



PROVIDE 2.0 Data Webinar: **Baseline Data Report &** **New Web-Based Reporting System**

Estefania A. Rubio, MD, MPH

William M. Sappenfield, MD, MPH, CPH

Partnering to Improve Health Care Quality
for Mothers and Babies

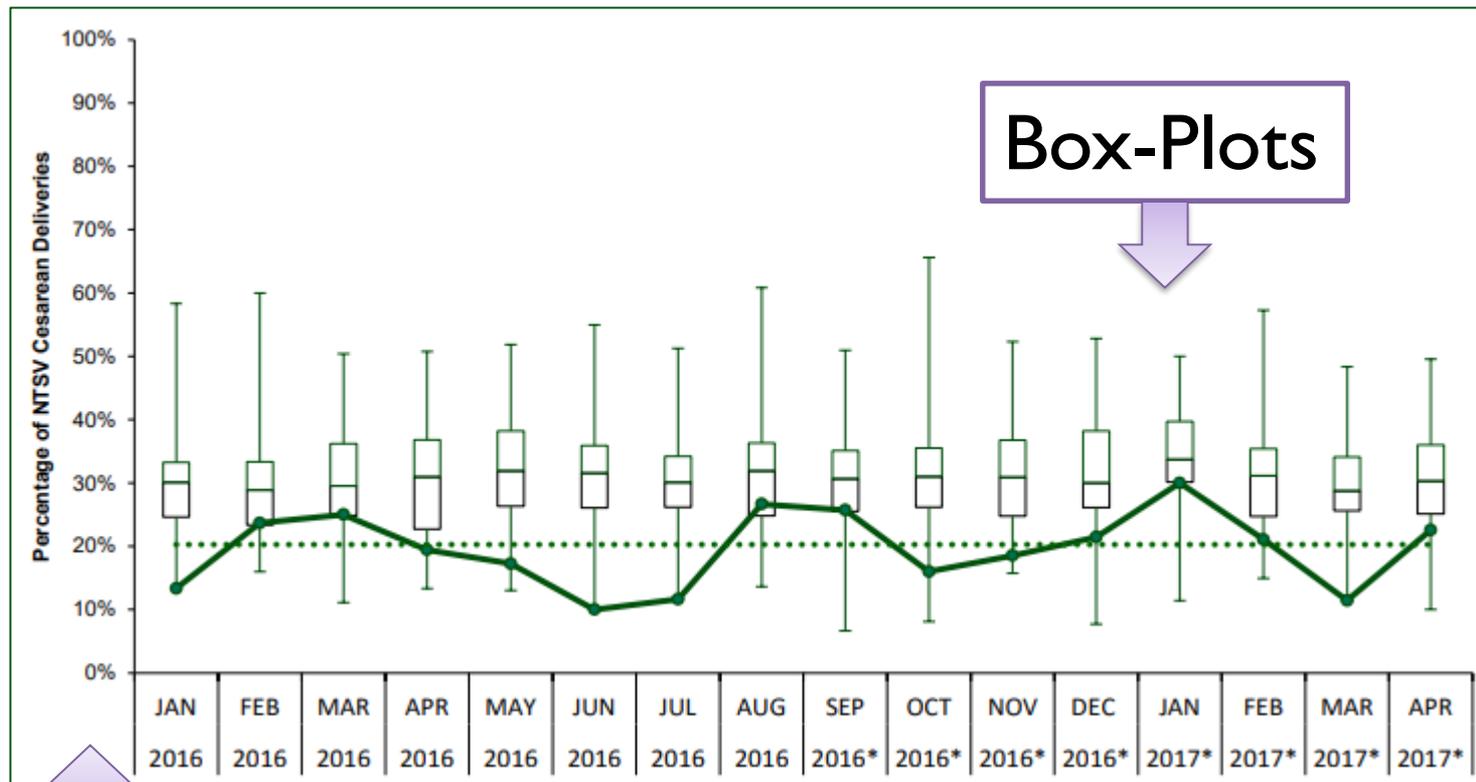


Agenda

- 👶 Understand your report
- 👶 How to use your baseline report to choose your focus area(s)
- 👶 New Online Reporting System
- 👶 Changes to the chart audit sheet for prospective data collection

Understand your Report

How does your hospital compare to others? OLD Format

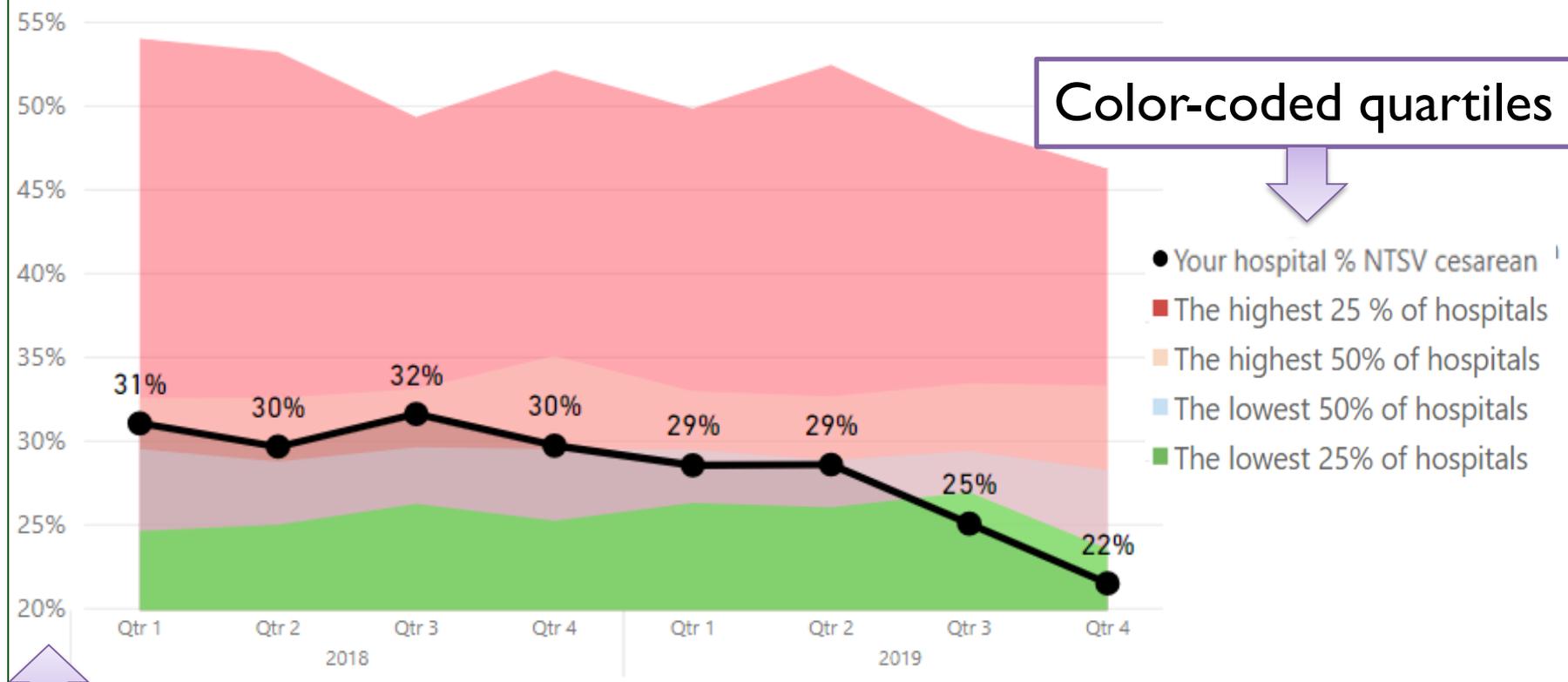


Fixed Y-axis

How does your hospital compare to others?

NEW Format

% NTSV cesareans - Compare your hospital with others



Color-coded quartiles

- Your hospital % NTSV cesarean
- The highest 25 % of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

Dynamic y-axis



The following is included in the baseline report:

