Perinatal Quality Collaborative Vermont

Birth Certificate Quality Improvement Initiative

Learning Series Call #2

September 9, 2024

12:00-1:00PM

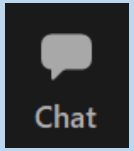
PERINATAL QUALITY COLLABORATIVE VERMONT

VERMONT DEPARTMENT OF HEALTH

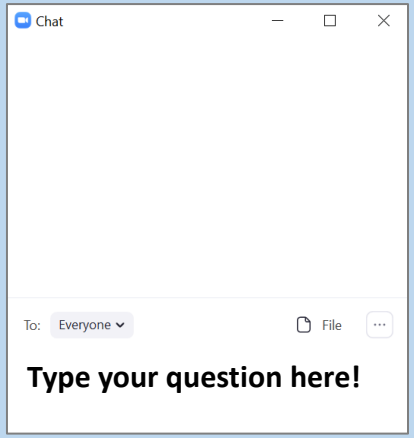
VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM The University of Vermont | LARNER COLLEGE OF MEDICINE

Housekeeping

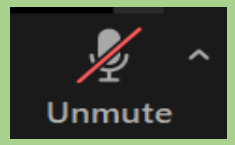
Chat



Use the *Chat* box to ask a question.

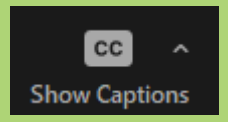


Microphone



You will be muted when you join. If you wish to verbally ask your question during the Q&A portion of the presentation, please unmute your microphone.

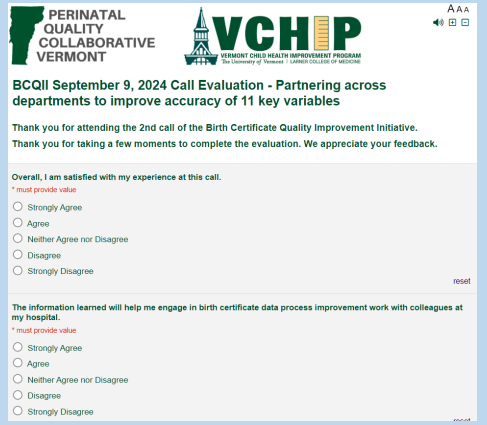
Captioning



Click *Show Captions* from your navigation bar to view automated captions.

Evaluation

Before leaving the event, please complete the evaluation by copying and pasting the link provided in the *Chat* into a browser or scan the QR code Thank you!



Agenda

- Welcome and Hospital Teams Shoutout!
- Progress on QI Baseline Data Collection
- Review of Selected Number of Definition of Birth Certificate Indicators
- Essential Education and Training Resources for Hospital Teams
- Next Call & Monthly QI Office Hours

Participation from all VT Hospitals – Strong Partnerships!

- Brattleboro Memorial Hospital
- Central Vermont Medical Center
- Copley Hospital
- Gifford Medical Center
- North Country Hospital
- Northeastern Vermont Regional Hospital
- Northwestern Medical Center
- Porter Medical Center
- Rutland Regional Medical Center
- Southwestern Vermont Medical Center
- University of Vermont Medical Center

University of Vermont

VERMONT DEPARTMENT OF HEALTH

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Shoutout to Hospital Team Leads!

Source: Free cartoon Superheroes photo

Jargon Buster

- Electronic Birth Registration System (EBRS): This is the state of Vermont electronic system to submit birth certificate data
- National Vital Statistics System (NVSS): This is an inter-governmental system of sharing data on the vital statistics of the population of the U.S.
- National Center for Health Statistics at Centers for Disease Control and Prevention (NCHS): Provides timely and accurate health statistics for U.S.

BC QI Data Collection

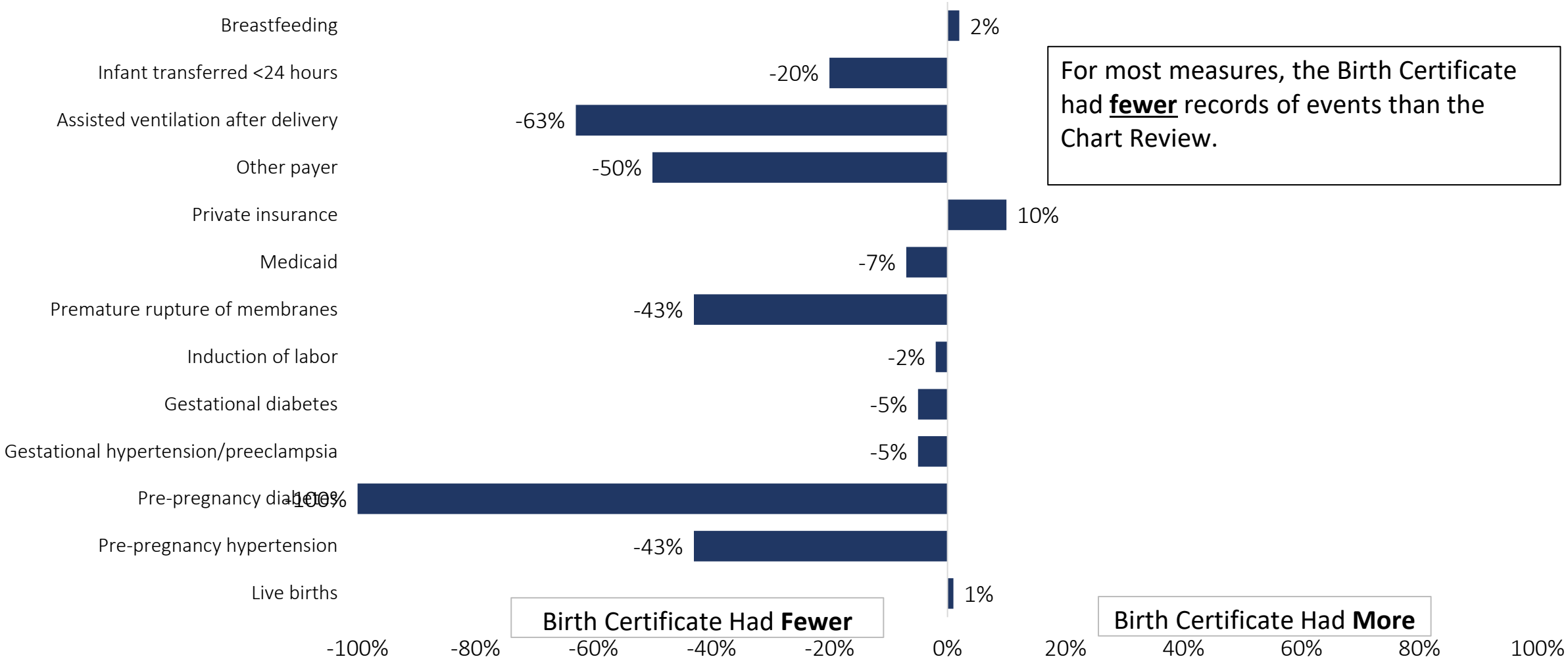
Analysis Measures

- Review **11** selected indicators for baseline and post-intervention data collection
- Looking at percent agreement between Electronic Health Record chart review and BC data extract submitted to VDH

Variables in Review
Pre-pregnancy hypertension
Gestational hypertension
Pre-pregnancy diabetes
Gestational diabetes
Breastfeeding
Assisted ventilation after delivery
NICU admission
Premature rupture of membranes
Payer
Induction of labor
Infant transferred <24 hours

BC QI Baseline Data Results

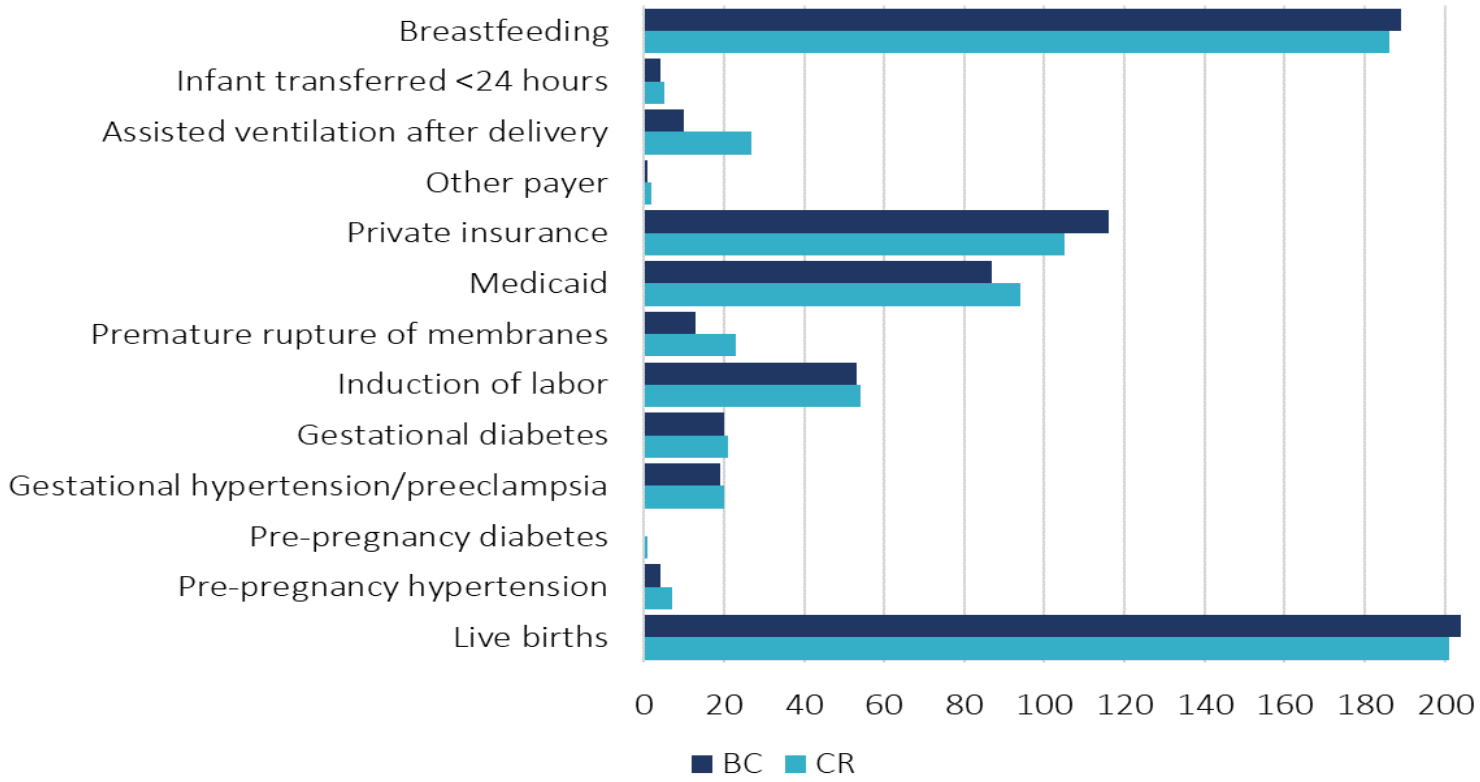
How different is the birth certificate compared to the chart review?



For most measures, the Birth Certificate had **fewer** records of events than the Chart Review.

