Notes from ALPQC Birth Certificate Accuracy Webinar

Oct. 4, 2019

The following are the highlights of the webinar, which was the final webinar of the project:

- Dr. Scott Harris, State Health Officer, kicked off the webinar by thanking participants for their hard work and recognizing the success of the project. He noted that the improved accuracy will be extremely important in providing data for mother and baby quality improvement initiatives.
- Dr. Mazzoni shared the latest data captured by Dr. Gentle. She noted the great work of the hospitals and the improvements from baseline (see attached slides). She also thanked Brenda Brugh for her efforts to help hospitals audit the birth certificate data.

- Allison Todd mentioned that she had distributed hospital-specific reports for all hospitals that had entered data. If hospitals didn't receive their report, they should contact Allison.

- Ashley Vice gave an overview of the CDC data regarding birth certificate accuracy. She noted that due to the focus of the ALPQC project that other birth certificate information had also improved, so the project had been very successful overall (see attached slides). She added that one of the biggest byproducts was the increased communication between departments in hospitals.

- Ms. Vice also asked for feedback on the following:

    - Is the number of individuals with prenatal visits accurate? She noted that some hospitals were reporting numbers as high as 20/25%. There was some discussion on this. Matthew Moore said that in reviewing the Medicaid data, the number was in the teens, so he thought that could be abnormally high and would be something to continue to explore.

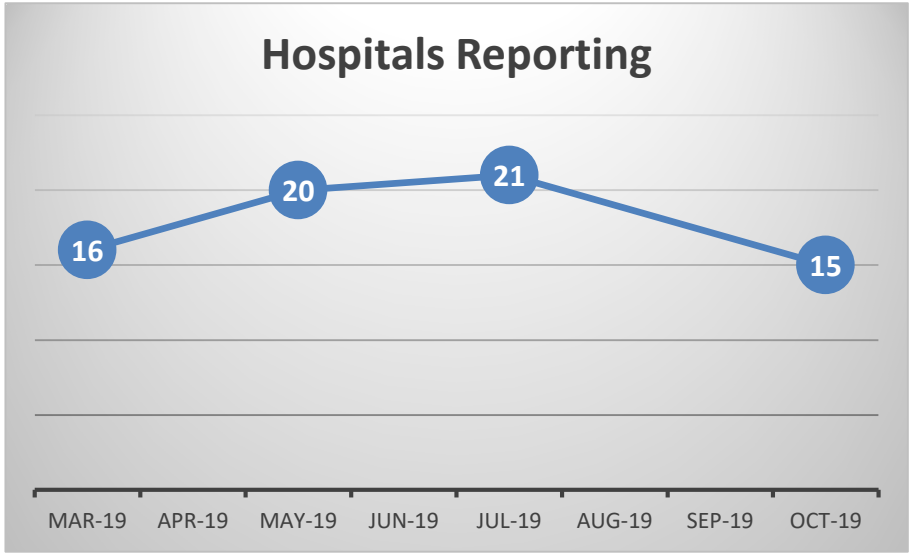
    - Mom's weight at delivery – A number of hospitals are stating "unknown." Some hospitals said that it was difficult if a women presents in active labor to get her weight. There was also discussion in that if ADPH developed a prenatal sheet for practitioners, the weight at the final visit could be captured on that form.

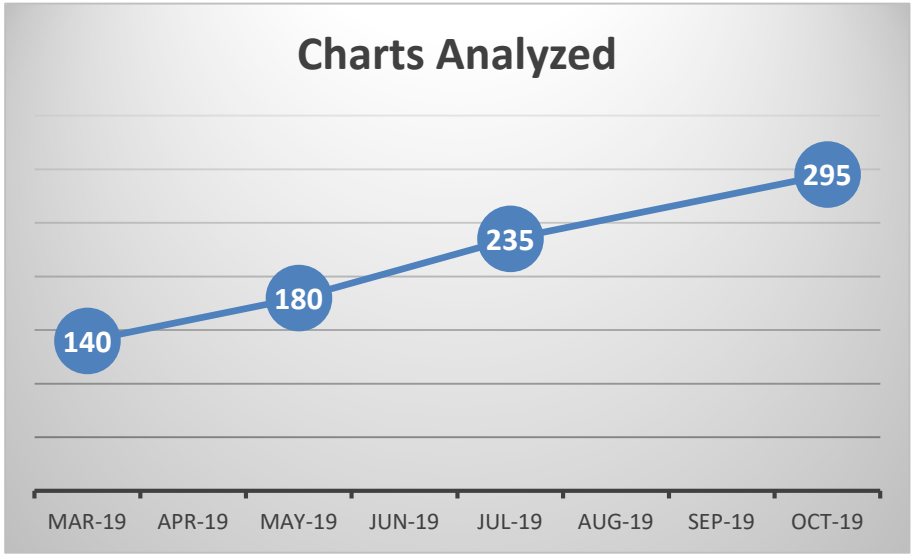
    - Type of feeding – The ideal answer would be the type of feeding at discharge; however, Ashley said that if the hospital could get any answer on this (even if earlier in the stay) that would be better than answering "unknown." There was also discussion about capturing that on the PRAMs survey, but it was noted that the survey is typically a couple of years old before the CDC reports results. Dr. Harris added that the CDC was now allowing states to add questions to the PRAMs survey. Also, ADPH will send a link to Rosemary to send to the group for the latest PRAMs results.

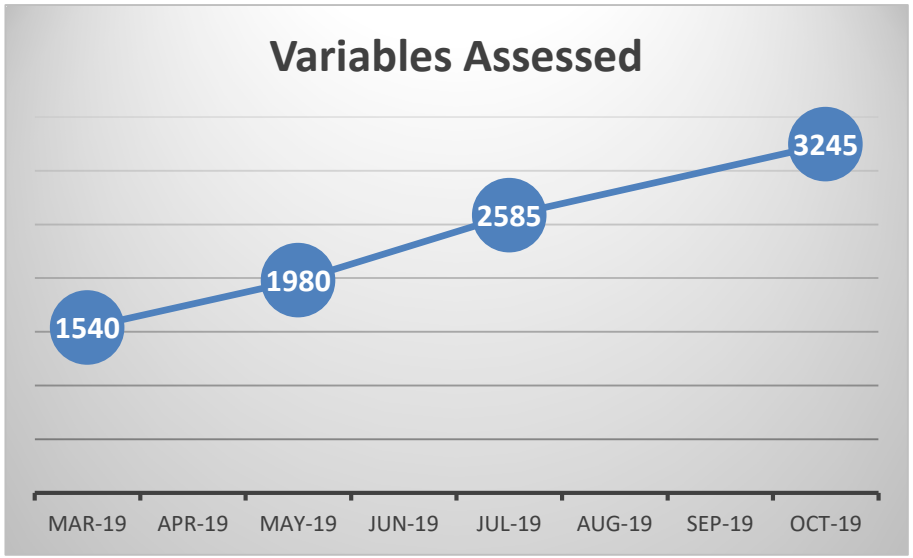
- Ashley asked for feedback on the ADPH recommendation to begin sending a prenatal information sheet to physicians' office to capture some information. There was some feedback in that it might be difficult to get physicians' offices to collect the information.
- Ms. Blackmon mentioned that since ADPH was needing feedback on several items and the prenatal form that maybe the original hospital group that helped review the fields for the revised electronic system could be pulled back together. Ashley agreed, and the invitation was extended to any hospital wanting to participate.
- Ashley was asked to continue to provide feedback to hospitals on areas that need focus and on best practices hospitals are using. This information will be posted on ALPQC website.
- One best practice mentioned by UAB is that they intend to sustain improvements by focusing on pre-term births and auditing 10 charts each month and comparing information to the data in the ADPH electronic system.
- Dr. Bill Andrews, UAB, and one of the founders of the original perinatal collaborative joined the webinar to congratulate everyone on the great work.
- Ms. Blackmon closed the meeting by thanking everyone and mentioning the next two projects for the PQC, NAS and maternal hypertension.
- The project closed with a video of fireworks to celebrate the success.

