

# Birth Certificate Initiative (BCI)

July 26<sup>th</sup>, 2018

Partnering to Improve Health Care Quality for Mothers and Babies



## Agenda

- Welcome
- Initiative Overview
- Learning Tools
- Birth Certificate Variables
- Data Entry Methods
- E-Vitals Report Demonstration
- Audit Process
- BCI Data Reporting
- Understanding Your Hospital Report
- Training
- Important Dates
- Upcoming Webinars
- Questions



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# **BCI Overview**





### **BCI** Purpose

To improve the accuracy of 23 key birth certificate variables to 95% to support public health and quality improvement efforts







### Birth Certificate Initiative (BCI)

### **BCI's purpose is accomplished through partnerships:**

- Primarily driven by Florida delivery hospitals and providers
  - Total 20 participating hospitals
- Jointly sponsored by the Florida Department of Health (FDOH)
- Also supported by other FPQC partnering organizations







### **Hospital Partnerships**

- BayCare-Morton Plant Hospital
- Sayfront Health
- S Holmes Regional Medical Center
- Jackson South Community Hospital
- Jupiter Medical Center
- Lee Health Cape Coral Hospital
- Sease Countryside Hospital
- S Memorial Regional Hospital
- S Mercy Hospital
- Sount Sinai Medical Center

- Palmetto General Hospital
- Parrish Medical Center
- Sarasota Memorial Healthcare System
- St. Joseph's Hospital North
- St. Joseph's Hospital South
- S Tallahassee Memorial Hospital
- Tampa General Hospital
- SUF Health Jacksonville
- 🕏 Winnie Palmer Hospital
- S Winter Haven Women's Hospital





### Partnerships



Ken Jones Gary Sammet Anna Goold Karen Freeman Marie Bailey Angela Thompson Sarah Beard



Chinyere Reid William Sappenfield Linda Detman Estefania Rubio Renice Obure





### Birth Certificate Data

#### **Electronic Birth Certificate**

- Collects over 300 pieces of information on Florida's mothers and babies
- Information used by local, state, and national partners
- Consistent source of health information on ALL Florida babies and new mothers

#### Importance of BC accuracy

- Foundation for surveillance, monitoring, public health practice, policy and research in maternal and infant health at a community, state & national level
- Reflects your hospital's performance and adherence to best practices in perinatal care





### Your Work is Important!

"Your birth certificate reporting plants the seeds of future health care improvements for mothers and babies."

Dr. John Curran, Former Deputy Secretary, Florida Department of Health



"March of Dimes uses birth certificates to identify areas with high rates of preterm births in order to support communities in their prevention efforts." Lori Reeves, March of Dimes









### Your Work is Important!

"The birth certificate tells the story of a single baby in the community as part of the larger stories of babies in the whole community and ultimately Florida's story." Nancy Travis, Cape Coral Hospital





"Birth certificates are key to having the information needed to drive community change to improve the health of mothers and babies." Carol Brady, Healthy Start

"Quality Birth Data is critical as it is utilized for health statistics and research to assist in monitoring health programs and policies to improve the health of Floridians." Ken Jones, State Registrar, Florida Department of Health







### **BCI Goals**

- To improve birth certificate accuracy on prioritized key birth certificate variables in Florida hospitals to 95% accuracy
- To develop useful online resources that are available for sustained birth certificate data training for new hospital staff.







### **BCI** Approach

### Webinars, Training and QI process

- Monthly training webinars and shared learning
- Archived Webinars
- Learning tools to support training efforts
- Hospital consultation and technical assistance as needed







### **BCI** Approach

#### **Data Reporting**

- Auditing 10 hospital records monthly starting August 2018
- Internal hospital reviewer of audit
- Baseline data collected for June and July 2018 births
- Auditing, data collection and reporting processes will be covered in this webinar
- Timely monthly hospital data accuracy/QI reports
  - To see how well your hospital is doing
  - To see how well your hospital is doing compared to other hospitals

### Hospital Feedback

Project design, tools and initiative support





### 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 certificates directly using hospital records
- Report monthly data by <u>20<sup>th</sup></u> of the following month
- Participate in the BCI webinar that month when offered





### What are hospitals going to do?

### August and September 2018

- <u>Baseline Data</u>: Audit 10 birth certificates each for June and July 2018 births
- August 2018 Data: Audit 10 birth certificates in early September
- Submit:
  - Baseline data by August 20<sup>th</sup>
  - August data by September 20<sup>th</sup>





### What are hospitals going to get from it?

- Monthly BCI hospital reports
- BCI QI materials and tools
- FPQC consultation & assistance when requested
- Improved reporting data accuracy on 23 key birth certificate variables ≥ 95%
- More accurate hospital QI indicator reports
- Better birth certificate data to improve the health of mothers and babies





# Comments? Questions?









# Learning Tools







Data that is accurate and complete is of great importance to improve the health of mothers and babies. Although all the information collected in the birth certificate is significant, there are 23 key variables that have been identified as essential to supporting Florida's efforts for healthier mothers and babies. By reporting quality data, you help improve perinatal health.

