

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%

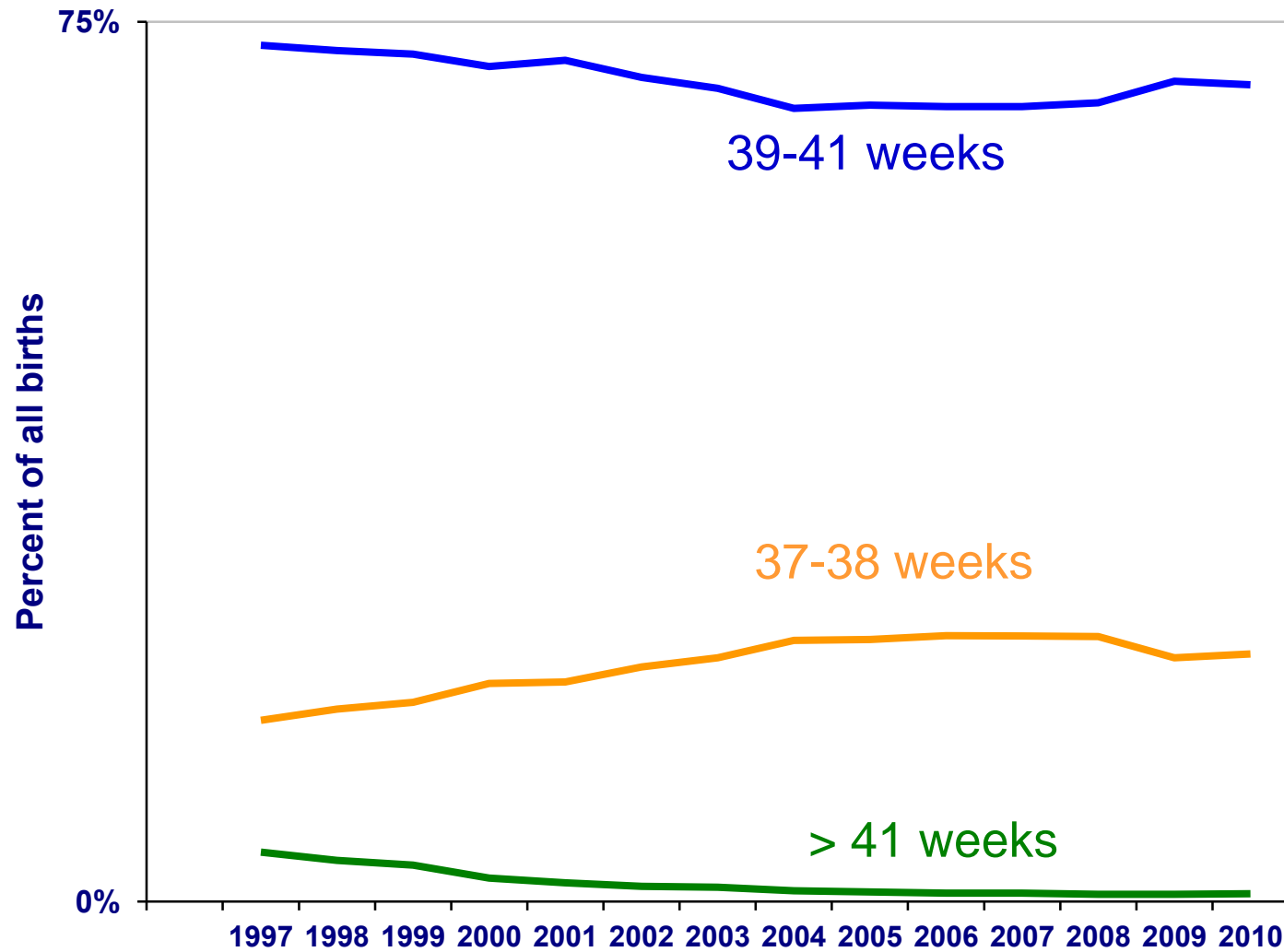
Pregnancy covered by Public insurance -
36%

