



ILPQC Virtual OB Quality Boot Camp #3

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ILPQC
Illinois Perinatal
Quality Collaborative

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 **IHA** Illinois Hospital Association

ILPQC OB Boot Camp #3 Overview

12:30 ILPQC Update

Dr. Ann Borders

Update on what has been accomplished
Next steps for EED data collection

1:00 EED Hospital Story

Dr. Bill Scharf, OSF

How OSF has used data to make systems culture change in affiliated hospitals

1:30 TeamSTEPPS

Kim Werkmeister

Empowering teams

2:00 OB QI Initiatives

Dr. Elliott Main, CMQCC

Hot topics in OB QI across the country

2:30 Break (15 min)

2:45 EED Data Collection

Celeste Milton, Joint Commission

Overview of Joint Commission EED measure

3:15 Optimizing birth certificate data collection

Susan Ford, OPQC

Lessons learned from Ohio's birth certificate optimization initiative

3:45 Mass. Perinatal Quality Collaborative

Dr. Glenn Markenson, MPQC

Overview of MPQC

How hospitals in MA have been engaged with the collaborative

How they use data to drive QI and discuss results

4:15 Town Hall Meeting

Final questions, wrap up, and adjourn

ILPQC Update and Next Steps

- ILPQC Update
 - Overview
 - Events
 - Hospital Engagement
 - Neonatal Initiative
 - Obstetric Initiative
- Next Steps
 - ILPQC OB Initiative Hospital kick off call May 19
 - Begin monthly calls with ILPQC hospital teams
 - AHRQ Patient Safety Program opportunity

What are State Perinatal Quality Collaboratives?



- Voluntary
- Population-Based
- Data-Driven
- Value-Added
- Quality Improvement
- Collaborative Organizations



