

The following is an example of the form and format to be used when reporting a quality improvement activity.

District Quality Improvement Activity Form Example

Activity Number: 003 Initial Submission: 2003 Q1 Continued: Yes Discontinued:	Activity Name: VLBW Deliveries at non high-risk facilities.	By Whom or How was issue / concern identified: QI Committee / Administration
--	---	--

Overview of Activity: The QI Committee reviewed statistics presented at the August 2002 committee meeting for FYI 2000 and FYI 2001 program data. It was noted at this time that an overall decrease in LBW and preterm deliveries had occurred from one year to the next, however the percentage of these deliveries being VLBW deliveries increased in both districts. The QI committee recommended requesting data from the state to determine if there was a statewide trend. Sue requested and received masked data from the other State programs, which confirmed a statewide trend for increased VLBW deliveries as a total percentage of LBW deliveries. This data comparison was presented at the November 2002 committee meeting and Sue expressed interest in conducting a focused review of the VLBW population, this idea was supported and quality indicators were identified. The plan at this time was to develop an auditing tool for presentation at the next quality committee meeting. This review would be conducted to evaluate trends in VLBW deliveries, in particular the site of delivery and determine intervention strategies, as determined appropriate.

Numerator N/A D0- LBW 2000 = 12% 2001 = 9.4% D0- VLBW 2000 = 13% OF LBW 2001 = 20% OF LBW	Denominator D0- LBW 2003 - 10.92% D0- VLBW 2003 - 13.67% of LBW D0 - 2003 HR Facility delivery of VLBW = 50%	Baseline VLBW = 20% of LBW FYI 2001 VLBW 63% at HHS 10% at UAB = 73% at subspecialty care facility. FYI 2001 VLBW 9% of the total program VLBW deliveries occurred outside of a high risk facility in D1 FYI 2003 VLBW	Benchmark: Alabama Medicaid Agency = 15% of LBW population is VLBW. “VLBW neonates should be delivered in a subspecialty care facility whenever possible.” Perinatal Standards of Care Fifth Edition, Page 163	Measurement Period: April through June 2004. July-September 2004 October-December 2004 Jan - Mar 2005 March 2005 – October 2005
---	---	---	--	---

Description of Population: Medicaid eligible women enrolled in the Program.	Sample Size: 100% of VLBW deliveries occurring outside of a recognized high-risk facility. (HHS or UAB)	Sampling Methodology: <input type="checkbox"/> Medical Record reviews	Data Collection Method <input type="checkbox"/> Administrative <input type="checkbox"/> MRR
---	---	---	--

			<input type="checkbox"/> Claims <input type="checkbox"/> Other, explain
--	--	--	--

<p>Why is Activity Relevant? Medical Record Review of the VLBW deliveries occurring at non high-risk facility will determine if any trends exist. If trends are identified these can be addressed, which could potentially contribute to an increase in the number of VLBW occurring at high-risk facilities. Increasing the number of VLBW deliveries occurring at subspecialty care facilities ensures optimal care delivery resulting in improving neonatal outcomes and decreased cost to the State of Alabama.</p>	
<p>Opportunities for Program / Activity Improvement See above (Why is Activity Relevant?)</p>	<p>Barriers</p> <ol style="list-style-type: none"> 1. Timeliness of notification of VLBW deliveries. 2. Access to medical records for out of network high risk services i.e. UAB.

Interventions (number each step)	Timeline	Desired Outcome
<ol style="list-style-type: none"> 1. Develop a tool based on quality indicators presented at the November 2002 QI committee meeting for presentation at the next committee meeting. 2. Based on VLBW tool as proposed prior to the March QI meeting. Run statistics on the indicator data for 2001 VLBW deliveries. 3. Present percentage of VLBW deliveries by hospital 4. Finalize the assessment tool based on feedback from the March 2003 QI committee meeting. 5. Review VLBW deliveries occurring outside of high-risk facilities using the tool as approved by the QI Committee. 	<ol style="list-style-type: none"> 1. QI meeting March 2003 2. QI meeting March 2003 3. QI meeting March 2003 4. April – May 2003 5. Begin Quarter 2 2003 (<i>Variance reviews began quarter 3</i>) ** could not justify travel to review one record at each Site. <p>Reviews are scheduled in conjunction with random and focused folic acid assessment reviews.</p>	<ol style="list-style-type: none"> 1. Positive Committee feedback on the quality of the tool 2. That the data will help to identify trends, provide insight into what needs to be added to the review tool, contribute to the overall understanding of our VLBW population and stimulate interest in the project. 3. That committee would have a baseline idea of the significance of the problem. Note: Committee members present at the March meeting were pleased that 73% of the VLBW deliveries had occurred at high-risk facilities. 4. Tool will be ready for identified VLBW deliveries beginning Quarter 2 2003 5. That potential VLBW deliveries are identified, that appropriate prenatal assessment is conducted, that plans are in place for delivery at a high-risk facility and that delivery occurs at a high-risk facility, when appropriate.

