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
Website: www.ilpqc.org
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.
IL Perinatal Advisory Committee Prematurity Task Force Report Released

Stakeholder Meetings
Nov 2012, Jan 2013, Mar 2013

Key Agency Stakeholder Meetings
Jun. - Sept. 2013

Website Launch

ILPQC Kick-Off Conference, Launch OB and Neonatal Initiatives,

Additional funding MOD & IHA,

ILPQC OB Boot Camps begin
Dec 2013, Feb 2014, April 2014

Launch Advisory Workgroups Monthly calls

Monthly OB Teams Calls start

REDCap Data System launched

Hire State Project Director

Begin presentation tour of all 10 Perinatal Networks

CHIPRA / HFS

Consultation with Perinatal Quality Leaders
OH, CA, NC, FL

CDC Award

ILPQC 2nd Annual Conference

Nov. 2012
Jun. 2013
Sept. 2013
Nov. 2013
Dec. 2013
Jan. 2014
May-Jun. 2014
July 2014
Sept. 2014
Nov. 2014
ILPQC Structure

Key Stakeholders
- Illinois Department of Healthcare and Family Services
- Illinois Department of Human Services
- Illinois Department of Public Health
- Illinois Hospital Association
- Illinois Public Health Association
- March of Dimes
- EverThrive Illinois
- ACOG
- ICAAP
- AWHONN
- AAFP
- Midwest Business Group on Health

Leadership Team
- Ann Borders, MD, MPH
  NorthShore University Health System
- Pat Ittmann, DO
  Rockford Health System
- Adam Kohlbus, MS
  Illinois Hospital Association
- Janine Lewis, MPH
  EverThrive Illinois
- Akiko Noguchi, MD, MPH
  Cardinal Glennon Children’s Medical Center, Saint Louis University
- Andrea Palmer, MPA, MBA
  Illinois Department of Public Health
- Madina Qureshi, MPH
  March of Dimes, Illinois Chapter
- Deborah Rosenberg, PHD
  University of Illinois at Chicago School of Public Health
- William Scharf, MD
  OSF HealthCare
- Gwen Smith
  Illinois Department of Health and Family Services
- Linda Wheal
  Illinois Department of Health and Family Services

Key Advisors
- IDPH Office of Women’s Health & Family Services
  Title V MCH Program
- Regionalized Perinatal Program
- Perinatal Advisory Committee
- State Quality Council
- MCH Epidemiology Program, School of Public Health, UIC

Obstetric Advisory Workgroup
- OB Hospital Teams

Data Advisory Workgroup
- Database Team

Neonatal Advisory Workgroup
- Neonatal Hospital Teams
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
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**

**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

Baseline Data Due
February 16, 2015
# Wave 2 Timeline

**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

---

Baseline data due May 11, 2015
Monthly data collection begins in May
BC Timeline - Overview

- Launch Wave 1 Baseline Data Collection 12/15/2014
- Wave 1 Feedback Form Distributed 2/11/2015
- Wave 2 - Submit Team rosters and REDCap Access Forms 3/23/2015
- 2 Hour Webinar - QI process 4/27/2015
- Wave 2 Baseline Audit Due 5/11/2015
- OB Hospital Teams Call 6/22/2015
- OB Hospital Teams Call 8/24/2015
- OB Hospital Teams Call 10/26/2015
- OB Hospital Teams Call 12/5/2014
- Wave 1 - Submit Team Rosters and REDCap Access Forms
- 2/23/2015 OB Hospital Teams Call - Review Wave 1 Feedback
- 3/23/2015 2 Hour Webinar - Launch Wave 2
- 2/16/2015 OB Hospital Teams Call - Gather Wave 1 Feedback
- 5/18/2015 Face-to-Face Meeting - Springfield, IL, 10:00 am - 3:30 pm
- 5/1/2015 Monthly Data Collection Begins
- 7/27/2015 OB Hospital Teams Call
- 9/28/2015 OB Hospital Teams Call

OB Hospital Teams Call - Gather Wave 1 Feedback
Monthly Data Collection Begins
Monthly Quality Improvement Cycle

Hospital Teams enter monthly accuracy data into ILPQC REDCap data system

ILPQC sends out QI process feedback form for Hospital Teams to complete

PNAs provide QI support to Hospital Teams using QI resources provided by ILPQC

Hospital Teams create PDSA cycle for accuracy improvement

Results of hospital accuracy audits and feedback forms sent to PNAs*

*PNA: Perinatal Network Administrator
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

