State Quality Collaborative Leaders Panel:

National Perspectives on Improving Perinatal Care

State Quality Collaborative Leaders
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- Lisa Kane Low, PhD, CNM, FACNM, FAAN
  *Michigan’s Obstetric Initiative (OBI)*
- Susan Ford, MSN, RN
  *Ohio Perinatal Quality Collaborative (OPQC)*
- Shannon Pursell, MPH
  *Virginia Neonatal Perinatal Collaborative (VNPC)*
Quality Collaboratives: Perspectives on Improving Maternal and Infant Care

Lisa Kane Low PhD CNM, FACNM, FAAN
University of Michigan
The Obstetrics Initiative (OBI) is a state-wide data-driven quality improvement project comprised of 75 Michigan maternity hospitals. We lead statewide collaboration to create optimal maternity care experiences for all Michigan families.

We were launched in 2018 and initiated projects in 2019. OBI is a Collaborative Quality Initiative (CQI) funded by Blue Cross Blue Shield of Michigan/Blue Care Network.

Our first initiative is supporting physiologic vaginal birth and safely lowering the cesarean delivery rate among low-risk (for cesarean delivery) patients.
OBI Collaborative BASELINE cesarean birth rate (January – November 2020)

27.4 %

AIM: 10% relative reduction in OBI collaborative wide NTSV Cesarean Birth rate from 27.4% to 24.7% by December 2022.

24.7 %

How we will measure:

Calculated collaborative-wide cesarean birth rates using NTSV cases submitted to the OBI Workstation.

Control charts to monitor ongoing changes and a mean rate for Jan-December 2022 cases will be calculated in May 2023 when 2022 cases are final.
Organizational Structure

Leadership Team

Coordinating Center

Program Management
Nursing:
Quality, Outreach, Data Management
Analytics

Clinical Data Workstation

Site Level OBI Champion Team

Lead: Provider and Quality
Multidisciplinary Membership
Communication
Clinical Data Abstractors
Annually we develop the Pay for Participation/Performance Score Card. Hospitals receive compensation based on their score on the card. The initial emphasis was on participation and has transitioned to performance measures since 2021.

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Weight</th>
<th>Measure Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5%</td>
<td>OBI Hospital Survey</td>
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<tr>
<td></td>
<td></td>
<td>Complete the 2022 Undisturbed Labor and Birth (ULAB) Survey</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>10%</td>
<td>Attendance at the OBI Collaborative SemiAnnual Meetings*</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At least one Multistakeholder Team Member attends both SemiAnnual Collaborative Meetings (April 15, 2022 &amp; November 4, 2022)</td>
<td>5</td>
</tr>
<tr>
<td></td>
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<td>Clinical Data Abstractor (CDA) or designee attends both SemiAnnual Collaborative Meetings (April 15, 2022 &amp; November 4, 2022)</td>
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<tr>
<td>3</td>
<td>5%</td>
<td>Maternity Unit Culture</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;50% labor and delivery (L&amp;D) staff completed the labor culture survey by June 1, 2022</td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td>&gt;30% L&amp;D staff completed the labor culture survey by June 1, 2022</td>
<td>2</td>
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<tr>
<td>4</td>
<td>10%</td>
<td>Education</td>
<td>10</td>
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<tr>
<td></td>
<td></td>
<td>Peer-to-Peer Engagement: Video Workgroups</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td>Attend 6 out of 6 monthly video peer-to-peer workgroups</td>
<td>7</td>
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<tr>
<td></td>
<td></td>
<td>Webinars*</td>
<td>3</td>
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<tr>
<td></td>
<td></td>
<td>Disseminate each of the 3 OBI Webinars to unit staff</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>10%</td>
<td>Nulliparous, Term, Singleton, Vertex (NTSV) Case Selection Audit Accuracy</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;97% Case Selection Accuracy</td>
<td>10</td>
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<td></td>
<td>92 - 97% Case Selection Accuracy</td>
<td>6</td>
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<tr>
<td></td>
<td></td>
<td>&lt; 92% Case Selection Accuracy</td>
<td>2</td>
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<td></td>
<td></td>
<td>No Audit Participation</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>20%</td>
<td>Dystocia Compliance Measure</td>
<td>20</td>
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<tr>
<td></td>
<td></td>
<td>60% compliance or above</td>
<td>20</td>
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<td></td>
<td></td>
<td>40-59.9% compliance</td>
<td>10</td>
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<td></td>
<td></td>
<td>0-39.9% compliance</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>40%</td>
<td>Assessment of Fetal Well-Being and Patient Engagement QI Implementation</td>
<td>40</td>
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<tr>
<td></td>
<td></td>
<td>Choose one of the following projects:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1. Implementation of RPC IA Bundle</td>
<td>40</td>
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<td></td>
<td>2. Management of Category II Fetal Heart Rate Tracings</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Continue or Initiate TeamBirth</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scores 95 - 100 points on selected QII</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scores 81 - 94 points on selected QII</td>
<td>35</td>
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<tr>
<td></td>
<td></td>
<td>Scores 70 - 80 points on selected QII</td>
<td>30</td>
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<tr>
<td></td>
<td></td>
<td>Scores 60-69 points on selected QII</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scores 1 - 59 on selected QII</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No implementation</td>
<td>0</td>
</tr>
<tr>
<td>100%* CME and CEU available</td>
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<tr>
<td>Indicates Participation Measures</td>
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<tr>
<td>Indicates Performance Measures</td>
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</table>

