Developing an Action Plan for the Supporting Intended Vaginal Birth Initiative

SIVB Initiative: "Buckets" of work for improving approaches to induction of labor

Induction of labor procedures:

- Cervical ripening orders, methods
- Pitocin protocols
- Labor support
- Use of analgesia, anesthesia in labor
- Nurse-patient ratio
- Use of AROM
- Serial induction

Induction of labor policies:

- Elective inductions before 39 weeks, before 41 weeks
- Elective inductions with unripe cervix
- Documentation required to post an induction
- Documentation required at admission for an induction
- Standing orders for induction
- Definition of labor, active labor, latent labor, prodromal labor
- Definition of failure to progress, failed induction
- Informed consent

Culture of the Labor & Delivery unit

- Is there a will to improve approaches to induction on your unit?
- To what extent are doctors, midwives, and nurses committed to improvement?
- What are the communication challenges on your unit?
- How are patients educated about expectations and processes?
- How are individual patient needs, desires, fears and concerns addressed?

Action Plan Guide

The PQCNC team is available to work with your team as we focus on improving practice around induction of labor due to its association with higher rates of cesarean section. The Collaborative can function to help each hospital work on developing a plan and implementing actions that will allow you to reach your goals for this initiative. Use this guide and the attached worksheet to draft an action plan. At the end of this session, submit your Goals & Objectives on the attached page. Submit a copy of your action plan to PQCNC by February 10.

1. Set a BHAG: Big, hairy, audacious goal

Long-term, sustainable goal for your hospital related to promoting vaginal birth in the NTSV (nulliparous, term, singleton, vertex) population.

Examples:

- By January 2012, we will increase the rate of vaginal birth among NTSV patients by 25%.
- By January 2012, we will increase the vaginal birth rate among NTSV patients to 85%.

2. Develop objectives that are SMART and DUMB

SMART objectives: specific, measurable, attainable, realistic, time-bounded

DUMB objectives: doable, understandable, manageable, beneficial

Examples:

- By June 30, 2011, we will decrease the rate of cesarean sections for failure to progress performed <4cm among the NTSV population by 50%.
- By March 30, 2011, we will decrease the rate of elective inductions in NTSV women with an unfavorable cervix (Bishop Score <7 or cervical dilation <3cm) by 90%.
- By March 30, 2011, we will increase the number of patients admitted for induction with an unfavorable cervix who receive cervical ripening by 50%.

3. Identify needed stakeholders to achieve your hospital's goals and objectives

Who do you need to engage to help your team achieve its goals?

What is the role of each stakeholder?

Who will engage each stakeholder? How?

4. Build a perinatal quality improvement team

What will the structure of your team be for this initiative?

Do you have an existing quality improvement team for your maternity services?

How will team members communicate with each other?

How often will you meet? When? Where? For how long?

What can your team do to sustain or further the gains from this initiative when it ends?

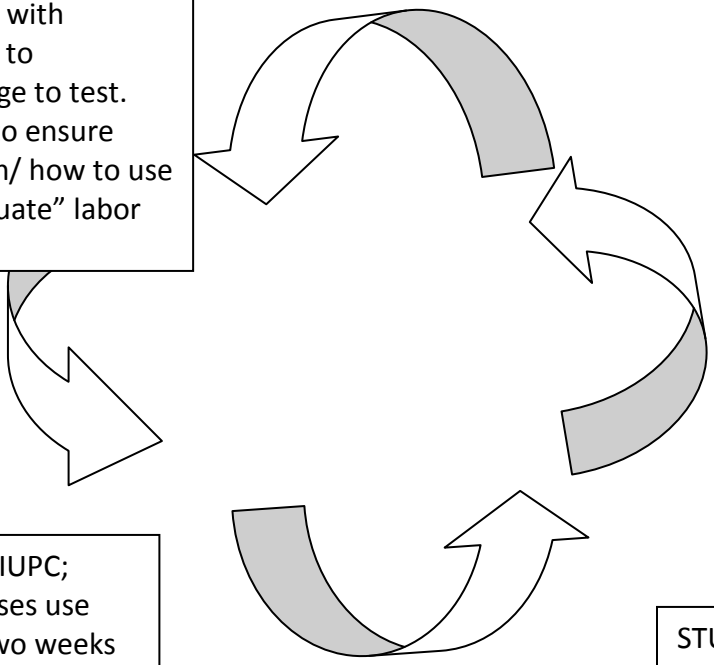
5. Determine action steps

Develop specific action steps for each objective for this project with assigned accountability. These steps should describe the small tests of change to practices and processes on your unit that your team will conduct to try to increase the vaginal birth rate in the NTSV population. This should be a list of concrete steps that your team will take, including when, how and by whom each step will be put into action. Consider using PDSA (Plan-Do-Study-Act) framework.