Acknowledgment: Thanks to the Ohio and Illinois Perinatal Quality Collaboratives, the Ohio Department of Health and the Illinois Department of Public Health for their assistance and permitting us to adapt their materials based on their state initiatives.



QUALITY FOR MOTHERS AND BABIES

# DEFINITION ITEM # TIPS FOR ENTRY 1. Birth weight Enter the weight of the infant in grams. If weight in grams is not available, enter the birth weight in pounds and ounces. Please do not convert. This is the infant's weight at delivery, NOT at discharge.





Guide

### **Instruction Manual**

|  | Definition                         | ITEM #           | TIPS FOR ENTRY   | KEYWORDS AND<br>ABBREVIATIONS   | NSCHS RECOMMENDED<br>SOURCE                                    |
|--|------------------------------------|------------------|--|---|--|
|  | 1. Birth weight                    |                  |  |   |  |
|  | The weight of the infant at birth. | ltem #<br>4      | Enter the weight of the infant in grams. If<br>weight in grams is not available, enter the<br>birth weight in pounds and ounces.<br>Please do not convert. This is the infant's<br>weight at delivery, NOT at discharge. | BW-Birthweight<br>Gms-Grams<br>g-grams<br>kg-Kilograms<br>Lbs-Pounds<br>oz-Ounces | 1 <sup>st</sup> Delivery record <i>under:</i><br>- Infant data |
|  |                                    | 1                |  |   |  |
|  |                                    | 1                |  |   |  |
| BCI INSTRUCTION MAN  | NUAL                               |                  |  |   |  |
| Completing the facility worksheet for 23 key variables for   | r the Florida birth certifi        | cate             |  |   |  |
|  |                                    |                  |  |   |  |
| FPQC PARTNERING TO IMPROVE HEAL<br>QUALITY FOR MOTHERS AND E | TH CARE<br>BABIES                  | lorida<br>IEALTH |  |   |  |
|  | Version                            | n: 05/25/2       | 2018   |   |  |





# **Key Birth Certificate Variables**





### Key Variable Grid

| SECTION               | ITEM                                     | SUBITEM  | SOURCES  |  |
|-----------------------|--|--|--|--|
| Child                 | Birth Weight                             |  | 1st Delivery Record  |  |
| Pregnancy<br>History  | First Prenatal Visit                     |  | 1 <sup>st</sup> Prenatal Record  |  |
|                       | Number of Prenatal Visits                |  | 1st Prenatal Record  |  |
|                       | Prepregnancy weight                      |  | 1st Prenatal record<br>2nd Physician/nurse admission note  |  |
|                       | Weight at delivery                       |  | 1 <sup>st</sup> L&D nursing admission triage form<br>2 <sup>nd</sup> Admission H&P   |  |
|                       |  | Prepregnancy diabetes  |  |  |
|                       |  | Gestational diabetes   | 1 <sup>st</sup> Prenatal care record   |  |
|                       |  | Prepregnancy or chronic hypertension                         | 2nd L&D nursing admission triage form  |  |
|                       | Risk Factors in this Pregnancy           | Gestational hypertension                                     | 4 <sup>th</sup> Delivery record  |  |
|                       |  | Hypertension-eclampsia                                       |  |  |
| Medical and<br>Health |  | Previous preterm birth                                       | 1st Prenatal care record<br>2nd L&D nursing admission triage form  |  |
|                       |  | Induction of labor   | 1st Delivery record<br>2nd Physician progress note;<br>3rd L&D nursing admission triage form   |  |
|                       |  | Augmentation of labor  | 1st Delivery record<br>2nd Physician progress note   |  |
| Information           |  | Antenatal corticosteroids                                    | 1st Delivery record  |  |
|                       | Characteristics of Labor and<br>Delivery | Antibiotics received by the mother during labor              | 2 <sup>nd</sup> Maternal medication record<br>3 <sup>rd</sup> Newborn admission H&P<br>4 <sup>th</sup> Maternal physician order sheet<br>5 <sup>th</sup> Prenatal care records |  |
|                       | Method of delivery                       | Fetal presentation at birth                                  | 1st Delivery record  |  |
|                       |  | Final route and method of delivery-Cesarean                  | 2 <sup>nd</sup> Newborn Admission H&P<br>3 <sup>rd</sup> Recovery room record  |  |
|                       | Obstetric Estimate of Gestation          |  | 1st OB admission H&P   |  |
| Newborn               | APGAR score                              |  | 1st Delivery record  |  |
|                       | Breastfeeding at discharge               |  | 1st L&D summary record<br>2nd Maternal progress note<br>3rd Newborn flow record<br>4th Lactation consult   |  |
|                       | Abnormal Conditions of the               | Assisted ventilation required immediately following delivery | 1st Labor delivery summary   |  |
|                       | Newborn                                  | Assisted ventilation required for ≥ 30 minutes               | ter Neukomenninskom og Sam hast  |  |
|                       |  | Assisted ventilation required for ≥ 6 hours                  | 1~ Newborn respiratory care now sneet  |  |





