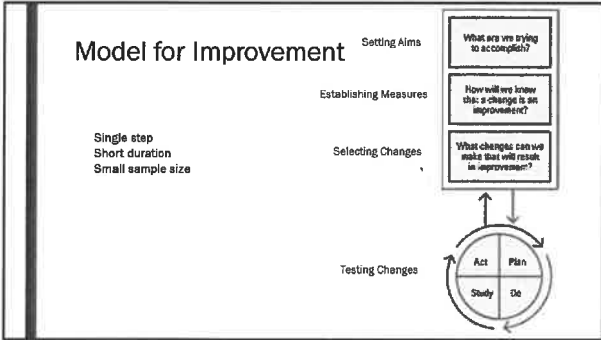


ALABAMA PERINATAL QUALITY COLLABORATIVE

Birth Certificate Accuracy Project Kick-off
June 25th 2018

- ## AL Perinatal Quality Collaborative
- 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.*



- ### Birth certificate accuracy project aim
- Collect timely, high-quality birth registry data for surveillance and quality improvement
 - In one year, X key variables will be transmitted accurately in 95% of records from X birth facilities in Alabama

- ### Why does birth certificate accuracy matter?
- "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, Maternal & Infant Health Branch, 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*

Why birth certificate accuracy first?

Action requires better data

NAPHSIS & CDC Birth Data Quality workgroup recommendations

- Data must be evaluated on an ongoing basis
 - Continuous direct feedback provides the greatest improvement in future hospital data quality
 - Recommend quick response to poor data quality from birth facilities (weekly or monthly)
- Effective communication of data quality is necessary
 - Concrete feedback
 - Increase awareness about the merit of quality data
 - Provide regular trainings
 - Publish reports about performance to increase transparency
 - Connect with hospital administrators

Illinois

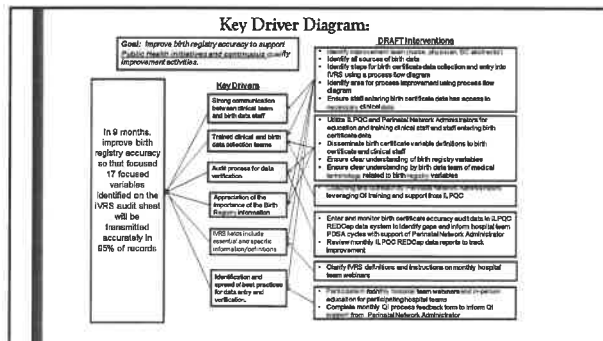
- Partnership from IL Department of Public Health and ILPQC with support from IL Hospital Association
- Aim: In partnership with IDPH and IHA, obtain at least 95% accuracy on 17 key birth certificate variables.
- Outcome: At baseline (Aug-Oct 2014), the overall accuracy for all 17 key variables for all 107 participating hospitals was 87%. In December 2015, the overall accuracy was 97% for 92 hospital teams reporting data, a 10% increase.

Florida

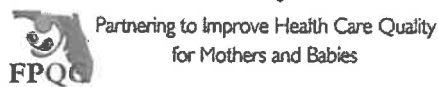
- Hospital leadership
 - Clinical lead
 - Birth certificate registration lead
 - Data abstractor lead
- Webinars, Training and QI Process
 - Kick-off webinar (overview, definitions & reporting data collection, entry)
 - Monthly webinars (focus on key variables with tools & guidance to improve)
- Data reporting
 - 10 charts sampled monthly
 - Monthly QI report provided back to hospitals within 2 weeks
- Hospital feedback
 - Needed for ultimate success

Ohio

- Regional trainings
- Virtual office hours
- Education training modules
- Webinars
- Online education material
- <https://opqc.net/projects/BirthRegistryAccuracyResources>



Florida Perinatal Quality Collaborative



Birth Certificate Accuracy Initiative (BCI)

The new FPQC Birth Certificate Accuracy Initiative (BCI) begins July 2018 with applications due by June 15, 2018. BCI's purpose is to improve the accuracy of birth certificate reporting for health care quality improvement (such as, FPQC QI indicators) and public health purposes (such as, Healthy Start community assessments). Based on a recent pilot with nine hospitals, BCI improved birth certificate reporting in a simple, worthwhile fashion.

