

# Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality  
for Mothers and Babies

## PROMOTING PRIMARY VAGINAL DELIVERIES (PROVIDE) INITIATIVE 2.0

### 2019 APPLICATION GUIDE



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



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PROMOTING THE HEALTH OF  
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## TABLE OF CONTENTS

This application guide explains the objectives of the expanded and enhanced Promoting Primary Vaginal Deliveries (PROVIDE) 2.0 Initiative, reviews our model for quality improvement, your role as a participant, the project timeline and activities, and proposed project measures.

BACKGROUND.....	2
Florida Context .....	2
About the Promoting Primary Vaginal Deliveries (PROVIDE) Initiative .....	3
Why Join the PROVIDE Initiative? .....	4
PROJECT OVERVIEW .....	5
Project Goal.....	5
Hospital Collaborative Initiative .....	5
Suggested PROVIDE 2.0 Initiative Timeline and Required Activities .....	8
PROVIDE Recommended Key Practices .....	10
Initiative Core Data Measures.....	11
HOW TO APPLY .....	12
PROVIDE 2.0 INITIATIVE LEADERSHIP .....	14
APPENDIX A: PATIENT SAFETY BUNDLE ON SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS .....	15
APPENDIX B: PROVIDE KEY DRIVER DIAGRAM.....	17
APPENDIX C: PROVIDE 2.0 MEASUREMENT GRID.....	18

## BACKGROUND

While cesarean birth is a lifesaving procedure when vaginal delivery is no longer a safe option, the U.S. has seen a rise in cesarean rates without associated improvement in health outcomes for women or newborns. The Joint Commission has pointed out that “there are no data that higher rates improve any outcomes, yet the C-section rates continue to rise.” As a result, the Joint Commission will begin reporting hospitals throughout the country with Cesarean rates over 30% in 2020.

Comprising 60% of all cesarean deliveries in the United States, primary cesarean deliveries are a major contributor to the large increase in total cesarean delivery rates over the past two decades. Approximately 90% of women who have a primary cesarean delivery are likely to deliver by cesarean again in subsequent pregnancies, which incurs higher costs and progressively higher morbidity risks with each additional cesarean delivery. It is recognized that effective prevention efforts must focus on cesarean deliveries among low-risk women, that is, nulliparous women at term gestation, with a singleton baby in vertex presentation (NTSV) (Sebastião et al 2015).

Nearly half of all NTSV Cesareans do not meet American College of Obstetricians and Gynecologists (ACOG) or Society of Maternal and Fetal Medicine (SMFM) best-practice guidelines based on Florida hospital assessments. For most low-risk NTSV women, cesarean birth increases risk of hemorrhage, infection, uterine rupture, abnormal placenta, and cardiac events, psychological stress, longer hospital stays, increased pain, and increased postpartum re-admissions. Cerebral palsy and neonatal seizure rates have remained unchanged since 1980. Cesareans are associated with impaired neonatal respiratory function, neonatal intensive care unit admission, difficulty breastfeeding, and lifelong health (Main et al 2011; Smith et al 2016).

Additionally, costs associated with cesareans are significant for insurers, government, taxpayers, and consumers. Studies have shown that each cesarean costs \$5,000 to \$10,000 more than a vaginal birth. Based on Florida reports, maternal hospital cost savings for each Medicaid and private insurance cesarean delivery would be \$4,000 or more. As a result, the state stands to save millions annually as the NTSV cesarean rate decreases in participating FPQC hospitals.

### **Florida Context**

Delivery by cesarean section has been increasing in Florida from a low of 21.9% in 1996 to a high of 38.1% in 2012; Florida’s provisional 2018 rate is 36.8%. Cesarean delivery of a woman’s first child, specifically among low-risk women with a term, singleton pregnancy with the fetus in vertex (head first) position are known as NTSV deliveries: nulliparous, term, singleton, vertex. It is likely NTSV cesareans are driving the increasing cesarean rate as virtually all subsequent births by NTSV women will be delivered by cesarean due to limited opportunity for vaginal delivery after cesarean (Martin et al 2011; Ecker & Frigoletto 2007; Hobbs et al 2016). In 2017, the national rate of primary cesareans was 26%; in Florida, it was 31%, the 2<sup>nd</sup> highest in the U.S (Martin et al 2017).

An epidemiological study on individual and hospital level risk factors for cesarean delivery for low-risk first births in Florida (Sebastião et al, 2015) reports that after controlling for individual and hospital level factors (i.e., demographics, medical conditions, insurance status, day/time of delivery), the risk of such deliveries is greatest for women who deliver in hospitals located in the Miami-Dade area and for women in certain Hispanic subgroups



(specifically Cuban and Puerto Rican). Variation in Florida hospital NTSV cesarean rates ranging from 7.4% to 59.8% in 2018 presents an opportunity for quality improvement and suggests other factors, including clinical practice culture/patterns, and to a small extent, patient preferences, may be affecting these rates.

### **About the Promoting Primary Vaginal Deliveries (PROVIDE) Initiative**

FPQC launched the PROVIDE Initiative in 45 delivery hospitals throughout Florida in October 2017 in response to both the rise in NTSV Cesareans, and the wide variation in rates between hospitals. To have a larger impact in Florida, we are launching PROVIDE 2.0 to recruit new participating hospitals and further assist currently participating ones.

The Florida Perinatal Quality Collaborative (FPQC) works to advance perinatal health care quality and patient safety for all of Florida's mothers and infants through the collaboration of FPQC stakeholders in the development of joint quality improvement initiatives, the advancement of data-driven best practices and the promotion of education and training.