BC QI Baseline Data Results

		CR	BC
Live births		201	204
Pre-pregnancy hypertension		7	4
Pre-pregnancy diabetes		1	0
Gestational hypertension/preeclampsia		20	19
Gestational diabetes		21	20
Induction of labor		54	53
Premature rupture of membranes		23	13
Payer	Medicaid	94	87
	Private insurance	105	116
	Other	2	1
Assisted ventilation after delivery		27	10
Infant transferred <24 hours		5	4
Breastfeeding		186	189



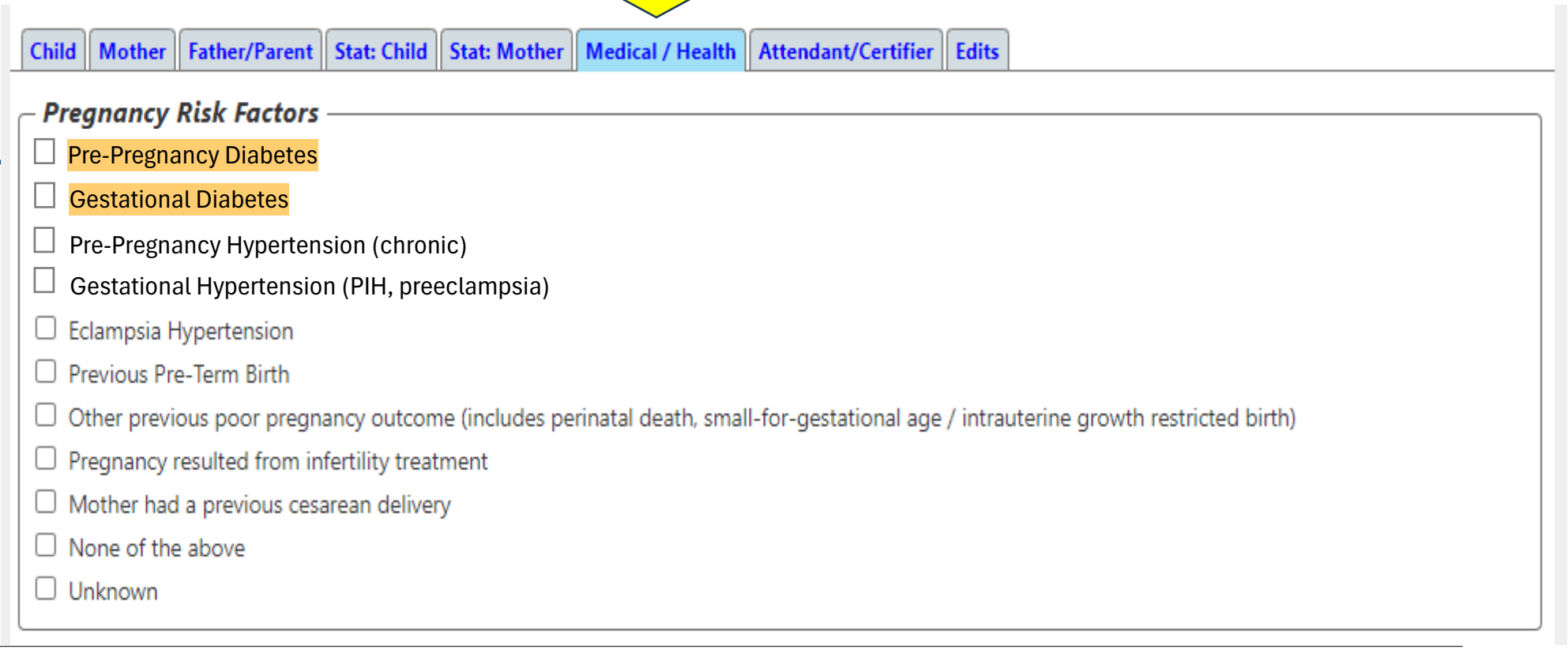
Review of Selected Number of Birth Certificate Definitions

Guests Speakers: Marj Meyer, MD, UVMMC and Michelle Osterman, NCHS, CDC

Pre-Pregnancy Diabetes and Gestational Diabetes

Electronic Birth Registration System (EBRS)

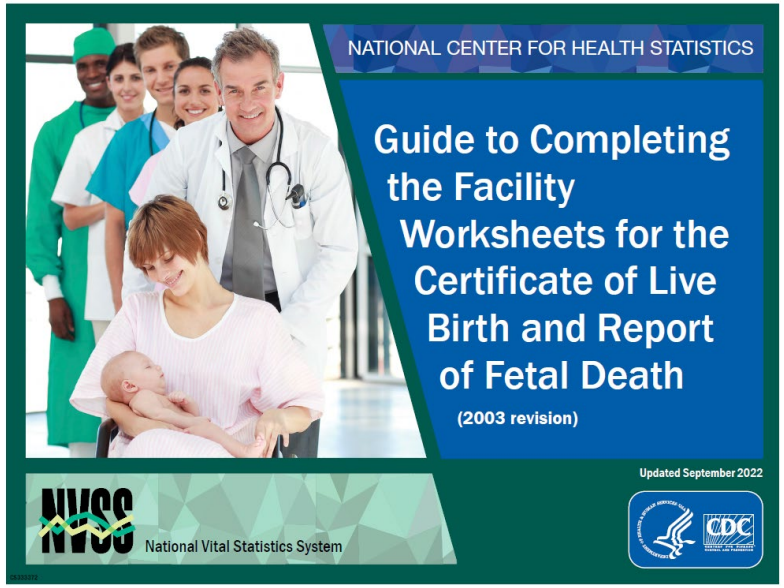
EBRS Tab



Pre-Pregnancy Diabetes and Gestational Diabetes

--> Risk Factors of the mother during this pregnancy

Definitions and Instructions From NVSS



What is Diabetes? Glucose intolerance requiring treatment

Differences:

Pre-Pregnancy Diabetes: Diagnosis before this pregnancy

Gestational Diabetes: Diagnosis during this pregnancy

Instructions: If diabetes is present, check either pre-pregnancy or gestational diabetes. Do not check both.

Clinical Insight on Documentation

- The presence of pre-existing or gestational diabetes should be part of the admission History and Physical
- The determination/diagnosis should be made by an OB provider
- If uncertain, talk with OB provider – clinicians will know the classification if it is unclear re: preexisting

Clinical Insight on Documentation

Provider responsibility:

- Work with your Birth Certificate abstractors to determine where in the chart this pregnancy-related problem is noted.
- Best practice recommendation: document in the admission History and Physical
- Specify pre-existing vs gestational diabetes
- Document in the area mutually agreed upon with Birth Certificate abstractors

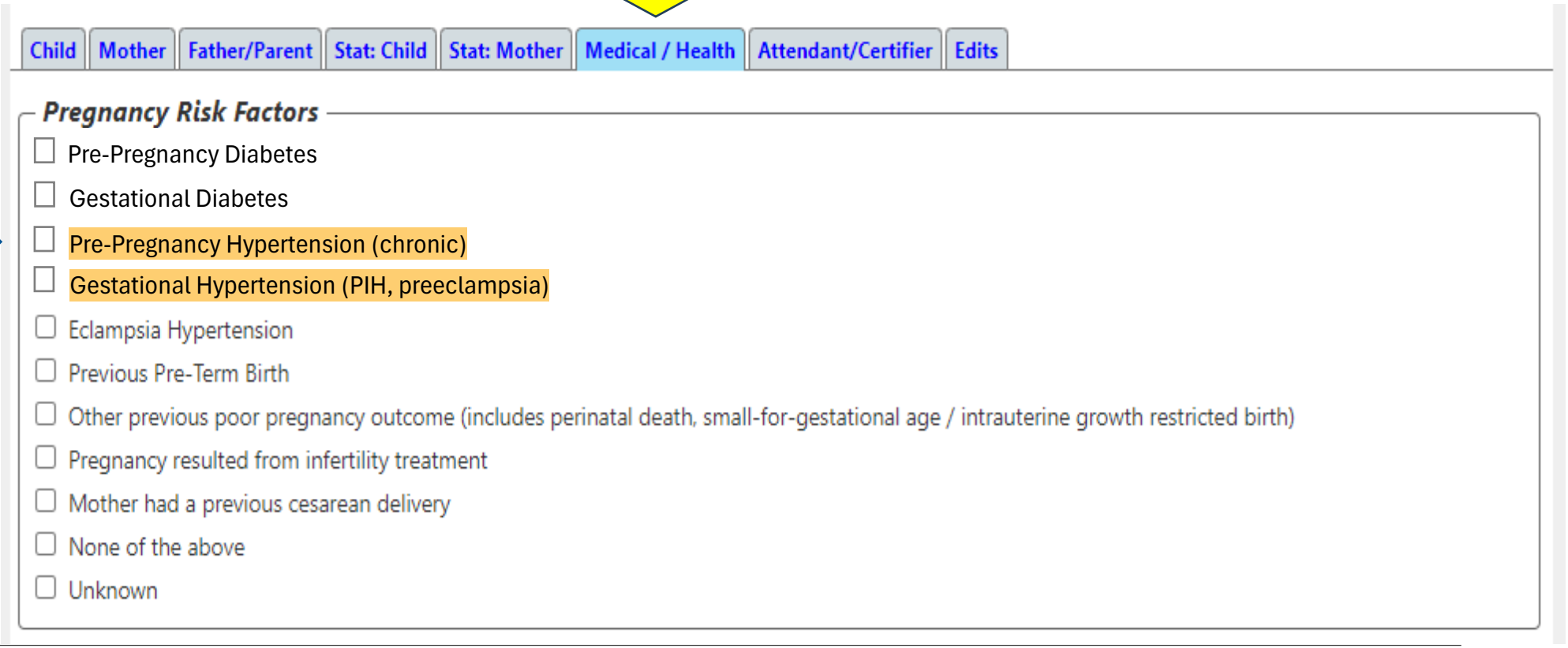
Birth Certificate abstractor responsibility:

- Look in the designated area for pregnancy problems
- Ideally the History and Physical section
- Work with providers for mutual agreement re: where data are located

Pre-pregnancy hypertension and Gestational Hypertension

Electronic Birth Registration System (EBRS)

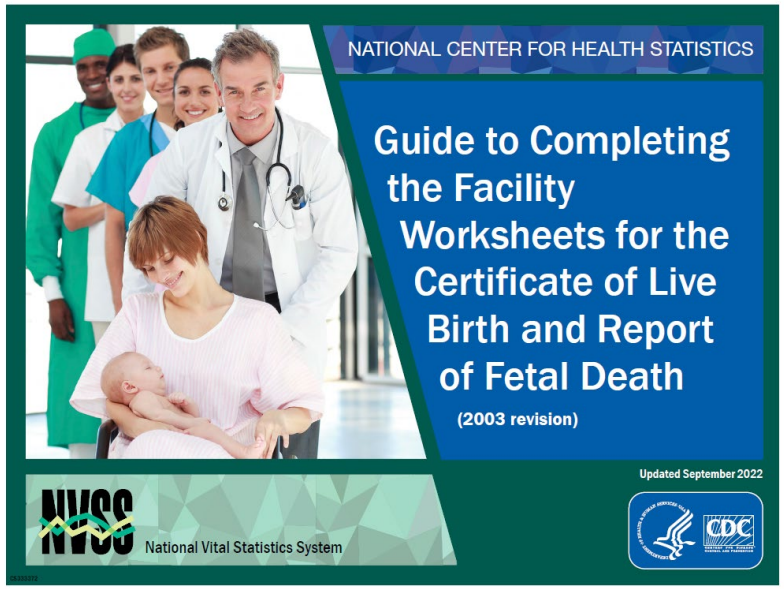
EBRS Tab



Pre-Pregnancy Hypertension and Gestational Hypertension

--> Risk Factors of the mother during this pregnancy

Definitions and Instructions From NVSS



What is Hypertension? Elevation of blood pressure above normal for age, sex, and physiological condition.

Pre-Pregnancy Hypertension (chronic hypertension): Diagnosis prior to the onset of this pregnancy – Chronic hypertension (CHTN). Does not include pregnancy-induced hypertension (PIH).

