



## Healthcare Organization Commitment

### Contact Details

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#### Name

edwin loftin

#### Phone

321-268-6120

#### Email

edwin.loftin@parrishmed.com

#### Position

SVP Integrated and Acute Care Services / CNO

#### Organization Name

Parrish Medical Center

#### Organization Address

951 N. Washington Avenue

Titusville, FL 32796

US

#### Participants

Mary Paredero, Executive Director-Inpatient Services

#### APSS

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Have you reviewed the Patient Safety Movement Foundation's Actionable Patient Safety Solutions (APSS)?

Yes

What Patient Safety Challenge does your Commitment address?

Challenge 11C - Reducing Unnecessary Cesarean Sections (C-Sections)

## Commitment Name

Reducing Unnecessary Cesarean Sections

## How Many Hospitals Will This Commitment Represent?

1

## Scorecard View Error

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## Commitment Details

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### Commitment Summary

It is well established that the number of cesarean births has increased over time and many of these are unnecessary leading to short-term complications, including blood loss, infection, and venous thrombosis with the risk of maternal and fetal mortality.

### Action Plan

Complete: an in-depth analysis of the facility's current rate of cesarean sections with detailed analysis of the following: □ Indications for procedures □ Specific rates of total, primary, repeat, nulliparous term singleton vertex for the institution and individual providers □ Analysis of risk factors such as parity, age of mothers, concurrent medical diagnoses □ Audit of cesarean sections with tool evaluating possible interventions including stage of labor, induction protocols, cervical ripening, use of instrumented delivery (example of audit tools in referenced toolkits) □ Rates of inductions and techniques utilized □ Evaluation of anesthesia techniques and availability □ Scheduling protocols □ Consenting procedures for elective cesareans for declined trial of labor without medical indications □ Compliance with standard labor support techniques □ Compliance with standard intervention for failure to progress □ Compliance with standard Identify: Gaps in procedures, protocols and care which can be utilized to promote vaginal birth Adhere: Guidelines outlined by the ACOG/SMFM consensus statement on preventing the first cesarean section and other recommendations in toolkits such as the CMQCC Toolkit on Promoting Vaginal Birth Implement: Interventions for reducing the need for cesarean section. □ Ensure that a culture valuing vaginal delivery and avoiding unnecessary cesarean section is present in the institution. □ Promote a shared decision-making process where prenatal providers discuss and promote patient-centered labor support and management. □ Develop staff expertise in labor support and management which maximizes the likelihood of successful safe vaginal delivery. □ Standardized admission criteria to prevent latent phase labor patients being admitted and requiring aggressive management to get into active labor. □ Offer a multitude of choices pharmacologic and physiologic methods for pain management to ensure patient comfort. □ Standardized intervention plans based upon defined fetal heart rate characteristics which lead to prompt appropriate intervention and minimize the risk of over intervention. □ Adherence to evidenced-based algorithms for intervention for failure to progress which increase successful labors and have minimal side effects to the mother and fetus. □ Make available standard

protocols, expertise and techniques for decreasing the cesarean rate in breech presentations, history of genital herpes and twin gestations. □ Transparent reporting of cesarean section rates, risk factors and other information by facility and providers. Educate: Patients and families of the long term risks and benefits of cesarean section and the benefits of vaginal birth. Review and train all providers the various techniques and protocols which reduce the need for protracted and unsuccessful labors.

## Impact Details

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### Lives Saved

Next, make a prediction (goal) from your baseline above for 1 year from today. We'll give you the opportunity to update us next year on the actuals:

10

Methodology for Determining Lives Saved:

To be determined.