

Data Collection

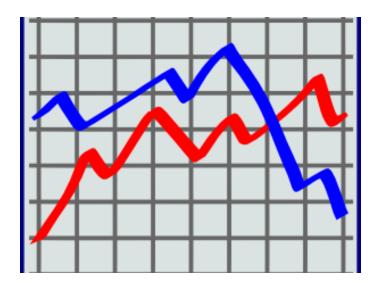
William M. Sappenfield

Partnering to Improve Health Care Quality for Mothers and Babies

PROVIDE's 3 Focus Areas

- Hospitals will review baseline data and prioritize what needs improvement in the local setting
- Chose one, more or implement progressively as needed
- Based on NSTV rates Key Drivers, the 3 focus areas are:
 - I. Induction
 - 2. Labor Dystocia/Failure to Progress
 - 3. Fetal Heart Rate Concerns
- Interventions/Strategies/Recommended Practices are evidence-based and individualized to the local setting





"WHAT GETS MEASURED GETS MANAGED"



Review Baseline Data Collection

- Collect baseline data for July, August & September
- Audit first 20 NTSV cesarean births—all reasons for a total of 60 charts.
- Identify primary cesarean births, but then only audit those that are NTSV.
- Complete audit form for each of the NTSV births
- Enter forms into the online PROVIDE data portal by Dec 1st.



NTSV?

Nulliparous—woman with a parity of zero

Term—37-41 weeks gestation using best estimate

Singleton—single gestation pregnancy

Vertex—fetal presentation where the head presents first in pelvic inlet.

ACOG





FPQC PROVIDE Initiative Chart Audit Sheet

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Study ID #: ___ __

Baseline data collection: Complete form for 20 NTSV C-sections per month for 3 months to determine hospital's main focus area(s)

