

2.0

Implementation Planning

How to Get Started
or
How to Re-Focus

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Partnering to Improve Health Care Quality
for Mothers and Babies



Lessons from the Field



It takes a broad team
to implement
systematic change



Easy wins matter -
*Celebrate your
successes!!*



Goals and timelines
are very useful

Lessons from the Field



Small tests of change matter

Seriously, use those PDSAs



Data Matter



Administrative
support matters



Champions are
essential

Getting Started/Refocused

- 👤 Look at the data
 - 👤 *Baseline data assessment and key driver assessment review*
- 👤 Gather your team
- 👤 Announce the change
- 👤 Provide an educational foundation
 - 👤 *FPQC, CMQCC, AIM have lots of slide sets you can use!*
- 👤 Make it easy to do the right thing
- 👤 Create a culture ready for change

Quick Start
Checklist

Driver Diagram

Implementation
Planning Guide

30-60-90-Day
Plan

PDSA Template

Tools to Use

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Quick Start Checklist for Existing Teams

FIRST

- Evaluate QI team and recruit new champions if necessary-physician, nurse, administration
- Complete and submit new baseline assessment
- Identify primary focus area for PROVIDE 2.0

NEXT

- Attend PROVIDE 2.0 Kick Off meeting
- Continue regular team meetings
- Revitalize communication plan to keep stakeholders updated on initiative
- Diagram your hospital's process flow in primary focus area
- Draft 30-60-90 day implementation plan
- Prioritize and plan your first Plan-Do-Study-Act (PDSA) cycle
- Schedule on-sight or virtual consultation with FPQC

ONGOING

- Participate actively in regular coaching activities
- Submit monthly data
- Review monthly data reports with QI team, staff and providers
- Review and update 30-60-90 day implementation plan

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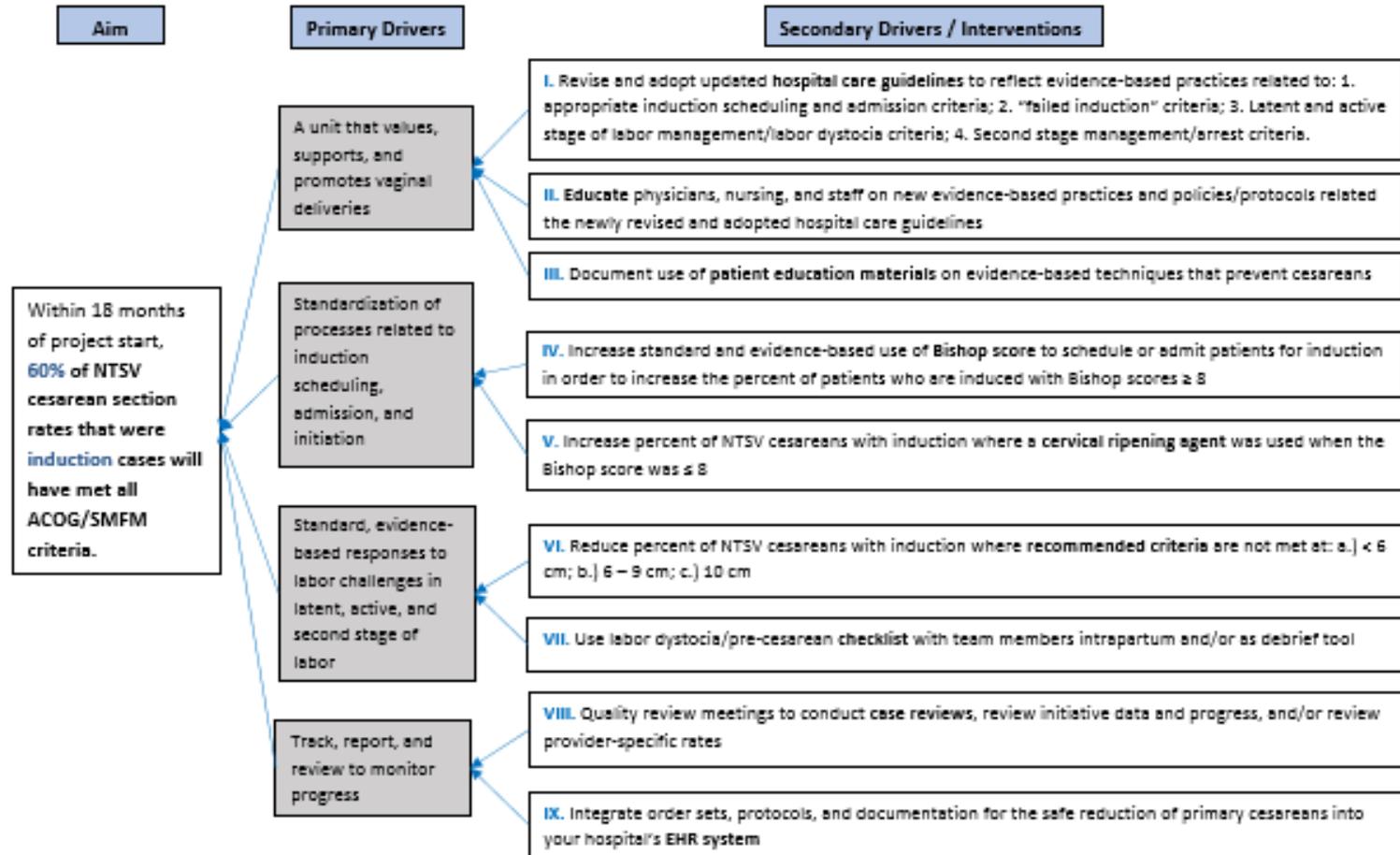
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Promoting Primary Vaginal Deliveries (PROVIDE) Initiative

