

Safe Deliveries Roadmap

WA State Labor/Delivery
Indicator Reports for Hospitals

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

Still under discussion...

- Whether reports will be produced under IRB
 - If not produced in the context of research, reports are subject to public disclosure
 - CA Maternal Quality Care Collaborative is submitting IRB application to WA for birth certificate data
- Determination of which measures are suitable for comparison between hospitals
- Validation of measures

WA State DOH reports

- Will include labor and delivery indicators in WSHA Roadmap
 - All non-military delivery hospitals (N= 61)
 - ~81,000 births/year occur in these hospitals (92% of all WA state births)
- Full year 2012 and 2013 data reports available in the next few months
- Ongoing reports will be prepared quarterly and will be produced ~6 weeks after CHARS data are finalized
 - Only ~50% of CHARS data is currently submitted on time
 - Currently, 11 month lag between close of year and report availability

DOH Reports - Data Sources

- Comprehensive Hospital Abstract Reporting System (CHARS)
 - Discharge records for inpatient and observation visits; revenue codes for those visits
 - Provides outcome information
- Birth certificates (BC)
 - Used to identify births and assign deliveries to hospitals
 - Limited information taken from BC (gestational age, Apgar scores, parity, birth weight)

Data Considerations

- Rich, comprehensive data sources
- Indicators depend heavily on CHARS data
 - CHARS was not originally intended for QI activities
- Reports depend on linkage between BC and CHARS records for both mother and baby
- Hospitals with few deliveries and/or poor match rates will have unstable, unreliable indicators
- Variation in quality of reporting
 - Opportunity to improve data quality through validation
- If non-research activity → subject to public disclosure

Advantages and value of DOH reports

- No extra work for hospitals
- Free and readily available
- Allow for statewide measurement
- Hospitals can monitor trends in their labor/delivery outcomes

XXXXX Facility Name
 City, WA
 XXXXX County
 Hospital Level of Care: Level X

Total Birth Certificates	Matched to CHARS		
	Mom only	Infant only	Mom and Infant Match

Measure ^a	Explanation	This Hospital ^b	All WA Hospitals ^c		All Level X Hospitals ^d		This Hospital Historical ^e		
			Average	Top 10%	Average	Top 10%	1Q-2013	2Q-2013	3Q-2013
Nulliparous Term Singleton Vertex C-section rate (NTSV)	NTSV pregnancies are low risk, first time births, and best practice aims to minimize C-sections for women who can avoid them. This measure reports the number of cesarean deliveries among nulliparous women at >= 37 weeks gestation.	XX% of XXX deliveries	XX%	XX%	XX%	XX%	XX%	XX%	XX%
Primary Term Singleton Vertex C-section rate (TSV)	TSV pregnancies are low risk, first time births, and best practice aims to minimize C-sections for women who can avoid them. This measure reports the number of cesarean deliveries among women at >= 37 weeks gestation who have not had a previous C-section.	XX% of XXX deliveries	XX%	XX%	XX%	XX%	XX%	XX%	XX%
C-section rate for term inductions of labor in nulliparous women >= 39 weeks gestation	Best practice aims to minimize C-sections for women who can avoid them. This measure reports the number of cesarean deliveries among nulliparous women whose labor was induced at >= 39 weeks gestation.	XX% of XXX deliveries	XX%	XX%			XX%	XX%	XX%
C-section rate for term inductions of labor in multiparous women >= 39 weeks gestation	Best practice aims to minimize C-sections for women who can avoid them. This measure reports the number of cesarean deliveries among multiparous women whose labor was induced at >= 39 weeks gestation.	XX% of XXX deliveries	XX%	XX%			XX%	XX%	XX%

