



Project Implementation

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Partnering to Improve Health Care Quality
for Mothers and Babies



So how do we change?

- Change the expectations
 - Set expectations early (antepartum)
 - Reinforce expectations
 - Patient education
- Standardize care
 - Policies on IOL, TOLAC, oxytocin use
- Collaborative Team approach to patient care
- Monitor compliance with policies

Culture Change

- Change the incentives
- Change the expectations
- Change policies to force behavior
- Change must be desired
- Leadership

Leading Change

- 👤 Inspire a Shared Vision
 - 👤 Create a sense of urgency
 - 👤 Strategic vision
- 👤 Challenge the Process
 - 👤 Institute change, new policies, protocols
- 👤 Enable Others to Act
 - 👤 Remove barriers to practice, enlist your change champions
- 👤 Model the Way
 - 👤 Set the example, clarify values, generate short term wins
- 👤 Encourage the Heart
 - 👤 Celebrate wins, recognize contributions, track and share progress

Kouzes, J. M., Posner, B. Z. (2008). *The Leadership Challenge* (4th ed.). San Francisco: Jossey-Bass.



Potential Implementation Barriers & Strategies to Overcome

- Clinician
- Upper Management
- Time Limitations
- Resource Limitations

Elements of Successful Projects

- 👶 Have a designated QI team in place
- 👶 Engage strong committed leaders at all levels
- 👶 Develop and implement new protocols early
- 👶 Start early with EMR adjustments
- 👶 Train and educate providers and staff
- 👶 Collect and monitor data from the start

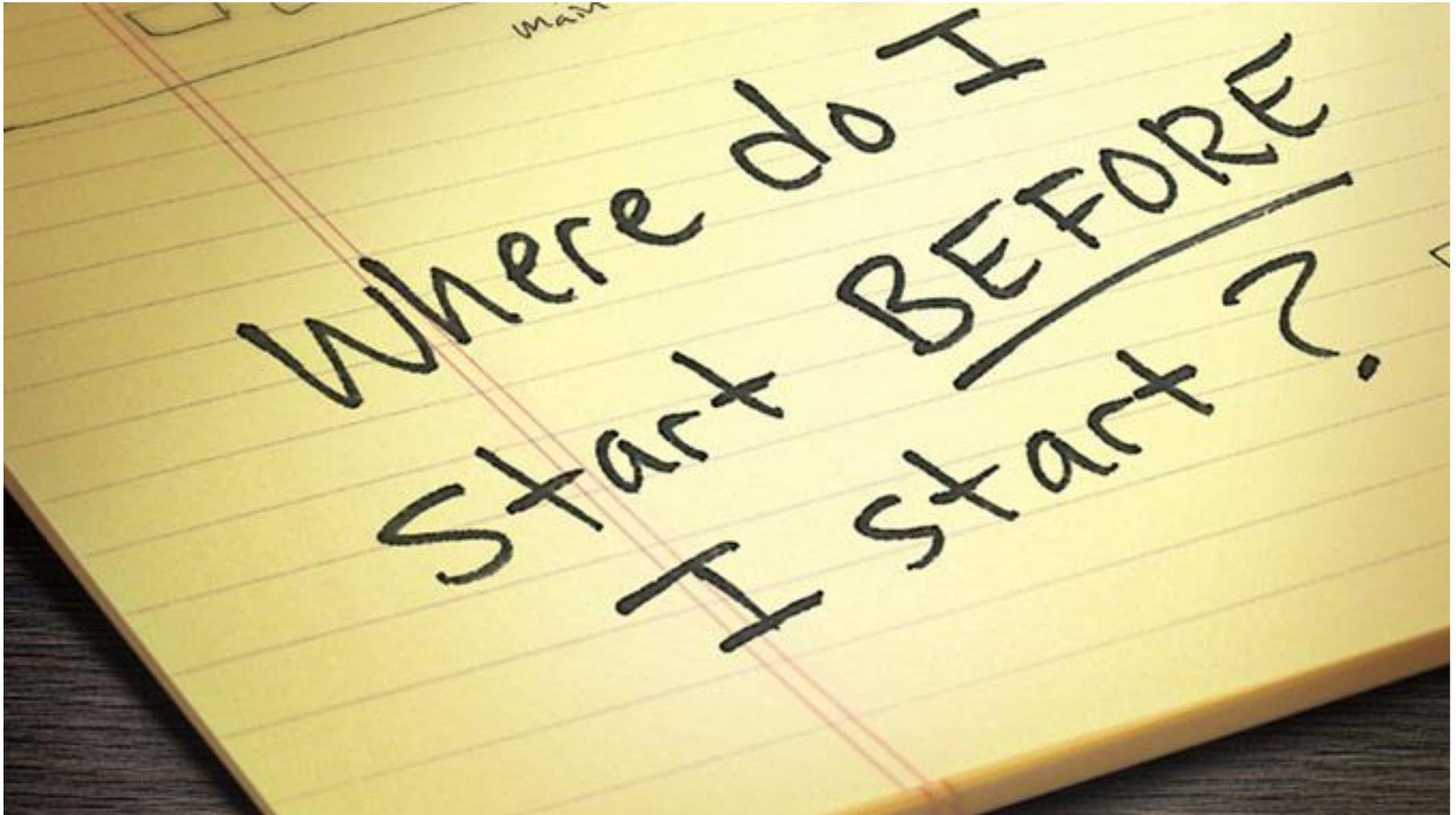
“What gets measured gets managed!”

