



Data Collection and Reporting for MOM Initiative

Karen Fugate MSN RNC-NIC, CPHQ

Partnering to Improve Health Care Quality
for Mothers and Babies



Presentation Objectives

- 👶 IRB and Data Use Agreements
- 👶 Baseline Data Collection and Submission
- 👶 Prospective Data Submission
- 👶 Sample reports
- 👶 Questions

IRB Review—Human Subjects Research

- MOM Initiative has been officially designated as NOT human subjects research by USF IRB.
- Each hospital should determine whether review and approval by your hospital IRB is necessary.
- For copies of IRB determination letter, the approved protocol, and related materials: fpqc@health.usf.edu

Data Use Agreements

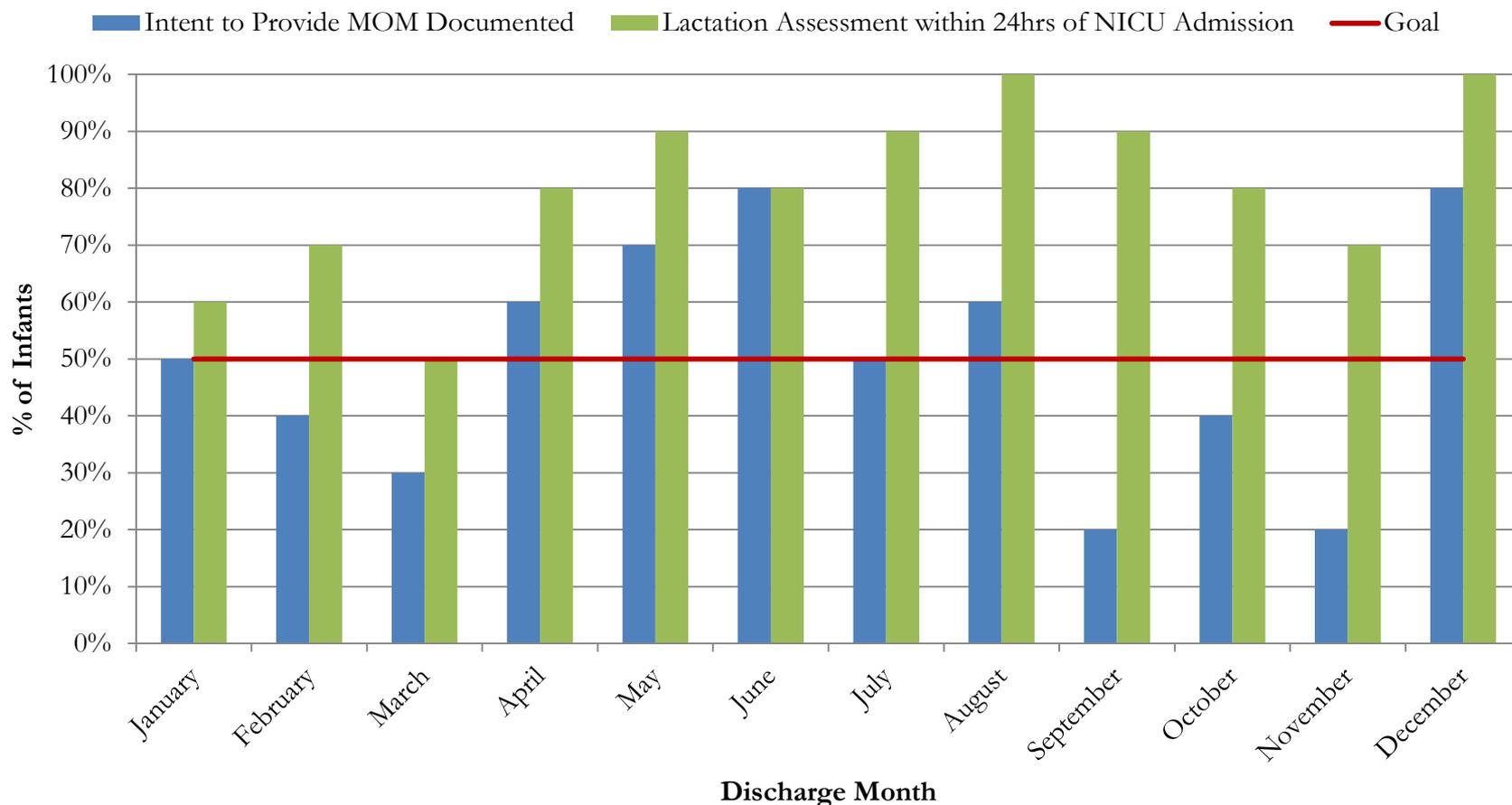
- 👤 Please have your legal department review
- 👤 Have an authorized hospital official sign and submit
Deadline is May 18th!
- 👤 FPQC will counter-sign & return for your hospital records
- 👤 **You cannot submit data until DUA is signed**

