

Advancing Patient Safety in Maternity Care:
A Roadmap from Prenatal to Postpartum



Safe Deliveries Roadmap Data Submission to Washington State Hospital Association

June 25, 2014

Suzan Walker, RN, BSN, MPH, Perinatal Quality Improvement, University of Washington
and Regional Perinatal Network Coordinator

Mara Zabari, RN, MPA-HA: Executive Director - Integrated Care, Partnership for Patients

Objectives



- Overview of Safe Deliveries Roadmap project and data submission options
- Review Labor Management Bundle outcomes measures
- Review Partnership for Patients measures (New)
- Hear the process for hospitals submitting data to WSHA
- Learn about tools and resources available for extracting data
- Identify measure definitions for each measure with numerator and denominator descriptions

Introductions

- Name
- Organization
- Background - Clinical? Data? IT?



Obstetrics Work



* Reported to CMS



Washington State Hospital Association Safe Deliveries Evidenced-Based Roadmap[®]

Pre- Pregnancy



- Increased use of preconception care services
- Improved health entering pregnancy
- Reduced risk from complications due to previous pregnancies

First Month



- Healthier mothers and babies

Pregnancy



- Fewer infant abnormalities and disabilities
- Less maternal and fetal complications
- More educated patient

Delivery



- Less maternal morbidity and mortality
- Fewer early deliveries
- Higher Apgar scores
- Fewer NICU admissions



Labor Management Bundle Measures



Safe Deliveries Roadmap – Labor Management Bundle Measures*

Outcome:

- ✓ NTSV Cesarean Section (Nulliparous, Term, Singleton, Vertex)
- ✓ TSV Primary Cesarean Section (Term, Singleton, Vertex)
- ✓ Elective induction of labor
- ✓ Maternal admission to Intensive Care Unit
- ✓ Maternal blood transfusions
- ✓ Maternal length of stay
- ✓ Operative vaginal delivery
- ✓ Unexpected Newborn Complications measure

Process:

- ✓ Compliance with labor induction practices
- ✓ Compliance with first stage labor practices
- ✓ Compliance with second stage labor practices

*Details, including data source, numerator, denominator and sample requirement will be forthcoming.

For questions, please contact Mara Zabari, Director of Integration - Partnership for Patients, at maraz@wsaha.org or (206) 216-2529.



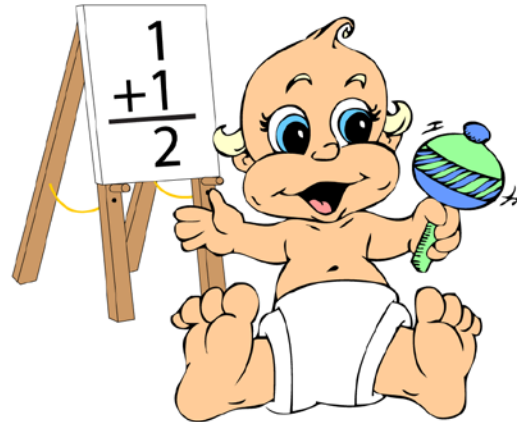
Data Sources

Outcomes:

- California Maternal Data System
- WSHA

Process

- WSHA
- OB COAP – LEAPT hospitals



Tools and Resources Available and Location

- WSHA Outcome Measure Specifications document
- Helpful Appendices needed including long coding lists
 - ✓ Primary TSV C-section rate
 - ✓ Unexpected Newborn Complications (NQF 716) (Excel format)
 - ✓ Joint Commission website for current specifications and code tables
 - ✓ Cross-Walk: Measures and Types of Required Data Grid

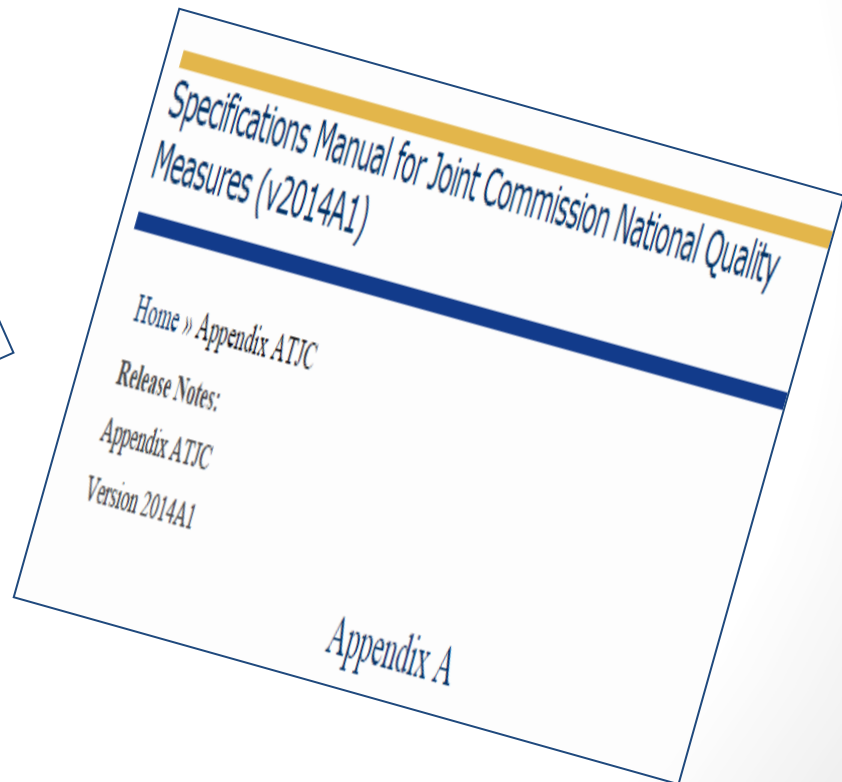
URL link for WSHA Roadmap Measures and related resources:

<http://www.wsha.org/0513.cfm%20>



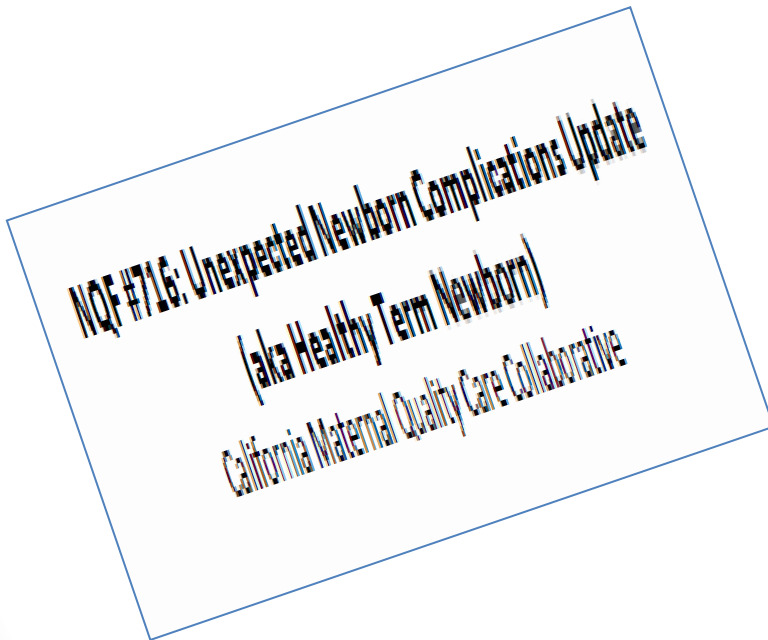
Resource: Appendices and Code Tables

- ✓ Primary Term Singleton Vertex C-section rate
- ✓ Joint Commission Appendix A Code Tables



Resource: Appendices and Code Tables

- ✓ Unexpected Term Newborn Complications (NQF #716)
- ✓ CROSSWALK - Measures and Types of Required Data Grid




CROSSWALK: Measures and Type(s) of Required Data Grid

Certain measures require only Patient Discharge Data (PDD), and can be calculated regardless of whether core clinical data or supplemental data is available. Other measures require both PDD and core clinical data and/or supplemental data. The following is a cross-walk between types of data sources (PDD, core clinical data, supplemental data, chart review data) and the types of data needed by each measure

Data Source – Required Data-File	WSHA Roadmap Measures	WSHA Partnership for Patients Measures
Patient Discharge Data (PDD)	Rate of Operative vaginal deliveries per all vaginal deliveries Rate of Severe Maternal Morbidity among all delivering women with a diagnosis of Preeclampsia (Severe Morbidity is based on ICD-9-CM codes typical of an ICU admission)*	Rate of Maternal Blood Transfusions (RBCs, FFP, Platelets, or Cryoprecipitate) for all deliveries (ICD-9-CM procedure code based)* Rate of Maternal ICU Admission for all deliveries with maternal diagnosis of Preeclampsia* Rate of Severe Maternal Morbidity among all delivering women with a diagnosis of Preeclampsia (Severe Morbidity is based on ICD-9-CM codes typical of an ICU admission)*
PDD and Core Clinical Data Sets	NTSV CS Rate Unexpected Newborn Complications Primary TSV CS Rate CS Rate for Nulliparous women >=39 wks gestational age with Induction of Labor CS Rate for Multiparous women >=39 wks gestational age with Induction of Labor Rate of Maternal ICU Admissions for all deliveries >= 20 wks gestational age Rate of Maternal Blood Transfusions (RBCs, FFP, Platelets, or Cryoprecipitate) for all deliveries >= 20 wks (ICD-9-CM procedure code based) Rate of maternal LOS > 4 days from delivery date for all vaginal deliveries >= 20 wks gestation Rate of Maternal ICU Admission for all deliveries >= 20 wks gestational age with maternal diagnosis of Preeclampsia	



Measure Definitions and Numerator / Denominator Specifications Document

						
WSHA Labor Management Roadmap Outcome Measures and CMS OB Partnership for Patients Measures: Measure Definitions with Numerator and Denominator Specifications						
<p>This document is intended for the following hospital options for source of measurement data:</p> <ol style="list-style-type: none"> 1. WSHA-CMDC system: Hospitals submit Patient Discharge Administrative data and supplemental maternal and newborn data to WSHA-CMDC system which then calculates measure rates based on definitions below and provides secure web-interface for focused supplemental chart review where indicated for selected measures 2. WSHA-QBS system: Hospitals submit to WSHA-QBS System their own numerator and denominator values for each measure based on definitions below and internal hospital data analyst support and supplemental chart review where indicated OR based on hospital OB-COAP data consistent with numerator and denominator definitions below (data crosswalk in process) 						
Outcome Measure	Numerator Description	Denominator Description	Definition Source	Data Source	Numerator Specifications	Denominator Specifications
1. Nulliparous Term Singleton Vertex Cesarean Section Rate (NTSV) Unadjusted and Age-Adjusted NOTE: WSHA-QBS system will not be providing age adjusted rates	All cesarean deliveries among the denominator	Nulliparous (first birth) women \geq 37 weeks. Exclusions: breech or transverse presentation, preterm births, fetal deaths, and multiple gestations. When birth certificate data available add to exclusions: planned home birth or birthing clinic or transferred to hospital for higher level of care for maternal or fetal indications for delivery	Joint Commission PC-02 current for the time period Plus state additions to exclusion list re: planned place of birth and transfer to higher level of care when birth certificate data available	Hospital Patient Discharge Data Plus Gestational Age at Delivery, Parity and Maternal Age at delivery From either: Hospital supplemental data OR Birth Certificate data	Cases among the denominator who had cesarean delivery Included Populations: ICD-9-CM Principal Procedure Code or ICD-9-CM Other Procedure Codes for cesarean section as defined in Appendix A, Table 11.06: Excluded Populations: None	Nulliparous patients delivered of live term singleton newborn in vertex presentation. WSHA-CMDC: NTSV denominator cases are also divided into Joint Commission Age Range groupings for age adjusted rates WSHA-QBS: will not be providing age adjusted rates Included populations: -ICD-9-CM Principal or other diagnosis codes for pregnancy as defined in Joint Commission Appendix A, Tables 11.01, 11.02, 11.03, 11.04: -Nulliparous patients with ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for outcome of delivery as defined in Appendix A, Table 11.08 and with delivery of a newborn with 37 weeks or more of gestation completed Excluded populations: -ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes, for contraindications to vaginal delivery as defined in Appendix A, Table 11.09 -Less than 8 yrs of age -Greater than or equal to 65 yrs of age -Length of stay >120 days -Enrolled in clinical trials -Gestational Age < 37 weeks NOTE: SEE JOINT COMMISSION CODE TABLE APPENDICES FOR COMPLETE LIST OF CODES When birth certificate data available add to exclusions "Planned Birth Place, if different" = Home or Freestanding Birth Center (item 4b) and "mother was transferred to hospital for higher level of care for maternal or fetal indications for delivery" (item 45)