% NMIED at 37-38 wks gestation

Level III  Level II+  Level II  Level I

Your Hospital
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

**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

<table>
<thead>
<tr>
<th>Entity</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>321.6 per 1000</td>
</tr>
<tr>
<td></td>
<td>288.98 per 1000</td>
</tr>
<tr>
<td>Illinois State</td>
<td>280.33 per 1000</td>
</tr>
<tr>
<td></td>
<td>265.52 per 1000</td>
</tr>
<tr>
<td></td>
<td>233.23 per 1000</td>
</tr>
<tr>
<td></td>
<td>213.45 per 1000</td>
</tr>
</tbody>
</table>
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
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
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.
The Ohio Perinatal Quality Collaborative

**Obstetrics**
- 39-Week Scheduled Deliveries without medical indication
- Steroids for women at risk for preterm birth
  - (24\(^0\) - 33\(^6/7\))
  - Sustain → Transition to BC Surveillance

**Neonatal**
- Blood Stream Infections:
  - High reliability of line maintenance bundle
- Use of human milk in infants 22-29 weeks GA
- OCHA NAS in 6 CH’s

**2014: Neonatal Abstinence Syndrome**

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

**INCREASE BIRTH DATA ACCURACY**
- Spread to all maternity hospitals in Ohio 2013-2014
<table>
<thead>
<tr>
<th>Charter Sites – 39 Week Delivery Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>• First OB OPQC Project</td>
</tr>
<tr>
<td>• Used hand collected data</td>
</tr>
<tr>
<td>• <strong>Baseline Data Collection</strong></td>
</tr>
<tr>
<td>July 2008 → August 2008 /</td>
</tr>
<tr>
<td>Project Begun 9-1-08</td>
</tr>
<tr>
<td>• Gestational Age measure was 36.0 – 38.6 weeks</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• Large teaching Hospitals in the state</td>
</tr>
<tr>
<td>• History of previous QI Project work or Research Participation</td>
</tr>
<tr>
<td>• These 20 hospitals represented 49% of all births in Ohio</td>
</tr>
</tbody>
</table>
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

Challenges with accurately capturing induction of labor with birth certificate data:

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

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

**Aim**

In 9 months, improve birth registry accuracy so that focused variables** will be transmitted accurately in 95% of records

(** Pre-pregnancy and Gestational Diabetes; Pre-pregnancy and Gestational hypertension; Induction of Labor; ANCS; OB estimate of GA)**

**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
- IPHIS (BR) fields include essential and specific information/definitions
- Identification and spread of best practices for data entry and verification

**Interventions**

- Identify a key clinical contact for birth data team
- Identify all sources of birth data
- Identify process for flow of data into the birth registry (IPHIS) system
- Ensure birth data team has access to necessary clinical data
- Utilize ODH and OPQC online education modules for training of birth data and nursing staff
- Ensure clear understanding of birth registry variables
- Ensure clear understanding by birth data team of medical terminology R/T to birth registry variables
- Coaching/reinforcement by OPQC and state quality coordinators
- Use medical record to IPHIS quality review feedback to identify gaps
- Continuous monitoring of Birth Registry data reports
- Clarify IPHIS definitions and instructions
- Group and individual webinars and 1:1 support by state quality coordinators to identify key changes

Revised: 1.31.13
Two most important lessons learned from the first 35 hospitals

- Support from administration and medical staff leadership is essential to success
- Clinical and clerical staff must work *together* to improve birth registry data
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
Mom is admitted onto Labor & Delivery. Maternal WS is given to mom at admission for her to complete.

Is OB office on EPIC? Yes

3 OB offices fax prenatal info. 1 OB brings this info into L&D when they go in for the delivery.

No

Prenatal information printed off/abstracted.

Ye

Mom delivers baby. RN completes Facility WS utilizing Delivery Summary in EPIC.

RN caring for mom fills out Facility WS #1-18 prior to delivery. Pulls info from prenatal info, EPIC flow sheet and Stork Mom WS.

Prenatal information printed off/abstracted.

Mom reviews draft. Correct?

Yes

Complimentary birth certificate given to mom. Affidavit completed by HUC if necessary.

No

Mom corrects; updated data entered into IPHIS.

