



MHA Keystone: OB Project

Michigan Infant Mortality Reduction Plan Update

November 7, 2013

Presented by: Ron Hubble

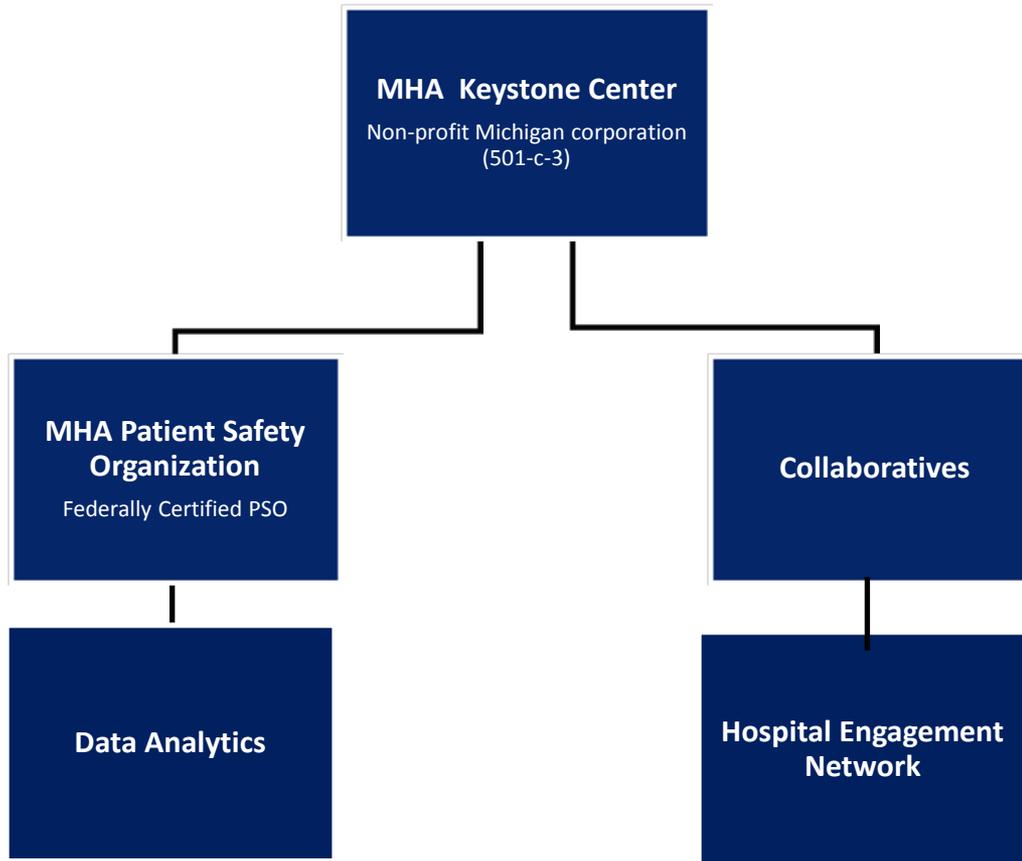


MHA
Keystone Center

Overview

- MHA Keystone Center Structure
- MHA Keystone Approach: 4E's
- Keystone: OB Overview
- Non-Medically Indicated Deliveries < 39 Wks

MHA Keystone Center



MHA Keystone Approach: 4 E's

Senior Leaders – Team Leaders – Frontline Staff

Engage (adaptive)	How does this improve our current situation? <i>Opportunity calculator, stories of harm</i>
Educate (Technical)	What do we need to know? <i>Educate staff and work to improve communication among providers – Original papers, fact sheet, slides</i>
Execute (adaptive)	What do we need to do? What keeps me from doing it? <i>Standardize, create independent checks, learn</i>
Evaluate (technical)	How do we know we improved safety? <i>Measure, Measure, Measure</i>

MHA Keystone: OB Overview

- Collaborative was created in 2008
- 67 of the 83 Michigan birthing hospitals participate.
- More than \$1.7 million were saved in 2011 by reducing the number of non-medically indicated deliveries before 39 weeks
- Michigan hospitals have reduced the number of babies admitted to the NICU by 35% from first quarter 2010 through first quarter 2013.
- Resulting in savings of nearly \$15 million in healthcare costs.

