

# PROVIDE initiative

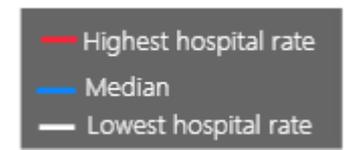
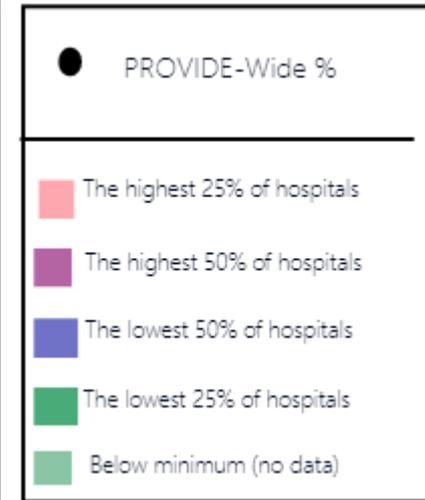
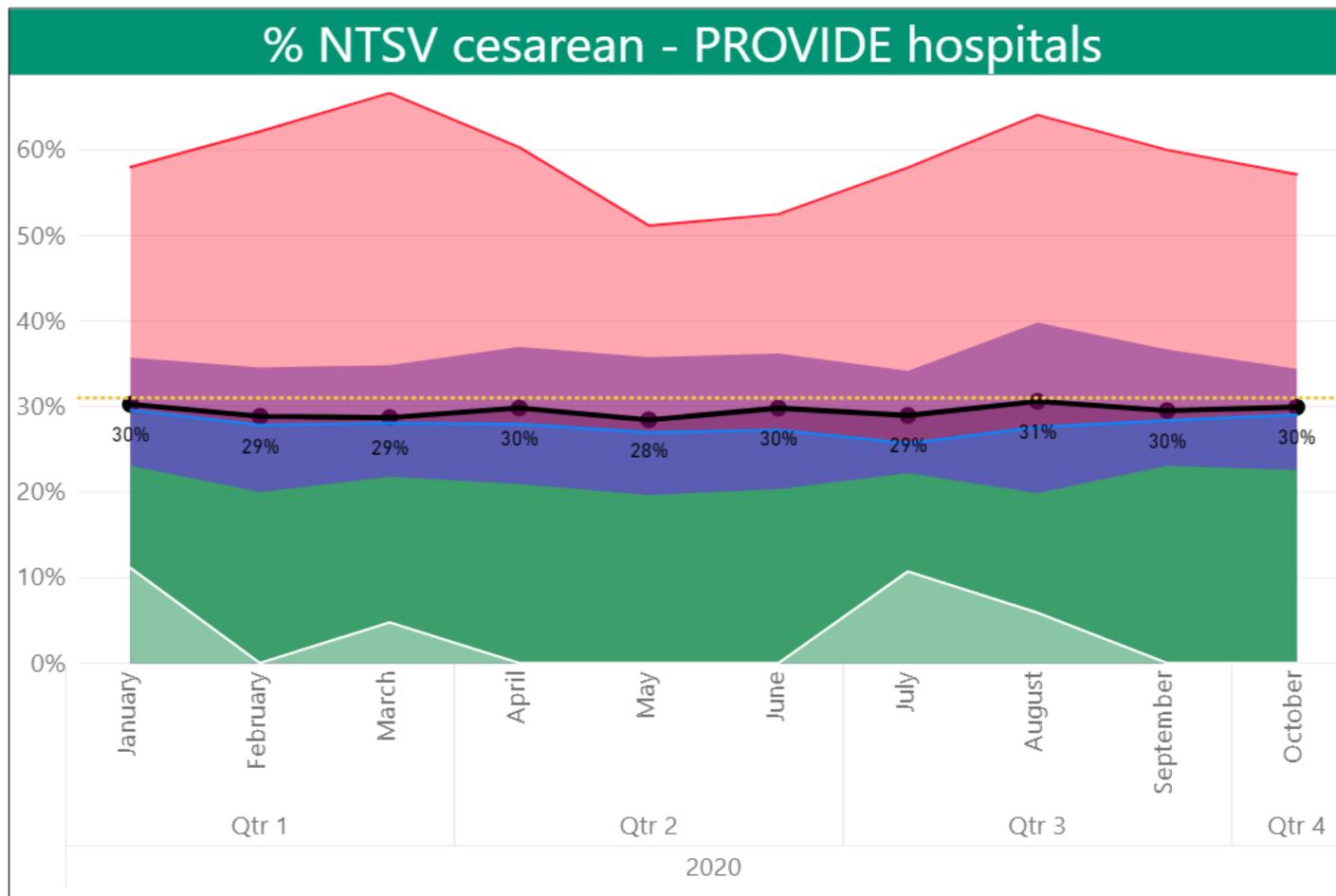
## Where are we?

Estefania Rubio, MD, MPH  
FPQC Data Manager

# OUR GOAL

Improve maternal and newborn outcomes by applying evidence-based interventions to promote primary vaginal deliveries at Florida delivery hospitals and **ultimately reduce NTSV cesareans.**

