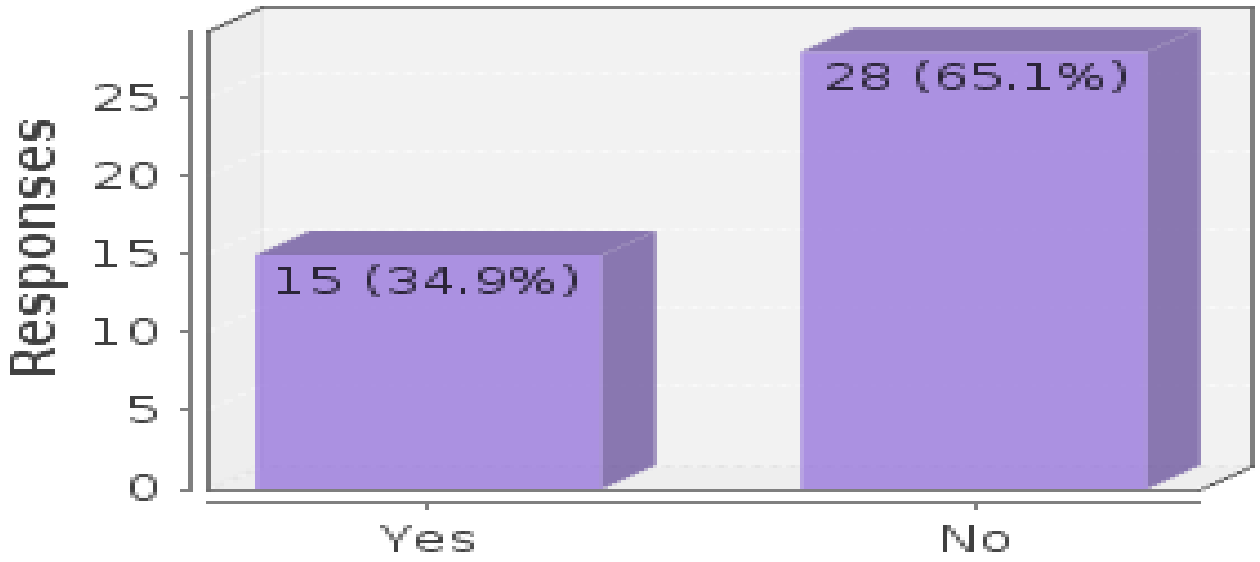


23% answered this question correctly

Previous Preterm Birth

- *Definition*: A history of a previous pregnancy resulting in a LIVE BORN infant delivered prior to 37 completed weeks of gestation.
  - If mom delivers a live born infant anytime before 37w 0d this variable would be answered yes
  - If mom delivers a stillbirth before 37w 0d this would be answered no.

Last Menstrual Period



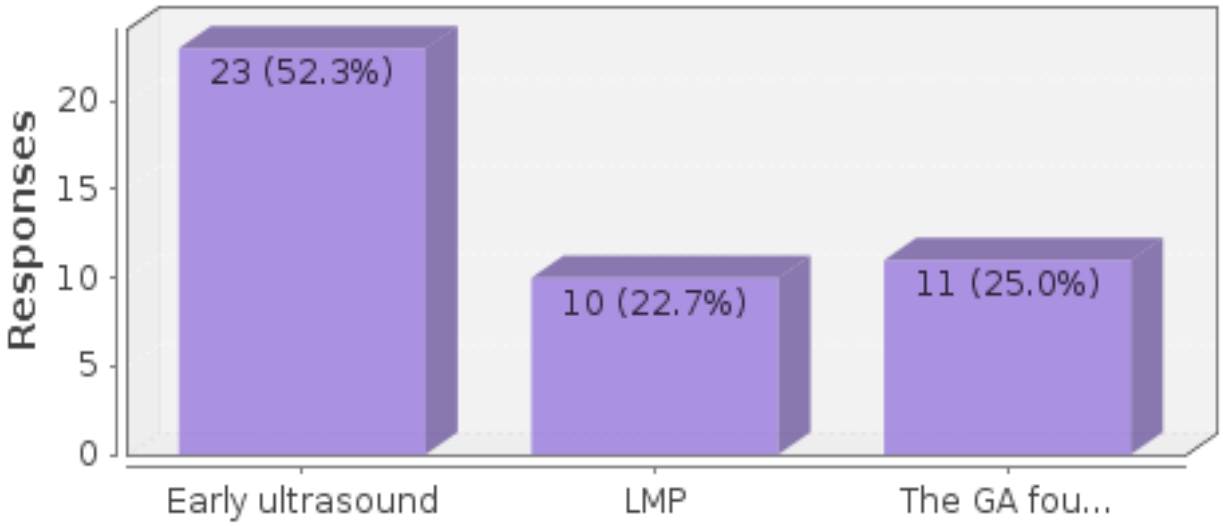
65% answered this question correctly

Date Last Normal Menses Began

- *Definition*: The date mother's last normal menstrual period began
  - Do not calculate the date of when you think the last menstrual period should have been based off the EDC in the mom's record
  - Enter in all portions of the date mom does know and for those she is unsure of enter 99
  - Example: Mom states her last period was sometime in *January 2015* you would enter

