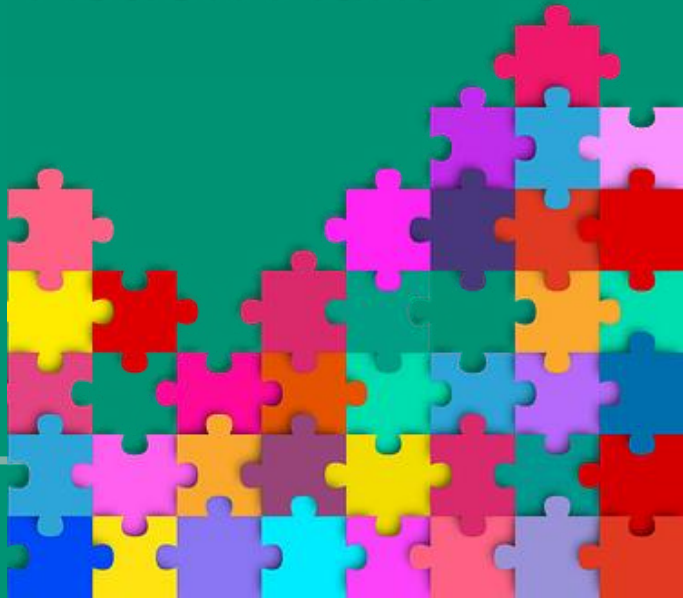


Implementation Strategies & Action Plans



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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



