



Patient Safety Collaboration: Maternity Action Team Web Meeting
August 18, 2014 | 3:30 pm –5:00 pm ET

The National Quality Forum (NQF) convened a web meeting of the Patient Safety Collaboration: Maternity Action Team members on Monday, August 18, 2014, which drew approximately 250 public participants. An [online archive](#) of the meeting is available. The objectives for the meeting were to:

1. Publicly launch the [Playbook for the Successful Elimination of Early Elective Deliveries](#) (“Playbook”)
2. Learn how several hospitals and hospital systems have used strategies in the Playbook to successfully reduce early elective deliveries

Introductions and Opening Remarks

Co-chairs, Elliott Main and Maureen Corry, began the meeting by welcoming everyone and announcing the public release of the Playbook – a collection of resources compiled by the Maternity Action Team to help those hospitals struggling to reduce their early elective delivery (EED) rates. Ms. Corry restated the goal of the action team – to promote healthy mothers and babies by reducing EED rates prior to 39 weeks gestation to 5 percent or less not only in every state but in every hospital in the country. Dr. Main highlighted the multistakeholder group that comprises the Maternity Action Team and expressed his gratitude for everyone’s hard work in developing the Playbook.

The Playbook Overview

Action Team members provided an overview of the Playbook, which includes the following sections:

- Section I. Current Landscape for Eliminating Early Elective Delivery
- Section II. Barriers to Reducing EED and Strategies to Overcome Them
- Section III. Challenges and Barriers to Monitoring Performance and Progress Towards Eliminating Early Elective Deliveries
- Section IV. Key Strategies to Promote “Readiness” for Early Elective Delivery Reduction Activities
- Section V. Measurement Guidance
- Section VI. Educational Tools, Resources, And Exemplars to Support Early Elective Delivery Elimination Efforts

Dr. Main introduced the main contents of the Playbook and its overall purpose before exploring the first three sections focused on key barriers to reducing EED and strategies to address them. Dr. Divya Cantor of WellPoint, Inc. presented Section IV, with its focus on key strategies to promote readiness for EED reduction activities, in particular, strategies on senior leadership engagement and payment and policy. Barbara O’Brien from the University of Oklahoma Health Sciences Center discussed Section V with its emphasis on providing guidance related to calculating The Joint Commission PC-01 EED (NQF #0469) measure, interpreting the measure’s results, and tips for hospitals working with electronic health records (EHR) vendors. Jesse Bushman from the American College of Nurse Midwives presented Section VI, which offers a compilation of educational tools, resources, and exemplars to support EED elimination efforts.

Playbook Strategies Put to the Test

The web meeting featured presentations from the efforts of four hospitals that have demonstrated success in reducing or eliminating EED. Each group discussed strategies similar to the ones found in the Playbook.

Spectrum Health Gerber Memorial, Fremont, MI

Dr. Tami Michele, an obstetrician/gynecologist at Spectrum Health Gerber Memorial, presented the Michigan Keystone OB Project. This project focuses on several objectives, including creating a culture of patient safety, eliminating elective inductions or scheduled Cesarean deliveries, and promoting safe use of Pitocin. Consistent with the strategies in Section IV of the Playbook, the project focused on teamwork and eliminating competition among the staff, resulting in better care coordination and putting the patients' needs first. They also eliminated a productivity bonus, which resulted in a reduction in elective inductions and Cesarean rates attributed to physicians not having an incentive to perform a specific number of births. Their data showed a 13.5 percent decrease in induction rate and 3.8 percent reduction in Cesarean rate. Dr. Michele noted that spontaneous labor has proven to be cost effective and the change in culture has given the staff better job satisfaction, better perception of hospital management, and gratification in providing safe quality care to mothers and babies.

Duncan Regional Hospital, Duncan, OK

April Adams, clinical team supervisor at Duncan Regional Hospital, discussed their participation in the Oklahoma Perinatal Quality Improvement Initiative and how the hospital's EED rates have declined from 12 percent to almost zero in six years. Referencing Section II of the Playbook regarding barriers and strategies for overcoming provider resistance to change, Ms. Adams noted that the hospital's efforts in eliminating EED involve having a physician champion on board. Lack of effective policies for elective labor induction or Cesarean section is listed as one of the main barriers in the Playbook. Despite being a small rural hospital with a total of approximately 500 births a year, the team at Duncan Regional Hospital prides itself in having stringent guidelines for both patients and staff to follow when it comes to induction or Cesarean birth before 39 weeks, including a case review by the head of the department of obstetrics and gynecology. To date, the hospital practically sees no EED by continuing its proven best practices.

Alabama Hospital Association

Rosemary Blackmon, executive vice president and chief operating officer at the Alabama Hospital Association, presented four "life lessons" they have employed in their work and with their Hospital Engagement Network (HEN) to drive success in reducing EED. These lessons align with the strategies discussed in Section II and III of the Playbook, particularly focused on stakeholder buy-in and collaboration as well as monitoring performance. The four lessons were:

1. They take a voluntary approach in getting buy-in from hospitals, ensuring that each is doing its part for the right reason.
2. The association along with Medicaid, the March of Dimes, the HEN, and others work together to compile resources and share best practices.
3. Manuals of actions are kept focused, simple, and concise to make them easy for hospital to follow and take actions.

4. Through the HEN, hospitals receive reports on measures they are reporting on benchmarked to their counterparts, both to see how they are improving and where they care further develop.

Overall, data from 2013 have shown how these strategies have kept Alabama hospitals at 1.5 percent EED rate with 80 percent of hospitals reporting at zero rate for most of the time period. Constant monitoring of hospitals is ongoing to further help mothers and babies stay healthy.

Summit Healthcare Regional Medical Center, Show Low, AZ

Shelly Lanagan, Perinatal Clinical Care Specialist, described Summit Healthcare Regional Medical Center's journey towards achieving reduction in EED in their organization from 2006 onwards, inspired by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) work. Despite taking several years for their homegrown toolkit "cervical ripening and induction of labor analysis tool" to see results, data from 2009 show that they are now down to 1 percent in early elective induction. Their strategies for success include developing an interdisciplinary team; instituting a hard-stop policy on scheduling EED; establishing a physician and a nurse champion; implementing nurse staff education; empowering and supporting nurses in advocating for their patients; applying changes to EHRs to better collect data; collaborating with the performance improvement quality department; securing support from leadership and patients; and engaging those who are truly passionate in reducing EED. Summit Healthcare Regional Medical Center's best practices closely tie to the strategies in the Playbook, particularly those strategies pertaining to hard-stop policies, scheduling, use of data, and engaging physician champions.

Wrap-Up and Next Steps

The meeting wrapped up with the co-chairs addressing a few public comments, including a demonstration of the Inpatient Quality Reporting data on the Medicare website. As an immediate follow-up, an email was sent to all meeting participants encouraging ongoing progress in eliminating EED and utilization of the Playbook.