ALPQC October BCA Report

Hospitals Reporting as of 10/3/2019





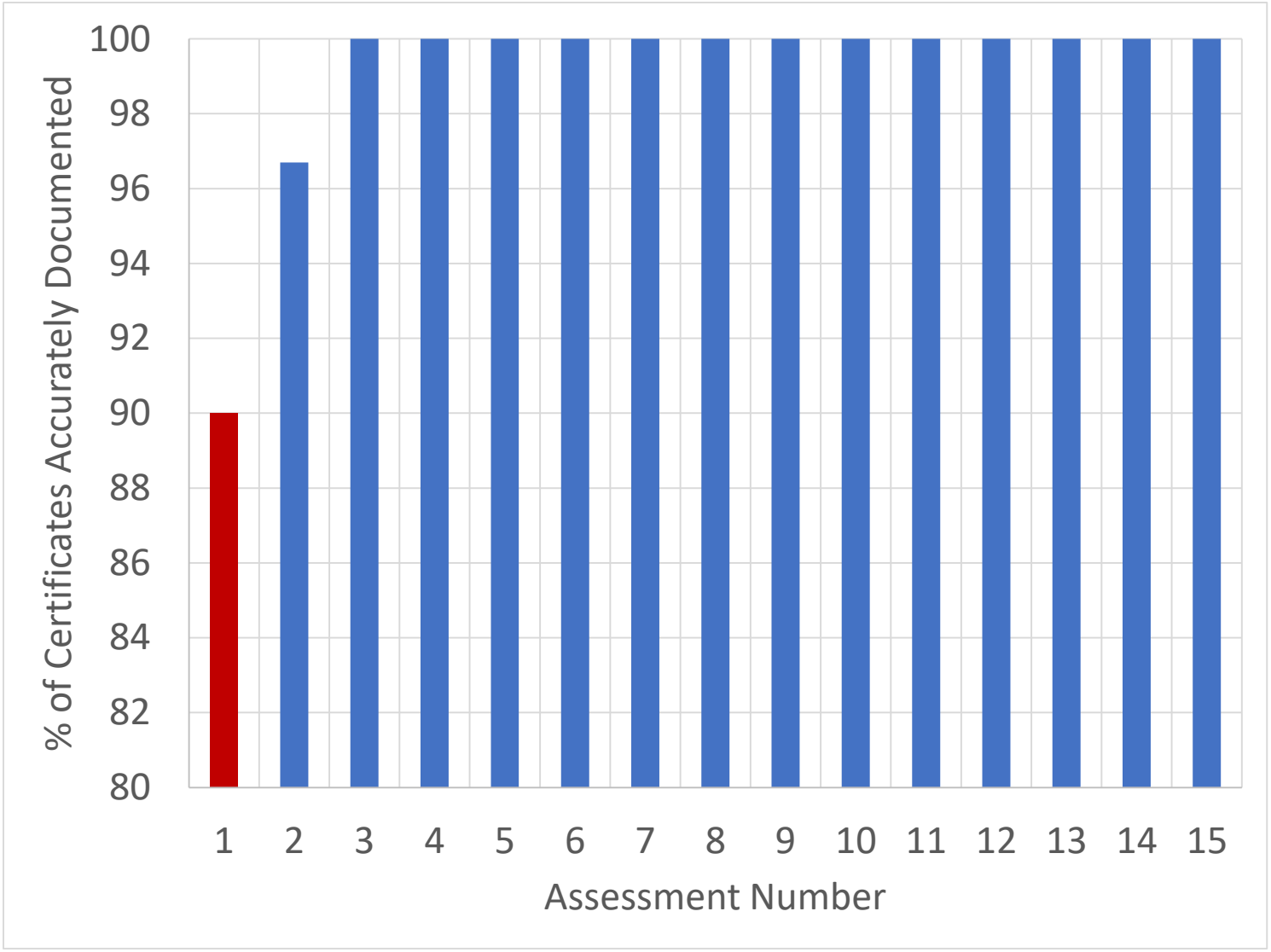


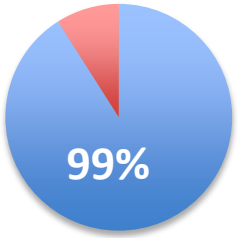
Over the course of the initiative, a total of 850 charts and 9,350 variables assessed!

