

# Facility-level indicators: Making the most of a new set of metrics in Perinatal Care

Lily Lee, Brooke Kinniburgh  
Canadian Perinatal Programs Coalition  
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# Objectives

- To have an overview of the facility-level indicators released by PSBC
- To explore the use of indicators to inform continuous quality improvement initiatives locally and provincially
- To share lessons learned for the public reporting initiative

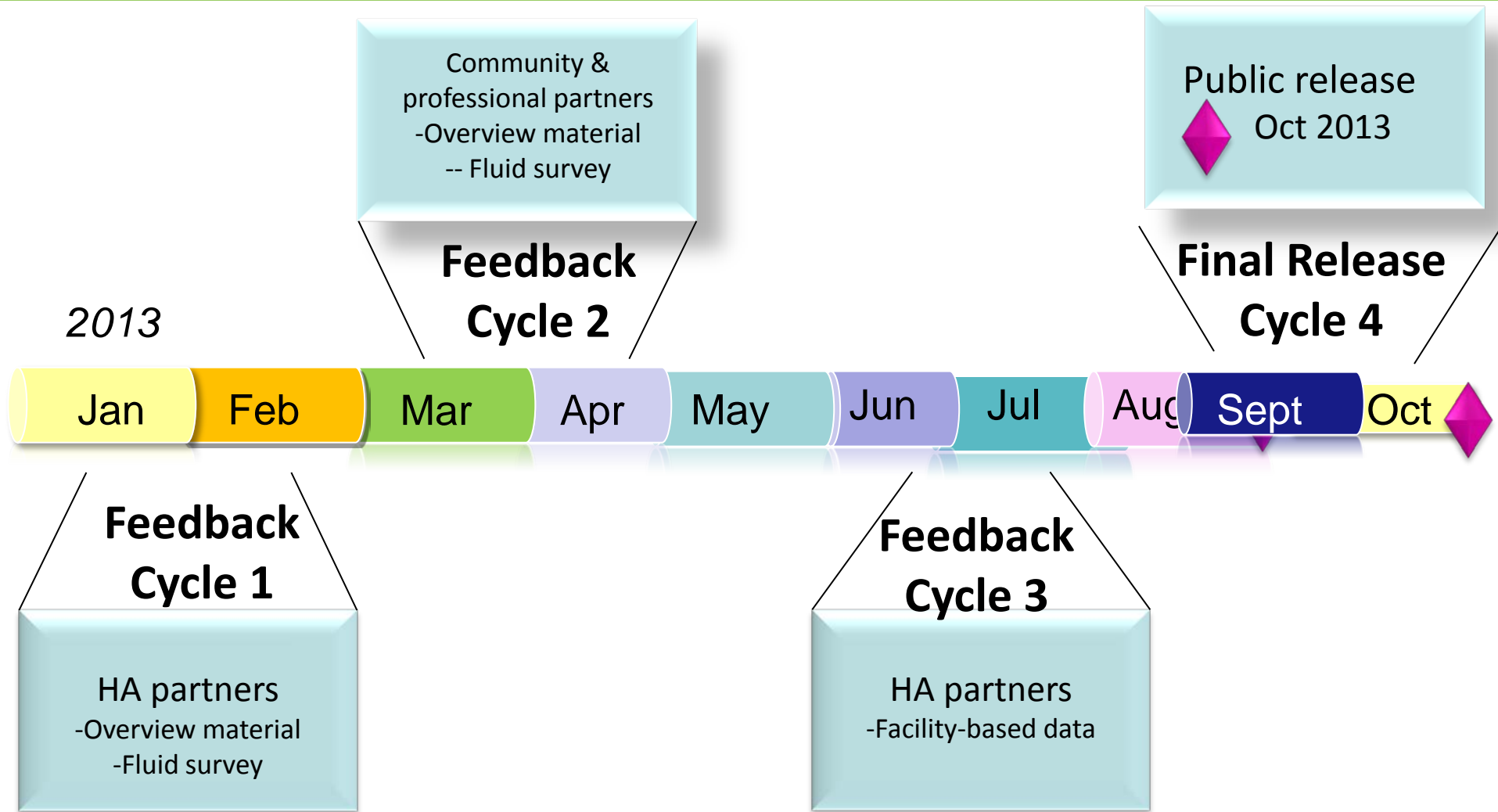
# Our Journey for Publicly Reported Facility-level Indicators



