MARYLAND PATIENT SAFETY CENTER
PERINATAL COLLABORATIVE AND LEARNING NETWORK

Secretary's Advisory Committee on Infant Mortality
March 9, 2012

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Creating perinatal units that deliver care safely and reliably with zero preventable adverse outcomes

Support for the Perinatal Collaborative was provided by a grant from the Maryland Department of Health and Mental Hygiene Center for Maternal and Child Health.

Financial Disclosures

- None

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What Do We Want to Accomplish?

The aim of the Perinatal Collaborative is to reduce infant and maternal harm through the implementation and integration of systems improvements and team behaviors into maternal-fetal care.

The Collaborative is an initiative to test, adopt, and implement evidenced-based improvement strategies in the labor and delivery units of hospitals in Maryland and the District of Columbia.

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Change Package: Tools of Change

- Use of common language (NICHD) in Electronic Fetal Monitoring
- Training in team coordination, team communication and teamwork behaviors
- Improvement in staff performance during high-risk events (simulation)
- Revision and application of recommended practice guidelines
- Augmentation and Elective Induction Bundle (Institute for Healthcare Improvement) compliance
- Establish didactic on vacuum extraction

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How Are We Measuring Success?

- Adverse Outcome Index
- AHRQ Hospital Survey on Patient Safety Culture
- Process measures related to hospital-specific interventions
- Improvement stories

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Improvements- So Far

- AOI- 36% of the original hospital group improved on all three indices
- AOI- 73% improved on at least one score
- SI- 60% Level 1&2 hospitals and 50% Level 3 hospital improved on the Severity Index
- Level 3- 25.6% decrease in NICU admissions >2500 g term babies
- AHRQ Culture Survey- improvement in 9 of 12 dimensions
- Since January 2009, elective inductions less than 39 weeks without a medical indication have decreased by 70%

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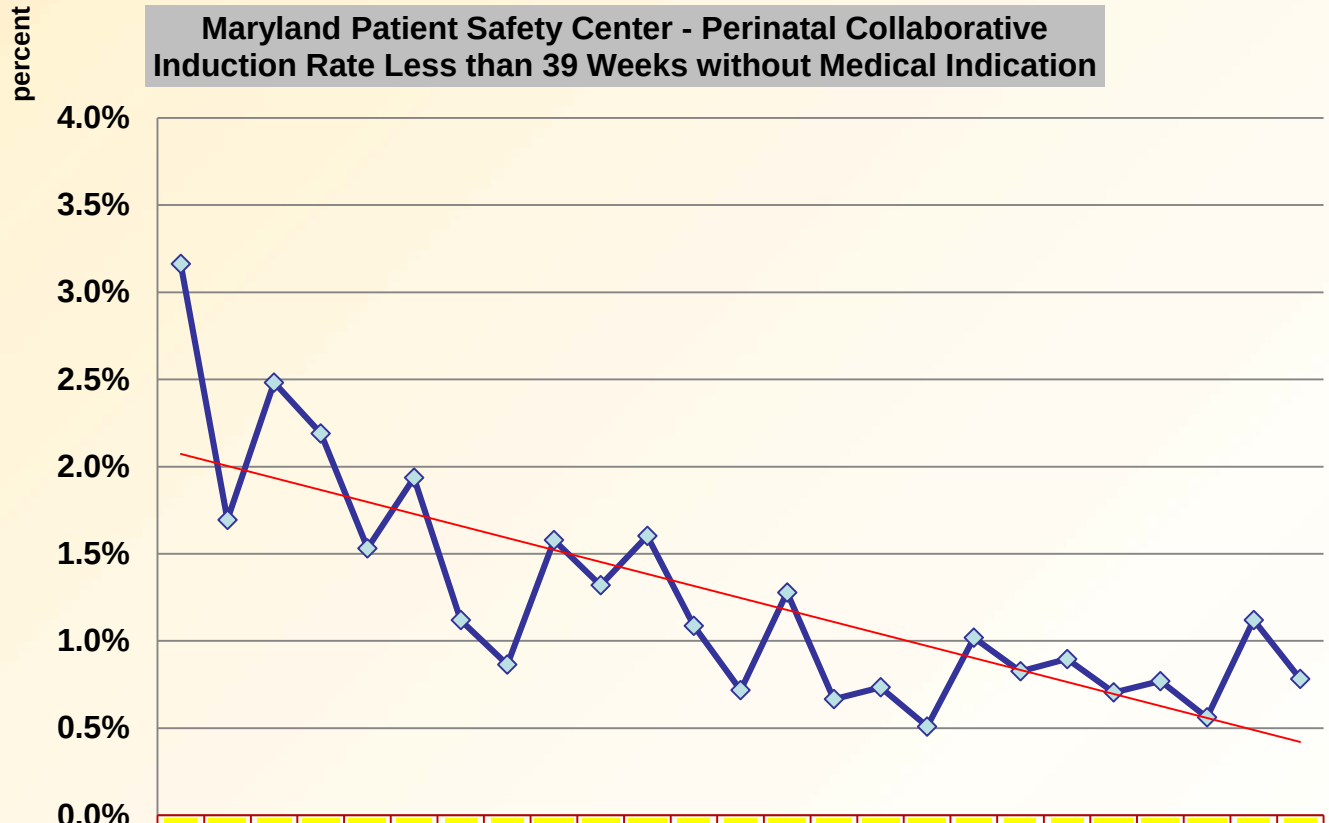
Maryland Patient Safety Center - Perinatal Collaborative
Induction Rate Less than 39 Weeks without Medical Indication



