

# OPQC: Decreasing births < 39 weeks gestation without medical indication and improving birth registry accuracy project



## Aim

In 9 months, improve birth registry accuracy so that focused variables\*\* will be transmitted accurately in 95% of records

(\*\* Pre-pregnancy and Gestational Diabetes; Pre-pregnancy and Gestational hypertension; Induction of Labor; ANCS; OB estimate of GA)

## Key Drivers

- Strong communication between clinical team and birth data staff
- Trained clinical and birth data teams
- Audit Process for data verification
- Appreciation of the Importance of the Birth Registry information
- IPHIS (BR) fields include essential and specific information/definitions
- Identification and spread of best practices for data entry and verification

## Interventions

- Identify a key clinical contact for birth data team
- Identify all sources of birth data
- Identify process for flow of data into the birth registry (IPHIS) system
- Ensure birth data team has access to necessary clinical data
- Utilize ODH and OPQC online education modules for training of birth data and nursing staff
- Ensure clear understanding of birth registry variables
- Ensure clear understanding by birth data team of medical terminology related to birth registry variables
- Coaching/reinforcement by OPQC and state quality coordinators
- Use medical record to IPHIS quality review feedback to identify gaps
- Continuous monitoring of Birth Registry data reports
- Clarify IPHIS definitions and instructions
- Group and individual webinars and 1:1 support by state quality coordinators to identify key changes