Obstetrical Facilities

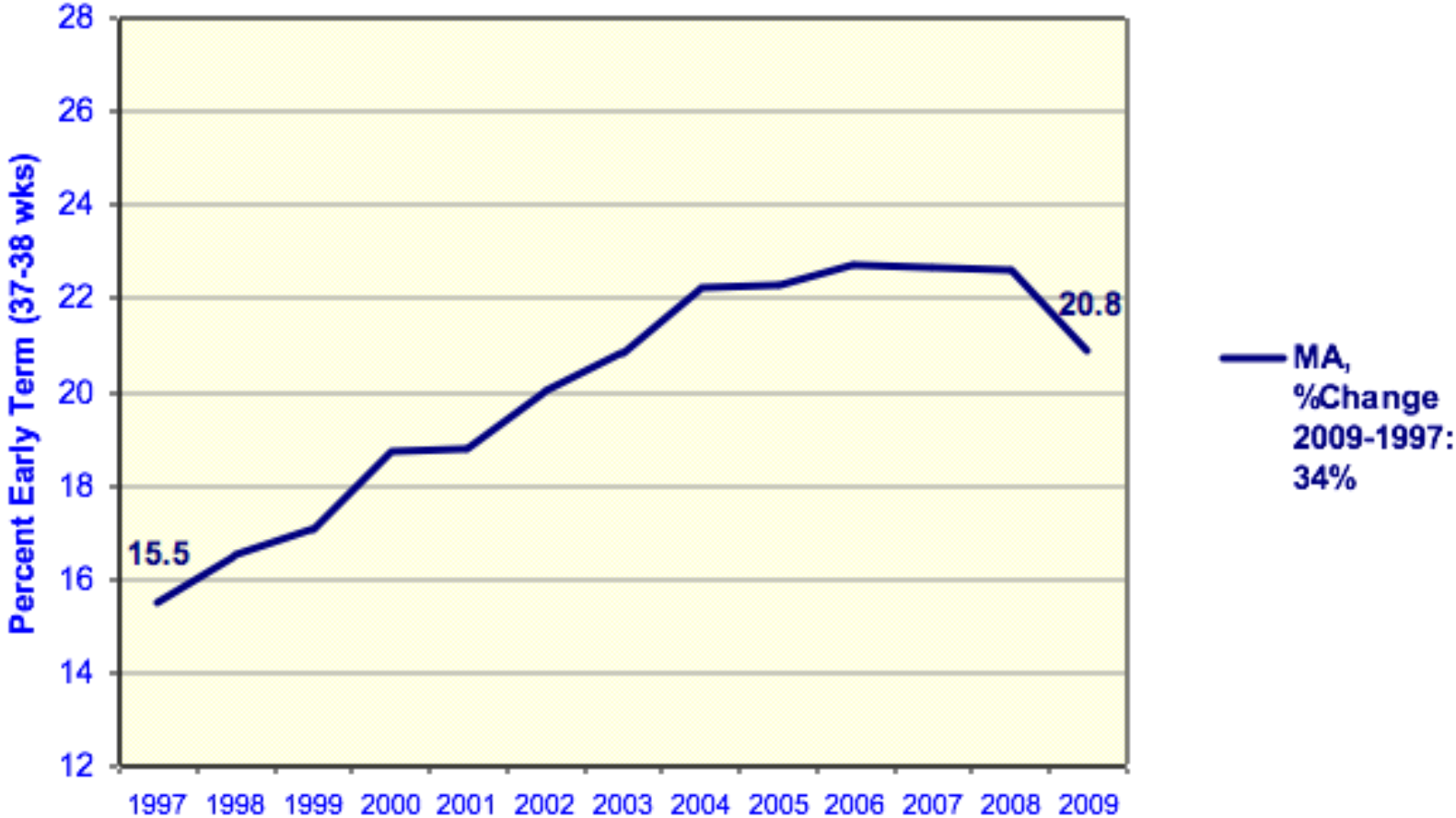
- 48 Birthing Hospitals
- 10 Level III Nurseries
- Regions
 - Metro Boston
 - Northeastern MA
 - Southeastern MA
 - Central MA
 - Western MA

