CMQCC
California Maternal
Quality Care Collaborative

Using the Maternal Data Center to Drive Improvement

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Funding for the development of this toolkit was provided by the California Health Care Foundation

California Health Care Foundation

CMQCC Maternal Data Center

Low-Burden, High-value

PDD—Discharge Diagnosis File (ICD9/10 Codes)

Monthly uploads: mother and infant PDD (participating hospitals)

Real-Time!

Automated Linkage of all 3 files

Birth Certificate (Clinical Data)

Monthly uploads: electronic files for all CA births

Chart Review (optional selected metrics/QI projects)

Limited manual data entry for these measures

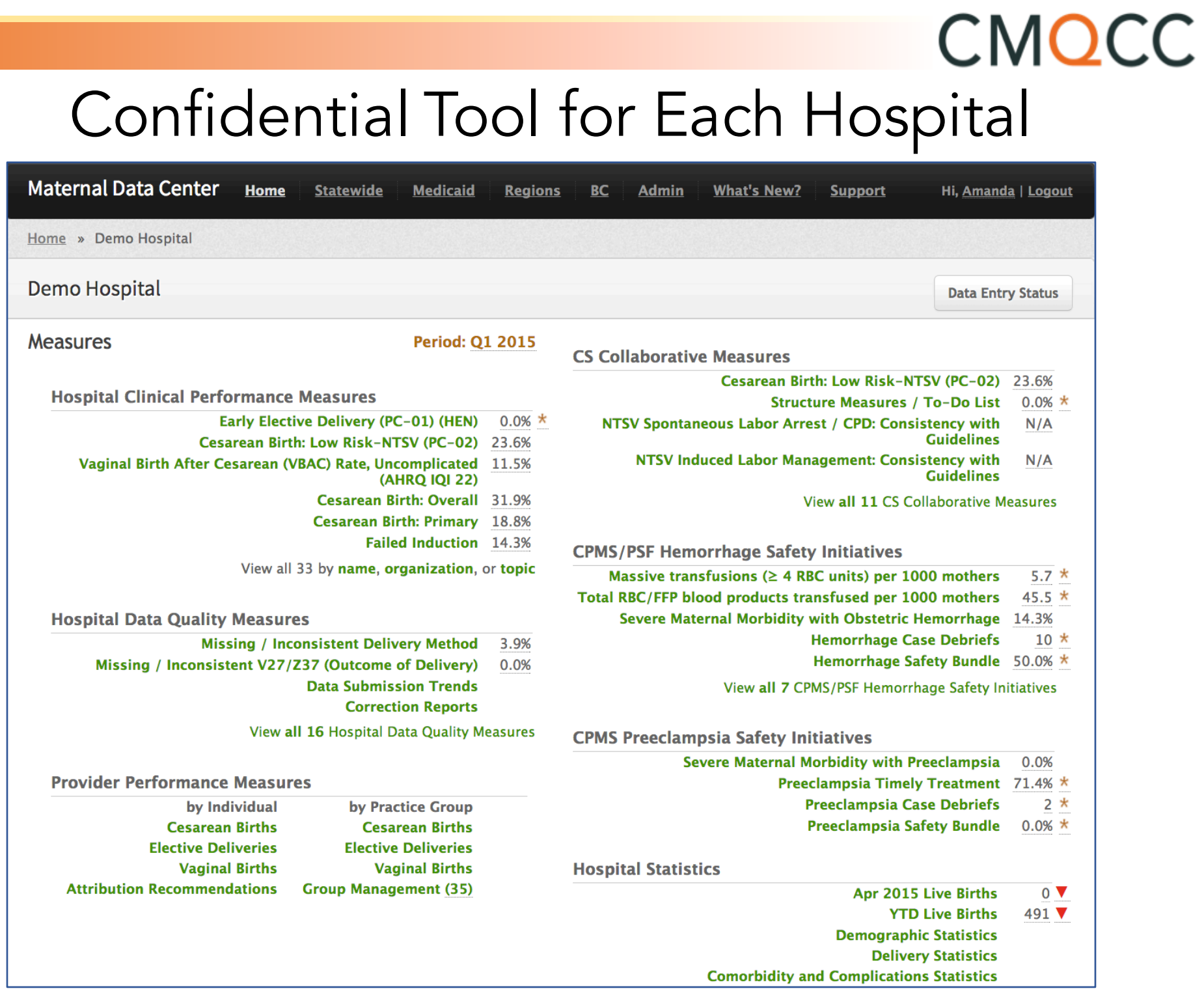
CMQCC

Maternal Data Center

Links over 1,000,000 mother/baby records each year!

Interactive Analytics Guide QI Practice

Confidential Tool for Each Hospital



Maternal Data Center | Home | Statewide | Medicaid | Regions | BC | Admin | What's New? | Support | Hi, Amanda | Logout

Home » Demo Hospital

Demo Hospital

Data Entry Status

Measures

Period: Q1 2015

Hospital Clinical Performance Measures

Early Elective Delivery (PC-01) (HEN)	0.0% *
Cesarean Birth: Low Risk-NTSV (PC-02)	23.6%
Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated (AHRQ IQI 22)	11.5%
Cesarean Birth: Overall	31.9%
Cesarean Birth: Primary	18.8%
Failed Induction	14.3%

View all 33 by name, organization, or topic

Hospital Data Quality Measures

Missing / Inconsistent Delivery Method	3.9%
Missing / Inconsistent V27/Z37 (Outcome of Delivery)	0.0%
Data Submission Trends	
Correction Reports	

View all 16 Hospital Data Quality Measures

Provider Performance Measures

by Individual	by Practice Group
Cesarean Births	Cesarean Births
Elective Deliveries	Elective Deliveries
Vaginal Births	Vaginal Births
Attribution Recommendations	Group Management (35)

CS Collaborative Measures

Cesarean Birth: Low Risk-NTSV (PC-02)	23.6%
Structure Measures / To-Do List	0.0% *
NTSV Spontaneous Labor Arrest / CPD: Consistency with Guidelines	N/A
NTSV Induced Labor Management: Consistency with Guidelines	N/A

View all 11 CS Collaborative Measures

CPMS/PSF Hemorrhage Safety Initiatives

Massive transfusions (≥ 4 RBC units) per 1000 mothers	5.7 *
Total RBC/FFP blood products transfused per 1000 mothers	45.5 *
Severe Maternal Morbidity with Obstetric Hemorrhage	14.3%
Hemorrhage Case Debriefs	10 *
Hemorrhage Safety Bundle	50.0% *

View all 7 CPMS/PSF Hemorrhage Safety Initiatives

CPMS Preeclampsia Safety Initiatives

Severe Maternal Morbidity with Preeclampsia	0.0%
Preeclampsia Timely Treatment	71.4% *
Preeclampsia Case Debriefs	2 *
Preeclampsia Safety Bundle	0.0% *

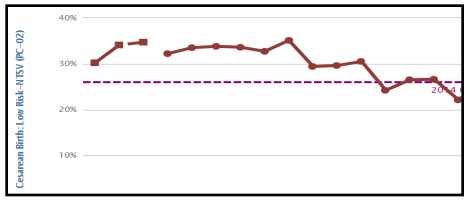
Hospital Statistics

Apr 2015 Live Births	0 ▼
YTD Live Births	491 ▼
Demographic Statistics	
Delivery Statistics	
Comorbidity and Complications Statistics	

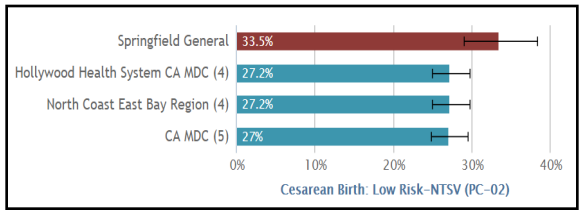
Measure	Apr 2014 – Mar 2015 Rate	Q1 2015 Rate	2014 Statewide
★ 3rd & 4th Degree Lacerations/OB Trauma – All Vaginal Deliveries	2.9%	2.4%	2.6%
★ 3rd & 4th Degree Lacerations/OB Trauma – Vaginal Delivery WITH Instrument (HEN)	10.9%	17.9%	11.4%
★ 3rd & 4th Degree Lacerations/OB Trauma – Vaginal Delivery WITHOUT Instrument (HEN)	1.9%	1.0%	1.9%
★ Antenatal Steroids (PC-03)	80.0%*	100.0%*	N/A
★ Birth Trauma – Injury to Neonate (AHRQ PSI 17)	0.2%	0.2%	0.2%
★ Cesarean Birth: Low Risk-NTSV (PC-02)	27.5%	23.2%	26.1%
★ Cesarean Birth: Low Risk-NTSV Age Adjusted	24.0%	21.9%	24.3%
★ Cesarean Birth: Overall	35.1%	31.9%	32.5%
★ Cesarean Birth: Primary	21.7%	18.8%	20.1%
★ Cesarean Birth: Primary, Term, Singleton, Vertex (AHRQ IQI 33)	17.2%	13.6%	16.0%
★ Cesarean Birth: Term, Singleton, Vertex (AHRQ IQI 21)	31.8%	28.7%	29.2%
★ DVT Prophylaxis in Women Undergoing CS	N/A	N/A	N/A
★ Early Elective Delivery (PC-01) (HEN)	2.6%*	0.0%*	N/A
★ Episiotomy Rate	13.4%	11.4%	11.7%
★ Exclusive Breast Milk Feeding (PC-05)	N/A	N/A	N/A
★ Exclusive Breast Milk Feeding Considering Initial Feeding Plan (PC-05a)	N/A	N/A	N/A
★ Failed Induction	17.6%	14.1%	N/A
★ Hemorrhage: Blood Product Units Transfused per 1000 Delivery Cases	N/A	N/A	N/A
★ Hemorrhage: Massive Transfusions (> 4 Units) per 1000 Delivery Cases (HEN)	N/A	N/A	N/A
★ Hemorrhage: Risk assessment on Admission	N/A	N/A	N/A
★ Induction Rate	15.7%	14.4%	N/A
★ Newborn Bilirubin Screening Prior to Discharge	98.3%*	100.0%*	N/A

