



Hospital Teams Call

July 28, 2014
12:30 – 1:30 PM

Agenda

- ILPQC Updates
- EED Initiative Updates – time to start data entry
- Conference Planning – submit for hospital poster session, need your recommendations
- Update AHRQ Safety Program for Perinatal Care – let us know if your hospital is interested
- ILPQC Data System REDCap Live Training Session

State Perinatal Quality Collaboratives Add Value



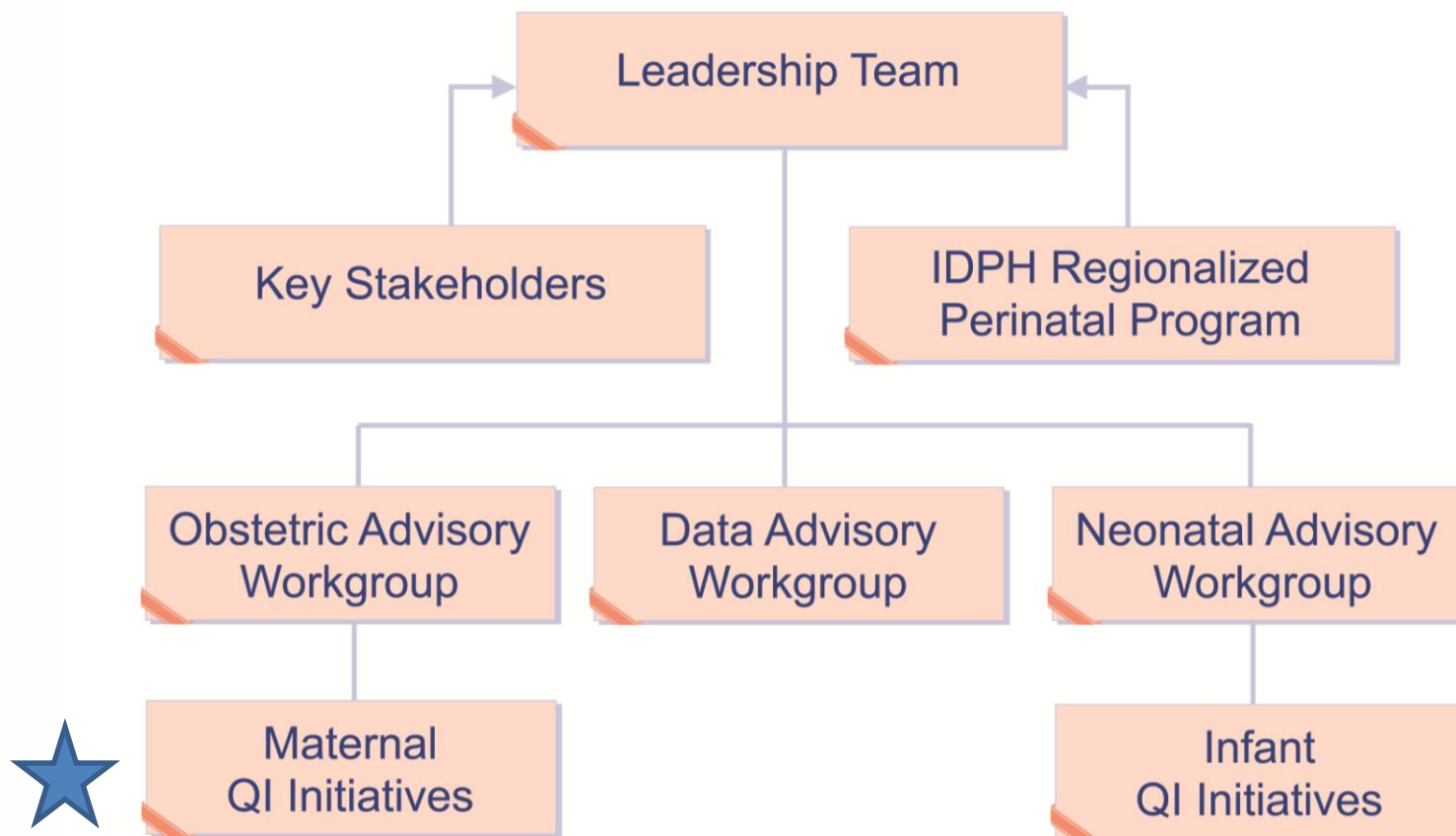
- A proven strategy to improve birth outcomes and reduce costs
- Provide an independent platform to bring groups together to work on QI initiatives at the birthing hospital level
- Identify nurse/physician/quality leadership teams, provide collaborative infrastructure, provide hospitals data support and QI science expertise
- Goal to reduce burden and add value for all

