OREGON HEALTH CARE QUALITY CORPORATION

THE OREGON MATERNAL DATA CENTER (OMDC)

A statewide initiative of Q Corp, the March of Dimes and the Oregon Perinatal Collaborative

FAQ for Hospitals

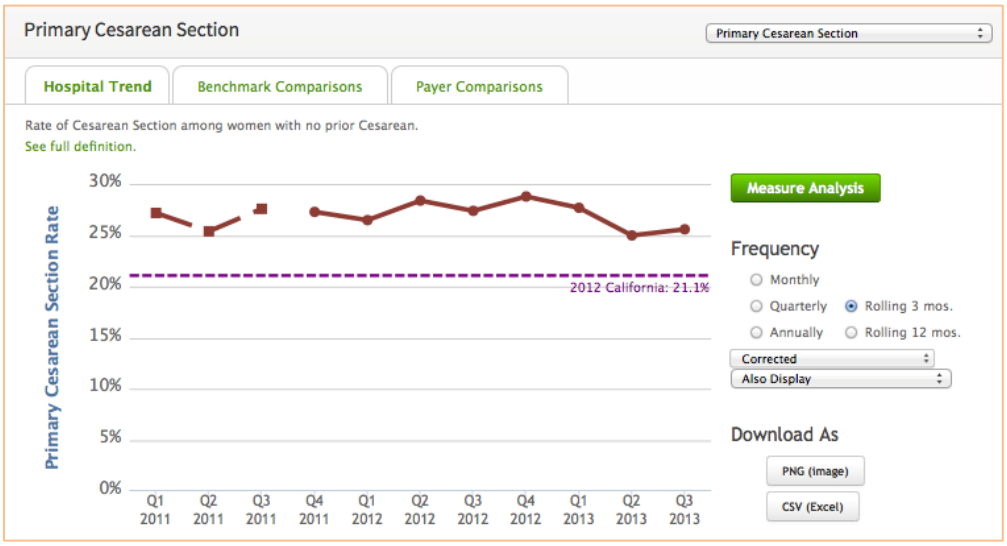
What is the Oregon Maternal Data Center?

The Oregon Maternal Data Center (OMDC) is a dynamic, Web-based tool launched in 2015 that helps hospitals calculate, report and *improve* performance, in a way that is low-burden and low cost. Participating hospitals submit patient discharge data—that they already collect—along with a limited set of clinical data to the OMDC's secure website, which automatically generates a wide range of perinatal performance metrics and patient-level drill-down information.

Q Corp and the March of Dimes are the lead sponsors for the OMDC. Q Corp manages the development, hospital enrollment and operations of the OMDC. Details on how to enroll are below. Seventeen Oregon hospitals covering just under 50% of Oregon births are currently submitting data to the OMDC, with several more anticipated by the end of 2016.

The backbone of the OMDC is based on the California Maternal Data Center (CMDC), designed by Dr. Elliott Main and colleagues at the California Maternal Quality Care Collaborative (CMQCC), housed at Stanford University. Q Corp has contracted with CMQCC to license the CMDC for use in Oregon. A sample screen shot from CMDC is provided below. For more information and to see a full demo of the CMDC please visit: https://www.cmqcc.org/maternal-data-center

Screen Shot from the CMDC for the Primary Cesarean Section Rate



What are the benefits to participating in the OMDC?

Fingertip Access to Perinatal Quality Metrics and Patient-Level Drill Down Data. Clinical and quality departments will have "on-demand" access to perinatal data via the OMDC website. The OMDC not only enables hospitals to drill down from the overall performance metric to the patient level, it also provides "Measure Analysis" tools for the *Elective Delivery* and *C-Section* measures to help hospitals identify their unique quality improvement opportunities. (See attached list of over 40 measures and statistics included).

Provider-Level Metrics. Hospitals receive provider-specific rates for 11 different measures, including the two Joint Commission (TJC) measures that are part of the AMA-PCPI maternity care measure set. These provider-level metrics can be used for the Ongoing Physician Practice Evaluation (OPPE) standard required by TJC.

Benchmarking. Hospitals receive detailed benchmarking data to compare your facility to regional, statewide, like-hospital and system averages. These benchmarks are based on participating hospitals.

Identifying Data Quality Issues that Impact Performance Results. The quality of a hospital's data can have a substantial impact on TJC measure performance and emerging public reporting initiatives. Hospitals receive data quality metrics to identify hospital-specific coding issues that affect their measure results. Hospitals can drill down to patient-level information to inform discussion and education of coders and birth clerks.

Facilitated Performance Reporting. OMDC can facilitate reporting of perinatal care metrics to CMS' Inpatient Quality Reporting Program, the Leapfrog Group, and the Oregon Partnership for Patients program.

