

Data Collection Model: Building Partnerships

Surveillance, Epidemiology and Research Section
(SER), STD/HIV/AIDS Division
Chicago Department of Public Health (CDPH) and
the Perinatal Rapid Testing Implementation in
Illinois (PRTII)

Carrie Schiff and Divina Vargas

Perinatal HIV Surveillance Grantees' Meeting

May 1st, 2007

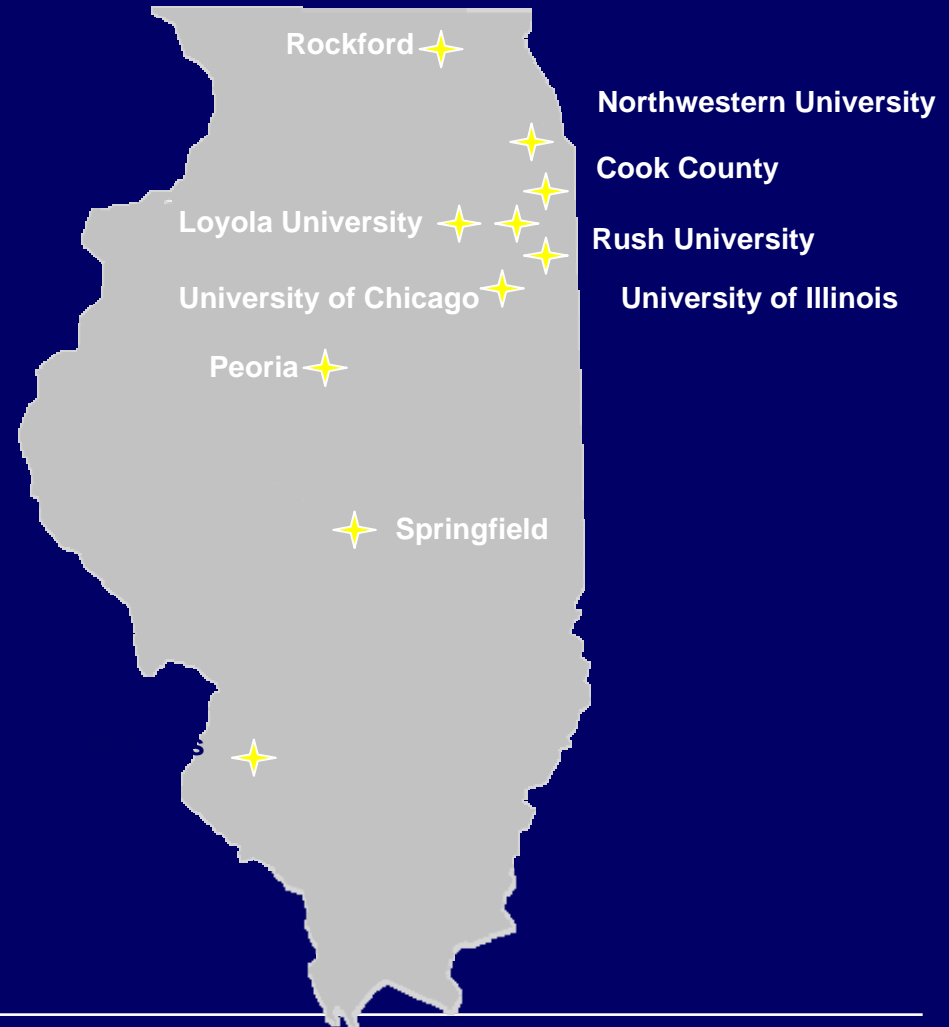


Why Establish a Partnership?

- ❑ Reporting of HIV pediatric exposures by providers is not mandated by State law
 - ❑ In 2006 there were a total of 44384 births in the City of Chicago
 - ❑ These births occurred in 25 hospitals
 - ❑ There are an average of 170 HIV pediatric exposures per year in Chicago
-

What is PRTII?

- PRTII formed to implement rapid HIV testing in every L&D and newborn nursery unit in Illinois to reduce perinatal HIV transmission and prevent pediatric HIV in Illinois
- Work through coordinated efforts of existing Illinois Regional Perinatal Network System (10 networks)





Why PRTII as a partner?

