CMQCC
CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE

The Oregon Maternal Data Center (OMDC): Preparing for Registration and Data Submissions

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MDC Project Manager

Housekeeping Notes

- Phone lines are open. Please place your line on mute until speaking.
- You are free to ask questions at any time. If you prefer, you can type questions in the questions box on your screen.
- Use the chat feature to alert us to any technical difficulties.
- We will monitor both questions and chat features throughout the webinar.

Q Corp Updates

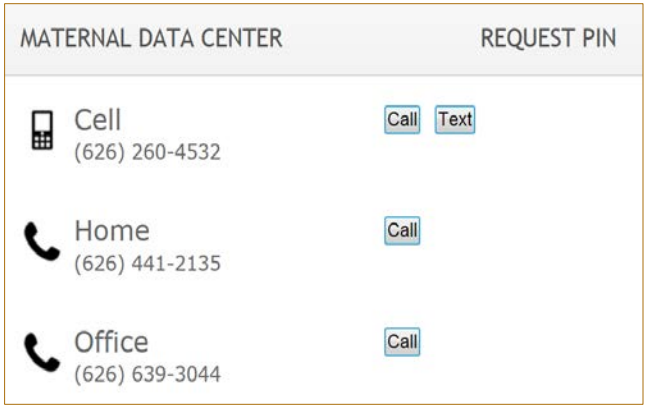
- On track to launch March 31! Hospital participation agreements & invoicing currently underway

- All materials on Q Corp website
  - *Data specs*
  - *Legal agreements*
  - *User Guide for First Time Registrants and Data Submitters*

http://www.q-corp.org/omdc

Before You Start: MDC Security Protocols

- MDC is a secure system that enables access to PHI
- Two Security Gates
  - Whenever you access the MDC
    - Standard Login Name and Password
    - You create during registration
  - When accessing screens with individual-level information
    - Temporary Pin received via automated phone call or text
    - You enter phone numbers during registration



Password Policy!

- Very stringent!
- You will create your own password but you will not be-able to re-set your own password
- CMQCC staff cannot re-set your passwords
- **ONLY** Hospital Users with MDC "Administrator" status can re-set passwords for their colleagues

Step 1: Create the Core Data Files

Three Required Data Files

- ❖Patient Discharge Data
- ❖Core Maternal Clinical File
- ❖Core Newborn Clinical File

-Comma-Delimited Flat File Format (CSV) with all data elements for each case in a single row. (NO set field lengths.)

-Submit based on discharge date—for all file types

-Use MDC-designated column headers

-Detailed Data Specifications and CSV File Template- available at http://www.q-corp.org/omdc

-Core Files to include ALL required data elements

Step 1: Population to Pull

- Currently: Focus on delivery-related hospitalizations for both mothers and newborns
- Discharge File
  - Option 1: Use ICD-9 codes in OMDC Data Specifications: Section A to filter on hospital end
  - Option 2: Include *all* discharges and CMQCC will filter as your data is imported
- Clinical Files
  - Submit only delivery-related mother and newborn records (not antepartum or postpartum records)

Patient Discharge Data (PDD)

- Subset of the data elements hospitals submit to OAHHS

Facility ID (NPI)	ICD-9 Diagnosis and Procedure Codes (all)
Date of Birth	Dates of Service
Patient Zip Code	Admission and Discharge Dates & Times
Race/Ethnicity	Revenue Codes and Service Units
Admission Source	Payer Information
Discharge Status	MRN or Patient Account Number (to be encrypted by MDC)

- *See detailed data specifications at:*

http://www.q-corp.org/omdc

Core Clinical Files

Required Data Elements

Core Maternal Clinical File

- Maternal Medical Record Number
- Discharge Date
- Maternal Date of Birth
- Parity
- Gestational Age-Weeks
- **NPI of Delivering Provider**

Core Newborn Clinical File

- Newborn Medical Record Number
- Newborn Discharge Date
- Newborn Date of Birth
- **Maternal Medical Record Number**
- Birthweight
- 5 Minute Apgar Score

- Clinical files also submitted based on discharge date.

See detailed data specifications at:

http://www.q-corp.org/omdc

Data Submission Timing

- Create "Test" Data file, including 3 months of data: target date of 3/31/15
- Recommendation: Retrospective to January 2013 (Option to submit back to January 2011 if hospital chooses)
- Submit on monthly basis--45 days after the end of each reporting month
  - Wait at least 45 days to ensure coding is complete and all records are included in the submission!
- Submit complete set of records for each month based on discharge date

Step 2: OPTIONAL Supplemental Clinical Data

Maternal File

- MRN
- Date of Discharge
- Gestational Age-Days
- Number of Maternal ICU Days
- Blood Products Transfused (RBC, FFP, PP, Cryo)
- Labor
- Spontaneous Rupture of Membranes
- Prior Uterine Surgery
- Antenatal Steroid Therapy Initiated
- Reason for Not Initiating ANS Therapy
- DVT Prophylaxis - C-Section
- Sample Flag for Joint Commission PC-01
- Sample Flag for Joint Commission PC-02
- Sample Flag for Joint Commission PC-03
- Provider ID: Delivering Provider
- Maternal Diagnosis Codes (for corrections to PDD)
- Maternal Procedure Codes (for corrections to PDD)
- Patient Height and Weight

Newborn File

- MRN
- Date of Discharge
- 10 Minute Apgar Score
- Bloodstream Infection Present on Admission
- NICU Admission
- Exclusive Breast Milk Feeding
- Reason for Not Exclusively Breastfeeding
- Bilirubin Screen:
- Bilirubin Screen: Parental refusal to test
- Sample Flag for Joint Commission PC-05
- Sample Flag for Leapfrog Bilirubin Measure
- Newborn Diagnosis Codes
- Newborn Procedure Codes

Hospital choice: Number of supplemental files submitted, the choice of fields and the timing of the submission

Why Submit OPTIONAL Fields?

Optional fields may be derived from internal systems (e.g., EMR, core measure vendor system) and might be used to:

- Correct data already in the MDC system from your original file submissions
- Pre-populate the "chart-review" data elements (e.g., labor, SROM or Prior Uterine Surgery) in the MDC system.