Leadership for Change

- 👤 Champion who is highly visible , enthusiastically supports, and is well-respected
- 👤 Champions must be multi-disciplinary with all members of the team respected
- 👤 Leadership team must meet regularly
 - 👤 Provide safe environment for listening, questioning, persuading, respecting, helping, sharing, participating
- 👤 Have a system-wide view

Components for Successful Participation

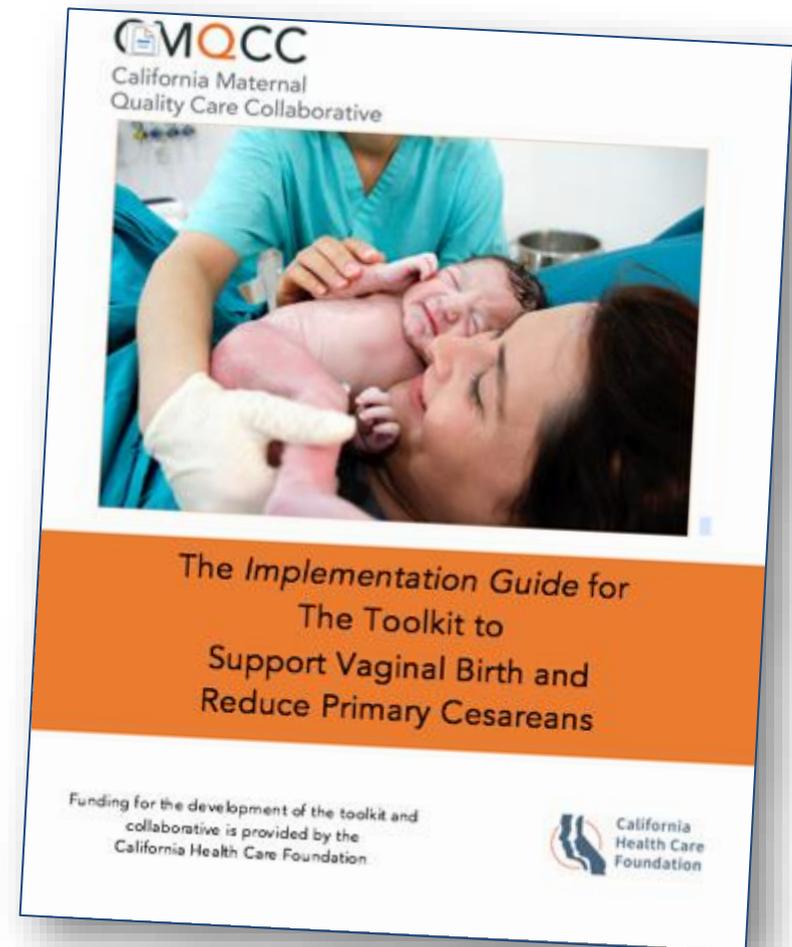
- 👤 Create a QI culture—a team environment that emphasizes quality and patient safety
- 👤 Hold regular QI team meetings to follow progress
- 👤 Participate in Collaborative events
 - “Learn from other hospitals”
- 👤 Share important information, progress and successes with everyone
- 👤 Be creative and flexible!