Population-Based Metrics. Many hospitals choose to calculate their TJC perinatal measures based on samples of patients to minimize data collection burden. However, sample-based rates can easily be skewed. By combining your hospital discharge data with birth certificate data, OMDC calculates the TJC perinatal measures based on the entire population of deliveries and reduces data collection burden. These population-based results are more robust and more meaningful to providers.

How is Data Submitted and Protected?

Hospitals upload patient discharge data (routinely collected for OAHHS reporting) and a limited set of key "birth" data elements directly to the secure OMDC website, within 45 days of the end of each month. Most measures can be calculated based on the standard elements, however, 13 measures require additional optional fields which can be supplied via chart review within the MDC or by submission of supplemental data files. Required birth data elements include:

Maternal Data

- Medical Record Number (MRN)
- Discharge Date
- Maternal Date of Birth

Newborn Data

- Newborn MRN
- Newborn Discharge Date
- Newborn Date of Birth

- Obstetric Estimate of Gestational Age
- Parity
- NPI of Delivering Provider
- Birthweight
- 5 Minute Apgar Score
- Maternal MRN

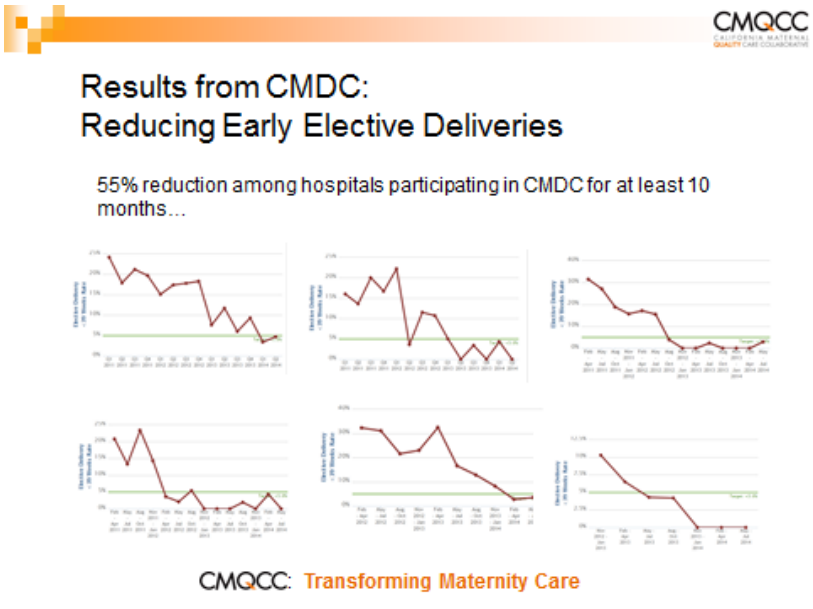
The OMDC instantaneously links the data sets to generate the perinatal data and reports. All data uploading, linkage and reporting takes place via the OMDC's secure web-based tool, housed in dedicated server environments maintained by Stanford University's School of Medicine, Information, Resources and Technology (Med-IRT) Group. Using state of the art encryption technology, all patient-level data is fully secured and visible only to authorized staff from the hospital of submission. Authorized hospital users need a reasonable internet connection and a browser running Internet Explorer 8 or higher, or current versions of Chrome or Firefox. (Please note that Windows XP is not supported by the OMDC website.)

User experience with the CMDC has shown that data submission requires only 2-8 hours/month per hospital, dependent on delivery volume and optional measures the hospital chooses to calculate, after an initial 40 hours of set up and training time. A Participation and Business Associate Agreement defines the legal, security and confidentiality requirements implemented by the OMDC and hospitals. Q Corp processes and maintains all OMDC legal agreements.

What are the results and experiences from current CMDC users?

In addition to the 17 hospitals enrolled in Oregon, the CMDC is in use in over 100 hospitals in California. There are also over 30 hospitals enrolled via the Washington State Hospital Association. Here's a glimpse of QI results and user experience:

- *We are surprised and delighted with the ease of submitting our monthly data to the CMDC. In less than ten minutes, we are able to submit the data, and receive an almost immediate response as to any missing or conflicting information. We then investigate the small number of cases that fall out, resubmit the corrected information, and have quick access to our quality metrics, patient and provider-level data, and benchmarking. Never have we had such easy access to such rich data.* Shelora Mangan, Perinatal Clinical Nurse Specialist, Legacy Health

