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

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Division of Family Health
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

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

Participating hospitals are required to review medical records for all scheduled deliveries 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**.

*Ccase 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*:  
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.
<table>
<thead>
<tr>
<th><strong>New York State Perinatal Quality Collaborative – Scheduled Delivery Form</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Delivery Form – page 1</td>
</tr>
</tbody>
</table>

### A. Patient Demographics

- **1. Permanent Facility Identifier (PFID):** [Enter PFID]
- **2. Facility Name:** [Enter Facility Name]
- **3a. Sequence Number:** [Enter Sequence Number]
- **3b. System ID:** [Enter System ID]
- **4. Admit Date (Month and Year):** [Enter Date]
- **5. Maternal Age:** [Enter Age]

### B. Clinical Data

- **12. Final Gestational Age at Delivery:** [Enter Weeks and Days]
- **13. Was gestational age documented in the chart?** [Yes/No]
- **14. Was gestational age of less than 20 weeks confirmed?** [Yes/No]
- **15. Fetal heart tones documented for: 30 weeks by Doppler sonography: 36 weeks since positive serum PAPP-A human chorionic gonadotropin pregnancy test result:** [Yes/No]
- **16. Was fetal lung maturity documented by amniocentesis?** [Yes/No]
- **17. Was Bishop Score of cervix status for greater than a primigravida birth mother or 6 or greater for a multigravida birth mother?** [Score 8 or greater, not measured or cannot be calculated]

### Patient Counseling

- **18a. Was there documentation in the medical record that the maternal and fetal risks and benefits of scheduled delivery were discussed with the mother?** [Yes/No]
- **18b. Was there documentation in the medical record of the mother’s preferred language?** [Yes/No]
- **18c. Was patient education provided to the mother in her preferred language?** [Yes/No]

### Reason for Scheduled Delivery

- **19a. Was there documentation in the medical or prenatal record of the primary reason for scheduled delivery?** [Yes/No]

### Maternal Risers for Scheduled Delivery

- **20. Premature rupture of membranes:** [Yes/No]
- **21. Prolonged rupture of membranes:** [Yes/No]
- **22. Chorioamnionitis:** [Yes/No]
- **23. Placenta previa/Anus press:** [Yes/No]
- **24. Gestational hypertension:** [Yes/No]
- **25. Hematological condition:** [Yes/No]
- **26. Active genital herpes infection:** [Yes/No]
- **27. Prior vertical incision:** [Yes/No]
- **28. Prior cesarean:** [Yes/No]
- **29. Prior gestational diabetes:** [Yes/No]
- **30. Prior pulmonary complications:** [Yes/No]
- **31. Other:** [Specify]

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NYFQSC Scheduled Delivery Form. Medical Record notes for site use only. Use only Internal Delivery. Revision Date: 6-30-2014

Department of Health
Scheduled Delivery Form – page 2
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:
  1) 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:
  1) 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

*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.

*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 https://commerce.health.state.ny.us/, 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
• 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

<table>
<thead>
<tr>
<th>A. Patient Demographics</th>
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<tbody>
<tr>
<td>4a. Month of Maternal Admission to the Hospital</td>
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<tr>
<td>Year of maternal admission to the hospital (YYYY)</td>
</tr>
<tr>
<td>5. Maternal age on the date of admission in years</td>
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<tr>
<td>6. NOTES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivery Type</th>
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</thead>
<tbody>
<tr>
<td>7. Vaginal</td>
</tr>
<tr>
<td>8. Cesarean</td>
</tr>
<tr>
<td>9. Induced Labor</td>
</tr>
<tr>
<td>10. Patient ethnicity</td>
</tr>
<tr>
<td>11. Patient Race</td>
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<tr>
<td>12. Primary insurer</td>
</tr>
</tbody>
</table>
• 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

• The time period is for the month of data being submitted, NOT the month you are submitting the data in.

• Example: Choose "Monthly: 07/01/2015 12:00AM" for the data entry of July 2015 data.
• 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”
• After saving, click “Review & Submit”
• 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
Next Steps

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

• Send your HCS User ID to the NYSPQC@health.ny.gov mailbox for our records
Next Steps

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

1) E-mail NYSPQC@health.ny.gov in order to receive information regarding applying for an account.

2) Once HCS account information is received, please contact NYSPQC@health.ny.gov with the account information, and for further instructions related to role assignment.
Next Steps

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.
Next Steps

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.
Next Steps

• 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
Dsrip@health.ny.gov
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/