

PROVIDE 2.0 Data: Definitions, Processes and Tools

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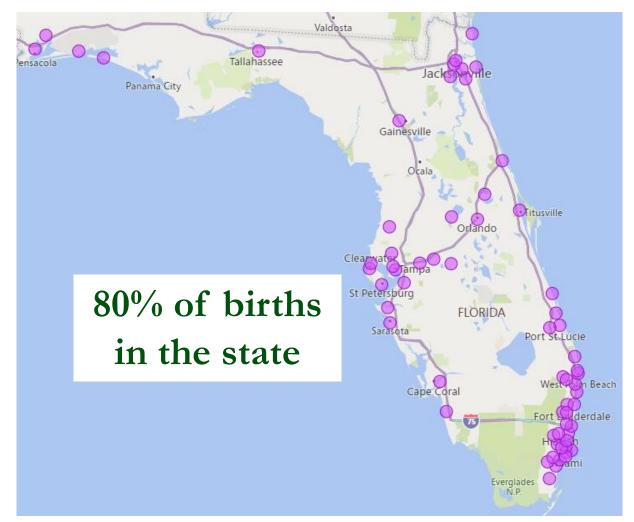
Partnering to Improve Health Care Quality for Mothers and Babies



PROVIDE's Goal: To improve maternal and newborn outcomes by applying evidence-based interventions to promote primary vaginal deliveries at Florida delivery hospitals and ultimately reduce NTSV cesareans.

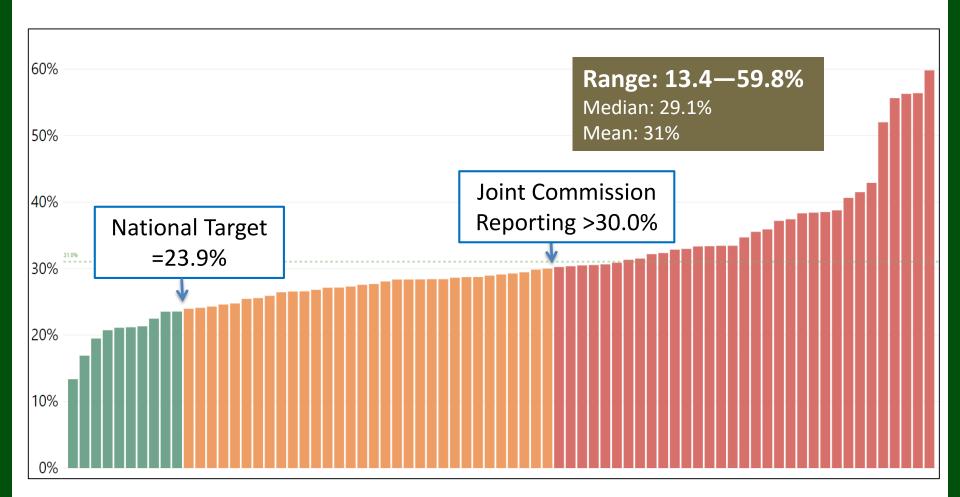
Partnering to Improve Health Care Quality for Mothers and Babies

Low-Risk First-Birth (Nulliparous Term Singleton Vertex) Cesarean Rate, 76 PROVIDE Hospitals



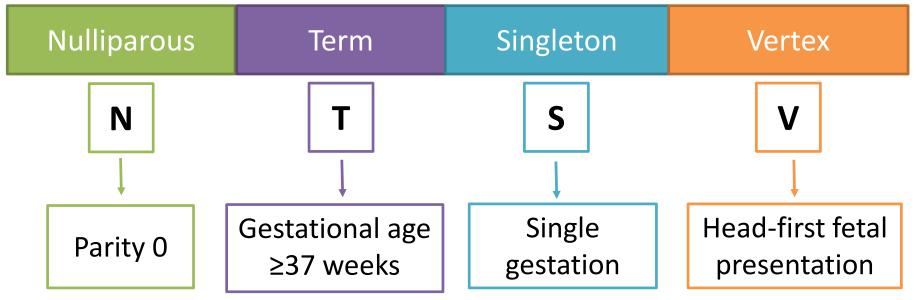


Low-Risk First-Birth (Nulliparous Term Singleton Vertex) Cesarean Rate, 76 PROVIDE Hospitals





Our population



- The most favorable conditions for vaginal birth
- Most difficult labor management
- Largest contributor to the rise in cesarean rates





"Things get done only if the data we gather can inform and inspire those in a position to make a difference." – Mike Schmoker



Processes for Data Collection





Data Collection Process



Identify qualifying NTSV cesarean

Check Inclusion & Exclusion Criteria



INCLUSION & EXCLUSION CRITERIA

INCLUDE

NTSV cesareans per TJC

EXCLUDE

Birth weight ≥ 4250g

Medical Indication for Cesarean

- 1. Maternal or fetal hemorrhage
- 2. Hypertensive emergencies not responding to treatment
- 3. Abnormalities of placenta or umbilical cord
- 4. Fetal or maternal conditions that obstruct the pelvis
- 5. Active HSV lesions or HIV viral load>1000copies/ml
- 6. Other maternal medical indications (cardiac, neurological, orthopedic,

pulmonary, malignancy, previous uterine surgery) that preclude vaginal delivery



How to identify NTSV cesareans?

