FPQC
Florida Perinatal Quality Collaborative

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

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PROVIDE Team

Bill Sappenfield	Annette Phelps	Emily Bronson	Linda Detman	Estefania Rubio
Director	Nurse Consultant	Coordinator	Manager	Data Analyst





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

PROVIDE Initiative Resources

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

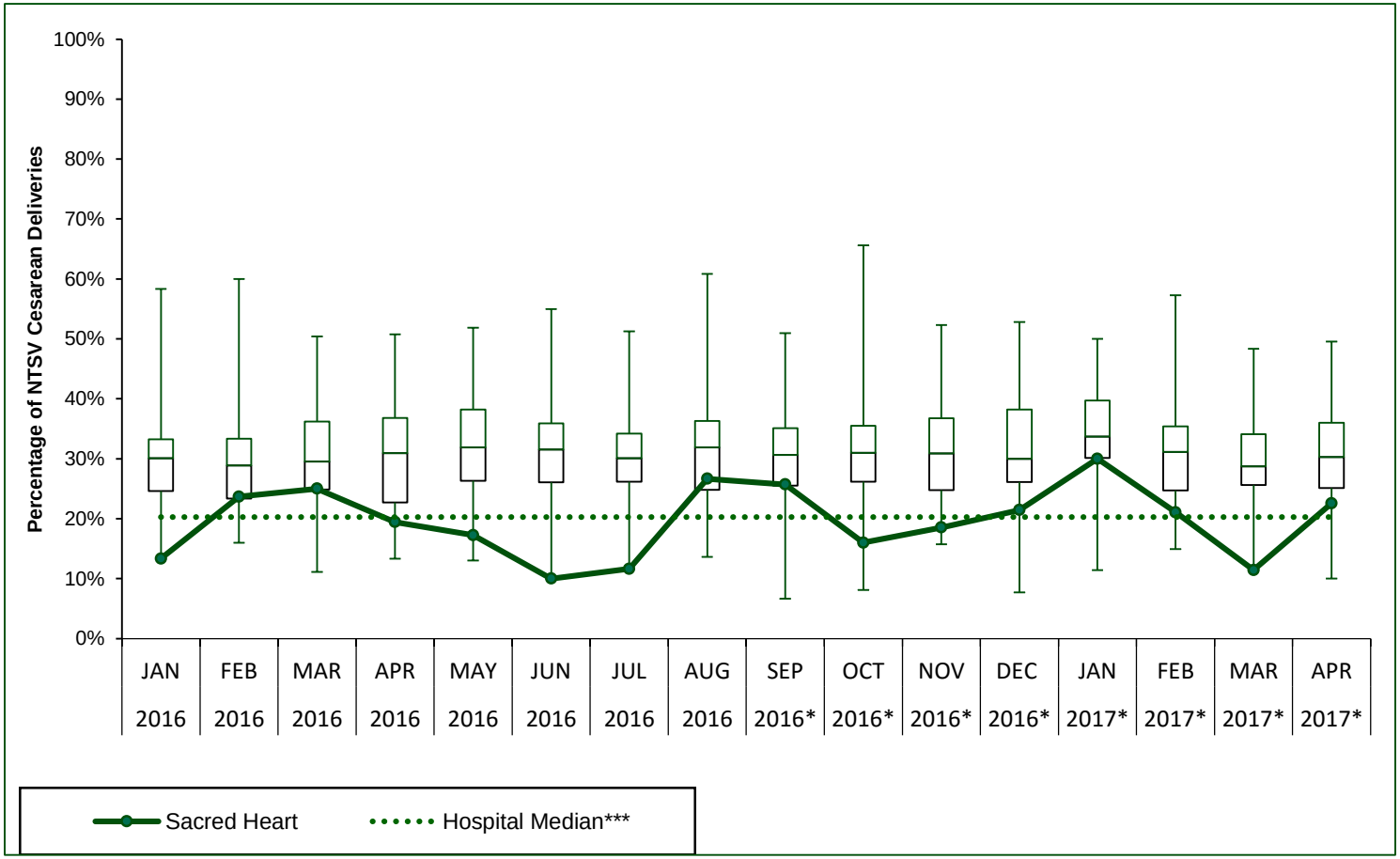
Purpose of this webinar is to answer your pressing questions:

- We've got our Baseline report… Now what?
- How do we use it to pick a focus area?
- We're feeling overwhelmed, what do we do first?
- 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



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HOSPITAL CESAREAN RATE AGREEMENT

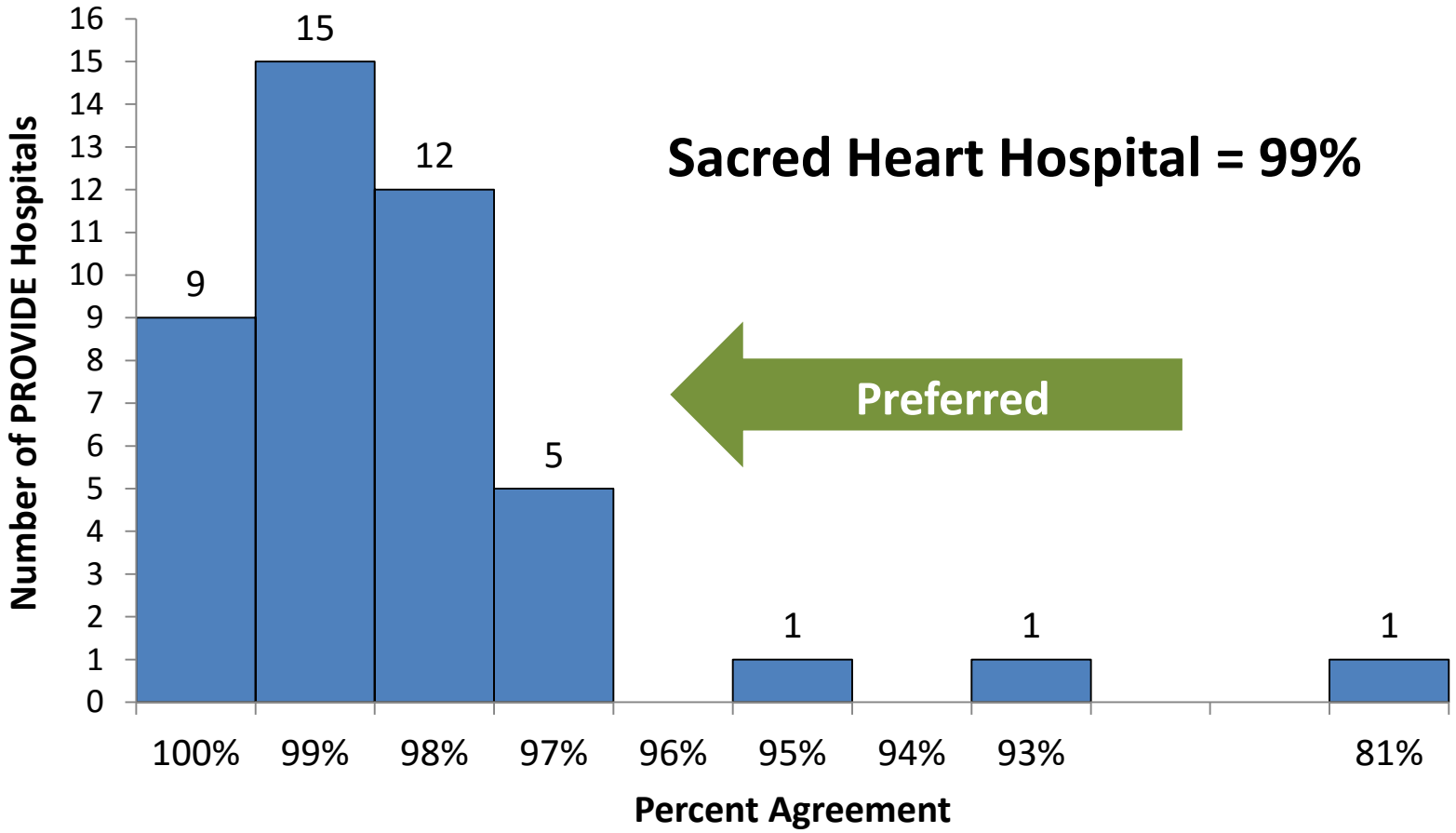
Hospital Cesarean Rate Agreement

Birth Certificate Data	Hospital Discharge Data: Cesarean	Hospital Discharge Data: No Cesarean	Hospital Discharge Data: Total
Cesarean	a	b	a+b
No Cesarean	c	d	c+d
Total	a+c	b+d	a+b+c+d