Using the Maternal Data Center to Drive Improvement

- Monitor hospital performance over time

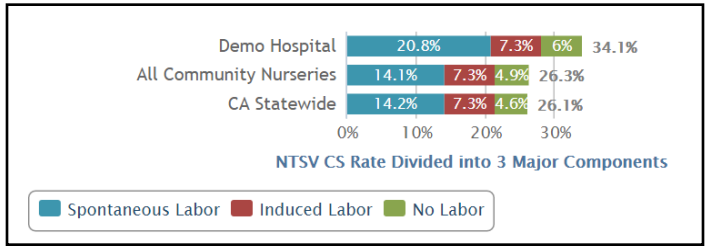


- Make peer and benchmark comparisons



- Assess provider variation

- Identify QI opportunities



New Collaborative Section

CMQCC

CS Collaborative Measures: By Type

By Name | **By Type**

Show: ☐ Last 12 Months ☑ Last 3 Months ☑ Last Month

Outcome

CSV (Excel)

Measure	Dec 2015 – Feb 2016 Rate	Feb 2016 Rate	Dec 2015 – Feb 2016 CS Collaborative
★ Cesarean Birth: Low Risk–NTSV (PC–02)	29.7%	32.8%	29.7%
CS among Induced NTSV Births	38.3%*	47.8%	38.3%*
CS for Labor Arrest / CPD among NTSV Births	18.3%	22.4%	18.3%

Process

CSV (Excel)

Measure	Mar – May 2016 Rate	Feb 2016 Rate	Mar – May 2016 CS Collaborative
NTSV Induced Labor Management: Consistency with Guidelines	N/A	60.0%	N/A
NTSV Spontaneous Labor Arrest / CPD: Consistency with Guidelines	N/A	N/A	N/A
Structure Measures / To–Do List	66.7%	66.7%*	66.7%

Balancing

CSV (Excel)

Measure	Dec 2015 – Feb 2016 Rate	Feb 2016 Rate	Dec 2015 – Feb 2016 CS Collaborative
3rd & 4th Degree Lacerations Among NTSV Vaginal Births	3.7%	5.9%	3.7%
5m Apgar ≤5 among NTSV Births	0.3%	0.0%	0.3%
Unexpected Newborn Complications among NTSV Births	2.7%	2.8%	2.7%

Data Quality

CSV (Excel)

Measure	Feb 2016 Rate
Birth Certificate Induction Coding Errors – Among NTSV Births	11.4%
ICD–10 Induction Coding Errors – Among NTSV Births	2.5%

CMQCC

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Structure Measures/To-Do List

CS Collaborative: Structure Measures / To-Do List

11%

If you have completed any element before January 1, 2014, the item is not considered complete. This will require a brief review at your system to make sure components are still in place and/or sustainability has occurred and to ensure processes are based on current best practice evidence.

General

Save and Go Back

Item	Completed On (estimated)
Has your hospital implemented updated labor protocols for a unit-standard approach for providing labor support, and freedom of movement?	02/02/2014 or Not In Place
Has your hospital implemented standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction?	MM/DD/YYYY or Not In Place
Has your hospital implemented protocols and support tools for women who present in latent (early) labor to safely encourage early labor at home?	MM/DD/YYYY or Not In Place
Has your hospital developed a policy to implement intermittent monitoring policies for low-risk women?	MM/DD/YYYY or Not In Place
Has your hospital developed OB specific resources and protocols to support patients, and family through an unexpected/traumatic Cesarean?	MM/DD/YYYY or Not In Place
Have you shared provider level measures with department members (may start with blinded data but quickly move to open release)?	MM/DD/YYYY or Not In Place
Were some of the recommended tools for the Safe Reduction of Primary C/S bundle (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?	MM/DD/YYYY or Not In Place
Has your hospital implemented training/procedures for identification and appropriate interventions for malpositions (e.g. OP/OT)?	MM/DD/YYYY or Not In Place
Has your hospital developed a policy to integrate doulas into the birth care team?	MM/DD/YYYY or Not In Place

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CS Collaborative Measures: By Type

By Name | **By Type**

Show: ☐ Last 12 Months ☑ Last 3 Months ☑ Last Month

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CSV (Excel)

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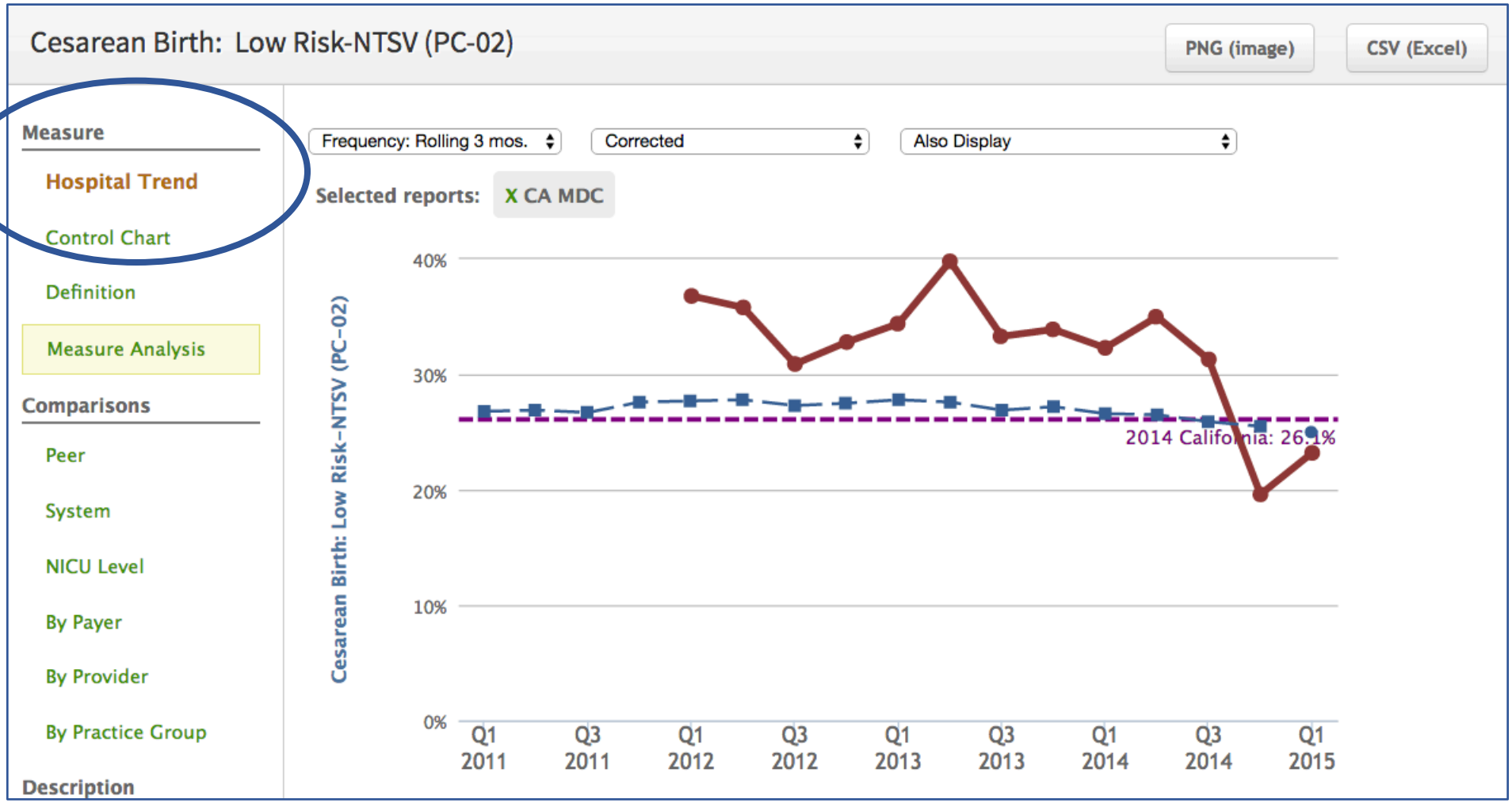
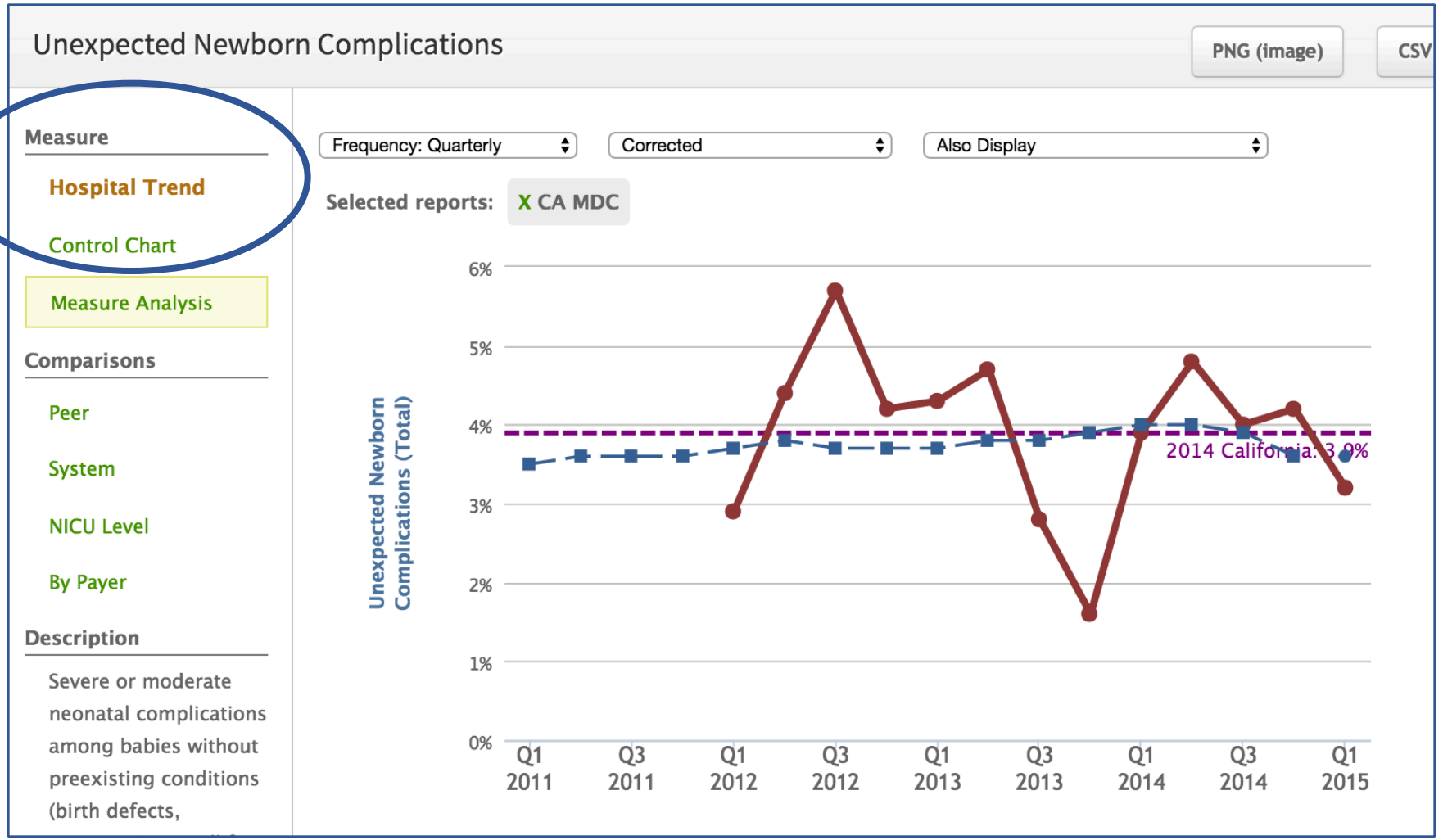
Birth Certificate Induction Coding Errors – Among NTSV Births	11.4%
ICD–10 Induction Coding Errors – Among NTSV Births	2.5%