Cesarean birth reduction is challenging because it is very complex. Multiple factors contribute to this challenge, and a collaborative of hospitals and providers, public policy, professional organizations, public advocates, insurers, and more are likely to have the greatest effect.

The FPQC's PROVIDE Advisory Group consists of representatives from the American College of Obstetricians and Gynecologists (ACOG) District XII, the Florida Chapter of the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), the Florida affiliate of the American College of Nurse Midwives (ACNM), the Florida Hospital Association, the Agency for Healthcare Administration (AHCA), the Florida Department of Health (DOH), representatives from provider practice groups, hospitalists, health plans, hospital nurses and administration, public health professionals, childbirth educators, and doulas.

The California Maternal Quality Care Collaborative (CMQCC) was able to show reduction in hospital NTSV cesarean rates through a pilot project where hospitals received data measurement support, quality improvement mentoring from CMQCC, and payment reform. Three pilot hospitals saw an average of 22% reduction in their NTSV in less than a year with no change in the rate of unexpected newborn complications. Lessons learned from the pilot initiative, in addition to an expert task force, informed the creation of the CMQCC's *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans* (Smith et al 2016). Moreover, CMQCC has expanded this initiative statewide and has demonstrated the successful ability to reduce unnecessary cesarean without an increase in adverse neonatal outcomes (Main et al 2019).

The FPQC PROVIDE Advisory Group decided to use the CMQCC's Toolkit for the Florida PROVIDE Initiative. The *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans* is a comprehensive, evidence-based guide based on the Council on Patient Safety in Women's Health Care Patient Safety Bundle on Safe Reduction of Primary Cesarean Births and the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine (SMFM) Consensus on Safe Prevention of the Primary Cesarean Delivery. In addition to California's toolkit, the advisory group is updating, modifying, amending, and adding more tools for Florida care providers and hospitals to promote primary vaginal deliveries.



## **Why Join the PROVIDE Initiative?**

The PROVIDE Initiative offers an opportunity for your facility to implement change and improve the care provided to women and infants. By joining PROVIDE 2.0, you will gain access to a network of Florida hospitals already working through the implementation of evidence-based strategies to reduce NTSV cesareans. The goal of the PROVIDE 2.0 Initiative is to improve maternal and newborn outcomes by applying evidence-based interventions to promote primary vaginal deliveries at Florida delivery hospitals. The FPQC aims to support collaborating hospitals as they develop and implement multi-disciplinary teams and strategies with the ultimate goal of reducing low-risk primary cesarean deliveries in Florida.

Stakeholders across the state and the U.S. have begun to take note of cesarean delivery rates, including their impact on morbidity, mortality, and health care costs. Joining the initiative helps your hospital work in a collaborative with resources to help you implement evidence-based quality improvement recommendations. It also offers an environment to learn together with others on the best strategies, methods and tools to adapt and implement in your hospital. Hospitals that participate in multi-organization quality improvement collaboratives achieve more gains faster than those who do so alone. Past participants have found it useful to not have to “reinvent the wheel.” Participation in a multi-hospital collaborative is shown to result in more rapid positive change in patient safety.

Read on to learn what kind of support the FPQC can provide participating hospitals and what hospitals will be asked to commit in order to participate. If you have any questions about the information presented here, please email [FPQC@health.usf.edu](mailto:FPQC@health.usf.edu).

## **PROJECT OVERVIEW**

### **Project Goal**

In 2017, the PROVIDE Advisory Group proposed that the PROVIDE initiative hospitals reduce their NTSV cesarean rates by at least 20% by the end of the 18-month initiative.

The ultimate goal was for Florida's rate to match if not surpass the U.S. rate in three years, or by 2020.

As of Spring 2018, we have achieved a 7% reduction in Cesareans, but have learned, similarly to other state perinatal quality collaboratives, that change in cesarean rates takes time.

For these reasons, FPQC has decided to extend and expand PROVIDE. Equipped with the latest evidence, and joined by experienced hospital teams and expert partners, we still believe that a 20% reduction is obtainable.

### **Hospital Collaborative Initiative**

We plan to achieve improvements in maternal outcomes related to promoting primary vaginal deliveries by implementing best practice guidelines included in the California Maternal Quality Care Collaborative's Supporting Vaginal Birth Toolkit, the Alliance for Innovation in Maternal Health's Patient Safety Bundle on Reduction of Primary Cesarean Births, and tools developed by the Florida PROVIDE 2.0 Advisor Committee. Participating hospitals will agree to tailor and implement all hospital identified process improvements in their hospital's selected cesarean improvement area (one of three potential areas).

### **In PROVIDE 2.0, FPQC will:**

- Build a strong collaborative learning environment to support hospitals with driving change
- Coordinate experts and other resources to support the improvement process
- Offer content oversight and process management for the initiative
- Offer participants with evidence-based information on the subject and information on application of that subject matter via medical and quality improvement experts
- Offer tools and resources to support hospitals in implementing process changes and improving documentation
- Develop/adapt/update useful materials and tools as needed by the initiative
- Host an online PROVIDE resource toolbox for hospital implementation
- Offer guidance and feedback to participating hospitals on executing improvement strategies via phone, e-mail, and on-site technical assistance consultations
- Provide educational events, such as Grand Rounds and regional workshops on Labor Support Skills to Promote Vaginal Birth
- Convene regular collaborative coaching calls, learning session webinars, and both video and text educational resources to support hospitals in driving change
- Facilitate an online data submission process and monthly quality improvement data reports for participating hospitals as well as a baseline assessment report to assist in choosing your hospital's improvement area
- Communicate progress and deliverables to the stakeholders of FPQC
- Evaluate and report PROVIDE 2.0 results in a fashion that does not publicly identify hospitals and providers

### **Additionally, FPQC will:**

- Increase focus on change management



- Develop a new maternal education campaign
- Provide quarterly delivery attendant NTSV rates
- Launch online hospital reports
- Facilitate connections to leading national experts for advice and support

In 18 months, participating facilities will implement new and existing strategies until all core components in the selected focus area appropriate to a hospital are implemented, then spend at least 6 additional months institutionalizing the strategies. See below for more information on focus areas.

