

#### DSRIP Clinical Improvement Project: Perinatal Care (3.f.i.) Early Elective Delivery Metric

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### Agenda

- Project Measures
- Data Collection
- Data Submission:
  - Using the NYSDOH Health Commerce System (HCS)
    - Scheduled Delivery Form
    - Stillbirth Aggregate Data Log
- Next Steps



#### **OVERVIEW OF PROJECT MEASURES**



#### DSRIP Project 3.f.i. - Associated Measures

Perinatal Measure Name	Data Source	Reporting Responsibility	
Prevention Quality Indicator #9, Low Birth Weight	NYSDOH	NYSDOH	
Well Care Visits in the First 15 Months (5 or more visits)	Medicaid Data Warehouse	NYSDOH	
Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPS & NYSD		
Prenatal and Postpartum Care: Postpartum Visits		PPS & NYSDOH	
Frequency of Ongoing Prenatal Care (81% or more)	Medical Record	PPS & NYSDOH	
Childhood Immunization Status (Combination 3 – 4313314)	Review	PPS & NYSDOH	
Lead Screening in Children		PPS & NYSDOH	
Early Elective Deliveries		Hospital	



#### **Medical Record Review**

Participating hospitals are required to review medical records for <u>all scheduled deliveries</u> occurring at or after 36 0/7 weeks and at or before 38 6/7 weeks gestation.



### **Early Elective Delivery Metric**

#### Early Elective Delivery (EED) metric:

The **percent** of scheduled deliveries\* occurring at or after 36 0/7 weeks and at or before 38 6/7 weeks gestation **without documentation of an appropriate medical indication**.

#### \*Case definition:

For the purposes of this project, **scheduled deliveries** are defined as inductions or Cesarean sections prior to the onset of labor between 36 0/7 and 38 6/7 weeks gestational age.

Refer to the DSRIP Measure Specification and Reporting Manual:

http://www.health.ny.gov/health\_care/medicaid/redesign/dsrip/docs/dsrip\_specif\_report\_manual.pdf





The New York State Perinatal Quality Collaborative (NYSPQC), an initiative of the New York State Department of Health, aims to provide the best and safest care for women and infants in New York State by preventing and minimizing harm through the use of evidence-based practice interventions.

Data collection will be done using tools developed by the NYSPQC.



#### **DATA COLLECTION**



#### **Data Collection**

- Data collection will use the two forms provided
  - Scheduled Delivery Form
  - Stillbirth Aggregate Data Log
- Field definitions for the data collection forms are specified in the "Field Manual"
- User instruction for data entry using the Health Commerce System (HCS) is provided in a "User Guide"



### Scheduled Delivery Form Overview

One form should be submitted per case

- Data collected:
  - Patient demographics
  - Clinical data, including:
    - Gestational age, patient counseling, reason for scheduled delivery, infant outcome, etc.



# Scheduled Delivery Form – page 1

#### New York State Perinatal Quality Collaborative – Scheduled Delivery Form

Scheduled is defined as all inductions and cesarean sections prior to onset of labor between 36 0/7 and 38 6/7 weeks gestational age

					_				
A. Patient Demogra	aphics								
1.Permanent Facility Identifier(PFI):	2. Facility Name:				3a. Sequence Number:		3b. System ID:		
4. Admit Date (Month and Year): mm/yyyy	/_	(mm/yyyy	,	5. Maternal A	ge:	years	*Medical	Number:	
Delivery Type							6. NOTES:		
7. Vaginal:	Spontaneous		Operative						
8. Cesarean:	Primary		Repeat						
9. Induced Labor:	Yes		No						
10. Patient ethnicity:	Hispanic 🗌	Non-Hispan	nic E	thnicity Unkn	own [				
11. Patient race:	White □ Asian □	Black or Africa Native Hawaii	ian/ Other Pa	cific Islander	[	ndian/ Alaskan N Some Other	Race 🗆	Race Ui	nknown 🗆
12. Primary Insurer:	Medicaid 🗌	Uninsure	d 🗆	Priv	ate [		Other 🗌		
B. Clinical Data									
13. Final Gestational Ag	ge at Delivery		weeks	days					
14. Was gestational age de	ocumented in 1	he chart?						es _	No
15. Was gestational age of First or second trimes Fetal heart tones doc 36 weeks since positi	ster ultrasound cumented for 3	l < 20 weeks 0 weeks by Dopp	pler ultrasono	ography	y test	result			] No
16. Was fetal lung maturit	y documented	by amniocentes	sis?					es 🗌	] No
17. For inductions, was primigravida birth moth	ner or 6 or gre	eater for a mult	tigravida bir	th mother?		Score ≥8 prir Determined Not measur	, did not mi ed or canno	eet crit	eria
Patient Counseling (1 18a. Was there document scheduled delivery betwee	ation in the me	edical record tha	t the matern	al <u>and</u> fetal ri	sks ar			res No	
18b. Was there document specify the language.				and the second of the	guage	e? If yes, please		_	1
18c. Was patient educatio	n provided in t	he mother's pre	ferred langua	age?				/es _	No
Reason for Scheduled 19. Was there documenta delivery?		dical or prenatal	record of the	primary rea	son fo	r scheduled		∕es □	] No
Which of the followin between 36 0/7 and 3	38 6/7 week	s gestation? ( SELECT ONLY ON	Reasons ca NE (AND SPEC	n be mate IFY BELOW A	rnal,	fetal, psycho		duled	delivery
20. Maternal Reasons	for Schedu			NLY ONE ***					
Premature rupture of membranes	Ш.	Prepregnancy h	ypertension		_	Hematological ( in #23 below)	condition(sp	pecify	
Prolonged rupture of membranes		Gestational diab	petes			Active genital herpes infection			
Chorioamnionitis		Diabetes(Type I,	/II)			Prior myomectomy			
Placental abruption		Heart disease (s below)	pecify in #23			Prior vertical or "T" incision c- section			
Placenta previa/Vasa previa		Liver disease(sp below)	ecify in #23			History of poor pregnancy outcomes(specify in #23 below)			
Gestational hypertension		Renal disease(sp below)	pecify in #23		_][	History of fast labor (<3 hrs) and distant from hospital			
Preeclampsia/Eclampsia		Pulmonary disea #23 below)	ase(specify i			HIV			
Placenta Accreta		Other (specify in	n #23 below)		_][				

NYSPQC Scheduled Delivery Form 

†Medical Record # and initials for site use only-will not be sent to NYSDOH

Revision Date: 6-30-2014



# Scheduled Delivery Form – page 2

#### New York State Perinatal Quality Collaborative - Scheduled Delivery Form

Scheduled is defined as all inductions and cesarean sections prior to onset of labor between 36 0/7 and 38 6/7 weeks gestational age