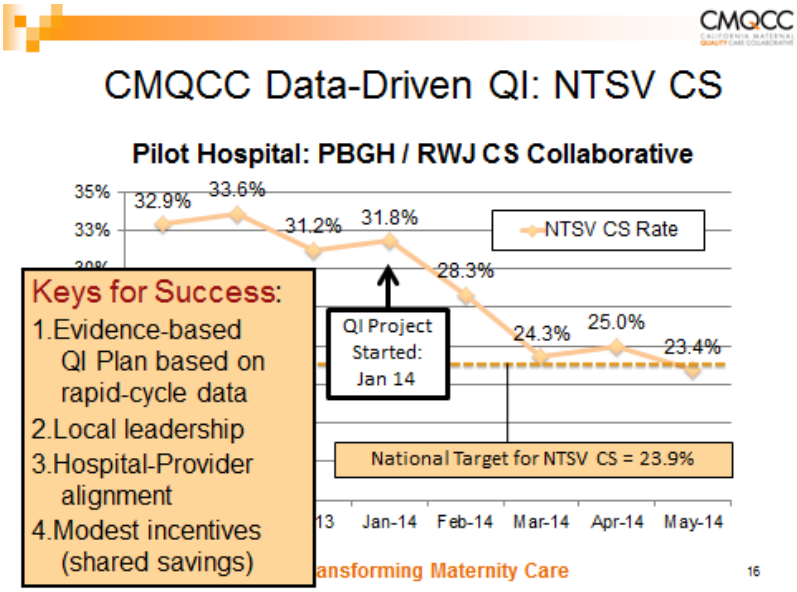


- *CMDC has helped us improve our 39 week elective deliveries. We went from 22 percent to 5 percent by getting accurate data and this team helped us to keep focused…* Debbie Groth, Director, Maternal and Child Health, El Camino Hospital, Mountain View

- *This is one of the easiest to use, comprehensive quality*

improvement tools I have ever seen. David Lagrew MD, Chief Integration and Accountability Officer, Memorial Care Health System

- *I absolutely love the richness of this data that we can take to our medical staff and administrative team to see how well we are doing and where we need to focus on our quality improvement.* Kristi Gabel, Perinatal CNS, Sutter Roseville Medical Center



- *Learning to gather this data and having it processed for us is invaluable. It's still opening magic doors for me.* Wanda Jeavons, Doctors Medical Center, Modesto

- *We are loving the CMDC! It has truly expanded our quality reporting and ongoing analysis.* Cynthia Fahey, MSN, RN, Clinical Quality Coordinator, Community Memorial Hospital, Ventura

What are the fees for participation in the OMDC?

Please see the "2016 Features, Enrollment Steps and Fees" document for a full breakdown of current participation fees.

How does my hospital enroll in the OMDC?

Step 1	**Contact Q Corp staff: Betsy Boyd-Flynn or Meghan Haggard.**
Step 2	**Appoint key project contacts for the OMDC** Upon deciding to participate, contact Q Corp to designate a project administrator and the key staff person in charge of uploading patient discharge data.
Step 3	**Sign the Participation and Business Associate Agreement** Q Corp will email the necessary legal agreements, which establish the rights and responsibilities of the hospital, CMQCC and Q Corp. Ask authorized hospital personnel to review, sign and return the agreements to Q Corp. Legal agreements are expected to be available February 2015.
Step 4	**Pay hospital enrollment fees to Q Corp** Q Corp will mail hospital invoices upon receipt of signed legal agreements. Once fees are paid, access with be granted to the OMDC tool.
Step 5	**Submit data** ▪ Upload Patient Discharge Data (PDD) and clinical data elements to the OMDC on a monthly basis to receive rapid-cycle data.

	▪ Q Corp/CMQCC will provide data specifications to guide the data submissions. ▪ For the optional perinatal measures, review the small set of measures and records that require chart-based data.
Step 6	**Participate in a training session for the OMDC Tool** Following data submission, CMQCC/Q Corp will schedule a 1.5 hour training for your team on using the application. After the training, you're set to use the results to target your unique clinical and data quality improvement activities.

For More information about OMDC, Contact

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Hospital Account Metrics—OMDC