Accomplishments of State Quality Collaboratives



- **Ohio:** Full term deliveries increased by 8%
 - 6,000 fewer than expected births 36-38 weeks per year
 - Prevented 500 NICU admissions and 34 infant deaths
 - Estimated savings of \$27m in avoided NICU admissions
- **Florida:** Decreased NMI elective deliveries <39 weeks from >35% to 5% (provisional) in participating hospitals
- **North Carolina and other states (multi state collaboration):** CLABSI rates decreased by 58%

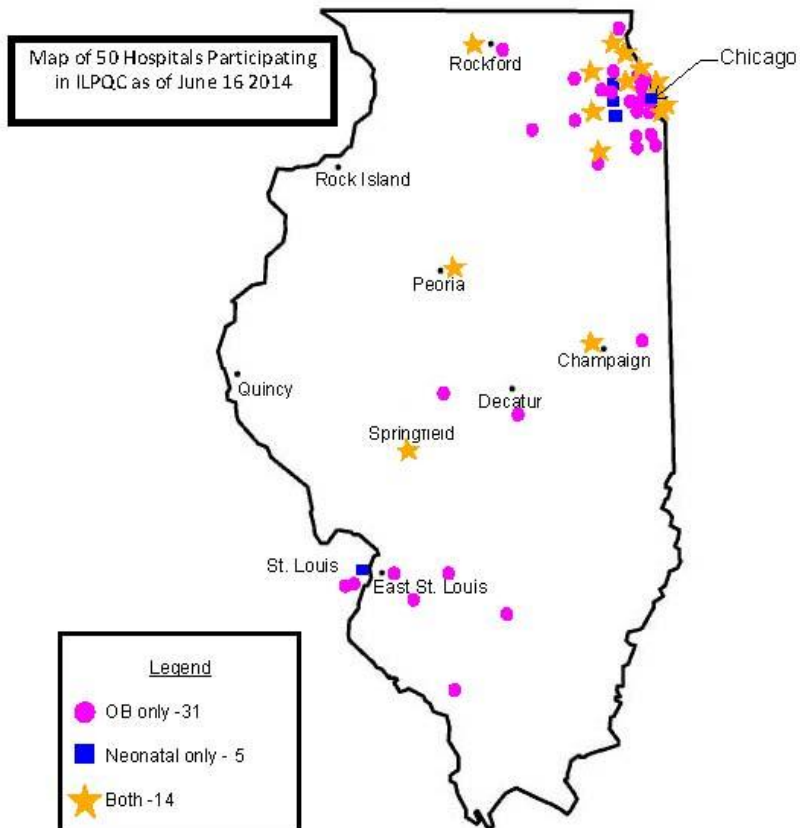
ILPQC Structure



Funding and Partnerships

- CDC Grant
 - Collaboration with IDPH
 - \$200,000 for first year
 - 3 years of funding
 - To be announced September 2014
- AHRQ Patient Safety Program
- State Quality Council – Birth Certificate Initiative

Hospitals Engaged in ILPQC



- 47 hospitals in OB Initiative
- 59% births in IL covered by ILPQC
- 18 hospitals in Neonatal Initiative
- 84% of IL NICU beds covered by ILPQC

ILPQC Engaged Hospitals

- 47 hospitals have sent Letter of Interest and/or Hospital Teams

Level	# ILPQC-engaged hospitals
I	3
II	13
II+	9
III	22

Perinatal Network	# ILPQC-engaged hospitals
Network 1	3
Network 2	2
Network 3	8
Network 4	3
Network 5	3
Network 6	11
Network 7	1
Network 8	2
Network 9	5
Network 10	9