Tennessee Initiative for Perinatal Quality Care



CDC Definition: Perinatal Quality Collaboratives

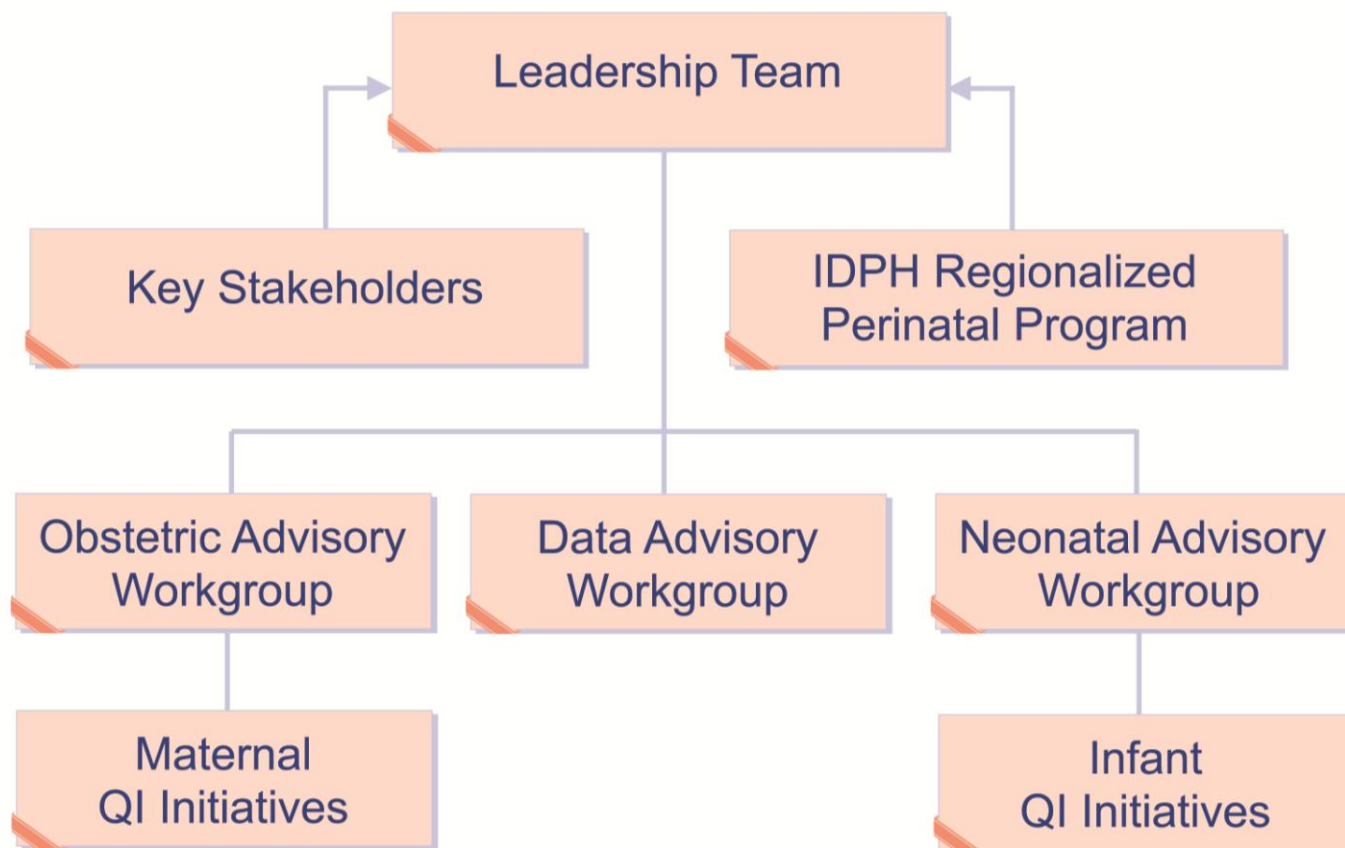


“ “ **State Perinatal Quality Collaboratives (PQCs) are networks of perinatal care providers and public health professionals, working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes.** ” ”

The path for ILPQC

- Independent, statewide, collaborative organization
- Builds on Illinois' existing state-mandated Regionalized Perinatal System
- Ongoing access to vital records and hospital outcome data
- Development of secure, web-based data system with capability to interface with EHR's for data collection with automatic reporting and real time data review
- Engages birthing hospitals with data collection support, QI science expertise and collaborative infrastructure
- Operates with long-term, sustained funding
- Assure that each initiative undertaken adds value for perinatal stakeholders
- **Goal: reduce burden, add value**

ILPQC Structure



ILPQC Leadership Team



- **Ann Borders** – Obstetric Chair
- **Akihiko Noguchi** – Neonatal Chair
- **Deb Rosenberg** – Data Advisory Chair
- **Madiha Qureshi** – March of Dimes
- **Gwen Smith** – CHIPRA
- **Linda Wheal** – CHIPRA
- **Adam Kohlrus** – IHA
- **Janine Lewis** – Ever Thrive Illinois

ILPQC Events



- ILPQC Kick-Off Conference November 2013
 - Over 180 nurses, OB's, neonatologists, public health officials attended
- ILPQC OB Virtual Boot Camp #1, December 2013
 - 82 IL hospitals participated in state QI learning session
- ILPQC Neonatal Initiative kick off January 2014
- ILQPC OB Virtual Boot Camp #2, January 2014
 - ILPQC joined American Hospital Association, National HEN OB Quality Boot Camp, 45 IL hospitals
- ILPQC Hospital Update Webinar, February 2014
 - 41 IL hospitals

ILPQC Advisory Workgroups



- Neonatal, Obstetric, and Data Advisory Workgroups have begun meeting monthly to provide guidance for ILPQC initiatives
- Representation across state, from all perinatal levels, include MFMs, general OBs, family practice, nurses, quality leaders, public health, ACOG, AWHONN
- Contact us at info@ilpqc.org to participate
- Additional key advisory groups
 - Perinatal Network Administrators and Educators
 - State Quality Council

Hospital Engagement

- 41 hospitals have submitted Letter of Interest and/or identified ILPQC Hospital Team
 - Includes at least one nursing and one physician team member
 - Hospitals engaged across all networks and all perinatal levels
- 19 hospitals participating in ILPQC Neonatal Initiative
- Coming soon: quarterly e-newsletter, initiative specific list-serves

How do hospital teams get started?

