

# Safe Deliveries Roadmap

## Learning Collaborative Webcast

### April 30, 2015

## Safe Deliveries Roadmap

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



Washington State  
Hospital Association

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# Today

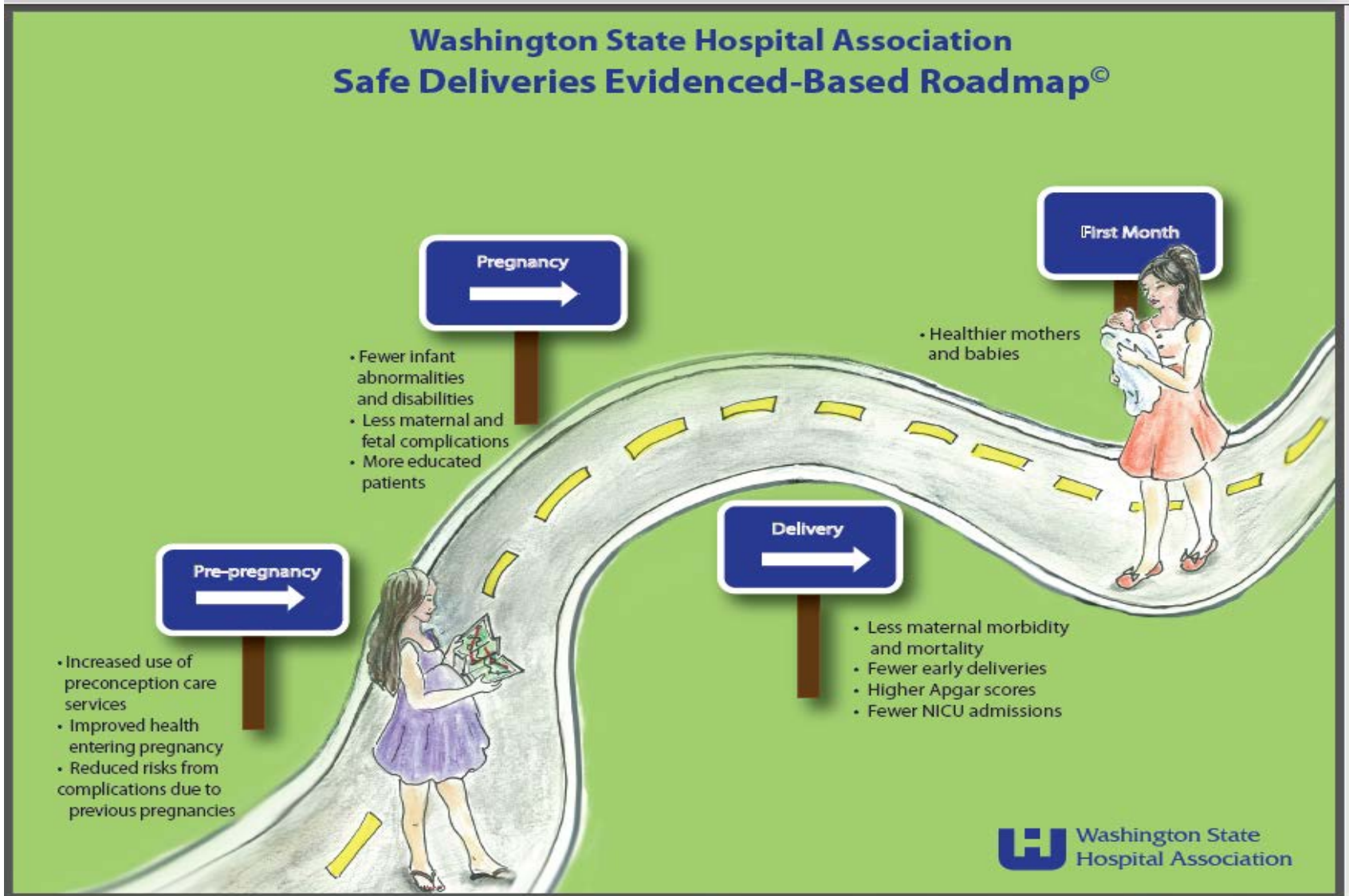
- Hear about Safe Deliveries Project updates
- Hear clinicians from Yakima Valley Memorial Hospital share practices and tips for successful medically indicated inductions.
- Discuss key indicators to track induction performance and ways to use them to drive improvements.



