Complete Summary

TITLE

Prevention, diagnosis and treatment of failure to progress in obstetrical labor: percent of women in the guideline population with failure to progress diagnosis who have oxytocin.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention, diagnosis and treatment of failure to progress in obstetrical labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Oct. 35 p. [38 references]

Brief Abstract

DESCRIPTION

This measure assesses the percent of women in the guideline population with failure to progress diagnosis who have oxytocin.

RATIONALE

The priority aim addressed by this measure is to increase the use of procedures that assist in progress to vaginal birth.

PRIMARY CLINICAL COMPONENT

Failure to progress in obstetrical labor; oxytocin

DENOMINATOR DESCRIPTION

Number of births of women covered in the guideline* as described by: nullipara female, without concomitant medical problems, at term pregnancy (36 completed weeks), having contractions, singleton fetus, cephalic presentation, no evidence of fetal distress, expected normal spontaneous vaginal delivery and diagnosis of failure to progress

*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline Prevention, Diagnosis and Treatment of Failure to Progress in Obstetrical Labor.

NUMERATOR DESCRIPTION

Number of births of denominator where oxytocin is used

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Prevention, diagnosis and treatment of failure to progress in obstetrical labor.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All women giving birth who are:

- Full term (36 completed weeks)
- Nullipara
- Without concomitant medical problems
- Having contractions
- Singleton fetus
- Cephalic presentation
- No evidence of fetal distress
- Expected to have a normal spontaneous vaginal delivery

Any one of several possible data collection methods may be used by the medical group to capture data for this particular population.

1. Data may be obtained retrospectively by a chart audit (using a minimum sample of 20 charts per month).
2. Data may be obtained through discharge abstract coding or other data base from the hospital. Then the hospital can relay data for a medical group's deliveries.
3. The hospital may send the medical group a copy of the labor and delivery summary sheet for deliveries.
4. A copy of the nursing checklist form is sent to the medical group for data collection.

Data are reviewed to determine if the delivery fits the inclusion criteria for the measure. If no, the birth is not reviewed. If yes, the birth data are reviewed to assess if amniotomy or spontaneous rupture of membranes (SROM) occurred and whether oxytocin was used.

It is suggested that these data are collected monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of births of women covered in the guideline* as described by: nullipara female, without concomitant medical problems, at term pregnancy (36 completed weeks), having contractions, singleton fetus, cephalic presentation, no evidence of

fetal distress, expected normal spontaneous vaginal delivery and diagnosis of failure to progress

*Refer to the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline Prevention, Diagnosis and Treatment of Failure to Progress in Obstetrical Labor.

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of births of denominator where oxytocin is used

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percent of women in the guideline population with failure to progress diagnosis who have oxytocin.

MEASURE COLLECTION

Prevention, Diagnosis and Treatment of Failure to Progress in Obstetrical Labor Measures

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention, diagnosis and treatment of failure to progress in obstetrical labor. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Oct. 35 p. [38 references]

MEASURE AVAILABILITY

The individual measure, "Percent of women in the guideline population with failure to progress diagnosis who have oxytocin," is published in "Health Care Guideline: Prevention, Diagnosis and Treatment of Failure to Progress in Obstetrical Labor." This document is available from the Institute for Clinical Systems Improvement (ICSI) Web site.

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 16, 2004.

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