



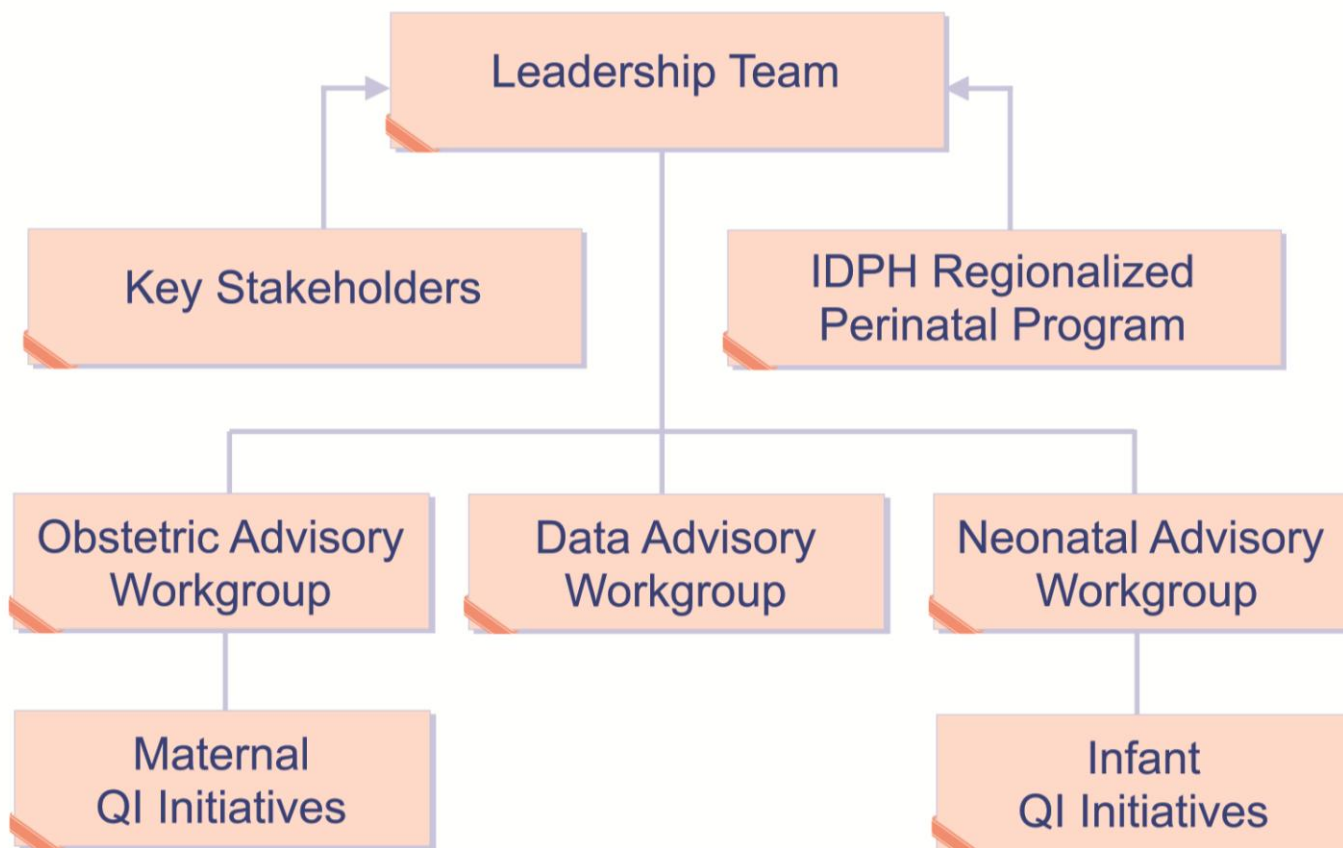
# ILPQC OB Initiative Hospital Teams Call

Ann Borders, MD, MSc, MPH  
Maternal Fetal Medicine  
NorthShore University Health System  
ILPQC Obstetric Lead  
June 23, 2014, 12:30 – 1:30 PM

# Agenda

- ILPQC Update
  - Funding
  - Conference
  - AHRQ Patient Safety
- EED Initiative
  - PC-01 Measure
  - REDCap Database
  - DUA for Future Initiatives
- Overview of EED Data Collection – CMS PC01 Measure
  - Deborah Miller, Clinical Quality Leader  
Northwestern Memorial Hospital  
ILPQC Ob Advisory Workgroup Member
- Next Steps

# ILPQC Structure



# Monthly Hospital Team Calls

## OB Initiative



- Goal
  - Collaborative infrastructure / QI learning / data support
- Agenda
  - Review and discuss hospital data, current initiative
  - 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
- Please submit your ILPQC Hospital Team contact info at [www.ilpqc.org](http://www.ilpqc.org) to be included in mailing list
  - Identify the QI leadership team for your hospital
  - Each QI leadership team should include, at a minimum, both a nursing and physician team member, very helpful to also involve Quality leader, who collects the data at your hospital?

