

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality
for Mothers and Babies

Promoting Primary Vaginal Deliveries Initiative

New Team Quick Start Checklist

FIRST

- 1. Recruit QI team - physician, nurse, administration champion
- 2. Attend regional PROVIDE 2.0 Orientation Workshop
- 3. Review FPQC PROVIDE website to understand improvement goals and strategies:
 - a. Online Toolkit
 - b. Overview slide set
 - c. ACOG AIM Bundle for Supporting Vaginal Births
 - d. Other nationally vetted resources
- 4. Review, complete and return PROVIDE Data Use Agreement
- 5. Review PROVIDE Data Collection Form and identify data collection method/staff
- 6. Write down questions or concerns

NEXT

- 1. Attend PROVIDE 2.0 Kick Off meeting
- 2. Schedule regular team meetings and develop communication plan to keep stakeholders updated on initiative
- 3. Attend the PROVIDE Data webinar for hospitals who are new to PROVIDE
- 4. Complete and submit Baseline Data Assessment
 - Review charts
 - Review policies
 - Assess staff knowledge of labor support to promote vaginal birth, quality improvement methods
- 5. Identify primary focus area
- 6. Schedule hospital kick-off for January 2020
- 7. Diagram your hospital's process flow in primary focus area
- 8. Draft 30-60-90 day implementation plan
- 9. Prioritize and plan your first Plan-Do-Study-Act (PDSA) cycle
- 10. Schedule on-site or virtual consultation with FPQC

ONGOING

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

All PROVIDE Initiative Resources are available at health.usf.edu/publichealth/chiles/fpqc/provide

PROVIDE 2.0 New Team Quick Start Overview

FIRST

1. Recruit **QI team** - physician, nurse, 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. Attend **regional PROVIDE 2.0 Orientation Workshop**. This is required for new PROVIDE 2.0 teams. If possible, a physician and nurse champion should attend this workshop. More information is at FPQC.org under "Events" or you can send an email to fpqc@health.usf.edu
3. Review the FPQC PROVIDE **Toolkit Online**, the **PROVIDE Overview Slide Set**, and the **ACOG Council on Patient Safety in Women's Healthcare AIM Bundle for Supporting Vaginal Births** and other nationally vetted resources to understand improvement goals and strategies.
4. Accepted hospitals will need to review the **PROVIDE Data Use Agreement** and review the **FPQC PROVIDE Data Collection Form** and prepare to collect specified data and forward to the appropriate parties for signature.
5. Write down questions or concerns. You can contact FPQC's data managers or PROVIDE Clinical Advisors anytime.

NEXT

1. Attend **PROVIDE 2.0 Kick Off meeting** (October 17, 2019) in Orlando. This is a unique opportunity to learn from other teams, both those just beginning the initiative and those who have been working on PROVIDE for 18 months.
2. Schedule regular (put them on the calendar), at least quarterly (to begin more frequent meetings may be needed) **QI team meetings** 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. Attend the **PROVIDE Data Webinar** for hospitals who are new to PROVIDE to review how to do your baseline assessment to determine priority focus area (dystocia, induction). This webinar will review the data audit worksheet, online reporting system, and reports: October 30, 2019.
4. The **baseline data assessment** has specific data collection components, a data contact person should assure completion and timely submission. This person will then submit regular data at specified intervals. Timely submission facilitates quick feedback to your team (if you meet challenges or data lead changes please notify FPQC).
5. Identify your **primary focus area** based on the baseline data assessment.
6. 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 other creative launch event to get people excited and aware.
7. Diagram your hospital's **process flow** overall including your focus area. This diagram helps your team describe your hospital's process of care for mothers throughout labor and delivery. Involve everyone in this process to help your team understand who is doing each activity, when, where, why, and how.
8. Create a written draft **30-60-90 day implementation 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. Review your process flow diagram with your team and **identify opportunities for improvement** using the **PROVIDE Key Driver Diagram** to identify possible interventions, focus on activities supporting standardizing how you will address the areas of strengths, challenges, and opportunities.
9. 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.
10. 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 coaching activities** sharing your challenges and successes, utilize educational tools provided by FPQC. Reach out to FPQC for help, and celebrate your successes with your team early and often.
2. Submit monthly data timely, and review monthly quality improvement data reports with team, staff and providers.
3. Review and update as needed, your teams 30, 60, and 90 day **implementation plan** for key improvement areas. Remember we will be working together on this initiative into 2021!