See Data Specifications at:

http://www.q-corp.org/omdc

Step 3: Register on MDC

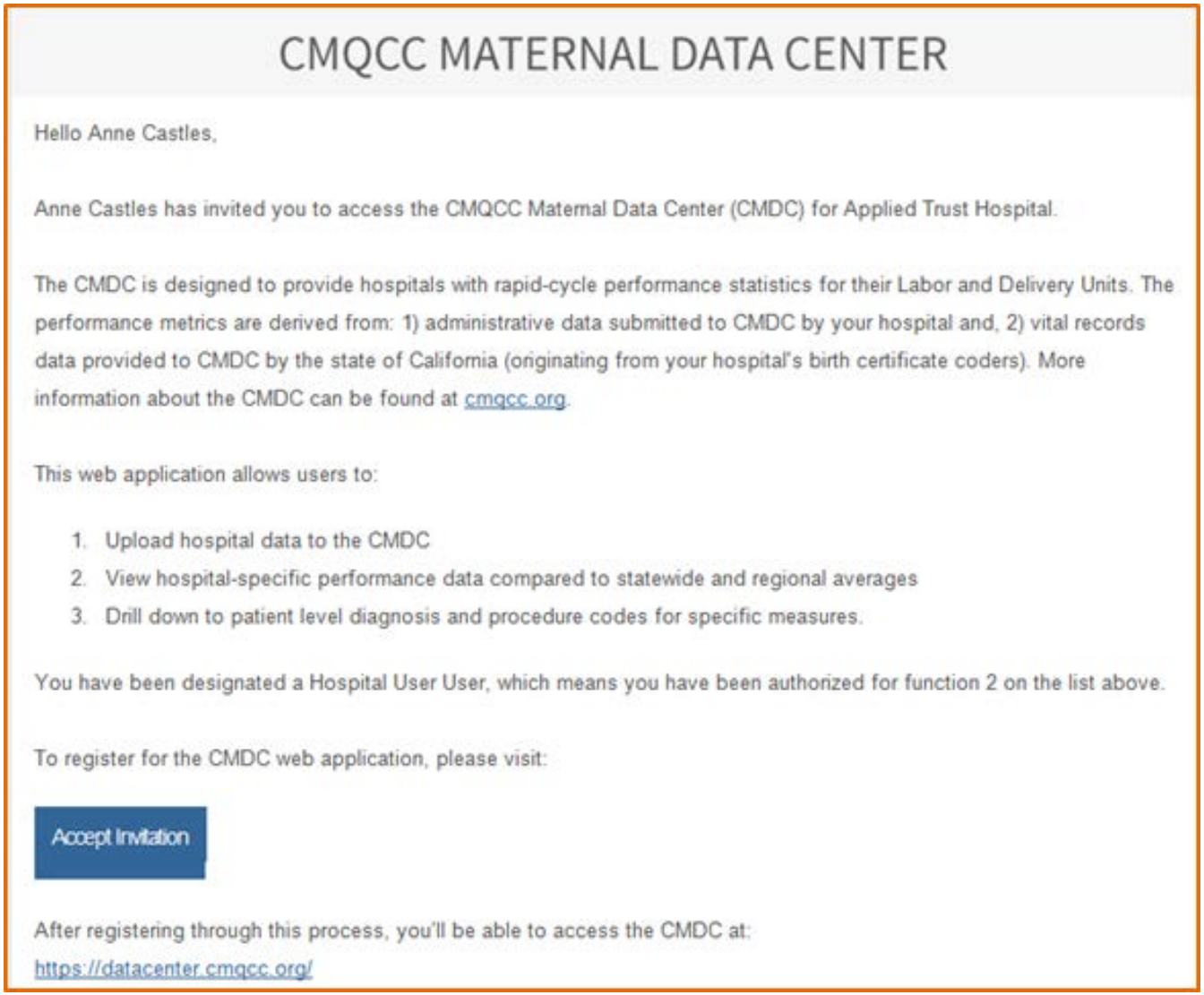
- All data submissions and reports via the MDC's secure web-based tool housed on Stanford servers.
- MDC site requires hospital registration
- Once legal agreement signed and test file is ready, contact Anne Castles to initiate registration. Provide:
  - Contact information (including e-mail address) for *Primary MDC Administrator* for the hospital—the individual who will register the hospital and has the authority to add other hospital users.
  - Contact information for the *Primary IT Contacts*—the individual programming the file and/or uploading the files
  - Planned date of submission

The Primary Administrator

- Pick one individual who will:
  - Authorize other hospital users to access the Maternal Data Center (MDC) system
  - Print out/save the encryption key for safekeeping
  - Re-set passwords in the event other hospital users lose their passwords
- The Primary Administrator can then designate other hospital users to have “Admin” status.
- Strongly recommend a minimum of 2 “Admins” per hospital (3-4 better!)

Registration: Invite E-mail

- E-mail will come from ***datacenter@cmqcc.org***



CMQCC MATERNAL DATA CENTER

Hello Anne Castles,

Anne Castles has invited you to access the CMQCC Maternal Data Center (CMDC) for Applied Trust Hospital.

The CMDC is designed to provide hospitals with rapid-cycle performance statistics for their Labor and Delivery Units. The performance metrics are derived from: 1) administrative data submitted to CMDC by your hospital and, 2) vital records data provided to CMDC by the state of California (originating from your hospital's birth certificate coders). More information about the CMDC can be found at cmqcc.org.

This web application allows users to:

1. Upload hospital data to the CMDC
2. View hospital-specific performance data compared to statewide and regional averages
3. Drill down to patient level diagnosis and procedure codes for specific measures.

You have been designated a Hospital User User, which means you have been authorized for function 2 on the list above.

To register for the CMDC web application, please visit:

