

Participating in PROVIDE 2.0

What Does This Mean to Teams?

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Partnering to Improve Health Care Quality
for Mothers and Babies



PROVIDE Initiative Resources

Technical Assistance

from FPQC staff, state Clinical Advisors, and National Experts

Monthly Collaboration Calls with hospitals state-wide

Project-wide in-person collaboration meetings

Educational sessions, videos, and resources

Monthly and Quarterly QI Data Reports

Monthly e-mail Bulletins

Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education

Online Tool Box

Algorithms, Sample protocols, Maternal education tools, Slide sets, etc.

Coaching Calls

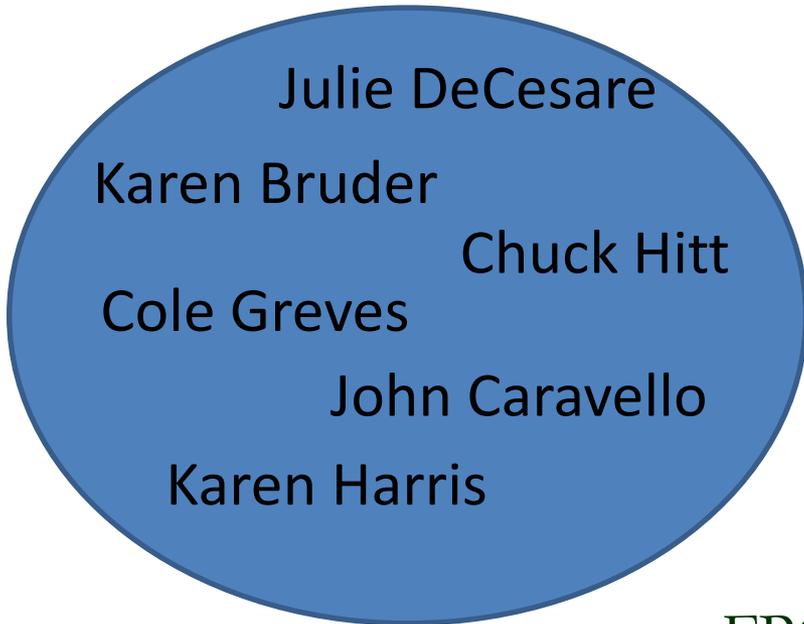
- 👤 These are NOT webinars
- 👤 Attend at least one call per month
- 👤 Coaching groups will be broken into topic areas
- 👤 Small groups – 10-15 teams on each call
- 👤 Identify successes first
- 👤 Present your team progress on your 30-60-90 Day Plan at least once per quarter (informal team presentations – no slides)

- 👤 Calls will last no longer than 1 hour
- 👤 Calls will be conducted through Zoom so we can see each other – if you have video capability on your computer/smart phone/tablet
- 👤 Active participation expected from every team on every call

