Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Challenge 11C: Preventing Unnecessary C-Sections

What Patient Safety Challenge does your Commitment address?
Commitment Start Date
01/01/2018

How Many Hospitals Will This Commitment Represent
1
Action Plan
• Looked into every NTSV case 2016-17. Found that most inductions were medically indicated (only 1 or 2 elective inductions), NTSV C/S were primarily for Cat II tracing remote from delivery and Arrest of Descent (2nd stage labor arrest). Every failed induction met the new recommended criteria (i.e. 12-18 hours, ruptured on pitocin) and all labor arrests followed the ACOG recommendations (e.g. 1st stage: 6 hours ruptured on pitocin with inadequate contractions or 4 hours with adequate contractions; 2nd stage: 3-4 hours of pushing depending on epidural and parity). • Actions o FHR tracings: Perinatal Quality Foundation Exam by all MDs/RNs Standardizing NICHD terminology and strip interpretation Cat II FHR tracing algorithm implemented o 2nd Stage labor: 2nd stage evidenced-based labor algorithms implemented Peanut balls to facilitate labor management and vaginal delivery Labor management classes for RNs OVD education for MDs Grand Rounds • Resident lectures o Grand Rounds reviewing all this information last Fall o Individualized score cards o Monthly newsletters with stats - Perinatal in situ simulation - Track, monitor and report metrics monthly at OB Quality and Safety and Grand Rounds, annually at QSOC - Implementation of standard induction scheduling - Offer VBAC as an option with a success rate higher than the UC System and the California Maternal Data Center

Commitment Timeline
These actions are underway and will continue throughout 2018.

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
This calculation will be included in APSS #1.