NTSV cesarean rate report

	pg.
- Monthly NTSV cesarean rate	3
- 2018 NTSV cesarean rate and benchmarks	4

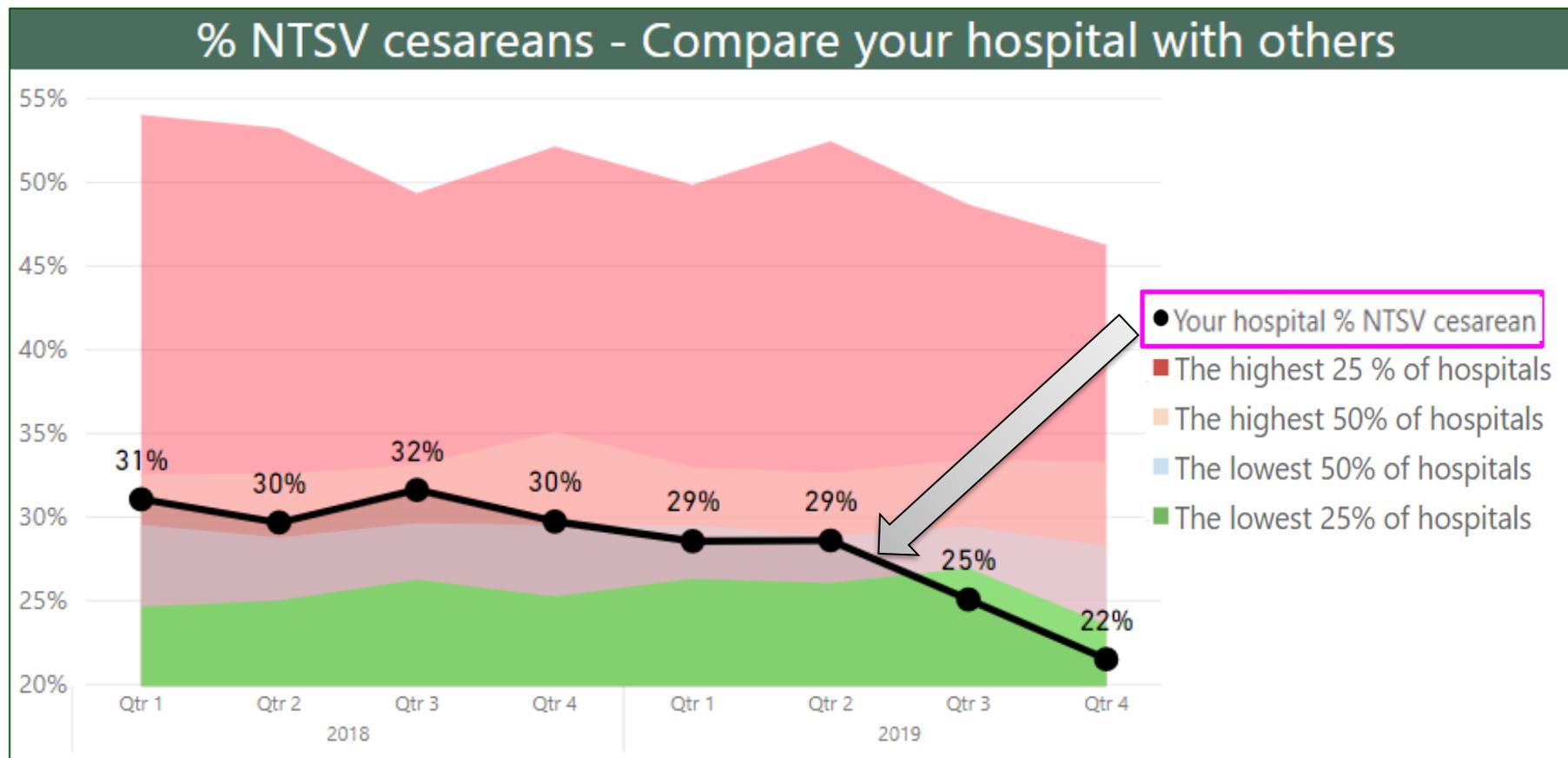
Balancing Measures

- Low 5 minute APGAR score	5
- Complications of the term newborn	6

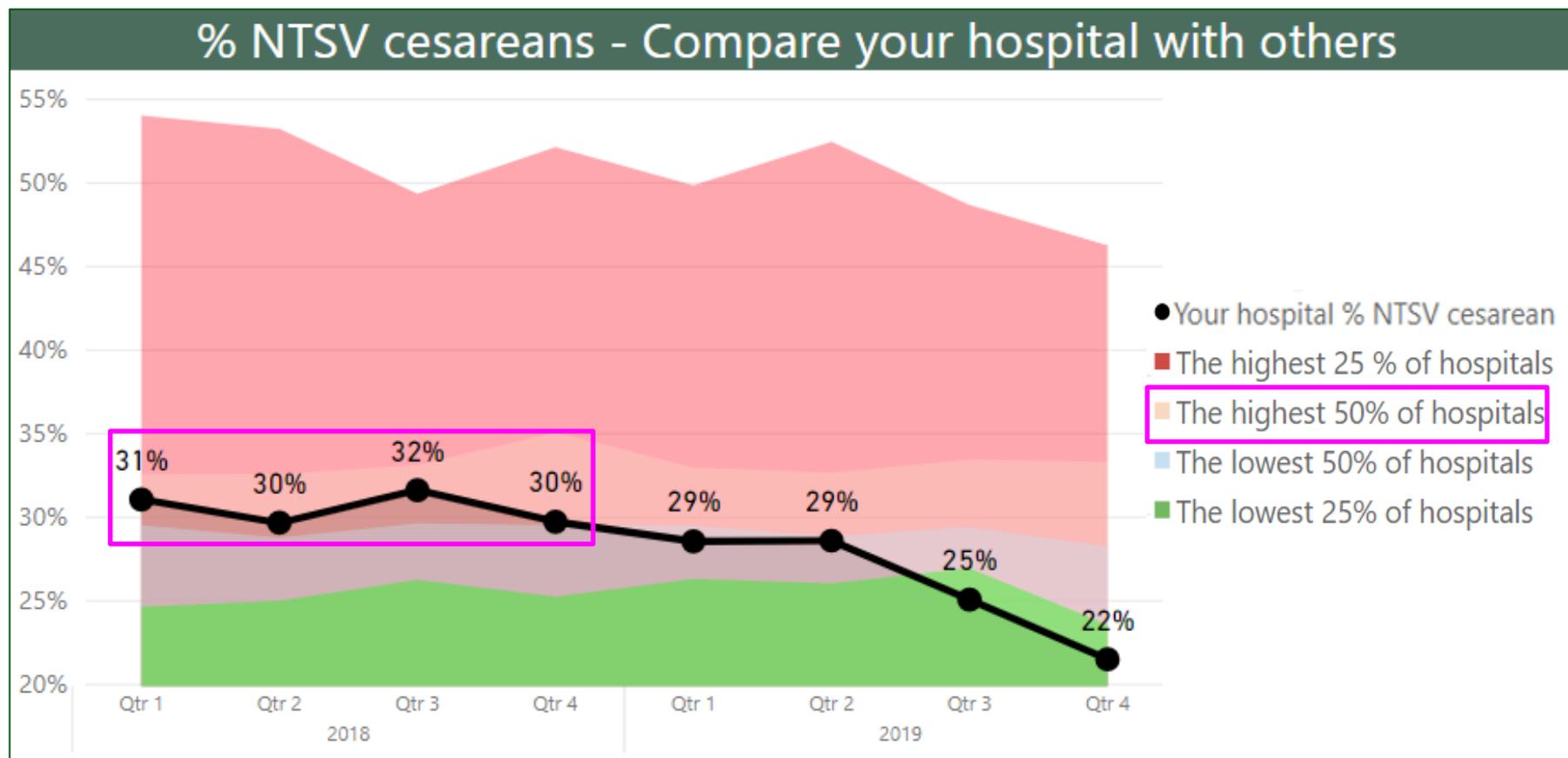
Chart Audit Report

- All categories	8
- Induction	11
- Labor Dystocia/ Failure to progress	21
- Fetal Heart Rate Concerns	28

How does your hospital compare to others?

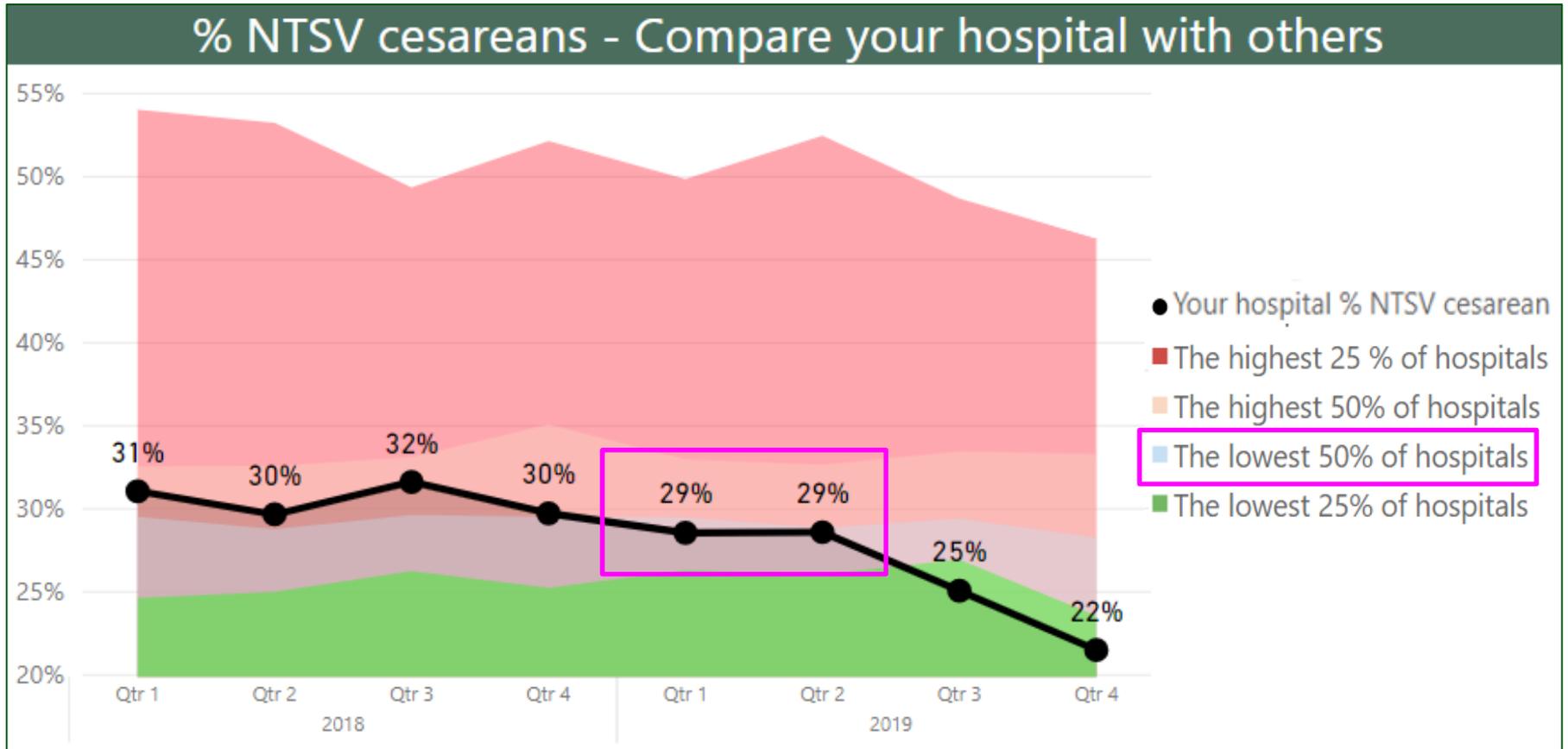


How does your hospital compare to others?



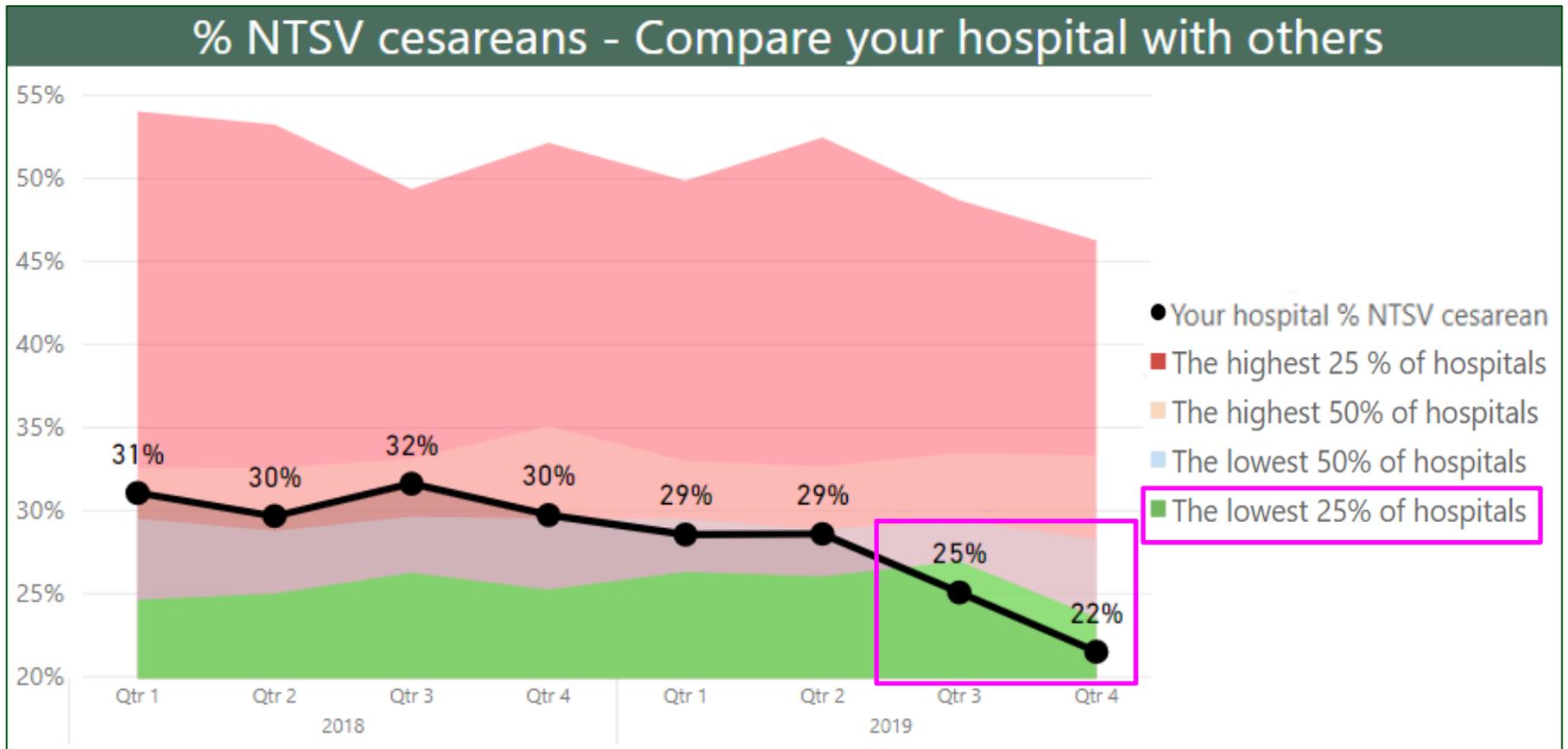
How does your hospital compare to others?