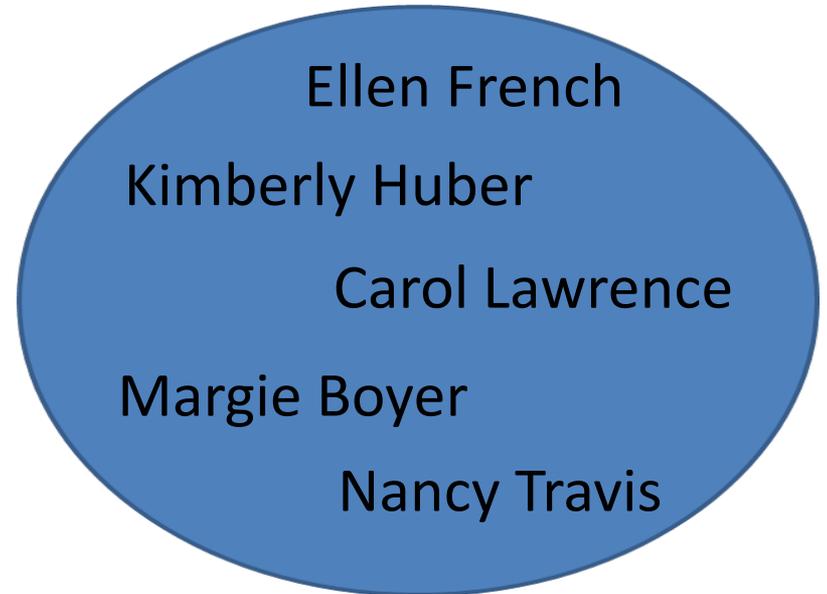


Coaching Teams

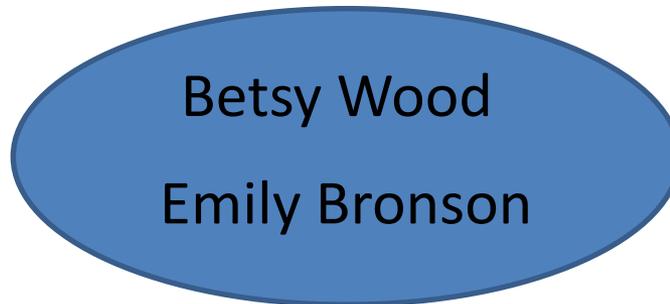
Physician Coaches



Nurse Coaches



FPQC Staff



Internal Team Meetings

- 👤 Multidisciplinary team meetings should be held routinely
 - 👤 Suggestion is to meet monthly at the beginning then may be less frequent later in the initiative
 - 👤 Be sure to include all departments impacted by your work
 - 👤 Review data, 30-60-90 Day Plan, PDSA cycles, provider specific NTSV rates
 - 👤 Discuss insights from coaching calls
 - 👤 Share progress and challenges with administration – follow communication plan

NEW Hospitals: Baseline data

20 NTSV cesareans/month (July-September) regardless of reason
for cesarean

data due December 14



Data Webinar

October 30, 2019 at 12:00 pm

- Definitions
- Tools
- Procedures

Re-Committing Hospitals: Reassessment data

20 NTSV cesareans/month (July-September) regardless of focus area data due October 30, 2019



Data Webinar

November 21, 2019 at 12:00 pm

- Reassessment report
- Choose focus area
- Web-based reporting system



Prospective data

- 👤 Starts on January 1, 2020 for all teams
- 👤 **Data lead** to audit up to 20 NTSV cesareans/month in your hospital focus area
- 👤 **Project lead** to complete a short survey on structural measures monthly
 - Not working on it
 - Planning
 - Implemented
 - Adopted

Data Use Agreements – New hospitals only

- 🕒 Sent to project leads in “Welcome” email
- 🕒 Need to be completed ASAP
- 🕒 Once DUA is finalized we will send you links for data submission
- 🕒 This project falls under quality improvement, not research

Provider-Specific NTSV Rates

- Hospitals have designated a contact person responsible for validating the accuracy of provider names
- California reports this has been a key to lowering rates and getting provider buy-in
- Can start by blinding the data or reporting by practice groups
- Medicaid exploring reporting provider-specific rates to their managed care plans
- Can use as an incentive



Technical Assistance

- 👤 Schedule TA within the first 6 months
 - 👤 On-site visit including Grand Rounds
 - 👤 Virtual participation in OB Department meeting or staff meeting
 - 👤 Virtual participation in PROVIDE 2.0 team meeting
 - 👤 Telephone consultation for particular issues or barriers
 - 👤 Questions can be submitted anytime through FPQC website
 - 👤 Discussion forum in FB
 - 👤 On demand “snippets” for just-in-time education



Educational Snippets

- Short 3-5 minute videos
- Available anytime on your e-device of choice
- State or national expert discussing issues that are commonly questioned
- Continuously updated with new videos
 - How to respond to the Arrival trial
 - Messaging provider level data
 - Defining active phase arrest disorders
 - 6 is the new 4

Maternal Education Campaign

- Coordinated messaging across partner websites and platforms
 - March of Dimes
 - AWHONN
 - ACOG District XII
 - FPQC
 - FL Association of Healthy Start Coalitions
 - Local Healthy Start
 - Managed Care Organizations
- My Birth Matters

PROVIDE 2.0

Maternal Education Initiative

- Consumer education campaign aimed at informing expectant mothers about cesarean delivery.
- Developed by The California Health Care Foundation (CHCF), California Maternal Quality Care Collaborative (CMQCC), and Consumer Reports.



