

Quality for Women & Infants Performance Improvement Committee

ANNUAL REPORT for Semi-Annual Medical Staff Meeting

June 2010

Business conducted at QWIPIC from July 2009 through May 2010

- **Monitoring of Quality Indicators**

1. **Reviewed need for monitoring of current perinatal quality indicators.**

Retained indicators that are of particular clinical interest locally, as well as indicators required for JC, Leapfrog, and AHRQ reporting.

- a. Number and type of deliveries (vaginal and cesarean)
- b. Unplanned maternal readmission within 14 days of discharge
- c. Cesarean section for uncertain fetal status
- d. Cesarean section for failure to progress
- e. Operative vaginal delivery rate (forceps and vacuum)
- f. Episiotomy rate
- g. Trial of labor (VBAC) success rate
- h. Trial of labor (VBAC) rate
- i. Perineal lacerations (3rd and 4th degree)
- j. Primary cesarean section rate
- k. Low risk first birth cesarean section rate (***New JC Perinatal Core Measure***)
- l. Elective Delivery Prior to 39 Completed Weeks (***New JC Perinatal Core Measure***)
- m. Maternal length of stay in excess of 1 day greater than local standard
- n. % Mothers delivered 24-32 weeks after full ANS course (***New JC Perinatal Core Measure***)
- o. % Exclusively Breast Fed NBN babies (***New JC Perinatal Core Measure***)
- p. Neonatal morbidities (birth asphyxia, birth injuries, and shoulder dystocia)
- q. Neonatal morbidities (less scalp injuries)
- r. Unplanned neonatal readmission within 1st week of life
- s. Unplanned neonatal readmission within 1st month of life
- t. Neonatal deaths within 28 days
- u. Perinatal mortality (antepartum, intrapartum, and neonatal deaths)
- v. Women who deliver preterm and receive steroids during delivery
- w. Women who deliver preterm and receive steroids during pregnancy
- x. Number blood transfusions given to women who deliver
- y. Number women who receive blood transfusions
- z. Obstetric trauma- vaginal delivery with instrument (PSI 18)
- aa. Obstetric trauma- vaginal delivery without instrument (PSI 19)
- bb. Unplanned return to OR following cesarean section

2. **Quality Indicators Outside Statistical Control Limits:**

All quality indicators falling outside of the statistical control limits were reviewed by the full committee. While there were special cause periods there were no consistent trends towards movement of indicators outside established control limits. Reviewed specifically were infant mortality and neonatal readmissions. Regarding perinatal mortality we identified that based on

our tertiary setting status non-viable infants make up a number of our perinatal deaths. We are currently developing methods to be best report these cases. Infants, live born but non-viable are currently reported on the NBN statistics. Readmission rates are well within normals. Months reviewed were all non-preventable cases with proper care delivered for infants pre-discharge. Other chart reviews and projects included those related to <39 week scheduled deliveries, wound infections, exclusive breast-feeding rates, and newborn bilirubin assessments. Action items included standardizing data definitions, improving clinical documentation and data capture, and staff education.

3. Patient Satisfaction Scores

QWIPIC began review of Press Ganey Scores on a recurring basis this year. Work will continue on revising specific measures to be followed.

4. Focused Analysis of Quality Issues

○ Elective Deliveries Prior to 39 Weeks

Action: In conjunction with the Perinatal Quality Collaborative of North Carolina (PQCNC), the statewide perinatal care collaborative, monthly monitoring of elective deliveries less than 39 weeks is ongoing. All scheduled deliveries, CS and induction, less than 39 weeks undergo chart review for maternal indications and neonatal outcomes. Substantial efforts including education and changes in scheduling processes have led to reductions in this rate, which was in the lower quartile for PQCNC at start of project. This metric is a JC and Leapfrog indicator.

○ Green Belt Project: Elimination of Catheter Associated Blood Stream Infections in High Risk Newborns

Action: In conjunction with the Perinatal Quality Collaborative of North Carolina (PQCNC), we are participating in an ongoing Green Belt project, supervised by NNP Joanne Kilb, to eliminate Catheter Associated BloodStream Infections (CABSI). We are gathering information on all line insertions and maintenance data 7 shifts per week on every central line in the NCCC. We have seen a marked reduction in infections. We have just gone 201 days without an infection.

