



Improving Obstetrical Care: **OBstetrical Care Outcomes Assessment Program**

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. 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 **Obstetrical Care Outcomes Assessment Program [OB COAP]** is built on this same foundation of success and focuses on the decisions made during labor and delivery. Following a pilot program in 2010, OB COAP has steadily grown and now has 18 participating sites, representing over 1/3 of the births in Washington State as well as hospitals outside of Washington. Its members include hospitals that are perinatal levels I, II, III and IV; urban, suburban and rural; those with over 4000 and fewer than 300 deliveries per year; and those that take place as planned in the home or birth center. 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.



FOUNDATION FOR Health Care Quality

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.

Hospitals are subjected to incredible demands on resources and a plethora of reporting requirements. OB COAP 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 hospitals of any size or location to participate. We will be happy to discuss how your hospital, providers and patients can benefit from OB COAP, how to maximize OB COAP to assist with 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. 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.

This data is also an unparalleled source from which to ask innumerable research questions. With over 170,000 records in the data base and growing each day, papers are being published, abstracts presented, and ongoing research is being conducted. Opportunities exist to be involved in research initiated by the OB COAP research committee or to submit applications for outside use of the data.

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