

Florida Perinatal Quality Collaborative

PROVIDE 2.0 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.

GENERAL MEASURES

These measures will be collected and reported for all hospitals in PROVIDE, in addition to the data for the hospital's chosen focus area.

#	Outcome Measures	Description	Notes
1	Severe Maternal Morbidity	<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	AIM FPQC will calculate this for hospitals quarterly
2	Severe Maternal Morbidity (excluding transfusion codes)	<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	AIM FPQC will calculate this for hospitals quarterly
3	C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population	<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 ≥ 37 weeks and have a singleton in vertex (Cephalic) position.	AIM FPQC will calculate this for hospitals regularly
4	C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population after Labor Induction	<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 ≥ 37 weeks and have a singleton in vertex (Cephalic) position AND with a labor induction	AIM FPQC will calculate this for hospitals regularly

#	Structural Measures	Description	Notes
1	Patient, Family & Staff Support	<i>Report Completion Date:</i> Has your hospital developed OB specific resources and protocols to support patients, and family through an unexpected/traumatic Cesarean?	AIM Submitted to FPQC via Structural measure survey
2	EHR Integration	<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? - Order sets	AIM Submitted to FPQC via Structural measure survey

		<ul style="list-style-type: none"> - Protocols - Documentation 	
3	Quality Review Meetings	Has your hospital established a quality review team* that currently meets on a regular basis to review: 1) a random sample of NTSV c/s chart, 2) initiative data and progress and 3) provider-specific rates?	AIM Modified Submitted to FPQC via Structural measure survey
4	Multidisciplinary Case Reviews	Have you met in the last 3 months and conducted multidisciplinary case reviews on a random sample of NTSV c/s charts?	FPQC Submitted to FPQC via Structural measure survey
5a	Staff Education - Providers	Percent of physicians and midwives 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 <i>since the PROVIDE 2.0 Kick Off in Fall of 2019</i>	AIM Submitted to FPQC via Structural measure survey
5b	Staff Education - Nurses	Percent of nurses 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 <i>since the PROVIDE 2.0 Kick Off in Fall of 2019</i>	AIM Submitted to FPQC via Structural measure survey
6	Patient education materials	<p><i>Numerator:</i> For NTSV women who had a cesarean birth, those with documented use of patient education materials* on evidence-based techniques that prevent cesareans</p> <p><i>Denominator:</i> NTSV women who had a cesarean birth due to labor dystocia</p> <p>Patient education materials should include information on shared decision making, birth doulas, non-pharm comfort techniques, and strategies to promote labor progress/prevent dystocia</p>	Submitted to FPQC via Structural measure survey

#	Balancing Measures	Description	Notes
1	5 min Apgar < or = 5 among NTSV Vaginal Births	<p><i>Numerator:</i> Number of births with 5 min Apgar < or = 5 among NTSV Births</p> <p><i>Denominator:</i> Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position.</p>	<p>FPQC will provide hospitals monthly along with Outcome measure 3 and 4</p> <p>Data source: Birth Certificate Data</p>
3	Severe Unexpected Newborn Complications Among NTSV Vaginal Births	<p><i>Numerator:</i> Number of Severe Unexpected Newborn Complications Among NTSV Vaginal Births</p>	<p>FPQC will provide hospitals periodically along with Outcome measure 1 and 2</p>

	<i>Denominator:</i> Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position.	Data source: Linked birth certificate to inpatient hospital discharge data
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FOCUS AREA MEASURES

PROVIDE hospitals will choose 1 of the focus areas and collect and receive reports only on their chosen focus area.

If the NTSV cesarean was due to fetal heart rate concerns, it is a fetal heart rate concern case. If it did not, and was an induction, it is an induction case. If it was due to labor dystocia and was neither FHR or induction, it is a labor dystocia case.

MEASURES FOR INDUCTION CASES

#	Description	Notes
1	<p>Cesareans not meeting ACOG/SMFM Guidelines after induction</p> <p><i>Numerator:</i> For NTSV women whose labor was induced (including cervical ripening) with a cesarean birth, those who did not meet ACOG/SMFM Criteria</p> <p><i>Denominator:</i> All NTSV women whose labor was induced (including cervical ripening)</p>	<p>Submitted to FPQC Monthly via cesarean case chart audit</p> <p>Process measure</p>
2	<p>Hospital care guidelines</p> <p>Revise and adopt updated hospital care guidelines to reflect evidence-based practices related to:</p> <ul style="list-style-type: none"> • Appropriate induction scheduling and admission criteria • “Failed induction” criteria • Latent and active stage of labor management/labor dystocia criteria • Second stage management/arrest criteria • Use of Bishop score to schedule or admit patients for induction <p>Report: Not working on it, planning, implemented, adopted</p>	<p>AIM and FPQC</p> <p>Submitted to FPQC via Structural measure survey</p>
3	<p>Labor dystocia checklist</p> <p><i>Numerator:</i> For NTSV women who had a cesarean birth after induction or labor dystocia, those with completed labor dystocia checklist</p> <p><i>Denominator:</i> NTSV women who had a cesarean birth after induction</p>	<p>Process measure submitted to FPQC monthly via cesarean case chart audit</p>

