State Quality Collaborative Leaders Panel:

National Perspectives on Improving Perinatal Care

State Quality Collaborative Leaders

ILPQC
Illinois Perinatal
Quality Collaborative

State Quality Collaborative Leaders Panel

- **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)

Obstetrics Initiative

Quality Collaboratives: Perspectives on Improving Maternal and Infant Care

Lisa Kane Low PhD CNM, FACNM, FAAN

University of Michigan

Obstetrics Initiative

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.

27.4 % OBI Collaborative BASELINE cesarean birth rate (January – November 2020)

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

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.

Obstetrics Initiative

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

2022 Obstetrics Initiative (OBI) Collaborative Quality Initiative Performance Index Scorecard Measurement Period: 01/01/2022 - 12/31/2022			
Measure #	**Weight**	**Measure Description**	**Points**
1	5%	**OBI Hospital Survey**	**5**
		Complete the 2022 Undisturbed Labor and Birth (ULaB) Survey	5
2	10%	**Attendance at the OBI Collaborative SemiAnnual Meetings***	**10**
		At least one Multistakeholder Team Member attends both SemiAnnual Collaborative Meetings (April 15, 2022 & November 4, 2022)	5
		Clinical Data Abstractor (CDA) or designee attends both SemiAnnual Collaborative Meetings (April 15, 2022 & November 4, 2022)	5
3	5%	**Maternity Unit Culture**	**5**
		>50% labor and delivery (L&D) staff completed the labor culture survey by June 1, 2022	5
		>30% L&D staff completed the labor culture survey by June 1, 2022	2
4	10%	**Education**	**10**
		Peer-to-Peer Engagement: Video Workgroups	**7**
		Attend 6 out of 6 monthly video peer-to-peer workgroups	7
		Webinars*	**3**
		Disseminate each of the 3 OBI Webinars to unit staff	3
5	10%	**Nulliparous, Term, Singleton, Vertex (NTSV) Case Selection Audit Accuracy**	**10**
		>97% Case Selection Accuracy	10
		92 - 97% Case Selection Accuracy	6
		< 92% Case Selection Accuracy	2
		No Audit Participation	0
6	20%	**Dystocia Compliance Measure**	**20**
		60% compliance or above	20
		40-59.9% compliance	10
		0-39.9% compliance	0
7	40%	**Assessment of Fetal Well-Being and Patient Engagement QI Implementation** **Choose one of the following projects:** **1. Implementation of RPC IA Bundle** **2. Management of Category II Fetal Heart Rate Tracings** **3. Continue or Initiate TeamBirth**	**40**
		Scores 95 - 100 points on selected QII	40
		Scores 81 - 94 points on selected QII	35
		Scores 70 - 80 points on selected QII	30
		Scores 60-69 points on selected QII	25
		Scores 1 - 59 on selected QII	15
		No implementation	0
	100%	**TOTAL**	**100**
		*CME and CEU available	
		Indicates Participation Measures	
		Indicates Performance Measures	

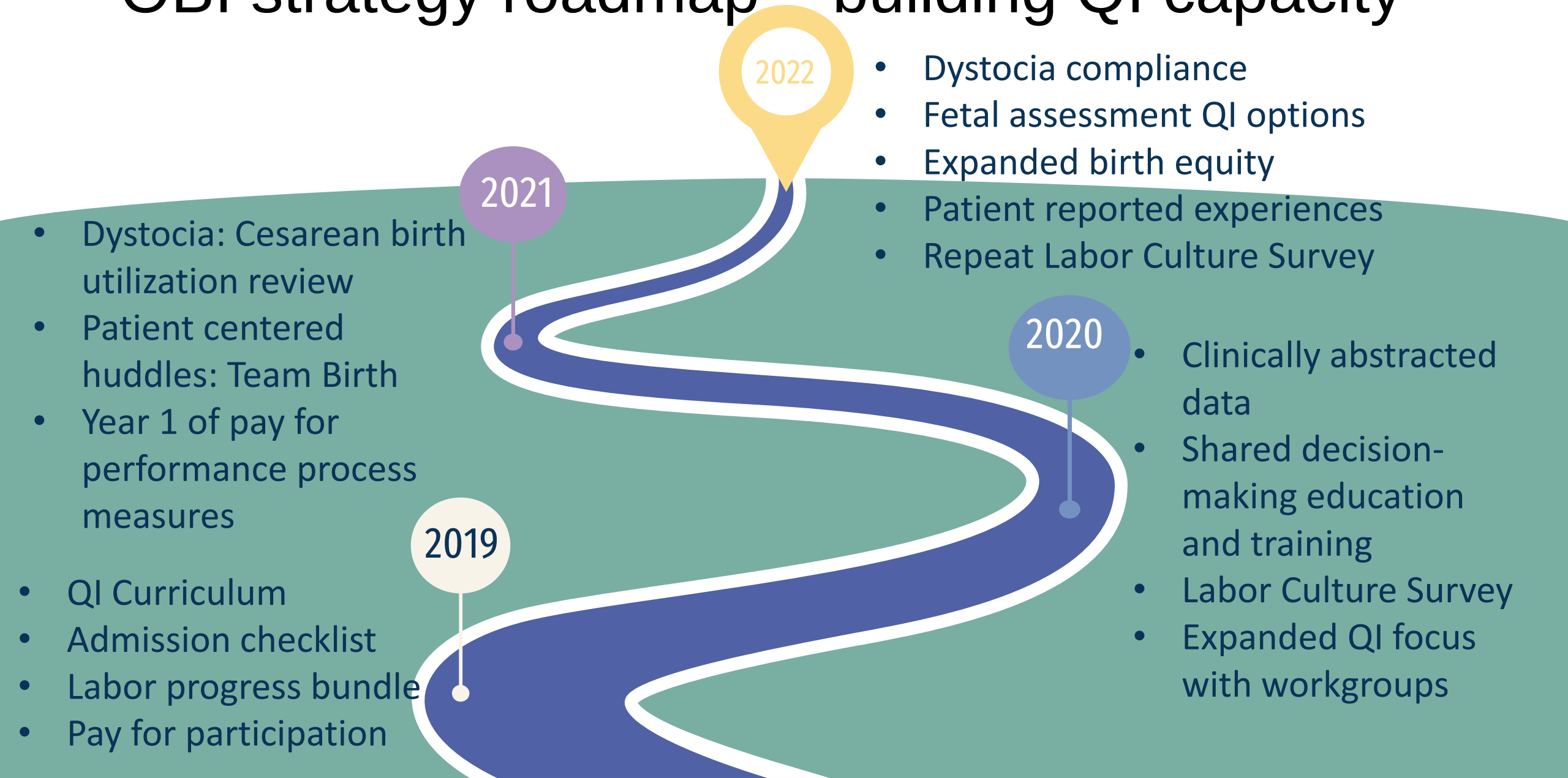
Annually we develop the Pay for Participation/Performance Score Card

Hospitals receive compensation based on their score on the card

The initial emphasis was on participation and has transitioned to performance measures since 2021

Obstetrics Initiative

OBI strategy roadmap – building QI capacity



- Dystocia compliance
- Fetal assessment QI options
- Expanded birth equity
- Patient reported experiences
- Repeat Labor Culture Survey

