

Reduction of Elective Deliveries at Prior to 39 Weeks Driver Diagram

2012-2013



AIM: Reduce the elective delivery rate at less than 39 weeks gestation to fewer than 3% of all deliveries by December 31, 2013

Primary Drivers	Secondary Drivers	Change Ideas
Reduction in DEMAND for elective deliveries at prior to 39 weeks gestation	<ul style="list-style-type: none"> • Raise awareness of risks of EED for physicians, nurses and hospital staff • Raise the awareness of risks of EED for patients/families and the community 	<ul style="list-style-type: none"> ✓ Provide education to physicians and nursing staff regarding the risks of early elective deliveries <ul style="list-style-type: none"> - Provide data regarding outcomes of early elective deliveries in your hospital - Utilize a physician champion to help educate and influence the medical staff ✓ Provide education to patients regarding the risks of early elective delivery <ul style="list-style-type: none"> - Assist staff physicians to obtain available national educational tools to distribute in their offices - Include this education in the admitting materials distributed to patients - Partner with community organizations, the media and other groups to highlight the risks with EED
Reduction in AVAILABILITY of elective deliveries at prior to 39 weeks gestation	<ul style="list-style-type: none"> • Create a hospital policy and procedure that guides scheduling and oversight for elective deliveries • Develop mechanisms to support the appropriate implementation and enforcement of policies and procedures 	<ul style="list-style-type: none"> ✓ Include physicians in the development of the policy and procedure <ul style="list-style-type: none"> - The policy is physician driven, and physician input and buy in from the start is crucial - Use the physician champion to bridge the gaps ✓ Use an established, evidence based policy/protocol example for the policy that follows ACOG and national quality criteria. <ul style="list-style-type: none"> - Include the elements of an elective induction bundle in the policy, such as the IHI Labor Induction Bundle - Use an established policy sample from a statewide

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		<p>or national perinatal improvement organization, such as the 39 Week Toolkit from CMQCC</p> <ul style="list-style-type: none"> ✓ Establish procedures for approving exceptions to the policy <ul style="list-style-type: none"> - Medical indications and exceptions must be decided upon by the Medical Staff - Use established standards for exceptions from ACOG or The Joint Commission - Clearly define in the policy who can determine the exception, such as the Chair of the Department ✓ Establish a defined procedure for scheduling elective deliveries <ul style="list-style-type: none"> - A defined procedure includes a standardized format for scheduling that covers all required details for elective deliveries, such as gestational age and reason for induction ✓ Include a “Hard Stop,” or instruction for halting the scheduling process when an attempt is made to schedule an induction that does not meet criteria <ul style="list-style-type: none"> - Define in the policy the escalation process for the Chain of Command to be notified to make decisions when a Hard Stop occurs.

Key Resources:

Institute for Healthcare Improvement (IHI) Elective Induction and Augmentation Bundles; Update January 2009; www.IHI.org

California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care/ 39 Week Toolkit; First edition published by March of Dimes, July 2010. www.CMQCC.org

ACOG. Clinical management guidelines for obstetricians-gynecologists: Induction of labor. American College of Obstetricians and Gynecologists Practice Bulletin Number 107 August, 2009.

TJC. Specifications Manual for Joint Commission National Quality Core Measures (20101a); Perinatal Care Core Measure Set. www.jointcommission.org