PVB Monthly Webinar: Utilizing Cesarean Delivery decision huddles and checklists

April 26th, 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

- Face-to-Face 2021
- Labor Culture Survey Updates
- PVB Data Review
- Tampa General: *Implementing an Interdisciplinary Pre-Cesarean Huddle Form*
- Team Talk: *Javon Bea*
- PVB Next Steps
- PVB Office Hours
  - *Join us after the call to ask...*
    - *Specific data questions*
    - *Storyboard/Face-to-Face help*
2021
FACE- TO- FACE VIRTUAL MEETING
Illinois Perinatal Quality Collaborative’s

2021 Virtual Face to Face Meeting
On-Line and Free!

Calling all nurses, providers and staff!

May 26
The OB Face-to-Face meeting topics include: Promoting Vaginal Birth, Birth Equity, and MNO-OB Sustainability. This day will be worth 3.75 contact hours.

May 27
The Neonatal Face-to-Face meeting topics include: Babies Antibiotic Stewardship Improvement Collaborative (BASIC), Equitable Care, and MNO-Neonatal Sustainability. This day will be worth 3.75 contact hours.

Breakout sessions, Hospital Storyboards, QI Awards and more!

Featured Speakers

Dr. Amanda Bennett
OB & Neo Day

Dr. Joseph Cantey
Neo Day

Dr. Audra Meadows
OB Day

Dr. Russell Kirby
Neo Day

LaTosha Rouse
OB Day

CME’s offered through Northwestern Medicine™
Fernberg School of Medicine
## 2021 OB F2F Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00 am</td>
<td>Welcome &amp; Overview; Working Together in 2021- Ann Borders</td>
</tr>
<tr>
<td>9:00 – 9:45 am</td>
<td>Birth Equity Plenary Session- Audra Meadows</td>
</tr>
<tr>
<td>9:45 – 9:55 am</td>
<td>Break</td>
</tr>
<tr>
<td>9:55 – 10:40 am</td>
<td>PVB QI Team Panel: Sharing Strategies for Success- ILPQC PVB Teams</td>
</tr>
<tr>
<td>10:40 – 11:10 am</td>
<td>Unpacking the Birth Equity Initiative and Toolkit- Ann Borders</td>
</tr>
<tr>
<td>11:10 – 11:30 pm</td>
<td>QI Team Awards</td>
</tr>
<tr>
<td>11:30 – 1:00 pm</td>
<td>Virtual Storyboard Review &amp; Lunch</td>
</tr>
<tr>
<td>1:00 – 1:35 pm</td>
<td>Break</td>
</tr>
<tr>
<td>1:35 – 1:45 pm</td>
<td>Break</td>
</tr>
<tr>
<td>1:45 – 2:20 pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:20 – 2:30 pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:30 – 3:15 pm</td>
<td>Engaging Patients in QI Work- LaToshia Rouse</td>
</tr>
<tr>
<td>3:15-3:30 pm</td>
<td>Wrap up and Next Steps for 2021- Ann Borders</td>
</tr>
</tbody>
</table>
OB F2F Storyboard Session

- All teams will be asked to create a story board for the May 2021 “Face to Face” to share their QI teams progress on ILPQC initiatives

- Storyboard should focus on...
  - PVB Successful Launch
    - Baseline data display
    - 30/60/90d plan
    - Progress on key imitative aims
  - MNO-OB Sustainability
    - Sustainability plan
    - MNO-OB Data
    - Strategies for improving Narcan Counseling and Prenatal Screening

Join us after this call for any questions!
You are ILPQC!

- Get READY... ILPQC wants to celebrate you during our virtual Face-to-Face Meeting!

- Coordinate with your colleagues to create a slide or send in a picture to celebrate your QI team

- Ideas to include on slide:
  - Team/Hospital Picture
  - Picture of QI bulletin board
  - Location/Region
  - Birth Volume/NICU Beds
  - Perinatal Level and Network
  - Current & Future Initiatives
  - Contact information for your team for collaboration

- Submit by emailing your slide or picture to info@ilpqc.org and be entered into a raffle for a pizza lunch
Awards Criteria

- Team Roster sent to ILPQC
- All 2019 Q4 Baseline Data Submitted
- All Data Submitted *
- PVB Readiness Survey Submitted

*All Data Submitted (Hospital + Patient Level) January through March 2021 by April 30th
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.