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

												_
	Patient Statu	s:										
Gestational	☐ Admitted in	active	labor		N	lembrane	s on Admissio	on	Oxytocin			
Age	□ Scheduled i	nductio	on			Intact			□ None utili	zed		
	□ Indicated a	ıgmen	ted labor			Ruptured			□ Induction			
weeks			taneous rupture of n	nembrane	es				□ Augmenta	ation at	(cm
weeks			ed antepartum									
INDUCTION CASE	AUDIT											
		or TIC	and were induced lab	or and h	ad a cesai	ean hirth	for labor arre	st exc	luding those	with hirth	veia	ht
			Il heart rate concern						idding those	with birth	veig	,,,
2 4250g or with 10	D-10 codes joi	. •rett	I neart rate concern	OF TIME	ilcar maic	I	esarean secti	1000		Dishau C		
Event	Dilation		Effacement	Station		Cervix	Position	Cerv	sistency	Bishop S noted o		
At Start of	Du	nknown	□ unknown		unknown		D 1	COIIS	unknown			
Induction			unknown		- unknown		unknown		- diknown		⊒ unk	nown
Last Exam		rknown	unknown	300	unknowr				unknown	100		
before Delivery		IKITOWIT			- unknown	-	unknown		- unknown			
Was Cervix 6 cm	or greater at tin	ne of C	esarean?	A. If<	6 cm una	ble to ger	nerate regular	contr	actions lever	/ 3	_	Yes
☐ If No, go to A	No.		esar carri	Acres and a second		The state of the s	change after o		and the second second	, –		No
If Yes, go to B		knowi	n	1000000			ter membran	10000				
			☐ Yes	0.000							-0	
If Bishop score ≤ 8	B at start of ind	uction,	was No				east 4h with a					Yes
cervical ripening u	used?			20.00	tocin?	with inac	dequate uteri	ne acti	vity and with			No
					and a second							
Completely dilate		We	ere there 3 hours or r	nore in S	econd	☐ Yes	☐ No		unknown			
Cesarean? N	o If Yes →	Sta	ge (4 hours with epic	dural)?		_ 103		2-1	dikilowii			
LABOR DYSTOCIA	/FAILURE TO P	ROGR	ESS CASE AUDIT									
Sample of cases ti	hat are NTSV p	er TJC d	and were spontaneou	ıs labor a	ind had a	cesarean	for labor arre:	st, exc	luding those	with birth v	veig	ht≥
4250g or with ICD	-10 codes for:	•Fetal	heart rate concern	or •Med	ical indica	tion for co	esarean sectio	n				
Dilation at time o	f admission:			1200	2 27				100			
		Was C	Cervix 6 cm or				e reason for c					
			er at time of				ired and No co		change x 4 h	rs with Ade	equa	te
	☐ Unknown	Cesar			Uterine	activity (e	.g., > 200 MV	U)				
Dilation at time o	f cesarean:	□ Y			Membra	nes ruptu	ired, Oxytocin	admi	nistered, and	No cervica	l	
				change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU)								
		_ "			None of	the above	9					
	unknown											
Completely dilate			ere there 3 hours or		second	☐ Ye	s 🔲 No		unk	nown		
ACCOUNTS OF THE PARTY OF THE PA	lo If Yes →		age (4 hours with epi	dural)?				`				
FETAL HEART RAT												
			and had a cesarean f	or fetal h	eart rate	FHR) con	cern/indicatio	ns, ex	cluding those	with birth	weig	ght
≥ 4250g or with IC												_
What was the FH	•			Direct Control	Discour					ai.		
The second second		vhich p	precluded trial of lab	or	7.51.50000000000000000000000000000000000		orrective mea				a terrana	7255
☐ Category III F					Basic resuscitation measures such as: Maternal position change,							
☐ Category II FI	IR tracing (if ch	ecked,	other conditions be	low?)	maternal fluid bolus, and/or administration of O2 Reduced or stopped oxytocin or uterine stimulants							
☐ Clini	cally significant	variab	le decelerations		Reduced or stopped oxytocin or uterine stimulants Used Amnioinfusion after other measures failed							
☐ Minimal or absent FHR variability					Elicited stimulation (scalp, vibroacoustic, or abdominal wall)							
☐ Other concer	n:						(south)			a comment we	,	
0.1. 1.1					Correcte	d uterine	tachysystole:	decre	ase or			
Other labor issue							ne stimulants,			☐ Yes		No
Did the mother ha	ave uterine tac	nysysto	ole? Yes No				oglycerin and					

FPQC PROVIDE Initiative Chart Audit Sheet

Study	ID#:	

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Baseline data collection: Complete form for 20 NTSV C-sections per month for 3 months to determine hospital's main focus area(s)

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

Gestational Age weeks	Patient Status: □ Admitted in active □ Scheduled inducti □ Indicated augmen □ Not in labor: spon □ Previously admitte		Membra □ Intact □ Ruptu		□ None util	Oxytocin □ None utilized □ Induction □ Augmentation at cm		
Sample of cases to	INDUCTION CASE AUDIT Sample of cases that are NTSV per TJC and were induced labor and had a cesarean birth for labor arrest, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section							
Event	Dilation	Effacement	Station	Cer	vix Position	Cervix consistency	Bishop Score as noted on chart	
At Start of Induction	unknown	unknown	unkno	wn	unknown	unknown	unknown	
Last Exam before Delivery	unknown	unknown	unkno	wn	□ unknown	unknown		
Was Cervix 6 cm or greater at time of Cesarean? ☐ If No, go to A. ☐ If Yes, go to B. ☐ Unknown			A. If <6 cm, unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 12-18 hours after membrane rupture?					
If Bishop score ≤ 8 at start of induction, was cervical ripening used? ☐ Yes ☐ No ☐ N/A			B. If >6cm, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?					
Completely dilate Cesarean? N		me of Were there 3 hours or more			Yes 🔲 No	unknown		