Data Reports

- 👤 Data reports are based on “discharge month” or “discharge quarter”
- 👤 **Monthly reports** contain your NICU’s data only
 - 👤 Combo – run, bar, stacked bar
 - 👤 **We will help with interpreting reports**
- 👤 **Quarterly reports** are box and whisker graphs comparing your NICU to the rest of the collaborative
- 👤 “NA” data entries are removed from denominator for each specific measure
- 👤 Reports will be sent on 15th of each month for data submitted as of the 1st of the month
- 👤 Goals TBD

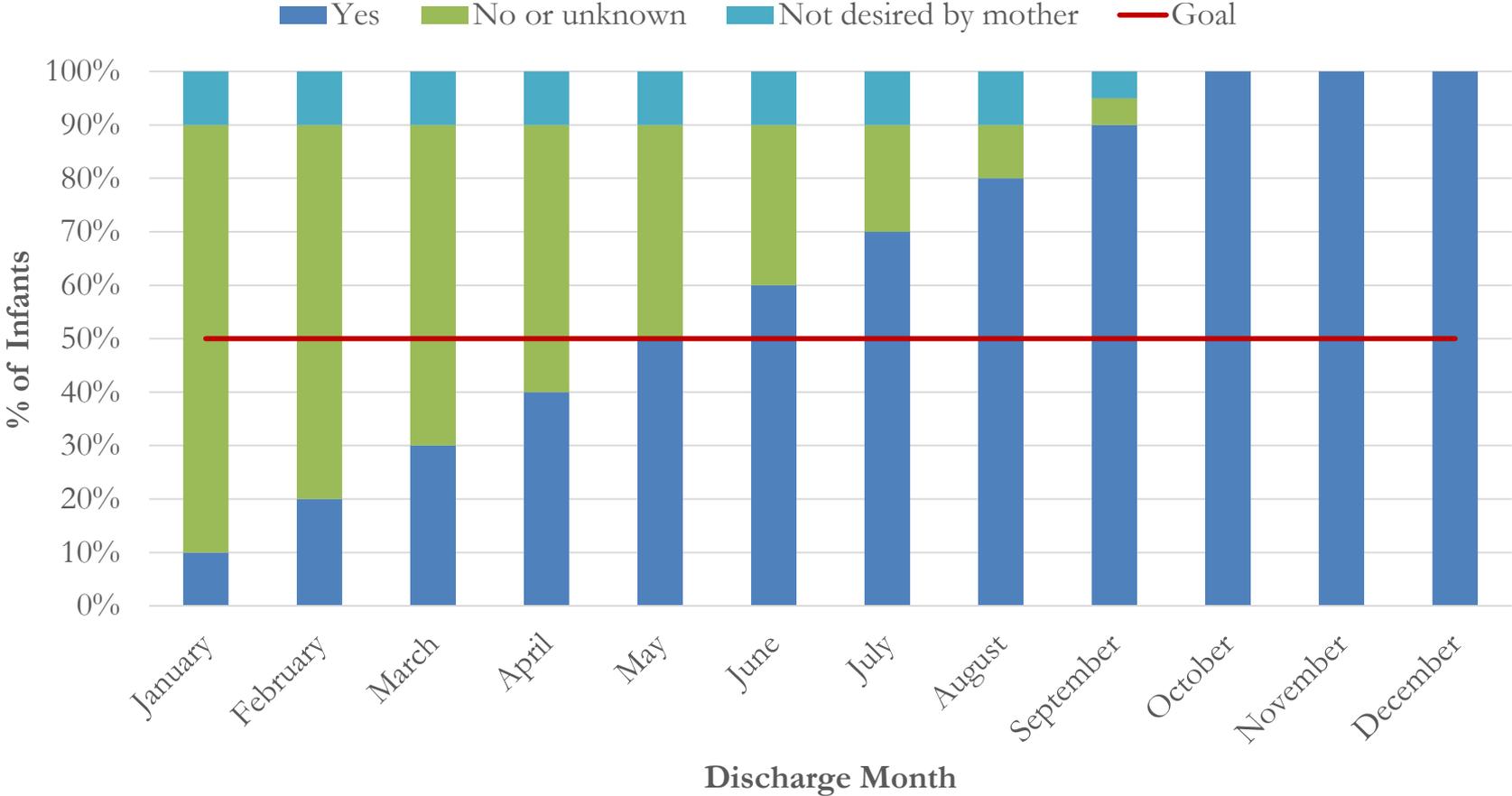
Intent to Provide MOM Documented and Lactation Assessment within 24hrs of NICU Admission

