



SIVB July 2011 Webinar

July 26, 2011 – 7:30am

Please sign in using the chat window on the left – name of hospital and all team members participating today.

Please do NOT put this call on hold!

Topics for today's webinar

- Engaging physicians (and others) to support SIVB goals and other maternity QI efforts
- Data review – good news in May's data!
- What next for the SIVB initiative?

Barriers reported by SIVB teams – June 2011

- Physician buy-in – at quality meeting got push-back from MDs regarding “doctors don’t want to be told how to practice.” I was encouraged to develop a Power Point that service line leader would present. I did present PowerPoint rather than MD and felt it was well-received by providers – many questions and asking for more evidence.
- Lack of attendance at educational offerings and Division meetings
- Communicating effectively to all OB staff
- Physician buy-in and compliance
- Physician resistance
- Calling failure to progress c/s something other than failure to progress

Barriers reported by SIVB teams – June 2011

- MD resistance/Nursing resistance/Manipulating data
- Some MD resistance
- Failure of staff to recognize there is a problem (healthy baby, healthy mom mentality)
- Strong resistance from OB doctors/Consequent major stakeholders leaving initiative/Lack of administrative support/Increased census – decreased time in execution and planning
- MD opposition/Administrative support in intervening with non compliance
- Resistance from physicians and RNs

June 2011 - What has been helpful?

- Strong physician leadership/Multidisciplinary approach/ Data sharing
- Perseverance and keep pushing – plant seeds/Present in way not to dictate practice/Present evidence
- Support from OB chief
- Physician and staff buy-in
- Having data to support initiative and help with education
- Having a medical director directly involved/Standardized protocols/PI Department standing behind standards
- Sharing of monthly information
- Having an obstetrician on our team
- Making MDs aware of the data
- Comparison data with other hospitals

Physician engagement

- What can be done?
- The SIVB team physician champions “get it” – how do we help others to do so?
- What strategies have been most effective in reaching physician colleagues and responding to their concerns?

“As of now the problem is ours to solve. If cesarean delivery rates spiral upward, our profession will lose both credibility and the opportunity to determine our direction, as third-party payers and the government will become involved.”

Queenen JT. How to Stop the Relentless Rise in Cesarean Deliveries. *Obstetrics & Gynecology* 2011; 118: 199-200.

Using the PQCNC Maternal Health Discussion List



PQCNC

Home | Calendar | Contact Us | My account | Got an Idea? | PAL | New Birth Certificate

Lists

PQCNC Maternal Health Discussion List: Use this resource to exchange information or ask questions of members of PQCNC-affiliated teams about practices, protocols or policies at other North Carolina hospitals, quality improvement efforts in perinatal health, emerging evidence, or upcoming events. - **to send a message to the list** [click here](#)

PQCNC HYB Administrators Discussion List: Use this resource to exchange information or ask questions of other HYB administrators - **to send a message to the list** [click here](#)

PQCNC CABS I Discussion List: Use this resource to exchange information or ask questions of other CABS I key contacts from participating facilities - **to send a message to the list** [click here](#)

PQCNC Close to Me Discussion List: Use this resource to exchange information or ask questions of other members of the *Close to Me* Working Group - **to send a message to the list** [click here](#)

Materials

- About PQCNC
- Institutions
- Members
- Conferences
- Initiatives
- Resources
- Family Focus Group
- Of Interest
- Blogs
- Friends of PQCNC
- Lists**
- Tutorials
- Videos

Members

Tools

Contact Keith Cochran to sign up for the discussion list (keith_cochran@unc.edu)

Don't forget to respond to your colleagues questions!

SIVB Teams' Ideas for PQCNC support

- Come talk at OB Provider meeting
- Complete more individualized data for our hospital
- Continue with evidence based practice presentations
- Get buy in from insurance companies
- Review and provide any literature (continue Nancy notes)
- Data reports
- Maybe come and speak to MDs and RNs
- If funding allows, according to data, create “satellite groups” to educate, ie: labor support in decreasing c-section rate
- Site visit by OB
- Provide continued data and evidence-based research
- Find ways to communicate directly with the MD departments and practice groups

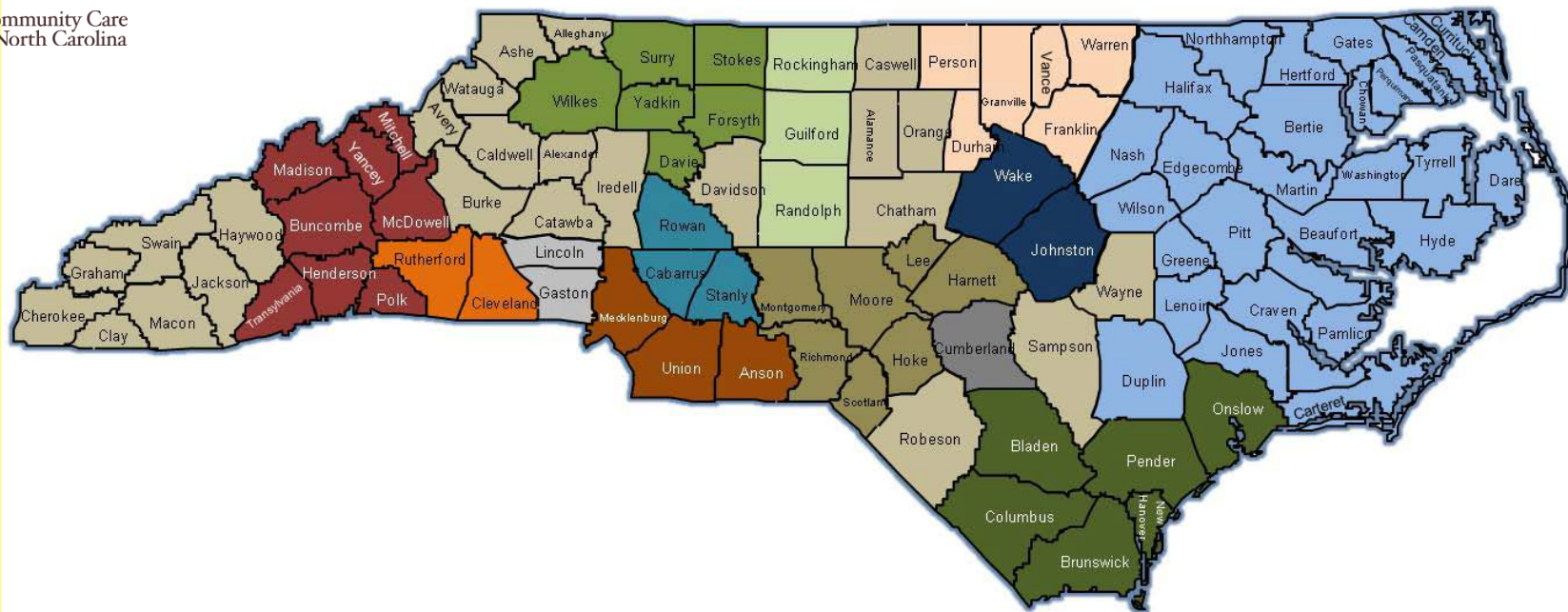
CCNC Pregnancy Home and SIVB – Common Goals, Natural Partners?

- Community Care of North Carolina (CCNC) works with providers through their practices in the community via local networks
- CCNC Pregnancy Home Program now working with 250 practices/clinics (over 650 individual providers) that serve Medicaid patients
- Pregnancy Home Program requirements with L&D elements:
 - *No elective deliveries (IOL and C/S) before 39 weeks of gestation* (Using JCAHO algorithm)
 - *Maintain primary c-section rate among term, singleton, vertex at or below 16%* (Using AHRQ algorithm)
- www.communitycarenc.org