LABOR DYSTOCIA/FAILURE TO F	PROGRESS CASE AUDIT					
Sample of cases that are NTSV per TJC and were spontaneous labor and had a cesarean for labor arrest, excluding those with birth weight ≥						
4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section						
Dilation at time of admission: Unknown Dilation at time of cesarean: unknown	Was Cervix 6 cm or greater at time of Cesarean? Yes No	If Yes, please check the one reason for cesarean that applies: Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU) Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU) None of the above				
Completely dilated at time of Cesarean? No If Yes —	Were there 3 hours or i	□ Yes □ No □ unknown				
FETAL HEART RATE CONCERN/INDICATIONS Sample of cases that are NTSV per TJC and had a cesarean for fetal heart rate (FHR) concern/indications, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Labor arrest / CPD						
Sample of cases that are NTSV p	er TJC and had a cesarean fo	for fetal heart rate (FHR) concern/indications, excluding those with birth weight				
Sample of cases that are NTSV p	er TJC and had a cesarean for: •Labor arrest / CPD	for fetal heart rate (FHR) concern/indications, excluding those with birth weight				
Sample of cases that are NTSV p ≥ 4250g or with ICD-10 codes for What was the FHR concern/indi Antepartum testing results to Category III FHR tracing Category II FHR tracing (if ch	er TJC and had a cesarean for: •Labor arrest / CPD cation? which precluded trial of laborated and the conditions below the conditions below the conditions below the conditions.	Please check all corrective measures that were used: Basic resuscitation measures such as: Maternal position change,				

Question: For the Baseline Assessment, what if it is not an induction, labor dystocia or fetal heart rate concern?

Answer: Just complete the first white box. Leave the rest blank.

FPQC PROVIDE Initiative Chart Audit Sheet

Study ID #: ___ __

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Baseline data collection: Complete form for 20 NTSV C-sections per month for 3 months to determine hospital's main focus area(s)

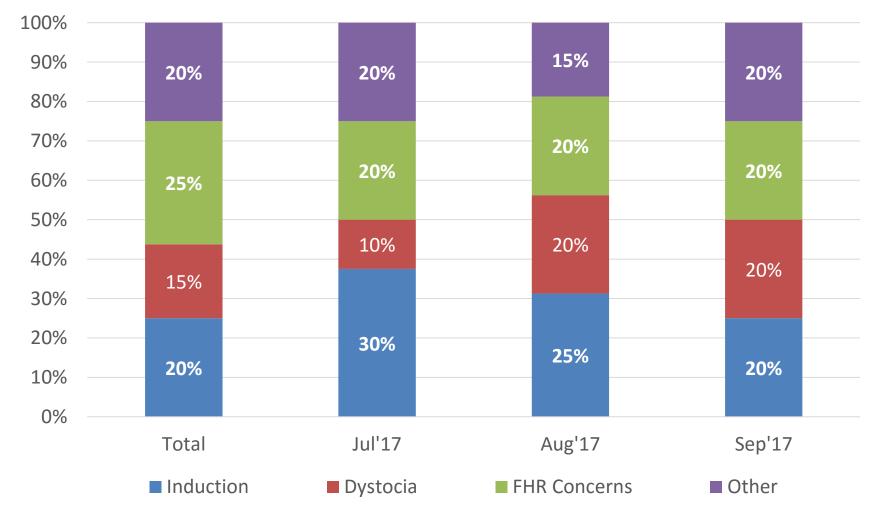
Prospective data collection: Hospital to audit up to 20 cases per month on 1 (or more if you choose) of the 3 primary indication areas **Patient Status:** Gestational Membranes on Admission □ Admitted in active labor Oxytocin Age □ Intact □ None utilized □ Scheduled induction □ Ruptured □ Induction □ Indicated augmented labor □ Augmentation at ____ cm □ Not in labor: spontaneous rupture of membranes weeks ☐ Previously admitted antepartum INDUCTION CASE AUDIT Sample of cases that are NTSV per TJC and were induced labor and had a cesarean birth for labor arrest, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section Cervix **Bishop Score as Event** Dilation **Effacement** Station **Cervix Position** consistency noted on chart At Start of unknown unknown unknown unknown unknown unknown Induction Last Exam unknown before Delivery ☐ Yes Was Cervix 6 cm or greater at time of Cesarean? If <6 cm, unable to generate regular contractions (every 3 ☐ If No, go to A. minutes) and cervical change after oxytocin administered for ☐ No at least 12-18 hours after membrane rupture? ☐ If Yes, go to B. ☐ Unknown ☐ Yes B. If >6cm, was there at least 4h with adequate uterine activity ☐ Yes If Bishop score ≤ 8 at start of induction, was ☐ No or at least 6h with inadequate uterine activity and with cervical ripening used? ☐ No □ N/A Completely dilated at time of Were there 3 hours or more in Second ☐ No ☐ unknown Cesarean? If Yes > Stage (4 hours with epidural)? 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 arrest, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section Dilation at time of admission: If Yes, please check the one reason for cesarean that applies: Was Cervix 6 cm or ☐ Membranes ruptured and No cervical change x 4 hrs with Adequate greater at time of Uterine activity (e.g., > 200 MVU) Cesarean? ☐ Membranes ruptured, Oxytocin administered, and No cervical Dilation at time of cesarean: change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU) ☐ No ☐ None of the above □ unknown Were there 3 hours or more in Second Completely dilated at time of ☐ Yes □ No □ unknown Cesarean? If Yes -> Stage (4 hours with epidural)? No FETAL HEART RATE CONCERN/INDICATIONS Sample of cases that are NTSV per TJC and had a cesarean for fetal heart rate (FHR) concern/indications, excluding those with birth weight ≥ 4250g or with ICD-10 codes for: •Labor arrest / CPD What was the FHR concern/indication? Please check all corrective measures that were used: Antepartum testing results which precluded trial of labor ☐ Category III FHR tracing Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O2 ☐ Category II FHR tracing (if checked, other conditions below?) Reduced or stopped oxytocin or uterine stimulants Clinically significant variable decelerations Used Amnioinfusion after other measures failed ☐ Minimal or absent FHR variability ☐ Elicited stimulation (scalp, vibroacoustic, or abdominal wall) Other concern: Corrected uterine tachysystole: decrease or Other labor issues: ☐ Yes ☐ No discontinue uterine stimulants, fluid bolus, Did the mother have uterine tachysystole? Yes No terbutaline or nitroglycerin and/or other?