INDUCTION CASES Key Driver Diagram



Note: Evidence-based practice encompasses ACOG/SMFM/AIM/CMQCC/FPQC Recommendations. See PROVIDE measurement grid for more details and definitions.

v. 9-2019

AIM

Within 18 months of project start, 60% of NTSV cesarean section rates that were induction cases will have met all ACOG/SMFM criteria.

Primary Drivers

Secondary Drivers/Interventions

A unit that values, supports, and promotes vaginal deliveries

I Revise and adopt updated hospital care guidelines to reflect evidence-based practices related to:

1. Appropriate induction scheduling and admission criteria;
2. “Failed induction” criteria;
3. Latent and active stage of labor management/labor dystocia criteria;
4. Second stage management/arrest criteria

II Educate physicians, nursing, and staff on new evidence-based practices and policies/protocols related to the newly revised and adopted hospital care guidelines

III Document use of patient education materials on evidence-based techniques that prevent cesareans

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Implementation Planning Guide

Induction

Primary Driver	Intervention /Measure	Recommended Activities	Our Plan Notes	Our Tentative Due Dates	Responsible Parties
A unit that values, supports, and promotes vaginal deliveries	I. Revise and adopt updated hospital care guidelines to reflect evidence-based practices related to: 1. Appropriate induction scheduling and admission criteria;	Establish meeting time with essential team members to establish roles and a plan to begin reviewing your current department guidelines and the ACOG, SMFM, FPQC recommended guidelines.	1. <i>Check with team to find the best ongoing meeting time.</i>	1. <i>Oct. 30</i>	<i>Sybil S</i>
			2. <i>Schedule meeting times and location for 6 months.</i>	2. <i>Nov. 15</i>	<i>Sybil S</i>
			3. <i>Create document comparing our guidelines with ACOG, SMFM, FPQC</i>	3. <i>Nov 30</i>	<i>Sybil S</i>
			4. <i>Conduct initial team meeting</i>	4. <i>Nov 30</i>	<i>Joyce</i>

		<p>Determine and implement a standardized plan of practice for induction, which could include admission checklists, algorithms, consents, scheduling forms, timing, Bishop score use and documentation, cervical ripening, and other expectations.</p> <p>Share and solicit feedback from staff and providers (PDSA cycle).</p>	<ol style="list-style-type: none"> 1. <i>Examine with team suggested checklists, forms, algorithms, etc.</i> 2. <i>Choose which to test for use in L&D.</i> 3. <i>Plan first PDSA cycle. (what, where, who)</i> <ol style="list-style-type: none"> 1. <i>Conduct PDSA</i> 2. <i>Share results with team</i> 3. <i>Decide how to solicit feedback from staff/providers</i> 4. <i>Revise based on feedback and</i> 	<ol style="list-style-type: none"> 1. <i>Nov 30</i> 2. <i>Nov 30</i> 3. <i>Dec 30</i> <ol style="list-style-type: none"> 1. <i>Jan 15</i> 2. <i>Jan meeting</i> 3. <i>Jan meeting</i> 4. <i>Feb 15</i> 	<p><i>Joyce</i></p> <p><i>Team</i></p> <p><i>Frank</i></p> <p><i>TBD</i></p> <p><i>Frank</i></p> <p><i>Team</i></p> <p><i>Frank</i></p>
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		<p>Determine and implement standardized plan for admission criteria components or checklists.</p> <p>Note date of adoption of new policies/guidelines.</p>	<p><i>conduct PDSA on revised version</i></p> <ol style="list-style-type: none"> <i>1. Draft revised guidelines</i> <i>2. Route revised guidelines per protocol</i> 	<ol style="list-style-type: none"> <i>1. Mar 15</i> <i>2. April 15</i> 	<p><i>Joyce</i></p> <p><i>Joyce</i></p>
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30-60-90 Plan

