
 **HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA**
Leadership in Health Affairs

 **Collaborative Progress Reaching for our Goal**

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10/23/12

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Improvement Opportunity

Redefining our Goal:

- Reducing EED
- Eliminating EED !


Decreasing demand through:

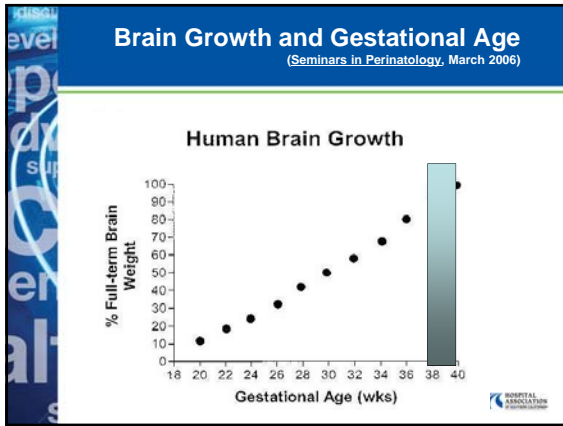
- Staff education
- New protocols and systems
- Maternal education

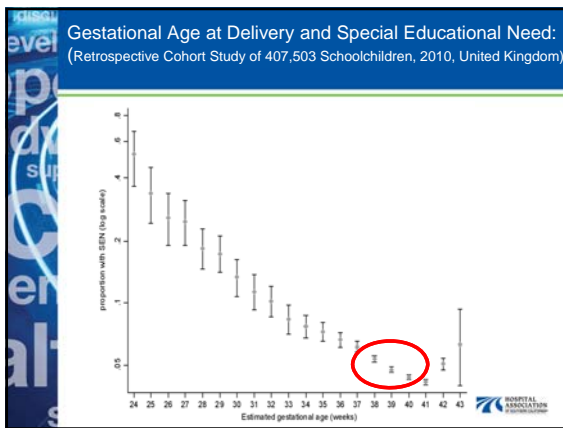


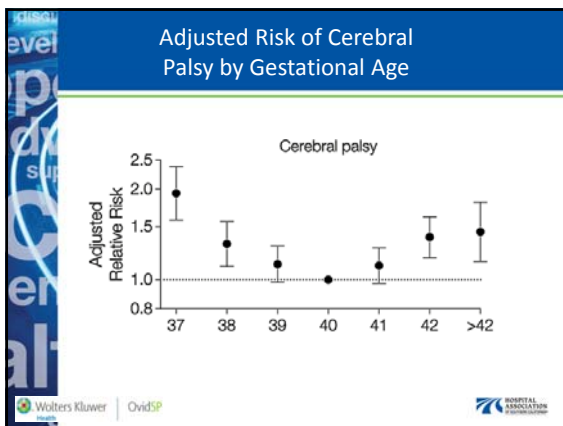
A Priceless Resource

<http://vimeo.com/12289853>










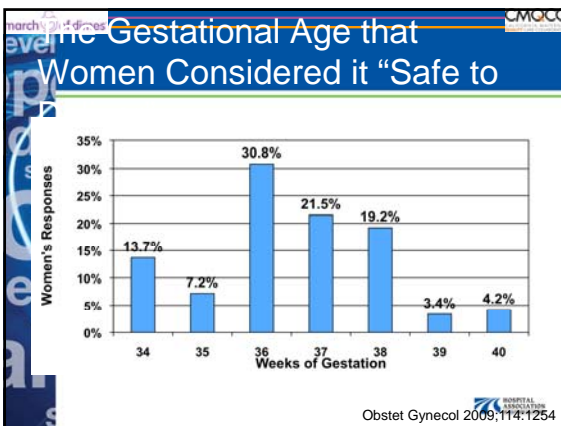
ACOG: "Examples of maternal or fetal conditions that may be indications for induction of labor"	The Joint Commission: National Quality Core Measure PC-01- Specifications for "Conditions justifying delivery <39weeks"
• Abruptio placenta	• Placental abruption, placenta previa, unspecified antenatal hemorrhage
• Fetal demise	• Fetal demise, fetal demise in prior pregnancy
• Post-term pregnancy	• Post-term pregnancy
• Premature rupture of membranes	• Rupture of membranes prior to labor (term or preterm)
• Gestational hypertension, preeclampsia, eclampsia, chronic hypertension	• Gestational hypertension, preeclampsia, eclampsia, chronic hypertension
• Maternal medical conditions, e.g., diabetes, renal disease, chronic pulmonary disease, antiphospholipid syndrome	• Preexisting diabetes, gestational diabetes • Renal disease • Maternal coagulation defects in pregnancy (includes anti-phospholipid syndrome) • Liver diseases (including cholestasis of pregnancy) • Cardiovascular diseases (congenital and other) • HIV infection
• Fetal compromise, e.g., severe Intrauterine Growth Restriction (IUGR), isomunization, oligohydramnios	• IUGR, oligohydramnios, polyhydramnios, fetal distress, abnormal fetal heart rate • Isoimmunization (Rh and other), fetal-maternal hemorrhage • Fetal malformation, chromosomal abnormality, or suspected fetal injury