Resources will be sent via email and are available on the ILPQC website!
View LCS Participation Reports

1. Log in as e-suse | Log out
   - My Projects
   - REDCap Messenger
   - Project Home and Design
     - Project Home · Project Setup
     - Designer · Dictionary · Codebook
     - Project status: Production
   - Data Collection
     - Survey Distribution Tools
     - Record Status Dashboard
     - Add / Edit Records
   - Applications
     - Alerts & Notifications
     - Calendar
     - Data Exports, Reports, and Stats
     - Data Import Tool
     - Data Comparison Tool
     - Logging
     - Field Commands
     - File Repository
     - User Rights · Groups · DAGs
   - Project Bookmarks
     - Report

2. ILPQC LABOR CULTURE SURVEY - REPORTING TOOL
   - Login
     - Welcome, e-suse
     - Hospital ID:
     - Hospital ID
     - Go

3. % of surveys completed for each role
   - # of surveys with the following choice for each role
   - # of total staff in that role

2,345 surveys completed across Illinois
Questions your hospital staff are asking you...

Is this really an anonymous survey? The survey asks for my hospital, my role, my race/ethnicity, and the number of years I've worked at this institution. Won’t my hospital be able to figure out who I am?

Helpful response:

- No, your hospital will not see any of the individual survey data.

- When your hospital liaison logs into REDCap, what they will see is a summary report of individuals classified ONLY by their clinical role (physician, nurse, midwife) and nothing else.

- They will not be able to see the race/ethnicity, gender, or practice information on any report arising from this survey.

- The answers to the culture questions will be aggregated by role, and not by any smaller group divisions. If any group has less than 2 individuals, this group’s responses will not be reported.
Questions your hospital staff are asking you...

Will the ILPQC team report out individual respondent data? Yes, data will be aggregated at the collaborative level and will not be connected to individual hospitals.

Can I take the survey without answering these questions? No, unfortunately we need this information to make sure that our survey is capturing a representative group of clinicians in Illinois.
Questions your hospital staff are asking you...

Why is there no neutral option for the attitudes and beliefs questions? Is this an error?

No, this “forced choice” is very much intentional, though it may feel uncomfortable at times. After our extensive pilot testing in other states, we have found that the neutral option was not functioning well to measure what the instrument intended.

This is a measurement issue (not a clinical one) and individuals taking the survey should just do their best to answer how they feel. There is no right or wrong answer. Finally, if you feel very uncomfortable, you have the ability to skip the question.
PVB DATA REVIEW
## ILPQC Hospital Team Data Submission (95 Teams Total)

<table>
<thead>
<tr>
<th>Month</th>
<th>Teams Reporting Patient Data</th>
<th>Teams Reporting Hospital Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (Q4 2019)</td>
<td>84</td>
<td>73</td>
</tr>
<tr>
<td>January 2021</td>
<td>75</td>
<td>70</td>
</tr>
<tr>
<td>February 2021</td>
<td>74</td>
<td>61</td>
</tr>
<tr>
<td>March 2021</td>
<td>68</td>
<td>51</td>
</tr>
</tbody>
</table>

**Use your hospital data form as a QI team meeting roadmap to guide your efforts.** Please contact us if you need help getting started with reviewing and entering your data.

If hospital data is not submitted for a given month you will not have access to team’s NTSV C-Section rate over time.

Submit your data to qualify for an award!
# 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:
  a) ACOG/SMFM labor guidelines
  b) labor management strategies/response for labor challenges
  c) 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):
  a) NTSV spontaneous labor arrest/labor dystocia/FTP/CPD;
  b) NTSV induced labor management;
  c) FHR abnormalities
Integrated process to review and share data that includes provider-level data with labor and delivery clinical teams
Implemented standardized protocol/processes for induction, labor support management and response to labor and FHR abnormalities.

- **Baseline**: All measures were not started.
- **January**: Some measures were not started, others were working on it.
- **February**: Measures showed progress, with a mix of in place, working on it, and not started.
- **March**: Progress continued, with more in place and working on it.

Legend:
- **In Place**
- **Working on it**
- **Not Started**
Implemented provider and nurse education and other strategies to achieve buy-in
Implemented and integrated PVB order sets, protocols, and documentation into the EMR
Implemented cesarean decision checklist using ACOG/SMFM labor guidelines

- Baseline
- January
- February
- March

- In Place
- Working on it
- Not Started
Implemented decision huddles and/or decision debriefs with appropriate care team to standardize use of ACOG/SMFM guidelines and checklist.

