



OB Hospital Teams Call

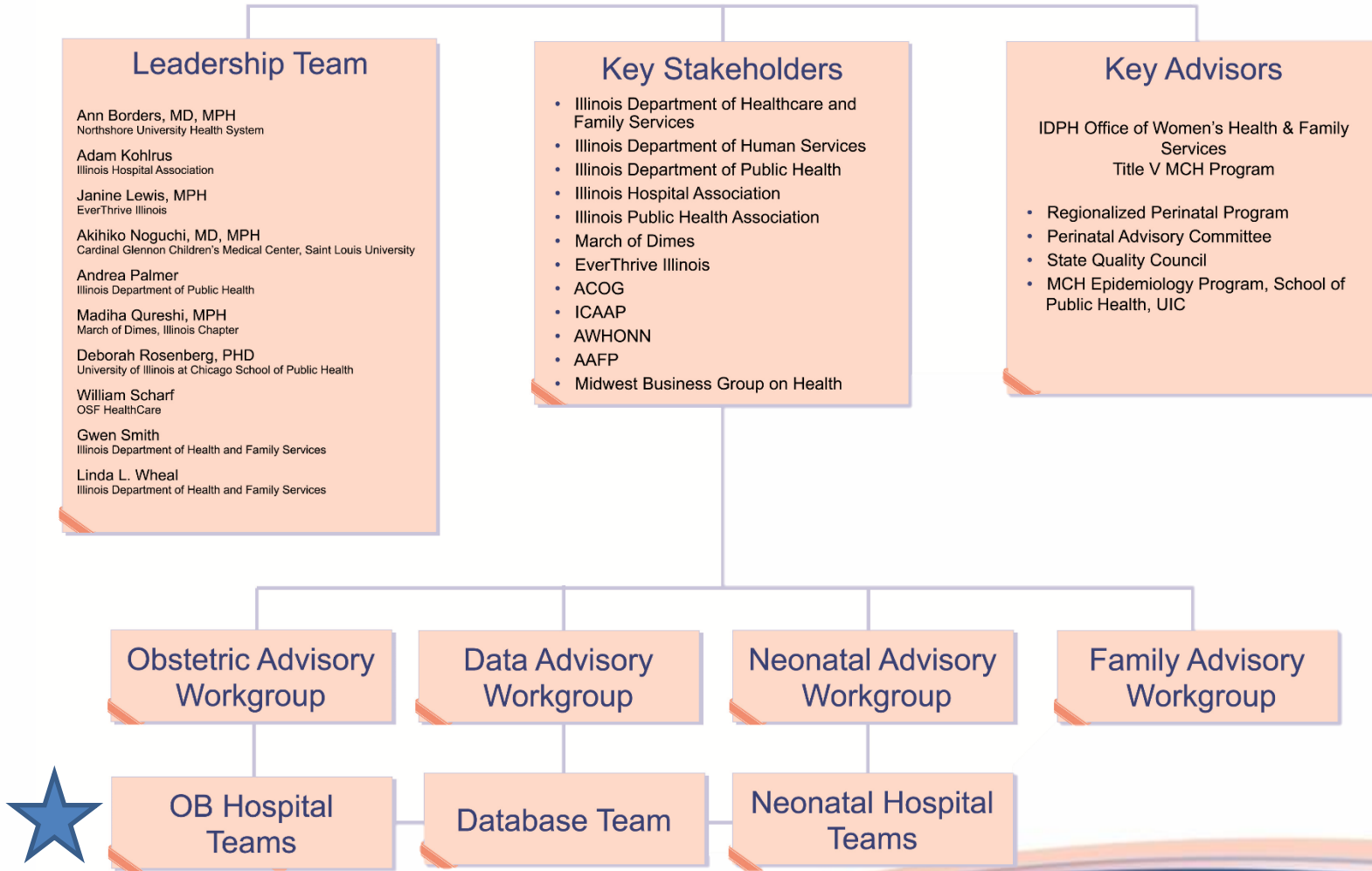
January 26, 2015

12:30 – 1:30 PM

Agenda

- EED Wrap-up
- HTN update
- Birth Certificate Accuracy
- Next Steps
- Team Talks
 - Centegra Health System

