



Data Collection

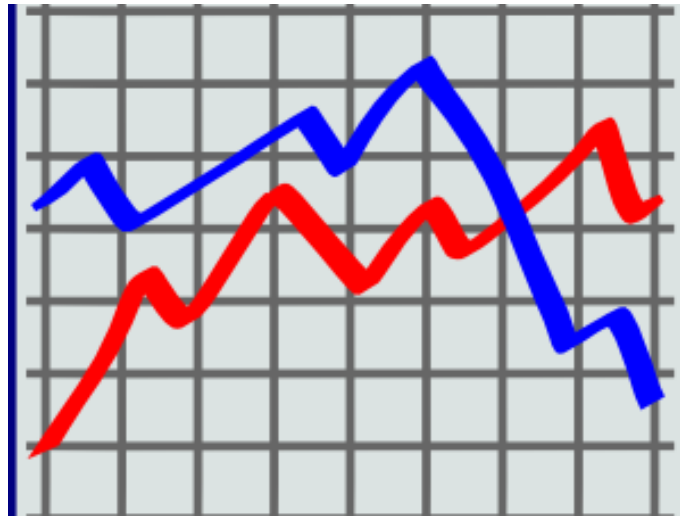
William M. Sappenfield

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:
 1. 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

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: <input type="checkbox"/> Admitted in active labor <input type="checkbox"/> Scheduled induction <input type="checkbox"/> Indicated augmented labor <input type="checkbox"/> Not in labor: spontaneous rupture of membranes <input type="checkbox"/> Previously admitted antepartum	Membranes on Admission <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured	Oxytocin <input type="checkbox"/> None utilized <input type="checkbox"/> Induction <input type="checkbox"/> Augmentation at _____ cm					
INDUCTION CASE AUDIT <i>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</i>								
Event	Dilation	Effacement	Station	Cervix Position	Cervix consistency	Bishop Score as noted on chart		
At Start of Induction	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown		
Last Exam before Delivery	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown			
Was Cervix 6 cm or greater at time of Cesarean? <input type="checkbox"/> If No, go to A. <input type="checkbox"/> If Yes, go to B. <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Bishop score ≤ 8 at start of induction, was cervical ripening used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Completely dilated at time of Cesarean? No If Yes →		Were there 3 hours or more in Second Stage (4 hours with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown						
LABOR DYSTOCIA/FAILURE TO PROGRESS CASE AUDIT <i>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</i>								
Dilation at time of admission: _____ <input type="checkbox"/> Unknown	Was Cervix 6 cm or greater at time of Cesarean? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown		If Yes, please check the <u>one</u> reason for cesarean that applies: <input type="checkbox"/> Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU) <input type="checkbox"/> Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU) <input type="checkbox"/> None of the above					
Completely dilated at time of Cesarean? No If Yes →		Were there 3 hours or more in Second Stage (4 hours with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown						
FETAL HEART RATE CONCERN/INDICATIONS <i>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</i>								
What was the FHR concern/indication? <input type="checkbox"/> Antepartum testing results which precluded trial of labor <input type="checkbox"/> Category III FHR tracing <input type="checkbox"/> Category II FHR tracing (if checked, other conditions below?) <input type="checkbox"/> Clinically significant variable decelerations <input type="checkbox"/> Minimal or absent FHR variability <input type="checkbox"/> Other concern: _____				Please check all corrective measures that were used: <input type="checkbox"/> Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O2 <input type="checkbox"/> Reduced or stopped oxytocin or uterine stimulants <input type="checkbox"/> Used Amnioinfusion after other measures failed <input type="checkbox"/> Elicited stimulation (scalp, vibroacoustic, or abdominal wall)			Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other labor issues: Did the mother have uterine tachysystole? <input type="checkbox"/> Yes <input type="checkbox"/> No								

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: <input type="checkbox"/> Admitted in active labor <input type="checkbox"/> Scheduled induction <input type="checkbox"/> Indicated augmented labor <input type="checkbox"/> Not in labor: spontaneous rupture of membranes <input type="checkbox"/> Previously admitted antepartum	Membranes on Admission <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured	Oxytocin <input type="checkbox"/> None utilized <input type="checkbox"/> Induction <input type="checkbox"/> Augmentation at _____ cm
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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 $\geq 4250g$ or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section

