



ILPQC OB Initiative Hospital Teams Kick-Off Call

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May 19, 2014, 12:30 – 1:30 PM

Agenda

- ILPQC Update
 - Events
 - Structure
- EED Initiative
 - PC-01 Measure
 - DUA for future initiatives
 - Website and Communications
- AHRQ Patient Safety
- Next Steps

What are State Perinatal Quality Collaboratives?



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



Tennessee Initiative for Perinatal Quality Care



ILPQC Events

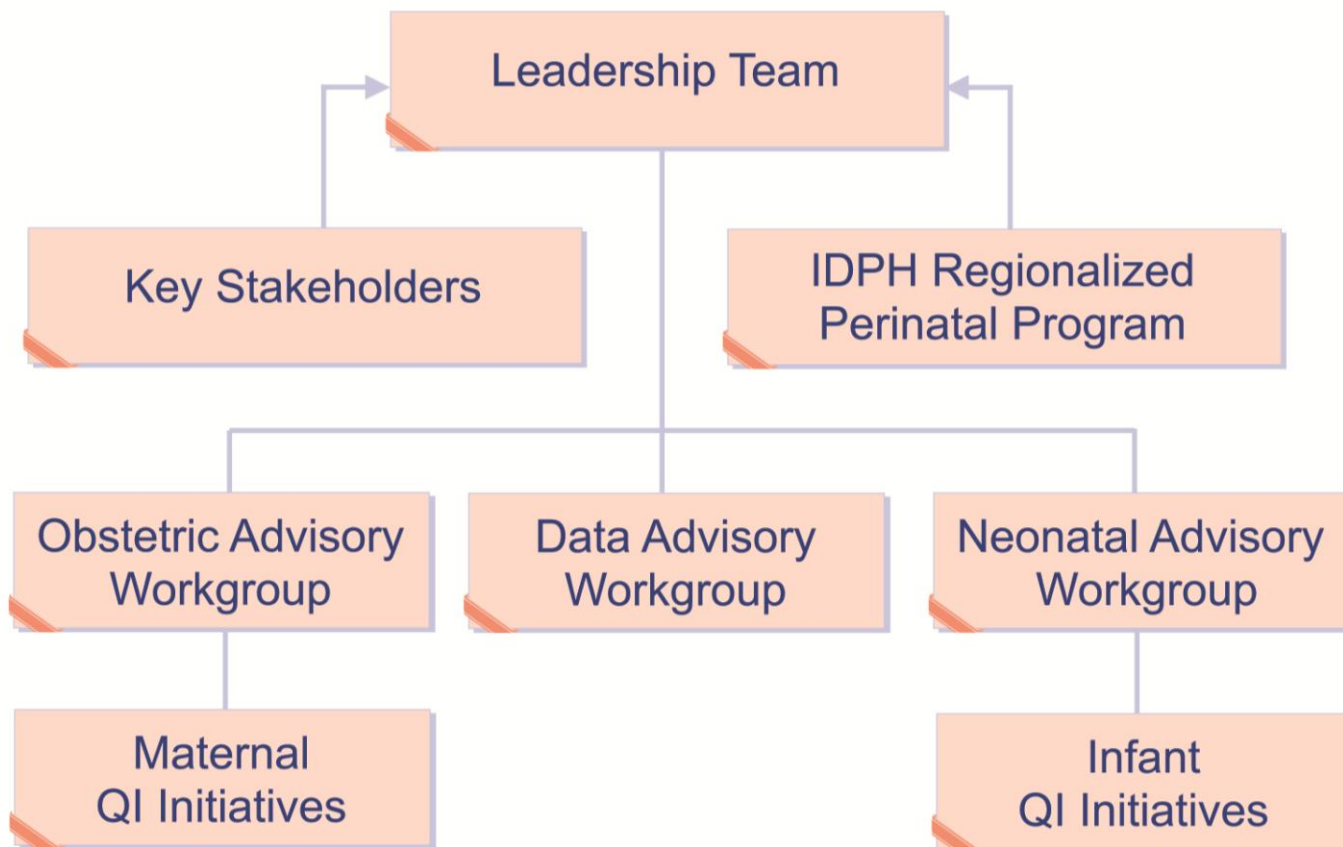


- ILPQC Kick-Off Conference November 2013
 - Over 180 nurses, OB's, neonatologists, public health officials attended
- ILPQC OB Virtual Boot Camp #1, December 2013
 - 82 IL hospitals participated in state QI learning session
- ILPQC Neonatal Initiative kick off January 2014
- ILQPC OB Virtual Boot Camp #2, February 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 OB Virtual Boot Camp #3, April 2014
 - 80+ IL hospitals
- ILPQC Hospital Teams Call, May 19, 2014
 - OB Initiative Kick-Off

Future ILPQC Events

- OB Initiative Face to Face Team Meeting
 - Potential for September 2014
- ILPQC 2nd Annual Conference, Nov 2014
 - Suggestions for speakers and topics, future initiatives
 - Call for posters / story boards from hospitals/networks on QI work

ILPQC Structure



ILPQC Advisory Workgroups



- Neonatal, Obstetric, and Data Advisory Workgroups have meet monthly to provide guidance for ILPQC initiatives (Data and OB meet 2nd Monday)
- Representation across state, from all perinatal levels, include MFMs, general OBs, family practice, neonatologists, nurses, quality leaders, public health, ACOG, AWHONN
- Additional key advisory groups
 - Perinatal Network Administrators and Educators
 - State Quality Council

Monthly Hospital Team Calls

OB Initiative



- Goal
 - Collaborative infrastructure / QI learning / data support
- Agenda
 - Review data reports generated from EED 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
- Please submit your ILPQC Hospital Team contact info at 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

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 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 ≥ 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 ≥ 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/>

QNet PC-01 Screenshot

†

nQ20yy Measure Data Details

POPULATION
What was your hospital's total Initial Patient Population?