Community Care
of North Carolina

Pregnancy Medical Home Initiative: OB Champions



AccessCare
Kate Menard, MD, MPH
Regional Champions



Community Care of Western North Carolina
Richard Hudspeth, MD



Community Care of the Lower Cape Fear
Lydia Wright, MD



Carolina Collaborative Community Care
Stuart Shelton, MD



Community Care of Wake/Johnston Counties
Cathi Weatherly-Jones, MD



Carolina Community Health Partnership
Pending



Community Care Plan of Eastern Carolina
Pending



Community Health Partners
Velma Taormina, MD



Community Care Partners of Greater Mecklenburg
Tara Vick, MD



Community Care of the Sandhills
John Byron, MD



Community Care of Southern Piedmont
Russell Suda, MD



Northern Piedmont Community Care
Philip Heine, MD



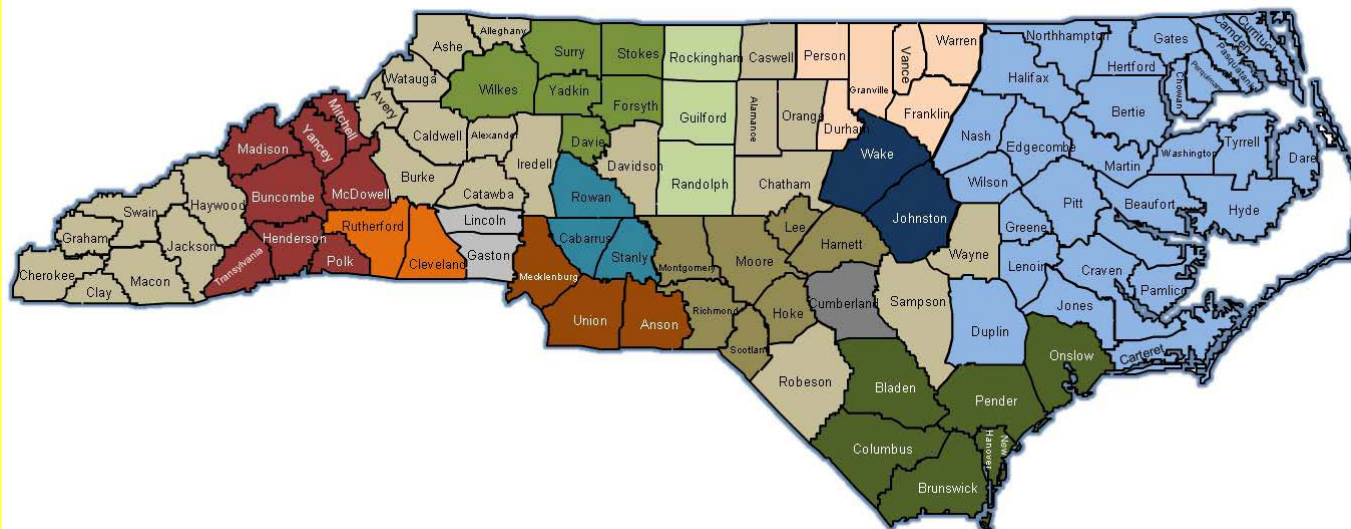
Northwest Community Care Network
Elizabeth Gamble, MD



Partnership for Health Management
Pending



Pregnancy Medical Home Initiative: OB Nurse Coordinators



AccessCare

Priscilla Bell pbell@ncaccesscare.org
Ph: 910-214-0777 Mob: 910-214-0777

Community Care of Western North Carolina

Angel Huneycutt ahuneycutt@ccwnc.org
Ph: 828-348-2832 Mob: 828-772-1316

Community Care of the Lower Cape Fear

Doris Robinson doris.robinson@carelcf.org
Ph: 910-332-1632 Mob: 910-521-3435

Carolina Collaborative Community Care

Carolyn Smith* csmith@carolinaccc.com
Ph: 910-705-7621

Community Care of Wake/Johnston Counties

Betty Mazzeo emazzeo@wakedocs.org
Ph: 919-365-9961

Community Care Partners of Greater Mecklenburg

Lisa Tucker lisa.tucker@carolinashealthcare.org
Ph: 704-512-2465

Carolina Community Health Partnership

Lisa Spake ccalspake@yahoo.com
Ph: 828-287-3351

Community Care Plan of Eastern Carolina

Christy Welborn cwelborn@pcmh.com
Ph: 252-847-5031

Community Health Partners

Alicia Glenn aglenn@gfhs.info
Ph: 704-671-1401

Northern Piedmont Community Care

Stephanie Triantafillou* stephanie.triantafillou@duke.edu
Ph: 919-613-6530

Northwest Community Care Network

Allison Wood allwood@wfubmc.edu
Ph: 336-713-6226

Partnership for Health Management

Vivian Grice vgrice@p4hm.org
Ph: 336-944-1585

Community Care of the Sandhills

Ashley Johnson ajohnson@cc-sandhills.org
Ph: 910-246-9806, x367 Mob: 910-585-8202