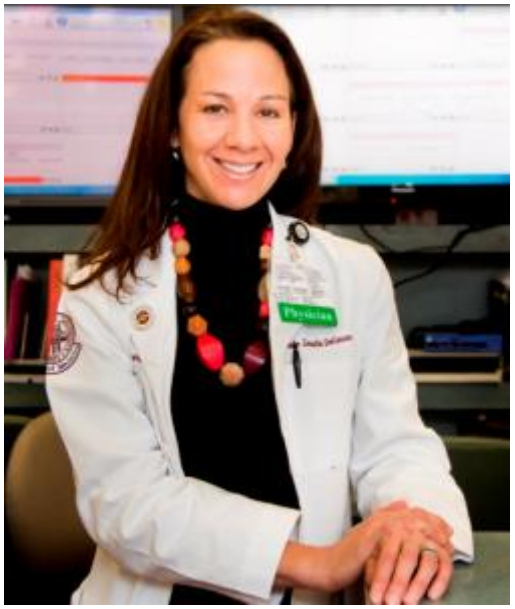
Agreement = (a + d) / (a + b + c +d)

Hospital NTSV Cesarean Rate Agreement Percentage

Birth Certificate Rate Compared to Hospital Discharge Rate



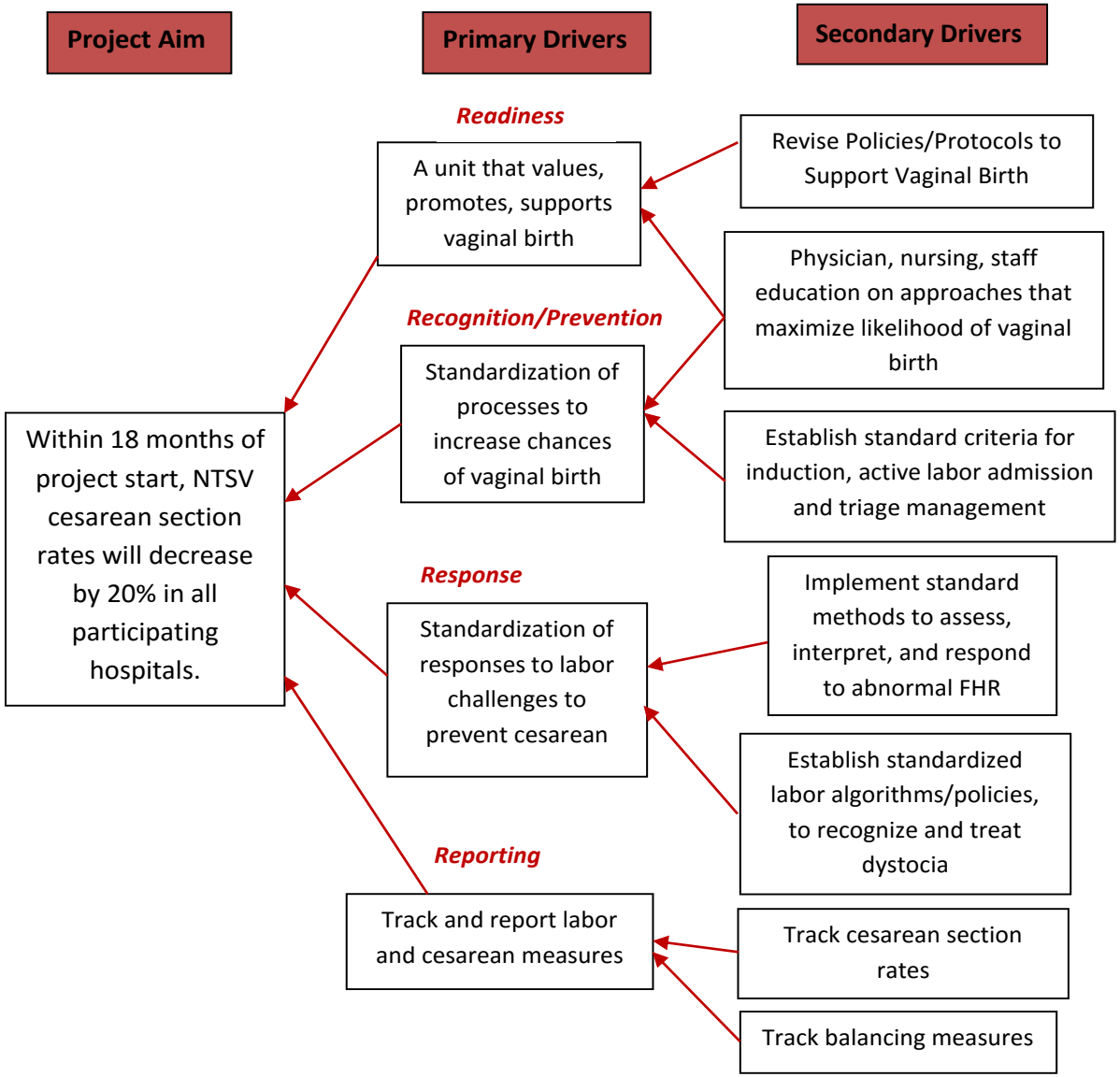
So what do we do with all this information?



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

PROVIDE Key Drivers



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 improvement2

You do <u>not</u> 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**…

Creating Your Priority Matrix

1. Determine interventions to be evaluated
   - Left column: Potential interventions
   - List secondary drivers from Key Driver Diagram

Intervention						
Revise policies/protocols related to focus area						
Physician, nursing, staff education on approaches that support vaginal birth						
Establish standard criteria induction, active labor admission, triage						
Establish standard policies to recognize and treat dystocia						
Establish standard assessment, interpretation, response for FHR						

Creating Your Priority Matrix

2. Determine your criteria & rating scale
   - What is important to you? (Choose 2-6 criteria)

Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	

Creating Your Priority Matrix

2. Determine your criteria & rating scale
   - What is important to you? (Choose 2-6 criteria)

Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	

Creating Your Priority Matrix

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

Positive criteria	Negative criteria
Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	

Creating Your Priority Matrix

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)

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10		
+ or -	+	+	-	-		
Revise policies/protocols						
Staff education						
Standard criteria induction, active labor admission, triage						
Standard policies to recognize and treat dystocia						
Standard assess/interpret/respond FHR						

Creating Your Priority Matrix

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

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10		
+ or -	+	+	-	-		
Revise policies/protocols	+ 8	+ 4	- 5	- 2		
Staff education	+ 10	+ 7	- 3	- 6		
Standard criteria induction, active labor admission, triage	+ 7	+ 5	- 6	- 8		
Standard policies to recognize and treat dystocia	+ 7	+ 10	- 8	- 5		
Standard assess/interpret/respond FHR	+ 7	+ 10	- 9	- 6		

Creating Your Priority Matrix

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

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	Score	Priority Rank
+ or -	+	+	-	-		
Revise policies/protocols	+ 8	+ 4	- 5	- 2	+ 5	**2**
Staff education	+ 10	+ 7	- 3	- 6	+ 8	**#1**
Standard criteria induction, active labor admission, triage	+ 7	+ 5	- 6	- 8	- 2	**5**
Standard policies to recognize and treat dystocia	+ 7	+ 10	- 8	- 5	+ 4	**3**
Standard assess/interpret/respond FHR	+ 7	+ 10	- 9	- 6	+ 2	**4**

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HOW WE USED OUR BASELINE DATA REPORT TO HELP CHOOSE?

