Perinatal Collaborative and Learning Network

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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 without Medical Indication

Percent:
- Jul-09: 3.2%
- Aug-09: 1.7%
- Sep-09: 2.5%
- Oct-09: 2.2%
- Nov-09: 1.5%
- Dec-09: 1.9%
- Jan-10: 1.1%
- Feb-10: 0.9%
- Mar-10: 1.6%
- Apr-10: 1.3%
- May-10: 1.6%
- Jun-10: 1.1%
- Jul-10: 0.7%
- Aug-10: 1.3%
- Sep-10: 0.7%
- Oct-10: 0.7%
- Nov-10: 0.5%
- Dec-10: 1.0%
- Jan-11: 0.8%
- Feb-11: 0.9%
- Mar-11: 0.7%
- Apr-11: 0.8%
- May-11: 0.6%
- Jun-11: 1.1%
- July-11: 0.8%

Facilities:
- Jul-09: 27
- Aug-09: 25
- Sep-09: 26
- Oct-09: 26
- Nov-09: 27
- Dec-09: 25
- Jan-10: 25
- Feb-10: 23
- Mar-10: 27
- Apr-10: 27
- May-10: 27
- Jun-10: 29
- Jul-10: 29
- Aug-10: 29
- Sep-10: 29
- Oct-10: 29
- Nov-10: 29
- Dec-10: 29
- Jan-11: 29
- Feb-11: 29
- Mar-11: 27
- Apr-11: 29
- May-11: 29
- Jun-11: 28
- July-11: 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

![Infant Mortality Rates, Maryland, 2001-2010](image)

Data Source: MD DHMH, Vital Statistics Administration
• Golden Hour/Resuscitation and Stabilization

• Teamwork and Communication/Follow up to Referral Physician

• CLABSI/HAI

• Activated discharge planning for mom, baby
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
<table>
<thead>
<tr>
<th>Why</th>
<th>Healing without Harm: A Multi-Site Demonstration Project to Develop New Models for Medical Liability and Improve Patient Safety</th>
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<tbody>
<tr>
<td><strong>Hypothesis</strong></td>
<td><strong>1</strong></td>
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<td>What</td>
<td>Decrease in shoulder dystocia injury rates and infant harm when the “bundle” is introduced</td>
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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

- EFM training - Physicians
- EFM training - Nurses
- Shoulder Dystocia training - Physicians
- Shoulder Dystocia training - Nurses
- Simulation Training - Physicians
- Simulation Training - Nurses
- Cause Analysis Training
- Disclosure Training