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

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

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

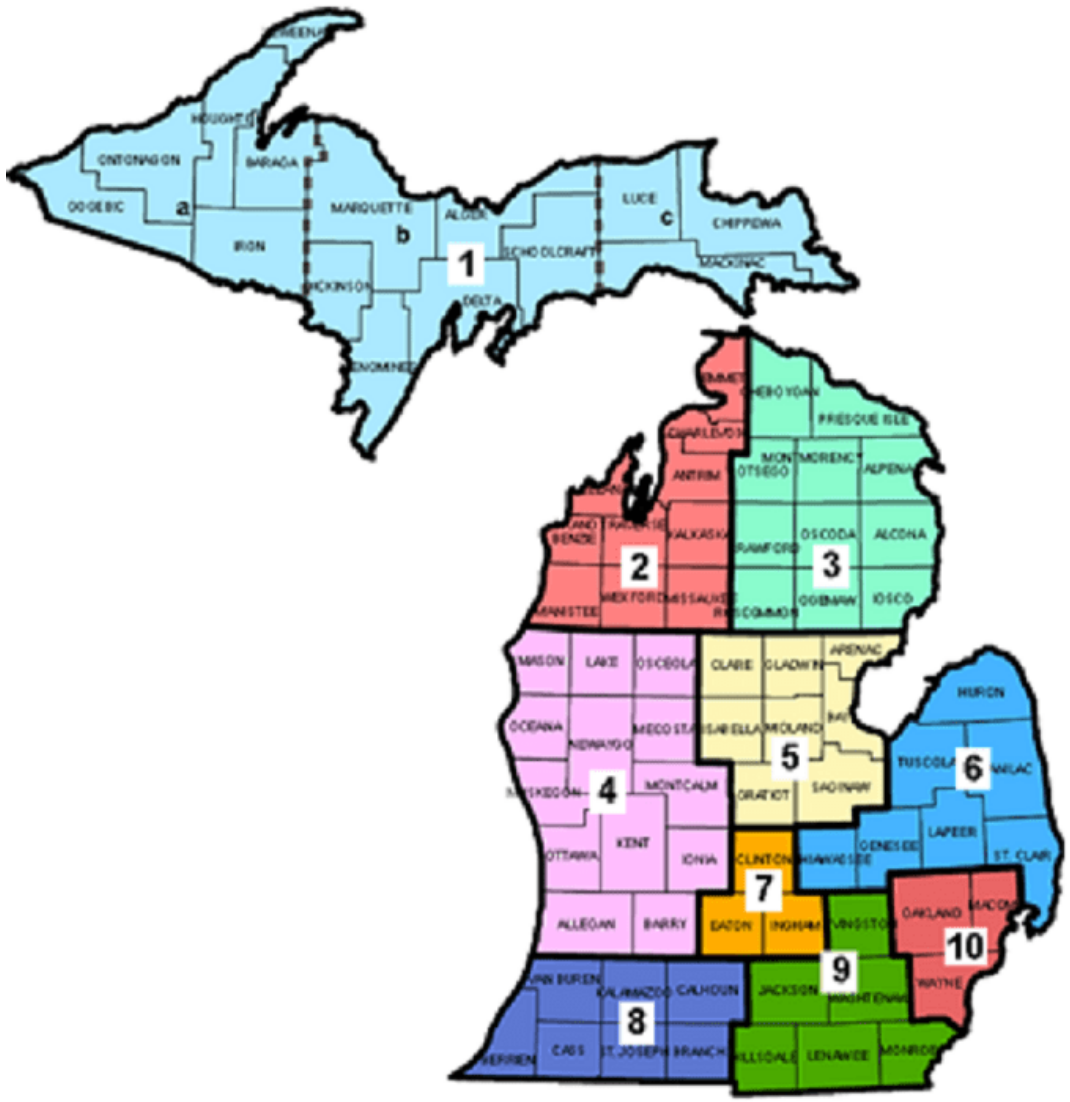
MI AIM

MICHIGAN ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

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

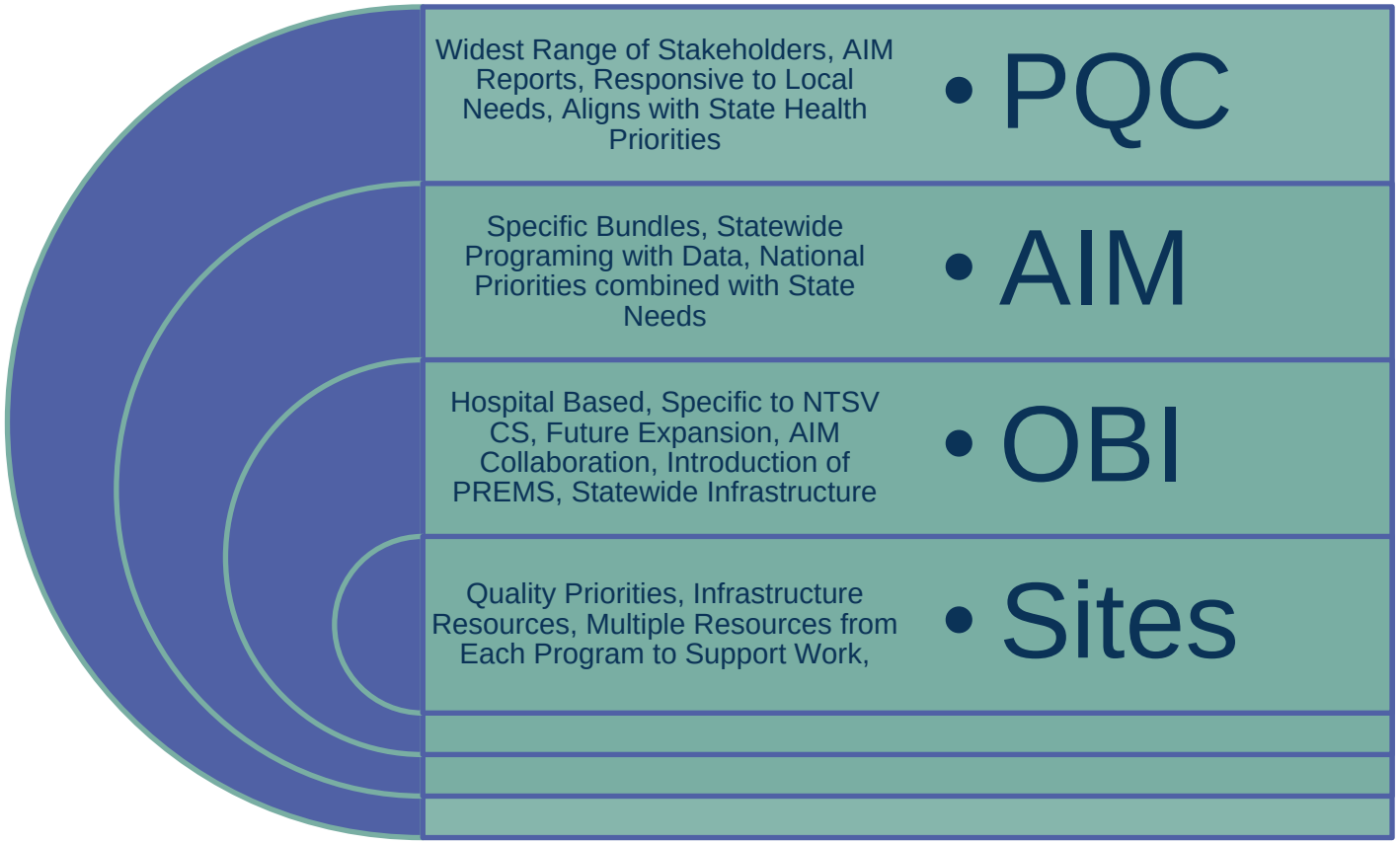
Supports for Community Membership Engagement

Obstetrics Initiative

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



https://www.michigan.gov/mdhhs/keep-mi-healthy/maternal-and-infant-health/miheip

MI AIM
MICHIGAN ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

MI AIM 2021 Designation Criteria
CALENDAR YEAR 2021

Measure Name	Measure Description	Total Points
Participation in MI AIM completed via attestation form on www.miaim.us	Commitment document signed and returned by one member of hospital administration, one member of data or quality, and one member of OB team. Due by September 15, 2021 ***Required**	5
	Combination of meeting and webinar attendance	
	1. At least one member of the hospital team attends the *June 28-29, 2021* Mother Infant Health Summit. 2. At least one member of the hospital team attends two Regional Perinatal Quality Collaborative meetings and participate actively. 3. At least one member of the hospital team attends at least 4 educational webinars *Hospital receives **5 points** for attendance at **TWO** of the above or **10 points (*5 bonus points*)** for attending all **THREE** events. ***attestation survey**	5 points (5 bonus points for all three)
	Provider Education	
	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*)** ***attestation survey**	5-10 (5 bonus points for 100% of OB professionals)
	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*). ***attestation survey**	5
Total Points for Participation in MI AIM	Combination of meeting and webinar attendance (max 10 pts, 5 bonus point option) and Provider Education (max 15 pts; 5 bonus point option)	25 pts (+10 bonus points)

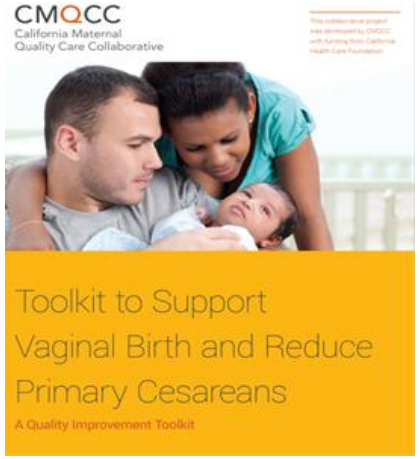
Measure Name	Measure Description	Total Points
2021 Data Reporting (20 pts)	Complete structure survey by September 15, 2021 in KeyMetrics. (The MHA will send a notification for survey to hospitals in July, when survey opens)	5
	Report monthly process measures (Jan '21 – Dec '21) Submit monthly data **no 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.] ***attestation survey**	15
Implementation (55 pts)	**Hemorrhage (20 pts)**	
	Average of ≥80% of deliveries have a PPH Risk Assessment ***completed once on admission into L&D and on admission to Postpartum;*** 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]	10
	Average of ≥80% of all deliveries have QBL; 20 chart abstractions per month [10 vaginal deliveries and 10 c- section deliveries or query all deliveries]	10
	Severe HTN (20 pts)	
	Average of >80% of cases time to treat severe range BP's < 60 minutes (include all cases that equal 160/110); 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]	20
	OR	
	Show improvement in time to treat severe range BP's < 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]	20
	Sepsis	
	Attestation that hospital has implemented a policy for maternal sepsis for screening, protocol for diagnosis, and prompt treatment. ***attestation survey**	10
	Submit Sepsis Bundle metrics into KeyMetrics through 2021	(5 bonus points)
	OBI (5 pts)	
	Average of > 60% of NTSV primary cesareans performed for dystocia meet ACOG/SMFM (this information is received by individual hospital from OBI and then hospital submits to MI AIM via attestation survey) ***attestation survey**	5
Total Points Data Reporting and Implementation	Combination of data reporting (20 points), Hemorrhage Bundle Implementation (20 points), Severe Hypertension Bundle Implementation (20 points), Sepsis Bundle Initiation (10 points), Sepsis bundle data submission (5 bonus points), and OBI engagement (5 points).	75 (+5 bonus points)
Total		100 (+15 bonus points)

