Introduction

How to use the CPQCC

ANTENATAL CORTICOSTEROID THERAPY

Toolkit

EVIDENCE-BASED GUIDELINES

(Left Hand Column)

Read through the information on the left hand side of the table first. The material on the left hand side of the table represents the most current available and authoritative Evidence-Based Guidelines of leading healthcare organizations.

CONTROVERSIES AND COMMENTS

(Right Hand Column)

Read through the information on the right hand side of the table. This section will describe the current controversies regarding administration of antenatal corticosteroids for fetal maturation, which are currently the subjects of considerable discussion, debate and investigation. While they are not currently included in the Evidence-Based Guidelines printed in the left hand column of this document, these issues are of critical importance to the care of women at risk for preterm delivery and their infants, and may well show up in future recommendations.

REVIEW YOUR CENTER'S DATA

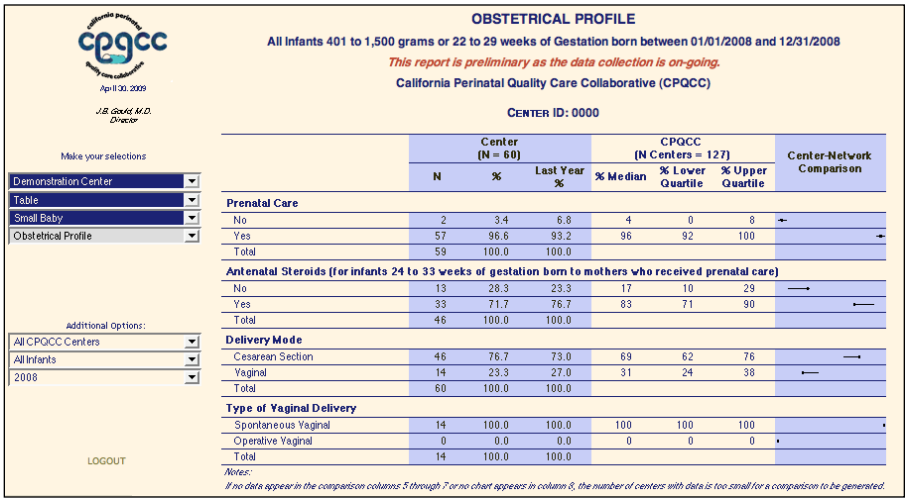
Antenatal Steroids are administered to mothers of fetuses at risk for delivering preterm (i.e., 24 to 33 completed weeks of gestation). Corticosteroids include betamethasone, dexamethasone and hydrocortisone.

Review CPQCC data report, using multiple figures, charts and graphs - for example:

1. Small Baby data set (i.e., $\leq$1500 gm)
2. Big Baby data set (i.e., selected babies > 1500 gm)
3. Your unit compared to other units at same CCS-level
4. In-born infants vs. out-born infants
5. Risk adjusted ANS administration rates
6. Trend charts recording 11years of data

Help with interpreting your CPQCC Data Web Report can be obtained by calling 650-723-4822.

The CPQCC benchmark for ANS Administration Rates is 85%.



Apr II 30, 2009

J.B. Gould, M.D.
Director

Make your selections

Demonstration Center
Table
Small Baby
Obstetrical Profile

Additional Options:

All CPQCC Centers
All Infants
2008

LOGOUT

OBSTETRICAL PROFILE

All Infants 401 to 1,500 grams or 22 to 29 weeks of Gestation born between 01/01/2008 and 12/31/2008

This report is preliminary as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC)