Mom delivers baby. RN completes Facility WS utilizing Delivery Summary in EPIC.

Maternal WS collected by HUC. Info from Maternal & Facility WS's entered into IPHIS by HUC. Draft printed.

Complimentary birth certificate given to mom. Affidavit completed by HUC if necessary.

“Saved as Complete.” Final document printed for OB signature.

Hepatitis B (if applicable) and Hearing test entered into IPHIS.

END:
Signed document sent to Health Department.
## “Baker’s Dozen” of top variables

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

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/ys 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

REMARKER! 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
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?
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
## IPHIS to Patient Medical Record Checklist

**Hospital:** ________________  **Month:** ____________

<table>
<thead>
<tr>
<th>IPHIS</th>
<th>Variable</th>
<th>Chart 6</th>
<th>Chart 7</th>
<th>Chart 8</th>
<th>Chart 9</th>
<th>Chart 10</th>
<th>Total Y</th>
<th>Total N</th>
<th>Total Y+N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy tab: Risk Factors</td>
<td>Pre-pregnancy and Gestational diabetes</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Labor &amp; Delivery tab: Characteristics of Labor &amp; Delivery</td>
<td>Induction of Labor</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Labor &amp; Delivery tab: Characteristics of Labor &amp; Delivery</td>
<td>Antenatal corticosteroids (ANCS)</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>Newborn tab: Other</td>
<td>Obstetrical estimate of gestation at delivery</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
</tbody>
</table>

### Totals

- Total "yes" and "yes + no" responses from charts 6 - 10
- Total "yes" and "yes + no" responses from charts 1 - 5
- 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

Sep. 2008: 39-Week project begins
Jan. 2010: Ohio Hospital Compare launch

Percent with no medical indication

Source: Ohio Department of Health, Vital Statistics
<table>
<thead>
<tr>
<th>Variable</th>
<th>IPHIS TAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pregnancy/Ultrasound Dating</td>
<td>Prenatal</td>
</tr>
<tr>
<td>2. Previous Cesarean Delivery</td>
<td>Pregnancy Risk Factors</td>
</tr>
<tr>
<td>3. Intrauterine Growth Restriction (IUGR)</td>
<td>Pregnancy Risk Factors</td>
</tr>
<tr>
<td>4. Renal (Kidney) Disease</td>
<td>Pregnancy Risk Factors</td>
</tr>
<tr>
<td>5. Cholestasis</td>
<td>Pregnancy Risk Factors</td>
</tr>
<tr>
<td>7. Prior Non-Pregnant Surgery</td>
<td>Pregnancy Risk Factors</td>
</tr>
<tr>
<td>8. HIV - Human Immunodeficiency Virus</td>
<td>Pregnancy Infections</td>
</tr>
<tr>
<td>9. Progesterone</td>
<td>Pregnancy Progesterone</td>
</tr>
<tr>
<td>10. Obstetric estimate of gestational age (updated)</td>
<td>Newborn</td>
</tr>
<tr>
<td>11. Exclusive breast milk feeding through entire stay</td>
<td>Newborn</td>
</tr>
<tr>
<td>12. Critical Congenital Heart Disease Screening/Pulse Oximetry (CCHD)</td>
<td>CCHD Tab</td>
</tr>
</tbody>
</table>
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.
“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
ILPQC
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
# Certificate of Live Birth Worksheet

**State of Illinois**

**Certificate of Live Birth Worksheet**

## Child Information
- **Child’s Name:** [First, Middle, Last, Suffix]
- **Date of Birth:** [Month, Day, Year]
- **Place of Birth:** [Hospital, Clinic, Home, Other]

## Mother/Co-Parent Information
- **Mother/Co-Parent’s Current Legal Name:** [First, Middle, Last, Suffix]
- **Fathers/Mother’s Name Prior to First Marriage/Union:** [First, Middle, Last, Suffix]
- **Residence of Mother/Co-Parent:** [Street and Number]
- **City or Town:** [Springfield]
- **County:** [Sangamon]

## Father/Co-Parent Information
- **Father/Co-Parent’s Current Legal Name:** [First, Middle, Last, Suffix]

## Certifier Information
- **Certifier Name:** [First, Middle, Last, Suffix]
- **Certifier Title:** [R.N., M.D., J.D.]
- **Certifier Address:** [Hospital, Admin., Emmision, Other]

## Additional Information

This worksheet should be retained by the originator for reference purposes.

