



The WSHA Maternal Data Center (WSHA-MDC)

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National Perinatal Reporting Activities

Who?	What?
Center for Medicare Services (CMS) <i>~100% of hospitals</i>	<ul style="list-style-type: none"> ▪ Hospital Compare (Public Reporting) ▪ Inpatient Quality Reporting Program (P4P) ▪ Partnership for Patients (Quality Collaborative)
The Joint Commission (TJC) <i>~90% of hospitals</i>	<ul style="list-style-type: none"> ▪ TJC Accreditation (Accreditation) ▪ TJC Quality Check (Public Reporting) ▪ Ongoing Physician Practice Evaluation/OPPE (Accreditation) ▪ Obstetric Sentinel Events (Accreditation)
The Leapfrog Group <i>~40-50% of hospitals</i>	<ul style="list-style-type: none"> ▪ Hospital Report Cards (Public Reporting)
National Quality Forum (NQF)	<ul style="list-style-type: none"> ▪ Performance Measure Endorsement



NQF National Consensus Standards for Perinatal Care 2013 (16 measures)

OB/
Mom

- ★ #0469 Elective delivery prior to 39 weeks
- #0470 Episiotomy rate
- ★ #0471 NTSV Cesarean rate, aka “low-risk” first births
- #0472 Prophylactic antibiotics for Cesarean birth (< 1 hr)
- #0473 DVT prophylaxis for women having a Cesarean birth