Attachment Twenty One
MCP Operational Manual

<p>6. Provide feedback on reviews to the QI committee</p> <p>7. Follow-up with hospital to assess level of care (OB and Neonatal), policies and procedures for: initial assessment and maternal and neonatal transfer</p> <p>8. Provide feedback on reviews to the QI committee for DHCP patients: 000 - delivered at ___ at 28 wks, baby transported to high risk hospital 5 days after delivery of IUGR 28 wk 2-6 baby, PROM. HX. PTD</p> <p>9. Establish a mechanism for review of records onsite to allow for more thorough examination of record. This will allow for review by Medical Director, as indicated.</p> <p>10. Mail to office request for records for all VLBW deliveries that did not deliver at a high risk facility according to the Service Report data keyed into a database for statistical analysis...</p> <p>11. Review VLBW deliveries with the Medical Directors evaluation of those deliveries, which are questionable.</p> <p>12. Run complete statistics for 2002 on this quality indicator and continue individualized reviews as the records are obtained from the offices</p> <p>13. Present a summary of the VLBW records reviewed at the QI committee meeting set for March 12, 2004</p>	<p>6. Quarter 3 2003 (September 19th 2003) QI meeting</p> <p>7. Prior to next QI meeting Quarter 4 2003 <i>*scheduled November 2003</i></p> <p>8. Prior to next QI meeting Quarter 4 2003 November 14, 2004</p> <p>9. Deadline: 01-2004</p> <p>10. Deadline: 02-2004</p> <p>11. Deadline QI meeting 03-12-2004</p> <p>12. Deadline QI meeting 03-12-2004</p> <p>13. Deadline QI meeting 03-12-2004</p>	<p>6. Feedback on identified trends and recommended interventions. One VLBW delivery was reviewed for Quarter 1 2003 District 0. Time for transfer from hospital to high-risk facility noted. This was presented at the September meeting with the following recommendations:</p> <p>7. Care was provided according to recognized standards of care and in accordance with hospital policies and procedures based on the level of care provided at the hospital</p> <p>8. Maternal transport occurs if appropriate</p> <p>9. Provide a more comprehensive review that allows for MD oversight</p> <p>10. Complete medical record for evaluation by staff and Medical Director, as indicated</p> <p>11. Complete medical record for evaluation by staff and Medical Director, as indicated.</p> <p>12. To meet program goals for VLBW as percentage of LBW deliveries and determine areas of focused concentration.</p> <p>13. To review 100% of the sample available through the program.</p>
---	---	---

Attachment Twenty One
MCP Operational Manual

<p>14. Request 2 outstanding records from 000 and 000.</p>	<p>14. Deadline 04-01-2004</p>	<p>14. To improve accurate recording of data on the Service Report to ensure appropriate sampling for VLBW deliveries occurring at non high-risk facilities.</p>
<p>15. Discuss with the Care Coordinators the significance of recording delivery site accurately</p>	<p>15. Deadline next Care Coordinator meeting - tentatively set for 05-14-2004</p>	<p>15. Awareness of the consequence of inaccurate recordings.</p>
<p>16. Develop a policy and procedure for medical record handling.</p>	<p>16. Deadline next QI Committee meeting 06-2004. Cancelled and rescheduled to 08-20-2004 per State approval.</p>	<p>16. Protection of PHI</p>
<p>17. Run statistics on VLBW deliveries by DHCP and site of delivery in addition to an overall statistical summary.</p>	<p>17. Next QI Committee meeting tentatively scheduled for 08-2004.</p>	<p>17. Assess for any statistical trends in delivery by DHCP for VLBW infants at non high-risk facilities</p>
<p>18. Determine QI Committee opinion on activity continuation.</p>	<p>18. QI meeting scheduled for 08-20-2004</p>	<p>18. Continue or discontinue activity.</p>
<p>19. Run statistics on VLBW deliveries by DCHP and site Of delivery. Continue to trend for 6 additional Months.</p>	<p>19. QI meeting December 3, 2004.</p>	<p>19. Assess trends. Continue to trend data. Report findings to QI Committee.</p>
<p>20. Run statistics on VLBW deliveries by DHCP and site Of delivery. Continue to trend for 3 months.</p>	<p>20. QI Committee Meeting March 11, 2005.</p>	<p>20. Continue to trend data for 3 months. Report findings to QI Committee. Request re-review of activity continuance.</p>
<p>21. Run statistics on VLBW deliveries by DHCP and site of delivery. Continue to trend for 3 months.</p>	<p>21. Present to QI Committee Meeting in October 2005 for recommendation</p>	<p>21. Continue to trend data for 3 months. Report findings to QI Committee. Request re-reviews of activity continuance.</p>
<p>22. Run statistics on VLBW deliveries by DHCP and site of delivery. Medicaid reported at Jam Session on 09/30/05 that this was now considered a known measure and should be reported, but not as a quality measure...</p>	<p>22. Present Medicaid's recommendation to QI Committee meeting in October 2005 and discuss closure of activity 003.</p>	<p>22. Continue to trend data awaiting final approval by QI Committee in October 2005 to discontinue activity.</p>
<p>23. Continue to run statistics of V L BW deliveries by DHCP</p>	<p>23. Re-evaluate trends at February 2006 QI Committee</p>	<p>23. Continue to trend data awaiting approval by QI Committee in February</p>