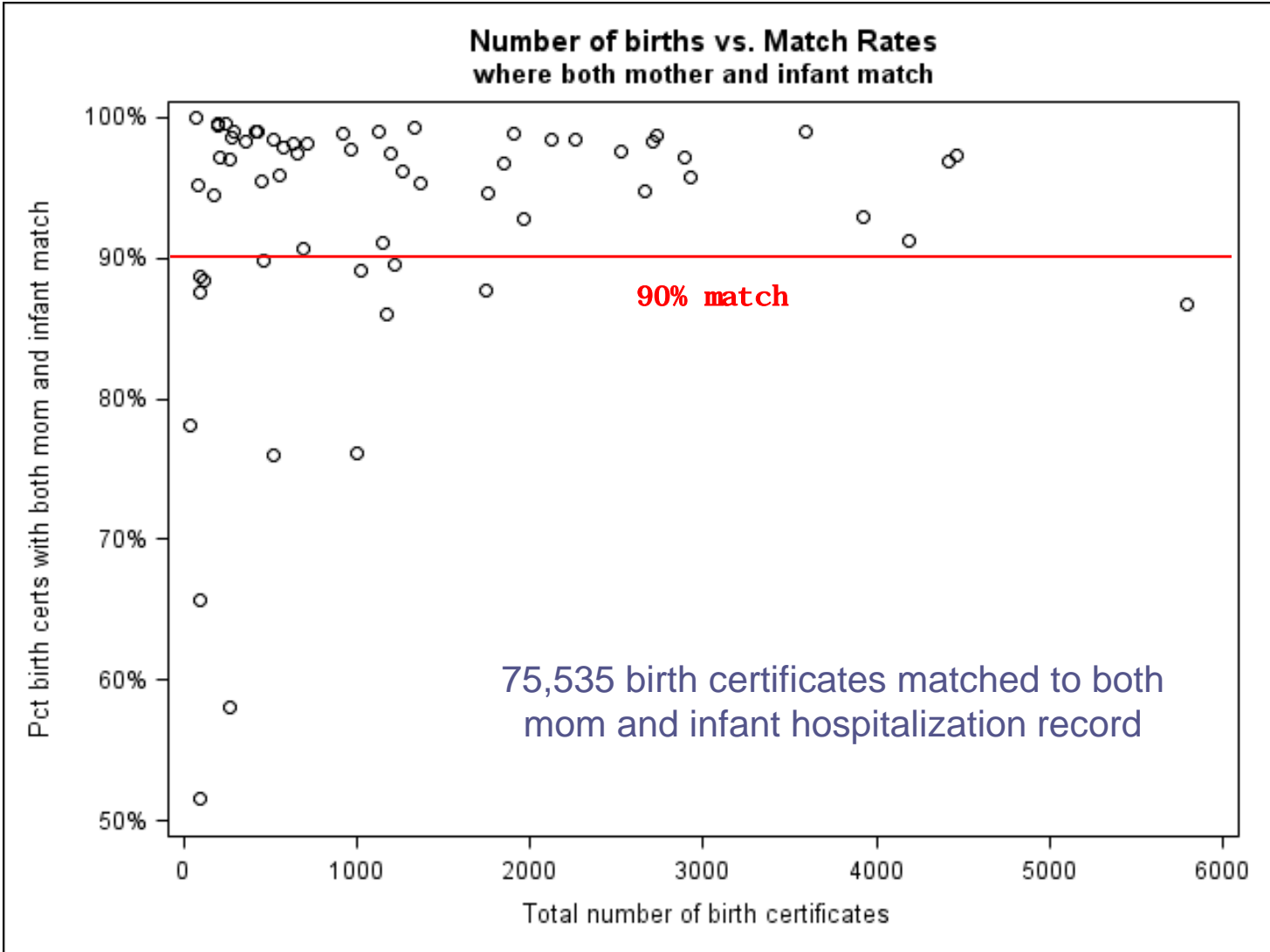
- a. For a comprehensive explanation of how each measure is calculated, please refer to the technical notes, available at: <http://XXXXXXX.doh.wa.gov>.
- b. The result for this hospital and denominator for the measurement are presented. If a hospital's result is better than the state average, then a plus in a green circle is displayed. If a hospital's result is equal to the state average, then a check mark in a yellow circle is displayed. If a hospital's result is lower than the state average, then a horizontal line in a red circle is displayed.
- c. This is the average result for all Washington state, non military hospitals.
- d. This is the average result for all Washington state, non military hospitals that have the same Washington State Perinatal and Neonatal Level of Care (LOC) rating. For more information on LOC, please refer to: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf>.
- e. The results for this hospital are presented for the previous three quarters to allow hospitals to track their progress over time.