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PROVIDE

(Promoting Primary Vaginal Deliveries)

Baseline Report

Sacred Heart Hospital

Data Source: NTSV Cesarean Audits

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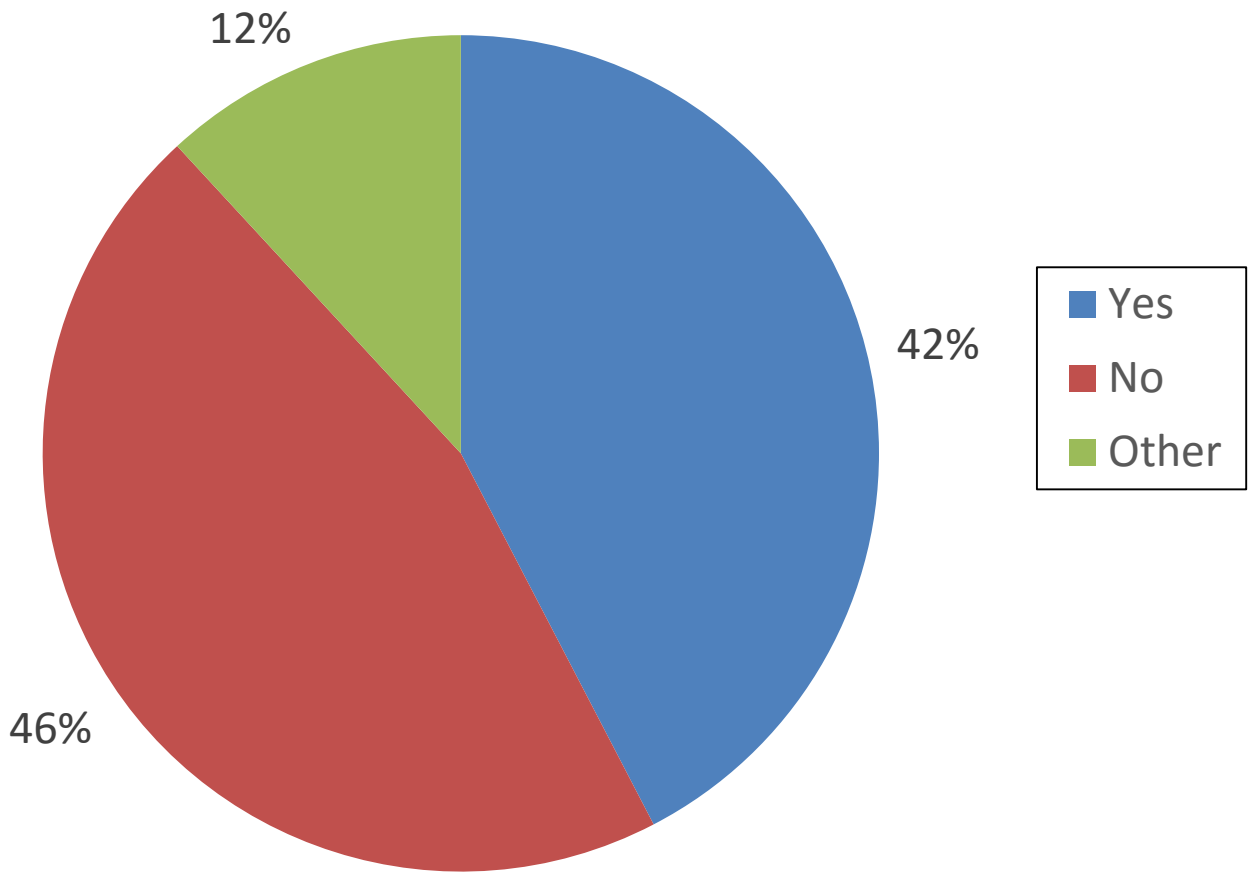
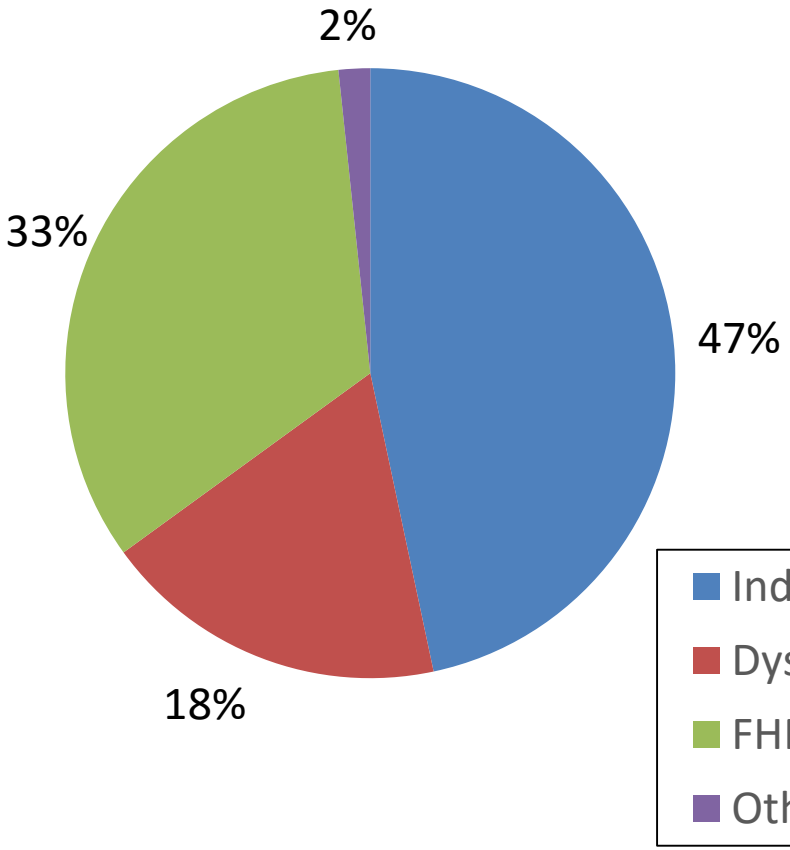
OVERALL ASSESSMENT

Overall 2: Percent of All Cesarean Deliveries Performed that Met Criteria During Baseline

