Promoting Primary Vaginal Deliveries Initiative

Where to Start

PROVIDE Collaborative Session Webinar

Partnering to Improve Health Care Quality for Mothers and Babies
Welcome!

- Please join by telephone to enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.

- If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

- This webinar is being recorded.

- Please provide feedback on our post-webinar survey.
Webinar Agenda
January 11, 2018

-Provide Announcements
-Provide NTSV Cesarean Rates
  -Bill Sappenfield and Estefania Rubio
-Where to Start
  -Julie DeCesare
-Questions/Comments
<table>
<thead>
<tr>
<th>Bill Sappenfield</th>
<th>Annette Phelps</th>
<th>Emily Bronson</th>
<th>Linda Detman</th>
<th>Estefania Rubio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director</strong></td>
<td><strong>Nurse Consultant</strong></td>
<td><strong>Coordinator</strong></td>
<td><strong>Manager</strong></td>
<td><strong>Data Analyst</strong></td>
</tr>
</tbody>
</table>

Partnering to Improve Health Care Quality for Mothers and Babies
Announcements

🎉 January is your first month of collecting prospective data! Begin to audit your chosen focus area cases and submit.

🎉 Prospective Data for each month is due by the 15th of the following month

🎉 January NTSV cesarean chart audits will be due by February 15th.

✈️ Upcoming Webinars: 2nd Thursdays of every month at 12 PM EST (unless otherwise noted)

✈️ February 8th: Overcoming Resistance to Change: Be the Change Leader with special guests from Trinity Health
David Lagrew in Miami: 2 Events on Jan 25

**Intended for PROVIDE Hospitals:** 11:30 AM – 1:30 PM at Jackson Memorial Hospital.
- Implementing the Promoting Primary Vaginal Deliveries (PROVIDE) Initiative, Lessons Learned from the California Maternal Quality Care Collaborative (CMQCC)

**Intended for non-PROVIDE Hospitals:** 8 AM – 10 AM at Hialeah Hospital.
- Why Nulliparous, Term, Singleton, Vertex Presentation (NTSV) Cesarean Sections are an Important Quality Improvement Opportunity
PROVIDE Online Resources for You

- Tool Kit
- Slide Sets
- Resources by Focus Area
- Patient Education Resources
- Shared Decision Making Tools
- Data Resources

PROVIDE Initiative Resources

Online Tool Box for Participating PROVIDE Hospitals
This Tool Box contains tool kit documents, algorithms, example policies and educational materials, and more. This resource is updated regularly throughout the project.

Archived Webinars

November 9, 2017 - Finding Your Cesarean Reduction Opportunities (PROVIDE Data)
- Download Slides
- View Recording

http://health.usf.edu/publichealth/chiles/fpqc/provide
Purpose of this webinar is to answer your pressing questions:

 Maul We’ve got our Baseline report… Now what?
 Maul How do we use it to pick a focus area?
 Maul We’re feeling overwhelmed, what do we do first?
 Maul What about all of the recommendations in the tool kit? How do those come into play?
Baseline Reports

You should have received your hospital’s baseline reports by now. If not, please let us know asap.

Baseline outcome and balance measure report uses box plots. We will explain how to interpret them.

Baseline audit reports will be longer than monthly reports because it addresses all 3 focus areas. Once you have a focus area, only that data will be provided.

For questions about reports, please contact our new FPQC data analyst, Dr. Estefania Rubio at erubio1@health.usf.edu
Percentage of Cesarean Deliveries Among All NTSV Births for All PROVIDE Florida Hospitals
HOSPITAL CESAREAN RATE AGREEMENT
# Hospital Cesarean Rate Agreement

## Hospital Discharge Data

<table>
<thead>
<tr>
<th></th>
<th>Cesarean</th>
<th>No Cesarean</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cesarean</td>
<td>a</td>
<td>b</td>
<td>a+b</td>
</tr>
<tr>
<td>No Cesarean</td>
<td>c</td>
<td>d</td>
<td>c+d</td>
</tr>
<tr>
<td>Total</td>
<td>a+c</td>
<td>b+d</td>
<td>a+b+c+d</td>
</tr>
</tbody>
</table>

Agreement = \( \frac{a + d}{a + b + c + d} \)
Hospital NTSV Cesarean Rate Agreement Percentage
Birth Certificate Rate Compared to Hospital Discharge Rate

Sacred Heart Hospital = 99%

Preferred

Number of PROVIDE Hospitals

Percent Agreement

100% 99% 98% 97% 96% 95% 94% 93% 81%
So what do we do with all this information?

