ILPQC PVB Monthly Hospital Level Data Form				
REDCAP Study Identifiers				
1. REDCap Record ID		REDCap Record ID:		
2. Hospital ID Number		Hospital ID Number:		
3. Please select the time period for	□January 2022	□ April 2022 □ July 2022 □ October 2022		
this monthly data:	□February 2022	□May 2022 □August 2022 □November 2022		
	□March 2022	□June 2022 □September 2022 □December 2022		
4. Total NTSV Deliveries				
5. Of your total NTSV deliveries please share	# White	# Hispanic		
the # of patient who self-reported/identified as:	# Black	# Asian		
6. Insurance Status of all NTSV Deliveries:	#Private Insuran	ce #Public Insurance #Uninsured/Self-pay		
7. Total NTSV Cesarean Deliveries				
8. Of your total NTSV c/s please share the #	# White	# Hispanic #other		
of patient who self-reported/identified as:	# Black	# Asian		
9. Insurance Status of NTSV c/s:	#Private Insuran	ce #Public Insurance #Uninsured/Self-pay		
Structure Measures				
0 Incolorment are identical surge education of		□ Haven't started		
8. Implement provider and nurse education and the action and the second se	nd other strategies	U Working on it		
to achieve buy-in.		In place		
9. Implement standardized protocol/processes for induction, labor		□ Haven't started		
support management and response to labor and fetal heart rate		U Working on it		
abnormalities.		In place		
		Haven't started		
10. Implement and integrate PVB order sets, protocols and		U Working on it		
documentation into the EMR.		In place		
11 Implement cocaroon desision checklict using ACOC /SMEM/abor		Haven't started		
11. Implement cesarean decision checklist using ACOG/SMFM labor		 Working on it In place 		
guidelines.		In place		
12. Implement decision huddles and/or decision debriefs with		Haven't started		
appropriate care team to standardize use of ACOG/SMFM		U Working on it		
guidelines and checklist.				
13. Implement workflow process to incorporate shared				
decision making with the patient (decision huddle with		Haven't started		
provider, nurse and patient to review treatment options, risk/		 Working on it In place 		
benefits, and ACOG/SMFM guidelines/checklist)				
14. Implement standardized patient education with positive		Haven't started Working on it		
messaging promoting vaginal birth strategies and techniques for women and families.		 Working on it In place 		
15. Integrate process to review and share data that includes		 Haven't started Working on it 		
provider-level data with labor and delivery clinical teams.		□ In place		

Process Measures	
16. Percentage of providers receiving standardized education regarding: ACOG/SMFM labor guidelines to date	□ 0% □ 10% □ 20% □ 30% □ 40% □ 50% □ 60% □ 70% □ 80% □ 90% □ 100%
16b. Percentage of nurses receiving standardized education regarding: ACOG/SMFMIabor guidelines to date	□ 0% □ 10% □ 20% □ 30% □ 40% □ 50% □ 60% □ 70% □ 80% □ 90% □ 100%
17. Percentage of providers receiving standardized education regarding: Labor Management strategies/response for labor challenges to date	 □ 0% □ 10% □ 20% □ 30% □ 40% □ 50% □ 60% □ 70% □ 80% □ 90% □ 100%
17b. Percentage of nurses receiving standardized education regarding: Labor Management strategies/response for labor challenges to date	□ 0% □ 10% □ 20% □ 30% □ 40% □ 50% □ 60% □ 70% □ 80% □ 90% □ 100%

18. Percentage of providers receiving standardized education regarding: Protocol for facilitating decision huddles and/or decision debriefs to date 18b. Percentage of nurses receiving standardized education regarding: Protocol for facilitating decision huddles and/or decision debriefs to date	□ 0% □ 10% □ 20% □ 30% □ 40% □ 50% □ 60% □ 70% □ 80% □ 90% □ 100% □ 0% □ 10% □ 20% □ 30% □ 40% □ 50% □ 60%
	□ 60% □ 70%
	□ 80% □ 90%