Efforts to Reduce Primary Cesarean Delivery

Obstetrics Initiative

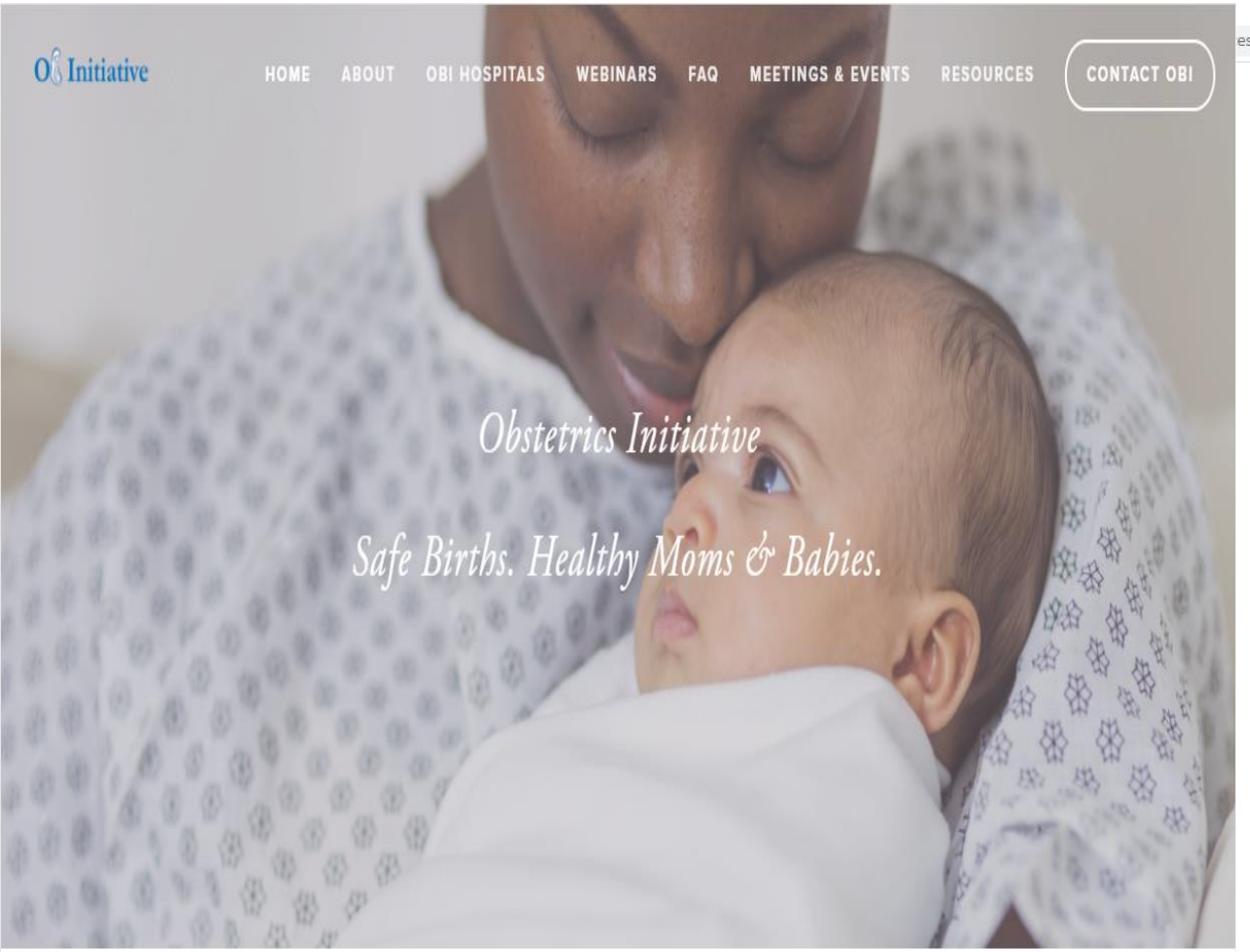
COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS



OBSTETRICS INITIATIVE

Target High Impact Areas for Change



OBI supports vaginal births and *safely* reducing cesarean deliveries for "low-risk" pregnancies in Michigan hospitals.

es-tools

Resources

PUBLISHED RESOURCES & TOOLKITS

OBI HOSPITALS RESOURCES & TOOLS

QI WEBINARS

LITERATURE REVIEW

COVID-19 RESOURCES FOR MATERNAL AND INFANT HEALTH

OBI Hospital Resources & Tools

OBI supports the dissemination of strategies shown to support vaginal births and safely reduce cesarean delivery rates for low-risk births. This page is for our OBI hospitals to share their best practices, tools, and resources. Tools are categorized and credit is given to the hospital that created and shared it.

OBI Checklist

Promoting Spontaneous Progress in Labor Bundle

Labor Partnership/Birth Plan

CD Pre-Operative Checklist

Hospital Admission

CD Review Form

Doulas

Patient Education

First Stage of Labor Support

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

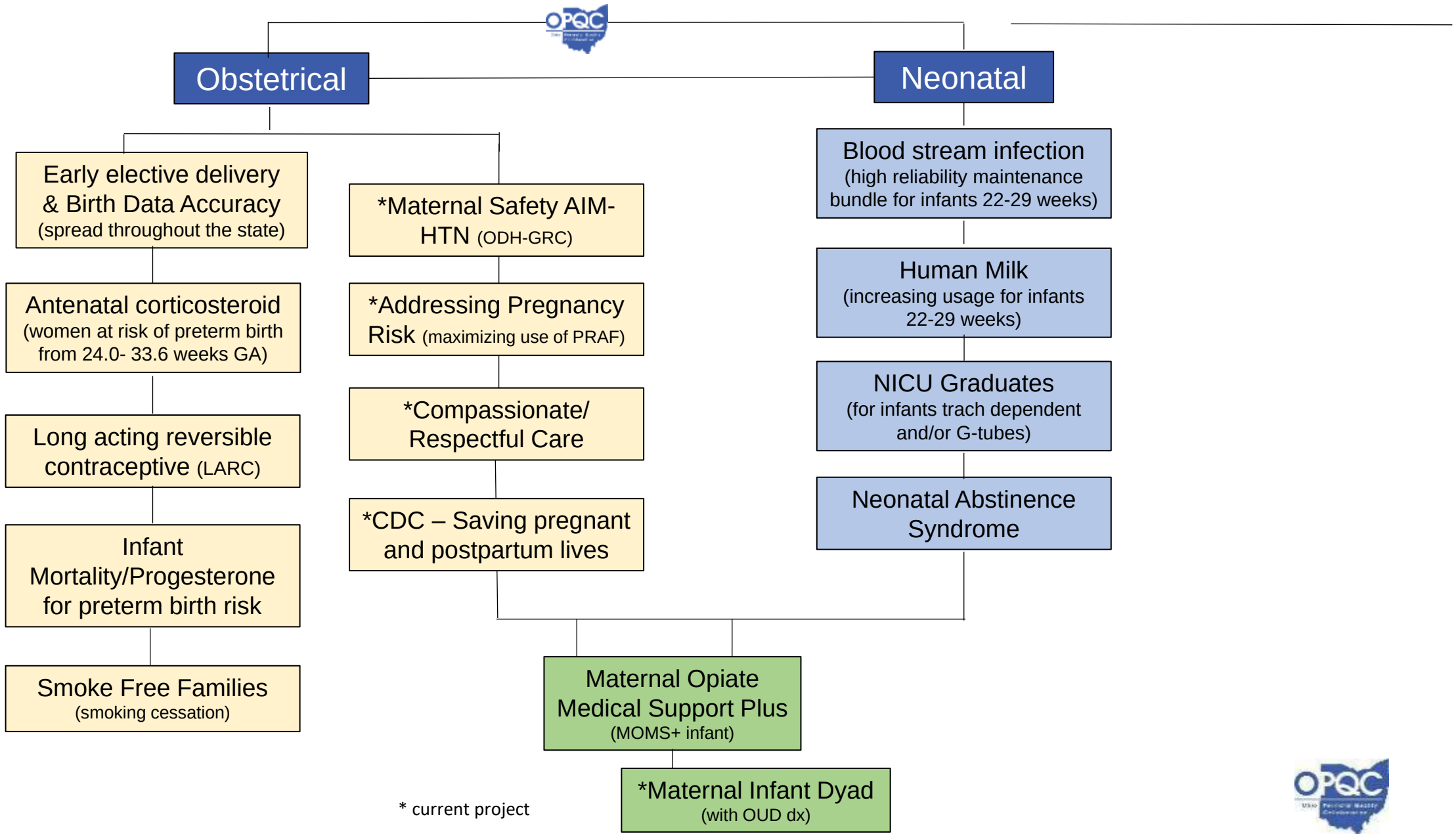
Nichole Nidey, PhD, MS
Maternal Child Health Epidemiologist