Why Change is Challenging

The 7 "P"s:


- Patient
- Professional organization ambiguity
- Pedestal
- Paycheck / Productivity
- Pillow
- Probabilities / Personal experience
- Policies and procedures

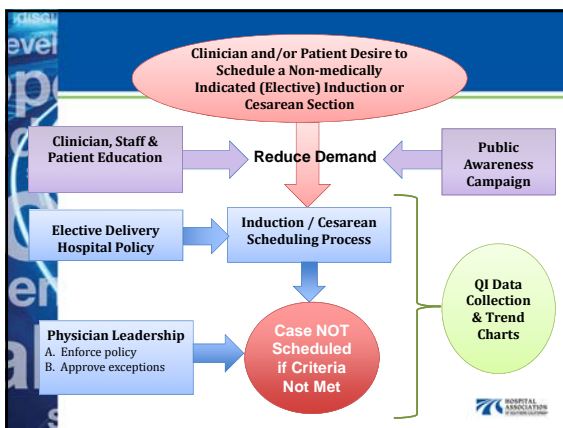




What Does "Hard Stop" Mean?

- **Hard Stop**
 - All cases not meeting criteria need pre-approval by Dept Chair or designee before scheduling
- **Key "Needs"**
 - Administration buy-in
 - Medical leadership will make or break the implementation
 - Critical to avoid the nurses becoming "police"
- **Recommend QI Committee review all scheduled <39 week births**
 - Need data collection system for surveillance






Measurement

Definition – Percentage of elective deliveries at <39 weeks gestational age

Numerator = The # of elective* deliveries at <39 weeks gestational age


Denominator = The # of singleton live births meeting the following criteria:

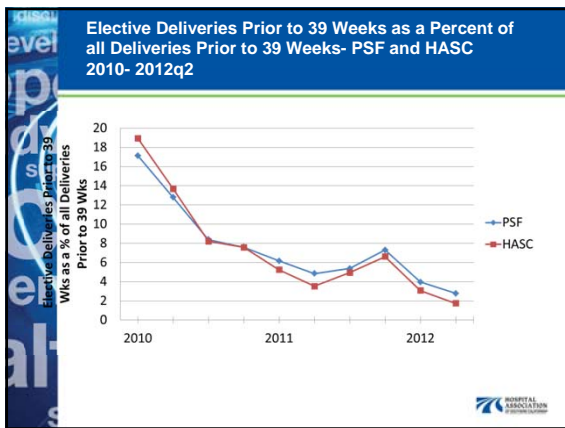
- Gestational age by best clinical estimate (usually US confirming LMP): documented at 37+0 to 38+6 weeks

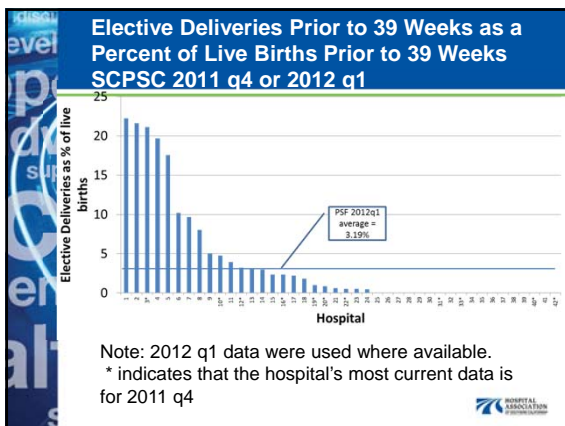


PGAD: Number of hospitals with data per Region

	2009				2010				2011
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
PSF	8	9	9	11	28	30	26	22	18
SCPSC	4	5	5	6	21	20	19	16	13
HASDIC									
HCNC	4	4	4	5	7	10	7	6	5









Recognition...

... of YOUR achievement!



Where do we go from here?

- The 2013 Collaborative Year
 - Bringing your whole Patient Safety First (PSF) Team together- Sepsis, C.Diff, Surgical Safety, EED
 - Emphasis on achieving reliability, culture change, a patient-centered approach, and teamwork training
- Four meetings with afternoon breakouts
 - March 12 – Kickoff – Pacific Palms
 - July 16 – at the Orange County Hyatt
 - November 5 – at the Quiet Cannon
 - March 11 – Conclusion – location TBD
- ❖ Data collection s key!



EEED – Let's sweep CA

