

**BRITISH COLUMBIA PERINATAL DATABASE
REGISTRY**

OVERVIEW



WORKING TO OPTIMIZE MATERNAL, FETAL AND INFANT HEALTH

An initiative of the British Columbia Reproductive Care Program

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INTRODUCTION

The British Columbia Reproductive Care Program (BCRCP) was initiated in June 1988 by the Ministry of Health (Hospital Programs) and the British Columbia Medical Association (BCMA) through the Continuing Advisory Subcommittee on Perinatal Care (CASC). The BCRCP is overseen by the Provincial Perinatal Steering Committee. This body has representation from health care providers, health authorities and academic organisations.

One of the mandates of the BC Reproductive Care Program is “the collection of data to evaluate perinatal outcomes, care processes and resources via a province-wide computerised database”. This led to the development of the British Columbia Perinatal Database Registry (BCPDR). The BCPDR and its data input sources are funded by the Ministry of Health Services.

Rollout of the Registry began with collection of data from a small number of hospital sites. Participation increased every year, resulting in Provincial data collection effective April 1, 2001.

BC PERINATAL DATABASE MISSION

To collect, maintain, analyse and disseminate comprehensive, province-wide perinatal data for the purposes of monitoring and improving perinatal care.

GOALS

1. To aggregate and report on perinatal events, care processes, and outcomes at the provincial, regional, and community level, enabling:
 - Individual hospitals and staff to perform comparisons. Comparative aggregate data would permit:
 - Providers to examine their practice in relation to outcomes.
 - Program/service managers/administrators to monitor aspects of practices, performance and results.
 - Policy developers/decision makers to analyze outcomes/practice.
 - Provider peer reviews of clinical processes, practices, and outcomes in order to improve the quality of perinatal care in the province and to minimize perinatal morbidity and mortality. This might result in the development of practice guidelines or educational program initiatives (under the BC Reproductive Care Program).
 - Support of the development of effective program/clinical resource management by providing data that may be analyzed to optimize the use of clinical resources to improve utilization, resource allocation, quality of care/outcomes and/or reduce costs.
 - Support of the development of effective program planning by providing aggregate data that may be analyzed to optimize resource allocation, to improve quality of care/outcomes and/or reduce costs
2. To enable continuity of care by providing timely antenatal and in hospital data to community health nursing staff in a standard format.
3. To support perinatal health services research aimed at improving the delivery of patient care by providing authorized researchers (internal and external) with access to information from a very extensive perinatal database.

THE B.C. PERINATAL DATABASE REGISTRY

COLLECTION OF DATA

Perinatal data is collected from facilities throughout the province and imported into the central BC Provincial Database Registry which is located at the BCRCP office. Participation in the registry is voluntary and currently accounts for approximately 99% of births in the Province. (The 1% covers births that are not reported/recorded.)

- a) Data regarding antenatal, intrapartum and postpartum maternal and infant care and outcomes is input into the hospital-based Perinatal Database Registry. Details of neonatal follow-up and outcomes can also be collected as required. The data is collected from the B.C. Perinatal forms and the clinical record by hospital or Perinatal Database Registry staff.
- b) Some hospitals have their local Perinatal Database Registry on-site (usually found in the Health Records/Information Analysis Departments). The remainder of the hospitals have their local Perinatal Database Registry maintained at the BCRCP central office.
- c) Quality of the data has been addressed by a number of features:
 - Validation edits, errors and warnings are part of the data entry software program
 - Period End checks/reports
 - Ongoing development of Quality Checks
- c) Data confidentiality/security is highly emphasized and is guided by regulations, the Freedom of Information and Privacy Protection (FOIPPA) Act, the Canadian Organization for the Advancement of Computers in Health (COACH) Guidelines.

REPORTING

HOSPITAL REPORTS:

A standard set of hospital-specific reports can be run at the hospital where the database is installed. The hospitals that have their database maintained at the central BCRCP office receive a report package at the end of every fiscal year, but may also request these reports again from the BC Perinatal Database Registry. Some of these reports are: Gestational Age at Birth, C-Section Summary, Indication for Induction, Labour Initiation (how labour was initiated), etc.

AD HOC REPORTS:

Reports are derived from requests for data/information. Ad hoc report requests can be run at the hospital where the database is installed. The hospitals that have their database maintained at the central BCRCP office can make a request to the BC Perinatal Database Registry to have the report run for them.

PROVINCIAL REPORTS:

B.C. Perinatal Reporting Tool

The Perinatal Reporting Tool (PRT) is an interactive CD that consists of a summarized data set abstracted from the BC Perinatal Database Registry. The PRT allows users to create customized reports by selecting data elements from a predefined list of parameters and variables. The PRT is distributed across the province to Administrators (CEO, CIO, VP, Medical Directors, Managers, etc.), Obstetricians, Pediatricians, Family Practitioners, Midwives, Data Stewards, Health Records.

Version 1 – Released in June, 2002 containing April 1, 1999 to March 31, 2000 data.

Version 2 – Release in September, 2003 containing April 1, 1999 to March 31, 2001 data. Addition of new functionality, more indicators and information based on patient's place of residence.

B.C. Facility Comparison Reports

The Facility Comparison Reports are developed annually to provide facilities providing obstetrical care in B.C. with the ability to compare some selected indicators with their appropriate peer groups and the province. The report consists of data tables and trending graphs specific to each facility and is distributed to the appropriate Obstetrical Managers (Physician and Nursing) and Health Records.

First Release – Released in April, 2002 and developed only for facilities with annual births under 500 in a fiscal year. Contained 3 combined fiscal years (April 1, 1997 to March 31, 2000).

Second Release – Release in September, 2003 and developed for all facilities providing obstetrical services in B.C. For facilities with less than 500 births in a fiscal year, the report will contain 5 separate years of data (April 1, 1997 to March 31, 2002) to allow for trending graphs to be created.

For facilities with more than 500 births in a fiscal year, the report will contain 3 separate years of data (April 1, 1999 to March 31, 2002) to allow for trending graphs.

ANNUAL REPORTS:

The Annual Report describes the current state of perinatal health in British Columbia and will serve as the baseline to monitor future trends and changes for the selected indicators. The selected indicators have been chosen because they are clinically relevant and lend themselves to analysis that may suggest changes in care delivery.

The first release of the Annual Report will be September, 2003 and will contain information from April 1, 2000 to March 31, 2002.

COMMUNITY CARE LINKAGE PROGRAM

The Community Care Linkage (CCL) extension to the Perinatal Database Registry system is available for implementation where the PDR is installed at a hospital site. It is designed to allow the transfer of information from the Hospital to the Health Unit, to facilitate the immediate care of the client.

DATA ACCESS AND RELEASE POLICIES

In order to facilitate the opportunities for data sharing and devising comparative reports, and to establish a mechanism to handle data access requests, the BCRCP has drawn up a Partnership Accord/Memorandum of Agreement to be signed by all the contributors to the database which details the permissions necessary for the sharing of aggregate data. An individual identified by the Health Authority acts as Data Steward for the hospital and all the organizations in that Health Authority.

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