NEW Format



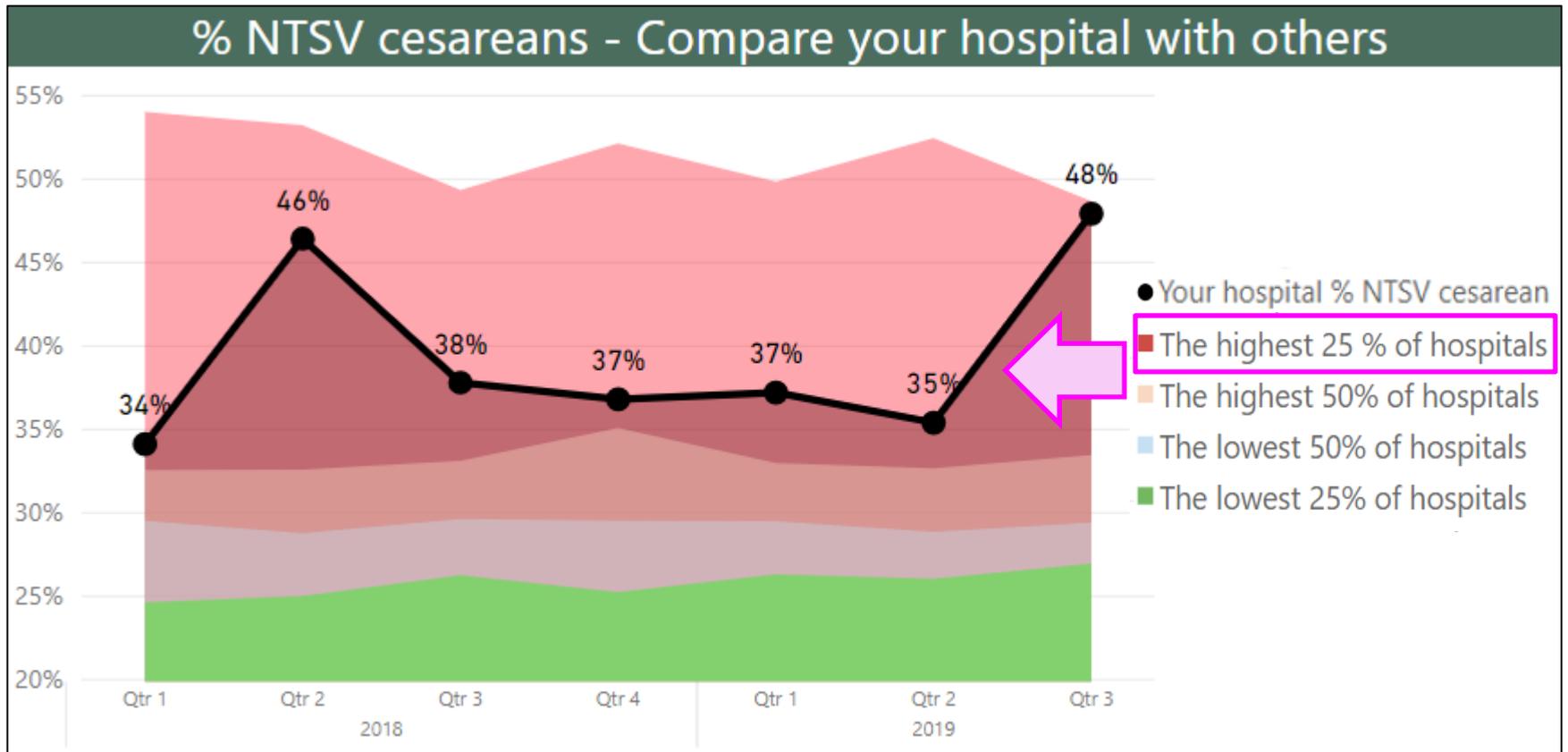
How does your hospital compare to others?

NEW Format



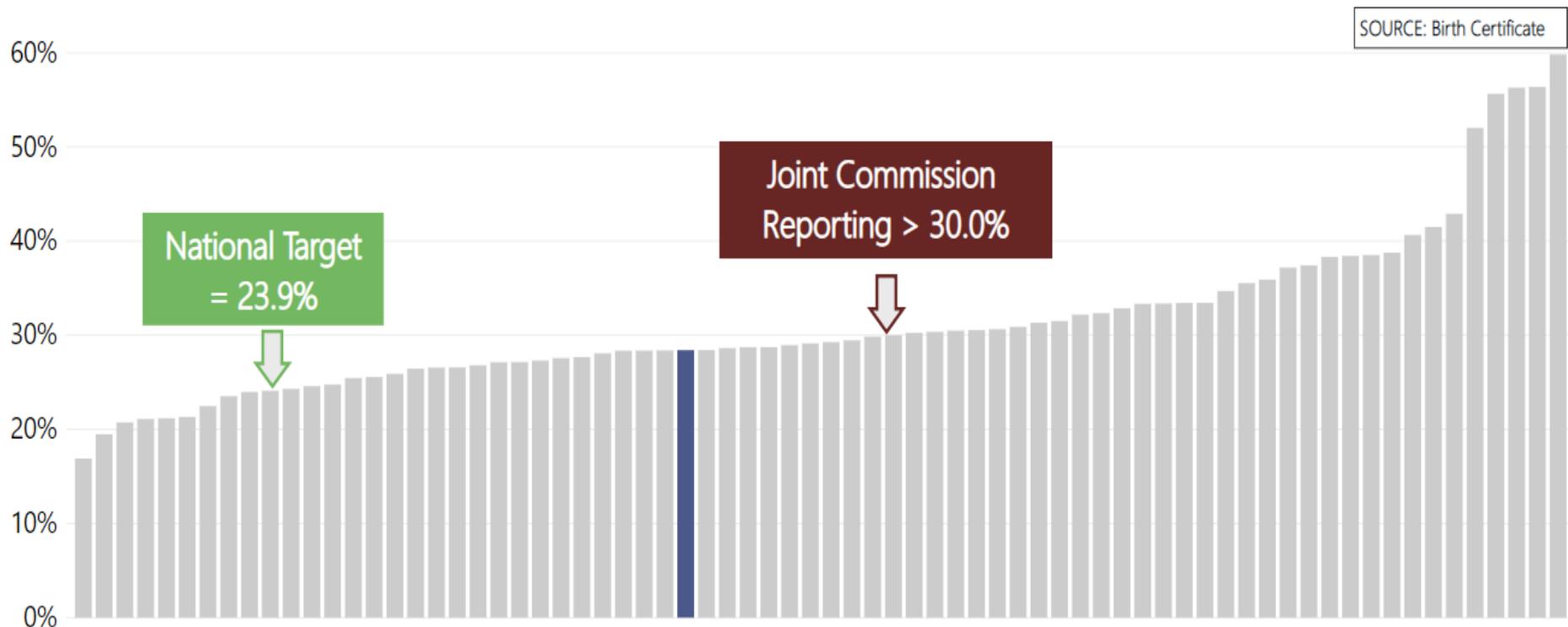
How does your hospital compare to others?

NEW Format



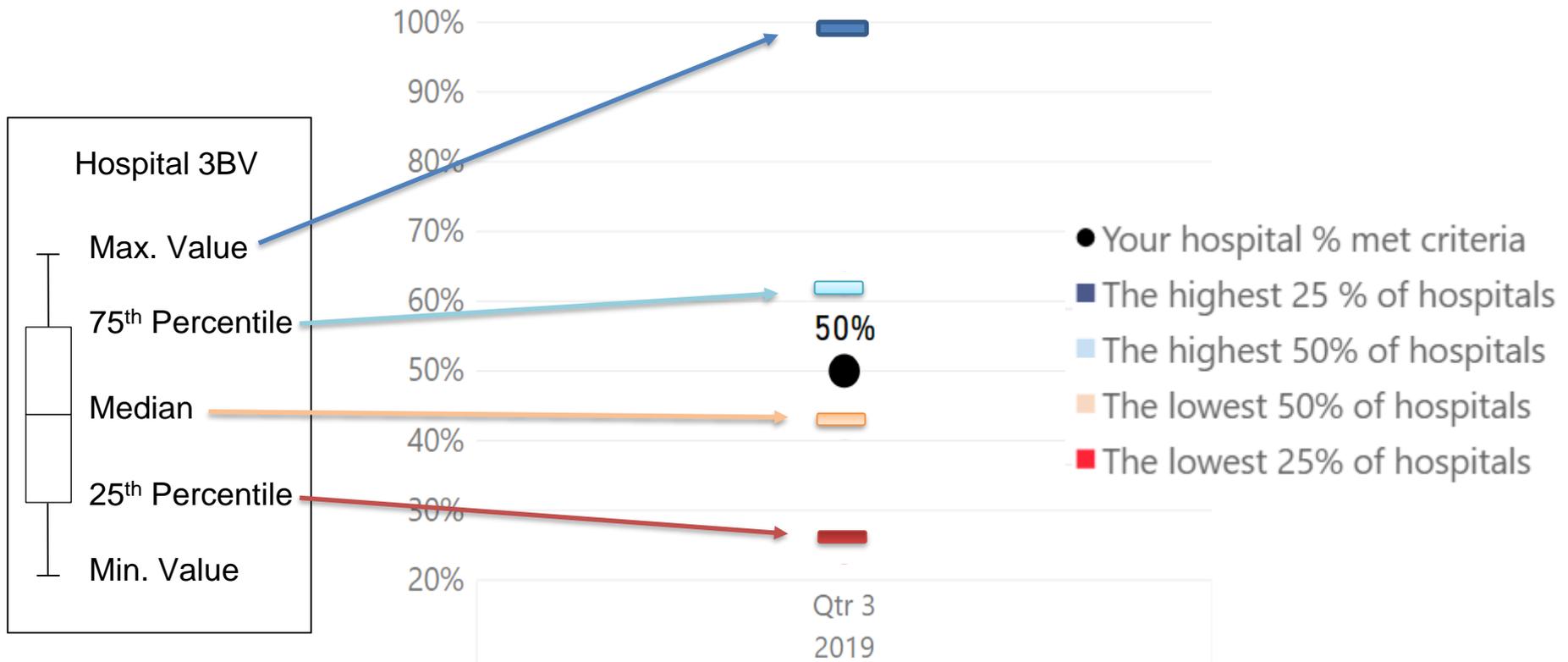
How does your hospital compare to others? NEW Format

