

Our response on behalf of Henrico Doctors' Hospital is below. Please let us know if you have additional questions.

Thanks,

Joanna

1. Are there specific reasons why your hospital's C-section rate is higher than the national NTSV (nulliparous, term, singleton, vertex) target of 23.9 percent?

**We are currently near the HP 2020 and TJC goal of 23.9%. Last quarter, our NTSV rate was 26.3%. We are the largest delivering hospital in central VA with a robust high-risk population including multiples, a trauma service, and an obesity rate of 52%.**

2. Are you currently part of any quality improvement projects/programs related to C-sections specifically (not just early-elective deliveries)? If yes, please specify which projects you have joined.

**In Q1 of 2013, our NTSV CS rate was 42.6%. Last quarter our NTSV rate was 26.3%. We have several process improvement projects in place.**

1. **No elective IOL for primiparous women with a GA less than 40w5d.**
2. **Our NTSV committee reviews every NSTV CS in a team consisting of quality, MDs, CNMs and RNs. Feedback is given to physicians. Opportunities are identified and education is done for all staff.**
3. **In 2016, a hospitalist nurse-midwifery service was started with an overall CS rate of 8% and an NTSV CS rate of 9.8%. Nurse-midwives delivered 9% of all babies in their first year of practice, and we believe that number will double in 2017**
4. **HCA as an organization has implemented strict guidelines for the administration of pitocin in labor, which has had a direct impact on emergent cesareans for fetal distress.**

2a. Is your hospital planning to implement any of the available QI toolkits, such as the Safe Reduction of Primary Cesarean Birth bundle from the Council on Patient Safety?

**Yes, this is currently under consideration**

3. What specific remedies have you already put in place to date to address your hospital's higher rate of C-sections?

**We are proud of the reduction we have made in our overall CS rate. Over the past 6 years we have seen a consistent and significant decline in our overall CS rate, from 45% to 35%. We are expecting a continuing decline in 2017. Our main focus is on the reduction of the NTSV cesarean rate and increased TOLAC rates.**

**We have added cesarean prevention classes and offer low-intervention birth classes, as well as tours that specifically offer patients options and choices in their birth.**

**Particular emphasis was made this year on advocacy. Our nurses are empowered to optimize the patient's success to have the delivery she desire through utilization of the BRAIN acronym.**

4. Do you share physician-level C-section rates internally, with physicians who practice at your hospital? If you do, how is this information used?

**We share individual cesarean rates with physicians, as well as how they ranked in comparison to the partners in their practice, and to the rest of the physicians in the hospital. The information is used to create awareness among our physicians that cesarean rates are higher than the rate set by TJC.**

5. Please describe the role that midwives play in your hospital.

**We have 8 credentialed certified nurse-midwives on staff. Five nurse-midwives are hospitalists, which means they care for both low risk patients in our general patient population who come in after-hours, as well as for patients specifically requesting midwifery care. Midwives are represented in our process improvement committees and in our administration.**

6. What is your hospital's VBAC rate? Are VBAC candidates encouraged by your hospital's staff and care providers to opt for a trial of labor if desired?

**We have 24-hour in house OB anesthesia and have no barriers to TOLAC. Midwives and physicians from most practices offer VBAC as an option. As a hospital, we also support VBA2C. VBAC is a routine occurrence for our nursing staff, and each year since 2011 our VBAC attempts and success rate have increased. In 2016, 140 VBACs were attempted, and 108 were successful, for a success rate of 77.14%, which was a 34% increase over prior year.**

7. What changes do you plan on implementing in the future, to address your hospital's higher C-section rate?

**Our current focus is on second stage management. We are reviewing second stages for all NTSV deliveries in 2016, and are doing physician and staff education on normal length of second stage. We have set a 2017 NTSV section rate goal for <23%. In addition, we have started our evening hospitalist coverage at 5 pm. Our hospitalist have an overall cesarean rate of 24%. All of our nurses are trained in cesarean prevention and patient advocacy, and this remains a priority improvement goal for 2017.**

8. What information do you share with patients regarding their delivery options at your hospital? Please send us any educational material you send to your patients.

**We do not mail any information to our patients. Please find some of our marketing materials attached. These are available to any of our physician practices free of charge.**

9. Describe the role of your hospital's leadership (CEO, Board of Directors) in addressing your hospital's high rate of C-sections.

**In 2015, leadership of Women's and Children's Services at Henrico Doctors' Hospital transferred to an administrator who is also a Certified Nurse Midwife. Her goals for an optimal birth experience for our patients, focus on VBAC and Evidence Based Practice have made a positive impact on our cesarean rate. Our CEO and our board fully support her in these process improvement efforts.**