BCI Webinar:
Hospital QI Data Entry & Reporting

April 19th, 2017

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for Mothers and Babies

Agenda

- Welcome
- BCI Overview
- Update—Additional Assisted Ventilation Variables
- BCI Data
  - Monthly Hospital Reports
  - Data Entry Tools and Methods
  - Data Entry Training
- Important Dates
- Upcoming Webinars
- New BCI Website
- Questions
- Adjourn

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BCI Overview

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What are hospitals going to do?

Every Month

- Review the most recent BCI hospital report
- Identify and work on at least one issue to improve
- Audit 10 birth certificate directly using hospital records
- Report monthly data by 15th of the following month
- Participate in the BCI webinar that month when offered

April and May 2017

- Baseline Data: Audit 10 birth certificates for February and March 2017 births
- April 2017 Data: Audit 10 birth certificates in early May
- Submit baseline and April data by May 15, 2017

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What are hospitals <u>going to get</u> from it?

- Monthly BCI hospital reports

- BCI QI materials and tools

- FPQC consultation & assistance when requested

- Improved reporting data accuracy on 22 key birth certificate variables ≥ 95%

- More accurate hospital QI indicator reports

- Better birth certificate data to improve the health of mothers and babies

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New Assisted Ventilation Variables

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Assisted Ventilation Required: Immediately Following Delivery

DEFINITION: Ventilation given to the infant through manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth

KEYWORDS:
- PPV (positive pressure ventilation)
- IPPV Bag (intermittent positive pressure ventilation)
- Neopuff O2 via ET (oxygen via endotracheal intubation)

SOURCES: Labor delivery summary

- **DOES NOT** include blow by or free flow oxygen, laryngoscopy for aspiration of meconium or nasal cannula

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New!!!

Assisted Ventilation Required

30 minutes or more	Six hours or more
Infant given mechanical ventilation by any method for **thirty minutes or more**	Infant given mechanical ventilation by any method for **six hours or more**

1st Newborn respiratory care flow sheet

- **Includes** conventional, high frequency, or continuous positive pressure (CPAP)
- **Excludes** hand ventilation, free-flow oxygen only, laryngoscopy for aspiration of meconium, and nasal cannula
- **Check all that apply.** All three options are currently allowed

Comments?
Questions?

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BCI Data Reporting

Hospital Reports

Reports will show:

- Individual hospital accuracy percent for each birth certificate variable

- Individual hospital accuracy percent compared to all BCI hospitals and the BCI Goal

- The overall accuracy percent for all 22 key variables month-to-month throughout the pilot

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Hospital Reports

Monthly

- Received no later than the 1st of the following month (*assumes all hospitals report timely*)

- For example, April's report should be received by May 1st

Understanding Your Hospital Report

Understanding Your Hospital Report

Monthly Reports

- Show data from <u>baseline</u> (Feb & Mar 2017) <u>through</u> end of pilot (Apr 2018)
  - → All variables combined
  - → Each individual variable
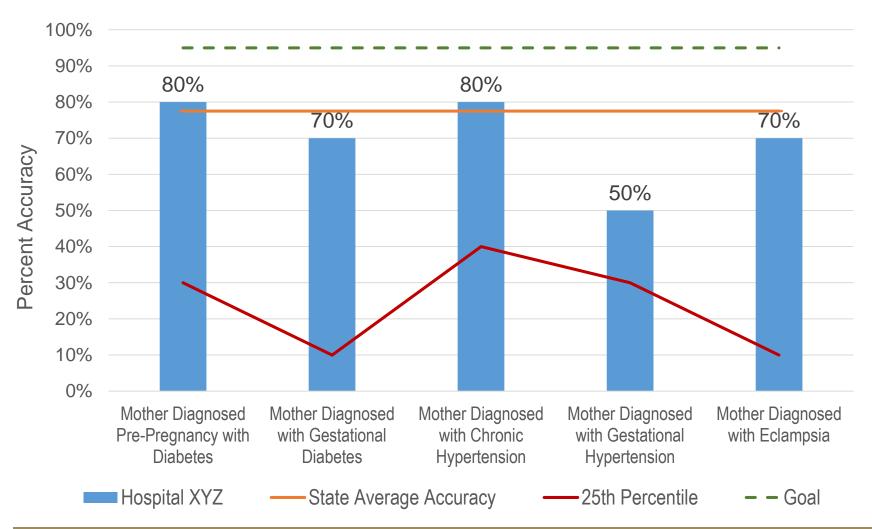
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Understanding Your Hospital Report