### Information for Administrative Purposes
- **Name:** [First, Middle, Last, Suffix]
- **Address:** [Street and Number]
- **City or Town:** [Springfield]
- **County:** [Sangamon]
- **State:** [Illinois]
- **Zip Code:** [62704]

### Father/Co-Parent Education
- **Highest Degree or Level of School Completed:** [Grade, High School, College, Graduate School, Unknown]

### Father/Co-Parent Race
- **Father/Co-Parent Race:** [White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian, Other or Specify]

### Mother/Co-Parent Employment
- **Employer:** [Name, Address, City, State, Zip Code]

### Attendant’s Name, Title, and HR
- **Attendant’s Name:** [First, Middle, Last, Suffix]
- **Title:** [R.N., M.D., J.D.]

### Mother Transferred for Maternal Medical
- **Mother Transferred for Maternal Medical:** [Yes, No]
### INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>30a. DATE OF FIRST PRENATAL CARE VISIT</th>
<th>30b. DATE OF LAST PRENATAL CARE VISIT</th>
<th>31. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>(if none, enter &quot;NC&quot;)</td>
<td>(if none, enter &quot;NC&quot;)</td>
</tr>
</tbody>
</table>

32. MOTHER'S WEIGHT AT DELIVERY: Yes | No

### MEDICAL AND HEALTH INFORMATION

**43. URINARY INCONTINENCE IN THIS PREGNANCY (Check all that apply)**
- Alcohol use during pregnancy
  - Yes | No
- Number of drinks per week

**Diabetes**
- Pre-gestational
- Gestational

**Hypertension**
- Pre-existing
- Gestational
- Other

**Psychiatric Injuries**
- Yes | No

**44. OBSTETRIC PROCEDURES (Check all that apply)**
- Cervical cerclage
- Seeded cervices
- Endoscopic version
- Successful
- Failed

**45. ONSET OF LABOR (Check all that apply)**
- Premature rupture of membranes (prolonged, >12 hrs)
- Pre-eclampsia
- Pre-eclampsia (12 hrs)
- Pre-eclampsia (20 hrs)
- Seeded cerclage
- Other

**46. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)**
- Induction of labor
- Augmentation of labor
- Non-vaginal delivery
- Sterilization (vasectomy)
- Male sterilization
- Seeded cerclage
- Other

**47. METHOD OF DELIVERY**
- Vaginal birth
- Vaginal birth
- Vaginal birth
- Other

**48. MATERNAL MORBIDITY (Check all that apply)**
- Maternal death
- Other
- Uterine rupture
- Ovarian cyst
- Other

### NEWBORN INFORMATION

**49. NEWBORN MEDICAL RECORD NUMBER**

**50. BIRTHWEIGHT (grams, preferred, specify unit)**

**51. OBSTETRIC ESTIMATE OF GESTATION**
- Completed weeks

**52. APGAR SCORE**
- Score at 1 minute
- Score at 5 minutes

**53. PLURALITY - Single, Twin, Nontwin, etc.**
- Single
- Twin
- Nontwin

**54. IF NOT SINGLE BIRTH - Birth First, Second, Third, etc.**
- Birth First, Second, Third, etc.

**55. ABNORMALITIES OF THE NEWBORN**
- Neonatal tetany
- Hypocalcemia
- Neonatal jaundice
- Respiratory distress syndrome
- Other

**56. CONGENITAL ANOMALIES OF THE NEWBORN**
- Congenital heart defect
- Neural tube defect
- Renal anomaly
- Other

**57. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?**
- Yes | No

**58. MALE INFANT BEING FED**
- Yes | No

**59. IS INFANT LIVING AT TIME OF REPORT?**
- Yes | No | Infant deceased, status unknown
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 12th chart in the August search will be selected.
Audit Process For Level I&II Hospitals

- Identify in IVRS every 12th 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 34 weeks 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 15th chart
Audit Process For Level II+ & III Hospitals

- Identify in IVRS every 15th 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

Guide to Completing
The Facility Worksheets for the
Certificate of Live Birth
and
Report of Fetal Death
(2003 revision)

**Example of Variable**

| NICU Admission | Includes SCN/NICU admission at any time during the infant’s hospital stay following delivery. | 1st 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) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
42. Risk Factors in this Pregnancy
(Check all that apply)
- Alcohol
- 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 restriction 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

