



# MORE Implementation Guidance

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Partnering to Improve Health Care Quality  
for Mothers and Babies

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# Building a Successful Initiative

- 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?

## Multi-disciplinary Implementation Team

### Disciplines & Departments

Obstetric Providers

Nursing—L & D, Mother/Baby, Antepartum

Addiction Specialists

Social Work / Case Management

Behavioral / Mental Health

IT / Electronic Medical Records

Quality Improvement

Others

# Successful Teams

*Institute for Healthcare Improvement*

- Clinical Leadership
- Technical expertise
- Day-to-day leadership
- Project sponsorship



# 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!

## Creating a Culture Ready for Change

- ◆ Must be a multidisciplinary effort with all members of the team's needs respected
- ◆ Team must meet regularly
- ◆ Ability to provide a safe environment for:
  - Listening
  - Questioning
  - Persuading
  - Respecting
  - Helping
  - Sharing
  - Participating
- ◆ Successful teams will soon learn to have “system-wide” view rather than just their own view of their area

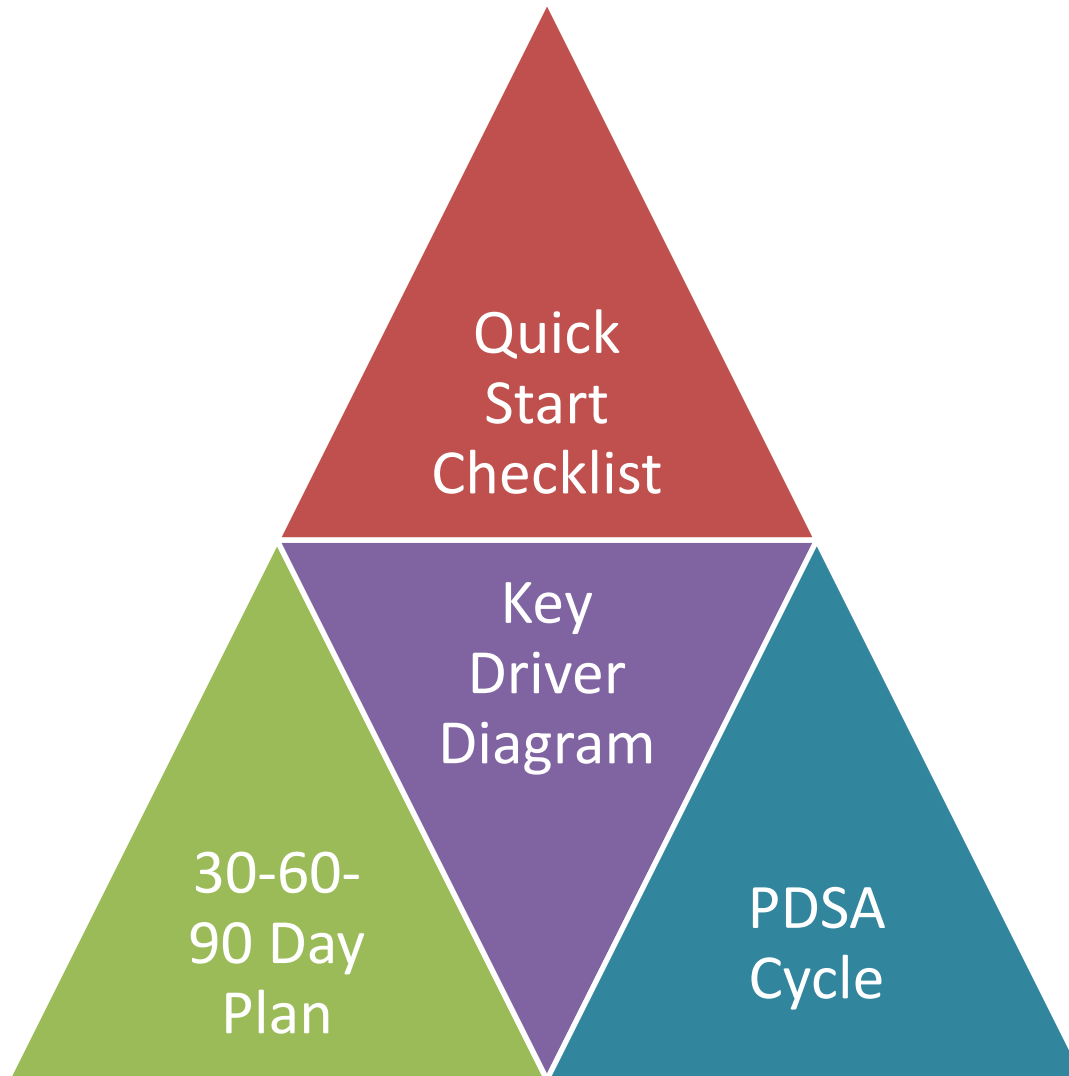




# Internal Team Meetings

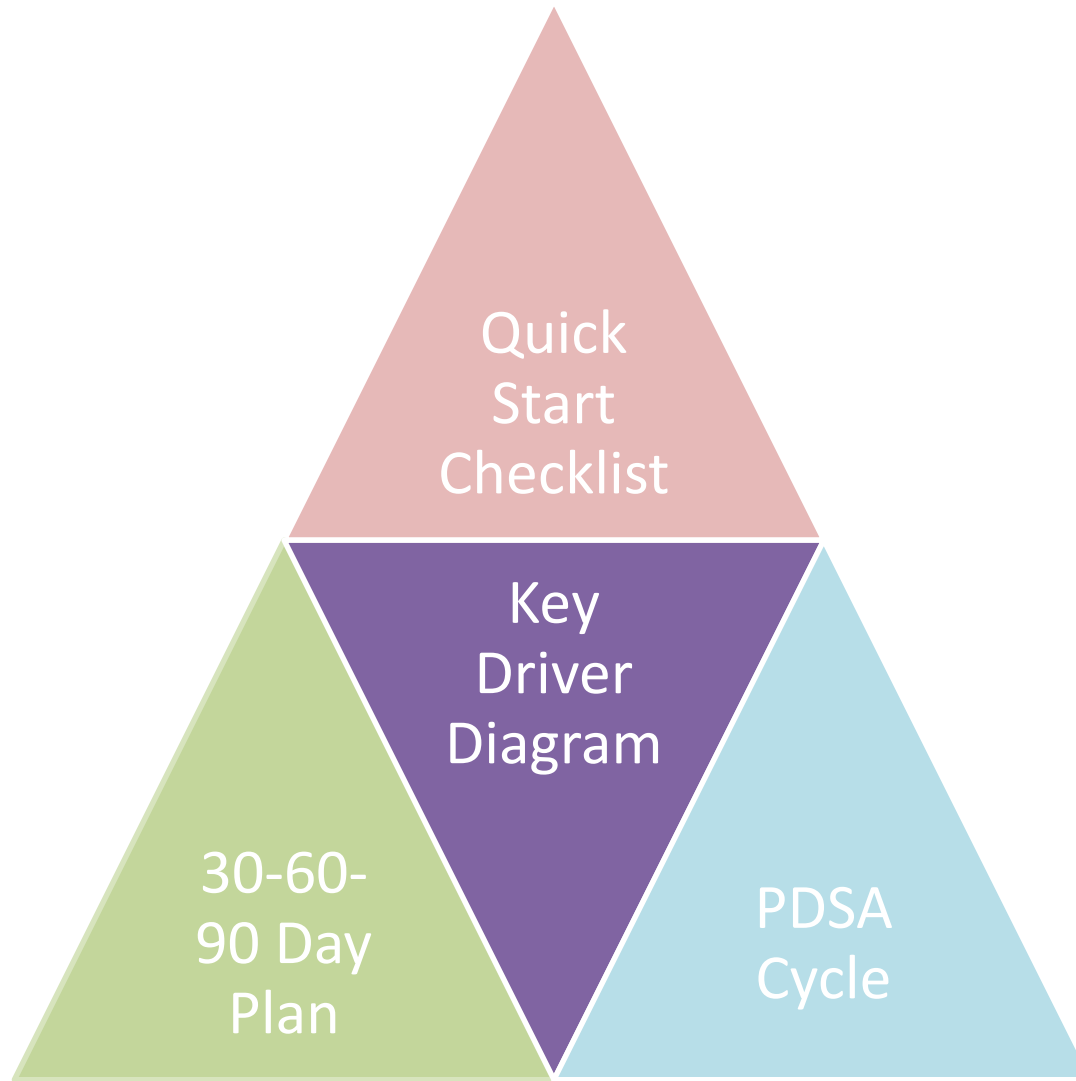
## **Multidisciplinary team should meet regularly**

- 🌀 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 potential community partners
- 🌀 Discuss insights from webinars/coaching
- 🌀 Share progress and challenges with administration – follow communication plan