ALABAMA PERINATAL ALPQC QUALITY COLLABORATIVE

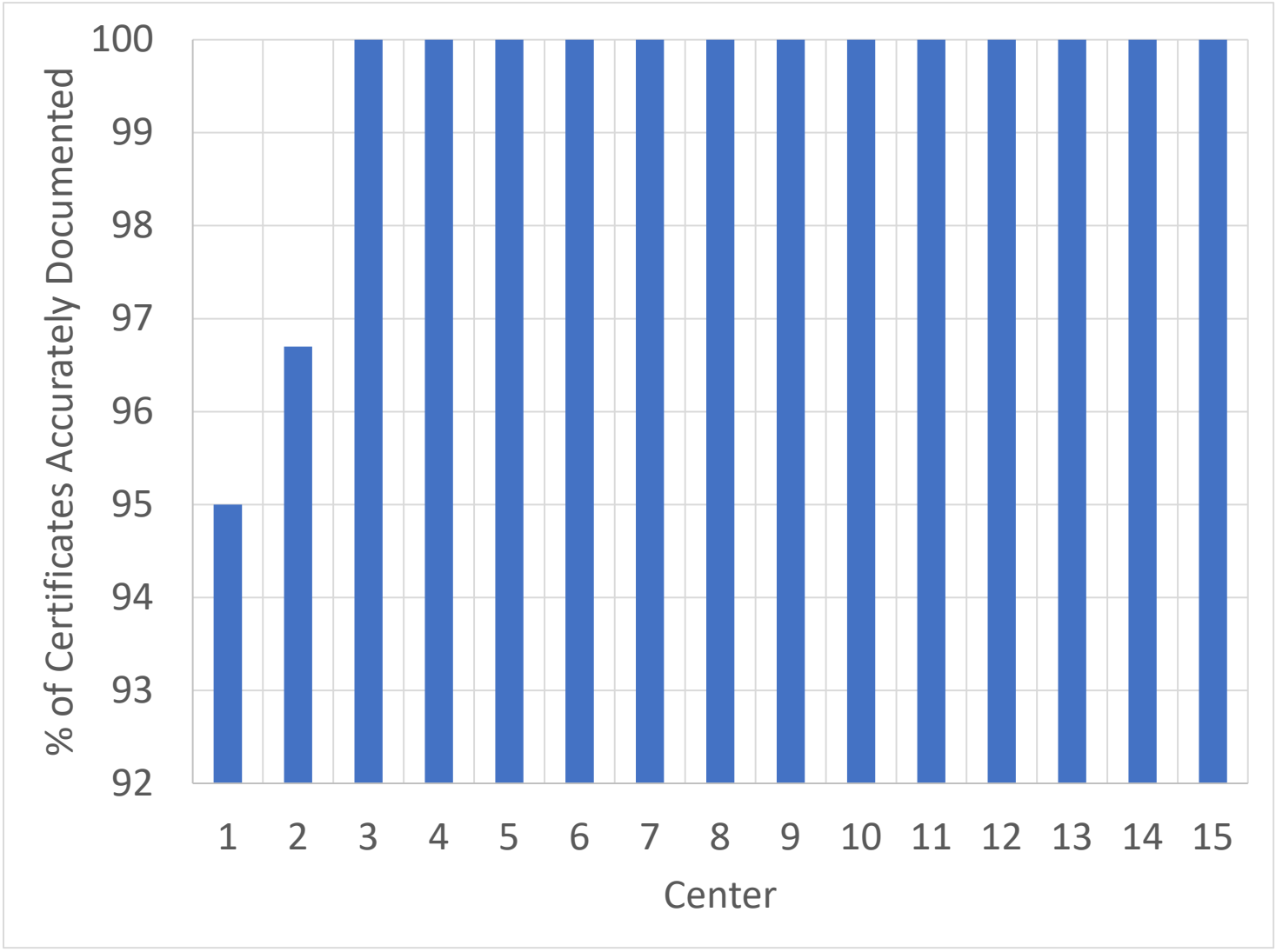
High Accuracy Variables

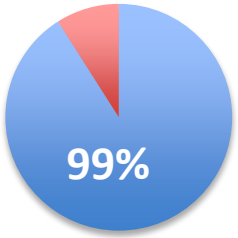
Maternal Transfusion





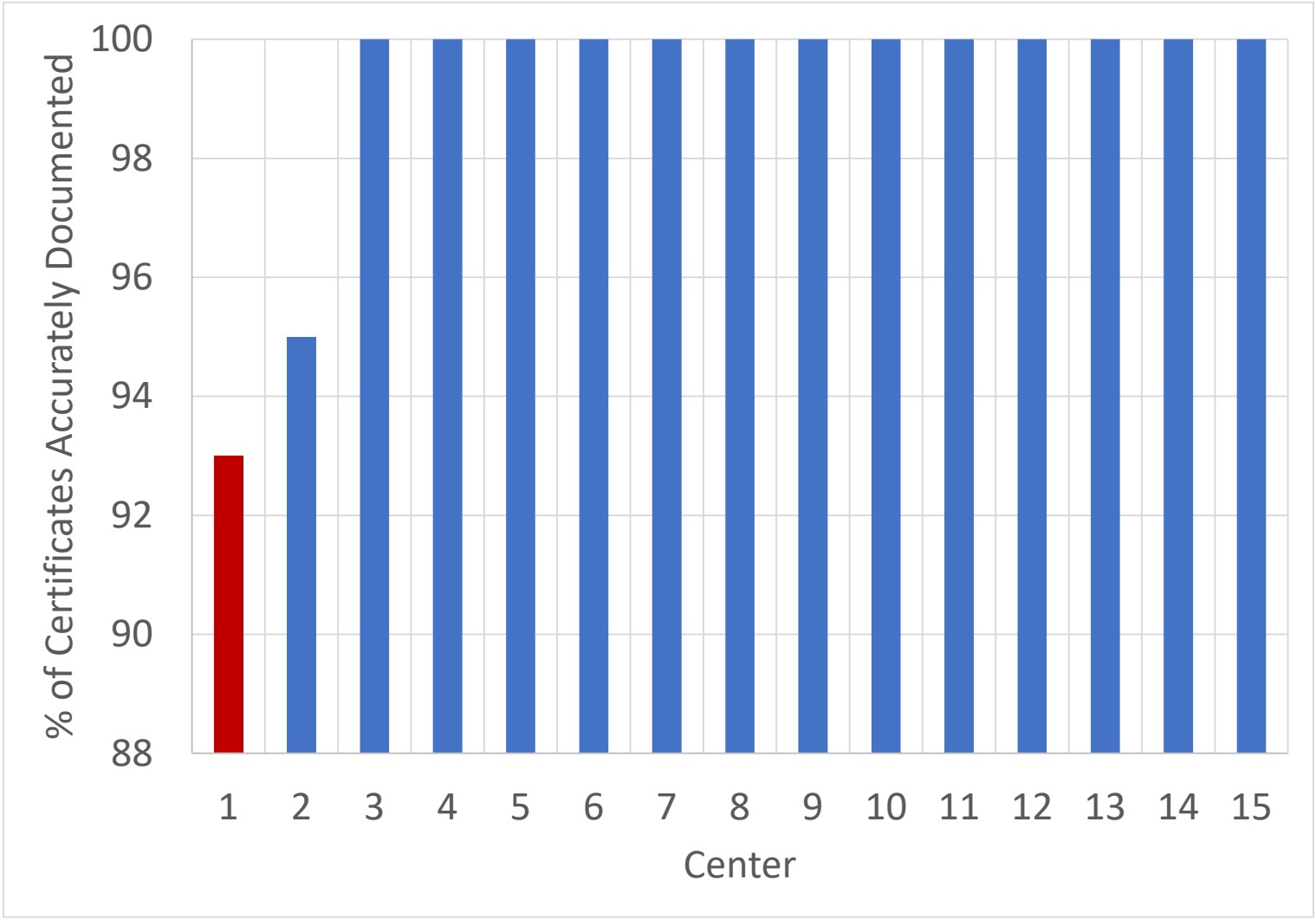