*The scorecard is used to measure hospitals' performance in various aspects of labor and delivery care, with a focus on improving patient outcomes and satisfaction.
OBI strategy roadmap – building QI capacity

2019
- QI Curriculum
- Admission checklist
- Labor progress bundle
- Pay for participation

2020
- Clinically abstracted data
- Shared decision-making education and training
- Labor Culture Survey
- Expanded QI focus with workgroups

2021
- Dystocia: Cesarean birth utilization review
- Patient centered huddles: Team Birth
- Year 1 of pay for performance process measures

2022
- Dystocia compliance
- Fetal assessment QI options
- Expanded birth equity
- Patient reported experiences
- Repeat Labor Culture Survey
2016-2022
Bundle Focus
Hemorrhage  Hypertension  OBI: Reducing Primary Cesarean  Sepsis
Michigan Perinatal Quality Collaborative: State-Wide with Regional Representation Organized by Prosperity Regions

Multistakeholder Community Membership Requirement Supports for Community Membership Engagement
Quality Improvement Projects Tailored to Local Needs Guided by State MIHE Plan

• Birth Equity/Implicit Bias/Health Equity
• Expanding and improving access to care and support throughout the pregnancy and postpartum period
• Universal Screening for Behavioral and Mental Health Trauma informed care
• Smoking Cessation
• Home Visiting Programing
• Perinatal Substance Use Disorder
• Doula Workforce
• Community AIM program: Transitions in PP Care
Coordination and Synergies between Perinatal Quality Improvement Initiatives

- PQC
- AIM
- OBI
- Sites

Widest Range of Stakeholders, AIM Reports, Responsive to Local Needs, Aligns with State Health Priorities
Specific Bundles, Statewide Programming with Data, National Priorities combined with State Needs
Hospital Based, Specific to NTSV CS, Future Expansion, AIM Collaboration, Introduction of PREMS, Statewide Infrastructure
Quality Priorities, Infrastructure Resources, Multiple Resources from Each Program to Support Work,