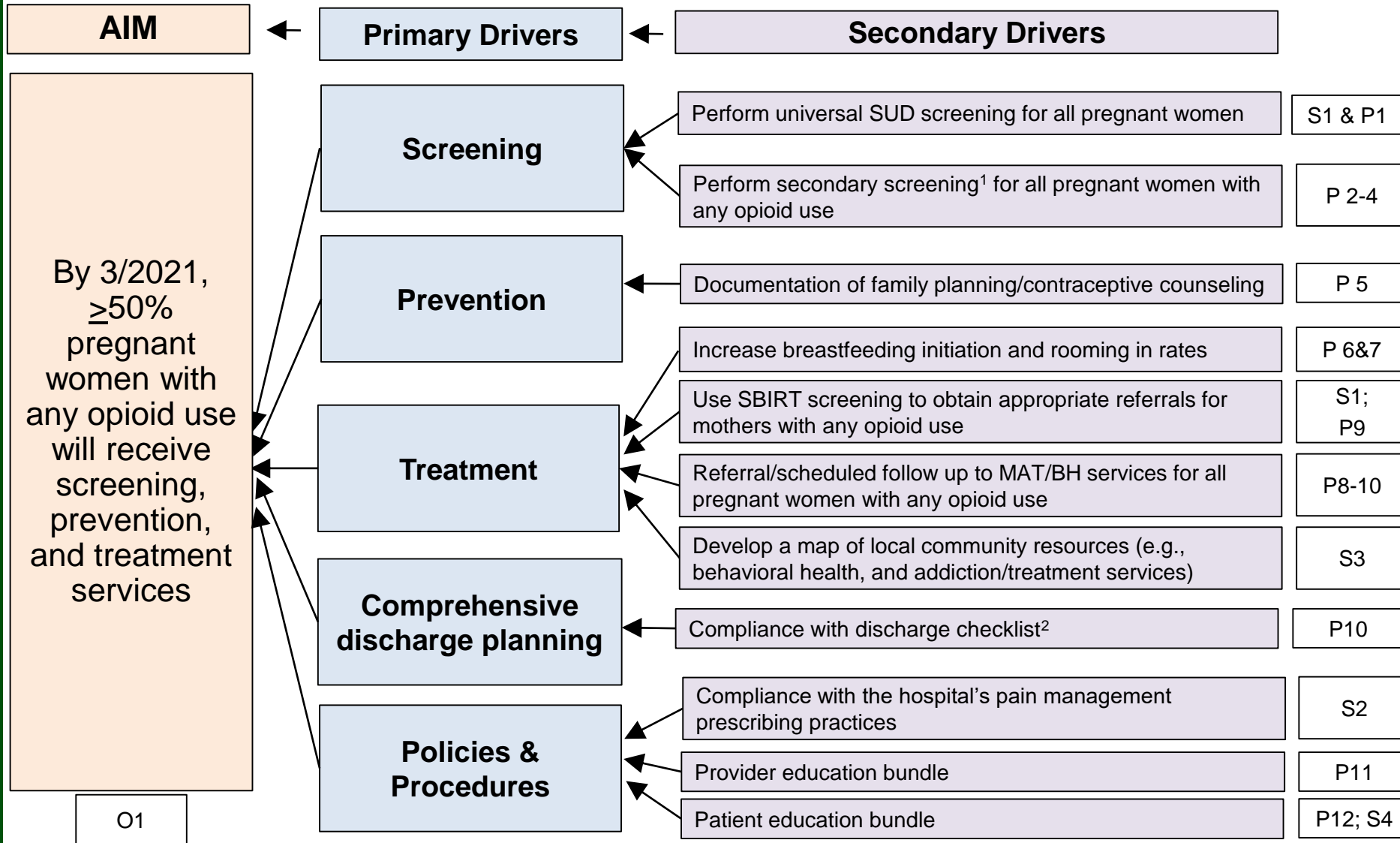


## Tools to Use



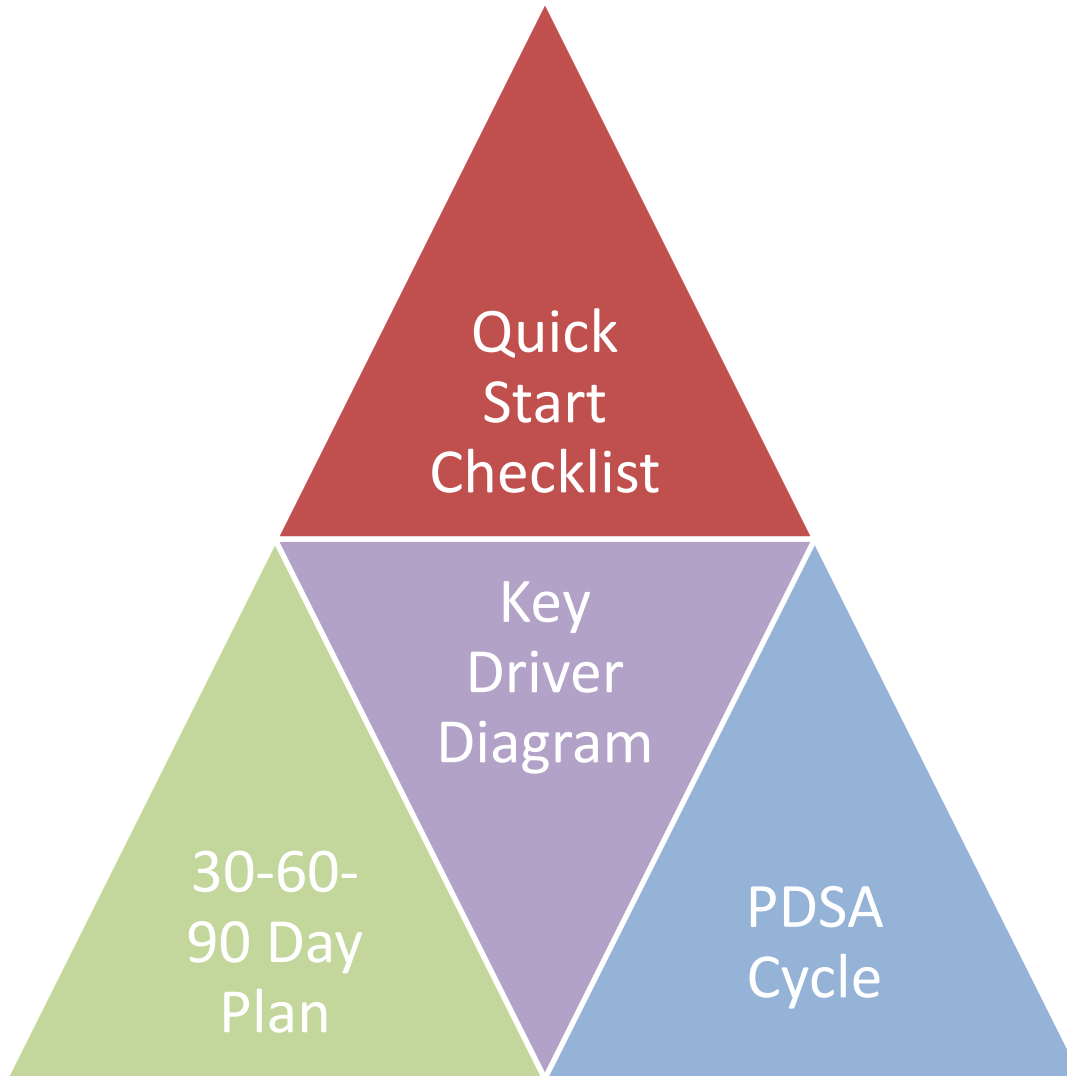


# Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



<sup>1</sup>Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence  
<sup>2</sup> Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan<sup>®</sup> (naloxone) use)

