Every Week Counts

Improving Oklahoma's Perinatal Outcomes

Quality Improvement Collaborative

2011

*Oklahoma ranks **41st** in its Infant Mortality Rate of **8.0** deaths per 1,000 live births*

A Preterm Birth Rate of **13.8%** earns Oklahoma a grade of **F** from the March of Dimes

*The African-American prematurity rate in Oklahoma is **19.1%***

Oklahoma ranks **39th** in its Cesarean Delivery rate of **34.6%** and it is increasing

march of dimes

OHA Oklahoma Hospital Association

Preparing for a Lifetime
It's Everyone's Responsibility

Office of Perinatal Quality Improvement

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The Problem:

The facts on the previous page demonstrate that Oklahoma's outcomes for mothers and babies are not what they should be. The prematurity rate in Oklahoma has increased by about **20%** over the last two decades. Most of this increase was among late preterm births, those infants born at 34-36 weeks. Oklahoma has seen a rise in the late preterm birth rate of **30%** since 1990. Even infants electively delivered between 37 and 38 weeks (early term) have an increased morbidity. Recent studies indicate that changes in the management of labor and delivery care, particularly the increase in induction of labor and cesarean births, have influenced this increase in the rate of late preterm and early term births. While prematurity is a complex issue, the scheduling of elective deliveries after 39 weeks gestation is a proven and influential part of the solution.

The Solution:

Your hospital is invited to join a cost-free, statewide collaborative effort among Oklahoma birthing hospitals to eliminate non-medically indicated (elective) deliveries in women who have not yet reached 39 weeks of gestation.

The American College of Obstetrics and Gynecology has long-standing recommendations against this practice, yet recent studies indicate that elective deliveries undertaken at < 39 weeks may account for 10-15% of all births in the U.S. According to a recent survey of birthing hospitals in Oklahoma, 37% do not address gestational age when an elective induction or planned cesarean birth is scheduled. Recent studies also indicate that the first-time cesarean birth rate is rising (approximately 20% in Oklahoma). This rise is largely influenced by the rising induction rate in first-time, low-risk mothers. Early elective deliveries are associated with increased neonatal morbidities with no benefit to the mother or infant. They are also associated with a higher cost to hospitals and insurance providers.

Collaborative Work:

This Oklahoma collaborative will utilize the March of Dimes' *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit* that includes best practice articles and protocol tools—such as checklists and flowcharts—to educate and train obstetric teams to improve processes of care and outcomes surrounding appropriate scheduling of inductions and cesarean births.

Using models based on both the Institute for Healthcare Improvement (http://www.ihi.org) for collaborative quality improvement and leveraging the March of Dimes Toolkit (http://www.cmqcc.org), participating hospitals will focus on improving practices relative to a baseline assessment, as opposed to comparing practices across participating sites. Each obstetric service unit will examine its practices and share its observations on relevant activities. At the unit level, project teams will assess their individual needs, establish priorities, and work to achieve their own individual goals. Some hospitals may already perform well in this area but are still needed to participate in the collaborative to share successful strategies and support other teams. A panel of experts in quality improvement, obstetrics, neonatology and culture change will provide substantial guidance and support during implementation. Improving practices collaboratively has been proven to be more effective than attempting to improve individually at the unit or hospital level.

Thanks to funding from the March of Dimes and the Oklahoma State Department of Health, **there is no cost to join this collaborative**. In fact, a stipend of a minimum of $1,000 is being offered to each participating hospital which meets certain requirements. Each participating hospital will also be publicly recognized for its participation.

We hope that you are able to join this collaborative. If you have any questions, please contact Barbara O'Brien at barbara-obrien@ouhsc.edu or 405-271-7777.

Every Week Counts
Collaborative Basic Facts

Expectations of the Clinical Team:

The following expectations must be met to receive the $1,000 stipend at the conclusion of the collaborative:

- Develop an internal quality improvement team minimally consisting of:
  - ✓ Physician champion- A physician who believes in this effort and will support the required change in process.
  - ✓ Executive leader-Connects the team's aim to the organization's mission. Provides necessary resources and time to devote to testing and implementing changes. Supports and encourages the improvement team. Responsible for the sustainability of the teams' effective changes.
  - ✓ Day to day leader- Responsible for driving the improvement process every day. Manages the team and assures the changes are being made and data is collected. This person is likely to be the OB nursing leader.
  - ✓ Technical expert- The focus of this collaborative revolves around the OB scheduling process; therefore the technical expert is the person who has a strong understanding of the process to be improved. This person is responsible for the scheduling activities and data collection. This is likely to be a staff nurse.
  - ✓ Other: Other influential people may participate.
- At least 3 members of the team (adjustments may be made according to hospital size) must attend three day-long in-person educational sessions in Oklahoma City over the next 10 months.
  ~ Entire team is required to attend 1st learning session
- Collect 3 months of baseline data prior to the first learning session
- Participate in scheduled conference calls
- Report monthly data to the project team
- Share barriers and successes
- Implement process for scheduling elective deliveries at ≥ 39 weeks

Benefits of Participation:

- Apply learning from successful improvement efforts to eliminate non-medically necessary deliveries at < 39 weeks
- Be part of a state-wide collaborative to improve maternal and infant outcomes
- Learn from national content and quality improvement experts (see back page)
- Receive useful resources, including patient education materials
- Expand the statewide network for improvement work among peers with like challenges
- Receive support from the collaborative faculty and coordinators
- Receive a minimum of $1,000 stipend for successful completion
- Receive recognition for participation

Timeline:

Event	Location
Informational call – detailed information will be presented, however this is NOT required to join the collaborative.	February 1, 2011 at 11 am (Submit registration form to receive call-in information)
Deadline for collaborative registration	February, 18, 2011
Individual hospital pre-collaborative call with collaborative leaders, including all team members	Scheduled after registration is received
Learning session #1	April 28, 2011 Moore/Norman Vo Tech-South (OKC)
Learning session #2	July 22, 2011 Moore/Norman Vo Tech-South (OKC)
Learning session #3	October 4, 2011 Moore/Norman Vo Tech-South (OKC)

Elliott Main, MD, FACOG
Chairman and Chief of Obstetrics, California Pacific Medical Center

Elliott Main is the Director of the California Maternal Quality Care Collaborative (CMQCC). He has also been the Chairman of the Department of Obstetrics and Gynecology of California Pacific Medical Center in San Francisco since 1998. That department, with over 90 OB/GYN's and over 6,000 annual births is one of the largest in the US. Through his career, Dr. Main's clinical work and publications have focused on medical complications of pregnancy and outcomes-based quality improvement. Since 1997, he has also led OB Quality Improvement for all of Sutter Health's 20 hospitals and 40,000 births and developed and led several large-scale data-driven quality improvement efforts. Dr. Main is an author of the March of Dimes' *Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age Toolkit* that will be utilized by the Every Week Counts collaborative. He has presented numerous times on subjects related to perinatal quality improvement. *(April 28, 2011)*

Kathleen Rice Simpson, PhD, RNC, FAAN
Perinatal Clinical Nurse Specialist

Kathleen Simpson is a perinatal nurse specialist at St. John's Mercy Medical Center in St. Louis, MO. In that role she is responsible for clinical practice, education and research for the labor and delivery, antepartum and obstetric triage units of a perinatal service averaging over 8,000 births per year. Dr. Simpson is the author of AWHONN's Practice Monograph, *Cervical Ripening and Labor Induction and Augmentation* and co-author of AWHONN's textbook, *Perinatal Nursing*. She has conducted research regarding safe care when using the high alert medications oxytocin and magnesium sulfate and is the author of numerous articles on perinatal safety. She served on the steering committee and is a chapter co-author for the March of Dimes' recent publication, *Toward Improving the Outcome of Pregnancy, III. (July 22, 2011)*

G. Eric Knox, MD, FACOG
Professor of OB-GYN and Senior Consultant

G. Eric Knox is a professor of OB-GYN at the University of Minnesota in Minneapolis. His research interests are focused on qualitative patterns of nurse-physician communication, and their effect on patient injury in obstetrics. Dr. Knox has co-authored many articles with long-time research partner Kathleen Rice Simpson, PhD, RN, FAAN, including, "A Comprehensive Perinatal Patient Safety Program to Reduce Preventable Adverse Outcomes and Costs of Liability Claims," which appeared in the *Joint Commission Journal on Quality and Patient Safety*. He and Kathleen Simpson also co-authored an upcoming installment in the *American Journal of Obstetrics and Gynecology's* patient safety series titled, "Perinatal High Reliability" and also co-authored the chapter "Quality Improvement Opportunities in Intrapartum Care" in the March of Dimes publication, *Toward Improving the Outcome of Pregnancy, III*.

He is also a Senior Physician Consultant for PeriGen, Inc., an OB-specific risk reduction company. Dr. Knox works with hospitals to evaluate their current patient safety standards and practices of care, and tailor solutions to help them meet their individual clinical and financial goals.

A founding board member of the National Patient Safety Foundation, Dr. Knox is a board certified maternal-fetal medicine specialist and risk management expert. He has published over 115 articles and given over 200 lectures to nurses, physicians and governing boards on all aspects of clinical risk management and patient safety. *(July 22, 2011)*

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