Implementation Guide

- “How To Guide”
 - Translating recommendations from the toolkit into practical advice for implementation
- Provides methodology to identify:
 - Key focus areas
 - Strategies
 - Process design for sustainability
 - Key QI principles





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More Information: For Committee Opinion #687 Approaches to Limit Intervention During Labor and Birth

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More Information: For Committee Opinion #687 Approaches to Limit Intervention During Labor and Birth

The American College of Obstetricians and Gynecologists has identified the following resources that may be helpful for ob-gyns, other health care providers, and patients on topics related to Committee Opinion #687 "Approaches to Limit Intervention During Labor and Birth."

These materials are for information purposes only and are no meant to be comprehensive. Referral to these resources does not imply ACOG's endorsement of the organization, the organization's website, or the content of the resource. The resources may change without notice.

External Resources

[Intermittent Auscultation for Intrapartum Fetal Heart Rate Surveillance](#)

This clinical bulletin, published by the American College of Nurse-Midwives, reviews intermittent auscultation (IA) and includes recommendations for use based on the best available scientific data, the need to provide informed choice, and patient safety.

[Fetal Heart Monitoring Program](#)

This program, developed by the Association of Women's Health, Obstetric, and Neonatal Nurses, provides evidence-based resources consisting of live courses, books, webinars, and online learning for physicians and nurses.

[Intrapartum care for healthy women and babies](#)

This guideline, published by the National Institute for Health and Care Excellence (NICE), covers the care of healthy women and their babies during labor and immediately after the birth. It aims to reduce variation in areas of care such as fetal monitoring during labor and management of the third stage of labor.

[Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health](#)

This issue brief outlines the health and cost benefits of doula care and details pathways to increased coverage.

[Toolkit to Support Vaginal Birth and Reduce Primary Cesareans](#)

This toolkit, created by the California Maternal Quality Care Collaborative (CMQCC), was designed to educate and motivate maternity clinicians to apply best practices for supporting vaginal birth.



FPQC Pre-Implementation Survey

- 👤 Assess your readiness at the hospital-level
- 👤 Know where you are now so you know what hasn't been done
- 👤 Let the FPQC know your training and resource needs so we can address them