Susan Ford MSN, RN
Quality Improvement Specialist

Sandra Fuller MEd
Director of Quality Improvement Learning Networks

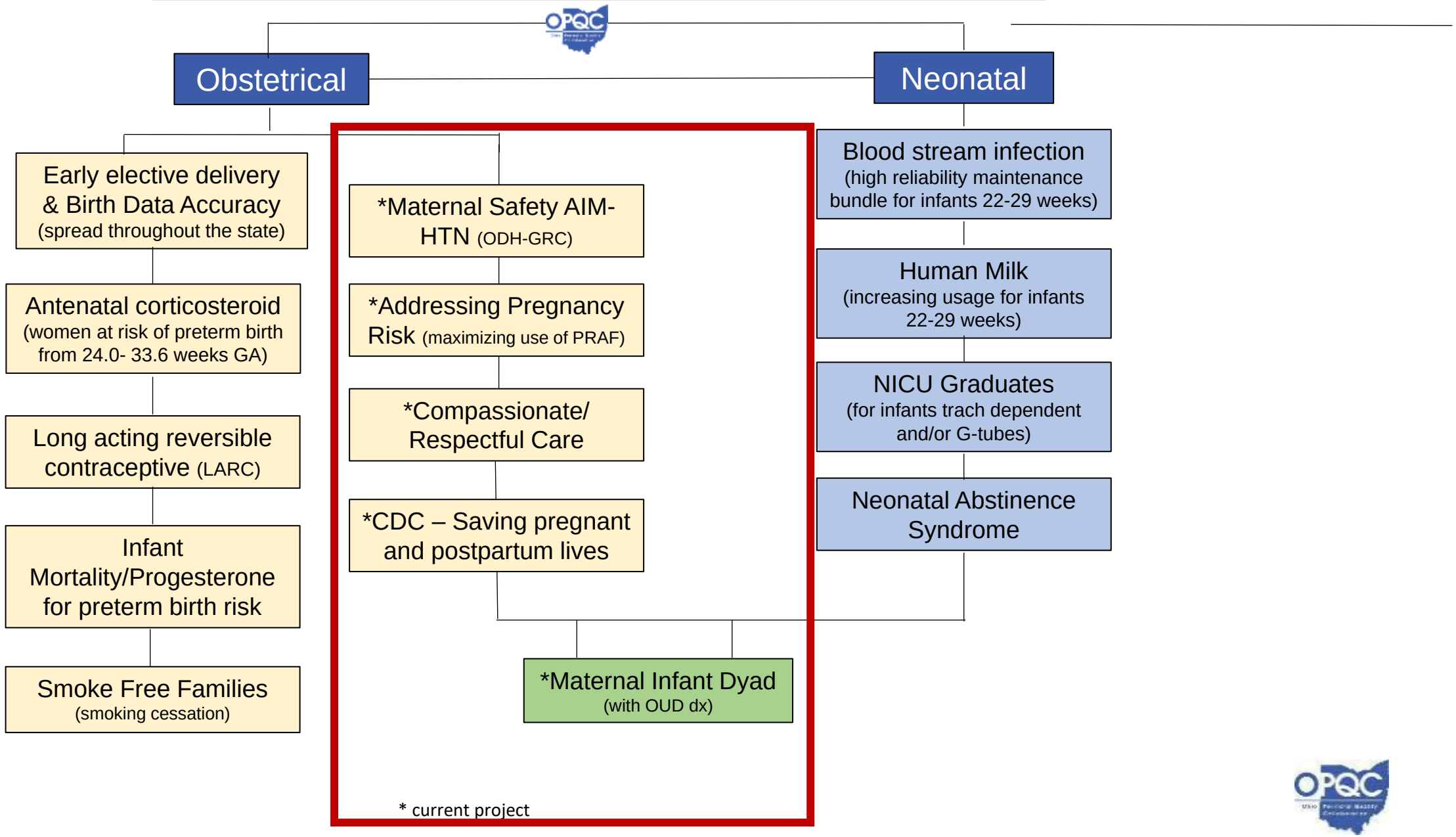
Kristen Hale, BSW
Project Management Specialist

