Reporting and Systems Learning

Communication and Collaboration

When a transfer from a planned community birth occurs, many different people are involved in patient care. The coordination and communication among these groups of health care team members can be complicated and challenging, even with established protocols and healthy, collaborative relationships in place. Quality improvement efforts that focus on these types of complex interactions should have mechanisms for providing and receiving feedback that capture learning for care.

As noted in the **Response** section, using a just culture approach may support all QI project aspects and a culture of safety in care. Having standing meetings (for instance, quarterly) to review transfers and unusual events may reduce the sense among participants that a review is being prompted by concerns about individual performance and may cultivate a culture of continuous QI. Sentinel events may warrant more prompt review. Regular joint quality meetings that include community birth providers are also important opportunities for building trusting relationships, offering general program updates, reviewing practice statistics and patient survey data, and engaging in other collaborations that can build rapport between hospital-based and community-based providers. Such camaraderie among colleagues can be helpful in times of stressful transfers.

Perform Multidisciplinary Reviews of Transfers per Established Criteria to Identify Systems Issues

All transfers, including routine and nonurgent transfers, present potential opportunities for team and system learning and improvement. Unexpected or sentinel events are particularly important to review. In birth centers, regular review of transfers and reporting of sentinel events to the Commission for the Accreditation of Birth Centers are required activities for accreditation. Some states have similar requirements for all licensed community birth midwives and facilities. These differ from huddles and debriefs, which are brief, structured meetings to immediately plan for care while care is being provided and then to assess the outcome of the plan of care as a team immediately following the event (see the **Recognition and Prevention** section).

To effectively identify learning and improvement opportunities, multidisciplinary teams need mechanisms for structured review that are supportive and nonpunitive for all participants, confidential, and protected from litigation. Some state and regional perinatal quality collaboratives have established models for protected review. Many of the QI tools and resources developed for community birth transfer and featured in this resource kit stem from these initiatives and have been disseminated nationally and internationally, improving the opportunity for safety in community birth broadly.

Inpatient care services should hold regularly scheduled QI case reviews of all types of care provided and should incorporate hospital transfers from community birth settings among cases to be discussed regularly. As part of a workplan, teams seeking to optimize quality and safety of care in community birth should identify quality "triggers" or specific criteria that identify a need for collaborative community birth transfer chart review, such as instances of severe maternal morbidity or mortality or poor neonatal outcomes.

Key stakeholders working in community birth settings, particularly the community birth provider(s) who provided care and clinical champions within the hospital system who have an understanding of community birth, should partner in the planning for review of these cases and should play a key role in the presentation and discussion. Identified gaps and opportunities for improvement should be reported back to the QI team to inform creation of feasible next steps in the community birth transfer process.

Collect and Monitor Data to Identify Areas for QI

According to the National Academies of Sciences, Engineering, and Medicine, the lack of concurrent data collection for births in hospitals and community settings is a major limitation to the ability to compare outcomes. These comparative data are critical to understanding and improving maternal and newborn care and birth outcomes in all settings.

Multidisciplinary perinatal quality collaboratives that include community birth providers and community birth settings can play an important role in data collection and standardization, development of performance measures, safety, resource use, and person-reported experience and outcome measures applicable across all birth settings. Critically, they also enhance opportunities for strengthening interprofessional relationships, promoting interdisciplinary shared learning and teaching, and developing a more integrated and effective system.[1] Full engagement across providers and settings also allows for information exchange about optimal practice approaches and shared understanding of care escalation (as outlined in AIM's patient safety bundles when recognition and response are necessary) across hospital and community birth settings.

Because more than 98% of the births in the United States occur in hospitals, perinatal quality collaboratives tend to focus predominantly on improving hospital-based care. However, excluding planned community births from quality collaboratives provides an incomplete picture of birth in the United States. It also limits the opportunities to promote greater integration of maternity care across all settings and providers, expand care options for families, and generate much-needed QI across the full spectrum of care.[2]

A QI team may wish to collect data that show trends in the challenges to and facilitators of transfers; data collection should focus on surveillance that contributes to process improvement and population health. Data may be collected through routine chart audits or abstraction or tracking metrics determined by the QI team. The data collection process should identify baseline data, ongoing processes, and data over the long term to monitor sustained improvements. Planning for this type of data monitoring should be established formally in the QI team workplan at the inception of the project and before any interventions are started.

Teams engaging in QI for community birth transfer across regions or states should consider what may be required to collect ongoing data when planning for QI. Efforts to facilitate data collection and improve the quality of data collected may consider specific actions, such as modifying birth certificate data collection forms to better capture transfers from planned community births or other data required for process improvement planning and monitoring. These components may be part of the QI team workplan structure when it is established.