Gestational Hypertension: Diagnosis in this pregnancy. Pregnancy induced hypertension or preeclampsia

Instructions: Do not check both

Clinical Insight on Documentation

-> *Patient can have <u>BOTH</u> Conditions: Pre-existing hypertension and Preeclampsia*

<u>Provider responsibility:</u>

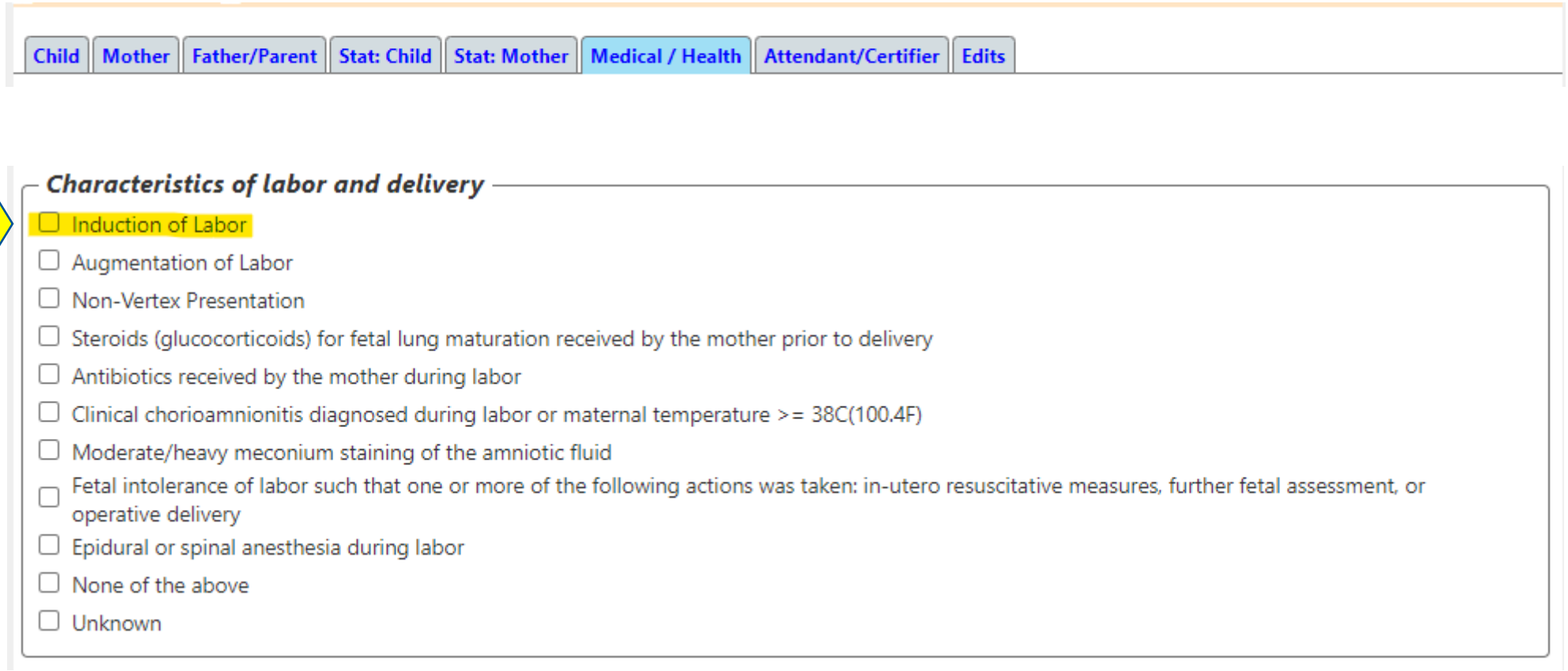
- Work with your Birth Certificate abstractors to determine where in the chart this pregnancy-related problem is noted
- Best Practice Recommendation: document in the admission H&P or in a note at the time developed. Include in Discharge Summary (DS) (since important for follow-up BP assessment)
- Specify Chronic Hypertension (ACOG: >140/90 less than 20 weeks) or Gestational Hypertension/preeclampsia (during pregnancy>20 weeks)
- Document in the area mutually agreed upon with BC abstractors

<u>Birth Certificate abstractor responsibility:</u>

- Look in the designated area for pregnancy problems
- Ideally Discharge Summary
- Work with providers for mutual agreement re: where data are located
- Note that preeclampsia is a form of Gestational Hypertension and either documentation diagnosis might be present
- People can have BOTH pre-existing hypertension AND preeclampsia (might say: hypertension with superimposed preeclampsia=both)

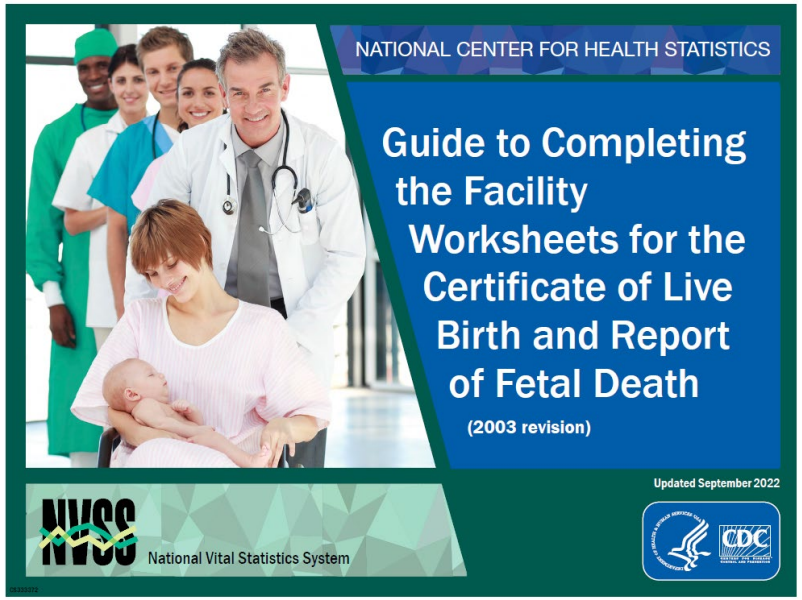
Induction of Labor

Electronic Birth Registration System (EBRS)



Induction of Labor

--> Characteristics of labor and delivery



NVSS Instructions: Check this item if medication was given or procedures to induce labor were performed before labor began. If it is not clear whether medication or procedures were performed before or after labor had begun, review records to determine when labor began and when medications were given or procedures performed. Induction of labor should be checked even if the attempt to initiate labor is not successful or the induction follows a spontaneous rupture of the membrane without contractions.

NOTE: Does not include augmentation of labor, which applies only after labor or contractions have begun.

Clinical teaching: Most determinations will be easy:

- Admit for induction
- Admit for labor (If oxytocin started, it's augmentation)
- Admit for spontaneous rupture of membranes during pregnancy (SROM) = No contractions = Induction
- Admit for SROM with contractions and oxytocin started = augmentation

Clinical Insight on Documentation

Provider responsibility:

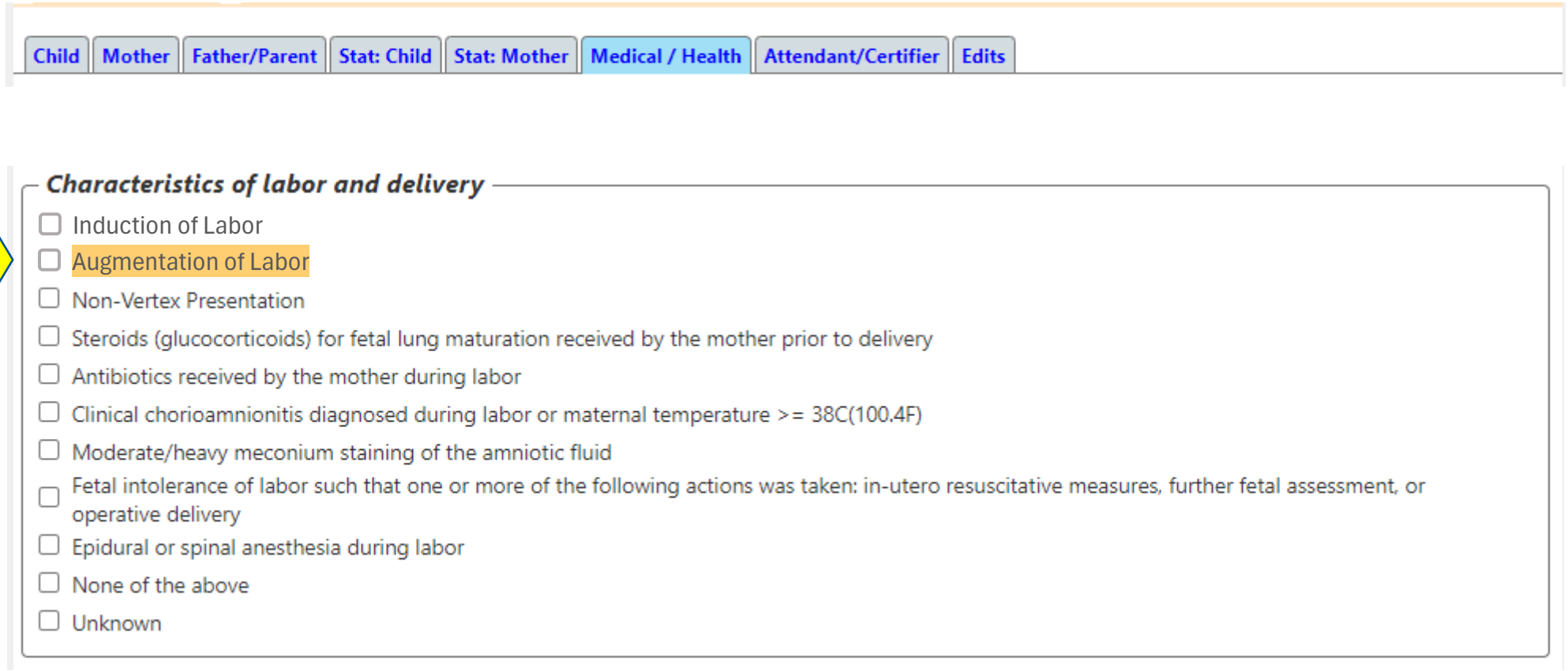
- Document in the History &Physical (H&P) admission for induction, admission for labor, admission for premature rupture of membranes without labor
- In the H&P plan specify if induction vs augmentation with uterotonic-decide on wording as this will be abstracted
- Specify which method of induction (ballon, cervidil, oxytocin, etc.)
- May be in delivery note
- Document in hospital discharge summary if induced or augmented

Birth Certificate abstractor responsibility:

- Look in H&P re: induction vs labor vs ruptured membranes
- Look in discharge summary for same language re: induction, augmentation
- May be in delivery note: some are formatted to make this easy, others might be too confusing

Augmentation of Labor

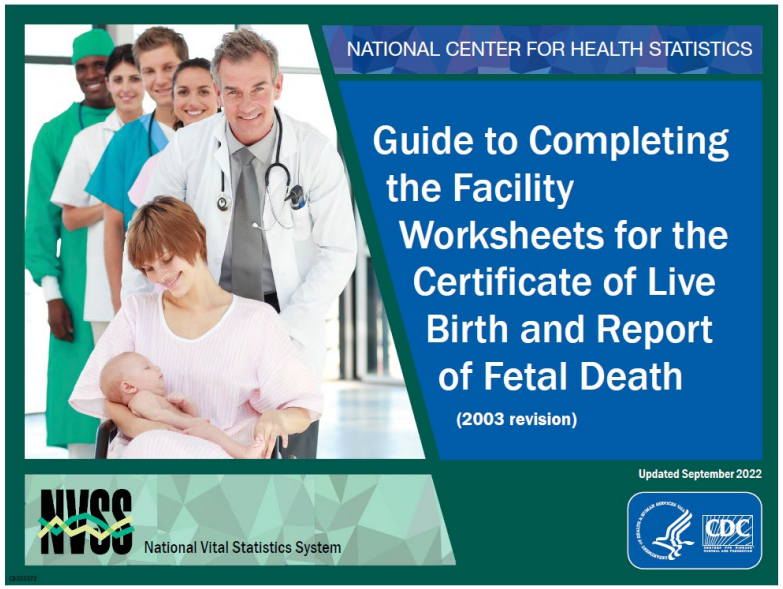
Electronic Birth Registration System (EBRS)



Augmentation of Labor

--> Characteristics of labor and delivery

Definitions and Instructions From NVSS



What is augmentation of labor? Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time of delivery (i.e., after labor has begun).

