Partnership for Patients
Safe Deliveries Roadmap
Monthly Check-In
August 15, 2013
Safe Deliveries Roadmap Project Coordinator

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Presented at Washington State Hospital Association Webcast, 8/15/13
Project Leaders

Tom Benedetti, MD
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Presented at Washington State Hospital Association Webcast, 8/15/13
Safe Deliveries Roadmap

Consultants

Eric Knox, MD

Kathleen Simpson
PhD, RNC, FAAN

Presented at Washington State Hospital Association Webcast, 8/15/13
Today’s Objectives

- Project updates
- Time-line
- Readiness assessment
- Education
- Upcoming sessions
The Vision

Washington State Hospital Association
Safe Deliveries Evidenced-Based Roadmap®

Pregnancy
- Fewer infant abnormalities and disabilities
- Less maternal and fetal complications
- More educated patients

First Month
- Healthier Mothers and Babies

Evidenced-Based Care

Delivery
- Less maternal mortality and morbidity
- Fewer early deliveries
- Higher Apgar scores
- Fewer NICU admissions

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UPDATES
Participating Hospitals

- Cascade Valley
- Central Hospital
- Coulee Medical Center
- EvergreenHealth
- Harrison Medical Center
- Highline Medical Center
- Island Hospital
- Jefferson Healthcare
- Kittitas Valley Healthcare
- Lake Chelan Community Hospital
- Mid Valley Hospital
- Multicare Auburn
- Multicare Good Samaritan Hospital
- Multicare Tacoma General Hospital
- Newport Hospital
- Northwest Hospital
- Othello Community Hospital
- Overlake Hospital
- PeaceHealth Southwest
- PeaceHealth St. Joseph
- PeaceHealth Sacred Heart Medical Center
- PMH Medical Center
- Providence Mt. Carmel Hospital

- Providence Regional Medical Center
- Providence St. Mary Medical Center
- Providence St. Peter Hospital
- Pullman Regional Hospital
- Samaritan
- Skagit Valley Hospital
- St. Francis Hospital
- St. Joseph Medical Center – Franciscan Heath System
- Sunnyside Hospital
- Swedish Ballard
- Swedish First Hill
- Swedish Edmonds
- Swedish Issaquah
- Three Rivers Hospital
- University of Washington Medical Center
- Walla Walla General Hospital
- Whidbey General Hospital
- Whitman Hospital
- Valley General Hospital
- Valley Hospital
- UW/Valley Medical Center
- Yakima Valley Hospital

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Project Time Line

- August – November
  - Education
  - Readiness assessment
  - Tools testing and revision

- December
  - Baseline data collection

**AND, THEY’RE OFF!**
## Safe Deliveries Roadmap – Labor Management Bundle Measures*

### Outcome:

- ✓ NTSV Cesarean Section (Nulliparous, Term, Singleton, Vertex)
- ✓ TSV Primary Cesarean Section (Term, Singleton, Vertex)
- ✓ Elective induction of labor
- ✓ Maternal admission to Intensive Care Unit
- ✓ Maternal blood transfusions
- ✓ Maternal length of stay
- ✓ Operative vaginal delivery
- ✓ Unexpected Newborn Complications measure

### Process:

- ✓ Compliance with labor induction practices
- ✓ Compliance with first stage labor practices
- ✓ Compliance with second stage labor practices

*Details, including data source, numerator, denominator and sample requirement will be forthcoming.*

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Aligning Forces

Washington State Perinatal Partnerships

Governor
Legislative

Health Care
Authority

Department of
Health

Department of
Social Health
Services

Research and Data
Analysis

Washington State
Hospital Association

March of Dimes

Foundation for
Health Care
Quality

Data Collaborative
Public/Private
Partnership

- Improve quality
- Improve health outcomes
- Cost effectiveness of care

Obstetrics Care
Topic Report and Recommendations

- Eliminate elective deliveries before 39 weeks
- Decrease elective inductions
- Decrease primary C section rate

Surveillance and Evaluation

- Medicaid
- Public Employee Benefits Board
- Basic Health Plan

- Perinatal Quality Improvement Survey
- Pregnancy Risk Assessment Monitoring Survey (PRAMS)
- Perinatal Indicators Report
- PAC/WSFC data support and reports

- National Mortality
- LM/MB Smooth Transitions QI
- 39 Wks (2009-2014)
- Episiotomy (2012-2014)
- Optimizing Birth Outcomes - C section,
- Neonatal Levels of Care revision