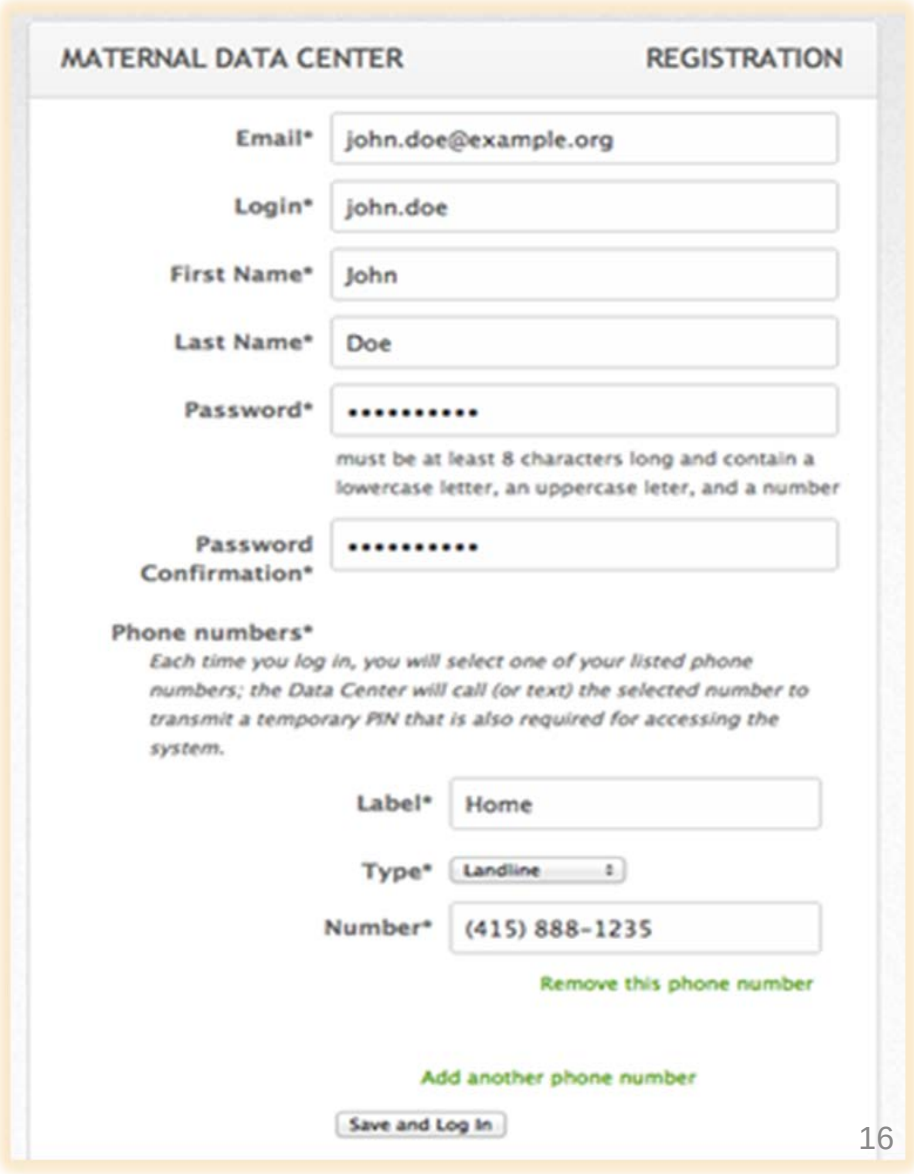
Accept Invitation

After registering through this process, you'll be able to access the CMDC at:
https://datacenter.cmqcc.org/

Registration Form

Note for Users representing multiple hospitals:

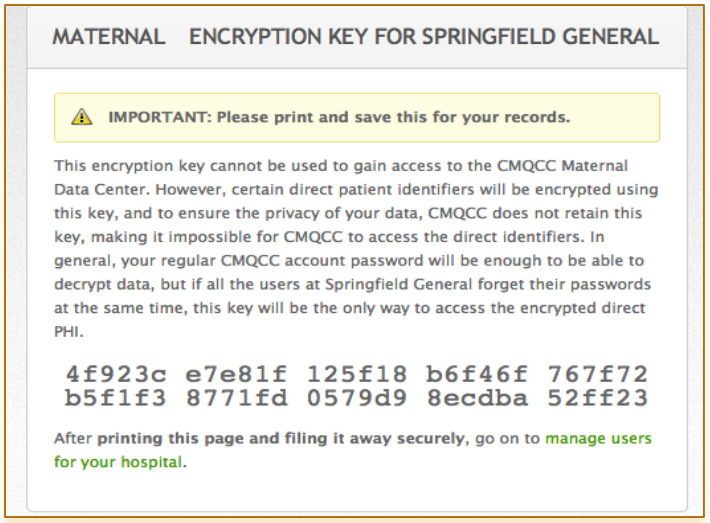
- Each hospital has a unique account
- You will register in <u>each</u> account
- Login name must be <u>unique</u> for each account
- Password can be the same



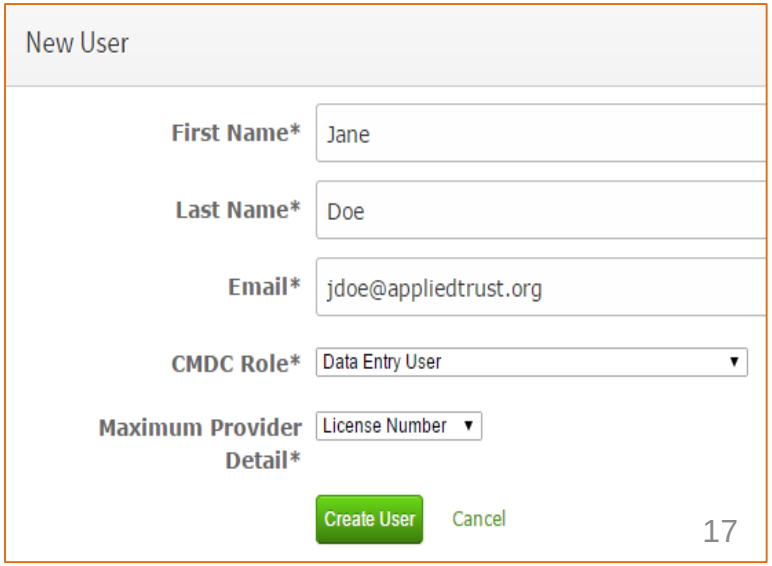
Primary Admins will also:

Print Out Encryption Key

- Hospital's link to your data in event of major disaster
- Keep in safe place and distribute to other Admins as necessary