### MI AIM 2021 Designation Criteria

**CALENDAR YEAR 2021**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Description</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment document signed and returned by one member of hospital administration, one member of data or quality, and one member of CIBM team. Due by September 15, 2021.</strong> (Required)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Combination of meeting and webinar attendance</strong></td>
<td>5 points (5 bonus points for all three)</td>
<td></td>
</tr>
<tr>
<td>1. At least one member of the hospital team attends the June 28-29, 2021 Mother Infant Health Summit.</td>
<td></td>
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<tr>
<td>2. At least one member of the hospital team attends two Regional Perinatal Quality Collaborative meetings and participate actively.</td>
<td></td>
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</tr>
<tr>
<td>3. At least one member of the hospital team attends at least 4 educational webinars. <em>Hospital receives 5 points for attendance at TWO of the above or 10 points (5 bonus points) for attending all THREE events.</em></td>
<td></td>
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</tr>
<tr>
<td><strong>Hospital receives 5 points for attendance at TWO of the above or 10 points (5 bonus points) for attending all THREE events.</strong></td>
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</tr>
<tr>
<td><strong>Attestation survey</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Provider Education</strong></td>
<td>5-10 points (5 bonus points for 100% of OB professionals)</td>
<td></td>
</tr>
<tr>
<td>Completion of Implicit Bias Training for health care professionals (including medical staff and trainees); 50% of OB health care professionals 5 points or; 75% of OB health care professionals 10 points or; 100% of OB health care professionals 15 points (5 bonus points)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Attestation survey</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sign up for the MI AIM Technical assistance list serve and have at least one person of the hospital team participated in a Maternal Health Safety Session (if available); <em>Attestation survey</em>*</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total Points for Participation in MI AIM</strong></td>
<td>25 pts (+10 bonus points)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Points for Reporting and Implementation</strong></td>
<td>75 (+15 bonus points)</td>
<td></td>
</tr>
<tr>
<td><strong>Measure Name</strong></td>
<td><strong>Measure Description</strong></td>
<td><strong>Total Points</strong></td>
</tr>
<tr>
<td>2021 Data Reporting (20 pts)</td>
<td>Complete structure survey by September 15, 2021 in KeyMetrics. (The MIA will send a notification for survey to hospitals in July, when survey opens)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Report monthly process measures (Jan &quot;21 - Dec &quot;21)</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Submit monthly data no later than two months after the end of each month (data deadlines within KeyMetrics). [One point for each month an additional +3 points for 12 months of on time data] <em>Attestation survey</em>*</td>
<td></td>
</tr>
<tr>
<td><strong>Reimbursement (20 pts)</strong></td>
<td>Average of &gt;80% of deliveries have a PPHR Risk Assessment completed once on admission into L&amp;D and on admission to Postpartum; 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Average of &gt;80% of all deliveries have QBI; 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]</td>
<td>10</td>
</tr>
<tr>
<td><strong>Severe HTN (20 pts)</strong></td>
<td>Average of &gt;80% of cases time to treat severe range BP’s &lt; 60 minutes (Exclude all cases that equal 160/110); 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]</td>
<td>20</td>
</tr>
<tr>
<td><strong>Implementation (55 pts)</strong></td>
<td>Show improvement in time to treat severe range BP’s &lt; 60 minute from calendar year 2020 (Include all cases that equal 160/110); 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]</td>
<td>20</td>
</tr>
<tr>
<td><strong>Septic (5 pts)</strong></td>
<td>Attestation that hospital has implemented a policy for maternal sepsis screening, protocol for diagnosis, and prompt treatment; <em>Attestation survey</em>*</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Submit Sepsis Bundle metrics into KeyMetrics through 2021 (5 bonus points)</td>
<td></td>
</tr>
<tr>
<td><strong>OBX (5 pts)</strong></td>
<td>Average of &gt;50% of NTSV primary cesareans performed for dystocia meet ACOG/RAI/MAMA (this information is received by individual hospital from OBX and then hospital submits to MI AIM via attestation survey) <em>Attestation survey</em>*</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Points</strong></td>
<td>Combination of data reporting (20 points), Reimbursement Implementation (20 points), Severe Hypertension Bundle Implementation (20 points), Sepsis Bundle Initiation (10 points), Sepsis bundle data submission (5 bonus points), and OBX engagement (5 points).</td>
<td>100 (+15 bonus points)</td>
</tr>
</tbody>
</table>
Efforts to Reduce Primary Cesarean Delivery