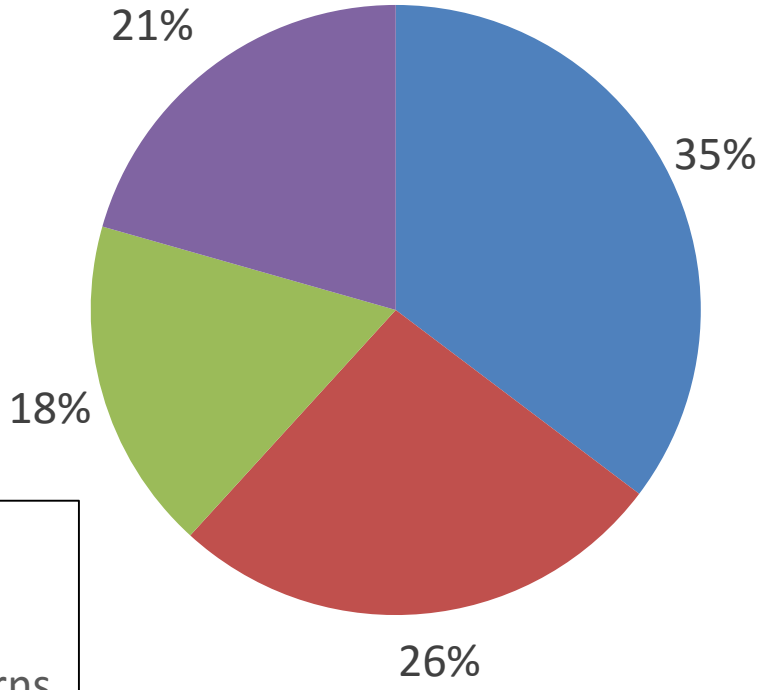


Percent of Cesarean Deliveries During Baseline

O-1 All Cesarean Deliveries by Category



O-3 Did Not Meet Criteria by Category



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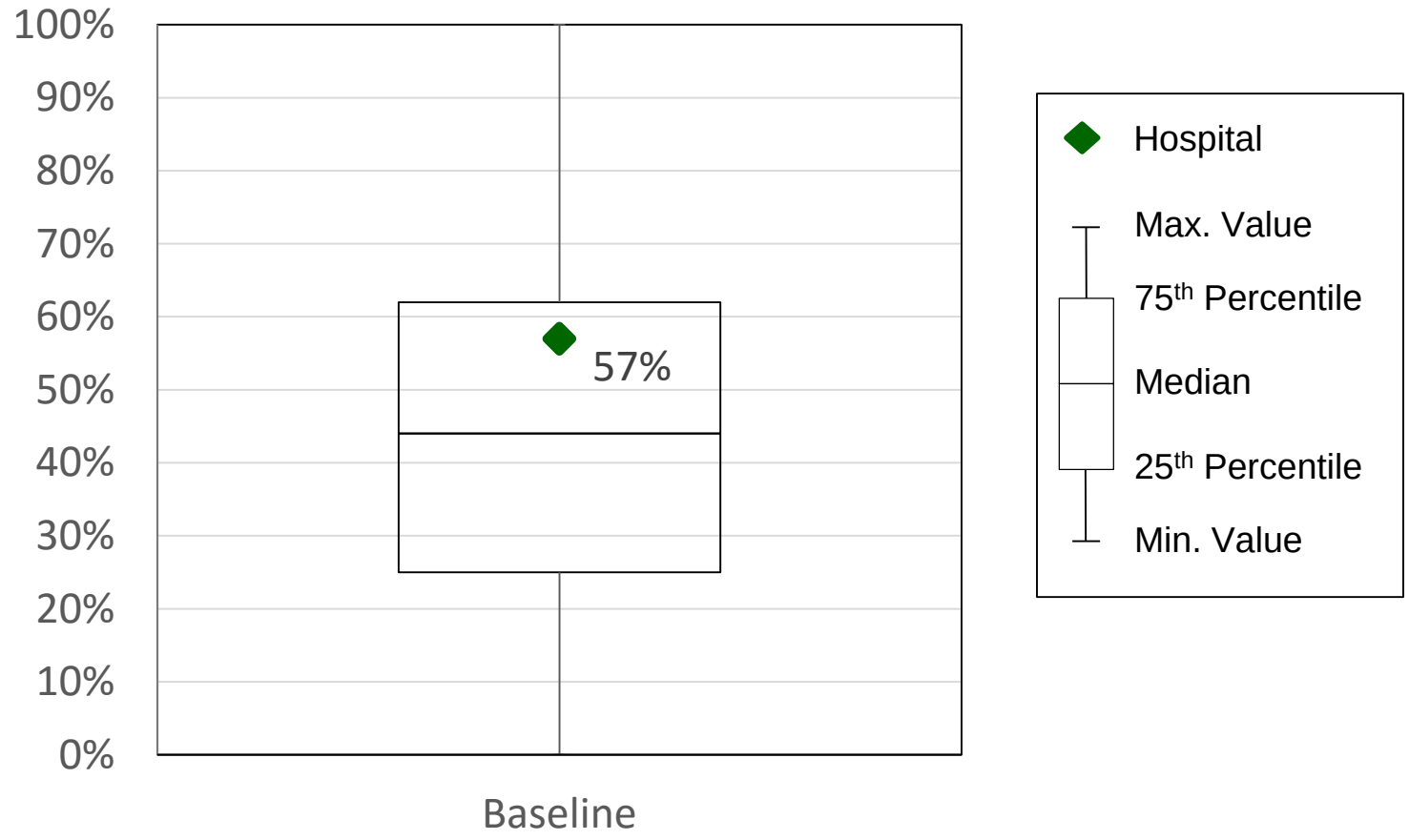
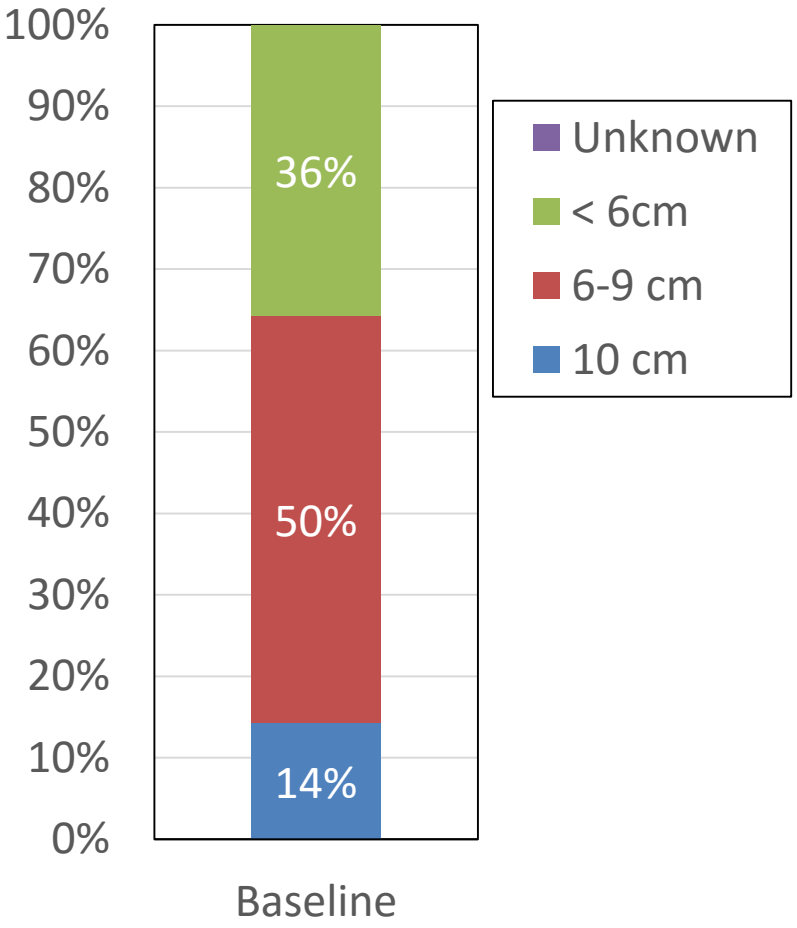
INDUCTION CASE AUDIT

