

Award Application

1	Project Title	Reduction of Nulliparous/Term/Singleton/Vertex (NTSV) C-Section Rate
2	Clinical or Operational Area	Obstetrics
3	Healthcare System	Trihealth
4	Hospital or Entity Name	Good Samaritan Hospital, Bethesda North Hospital, McCullough Hyde Hospital
5	Applicant Name	Jenn Rainer
6	Applicant Title	System VP, Quality and Safety
7	E-mail Address	Jennifer.Rainer@trihealth.com
8	Telephone	513.569.9338
9	Mailing Address, City, State, Zip Code	625 Eden Park Drive, Cincinnati OH 45202
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Dr. Joel D Pranikoff	Medical Director of Quality and Patient Safety
	Michele Lamping	Women's Clinical Quality Improvement Officer
	Carolyn Slone	Senior Nurse Director Perinatal & NICU
	Tammy Tenhundfeld	Nursing Director of Perinatal Services
	Lyndsey Bengal	Nursing Manager II of Maternity Services
	Dr. Deward Voss	OB/Gyn Department Chair GSH
	Dr. Sara Lyons	OB/Gyn Department Chair BN
	Dr. Kristin Coppage	Associate Chief Medical Officer, Good Samaritan Region System Chief, TriHealth Women's Services
	Shannon McLaughlin	Manager Labor & Delivery BN
	Maria Kreitzer	Manager Labor & Delivery GSH
11	Name of Senior Risk Management or Corporate Insurance Representative	Monica McPeek
12	Mailing Address, City, State, Zip Code	625 Eden Park Drive, Cincinnati OH 45202

13. The best practice/improvement submitted for consideration is a: (Check all that apply)

- Clinical Policy
 Performance Improvement Strategy (Six Sigma, etc.)
 Communication Strategy (Briefing before surgical procedure, senior management rounds, etc.)
 Other (Please specify)

Click or tap here to enter text.

14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations? Yes

No

15. Briefly describe the project: (two paragraphs maximum, please attach any supporting documentation)

A multidisciplinary task force was created to decrease our Nulliparous/Term/Singleton/Vertex (NTSV) Cesarean-section (C section) rates without increasing unexpected complications for mother or baby. NTSV pregnancies are the best positioned for a vaginal delivery, while conversely, C-sections are associated with an increase in complications, increased post operative pain, and surgical associated delayed recovery for the mother (Sandall, Tribe, Avery, Mola, Visser, et al., 2018). In addition to identifying opportunities to lower the NTSV C-section rate, we also found opportunities to improve communication and workflow related to all cesarean deliveries. At baseline, the NTSV C-section rates at our flagship delivering hospitals was greater than 30%. We have demonstrated a significant and sustained reduction in our NTSV C/S rates as a result of the taskforce efforts.

Multiple strategies were utilized to improve the number of successful vaginal deliveries and included:

1) Redefining indications for fetal heart rate (FHR) variation team huddles, 2) Implementing every 4 hour tracing reviews, 3) Revising the fetal heart rate decision tree, 4) Implementing nursing peer checks and weekly FHR provider education, 5) Partnering with Anesthesia to aggressively manage blood pressures affecting the FHR, 6) Increasing preload by using sequential compression devices, 7) Creating labor support teams, and 8) Promoting use of best practices (CMQCC dystocia checklist, the use of Dilapan S). As a result, we have been able to reduce the NTSV C-Section rates at all three of our delivering hospitals. Hospital 1 reduced rates from a high of 40% to a low of zero in best performing months; Hospital 2, from a high of 37.8 to a low of 24.7; Hospital 3 from a high of 38.3% to a best performing month at 16%.

16. Describe how this project has reduced the potential for liability and improved patient safety. (one paragraph maximum)

Each of the initiatives that we have put in place improve patient outcomes by implementing best practices, heightening nurse and provider awareness, providing consistency in patient care and encouraging perpetual learning, all decreasing the potential liability and patient complications. These initiatives benefit patients experiencing a C/S or a vaginal birth. The maternal mortality associated with a C/S is higher than that associated with vaginal birth (5.9 for elective cesarean delivery v. 18.2 for emergency cesarean v. 2.1 for vaginal birth, per 100 000 completed pregnancies (Lancet 1999). Vaginal deliveries typically have a shorter length of stay (0.6-2 days), avoid risks of major surgery, are associated with a lower risk of hemorrhage and thromboembolic events, fewer anesthetic complications and infections, and are associated with a lower risk for future pregnancy complications related to abnormal placentation and uterine rupture (REF).

17. What metric(s) have been used to measure and/or sustain success? (one paragraph maximum)

NTSV and overall C/S rates are tracked, sent to each provider monthly to alert them of their monthly rate. Statistics are reviewed with the Women's Quality Leadership Team and presented at each of the OB Gyn Department meetings. This initiative is discussed at the All-Member Meeting, in the Women's Monthly Newsletter and the "Hot Topics" call. Team members receive continuous support and feedback.

18. Are you willing to share this project with other members of AEIX? Yes No

19. Was this project an original concept created by the project team? Yes No

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

21. Is this project being implemented in your health system for the first time? 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?

Click or tap here to enter text.

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

- Please 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.***

Evaluation of Award Application

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.

Monica McPeek	Associate General Counsel, Risk and Insurance	8/12/2024
E-Signature	Title	Date
5135695173	monica_mcpeek@trihealth.com	
Phone	Email	

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.