INCLUDE

NTSV cesareans per TJC Nulliparous

Term

CHART REVIEW (EHR)



Cesarean

Singleton

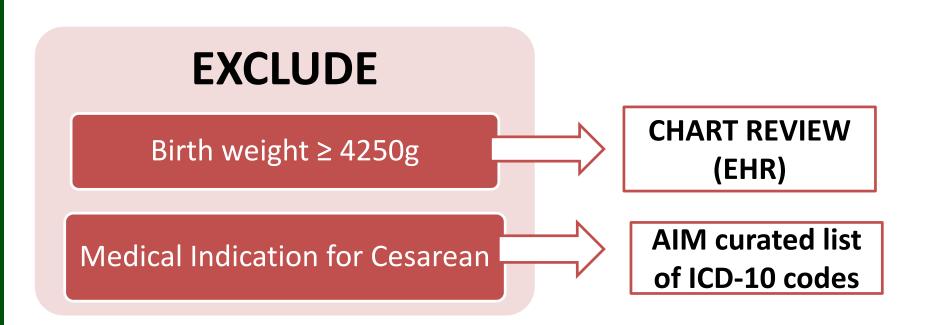
Vertex

ICD-10 codes





How to identify NTSV cesareans?







Data Collection Process



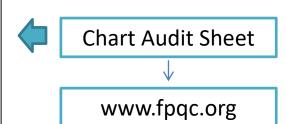
Identify qualifying
NTSV cesarean

Check Inclusion & Exclusion Criteria



Chart Abstraction

	FPQC PROVIDE 2.0 Initiative Chart Audit Sheet Study ID #:						
Complete only for Nulliparous Term Singleton Vertex Cesarean Sections							
Baseline data collection: Hospital to audit up to 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							
C/S Category		ready in labor		Gestati	on weeks	Oxytocin	
☐ Induction ☐ Labor Dystocia	□ Induced	ready in labor				□ None utilized	
□ FHR Concerns	□ Indicated a	ugmented labor			ranes on Admission	□ Induction	
□ Other (secty)		: spontaneous ruptu		s Intact		□ Augmentation at cm	
		dmitted antepartum		□ Ruptu			
Only complete the						" only compete the "Induction	
INDUCTION CASE A		section; if c/s catego	ory is "Other" the	n only com	plete the section abo	ve.	
		()				with birth weight ≥ 4250g or with	
		or •Medical indication			arrest, excluding those	with birth weight 2 4230g or with	
Dilation at start	Dilation at last	Bishop Score as					
of induction:	exam before c/s:	noted on chart:	If Bishop score	< 8 at start	of induction - Y		
			was cervical rip		, ,		
☐ Unknown	☐ Unknown	☐ Unknown				W/A	
Was Cervix 6 cm or	greater at time of C	esarean?	A. If <6 cm, uni	ble to gene	erate regular contract	ions (every 3	
☐ If No, go	to A.		minutes) and c	ervical char	nge after oxytocin adn	ministered for	
☐ If Yes, go	to B. 🔲 Uni	known			membrane rupture?		
Completed labor d	vstocia 🗖 Ye	s	B. If ≥6cm, was there at least 4h with adequate uterine ☐ Yes				
checklist by nurse a			activity or at least 6h with inadequate uterine activity and				
Completely dilated	at time of Cesarean	? Were there 3 ho	with oxytocin?	tita	☐ Yes		
Ompletely dilated		(4 hours with ep			⊒res ⊒No ⊒Unknowr		
	FAILURE TO PROGR		naarary:		a no a onknown	'	
			r and had a cesare	an for labor	arrest, excluding those v	with birth weight ≥ 4250g or with	
ICD-10 codes for: •Fe	etal heart rate concern	or •Medical indication	on for cesarean sec	tion			
Dilation at time	Dilation at time of			'es →	If Yes, please check	one reason for cesarean that	
of admission:	cesarean:	Was cervix 6 cm or	greater -		applies:		
	□ Unknown	at time of cesarear	1?			ptured and no cervical change quate uterine activity (e.g.,	
Unknown Completely dilated		Were there 3+hrs	of nuching DV		>200 MVU)	quate uterine activity (e.g.,	
cesarean?	at time of	(4hrs with epidural			☐ Membranes rug	ptured, Oxytocin administered,	
	☐ If Yes →	(41113 With Epidara		nknown		change x6hrs with inadequate	
		urse and doctor	Yes No		□ None of the abi	(e.g., <200 MVU)	
	CONCERN/INDICAT				a None of the abi	ove	
		had a cesarean for feta	i heart rate (FHR)	oncern/indic	cations, excluding those	with birth weight ≥ 4250g or with	
ICD-10 codes for: *Lo		? (Linked with speci	fic corrective				
and evaluative me		(Linken With speci	iic corrective			evaluative measures used:	
		recluded trial of labo	or			s such as: Maternal position	
☐ Antepartum testing results which precluded trial of labor ☐ Category III FHR tracing						s, and/or administration of O2 in or uterine stimulants	
☐ Category II FHR tracing (Were these specific types present?)					Amnioinfusion with sig		
Clinically significant variable decelerations					rations after other m		
		without significant of	decelerations		d stimulation (scalp, v vith minimal or absen	ibroacoustic, or abdominal	
☐ Other concern			_	wall) w	vius minimal or absen	t FIR Variability	
Other labor issues:				Corrected	uterine tachysystole:	decrease or	
	: ve uterine tachvsvsto	ole? 🗆 Yes 🗀 No				fluid bolus, terbutaline or	
				nitroglycer	in and/or other?	☐ Yes ☐ No	