View Outcome Measures Over Time: NTSV CS



View Balancing Measures Over Time: Unexpected Newborn Complications



Drill-Down to See Which Cases Are Included in the Numerator

Cesarean Birth: Low Risk-NTSV (PC-02)

Row Number | Provider: Blinded

Discharge Dates: 01/01/2015-03/31/2015

◀ Previous: 10/01/2014 to 12/31/2014

Fallout Cases (41) | Denominator Cases (177)

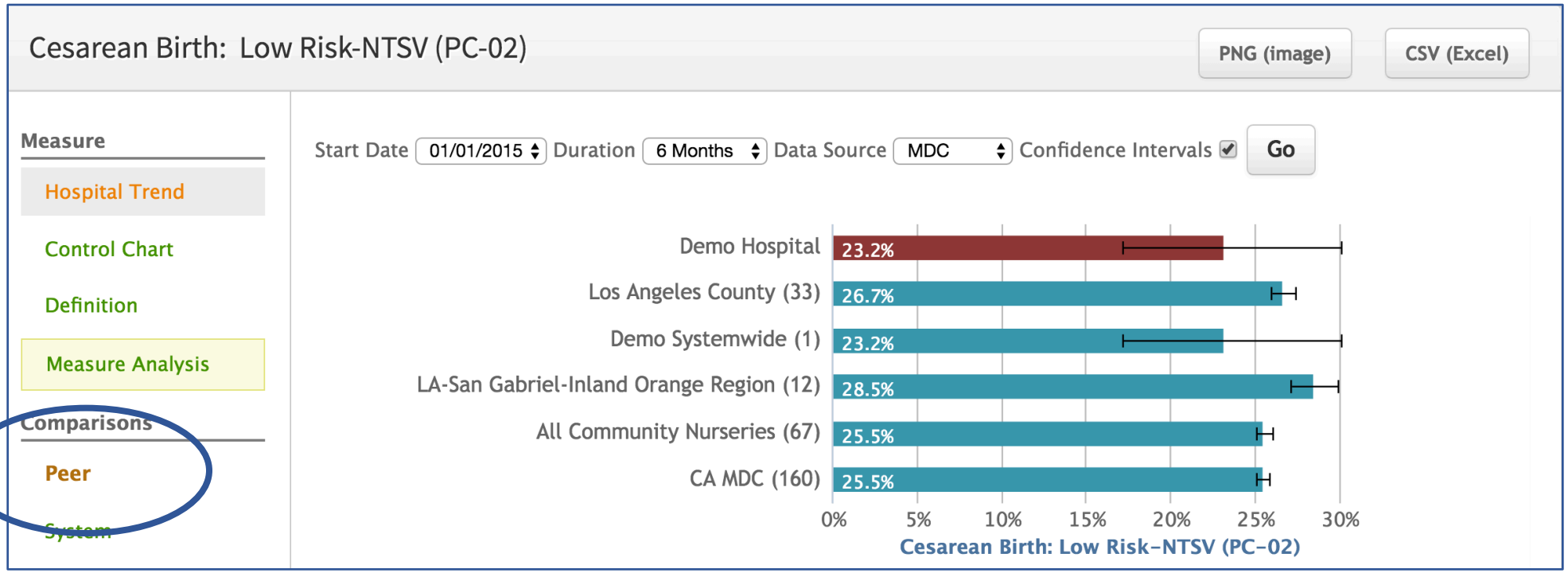
Displaying **all 41** fallout cases

Print | Download CSV

Account Number	Delivery Date	Discharge Date	Diagnoses	Birth Weight	Gestational Age	Induced	Provider ID	Comments
1	01/16/2015	01/19/2015	645.11, 661.11, V27.0	3038	41	Yes	Provider #585	fetal distress
2	01/19/2015	01/22/2015	661.21, 285.1, V27.0, 649.01, 648.81, 659.51, 648.22, 674.82, 787.01	3649	39	No	Provider #837	Click to comment
3	01/18/2015	01/22/2015	659.71, 655.71, 656.81, 656.61, V27.0	4719	41+6	No	Provider #809	Click to comment
4	01/19/2015	01/22/2015	658.21, 648.81, 663.31, 659.51, 661.01, V27.0, V65.3, V85.22, V23.85, V12.69, V18.0	3823	42+4	No	Provider #837	Click to comment

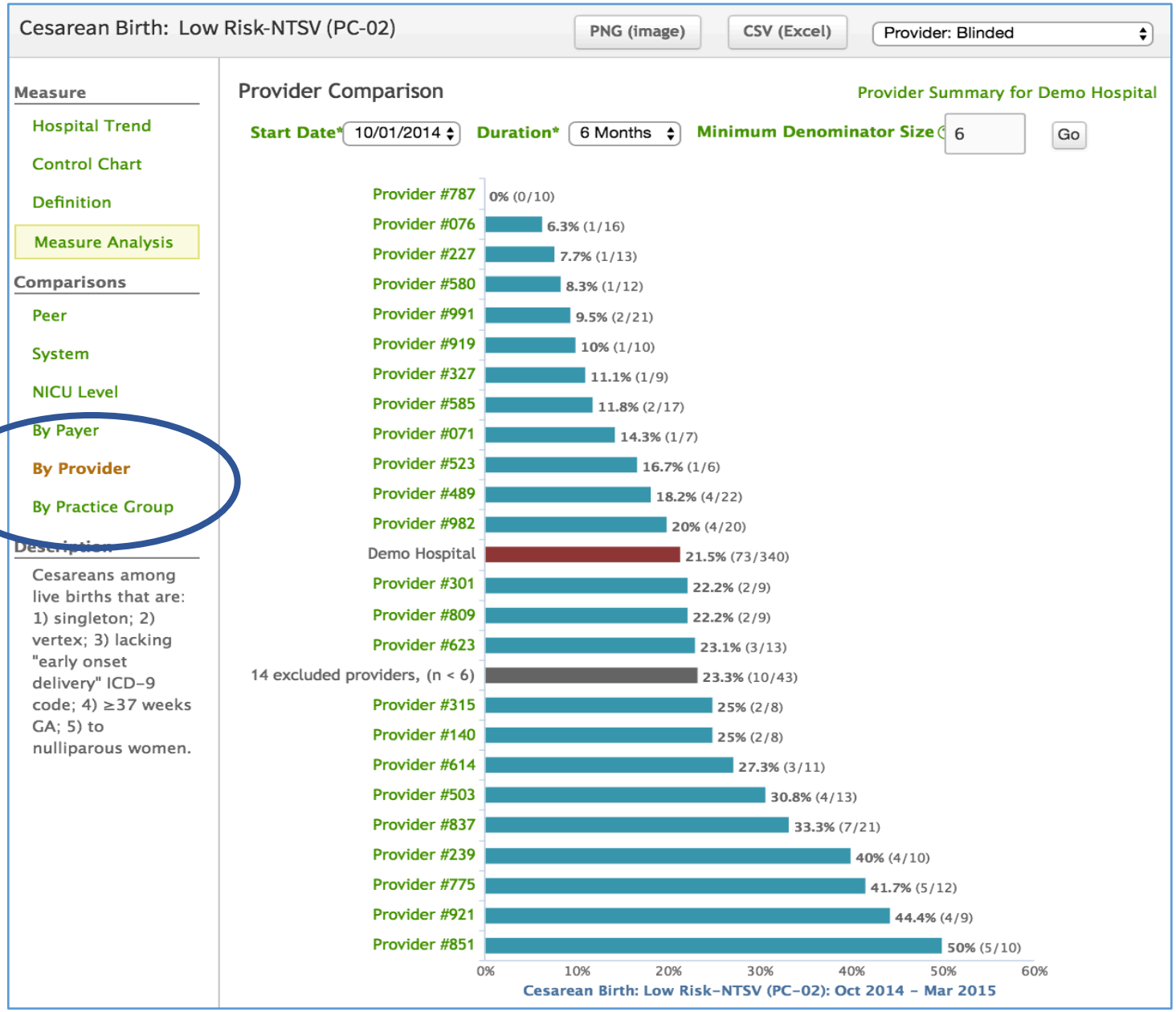
Primary uterine inertia, delivered, with or without mention of antepartum condition