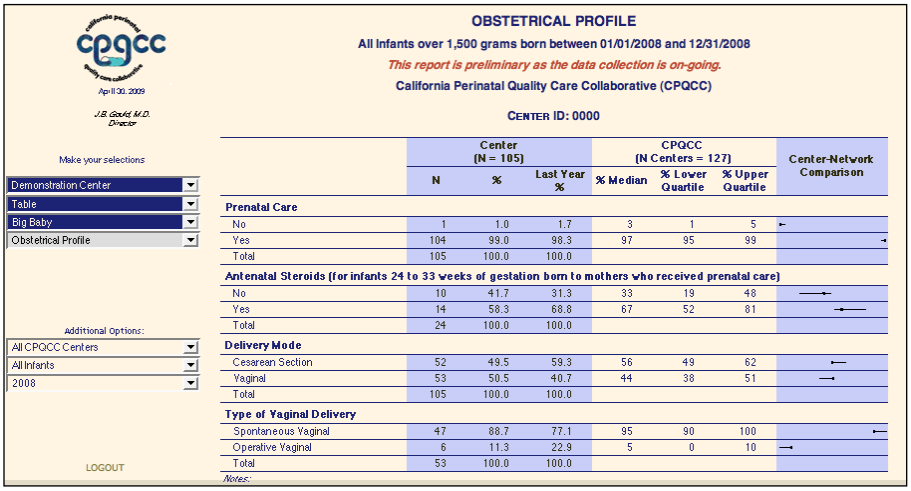
CENTER ID: 0000

	Center (N = 60)			CPQCC (N Centers = 127)			Center-Network Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Prenatal Care							
No	2	3.4	6.8	4	0	8	
Yes	57	96.6	93.2	96	92	100	
Total	59	100.0	100.0				
Antenatal Steroids (for infants 24 to 33 weeks of gestation born to mothers who received prenatal care)							
No	13	28.3	23.3	17	10	29	
Yes	33	71.7	76.7	83	71	90	
Total	46	100.0	100.0				
Delivery Mode							
Cesarean Section	46	76.7	73.0	69	62	76	
Vaginal	14	23.3	27.0	31	24	38	
Total	60	100.0	100.0				
Type of Vaginal Delivery							
Spontaneous Vaginal	14	100.0	100.0	100	100	100	
Operative Vaginal	0	0.0	0.0	0	0	0	
Total	14	100.0	100.0				

Notes:

If no data appear in the comparison columns 5 through 7 or no chart appears in column 8, the number of centers with data is too small for a comparison to be generated.

Sample: All small babies in a unit compared to all other CPQCC hospitals in 2008



Apr II 30, 2009

J.B. Gould, M.D.
Director

Make your selections

Demonstration Center
Table
Big Baby
Obstetrical Profile

Additional Options:

All CPQCC Centers
All Infants
2008

LOGOUT

OBSTETRICAL PROFILE

All Infants over 1,500 grams born between 01/01/2008 and 12/31/2008

This report is preliminary as the data collection is on-going.

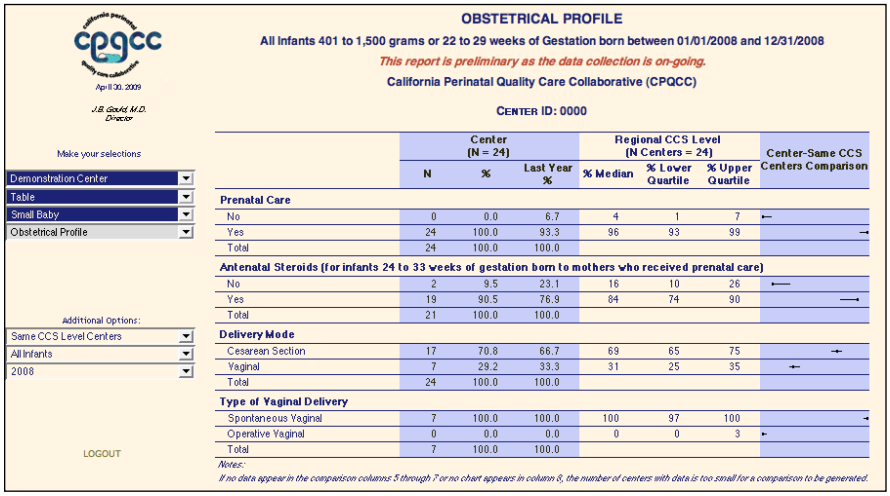
California Perinatal Quality Care Collaborative (CPQCC)