### **Birth Weight**

**DEFINITION:** The weight of the infant at birth

SOURCE: Delivery Record under Infant Data

- Enter the weight of the infant in grams
- If not available in grams enter weight in pounds and ounces
- Please do not convert
- This is the infant's weight at delivery, NOT at discharge





### Date of First Prenatal Care Visit

**DEFINITION:** The date a physician or other health care professional first examined or counseled the pregnant woman for the pregnancy

SOURCE: Prenatal care record

- Enter the month, day, and year of the first prenatal care visit
- If date information is incomplete, enter all parts of the date that are known
- Do not ask the mother





### Number of Prenatal Visits

**DEFINITION:** The total number of visits recorded in the most current medical record available

SOURCE: Prenatal care record

- **<u>Count</u>** the number of prenatal visits from the most current prenatal record
- Do not include visits for classes, laboratory or other testing in which the pregnant

woman was not individually examined or counseled

• Do not ask the mother





### Mother's Weight



- Use pounds in whole numbers only; Do not enter fractions or decimals
- If weight is 125 lbs. 4  $\frac{1}{2}$  oz. or 125.4 lbs. enter 125 lbs. only





### **Risk Factors in this Pregnancy**







### Diabetes



• Check the time of diagnosis and select either one. **DO NOT mark both** 





### Hypertension

#### PREPREGNANCY (CHRONIC) HYPERTENSION **GESTATIONAL HYPERTENSION** Elevation of blood pressure above normal Elevation of blood pressure above normal for age and physiological condition diagnosed for age and physiological condition **PRIOR** to the onset of this pregnancy diagnosed **DURING** this pregnancy Benign essential hypertension **Preeclampsia Essential hypertension** PIH–Pregnancy-induced hypertension Preexisting hypertension **HELLP** Syndrome SOURCES: 1st Prenatal care record 2nd L&D nursing admission triage form 3rd Admission H&P 4<sup>th</sup> **Delivery** record

• Check the time of diagnosis and select either one. **DO NOT mark both** 







### Hypertension-Eclampsia

**DEFINITION:** Hypertension and generalized seizure or coma

KEYWORD: Eclamptic seizure

| SOURCES: | I <sup>st</sup> Prenatal care record | 2 <sup>nd</sup> L&D nursing admission triage form |
|----------|--------------------------------------|---|
|          | 3 <sup>rd</sup> Admission H&P        | 4 <sup>th</sup> Delivery record                   |

• Eclampsia <u>can be checked with either</u> pre-pregnancy or gestational hypertension





### **Previous Preterm Birth**

**DEFINITION:** A history of pregnancies resulting in a <u>live</u> infant born prior to 37 completed weeks

| SOURCES: | lst | Prenatal care record              |
|----------|-----|-----------------------------------|
|          | 2nd | L&D nursing admission triage form |

- Include live births born up to and including 36 weeks 6 days
- <u>Do not</u> include miscarriages, stillbirths or fetal deaths that occurred before 37 weeks





### **Characteristics of Labor and Delivery**

#### 47. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)

Antibiotics received by the mother/parent during labon

Augmentation of labor

Steroids (glucocorticoids) for fetal lung maturation received by the mother/parent prior to delivery

Clinical chorioamnionitis diagnosed during labor or maternal temperature > 38°C (100.4°F)

Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery

Epidural or spinal anesthesia during labor

Other (Specify)

