



# PVB Monthly Webinar: Creating Buy-In

February 22<sup>th</sup>, 2021

12:30-1:30 PM

# Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



# Overview



- Housekeeping items
- PVB Baseline Data Review
- Guest Speaker
  - *Strategies for Engagement and Success in Promoting Vaginal Births, Dr. Karen Bruder, FPQC*
- ILPQC Team Talk
  - *Sara Polonsky & Blake Thoren, NorthShore University Evanston Hospital*
- PVB Next Steps
- PVB Data Corner: Commonly asked Q&A?
- PVB after Office Hours
  - *Join us after the call to ask specific data questions!*

**NEW!**

WE INVITE YOU TO

# MARK YOUR CALENDARS!

*for the 2021 Virtual Face to Face Conference*

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MAY 26, 2021 | OBSTETRIC DAY

MAY 27, 2021 | NEONATAL DAY



REGISTRATION COMING SOON! VISIT [ILPQC.ORG](https://www.ilpqc.org)

 **Northwestern Medicine**  
Feinberg School of Medicine

# Baseline Data

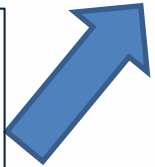


Thank you to teams who completed  
and submitted their baseline data!!



Patient Level Data: 71 (76%) teams reporting  
Hospital Level Data: 58 (62%) teams reporting

Make sure to submit your  
hospital-level data to track  
structure measures!



The ILPQC QI support team will be reaching out to teams to check in on data collection & reporting progress. Please take a moment to connect with us.

# PVB Data Collection: Two Data Forms

Project Title	Records	Fields	Instruments	Type	Status
<b>My Projects</b> <span>Organize</span> <span>Collapse All</span> <input type="text" value="Filter projects by title"/>					
<b>PVB (2)</b>					
ILPQC Promoting Vaginal Birth Initiative	4,352	71	1 form	■	☑
PVB Hospital Measures	107	29	1 form	■	☑

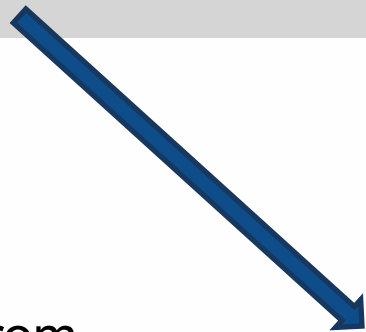


Obtained from  
random patient sample

## Patient-level Data

Vaginal  
Deliveries

NTSV c/s  
Deliveries



Obtained from Hospital data &  
status on key initiative elements

## Hospital-level Data

NTSV  
hospital  
data

Structure  
Measures

# PVB Data Collection-REDCap



## Hospital-level Data

Please select the time period for this monthly data:

\* must provide value

Total NTSV deliveries for the month

\* must provide value

Total NTSVs resulting in cesarean deliveries

\* must provide value

Of your total NTSV c/s please share the # of patient who self-reported/identified as Black:

\* must provide value

Of your total NTSV c/s please share the # of patient who self-reported/identified as White:

\* must provide value

Of your total NTSV c/s please share the # of patient who self-reported/identified as Hispanic:

\* must provide value

Of your total NTSV c/s please share the # of patient who self-reported/identified as Asian:

\* must provide value

Of your total NTSV c/s please share the # of patient who self-reported/identified as Other:

\* must provide value

Number of NTSV C-section deliveries with private insurance

\* must provide value

Number of NTSV C-section deliveries with public insurance

\* must provide value

Number of NTSV C-section deliveries uninsured/self-pay

\* must provide value

Number of NTSV C-section deliveries with unknown insurance status

\* must provide value

Make sure you are including Race/Ethnicity Data for ALL NTSV c/s deliveries for the month, not just the random sample of patients

# PVB AIMs & Measures

## Overall Initiative Aim

70% of participating hospitals at or below 24.7% C/S delivery rate (Healthy People 2020) among NTSV births

Overall state C/S rate among NTSV births at or below 24.7%

## Structure Measures

Implement provider and nurse education and other strategies to achieve buy-in.

Implement standardized protocol/processes for induction, labor support management and response to labor and fetal heart rate abnormalities.

Implement and integrate PVB order sets, protocols and documentation into the EMR.

Implement cesarean decision checklist using ACOG/SMFM labor guidelines.

Implement decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.

Implement workflow process using ACOG/SMFM cesarean decision checklist through shared decision making with patient (decision huddle with provider, nurse and patient to review treatment options, risk/benefits, and ACOG/SMFM guidelines).

Implement standardized patient education with positive messaging promoting vaginal birth strategies and techniques for women and families.

Integrate process to review and share data that includes provider-level data with clinical team.

## Process Measures

Percentage of providers and nurses receiving standardized education regarding:

- ACOG/SMFM labor guidelines
- labor management strategies/response for labor challenges
- protocol for facilitating decision huddles and/or decision debriefs

80% of cesarean deliveries among NTSV births meeting ACOG/SMFM criteria for cesarean (based on random sample of deliveries):

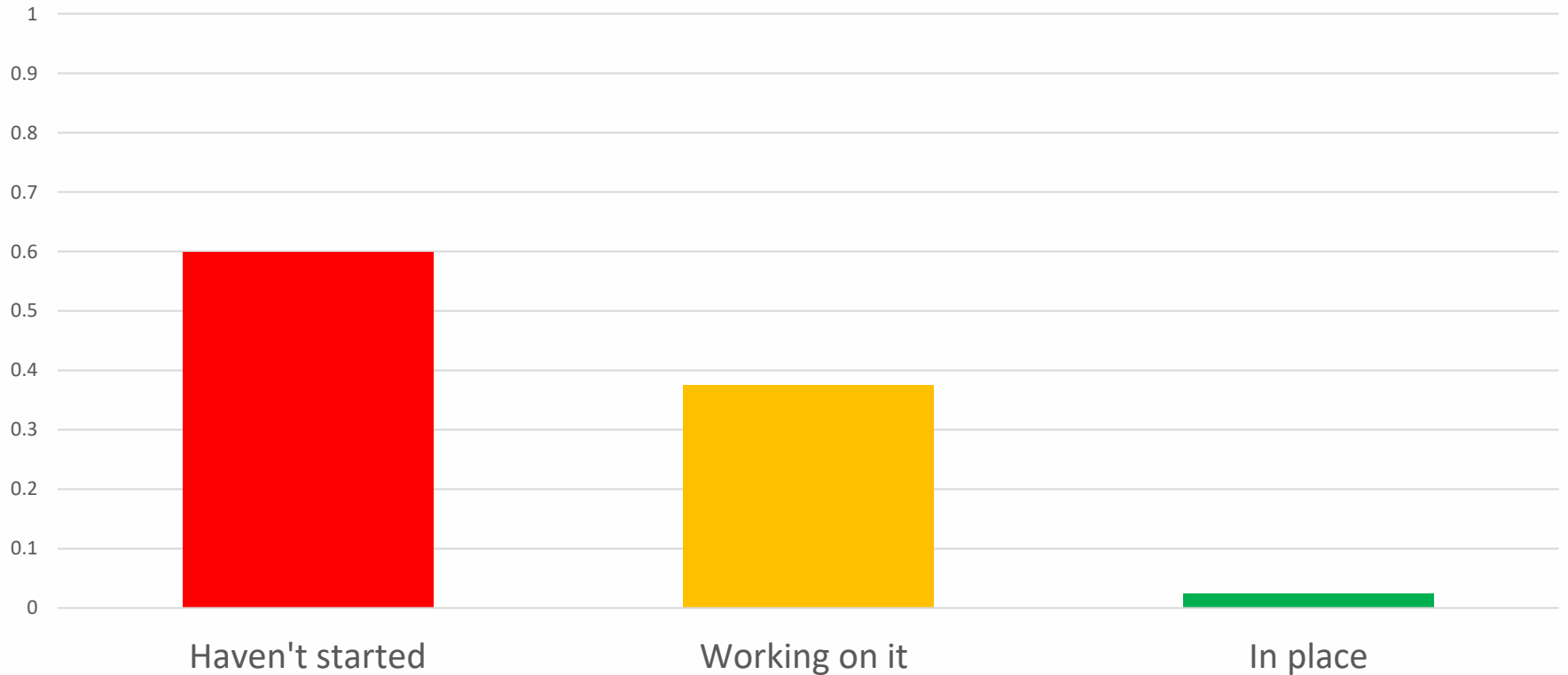
- NTSV spontaneous labor arrest/labor dystocia/FTP/CPD;
- NTSV induced labor management;
- FHR abnormalities