Ohio Perinatal Quality Collaborative Projects



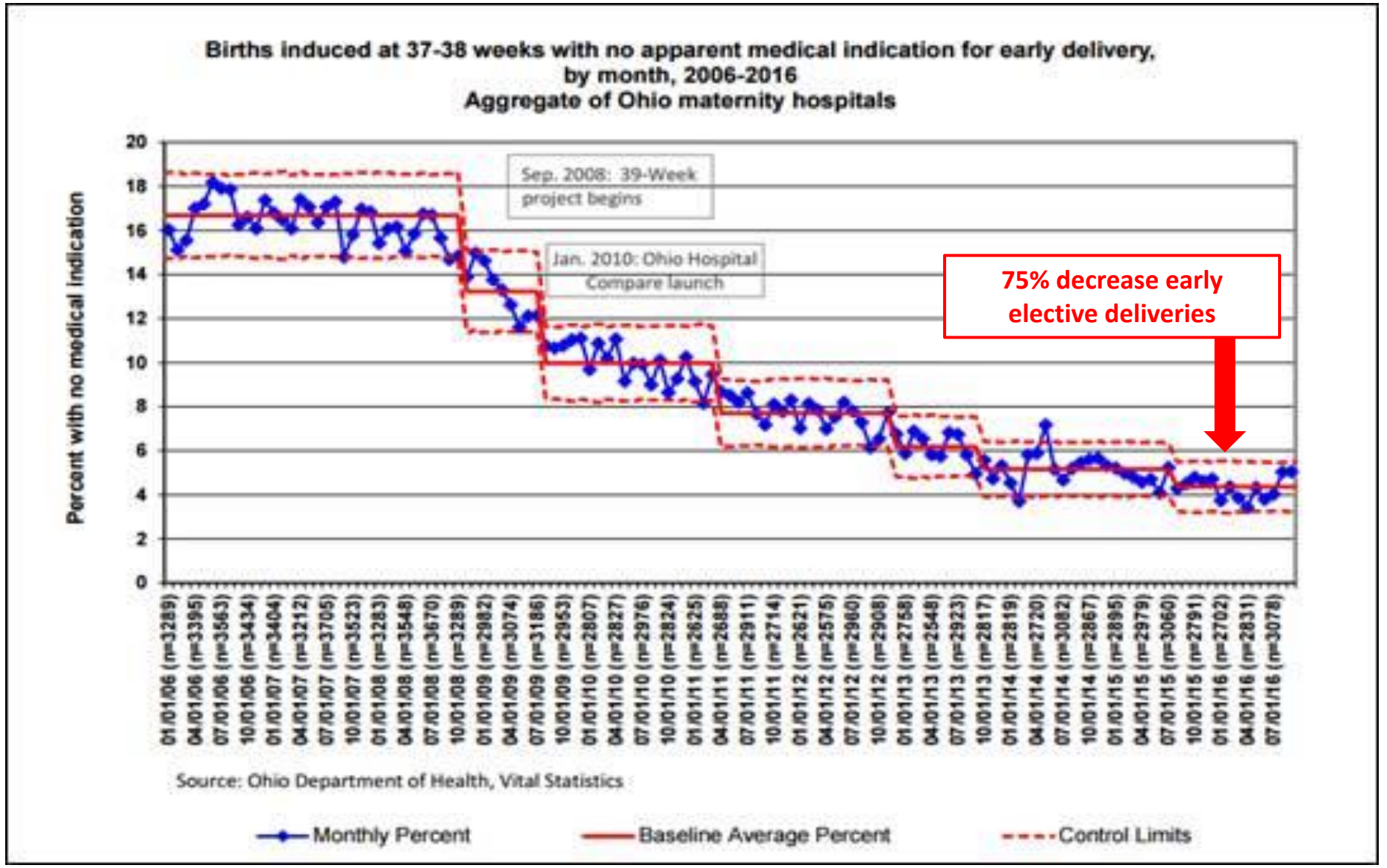
* current project

Ohio Perinatal Quality Collaborative Projects

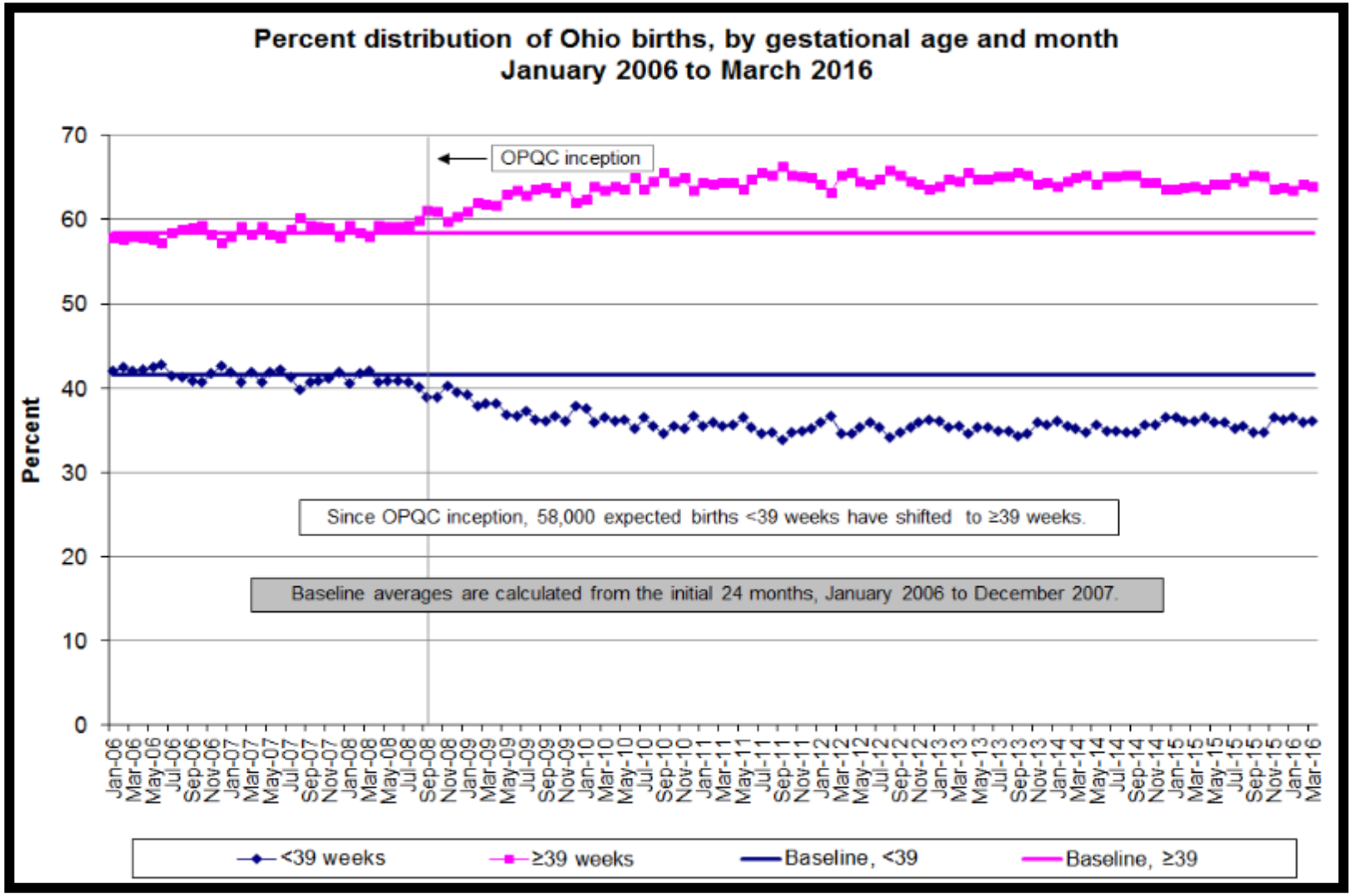


OPQC Early Elective Delivery Project

(2008-2014) 108 maternity hospitals



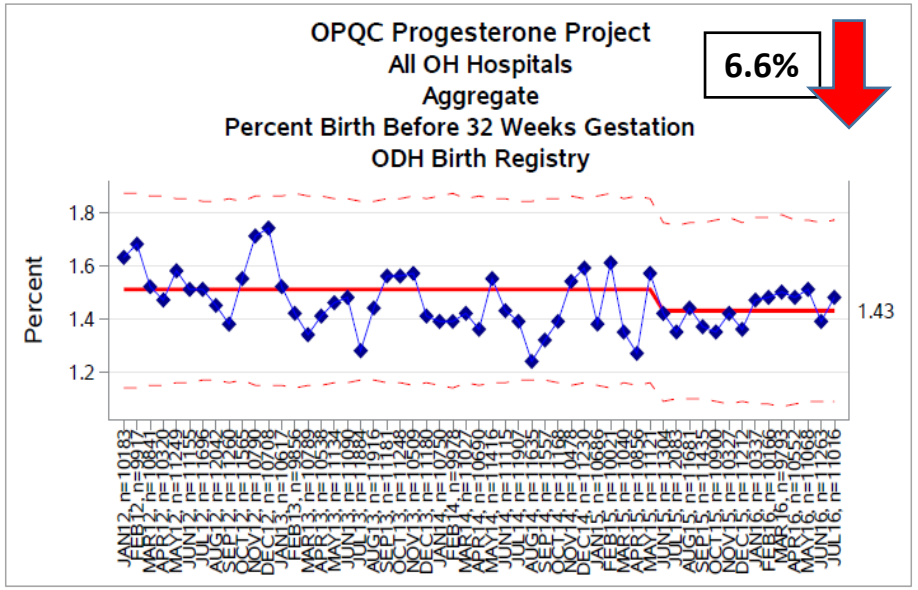
Between September 2008 and March 2016, *>58,000 births shifted to term*



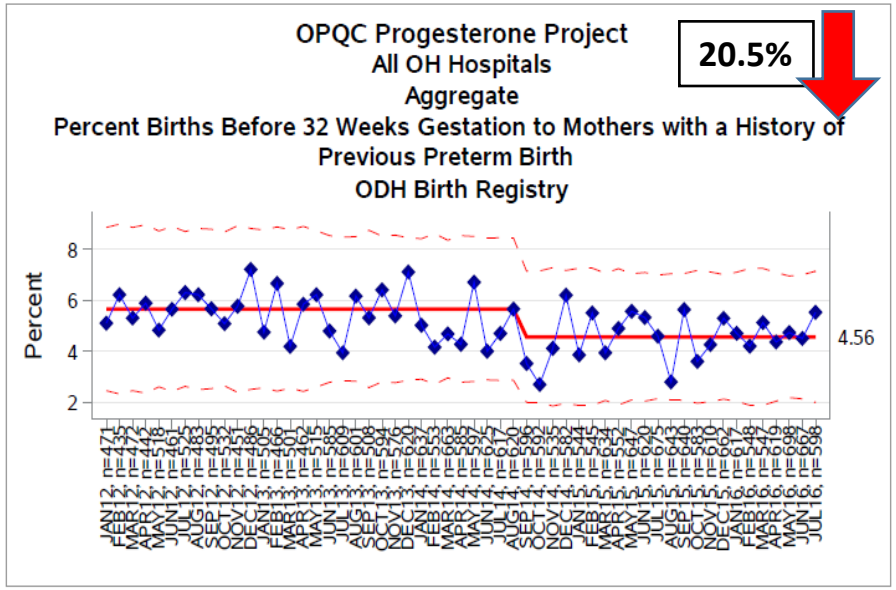
Addressing Infant Mortality/Prematurity
The Progesterone Project