    01 99 *2015*

Gestational Age

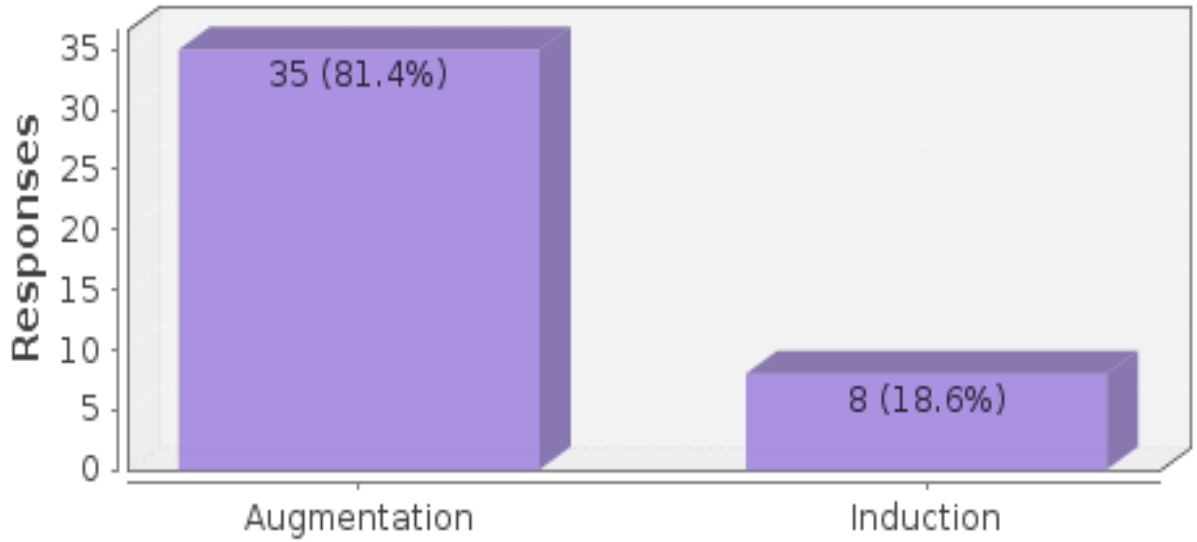


52% answered this question correctly ~ Early Ultrasound

Obstetric Estimate of Gestation

- *Definition*: The *best* estimate of the infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation.
- Ultrasound in the first trimester is preferred.
- Do Not use the neonatal exam
- GA is often found many places throughout the chart. Use the gestational age that correlates to the EDC from a 1st trimester ultrasound

Induction vs. Augmentation



19% answered this question correctly

Labor:

- *Definition*: Presence of *regular* uterine contractions resulting in cervical change

Induction

- *Definition*: Initiation of uterine contractions by medical and/or surgical means.
- These medications and/or interventions are given *BEFORE labor begins*.
- Understanding the definition of labor is important.