ILPQC Structure



EED Wrap-Up

- Data entry
 - 46 hospitals have entered data
 - 40 hospitals with complete data entry through Q2 2014
 - 27 hospitals with complete data entry through Q3 2014
 - 4 hospitals with complete data entry through Q4 2014
- Hospitals to enter 2014 Q4 data by April 1, 2015
 - Some hospitals may not have access to data until after this date
 - Still enter data in REDCap when it's available
- Data collection and QI support to continue into 2015 for those hospitals still working towards <5% goal

Update from HTN Subcommittee

- First meeting on January 12, 2015
 - Subcommittee goals
 - Timeline
- Currently reviewing other states' HTN documents

Wave 1 Update

- Complete accuracy audits for August, September, October 2014
 - See www.ilpqc.org for instruction sheet
- 41 team rosters submitted for Wave 1
- Data entry (1/23/15)
 - 6 teams with completed data entry
 - 8 teams with partial data entry
- Wave 1 teams provide feedback on BC Accuracy process on January and February Teams Call
- Letter from IDPH delivered from PNA January 8

Wave 1 Team Feedback

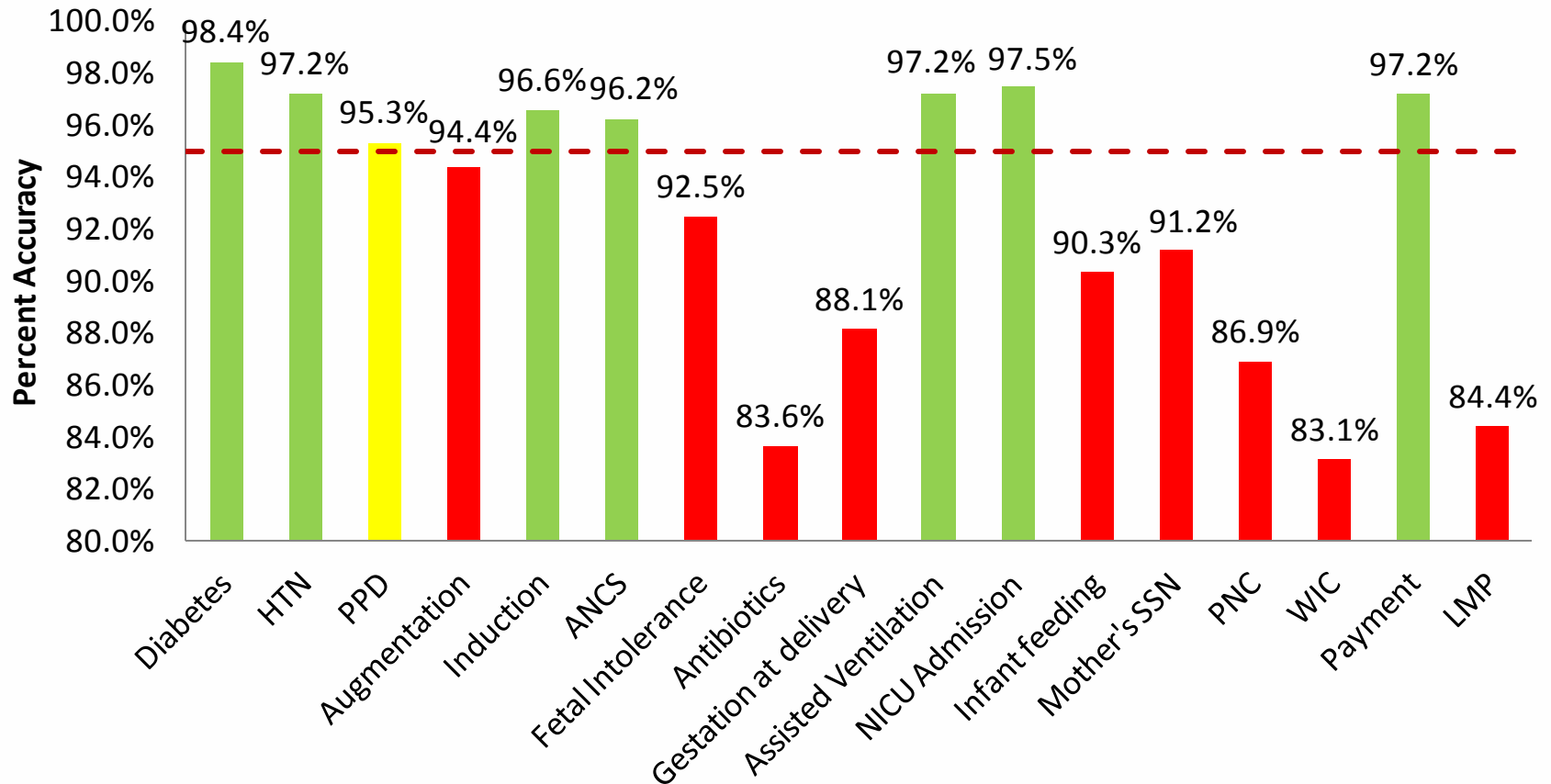
- Team setup
- Physician incorporation
- How did the baseline audit go?
- Any feedback on the forms or variables?
- Any issues with birth certificate abstraction system that can be used to plan change tactics?

