



Maternity Action Team Action Pathway: Promoting Healthy Mothers and Babies

July 31, 2014

In 2014, the National Quality Forum convened a multistakeholder action team to focus on improving maternal health through a model of sharing best practices and aligning public- and private-sector patient safety efforts. In support of the Partnership for Patients initiative, this action team brings together critical thought leaders to identify aspirational goals and key strategies to drive system-level change. The results of this work will contribute to a broader national effort to achieve a significant and sustainable reduction in early elective deliveries.

Background

In March 2011, the Department of Health and Human Services (HHS) released the National Quality Strategy (NQS) and identified six priorities to achieve the overarching triple aim of healthy people and communities, better care, and affordable care. In support of the NQS, HHS launched the Partnership for Patients initiative to advance the priority areas of safety, care coordination, and patient and family engagement and to achieve two goals:

1. Decrease preventable hospital-acquired conditions by 40 percent compared to 2010.
2. Decrease preventable hospital readmissions by 20 percent compared to 2010.

Upon HHS's request in 2012, the National Quality Forum (NQF) convened two multistakeholder action teams that brought together thought leaders to identify aspirational goals, develop and align strategies, and act as change agents to mobilize action and systems-level change for two high-leverage areas: maternity care and readmissions. The 2012 Maternity Action Team (MAT) allowed leaders to look across many maternity improvement efforts, articulate shared goals, and work collectively on deploying their resources in a more unified and efficient manner. The group focused its efforts primarily on aligning measurement around The Joint Commission's existing perinatal measure set; deploying evidence-based tools such as hard-stop policies; and aligning consumer and provider messaging around normal healthy birth and the harms and benefits of EED. Given the success of the action team model as a way to catalyze and align action across parallel public and private improvement efforts, HHS requested that NQF reconvene the maternity and readmissions action teams in the fall of 2013 and create a third action team focused on patient and family engagement.

2014 Maternity Action Pathway

In early 2014, NQF reconvened the Maternity Action Team (see roster in [Appendix A](#)) comprised of nearly 20 public and private stakeholders to continue its work on addressing inappropriate maternity care. Led by Maureen Corry, Childbirth Connection Programs, National Partnership for Women & Families and Dr. Elliott Main, California Maternal Quality Care Collaborative, the action team considered how to best leverage its shared resources to further improve the health of mothers and babies, reflecting on the remarkable reduction in early elective delivery (EED) rates over the last two years. According to Leapfrog Group data, EED rates decreased to 4.6 percent in 2013, representing a 73 percent decrease in three short years.¹ Many stakeholders have highlighted this as one of the greatest quality improvement successes in healthcare to date.

Although significant progress has been made in reducing EEDs—with many providers meeting the 5 percent goal set by the 2012 MAT—there are many areas in the country that are still finding it difficult to achieve results. Given the important implications for mothers and babies, MAT members agreed to build upon the momentum of the 2012 MAT and the work occurring across the public and private sectors to reduce EEDs prior to 39 weeks gestation to 5 percent or less in every state. To support this aspirational goal, three specific high-leverage strategies were identified with a major focus on measurement, partnership, and consumer and provider engagement (see Figure 1). Together, the three strategies offer a cohesive pathway to facilitate action and safely reduce elective deliveries.

Figure 1: 2014 Maternity Action Pathway

Promoting Healthy Mothers and Babies



Action Team Strategies

A major initiative of the action team is the development of the *Playbook for the Successful Reduction of Early Elective Deliveries*, or “Playbook” for short. The primary objective of this resource is to provide guidance and strategies to help those still struggling to reduce their EED rates. It supports all who are practicing and delivering care, and provides specific guidance for hospitals and hospital systems/networks facing various barriers and challenges in their quality improvement (QI) efforts. The *Playbook* is discussed further in the context of the three strategies below.