				Sequence Number (from front of form):		
21. Fetal Reasons for	Scheduled	Delivery ***SELECT ONLY ONE I	F NO MATE	RNAL REASON SPECIFIED***		
Oligohydramnios		Intrauterine growth restriction (< 5 <sup>th</sup> percentile for gestational age)		Fetal demise		
Macrosomia–Sono EFW>5,000 gms		Abnormal fetal testing (by NST, BPP, or continuous wave Doppler)		Mono-Di Twins		
Major fetal anomaly		Alloimmunization/fetal hydrops		Other ( specify in #23 below)		
22. Psychosocial Rea		neduled Delivery CT ONLY ONE IF NO MATERNAL OR	FETAL REAS	SON SPECIFIED***		
Psychosocial stress (e.g., domestic violence, no social support, working long hrs.		Patient request – "Elective"		Convenience of patient/doctor (includes scheduling difficulties)	or	
upright)				Other (specify in #23 below)		
	es No	Review Pending Ces", please explain decision based	Yes on review	No		
Infant Outcome						
25. Plurality – please ente	er the number	of infants delivered:				
26. Was any infant(s) adn	nitted to the N	leonatal Intensive Care Unit (NICU)	for more th	nan 4 hours? Yes	s No	
27. If 'Yes': Number of da	ays in NICU (Ba	aby#1)	dansonin	mo-w-manager		
28. If 'Yes': Number of da	ays in NICU (B	aby #2)		i -	I I I	
29. If 'Yes': Number of da	ays in NICU (Ba	aby #3)		1		
C. Data collection,	entry and v	verification				
30. Initials of individual co			†Initi	ials of obstetrician:		
D. Optional Data Co	ollection (f	or site use only)	-L	1		
32. Optional Field for Dat						
33. Optional Field for Dat						
34. Optional Field for Dat						
35. Optional Field for Dat	a Collection(#	5)				



Revision Date: 6-30-2014

#### **Data Collection**

Two measurement periods for this project

Measurement Year 1

Measurement Year 2



#### Data Collection - Measurement Year 1

• Time period: July 1, 2014 through June 30, 2015

#### Retrospective process:

- Look back and review past medical charts to identify those that meet case definition
- 2) Use the data collection form
- 3) Submit data via the HCS by December 1, 2015



#### Data Collection – Measurement Year 2

• Time period: July 1, 2015 through June 30, 2016

#### Prospective process:

- Review medical charts each month to identify those that meet case definition
- 2) Use the data collection form
- 3) Submit data via the HCS on a monthly basis



<sup>\*</sup>Data is due no later than the last Wednesday of each subsequent month, i.e. data for the month of July will be due the last Wednesday of August.

<sup>\*</sup>Start Measurement Year 2 data collection in July 2015.

### DATA SUBMISSION: USING THE NYSDOH HEALTH COMMERCE SYSTEM (HCS)



# Data Entry Requirements for Using the NYSDOH Health Commerce System (HCS)

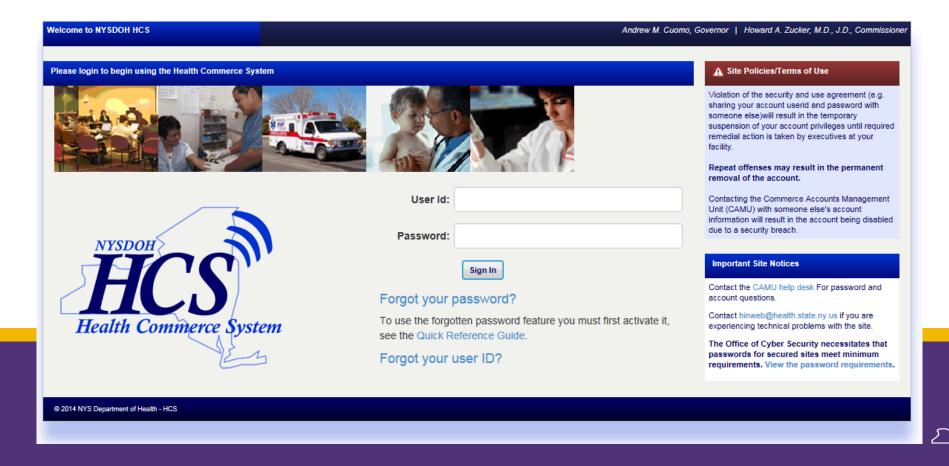
- If you have not already done so, please make sure each team member from your facility who will be using the system:
  - Has an HCS User Account ID; and
  - Is assigned to an HCS Role of "SDF Reporter".

Instructions to do so will proceed.



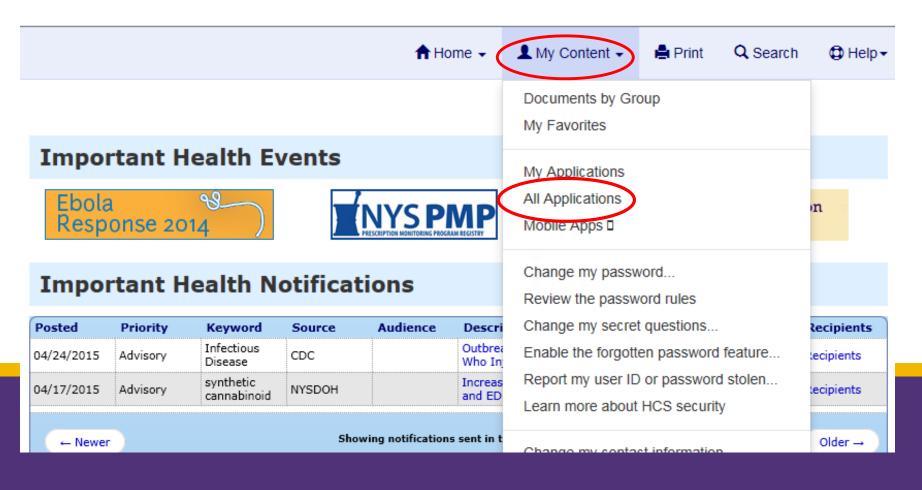
#### Login Screen

- When you click on the HCS link <a href="https://commerce.health.state.ny.us/">https://commerce.health.state.ny.us/</a>, a login screen will appear that prompts for your User ID and Password
- Use this screen to log into the HCS



