

Bree Collaborative Implementation Survey Results | Medical Group Obstetrics Care

This report summarizes adoption of the Bree Collaborative Obstetrics Care Recommendations, completed by Washington State medical groups in 2016. We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical group.

Results: 8 Medical Groups Responding

0 -No action taken; 1 -Actively considering adoption; 2 -Some/similar adoption; 3 -Full adoption

| | AVERAGE SCORE |
|--|------------------|
| <p>Medical group supports policies that limit deliveries before the 39th week including:</p> <ul style="list-style-type: none"> • If induction between 37 and 39 weeks occurs, indication is on the Joint Commission or Washington State Perinatal Collaborative/WSHA project list • For clinical situations not on the two lists above, consultation occurs and agreement obtained that the clinical situation required delivery • Data, including baseline, on early elective delivery is collected | 3.0 |
| <p>Medical group supports policies for scheduling inductions between 39 and 41 weeks including:</p> <ul style="list-style-type: none"> • The cervix is favorable (Bishop score of 6 or greater) • A consent form specific to the risk and benefits of induced compared with spontaneous labor has been signed by the patient • Data, including baseline, on elective inductions is collected | 2.75 |
| <p>Medical group supports policies for Cesarean-Sections including:</p> <ul style="list-style-type: none"> • Admitting only spontaneously laboring women at term who present with no fetal or maternal compromise when the cervix is 4 centimeters or more dilated • Allowing first stage labor arrest cesarean (reassuring fetal and maternal status but lack of progress of labor) to be performed only in the active phase (equal to or more than 6 centimeters dilation) • Allowing adequate time in the active phase (4 to 6 hours) with use of appropriate clinical interventions before making a diagnosis of active phase arrest • Allowing sufficient time with appropriate clinical interventions in the 2nd stage before diagnosis of 2nd stage arrest or “failure to descend.” • Data on C-sections, including baseline, is collected | 2.63 |
| <p>Medical group supports public reporting on obstetrics procedure data through existing website such as WSHA</p> | 2.71 |
| <p>Patients are provided with education and shared decision-making on maternity care options and risks of pre-term births, elective deliveries, and C-sections</p> | 2.86 |

Bree Collaborative Implementation Survey Results | Medical Group Obstetrics Care

Scale

We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical groups.

| | |
|-----------------------------------|--|
| 0 - No action taken | <ul style="list-style-type: none"> • No leadership awareness of Bree Collaborative Topics • No team formed |
| 1 - Actively considering adoption | <ul style="list-style-type: none"> • Bree topics, aims and components have been discussed • Education, assessment, information gathering • Changes planned but not tested • Information gathering and baseline measurement begun |
| 2 - Some/similar adoption | <ul style="list-style-type: none"> • Initial test cycles completed for more than one element • Quality metrics and data available demonstrating adoption/effectiveness • Other similar (Bree-like) changes adopted for this topic |
| 3 - Full adoption | <ul style="list-style-type: none"> • Changes implemented in all areas • All components integrated into care process (i.e. orders, etc.) • Partial or complete closure of gap between baseline & target outcomes |

Participating Medical Groups

Confluence Health

Providence: Pacific Medical Centers

The Everett Clinic

Providence Medical Group: SE Region

Evergreen Health Partners

Providence: Swedish Medical Group

Group Health Cooperative

Vancouver Clinic

Northwest Physicians Network

Virginia Mason

Polyclinic

MultiCare