CENTER ID: 0000

	Center (N = 105)			CPQCC (N Centers = 127)			Center-Network Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Prenatal Care							
No	1	1.0	1.7	3	1	5	
Yes	104	99.0	98.3	97	95	99	
Total	105	100.0	100.0				
Antenatal Steroids (for infants 24 to 33 weeks of gestation born to mothers who received prenatal care)							
No	10	41.7	31.3	33	19	48	
Yes	14	58.3	68.8	67	52	81	
Total	24	100.0	100.0				
Delivery Mode							
Cesarean Section	52	49.5	59.3	56	49	62	
Vaginal	53	50.5	40.7	44	38	51	
Total	105	100.0	100.0				
Type of Vaginal Delivery							
Spontaneous Vaginal	47	88.7	77.1	95	90	100	
Operative Vaginal	6	11.3	22.9	5	0	10	
Total	53	100.0	100.0				

Notes:

Sample: All big babies in a unit, compared to all other CPQCC hospitals in 2008



Apr II 30, 2009

J.B. Gould, M.D.
Director

Make your selections

Demonstration Center
Table
Small Baby
Obstetrical Profile

Additional Options:

Same CCS Level Centers
All Infants
2008

LOGOUT

OBSTETRICAL PROFILE

All Infants 401 to 1,500 grams or 22 to 29 weeks of Gestation born between 01/01/2008 and 12/31/2008

This report is preliminary as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC)

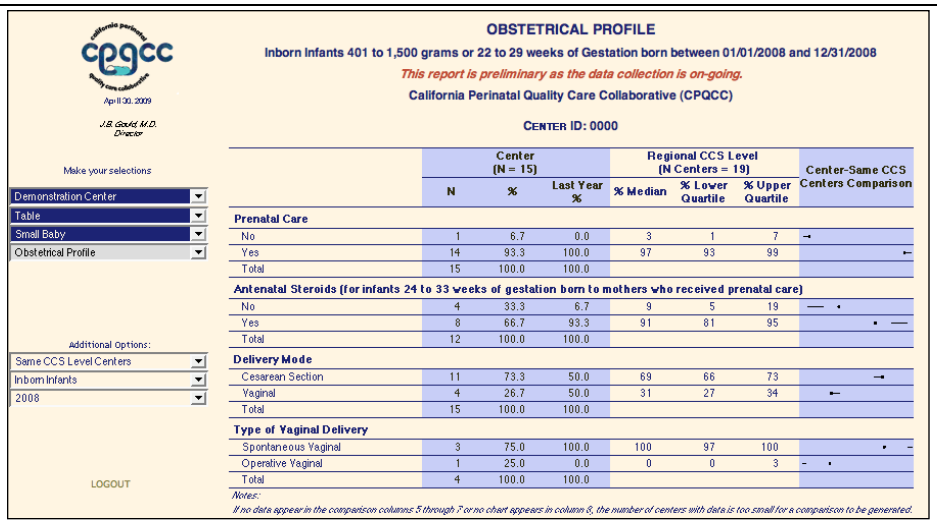
CENTER ID: 0000

	Center (N = 24)			Regional CCS Level (N Centers = 24)			Center-Same CCS Centers Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Prenatal Care							
No	0	0.0	6.7	4	1	7	
Yes	24	100.0	93.3	96	93	99	
Total	24	100.0	100.0				
Antenatal Steroids (for infants 24 to 33 weeks of gestation born to mothers who received prenatal care)							
No	2	9.5	23.1	16	10	26	
Yes	19	90.5	76.9	84	74	90	
Total	21	100.0	100.0				
Delivery Mode							
Cesarean Section	17	70.8	66.7	69	65	75	
Vaginal	7	29.2	33.3	31	25	35	
Total	24	100.0	100.0				
Type of Vaginal Delivery							
Spontaneous Vaginal	7	100.0	100.0	100	97	100	
Operative Vaginal	0	0.0	0.0	0	0	3	
Total	7	100.0	100.0				

Notes:

If no data appear in the comparison columns 5 through 7 or no chart appears in column 8, the number of centers with data is too small for a comparison to be generated.

