

Networking Improves Care for Women & Infants

Rita Allen Brennan DNP, RNC-NIC, APN/CNS¹, Dawn E. Reimann DNP, RNC-NIC, APN/CNS², Patricia M. Prentice BSN, MBA, RN², & Angela C. Rodriguez BSN, RNC, CCRC³
Rush University Medical Center/ Advocate Illinois Masonic Medical Center Co-Perinatal Center

Background

- Illinois has a regionalized perinatal system with 10 networks. There are 3 perinatal care levels in IL. Level III is the highest level. All hospitals receive a perinatal designation and are assigned to a Perinatal Center.
- The Statewide Quality Council establishes quality initiatives that are to be instituted within each birthing hospital. Each perinatal network coordinates these initiatives for member hospitals through the Regional Quality Council (RQC).
- This Co-Perinatal Center is unique among the ten networks as the Chair of the RQC is a Nursing Leader from a community hospital.

- Two recent evidence-based initiatives
 - Early elective deliveries (EED)** between 37-38 6/7 weeks gestation.
 - Evidence-based breastfeeding hospital initiative (EBBHI).**

Problem

Baseline data collected by our Network RQC for these two key perinatal measures (EED & EBBHI) demonstrated that improvement was needed.

Specific Aims

- Improve outcomes for women & infants cared for in Perinatal network hospitals.
- Collaborate with network hospitals on improvement strategies.
- Meet state quality improvement requirements.

Method

IHI Improvement Model- Plan-Do-Study-Act (PDSA)

- Plan: Develop process measures for each initiative. Create policies.
- Do: Hospitals to implement initiative including policies related to initiative. Quantitative data tools developed.
- Study: Data submitted to RQC chair. Aggregated data shared with hospitals.
- Act: Each hospital developed individual action plan.

Implementation Strategies

- Engagement of hospital administration.
- The hospitals developed implementation teams.
- The perinatal network assisted and monitored progress for each hospital.
- Barriers and challenges, as well as successes, were presented to and shared amongst the network hospitals.
- Mentoring available to hospitals.
- Project data submitted to Perinatal Center.
- Aggregated data is shared with all hospitals.

EED background

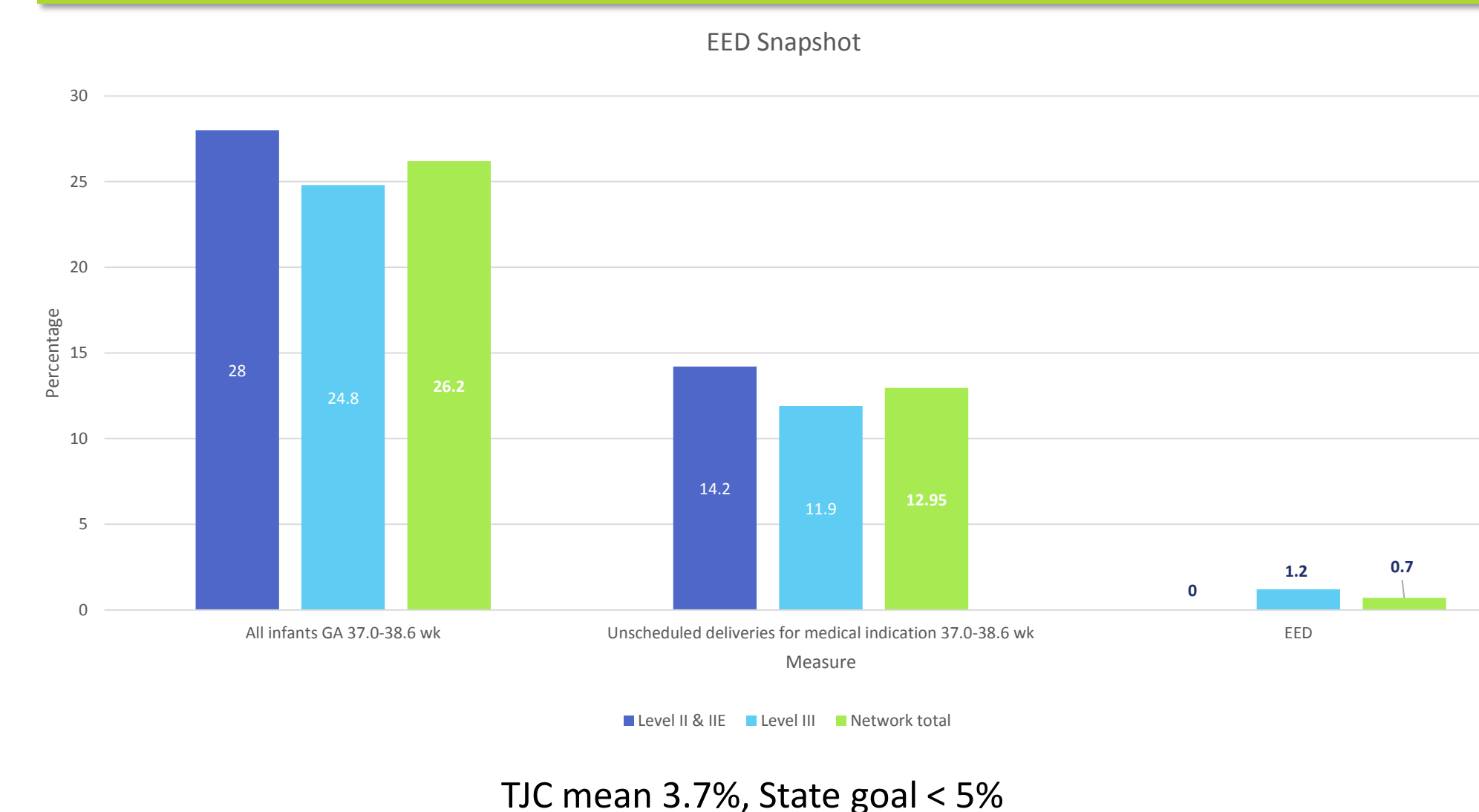
National goal to reduce early elective deliveries.