Complete audit form for each NTSV 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 Baseline data collection: Hospital to audit up to 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						
C/S Category □ Induction □ Labor Dystocia □ FHR Concerns □ Other (specify)	Patient Status: □ Admitted already in labor □ Induced □ Indicated augmented labor □ Not in labor: spontaneous rupture of membranes □ Previously admitted antepartum	Gestation weeks Membranes on Admission Intact Ruptured	Oxytocin None utilized Induction Augmentation at cm			

- Study ID #: Start at 001 and add 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 Complete only for Nulliparous Term Singleton Vertex Cesarean Sections Baseline data collection: Hospital to audit up to 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								
C/S Category □ Induction	Patient Status:	Gestation weeks	Oxytocin □ None utilized					
□ Labor Dystocia □ FHR Concerns □ Other (specify)	 □ Induced □ Indicated augmented labor □ Not in labor: spontaneous rupture of membranes □ Previously admitted antepartum 	Membranes on Admission ☐ Intact ☐ Ruptured	☐ Induction ☐ Augmentation at cm					

- Select only one C/S category the primary reason for the cesarean
- If there is a cesarean for fetal heart rate concerns, then select "FHR concerns"
- If not and mother induced, then select "Induction"
- If neither and cesarean for labor dystocia or failure to progress, then select "Labor Dystocia" Otherwise, select "Other"



Which C/S Category to Choose?

	FPQC PROVIDE 2.0 Initiativ Complete only for Nulliparous Term Singleto	n Vertex Cesarean Sections	Study ID #:				
Baseline data collection: Hospital to audit up to 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							
C/S Category	Patient Status: □ Admitted already in labor	Gestation weeks	Oxytocin □ None utilized				
☐ Labor Dystocia☐ FHR Concerns☐ Other (specify)	□ Induced □ Indicated augmented labor □ Not in labor: spontaneous rupture of membranes □ Previously admitted antepartum	Membranes on Admission Intact Ruptured	☐ Induction ☐ Augmentation at cm				

- "Other" reasons will only be an option during "Baseline"
- Specify if the cesarean was due to maternal request or the reason for the cesarean (birth defect, suspected macrosomia or trauma)



FPQC PROVIDE Initiative Chart Audit Sheet

Complete only for Nulliparous Term Singleton Vertex Cesarean Sections

Study ID #:

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

C/S Category	Patient Sta	tus:								
□ Induction	☐ Admitted already in labor				Gestation	week	S	Oxytocin		
□ Labor Dystocia	□ Induced				□ None utilized					
□ FHR Concerns	□ Indicated augmented labor				Membranes on Admission Induction					
□ Other	□ Not in lab	oor: sp	ontaneous rupture o	f membranes	□ Intact			□ Augmenta	ation at	cm
Li Other	□ Previousl	y admi	tted antepartum		□ Rupture	d				
INDUCTION CASE A	UDIT									
Sample of cases that o	are NTSV per T	JC and	were induced labor and	l had a cesarean bir	th for labor a	rest, excluding	g those	with birth we	ight≥4250g or	with
ICD-10 codes for: •Fet	tal heart rate o	oncern	or •Medical indication	n for cesarean sectio	on					
Event	Dilation		Effacement	Station	Cervix P	osition	Cerv	ix sistency	Bishop Scor noted on d	
At Start of Induction		nknown	unknown	unknov	vn	unknown		unknown	ur	nknown
Last Exam before	Du	nknown	unknown	unknov	vn	unknown		unknown		
Delivery	<u> </u>						_			
Was Cervix 6 cm or	greater at tir	ne of C	Cesarean?	A. If <6 cm, un	_	_				Yes
☐ If No, go to A.						_		in administer	ed for 🔲	No
☐ If Yes, go to B.	□ U	nknow	n	at least 12-	18 hours afte	er membrane	e rupt	ure?		
If Bishop score ≤ 8 a cervical ripening use		uction	′ ⊔ No					ate uterine ad vity and with		Yes No
			□ N/A	oxytocin?						
Completely dilated	at time of	We	ere there 3 hours or i	more of pushing	☐ Yes	□ No		unknown		
Cesarean? No	If Yes →	(4	hours with epidural)	?						
LABOR DYSTOCIA/I	FAILURE TO F	ROGR	ESS CASE AUDIT							
Sample of cases that o	are NTSV per T	JC and	were spontaneous labo	r and had a cesared	ın for labor ar	rest, excluding	those	with birth wei	ght ≥ 4250g or	with
•		concern	or •Medical indication	on for cesarean sect	ion					
Dilation at time of	admission:			If Yes, please ch	eck the <u>one</u>	reason for ce	esarea	n that applie	s:	
			Cervix 6 cm or	☐ Membr	ranes ruptur	ed and No ce	rvical	change x 4 h	rs with Adequ	ıate
	☐ Unknown	•	er at time of	Uterine activity (e.g., > 200 MVU)						
Dilation at time of		Cesar		☐ Membranes ruptured, Oxytocin administered, and No cervical						
		□ Y			change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU)					n
			□ No							
	☐ unknown		——— None of the above							")
Completely dilated									g., < 200 MV0	')
	at time of		ere there 3 hours or	more of pushing	f the above					')
Cesarean? No	at time of		ere there 3 hours or hours with epidural)	more of pushing		□ No			nown	')
	at time of If Yes →	(4	hours with epidural)	more of pushing	f the above	□ No				,,
Cesarean? No FETAL HEART RATE Sample of cases that of	at time of If Yes -) CONCERN/II are NTSV per T	NDICA IC and	hours with epidural)	more of pushing ?	f the above			unki	nown	
Cesarean? No FETAL HEART RATE Sample of cases that of ICD-10 codes for: •La	at time of If Yes → CONCERN/II are NTSV per T bor arrest / CF	NDICA UC and I	hours with epidural) TIONS had a cesarean for feta	more of pushing ? I heart rate (FHR) co	f the above			unki	nown	
Cesarean? No FETAL HEART RATE Sample of cases that of ICD-10 codes for: *La What was the FHR	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi	NDICA UC and I	hours with epidural)	more of pushing ? I heart rate (FHR) co	Yes	tions, excludin	g thos	unkı unkı	nown	r with
Cesarean? No FETAL HEART RATE Sample of cases that ICD-10 codes for: •La What was the FHR and evaluative mea	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi asures)	NDICATION (4	hours with epidural) FIONS had a cesarean for feta (Linked with speci	more of pushing ? I heart rate (FHR) co	Yes oncern/indicate	tions, excludin	g thos	unkr	nown ight ≥ 4250g or easures used:	r with
Cesarean? No FETAL HEART RATE Sample of cases that to ICD-10 codes for: *La What was the FHR and evaluative mea	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi asures) sting results v	NDICATION (4	hours with epidural) TIONS had a cesarean for feta	more of pushing ? I heart rate (FHR) co	Yes oncern/indicate Please check Basic res	all correctiv	g those	unki e with birth we evaluative m es such as: M	nown ight ≥ 4250g or	r with
Cesarean? No FETAL HEART RATE Sample of cases that ICD-10 codes for: •La What was the FHR and evaluative mea	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi asures) sting results v	NDICATION (4	hours with epidural) FIONS had a cesarean for feta (Linked with speci	more of pushing ? I heart rate (FHR) co	Yes oncern/indicate Basic reschange,	all correctives	g those	unki e with birth we evaluative m es such as: M	nown ight ≥ 4250g or easures used: laternal positi ministration o	r with
Cesarean? No FETAL HEART RATE Sample of cases that v ICD-10 codes for: •La What was the FHR and evaluative mea Antepartum tes Category III FHR	at time of If Yes - CONCERN/II are NTSV per T bor arrest / CF concern/indi asures) sting results w R tracing	(4 NDICA UC and in cation	hours with epidural) FIONS had a cesarean for feta (Linked with speci	more of pushing ? I heart rate (FHR) co	Yes oncern/indicate Please check Basic reschange, Reduced	all correctives assistant and maternal fluit or stopped	g those e and leasur id boli oxyto	unki e with birth we evaluative m es such as: M us, and/or ad	ight ≥ 4250g or easures used: laternal positi ministration o estimulants	r with
