Overview

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

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

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., E.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. The collaborative, MHA Keystone 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

(2013: 67 Birthing Hospitals)

Non-Medically Indicated Deliveries < 39 WKs

<table>
<thead>
<tr>
<th>Month</th>
<th>%</th>
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<tbody>
<tr>
<td>January 2013</td>
<td>1.894%</td>
</tr>
<tr>
<td>February 2013</td>
<td>2.178%</td>
</tr>
<tr>
<td>March 2013</td>
<td>1.336%</td>
</tr>
<tr>
<td>April 2013</td>
<td>1.04%</td>
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<tr>
<td>May 2013</td>
<td>1.974%</td>
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Outcome Metrics
(1/2010 – 12/2012)
Healthy Babies are Worth the Wait

Infant Mortality Reduction Plan Update
November 7, 2013
Kara Hamilton-McGraw
Reducing Early Elective Deliveries

March of Dimes Celebrating 75 Years
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.
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

march of dimes
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
Thank you!

Contact information:
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(KHamiltonMcGraw@marchofdimes.com)