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Perinatal hospital activities and healthcare pathway

optimization in the Ile de France region: how to manage

the full set of data for regional health authority?

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Abstract

**Background**: Perinatal hospital activities are submitted to authorization from

the Regional Health Authority. In IDF region, 2016 is time to assess applications

for renewal.

The perinatal activities are allowed within a regional 5 years plan; hospital

activities have to take part of healthcare pathways and perinatal network

are in charge to coordinate and optimize the circuits. Assessment means to

collect and manipulate outpatient care and hospital medical as well as organizational

data. How to manage all the required data?

**Material and Method**s: Use of routine data from Perinatal health Information

System which combines hospital discharge summaries, census data and

organizational data. We have sent data about 40 indicators measuring activity

and medical practice to the maternities involved in the routine Information

system and who had already given their data for 2015, 2014 and 2013. To

compare these measures with declarative data of surveys among midwives and

hospital directors or doctors, we focus on «Hauts de Seine» district to draw a «territorial diagnosis» for the perinatal network. They will be compared with questionnaires for renewal files, including 6 chapters about administrative, equipment, activity, quality and safety, medical and paramedical staff, prenatal, delivery and neonatal care activities, postpartum organization, enquiry

about relationships with the perinatal network and routine practice assessment.

**Results**:

 Among 348793 childbearing age women (15 to 49 years old),

living in the district with 1600569 inhabitants, having a total fertility rate of

1.99, 24469 delivered in 2014 (13.5% of total deliveries among IDF living

women). In 2014, maternities have registered 27115 deliveries (14.8% of deliveries

in IDF maternities), receiving women from other districts.

In 2015, a first survey asked the 15 maternities of the district about their

organization and activities. 12 have answered. 2 hospitals follow an «autarcic

model». The others practice «shared prenatal follow-up» with city physicians.

The ratios of deliveries per delivery room varies from 10 to 600 and ratios of

deliveries per postpartum bed varies from 25 to 80, in accordance with general

activity varying from 536 to 3448 deliveries in 2015. A great heterogeneity is

also seen in caesarean rates varying between 12% to 48% in 2 level one maternity

hospitals.

A second survey, asked 120 independent midwives working in the district,

about their organization and activities. 97 have answered about distribution

of prenatal consultations, ultrasounds for low-risk pregnant women, high-risk

care under medical order, postpartum care for mothers and neonates.

**Discussion**: Health authority is facing a great number of data to achieve

the renewal files analysis, comparing hospital declarative data and routine

measured data. A great number of meetings are necessary to achieve agreement

about the meanings of the data.

Perinatal networks should get benefit from these analysis to build the

various perinatal healthcare pathways, but the out-care data are still difficult

to obtain and match with hospital data.

**Conclusion**: We hope that a shared territorial diagnosis about coordinated

perinatal healthcare pathway between ambulatory care and hospital will

come to light after this intensive data management.