43. Infections Present Anterior 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
  - Moderate/Heavy meconium staining of the amniotic fluid

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
  - Coexitic
  - Breach
  - Other
D. Final route and method of delivery
  (Check one)
  - Vaginal/Sponaneous
  - Vaginal/Forceps
  - Vaginal/Vacuum
  - Cesarean
  - If cesarean, was it 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
- Required uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following
  - Yes
  - No
- 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 database.
### IVRS to Patient Medical Record Audit Checklist:

**Hospital:** _____________________  **Month:** __________

<table>
<thead>
<tr>
<th>IVRS</th>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Total Y</th>
<th>Total N</th>
<th>Total Y+N</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Parent Info&quot; tab Item #19</td>
<td>Mother’s Social Security Number</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Mothers Medical Info&quot; tab Item #30a</td>
<td>Date of First Prenatal Care Visit</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVRS</td>
<td>Variable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Mothers Medical Info&quot; tab Item #35</td>
<td>WIC Participation during Pregnancy</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVRS</td>
<td>Variable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Mothers Medical Info&quot; tab Item #39</td>
<td>Source of Payment for Delivery</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVRS</td>
<td>Variable</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Mothers Medical Info&quot; tab Item #40</td>
<td>Date of Last Menses</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the data documented in IVRS **MATCH** the data found in the patient record.
<table>
<thead>
<tr>
<th>IVRS</th>
<th>Variable</th>
<th>Does the data documented in IVRS MATCH the data found in the patient record</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N 11 Y/N 12 Y/N Total Y Total N Total Y+N</td>
</tr>
<tr>
<td>“Mother Med (Cont’d)” tab) Item #42</td>
<td>Pre-pregnancy and Gestational hypertension</td>
<td>1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N 11 Y/N 12 Y/N Total Y Total N Total Y+N</td>
</tr>
<tr>
<td>“Mother Med (Cont’d)” tab) Item #42</td>
<td>Previous Preterm Delivery</td>
<td>1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N 11 Y/N 12 Y/N Total Y Total N Total Y+N</td>
</tr>
<tr>
<td>“Mother Med (Cont’d)” tab) Item #46</td>
<td>Induction of Labor</td>
<td>1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N 11 Y/N 12 Y/N Total Y Total N Total Y+N</td>
</tr>
<tr>
<td>“Mother Med (Cont’d)” tab) Item #46</td>
<td>Augmentation of Labor</td>
<td>1 Y/N 2 Y/N 3 Y/N 4 Y/N 5 Y/N 6 Y/N 7 Y/N 8 Y/N 9 Y/N 10 Y/N 11 Y/N 12 Y/N Total Y Total N Total Y+N</td>
</tr>
<tr>
<td>IVRS Variable</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>---------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>&quot;Mother Med (Cont’d)&quot; tab Item #46</td>
<td>Antenatal corticosteroids (ANCS)</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Mother Med (Cont’d)&quot; tab Item #46</td>
<td>Antibiotics received by the mother during delivery</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Mother Med (Cont’d)&quot; tab Item #46</td>
<td>Fetal Intolerance to labor.</td>
<td>1</td>
</tr>
<tr>
<td>Mother’s Med (Cont’d) tab Item #48</td>
<td>Maternal Transfusion</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Newborn Medical Info&quot; tab Item #51</td>
<td>Obstetrical estimate of gestation at delivery</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Newborn Medical Info&quot; tab Item #55</td>
<td>Assisted Ventilation required immediately after delivery</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Newborn Medical Info&quot; tab Item #55</td>
<td>NICU Admission</td>
<td>1</td>
</tr>
<tr>
<td>IVRS</td>
<td>Variable</td>
<td>1 \ Y/N</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>&quot;Newborn Medical Info&quot; tab item #58</td>
<td>How is infant being fed</td>
<td></td>
</tr>
<tr>
<td>Gestational Age Reported on BC</td>
<td>Does the data documented in IVRS MATCH the data found in the patient record</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>Gestational Age reported in Medical Record</td>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
</tbody>
</table>
Discussion
Live REDCap Demo:
Kate Finnegan

- [https://redcap.healthlnk.org/](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
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 1st Prenatal Visit, and Antibiotics Received were our biggest struggles
- However we took a further look
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)
• 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: 2nd collaborative learning webinar on April 27th 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 18th 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