Event	Dilation	Effacement	Station	Cervix Position	Cervix consistency	Bishop Score as noted on chart
At Start of Induction	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown
Last Exam before Delivery	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	_____ <input type="checkbox"/> unknown	
Was Cervix 6 cm or greater at time of Cesarean? <input type="checkbox"/> If No, go to A. <input type="checkbox"/> If Yes, go to B. <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Bishop score ≤ 8 at start of induction, was cervical ripening used?			B. If >6cm, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Completely dilated at time of Cesarean? No If Yes →		Were there 3 hours or more in Second Stage (4 hours with epidural)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown				

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 \geq 4250g or with ICD-10 codes for: •Fetal heart rate concern or •Medical indication for cesarean section

Dilation at time of admission: _____ <input type="checkbox"/> Unknown	Was Cervix 6 cm or greater at time of Cesarean? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please check the <u>one</u> reason for cesarean that applies: <input type="checkbox"/> Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU) <input type="checkbox"/> Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU) <input type="checkbox"/> None of the above
Dilation at time of cesarean: _____ <input type="checkbox"/> unknown		

Completely dilated at time of Cesarean? No If Yes →	Were there 3 hours or more in Second Stage (4 hours with epidural)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unknown
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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 \geq 4250g or with ICD-10 codes for: •Labor arrest / CPD

What was the FHR concern/indication? <input type="checkbox"/> Antepartum testing results which precluded trial of labor <input type="checkbox"/> Category III FHR tracing <input type="checkbox"/> Category II FHR tracing (if checked, other conditions below?) <input type="checkbox"/> Clinically significant variable decelerations <input type="checkbox"/> Minimal or absent FHR variability <input type="checkbox"/> Other concern: _____	Please check all corrective measures that were used: <input type="checkbox"/> Basic resuscitation measures such as: Maternal position change, maternal fluid bolus, and/or administration of O2 <input type="checkbox"/> Reduced or stopped oxytocin or uterine stimulants <input type="checkbox"/> Used Amnioinfusion after other measures failed <input type="checkbox"/> Elicited stimulation (scalp, vibroacoustic, or abdominal wall)
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Other labor issues: Did the mother have uterine tachysystole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

