**Implementation Guide**

This document and resources on the RPC member site were developed to support teams participating in ACNM’s Reducing Primary Cesareans (RPC) learning collaborative. The narrative refers heavily to materials that are on the BirthTools/RPC webpage, which can be accessed at: [RPC Members Site](http://birthtools.org/RPC-Members-Only)

# Ready, set, go – preparing to change

Documents here will help you prepare your team for change. These include background documents on how to make the case for change, details about the bundles that you will be implementing, how to think about staffing for change, and sample policies that support the change bundles.

## Making the case for change

You probably referred to some of these materials when you were deciding to apply to participate in the RPC. We’ve summarized some of the research below in hopes that this will help you to communicate the urgency for change to others at your organization.

**What is the problem?**

Nearly one third of births in the US are delivered by cesarean section each year. After a 60% increase in cesarean births from 1996 to 2009, reaching a high of 32.9%, there was a slight decline to 32.7% in 2013.[[1]](#footnote-1) While cesarean birth can be a lifesaving procedure in situations when vaginal delivery is not a safe option, for most low-risk women giving birth for the first time, cesarean deliveries create more risk, including hemorrhage, uterine rupture, abnormal placentation, and respiratory problems for infants.[[2]](#footnote-2) Furthermore, mothers who have had cesarean sections have increased chance of these risks in subsequent cesarean deliveries. In addition to these risks, mothers who undergo cesareans have longer recovery times, slower returns to productive activities, and difficulty breastfeeding

This trend has received worldwide attention from various stakeholders as a maternal and child quality issue. In 2000, the American Congress of Obstetricians and Gynecologists (ACOG) published a report on the trend in cesarean births, with a proposed national goal of 15.5%. More recently, the federal Healthy People 2020 guideline established a target rate cesarean delivery rate of no more than 23.9% for low-risk women without a prior cesarean. These births to low risk, first time mothers are referred to as NTSV births.[[3]](#footnote-3)

Research and analysis about this recent rise in cesarean births has identified several contributing factors. Key contributing factors may include: variation in medical education; pressure in hospital environments that may lead to early intervention, rather than letting labor take its natural course; risks associated with common labor interventions, such as inductions; continuous fetal monitoring; concern about medical malpractice; and payment models.

Concern about higher than target cesarean rates is driven by both quality concerns and costs. For example, national data shows that, on average, a cesarean birth costs $3,432 to $7,000 more than a vaginal birth.[[4]](#footnote-4) In response, a range of stakeholders, including professional societies and purchasers, have now focused attention on this issue.

**What can we do about it?**

**Bundles to Support Change**

The concept of the bundle was developed by the Institute for Healthcare Improvement (IHI) as a way to support health care professionals to provide the best care possible based on available evidence. According to IHI “A bundle is a structured way of improving the processes of care and patient outcomes by using a small, straightforward set of evidence-based practices— generally three to five— that, when performed collectively and reliably, have been proven to improve patient outcomes”[[5]](#footnote-5). The process of improvement through the use of a bundle is to tie evidence based care practices together into a package of approaches to care or interventions that are followed for every patient, every single time.

In 2015, with funding support from the Transforming Birth Fund, ACNM launched the Healthy Birth Initiative: Reducing Primary Cesarean Project. The Healthy Birth Initiative convened teams to develop three change bundles, available in the bundles tool box on the Healthy Birth Initiative website. The bundles, which are designed to promote physiologic birth, are:

* [Assessing Fetal Wellbeing](http://birthtools.org/MOC-Assessing-Fetal-Well-Being-TOOLBOX)
* [Promoting Spontaneous Labor Progress](http://birthtools.org/MOC-Promoting-Progress-In-Labor-Toolbox)
* [Promoting Comfort in Labor](http://birthtools.org/MOC-Promoting-Comfort-in-Labor-Toolbox)

In addition, ACNM developed a collaborative project to support hands-on quality improvement using these bundles, and to encourage collaboration – this is the Reducing Primary Cesareans Learning Collaborative, of which you are now a member.