# PVB Baseline Data (Q4 2019): Structure Measures



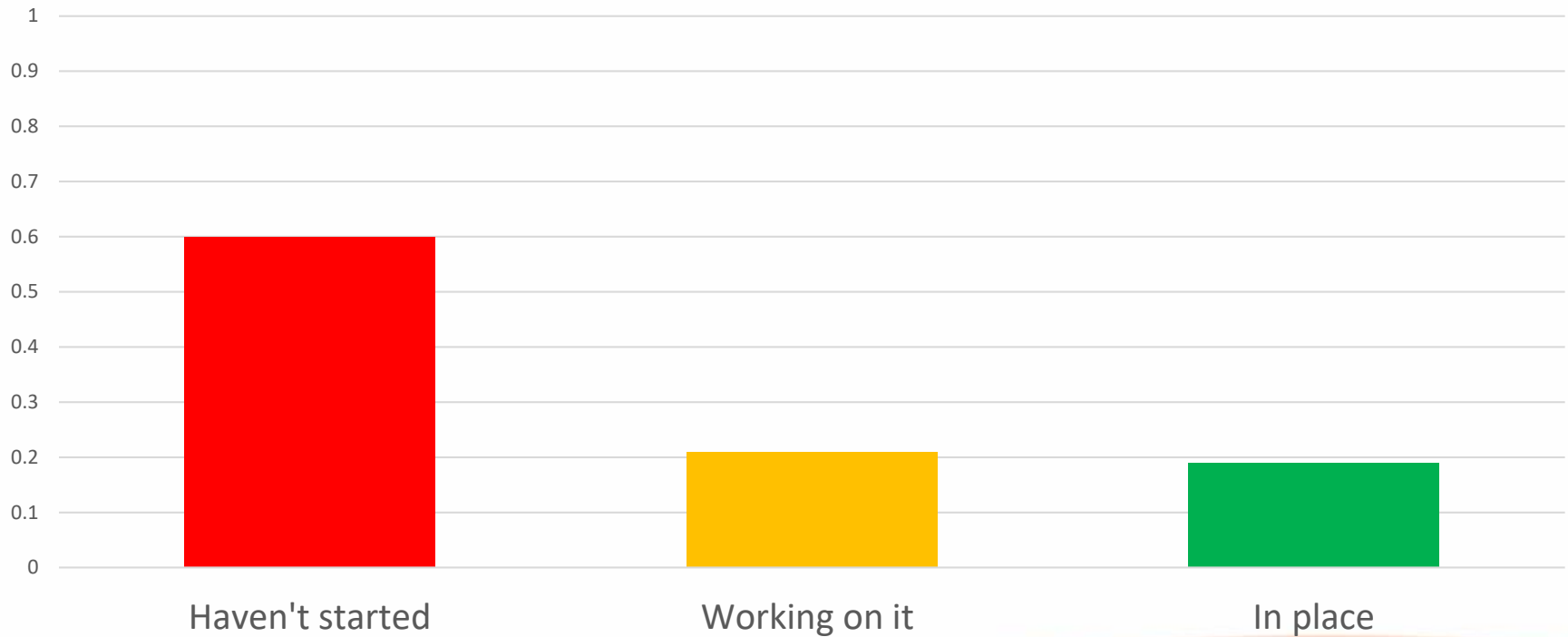
Implemented provider and nurse education and other strategies to achieve buy-in



# PVB Baseline Data (Q4 2019): Structure Measures



Implemented standardized protocol/processes for induction, labor support management and response to labor and fetal heart rate abnormalities.



# PVB Baseline Data (Q4 2019): Structure Measures



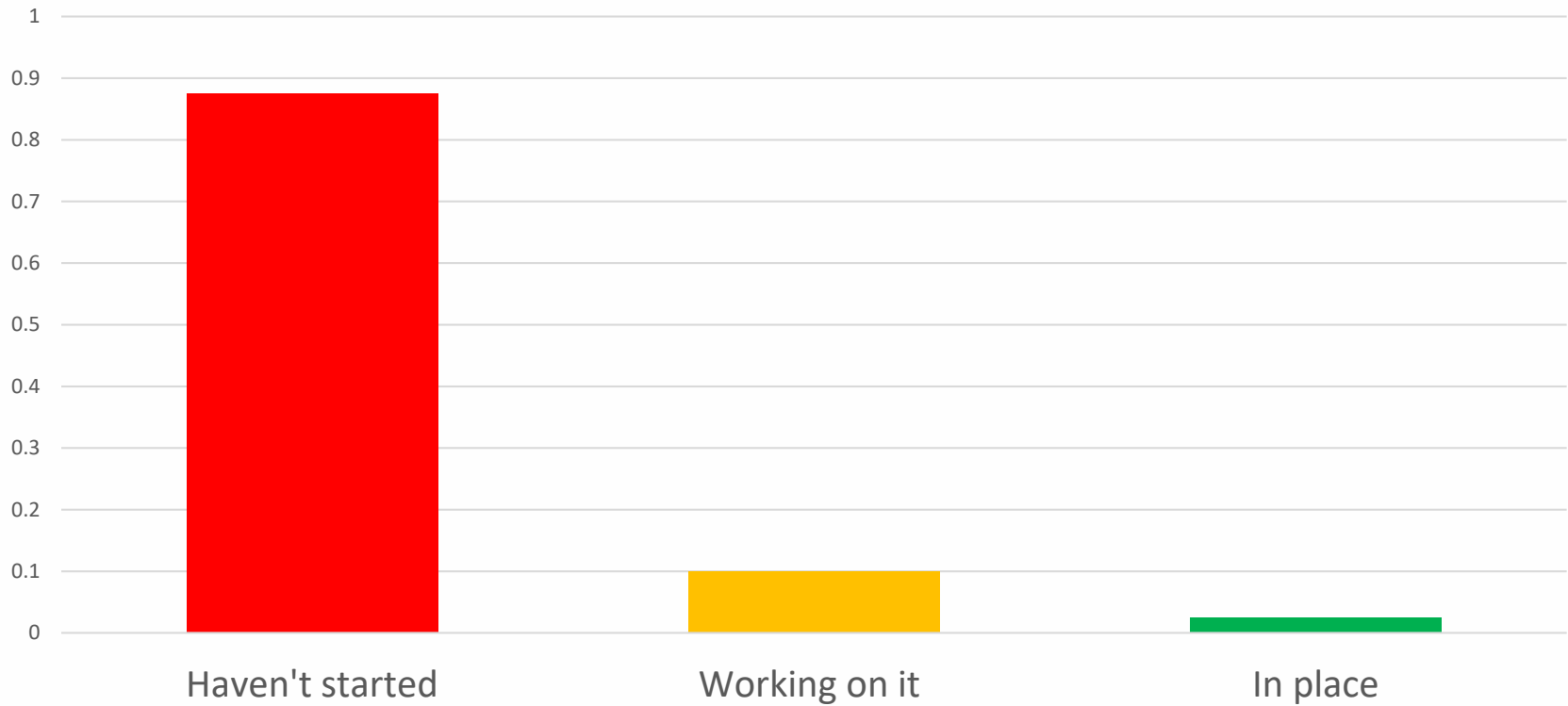
Implemented and integrated PVB order sets, protocols, and documentation into the EMR.



# PVB Baseline Data (Q4 2019): Structure Measures



Implemented cesarean decision checklist using ACOG/SMFM labor guidelines.



# PVB Baseline Data (Q4 2019): Structure Measures



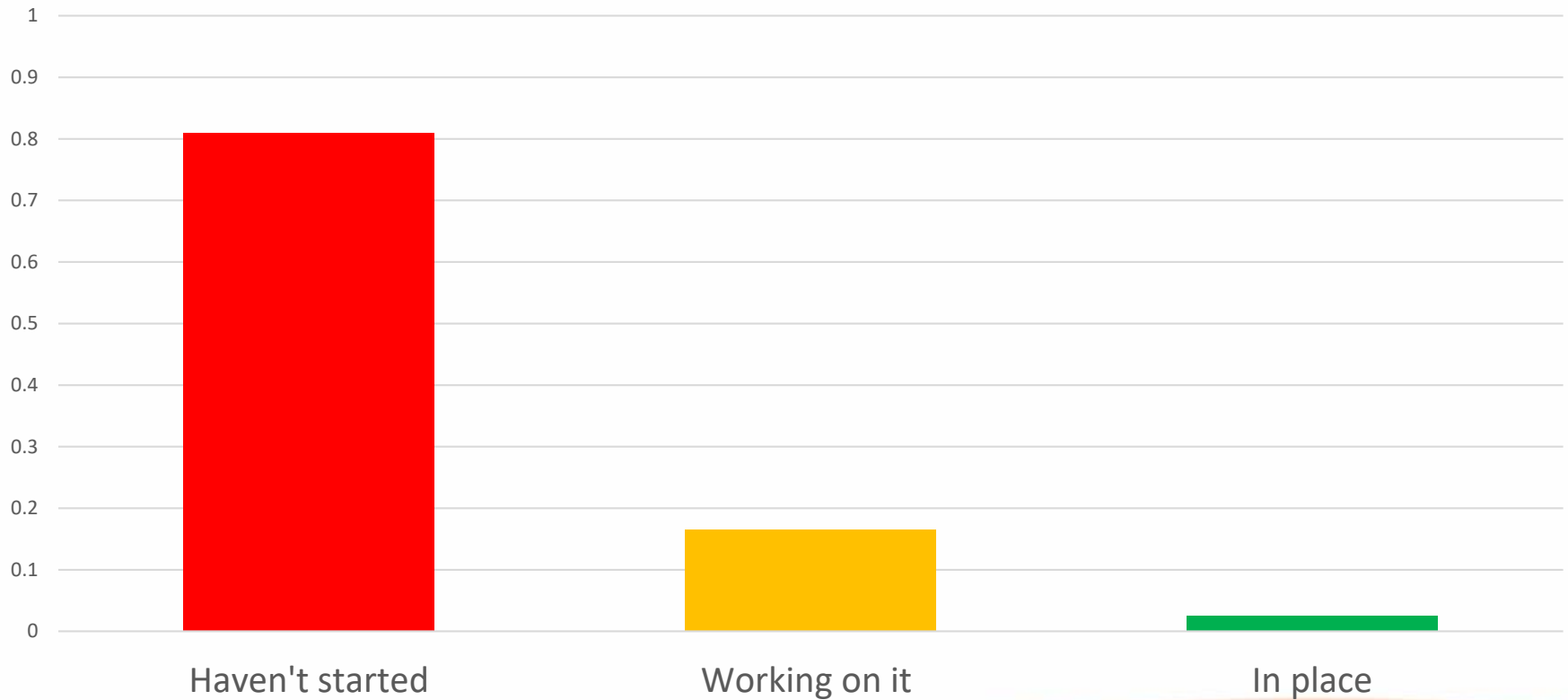
Implemented decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.