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 v.11/7/2019



# Quick Start Checklist



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



2. Review, complete and return MORE Data Use Agreement

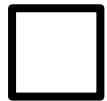
3. Attend MORE Kick-off Meeting

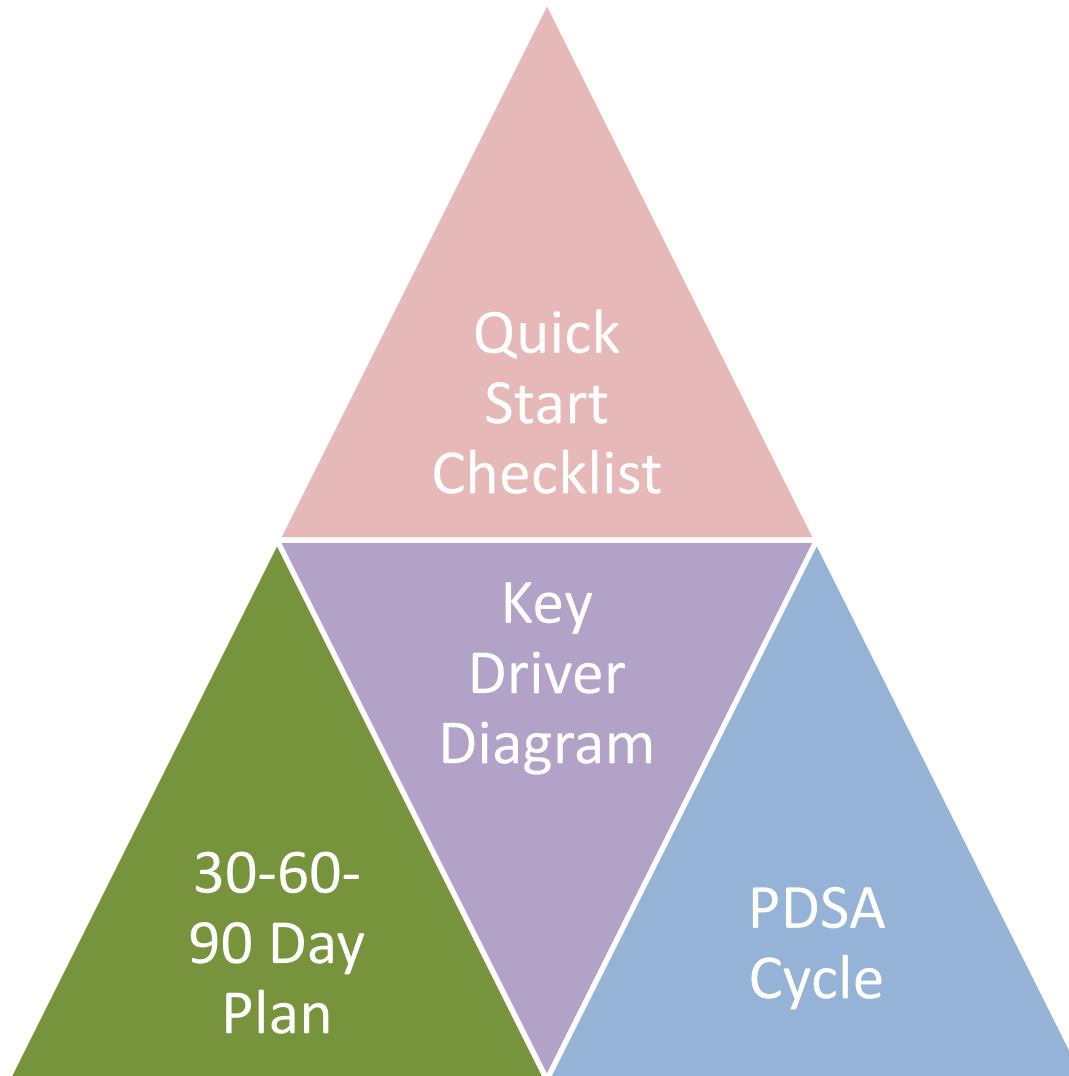


4. Complete the MORE Team Readiness Survey and identify team goals