# UPDATES



## Washington State Hospital Association Safe Deliveries Evidenced-Based Roadmap<sup>®</sup>



# Time Line

## 2014:

### • Delivery Phase

- 17 hospital pilot
- Region wide roll-out mid-year
- Outcomes measures

### • Pre-pregnancy, Pregnancy and Postpartum

- Recommendations developed

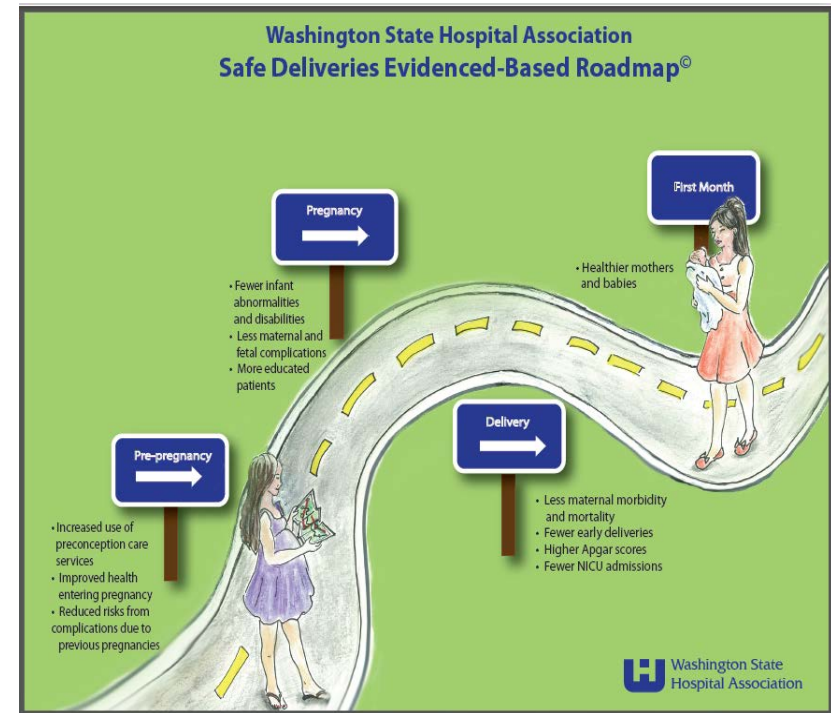
## 2015:

### • Delivery Phase

- Process measures
- Individual hospital touch base
- More spread

### • Pre-pregnancy, Pregnancy, Postpartum

- Publish recommendations – June
- Pilot project – Kick off in April 1st



# Labor Management Bundle Data Collection



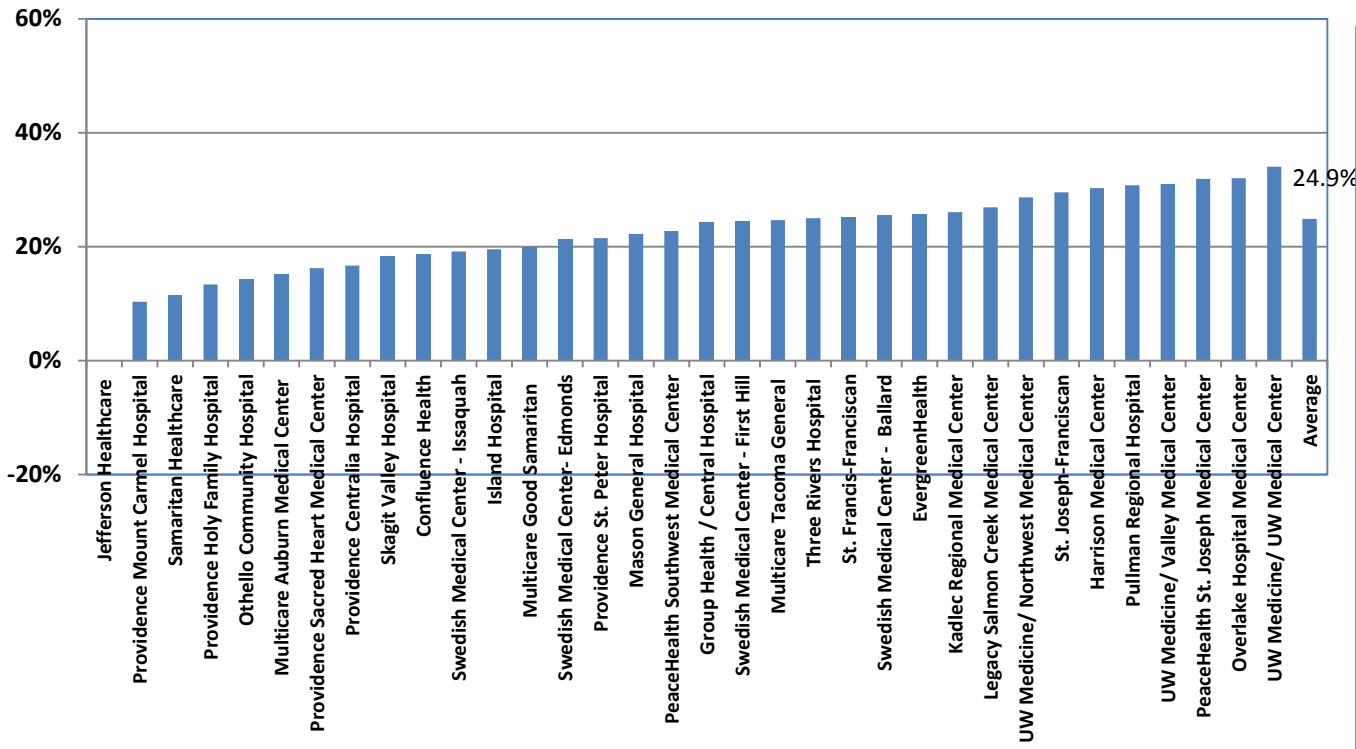
## Outcome measures : August/September 2014

- What?
  - 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)
- How?
  - CMDC
  - WSHA (OB COAP, internal reports and processes)