#### Navigate to the NYSPQC Forms

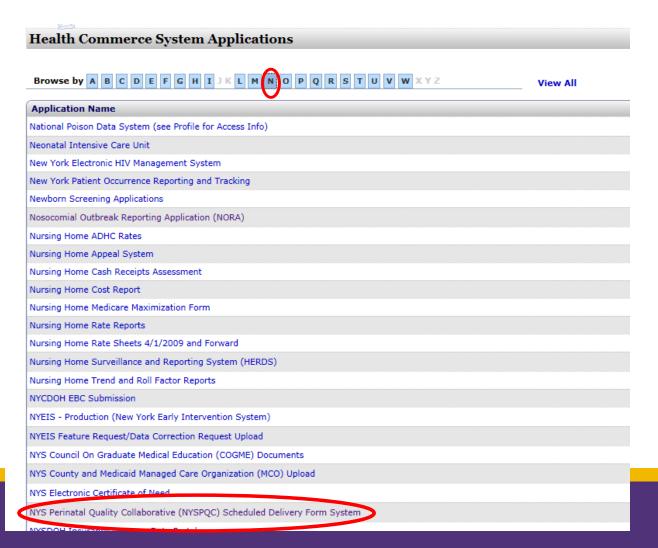
- To access NYSPQC application
- My Content —— All Applications





### Navigate to the NYSPQC Forms

- The NYSPQC application can be chosen by clicking on the "N" box which will display all applications beginning with an "N"
- Click on the NYS Perinatal Quality Collaborative application, "NYS Perinatal Quality Collaborative (NYSPQC) Scheduled Delivery Form System"

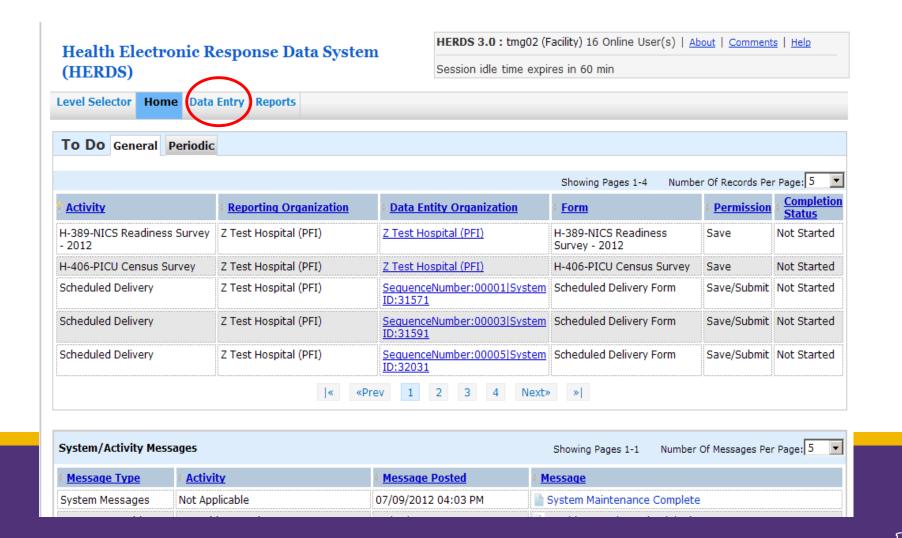




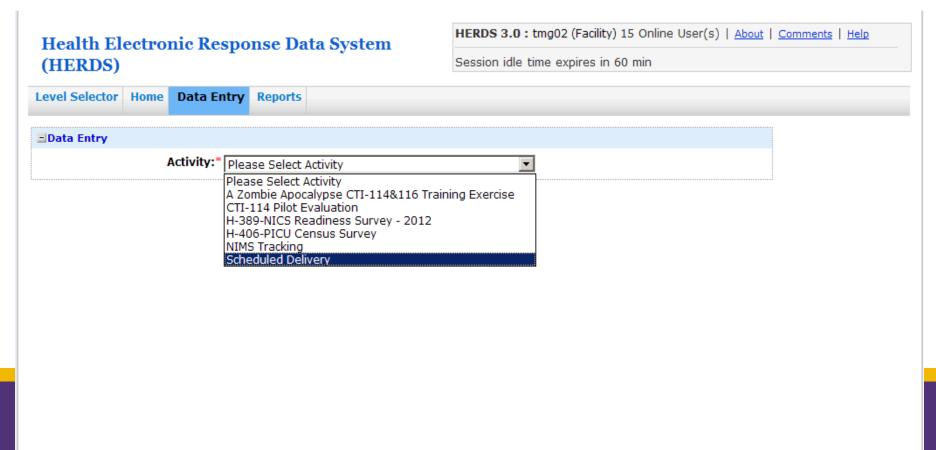
#### SCHEDULED DELIVERY FORM



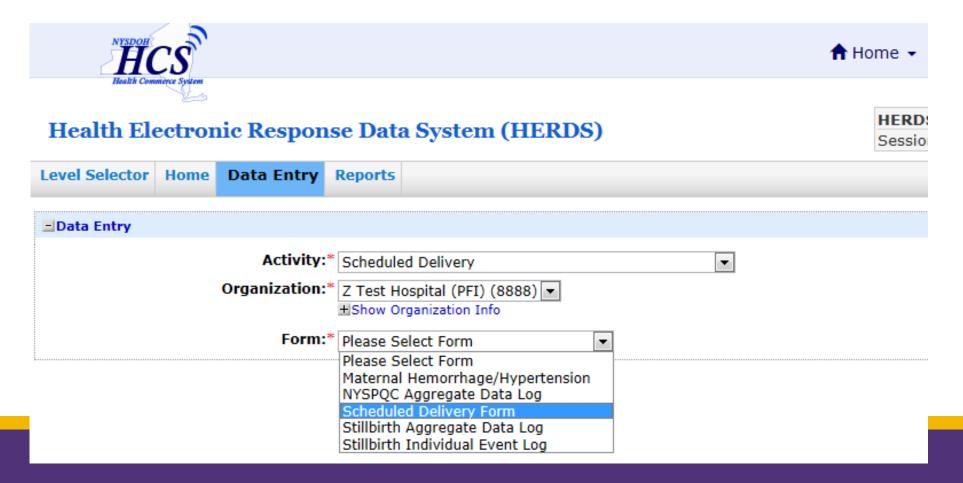
 At the next screen, choose the "Data Entry" tab to enter or edit Scheduled Delivery records



 When the "Data Entry" screen is exposed, select the "Scheduled Delivery" option from the "Activity" drop-down menu

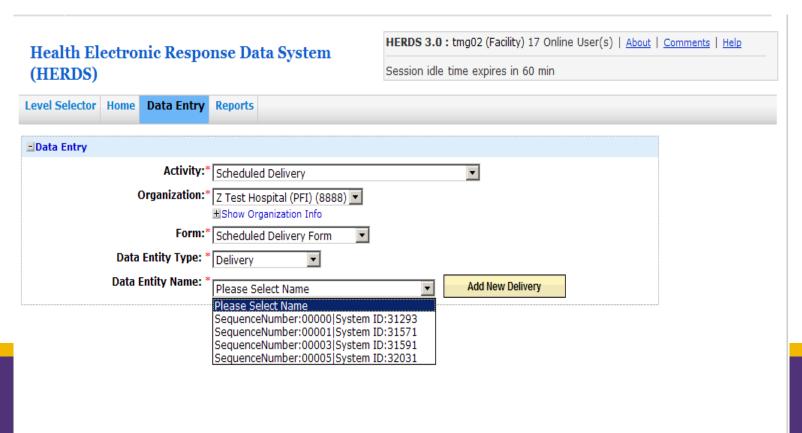


- The organization name and Form options will appear next
- Select the Scheduled Delivery Form to begin to enter data