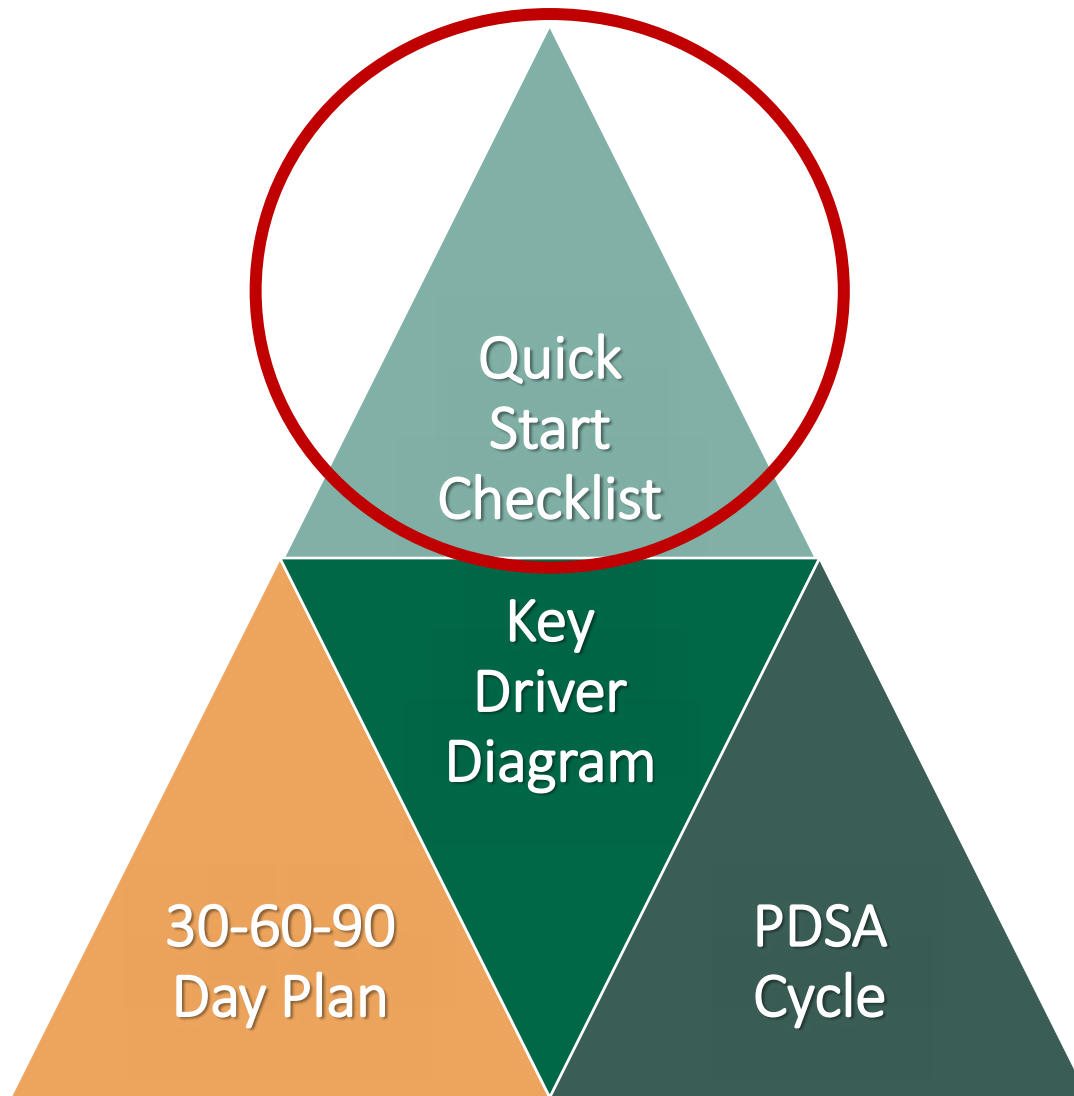
Create a Culture Ready for Change

- 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



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



2. Review, complete & return Data Use Agreement



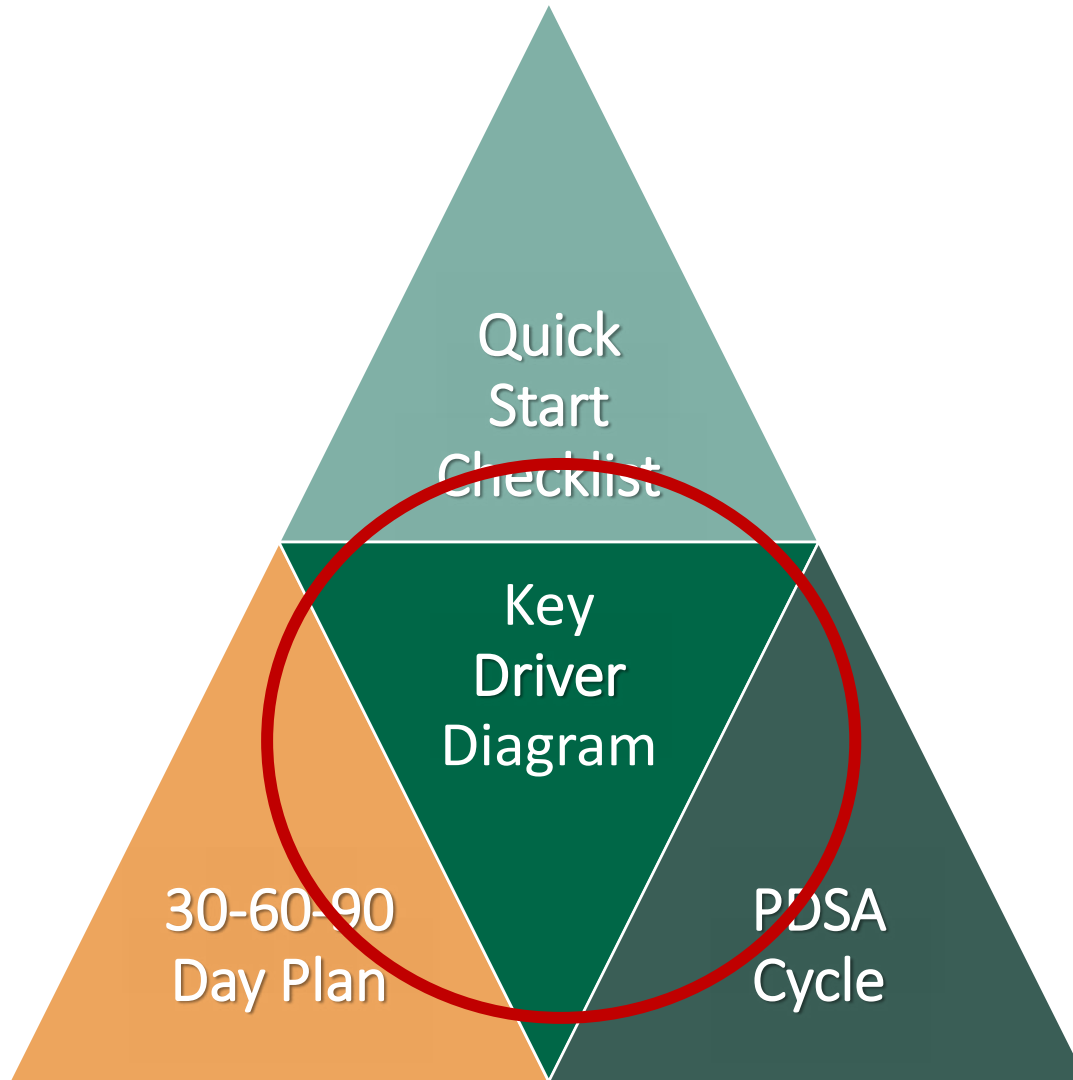
3. Attend Kick-off Meeting



4. Complete the Pre-Implementation Survey



5. Write down questions or concerns



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

Secondary Drivers

Aim: By 12/2024, each hospital will:

- 1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services