We expect participating hospitals and providers to make a commitment to implementing change and reporting your progress during the Collaborative for the benefit of all maternity services statewide.

### **Participating Collaborative Hospitals are Required to:**

- Assemble a strong QI team including physician, nurse midwife, nurse and administrative champions and conduct regular team meetings during implementation.
- Notify FPQC of changes to the QI team.
- Complete FPQC pre and post implementation surveys.
- Attend an in-person PROVIDE 2.0 regional Orientation prior to kick-off. Currently scheduled sessions: August 14 in Palm Beach County or August 15<sup>th</sup> in Lake County.
- Attend (at least 2 team members per hospital) the Kick Off Meeting on October 17, 2019 and the Fall 2020 face-to-face mid-project meeting.
- Commit time for team members to attend monthly PROVIDE 2.0 coaching calls, including sharing your hospital's successes and challenges on at least one coaching call per quarter.
- Select one of three possible key focus areas for your hospital's improvement efforts
- Send a team to participate in a one-day FPQC regional training workshop on labor support skills to promote vaginal birth.
- Schedule an on-site educational and technical assistance consultation from FPQC advisors and staff for your department and PROVIDE 2.0 Initiative team
- Implement adapted recommended quality processes and procedure changes within the hospital
- Develop, add or amend hospital or department policy or guidelines to reflect recommended quality processes and procedure changes
- Sign the project Data Use Agreement and document, submit, track, and report all required FPQC measures on a monthly basis throughout the initiative
- Identify a birth certificate lead to work with Bureau of Vital Statistics, Florida Department of Health (BVS) to improve delivery attendant reporting on the birth certificate. Most work will be performed by BVS.
- To use quality improvement and change management practices to address your hospitals key drivers of unnecessary NTSV cesareans.

### **Hospital Administrator in Participating Hospitals:**

- Promote the goals of the collaborative and develop links to hospital strategic initiatives
- Provide the resources to support their team, including time to devote to this effort (team meetings, learning sessions, FPQC PROVIDE in-person meetings and monthly coaching calls) and facilitate active senior leadership involvement as appropriate
- Closely track initiative progress to assure adequate initiative support by hospital leadership during the project duration.
- Focus on key administrative barriers that may be limiting quality improvement efforts.



### **Hospital MD and Nurse Leaders in Participating Hospitals:**

- Lead the hospital's quality improvement efforts, including convening regular team meetings
- Develop a strategy for accountability among partners to help assure progress toward local goals
- Attend PROVIDE initiative in-person meetings and monthly phone calls
- Share information and experiences from the initiative with fellow participants on conference calls/webinars and at in-person meetings
- Perform tests of change that lead to process improvements in the organization
- Work actively with your peers to gain support and incorporate initiative components into practice.
- Spread successes across the entire hospital system where applicable

Strategies will be adaptable to all hospital settings. There will be core elements that are recommended in a priority order for overall and key focus areas to be included in all locations, including participation in data collection for core metrics. Each facility can either adopt an existing set of protocols or guidelines and tools or develop/adapt protocols or guidelines and tools using the evidence-based elements. A toolbox of materials to assist with implementation will be provided using Box Cloud technology which meets security standards of the University of South Florida.

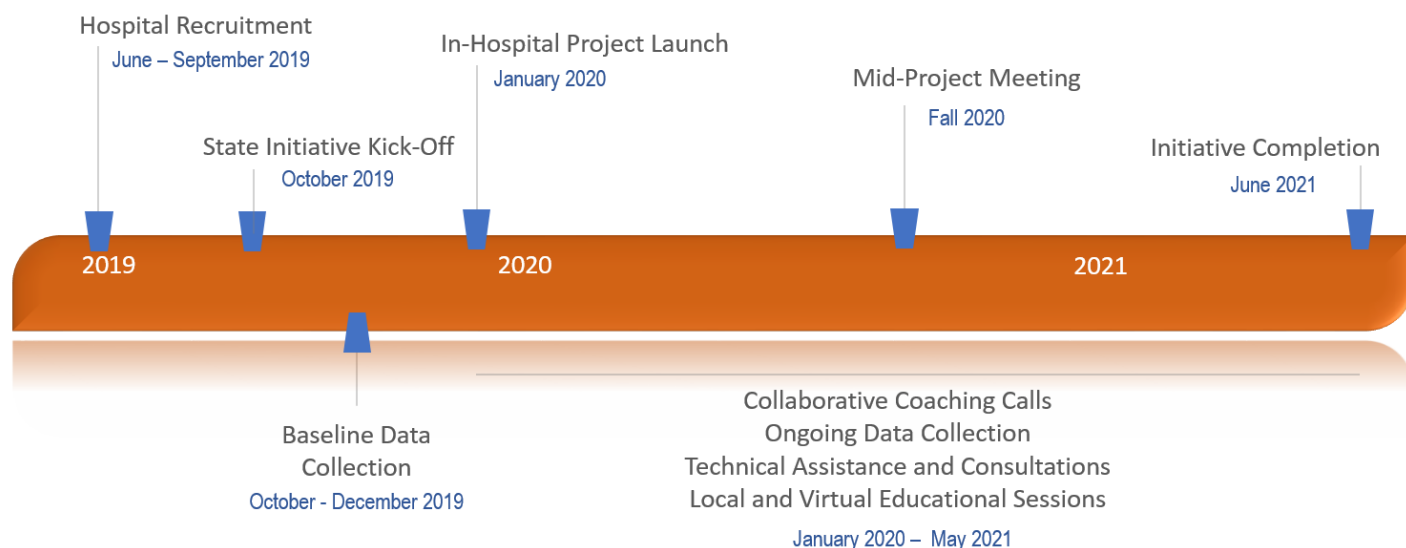
PROVIDE 2.0 hospitals will learn improvement strategies that include establishing goals and methods to develop, test, and implement changes to their systems. Quantitative and qualitative data will be collected by sites, submitted to FPQC monthly via a HIPAA-compliant, secure online interface, and shared regularly with hospital teams in a de-identified fashion.