Data

Term Births by Gestational Age 1997-2010

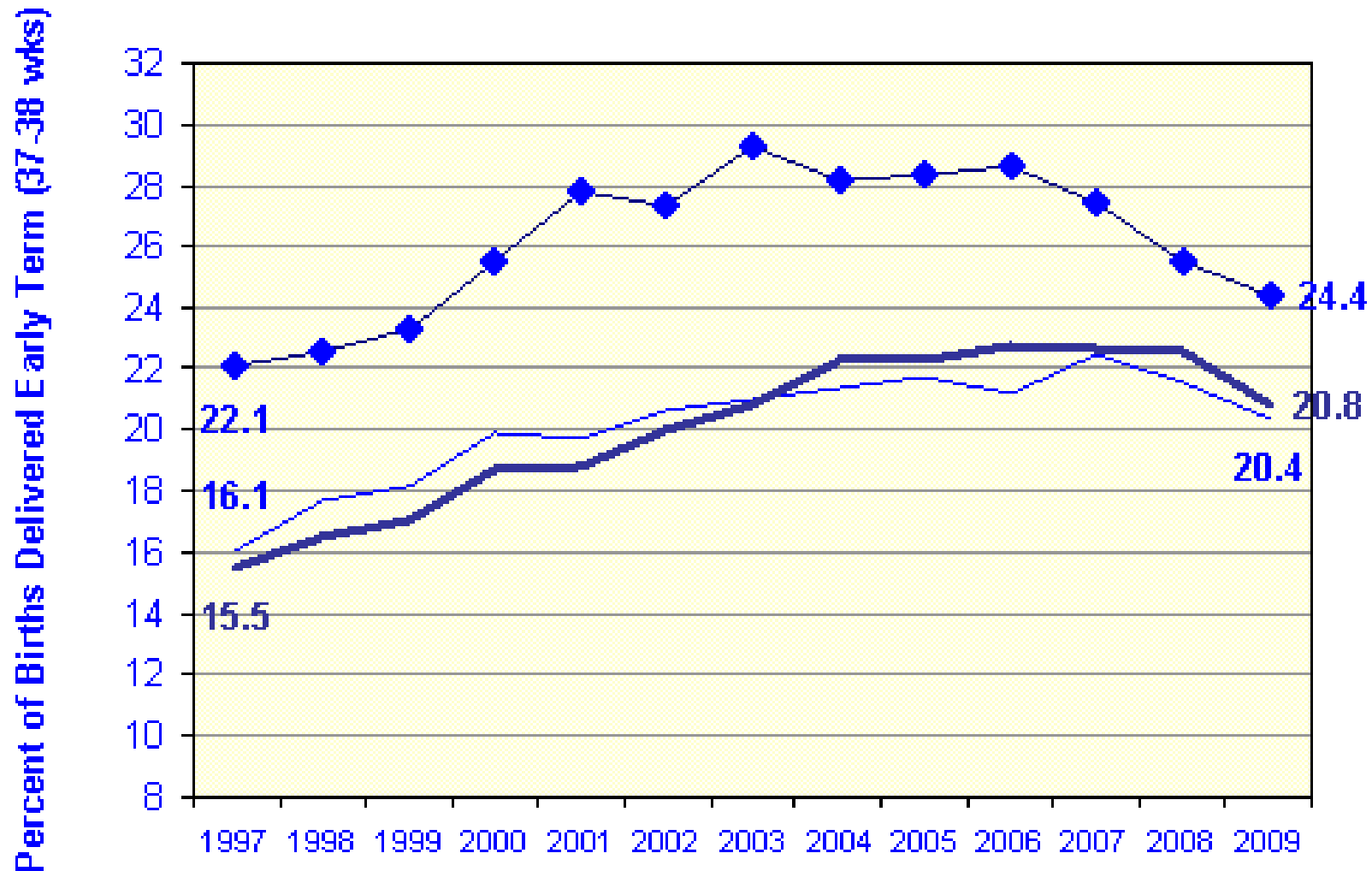


Trend in Early Term Births