Welcome

OPQC Progesterone Project Action Period Call

April 24, 2014
12:15-1:15 PM ET
Please don’t put the call on hold -- do mute your line!

• If you need to step away or if you have background noise
  – Use the MUTE button on your phone or
  – You can use *6 to place the call on MUTE and *6 to come off of MUTE
Progesterone Teams

- AGMC's Women's Health Clinic
- Aultman Physician Center-OB/GYN Clinic
- Brown County Women's Health
- Center for Health Services - Women's Services
- Center for Women's Health, University of Cincinnati Medical Center
- Doctors Hospital Women's Health Center
- Faculty Medical Center—OB Resident Clinic GSH
- Fairview Perinatal Department
- Five Rivers Health Centers, Center for Women's Health
- Generalist Faculty Practice at MacDonald Women's Hospital (MAC 1200)
- Maternal Fetal Medicine at Hillcrest Hospital Atrium
- Mercy OB/GYN Associates Family Care Center/ MFM Clinic
- MetroHealth Women's Clinic
- Mount Carmel West Outpatient Clinic
- OSU Martha Morehouse MFM Clinic (Kenny Road Clinic)
- OSU McCampbell Hall, OB Resident Teaching Clinic
- OSU Prematurity Clinic
- Outpatient Care Center at Grant Medical Center
- Riverside OB Community Care Clinic/ MFM Consultative Practice
- St. Ann's OB/GYN Clinic
- St. Elizabeth's Health Center Maternal Fetal Medicine
- Tri-State Maternal Fetal Medicine Associates, Inc.
- Wellness on Wheels, OhioHealth
- Women's Health Center at Summa Akron City
- Women's Health Clinic, UH Cleveland
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:15</td>
<td>Welcome and objectives</td>
<td>Martha Rome</td>
</tr>
<tr>
<td>12:20</td>
<td>Welcome Progesterone Navigators!</td>
<td>Hetty Walker</td>
</tr>
<tr>
<td>12:25</td>
<td>Hetty’s Corner: Barriers to the Administration of Progesterone</td>
<td>Hetty Walker</td>
</tr>
<tr>
<td>12:35</td>
<td>Accelerating Improvement: PDSAs and PDSA Ramps</td>
<td>Dr. Heather Kaplan Team1 Team2 Team3</td>
</tr>
<tr>
<td>1:05</td>
<td>Next Steps</td>
<td>Dr. Jay Iams</td>
</tr>
<tr>
<td>1:15 PM</td>
<td>Wrap Up and Adjourn</td>
<td>Martha Rome</td>
</tr>
</tbody>
</table>
Welcome!

Progesterone Navigators

Robin Berringer, RN, CNM
Jill Morley, RN
Objectives for Today’s Call

• Identify barriers and solutions to administering Progesterone
• Review methods to “get better” at improving
• Characterize tests of change ready for implementation
• Discuss next steps
The Barriers Corner: overcoming barriers to progesterone
Barrier: the timely administration of Progesterone -- AN ORAL MEDICATION FOR VAGINAL USE?
PROMETRIUM ORDER / PHARMACY

• Prometrium orders in EMR default to instructions for oral use even if “insert 1 capsule vaginally every night” is written on prescription.

• Commercial Pharmacists are often unfamiliar with oral Prometrium being prescribed for vaginal use -- off-label, but not illegal.

• More uncertainty when the electronic prescription contains both the default oral order and additional vaginal order.
Poll

• Do you have an EMR that defaults to a prescription for oral Prometrium even if “insert 1 capsule vaginally every night” is written on the prescription?
Suggested Solutions

• Work with EMR operators so that separate order options are obvious and available for vaginal and oral Prometrium:
  – Include ‘Generic Prometrium’ as an option as is what’s most often covered by insurance
  – Oral progesterone is never appropriate for prevention of preterm birth
• Be sure each patient understands that despite the pharmacy label, the progesterone capsule is to be placed vaginally, and if she has any questions to call you, not the pharmacy, for clarification.
Thanks to all who have sent in barrier forms!

