



## **OBSTETRICS CLINICAL OUTCOMES ASSESSMENT PROGRAM**

*A PROGRAM OF THE FOUNDATION FOR HEALTH CARE QUALITY*

### **What is OB COAP?**

The Foundation for Health Care Quality (FHCQ), a nationally recognized 501(c)3 not-for-profit based in Seattle, is home to several programs dedicated to reducing variations in outcomes and improving the quality of care for patients in the state of Washington. Using a unique model of clinician-led, data-driven collaboration, these clinical quality improvement programs have for almost 20 years, proven incredibly effective at promoting the changes which result both in better care for patients and in lower costs.

One of these programs, the **Obstetrics Clinical Outcomes Assessment Program - OB COAP** - is built on this same foundation of success and focuses on the decisions made during labor and delivery. Following its pilot program in 2010, OB COAP has steadily grown and now has participants representing almost 1/3 of the deliveries in the state. Its members include hospitals that are perinatal levels I, II, and III; urban, suburban and rural; those with over 7000 and those with fewer than 200 deliveries per year. The data collection, activities and discussions that take place within OB COAP are protected as a Certified Quality Improvement Program (CQIP) under RCW 43.70.510.

OB COAP uses provider-specific, chart-abstracted data about the care given to women during labor, delivery and the postpartum period as the basis for analysis and discussion. Outcomes for newborns as well as moms are also included. These data are analyzed to evaluate labor management practices and interventions commonly used in labor and delivery and compare implications of care decisions. The collaborative nature of the discussions that follow allow for opportunities to explore methods for actionable and sustainable improvements.

### **How does OB COAP make a difference for prospective patients?**

Approximately 87,000 births occur in Washington State each year in 67 hospitals and midwife attended birth centers or in homes. Significant variations exist in the care provided to these women. Cesarean section rates vary between 15% and 48% - regardless of hospital size, practitioner type, use of standardized protocols, or level of care provided. Obstetrical care lags behind many other specialties that have developed evidence-based best practice guidelines and protocols.

By providing an environment that promotes raising quality for everyone, hospital participation in OB COAP can help patients make informed choices and be assured that their practitioner and hospital of choice are engaged in an ongoing effort to provide the highest quality of care. Just as consumers would not buy an automobile from a company that only tests for safety against its own internal standards; patients are interested in knowing that their healthcare is subject to rigorous external quality measurement as well.

## How does OB COAP make a difference for hospitals?

By having access to accurate, real-time, clinical data, OB COAP participants can respond to and facilitate changes which address issues with both quality and resource use. Demonstrated improvements in the primary cesarean rate and adherence to labor management and NQF guidelines, as well as analyses of the ramifications (both intended and unintended) of these changes, are just a few examples of how a hospital can benefit.

### Illustrations of improvements that have occurred over the past 4 quarters of OB COAP participation (Q4 2012 - Q3 2013):

#### Hospital A

- Total Cesarean: reduced from 32.8% to 27.6%
- NQF Guideline/Breast Feeding on Discharge: increased from 49.0% to 64.0%
- NQF Guideline/Episiotomy: decreased from 10.3% to 0%

#### Hospital B

- Inductions: reduced from 45.5% to 25.8%
- Primary Cesarean Rate: reduced from 19.7% to 11.5%
- Bree Guideline/1<sup>st</sup> stage Cesarean for Dystocia at 6 cm or More: increased from 20.0% to 50.0%
- NQF guideline/Breast Feeding on Discharge: increased from 74.1% to 83.0%
- NQF Guideline/Episiotomy: reduced from 12.5% to 8.6%

#### Hospital C

- Primary Cesarean Rate: reduced from 12.4% to 9.2%
- Bree Guideline/Cervix on Admission in Spontaneous Labor at Term at 4 cm or More: increased from 43.4% to 64.5%
- Bree Guideline/1<sup>st</sup> stage Cesarean for Dystocia at 6 cm or More: increased from 40.9% to 84.0%

Hospitals are subjected to incredible demands on resources and a plethora of reporting requirements. OB COAP is the only resource that allows for the complete reporting of the process measures set forth by the Bree Collaborative and the Safe Deliveries Road Map. Administrative data sources are fraught with issues in accuracy and timeliness, and the high quality data upon which OB COAP is based allow hospitals and providers to be assured that their reporting for metrics such as attribution are correct.

For small and rural hospitals, OB COAP has particular resonance. What's often absent in rural hospitals is a team of obstetrical peers. OB COAP allows practitioners to participate in an environment which gives them ongoing access to opportunities for collaboration. Much like the simulation labs for shoulder dystocia and post-partum hemorrhage, the ability to discuss and learn from others' experiences helps ensure consistent quality care.

## How can you be involved or find out more?

There is no doubt that as OB COAP continues to grow, the care given during labor and delivery and the resulting outcomes for moms and babies will improve. OB COAP invites all hospitals in Washington State to participate. We will be happy to visit your site to discuss how your hospital, providers and patients can benefit from OB COAP, how to maximize OB COAP to assist with all of your reporting requirements, and connect you with other member hospitals.

A hallmark feature of this collaborative quality improvement process is leadership from its Management Committee. This governing board has members and advisors that represent the participants, stakeholders and thought leaders in OB in Washington State. Establishing which outcomes to focus on, setting best practice standards, and creating opportunities for education and other efforts which will effect change are all responsibilities of this committee. High quality, clinical data are used to make these decisions and chart the direction for change – which is the true nature of collaborative quality improvement. OB COAP invites any interested physicians and other OB practitioners, to attend this monthly meeting and to let us know if you would like to be involved.

To inquire about OB COAP's processes, reports, and successes, contact Ellen Kauffman, MD, at [ekauffman@qualityhealth.org](mailto:ekauffman@qualityhealth.org) or (206) 351-0513. If you are interested in getting your hospital involved in the program, would like to attend a management committee meeting, or have an interest in talking with current participants about how OB COAP has helped them make changes, please contact Kristin Sitcov, the OB COAP program director at [ksitcov@qualityhealth.org](mailto:ksitcov@qualityhealth.org), or (206) 682-2811, ext. 23.