State, Regional, System, and Nursery-Level Comparisons for Benchmarking

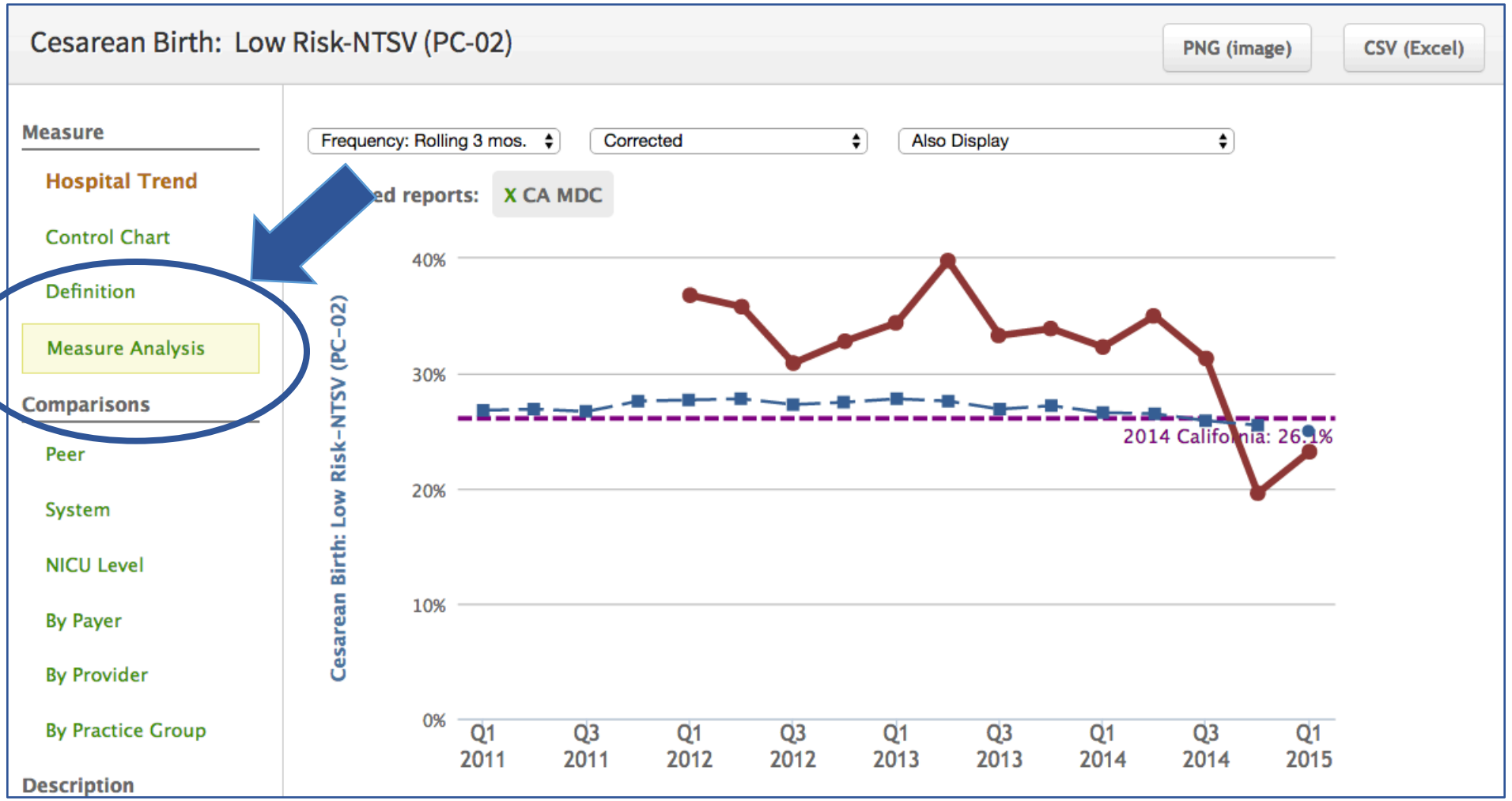


Soon, we will add the best 25% as a benchmark

View Outcome Measures by Provider

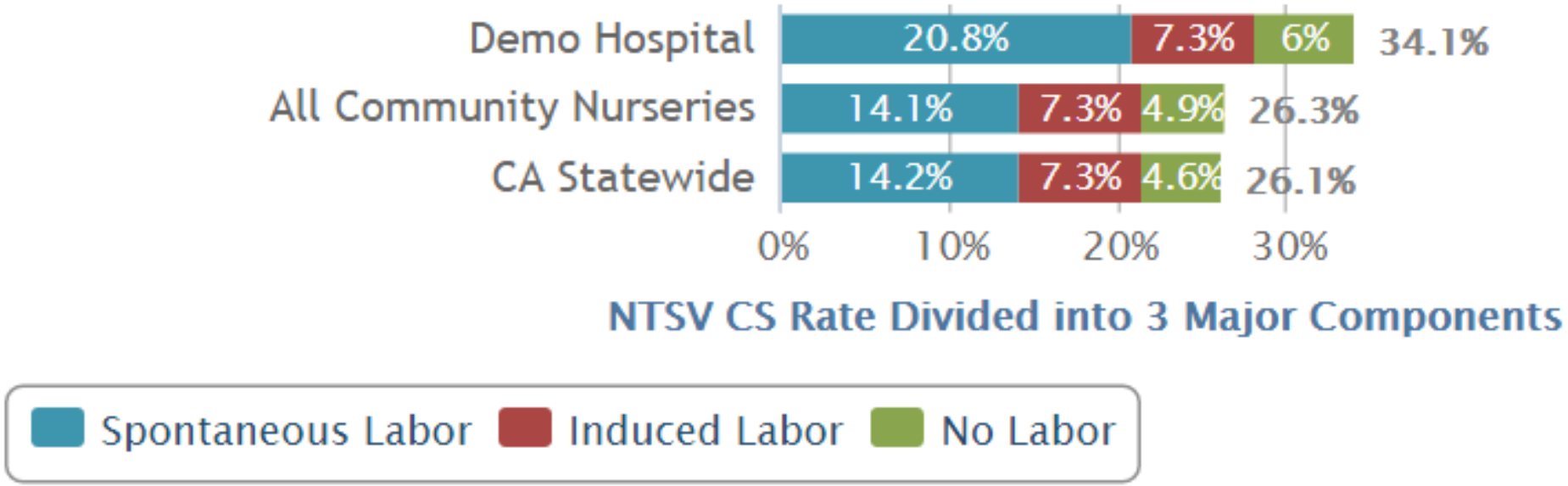


Measure Analysis: NTSV CS
Which factors are driving my rate?