Measurement

In its 2012 work, the action team emphasized the essential role of performance measurement in driving improvement, and quickly focused in on The Joint Commission’s NQF-endorsed perinatal measure set. One often highlighted success of the 2012 MAT was its contribution—both individually and collectively—to accelerating required reporting of a standardized set of perinatal measures to improve maternity care for mothers and babies. Over the past two years, reporting of this measure set—including the PC-01 Elective Delivery measure—was made a requirement for Joint Commission-accredited hospitals with greater than 1,100 births. As a result, it is estimated that approximately 1,200 accredited hospitals now report on this measure set, in contrast to roughly 200 reporting hospitals in the third quarter of 2013.²

With a stronger requirement in place for measuring and reporting on EED rates, providers have expressed the need for standardized data collection, reporting, and improvement tools to aide their QI efforts and to mitigate measurement burden. Although the perinatal measure set has focused needed attention on reducing EEDs, there is a lack of clarity among hospitals and providers about data collection processes, the differences between requirements for the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission, and interpretation of results. To address these challenges, the action team is including specific measurement guidance in the *Playbook*. This includes an overview of various

reporting requirements; guidance on calculating the PC-01 measure, including a “cheat sheet” for hospitals to use when calculating the measure; guidance on interpreting the PC-01 measure results; tips for working with EHR vendors; and other educational materials identified by team members.

Partnership

A consistent theme that has arisen from the action team work is the importance of multistakeholder collaboration, and the role that partnerships play in the success of maternity initiatives. Action team members emphasize the engagement of public- and private-sector stakeholders—including upfront engagement of physicians—and having a convener or “driver of change” are keys to success. In addition to the obvious need to engage healthcare providers, clinicians, and consumers, action team members emphasize the important role that purchasers (both public and private) and health plans play in driving change. Partnerships lacking all of these critical perspectives at the table are not likely to succeed.

Action team members have committed to fostering collaborative partnerships to facilitate further reduction of EEDs and to catalyze improvement on other maternal quality fronts. This important strategy of connecting stakeholders and promoting collaboration is critical to achieving the goal of reducing EEDs in every state. Action team members are also committed to sharing successes and lessons learned in their respective EED initiatives, and to discuss barriers and strategies that could be applied to other EED or maternal QI efforts.

Another major theme of the *Playbook* is partnering with other stakeholders, both within and external to one’s own organization/health system. The *Playbook* offers a variety of strategies for overcoming barriers, including engagement of senior and/or institutional leadership; guidance related to policy and payment strategies; and exemplars of states that have initiated successful policy and/or payment initiatives. Over the next several months, action team members are committed to widely distributing the *Playbook* to their respective communities and partnering organizations, in addition to the Partnership for Patients Hospital Engagement Networks (HENs). They also will conduct targeted outreach to those that have demonstrated success—as well as to those that have struggled—with reducing EED rates in an effort to translate and spread proven strategies and resources.

Communication

The action team strongly supports consistent and aligned messaging and communication strategies for consumers and providers and the spread of evidence-based tools that promote normal, healthy childbirth as an important strategy to further reduce EED rates. Recent surveys of mothers support the need for further education about healthy pregnancy and childbirth decisions. For instance, Childbirth Connection’s Listening to Mothers II survey results underscore the need to better inform women about potential harms associated with induction and cesarean section to help them make the best decisions about their care.³ In an effort to promote shared decision-making and resources that communicate align consumer and provider messages, the *Playbook* includes a wide range of resources targeting both providers and consumers. The *Playbook* also highlights evidence-based tools that educate and promote normal healthy birth. Examples include the March of Dimes’ *Late Preterm Brain Development Card* and the American College of Nurse Midwives’ recent factsheet *Normal, Healthy Childbirth for Women & Families: What You Need to Know*.

The Path Forward—Driving Momentum and Sustainability

The action team is actively working on the action pathway's execution and pursuing additional opportunities to collaborate with stakeholder groups in the public and private sectors, including the HENs and the NQF membership. The action team plans to disseminate the *Playbook* in early August and hold a public webinar to engage a broader array of stakeholders in dialogue about opportunities to reduce EED. This public forum will allow the action team to share its work on the *Playbook* and further connect with other maternity leaders from across the country to catalyze broad-scale improvement.

Updates on the activities and accomplishments of the action team members are highlighted in NQF's Quarterly Impact Reports, and through in-person meeting and webinar summaries posted to the [NQF website](#). The final Quarterly Impact Report (due October 15, 2014) will include a summary of the action team's activities and results over the course of the project.

Endnotes

¹ Dramatic decline in dangerous early elective deliveries; The Leapfrog Groups cautions against babies being born too soon, hits national target. The Leapfrog Group, March 2014. Available at http://www.leapfroggroup.org/policy_leadership/leapfrog_news/5164214.

² Maternity Action Team Call, March 17, 2014.

³ Declercq ER, Sakala C, et al. Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences. New York: Childbirth Connection, October 2006. Available at <http://www.childbirthconnection.org/listeningtomothers/>.

Appendix A: 2014 Maternity Action Team Roster

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