Please continue to send in the barrier forms—Ohio is listening
ACCELERATING IMPROVEMENT

Dr. Heather Kaplan
Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act

Plan

Study

Do
Key Driver Diagram

• A diagram that organizes the “theory of improvement” for a specific QI project
• Makes the theory (and plan for execution) explicit
• Connects the aim (outcome), key drivers & changes
  – Identifying the key drivers helps focus the selection of changes to test
  – Guides selection of key outcome and process measures
  – Helps tie smaller QI projects to a larger global aim
• Creates a “Learning Structure” that helps communicate the theory about how changes will result in improvement

A STATEWIDE QUALITY IMPROVEMENT PROJECT TO REDUCE OHIO
PREMATURE BIRTHS BEFORE 37 WEEKS BY IDENTIFYING AND TREATING
PREGNANT WOMEN ELIGIBLE FOR PROGESTERONE SUPPLEMENTATION

Revision Date: 12-11-13

SMART AIM

BY July 1, 2015,
DECREASE THE
RATE OF
PREMATURE
BIRTHS in Ohio
Less than 37
weeks by 10%,
and Less than 32
weeks by 10%

GLOBAL AIM

REDUCE INFANT
MORTALITY IN OHIO
BY REDUCING
PREMATURE BIRTHS

1° DRIVERS

Identification of
Women with Hx SPTB

Identification of
Women with Cervical
Length ≤ 20 mm

Prescription of
Progesterone to
Eligible Women at
Risk for Preterm Birth

Removal of
Administrative Barriers to
Administration of
Progesterone

2° DRIVERS

Earlier and More Consistent
Recognition of Risk

Adopt a cervical ultrasound
screening algorithm (selective
or universal)

Sonographers credentialed to
perform TVU for cervical length
measurement

Initiate progesterone within 7
days of identification of Short
Cervix ≤ 20 mm

Initiate progesterone supplementation before 17
weeks in women with a prior
SPTB between 16 and 36 weeks

Prompt initiation and completion
of all administrative steps in
provision of progesterone Rx

Create and implement policies that
support the use of progesterone in
women at risk for PTB

Potential INTERVENTIONS

- Use a prompting system (such as a checklist) at the
  first OB visit to screen women for history of
  preterm birth (PTB)
- Use systems that allow for fast-track of the the
  1st prenatal visit for women with a history of
  PTB
- Provide early dating ultrasounds routinely to
  pregnant women
- Use systems that facilitate screening at the
  appropriate gestational age
- Credential sonographers in CLEaR & FMF
  Cervical Length screening
- Adopt and use ACOG 2012 PTB Guidelines
- Use a log, flag or tracking system to help
  ensure that women receive progesterone
  therapy when and as needed
- Adopt presumptive eligibility for 1st prenatal
  visit
- Identify and develop a “Progesterone
  Navigator” to reduce administrative barriers to
  progesterone therapy
- Connect women to insurance and other
  resources needed to administer progesterone
- When and where appropriate, refer women to
  high-risk OB practice/MFM for follow up
  prenatal care and progesterone therapy
- Work with key stakeholders including Ohio
  Medicaid, Managed Care & FFS, and Private
  Insurance companies, pharmacies, ACOG,
  March of Dimes etc.
- Use Beacon Coordinators to to support
  regional efforts in state metropolitan areas
  that increase use of progesterone in women at
  risk for PTB

The Smart Aim rates used in the Smart Aim are based on Ohio birth certificate data for the entire state for 2012, using OB estimate of gestational age. Documents from other sources may show a higher rate and are likely different because they use a either calculated or combined estimate of gestational age. Specific details for measures, including data sources and calculations will be documented and available to all OPQC participants.
Early identification of risk and expedited care

• Use a prompting system (such as a checklist) at the first OB visit to screen women for history of preterm birth (PTB)
• Use systems that allow for fast-track of the 1st prenatal visit for women with a history of PTB
• Provide early dating ultrasounds routinely to pregnant women
• Use systems that facilitate screening at the appropriate gestational age
Assure accurate cervical length measurement

Credential sonographers in CLEaR & FMF cervical length screening
Evidence-based practice

- Adopt and use ACOG 2012 PTB Guidelines
- Use a log, flag or tracking system to help ensure that women receive progesterone therapy when and as needed
What is a test?

Putting a change into effect on a temporary basis and learning about its impact.
Why Test?