Induction of labor

FPQC



None

### Induction vs. Augmentation of Labor



- Common medications and techniques: oxytocin and artificial rupture of membranes
- Check when labor began and select either one. DO NOT mark both





### **Antenatal Corticosteroids**

**DEFINITION:** Steroids received by the mother prior to delivery to accelerate fetal lung maturation

KEYWORDS: Betamethasone; Betamethasone phosphate; Beta-PO4;

Betamethasone acetate; Beta-Ac; Dexamethasone

| SOURCES: | I <sup>st</sup> Delivery record       | 2 <sup>nd</sup> Maternal medication record     |
|----------|---------------------------------------|--|
|          | 3 <sup>rd</sup> Newborn admission H&P | 4 <sup>th</sup> Maternal physician order sheet |
|          | 5 <sup>th</sup> Prenatal care records |  |

- Typically administered in anticipation of preterm delivery (<37wks GA)
- Does not include steroid medication given to the mother for anti-inflammatory treatment





### Antibiotics Received by the Mother During Labor

**DEFINITION:** Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery

KEYWORDS: SBE (sub-acute bacterial endocarditis), Maternal fever

Prophylaxis GBS positive or GBS + (Group B streptococcus)

| SOURCES: | I <sup>st</sup> Delivery record       | 2 <sup>nd</sup> Maternal medication record     |
|----------|---------------------------------------|--|
|          | 3 <sup>rd</sup> Newborn admission H&P | 4 <sup>th</sup> Maternal physician order sheet |
|          | 5 <sup>th</sup> Prenatal care records |  |

• Check this item only if medications were received systemically by the mother during labor





### Method of Delivery

#### 48. METHOD OF DELIVERY






#### Fetal Presentation at Birth



- Cephalic/Vertex head is the presenting part at birth
- Breech buttocks or leg is the presenting part at birth
- Check <u>one</u> of the three boxes.
- Check only the final presentation at birth.





### Final Route and Method of Delivery (CESAREAN)

**DEFINITION:** Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.

KEYWORDS: C/S–Cesarean section, LSTCS–Low segment transverse

SOURCES: 1<sup>st</sup> Delivery record 2<sup>nd</sup> Newborn admission H&P 3<sup>rd</sup> Recovery room record

- Check this item only if <u>Cesarean</u>
- **Does not** include a vaginal birth after a prior cesarean





#### **Obstetrical Estimate of Gestation**

**DEFINITION:** The best estimate of the infant's gestational age in completed weeks based on the prenatal care provider's estimate of gestational age

SOURCE: OB admission H&P

- Ultrasound completed in the first trimester is preferred
- This estimate of gestational age should be determined by all perinatal factors and

assessments but  $\underline{\textbf{NOT}}$  the neonatal exam

• **NEVER** round up or down. Enter number of weeks and days





### Breastfeeding at Discharge

**DEFINITION:** Information on whether the infant was given human milk or colostrum during the period between birth and discharge from the hospital

> SOURCES: I<sup>st</sup> L&D summary record 3<sup>rd</sup> Newborn flow record

2<sup>nd</sup> Maternal progress note 4<sup>th</sup> Lactation consult

- It includes breastfeeding, pumping and any attempt to breastfeed
- The infant **DOES NOT** need to be exclusively breastfed
- It is **NOT** simply the mother's intent to breast-feed





#### **APGAR** at 5 minutes

**DEFINITION:** The delivery attendant's assessment of color, heart rate, reflex irritability, muscle tone, and respiration of the infant at 5 minutes following birth.

SOURCES: I<sup>st</sup> Delivery record

- Enter the infant's Apgar score at 5 minutes
- Scores are between 1 to 10 with 10 being the best score
- If not available, <u>do not</u> use the 10 minute APGAR or other





### 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





## **Assisted Ventilation Required**



- Includes conventional, high frequency, or continuous positive pressure (CPAP)
- Excludes free-flow oxygen only, laryngoscopy for aspiration of meconium, and nasal cannula
- Check all that apply





# Comments? Questions?









# The following section is <u>required</u> only for the initiative **Leads**





#### **Data Entry Methods**



#### Key Personnel

- Hospitals will need to designate a:
  - Clinical Lead
  - Data Abstractor Lead
  - Birth Registrar Lead
- <u>All 3</u> Lead designees will need to be knowledgeable of:
  - Best reliable data sources for the 23 key data variables and BCI data collection procedures
  - Maternal and infant health care (Clinical & Data Abstractor Leads)