- Focus on your hospital's bar graph to see improvement in your data

- Look for percent accuracy trends in your April 2017 through April 2018 reports

- Compare your hospital's accuracy (bars) to:
  - The BCI Goal
  - Average for all 9 pilot hospitals
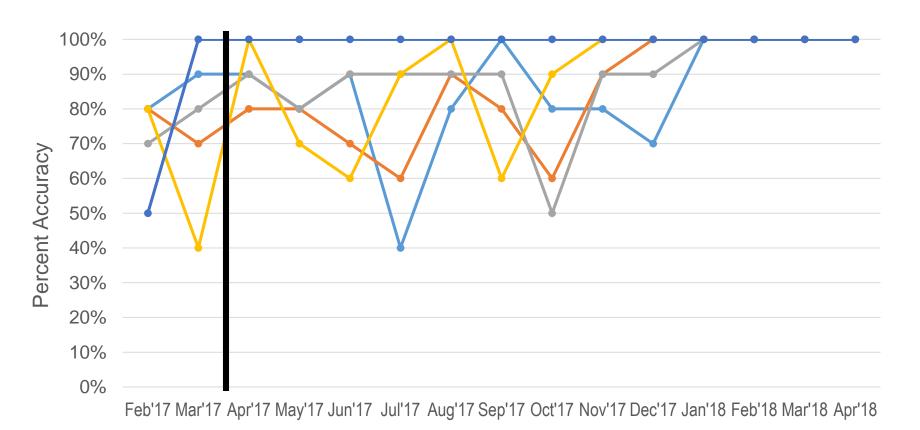 - 25th percentile for all 9 pilot hospitals

Average Percent Accuracy of Maternal Condition Variables
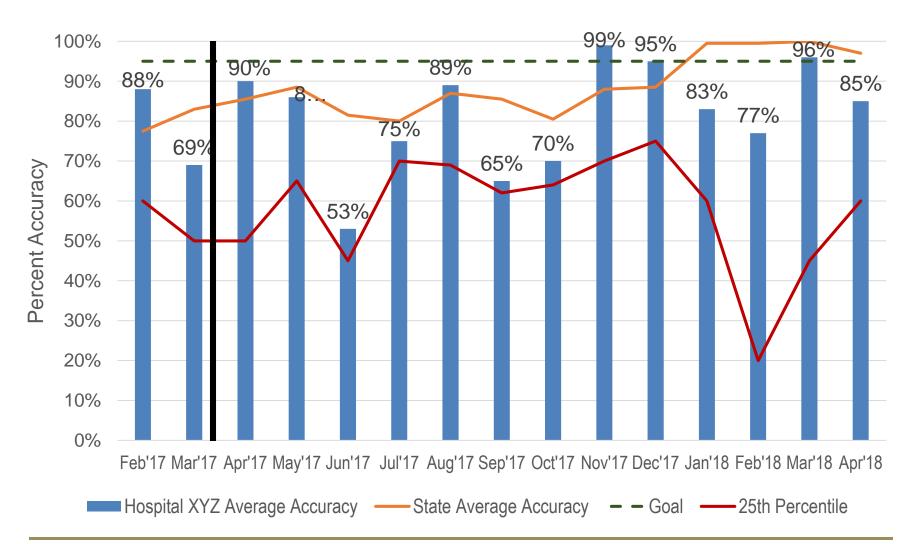
Percent Accuracy of Maternal Condition Variables

Percent Accuracy of <u>All 22 Birth Certificate Variables</u>

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Data Entry Methods

Key Personnel

- Hospitals will need to designate a:
  - ✓ Clinical Expert
  - ✓ Data Abstractor Lead
- Both designees will need to be knowledgeable of:
  - ✓ Best reliable data sources for the 22 key data variables and BCI data collection procedures
  - ✓ Maternal and infant health care (Clinical Expert)

Key Personnel Roles

- **Clinical Expert** will:

  ✓ Conduct the monthly birth certificate audits

  ✓ Report accuracy results to FPQC (or delegate)

