MORE 2.0 Getting Started

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Engaging key stakeholders at beginning of project is KEY to success!

- Multidisciplinary planning and implementation
- Gain top-level support
- Team members should be able to consistently commit
Who to Include?

<table>
<thead>
<tr>
<th>Multi-disciplinary Implementation Team</th>
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<tbody>
<tr>
<td>Disciplines &amp; Departments</td>
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<tr>
<td>Obstetric Providers</td>
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<tr>
<td>Nursing—L &amp; D, Mother/Baby, Antepartum, NICU</td>
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<tr>
<td>Addiction Specialists</td>
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<tr>
<td>Social Work / Case Management</td>
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<tr>
<td>Behavioral / Mental Health</td>
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<tr>
<td>IT / Electronic Medical Records</td>
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<tr>
<td>Quality Improvement</td>
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<tr>
<td>Pharmacy</td>
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Components of Successful Participation

- Create a QI culture—a team environment emphasizing quality and patient safety
- Hold regular QI team meetings to follow and make progress
- Share important information, progress and successes with everyone around
- Be creative and flexible!
Internal Team Meetings

**Multidisciplinary team should meet regularly**

- Meet monthly to start then may be less frequent later
- Include all departments impacted by your work
- Review data, 30-60-90 Day Plan, PDSA cycles, and identify potential community partners
- Discuss insights from webinars/coaching
- Share progress and challenges with administration – follow communication plan
Quick Start Checklist

Key Driver Diagram

30-60-90 Day Plan

Coaching Calls

Tools to Use
Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any exposure to opioids and their infants

By 6/2022, >50% pregnant women with OUD will receive screening, prevention, and treatment services.

**Screening**
- Perform universal SUD screening for all pregnant women
- Perform secondary screening¹ for all pregnant women with any opioid use

**Prevention**
- Documentation of family planning/contraceptive counseling
- Increase breastfeeding initiation and rooming in rates
- Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use

**Treatment**
- Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
- Develop a map of local resources for community resources (e.g., behavioral health, and addiction/treatment services)

**Comprehensive discharge planning**
- Compliance with discharge checklist²
- Compliance with the hospital’s pain management prescribing practices
- Provider education bundle
- Patient education bundle

¹Secondary screening: 1) infectious diseases: HIV, HepB, HepC, GC, CT, trichomonas, syphilis. Tb and HepA if risk factors are present; 2) mental health including PPD

²Discharge checklist: 1) Postpartum depression screening, 2) Scheduled OB postpartum visit, 3) Scheduled Behavioral Health and/or MAT visit or referral, 4) Narcan Counseling, 5) Social work consult, 6) Pediatric consult 7) Contraception counseling & plan 8) Healthy Start/Home visiting program referral, and 9) patient education bundle
Quick Start Checklist

- Quick Start Checklist
- Key Driver Diagram
- 30-60-90 Day Plan
- Coaching Calls
MORE 2.0 Quick Start Checklist

FIRST

1. Recruit QI team - physician, nurse, data, administration champion

2. Review FPQC MORE website to understand improvement goals and strategies:
   a. Online Toolkit
   b. Overview slide set
   c. ACOG AIM Bundle for Obstetric Care for Women with Opioid Use Disorder
   d. Other nationally vetted resources
   e. Snippets/videos
3. Review, complete and return MORE Data Use Agreement

4. Complete the MORE Team Readiness Survey

5. Write down questions or concerns
1. Attend MORE Kick Off meeting
2. Create a draft 30-60-90 day plan
3. Schedule regular team meetings and develop communication plan to keep stakeholders updated on initiative
4. Review MORE Data Collection Form and identify data collection method/staff
5. Attend data webinar – May 27, 2021
6. Schedule hospital kick-off for June 2021
7. Diagram your hospital’s process flow
8. Put recurring coaching calls on team calendars
9. Schedule virtual consultation with FPQC
MORE 2.0 Quick Start Checklist

ONGOING

1. Participate in regular educational activities and coaching calls
2. Submit monthly data
3. Review monthly data reports with QI team, staff, administration and providers
4. Review and update 30-60-90 day plan
5. Reach out to FPQC for help and celebrate with your team early and often
30-60-90- Day Plan
**30-60-90 Day Plan**

This document was developed to help you clarify your plan for the first 90 days of your MORE work with the FPQC.

<table>
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<tr>
<th>Foundations</th>
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<tr>
<td>Strengths</td>
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<tr>
<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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Three Things to Accomplish in the Next 30 Days

1. Review multidisciplinary team members and fill any gaps
2. Schedule team meetings for 6 months
3. Create communications plan to keep stakeholders informed
Three Things to Accomplish in Next 60 Days

1. Decide which validated screening tool to pilot
2. Plan and launch MORE
3. Review MORE toolkit/ resources
Three Things to Accomplish in Next 90 Days

1. Diagram process flow in L&D
2. Plan PDSA cycle to test screening tool
3. Schedule FPQC site visit
Coaching Calls

- Quick Start Checklist
- Key Driver Diagram
- 30-60-90 Day Plan
- Coaching Calls
Coaching Calls

- Scheduled monthly
- Small group
- Led by physician and nurse team
- Collaborative
- Participatory
- Review of 30-60-90 day plans
- Sharing successes and barriers
## Potential Implementation Barriers & Strategies to Overcome

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<thead>
<tr>
<th>Potential Barrier Drivers</th>
<th>Strategies to Overcome</th>
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<tr>
<td>• Clinician</td>
<td>• Build compelling story with respected peer leader to speak to the importance of initiating proposed changes</td>
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<tr>
<td>• Resistance to change</td>
<td>• Provide peer-based education to all clinicians with education on the initiative and goals</td>
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<tr>
<td>• Don’t see the need for change</td>
<td>• Share goals of the proposed QI project/change</td>
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<tr>
<td>• Lack of understanding and/or knowledge deficit</td>
<td>• Provide opportunities to answer question and/or concerns</td>
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<td>• Upper Management</td>
<td>• Share data on outcomes of facility in relation to like facilities</td>
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<tr>
<td>• Lack of knowledge of Perinatal QI efforts</td>
<td>• Provide high quality peer-reviewed research and evidence to support change</td>
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<tr>
<td>• Lack of resource support</td>
<td>• Instill the importance of resource (people, financial) support for project to ensure success</td>
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<td>• Share plan for implementation and sustainability</td>
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<td>• Time limitations</td>
<td>• Utilize efforts of many staff members-consider use of nurse clinical ladder to support project</td>
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<td>• Make sure meetings are organized and succinct to decrease the impact on available time</td>
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<td>• Offer meetings at multiple times; consider web-based meetings for those who may be off site</td>
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<td>• Utilize regularly scheduled department meetings to highlight project and results-be succinct</td>
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<td>• Be prepared to answer questions</td>
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<td>• Resource limitations</td>
<td>• Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaborative work</td>
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As the Project Continues

- Celebrate successes along the way

- Display data – keep it current AND interesting

- Make it stick
  - Routinization

- Plan for sustainability
Let’s See How 2 Teams Implemented MORE

Bayfront Health - Port Charlotte
Winnie Palmer Hospital for Women and Babies