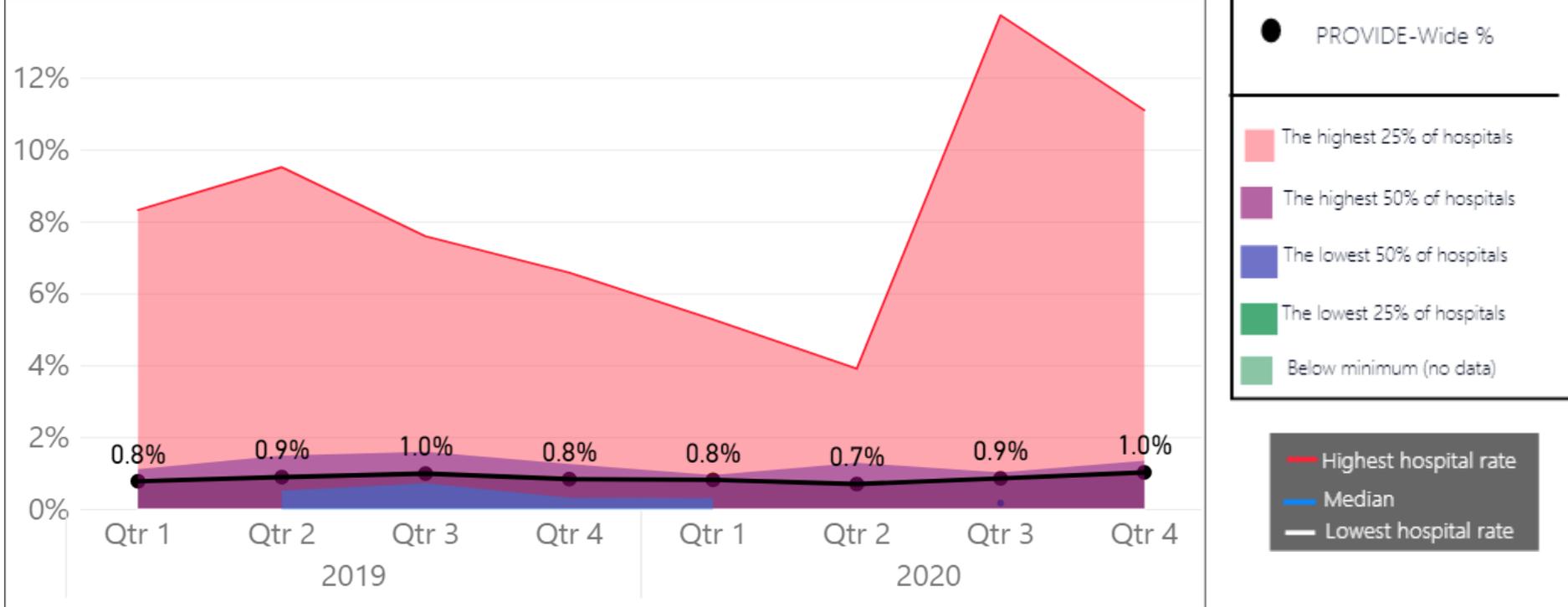
# Outcome measure



SOURCE: Birth Certificate

# ■ Balancing measure

% Low APGAR scores among NTSV vaginal births



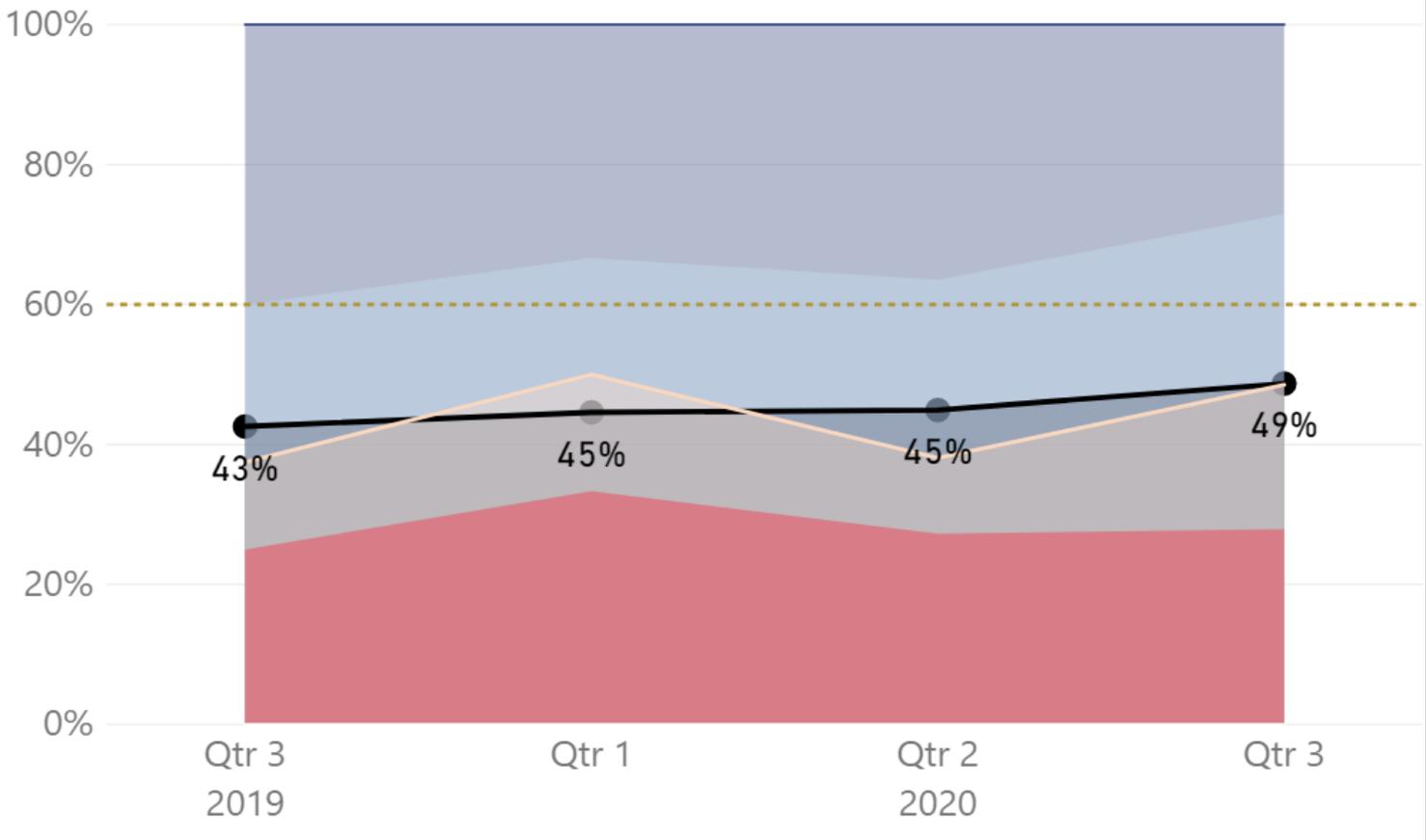
SOURCE: Birth Certificate

# Focus Areas

# INDUCTION AIM

Within 18 months of project start, 60% of NTSV cesarean section rates that were induction cases will have met all ACOG/SMFM criteria

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

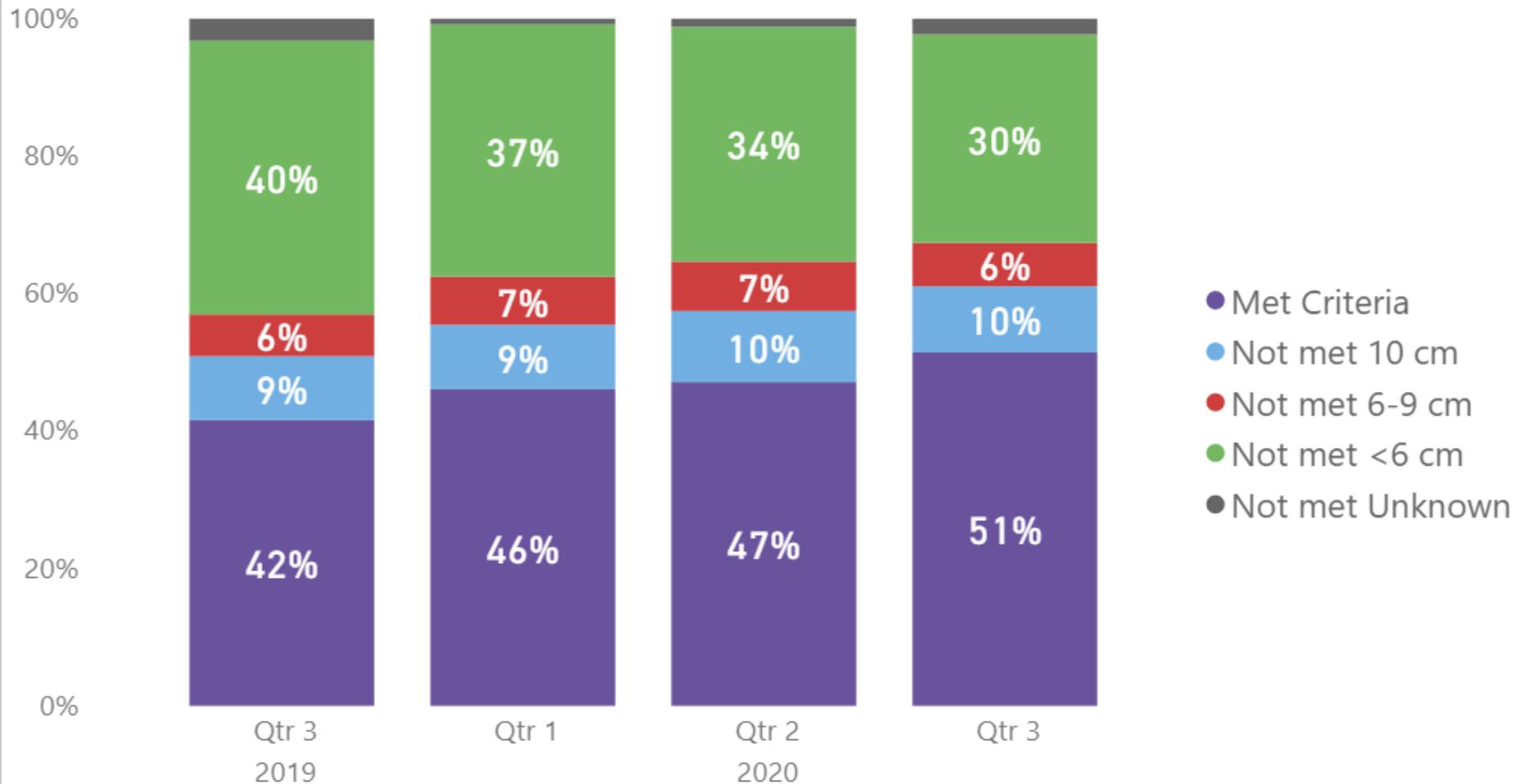


- PROVIDE-Wide %
- The highest 25% of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