This document provides the "Nitty Gritty" for measure specification detail and is on WSHA's website

Presented at June 25, 2014 WSHA Roadmap Webinar: "Outcome Measure-Numerators and Denominators"



Terminology - Types of data

✓ *“PDD” – Patient Discharge Data:*

i.e., (ICD-9-CM codes, UB-04)

✓ *Core Clinical Data-Maternal:*

e.g., Parity, Gestational Age (weeks) at delivery

✓ *Core Clinical Data-Newborn:*

e.g., Linked Maternal and Newborn records, Birthweight, 5-minute Apgar Score

✓ *Supplemental-Optional and/or Chart Review Data:*

e.g., # of blood transfusions by type, number of ICU days, Severe range Blood Pressure confirmed, timely treatment of severe range blood pressure \leq 60 minutes



#1. Cesarean section rate for Nulliparous Term Singleton Vertex (NTSV) Deliveries (first delivery)

Based on Joint Commission Perinatal Care Core Measure PC-02 NTSV C-section measure and WA State definitions, ICD-9-CM codes and Core Clinical Data Maternal

Numerator Description	Denominator Description
All cesarean deliveries among the denominator	<p>Nulliparous (first delivery) women with gestational age at delivery \geq 37 weeks.</p> <p>Joint Commission Exclusions:</p> <ul style="list-style-type: none">• Breech or transverse presentations• preterm births < 37 weeks gestation• fetal deaths• multiple gestations (twins, etc.)

<p>Data Type and Elements:</p> <ul style="list-style-type: none">• Hospital Patient Discharge Data (PDD) including maternal DOB (used to calculate Maternal Age)• Core Clinical Data Maternal:<ul style="list-style-type: none">➤ Gestational Age at Delivery➤ Parity
--



#2. Cesarean section rate for Primary Term Singleton Vertex (TSV) Deliveries (first cesarean)

See Appendix for Primary Term Singleton Vertex Cesarean delivery rate

Numerator Description	Denominator Description
All cesarean deliveries among the denominator	Delivering women at ≥ 37 weeks gestational age who have not had a prior cesarean section. Exclude: <ul style="list-style-type: none">• breech and transverse presentations• preterm deliveries• fetal deaths• multiple gestations (twins, etc.)
Data Type and Elements: <ul style="list-style-type: none">• Hospital Patient Discharge Data (PDD)• Core Clinical Data Maternal:<ul style="list-style-type: none">➤ Gestational Age at Delivery	



#3.a. Cesarean section rate for Inductions of Labor in Nulliparous women ≥ 39 weeks gestation at delivery

Based on Safe Deliveries Labor Management Roadmap Measure: administrative, ICD-9-CM code, Core Clinical Data Maternal: Parity and Gestational age data

Numerator Description	Denominator Description
All cesarean deliveries among the denominator	Nulliparous women whose labor was induced with delivery ≥ 39 weeks gestation (Parity = 0)

- Data Type Elements:**
- Hospital Patient Discharge Data (PDD)
 - Core Clinical Maternal Data:
 - Gestational Age at Delivery
 - Parity



#3.b. Cesarean section rate for Inductions of Labor in Multiparous women ≥ 39 weeks gestation at delivery

Based on Safe Deliveries Labor Management Roadmap Measure: administrative, ICD-9-CM code, Core Clinical Data Maternal: Parity and Gestational age data

Numerator Description	Denominator Description
All cesarean deliveries among the denominator	Multiparous women whose labor was induced with delivery ≥ 39 weeks gestation (Parity ≥ 1)

Data Type and Elements:

- Hospital Patient Discharge Data (PDD)
- Core Clinical Maternal Data:
 - Gestational Age at Delivery
 - Parity



#4.a. Number of Maternal admissions to ICU per all deliveries \geq 20 weeks gestational age

Based on Safe Deliveries Labor Management Roadmap Measure: administrative, ICD-9-CM code, ICU Revenue codes or supplemental ICU data and Core Clinical Data Maternal: Gestational age at delivery

Numerator Description	Denominator Description
All maternal admissions to ICU anytime during delivery hospitalization among the denominator	Women with delivery at any gestational age \geq 20 weeks gestation

Data Type and Elements:

- Hospital Patient Discharge Data (PDD) Including Revenue Codes
- Supplemental maternal ICU admission data (if Revenue Codes need supplement)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery



#4.b. Number of Maternal ICU days per 100 deliveries \geq 20 weeks gestational age (Optional)

Based on Safe Deliveries Labor Management Roadmap Measure: administrative, ICD-9-CM code, ICU Revenue codes or supplemental ICU data and Core Clinical Data Maternal:
Gestational age at delivery

Numerator Description	Denominator Description
Number of ICU days among the denominator	Women with delivery at any gestational age \geq 20 weeks gestation, calculated per 100 delivering women

Data Type and Elements:

- Hospital Patient Discharge Data (PDD) Including Revenue Codes
- Supplemental maternal ICU days data (if Revenue Codes need supplement)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery



#5.a. Percent of delivering women who received a blood transfusion

Safe Deliveries Labor Management Roadmap Measure and Partnership for Patients Measure: administrative, ICD-9-CM codes and Core Clinical Data Maternal: Gestational age at delivery

Numerator Description	Denominator Description
Number of women who received any transfusion of blood products (RBC, FFP, Platelet packs, Cryoprecipitate) from among the denominator	Women who delivered at any gestational age ≥ 20 wks
Data Type and Elements: <ul style="list-style-type: none">• Hospital Patient Discharge Data (PDD) Including ICD-9-CM Procedure codes for any maternal blood transfusion• Core Clinical Data Maternal:<ul style="list-style-type: none">➤ Gestational Age at Delivery	



#5.b. Total number of blood products transfused per 1,000 delivering women \geq 20 weeks gestation at delivery **(Optional)**

Based on Safe Deliveries Labor Management Roadmap Measure harmonized with Partnership for Patients Measure: PDD with ICD-9-CM codes, Blood Transfusion Revenue codes or supplemental transfusion data and Core Clinical Data Maternal: Gestational age at delivery

Numerator Description	Denominator Description
Number of blood product units transfused (number by type of unit: RBCs, FFP, Platelet packs, Cryoprecipitate) from among the denominator	Women who delivered at any gestational age \geq 20 wks, calculated per 1000 delivering women

Data Type and Elements:

- Hospital Patient Discharge Data (PDD) Including Revenue Codes
- Supplemental maternal transfusion data (if Revenue Codes need supplement)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery



#5.c. Total number of massive blood transfusions (>= 4 units) per 1000 delivering women >= 20 weeks gestation **(Optional)**

Safe Deliveries Labor Management Roadmap Measure harmonized with Partnership for Patients Measure: administrative, ICD-9-CM code, Blood Transfusion Revenue codes or supplemental transfusion data and Core Clinical Data Maternal: Gestational age at delivery

Numerator Description	Denominator Description
Number of delivering women who received >= 4 units of blood products (RBC, FFP, Platelet packs, Cryoprecipitate) per 1000 delivering women at >= 20 weeks gestation	Women who delivered at any gestational age >= 20 wks.

Data Types and Elements:

- Hospital Patient Discharge Data (PDD) Including Revenue Codes
- Supplemental maternal transfusion data (if Revenue Codes need supplement)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery



#6.a. Percent of women with LOS > 4 days from delivery to discharge per women who delivered vaginally >= 20 weeks gestational age

Based on Safe Deliveries Labor Management Roadmap Measure: PDD with ICD-9-CM codes and discharge date, Core Clinical Data Maternal and Newborn: linked newborn date of birth and Gestational age at delivery

Numerator Description	Denominator Description
Number of women with LOS > 4 days from date of delivery to discharge date among the denominator	All delivering women >= 20 wks gestation who delivered vaginally

- Data Type and Elements:**
- Hospital Patient Discharge Data (PDD)
 - Core Clinical Data Maternal and Newborn:
 - Gestational Age at Delivery
 - Linked maternal-newborn records with newborn date of birth



#6.b. Percent of women with LOS > 6 days from delivery to discharge per women who delivered by cesarean section >= 20 weeks gestational age

Based on Safe Deliveries Labor Management Roadmap Measure: PDD with ICD-9-CM codes, and discharge date, Core Clinical Data Maternal and Newborn: linked newborn date of birth and Gestational age at delivery

Numerator Description	Denominator Description
Number of women with LOS > 6 days from date of delivery to discharge date among the denominator	All delivering women >= 20 wks gestation who delivered by cesarean section.

Data Type and Elements:

- Hospital Patient Discharge Data (PDD)
- Core Clinical Data Maternal and Newborn:
 - Gestational Age at Delivery
 - Linked maternal-newborn records with newborn date of birth



#7. Percent of Operative vaginal deliveries per all vaginal deliveries

Based on Safe Deliveries Labor Management Roadmap Measure: PDD with ICD-9-CM codes

Numerator Description	Denominator Description
Number of operative deliveries by forceps or vacuum from among the denominator	Number of vaginal deliveries.

Data Type and Elements:

- Hospital Patient Discharge Data (PDD)



#8. Unexpected Newborn Complications NQF 716

- Most important outcome for families having a birth is taking home a healthy baby

- Important Balance Measure for many obstetrical QI efforts:
 - WA State Labor Management work
 - WA State Bree goal to reduce Primary Cesarean Rates

- Originally developed by CMQCC

- Term Newborns without preexisting conditions who had severe or moderate complications
 - Excludes premies, multiple gestations, birth defects or other fetal conditions such as placental problems and growth restrictions, and affects from maternal medications/drugs (prescribed or not)

 - Measure reports 3 metrics: Total, Severe, and Moderate complications



#8. Unexpected Newborn Complications -NQF 716 (cont)

- Newborn Complication Sub-Categories (identified by specific diagnosis and/or procedure codes) :
- For Each Subcategory examples below are listed . See Appendix on WSHA website for complete list of conditions