### **Key Personnel Roles**

- Clinical Lead will:
  - Interface with clinical team on issues of reporting in the medical record
  - Receive monthly BCI audit reports
- Data Abstractor Lead will:
  - Conduct and report monthly audits to FPQC
  - Support the clinical expert
- Birth Certificate Registration Lead will:
  - Organize and encourage all personnel who complete birth certificates to participate in BCI QI efforts





### Auditing of Records

#### **Data Abstractor Lead:**

- 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 certificates





#### 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 23 key variables
- A total of 10 reports should be generated and printed each month







#### **Evitals Report Demonstration**

### **Gary Sammet**

Administrator--Public Health Statistics & Medical Classification Bureau of Vital Statistics Florida Department of Health



#### Sampling conducted by Email notification







#### Logon to e-Vitals system





#### Search for Birth SFN







#### Enter SFN then click 'Search'

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| Mother's/Parent's First Name           | Middle Name                           | Name Prior to First Marriage | SSN         |
|  |                                       |                              |             |
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#### Report will display in new window then click 'Print'







#### **FPQC** Report

DATE FILED: 04/02/2018

TIME OF BIRTH (24HR): 1840

#### VITAL STATISTICS PERINATAL QUALITY CONTROL

#### BIRTH INFORMATION

STATE FILE NUMBER: 201800001 DATE OF BIRTH: 03/12/2018 FACILITY NAME / COUNTY: UF HEALTH JACKSONVILLE / DUVAL CHILD'S NAME (FML): ROBERT BOB JONES MOTHER'S/PARENT'S NAME (FML/(mdn)): MARY ANN (SMITH) MOTHER'S/PARENT'S DATE OF BIRTH: 08/14/1978 MOTHER'S/PARENT'S MRN: NOT RECORDED NEWBORN'S MRN: NOT RECORDED

#### MEDICAL INFORMATION

 1. BIRTHWEIGHT

 UNITS:
 POUNDS

 GRAMS:
 2438
 LBS/OZS:
 5/6

 2. DATE OF FIRST PRENATAL VISIT:
 88/88/8888
 3. TOTAL NUMBER OF PRENATAL VISITS:
 00

 4. PREPREGNANCY WEIGHT:
 120
 5. WEIGHT AT DELIVERY:
 150

#### PREGNANCY RISK FACTORS

 6. PREPREGNANCY DIABETES:
 NO

 7. GESTATIONAL DIABETES:
 NO

 8. PREPREGNANCY OR CHRONIC HYPERTENSION:
 NO

 9. GESTATIONAL HYPERTENSION:
 NO

 10. HYPERTENSION - ECLAMPSIA:
 NO

 11. PREVIOUS PRETERM BIRTHS:
 NO

#### CHARACTERISTICS OF LABOR AND DELIVERY

- 12. INDUCTION OF LABOR: NO
- 13. AUGMENTATION OF LABOR: NO
- 14. ANTENATAL CORTICOSTEROIDS: NO
- 15. ANTIBIOTICS RECEIVED BY THE MOTHER DURING DELIVERY: NO
- 16. FETAL PRESENTATION AT DELIVERY: BREECH
- 17. FINAL ROUTE AND METHOD OF DELIVERY: SPONTANEOUS
- 18. OBSTETRIC ESTIMATE OF GESTATION (in weeks): 38
- 19. BREASTFEEDING AT DISCHARGE: NO
- 20. APGAR SCORE AT 5 MINUTES: 09

#### ABNORMAL CONDITIONS OF THE NEWBORN

21. ASSISTED VENTILATION AFTER DELIVERY IMMEDIATELY FOLLOWING DELIVERY: NO 30 MINUTES UP TO 6 HOURS AFTER DELIVERY: NO 6 HOURS OR MORE AFTER DELIVERY: NO