# Funding Updates

- CDC RFA to fund 3 additional State Perinatal Quality Collaboratives
  - Submitted in collaboration with IDPH
  - Funding for 3 years if received
  - Future initiatives:
    - Optimizing Birth Certificates
    - Antenatal Steroids
    - Evidenced based Breastfeeding data support

## Future ILPQC Events

- ILPQC 2<sup>nd</sup> Annual Conference, Nov 2014
  - Suggestions for speakers and topics, future initiatives please email to [info@ILPQC.org](mailto:info@ILPQC.org)
  - Call for posters/storyboards from hospitals/networks on QI work
  - Form for poster submissions will be available on ILPQC website by next Hospital Team Call in July
- OB Initiative Face to Face Team Meetings
  - Annual Conference, follow up Spring 2015

# AHRQ Perinatal Patient Safety Program



- Cohort of ILPQC hospital teams have opportunity to participate for free starting this fall
- Based on CUSP and TeamSTEPs
- Free monthly Quality Improvement webinars
- Technical assistance calls, user support network
- Hospital specific program evaluation
- Will have update from AHRQ on July call regarding timeline

# AHRQ Patient Safety Program



- TeamSTEPPS Training
  - Materials available online:  
<http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/index.html>
  - Propose additional TeamSTEPPS training sessions during monthly Hospital Teams calls

# Obstetric EED Initiative

- Reducing Early Elective Delivery in Illinois
- Birth certificate data not able to capture all indications for EED, not an optimal measure alone, but provided an understanding of variability across state
- 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 compare across hospitals
  - Utilize gold standard measure low burden / high value
    - Joint Commission gold standard measure
    - Hospital level aggregate data
    - CMS, PC-01 measure reported quarterly

# Obstetric EED Initiative

- PC-01 Measure
  - CMS data collected quarterly via Quality Net
- REDCap Data Form
  - Replicate CMS PC-01 data form
  - Submit numerator, denominator, exclusions
  - ILPQC to be an approved vendor on QualityNet
- Submit 2013 Q1-Q4 and 2014 Q1 PC-01 data as baseline
- Ongoing: submit quarterly

# PC-01 Measure

- Assesses patients with elective deliveries at  $\geq 37$  and  $< 39$  weeks of gestation completed
- Numerator: patients with elective deliveries with ICD-9-CM Principle procedure Codes for one or more of the following:
  - Medical induction of labor as defined in Appendix A, Table 11.05
  - Cesarean section as defined in Appendix A, Table 11.06 while not in Active Labor or experiencing Spontaneous Rupture of Membranes
- Denominator: Patients delivering newborns with  $\geq 37$  and  $< 39$  weeks of gestation completed
  - Exclusions (Appendix A, Table 11.07): Less than 8 years of age, greater than or equal to 65 years of age, length of stay  $> 120$  days, enrolled in clinical trials
- Joint Commission Manual at <http://www.ilpqc.org/resources/>