This document was developed to help you clarify your plan for the first 90 days of your PROVIDE 2.0 work with the FPQC.

Foundations	
Strengths	
Barriers	

Focus Area



Looking Ahead	
Three Things to Accomplish in the Next 30 Days	1. 2. 3.
Three Things to Accomplish in Next 60 Days	1. 2. 3.
Three Things to Accomplish in Next 90 Days	1. 2. 3.



Identify your hospital's strengths and possible barriers:

Strengths:

-  *Strong physician champion*
-  *Good administrative support*
-  *Organizational culture that supports performance improvement, evidence-based practice*

Possible barriers:

-  *Some clinicians and staff resistant to change*
-  *Patient population – many request elective primary c-sections*
-  *Staffing/resource shortages*

Looking Ahead: 3 Things to accomplish in 30 days

1. *Revitalize communication plan to keep stakeholders updated on initiative*
2. *Schedule team meeting times and locations for 6 months*
3. *Review new assessment data and identify focus area*

Looking Ahead: 3 Things to accomplish in 60 days

1. *Diagram process flow in primary focus area*
2. *Create document comparing our guidelines with ACOG/SMFM/FPQC guidelines*
3. *Plan hospital launch*

Looking Ahead: 3 Things to accomplish in 90 days

1. *Launch PROVIDE 2.0*
2. *Prioritize and plan first/next PDSA cycle*
3. *Submit data by the 10th of each month*

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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

Induction of Labor Checklist



- Confirm favorable cervix by Bishops score (See table)
 - Bishop's score ≥ 8 for nullipara
 - Bishop's score ≥ 6 for multipara

For Obstetrical and Medically Necessary Induction of Labor:

- Confirm gestational age (The need to deliver at a gestational age less than 39 weeks is dependent on severity of condition)
- Confirm one of the following indications
 - 41+0 weeks
 - Abruptio placentae
 - Preeclampsia
 - Gestational HTN
 - GDM
 - PROM
 - Fetal Demise
 - Coagulopathy/Thrombophilia
 - Pulmonary disease
 - Chorioamnionitis
 - Unstable Lie
 - Other Fetal compromise
 - IUGR
 - Isoimmunization
 - Fetal malformation
 - Multiples w/ complications
 - Twins w/o complication
 - Heart disease
 - Liver disease (e.g. cholestasis of pregnancy:)
 - Chronic HTN
 - Diabetes (Type I or II)
 - Renal disease
 - Oligohydramnios
- If other indication, confirm necessity for induction with perinatology:

Other: _____

____ Perinatology consult obtained and agrees with plan:

(consultant name)

Bishop's Score Calculation				
Parameter	0	1	2	3
Dilation (cm)	0	1 - 2	3 - 4	5 - 6
Effacement, %	0 - 30	40 - 50	60 - 70	≥ 80
Station (-3 to +3)	-3	-2	-1, 0	$\geq +1$
Consistency	Firm	Medium	Soft	
Position	Posterior	Middle	Anterior	
ACOG Patient Safety Checklist No. 5, December, 2011				

For all Inductions:

- Provide patient with written educational material on induction of labor
- Obtain signed induction of labor education form
- Remind patient to call Labor and Delivery (or designee) prior to leaving home on the day of the induction

References:

- ACOG Committee Opinion, No.560, 2013
- ACOG Patient Safety Checklist No 2. Inpatient Induction of Labor December 2011, reaffirmed 2014

For Elective Induction of Labor

- Ensure patient will be 39 weeks gestation or greater at time of induction
- Confirm gravity and parity of patient
- Be aware of reason that elective induction is planned
 - Patient or obstetrician choice
 - Risk of rapid labor
 - Distance from hospital
 - Psychosocial indications