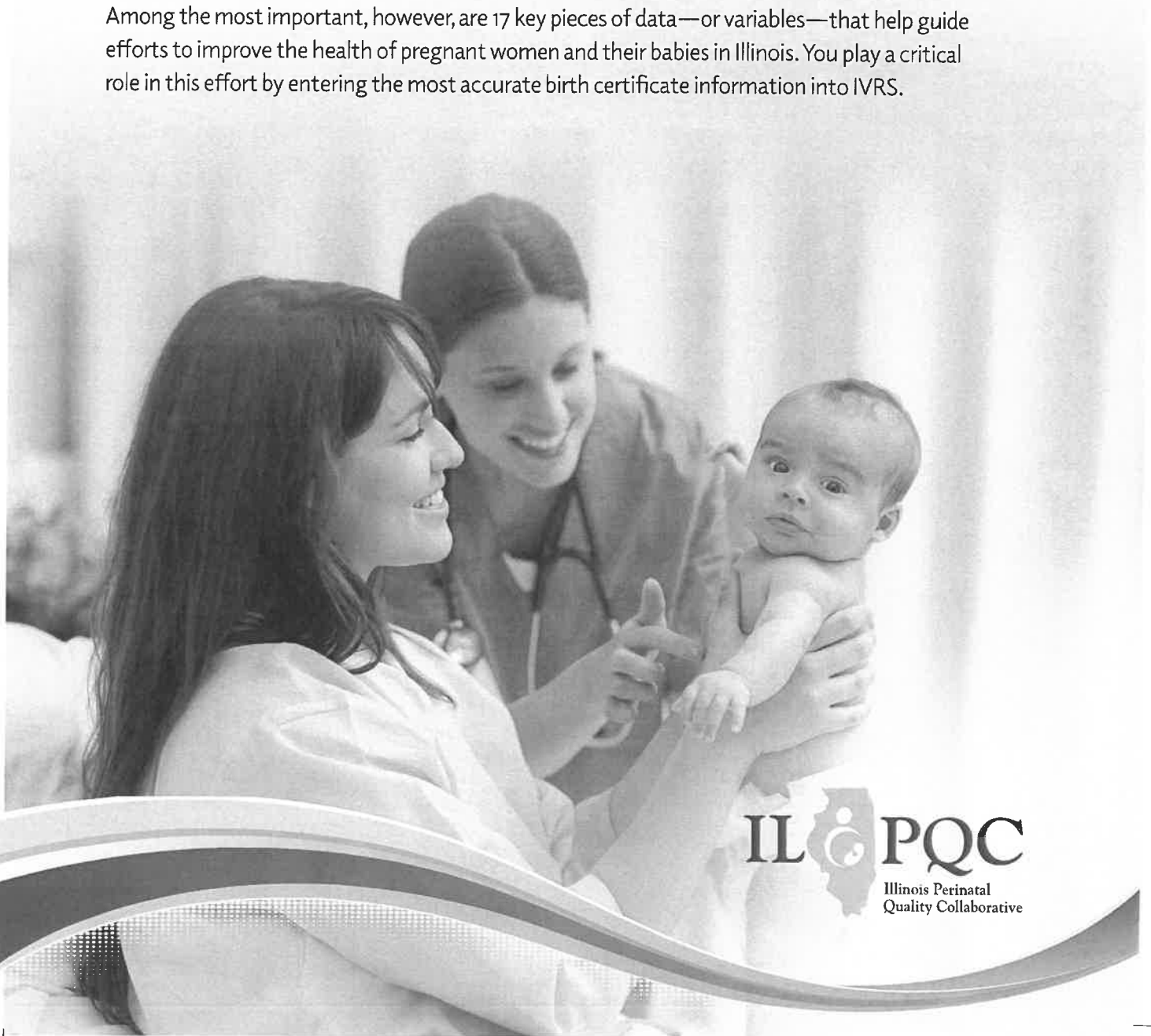
BCI will be launched with a kickoff webinar (no in-person meetings are required) and will continue through June 2019. This initiative will include interactive learning webinars, training and QI tools, and data reporting. BCI also depends on hospitals providing valued feedback of their experience throughout the project. The following provides an overview of the project.

1. **Hospital Leadership** – To be effective, each hospital will need a Clinical Lead, Birth Certificate Registration Lead and Data Abstractor Lead. To improve birth certificate data quality, hospital QI efforts may need to focus on both the clinical sides to assure consistent and accurate reporting in the medical record, as well as consistent and accurate capturing of the data on the birth certificate. Each hospital team will need to decide the best ways to work in their institution with their clinical providers and birth certificate clerks to promote QI strategies. With hospital guidance, we want to provide support in various ways to assist your hospital and team now and for the long term.
2. **Webinars, Training and QI process** – Webinars will be provided monthly for training and shared learning opportunities. These will be archived and available online at www.fpqc.org for later use in training your hospital staff. All are welcome to join the webinar live online or to review the archive. In addition, slide sets and handouts/tools will be provided to support hospital training efforts for data abstractors, clinical providers, and administrators as needed. Additionally, hospital consultation and technical assistance will also be available. We want these resources to support hospital efforts now and promote sustainability for the future with staff turnover.
 - a. **July 26th, 2018:** Kick-off Webinar will include a concise BCI overview, a review of BC variable definitions and reporting, and hospital data collection, entry and reporting methods.
 - b. **August, 2018:** First monthly webinar will focus on baseline data and improving 'Number of Prenatal Visits.'
 - c. **Monthly:** Subsequent webinars will focus on key BC variables with poor reporting, providing tools, guidance and focus on questions and discussion. In addition, it will focus on the QI tools and processes to promote improvement.
3. **Data Reporting** – Birth certificate data quality will be assessed by the auditing of 10 hospital records for the 22 key birth certificate items on a monthly basis starting with June 2018 births.
 - a. Baseline data will be collected in August 2018 for June and July 2018 births; 10 charts will be sampled (by FDOH) and reviewed each month by hospitals.
 - b. Monthly data submissions for the previous month's audit will be due to the FPQC by the 21st of the month starting with August 2018 births.
 - c. Monthly hospital QI reports will be provided to hospitals within 2 weeks of audit submission.
4. **Hospital Feedback** – Feedback regarding BCI process is needed for the ultimate success as we aim to make it a helpful and relevant experience. Hospitals have the options of giving feedback via monthly data reporting, email, surveys and sharing in our monthly webinars.

