DECEMBER 15, 2017 THROUGH JANUARY 12, 2017

• Survey template designed by ACOG, with customization for each state
• Task force members added questions on emergency department readiness
• Survey sent to all delivering hospitals in West Virginia
• 100% participation
Q5. IS YOUR BIRTH FACILITY CURRENTLY PARTICIPATING IN OR HAS IT RECENTLY PARTICIPATED IN QI EFFORTS WITH A QI ORGANIZATION (I.E. PERINATAL QUALITY COLLABORATIVE, PRIVATE OR NOT-FOR-PROFIT QI ORGANIZATION)

Currently or Recently Participated in a Perintal QI Effort

- Yes: 52.17%
- No: 47.83%

Yes  No
PREVIOUS QI PROJECTS

• Breastfeeding
• Surgical site infection
• NAS – identification and treatment
• TOLAC
• Reducing cesarean sections
• Hypertension in pregnancy
• Obstetrical hemorrhage
Q7. DOES YOUR BIRTH FACILITY HAVE A MULTIDISCIPLINARY PERINATAL QUALITY COMMITTEE?

Multidisciplinary Perinatal Quality Committee

- Yes: 60.87%
- No: 39.13%
Q6. DOES THE OB DEPARTMENT HAVE AN OB PROVIDER (PHYSICIAN, CNM) OR A NURSE LEADER THAT PARTICIPATES IN QI PROJECTS?

![Bar chart showing participation of OB Leaders in QI Projects]

- **Physician**: 80% Yes, 20% No
- **Nurse-Midwife**: 70% Yes, 30% No
- **Nurse Leader**: 90% Yes, 10% No
WHO IS DOING THE WORK?

• 61% Have a multidisciplinary perinatal group
• 48% Have worked with an outside organization on performance improvement

• 78% Have an MD
• 30% Have a CNM
• 91% Have a nurse leader
WHAT WORKED WELL?

• Multidisciplinary workgroups
• Communicate expectations early in process
• Regular meetings
• Variety of education modes
• Staff and physician champions
• Involve other departments
• Getting engagement
BARRIERS

• Reluctance to change practice or process
• Lack of engagement or interest in the QI Project
• Time
• Small facility – low resources
• No integrated EMR
• Lack of physician engagement or willingness to change practice
• Staff feel overwhelmed – “one more thing”
DEBRIEFS POST EVENT?

• Staff 91% yes

• Family and patient 39% yes
Q12. HOW OFTEN ARE THE OBSTETRIC EMERGENCY POLICIES AND PROTOCOLS REVIEWED AND UPDATED?

- 39.13% Every year
- 39.13% Every 2 years
- 21.74% Every 3 years
Q13. HOW OFTEN ARE THE OBSTETRIC EMERGENCY POLICIES AND PROTOCOLS (I.E. ORDER SETS) USED IN AN OBSTETRIC EMERGENCY BY STAFF (OB, OB RESIDENT, CNM, STAFF RN)?
Q15. DOES YOUR BIRTH FACILITY CONDUCT REGULAR MULTIDISCIPLINARY IN SITU (ON SITE) CLINICAL SCENARIO SIMULATION DRILLS FOR OB EMERGENCIES?

Q16. HOW OFTEN DOES THE OB DEPARTMENT CONDUCT CLINICAL SCENARIO SIMULATION DRILLS?
Q17. **WHAT OBSTETRIC EMERGENCIES DO THESE CLINICAL SCENARIO SIMULATION DRILLS FOCUS ON?**

<table>
<thead>
<tr>
<th>Emergency Type</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Hemorrhage</td>
<td>19</td>
</tr>
<tr>
<td>Emergent C-Section</td>
<td>16</td>
</tr>
<tr>
<td>Shoulder Dystocia</td>
<td>9</td>
</tr>
<tr>
<td>Maternal Code</td>
<td>8</td>
</tr>
<tr>
<td>Severe Hypertension/ Preeclampsia</td>
<td>6</td>
</tr>
<tr>
<td>Eclamptic Seizure</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>
Q18. WHICH FRONTLINE PROVIDERS ARE REQUIRED TO PARTICIPATE IN THE OB CLINICAL SCENARIO SIMULATION DRILLS?

Frontline Providers that Participate in OB Simulation Drills

- OBs: Yes (60%), No (10%), N/A (30%)
- OB Residents: Yes (50%), No (10%), N/A (40%)
- OB Anesthesia: Yes (40%), No (10%), N/A (50%)
- Family Practitioners: Yes (30%), No (10%), N/A (60%)
- Certified Nurse-Midwives/Certified Midwives: Yes (70%), No (10%), N/A (20%)
- Perinatal Dept. Nursing Staff: Yes (90%), No (10%), N/A (0%)
- Emergency Dept. Staff: Yes (60%), No (10%), N/A (30%)
Q19. HOW DOES THE OB DEPARTMENT OBTAIN DATA TO TRACK UNIT-BASED OUTCOMES?
Q20. WHAT TYPE OF DATA MEASURES DOES THE OB DEPARTMENT TRACK?
Q21. WHAT DATA COLLECTION CHALLENGES EXIST IN YOUR BIRTH FACILITY?

Data Collection Challenges

- Inadequate Documentation: 70%
- Incorrect Coding: 40%
- Time Burden: 30%
- Other: 10%
- Lack of Trained Staff: 5%
- None: 5%

Percent of Hospitals
WHAT ARE THE CURRENT GAPS IN READINESS?

• Supply availability – recent poll of delivery facilities indicate that about 50% have a hemorrhage cart and/or graduated drapes for blood quantification

• Policies and procedures – survey indicates many have policies and protocols in place, but use of them less than 100%

• Engagement – physician involvement in practice change, simulation drills and protocol development can lead to better success

• Resources – limited time, supplies, staff availability all contribute to inconsistent training and performance