Sub-category	Complication Diagnoses or procedures
Respiratory	severe hypoxia, hypoxic-ischemic encephalopathy (HIE), meconium aspiration with respiratory symptoms, continuous invasive mechanical ventilation, non-invasive mechanical ventilation-e.g. CPAP, 5 minute Apgar \leq 3
Infection	severe sepsis
Neurologic/ Birth Injury	subdural/cerebral hemorrhage, intra-ventricular hemorrhage, subarachnoid hemorrhage, convulsions in newborn, cerebral depression, newborn cardiac arrest, encephalopathy
Shock/ Resuscitation	cardiogenic shock, septic shock, acute kidney failure, arterial catheterization, cardiopulmonary resuscitation
Long LOS > 5 days (without clear diagnosis)	Long LOS > 5 days with Jaundice and social problems (e.g. adoption) excluded
Transfer to Higher Level of Care	Transferred to other hospital for higher level of care
Newborn Death in Liveborn	Identified by newborn discharge disposition



#9. Unexpected Newborn Complications (UNC)

per 1000 term live births without pre-existing conditions

Based on NQF 716 measure (v. 2.3 or most recent version): PDD with ICD-9-CM code, Core Clinical Data Newborn and Maternal: newborn birthweight, 5-minute Apgar score, 10-minute Apgar if available and Gestational age at delivery

Numerator Description	Denominator Description
<p>Number of term neonates with any unexpected newborn complications (Total UNC) among the denominator</p> <ul style="list-style-type: none">• Subgroup A: with any severe UNC among the denominator• Subgroup B: with any moderate UNC among the denominator	<p>Liveborn Inborn Term neonates w/o preexisting conditions calculated per 1000 livebirths:</p> <p>Exclude – preterm, <2500gm, multiple gestations, all congenital anomalies, other fetal and placental conditions, exposure to maternal drug use (prescribed or illicit)</p>
<p>Data Type and Elements:</p> <ul style="list-style-type: none">• Hospital Patient Discharge Data (PDD)• Core Clinical Data Maternal and Newborn:<ul style="list-style-type: none">➤ Gestational age at delivery➤ Linked maternal-newborn record➤ Newborn birthweight➤ 5 minute Apgar (10 minute Apgar optional)	





Revised Specifications v2.3

NQF #716: Unexpected Newborn Complications (aka Healthy Term Newborn)