Julie Zemaitis DeCesare, MD
PROVIDE Clinical Co-Lead

Associate Professor
Obstetrics and Gynecology Residency Program
Director
University of Florida Residency Program at
Sacred Heart Health System
Within 18 months of project start, NTSV cesarean section rates will decrease by 20% in all participating hospitals.

**Primary Drivers**

**Readiness**
- A unit that values, promotes, supports vaginal birth

**Recognition/Prevention**
- Standardization of processes to increase chances of vaginal birth

**Response**
- Standardization of responses to labor challenges to prevent cesarean

**Reporting**
- Track and report labor and cesarean measures

**Secondary Drivers**

**Readiness**
- Revise Policies/Protocols to Support Vaginal Birth

**Recognition/Prevention**
- Physician, nursing, staff education on approaches that maximize likelihood of vaginal birth
- Establish standard criteria for induction, active labor admission and triage management

**Response**
- Implement standard methods to assess, interpret, and respond to abnormal FHR
- Establish standardized labor algorithms/policies, to recognize and treat dystocia

**Reporting**
- Track cesarean section rates
- Track balancing measures
PROVIDE’s 3 Focus Areas for Data Collection

To assist you in not being too overwhelmed, we are only measuring these areas through maternal chart audit:

1. Induction
2. Labor Dystocia/Failure to Progress
3. Fetal Heart Rate Concerns

You may choose 1, 2, or all 3 to work on at once.

We strongly suggest working on one and moving to another focus area later.
But what about those 10 key recommendations?
Recommended Key Practices

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: external version, operative vaginal delivery, breech delivery
Recommended Key Practices

6. Establish standard criteria for induction, active labor admission and assess all women on admission

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 HR abnormalities

10. Track provider-level cesarean section rates and conduct case reviews to drive improvement
You do not need to do all of this at once
Feeling overwhelmed

Start with something small and easy
Take it one small step at a time
Prioritize what you need to do
Write or email a plan
Assign roles
Meet regularly to stay on track
Keep summary notes and refer to them as you move forward
What is a Prioritization Matrix

- Sorts a diverse set of items based on **order of importance**
- Identifies relative importance by deriving a **numerical value for the priority of each item**
- Ranks items based on **criteria** your team deems **important**
Benefits of Prioritization Matrix

- Quick & easy
- Structured & objective
- Achieve consensus on what to work on first
- Adaptable to many priority-setting needs
  - Projects, services, personal, QI initiative interventions…

The sweet spot
## Creating Your Priority Matrix

### 1. Determine interventions to be evaluated

- **Left column: Potential interventions**
- **List secondary drivers from Key Driver Diagram**

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Revise policies/protocols related to focus area</td>
<td></td>
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<td></td>
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<tr>
<td>Physician, nursing, staff education on approaches that support vaginal birth</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish standard criteria induction, active labor admission, triage</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Establish standard policies to recognize and treat dystocia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish standard assessment, interpretation, response for FHR</td>
<td></td>
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</tr>
</tbody>
</table>
2. Determine your criteria & rating scale
   • What is important to you? (Choose 2-6 criteria)

<table>
<thead>
<tr>
<th>Importance</th>
<th>Resource intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandate</td>
<td>Resistance</td>
</tr>
<tr>
<td>Value to customer</td>
<td>Complexity</td>
</tr>
<tr>
<td>Strategic alignment</td>
<td></td>
</tr>
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<td></td>
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</table>
Creating Your Priority Matrix

2. Determine your criteria & rating scale
   • What is important to you? (Choose 2-6 criteria)
   • Consider:
     o Should each value + or – from total numerical value?
     o Should have same number + and - values

<table>
<thead>
<tr>
<th>Positive criteria</th>
<th>Negative criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance</td>
<td>Resource intensity</td>
</tr>
<tr>
<td>Mandate</td>
<td>Resistance</td>
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</tr>
<tr>
<td>Strategic alignment</td>
<td></td>
</tr>
</tbody>
</table>
2. Determine your criteria & rating scale
   - What is important to you? (Choose 2-6 criteria)
   - Should each value + or – from total numerical value?
   - How important is it? Assign a rating scale (e.g., 1-10)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Importance Rank: 1-10</th>
<th>Customer Value Rank: 1-10</th>
<th>Resource Intensity Rank: 1-10</th>
<th>Resistance Rank: 1-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ or -</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Revise policies/protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard criteria induction, active labor admission, triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard policies to recognize and treat dystocia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard assess/interpret/respond FHR</td>
<td></td>
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</tr>
</tbody>
</table>
Creating Your Priority Matrix

