

Grant Application

1	Project Title	Utilizing Spinning Babies® Positioning to Decrease Primary Cesarean Section Rate
2	Clinical or Operational Area	Obstetrics/ Perinatal
3	Healthcare System	Presbyterian Healthcare Services
4	Hospital or Entity Name	Presbyterian Rust Medical Center
5	Applicant Name	Tiffany Winters, MSN, RNC-OB, C-EFM
6	Applicant Title	Inpatient Obstetric Nurse
7	E-mail Address	twinters@phs.org
8	Telephone	505-252-6612
9	Mailing Address, City, State, Zip Code	2400 Unser Blvd SE Rio Rancho, NM 87124
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Tiffany Winters, MSN, RNC-OB, C-EFM	Inpatient Obstetric Nurse, Professional Governance Co-Chair
	Janet Walsh, BSN, RN	Unit Manager
	Jay Sundheimer, MSN, RN, CPPS	Chief Nurse Executive
11	Name of Senior Risk Management or Corporate Insurance Representative	Laura Crowe – Presbyterian Healthcare Services
12	Mailing Address, City, State, Zip Code	PO Box 26666, Albuquerque, NM 87125-6666

13. The issue being addressed involves the following clinical areas: (Check all that apply)

- Ambulatory Care
- Emergency Services
- Hospital/System-wide Focus
- Obstetrics/Perinatal
- Radiology/Imaging Services
- Surgical/Peri-Operative
- Other (Please specify)

[Click or tap here to enter text.](#)

14. Briefly describe the project and its importance to the organization: (two paragraphs maximum, please attach any supporting documentation)

Rust Medical Center, one of six hospitals in the Presbyterian system with labor and delivery units, is focused on improving patient experience and maternal morbidity and mortality rates with a patient engagement initiative. Maternal morbidity and mortality in the United States has risen the last several decades. The California Maternal Quality Care Collaborative aims to reduce maternal morbidity and mortality rates through various initiatives, including decreasing the incidence of the first cesarean section (CMQCC, 2021). Cesarean delivery carries an increased risk for surgical injury, anesthetic complications, postpartum hemorrhage, infection, and blood clots (Mayo Clinic, 2020). Due to the well-known increase in media coverage on this topic, mothers presenting for care are focused on what is in their control to improve

these national statistics in a personal way.

Front-line nursing staff, with the agreement and oversight of the medical staff, have partnered with Spinning Babies® to improve patient engagement in their plan of care, improve nurse communication with patients, all while striving to improve C-section rates. After implementing this approach at one hospital in Presbyterian, we would like to expand this training and innovative approach to improve safe outcomes and patient involvement in their own care in this high-risk environment.

15. Describe how this project will improve patient safety or reduce the potential for liability. (one paragraph maximum)

Rust Medical Center hosted a Spinning Babies® workshop in January 2024. Participants included registered nurses, physicians, and certified nurse-midwives. Staff immediately put into practice the learnings from this training session, utilizing their innovative, physiological, evidence-based approach to help with appropriate fetal rotation. Patient experience results using discharge date for the response show an improvement in nurse communication from Q4 2023 at 57th percentile rank to Q1 2024 98th percentile rank, improving the hospital rank and recommending the hospital metrics also. Overall C-section rates for the 6 months prior to the training compared to the 6 months following the training improved from 34.15% to 30.39%. Presbyterian is seeking to spread Spinning Babies® education in three phases. The first phase was the initial completed workshop at Rust Medical Center. The second stage will include the Presbyterian Healthcare Services metropolitan area Central Delivery System (CDS). The last phase would include Presbyterian Healthcare Services Regional facilities where delivery services are offered. Those trained individuals thus far account for only 16.13% of direct care nurses, 6.58% of physicians and midwives, 60% of nurse educators, and 40% of managers or assistant nurse managers throughout Presbyterian Delivery System.