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

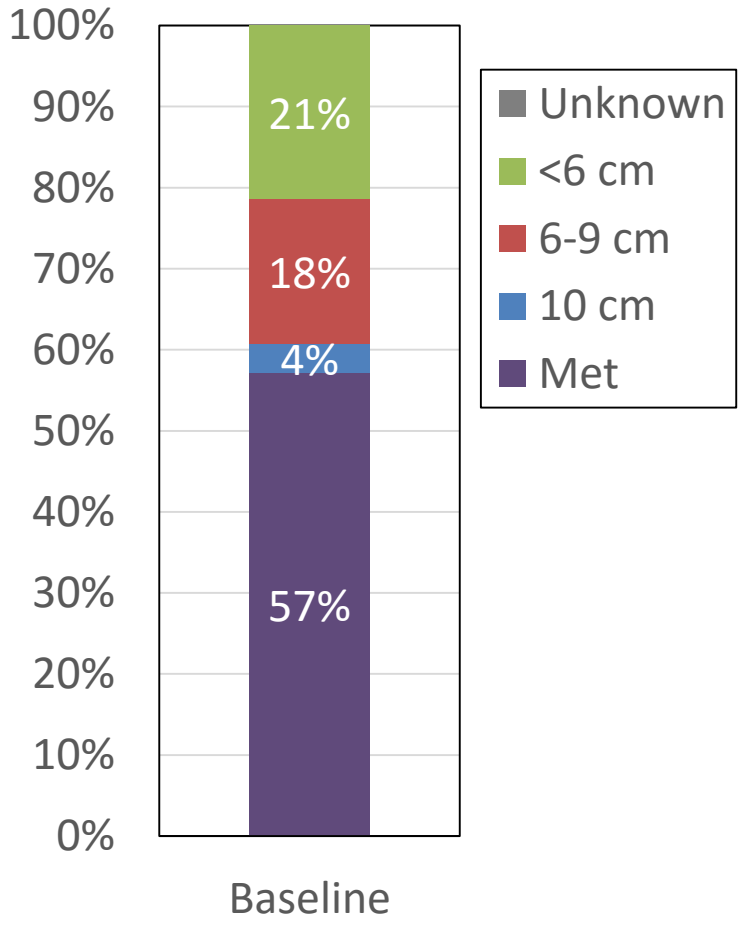


Percent of NTSV Cesarean Deliveries with Induction

I-3 Cervical Dilatation at Delivery

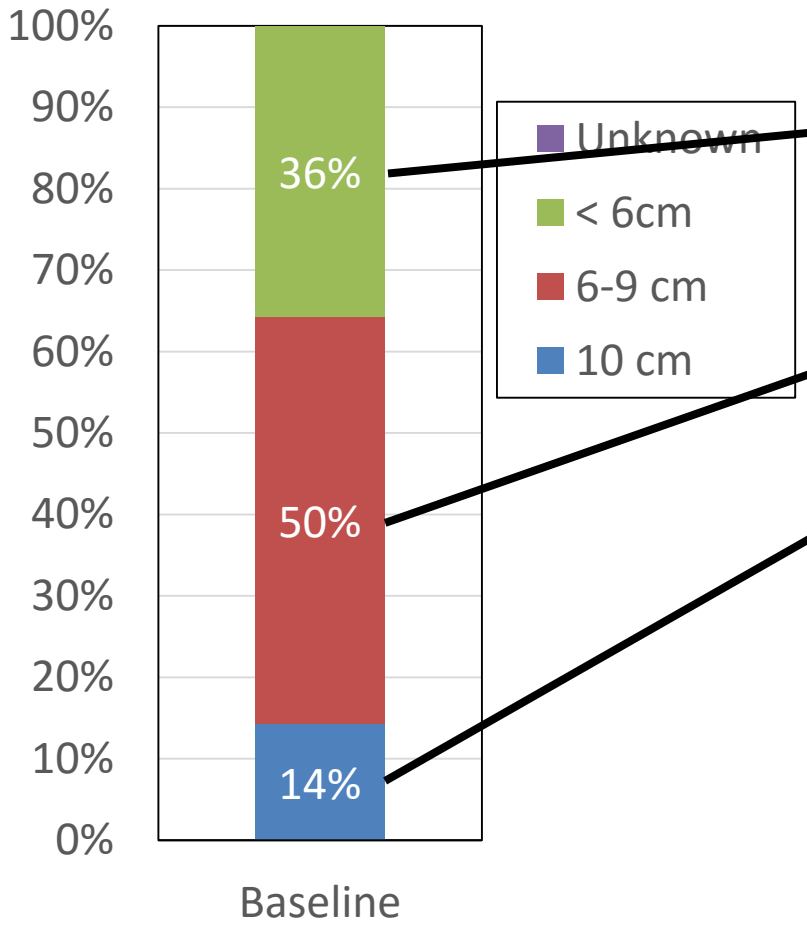


I-4 Did Not Meet Criteria

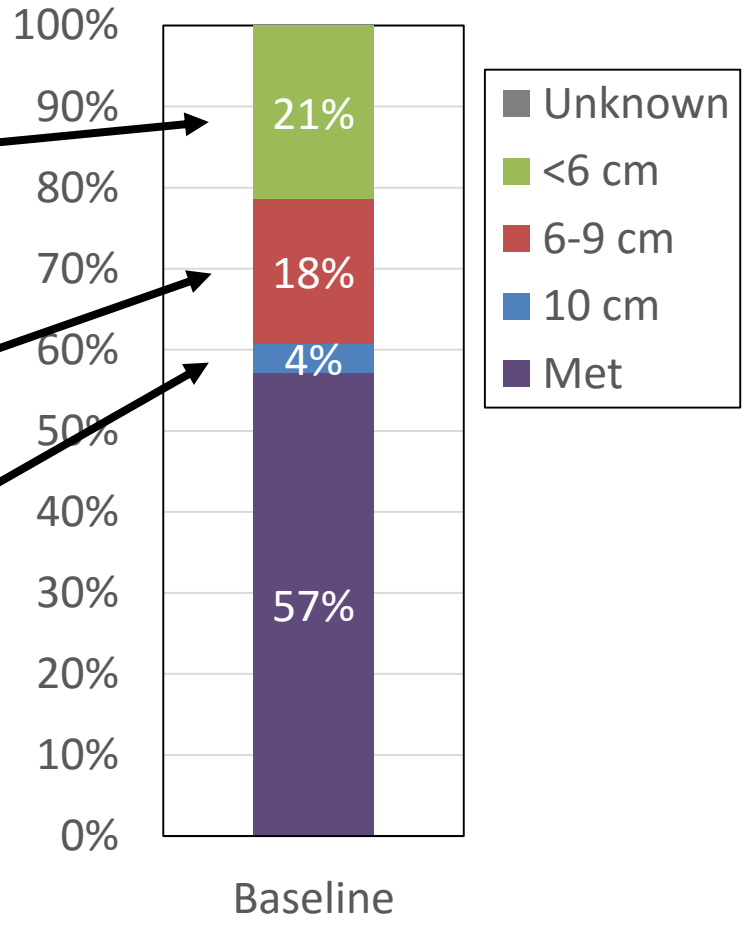


Percent of NTSV Cesarean Deliveries with Induction

I-3 Cervical Dilatation at Delivery



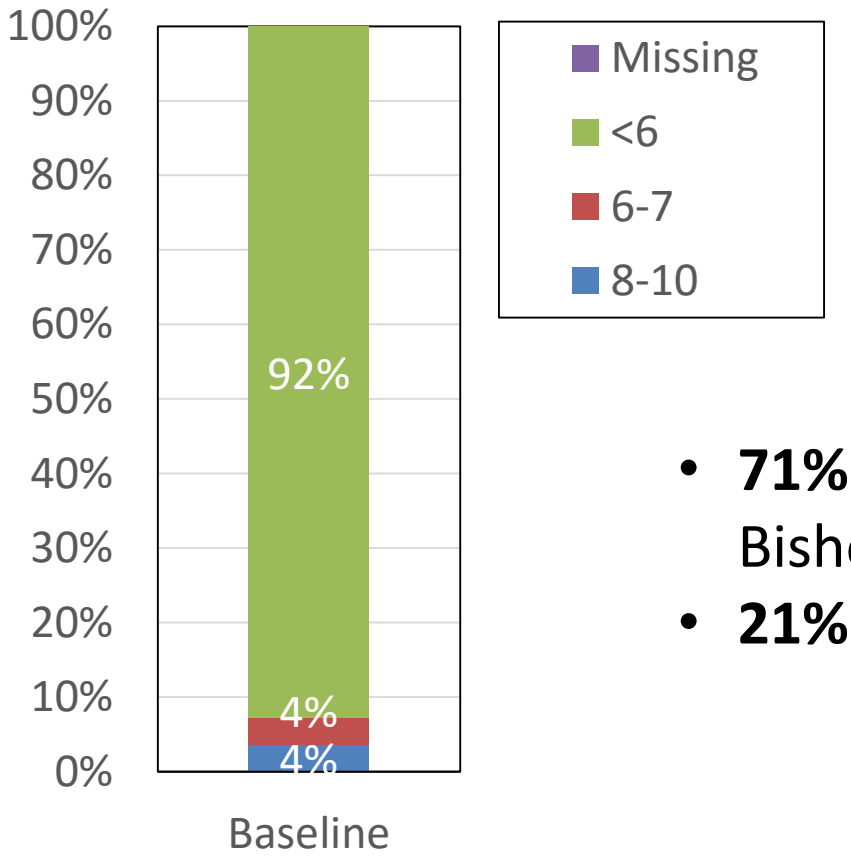
I-4 Did Not Meet Criteria