3. Score each intervention using your criteria
   - Complete this as a team – more perspectives, consensus

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<th>Importance Rank: 1-10</th>
<th>Customer Value Rank: 1-10</th>
<th>Resource Intensity Rank: 1-10</th>
<th>Resistance Rank: 1-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ or -</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Revise policies/protocols</td>
<td>+ 8</td>
<td>+ 4</td>
<td>- 5</td>
<td>- 2</td>
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<tr>
<td>Staff education</td>
<td>+ 10</td>
<td>+ 7</td>
<td>- 3</td>
<td>- 6</td>
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<tr>
<td>Standard criteria induction, active labor admission, triage</td>
<td>+ 7</td>
<td>+ 5</td>
<td>- 6</td>
<td>- 8</td>
</tr>
<tr>
<td>Standard policies to recognize and treat dystocia</td>
<td>+ 7</td>
<td>+ 10</td>
<td>- 8</td>
<td>- 5</td>
</tr>
<tr>
<td>Standard assess/interpret/respond FHR</td>
<td>+ 7</td>
<td>+ 10</td>
<td>- 9</td>
<td>- 6</td>
</tr>
</tbody>
</table>
### Creating Your Priority Matrix

4. Prioritize the list of potential interventions
   - Total scores – negative scores are possible
   - Prioritize in far left column

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Importance Rank: 1-10</th>
<th>Customer Value Rank: 1-10</th>
<th>Resource Intensity Rank: 1-10</th>
<th>Resistan ce Rank: 1-10</th>
<th>Score</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ or -</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+5</td>
<td>2</td>
</tr>
<tr>
<td>Revise policies/protocols</td>
<td>+ 8</td>
<td>+ 4</td>
<td>- 5</td>
<td>- 2</td>
<td>+5</td>
<td>2</td>
</tr>
<tr>
<td>Staff education</td>
<td>+ 10</td>
<td>+ 7</td>
<td>- 3</td>
<td>- 6</td>
<td>+8</td>
<td>#1</td>
</tr>
<tr>
<td>Standard criteria induction, active labor admission, triage</td>
<td>+ 7</td>
<td>+ 5</td>
<td>- 6</td>
<td>- 8</td>
<td>-2</td>
<td>5</td>
</tr>
<tr>
<td>Standard policies to recognize and treat dystocia</td>
<td>+ 7</td>
<td>+ 10</td>
<td>- 8</td>
<td>- 5</td>
<td>+4</td>
<td>3</td>
</tr>
<tr>
<td>Standard assess/interpret/respond FHR</td>
<td>+ 7</td>
<td>+ 10</td>
<td>- 9</td>
<td>- 6</td>
<td>+2</td>
<td>4</td>
</tr>
</tbody>
</table>
HOW WE USED OUR BASELINE DATA REPORT TO HELP CHOOSE?
PROVIDE
(Promoting Primary Vaginal Deliveries)
Baseline Report
Sacred Heart Hospital
Data Source: NTSV Cesarean Audits

Partnering to Improve Health Care Quality for Mothers and Babies
OVERALL ASSESSMENT
Overall 2: Percent of All Cesarean Deliveries Performed that Met Criteria During Baseline

- Yes: 42%
- No: 46%
- Other: 12%
Percent of Cesarean Deliveries During Baseline

**O-1 All Cesarean Deliveries by Category**
- Induction: 47%
- Dystocia: 33%
- FHR Concerns: 18%
- Other: 2%

**O-3 Did Not Meet Criteria by Category**
- Induction: 35%
- Dystocia: 26%
- FHR Concerns: 21%
- Other: 18%

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INDUCTION CASE AUDIT
I-2: Percent of NTSV Cesarean Deliveries with Induction that Met ACOG/SMFM Criteria

Baseline

- Hospital
- Max. Value
- 75th Percentile
- Median
- 25th Percentile
- Min. Value

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Hospital</th>
<th>Max. Value</th>
<th>75th Percentile</th>
<th>Median</th>
<th>25th Percentile</th>
<th>Min. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td></td>
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</tr>
</tbody>
</table>
Percent of NTSV Cesarean Deliveries with Induction

I-3 Cervical Dilatation at Delivery

- Baseline: 14%
- <6 cm: 36%
- 6-9 cm: 50%
- 10 cm: 14%

I-4 Did Not Meet Criteria

- Baseline: 0%
- <6 cm: 21%
- 6-9 cm: 18%
- 10 cm: 4%
- Met: 57%

Partnering to Improve Health Care Quality for Mothers and Babies
Percent of NTSV Cesarean Deliveries with Induction

I-3 Cervical Dilatation at Delivery

I-4 Did Not Meet Criteria

Baseline

- 36% Unknown
- 50% < 6 cm
- 14% 6-9 cm
- 57% 10 cm

Baseline

- 21% Unknown
- 18% < 6 cm
- 4% 6-9 cm
- 57% 10 cm

Met

Did Not Meet Criteria
Met Criteria by Cervical Dilatation

- <6cm: 40% met criteria (2nd quartile of hosps.)
- 6-9 cm: 64% met criteria (4th quartile of hosps.)
- 10 cm: 75% met criteria
I-9: Percent of NTSV Cesarean Deliveries with Induction by Bishop Score at Time of Induction

- 92% -- Baseline
- 4% -- providers & record agree on Bishop score;
- 4% -- provider higher than the record.