Community Care of Southern Piedmont

Starla Hatley starlahatley@ccofSP.com
Ph: 704-754-4470

* Interim Coordinator

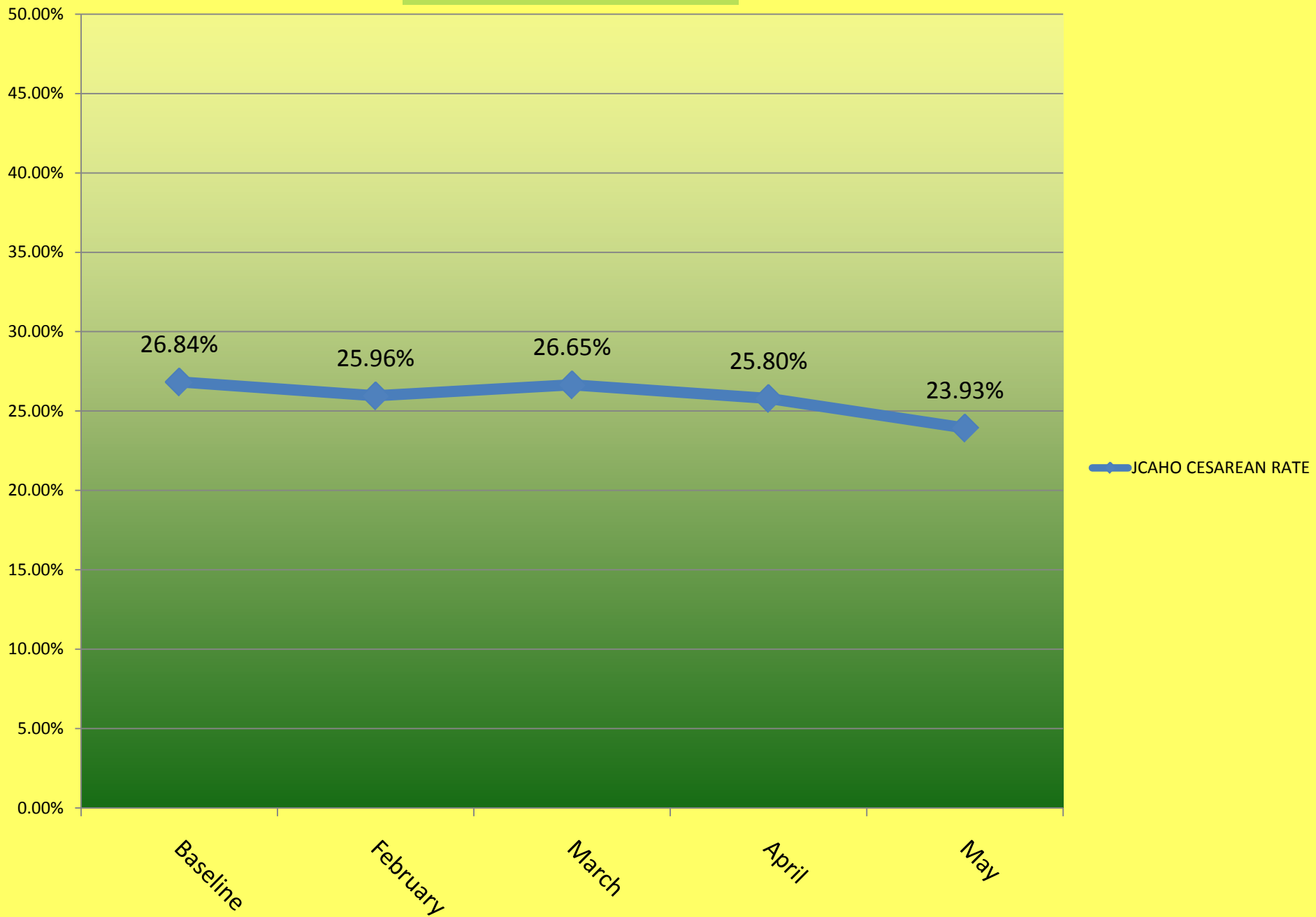


SIVB Data Overview

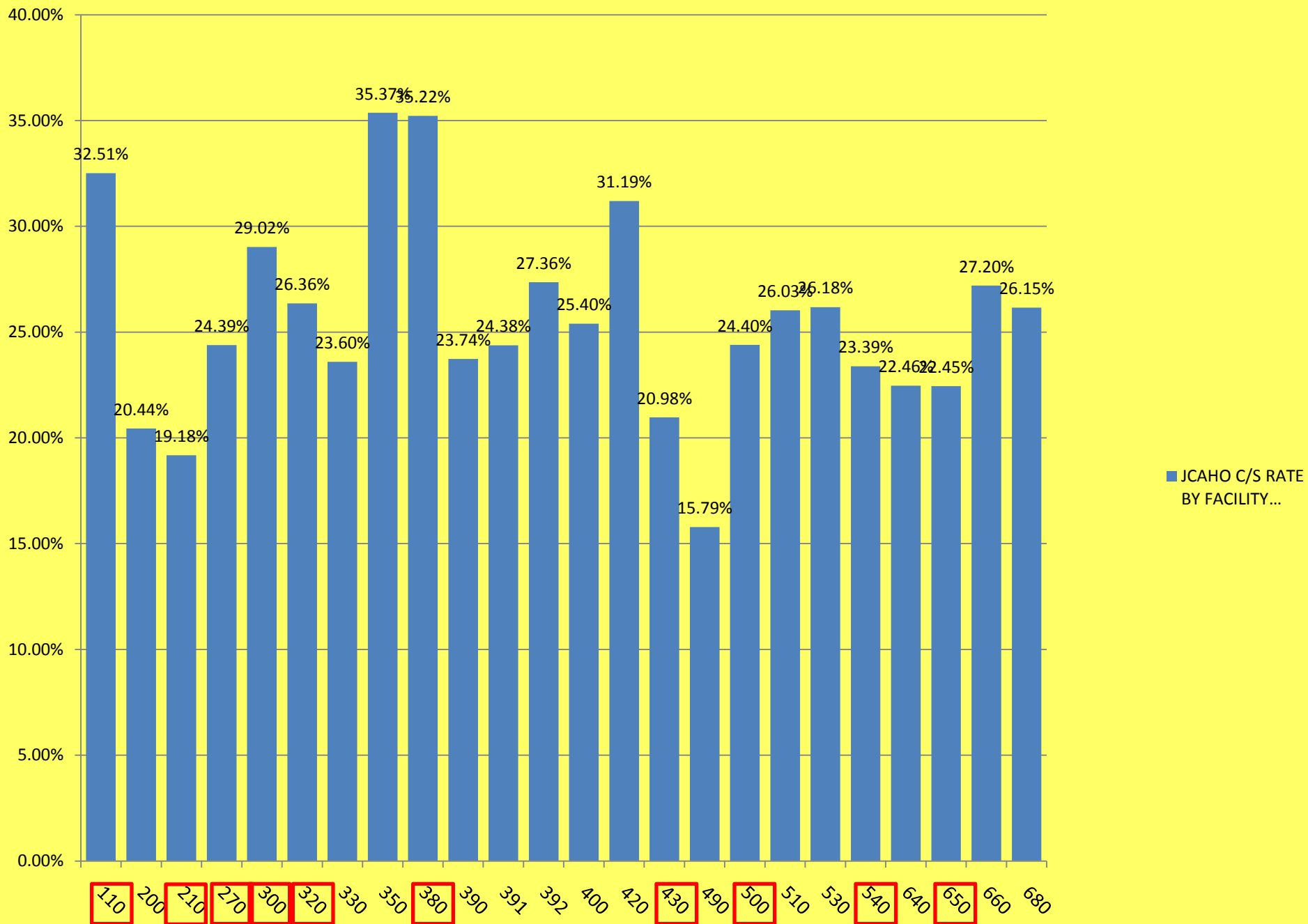
Trends through May 2011

24 hospitals reporting

JCAHO CESAREAN RATE



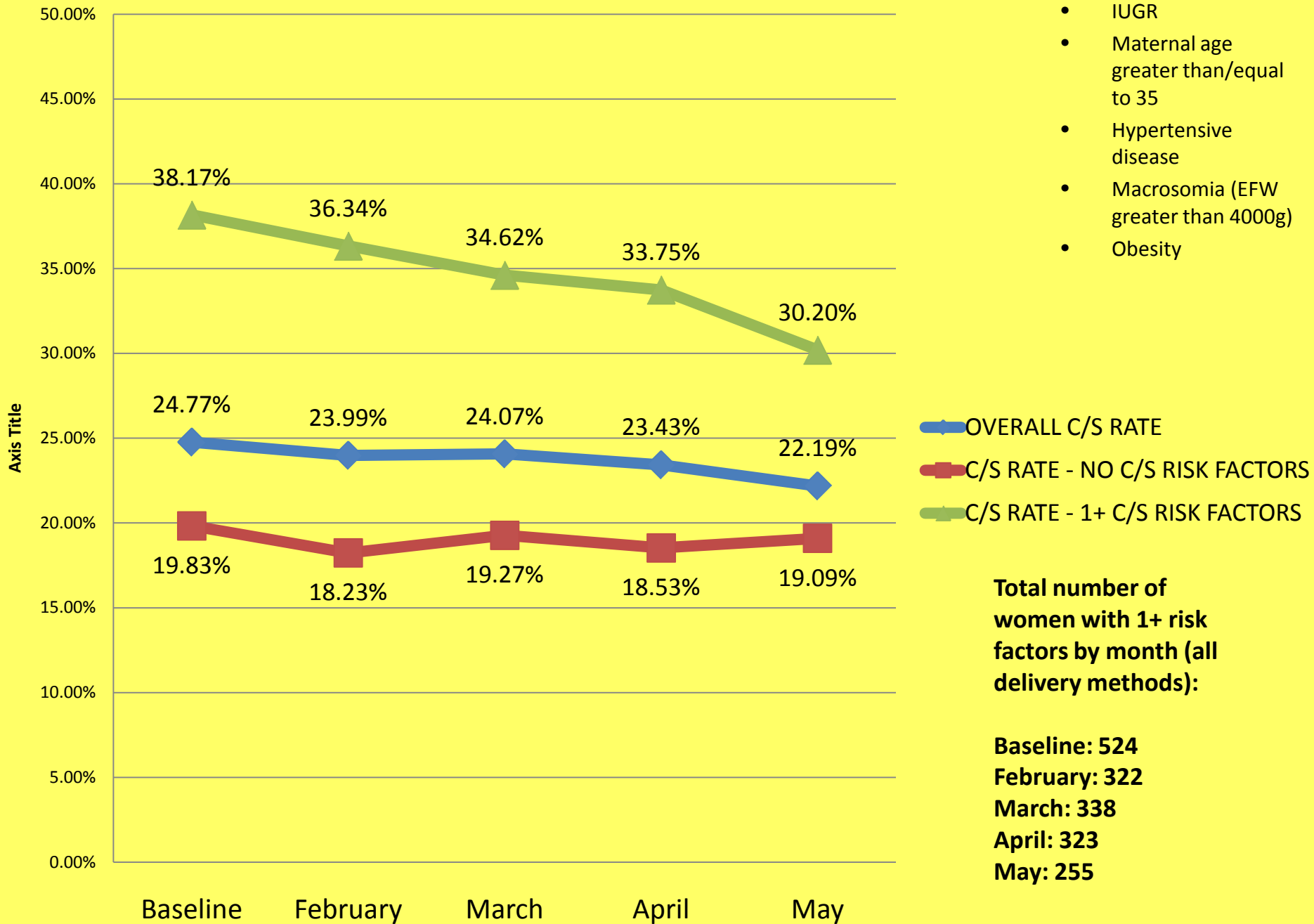
JCAHO C/S RATE BY FACILITY - ALL DATA



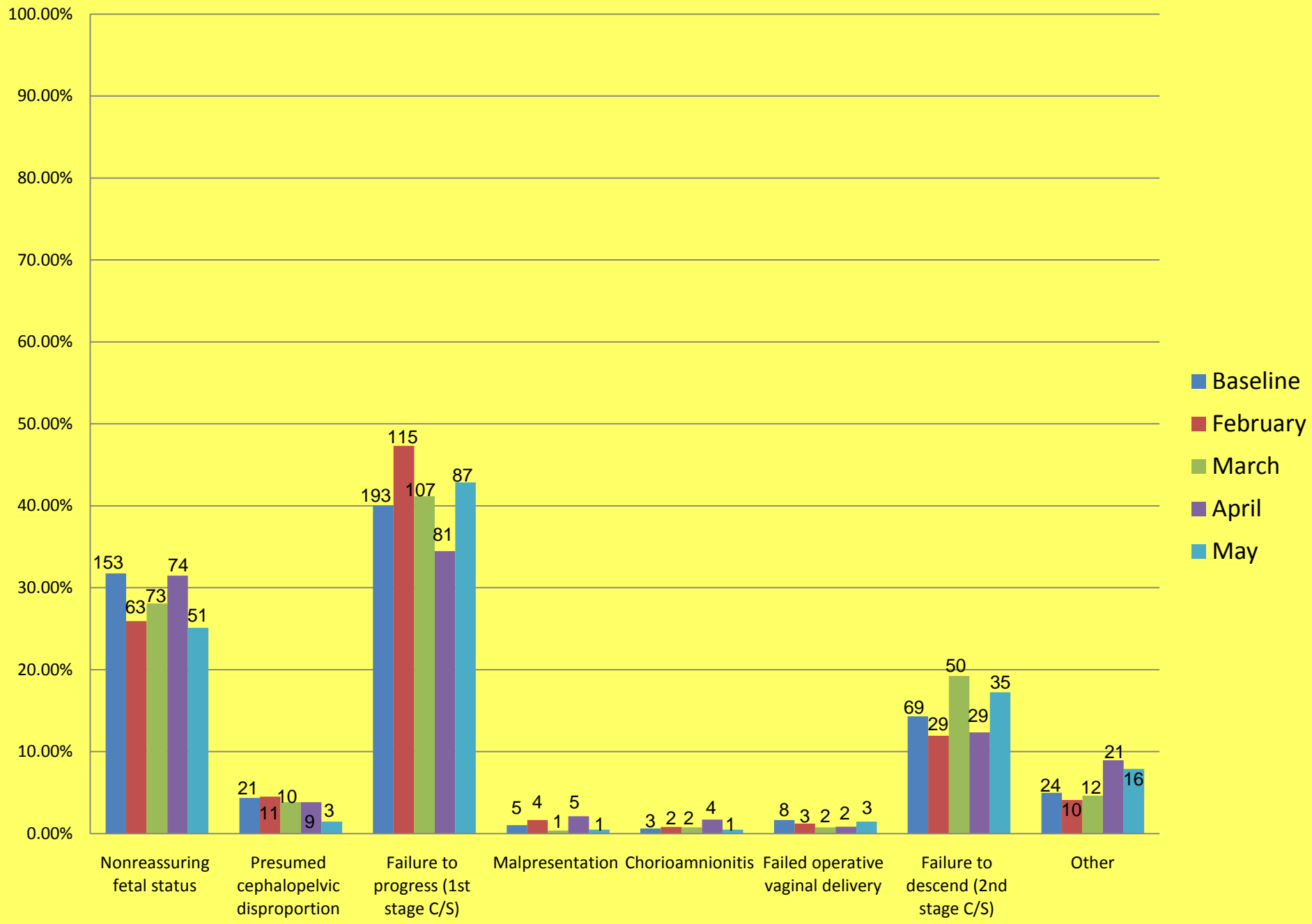
FACILITY #	Overall VBR	VBR for pts with no c/s risk factors	VBR for pts with 1+ c/s risk factors
380	83.33%	72.36%	60.87%
110	71.54%	74.74%	63.01%
300	85.38%	75.46%	53.06%
350	69.68%	76.32%	43.90%
392	82.59%	77.78%	62.96%
640	84.92%	79.38%	79.31%