AIM BUNDLES

TOOLKITS

CHECKLISTS

Target High Impact Areas for Change
OBI supports vaginal births and safely reducing cesarean deliveries for “low-risk” pregnancies in Michigan hospitals.

https://www.obstetricsinitiative.org/
ILPQC 10th Annual Conference

Ohio Perinatal Quality Collaborative
Susan Ford, MSN
October 27, 2022
The Ohio Perinatal Quality Collaborative Team

Funding from Ohio Department of Medicaid and Ohio Department of Health coordinated through Cincinnati Children’s James M. Anderson Center for Health Systems Excellence Learning Networks Program

Mona Prasad, DO, MPH
Maternal Fetal Medicine & Addiction Medicine Faculty

Kamilah Dixon, MD
OB Faculty, Diversity and Equity

Carole Lannon, MD, MPH
Collaborative Science Lead

John Morehous, MD
Pediatric Faculty

Heather Kaplan, MD, MSCE
Neonatal & QI Faculty

Nichole Nidey, PhD, MS
Maternal Child Health Epidemiologist

Susan Ford MSN, RN
Quality Improvement Specialist

Sandra Fuller MEd
Director of Quality Improvement Learning Networks

Kristen Hale, BSW
Project Management Specialist
Ohio Perinatal Quality Collaborative Projects

**Obstetrical**
- Early elective delivery & Birth Data Accuracy (spread throughout the state)
- Antenatal corticosteroid (women at risk of preterm birth from 24.0-33.6 weeks GA)
- Long acting reversible contraceptive (LARC)
- Infant Mortality/Progesterone for preterm birth risk
- Smoke Free Families (smoking cessation)

**Neonatal**
- Blood stream infection (high reliability maintenance bundle for infants 22-29 weeks)
- Human Milk (increasing usage for infants 22-29 weeks)
- NICU Graduates (for infants trach dependent and/or G-tubes)
- Neonatal Abstinence Syndrome

*Maternal Safety AIM-HTN (ODH-GRC)*
*Addressing Pregnancy Risk (maximizing use of PRAF)*
*Compassionate/Respectful Care*
*CDC – Saving pregnant and postpartum lives*

Maternal Opiate Medical Support Plus (MOMS+ infant)

*Maternal Infant Dyad (with OUD dx)*

* current project

CDC – Saving pregnant and postpartum lives
Ohio Perinatal Quality Collaborative Projects

**Obstetrical**
- Early elective delivery & Birth Data Accuracy (spread throughout the state)
- Antenatal corticosteroid (women at risk of preterm birth from 24.0-33.6 weeks GA)
- Long acting reversible contraceptive (LARC)
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* Addressing Pregnancy Risk (maximizing use of PRAF)
* Compassionate/Respectful Care
* CDC – Saving pregnant and postpartum lives
* Maternal Infant Dyad (with OUD dx)

* current project
OPQC Early Elective Delivery Project
(2008-2014) 108 maternity hospitals

75% decrease early elective deliveries
Between September 2008 and March 2016, >58,000 births shifted to term
Addressing Infant Mortality/Prematurity
The Progesterone Project

Practice + Systems Change
1) ALL OHIO BIRTHS BEFORE 32 WEEKS

2) ALL OHIO BIRTHS < 32 WKS w/ HX PTB

3) ALL OHIO BIRTHS <32 WEEKS w/ HX PTB on MEDICAID

4) ALL OHIO BIRTHS <32 WEEKS TO AFRICAN AMERICAN WOMEN w/ HX PTB
Progesterone Project Outcomes

A Statewide Progestogen Promotion Program in Ohio

Jey D. Deva, MD, Mary S. Applegate, RN, Michael P. Marotte, MD, Martha Blevins, MD, AHIP, M. Ann R. Davis, MD,
Michael A. Rivers, MD, MPH, Jennifer E. Hackle, RN, Adam Fleisher, MD, Maggie H. Johnson, MD, and F. Stout, MD, MS, Mary C. Walker, RN, MS, Jennifer Youle, BS, Fabiola Paredes, RN, Martha Abdu, MD, MPH, and Carrie Lamm, MD, MPH.


e-PRAF (pregnancy risk assessment form)
Neonatal Abstinence Syndrome Protocol

• **Non-Pharmacologic Bundle:**
  • Swaddling, Clothed Cuddling, Quiet Room, Feeding

• **Pharmacologic Therapy Bundle:**
  • Morphine or Methadone
  • Escalate, Stabilize, Wean

After 9 months, length of pharmacologic treatment decreased by 9% from 13.4 to 12 days, and the LOS decreased by 9% from 18.3 to 17 days.