Keystone: OB Overview

- **Elimination of non-medically indicated deliveries before 39 weeks gestation**
- Standardization of Oxytocin administration
- Appropriate identification and intervention of tachysystole

Keystone: OB Overview

The Joint Commission Journal on Quality and Patient Safety

Performance Improvement

Michigan Health & Hospital Association Keystone Obstetrics: A Statewide Collaborative for Perinatal Patient Safety in Michigan

Kathleen Rice Simpson, Ph.D., R.N.C., F.A.A.N.; G. Eric Knox, M.D.; Morgan Martin, M.H.A.; Chris George, R.N., M.A.; Sam R. Watson, M.S.A.

In 2003 the Michigan Health & Hospital Association (MHA) Keystone Center for Patient Safety & Quality began a quality improvement (QI) collaborative to reduce ventilator-associated pneumonia and catheter-related blood stream infections in patients in intensive care units (ICUs) while improving culture by using the Comprehensive Unit-based Safety Program (CUSP) developed by Pronovost et al.¹ The collaborative, MHA Key-

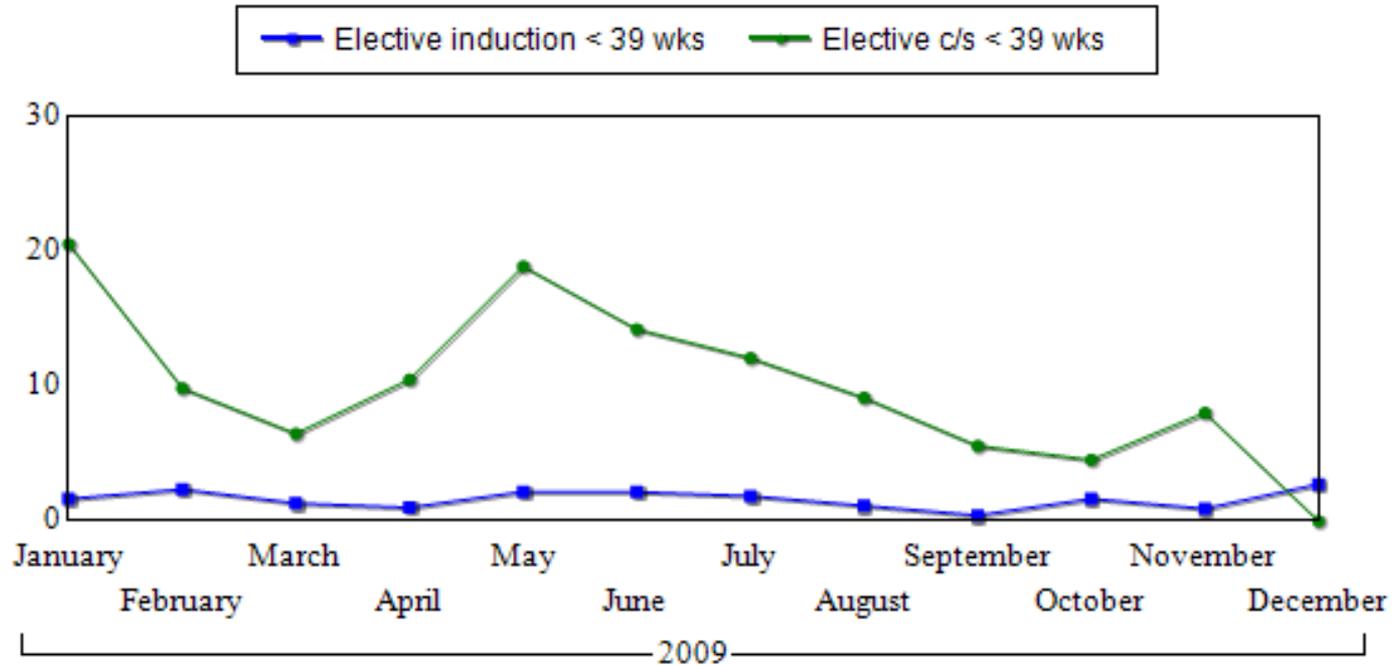
Article-at-a-Glance

Background: Preventable harm to mothers and infants during labor and birth is a significant patient safety and professional liability issue. A Michigan Health & Hospital Association Keystone Center for Patient Safety & Quality Obstetric Collaborative Project involved perinatal teams

