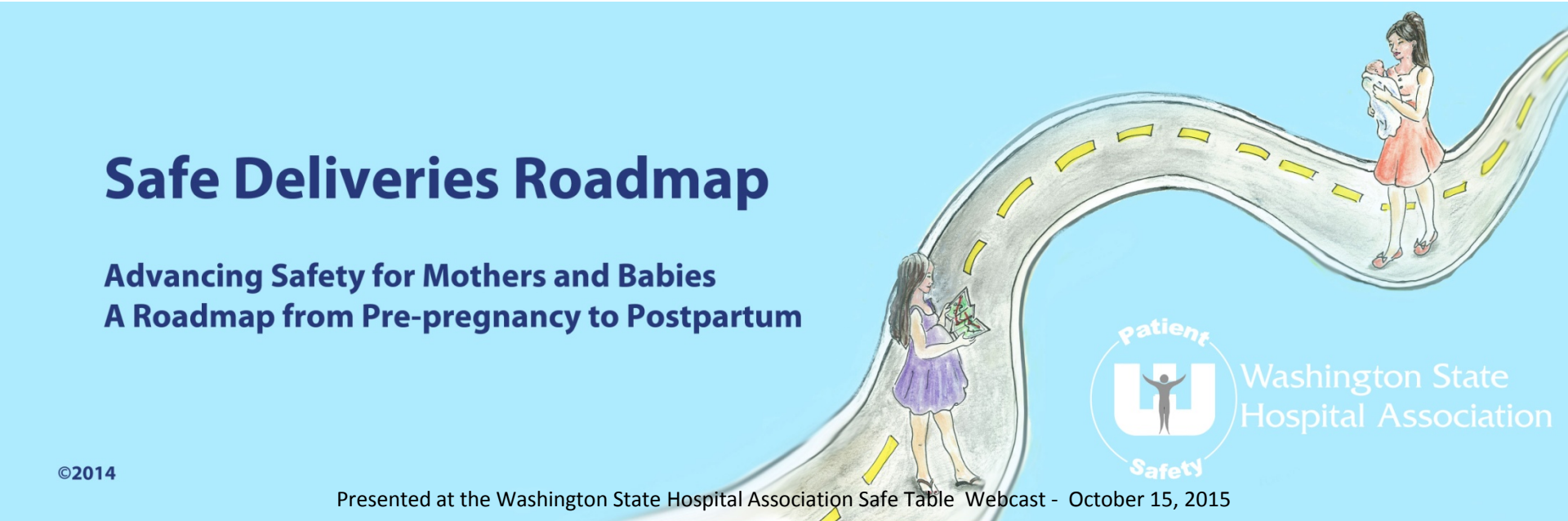
Washington State Hospital Association

Safe Deliveries Roadmap
Learning Collaborative Webcast
October 15, 2015



Objectives

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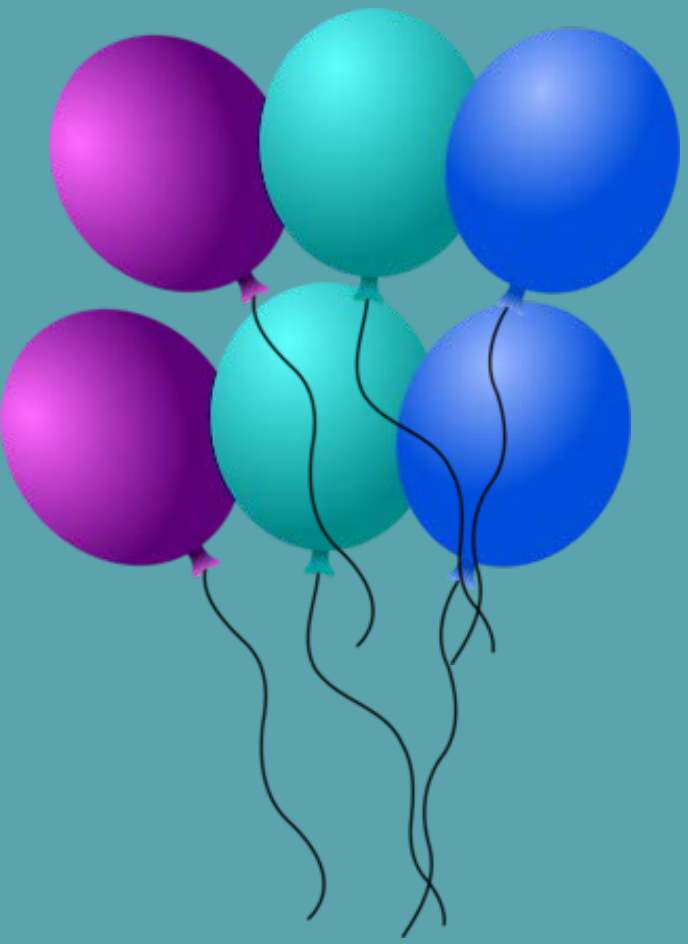
- Hear about project updates
- Learn from clinicians how they are collecting and analyzing labor management process measures.
- Share successes and challenges so we can learn from each other how to evaluate labor management practices.
- Provide input on documentation expectations for successful data collection

