

# Perinatal Quality Collaborative of North Carolina

## North Carolina AIM Reducing Primary Cesarean Section (RPC) Action Plan



### Global Aim:

The project aims to engage all obstetric units in North Carolina to safely reduce primary cesarean section (CS) deliveries.

### Specific Goal:

By January 2020, perinatal quality improvement teams in NC obstetrical units will utilize the AIM RPC bundle and other defined best practices for safe reducing of primary cesarean section deliveries to demonstrate 100% compliance with all of the AIM RPC structure and process metrics, a decrease in the rate of primary CS deliveries without measurable harm to the newborn.

### Measures/Goals:

- Demonstrates 100% compliance with the all AIM RPC structure metrics
- Assure that all women having an NTSV Cesarean Section have met the ACOG/SMFM Cesarean Criteria
- Have a statewide average NTSV Cesarean rate at or below 20.0% and a hospital NTSV Cesarean rate at or below the Healthy People 2020 goal of 23.9%
- Demonstrate no change in newborn outcome by route of delivery measured by 5-minute Apgar score < 7 and admission to NICU stratified by reason for admission.
- Measure disparities with the goal of reducing the gap by 50%



GOAL	PRIMARY DRIVER	INTERVENTIONS
<p>Demonstrates 100% compliance with all AIM RPC structure metrics</p>	<p>Unit Policy and Procedure</p>	<ul style="list-style-type: none"> <li>• Maintain current labor guidelines policy and procedure that provides a unit standard approach for providing labor support, freedom of movement, and management protocols for labor challenge</li> <li>• Establish unit education on protocols, unit-based drills (with post-drill debriefs)</li> </ul>
	<p>Patient, Family and Staff Support</p>	<ul style="list-style-type: none"> <li>• Provide education to patient and family regarding normal healthy labor and birth</li> <li>• Foster a culture that allows for patient and family involvement in plan of care</li> <li>• Complete quarterly assessment survey to measure current patient and family support and engagement</li> </ul>
	<p>EHR Integration</p>	<ul style="list-style-type: none"> <li>• Incorporate tools from the Safe Reduction of Primary Cesarean Section bundle into the EHR</li> </ul>
	<p>Multidisciplinary Case Reviews</p>	<ul style="list-style-type: none"> <li>• Established a process to perform multidisciplinary bundle reviews on a random sample of a minimum of 15 charts with a target of 20% of NTSV CS deliveries in a quarter</li> <li>• Monitor outcomes and process metrics in perinatal quality improvement (PQI) committee</li> </ul>



GOAL	PRIMARY DRIVER	INTERVENTIONS
Safely increase primary vaginal birth or decrease primary CS rates	Standardize readiness and recognition of obstetric emergencies	<ul style="list-style-type: none"><li>• Provide education to providers and staff regarding the progress of labor, methods to promote vaginal birth and the risks for current and future pregnancies of cesarean birth without indication</li><li>• Standardize admission criteria, triage management, education and support for women in spontaneous labor</li><li>• Standardize pain management techniques and comfort measures to promote labor progress and prevent dysfunctional labor</li><li>• Utilize standard methods in the assessment of fetal heart rate status</li><li>• Consider utilizing a checklist to ensure that all women undergoing an NTSV Cesarean section have met the ACOG/SMFM Cesarean criteria</li><li>• Implement a method for timely response to labor problems, including:<ul style="list-style-type: none"><li>• prompt recognition and response to dystocia</li><li>• abnormal fetal heart rate patterns and uterine activity</li><li>• instrumented delivery</li></ul></li><li>• Standardize induction scheduling to ensure proper selection and preparation of women undergoing induction</li></ul>



GOAL	PRIMARY DRIVER	INTERVENTIONS
<p>Demonstrate no change in newborn outcome by route of delivery measured by 5 minute Apgar score &lt; 7 and admission to NICU stratified by reason for admission</p> <p>Measure disparities with the goal of reducing the gap by 50%</p>	<p>Education</p> <p>Culture</p> <p>Monitoring for Improvement</p>	<ul style="list-style-type: none"> <li>• Assess newborn outcomes resulting from changes in labor management to ensure safety</li> <li>• Provide staff-wide education on:               <ul style="list-style-type: none"> <li>○ Peripartum racial and ethnic disparities and their root causes.</li> <li>○ Best practices for shared decision making.</li> <li>○ Implicit bias.</li> </ul> </li> <li>• Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.</li> <li>• Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.</li> <li>• Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.</li> <li>• Ensure a timely and tailored response to each report of inequity or disrespect</li> <li>• Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.</li> </ul>