Non-Medically Indicated Deliveries

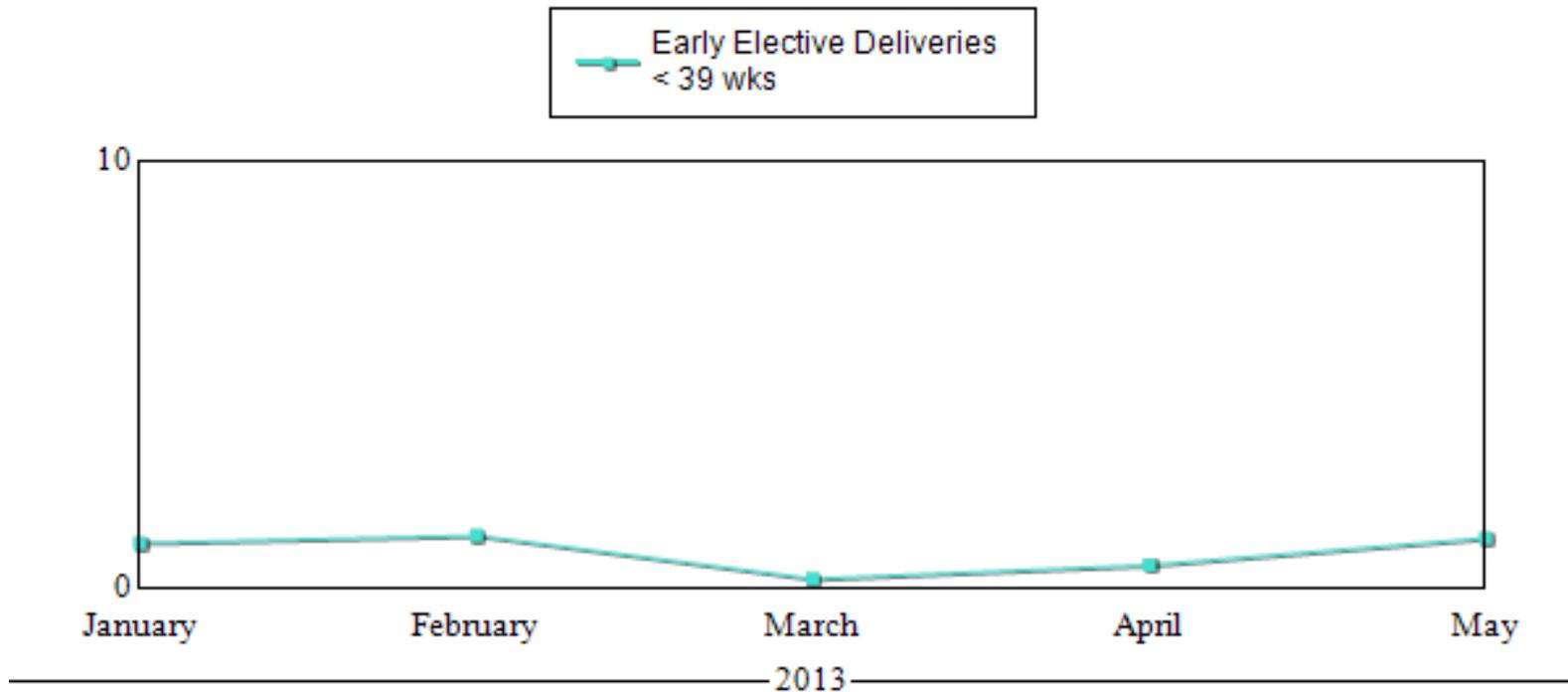
< 39 Wks

(2010 : Pilot Birthing hospitals)