WSHA Partnership for Patients Washington State Hospital Association

Partnership for Patients



"Congratulations you have been awarded the Hospital Engagement Network (2.0) contract."

CMS calls WSHA "fantastic!."

Washington State Hospital Association

Medicaid Quality Incentive

OB Measure Update

Washington State Hospital Association

Timeline

July 1, 2015 through December 31, 2015

- Hospitals collect performance data

March 2016

- Chief Financial Officer attestation

April 2016

- HCA determines which hospitals qualify for payment

July 2016 (state fiscal year 2017)

- Hospitals receive incentive payment and new year begins

Safe Deliveries Performance Measures

- Non medically indicated inductions with unfavorable cervix in nulliparous women
- Elective deliveries in 37 to less than 39 weeks gestational age (PC – 01)
- Cesarean section rate for low risk first born (NTSV) (PC-02)

Cesarean Rate for Low Risk First Born (NTSV)

- ✓ **Numerator:** From among the denominator, patients with a cesarean delivery
- ✓ **Denominator:** Nulliparous patients delivering a live term singleton newborn in vertex presentation.
- ✓ **Exclusions:** Intrapartum transfers for a higher level of care and transfers where the intended place of birth was not at current hospital (i.e. delivery intended at home or birth center) with transfer occurring less than 3 days from delivery date.

Data collection period: **September** 1, 2015 – December 31, 2015
Reporting deadline: Submitted monthly, 75 days following the end of a month
Data collection system: Data submitted to the Washington State Hospital Association QBS

Cesarean Rate for Low Risk, First Born Award Table:

Threshold	<0.5% reduction of hospital's baseline* (calendar year 2014)	0.5- 0.99% reduction of hospital's baseline* (calendar year 2014)	1.0 - 1.99% reduction of hospital's baseline* (calendar year 2014)	>=2% reduction of hospital's baseline* (calendar year 2014) OR <= Healthy People 2020 goal of 23.9%
Point Award	0	3	5	10

NEW!

Cesarean Rate for Low Risk First Born (NTSV)

Data collection period: September through December 2015, submitted monthly, 75 days following the end of a month.

Cesarean Rate for Low Risk, First Born Award Table:

Threshold	Incomplete data	N/A	Complete Data	N/A
Point Award	0	3	5	10

This measure is used in the quality incentive for acute care hospitals with maternity units.

Upcoming Meetings

Washington State Hospital Association

2015

- Roadmap Monthly (webcast) 7:00am – 8:00 am

~~March 12~~	~~August 20~~
~~April 30~~	~~October 15~~
~~May 21~~	November 19
~~June 18~~	December 17
~~July 16~~	

- Coming Soon!!

