Partnership for Patients
Safe Deliveries Roadmap
Learning Collaborative Webcast
October 22, 2013
Safe Deliveries Roadmap Project Coordinator

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Presented at Washington State Hospital Association Partnership for Patients Webcast 10/22/2013
Project Leaders

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Safe Deliveries Roadmap
Consultants

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Coming Soon: Pre-Conception!

Washington State Hospital Association
Safe Deliveries Evidenced-Based Roadmap®

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

First Month

Healthier Mothers and Babies

Evidenced-Based Care

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

Pregnancy

Delivery

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Participating Hospitals

- Cascade Valley Hospital and Clinics
- Central Washington Hospital
- Coulee Medical Center
- EvergreenHealth
- Group Health Cooperative
- Harrison Medical Center
- Highline Medical Center
- Island Hospital
- Jefferson Healthcare
- Kittitas Valley Healthcare
- Lake Chelan Community Hospital
- Legacy Salmon Creek Medical Center
- Mid Valley Hospital
- MultiCare Auburn Medical Center
- MultiCare Good Samaritan Hospital
- MultiCare Tacoma General Hospital
- Newport Hospital
- Othello Community Hospital
- Overlake Hospital
- PeaceHealth Southwest Medical Center
- PeaceHealth St. Joseph Medical Center
- PeaceHealth Sacred Heart Medical Center, Oregon
- PMH Medical Center
- Providence Holy Family Hospital
- Providence Mt. Carmel Hospital
- Providence Regional Medical Center Everett
- Providence Sacred Heart Medical Center & Children’s Hospital
- Providence St. Mary Medical Center
- Providence St. Peter Hospital
- Pullman Regional Hospital
- Samaritan Healthcare
- Skagit Valley Hospital
- St. Elizabeth Hospital
- St. Francis Hospital
- St. Joseph Medical Center – Franciscan Health System
- Sunnyside Community Hospital & Clinics
- Swedish/Ballard
- Swedish /First Hill
- Swedish/Edmonds
- Swedish /Issaquah
- Three Rivers Hospital
- University of Washington Medical Center
- UW/Northwest Hospital & Medical Center
- UW/Valley Medical Center
- Valley Hospital/Rockwood Health System
- Walla Walla General Hospital
- Whitbey General Hospital
- Whitman Hospital and Medical Center
- Yakima Valley Memorial Hospital

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Leading Edge Advanced Practice Topics

- Kittitas Valley Healthcare
- Legacy Salmon Creek
- Overlake
- PeaceHealth St. Joseph
- Providence Holy Family Hospital
- Providence Sacred Heart Medical Center
- Providence St Peter
- Samaritan Healthcare
- Swedish Ballard
- Swedish Edmonds
- Swedish First Hill
- Swedish Issaquah
- Three Rivers Hospital
- UW/Northwest
- UW/Valley
- Whidbey General Hospital
- Yakima Valley

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Today

• Safe Deliveries Roadmap labor management bundle readiness assessment
• Health Care Authority Medicaid quality incentive
• Upcoming meetings and activities
Labor Management Bundle Readiness Assessment
Survey Respondents

• 49 sent out
• 46 returned
• 10 CAHs
• 36 Non-CAHs
Leadership & Strategy
Quality Improvement in Maternity Care is a High Priority in this Unit
There is an Existing Multi-disciplinary Committee that can Oversee Implementation of the Safe Deliveries Roadmap Work

- Yes: 35
- No: 0
- In development: 9
- Plan for the future: 2

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Nurse and Physician Co-chair the Multidisciplinary Committee

- Yes: 31
- No: 7
- In development: 5
- Plan for the future: 3

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The Committee Meets Regularly to Review Progress with the Quality Initiatives

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Supporting Structures
There is a Standard Policy for Admission to the Maternity Unit

- Plan for the future: 7
- In development: 8
- No: 14
- Yes: 17

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There is a Standard Policy for Labor Induction Practices

Plan for the future: 2
In development: 6
No: 5
Yes: 33

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There is a Standard Policy for First and Second Stage Labor Management Practices

Plan for the future: 6
In development: 11
No: 16
Yes: 13

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Medical Record Documentation forms and Electronic Systems with Cues for use of the NICHD Terminology for FHR Patterns

- Fully implemented: 29
- Partially implemented: 7
- Considering, but not implemented yet: 7
- No plan to implement: 2

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This Facility Performs Routine Medical Record Audits Using Fetal Monitoring Strips

- Fully implemented: 9
- Partially implemented: 15
- Considering, but not implemented yet: 13
- No plan to implement: 8
This Facility Regularly Reports Maternity Quality Improvement Results to Staff, Providers, Senior Management and Board

- Fully implemented: 9
- Partially implemented: 15
- Considering, but not implemented yet: 13
- No plan to implement: 8
Our Facility Provides Interdisciplinary Fetal Monitoring Education

Plan for the future: 5
In development: 12
No: 8
Yes: 20
We Have Data Systems that are Functional and Allow us to Obtain Data When we Need Them

Plan for the future | 2
In process          | 18
No                  | 4
Yes                 | 21

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Labor Management Practices
Assessment of Gestational Age: Provide Documentation on how and when Gestational Age is Determined (Most Recent ACOG Criteria or 8% Rule)

- Fully implemented: 20
- Partially implemented: 18
- Considering, but not implemented yet: 2
- No plan to implement: 4

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Labor Induction
Pre-procedure: Consent Discussed with Patient and Signed for
Any Induction; Medical and Non-medical

- Fully implemented: 24
- Partially implemented: 13
- Considering, but not implemented yet: 8
- No plan to implement: 0

