Project Team/Committee Charter

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| **Project/Committee Name:** | Healthy Birth Initiative Reduction of Primary Cesarean Collaborative |
| **Purpose/Goal:** | The goal of this project team/committee is: to participate in the HBI RPC Collaborative by instituting the Progress in Labor and Labor Support Bundles. |
| **Chairperson(s):** |  |
| **Executive Sponsor(s):** |  |
| **Team Members:** | |  |  |  | | --- | --- | --- | | **Name** | **Title** | **Role** | |  |  |  | |
| **Meeting Frequency:** | Monthly |
| **Minutes:**    **Team Process:** | Recorded by insert name and distributed at each meeting.   |  | | --- | | 1. Voting Privileges: All members have equal voting privileges. 2. Problem Solving: Group discussion and LEAN Principles 3. Communication: Meetings, email 4. Other: Attended on-site for Collaborative in Jan, 2016 in Maryland | |
| **Roles a Responsibilities:** | 1. Each member is expected to: attend meetings, support bundle institution, perform tasks assigned 2. Engage personally in initiatives that will assist in achieving teams’s goals for reduction of primary cesarean section in the NTSV (nulliparous, term, singleton, vertex) population 3. Share best practices, success stories, and report out on assignments as scheduled on agenda. |
| **Measure(s) of Success:** | Decrease current NTSV section rate from 17.5% to 15%  All patients will have complete standardized labor progress notes  All inductions will have IOL form completed prior to IOL, with all elective IOL meeting bishop score recommendations  All non-emergent cesareans will have c/s indication note completed prior to incision  All cesarean sections will meet criteria by ACOG/SMFM Consensus statement for indication and criteria |
| **Milestones:** | Key dates within timeframe of project/committee.   |  |  |  | | --- | --- | --- | | **Milestone** | **Tollgate/**  **Target Date** | **Description** | | Initiation of Standardized forms | 2/15/2016 | Roll-out of forms | |  |  |  | |  |  |  | |  |  |  | |
| **Collaborative Groups / Other Stakeholders:** | OB-Department, L&D Nursing Leadership Team, OB Practice Group |
| **Other Information:** |  |
| **Signatures/Approvals** | |  |  | | --- | --- | | **Signature** | **Date** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
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