Wave 1 Process FAQs

- RN note vs Physician note—may not be the same but IVRS matches one of the notes. Is this still considered a “yes”?

Wave 1 Update

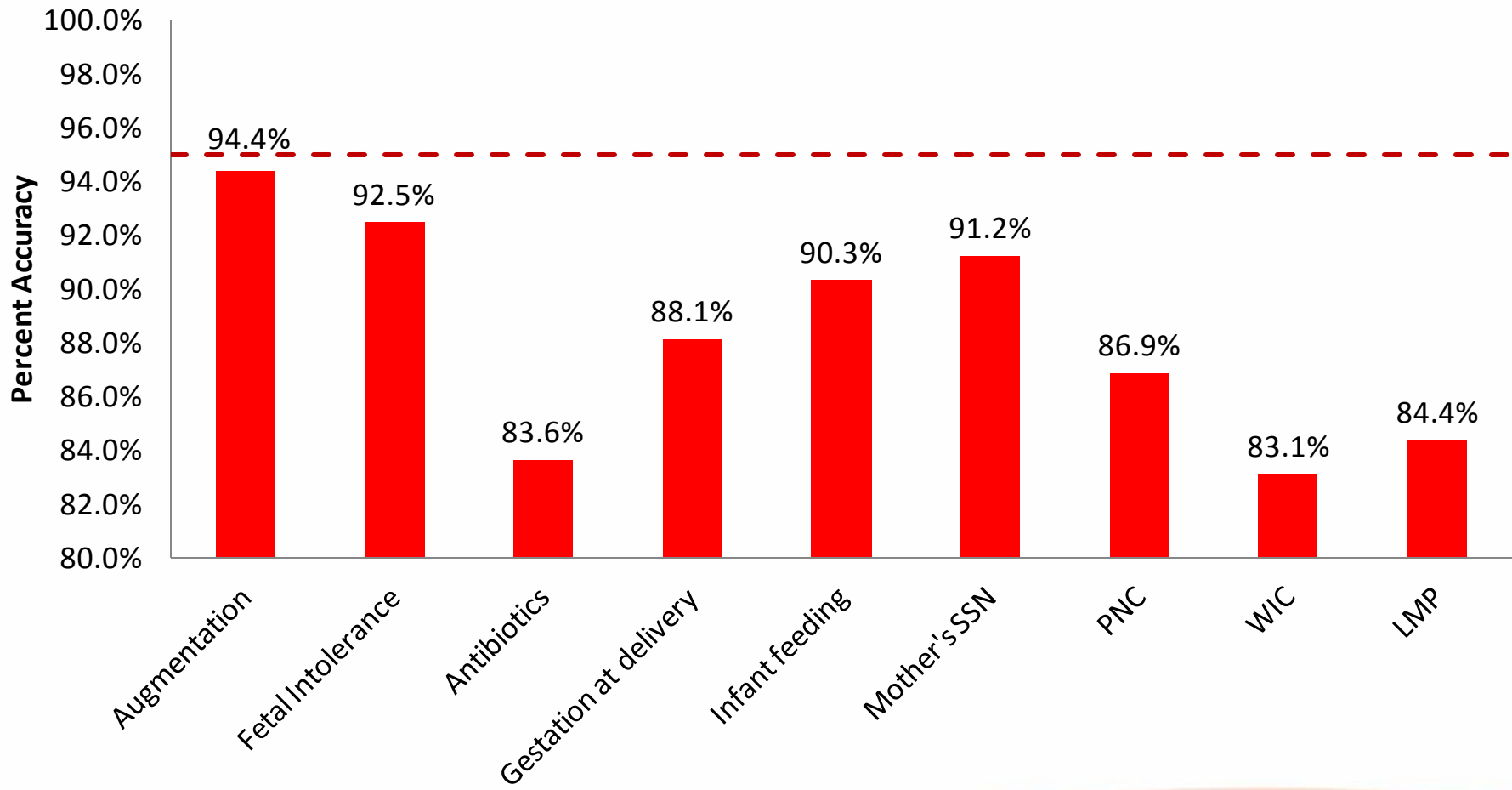
Wave 1 Birth Certificate Accuracy of Variables - January 23, 2015