Implementation Steps and Benchmarks



Pre-implementation

Mobilize QI

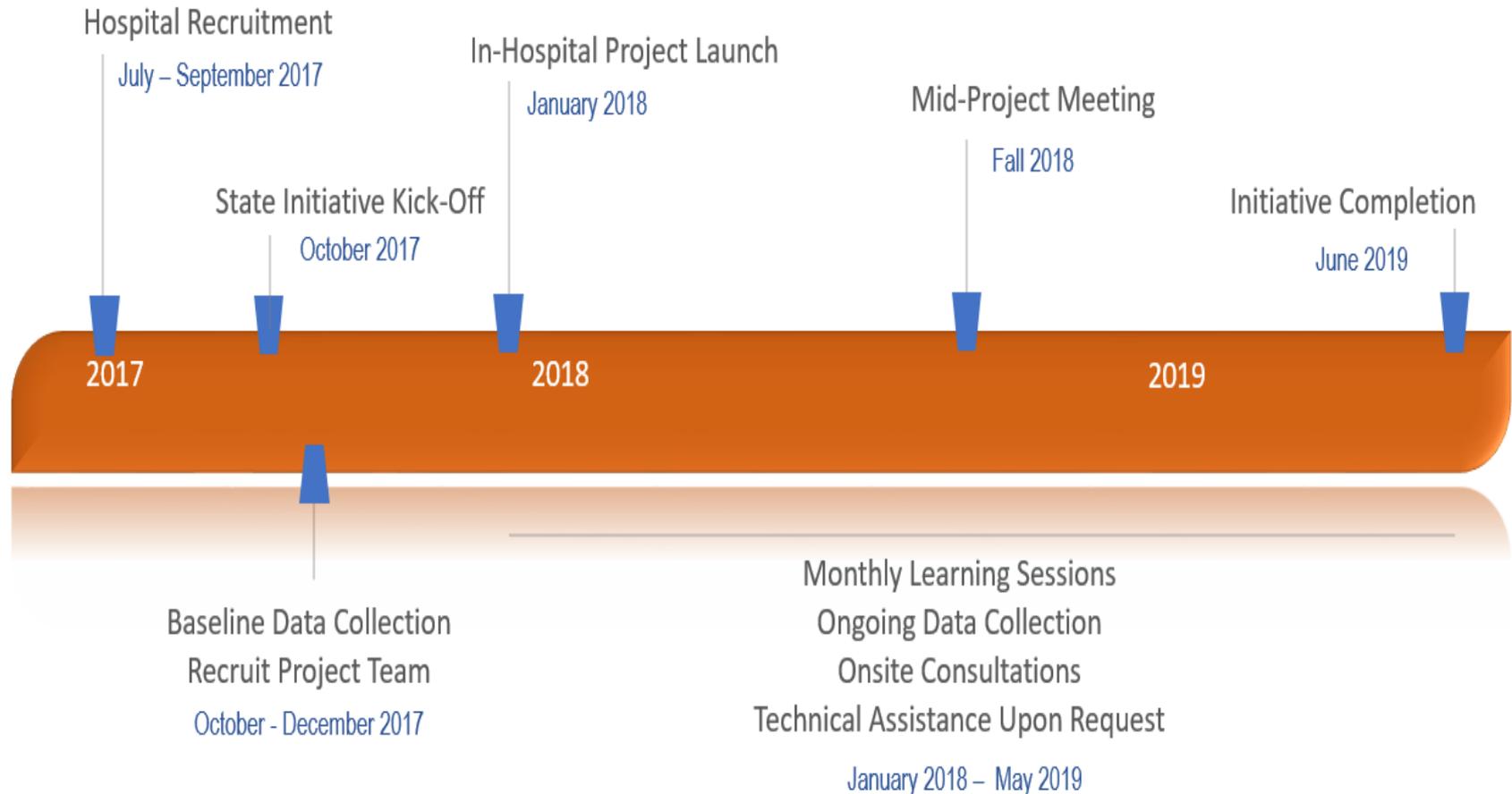
Assess the Situation

Plan Change

Implementation

Track Progress

PROVIDE Timeline



Pre-Work (October)

- 👤 Assemble multidisciplinary team 
- 👤 Attend in-person kick off meeting 
- 👤 Share information from kick off meeting with remainder of team, other staff and administration
- 👤 Complete Data Use Agreement
- 👤 Complete our Pre-implementation survey

November

- 👉 Audit charts and submit baseline data
- 👉 Create plan for how you will conduct your hospital PROVIDE team's monthly meetings
- 👉 Plan how you will launch the initiative within your hospital in January

December

- 👤 Meet with your multidisciplinary team to review your baseline data report, discuss your priority areas, and priority structural area changes
- 👤 Continue to plan for January department kick off
 - 👤 Bulletin boards, staff meetings, event invitations