A Guide to Entering 17 Key Variables in the Illinois Vital Records System

You Can Help Improve the Health of Moms and Babies

All of the information captured in the Illinois Vital Records System (IVRS) is important. Among the most important, however, are 17 key pieces of data—or variables—that help guide efforts to improve the health of pregnant women and their babies in Illinois. You play a critical role in this effort by entering the most accurate birth certificate information into IVRS.



IL PQC
Illinois Perinatal
Quality Collaborative

DEFINITION**IVRS TAB****TIPS FOR ENTRY****1. Mother's social security number**

Enter the mother's social security number.	Parent Info tab Item #19	<p><i>Find this information on the hospital worksheet:</i></p> <ul style="list-style-type: none"> • Enter the mother's complete 9 digit social security number. • If mom does not have a social security number, enter 999-99-9999.
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2. Date of first prenatal care visit

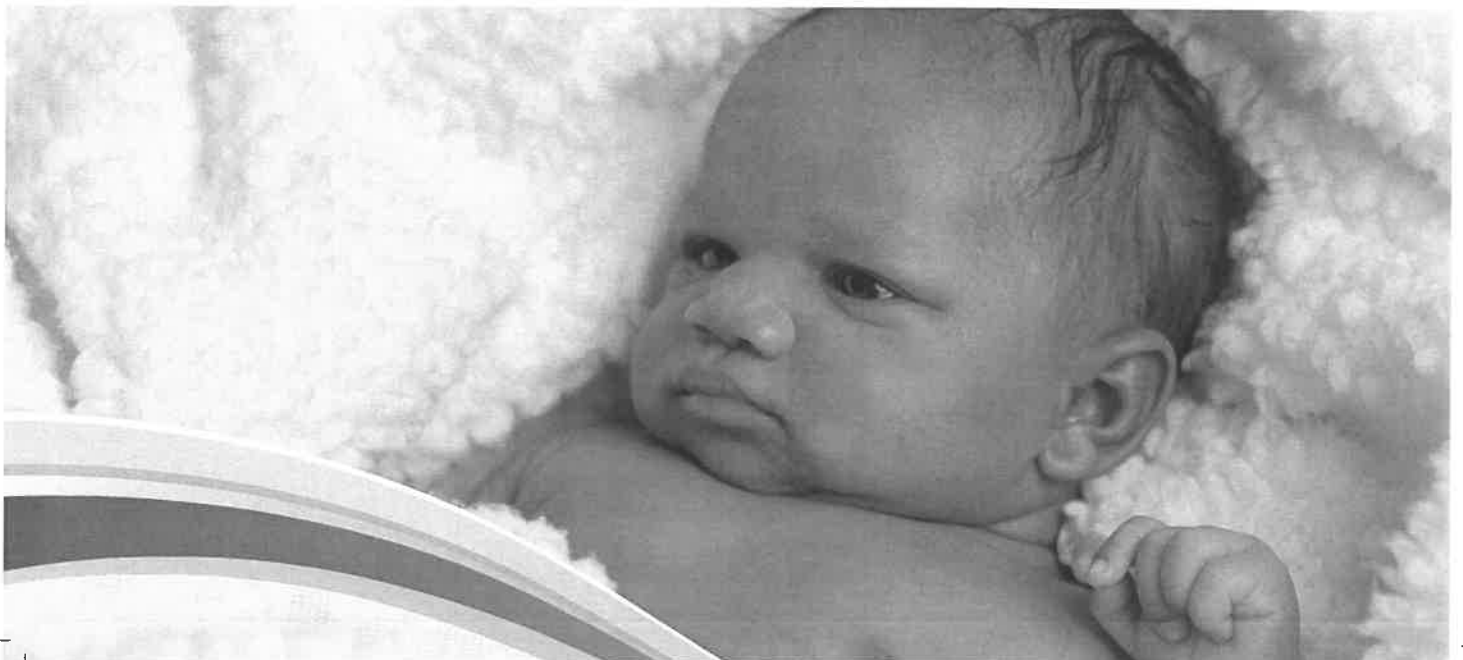
The date the prenatal care provider or other health care professional first examined and/or counseled the pregnant woman for the current pregnancy.	Mother's Medical Info tab Item #30a	<ul style="list-style-type: none"> • Enter the month, day, and year of the first prenatal care visit recorded in the records. • Enter the date listed in the most current record available. Do not estimate the date of the first visit. • Complete all parts of the date, using 99 for unknown. For example, if the exact day is unknown, enter the known month and year but enter "99" for the day.
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3. Did mother get WIC food for herself during this pregnancy

Is the mother receiving WIC?	Mother's Medical Info tab Item #35	<p><i>Find this information on the hospital worksheet:</i></p> <ul style="list-style-type: none"> • Enter "Yes" if the mother is receiving WIC and "No" if she is not. If mom doesn't know, enter "unknown."
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4. Principal source of payment for this delivery

<p>The principal source of payment at the time of delivery:</p> <ul style="list-style-type: none"> • Medicaid • Private Insurance • Self Pay • Unknown • Other 	Mother's Medical Info tab Item #39	<ul style="list-style-type: none"> • Check the box that best describes the principal source of payment for this delivery. • If "other" is checked, enter the payer as listed. • If the principal source of payment is not known, choose "unknown" from the drop down list. • Patients with insurance through the Affordable Care Act (ACA) are to be entered as private insurance (it does not matter which insurance carrier is listed or if the patient receives a government subsidy).
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DEFINITION

IVRS TAB

TIPS FOR ENTRY

5. Date last normal menses began

The date the mother's last normal menstrual period began.