Delivery Method

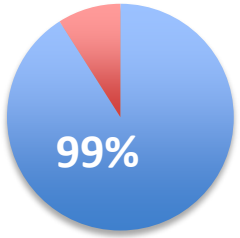




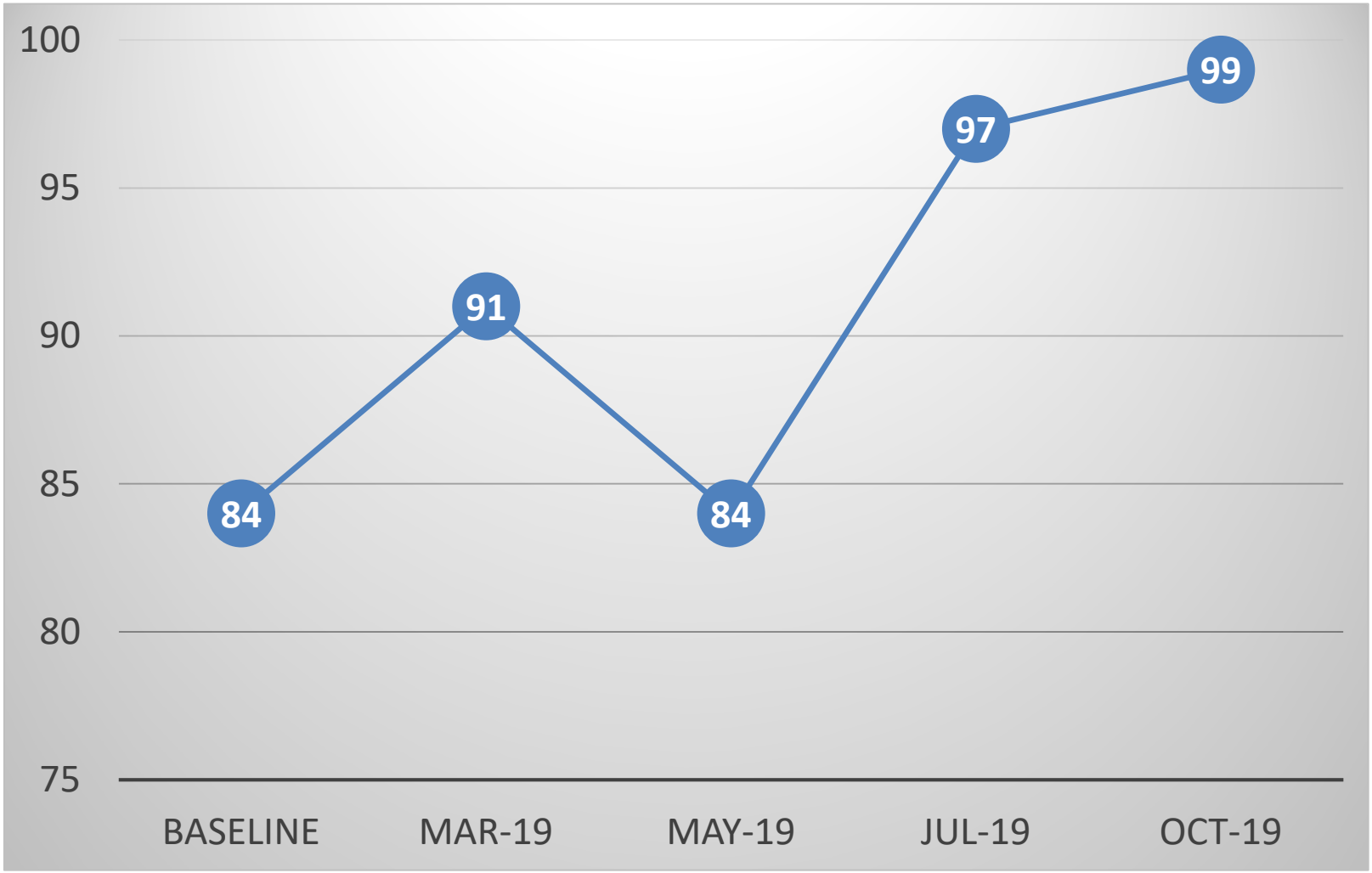
Low Accuracy Variables

Birth Weight

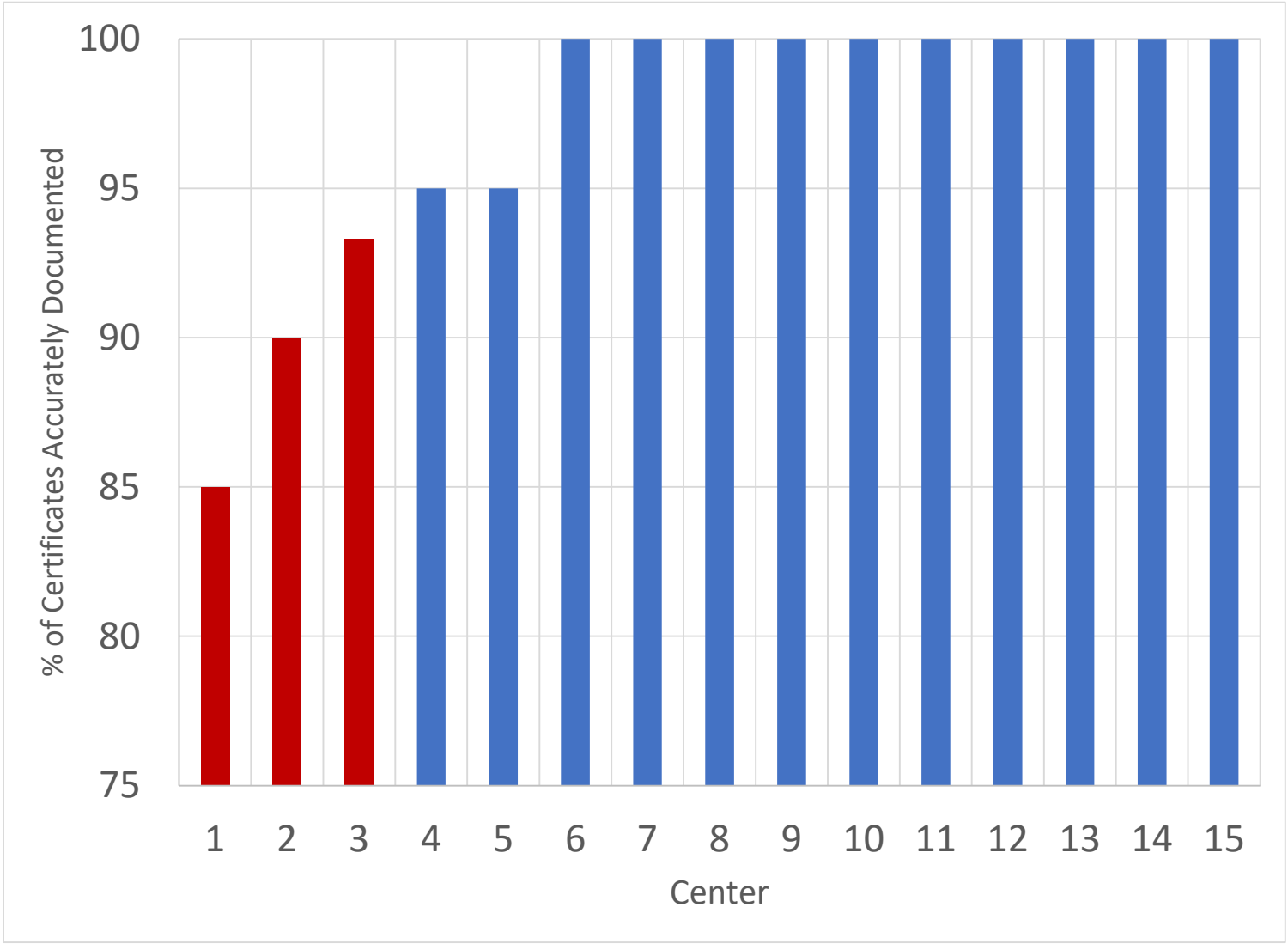


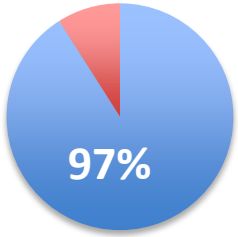


