



Promoting Primary Vaginal Deliveries Initiative

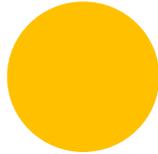
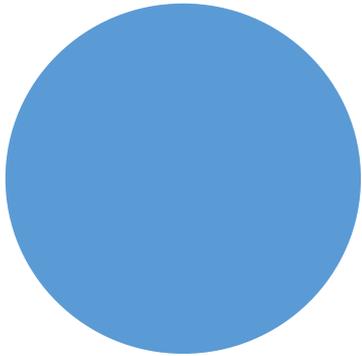
PROVIDE 2.0: The Next Generation

Partnering to Improve Health Care Quality
for Mothers and Babies

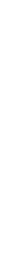


Welcome!

- **Please join by telephone to enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.**
- If you have a question, please enter it in the Question box or Raise your hand to be un-muted.
- This webinar is being recorded.
- Please provide feedback on our post-webinar survey.



*We have been at this awhile;
We have learned a lot;
You know what you need;
We are developing more to help.
Focusing on success!*



Why Extend PROVIDE?

- 👶 The goal of the initiative was to decrease the NTSV rate 20% in participating hospital. We have only reached a 7% reduction – good, but not enough!
- 👶 Other states have come to the same conclusion – it takes time to change a culture.

The Power of a Collaborative

- 👶 Represents a “community of change”
- 👶 Shares benchmark performance and approaches to overcoming obstacles
- 👶 Individual hospitals positively influence outcomes for participating institutions
- 👶 Develops a high quality, reliable database
- 👶 Disseminates risk-adjusted, confidential reports
- 👶 Supports the comparison of performance between hospitals
- 👶 Supports perinatal providers
- 👶 Sustainable, long-term improvement

[Gould, JB. The role of regional collaboratives: the California Perinatal Quality Care Collaborative model. Clin Perinatol. 2010 Mar;37\(1\):71-86.](#)

[Lee HC, et al. Antenatal steroid administration for premature neonates in California. Obstet Gynecol. 2011 Mar;117\(3\):603-9](#)