Augmentation

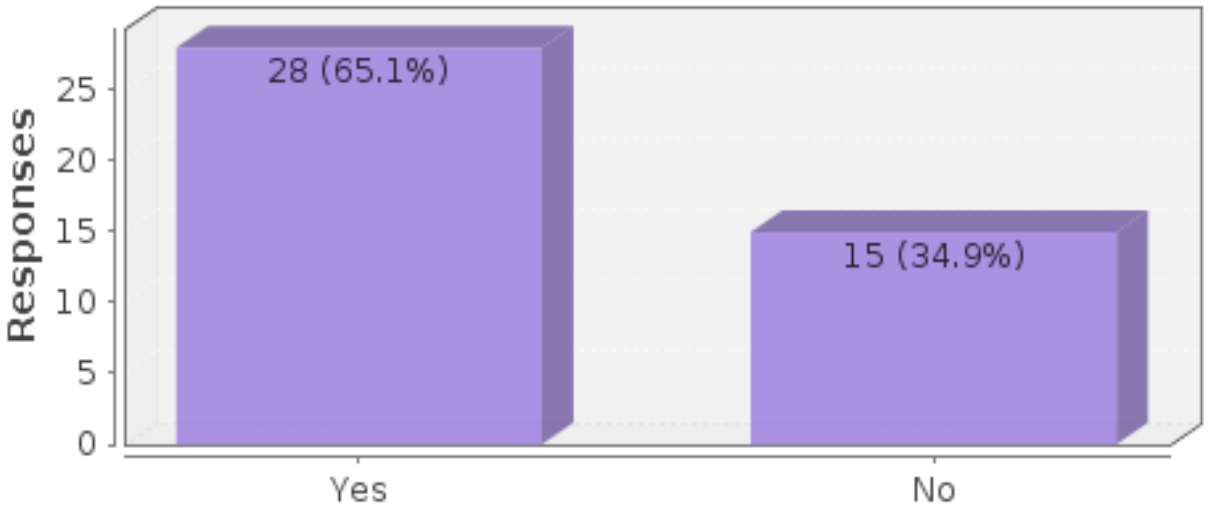
- *Definition*: Augmentation of labor occurs *AFTER labor has started*.
- Stimulation of uterine contractions to increase their frequency and/or strength following the onset of labor.
- Understanding the definition of labor is important
- **Check to see if labor has begun before deciding which IVRS category is correct. This one does not apply if there was an induction.**

Augmentation vs. Induction Question

- Mom comes into the hospital with SROM and is not contracting. After being in the hospital for about 2 hours, she is having irregular contractions but not dilating. Pitocin is started. Is this considered an augmentation or an induction?

- Due to **IRREGULAR** contractions and **no cervical change** this would be considered an induction.

NICU Admission



35% answered this question correctly

NICU Admission

- *Definition*: Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support of a newborn.
- **DO NOT** chose NICU admission if the infant was transferred to another hospital for NICU care. That is a different variable.

Antibiotics received by mother during delivery

- Definition: Includes any antibacterial medications given IM or IV to the mother in the interval between the ***onset of labor and actual delivery***
- Check this box only if the mother received any antibiotic medications after labor began.
- DO NOT check this box if mother did not LABOR ~ such as a scheduled c/s

Fetal Intolerance of Labor

- *Definition*: Fetal intolerance of labor refers to an abnormal or concerning fetal heart rate tracing that does not respond to procedures to improve the fetal heart rate tracing and therefore requires an operative vaginal delivery or cesarean delivery in order to shorten time to delivery.

Mother's Social Security Number

- Enter the Mother's social security number
- Many hospitals are saying mom won't provide the social security number
- It should be on the worksheet mom completes
- Please encourage them to provide the social security number for birth certificate reasons only

Mother's Social Security Number (cont.)

- It does not need to be entered into your system but please look at the worksheet mom completes to see if it is there.
- If none, or only parts of the social security number are known ~ you must enter 999-99-9999 into IVRS
- Entering 999-99-1234 (or whatever the last 4 digits might be if they are known) will throw the answer out as it is not a true social security number

Did Mother get WIC food for herself during this pregnancy

- Is mother receiving WIC?
  - Enter "yes" if mom reports receiving WIC
  - Enter "no" if mom reports she in not receiving WIC
  - Enter "unknown" if mom does not know

Principal Source of Payment

- The principal source of payment at the time of delivery:
  - Medicaid
  - Private Insurance
  - Self Pay
  - Other
  - Unknown
  - Patient's with insurance through the **Affordable Care Act (ACA)** are to be entered as **private insurance** (it does not matter which insurance carrier is listed or if the patient receives a government subsidy)

Assisted Ventilation

- Assisted ventilation required immediately AFTER delivery:
  - Infant is given manual breaths for any duration with bag and mask, bag and endotracheal tube, or with T-piece resuscitator device using a mask or endotracheal tube
  - Assisted ventilation may also be accomplished using the T-piece resuscitator device with a mask to deliver CPAP within the first several minutes from birth

Assisted Ventilation (cont.)

- Check the infant's medical record to see if the baby needed help breathing within the first few minutes after delivery
- **DOES NOT** include blow by or free flow oxygen or laryngoscopy for aspiration of meconium
- **DOES NOT** include nasal cannula