**Perinatal Services BC**

An agency of the Provincial Health Services Authority  
FLI-0240-3DA-5N

# Communication Timeline



# Labour and birth information from B.C. hospitals now available to public

Nov 11, 2013 at 1:00AM

Labour and birth information for each hospital in British Columbia is now available



## Released October 24, 2013

### **Terry Lake, Minister of Health –**

“Having a baby is a momentous event in the life of a mother, her partner, and the entire family. British Columbia is a very safe place to give birth, in hospital or at home, providing a very high quality of care. That being said, these numbers identify areas for improvement and change—which BC’s healthcare system can use to improve care and outcomes for mothers and babies. This is an excellent example of the power of transparency can lead to better patient care for British Columbians.”



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An agency of the Provincial Health Services Authority

# What is public reporting?

- data, publicly available or available to a broad audience
- free of charge
- about a health care structure, process, or outcome at any provider level (individual clinician, group, or organizations)
- involves comparative data reporting on performance for which there are accepted standards or best practices

*AHRQ (2012) Closing the quality gap: Revisiting the State of the Science*

# Why did PSBC report facility-level indicators?

- PSBC has a key role in monitoring how hospitals are performing in areas related to maternity and neonatal care
- Provide a suite of consistent utilization measures for use in the province
- As part of Primary Maternity Care Action Plan, PSBC is tasked with developing indicators

*“Health authorities would develop and implement quality improvement initiatives as appropriate upon review of indicator results”*

# PSBC Indicator selection criteria

- Data available only through the Perinatal Data Registry
- Different from other publicly-reported obstetric or neonatal indicators available for BC (e.g. CHRP).
- Indicators:
  - Are high quality measures
  - Are amenable to practice change
  - Affects a high volume of women
  - Are evidence-based