## **Suggested PROVIDE 2.0 Initiative Timeline and Required Activities**

Timeline is subject to change.

Tasks	Timeframe
Attend a PROVIDE 2.0 Orientation Meeting to learn about the PROVIDE Initiative and orient your team in preparation for participation. Currently scheduled sessions: August 14 in Palm Beach County or August 15 <sup>th</sup> in Lake County	August 2019
Recruit Leadership Team (physician, nurse, data, and administration champions) and Submit Hospital Application to Participate	August – September 2019
Submit Hospital Commitment and Data Agreements	October 2019
Attend In-person PROVIDE 2.0 Kick-Off Meeting and complete pre-implementation assessment	October 17, 2019
Create a plan/schedule for regular meetings of your multidisciplinary PROVIDE Initiative quality improvement team (we suggest monthly). Your team should touch base regularly to review your progress and continue to plan changes to keep the project moving forward	October – December 2019
Collect Baseline Data via chart audit to help determine your hospital's priority focus area, Submit via our online system	October – December 2019
Birth certificate lead to start work with FDOH Bureau of Vital Statistics to improve delivery attendant reporting on the birth certificate	October-December 2019
Review Quality Improvement Data Report from your baseline assessment to select the Hospital's priority Focus Area	January 2020
Launch PROVIDE Initiative in your hospital with an educational session, department meeting, or other event/announcement	January 2020
Hold regular PROVIDE QI team meetings to review process, structural, and outcome measures; conduct Plan, Do, Study, Act cycles	January 2019 – June 2021
Attend regular PROVIDE Coaching Calls for advice and collaboration (including sharing successes/challenges <i>at least</i> per quarter by your hospital team)	January 2019 – May 2021
Clinicians attend a regional Labor Support Skills to Promote Vaginal Birth workshop	January 2019 – May 2021
Request virtual or on-site Technical Assistance Consultations from FPQC. We can bring in data experts, national clinical experts, and more.	January 2020 – May 2021
Collect, submit, and receive QI data reports to track your hospital's progress on your focus area (monthly)	January 2020 – May 2021
Provide regular opportunities to educate and engage clinicians and staff on PROVIDE best practices, teamwork and communication, discuss your hospital's guidelines, etc. Use resources already developed and available for your use.	January 2020 – May 2021
Attend PROVIDE 2.0 Mid-Project In-person Meeting	Fall 2020
Hospital Post Implementation assessment/Feedback survey	May 2021
Implement plan for PROVIDE sustainability in your hospital	June 2021



## In-Person Meetings

Representatives (at least two, preferably your nurse champion and physician and midwife champions) from all hospitals will be asked to participate in three in-person meetings of the PROVIDE 2.0 initiative to learn and collaborate. These include:

1. A regional PROVIDE 2.0 Orientation to learn background information on the issue of NTSV cesareans, clinical recommendations and evidence-based practices to promote primary vaginal delivery, and what the PROVIDE Initiative entails (we will hold these in 3 regions prior to the kick-off),
2. An in-person kick-off meeting on October 17, 2019 in Orlando, FL in order to collaborate with other hospitals statewide on recommendations related to promoting primary vaginal deliveries and clinical practice elements, learn about quality improvement methods and processes, and FPQC initiative requirements and implementation plan, and
3. A mid-project face-to-face meeting that will occur in Fall of 2020 to review data, share successes and strategies for project improvement, and rejuvenate project enthusiasm and momentum.

Hospitals will also be expected to send a team to a regional labor support skills workshop specially designed to train labor and delivery clinicians on techniques to promote vaginal birth. We hold these regularly throughout the state, and there are ample opportunities to attend.

We ask that you set up a date for a PROVIDE clinical advisor and an FPQC staff member to visit your hospital to meet with your QI team to provide personalized training and consultation for your initiative. This visit is especially helpful in the first 6 months of the initiative. It is important to draft a work plan with responsible parties listed and projected dates for actions to be completed including planning for regular team meetings during the implementation phase. Planning for ways to report back to hospital QI/administration on success helps to build in accountability partnerships.

## Ongoing Activities

During action periods, the time between in-person meetings, hospitals work toward major, breakthrough improvement. Hospitals in the collaborative will receive ongoing technical assistance, including expert consultation, site visits, training, and data review as needed.