680	82.29%	79.41%	66.67%
420	72.79%	79.50%	60.73%
500	77.23%	79.65%	71.72%
660	75.71%	81.08%	61.72%
320	75.20%	81.49%	54.08%
390	77.04%	81.76%	54.05%
530	90.05%	81.94%	63.83%
210	82.16%	82.08%	82.22%
391	92.89%	82.54%	67.61%
270	81.94%	82.76%	68.29%
510	80.60%	83.33%	69.23%
200	84.43%	83.44%	73.47%
540	80.17%	83.73%	71.83%
650	78.51%	84.71%	63.89%
430	82.03%	84.72%	67.29%
400	91.26%	85.37%	52.38%
490	85.71%	88.64%	75.00%
330	81.93%	89.71%	40.00%

CESAREAN RATES

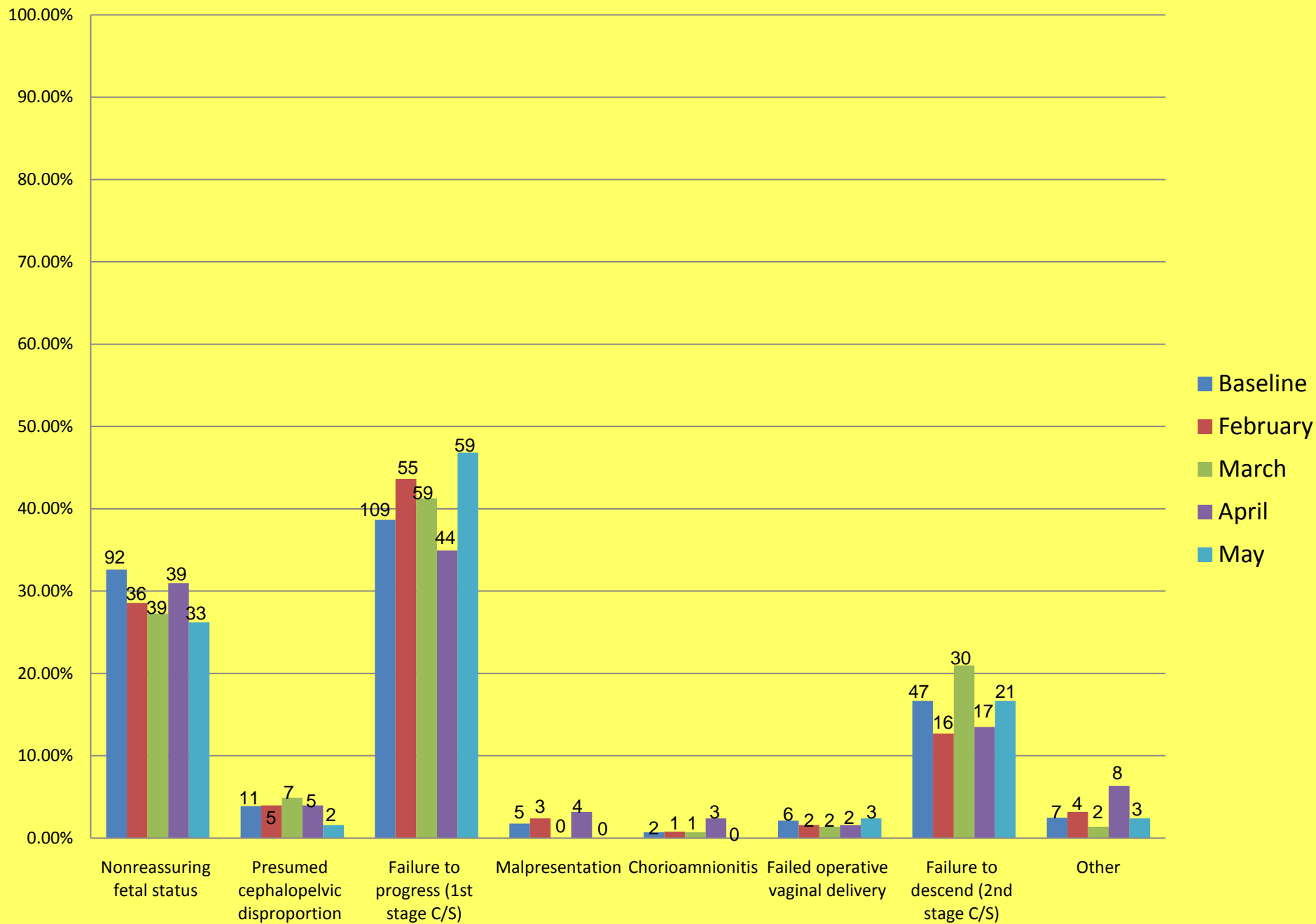
- Diabetes (any type)
- IUGR
- Maternal age greater than/equal to 35
- Hypertensive disease
- Macrosomia (EFW greater than 4000g)
- Obesity