## Safe Deliveries Roadmap NTSV C-section Rate for Nulliparous (first) Deliveries

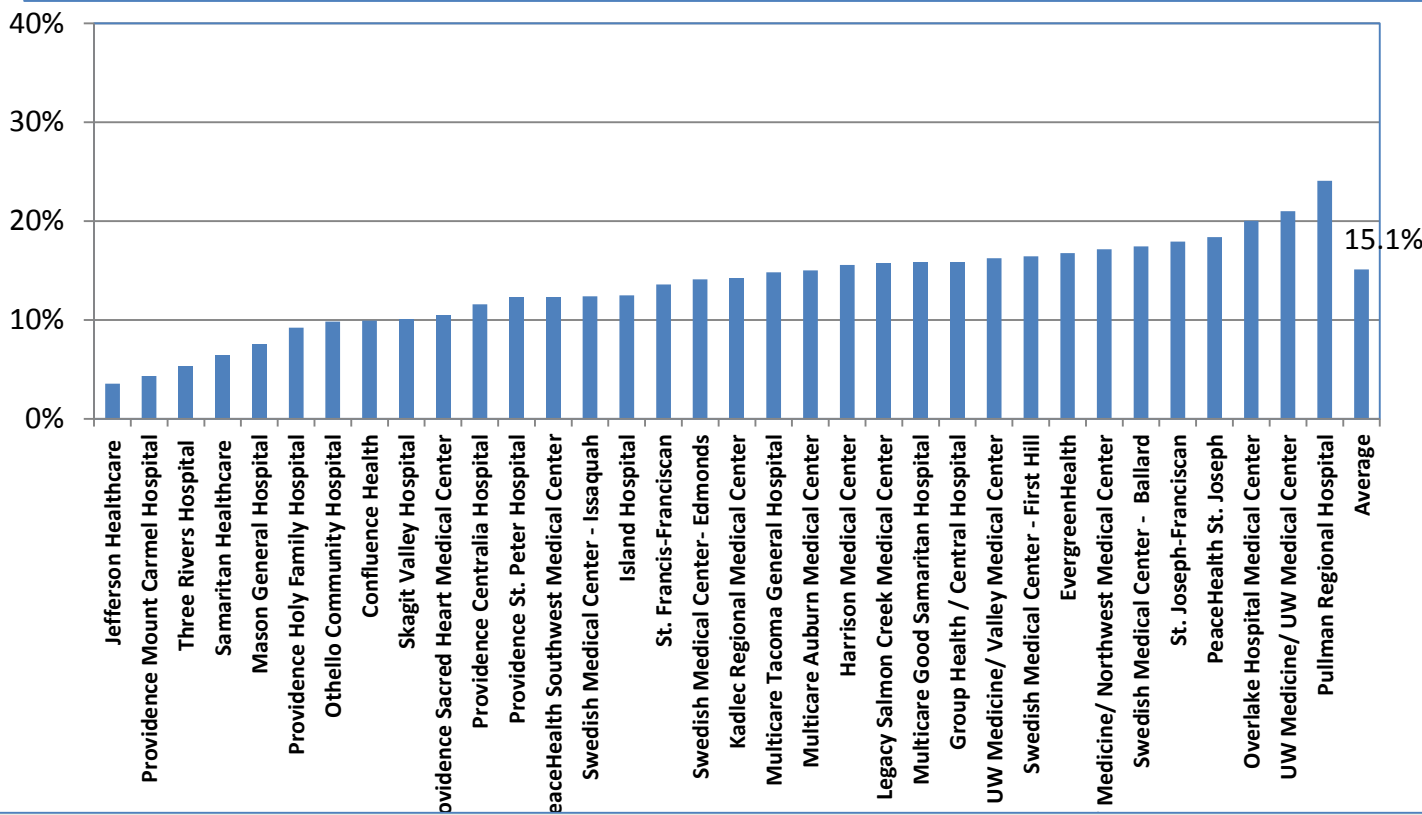


- Hospitals with Missing Data  
September-December 2014**
- Capital Medical Center
  - Cascade Valley Hospital and Medical Clinics
  - Coulee Medical Center
  - Deaconess Hospital/Rockwood Health System
  - Forks Community Hospital
  - Grays Harbor Community Hospital
  - Highline Medical Center
  - Kittitas Valley Healthcare
  - Lake Chelan Community Hospital
  - Mid Valley Hospital
  - Newport Hospital
  - North Valley Hospital
  - Olympic Medical Center
  - PeaceHealth St. John Medical Center
  - PMH Medical Center/Prosser
  - Providence Regional Medical Center Everett
  - Providence St. Mary Medical Center
  - St. Elizabeth Hospital, Franciscan
  - Sunnyside Community Hospital and Clinics
  - Toppenish Community Hospital
  - Trios Health
  - Valley Hospital/Rockwood Health System
  - Walla Walla General Hospital
  - Whidbey General Hospital
  - Whitman Hospital and Medical Center

**Definition: Numerator:** Number of patients with a cesarean delivery among the denominator. **Denominator:** Number of deliveries among Nulliparous (first birth) women at term >=37 wks gestational age excluding breech presentations, twins and other multiples (NTSV).  
**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of April 10, 2015