1. To reduce the risk/cost of implementing an intervention → testing provides an opportunity to learn without severely impacting performance
2. To increase (or decrease) your belief that the change will result in improvement
3. To learn how to adapt the change to other conditions in your environment
4. To minimize resistance to implementation
What is **Not** a Test?

- Data collection
- Implementing a solution
- Rolling out an educational program
- Getting a form, policy, procedure approved by the official committees
Key Points for PDSAs

1. Do initial PDSAs on smallest scale possible
   – A “cycle of one” usually best
   – “Failed” cycles are good learning opportunities, particularly when small

2. As move to implementation, test under as many conditions as possible
   – Think about factors that could lead to breakdowns, supports needed, “naysayers”
Key Points for PDSAs (cont’d)

3. Always identify the prediction or hypothesis before testing the change
   – Allows improved learning from “failures” and refinement of your theory
   – “No improvement” is not a failure, it’s a source of learning

4. Use a “study measure” specific to the PDSA
   – Usually not one of the project measures
   – Usually not collected beyond the PDSA cycle
   – Qualitative results are very valuable in early PDSAs
Smaller Scale Tests: The Power of “one”

Conduct the test with
• one day
• one physician
• one patient
Where to get testable ideas?

• Use the key driver diagram

• Generate ideas -- include people that will be involved in testing the change or will be impacted by the change

• “Steal shamelessly” from other teams!
Trial and Learning

- Continuous cycles allow you to test your idea, learn from it and try again
- Continue testing until you find the solution that helps you reach your objective
From One Cycle to the Next...

Plan Do Study **Act** gives you three options:

- **Adapt** – Make changes (or try under different conditions) and try again
- **Abandon** – “What you thought was a good idea was not such a good idea after all…”
- **Adopt** -- Do the same test on a larger scale, implement or plan for sustainability
What is a Ramp?

• An opportunity to build knowledge step by step until the “change” is firmly rooted in your everyday process

• A series of PDSAs based on testing a
  – revision of your original idea
  – under different conditions
  – and/or on a wider scale

• A ramp is not-
  – Multiple PDSAs with no relationship to each other
  – More data collection
Ramps

- For one idea there will be multiple tests of change…
Why Plan Ramps?

• Plan in advance a few cycles to accelerate the change process
• Plan your first PDSAs with those who want to help (the “early adopters”)
• Use ramps of PDSAs to build knowledge about a change by trying under different conditions
• Use ramps to implement a change, moving from 1 to 5 to 25 to all
PDSA Ramp Planning Tool

**TEST 1**
What:  
Who (population):  
Where:  
When:  
MEASURE:

**TEST 2**
What:  
Who (population):  
Where:  
When:  
MEASURE:

**TEST 3**
What:  
Who (population):  
Where:  
When:  
MEASURE:

**TEST 4**
What:  
Who (population):  
Where:  
MEASURE:
Repeated Use of PDSA cycles & Testing Multiple Changes

Team 1
Key Driver: Identification of Women with History of SPTB

• PDSA #1
  – Identifying women with history of prior preterm birth at time of call for first OB appointment
    P = Taught staff to ask about OB history of SPTB
    D = Schedulers asked all first appointment callers if history of SPTB. 1 week
    S = Schedulers forgot to ask 100% of time; average of 10 new appointments scheduled each week
    A = Adapt test to include a simple algorithm for schedulers
Key Driver: Identification of Women with History of SPTB

- PDSA #2: Adapt
  - Identifying women with history of prior preterm birth at time of call for first OB appointment
    - P = Simple algorithm for screening questions was posted on scheduling board*: Can’t make an appointment without looking at it. *Master list of new OB appointments
    - D = Schedulers asked all first appointment callers “Have any of your babies been born early?” 1 week
    - S = Schedulers remembered to ask 100% of time; 2/10 or 20% callers didn’t understand the screening question
    - A = Adapt test to include clarifying terminology what is meant by “early?”
Key Driver: Identification of Women with History of SPTB

- **PDSA #3: Adapt**
  - Identifying women with history of prior preterm birth at time of call for first OB appointment
    - **P** = Schedulers to use simple algorithm and revised question
    - **D** = Schedulers asked all first appointment callers: Did you ever deliver any of your babies early? If yes, did your baby go to the NICU?
    - **S** = 3/10 new patients were identified as needing expedited first OB appointment. No callers voiced confusion about questions. Data showed some of the callers were patients who had received progesterone in prior pregnancies
    - **A** = Adopt this process for all first appointments. Begin to test ways to standardize identification of patients who had received progesterone previously and didn’t deliver early, but needed an expedited appointment
Repeated Testing

Repeating or Ramping changes resulted in a standardized process and improvement.

