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***Improving Safety of Deliveries***

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***Reducing Elective Deliveries  
Prior to 39 Weeks***

***Washington State Perinatal Collaborative  
Washington State Department of Health  
Washington State Hospital Association***

***March 1, 2011***



# Elective Deliveries Prior to 39 Weeks

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# Elective Deliveries Prior to 39 weeks

*A quality initiative of...*



# **Washington's Safe Deliveries Initiative: Reducing Elective Delivery Prior to 39 Weeks**

Suzan Walker

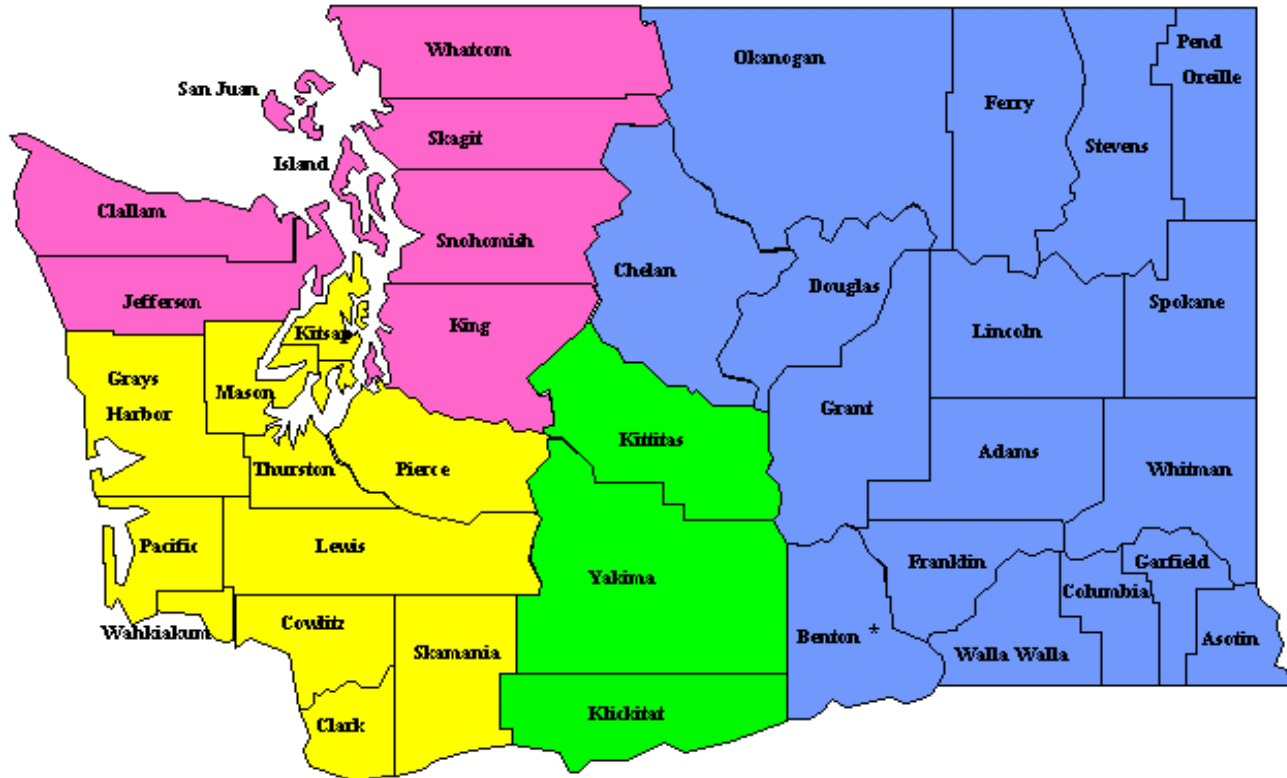
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March 1, 2011