# PVB Baseline Data (Q4 2019): Structure Measures



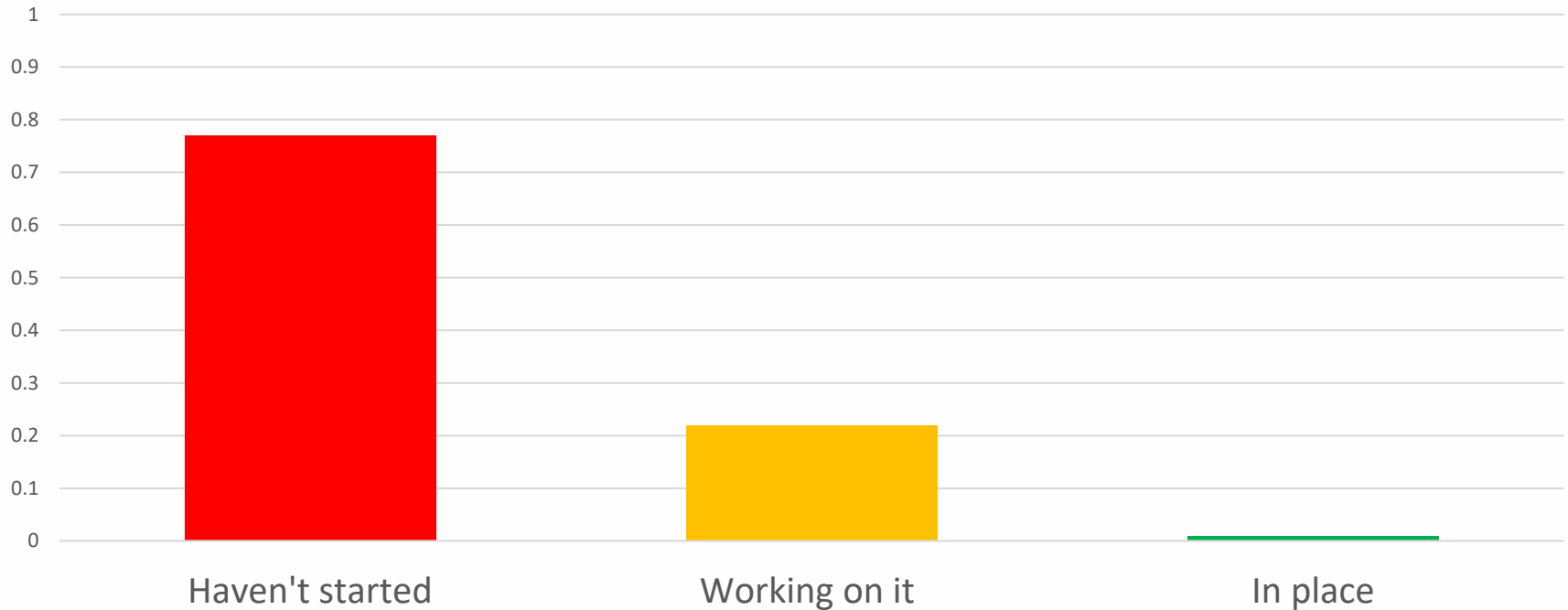
Implemented workflow process to incorporate shared decision making with the patient



# PVB Baseline Data (Q4 2019): Structure Measures



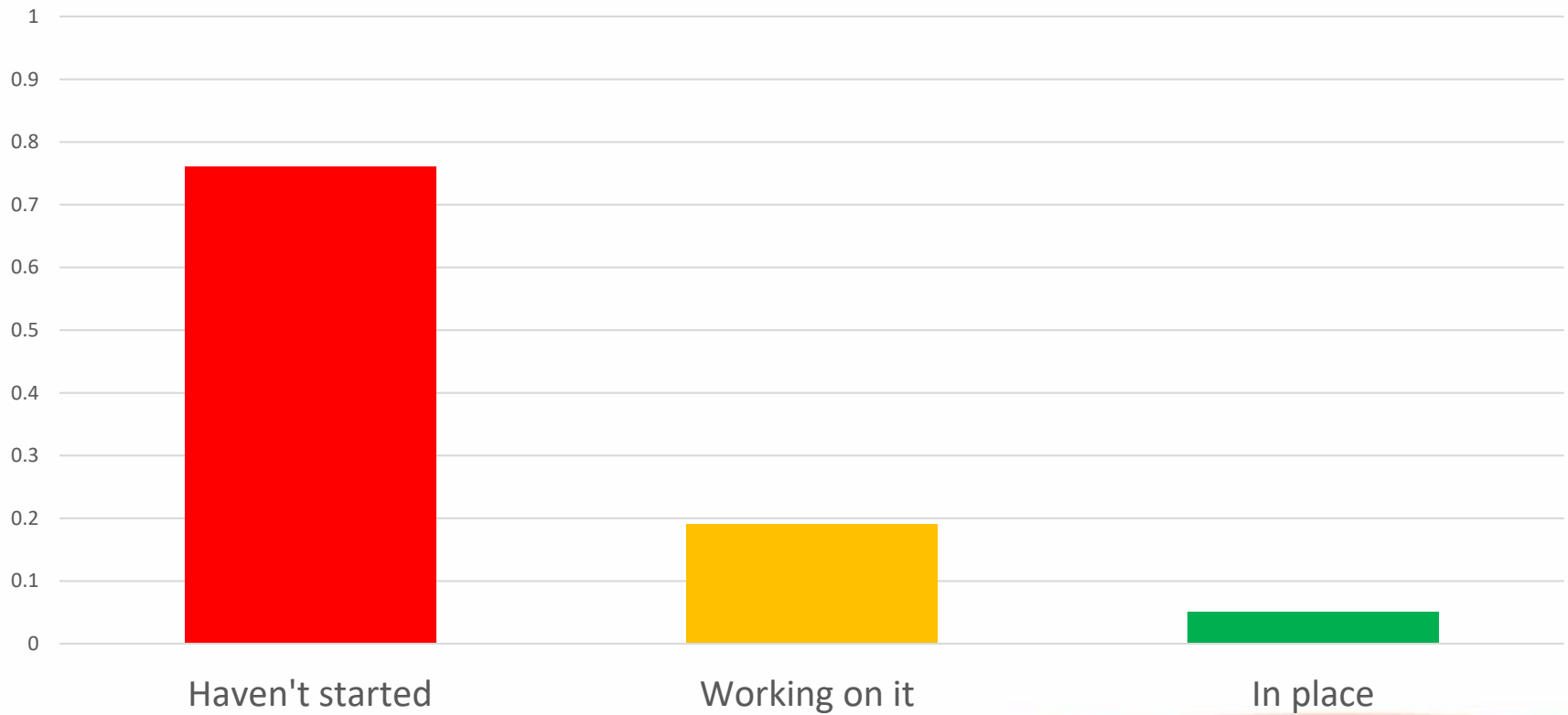
Implemented standardized patient education with positive messaging promoting vaginal birth strategies and techniques for women and families.



# PVB Baseline Data (Q4 2019): Structure Measures



Integrated process to review and share data that includes provider-level data with clinical team.

