

## PROVIDE 2.0 Implementation Planning Tool

### INDUCTION FOCUS AREA

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

Overall Aim: Within 18 months of project start, 60% of NTSV cesareans that were induction cases will have met all ACOG/SMFM criteria.

Primary Driver	Intervention /Measure	Recommended Activities	Our Plan Notes	Our Tentative Due Dates	Responsible Parties
A unit that values, supports, and promotes vaginal deliveries	<p><b>I. Revise and adopt updated hospital care guidelines</b> to reflect evidence-based practices related to:</p> <p>1. Appropriate induction scheduling and admission criteria;</p>	<p>Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, SMFM, FPQC recommended guidelines.</p> <p>Review induction scheduling guidelines and induction admission criteria which could include admission checklists, algorithms, consents, scheduling forms, timing, Bishop score use and documentation, cervical ripening, and other expectations.</p> <p>Conduct tests of change; share results and solicit feedback from staff and providers (PDSA cycle).</p> <p>Determine and implement a standardized plan for admission criteria components or checklists and modify hospital guidelines accordingly.</p> <p>Note date of adoption of new guidelines.</p>			
	<p><b>I. Revise and adopt updated hospital care guidelines</b> to reflect evidence-based practices related to:</p> <p>2. “failed induction” criteria;</p>	<p>Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, SMFM, FPQC recommended guidelines.</p> <p>Review failed induction guidelines and criteria which could include cervical exam</p>			

		<p>and timing expectations, cervical ripening, latent labor best practices, , algorithms, consents, oxytocin and AROM policies, definition of active labor arrest, alternatives, and other expectations.</p> <p>Conduct tests of change; share results and solicit feedback from staff and providers (PDSA cycle).</p> <p>Determine and implement a standardized plan for failed induction criteria components or checklists and modify hospital guidelines accordingly.</p> <p>Note date of adoption of new guidelines.</p>			
	<p>1. Revise and adopt updated <b>hospital care guidelines</b> to reflect evidence-based practices related to:</p> <p>3. Latent and active stage of labor management/labor dystocia criteria;</p>	<p>Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, SMFM, FPQC recommended guidelines.</p> <p>Review and update labor management guidelines which could include algorithms, active labor best practices, including timing expectations, oxytocin policies, definition of active labor arrest, pre-cesarean huddles or checklist, and use of labor progression support tools including movement, medication, doulas, nutrition, intermittent monitoring.</p> <p>Conduct tests of change; share results and solicit feedback from staff and providers (PDSA cycle).</p> <p>Determine and implement a standardized plan for labor management/labor dystocia criteria components or checklists and modify hospital guidelines.</p> <p>Note date of adoption of new guidelines.</p>			

	<p>I. Revise and adopt updated <b>hospital care guidelines</b> to reflect evidence-based practices related to:</p> <p>4. Second stage management/arrest criteria.</p>	<p>Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, SMFM, FPQC recommended guidelines.</p> <p>Review and update second stage management/arrest criteria which could include second stage best practices, including timing expectations, positioning and movement, pre-cesarean huddle or checklist, algorithms, management of malposition.</p> <p>Conduct tests of change; share results and solicit feedback from staff and providers (PDSA cycle).</p> <p>Determine and implement a standardized plan for labor management/labor dystocia criteria components or checklists and modify hospital guidelines</p> <p>Note date of adoption of new policies.</p>			
	<p>II. <b>Educate</b> physicians, nursing, and staff on new evidence-based practices and policies/protocols related the newly revised and adopted hospital guidelines</p>	<p>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. .</p> <p>Education topics could include:</p> <ul style="list-style-type: none"> <li>• The Safe Reduction of Primary C/S: Support for Intended Vaginal Births bundle and your unit-standard protocol</li> <li>• Appropriate induction scheduling and admission criteria</li> <li>• Latent and active labor management and labor dystocia criteria</li> <li>• Second stage management/arrest criteria</li> </ul>			

		<ul style="list-style-type: none"> <li>• Methods to promote labor progress and prevent malposition</li> <li>• Labor support and shared decision making</li> <li>• Pain management (pharmacologic and non-pharmacologic)</li> </ul> <p>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.</p>			
	<p><b>III.</b> Document use of <b>patient education materials</b> on evidence-based techniques that prevent cesareans</p>	<p>Create a plan to find, create, encourage, and document use of patient education materials on evidence-based techniques that prevent cesareans, including:</p> <ul style="list-style-type: none"> <li>• Shared decision making</li> <li>• Birth doulas</li> <li>• Pharm and non-pharm comfort techniques</li> <li>• Strategies to promote labor progress/prevent dystocia.</li> </ul>			
<b>Primary Driver</b>	<b>Intervention /Measure</b>	<b>Recommended Activities</b>	<b>Our Plan Notes</b>	<b>Our Tentative Due Dates</b>	<b>Responsible Parties</b>
Standardization of processes related to induction scheduling, admission, and initiation	<p><b>IV.</b> Increase standard and evidence-based use of <b>Bishop score</b> to schedule or admit patients for induction in order to increase the percent of patients who are induced with Bishop scores <math>\geq 8</math></p>	<p>Educate care providers about the appropriate use of Bishop score for scheduling and admitting patients for labor induction.</p> <p>Create a process for documenting Bishop score on the patients chart and determine Bishop score before start of induction.</p> <p>Meet to do PDSA cycles, solicit feedback, improve processes, do case reviews, and incorporate into department guidelines.</p>			

	V. Increase percent of NTSV cesareans with induction where a <b>cervical ripening agent</b> was used when the Bishop score was $\leq 8$	Educate care providers about the appropriate scheduling of patients for, and use of, pharmacologic and mechanical cervical ripening.  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
Standard, evidence-based responses to labor challenges in latent, active, and second stage of labor	VI. Reduce percent of NTSV cesareans with induction where <b>recommended criteria</b> are not met at: a.) $< 6$ cm; b.) $6 - 9$ cm; c.) $10$ cm	Review and educate care providers and staff on evidence-based recommended management, practices, and dystocia definitions for latent, active, and second stages of labor. To include: - Latent labor management prior to $6$ cm for primiparas - Adequate uterine activity, oxytocin, and AROM - Pushing time with and without epidural analgesia - Algorithms and pre-cesarean checklists  Plan PDSA cycles and case reviews focusing on one labor stage at a time.			
	VII. Use labor dystocia/pre-cesarean <b>checklist</b> with team members intrapartum and/or as debrief tool	Meet with your team to determine roles and responsibilities related to:  Adopt or adapt a communication tool for use as an inter-disciplinary intrapartum pre-cesarean huddle in non-emergency cases. Could also be used as a debrief tool.  Practice use of the tool (conduct a PDSA cycle), solicit feedback, and implement routine use of the tool.			

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Track, report, and review to monitor progress	<p><b>VIII.</b> Quality review meetings to conduct <b>case reviews</b>, review initiative data and progress, and/or review provider-specific rates</p>	<p>Establish regular review process with times/dates and expectations for participation.</p> <p>Randomly review your data audit cases to discuss reasons for fall outs and improve processes.</p> <p>Determine how provider rates will be shared, with the goal of transparency at some point.</p>			
	<p><b>IX.</b> Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into your hospital's <b>EHR system</b></p>	<p>Enlist electronic health records team and administrators early on in the process to ensure needed components are incorporated.</p> <p>Determine person responsible for ensuring changes are tested and made. Create list of needed documentation and report additions.</p>			