- **Baseline**: 100% Not Started
- **January**: 70% In Place, 30% Working on it
- **February**: 60% In Place, 40% Working on it
- **March**: 50% In Place, 50% Working on it

Legend:
- **In Place**
- **Working on it**
- **Not Started**
Implemented workflow process to incorporate shared decision making with the patient

- **Baseline**
  - In Place: 10%
  - Working on it: 40%
  - Not Started: 50%

- **January**
  - In Place: 20%
  - Working on it: 30%
  - Not Started: 50%

- **February**
  - In Place: 30%
  - Working on it: 20%
  - Not Started: 50%

- **March**
  - In Place: 40%
  - Working on it: 10%
  - Not Started: 50%
Implemented standardized patient education with positive messaging promoting vaginal birth strategies and techniques for women and families.
ILPQC NTSV C-Section Rates

Goal: 24.7%
March NTSV C-Section Rates

ILPQC NTSV C-Section Rates
March 2021

Goal: 24.7%

Total March ILPQC rate: 24.7%
NTSV C-Sections Meeting ACOG/SMFM Criteria

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

Goal: 80%

- Cesarean after Induction
- Labor Dystocia
- Fetal Heart Rate Concerns
- Total NTSV C-Sections

Baseline, January, February, March
INCORPORATING ACOG/SMFM GUIDELINES INTO C/S DECISIONS
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.

**Drivers**

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. 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)

**Strategies**

1. 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.
1. Facilitate clinical culture change that promotes, and supports vaginal birth

• Facilitate clinical culture change that promotes, and supports vaginal birth
• Create a QI team of providers, staff & administrators to lead the effort & cultivate buy-in
• Conduct the Labor Culture Survey to understand current attitudes and beliefs of labor and delivery staff and unit norms.
• Educate physicians/midwives and nurses on ACOG/SMFM labor management guidelines and labor support techniques
1. Facilitate clinical culture change that promotes, and supports vaginal birth

- 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
- Utilize care team huddles/debriefs to identify and review delivery decisions for consistency with process flows/protocols/checklist
- Integrate order sets, protocols, and documentation for the safe reduction of primary cesareans into EMR
- Share provider-level measures with department with the goal of working to transparency/open data
2. Develop standardized processes for induction and labor support

- Implement policies and protocols for encouraging movement in labor and intermittent monitoring for low-risk women
- Implement policies and protocols for induction of labor
- Implement policies and protocols for pain management and labor support
3. Develop standardized protocols for identification and response to labor challenges / abnormalities

- Implement standard criteria for diagnosis and treatment of labor dystocia, arrest disorders and failed induction
- Implement standardized assessment, and response to fetal heart rate concerns
- Develop checklist for ensuring ACOG/SMFM criteria for c/s is met
- 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)
ILPQC ACOG/SMFM Checklist

- Helps all staff determine if ACOG/SMFM c/s delivery criteria is being met!

- Useful communication tool for bedside RN & delivering provider

- Available in your newsletter and the online ILPQC PVB Toolkit

**ACOG/SMFM Guidelines**

Checklist for Labor Dystocia & Arrest

- Place patient sticker here
- Delivery Provider: __________________; Initials: ___________
- Labor & Delivery RN: ________________; Initials: ___________
- Date & Time: ________________

**Failed induction:**

Both boxes should be checked if cervix unfavorable (Bishop Score < 8 for nullips and <6 for multips):

- Cervical Ripening used (when starting with unfavorable Bishop scores as noted above).
- Oxytocin administered for at least 12-18 hrs after membrane rupture, without achieving cervical change and regular contractions. *Note: at least 24 hrs of oxytocin administration after membrane rupture is preferable if maternal & fetal statuses permit.

**Latent phase arrest (cervix <6 cm):**

Both boxes should be checked:

- Oxytocin administered for at least 12-18 hrs after membrane rupture, without achieving cervical change and regular contractions.
- A longer duration of the latent phase is preferable (24 hrs or longer if maternal & fetal statuses permit).

