 **PVB DATA COLLECTION COMMONLY ASKED QUESTIONS**

# What patient-level data are we collecting?

* + 20 total NTSV C-sections: 5 failed induction, 5 labor dystocia/failure to progress,

 5 fetal heart rate concerns, and 5 miscellaneous

# Where can I find the NTSV C-section sampling instructions?

* + Sampling instructions can be found on page 3 of the [Patient Level Data form](https://ilpqc.org/ILPQC%202020%2B/PVB/Toolkit/Intro/ILPQC%20PVB%20Data%20Form%208.31.20.pdf)

# What if our hospital does not have a large amount of NTSV deliveries (vaginal or cesarean) a month?

* + Hospitals with fewer than 20 NTSV c-sections or 10 vaginal NTSVs a month will report on what is available

# What are we collecting for baseline data?

* + Baseline data will be collected for Q4 2019 (October, November, December)
	+ All baseline data is due January 15, 2021
	+ If your baseline data collection yields a small amount of NTSVs, we recommend doing another quarter of data collection (Q3 2019) until you reach 10 NTSV C- sections and 5 NTSV vaginal deliveries
* **How do we decide which category our NTSV C-section falls under if two categories are documented** (i.e. labor dystocia and FHR concerns)?
	+ The category chosen should be the driving indication for the delivery decision.
		- For example: a chart documents both a labor dystocia and FHR indication for the delivery decision. The QI team’s investigation shows a longer length of labor was not recommended due to FHR concerns. The QI team would choose the FHR category when entering data on the patient.
		- When there are 2 indications (one of which is FHR), and it is not clear which indication drove decision making, the QI team should choose FHR.
	+ Remember, each hospital and QI team is unique and this is not a one-size-fits-all process. It is important to have a discussion with your QI team before collecting baseline data.
* **How are induction and augmentation defined?**
	+ If a patent comes in with ROM, but is **not contracting** they would be considered an induction
	+ If a patient comes in with ROM and IS contracting, they would be considered an augmentation
* **What data needs to be collected on the Hospital Level data form?**
	+ The TOTAL number of NTSV births at your hospital each month and the TOTAL number of those births that resulted in a cesarean delivery.
	+ The TOTAL NTSV C-sections for the whole month broken down by race/ethnicity and insurance status (This number comes from your NTSV total and not your random sample)
	+ Your hospitals status on the PVB Structure Measures (**RED**/not started, **YELLOW**/working on it, and **GREEN**/In place) as well as the monthly status of your process measures (reported by % percentages)

For additional questions or support, email ILPQC Project Coordinator Ellie Suse at Ellie.suse@northwestern.edu

**How do I access REDCap to enter data?**

* Those *with existing* REDCap ID: you will receive an email confirming that ILPQC has granted you access to the PVB forms.
* Those *new* to REDCAP: you will receive 2 emails
	1. You should have received an email from REDCap with your username and a prompt to create a new password.
	2. You will receive an email confirming that ILPQC has granted you access to the PVB forms.