Instructions: Check this item if medication was given or procedures to augment labor were performed after labor began. If it is not clear whether medication or procedures were performed before or after labor had begun, review records to determine when labor began and when medications were given or procedures performed. If this information is unclear or unavailable, check with the birth attendant.

NOTE: Do not include if induction of labor was performed. Do not report induction of labor if augmentation of labor is reported.

Clinical Insight on Documentation

Provider responsibility:

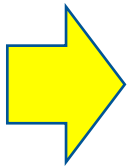
- Document in the H&P: admission for induction, admission for labor, admission for premature rupture of membranes without labor
- In the H&P plan specify if induction vs augmentation with uterotonic-decide on wording as this will be abstracted
- Specify which method of induction (ballon, cervidil, oxytocin, etc.)
- May be in delivery note
- Document in DC summary if induced or augmented

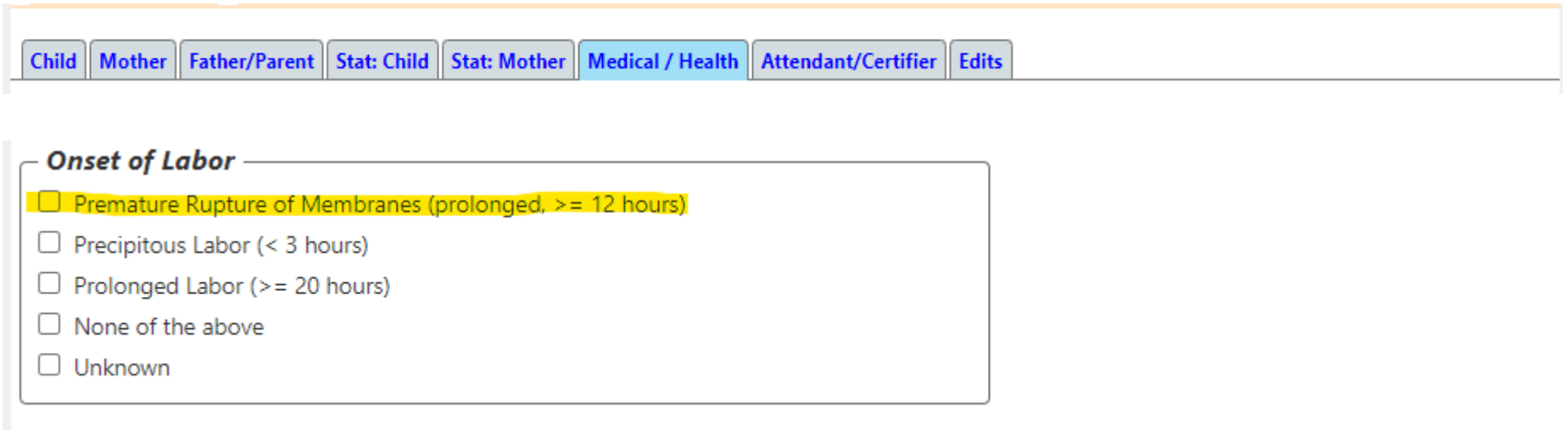
Birth Certificate abstractor responsibility:

- Look in H&P re: induction vs labor vs ruptured membranes
- Look in DC summary for same language re: induction, augmentation
- May be in delivery note: some are formatted to make this easy, others might be too confusing

Premature Rupture of Membranes

Electronic Birth Registration System (EBRS)





Premature Rupture or Membranes

Definitions and Instructions from NVSS

Prolonged, greater than or equal to 12 hours before the onset of labor

Clinical Insight on Documentation

Provider responsibility:

- In H&P note “Premature Rupture of Membranes (PROM)” if >=37 weeks; “preterm PROM” <37 wks with date/time of PROM
- Note plan of induction or expectant management (if no contractions) or augmentation (if there are contractions)
- Note in H&P and DC summary if prolonged (>12 hrs)
- In DC summary note if induced (no contractions before starting oxytocin) or augmentation

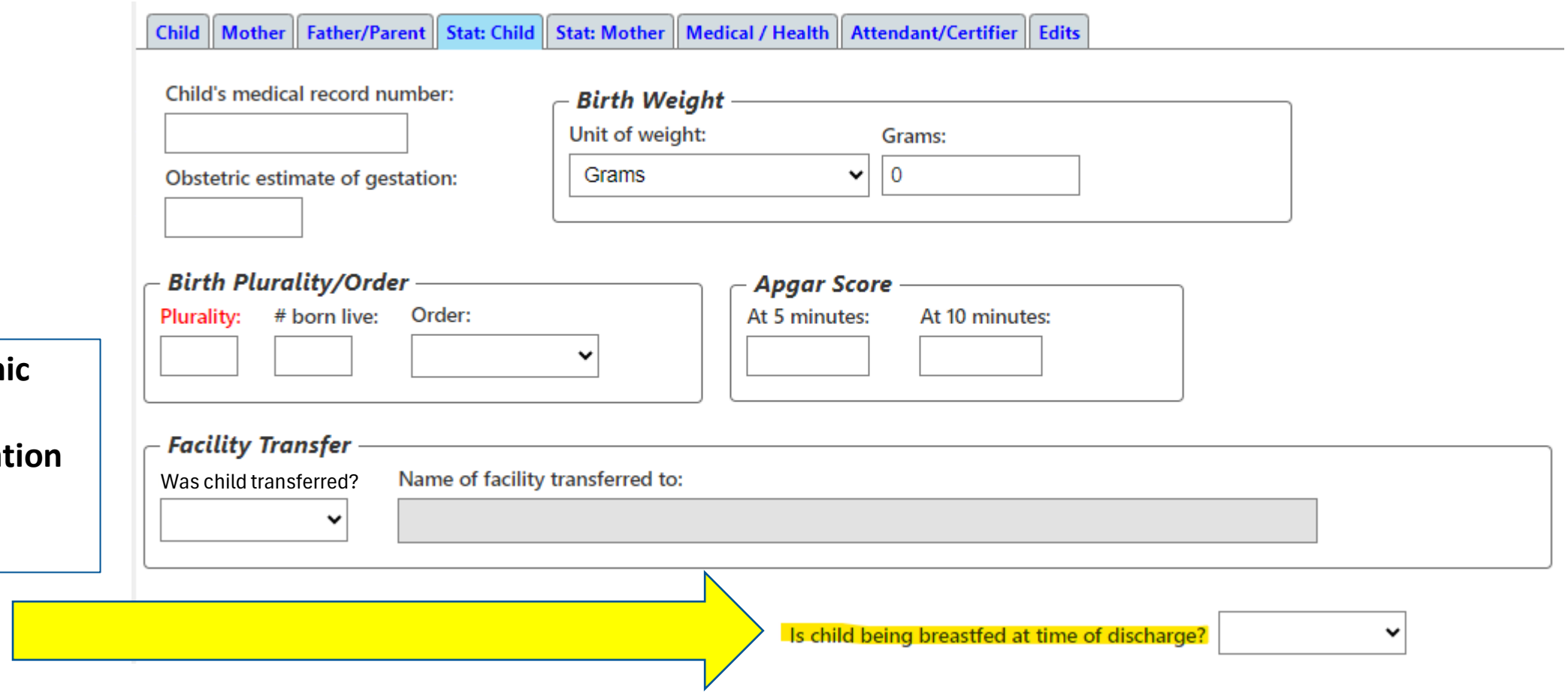
Birth Certificate abstractor responsibility:

- Look in H&P and DC summary

Questions about OB related Variables?

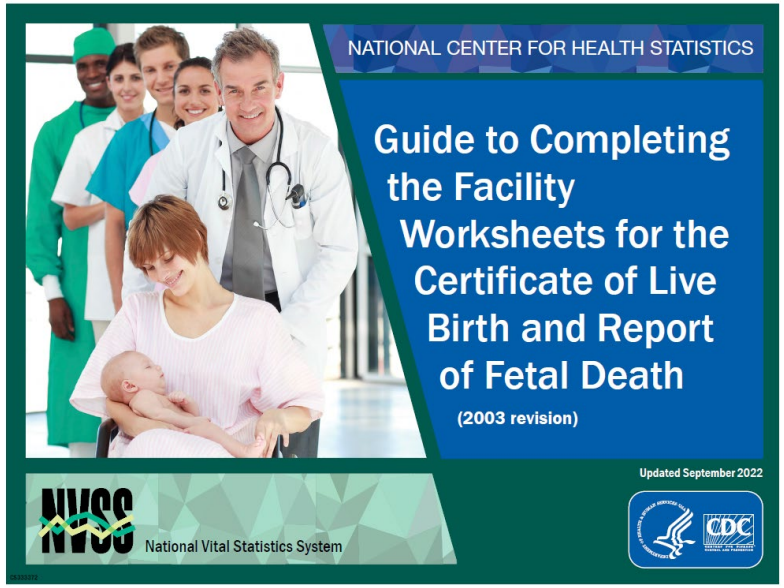
Breastfeeding

Electronic Birth Registration System (EBRS)



Breastfeeding

Definitions and Instructions From NVSS



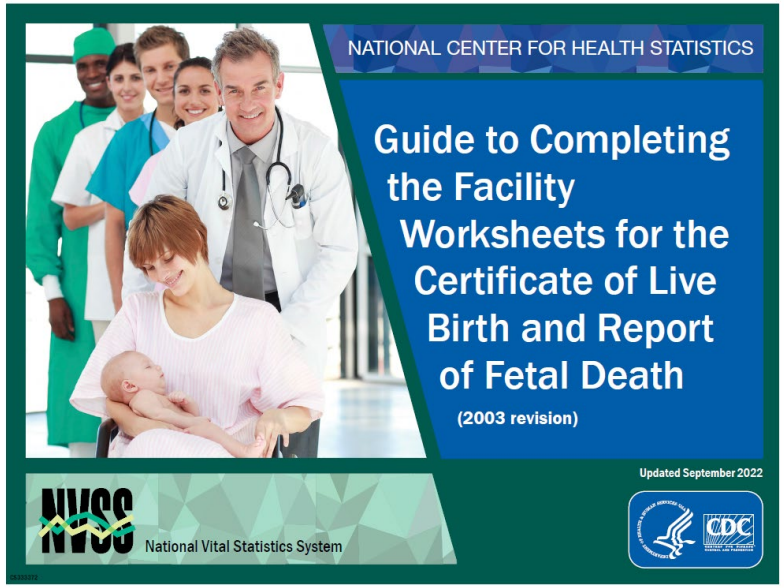
Is the infant being breastfed at discharge?
Information on whether the infant was receiving breastmilk or colostrum during the period between birth and discharge from the hospital.

Breastfeeding refers to the establishment of breastmilk through the action of breastfeeding or pumping (expressing).

Include any attempt to establish breastmilk production during the period between birth and discharge from the hospital.