## Safe Deliveries Roadmap

### Primary C-section Rate (TSV) for Deliveries without Prior C-section

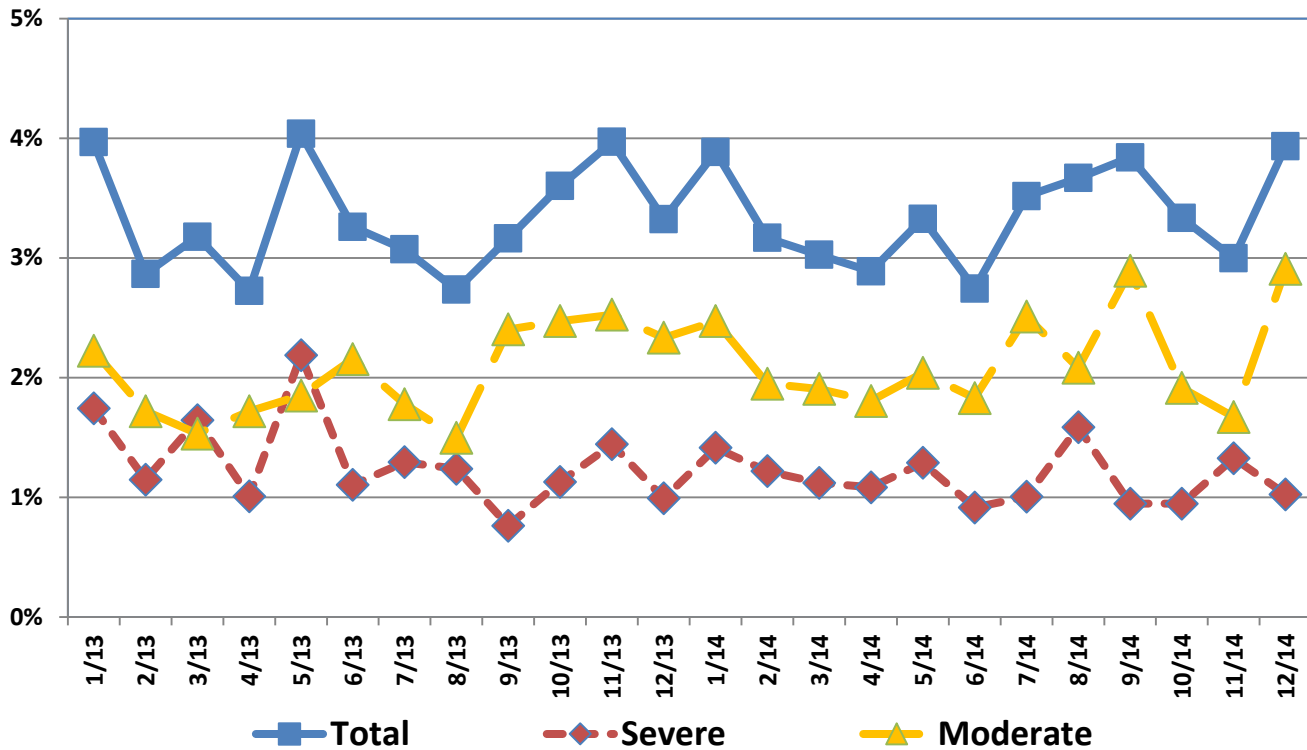


- Hospitals with Missing Data September-December 2014**
- Capital Medical Center
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  - Mid Valley Hospital
  - Newport Hospital
  - North Valley Hospital
  - Olympic Medical Center
  - PeaceHealth St. John Medical Center
  - PMH Medical Center/Prosser
  - Providence Regional Medical Center Everett
  - Providence St. Mary Medical Center
  - St. Elizabeth Hospital, Franciscan
  - Sunnyside Community Hospital and Clinics
  - Toppenish Community Hospital
  - Trios Health
  - Valley Hospital/Rockwood Health System
  - Walla Walla General Hospital
  - Whidbey General Hospital
  - Whitman Hospital and Medical Center
  - Yakima

**Definition: Numerator:** Number of patients with a first cesarean delivery among the denominator. **Denominator:** Number of deliveries among women at term  $\geq 37$  wks gestational age who have not had a prior cesarean delivery excluding breech presentations, twins and other multiples (TSV).  
**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of April 10, 2015

# Hospital Reports

## Do You Know Your Newborn Complication Rate ? Safe Deliveries Roadmap



### Hospitals with Missing Data September-December 2014

- Capital Medical Center
- Cascade Valley Hospital and Medical Clinics
- Coulee Medical Center
- Deaconess Hospital/Rockwood Health System
- Forks Community Hospital
- Grays Harbor Community Hospital
- Harrison Medical Center
- Highline Medical Center
- Island Hospital
- Kadlec Regional Medical Center
- Kittitas Valley Healthcare
- Lake Chelan Community Hospital
- Mid Valley Hospital
- Newport Hospital
- North Valley Hospital
- Olympic Medical Center
- PeaceHealth St. John Medical Center
- PMH Medical Center/Prosser
- Providence Regional Medical Center Everett
- Providence St. Mary Medical Center
- Skagit Valley Hospital
- St. Elizabeth Hospital, Franciscan
- Sunnyside Community Hospital and Clinics
- Toppenish Community Hospital
- Trios Health
- Valley Hospital/Rockwood Health System
- Walla Walla General Hospital