Non-Medically Indicated Deliveries < 39 Wks

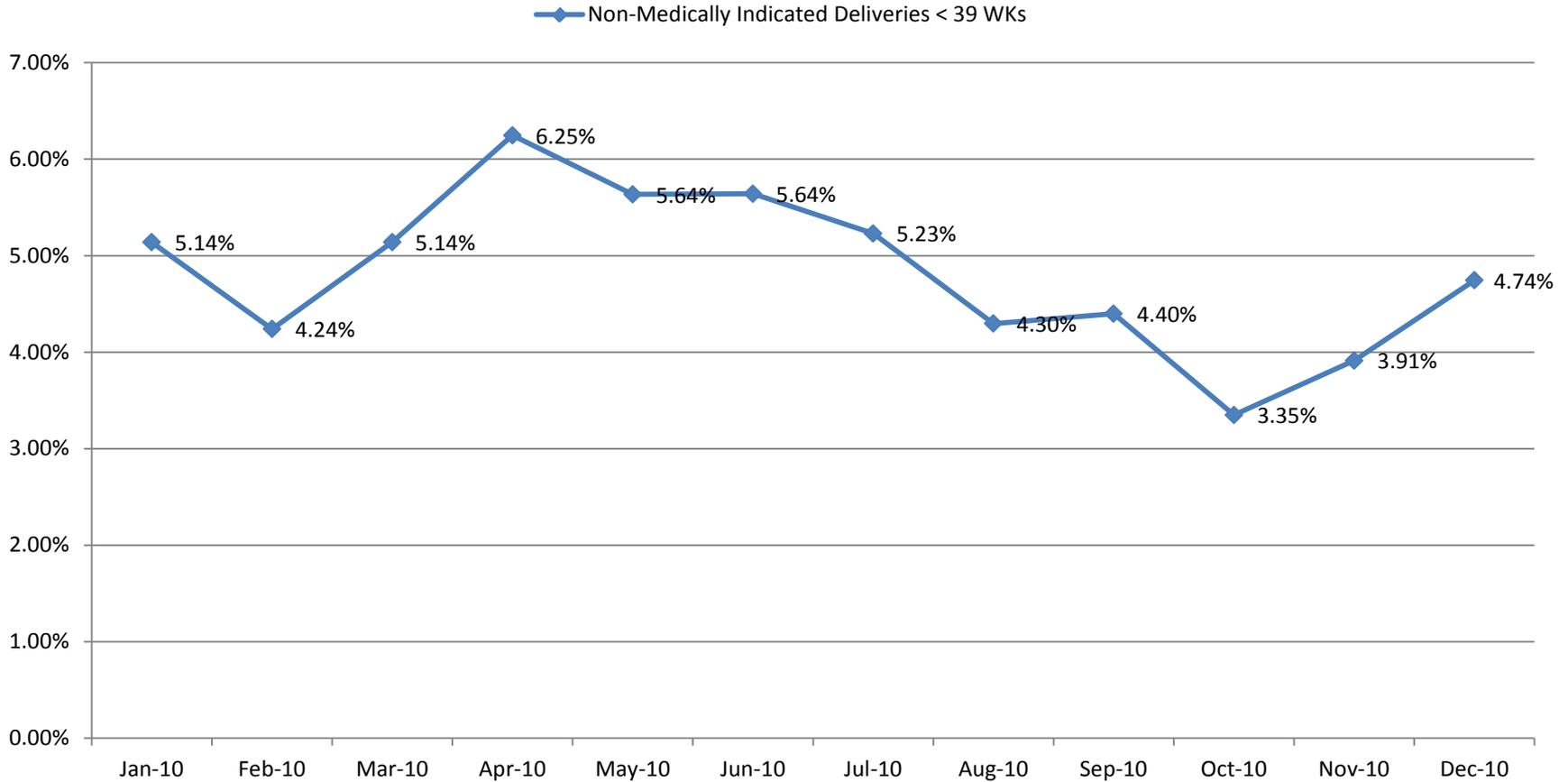
(2010 : Pilot Birthing hospitals)



Non-Medically Indicated Deliveries < 39 Wks

(2010 : 63 Birthing hospitals)