Process Measures 1 & 2



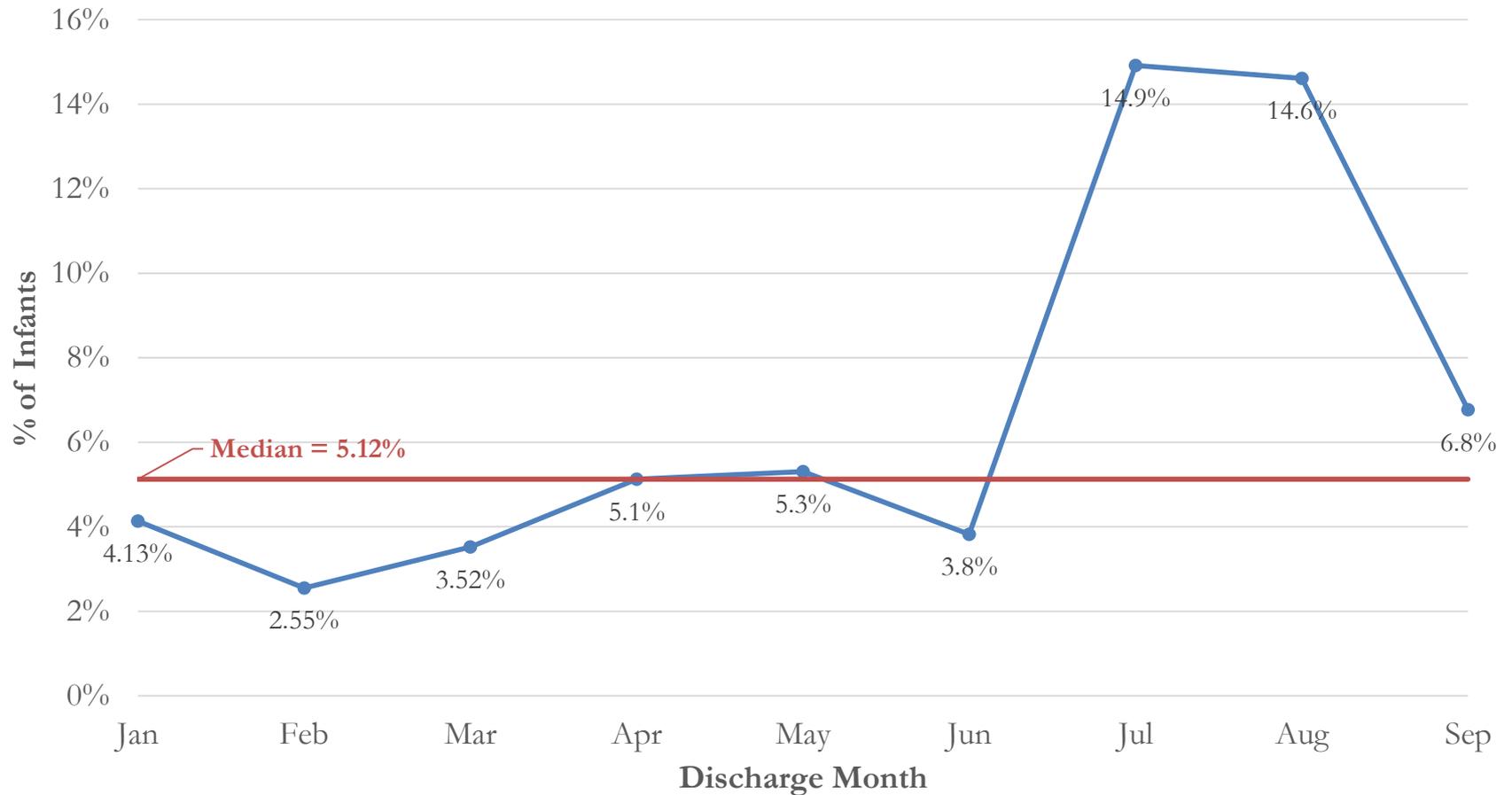
Non-nutritive BF Documented

Process Measure 6



MOM Volume \geq 500 ml/day on DOL 14

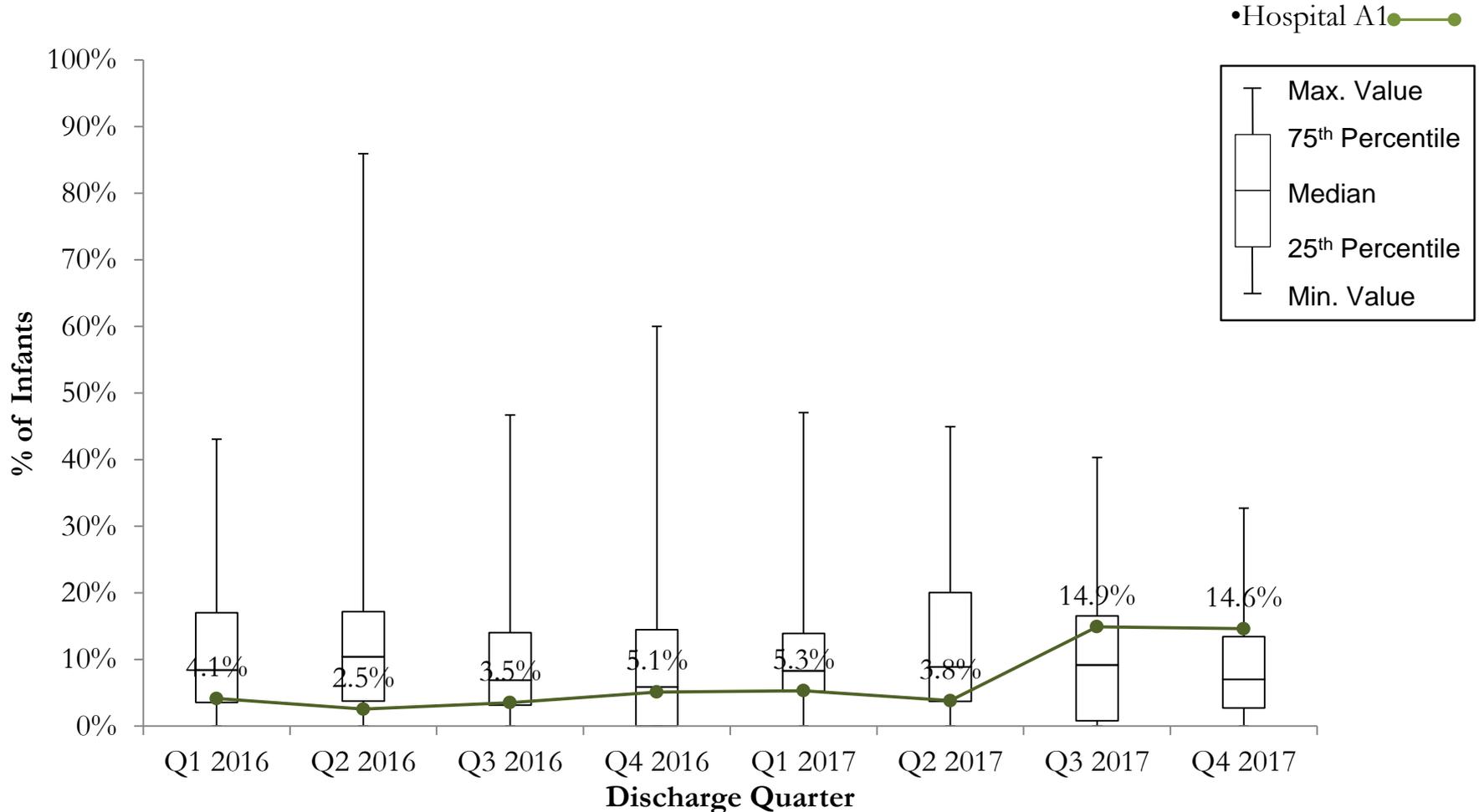
Outcome Measure 1



≥ 50% of Feeding Volume Comprised of MOM at Infant Initial Disposition

Quarterly Report

Outcome Measure 2



Suggestions to Facilitate Rapid Cycle Improvement

- 👤 Create your own Excel database
 - 👤 You must still submit data on-line
- 👤 At the very minimum, to reconcile monthly data entry, you must keep a log of:
 - 👤 MRN (or other patient identifier)
 - 👤 Admit and Discharge date
 - 👤 Study ID number assigned – start with “001” and number consecutively

Study #	MRN	Admit	Discharge
001	10023658	20-Mar-16	30-Apr-16
	10023689	25-Mar-16	
	10023700	1-Apr-16	
002	10023802	10-Apr-16	1-May-16