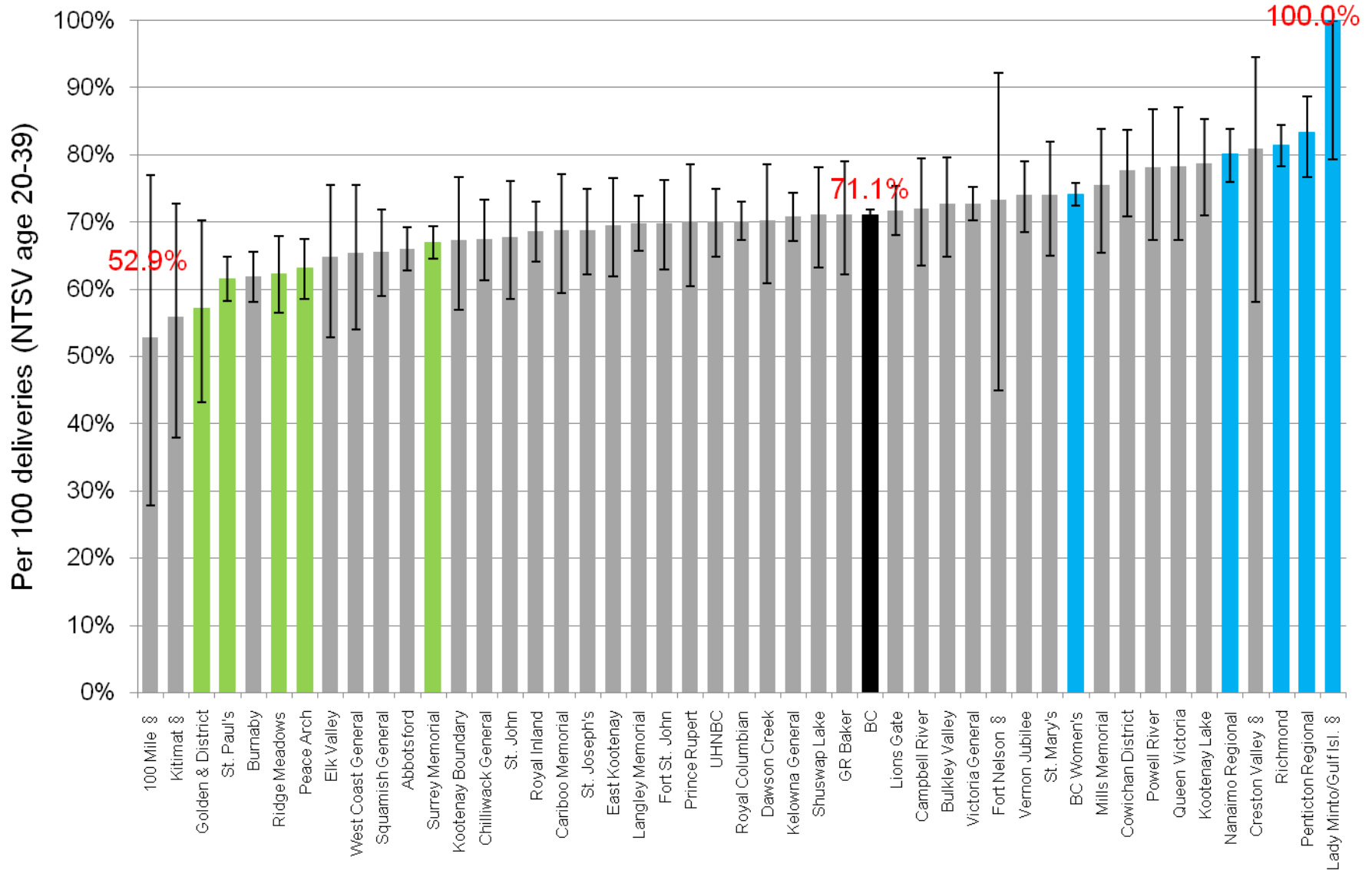
# Publicly reported indicators

1. Vaginal delivery rate for nulliparous women aged 20 to 39 years with a singleton vertex pregnancy at term (Nullip, Term, Single, Vertex)
2. Early term repeat cesarean delivery prior to 39+0 weeks gestation without labour
3. Post-date induction before 41+0 weeks gestation for women under 40 years of age at time of delivery
4. Exclusive use of intermittent auscultation in labouring women without risk factors who delivered vaginally
5. Healthy term singletons receiving exclusive breast milk from birth to discharge

<http://www.perinatalervicesbc.ca/DataAndSurveillance/Surveillance/FacilityLevelIndicators/AccessingTheData/default.htm>

