# Florida Perinatal Quality Collaborative
### AT THE LAWTON AND RHEA CHILES CENTER FOR HEALTHY MOTHERS AND BABIES

Partnering to Improve Health Care Quality
for Mothers and Babies

our
**practice**
is
our
**passion.**

University of South Florida
College of Public Health

## GOLDEN HOUR PART I:  DELIVERY ROOM MANAGEMENT



Thank you for helping the September FPQC neonatal meeting to be a success! There were useful presentations, many shared ideas, and great discussion. We had 70 attendees at the neonatal meeting from 26 NICUs and 8 storyboards displayed. Each of our 5 pilot hospitals were represented and 3 additional hospitals are in the process of enrolling.

Some quick updates:

♦ We have received IRB approval for the FPQC database!

♦ The FPQC project mini-site is being developed. We are working on obtaining password protection before providing sites with access.

♦ Please use the listserv (goldenhourprojectpart1@health.usf.edu) to communicate questions, concerns, suggestions, and to share innovative ideas If you would like to be added to the listserv, please contact mbalakri@health.usf.edu.

♦ Once baseline data reports are available, Maya will be contacting individual sites to discuss these reports via a conference call.



♦ Our Golden Hour project was accepted in the guided poster walk at the October VON meeting (see email attachment)

Please feel free to contact Maya Balakrishnan at mbalakri@health.usf.edu with any questions, concerns, or suggestions. Together we can make a difference in the quality of care our babies receive!

*The FPQC Leadership Team*
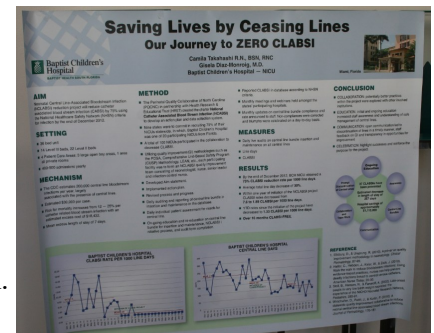
### Inside This Issue:

♦ **Project & Meeting Updates**

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♦ **Quality Focus: Process Improvement Methodology**

## TeamSTEPPS Training Webinar

Laura Haubner, MD, CPHQ, CHSE will be presenting our first webinar on the application of TeamSTEPPS methodology to the Golden Hour on **10/29/13** from **12:00 - 1:15 PM** (webinar RSVP and access instructions will be emailed in the next week). Maya will present a brief project update after this meeting (from **1:15 - 1:45 PM**). Dr. Haubner is an Associate Professor in the Division of Neonatology at USF's Morsani College of Medicine. She is a TeamSTEPPS master trainer. The webinar will include discussion on the following topics:

♦ Team structure, critical aspects of teamwork, and the importance of a shared mental model

♦ Communication techniques and strategies for briefing, huddles, and de-briefing

♦ Golden hour applications for leadership, mutual support, situation monitoring, & communication.

# October 2013 Project Goals

**Collect your site's baseline data** using the baseline data collection sheet. The items in grey do not require collection. Access to FPQC's electronic database is now available (look for email instructions on 10/14/13). Please collect baseline data from 7/1/13 to 8/31/13 on all babies admitted to your NICU with a gestational age ≤30 6/7 wks **OR** birth weight ≤1500 g. The goal for electronic data submission is currently **10/27/13.** Our goal is to have report sheets available to sites within 14 days of data submission. Maya will meet individually with sites to discuss their baseline data report. Data can be submitted monthly by the 15th of the month to receive a report by the 30th of the same month (anticipated 14 day turnaround time).

**Educate providers** who are part of your delivery room process. Please invite any interested members to participate in this month's TeamSTEPPS webinar. If you are interested in more intensive on-site TeamSTEPPS simulation training, please contact Dr. Laura Haubner (lhaubner@health.usf.edu).

**Share** your site's process map, guideline, checklists, or data collection sheets with other pilot hospital sites. Please submit any document you are willing to share on the FPQC project mini-site (email mbalakri@health.usf.edu). This website (http://health.usf.edu/publichealth/chilescenter/fpqc/golden1.htm) will be password protected, allowing only participating pilot hospital sites access. As your site updates these documents, please email current copies to Maya and she will replace older versions. Maya will email instructions on receiving your site's password later this month when website access is available. Thank you for helping us to learn from each other through collaboration!

**Consider the goals for your site's first PDSA cycle.**

♦ **Plan** your test of change by clearly stating the change, hypothesizing impact, knowing your baseline performance, and determining the data collection needed for proper evaluation of the change.

♦ **Do** make the change and record observations.

♦ **Study** results of the collected data and compare with your predictions. FPQC will provide assistance with elements entered into the FPQC database.

