Birth Certificate Accuracy Initiative Kick-off Webinar

Alabama Perinatal Quality Collaborative

November 5th, 2018

AL Perinatal Quality Collaborative

Introduction by Scott Harris, MD, State Health Officer

- Vision
  - Advancing health quality and equity for all mothers and babies in Alabama.
- Mission
  - The Alabama Perinatal Quality Collaborative exists to promote optimal health for Alabama mothers and babies by connecting key health and community stakeholders, sharing opportunities for education and training, and advancing the quality and safety of care through collaborative cooperation, evidence-based practices, and equitable approaches to care.

AL Perinatal Quality Collaborative

- Members/Stakeholders:
  - Alabama Department of Public Health
  - Alabama Hospital Association
  - AL Medicaid
  - March of Dimes AL Chapter
  - UAB School of Public Health
  - AL ACOG
  - OB, peds & neonatal providers, nurses & administrators
  - Consumers
  - YOU!

Why birth certificate accuracy?

- "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"
  - William Callaghan, MD MPH, CDC

- Accurate vital statistics birth data are critical ingredients needed to:
  - monitor population health, particularly that of women and children
  - Solve public health problems at the local, state and federal levels
  - Make wise decisions about where to spend limited dollars

Birth Certificate Accuracy Initiative

- Project aim:

  - Collect timely, high-quality birth registry data for surveillance and quality improvement

- In one year, 11 key variables will be transmitted accurately in 95% of records from participating birth facilities in Alabama

Birth Certificate Accuracy Initiative

Key Variables:

- Birthweight
- Obstetric estimate of gestational age
- Assisted ventilation > 6 hours
- NICU admission
- Steroids for fetal lung maturation
- Method of delivery
- Diabetes
- Hypertension
- Previous preterm birth < 37 weeks
- Maternal transfusion
- Main source of payment for this delivery

Birth Certificate Accuracy Initiative

- What we need to do:
  - Project team
  - Monthly chart audits
  - Continuous internal quality improvement
  - Every other month learning call/webinar

Birth Certificate Accuracy Initiative

- Project team:
  - Birth registrar/birth certificate abstractor
  - Quality improvement
  - Clinical lead (MD or RN)

Birth Certificate Accuracy Initiative

- Monthly chart audits:
  - 5 or 10 charts (depending on hospital volume)
  - Specific patient list given to each hospital by ADPH
  - **<u>NO</u>** PHI
  - Clinical team member – *not* birth registrar
  - Direct data entry in to REDCap
    - Each hospital team will have unique username
  - ALPQC will collate and disseminate data monthly

Birth Certificate Accuracy Initiative

Birth Certificate Initiative: Audit Worksheet

Variable	Total	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
Is the infant <34 weeks gestation?	**0**	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Check the appropriate box if the birth certificate and hospital record data items <u>DISAGREE</u>											
Birthweight (± 1oz or 30g)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Obstetric estimate of gestation at delivery (completed weeks)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assisted ventilation > 6 hours (Abnormal conditions of the newborn)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Admission to NICU (Abnormal conditions of the newborn)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Steriods (Characteristics of labor and delivery)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Final route/Method of Delivery (Method of delivery)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prepregnancy & Gestational Diabetes (Mother's risk factors)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chronic & Gestational Hypertension, Eclampsia (Mother's risk factors)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Previous preterm birth < 37 weeks (Mother's risk factors)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Maternal transfusion (Maternal Morbitity)	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Main payment source for the delivery of this child	**0**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	0	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Birth Certificate Accuracy Initiative

Record ID	2

1. Which hospital are you reporting for?
* must provide value

2. Which month are you reporting for?
* must provide value

3. Which year are you reporting for?
* must provide value

- ◯ 2018
- ◯ 2019

4. Number of charts audited this month?
* must provide value

5. Number of infants < 34 weeks' gestation
* must provide value

This measure will not be included in the percent accuracy calculation.