Partnering to Improve Health Care Quality for Mothers and Babies

OVERALL BASELINE ASSESSMENT REPORT

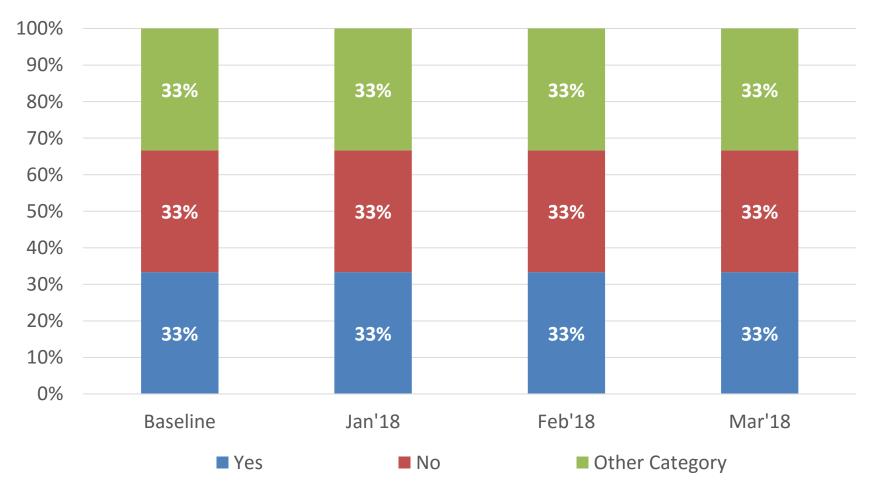
Overall 1: Percent of All Cesarean Deliveries Performed by Category During Baseline Assessment