**Active phase arrest (cervix ≥6 cm):**

Both boxes should be checked:

- Membranes ruptured (if possible).
- No cervical change after at least 4 hrs of adequate uterine activity (e.g. strong to palpation or MVUs > 200), or at least 6 hrs of oxytocin administration with inadequate uterine activity.

**Second stage arrest (cervix 10 cm/pushing):**

Two boxes should be checked:

- Fetal position known and rotation attempted if OP
- For nulliparous: 3hr or more of active pushing (4hr with epidural)
- For multiparous: 2 hr or more of active pushing (3hr with epidural)

- Although not fulfilling the above criteria for labor dystocia, my clinical judgment deems this cesarean delivery indicated.
ACOG/SMFM Guidelines

Checklist for Labor Dystocia & Arrest

Use this checklist with the appropriate care team members to assist in diagnosing failed induction, labor dystocia or arrest and determining if ACOG/SMFM Criteria have been met, prior to decision to proceed to cesarean section.

Jane Smith
DOB: 1/1/91

Dr. Borders
Initials: AB

A Perrault
Initials: AP

Date & Time: 4/26/21 @ 2125

Failed induction: X

☐ Cervical Ripening used (when starting with unfavorable Bishop scores as noted above).

☒ Oxytocin administered for at least 12-18 hrs after membrane rupture, without achieving cervical change and regular contractions. *Note: at least 24 hrs of oxytocin administration after membrane rupture is preferable if maternal & fetal statuses permit

Ex: 1

Although not fulfilling the above criteria for labor dystocia, my clinical judgment deems this cesarean delivery indicated


April 2021
Additional ILPQC Toolkit Items

Other tools available & to consider

- **FPQC** Sample Checklists
  - Hackensack Meridian Health Pre-Cesarean Checklist and Team Huddle Form
  - Tampa General Pre-cesarean Huddle form

- **CMQCC**: Pre-Cesarean Checklist for Labor Dystocia or Failed Induction
ILPQC Toolkit Items: Process Flow Diagrams for ACOG/SMFM Criteria

PVB Process Flow ACOG/SMFM Criteria for Review: Labor Dystocia/ Failure to Progress

PVB Process Flow ACOG/SMFM Criteria for Review: Induction

PVB Process Flow ACOG/SMFM Criteria for Review: Fetal Heart Rate Concerns
TAMPA GENERAL HOSPITAL:
DANIELLE BRENNAN, BSN, RNC AND
LINDSAY GREENFIELD, MSN, APRN
Implementing an Interdisciplinary Pre-Cesarean Huddle Form

Safe Reduction of Primary Cesarean Delivery

Danielle Brennan, BSN, RNC and Lindsay Greenfield, MSN, APRN
Statistics:

- Labor and Delivery- 21 LDRs, 13 triage beds, 4 OR’s, 5 PACU
- 6200+ deliveries per year

Practices:

- USF faculty practice: 22 generalists, 12 MFM, 12 CNMs
- TGH Genesis Women’s Center: resident and fellow clinic, Low risk and high volume high risk
- Women’s Health Care: Independent CNM practice with private office and service FQHCs across Tampa
- Suncoast FQHCs
- One independent private practitioner

Designations:

- Magnet Designated Facility
- Baby Friendly
- Center of Excellence for VBAC and Accreta
FPQC Partnership

Have participated in most FPQC initiatives:
- Maternal hemorrhage
- Maternal Hypertension
- Antenatal Steroids
- PROVIDE 1.0 and 2.0
- Immediate post-partum LARC
- Neonatal Abstinence
- Maternal Opioid Recovery Effort
Focus area: Fetal Heart rate concerns
Starting rate: 28.3%
Goal: 20% reduction = 22.64%
Rate at close of initiative (18 months): 22.12% - Goal MET
Challenges & Successes PROVIDE 1.0

Challenges:

• Creating the culture
• Buy-in from nurses and providers
• Changes to EMR documentation/flowsheets

Successes:

• Mandatory online Interpretation of FHR course for providers and nurses
• Intermittent auscultation initiative
• Participation in labor workshop hosted by FPQC CNM’s
• Posting of weekly and monthly NTSV rates by admitting provider group
• Unblinded FY data by provider group
• Regular announcements at safety huddle
• Pre-Cesarean Huddle form
Implementing a Pre-C/S huddle

• Less about the ‘form’; more focus on the conversation
• Get 1 person of influence on board with the idea—this is your champion!
• Make small adjustments based on feedback
• Nurse leaders—hold your own huddles!
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.
Challenges

1. Resistance (buy-in/push back)
2. Sustaining Improvements
3. Competing priorities
   - Difficult shifts
   - Staffing
4. Fatigue
5. COVID
How Can We Improve Our Huddle? Get feedback!