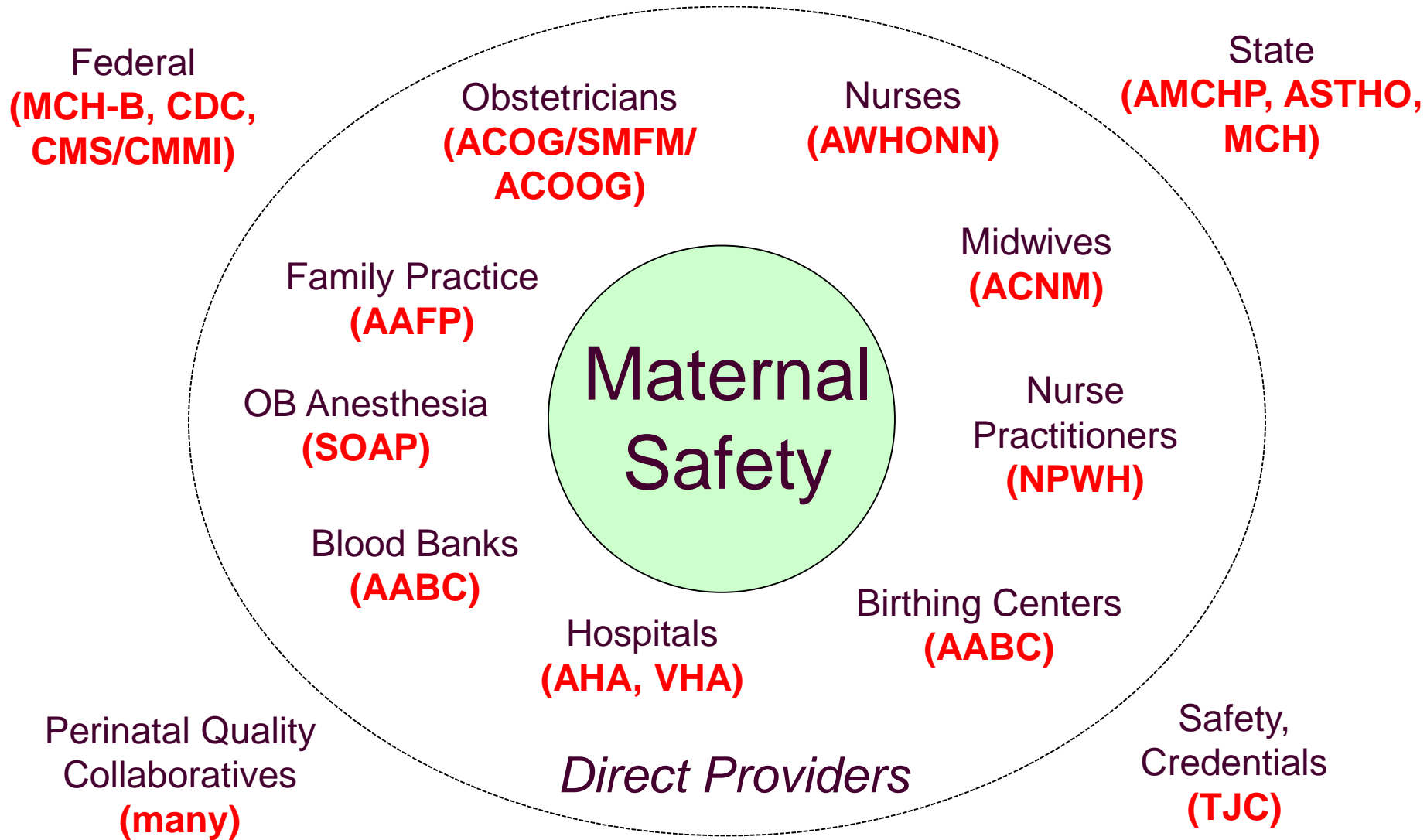
Mom/
Baby

- #0475 Hepatitis B Vaccine for all newborns
- ★ #0476 Rate of antenatal steroids for under 34 week births
- #0477 Infants under 1500g (VLBW) not delivered at Level III
- #0480 Exclusive breastfeeding at hospital discharge
- #0716 Healthy Term Newborn (aka Unexpected Newborn Complications)
- #1402 Newborn Hearing Screening
- #1746 Intrapartum GBS antibiotic prophylaxis

★ =Measures that are highest value (Quality + Savings)=CMS

JC Core Measure Set

Leapfrog Group Measures



123(5):973-977, May 2014



Current Commentary

The National Partnership for Maternal Safety

Mary E. D'Alton, MD, Elliott K. Main, MD, M. Kathryn Menard, MD, and Barbara S. Levy, MD

Recognition of the need to reduce maternal mortality and morbidity in the United States has led to the creation of the National Partnership for Maternal Safety. This collaborative, broad-based initiative will begin with three priority bundles for the most common preventable causes of maternal death and severe morbidity: obstetric hemorrhage, severe hypertension in pregnancy, and peripartum venous thromboembolism. In addition, three unit-improvement bundles for obstetric services were identified: a structured approach for the recognition of early warning signs and symptoms, structured internal case reviews to identify systems improvement opportunities, and support tools for patients, families, and staff that experience an adverse outcome. This article details the formation of the National Partnership for Maternal Safety and introduces the initial priorities.

(Obstet Gynecol 2014;123:973–7)

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issued a Sentinel Alert entitled “Preventing Maternal Death”² and proposed various initiatives to decrease maternal mortality including case reporting and review, health care provider education, team training and drills, and thromboembolism prophylaxis.

During the past 2 years, several organizations—including the American College of Obstetricians and Gynecologists (the College), the Centers for Disease Control and Prevention, the Society for Maternal-Fetal Medicine, the Health Resources and Services Administration, the Association of Women’s Health, Obstetric, and Neonatal Nurses, and the American College of Nurse-Midwives—have collaborated to identify priorities for maternal safety. Universal recognition of the need for action to reduce U.S. maternal mortality and morbidity led to the creation of the National Partnership for Maternal Safety. This report outlines a national initiative for every birthing facility

National Partnership for Maternal Safety: 3 Maternal Safety Bundles

“What every birthing facility in the US should have...”

- Obstetric Hemorrhage
- Preeclampsia/ Hypertension
- Prevention of VTE in Pregnancy

*Note: The bundles represent outlines of recommended protocols and materials important to safe care **BUT** the specific contents and protocols should be individualized to meet local capabilities. Example materials are available from perinatal collaboratives and other organizations.*

What is the Maternal Data Center (MDC)?

An interactive tool to support hospitals' OB quality improvement initiatives and service line management