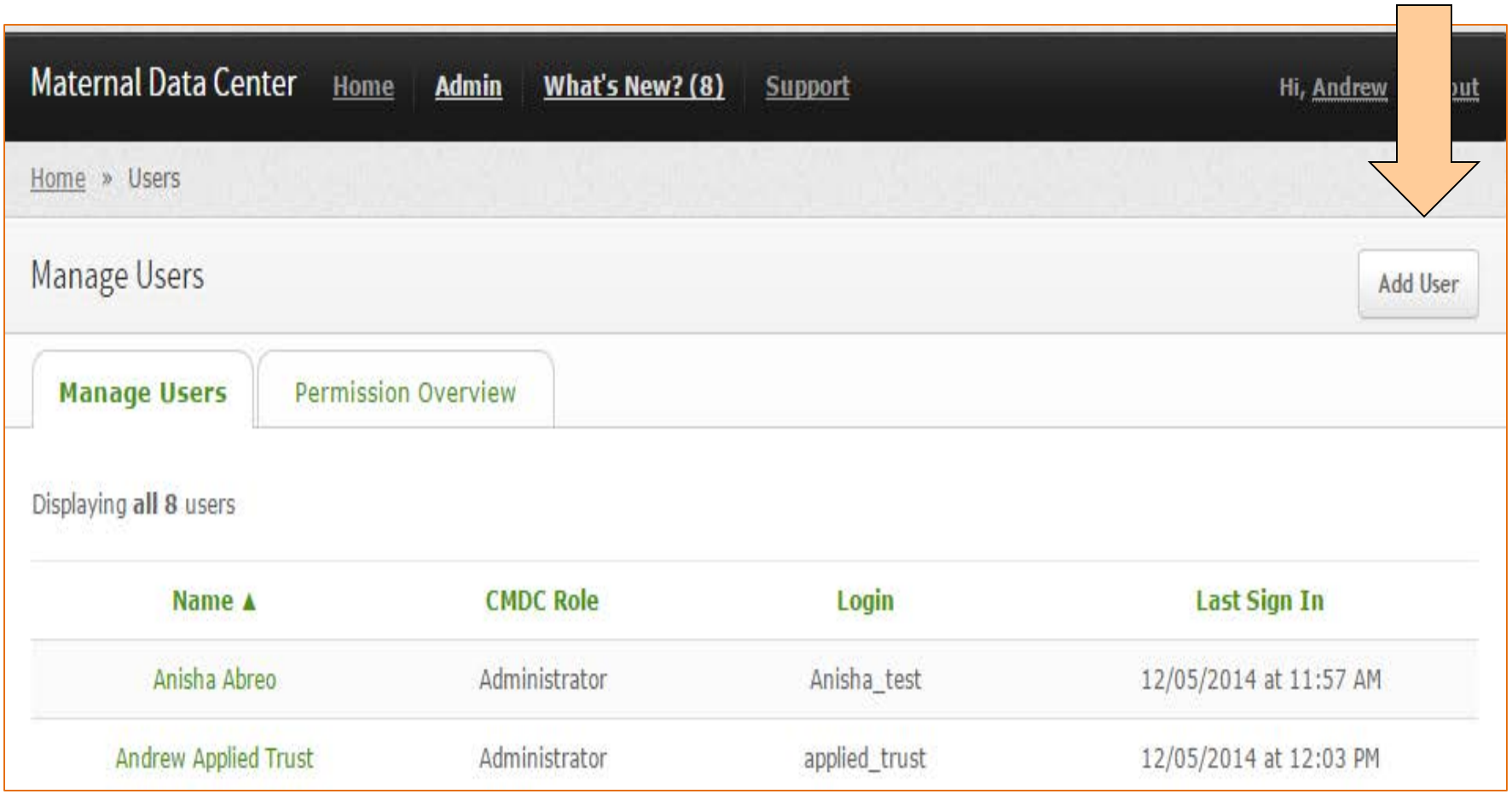
Add Other Users



MDC Roles for Hospital Users

Authorized to:	Roles			
	Admin-istrator	Data-Entry	Read-Only Aggregate and Patient Data	Read-Only Aggregate Data Only
Manage users for hospital including password resets	✓			
Submit and edit patient-level data	✓	✓		
View patient-level data	✓	✓	✓	
View hospital-level performance metrics	✓	✓	✓	✓