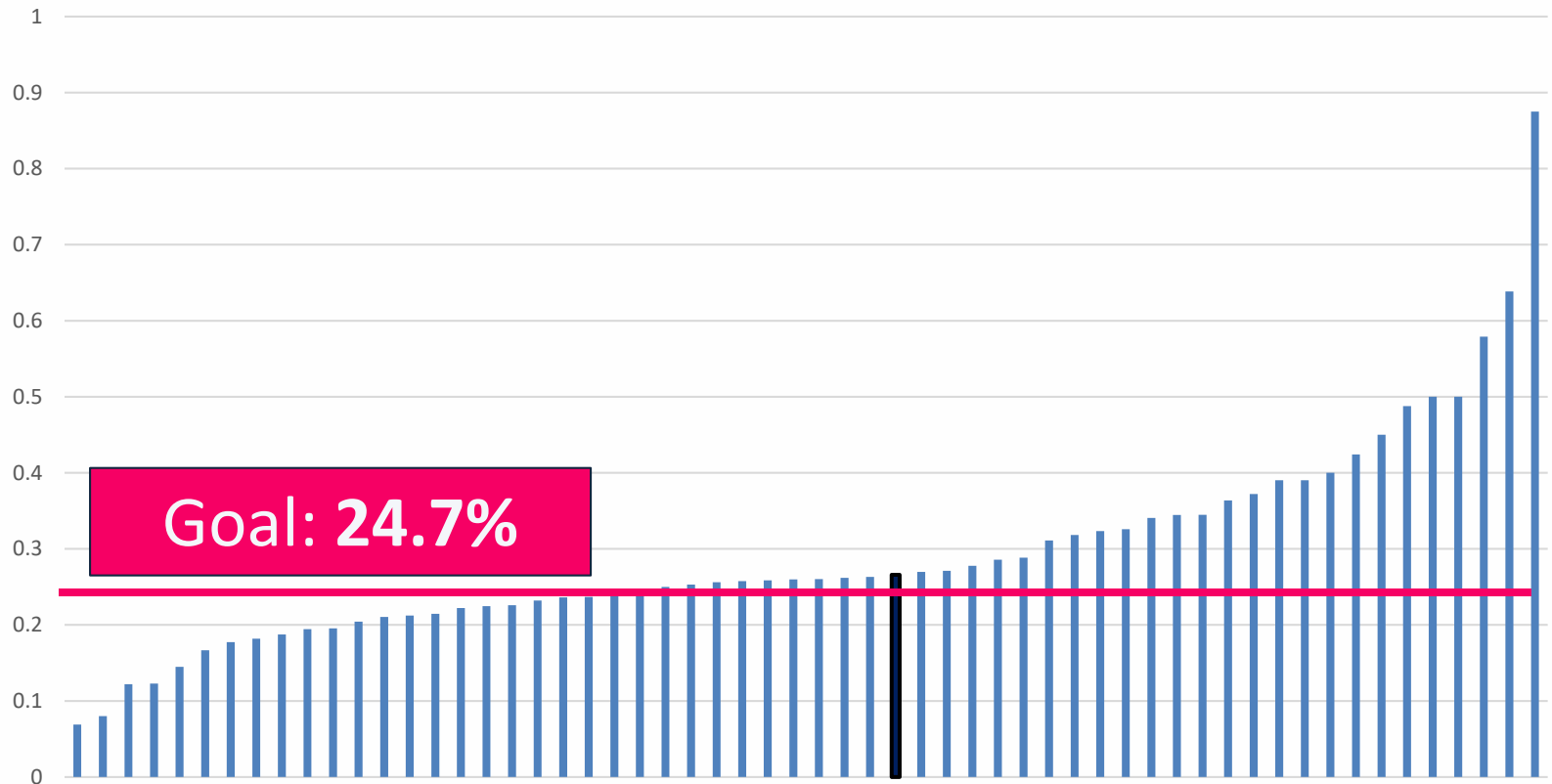




# NTSV C-Section Rates



ILPQC Baseline Data: NTSV C Section Rate

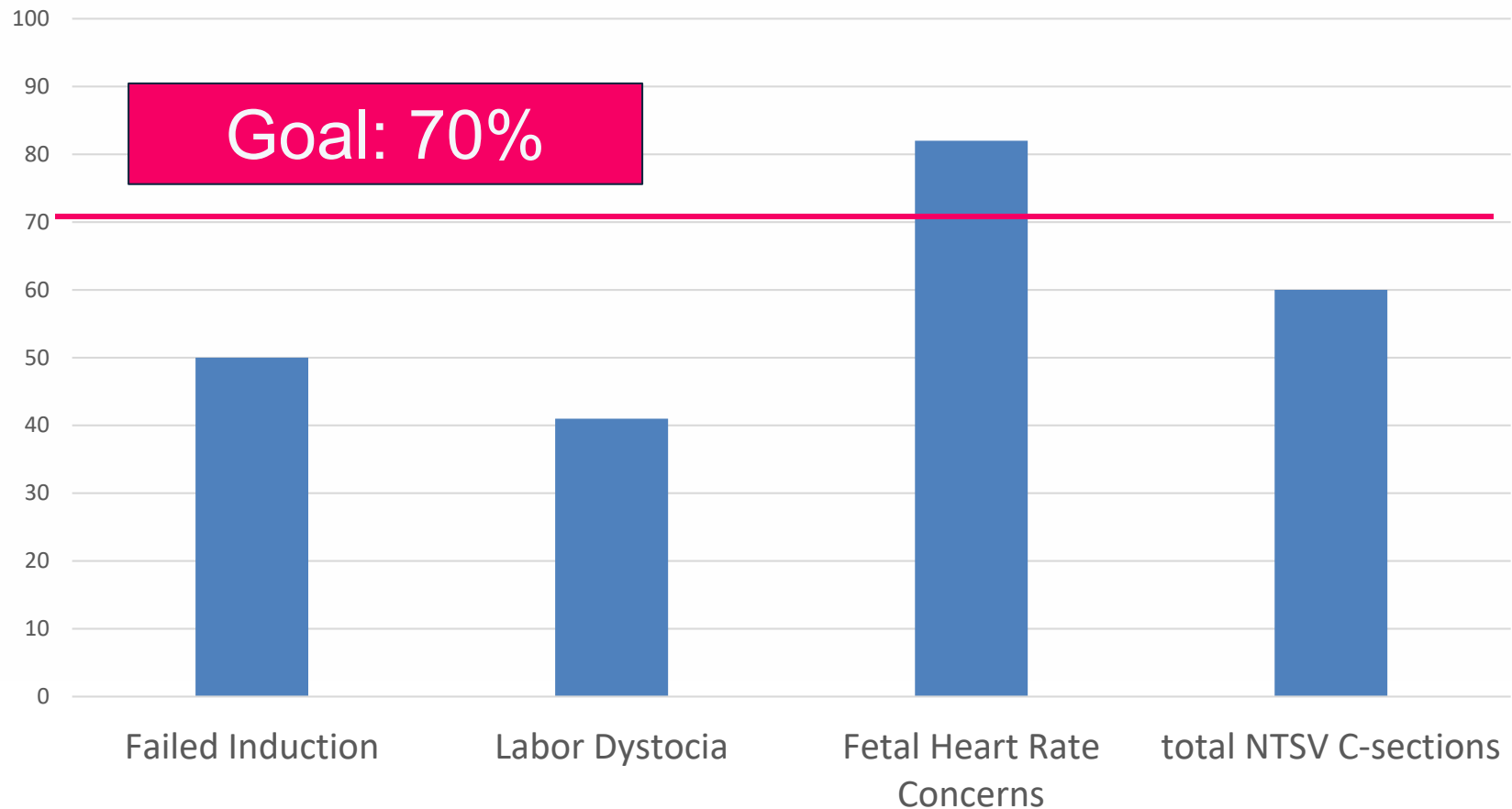


Total ILPQC rate:  
**26.9%**

# NTSV C-Sections Meeting ACOG/SMFM Criteria

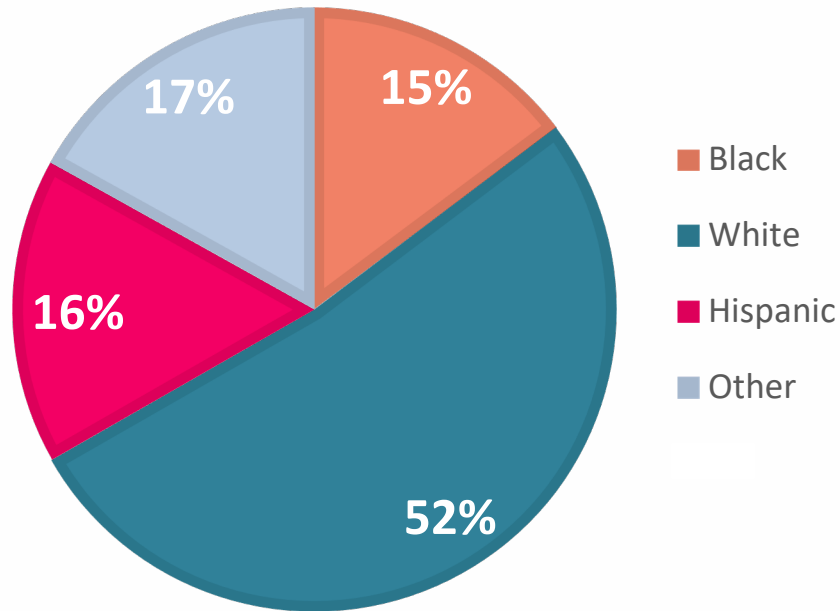


% of NTSV C-Sections Meeting ACOG/SMFM Criteria for ILPQC  
Hospitals Baseline Data