	Measure	Patient Level Drill Down	Provider Level Rates	Hospital-Level Rates	Averages-System, Nursery & Region
Clinical Quality	Elective Delivery <39 Weeks (PC-01, CMS IQR, HEN, LF)*	✓	✓	✓	✓
	Episiotomy Rate (NQF, LF)	✓	✓	✓	✓
	Cesarean Section—Nulliparous, Term, Singleton, Vertex (PC-02, LF, RM)	✓	✓	✓	✓
	Cesarean Section—Nulliparous, Term, Singleton, Vertex, Age Adj.	✓		✓	✓
	Cesarean Section—Term, Singleton, Vertex (AHRQ IQI 21)	✓		✓	✓
	Cesarean Section—Primary (AHRQ IQI 33, RM)	✓	✓	✓	✓
	Cesarean Section-Primary (Standard)	✓	✓	✓	✓
	Cesarean Rate—Total	✓	✓	✓	✓
	Induction Rate*	✓	✓	✓	✓
	Failed Induction Rate*	✓	✓	✓	✓
	Appropriate DVT Prophylaxis in Women Undergoing C-Section (LF)*	✓		✓	✓
	Operative Vaginal Delivery (RM)	✓	✓	✓	✓
	Exclusive Breastmilk Feeding*	✓		✓	✓
	3rd/4th Laceration-All Vaginal Deliveries	✓	✓	✓	✓
	3rd/4th Laceration-Vaginal Delivery w/ Instrument (AHRQ PSI 18)	✓		✓	✓
	3rd/4th Laceration-Vaginal Delivery w/o Instrument (AHRQ PSI 19)	✓		✓	✓
	Vaginal Birth After Cesarean (VBAC), (AHRQ IQI 34/22)	✓	✓	✓	✓
	Newborn Bilirubin Screening Prior to Discharge (LF)*	✓		✓	✓
	Birth Trauma - Injury to Neonate (AHRQ PSI 17)	✓		✓	✓
	Unexpected Newborn Complications (NQF, RM)	✓		✓	✓
	Antenatal Steroids (PC-03, LF)*	✓		✓	✓
	VLBW (<1500g) NOT delivered at a Level III NICU (NQF)	✓		✓	✓
	OB-Hemorrhage: Total Transfusions (HEN, RM)*	✓		✓	✓
	OB-Hemorrhage: Massive Transfusions (HEN, RM)*	✓		✓	✓
	Timely Treatment for Severe HTN (HEN)*	✓		✓	✓
	ICU Days with Pre-eclampsia (HEN, RM)	✓		✓	✓
	ICU Admissions with Pre-eclampsia (HEN, RM)	✓		✓	✓
	Severe Maternal Morbidity: Overall, Hemorrhage, Preeclampsia	✓		✓	✓
	C-section rate for inductions of labor in Nulliparous women (RM)*	✓		✓	✓
	C-section rate for inductions of labor in Multiparous women (RM)*	✓		✓	✓
	Maternal Admission to ICU >= 20 wks gestation (RM)	✓		✓	✓
	Percent of maternal blood transfusions per 100 deliveries (RM)*	✓		✓	✓
Data Quality	APGAR Score of 0	✓	✓		✓
	Missing / Inconsistent Birth Weight (among <2500g)	✓	✓		✓
	Missing / Inconsistent Gestational Age (among <37w)	✓	✓		✓
	Missing / Inconsistent Transfusion Coding		✓		✓
	ICU Admission Rate among Severe Morbidity Cases	✓	✓		✓
	Mothers not Identified as Joint Commission Deliveries	✓	✓		✓

	Measure	Patient Level Drill Down	Provider Level Rates	Hospital-Level Rates	Averages-System, Nursery & Region
	Unlinked Mothers	✓	✓		✓
Hospital Statistics	Total Live Births	✓		✓	✓
	Maternal Age Distributions	✓		✓	✓
	Payer Distributions	✓		✓	✓
	Pre-Pregnancy BMI	✓		✓	✓
	Parity Distributions	✓		✓	✓
	Multiple Gestation Distributions	✓		✓	✓
	Shoulder Dystocia Rates	✓		✓	✓
	Method of Delivery Distributions	✓		✓	✓
	Incidence of Diabetes	✓		✓	✓
	Incidence of Hypertension	✓		✓	✓
	Incidence of Hemorrhage			✓	✓
	Incidence of PROM	✓		✓	✓
	Gestational Age Distributions	✓		✓	✓
	Birth Weight Distributions	✓		✓	✓
	Total Preterm Birth Rate	✓		✓	✓
	Preterm Birth Components (GA/Plurality Breakdowns)	✓		✓	✓
	Neonatal Abstinence Syndrome	✓		✓	✓
	APGAR Score < 7	✓		✓	✓
	LOS for Uncomplicated Vaginal Deliveries	✓		✓	✓
	LOS for all Vaginal Deliveries	✓		✓	✓
	LOS for Uncomplicated Cesarean Sections	✓		✓	✓
	LOS for All Cesarean Sections	✓		✓	✓

*****This measure requires supplemental data submissions—in addition to the "core" required files—in order to calculate in the Maternal Data Center. Supplemental data may be provided via additional electronic files or via manual data entry within MDC provided chart review worksheets.

Acronyms

PC: Joint Commission Perinatal Care Measure Set
LF: Leapfrog Group
CMS IQR: CMS Inpatient Quality Reporting Program
CPMS: California Partnership for Maternal Safety
RM: Roadmap Measure (used in Washington)
AHRQ PSI: Agency for HealthCare Research and Quality Patient Safety Indicator
AHRQ IQI: Agency for HealthCare Research and Quality Inpatient Quality Indicator
NQF: National Quality Forum