- Use the data entity name to select previously entered records
- Use the "Add New Delivery" button to add new Scheduled Delivery forms



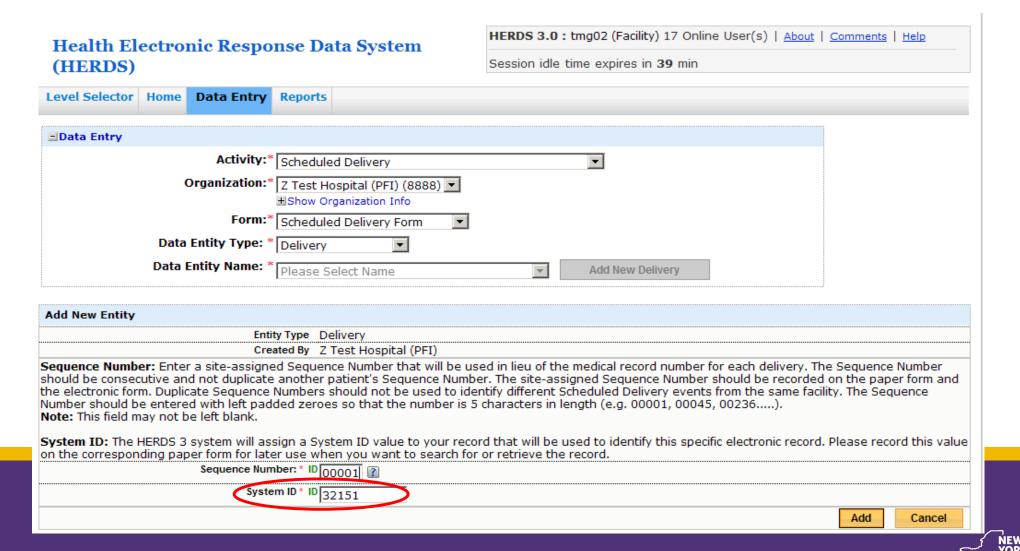


- You must create a unique Sequence Number for every case
- Pad the Sequence Number with zeroes for a total of 5 characters in length
- Example, "00001", "00002" ....

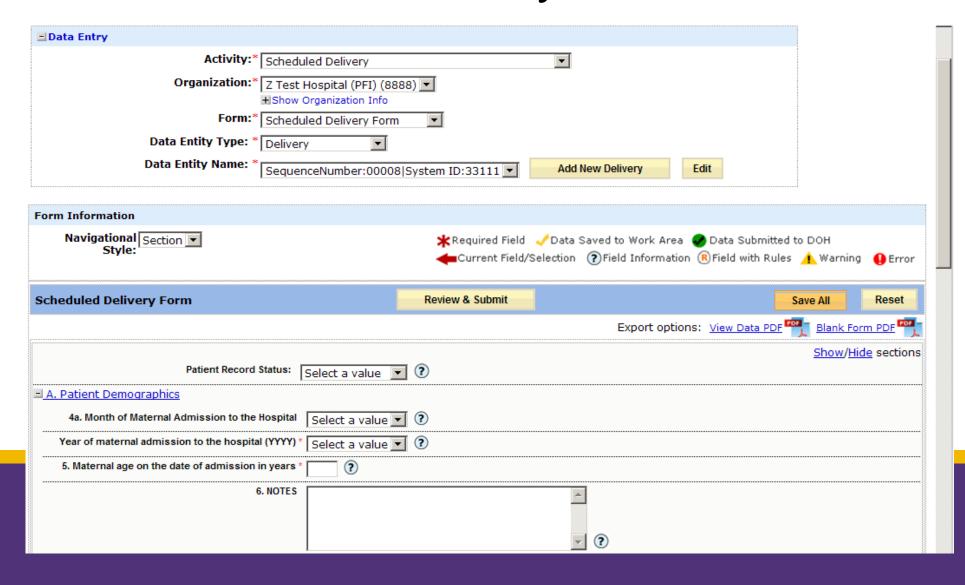
After assigning a new unique Sequence Number, the "Add" button should be

clicked HERDS 3.0: tmg02 (Facility) 17 Online User(s) | About | Comments | Help **Health Electronic Response Data System** Session idle time expires in 39 min (HERDS) Level Selector Home Data Entry Reports Data Entry Activity:\* Scheduled Delivery Organization:\* Z Test Hospital (PFI) (8888) +Show Organization Info Form:\* Scheduled Delivery Form Data Entity Type: \* Delivery Data Entity Name: \* Please Select Name Add New Delivery Add New Entity Entity Type Delivery Created By Z Test Hospital (PFI) Sequence Number: Enter a site-assigned Sequence Number that will be used in lieu of the medical record number for each delivery. The Sequence Number should be consecutive and not duplicate another patient's Sequence Number. The site-assigned Sequence Number should be recorded on the paper form and the electronic form. Duplicate Sequence Numbers should not be used to identify different Scheduled Delivery events from the same facility. The Sequence Number should be entered with left padded zeroes so that the number is 5 characters in length (e.g. 00001, 00045, 00236....). Note: This field may not be left blank. System ID: The HERDS 3 system will assign a System ID value to your record that will be used to identify this specific electronic record. Please record this value on the corresponding paper form for later use when you want to search for or retrieve the record. Sequence Number: \* ID 00001 System ID 32151