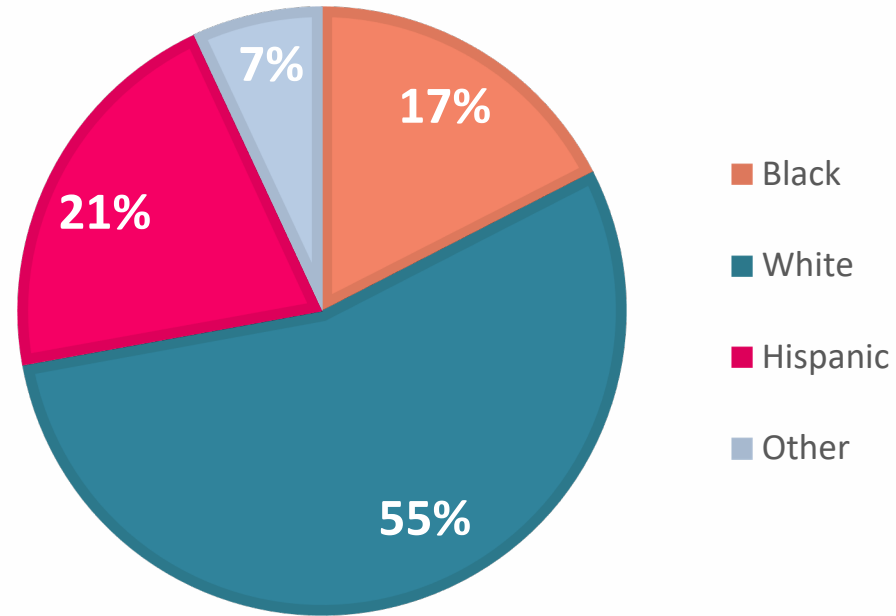


# NTSV C-Section by Race & Ethnicity Baseline Data

ILPQC HOSPITAL TEAMS NTSV C-SECTIONS

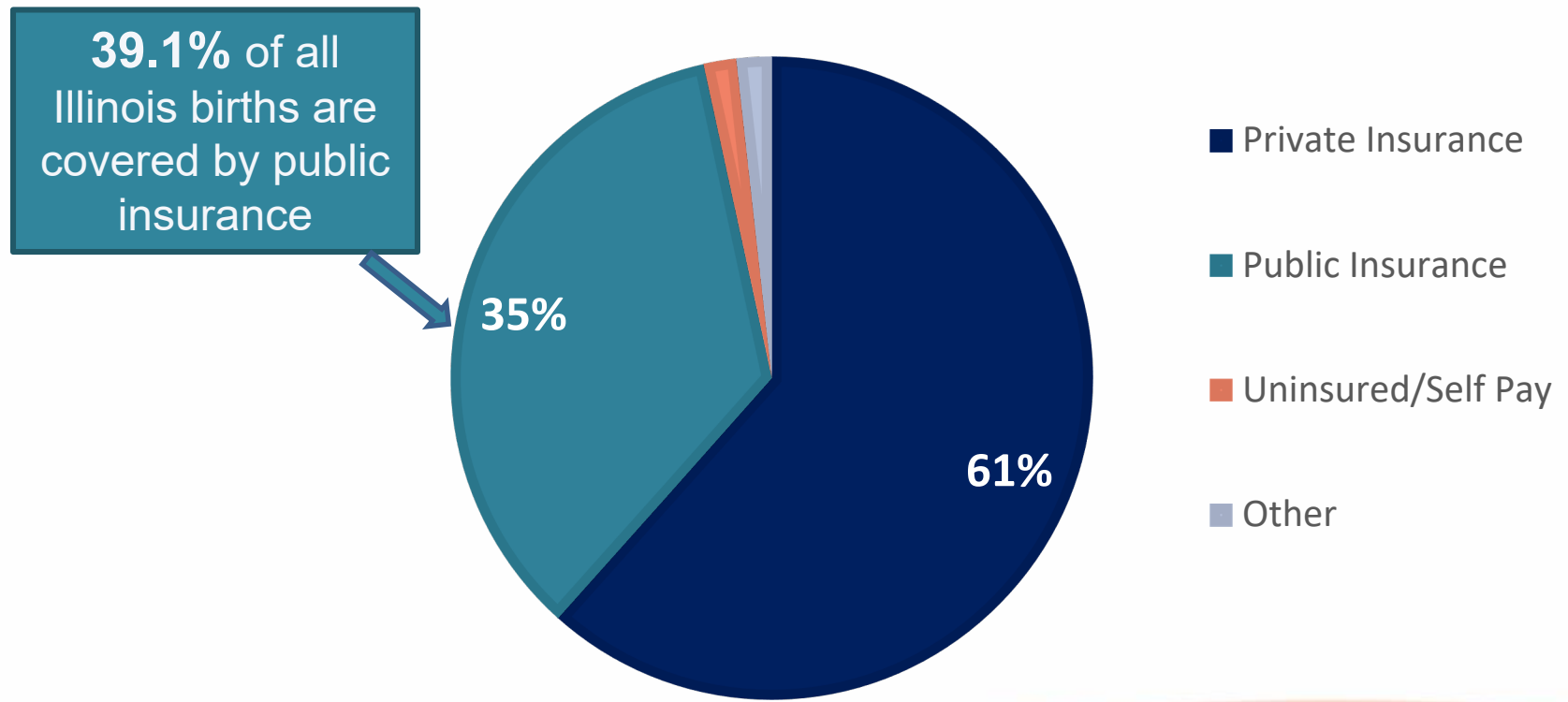


OVERALL ILLINOIS BIRTHS



# NTSV C-Sections by Insurance Status Baseline Data

## NTSV C-SECTIONS BY INSURANCE STATUS



# PVB - Improvement opportunities for all hospitals

How is participating in PVB initiative beneficial for teams with low NTSV C-section rates?

Equity:  
Understand PVB data by race, ethnicity, & Medicaid status

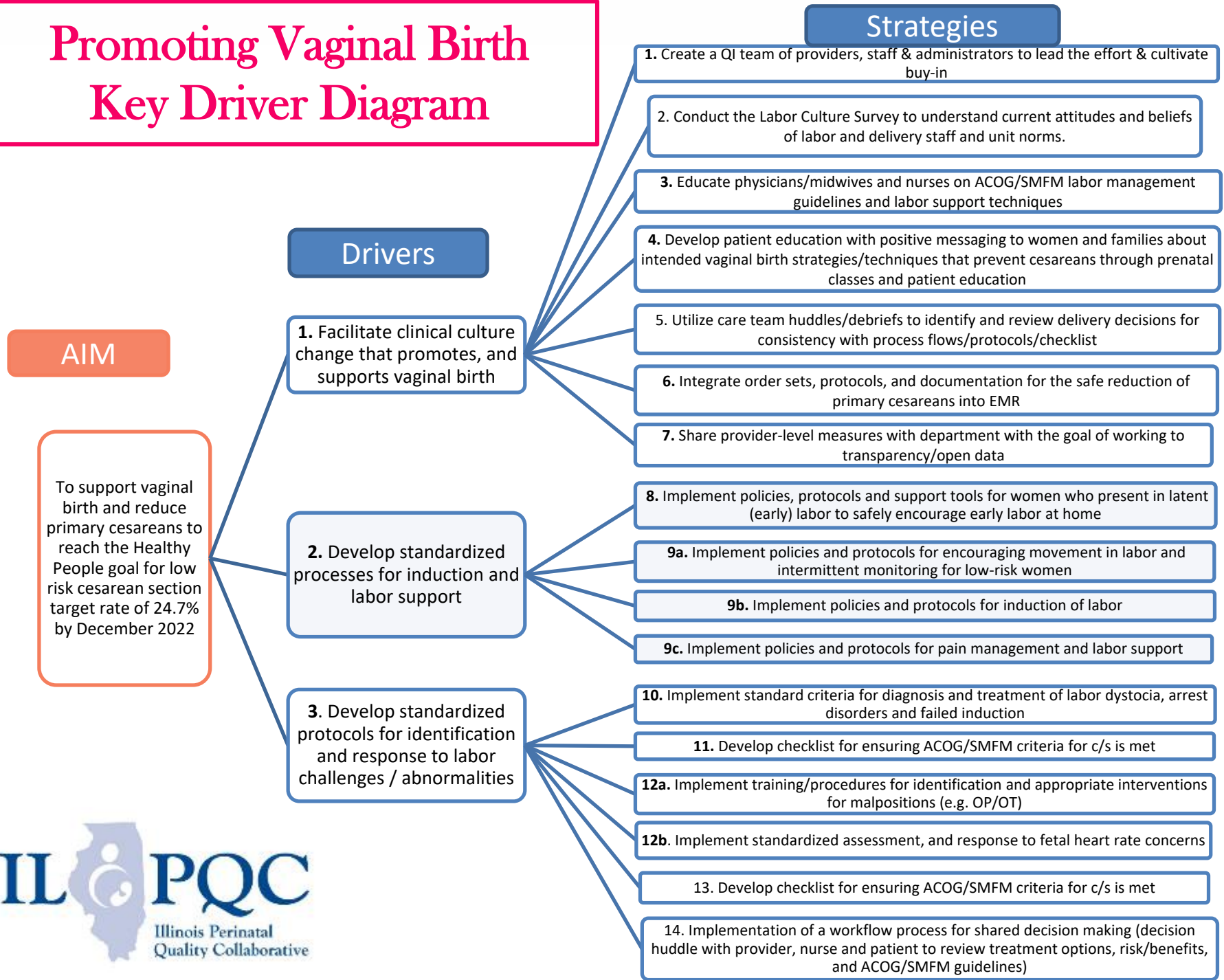
Implement and use systematically ACOG/ SMFM guidelines

Identify ways to optimize patient centered decision making

Access to labor management support for nurses and providers

Learn strategies for continued sustainability of your success.

# Promoting Vaginal Birth Key Driver Diagram



## Strategies

1. Create a QI team of providers, staff & administrators to lead the effort & cultivate buy-in
2. Conduct the Labor Culture Survey to understand current attitudes and beliefs of labor and delivery staff and unit norms.
3. Educate physicians/midwives and nurses on ACOG/SMFM labor management guidelines and labor support techniques
4. Develop patient education with positive messaging to women and families about intended vaginal birth strategies/techniques that prevent cesareans through prenatal classes and patient education
5. Utilize care team huddles/debriefs to identify and review delivery decisions for consistency with process flows/protocols/checklist
6. Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into EMR
7. Share provider-level measures with department with the goal of working to transparency/open data
8. Implement policies, protocols and support tools for women who present in latent (early) labor to safely encourage early labor at home
- 9a. Implement policies and protocols for encouraging movement in labor and intermittent monitoring for low-risk women
- 9b. Implement policies and protocols for induction of labor
- 9c. Implement policies and protocols for pain management and labor support
10. Implement standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction
11. Develop checklist for ensuring ACOG/SMFM criteria for c/s is met
- 12a. Implement training/procedures for identification and appropriate interventions for malpositions (e.g. OP/OT)
- 12b. Implement standardized assessment, and response to fetal heart rate concerns
13. Develop checklist for ensuring ACOG/SMFM criteria for c/s is met
14. Implementation of a workflow process for shared decision making (decision huddle with provider, nurse and patient to review treatment options, risk/benefits, and ACOG/SMFM guidelines)

## Drivers

1. Facilitate clinical culture change that promotes, and supports vaginal birth
2. Develop standardized processes for induction and labor support
3. Develop standardized protocols for identification and response to labor challenges / abnormalities

## AIM

To support vaginal birth and reduce primary cesareans to reach the Healthy People goal for low risk cesarean section target rate of 24.7% by December 2022

# Achieving Buy In

- Important first step!
- Making sure your OB providers and Nurses are aware of the PVB Initiative, that they are supportive of the initiative and they know what they need to do to help your hospital achieve its PVB goals
- Ongoing process