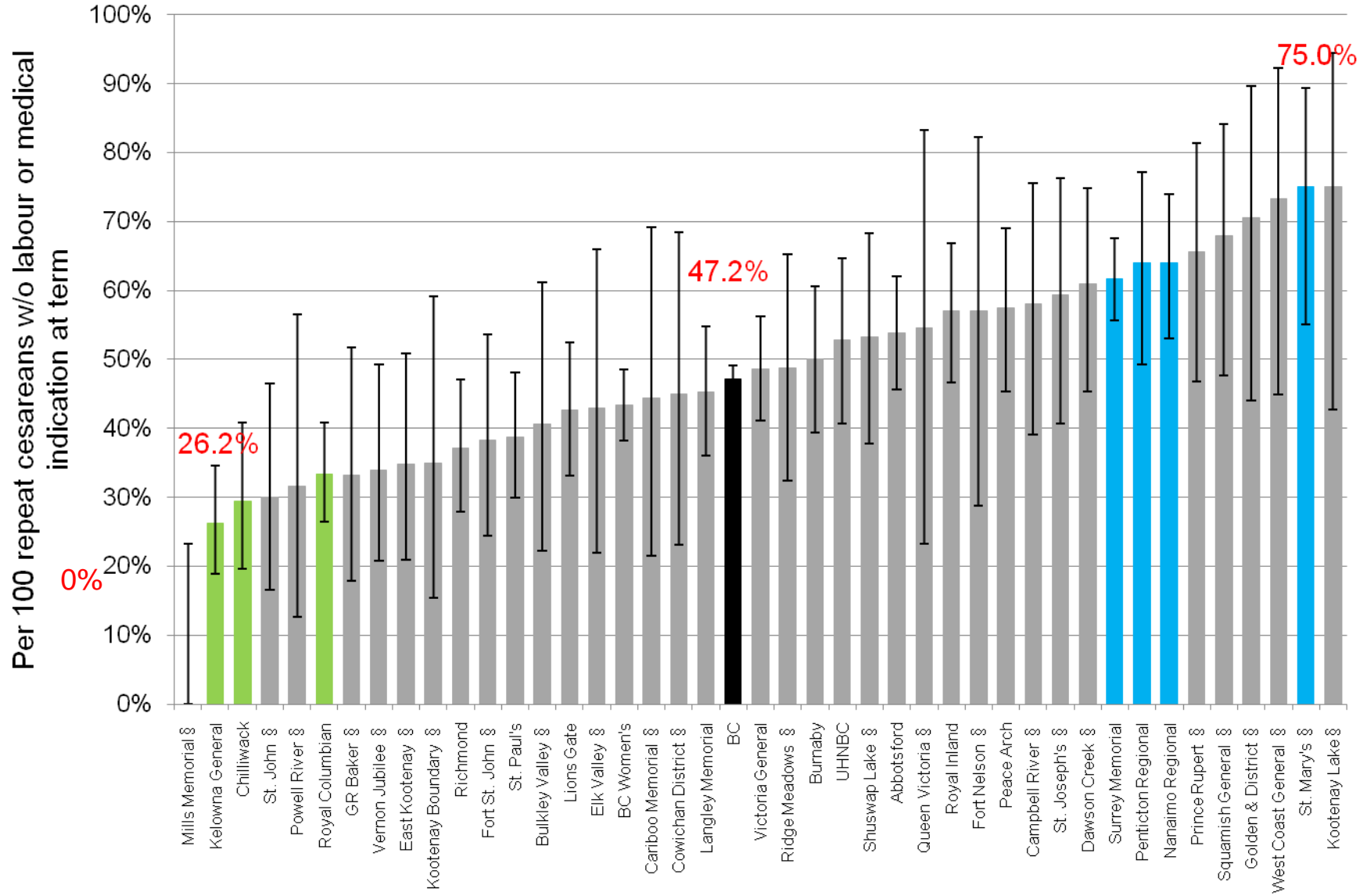
# Vaginal delivery rate for nulliparous women aged 20 to 39 years with a singleton vertex pregnancy at term

British Columbia obstetric facilities 2011-2012 or 2010-2011 & 2011-2012



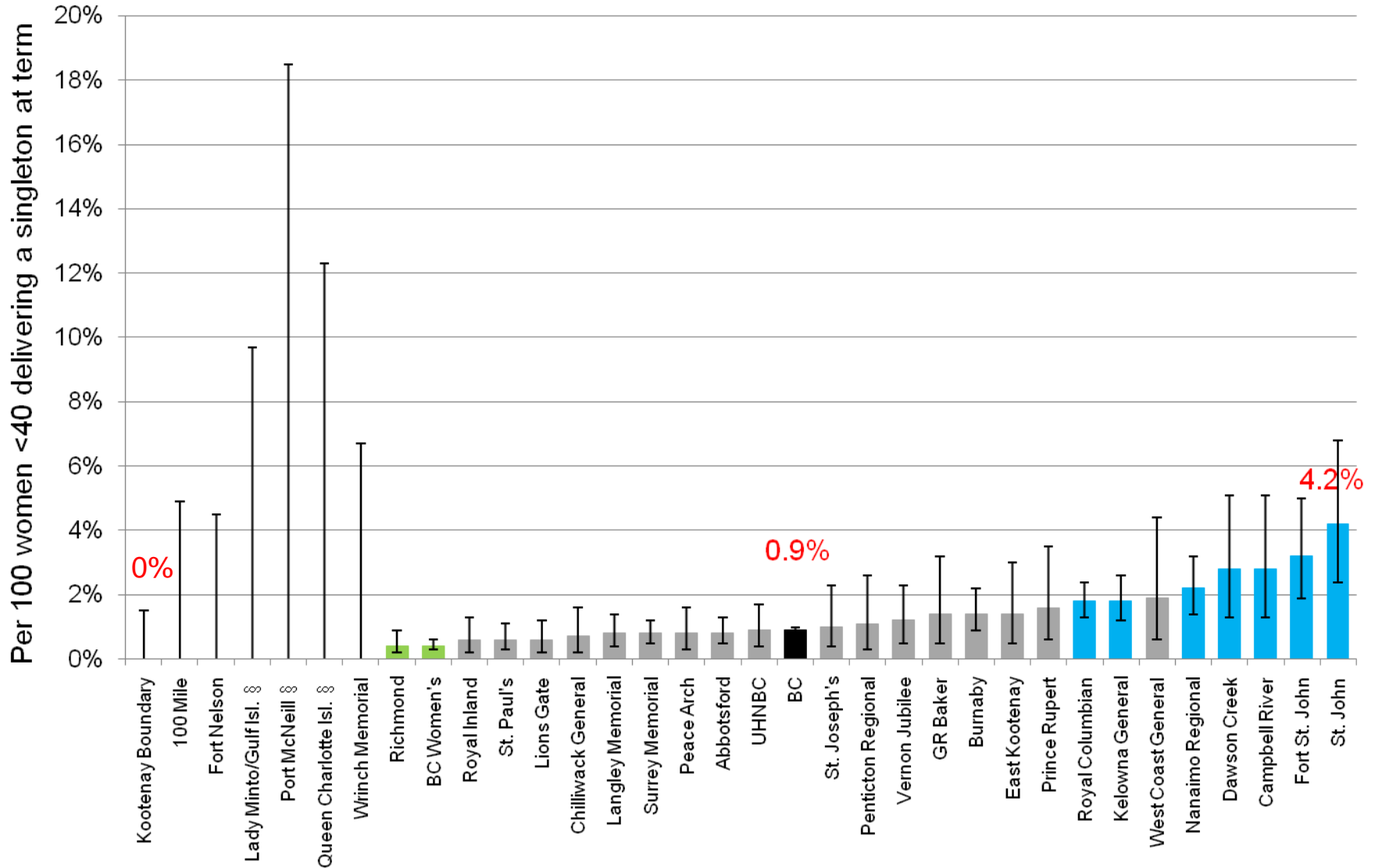
# Early term repeat (prior to 39+0 gestation) cesarean delivery without labour (without medical indication)