	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May 11	Jun 11	July 11
%G/C	3.2	1.7	2.5	2.2	1.5	1.9	1.1	0.9	1.6	1.3	1.6	1.1	0.7	1.3	0.7	0.7	0.5	1.0	0.8	0.9	0.7	0.8	0.6	1.1	0.8
# Facilities	27	25	26	26	26	27	25	25	23	27	27	27	27	29	29	29	29	27	29	29	29	27	29	28	29

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Are We Saving Money Yet?

- 152 fewer term babies to NICU
- Estimated average savings/patient = $991-$2,105
- Total estimated savings = $150,632-$319,960

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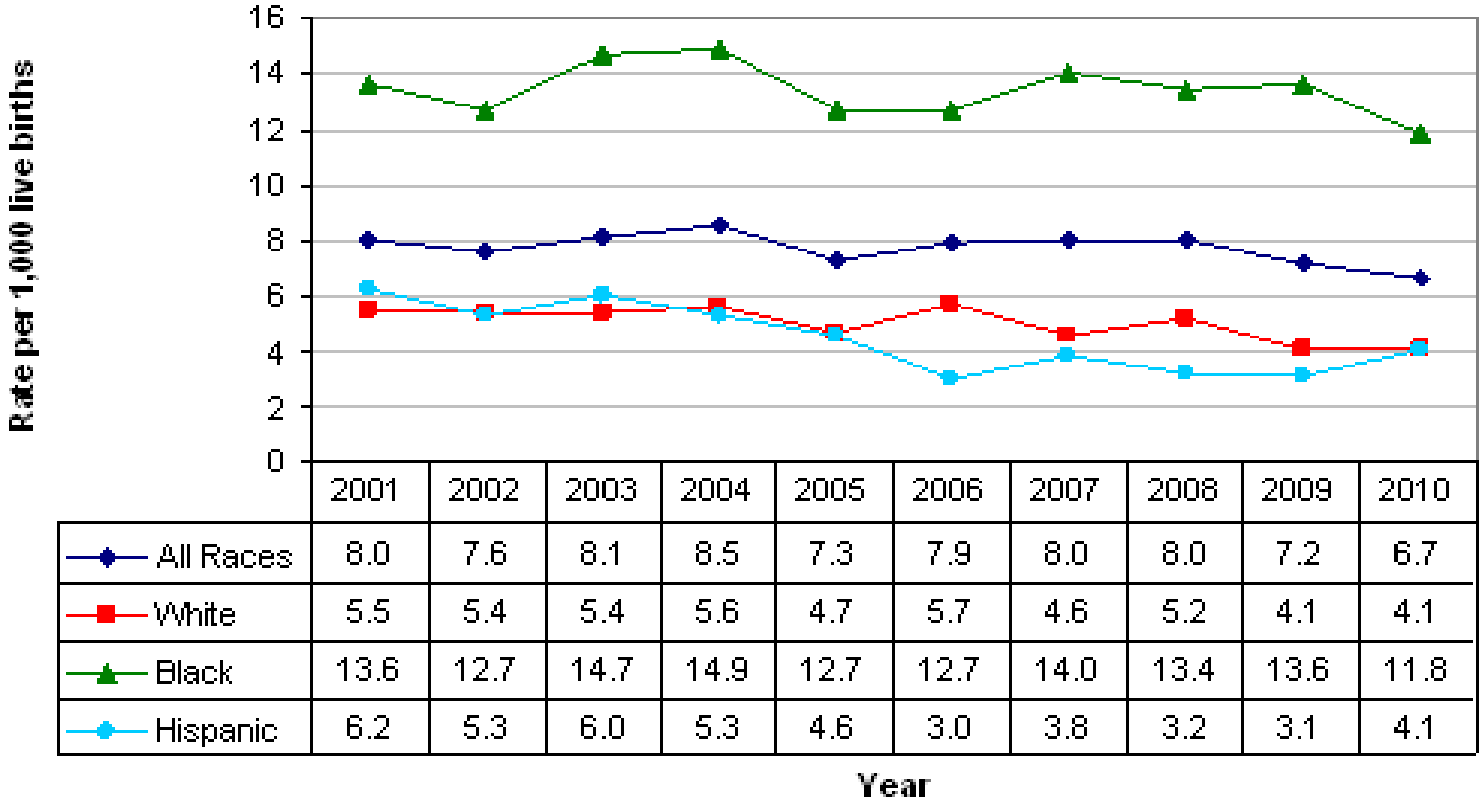
Infant Mortality Rates, Maryland, 2001-2010