# DR. KAREN BRUDER- FPQC





# Strategies for Engagement and Success in Promoting Vaginal Births

Karen L. Bruder, MD

Associate Professor,

USF Morsani College of Medicine, Department of  
OB/GYN

Clinical Co-Lead FPQC PROVIDE Initiative

Partnering to Improve Health Care Quality  
for Mothers and Babies

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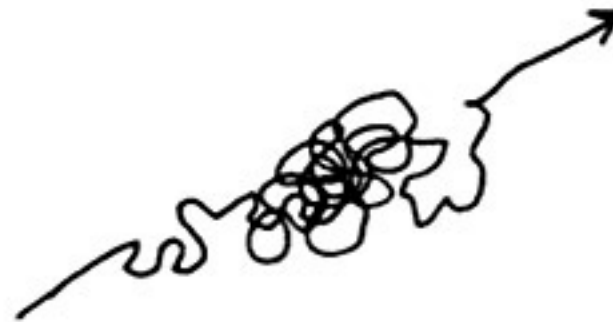
# The PROVIDE Experience

Success



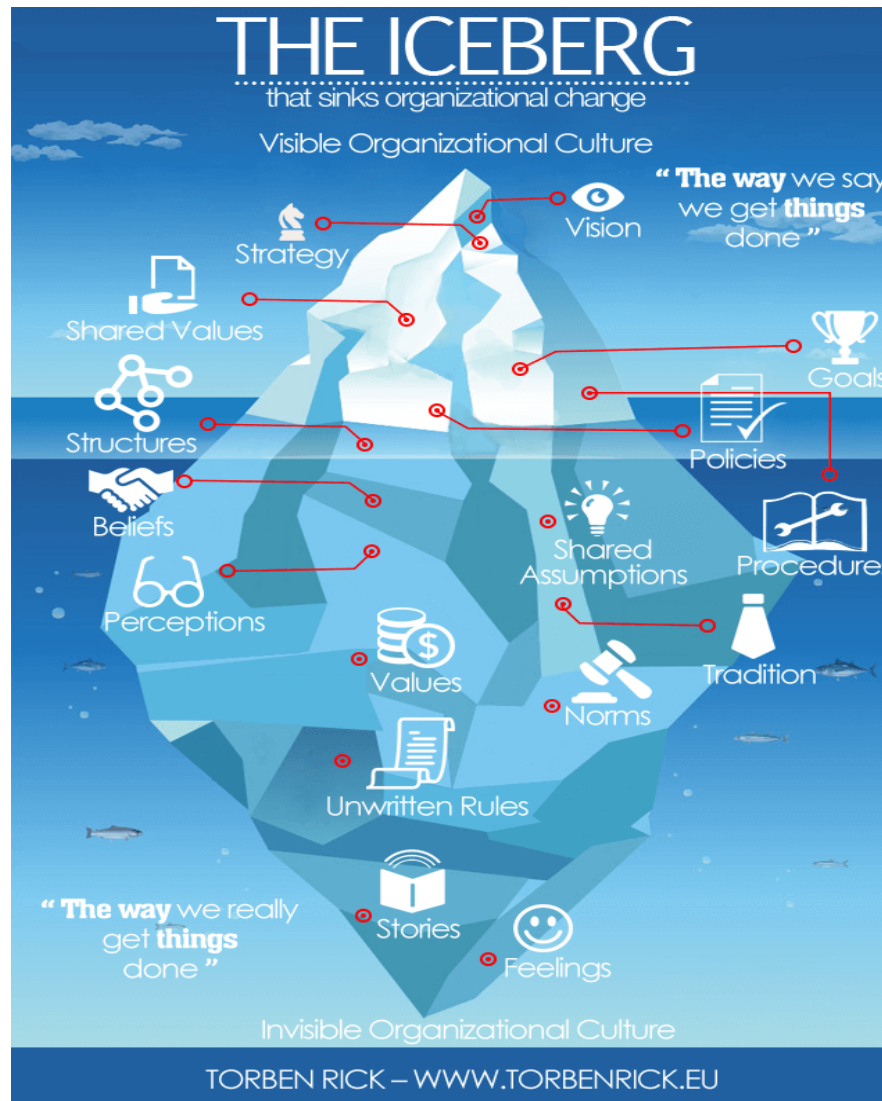
what people think  
it looks like

Success



what it really  
looks like

# Structural vs. Cultural change



# What you will hear....

- 👂 It's not a good time
- 👂 It's been done
- 👂 It's NEVER been done
- 👂 It's not in our policies
- 👂 It's not the way we do it here
- 👂 We don't have that
- 👂 This doesn't apply to my "high risk" patients
- 👂 My patient's won't like it
- 👂 You can't tell me what to do with my patients
- 👂 My liability will be increased
- 👂 My productivity will suffer
- 👂 The doctors won't like it
- 👂 I don't want to get in trouble



**What all that means....**

**NO WAY  
IS THAT  
GOING  
TO  
HAPPEN!!!**



# Classic reasons to resist change

## FEAR and EMOTIONS

- Scared of transition, not idea- Fear of the unknown, confusion
- I feel like I have no say/how do I fit in?  
Fear of rejection, powerlessness
- What am I going to give up? Fear of loss
- What if my job changes? Fear of failure
- I'm fed up with PHONY change that goes nowhere. Cynicism! Exhaustion!

# How do managers react to resistance?

- ☺ Take it personally
- ☺ Address behaviors directly with arguments, rather than reasons
- ☺ Blame other people for not changing (character, personality)

VS.

- ☺ If we don't change, we had a valid reason

# What is UP with the doctors???

- 👉 Learn the craft of medicine, “craft based autonomy” , not “cookbook medicine”
- 👉 Surgeons “fix” things (want permanent fix vs improvement)
- 👉 Very competitive
- 👉 We “own” mistakes, pride in personal competence
- 👉 Aren’t taught that errors are systemic and do not reflect personal competence



# What we give and what we get

## Give:

- years of training
- debt
- sacrifices in personal life
- acceptance of liability

## Get:

- autonomy
- control over professional life
- respect
- personal fulfillment

## Current situation:

- business pressures
- regulatory agencies
- doing more for less with increasing risk
- peers deciding what we do (AKA best practices)
- process management (QI/QA)
- Patient satisfaction

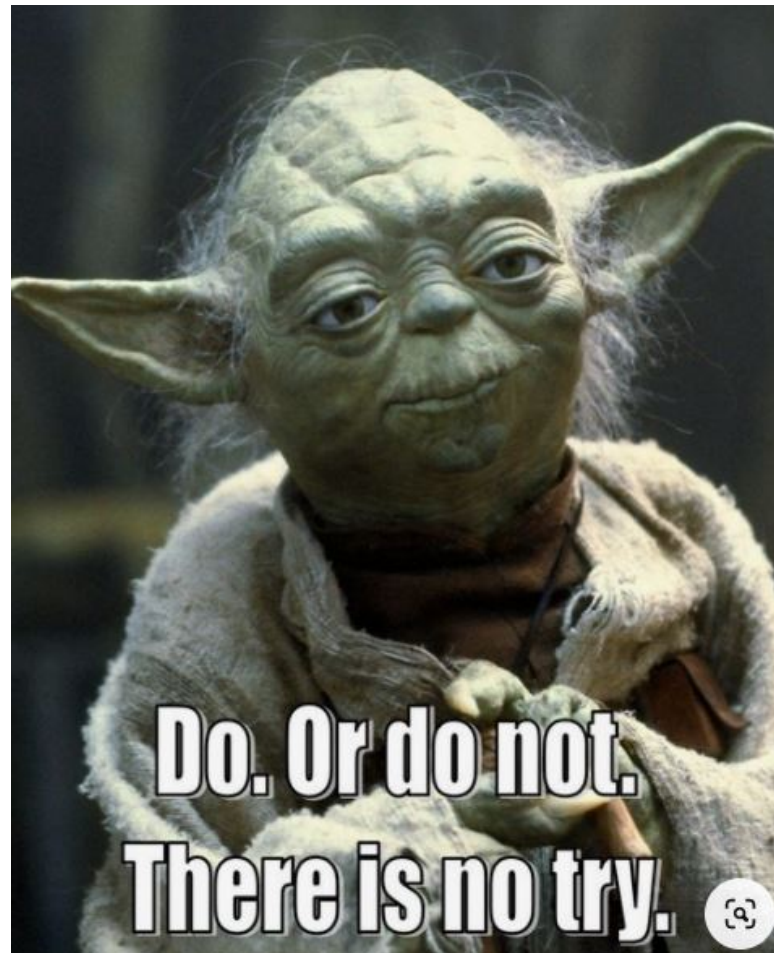
# Engaging physicians

- 👤 Involve them early, make them part of the team
- 👤 Put the patient in the center
- 👤 Share your data, be transparent (no one wants to be an outlier)
- 👤 Change culture, not “stuff”
- 👤 Value physicians time
- 👤 Changes should make their lives/jobs easier  
Less time at the hospital, less liability, fewer hassles, minimize meetings
- 👤 Be generous with praise
- 👤 Help them see reality and be proactive

# Changing your culture to value vaginal birth

- 👤 GET STRONG CHAMPIONS! Change them if you need to or have more than one
- 👤 Recognize that different types of provider practices will have different concerns/solutions
- 👤 Have achievable, stated goals
- 👤 Give everyone tools- algorithms, order sets, new policies, patient education materials, labor support workshops, peer based education on best practices
- 👤 Engage in patient education,

# Specific Strategies



# Meetings/Communication



- Utilize regularly scheduled department meetings to highlight project and results-be succinct
  - Be prepared to answer questions
- Make sure meetings are organized and succinct to decrease the impact on available time
  - Offer meetings at multiple times; consider web-based meetings/education for those who may be off site



# Education

- 👤 Peer based education
- 👤 Use ACOG, ACNM, AWHONN best practices
- 👤 Provide high quality peer-reviewed research and evidence to support change, data from CMQCC
- 👤 Invest in web-based learning
- 👤 Leverage education opportunities that exist because of students at institution
- 👤 Be prepared for new research and how it may affect practice patterns

# Induction of Labor

The goal of induction is to have a vaginal birth!