- **Data Abstractor Lead** will:

  ✓ Support the clinical expert

  ✓ Organize and encourage all personnel who complete birth certificate to participate in BCI QI efforts

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Auditing of Records

Clinical Expert:

- Will receive a monthly e-mail from Florida Department of Health (FDOH)

- Email will contain a list of State File Numbers (SFN) for 10 Birth certificate

Accessing the Evitals Report

- For each SFN entered into your Vital Records System a report will be generated
- Each report will contain data for the 22 variables
- A total of 10 reports should be generated and printed

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Evitals Report Demonstration
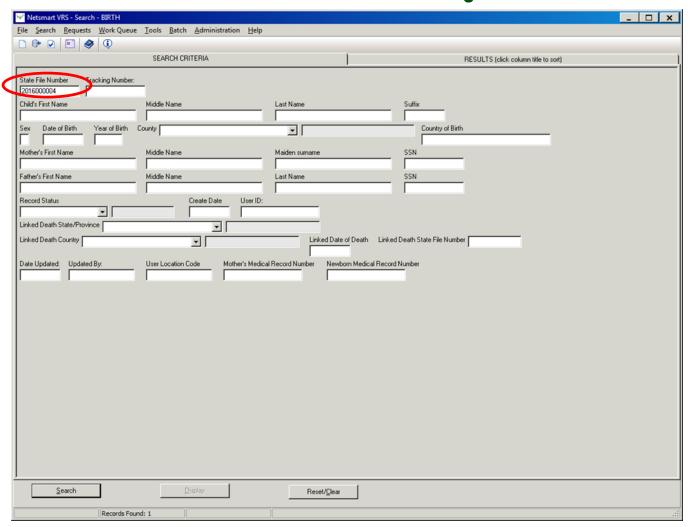
Gary Sammet

Administrator--Public Health Statistics & Medical Classification

Bureau of Vital Statistics

Florida Department of Health

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Vital Records System

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Evitals Report

VITAL STATISTICS PERINATAL QUALITY CONTROL

BIRTH INFORMATION
  STATE FILE NUMBER: **2016000004**
  DATE FILED: **01/30/2016**
  DATE OF BIRTH: **01/25/2016**
  TIME OF BIRTH (24HR): **2239**
  FACILITY NAME / COUNTY: **BAPTIST MEDICAL CENTER / DUVAL**
  CHILD'S NAME (FML): **ANN AMY COLLINS**
  MOTHER'S/PARENT'S NAME (FML/(mdn)): **CAROLYN BARBARA COLLINS (CARTER)**

MEDICAL INFORMATION
  1. BIRTHWEIGHT
     UNITS: **POUNDS**
     GRAMS: **5670**
     LBS/OZS: **12 / 8**
  2. TOTAL NUMBER OF PRENATAL VISITS: **44**
  3. PREPREGNANCY WEIGHT: **125**
  4. WEIGHT AT DELIVERY: **175**

PREGNANCY RISK FACTORS
  5. PREPREGNANCY DIABETES: **NO**
  6. GESTATIONAL DIABETES: **NO**
  7. PREPREGNANCY OR CHRONIC HYPERTENSION: **NO**
  8. GESTATIONAL HYPERTENSION: **NO**
  9. HYPERTENSION - ECLAMPSIA: **NO**
  10. PREVIOUS PRETERM BIRTHS: **NO**

CHARACTERISTICS OF LABOR AND DELIVERY
  11. INDUCTION OF LABOR: **NO**
  12. AUGMENTATION OF LABOR: **NO**
  13. ANTENATAL CORTICOSTEROIDS: **NO**
  14. ANTIBIOTICS RECEIVED BY THE MOTHER DURING DELIVERY:**NO**
  15. FETAL INTOLERANCE OF LABOR: **NO**
  16. MATERNAL MORBIDITY - MATERNAL TRANSFUSION:**NO**
  17. OBSTETRIC ESTIMATE OF GESTATION: **41**
  18. BREASTFEEDING AT DISCHARGE: **YES**

ABNORMAL CONDITIONS OF THE NEWBORN
  19. ASSISTED VENTILATION AFTER DELIVERY
     IMMEDIATELY FOLLOWING DELIVERY:**NO**
     30 MIN TO 6 HOURS AFTER DELIVERY:**NO**
     MORE THAN 6 HOURS AFTER DELIVERY: **NO**
  20. NICU ADMISION: **NO**