- ❑ Established relationship with perinatal network infrastructure
 - ❑ Close partnership with 5 major Chicago perinatal HIV centers
 - **Over 80%** of cases for Chicago EPS either deliver at these hospitals or are referred there for follow-up care
 - ❑ 24-hour Perinatal HIV hotline – called for all rapid test positives
 - ❑ Hospitals report monthly to PRTII on all rapid tests and deliveries (including mothers with known positive status)
 - Ability to capture ALL HIV exposed infants in REAL time
-



SER and PRTII Partnership

SER contracted with PRTII to conduct the following activities for Enhanced Perinatal Surveillance (EPS):

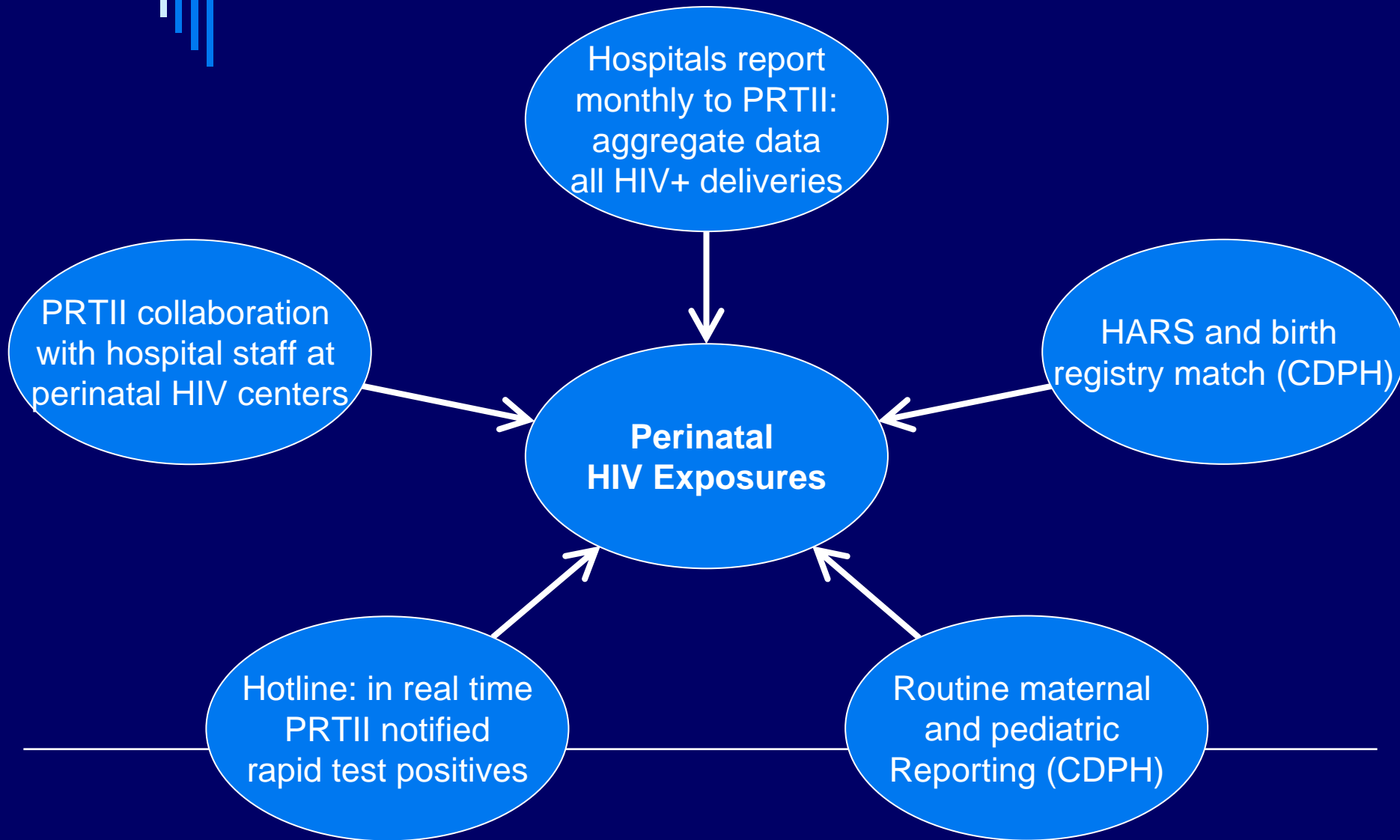
1. Identify the universe of perinatal exposure cases
 2. Obtain case information and complete elements of EPS form for births years 2005-2007 from all birthing hospitals in the City of Chicago.
 3. Review records for:
 - ❑ Women with a known HIV positive status at the time of delivery at a Chicago birthing facility;
 - ❑ Women who had a positive HIV rapid test performed at the time of delivery; and,
 - ❑ Women who deliver an infant who tests positive for HIV at the time of delivery or during the postnatal period.
-