2016 Webcast and Safe Tables dates

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Process Measures

Roadmap Measures

Washington State Hospital Association

- **Outcome:**
  - NTSV Cesarean Section (Nulliparous, Term, Singleton, Vertex)
  - TSV Primary Cesarean Section (Term, Singleton, Vertex)
  - Induced Cesarean Section (Nulliparous and Multiparous)
  - Maternal admission to Intensive Care Unit
  - Maternal blood transfusions
  - Extended maternal length of stay
  - Operative vaginal delivery
  - Unexpected Newborn Complications measure (UNC)
- **Process:**
  - Labor induction practices
  - First stage labor practices
  - Second stage labor practices

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Process Measures

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- **Delayed admission >= 4 cm (spontaneously laboring)**
- **Cesarean birth for Labor Dystocia/FTP in 1st Stage of Spontaneous labor (arrest or protraction disorder)**
- **Cesarean birth for Labor Dystocia/FTP in 1st Stage with Induction of labor**
- **Cesarean birth at 2nd Stage of Labor**
- **Cesarean birth for concern for Fetal or Maternal Status during labor 1st or 2nd Stage**
- **Non-Medically Indicated Induction of Labor 39 to < 41 wks gestation**

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Your Mission/Challenge to Complete before the next Safe Table Meeting……. (should you choose to accept it…..)

- ✓ **Start (or Continue) to collect your Safe Deliveries Process Measure Data**
- ✓ **Drill down - Study / Analyze your data**
- ✓ **Be Prepared to Answer the Following Questions:**

1: For our hospital's NTSV C-sections, how do our Spontaneous Labor, Induced Labor and No Labor sub-groups compare?

2: What proportion of your NTSV Spontaneous Labor and Induced Labor sub-groups had C-sections for a) Failure to Progress? b) Fetal Distress?

3: At what Stage are the majority of your Primary TSV C-sections occurring: a) prior to 6cm-Induced; b) prior to 6cm-Spontaneous Labor; c) Active phase; d) Second stage?

4: Do you understand your Unexpected Newborn Complications (UNC) scores and know your Moderate and Severe UNC trends ?

5: Based on your analysis, what do you think are the top 2 or 3 areas where you would focus for improvement efforts?

Early Adopters

Confluence Health
EvergreenHealth
Harrison Medical Center
Island Hospital
Overlake Medical Center
PeaceHealth St. Joseph's Medical Center
Prosser Memorial Hospital (PMH)
Providence Centralia Hospital
Providence St. Peter Hospital
Samaritan Healthcare
Skagit Valley Hospital
Sunnyside Community Hospital
Swedish Medical Center-Ballard
Swedish Medical Center-First Hill
Swedish Medical Center-Issaquah
Swedish Medical Center-Edmonds
Three Rivers Hospital
UWMedicine Northwest Medical Center
UWMedicine UW Medical Center
UWMedicine Valley Medical Center
Whidbey General Hospital
Yakima Valley Memorial Hospital

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PARTNERSHIP FOR PATIENTS

Chat Box Questions

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Name and hospital in chat box if:

1. You are submitting process measures and want to share and learn from others.

2. You are planning to submit process measures and want to learn from others.

3. Something else?

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Chat Box Questions

Washington State Hospital Association

4. Who is collecting the data in your hospital?

5. What are your greatest challenges with collecting the data for submitting process measures?

6. How are you using your results?

Documentation

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Labor Management – Recommendations for Optimal Documentation*

Phase	Patient Type	Timing	Assessment and Documentation
Admission to Labor & Delivery	Active labor	Fetal status must be assessed without delay for any fetus of 24 or more weeks. Other assessment components within 2 hours of patient arrival	At a minimum: Review and summarize the antenatal course Physical exam (including an estimated fetal weight) Evaluation of status of labor, including a description of uterine activity and membrane status, cervical dilation and effacement, fetal station and presentation, unless vaginal exam deferred Evaluation of fetal status, including interpretation of auscultation or electronic fetal monitoring strips, if generated** The plan for delivery. ** A recording of fetal heart rate (FHR) and uterine contractions is advised until categorization of the FHR tracing is determined. If a Category I pattern cannot be obtained in a reasonable time frame, continued evaluation should proceed.
	Non active and low risk. Low risk is a combination of: 37–41 weeks gestation Appropriate weight for gestational age Has a Category I electronic fetal monitoring strip on admission, or a reassuring auscultation and a note written by the clinician if she (patient) refuses electronic fetal monitoring Absence of moderate or thick meconium Vertex presentation Absence of any medical or	Fetal status must be assessed without delay for any fetus of 24 or more weeks. Other assessment components can be delayed until any of the following occur: A risk factor is identified The patient enters active labor The patient requests pain medication	

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Thank You!

Safe Deliveries Roadmap Website
http://www.wsha.org/0513.cfm%20