NOTE: the reported bishop score is only used when data to calculate the bishop score was not entered.
I-10: Percent of All NTSV Cesarean Deliveries with Induction and a Bishop Score <8 with Cervical Ripening Agent Used

Baseline

Hospital
Max. Value
75th Percentile
Median
25th Percentile
Min. Value

74%
LABOR DYSTOCIA/FAILURE TO PROGRESS
AUDIT
D-1: Percent of NTSV Cesarean Deliveries with Dystocia that Met ACOG/SMFM Criteria

Baseline

Hospital

Max. Value

75th Percentile

Median

25th Percentile

Min. Value

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

18%
Percent of NTSV Cesarean Deliveries with Dystocia

D-3 Cervical Dilatation at Delivery

D-2 Did Not Meet Criteria

Baseline

- Unknown
- <6 cm
- 6-9 cm
- 10 cm

Baseline

- Unknown
- <6 cm
- 6-9 cm
- 10 cm
- Met
Percent of NTSV Cesarean Deliveries with Dystocia

D-3 Cervical Dilatation at Delivery  D-2 Did Not Meet Criteria

Baseline

<table>
<thead>
<tr>
<th>Cervical Dilatation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 6 cm</td>
<td>18%</td>
</tr>
<tr>
<td>6-9 cm</td>
<td>55%</td>
</tr>
<tr>
<td>10 cm</td>
<td>27%</td>
</tr>
</tbody>
</table>

Baseline

<table>
<thead>
<tr>
<th>Cervical Dilatation</th>
<th>Percentage</th>
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<tr>
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<td>27%</td>
</tr>
<tr>
<td>10 cm</td>
<td>18%</td>
</tr>
</tbody>
</table>
Met Criteria by Cervical Dilatation

- <6cm: 0% met criteria
- 6-9 cm: 33% met criteria (3rd quartile of hosps.)
- 10 cm: 0% met criteria
FHRC-1: Percent of NTSV Cesarean Deliveries with Fetal Heart Rate Concerns that Met FPQC Criteria for Corrective Measures

Baseline

- Hospital
- Max. Value
- 75th Percentile
- Median
- 25th Percentile
- Min. Value

64%
FHRC-2: Percent of Cesarean Deliveries with Fetal Heart Rate Concerns that Did Not Meet FPQC Criteria by Corrective Measure

Note: All other corrective measures require that basic measures be used.
Sacred Heart Baseline Data Conclusions

**Induction (Our Focus Area)**
- 57% NTSV CD with Induction met ACOG/SFMFM criteria
- In patients 6-9 cm, only 64% met criteria (4th quartile of all hospitals)
- Bishops scores unfavorable for the majority of Inductions, with 71% agreement between provider and record

**Dystocia/ FTP**
- 18% NTSV CD with Dystocia that met ACOG/SFMFM Criteria
- In patients <6 cm, none of the patients meet criteria for CD

**FHT Concerns**
- 64% NTSV CD with FHT Concerns that met FPQC Criteria for Corrective Measures
Context Conclusions about Sacred Heart Hospital and Providers

ตอบที่ we do a lot of inductions!

In April 2017, implemented a soft stop policy on elective inductions

We purposely did not choose our area with the biggest challenges—Dystocia/FTP

General lack of understanding regarding ACOG/SFMFM guidelines

▪ “6” is the new “4”
Where we plan to start

Perhaps pick your first PDSA cycle?

Pick the area that you feel will be cultural acceptable to your unit

Have some early wins

Maybe build on work already in process
Where are we going to start?

- Revise Induction Policy
  - Move from soft stop to hard stop
- Staff and provider education
- Provide physician feedback on inductions
  - Start with blinded feedback then move to full transparency
- Post induction rates in the unit in staff education areas
- Continue to provide physicians feedback on NTSV rates
Comments?
Questions?

Partnering to Improve Health Care Quality for Mothers and Babies
Thank you!

www.fpqc.org
fpqc@health.usf.edu