1. Gather Feedback from Providers and Nursing
   - Provider Feedback Survey
   - Nursing feedback Survey

2. Continue to Do Huddles

3. Continue Modifications
   - Feedback-based
   - Highlight Our New Focus
## Pre-cesarean Huddle Provider Survey

**Record ID**

What is your provider role for Labor and Delivery?

- Attending Physician
- Obstetrics/Gynecology (OB)
- Midwife
- Nurse Practitioner
- Residency Trainee
- Other

How many times have you used the Pre-Cesarean Huddle section of the huddle form?

- 0-5
- 6-10
- 11-15
- More than 15

You have a patient who is not progressing well in labor. How likely are you to initiate a huddle?

- Very Likely
- Somewhat Likely
- Neutral
- Not at all
- Very Unlikely

You have a patient with a concerning fetal heart rate tracing. How likely are you to initiate a huddle?

- Very Likely
- Somewhat Likely
- Neutral
- Not at all
- Very Unlikely

You have a patient with a prolonged induction. How likely are you to initiate a huddle?

- Very Likely
- Somewhat Likely
- Neutral
- Not at all
- Very Unlikely

The Pre-Cesarean Huddle form has improved communication.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

I have been able to voice my thoughts and concerns during the discussion.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

<table>
<thead>
<tr>
<th>What aspects of this form and discussion have worked well?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The form is easy to fill out</td>
</tr>
<tr>
<td>It's written in a timely fashion</td>
</tr>
<tr>
<td>Everyone can voice their opinions</td>
</tr>
<tr>
<td>We review the course of the patient</td>
</tr>
<tr>
<td>We identify issues that we have not tried</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

In what ways could we improve the huddle process?

- Make it shorter/fewer questions
- Give everyone a chance to speak
- Make the form more readable available
- Change who should be at the huddle
- Other

<table>
<thead>
<tr>
<th>Include other ways in which the huddle has worked well</th>
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</thead>
<tbody>
<tr>
<td>Facilitating clear communication</td>
</tr>
<tr>
<td>Clarifying the responsibility of individual members</td>
</tr>
<tr>
<td>Discussing interventions</td>
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<tr>
<td>Communicating the plan of care to the patient</td>
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<tr>
<td>Other</td>
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</tbody>
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<table>
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<tr>
<th>The Pre-Cesarean Huddle form has reduced the number of unindicated Cesarean sections.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>Agree</td>
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</tr>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please provide any additional feedback you may have regarding the Pre-Cesarean Huddle form.</th>
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<tbody>
<tr>
<td>Other</td>
</tr>
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</table>

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**Confidential**

**RedCap**

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**Tampa General Hospital**
Team Member Education

Staff/provider education

- Launch Party with both PROVIDE 1.0 & 2.0
- Ed-blocks with case reviews (live & now virtual)
- Friday Updates
- Continued e-learnings/Relias Pearls

Barriers and how we overcame these

- Provider education buy in- made FHR education part of recredentialling every 2 years.
- Posted algorithm for management of Category 2 in various locations for easy use and consistency
Multiple versions

1st version

Pre-Cesarean Huddle Form

2nd version

Pre-Cesarean Huddle Form
Pre-Cesarean Huddle Form: A Communication Tool

Pre-Cesarean Huddle Form

Patient name/MRN or sticker

The intent of this form/huddle is to define criteria for arrest of dilation, failed induction and interventions for NRHT's as defined by the FPOC. 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 IDL or NRHT. Huddles can occur for other reasons as deemed necessary by the prevailing team.