During action periods, hospitals will be expected to attend monthly coaching calls, submit monthly data, meet regularly to review quality improvement data reports and progress with their team, and work on improvement strategies. Teams will be given quality improvement advice and tools, such as Plan, Do, Study, Act (PDSA) and change management templates to assist with tracking their progress. Team successes and challenges will be shared and discussed during coaching calls. Each team is expected to report on their progress at least quarterly on these calls.

During the initial stages of PROVIDE 2.0, the Bureau of Vital Statistics (BVS) will work with your hospital's birth certificate lead to obtain the correct list of hospital delivery attendants. BVS will update the online birth certificate table, clean up a year's worth of hospital data, and show how to simply use the current birth certificate system to correctly choose or add attendant names. Afterwards, only the hospital will receive a quarterly report of NTSV cesarean rates by delivery attendant name and random name code. Your hospital can choose how to most effectively use these reports with obstetrical providers.

Ongoing communication from the FPQC will occur during monthly coaching calls in addition to regular e-mails and phone consultation as needed. We also encourage hospitals to schedule on-site consultations, where PROVIDE clinical advisors and FPQC staff meet with your team on-site and can provide personalized educational grand rounds presentations, technical assistance with quality improvement process planning, and bring your team together to review progress and successes. These on-site consultations have been very well-received by hospital participants of past FPQC initiatives.

### **PROVIDE Focus Areas**

After you receive your baseline data report from the FPQC, your team should conduct an assessment of your key drivers related to C-section rates to select the key focus of your local initiative. This will be your primary focus area and will determine which coaching calls you will join. The PROVIDE Advisory Group has determined that the most important recommended key drivers of a Primary Vaginal Delivery promotion protocol fall into three main categories:

- I. Inductions Resulting in Cesarean
- II. Labor Dystocia/Failure to Progress
- III. Fetal Heart Rate Concern

You have the option of changing to a different focus later in the initiatives. This should be based on your hospital's needs and the capacity to adequately address.

### **PROVIDE Recommended Key Practices**

There are several key elements or strategies for addressing these categories consistent with the Council on Patient Safety in Women's Health Patient Safety Bundle on Reducing Primary Cesarean Deliveries. These recommendations focus on Readiness, Recognition, Response, and Reporting/Systems Learning. View the Bundle in Appendix A of this application guide.

Each hospital must review the resources available within its own institution and community to design or modify a written protocol that will assist in the promotion of primary vaginal deliveries. Components of any protocol that is created for promoting primary vaginal deliveries should include core elements that maximize patient safety.

**Hospitals are not expected to begin implementing all of the key elements at once.** Each team must prioritize the elements based on a self-assessment and implement strategies to best address the key drivers for their facility and match their available resources.



Because reduction of NTSV cesareans is multi-faceted, the PROVIDE initiative recommends the following overall key practices to promote primary vaginal deliveries:

1. Improve access to and promote quality childbirth education, informed consent, and shared decision making
2. Implement institutional policies that uphold best practices in obstetrics, safely reduce routine interventions in low-risk women, and consistently support vaginal birth
3. Educate nurses and providers on intermittent auscultation/EFM and implement intermittent monitoring for low-risk women
4. Educate nurses on labor support skills that promote labor progress, labor support, pain management
5. Educate and encourage providers on external version, operative vaginal delivery, breech delivery
6. Establish standard criteria for induction, active labor admission and triage management
7. Encourage use of doulas and create doula-friendly policies
8. Increase access to non-pharmacological pain management/labor progression tools
9. Implement standard diagnostic criteria and responses to labor challenges and fetal heart rate abnormalities
10. Track provider-level cesarean section rates and conduct case reviews to drive improvement.

All of the recommended key elements are evidence-based best practices for lowering cesarean rates.

A key driver diagram that visualizes factors that impact outcomes in order to assist in prioritizing strategies and actions to improve outcomes is included in Appendix B.

### **Initiative Core Data Measures**

Participants will focus on improving practice metrics for their institution relative to their baseline measures (aggregate and de-identified data provided by participating sites). Metrics will be made available for all sites in a de-identified fashion for ready comparison across institutions.

Participating hospitals will be asked to collect and submit data on the following types of measures:

#### **Labor Guideline Compliance Process Measures** (monitored monthly for hospital's area of choice)

1. Labor Dystocia/Failure to Progress
2. Inductions Resulting in Cesarean
3. Fetal Concern/Non-Reassuring Heart Rate

#### **Structural Measures** (point in time hospital change)

1. Patient, Family & Staff Support
2. Shared Decision-Making
3. Unit Policy and Procedure
4. EHR Integration
5. Multidisciplinary Case Reviews
6. Staff Education
  - a. Providers
  - b. Nurses

Participating hospitals will receive data calculated by the FPQC from state hospital discharge data on the following measures:

#### **Outcome Measures** (monitored over time)



1. Severe Maternal Morbidity
2. Severe Maternal Morbidity (excluding transfusion codes)
3. Cesarean Delivery Rate among Nulliparous, Term, Singleton, Vertex Population

**Balancing Measures** (monitored over time)

1. 5 minute Apgar  $\leq$  5 among NTSV vaginal births
2. 3<sup>rd</sup> and 4<sup>th</sup> degree lacerations among NTSV vaginal births
3. Severe unexpected newborn complications and NTSV vaginal births

Please see the Measurement Grid in Appendix C for more information on each measure.

## HOW TO APPLY

Active participation in the initiative requires dedication of a multidisciplinary team at each hospital that is committed to improving outcomes. Hospitals approved to participate will be institutions who demonstrate readiness, commitment, and capacity to be a leading hospital for quality service delivery.