Practice + Systems Change

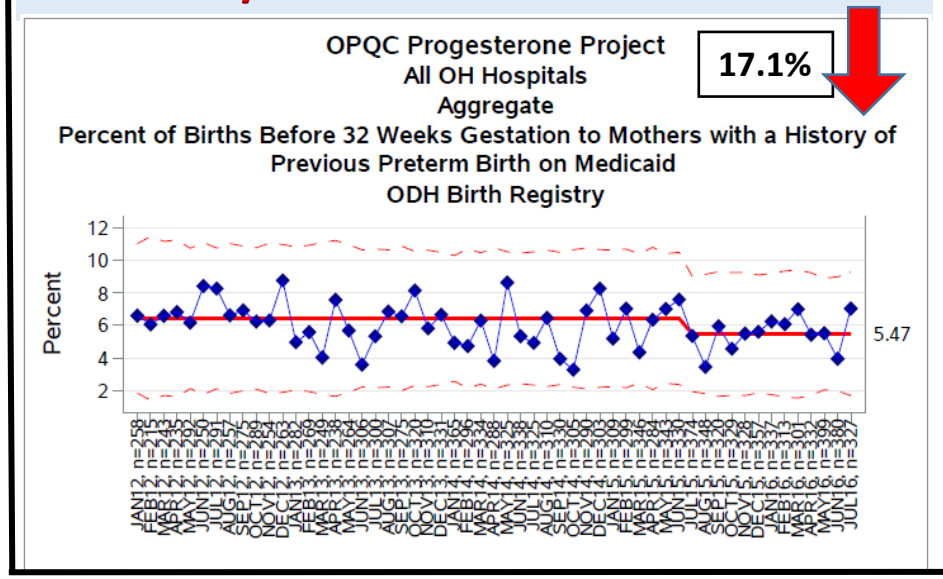
1) ALL OHIO BIRTHS BEFORE 32 WEEKS



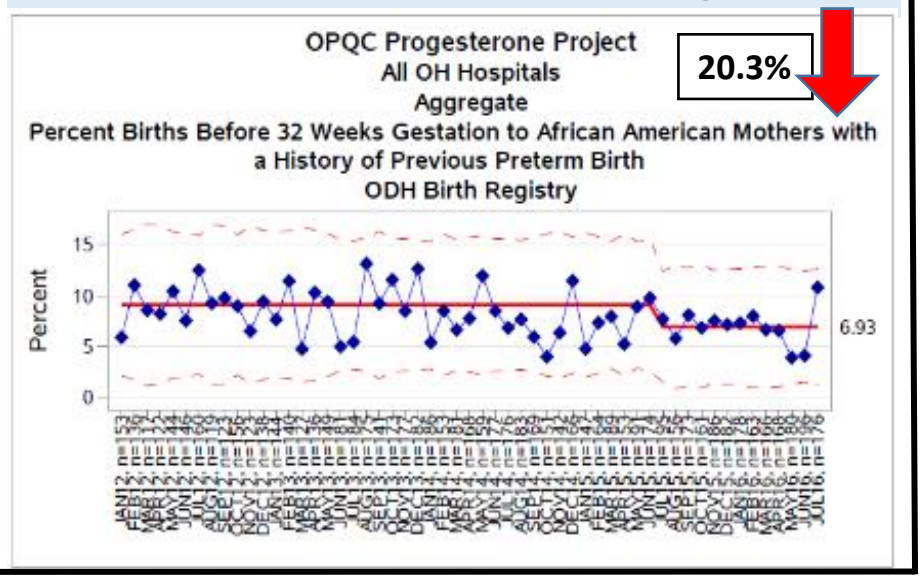
2) ALL OHIO BIRTHS < 32 WKS w/ HX PTB



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

Clinical Practice and Quality

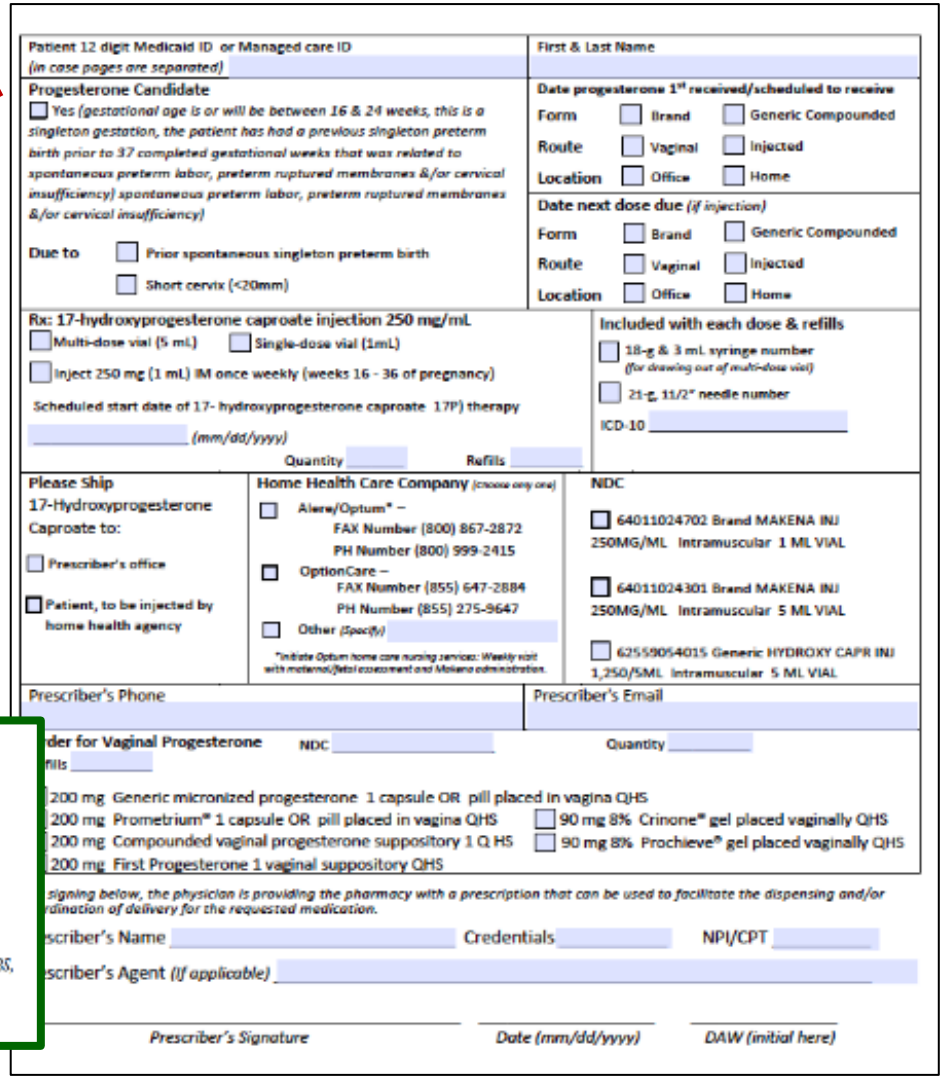
A Statewide Progestogen Promotion Program in Ohio

Jay D. Iams, MD, Mary S. Applegate, MD, Michael P. Marcotte, MD, Martha Rome, RN, MPH, Michael A. Krew, MD, MS, Jennifer L. Bailit, MD, MPH, Heather C. Kaplan, MD, MSCR, Jessi Poteet, BS, Melissa Nance, MPH, David S. McKenna, MD, FDMS, Hetty C. Walker, PNC-OB, Jennifer Nobbe, BS, Lakshmi Prasad, MPH, Maurizio Macaluso, MD, DrPH, and Carole Lawson, MD, MPH

Obstet Gynecol 2017;Feb;129:337–46.

e-PRAF

(pregnancy risk assessment form)



Patient 12 digit Medicaid ID or Managed care ID *(in case pages are separated)*

First & Last Name

Progesterone Candidate

☐ Yes *(gestational age is or will be between 16 & 24 weeks, this is a singleton gestation, the patient has had a previous singleton preterm birth prior to 37 completed gestational weeks that was related to spontaneous preterm labor, preterm ruptured membranes &/or cervical insufficiency) spontaneous preterm labor, preterm ruptured membranes &/or cervical insufficiency)*

Due to ☐ Prior spontaneous singleton preterm birth ☐ Short cervix (<20mm)

Date progesterone 1st received/scheduled to receive

Form ☐ Brand ☐ Generic Compounded

Route ☐ Vaginal ☐ Injected

Location ☐ Office ☐ Home

Date next dose due *(if injection)*

Form ☐ Brand ☐ Generic Compounded

Route ☐ Vaginal ☐ Injected

Location ☐ Office ☐ Home

Rx: 17-hydroxyprogesterone caproate injection 250 mg/mL

☐ Multi-dose vial (5 mL) ☐ Single-dose vial (1mL)

☐ Inject 250 mg (1 mL) IM once weekly (weeks 16 - 36 of pregnancy)

Scheduled start date of 17- hydroxyprogesterone caproate 17P) therapy

(mm/dd/yyyy)

Quantity Refills

Included with each dose & refills

☐ 18-g & 3 mL syringe number *(for drawing out of multi-dose vial)*

☐ 21-g, 11/2" needle number

ICD-10

Please Ship 17-Hydroxyprogesterone Caproate to:

☐ Prescriber's office

☐ Patient, to be injected by home health agency

Home Health Care Company *(choose only one)*

☐ Alere/Optum* –
FAX Number (800) 867-2872
PH Number (800) 999-2415

☐ OptionCare –
FAX Number (855) 647-2884
PH Number (855) 275-9647

☐ Other *(Specify)*

*Initiate Optum home care nursing services: Weekly visit with maternal/fetal assessment and Makena administration.