Preliminary data – 2013

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Match Rates

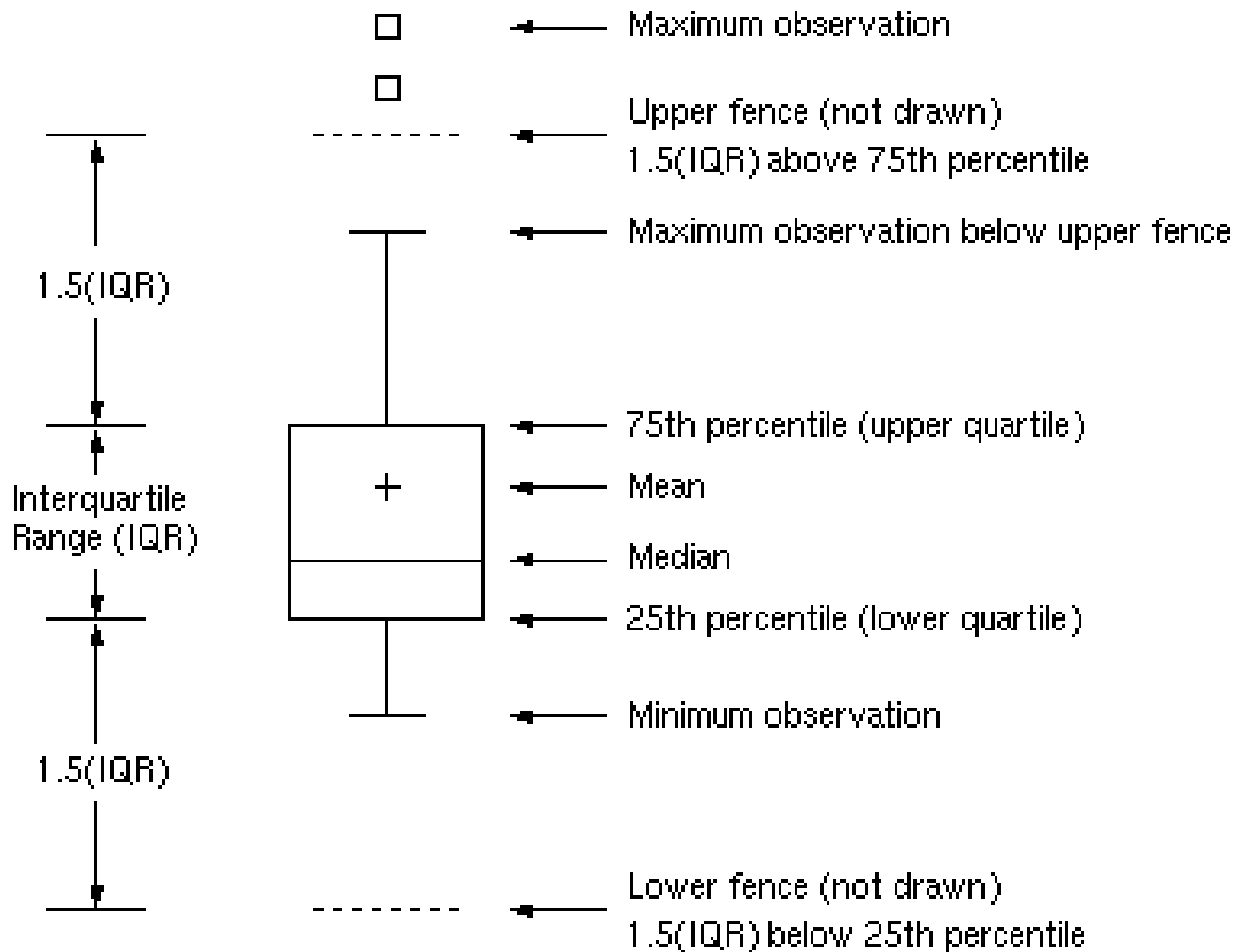
75% of facilities have a match rate $\geq 90\%$