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
All Races	8.0	7.6	8.1	8.5	7.3	7.9	8.0	8.0	7.2	6.7
White	5.5	5.4	5.4	5.6	4.7	5.7	4.6	5.2	4.1	4.1
Black	13.6	12.7	14.7	14.9	12.7	12.7	14.0	13.4	13.6	11.8
Hispanic	6.2	5.3	6.0	5.3	4.6	3.0	3.8	3.2	3.1	4.1

Data Source: MD DHMH, Vital Statistics Administration

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Neonatal Learning Network
Neonatal/Perinatal Learning Network

- Golden Hour/ Resuscitation and Stabilization
- Teamwork and Communication/ Follow up to Referral Physician
- CLABSI/HAI

- Activated discharge planning for mom, baby

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The Maryland Patient Safety Center
Perinatal Collaborative

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Successful Change Strategy

- Create Burning Platform
- Engage Leadership
- Borrow Shamelessly
- Establish Non-Negotiable Mutual Respect
- Practice Relentless Persistence
- Create Ongoing Opportunity for Discussion
- Constantly Measure and Adjust

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ASCENSION HEALTH

HANDS
Handling All Neonatal Deliveries Safely

Excellence in Obstetrics

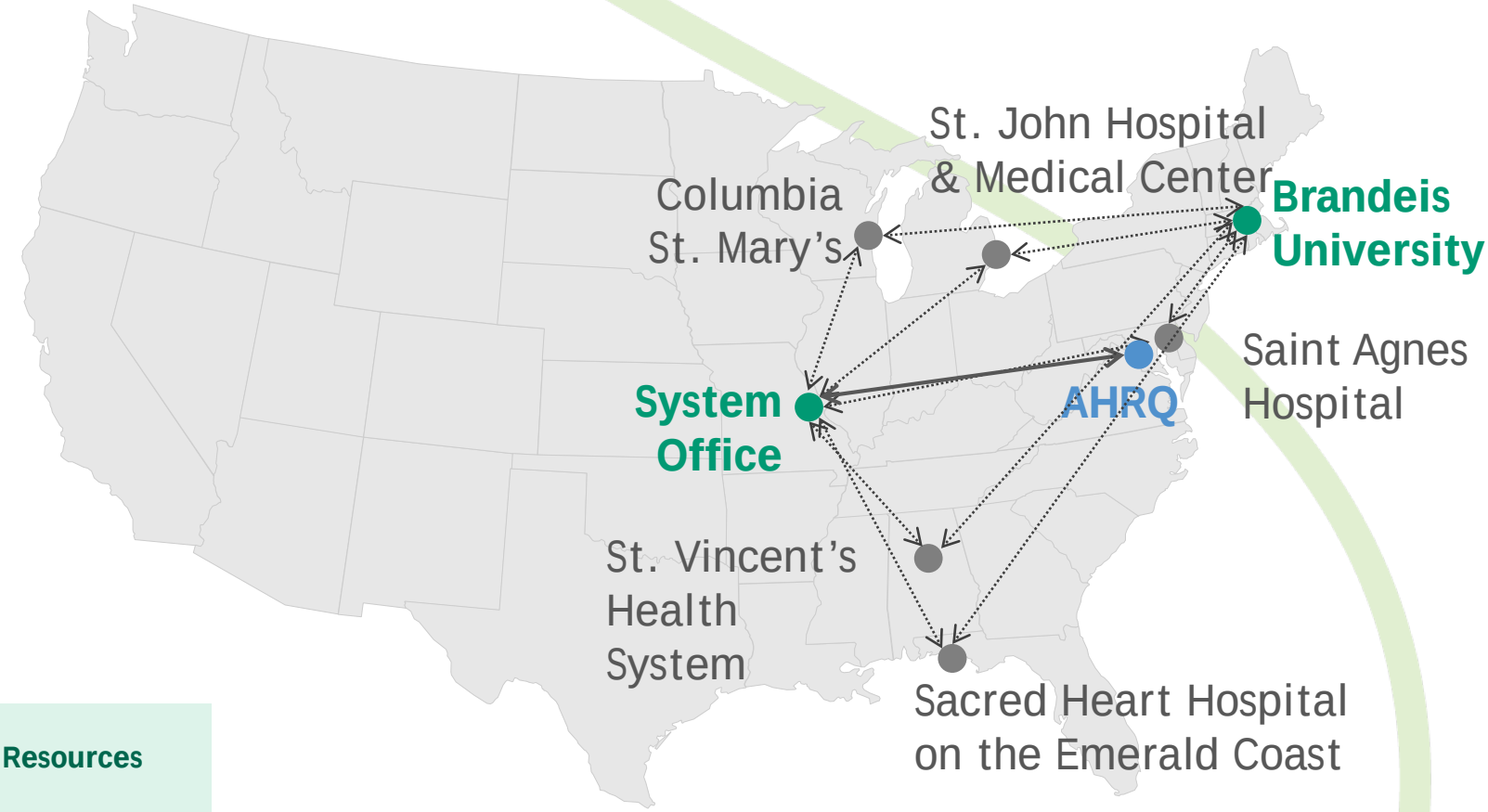
A MULTI-SITE AHRQ DEMONSTRATION PROJECT



James Bell Associates
Site Visit
July 6 & 7, 2011

CLINICAL EXCELLENCE | RISK MANAGEMENT

Collaborators



Why	Healing without Harm: A Multi-Site Demonstration Project to Develop New Models for Medical Liability and Improve Patient Safety				
Hypothesis	1	2	3	4	5
What	Decrease in shoulder dystocia injury rates and infant harm when the "bundle" is introduced	Change in delays of treatment when fetal distress occurs and an increase in cesarean section effectiveness (necessity and timeliness) when the protocol guidelines	Reduction in the frequency and severity (settlement amount) of claims when full disclosure is implemented	Increase in reporting of Serious Safety Events when 5 elements of High Reliability have been adopted	Decrease in all birth trauma events and rates

Healing without Harm – Year One Major Milestones

- **593** nurses/physicians trained on multiple interventions
- **4280+** mothers consented between January-July 2011
- Average consent enrollment rate at five sites– 88%
- Race/ethnicity breakdown of consented mothers
  - 59% white
  - 20% black
  - 9% Hispanic
  - 2% Asian/Pacific
  - 2% Other
  - 7% Unknown

