



NTSV Performance Report Manual

Sample Report

GOAL

OBI creates push reports designed to help administrators and clinicians at your site understand site performance, including strengths and areas for improvement. This Manual will help you interpret your site's NTSV Performance Report and provide actionable steps to support your quality improvement efforts.

NTSV REPORT STRUCTURE

Your OBI NTSV Performance push report will contain the following sections:

- [Cover Page](#)
- [Balancing Measures](#)
- [NTSV Cesarean Rates](#)
- [Cesarean Rate Trend Over Time](#)
- [Planned & Unplanned Cesareans Over Time](#)
- [Indications for Unplanned Cesarean](#)
- [Indications for Unplanned Cesarean Among NTSV Patients Over Time](#)
- [Indications for Planned Cesarean Over Time](#)
- [Compliance with ACOG Clinical Management Guidelines](#)

ADDITIONAL SUPPORT

Reach out to your OBI Quality & Outreach nurse if you need support.



COVER PAGE

The cover page of your NTSV Performance Report contains valuable information about the NTSV cohort and time frame used to develop the report.

Action Items:

- Communicate the NTSV cohort and period when sharing report information with your team.

BALANCING MEASURES

This table provides Cesarean, Severe Maternal Morbidity (SMM) and Severe Neonatal Morbidity (SNM) rates at your site, as well as comparisons to all OBI sites and sites like yours.

Balancing Measures

Maternity Care Quality Balancing Measures

2022-Mar-31 to 2023-Mar-31

	Cesarean rate	SMM rate ¹	SNM rate ²
Your site	30.3%	4.2%	1.9%
All OBI	28.9%	2.7%	4.1%
Sites like you*	30.0%	3.0%	4.5%

*Sites with a similar 2021 singleton delivery volume, ascertained using birth certificate data

¹ Severe Maternal Morbidity through 42 days postpartum, as defined by the Centers for Disease Control and Prevention and ascertained in the OBI registry

² Severe Neonatal Morbidity, as defined by the NQF #716 Unexpected Newborn Complication Update and ascertained in the OBI registry

Interpretation:

- Compare your site's rate with the overall OBI rate and the rates of sites like yours.
- Monitor Severe Maternal Mortality (SMM) and Severe Neonatal Morbidity (SNM) rates during NTSV Cesarean quality improvement efforts, to offer reassurance that Cesarean rate reductions are promoting overall unit safety.

Action Items:

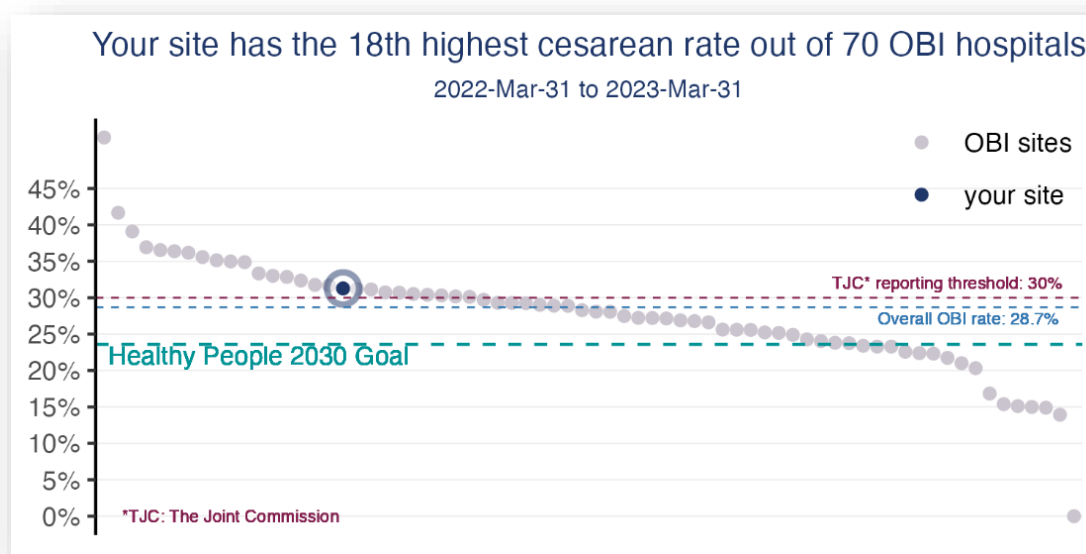
- If your NTSV Cesarean rate is higher than "All OBI" or "Sites like you," your site has great potential to safely lower your cesarean rate.
- If your NTSV Cesarean rate is low, but your SMM or SNM rates are high, consider focusing on



identifying opportunities to lower SMM and/or SNM rates.