#### Close report

| 😽 BIRTH - 2018 - Netsma                | irt VR   |      | _ <u> </u>                 |
|--|--|------|----------------------------|
| <u>File</u> <u>Search</u> <u>R</u> eq  | rint Preview   | ×    |                            |
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| Child Cert/Attend                      |  |      | 1                          |
| System Information<br>Tracking Number: |  |      | Sent to SSA                |
| 2018000001                             |  | - 11 |                            |
| Date Undated:                          |  | - 11 | Date Paternitu Established |
| 07/18/2018                             | DATE OF BIRTH: 03/12/2018 TIME OF BIRTH (24HR): 1840   | - 11 | ■ 03/27/2018               |
| Course Chate File N                    | FACILITY NAME / COUNTY: UF HEALTH JACKSONVILLE / DUVAL   | - 11 |                            |
| Source State File K                    | CHILD'S NAME (FML): ROBERT BOB JONES<br>MOTHER'S (PARENT'S NAME (EMI ((mds))MARY ANN (SMITH)     | - 11 |                            |
|  | MOTHER SPARENT'S NAME ("MEMMINI) MARY ANN (SWITH)<br>MOTHER'S/PARENT'S DATE OF BIRTH: 08/14/1978 | - 11 |                            |
| Healthy Start                          | MOTHER'S/PARENT'S MRN: NOT RECORDED  | - 11 |                            |
| Screening consent                      | NEWBORN'S MRN: NOT RECORDED  | - 11 |                            |
| Child Information                      | MEDICAL INFORMATION  |      |                            |
| First Name                             | 1. BIRTHWEIGHT   | - 11 |                            |
| ROBERT                                 | UNITS: POUNDS<br>GRAMS: 2428 LBS/075: 5 / 6  | - 11 |                            |
| Sex 🖵 Foundlin                         | 2 DATE OF FIRST PRENATAL VISITRA/88/8888   | - 11 |                            |
| м                                      | 3. TOTAL NUMBER OF PRENATAL VISIT S20  | - 11 |                            |
| Birth Weight Indicato                  | 4. PREPREGNANCY WEIGHT: 120  | - 11 |                            |
| P                                      | 5. WEIGHT AT DELIVERT. 150   | - 11 |                            |
| Place of Birth                         | PREGNANCY RISK FACTORS   | - 11 |                            |
|  | 6. PREPREGNANCY DIABETES: NO   | - 11 |                            |
| DOVAL                                  | 7. GESTATIONAL DIABETES: NO  | - 11 |                            |
| Facility Name UF H                     | 8. PREPREGNANCY OR CHRONIC HYPERTENSION: NO  | - 11 |                            |
|  | 10. HYPERTENSION - ECLAMPSIA: NO   | - 11 |                            |
| Planned to deliver at                  | 11. PREVIOUS PRETERM BIRTHS: NO  | - 11 |                            |
|  |  | - 11 |                            |
|  | CHARACTERISTICS OF LABOR AND DELIVERY  |      |                            |
| Long Name Verificati                   | 12. INDUCTION OF LABOR: NO   |      |                            |
| ROBERT BOB JON                         | 13. AUGMENTATION OF LABOR: NO  |      |                            |
|  | 14. ANTENATAL CORTICOSTEROIDS: NO<br>15. ANTIBIOTICS RECEIVED BY THE MOTHER DURING DELIVERNO     |      |                            |
|  | 16. FETAL PRESENTATION AT DELIVERBREECH  |      |                            |
|  | 17. FINAL ROUTE AND METHOD OF DELIVERYSPONTANEOUS  |      |                            |
|  | 18. OBSTETRIC ESTIMATE OF GESTATION (in weeks 38   |      |                            |
|  | 20. APGAR SCORE AT 5 MINUTES:09  |      |                            |
|  |  |      |                            |
|  | ABNORMAL CONDITIONS OF THE NEWBORN   |      |                            |
|  | 21. ASSISTED VENTILATION AFTER DELIVERY  |      |                            |
|  | IMMEDIATELY FOLLOWING DELIVERYNO   |      |                            |
|  |  |      |                            |
| Page                                   | 1of 1  |      |                            |
|  | 201000001  |      |                            |





#### Click on 'Search' for next record

| BIRTH - 2018 - Netsmart VR  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <u>File Search R</u> equests A <u>c</u> tions Linking <u>T</u> ools <u>A</u> dministration <u>H</u> elp   |  |  |  |  |  |  |  |
| 🗈 🕼 🔽 🔚 🖤 📓 Kno Alerts> 💽 🧇 🕼 Save No Edits   |  |  |  |  |  |  |  |
| Child Cent/Attend Mother/Parent Father/Parent Pat Aff Admin Parnt Hist Preg Hist Med 1 Med 2 Newborn Flags MODS Court   |  |  |  |  |  |  |  |
| System Information       Tracking Number:     User Location Code     User ID:     Regis Type     Create Date     Status     Post Reg Status     Sent to SSA       2018000001     26006     Hospital Registrar     04/02/2018     Registered/Completed     CSE Paternity     N |  |  |  |  |  |  |  |
| Date Updated:         Updated By:         State File Number         State File Date:         Type of Adoption         Type of Paternity         Date Paternity Established  |  |  |  |  |  |  |  |
| 07/18/2018 phsadmin 2018000001 04/02/2018 DORAdmPat 03/27/2018  |  |  |  |  |  |  |  |
| Source State File Number  |  |  |  |  |  |  |  |
| Screening consent (Y/N) Y Program consent (Y/N) N Info release (Y/N) N  |  |  |  |  |  |  |  |
| Child Information First Name Suffix   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Sex         Foundling?         Date of Birth           M         03/12/2018   |  |  |  |  |  |  |  |
| Birth Weight Indicator     Pounds     Ounces     Grams     Time of Birth (24 hr.)       P     5     6     2438     1840   |  |  |  |  |  |  |  |
| Place of Birth  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Facility Name UF HEALTH JACKSONVILLE  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Long Name Verification  |  |  |  |  |  |  |  |
| ROBERT BOB JONES  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |  |
| 201800001 .::   |  |  |  |  |  |  |  |