**Definition: Numerator:** Number of newborns with severe or moderate complications among the denominator. **Denominator:** Number of term newborns >= 37 weeks gestational age without preexisting conditions (birth defects, prematurity, small for dates, multiples, and maternal drug use).  
**Data Sources:** WSHA-MDC (WSHA-Maternal Data Center) and WSHA-QBS (WSHA-Quality Benchmarking System) as of April 10, 2015

## Process Measures: 2015

- What?
  - Labor induction practices
  - First stage labor practices
  - Second stage labor practices
- How?
  - OB COAP – January
  - WSHA – Pilot group began in March
  - CMDC – May/June

Testing, Testing, 1..2..3..

**Bundled Process Measures: Case Review of Primary Cesarean Births**

Patient ID: \_\_\_\_\_  
 Parity: \_\_\_\_\_  
 Maximum Cervical Dilation: \_\_\_\_\_ Delivery Date: \_\_\_\_\_ (see #14)  
 \_\_\_\_\_ (prior to delivery) \_\_\_\_\_ (prior to delivery)

Planned/Scheduled C-Section Without labor  
 Y/N Non-Electively Induced/Planned/Scheduled C-Section without Labor (see list on p.2 for Non-Medically Indicated)

**STOP here if C-Section was Planned/Scheduled**

I Delay Admission to Unit to >= 4hr for Spontaneous Labor and/or Spontaneous Rupture of Membranes prior to admission  
 Y/N/Unk Cervical dilation >= 4cm  
 Concern for maternal or fetal status  Ruptured membranes  Inadequate pain control

Physician ID: \_\_\_\_\_  
 Gestational Age: \_\_\_\_\_ (at delivery)  
 Newborn Birth weight: \_\_\_\_\_ gm

**Complete ONE of the Bundles below - Selection Dependent on Spontaneous Labor vs. Induction.**

I Maximum cervical dilation achieved AND Primary Indication for C-Section

Y/N In the active phase of labor (Stage FTP/Labor Dystocia)  
 (HRS/MINUTES) Total time in Active Phase (time achieved 6cm to time of C-section decision)\*\*\*  
 Y/N SROM or AROM (before the arrest time started)  
 Y/N Arrest of cervical dilation >= 4hrs with adequate Uterine Activity\*\*\*  
 If above 3 criteria not met, use these concern for Fetal and/or Maternal Status 7 (see #14 below)  
 Informational: Y/N / DNK Was Paregum used to help guide total time allowed in Active Phase?

II Induction of labor - 1st Stage FTP/Labor Dystocia

A. Concern for fetus  
 Y/N Was Bishop Score documented? Bishop Score prior to cervical ripening: \_\_\_\_\_  
 Y/N Cervical ripening used? (if not, not used)  
 Y/N Oxytocin administered for >= 12 hrs after membrane rupture? (maternal and fetal status also ADCG)  
 If above 4 criteria not met, use these concern for Fetal and/or Maternal Status 7 (see #14 below)  
 OR  
 B. Concern for labor  
 (HRS/MINUTES) Total time in Active Phase (time achieved 6cm to time of C-section decision)\*\*\*  
 Y/N SROM or AROM (before the arrest time started)  
 Y/N Arrest of cervical dilation >= 4hrs with adequate Uterine Activity\*\*\*  
 If above 3 criteria not met, use these concern for Fetal and/or Maternal Status 7 (see #14 below)  
 Informational: Y/N / DNK Was Paregum used to help guide total time allowed in Active Phase?

