Florida Perinatal Quality Collaborative

Postpartum Access & Continuity of Care (PACC) Initiative

Quick Start Checklist

FIRST

- ☐ 1. Recruit QI team - physician, nurse, administration champion, and if available, a parent champion
- ☐ 2. Review, complete and return PACC Data Use Agreement
- ☐ 3. Complete the PACC Team Readiness Survey and identify team goals
- ☐ 4. Attend PACC Kickoff Meeting (October 27, 2022, from 9 am to 4:30 pm)
- ☐ 5. Write down questions or concerns

NEXT

- ☐ 1. Review FPQC PACC website to understand improvement goals and strategies:
    - a. Online PACC Toolkit
    - b. Overview slide set
    - c. Other evidence-based resources in the online PACC Toolbox
- ☐ 2. Attend the PACC Data Collection webinar on Nov 10th at 12 noon.
- ☐ 3. Schedule regular team meetings and develop communication plan to keep stakeholders updated on initiative
- ☐ 4. 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.
- ☐ 5. Schedule your hospital's own on-site kick-off for January 2023.
- ☐ 6. Prioritize and plan your first Plan-Do-Study-Act (PDSA) cycle
- ☐ 7. Schedule virtual consultation with FPQC

ONGOING

- ☐ 1. Participate in monthly coaching calls and other educational 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 at your regular QI meetings (we recommend monthly)
- ☐ 5. Reach out to FPQC for help, and celebrate successes with your team, early and often

All PACC Initiative Resources are available at www.fpqc.org/pacc

PACC Quick Start Overview

FIRST

1. Recruit **QI team reps:** Physician, RN, CNM, Social Work/Case Management, Administrator, Patient, and others (EHR expert, QI rep). Recruit champions, not necessarily department managers. Champions have the 4 C's: Commitment, Clout, Credibility and Charisma. Successful teams include front line clinical experts, operational leaders, quality improvement experts and senior leaders. Some hospitals find creating a "Charter" to guide the team is helpful.
2. Review the **PACC Data Use Agreement** and forward to the appropriate parties for signature.
3. Complete **the PACC 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 PACC. There are no right answers! It is OK to start with lots of opportunities for improvement.
4. Attend **PACC Kickoff meeting** (October 27, 2022). This is a unique opportunity to learn about the toolkit and resources, as well as the scope of the PACC initiative.
5. Write down questions/concerns. You can contact FPQC (fpqc@usf.edu) or connect with your PACC clinical advisors.

NEXT

1. Review the FPQC **PACC Toolkit,** the **PACC Overview Slide Set,** and other evidence-based resources to understand improvement goals and strategies. These are all available at www.fpqc.org/pacc
2. Attend the **PACC Data Collection webinar November 10th** at Noon. We will review definitions, tools, and procedures for data collection and submission.
3. Schedule regular **QI team meetings(monthly)** 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. Some hospitals find Charters helpful to communicate this plan.
4. Create a **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 PACC **Key Driver Diagram** to identify interventions, focus on activities supporting standardizing how you will address the areas of strengths, challenges, and opportunities.
5. Schedule your **hospital launch** for January 2023. Launch PACC in a manner that effectively communicates to your entire team and supporting departments that you are embarking on this key quality improvement initiative. Consider offering an interdisciplinary Grand Rounds or other presentations at department meetings. Creatively communicate information on the unit and to the departments involved to get your hospital engaged. **Consider inviting C-Suite representatives to the kickoff so they are aware and supportive of the initiative**.
6. 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, and one patient for one week. Review results, make improvements and implement if successful, repeat cycle if improvement is needed.
7. Schedule **on-site or virtual consultation** with FPQC and/or your designated "Coach Mentors." Ideally this starts with a one-to-one call with both nurse and provider reps. Other options include Grand Rounds, virtual participation in PACC team meetings or other peer to peer modalities. Work with FPQC coach mentors to determine the best strategy for your team.

ONGOING

1. Participate in **monthly coaching calls and educational activities**. Be prepared to share 1 success and 1 challenge on each call for shared learning experiences. Share coaching call information with the entire PACC team after each call.
2. Submit **monthly and quarterly data** timely. Reach out to the FPQC staff with questions anytime! We are here to help!
3. Review quality improvement **data reports** with <u>entire team</u>. Remember to keep all clinicians and administrators informed.
4. Review and update as needed, your teams **30-60-90 day plan** for key improvement areas at your regular QI meeting (monthly recommended). Remember we will be working together on this initiative into 2024!
5. Reach out to **FPQC** for help, and celebrate with your team, early and often.