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



Potential Implementation Barriers & Strategies to Overcome

Potential Barrier Drivers	Strategies to Overcome
<ul style="list-style-type: none">👤 Clinician<ul style="list-style-type: none">👤 Resistance to change👤 Don't see the need for change👤 Lack of understanding and/or knowledge deficit	<ul style="list-style-type: none">👤 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	Strategies to Overcome
<ul style="list-style-type: none">🔄 Upper Management<ul style="list-style-type: none">🔄 Lack of knowledge of Perinatal QI efforts🔄 Lack of resource support	<ul style="list-style-type: none">🔄 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	Strategies to Overcome
 Time limitations	 Utilize efforts of many staff members-consider use of nurse clinical ladder to support project  Make sure meetings are organized and succinct to decrease the impact on available time  Offer meetings at multiple times; consider web-based meetings for those who may be off site  Utilize 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



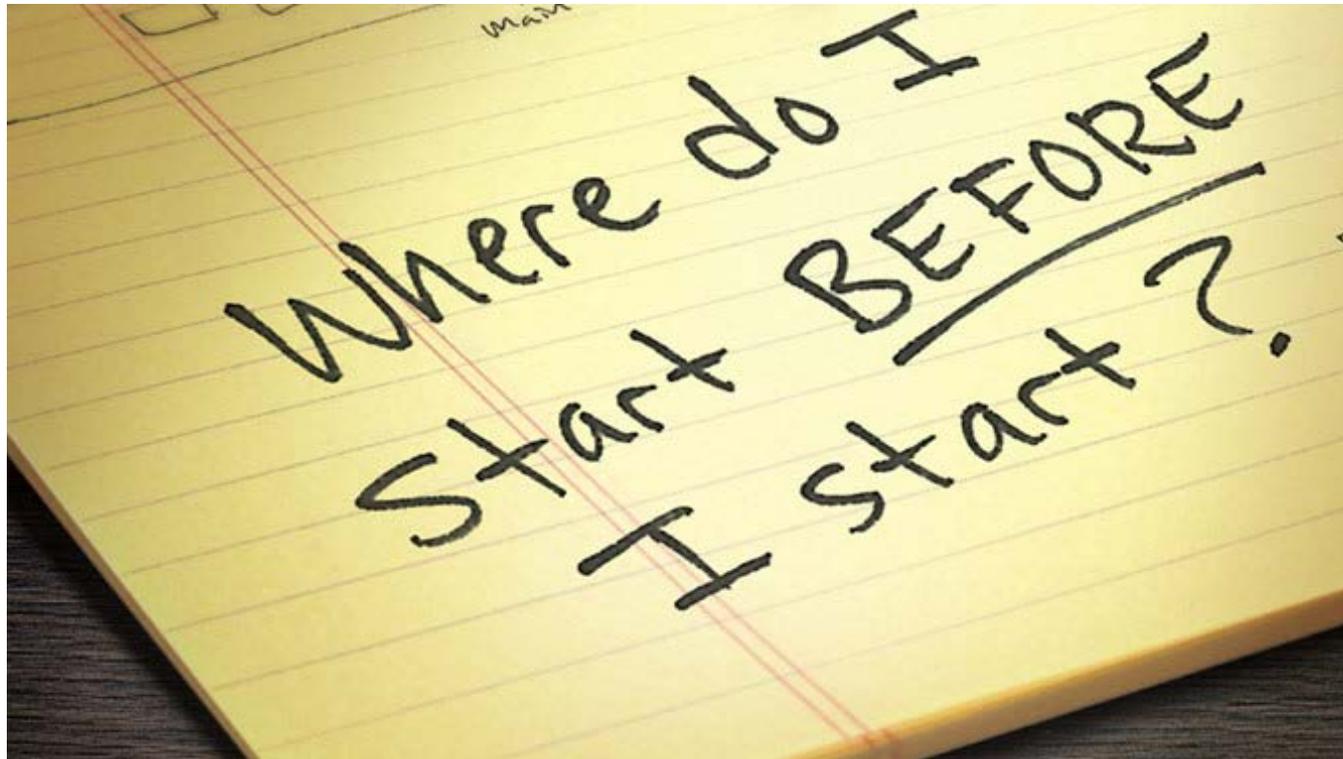
- 🌀 Display data – keep it current AND interesting



- 🌀 Make it stick

- 🌀 Routinization

- 🌀 Plan for sustainability



3
5

Pre-Work (October)

- 👤 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 (new teams)
- 👤 Complete our Pre-implementation survey (new teams)