## 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

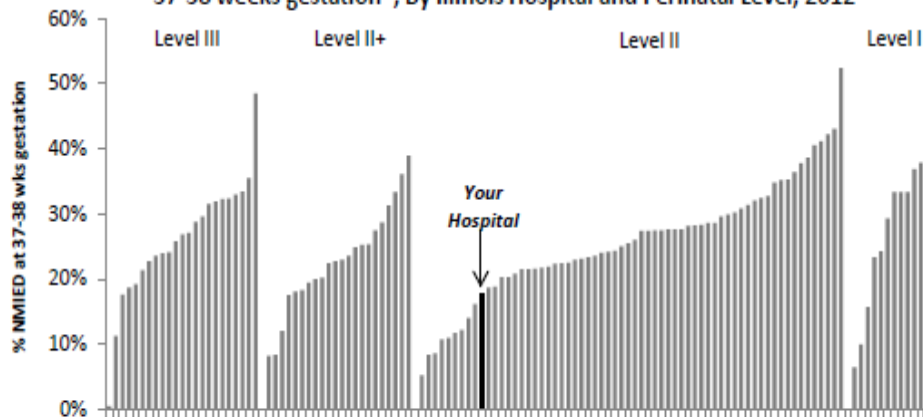
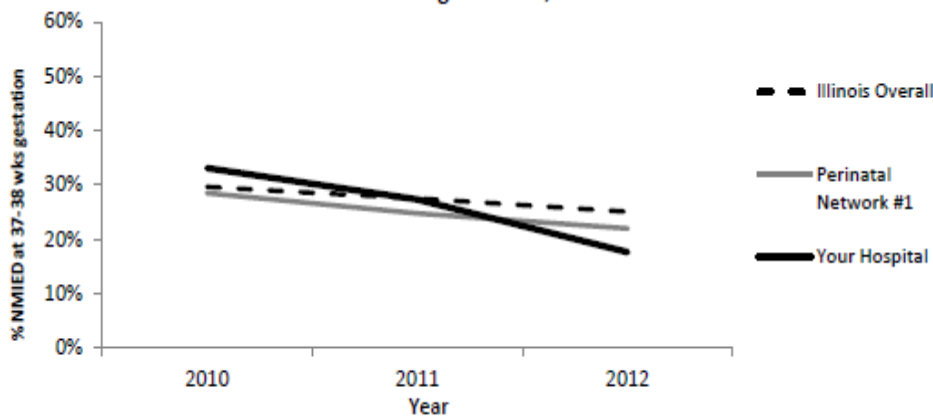


Figure 2. Percent Non-Medically Indicated Elective Deliveries (NMIED) at 37-38 weeks gestation\*, 2010-2012



## Example Report

- PC-01 Measure
  - Goal of <5%
- Rate over time
- Compare with IL hospitals, across network, across level

	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.)

# To Submit / Receive ILPQC Data need REDCap User ID

- Will need to submit brief User ID form to ILPQC for each team members by July 1
  - Name (First MI Last)
  - Email address
  - Title
  - Hospital name
  - Access Level (data entry and/or report review)
- Online form is available on [www.ilpqc.org](http://www.ilpqc.org)

# Timeline for EED Data Collection



- Hospitals identify teams: OB, nurse, Quality
- Submit information to receive User ID's for all indicated team members from your hospital
  - Online form available on [www.ilpqc.org](http://www.ilpqc.org)
  - **Need to have all User ID forms in by July 1, before we begin generating REDCap User IDs**
- Identify plan at your hospital for submitting PC-O1 measure: 2013 data, then quarterly
- REDCap Training once user IDs disseminated
  - REDCap database will be ready July 1

# DUA for OB Initiative

- **No DUA necessary for OB EED Initiative**
  - No protected health information (PHI) being collected
- Hospitals can begin DUA process at their institutions to be prepared for future ILPQC QI initiatives
- Review HHS website and DUA with institution's legal department
- Basic ILPQC DUA and support available to hospitals
  - Email [Shehan Peiris](#) from Northwestern University and copy [Paulina Osinska](#) with the following information:
    - Hospital's full name
    - Name and email address for hospital's contact person
- Visit <http://www.ilpqc.org/get-involved/> for more information

# Data Use Agreement

- Purpose
  - Set forth to inform participating entities about the extent of data usage by the recipient, which in this case is Northwestern (where ILPQC data is housed)
  - Defines liability, usage, and authority for access to the contributed data
  - DUAs are approved by NU's Office of Sponsored Research
- HHS view on quality improvement activities
  - <http://answers.hhs.gov/ohrp/categories/1569>
  - QI activities do not meet the definition of “research” under [45 CFR 46.102\(d\)](#)
- Umbrella IRB submitted for expedited review- approval pending

# Overview of EED Data Collection



**Deborah Miller**  
Clinical Quality Leader  
Clinical Quality  
Northwestern Memorial Hospital  
ILPQC OB Advisory Workgroup Member

## Next Steps

- Hospitals identify teams: OB, nurse, Quality
- Submit information to receive User ID's for all indicated team members from your hospital
  - On-line form available on ILPQC.org
- Identify plan at your hospital for submitting PC-O1 measure: 2013 data, then quarterly
  - Once User ID's sent out, will schedule brief training for submitting data
- Next call: Monday, July 28, 12:30-1:30p

# Thank You

For continuing to move obstetric and neonatal QI forward in Illinois to help make Illinois an even better place to be born!