**How is this different from AIM?**

RPC is sponsored by ACNM, and many from ACNM are also involved in AIM. Some of the hospitals participating in RPC are in AIM states, and they have found the coaching, tools and data center support to be invaluable. While AIM provides a high-level bundle, RPC provides three specific bundles, and helps you to evaluate your data to determine the drivers of your CS rate, then choose the bundle that will best address them. In addition to getting personalized coaching from an experienced quality improvement expert, you will be interacting with other hospitals who are engaged in implementing the bundles on an ongoing basis. You will:

·      Participate in our learning community and share best practices

·      Receive coaching from our clinical quality improvement experts

·      Contribute data to and get access to reports from our data center that allow you to track key metrics

·      Have access to materials and tools that have enabled others to succeed

# Getting Started

# Build your team

You have already identified two co-leaders for your project. To be effective, you will need a team, as well as the skills and processes to effectively delegate and share the work among team members. Ideally, your team should include people from administration, people with detailed subject matter expertise, at least one person who is familiar with collecting data and uploading and downloading reports on the Internet, and clinical members. There is no magic number of team members. In addition to your team members, you will benefit from having “champions.” Champions are people who are excited about the project and can communicate about it broadly. Champions can be CNMs, RNs or MDs, and in an ideal world, a team would have some of each. Champions will create the supportive environment in which the team can diagnose, test and implement the new practices to reduce primary cesareans.

Documents here will help you get your team ready to implement. These include tips on how to identify and engage champions, build a team, and engage senior leaders and providers in your change process.

[Champions and Team Formation](http://www.birthtools.org/birthtools/files/ccLibraryFiles/Filename/000000000271/RPC-ChampionsAndTeamFormation.docx)[HRSA Quality Improvement document](http://www.birthtools.org/birthtools/files/ccLibraryFiles/Filename/000000000267/HRSA-QualityImprovement.pdf)

[Agency for Health Care Research and Quality Practice Facilitation Handbook](https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod14.html)

It’s important to engage broadly within your institution about change. Here are some tips that others have found useful:

[Getting Provider Buy In- Presentation](http://www.birthtools.org/birthtools/files/ccLibraryFiles/Filename/000000000272/RPC-GettingProviderBuyIn-Presentation.pptx)

[Seven Rules for Engaging Physicians in Quality Improvement](http://www.birthtools.org/birthtools/files/ccLibraryFiles/Filename/000000000273/IHI-7RulesForEngagingCliniciansInQI.docx)

[Bingham and Maine: Effective Implementation Strategies](http://www.birthtools.org/birthtools/files/ccLibraryFiles/Filename/000000000269/EffectiveImplementationStrategies-REF-BinghamMaine.docx)

# Build needed skills

You may have in-house quality improvement experts who are part of your team and can guide you on this journey. Whether you do or not, you may want to take advantage of free, on-demand learning about quality improvement. RPC has a subscription to the IHI Open School that is part of your benefit as a member of RPC – for access to this, please contact us at: rpclearningcollaborative@gmail.com

# Plan to Communicate

You will need to communicate early and often about your change and the results you see. Make sure that all of the departments involved in your project know about it in advance, and are updated along the way. Many successful RPC teams have arranged for dedicated time at department meetings and Grand Rounds, as well as having bulletin boards, materials in staff rooms, and articles in newsletters to talk about the project. You can read these success stories *(see links below)* to see some examples. We also have examples of presentations that have been given at Grand Rounds that you can adapt for your organization. Some teams have been fortunate to have support from their hospital’s communications department, and others have enlisted help from DNP students, who have taken on projects to prepare presentations and materials. When communicating, keep in mind that people may not understand the reasons for the change, be threatened by the change, and feel insecure about how to change. You can help them by explaining and providing tools for them. If you feel like you need additional training on this topic, we encourage you to review the free online training at the [IHI link](http://www.ihi.org/education/webtraining/Pages/default.aspx?utm_campaign=events&utm_source=hs_email&utm_medium=email&utm_content=40613363&_hsenc=p2ANqtz-8Q1iomogFh0n01UHl_rta0Tu5CLcGlap7JHu_eG162o5rEvx4Roo4bbqHG7sNmIMlDSeXPtQ7zXdtzo_UQL3du3KLRgQ&_)