Overall accuracy for all 17 variables = **92.4%**

Wave 1 Update

Wave 1 Birth Certificate Accuracy Variables Under 95% - January 23, 2015



Wave 1 Variable FAQs

- Prenatal Care Visits
- SS#
- Last Menstrual Period
- Antibiotics
- WIC Participation
- Infant Feeding

Wave 2 Next Steps

- Roll out to all Illinois hospitals via Perinatal network administrators email to hospitals
- Identify Hospital Teams and submit roster and REDCap access form
- Launch state-wide initiative on OB Hospital Teams calls on March 23, 2015

Birth Certificate Initiative

ACT Rapid Cycle QI Methodology:

Mobilize, Assess, Plan, Implement, Track (MAP-IT)



Step 1 Mobilize a Multidisciplinary QI Team

Recruit physician lead, nurse lead, and birth certificate clerk (quality team members encouraged) to set goals and lead practice change at the hospital level.

Step 2 Assess the Situation

Hospital teams complete birth certificate accuracy audit and report baseline data in REDCap. Teams review their hospitals process for completing birth certificates, identify possible areas for improvement.

Step 3 Plan Change Tactics

OB Hospital Teams discuss process and content and identify areas for training and education. Teams establish individual PDSA cycles – areas for change.

Birth Certificate Initiative

ACT Rapid Cycle QI Methodology:

Mobilize, Assess, Plan, Implement, Track (MAP-IT)



Step 4 **Implement**

- Provide birth certificate training via webinars (March 23rd & April 27th 2015) and face-to-face meeting (May 18, 2015)
- Teams report PDSA cycles on OB Hospital Teams calls
- Provide ongoing education based on challenges and successes identified

Step 5 **Track Progress**

- Ongoing monthly data collection
- Tracking accuracy data via REDCap and compare over time and across hospitals
- Tracking and supporting QI process and PDSA cycles to improve systems for completing birth certificates

Proposed Education Roll Out

- 2 hour Video Webinar 1 (March 23 OB Teams Call)
 - Getting Started: REDCap, Process for baseline Data Collection and Data Entry, Team building, Resources
- 2 hour Video Webinar 2 (April 27 OB Teams Call)
 - BC Variables and QI process: Key variable definitions, Review QI process and PDSA cycles, Assign pre-work to develop process flow
- Face-to-face Meeting (May 18, Springfield)
 - Discuss BC process flow, change strategies, teams share PDSA goals
 - Distribute and review: guidebook, key variables guide
- Education on monthly OB Teams webinar (June-October)
 - Variables of the month
 - Review of QI process surveys
 - Review of audit data in REDCap

