**Compendium Overview:  
Norwegian American Hospital**

**Transformation of Perinatal Quality in an Urban Safety Net Hospital**

Norwegian American Hospital (NAH), in Chicago, serves a high–risk and overwhelmingly low-income and minority population. This population has disproportionate rates of teen pregnancy, low birth weight, infant mortality, diabetes, obesity, low health literacy, lack of insurance, and limited access to primary and prenatal health care.

At baseline, the hospital’s perinatal outcomes fell significantly below benchmarks. NAH carried out rapid and sustainable improvements in perinatal quality by developing an improvement strategy, implementing a structure of reporting and accountability, and insisting on participation by and leadership from the board, executive team, physicians, and staff.

The hospital established a perinatal safety committee (PSC) to address leadership and clinical deficiencies. The PSC, with representation from obstetrics, pediatrics, family medicine, neonatology, nursing, quality/risk management, nutrition, and social work, reports to the hospital’s quality committee. It sets quality standards, establishes priorities, monitors compliance, and adopts best practices. PSC engagement laid the foundation for these clinical process improvements:

* standardized review by the PSC of all fetal and neonatal deaths
* a comprehensive obstetrical hemorrhage management program
* development of a communications plan for obstetrical emergencies, including the implementation of an OB Rapid Response Team
* implementation of a protocol for elective inductions and cesarean sections

As of 2014, NAH had dramatically improved perinatal quality. Fetal and neonatal outcomes significantly improved from 11 fetal deaths and 4 neonatal deaths preintervention to 6 fetal and 3 neonatal deaths postintervention. The hysterectomy rate in hemorrhage patients fell, rates of vaginal births after a cesarean section improved, and elective deliveries under 39 weeks gestation without medical indication declined, among other achievements.

**Poster Content:  
Norwegian American Hospital**

**Transformation of Perinatal Quality in an Urban Safety Net Hospital**

**Overview**

Through a comprehensive review of clinical practices, resource availability, leadership structure, and community-specific needs, Norwegian American Hospital (NAH), in Chicago, created and executed a strategy to improve clinical quality and safety, and to establish a patient-focused culture for perinatal services. The goal was to improve perinatal outcomes significantly in measures disproportionately affecting the hospital’s patient population, including fetal deaths, hemorrhages, cesarean section rates, preterm elective deliveries, breastfeeding rates, pain management, and the birth certificate process. This effort transformed perinatal quality and safety, as demonstrated by significant improvement in each clinical domain, a shift in culture and approach to quality and safety, improved patient satisfaction, and a successful state re-designation in June 2014.

**Problem Identified**

Norwegian American Hospital serves a high–risk and overwhelmingly low-income and minority population. This population has disproportionate rates of teen pregnancy, low birth weight, infant mortality, diabetes, obesity, low health literacy, lack of insurance, and limited access to primary and prenatal health care. At baseline, the hospital’s perinatal outcomes fell significantly below benchmarks, including 11 fetal and 4 neonatal deaths (representing 1.12 percent of all deliveries; of the fetal deaths, 27 percent were potentially avoidable); hysterectomies in 50 percent of obstetric hemorrhage patients; and a successful vaginal births after C-section (VBACs) rate of 15.4 percent.

**Methods**

The hospital established a perinatal safety committee (PSC) to address leadership and clinical deficiencies. The PSC, with representation from obstetrics, pediatrics, family medicine, neonatology, nursing, quality/risk management, nutrition, and social work, reports to the hospital’s quality committee. It sets quality standards, establishes priorities, monitors compliance, and adopts best practices. PSC engagement led to the following clinical process improvements:

* standardized review by the PSC of all fetal and neonatal deaths
* a comprehensive obstetrical hemorrhage management program
* development of a communications plan for obstetrical emergencies, including the implementation of an obstetrical (OB) Rapid Response Team
* implementation of a protocol for elective inductions and cesarean sections

**Engagement**

NAH leadership was committed to transforming perinatal quality and safety. Leadership made several significant investments of hospital resources, including the following steps:

* providing new state-of-the-art newborn hearing testing equipment and a 3D obstetrical ultrasound machine
* modernizing two dedicated C-section surgical suites
* hiring a physician director of perinatal quality
* providing immediate access to critical medical staff, including 24/7 onsite obstetric, pediatric, and anesthesia hospitalists and on-call neonatologist and maternal-fetal-medicine coverage
* hiring a new data analyst dedicated to the perinatal program to develop robust data collection, review, measurement, and reporting processes

**Results/Data**

As of 2014, NAH had dramatically improved perinatal quality, and in June of that year NAH received full re-designation from the state as a Level II Perinatal Site. Fetal and neonatal outcomes significantly improved from 11 fetal deaths and 4 neonatal deaths preintervention to 6 fetal and 3 neonatal deaths postintervention. The hysterectomy rate in hemorrhage patients fell, rates of VBACs improved, and elective deliveries under 39 weeks gestation without medical indication declined, among other achievements.

**Charts/Graphs:  
Please submit one or two high resolution charts or graphs that you would like included on your poster to Kristin Sinko at** [**ksinko@essentialhospitals.org**](mailto:ksinko@essentialhospitals.org) **no later than Wednesday, April 16.**