FPQC will be holding an informational webinar on PROVIDE 2.0 on June 26 at 12 PM ET. We invite you and your team to participate to learn more about expectations/requirements and to get answers to your questions.

To be involved in PROVIDE 2.0 Initiative, please complete the [online application](https://bit.ly/2JYcwi0) at this link: <https://bit.ly/2JYcwi0>. The deadline for submitting an application is September 15, 2019. This online application will assess your hospital's interest and commitment to this new initiative.

It is important that you coordinate with your entire department to ensure everyone is aware that you are submitting an application and your hospital does not submit more than one application with different champions.

The application asks you to identify all of the champions on your hospital's PROVIDE Quality Improvement Initiative team. In order to participate in this initiative, hospitals will be required to obtain the commitment of:

- Project Lead. *The hospital official making the commitment for hospital participation, will be the Hospital Team Leader for the initiative, and the FPQC's main contact. This person should have influence to drive change, ultimate project oversight, and management to ensure implementation objectives and timelines are met.*
- Obstetrician Champion. *Must be a leader willing to engage colleagues on this issue and attend your QI team's meetings on this project.*
- Nurse Champion. *Must be a leader willing to engage colleagues on this issue and attend your QI team's meetings on this project.*
- Data Lead. *Will be responsible for submitting data and receiving your data reports.*
- Hospital Administrator. *Is responsible for full administrative support (including travel, time, supplies, etc) for this project.*



- Birth Certificate Lead. *Will work with FDOH Bureau of Vital Statistics to improve delivery attendant reporting. The Bureau will do most of the work.*
- Certified Nurse Champion. *(if applicable)*

Hospitals that initiate projects without all of its team leaders fully committed to the initiative will not succeed. A minimum of 3 team leaders are required. Team members can take on more than one role. We will contact all team members by email to confirm commitment; a response from all team members will be required to complete your application. Team members commit to all of the items outlined in this guide, including participation in your hospital's QI team meetings, and to informing the FPQC of any changes to the team in a timely manner.

All team members will be added to the project's communications e-mail list; You are invited to identify additional team members from your hospital to receive project information.

The application also asks for your hospital's:

- 2018 NTS Cesarean Rate in %, and the rate source.
- Whether or not you have begun working on this issue.
- Current strengths within the OB department that would support your success with a QI project, and this project in particular.
- Current challenges in the OB department that would need to be addressed in order to change current department culture on this issue.

If accepted, a Hospital Letter and Data Use Agreement will be provided to you. Return of these documents with signature from an appropriate authorizing administrator will be required by December 1, 2019. You will not be able to begin submitting baseline assessment data until the DUA is final. There is no charge associated with participation.



## PROVIDE 2.0 INITIATIVE LEADERSHIP

FPQC gratefully acknowledges our Advisory Group's knowledge, expertise, and time that are generously donated to running the project.

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## APPENDIX A: PATIENT SAFETY BUNDLE ON SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS



### SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

#### READINESS

*Every Patient, Provider and Facility*

- Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication.
- Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the maternity care cycle.
- Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.

#### RECOGNITION AND PREVENTION

*Every patient*

- Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor.
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.
- Use standardized methods in the assessment of the fetal heart rate status, including interpretation, documentation using NICHD terminology, and encourage methods that promote freedom of movement.
- Adopt protocols for timely identification of specific problems, such as herpes and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

## PATIENT SAFETY BUNDLE

# Safe Reduction of Primary Cesarean Births

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular bundle may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.

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For more information visit the Council's website at [www.safehealthcareforeverywoman.org](http://www.safehealthcareforeverywoman.org)



## RESPONSE

### *To Every Labor Challenge*

- Have available an in-house maternity care provider or alternative coverage which guarantees timely and effective responses to labor problems.
- Uphold standardized induction scheduling to ensure proper selection and preparation of women undergoing induction.
- Utilize standardized evidence-based labor algorithms, policies, and techniques, which allow for prompt recognition and treatment of dystocia.
- Adopt policies that outline standard responses to abnormal fetal heart rate patterns and uterine activity.
- Make available special expertise and techniques to lessen the need for abdominal delivery, such as breech version, instrumented delivery, and twin delivery protocols.

## REPORTING/SYSTEMS LEARNING

### *Every birth facility*

- Track and report labor and cesarean measures in sufficient detail to: 1) compare to similar institutions, 2) conduct case review and system analysis to drive care improvement, and 3) assess individual provider performance.
- Track appropriate metrics and balancing measures, which assess maternal and newborn outcomes resulting from changes in labor management strategies to ensure safety.