Birth Weight



Antenatal Corticosteroids





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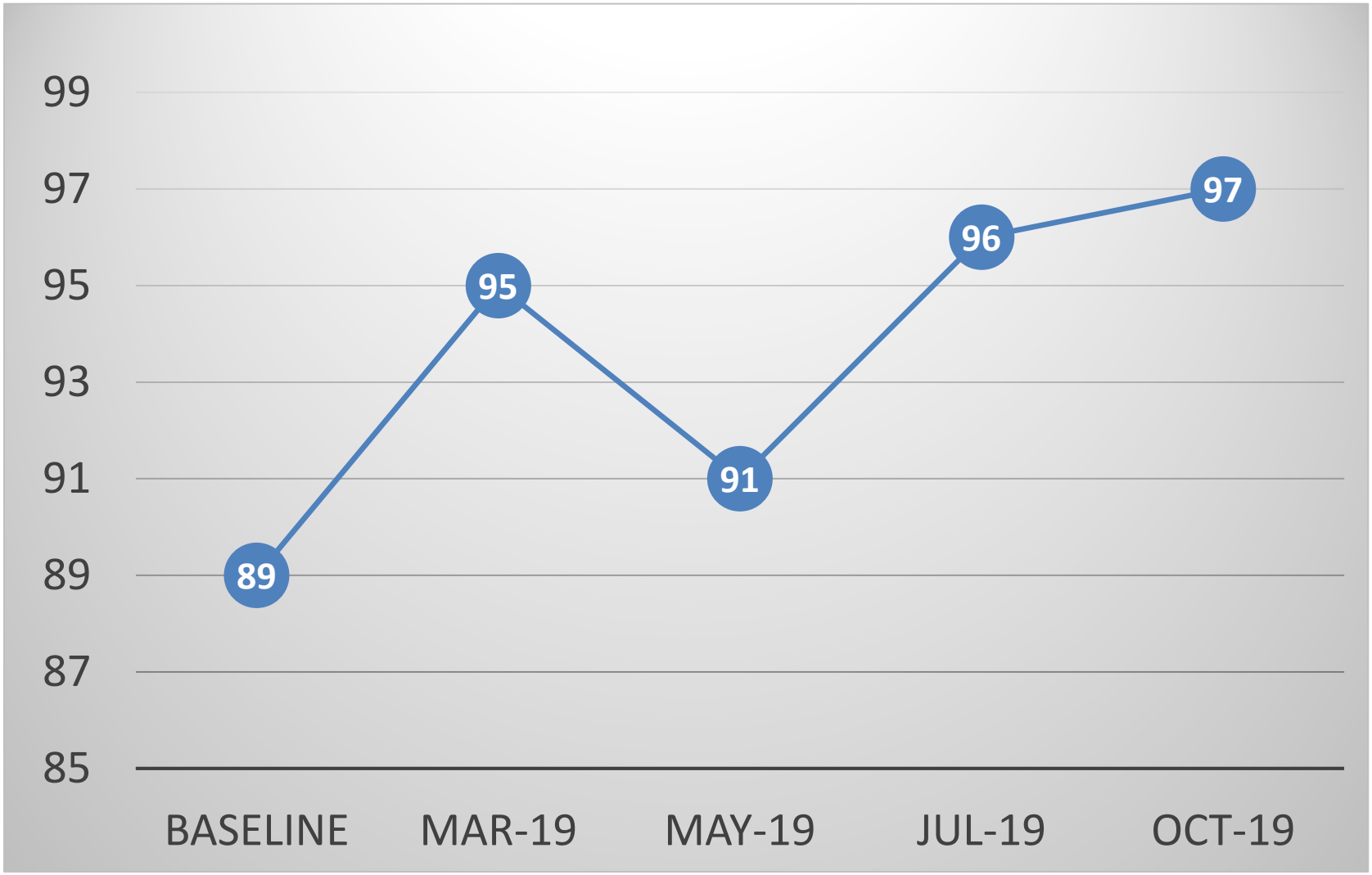
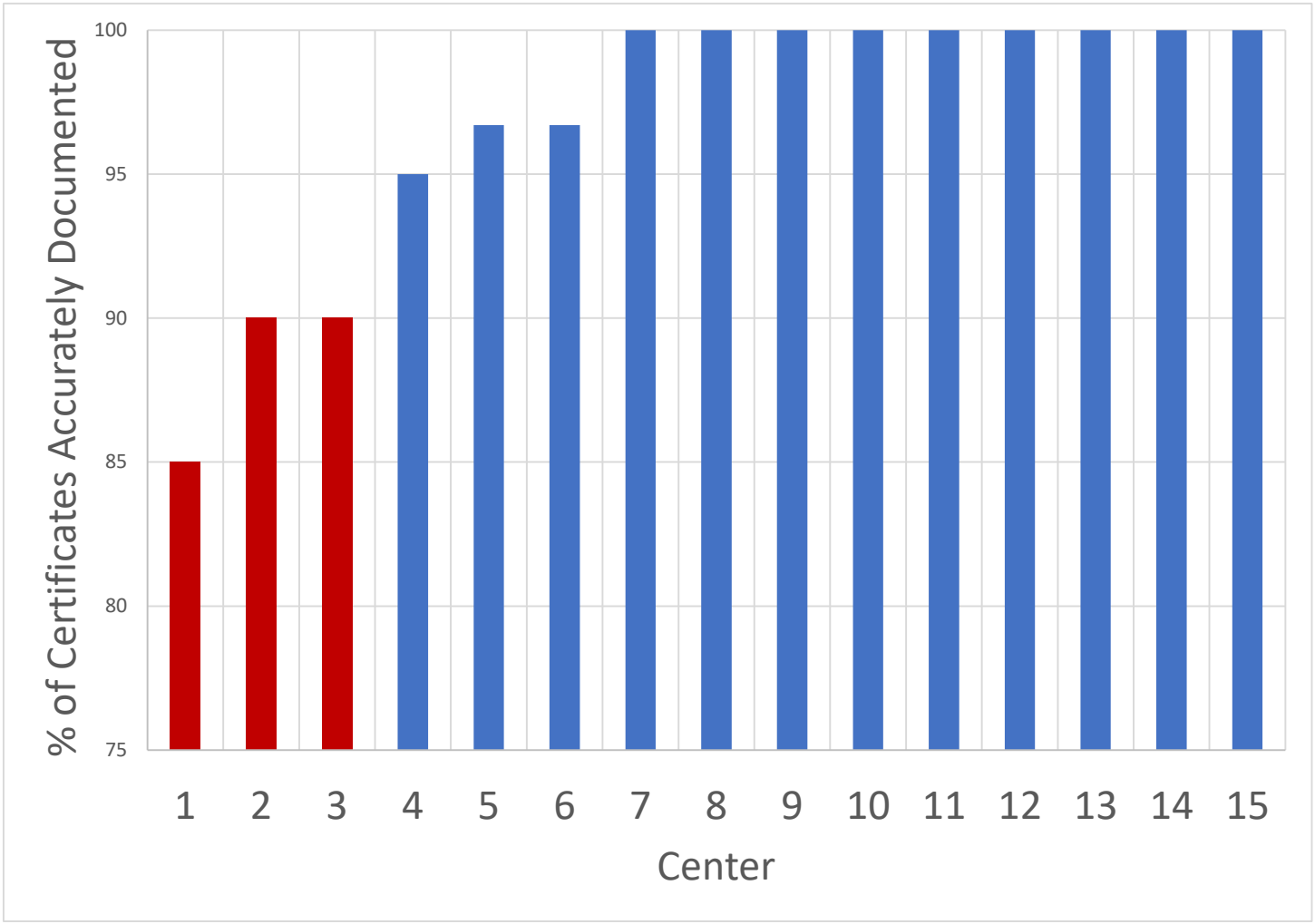
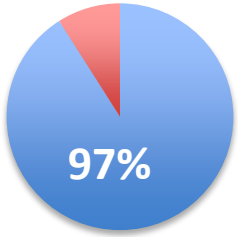