BC Proposed QI Plan

- Teams draft process flow maps as pre-work for face-to-face meeting and present/discuss at meeting
- Monthly QI process surveys of hospital teams to assess progress and opportunities for QI support
 - Results of hospital accuracy audits and process surveys shared with PNA's by network
- QI support calls from PNAs to hospital teams in their network to follow up accuracy data, process surveys, progress with QI / PDSA cycles
- QI resources and check lists provided to support Perinatal Network Administrators (PNAs)

Next Steps

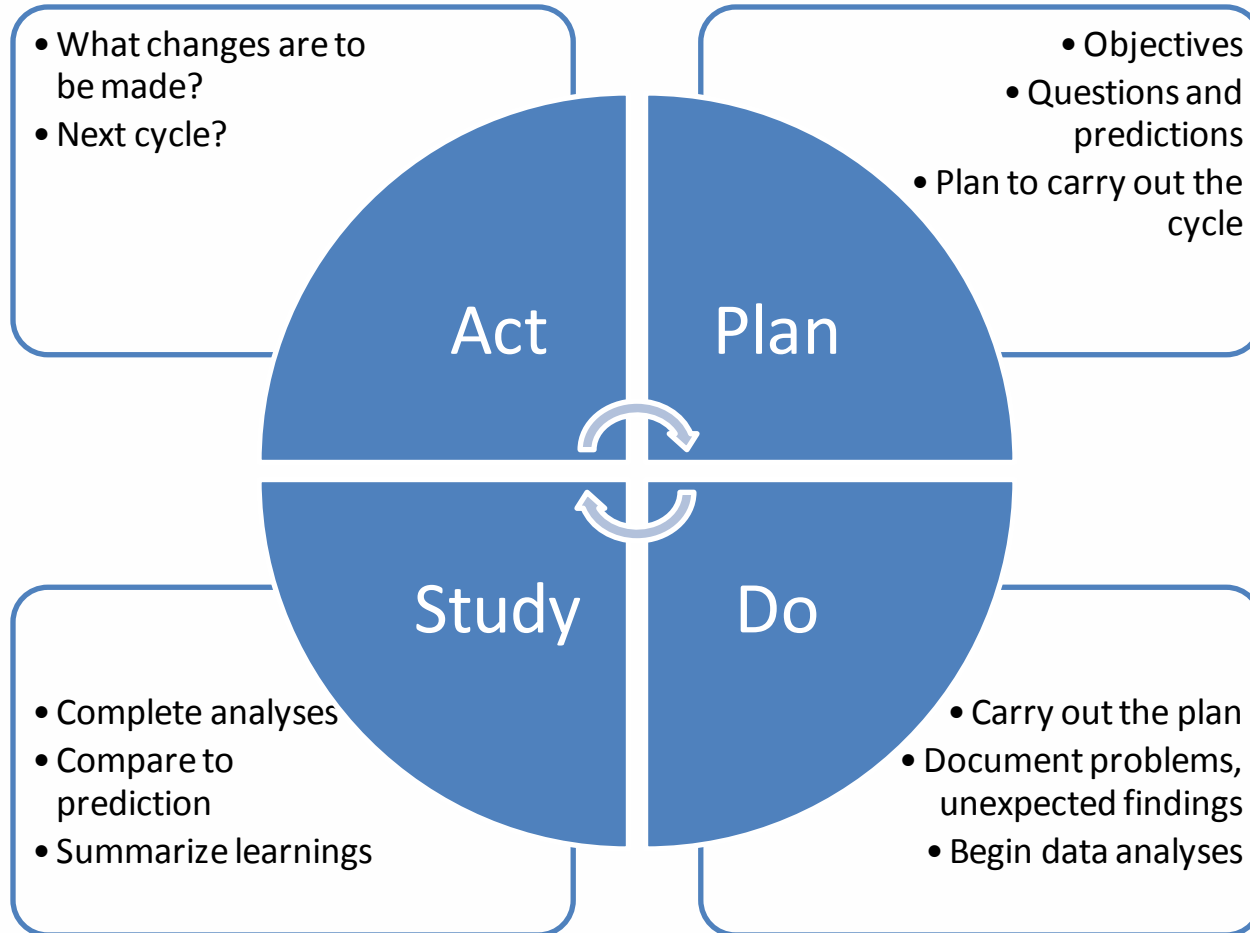
- HTN
 - Subcommittee reviewing resources
- EED
 - Complete data reporting for Q4 2014 by April 1, 2015
 - Ongoing support of hospitals working to goal
- BC
 - Complete baseline data entry by February 16
 - Discuss feedback on January & February Hospital Teams calls
 - Wave 2 rolls out in March
 - Education begins in April