2018 Low-Risk First-Birth NTSV (Nulliparous Term Singleton Vertex) Cesarean Rate,
Compare your hospital (in blue) to other PROVIDE Hospitals



How does your hospital compare to others? Only during Baseline

%NTSV Cesarean Deliveries with Induction that Met ACOG/SMFM Criteria



How does your hospital compare to others? Only during Baseline

%NTSV Cesarean Deliveries with Induction that Met ACOG/SMFM Criteria

100%

80%

To compare your hospital to others:
Look at the line over
your hospital % and
refer to the legend

50%

40%

30%

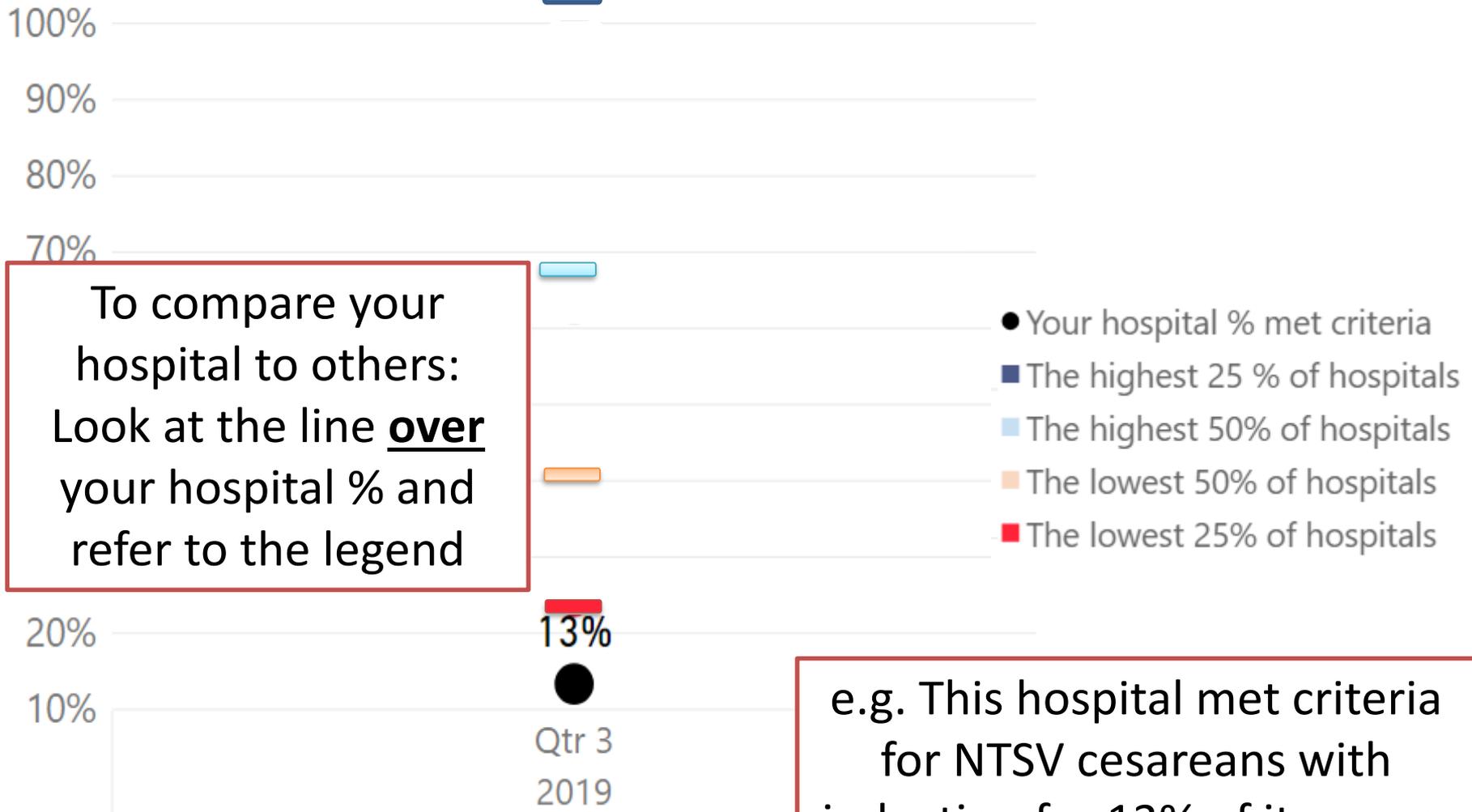
20%

Qtr 3
2019

- Your hospital % met criteria
- The highest 25 % of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

e.g. This hospital met criteria for NTSV cesareans with induction for 50% of its cases. Their rate is among the highest 50% of hospitals.

%NTSV Cesarean Deliveries with Induction that Met ACOG/SMFM Criteria

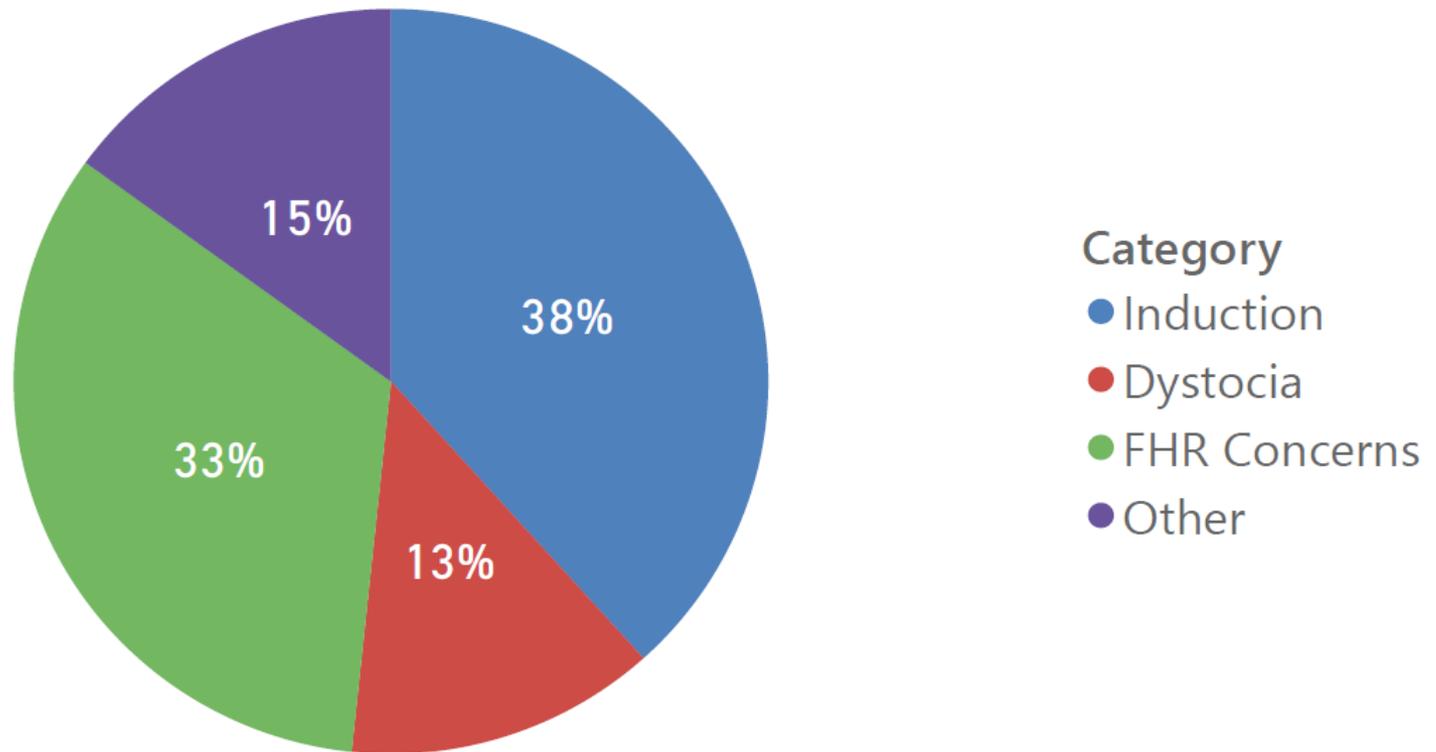


e.g. This hospital met criteria for NTSV cesareans with induction for 13% of its cases. Their rate is among the lowest 25% of hospitals.

**How to use your report to choose
your hospital's focus area?**

A tale of one PROVIDE hospital

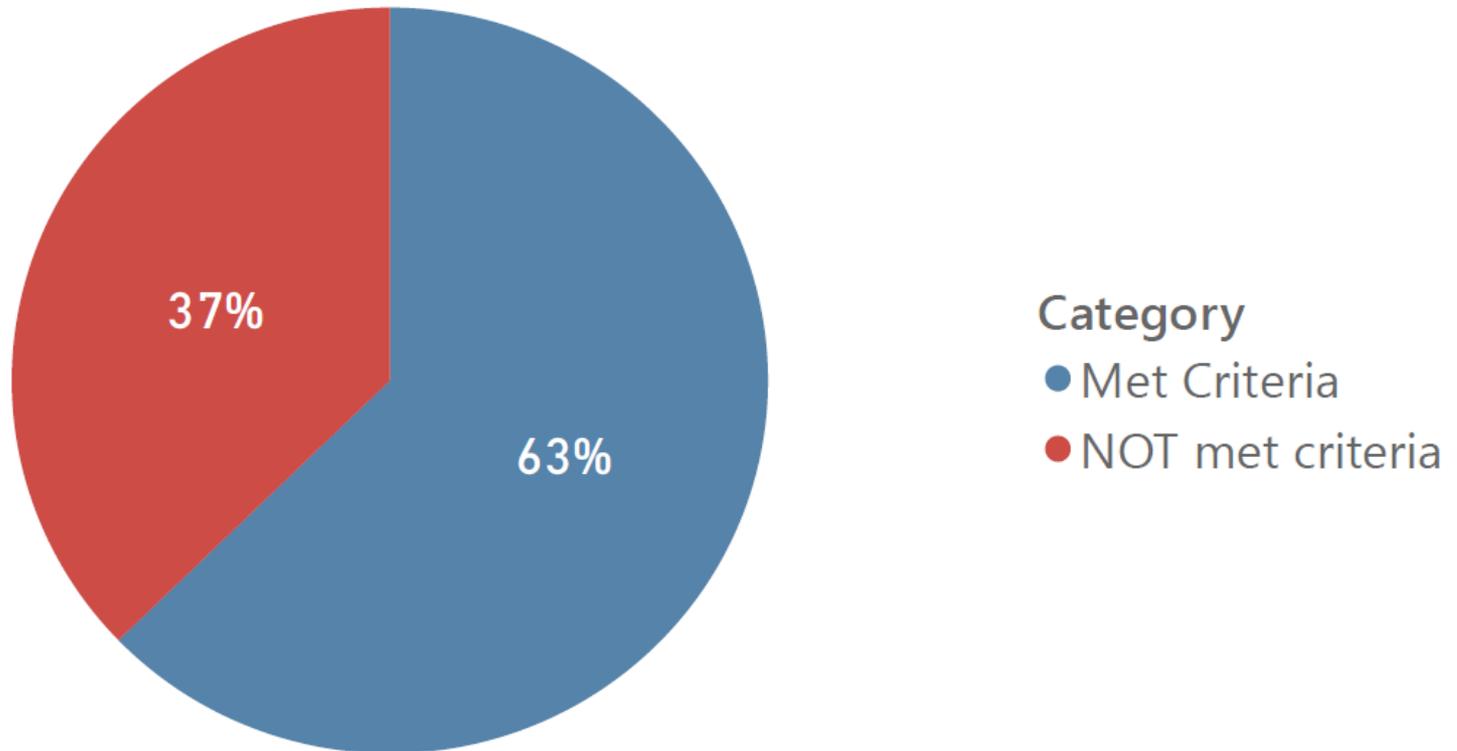
Overall 1: Percent of All Cesarean Deliveries Performed by Category During Baseline



