# Perinatal Quality Collaborative Vermont

Birth Certificate Quality Improvement Initiative

**Kickoff Call** 

June 10

12:00-1:00PM







## Perinatal Quality Collaborative-Vermont

**Mission:** Optimizing care and health outcomes in pregnancy and infancy through collaboration and continuous quality improvement.

**Goal:** The PQC-VT will improve care and health outcomes of pregnant people and infants in Vermont through the following initiatives:

- Set Perinatal health Outcome Priorities
- Provide Outreach and Education
- Advance Quality Improvement Efforts
- Monitor Pregnancy and Newborn Health Outcomes









# Housekeeping



Use the *Chat* box to ask a question.

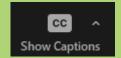


#### Microphone



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
- Initiative overview
- Birth certificate variables in review
- Highlights from hospital process mapping visits
- Baseline data collection
- Learning tools and training
- Important dates
- Questions







### **BCQII** Team

- Breena Holmes, MD, Faculty Lead, University of Vermont Larner College of Medicine
- Ilisa Stalberg, MSS, MLSP Family and Child Health Director, Vermont Department of Health
- Katy Leffel, RN, BSN, IBCLC, Perinatal Nurse Coordinator, Vermont Department of Health

- Cynthia Hooley, Vital Statistics Information Manager, Vermont Department of Health
- Peggy Brozicevic, Research and Statistics Chief, Vermont Department of Health
- Julie Parent, MPH, MSW, Perinatal Project Director/QI Coach, University of Vermont Larner College of Medicine
- Angela Zinno, MA, Project Coordinator, University of Vermont Larner College of Medicine



## Collaborators – It's all about Partnerships

- Brattleboro Memorial Hospital
- Central Vermont Medical Center
- Copley Hospital
- 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















### Birth Certificate Data

- Collects more than 100 Pieces of information on Vermont's pregnant people and babies
- Birth certificate staff are the front line in assuring accurate birth data and are a vital part of the health care team
- Information used by local, state and national partners
- Consistent source of health information on all Vermont babies and new mothers
- Reflects your hospital's performance and adherence to best practices in perinatal care

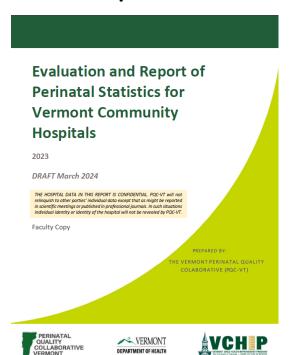


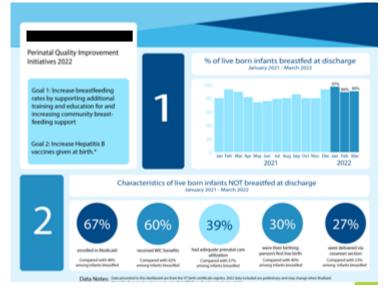


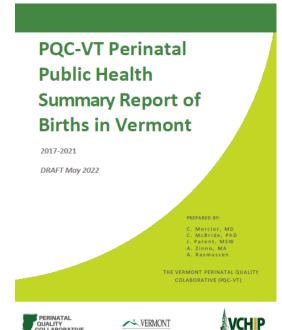


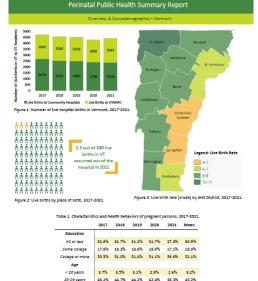
### PQC-VT and Birth Certificate Data

 The Birth Certificate Data informs the PQC-VT and other Quality Improvement (QI) activities across the state









48.5% 50.4% 50.5% 52.2% 56.7% 51.7%







### PQC-VT and Birth Certificate Data

- VDH/FCH use for grant funding opportunities
  - Enhancing Reviews and Surveillance to Eliminate Maternal Morality (ERS MM), Centers for Disease Control and Prevention (CDC) funding
  - Women, Infants and Children (WIC) supplemental nutrition program
  - Perinatal Quality Collaborative Capacity Building, CDC funding
  - Maternal Health Innovation (MHI), Health Resource and Services Administration (HRSA)
  - And more!







### What we have learned from our visits with you!

- Data entry process varies at each facility
- Quality assurance/audit process varies at each facility
- Parent and Facility worksheets have been modified to meet the needs of the hospital specific data entry processes
- Challenges with completing the data entry as the answers are not always available/integrated in the Electronic Health Records (EHR)













### It takes a Village...

Health Information Management (HIM) chart analysts, OB providers, Pediatric providers, Certified Nurse Midwifes, Registered Nurses, Licensed Nursing Assistants,...

## Your Feedback so far (keep it coming)...

- Recommend updating language on the Parent and Facility worksheets
- Enhance communication between clinical and health information management staff
- Provide training/educational opportunities for team to clarify definitions and medical terminology
- Need an overall appreciation of the role of birth certificate HIM staff
- Provide additional informative tools e.g., internal reference guide, etc.







### **BCQI - Initiative Goals**

- To improve the accuracy of 11 birth certificate variables to support public health and quality improvement efforts.
- To learn and share with each others birth certificate data entry processes that have proven successful with increasing accuracy and timeliness.
- To develop educational materials for sustained birth certificate data training for new hospital staff.







