2007 Perinatal Hepatitis B and HIV Grantees' Meeting
May 1, 2007 Hepatitis B Discussion Sessions

Case Identification Discussion Questions

1. *What methods does your program use to identify HBsAg-positive pregnant women?*
   - State laws requiring prenatal HBsAg testing
   - Electronic and paper laboratory reporting
   - Hospital reporting
   - Physician reporting
   - Mother reporting
   - Maternal HBsAg status on newborn screening cards and electronic birth certificates
   - Pregnancy status on laboratory reports for HBsAg
   - Labor and delivery (L&D) nurses can report to the local health department (LHD) using an 800 number
   - Hospitals call LHD with positive lab results when they were unknown at birth

2. *Has your program found ways to make case identification more efficient?*
   - Provider education
   - Advocate hospital reporting births to HBsAg-positive women
   - Electronic laboratory reporting
   - Hospital chart audits
   - Use the immunization registry to identify infants that received HBIG
   - Information sent to providers who failed to report when case was found on newborn screening card to improve future reporting
   - Look at IgM-positive reports

Hospital Birth Dose Strategy Discussion

1. *What barriers has your program encountered in getting hospitals to administer a universal birth dose?*
   - Not having physician buy-in, physician resistance
   - Not having model standing orders/policies/procedures
   - Some midwives having implementation and storage issues
   - Physician wanting to give first dose at office visit
   - Cost, reimbursement for vaccine, hospitals have fixed (bundled delivery) reimbursements
   - Combination vaccines
   - Patient preference, parental refusal, lack of patient education to overcome fear of vaccinating
   - Hospital not enrolled in VFC, paperwork issues regarding VFC
   - Turnover of hospital L&D/nursery staff
   - Misconceptions about risk, thimerosal issue

2. *In programs <u>with</u> a universal supply of hepatitis B for the birth dose, what barriers exist for getting your hospitals to give a universal birth dose?*
   - Miscommunication between hospital staff (pharmacy-L&D)
   - Hospital staff changes
   - Physicians giving first hep B dose at office visit, physician opposition to birth dose
   - NICU babies not getting vaccinated
   - Hospitals not enrolled in VFC, hospital not aware of universal vaccine supply, VFC paperwork burdensome
   - Thimerosal issues
   - Lack of standing orders for the birth dose
   - Reimbursement issues-fixed capitation rates for births
   - Hospitals that do not think they have any HBsAg+ pregnancies do not want to participate

3. *In programs that have hospitals administering a universal birth dose, what strategies were successful?*
   - Birth hospital survey
   - Provider education, meeting with nurse managers/risk managers, continual quality management, letter to hospital/stakeholders, education/materials
   - Calling hospitals to discuss getting "free" vaccine
   - Standing orders to administer hep B doses <12 hours
   - Physician champion/infection control practitioner (ICP)
   - OB to pediatrician encouragement/pressure
   - Pharmacy involvement/buy-in, flagged orders in pharmacy for doses
   - Hospital policies and standing orders
   - Auditing birthing hospitals for baseline vaccination with feedback
   - Checking at discharge for documentation
   - ACIP/CDC support/guidance, AAP endorsement
   - Contacting hospital staff and developing good relationships

4. *In programs <u>without</u> a universal supply of hep B vaccine for the birth dose, how have you overcome hospital reimbursement issues with the birth dose of hepatitis B?*
   - Giving VFC eligible babies vaccine, others vaccinated through hospital paid vaccine or insurers are billed
   - Assist mom with insurance claims
   - Physician champions
   - Risk management (HBsAg+), provider education, medical error cases, hospital audits
   - Use of 317 funds provided hospital with vaccine and tools

Hospital Surveys Discussion

1. *What barriers and/or concerns do you have with conducting hospital medical record reviews?*
   - Time for approval process
   - Lack of staff resources, expense/funding, travel time
   - Travel restrictions
   - Concern regarding appropriate study design, need help with analysis of data
   - Large sample sizes
   - Access to hospital records(computerized charting, offsite storage of records, medical records staffing shortage)
   - Misunderstanding regarding intent, staff resistance from hospitals
   - Finding the right hospital contacts, staff turnovers
   - Disorganized hospital records
   - Support from our program directors
   - Standardized survey
   - Knowing how to perform medical record reviews

2. *What strategies has your program used to conduct medical record reviews with most or all of your birthing hospitals?*
   - Using different types of staff support (county health dept, AFIX staff, and students)
   - Present/educate various hospital staff, i.e. medical records, ICP, administrators/CEO, L&D staff/manager
   - Annual surveys and lot quality assurances (LQAs), performing quality assurance audit for hospital
   - Combining audit with education/feedback
   - Use team approach with internal staff or regional staff
   - Hospital staff to pull all charts prior to record review
   - Follow guidance from CDC
   - Look at women with no prenatal care
   - Letter to inform hospital about intent to do review
   - Sent letters to hospital medical director, copied OB unit RN with instructions (used CDC LQA) and sent feedback after completion
   - Including it as an immunization quality assurance plan