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

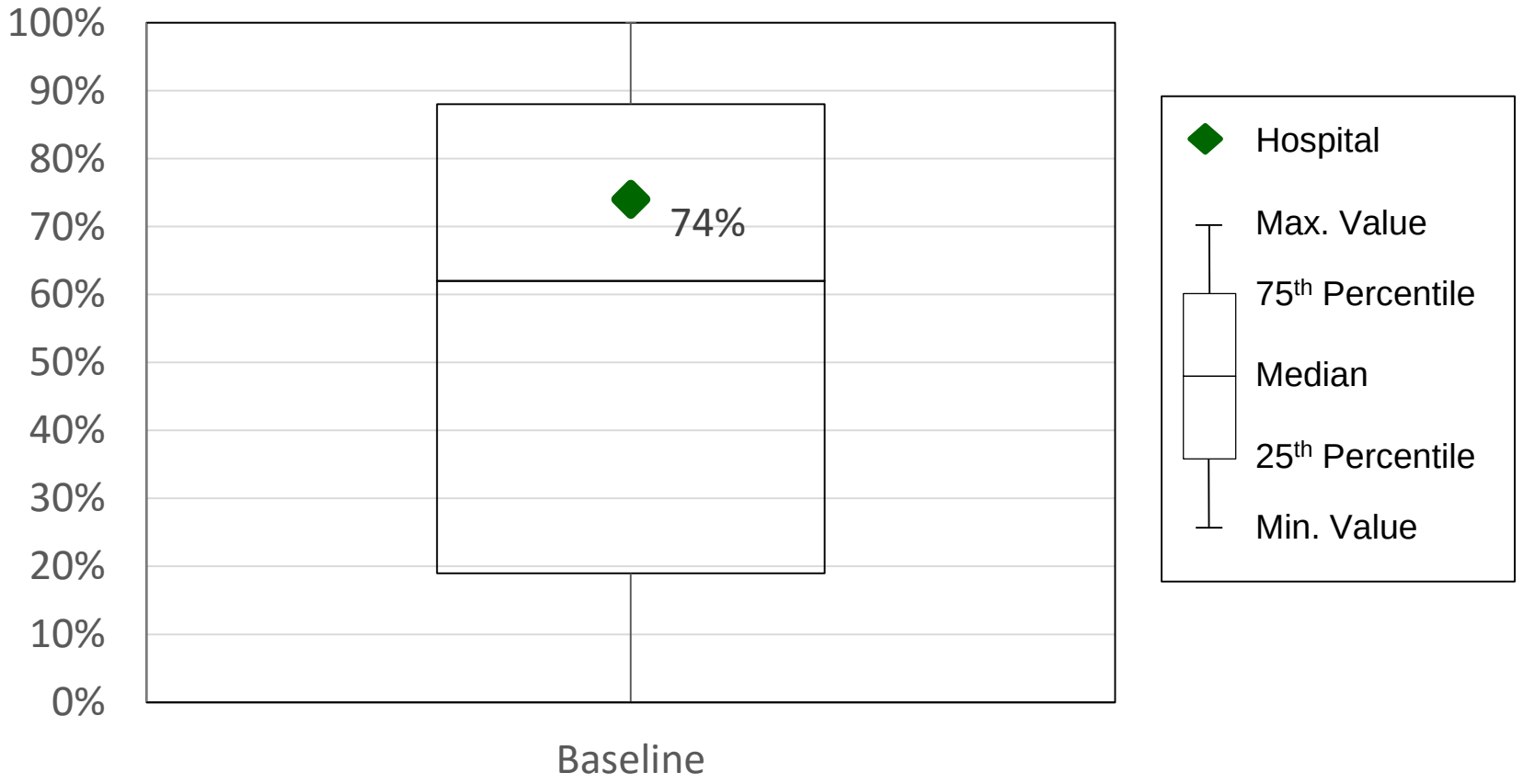
I-9: Percent of NTSV Cesarean Deliveries with Induction by Bishop Score at Time of Induction



- **71%**--providers & record agree on Bishop score;
- **21%**--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



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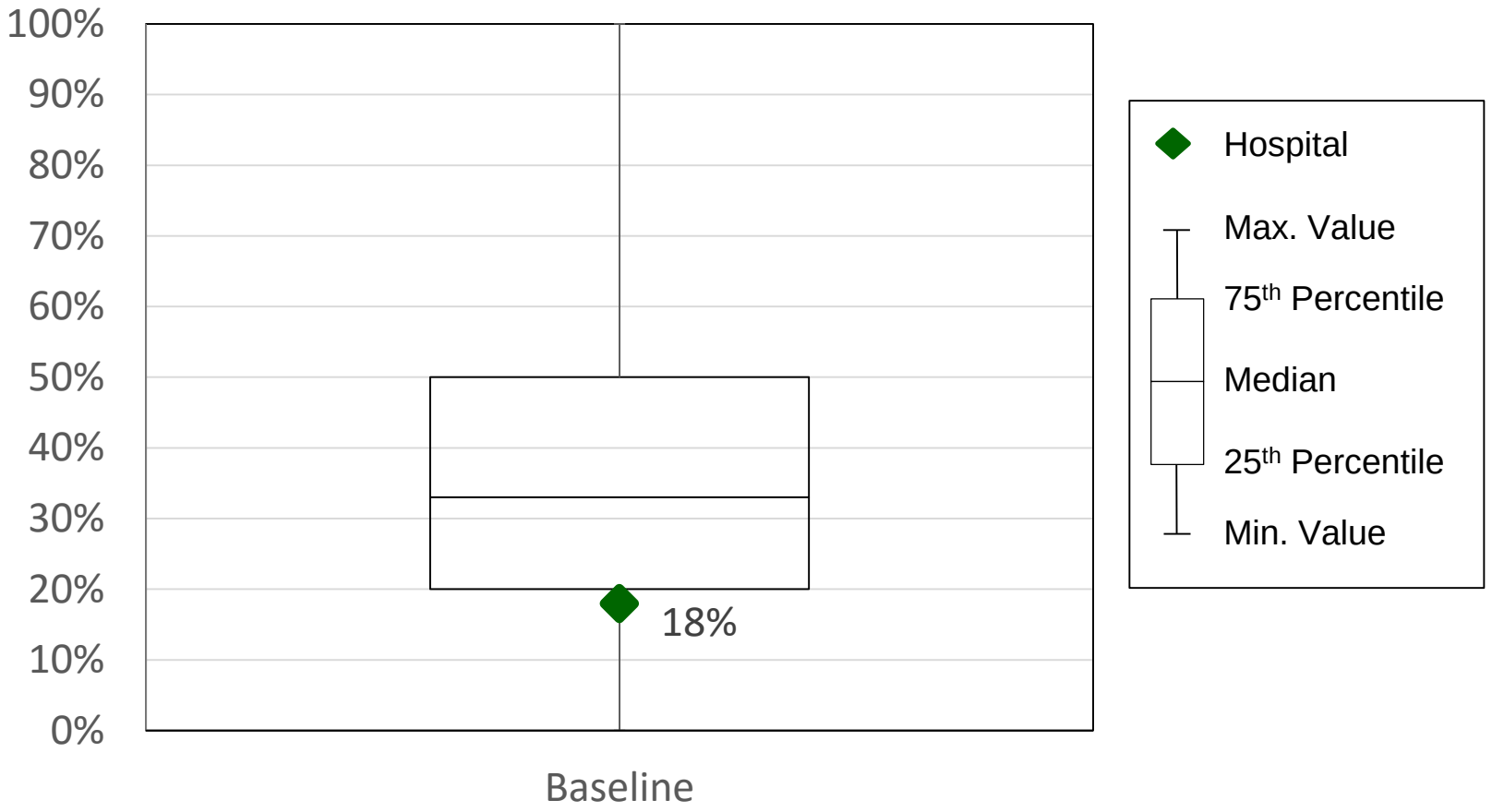
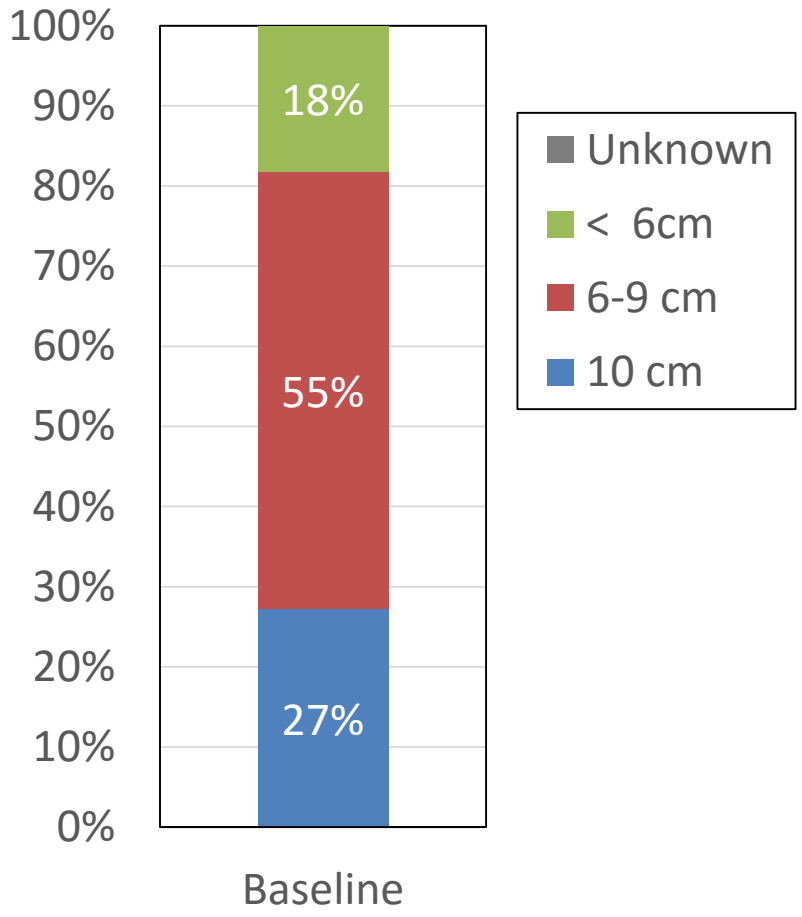
LABOR DYSTOCIA/FAILURE TO PROGRESS AUDIT