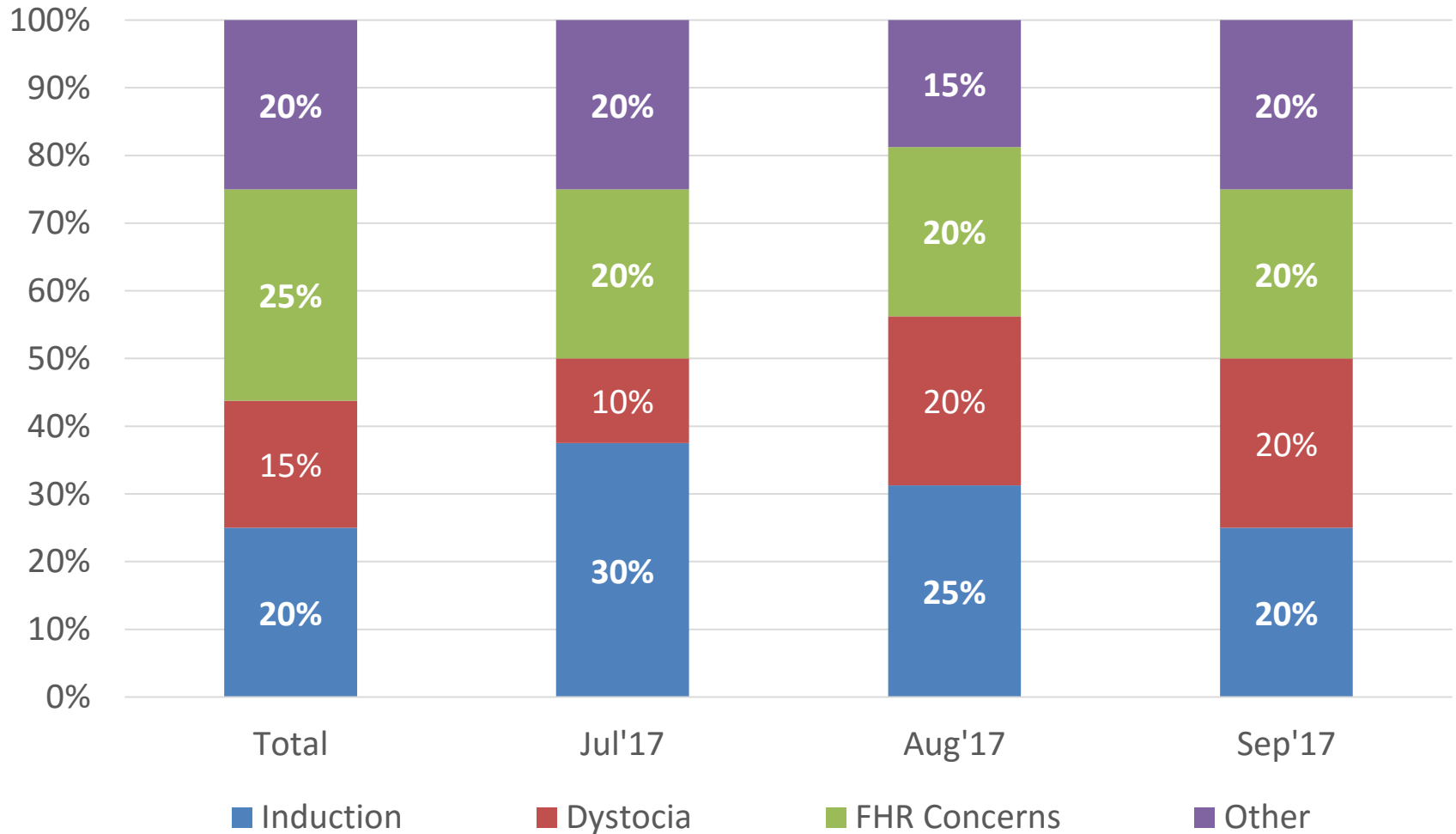
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