



New York State
Partnership
for Patients
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New York State
nyspqc
Perinatal Quality Collaborative

The *New York State Perinatal Quality Collaborative (NYSPQC) Obstetrical Improvement Project* is a statewide initiative begun by the New York State Department of Health (DOH) to improve perinatal outcomes by reducing scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks gestation. Through this initiative, the NYSPQC has already achieved significant success, including reduction of scheduled cesarean sections and inductions without medical indication in seventeen Regional Perinatal Centers in New York State. To better align and coordinate obstetrical safety and quality improvement activities throughout New York State, the DOH has partnered with the New York State Partnership for Patients (NYSPFP) to implement the NYSPQC *Obstetrical Improvement Project* in all New York State birthing hospitals.

The NYSPQC Obstetrical Improvement Project's Goals are:

- To reduce the number of scheduled deliveries performed without medical or obstetrical indication between 36 0/7 and 38 6/7 weeks gestation; and
- To improve maternal and newborn outcomes.

Hospitals participating in the NYSPQC Obstetrical Improvement Project will achieve these goals by working towards the following objectives:

- Establish a baseline scheduled delivery rate between 36 0/7 and 38 6/7 weeks gestation.
- Reduce all scheduled deliveries without medical indication between 36 0/7 and 38 6/7 weeks gestation to 5% or less.
- Increase documentation of maternal and fetal indications for scheduled deliveries to 100%.
- Increase documentation of assessment of gestational age using optimal criteria¹ to 100%.
- Reduce number of infants delivered by scheduled delivery without medical indication between 36 0/7 and 38 6/7 weeks gestation who were admitted to the NICU by 75%.
- Increase documentation of discussion with expectant mother about the risks and benefits of scheduled deliveries at 36 0/7 to 38 6/7 weeks to 100%.

The NYSPQC Obstetrics Improvement Project will have the following Implementation Timeframe:

- June – July 2012: Assess current practices, establish baseline rates and participate in “kick off” educational activities.
- August 2012 – November 2013: Implement evidence-based guidelines/protocols and participate in monthly educational webinars focused on various components of perinatal safety and to share best practices strategies and challenges.
- Ongoing through November 2013: Sustained project management support and technical assistance.

¹ Optimal criteria for assessment of gestational age include: 1) first or second trimester ultrasound < 20 weeks; 2) fetal heart tones documented for 30 weeks by Doppler ultrasonography; or 3) 36 weeks since positive serum/urine human chorionic gonadotropin pregnancy test result.

Hospitals participating in the NYSPQC Obstetrical Improvement Project will employ the following measurement strategy:

- “Pre-work” data collection to determine a baseline rate of scheduled deliveries without a medical indication between 36 0/7 and 38 6/7 weeks gestation.
- Assessment of current perinatal practices at baseline and post-intervention for comparison and to identify successes and additional areas in need of improvement.
- Monthly data collection:
 - Process Measures*
 - Percent of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation without documentation of medical indication for scheduled delivery.
 - Percent of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation with documentation of gestational age assessment that meets optimal criteria¹.
 - Percent of mothers informed, with documentation in medical record, of risks and benefits of scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation.
 - Outcome Measures*
 - Percent of total deliveries of live or still born infants between 36 0/7 and 38 6/7 weeks gestation that are scheduled deliveries.
 - Percent of infants delivered by scheduled delivery without appropriate medical indication between 36 0/7 and 38 6/7 weeks gestation who were admitted to a neonatal intensive care unit for at least four hours.

Hospitals participating in NYSPQC will have the opportunity to further their safety goals by implementing a set of “obstetrical safety bundles” that may include the following components of care:

Consider implementation of a “hard stop” on all scheduled deliveries between 36 0/7 and 38 6/7 weeks gestation.

Common elements:

- Monitoring fetal heart rate
- Assessment of pelvis to determine dilation, effacement, station, cervical position and consistency, and fetal presentation
- Monitoring and management of hyperstimulation (tachysystole)

Induction Specific:

- Assessment of gestational age

Augmentation Specific:

- Documentation of estimated fetal weight

- Initial and periodic assessment of safety culture
- Ongoing formal team training (e.g., Team STEPPS) for perinatal staff that includes standardized communication strategies for “hand offs”, critical situations and escalating cases
- Ongoing training to ensure staff proficiency in interpreting electronic fetal monitor tracing
- A “rapid response” approach to emergent perinatal situations

For more information on the NYSPQC, please visit the NYSPFP Web site: <http://www.nyspfp.org>.