

Early Elective Delivery (EED) Initiative



ILPQC MISSION

Engage perinatal stakeholders across disciplines and at every level, in a collaborative effort to improve the quality of perinatal care and health outcomes for Illinois women and infants using improvement science, education, and evidence-based practice guidelines.

AIM

Reduce EED to <5% and improve ability for hospitals to compare accurate EED data across time and across other Illinois hospitals.

PROBLEM

Early Elective Delivery (EED) before 39 weeks gestation may result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns. A study in the American Journal of Obstetrics and Gynecology estimated the cost of such deliveries in the United States to be nearly \$1 billion per year.

EVIDENCE-BASED PRACTICES

The American Congress of Obstetrics and Gynecology (ACOG) recommends against non-medically indicated delivery prior to 39 weeks and recommends that all hospitals put in place a “hard stop” policy to prevent this practice. IDPH also recommends implementation of a “hard stop” policy for all maternity hospitals/units in the State.

Scope

Forty-nine hospitals identified teams and participated in QI educational opportunities related to the initiative, 48 hospitals have submitted data as of March 2015.

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RESULTS TO DATE (MARCH 2015)

- 48 IL birthing hospitals have submitted data
- 44 hospitals have reached the <5% goal for EED, 2014 Q2 or 2014 Q3
- Decline in aggregate EED rate from 2.4% (2013 Q1) to 0.9% (2014 Q3)

APPROACH

The ILPQC EED Initiative was launched at the ILPQC Kick-Off Conference in November 2013. Forty-nine birthing hospitals identified teams to participate. The ILPQC OB Advisory Workgroup held monthly calls to direct the course of the initiative. Additional input was received from the IDPH Statewide Quality Council, Regionalized Perinatal Program, including the Perinatal Network Administrators and epidemiologists with the Office of Women's Health. Participating hospitals were asked to provide data on the Joint Commission EED PC01 measure quarterly for 2013-2014. The OB and Data Advisory Workgroup developed data forms and reports for the ILPQC web-based data system to enable hospital teams to review their progress towards the EED aim and compare

their progress with participating hospitals. ILPQC in partnership with the Illinois Hospital Association and March of Dimes provided a series of educational Virtual Boot Camps via live webinar (December 2013, February 2014, and April 2014) with talks from national experts focusing on EED reduction and quality improvement education reaching up to 83 participants per session. Hospitals were provided access to toolkits including: March of Dimes, National Quality Forum, AHRQ and the Joint Commission PC01 Manual. Starting in May 2014, hospital teams have also participated in ongoing education and support through monthly team webinars that provide brief ILPQC updates, QI learning, opportunities to review their EED data and Team Talks – opportunities for hospital teams to share and discuss their QI work with other teams.

Percent Non-medically Indicated Early Elective Deliveries (EED) at 37 to <39 weeks gestation (based on Joint Commission EED PC01 measure), ILPQC Hospitals, 2013 Quarter 1 (baseline) through 2014 Quarter 4 (incomplete data).