Massachusetts: 1997-2009



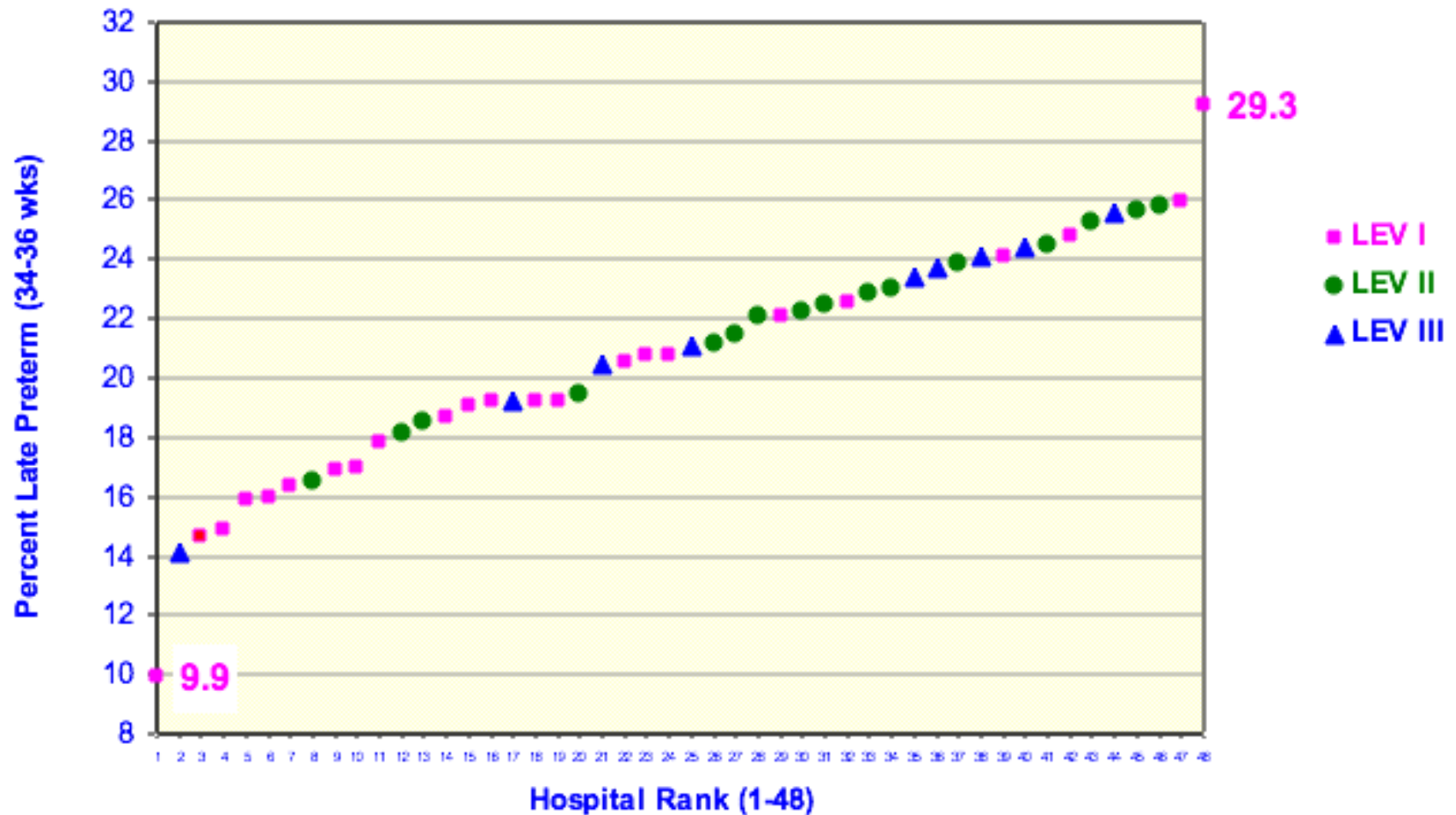
Source: 1997-2009 Massachusetts Resident Births.

