



email: [qi@cpcqc.org](mailto:qi@cpcqc.org)  
website: [cpcqc.org](http://cpcqc.org)

# ANNUAL REQUIREMENTS FOR **SUSTAINABLE** HOSPITAL ENGAGEMENT

## Enrollment

Enroll in your chosen QI initiative. Sign data use agreements.

1

## Coaching

Attend at least 1 virtual QI Coaching session with CPCQC once every 6 months (2 per year)

2

## Hospital Assessment Completion

Submit a survey of hospital practices related to the initiative twice a year

3

## Meeting Participation

Attend at least 1 QI initiative meeting (virtual, in-person, or regional) every three months

4

## Data Submission

Submit at least one-quarter worth of a reduced data set during 12 months to demonstrate sustained quality improvement.

5





# CPCQC SOAR Program Calendar 2026



**SOAR**  
Primary Cesarean Reduction Initiative

## JANUARY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## FEBRUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

## MARCH

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## APRIL

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## MAY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## JUNE

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## JULY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## AUGUST

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## SEPTEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

SOAR Monthly Initiative Meetings 12-1pm

SOAR Initiative Data Deadline (Prior month)

CPCQC Forum

SOAR Onboarding Meetings

Hospital Readiness Assessment Due

December 2026 data due **January 9, 2027**



## **Nulliparous Term Singleton Vertex**

This clinical care checklist is intended to guide care and collect data for a pregnant person who delivers a single, term infant in vertex presentation. **ONLY** complete this data collection tool if all the following apply:

- |  |   |
|--|---|
| <b>N:</b> Para 0                                       | <b>S:</b> Singleton birth               |
| <b>T:</b> Infant born at 37 weeks gestation or greater | <b>V:</b> Infant in vertex presentation |

### Section 1: ADMISSION DETAILS

**Patient age:** \_\_\_\_\_ **Date of delivery:** \_\_\_\_\_ **Gestational age at delivery:** \_\_\_\_\_

**Reason for patient admission (Circle all that apply)**

- |                 |                         |                                    |
|-----------------|-------------------------|------------------------------------|
| In active labor | In early labor          | Rupture of membranes, not in labor |
| For induction   | For scheduled C-section | Other: _____                       |

**Who was the primary labor-management provider? (Select one)**

- |                         |                               |              |
|-------------------------|-------------------------------|--------------|
| OB/GYN                  | Certified Nurse-Midwife       | Other: _____ |
| Maternal Fetal Medicine | OB/GYN with Resident          |              |
| Family Medicine         | Family Medicine with Resident |              |

### Section 2: INDUCTION DETAILS (Complete if patient was admitted for induction)

**Why was the patient admitted for induction? (Circle all that apply)**

- |  |                          |
|--|--------------------------|
| Maternal hypertensive disease                    | Polyhydramnios           |
| Elective   | Fetal growth restriction |
| Advanced maternal age                            | Category II tracing      |
| Maternal diabetes (gestational or pre-existing)  | Oligohydramnios          |
| Rupture of membranes (PROM, SROM, prolonged ROM) | LGA/macrosomia           |
| Other maternal medical disease                   | Decreased fetal movement |
| Post dates (Over 41 weeks)                       | Other: _____             |

**Which method(s) were used for induction? (Circle all that apply)**

Cytotec | Cervidil | Cook catheter or Foley bulb | AROM | Pitocin | Dilapan

### Section 3: LABOR PROGRESSION

**Is the provider unable to augment labor with Pitocin or AROM due to non-reassuring fetal heart rate (NRFHR)?**

- Yes, NRFHR prohibits augmentation despite intrauterine resuscitative measures **(If checked, you do not need to complete this section. Proceed to Section 4: Indication for Cesarean Delivery).**
- No, NRFHR does not prohibit augmentation **(If checked, proceed with this section)**



**Diagnosis: Failed Induction of Labor (all 3 should be present) - Circle one response for each**

- 1. Patient experienced rupture of membranes: Yes-AROM Yes-SROM No
- 2. Patient received Pitocin for 12-18 hours after rupture of membranes: Yes No
- 3. Patient is less than 6 cm of dilation: Yes No

***If all three of the above criteria are met, consider Cesarean delivery. Note. At least 24 hours of Pitocin administration after membrane rupture is preferable if maternal and fetal statuses permit.***

**Diagnosis: Arrest of Dilation (all 3 should be present) - Circle one response for each**

- 1. Patient reached 6 cm dilation or greater: Yes No
- 2. Patient experienced rupture of membranes: Yes-AROM Yes-SROM No
- 3. Patient had inadequate cervical change for at least either: Yes No
  - 4 hrs of adequate uterine activity (e.g. MVUs>200), OR
  - 6 hrs of Pitocin administration with inadequate uterine activity

\*Did the patient have an IUPC placed at any time? Yes No

***If all three of the above criteria are met, consider Cesarean delivery. Note. As long as fetal and maternal statuses remain reassuring and cervical progress is being made, a slow but progressive latent phase (e.g., >20 hours in nulliparous women or >14 hours in multiparous) is not an indication for Cesarean delivery.***

**Diagnosis: Arrest of Descent - Circle one response**

- 1. Patient pushed for 3 hours with inadequate fetal descent: Yes No N/A

***If "Yes," consider manual rotation, operative vaginal delivery, or Cesarean delivery as clinically appropriate.***

\*Was the patient offered operative vaginal delivery? Yes No N/A

**Was this clinical care checklist used as a communication tool for the medical team? Yes No**

**Section 4: INDICATION FOR CESAREAN DELIVERY**

**What was the primary Indication for Cesarean Delivery? - Circle one**

Arrest of descent | Arrest of dilation | Cord prolapse | Elective | Failed induction  
 HSV outbreak | Malpresentation | Non-reassuring fetal heart rate | Placenta previa | Previous uterine surgery

**Were there secondary indications? - Circle all that apply**

Arrest of descent | Arrest of dilation | Chorioamnionitis  
 Failed induction | Non-reassuring fetal heart rate | Patient exhaustion

**Other:** \_\_\_\_\_

**Provider Signature:**

\_\_\_\_\_

# Celebrating Hospitals



## Annual Recognition & Resource Support Framework: Incentive Structure for 2026

### Recognition Criteria

- Facilities will create 2-3 goals for the year to be shared with QI Advisor, goals will be in a SMART format.
- Facilities will become eligible for this resource framework upon achieving a specific goal, following consultation with their QI Advisor, who will then approve the completion.
- Available to both Active and Sustainable hospitals.



### Goal Examples

- Program Implementation
- Data Submission
- Engagement
- Sustainability & Practice Integration

### Timeline



- **Q1:** Goals Setting
- **Q2-Q3:** Working on Goals
- **Q4:** Confirmation of Goal Achievement
  - **November:** Resource Selection
  - **December:** Resource Allocation



### Recognition

**One award per year per facility** and Equal-Value Allocations based on total funds per facility

- **Unit Resources and Equipment** (ex. peanut balls)
- **Training for Frontline staff** (ex. Trauma-Informed training)
- **Celebration for Frontline staff** (ex. Badge reels, compression socks)