# Comments? Questions?









### **Auditing Process**



#### Data Checklist

- BCI monthly check sheet to record the audit
- Ist row must be checked if infant's GA is <34 weeks</li>
- Following 23 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 Initiative: Data Checklist

#### EXAMPLE FORM

| Variable   | Total | Chart<br>1 | Chart<br>2 | Chart<br>3 | Chart<br>4 | Chart<br>5 | Chart<br>6 | Chart<br>7 | Chart<br>8 | Chart<br>9 | Chart<br>10 |
|--|-------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Is the infant <34 weeks gestation?<br>(not counted in overall accuracy)                    | 0     | Yes        | Ves        | Ves        | Yes        | Yes        | Yes        | Yes        | Yes        | Ves        | Yes         |
| Check the appropriate box if the birth certificate and hospital record data items DISAGREE |       |            |            |            |            |            |            |            |            |            |             |
| Weight of infant at birth (± 1oz or 30g)   | 0     |            |            |            |            |            |            |            |            |            |             |
| Date of first prenatal visit (± 2 days)  | 0     |            |            |            |            |            |            |            |            |            |             |
| Total number of prenatal visits  | 0     |            |            |            |            |            |            |            |            |            |             |
| Mother's pre-pregnancy weight (± 1<br>pound)   | 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 <u>disagreement</u>, mark the corresponding box in the data checklist





### Example 1

| Variable                                    | Birth Certificate | Medical Record | Audit<br>Disagreement |
|---|-------------------|----------------|-----------------------|
| Weight of infant at<br>birth (± 1oz or 30g) | 3000g             | 3000g          | Νο                    |
| Weight of infant at<br>birth (± 1oz or 30g) | 3000g             | 2980g          | Νο                    |
| Weight of infant at<br>birth (± 1oz or 30g) | 3000g             | 3085g          | Yes                   |





#### Example 2

| Variable          | Birth Certificate | Medical Record | Audit<br>Disagreement |
|-------------------|-------------------|----------------|-----------------------|
| Cesarean delivery | Cesarean          | Cesarean       | Νο                    |
| Cesarean delivery | Vaginal           | Vaginal        | Νο                    |
| Cesarean delivery | Vaginal           | Cesarean       | Yes                   |
| Cesarean delivery | Cesarean          | Vaginal        | Yes                   |





#### 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
- **DO NOT USE** the "Facility Worksheet" (or birth certificate worksheet) for the audit





#### Data Entry

- **REDCap** (Research Electronic Data Capture) is a secured web application to support data capture
- Data Abstractor Lead will receive a <u>hyperlink</u> from FPQC to access the survey in REDCap
- Enter the information you collected on the Data Checklist directly into REDCap
- Submit the reports by the 20<sup>th</sup> of each month




# REDCap

| Birt  | h Certificate Accuracy Initiative (BCI)   | Re  | size font: |  |
|---|---|---|------------|--|
| Please complete the survey below.<br>Thank you! |   |   |            |  |
| 1)  | Which hospital are you reporting for?<br>* must provide value                     |   | -          |  |
| 2)  | Which month are you reporting for? * must provide value                           | <b>_</b> _  |            |  |
| 3)  | Which year are you reporting for?<br>* must provide value                         | <ul><li>2018</li><li>2019</li></ul>   | reset      |  |
| 4)  | Number of infants < 34 weeks' gestation * must provide value                      | This measure will not be included in the percent accuracy calculation.  | :          |  |
| 5)  | Total discordant responses for: Weight of infant at birth<br>* must provide value | Enter the number of instances in which the birth<br>certificate and the hospital vital record DID NOT<br>MATCH. |            |  |