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



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

March of Dimes

Educational Program to prevent elective delivery < 39 weeks

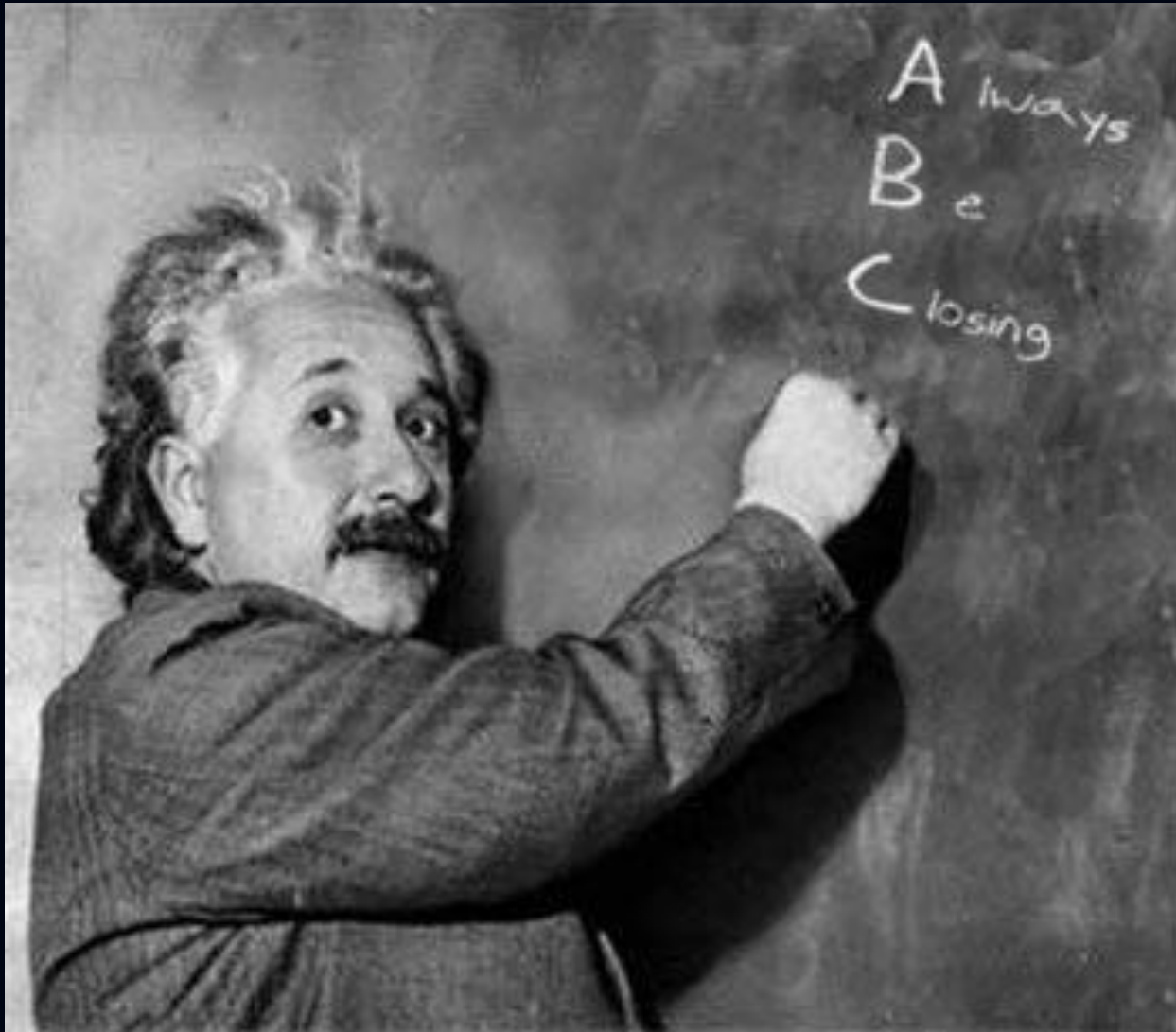
MA ACOG

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 16th, 2011
 - MPQC is born
- November 14th, 2011
 - Brainstorming sessions
 - Data sources
 - Framework
 - Initial project
 - Prevent EED