This information should be used to match the corresponding hospital record

Data Checklist

- BCI monthly check sheet to record the audit

- 1st row must be checked if infant's GA is <34 weeks

- Following 22 rows represent the key variables: Check if discrepancies are found

- Each column represents one chart (10 total)

- **"<u>Total</u>"** column adds the number of identified discrepancies for each variable and is the **only** information you will report

Data Checklist

Birth Certificate Accuracy Initiative: Data Checklist

EXAMPLE FORM

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? (not counted in overall accuracy)	0	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Check the appropriate box if the birth certificate and hospital record DISAGREE											
Weight of infant at birth	0	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Total number of prenatal visits	0	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mother's pre-pregnancy weight	0	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

✓ Available in PDF or Excel formats

Audit Materials

- 10 Evitals reports (one for each SFN)
- Data checklist (PDF or Excel)
- Hospital records matching the 10 SFN
- BCI instruction manual

Audit

- Ensure the hospital record matches the Evitals report
- Compare each variable in the Evitals report with the best place in the hospital record
- If you find a disagreement, mark the corresponding box in the data checklist

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Audit

- **Data Checklist**
  - ✓ PDF format – add number of disagreements for each variable and enter in the "Total" column
  - ✓ Excel format – "Total" column will be automatically calculated for you
- Review the BCI instruction manual for best variable sources within the medical record
- **<u>DO NOT USE</u>** the "Facility Worksheet" (or birth certificate worksheet) for the audit

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Data Entry

- **REDCap** (Research Electronic Data Capture) is a secured web application to support data capture
- Clinical Expert will receive a **hyperlink** from FPQC to access a survey in REDCap
- Enter the information you collected in the **Data Checklist** directly into REDCap (or delegate)
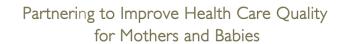- Submit the reports monthly

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REDCap

Birth Certificate Accuracy Initiative (BCI)

Please complete the survey below.

Thank you!

1) **Which hospital are you reporting for?**
   * must provide value
   [dropdown]

2) **Which month are you reporting for?**
   * must provide value
   [dropdown]

3) **Which year are you reporting for?**
   * must provide value
   ○ 2017
   ○ 2018
   reset

4) **Number of infants < 34 weeks' gestation**
   * must provide value
   [text field]
   This measure will not be included in the percent accuracy calculation.

5) **Total discordant responses for: Weight of infant at birth**
   * must provide value
   [text field]
   Enter the number of instances in which the birth certificate and the hospital vital record DID NOT MATCH.

Training

Training

It is important to recognize that training might need to be on:

- <u>Clinical</u> side
- <u>Birth certificate reporting</u> side

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Important Dates

Important Dates

Deliverable	Due Date
1. Data Entry of audits into **REDCap**	15th of every month
2. Hospital monthly **reports** from FPQC	1st of every month

Upcoming Webinars

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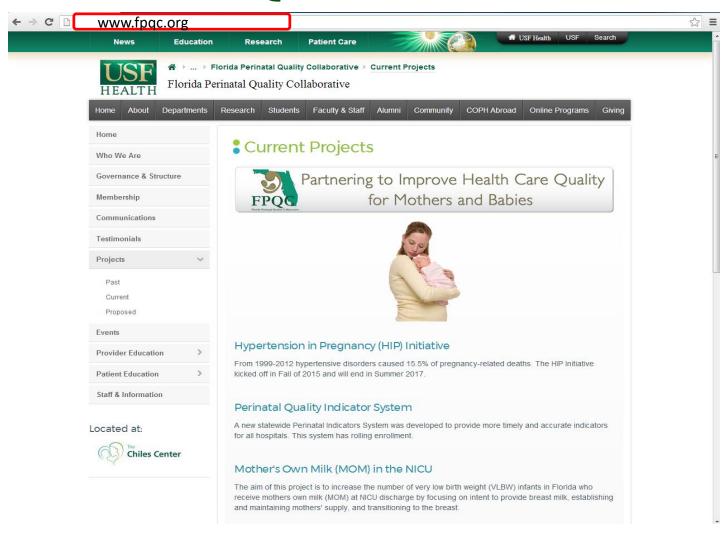
Upcoming Webinars

