PROMPT Implementation Guidance

Margie Boyer, MS, RNC-OB, EFM, ONQS, FAWHONN

FPQC Lead Nurse Consultant



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 and patient safety
- Hold regular QI team meetings to follow and make progress
- •Share important information, progress and successes with everyone impacted by PROMPT
- Be creative and flexible!





WHO SHOULD BE ON THE TEAM?

- RNs- bedside
- Physicians
- APRNs: CNM, CNS
- Nurse Manager/Director
- Quality Improvement
- Informatics expert
- Social Work/CM
- Emergency Department
- Family Reps
- Others

Create a Culture Ready for Change

- Must be an interdisciplinary effort
- Teams must meet regularly
- Create safe environment for:
 - Sharing
 - Listening
 - Questioning
 - Persuading
 - Respecting
 - Helping
- Use the Toolkit!
- Get Team engaged with the "Why"





Team Engagement Strategy: Real stories

Joan Donnelly's Story

Postpartum Preeclampsia (youtube.com)



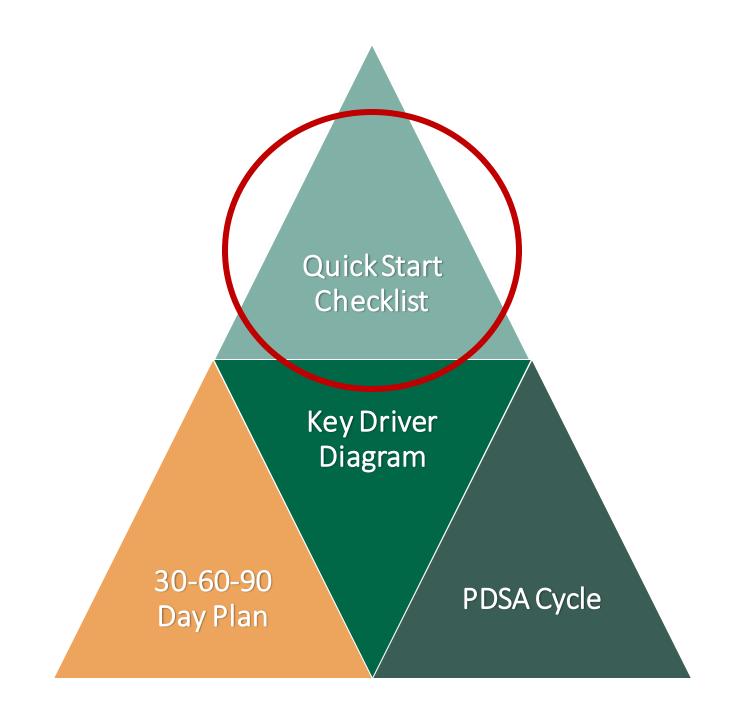


PROMPT Team Meetings

- Initially meet bi-weekly or monthly depending on work
- Include all departments affected
- Include community/family rep



- Have an agenda and minutes
- Review data, 30-60-90 Day Plan, PDSA cycles
- Discuss insights from webinars/coaching
- Share progress and challenges with administration – follow communication plan



Quick Start Checklist



1. Recruit QI team – Lead, MD lead, RN lead, QI/data lead, administrative champion



2. Review, complete and return PROMPT Data Use Agreement



3. Attend PROMPT Kick-off Meeting

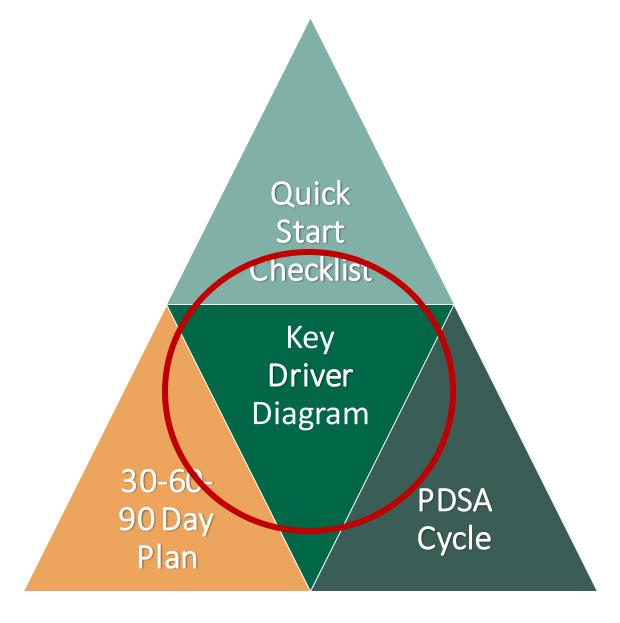


4. Complete the PROMPT Pre-Implementation Survey



5. Write down questions or concerns





Tools to Use

PROMPT: Pregnancy-Related Optimal Management of Hypertension

Global aim: Improve maternal health through hospital-facilitated timely recognition and treatment of hypertensive disorders of pregnancy during pregnancy and the postpartum period.

Aim

Primary Drivers

Secondary Drivers

By June 2026, PROMPT hospitals will increase by 20% the percentage of patients receiving:

- Timely treatment for persistent acute-onset severe hypertension within 1 hour from the first severe range BP reading
- Appropriate discharge education and scheduled follow-up encounters within 3-7 days post-discharge.