Ensuring Security and Confidentiality

- All staff involved in EPS, including PRTII participated in training for SER's Security and Confidentiality Guidelines and signed both the CDPH HIPAA Acknowledgment and SER's Security and Confidentiality forms.
 - During data collection:
 - Staff must keep confidential information with them at all times.
 - Case tracking and follow-up is performed using unique identifiers
 - Only staff directly involved in EPS data collection who have signed SER's Security and Confidentiality form are allowed access to medical records and completed EPS data collection forms.
-

Sources of Case Identification





Cases Identified through Multiple Sources

| Case Identification Sources | 2005 | 2006 | 2007 | Total Identified |
|--|-------------|-------------|-------------|-------------------------|
| PRTII | 74 | 74 | 20 | 168 |
| Exposure Cases Reported to SER | 0 | 0 | 0 | 0 |
| Pediatric Cases Reported to SER | 1 | 1 | 0 | 2 |
| Maternal Cases Reported to SER | 24 | 54 | 0 | 88 |
| Birth Registry | 21 | 5 | 0 | 26 |
| Total Per Year | 120 | 134 | 20 | 284 |



Introducing EPS to Hospitals

- Commissioner of the Chicago Department of Public Health signed a letter explaining the Act, the partnership between SER and PRTII, and the purpose of EPS.
 - The letter was mailed to CEO's of all Chicago hospitals providing OB/GYN and birthing services
 - Metropolitan Chicago Healthcare Council sent out a mass email with a copy of the letter to all members
 - PRTII regional coordinators distributed letter in person when requesting access to case information to:
 - Perinatal network administrators
 - L/D nurse management
 - Medical records personnel
-



Data Collection Partnership

Once cases are identified:

- PRTII reviews:
 - Prenatal Care Records
 - Labor & Delivery Records
 - Pediatric Birth Records
 - Once follow-up is completed on these charts case is submitted to SER
 - SER completes follow-up on EPS forms by reviewing:
 - Maternal HIV Care Records
 - Pediatric HIV Medical Records
 - Complete Maternal, Pediatric Exposure and/or Pediatric HIV/AIDS Case Report Forms
-



SER's Role

- EPS data collection for hospitals reluctant to release information to PRTII
 - Data Entry
 - Data Cleaning
 - To avoid duplication from multiple sources
 - Ensure data quality
 - Data Analysis
 - Summary Reports
-



Challenges

- ❑ Difficulty obtaining charts on 2005-2006 backlog cases
 - ❑ Some hospitals reluctant to release information to PRTII as agent of health department
 - ❑ One large hospital might require EPS to be reviewed by their Internal Review Board (IRB)
 - ❑ Some medical records departments view EPS chart requests as an extra resource burden rather than routine, required reporting because requests initiated by an outside agency (PRTII) rather than health department
-



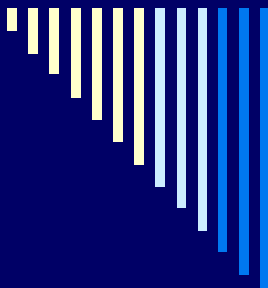
Lessons & Strengths

- Capitalize on existing infrastructure
 - PRTII experience and relationships
 - IL Perinatal network
 - Surveillance activities
 - Increased collective consciousness of reducing perinatal HIV transmission in Chicago
 - People matter!
 - Real time case identification is best practice
-



2007 Goals

- ❑ Have law requiring reporting of perinatal HIV exposures
 - ❑ Complete EPS Backlog
 - ❑ Capture and complete EPS for 2007 exposures in REAL time
 - ❑ Continue strengthening our relationships with providers
 - ❑ Data ready for analysis
 - ❑ Publish our findings
-



Questions?

Contact Information:

Divina Vargas, EPS Project
Coordinator

SER, Section
STD/HIV/AIDS Division

Chicago Department of
Public Health

333 South State Street,
Room 2150

Chicago, IL 60604

phone (312) 747-9609

fax (312) 745-3923

email:

vargas_divina@cdph.org

Carrie Schiff, Regional
Coordinator

PRTII

phone (312) 320-1511

email:

cschiff@wesleyan.edu