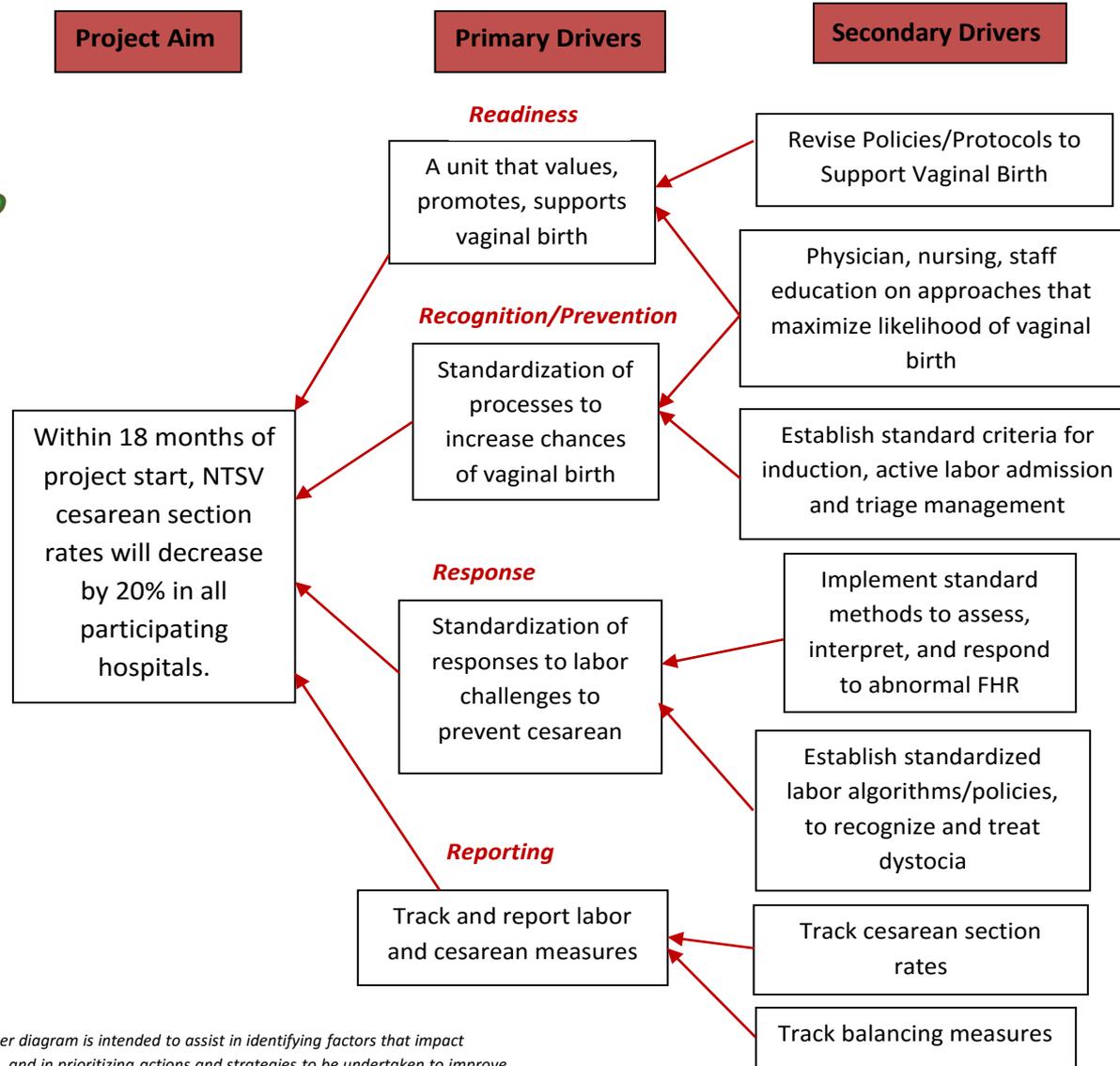
January

- 👤 Official launch in your hospital!
 - 👤 Educate providers and facility leadership on importance of facility-wide standards
 - 👤 Share your hospital's NTSV rate and baseline data
 - 👤 Present your hospital's participation in PROVIDE
 - 👤 Engage staff and clinicians
 - 👤 Address concerns
- 👤 Begin submitting prospective data
- 👤 Attend monthly collaborative webinar

February

- 👶 Plan for staff education on labor support
- 👶 Plan for your FPQC PROVIDE on-site consultation and/or Grand Rounds
- 👶 Submit prospective data
- 👶 Attend webinar
- 👶 Meet with your team to share data, evaluate progress changes, plan, implement plans

How?



