

## Education Proves Vital in Lowering EED Rates

Rapides Regional Medical Center

Alexandria, LA

Beds: 320

[www.rapidesregional.com](http://www.rapidesregional.com)

### The Problem

With more than 2,400 deliveries a year, Rapides Regional Medical Center started voluntarily reporting Joint Commission perinatal core measures in 2010. Shortly thereafter, the hospital's parent company HCA identified it as a national outlier for elective early deliveries (EED) with a rate of 78%.

Yet, EEDs were endemic in its home state of Louisiana, which in 2011 ranked 49th in birth outcomes nationally. "That ranking is tied to the state's high number of low birthweight babies and high rate of neonatal intensive care unit admissions, both of which can be tied to elective deliveries prior to 39 weeks," notes Racheal Fischer, administrative director of Rapides Women's and Children's Hospital.

Determined to make a major course correction, Rapides moved decisively to dramatically lower EEDs.

### The Solution

Rapides appointed a local improvement team to identify necessary changes. Given the widespread acceptance of EEDs locally, it found that educating physicians, staff and patients about the dangers of EEDs would be essential to success, along with process changes at the hospital.

Following a lean exercise focused on the medical center's overall admission process, the committee zeroed in on obstretrical admissions. In early 2011, it created a new position of admissions nurse for Rapides Women's and Children's Hospital. The nurse implemented a standardized admissions process, supported by staff scripting and a standard admissions form. The process began requiring general anesthesia and medical indications for any induction.

The nurse validated gestational ages for inductions and cesarean sections and ensured appropriate documentation of medical indication. While Rapides' clinical outcomes were good, it sometimes lacked documentation supporting the need for early inductions.

Rapides also joined the Louisiana Department of Health & Hospitals' Birth Outcomes Initiative (BOI), aimed at improving the outcomes of Louisiana's births and health of Louisiana's mothers and babies, and a few months later, joined the Institute for Healthcare Improvement Perinatal Improvement Community. It leveraged those groups to develop and roll out educational information, from posters and presentations to website content, about the dangers of early deliveries.

With the admissions nurse acting as the hospital gateway, obstetricians and nurses were forced to make some important changes. To counter physician resistance, Rapides recruited physician champions early on. It also held training to empower nurses about no longer accepting patients directly into the units.

With all employees accountable for following the new processes, the hospital also is constantly educating staff and physicians on its EED performance measures. Rapides continues to track Joint Commission perinatal core measures and monitor daily through the admissions nurse.

Drawing on best practices from the state BOI and the March of Dimes toolkit, Rapides took the next big step in August, 2011 when it instituted a hard-stop policy for EEDs.

### **The Result**

Rapides has made significant improvement, dropping to an EED rate of 16% in the second quarter of 2011. Moreover, it has had no EEDs in the first nine months of 2012 compared to the national average of 13.6%.

### **Pearls of Wisdom**

"Staying positive, consistent and mission-driven made a critical difference over time," says Fischer. "We connected the initiatives to our purpose, which is protecting babies and their mothers." Rapides also celebrates progress: "Praise every success, no matter how small, especially any strides in staff or physician engagement," recommends Fischer.

### **Contact Information**

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