NDC

☐ 64011024702 Brand MAKENA INJ 250MG/ML Intramuscular 1 ML VIAL

☐ 64011024301 Brand MAKENA INJ 250MG/ML Intramuscular 5 ML VIAL

☐ 62559054015 Generic HYDROXY CAPR INJ 1,250/5ML Intramuscular 5 ML VIAL

Prescriber's Phone

Prescriber's Email

der for Vaginal Progesterone NDC Quantity

fills

200 mg Generic micronized progesterone 1 capsule OR pill placed in vagina QHS

200 mg Prometrium® 1 capsule OR pill placed in vagina QHS ☐ 90 mg 8% Crinone® gel placed vaginally QHS

200 mg Compounded vaginal progesterone suppository 1 Q HS ☐ 90 mg 8% Prochieve® gel placed vaginally QHS

200 mg First Progesterone 1 vaginal suppository QHS

signing below, the physician is providing the pharmacy with a prescription that can be used to facilitate the dispensing and/or ination of delivery for the requested medication.

scriber's Name Credentials NPI/CPT

scriber's Agent *(If applicable)*

Prescriber's Signature *Date (mm/dd/yyyy)* *DAW (initial here)*

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)

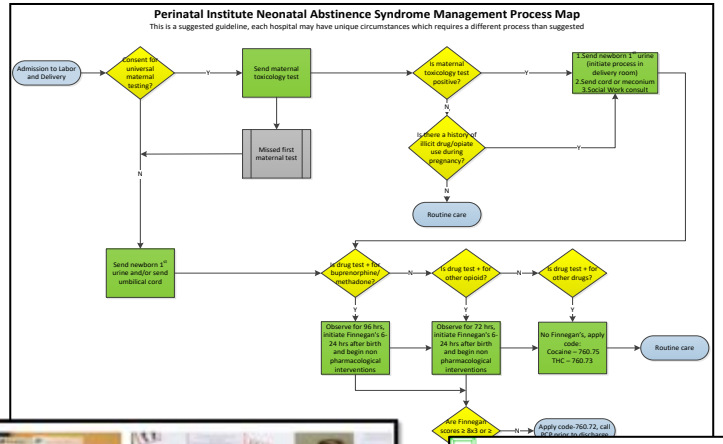
Walsh MC, Crowley M, Wexelblatt S, et al. Ohio Perinatal Quality Collaborative Improves Care of Neonatal Narcotic Abstinence Syndrome. *Pediatrics.* 2018;141(4):e20170900

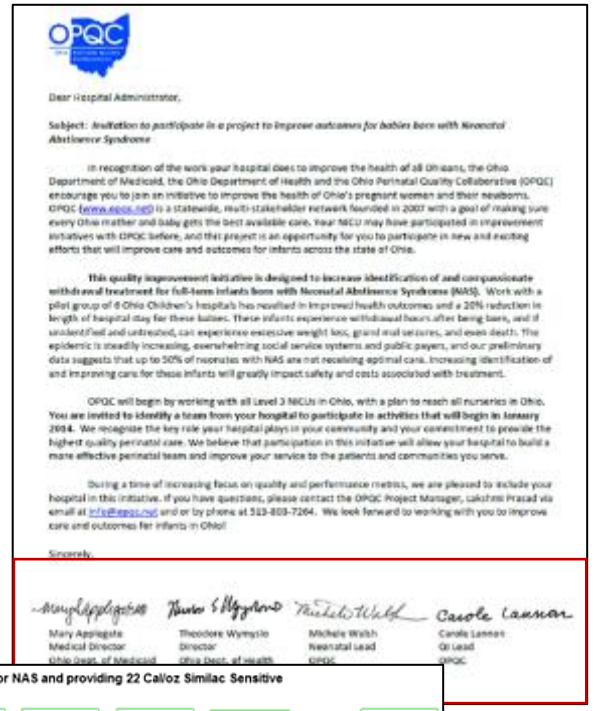
Current OPQC Projects

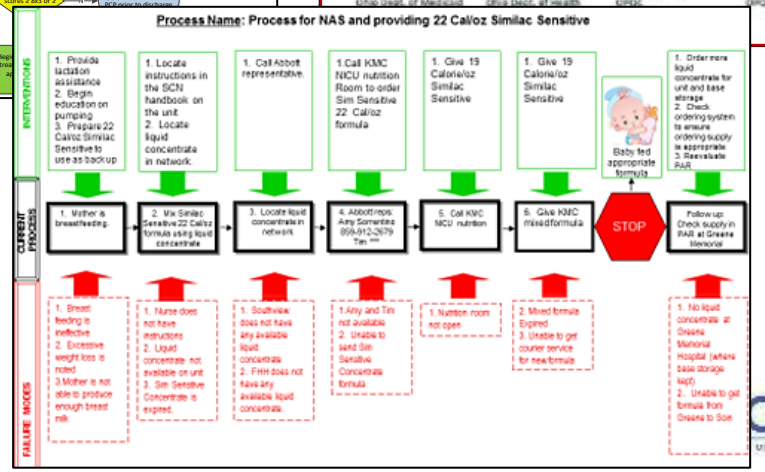
Project title	Description	Partners
Maternal Safety	Working with state partners to improve safety of women during pregnancy and early postpartum (using AIM bundles)	Ohio Department of Health Ohio Government Resource Center
Addressing Pregnancy Risk	Working with Ohio Medicaid to ensure that risk factors affecting maternal safety during pregnancy (and infant health) are addressed	Ohio Department of Medicaid
Maternal/Infant Dyad	Working with Ohio Medicaid to identify optimal care for women with Opioid Use Disorder and their Infants during the first year postpartum	Ohio Department of Medicaid
Compassionate Care	Developing a plan to address compassionate care of women of color during pregnancy and birth	Ohio Department of Health
MaternalHealthCARE	Piloting strategies to improve maternal health and advance racial equity	March of Dimes
Saving pregnant and postpartum lives	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	Centers for Disease Control and Prevention

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

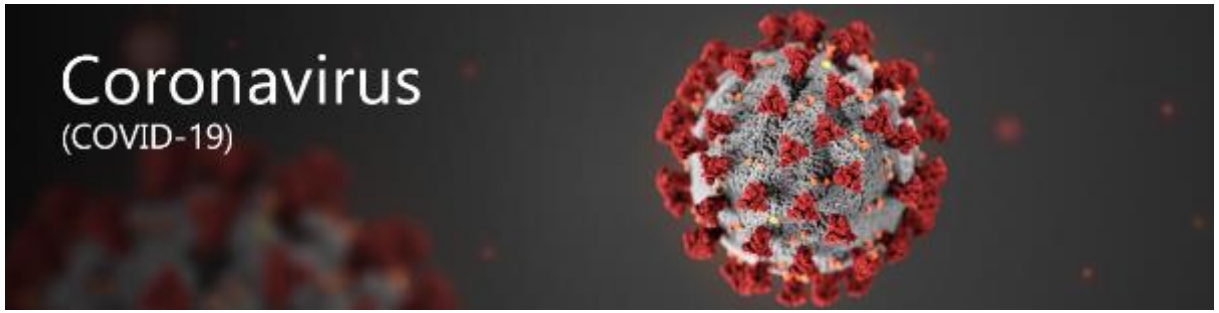






EMPOWERING MOTHERS, PROVIDERS AND OTHERS TO WEIGH IN AS EXPERTS IN RESEARCH
EMPOWER JOURNEY MAP
PROJECT
A VISUAL SUMMARY OF OUR PATIENT PARTNER'S EXPERIENCES. WE THANK THEM FOR COURAGEOUSLY SHARING THEIR STORIES.
MY FATHER KILLED MY MOTHER
BOTH MY PARENTS WERE ADDICTS
MY CHILD'S FATHER COMMITTED SUICIDE
MY LIFE WAS CHAOS
MY LOVE WAS DRUGS
I HAD TO LET GO OF THE PEOPLE FROM MY ADDICTED LIFE TO MOVE ON
I HAD TO GIVE UP MY LIFESTYLE FOR MY BABY
AT FIRST I GOT CLEAN FOR MY CHILD...
DETERMINED
THEN I HAD TO DO IT FOR ME
MY BOYFRIEND PIMPED ME OUT
I WAS IN AN ABUSIVE RELATIONSHIP
WE WERE TRYING TO LIVE ON $20 A WEEK
THE SCARLET LETTER OF ADDICTION
I'M NOT TRUSTED
RESTRICTS MY FUTURE
MY BOOTS AND COAT GOT STOLEN AT THE HOMELESS SHELTER
MY DOCTOR STOOD BY ME EVEN AFTER MY PREGNANCY
THE DOCTOR TOOK THE TIME TO GET ME INTO A PROGRAM THE VERY NEXT DAY
MY COUNSELOR IS A FORMER ADDICT SO HE UNDERSTANDS
THE NURSE AT MOM'S GROUP TOOK THE TIME TO ANSWER OUR QUESTIONS
MY SOCIAL WORKER RESPECTS ME
IN MY FUTURE:
I WANT TO GO BACK TO SCHOOL
I WANT MY CHILD TO GO TO A GOOD SCHOOL
WE'RE GETTING MARRIED
I WANT TO BE A NURSE
NONJUDGMENTAL SUPPORT MAKES A DIFFERENCE
THE SYSTEM FAILED ME AND MY CHILD
I HAD SO MANY APPOINTMENTS I HAD TO KEEP!
I WALKED IN THE RAIN AND SNOW
I DON'T HAVE A DRIVERS LICENSE
I DON'T HAVE A CAR
PTSD
MY CHILD IS DISABLED BECAUSE OF THIS SYSTEM
I'M SO STRESSED TRYING TO KEEP MY DUCKS IN A ROW TO KEEP CPS AWAY
YOU'RE TRYING TO STAY STRAIGHT BUT YOU'RE STILL LEARNING HOW TO BE NORMAL!
CONTRADICTORY INFORMATION FROM DOCTORS, NURSES & CHILD PROTECTED SERVICES EXACERBATED THE STRESS
NO
YES
NO
I DON'T THINK MY FEELINGS WERE EVER CONSIDERED
RESOURCEFUL
FACEBOOK GROUPS PROVIDE VALUABLE PEER SUPPORT
FINDING & NAVIGATING RESOURCES IS CHALLENGING
RECOMMENDED REHABS WOULDN'T TAKE PREGNANT WOMEN.. UPDATE THE LIST!
THE NURSES ARE THE WILD CARD
CLINICIANS WERE BARRIERS IF THEY WEREN'T KNOWLEDGABLE ABOUT ADDICTION PROTOCOL
FINNEGAN SCORING
OBSTACLES TO GETTING MAT
I HAD TO ASK FOR MY MEDS
RESILIENT
I WANT TO SHARE WHAT I'VE LEARNED