What was your hospital's sample size?

What was your hospital's sampling frequency? Monthly Quarterly Not Sampled N/A - Submission not required

NUMERATOR
What was the number of patients with elective deliveries?

DENOMINATOR
What was the total number of patients delivering newborns with ≥ 37 and < 39 weeks of gestation?

EXCLUSIONS

ICD-9-CM Principal or Other Diagnosis Code for Elective Delivery
What was the exclusion count for the ICD-9-CM Principal or Other Diagnosis Code for Elective Delivery?

Enrolled in a clinical trial
What was the exclusion count for those Enrolled in a clinical trial?

Prior uterine surgery
What was the exclusion count for Prior uterine surgery?

Gestational age < 37 or ≥ 39 weeks
What was the exclusion count for Gestational age patients < 37 or ≥ 39 weeks?

RESULTS

Total Exclusion Count:

Percentage of Patients with Elective Deliveries:

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

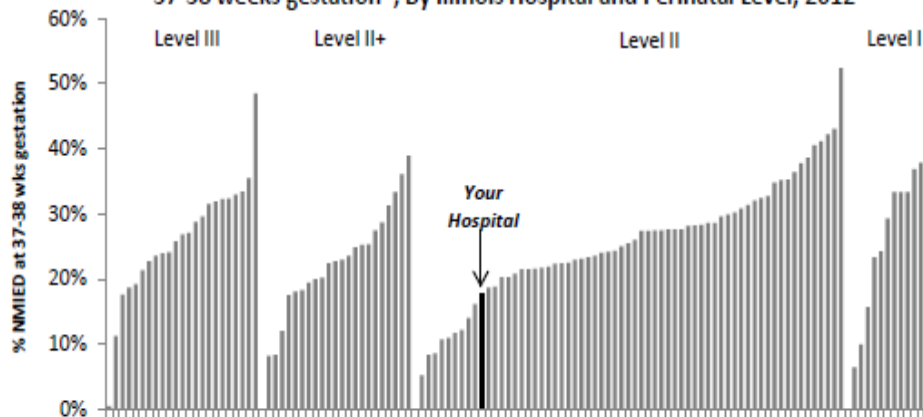
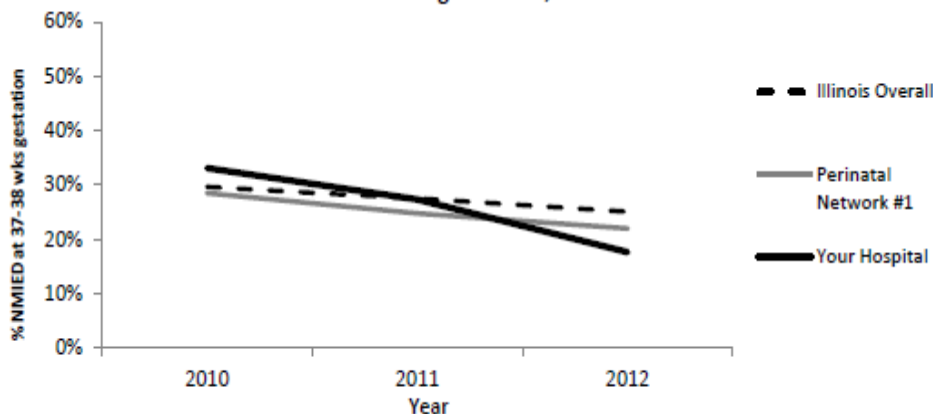


Figure 2. Percent Non-Medically Indicated Elective Deliveries (NMIED) at 37-38 weeks gestation*, 2010-2012



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 to ILPQC for all team members
 - Name (First MI Last)
 - Email address
 - Title
 - Institution
 - Access Level (data entry and/or report review)
- Online form will be on 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
 - 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 training for submitting data
- Secure Data Reporting to start after the June Hospital Teams call (June 22)

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

Website and Communications

- Newsletter
 - First newsletter to be sent out late May
 - Please let us know if have a QI story to share for as a hospital highlight
- Listserv and Discussion Board
 - Provide hospitals with the opportunity to share QI experiences, tips, toolkits, etc.
 - Expected to launch this summer

Collaboration with AHRQ Patient Safety Program



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

AHRQ Patient Safety Program



- Speakers from RTI International
 - Asta Sorensen- Project Director, Safety Program for Perinatal Care
 - Leila Kahwati- Medical Director, Safety Program for Perinatal Care

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 training for submitting data
- Next call: Monday, June 22, 12:30-1:30

Thank You

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