We also encourage you to review [success stories](http://birthtools.org/RPC-Learning-Collaborative) from other RPC hospitals for tips on how they succeeded.

# Establish and launch the initiative:

A key part of starting your change process is to work with your team to develop SMART goals, a charter and a timeline. In addition, you should:

* Decide how your team will meet
* Make sure that the collaborative webinars are on your calendars
* Complete a deliverables checklist
* Develop a communications plan
* Develop SMART goals and a charter and timeline

# Gather and use your data to drive change

Data is the key to identifying areas for change, and measuring your progress. It is fundamental that you master the ability to collect, upload and use your data for the RPC Collaborative. The process and outcome measures in the RPC data center were chosen as those that best measure the success of each bundle’s implementation.

Before you can start to implement change, you will need to identify where you are (your baseline) and what needs to change (your opportunities). You have collected your baseline information and it has been entered into the RPC data center.Each of the change bundles has a deliverables checklist that you can use to see where you are and find opportunities for change. You will use this checklist throughout the process, so please download it and save it as a copy that your team can use as a living document.

# Become familiar with quality improvement tools

We will have a webinar about quality improvement tools. You can also find lots of self-directed learning at the [IHI website](http://www.ihi.org/resources/Pages/default.aspx). Here are some [commonly used tools](http://www.birthtools.org/birthtools/files/ccLibraryFiles/Filename/000000000294/UsefulQItools.docx) that may be helpful. Check out this [page of the RPC website](http://birthtools.org/RPC-Using-Data-to-Drive-Improvement) for more links.

# Decide which bundle to work on

We will have webinars about this topic. A summary of the steps is:

* Look at your data to identify opportunities
* Match the opportunities to the bundle
* Complete the deliverables checklists and identify gaps
* Develop an action plan based on the deliverables checklist

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# Based on your selected bundle, develop a data collection plan

Your team will get 1:1 training on the data center, we will have information at the kickoff meeting, you can check back at the [RPC website](http://birthtools.org/RPC-Using-Data-to-Drive-Improvement), and we will also have webinars on this topic! Key questions are:

* Which data will you need to collect?
* Where is it available now?
* Agree on a timeline for collection
* Agree on who will enter or collect the data

# Plan for needed education, policy change

You may need to update your current policies or create new policies to support your work. Many RPC hospitals have shared [their policies](http://birthtools.org/RPC-Preparing-for-Change), which you can access and use as examples.

Based on this, your team will need to decide what education people at your hospital need. There are [examples from RPC hospitals](http://birthtools.org/RPC-Preparing-for-Change) that you may want to explore.

# Track your progress and plan to sustain change

Check back on your deliverables checklist – what progress have you made? Where do you still need work? We will have webinars on this, and there are also [materials on the RPC website](http://birthtools.org/RPC-Sustaining-Change).

1. http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\_06.pdf [↑](#footnote-ref-1)
2. http://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co559.pdf?dmc [↑](#footnote-ref-2)
3. This measure refers to first-time pregnancies (Nulliparous) that have reached at least 37 weeks gestation (Term), with one fetus (Singleton) in the head-down position (Vertex). [↑](#footnote-ref-3)
4. www.guru.com, accessed 7/25/16.

http://transform.childbirthconnection.org/resources/datacenter/chargeschart [↑](#footnote-ref-4)
5. Institute for Healthcare Improvement [↑](#footnote-ref-5)