D-1: Percent of NTSV Cesarean Deliveries with Dystocia that Met ACOG/SMFM Criteria

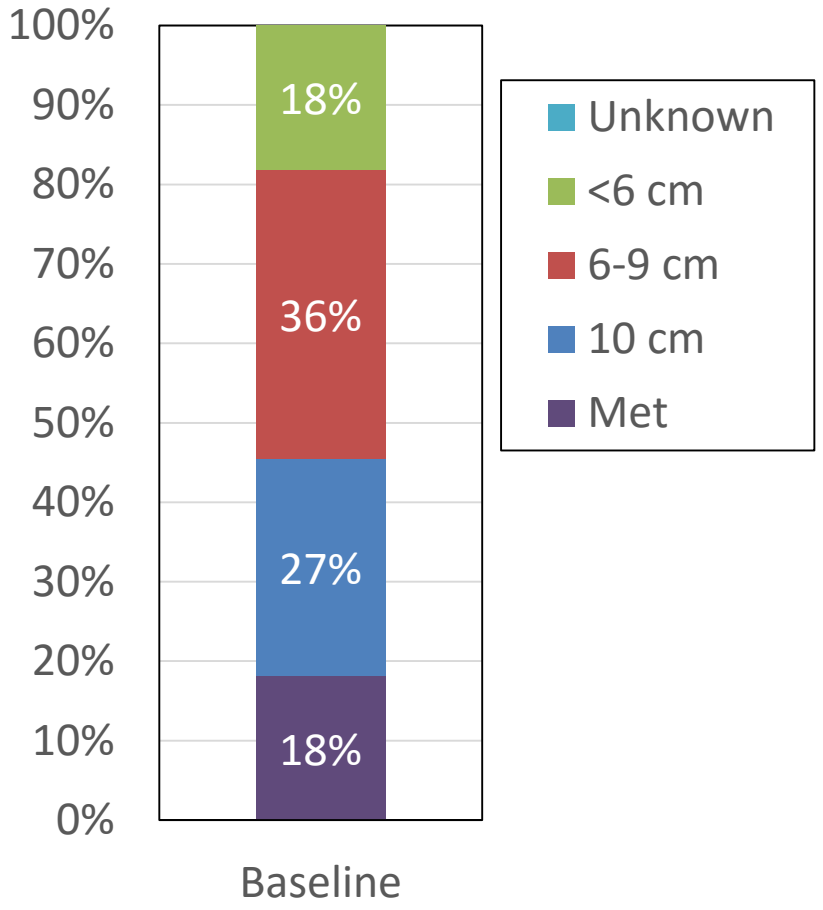


Percent of NTSV Cesarean Deliveries with Dystocia

D-3 Cervical Dilatation at Delivery

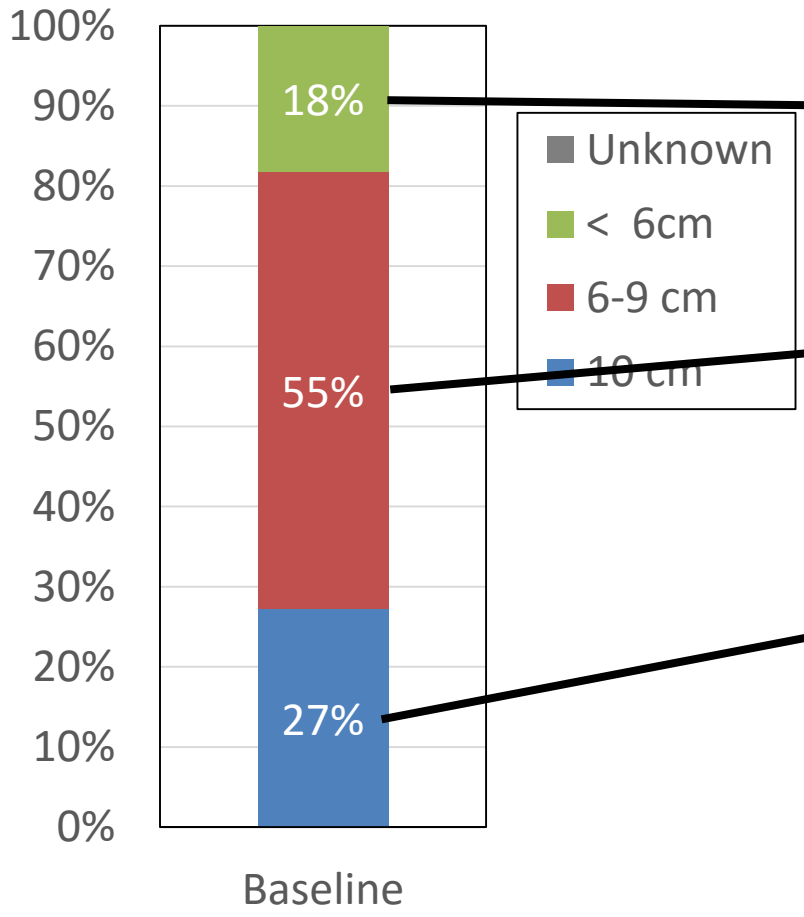


D-2 Did Not Meet Criteria

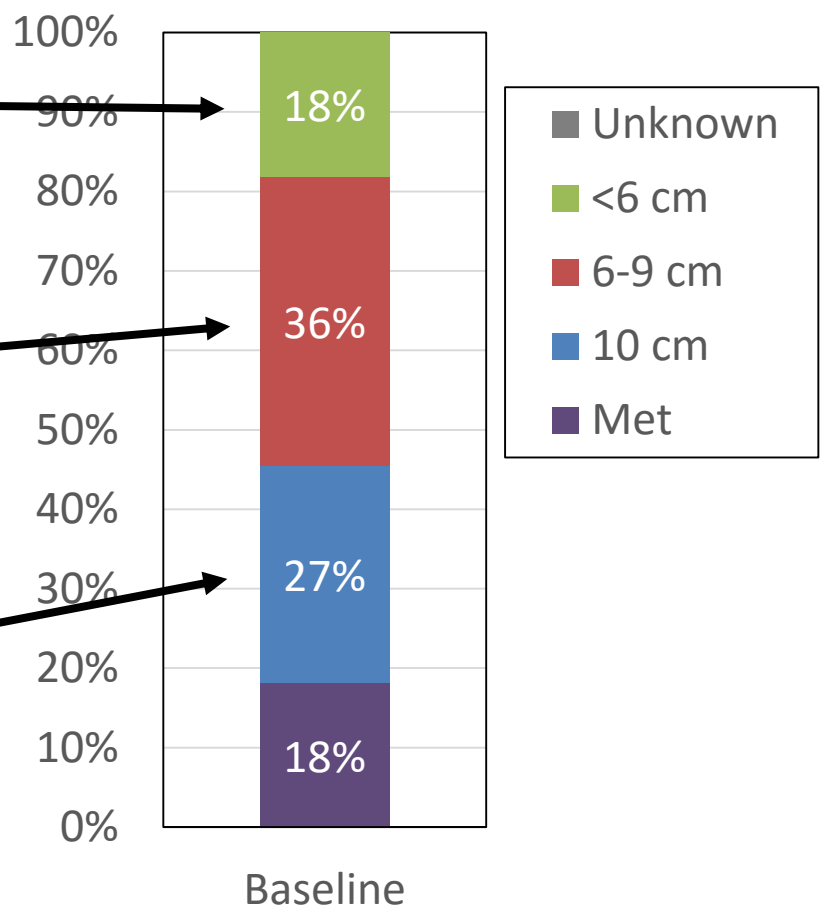


Percent of NTSV Cesarean Deliveries with Dystocia

D-3 Cervical Dilatation at Delivery



D-2 Did Not Meet Criteria



Met Criteria by Cervical Dilatation

- <6cm: 0% met criteria
- 6-9 cm: 33% met criteria (3rd quartile of hosps.)
- 10 cm: 0% met criteria

