

Perinatal Collaborative and Learning Network

2nd Annual CMS Medicaid/CHIP Quality Conference
June 14-15, 2012

Raymond L. Cox, MD,MBA
Senior Vice President, Medical Affairs and Chief Medical Officer
Providence Hospital
Washington, DC

What Do We Want to Accomplish?

- The aim of the Perinatal Collaborative is to reduce infant and maternal harm through the implementation and integration of systems improvements and team behaviors into maternal-fetal care.
- The Collaborative is an initiative to test, adopt, and implement evidenced-based improvement strategies in the labor and delivery units of hospitals in Maryland and the District of Columbia.

Change Package: Tools of Change

- Use of common language (NICHD) in Electronic Fetal Monitoring
- Training in team coordination, team communication and teamwork behaviors
- Improvement in staff performance during high-risk events (simulation)

Change Package: Tools of Change (con't)

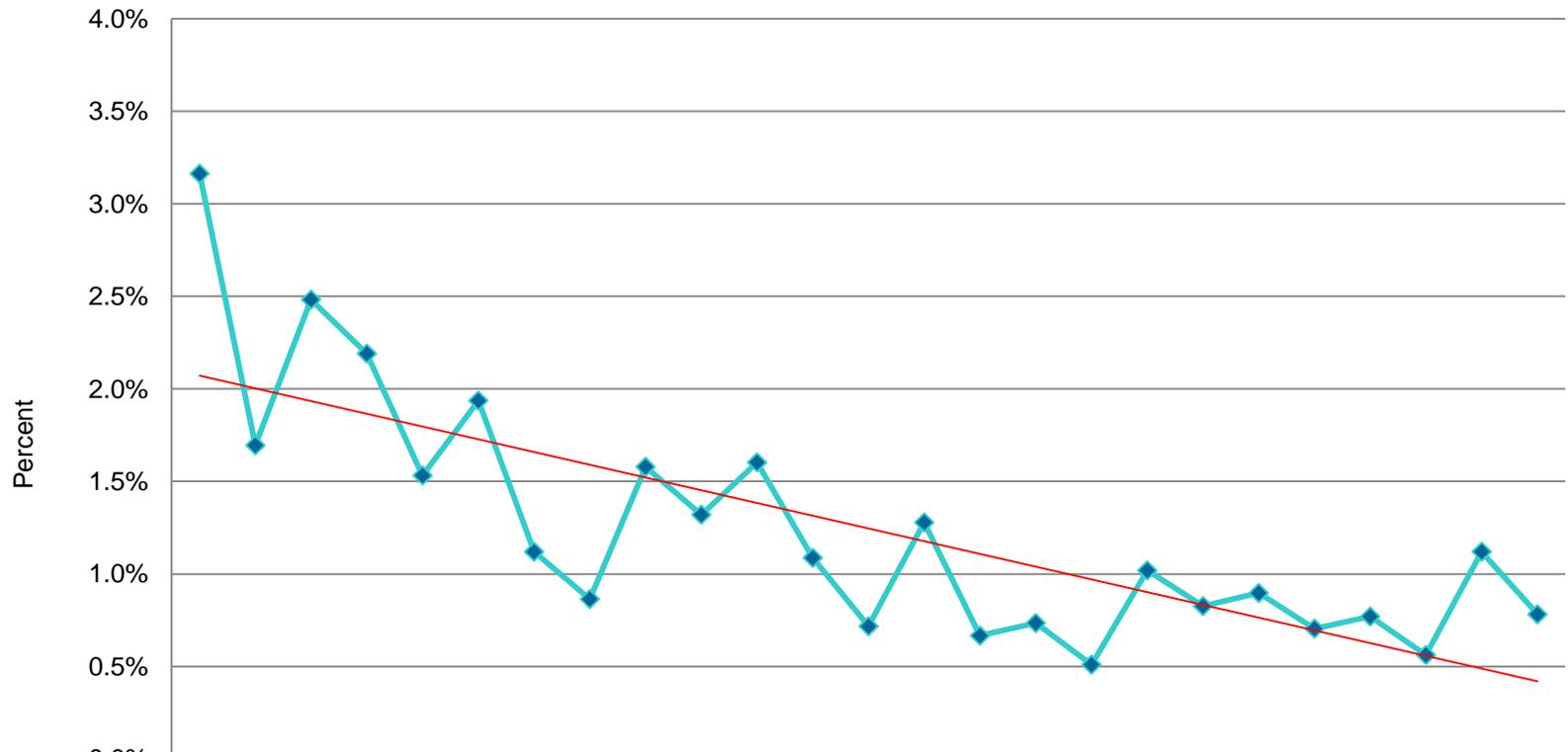
- Revision and application of recommended practice guidelines
- Augmentation and Elective Induction Bundle (Institute for Healthcare Improvement) compliance
- Establish didactic on vacuum extraction