Which category captures the most NTSV cesareans cases in your hospital?
-> Induction (38%) followed by FHRC (33%)

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

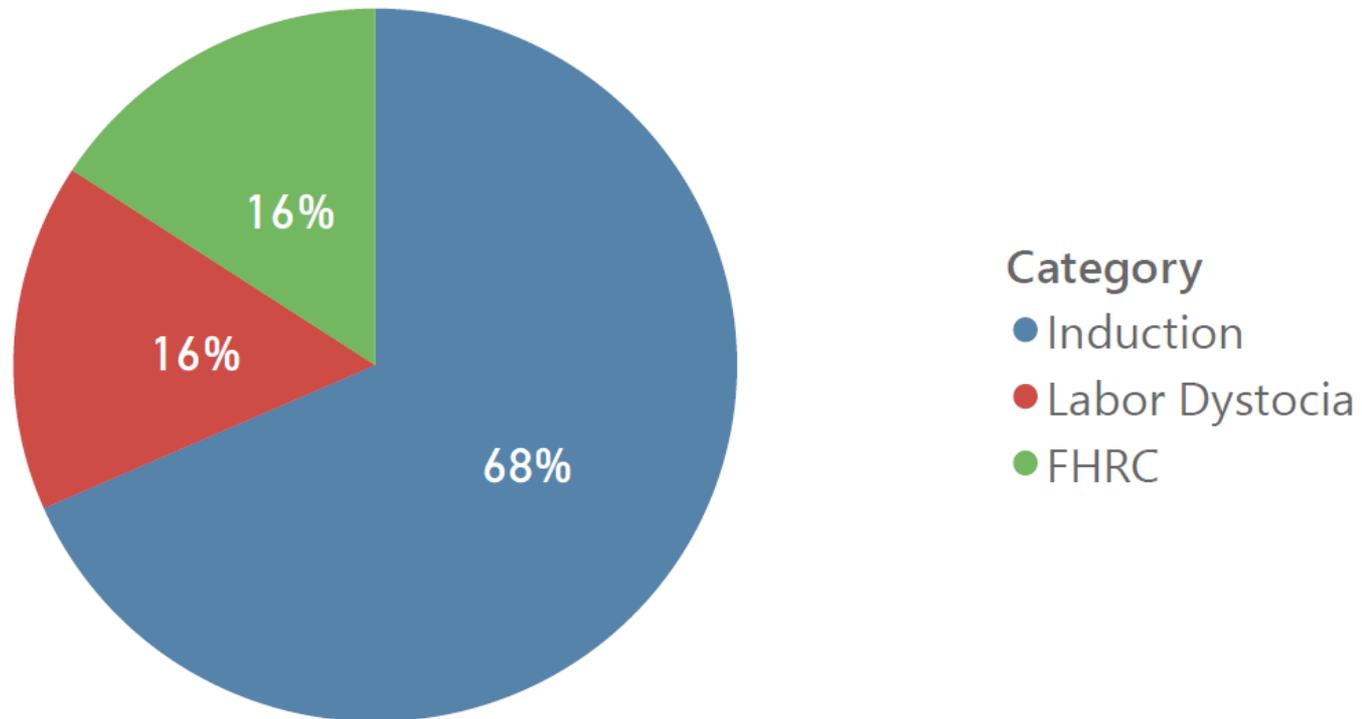
Cs category: "Other" excluded as it cannot be assessed



What percent of all NSTV cesareans met criteria? -> 63%

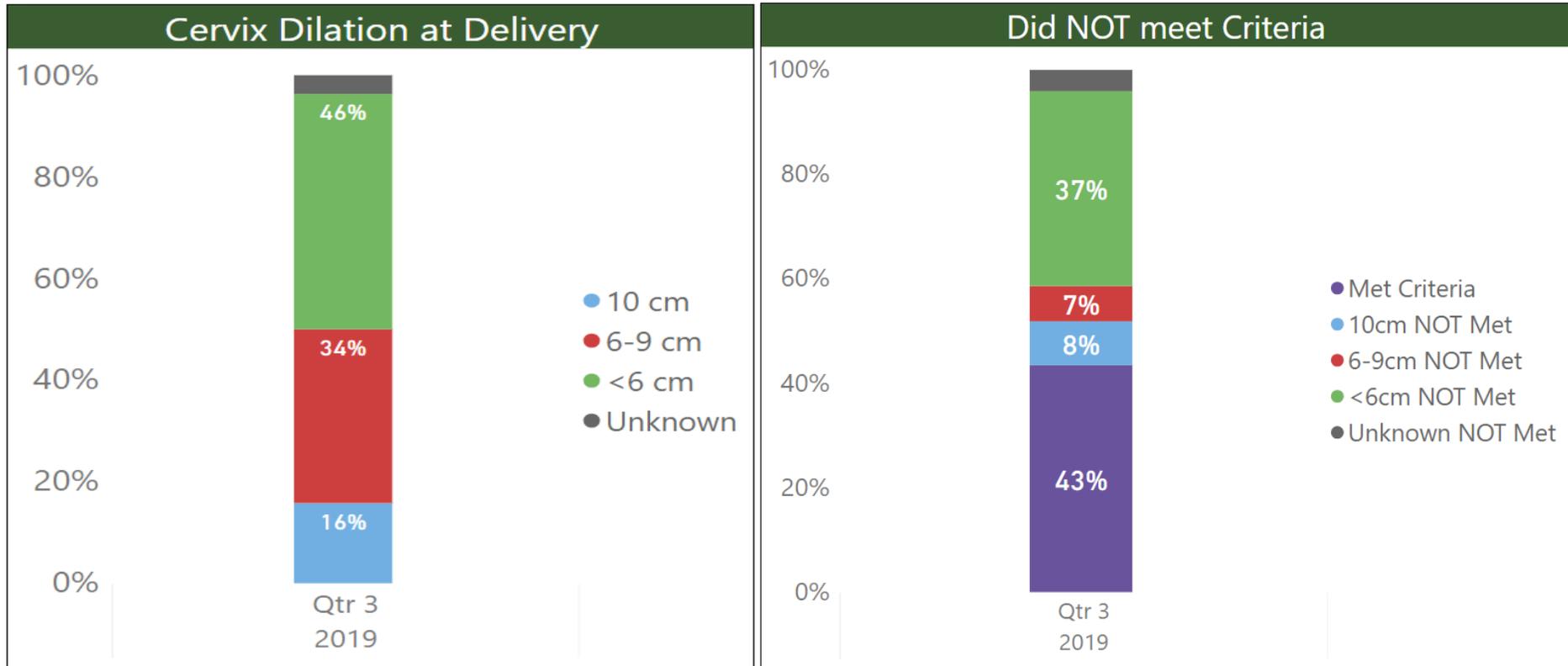
Overall 3: Percent of Cesarean Deliveries Performed NOT Meeting Criteria by Category during Baseline

- Cs category: "Other" excluded as it cannot be assessed



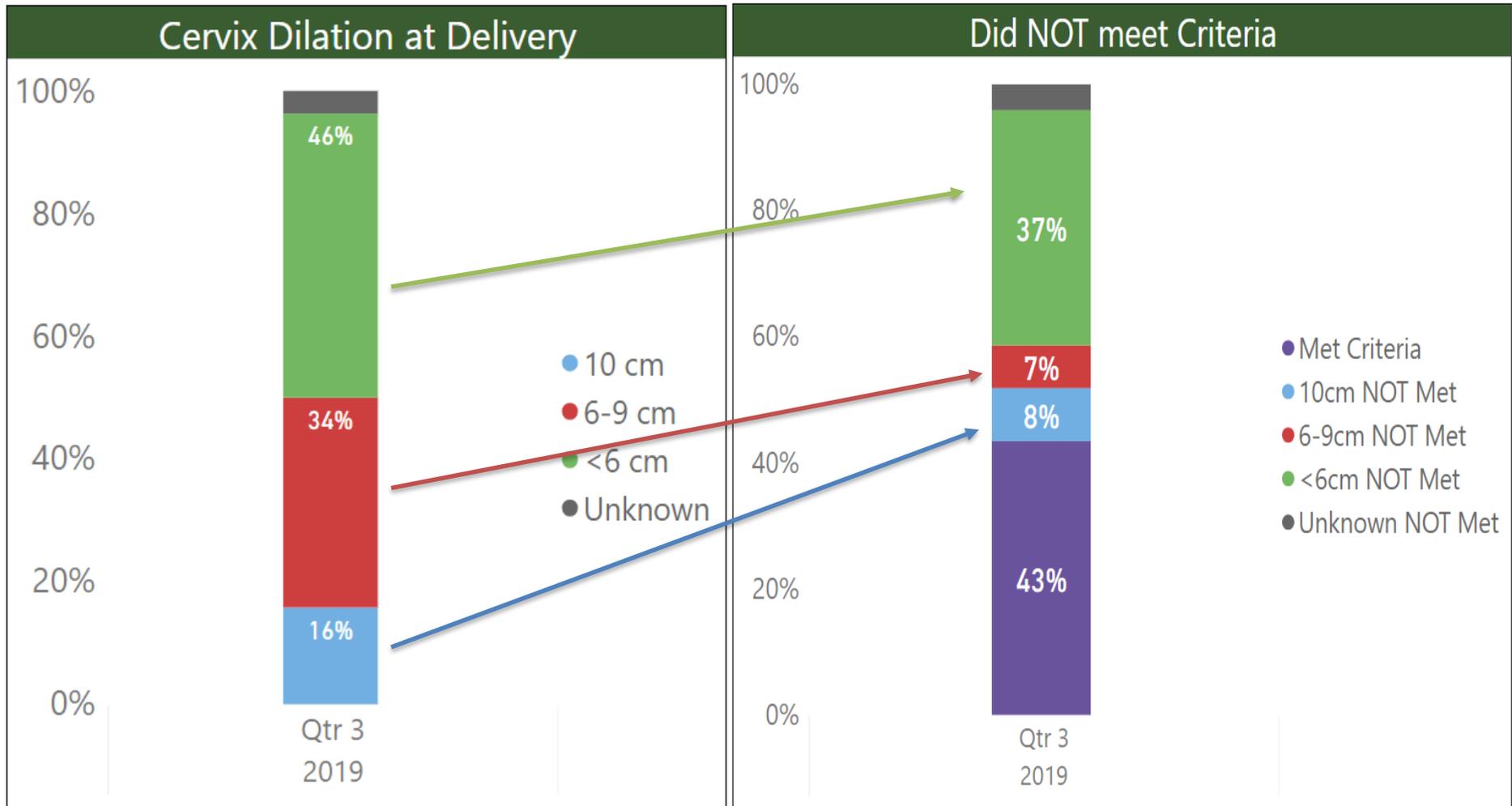
Cases in which category fail the most to meet criteria? -> Induction (68%)