Mother's Medical Info tab
Item #40

- Enter the date that the mother's last normal menstrual period began.
- Unknown portions of the date should be entered as "99".

6. Risk factors in this pregnancy: hypertension

Maternal prenatal problems: chronic (pre-pregnancy) vs. gestational (during pregnancy)

Pre-pregnancy or chronic

hypertension: Elevation of blood pressure above normal for age of mother and physiological condition **diagnosed PRIOR to the onset of this pregnancy or before 20 weeks gestation.**

Mother's Medical (Cont'd) tab

- Check "pre-pregnancy or chronic hypertension" only if the mom had hypertension before the pregnancy or between 0-20 weeks gestation.
- Do not check both types of hypertension—you must select one or the other.

Gestational hypertension: Elevation of blood pressure above 140 systolic or 90 diastolic **diagnosed AFTER 20 weeks gestation during this pregnancy.**

Item #42

- Check "gestational hypertension" if hypertension was present only after 20 weeks gestation.
- Do not check both types of hypertension—you must select one or the other.
- **May also be called pre-eclampsia and/or pregnancy-induced hypertension (PIH).**

Eclampsia: Hypertension and generalized **seizure** or coma.

- May also be called **eclamptic seizure.**

7. Risk factors in this pregnancy: previous preterm birth

A history of a previous pregnancy resulting in a live born infant prior to 37 completed weeks (include live births born up to and including 36 weeks 6 days).

Mother's Medical (Cont'd) tab
Item #42

If the mom has older children, were any of them born early? Include only **LIVE BIRTHS** that happened before 37 weeks into the pregnancy. Do not include miscarriages, stillbirths, or fetal deaths that happened before 37 weeks gestation because that is a different variable.

8. Characteristics of labor and delivery: induction of labor

Definition of labor: Presence of regular uterine contractions resulting in cervical change

Initiation of uterine contractions by medical and/or surgical means. These medications and/or interventions are given **BEFORE labor begins.**

Mother's Medical (Cont'd) tab
Item #46

Some of the methods and medicines used to start, or induce, labor are the same as those used to advance, or augment labor. Some examples include:

- artificial rupture of membranes (AROM)
- balloons
- oxytocin (Pitocin)
- prostaglandin
- laminaria
- other cervical ripening agents

Also include patients with spontaneous rupture of membranes (SROM) **without contractions** because they do not meet the definition of labor. **Check to see if labor had begun before deciding which IVRS category is correct.** See definition of labor above.

DEFINITION

IVRS TAB

TIPS FOR ENTRY

9. Characteristics of labor and delivery: augmentation of labor

Augmentation of labor occurs **AFTER labor has started**. Stimulation of uterine contractions to increase their frequency and/or strength following the onset of labor. Please see definition of labor in previous entry.

Mother's Medical
(Cont'd) tab
Item #46

Some of the methods and medicines used to induce labor are the same as those used to advance, or augment labor. Some examples are:

- oxytocin (Pitocin)
- artificial rupture of membranes (AROM)

Check to see if labor had begun before deciding which IVRS category is correct. This one does not apply if there was an induction.

10. Characteristics of labor and delivery: steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery

Steroids or glucocorticoids given to accelerate fetal lung maturity in anticipation of a preterm delivery. These medications are given **BEFORE delivery**.

Mother's Medical
(Cont'd) tab
Item #46

Thoroughly check the patient's chart for use of this medication, which also could have been given at a doctor's office or another hospital before arrival at your facility. Check box if any antenatal steroids were received before or at any time during labor and delivery.

11. Characteristics of labor and delivery: antibiotics received by the mother during delivery

Includes any antibacterial medications given IM or IV to the mother in the interval **between the onset of labor and actual delivery**.

Mother's Medical
(Cont'd) tab
Item #46

Check the box only if the mother received any antibiotic medicines after labor began but before delivery. Do not check box if mother did not labor, such as during a scheduled c-section.

Antibiotics usually are given to women in labor for these and other medical conditions (which should appear in the patient chart):

- chorioamnionitis
- positive group B strep
- SBE (sub-acute bacterial endocarditis) prophylaxis
- maternal fever

12. Characteristics of labor and delivery: fetal intolerance of labor

Fetal intolerance of labor refers to an abnormal or concerning fetal heart rate tracing during labor that does not respond to procedures to improve the fetal heart rate tracing and therefore requires an operative vaginal delivery (forceps or vacuum assisted vaginal delivery) or cesarean delivery in order to shorten time to delivery.

