

Perinatal Quality Collaborative of North Carolina

Birth Certificate Pilot Phase II Charter



Birth Certificate Pilot Phase II Charter

Problem Statement:

Birth certificates provide a critical source of information on birth and birth outcomes and the health of mothers and babies. Studies have shown uncertainties about the accuracy and timeliness of information recorded in such data limits its use for policy decisions, quality improvement (QI) efforts, and research. North Carolina is no exception. Surveys of current data for key birth certificate fields have revealed marked under-reporting. If accurately reported fields like use of antenatal steroids, maternal hypertension, previous C-section, NICU admissions, maternal smoking and newborn evaluation for infection could be key elements in driving statewide efforts to improve maternal and newborn care in North Carolina.

Mission:

The PQCNC Birth Certificate Accuracy perinatal quality improvement teams (PQITs) will share strategies and lessons learned to track performance, identify specific areas of focus, develop potentially better practices and employ QI methodologies to establish a standardized process of data abstraction for each section of the birth record in North Carolina including:

- Identification and spread of best practices for data entry and verification
- Partner with patients and families to optimize timing and accuracy of birth data collection
- Identify and address disparities in data collection practice

Aim:

By May 2020, participating NC hospitals will utilize defined best practices to create a standard practice for abstracting, verifying, and submitting birth certificate data.

Scope:

PQCNC will support 8 Birth Certificate PQIT's in North Carolina to improve the process of data extraction for three distinct sections of the birth record. Focusing on one variable from each section, teams will achieve reporting of at least 95% accuracy. These variables represent the three distinct sections of the birth record; prenatal records, intrapartum records, and postpartum records.



Method:

Invite teams comprised of birth registrars and team members from the labor and delivery service, newborn nursery and neonatal intensive care, where applicable, to participate in the collaborative organized by PQCNC including learning sessions, coaching, and on-site person to person visits, to support PQIT's use of quality improvement strategies to implement elements of the driver diagram.

Measurement Strategy:

By focusing on one element from each section of the birth record, teams can identify gaps in data abstraction to improve accuracy of reporting, spreading improvements to all variables in each section of the birth record, thereby improving overall accuracy of reporting.

Outcomes/Goal Statement:

- Promote an efficient and accurate birth information collection process in 100% of participating sites
- Improve the reporting accuracy to at least 95% for 3 focused variables based on comparison of internal audits from pharmacy and monthly audits provided by Vital Statistics to each participating site
- Identification and spread of best practices for data entry and verification