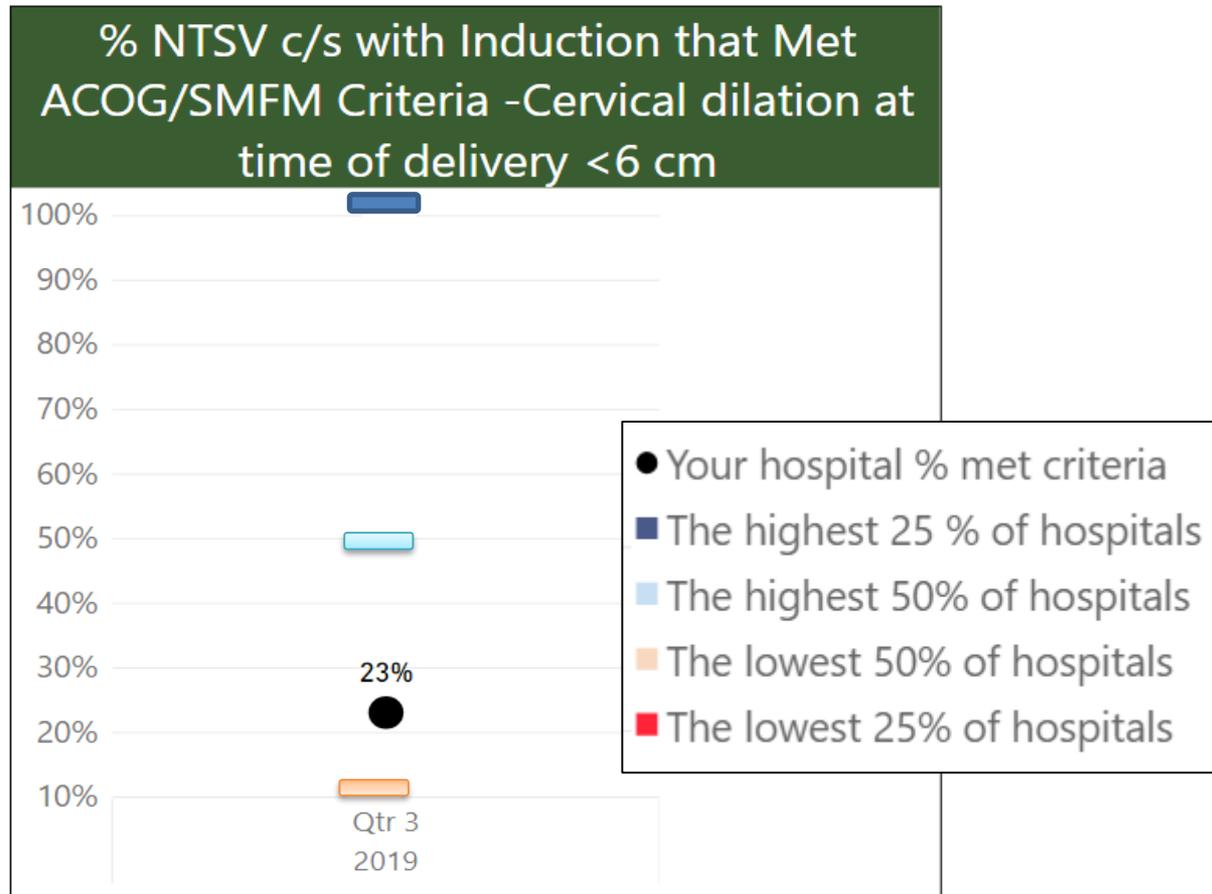
% NTSV Cesarean Deliveries with Induction



For the Induction category, which group by cervical dilation at delivery fails the most to meet criteria? -> NTSV cs with a cervical dilation <6 cm at delivery (37%)

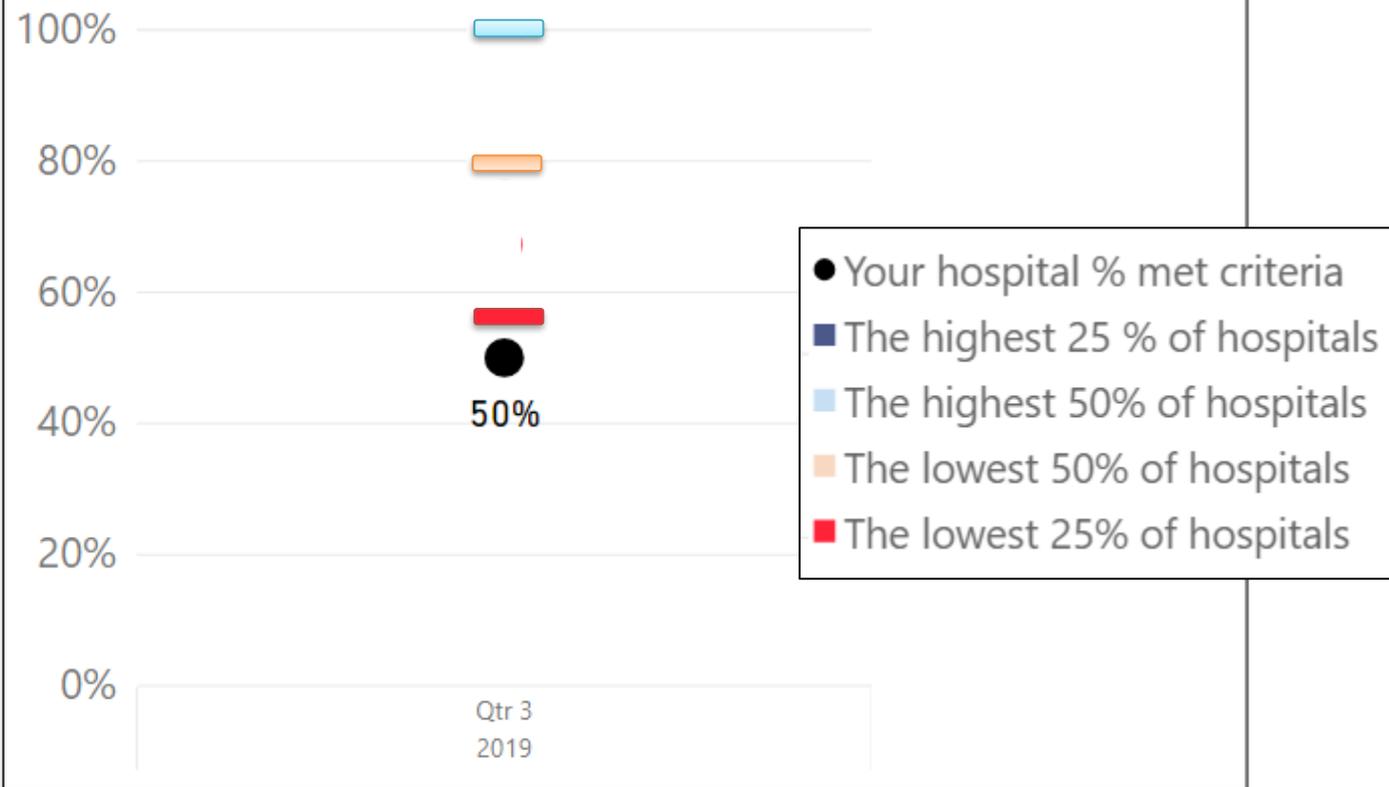
% NTSV Cesarean Deliveries with Induction





Most of the NTSV cesareans with Induction that were < 6cm at the time of delivery failed to meet criteria! What % met criteria and how does it compare to others? -> Only 23% of this cases met criteria. 25% of hospitals have higher rates.

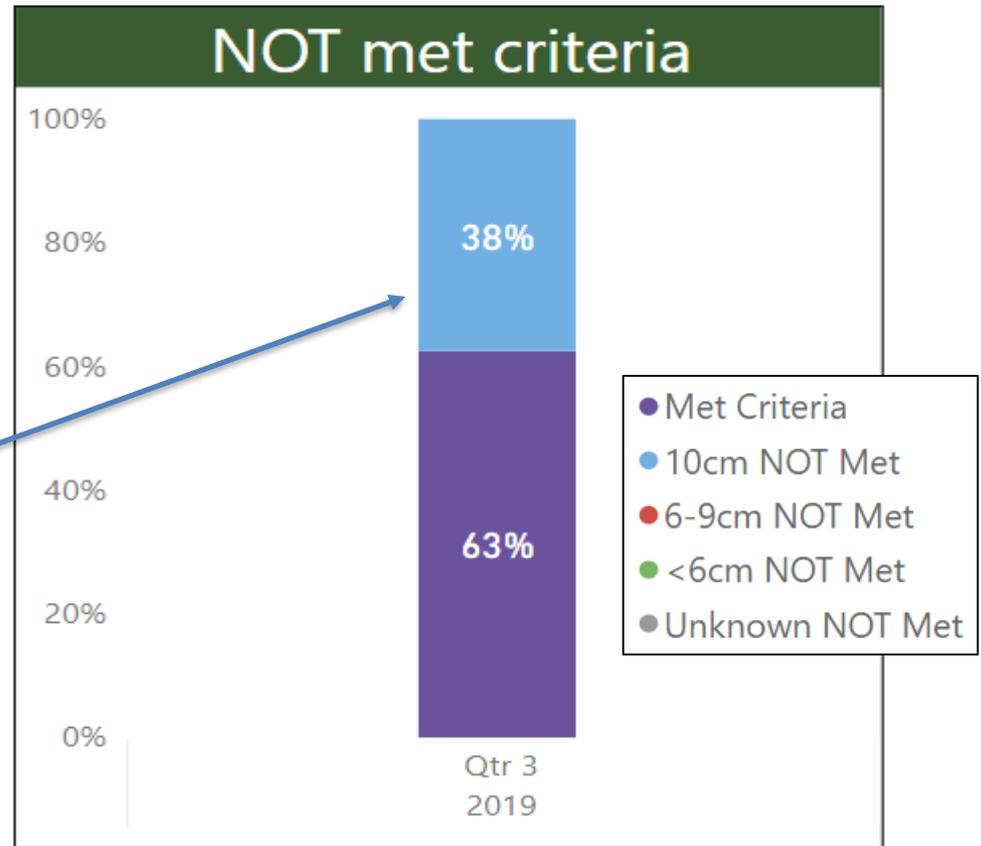
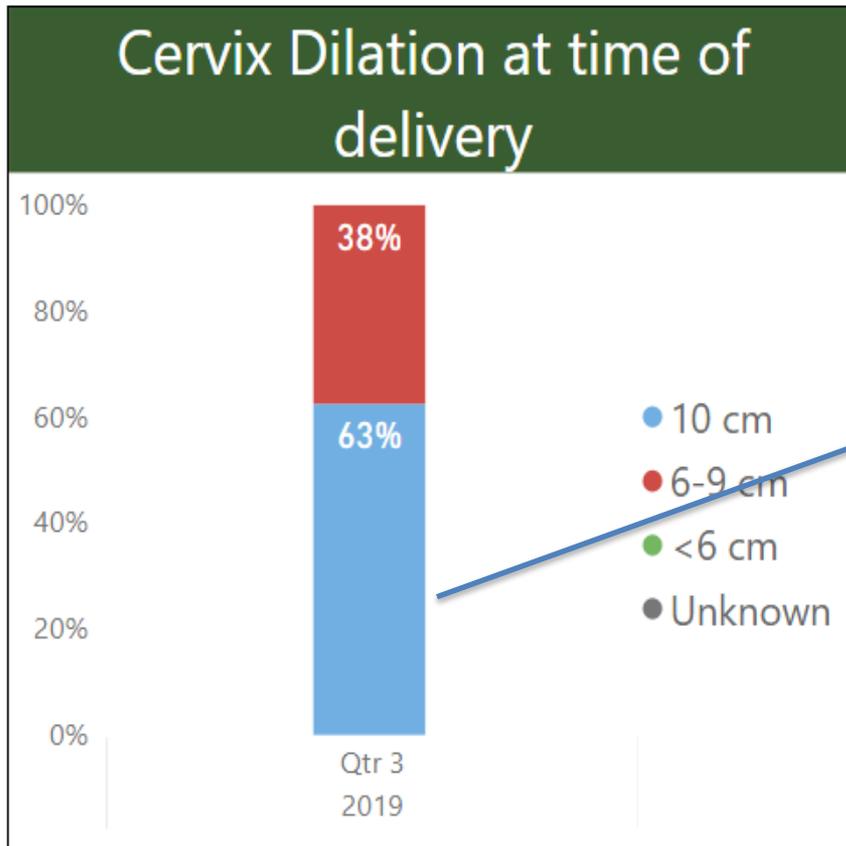
% NTSV Cesarean Deliveries with Induction and a Bishop Score <8 where a Cervical Ripening Agent was Used



Is a cervical ripening agent used when bishop score is < 8?

