Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Last Year's Accomplishments

The target for calendar year 2006 was 74 percent. Based on final vital statistics data for 2006, the actual percent of VLBW infants delivered at facilities for high-risk deliveries and neonates was 67.4. Ohio did not meet its target. Data for 2007 are not available.

A. Design an analysis of Birth Outcomes by Hospital Level and Regional Perinatal Designation.

This infrastructure-level strategy was to be accomplished by 1) convening a team including but not limited to representatives from DFCHS State Project Team, Medicaid, and Regional Perinatal Centers to further design the analysis of birth outcomes: a) outcomes by birth weight, survival, and proximity to Level III facilities by county of residence, length and method of transports, risk factors and mortality; b) VLBW infants born in Level I hospitals by Perinatal Region including root cause(s); and c) VLBW infants regardless of delivery site

An epidemiology team developed an analysis proposal that was reviewed by a larger workgroup. However, difficulties with access to timely data delayed the project. Due to later staffing and priority changes, this project was discontinued. However, profiles of each regional perinatal center are being developed that include the percent of VLBW infants delivered at each level facility.

B. Disseminate the results of Birth Outcomes by Hospital Level and/or Regional Perinatal Designation analysis to inform the design and delivery of services to improve access to risk-appropriate facilities.

This infrastructure-level strategy was to be accomplished through the following activities: 1) educate communities and health care providers on the importance of appropriate risk assessment with subsequent consultation or referral to risk-appropriate facilities for maternal patients who are at high risk for preterm delivery; and 2) work with state and local partners to alleviate barriers (i.e., transportation, healthcare systems, cultural competency, financial and/or lifestyle) to improve access to risk-appropriate facilities for maternal patients who are at high risk for preterm delivery.

This strategy was not completed due to the challenges described in (A) above. However, the profiles of each regional perinatal center will include the % of VLBW infants delivered at each level facility will be disseminated by the Regional Perinatal Data Use Consortium teams.

C. Fund, provide technical assistance, and monitor the success of Regional Perinatal Centers (RPCs) in meeting grant requirements.

This strategy was met by completing a competitive grant process for six (6) RPCs, providing ongoing technical assistance and monitoring performance measures. Site visits were made to each of the six RPCs to monitor grant requirements and provide technical assistance. In addition, RPCs were

provided specific training and technical assistance on analyzing data and facilitating interventions based on data. Specifically, RPCs were provided technical assistance on how to use the Vermont Oxford Network data, understanding Medicaid and Medicaid Data, moving ahead with Perinatal Periods of Risk (PPOR), opportunities with HEDIS Data and National Efforts Using Medicaid Data for Perinatal Quality Improvement.

D. Implement and evaluate a Division-wide Birth Outcomes Improvement Initiative (BOII).

Refer to State Performance Measure #2 (C)