Attachment Twenty One
MCP Operational Manual

<p>and site of delivery. Taking the recommendations made by Medicaid, we will continue to gather data but not for a quality measure. Dr. voiced concern over outliers and suggests that we continue to trend a while longer to also gather data, but not for a quality measure.</p> <p>24. Continue to run statistics by DHCP and site of delivery. Since Medicaid recommended this activity is a known measure, Medicaid and PC will continue to trend the data, but not for a quality measure. Recent trending analysis results revealed that from Jan. – Nov. 2005 revealed 23 VLBW babies born outside High Risk facilities. Of the 23, a rate of 26% belonging to DHCP 000. There were 2 sets of twins in which 1 baby fit the criteria and 1 did not, in both sets. The QI Committee voted to investigate the twins' records of DHCP 000 further before deciding whether to include them in the data gathered for final analysis.</p> <p>25. Seventeen prenatal and delivery records of VLBW were received for review. There were 2 records from District that were questionable as to whether the babies should have been transferred to a High Risk facility for delivery. We. Will continue to trend this activity but not for a quality measure. Presented the summaries at the May 2006 QI committee meeting.</p> <p>26. Four prenatal / delivery records of patient's with VLBW were received for review from Districts. There was one VLBW delivery recorded from 000 in District. This record was reviewed by the QI Committee. There were no trends noted for confrontation with any DHCP's at this time. We will continue to trend this activity but not for a quality measure. Presented the summaries at the August 2006 QI committee meeting.</p> <p>27. Four prenatal / delivery records of patient's with VLBW were received for review from District. Summaries of each patient were presented at the Dec. 2006 QI Meeting. The QI committee members reviewed the records. Although two of the VLBW records were from (000), OB/GYN and two were noted from (000) – Dr O., the QI members all</p>	<p>meeting and discuss closure of activity 003.</p> <p>24. Re-evaluate and present trends at May 2006 QI Committee meeting and discuss recommendations.</p> <p>25. Re-evaluate and present trends at August 2006 QI Committee meeting and discuss recommendations.</p> <p>26. Re-evaluate and present trends at December 2006 QI Committee meeting and discuss recommendations.</p> <p>27. Re-evaluate and present trends at March 2007 QI Committee meeting and discuss recommendations</p>	<p>2006 to discontinue activity.</p> <p>24 .Continue to trend and assess data. Report findings to QI Committee. Request review of activity continuance.</p> <p>25. Continue to trend and assess data. Report findings to QI Committee. Request review of activity continuance.</p> <p>26. Continue to trend and assess data. Report findings to QI Committee. Request review of activity continuance.</p> <p>27. Continue to trend and assess data. Report findings to QI Committee. Request review of activity continuance.</p>
---	--	--

Attachment Twenty One
MCP Operational Manual

<p>agreed that the deliveries occurred abruptly and were monitored appropriately. The committee did not find anything inappropriate with the 4 VLBW deliveries. We will continue to trend this activity but not for a quality measure.</p> <p>28. Continue to run statistics by DHCP and site of delivery. Since Medicaid recommended this activity is a known measure, Medicaid and PC will continue to trend the data, but not for a quality measure. Recent trending analysis results revealed that from 09/06 – 10/06, 3 VLBW babies were born outside of high risk facilities in District. Summaries of each patient were reviewed at the March QI meeting by committee members. QI members agreed that all the deliveries were monitored appropriately. The committee did not find anything inappropriate with the 3 VLBW deliveries.</p>	<p>28. Re-evaluate and present trends at June 2007 QI Committee meeting and discuss recommendations.</p>	<p>28. Continue to trend and assess data. Report findings to QI Committee. Request review of activity continuance</p>
<p>Plan: Presented the summaries of the VLBW records received for review to the March 2007 QI Committee meeting. The committee voted to continue to trend this activity but not for a quality measure. Will continue to utilize the Medicaid database to run report on VLBW deliveries for each quarter. Continue to trend and gather data for those deliveries occurring outside high risk facilities. Present any trends at each QI Committee and Care Coordinator update meetings. Continue trending, analysis, and reporting indefinitely or until closure of</p>		
<p>Analysis Conducted by: Clinical Program Specialist</p>	<p>Responsible Party: Clinical Program Specialist</p>	

Purpose: To provide a summary of the affect of quality assurance activities undertaken in response to concerns identified by the Primary Contractor (PC). This form is to be completed for each activity undertaken prompted by the Medicaid’s QI Program or the Primary Contractor’s internal QA committee.

- In completing the Quality Improvement Activity Summary provide complete details of the activity undertaken.
- Noting the following:
- Was there improvement?
- Was the process by which improvement measured valid?
- Were data analyses appropriate?
- Were strong actions implemented?
- Were actions timely?
- Does this activity demonstrate meaningful improvement?
- Is there clarification as to why this activity has or has not demonstrated meaningful improvement?

Attachment Twenty One
MCP Operational Manual

- Is follow- up required? If so what is the Plan?