Structure

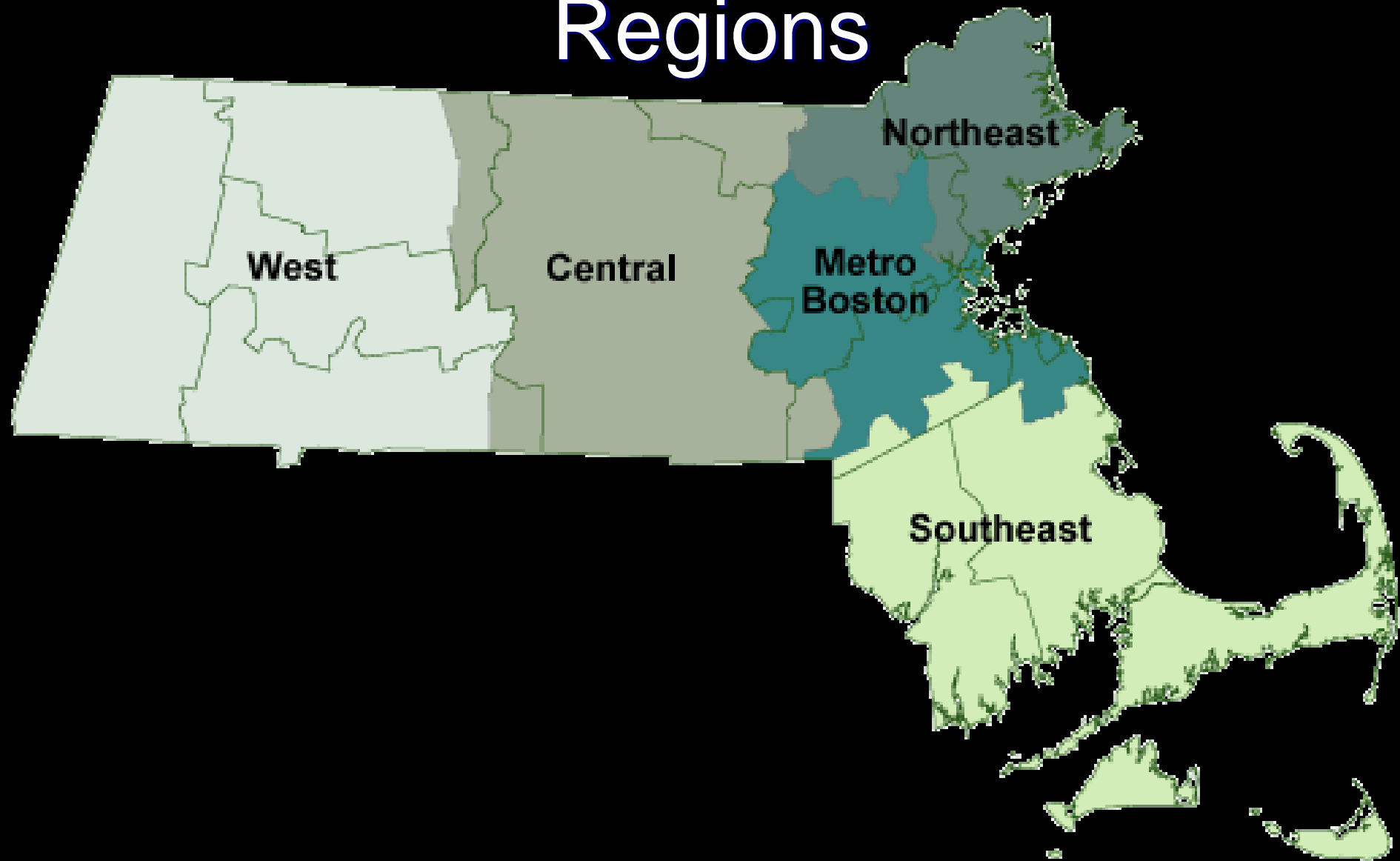
- Executive Director
- Director
- Regional Leads

Members

Membership

- OB
- FP
- Midwives
- Nurses
- ACOG
- AAFP
- AWHONN
- ACNM
- DPH
- AHA

Regions



Increase in C-sections Decrease in Reimbursements

Shoulder Dys Joint Injections Visits

Resident Work Hours

...ening

Abortion Issues

Malpractice

H1N1 Simulations

Increase in Transfusions

Length of Stay

Cord Blood Collections

Perinatal
Transfers

GBS Screening

Prevention of EED

- Education
- Sharing of “best practices”
- Benchmarking
 - Comparing regional facilities
 - Comparing hospital levels

DATE & TIME: _____

PATIENT STAMP

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): Yes No
 - Preeclampsia/eclampsia and/or hypertensive disorder
 - Maternal medical conditions (e.g. diabetes mellitus, renal disease, chronic pulmonary disease)
 - Premature Rupture of Membranes
 - Chorioamnionitis
 - IUFD
 - Post-term pregnancy (≥ 42 weeks of gestation)
 - Fetal Compromise (e.g. severe fetal growth restriction, isoimmunization)
 - Abruptio

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

- Examination: Please complete the following:

Docs

Opt out



car



Tree

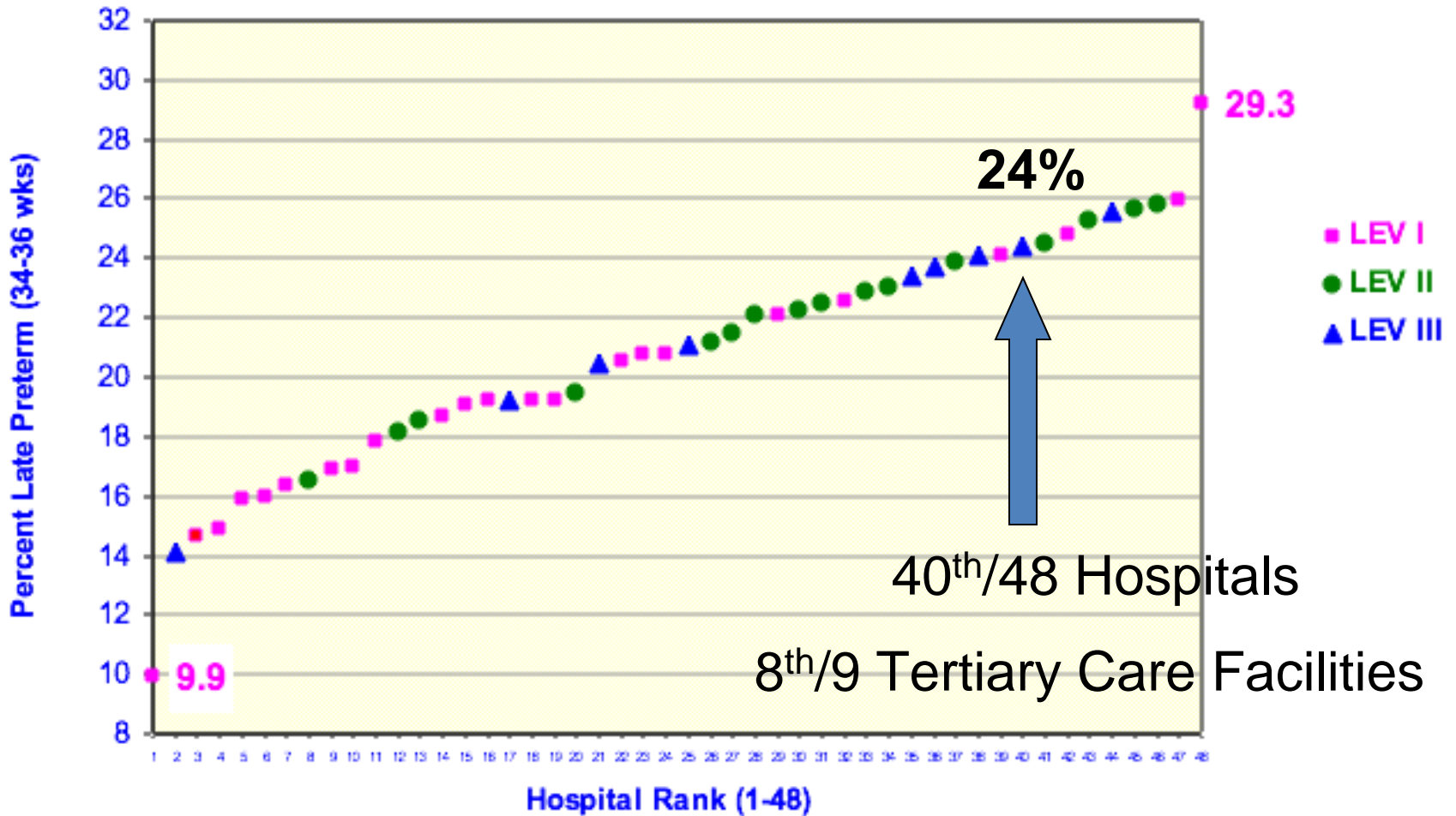


Keys

Situational Awareness Keys

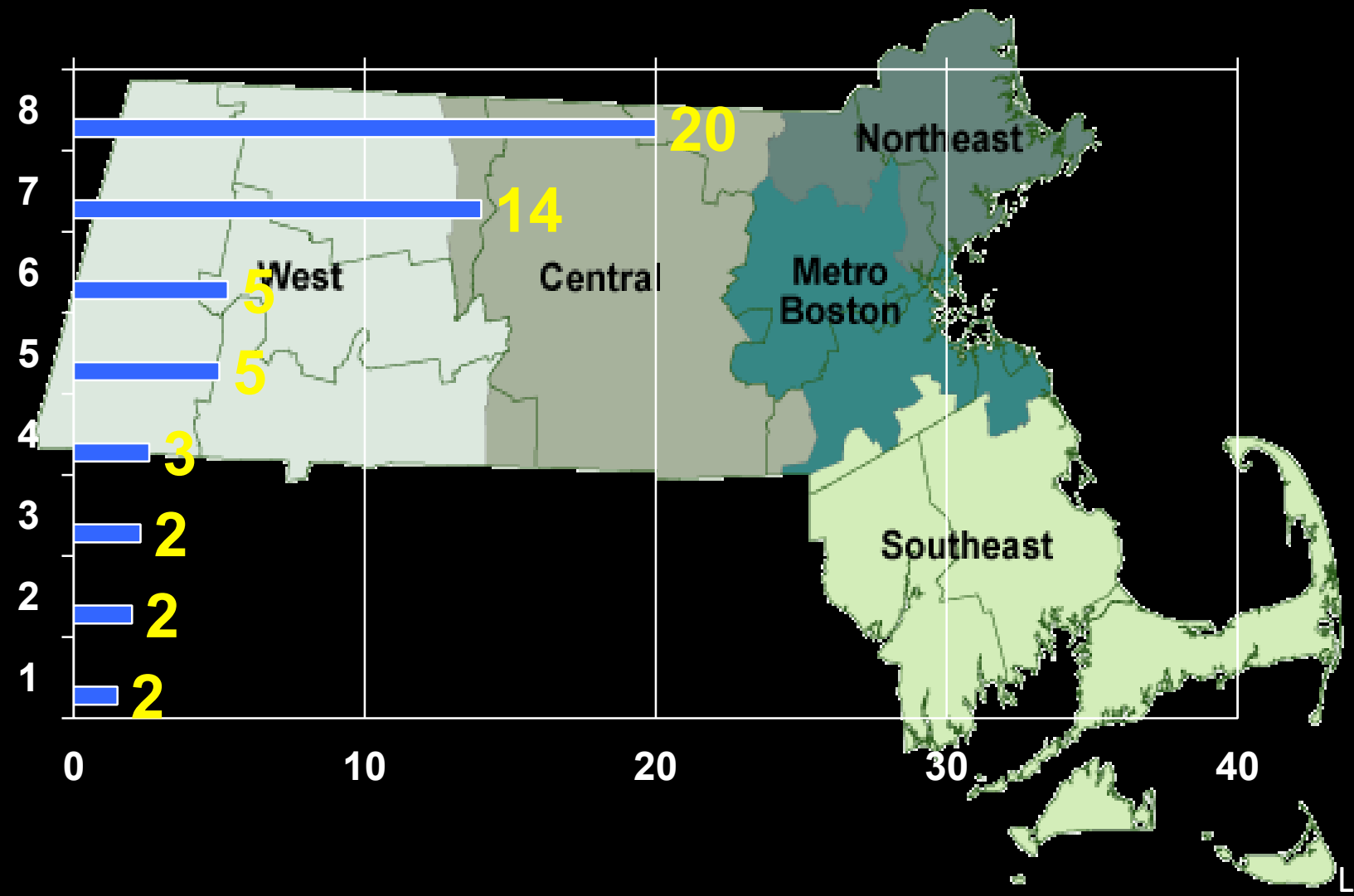
- External benchmarks
 - Leapfrog data
- Access to internal measures