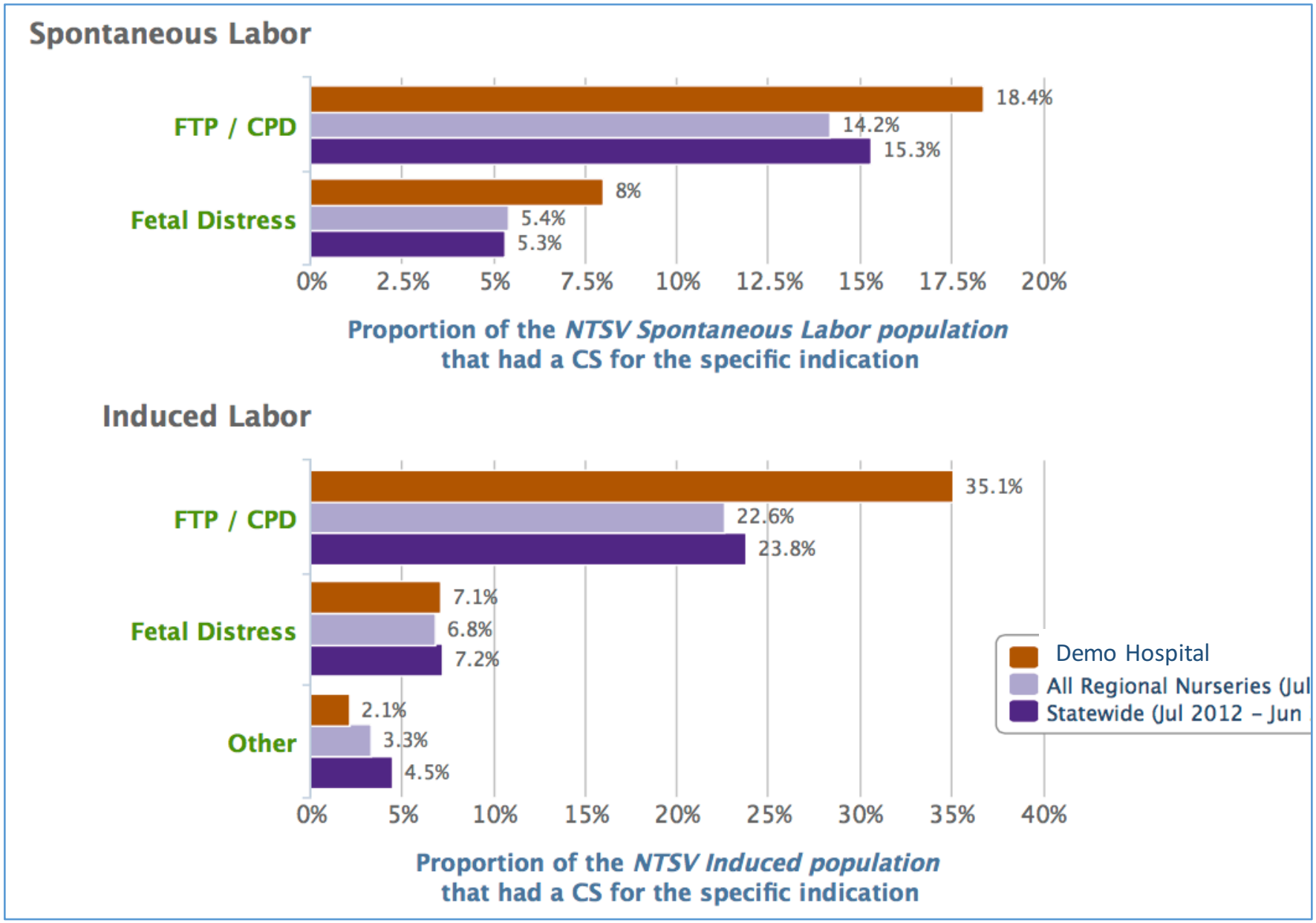


Measure Analysis: Identify "Drivers" of the CS Rate

What Drives Our Nulliparous Term Singleton Vertex (NTSV) CS Rate?



What Drives Our NTSV CS Rate?



CMQCC

CS Collaborative Measures: By Type

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Process

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NTSV Spontaneous Labor Arrest / CPD: Consistency with Guidelines	N/A	N/A	N/A
Structure Measures / To–Do List	66.7%	66.7%*	66.7%

Balancing

CSV (Excel)

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5m Apgar ≤5 among NTSV Births	0.3%	0.0%	0.3%
Unexpected Newborn Complications among NTSV Births	2.7%	2.8%	2.7%

Data Quality

CSV (Excel)

Measure	Feb 2016 Rate
Birth Certificate Induction Coding Errors – Among NTSV Births	11.4%
ICD–10 Induction Coding Errors – Among NTSV Births	2.5%

Process Measures: Monthly Chart Review Steps

- NTSV Inductions (*Pre-selected cases of possible induction*)
  - ICD-10 codes do not distinguish inductions and augmentations
- NTSV Labor Arrest/CPD Bundle Consistency (*Sample*)
- NSTV Induced Labor Bundle Consistency (*Sample*)

NTSV Induction	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
NTSV Labor Arrest / CPD: Bundle Consistency	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
NTSV Induced Labor: Bundle Consistency	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed

Review (confirm) NTSV Inductions

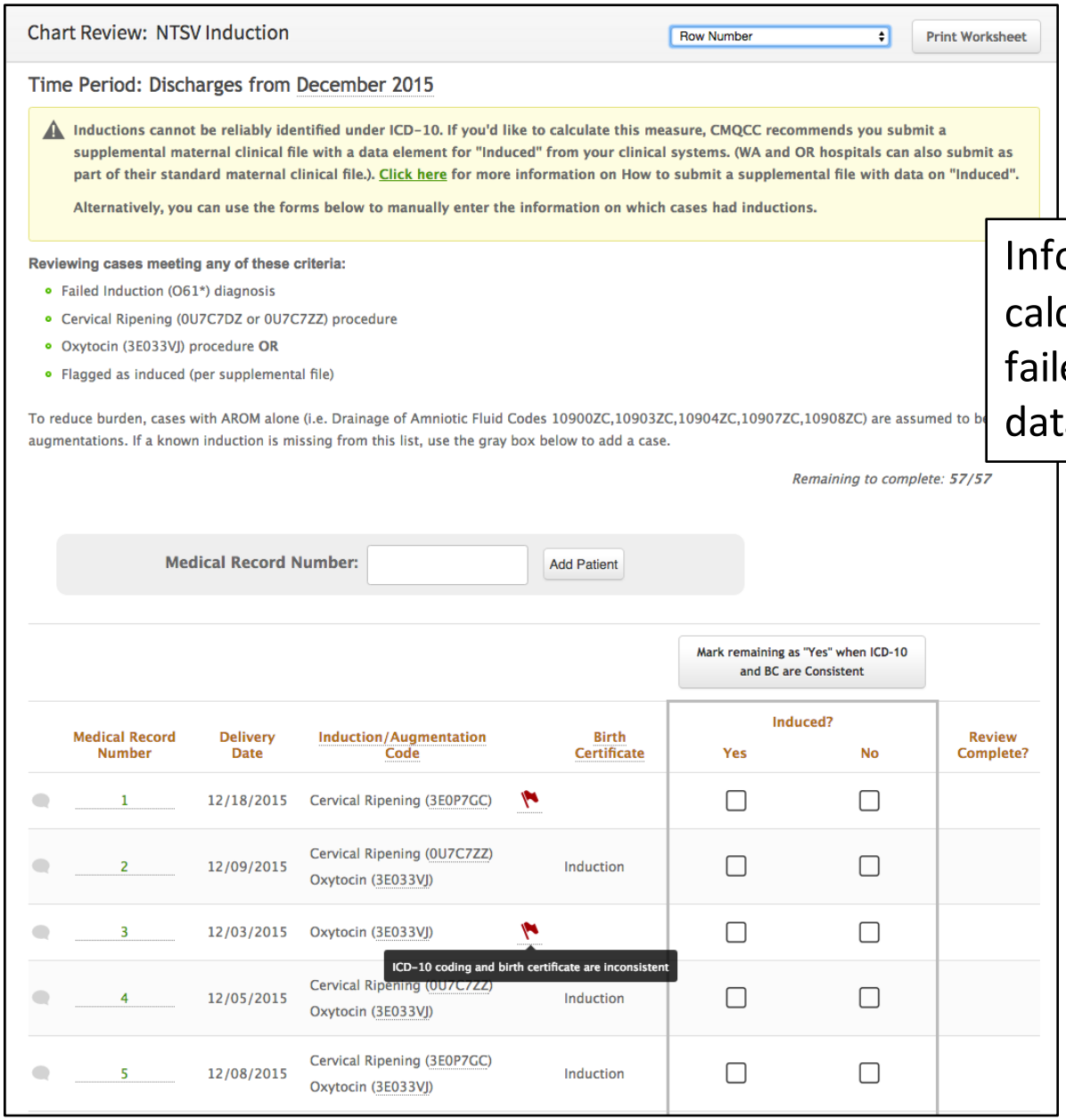


Chart Review: NTSV Induction

Row Number | Print Worksheet

Time Period: Discharges from December 2015

⚠ **Inductions cannot be reliably identified under ICD-10. If you'd like to calculate this measure, CMQCC recommends you submit a supplemental maternal clinical file with a data element for "Induced" from your clinical systems. (WA and OR hospitals can also submit as part of their standard maternal clinical file.). Click here for more information on How to submit a supplemental file with data on "Induced".**

Alternatively, you can use the forms below to manually enter the information on which cases had inductions.

Reviewing cases meeting any of these criteria:

- Failed Induction (O61*) diagnosis
- Cervical Ripening (0U7C7DZ or 0U7C7ZZ) procedure
- Oxytocin (3E033VJ) procedure **OR**
- Flagged as induced (per supplemental file)

To reduce burden, cases with AROM alone (i.e. Drainage of Amniotic Fluid Codes 10900ZC,10903ZC,10904ZC,10907ZC,10908ZC) are assumed to b
augmentations. If a known induction is missing from this list, use the gray box below to add a case.

Remaining to complete: 57/57

Medical Record Number: | Add Patient

Mark remaining as "Yes" when ICD-10 and BC are Consistent

Medical Record Number	Delivery Date	Induction/Augmentation Code	Birth Certificate	Induced? Yes	Induced? No	Review Complete?
1	12/18/2015	Cervical Ripening (3E0P7GC)		☐	☐	
2	12/09/2015	Cervical Ripening (0U7C7ZZ) Oxytocin (3E033VJ)	Induction	☐	☐	
3	12/03/2015	Oxytocin (3E033VJ)		☐	☐	
4	12/05/2015	Cervical Ripening (0U7C7ZZ) Oxytocin (3E033VJ)	Induction	☐	☐	
5	12/08/2015	Cervical Ripening (3E0P7GC) Oxytocin (3E033VJ)	Induction	☐	☐	

ICD-10 coding and birth certificate are inconsistent

Information is used to calculate rates of failed induction and data quality measures.