	10023900	23-Apr-16	
	10023906	1-May-16	
	10023103	5-May-16	
	10024001	12-May-16	

Example minimal data log

Baseline Data Collection & Submission

Baseline Data Collection

-  Collect data month of **June 2016**
-  Last 15 infants discharged as of **April 30, 2016**
-  May not be able to find all data elements
-  Great opportunity to identify documentation needs

Baseline Data Submission

-  On-line data entry link sent when DUA completed
-  Submit data by **July 1, 2016**
-  Baseline data reports sent by **Aug 1, 2016**

Prospective Data Collection

- 👶 Data collection starts for infants discharged as of **July 1, 2016**
- 👶 “Rolling” data submission
 - 👶 Submit when infant is discharged, expired, or transferred out
 - 👶 Once transferred out, you do not have to follow baby as you have no control over another facility’s practice
- 👶 Hospitals will receive monthly data report by 15th of each month
 - 👶 Report will include data submitted through the 1st of each month
- 👶 FPQC will contact Data Team Lead if no data submitted by the 1st of the month

Inclusion and Exclusion Criteria

Inclusion

-  BW \leq 1500 grams AND no contraindication to providing MOM (HIV, select medications)

Exclusion

-  Expired or transferred out at \leq 24 hours of life
-  Transferred in at $>$ 7 DOL

Data Collection Sheet

- MOM data collection sheet – in your packet
- Data collection sheet is chronological to facilitate record review
- Data definitions are on back of data collection sheet

Study ID #: _____

FPQC Mothers Own Milk (MOM) Initiative Data Collection Sheet

Complete for those who have BW ≤ 1500g.

