WHAT IS MEASURED IMPROVES

Quality assurance and quality improvement are stated goals in every aspect of the medical community. The quality of obstetrical care in the United States, however, has not received nearly the same level of scrutiny as has the care in other specialties. In fact, there is almost no evidence to support much of what is done to and for the laboring/delivering woman. [1] The Obstetrics Clinical Outcomes Assessment Program (OB COAP) seeks to change this.

OB COAP is a clinician-led data collection and analysis initiative that uses chart-abstracted data of the variables relating to the management of a pregnant woman who delivers in the state of Washington. Its goal is to ensure that all women in the state of Washington receive the same evidence-based obstetrical care. Ellen Kauffman, MD, medical director for OB COAP states that to achieve this goal, providers of OB care must be given complete and comprehensive information, both their own and their peers', regarding management of the laboring/delivering woman. OB COAP is designed to facilitate physician leaders and hospitals working together in a voluntary and collaborative way to review clinical outcomes data and to seek improvements in labor and delivery care. OB COAP is a new project of the **Foundation for Health Care Quality** (FHCQ), a nationally recognized, Seattle-based not-for-profit 501(c)3 corporation that has conducted physician-led quality improvement programs for over 20 years. OB COAP follows the proven model of other ongoing FHCQ programs which have an established track record for improving quality.

The goal of OB COAP is to ensure that all women in the state of Washington receive the same evidence-based obstetrical care.

Approximately 90,000 births occur in Washington State each year in 69 hospitals and in birth centers and homes. Currently significant variation occurs in the care provided to these women, with cesarean section rates, for example, varying between 15% and 48% - regardless of hospital size, practitioner type, use of standardized protocols, or level of care provided. A good deal of the practice of obstetrics has to do with deciding whom to deliver and when. Tracking the process of a delivering woman from time of admission (planned or unplanned) to time of discharge is rife with many variables: gestational age, number of fetuses, specialty of the clinician, existing medical conditions, pregnancy complications. The possible outcome of the labor and delivery process is equally multi-faceted and includes both common complications (e.g., postpartum hemorrhage, emergent delivery, unanticipated special care nursery admission) and rare events (e.g., amniotic fluid embolus, deep venous

[1] Berghella V, Baxter JK, Chauhan SP. Evidence-Based Labor and Delivery Management. *American Journal of Obstetrics and Gynecology* 2008;199:445-54.

thrombosis, death). There are insufficient data on the link between clinical decisions made during the process of labor and delivery and the outcome. This is particularly true in labor and delivery facilities that have a small number of clinicians, and/or an undeveloped capacity to conduct a formal review of the link between process and outcome. While biology plays a role (pre-eclampsia, diabetes), the outcome for mother and newborn is clearly guided by individual clinician decision-making, itself influenced by a mix of personal habits of practice and knowledge-based expertise.

IT IS WELL KNOWN THAT WHAT IS MEASURED IMPROVES, AND UNIFORMITY OF PROCESS IMPROVES QUALITY.

OB COAP gathers the intrapartum data needed to optimize management of labor and delivery. The interventions commonly practiced in labor and delivery can be scrutinized as a function of practitioner, facility, gestational age, and presence/absence of medical and/or obstetrical complications. The response to the conversations generated by comparing the benefits and harms of management decisions will result in increased safety for the mother and the newborn, reduction in adverse outcome, and increased predictability, and can be the basis for educational efforts targeted to both patients and practitioners.

Precedent Exists…

There is some precedent for nationwide data collection in large healthcare systems, and how the use of that data has improved quality. Dr. Steven Clark is Medical Director of Women & Children's Clinical Services for Hospital Corporation of America (HCA), a hospital system comprised of 120 facilities in 21 states performing about 220,000 deliveries per year. An internal HCA database was used to collect data that *"allowed the identification of several clinical situations that place patients at an increased risk for adverse outcome and place physicians at an increased risk for litigation".* Dr. Clark reports that change has been driven by HCA's own internal data: *"We have seen improvements in patient outcomes, a dramatic decline in litigation claims, and a reduction in the primary cesarean delivery rate"*[2].