Cesarean? No FETAL HEART RATE Sample of cases that v ICD-10 codes for: •La What was the FHR and evaluative mea Antepartum tes Category III FHR	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi asures) Sting results w R tracing tracing (Wei	NDICATOR OF THE STREET OF THE	hours with epidural) FIONS thad a cesarean for feta (Linked with specionecluded trial of labore e specific types prese	more of pushing ? I heart rate (FHR) co fic corrective or ent?)	Yes Oncern/indicat Please checke Change, Reduced Used An decelera	all correctives assistance of the second of	g those e and leasur id boli oxyto with s ther n	e with birth we evaluative m es such as: M us, and/or ad cin or uterior or ut	easures used: aternal positi ministration o astimulants iable	r with
Cesarean? No FETAL HEART RATE Sample of cases that v ICD-10 codes for: •La What was the FHR and evaluative mea Antepartum tes Category III FHR Category II FHR	at time of If Yes -) CONCERN/II are NTSV per 7 bor arrest / CF concern/indi asures) sting results was R tracing tracing (Wer gnificant vari	(4 NDICAT UC and U cation which p	hours with epidural) FIONS thad a cesarean for feta (Linked with specionecluded trial of labore e specific types prese	more of pushing ? I heart rate (FHR) co fic corrective or ent?)	Please check Basic reschange, Reduced Used An decelera	all correctives assistant of the state of th	g those e and leasur id bole oxyto with s ther n scalp,	e with birth we evaluative m es such as: M us, and/or ad cin or uterine ignificant var neasures faile vibroacoustic	easures used: laternal positi ministration o stimulants lable d t, or abdomina	r with
Cesarean? No FETAL HEART RATE Sample of cases that v ICD-10 codes for: •La What was the FHR and evaluative mea Antepartum tes Category III FHR Category II FHR	at time of If Yes CONCERN/II are NTSV per T bor arrest / CF concern/indi asures) String results val tracing (Wer ignificant vari bsent FHR va	(4 NDICAT UC and U cation which p	hours with epidural) FIONS thad a cesarean for feta (Linked with specionecluded trial of labore e specific types presecelerations	more of pushing ? I heart rate (FHR) co fic corrective or ent?)	Please check Basic reschange, Reduced Used An decelera	all correctives assistant of the state of th	g those e and leasur id bole oxyto with s ther n scalp,	e with birth we evaluative m es such as: M us, and/or ad cin or uterior or ut	easures used: laternal positi ministration o stimulants lable d t, or abdomina	r with
Cesarean? No FETAL HEART RATE Sample of cases that of ICD-10 codes for: *La What was the FHR and evaluative mee Antepartum te: Category III FHR Category II FHR Cinically si Minimal/al Other concern:	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi assures) String results v R tracing (Wer gnificant vari bsent FHR va	(4 NDICAT UC and U cation which p	hours with epidural) FIONS thad a cesarean for feta (Linked with specionecluded trial of labore e specific types presecelerations	more of pushing ? I heart rate (FHR) co fic corrective or ent?) decelerations	Please check Basic rechange, Reduced Used An decelera Elicited: wall) wit	all correctives all correctives all correctives all correctives and the second	g those e and leasur id boli oxytoo with s ther n scalp, r abse	e with birth we evaluative m es such as: M us, and/or ad cin or uterine ignificant var neasures faile vibroacoustic nt FHR variab	easures used: aternal positi ministration o stimulants iable d i, or abdomina	r with
Cesarean? No FETAL HEART RATE Sample of cases that of ICD-10 codes for: *La What was the FHR and evaluative med Antepartum te: Category III FHR Category III FHR Cinically si Minimal/al Other concern: Other labor issues:	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi assures) string results v R tracing tracing (Wer gnificant vari bsent FHR va	(4 NDICAT UC and PD ication which pre these table deriability	hours with epidural) FIONS had a cesarean for feta (Linked with speci- precluded trial of laborate specific types prese- ecelerations (without significant)	more of pushing ? I heart rate (FHR) co fic corrective or ent?)	Please check Basic reschange, Reduced Used An decelera Elicited: wall) wit	all correctives all correctives all correctives all correctives and the second	g those e and easur iid bole oxytoo with s scalp, r abse	e with birth we evaluative m es such as: M us, and/or ad cin or uterine ignificant var neasures faile vibroacoustic nt FHR variab : decrease or	aight ≥ 4250g or easures used: laternal positi ministration o estimulants lable d d c, or abdomina	r with : on of O2
Cesarean? No FETAL HEART RATE Sample of cases that of ICD-10 codes for: *La What was the FHR and evaluative med Antepartum te: Category III FHR Category III FHR Cinically si Minimal/al Other concern: Other labor issues:	at time of If Yes -) CONCERN/II are NTSV per T bor arrest / CF concern/indi assures) string results v R tracing tracing (Wer gnificant vari bsent FHR va	(4 NDICAT UC and PD ication which pre these table deriability	hours with epidural) FIONS thad a cesarean for feta (Linked with specionecluded trial of labore e specific types presecelerations	more of pushing ? I heart rate (FHR) co fic corrective or ent?)	Please check Basic reschange, Used An decelera Elicited swall) with	all correctives all correctives all correctives all correctives and the second	g those e and easurid boli oxytoo with s ther n scalp, r abse	e with birth we evaluative m es such as: M us, and/or ad in or uterine ignificant var neasures faile vibroacoustic nt FHR variab : decrease or fluid bolus, t	easures used: aternal positi ministration o stimulants iable ed c, or abdomina	r with : on of O2