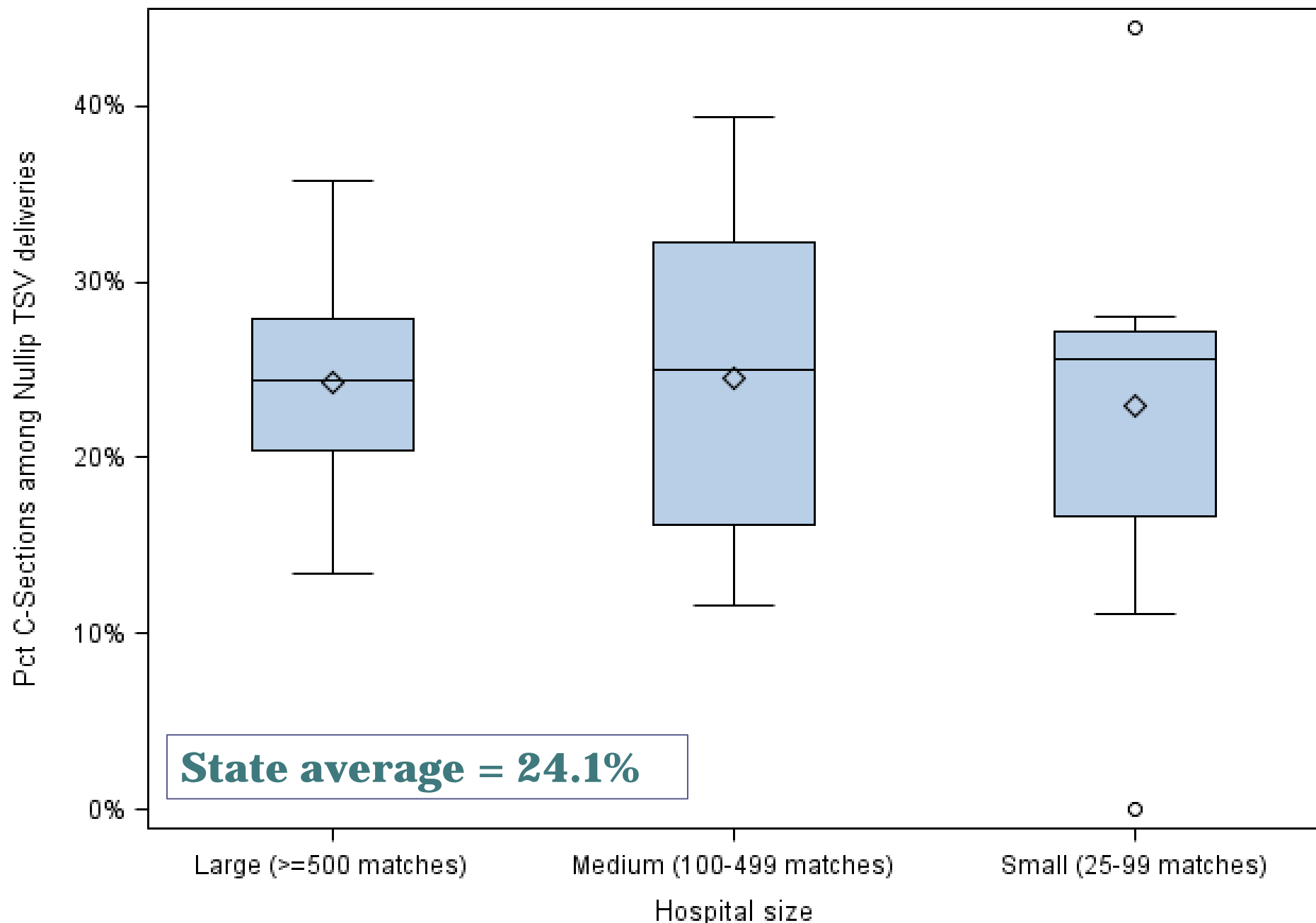
Number of Mother-Infant Matches by Facility

Number of matches	Number of Facilities	Size Designation
<25	29	N/A
25 – 99	8	Small (N=8)
100 – 249	6	Medium (N=15)
250 – 499	9	
500 – 999	11	Large (N=38)
1000 – 1999	13	
2000 – 3499	8	
>=3500	6	