Review (confirm) NTSV Inductions

Medical Record Number: [ ] Add Patient

Mark remaining as "Yes" when ICD-10 and BC are Consistent

Medical Record Number	Delivery Date	Induction/Augmentation Code	Birth Certificate	Induced? Yes	Induced? No	Review Complete?
1	12/18/2015	Cervical Ripening (3E0P7GC)		☐	☑	✓
2	12/09/2015	Cervical Ripening (0U7C7ZZ) Oxytocin (3E033VJ)	Induction	☑	☐	✓
3	12/03/2015	Oxytocin (3E033VJ)		☑	☐	✓
4	12/05/2015	Cervical Ripening (0U7C7ZZ) Oxytocin (3E033VJ)	Induction	☑	☐	✓
5	12/08/2015	Cervical Ripening (3E0P7GC) Oxytocin (3E033VJ)	Induction	☑	☐	✓

Consistent with Labor Management Guidelines: NTSV **Labor Arrest/CPD** (Process Measure)

- *Review of all NTSV CS women with spontaneous labor and a dystocia code who did not meet the ACOG/SMFM guideline:*
  - *If <6cm dilated, automatic fallout*
  - *If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?*
  - *If completely dilated, was there 3h or more in Second Stage?*

- *Denominator: all NTSV CS women without a fetal distress code and with a dystocia code*

- *Numerator: those who were consistent with bundle*

High Number is Good! ✓

Consistent with Labor Management Guidelines: NTSV **Labor Arrest/CPD** (Process Measure)

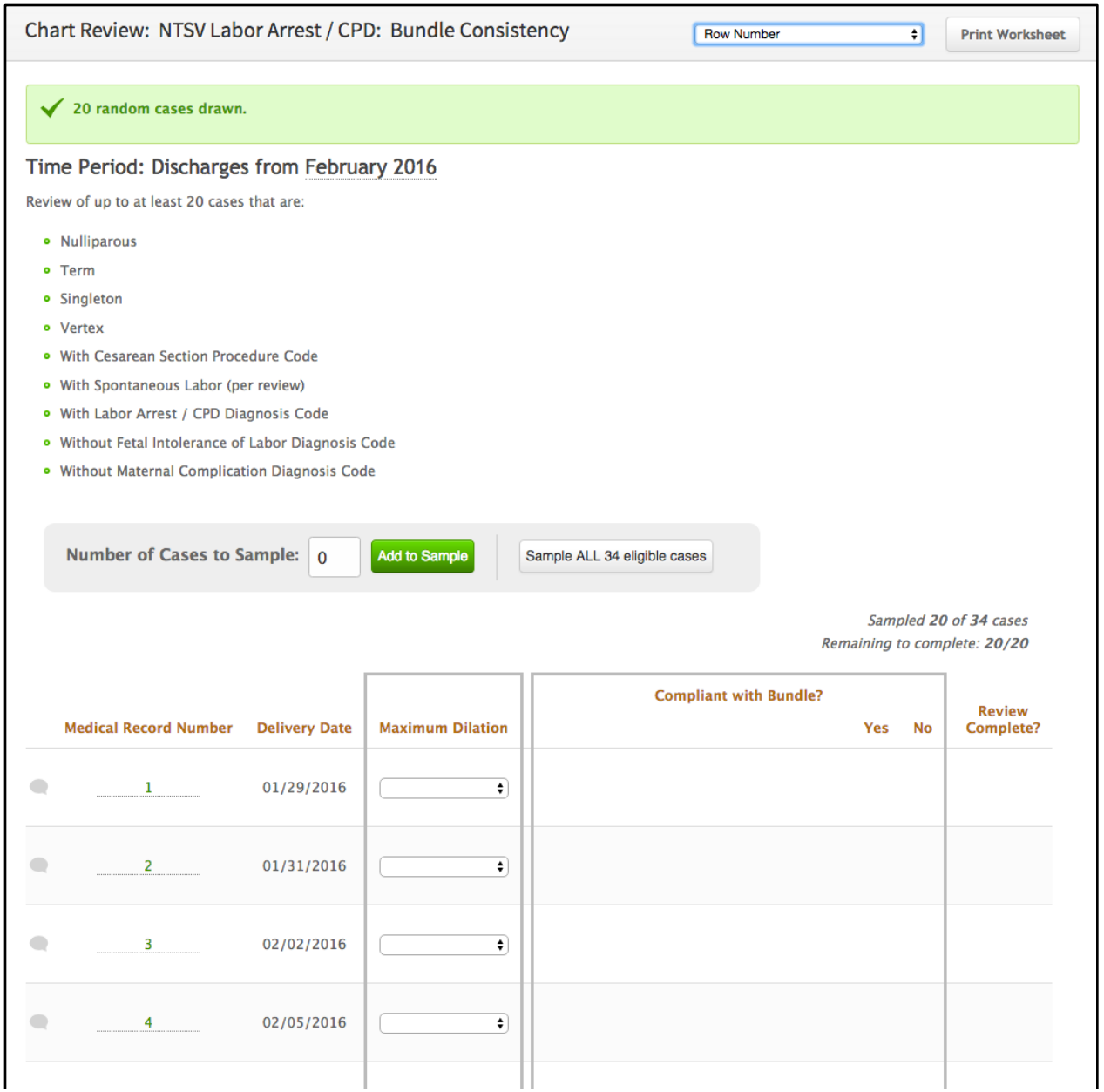


Chart Review: NTSV Labor Arrest / CPD: Bundle Consistency

Row Number | Print Worksheet

✓ 20 random cases drawn.

Time Period: Discharges from February 2016

Review of up to at least 20 cases that are:

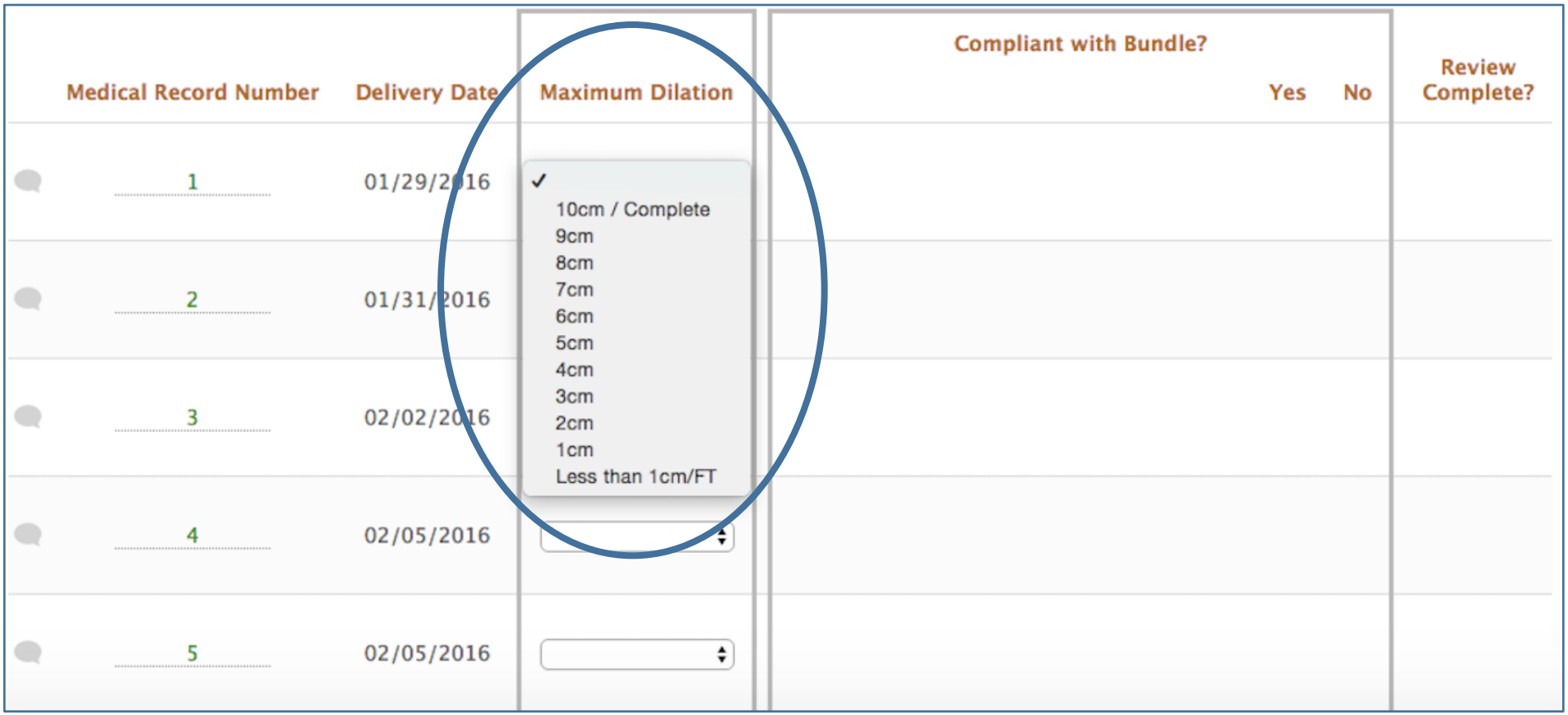
- Nulliparous
- Term
- Singleton
- Vertex
- With Cesarean Section Procedure Code
- With Spontaneous Labor (per review)
- With Labor Arrest / CPD Diagnosis Code
- Without Fetal Intolerance of Labor Diagnosis Code
- Without Maternal Complication Diagnosis Code

Number of Cases to Sample: 0 | Add to Sample | Sample ALL 34 eligible cases

*Sampled **20** of **34** cases*
*Remaining to complete: **20/20***

	Medical Record Number	Delivery Date	Maximum Dilation	Compliant with Bundle? Yes	No	Review Complete?
	1	01/29/2016				
	2	01/31/2016				
	3	02/02/2016				
	4	02/05/2016				