Which section to complete?

 You only need to answer questions related to the C/S Category selected after the first (white) section.

Definitions and Clinical Criteria

NTSV = ≥37 weeks, parity 0, single gestation pregnancy, vertex fetal presentation

Study ID = Begins with 001 & numbers the patient charts consecutively. On site log, record patient's medical record number or identifying number next to the corresponding Study ID# to keep track and return for any needed case review.

CS Category = If the cesarean delivery has fetal heart rate concerns requiring delivery, then label "FHR Concerns." If not and had an induction, then "Induction." If neither of these and had labor dystocia, then "Labor Dystocia." Otherwise, mark the form as "Other."

Medical Indication for Cesarean (chart review exclusion criteria, or "Other") include:

- Maternal or fetal hemorrhage
- Hypertensive emergencies not responding to treatment
- Abnormalities of placenta or umbilical cord
- Fetal or maternal conditions that obstruct the pelvis
- Active HSV lesions or HIV viral load>1000copies/ml
 - Other maternal medical indications (cardiac, neurological, orthopedic, pulmonary, malignancy, previous uterine surgery) that preclude vaginal delivery

Primary Indication for NTSV Cesarean	Fall out if these not met:	Reference
Labor Dystocia/Failure to Progress	Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines): If <6cm dilated, automatic fallout If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? If completely dilated, was there 3h or more of active pushing (4h with epidural)?	ACOG/SMFM criteria (Ob Gyn 2014;123:693– 711) -CMQCC
Induction	Chart Review: looking for Yes answers to the following (a no answer would indicate inconsistency with the ACOG guidelines): If <6cm dilated, were there at least 12 hours of oxytocin after rupture of membranes? If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin? (identical to the question for Labor arrest/CPD above) If completely dilated, was there 3h or more of active pushing (4h with epidural)?	ACOG/SMFM criteria (Ob Gyn 2014; 123:693– 711) CMQCC
Fetal Heart Rate Concern	Cesarean deliveries performed for "fetal heart rate concern" using listed resuscitation techniques listed below based on the FPQC FHR Concern algorithm: Antepartum testing which preclude labor: no techniques required. All Cat. II and III FHR concerns should use some techniques listed under "any intrauterine resuscitation efforts." Category Cat. II FHR concerns should also use additional techniques if the following: Receiving oxytocin—reduced or stopped oxytocin Clinically significant variable decelerations—possibly Amnioinfusion (not required) Minimal/absent variability—elicited stimulation if no significant decelerations Uterine tachysystole—any combination listed to correct	Spong et al (Ob Gyn 2012; 120:1181-93) Clark et al (AJOG 2013; 209:89-97) ACOG/SMFM criteria (Ob Gyn 2014; 123:693- 711) CMQCC FPQC

How to Calculate a Bishop Score:

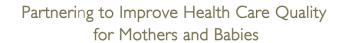
		Points					
Cervical Exam	0	1	2	3	SUBSCORE		
Dilation	Closed	1-2 cm	3-4 cm	≥5 cm			
Effacement	0-30%	31-50%	51-80%	≥80%			
Station	-3	-2	-1, 0	+1, +2			
Consistency	Firm	Medium	Soft				
Position	Posterior	Mid	Anterior				
	•			Rishon's Score =			

See back of the chart audit sheet for helpful definitions

Inductions?

- No ACOG definition for "failed induction"
- We have removed the term "failed."
- Abstractors do not need to determine whether a failed induction or not.
- If there are no fetal heart rate concerns and there is an induction, choose "Induction."
- Abstractors will only assess whether ACOG labor duration guidelines were followed or not.