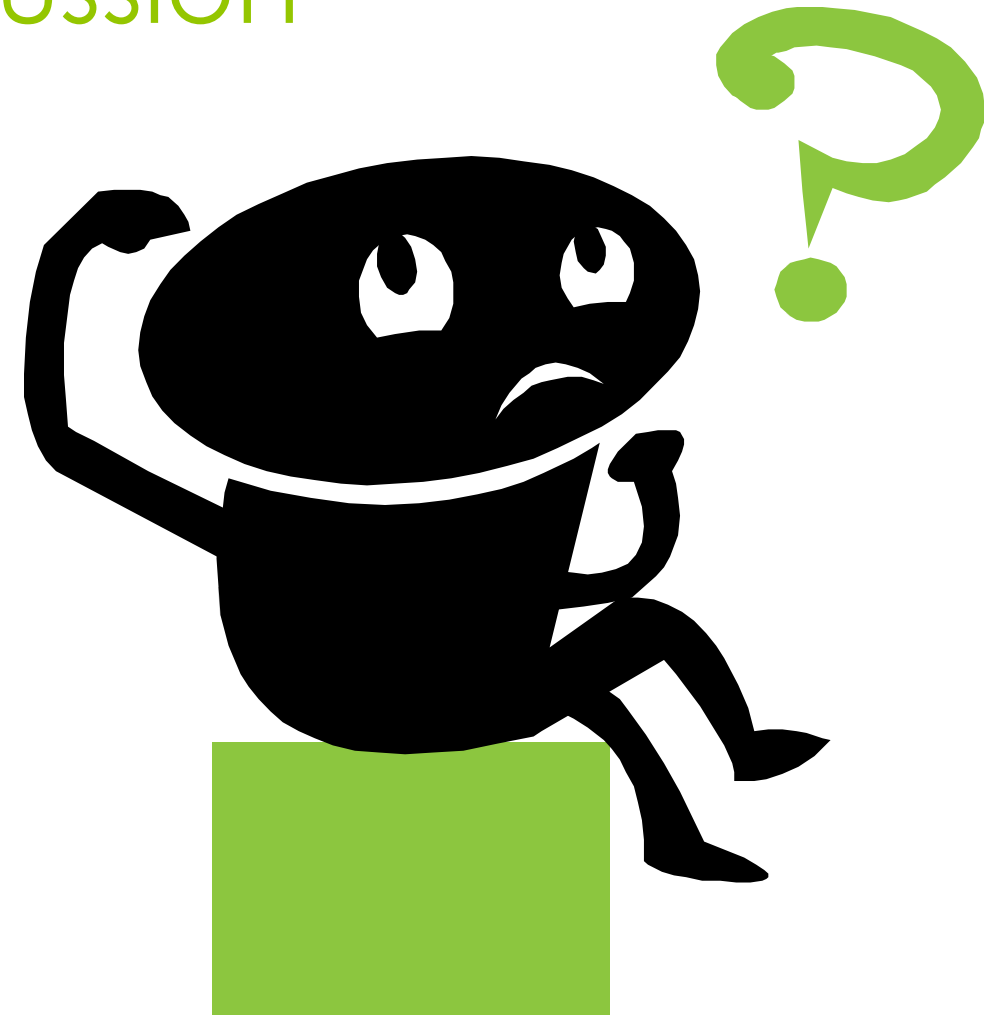
Infant Feeding

- Has the infant received human milk at **ANY** time prior to the completion of the birth certificate
- Breast-fed is the action of breastfeeding or pumping (expressing) milk.
- DO NOT answer the question based on mother's intent to breast-feed or bottle-feed

Opportunities

- Education of all staff on what the birth certificate is used for ~ more than a social document
- Education of staff on definitions and where to find the information for particular variables
- Improvement of documentation so the staff completing the birth certificate in IVRS have the correct information

Discussion



Next Steps

- Submit your QI Team roster and REDCap access forms (2 separate forms at ilpqc.org)
- Enter your baseline data (Aug., Sep., Oct. 2014) in REDCap by May 11
- Provided feedback via Feedback Form – opportunity to identify questions on definitions
- Draft your team storyboard and process flow diagram by May 18 Face to Face Meeting in Springfield
- ALL teams will begin monthly data collection and PDSA cycles for May birth certificates by June 10

Next Steps

- Register for Face-to-Face Collaborative Learning Session on May 18th from 10:00 am – 3:30 pm at St. John's Dove Conference Center in Springfield, IL by May 4
  - Register online at:

    https://www.eventbrite.com/e/birth-certificate-accuracy-initiative-face-to-face-collaborative-learning-session-tickets-16206580318
  - Registration currently limited to 3 team members per hospital
  - Opportunity to brainstorm teams PDSA ideas/goals

Face-to-Face Pre-work Reminder

- Enter baseline data by May 11 to receive a print out of your report at the meeting
- Prepare process flow diagram and storyboard slides with your team and bring print outs to the meeting
- Arrive in time to check in and set up storyboard before meeting begins at 10 am
  - Tri-fold poster boards and push pins will be provided and displayed around the room
- Please sit with your team at the meeting

Questions

ILPQC
Illinois Perinatal Quality Collaborative

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