Mother's Medical
(Cont'd) tab
Item #46

If there was fetal intolerance of labor, it will have been recorded in the delivery note and may be called:

- non-reassuring fetal heart rate tracing
- non-reassuring fetal status
- fetal intolerance of labor
- prolonged category 2
- category 3 fetal heart rate tracing
- persistent decelerations
- fetal bradycardia
- fetal distress
- other terms describing an abnormal fetal heart rate tracing requiring delivery using forceps, vacuum, or emergency c-section

DEFINITION

IVRS TAB

TIPS FOR ENTRY

13. Maternal morbidity: maternal transfusion

Includes any type of blood products given to the mother

Mother's Medical
(Cont'd) tab
Item #48

To find out if a blood transfusion was given, look for the following words in the patient's record:

- transfused
- blood transfusion
- packed red blood cells (PRBC)
- whole blood
- red cells
- white cells
- platelets
- clotting factors (FFP, Cryo)

14. Obstetric estimate of gestation

The **best** estimate of the infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation.

Ultrasound completed in 1st trimester is preferred. Infant's gestation in completed weeks based on the prenatal care provider's estimate of gestation. This estimate of gestation should be determined by all perinatal factors and assessments but **NOT** the neonatal exam.

Newborn Medical Info tab
Item #51

- When entering this number, NEVER round up or down. Enter number of weeks and days.
- If the number of days is known, enter the correct number between 0-6.
- If unknown, enter "99."

15. Abnormal conditions of the newborn: assisted ventilation

Assisted ventilation required immediately AFTER delivery:

Infant is given manual breaths for any duration with bag and mask, bag and endotracheal tube, or with T-piece resuscitator device using a mask or endotracheal tube. Assisted ventilation may also be accomplished using the T-piece resuscitator device with a mask to deliver **CPAP within the first several minutes from birth.**

Newborn Medical Info tab
Item #55

- Check the infant's medical records to see if the baby needed help breathing within the first few minutes after delivery.
- Help with breathing **DOES NOT** include blow by or free flow oxygen or laryngoscopy for aspiration of meconium.
- This **DOES NOT** include nasal cannula.

DEFINITION

IVRS TAB

TIPS FOR ENTRY

16. Abnormal conditions of the newborn: NICU admission

Admission to a facility or unit with staffing and equipment to provide continuous mechanical ventilator support for a newborn.

Newborn Medical Info tab
Item #55

DO choose NICU admission, if the infant was admitted to the:

- NICU
- Special Care Nursery
- Intensive Care Nursery
- Pediatric Intensive Care in your hospital

DO NOT chose NICU admission if the infant was transferred to another hospital because that is a different variable.

This can occur at ANY time during the infant's stay at your hospital only. **Level II+ or III hospitals should be the only facilities with a "yes" answer in this box.**

17. How is infant being fed?

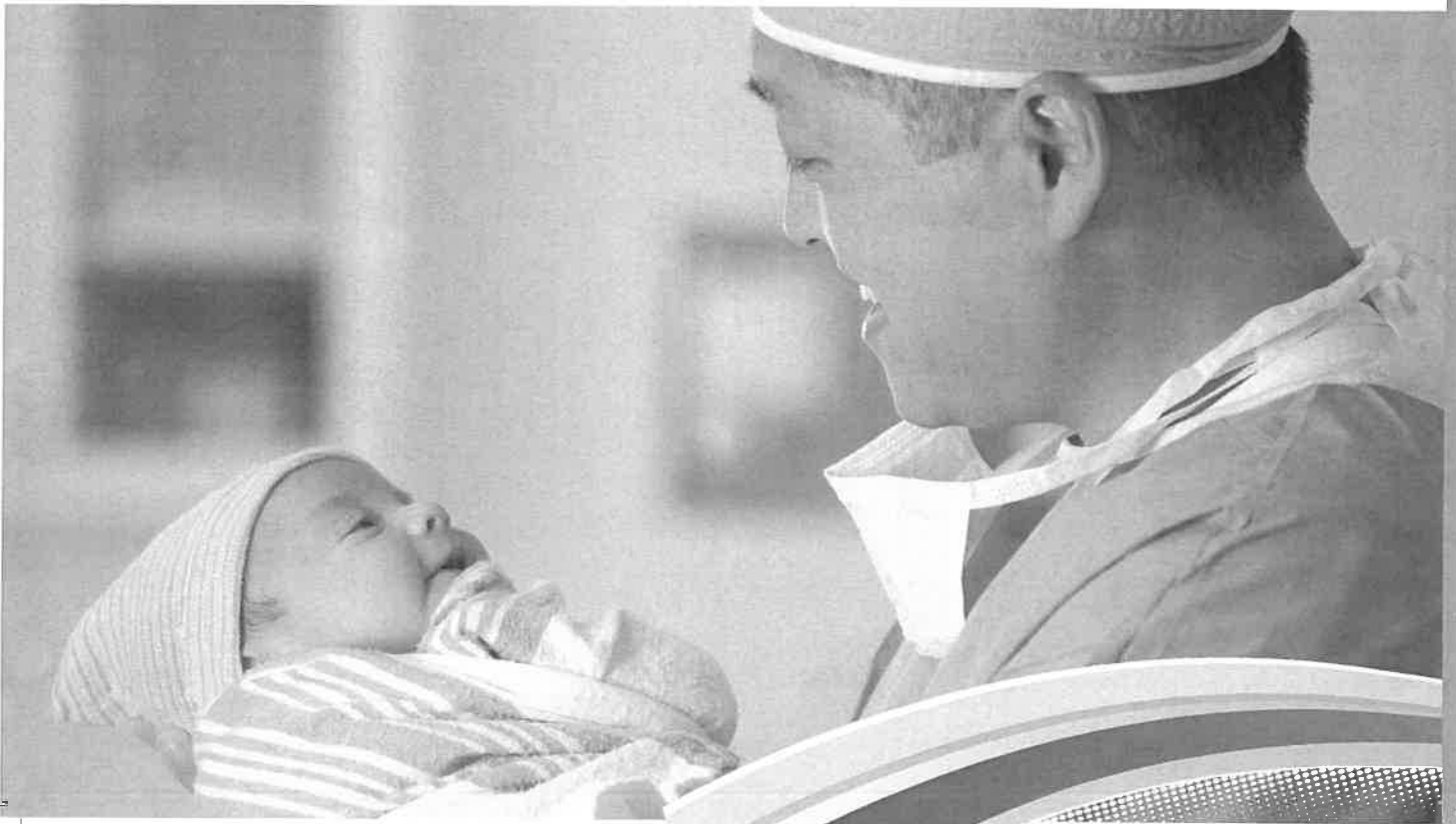
How is the infant being fed?