Attend

Attend
PROVIDE 2.0
data webinar

Audit

Audit charts
and submit
baseline data

*New
teams*

Review

Review
baseline data
and choose
focus area

*Existing
teams*

Create

Create/review
plan for how
you will
conduct your
hospital
PROVIDE 2.0
team's
monthly
meetings

Plan

Plan how you
will launch
the initiative
within your
hospital

November

December

1

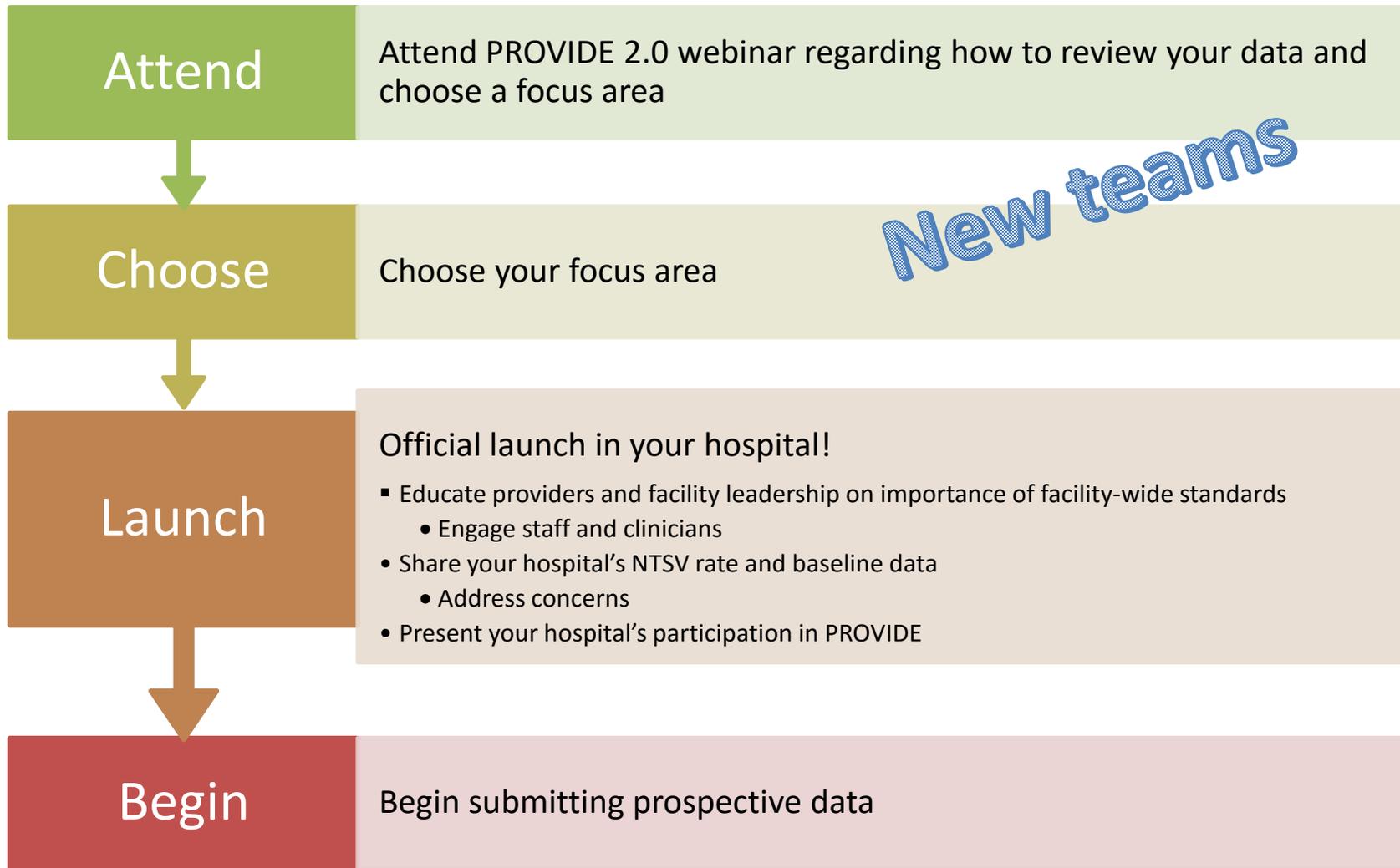
Continue to audit charts and submit baseline data (new teams)

2

Continue to plan for January department kick off

- ♣ Bulletin boards
- ♣ Staff meetings
- ♣ Event invitations

January



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?

Partnering to Improve Health Care Quality
for Mothers and Babies

QUESTIONS?