16. What metric(s) will be used to measure progress and determine the success of this project?? (one paragraph maximum)

Data collection is in the initial stages, and permissions have been granted from Spinning Babies® to use position names in the electronic health record to track quantitative metrics. Anticipated tracking will include when Spinning Babies® maneuvers were used as well as mode of delivery clinical outcomes. Success stories are numerous in the short time after the workshop. Qualitative data is being collected at monthly meetings between labor and delivery nurse managers, quality personnel, and nurse educators. Patient experience metrics and cesarean section rates are the expected metrics with which success will be measured.

17. Please describe the tangible results of the project that can be quantified and shared as best practices with other AEIX members? (one paragraph maximum)

We anticipate that the primary cesarean section rate will appropriately decrease as they have in previous studies at other institutions throughout the United States. Spinning Babies® implementation has begun in Iowa, Florida, Massachusetts, and their metrics have shown an increase in patient satisfaction, decrease in incidence of primary cesarean section rate.

18. Please provide a financial estimate of the project

Presbyterian is aiming to have Spinning Babies® education in three phases. The first phase was the initial completed workshop. The second stage will include the Presbyterian Central Delivery System and is estimated to cost \$15,675. Phase 3 would include regional facilities and is estimated to cost \$24,475. Conversations have been initiated to seek a reduction in costs from Spinning Babies®, based on the number of people being trained. Sustainability is predicated upon a long-term relationship with the Spinning Babies® organization. With initial positive interactions between the two organizations, Presbyterian is hopeful to come to a financial agreement that is equitable and sustainable for both parties.

19. What is the expected timeframe for completion of this project?

The plan is to provide Spinning Babies workshop education throughout Presbyterian Central Delivery System first, and then schedule additional workshops for regional facilities. We anticipate this full initiative to take 18-24 months.

20. Is this project based on successful practices evaluated from literature or other healthcare providers? Yes No

21. Is this project based on an original concept created by the project team? Yes No

22. Do you have plans to publish the project results in a professional publication or networking forum? Yes No

23. Is there anything else you'd like to share about this project?

Many people in New Mexico have limited access to healthcare. Therefore, the quality of each contact we have with patients necessitates a more purposeful and impactful approach. The principles of Spinning Babies® maternal positioning may help decrease the primary cesarean section rate at Presbyterian by helping the fetus make the necessary cardinal movements through the birth canal. In addition, the purposeful connection between the caregiver and the patient is expected to improve patient experience and trust. This is expected to have a positive effect on the family planning, maternal morbidity, and mortality for women in New Mexico.

Signatures required to submit this application

Primary Clinical Sponsor (The individual responsible for monitoring progress of the project, submitting receipts and other documentation supporting the use of grant funds, and will provide a summary report of the project outcome)

Jay Sundheimer	Chief Nurse Executive	8/15/2024
Signature	Title	Date

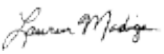
Alternate Clinical Sponsor (The individual responsible for supporting the responsibilities of the Primary Clinical Sponsor, and assuming those responsibilities if the Primary Clinical Sponsor is unable to fulfill the requirements of the project)

Signature	Title	Date
-----------	-------	------

Senior Risk Management Leader

Signature	Title	Date
-----------	-------	------

CEO or CFO of Applicant's Healthcare Facility

	President	August 16, 2024
Signature	Title	Date

Thank you for completing the application. Please follow these next steps.

- Save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by **Friday August 16, 2024.***

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

1. How will this project improve safety and/or reduce liability?

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

2. What is the potential to share this project or practice with other AEIX members?

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited
- i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

3. What level of impact will this project or practice have on the severity of risk exposure?

- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

4. What level of innovation best describes this project?

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

5. Share your comments or recommendations.

E-Signature	Title President	Date 08/16/2024
--------------------	----------------------------------	----------------------------------

Phone 505-923-5131	Email lmadigan@phs.org
---------------------------	-------------------------------

Send the completed application in Word format, supporting documentation, and signed evaluation to ana_taylor@premierinc.com by **Friday August 16, 2024**.

Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.