- Breast milk only
- Formula only
- Both breast milk and formula
- Neither breast milk or formula
- Unknown

Information on whether the infant is being given human milk at ANY time prior to completion of the birth certificate. Breast-fed is the action of breastfeeding or pumping (expressing) milk.

Newborn Medical Info tab
Item #58

- This field notes the feeding method at the time the record is created.
- If the method changes after submission of the birth certificate but before discharge, this information does not change.
- If a baby has only received breast milk from delivery until the birth certificate record is created (including babies fed at the breast and babies given breast milk in a bottle) then answer: Breast milk only.
- Do not answer the question based on the mother's intent to breast-feed or bottle-feed.
- The answer to this question auto-populates the next field. "Is the Infant Being Breastfed at ANY time between Birth and Discharge?"



“Unknown/99” Variables

When a birth record is created, birth clerks may not always know the answer to every question asked during the IVRS data entry process. When this happens, they may consider entering “UNKNOWN” or ‘99’ (which is the numeric equivalent of “unknown” in IVRS). However, UNKNOWN (or 99) should ONLY be used when special conditions are present—such as mom left the hospital without completing a worksheet, mom is gravely ill, or mom died prior to being interviewed—and the information is not available from another source.

Birth clerks must use all resources available to them. This may include: admitting records, face sheets, medical records, worksheets, labor and delivery records, and the birth mother. An example of when to use UNKNOWN/99: The birth mother does not recall the exact starting date of her last menstrual period (LMP), but believes it was in May 2014. After searching all available records, the clerk is unable to find the exact date. In this case, the clerk should enter 05/99/2014.

Resources

For questions regarding birth data and IVRS, please contact the IDPH Division of Vital Records at dph.ivrs@illinois.gov.

For IT-related issues with IVRS, such as password resets, IVRS registration questions, or time-out or firewall issues, please contact the helpdesk at dph.helpdesk@illinois.gov.



ILPQC is a state perinatal quality collaborative working with stakeholders statewide, including IDPH and IHA, to provide quality improvement infrastructure, resources, and data management support to over 100 hospitals across the state to improve the health of women and babies.

IHA Illinois Hospital Association

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IL PQC
Illinois Perinatal
Quality Collaborative



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.



DEFINITION

IPHIS TAB

TIPS FOR ENTRY

1. Total of prenatal visits

<ul style="list-style-type: none">The total number of visits recorded in the most current medical record available.	Prenatal	<ul style="list-style-type: none">Make certain birth abstractor has access to all available electronic and paper prenatal records. Do not estimate additional visits when the prenatal record is not current.
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2. Pregnancy risk factors: diabetes

<ul style="list-style-type: none">Maternal prenatal problems: pre-pregnancy diabetes vs. gestational diabetes		
<ul style="list-style-type: none">Pre-pregnancy diabetes: Glucose intolerance diagnosed BEFORE this pregnancy.	Pregnancy	<ul style="list-style-type: none">If diabetes is present prior to becoming pregnant, check pre-pregnancy diabetes, NOT gestational. Do not check both.
<ul style="list-style-type: none">Gestational diabetes: Glucose intolerance that was diagnosed DURING this pregnancy.		<ul style="list-style-type: none">If diabetes is present only during this pregnancy, check gestational diabetes NOT pre-pregnancy. Do not check both.

3. Pregnancy risk factors: hypertension

<ul style="list-style-type: none">Maternal prenatal problems: chronic (pre-pregnancy) vs. gestational		
<ul style="list-style-type: none">Pre-pregnancy or chronic hypertension: Elevation of blood pressure above normal for age and physiological condition diagnosed PRIOR to the onset of this pregnancy.	Pregnancy	<ul style="list-style-type: none">If hypertension was present prior to this pregnancy, check pre-pregnancy NOT gestational hypertension. Do not check both. Also called chronic hypertension and/or high blood pressure.
<ul style="list-style-type: none">Gestational hypertension: Elevation of blood pressure above normal for age and physiological condition diagnosed DURING this pregnancy.		<ul style="list-style-type: none">If hypertension is present only during this pregnancy, check gestational NOT pre-pregnancy or chronic hypertension. Do not check both. Often called Pre-eclampsia and/or Pregnancy Induced Hypertension (PIH).