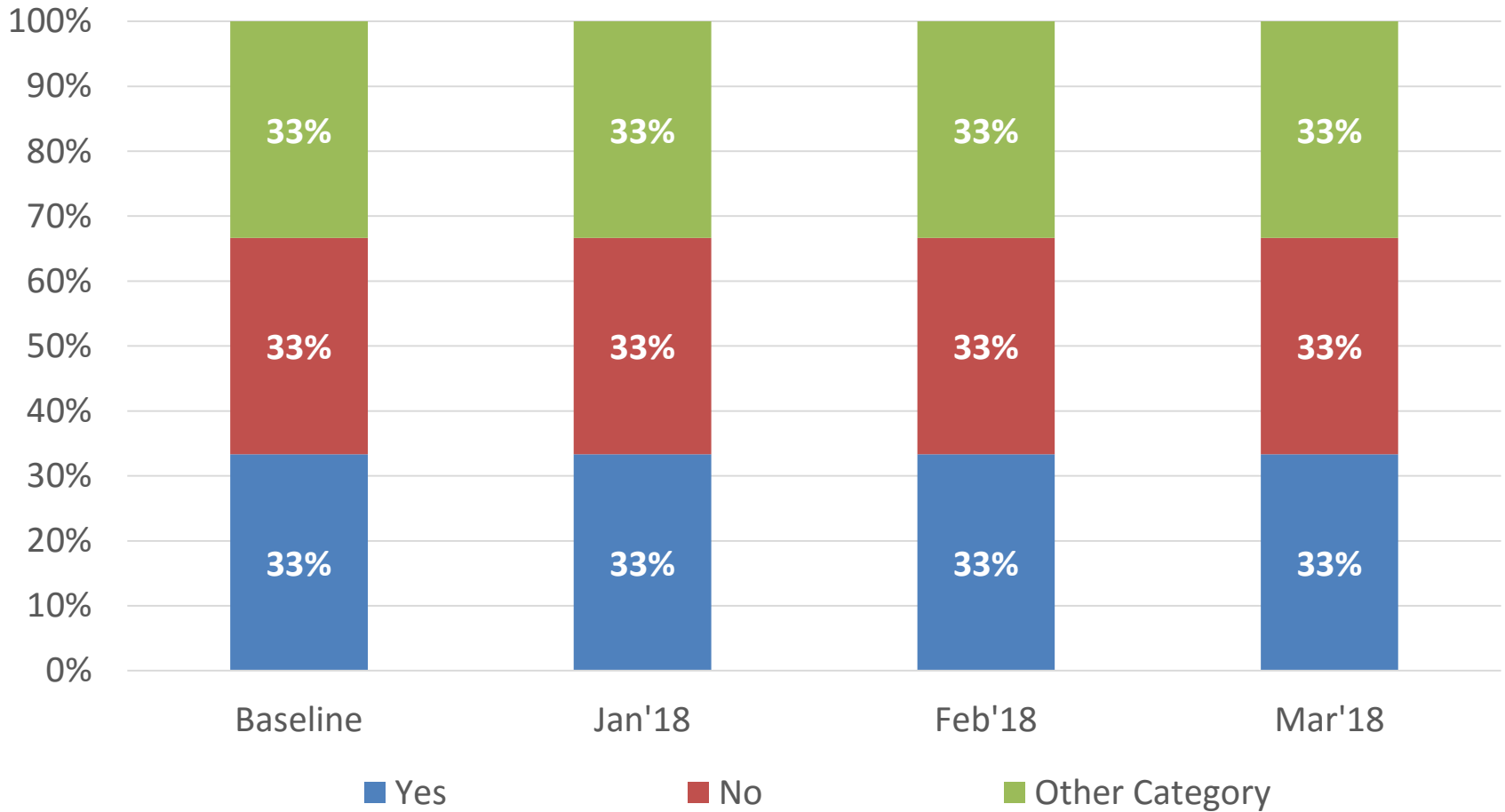
OVERALL BASELINE ASSESSMENT REPORT

