Safety Action Series

Implementing the Safe Reduction of Primary Cesarean Patient Safety Bundle: A Look at Institutions’ Efforts
Speakers

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Disclosures

- Ellen Ray, CNM, DNP has no real or perceived conflicts of interest.

- Joyce L. Bragg, RN, MSN, BSN has no real or perceived conflicts of interest.

- Cathy O’Boyle, RN, MSN, BSN has no real or perceived conflicts of interest.

- Jacqueline Wallace, MD, MPH has no real or perceived conflicts of interest.
Objectives

- Share experiences and lessons learned from implementing the Safe Reduction of Primary Cesarean Birth: Supporting Intended Vaginal Births Patient Safety Bundle in two institutions
- Discuss challenges faced during bundle implementation and strategies used to overcome these barriers
- Provide real world examples of successful approaches to bundle implementation and culture change on an institutional level
Implementing the Safe Reduction of Primary Cesarean Patient Safety Bundle: A Look at Institutions’ Efforts

Joyce Bragg RN, MSN, BSN nurse manager
Ellen Ray DNP, CNM staff midwife
First Steps

- OB Department presentation
- Recognition of need for change
- Establishment of Reducing primary C/S committee
- Quality Improvement Department involvement
- CNM/MD model
Outcome Measures

• Total C/S rate
• NTSV rate
• VBAC rate
• Perinatal/Neonatal Collaborative NTSV and VBAC rates
Process Measures

- Provider education
- Nursing education
- Culture change
- AIM C/S bundle compliance
- Case Reviews with provider feedback
Structure Measures

- Algorithms for labor, induction, and Category 2 FHR placed in every patient chart and posted at every computer workstation

- Bulletin board of NTSV successes in lounge
Lessons Learned

- Nursing “buy-in” was critical
- QI involvement important to making this a hospital supported initiative
- Reported successes has kept this “alive”
Next Steps

• Inductions and Cervical Ripening
• 2nd stage management
• EFM certification for RN’s
• Education of new providers
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The Experience at St. Agnes Hospital

Cathy O’Boyle, MSN, RN
Jacqueline Wallace, MD, MPH
Saint Agnes Hospital

- In 1862, The Daughters of Charity created Saint Agnes Hospital, carrying on their centuries-old mission of service.
- The first Catholic hospital in Baltimore, Saint Agnes was originally created to provide nursing care to the poor.
- In 1999, Saint Agnes joined the Sisters of St. Joseph Health System to create Ascension Health, the largest non-profit health care organization in the nation.

Saint Agnes Hospital is a 251-bed, full-service teaching hospital.

Source: http://www.stagnes.org/about-us/overview/
• 12 Labor and Delivery Suites
• Two delivery/operating suites
• 24 hour in-house Anesthesiologist
• 27 Obstetricians on staff, including 6 OB/GYN Hospitalist physicians
• Innovative OB Rapid Response team (OBRRT)
Reducing Primary C/section Committee is formed

Prelim chart review assessing C/section rates

Campaign kick-off with Committee action plan reviewed

Initiative introduced at monthly Department Meeting

Mandatory training attended by all staff

Source: https://insight.livestories.com/s/the-happiest-birth-day-higher-quality-maternity-care-fewer-surgeries/55d65f0ca750b32cb8cccf9d/
July 2016

Reducing Primary C/section Committee is formed

- Multidisciplinary team including nurses, PAs, midwives, physicians and administration
- Conscious decision to include certain providers
- Initial committee of 17
July 2016

Campaign Kick-off with Reducing C/section Committee

4 Key Strategies for Reducing Primary Cesarean Sections:

• Establish the view that “Cesarean Section rates are important”
• Provide rapid-cycle data with standard measures for organization and providers
• Promote public and patient engagement
• Change the culture on L&D to better support labor and vaginal birth
AGENDA

• Project Overview: So What Who Cares?
• Literature Review
• What are the drivers for the rise and variation in Primary Cesarean section
• NTSV C/Section as focus for Quality Improvement
• Importance of L&D culture, labor practices and use of data to drive change
• Multi.strategy approach to address C/S rates
  • Structure Measures
  • Process Measures
ACTION PLAN

• Monthly chart reviews of all NTSV c/sections by a mix of reviewers - nurses, midwives and physicians
• Individual c/section rates to be shared with providers
• Mandatory training for all members of the department regarding the initiative, with practical pointers and hands-on training of labor support techniques
Initiative Introduced At Monthly OB/GYN Department Meeting

- Sense of urgency created
- Providers notified of new policy to track individual c/section rates
- Decision to maintain confidentiality of individual c/section rates made by providers
- Notified of upcoming mandatory training.
Mandatory Training Attended By All Staff

Dec 2016
Staff Training at Saint Agnes

• Attend 1 of 3 mandatory training sessions
  ✓ Review Reducing C/section Initiative
  ✓ Category 2 FHR algorithm
  ✓ Labor dystocia
  ✓ Labor support

• 34 MDs, 6PAs
• 30-40 Nurses
• Hands-on practice
Staff Training at Saint Agnes

- Training held November and December 2016
- Adherence to Labor Dystocia bundle has increased
- Positive feedback from participants!
- Training has been added to orientation for new Labor & Delivery nurses
Challenges

- Encouraging utilization of Category 2 FHT algorithm
- Unrealistic patient expectations
- Resistance from some members of the Anesthesia department
- Equipment limitations
Next Steps

- Development of a Nutrition in Labor policy
- Begin review of NRFHT bundle
- Develop labor management guidelines
Thank You!
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:
www.safehealthcareforeverywoman.org
Coming Soon

OBSTETRIC CARE FOR WOMEN WITH OPIOID USE DISORDER PATIENT SAFETY BUNDLE

Summer 2017

Click HERE to register for the bundle presentation.

Click HERE to receive insider updates on all Council activities.