Breastfeeding

Definitions and Instructions From NVSS



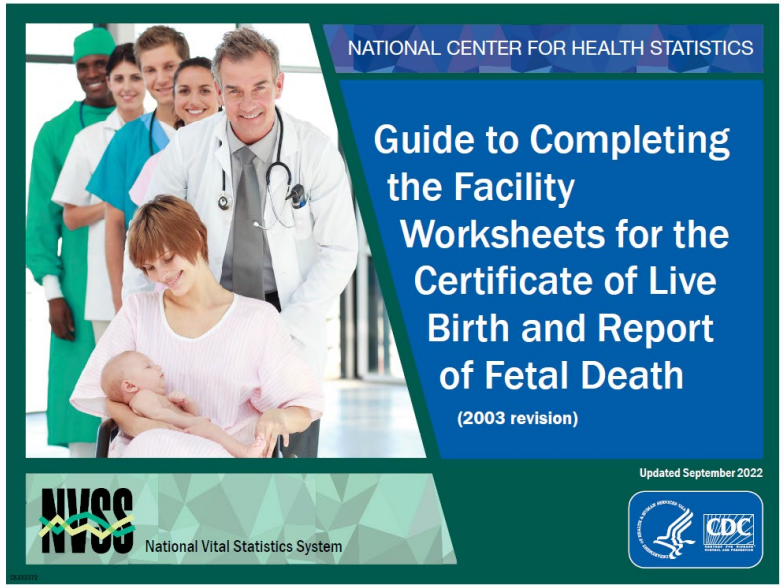
Is the infant being breastfed at discharge? (cont.)
Include if the infant received formula in addition to being breastfed.

Does not include the intent to breastfeed.

Why does it matter?
Used to track breastfeeding levels and better target funding

Breastfeeding

Definitions and Instructions From NVSS



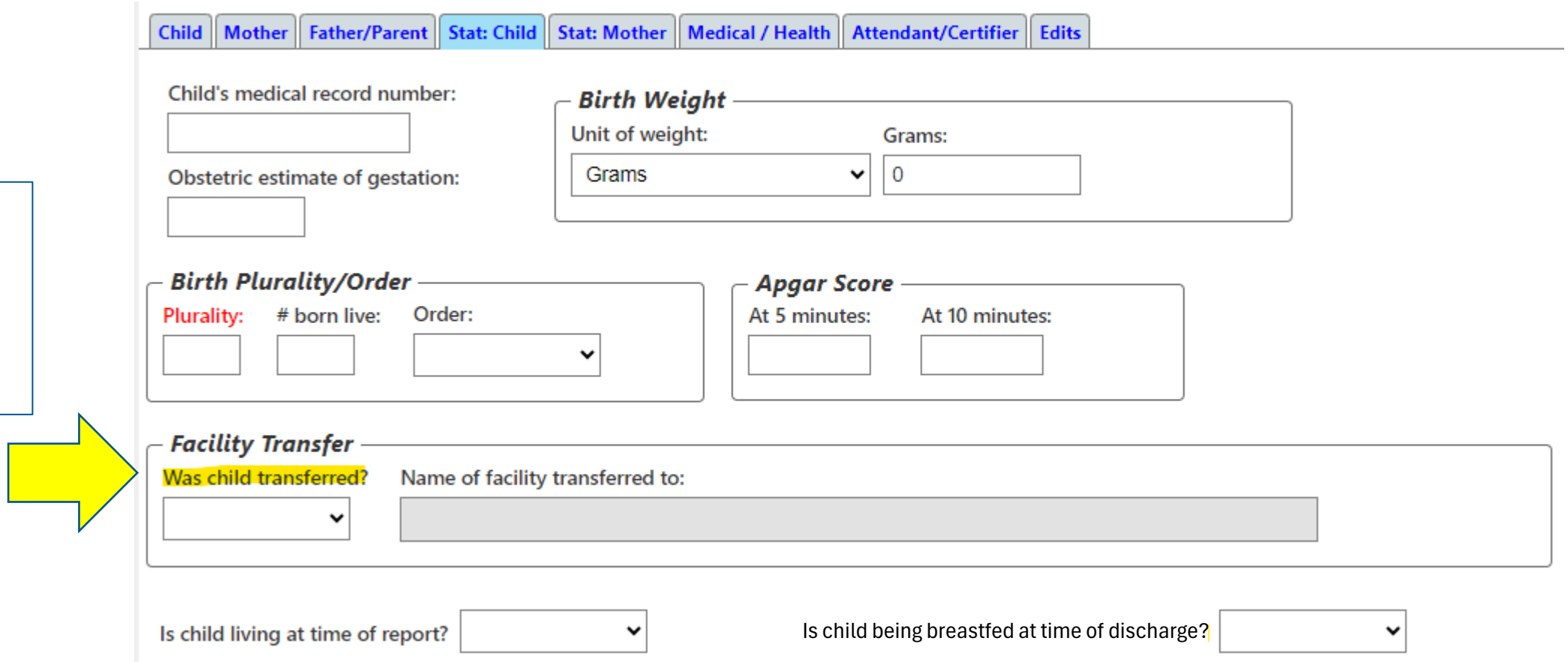
Instructions:

Check “yes” if the infant was breastfed or received breast milk (including donor milk) at any time before being discharged from the hospital.

Check “no” if the infant was not breastfed or did not receive breast milk before being discharged from the hospital.

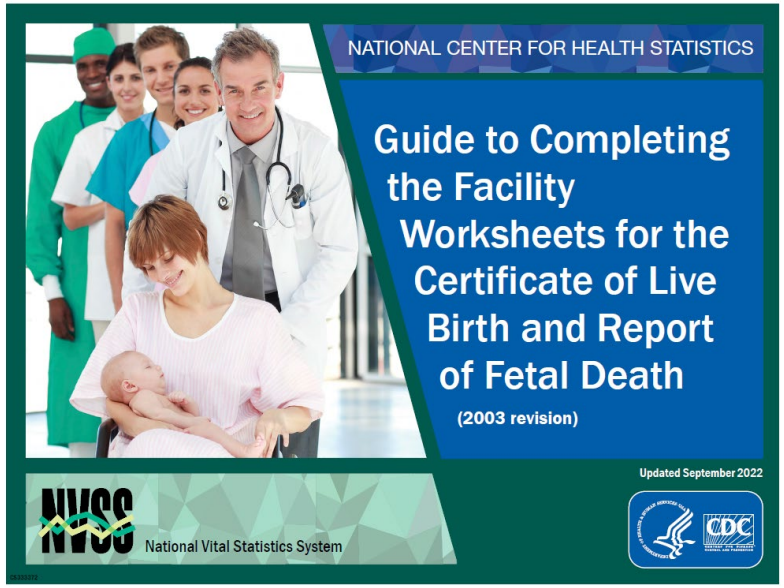
Infant Transferred <24 hours

Electronic Birth Registration System (EBRS)



Infant Transferred <24 hours

Definitions and Instructions From NVHS



Was the infant transferred within 24 hours of delivery?

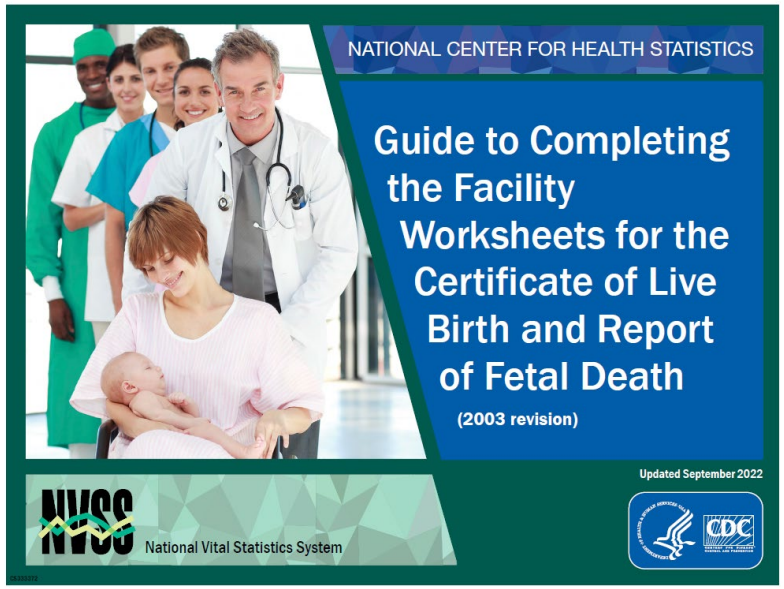
Transfer status of the infant from this facility to another within 24 hours after delivery.

Why does it matter?

Used as indicator of risk status and of appropriateness of care

Infant Transferred <24 hours

Definitions and Instructions From NVHS



Instructions:

Check “yes” if the infant was transferred from this facility to another within 24 hours of delivery.

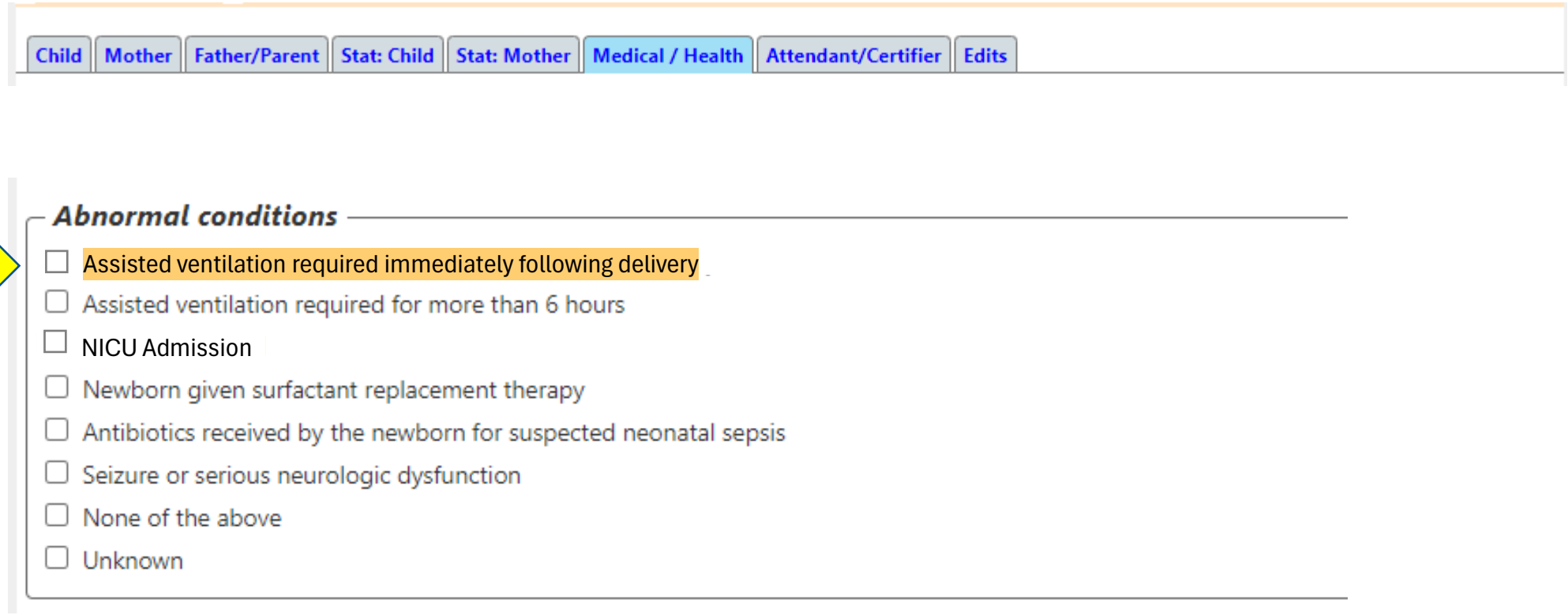
Enter the name of the facility to which the infant was transferred.