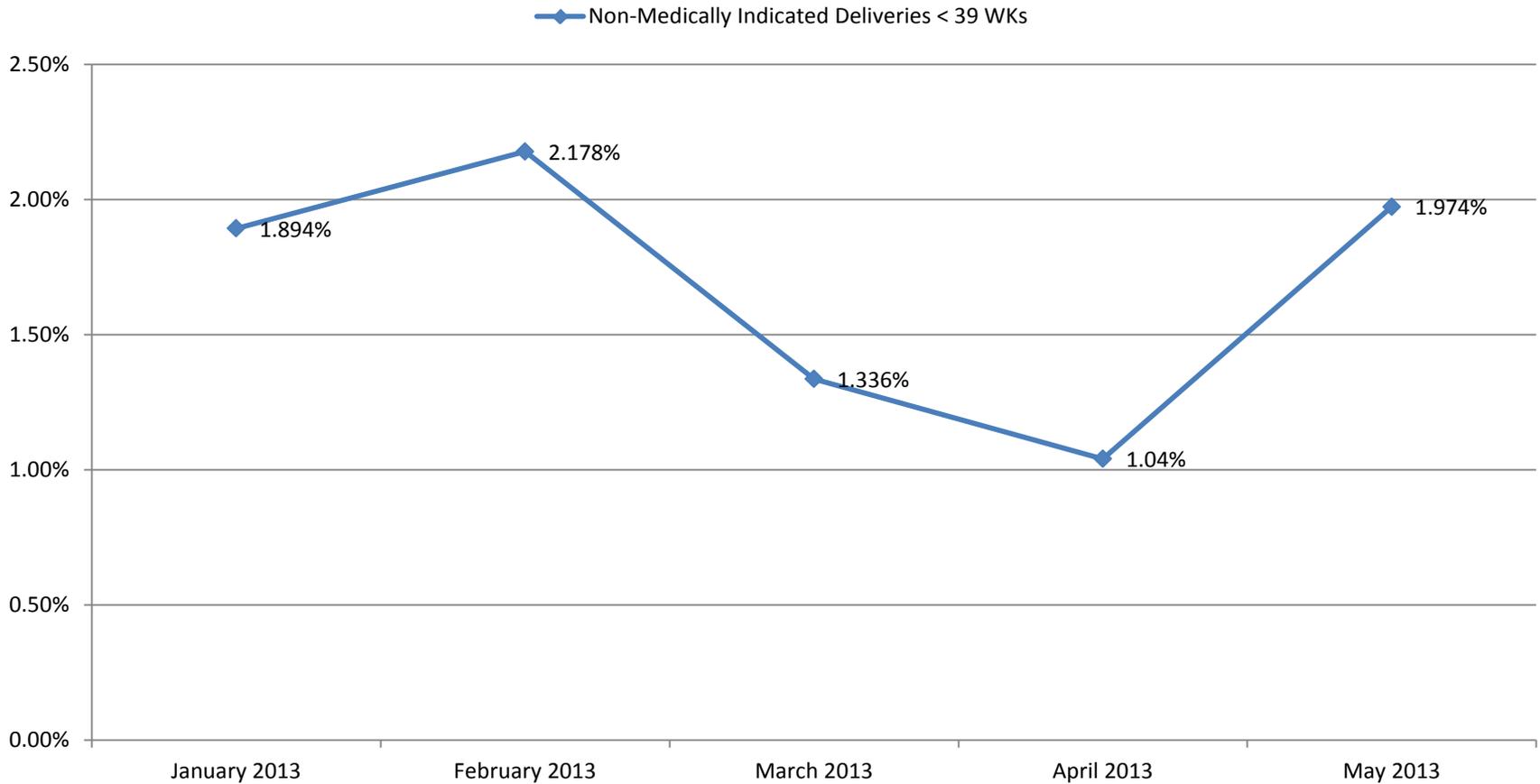
Non-Medically Indicated Deliveries < 39 Wks