## PATIENT SAFETY BUNDLE

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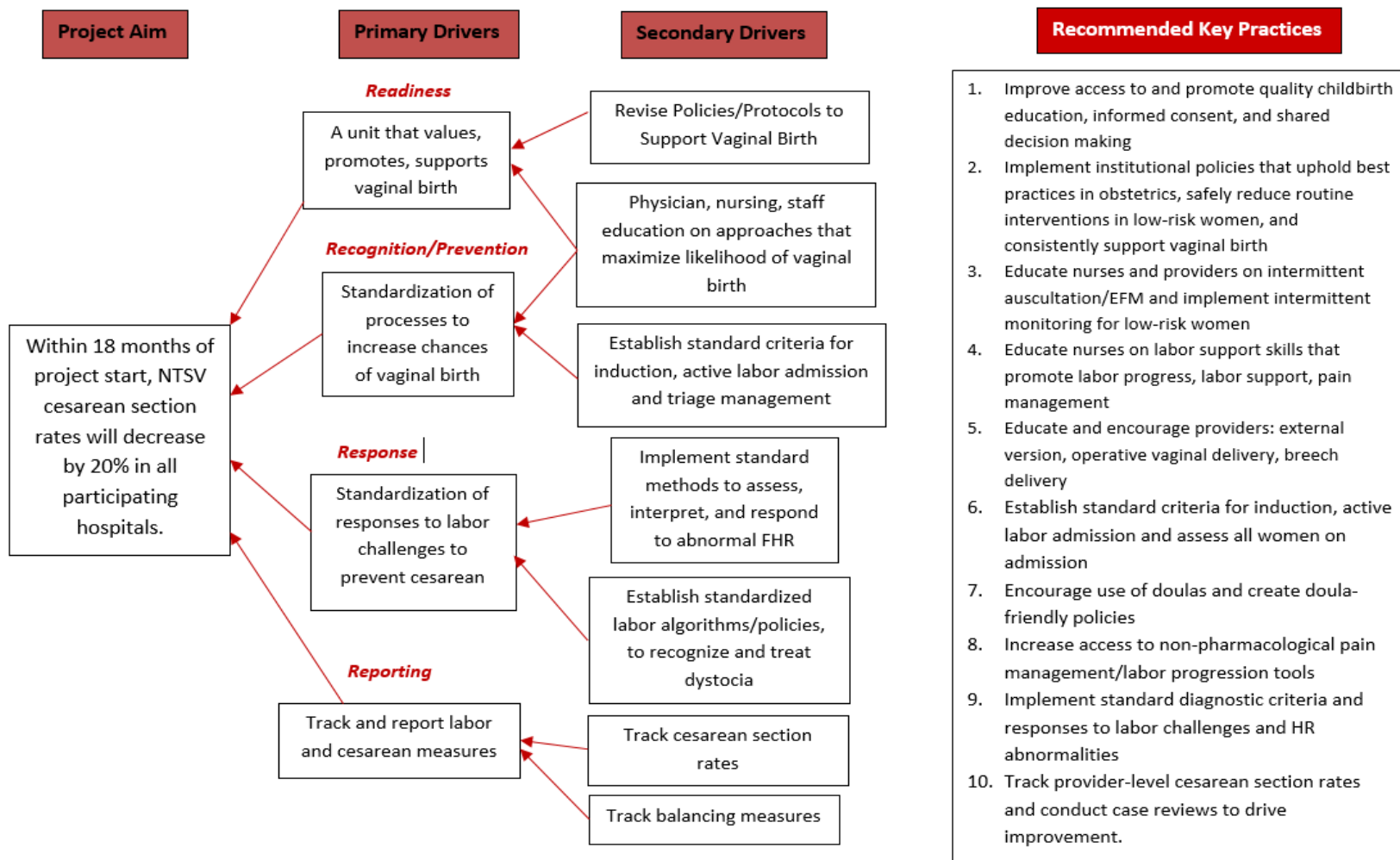
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## APPENDIX B: PROVIDE KEY DRIVER DIAGRAM



### Promoting Primary Vaginal Deliveries (PROVIDE) Initiative



- A key driver diagram is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes.
- All of the recommended key elements are evidence-based best practices for lowering cesarean rates.

## APPENDIX C: PROVIDE MEASUREMENT GRID

These measures will be calculated and reported to the hospitals in a quality improvement data report on a monthly basis so that facilities can track their progress.

NOTE: **These measures are subject to change during the process of finalizing data collection and reporting tools.**

#	Outcome Measures	Description	Measure Source
1	<b>Severe Maternal Morbidity</b>	<i>Numerator:</i> Among the denominator, all cases with any SMM code <i>Denominator:</i> All mothers during their birth admission, exclude ectopics and miscarriages	Source: AIM  FPQC will calculate this for hospitals quarterly
2	<b>Severe Maternal Morbidity (excluding transfusion codes)</b>	<i>Numerator:</i> Among the denominator, all cases with any non-transfusion SMM code <i>Denominator:</i> All mothers during their birth admission, exclude ectopics and miscarriages	Source: AIM  FPQC will calculate this for hospitals quarterly
3	<b>C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population</b>	<i>Numerator:</i> Among the denominator, all cases with a cesarean birth <i>Denominator:</i> Women with live births who are having their first birth $\geq 37$ weeks and have a singleton in vertex (Cephalic) position.	Source: AIM  FPQC will calculate this for hospitals regularly

#	Process Measures	Description	Measure Source
	<p>For Process Measures below, hospital to self-assess at Baseline through 20 NTSV c/s patient charts/month for three months to determine their priority focus area(s).</p> <p>Focus areas are listed below, hospital may choose as many as they'd like to work on. Hospitals will have the option to add or change topics as initiative progresses.</p> <p>Review at least <b>20</b> NTSV c/s patient charts each month <u>for each focus area</u> you choose to track.</p> <p>(For example, if a hospital chooses to work on both dystocia and induction focus areas, review 20 charts where c/s was for labor dystocia, and 20 charts where c/s was due to failed induction.</p>		
1	<b>Labor Dystocia/Failure to Progress</b>	<i>Numerator:</i> For NTSV women in labor with a cesarean birth for Dystocia or Failure to Progress, those who did not meet ACOG/SMFM criteria <i>Denominator:</i> All NTSV women in labor with a cesarean birth for Dystocia or Failure to Progress	Source: AIM
2	<b>Induction</b>	<i>Numerator:</i> For NTSV women whose labor was induced (including cervical ripening) with a cesarean birth for Dystocia or "Failure to Progress" before 6cm dilation (if $\geq 6$ cm, then use Dystocia bundle), those who did not meet ACOG/SMFM Criteria	Source: AIM