If the name of the facility is not known, enter “unknown.”

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

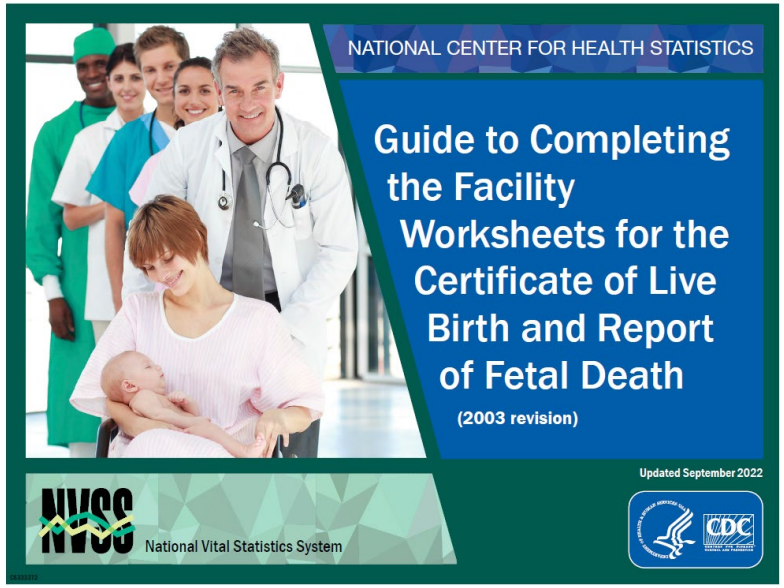
Assisted Ventilation after Delivery

Electronic Birth Registration System (EBRS)



Assisted Ventilation after Delivery

Definitions and Instructions From NVSS



Assisted ventilation required immediately following delivery

Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth.

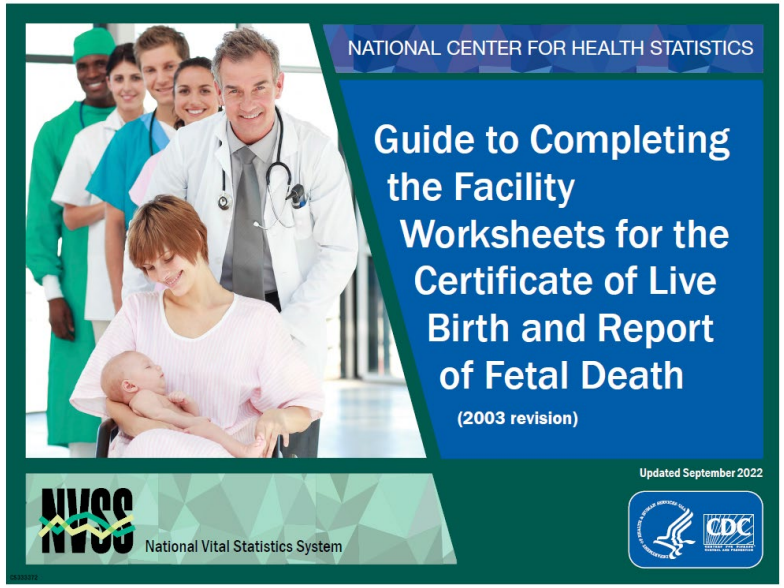
Excludes free-flow (blow-by) oxygen only, laryngoscopy for aspiration of meconium, nasal cannula, and bulb suction.

Why does it matter?

Used as indicator of severity of condition at birth

Assisted Ventilation after Delivery

Definitions and Instructions From NVSS



Instructions:

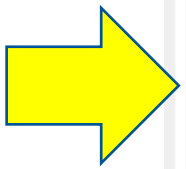
No additional instructions

Keywords and Abbreviations:

Bag and mask ventilation
Intubation
Intubation and PPV – Positive pressure ventilation
PPV bag/mask or ET – Positive pressure ventilation via bag, mask, or endotracheal intubation
IPPV bag – Intermittent positive pressure ventilation via bag
IPPV ET – Intermittent positive pressure ventilation via endotracheal intubation
O2 via ET – Oxygen via endotracheal intubation
Oxygen

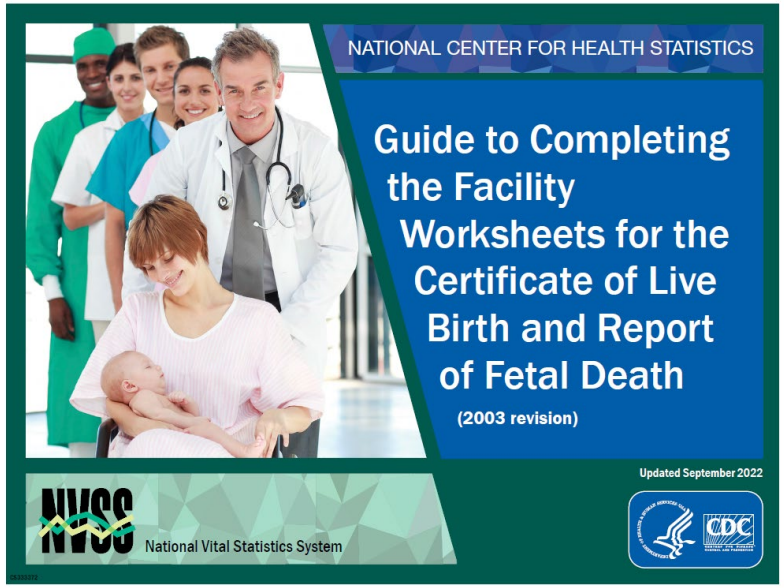
NICU Admission

Electronic Birth Registration System (EBRS)



NICU Admission

Definitions and Instructions From NVSS



NICU Admission

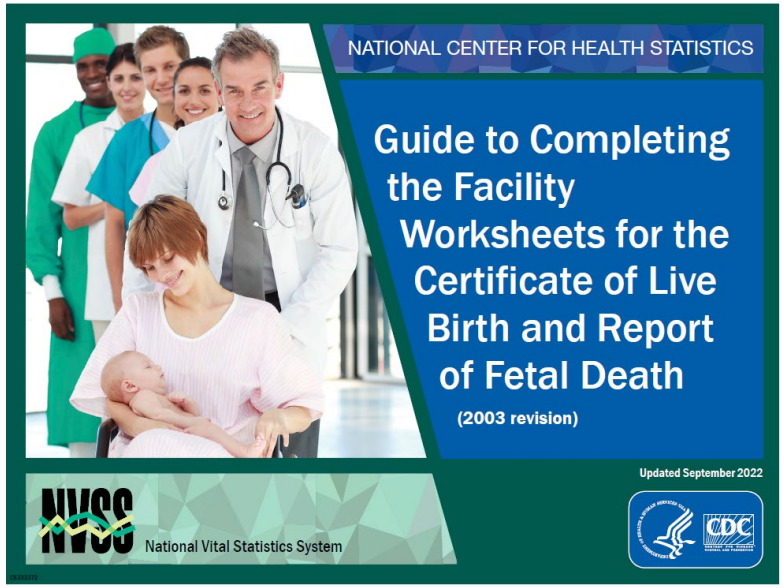
Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.

Why does it matter?

Used to assess appropriateness of a costly resource in correlation with other data items

NICU Admission

Definitions and Instructions From NVSS



Instructions:

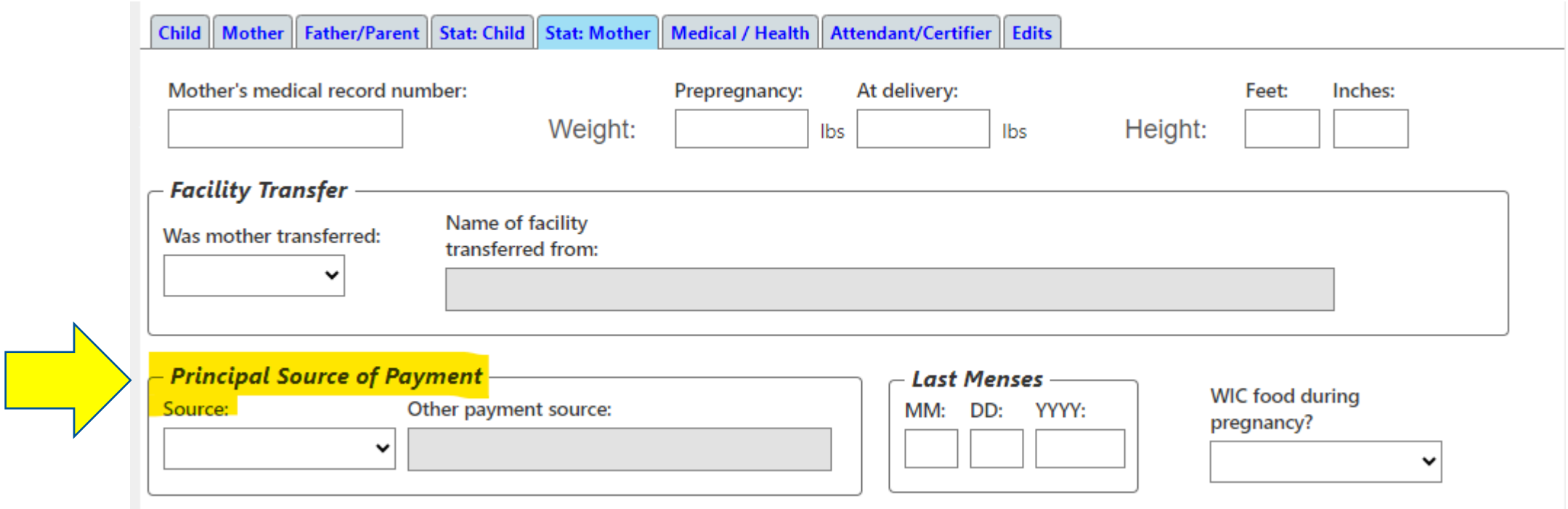
Include NICU admission at any time during the infant's hospital stay following delivery.

Do not include units that do not provide continuous mechanical ventilation. Do not include well-baby nurseries or special care nurseries (i.e., Level II nursery).

Do not include if the newborn was taken to the NICU for observation but is not admitted to the NICU.