5. Write down questions or concerns





# 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*

# Three Things to Accomplish in the Next 30 Days

1 2 3



Review multidisciplinary team members and fill any gaps



Schedule team meetings for 6 months



Create communications plan to keep stakeholders informed



# 1-2-3

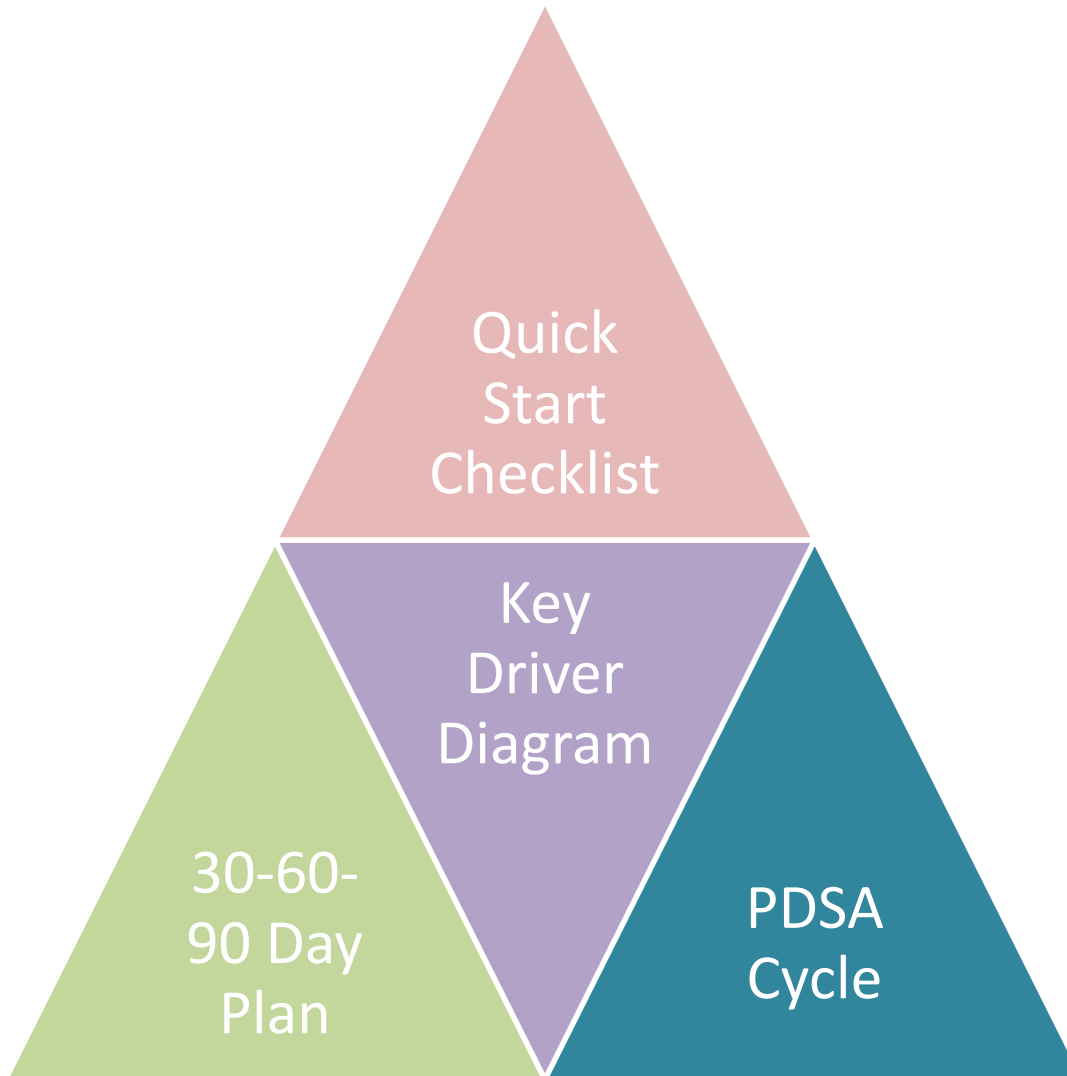
## Three Things to Accomplish in Next 60 Days