NTSV CESAREAN RATES

This plot shows your relative NTSV Cesarean rate rank compared to other OBI sites and other important benchmarks, including The Joint Commission (TJC) reporting threshold of 30%, the overall OBI rate, and the Healthy People 2023 goal of 23.6%.



Interpretation:

- The Y axis is NTSV Cesarean rate, and each gray dot represents an OBI participating hospital.
- A higher ranking indicates a higher cesarean rate (e.g., a site ranked 1st has the highest cesarean rates among all OBI sites).

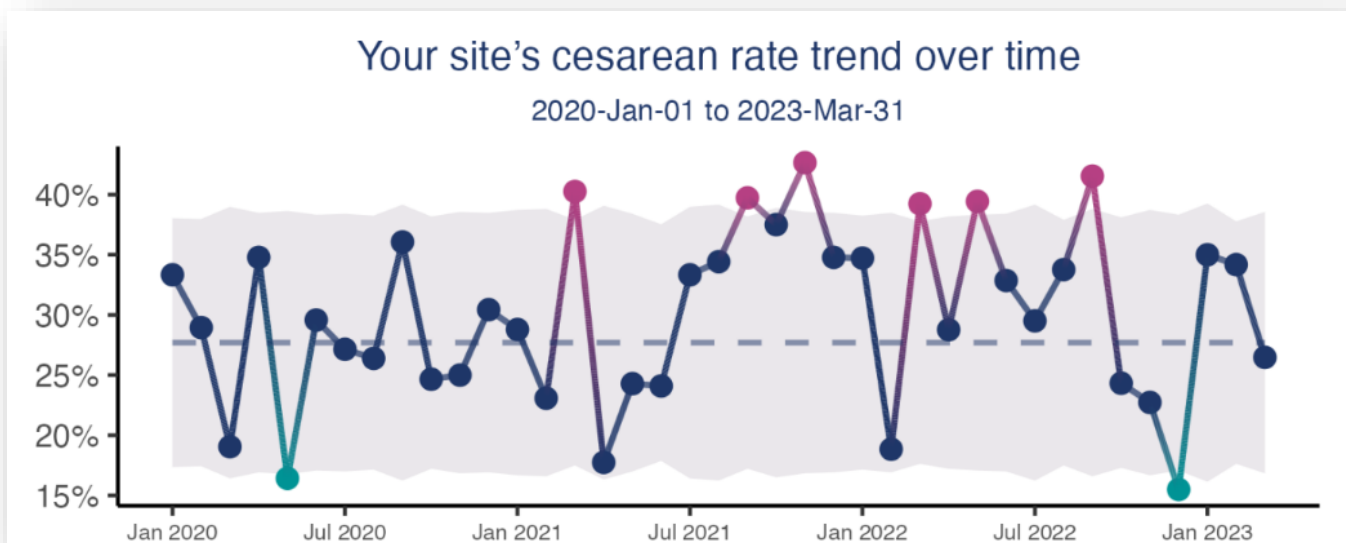
Action Items:

- If your site's rate is higher than the TJC reporting rate of 30%, it will be publicly reported by the TJC. Consider aiming to fall below 30% as your next goal.
- If your NTSV Cesarean rate is lower than "All OBI" and "Sites like you", the Healthy People 2023 goal rate of 23.6% might be an appropriate target.
- Reach out to your OBI Quality & Outreach nurse to discuss setting a site-specific goal and refining your QI plans to safely lower your rates.



CESAREAN RATE TREND OVER TIME

This is a control chart to show your cesarean rate over time (from 2020 to your most recently locked data in OBI registry).



Interpretation:

- Reduction in overtime variation and downward trends are good indications of performance improvement.
- Dots in pink or green that are outside of the gray area represent significant changes (rise or fall).
- Yellow dots indicate a shift in your rates, meaning that your rates are consistently higher or lower than average for 6 months (or quarters for smaller volume sites) consecutively.