NOTE:
A key driver diagram is intended to assist in identifying factors that impact outcomes, and in prioritizing actions and strategies to be undertaken to improve outcomes.

PROVIDE Key Drivers

PROVIDE Recommended Key Practices

1. Improve access to and promote quality childbirth education, informed consent, and shared decision making
2. Implement institutional policies that uphold best practices in obstetrics, safely reduce routine interventions in low-risk women, and consistently support vaginal birth
3. Educate nurses and providers on intermittent auscultation/EFM and implement intermittent monitoring for low-risk women
4. Educate nurses on labor support skills that promote labor progress, labor support, pain management
5. Educate and encourage providers: external version, operative vaginal delivery, breech delivery
6. Establish standard criteria for induction, active labor admission and assess all women on admission
7. Encourage use of doulas and create doula-friendly policies
8. Increase access to non-pharmacological pain management/labor progression tools
9. Implement standard diagnostic criteria and responses to labor challenges and HR abnormalities
10. Track provider-level cesarean section rates and conduct case reviews to drive improvement

1. Improve access to and promote quality childbirth education, informed consent, and shared decision making

Anticipated Challenges?

Known Solutions?

2. Implement institutional **policies** that uphold best practices in obstetrics, safely reduce routine interventions in low-risk women, and consistently support vaginal birth

Anticipated Challenges?

Known Solutions?

3. Educate nurses and providers on intermittent auscultation/EFM and implement intermittent monitoring for low-risk women

Anticipated Challenges?

Known Solutions?

Intermittent Auscultation

Challenges

- 👶 New concept
- 👶 No viewable tracing
- 👶 1:1 Nursing Care
- 👶 Patients are asking for less invasive practices

Solutions

- 👶 Education and Policy to support for low risk
- 👶 Build trust between provider and nurse. Had to have an order.
- 👶 Must have the support of leadership because of 1:1 patient ratio.
- 👶 Must compete by having other options when safely able

4. Educate nurses on labor support skills that promote labor progress, labor support, pain management

Anticipated Challenges?

Known Solutions?

Labor Support: The Nurse's Role

Challenges

- ☺ “All of my patients get epidurals.....of course!”
- ☺ I am too old to get on the floor.....
- ☺ Am I going to get all wet? I already had my shower!
- ☺ A peanut what???

Solutions

- ☺ Education on when.....
- ☺ Education on options....
- ☺ Showers and tubs can make the greatest difference in patient coping.
- ☺ Positioning with peanut balls will make change!

Halls, Balls, Showers and Walls!!

☺ **Keep our moms up and moving until the epidural and then reposition frequently using the PEANUT ball positioning techniques!**

Peanut Ball Positions

Position



on Right side



Switching sides every 30 min -1 hour



Right leg slightly to comfort
at Outlet

Do not straighten bottom leg as
at outlet more

Tuck Position



Pull Both Legs up to chest



Switching sides every 30 min -1 hour



Opens outlet wider

Make sure to choose correct size
Of Peanut Ball

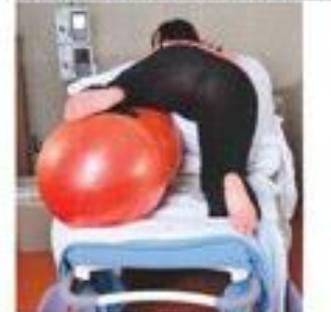
Semi-Sitting Lunge



Sit bed up- top leg over indent



Other leg Taylor sitting
Switching sides every 30 min-1 hour
Fire Hydrant –Hands and Knees



Lower foot of bed on hands and
Place one leg up on ball fire hy
Switching sides every 20-30mi

5. Educate and encourage providers:
external version, operative vaginal delivery,
breech delivery

Anticipated Challenges?