Do not complete for infants where MOM is contraindicated, expire/transferred out at ≤24 hours, or transferred in at >DOL 7.

Sex	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> ambiguous	Gestational age	weeks days	Maternal ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> unknown	Maternal race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> unknown
Date of birth (MM/DD/YY)	/ /	Growth parameters at birth		Weight: <3 rd /95ile: <input type="checkbox"/> yes <input type="checkbox"/> no grams		HC: <3 rd /95ile: <input type="checkbox"/> yes <input type="checkbox"/> no cm	
Does mother intend to provide MOM <i>(If "no", no further data collection is required)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no - stop	Intent to provide MOM documented		<input type="checkbox"/> yes <input type="checkbox"/> no			
Lactation assessment w/in 24 hours of admission to your NICU	<input type="checkbox"/> yes <input type="checkbox"/> no	Availability of hospital grade pump at maternal discharge		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown			
Initial pumping ≤6 HOL	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	Availability of MOM ≤72 HOL		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown			
Non-nutritive BF documented	<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother	Skin-to-skin (S2S) care ≤DOL 10		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother			
		DOL 7 <input type="checkbox"/> NA	DOL 14 <input type="checkbox"/> NA	DOL 28 <input type="checkbox"/> NA	Day of Infant Initial Disposition		
MOM pumped volume ≥ 500 ml/day	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown			
MOM feeding volume	ml	ml	ml	ml			
Donor human milk feeding volume	ml	ml	ml	ml			
Formula feeding volume	ml	ml	ml	ml			
Day of infant initial disposition (MM/DD/YY)	/ /	Growth parameters at infant initial disposition		Weight: <3 rd /95ile: <input type="checkbox"/> yes <input type="checkbox"/> no grams		HC: <3 rd /95ile: <input type="checkbox"/> yes <input type="checkbox"/> no cm	
Any nutritive BF w/in 7 days of initial disposition	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother <input type="checkbox"/> NA	Any NEC		<input type="checkbox"/> yes <input type="checkbox"/> no			
Notes:							

All data collected in this document strictly for the specific implementation purposes only and is not part of the baby's medical record.

Data Collection: Basic Rules

- 👤 Select “NA” if infant is transferred, discharged, or expires prior to data collection time-point
 - 👤 If “NA” is selected, infant will be removed from denominator for the specific measure ONLY
- 👤 Make every effort to determine measure before selecting “No” or “Unknown”
 - 👤 “Unknown” = documentation opportunity
- 👤 Study ID# - start with 001 beginning with baseline data
 - 👤 Baseline data Study ID# should be 001-015

Demographics & Intent

- ☺ Shaded in gray
- ☺ Required of all infants meeting inclusion and exclusion criteria **regardless of intent**
- ☺ If intent is answered “no”, database will prompt you to **stop and submit**