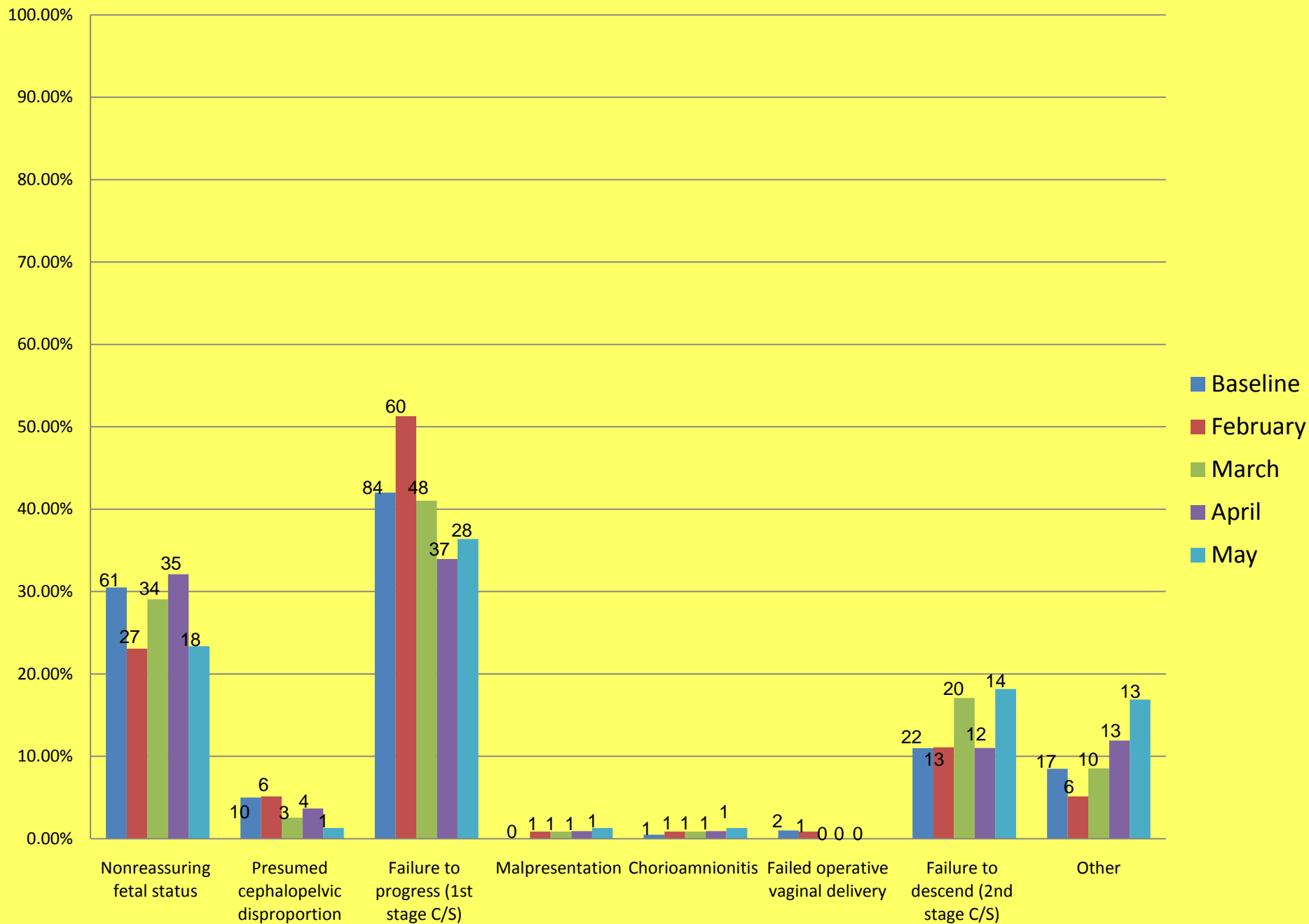
PRIMARY INDICATION FOR CESAREAN (ALL PATIENTS)



C/S INDICATION AMONG PTS WITH NO C/S RISK FACTORS



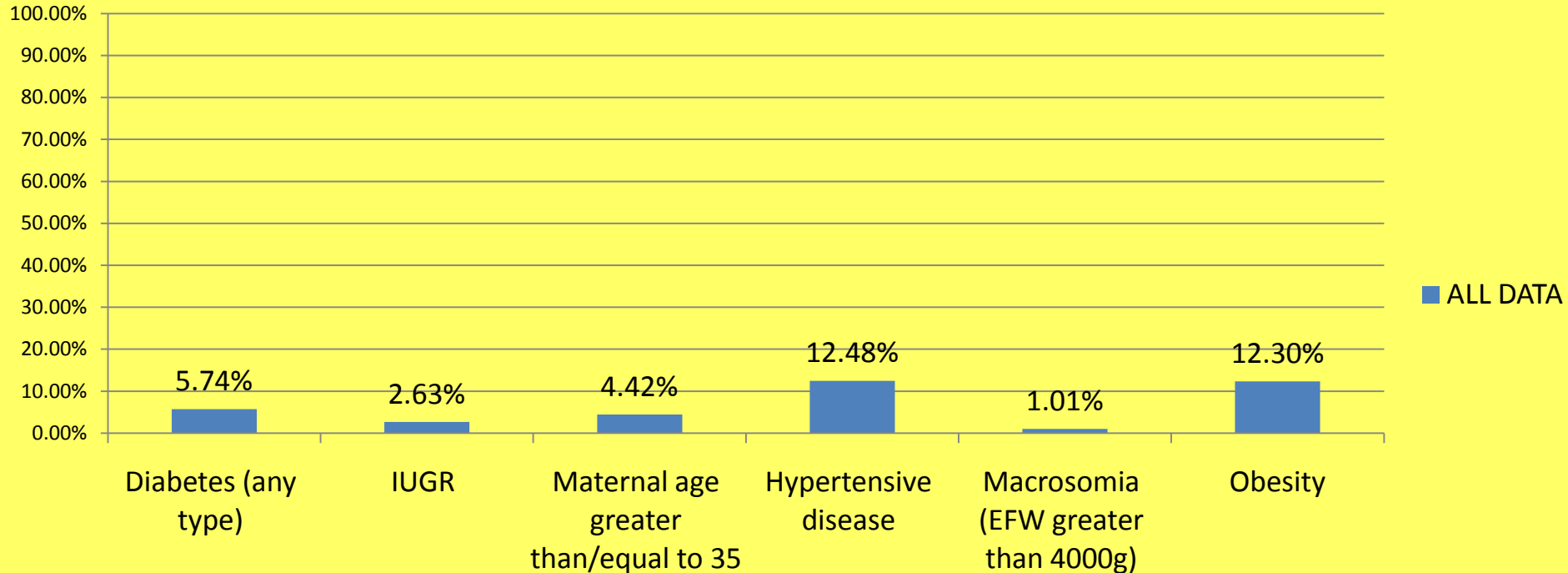
C/S INDICATION AMONG 1+ C/S RISK FACTORS



CESAREAN RISK FACTORS

- Diabetes (any type)
- IUGR
- Maternal age greater than/equal to 35
- Hypertensive disease
- Macrosomia (EFW greater than 4000g)
- Obesity