Induction Case Audit

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: •Fet	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	unknown	unknown	unknown	unknown	unknown	unknown		
Last Exam before Delivery	unknown	unknown	unknown	unknown	unknown			
Was Cervix 6 cm or greater at time of Cesarean? If No, go to A. Unknown			minutes) and o	le to generate regular cervical change after o hours after membrane	xytocin administer			
If Bishop score ≤ 8 at start of induction, was cervical ripening used? ☐ Yes ☐ No ☐ N/A			•	here at least 4h with a vith inadequate uterin		′ 🖵 165		
Completely dilated at time of Were there 3 hours or m Cesarean? No If Yes → (4 hours with epidural)?			'	☐ Yes ☐ No	unknown			



Labor Dystocia/Failure to Progress Case Audit

Was cervix 6 cm or greater at time of cesarean? ☐ Yes → ☐ No	If Yes, please check one reason for cesarean the applies: Membranes ruptured and no cervical chan x4 hrs with adequate uterine activity (e.g.,				
Were there 3+hrs of pushing	>200 MVU) Membranes ruptured, Oxytocin administered, and no cervical change x6hrs with inadequate uterine activity (e.g., <200 MVU) None of the above				



Fetal Heart Rate Concern Case Audit

FE	TAL HEART RATE CONCERN/INDICATIONS							
Sar	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	ICD-10 codes for: •Labor arrest / CPD							
Wł	nat was the FHR concern/indication? (Linked with specific corrective	Please check all corrective and evaluative measures used:						
an	d evaluative measures)	☐ Basic resuscitation measures such as: Maternal position						
	Antepartum testing results which precluded trial of labor	•						
	Category III FHR tracing	change, maternal fluid bolus, and/or administration of O2 Reduced or stopped oxytocin or uterine stimulants						
	Category II FHR tracing (Were these specific types present?)	☐ Used Amnioinfusion with significant variable						
	☐ Clinically significant variable decelerations	decelerations after other measures failed						
	☐ Minimal/absent FHR variability without significant decelerations	☐ Elicited stimulation (scalp, vibroacoustic, or abdominal						
	Other concern:	wall) with minimal or absent FHR variability						
	her labor issues: I the mother have uterine tachysystole?	Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other?						



Data Collection Process

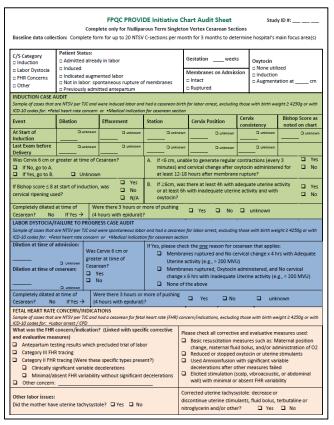


Identify qualifying NTSV cesarean

Check Inclusion & Exclusion Criteria

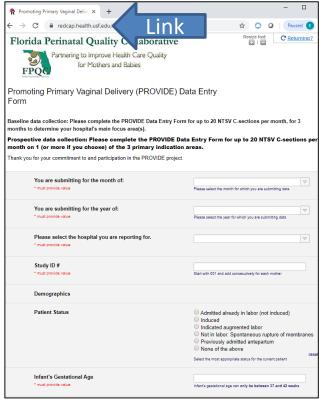


Chart Abstraction





Enter data in the REDCap data portal





Data Submission

- Each hospital lead will receive the REDCap link for data submission
- Bookmark this link, you will use the same link throughout the initiative to submit your data





Baseline Data Collection

- Collect baseline data for July, August & September 2019
- Audit up 20 NTSV cesareans per month for all reasons for a total of up to 60 charts
- Audit the first 20 of each month so your audit is not biased



Data Submission

- Each hospital lead will receive the REDCap hyperlink for data submission
- Enter forms into the online PROVIDE data portal (REDCap) by Dec Ist
- You are guaranteed to receive your hospital's report before the end of December if you submit by this deadline



What Next?

- You will receive a Baseline data report that includes:
 - NTSV cesarean rate report from January 2018 to September 2019
 - Baseline audit percentages for induction, labor dystocia, & fetal heart rate
- Attend the Webinar on January 8th at 12:00 pm we will help you understand your baseline report
- Use your baseline report to choose your hospital focus area (Induction, Labor Dystocia or FHRC)





Partnering to Improve Health Care Quality for Mothers and Babies

QUESTIONS?



