



Complete Summary

TITLE

Prevention, diagnosis and treatment of failure to progress in obstetrical labor: percent of women in the guideline population with education on active management for failure to progress.

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 education on active management for failure to progress.

RATIONALE

The priority aim addressed by this measure is to increase the percent of women whose birth expectations include the potential use of techniques such as amniotomy, oxytocin, or other interventions related to utilizing the Failure to Progress in Labor guideline.*

*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](#).

PRIMARY CLINICAL COMPONENT

Failure to progress in obstetrical labor; patient education (why active management of labor is used, how active management of labor is used, oxytocin [Pitocin] augmentation, failure to progress)

DENOMINATOR DESCRIPTION

All births by women who are 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

*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 women with documentation of education on active management for failure to progress (refer to the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

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
Patient-centeredness

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

Each month, a minimum sample of prenatal visits is identified. This may be accomplished either by administrative search (Current Procedure Terminology [CPT-4] codes 59510, 59400, or International Classification of Diseases, Ninth Revision [ICD-9] codes V22.0) or by other case identification at the medical group.

Records are reviewed to determine whether there is any evidence that a clinician provided education to the woman about active management for failure to progress.

Suggested time frame for data collection is monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All births by women who are 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

*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 women with documentation* of education on active management for failure to progress

*Documentation is defined as any evidence in the medical record that a clinician provided education to the woman on active management for failure to progress, which could include a discussion of:

- Why active management of labor is used
- How active management of labor is used
- Oxytocin (Pitocin) augmentation
- Failure to progress

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Episode of care

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 education on active management for failure to progress.

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 education on active management for failure to progress," 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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Date Modified: 11/1/2004

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