Previous Preterm Birth





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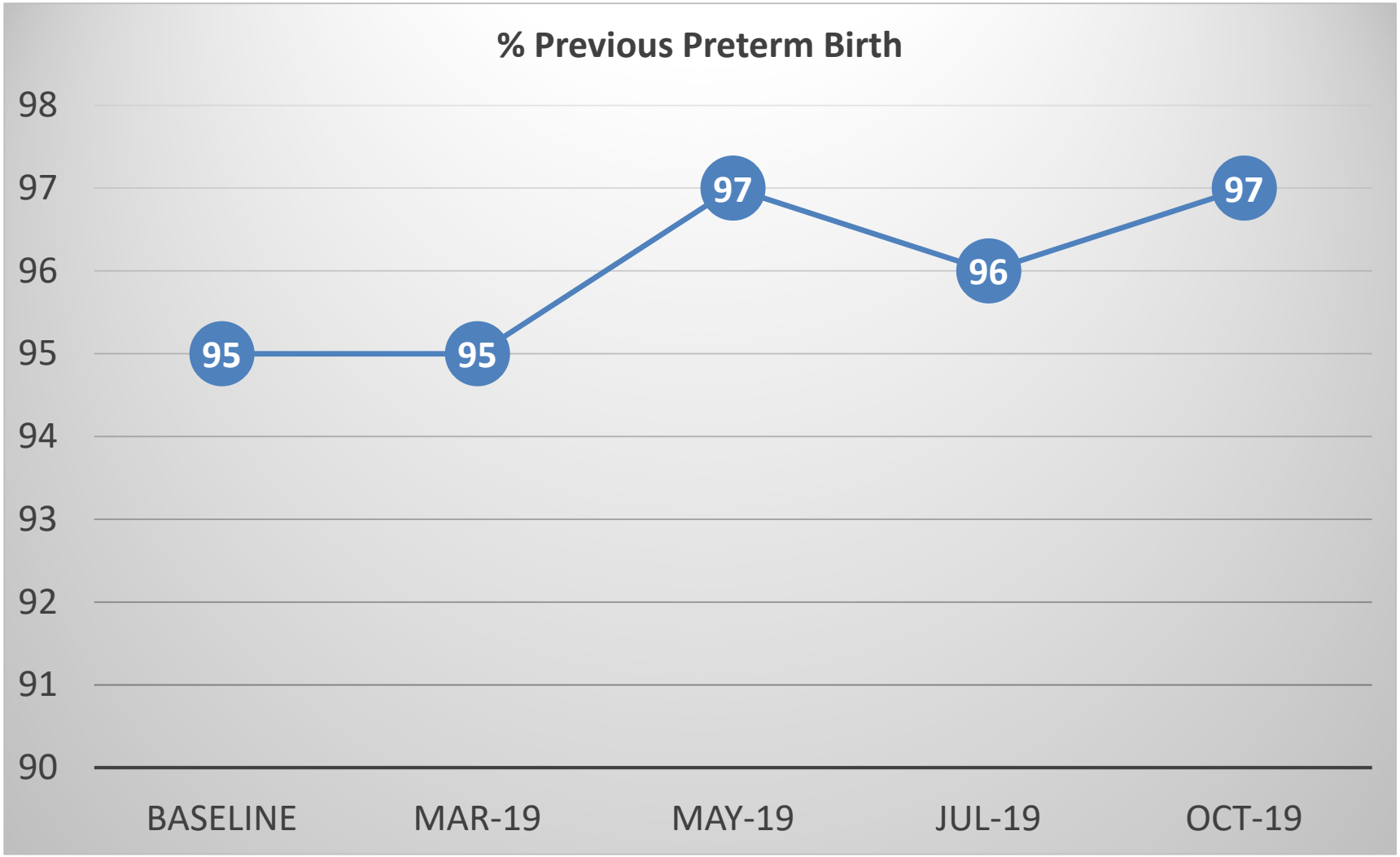
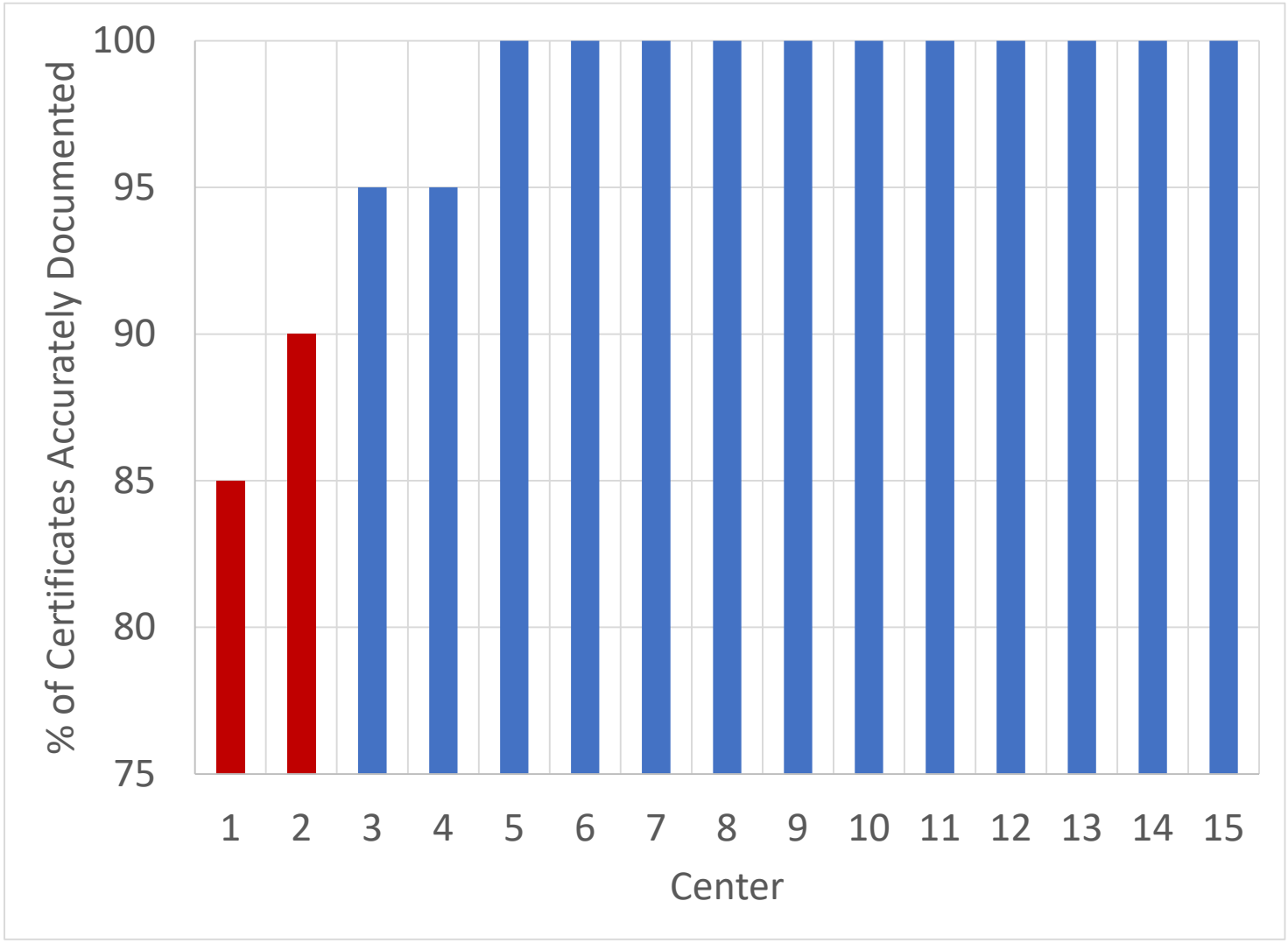
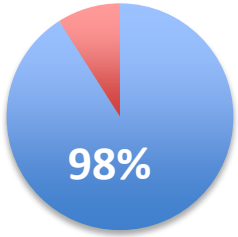