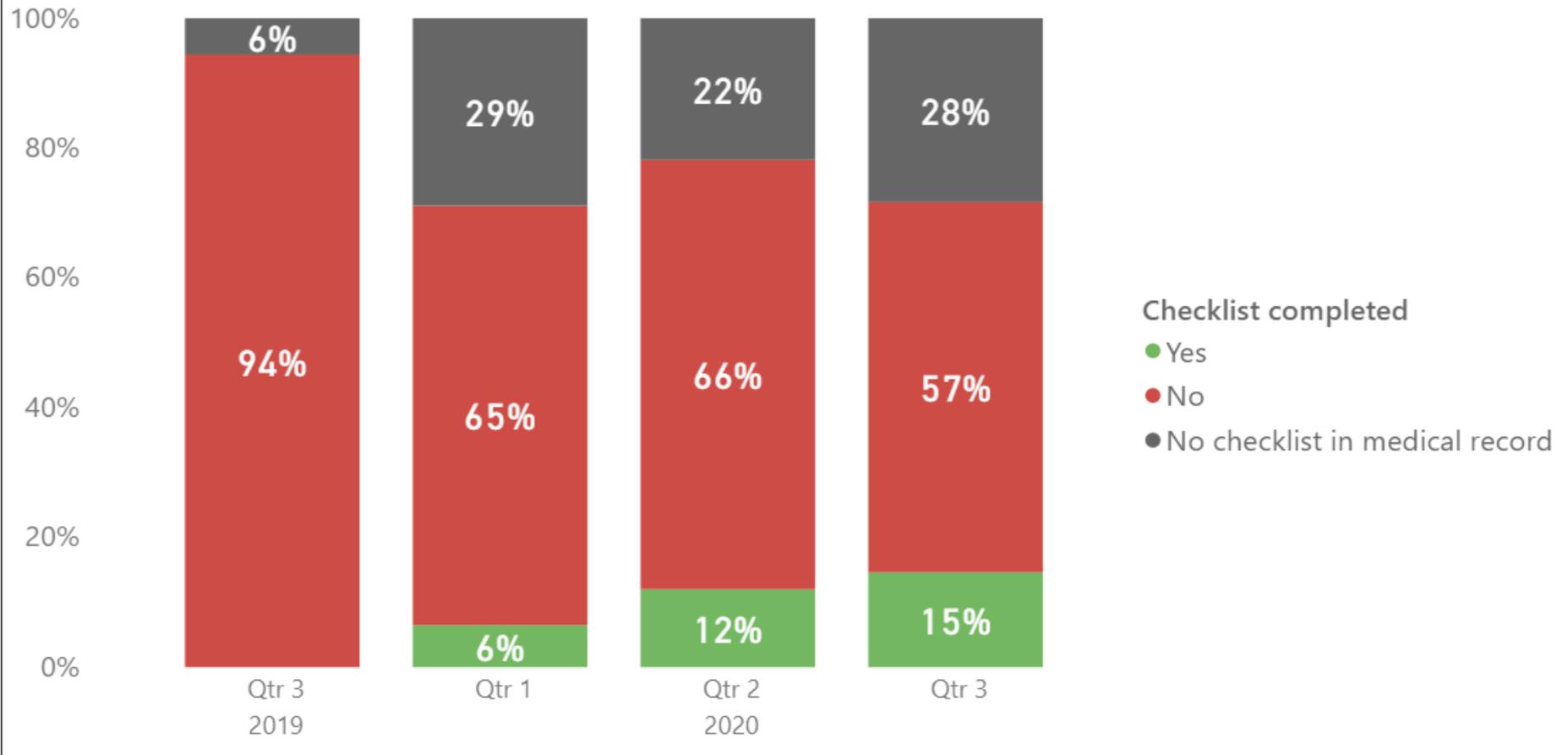
  

- Highest hospital rate
- Median
- Lowest hospital rate

# % NTSV Cesareans after Induction that Did NOT Meet ACOG/SMFM Criteria by Cervical Dilation



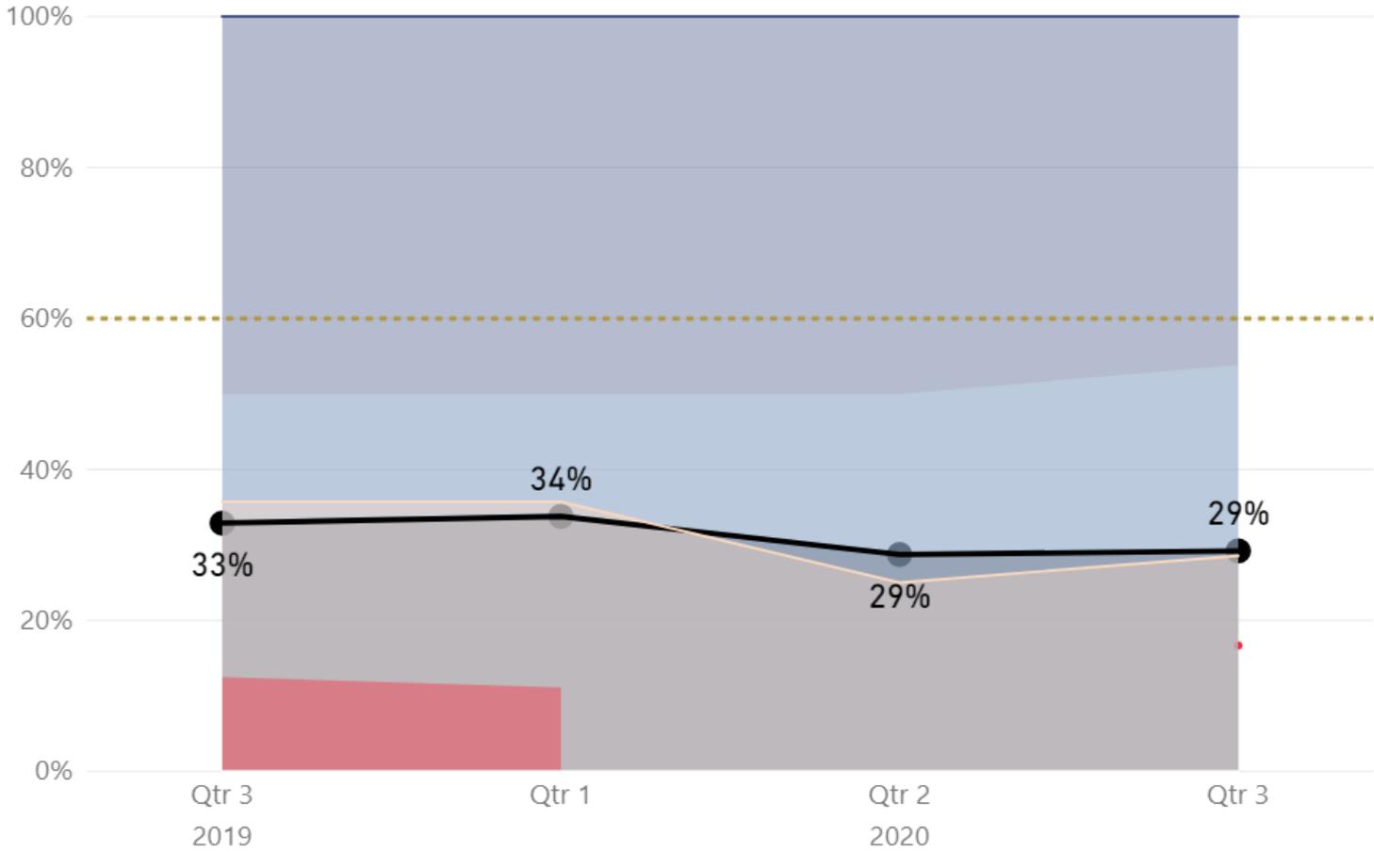
## % of pre-Cesarean checklists completed by a nurse and doctor- Induction