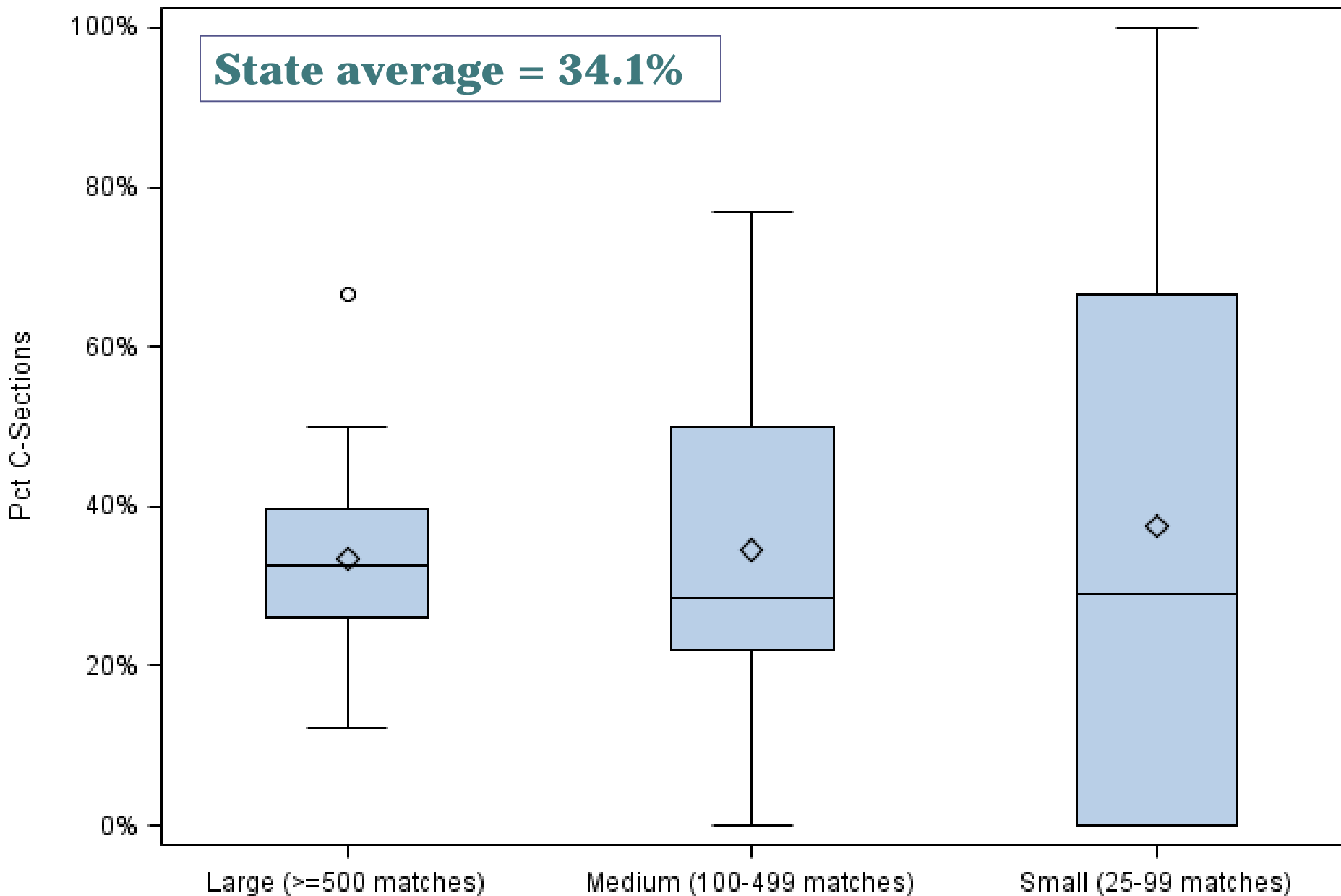
Box and Whisker Plots



Nulliparous Term Singleton Vertex (NTSV) C-Section Rates by Hospital Size



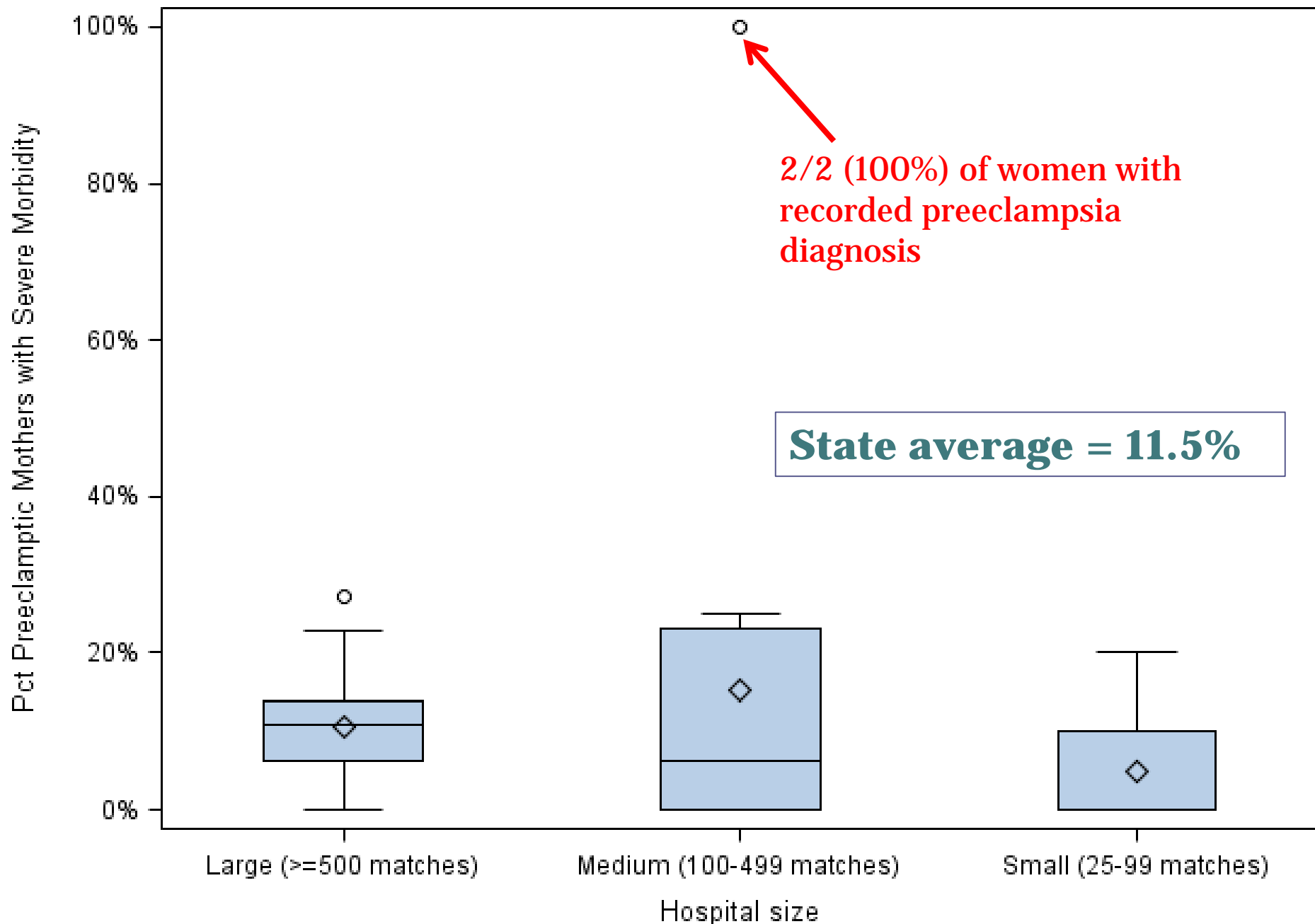
C-Section Rate for Term Inductions in Nulliparous Women



Hospital size

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Severe Morbidity in Delivering Preeclamptic Women



Summary

- DOH will work with WSHA and WA hospitals to ensure that reports are as timely, accurate and useful as possible
- Matched datasets are being finalized now
- Discussion:
 - Validation and determination of which measures are comparable
 - Patient confidentiality and data reliability
 - Data suppression standards?
 - Research vs. non-research determination

We want to hear from you!

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