EED Initiative Data Update

- Data Form
 - PC-01 measure QualityNet data collection for CMS
 - Data Definitions taken from Joint Commission 2014 Manual
 - Instructions for data entry posted on website
- Identify team member collects PC-01
- Data entry, simple, secure - training today!
- Submit data for 2013 Q1-4 and 2014 Q1 to receive your free aggregate data report

REDCap Database Access

- Need REDCap access to begin entering data and to review data reports
- Submit form online at www.ilpq.org
 - Name, email address, title, institution
 - Access Level (data entry and/or report review)
- Deadline to submit was July 11 but will be accepting additional users as needed
 - Currently have 100 users from 39 hospitals

EED Initiative Data Collection

- Hospital Team members have received REDCap User IDs and Hospital IDs
 - Hospital IDs should remain confidential
- Begin data entry once have User ID and Hospital ID – to go live this week after training
- Your hospital data report available via your secure portal once data submitted
- Complete data entry before next call: August 25
- EED Initiative QI resources available at www.ilpqc.org to assist 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

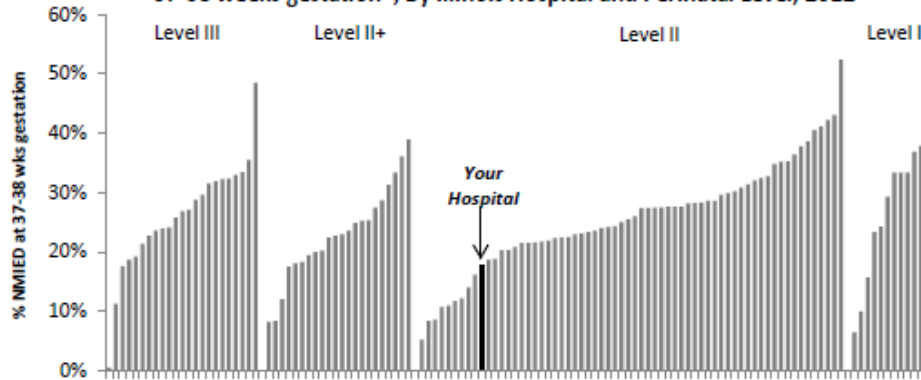
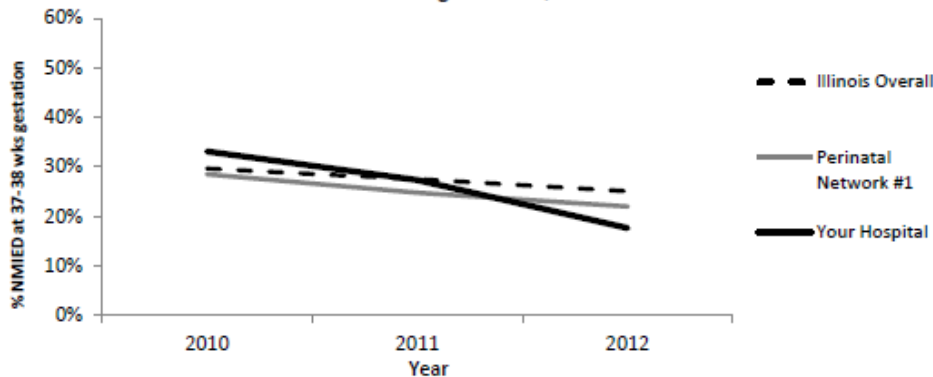


Figure 2. Percent Non-Medically Indicated Elective Deliveries (NMIED) at 37-38 weeks gestation*, 2010-2012



	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.)