Action Items:

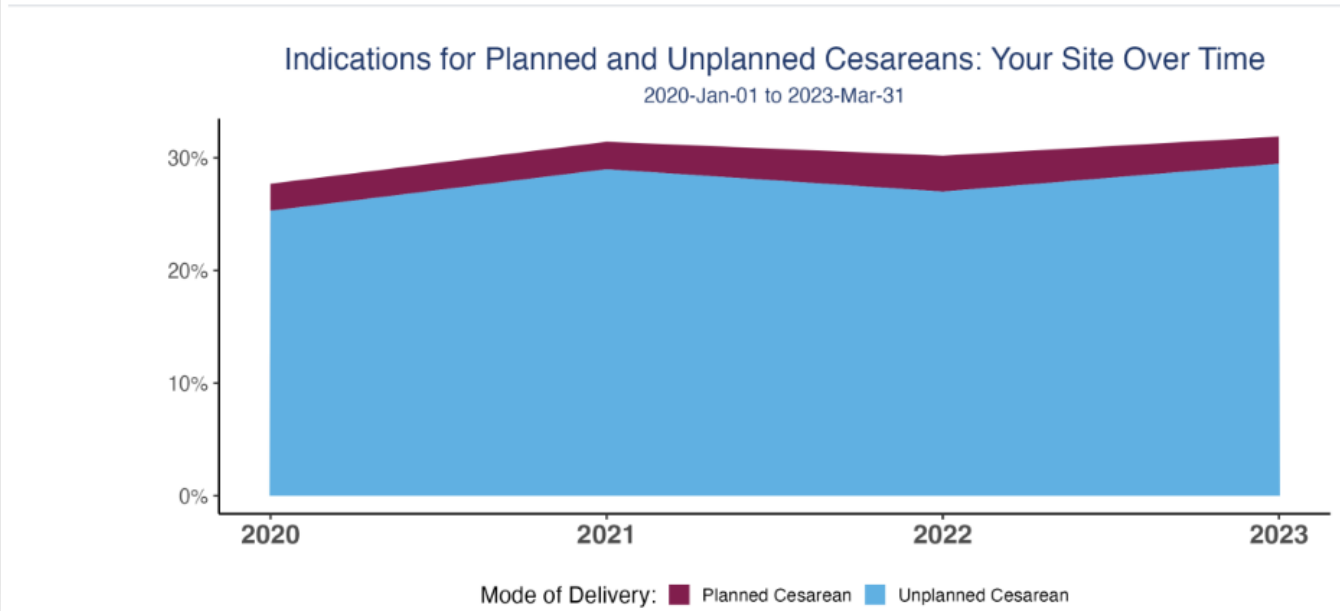
- If your site's rate shifts dramatically from month to month (or quarter for smaller volume sites), this can indicate an opportunity to standardize care and improve performance.
- Communicate data trends to your QI team and frontlines clinicians.
 - If you observe an upward shift, persistently high rates, or significant month-to-month (or quarter-to-quarter for smaller volume sites) variation, work with your team to identify the potential causes of variation and reach out to your OBI Quality & Outreach nurse to discuss improvement opportunities.
 - If you observe a downward shift, and a reduction in variation, identify the potential facilitators, and celebrate with your team. Please share your tips with your OBI Quality & Outreach nurse and report it in the Program Progress and Monitoring (PPM) survey. We would love to learn from you!



PLANNED & UNPLANNED CESAREANS OVER TIME

This plot displays trends in your site's rates of planned and unplanned NTSV Cesareans over time. Beginning in October of 2023, we will also provide top OBI performers' rates for comparison.

Planned and Unplanned Cesarean Proportion Over Time



Interpretation:

- Changing proportions of planned vs. unplanned NTSV Cesareans can help you identify where to focus QI efforts and track progress of QI efforts over time.

Action Items:

- If your site has a high or increasing planned NTSV Cesarean rate, consider investigating whether all planned NTSV Cesareans are medically indicated.



INDICATIONS FOR UNPLANNED CESAREANS

This table breaks down the proportion of indications for unplanned cesareans at your site (sum = 100%, denominator is all unplanned cesareans), and provides comparisons to all OBI sites and sites like yours.

