

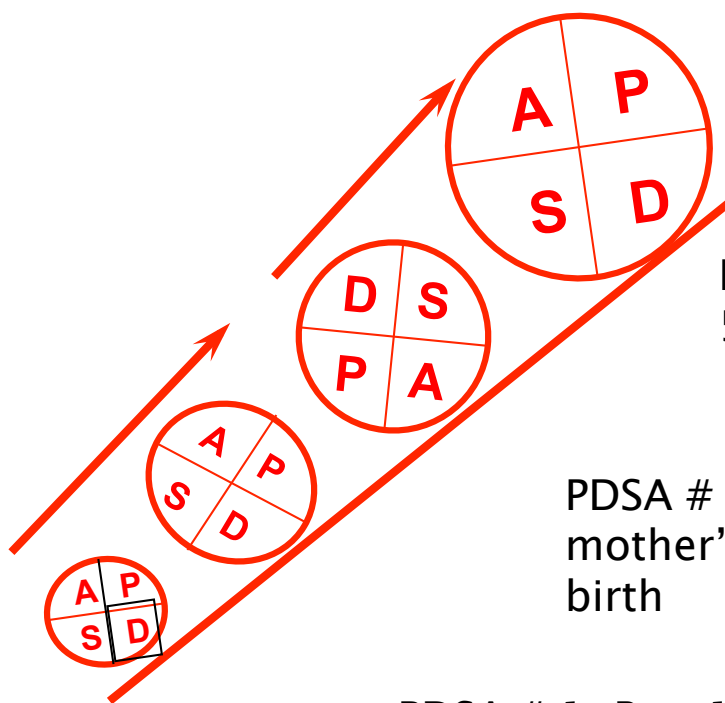
State Coordinator Meeting 2015 Alabama

Rovetta Hanna, BSN, RN
Cindy Ashley, BSN, RN

Vital Statistics Report

- ▶ **Why was this strategy tested?**
 - We needed to be able to match Newborn screening data with Alabama birth records.
- ▶ **What was the process for identifying the strategy?**
 - In the state of Alabama, Vital Records is the only system that has the demographic data that is needed to complete Part III of the HSFS (i.e., mom's educational level, ethnicity, etc.) In addition, Vital Stats could also provide real time death data, real time sick infant transfer status, and information about home births.
- ▶ **What is the potential for the strategy to improve LTFU/D?**
 - On average over 750 sick infants are transferred from the hospital of birth to another facility. The collaboration with Vital Statistics has allowed us to know the location of infants who transferred so that we can communicate with the receiving hospital to get information on hearing screening results that may not otherwise be reported to the hearing program.

PDSA cycles



PDSA #3: Manually match at least 500 records

PDSA # 2: Run 2nd match adding mother's first name and hospital of birth

PDSA # 1: Run 1st match using mother's last name, infant DOB and gender.

PDSA #1

- ▶ **Plan:** Establish Memorandum of Understanding (MOU) with Vital Records and our newborn screening database vendor for exchange of information.
- ▶ **Do:** Once in place, establish match criteria for “Vital Records Report.” Work with NBS database vendor to set up vitals records report criteria.
- ▶ **Study:** We were able to match 40% of records based on the initial match criteria (Infant’s DOB, mother’s last name and gender.)
- ▶ **Act:** Adapt. The 40% rate was not acceptable, leaving 34,000 records unmatched. We added additional match criteria.

PDSA #2

- ▶ **Plan:** Add Additional match criteria – We added mother’s first name and the hospital of birth.
- ▶ **Do:** Rerun VRR report.
- ▶ **Study:** We achieved a 92% match of birth records to newborn screening records using the additional match criteria of mother’s first name and hospital of birth. This left 4500 records unmatched. This number is more manageable in terms of having to manually match records.
- ▶ **Act:** Adapt– though the match is better, it still left 4,500 unmatched babies, which we didn’t know if we had the capacity to manually match

PDSA #3

- ▶ **Plan:** Assess the program's capacity to manually match 4500 birth records.
- ▶ **Do:** Perform a manual match of the Birth file by changing the birth file so that the birth record and newborn screening record would match.
- ▶ **Study:** We were able to match approximately 500 records over the course of 2 months. Limitations were : only one person could work in the birth file at a time, extra duty assigned to staff, no additional staff.
- ▶ **Act:** Adapt—we have the capacity to manually match, but the staff time spent was prohibitive. Explore additional match criteria.

Moving Forward

- ▶ Next PDSA cycle?
 - The medical record number will be included as part of the 2014 AL birth certificate. We will discuss with our database vendor the feasibility of using the medical record number as the match criteria.
- ▶ Overall what have you learned from testing this strategy?
 - We learned that our vital statistics department had information we needed to identify and improve our ability to track hearing screening results.
- ▶ What advice would you give to other states who want to test this strategy?
 - This is not a short process and will require that you get paperwork for exchange of information completed as early as possible.