4. Previous preterm birth

<ul style="list-style-type: none">A history of pregnancies resulting in a live infant born prior to 37 completed weeks.	Pregnancy	<ul style="list-style-type: none">Do not include stillbirths or fetal deaths that occurred before 37 weeks; that is a different variable. Include only live births that occurred prior to 37 weeks gestation.
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5. Induction of labor

<ul style="list-style-type: none">Stimulation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor. These medications are given BEFORE labor begins.	Labor/ Delivery	<ul style="list-style-type: none">Please note: Some of the same medications that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Check whether labor has begun before deciding which IPHIS category is correct.
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6. Augmentation of labor

<ul style="list-style-type: none">Augmentation of labor occurs AFTER labor has started. Stimulation of uterine contractions by drugs or manipulative techniques, such as artificial rupture of membranes, with the intent of reducing the duration of labor.	Labor/ Delivery	<ul style="list-style-type: none">AGAIN remember: Some of the same medications and treatments that are used to induce labor are also the same as those used to augment labor. Examples are Pitocin (oxytocin) and artificial rupture of membranes (AROM). Be certain to check whether labor has begun before deciding which IPHIS category is correct.
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DEFINITION	IPHIS TAB	TIPS FOR ENTRY
7. Antenatal corticosteroids (ANCS)		
<ul style="list-style-type: none"> • Steroids or glucocorticoids given to accelerate fetal lung maturity in anticipation of a preterm delivery. These medications are given BEFORE delivery. 	Labor/ Delivery	<ul style="list-style-type: none"> • Thoroughly check the patient chart. This medication also could have been given at MD office or at another hospital prior to arrival at your facility.
8. Antibiotics received by the mother during delivery		
<ul style="list-style-type: none"> • Includes any antibacterial medications given IM or IV to the mother in the interval between the onset of labor and actual delivery. 	Labor/ Delivery	<ul style="list-style-type: none"> • Maternal conditions that would require antibiotic coverage and could be documented in the patient chart include but are not limited to: chorioamnionitis, Group B strep +, BE (sub-acute bacterial endocarditis) prophylaxis, and maternal fever. Also include prophylaxis antibiotics for scheduled C/S.
9. Birth weight		
<ul style="list-style-type: none"> • The weight of the infant at birth recorded in grams. 	Newborn	<ul style="list-style-type: none"> • If the weight in grams is not available, enter the birth weight in pounds and ounces. Please don't convert. This is the infant's weight at delivery, NOT at discharge.
10. Obstetric estimate of gestational age		
<ul style="list-style-type: none"> • Estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation. It is determined by all perinatal factors and assessments such as ultrasound but not the neonatal exam. • UPDATE 2014: Please note that as of 10/2014, IPHIS has the option of reporting weeks AND days. 	Newborn	<ul style="list-style-type: none"> • Enter the obstetric estimate of GA in completed weeks in the weeks box and additional completed days in the days box (0 to 6). If only the completed weeks are known or if the gestational age is given in weeks and a "+" then leave days box blank. • If the days box is left blank, record only the number of fully completed weeks. DO NOT ROUND UP OR DOWN.
11. Abnormal conditions of the newborn		
Highlighted are both assisted ventilation after delivery and Neonatal Intensive Care Unit (NICU) admission.		
<ul style="list-style-type: none"> - Assisted ventilation after delivery: Infant is given manual breaths for any duration with bag and mask, or bag and endotracheal tube within the first several minutes from birth. 	Newborn	<ul style="list-style-type: none"> • This does not include oxygen only by blow by or free flow or laryngoscopy for aspiration of meconium.
<ul style="list-style-type: none"> - NICU admission: Admission to a facility or unit that has the staffing and equipment to provide continuous mechanical ventilatory support for a newborn. 		<ul style="list-style-type: none"> • DO NOT choose NICU admission if the infant was physically transferred to another hospital; that is a different variable. If the infant was admitted to the Neonatal Intensive Care, Special Care Nursery, Intensive care Nursery, or Pediatric Intensive Care in your hospital, the NICU box should be checked. This can occur at ANY time during the infants stay at YOUR hospital only.
12. Congenital anomalies of the newborn or birth defects		
<ul style="list-style-type: none"> • These are defined as malformations of the newborn that are diagnosed before or after delivery. IPHIS contains 26 different congenital anomalies. 	Newborn	<ul style="list-style-type: none"> • Check ALL boxes that apply. If no malformation identified mark "none."
13. Breast feeding at discharge		
<ul style="list-style-type: none"> • When you hear "breast fed" think human milk. Is the infant being breast fed or receiving human milk at discharge? Breast fed is the action of breast feeding or pumping human milk. 	Newborn	<ul style="list-style-type: none"> • The infant DOES NOT need to be exclusively breastfed. It is NOT simply the mother's intent to breast feed. • Please note: a <u>separate</u> second question regarding exclusive breastfeeding was added in 10/2014 update.