Washington State
Perinatal Collaborative (WSFPC)

- Birth and death certificates
- Hospital discharge data
- Limited database files (SEED)

- Partnership for Patients
- Hospital database
- Maternity Care Road Map

March of Dimes

- Prematurity prevention
- Advocacy
- Education

Foundation for
Health Care Quality

- Obstetrics Clinical Outcomes Assessment Program (OB-COAP)

Organization
Projects/Ongoing work
Partnerships
Direct Relationships

03/26/2013

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Medicaid Quality Incentive
Safe Deliveries

**Induction Appropriateness**
Improvement measure: percent of patients undergoing a medical or non medical labor induction with documentation of consent, Bishop Score, and indication

*Data collection period:*
- September 1, 2013 - December 31, 2013

**Elective Deliveries Prior to 39 Weeks**
Sustaining measure: percent of patients with Elective Deliveries 37 to less than 39 weeks gestational age

*Data collection period:*
- July 1, 2013 – December 31, 2013
LEAPT – Leading Edge Advanced Practice Topics
### Leading Edge Advanced Practice Topics
**Washington State Hospital Association Partnership for Patients**

#### LEAPT Invitation

The Washington State Hospital Association (WSHA) with guidance from the WSHA Patient Safety Committee is inviting our Partnership for Patients hospitals to participate in an advanced program to develop and spread best practices. It is called **Leading Edge Advanced Practice Topics (LEAPT)**.

LEAPT was developed by Centers for Medicare & Medicaid Services as part of the Partnership for Patients to expand and spread knowledge on several additional and important areas of patient harm.

The topics selected are areas WSHA clinicians have identified as important.

WSHA will work with five to ten hospitals for each topic in an intensive small test of change process to develop an effective “bundle” which will then be spread in our region and nationally.

We anticipate much interest. To be considered for this ground-breaking work, please fill out the application.

This work is optional and voluntary and is reserved for those who want to explore and lead the way in this important effort.

#### WSHA LEAPT Topics

<table>
<thead>
<tr>
<th>Topics to choose between:</th>
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<tbody>
<tr>
<td>1. Severe sepsis and septic shock</td>
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<tr>
<td>2. Reducing infections bundle:</td>
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<tr>
<td>- <em>Clostridium difficile</em> (c-diff), including antibiotic stewardship</td>
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<tr>
<td>- CAUTI – hospital-wide</td>
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<tr>
<td>- CLABSI – hospital-wide</td>
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<tr>
<td>3. Iatrogenic delirium</td>
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<tr>
<td>4. Early intervention</td>
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<tr>
<td>- Airway safety</td>
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<tr>
<td>- Failure to rescue</td>
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<tr>
<td>5. All cause harm reduction/report</td>
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<tr>
<td>6. Undue exposure to radiation</td>
</tr>
<tr>
<td>7. Obstetrical “Roadmap”</td>
</tr>
<tr>
<td>8. Readmissions</td>
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<tr>
<td>9. Culture and employee health</td>
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**LEAPT is limited to a maximum of 10 hospitals per topic.** A hospital may apply to participate in one or more topics.

#### Participant Requirements

- Rapid action implementation of best practices.
- Timely submission of outcome and process data for each measure with willingness to be transparent.
- Attendance at WSHA and CMS trainings.
- Share best practices in our region and nationally.
- Designated team consisting of administrative champion, MD, RN and person to do data collection.
- New learning will be intensive and requires monthly work group engagement.
- Respond to additional requests.
- Continued focus and success in reducing harm by 40 percent in the original Partnership for Patients topics and readmissions by 20 percent.

#### Resources for Participants

- **Dollars:** Participating hospitals will receive a stipend at an awards ceremony in late 2014.
- **Working with the best:** National and local experts on each topic.
- **Training and Support:** Safe Tables and CMS web conferences, monthly work group calls and one-on-one engagements as needed.
- **Rapid Response Team:** If hospital experiences challenges on a topic.

#### Time Frames

LEAPT is for about one year beginning August or September 2013 ending on December 9, 2014.