Non-Medically Indicated Deliveries < 39 Wks

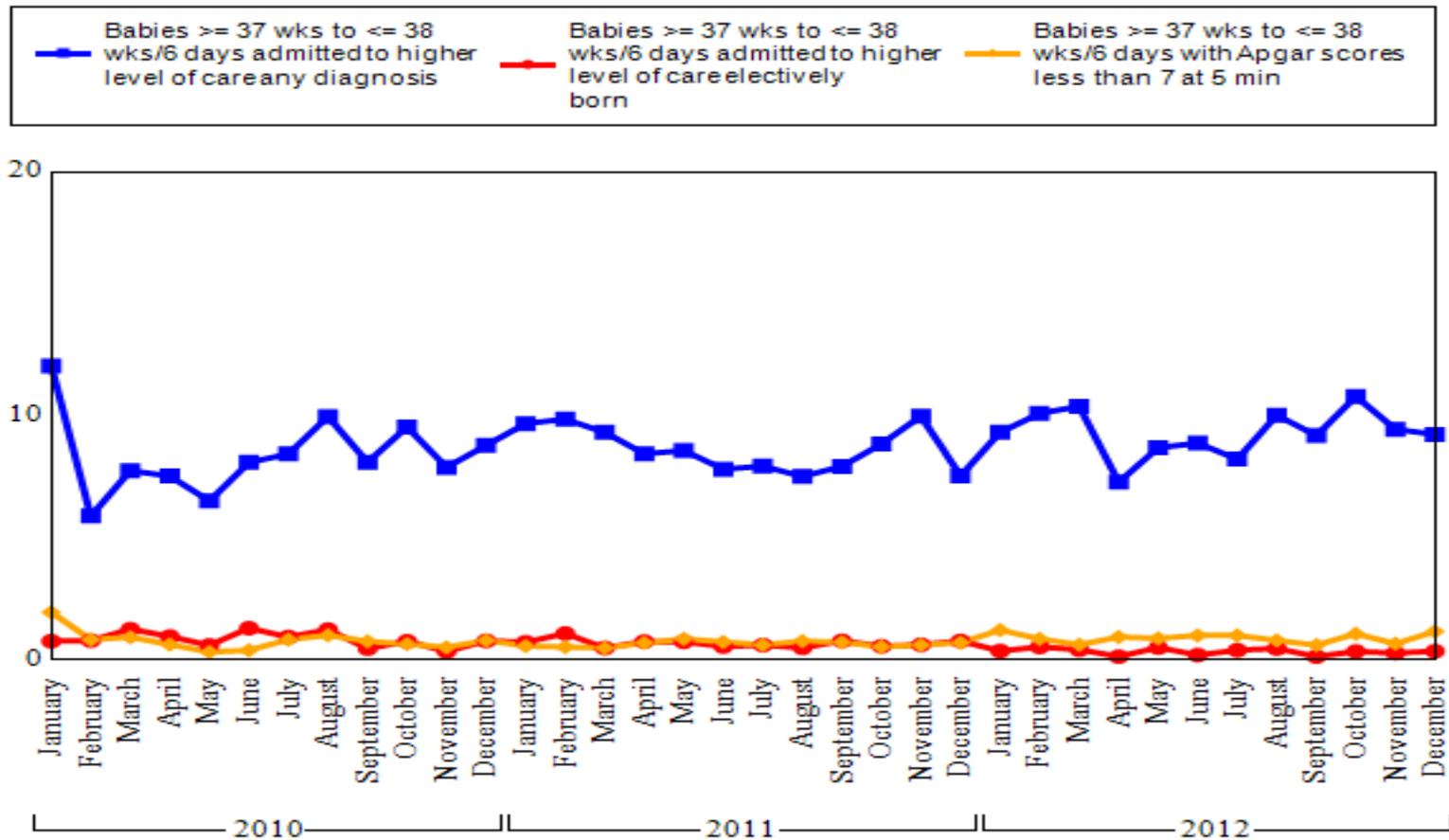
(2013: 67 Birthing Hospitals)