- 2) Have 80% of providers and nurses attend an RMC training~ since January 2023

~RMC training that includes topics defined by FPQC

Data Insights

Learn about the mothers served: characteristics, risk factors, & outcomes across populations

Respectful Maternity Care (RMC)

Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

Universal SDOH Screening and Linkage to Services/Resources

Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

Family & Community Engagement in Hospital QI Work

Include family and community representatives in defining and implementing their hospital's QI initiative

Improve the collection of individual patient characteristics

Use PQI & Differences in Perinatal Outcomes dashboard to identify differences. Share findings, and build ongoing plans to address gaps

Educate provider and staff about respectful maternity care and its components and strategies

Develop a hospital commitment with providers and staff support

Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care

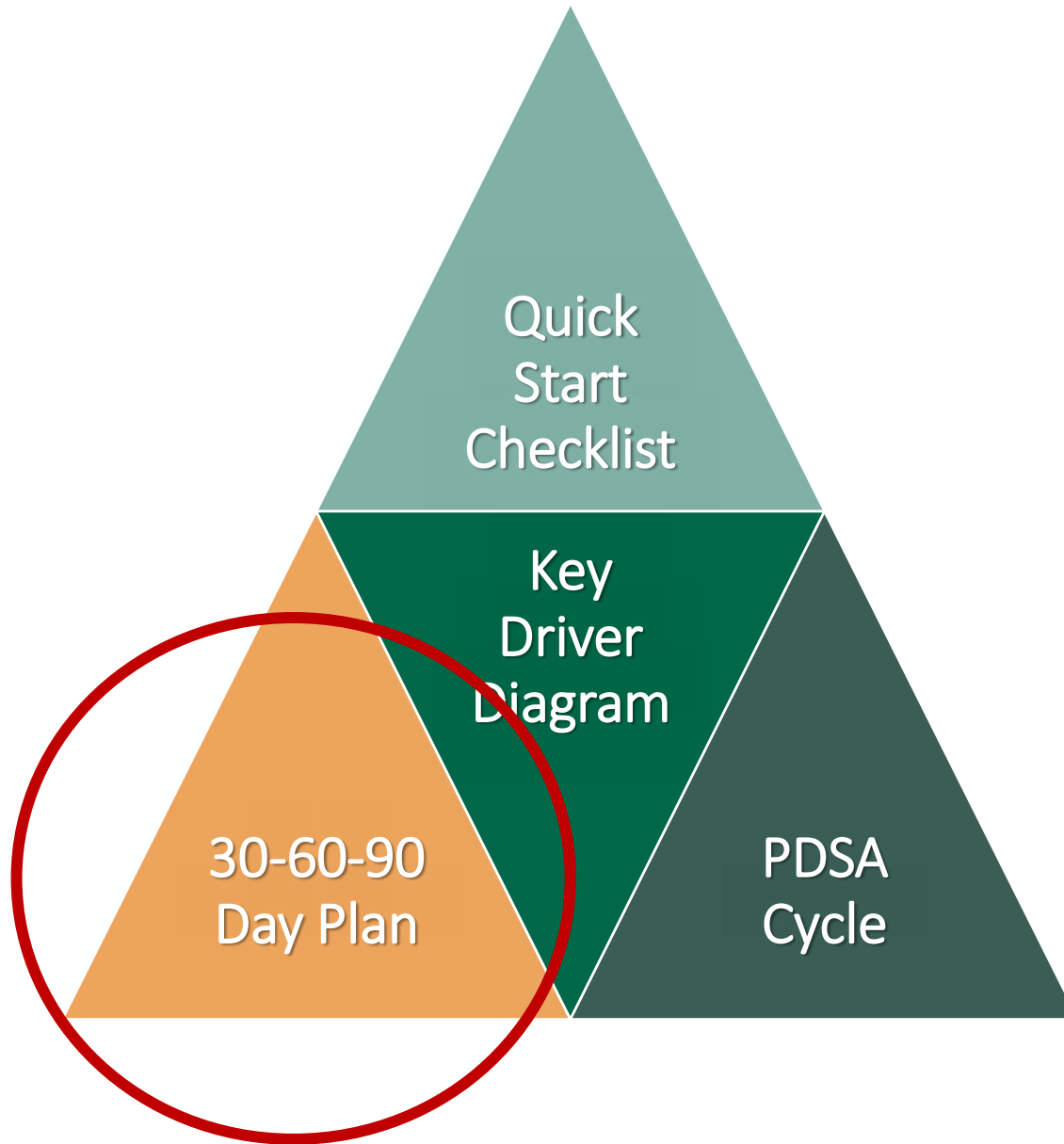
Screen all mothers for SDOH using a standard process and format

Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model

Educate QI Team and leadership about family and community advisor involvement

Engage family and/or community advisors to provide ongoing input on QI efforts and care provision



30-60-90 Day Plan

Foundations	
Strengths	
Barriers	

Looking Ahead	
Three Things to Accomplish in the Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	

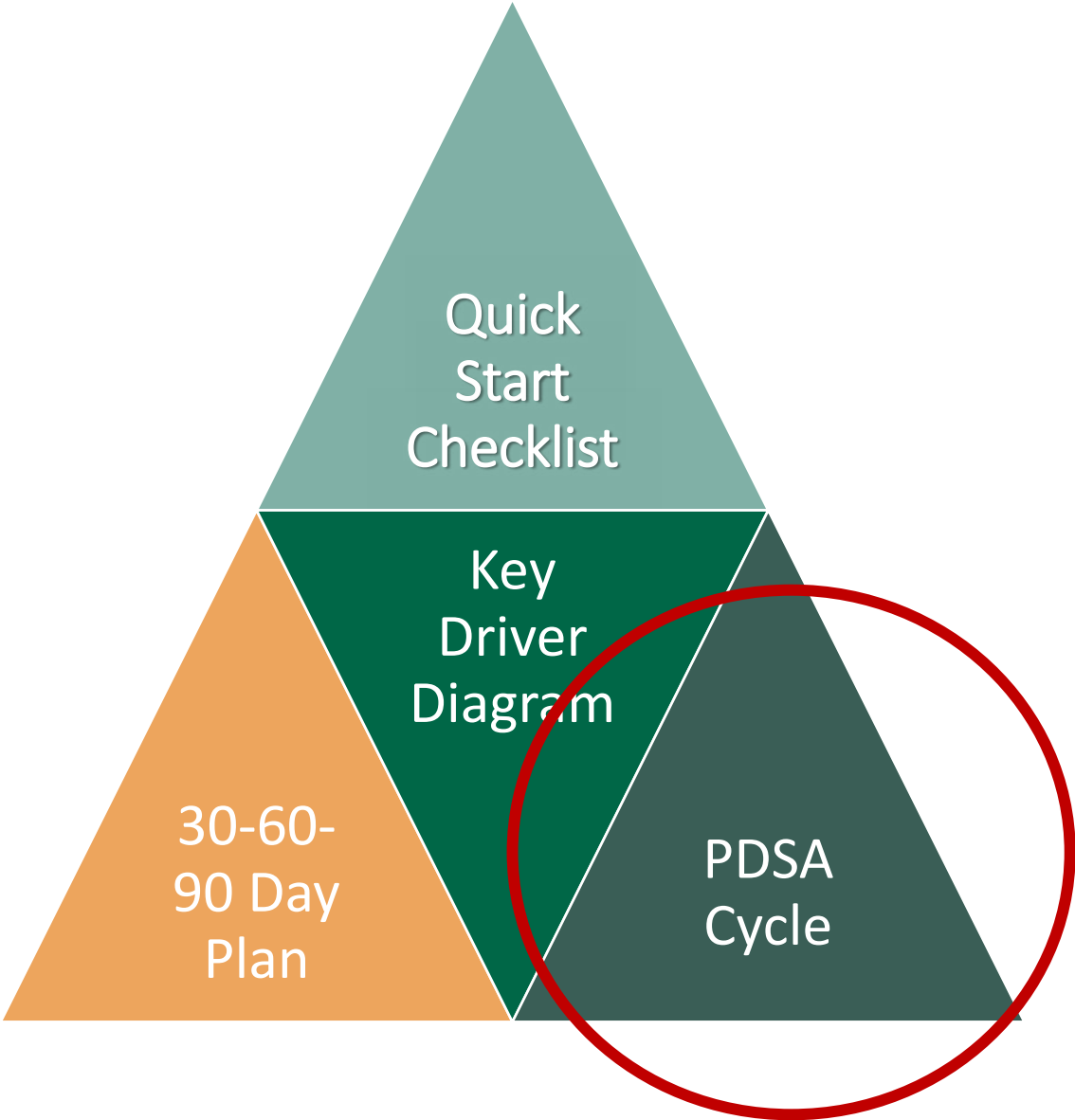
Foundations

Strengths

We have a strong physician champion and good administrative support

Barriers

Some of our providers and staff are very resistant to change



Quick
Start
Checklist

Key
Driver
Diagram

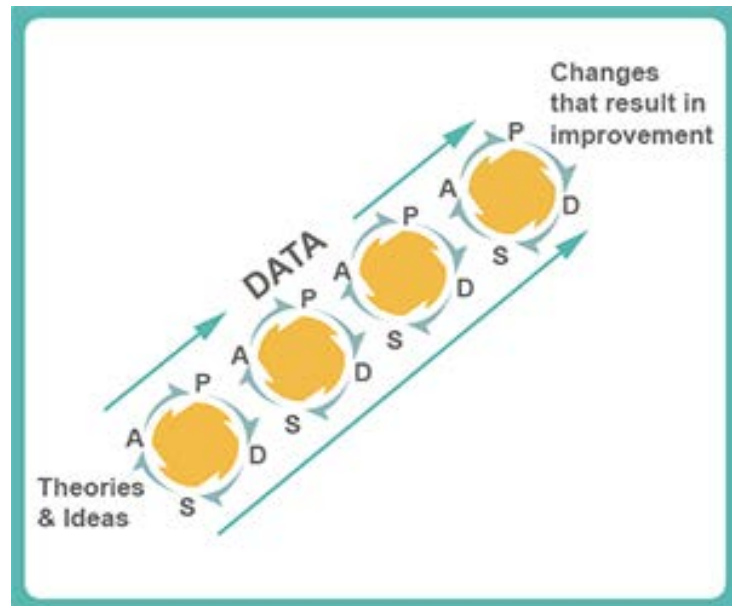
30-60-
90 Day
Plan

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

AdventHealth Winter Park MIU PDSA for PACC 2023

- 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

- 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



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

- Identify barriers to 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

Potential Barrier Drivers

- Time limitations

Strategies to Overcome

- Ensure meetings are organized & succinct
- Involve bedside clinical team members- consider use of clinical ladder
- Standardize meeting time for ease of scheduling; consider virtual option
- Use regularly scheduled dept. meetings to succinctly highlight project & results

Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers

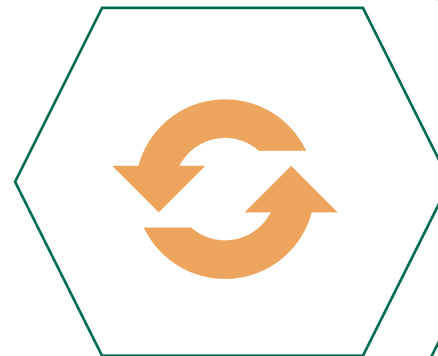
- Resource limitations

Strategies to Overcome

- Attend Coaching Calls monthly!!
- Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaboration
- Consider system-wide meetings to standardize best practices
- Utilize your FPQC coach-mentors

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

Assess	Review	Attend	Plan
<p>Assess your team to assure all critical departments included</p> <p>**GEMBA walk</p>	<p>Review resources</p>	<p>Attend Data Collection Webinar:</p> <p>May 4th</p> <p>Noon EST</p>	<p>Plan for July launch – bulletin boards; staff meetings; event invitations</p>

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

Monthly e-mail Bulletins

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

Monthly Coaching Calls with hospitals state-wide

Online Tool Box

Algorithms, Sample protocols, education tools, Slide sets, etc.

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?

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 Florida Perinatal Quality Collaborative

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 @TheFPQC

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Stump the Advisors

Thank You!
