Implementation Strategies & Action Plans

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Keys to Building a Successful Initiative

Engage Key Stakeholders from the Start

Interdisciplinary Planning and Implementation

C-Suite Support

Consistent Commitment By All Team Members
Components of Successful Participation

- Create a QI culture—a team environment emphasizing quality & patient safety
- Hold regular QI team meetings to follow & make progress
- Share important information, progress & successes with everyone impacted
- Be creative & flexible!
Who Should Be On The Team?

• RNs- bedside
• Physicians
• APRNs: CNM, CNS
• Nurse Manager/Director
• Quality Improvement
• Informatics expert
• Social Work/CM
• Family Reps
• Others
Create a Culture Ready for Change

- Must be an interdisciplinary effort
- Teams must meet regularly
- Ability to provide a safe environment for:
  - Listening
  - Questioning
  - Persuading
  - Respecting
  - Helping
  - Sharing
  - Participating
- Use the Toolkit & Toolbox!
Team Meetings

- Initially meet bi-weekly or monthly depending on work
- Include all departments impacted
- Include community/family rep
- Have an agenda & share minutes.
  - Review data, 30-60-90 Day Plan, PDSA cycles
  - Discuss insights from webinars/coaching
- Share progress & challenges with administration – follow communication plan
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
Quick Start Checklist

1. Recruit QI team – Initiative lead, provider lead, nurse lead, QI/data lead, administrative champion

2. Review, complete & return Data Use Agreement

3. Attend Kick-off Meeting

4. Complete the Pre-Implementation Survey

5. Write down questions or concerns
Quick Start Checklist

Day Plan

Key Driver Diagram

PDSA Cycle

Tools to Use
## Mother-Focused Care (MFC)

**Focus:** Assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and helping them to meet their needs.

### Primary Drivers

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Data Insights</strong></td>
<td>Learn about the mothers served: characteristics, risk factors, &amp; outcomes across populations</td>
</tr>
<tr>
<td><strong>Respectful Maternity Care (RMC)</strong></td>
<td>Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing</td>
</tr>
<tr>
<td><strong>Universal SDOH Screening and Linkage to Services/Resources</strong></td>
<td>Screen all mothers for SDOH. Assist &amp; refer mothers to help meet needs in a successful and respectful way working with community partners</td>
</tr>
<tr>
<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Include family and community representatives in defining and implementing their hospital's QI initiative</td>
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### Secondary Drivers

<table>
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<tr>
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<tr>
<td><strong>Aim:</strong> By 12/2024, each hospital will:</td>
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<tr>
<td>1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services</td>
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<tr>
<td>2) Have 80% of providers and nurses attend an RMC training since January 2023</td>
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<tr>
<td><strong>Data Insights</strong></td>
<td>Improve the collection of individual patient characteristics</td>
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<tr>
<td><strong>Respectful Maternity Care (RMC)</strong></td>
<td>Use PQI &amp; Differences in Perinatal Outcomes dashboard to identify differences. Share findings, and build ongoing plans to address gaps</td>
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<tr>
<td><strong>Universal SDOH Screening and Linkage to Services/Resources</strong></td>
<td>Educate provider and staff about respectful maternity care and its components and strategies</td>
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<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Develop a hospital commitment with providers and staff support</td>
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<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care</td>
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<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Screen all mothers for SDOH using a standard process and format</td>
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<tr>
<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Link patients to available services and resources for identified SDOH using a community resource directory and other referrals</td>
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<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model</td>
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<td><strong>Family &amp; Community Engagement in Hospital QI Work</strong></td>
<td>Educate QI Team and leadership about family and community advisor involvement</td>
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<td>Engage family and/or community advisors to provide ongoing input on QI efforts and care provision</td>
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Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
### 30-60-90 Day Plan

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<tr>
<th>Foundations</th>
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<tr>
<td>Strengths</td>
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<td>Barriers</td>
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<th>Looking Ahead</th>
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<tr>
<td>Three Things to Accomplish in the Next 30 Days</td>
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<tr>
<td>Three Things to Accomplish in Next 60 Days</td>
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<tr>
<td>Three Things to Accomplish in Next 90 Days</td>
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Key Driver Diagram

30-60-90 Day Plan

PDSA Cycle
What is a PDSA cycle?

• Useful tool for developing & documenting tests of change to **for improvement**
• AKA PDCA, Deming Cycle, Shewart Cycle

**P** – **Plan** a test

**D** – **Do** a test

**S** – **Study** & learn from test results

**A** – **Act** on results
Reasons to test changes

- **Learn** whether change will result in improvement
- **Predict** the amount of improvement possible
- Evaluate the proposed change work in a *practice environment*
- **Minimize resistance** at implementation
- Implemented process for location of PBWCs for ease of staff use & determined to store in patient folder
- Implemented process that PBWC is to be obtained at admission, information filled out & follow up appointment made preferably before discharge date
- Followed up with physician leaders to encourage providers to follow PACC initiative
- Concluded use of PBWC & assisting patients with follow up appointments to be a permanent process

AdventHealth Winter Park
MIU PDSA for PACC 2023

- Test use of Post Birth Wallet Cards (PBWC) 3-13-2023 through 4-7-2023
- Identify barriers to use of PBWCs

- Discussed staff feedback using PBWCs—staff wanted cards stored for easy access & paperclipped to folders
- Reviewed barriers listed in binder
- Discussed with care navigator barriers to PBHC appointments & need to make before discharge day
- Discussed permanent use of PBWCs

- All staff educated on use of PBWC via huddles & unit updates
- Shift to shift communication on PBWC; HUCs updated on process
- Binder created to keep track of barriers
- PBWCs placed in each patient folder
- Daily Huddles to discuss use & barriers
## Potential Implementation Barriers & Strategies to Overcome

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<th>Potential Barrier Drivers</th>
<th>Strategies to Overcome</th>
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<tr>
<td>• Time limitations</td>
<td>• Ensure meetings are organized &amp; succinct</td>
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<td></td>
<td>• Involve bedside clinical team members- consider use of clinical ladder</td>
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<td></td>
<td>• Standardize meeting time for ease of scheduling; consider virtual option</td>
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<tr>
<td></td>
<td>• Use regularly scheduled dept. meetings to succinctly highlight project &amp; results</td>
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<td>Resource limitations</td>
<td>• Attend Coaching Calls monthly!!</td>
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<td>• Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaboration</td>
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<td></td>
<td>• Consider system-wide meetings to standardize best practices</td>
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<td></td>
<td>• Utilize your FPQC coach-mentors</td>
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As the Initiative Continues…

• **Celebrate** successes along the way

• **Display data** by keeping it current & interesting

• **Make it stick**
  ▪ Routinization

• **Plan for sustainability**
Where do I start before I start?
3 Things to Accomplish in the Next 30 Days

- Review interdisciplinary team members & fill any gaps
- Schedule team monthly meetings for the next 6 months
- Review policies, procedures & education plans
<table>
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<tr>
<th><strong>Assess</strong></th>
<th><strong>Review</strong></th>
<th><strong>Attend</strong></th>
<th><strong>Plan</strong></th>
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<tr>
<td>Assess your team to assure all critical departments included</td>
<td>Review resources</td>
<td>Attend Data Collection Webinar: May 4&lt;sup&gt;th&lt;/sup&gt; Noon EST</td>
<td>Plan for July launch – bulletin boards; staff meetings; event invitations</td>
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April 2023- June 2023
July 2023

**Launch**
- Official launch at your hospital!
- Plan to participate on monthly coaching calls!
- Educate clinicians & hospital leadership on importance of initiative & facility-wide standards
- Engage clinical team early & often!

**Begin**
- Begin submitting prospective data!
- Plan a call with your coach mentor!
Initiative Resources

Technical Assistance
from FPQC staff, state Clinical Advisors, and National Experts

Project-wide in-person collaboration meetings

Educational sessions, videos, and resources

Monthly and Quarterly QI Data Reports

Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education

Monthly e-mail Bulletins

Online Tool Box
Algorithms, Sample protocols, education tools, Slide sets, etc.

Monthly Coaching Calls with hospitals state-wide
Initiative Website

http://www.fpqc.org/mfc

Initiative Toolbox

http://www.fpqc.org/mfc/toolbox

Contains:
• Data forms
• Links to FPQC and outside resources
• Webinar recordings
• Slide sets
• And more!

Use for:
• Grand Rounds
• Team trainings
• Guidance on executing improvement strategies
• And more!
Questions?

fpqc@usf.edu

www.fpqc.org/mfc

Florida Perinatal Quality Collaborative

@TheFPQC

@thefpqc
Stump the Advisors
Thank You!