

**2016 American Nurses
Association Annual Conference**

Connecting **Quality, Safety**
and **Staffing** to Improve Outcomes



Reducing Early Elective Deliveries

Susana Gonzalez, RN, MSN/MHA, CNML

Barbara C. Schuch, RN, BSN, MSN, RNC-OB, C-EFM

MacNeal Hospital



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Problem

“Preterm birth, birth before 37 weeks of pregnancy, is a serious health problem that costs the United States more than \$26 billion annually.”

(2006 Institute of Medicine Report)



Preterm Birth

- Leading cause of newborn death
- One million babies worldwide die each year as a result of early birth

Babies who survive an early birth often face the risk of lifelong health challenges, such as...

- Breathing problems
- Cerebral palsy
- Learning disabilities
- Others



Objective

“Preventing early elective deliveries (EED) is now becoming a best practice in hospitals around the country...”

(Dr. Jennifer L. Howse, president of the March of Dimes)

- Publicize best practices in evidence-based, interprofessional, patient-centered care



March of Dimes Toolkit

“For more than two years, the March of Dimes has been working with hospitals, health policy experts, and partner organizations to implement a toolkit that helps hospitals put in place policies and practices to reduce the number of medically unnecessary C-sections and inductions scheduled before 39 weeks of pregnancy.”



JCAHO (PC-01)

PC-01: Elective Delivery

- Adopt a hospital wide policy that establishes criteria for performing early-term medical inductions and cesarean sections.
- Require a review of all requests that do not meet the established criteria.



JCAHO (PC-01)

- Obtain clear, concise documentation from clinicians about important information (such as gestational age at the time of delivery and any medical complications) to help coders identify conditions.
- Provide updated coder education as needed.



Stakeholders

Name	Title	Discipline	Department
Dr. Charles Adamczyk	Dept. Chair	Physician	OB
Dr. Susan Porto	Dept. QA Chair	Physician	OB
Dr. Carol Saffold	Lead OB Hospitalist & Dept. QA Committee member	Physician	OB
Susana Gonzalez, MSN/MHA	OB Dept. Director	Nursing	OB
Barbara Schuch, MSN, RNC-OB, C-EFM	Birth Center Clinical Manager OB Dept. QA Coordinator	Nursing	OB
L/D Nursing Staff	All RN's	Nursing	OB



Process Improvement

The team developed a plan to reduce EEDs

- Induction of labor (IOL) policy was updated.
- No IOL agent would be initiated without first checking that all proper documentation was completed verifying 39 weeks or greater gestation; or if under 39 weeks a medical indication was clearly documented.
- The process was hardwired and became a key process indicator for nursing staff and physicians.
- Applicable cases sent for referral were peer reviewed.



Process Improvement

- Empowered nursing staff worked closely with the Department Chairman, Nursing Director and Clinical Coordinator to intervene on scheduled cases that did not meet criteria for EED.
- These cases were rescheduled for a later date.



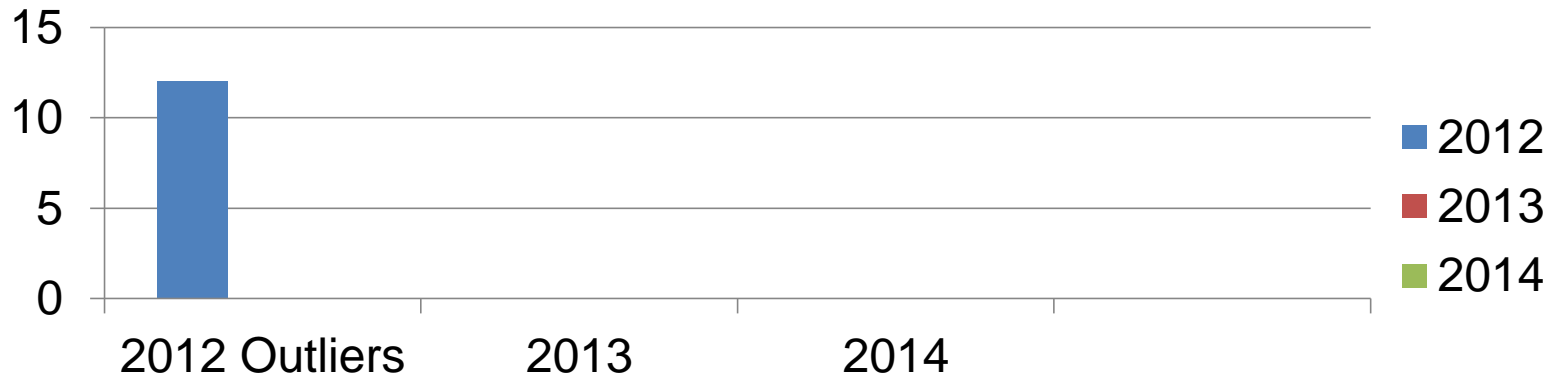
Audit Process

- The “Induction of Labor Plan” was updated to include EED criteria.
- Audits were performed on all inductions of labor.
- ...auditor looked for 100% compliance consistent with ACOG standards for dating and medical indications for EED.



Results

The ILPQC data system, where the hospital submitted PC-01 data for 2013-2014, allowed for rapid response reporting of the hospital's EED rate in comparison to other hospitals in the state.





Outcome

- 2013-2014 EED rates for this institution remained under the 5% benchmark for the ILPQC initiative.
- The hospital received a commendation letter from the ILPQC for the success of the hospital's quality improvement and patient safety efforts to reduce EEDs.



ILPQC Letter

“Congratulations on the success of your hospital’s quality improvement and patient safety efforts to reduce early elective deliveries. On behalf of ILPQC and our collaborators and stakeholders, we commend you on your hospital’s achievement of ILPQC’s statewide goal of an early elective delivery rate of less than 5%. Your hospital’s achievement is a critical step towards improving birth outcomes and reducing costs associated with non-medically indicated early elective inductions and elective cesarean sections. This letter officially recognizes your hospital and your perinatal team for this outstanding achievement.”





Commendation

“Improving the Quality of Care for Moms and Babies” banner was awarded by the MOD for two consecutive quarters of EED rates of less than 5%.





Implications for Practice

- This institution's success is largely credited to the interprofessional and collaborative teamwork between physician's and nursing staff.
- This is a critical step towards improving birth outcomes and reducing costs associated with non-medically indicated EEDs and elective cesarean sections.



References

- Illinois Perinatal Quality Collaborative
- Institute of Medicine Report, (2006)
- Joint Commission Perspectives, November 2013, Volume 33, Issue 11
- www.acog.org
- www.marchofdimes.org



Questions?

