

6) Reducing Third and Fourth Degree Obstetrical Trauma (Patient Safety Indicator (PSI) 18 18 and 19) Rates using the AHRQ Quality Improvement Toolkit

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PROJECT DESCRIPTION

Reduction of third and fourth degree (3rd and 4th) obstetrical trauma rates (Patient Safety Indicators (PSI) 18 and 19) were reviewed and determined to be the highest rates amongst the other system entities and were above the Agency for Healthcare Research and Quality (AHRQ) national benchmarks. These measures are also associated with Federal programs.

A multi-disciplinary Quality Improvement Taskforce consisting of representation from Clinical and Administrative leadership, Obstetric-Gynecological Physicians and Quality and Patient Safety was formed. The step by step approach designed by the AHRQ toolkit was utilized. This involved the revision of current clinical and documentation practices to align with evidence-based practice; completion of a gap analysis; development of an improvement strategy for change with corresponding implementation plan; ongoing measurement and analysis of results, and the evaluation of the effectiveness of change.

This 300 plus bed community teaching hospital focused on 3rd and 4th degree Obstetrical Trauma (PSI 18 & 19) rates with the intention to: 1. Improve patient outcomes as a higher rate could reflect potential harm; 2. Improve documentation and coding inconsistencies and eliminate the use of "partial" 3rd in physician documentation; and 3. Reduce unnecessary costs associated with PSI 18 & 19.

The healthcare organization's goal was to reduce the Patient Safety Indicator #18 OB Trauma (vaginal delivery with instrument) rate from 17.06% to 13.91% by December 31, 2015, and reduce the Patient Safety Indicator #19 OB Trauma (vaginal delivery without instrument) rate from 2.83% to 2.25% by December 31, 2015.

OUTCOMES ACHIEVED

- Practitioner knowledge of the issues surrounding obstetrical trauma rates was enhanced and included education on accurate documentation and coding nuances.
- Improved documentation related to episiotomies and obstetrical trauma.
- Reduction in PSI-18 and PSI-19 obstetrical trauma rates.

LESSONS LEARNED

- Key stakeholder buy-in must include the unit coordinator staff to ensure old forms are no longer available for use.
- Ongoing monitoring and individual correction is key to success.
- Developing sound processes to reduce artificial noise has helped to drill down data that will be more reflective of actual practice patterns.