Healthcare Organization Commitment

Contact Details

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Position
Deputy Medical Officer, Senior Vice President Maternal and Child Health & NICU Innovation

Organization Name
March of Dimes

Commitment Details

How many hospitals are represented in this commitment?

<table>
<thead>
<tr>
<th>Last Report</th>
<th>Current</th>
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Action Plan
We have a Data Collection Form that can be entered into a data collection system developed by HealthCatalyst. In addition, the Big 5/6 ACT initiative is using the Preterm Labor Assessment Toolkit (http://www.marchofdimes.org/professionals/preterm-labor-assessment-toolkit.aspx), developed in collaboration with MOD and California volunteers, to standardize these clinical evaluations. The project has identified and is attempting to address the barriers, such as: lack of standardized assessment of preterm labor to ensure the patient will deliver in 7 days; tracking ACT in the EHR, since most EHRs do not support dose timing or when the course is completed; maternal transport, since many of the hospitals do not have clear guidelines or communication pathways for handing off a preterm
Commitment Update

The Big 5 ACS Initiative was implemented by March of Dimes and partners, including 39 participating hospitals, in the five states with the largest numbers of births (Big 5 states: CA, FL, IL, NY, TX). It focused on the following seven strategies: standardizing preterm labor and imminent delivery assessment, increasing the understanding and timing of ACS administration, ensuring rapid availability of ACS, documenting and verifying ACS administration for maternal transports, integrating ACS orders and documentation in the electronic health record, providing ACS patient education tools, and promoting the use of a maternal passport to document ACS administration. RESULTS- 34 hospitals (87%) completed both the pre- and post-implementation surveys. Hospitals reported a significant increase with having a standardized process to assess women for preterm labor and the risk of delivery within seven days: 59% to 88% of hospitals (p<0.012). Although not significant, hospitals also reported the following increases: providers prolonging delivery in order to assure ACS administration during the optimal window (47% to 68%), and having a standardized ACS documentation process (74% to 91%). Several identified ACS administration barriers were reported to have been significantly reduced: • Lack of standardized ACS hospital protocols—from 60% to 24% of hospitals (p<0.023). • Lack of uniform ACS utilization—from 50% to 29% of hospitals (p<0.041). • Lack of system in place to track antenatal steroid treatment administration among appropriate patients—from 59% to 38% of hospitals (p<0.021). The top three quality improvement strategies incorporated by approximately 40% of participating hospitals were: 1) routinely providing a maternal passport for discharged pregnant women who received ACS that provides dosage and timing information, 2) education of physicians and nurses on timing and administration of ACS and rescue course, and 3) ACS patient education materials distributed to patients sent home undelivered. By the end of the initiative, participating hospitals reported positive system and practice changes promoting ACS use because of this initiative. In fact, 53% of hospitals reported a significant improvement, sustainable improvement, or outstanding sustainable results because of their participation. Antenatal Steroids are also being addressed through the work of the March of Dimes Perinatal Safety Center. Additional tools
and resources are expected to be available in late 2019. Resources The following resources were developed through the initiative: • ACS Key Driver Diagram- used to establish a consistent policy to assess when to give ACS • ACS Presentation Slide Deck- to conduct grand rounds to train providers on the process • Maternal Transfer Form- used when a woman was transferred to a different facility. • ACS Passport – used to put information into women’s hands about ACS received, including which drug, the dosage, and the date and time of delivery, so that they would have that information with them in the event they experience contractions or were hospitalized for other reasons. Developed by physician and nurse experts and pilot tested in 5 hospitals prior to the final roll-out.

**Your commitment aligns with APSS**
Optimize the Administration of Antenatal Corticosteroids (ACS) for Impending Preterm Births

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome

**Impact Details**

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<tr>
<th>Initial Commitment</th>
<th>Commitment Update</th>
<th>Project Next Year</th>
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<tr>
<td>Lives Lost 0</td>
<td>Lives Lost 0</td>
<td>Lives Lost</td>
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<tr>
<td>Lives Spared Harm Target 0</td>
<td>Actual Lives Spared Harm in last 12 months 0</td>
<td>Lives Spared Harm Target for following calendar year</td>
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<tr>
<td>Lives Saved Target 0</td>
<td>Actual Lives Saved in last 12 months (might differ from initial target) 4000</td>
<td>Projected Target of Lives Saved for following calendar to try to finish commitment</td>
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<th>New Lives Lost (lives lost – actual lives saved)</th>
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**Acknowledgement**
Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation | patientsafetymovement.org
Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.