It is well known that what is measured improves, and uniformity of process improves quality. *"In most areas of human endeavor, process or procedure variation is typically associated with a poorer outcome or product, and uniformity of process is generally associated with improvement of these measures…such standardization is central to any profession or enterprise seeking consideration as a high-reliability organization…Indeed, analysis of the variation in cesarean delivery rates throughout the United States suggests that lack of such guidelines contributes to decision making regarding operative delivery that is virtually random. In terms of practice guidelines, we believe that specificity not*

ambiguity is one answer to both patient safety and litigation." [2] *"Every practitioner should not only welcome but encourage the development of completely unambiguous national practice standards from our professional organizations…In the absence of such standards, many large hospital systems and even individual states have adopted their own uniform care processes and are reaping similar benefits."* [3]

[2] Clark SL, Belfort MA, Byrum SL, et al. Improved outcomes, fewer cesarean deliveries and reduced litigation: results of a new paradigm in patient safety. *American Journal of Obstetrics and Gynecology* 2008;199:105.e1-1.e7.

[3] Clark, SL. Patient Safety and Litigation Reduction - 2 sides of the Same Coin. *The Female Patient* 2009;34:2024.

Participation in OB COAP is voluntary. Hospitals identify a clinician leader and data abstraction staff and then enter their own data into a data collection tool provided by the Foundation for Health Care Quality. Training as well as ongoing technical and clinical support in the use of the data collection tool is provided by the Foundation. A voluntary clinician-led leadership team oversees all aspects of OB COAP in partnership with the medical director. The important link between bedside decision-making and quality improvement cannot be overemphasized. Clinician leadership not only helps direct the health care systems toward clinically relevant topics, but it fosters important dialogue when interpreting results and considering implications for clinical practice.

Pilot Study Sets Groundwork…

OB COAP is useful and relevant for all hospitals…small or large, urban or rural, critical access or tertiary care, electronic or paper records. Four vastly different hospitals as well as members of the home and birth center community participated in the 2010 OB COAP pilot project that laid the groundwork for this initiative:

OB COAP is useful and relevant for all hospitals… small or large, urban or rural, critical access or tertiary care, electronic or paper records.

*"Our experience with OB COAP has **illuminated where the flaws are** in our own documentation and charting system. We certainly value the information that can be obtained from participating in such a database and it can be very helpful for us in terms of providing **provider-specific information to fulfill Ongoing Professional Practice Evaluation (OPPE) requirements** for the Joint Commission."*

Angela Chien, MD, OB Quality Improvement, Evergreen Hospital & Medical Center

*"OB COAP is a **comprehensive and dynamic database** that allows you to **easily see practice trends**; it provides the ability to **use data to support quality initiatives and benchmark progress**. It is an intuitive database which is user friendly…"*

Amy Bertone, RN, Perinatal Regional Network Coordinator, Providence Sacred Heart Medical Center & Children's Hospital

*"The Midwives' Association of WA State got great benefit out of its participation in the pilot phase of OB COAP. Not only did it give the midwives an opportunity to **look critically at our own data and find out what we didn't know about practices within our community**; it gave us a chance to be in conversation with hospital-based clinicians and **engage in thoughtful and respectful cross-disciplinary dialogue about opportunities to improve the care of mothers and babies** in all maternity care settings."*

Audrey Levine, CPM, President, Midwives' Association of Washington State

*"…our data abstractor has gotten so good at it that it seems to just be **part of her daily routine** to check the charts of our laboring and delivered patients.*

Angela Graff, RN, MSN, Director of OB and NFS, Olympic Medical Center

Many Advantages to Participation…

The advantages to participation in OB COAP are many. Included among those are:

- ✓ Access to your own data as soon as it is entered;
- ✓ Collection of currently recommended NQF guidelines;
- ✓ Joint Commission OPPE (Ongoing Professional Practice Evaluation) metrics available quarterly;
- ✓ Multiple uses for hospital administrators, including:
  - patient safety
  - process improvement
  - quality improvement projects
- ✓ Quick turn-around of meaningful data with comparative reports provided to facilitate quality improvement efforts;
- ✓ The development of a community of providers who can learn from one another in a trusted, collaborative environment;
- ✓ Ability to provide input on setting a quality improvement agenda for the state;
- ✓ Quality improvement initiative based on data from 90,000 deliveries per year.

The deliverables of an all-inclusive statewide OB COAP initiative are **predictability**, **reduction in adverse outcome, increased responsibility and safety for the mother and the newborn**, resulting from **conversations that occur based on these** heretofore missing intrapartum **data.**

Deliverables of OB COAP are *predictability, reduction in adverse outcome, increased responsibility and safety for the mother and the newborn…*

OBCOAP

OBSTETRICS CLINICAL OUTCOMES ASSESSMENT PROGRAM

A PROGRAM OF THE FOUNDATION FOR HEALTH CARE QUALITY

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