1. Decide which validated screening tool to pilot
2. Plan and launch MORE
3. Review MORE toolkit/resources

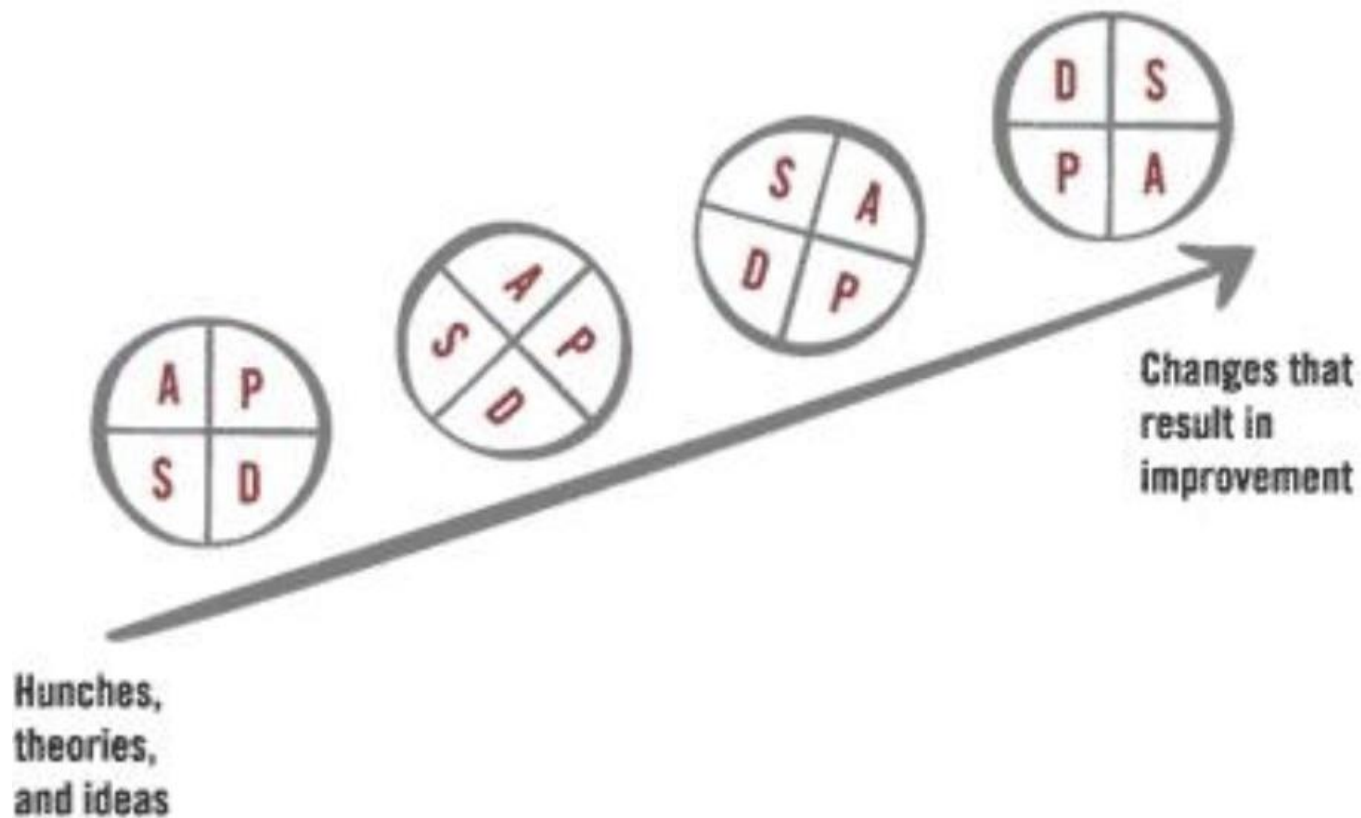


**Three Things to  
Accomplish in  
Next  
90 Days**

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



# Making PDSA Cycles Work For You



# What is a PDSA cycle?

- 🌀 Useful tool for developing & documenting tests of change to **improve**
- 🌀 AKA PDCA, Deming Cycle, Shewart Cycle

- P** – **Plan** a test
- D** – **Do** a test
- S** – **Study** & learn from test results
- A** – **Act** on results



Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000.

# 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

# Tests of Change

## The 5Ps Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5Ps\* is an effective tool of engagement for use with pregnant women who may use alcohol or drugs. This screening tool poses questions related to substance use by women's *parents, peers, partner*, during her *pregnancy* and in her *past*. These are non-confrontational questions that elicit genuine responses which can be useful in evaluating the need for a more complete assessment and possible treatment for substance abuse.

- Advise the client responses are *confidential*.
- A *single "YES"* to any of these questions indicates further assessment is needed.

1. Did any of your *Parents* have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
3. Does your *Partner* have a problem with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)  
\_\_\_ No \_\_\_ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)  
\_\_\_ No \_\_\_ Yes

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Used:  No  Yes      Interpreter Name: \_\_\_\_\_





# Potential Implementation Barriers & Strategies to Overcome

## Potential Barrier Drivers

### Clinician

- Resistance to change
- Don't see the need for change
- Lack of understanding and/or knowledge deficit

## Strategies to Overcome

-  Build compelling story with respected peer leader to speak to the importance of initiating proposed changes
-  Provide peer-based education to all clinicians with education on the initiative and goals
-  Share goals of the proposed QI project/change
-  Provide opportunities to answer question and/or concerns



# Potential Implementation Barriers & Strategies to Overcome

## Potential Barrier Drivers

- 👤 Upper Management
  - Lack of knowledge of Perinatal QI efforts
  - Lack of resource support

## Strategies to Overcome






- 👤 Share data on outcomes of facility in relation to like facilities
- 👤 Provide high quality peer-reviewed research and evidence to support change
- 👤 Instill the importance of resource (people, financial) support for project to ensure success
- 👤 Share plan for implementation and sustainability

# Potential Implementation Barriers & Strategies to Overcome



## Potential Barrier Drivers

 Time limitations

## Strategies to Overcome

-  Use efforts of staff members-consider use of nurse clinical ladder to support project
-  Make sure meetings are organized and succinct to decrease the impact on time
-  Offer meetings at multiple times; consider web-based meetings for those off site
-  Use regularly scheduled department meetings to highlight project and results-be succinct
-  Be prepared to answer questions

# Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers	Strategies to Overcome
 Resource limitations	 Connect with other hospitals or QI leaders for potential solutions; or sharing resources through collaborative work

Bingham, D., & Main, E. (2010). Effective implementation strategies and tactics for leading change on maternity units. *Journal of Perinatal and Neonatal Nursing*. 24(1)32-42.