Sample: Small babies in a unit, compared to other CPQCC hospitals of the same CCS Level in 2008



OBSTETRICAL PROFILE

Inborn Infants 401 to 1,500 grams or 22 to 29 weeks of Gestation born between 01/01/2008 and 12/31/2008

This report is preliminary as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC)

CENTER ID: 0000

Make your selections: Demonstration Center; Table; Small Baby; Obstetrical Profile

Additional Options: Same CCS Level Centers; Inborn Infants; 2008

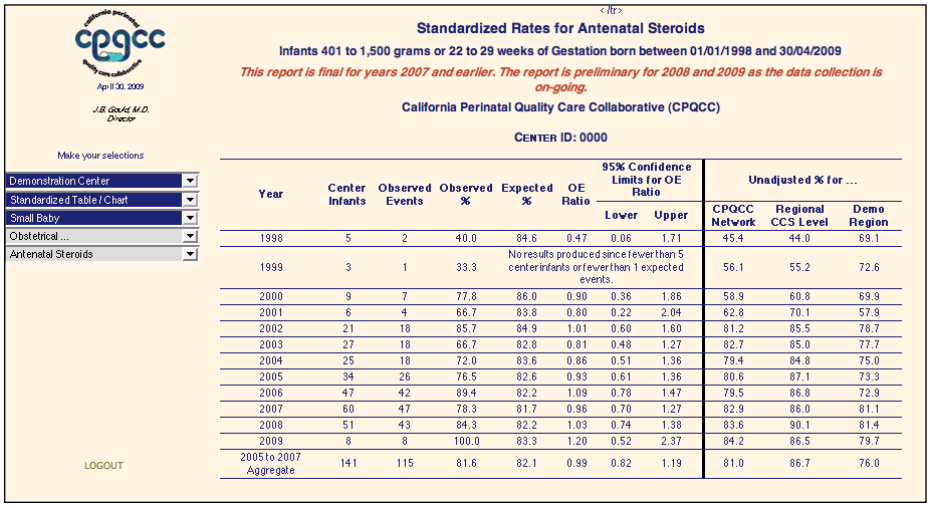
LOGOUT

	Center (N = 15)			Regional CCS Level (N Centers = 19)			Center-Same CCS Centers Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Prenatal Care							
No	1	6.7	0.0	3	1	7	
Yes	14	93.3	100.0	97	93	99	
Total	15	100.0	100.0				
Antenatal Steroids (for infants 24 to 33 weeks of gestation born to mothers who received prenatal care)							
No	4	33.3	6.7	9	5	19	
Yes	8	66.7	93.3	91	81	95	
Total	12	100.0	100.0				
Delivery Mode							
Cesarean Section	11	73.3	50.0	69	66	73	
Vaginal	4	26.7	50.0	31	27	34	
Total	15	100.0	100.0				
Type of Vaginal Delivery							
Spontaneous Vaginal	3	75.0	100.0	100	97	100	
Operative Vaginal	1	25.0	0.0	0	0	3	
Total	4	100.0	100.0				

Notes:

If no data appear in the comparison columns 5 through 7 or no chart appears in column 8, the number of centers with data is too small for a comparison to be generated.

Sample: In-born, small babies only, compared to other CPQCC hospitals of the same CCS Level in 2008



Standardized Rates for Antenatal Steroids

Infants 401 to 1,500 grams or 22 to 29 weeks of Gestation born between 01/01/1998 and 30/04/2009

This report is final for years 2007 and earlier. The report is preliminary for 2008 and 2009 as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC)