- Date and time of huddle:
- C/S and IDL (gestational age) ____________________________ Current room ____________________________
- ROM status ____________________________ Length of time since exam changed ____________________________
- Attending list names
  - attending physician required __________
  - Safety Nurse &/or Charge Nurse* is required __________
  - bedside provider (OB/NM/resident)** is required __________
  - Primary RN (if available) __________
  - Additional (if available) __________
- Reason for huddle (circle all that apply)
  - C/S being considered: Labor Dystocia (Assist of dilation) Failed IDL NRHT Material Condition Other __________
- labor dystocia (does not apply to spontaneous labor not IDL):
  - is the patient 6-9 cm? Has the patient had adequate oxy for at least 4h or 6h if inadequate oxy? __________
    - if yes, she needs more time __________
  - is the oxy 80%? Room should push for minimum 30 min with epidural __________
    - Multiparas push for minimum 30-60 min with epidural __________
    - if not, she needs more time __________
- Failed IDL: If the patient was an IDL on admission, she will not be considered labor dystocia; she is a failed IDL.
  - if the IDL were there at least 2h of effort after initial? Yes, needs more time __________
  - if the IDL were there at least 6h of effort after initial? __________
- Failed NRHT: If the patient was on oxy on admission she will not be considered labor dystocia; she is a Failed NRHT.
  - if the oxy were there at least 6h of adequate/adequate oxy with oxytetracycline? __________
    - if not, she needs more time __________
  - if the oxy were there at least 6h of pushing, 4h with epidural? __________
  - if not, she needs more time __________
- Historically obvious interpretation at the time of huddle: Board __________

Deferred patient (circle all that apply): Early Variable Late Prolonged

Advisors present: [name] / [name] category of tracing: [category]

Interventions done thus far (circle all that apply): *Reposition *FV for hypotension *COH2 *Thrombolytics

- Decrease fluids
- Stop Pitocin
- Administration for variable decelerations *Remove Cerivastatin
- Remove latency from epoch
- Vigilant exam/vital signs to assist fetal response for minimal variability

Birth outcome: [name] / [name]

- Labor Dystocia criteria

Final Version
Pre-Cesarean Huddle Form

The intent of this form/huddle is to define criteria for arrest of dilatation, failed induction and interventions for NFBHT’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 NFBHT’s. Huddles can occur for other reasons as deemed necessary by the providing team.

- **Date and time of huddle:** 4/21/20 05:10
- **G’s and P’s and Gestational age:** 110 33”
- **Current room:** 4D58
- **ROM time:** 4/20 Last Cervical Exam 1:30:52
- **Length of time since exam changed:** 0:45

**Attendees:** List Names

- Attending physician (required) Dr. Faridi
- Surgery Nurse &/or Charge Nurse 1 required ShelaMuirhead
- Bedside Provider (CNM/Resident) * 1 required Saito
- Primary RN (if available) Sullivan
- Anesthesia (if available)

**Reason for huddle:** (circle all that apply)

- C/S being considered
- Labor Dystocia (Arrest of dilatation)
- Failed IOL
- NFBHT
- Maternal Condition
- Other:

- **Labor Dystocia:** If cannot be diagnosed only applies to spontaneous labor - not IOL’s
  - Is the patient 6 – 9.5 cm? Has the patient had adequate c/w for at least 4h or 6h if inadequate c/w?
    - If not, she needs more time.
  - Is the pt 10cm? Primers 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 pt was an IOL at admission, she will not be considered labor dystocia - she is a failed IOL.
  - If the pt is c/c/m were there at least 12h of oxytoca after ROM? If no, she needs more time.
  - If the pt is 6-10cm were there at least 4h adequate or 6h inadequate c/w with oxytocin? If not, she needs more time.
  - 10 cm - at least 3h of pushing, 4h with epidural. If not, she needs more time.
- **NFBHT agreed upon interpretation at the time of huddle:** Baseline
  - Variability Minimal
  - 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)
  - * Interpretation
  - * Reposition
  - * Nitroglicerina for hypotension
  - * Terbutaline
  - * Decrease Pitocin
  - * Stop Pitocin
  - * Amnioinfusion for variable decels
  - * Remove Cervidil
  - * Remove ballooon/Decel
  - * Vaginal exam was in edf fetal response for minimal variability
- **Birth Outcome:** Appars

See back of page for P&O Algorithm diagram and explanations. Please document outcome in Progress note of huddle.

* Free chart @ 1308
  * baby out @ 1430
  * Room!!
Importance of the First Birth

If a woman has a Cesarean birth in the first labor, over 90% of ALL subsequent births will be Cesarean births.

A classic example of path dependency.