# As the Project Continues

👤 **Celebrate** successes along the way



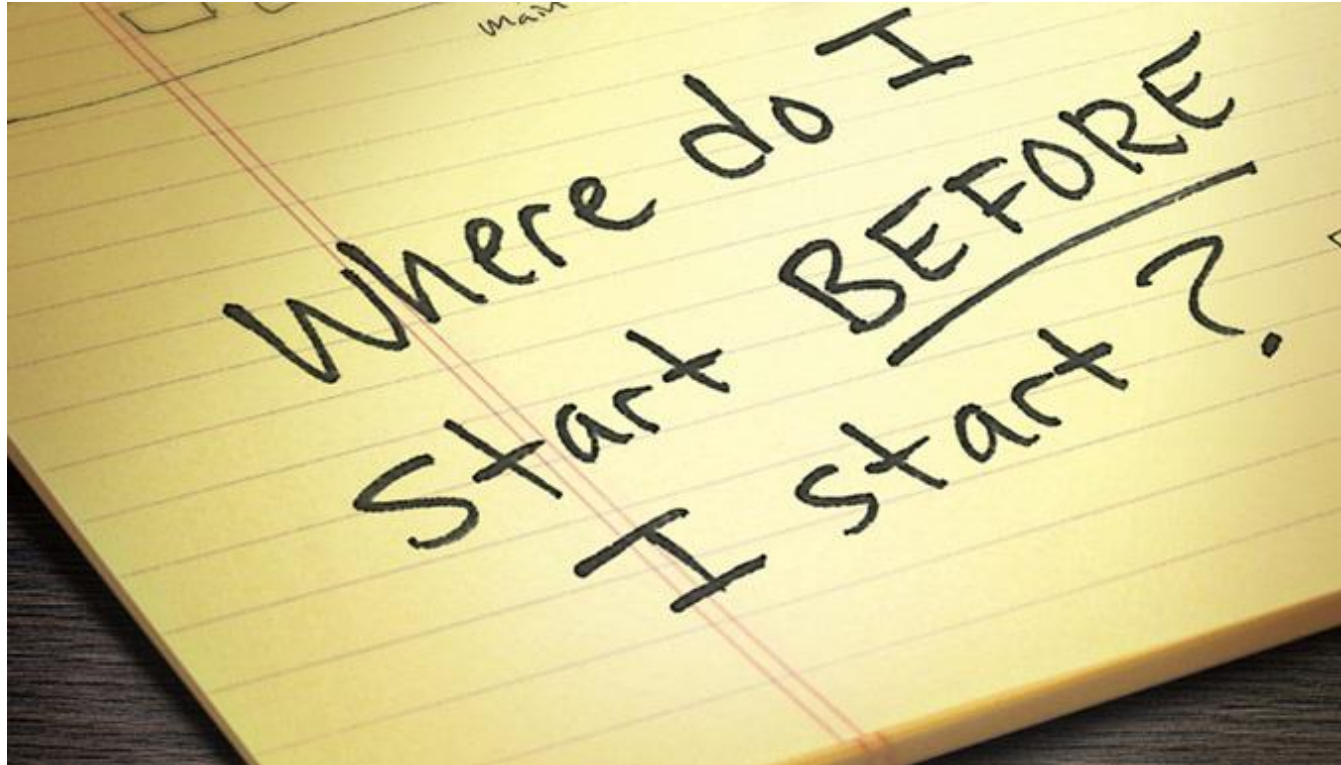
👤 **Display data** – keep it current AND interesting

👤 **Make it stick**

- Routinization

👤 **Plan for sustainability**





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# Pre-Work (November)

- 🌀 Assemble multidisciplinary team
- 🌀 Attend in-person kick off meeting
- 🌀 Share information from kick off meeting with remainder of team, other staff and administration
- 🌀 Complete Data Use Agreement
- 🌀 Complete Team Readiness survey



## Assess

Assess your team to assure all critical departments included

## Review

Review MORE resources

## Attend

Attend Data Collection webinar  
12-12-19 at noon

## Plan

Plan for MORE launch – bulletin boards; staff meetings; event invitations

# November-December

# January

## Launch

Official launch in your hospital!

Educate providers and facility leadership on importance of facility-wide standards

Engage staff and clinicians

Present your hospital's MORE participation



## Begin

Begin submitting prospective data



# Now It's Your Turn

TAKE A FEW MINUTES TO COMPLETE, AS A TEAM, YOUR FIRST 30-60-90 DAY PLAN – WHAT ARE NEXT STEPS WHEN YOU LEAVE HERE?



**WE WANT YOU!**



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**QUESTIONS?**