- 👶 Educate patients
- 👶 Use an Induction Scheduling Chart
- 👶 Focus on cervical ripening.
  - Outpatient
  - Multiple simultaneous induction agents
  - Sequential agents
- 👶 Make admission easier or more timely so less doctor time in the hospital (example: order sets for cytotec dosing)



# Labor Dystocia

- Labor Support workshop
- Changes in position
- Intermittent auscultation
- Resist admission in early labor

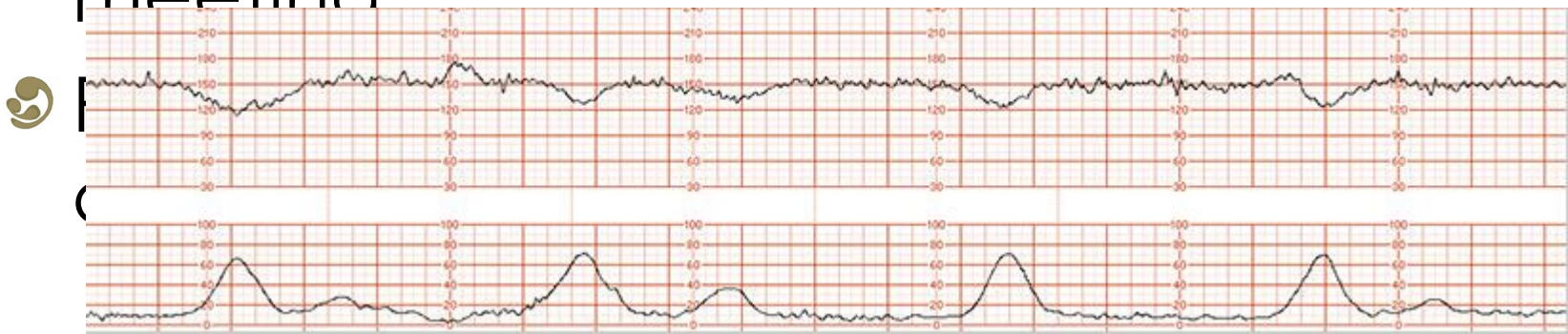


- Empower nurses to advocate for patients in early labor
- Non-pharmacologic strategies for pain control
- Doulas



# FHR concerns

- 👶 Nurses and providers mandated to take same courses (online) to standardize discussion
- 👶 Strip review- at bedside rounds, safety huddle, 5 minutes at department meeting



# Cesarean section checklist

## Pre-Cesarean Huddle Form



Patient name/MRN or sticker

The intent of this form/huddle is to define criteria for arrest of dilatation, failed induction and interventions for NRFHT's as defined by the FPQC. It is also meant to explore safe options to prevent cesarean sections in an interdisciplinary setting on the OB unit.

Huddle should occur when a c/s is being considered due to labor dystocia, failed IOL or NRFHT's. Huddles can occur for other reasons as deemed necessary by the providing team.

- ❖ **Date and time of huddle-** \_\_\_\_\_
- ❖ **G's and P's and Gestational age-** \_\_\_\_\_ **Current room** \_\_\_\_\_
- ❖ **ROM time** \_\_\_\_\_ **Last Cervical Exam** \_\_\_\_\_ **Length of time since exam changed** \_\_\_\_\_
- ❖ **Attendees- list names**
  - Attending physician\*required \_\_\_\_\_
  - Safety Nurse &/or Charge Nurse\* 1 required \_\_\_\_\_
  - Beside provider (CNM/Resident) \*1 required \_\_\_\_\_
  - Primary RN (if available) \_\_\_\_\_
  - Anesthesia (if available) \_\_\_\_\_
- ❖ **Reason for huddle- (circle all that apply)**

C/S being considered- Labor Dystocia(Arrest of dilatation) Failed IOL NRFHT Maternal Condition  
Other \_\_\_\_\_
- ❖ **Labor Dystocia-** (<6cm cannot be labor dystocia) only applies to spontaneous labor- not IOL's
  - o Is the patient 6 – 9.5 cm? Has the patient had adequate ctx for at least 4h or 6h if inadequate ctx?  
If not, she needs more time.
  - o Is the gt 10cm? - Prime- should push for minimum 3h, 4h with epidural! Multiparous- push for minimum 2h, 3h with epidural! If not, she needs more time
- ❖ **Failed IOL-** If the patient was an IOL on admission, she will not be considered labor dystocia- she is a failed IOL.
  - o If the gt is <6cm- were there at least 12h of oxytocin after ROM? If no, needs more time.
  - o If the gt is 6 – 10 cm- was there at least 4h adequate or 6h inadequate ctx with oxytocin? If not, she needs more time.
  - o 10 cm- at least 3h of pushing, 4h with epidural. If not, needs more time.
- ❖ **FHT agreed upon interpretation at the time of huddle-** Baseline \_\_\_\_\_ Variability \_\_\_\_\_  
Decels present (circle all that apply) - Early Variable Late Prolonged  
Accels present- Yes / No Category of tracing- 1 2 3
- ❖ **Interventions done thus far (circle all that apply)** - \*Reposition \*IVF bolus for hypotension \*O2 \*Terbutaline  
\*Decrease Pitocin \*Stop Pitocin \*Amnioinfusion for variable decels \*Remove Cervidil  
\*Remove balloon/Cook \*Vaginal exam/VAS to elicit fetal response for minimal variability
- ❖ **Birth Outcome:** Apgars \_\_\_\_\_ pH \_\_\_\_\_ Vag or C/S \_\_\_\_\_  
See back of page for FHR Algorithm diagram and explanations. Please document huddle in Progress note- obhuddle

Version 1.3 5/21/2020

# Data Transparency

- Post NTSV CS rates for MDs or practices
- Consider increasing transparency gradually: anonymous rates first, then name top performers
- Recognize individual success, use positive reinforcement
  - ribbons or buttons “Ask me about my cesarean section rate”
- Use Data
  - holds us accountable for our own performance,
  - creates examples of how our practice can be better
- Fully transparent data allows competitive encouragement among team members
- Introduce reality: Advise that CS rates will become available to the public soon!

ASK ME ABOUT  
MY C-SECTION  
RATE!

# Key Messages

- 👶 Keep patients in the center
- 👶 Find effective champions (physician, CNM, nurse, administrator)
- 👶 Educate with reputable sources.
- 👶 Use checklists in each of the focus areas. Particularly effective is a “pre-cesarean” checklist
- 👶 Post provider and/or practice level data
- 👶 Meet the people where they are
- 👶 Don't try to change everything at once

# Questions?



 [www.FPQC.org](http://www.FPQC.org)

 [FPQC@usf.edu](mailto:FPQC@usf.edu)

 [Kbruder@usf.edu](mailto:Kbruder@usf.edu)

Sara Polonsky & Blake Thoren, NorthShore University Evanston Hospital

# TEAM TALK



# NorthShore University HealthSystem

ILPQC Promoting Vaginal Birth  
Monthly Webinar

February 22, 2021

Healthcare for what's  next.

# B Background

1. 3520 births per year
2. Location: Evanston, IL
3. Perinatal level III
4. One hospital in a 6 hospital Health System – 4 with L&D
5. Multiple medical groups





# Our Team



## Evanston Hospital

OB Chair	Emmet Hirsch, MD
OB Medical Director	Mark Neerhof, DO
Project Team Lead	Sara Polonsky, RN, MPH
OB Provider	Jennifer Kim, MD; Miriah Plawer, MD; Emma Clear, MD
OB Nurse Champion	Diana Campbell, RN; Blake Thoren, RN
Family Practice Champion	Emily White VanGompel, MD
Patient/Family Member/Community Member	Malik Turley, CD
Midwife	Gaye Koconis, APN-CNM
QI	Marci Adams
Other Team Members	Josie Nowak, RN; Janice Hopson, RN; Suzanne Guy, RN; Caroline MCGowan

# Getting Started With PVB

- Promoting Vaginal Birth OBGYN Grand Rounds Nov. 18<sup>th</sup>
- Scheduled meetings with NorthShore team (currently 3 hospitals):
  - Oct. 13<sup>th</sup>: Kick-off
  - Dec. 18<sup>th</sup>: Clarification of roles, data collection and analysis, review of ACOG recommendations, prioritizing interventions, work process, 30/60/90 day goals
  - Jan. 15<sup>th</sup>: Deadlines and responsibilities, Hospital Level Data Form
  - Feb. 19<sup>th</sup>
- Baseline data entry
- 30/60/90 day goals

# 30/60/90 Day Goals for 1/15/21

30

## Overall Goal:

Administer the Labor Culture Survey – assess attitudes toward C/S among L&D staff

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<u>TASKS TO ACHIEVE GOAL:</u>	<u>RESPONSIBLE PARTY:</u>
-------------------------------	---------------------------

- |                                    |                       |
|------------------------------------|-----------------------|
| 1. Emily send survey link to teams | ◦ Emily               |
| 2. Distribute survey to L&D staff  | ◦ Hospital team leads |
| 3. Advertisement at Grand Rounds   | ◦ Sara                |

60

## Overall Goal:

Institute a uniform C/S checklist throughout NorthShore hospitals – be assured that each labor is evaluated subjectively before C/S

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<u>TASKS TO ACHIEVE GOAL:</u>	<u>RESPONSIBLE PARTY:</u>
-------------------------------	---------------------------

- |                                |                            |
|--------------------------------|----------------------------|
| 1. Swedish to share checklist  | ◦ Michaela/Sara            |
| 2. Individual hospitals meet   | ◦ Hospital Teams           |
| 3. Combine or create protocols | ◦ NS Wide PVB Team Meeting |

90

## Overall Goal:

Institute educational strategies to address needs to be identified by Labor Culture Survey