Example of Plan, Do, Study, Act cycle:

"By June 30, 2011, we will decrease the rate of cesarean sections among the NTSV population for the indication of failure to progress prior to 4 cm dilation by 50%".

PLAN: QI team works with relevant stakeholders to determine what change to test. Unit-wide education to ensure everyone knows when/ how to use IUPC and what "adequate" labor is.



ACT: Individual feed back via peer review to providers with persistently high rates of FTP < 4cm; create peer review mechanism for FTP < 4 cm for electively induced patients where IUPC was not used.

DO: Inservices on IUPC; providers and nurses use labor curves for two weeks with 4 cm dilation highlighted as threshold; have IUPC's more readily available in labor rooms

STUDY: What results did your team observe as a result of the test? Did the rate of FTP c-sections performed <4cm change during the test of change? Were there unanticipated consequences?

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Central Carolina Hospital_____

GOAL: Reduce elective inductions under 40 weeks

Specific objectives

1. Educate providers and patients
2. Reduce c-section rate for NTSV
3. Compliance with use of Bishop Score on admission
4. Use of induction screening tool by providers
5. Update/create induction policy

Stakeholders/action steps/other notes:

OB Director – Liaison to providers – encourage compliance with initiative

Staff RN's – Collect data

QI nurse – work with OB director to educate providers

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Cape Fear Valley Medical Center_____

GOAL: Increase NTSV vaginal birth rate for our hospital from 81% to 85% by May 2011

Specific objectives by May 2011

1. Increase IUPC rate in patients with failure to progress from 63% to 90% (for patients >4cm)
2. Increase use of cervical ripening for patients with unfavorable cervix to 100% (Bishop Score <7)
3. Reduce c-section for non-reassuring fetal heart rate from 50% to </= 40%.
4. Documentation of Bishop Score for inductions (>/=90%) – nursing or physician notes

Stakeholders/action steps/other notes:

CME presentation at monthly M&M – discuss current data, discuss goals

Nursing staff meetings – discuss current data and goals

FHR NICHD training for nurses and staff

?peer review/PI for failure to progress

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Columbus Regional Healthcare System_____

GOAL: To increase NTSV vaginal deliveries by 25%.

Specific objectives

1. Patient education
2. Decrease the induction of the unripe cervix
3. Increase the use of cervical ripening agents through physician education
4. Provide 1:1 ratios for nursing to patient during induction and active labor patients.

Stakeholders/action steps/other notes:

Staff RN – Increase patient and staff education through interactions during the labor process.

Obstetricians – Establish a well-defined course for inductions by using Bishop scoring and cervical ripening agents.

Patient educator – Standardize and provide structured education as early as first prenatal visit and continue through delivery.

Administration/CMO – Reinforce and support policies and initiatives through input and support at CB perinatal meetings.

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Granville Health Systems_____

GOAL: Bishop Score to be used with 50% of inductions with minimum score of 6 and preferably 8 by June 2011

Specific objectives

6. Perform Bishop Score on admission.
7. Create guidelines for induction using Bishop Score.

Stakeholders/action steps/other notes:

Action plan:

1. When scheduling inductions have Bishop Score reported.
2. Obtain Bishop Score on admission.

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Mission Hospital_____

GOAL: By September 2011 we will increase the vaginal birth rate among NTSV patients from 79.2% to 85%.

Specific objectives

1. By September 2011 we will decrease the rate of cesarean section for failure to progress by 10%.
2. OB providers will be educated about the PQCNC guidelines for failure to progress and failure to descend.
3. Education will be provided to the Mission Hospital OB providers and nursing staff regarding the use of Foley bulb for cervical ripening.
4. Transparency of our data that has been collected: these stakeholders will share the PQCNC data with OB providers and staff every other month throughout the data collection period.