Methods

Survey sent to all member hospitals. Survey included information pertaining to all deliveries for the month of June 2014. Deeper dive into deliveries between 37 0/7 and 38 6/7 weeks gestation.

Data collection (37-38 wks gestation)	
MRN	Lab or other data to support diagnosis
Provider name	Prenatal records available at time of scheduling
Scheduled induction or C/S	Hard-stop consult
Gestational age	Hard-stop have access to medical record
Date confirmed by US	Delivery outcomes
OB or Medical indication	NICU or SCN admission

Results



Analysis

Variations between hospitals within a level
 II range 11.6-33.5 early term deliveries (all)
 III range 10.6- 21.3 early term deliveries (all)
 Level II has more variation.
 Level II hospitals have higher number of early-term deliveries.
 Hardstop policy not consistently utilized.
 One month of data- may not be typical of practice.

EBBHI background

In late 2011, hospitals throughout the state were charged with complying to the breastfeeding initiative. Components include:

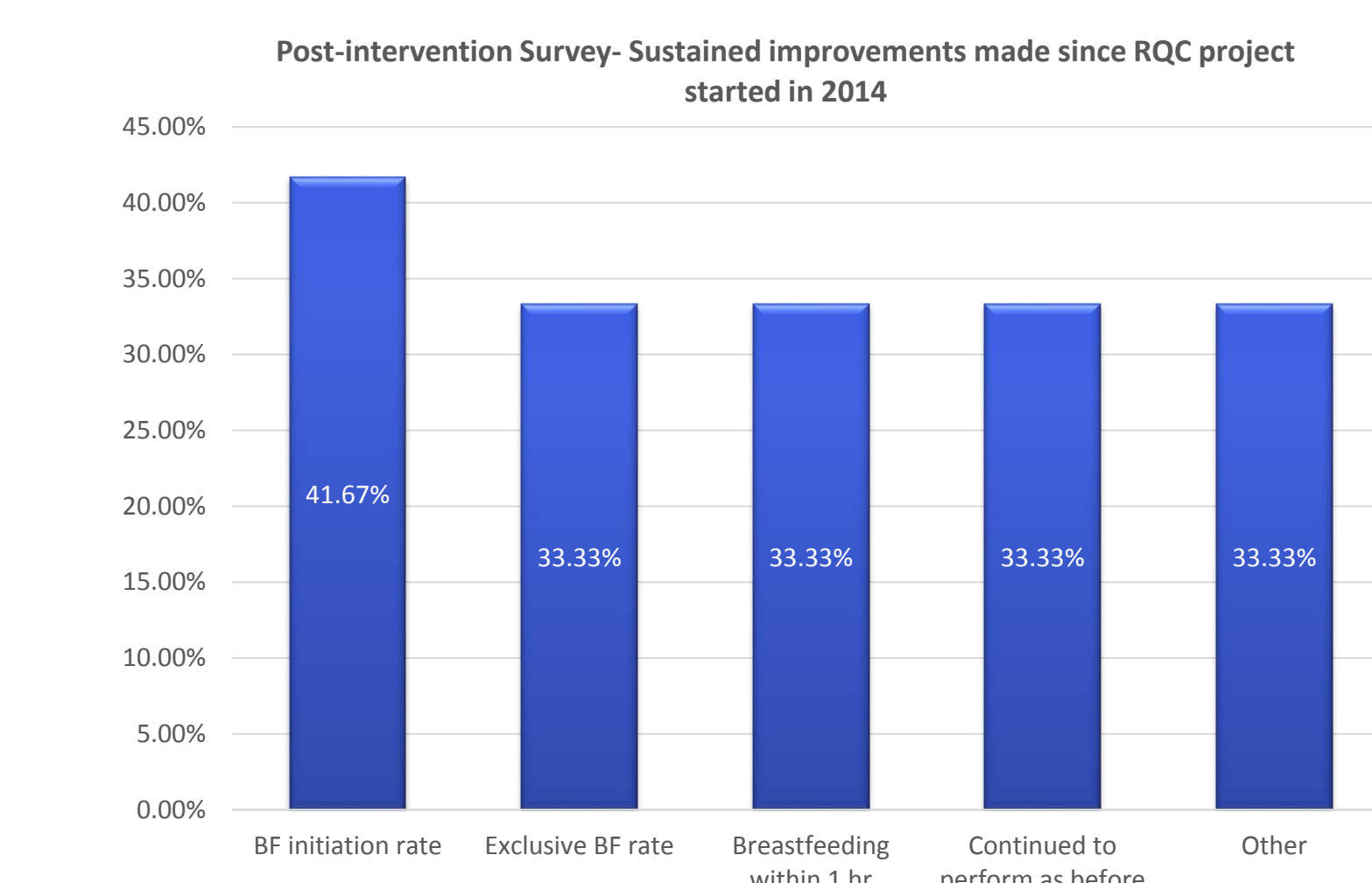
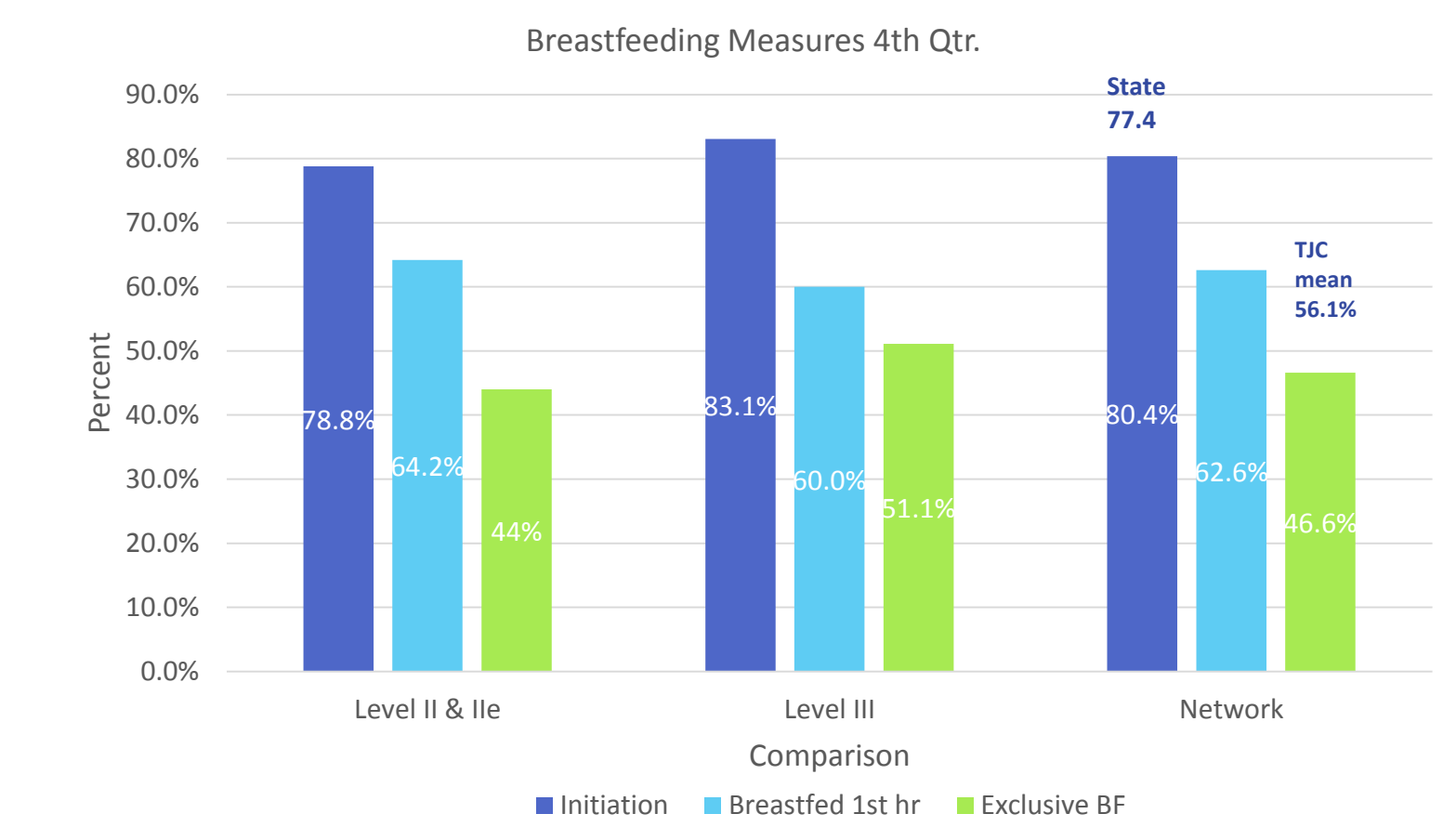
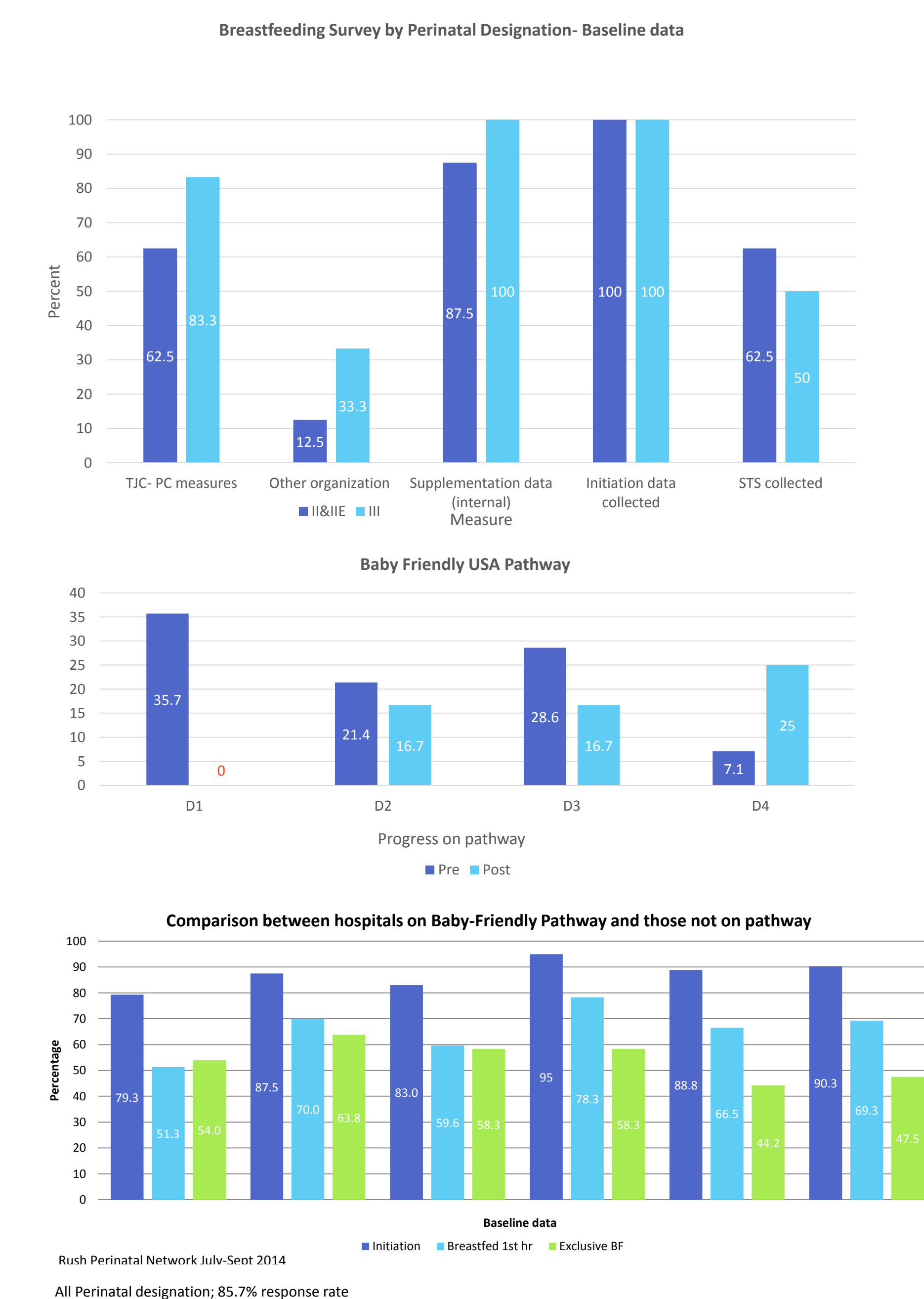
Evidence-based Breastfeeding Hospital Initiative Components	
BF policy developed	Staff training completed
Patient education promoting BF	Breastfeeding initiation within 1 hr.*
Maintaining lactation during maternal/infant separation	Reduce non-medically indicated supplementation*
Breastfeeding on demand	Rooming-in
Breastfeeding support group established	Avoid pacifiers and artificial nipples