British Columbia obstetric facilities 2011-2012 or 2010-2011 & 2011-2012



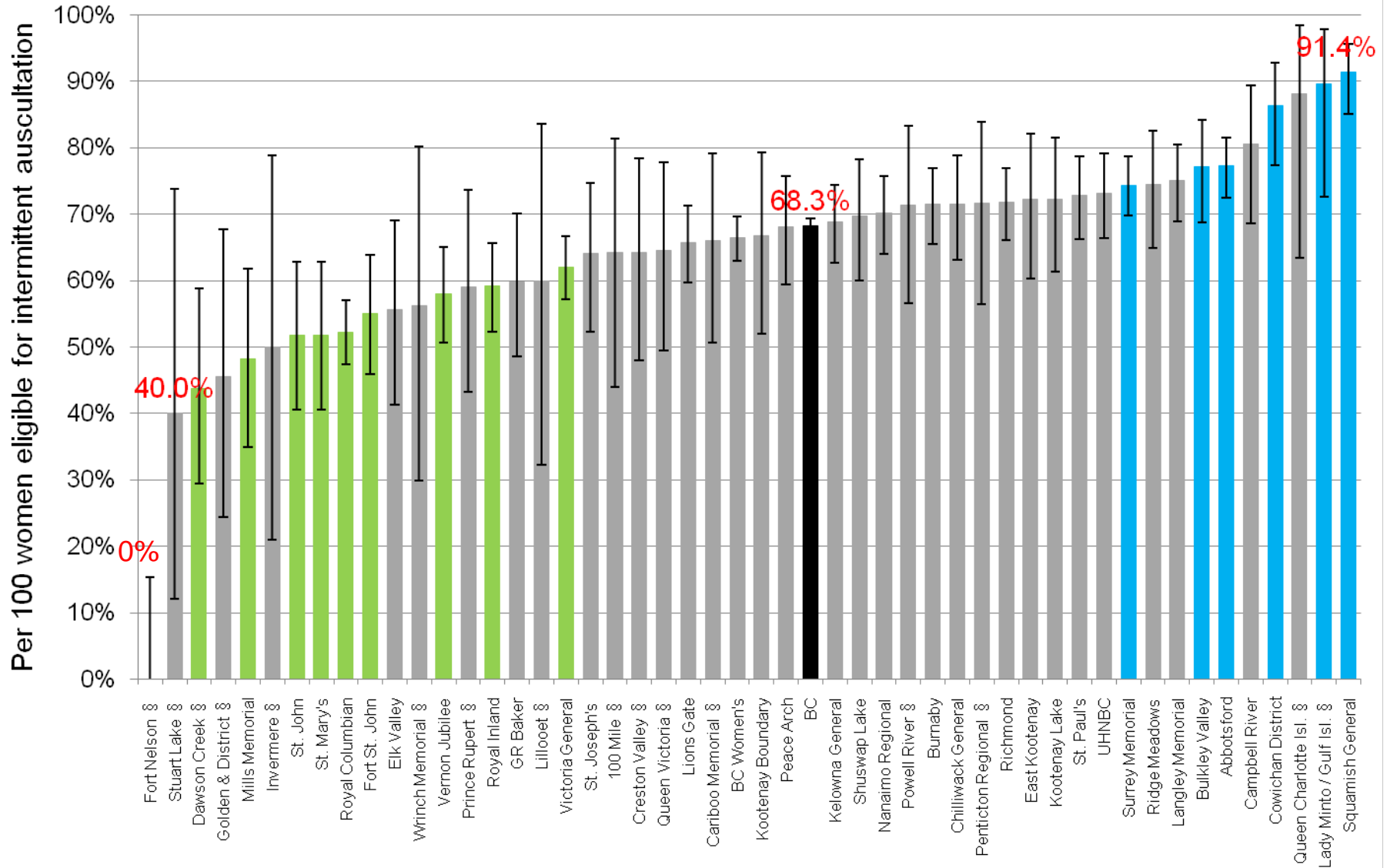
# Post-date induction before 41+0 weeks gestation for women under 40 years of age at time of delivery