Applications are due by: **August 9, 2013**

**For more information contact**
Carol Wagner at CarolW@wsaha.org or (206) 577-1831.
Readiness Assessment

1. Facility Information

2. Responses entered by:
   Name: ___________________________
   Role: ___________________________
   Email Address: ___________________
   Phone Number: ___________________

3. Please state name and role of the multi-disciplinary team members who participated in this survey:

   ____________________________________________

Next
Readiness Assessment

4. Quality improvements in Maternity Care is a high priority within the organization.
   - Yes
   - No

Comment:

5. There is an existing multi-disciplinary committee that can oversee local implementation of the Safe Deliveries Roadmap work.
   - Yes
   - No
   - In development
   - Plan for the future

Comment:

6. Nurse and physician co-chairs multidisciplinary committee.
   - Yes
   - No
   - In development

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Readiness Assessment

Monitoring and Evaluation

12. This facility has **medical record** documentation forms and electronic systems with cues for use of the NICHD terminology for FHR patterns.
   - No plan to implement
   - Considering, but not implemented yet
   - Partially implemented
   - Fully implemented
   - Comment

13. This facility performs routine medical record audits using fetal monitoring strips.
   - No plan to implement
   - Considering, but not implemented yet
   - Partially implemented
   - Fully implemented
   - Comment

14. This facility regularly reports maternity quality improvement results to Staff, Providers, Senior management, Board.
   - No plan to implement
   - Considering, but not implemented yet
Readiness Assessment

Safe Delivery Readiness Assessment

Structure

9. There is a standard policy for admission to maternity unit criteria.
   - Yes
   - No
   - In development
   - Plan for the future
   Comment

10. There is a standard policy for labor induction practices.
    - Yes
    - No
    - In development
    - Plan for the future
    Comment

11. There is a standard policy for first and second stage labor management practices.
    - Yes
    - No
Readiness Assessment

Safe Delivery Readiness Assessment

Education and Training

16. Our facility provides interdisciplinary fetal monitoring education.

- Yes
- No
- In development
- Plan for the future

16. If the answer to the above question is yes, please state how often the interdisciplinary fetal monitoring education is provided. Otherwise, please skip this question.

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Readiness Assessment

Safe Delivery Readiness Assessment

Practices/Indications - Prenatal

This section is the assessment of current practice with the Safe Deliveries Roadmap Labor Management Bundle attached to the survey email. You can also find this on www.wsha.org, Safe Deliveries.

18. Assessment of Gestational Age: Provide documentation on how and when gestational age determined (most recent ACOG criteria or 8% rule).

☐ No plan to implement
☐ Considering, but not implemented yet
☐ Partially implemented
☐ Fully implemented

Comment

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Term PROM Management
Induction or Augmentation?

WSHA SAFE DELIVERIES ROADMAP
Uterine contractions resulting in concomitant cervical change (dilation and/or effacement)

- Latent phase – from the onset of labor to the onset of the active phase
- Active phase – accelerated cervical dilation generally beginning at 5 cm for multiparous and at 6 cm for nulliparous

**NOTES**

- Avoid term 'prodromal labor'
- Is either spontaneous or induced
- Absolute %effacement or cervical dilation is not defined
Spontaneous rupture of membranes that occurs before the onset of labor.

- Modified by gestational age categories (i.e. preterm or term)

**ISSUES**

- PROM (before labor onset) vs. ROM in early labor vs. PPROM (preterm pre-labor rupture of membranes)

**RATIONALE**

- Renamed from Premature Rupture of Membranes
The stimulation of uterine contractions to increase their frequency and/or strength following the onset of spontaneous labor.

Does not apply if the following is performed:

- Induction of Labor

Still applies even if any the following is performed:

- Stimulation of existing uterine contractions following spontaneous ruptured membranes

**ISSUES**

Generally implies after labor has started -- then what about prodromal labor or rupture of membranes (ROM) with a few contractions?

**RATIONALE**

- Maintains that the onset of labor was spontaneous
- Does not apply to induction, that is you cannot have induction and augmentation

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The use of pharmacological and/or mechanical methods to initiate labor.  

Examples of methods include but not limited to: artificial rupture of membranes, balloons, oxytocin, prostglandin, laminaria, or other cervical ripening agents.