Existing Current Models for Data Collection for Community Birth and Community Birth Hospital Transfers

- Annual data reports from hospitals participating in a community birth transfer improvement program. Washington and Oregon have model annual data report forms that are publicly available.
  - Smooth Transitions Annual Evaluation Form for Facilities
  - Community Birth Transfer Partnership Annual Audit Form (page 37 of toolkit)
  - Smooth Transitions Annual Review Form for Community Midwives
- Data collection through birth certificate questions that identify planned versus unplanned community births, attended versus unattended community births, provider type at all community births, and planned community births that involved a hospital transfer. Oregon is the model birth certificate that collects this information.
  - Oregon Planned Place of Birth Data Dashboard
- State, PQC-based, or national database to collect community birth and community birth transfer data. The Foundation for Health Care Quality in Washington state has developed the Community Birth Data Registry which is a model for this type of database. The registry consists of detailed, chart-abstracted data about the care given during prenatal care, labor, birth and the postpartum period as the basis for analysis, benchmarking, and improvement.
  - Foundation for Health Care Quality Community Birth Data Registry
- National data registry launched by Midwives Alliance of North America to collect comprehensive data on birth and associated perinatal care outcomes.
  - Midwives Alliance of North America MANA Stats Data Registry

Resources for Protected Transfer Review

- **Obstetrics & Gynecology:** Multistate Collaboration to Confidentially Review Unanticipated Perinatal Outcomes
  - Process and outcomes of the Northern New England Perinatal Quality Improvement Network's Confidential Review and Improvement Board.
- **Midwives Association of Washington State:** Quality Management Program: Incident and Peer Review
- **Primary Maternity Care: A Birth Center Primer for Hospital Leaders:** Achieving Seamless Collaboration and Advancing Equity Through Community-Based Care
  - Session 5: Preventing and Learning from Sentinel Events (continuing education webinar)

Resources for Protected Transfer Review (Con't)

- Smooth Transitions
  - Perinatal Transfer Committee Initial Meeting—Sample Agenda
  - Smooth Transitions Reviews: Multi-disciplinary, Protected Case Reviews (Intention is for these reviews to be educative, not punitive. Internal reviews take place during regularly held Perinatal Transfer Committee meetings; external, 3rd party reviews of cases brought forward by individual hospital providers/staff, community midwives, or patients; data from the CBDR/OB COAP/WSHA may also trigger an external review. Data is de-identified; review committee notes any trends and looks for opportunities for improvement. Recommendations of the committee are shared with all parties involved in the case.)
- **Maine Center for Disease Control and Prevention:** Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center To a Hospital Setting
  - Professional Competence Review Process (see p. 20)

Examples for Evaluation and Systems Improvements Tools

- **Oregon Community Birth Transfer Partnership**
  - **Community Birth Transfer Partnership Annual Audit Form (p. 37, Transfer Improvement Toolkit)**
  - **Community Birth Transfer Focus Group Guide (p. 72, Transfer Improvement Toolkit)**
  - **Patient and provider surveys, including detailed patient survey (pg. 43, Transfer Improvement Toolkit)**
- **Foundation for Health Care Quality:** Smooth Transitions Surveys for patients, nurses, doulas, EMS personnel, and transferring and receiving providers to provide qualitative data from the perspective of all parties involved in transfers:
  - Smooth Transitions Survey Card (with all the QR codes)
    - Smooth Transitions Surveys
  - Smooth Transitions Participating Facilities Annual Audit
  - Smooth Transitions Community Midwife Annual Audit
- **Utah Women and Newborns Quality Collaborative:** Out-of-Hospital Births Committee
  - Three Question Debriefing Form
  - Transfer Feedback Survey
  - Transfer Feedback Poster: **How to Share Your Birth Transfer Story**
  - Transfer Feedback Postcard

Examples for Evaluation and Systems Improvements Tools (Con't)

- **Maine Center for Disease Control and Prevention:** Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center To a Hospital Setting
  - Evaluation and Feedback about Transport Process (p. 23)
- **Baby+Co.**
  - Transfer surveys results (surveys administered after all intrapartum or postpartum/newborn transfers and reviewed quarterly between hospital and birth center)

References

[1] National Academies of Sciences, Engineering, and Medicine. Birth Settings in America: Outcomes, Quality, Access, and Choice. 1st ed. Division of Behavioral and Social Sciences and Education, Health and Medicine Division, Board on Children, Youth, and Families, Committee on Assessing Health Outcomes by Birth Settings. 2020.

[2] Levine A, Souter V, Sakala C. Are perinatal quality collaboratives collaborating enough? How including all birth settings can drive needed improvement in the United States maternity care system. Birth. 2021;49(1):3-10. doi: 10.1111/birt.12600