

## Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality  
for Mothers and Babies

### Maternal Opioid Recovery Effort (MORE) Initiative

#### Quick Start Checklist

##### FIRST

1. Recruit QI team - physician, nurse, administration champion
2. Review, complete and return MORE Date Use Agreement
3. Attend MORE Kickoff meeting (November 14, 2019 in Orlando)
4. Complete the MORE Team Readiness Survey and identify team goals
5. Write down questions or concerns

##### NEXT

1. 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
2. Schedule regular team meetings and develop communication plan to keep stakeholders updated on initiative
3. Create a draft 30-60-90 day plan. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Call it the "where should we start" plan.
4. Attend the MORE Data Collection webinar on Thursday, December 12 at noon.
5. Schedule hospital kick-off for January 2020
6. Diagram your hospital's process flow for screening and assessing pregnant women for opioid use and discussing/providing action steps toward treatment for women identified with opioid use disorder
7. Complete mapping tool of local resources for pregnant women using opioids; make contact with community resources to understand referral processes
8. Prioritize and plan your first Plan-Do-Study-Act (PDSA) cycle
9. Schedule on-site or virtual consultation with FPQC

##### ONGOING

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

All MORE Initiative Resources are available at [www.FPQC.org/MORE](http://www.FPQC.org/MORE)

## MORE New Team Quick Start Overview

### FIRST

1. Recruit **QI team** - physician, nurse, social work/case management, administration champion. You want to recruit champions, not necessarily department leads. Champions have the 4 c's: commitment, clout, credibility and charisma. Successful teams include clinical leadership, technical expertise, day-to-day leadership and administrative authority.
2. Review the **MORE Data Use Agreement** and forward to the appropriate parties for signature.
3. Attend **MORE Kickoff meeting** (November 14, 2019) in Orlando. This is a unique opportunity to learn about other successful maternal opioid use disorder programs, community resources, and the scope of the MORE initiative.
4. Complete the **MORE Team Readiness Survey** and identify team goals. Please work together as a team to complete the survey. This survey will help you understand current barriers and opportunities for getting started with MORE. There are no right answers! It's OK to start with lots of opportunities for improvement.
5. Write down questions or concerns. You can contact FPQC's data manager or MORE clinical advisors anytime.

### NEXT

1. Review the FPQC **MORE Toolkit**, the **MORE Overview Slide Set**, and the **ACOG Council on Patient Safety in Women's Healthcare AIM Bundle for Obstetric Care for Women with Opioid Use Disorder** and other nationally vetted resources to understand improvement goals and strategies. These are all available at [www.fpqc.org/more](http://www.fpqc.org/more)
2. Schedule regular (monthly is advised) **QI team meetings** (put them on the calendar) and develop a **communication plan** with your hospital's team and other stakeholders to be sure everyone is aware on an ongoing basis of your successes and challenges.
3. Create a written draft **30-60-90- day plan**. This plan helps your team decide where to start, identify what you want to accomplish in the first 3 months and helps you track your progress. Review the MORE **Key Driver Diagram** to identify possible interventions, focus on activities supporting standardizing how you will address the areas of strengths, challenges and opportunities.
4. Attend the **FPQC MORE Data Collection webinar** (December 12, 2019 at noon) We will review definitions, tools, and procedures for data collection and submission.
5. Schedule **hospital launch** for January 2020. Launch the initiative in your hospital so that your department's staff and clinicians are aware that you are embarking on this quality improvement endeavor. This could include a Grand Rounds or other presentation at a department meeting, information posted on the unit, or another creative launch event to get people excited and aware.
6. Diagram your hospital's **process flow**. This diagram helps your team describe your hospital's process of care for pregnant women with opioid use during her antepartum, labor and delivery, and postpartum stay. Involve everyone in this process to help your team understand who is doing each activity, when, where, why, and how.
7. Improve linkage to addiction care and support services for pregnant women through standardized **mapping of local resources** for addiction services/MAT/ behavioral health services, case management and other support services in your area. Work with community opioid use and other support services to ensure successful and timely referrals
8. Plan your first **PDSA cycle** with your team to address your 30-60-90 day plan. These small tests of change help your hospital test process/system changes to reach initiative goals. Start small and test a change/improvement with one nurse, one provider, one patient and for one week. Review results, make improvements and implement if successful, repeat cycle if improvements needed.
9. Schedule **on-site or virtual consultation** with FPQC, including Grand Rounds or other Peer to Peer supports such as virtual participation in routine OB Department meetings.

### ONGOING

1. Participate in **regular educational/coaching activities** sharing your challenges and successes, utilize educational tools provided by FPQC.
2. Submit **monthly and quarterly data** timely and reach out to the FPQC staff with questions anytime
3. Review quality improvement **data reports** with team, staff, providers and don't forget to keep administration informed
4. Review and update as needed, your teams 30, 60, and 90 day **plan** for key improvement areas. Remember we will be working together on this initiative into 2021!
5. Reach out to **FPQC** for help and celebrate with your team early and often.