Further reductions in LOS following test of non-pharmacologic therapy (optimal feeding) from 17 to 16.3 days.

Total = 2 days reduction in LOS

In 2017, avoidance of 846 hospital days; estimated savings of almost $1m/year (and better mother/infant connection)

# Current OPQC Projects

<table>
<thead>
<tr>
<th>Project title</th>
<th>Description</th>
<th>Partners</th>
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</thead>
<tbody>
<tr>
<td><strong>Maternal Safety</strong></td>
<td>Working with state partners to improve safety of women during pregnancy and early postpartum (using AIM bundles)</td>
<td>Ohio Department of Health, Ohio Government Resource Center</td>
</tr>
<tr>
<td><strong>Addressing Pregnancy Risk</strong></td>
<td>Working with Ohio Medicaid to ensure that risk factors affecting maternal safety during pregnancy (and infant health) are addressed</td>
<td>Ohio Department of Medicaid</td>
</tr>
<tr>
<td><strong>Maternal/Infant Dyad</strong></td>
<td>Working with Ohio Medicaid to identify optimal care for women with Opioid Use Disorder and their Infants during the first year postpartum</td>
<td>Ohio Department of Medicaid</td>
</tr>
<tr>
<td><strong>Compassionate Care</strong></td>
<td>Developing a plan to address compassionate care of women of color during pregnancy and birth</td>
<td>Ohio Department of Health</td>
</tr>
<tr>
<td><strong>MaternalHealthCARE</strong></td>
<td>Piloting strategies to improve maternal health and advance racial equity</td>
<td>March of Dimes</td>
</tr>
<tr>
<td><strong>Saving pregnant and postpartum lives</strong></td>
<td>Significantly reduce the % of pregnancy-associated deaths due to opioid overdose; supporting maternity care practices and birth hospitals in facilitating provision of Narcan to pregnant and postpartum women with OUD</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
</tbody>
</table>
QI strategies used when working with hospitals

- Encouraging senior leadership buy-in
- Highlighting importance having the right people on your QI team
- Utilization of QI tools and methodology
  - Model for Improvement
  - AIM statement
  - Measurement/Systems Inventory
  - PDSAs
  - Process flow charts, FMEA
  - All Teach – All Learn
  - Monthly Action Period Calls
  - Bi-annual Learning Sessions
  - Regional Meetings
Impact of Covid

- The impact of the COVID pandemic has been huge on our hospitals
  - Staffing reallocation, resignation, prn/travel staff, FMLAs...
  - Some QI work needed to be paused or halted
Impact of Covid

• How do we now work with teams to “meet them where they’re at”?
• The context of covid challenges highlighted the strength of our teams as well as our own strengths within OPQC
Virginia Neonatal Perinatal Collaborative: Initiatives, Challenges and Lessons Learned