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



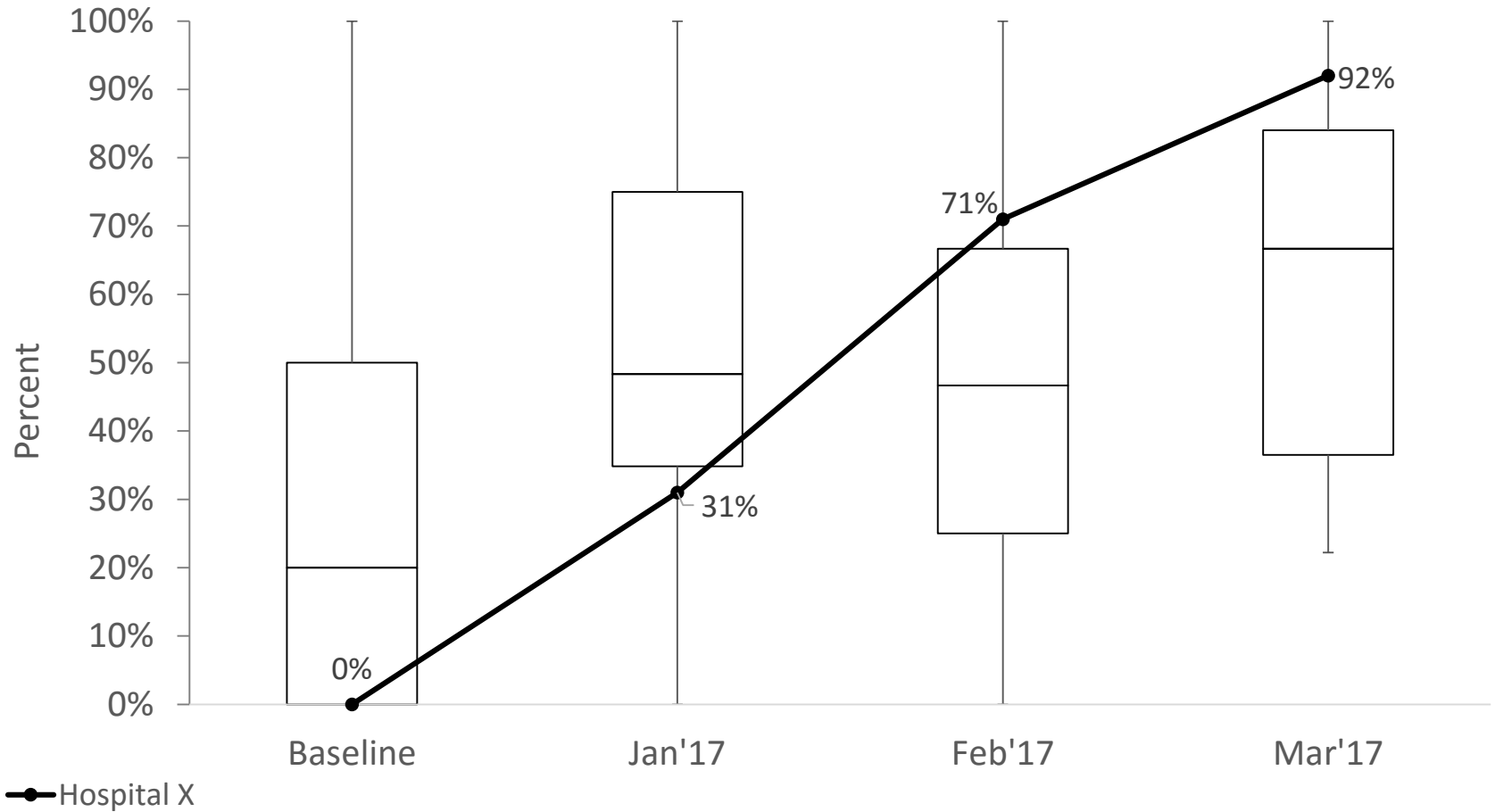
Data Source: Chart Audits

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



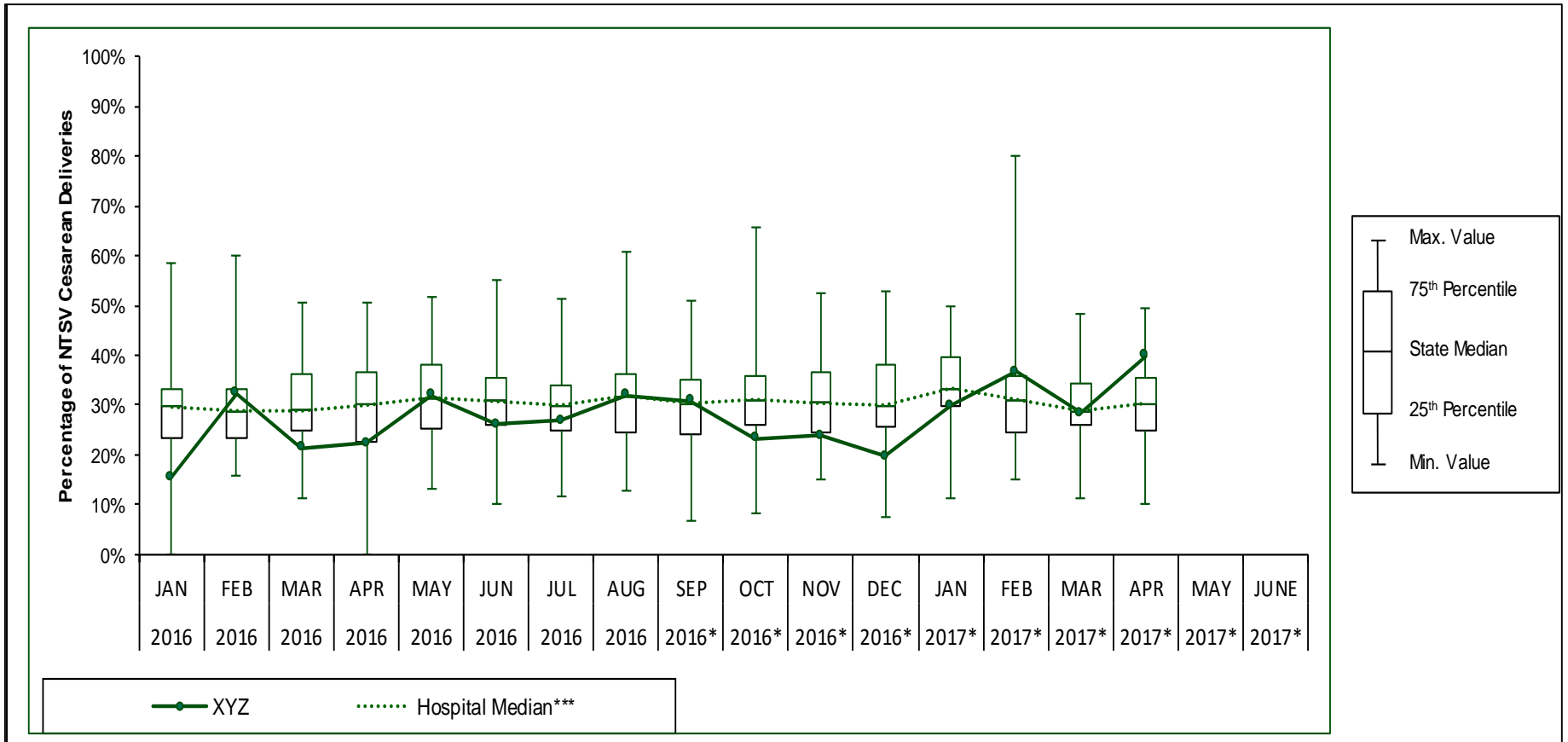
Data Source: Chart Audits

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.
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QUESTIONS?