Impact of Covid



- OPQC hosted 7 COVID specific webinars "COVID-19: What Maternity and Neonatal Care Providers Are Learning" from March – June 2020
- 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

VNPC

Virginia Neonatal Perinatal Collaborative: Initiatives, Challenges and Lessons Learned

Presenter: Shannon Pursell, Director of the VNPC

Navigation Page

3	Background
4	Maternal Health Dashboard
5	Strategic Plan
6	QI Projects
7	Prenatal and Postpartum Care
8	QI Development Lessons
9	QI Implementation Lessons
10	Contact Information

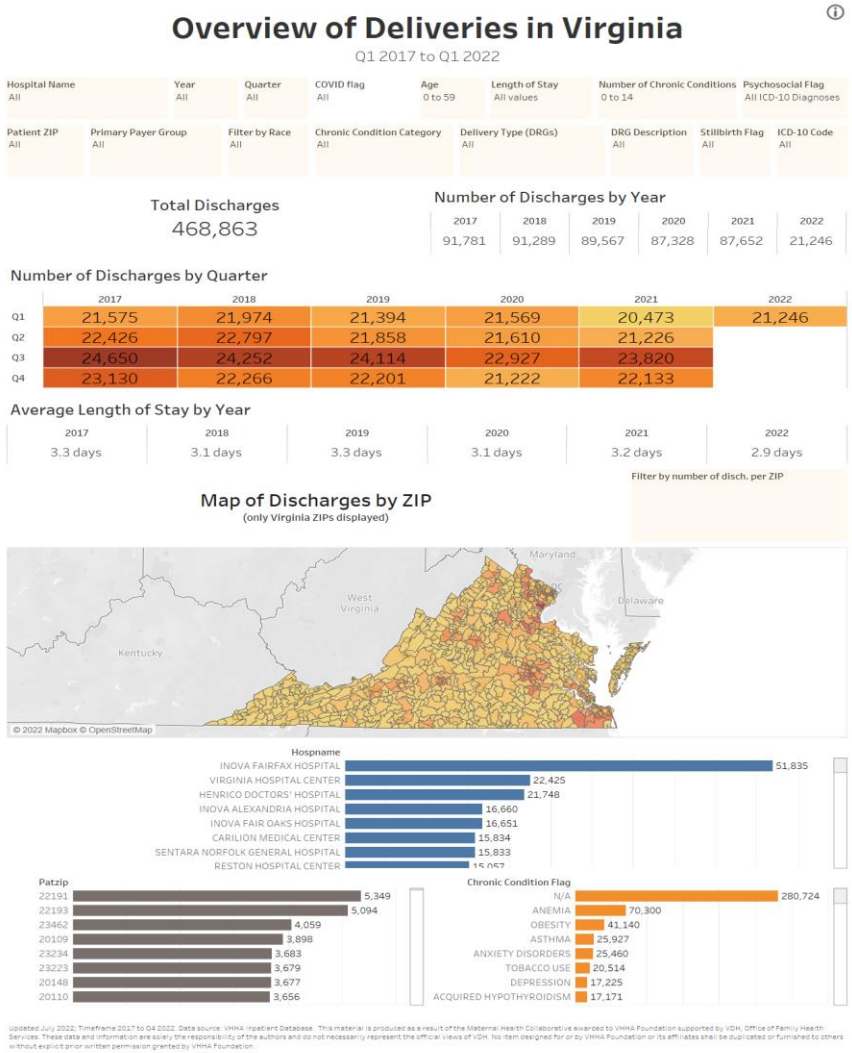
Virginia Neonatal Perinatal Collaborative

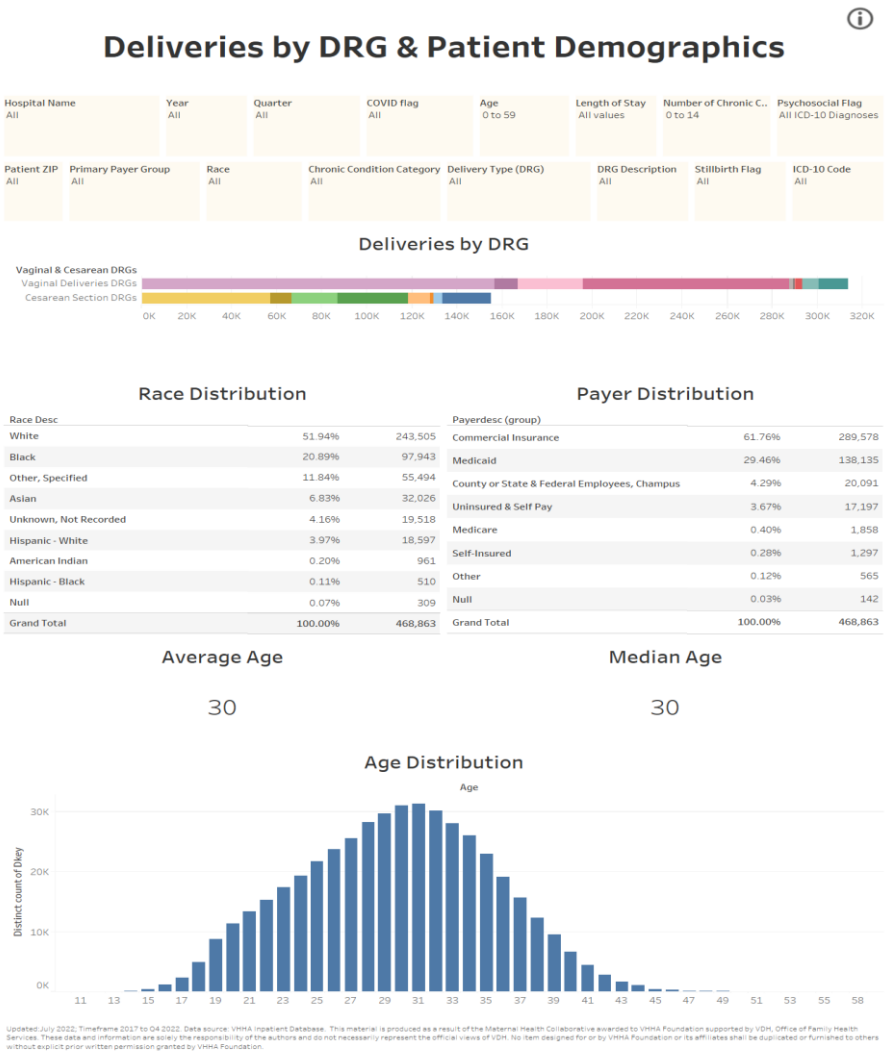
Back to Navigation Page

- 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

Maternal Health Dashboard

Back to Navigation Page





Strategic Plan for the VNPC

Back to Navigation Page

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

Back to Navigation Page

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

Prenatal and Postpartum Care—(name change underway)

Back to Navigation Page

VNPC Prenatal and Postpartum Care Workplan						
	Early Prenatal (1st & 2nd Trimester)	**Late Prenatal (3rd Trimester and Admission)**	**Delivery—All pregnancy outcomes (Admission to Discharge)**	**Early Postpartum (Discharge to 3 weeks postpartum)**	**Late Postpartum (4 weeks to 6 months postpartum)**	**Transition (6-12 months postpartum)**
	Phase 1	**Phase 2**	**Phase 3**	**Phase 4**	**Phase 5**	**Phase 6 (Transition)**
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

Lessons Learned for Developing QI Projects

Back to Navigation Page

- 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

Back to Navigation Page

- 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

Contact Information

Back to Navigation Page

virginianpc@vcuhealth.org

Children's Hospital of Richmond at VCU

https://vnpc.chrichmond.org/

@thevirginianpc on Facebook, Instagram, and LinkedIn