Cite new article from CPQCC

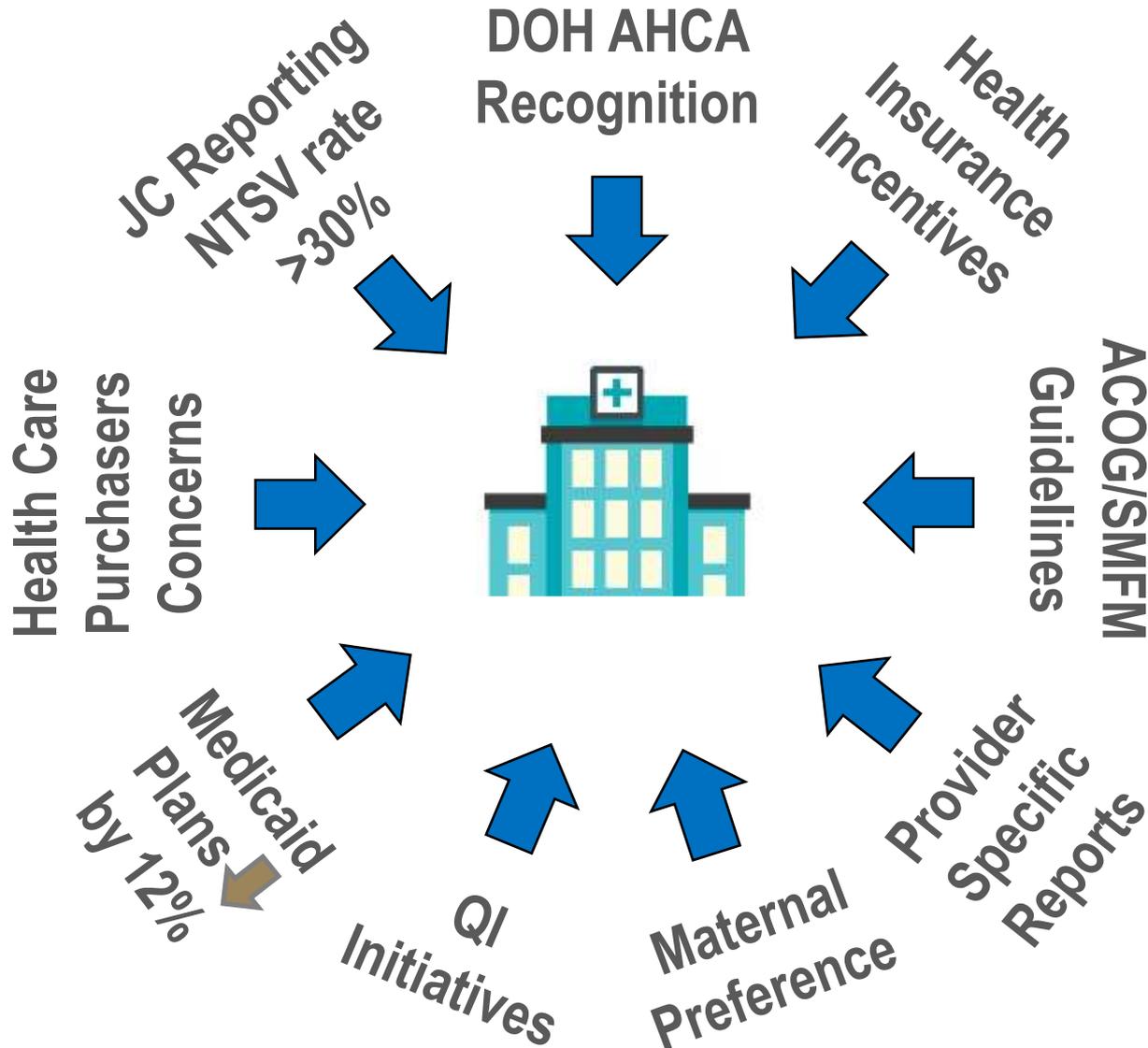
Added Value of FPQC Initiatives

Variety of opportunities to tie into existing quality activities at your facility

- 👤 Pathways reporting
- 👤 Performance measures
- 👤 Joint Commission Reporting
- 👤 Quality Dashboards
- 👤 Patient satisfaction
- 👤 Patient safety

Multiple Pressure Points to Improve Quality

Florida NTSV Cesarean Rates

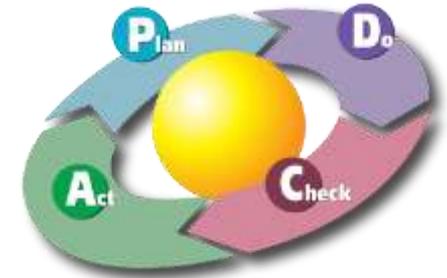


PROVIDE 2.0 Enhancement



- 👤 Focus on change management—Nursing leadership
- 👤 Develop new maternal education campaign
- 👤 Transform webinars to personal support & coaching
- 👤 Provide quarterly delivery attendant NTSV rates
- 👤 Launch online hospital reports including new options
- 👤 Recruit new hospitals—offer advance regional training
- 👤 Advice from leading national experts

🌀 Provide sample PDSA cycles

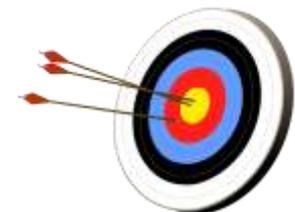


🌀 Provide more planning tools and checklists



🌀 Focus on specific short term goals to drive change

GOAL SETTING



Maternal Education Campaign

Exploring materials to help organizations and providers better distribute information to families



Keep Calm and Labor On!

Know what to expect in early labor

Oh baby! You just had your first contractions. Is this it? Should you grab your walking bag and head out? You may be in early labor — the phase that comes before active labor.

WHAT HAPPENS IN EARLY LABOR?

DO YOU WANT?

HOW CAN YOUR PARTNER OR BIRTH SUPPORT TEAM HELP YOU?

STAY COMFORTABLE BY!

Evidence Based Birth Essentials

- 1 KNOW EVIDENCE BASED CARE**
- 2 CHOOSE THE RIGHT PROVIDER**
- 3 CHOOSE THE RIGHT BIRTH SETTING**

THE STRAIGHT SCOOP ON INDUCTIONS

LABOR INDUCTION IS A COMMON INTERVENTION

TIN 4 WOMEN

PRIMARY INDUCTIONS DOUBLE YOUR CHANCES OF A C-SECTION

WHY GET IN TOUCH WITH YOUR OB-GYN?

LEADER PROBLEMS

15% OF WOMEN WHO UNDERGO INDUCTIONS HAVE A C-SECTION

FAQ QUESTIONS

How do you get EVIDENCE BASED CARE during childbirth?

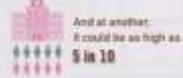
- 4 ASSEMBLE YOUR SUPPORT TEAM**
- 5 EDUCATE YOURSELF**
- 6 KNOW YOUR RIGHTS**

HOW TO REDUCE YOUR CHANCES OF HAVING A C-SECTION



DID YOU KNOW?

Did you know that hospitals do a lot more C-sections now than ever before? Let's say you have a normal, healthy pregnancy:



WHY THE DIFFERENCE?

Sometimes C-sections are needed. But some hospitals are quicker to perform a C-section than others, even when they could have been avoided.