User Management

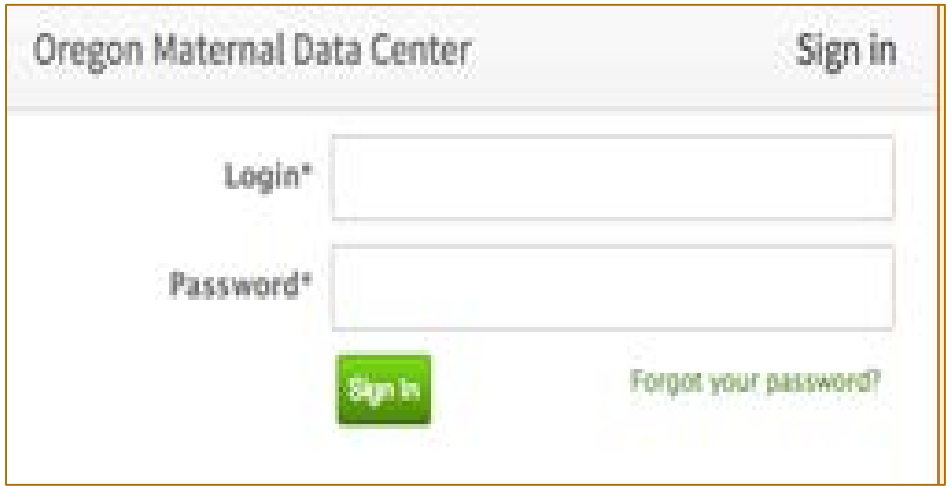


Step 4: Uploading Data Files

- Go to

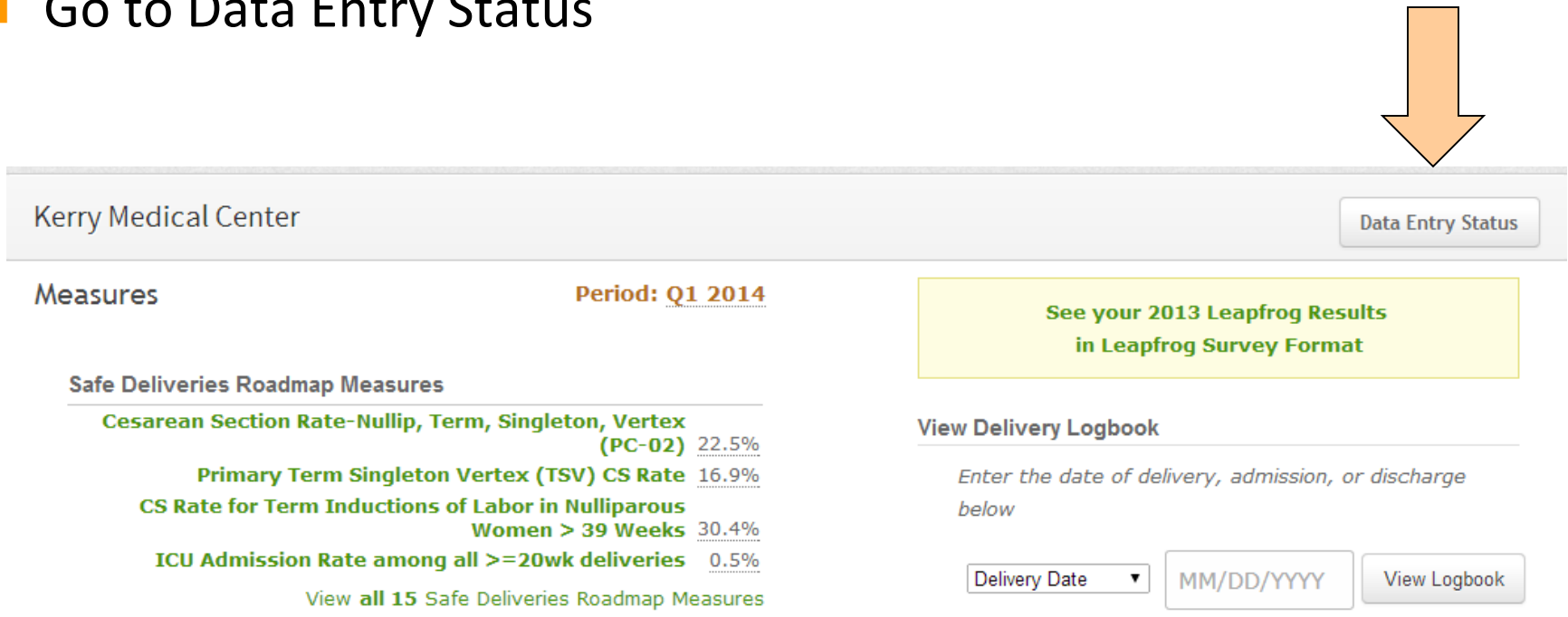
  https://oregonmaternaldatacenter.org

- Log in



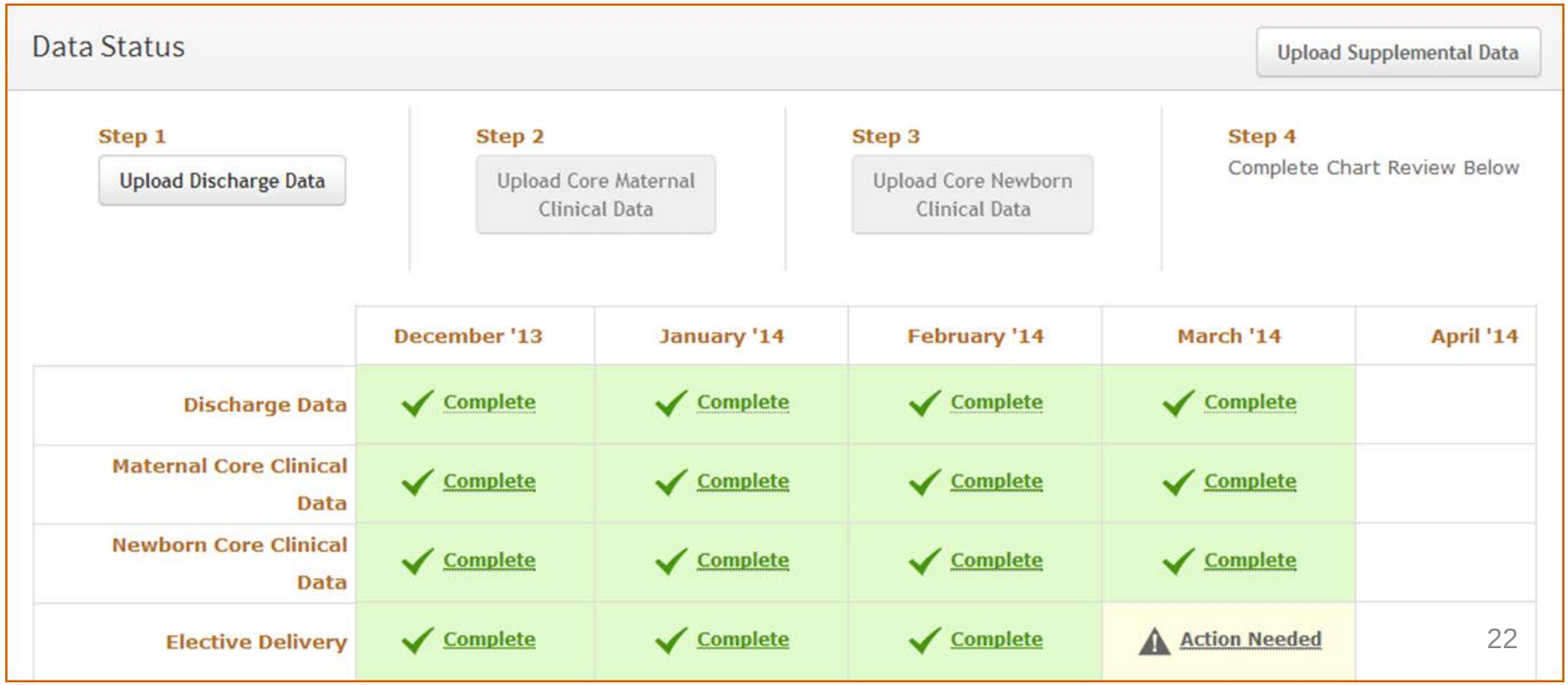
Step 4: Uploading Data Files

- Go to Data Entry Status



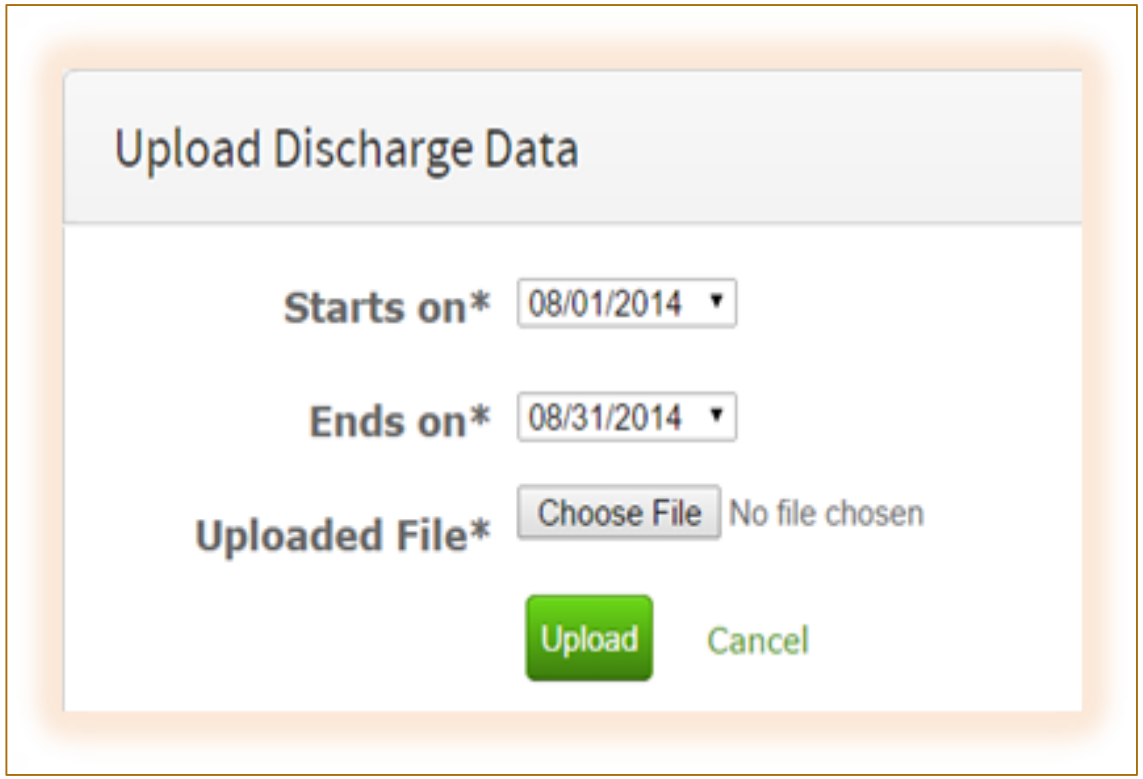
Step 4: Uploading Data Files

- Follow Steps 1-3 for Uploading Files
- Option to upload supplemental data (for corrections/new fields) as you like
- You will be prompted to receive your Temporary Pin after clicking Step 1



Step 4: Uploading Data Files

- Complete requested information



Data Status Screen

- After required files uploaded and accepted, “Complete” displays
- “Action Needed” items are OPTIONAL

	September '14	October '14	November '14	December '14
Discharge Data				✓ Complete
Maternal Core Clinical Data				✓ Complete
Newborn Core Clinical Data				✓ Complete
Elective Delivery	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
Antenatal Steroids	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
Bilirubin Screening	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
DVT Prophylaxis	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed

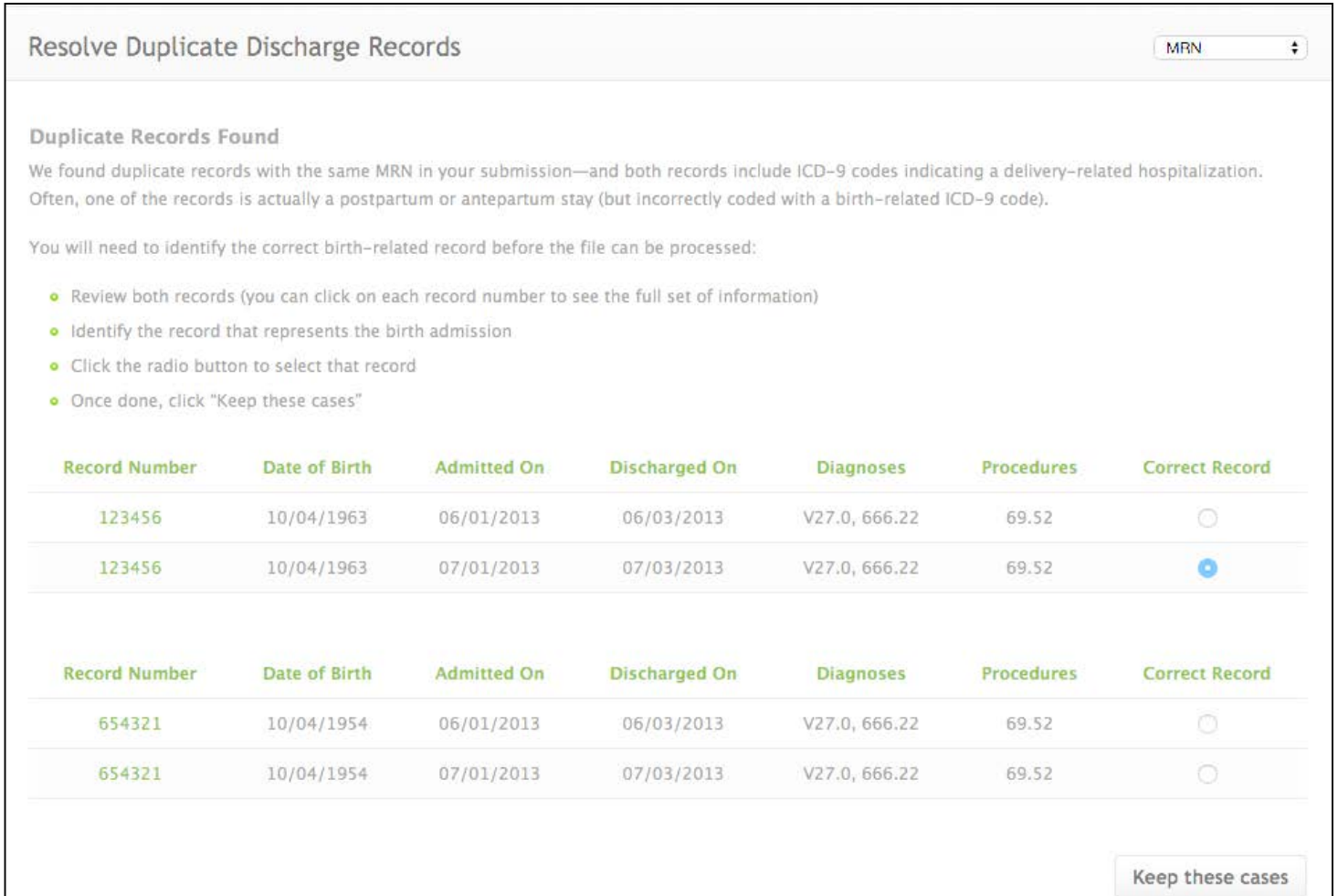
Step 5: Automated Error Checks

To be accepted, files must meet following criteria:

- At least one discharge record in the first X days and one discharge record in the last X days of the month (X based on hospital delivery volume)
- All PDD records to include a principal diagnosis code
- **Facility ID included (NPI) and matches that provided to Q Corp**
- All required fields included
- All records include values for: Facility ID, Principal Dx, DOB, Admission and Discharge Dates
- **File includes MDC-designated column headers**
- ICD-9 codes includes "periods" after 2nd/3rd digit (e.g. 74.1) OR file verified to contain leading zeros (by looking at dates)
- Valid ICD-9 codes
- Valid race/ethnicity codes
- Date fields must be recognizable as dates
- A record cannot meet both newborn and maternal case criteria (cannot have ICD-9 codes associated with both newborns and mothers)
- **At least 10% of maternal clinical cases have parity=0**
- **GA values of 0 are not allowed**

File Error Check: Duplicate Records

- "Duplicate" records: two records with same Case ID; both have at least one delivery-related ICD-9 code—one of which is usually erroneous.
- Upon file submission, MDC displays "duplicates" --prior to accepting file!
- Identify the records to keep and click "Keep these cases"

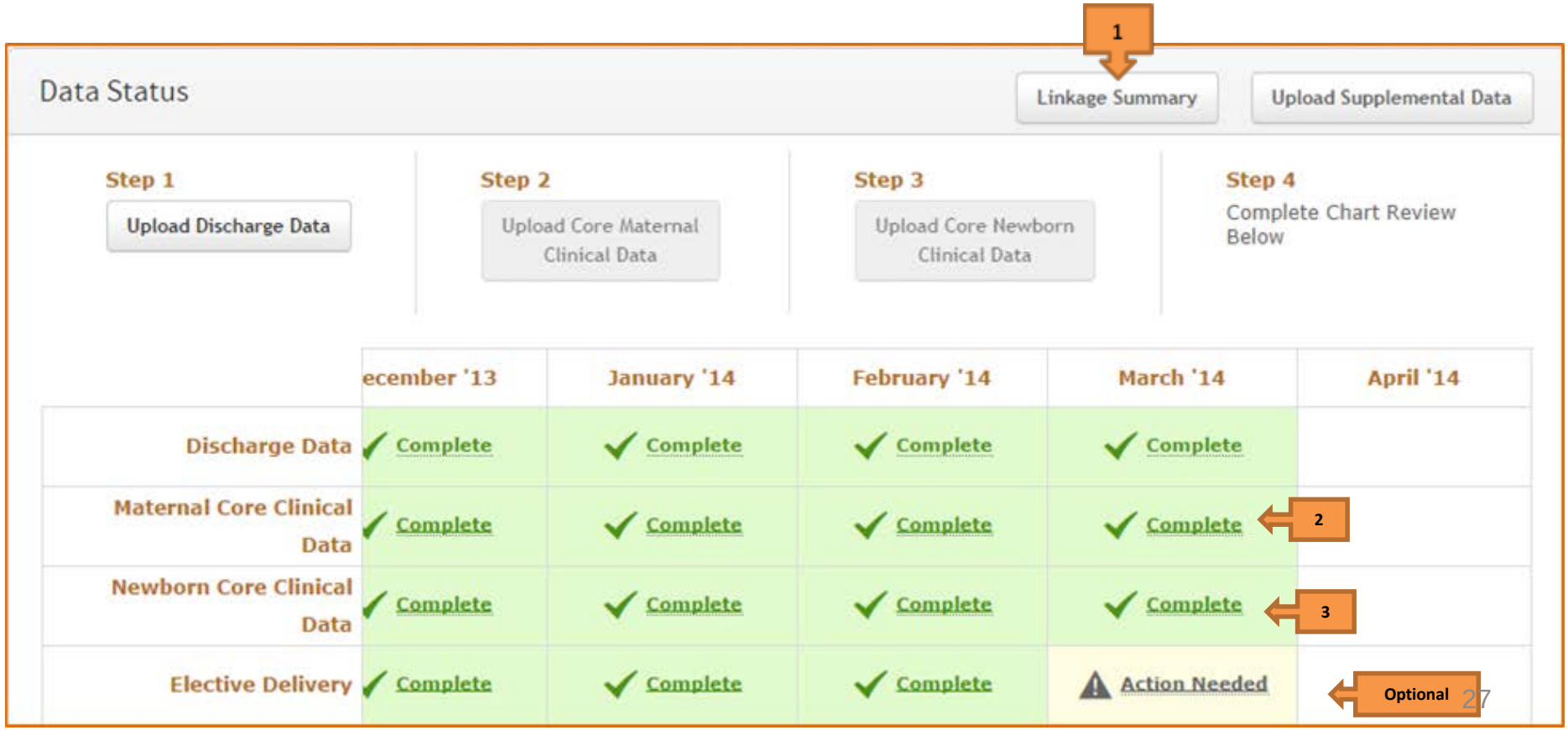


Completeness Checks

Contact CMQCC if:

1: "Linkage summary" shows there are cases that did not link

2& 3: Required fields in maternal and newborn files are missing for some cases (GA, Parity, APGAR, BW, Maternal MRN)



Linkage Summary Issues

- Summary shows how many cases did not link
- Allows you to drill down to see which cases

Month	Mothers		Newborns	
Dec 2014	Discharge Cases	345	Discharge Cases	350
	Clinical File Cases	337	Clinical File Cases	348
	Discharge Cases Not In Clinical File	7	Discharge Cases Not In Clinical File	1
	Clinical Cases Not In Discharge File	0	Clinical Cases Not In Discharge File	0
	Mothers Not Linked to Newborns	7	Newborns Not Linked to Mothers	2
Nov 2014	Discharge Cases	309	Discharge Cases	318
	Clinical File Cases	299	Clinical File Cases	314
	Discharge Cases Not In Clinical File	10	Discharge Cases Not In Clinical File	1
	Clinical Cases Not In Discharge File	0	Clinical Cases Not In Discharge File	0
	Mothers Not Linked to Newborns	2	Newborns Not Linked to Mothers	2

Mothers Not Linked to Newborns

For the mothers listed below, please evaluate...

IF:	THEN:
Mother had a stillbirth outcome (usually a V27.1 code)	No Action Needed
Maternal record indicates a non-delivery hospitalization	No Action Needed
Mother discharged in a different month from the newborn and your hospital has not submitted that month of data. These mothers will often have an "Estimated Delivery Date" in a different month than their Discharge Date.	No Action Needed
Mother record with a V30 Diagnosis Code	The mother was incorrectly coded with a newborn diagnosis code (V30). Please fix and re-submit the Discharge File.
Maternal chart indicates a delivery-related hospitalization (usually indicated by V27 diagnosis code)	Confirm that the associated newborn is included in both the Discharge Data File and the Newborn Clinical File. If not, then re-submit the appropriate file with the newborn included. OR Confirm that the associated newborn record in the Newborn Clinical File includes the correct Maternal Identifier (MRN or account number). If not, then re-submit the Newborn Clinical File with the correct Maternal Identifier.

Maternal MRN	Estimated Delivery Date	Maternal Discharge Date	Gestational Age	Diagnoses	Procedures	Comm
d4f9d301c1	03/30/2014	03/31/2014		664.01,	73.59, 75.69,	Click

Correcting Data Errors

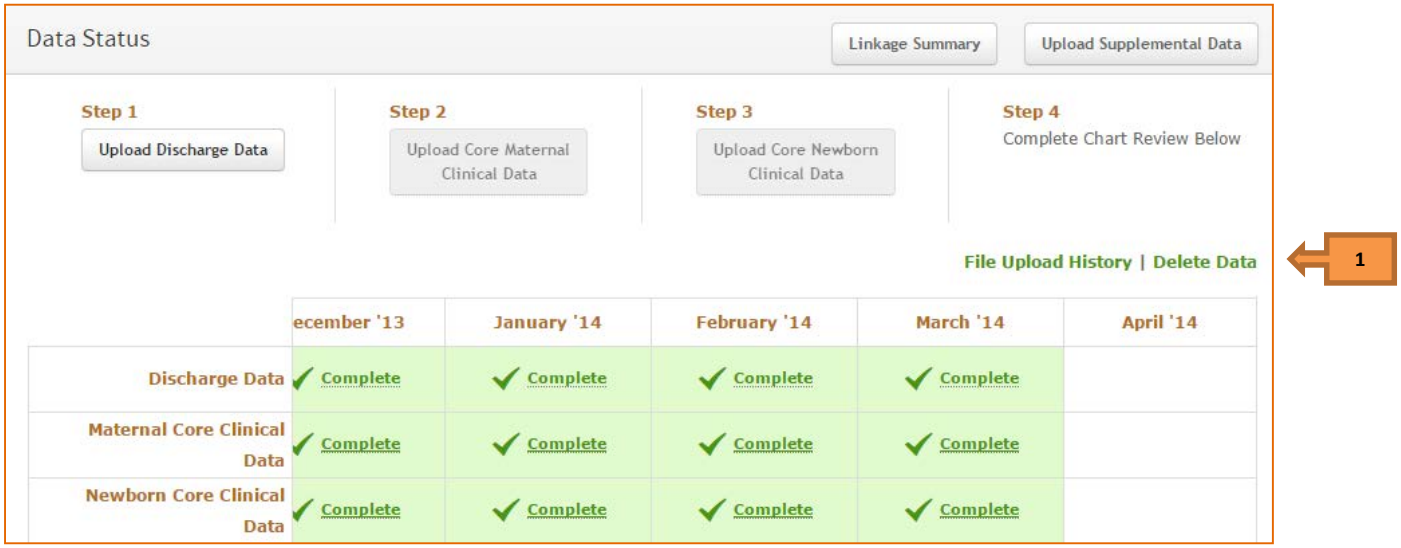
1. Cases Missing from Data Files

- Reasons
  - Not included at all in hospital file
  - For discharge records, did not have a delivery-related ICD-9 code (erroneously)--thus did not get through MDC filters

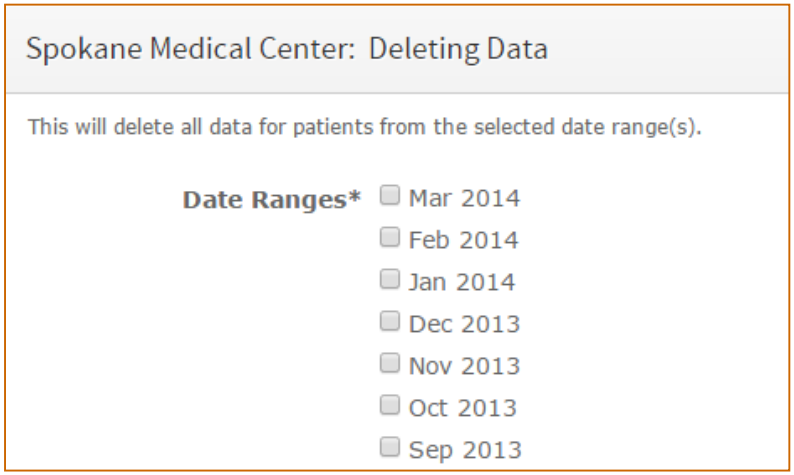
- Action Steps
  - Delete the data file originally submitted
  - Upload a new data file that includes all cases (with updated coding as necessary)

“Delete Data Files”

- If need to re-submit data files, then delete original prior to re-submitting



- Check periods you wish to delete. This clears out PDD and Clinical files for the selected period.