MATERNAL C/S RISK FACTORS

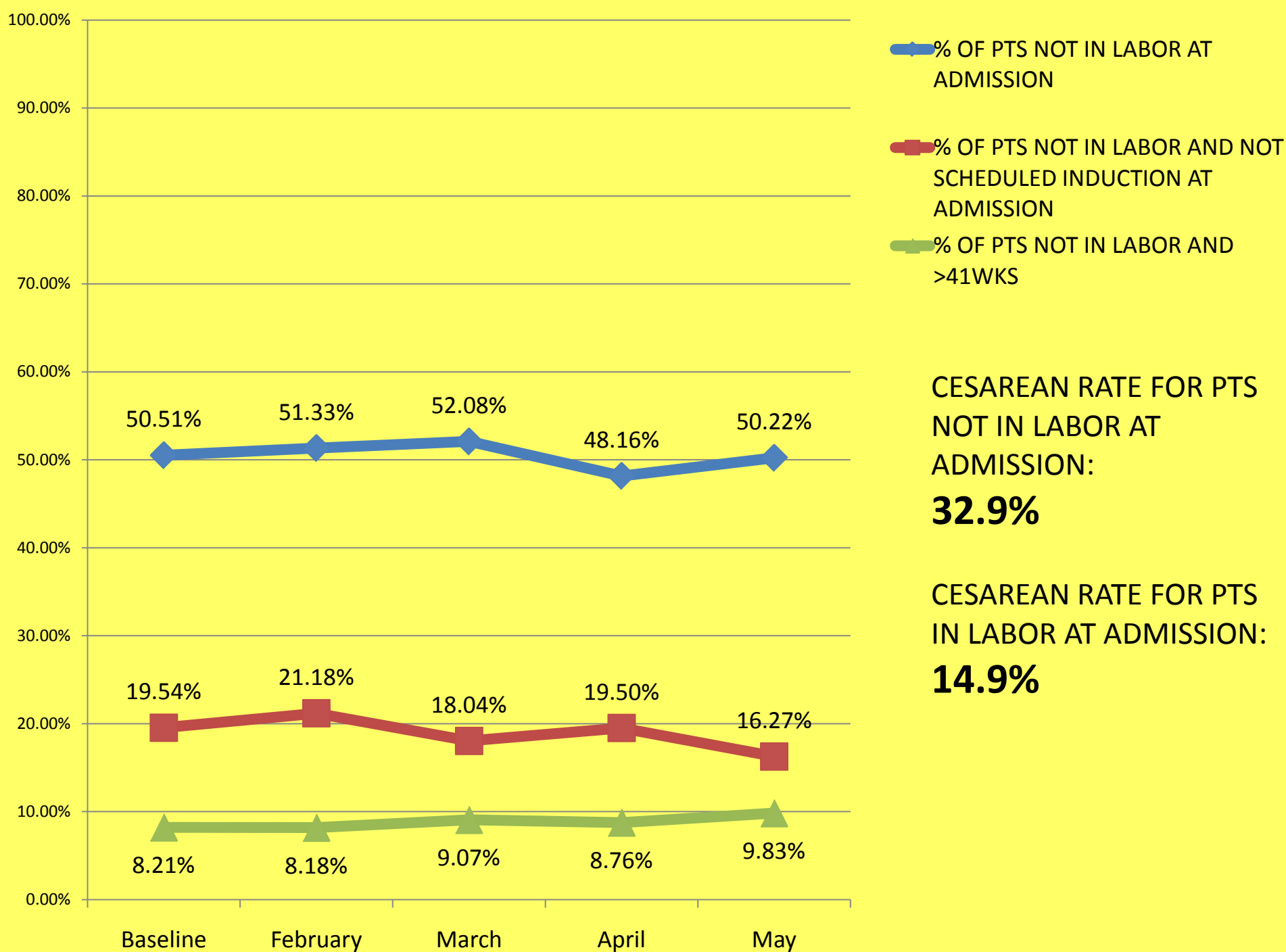


"Other" primary indications for c/s

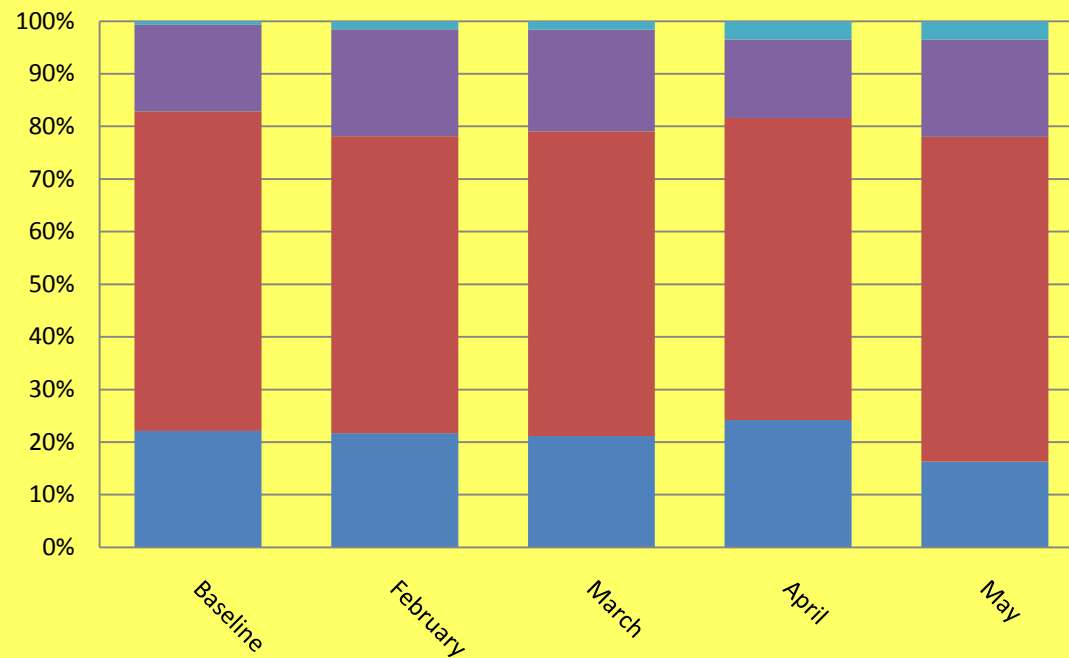
Total	80
Failed induction	22
Elective	11
Macrosomia	8
Fetal intolerance to labor	6
Arrest of descent	5
Abruptio	4
Bleeding	3

"Other" others:

- Panic Attack
- Severe Back Pain
- Breech
- Severe Pre-E
- Elevated Maternal Temp
- HELLP
- PIH
- Low-Lying Placenta
- Compound Presentation
- Prolonged Latent Phase
- Difficulty Breathing with Spinal
- Failed Forceps Delivery
- Prolonged ROM



CERVICAL DILATION AT ADMISSION - NOT IN LABOR



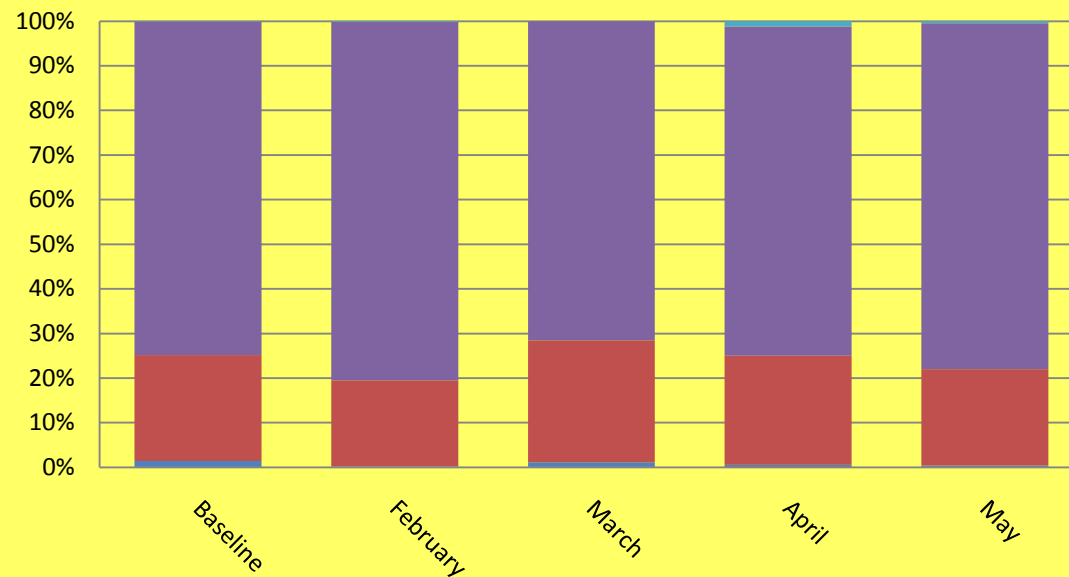
CESAREAN RATE:

----20.97%

----31.01%

----46.39%

CERVICAL DILATION AT ADMISSION - IN LABOR



CESAREAN RATE:

----12.51%

----21.61%

----42.31%

	<41 Weeks / >41 Weeks					
	Pts <41 Weeks, No PROM			Pts >41 Weeks, No PROM		
Dilation at admission	%	n	C/S rate	%	n	C/S rate
0 cm	11.80%	441	50.11%	16.49%	107	39.25%
1-2 cm	37.06%	1385	29.10%	54.70%	355	32.39%
3+ cm	49.99%	1868	12.79%	27.58%	179	24.02%
	Labor Pts <41 Weeks, No PROM			Labor Pts >41 Weeks, No PROM		
0 cm	0.73%	14	35.71%	2.82%	5	60.00%
1-2 cm	19.10%	364	22.80%	24.86%	44	22.73%
3+ cm	79.75%	1520	11.38%	71.75%	127	19.69%
	Non-Labor Pts <41 Weeks, No PROM			Non-Labor Pts >41 Weeks, No PROM		
0 cm	23.32%	427	50.59%	21.61%	102	38.24%
1-2 cm	55.76%	1021	31.34%	65.89%	311	33.76%
3+ cm	19.01%	348	18.97%	11.02%	52	34.62%

	No Risk Factors / Risk Factors					
	No Risk Factors, No PROM			Risk Factors, No PROM		
Dilation at admission	%	n	C/S rate	%	n	C/S rate
0 cm	5.31%	233	37.34%	6.79%	298	56.38%
1-2 cm	23.19%	1017	26.45%	14.18%	455	35.05%
3+ cm	35.57%	1560	11.67%	8.80%	386	21.76%

	Labor Pts, No Risk Factors, No PROM			Labor Pts, Risk Factors, No PROM		
0 cm	0.48%	10	60.00%	0.38%	8	12.50%
1-2 cm	14.83%	309	21.36%	3.89%	41	29.63%
3+ cm	63.08%	1314	10.43%	12.10%	252	19.44%