6. Total discordant responses for: Birthweight
* must provide value

7. Total discordant responses for: Obstetric estimate of gestation at delivery
* must provide value

8. Total discordant responses for: Assisted ventilation > 6 hours (Abnormal conditions of the newborn)

9. Total discordant responses for: Admission to NICU (Abnormal conditions of the newborn)
* must provide value

10. Total discordant responses for: Steroids for fetal lung maturation (Characteristics of labor and delivery)
* must provide value

11. Total discordant responses for: Final route/Method of delivery (Method of delivery)
* must provide value

Birth Certificate Accuracy Initiative

- Continuous internal quality improvement
  - All data, not just key variables, on birth certificate
  - Shared learning environment with PQC and other hospitals
- Every other month call/webinar
  - Starting January 2019
    - Stay tuned for details

Birth Certificate Accuracy Initiative

- Timeline
  - Kickoff November 2018
  - Establish baseline data Nov-Dec 2018
  - Identify variables with most opportunity for improvement Jan-June 2019
  - Focused calls/webinars for quality improvement & assistance Jan-Sept 2019
  - Project wrap-up & maintenance phase Nov 2019
  - Continuous quality improvement throughout

Birth Certificate Accuracy Initiative
Next steps

- Let's get started! ✔
  - Attend webinar
  - Rosemary Blackmon to send email with link to commitment survey

  https://is.gd/UAB_ALPQC

Birth Certificate Accuracy Initiative

C Returning?

Thank you for participating in Alabama Perinatal Quality Collaborative's initiative to improve birth certificate accuracy. We look forward to working together to advance health quality and equity for all mothers and babies in Alabama.

To get started, please enter some information about your facility and team below.

Upon completion of this survey an email will be sent to the individual identified as responsible for chart audits containing a link to create a REDCap username and password.

Thank you,

The Alabama Perinatal Quality Collaborative

Facility
* must provide value

Team Member Information

Number of team members
* must provide value

max 5

Team Member Responsible for Entering Chart Audit Data in REDCap for ALPQC

Full Name
* must provide value

Email
* must provide value

Submit

Save & Return Later

Birth Certificate Accuracy Initiative Next steps

- Let's get started!
  - Attend webinar ✔
  - Rosemary Blackmon to send email with link to commitment survey
  - Complete and submit survey
  - ADPH will send list for chart audits by the 15th
  - Complete chart audits
  - Submit chart audit data by the 15th of next month

Importance of Collecting Quality Birth Certificate Data

Areas of Data Collection Improvement

- Eclampsia Indicator

- Input of Apgar Scores
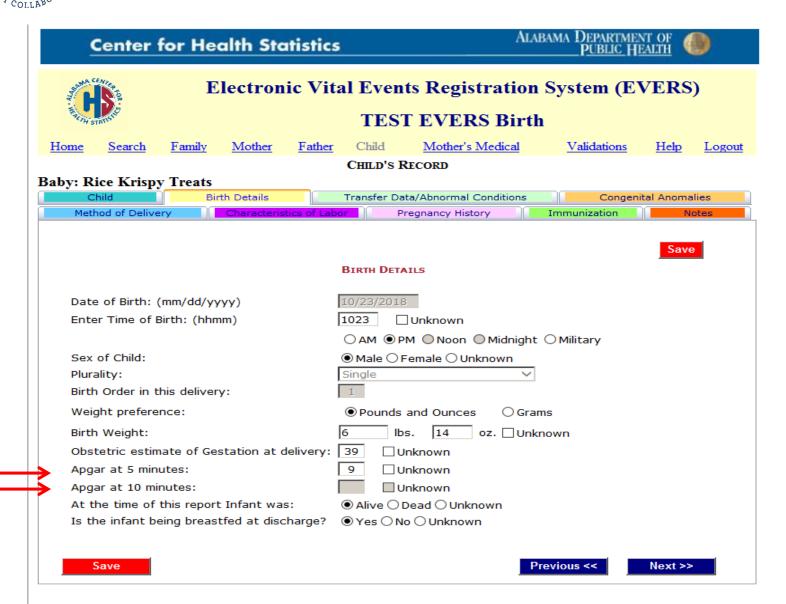
- Notation of Risk Factors

