BCI Webinar

Improving Reporting Accuracy:
Assisted Ventilation

January 24th, 2019

Partnering to Improve Health Care Quality for Mothers and Babies
Overview

Hospital Recognition
What is the data showing?
Recommended Guidance on Reporting
Group Sharing Session
Questions
Upcoming Webinar
Adjourn
Most Improved Overall
October to November

St. Joseph's Hospital South
UF Health Jacksonville
Most Improved Overall
Baseline to November

Tampa General Hospital
Bayfront Health
What is the Data Showing?
Average Percent Accuracy of All 23 Birth Certificate Variables – BCI Initiative-Wide

Accuracy

<table>
<thead>
<tr>
<th>Month</th>
<th>Accuracy</th>
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</thead>
<tbody>
<tr>
<td>June'18</td>
<td>92%</td>
</tr>
<tr>
<td>Jul'18</td>
<td>92%</td>
</tr>
<tr>
<td>Aug'18</td>
<td>92%</td>
</tr>
<tr>
<td>Sep'18</td>
<td>94%</td>
</tr>
<tr>
<td>Oct'18</td>
<td>93%</td>
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<tr>
<td>Nov'18</td>
<td>94%</td>
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<tr>
<td>Dec'18</td>
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Goal of 95%
Average Percent Accuracy of All 17 BCI Hospitals from Baseline

Goal of 95%
Average Percent Accuracy of All 17 BCI Hospitals from Baseline

Goal of 95%

BCI Hospitals

% Accuracy

Baseline
November

Partnering to Improve Health Care Quality for Mothers and Babies
Average Percent Accuracy of All 17 BCI Hospitals from Baseline

% Accuracy

Goal of 95%

BCI Hospitals

Baseline November
Average Percent Accuracy for BCI Hospitals

Measures with the largest improvement

Goal of 95%

Accuracy

Jun | Jul | Aug | Sep | Oct | Nov
---|---|---|---|---|---
Number of Prenatal Visits | First Prenatal Visit | Prepregnancy Weight | Antibiotics
66% | 70% | 71% | 87% | 82% | 78%
50% | 70% | 70% | 86% | 86% | 92%
Average Percent Accuracy for BCI Hospitals

Measures with the largest improvement

Accuracy

66% 70% 80% 86% 92%

Number of Prenatal Visits  First Prenatal Visit  Prepregnancy Weight  Antibiotics

Jun  Jul  Aug  Sep  Oct  Nov

Goal of 95%
Average Percent Accuracy for BCI Hospitals

Most Accurate Measures

Accuracy

Goal of 95%

Jun | Jul | Aug | Sep | Oct | Nov
--- | --- | --- | --- | --- | ---
Gestational Age | Cesarean | Infant Weight | Eclampsia

Partnering to Improve Health Care Quality for Mothers and Babies
Congratulations
Opportunities for Improvement
Average Percent Accuracy for BCI Hospitals

Needs Improvement

Goal of 95%

Accuracy

97%
95%
95%
92%
92%
91%
91%

Antenatal Corticosteroids
Fetal Presentation
Breastfeeding

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Average Percent Accuracy for BCI Hospitals

Accuracy

Needs Improvement

Goal of 95%

Antenatal Corticosteroids
Fetal Presentation
Breastfeeding

Partnering to Improve Health Care Quality for Mothers and Babies
Ventilation Variables
Average Percent Accuracy of Infant Condition Variables –for BCI Hospitals

- Assisted Ventilation After Delivery
- Assisted Ventilation ≥ 30 minutes after Delivery
- Assisted Ventilation ≥ 6 hours after Delivery

Goal of 95% Accuracy
Accuracy of Assisted Ventilation Required: Immediately Following Delivery

Goal of 95%

BCI Hospitals

Partnering to Improve Health Care Quality for Mothers and Babies
Accuracy of Assisted Ventilation Required:

30 minutes or more

Goal of 95%
Accuracy of Assisted Ventilation Required:

6 hours or more

BCI Hospitals

Goal of 95%
Agreement vs Accuracy

<table>
<thead>
<tr>
<th>Sporadic</th>
<th>Reliability</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>When clerk and/or auditor recorded from different sources over time.</td>
<td>When clerk asks the mother and the auditor copied the written answer.</td>
<td>When clerk and auditor both captured the answer from correct source.</td>
</tr>
</tbody>
</table>
Recommended Guidance on Reporting
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 and delivery summary

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

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

Six hours 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
Examples
Scenario 1

Infant required bag and mask for 5 minutes after birth, then was able to breathe on their own, requiring no further ventilation.

Assisted Ventilation Required: Immediately Following Delivery
Scenario 2

メッセンジャー
Infant first required bag and mask ventilation immediately after birth, then subsequently required CPAP for 3 hours in total.

Assisted Ventilation Required:
Immediately Following Delivery and
30 minutes or more
Scenario 3

Infant first required bag and mask ventilation immediately after birth, then subsequently admitted to the NICU requiring IPP ventilation for 5 days.

Assisted Ventilation Required:
Immediately Following Delivery, 30 minutes or more and 6 hours or more
Scenario 4

Two hours after birth, infant has an apnea spell requiring short term bag and mask ventilation for resuscitation.

Assisted Ventilation Required: None
Comments?
Questions?
Group Sharing Session
Teresa Redus – Tampa General Hospital
Abnormal conditions of the newborn: 

**Assisted Ventilation after Delivery**

- Manual breaths/mechanical ventilation for any duration
- DOES NOT include blow by, free flow oxygen, aspiration, or nasal cannula

Key words to look for: PPV, bag/mask ventilation, intubation and PPV, IPPV, PPV bag/mask or ET, Neopuff or CPAP
Our Challenges

Drill down shows that data for < 34 weeks is a major contributor to low compliance with this measure.

Challenges:

- Must go to NICU VS flowsheet and look for any type of assisted ventilation.
- Not all infants admitted to NICU receive assisted ventilation in delivery, but may receive assisted ventilation during their NICU stay.
- BC registrars are not clinical → difficult to abstract “assisted ventilation” data.

Figure 11. Percent Accuracy of Infant Condition Variables
Potential Solutions

- Shared data with BC registrars
- Reviewed NICU VS flowsheet where assisted ventilation data lives
- Reviewed key words

**New process:** Look at Summary + ADT events + must determine if infant admitted to NICU, then review NICU VS flowsheet for assisted ventilation

- Offered one-on-one assistance if needed
Lara Glamuzina – Jupiter Medical Hospital
Group Sharing Session
Upcoming Webinar
Upcoming Webinar

March 28th, 2019

Improving Reporting Accuracy:
‘Antenatal Corticosteroids’ and ‘Fetal Presentation’

- What issues have you been finding with these variables?
- We may identify hospitals who are doing well on this variable
Thank you!

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