# LABOR DYSTOCIA AIM

Within 18 months of project start, 60% of NTSV cesarean section rates that were labor dystocia cases will have met all ACOG/SMFM criteria

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



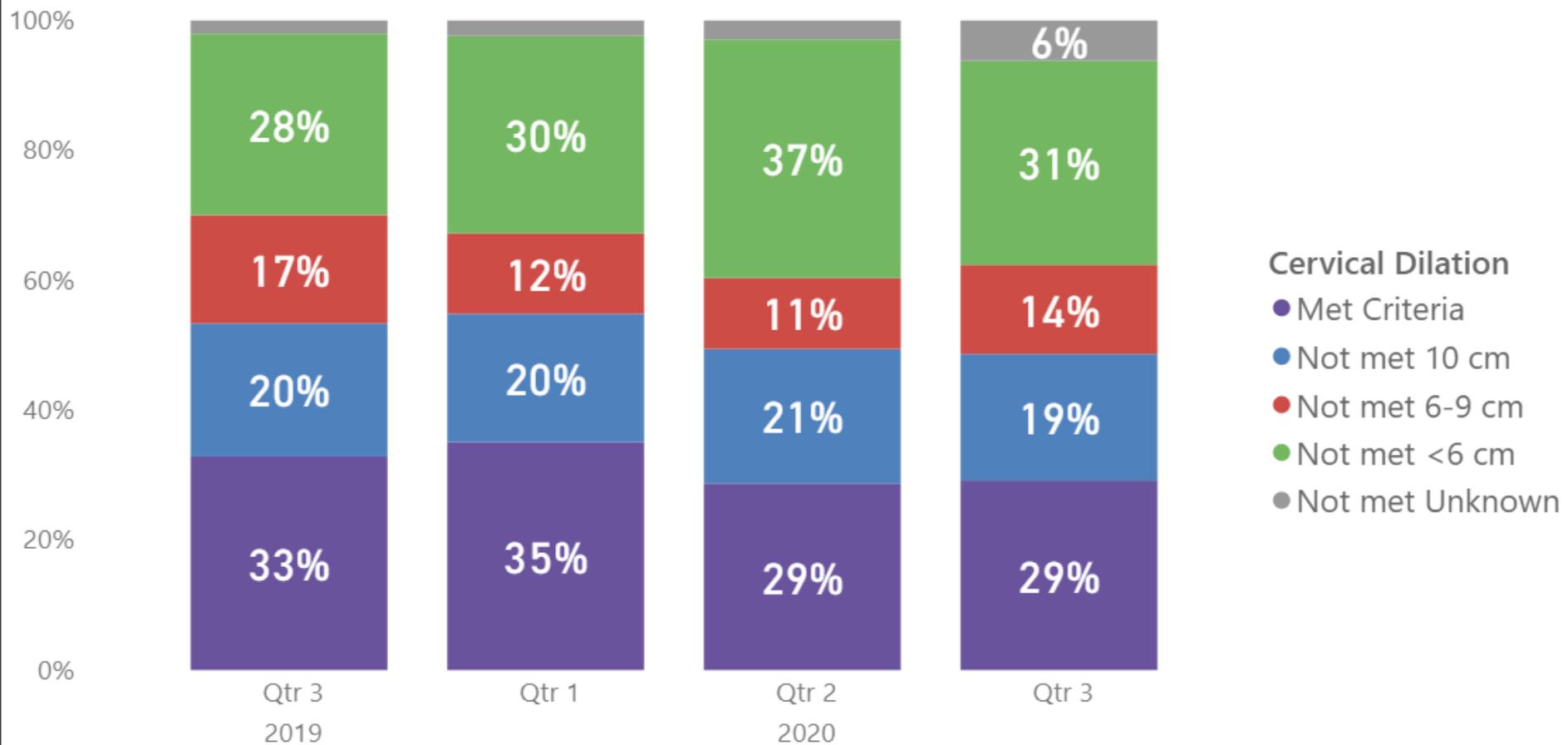
- PROVIDE-Wide %

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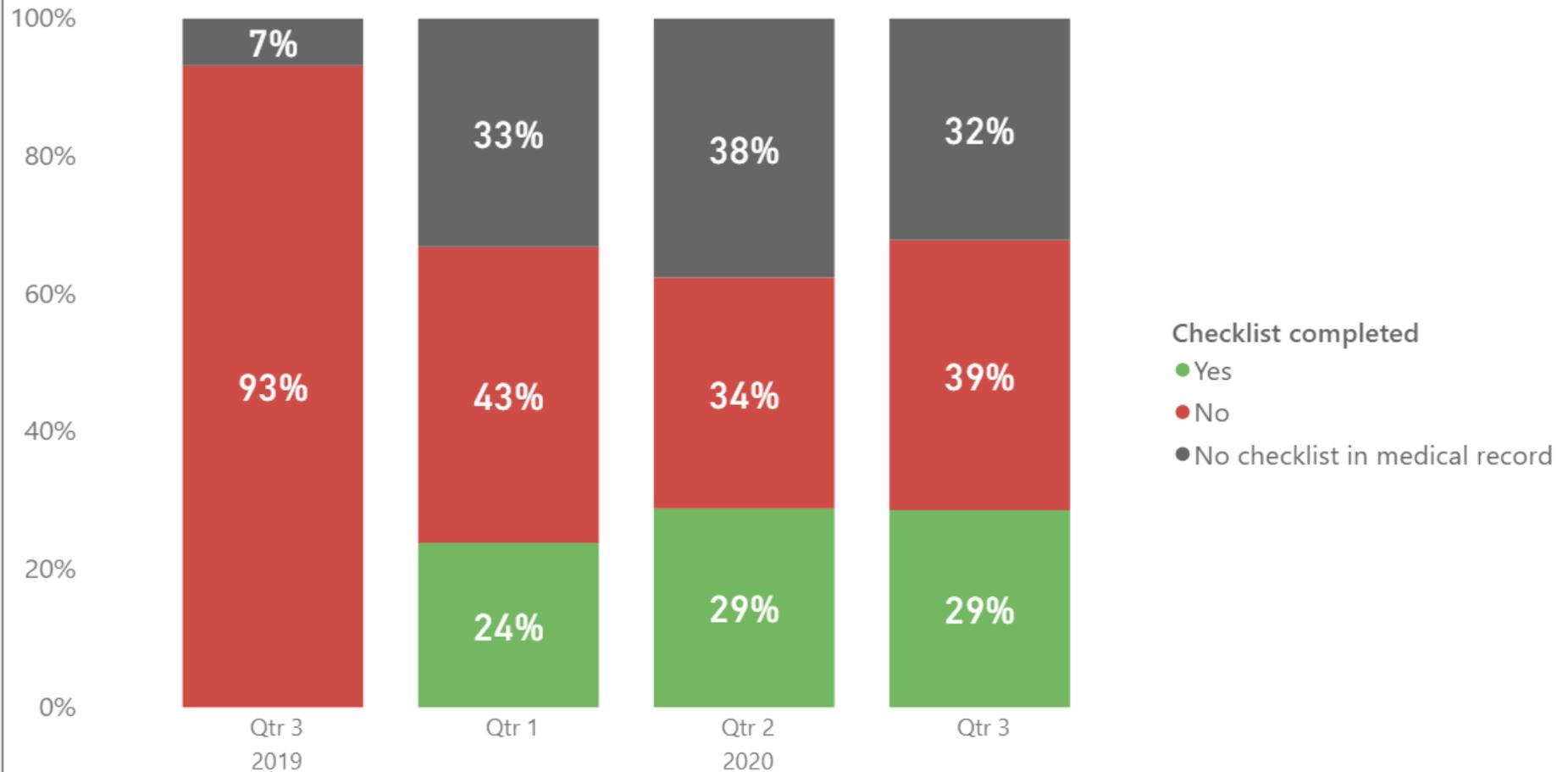
- The highest 25% of hospitals
- The highest 50% of hospitals
- The lowest 50% of hospitals
- The lowest 25% of hospitals

