Maryland Patient Safety Center’s

Call for Solutions 2014

Organization: Saint Agnes Hospital, 900 Caton Avenue, Baltimore, Maryland 21229

Solution Title: Eliminating Ripening Agents for Elective Inductions

Program/Project Description: The hospital’s Perinatal Safety Team found that women who had early elective inductions had a higher rate of cesarean sections compared to pregnant women who were not electively induced early.

The project goals:

1. To reduce the frequency of elective inductions performed before the cervix is ripe
2. To reduce the overall rate of elective inductions
3. To reduce the frequency of cesarean section resulting from failed inductions
4. To reduce the overall cesarean section rate

Process: The multidisciplinary team:

- Researched patient data related to early elective delivery
- Performed a literature review on evidence-based practice to support the new practice change
- Created hospital guidelines that included a “hard stop” policy with no exceptions
- Presented details of the new Elective Induction of Labor practice improvements/changes to the department’s medical staff
- Met with individual providers to educate them on the practice changes
- Provided coaches to reinforce the change
- Used peer review for noncompliance to the change in practice

Solution: The development of a clinical practice change, namely, eliminating ripening agents for elective inductions, was implemented along with the following existing guidelines:

- Elective inductions required to be posted no more than 14 days prior to requested date
- Elective cesarean sections required to be posted in advance as long as the patient is at least 39 weeks gestation on the day of the scheduled procedure
- Completed orders and up-to-date prenatal record required at least two days prior to scheduled procedure
- All women undergoing elective induction will have a Bishop score at least 8 in nulliparous women and at least 6 in multiparous women
- Any patient under 39 weeks gestation without a medical indication must obtain approval from Maternal-Fetal Medicine (MFM) or Department Chair and must have fetal lung maturity testing
- Documentation to support early delivery and medical indication must be provided at time of scheduling
• Any indication that does not meet The American College of Obstetricians and Gynecologists (ACOG) criteria must be discussed with the OB department chair prior to scheduling to obtain approval
• Patient counseling done prior to the signing of consent
• Baseline fetal monitor strip of at least 20 minutes prior to the start of the induction must be performed
• A physician able to perform a cesarean section must be available at all times throughout the induction
• When the attending is not available, he/she must provide thorough hand-off to the Hospitalist and must directly request coverage
• Any physician not following guidelines will be reported to the Peer Review Committee

Measureable Outcomes:

Saint Agnes Hospital
Elective Induction of Labor
Performance Improvement Project
Data Analysis
Measureable Outcomes continued:

Saint Agnes Hospital
Elective Induction of Labor
Performance Improvement Project
Data Analysis

- Changing the hospital policy to no cervical ripening agents for elective inductions reduced the number of elective inductions
- The effect of the practice change, prohibiting cervical ripening agents for elective inductions, resulted in zero cesarean sections in this gestational time frame

**Sustainability:** Sustainability is an important aspect to reduce the number of cesarean sections. The sustainability will be promoted by distributing patient education brochures, providing coaches for support and mentoring, examining patient data monthly, and peer review. Sustainability has a high likelihood of success based on the outcomes seen to date.
Role of Collaboration and Leadership: Support on all levels was important for compliance and sustainability. The multidisciplinary team included the Director of Obstetrics, Senior Vice President of Nursing, five Obstetricians, five perinatal nurses, a pharmacist, and a facilitator. Peer review continues to promote accountability on all levels including administration.

Innovation: Project innovations for patient safety included the following:

- Development of an elective induction fact sheet/patient education information brochure that was distributed to provider offices for patient/physician discussions related to elective inductions
- Development of an indication list for medically indicated inductions as well as elective inductions based on the ACOG Practice Bulletin
- Updated and improved Intrapartum Order Sheet
- Created hospital guidelines that included a “hard stop” policy with no exceptions related to elective inductions
- Mandated that elective inductions resulting in cesarean section would be reviewed by the Peer Review Committee
- Provided coaches to be available on the units for information and support and they were identified by wearing specially designed t-shirts

Related Tools and Resources: See attachments

Contact Person: Janice Lamb, MSN, RNC-MNN

Clinical Practice Educator for Maternal-Child Health

Department of Education & Research

Email: Janice.Lamb@stagnes.org

Office Telephone: 410-368-3242