Every Week Counts

PLAN

1) Getting Started
   - Babies born before 39 completed weeks of gestation may face increased risk of morbidity and mortality.
   - In response to the rising preterm birth rate along with mounting evidence of the contribution of early, elective deliveries (EED) to late-preterm and early term births, the Oklahoma Perinatal Advisory Task Force convened a meeting in October 2009 of perinatal providers and birthing hospitals’ staff, resulting in the recommendation to move forward on a statewide collaborative of Oklahoma birthing hospitals to eliminate EEDs.

2) Assemble the Team
   Staff from the Oklahoma State Department of Health/Maternal and Child Health Service (OSDH/MCH), the Oklahoma Hospital Association (OHA), the OUHSC Office of Perinatal Quality Improvement (MOD), and the Oklahoma Health Care Authority (MH), the Oklahoma Hospital Association (OHA), formed a work group.

3) Examine the Current Approach
   Oklahoma babies were being routinely delivered <39 weeks in birthing hospitals placing them at higher morbidity and mortality risk.

4) Identify Potential Solutions
   - Recruit birthing hospitals to join the Every Week Counts (EWC) Collaborative, institute scheduling process changes, and deliver risk/benefits educational materials to patients.
   - Receive funding to provide educational resources to participating birthing hospitals.
   - Complete EED public service announcement (PSA).

5) Develop an Improvement Theory
   If birthing hospitals institute a scheduling process change for their scheduled cesareans and inductions, providers distribute patient education materials, and a PSA is broadcast on the risks of scheduling a baby’s birth before 39 weeks, then the percentage of elective deliveries <39 weeks will decrease.

ORIGINAL AIM: Decrease percent of <39 weeks elective deliveries by 50% from 6% to 3% of total deliveries at participating hospitals by December 31, 2011.

EVERY WEEK COUNTS FORCE FIELD DIAGRAM

Positive Forces
- Improved maternal and neonatal outcomes.
- Decreased cost for families, hospitals, payers.
- Building public awareness.
- Momentum at national, state, and local level.
- Available resources.
- Partnerships with relevant organizations with like cause.
- Funding from OSDH/MCH Title V and MOD.

Negative Forces
- Convenience of mothers/providers/hospitals.
- Provider resistance.
- Lack of public awareness of risks.
- Lack of public and provider awareness on impact of poor outcomes.
- Increased emotional cost.
- Perverse incentives regarding reimbursement.

6% of non-medically indicated scheduled deliveries are at <39 weeks

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6) Test the Theory
   - Funding from Title V Block Grant and MOD provided to OPA and OHA to facilitate EWC. The MOD and the California Maternity Quality Care Collaborative released a free toolkit for birthing hospitals and providers.
   - Recruitment letters were sent to all birthing hospitals; 52 out of 59 birthing hospitals joined EWC.
   - Participating hospitals identified a team including, minimally, a physician champion, executive leader, and nursing leader. One-on-one calls were made with each team.
   - Materials were sent to each team and teams submitted baseline data.
   - Four learning sessions were held during 2011 and 2012.
   - A 3-pronged approach was developed: birthing hospitals to institute a scheduling process change for their scheduled cesareans and inductions; OB providers to distribute MOD patient education materials; and the OSDH/MCH broadcast a PSA on the risks of scheduling a baby’s birth before 39 weeks.

CHECK

7) Study the Results
   - A 66% reduction in EEDs when comparing Q1 2011 with Q1 2012.
   - Birth certificate data for Q1 2011 compared to Q1 2012 show a 7% increase in singleton births at 39-41 weeks and a 10% decrease in births at 36-38 weeks.

ACT

8) Standardize the Improvement or Develop New Theory
   - Standardize 3-pronged approach to continue birthing hospitals’ scheduling process policies, distribution of patient education materials, and PSAs to prevent EEDs.
   - Continue to collect hospital data monthly. Quarterly aggregate and comparative reports are sent to each hospital EWC team.
   - Analyze birth certificate data to validate results.

9) Establish Future Plans
   - Target four participating hospitals identified as contributing to 65% of EEDs.
   - Partner with state medical and nursing associations/organizations to sustain efforts.

SCHEDULED C-SECTIONS AND INDUCTIONS <39 WEEKS WITHOUT A DOCUMENTED INDICATION (AS A PERCENTAGE OF TOTAL DELIVERIES)

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