- Highest hospital rate
- Median
- Lowest hospital rate

# % NTSV Cesareans with Dystocia that Did NOT Meet ACOG/SMFM Criteria by Cervical Dilation



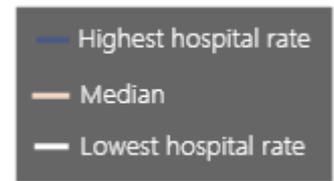
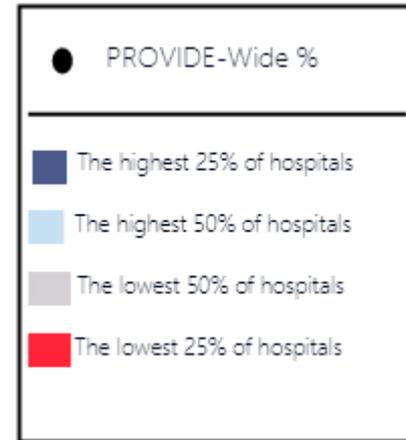
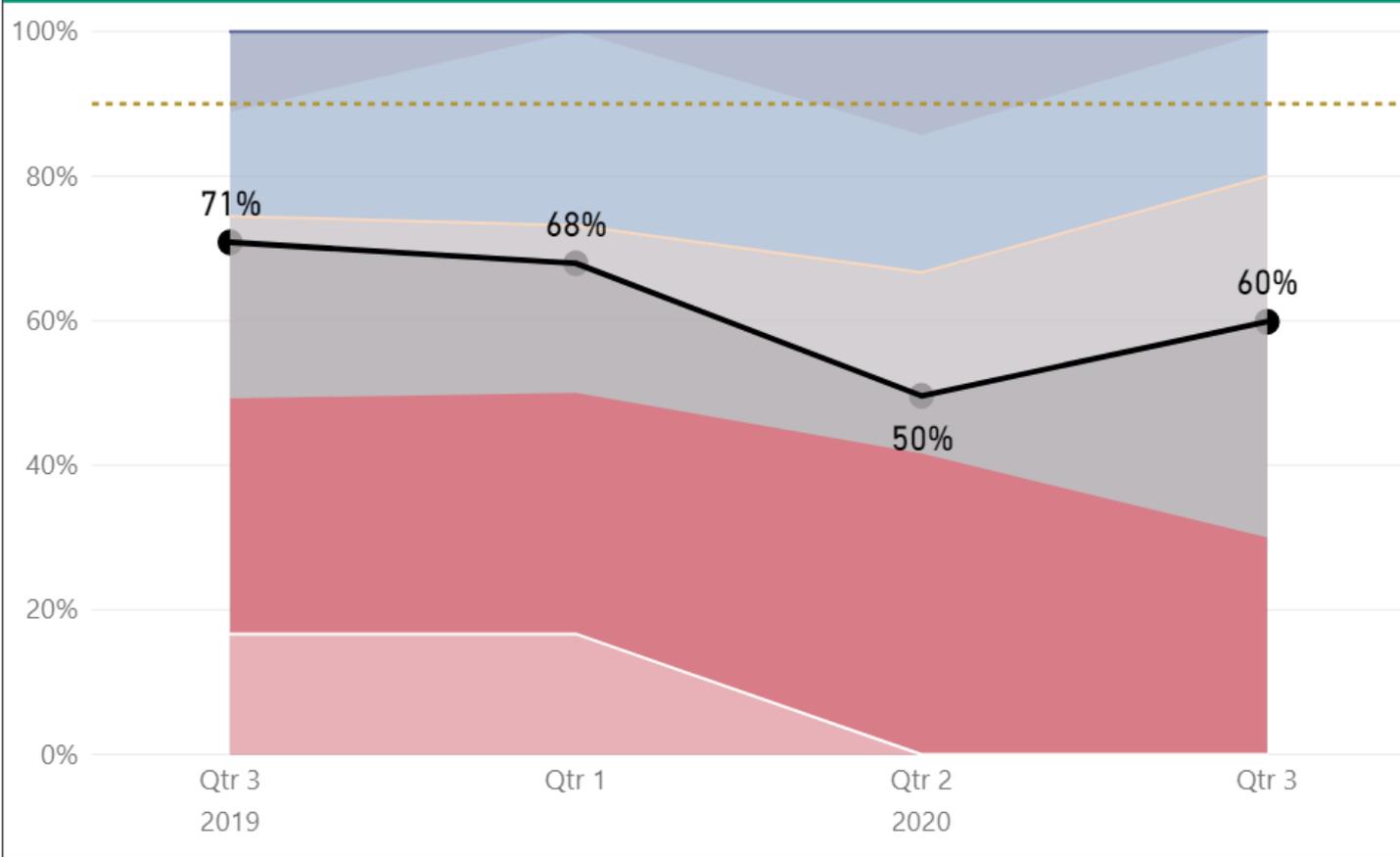
## % of pre-Cesarean checklists completed by a nurse and doctor- Labor Dystocia