If a woman has a vaginal birth in the first labor, over 90% of ALL subsequent births will be vaginal births.
Share Data! NTSV Cesarean Rates
U.S. States, 2017

Source: NCHS (2017) Final Birth Data 2017
Monthly NTSV CS Rate
January 2017 – September 2019
Monthly NTSV CS Rate
January 2017 – September 2019

Pre-Cesarean Huddle Form Launch
April 2019

- Monthly NTSV CS Rate
- Calendar Year NTSV CS Rate
- 20% Decrease Goal = 22.6
- Healthy People 2020 Goal = 23.9%
- Number of Huddle Forms
Impact of Pre-Cesarean Huddles

CY 2019 NTSV= 22.12
Changing culture is hard work... but we can do it!

Success

what people think it looks like

Success

what it really looks like
Thank you!
MERCYHEALTH JAVON BEA HOSPITAL
MICHELE JAHN-SAGER
We are a level 3 Perinatal Center with NICU, accepting transfers from northern IL and southern WI.

In July 2020 we lost a low income OB clinic whose patients were managed by midwives.

At the same time, we stopped accepting 3 of 4 Medicaid MCOs.

Subsequently, our deliveries have dropped significantly in the past six months, from an average of 190 total deliveries/month to approximately 70 total deliveries/month.
What is going well

- Great excitement and engagement of the nursing staff (84% response to labor culture survey!)
- Preliminary c/section decision checklist completed
- Didactic education on “6 is the new 4” and early labor comfort tips disseminated to RNs and providers
- Education compiled on patient positioning for comfort and labor progression, discussion regarding in person demo and return demo of techniques
What we’re struggling with

- Provider buy-in (only 25% return of labor culture surveys)
  - We’ve been told our c/s numbers are appropriate for our population
  - “I would never let my primip push for over 2 and a half hours”

- Providing effective education to RNs and providers
  - Sending an email just doesn’t seem effective
  - Unsure how to proceed to ensure RNs and providers are both receiving the same education in the best format for learning
  - How do we know that the education has been seen/reviewed?
NEXT STEPS FOR ALL PVB TEAMS
Current activities for your QI Team

- Attend regular QI Team meetings
- Determine if a PVB Grand Rounds/OB Provider Meeting to help achieve nurse and physician buy-in
- Continue to encourage staff to complete the Labor Culture Survey
- Complete baseline data collection for Q4 2019
- Submit monthly data collection for January, February and March 2021
What’s next?

- Register for ILPQC Virtual Face to Face
- Complete your hospital storyboard
- Review checklist and huddle toolkit materials
- Review Labor Culture survey results: Coming in June 2021
ILPQC is taking requests to schedule ILPQC facilitated **Virtual Grand Rounds**!

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

Email [ellie.suse@northwestern.edu](mailto:ellie.suse@northwestern.edu) to schedule
## Upcoming Monthly Webinars

4th Monday of the Month

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday, April 26th</strong></td>
<td>Utilizing Cesarean Delivery decision huddles and checklists</td>
</tr>
<tr>
<td>12:30-1:30</td>
<td></td>
</tr>
<tr>
<td>May 26th (VIRTUAL)</td>
<td>Virtual Face-to-Face</td>
</tr>
<tr>
<td><strong>Monday, June 28th</strong></td>
<td>TBD</td>
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<tr>
<td>12:30-1:30</td>
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<tr>
<td><strong>Monday, July 26</strong></td>
<td>TBD</td>
</tr>
<tr>
<td>12:30-1:30</td>
<td></td>
</tr>
<tr>
<td><strong>Monday, August 23</strong></td>
<td>TBD</td>
</tr>
<tr>
<td>12:30-1:30</td>
<td></td>
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</tbody>
</table>

Register and Join here:

https://northwestern.zoom.us/j/91684580832?pwd=eXo3U3VsTIVTOHI5QjRvUjdQeWRtdz09
COVID-19
COVID-19 Sharing Strategies

OB & Neonatal providers from across the state present cases and share strategies

Where are the HOT SPOTS for COVID-19 in your network?

Friday May 7th, at 12pm
Sharing Covid-19 Cases

• Please send questions, comments and recommendations, cases / willingness to share for future COVID-19 OB/Neo discussion webinars to info@ilpqc.org

• Registration for the next webinar on Friday, 5/7/21 will be available at https://northwestern.zoom.us/webinar/register/ WN_VBb5dGnwT9KoWIOC7zHmcA
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
Promoting Vaginal Birth (PVB)

APPENDIX