Data Source: Chart Audits



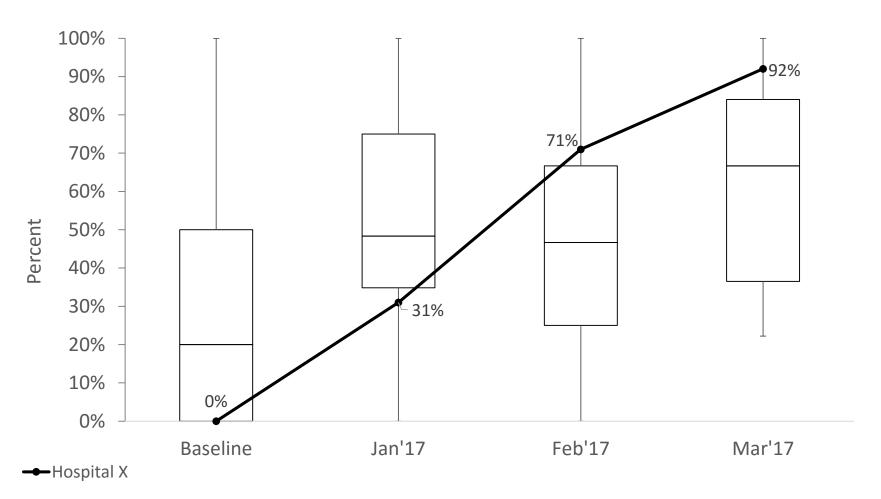
Overall 2: Percent of All Cesarean Deliveries Performed that Met Criteria During Baseline Assessment



Data Source: Chart Audits



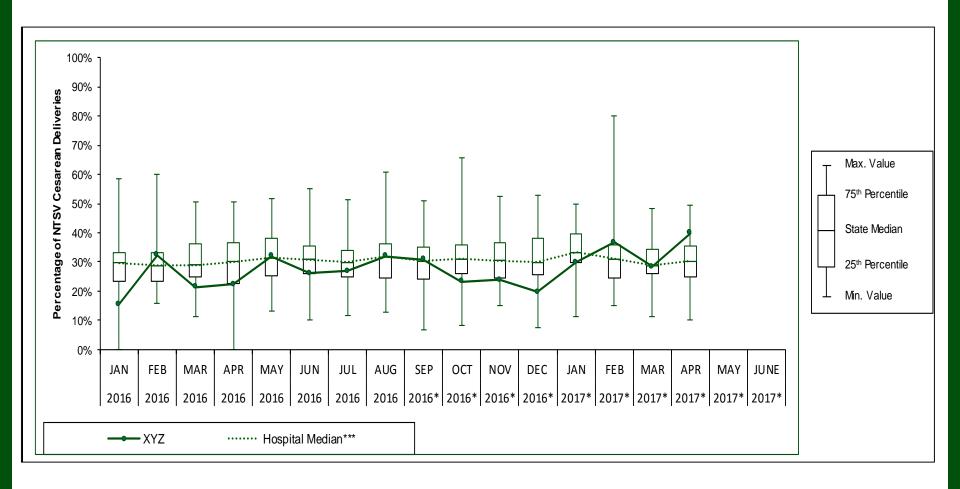
I-2: Percent of NTSV Cesarean Deliveries with Failed Induction that Met ACOG/SMFM Criteria



Data Source: Chart Audits



Percent of Cesarean Deliveries Among NTSV Births For Sample Delivery Hospital, Jan 2016 – Apr 2017

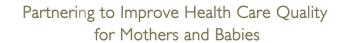




Review Baseline Data Collection

- Collect baseline data for July, August & September
- Audit first 20 NTSV cesarean births—all reasons for a total of 60 charts.
- Identify primary cesarean births, but only audit those that are NTSV.
- Complete audit form for each of the NTSV births
- Enter forms into the online PROVIDE data portal by Dec 1st.







Partnering to Improve Health Care Quality for Mothers and Babies

QUESTIONS?