Improvements So Far

- AOI - 36% of the original hospital group improved on all three indices
- AOI - 73% improved on at least one score
- SI - 60% Level 1&2 hospitals and 50% Level 3 hospital improved on the Severity Index
- Level 3- 25.6% decrease in NICU admissions >2500g term babies
- AHRQ Culture Survey - improvement in 9 of 12 dimensions
- Since January 2009, elective inductions less than 39 weeks without a medical indication have decreased by 70%

Induction Rate Less than 39 Weeks

Maryland Patient Safety Center - Perinatal Collaborative
Induction Rate Less than 39 Weeks without Medical Indication

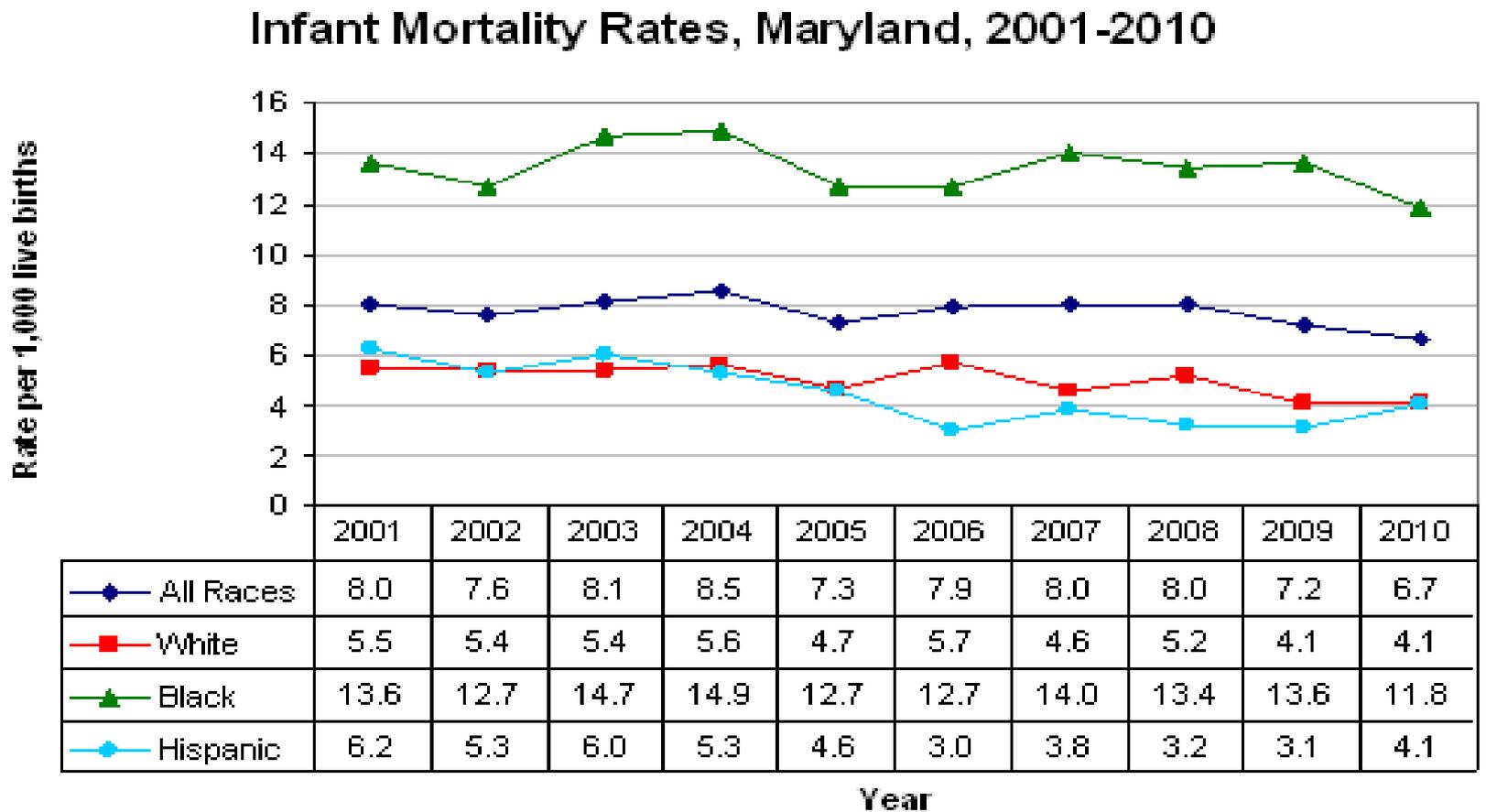


	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	Ma y-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	Ma y 11	Jun 11	July 11
◆ %G/C	3.2	1.7	2.5	2.2	1.5	1.9	1.1	0.9	1.6	1.3	1.6	1.1	0.7	1.3	0.7	0.7	0.5	1.0	0.8	0.9	0.7	0.8	0.6	1.1	0.8
■ # Facilities	27	25	26	26	26	27	25	25	23	27	27	27	27	29	29	29	29	27	29	29	29	27	29	28	29

Are We Saving Money Yet?

- 152 fewer term babies to NICU
- Estimated average savings/patient = \$991-\$2,105
- Total estimated savings = \$150,632- \$319,960

Infant Mortality rates, Maryland 2001-10



Data Source: MD DHMH, Vital Statistics Administration

Neonatal Learning Network

Neonatal/Perinatal Learning Network

- Golden Hour/Resuscitation and Stabilization
- Teamwork and Communication/Follow up to Referral Physician
- CLABSI/HAI
- Activated discharge planning for mom, baby



Improving Care and Proving It

Successful Change Strategy

- Create Burning Platform
- Engage Leadership
- Borrow Shamelessly
- Establish Non-Negotiable Mutual Respect
- Practice Relentless Persistence
- Create Ongoing Opportunity for Discussion
- Constantly Measure and Adjust