Study ID #: _____

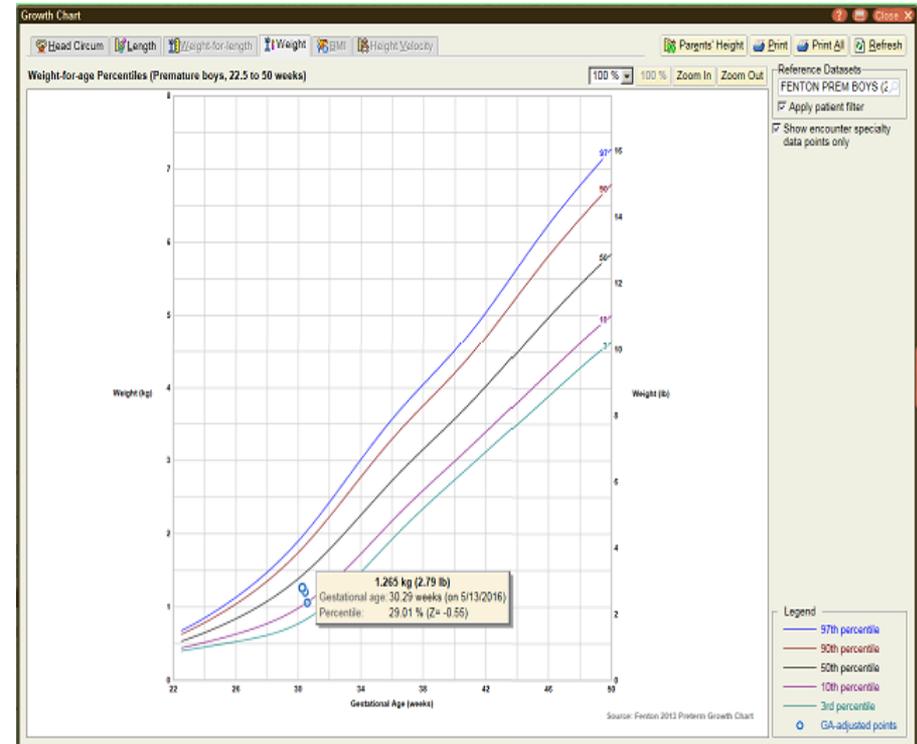
FPQC Mothers Own Milk (MOM) Initiative Data Collection Sheet
Complete for those who have BW ≤ 1500g.
Do not complete for infants where MOM is contraindicated, expire transferred out at ≤24 hours, or transferred in at >DOL 7.

Sex	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> ambiguous	Gestational age	weeks days	Maternal ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> unknown	Maternal race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> unknown
Date of birth (MM/DD/YY)	/ /	Growth parameters at birth		Weight: <3%ile: <input type="checkbox"/> yes <input type="checkbox"/> no		grams	
				HC: <3%ile: <input type="checkbox"/> yes <input type="checkbox"/> no		cm	
Does mother intend to provide MOM (If "no", no further questions apply)	<input type="checkbox"/> yes <input type="checkbox"/> no - stop		Intent to provide MOM documented		<input type="checkbox"/> yes <input type="checkbox"/> no		
Lactation assessment w/in 24 hours of admission to your NICU	<input type="checkbox"/> yes <input type="checkbox"/> no		Availability of hospital grade pump at maternal discharge		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown		
Initial pumping ≤6 HOL	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		Availability of MOM ≤72 HOL		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown		
Non-nutritive BF documented	<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother		Skin-to-skin (S2S) care ≤DOL 10		<input type="checkbox"/> yes <input type="checkbox"/> NA <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother		
		DOL 7	<input type="checkbox"/> NA	DOL 14	<input type="checkbox"/> NA	DOL 28	<input type="checkbox"/> NA
MOM pumped volume ≥ 500 ml/day	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		<input type="checkbox"/> yes <input type="checkbox"/> no or unknown		Day of Infant Initial Disposition
MOM feeding volume	ml		ml		ml		ml
Donor human milk feeding volume	ml		ml		ml		ml
Formula feeding volume	ml		ml		ml		ml
Day of infant initial disposition (MM/DD/YY)	/ /		Growth parameters at infant initial disposition		Weight: <3%ile: <input type="checkbox"/> yes <input type="checkbox"/> no		grams
						HC: <3%ile: <input type="checkbox"/> yes <input type="checkbox"/> no	
						cm	
Any nutritive BF w/in 7 days of initial disposition	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown <input type="checkbox"/> not desired by mother <input type="checkbox"/> NA		Any NEC		<input type="checkbox"/> yes <input type="checkbox"/> no		
Notes:							

All data entered in this document should be for specific breastfeeding encounters and is not part of the baby's medical record.