# Reducing Elective Delivery Participating Hospitals



**St. Joseph, Franciscan**  
**St. Francis, Franciscan**  
**Good Samaritan, Multicare**  
**Tacoma General, Multicare**  
**Providence St. Peter Hospital**  
**Capital Medical Center**  
**Grays Harbor Community Hospital**  
**Peace Health St. John Medical Center**  
**Peace Health SWMC**  
**Legacy Salmon Creek Medical Center**

**Auburn Regional Medical Center**  
**Highline Medical Center**  
**Island Hospital**  
**Group Health Cooperative**  
**Overlake Hospital**  
**Providence Everett**  
**Skagit Valley Hospital**  
**Swedish First Hill**  
**Swedish Ballard**  
**Swedish Edmonds (Stevens)**  
**University of Washington**  
**Valley Hospital Medical Center**

**Kittitas Valley Community Hospital**  
**Yakima Valley Memorial Hospital**  
**Toppenish Community Hospital**  
**Sunnyside Community Hospital**  
**Skyline Hospital**

**Providence Sacred Heart Medical Center and Children's Hospital**  
**Providence Holy Family**  
**Othello Community Hospital**  
  
 (rev. 2/24/2011)

# *Joint Commission Definitions*

*Version 2011A effective through April 1, 2011 through  
December 31, 2011*

## *Summary of changes:*

- Additional clarification to Gestational Age determination guidelines when ultrasound performed prior to 20 weeks gestation differs by > 6 days from LMP
- New Medical Condition Exclusion List: 1 addition and one deletion

<http://manual.jointcommission.org/releases/TJC2011A/PerinatalCare.html>



# Joint Commission GA Definition



**Gestational Age (GA)** = Number of completed weeks elapsed between 1st day of LMP and **date of delivery**

## Abstraction Guidelines for Gestational Age (GA)

- GA at delivery rounded off to nearest completed week, (*e.g., infant born @ 35 5/7 wks = 35 wks GA, not 36 wks*)
- If an ultrasound was performed prior to the first 20 weeks of pregnancy and there is a discrepancy of > 6 days based on the last menstrual period date, the ultrasound should be used to determine final gestational age.
- Order of records to review:
  - Prenatal H&P – If GA conflict in chart, use this documentation
  - Prenatal Forms
  - Delivery or OR Note
  - Clinician Admit Progress Note - accepted by MD, CNM, ARNP/physician's assistant or RN

# Joint Commission Medical Exclusion Conditions List: One addition and one deletion (version 2011A)

## Addition:

658.41 Infection of amniotic cavity, delivered w/ or w/o mention of antepartum condition

## Deletion:

663.53 Vasa previa complicating labor and delivery, antepartum condition or complication

**NOTE:** Two other Vasa previa codes are still part of exclusion list:

663.50 Vasa previa complicating labor and delivery, unspecified as to episode of care or not applicable

663.51 Vasa previa complicating labor and delivery, delivered, with or without mention of antepartum condition)

# **Eliminating Elective Deliveries < 39 Weeks Gestation at Tacoma General Hospital**

Nan Gillette, RN, MSN  
Clinical Director, Perinatal Services  
Tacoma General Hospital

