State Programs

• Ohio Hospital Association
• Ohio Perinatal Quality Collaborative (OPQC)
• Ohio Department of Health
Semester Contacts

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- Colleen Mangeot, data manager
- John Besl, data manager
- Vic , data manager
- Region V CollIN-Wide members:
  - Rosa Louise Floyd
  - Michelle Chiezah
Theoretical Framework

(Levin, et al., 2010)
Describe the Problem

1. A baby’s brain at 35 weeks weighs only two-thirds of what it will weigh at 39 – 40 weeks

2. Develop logistics to roll-out/hardwiring 39 week project into all of Ohio member hospitals' quality management, performance improvement, peer review and Ongoing Professional Practice Evaluation (OPPE) processes.

(March of Dimes, 2012)
SEARCH FOR EVIDENCE

• < 39 week early elective deliveries that are scheduled
• At the request of the patient or the physician.

According to the article, “Delivering safety over convenience,” patients would say they’d need to schedule their deliveries early because on their regular due date they need to attend a conference (Clark, 2013).
**Key Driver Diagram:**

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**Project Aim**

By March 2015, Reduce non-medically Indicated deliveries prior to 39 weeks from 7% to 5%

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**Key Drivers**

- Consumer Awareness
- Culture of Safety
- Hospital & Clinician Awareness
- Policies & Payment
- Data

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**DRAFT Interventions**

- State-wide media campaign coordinated by ODH/OHA/OPQC And scaled to the local level for member hospital use.
- Integration of hospital metrics into QM/PI peer review programs. Inclusion of provider data in OPPE Letter of Commitment & Use of hand off checklist.
- OHA/OPQC organized CME/CEU Inclusion of metrics on OHA data base and hospital scorecard
- Hard Stop Medicaid?
- OHA/Battelle data base Accurate Birth certificate data coordinated by ODH/OHA/OPQC

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**Goal:** Improve birth outcomes & reduce disparities: OH COIIN V: Early Elective Delivery

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Ohio Hospital Association, 2014
PROJECT AIM

Overall Project Aim:
By March 2015 to reduce non-medical indicated deliveries prior to 39 weeks from 7% to 5%

This Project Aim:
To integrate hospital metrics into quality management and performance improvement peer review programs including provider data in Ongoing Professional Practice Evaluation (OPPE).

(Ohio Hospital Association, 2013).
Key Interventions-Plan
Aim to Eliminating Early Elective Deliveries

Clinician &/or Patient Desire to Schedule a Non-medically Indicated (Elective) Induction or Cesarean Section

Clinician, Staff & Patient Education

Reduce Demand

Induction/Cesarean Scheduling Process

Case NOT Scheduled if Criteria Not Met

Physician Leadership
A. Enforce policy
B. Approve exceptions

Public Awareness Campaign

QI Data Collection & Trend Charts

(March of Dimes, 2012)
Barriers

1. Context: patients request elective procedure
2. Resource: time and staff limitations
3. Clinician: physicians who are resistant

(March of Dimes, 2012)
Key Driver Diagram

**Project Aim**

By September 2014, integration of hospital metrics into QM/PI peer review programs. Inclusion of provider data in OPPE.

**Goal:** Improve birth outcomes & reduce disparities:
OH COIIN V: Decrease < 39 Week Early Elective Delivery to 5%
Hospital letter of commitment

**Key Drivers**

- Consumer Awareness

1. Enlist Childbirth educators to inform women & families (disseminate during hospital tours)
2. Enlist office staff of outpatient providers to give a copy of “Why the Last Weeks of Pregnancy Count”
3. Provide a copy of the toolkit to outpatient providers’ office to reinforce information among clinicians and office staff
4. Develop a community education plan
5. Document informed consent discussions with patients in the medical record to ensure that women are of aware of the risks of delivery to their infants

(March of Dimes, 2012)

**DRAFT Interventions**

**Barriers**

Context: Patient requests elective procedure
Goal: Improve birth outcomes & reduce disparities: OH COIIN V: Decrease < 39 Week Early Elective Delivery to 5%
Hospital letter of commitment

Project Aim

By September 2014, Integration of hospital metrics into QM/PI peer review programs. Inclusion of provider data in OPPE

Key Drivers

Culture of Safety

1. Meet with risk management, quality or safety officers
2. Describe project goals: deliveries prior to 39 weeks should be decreased
3. Provide statements from The Joint Commission, ACOG, and March of Dimes to highlight the issue
4. Outline the implementation plan & contents of the toolkit
5. Highlight the importance of data collection & analysis
6. Meet with department directors, nursing, medical directors, NICU
7. Network with other local, state and national leaders who are working on similar projects

Resource: Time & staff limitations

(March of Dimes, 2012)
Goal: Improve birth outcomes & reduce disparities: OH COIIN V: Decrease < 39 Week Early Elective Delivery to 5%
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Project Aim
By September 2014, Integration of hospital metrics into QM/PI peer review programs. Inclusion of provider data in OPPE

Key Drivers
Hospital & Clinician Awareness

DRAFT Interventions

1. Meet with risk management, quality or safety officers
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Barriers
Resource: Time & staff limitations

(March of Dimes, 2012)
Key Driver Diagram

DRAFT Interventions

1. Peer to peer discussion (physician to physician)
2. Provide a summary of evidence from the literature
3. Provide data on hospital outcomes and individual physician outcomes
4. New/updated scheduling process, with more requirements than before its implementation (publicize in advance, train schedulers & nursing staff, streamline process to make easy)
5. Develop policies and procedures to enable and empower nurses and clerical staff
6. OHA/Battelle data base
7. Accurate Birth certificate data coordinated by ODH/OHA/OPQC

Barriers

Clinician: Physicians who are resistant

(March of Dimes, 2012)

Goal: Improve birth outcomes & reduce disparities:
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Hospital letter of commitment

By September 2014, Integration of hospital metrics into QM/PI peer review programs. Inclusion of provider data in OPPE

Data

Key Drivers

Project Aim

Barriers

Clinician: Physicians who are resistant

(March of Dimes, 2012)
Barriers

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Project Aim

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Policy & Payment

Clinician: Physicians who are resistant

(March of Dimes, 2012)
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Barriers

Context: Patient requests elective procedure

Resource: Time & staff limitations

Clinician: Physicians who are resistant

Key Drivers

- Consumer Awareness
- Culture of Safety
- Hospital & Clinician Awareness
- Data
- Policy & Payment

(March of Dimes, 2012)
Internal & External Benchmarks & Peer Review Policy/OPPE

< 39 Week EED

- Internal Benchmark-Ohio <5%
- External Benchmark-National <5%

Peer Review Policy/OPPE (Includes a hardstop)

- 80% commitment first six months
- 100% commitment within the first twelve months


(Ohio Hospital Association, 2013).
Measurable Clinical Outcomes

- Births induced at 36-38 weeks with no apparent medical indication for early delivery
  - Hospital
  - Year-Month of Birth
  - Induced with no medical indication
  - All deliveries 36-38 weeks
- # of hospitals-commitment
- Hospital Peer Review policy (Y/N)
- OPPE data process (Y/N)
More to Come

• Letter of Commitment
• Toolkit
• Media Campaign
References


References


References


THANK YOU

Robert Falcone, MD, Vice President of Clinical Quality & Population Health at the Ohio Hospital Association