- 2012- Hospital program development including policies and procedures to support breastfeeding.
- 2013- Narrative reports sent to the Perinatal Center on progress towards goals.
- 2014- Data collection initiated. * Measures

Methods

- Initial survey –
 - Submitting data to TJC Perinatal Core Measures or other quality organization.
 - Internal data measures
 - Baby-Friendly designation or progress
- Monthly internal breastfeeding data
 - First 20 infants who meet inclusion criteria – term, singleton, healthy newborn
 - Breastfeeding initiation rate
 - Exclusive breastfeeding rate
 - Sent data quarterly
- Survey at completion

Results



Analysis

- Overall network breastfeeding initiation rate stable.
- Exceeds state mean.
- Opportunity to improve exclusive breastfeeding rate.

Discussion

- The network has met or exceeded state established goals for each project.
- All hospitals have < 5% early elective delivery rate.
- Hospitals also have implemented the evidence-based breastfeeding initiative.
- 64.3% hospitals are on the Baby-Friendly pathway and have made progress on pathway to designation
- Results for the quality initiatives are included when site visits are conducted for redesignation.

Conclusion

- Implementation of quality or evidence-based projects can successfully be implemented with the perinatal network structure.
- By networking with other hospitals, improvements can be made.
- Learning can be implemented and barriers can be overcome.
- Establishing these as statewide quality projects adds credence to the importance of the work, and compliance with such initiatives.

References

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