Prospective Data

- After choosing I (or more) focus area(s)
- Complete audit form for up to 20 NTSV Csections per month for each focus area(s) you have chosen
- Follow the same REDCap hyperlink
- Complete the REDCap form in the same manner as Baseline
- "Other" will not be an option for prospective data



Baseline vs Prospective data

	BASELINE	PROSPECTIVE
Data collection	July-September 2019	Starts January 1st, 2020
Collect on	all NTSV cesareans up to 20/month	All NTSV cesareans in your hospital's focus area up to 20/month
Data submission due	December 1st, 2019	The 15th of the following month (e.g. January data is due February 15th)
Report due	December 30th, 2019	The 30th of the following month (e.g. receive January report by February 30th)

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)





Engage your Birth Certificate Clerks/Leads



Hospital Reporting of Delivery Attendant NTSV Cesarean Rates

"Sharing provider NTSV cesarean rates was one of the most important component in reducing our cesarean rates." Elliott Main, CMQCC



Sample Report

NTSV CESAREAN DELIVERY BY ATTENDANT REPORT-2018 (Q3)										
•										
Hospital Code	X	Year 201	L8(Jan-Oct)		2018 Q3(Aug,	Sep, Oct)				

RandomID	Attendant Name	Running Yearly NTSV Ces	Running Yearly NTSV Births	Running Yearly Cesarean Rate	Quarterly NTSV Cesarean Total	Quarterly NTSV Births Total	Quarterly NTSV Cesarean Rate	Rank	Attendant Type
4231	Van De Waal	11	37	28.5%	16	17	94.1%	1	
4213	Latif Abdul	36	43	82.7%	20	23	87.0%	2	2
3241	Vasha Patel	31	39	79.6%	19	25	76.0%	3	
3124	Li Mark	19	27	71.1%	13	18	72.2%	4	l
2341	Shanice Four	17	23	71.9%	10	15	66.7%	5	
2143	Jose Miguel	13	27	47.4%	15	27	55.6%	6	j
1234	John Smith	10	22	45.8%	10	20	50.0%	7	
2314	Jose Martinez	18	37	47.4%	12	24	50.0%	8	B
1423	Rose Jones	29	56	51.9%	23	47	48.9%	9	
1432	Rosa Three	19	45	42.1%	11	23	47.8%	10	
3421	James Junior	10	23	45.1%	11	23	47.8%	11	
4132	Jane McJonas	14	34	42.5%	12	28	42.9%	13	
2431	John Peery	15	43	35.5%	10	27	37.0%	14	l .
3412	Alex Peters	10	30	34.5%	12	34	35.3%	15	j
1342	Tom Jones	12	38	32.5%	10	30	33.3%	16	j
4123	Alex III Mark	2	9	23.7%	6	18	33.3%	17	•
2134	Pierre Thomas	1	7	14.0%	2	11	18.2%	21	
4321	Okoye Oba	2	18	13.0%	3	23	13.0%	23	
3214	Vasha Peters	1	10	8.5%	2	23	8.7%	24	l
1324	Sam Three	0	3	5.2%	0	13	0.0%	25	

Hospital Reporting of Delivery Attendant NTSV Cesarean Rates

Special Opportunity:

- DOH will train birth certificate leads and clean dataset
- Hospitals receive monthly named/coded attendant reports

Eligibility:

- Participate in required hospital report user training
- Provide feedback and suggestions to the FPQC



PROVIDE—Accuracy of Birth Certificate Data

- Number now living or dead
- Induction of labor
- Fetal presentation at birth
- Final route and delivery method
- Obstetric estimate of gestation
- Plurality
- Apgar Score

New Completion Guide





SECTION	ITEM	SUBITEM	SOURCES
Pregnancy History	Previous Live Births	Number Now Dead	1st Prenatal care record 2nd Labor and delivery nursing admission triage form 3rd Admission history and physical (H&P) 1st Prenatal care record 2nd Admission history and physical (H&P)
Medical and Health Information	Characteristics of Labor and Delivery	Induction of labor	1st Delivery record 2nd Physician progress note 3rd Labor and delivery nursing admission triage form
		Augmentation of labor	1 st Delivery record under: 2 nd Physician progress note
	Method of Delivery	Fetal presentation at birth: - Cephalic - Breech - Other	1st Delivery record
		Final Route and method of delivery - Vaginal/Spontaneous - Vaginal/Forceps - Vaginal/Vacuum - Cesarean	1st Delivery record under 2nd Newborn admission H&P 3rd Recovery room record



	DEFINITION	BC ITEM	# TIPS FOR ENTRY	KEYWORDS AND ABBREVIATIONS	NCHS RECOMMENDED SOURCE
1.	Previous Live Birth				
a.	Number now living- total number of previous live-born infants who are still living.	# 42a	Do not include abortions (spontaneous miscarriages or therapeutic or elective abortions), fetal deaths/stillbirths. For multiple deliveries: Includ all live-born infants before thi infant in this pregnancy. If the first born, do not include this infant. If the second born, include the first born, etc. If no previous live-born infant now alive enter 00.	weeks of gestation T—Term— Delivered at 37 to 40 weeks gestation	 1st Prenatal care record under: Intake information Gravida section—L (living)— last number in series Para section—L—last number in series Pregnancy history information Previous OB history Past pregnancy history Past pregnancy history 2nd Labor and delivery nursing admission triage form under: Patient data



Thank you!

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

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