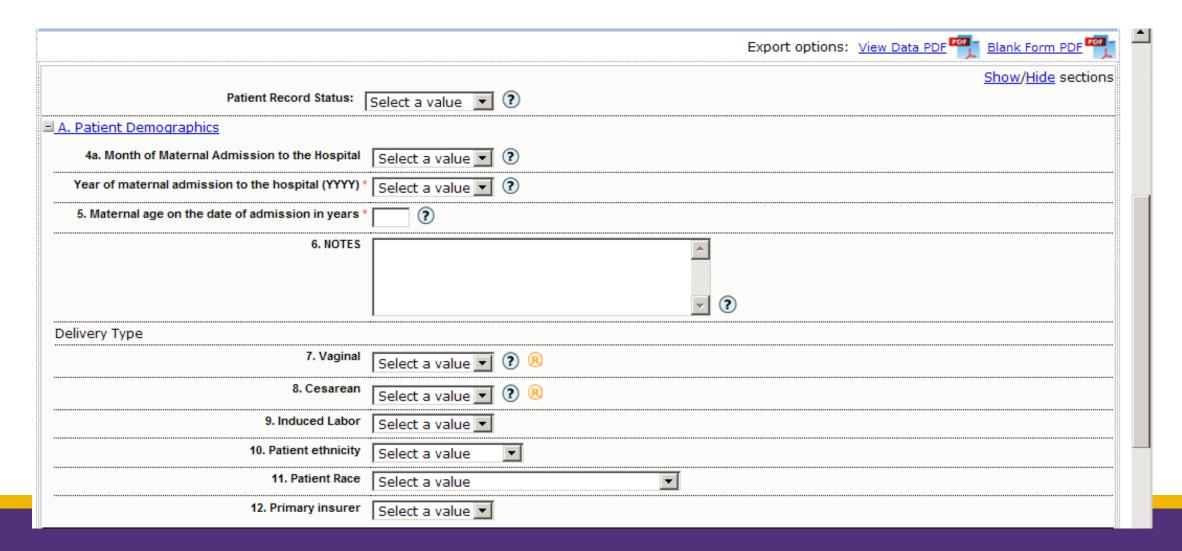
 The system will generate a value in the "System ID" field, record this number on the paper form



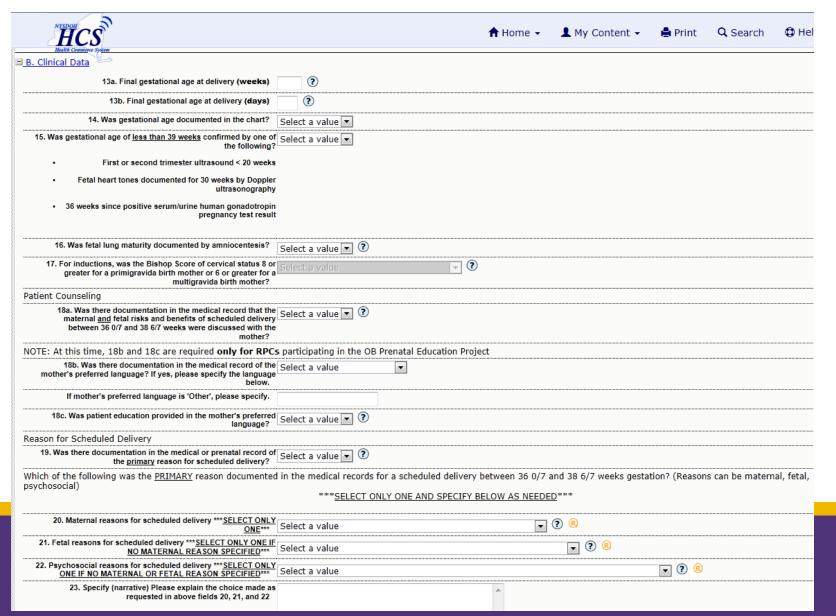
#### Begin to enter data following the format of the Scheduled Delivery Form



