FPQC PROVIDE 2.0 Initiative Chart Audit Sheet

Study ID #: ____

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Baseline data collection: Hospital to audit up to 20 NTSV C-sections per month for 3 months to determine hospital's main focus area(s) **Prospective data collection:** Hospital to audit up to 20 cases per month on 1 (or more if you choose) of the 3 primary indication areas

C/S Catagomi	Patient Status	:						
C/S Category □ Induction □ Admitted already in labor				Gestatio	on weeks	Oxytocin		
☐ Labor Dystocia	□ Induced	•				□ None utilized		
☐ FHR Concerns	□ Indicated au	gmented labor		Membr	ranes on Admission			
		: spontaneous ruptu	ire of membranes	□ Intact		☐ Augmentation at cm		
□ Other (specify)	— □ Previously a	dmitted antepartum	า	□ Ruptu	ıred			
Only complete the						" only compete the "Induction		
	case audit"	section; if c/s catego	ory is "Other" then	only com	plete the section abo	ve.		
INDUCTION CASE A	AUDIT							
	are NTSV per TJC and v tal heart rate concern			•	arrest, excluding those	with birth weight ≥ 4250g or with		
Dilation at start	Dilation at last	Bishop Score as			ъ.			
of induction:	exam before c/s:	noted on chart:	If Bishop score ≤	☐ Yes e ≤ 8 at start of induction, ☐ No				
			was cervical ripe		, – 1	No		
☐ Unknown	☐ Unknown	Unknown			. 🗖 1	N/A		
Was Cervix 6 cm or	greater at time of Co	esarean?	A. If <6 cm, unab	le to gene	rate regular contract	tions (every 3		
☐ If No, go		minutes) and cervical change after oxytocin administered for						
☐ If Yes, go		nown	at least 12-18 hours after membrane rupture?					
Completed labor de	ystocia 📮 Ye	<u> </u>	B. If ≥6cm, was t	B. If ≥6cm, was there at least 4h with adequate uterine				
Completed labor de			activity or at leas	activity or at least 6h with inadequate uterine activity and				
checklist by nurse and doctor No			with oxytocin?	with oxytocin?				
Completely dilated	at time of Cesarean?	Were there 3 ho	ours or more of pu	shing \Box	l Yes			
□ No	☐ If Yes →	(4 hours with ep	oidural)?		No 🗖 Unknowr	ı		
LABOR DYSTOCIA/	FAILURE TO PROGRE	SS CASE AUDIT						
					arrest, excluding those v	with birth weight ≥ 4250g or with		
	etal heart rate concern	or •Medical indication	on for cesarean section	on				
Dilation at time	Dilation at time of		r groator 📮 Ye	s >		one reason for cesarean that		
of admission:	cesarean:	Was cervix 6 cm or	r greater — 10		applies:			
		-+ +:f		1	• •			
		at time of cesarear	n? —)	☐ Membranes ru	ptured and no cervical change		
☐ Unknown	☐ Unknown		n?		☐ Membranes rup x4 hrs with ade	ptured and no cervical change quate uterine activity (e.g.,		
Completely dilated		Were there 3+hrs	of pushing 🚨 Yes		Membranes rup x4 hrs with ade >200 MVU)	quate uterine activity (e.g.,		
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Definitions and Clinical Criteria

NTSV = ≥37 weeks, parity 0, single gestation pregnancy, vertex fetal presentation

Study ID = Begins with 001 & numbers the patient charts consecutively. On site log, record patient's medical record number or identifying number next to the corresponding Study ID# to keep track and return for any needed case review.

<u>CS Category</u> = If the cesarean delivery has fetal heart rate concerns requiring delivery, then label "FHR Concerns." If not and had an induction, then "Induction." If neither of these and had labor dystocia, then "Labor Dystocia." Otherwise, mark the form as "Other."

<u>Medical Indication for Cesarean</u> (*chart review exclusion criteria*, or "Other") include:

- 1. Maternal or fetal hemorrhage
- 2. Hypertensive emergencies not responding to treatment
- 3. Abnormalities of placenta or umbilical cord
- 4. Fetal or maternal conditions that obstruct the pelvis
- 5. Active HSV lesions or HIV viral load>1000copies/ml
- 6. Other maternal medical indications (cardiac, neurological, orthopedic, pulmonary, malignancy, previous uterine surgery) that preclude vaginal delivery

Primary Indication for NTSV Cesarean	Fall out if these not met:	Reference
Labor Dystocia/Failure to Progress	 Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines): If <6cm dilated, automatic fallout If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? If completely dilated, was there 3h or more of active pushing (4h with epidural)? 	ACOG/SMFM criteria (Ob Gyn 2014;123:693– 711) -CMQCC
Induction	 Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines): If <6cm dilated, were there at least 12 hours of oxytocin after rupture of membranes? If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? (identical to the question for Labor arrest/CPD above) 	ACOG/SMFM criteria (Ob Gyn 2014; 123:693– 711) CMQCC
Fetal Heart Rate Concern	 If completely dilated, was there 3h or more of active pushing (4h with epidural)? Cesarean deliveries performed for "fetal heart rate concern" using listed resuscitation techniques listed below based on the FPQC FHR Concern algorithm: Antepartum testing which preclude labor: no techniques required. All Cat. II and III FHR concerns should use some techniques listed under "any intrauterine resuscitation efforts." Category Cat. II FHR concerns should also use additional techniques if the following: Receiving oxytocin—reduced or stopped oxytocin Clinically significant variable decelerations—possibly Amnioinfusion (not required) Minimal/absent variability—elicited stimulation if no significant decelerations Uterine tachysystole—any combination listed to correct 	Spong et al (Ob Gyn 2012; 120:1181-93) Clark et al (AJOG 2013; 209:89-97) ACOG/SMFM criteria (Ob Gyn 2014; 123:693– 711) CMQCC FPQC

How to Calculate a Bishop Score:

Cervical Exam	0	1	2	3	SUBSCORE
Dilation	Closed	1-2 cm	3-4 cm	≥5 cm	
Effacement	0-30%	31-50%	51-80%	≥80%	
Station	-3	-2	-1, 0	+1, +2	
Consistency	Firm	Medium	Soft		
Position	Posterior	Mid	Anterior		
				Bishop's Score =	