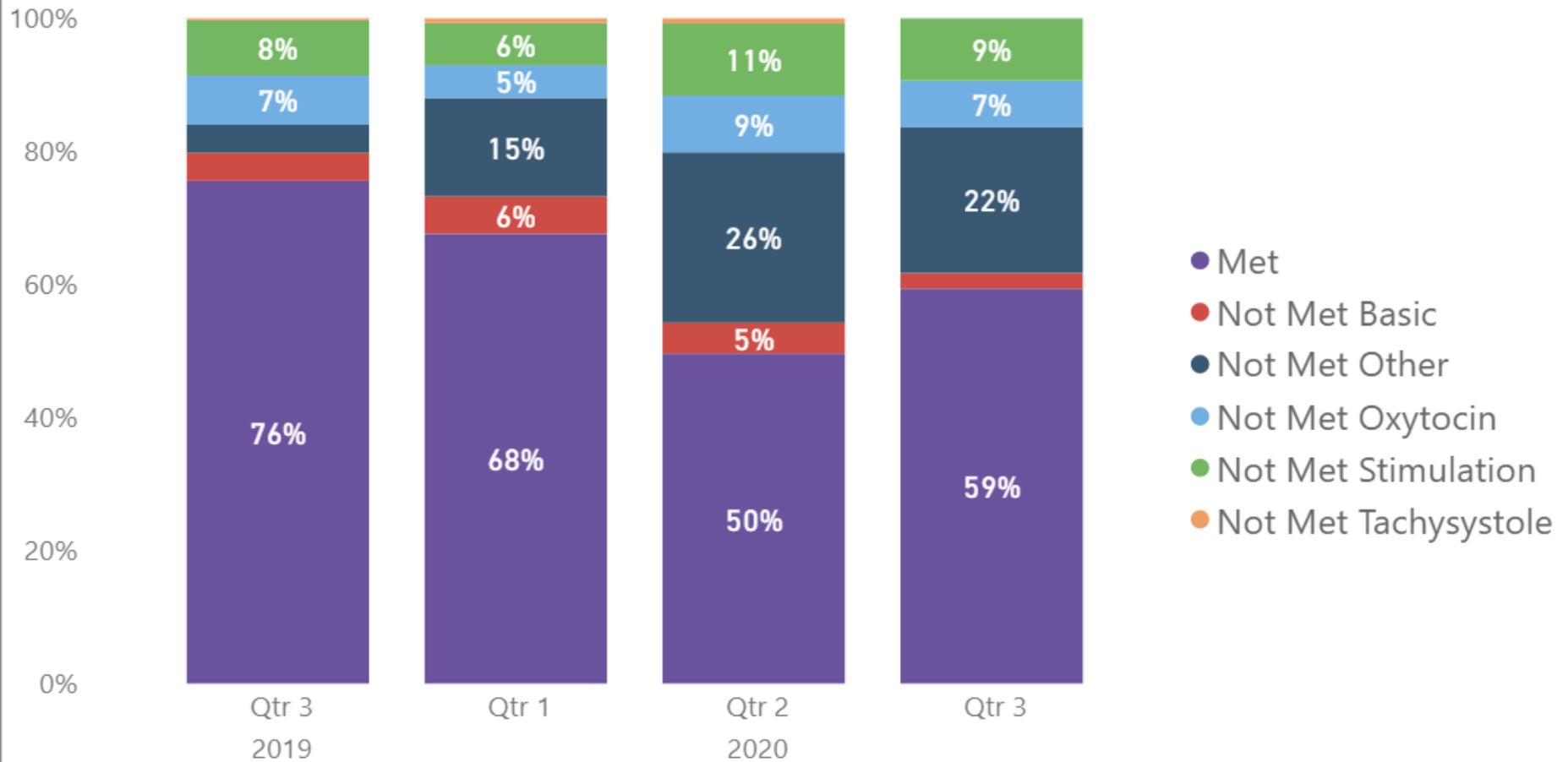
# FETAL HEART RATE CONCERN AIM

Within 18 months of project start, **90%** of NTSV cesarean section rates that were Fetal Heart Rate Concern cases will have met all ACOG/SMFM criteria

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

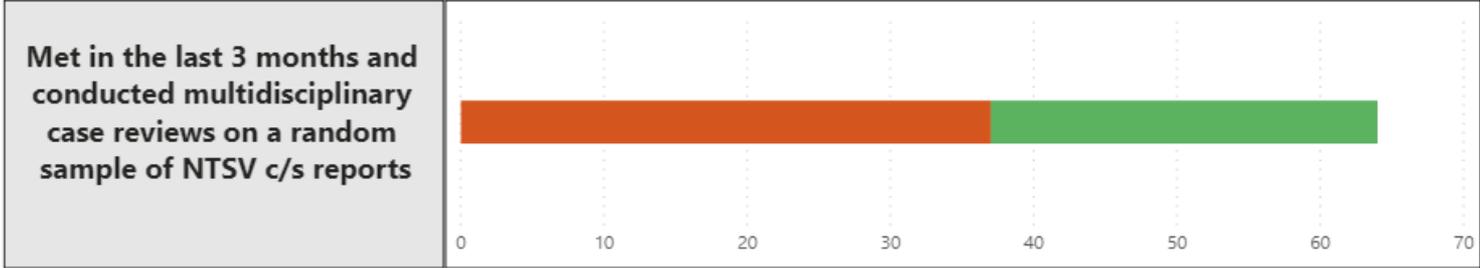
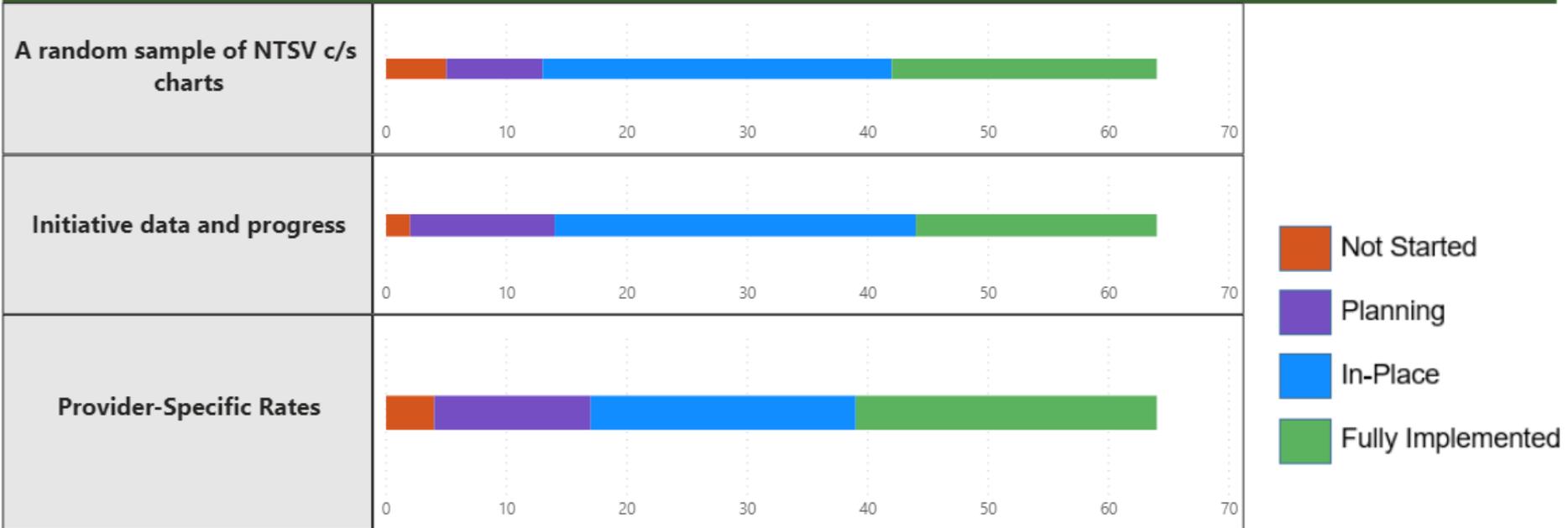


# % NTSV Cesareans with FHRC that did NOT meet FPQC criteria by corrective measure

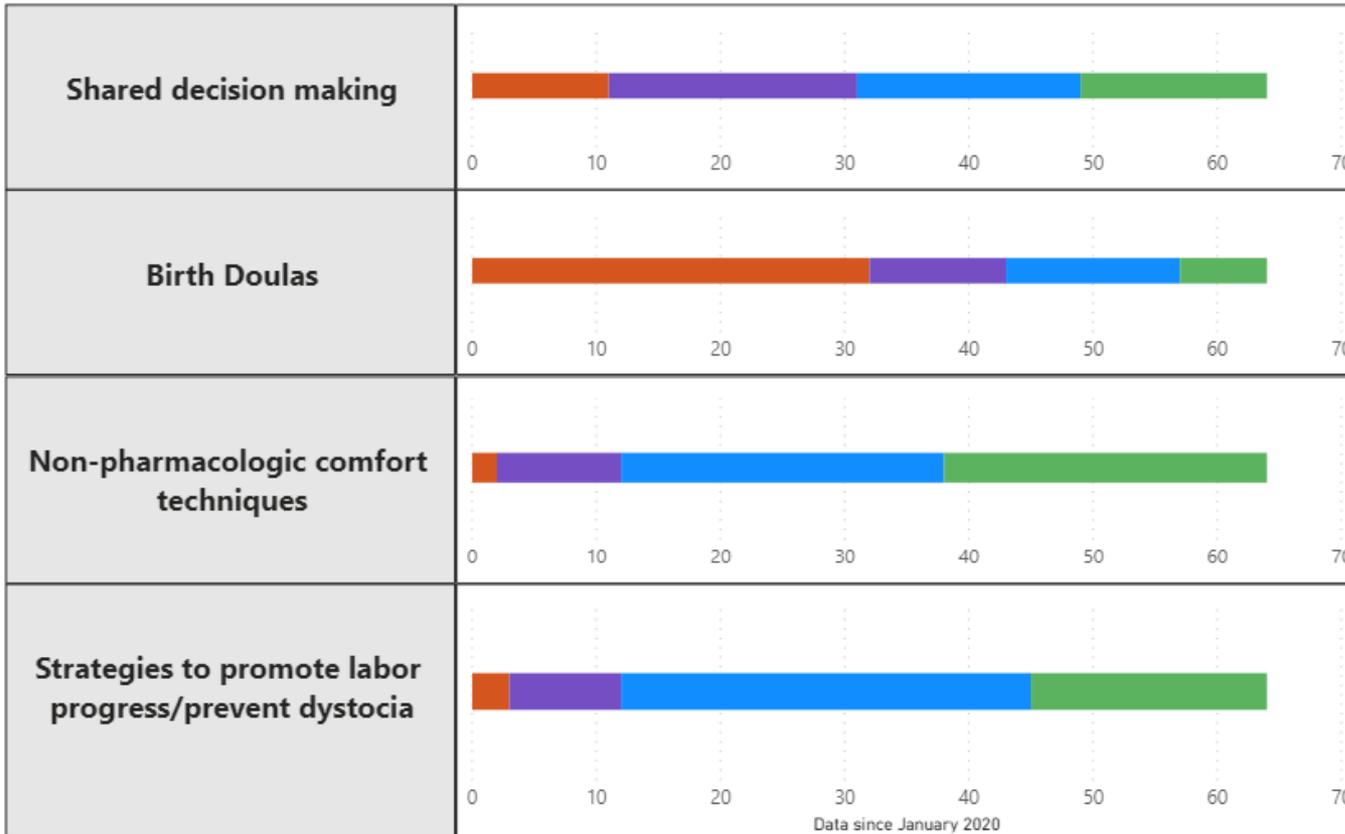


# Process and Structural Measures

**Hospitals that have established a quality review team that currently meets on a monthly basis to review:**



## Hospitals that use education materials to educate patients on the following evidence based techniques:



% of staff who completed an education program on the ACOG/SMFM labor management guidelines including the Safe Reduction of Primary C/S: Support for Intended Vaginal Births bundle and the unit-standard protocol to date:	MDs and Midwives	September 24.00
	Nurses	September 48.56

**Cumulative % of staff who received education on each of the following skills on approaches to maximize the likelihood of vaginal birth:**

MDs and Midwives	Year	2020
	Quarter	Qtr 3
		September
	Labor Support	28.00
	Pain management*	33.30
	Shared decision-making	34.56
Nurses	Year	2020
	Quarter	Qtr 3
		September
	Labor Support	71.69
	Pain management*	69.89
	Shared decision-making	60.70

**\*Pain Management includes both pharmacologic and non-pharmacologic techniques**

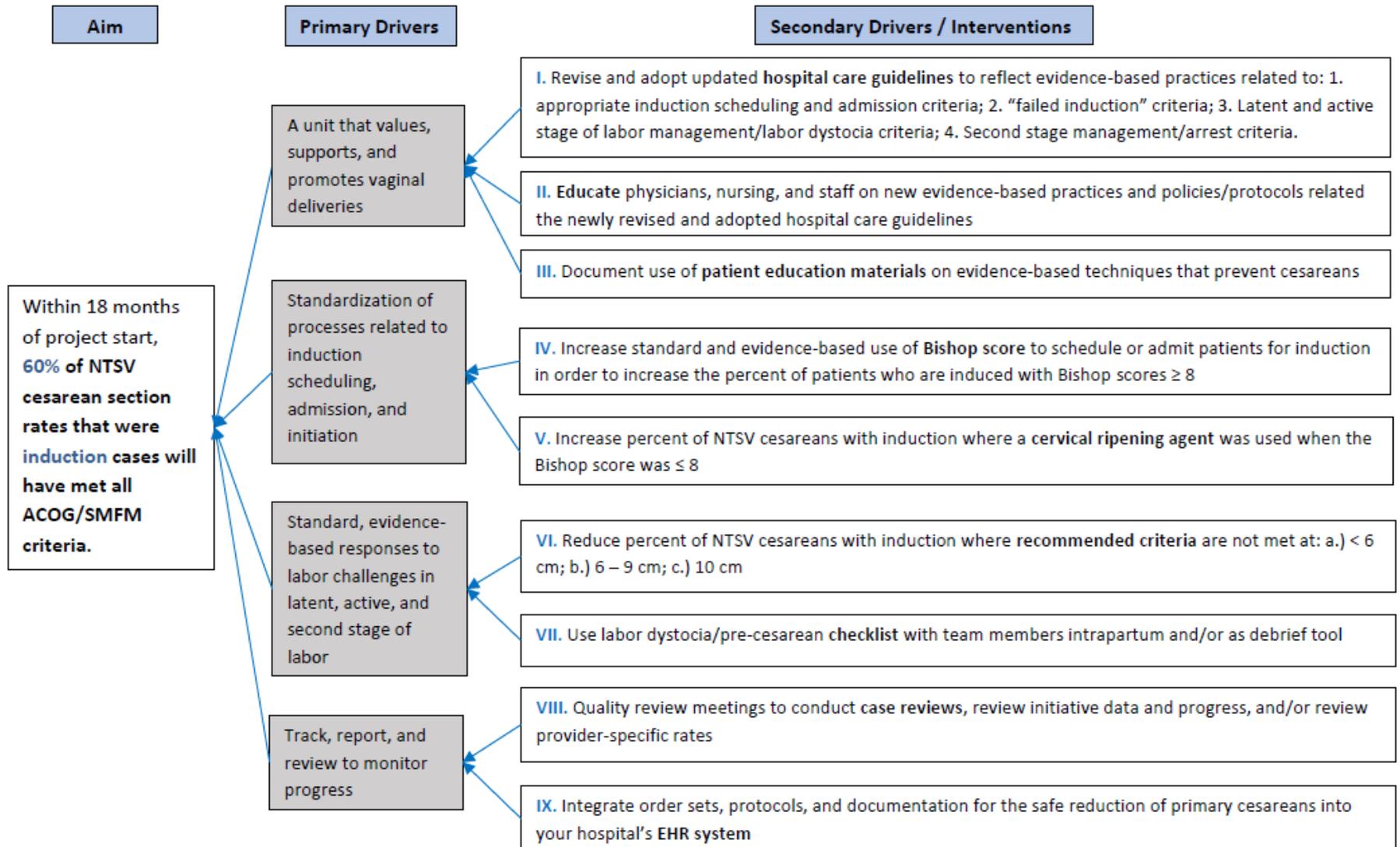
# Focus area-specific Key Driver Diagrams





# Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

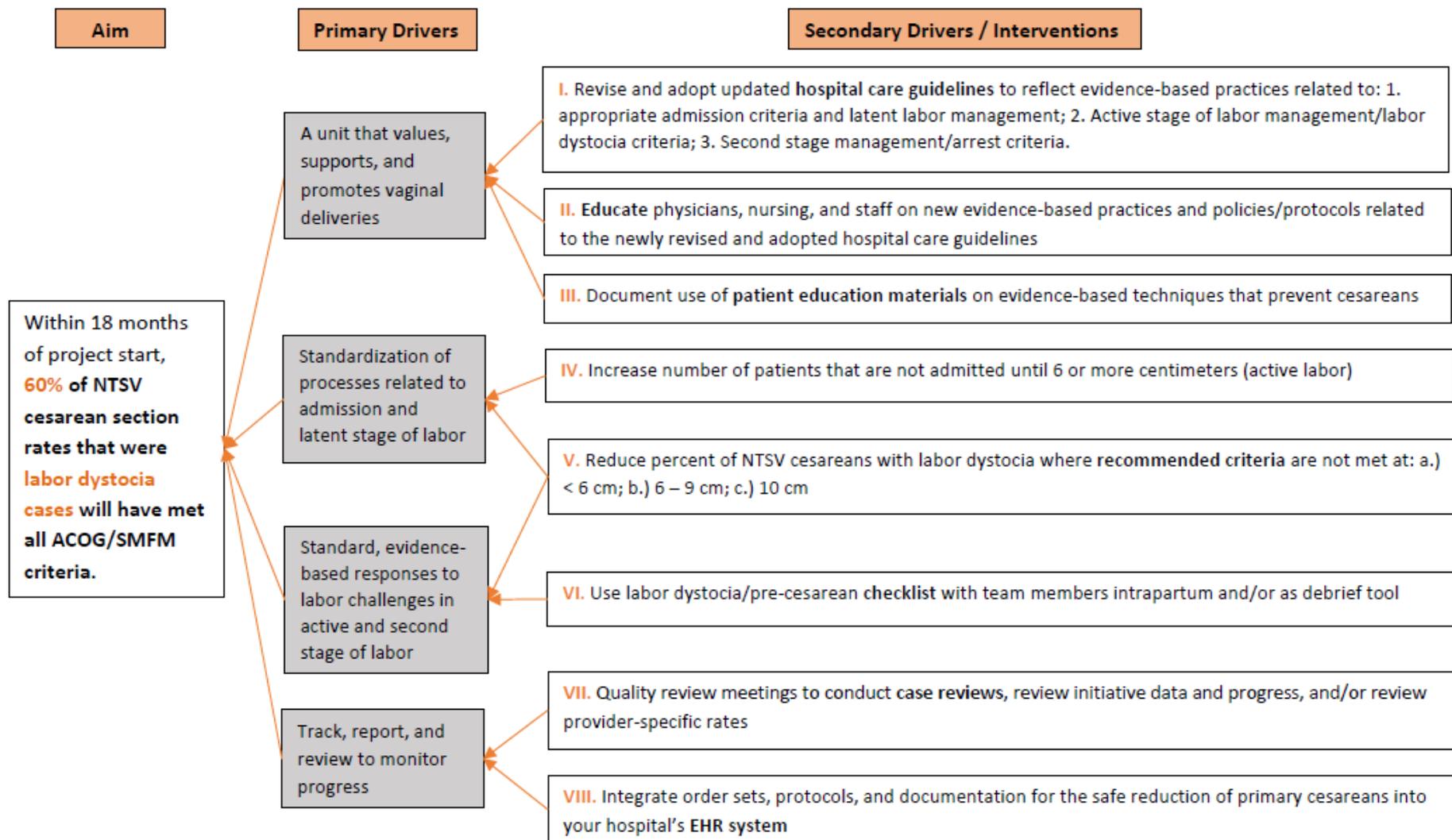
## INDUCTION CASES Key Driver Diagram





## Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

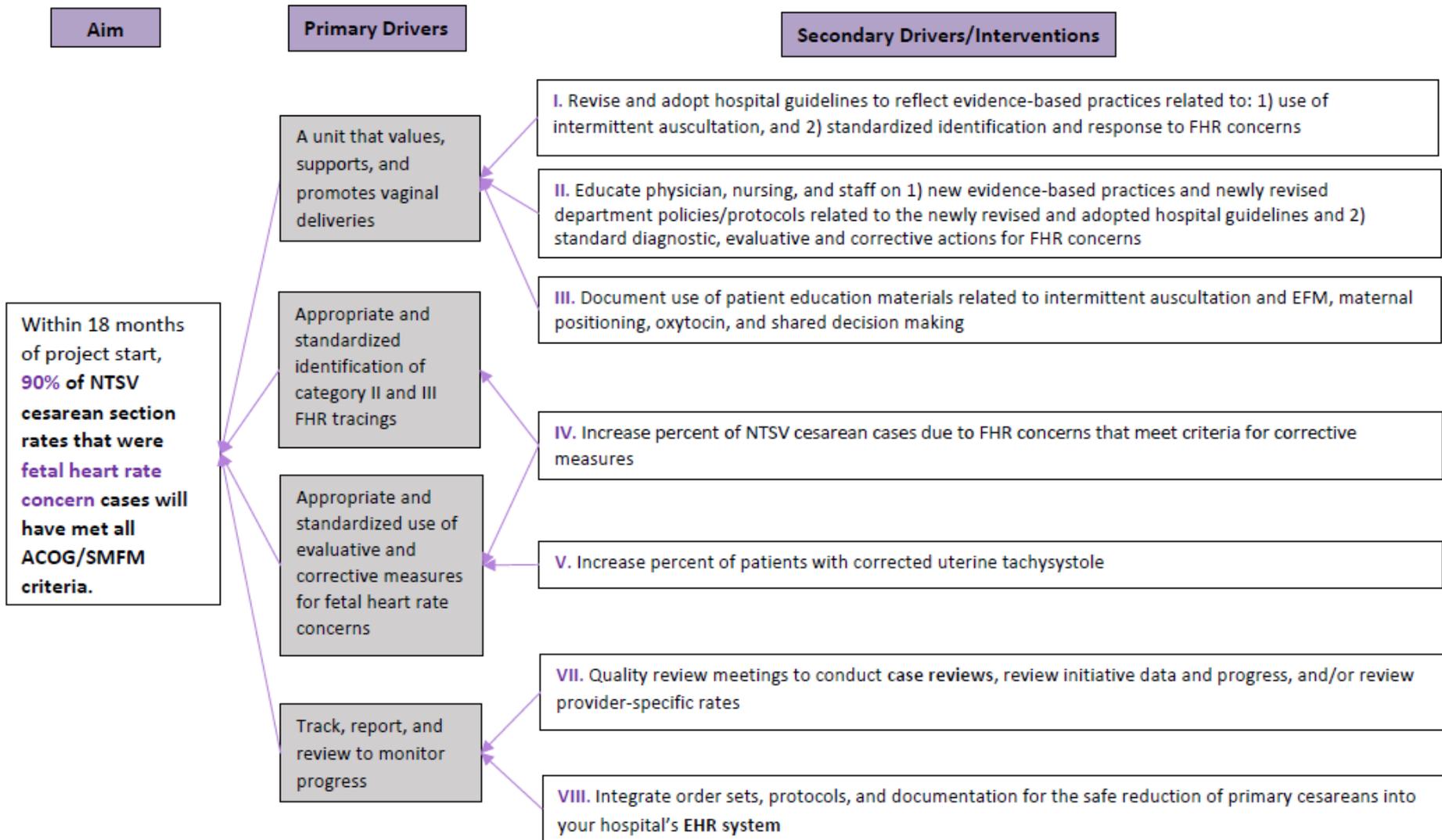
### LABOR DYSTOCIA CASES Key Driver Diagram





## Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

### FETAL HEART RATE CONCERN CASES Key Driver Diagram



# Let's keep in touch...

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