Safe Deliveries Roadmap
Learning Collaborative Webcast
October 15, 2015

Safe Deliveries Roadmap
Advancing Safety for Mothers and Babies
A Roadmap from Pre-pregnancy to Postpartum
Objectives

• 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

Presented at the Washington State Hospital Association Safe Table Webcast - October 15, 2015
Partnership for Patients

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

CMS calls WSHA “fantastic!.”
Medicaid Quality Incentive

OB Measure Update
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:

<table>
<thead>
<tr>
<th>Threshold</th>
<th>Point Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.5% reduction of hospital’s baseline*</td>
<td>0</td>
</tr>
<tr>
<td>(calendar year 2014)</td>
<td></td>
</tr>
<tr>
<td>0.5-0.99% reduction of hospital’s baseline*</td>
<td>3</td>
</tr>
<tr>
<td>(calendar year 2014)</td>
<td></td>
</tr>
<tr>
<td>1.0-1.99% reduction of hospital’s baseline*</td>
<td>5</td>
</tr>
<tr>
<td>(calendar year 2014)</td>
<td></td>
</tr>
<tr>
<td>&gt;=2% reduction of hospital’s baseline*</td>
<td>10</td>
</tr>
<tr>
<td>(calendar year 2014) OR &lt;= Healthy People 2020 goal of 23.9%</td>
<td></td>
</tr>
</tbody>
</table>

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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:**

<table>
<thead>
<tr>
<th>Threshold</th>
<th>Incomplete data</th>
<th>N/A</th>
<th>Complete Data</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point Award</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

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

2015

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

<table>
<thead>
<tr>
<th>March 12</th>
<th>August 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 30</td>
<td>October 15</td>
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</table>

- Coming Soon!!

2016 Webcast and Safe Tables dates

Presented at the Washington State Hospital Association Safe Table Webcast - October 15, 2015
Process Measures
Roadmap Measures

• **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
• 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?

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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
Chat Box Questions

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?
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?
Labor Management – Recommendations for Optimal Documentation*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Patient Type</th>
<th>Timing</th>
<th>Assessment and Documentation</th>
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</table>
| 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. |
## Upcoming Meetings

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2016 Webcast and Safe Tables dates
Thank You!

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