Healthcare Organization Commitment

Contact Details

Name
Lisa Waddell

Phone
914.997.4649

Email
LWaddell@marchofdimes.org

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

Organization Name
March of Dimes

Organization Address
1275 Mamaroneck Ave
White Plains, NY 10605
US

Commitment Details

Commitment Name
Reduce Non-medically Indicated Deliveries before 39 Weeks Gestation

Participants
KuoJen Tsao, MD
Dr. Rahul Gupta, MD, MPH, MBA, FACP

What Patient Safety Challenge does your Commitment address?
Commitment Start Date
01/01/2016
How Many Hospitals Will This Commitment Represent
0

Action Plan
The March of Dimes 39+ Weeks banner recognition program was developed to recognize hospitals that have successfully reduced their EED rate to 5% or below, as measured by Joint Commission PC-01. The hospitals must also have a hard stop policy in place with several key components, including gestational age criteria (ACOG) and a list of medical indications for delivery prior to 39 weeks. In order to receive the banner, hospitals submit an application with the data report (PC-01 or CMS measure) and the policy that addresses EED for inductions and c-sections. 700 hospitals in 20 states plus the Washington, D.C. and Puerto Rico have been recognized through the banner program. Some keys to the success of the banner program include: • The public display of the banner fosters healthy competition between hospitals to reduce EEDs. • The program encourages sustainability of the effort to reduce EEDs since banners can be renewed annually. • The program incorporates a hospital policy requirement in addition to achievement of low EED rates. • The program helps to sustain state partnerships to keep interest in continuing efforts to reduce EEDs. Starting in 2017, March of Dimes has implemented an awards program in Puerto Rico to recognize hospitals’ work in reducing EEDS. In 2018, 15 hospitals were recognized for an EED rate of less than 5%. March of Dimes participated as the lead partner organization for the prevention of pre/early term birth learning network for the Infant Mortality Collaborative Improvement and Innovation Network (CoIN) 2014-2017. Prevention of EEDs was one of two primary strategies addressed in this learning network. 24 states participated, working collaboratively to develop and implement action plans to reduce pre and early term births. March of Dimes led the development of resources and the provision of technical assistance to support these efforts including a driver diagram, change package, measurement tools and webinars. Since the conclusion on the initiative in 2017, many of these resources have been made publicly available in the Infant Mortality CoIN Prevention Toolkit. (https://static.nichq.org/prevention-toolkit/) EEDs 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: • EED Banner Program Application • EED Recognition Banner Patient Safety Movement Foundation | patientsafetymovement.org • Sample Hard Stop Policies

Commitment Timeline
This commitment will be ongoing until 2020.

Impact Details

Lives Lost in Last Calendar Year
0
How many lives do you expect to spare from harm in the next calendar year?
0

How many lives do you expect to save in the next calendar year?
0

Methodology for Determining Lives Saved
It is estimated that non-medically indicated elective deliveries before 39 weeks contribute up to 20% of preterm birth [Reddy UM et al., 2009; Holland MG et al., 2009] and these would be expected to be late preterm (34 through 36 weeks). With 380,000 babies born preterm in the U.S. [Hamilton BE et al., 2015] then up to 76,000 could be prevented. Since the infant mortality for late preterm babies is 7.23/1,000 births (3.9-fold the infant mortality for full term, 39 through 40 week, infants) [Mathews TJ et al., 2015], therefore, up to 549 or approximately 550 infant deaths could be prevented if all non-medically indicated deliveries before 39 weeks could be prevented. Some of these deaths are already being prevented by hospital policies and Medicaid payment policies in some states, but more needs to be done to prevent unnecessary morbidity and mortality from non-medically indicated elective deliveries before 39 weeks. Our goal is to promote this initiative nationally so that reduction of non-medically indicated deliveries before 39 weeks gestation will become a perinatal safety practice and non-medically indicated deliveries before 39 weeks gestation will be recognized as medical errors. References: Reddy UM, Ko CW, Raju TN, Willinger M. Delivery indications at late-preterm gestations and infant mortality rates in the United States. Pediatrics 2009;124(1):234-40. Holland MG, Refuerzo JS, Ramin SM, Saade GR, Blackwell SC. Late preterm birth: how often is it avoidable? Am J Obstet Gynecol.2009;201(4):404.e1–404.e4. Hamilton BE, Martin JA, Osterman MJK, et al. Births: Final data for 2014. National vital statistics reports; vol 64 no 12. Hyattsville, MD: National Center for Health Statistics, 2015. Mathews TJ, MacDorman MF, Thoma ME. Infant mortality statistics from the 2013 period linked birth/infant death data set. National vital statistics reports; vol 64 no 9. Hyattsville, MD: National Center for Health Statistics, 2015.