*Respectful care is a universal component of every driver and activity

Readiness:

implementation of standard protocols/processes

Develop standard protocols/processes for identification, management, and treatment of severe HTN

Ensure rapid access to severe HTN medication

Integrate a patient advisor in your QI team*

Recognition:

early identification and assessment

Assess and document if patient presenting is pregnant or has been within the past year in all care settings

Ensure accurate blood pressure measurement & assessment

Provide verbal and written HTN education to patients and support persons*

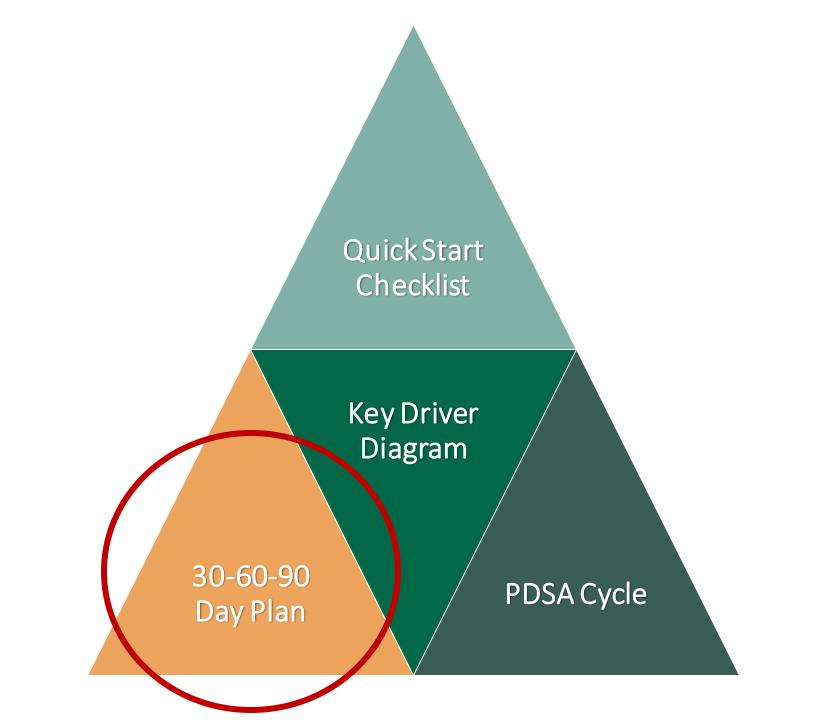
Provide Interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU)*

Response:

management for every pregnant or PP patient w/acute severe HTN Implement standardized protocol for treatment of severe HTN

Provide trauma-informed support for patients*

Schedule postpartum encounter 3-7 days after discharge



Foundations				
Strengths				
Barriers				

30-60-90 Day Plan

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	





Review interdisciplinary team members and fill any gaps

3 Things to Accomplish in the Next 30 Days



Schedule team monthly meetings for the next 6 months



Review/revise policies, procedures and education plans



What is a PDSA cycle?

Useful tool for developing & documenting tests of change to

for improvement

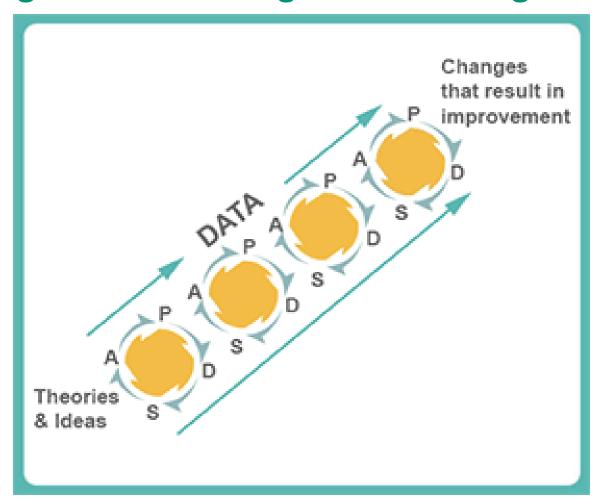
AKA PDCA

P – Plan a test

D – Do a test

S – Study & learnfrom test results

A – Act on results





Learn whether change will result in improvement

Reasons to test changes



Predict the amount of improvement possible





Evaluate the proposed change work in a *practice environment*





Minimize resistance at implementation

Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers

Time limitations

Strategies to Overcome

- Make sure meetings are organized and succinct
- Involve bedside clinical team membersconsider use of clinical ladder
- Standardize meeting time for ease of scheduling; consider virtual option
- Use regularly scheduled department meetings to highlight project and resultsbe succinct



As the Project Continues...

• **Celebrate** successes along the way

<u>Display data</u> by keeping it current AND interesting

- Make it stick
 - Routinization
- Plan for sustainability









Assess	Review	Attend	Plan
Assess your team to assure all critical departments included	Review PROMPT resources	Attend Data Collection Webinar: November 7th or 14th @ Noon	Plan for PROMPT launch – bulletin boards; staff meetings; event invitations

October-December 2024

January 2025



PROMPT Initiative Resources

Monthly
Coaching Calls
with hospitals
state-wide

Online Toolbox

Algorithms, Sample protocols, Education tools, Competencies, Slide sets, etc.

Technical Assistance

from FPQC staff, state Clinical Advisors, and National Experts Educational sessions, videos, and resources

Initiative-wide collaboration meetings

Monthly and Quarterly QI Data Reports

Regular E-mail Bulletins Custom, Personalized virtual, phone, or on-site Consultations & Grand Rounds Education



PROMPT Initiative Website

http://www.fpqc.org/PROMPT



Questions?