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<u>TASKS TO ACHIEVE GOAL:</u>	<u>RESPONSIBLE PARTY:</u>
-------------------------------	---------------------------

- |                                   |                              |
|-----------------------------------|------------------------------|
| 1. Review results of survey       | ◦ Emily and PVB team         |
| 2. Decide next steps              | ◦ PVB Team                   |
| 3. Attend ILPQC training sessions | ◦ PVB Team Meeting for ideas |

# Labor Culture Survey Launch

- Because Emily White VanGompel, MD is on our team, we were able to pilot the Labor Culture Survey
- Survey launched via email and fliers with QR codes on 1/5/21
- Survey link and explanation about PVB initiative mentioned in the Weekly Update distributed to all staff
- Word of mouth
- Staff informed of survey launch and importance of participation

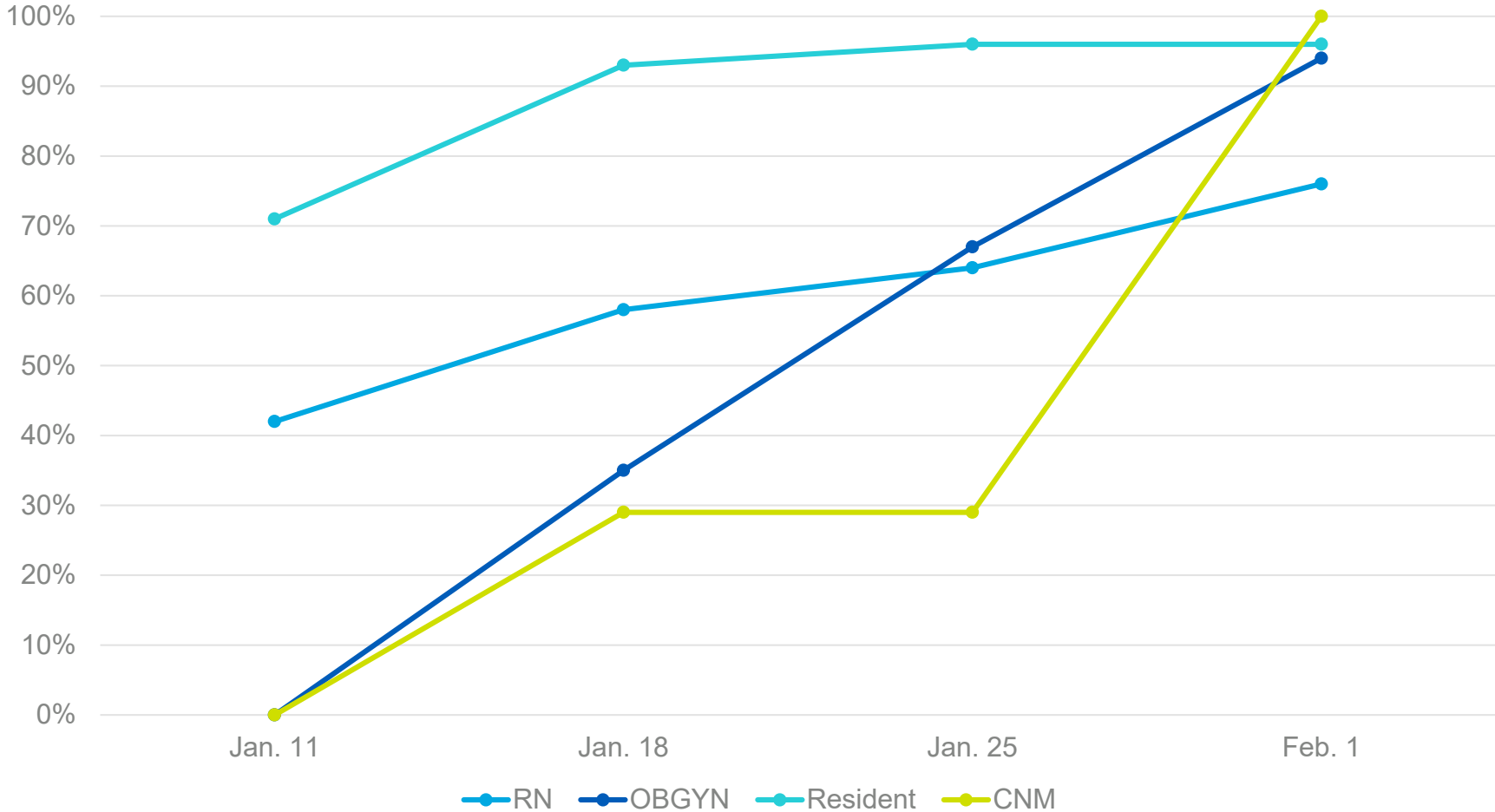
# Labor Culture Survey Launch Barriers

- Initial low participation among attending physicians
  - Survey championed by Emmet Hirsch, MD among physicians
  - Emails sent out to all residents, fellows and providers
- Anesthesiologist participation
  - Who should participate?
  - Email was sent to head of anesthesia asking for link to be distributed

# Labor Culture Survey Launch Successes

- Fliers posted in nurse's lounge, at nurse's station, in resident room
- Promoted during launch email, weekly follow-up emails, and at every shift report with nurses
- Email with survey sent to physicians and residents by OB Medical Director
- Promoted at OBGYN Grand Rounds and endorsed by OBGYN Department Chair
- Championing among attendings and residents

# Labor Culture Survey Completion by Staff



# Labor Culture Survey Pilot Key Takeaways

- Get medical leadership buy-in
- Use a variety of modalities for advertising
- Use updates on survey completion to problem solve and reach out to groups who may not be engaged



# Questions?



# NEXT STEPS FOR ALL PVB TEAMS

# Keeping on track with PVB



- Scheduled regular QI Team meetings and start thinking about Buy In for providers/nurses
- Complete baseline data collection for Q4 2019
- Submit monthly data collection started Jan 2021
- Complete LCS REDCap Inquiry Form- **Due TODAY!**
- Develop a plan to launch Labor Culture Survey

# Successfully launching your Labor Culture Survey (LCS)

1. Determine **launch strategy** with your QI Team
2. Create plan to **obtain buy-in** and inform administration to assist with
3. After ILPQC survey link is received- **share with staff** by using the ILPQC LCS Resources  
*(see next slide)*

# LCS Resources Available

1. **Administration Buy-in Email**
  - Sample language for teams to share with administration to assist with buy-in and help with LCS distribution
2. **Labor Culture Launch Email**
  - Explanation of LCS and instructions that can be used for all clinical staff
3. **LCS Follow-up Email #1**
  - Sample email that can be personalized to assist with LCS completion
4. **LCS Follow-up Email #2:**
  - Sample email that can be personalized to share your breakdown and nurse and physician participation
5. **LCS Flyer**
  - Post around your unit in break rooms, bathrooms, nurses stations, physician workrooms etc.

Calling ALL Labor & Delivery Clinicians and Staff:  
Complete your Labor Culture Survey today!

**What:** A quick survey that provides unique opportunity for our team to gain a deeper understanding of our current labor & delivery clinical culture. All entries will remain anonymous.

**Who:** All nurses, doctors, midwives and other clinical staff should participate and complete the survey.

**When:** Complete the survey between Date and Date

**How:** Follow the directions below to complete your survey now in **10-15 minutes**. Remember all survey entries will remain anonymous.



Complete your survey now:

- Step 1: Scan the QR code
- Step 2: Choose your hospital from the drop-down menu
- Step 3: Answer the questions and submit



Questions? Please contact:

ILPQC Central: [info@ilpqc.org](mailto:info@ilpqc.org)

Francesca Carlock: [FCarlock@northshore.org](mailto:FCarlock@northshore.org)

Dr. Emily White VanGompel: [EWhiteVangompel@northshore.org](mailto:EWhiteVangompel@northshore.org)



Resources will be sent via email and are available on the ILPQC website!

# PVB DATA CORNER

1. If a patient comes in with SROM, but is not contracting, would they be considered an induction or an augmentation?
2. How do I decide whether to enter the delivery is a failed induction, labor dystocia or FHR concern if multiple c/s reasons are indicated in the chart?
3. Stay on the line after this call if you have additional questions

# PVB Grand Rounds



ILPQC is excited to announce that we are now taking requests to schedule ILPQC facilitated **Virtual Grand Rounds!**

Email ILPQC to schedule a meeting for your hospital providers today!

**BOOK NOW**

Email [ellie.suse@northwestern.edu](mailto:ellie.suse@northwestern.edu) to schedule



# PVB Wrap-up



- Submit your LCS Inquiry form- **Due TODAY!**
- Have a LCS Distribution plan with QI team in place
- Complete data submission from baseline -Jan 2021
- Hold your QI team meeting and discuss hosting an ILPQC Grand Rounds
  - QI team leads- be sure to check out the PVB newsletter for a sample agenda!

# Upcoming Monthly Webinars

## 4<sup>th</sup> Monday of the Month



Date	Topic
<b>Monday, March 22<sup>nd</sup></b> 12:30-1:30	Developing and implementing an ACOG/SMFM checklist and used a shared decision-making approach
<b>Monday, April 26<sup>th</sup></b> 12:30-1:30	Labor Management Support
<b>May 26<sup>th</sup> (VIRTUAL)</b>	Virtual Face-to-Face

**Register and Join here:**

<https://northwestern.zoom.us/j/91684580832?pwd=eXo3U3VsTIVTOHI5QjRvUjdQeWRtdz09>

# ILPQC After Office Hours



## We want to hear from you

- Unmute your line to ask a question
- We will be available for 30 minutes after this call for Office Hours
- Get answers to your questions live!



# THANKS TO OUR FUNDERS



In Kind Support

