Summer 2015

Colleagues,
I want to write a short note to you all before the summer to update you on some of the events that have transpired since our last meeting. I think it will be useful to summarize this letter under the three pillars upon which our network is based: GTA Dashboard and Quality of Care; Common Protocols; and Clinical Trials.

Dashboard and Quality of Care

The dashboard presented at our last meeting was well received by partner hospitals. There have been several requests from individual hospitals to include the dashboard in each hospital’s quality of care snapshot as part of their quality control program. I’m delighted that it is being used as such.

In addition, you should all know that BORN is likely to adopt our first dashboard indicator - baby admission to NICU - as a provincial dashboard indicator. This is a great step forward and, I think, a reflection of the value of the work we have done. In addition to quality control, several upcoming projects are about to be launched based on the dashboard.

The first is a postpartum hemorrhage (PPH) knowledge translation intervention in which MORE OB is partnering with hospitals to improve the practice and management PPH. The second is a similar intervention designed to address the issue of shoulder dystocia and 3rd and 4th° tears. Many of you participated at the June 16th meeting at St. Michael’s Hospital where these projects were rolled out through the nurse educators at your hospitals.

The GTA dashboard has been adopted by the University of Toronto as the obstetric quality indicators for all the hospitals connected to U of T. Thank you to Dr. Seaward for his leadership in this capacity as VP of Quality Improvement. In addition, we will likely need to rename our group to reflect the addition of the Hamilton group of hospitals joining our initiatives.

Finally, a really new and exciting development is the possibility that our network will partner with other provincial networks in the Ottawa and London area, both of which are similar to ours. The vision of our network becoming an intervention arm of provincial health care is becoming a reality! I met with James Meloche, the new director of the PCMCH, who congratulated us on our vision in forming this network and has promised to keep us in mind as he rolls out his new vision for the PCMCH.
Related to this issue of quality of care is an initiative by Dr. Cram from Toronto East General who is developing an In Utero Transfer Note which will be used by referring hospitals within the network to make sure that the required information at transfer is available to receiving physicians and that sending physicians from community hospitals are kept in the loop about what happens to the patient. Well done Dr. Cram for this initiative!

Finally, thank you to Dr. Kingdom who provided funding to create a GTA led North American consensus meeting on the management of invasive placenta previa. The final meeting will be held in September and many of you have been asked to be part of the expert panel. What will result is a GTA defined and led North American consensus statement on the management of patients with suspected and confirmed placenta previa which we will use in our network.

Dashboard Indicators

**Indicator 1 - Rate of admission to NICU at term**

![Graph showing the rate of admission to NICU at term across different centres.](image)

Mean: 9.1% ± 3.9%

Range: 2.5% to 14.5%

We present here a summary of the six indicators included in our dashboard. More detailed information regarding the indicators including definition of each indicator, stratification of each of the indicators by relevant confounders, and temporal trends of each of the indicators throughout the GTA-OBS network as well as within each of the individual centers will soon be available on our website, [http://www.obgyn.utoronto.ca/gta-obs-network](http://www.obgyn.utoronto.ca/gta-obs-network).

**Indicator 2 - Rate of CS at 2nd stage**

![Graph showing the rate of CS at 2nd stage across different centres.](image)

Mean: 2.3% ± 0.9%

Range: 1.3% to 4.6%

**Indicator 3 - Rate of anal sphincter injuries**

![Graph showing the rate of anal sphincter injuries across different centres.](image)

Mean: 4.2% ± 1.4%

Range: 2.2% to 7.6%
Dashboard Indicators con’t

**Indicator 4 – rate of PPH**
Mean: 2.1% ± 1.1%
Range: 0.8% to 3.7%

**Indicator 5 - Rate of Shoulder dystocia**
Mean: 3.3% ± 1.5%
Range: 1.4% to 6.7%

**Indicator 6 - Rate of CS in low-risk primiparous women**
Mean: 22.0% ± 5.4%
Range: 13.8% to 32.5%

**Common Protocols**
As you will remember, we announced the development of a common protocol for gestational diabetes screening coordinated by Drs. Berger and Melamed, which led to a larger research project on the management of gestational diabetes within the GTA. This project is almost complete and we hope to share the results shortly. The executive will meet soon to discuss the next protocol which will be rolled out - any suggestions are welcome! Additionally, Dr. Ma is working on a QI project to standardize the management of the sonographically short cervix within the GTA.

**Clinical Trials**
Our most ambitious objective and the one that requires the most funding is the conduct of clinical trials. We are in the early stages of working out the process by which twins with a short cervix can be detected and then directed to academic centres to participate in a RCT when funding becomes available. Congratulations to Drs. Okun and Seaward who successfully obtained funding for a CREMS student initiative to evaluate how this can be achieved in the network over the summer.

Sending best wishes for a wonderful summer and thanking you for your continued support.

Jon Barrett,
*On behalf of the GTA OBS Executive*
Stay tuned for our next newsletter coming September 2015!

GTA-OBS Executive
Dr. Barrett
Dr. Asztalos
Dr. Berger
Dr. Brown
Dr. Geary
Dr. Logaridis
Dr. Heslegrave
Dr. Scheufler
Dr. Seaward

GTA-OBS Hospitals
Halton Healthcare Services - Milton District Hospital
Mackenzie Health – Mackenzie Richmond Hill Hospital
Mount Sinai Hospital
North York General Hospital
Rouge Valley Health System – Ajax and Pickering Site
Rouge Valley Health System – Centenary Site
Royal Victoria Regional Health Centre
Southlake Regional Health Centre
St. Joseph’s Health Centre Toronto
St. Michael’s Hospital
Sunnybrook Health Sciences Centre
The Scarborough Hospital – Birchmount Campus
The Scarborough Hospital – General Campus
Toronto East General Hospital
Trillium Health Partners – Credit Valley Hospital
Trillium Health Partners – Mississauga Hospital
William Osler Health Centre - Brampton Civic
William Osler Health Centre - Etobicoke General Hospital