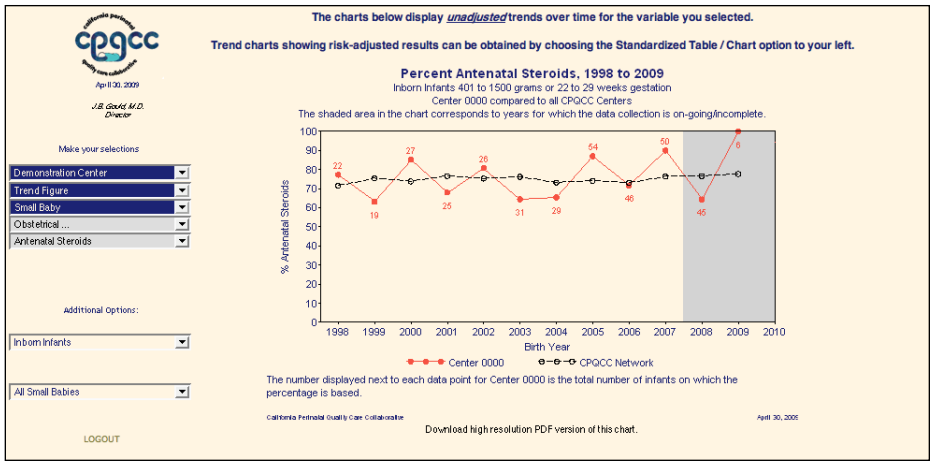
CENTER ID: 0000

Make your selections: Demonstration Center; Standardized Table / Chart; Small Baby; Obstetrical ...; Antenatal Steroids

LOGOUT

Year	Center Infants	Observed Events	Observed %	Expected %	OE Ratio	95% Confidence Limits for OE Ratio		Unadjusted % for ...		
						Lower	Upper	CPQCC Network	Regional CCS Level	Demo Region
1998	5	2	40.0	84.6	0.47	0.06	1.71	45.4	44.0	69.1
1999	3	1	33.3	No results produced since fewer than 5 center infants or fewer than 1 expected events.				56.1	55.2	72.6
2000	9	7	77.8	86.0	0.90	0.36	1.86	58.9	60.8	69.9
2001	6	4	66.7	83.8	0.80	0.22	2.04	62.8	70.1	57.9
2002	21	18	85.7	84.9	1.01	0.60	1.60	81.2	85.5	78.7
2003	27	18	66.7	82.8	0.81	0.48	1.27	82.7	85.0	77.7
2004	25	18	72.0	83.6	0.86	0.51	1.36	79.4	84.8	75.0
2005	34	26	76.5	82.6	0.93	0.61	1.36	80.6	87.1	73.3
2006	47	42	89.4	82.2	1.09	0.78	1.47	79.5	86.8	72.9
2007	60	47	78.3	81.7	0.96	0.70	1.27	82.9	86.0	81.1
2008	51	43	84.3	82.2	1.03	0.74	1.38	83.6	90.1	81.4
2009	8	8	100.0	83.3	1.20	0.52	2.37	84.2	86.5	79.7
2005 to 2007 Aggregate	141	115	81.6	82.1	0.99	0.82	1.19	81.0	86.7	76.0

Sample: Risk-adjusted, standardized rates for ANS administration for small babies in a unit in 2008



The charts below display *unadjusted* trends over time for the variable you selected.

Trend charts showing risk-adjusted results can be obtained by choosing the Standardized Table / Chart option to your left.

Percent Antenatal Steroids, 1998 to 2009

Inborn Infants 401 to 1500 grams or 22 to 29 weeks gestation

Center 0000 compared to all CPQCC Centers

The shaded area in the chart corresponds to years for which the data collection is on-going/incomplete.

Make your selections: Demonstration Center; Trend Figure; Small Baby; Obstetrical ...; Antenatal Steroids

Additional Options: Inborn Infants; All Small Babies

LOGOUT

The number displayed next to each data point for Center 0000 is the total number of infants on which the percentage is based.

California Perinatal Quality Care Collaborative — April 30, 2009

Download high resolution PDF version of this chart.

Sample: Trend chart recording 11 years of ANS administration rates for a unit

BEGIN QI AT YOUR CENTER

1. Identify and analyze your center's current Antenatal Corticosteroid administration rate.
2. Review L&D charts for miscommunication between the prenatal provider and the L&D staff about the mother's ANS status utilizing Problem Identification Worksheet #1.
3. Drill down those charts with miscommunication and determine those factors contributing to to the event utilizing Problem Identification Worksheet #2, and identify relevant stakeholders in formulating approaches to minimizing these factors.
4. Complete a case review of ANS opportunities missed.
5. Utilize the FOCUS-PDCA Process to address the identified problems and improve your data collection/reporting processes.

CONTINUE THE IMPROVEMENT PROCESS

1. Identify the process(es) to be improved.
2. Do the improvement, data collection and analysis
3. Check and study the results.