

A multifaceted approach to reduce care variation in the 4 leading areas of OB harm and litigation costs —

Hypertensive Disorders of Pregnancy (HDP) | Hypoxic Ischemic Encephalopathy (HIE) Obstetric Hemorrhage (OBH) | Shoulder dystocia (SD)



STANDARD OPERATING PROCEDURE (SOP)

Required education for nursing and obstetric providers

Mandatory participation in annual OB Safety Summit



RELIAS OB **EDUCATION**

100% completion rate of Relias OB modules during study period

85 providers and 300 nurses completed modules on fetal assessment and monitoring, OBH, HDP, and SD



CLINICAL PRACTICE GUIDELINES (CPG)

Adherence to 62 evidence-based clinical practice guidelines for the management of common obstetric conditions



MANDATORY **ADHERENCE**

Signed support from hospital's leadership (president, CMO, and CNO)

Signed support by providers at initial credentialing or biennial re-credentialing

Results

Reduced variation in care led to improvement in knowledge and judgment in all four major risk areas. Significant improvement was achieved from baseline scores to second assessment.

HDP

Hypertensive Disorders of Pregnancy³

+31%

+26%

HIE

Fetal Assessment + Monitoring⁴

+29%

+32%

SD Shoulder

Dystocia*3

+5%

OH Obstetrical Hemorrhage⁴

+98%

+118%

KNOWLEDGE SCORE

JUDGMENT SCORE

*Initial SD Knowledge score was at 95th percentile, increased to 100th percentile. Judgment assessment is not included within the SD course.



Reduced variation in the four focus areas reduced errors, decreased costs, and reduced patient harm.

Shoulder dystocia claims

-88%

HIE litigation cost

-96%

OB patients requiring transfusions of ≥ 4 units RBCs

-68%

Patients admitted to ICU for OH

-91%

Maternal deaths or claims related to OH or HDP²

Peri-partum hysterectomies

- / / %

Client Profile Health system of 18 hospitals, including seven hospitals providing obstetric services with 63% of OB patients insured through Medicaid. Study period

included 78K+ deliveries by ~85 providers.