Consistent with Labor Management Guidelines: NTSV **Labor Arrest/CPD** (Process Measure)



Consistent with Labor Management Guidelines: NTSV **Labor Arrest/CPD** (Process Measure)

- <6 cm dilated
- 6-9 cm dilated
- 10 cm dilated

*Sampled **20** of **34** cases*
*Remaining to complete: **16/20***

Medical Record Number	Delivery Date	Maximum Dilation	Compliant with Bundle?	Yes	No	Review Complete?
1	01/29/2016	4cm	*automatic fallout*	☐	☑	✓
2	01/31/2016	6cm	at least 4h with adequate uterine activity or 6h w/ ocytocin?	☑	☐	✓
3	02/02/2016	6cm	at least 4h with adequate uterine activity or 6h w/ ocytocin?	☐	☑	✓
4	02/05/2016	10cm / Complete	at least 3h in second stage?	☑	☐	✓
5	02/05/2016					
6	02/06/2016					

Consistent with Labor Management Guidelines: NTSV Induced Labor (Process Measure)

- *Review of all NTSV CS women with induced labor and a dystocia code who did not meet the ACOG/SMFM guideline):*
  - If <6cm dilated at time of CS, were there at least 12 hours of oxytocin after rupture of membranes?
  - *If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?*
  - *If completely dilated, was there 3h or more in Second Stage?*

- *Denominator: Induced NTSV women without a fetal distress diagnosis*

- *Numerator: those who were consistent with bundle*

High Number is Good! ✓

Adherence to Labor Management Guidelines: NTSV Induced Labor (Process Measure)

- <6 cm dilated
- 6-9 cm dilated
- 10 cm dilated

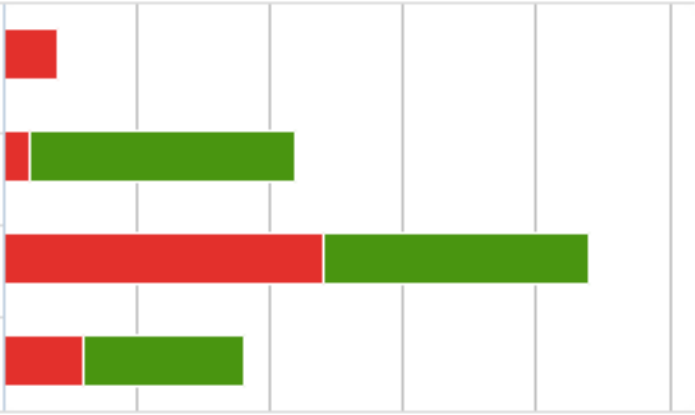
Medical Record Number	Delivery Date	Maximum Dilation	Compliant with Bundle?	Yes	No	Review Complete?
1	02/09/2016	Less than 1cm/FT	were there at least 12h of oxytocin after rupture of membranes?	☐	☑	✓
2	02/17/2016	6cm	at least 4h with adequate uterine activity or 6h w/ ocytocin?	☑	☐	✓
3	02/22/2016	10cm / Complete	at least 3h in second stage?	☑	☐	✓
4	02/27/2016	5cm	were there at least 12h of oxytocin after rupture of membranes?	☑	☐	✓
5	02/26/2016	9cm	at least 4h with adequate uterine activity or 6h w/ ocytocin?	☐	☑	✓

Sampled 5 of 5 cases
Remaining to complete: 0/5

Consistency with Labor Management Guidelines

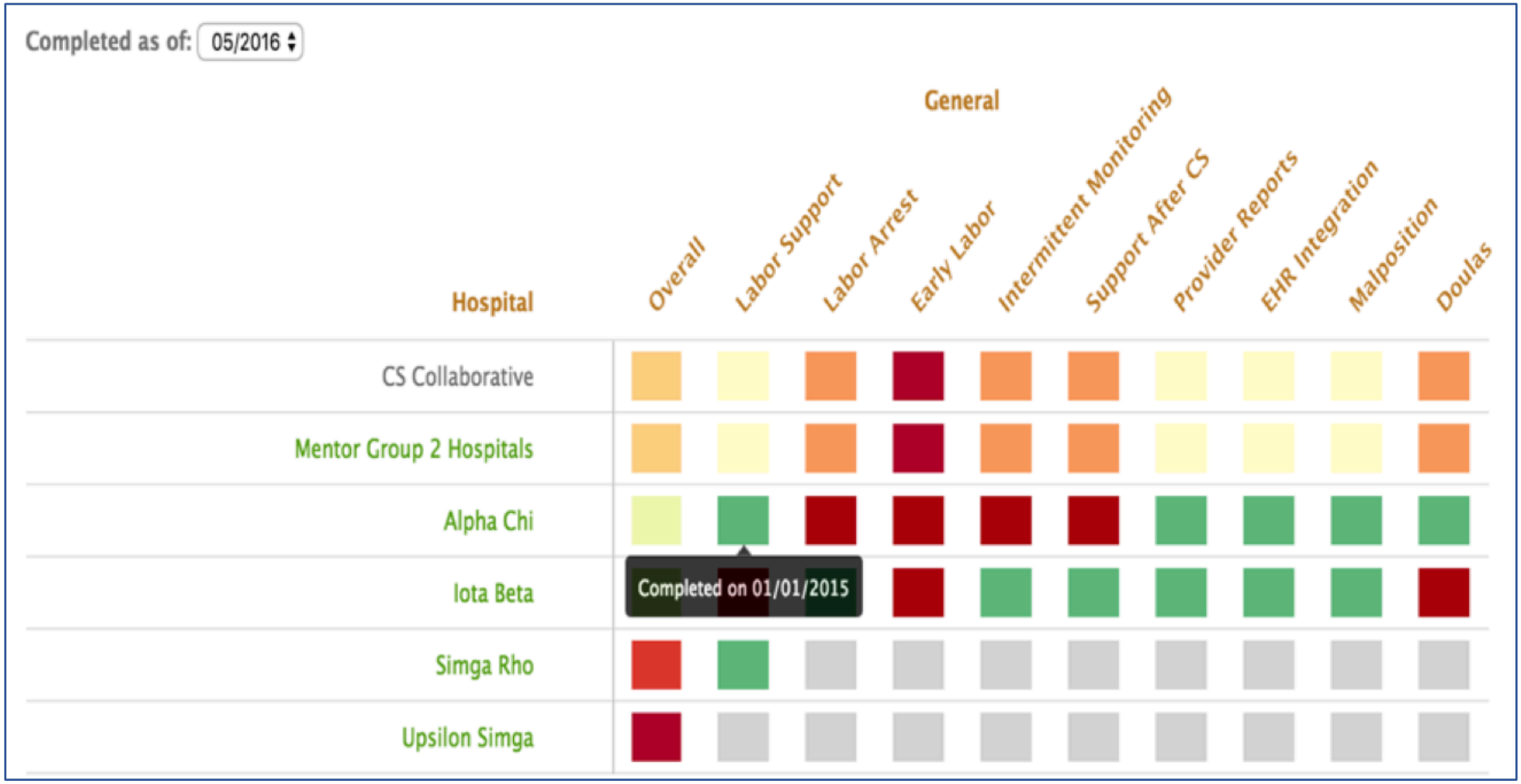
Case Reviews of NTSV CS—Do we follow the Labor Guidelines?

Category	Guidelines Not Met	Guidelines Met
Labor Abnormalities (44 cases)		
Max Dilation <6cm, Spontaneous Labor	2	N/A (0.0%)
Max Dilation <6cm, Induced	1	10 (90.9%)
Active Phase (≥6cm)	12	10 (45.5%)
Second Stage (10cm/Complete)	3	6 (66.7%)