#### Continue to enter data for each section

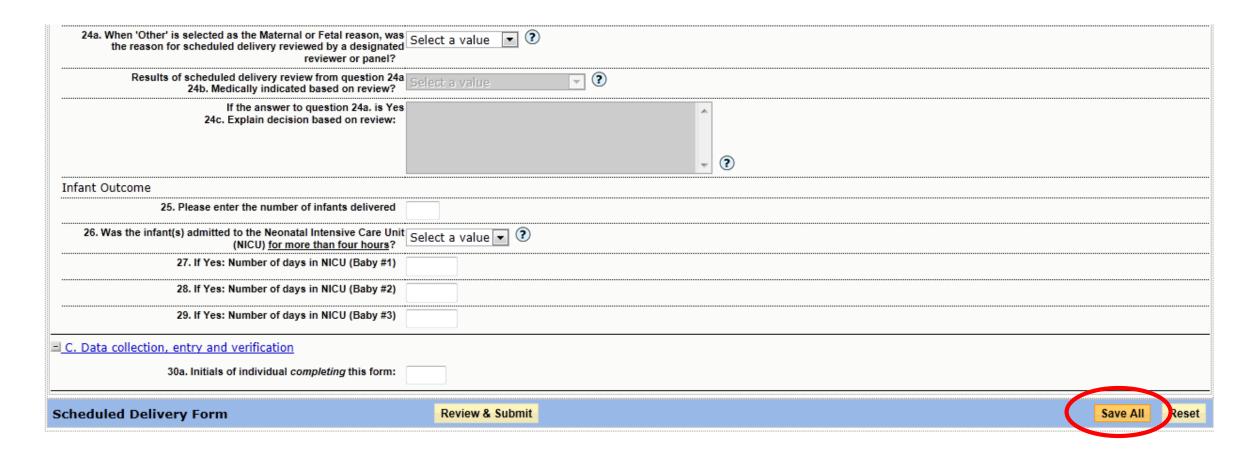


#### Continue to enter data



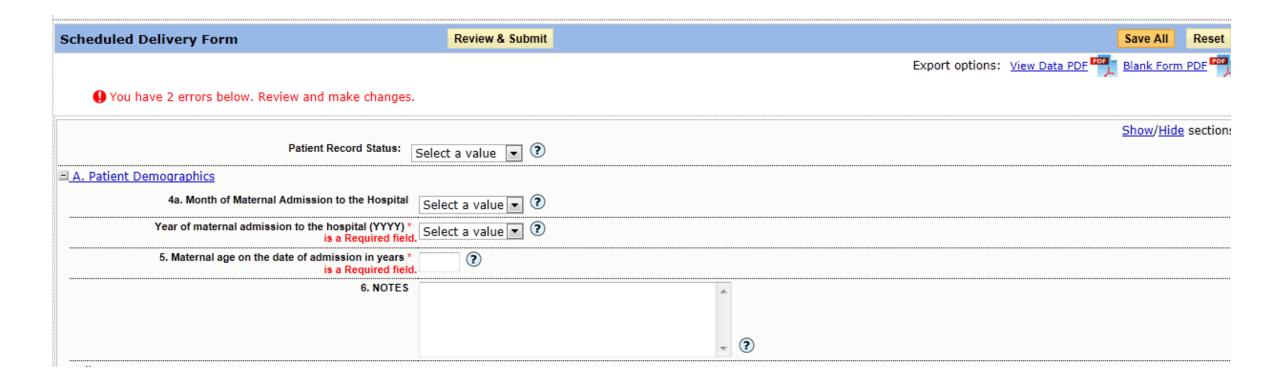


#### After completing the form, click "Save All"

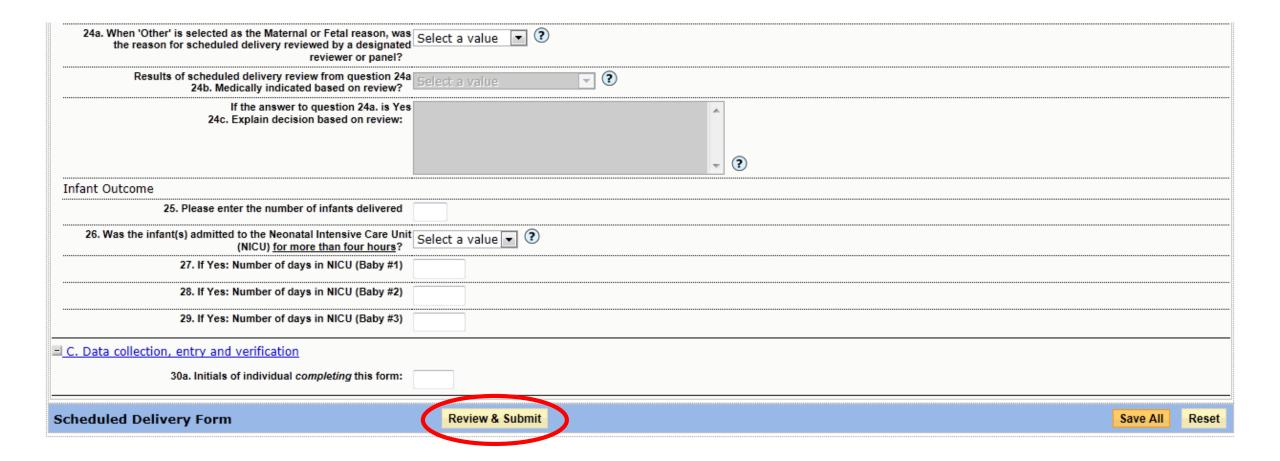




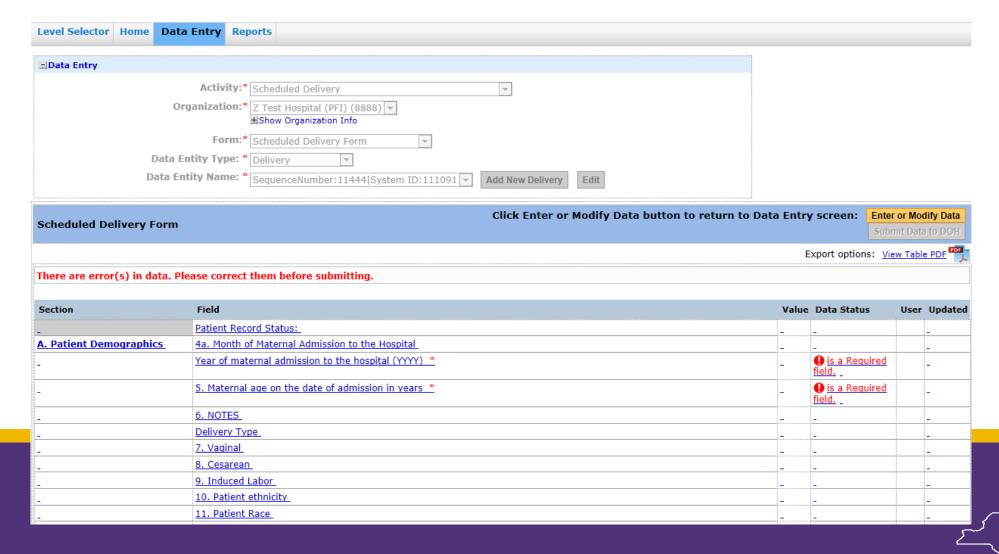
## Correct errors, if any are reported



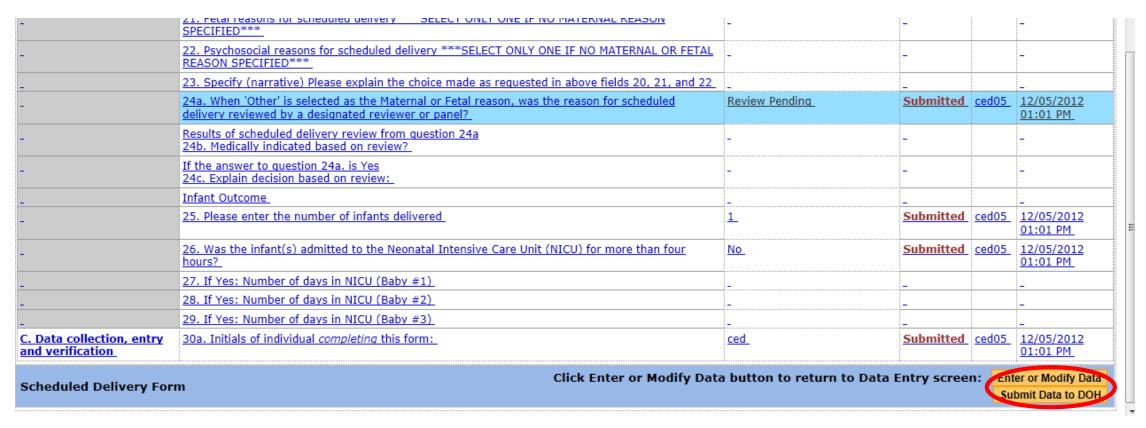
#### Then, click "Review and Submit"



 "Review and Submit" will expose an audit trail, correct errors if any are reported



#### After correcting errors, click "Submit Data to DOH"



NOTE: If you do not complete this step, data will not be submitted to DOH



### Summary of Scheduled Delivery Form

- Enter data
- Click "Save All"
  - Correct any Error Messages that are displayed
- Click "Review and Submit"
  - Correct any Error Messages that are displayed
- Click "Submit Data to DOH" to complete the data submission action and create a record for permanent storage in the database



