

National and city/state-level quality improvements

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National level: timeliness

- ❑ United States has 57 registration jurisdictions
- ❑ 57 jurisdictions report annually an estimated 6.5 million births, deaths, and fetal deaths to the National Vital Statistics System (NVSS)
- ❑ All 57 jurisdictions must report their data to the NVSS before NCHS finalizes and releases national data

National level: timeliness

- ❑ National level *preliminary* death data for 2010 were not published until January 2012
- ❑ **NCHS goal:** 57 jurisdictions participating in Vital Statistics Cooperative Program to report 80% of deaths within 10 days of event

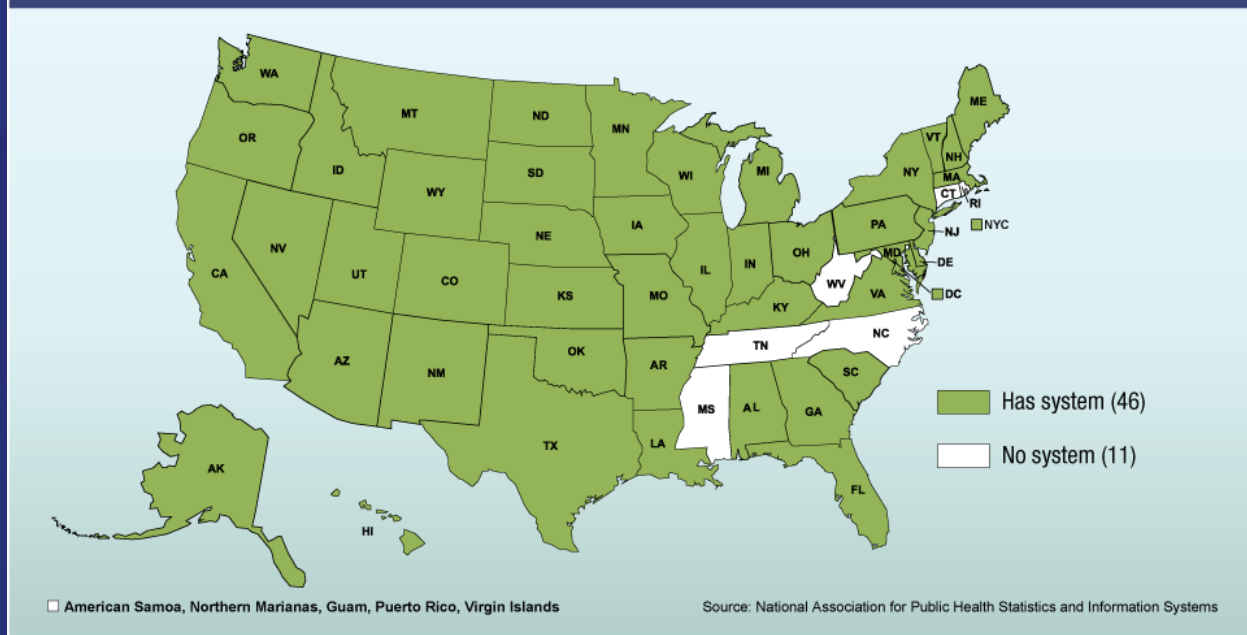
National level: timeliness

- ❑ Vital Statistics Cooperative Program contract
 - ❑ Promoted timeliness and quality
 - ❑ Included support in development and implementation of electronic death registration systems
- ❑ NCHS may withhold or reduce payment if jurisdiction fails to meet reporting requirement
- ❑ Early warning notification system to proactively identify jurisdictions at risk of failing to meet timeliness and data quality standards

National level: timeliness

- As of July 2016, only 46 of the 57 vital registration jurisdictions have an operating electronic death registration system

Figure. Jurisdictions using electronic death registration systems: August 2016



National level: timeliness

- ❑ In 2014 *final* mortality data were released 12 months after end of data year
 - ❑ Earliest final data release for mortality in history of NVSS
 - ❑ 2015 *final* data released in December 2016
- ❑ Vital Statistics Rapid Release (2015)
 - ❑ Release of quarterly provisional estimates
 - ❑ State & national provisional counts and estimates of key health indicators

City/State-level

- ❑ Quality of cause of death (COD)
 - ❑ Conducted by New York Department of Health and Mental Hygiene
 - ❑ One of the 57 jurisdictions
- ❑ 2003 comparison of in-hospital deaths with medical charts
 - ❑ 91% over-reporting of heart disease
 - ❑ Over-reporting increased with age

City/State-level

- ❑ Intervention period: June 2009- January 2010
- ❑ Sample: 8 of the 64 hospitals in NYC

Intervention:

- ❑ Conference call with senior staff
- ❑ On site, in-service training
- ❑ Online learning module
- ❑ Process mapping of death certification and registration workflow

City/State-level

- ❑ At intervention hospitals heart disease deaths decreased from 68.8% pre-intervention to 32.4% post-intervention
- ❑ Citywide, the proportion of heart disease deaths decreased:
 - ❑ 39.1% pre-intervention
 - ❑ 34.2% post-intervention
 - ❑ 32.5% in the extended post-intervention period

City/State-level

- ❑ Annual online training requirement for physicians using the electronic death registration system
- ❑ Hawaii based its e-learning training on the NYC model

The screenshot shows a web-based e-learning interface. At the top, the title 'Improving Cause of Death Reporting' is displayed in a light green header bar, with 'GLOSSARY HELP EXIT' links on the right. Below the header, there is a video player area. On the left side of the video player, there is a sidebar menu with the heading 'Topics'. The menu items are: 'Receiving Credit', 'Learning Objectives', '▶ Importance of Cause of Death Reporting', '▶ Completing the Certificate', '▶ Medical Examiner Cases', 'Additional Resources', and 'Congratulations!'. The main video area has a dark green background with the NYC Health logo in the top left corner. The title 'Improving Cause of Death Reporting' is centered in large white text. Below the title, a white text box contains the message: 'To complete and certify electronic death certificates in New York City, you must successfully complete this course and the test that follows.' An orange arrow points downwards at the bottom right of the video area. At the bottom of the interface, there is a control bar with a play button, a progress bar showing 'PLAYING' and '00:38 / 00:47', and a 'NARRATION TEXT' button. The Windows taskbar is visible at the very bottom of the screen.