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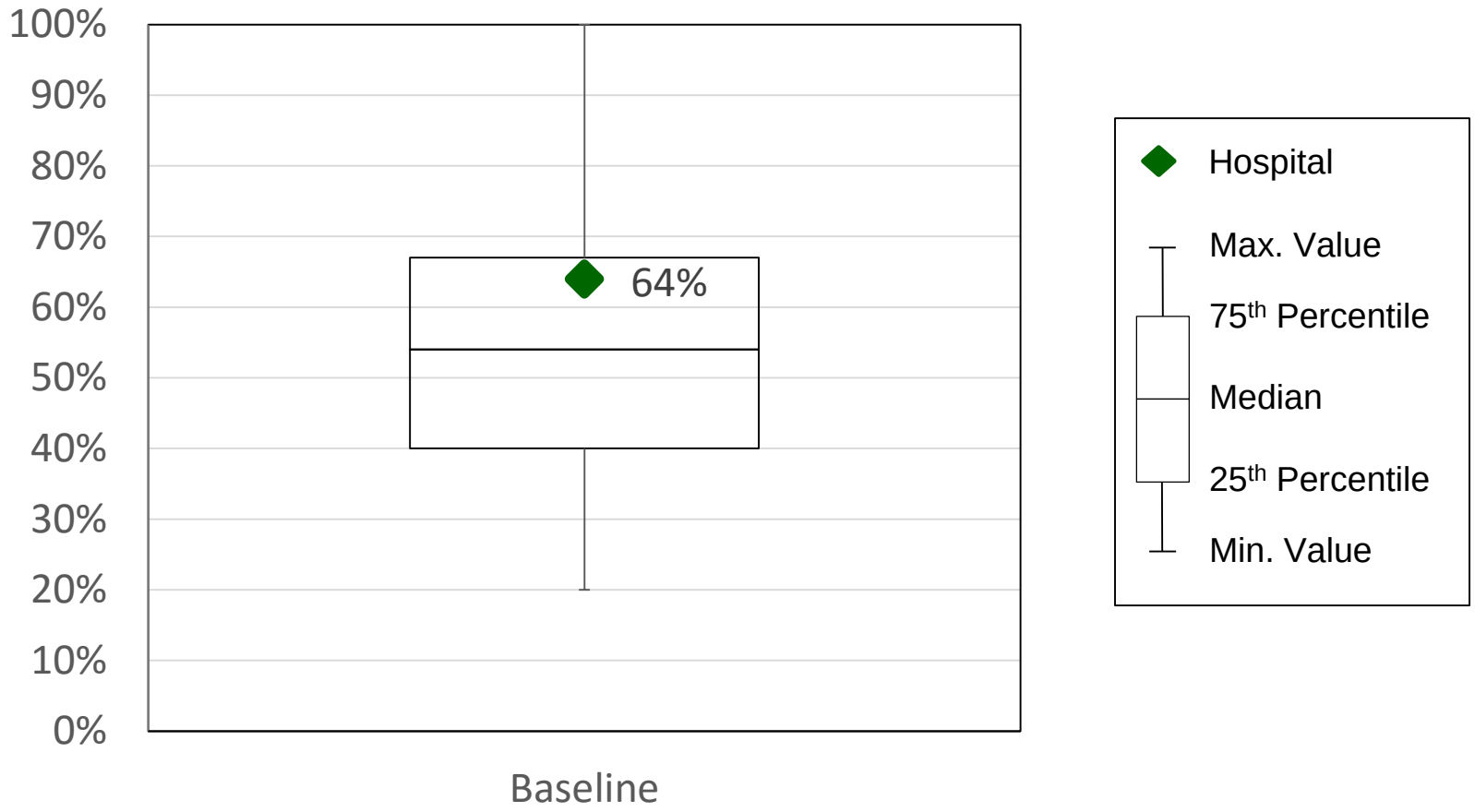
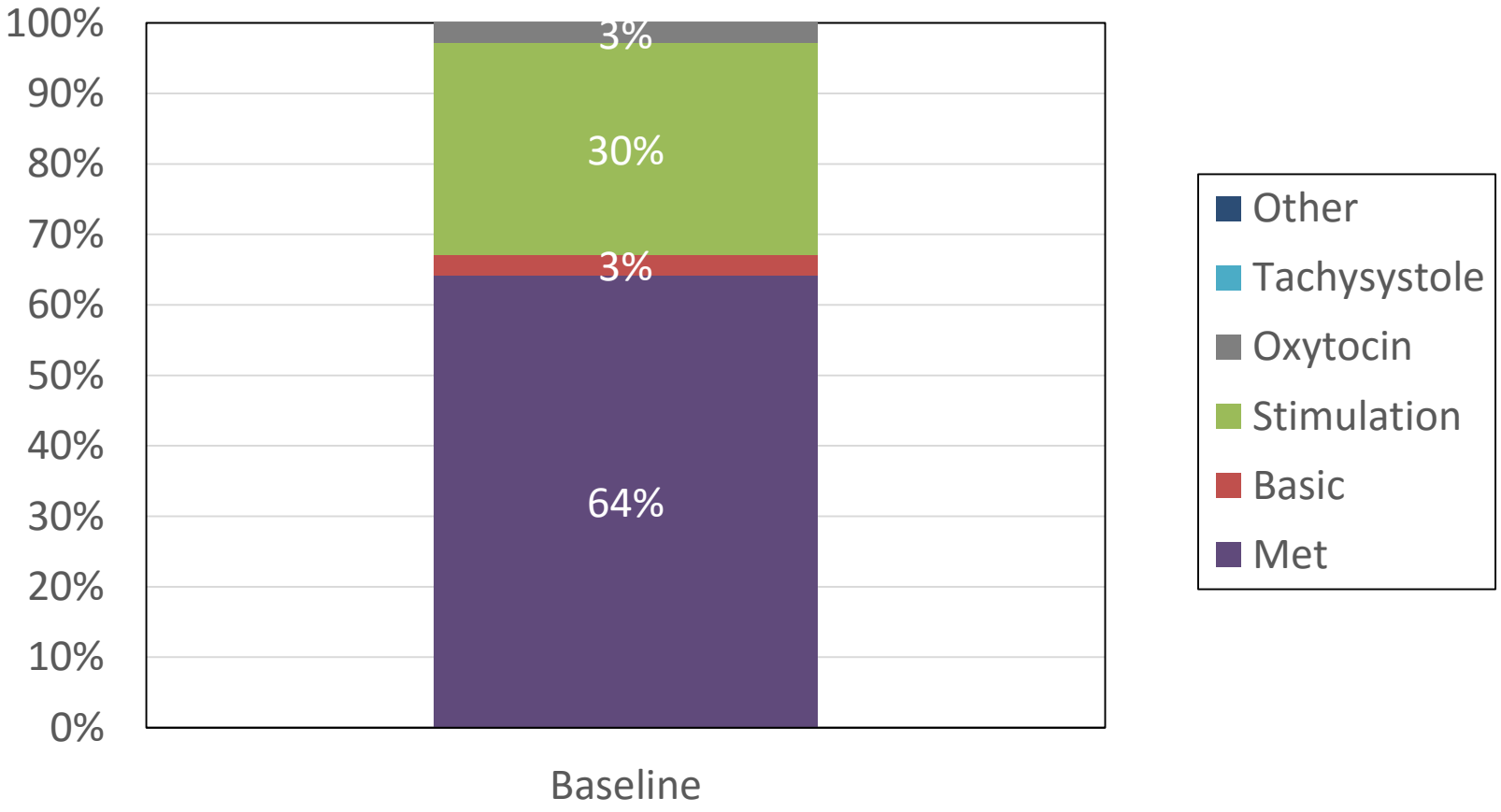
FETAL HEART RATE CONCERN AUDIT

FHRC-1: Percent of NTSV Cesarean Deliveries with Fetal Heart Rate Concerns that Met FPQC Criteria for Corrective Measures



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

- 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

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Comments?
Questions?

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April 19-20, 2018

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ANNUAL CONFERENCE

Holiday Inn Tampa Westshore
Tampa, FL

Neel Shah, MD, MPP
Reducing Cesarean Sections

Heather Kaplan, MD, MSCE
Neonatal Abstinence Syndrome

Tara Bristol Rouse, MA
Engaging Families in Quality Improvement

Ann Borders, MD
Optimizing Physician Engagement in QI

Thank you!

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