**PROVIDE 2.0 Implementation Planning Tool**

**FETAL HEART RATE CONCERNS FOCUS AREA**

*This tool is meant to facilitate your local team’s QI efforts. It aligns with the Key Driver Diagram for Fetal Heart Rate Concerns cases.*

Overall Aim: Within 18 months of project start, 90% of NTSV cesarean section rates that were fetal heart rate concerns/indication will have met all ACOG/SMFM criteria.

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| **Primary Driver** | **Intervention/Measure** | **Recommended Activities** | **Our Plan Notes** | **Our Tentative Due Dates** | **Responsible Parties** |
| A unit that values, supports, and promotes vaginal deliveries | **I.** Revise and adopt updated **hospital care guidelines** to reflect evidence-based practices related to: 1. Use of intermittent auscultation | Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, AWHONN, SMFM, FPQC recommended guidelines.Review and update guidelines for use of intermittent auscultation on low risk patients **OR**Review evidence-based practices for using intermittent auscultation on low risk patients, including standardized inclusion/exclusion criteria, auscultation interval and duration and documentation of findings.Conduct tests of change; share results and solicit feedback from staff and providers (PDSA cycle). Determine and implement a standardized plan for intermittent auscultation and modify hospital guidelines accordingly.Note date of adoption of new guidelines. |  |  |  |
| **I.** Revise and adopt updated **hospital care guidelines** to reflect evidence-based practices related to: 2. Standardized identification and response to FHR concerns  | Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, AWHONN, SMFM, FPQC recommended guidelines.Review and update fetal heart rate interpretation guidelines to include standardized interval, diagnostic, evaluative and corrective actions for FHR concerns.Conduct tests of change if implementing new checklists, algorithms, or practice; share results and solicit feedback from staff and providers (PDSA cycle). Determine and implement a standardized plan for FHR concerns identification and response including standard use of checklists and algorithms and modify hospital guidelines.Note date of adoption of new guidelines. |  |  |  |
| **II. Educate** physicians, nursing, and staff on 1. New evidence-based practices and policies/protocols related the newly revised and adopted hospital guidelines | Create a plan to increase communication to identify opportunities to improve and standardize care and tie education to interim steps for smaller changes in practice. Education topics could include: * The Safe Reduction of Primary C/S: Support for Intended Vaginal Births bundle and your unit-standard protocol
* Appropriate intermittent auscultation criteria
* EFM guidelines
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| **2.** Standard diagnostic, evaluative and corrective actions for FHR concerns | Education topics could include:* Definition of category I, II, III FHR tracings
* Clinically significant decelerations/

variability* Oxytocin guidelines
* Management of category II FHR tracings
* Corrective measures, including oxygen administration, maternal position change, fluid bolus, reduction/discontinuation of Pitocin, management of tachysystole, amnioinfusion as appropriate.

Track the number of existing MD’s and non-MD clinical staff who receive didactic/cognitive and skills education. Track the number of new hires who receive education. |  |  |  |
| **III.** Document use of **patient education materials** related to intermittent auscultation and EFM, maternal positioning, oxytocin, and shared decision making | Create a plan to find, create, encourage, and document use of patient education materials on evidence-based techniques that prevent cesareans, including:* Use of intermittent auscultation vs. electronic fetal monitoring
* Maternal positioning
* Use of oxytocin
* Shared decision making
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| Appropriate and standardized identification of category II and III FHR tracings. | **IV**. Increase number of NTSV cesarean cases due to FHR concerns that meet criteria for corrective measures | Educate care providers and staff about the new evidence-base, definitions, and recommendations related category II and category III FHR tracings and appropriate corrective actionsCreate a standard process for evaluating FHR tracings; implementing corrective measures; and documenting results Meet to do PDSA cycles, solicit feedback, improve processes, do case reviews, and incorporate into department guidelines.  |  |  |  |
| **Primary Driver** | **Intervention/Measure** | **Recommended Activities** | **Our Plan Notes** | **Our Tentative Due Dates** | **Responsible Parties** |
| Appropriate and standardized use of evaluative and corrective measures for fetal heart rate concerns | **IV**. Increase number of NTSV cesarean cases due to FHR concerns that meet criteria for corrective measures | Educate care providers and staff about the new evidence-based, definitions, and recommendations related category II and category III FHR tracings and appropriate corrective actionsCreate a standard process for evaluating FHR tracings; implementing corrective measures; communicating and documenting results Meet to do PDSA cycles, solicit feedback, improve processes, do case reviews, and incorporate into department guidelines.  |  |  |  |
| **V.** Increase percent of patients with corrected uterine tachysystole | Educate care providers and staff about the new evidence-based definitions and recommendations related to uterine tachysystoleMeet to do PDSA cycles, solicit feedback, improve processes, do case reviews, and incorporate into department guidelines |  |  |  |
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| Track, report, and review to monitor progress | **VI.** Quality review meetings to conduct **case reviews**, review initiative data and progress, and/or review provider-specific rates | Establish regular review process with times/dates and expectations for participation. Randomly review your data audit cases to discuss reasons for fall outs and improve processes.Determine how provider rates will be shared, with the goal of transparency at some point.  |  |  |  |
| **VII.** Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into your hospital’s **EHR system** | Enlist electronic health records team and administrators, early on in the process to ensure needed components are incorporated. Determine person responsible for ensuring changes are tested and made. Create list of needed documentation and report additions.  |  |  |  |