Perinatal Regionalization Work Group
(Quality Assurance, Data Collection and Evaluation)

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Members

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Workgroup # 3 Charge

To make recommendations to MDCH regarding:
- Quality improvement
- Data collection
- Evaluation for a statewide perinatal coordinated system.

Specific Tasks
1. Determine available data for perinatal care
2. Determine quality improvement processes in place.
3. Identify data quality improvement (QI) gaps
4. Determine evaluation methods for the statewide perinatal coordinated system

Why Perinatal Care:
- Despite an increased focus on improving care, the U.S. perinatal health care system does not always deliver safe, high quality care for all women and infants.
- In some cases, gaps still exist between best evidence and routine practice.
- In addition, pregnant women and neonates continue to encounter unnecessary risks as a result of their interactions with the health care system.
- Interventions to improve quality and safety have shown promise in changing practice in perinatal medicine.
Quality Improvement

1. Determine available data for perinatal care

2. Determine quality improvement processes in place

Perinatal care in Michigan

Hospitals with OB care:

A) 2005 Survey: (72%)

98 Birth hospitals
- Level 1 = 39
- Level 2 = 19
- Level 3 = 13

B) 2012:

83 Birth hospitals

Newborn care:

2012:
- Level 1 & 2 = 64
- Level 3 = 20

Level 3C = 3
Level 3B = Majority
Level 3A = Few
**What QI has been suggested?**

- Joint Commission Perinatal Care Core Measures
- National Quality Forum Perinatal Quality Measures
- HEDIS (Healthcare Effectiveness Data & Information Set)
- TIOP III (March of Dimes)

**Current Quality Improvement**

*2012 Survey – MHA*

1. Birth hospitals: 85% of respondents reported
   - Elimination of non-medically indicated (elective) deliveries before 39 weeks gestational age
2. Neonatal: Hospitals with an NICU:
   - Decrease nosocomial infections at 15/17 VON-NICU
   - Seventeen out of twenty NICUs in Michigan participate with VON (Vermont Oxford Network).
Other gaps in perinatal care

1. The process of implementation of QI is often not measured, but it is critical to the success and sustainability of improvement. For example, the use of check list (process) in an operating room has improved safety (outcome). Team work is another process often not measured.

2. Available resources (staff, time, finance, QI tools, literature) are often limited at individual institutions.

3. There are a small number of birth hospitals (14.5%) and NICUs (15%) in the state of Michigan that are not engaged in state wide or national quality consortiums. The state should facilitate their collaboration.
Families and Quality Improvement

Effective Regional Perinatal Care

Statewide implementation will require establishment of:

- Effective health care systems
- Administrative routines
- Evaluation of its effectiveness
Education

The committee notes that in order to impact quality care, perinatal teams (leaders and bedside staff) need to learn:
1. Principles of quality improvement
2. Safety culture
3. Teamwork and communication
4. Core concepts of patient and family centers care

Data Collection

- A Perinatal Registry is recommended.
- An infrastructure capable of supporting
  - Outcome measures
  - Evaluation of care processes
- Registry will play a vital role in tracking quality care and cost.
- Significant data are available at this time in different data files – Vital records, MI inpatient database (MIDB), MHA (Keystone+) etc. Good IT support will help.
Data Collection for Perinatal Registry

Registry should have Performance Metrics:
- Based on availability, timeliness, validity, reliability and relevance.
- Useful to clinicians, hospital administrators, EMS, MDCH and other stakeholders.

Effective Regional Perinatal Care

- Education
- Data
- Resources
Resources for MI Regional Perinatal Care

Resources are essential to reestablish Michigan regional perinatal care with active quality improvement initiatives on a continuous basis.

1. State level: The State should allocate resources necessary for:
   - Safe and effective perinatal QI
   - Data submission from birth hospitals throughout the state.

2. Hospital level: Recommend perinatal center quality support.

Principles for evaluation of Perinatal system should include following

1. Based on Seven key themes for quality improvement [family centered, safe, effective, equitable, timely, efficient, socially and environmentally responsible] (® Horbar JD, IOM)

2. Measures should be of high value, valid and amenable to improvement.

3. Reducing variance in process and outcomes (TIOPS III)

4. Transparency and aggregate data sharing to promote improved care
Evaluation of MI Regional Perinatal System

1. Perinatal levels of care: verifiable by a State department agency based on Perinatal Regionalization (Michigan 2009).

2. Data for core outcomes: The availability of data and effectiveness of the measures (to start with the Joint Commission’s five Perinatal Care measures).

3. Annual analysis of at least 1-2 regional perinatal quality measure processes across the state of Michigan.

4. Regional leadership:
   - Provide education (case reviews & root cause analysis process)
   - Improve the health care of women and infants.

5. Sharing of aggregate data with the goal of improvement and consistency of care for the Michigan perinatal population.

State wide Perinatal Quality Improvement
Process: Breast Feeding rate

2. Breast feeding impacts short term as well as long term outcomes for infants and mothers.
3. The practice of breastfeeding practice extends across:
   - Perinatal providers - Nurses, Physicians and mid level providers
   - Different sites of care - OB office, hospital – antepartum, labor & delivery, mother / baby, NICU, and post-natal care at pediatrician and OB office staff.
   * Committee to workout details

Breast Feeding Report Card
United States & MI, 2011

Percent of Births at Baby-Friendly Facilities in 2011, by State

MI-BF (Ever) 69%  BF @ 6M 43%  Exclusive BF@ 6M 16%

CDC data - August 2011
Summary:

- Current perinatal QI
- Available database, QI Gaps and Core QI measures
- Process to achieve successful regionalized quality care
- Evaluation of regionalized coordinated care

Reference

Questions