
Obstetrical Care Improvements Increased Quality and Reduced Costs

Intermountain Healthcare, Salt Lake City, Utah

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How Intermountain Trimmed Health Care Costs Through Robust Quality Improvement Efforts

Adapted from the article by Brent C. James and Lucy A. Savitz is available at:

<http://content.healthaffairs.org/content/30/6/1185.full.html>

Since the late 1980s, Intermountain Healthcare of Utah and Idaho has applied a process management philosophy that maintains the best way to reduce costs is to improve quality. To implement this philosophy system-wide, Intermountain created data systems and management structures that increased accountability and drove quality improvement. It also achieved significant cost savings by measuring, understanding, and managing variation among clinicians in providing care.

In reviewing its data, Intermountain found that there were a relative “golden few” clinical processes that made up the bulk of care that the system delivers. Just 104 clinical processes—roughly 7 percent of the 1,400—accounted for 95 percent of all of Intermountain’s care delivery. Eleven percent related solely to obstetrics. Intermountain realized that it could have a bigger impact on quality overall by focusing on this area because of the sheer numbers of obstetrical patients.

Induction of early labor has been associated with higher rates of complications for both mothers and newborns, so, in 2001, Intermountain’s pregnancy, labor, and delivery leadership decided to focus on the induction of early labor as a target for improvement. The team created a shared baseline and a standardized electronic checklist that identified when elective induction is medically appropriate. The protocol was deployed across the entire Intermountain system, which performs more than 32,000 deliveries each year. If the patient met the criteria, the induction proceeded; if not, the nurses informed the attending obstetrician that it could not proceed without approval from the chair of the obstetrics department or a specialist in high-risk pregnancies.

The new protocol helped reduce rates of elective induced labor, unplanned cesarean sections, and admissions to newborn intensive care units. Elective inductions that were not clinically appropriate fell from 28 percent to less than 2 percent of all inductions. Intermountain's overall rate of deliveries by cesarean section is now 21 percent, while the national rate is approaching 34 percent. There were cost efficiencies as well. Intermountain estimates that the elective induction protocol reduces health care costs in Utah by about \$50 million per year. If applied nationally, it would lower health care delivery costs by about \$3.5 billion annually.

Intermountain implemented other evidence-based quality improvement initiatives that resulted in enhanced patient safety, better outcomes, and lower overall costs.

FOR MORE INFORMATION:

Dave Green

Communications Manager
Intermountain Healthcare
36 South State Street
Salt Lake City, UT 84111
tel. 801.442.2844
dave.green@ihc.com