Champion - Regina Gomez, MD, FACOG

Key Stakeholders
Nurse Educator - J Kelly  OB Pharmacy - A Lange
EPIC - A Hamilton  PolicyStat - J Maurice MD, J Kelly

Key Stakeholders
WCS Leadership: D Houchins, L Peters, F Cacal  Nurse Champions, Support Staff, Data Analytics

Define

Background
Mothers delivered by c-section at NCH are currently recovered by conventional guidelines which are outdated and lead to suboptimal outcomes for the mother and baby as well as higher costs for the healthcare system.

Business Case
Using proven perioperative pathways for every patient undergoing surgical delivery can deliver $294k/yr in healthcare savings based on our current volume and allow NCH to take a leadership position as opioid stewards.

Goals and Expected Deliverables
*Reduce length of stay (LOS) by 0.5 days
*Reduce opioid use by 10% per encounter
Leverage EHR enhancements to facilitate the process
Provide patient/provider education and engagement tools
Team driven process changes
Create MME report for audit/feedback

Measure
Baseline Measures
FY2019 C-Sections at NCH averaged 37.2 MME per Encounter

Improve

Keys to Success
Utilization of the most current research specific to cesarean section and the mother-baby dyad
Robust education
Align independent practice with the NCH delivery team
All inclusive - all providers, all patients, all at once
New opioid EPIC reports segmented by Group and Physician to provide weekly performance data
Uniquely designed order sets

Analyze

Process Analysis led to key areas of change

Control - Launch Date February 1, 2020

Reduction in ALOS allowed FY2021 Budget reduction in Labor costs from 34 to 32 hrs per delivery

Continued decrease in MME per Encounter

Average MME Per Encounter decreased by 36%

Higher % of Patients receiving no Opioids
% of Patients receiving no Opioids* Doubled after Project Launch

*Opioid administered intrathecally were not included in total MME encounter per UNM CD recommendations, intrathecal/epidural is recommended and therefore should not be counted