MPQC’s Quest for “Never Land...”

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Our journey on how to make elective delivery less than 39 weeks a “Never Event.”

Wendy: My parents wanted me to grow up.
Captain Hook: Growing up is such a barbarous business, full of inconvenience...and pimples.
Massachusetts Perinatal Data

Total Births – 72,835
Preterm Delivery Rate – 9.6%
  US – 11.5%
Pregnancy covered by Public insurance - 36%
Obstetrical Facilities

- 48 Birthing Hospitals
- 10 Level III Nurseries
- Regions
  - Metro Boston
  - Northeastern MA
  - Southeastern MA
  - Central MA
  - Western MA

Data
Term Births by Gestational Age 1997-2010

Percent of all births

ETD
Trend in Early Term Births
Massachusetts: 1997-2009

Trend in Early Term (37-38 weeks) Births
Massachusetts: 1997-2009

Source: 1997-2009 Massachusetts Resident Births in 48 Massachusetts Birthing Hospitals
2009 Early Term Births in 48 Massachusetts Birthing Hospitals

March of Dimes
Educational Program to prevent elective delivery < 39 weeks

MA ACOG
Educational Program to prevent elective delivery < 39 weeks

MA DPH
Educational Program to prevent elective delivery < 39 weeks
Ah Ha!!

Let’s have one meeting to address all three issues!
MPQC
Development

• May 16\textsuperscript{th}, 2011
  • MPQC is born
• November 14\textsuperscript{th}, 2011
  • Brainstorming sessions
    • Data sources
    • Framework
    • Initial project
      • Prevent EED
Structure

- Executive Director
- Director
- Regional Leads
Membership

- OB
- FP
- Midwives
- Nurses

- ACOG
- AAFP
- AWHONN
- ACNM
- DPH
- AHA
Increase in C-sections

Shoulder Dys.

Resident Work Hours

Abortion Issues

H1N1 Influenza

Perinatal Transfers

GBS Screening

Tdap

Malpractice

Malpractice

Cord Blood Collections

Tdap

Plan
Prevention of EED

- Education
- Sharing of “best practices”
- Benchmarking
  - Comparing regional facilities
  - Comparing hospital levels
DATE & TIME: __________

INDUCTION CHECKLIST: OFFICE

TO BE COMPLETED BY PROVIDER:
PRIOR TO SCHEDULING AN INDUCTION PLEASE COMPLETE THE FOLLOWING:

• Medically Indicated Induction (Check all indications that apply):
  o Preeclampsia/eclampsia and/or hypertensive disorder
  o Maternal medical conditions (e.g. diabetes mellitus, renal disease, chronic pulmonary disease)
  o Premature Rupture of Membranes
  o Chorioamnionitis
  o IUFAD
  o Post-term pregnancy (≥42 weeks of gestation)
  o Fetal Compromise (e.g. severe fetal growth restriction, isoimmunization)
  o Abruption
  Yes [ ] No [ ]

• Elective Induction (all other indications):
  o Is this an elective induction? Yes [ ] No [ ]
  o Is EDD ≥ 39 weeks gestation at induction date? Yes [ ] No [ ]
  o Please document the indication:

• Examination: Please complete the following:

  [Signature]

  [Date]

  [Hospital/Office Stamp]
Situational Awareness

Keys

• External benchmarks
• Leapfrog data
• Access to internal measures
2009 Early Term Births in 48 Massachusetts Birthing Hospitals

24%

40th/48 Hospitals

8th/9 Tertiary Care Facilities

Elective Early Term Delivery Rate
Tertiary Care Centers

LF data
Western Region

- Berkshire
  - 8%
  - 3%
  - 2%
- Franklin
  - 12%
  - 3%
- Hampden
  - 8%
  - 3%
- Hampshire
  - 3%
- Hampshire
  - 2%
- North Adams
  - 8%
Less Than 5% Club!!

- Baystate MC
- Baystate Franklin
- BIDMC
- Boston MC
- Cambridge
- Cap Cod
- Cooley-Dickinson
- Emerson
- Falmouth
- Good Sam
- Melrose

- Holy Family
- Jordan
- Lowell
- MGH
- MetroWest
- Morton
- Mt. Auburn
- Nantucket
- Newton
- North Shore

- Norwood
- St. Elizabeth’s
- St. Vincent
- Signature
- Brockton
- Sturdy Memorial
- UMass Memorial
- Winchester
### Notable Areas

<table>
<thead>
<tr>
<th>Event Count</th>
<th>Detailing</th>
</tr>
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<tbody>
<tr>
<td>Planned VD with contraindicating uterine scar</td>
<td>8 8</td>
</tr>
<tr>
<td>Misoprostol administration with uterine scar</td>
<td>1 3</td>
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### Comment

- Event pool for “Abx. Not given when GBS Status Unknown & ROM>18 hrs” changed to all deliveries (rather than vaginal deliveries) in Q3

**Watch – Elective Primary Cesarean**

- 6 of 8 indicators with no associated events this Q
- Elective Cesarean < 39 weeks w/o Fetal Lung Maturity demonstrated – ↓ by 1/3 from previous 3 Q’s
Academic Detailing
Outliers

- Phone calls
- Letters
MPQC
Structural Keys for Success

- Physicians/midwives/nurses involvement
- Regionalization
- State organization involvement
  - ACOG
  - AWHONN
  - DPH
MPQC
Data Keys for Success

• Use existing processes
  • Leapfrog
  • Joint Commission
MPQC
Possible Enhancements

• Joint Directorship
  • Physician
  • Nurse
• Joint Regionalization Leads
  • Physician
  • Nurse
MPQC Challenges

• Funding
• Other initiatives more complex
  • OB hemorrhage
  • Use of progesterone
  • Vaccinations
  • Breast feeding
Questions?