10-8-2018

Cervical Ripening for Induction of Labor

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**Recommended Citation**

Sepulveda, Deb; Pinette, Michael G.; Morin, Heidi; Dumais, Colette; Austin, Sarah; Tarraza, Hector; Tkacz, Maria; and Abbott, Zander, "Cervical Ripening for Induction of Labor" (2018). *Maine Medical Center*. 552. [https://knowledgeconnection.mainehealth.org/mmc/552](https://knowledgeconnection.mainehealth.org/mmc/552)

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Project: Cervical Ripening For Induction Of Labor
Last Updated: October 8, 2018

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Problem/Impact Statement:
Over the past twelve months, 58% (or 340) of patients requiring cervical ripening prior to induction of labor were managed with Cervidil. 401 doses were administered, at a cost of $2,214 per dose, for total charges of approximately $887,000. Alternative methods for cervical ripening, often clinically appropriate, range from $2.73 to $180.

Scope:
In scope (metric): Patients requiring cervical ripening for induction. Time frame from admission for induction to delivery. Out of scope: Not requiring ripening (dilated >6cm).
In scope (intervention): Physicians and staff. Out of scope: Direct patient education.

Goal/Objective:
Decrease in Cervidil use for cervical ripening by 20% of anticipated doses prior to Dec 1, 2018 (6 mos), with a potential for cost savings = 40 doses x approx. $2000/dose = $80,000.

Baseline Metrics/Current State:
Disparity in practice between seven practice groups with range in Cervidil use – ranging from 26% - 87% of cases. Range 50% to 4% use of very low risk, affordable mechanical ripening (balloon/foley).
Disparity examples: Use of approaches by two groups:

Root Cause Analysis:
- RCA based on survey of physicians, discussion with staff:
  - “5 Why” summary:
    - Discrepancy in Cervidil use between groups – Why?
      Preferential use by some providers – Why?
    - Perceptions varied (re: cost, efficacy, staff required, weight given to convenience and comfort) – Why?
    - Lack of education re: cost
    - No local data reported
    - Lack of standardized algorithm
    - Need for clarity re: staffing required

Countermeasures

Outcomes

Doses of Cervidil as a Percent of Patients with Cervical Ripening

Cervidil, Approximate Charges

Next Steps
- Practice feedback for Cervidil now integrated into Performance Improvement Committee
- FY ’19 transformation focus on inductions
- Algorithm posted on Obstetrical Guidelines webpage for access by other institutions

$136,000 extrapolated “charge savings” over 4 months