Eclampsia

MOTHER'S MEDICAL

Mother: Frosted Flakes

| Prenatal Care | Medical Risk Factors and Infections | Maternal Morbidity | OB Procedures and Transfer Data |

Save

MEDICAL RISK FACTORS AND INFECTIONS

Mother's Risk Factors:

○ Yes (Check All That Apply) ◉ None ○ Unknown

☐ Prepregnancy Diabetes
☐ Gestational Diabetes
☐ Prepregnancy Hypertension
☐ Gestational Hypertension
☐ Eclampsia
☐ Previous Preterm Birth
☐ Previous Poor Pregnancy Outcomes
☐ Infertility Treatment
☐ Fertility Enhancing Drugs
☐ Assisted Reproductive Technology
☐ Previous Cesarean Delivery

Infections Present/Treated during this pregnancy:

○ Yes (Check All That Apply) ◉ None ○ Unknown

☐ Gonorrhea
☐ Syphilis
☐ Chlamydia
☐ Hepatitis B
☐ Hepatitis C
☐ HIV

Save   Previous <<   Next >>

Apgar Score

Risk Factors for Delivery Prior to 39 Weeks

BIRTH DETAILS

Date of Birth: (mm/dd/yyyy) `10/23/2018`
Enter Time of Birth: (hhmm) `1023` ☐ Unknown
○ AM ◉ PM ○ Noon ○ Midnight ○ Military
Sex of Child: ◉ Male ○ Female ○ Unknown
Plurality: `Single`
Birth Order in this delivery: `1`
Weight preference: ◉ Pounds and Ounces ○ Grams
Birth Weight: `6` lbs. `14` oz. ☐ Unknown
Obstetric estimate of Gestation at delivery: `37` ☐ Unknown
Apgar at 5 minutes: `9` ☐ Unknown
Apgar at 10 minutes: `    ` ☐ Unknown
At the time of this report Infant was: ◉ Alive ○ Dead ○ Unknown
Is the infant being breastfed at discharge? ◉ Yes ○ No ○ Unknown

Reason For Delivery Prior to 39 Weeks:
Check All That Apply:
☐ Spontaneous Active Labor
☐ Abnormal Fetal Heart Rate or Fetal Distress
☐ Abruption
☐ Cardiovascular Disease other than Hypertensive Disorder
☐ Chronic Pulmonary Disease
☐ Chorioamnionitis
☐ Coagulation Defects in Pregnancy
☐ Fetal Malformation or Congenital Anomaly or Disorder
☐ HIV
☐ Intrauterine growth restriction
☐ Isoimmunization
☐ Maternal renal or liver disease
☐ Placenta or vasa previa
☐ Polyhydraminios or oligohydramnios
☐ Premature rupture of the membranes
☐ Previously scarred uterus other than low transverse
☐ Diabetes-Pre-pregnancy (Diagnosis prior to this pregnancy)
☐ Diabetes-Gestational - (Diagnosis in this pregnancy)
☐ Hypertension - Pre-pregnancy
☐ Hypertension - Gestational
☐ Hypertension - Eclampsia
☐ Fetal Presentation at Birth - Breech
☐ Fetal Presentation at Birth - Other (Non-cephalic)
☐ No Medical Reason
☑ Other (Specify)
`Hypertension`

Save | Previous << | Next >>

INCORRECT

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Save | Previous << | Next >>

CORRECT

Electronic Vital Events Registration System (EVERS)

Help Desk
Phone: 334-206-2754

Hours of Operation: Monday- Friday 8:00-5:00pm

AL Perinatal Quality Collaborative BCI Team Contact Information

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