2009 Early Term Births in 48 Massachusetts Birthing Hospitals

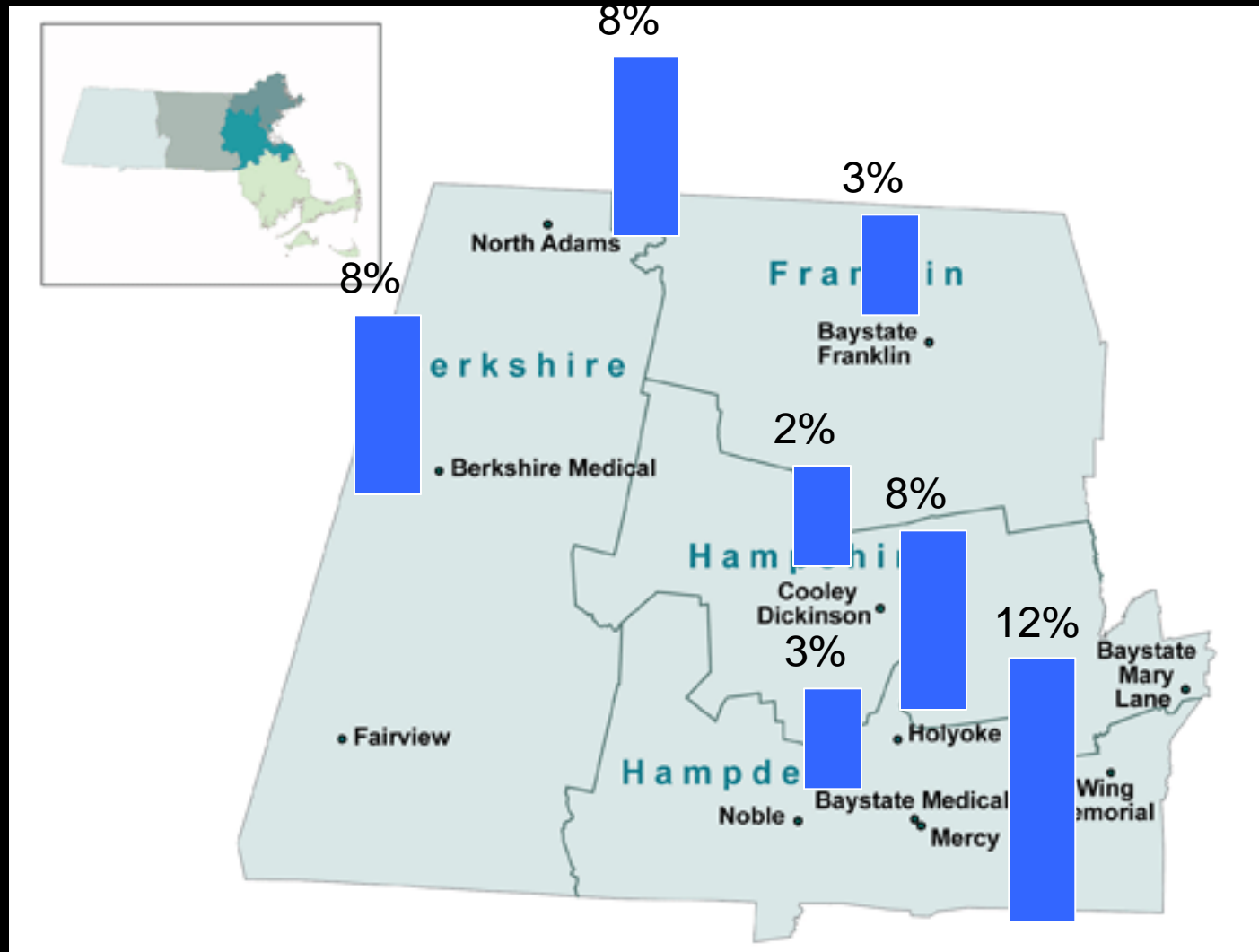


Source: 1997-2009 Massachusetts Resident Births in 48 Massachusetts Birthing Hospitals.

Elective Early Term Delivery Rate Tertiary Care Centers



Western Region

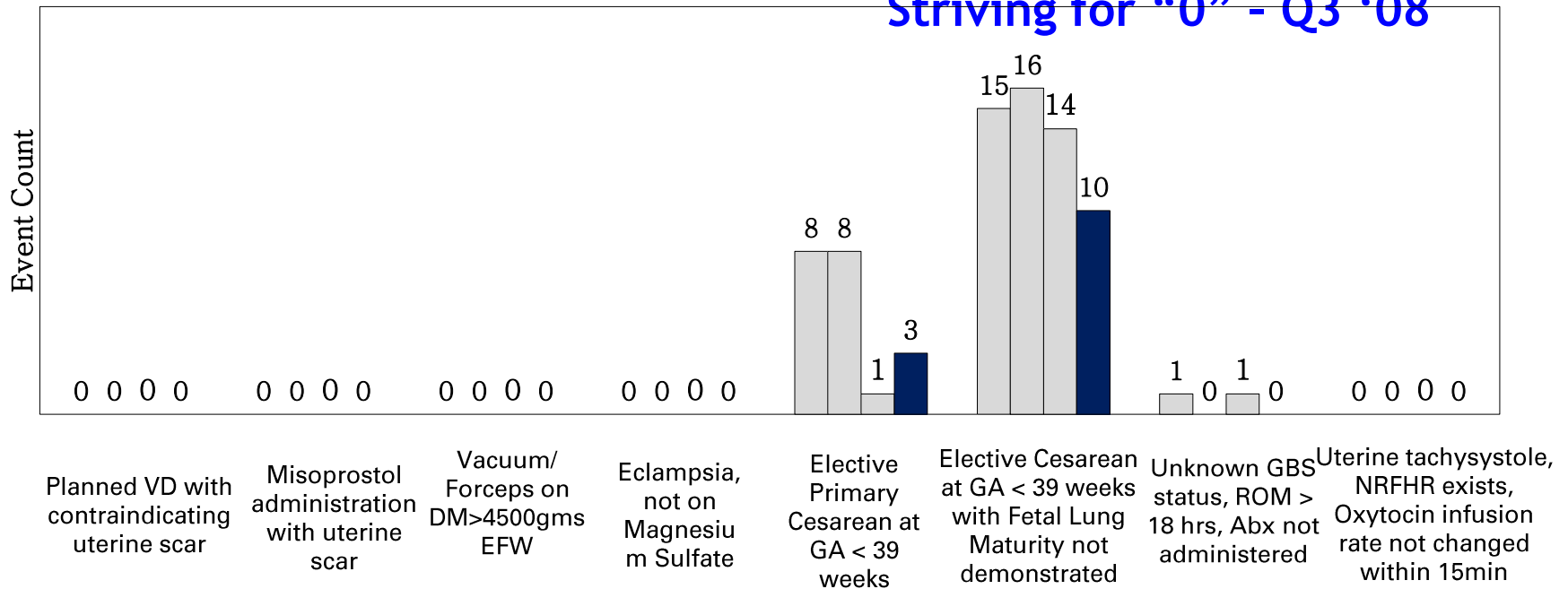


Less Than 5% Club!!

- 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

Baystate – Never Events Watchlist

Striving for “0” - Q3 ‘08



Notable Areas

Comment

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

•6 of 8 indicators with no associated events this Q

Watch – Elective Primary Cesarean

•Elective Cesarean < 39 weeks w/o Fetal Lung Maturity demonstrated – ↓ by 1/3 from previous 3 Q’s

Academic Detailing Outliers

- Phone calls
- Letters

LeapFrog Results



keys

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

challenges

MPQC Challenges

- Funding
- Other initiatives more complex
 - OB hemorrhage
 - Use of progesterone
 - Vaccinations
 - Breast feeding

Questions?