Non-Medically Indicated Deliveries < 39 Wks



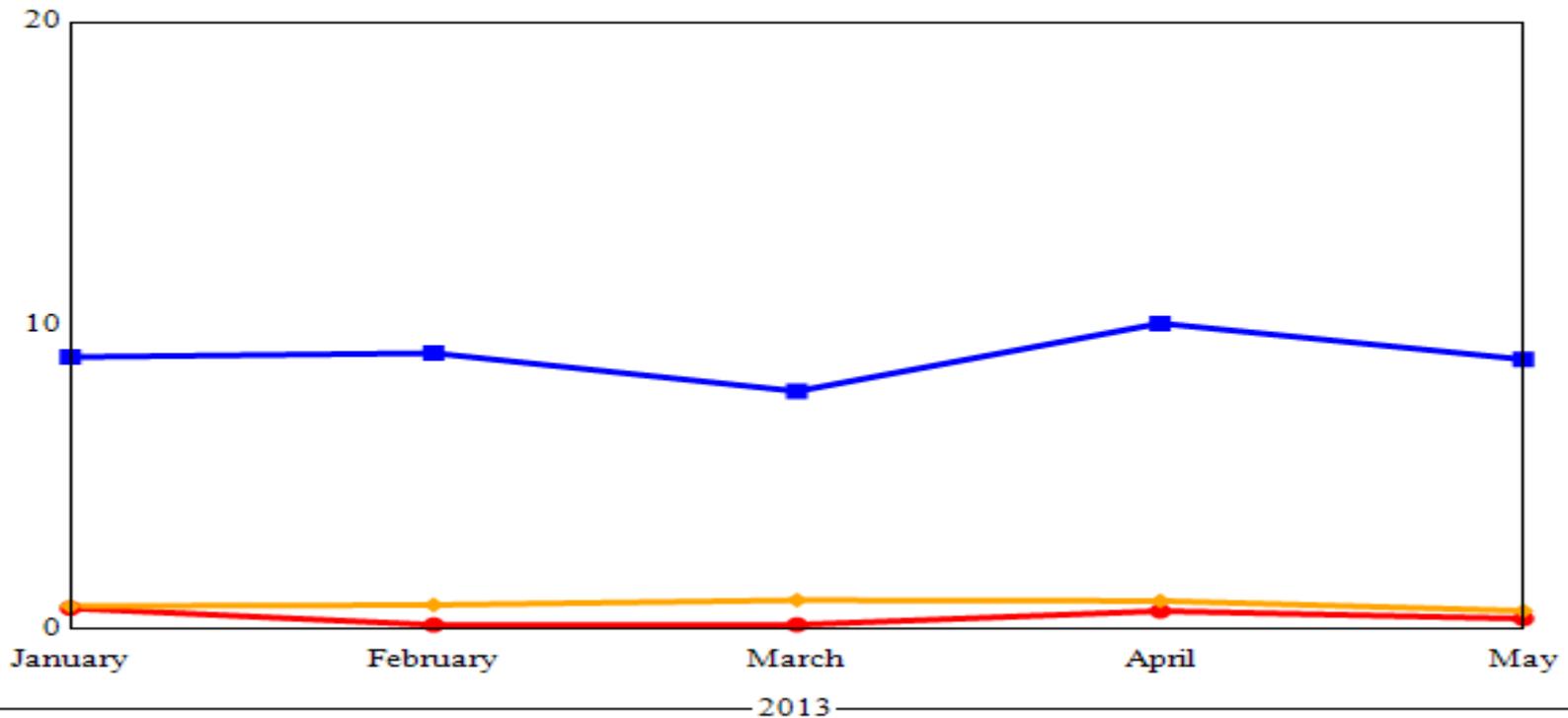
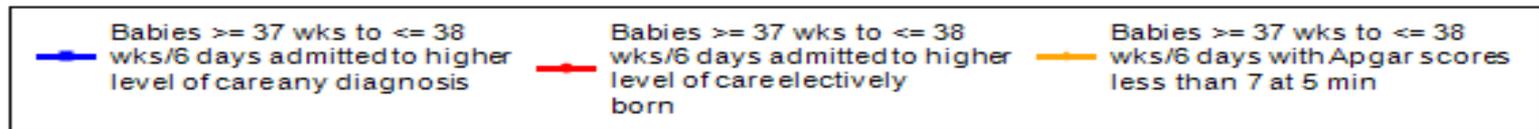
Outcome Metrics

(1/2010 – 12/2012)



Outcome Metrics

(1/2013 – 5/2013)





March of Dimes Celebrating 75 Years

Healthy Babies are Worth the Wait

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Kara Hamilton-McGraw

Reducing Early Elective Deliveries



MOD 39+ Weeks Messaging



Healthy Babies are Worth the Wait® is the consumer-friendly name for key Prematurity Campaign activities focused on preventable preterm birth.