- Hospitals submit a letter of interest
 - Identify the QI leadership team for your hospital
 - Each QI leadership team should include, at a minimum, both a nursing and physician team member
 - Submit teams and contact info at www.ilpqc.org

ILPQC Website



- www.ilpqc.org
- Upcoming events
- Communicate: info@ilpqc.org
- Resources
 - Link to the March of Dimes EED Toolkit
 - Provides data forms, cross walk with Joint Commission / Leap Frog / ACOG indicators
 - Patient information / hand outs
 - Physician education

Neonatal Nutrition Initiative



- Led by:
 - Dr. Patricia Ittmann, Neonatologist and Quality Leader, Rockford Health System
 - Dr. Akihiko Noguchi, Neonatologist, Cardinal Glennon Children's Medical Center, Saint Louis University
- Aim: Improve discharge growth measures for infants admitted to Level II and Level III Neonatal units in Illinois to reflect the best quartile of Vermont Oxford Network data
- Implementation of evidence-based practices related to parenteral and enteral nutrition by use of toolkit
- Currently have 19 centers collecting data

Nutrition Data Collection

- Data Entry
 - Paper data collection began January 1
 - Secure web-based data system in REDCap ready!
 - Training webinar and manual out this week
 - Can begin entering data once training reviewed
- Data Reporting back to hospital teams
 - Neonatal reporting plan finalized
 - Hospital teams will have access to run charts and monthly reporting through REDCap

Nutrition Reporting

- Hour of life when TPN started
 - Data are from all infants born that month receiving TPN
 - Run chart for site and for ILPQC as a whole
- Hour of life when Lipids started
 - Data are from all infants born that month receiving Lipids
 - Run chart for site and for ILPQC as a whole
- Percent of infants who are <10 percentile at 7d, 28d, 36wk and discharge in weight, length, head circumference
 - Denominator: all VLBW infants or all preemie infants admitted that month, depending on the target population at each hospital
 - Run chart for site and for ILPQC as a whole
- Percent of infants with >50% breast milk on 7d, 28d, 36wk and at discharge
 - Run chart for site and for ILPQC as a whole
- Growth velocity calculated at discharge gain g/kg/day
- Shift of weight, length and HC percentiles from birth to discharge

IL Perinatal Data Survey

NMIED Data Collection



- 94 hospitals responded by April 2014
- 81% of hospitals reported submitting CMS data to Quality Net
- 66% of hospitals said they report NMIED to the Joint Commission (JC)
- 50 hospitals responded if use an ORYX vendor for reporting NMIED to JC:
 - 74% of hospitals (37/50) use an ORYX provider for reporting NMIED to JC

ORYX Providers Listed By Hospitals:

Midas = 14 hospitals

Missouri Hospital Association = 1 hospital

Premier = 5 hospitals

Press Ganey = 12 hospitals

The Quality Works Project = 1 hospital

TJC = 1 hospital

Truven Health Analytics = 4 hospitals

University HealthSystem Consortium = 3 hospitals

Obstetric EED Initiative

- Reducing Early Elective Delivery in Illinois
- Birth certificate data not able to capture all indications for EED but allows for comparison across hospitals and across time using same data elements captured from birth certificates across IL
- ILPQC goal to improve ability to compare data
 - Assist hospitals with standardization of EED data collection, obtaining QI tool kits, providing learning sessions from national experts and lessons learned from other hospitals across the state
 - Provide hospitals secure reporting system to compare progress and across hospitals

EED Data Support

- CMS PC-01 Measure
 - Entered into QualityNet by (all) hospitals
 - ILPQC to be an approved vendor on QualityNet
 - hospitals can select to share their data with ILPQC via QualityNet portal or can send data directly
- Joint Commission EED Measure
 - Preferred measure, national gold standard for EED
 - Collected through ORYX vendors vs manual data
 - Working with ORYX vendors to give hospitals the option to submit data collected by ORYX vendors for EED and other Joint Commission measures for future initiatives

EED Data Reports

- Monthly reports will provide comparison
 - Across time for each hospital
 - Across state, perinatal levels, perinatal networks
- All data and reports secure
- Goal of EED <5% all hospitals

Example Hospital

Data Source: Illinois Birth Records, 2010-2012
(Provisional data—may be subject to change)

Figure 1. Percent Non-Medically Indicated Elective Deliveries (NMIED) at 37-38 weeks gestation*, By Illinois Hospital and Perinatal Level, 2012