### STILLBIRTH AGGREGATE DATA LOG



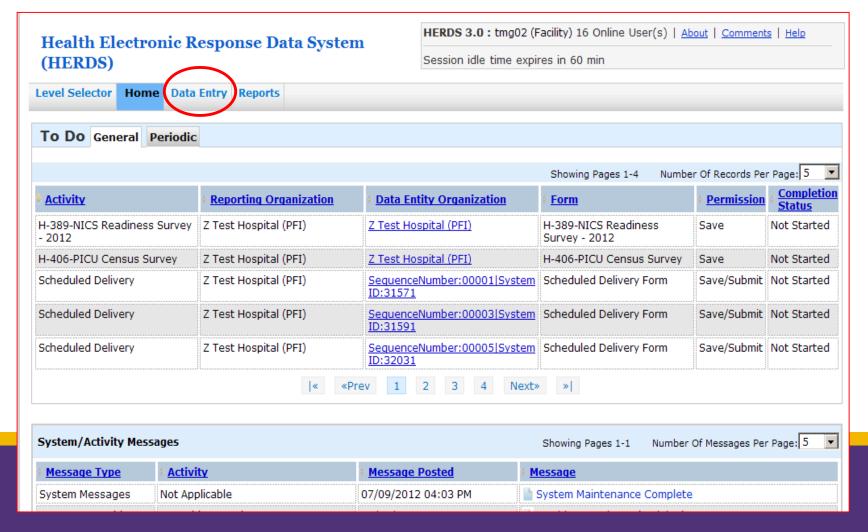
# Stillbirth Aggregate Data Log

 If your facility has zero scheduled deliveries for a month, you must affirm this using the "Stillbirth Aggregate Data Log"

 This confirms that you had zero scheduled deliveries, and not that your data is missing for the month

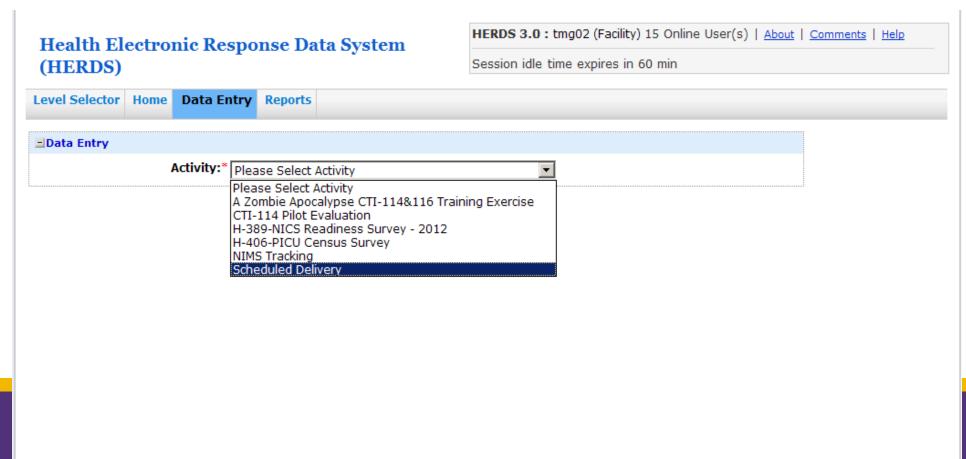


### Once in the NYSPQC Scheduled Delivery Form System, choose the "Data Entry" tab

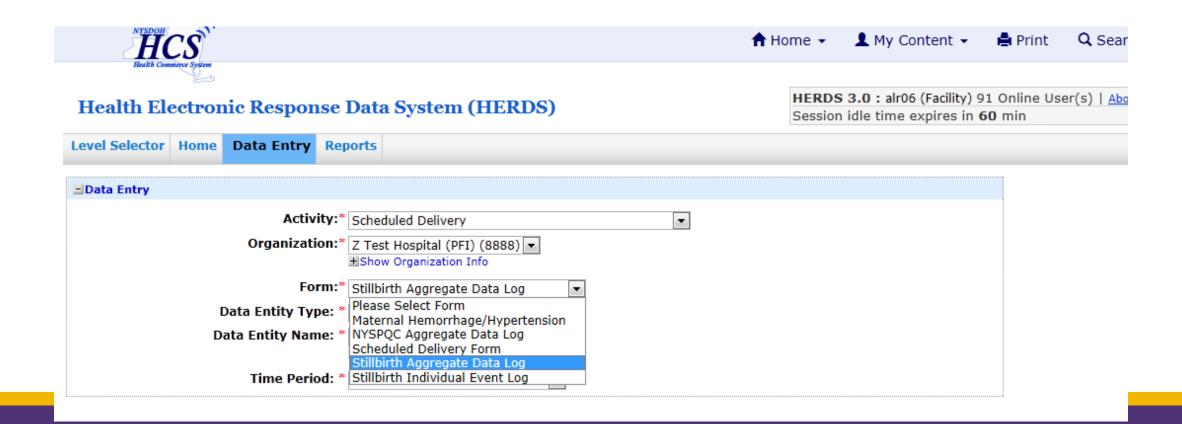




 When the "Data Entry" screen is exposed, select the "Scheduled Delivery" option from the "Activity" drop-down menu

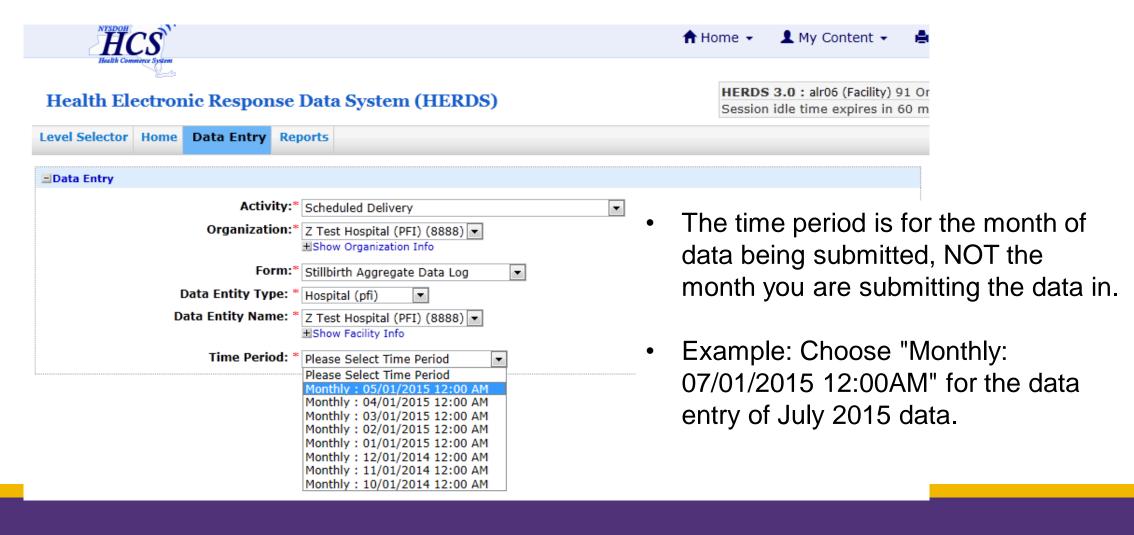


- The organization name and Form options will appear
- Select the Stillbirth Aggregate Data Log to enter data