British Columbia obstetric facilities 2011-2012 or 2010-2011 & 2011-2012



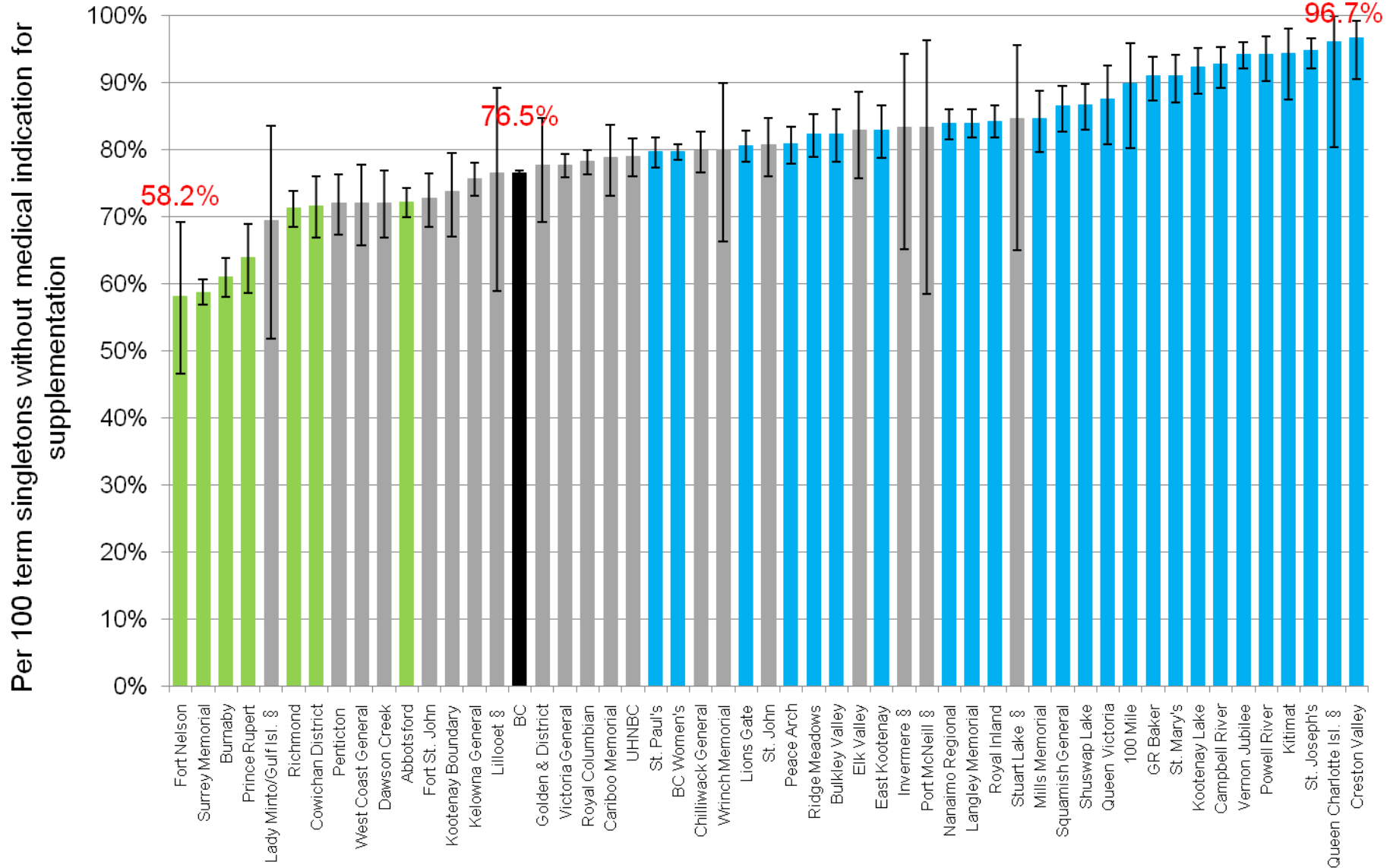
# Exclusive use of intermittent auscultation in labouring women without risk factors who delivered vaginally