This matters because if a woman has a C-section there are more chances for complications, like infections and heavy blood loss. And it's a major surgery, so it takes longer for the mom to heal.

IT'S YOUR BIRTH.

Talk to your doctor, nurse, midwife, and family members. Let them know you only want a C-section if it's absolutely needed. Then ask how you can work together to reduce your chances.



YOUR VOICE MATTERS.

By taking steps early, you can make a difference for you and your baby. Educate yourself. And talk to your team today. For more information, go to MyBirthMatters.org

Preventing Cesarean Birth

What is a cesarean section?

Why are cesarean births on the rise?

Why doesn't it try to avoid a cesarean?

What can I do during my pregnancy to prevent having a cesarean birth?

Share with Women

Maternal Education Partners



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Mission to Care. Vision to Lead.



AGENCY FOR HEALTH CARE ADMINISTRATION



AWHONN
FLORIDA

PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS



FLORIDA AFFILIATE of the
AMERICAN COLLEGE
of NURSE-MIDWIVES
With women, for a lifetime®



Florida Association of
Healthy Start
COALITIONS, INC.

Every baby deserves a healthy start



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH **AIM**

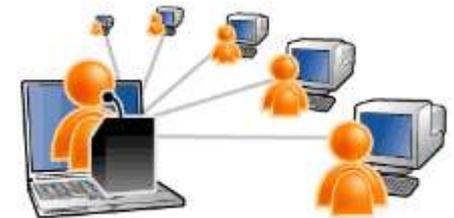
Transform webinars to personal support & coaching

👤 Fewer webinars



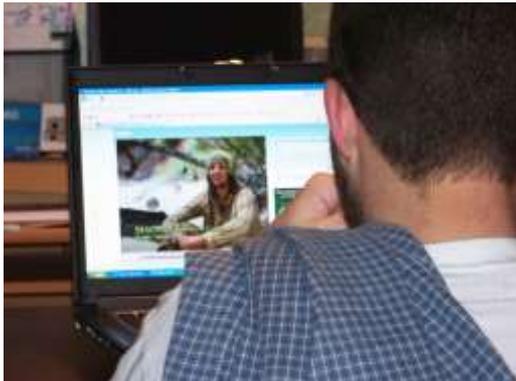
👤 More specific interaction between teams to share progress, successes, concerns, questions

👤 Move from spectator to discussant



Development of short video clips or “snippets” for on-demand training

- 👤 For staff meetings
- 👤 For morning briefs
- 👤 To upload into hospital learning systems