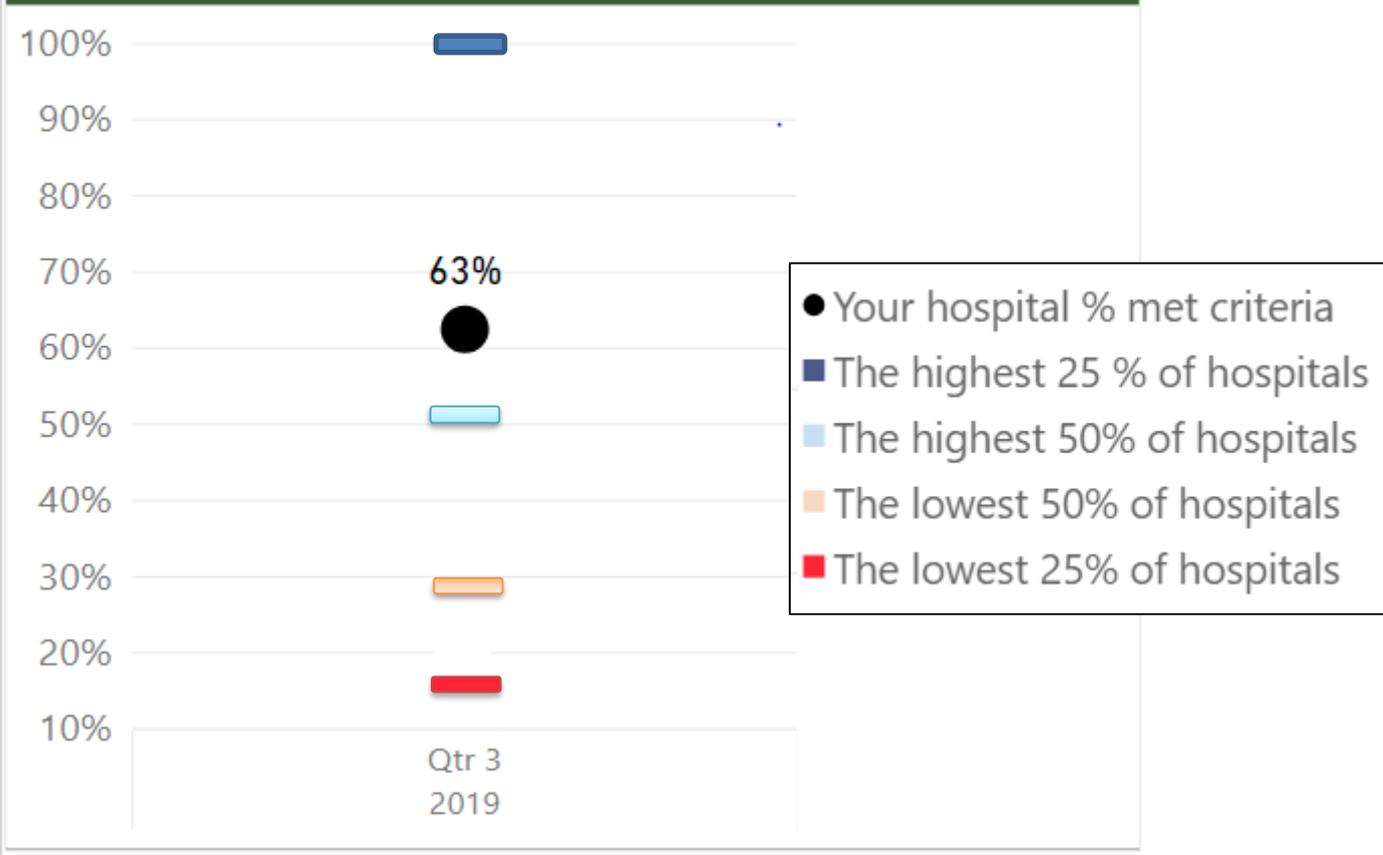
-> Only for 50% of induction cases. 75% of hospitals have higher rates.

% NTSV Cesareans with Labor Dystocia



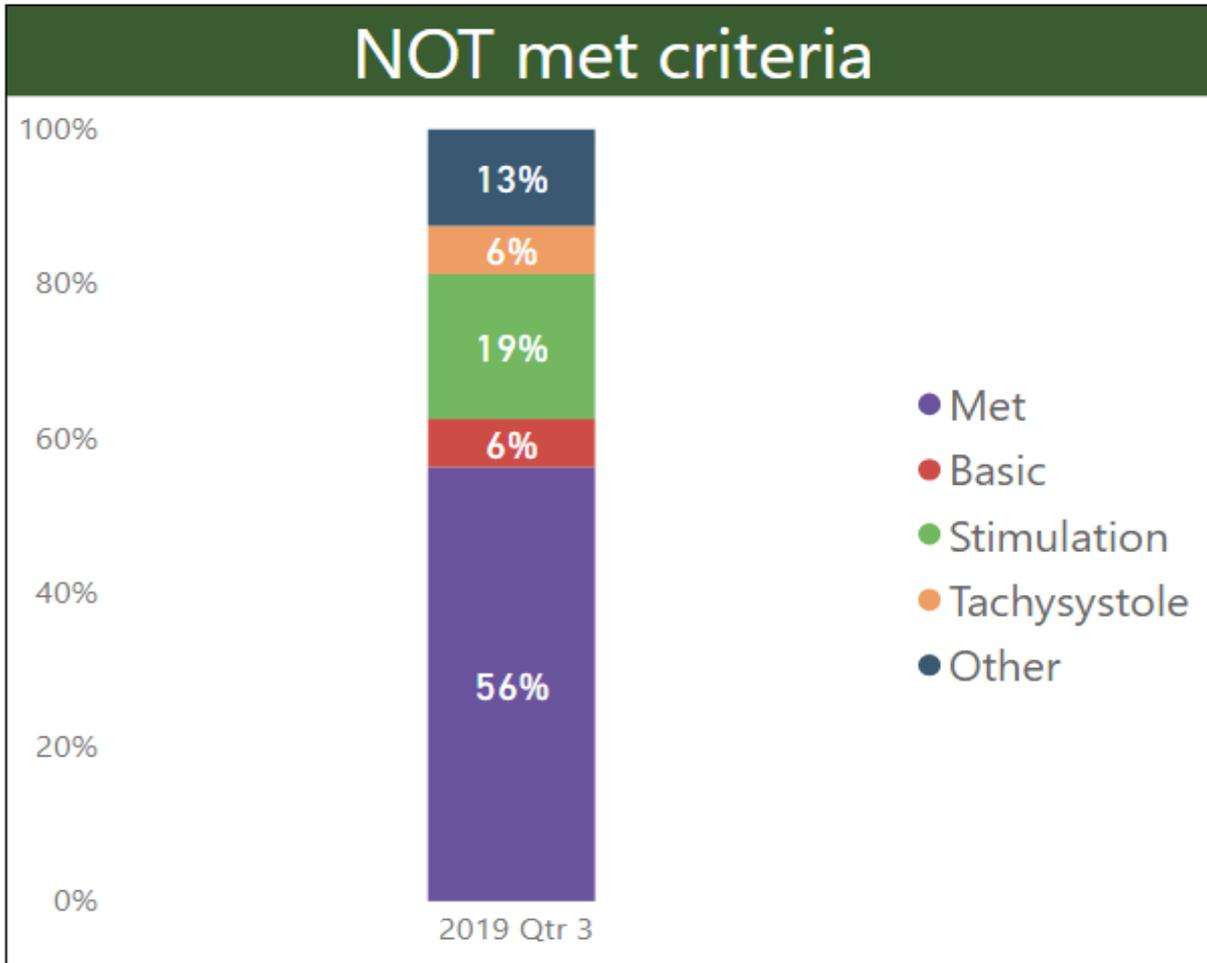
For the labor dystocia category, which group by cervical dilation at delivery fails the most to meet criteria? -> NTSV cs with a cervical dilation of 10 cm (38%)