		<i>Denominator:</i> All NTSV women whose labor was induced (including cervical ripening) with a cesarean birth for Dystocia or “Failure to Progress” before 6cm dilation (if $\geq 6$ cm, then use Dystocia bundle)	
3	<b>Fetal Heart Rate Concern</b>	<i>Numerator:</i> For NTSV women who had a cesarean birth during labor for Fetal Heart Rate Concern, those who did not meet recommended criteria.  <i>Denominator:</i> NTSV women who had a cesarean birth during labor for Fetal Heart Rate Concern	Source: AIM

#	Structural Measures	Description	Measure Source
1	<b>Patient, Family &amp; Staff Support</b>	<i>Report Completion Date:</i> Has your hospital developed OB specific resources and protocols to support patients, and family through an unexpected/traumatic Cesarean?	Source: AIM  Submitted by hospital every 6 months
2	<b>Unit Policy and Procedure</b>	Does your hospital have up-to-date new labor guidelines policy and procedure (reviewed and updated in the last 2 years) that includes a unit-standard approach for: <ul style="list-style-type: none"> <li>• Providing labor support?</li> <li>• Freedom of movement?</li> <li>• Management protocols for labor challenges?</li> <li>• Established criteria for active labor admission and triage management?</li> <li>• Standard methods to assess, interpret, and respond to abnormal fetal heart rates?</li> <li>• Standard labor algorithms to recognize and treat dystocia?</li> </ul> <i>Report completion date for each on above.</i>	Source: AIM and FPQC  Submitted by hospital every 6 months
3	<b>EHR Integration</b>	<i>Report Completion date:</i> Were any recommended tools for the Safe Reduction of Primary C/S bundle integrated into your hospital’s Electronic Health Record system? <ul style="list-style-type: none"> <li>- Order sets</li> <li>- Protocols</li> <li>- Documentation</li> </ul> <i>Report Completion date for each above.</i>	Source: AIM  Submitted by hospital every 6 months
4a	<b>Multidisciplinary Case Reviews</b>	Has your hospital established a process to perform multidisciplinary bundle reviews on a random sample of charts for NTSV CS?  <i>Report Review Start Date:</i>	Source: AIM  Submitted by hospital every 6 months



4b	<b>Multidisciplinary Case Reviews</b>	Have you met in the last 6 months and conducted multidisciplinary case reviews on a random sample of NTSV c/s charts?	FPQC
4c	<b>Multidisciplinary Case Reviews</b>	How many charts that did not meet ACOG criteria in the last 6 months did you review?	FPQC
5a	<b>Staff Education - Providers</b>	Percent of <b>physicians and midwives</b> who completed an education program on the ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S: Support for Intended Vaginal Births bundle and the unit-standard protocol <u>since the PROVIDE 2.0 Kick Off in Fall of 2019</u>	Source: AIM  Submitted by hospital every 6 months
5b	<b>Staff Education - Nurses</b>	Percent of <b>nurses</b> who completed an education program on the ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S: Support for Intended Vaginal Births bundle and the unit-standard protocol <u>since the PROVIDE 2.0 Kick Off in Fall of 2019</u>	Source: AIM  Submitted by hospital every 6 months
5c	<b>Staff Education - Topics</b>	<p>Which provider education and training techniques that develop knowledge and skills on approaches to maximize the likelihood of vaginal birth did your providers and nurses complete in the past 6 months?</p> <ul style="list-style-type: none"> <li>• Assessment of labor and admission criteria</li> <li>• Methods to promote labor progress (e.g. freedom of movement)</li> <li>• Labor support</li> <li>• Pain management (both pharmacologic and non-pharmacologic)</li> <li>• Shared decision-making</li> <li>• Assessment of fetal heart rate status including interpretation and documentation</li> <li>• Breech version, instrumental delivery, twin delivery</li> </ul> <p><i>Each above to have response choices: No providers trained on this topic in past 6 months, Some providers trained, Many providers trained, Most providers trained</i></p>	FPQC and AIM  Submitted by hospital every 6 months

#	Balancing Measures	Description	Measure Source
1	5 min Apgar < or = 5 among NTSV Vaginal Births	<i>Numerator:</i> Number of births with 5 min Apgar < or = 5 among NTSV Births	FPQC will provide hospitals monthly along with Outcome measure 3 and 4

		<i>Denominator:</i> Women with live births who are having their first birth $\geq 37$ weeks and have a singleton in vertex (Cephalic) position.	
<b>2</b>	3 <sup>rd</sup> & 4 <sup>th</sup> Degree Lacerations Among NTSV Vaginal Births	<i>Numerator:</i> <i>Denominator:</i> Women with live births who are having their first birth $\geq 37$ weeks and have a singleton in vertex (Cephalic) position.	FPQC will provide hospitals periodically along with Outcome measure 1 and 2
<b>3</b>	Severe Unexpected Newborn Complications Among NTSV Vaginal Births	<i>Numerator:</i> Number of Severe Unexpected Newborn Complications Among NTSV Vaginal Births <i>Denominator:</i> Women with live births who are having their first birth $\geq 37$ weeks and have a singleton in vertex (Cephalic) position.	FPQC will provide hospitals periodically along with Outcome measure 1 and 2