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Non-medically Indicated: Not done Prior to 39 Weeks

- Fully implemented: 40
- Partially implemented: 4
- Considering, but not implemented yet: 1
- No plan to implement: 0

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Non-medically Indicated: Between 39 – 40 6/7 Weeks Must Have Bishop Score of 8 or Greater (No Cervical Ripening)

- Fully implemented: 11
- Partially implemented: 10
- Considering, but not implemented yet: 23
- No plan to implement: 1
Medically Indicated: Done for Accepted Medical Indications within Evidenced-Based or National Association Guidelines (ACOG, SMFM, etc.). For Indications Not on these Lists, Consultation or Advise is Recommended

- Fully implemented: 29
- Partially implemented: 9
- Considering, but not implemented yet: 6
- No plan to implement: 0
Medically Indicated: Cervical Ripening for Unfavorable Cervix

- Fully implemented: 30
- Partially implemented: 9
- Considering, but not implemented yet: 6
- No plan to implement: 0

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Failed Induction (Stable Mother and Fetus) – Parameters to Use When Not Entering Active Labor (>6cms)

- Fully implemented: 2
- Partially implemented: 13
- Considering, but not implemented yet: 25
- No plan to implement: 3

Either: failure to achieve uterine contractions every 3 minutes with cervical change after 24 hrs of pitocin and with AROM (if no contraindications), or, uterine contractions every 3 min x 24 hrs without entering active phase if initial Bishop score was less than 8 or if cervical ripening was used.

- Inadequate response to a needed, clinically appropriate, second cervical ripening agent.
- Membranes have been ruptured with inadequate progress (assuming feasible and no contraindications to AROM)
- Pitocin has been given per hospital protocol if inadequate frequency and/or intensity of contractions occur after cervical ripening alone.
- If ROM, pitocin given x 12 hrs without regular contractions resulting in cervical change.

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First Stage Labor
Delay Admission to Labor Unit
(All Conditions to be Met for Discharge)

- Fully implemented: 4
- Partially implemented: 10
- Considering, but not implemented yet: 29
- No plan to implement: 2

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Consider Discharge Home or Further Observation

- Fully implemented: 4
- Partially implemented: 12
- Considering, but not implemented yet: 25
- No plan to implement: 4
Consider AROM and/or Oxytocin Administration

- Cervix 4-5 cm without change x 2-4 hours.
- 90-100% effacement.
- Membranes intact.
- Reactive NST/HFR category I (if uterine contractions present).
- Contractions less than 3/10 minutes.

- Fully implemented: 11
- Partially implemented: 19
- Considering, but not implemented yet: 14
- No plan to implement: 1

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Consider Cesarean Delivery (All Three Present)

- Fully implemented: 10
- Partially implemented: 11
- Considering, but not implemented yet: 22
- No plan to implement: 0

呈现在华盛顿州医院协会合作伙伴患者网络研讨会 10/22/2013
Second Stage Labor
Assessment of Descent and Position of Presenting Part: At Least Every 1-2 Hours

- Fully implemented: 16
- Partially implemented: 15
- Considering, but not implemented yet: 13
- No plan to implement: 0

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Consider Operative Vaginal Delivery or Cesarean Delivery
(if Presenting Part Not on Perineal Floor: +4 or Lower)

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

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All Phases
Assessment of Fetal Status: Use Spong Algorithm

- Fully implemented: 3
- Partially implemented: 8
- Considering, but not implemented yet: 28
- No plan to implement: 4
Staffing: 1:1 Nurse to Patient Ratios in Active Labor (>=4 cm AND 80% Effaced)

- Fully implemented: 31
- Partially implemented: 11
- Considering, but not implemented yet: 1
- No plan to implement: 1

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Mode of Fetal Monitoring: Provides Ability to Palpate Contraction and Auscultate FHR in Appropriate Populations

- Fully implemented: 33
- Partially implemented: 7
- Considering, but not implemented yet: 2
- No plan to implement: 3

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Questions?
Health Care Authority
Medicaid Quality Incentive
HCA Medicaid Quality Incentive
Safe Deliveries

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

“To ensure that the Medicaid Quality Incentive does not encourage poor care, in cases where the hospital and medical staff determine through a multidisciplinary review that the elective delivery was medically necessary they may submit the case for review by the Chief Medical Officer of the Health Care Authority who will work in collaboration with a small group of obstetricians as HIPPA allows. HCA will have the final authority.”
HCA Medicaid Quality Incentive
Elective Deliveries Prior to 39 wks – Review Process

• The hospital will conduct an internal review to determine whether the case should be submitted to the Health Care Authority for external review.
  • The internal review should include at least two Obstetric providers from a different provider group(s) than the provider group whose patient is being reviewed.
  • If there is no other internal provider group, the additional providers can be from another hospital.
• If the internal review determines that an external review is warranted, a request for a case review can be submitted to the Health Care.
HCA Medicaid Quality Incentive
Elective Deliveries Prior to 39 wks – Review Process

Request for External Review of Early Delivery

Date of request: ________________________________

Contact:
Name: _______________________________________
E-mail address: ________________________________
Telephone numbers: ____________________________

Case information:
Date of delivery: ______________________________
Delivering providers: ____________________________
Date of internal review: _________________________
Internal reviewers: ______________________________

Person who will be presenting the case for external review (if this is not the delivering provider, please state the relationship to the delivering provider and patient): ________________________________
HCA 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

**All Share**
- How are you implementing?
- What barriers are you encountering?
- What successes have you had?
- What questions do you have?
Meeting Schedule - 2013

- Monthly (webcast)
  - 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.

2014 meeting webcasts and Safe Table dates coming soon!
Questions?

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