Figure 1: Denominator Inclusions

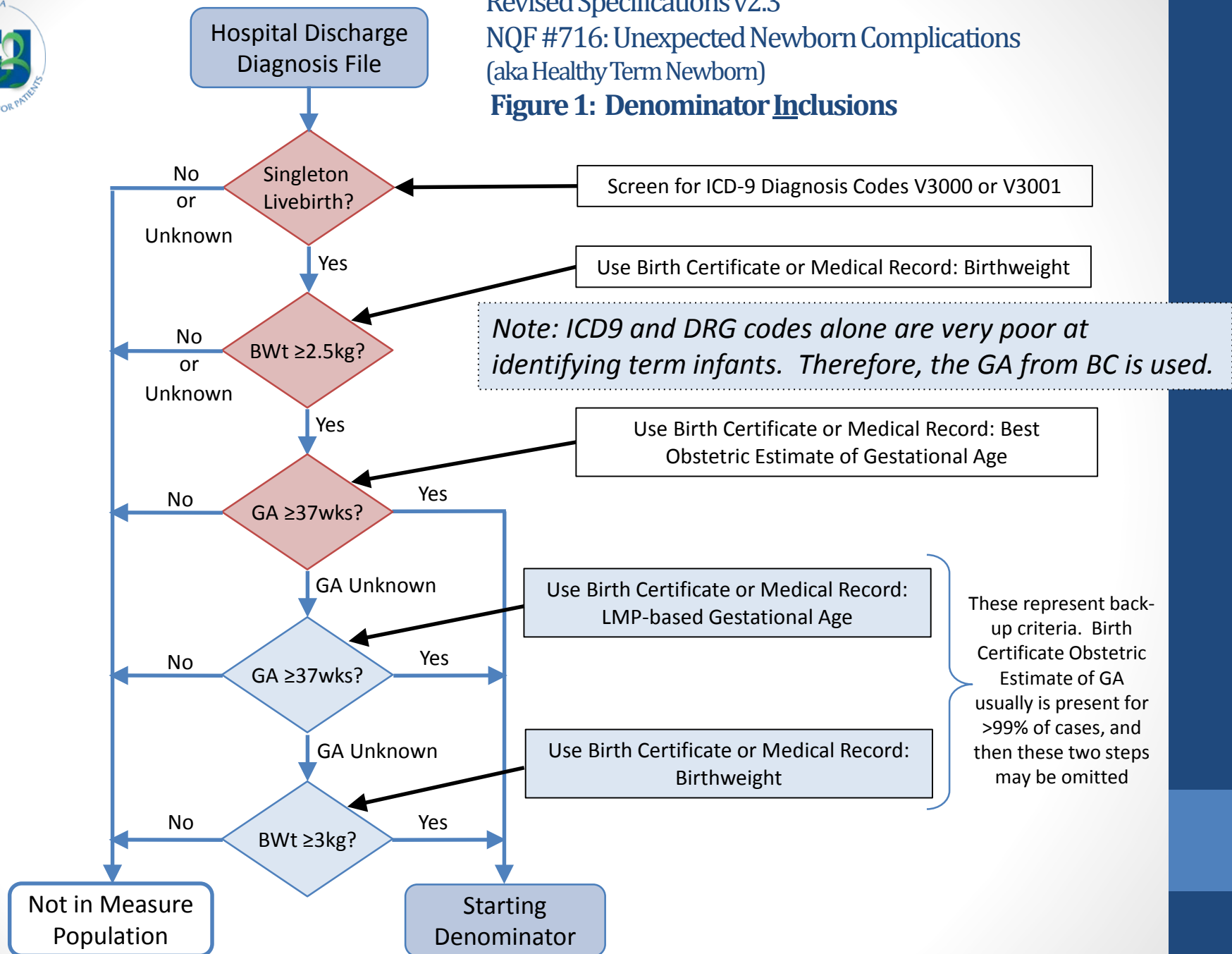
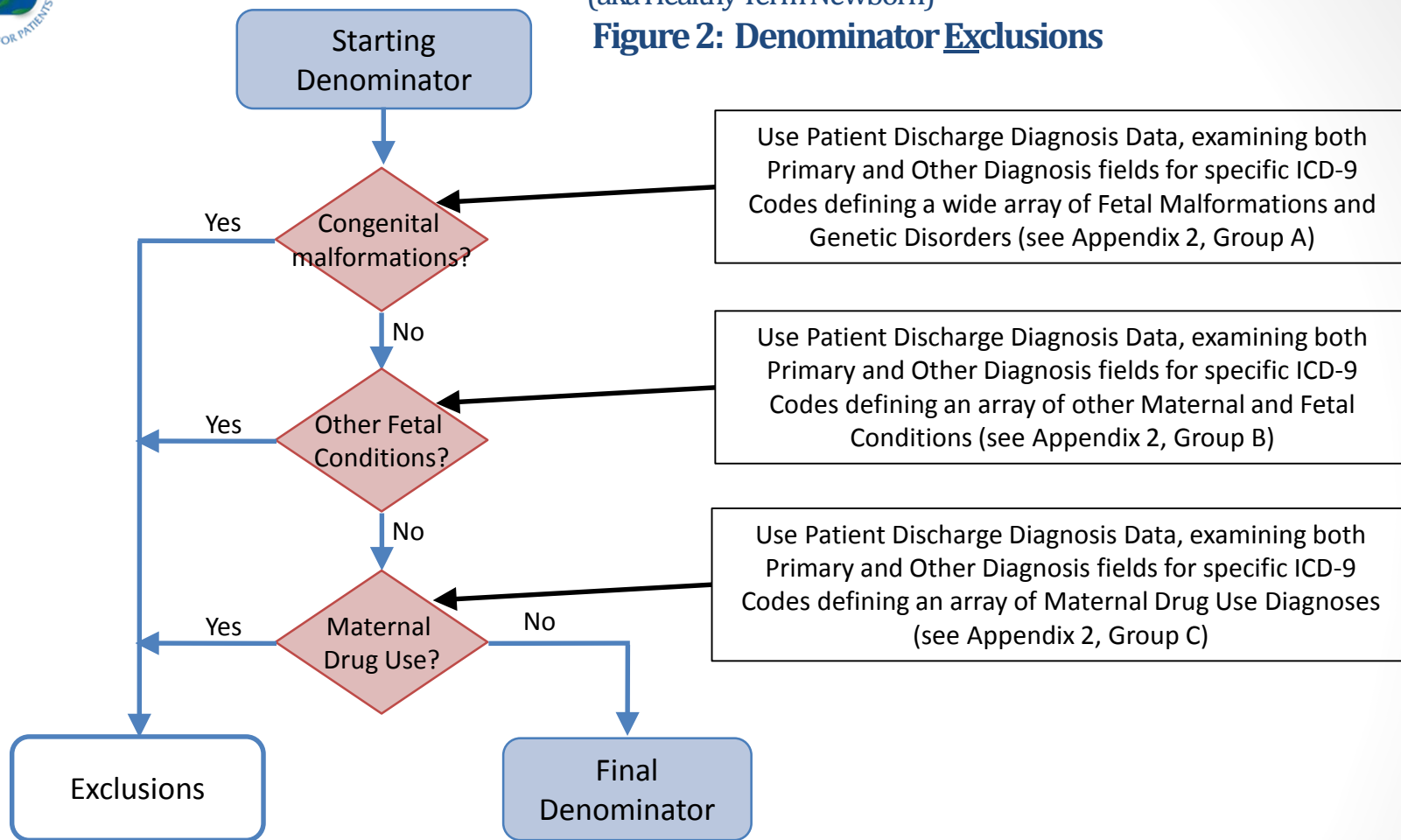




Figure 2: Denominator Exclusions



In summary, the Final Denominator excludes most serious fetal conditions that are “preexisting” (present before labor), including: prematurity, multiple gestations, poor fetal growth, congenital malformations and genetic disorders, other specified fetal and maternal conditions and maternal drug use.



Revised Specifications v2.3

NQF #716: Unexpected Newborn Complications (aka Healthy Term Newborn)