HBWW Education Campaign

The campaign has two key messages:

- 1) Babies need at least 39 weeks to develop;
- 2) If your pregnancy is healthy, it's best to wait for labor to begin on its own.



HBWW Activities

- It includes the Healthy Babies are Worth the Wait® (HBWW) Education and Awareness Campaign, Quality Improvement to reduce elective deliveries before 39 weeks, and the HBWW Community Program.
- The MOD/ASTHO pledge to reduce preterm birth by “8% by 2014” can help drive a chapter’s HBWW efforts.

ASTHO Challenge

- Partnered with the Michigan Department of Community Health and the Michigan Hospital Association
- Challenge is to reduce premature birth by 8% in Michigan by 2014.
- Activities: Hospital CEO and administrator engagement, health dept. engagement and local OB/GYN engagement.

QISP: Flint, Hurley Hospital

Quality Improvement Service Package

- Hurley Hospital applied to our national office for the Quality Improvement Service Package
- The program implements a “hard stop” hospital policy regarding early elective deliveries (EED’s) prior to 39 weeks without medical need.
- There is a data collection process to measure results and success
- There is a strong continuing education and professional networking component
- Will share results when known

Strategic Mission Investment

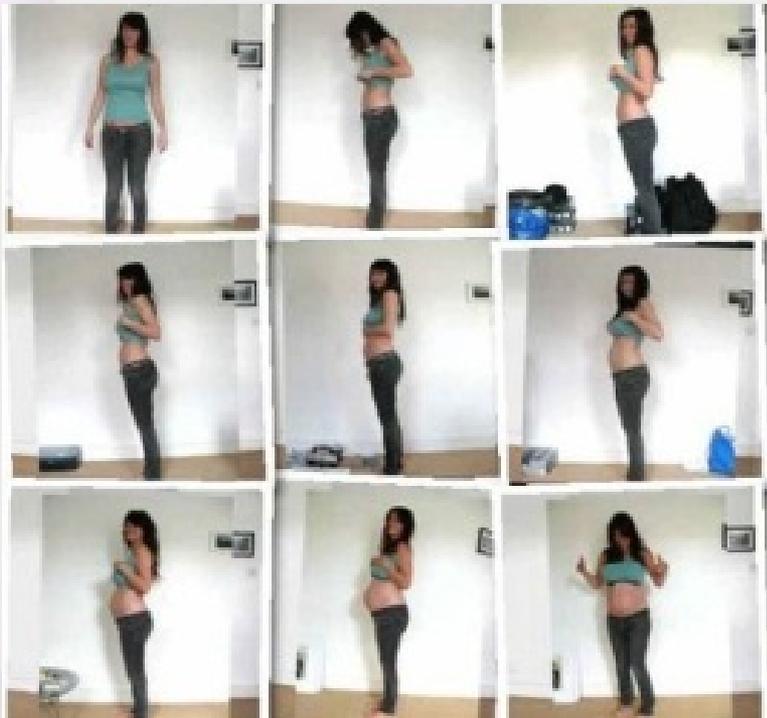
Michigan's Focus:

Enhance/ Create consumer education and provider tools to reduce early elective deliveries

- First discussion around plan design will be at the PSC retreat on August 9th
- To this point we have been working with a state epidemiologist team (MPHI; gap analysis) and a federal researcher from U of M



Time Lapse PSA



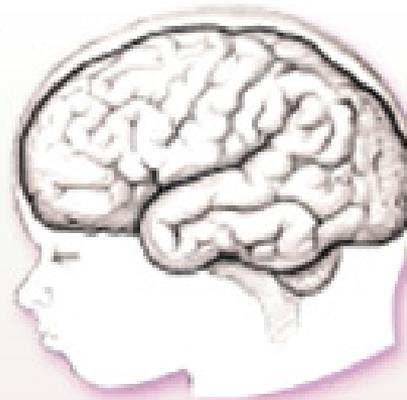
http://www.youtube.com/watch?v=SSLhlfV2jPg&feature=player_detailpage

Patient Education

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.



35 weeks



39 to 40 weeks

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Thank you!

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