Indications for Unplanned Cesarean

Indications for Unplanned Cesareans: Your Site and Other OBI Sites

2022-Mar-31 to 2023-Mar-31

	Dystocia	Abnormal FHT ¹	Other ²	Dystocia FHT Other		
Your site	40%	50%	10%	40	50	10
All OBI	38%	48%	13%	38	48	13
Sites like you*	35%	52%	12%	35	52	12

Note: Your site's total count of unplanned cesarean cases between 2022-Mar-31 to 2023-Mar-31: 226

*Sites with a similar 2021 singleton delivery volume, ascertained using birth certificate data

¹ FHT: Fetal Heart Tracings

² Other indications include: Malpresentation (any noncephalic presentation), Macrosomia, Preeclampsia, Maternal request, Maternal conditions, other, Fetal conditions, other, Abnormalities of the placenta (e.g. placental abruption, accreta), Cord prolapse, Failed assisted delivery, HIV with viral load >1000, Active HSV, Prior uterine surgery (e.g. myomectomy), Abdominal cerclage

Action Items:

- Identify if Labor Dystocia or Abnormal Fetal Heartrate Tracings make up the largest portion of unplanned cesareans at your site.
- Review OBI tools and resources for [dystocia](#) and/or [category II](#) management and look at dystocia and Category II algorithm compliance in the workstation (NTSV Cesarean Delivery Report). Review the [Compliance with ACOG Clinical Management Guidelines](#) section of this guide to see how your site's compliance compares to other OBI sites.



INDICATIONS FOR UNPLANNED CESAREAN AMONG NTSV PATIENTS OVER TIME

This plot shows your overall unplanned NTSV Cesarean rate for various indications over time.

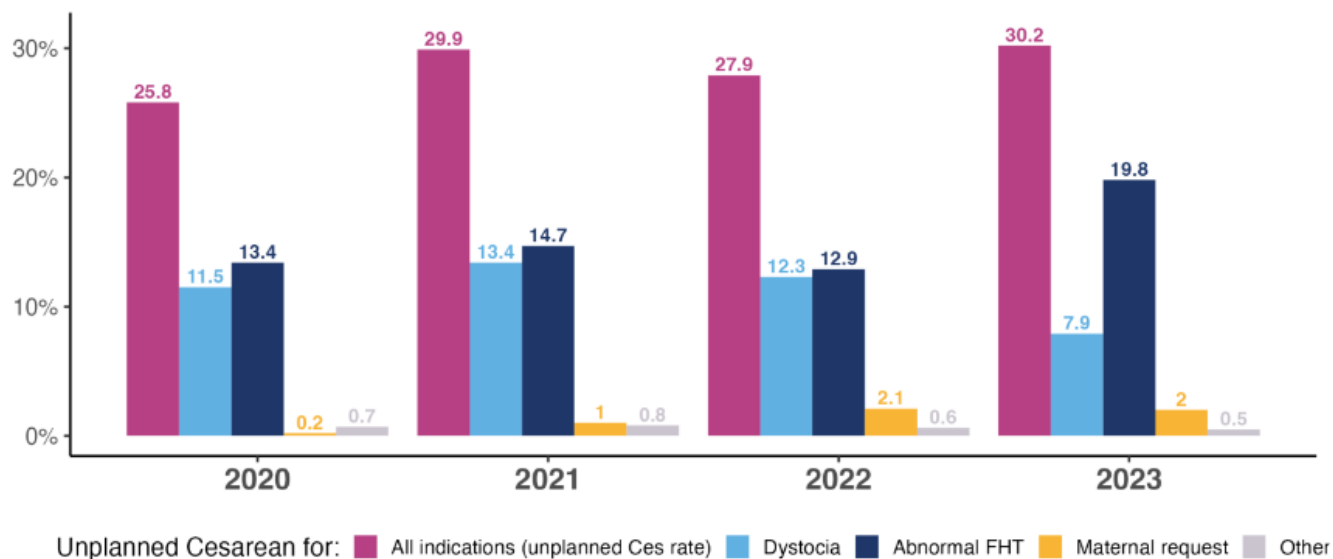
Indications for Unplanned Cesarean Among NTSV Patients Over Time

OBi Insights

- At the top performance sites, the overall unplanned cesarean rate among NTSV patients was 23.2%. Among unplanned cesareans, the dystocia rate was 9.9%, the abnormal FHT rate was 11.3%, the maternal request rate was 0.9%, and the other rate was 1.1%.
- Top Performer sites were defined as those with the lowest quartile NTSV Cesarean rates (median 25%) in the most recent 12 months, and a delivery volume >1000/yr (to ensure reliable Cesarean rate estimate).

Indications for Unplanned Cesarean Among NTSV Patients: Your Site Over Time

2020-Jan-01 to 2023-Mar-31



Interpretation:

- This plot tells you why your NTSV population is having unplanned cesarean births.
- Compare the same color bar over time to identify changes for each indication; for example, the site in this figure had a notable increase in unplanned cesareans for maternal request over time and a substantial increase in unplanned cesareans for abnormal fetal heart tones in 2023.



- In the OBI insights box, we include rates of each indication at OBI sites with the lowest NTSV Cesarean rates, to help you set improvement goals.

Action Items:

- Determine which NTSV indication proportions you'd like to improve. Do you need to right-size rates of NTSV Cesareans for dystocia vs. abnormal fetal tracings vs. maternal request vs. other vs. a combination of these?
- Determine your site's improvement goal for each indication selected (e.g., "reduce NTSV Cesareans with primary indication of dystocia from 12.3% to 8.0% within 6 months").
 - Use the workstation to review cases for each selected indication.
 - Dystocia & fetal heart tones: Review OBI resources for [dystocia](#) and/or [category II management](#) as needed.
 - Maternal request: Identify labor management practices that contribute to high rates of unplanned Cesarean for this indication.



INDICATIONS FOR PLANNED CESAREAN OVER TIME

This plot will only appear in NTSV Performance Reports for high-volume sites, to ensure reliable estimates. The plot shows temporal trends in indications for planned NTSV cesareans by year.

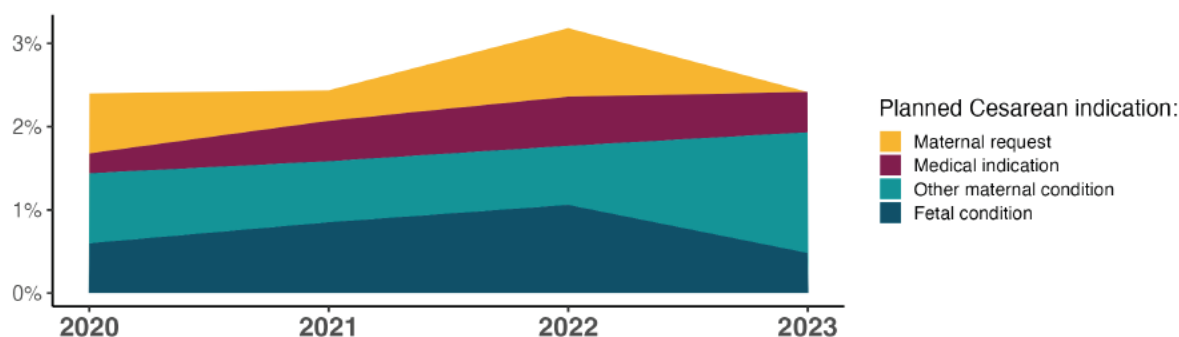
Indications for Planned Cesarean Over Time

OB I Insights

- At your site, the most recent 12-month overall planned Cesarean rate among NTSV patients was 3.2%. Among planned cesareans, the Maternal Request rate was 0.6%, the Medical Indication* rate was 0.7%, the Other Maternal Condition rate was 0.8%, and Fetal Condition rate was 1.1%.
- At Top Performer sites, the most recent 12-month overall planned Cesarean rate among NTSV patients was 2.0%. Among planned cesareans, the Maternal Request rate was 0.5%, the Medical Indication rate was 0.2%, the Other Maternal Condition rate was 0.5%, and Fetal Condition rate was 0.7%.
- Top Performer sites were defined as those with the lowest quartile NTSV Cesarean rates (median 25%) in the most recent 12 months, and a delivery volume >1000/yr (to ensure reliable Cesarean rate estimate).

Indications for Planned Cesareans: Your Site Over Time

2020-Jan-01 to 2023-Mar-31



*Medical indication includes: abnormalities of the placenta, HIV with viral load >1000, active HSV, prior uterine surgery

Interpretation:

- The height of the colored bands represents changes in cesarean indications over time.

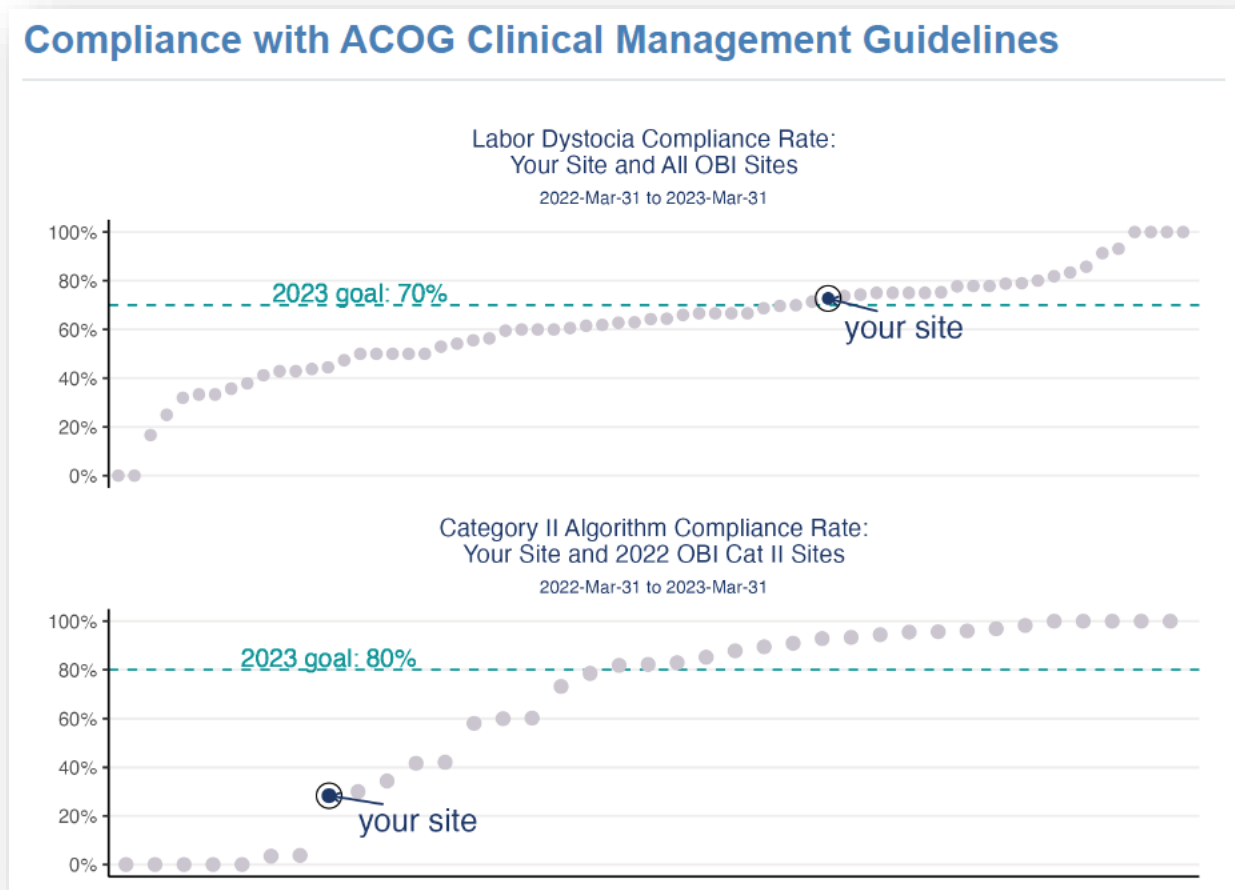
Action Items:

- Use this figure to identify planned NTSV Cesarean indications with rising or stably high rates over time and consider whether these are medically indicated.



COMPLIANCE WITH ACOG CLINICAL MANAGEMENT GUIDELINES

This plot shows your Labor Dystocia and Category II algorithm compliance rates, compared to other OBI sites and the OBI 2023 P4P targets.



Interpretation

- Compliance rates below OBI targets are high priority areas for improvement.

Action Items:

- Work with your team and your OBI Quality and Outreach nurse to select and implement quality improvement strategies, with a goal of surpassing OBI target rates.