Gestational Hypertension





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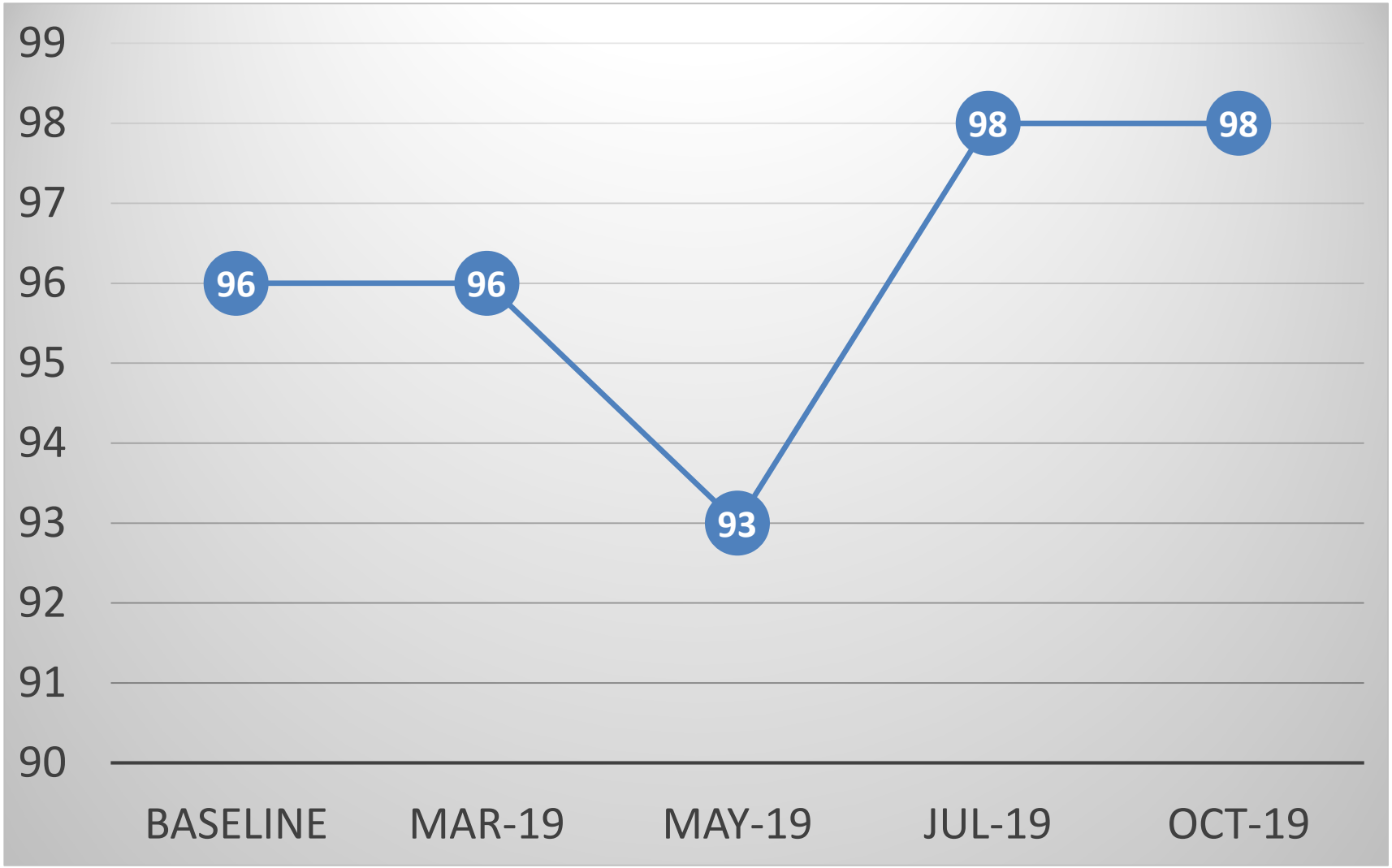
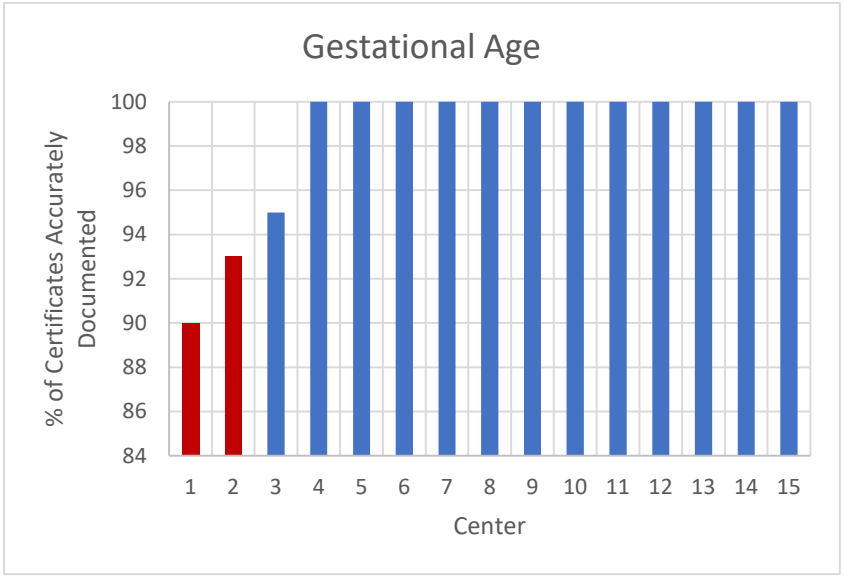
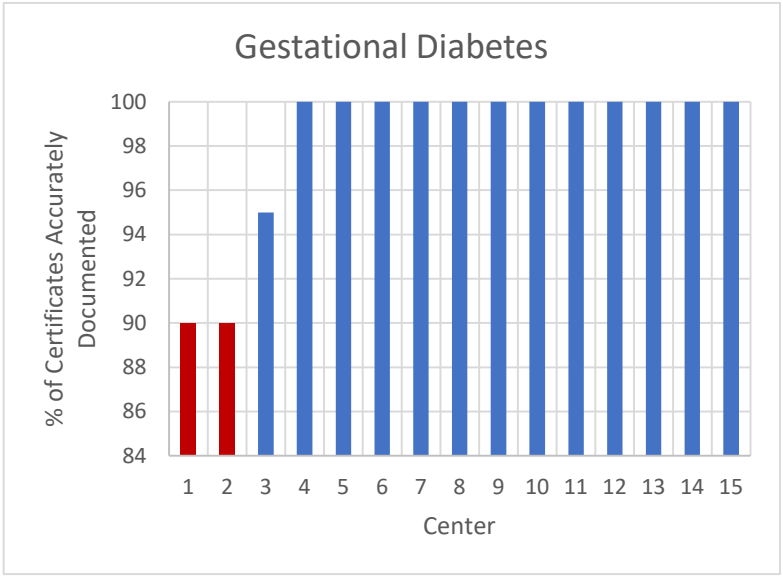
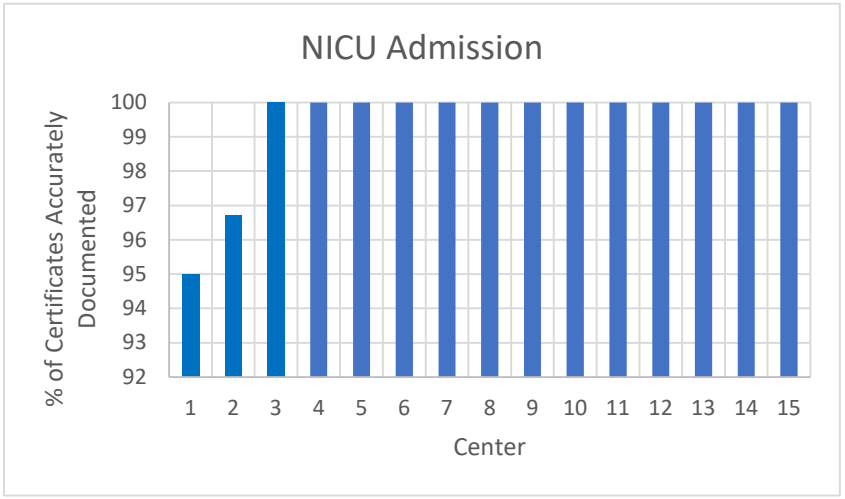
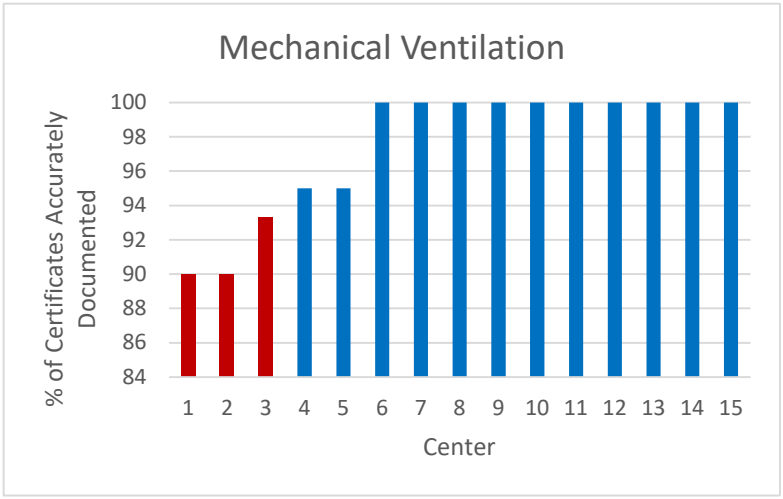