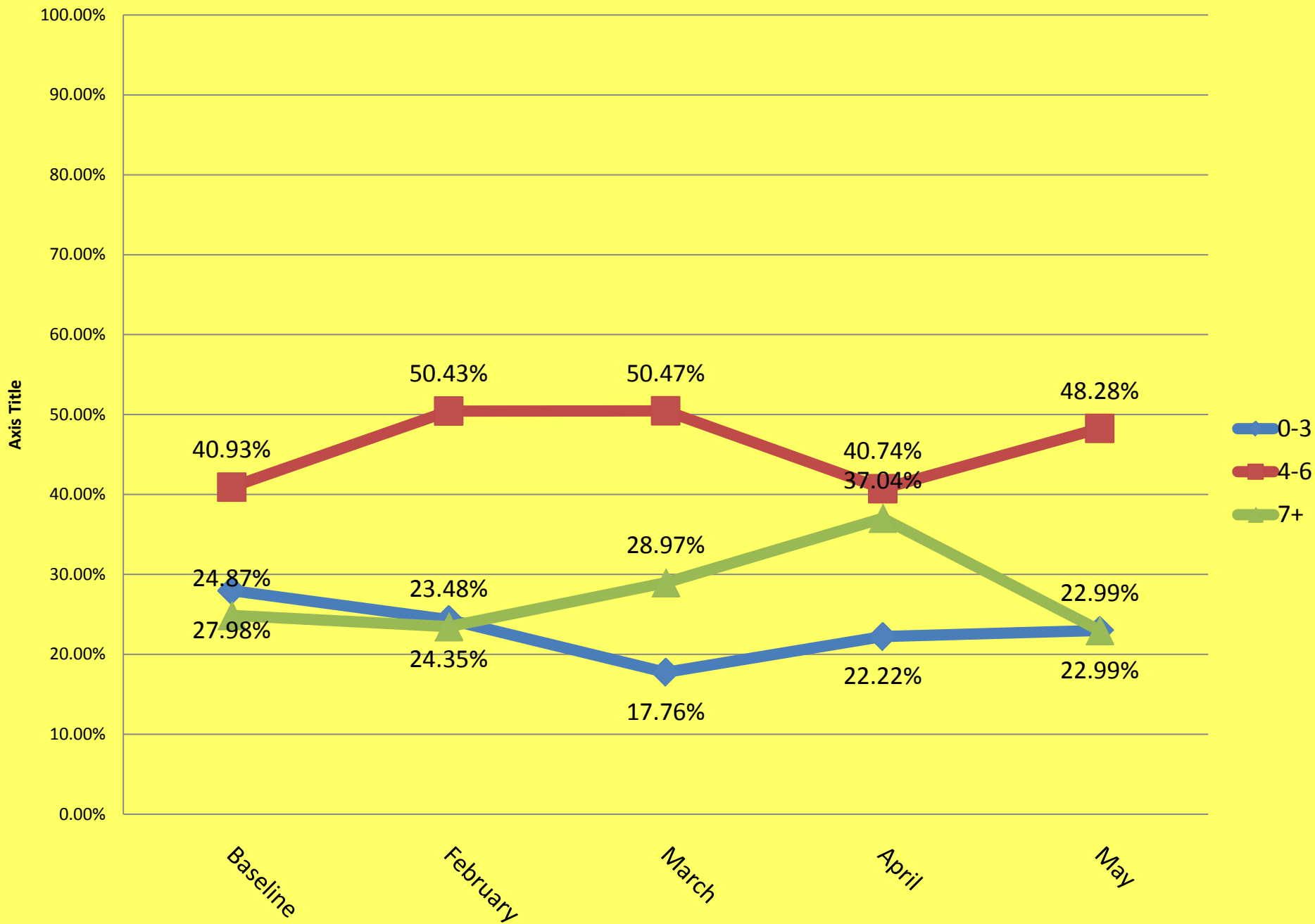
	Non-Labor Pts, No Risk Factors, No PROM			Non-Labor Pts, Risk Factors, No PROM		
0 cm	10.71%	223	36.32%	12.59%	290	57.59%
1-2 cm	14.83%	708	28.67%	23.49%	414	35.86%
3+ cm	63.08%	246	18.29%	5.82%	134	26.12%

	No Risk Factors, <41 Weeks / >41 Weeks					
	No Risk Factors, <41 Weeks, No PROM			No Risk Factors, >41 Weeks, No PROM		
Dilation at admission	%	n	C/S rate	%	n	C/S rate
0 cm	3.51%	154	38.96%	1.80%	79	34.18%
1-2 cm	17.05%	748	25.40%	6.13%	269	29.37%
3+ cm	32.38%	1420	10.70%	3.19%	140	21.43%

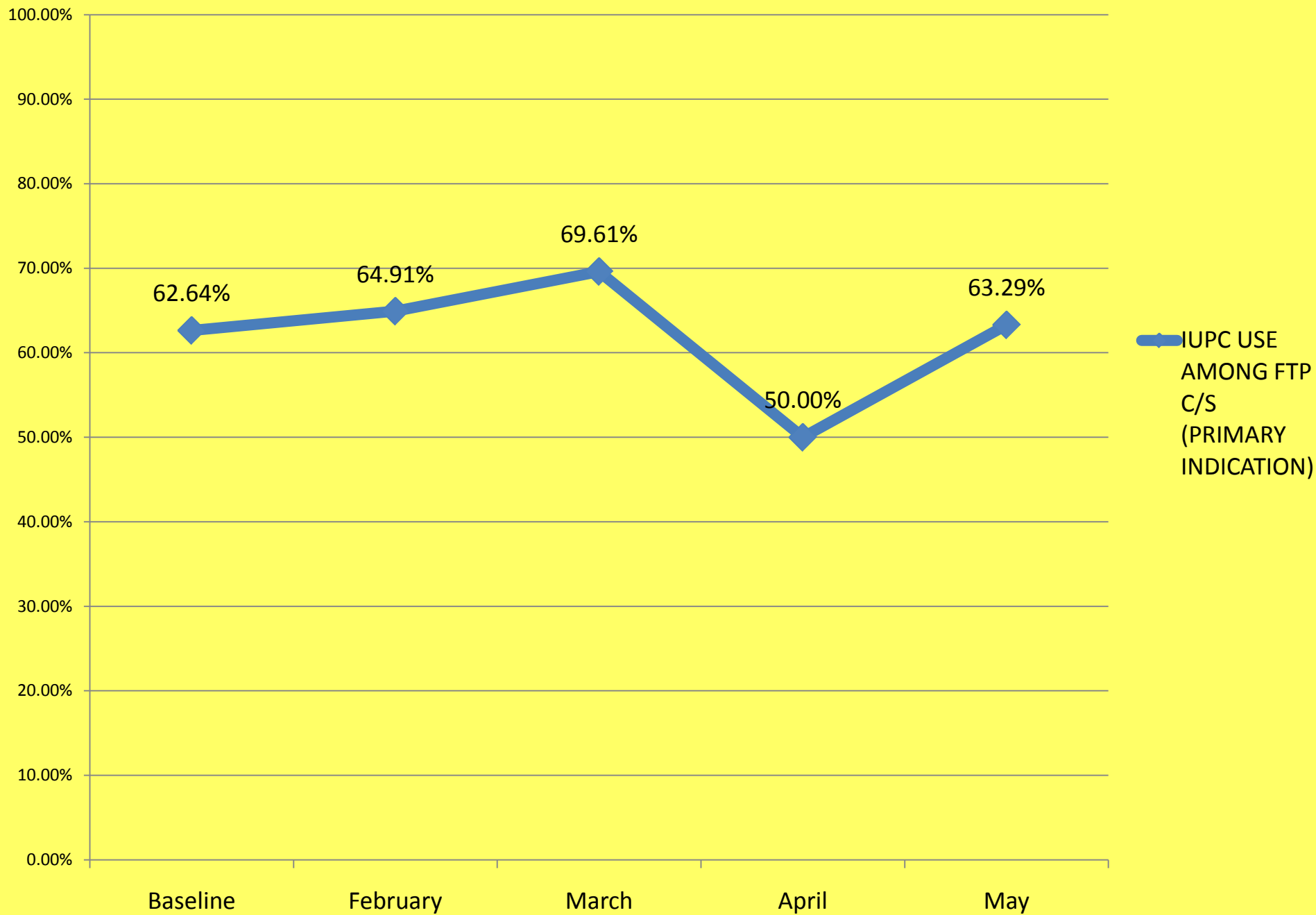
	No Risk Factors, <41 Weeks, in Labor, No PROM			No Risk Factors, >41 Weeks, in Labor, No PROM		
0 cm	0.29%	6	66.67%	0.19%	4	50.00%
1-2 cm	13.25%	276	21.38%	1.58%	33	21.21%
3+ cm	58.23%	1213	9.89%	4.85%	101	16.83%