## Select a month for data entry



- If no scheduled deliveries, enter "0" into the field labeled "Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame"
- Select "Yes" to confirm zero scheduled deliveries, then select "Save All"

admission	
Count of ALL deliveries during the month of admission	<b>②</b>
36 0/7 to 38 6/7 Weeks	
Count of Stillbirths between 36 0/7 and 38 6/7 weeks gestation during the month of admission	<b>?</b>
Count of all live births between 36 0/7 and 38 6/7 weeks gestation during the month of admission	<b>?</b>
Count of ALL deliveries between 36 0/7 and 38 6/7 weeks gestation during the menth of admission	<b>②</b>
Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame:	
Confirm when zero scheduled deliveries within the Select 36 0/7 and 38 6/7 week gestational age range:	
Stillbirth Aggregate Data Log	t Save All Reset

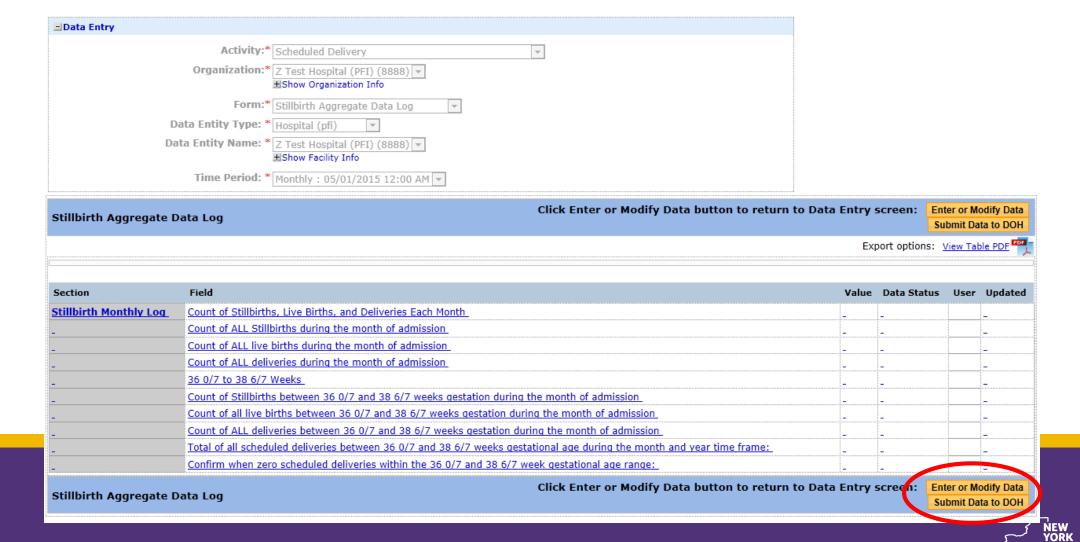


# After saving, click "Review & Submit"

_Data Entry			
Activity: Scheduled Delivery  Organization: Z Test Hospital (PFI) (8888) L HShow Organization Info  Form: Stillbirth Aggregate Data Log			
Data Entity Type: * Hospital (pfi)	te Data Log ▼		
Data Entity Name: * Z Test Hospital (PFI) (8888)  HShow Facility Info			
Time Period: * Monthly: 05/01/	2015 12:00 AM 🔻		
Form Information			
Navigational Style: Section 🔻		**Required Field ✓ Data Saved to Work Area ♥ Data Submitted to DOH ←Current Field/Selection	or
Stillbirth Aggregate Data Log	Review & Submit	Save All Rese	et
		Export options: View Data PDF Blank Form PDF	DE _
Stillbirth Monthly Log  Count of Stillbirths, Live Births, and Deliveries Each Month  Count of ALL Stillbirths during the month of admission	·	Show/Hide section	ons
Count of ALL live births during the month of admission	?		
Count of ALL deliveries during the month of admission	?		
36 0/7 to 38 6/7 Weeks			•••••
Count of Stillbirths between 36 0/7 and 38 6/7 weeks gestation during the month of admission	?		
Count of all live births between 36 0/7 and 38 6/7 weeks gestation during the month of admission	?		
Count of ALL deliveries between 36 0/7 and 38 6/7 weeks gestation during the month of admission	?		
Total of all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestational age during the month and year time frame:			
Confirm when zero scheduled deliveries within the 36 0/7 and 38 $_{ m S}$ 6/7 week gestational age range:	elect a value 🔻		
Stillbirth Aggregate Data Log	Review & Submit	Save All Rese	et



### Review the audit trail for errors and then click "Submit Data to DOH"



# Summary of Stillbirth Aggregate Data Log

- Enter data
- Click "Save All"
- Click "Review and Submit"
  - Correct any Error Messages that are displayed
- Click "Submit Data to DOH" to complete the data submission action and affirm zero scheduled deliveries



### **NEXT STEPS**



### **Data Collection Tools and Guides**

- Tools and guides will be distributed and are also available on NYSPQC website (www.NYSPQC.org)
  - Scheduled Delivery Form
  - Stillbirth Aggregate Data Log
  - NYSPQC Scheduled Delivery Form and Stillbirth Aggregate Data Log Data Collection Field Manual
  - NYSPQC Scheduled Delivery Form System User Guide



 Make sure the appropriate staff on your hospital team has an HCS Account and proper role assignment

 Send your HCS User ID to the <u>NYSPQC@health.ny.gov</u> mailbox for our records



# What to do if your designated staff member DOES NOT have an HCS account

- E-mail NYSPQC@health.ny.gov in order to receive information regarding applying for an account.
- Once HCS account information is received, please contact NYSPQC@health.ny.gov with the account information, and for further instructions related to role assignment.



# What to do if your designated staff member DOES have an HCS account

E-mail your Health Commerce System User ID to NYSPQC@health.ny.gov, so that we may verify that you have been assigned to the proper role for data entry.



# What to do if your designated staff member DOES have an HCS account but is not assigned to the role of "SDF Reporter"

E-mail NYSPQC@health.ny.gov in order to obtain instructions for being assigned to the appropriate role.



#### Measurement Year 1

- Begin retrospective chart review for Measurement Year 1, July 1, 2014 through June 30, 2015
- Submit data via the HCS by December 1, 2015

#### Measurement Year 2

- Data collection for Measurement Year 2 will begin July 1, 2015
- Data for the month of July 2015 is due Wednesday, August 26, 2015



## Questions?





### Contact

For questions regarding the NYSPQC form and data submission:

New York State Perinatal Quality Collaborative Empire State Plaza Corning Tower, Room 984 Albany, NY 12237

Ph: 518/473-9883

F: 518/474-1420

NYSPQC@health.ny.gov

www.nyspqc.org

For questions regarding DSRIP:

DSRIP Program
One Commerce Plaza
99 Washington Ave, Room 720
Albany, NY 12210

Ph: 518/486-1042

<u>Dsrip@health.ny.gov</u> <u>http://www.health.ny.gov/health\_</u> care/medicaid/redesign/dsrip/