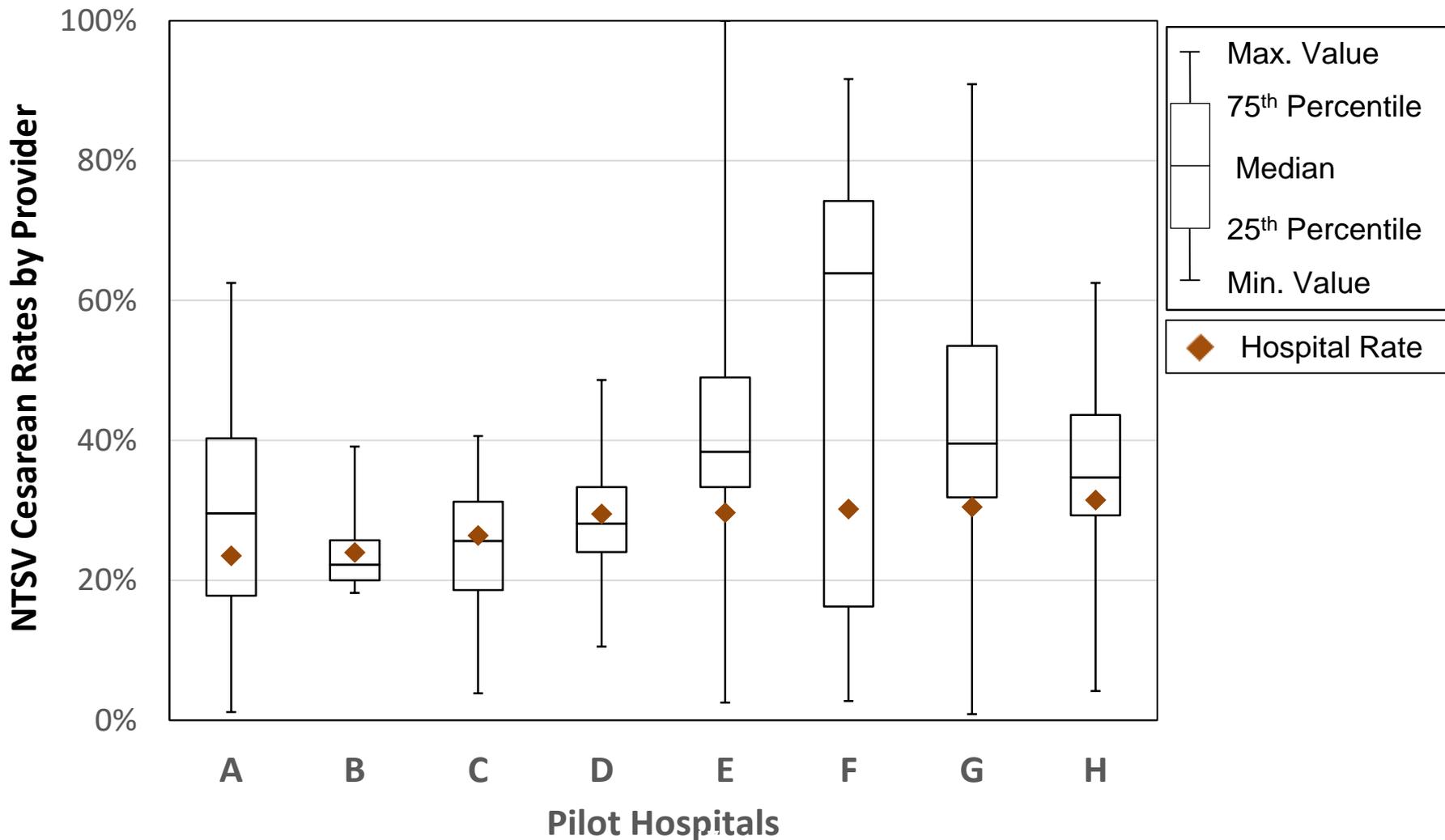


- 👤 Mentor consultations during team/department meetings
- 👤 Short touch-base calls
- 👤 Advice from national experts
- 👤 Grand Rounds presentations

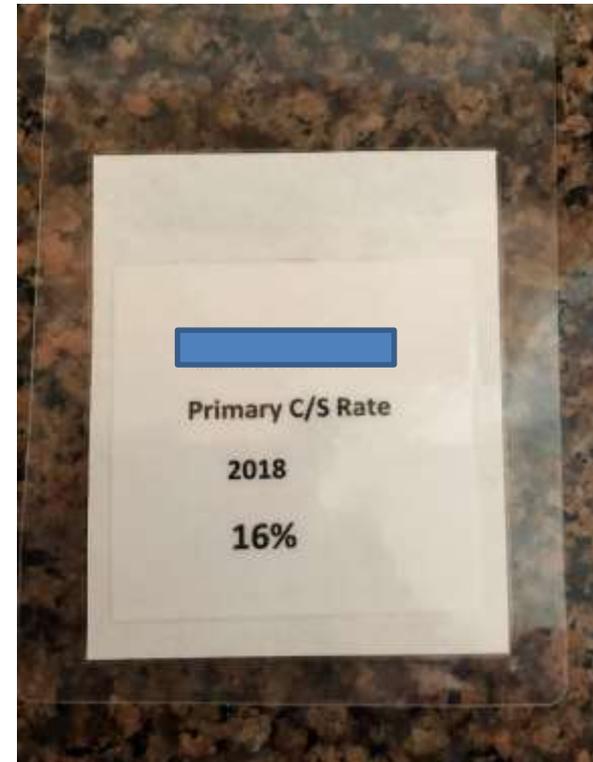


NTSV Cesarean Rates by Delivery Attendant

“The power of provider-level data was the single most important tool that finally started to ‘move the needle.’” CMQCC



Sharing Ideas to Use Data to Motivate



Launch online hospital reports including new options



Other Ideas

- 👤 More user-friendly data reports
- 👤 Tools to facilitate huddles and other team communication

What else?

Recruit New Hospitals

- 👤 Regional trainings to cover PROVIDE basics to interested and new hospitals
- 👤 Healthy Start and other community partners helping with outreach
- 👤 We need your help here too! Let you colleagues know about PROVIDE 2.0!



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Next Steps

- 👤 Refresh PROVIDE teams and recruit new champions if necessary
 - Need champions, not necessarily directors
 - Credibility, clout, commitment, charisma
- 👤 Submit online continuation commitment

Next Steps

- 👤 Continue submitting data
 - You do not need a new data use agreement or any signed contracts (no end date on original DUA)

- 👤 New “baseline” assessment to re-determine priority focus

- 👤 Participate in the Oct 17th “kickoff” in Orlando
 - Re-energize, collaborate on ideas, learn more QI/ change management techniques, learn even more!



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Q & A

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THANK YOU!

Archived webinars, Resources, and Tools can be found online
at

<https://health.usf.edu/publichealth/chiles/fpqc/provide>

Technical Assistance:
FPQC@health.usf.edu

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