ILPQC PVB Monthly Hospital Level Data Form			
REDCAP Study Identifiers			
1.	REDCap Record ID	REDCap Record ID:	
2.	Hospital ID Number	Hospital ID Number:	
3.	Please select the time period for this quarterly data:	Baseline (Oct -DecSeptember 20212020)October 2021January 2021November 2021February 2021December 2021March 2021January 2022April 2021February 2022May 2021March 2022June 2021April 2022July 2021May 2022July 2021May 2022August 2021May 2022	
	ucture Measures		
4.	Implement provider and nurse education and other strategies to achieve buy-in.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
5.	Implement standardized protocol/processes for induction, labor support management and response to labor and fetal heart rate abnormalities.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
6.	Implement and integrate PVB order sets, protocols and documentation into the EMR.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
7.	Implement cesarean decision checklist using ACOG/SMFM labor guidelines.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
8.	Implement decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
9.	Implement workflow process to incorporate shared decision making with the patient (decision huddle with provider, nurse and patient to review treatment options, risk/ benefits, and ACOG/SMFM guidelines/checklist)	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
10.	Implement standardized patient education with positive messaging promoting vaginal birth strategies and techniques for women and families.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	
11.	Integrate process to review and share data that includes provider-level data with labor and delivery clinical teams.	<ul> <li>Haven't started</li> <li>Working on it</li> <li>In place</li> </ul>	

Process Measures	
12. Percentage of providers receiving standardized education regarding: ACOG/SMFMIabor guidelines to date	□       0%         □       10%         □       20%         □       30%         □       40%         □       50%         □       60%         □       70%         □       80%         □       90%         □       100%
12b. Percentage of nurses receiving standardized education regarding: ACOG/SMFMIabor guidelines to date	□       0%         □       10%         □       20%         □       30%         □       40%         □       50%         □       60%         □       70%         □       80%         □       90%         □       100%
13. Percentage of providers receiving standardized education regarding: Labor Management strategies/response for labor challenges to date	<ul> <li>□ 0%</li> <li>□ 10%</li> <li>□ 20%</li> <li>□ 30%</li> <li>□ 40%</li> <li>□ 50%</li> <li>□ 60%</li> <li>□ 70%</li> <li>□ 80%</li> <li>□ 90%</li> <li>□ 100%</li> </ul>
13b. Percentage of nurses receiving standardized education regarding: Labor Management strategies/response for labor challenges to date	□       0%         □       10%         □       20%         □       30%         □       40%         □       50%         □       60%         □       70%         □       80%         □       90%         □       100%

14. Percentage of providers receiving standardized education regarding: Protocol for facilitating decision huddles and/or decision debriefs to date	□       0%         □       10%         □       20%         □       30%         □       40%         □       50%         □       60%
	□ 70% □ 80%
	□ 90% □ 100%
14b. Percentage of nurses receiving standardized education regarding: Protocol for facilitating decision huddles and/or decision debriefs to date	□       0%         □       10%         □       20%         □       30%         □       40%         □       50%         □       60%         □       70%         □       80%         □       90%         □       100%