Correcting Data Errors

2. Case Included in the Files but Data Field is Missing or Erroneous for Some Records

- Reasons
  - Source system had incorrect or incomplete information

- Action Steps
  - Manually edit the case(s) with missing/incorrect data
  - Submit a supplemental data file that replaces the original data (see User Guide: *Supplemental Data Submissions)*

Step 6: OPTIONAL Data Submissions

- "Action Needed" Measures are OPTIONAL
- IF you choose to complete, two options:
  - Clinical staff perform chart review and manually enter data
  - Submit supplemental files to populate the necessary fields

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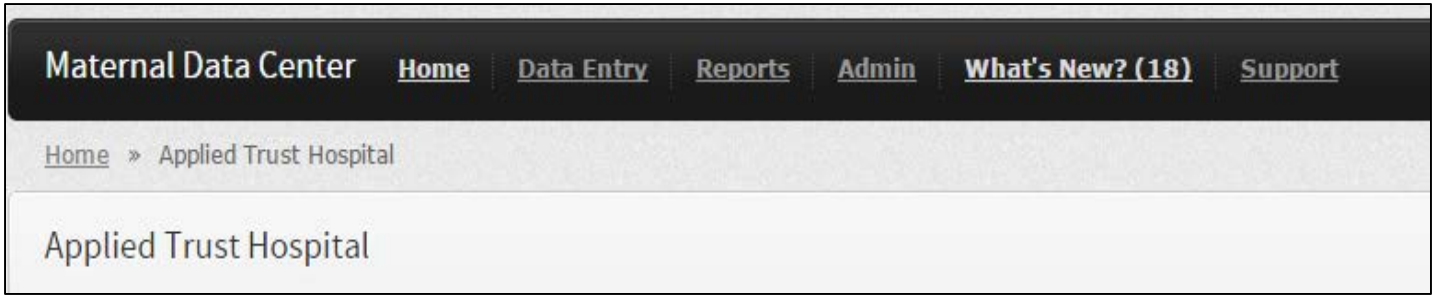
Elective Delivery	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
Antenatal Steroids	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
Bilirubin Screening	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed
DVT Prophylaxis	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed	⚠ Action Needed

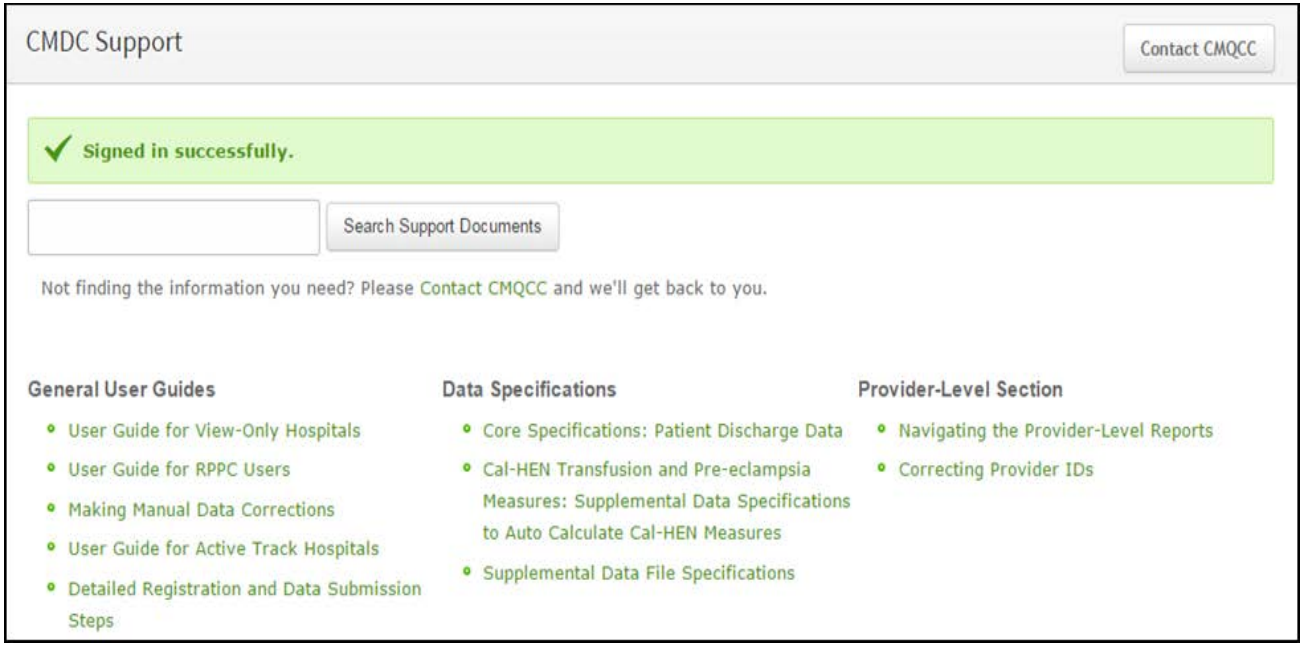
Steps 7 : Learning to Use the MDC

- Hospital-Specific Training Session
  - Schedule with CMQCC after 3-12 months of data in the MDC
  - 1.5 hour webinar with your hospital team that will be using the MDC
- Quarterly User Group Meetings
  - Review updates
  - Answer questions
  - Get your feedback!
  - Note: Distribution List based on registrants
- Technical Support upon request!
  - Contact datacenter@cmqcc.org
  - Use *Contact CMQCC* button in MDC Support Section

Step 8. Staying Up To Date

- *What's New?* Section
- MDC *Support* Section





Next Steps

What?	When?
Participation Agreement*, BAA and Enrollment Fees ▪ Between Hospital and Q Corp ▪ Enrollment fees paid to Q Corp	Now
▪ Use *Checklist of MDC Action Items* in User Guide *Registration and Data Submission Steps**	Now
▪ Prepare Test Data Files Using *OMDC Data Specifications**--start with 3 months of baseline data	Now
▪ Contact CMQCC once test data file is ready	Target 3/31/15
▪ Register Hospital in OMDC	Target 3/31/15
▪ Upload First Data Submission and Review for completeness	Target 3/31/15
▪ CMQCC Training for your Hospital Team	Post Submission

*Available at http://www.q-corp.org/omdc

Questions?

- General Participation Questions?

  Liz Whitworth, Program Consultant, Q Corp

  whitworth42@gmail.com

- Technical Questions about Data Submission Process?

  Anne Castles, Program Manager, CMQCC

  datacenter@cmqcc.org

Thank you!