

Florida Perinatal Quality Collaborative

PROVIDE Mid-Project Meeting

September 21, 2018

Round Robin Notes

Topics

1. **Data** (Bill Sappenfield and Estefania Rubio)
2. **Latent Labor** (Nancy Travis and Nicole Pelligrino)
3. **Enforcement/non-compliance/how do you address fall outs/Carrots and Sticks** (Karen Bruder and Linda Detman)
4. **Staff Turnover (labor support training esp. for long-term staff)** (Ellen French and Margie Boyer)
5. **Accepting new recommendations such as length of time pushing, laboring down, dystocia issues, induction issues, fetal heart rate concerns** (Jessica Brumley and Betsy Wood)

1. Data

| Successes | Challenges | Solutions/Ideas |
|---|--|---|
| <ul style="list-style-type: none"> • Awareness • Flowchart with labor management diagrams in the patient chart • Availability of NTSV cesarean rates by delivery attendant | <ul style="list-style-type: none"> • Providers reluctant to sign flowchart • Delivery attendant names need to be cleaned up • Graphs can be difficult to understand | <ul style="list-style-type: none"> • Add “Maternal request for Cesarean prior to admission” to data collection • Collect additional information at your hospital as needed • Provide a summary of the hospital’s data important findings • Provide a summary analysis of the hospital’s current status • Develop a “Frequently Asked Questions” on Data for each initiative to assist hospitals in gaining a basic data understanding to common questions. • Compare the group of physicians taking care of high risk NTSV vs. private physicians |

2. Latent Labor

| Successes | Challenges | Solutions/Ideas |
|--|---|---|
| <ul style="list-style-type: none"> • Created PROVIDE cart (rebozo, peanut ball, other comfort measures) • Allowing women to eat and drink • Walking paths • Lamaze (“Keep Calm, Labor On”) • Labor support programs • Affirmations • Increased use of midwives and doulas | <ul style="list-style-type: none"> • Physician buy-in • RN buy-in • Clinician turnover • Consistency of messaging • Physicians talking patients into elective cesarean • Pain management • Prodromal labor • Limited Space • When to admit • How to bill • Fear of liability of liability for not admitting • Billing for patient education | <ul style="list-style-type: none"> • Start education early for patients and families • Cephalic Version training • Forceps training • Pitocin education • Labor training videos • Safety huddle with checklist • Checklists and clear criteria for discharge and performing NTSV • “6 is the new 4” on the ceiling for mothers • Actually give women a cookie if they’re sent home |

3. Enforcement and Non-Compliance

| Successes | Challenges | Solutions/Ideas |
|--|--|---|
| <ul style="list-style-type: none"> • Skills fair, peanut balls, how to use • Celebrate successes of peanut ball with team/staff • Hands and knees • Induction with no change → sent home • Oral Cytotec – don’t have to place • Use Foley, low dose Pitocin • Data transparency | <ul style="list-style-type: none"> • Physician buy-in • Coding of BC records-good data? • Understanding data • Nurse and doctor-specific data • Changing status quo • Patient education on when to go home • ACOG/AWHONN contradicting guidelines • ROM before ready | <ul style="list-style-type: none"> • Emphasize that change is safe • Pre-cesarean checklist/huddle • Video/ info on what to do when sent home • Foley → send home • Incentivized to pay more for vaginal delivery • NTSV rounds once per week with follow-up doctors • Daily safety huddle • Mandatory meeting attendance • Coaching & peer review • Personal meeting with clinicians with high rates |

4. Education, New Staff, Turnover

| Successes | Challenges | Solutions/Ideas |
|---|---|---|
| <ul style="list-style-type: none"> • Skills fairs annually • Onboarding lists • Preceptor education • Labor support evidence • Chart audit • Peanut ball graphic • Huddle Boards • “Hawthorne Effect” • Safety huddle at bedside & every 4 hours • Buddy System (6 months) • AWHONN POEP Cohort Group • Simulation Lab • Labor progress • Strip review • Perinatal internship • 1-2 week onboard training | <ul style="list-style-type: none"> • Education and skills taught not seen in role model or practices widely • 95% epidural rate/early epidurals • Experienced RNs hired on “that’s not how we did it at my prior hospital” • Hands on RNs at bedside “given a hard time” due to lack of change in hospital culture • This OB “just does this” • Patient education | <ul style="list-style-type: none"> • Prenatal education • Labor support • One-pagers • Partnering with ASA, using graphics from ASA site • Protocols • Individualized training courses such as AWHONN & Relias education based on knowledge base & critical thinking skills • Medical Interactive • ACOG Modules • Extend CBE to support persons • Labor menu • Train the trainer • Labor support • Keep OBs in loop on education and EBP • Need expert RNs, not just novices |

5. Accepting new recommendations such as length of time pushing, laboring down, dystocia issues, induction issues, fetal heart rate concerns

| Successes | Challenges | Solutions/Ideas |
|--|---|---|
| <ul style="list-style-type: none"> • Hard stop with inductions • Data transparency-including provider identification • CMQCC checklist for dystocia • Cervical ripening • Intermittent monitoring • Posting evidence in rooms • Teaching nurses about fetal monitoring and reading testing strips | <ul style="list-style-type: none"> • Elective cesarean request form has been developed for patient signature • Buy-in from private physicians for induction and dystocia • Private physicians think initiatives are for residents only • Animosity between physicians and nurses • Cesarean reimbursement issues | <ul style="list-style-type: none"> • Improved communication in teams • Administrative support • Better rates for credential fees for lower cesarean rates • Refer examples to PEC committee for peer review • Add template for cesarean in IT checklist • Individualized EFM competencies based on knowledge & critical thinking skills |