Figure 3: Numerator Inclusions: Severe Complications

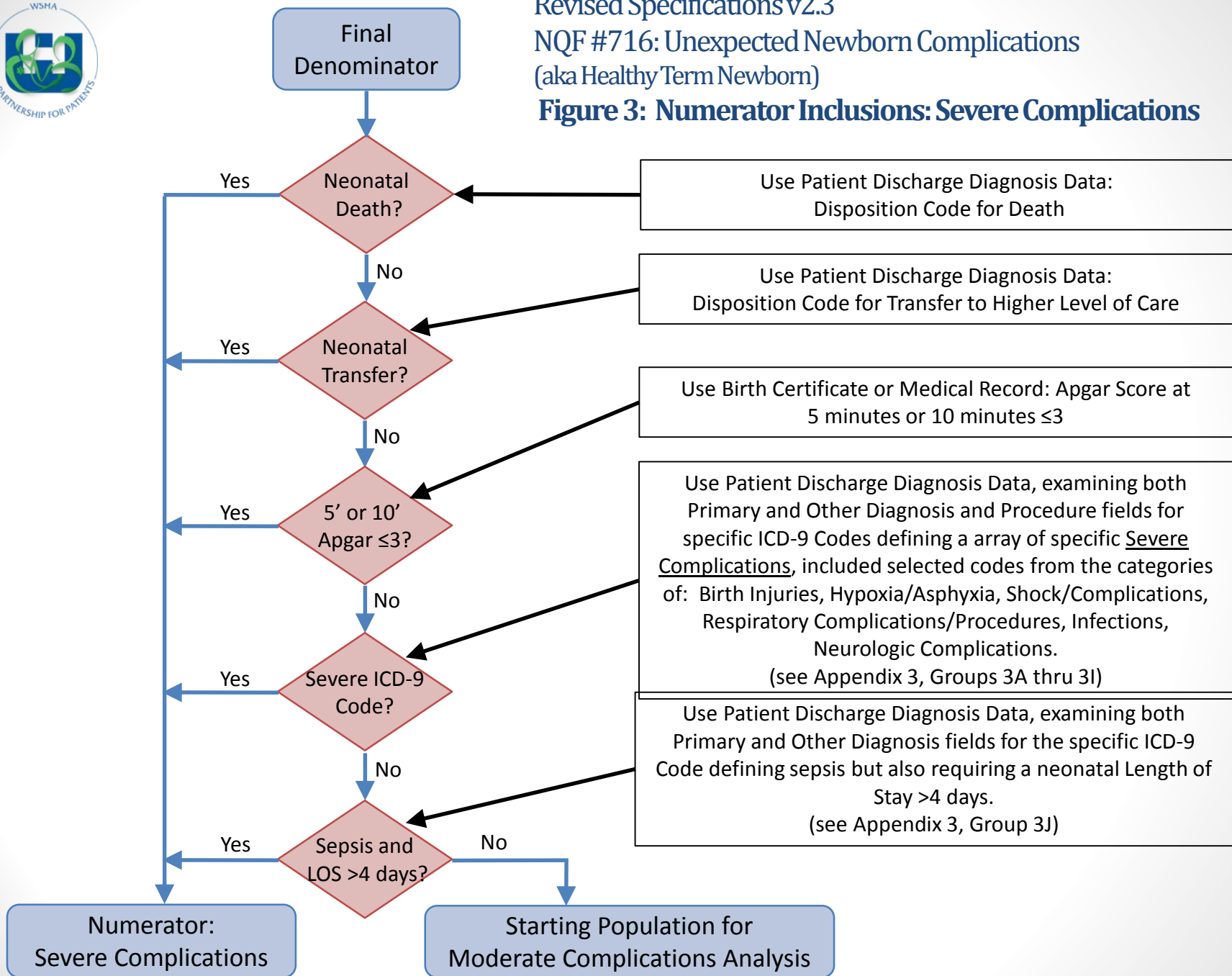
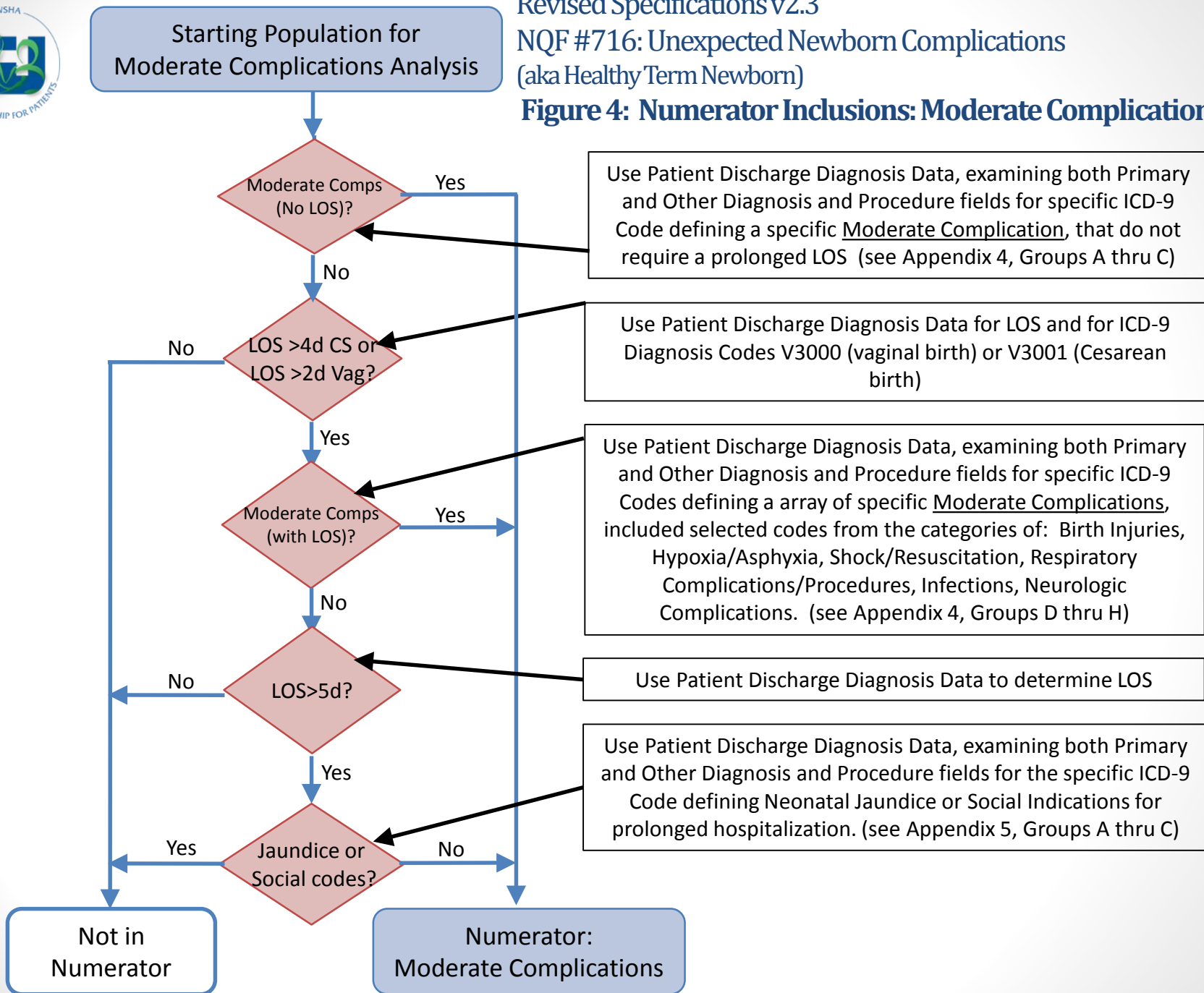