Excellence in Obstetrics

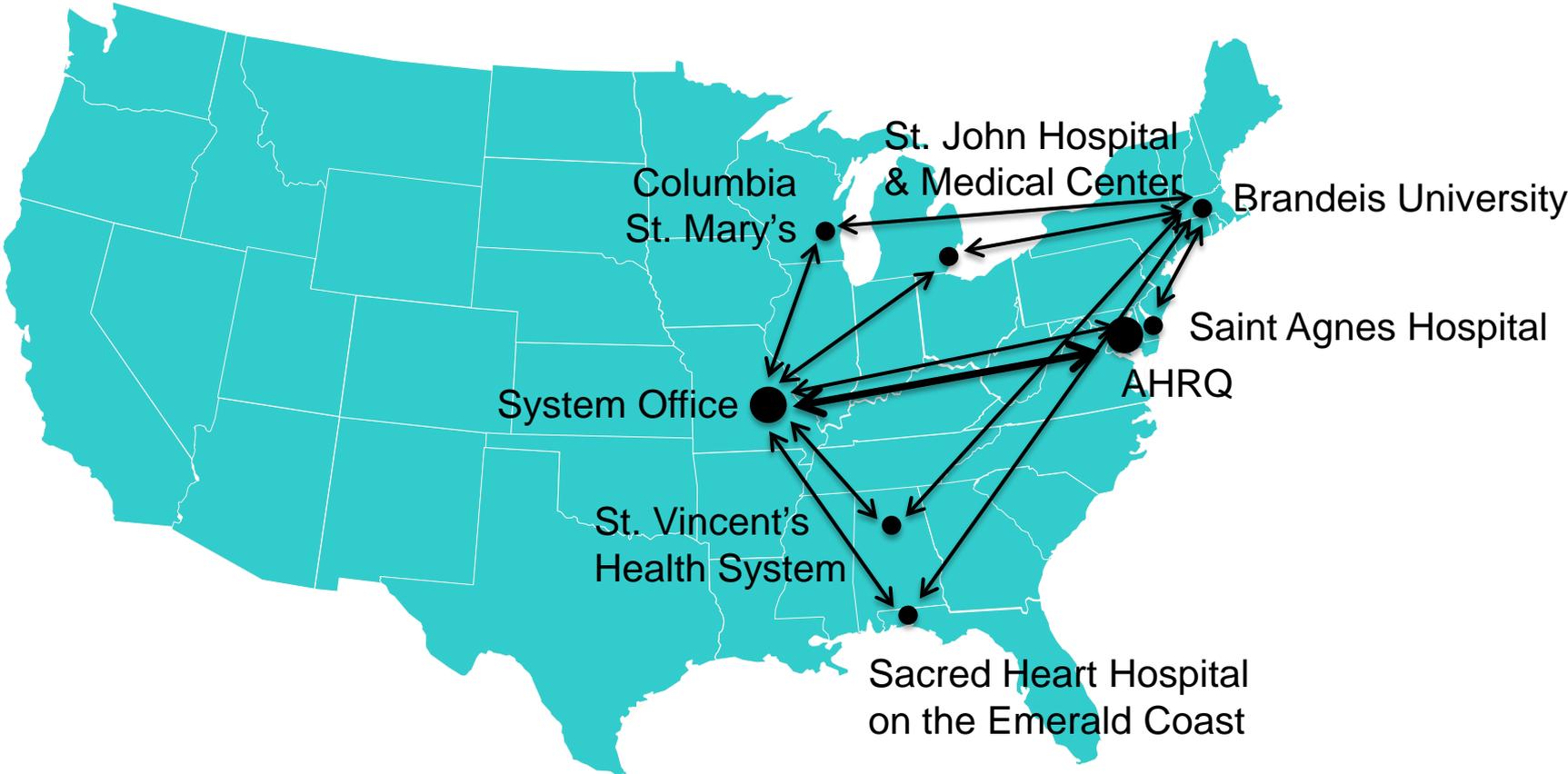
A MULTI-SITE AHRQ DEMONSTRATION PROJECT



James Bell Associates
Site Visit
July 6 & 7, 2011



Collaborators



Healing without Harm: A Multi-Site Demonstration Project to Develop New Models for Medical Liability and Improve Patient Safety

Why					
Hypothesis	1	2	3	4	5
What	Decrease in shoulder dystocia injury rates and infant harm when the “bundle” is introduced	Change in delays of treatment when fetal distress occurs and an increase in cesarean section effectiveness (necessity and timeliness) when the protocol guidelines are followed	Reduction in the frequency and severity (settlement amount) of claims when full disclosure is implemented	Increase in reporting of Serious Safety Events when 5 elements of High Reliability have been adopted	Decrease in all birth trauma events and rates