Known Solutions?

6. Establish standard criteria for induction,
active labor admission and assess all
women on admission

Anticipated Challenges?

Known Solutions?

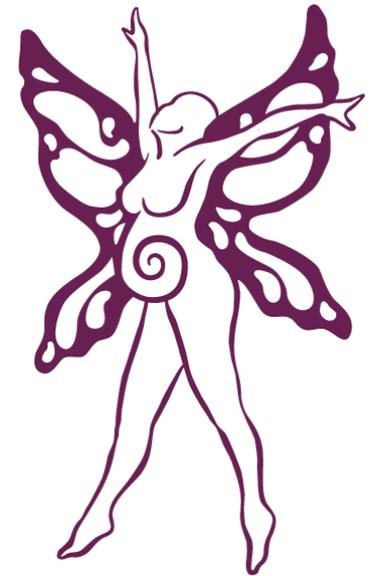
7. Encourage use of doulas and create doula-friendly policies

Anticipated Challenges?

Known Solutions?

Doulas? Who is In your Community?

- 👶 **Invite them in to meet with the staff**
- 👶 **Hold a “Birth Fair” for the staff**
- 👶 **Who does she want in? Who do We allow in?**
- 👶 **Don’t count the doula as one of her support people.**



8. Increase access to non-pharmacological pain management/labor progression tools

Anticipated Challenges?

Known Solutions?

What's In Your Bag of Tricks?



9. Implement standard diagnostic criteria and responses to labor challenges and HR abnormalities

Anticipated Challenges?

Known Solutions?

FHR Assessment/Concerns

Challenges

- 👶 Pitocin Checklists
- 👶 Category 2 Tracings
- 👶 Variable Decels
- 👶 Minimal Variability

Solutions

- 👶 Treat the strip based on the components.
- 👶 SBAR communication
- 👶 Algorithm suggestions
- 👶 Share your struggle
- 👶 Amnioinfusion
- 👶 Elicit accels/movement

INTERVENE TO FIX THE PROBLEM

10. Track provider-level cesarean section rates and conduct case reviews to drive improvement

Anticipated Challenges?

Known Solutions?



Have Fun!

- Keep the positive attitude
- Celebrate the successes, one win leads to another
- Use transparent enthusiasm
- “Realists” are between “Cock-eyed optimist” and “Blatant pessimists”
- Remind everyone that it is always a work in progress

Collaborative Resources

Monthly QI Data Reports

Monthly PROVIDE Learning and Collaboration Webinars

Monthly e-mail Bulletins

Customized On-site Consultations & Grand Rounds

PROVIDE in-person collaboration meetings

PROVIDE Online Tool Box

Algorithms, Sample order sets, Education tools, Slide sets, etc.

Technical Assistance from FPQC Staff and Clinical Advisors

How to Access Tools, Resources, Guides, etc.



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Promoting Primary Vaginal Deliveries



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Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

For most low-risk nulliparous, term, singleton, vertex (NTSV) pregnancies, cesarean birth increases risk of hemorrhage, infection, uterine rupture, abnormal placentation, cardiac events, psychological stress, longer hospital stays, increased pain, and increased postpartum re-admissions. Cerebral palsy and neonatal seizure rates have remained unchanged since 1980. Cesareans are associated with impaired neonatal respiratory function, neonatal intensive care unit admission, difficulty breastfeeding, and lifelong health (Main et al 2011; Smith et al 2016).

Additionally, costs associated with cesareans are significant for insurers, government, taxpayers, and consumers. Studies have shown that each



Located at:





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QUESTIONS?