Still applies even if any of the following are performed:

✓ Attempts at initiating labor even if unsuccessful
✓ Initiation of labor following spontaneous ruptured membranes without contractions

ISSUES

✓ Intention to induce; checking the cervix which ends up initiating labor – how is this coded?
✓ Spontaneous rupture of membranes without labor – augmentation or induction?
TERM SROM

NOT IN LABOR
Either No or Nonpainful ctxs
Cx <2cm: Speculum or PEx1

INDUCTION
If Oxytocin is needed

LABOR: Painful ctxs
Cx 2cms or more

AUGMENTATION
If Oxytocin is needed
Questions?
OBSTETRICS CLINICAL OUTCOMES ASSESSMENT PROGRAM
A PROGRAM OF THE FOUNDATION FOR HEALTH CARE QUALITY

Ellen Kauffman, MD
Medical Director

Kristin Sitcov
Program Director

Jodie Katon, MS, PhD
Epidemiologist
Bree Recommendation #2: Elective Inductions Only With Favorable Cervix

**CS in 39,40 Week Elective Inductions: Nullips**
- Ripened Nullips: 53%
- Un-Ripened Nullips: 17%
- P <0.001

**CS in 39,40 Week Elective Inductions: Multips**
- Ripened Multips: 8%
- Un-Ripened Multips: 5%
- P=0.23

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Bree Recommendation #4:
Admit Spontaneously Laboring Term Patients with Cervix on Admission =>4

Patients Admitted w/Cervix on Adm <=3

Patients Admitted w/Cervix on Adm >=4

N=5910

41% 59%

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Bree Recommendation #4:
Admit Spontaneously Laboring Term Patients with Cervix on Admission =&gt;4

N=5910

Cesarean
- cx on adm <=3: 9%
- cx on adm >=4: 18%

Oxytocin
- cx on adm <=3: 26%
- cx on adm >=4: 61%

Regional Anesthesia
- cx on adm <=3: 62%
- cx on adm >=4: 88%

Length of Time Admission to Delivery <=12 Hours
- cx on adm <=3: 59%
- cx on adm >=4: 88%

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Bree Recommendation #5: Cesarean for 1st Stage Labor Arrest Only in the Active Phase

- **Cervix@CS <4** (12%)
- **Cervix @CS=4** (17%)
- **Cervix @CS =5** (16%)
- **Cervix @CS >=6** (54%)

N=656

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Bree Recommendation #7:
Cesarean for 2nd Stage Labor Arrest Only After Sufficient Time

Cesarean for 2nd Stage Arrest: Blocked Nullips
N=308

- LOTCD<1: 1%
- 1<=LOTCD<2: 3%
- 2<=LOTCD<3: 14%
- 3<=LOTCD<4: 22%
- 4<=LOTCD: 60%

Cesarean for 2nd Stage Arrest: Blocked Multips
N=52

- LOTCD<1: 4%
- 1<=LOTCD<2: 8%
- 2<=LOTCD<3: 15%
- 3<=LOTCD<4: 17%
- 4<=LOTCD: 56%

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Questions?
Community Sharing
Spread the Word!!

Special Session

The Safe Deliveries Roadmap
Safe Table Learning Collaborative

SAVE THE DATE!

Washington State Hospital Association ~ Partnership for Patients

Safe Deliveries Roadmap Safe Table Learning Collaborative

SPECIAL WEBCAST FEATURING CATHERINE SPONG, MD!

Wednesday September 25
7:00 a.m. – 8:00 a.m. PST

CATHERINE SPONG, MD, of the National Institute of Child Health and Human Development, will present recommendations for labor management and answer your questions.

Dr. Spong is a national expert on best practices for obstetrics and the lead author of "Preventing the First Cesarean Delivery," which appeared in Obstetrics and Gynecology last fall. This landmark paper is the foundation for the WSHA Safe Deliveries Labor Management Bundle.

This Initiative is undertaken in partnership with:

The American Congress of Obstetricians and Gynecologists

The Association of Women's Health, Obstetric and Neonatal Nurses

Department of Health

Health Care Authority

March of Dimes

Northwest Organization of Nurse Executives

Presented at Washington State Hospital Association Webcast, 8/15/13
Meeting Schedule

• Monthly (webcast)
  • Tuesday, September 3rd 7:00 – 8:00 a.m.
  • Wednesday, September 25th 7:00 – 8:00 a.m.
  • Tuesday, October 22nd 7:00 – 8:00 a.m.
  • Tuesday, November 5th 7:00 – 8:00 a.m.
  • Thursday, December 5th 7:00 – 8:00 a.m.

• Safe Table (in-person)
  • Tuesday, November 19th 9:00 – 2:30 p.m.

First Quarter 2014 meetings will be determined by October 2013
Questions?

Mara Zabari, Director of Integration Partnership for Patients

206-216-2529

maraz@wsha.org