< 3rd %ile Fenton Growth Chart

- Birth and initial disposition
- If <3rd %ile on admission, will not count in total <3rd %ile at initial disposition
- Fenton (2013) for preterm boys OR girls
- Many EMRs have capability of plotting
- Can download from <http://ucalgary.ca/fenton/2013chart>
- Also has PediTools link and link to free i-Phone application



Data Definition/Collection

- 👤 Education on benefits provided and documented
- 👤 Lactation assessment w/in 24hr of admit to your NICU
 - 👤 Does not require IBCLC
 - 👤 Includes:
 1. Pumping frequency and technique
 2. breast comfort while pumping
 3. review pumping log
 4. Plan for pump at discharge

Intent to provide MOM documented	<input type="checkbox"/> yes <input type="checkbox"/> no
----------------------------------	---

Lactation assessment w/in 24 hours of admission to your NICU	<input type="checkbox"/> yes <input type="checkbox"/> no
--	---

Data Definition/Collection

Availability of pump at discharge

 Maternal discharge

Initial pumping \leq HOL 6

 EMR or interview

Availability of MOM \leq 72 HOL

 EMR or interview

Availability of hospital grade pump at maternal discharge	<input type="checkbox"/> yes	<input type="checkbox"/> NA
	<input type="checkbox"/> no or unknown	

Initial pumping \leq 6 HOL	<input type="checkbox"/> yes	
	<input type="checkbox"/> no or unknown	

Availability of MOM \leq 72 HOL	<input type="checkbox"/> yes	<input type="checkbox"/> NA
	<input type="checkbox"/> no or unknown	

Data Definition/Collection

 Non-nutritive breastfeeding documented

Non-nutritive BF documented	<input type="checkbox"/> yes	<input type="checkbox"/> NA
	<input type="checkbox"/> no or unknown	
	<input type="checkbox"/> not desired by mother	

 “dry” breastfeeding

 Skin-to-skin care ≤ DOL 10

Skin-to-skin (S2S) care ≤DOL 10	<input type="checkbox"/> yes	<input type="checkbox"/> NA
	<input type="checkbox"/> no or unknown	
	<input type="checkbox"/> not desired by mother	

 Any nutritive BF w/in 7 days of initial disposition

Any nutritive BF w/in 7 days of initial disposition	<input type="checkbox"/> yes	
	<input type="checkbox"/> no or unknown	
	<input type="checkbox"/> not desired by mother	
	<input type="checkbox"/> NA	

 Observation or test wght

 Any NEC

Any NEC	<input type="checkbox"/> yes	
	<input type="checkbox"/> no	

 VON definition

Data Definitions: Pumping/Feeding volumes

- ☺ DOL 7, 14, 28
 - ☺ Pumped volume refers to 24hr volume from midnight to midnight
 - ☺ “Feeding volume” refers to 24hr volume of each feeding substrate from midnight to midnight. Report will reflect % of total.
 - ☺ Enter “0” if substrate not fed at all
 - ☺ Enter all “0s” if NPO
- ☺ If “NA” selected for DOL 7, 14, or 28, database will skip to next measure – no column entry.
- ☺ Always complete “initial disposition” column
 - ☺ Discharge to home – 24hr volume of each substrate
 - ☺ If expired or transferred out, enter **maximal enteral feeds** achieved during NICU stay

	DOL 7 <input type="checkbox"/> NA	DOL 14 <input type="checkbox"/> NA	DOL 28 <input type="checkbox"/> NA	Day of Infant Initial Disposition
MOM pumped volume ≥ 500 ml/day	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	<input type="checkbox"/> yes <input type="checkbox"/> no or unknown	
MOM feeding volume	ml	ml	ml	ml
Donor human milk feeding volume	ml	ml	ml	ml
Formula feeding volume	ml	ml	ml	ml



Partnering to Improve Health Care Quality
for Mothers and Babies

Data Collection Portal Walk-Through



Questions?

Partnering to Improve Health Care Quality
for Mothers and Babies





Partnering to Improve Health Care Quality
for Mothers and Babies

THANK YOU!