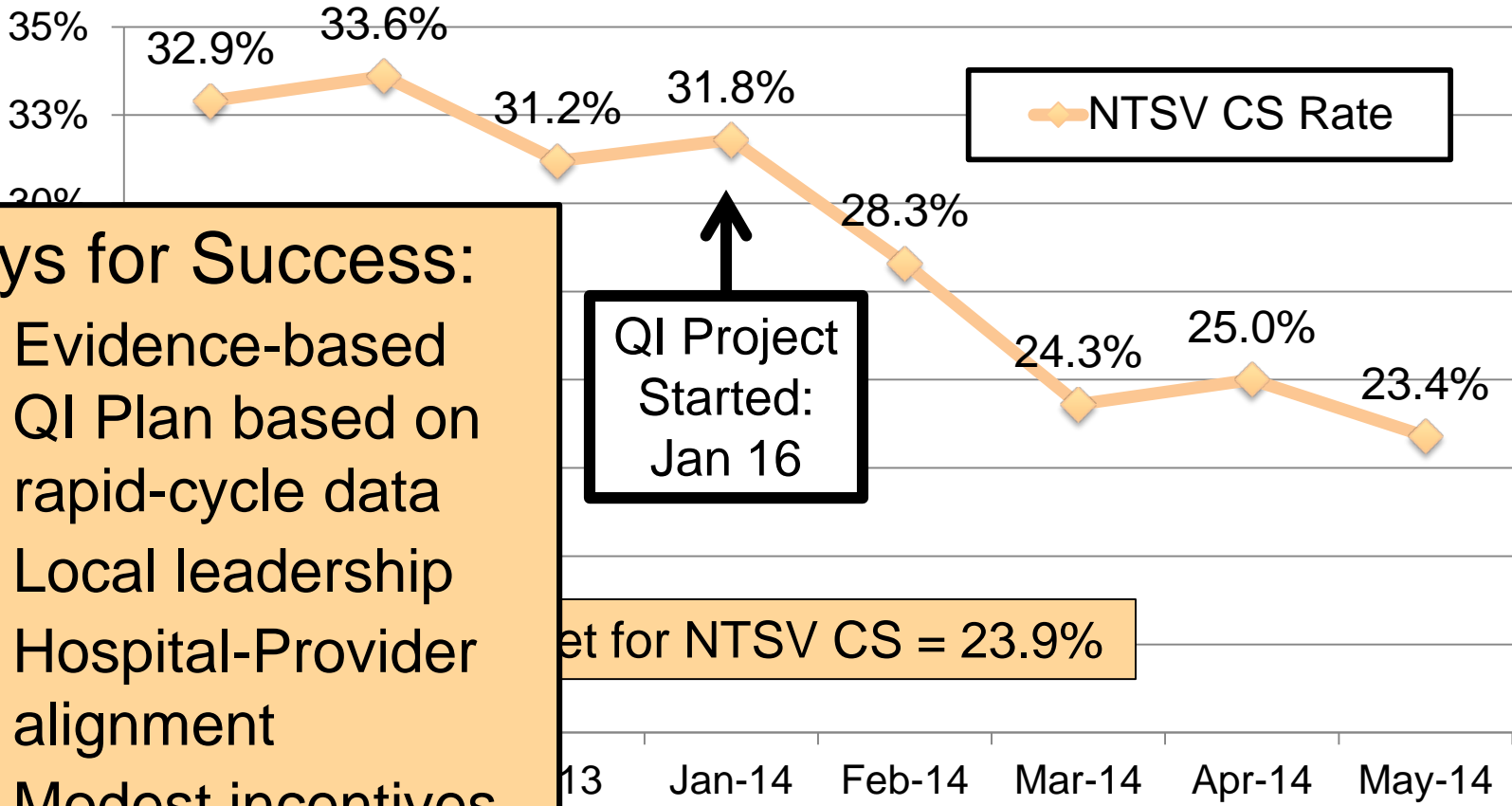
- Overall hospital performance measures
- Drill-down to the patient level and case review worksheets to identify quality improvement opportunities—for both clinical quality and data quality
- Provider-level statistics—to assess variation within a hospital
- Benchmarking statistics--to compare your hospital to regional, state, and like-hospital peers in WA and CA
- Facilitating reporting to CMS, Leapfrog and Roadmap Project

Maternal Data Center Background

- MDC developed by the California Maternal Quality Care Collaborative (CMQCC) --a multi-organization, multi-discipline quality collaborative based at Stanford University
- Utilizes nationally-standardized perinatal metric definitions used by Joint Commission, Leapfrog, Partnership for Patients
- Combines administrative and clinical data to minimize hospital burden
- Maternal Data Center has been in operation for California hospitals since January 2012
- The WSHA-MDC has been customized for WSHA-participating hospitals for the Safe Deliveries project!

