

Hard-Stop Policy Leads to Reduction in EEDs

White County Medical Center

Searcy, AR

Beds: 438

www.wcmc.org

The Problem

White County Medical Center has been focusing on reducing early elective deliveries (EEDs) for several years. When the hospital began researching its EED rate in 2010, it found that 22% of deliveries before 29 weeks occurred for no medical reason. Initial efforts to curb EEDs worked for awhile, then the number of early deliveries began climbing. About that time, White County Medical's chief executive signed off on the hospital serving as AHA/HEN HRET's team leaders for OB harm in Arkansas. And its state Medicaid program began considering establishing new guidelines that severely limited EEDs.

As a result, White County Medical decided to reexamine its approach to limiting early deliveries. Although the updated Medicaid guidelines had not been announced, the new standard was expected to be less than two EEDs per quarter. White County Medical set out to achieve that rate of EEDs at a minimum but planned to strive for no EEDs without medical indication.

The Solution

In its first attempt to rein in EEDs, White County Medical relied on a peer-review process. To encourage voluntary reductions in EEDs, the perinatal committee developed a plan to have the hospital send letters to any physician who performed an early induction, reminding the doctors about the medical advisability of waiting for babies to reach at least 39 weeks. This process did lead to a drop in EEDs. But after a year or so, the EEDs began to creep up. Some physicians said patients were requesting early inductions more frequently and they were complying with those wishes.

White County Medical decided it needed a more robust effort, one that addressed both physicians and patients. First, it decided to develop a definitive policy rather than a suggested guideline for doctors. So in mid-2012, the perinatal committee, which includes the assistant vice-president of surgical services as the representative of the hospital's senior leadership team, established a "hard stop" on scheduling any early deliveries before 39 weeks, explains Tracy Bolton, clinical director of White County Medical's New Life Center.

It also launched an effort to educate pregnant women and their families about the evidence of increased neonatal complications associated with non-medically indicated deliveries before 39 weeks. The hospital prominently displayed posters from the March of Dimes about EEDs in its triage rooms and offered to buy posters for doctors' offices. In addition, New Life Center nurses added these concepts to child birth and breast feeding classes.

The Result

The combination of establishing a firm policy and focusing on patient education has led to a marked improvement, with no EEDs without a medical reason in the second half of 2012. The hospital continues to monitor for the number of elective procedures between 37 and 39 weeks without medical indication compared to total deliveries.

Reinforcing the peer review process as part of the EED effort also has proved effective. "Physicians who received a letter or phone call from the Quality/Safety Medical Director did not want to get those letters or calls again," says Bolton.

Current Status

Some of the obstetricians have asked for further information that would assist them in documenting a justification of any induction of labor. The hospital is considering creating a form doctors could fill out based on the criteria for early inductions set out by the American Congress of Obstetricians and Gynecologists (ACOG).

Pearls of Wisdom

Engaging senior leaders and physicians in the initiative was critical, Bolton notes. The key is making a case for change based on facts and evidence. "Define the problem clearly. Know the ACOG guidelines regarding EED and inductions. It is important to be able to discuss their professional practice guidelines with the doctors," says Bolton.

After getting initial physician buy-in to reduce EEDs, White County Medical had to define the problem again and rally physicians for a second push at improving EED rates because some didn't know it was still an issue. "When we first started with AHA/HEN and I was talking with the physicians, they were surprised to hear that we still had early elective deliveries being scheduled," Bolton notes.

Rather than simply impose a new standard without regard to the practitioners, though, White County Medical spent time to understand the obstacles facing physicians who were still doing early inductions. It then took those issues into account in building out its new approach, such as adding patient education to help discourage requests for early deliveries.

Contact Information

Tracy Bolton, RN, MNSc, Clinical Director, New Life Center

tbolton@wcmc.org

(501) 380-1261