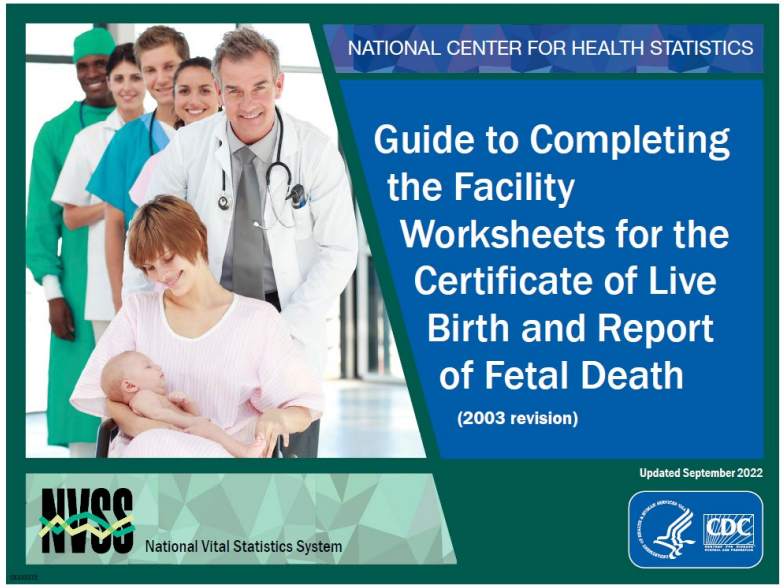
Principal Source of Payment (Payer)

Electronic Birth Registration System (EBRS)



Principal Source of Payment

Definitions and Instructions From NVSS



Principal source of payment

The primary source of payment for the delivery at the time of delivery:

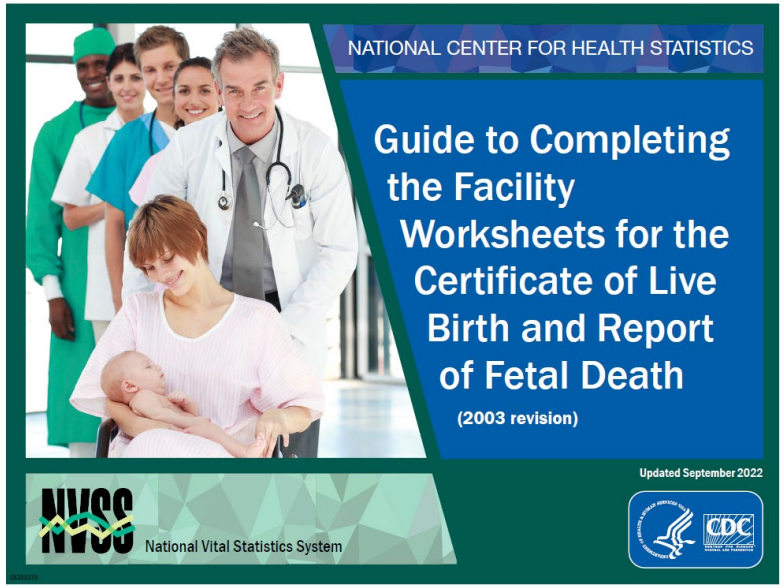
- Private insurance (Blue Cross/Blue Shield, Aetna, etc.)
- Medicaid (or a comparable state program)
- Self-pay (no third party identified)
- Other: (Indian Health Service; CHAMPUS or TRICARE; other government [federal, state, or local]; or charity)

Why does it matter?

Used as an indicator of socio-economic status

Principal Source of Payment

Definitions and Instructions From NVSS



Instructions:

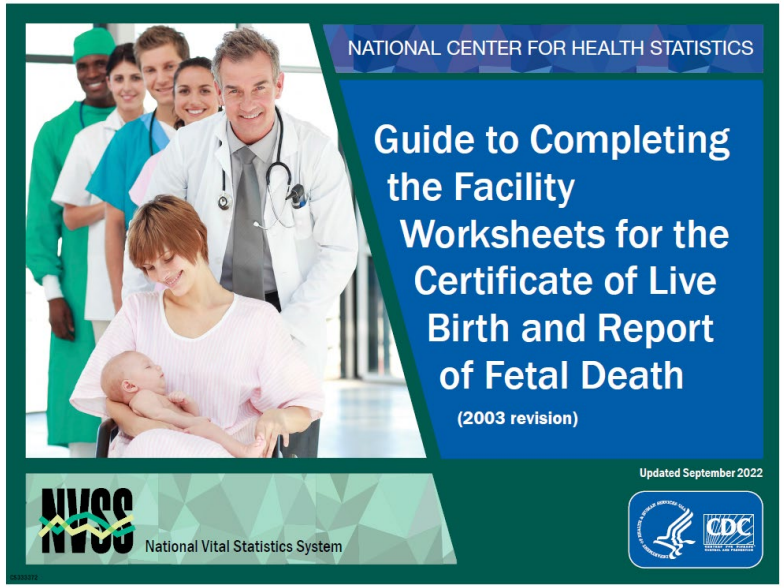
Check the box that best describes the primary source of payment for this delivery. If more than one source of payment for the delivery is recorded, choose the source that appears to pay for most of the delivery.

Check the source of payment for the delivery, not the payer for the newborn care or prenatal care, if different.

If “other” is checked, specify the payer.

Principal Source of Payment

Definitions and Instructions From NVSS



Instructions (cont.):

If the principal source of payment is not known, enter "unknown" in the space.

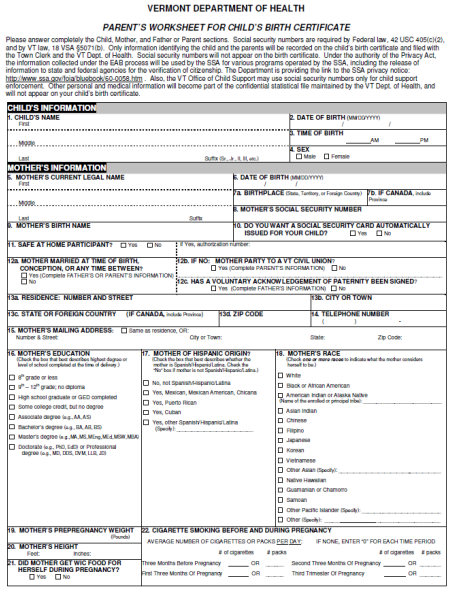
If unsure what source of payment a given insurance falls under, check with the billing office.

Questions about these Variables?

Education Resources Available for Hospital Teams

Essential Data Entry Resources for Hospital Teams

#1 Worksheets



VERMONT DEPARTMENT OF HEALTH

PARENT'S WORKSHEET FOR CHILD'S BIRTH CERTIFICATE

Please answer completely the Child, Mother, and Father or Parent sections. Social security numbers are required by Federal law, 42 USC 405(c)(2), and by VT law, 18 VSA §5071(b). Only information identifying the child and the parents will be recorded on the child's birth certificate and filed with the Town Clerk and the VT Dept. of Health. Social security numbers will not appear on the birth certificate. Under the authority of the Privacy Act, the information collected under the EAB process will be used by the SSA for various programs operated by the SSA, including the release of information to state and federal agencies for the verification of citizenship. The Department is providing the link to the SSA privacy notice: http://www.ssa.gov/foia/bluebook/rpt0058.htm . Also, the VT Office of Child Support may use social security numbers only for child support enforcement. Other personal and medical information will become part of the confidential statistical file maintained by the VT Dept. of Health, and will not appear on your child's birth certificate.

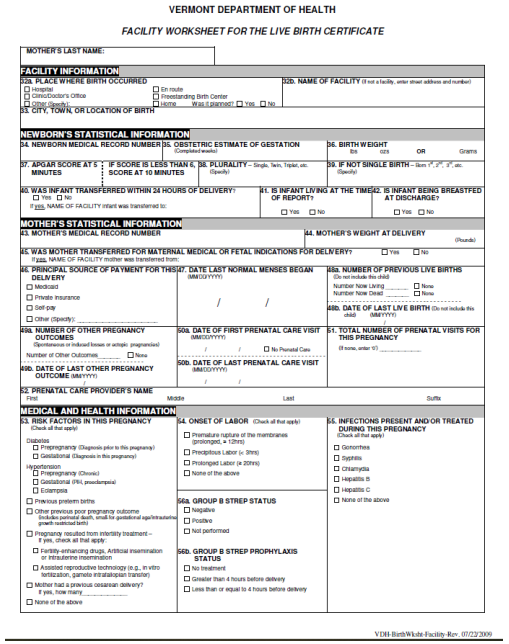
CHILD'S INFORMATION

1. CHILD'S NAME — First / Middle / Last / Suffix (Jr., Jr. II, III, etc.)
2. DATE OF BIRTH (MM/DD/YYYY)
3. TIME OF BIRTH ____AM ____PM
4. SEX ☐ Male ☐ Female

MOTHER'S INFORMATION

5. MOTHER'S CURRENT LEGAL NAME — First / Middle / Last / Suffix
6. DATE OF BIRTH (MM/DD/YYYY)
7a. BIRTHPLACE (State, Territory, or Foreign Country)
7b. IF CANADA, include Province
8. MOTHER'S SOCIAL SECURITY NUMBER
9. MOTHER'S BIRTH NAME — First / Middle / Last / Suffix
10. DO YOU WANT A SOCIAL SECURITY CARD AUTOMATICALLY ISSUED FOR YOUR CHILD? ☐ Yes ☐ No
11. SAFE AT HOME PARTICIPANT? ☐ Yes ☐ No — If Yes, authorization number:
12a. MOTHER MARRIED AT TIME OF BIRTH, CONCEPTION, OR ANY TIME BETWEEN? ☐ Yes (Complete FATHER'S OR PARENT'S INFORMATION) ☐ No
12b. IF NO: MOTHER PARTY TO A VT CIVIL UNION? ☐ Yes (Complete PARENT'S INFORMATION) ☐ No
12c. HAS A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED? ☐ Yes (Complete FATHER'S INFORMATION) ☐ No
13a. RESIDENCE: NUMBER AND STREET
13b. CITY OR TOWN
13c. STATE OR FOREIGN COUNTRY (IF CANADA, include Province)
13d. ZIP CODE
14. TELEPHONE NUMBER ( ) -
15. MOTHER'S MAILING ADDRESS: ☐ Same as residence, OR: Number & Street / City or Town: / State: / Zip Code:
16. MOTHER'S EDUCATION (Check the box that best describes highest degree or level of school completed at the time of delivery.)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
17. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latina (Specify): _____
18. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be.)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe): _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify): _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify): _____
☐ Other (Specify): _____
19. MOTHER'S PREPREGNANCY WEIGHT (Pounds)
20. MOTHER'S HEIGHT — Feet: / Inches:
21. DID MOTHER GET WIC FOOD FOR HERSELF DURING PREGNANCY? ☐ Yes ☐ No
22. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
AVERAGE NUMBER OF CIGARETTES OR PACKS PER DAY? IF NONE, ENTER "0" FOR EACH TIME PERIOD
# of cigarettes / # packs
Three Months Before Pregnancy ____ OR ____ — First Three Months Of Pregnancy ____ OR ____
Second Three Months Of Pregnancy ____ OR ____ — Third Trimester Of Pregnancy ____ OR ____

VDH-BirthWksht-Parent-Rev. 09/23/2010



VERMONT DEPARTMENT OF HEALTH

FACILITY WORKSHEET FOR THE LIVE BIRTH CERTIFICATE

MOTHER'S LAST NAME:

FACILITY INFORMATION

32a. PLACE WHERE BIRTH OCCURRED — ☐ Hospital ☐ Clinic/Doctor's Office ☐ Other (Specify) ☐ En route ☐ Freestanding Birth Center ☐ Home — Was it planned? ☐ Yes ☐ No
32b. NAME OF FACILITY (If not a facility, enter street address and number)
33. CITY, TOWN, OR LOCATION OF BIRTH

NEWBORN'S STATISTICAL INFORMATION

34. NEWBORN MEDICAL RECORD NUMBER
35. OBSTETRIC ESTIMATE OF GESTATION (Completed weeks)
36. BIRTH WEIGHT lbs ozs OR Grams
37. APGAR SCORE AT 5 MINUTES
IF SCORE IS LESS THAN 6, SCORE AT 10 MINUTES
38. PLURALITY – Single, Twin, Triplet, etc. (Specify)
39. IF NOT SINGLE BIRTH – Born 1st, 2nd, 3rd, etc. (Specify)
40. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? ☐ Yes ☐ No — If yes, NAME OF FACILITY infant was transferred to:
41. IS INFANT LIVING AT THE TIME OF REPORT? ☐ Yes ☐ No
42. IS INFANT BEING BREASTFED AT DISCHARGE? ☐ Yes ☐ No

