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Cervical Ripening for Induction of Labor

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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:

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

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

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