Team Talks – BC Initiative

- Teams present 5-10 min on current QI work
 - What was the test of change (i.e., your QI process)?
 - What did you predict your change would improve?
 - What did you learn?
- Generate discussion and learning through sharing
 - Good basis for poster presentations!
- Sign up form for volunteers on website (www.ilpqc.org)
 - Would like all teams to present within next year



PDSA Cycle



Team Talks

- Centegra Health System
 - Heidi Close RN, MSN, NE-BC: Director Women's Services
 - Margaret Hoffman RN, MSHL, CPHRM: Risk & Safety Advisor
 - Deneen Ochab BS, MBA, CPHQ: Manager Clinical Effectiveness

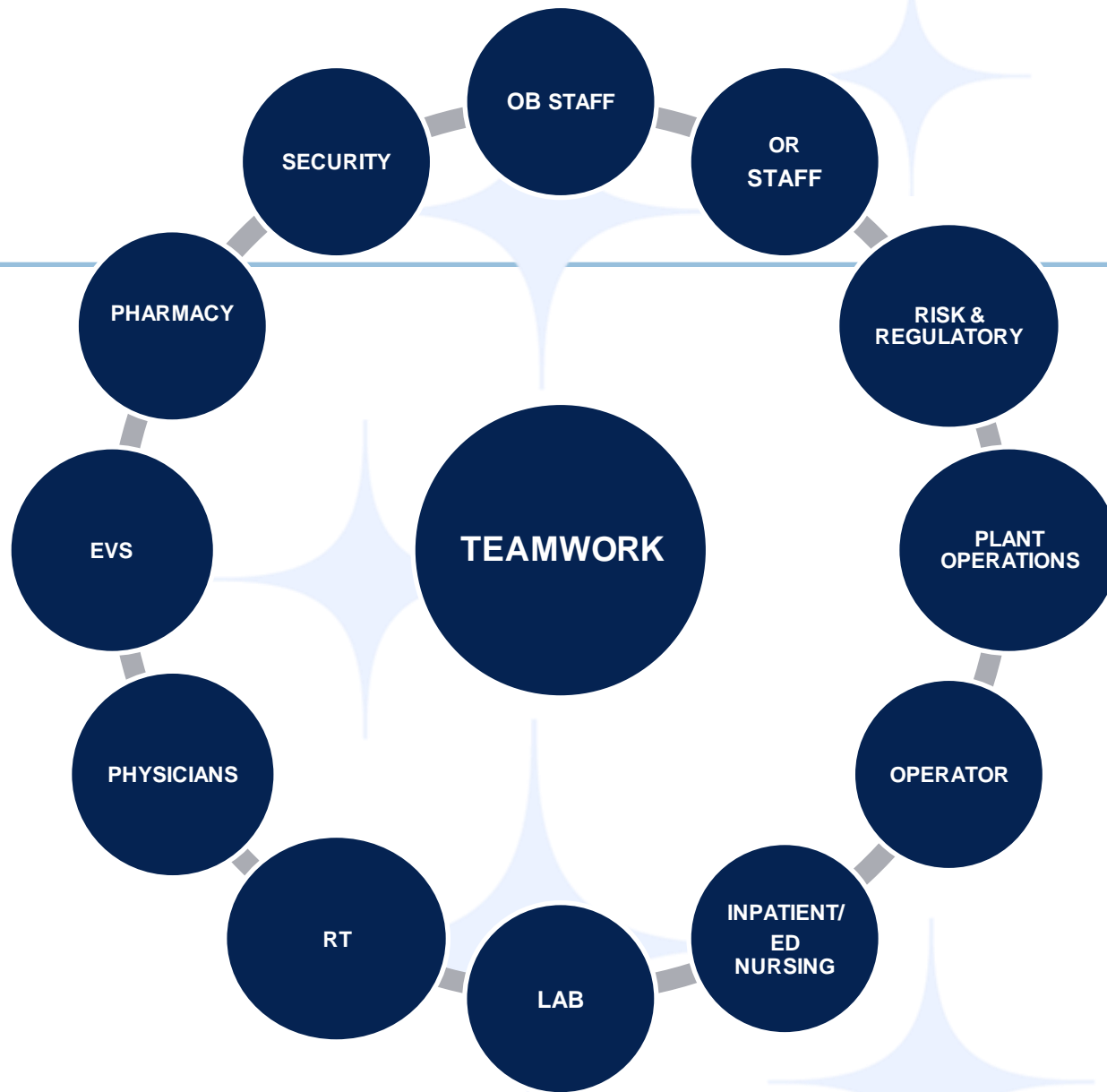
Centegra Health System

OB Consolidation / Construction Preparation Plan 2014

Heidi Close RN, MSN, NE-BC: Director Women's Services

Margaret Hoffman RN, MSHL, CPHRM: Risk & Safety Advisor

Deneen Ochab BS, MBA, CPHQ: Manager Clinical Effectiveness



Failure Mode Effect Analysis

What is FMEA?

- Identifies design or process related Failure Modes before they happen.
- Determines the Effect & Severity of these failure modes.
- Identifies the Causes and probability of Occurrence of the Failure Modes.
- Identifies the Controls and their Effectiveness.
- Quantifies and prioritizes the Risks associated with the Failure Modes.
- Develops & documents Action Plans that will occur to reduce risk

OB/OR FMEA Performed with team

	A	B	C	D	E	F	G	H	I
1	Variance During Construction	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number (RPN)	Actions to Reduce Occurrence of Failure
2	1. Set up OR downstairs	1.Tech does not receive communication from floor regarding change in patient condition. 2.Tech is not available to assist with patients.	Tech is scrubed in, unable to make call to floor.	Staff member no longer available to 8th floor team.	2	5	1	10	See Action Plan.