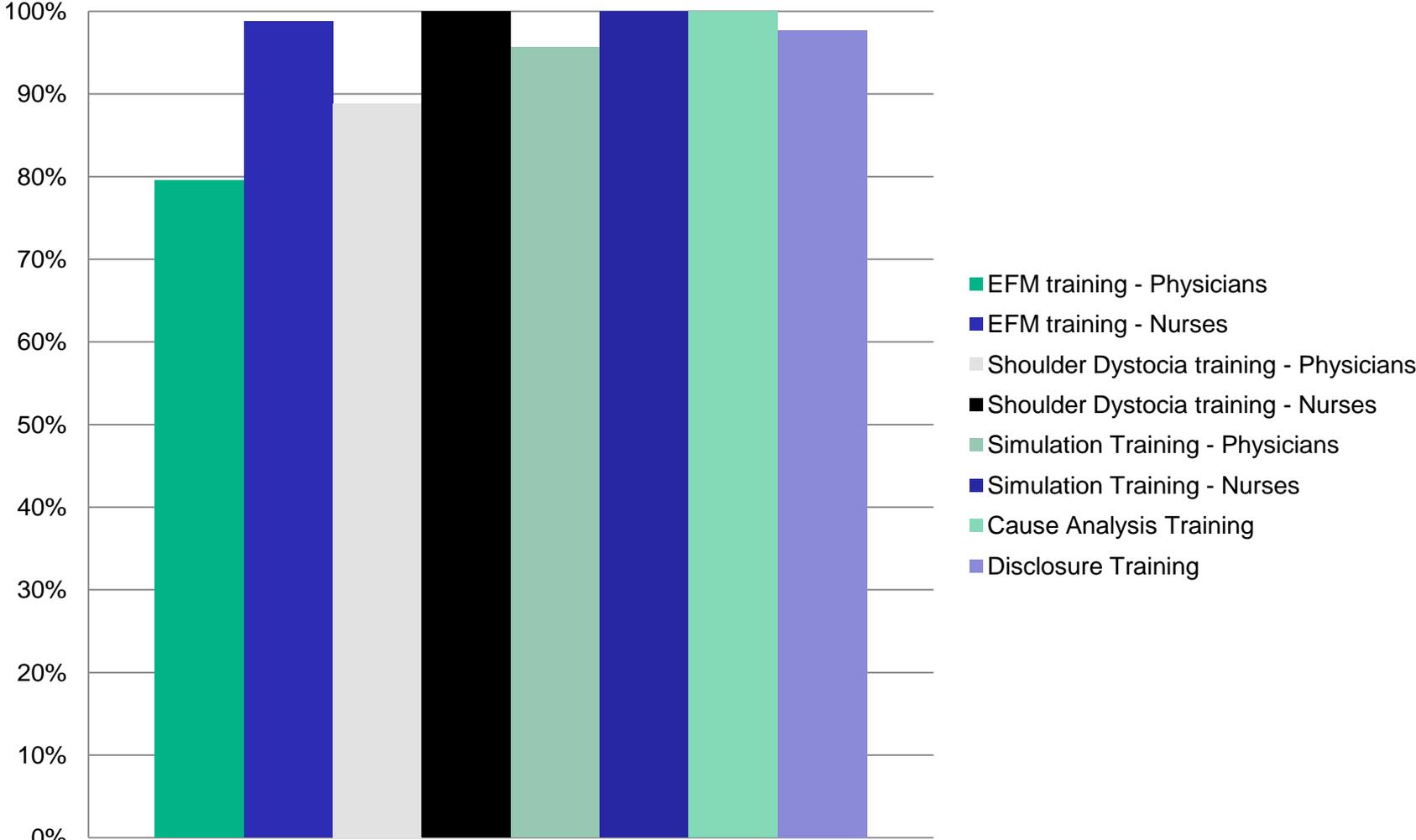
Healing without Harm – Year One

Major Milestones

- 593 nurses/physicians trained on multiple interventions
- 4280+ mothers consented between January-July 2011
- Average consent enrollment rate at five site: 88%
- Race/ethnicity breakdown of consented mothers
 - 59% white
 - 20% black
 - 9% Hispanic
 - 2% Asian/Pacific
 - 2% Other
 - 7% Unknown

Healing without Harm – Year One Interventions for Clinical & Cultural Change

Training Rates - Aggregate



DELIVERY ROOM