Handling Unknown Variables

***Please note that the option of entering “Unknown” was removed from several variables in the 10/2014 Update.**

What if you don’t know the definition of the variable or can’t find the variable? You may be tempted to use “99” or “unknown” because you don’t know the answer. Many times, 99 is erroneously used as the entry to use when the birth registry abstractor is unsure what the variable means or, if after looking in one or two places for the answer, it cannot be found. Code 99 or unknown should only be marked if the information cannot be located from any available source. **Use it sparingly.**

Here is a correct example of when to use “99”: If the mother doesn’t recall the exact date of her last menstrual period (LMP) and the exact date is not recorded on the prenatal record, what should you do? She knows her LMP was sometime in September 2012. You would then record the date as **09/99/2012**. This is because the day is unknown, even though the month and year are known and correctly recorded. For your reference, also document “unknown” on the Facility Worksheet.



IPHIS to Patient Medical Record Checklist

Hospital: _____ Month: _____

IPHIS Tab	Variable	Chart 1 Y N	Chart 2 Y N	Chart 3 Y N	Chart 4 Y N	Chart 5 Y N	Total Y	Total N	Total Y+N
Newborn	OB Estimate of Gestational Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS Tab	Variable	Chart 1 Y N	Chart 2 Y N	Chart 3 Y N	Chart 4 Y N	Chart 5 Y N	Total Y	Total N	Total Y+N
Prenatal	Gestational Age at First Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS Tab	Variable	Chart 1 Y N	Chart 2 Y N	Chart 3 Y N	Chart 4 Y N	Chart 5 Y N	Total Y	Total N	Total Y+N
Prenatal	Progesterone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS Tab	Variable	Chart 1 Y N	Chart 2 Y N	Chart 3 Y N	Chart 4 Y N	Chart 5 Y N	Total Y	Total N	Total Y+N
Cardiac	Congenital Cardiac Screening/Pulse Oximetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
IPHIS Tab	Variable	Chart 1 Y N	Chart 2 Y N	Chart 3 Y N	Chart 4 Y N	Chart 5 Y N	Total Y	Total N	Total Y+N
Newborn	Breast feeding at discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Total Y	Total N	Total Y+N

Continue on to page 2; chart reviews 6 -10

IPHIS to Patient Medical Record Checklist

Hospital: _____ Month: _____

IPHIS Tab	Variable	Chart 6 Y N	Chart 7 Y N	Chart 8 Y N	Chart 9 Y N	Chart 10 Y N	Total Y	Total N	Total Y+N
Newborn	OB Estimate of Gestational Age	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPHIS Tab	Variable	Chart 6 Y N	Chart 7 Y N	Chart 8 Y N	Chart 9 Y N	Chart 10 Y N	Total Y	Total N	Total Y+N
Prenatal	Gestational Age at First Ultrasound	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPHIS Tab	Variable	Chart 6 Y N	Chart 7 Y N	Chart 8 Y N	Chart 9 Y N	Chart 10 Y N	Total Y	Total N	Total Y+N
Prenatal	Progesterone	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPHIS Tab	Variable	Chart 6 Y N	Chart 7 Y N	Chart 8 Y N	Chart 9 Y N	Chart 10 Y N	Total Y	Total N	Total Y+N
Cardiac	Congenital Cardiac Screening/Pulse Oximetry	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPHIS Tab	Variable	Chart 6 Y N	Chart 7 Y N	Chart 8 Y N	Chart 9 Y N	Chart 10 Y N	Total Y	Total N	Total Y+N
Newborn	Breast feeding at discharge	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Total Y	Total N	Total Y+N
							Total "yes" and "yes + no" responses from charts 6 - 10		
							Total "yes" and "yes + no" responses from charts 1 - 5		
							Total "yes" and "yes + no" responses from charts 1 - 10		
							Total "yes" responses divided by total "yes" + "no" responses =		
							█		%

OPQC: Decreasing births < 39 weeks gestation without medical indication and improving birth registry accuracy project

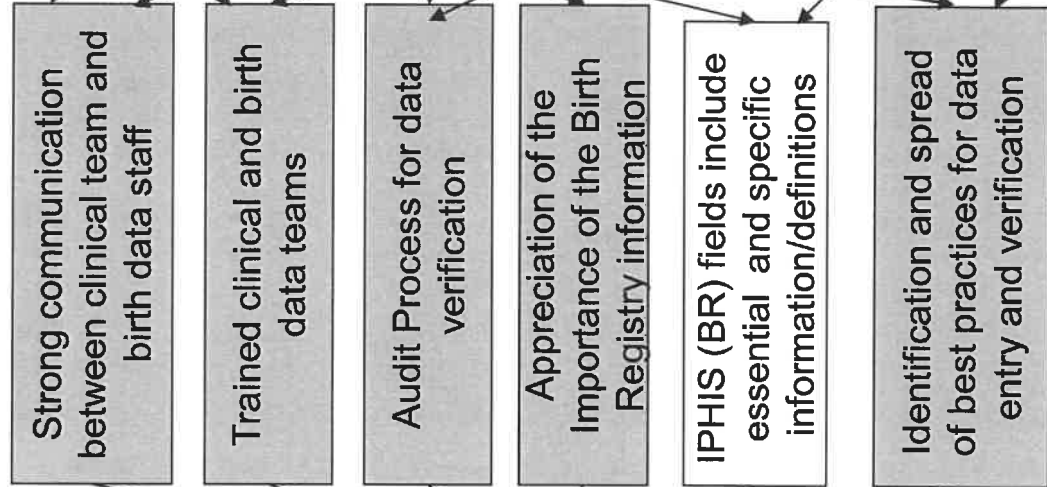


Aim

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



Interventions