- **May 25th, 2017** – 'Improving Antenatal Corticosteroids Variable'

- **June 22nd, 2017**– 'Improving Data Accuracy: Where are the most inaccuracies?'
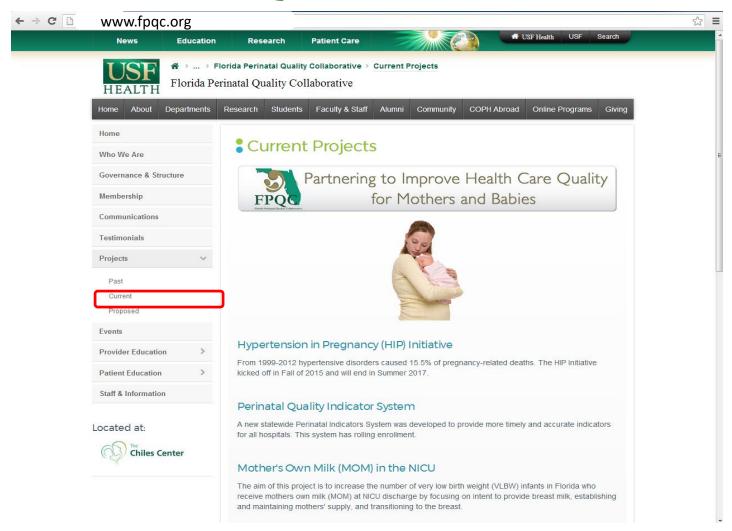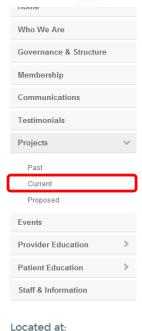
NEW BCI Website

FPQC Website

FPQC Website

www.fpqc.org

Current Projects

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Hypertension in Pregnancy (HIP) Initiative

From 1999-2012 hypertensive disorders caused 15.5% of pregnancy-related deaths. The HIP Initiative kicked off in Fall of 2015 and will end in Summer 2017.

Perinatal Quality Indicator System

A new statewide Perinatal Indicators System was developed to provide more timely and accurate indicators for all hospitals. This system has rolling enrollment.

Mother's Own Milk (MOM) in the NICU

The aim of this project is to increase the number of very low birth weight (VLBW) infants in Florida who receive mothers own milk (MOM) at NICU discharge by focusing on intent to provide breast milk, establishing and maintaining mothers' supply, and transitioning to the breast.

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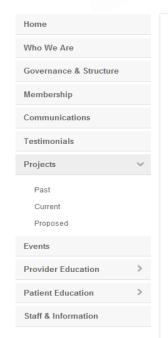
Birth Certificate Accuracy Initiative (BCI)

Inaccurate or incomplete data in the birth certificate impacts surveillance, research, and public health prevention and intervention strategies. The BCI Pilot aims to improve the accuracy of 20 key birth certificate variables to at least 95% by providing training, support, and data reporting.

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Located at: The Chiles Center

BCI Website

: Birth Certificate Initiative

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Birth Certificate Accuracy Initiative (BCI)

Birth certificates are an invaluable source of information for assessing risks and quality of maternal and infant health outcomes. Hospitals and researchers use these data to ascertain where improvement is needed and where hospitals are succeeding in ensuring the optimal birth and health outcomes for mothers and babies. Without complete and accurate data, this is not feasible.

Purpose of this Pilot: Improve to 95% or more the accuracy of 20 key birth certificate variables with 9 participating hospitals within a year.

Project Activities

Hospitals will:

- Attend and participate in monthly webinars.
- Use materials and tools to educate and train providers and birth certificate clerks
- Audit 20 key birth certificate variables to assess whether their hospital's medical records match the corresponding birth certificate for 10 randomly selected infants per month.
- Submit, track, and report monthly audits throughout the initiative.

FPQC will:

- Provide training materials, tools and resources to support hospital teams in implementing best practices to improve data reporting and accuracy.
- Provide monthly webinars to address the most challenging variables and discuss quality improvement processes and procedures to support changes.
- Provide monthly quality improvement data reports and monitor data accuracy progress.

Comments?
Questions?

Thank you!

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