### **Birth Certificate Quality Improvement Initiative**

#### **Key Drivers**

**AIM** 

In 9 months, improve the accuracy of 11 birth certificate variables to 90 % to support public health and quality improvement efforts

Understanding of the importance of the Birth Certificate data/information

Strong communication between clinical team and birth certificate data entry staff

Trained clinical and birth certificate data collection teams using essential and specific information/definitions

Identification and spread of best practices for process optimization (data entry, verification, training,)

#### **Change Ideas / Interventions**

- Identify improvement team
- Identify all sources of 10 key birth certificate variables
- Identify steps for birth certificate data collection and entry into birth certificate system using a process flow diagram
- Identify area for process improvement using process flow diagram
- Ensure staff entering birth certificate data has access to necessary clinical data
- Utilize VCHIP and VDH Vital Statistics for education and training of clinical staff and data collection staff entering birth certificate data
- Disseminate birth certificate variable definitions to birth certificate and clinical staff
- Ensure clear understanding of birth certificate variables
- Ensure clear understanding by birth data team of medical terminology related to birth registry variables
- Clarify birth certificate definitions and instructions on webinars and with teams
- Review Baseline and Post intervention data collection with teams
- Identify and share process improvement strategies that have been successful





### **BCQI-Initiative Approach**

- Calls, Training and QI process
  - Virtual Learning Series Calls (3 to 4 additional calls)
  - Learning tools and shared learning to support training efforts
  - Availability of Optional Office Hours to discuss educational team needs, etc. (The First Wednesday of every month, 1-2PM)







### **BCQI-Initiative Key Team Members**

- Hospitals will need to designate a:
  - Clinical Lead
  - Birth Certificate Health Information Management (HIM) Lead
- The 2 Lead designees will:
  - Need to know best reliable data sources for the 11 key data variables
  - Be knowledgeable in perinatal, maternal and newborn health care.







### **BCQI-Initiative Key Team Members Roles**

- Clinical Lead Roles:
  - Communicate with clinical team on issues of reporting in the medical record
  - Participate in Learning Series Virtual Calls
- Birth Certificate HIM Lead Roles:
  - Organize and encourage all personnel who complete birth certificates to participate in BCQI efforts







### **BCQI-Initiative Data Reporting Approach**

Limited QI data collection on hospital teams to avoid adding to the burden of data collection









## BCQI-Initiative Data Reporting Approach

### Phase 1: Baseline data collection

- Retrospective chart review of 6-months of data, July to December 2023
- Data collected as monthly counts

### Phase 2: Post-intervention data collection

• Chart review of 6-months of data, post-QI intervention

### Phase 3: QI maintenance data collection

• Chart review of 6-months of data 3 years post-intervention

## BCQI-Initiative 11 Selected Indicators

| Variable Name | Variable Label                        | Rationale for Inclusion            |
|---------------|---------------------------------------|------------------------------------|
| PHYPE         | Pre-pregnancy hypertension            | Clinical relevance                 |
| GHYPE         | Gestational hypertension/preeclampsia | Clinical relevance                 |
| PDAIB         | Pre-pregnancy diabetes                | Clinical relevance                 |
| GDIAB         | Gestational diabetes                  | Clinical relevance                 |
| BFED          | Breastfeeding                         | Clinical / Public Health relevance |
| AVEN1         | Assisted ventilation after delivery   | Clinical relevance                 |
| NICU          | NICU admission                        | Clinical relevance                 |
| PROM          | Premature rupture of membranes        | Clinical relevance                 |
| PAYER         | Payer                                 | Public Health relevance            |
| IND           | Induction of labor                    | Clinical relevance                 |
| IT            | Infant transferred <24 hours          | Balancing measure                  |

### BCQI – Initiative Analysis Measures

- 1. Percent agreement between chart review and BC data counts by:
  - Variable
  - Month
  - Hospital
- 2. Percent change between baseline and post-intervention
- 3. Percent change between baseline and maintenance
- 4. Percent change between post-intervention and maintenance







## What are hospital teams asked to do?

- Identify and work on at least one issue to improve
- Identify an internal audit process for data
- Participate in the virtual Learning Series Calls (3-4 opportunities)







## What are hospitals going to get from it?

- Birth certificate training materials and tools
- PQC-VT team available to you for consultation and assistance
- Improved birth certificate data accuracy and precision at your hospital
- Improved birth certificate data accuracy to support the health of birthing people and newborns









United States: c 1940 An operator entering data

Photo Credit: Underwood Archives, Inc / Alamy Stock Photo

#### **Learning Series Virtual Call Schedule**

| June 10, 2024<br>12:00-1:00 p.m.     | Why is the birth certificate important to birthing people, newborns, and your hospital? |
|--------------------------------------|---|
| September 9, 2024<br>12:00-1:00 p.m. | Partnering across departments to improve accuracy of 11 key variables                   |
| October 7, 2024<br>12:00-1:00 p.m.   | Tools to improve reporting accuracy of 11 key variables                                 |
| November 4, 2024<br>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

BCQIÎ

Partnering across departments to improve accuracy of 11 key variables

> September 9, 2024 12:00 – 1:00 p.m.

Join with the same Zoom link

A calendar invite will be shared with you

Please register if you have not done so already,

https://go.uvm.edu/mjq5s







### Comments? Compliments? Questions?

Please take a few moments to complete the evaluation.

Thank you!

https://go.uvm.edu/1rykq

or



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