♦ **Act** on the results of data analysis to refine your change and plan the next PDSA cycle.

♦ See email attachments for IHI PDSA worksheet for testing change, example of completed PDSA worksheet, and the ASQ rapid cycle checklist.

♦ Tests of change are intended to be tried on a small number of individuals before widespread implementation.

♦ Remember that not all tests of change will provide results you are seeking. If your project has "positive" results understand what was learned and incorporate it into practice. If your project has "negative" results, understand what happened and why in order to develop different tests of change.

♦ Update your project charter to ensure you have timely goals for each PDSA cycle and align your cycles with the aim statement. By keeping the overall project aims in mind you can keep your efforts within the project's



**PDSA Chart**

> *"You can't connect the dots looking forwards.*
>
> *You can only connect the dots looking back.*
>
> *You have to trust that the dots will connect in the future."*
>
> *- Steve Jobs*

# Quality Improvement Focus: Process Improvement Methodology

**WHAT are methods of process improvement to test change?**

♦ There exist a number of methods of process improvement to test changes.
  - ♦ Six Sigma utilizes "**DMAIC**" which is an acronym for **defining** the problem, **measuring** data and collecting facts, **analyzing** data to find root causes, **improving** based on developed suggestions, and **controlling** the improved process.
  - ♦ The IHI adopted the "**PDSA**" cycle to test change. This acronym stands for **plan** a change for a recognized opportunity for improvement, **do** a test of change, **study** results of the change made to understand what was learned from the test of change, and **act** upon the analysis of those results.
  - ♦ ASQ refers to "**PDCA**" or **plan, do, check, act** cycle.
♦ The essence of these methods have the same basis. These cycles are continuously repeated as QI is a vehicle for continuous improvement. FPQC will refer to PDSA cycles when discussing our project.
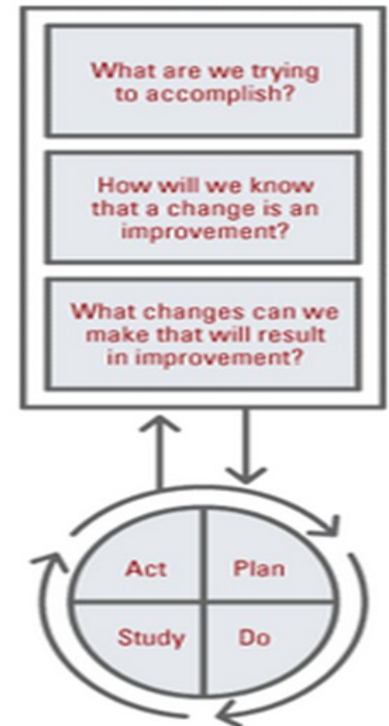
**WHO developed PDSA cycles?**

♦ Walter A. Shewart is responsible for developing the PDCA model of improvement (1939, <u>Statistical Method From the Viewpoint of Quality Control</u>). W. Edwards Deming referred to this cycle as the PDSA cycle. These men are considered two fathers of quality improvement work.
♦ See http://en.wikipedia.org/wiki/PDCA for more details on the background of PDSA cycles.

**WHY is it important to use PDSA cycles to test change?**

♦ It is useful to systematically evaluate the effects of implemented changes, evaluate outcomes of a combination of changes on an ultimate goal, efficacy of the change in the proposed settings, and to determine impacts of the change.

**WHAT are common mistakes when utilizing PDSA cycles?**

♦ Lack of detail in planning, leading to inability to differentiate between execution and change idea failures
♦ Failure to identify the purpose of the PDSA
♦ Failure to predict PDSA results
♦ Lack of data collection planning
♦ Failure to engage PDSA participants in data analysis
♦ Failure to use PDSA findings to plan a new test
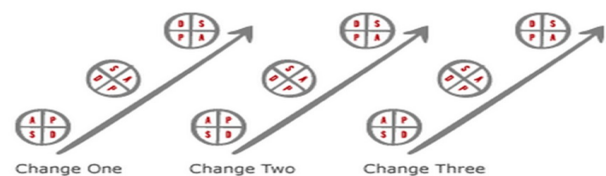
**HOW do we use multiple PDSA cycles at the same time in this project?**

♦ Several linked changes can be tested at one time (e.g. teamwork and temperature regulation) to help evaluate interactions between the processes.
♦ It is important that your site have a clear guideline with specific designation of tasks and outcome measures for this to be effective.

**WHERE can more information on Teamwork be found?**

♦ http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

♦ http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx

♦ http://www.health.state.mn.us/divs/opi/qi/toolbox/pdsa.html

♦ http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/plan_do_study_act.html

♦ http://www.youtube.com/watch?v=xzAp6ZV5ml4