My Birth Matters Resources



My Birth Matters Consumer Web
Page: [MyBirthMatters.org](https://www.MyBirthMatters.org)

Four animated videos (English
& Spanish)

- “New Mom Explains C-Sections”
- “Labor & Delivery Nurse Explains C-Sections”
- “Doctor/Patient C-Section Discussion”
- “Your Birth Team”



Brochures, fact sheets, social media

VAGINAL DELIVERY

Is a method of delivery of your baby through your vagina.*

RISKS

-  Unpredictable time in labor
-  Risk of vaginal tears
-  Injury to baby that is very large or breech

BENEFITS

-  Avoids possible side effects of being put to sleep/epidural
-  Less pain after delivery
-  Earlier breastfeeding and bonding
-  Avoids major surgery
-  Shorter hospital stay and recovery time
-  Less blood loss
-  Less risk of infections and scarring
-  Fewer breathing problems for baby



*Discuss plans for your labor and delivery with your doctor early in your pregnancy.

CESAREAN (C-SECTION)

Is a type of surgery done to deliver your baby through your belly. It should only be done when there is a health problem or emergency with mom or her baby.*

RISKS

-  Longer hospital stay and recovery time
-  More pain after surgery
-  Wound infection after surgery
-  Bleeding requiring blood transfusion
-  Injury to organs
-  Accidental surgical cut to baby
-  Higher risk of blood clots
-  Breathing problems for baby
-  Baby may separate from you for care
-  Higher risk of problems in future pregnancies

BENEFITS

-  Delivery day can be planned
-  Less chance of urinary problems
-  Safer delivery of baby in breech position
-  Safer delivery of very large baby (10-11lbs)



*Discuss plans for your labor and delivery with your doctor early in your pregnancy.

Labor Support Skills to Promote Vaginal Deliveries



How to Access Tools, Resources, Guides, etc.

[www.fpqc.org/
provide](http://www.fpqc.org/provide)

The screenshot shows the website for the Florida Perinatal Quality Collaborative (FPQC). At the top left is the USF Health logo. The breadcrumb trail reads: Home > ... > Florida Perinatal Quality Collaborative > PROVIDE Initiative. Below the breadcrumb is the text 'Florida Perinatal Quality Collaborative'. A navigation bar contains links for Home, About, Admissions, Academics, Engage, and Giving. A left sidebar menu lists: Home, Who We Are, Governance & Structure, Membership, Communications, Testimonials, Projects, Events, Provider Education, Patient Education, and Staff & Information. The main content area features a banner with the FPQC logo and the text 'Partnering to Improve Health Care Quality for Mothers and Babies'. Below the banner is the title 'Promoting Primary Vaginal Deliveries (PROVIDE) Initiative'. The text describes the initiative's focus on low-risk pregnancies and the risks of cesarean birth. A photograph shows a newborn baby in a hospital bed next to a woman. The text continues: 'Additionally, costs associated with cesareans are significant for insurers, government, taxpayers, and consumers. Studies have shown that each cesarean costs'.

Partnering to Improve Health Care Quality
for Mothers and Babies

IN SUMMARY

WHAT ARE WE EXPECTING OF YOU?

Stay in Touch

- 👤 Let us know how you are doing! Issues? Successes?
- 👤 Ask us how to interpret your data reports, and if we can schedule a time to walk through them.
- 👤 Ask us if we can chat with or present to your department meeting.
- 👤 Tell us if you have a staff change so we can update our contact list.
- 👤 Ask us if another hospital has an example protocol or checklist created.
- 👤 Ask us how to find great patient education tools.
- 👤 Join our Maternal Health Discussion Group on Facebook @thefpqc
- 👤 Attend coaching calls to hear from other hospitals working on the same issues you are.

Keep the Ball Rolling

- 👤 Meet with your project team regularly to touch base on how things are going (Plan, Do, Study, Act and 30-60-90 day plans).
- 👤 Plan out educational sessions for your department – there is a lot you could cover and a lot of fun ways to do it!
- 👤 Submit and review data to track your QI progress.
- 👤 Review your policies/guidelines and keep them up-to-date with best practices.
- 👤 Attend as many meetings, trainings, workshops as you can to stay engaged.
- 👤 Read your PROVIDE e-bulletins where we'll share new resources.
- 👤 Celebrate successes!

Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?