CMQCC Data-Driven QI: NTSV CS

Pilot Hospital for PBGH/RWJ CS Collaborative



- Keys for Success:**
1. Evidence-based QI Plan based on rapid-cycle data
 2. Local leadership
 3. Hospital-Provider alignment
 4. Modest incentives (shared savings)

Target for NTSV CS = 23.9%

Transforming Maternity Care

Maternal Data Center Impacting Practice

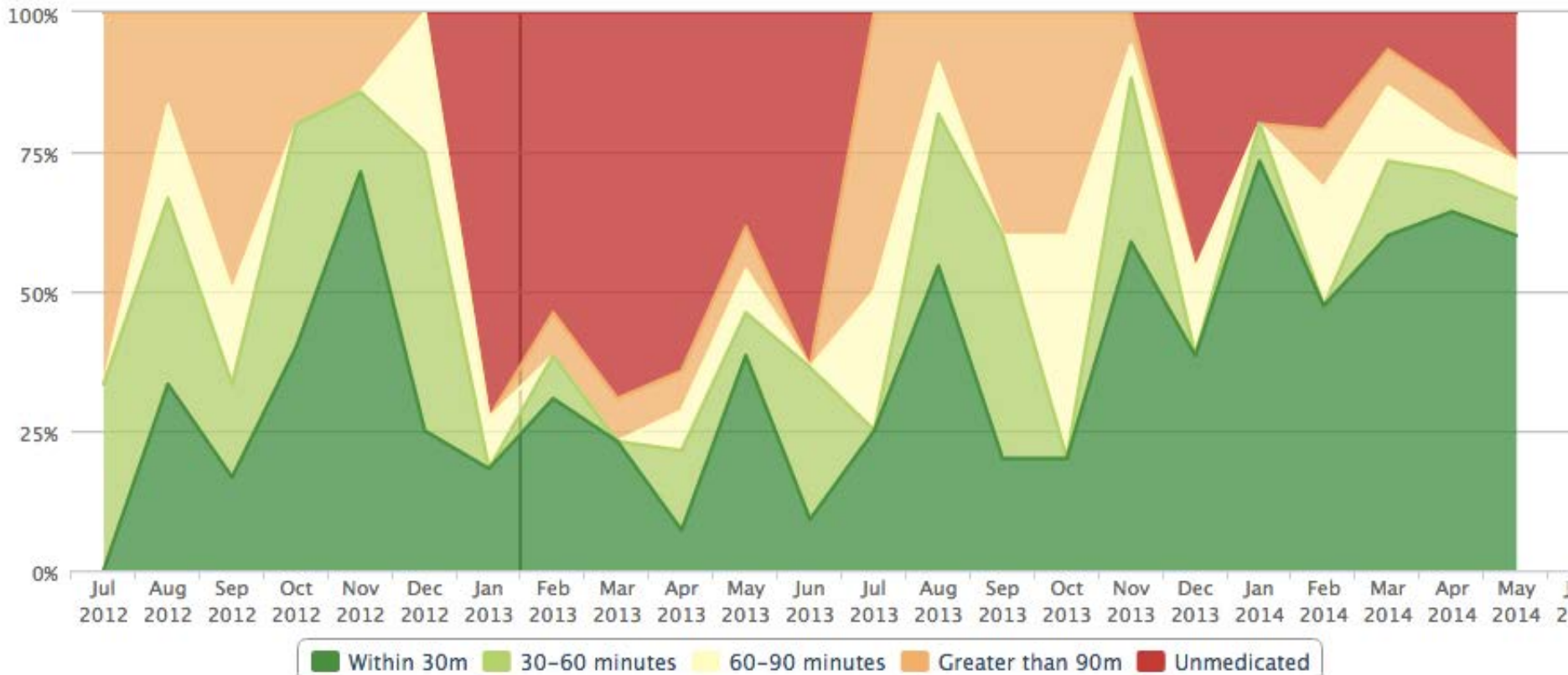
Process 1: Timely Treatment for Severe Hypertension

Timely Treatment for Severe Hypertension

Hospital Trend

Collaborative Comparisons

⚠ Chart review is incomplete for June 2014. [Complete it now.](#)



Demonstration of WSHA-MDC

Kudos to Phase 1 Data Submitters!

- Submitted discharge data (including revenue data) and clinical data
- For many, first time pulling data sets on moms and babies from relatively new EMR systems, and seeing those different data sources linked together!
- Up to 18 months of data



Data Dirty Laundry.....



- Gestational Age, Parity and Apgar Score...can be missing in EMR
- Parity may be captured in EMR as “number of births AFTER the delivery” → no nulliparas in data sets.....

You hung in there...



CMQCC: Transforming Maternity Care

Presented at Washington State Hospital Association Safe Table, Sept. 4, 2014

Data Cleaning Is a Process

- No data is perfect at the outset
- Clean data benefits everyone: caregivers, administration and public health agencies
- The more you use it to track performance, the better it will get!



And it's all downhill from here!



Automated reports improve efficiency and quality of care

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