4	Bishop score & ripening agent	<i>Numerator:</i> For NTSV women who had a cesarean birth after induction, those where a cervical ripening agent was used when the Bishop score was ≤ 8 <i>Denominator:</i> NTSV women who had a cesarean birth after induction	Process measure submitted to FPQC monthly via cesarean case chart audit
5	Bishop score & time of induction	<i>Numerator:</i> For NTSV women who had a cesarean birth after induction, those with Bishop at time of induction of 8 or more <i>Denominator:</i> NTSV women who had a cesarean birth after induction	Process measure submitted to FPQC monthly via cesarean case chart audit
6	Staff Education - Topics	Which provider education and training techniques that develop knowledge and skills on approaches to maximize the likelihood of vaginal birth with induction did your providers and nurses complete in the past 6 months? <ul style="list-style-type: none"> • Appropriate induction scheduling and admission criteria • “Failed induction” criteria • Latent and active stage of labor management/labor dystocia criteria • Second stage management/arrest criteria • Methods to promote labor progress (e.g. use of peanut ball) • Labor support • Pain management (both pharmacologic and non-pharmacologic) • Shared decision-making <p><i>Each above to have response choices:</i> No providers trained on this topic in past 6 months, Some providers trained, Many providers trained, Most providers trained</p>	FPQC and AIM Submitted to FPQC via Structural measure survey

MEASURES FOR LABOR DYSTOCIA/FAILURE TO PROGRESS CASES

#	Measures	Description	Notes
1	Cesareans not meeting ACOG/SMFM Guidelines due to labor dystocia/failure to progress	<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	Process measure submitted to FPQC monthly via cesarean case chart audit
2	Unit Policy and Procedure	Revise and adopt updated hospital care guidelines to reflect evidence-based practices related to:	Source: AIM and FPQC Submitted to FPQC via Structural measure survey

		<ul style="list-style-type: none"> • Appropriate admission criteria and latent labor management, including appropriate latent stage management, labor progression tools, and comfort techniques • Active stage of labor management/labor dystocia criteria, including oxytocin and AROM, freedom of movement, and pharmacological and non-pharm labor progression and comfort tools • Second stage management/arrest criteria. <p>Report: Not working on it, planning, implemented, adopted</p>	
3	Labor dystocia checklist	<p><i>Numerator:</i> For NTSV women who had a cesarean birth due to labor dystocia, those with a completed labor dystocia checklist</p> <p><i>Denominator:</i> NTSV women who had a cesarean birth due to labor dystocia</p>	Process measure submitted to FPQC monthly via cesarean case chart audit
4	Admission in active phase	<p><i>Numerator:</i> For NTSV women who had a cesarean birth after induction, those with a cervical dilation of ≥ 6cm at the time of admission</p> <p><i>Denominator:</i> NTSV women who had a cesarean birth after induction</p>	Process measure submitted to FPQC monthly via cesarean case chart audit
5	Staff Education - Topics	<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"> • Appropriate admission criteria and latent labor management • Active stage of labor management/labor dystocia criteria • Second stage management/arrest criteria • Breech version, instrumental delivery, twin delivery • Methods to promote labor progress (e.g. freedom of movement) • Labor support • Pain management (both pharmacologic and non-pharmacologic) • Shared decision-making 	<p>FPQC and AIM</p> <p>Submitted to FPQC via Structural measure survey</p>

MEASURES FOR FETAL HEART RATE CONCERN CASES

#	Measures	Description	Notes
1	Fetal Heart Rate Concern	<p><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.</p> <p><i>Denominator:</i> NTSV women who had a cesarean birth during labor for Fetal Heart Rate Concern</p>	<p>AIM</p> <p>Process measure submitted to FPQC monthly via cesarean case chart audit</p>
2	Unit Policy and Procedure	<p>Revise and adopt updated hospital care guidelines to reflect evidence-based practices related to:</p> <ul style="list-style-type: none"> • Use of intermittent auscultation • Standardized identification and response to FHRC <p>Report: Not working on it, planning, implemented, adopted</p>	<p>AIM and FPQC</p> <p>Submitted to FPQC via Structural measure survey</p>
3	Staff Education - Topics	<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"> • Intermittent auscultation • Standard diagnostic, evaluative and corrective actions for FHRC • Labor support • Pain management (both pharmacologic and non-pharmacologic) • Shared decision-making 	<p>FPQC and AIM</p> <p>Submitted to FPQC via Structural measure survey</p>