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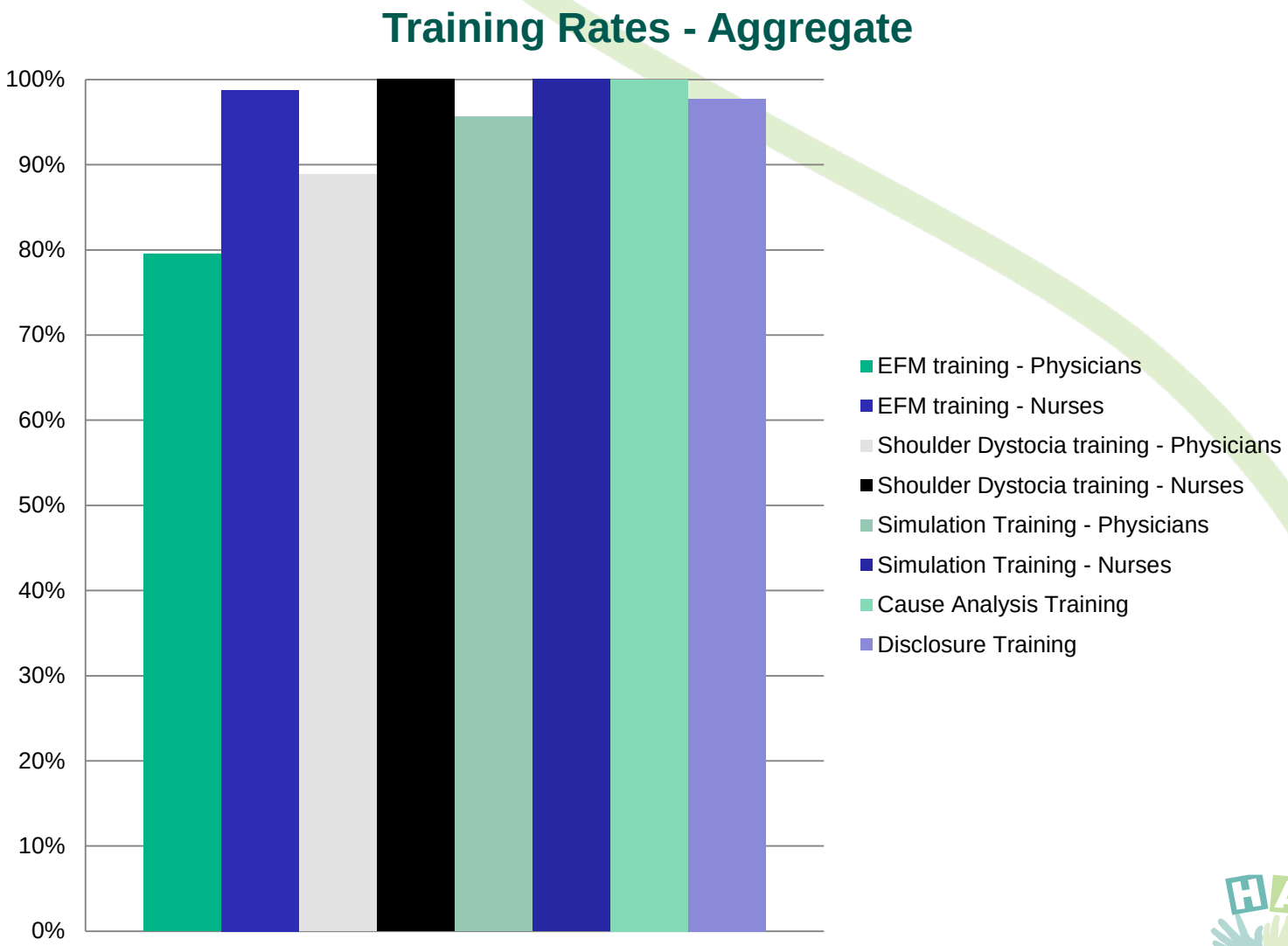
Healing without Harm – Year One
Interventions for Clinical & Cultural Change



HANDS
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Perez on Medicine

Jose S. Perez