3	2. Set up OR for nb resuscitation downstairs	Proper supplies are not available for resuscitation	1. OB staff unable/forget to leave unit to check and fill supplies. 2. Supplies were used in previous case, OR not turned over yet.	Delayed neonatal resuscitation/ neonatal death.	3	10	10	300	See Action Plan.
4	3. Move pt to elevator	1. Bed comes apart. 2. Only 1 RN to push bed	1. Not enough staff on unit. 2. Pt has been pushing w/bed apart. 3. Cord prolapse 4. House Supervisor unable to respond	Delayed c/s, Neonatal death, poor prognosis for neonate or maternal.	1	8	10	80	See Action Plan.
5	4. Enter Elevator	Elevator will not open	1.Power outage 2. Visitor or staff access elevator	Delayed c/s, Neonatal death, poor prognosis for neonate or maternal.	1	10	10	100	See Action Plan.
6	5. Move patient from elevator to OR#5	No failure mode detected.			1	1	1	1	

Action Items From FMEA

- Mock Simulation of OB C-section emergency
 - Overhead page: **SECTION ALERT** created to engage all team members needed
- Follow-up OB/OR Quality Improvement Evaluation Tool used after
 - Provided to all clinicians involved in SECTION ALERT to improve care delivery model thru construction project

➤ Follow-up OB/OR Quality Improvement Evaluation Tool used after first 10 ALERTS.

- Provided to all clinicians involved in SECTION ALERT to improve care delivery model thru construction project

OB OR #5 Quality Improvement Evaluation Tool
Privileged and Confidential

Date and Time of C/S delivery: _____?

Code 12 Y or N

Did you have the proper equipment/supplies that you needed in OR#5? Y or N

Equipment/Supplies needed are:

Did you have the personnel you needed in OR #5? Y or N

Personnel needed:

Timeframe:

March 2014 to Sept 2014

Section Alerts called= 38

Code 1 Alerts =1 prolapsed cord

Decision to Incision transporting patient from 8th floor (OB) to 1st floor (OR) was 6 mins

0 Adverse outcomes during construction project

Questions



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