Revised screening question

Use of scheduling board

Asking if history of SPTB

Hunches, theories, and ideas

Changes that result in improvement
Testing a second key driver: Identification of Women with Cervical Length ≤ 20 mm

- The 1st PDSAs opened our eyes to the need for the next step: accurate cervical ultrasounds
- While we are continuing to refine the first appointment screening process, we are also testing another PDSA
  - Certifying all sonographers and residents through CLEAR then,
  - Assuring that all women who are appropriate candidates do receive cervical ultrasounds from a credentialed sonographer
  - Stay tuned. We will report our findings soon!
Obtaining Best Possible Baseline Data

Documenting Cervical Screening via Abdominal Ultrasound

Team 2
Focus on Key Driver: 
*Identification of Women with Cervical Length $\leq 20$ mm*

- We have a policy that universal (100%) cervical screening is done by abdominal ultrasound.
- Need to identify whether this policy is effectively carried out.
  - Are sonographers documenting cervical length in abdominal ultrasound reports?
How can we be sure women are being screened per policy?

**Question:**
If universal screening is the goal, how often is screening for short cervix through abdominal ultrasound performed and recorded?

**Documentation issue:** Ultrasound report did not allow description of cervical length

**Objective:** Work with the ultrasound vendor to write a customized query and obtain report which includes cervical length

Multidisciplinary collaboration is needed to meet quality goals
Working with the vendor

• Steps
  – Identify correct person at ultrasound vendor to write query report
  – Test new query report
  – Revise query and test revision
  – Record % of women screened who had cervical length recorded in report
# Report Results

<table>
<thead>
<tr>
<th>Month</th>
<th>TV</th>
<th>TA</th>
<th>Total</th>
<th>%Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>12</td>
<td>6</td>
<td>236</td>
<td>7.6%</td>
</tr>
<tr>
<td>Feb</td>
<td>14</td>
<td>13</td>
<td>219</td>
<td>12.3%</td>
</tr>
<tr>
<td>March</td>
<td>9</td>
<td>62</td>
<td>221</td>
<td>32.1%</td>
</tr>
<tr>
<td>mid-April</td>
<td>7</td>
<td>16</td>
<td>121</td>
<td>19.0%</td>
</tr>
</tbody>
</table>
PDSA

• Discussion
  – Now that we know baseline data, PDSAs can be created and tested
  – Generating ideas for PDSAs
    • Why are these numbers so low?
      – Do sonographers understand how to perform cervical length measurement?
      – Do sonographers understand where to document cervical length?
      – Is the report pulling all pertinent screening data?
      – Has the universal screening goal been shared with sonographers?
      – Are findings being communicated to physicians and midwives in timely fashion?
      – Why do the monthly percentages vary so much?
    – Other ideas?
NEXT STEPS
DR. JAY IAMs
OPQC Institutional Oversight

**Quality Improvement**
- Each Participating Hospital Creates an LDS Limited Data Set to Submit to CCHMC
  - Requires a *Data Use Agreement* or *Business Use Agreement* between CCHMC & your hospital that allow you to share LDS with CCHMC

**OPQC Can Do Research**
- Discuss IRB review with your hospital
  - Inform OPQC of the current status of your IRB application, the date of approval and the next review date by April 24th
  - Enter OPQC data online after this information is sent to OPQC

Overall Project Is Approved at CCHMC – Each Site Seeks Local Approval
Questions
Wrap up and adjourn

• Ramp up your PDSAs!
• Complete the April Monthly Progress Report by May 5\textsuperscript{th}
  – Link to MPR will be mailed to Key Contact today
• Collect and online report data (as discussed):
  – Monthly Site Profile by May 5
  – Candidate Forms at 24-28 weeks (ongoing)
  – Complete Candidate Forms when women deliver (ongoing)
Thank you for joining the call and sharing your great work!