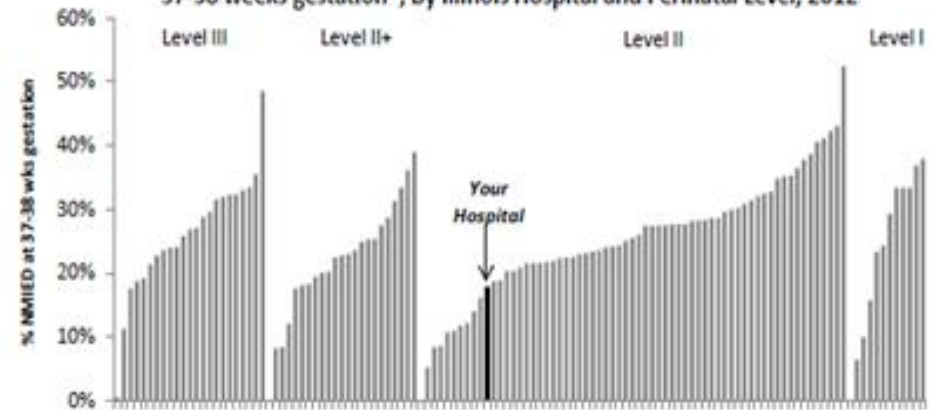
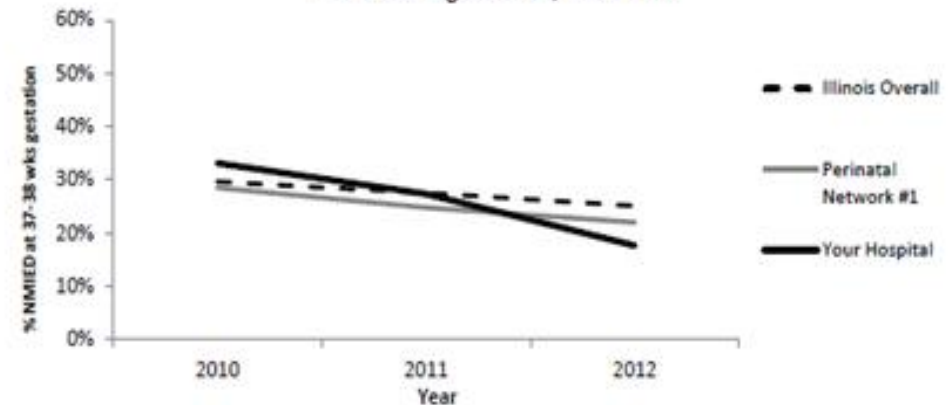


Figure 2. Percent Non-Medically Indicated Elective Deliveries (NMIED) at 37-38 weeks gestation*, 2010-2012



	2010			2011			2012		
	# Deliveries 37-38 wks	# NMIED 37-38 wks	% NMIED	# Deliveries 37-38 wks	# NMIED 37-38 wks	% NMIED	# Deliveries 37-38 wks	# NMIED 37-38 wks	% NMIED
Your Hospital	130	43	33.1%	117	32	27.4%	68	12	17.6%

*Percent NMIED at 37-38 weeks = # of births delivered at 37-38 weeks gestation due to non-indicated induced labor or a cesarean section with no trial of labor, divided by total # of births delivered at 37-38 weeks gestation. (Women with non-vertex presentation, hypertension, diabetes, or previous poor pregnancy outcomes, multiple births, and births where the infant had any of nine specific chromosomal disorders or birth defects are excluded.)

Monthly Hospital Team Calls



- Goal
 - Collaborative infrastructure / QI learning / data support
- Agenda
 - Review data reports generated from hospital data
 - Hospitals share QI successes and challenges
 - National / state speakers talk on key QI topic
- Calls will be 4th Monday of the month, 12:30-1:30
- First hospital call will be on Monday, May 19
 - Please submit your ILPQC Hospital Team contact info at www.ilpqc.org to be included in mailing list

Collaboration with AHRQ Patient Safety Program



- Cohort of ILPQC hospital teams have opportunity to participate for free this summer
- Based on CUSP and TeamSTEPs
- Provides support for implementing perinatal safety interventions
- Free monthly Quality Improvement webinars
- Technical assistance calls, user support network
- Program evaluation

Potential ILPQC OB QI Topics



- Evidence-based Breastfeeding
 - Provide hospitals additional data support for current initiative
- Optimizing birth certificate data
- Antenatal Corticosteroid Therapy
 - March of Dimes Big 5 next initiative

Thank You

Everyone who has worked so hard to move obstetric and neonatal QI forward in Illinois to help make Illinois an even better place to be born!





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