

PART 5: APPENDICES

APPENDIX I: EARLY ELECTIVE DELIVERY TOP TEN CHECKLIST

Associated Hospital/Organization: AHA/HRET HEN 2.0

Purpose of Tool: A checklist to review current EEDs or initiate new interventions for elimination of elective deliveries prior to 39 weeks gestation

Reference: www.hret-hen.org

2016 Early Elective Delivery Top Ten Checklist

Process Change	In Place	Not Done	Will Adopt	Notes (Responsible and By When?)
Educate the hospital governing board about the dangers of early elective deliveries (EED) and what the hospital's role in prevention can be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use prenatal classes as an opportunity to educate patients about the dangers of EED and clearly articulate the hospital's policy on scheduled inductions. Provide information to patients about resources, websites and social media outlets that educate mothers-to-be about their babies' development at each week of the pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Partner with a physician willing to champion the effort to reduce EED. This physician does NOT have to be an obstetrician; a neonatologist or pediatrician can be very successful in this role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When writing a "hard stop" policy, have physicians and hospital leaders involved from the start in the creation of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use prescriptive language in the "hard stop" policy that details the exact steps to be taken and by whom within the chain of command when an elective delivery is attempted to be scheduled that does not meet the criteria determined by the medical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use policies, scheduling forms, educational materials and data-collection tools that are already created and available publicly from the March of Dimes, CMQCC and the National Quality Forum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review data as concurrently as possible with all stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review all EED in the past 12 months to determine if any were admitted to NICU; use those stories as motivation to gain buy-in from stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pick a system for determining gestational age in your organization and stick to it to prevent confusion when scheduling inductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Don't try to include all possible medical indications for induction in the "hard stop" policy. The policy should have a process for immediate review of cases that do not meet criteria for early delivery to determine treatment options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	