Stakeholders/action steps/other notes:

Physician champions – Goal setting/approval, planning, support

OB resident champion – goal setting, evaluation of data, planning, support

Nurse champions – organize, oversee, keep on track

Coordinator for childbirth education – liaison with community, goal setting, advice

Staff nurse team – data collection

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Nash General Hospital_____

GOAL: By January 2012, we will increase the vaginal birth rate among NTSV patients to 82%.

Specific objectives

1. By June 30, 2011, we will decrease the rate of cesarean section for failure to progress to 20%.
2. By September 2011, we will decrease the rate of induction in patients <3cm dilated by 25%.
3. By December 2011, we will increase the use of cervical ripening agents in patients >40 weeks for induction of labor with unfavorable cervix.
4. Develop an induction policy.

Stakeholders/action steps/other notes:

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____New Hanover Regional Medical Center_____

GOAL: Decrease by 25% the number of NTSV patients delivering by cesarean section by June 30, 2011.

Specific objectives

8. Decrease "elective inductions" prior to 41 weeks
9. Implement new induction policy
10. Implement documentation tool for scheduling inductions (educate all physicians in use of form)

Stakeholders/action steps/other notes:

Stakeholders:
Hospital administration
4 physician groups
Patients
Nurses

Team members:

Physician champions
Administrative champion
Midwife
L&D coordinator/manager
L&D staff nurse, day & night
Educator
Patient/family
Quality team

Action step:

- Recruit additional team members for induction team
- Meet with OB offices and childbirth educators to share plan/goals
- Update prenatal booklet to include education regarding
- Labor support education and training for all L&D staff, including RN's, NA's, and PCT's (improve utilization of support staff for labor support)

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Onslow Memorial Hospital_____

GOAL: Decrease primipara c-section rate to </= 20% by June 30, 2011

Specific objectives

1. Foley bulb Cytocec/Cervidil protocol
2. Improve IUPC utilization
3. Treatment plan or protocol for prodromal labor
4. Develop strict protocol for induction utilizing ACOG recommendations

Stakeholders/action steps/other notes:

Physician champion – Get OBs and midwives on board, present to OB/GYN, encourage patient education handout.

Administrator champion – Facilitate hospital change, stand behind physician and nurse champions

Nurse champion – push JCAHO aspect to providers, OB/GYN meeting reinforcement

Staff RN's – Data gathering, data input, policy research, drafting of policy revisions, staff education, patient education, keep OBs informed of progress

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Rex Hospital_____

GOAL: To reduce the rate of c-section in 1st stage of labor related to failure to progress.

Specific objectives

1. Failure to progress in active phase = 100% use of IUPC; 100% documentation of adequate MVUs (>200) for at least 2 hours; if possible, same examiner for 2 SVEs at least 2 hours apart.
2. Peer review of physicians with all failure to progress c-sections.
3. Educate RNs on correct documentation of MVU; change adequate MVU definition to 200 (rather than 180)
4. Look at the reason for and appropriateness of c-section in the latent phase.

Stakeholders/action steps/other notes:

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____UNC_____

GOAL: Increase vaginal birth rate by 10%

Specific objectives

1. 80% of patients will have Bishop Score at admission by February 2011 (BMI, EFW)
2. Develop induction of labor policy: elective IOL >/=41 weeks if Bishop Score <8.
3. Develop algorithm for induction of labor, including elective IOL.

Stakeholders/action steps/other notes:

Physician champion – facilitate bringing key players to the table

Nurse champion – focus on MD/nurse interaction to promote vaginal birth

Administrator champion – confirm policies are followed and improve patient care

L&D staff team (4 nurses) – data entry and review; participate in developing algorithm for IOL

Goals & Objectives – submit to PQCNC at end of session

Name of hospital: _____Women's Hospital of Greensboro_____

GOAL: Reduce our NTSV c-section rate by 20%

Specific objectives

1. Track RN c-section rates. Provide feedback and education if any correlation is found.
2. No scheduled elective inductions in nullips (39-40 weeks) unless cervix is 2cm/80%.
3. Research not using Pitocin unti Bishop Score >6.

Stakeholders/action steps/other notes: