Perinatal Safety
OB Quality Measures
Perinatal Safety Committee

• SMMC utilizes a physician peer review QI to review individual charts and to assess standard of care.

• Perinatal Safety QI committee developed in 2006

➢ Team members include OB/GYN Physician chair, Neonatologist, Perinatologist, W&C staff RN’s from each unit, educators from each unit, and managers from each unit.
Purposes of Perinatal Safety Committee

• Establish the basis, define current institutional practices.
• Redefine practice using professional guidelines or as regulatory requirements change.
• Provide a formal avenue for RN-MD collaboration
• Develop unit policies and procedures based on evidenced based standards using the performance improvement change model DMAIC.
• Ensure the best possible outcomes for women and their newborns.
DMAIC

• D= Define the Problem: Why is this project chosen, overall goal of project, perceived constraints or barriers, players and roles.
• M=Measure: Data collection plan, pre and post data collection.
• A=Analyze : Data or study
• I=Improve: solution generation, solution implementation, re-measure to access impact achieved.
• C= Control: Hardwiring (Maintain the Gain)
Define: Why Project Chosen

ACOG Clinical Management Guidelines for Obstetrician-Gynecologists

Adventist Health System

2010 Corporate Clinical Accountabilities

Evidence-Based Practice and Patient Safety
Goal: No elective vaginal inductions or elective c-sections prior to 39 weeks gestation based on current ACOG position
Possible Barriers

Physician support

Definition of Elective Procedures

Possible indications for procedure prior to 39 weeks

Determination of Gestational age

Fear of Loosing patients and physicians

Much more than medicine.
Data Collection

Institute for Healthcare Improvement

ACOG

New England Journal of Medicine

Much more than medicine.
Definitions of Terminology

• Elective Induction of Labor
• Elective Cesarean Section
ACOG Gestational Age Confirmation
Creation of Conditions Possibly Justifying Elective/Scheduled Delivery Prior to 39 Weeks Gestation list
How will we Measure

1. Use OB electronic schedule book to track procedures prior to 39 weeks gestation
2. Use 39 week flow sheet to track all procedures prior to 39 weeks monthly
3. Physician department chair reviews list at end of month for procedures that have a clear indication for delivery prior to 39 weeks using the list provided by AHS
4. All procedures without a clear indication are entered into Risk Master electronic variance reporting system
5. The variance reports are then reviewed by physician peer QI committee for standard of care review.
6. Any patient care found not to meet the standard of care are then addressed by the QI committee.
Monthly data tracking sheet sent to CNO and corporate office Monthly

• Number of deliveries/month
• Number of procedures prior to 39 weeks
• Number of procedures that met criteria for delivery prior to 39wks
<table>
<thead>
<tr>
<th>Deliveries &lt; 39 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility: Shawnee Mission Medical Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Deliveries</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>332</td>
<td>276</td>
<td>348</td>
<td>339</td>
<td>329</td>
<td>312</td>
<td>361</td>
<td>353</td>
<td>339</td>
<td>283</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| # of Deliveries (C-Section or Vaginal) < 39 weeks | 17 | 17 | 21 | 7  | 17 | 12 | 18 | 14 | 13  | 18  |     |     |

| # of Deliveries < 39 weeks that have an appropriate medical indication | 12 | 11 | 18 | 7  | 10 | 9  | 16 | 8  | 6   | 13  |     |     |
Analyze
Pre implementation data and stats

Educate and Share process analysis with physicians and staff.
(Educate, Educate, Educate)
Improve

After implementation decrease in procedures noted but then stabilized out without reaching goal of 100% compliance

Scheduled procedure checklist created by Perinatal safety committee
### Scheduled Procedure Checklist

<table>
<thead>
<tr>
<th>Physician:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>G_____P______EDC:</td>
<td>Last 4 SS#</td>
</tr>
</tbody>
</table>

#### Fetal Maturity Criteria:
- Ultrasound measurement at less than 20 weeks of gestation supports a gestational age of ≥ 39 weeks.
- Fetal heart tones have been documented as present for 30 weeks by doppler.

#### Previous Uterine Scar:
- Yes
- No

#### Indication for procedure:

**Indication for delivery < 39 weeks**
- Premature Membrane (greater than or ≥ 34 weeks)
- Preeclampsia
- Abruptio Placenta
- Bleeding DTR/Marginal Placental Placenta
- Non-Preserving fetal testing
- Gestational Hypertension
- Maternal-Infant Disease (Severe)
- Fetal Compromise (UGP)
- Oligohydramnios
- Blood group sensitization
- Fetal Hydrops
- Chorioamnionitis

**Delivery at 39 weeks or greater**
- Macrosomia (CTW > 4000g)
- Gestational Diabetes/ Vel Controlled Diabetes
- IUGR: reassuring testing
- Chronic Hypertension on bed rest
- History of Silent Birth
- History of HSY
- Multiples Gestation (Twins < 37 weeks)
- CNS Anomalies
- Chromosomal Anomalies
- Fetal Damage (Drug/Metal/Radiation)
- Unstable Lie/Premature presentation
- Malignancy requiring treatment
Control

Continuous Monitoring

Culture of Always

Much more than medicine.
How we are doing now?

Average: 320 deliveries/month

Average: 15 scheduled procedures prior to 39 weeks gestation/month

Of those 15 procedures average of 4/month do not have indication for delivery prior to 39 weeks.