Other Variables

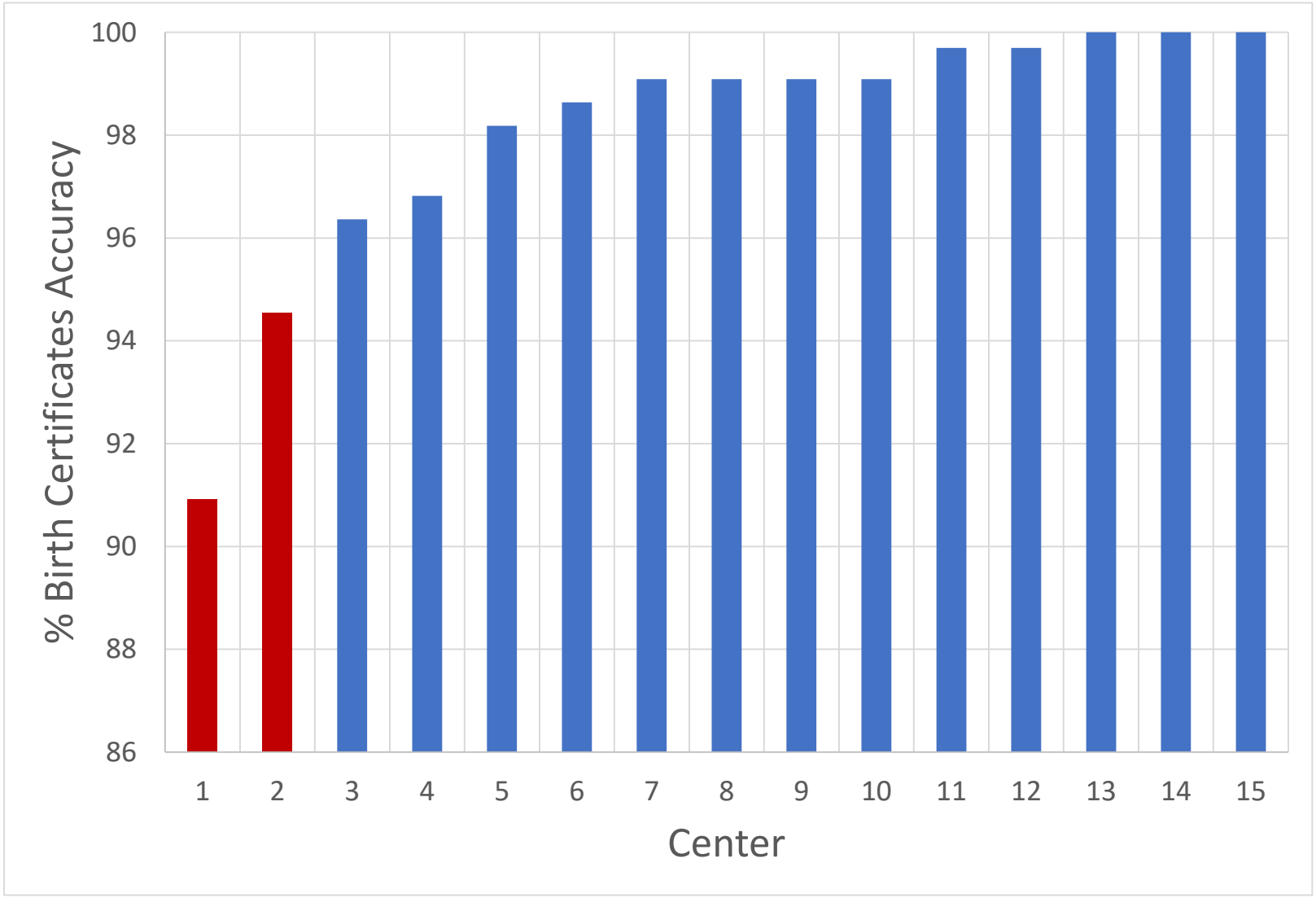


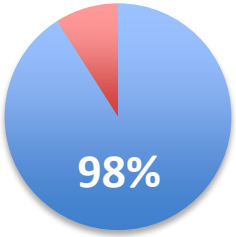




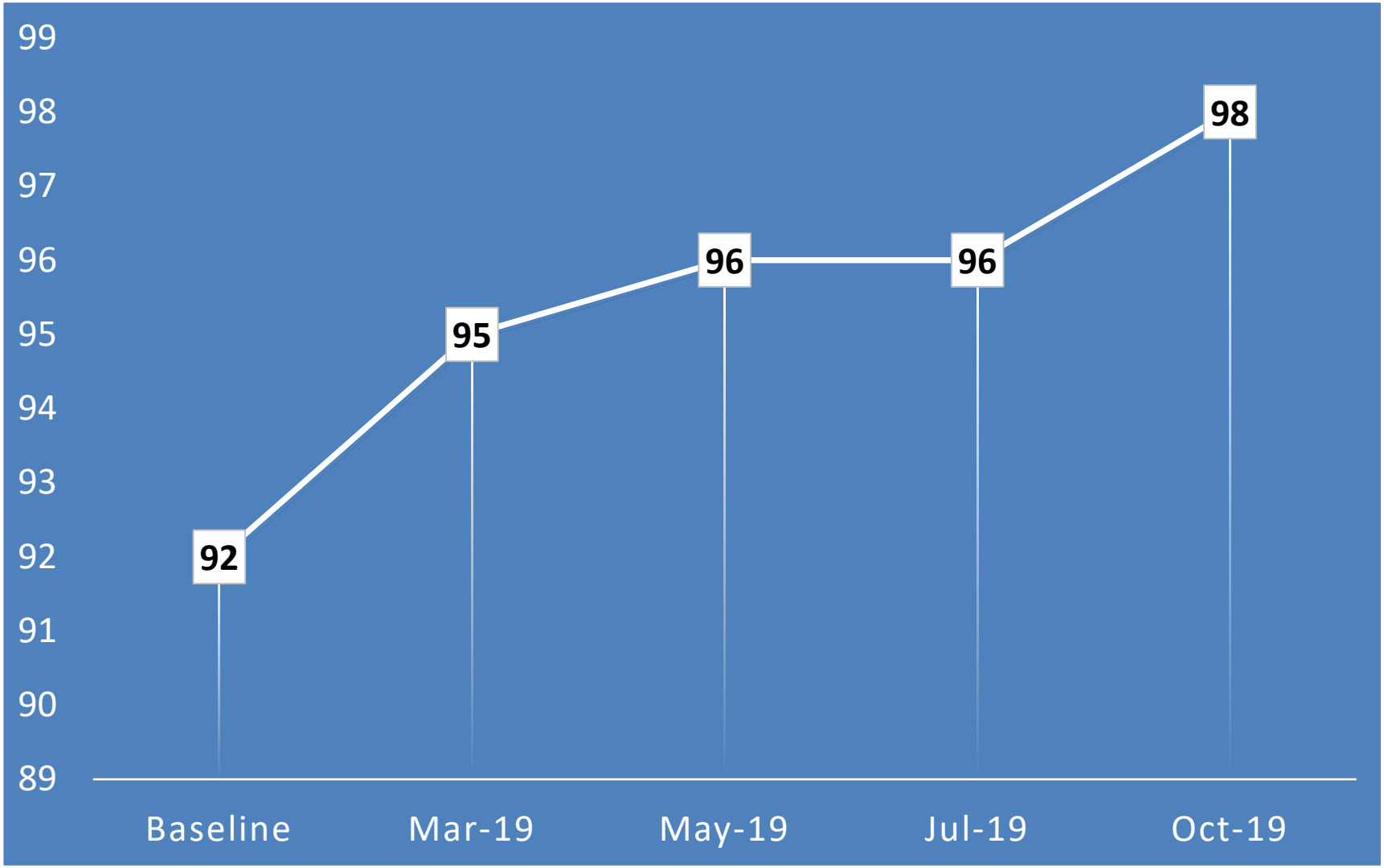


Average Birth Certificate Accuracy By Center

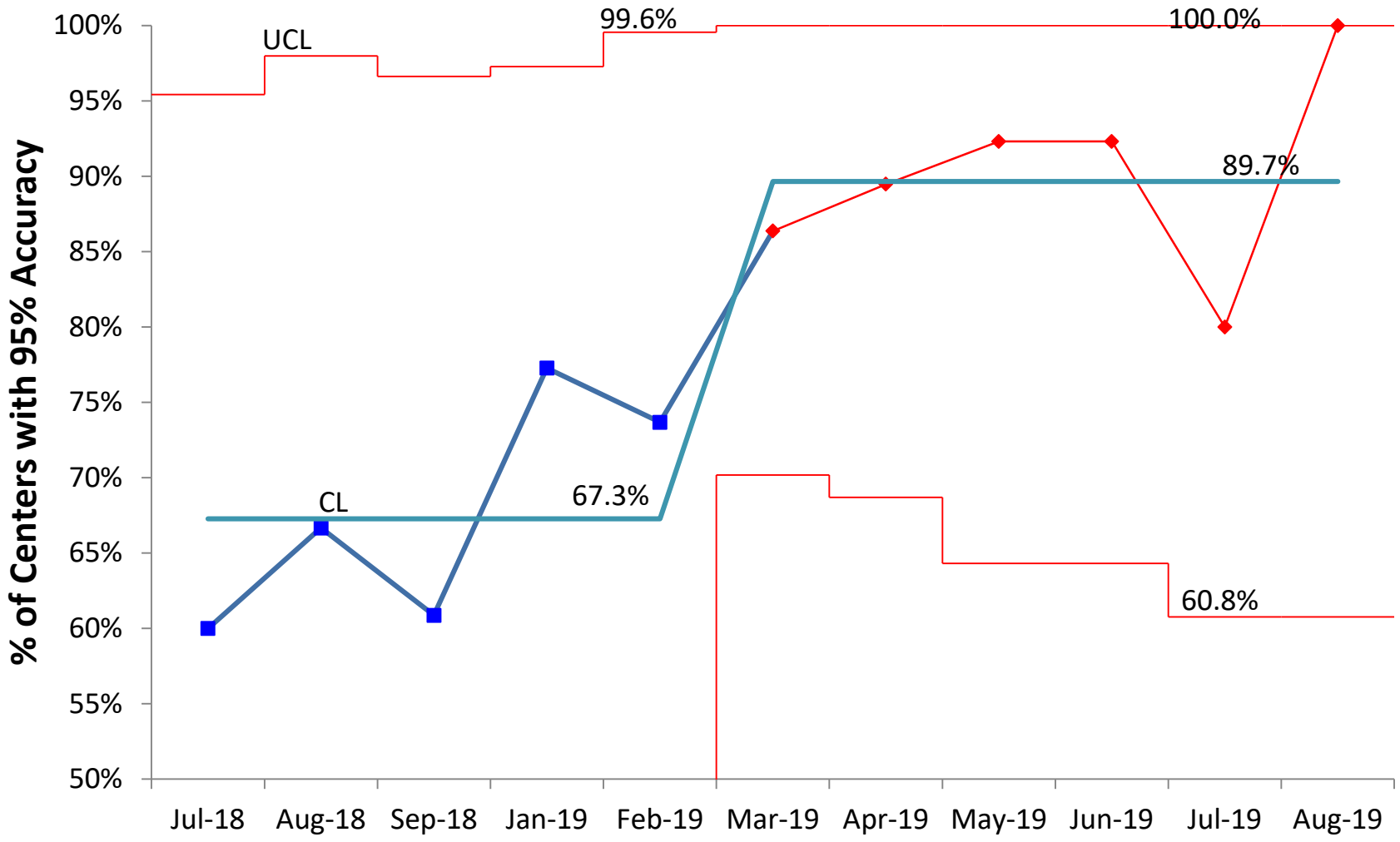




Birth Certificate Accuracy



Special Cause Variation!



Questions?