1 March 2011

## Where We've Been

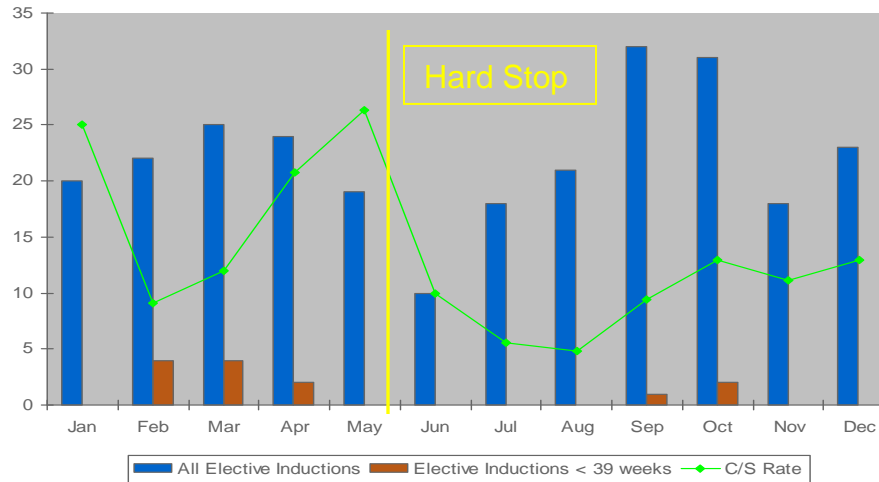
- 2006 IHI Perinatal Community: Introduction to Elective Induction Bundle
- 2008 Perinatal Clinical Improvement Team (CIT)
  - Ch, Women's Health Services Committee
  - Medical Director, Women's Services
  - Perinatologist
  - MHS Employed OB/GYN
  - Community OB/GYN
  - Tacoma Family Medicine Faculty
  - MHS Employed FPOB
  - Anesthesiologist
  - Clinical Director, Perinatal Services
  - Nurse Manager, Birth Center
  - Perinatal Clinical Nurse Specialist
  - Asst Nurse Mgr-Days, Birth Center
  - Asst Nurse Mgr-Nights, Birth Center
  - Charge Nurse-Days, Birth Center
  - Charge Nurse-Nights, Birth Center
- 2009 Perinatal CIT formally recognized as a sub-committee to the Women's Health Services Committee

## Lessons Learned

- Medical leadership is critical
  - Engage a champion (or 2)
- Involve the provider community
  - Evening meetings
  - Presentations by medical leadership
  - Focus on quality outcomes, not cost
  - Follow up with outcomes data
- Hard Stops are the way to go
  - Written policy for scheduling
  - Letter to providers from medical and administrative leadership
  - “No” to scheduling requests that don’t meet criteria
  - Registration Form
  - Medical Director follow up



- 2010 Full Year Elective Induction Outcomes



- 2010 3Q Baseline for WSPC Initiative
  - 17.7% Elective
  - 2 of 17 cases were Inductions of Labor

**Washington's Safe Deliveries Initiative:  
Reducing Elective Delivery Prior to 39 Weeks**

H. Frank Andersen, MD  
Providence Regional Medical Center, Everett  
Division Chief, Women & Children's Services

March 1, 2011

# Multistate Initiative

## *Hospital Corporation of America*

- 27 hospitals over 14 states
- Elective deliveries  $\geq 37$  wks and  $< 39$  wks, 2007–2009
- Hospitals self-selected to 1 of 3 approaches:

1

Hard Stop  
**PROHIBIT**

8.2%  $\rightarrow$  1.7%  
( $p=0.007$ )

2

Soft Stop  
**VOLUNTARY**

8.4%  $\rightarrow$  3.3%  
( $p=0.025$ )

3

Education  
Only

10.9%  $\rightarrow$  6.0%  
( $p=0.135$ , NS)

# YAKIMA VALLEY MEMORIAL HOSPITAL's



**Road to reducing elective  
deliveries < 39 weeks  
completed gestation**

Linda Haralson, RNC  
Mgr., L&D, NICU, Peds

# From the beginning...a collaborative effort

- Hospital Administration
  - Q.I. Medical Director
  - Performance Improvement Buy-in
- Perinatal Department
  - Development & implementation of forms
  - All-out staff education blitz
  - Schedule empowerment
  - Physician bombardment

# From the beginning...a collaborative effort

- Physician champion
  - “Reviews” scheduled inductions & sections for appropriateness
  - Site visits w/ outlying Central Washington (CW) hospitals
  - Made himself available to CW hospitals CEO’s

# From the beginning...a collaborative effort

- Community/patient education
  - visiting nurses seeing high risk prenatal
  - Distributed MOD brochure “The Last Weeks Count” to local OB providers
  - Supervisor of childbirth educators new advocate to the < 39 wk initiative
  - MOD brochure “The Last Weeks Count” available to OB
  - Triage nurses and home patients

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