○ Green Belt Project: Post Op Surgical Site infection

Action: This Green Belt Project is supervised by Beth Coulombe was developed as a result of noted drops in CS surgical site infections after initiation of a chlorhexidine (CHG) scrub for elective CS. The current project includes an action plan for use of CHG scrub for all non-emergent unscheduled CS. The action plan incorporates CHG impregnated cloth baths for all cases that are non-emergent. There are pre-procedure, charting and post operative care elements to this project. Data collection is ongoing.

○ Green Belt Project: Reduce Hemolyzed Blood Specimens for Labor & Delivery

Action: L&D staff has noted a high percentage of hemolyzed specimens drawn from IVs of patients admitted to the unit. Active work is ongoing to develop methods to reduce the baseline rate from 12% to 2%.

○ Green Belt Project: White Board's in Postpartum Rooms

Action: In response to patient concerns that their nursing and medical providers and daily activities were not clear, all rooms have had white boards introduced. This project included Customer Voice through focus groups and specific surveys. The boards include provider names and scheduled clinical events. The Boards were introduced after discussion and in-services with all staff. Patient's satisfaction data reports that the Boards are greatly appreciated by patients in the postpartum units.

○ Initiation of Couplet Care

Action: Based on patient satisfaction data and our commitment to family centeredness, rooming in of mothers and babies was achieved as a result of the unflagging leadership of medical and nursing personnel. This enormous change in the way we provide perinatal care was accomplished using in-services, team meetings, and evidence. Angela Pittman and Dr. Harvey Hamrick led the way in this incredibly successful effort. Significant improvements in Press Ganey scores are already visible.

- **Manager Rounding**

Action: In order to establish firmer oversight of quality improvement projects executed on postpartum units, Manager Rounds were introduced and are conducted at all bedsides every Monday. Rounds include Environmental Services, Nutrition and Food Services, and Nursing Management.

- **#24 JCAHO criteria (# of times cases are cancelled or postponed due to staffing)**

Action: Over the course of the year, with education that BTLs are not elective procedures on weekends and the addition of anesthesia support, postponed tubal ligations are no longer a problem. We dropped this as in indicator in our May meeting.

- **The EMR Linking Inpatient and Outpatient Perinatal Services from Outlying Clinics**

There is renewed interest in developing an integrated Perinatal Network database for all area clinics. Development continues on a robust, comprehensive EMR for obstetrics. The clinical work group (Drs. Ivester, Menard, Strauss, and Stuebe) have worked to include data definitions embedded in the record driven by standard terminology, definitions provided by quality reporting organizations, and ICD-9 codes. Current plans are to integrate the record with the perinatal and neonatal databases, streamlining data capture and enhancing data integrity. We also want to bring together neonatal information w/maternal information in an integrated system.

Action: Programmers to begin development of the outpatient component of the EMR this summer along with database enhancements and possible database migration to WebCIS / data warehouse. Development of inpatient components will begin this summer. This will include H&P's, operative reports, progress notes, and discharge summary. We expect this to be a unique model of integration.

- **Review UHC Benchmark Quality Data**

The Committee instituted quarterly review of UHC data.

Action: We expanded our monitoring of quality indicators to include the UHC data curve onto our grids for comparison. On all measures we are at the mean or better where the definitions are clear and comparable data is collected.

- **TeamSTEPPS (Team Strategies and Tools to Enhance Performance & Patient Safety)**

TeamSTEPPS™ is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals. TeamSTEPPS™ includes a comprehensive suite of ready-to-use materials and training curricula necessary to successfully integrate teamwork principles into all areas of your healthcare system.

Action: Leaders from L&D, NCCC, OB/GYN, Pediatrics/Neonatology, Maternity and Family Medicine have been master trained. We have concluded an initial safety in the DR project focused on handoffs and team notification between maternal and newborn providers. The impetus for this project resulted from Rapid Review of Cases in 2009 in which concern was raised regarding the systematic identification of team leaders for newborn resuscitation. This project has been successful based on independent observer evaluation of delivery room resuscitation. The process developed requires that during the 1st^t time out a decision is made and documented on the op checklist regarding the need for a NCCC presence in the OR during delivery. At a second time out the NCCC leader and level of expertise is established. A successful project to enhance communication is completing data collection, and publication is anticipated for the project. New projects are being initiated in L&D, NICU, and maternity units.

- **Attachments:** Current list of committee members.

Respectfully submitted: Thomas Ivester, M.D. and Marty McCaffrey, M.D., Co-Chairs, QWIPIC

Attachment: Current list of committee members:

Quality for Women & Infants Performance Improvement Committee (QWIPIC)

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