MOTHER'S STATISTICAL INFORMATION

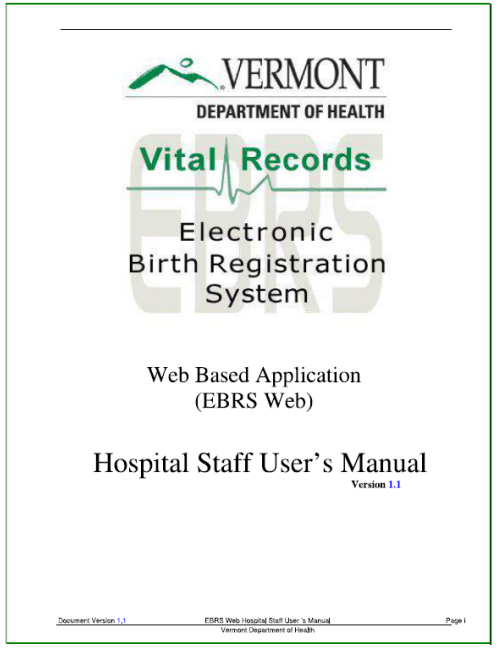
43. MOTHER'S MEDICAL RECORD NUMBER
44. MOTHER'S WEIGHT AT DELIVERY (Pounds)
45. WAS MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ☐ Yes ☐ No — If yes, NAME OF FACILITY mother was transferred from:
46. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY ☐ Medicaid ☐ Private Insurance ☐ Self-pay ☐ Other (Specify): _____
47. DATE LAST NORMAL MENSES BEGAN (MM/DD/YYYY) / /
48a. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child) Number Now Living ____ ☐ None Number Now Dead ____ ☐ None
48b. DATE OF LAST LIVE BIRTH (Do not include this child) (MM/YYYY)
49a. NUMBER OF OTHER PREGNANCY OUTCOMES (Spontaneous or induced losses or ectopic pregnancies) Number of Other Outcomes: ____ ☐ None
49b. DATE OF LAST OTHER PREGNANCY OUTCOME (MM/YYYY)
50a. DATE OF FIRST PRENATAL CARE VISIT (MM/DD/YYYY) / / ☐ No Prenatal Care
50b. DATE OF LAST PRENATAL CARE VISIT (MM/DD/YYYY) / /
51. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY (If none, enter "0")
52. PRENATAL CARE PROVIDER'S NAME — First / Middle / Last / Suffix

MEDICAL AND HEALTH INFORMATION

53. RISK FACTORS IN THIS PREGNANCY (Check all that apply)
Diabetes ☐ Prepregnancy (Diagnosis prior to this pregnancy) ☐ Gestational (Diagnosis in this pregnancy)
Hypertension ☐ Prepregnancy (Chronic) ☐ Gestational (PIH, preeclampsia) ☐ Eclampsia
☐ Previous preterm births
☐ Other previous poor pregnancy outcome (Includes perinatal death, small for gestational age/intrauterine growth restricted birth)
☐ Pregnancy resulted from infertility treatment – If yes, check all that apply:
☐ Fertility-enhancing drugs, Artificial insemination or intrauterine insemination
☐ Assisted reproductive technology (e.g., in vitro fertilization, gamete intrafallopian transfer)
☐ Mother had a previous cesarean delivery? If yes, how many _____
☐ None of the above
54. ONSET OF LABOR (Check all that apply)
☐ Premature rupture of the membranes (prolonged, ≥ 12hrs)
☐ Precipitous Labor (< 3hrs)
☐ Prolonged Labor (≥ 20hrs)
☐ None of the above
55a. GROUP B STREP STATUS
☐ Negative ☐ Positive ☐ Not performed
55b. GROUP B STREP PROPHYLAXIS STATUS
☐ No treatment ☐ Greater than 4 hours before delivery ☐ Less than or equal to 4 hours before delivery
56. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
☐ Gonorrhea ☐ Syphilis ☐ Chlamydia ☐ Hepatitis B ☐ Hepatitis C ☐ None of the above

VDH-BirthWksht-Facility-Rev. 07/23/2009

#2 Electronic Birth Registration System (EBRS)



VERMONT
DEPARTMENT OF HEALTH
Vital Records
EBRS
Electronic Birth Registration System

Web Based Application (EBRS Web)

Hospital Staff User's Manual
Version 1.1

Document Version 1.1 — EBRS Web Hospital Staff User's Manual — Page i
Vermont Department of Health

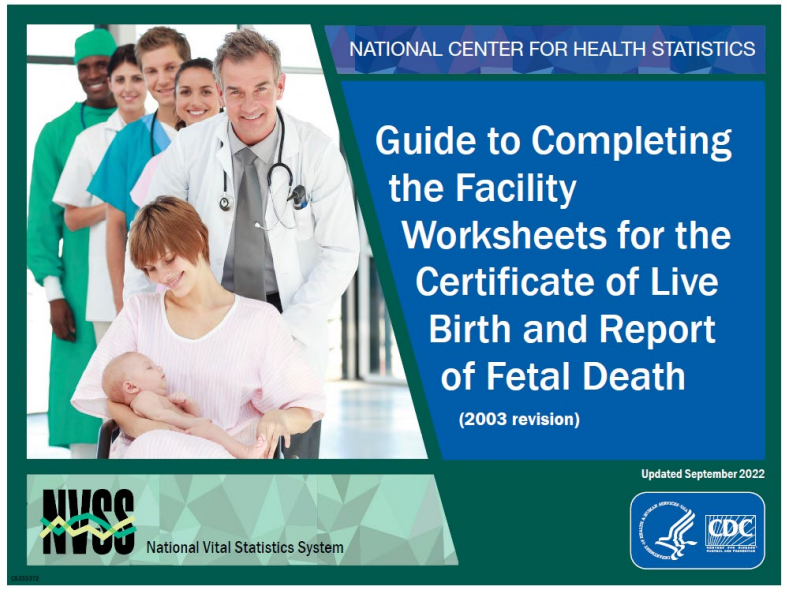
PERINATAL QUALITY COLLABORATIVE VERMONT

VERMONT DEPARTMENT OF HEALTH

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM
The University of Vermont | LARNER COLLEGE OF MEDICINE

Essential Education Resources for Hospital Teams

#3 Guide (Updated Sept. 22)



www.cdc.gov/nchs/nvss/facility-worksheets-guide.htm

- Provides definitions, instructions, sources, and keywords and abbreviations for each of the medical and health items
- Available online in html and pdf
- FREE spiral-bound hard copies available
  - Request from births@cdc.gov

Essential Resources for Hospital Teams

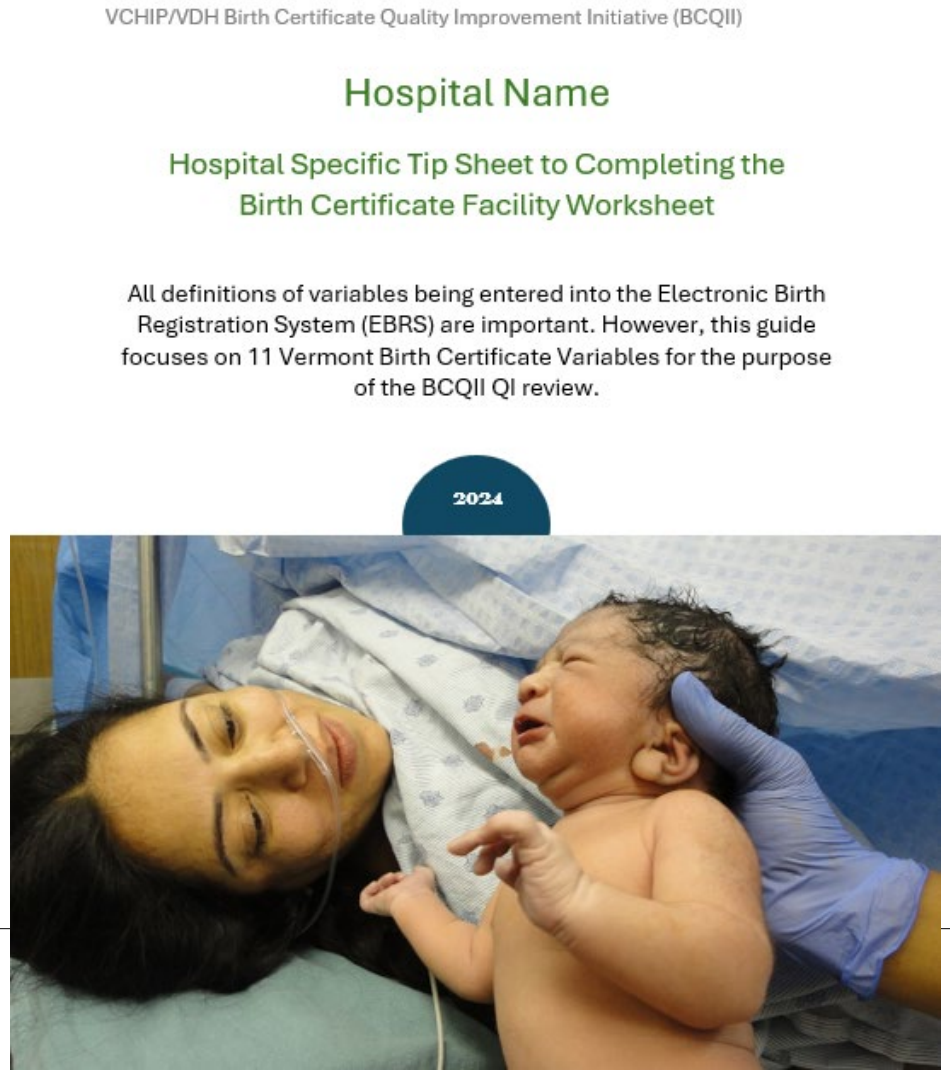
#4 **Applying Best Practices for Reporting Medical and Health Information on Birth Certificates**

[NCHS Training - Applying Best Practices for Reporting Medical and Health Information on Birth Certificates (cdc.gov)]

- Free training available on NCHS website
- Continuing education units, certificate of completion available
- New EBRS Users to complete this training as part of VDH onboarding protocol
- Recommend that clinical team entering the data at hospital complete this training as part of competency education.

Essential Resources for Hospital Teams

#5 **VT Resource: Hospital Tip Sheet**



VCHIP/VDH Birth Certificate Quality Improvement Initiative (BCQII)

Hospital Name

Hospital Specific Tip Sheet to Completing the Birth Certificate Facility Worksheet

All definitions of variables being entered into the Electronic Birth Registration System (EBRS) are important. However, this guide focuses on 11 Vermont Birth Certificate Variables for the purpose of the BCQII QI review.

2024

PERINATAL QUALITY COLLABORATIVE VERMONT

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM The University of Vermont | LARNER COLLEGE OF MEDICINE

United States: c. 1940 An operator entering data

Photo Credit: Underwood Archives, Inc / Alamy Stock Photo

Learning Series Virtual Call Schedule

June 10, 2024 12:00-1:00 p.m.	Why is the birth certificate important to birthing people, newborns, and your hospital?
September 9, 2024 12:00-1:00 p.m.	Partnering across departments to improve accuracy of 11 key variables
October 7, 2024 12:00-1:00 p.m.	Tools to improve reporting accuracy of 11 key variables
November 4, 2024 12:00-1:00 p.m.	Identify and spread best practices for data collection: Verification and Training

This education opportunity is intended for Vermont Hospital teams involved in birth certificate data collection.

Birth Certificate Quality Improvement Initiative Learning Series

BCQII

Tools to improve reporting accuracy of 11 key variables

October 7, 2024
12:00 – 1:00 p.m.

Join with the same Zoom link

A calendar invite will be shared with you

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Thank you!

Comments? Compliments? Questions?

Please take a few moments to complete the evaluation.
Thank you!

Scan QR code