Figure 4: Numerator Inclusions: Moderate Complications



#9.a. Percent with diagnosis of Preeclampsia who have an Admission to ICU

2014 WSHA-Partnership for Patients: PDD with ICD-9-CM codes, Revenue code for ICU or Supplemental data for ICU stay and Core Clinical Data Maternal: Gestational age at delivery

Numerator Description	Denominator Description
Number of delivering patients with any admission to ICU with preeclampsia diagnosis from among the denominator	<p>All women giving birth \geq 20 weeks with any diagnosis code for Preeclampsia, Severe preeclampsia , or preeclampsia superimposed on pre-existing HTN</p> <p>Exclude women with gestational Hypertension or Chronic Hypertension without superimposed preeclampsia (see Measures specifications document for code details)</p>

Data Type and Elements:

- Hospital Patient Discharge Data (PDD) Including Revenue Codes
- Supplemental maternal ICU admission data (if Revenue Codes need supplement)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery



#9.b. Preeclampsia: Number of ICU days per 100 delivering women \geq 20 weeks gestation with a diagnosis of Preeclampsia (Optional)

2014 WSHA-Partnership for Patients: PDD with ICD-9-CM codes, Revenue code for ICU or Supplemental data for ICU days and Core Clinical Data Maternal: Gestational age at delivery

Numerator Description	Denominator Description
Total Number of ICU days from patients among the denominator	All women giving birth \geq 20 weeks with any diagnosis code for Preeclampsia, Severe preeclampsia , or preeclampsia superimposed on pre-existing HTN Exclude: women with gestational Hypertension or Chronic Hypertension without superimposed preeclampsia (see Measure specifications document for code details)

Data Type and Elements:

- Hospital Patient Discharge Data (PDD) Including Revenue Codes
- Supplemental maternal ICU admission data (If Revenue Codes need supplement)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery



9.c. Percent of Severe Maternal Morbidity among all delivering women with a diagnosis of Preeclampsia

(Severe Morbidity is based on ICD-9-CM codes typical of an ICU admission)

Numerator Description	Denominator Description
Total Number with Severe Maternal Morbidity from patients among the denominator	All delivering women with any diagnosis code for Preeclampsia, Severe preeclampsia , or preeclampsia superimposed on pre-existing HTN Exclude: women with gestational Hypertension or Chronic Hypertension without superimposed preeclampsia (see Measure specifications document for code details)

Data Type and Elements:

- Hospital Patient Discharge Data (PDD)



10. Percent with Timely Treatment for Severe Range Blood Pressure in delivering women ≥ 20 wks gestation

2014 WSHA Partnership for Patients Process Measure: PDD with ICD-9-CM codes, Core Clinical Data Maternal: Gestational age and Chart Review confirming severe range BP and timely appropriate treatment with first-line medications

Numerator Description – with Chart Review	Denominator Description – with Chart Review
Number with timely ≤ 60 minutes with appropriate treatment of first-line medications: (IV labetalol or IV hydralazine or ponifedipine or labetalol if IV access not established)	All women giving birth ≥ 20 weeks with any diagnosis code for Preeclampsia, Severe preeclampsia , or preeclampsia superimposed on pre-existing HTN AND Chart Review confirmation of Severe Range BP measurement x2 at least 15 minutes apart: ≥ 160 systolic or ≥ 110 diastolic Exclude: women with gestational Hypertension or Chronic Hypertension without superimposed preeclampsia (see Measure specifications document for code details)

Data Type and Elements:

- Hospital Patient Discharge Data (PDD)
- Core Clinical Data Maternal:
 - Gestational Age at Delivery
- Chart Review



Internal Process for Chart Reviews:

Confirmation of Severe Range BP and timely treatment (for non WSHA-CMDC hospitals)

- Hospitals design internal process
- Identify cases by ICD-9-CM code list definitions
- Pull cases – do chart reviews
- Hospital average # of cases estimate based on CHARS data
- 5-6 cases per month average -- many hospitals had fewer than this based on CHARS data
- Submit chart review results monthly (numerators and denominators to WSHA-QBS)



Time Line & Next Steps



Time Line

- Data submission begins August 20, 2014
- Data submission is monthly (60 days after the end of month)
- Baseline (optional) and May data submitted in August (60 days after the month)



AND, THEY'RE OFF!



Next Steps

- Set up internal processes to capture and submit labor management roadmap measure numerators and denominators
- Future Webinar on WSHA Quality Benchmark System (QBS) and user interface structure



Questions ?

Mara Zabari: maraz@wsha.org

206-216-2529

Suzan Walker: suzanw216@gmail.com

