Supporting Vaginal Birth and Reducing Primary Cesareans Quality Collaborative FAQs

Key Points to Consider:

Scope of the Problem:

- The Healthy People 2020 recommendation for a hospital's Nulliparous Term Singleton Vertex (NTSV) cesarean rate is to be at or below 23.9%
- NTSV cesarean rates are higher than the recommendations for 60% of CA hospitals.
- NTSV deliveries are among the lowest risk deliveries, but cesarean delivery places women at high risk for complications and future repeat cesareans.
- Increased rates have shown no benefit to mothers or infants delivered via NTSV cesarean

What are we trying to accomplish?

- The goal of the collaborative is to help participating hospitals reduce their NTSV cesarean rate to the Healthy People 2020 goal of less than 23.9% during the one year improvement engagement.

How will we accomplish it?

- The California Maternal Quality Care Collaborative (CMQCC) is offering an implementation collaborative at NO COST to your hospital through a grant from the California Health Care Foundation.
- The Collaborative will help your hospital translate the new Supporting Vaginal Birth and Reducing Cesareans Toolkit recommendations into practice.
- Collaborative participants will work together over a one year period to overcome barriers and quality improvement challenges through in-person and virtual learning sessions, access to national and local experts, individualized mentor support and quality improvement decision support through data analytics.
- Collaborative hospitals will receive individualized support in a small group setting from state and local physician and nursing mentors.
- Collaborative participants will assemble a quality improvement team to implement key elements of the toolkit – known as the "bundle elements"

Detailed Information:

What is the Promoting Vaginal Birth and Reducing Cesareans Collaborative?

- *The Promoting Vaginal Birth and Reducing Primary Cesareans Quality Improvement Collaborative* is a multi-stakeholder, multi-hospital effort to promote vaginal birth and reduce unnecessary Cesarean deliveries in California. It is being led by the California Maternal Quality Care Collaborative (CMQCC), an organization with proven success and experience driving improvement in hospitals through statewide collaboratives and rapid-cycle data analytics.
- The Collaborative is supported by leaders from the California American College of Obstetricians and Gynecologists (ACOG), California Association for Women's Health, Obstetric and Neonatal Nurses (AWHONN), and California American College of Nurse Midwives (ACNM).
- The Collaborative activities will assist hospitals across the state of California to reduce nulliparous term singleton vertex (NTSV) cesareans through the implementation of the patient safety bundle developed by the Council on Patient Safety for Women's Health, as well as through the use of the Supporting Vaginal Birth and Reducing Primary Cesareans Toolkit, developed by CMQCC.
- Both the Toolkit and the Collaborative are funded by a grant from the California Health Care Foundation.

What is the goal of the collaborative?

- The goal of the Collaborative is to help participating hospitals reduce their NTSV cesarean rate to the Healthy People 2020 goal of less than 23.9% during the one year improvement engagement.

Why is there a focus on Nulliparous Term Singleton Vertex (NTSV) cesarean deliveries?

- NTSV cesarean deliveries account for 40% of cesarean births and for more than 60% of the overall rise in CS rates. First-time mothers have the highest risk for cesarean deliveries, and after a first cesarean, subsequent deliveries are highly likely to be by repeat cesarean. California's average NTSV cesarean rate is 27.3%, and the high variation across California hospitals (10% to 70%) represents substantial improvement opportunities.

- For most low-risk NTSV births, cesarean delivery creates more risk – more hemorrhage, uterine rupture, placenta abnormalities, higher risk for infection, venous thromboembolism, readmission and cardiac events with current and future pregnancies.
- The rise in NTSV cesareans has not added any benefits to mothers or improved outcomes for neonates.

Why should your hospital get involved?

- Stakeholders across the state such as Covered CA, MediCal, CalPERS and the California Department of Public Health are now taking notice of cesarean delivery rates – this is the hospital's opportunity to get a head start on an improvement effort that will continue to have high visibility for payers, accrediting bodies and patients across the country.
- Participation in a Quality Improvement Collaborative gives a hospital the ability to move from the knowledge "that" they should be performing critical steps to improve rates, to the knowledge "how" to implement recommendations with practical advice from others who have been successful.
- Respect for the mothers and newborns of California in the commitment to use evidence-based care to reduce morbidity associated with Cesarean delivery.

How is the Collaborative structured?

- The Collaborative is structured to include in-person and virtual learning sessions, as well as small group sharing and mentoring with local experts. The mentor model pairs an obstetric physician with an obstetric nurse who facilitate monthly web based calls with their team of five to seven hospital quality improvement teams. In addition, the mentor leaders provide accessible clinical and implementation expertise to their assigned teams.
- Other experts in patient safety, implementation, quality improvement, and data analytics will provide assistance to hospital teams during the Collaborative. This is accomplished through monthly web based calls, as well as other educational opportunities both virtual and on site to work with hospitals to decrease NTSV cesarean rates.

CMQCC Supporting Vaginal Birth and Reducing Primary Cesareans Quality Improvement Collaborative

CMQCC
California Maternal
Quality Care Collaborative

What will the Supporting Vaginal Birth Collaborative offer your hospital?