	No Risk Factors, <41 Weeks, Not in Labor, No PROM			No Risk Factors, >41 Weeks, Not in Labor, No PROM		
0 cm	6.43%	148	37.84%	3.26%	75	33.33%
1-2 cm	20.50%	472	27.75%	10.25%	236	30.51%
3+ cm	8.99%	207	15.46%	1.69%	39	33.33%

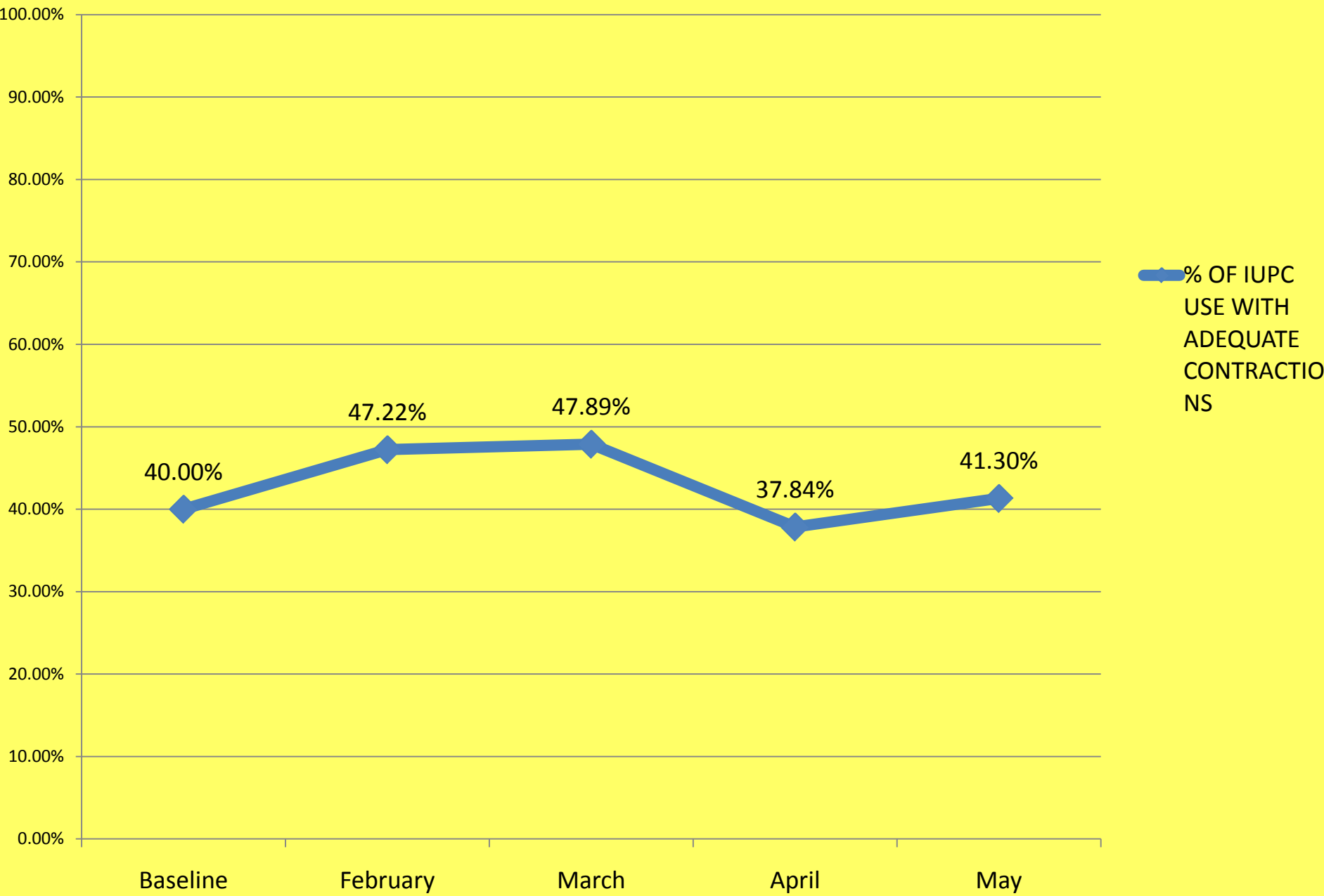
DILATION WHEN FTP DIAGNOSED



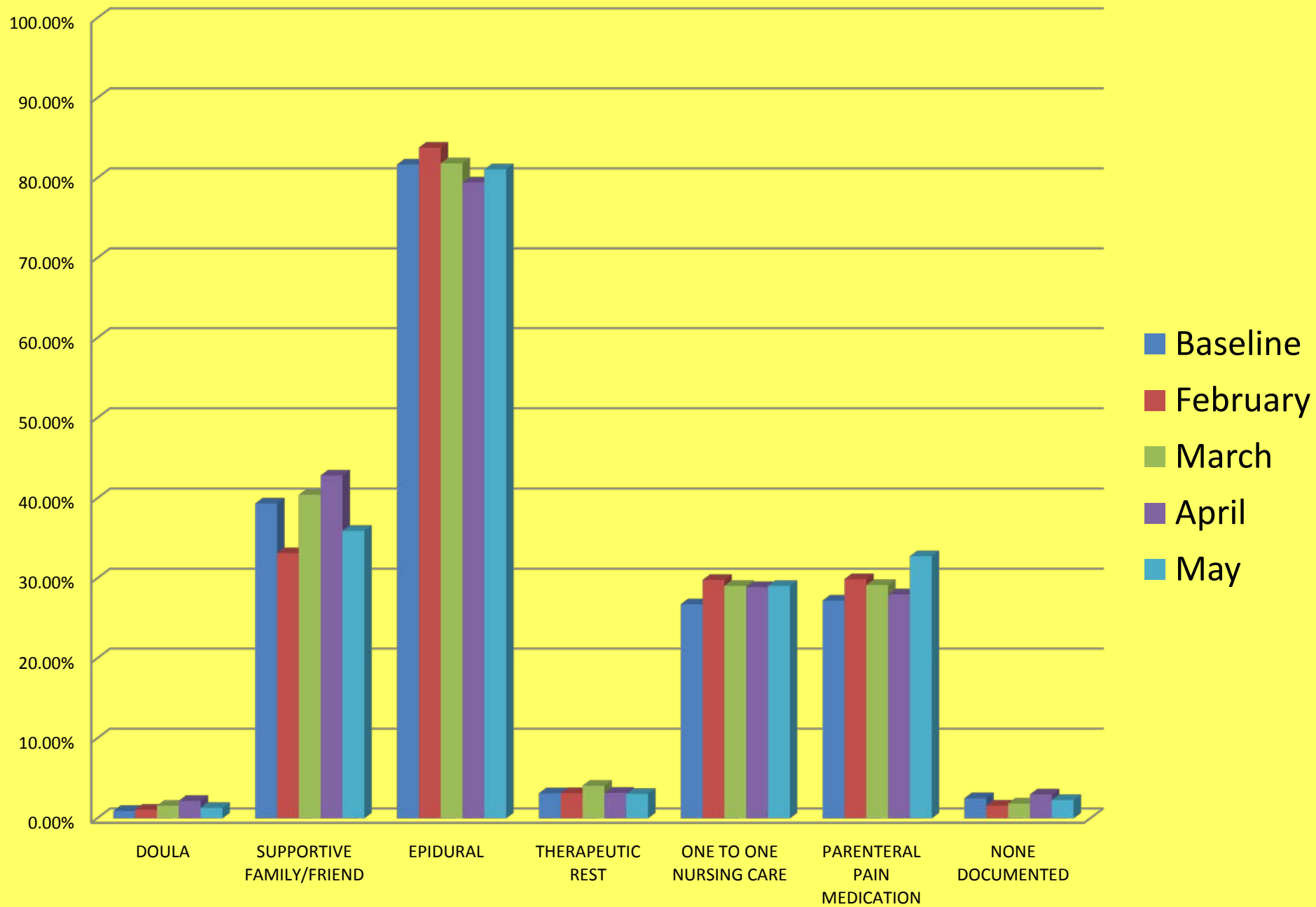
IUPC USE AMONG FTP C/S (PRIMARY INDICATION)



% OF PTS WHO HAD C/S FOR FAILURE TO PROGRESS WHOSE CONTRACTIONS WERE ADEQUATE BY IUPC (≥200 MVUs FOR ≥2 HOURS)



LABOR SUPPORT METHODS



Coming up...

- Next webinar – Tuesday August 23, 7:30am
- Final learning session for SIVB Phase I in early November (Date TBA in August)
- Stay tuned for more information about SIVB Phase II, beginning in early 2012
- Discussion question: what can we do with the time remaining this year to help achieve SIVB goals?
 - 3 webinars
 - 1 learning session
 - Other activities
 - What focus areas? (Management of oligo, NICHD terminology, serial inductions, modified Bishop Score)