Example Report

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

Conference: Overview

- Date: Monday, November 10
- Location: Northern Illinois University Naperville Campus
- Keynote speaker: Elliott Main, CMQCC
- Neonatal and OB breakout sessions
- Perinatal quality initiatives: Birth Certificate Optimization, Antenatal Steroids, Family Engagement, Neonatal Abstinence Syndrome, Maternal Morbidity/Mortality reduction, Neonatal Nutrition, Evidenced Based Breastmilk, etc

Potential OB Breakout Topics



- EED dive
- Update on current and future initiatives
- ILPQC accomplishments and goals
- Patient safety
- Antenatal steroids
- Progesterone
- Breastfeeding
- Postpartum hemorrhage
- Hypertension Update
- Family engagement
- QI science
- Teamwork

Poster Session

- Share any of your hospitals perinatal quality improvement stories, projects, results, or lessons learned
- Can focus on EED, Neonatal Nutrition or any relevant perinatal QI initiative
- Submit structured abstract by Wednesday, October 1 at 5pm to info@ilpqc.org
- Stand with poster at conference to discuss from 12:30-1:30pm
- Showcase work at meeting and on website

AHRQ Safety Program

- Builds on existing efforts to improve patient safety, team communications, quality of care
- Offers hospitals additional planning, training, support for developing QI teams
- Requires participation in 5 webinars, implementation of a safety intervention, data
- ILPQC working with IHA to pull the data for the intervention for hospitals to avoid any data burden for participating hospitals
- Please email us at info@ilpqc.org if your hospital is potentially interested in participating

Next Steps

- Identify team member collects PC-01 data
- After completing training, obtain User ID and Hospital ID, your team can enter 2013 PC-01 data quarter 1-4 and 2014 quarter 1
- Goal to complete data entry before the September 22 OB Teams call.
- You will receive your hospitals data report by September 22 if you complete data entry.
- Submit poster abstracts and any conference recommendations to info@ilpqc.org
- Email info@ilpqc.org if interested in possibly participating in the AHRQ Patient Safety Program

REDCap Training Session

- Satyender Goel, Data Team Manager
- Kanika Mittal, Data Project Coordinator

ILPQC Database Architecture



Data System Hosting

- Redcap

Data Collection

- Neonatal
- Obstetrics

Analysis & Reporting

- Customized
- Aggregated

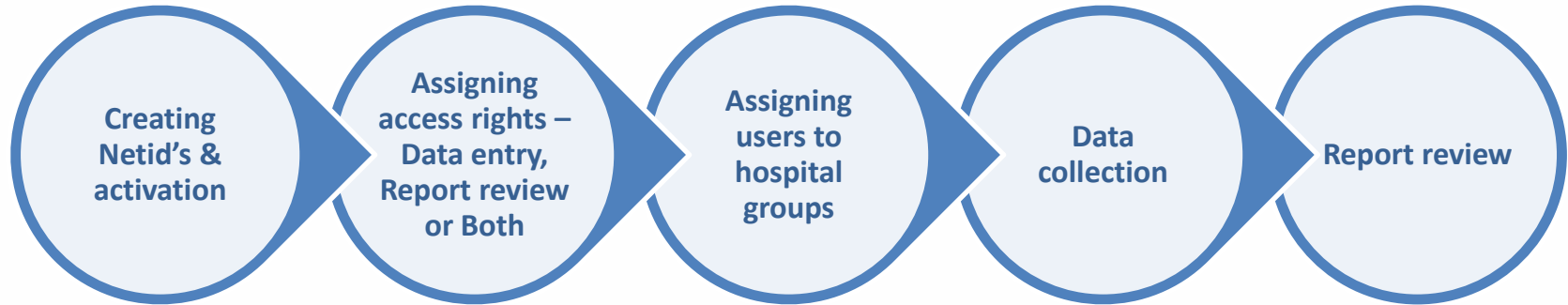


Data System Hosting - Redcap

- Intuitive tool to build data collection strategy effective
- Actively used by global consortium
- Used securely through any device having internet connection
- Robust & flexible
- Controlled access to the project & define user access
- Secure web-based application



Data Instruments



Analysis & Reporting



- **Secure**

- Your hospital's data is not released to anyone but your hospital teams secure portal
- Other hospitals only see aggregate data for comparison, your hospital's data is never identified

- **Customized**

- Your hospital vs. average
- Your hospital vs. other hospitals
- Dynamic run charts

- **Aggregated**

- Monthly report & 6-12 monthly report



Demo

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Thank You

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