III Cesarean birth in 2nd Stage of labor

(HRS/MINUTES) Total time in 2nd Stage (time reached 10cm to time of delivery)  
 Y/N For Nullip: >= 2 hours in 2nd stage  
 Y/N For Multip: >= 2 hours in 2nd stage  
 If above 2 criteria not met, use these concern for Fetal and/or Maternal Status 7 (see #14 below)

IV Cesarean birth for concern for Fetal or Maternal Status during labor


Y/N Fetal Status Concern OR FHR Training Concern Y/N Maternal Status Concern  
 \*\*\* Clinical judgment is needed to determine sole appropriate individualized base (12) with additional prenatal/postnatal long term/short term testing documented and fetal data normal active labor phase curve and normal outcomes (approximately 45% total time)

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# Evidenced Based Implementation





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**Announcement**

**Nordic Implementation** is an interest group promoting knowledge exchange in the field of implementation research and working towards a continuation of the research-oriented Nordic Conference on Implementation of Evidence-Based Practice. Interest group members may disseminate information on their activities via


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Ellen *et al.* *Implementation Science* (2014) 9:179  
DOI 10.1186/s13012-014-0179-8



**RESEARCH**

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# Barriers, facilitators and views about next steps to implementing supports for evidence-informed decision-making in health systems: a qualitative study

Moriah E Ellen<sup>1,2,3,4</sup>, Grégory Léon<sup>5</sup>, Gisèle Bouchard<sup>5</sup>, Mathieu Ouimet<sup>5</sup>, Jeremy M Grimshaw<sup>6,7</sup>  
and John N Lavis<sup>2,3,8,9,10\*</sup>



Ellen et al. *Implementation Science* (2014) 9:179  
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RESEARCH

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## Barriers, facilitators and views about next steps to implementing supports for evidence-informed decision-making in health systems: a qualitative study

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and John N Lavis<sup>2,3,8,9,10\*</sup>

### Findings - Greatest Barriers:

- Limited resources (money and/or staff)
- Time constraints
- Negative attitudes toward change

### Findings - Greatest Enablers:

- Genuine interest from decision makers (their willingness to invest money and resources)
- Genuine interest from clinical leaders



# Hospital Check-In survey

<https://www.surveymonkey.com/s/8W662RZ>



# Induction of Labor



# Quality Improvement Metrics for Inductions

- Induced vaginal and cesarean section rates
- Parity
- Bishop scores
- Length of labor
- Complications



# Featured Interview

## Yakima Valley Memorial Hospital

- Aimee Borley - Nurse Manager Family Birthplace
- Dr. Kevin Harrington - Senior Attending OBGYN
- Dr. Roger Rowles – Perinatal Unit Medical Director



# Yakima Valley Memorial Hospital - 2014

Total Deliveries	2,779
Total Cesarean Rate	17.7%
Primary Cesarean Rate	11.0%
NTSV Cesarean Rate	14.9%



# Yakima Valley Memorial Hospital - 2014

TOLAC Rate	38.7%
VBAC Rate	89.8%
Operative Vaginal Birth Rate	7.8% (80% vacuum, 20% forceps)



# Yakima Valley Memorial Hospital - 2014

<b>Total Number of Inductions</b>	<b>768 (31% of all births)</b>
Medically Induced	539 (70% of all inductions)
Non - medical	229 (30% of all inductions)



# Yakima Valley Memorial Hospital - 2014

ELECTIVE INDUCTIONS	229
Multiparous	198 (86%)
Primiparous	31 (14%)

Ripened

37

- Multiparous: 36
- Nulliparous: 1

Unripended

188





# Yakima Valley Memorial Hospital - 2014

## Cesarean Rates for Elective Inductions

Ripened  
37

- Cesarean deliveries – 2 (5.4%)
- Multiparous – 2 (FTP)
- Nulliparous – 0 (OVD)

Unripened  
188

- Cesarean deliveries – 11 (5.8%)
- Multiparous – 6
- Nulliparous - 5

Cesarean Section  
Rate for all Elective  
Inductions

- $13/229 = 5.6\%$

# Discussion/Questions



## 2015

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

<del>March 12</del>	August 20
<del>April 30</del>	October 15
May 21	November 19
June 18	December 17
July 16	

- Safe Tables (in-person) 9:00am – 2:30 pm
  - September 8



# Thank You!

Mara Zabari, Executive Director of Integration  
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Safe Deliveries Roadmap Website  
<http://www.wsha.org/0513.cfm%20>