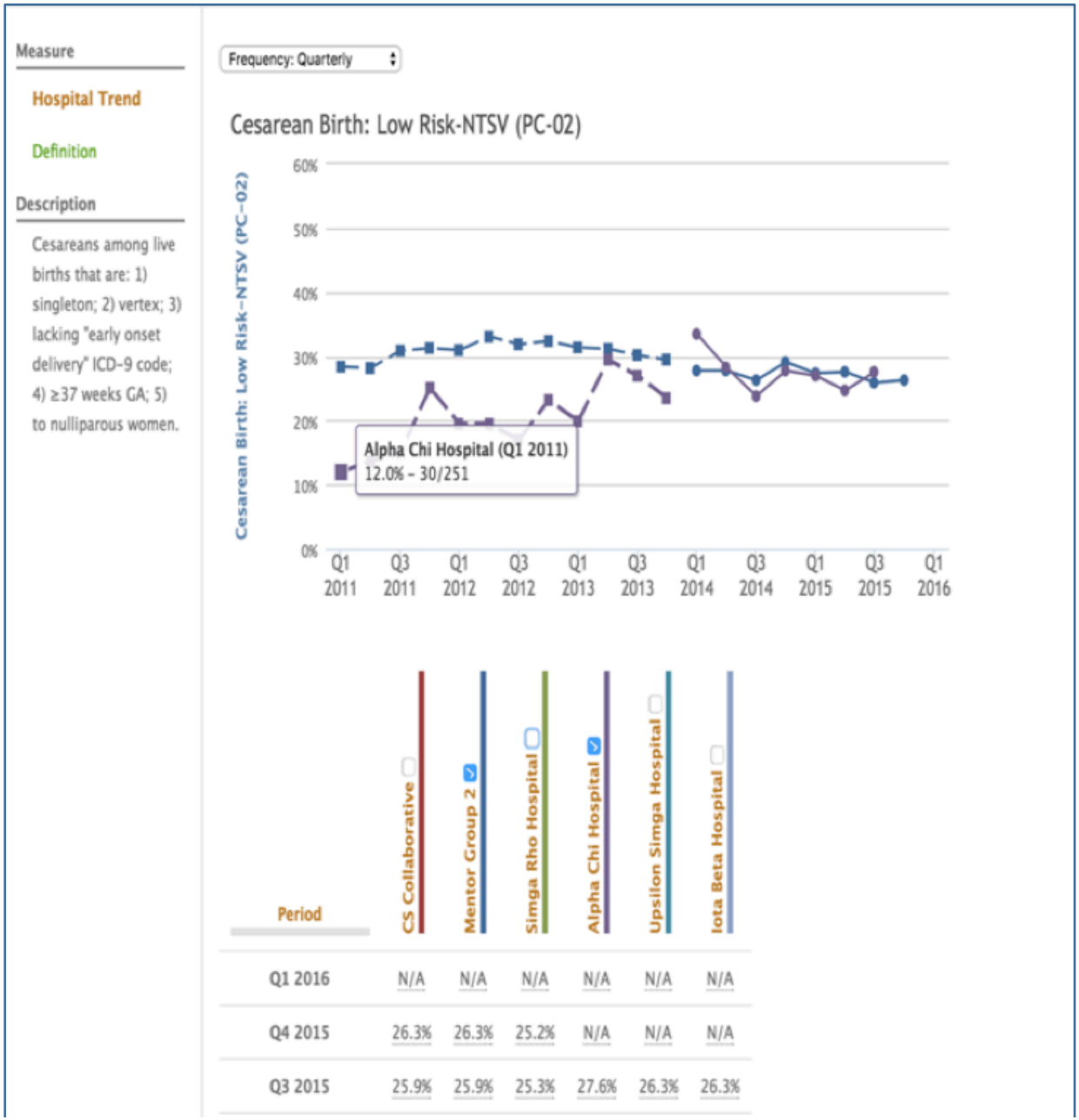


Using the Maternal Data Center to Drive QI: Mentor Views

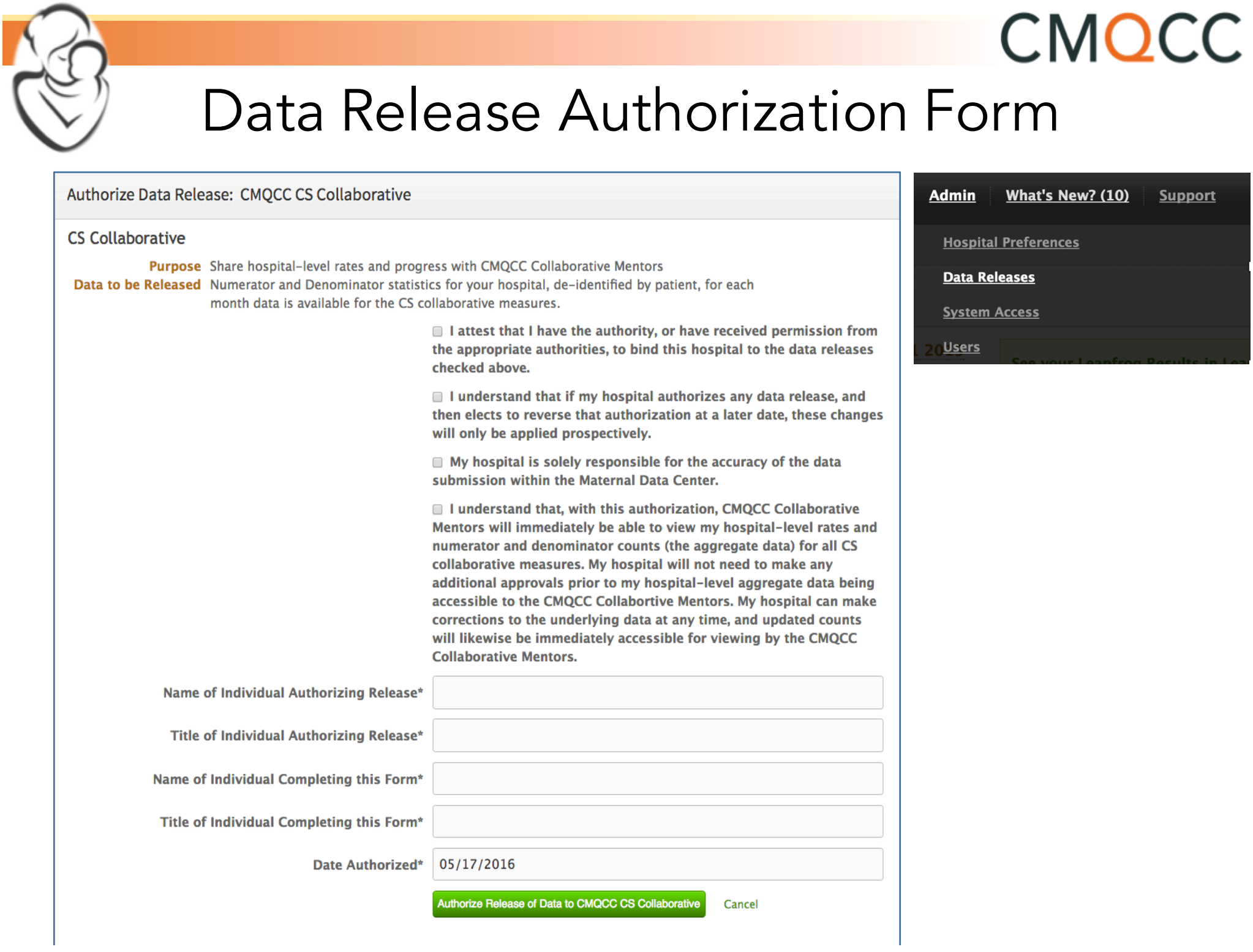
Mentor Access to Team's Hospital-Level Data



Mentor Access to Team's Hospital-Level Data

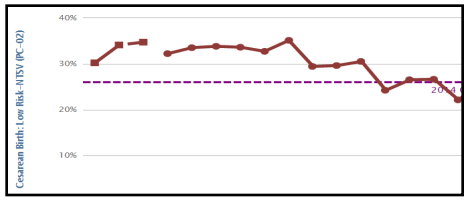


Data Release Authorization Form

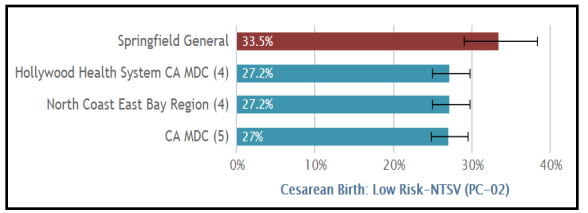


Using the Maternal Data Center to Drive Improvement

- Monitor hospital performance over time

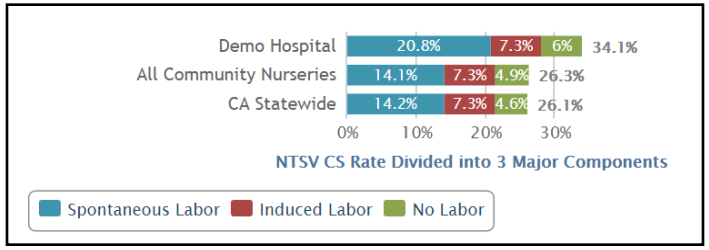


- Make peer and benchmark comparisons



- Assess provider variation

- Identify QI opportunities



Next Steps: If Not Yet Enrolled in the Maternal Data Center

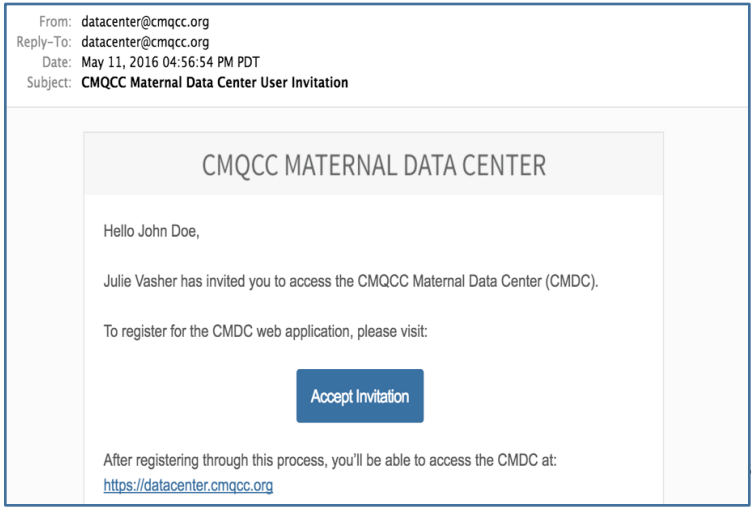
1. Complete CMQCC Legal Agreement

2. Submit Patient Discharge Data

   (Your hospital already submits this to OSHPD.)

3. Participate in a Maternal Data Center Training Session

4. Register and begin using your account!



Next Steps in the Maternal Data Center

1. Complete Data Release Authorization Form

2. Complete Structure Measures (To-do list)

3. Each month:
   - Upload Patient Discharge Data
   - Review NTSV induction cases
   - Review adherence to labor management guidelines for spontaneous and induced NTSV cases (Sampled data)

4. Track your hospital's performance over time

5. Use data to drive quality improvement!

Questions?

- CMQCC Maternal Data Center
  - https://datacenter.cmqcc.org

- Contact Us:
  - Amanda Woods (Data Specialist): amwoods@cmqcc.org
  - Anne Castles (Project Manager): acastles@cmqcc.org
  - Data Center Support: datacenter@cmqcc.org