# Comments? Questions?







# **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 23 key variables month-tomonth throughout the initiative



Percent Accuracy of Maternal Condition Variables



for Mothers and Babies



# Hospital Reports

### Monthly

- Received near the time of the webinar of the following month (assumes all hospitals report in a timely manner)
- For example, August's report should be received around the time of September's webinar





# Understanding Your Hospital Report



## **Understanding Your Hospital Report**

### **Monthly Reports**

- Show data from <u>baseline</u> (Jun & Jul 2018) <u>through</u> end of initiative (May 2019)
  - All variables combined
  - ---- Each individual variable





## **Understanding Your Hospital Report**

- Focus on your hospital's bar graph to see improvement in your data
- Look for percent accuracy trends in your June 2018 through May 2019 reports
- Compare your hospital's accuracy (bars) to:
  - The BCI Goal
  - Average for all participating hospitals
  - 25<sup>th</sup> percentile for all participating hospitals









### **Average Percent Accuracy of Maternal Condition** Variables



for Mothers and Babies

### Percent Accuracy of Maternal Condition Variables



- ----Mother Diagnosed Pre-Pregnancy with Diabetes
- ----Mother Diagnosed with Chronic Hypertension
- ---Mother Diagnosed with Eclampsia

Mother Diagnosed with Gestational Diabetes
 Mother Diagnosed with Gestational Hypertension



### Percent Accuracy of All 23 Birth Certificate Variables





83

# Comments? Questions?









# Training





## Training

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

- Clinical side
- Birth certificate reporting side









# **Important Dates**





### **Important Dates**

### **Deliverable**

- I. Data Entry of audits into **REDCap**
- 2. Hospital monthly **reports** from FPQC

**Due Date** 

20<sup>th</sup> of every month

Around the time of webinar





# **Upcoming Webinars**





# **BCI** Webinar Purpose

- Share BCI project overview
- Provide quality training and tools to assist with accurate data collection
- Learn about problems/challenges and best practices from each hospital
- Report on data accuracy progress
- Provide important updates
- Make recommendations for improvement





# **Upcoming Webinars**

- Monthly webinars starting August 2018 Detailed look at variables that hospitals are finding challenging
- August 23<sup>rd</sup>, 2018 'Improving Reporting Accuracy: Total Number of Prenatal Visits'
- September 27<sup>th</sup>, 2018
- October 25<sup>th</sup>, 2018
- December 6<sup>th</sup>, 2018

Based on poor performing variables and hospital needs.







### FPQC Website







### FPQC Website













#### Current Projects



Partnering to Improve Health Care Quality for Mothers and Babies



#### Promoting Primary Vaginal Deliveries (PROVIDE)

About one-fifth of Florida hospitals meet the Healthy People 2020 national goal for Nulliparous Term Singleton Vertex (NTSV) cesarean section deliveries of 23.9% or less. The purpose of this project is to work with Florida stakeholders and hospitals to improve readiness, recognition, response, and reporting with the ultimate goal of promoting intended primary vaginal deliveries.

#### Access LARC

This is a new project with the goal of working with Florida hospitals to improve hospital policies, procedures, and collaboration to increase rates of postpartum LARC usage, and to work with Medicaid, and other payers and state partners, to facilitate their use.

#### Birth Certificate Accuracy Improvement Initiative (BCI)

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

#### Perinatal Quality Indicator System





| Who We Are             |   |
|------------------------|---|
| Governance & Structure |   |
| Get Involved           |   |
| Communications         |   |
| Testimonials           |   |
| Projects               | ~ |
| Past                   |   |
| Current                |   |
| Upcoming               |   |
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| Provider Education     | > |
| Patient Education      | > |
| Staff & Information    |   |
|                        |   |

Home

#### Located at:



#### Current Projects



Partnering to Improve Health Care Quality for Mothers and Babies



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#### Perinatal Quality Indicator System





#### Birth Certificate Accuracy Improvement



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**Provider Education** 

Patient Education

Staff & Information

Chiles Center Women, Children & Families

Located at:

Governance & Structure

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>

Partnering to Improve Health Care Quality for Mothers and Babies

#### Birth Certificate 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.

BCI's purpose is to improve the accuracy of birth certificate reporting for health care quality improvement and public health purposes. Based on a recent pilot with nine hospitals, BCI improved birth certificate reporting in a simple, worthwhile fashion.

The current phase of this initiative launched off in July 2018.



Tools

┍╍







# Comments? Questions?







# Acknowledgements











# Thank you!

www.fpqc.org fpqc@health.usf.edu