- A framework of support to implement the Supporting Vaginal Birth by Reducing Primary Cesareans Toolkit, developed by a taskforce of maternal health experts from across the state. The Toolkit outlines recommendations for implementation of practice bundle elements, including:
    - **Readiness** – Developing a maternity culture that values, promotes and supports intended vaginal birth
    - **Recognition and prevention** – General labor support
    - **Response** to every labor challenge – Management of labor abnormalities
    - **Reporting** – Using data to drive improvement
- Identification of clinical and culture gaps for prioritized focus
- Mentor support for implementation of practice bundle elements which includes:
    - Mentor leader team of a physician and nurse who will facilitate monthly web-based meetings; implementation support and clinical guidance
- In person and virtual learning sessions
- Use of the CMQCC Maternal Data Center to track and benchmark your institutions' data for NTSV cesareans in real time, as well as over 30 other hospital clinical performance measures with the ability to utilize statewide comparative data and drill down data analysis to the provider and provider group levels.
- The opportunity to improve further, faster by working collaboratively with others who have shared similar challenges and barriers to improvement.

What does my hospital have to commit to in order to participate?

- Completion of the QI Collaborative Application and Hospital Commitment Letter signed by all members of the Perinatal Quality Improvement team and a member of the hospital's senior management team.
- Commitment of a complete Perinatal Quality Improvement team - minimally inclusive of physician champion(s), nursing leaders, bedside staff, quality improvement personnel, and hospital leadership/administrators. Additional members are invited to participate based on hospital resources and preferences.
- Completion of a Quality Improvement readiness assessment questionnaire to evaluate your team's readiness for quality improvement activities. QI Readiness Assessment will be sent to hospitals upon receipt of the QI Collaborative Application and Hospital Commitment Letter.
- Completion of a clinical assessment of recommended bundle elements / gap analysis to identify areas within the Promoting Vaginal Birth bundle where hospitals should be focusing their efforts to reduce NTSV cesarean rates

- Completion of a Birth Attitudes survey as part of the completion of the bundle elements
- Commitment to automated and limited manual data submission and evaluation through the Active Track CMQCC Maternal Data Center
- Attendance and participation in monthly mentor web-based team calls. Each monthly call is one hour in length and is scheduled per each teams' meeting preference – i.e. recurring day and time each month.
- Consistent efforts to implement bundle elements.

How many hospitals can participate and what are the eligibility requirements?

- Currently, funding for this project from the California Health Care Foundation will accommodate 65 California hospitals interested in collaborating with others on the journey towards reducing NTSV cesarean rates and improving associated maternal morbidity.
- While the focus is statewide, the rollout of the Collaborative will be done in stages, starting primarily with hospitals in Southern California to have a concentrated opportunity to impact overall statewide rates given that this geographic area has the highest rates of birth and high C-section rates. This first stage will be called Round 1.
- The second stage, which will begin in the Fall of 2016, will be a broader focus statewide and will be called Round 2.
- Hospitals in California that have NTSV cesarean delivery rates above the goal of 23.9% are eligible to participate in the Collaborative.
- Hospitals that are meeting the goal already may also be interested in participating by providing a physician and/or nurse mentor to assist Collaborative hospitals

How much will it cost to participate?

- Participation in the Collaborative is free to hospitals due to a grant funded by the California Health Care Foundation.
- While there is no cost to participate, hospitals will be expected to provide the resources necessary for success by activating clinician and nursing champions, as well as allocating resources for education and data abstraction activities.
- Participating hospitals will be required to submit a Quality Improvement Application and Hospital Letter of Commitment signed by all members of their perinatal quality improvement team and hospital leadership demonstrating a commitment to participation in educational events, data submission through the Maternal Data Center and collaboration with other participating hospitals.

What is the Collaborative timeline?

January – April 2016

- Introduction to the resources in the Supporting Vaginal Birth and Reducing Primary Cesareans Toolkit through informational webinars, updates on the website and individualized communication with birthing hospitals.

May 2016 – June 2017

Round 1 – The first group to begin the QI Collaborative will be a group of up to 30 hospitals primarily from Southern California

- Collaborative improvement work phase and steps toward implementation of the bundle elements with resources from the toolkit, recommendations through a CMQCC mentor model, data analysis, and larger group virtual and regional in-person learning sessions.

October 2016 – September 2017

Round 2 – The second group to begin the QI Collaborative will be another group of up to 35 hospitals from across the state of California

- Collaborative improvement work phase and steps toward implementation of the bundle elements with resources from the toolkit, recommendations through a CMQCC mentor model, data analysis, and larger group virtual and regional in-person learning sessions.

How can my hospital apply to participate or learn more?

- Hospitals that are interested in participation should identify the Perinatal Clinical Quality Team leaders, and e-mail a copy of the QI Collaborative Application and Hospital Commitment Letter as well as any questions to Kim Werkmeister, kwerkmeister@cmqcc.org or Julie Vasher, jvasher@cmqcc.org.