Presenter: Shannon Pursell, Director of the VNPC
<table>
<thead>
<tr>
<th>3</th>
<th>Background</th>
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<tbody>
<tr>
<td>4</td>
<td>Maternal Health Dashboard</td>
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<tr>
<td>5</td>
<td>Strategic Plan</td>
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<tr>
<td>6</td>
<td>QI Projects</td>
</tr>
<tr>
<td>7</td>
<td>Prenatal and Postpartum Care</td>
</tr>
<tr>
<td>8</td>
<td>QI Development Lessons</td>
</tr>
<tr>
<td>9</td>
<td>QI Implementation Lessons</td>
</tr>
<tr>
<td>10</td>
<td>Contact Information</td>
</tr>
</tbody>
</table>
• Established in 2017, with seed funding from General Assembly
• Moved from DOH to Virginia Commonwealth University (VCU) in 2020
• Launched the Maternal Quality Care Alliance (MQCA)
• Established a social media presence on Twitter, Facebook, Instagram and YouTube
• Monthly Webinars
• Hired an additional FTE in June 2022
• Created a Maternal Disparities Dashboard in partnership with VHHA
  • Have paid for 40+ hospitals to receive one year access at no cost to them
  • Continue to pay for access for all hospitals participating with QI projects
• Life QI data platform
Strategic Plan for the VNPC

Strategic Priority #1: Health Equity
Ensure all pregnant and parenting people and families receive quality care reflective of their needs and desires before, during, and after pregnancy.

Strategic Priority #2: Communities
Strengthen relationships and build trust to engage diverse communities, that reflect the pregnant/parenting populations, in the work of the Collaborative.

Strategic Priority #3: Data
Increase access, understanding, and utilization of perinatal and infant care data.

Strategic Priority #4: Communication
Share a vision of success that mobilizes our community to action and change.
VNPC QI Projects

- Prenatal and Postpartum Care—(name change underway)
- Eliminating Bias in the Dyad Care (EBDC)
- Antibiotic Stewardship
- Project LOCATe
## VNPC Prenatal and Postpartum Care Workplan

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
<th>Phase 6 (Transition)</th>
</tr>
</thead>
</table>
| **Goal** | *Screening*  
*Risk assessment  
*Awareness of changes to body and new baby  
*Discuss culturally relevant aspects of patient care (e.g. religious practices). | *Coordination of care,  
*Shared decision making  
*Planning for changes as a dyad | *Preventative care  
*Education  
*Individualized identification of risk factors — appropriate levels of follow-up care | *Policy & system changes  
* Dyad lenses/focused care  
*Connection to community resources | *Optimization of patient referrals to specialty providers  
*Facilitate tele-health visits as a preferred method  
*Utilize technology to improve screening, tracking of long-term health and education | *Decision to be made with patient and provider  
*Establish a medical home for mom and baby dyad  
*Provide access to tele-health visits as needed |

### Early Prenatal (1st & 2nd Trimester)

- *Screening*
- *Risk assessment*
- *Awareness of changes to body and new baby*
- *Discuss culturally relevant aspects of patient care (e.g. religious practices).*

### Late Prenatal (3rd Trimester and Admission)

- *Coordination of care,*
- *Shared decision making*
- *Planning for changes as a dyad*

### Delivery — All pregnancy outcomes (Admission to Discharge)

- *Preventative care*
- *Education*
- *Individualized identification of risk factors — appropriate levels of follow-up care*

### Early Postpartum (Discharge to 3 weeks postpartum)

- *Policy & system changes*
- *Dyad lenses/focused care*
- *Connection to community resources*

### Late Postpartum (4 weeks to 6 months postpartum)

### Transition (6-12 months postpartum)
Lessons Learned for Developing QI Projects

• Apply the Institute for Healthcare Improvement (IHI) principals
  • Attend IHI Breakthrough Series (BTS) if possible
• Take 6-12 months to develop the QI project
• Establish a Subject Matter Expert (SME) Team of 10-15 people
• Hold at least two 4-6 hour planning meetings
• Meet monthly with SME team to work through challenges
Lessons Learned for Implementing QI Projects

• Pilot the project in a **SMALL** select number of hospitals
• Develop a **6 week intensive “boot camp”** for hospitals selected to implement project
  • How to create storyboards
  • What are PDSA cycles
  • How to develop a workplan
  • How to use data from the Maternal Health Dashboard to inform AIMs
  • How to enter data into Life QI
  • How to collect/find baseline data
  • How to establish a team, who should be on the team
  • How to engage Senior Leadership and gain their buy-in
  • What topics are needed for Technical Assistance
  • Establish 1:1 check-ins with teams
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