OB Excellence: How to Define BEST Practice in Perinatal Care
Perinatal University

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Course Objectives
- Define Strategic Goals of OB Centers of Excellence [*COE]
- Discuss 3 Key Components of a Successful COE
- Explain COE 4 Phase Integration Process for Perinatal Quality, Risk, & Safety Initiative
- Outline Current OB BEST Practice by National & International Standards

BEST Practice Centers for OB Excellence

Adult Learning

Behavior Modification Pathway

Goal of Successful OB Centers of Excellence

- OFFENSIVE vs DEFENSIVE PRACTICE
- US: Historical Perspective- Obstetrical Medical Malpractice
- Defensive Obstetrics: ↓ Risk
- Defensive Obstetrical Model
- Offensive Obstetrics: ↑ Quality & Safety

Near-Miss Model

- Definition: An Incident or unsafe condition with potential for injury or harm
  More Frequent
  Smaller in Size
  Easier to Deal With & Address
Frequency Triangle

Top 3 Reasons Hospitals Fail at Near-Miss Model
1. Lack of Management Commitment & Support
   Spending Time & $$$
2. Fear of Negative Action
3. Lack of Appropriate Incentives for Reporting Near-Misses

3 Key Components to Successful COE
1. Participative Management/Corporation: TIME & $$$
2. Documented Process
3. Innovative Incentive Schemes
4. Specified Body to Implement Process
5. Simple and Standardized Communication

Near-Miss: Corporate Involvement
Reduction in elective delivery at <39 weeks of gestation: comparative effectiveness of 3 approaches to change and the impact on neonatal intensive care admission and stillbirth.
Retrospective Cohort Study: 27 Hospitals Pre- & Post Implementation Analysis
Most Successful Intervention: Collaborative Education, Consistent Policy, & “Hard Stop”
Corporate Enforcement of Policy [No elective delivery < 39 wks]
Decreased Elective Inductions from 4.3% to 1.7%
Elective early term delivery was reduced from 9.6 to 4.3% of deliveries

Offensive Obstetrics:
OB Centers of Excellence [COE]-Goals: High Performance
Top 3 Strategies/Objectives
1. Increase Patient Safety
2. Reduce Episodes of Perinatal Asphyxia
3. Improve Triage & Critical Response to Obstetrical
High Reliability Care

Reliability: Standardization: Safety

Why Standardize Practice Management?
  Applies Evidence-based Recommendations
  Develops Practice Management Infrastructure
    Standardized Algorithm Logs
  Supports Education & Training
    Algorithm Skill Drills
  Provides Quality Assurance & Risk Management Analysis
    *Near-Miss Error Prevention & Tracking

Near-Miss Model

Layers of Safety: Patient Protection/Armor

Offensive Obstetrics:
OB Centers of Excellence [COE]
  1. Increase Patient Safety
  2. Reduce Episodes of Perinatal Asphyxia
  3. Improve Triage & Critical Response to Obstetrical

BEST Practice Centers for OB Excellence- Perinatal Quality, Risk, & Safety: PQRSI 4 Phases

Phase I: Research & Development
  • Patient Safety Officer [*OUTSIDE Source]
  • BEST Practice Guidelines & Protocols
  • Integration into Hospital P/P/P

Phase II: Education
  • Multidisciplinary Education
  • Competency Program
  • Drill TEAM Training
  • Master Instruction Course
BEST Practice Centers for OB Excellence- Perinatal Quality, Risk, & Safety: PQRSI 4 Phases
(Continued)

Phase III: Rollout & Review
- Integration Site Visits
- Chart Reviews
- Data Analysis: AOI, Near-Miss Methodology, National Statistics

Phase IV: Maintenance
- Updates & Revisions prn-typically Q 2-3yr cycle

Goals in Obstetrics : Standard of Care Resources

State Laws or Statutes
- State Boards of Nursing
- Medical Practice Act

Professional Organizations/ Associations
- ACOG
- AWHONN

Professional Code of Ethics
- ANA

Literature and Research
- Williams Obstetrics
- Journal of Obstetric & Neonatal Nurses

Manufacturer Guidelines
- Drugs
- Equipment

Institutional policy, procedures, and protocols

Job Descriptions

Accreditation Standards
- JCAHO-Joint Commission

Examples of Obstetrical Standards of Care
- ✓ Decision to Incision: 30 minutes
- ✓ 1:2 nurse/patient ratio for the Induction or Augmentation of Oxytocin
- ✓ VBAC: Immediately Available OR/OB staff
- ✓ Admission assessment completed within 24 hours
- ✓ 2:1 nurse/patient ratio at Delivery
How National & International Evidence Define Safe Practice in OB
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OB Standards of Care Future of OB
Defining “Best Practice”
Cardiac Care: Open Heart Surgery Recovery - ↓ Hospital Stay from 2 wks to 4 days over 10 years
Augmentation and Induction
Second Stage Labor Management
Operative Vaginal Delivery
Shoulder Dystocia
Postpartum Hemorrhage

BEST Practice Resources
National
- ACOG
- AWHONN
- SMFM
- AAP
- AORN
- ACNM
- AAFP
- ASA
- AHA
- IHI
- The Joint Commission

International
- FIGO
- RCOG
- RANZCOG
- ICM
- SOGC
- WHO
- UNICEF
- Cochran Database of Systematic Reviews

UNICEF
• Established December 11, 1946
• Goal: Meet the needs of children in post-war Europe and China
• Full Name: United Nations International Children’s Emergency Fund
• Permanent part of UN System in 1953
• Now: United Nations Children’s Fund
• Mission: Focus on long-term needs of women and children
OB BEST Practice:

- Electronic Fetal Monitoring
- Augmentation & Induction
- Second Stage Labor Management
- Operative Vaginal Delivery
- Shoulder Dystocia
- Postpartum Hemorrhage
References


15. Medical Malpractice: Verdicts, Settlements and Statistical Analysis Updated Edition. Horsham, PA: Jury Verdict Research; 2005:12. The median malpractice award for a childbirth-related claim involving obstetricians and hospitals was $2.5 million


*Abbreviated List: Please call PerinatalU for a full list of references.