%NTSV Cesarean with Labor Dystocia that Met ACOG/SMFM Criteria

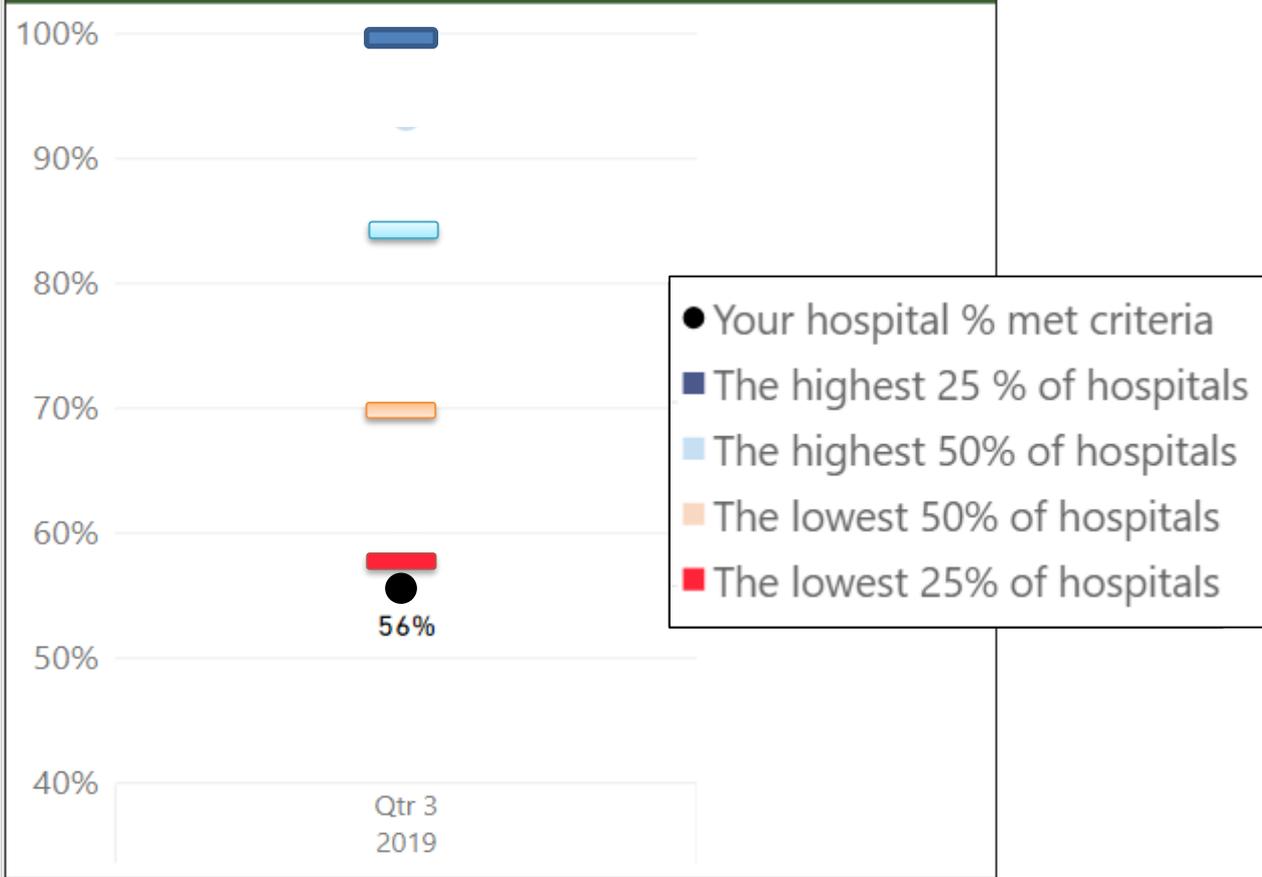


-> 63% of Labor Dystocia cases met criteria. The hospital rate is higher than 75% of hospitals

% NTSV Cesareans with FHRC



%NTSV Cesarean with FHRC that Met FPQC/ACOG/SMFM Criteria



-> Only 56% of this FHRC cases met criteria. 75% of hospitals have higher rates

Sample Hospital Baseline Conclusions

Induction 43% NTSV c/s with Induction met ACOG/SFMFM criteria

In patients <6 cm, only 23% met criteria (25% of hospitals are doing better)

Bishops scores unfavorable for the majority of Inductions. Cervical ripening agent is only being used in 50% of cases

Dystocia/ FTP (Past FocusArea)

63% NTSV c/s with Dystocia that met ACOG/SFMFM Criteria

FHT Concerns

56% NTSV c/s with FHR Concerns met FPQC Criteria for Corrective Measures. 75% of hospitals meet criteria at higher rates.

Context Conclusions

Our hospital has significantly increased the number of inductions this year

General lack of understanding regarding ACOG/SFMFM guidelines

- “6” is the new “4”
- Two areas of opportunity identified in the report: Induction and FHRC – now **ADD your hospital context: culture, potential barriers and limitations**

Plan your work

- 👤 Pick the focus area that you feel will be cultural acceptable to your unit
- 👤 Perhaps pick your first PDSA cycle?
- 👤 Have some early wins
- 👤 Build on work already in progress
- 👤 Use your 30-60-90 day plan and keep each other accountable

CHANGES ON ACCESSING REPORTS

Online Reporting System

- 👤 Access your reports the next day after you submit your data
- 👤 Study your NTSV cesarean rates by race-ethnicity, payer source
- 👤 Compare your rates to comparable hospitals (e.g. NICU level, birth volume)



Online Reporting System

- 👤 To access the system we need to create an individual password protected “USF account”
- 👤 You can set up a PROVIDE account for up to 2 people
- 👤 Submit your information ASAP and complete registration
- 👤 Once your account is established: access and interact with your reports directly
- 👤 We will continue to send PDF reports to hospitals that choose not to create an account

Online Reporting System

- 👤 Please report changes in your PROVIDE team, specially for those who have access to the online system.
- 👤 We need to remove their permission to access the report online
- 👤 We will ask you if there is a change to your team in the monthly structural measure



Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?



Reports

- Baseline 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.
- Your monthly reports will have colored-quartile areas instead of the bar on top your hospital percent – easier to read

Prospective Data

- 👶 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.
- 👶 Complete audit form for up to 20 NTSV C-sections per month for each focus area(s) you have chosen
- 👶 Follow the same REDCap hyperlink
- 👶 Complete the REDCap form in the same manner as the baseline

CHANGES TO THE CHART AUDIT SHEET

Induction Case Audit

INDUCTION CASE AUDIT

Sample of cases that are NTSV per TJC and v
ICD-10 codes for: •Fetal heart rate concern

Dilation at start
of induction:

 Unknown

Dilation at last
exam before c/s:

 Unknown

- No longer reporting all elements of the cervical exam (effacement, station, consistency, position)
- Only report cervical dilation

Induction Case Audit

INDUCTION CASE AUDIT

Sample of cases that are NTSV per TJC and were induced labor and ICD-10 codes for: •Fetal heart rate concern or •Medical indication

Dilation at start of induction:

_____ Unknown

Dilation at last exam before c/s:

_____ Unknown

Bishop Score (calculate if necessary):

_____ Unknown

- As noted on chart, if not available:

- Calculate from cervical exam

How to Calculate a Bishop Score:

Cervical Exam	Points				SUBSCORE
	0	1	2	3	
Dilation	Closed	1-2 cm	3-4 cm	≥5 cm	
Effacement	0-30%	31-50%	51-80%	≥80%	
Station	-3	-2	-1, 0	+1, +2	
Consistency	Firm	Medium	Soft		
Position	Posterior	Mid	Anterior		
Bishop's Score =					

Induction Case Audit

INDUCTION CASE AUDIT

Sample of cases that are NTSV per TJC and were induced labor and ICD-10 codes for: •Fetal heart rate concern or •Medical indication

Dilation at start
of induction:

Unknown

Dilation at last
exam before c/s:

Unknown

Bishop Score as
noted on chart:

Unknown

Was Cervix 6 cm or greater at time of Cesarean?

If No, go to A.

If Yes, go to B.

Unknown

Completed labor dystocia
checklist by nurse and doctor

Yes
 No

Labor Dystocia/Failure to Progress Case Audit

LABOR DYSTOCIA/FAILURE TO PROGRESS CASE AUDIT

Sample of cases that are NTSV per TJC and were spontaneous labor and had a cesarean for labor or fetal distress
ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section

Dilation at time of admission: _____ <input type="checkbox"/> Unknown	Dilation at time of cesarean: _____ <input type="checkbox"/> Unknown	Was cervix 6 cm or greater at time of cesarean? <input type="checkbox"/> Yes → <input type="checkbox"/> No
Completely dilated at time of cesarean? <input type="checkbox"/> No <input type="checkbox"/> If Yes →		Were there 3+hrs of pushing (4hrs with epidural?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Completed labor dystocia checklist by nurse and doctor <input type="checkbox"/> Yes <input type="checkbox"/> No		

CMQCC Labor Dystocia Checklist

Appendix K

CMQCC Labor Dystocia Checklist (ACOG/SMFM Criteria)



CMQCC Labor Dystocia Checklist (ACOG/SMFM Criteria)

1. Diagnosis of Dystocia/Arrest Disorder (all 3 should be present)

- Cervix 6 cm or greater
- Membranes ruptured, then
- No cervical change after at least 4 hours of adequate uterine activity (e.g. strong to palpation or MVUs > 200), or at least 6 hours of oxytocin administration with inadequate uterine activity

2. Diagnosis of Second Stage Arrest (only one needed)

No descent or rotation for:

- At least 4 hours of pushing in nulliparous woman with epidural
- At least 3 hours of pushing in nulliparous woman without epidural
- At least 3 hours of pushing in multiparous woman with epidural
- At least 2 hour of pushing in multiparous woman without epidural

3. Diagnosis of Failed Induction (both needed)

- Bishop score ≥ 6 for multiparous women and ≥ 8 for nulliparous women, before the start of induction (for non-medically indicated/elective induction of labor only)
- Oxytocin administered for at least 12-18 hours after membrane rupture, without achieving cervical change and regular contractions. *Note: At least 24 hours of oxytocin administration after membrane rupture is preferable if maternal and fetal statuses permit

-  Situational awareness
-  Discuss patient care and develop plans
-  Several members of the team act as “fresh pair of eyes”
-  “Second opinion” may safely avert an unnecessary cesarean



What do I do with the Study ID#?

FPQC PROVIDE 2.0 Initiative Chart Audit Sheet

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Study ID #: _____

Prospective data collection: Hospital to audit up to 20 cases per month on 1 (or more if you choose) of the 3 primary indication areas

C/S Category <input type="checkbox"/> Induction <input type="checkbox"/> Labor Dystocia <input type="checkbox"/> FHR Concerns	Patient Status: <input type="checkbox"/> Admitted already in labor <input type="checkbox"/> Induced <input type="checkbox"/> Indicated augmented labor <input type="checkbox"/> Not in labor: spontaneous rupture of membranes <input type="checkbox"/> Previously admitted antepartum	Gestation ____ weeks	Oxytocin <input type="checkbox"/> None utilized <input type="checkbox"/> Induction <input type="checkbox"/> Augmentation at ____ cm
		Membranes on Admission <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured	

👤 Study ID # : continue adding sequentially

👤 Every patient chart that you include for PROVIDE data submission should get a hospital assigned Study ID number

Keep an on-site log of the study ID number and the medical chart number and/or identifiable patient information for data verification

Which C/S Category to Choose?

FPQC PROVIDE 2.0 Initiative Chart Audit Sheet

Study ID #: _____

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Prospective data collection: Hospital to audit up to 20 cases per month on 1 (or more if you choose) of the 3 primary indication areas

C/S Category <input type="checkbox"/> Induction <input type="checkbox"/> Labor Dystocia <input type="checkbox"/> FHR Concerns	Patient Status: <input type="checkbox"/> Admitted already in labor <input type="checkbox"/> Induced <input type="checkbox"/> Indicated augmented labor <input type="checkbox"/> Not in labor: spontaneous rupture of membranes <input type="checkbox"/> Previously admitted antepartum	Gestation ____ weeks	Oxytocin <input type="checkbox"/> None utilized <input type="checkbox"/> Induction <input type="checkbox"/> Augmentation at ____ cm
		Membranes on Admission <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured	

Continue using the hierarchy:

- 👉 If focus area is fetal heart rate concerns, then audit all “FHR concerns” cases
- 👉 If focus area is Induction, then audit all “Induction” cases except those with FHRC
- 👉 If focus area is labor dystocia or failure to progress, then audit all labor dystocia/FTP cases except those with FHRC or if mother induced

Structural Measures

Collected Every Month by Survey

- 🌀 A link will be sent to the project lead
- 🌀 Report on:
 - Labor guidelines, policy & procedures
 - EHR Integration
 - Multidisciplinary Case Review
 - Staff Education on ACOG/SMFM labor management guidelines and techniques to promote vaginal birth (Providers, Nurses)

The FPQC team



Thank you!

👉 Please don't hesitate to contact us if you have questions fpqc@usf.edu or

Estefania Rubio
FPQC Data Manager
erubio1@usf.edu
(813)974-7209