British Columbia obstetric facilities 2011-2012 or 2010-2011 & 2011-2012



# Healthy term singletons receiving exclusive breast milk from birth to discharge

British Columbia obstetric facilities 2011-2012 or 2010-2011 & 2011-2012



# Learn from the best!

## Number of Sites Reported as leaders in indicators by Health Authorities

HA	No. Sites	VB	ERCD	Induction	I-A	xBM
Fraser	8	0	2	0	2	3
Interior	11	1	1	0	0	8
Northern	9	0	0	0	1	4
PHSA	1	1	0	1	0	1
Van Coastal	5	1	0	1	1	4
Island	8	2	0	0	2	5





# Data summary

- Each health authority has facilities that are performing above the BC average
- Each health authority (except PHSA) has facilities that are performing below the BC average
- No facility under-performed on all 5 indicators

# Goals of Public Reporting

- Increased commitment to continuous quality improvement and safety initiatives
- Public expectations of accountability - transparency
- Empowering the expectant family and guide decision making process
- Facilities/Health Authorities share learning & best practices
- Improvement in data systems
- Address asymmetries of information

# Next steps for Health Authorities & facilities

- Understand your data and processes
- Learn from the best!
  - Each Health Authority has sites that are performing significantly above the provincial average.

# Vaginal delivery rate for first birth women aged 20-39 years

- **SAMPLE QUESTIONS**

- What are our admission policies for women in spontaneous labour (<3cm)?
- How do we diagnose and manage labour for nulliparas at term?
- What interventions do we use among nullips? When do we start them? Do we give them enough time to work?
- Are we clearly documenting everything we do? Where are we documenting it?
- Where does our facility fit within BC? Relative to our Obstetric Peers?

# Feedback received by PSBC

- Request access to rates for all facilities at a glance
- Interest in cesarean delivery rate for nulliparas at term

# Next steps for PSBC

- Enhance data presentation for the public
- Improve timeliness of data for CQI
- Assist Health Authorities to generate their own data
- Collaborate with Health Authorities / facilities on CQI initiatives?
- Refine methodologies
- Establish benchmarks

# Lessons Learned

- Preparing stakeholders for the public release took time and persistence
- Plan your communication strategy early
- There are no perfect measures, start somewhere and go from there
- Fears about impact of public reports on patient choice need to be addressed
- Media interests low: curse or blessing?
- Social media dissemination

# Evidence review: Impacts of public reporting

- Associated with improvement in health care performance
- Quality measures that are publicly reported improve over time
- Had little impact on patient choice
- Health care delivery organizations make positive changes
- Health care providers engage in activities to improve quality
- Potential harms of public reporting were not confirmed
- Characteristics of the intervention and the context were rarely studied or even described



Thank You!  
Questions?  
Comments?

