PERINATAL QUALITY COLLABORATIVES

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State Perinatal Quality Collaboratives* (PQCs)

PQCs are state or multi-state networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes.

*https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html

Wisconsin Perinatal Quality Collaborative (WisPQC)

- The Wisconsin Perinatal Quality Collaborative formed in August 2014 with the mission "to improve perinatal health outcomes and equity across the continuum for all women and infants in Wisconsin." WAPC provides administrative support and leadership through a grant from the WI DHS.

- Through WisPQC, Wisconsin has the opportunity to leverage the energy of like-minded local, regional, and statewide partners and organizations to form a lasting structure that will formally and systematically improve the quality of perinatal care and outcomes.

Wisconsin Perinatal Quality Collaborative (WisPQC)

- Successfully competed for CDC grant to establish a statewide Perinatal Quality Collaborative in WI

- Two - five year funding cycle

- Has become one of 45 US states which either have a functioning statewide PQC or are in the process of developing one.

AGENDA

- Statewide Perinatal Quality Collaboratives – engaging Clinical Champions (Group Activity)
- Developing and launching QI initiatives
        Break
- Quality Data and Measurement (Group Activity)
- Quality Improvement Methodology
        Break
- Dissemination and Implementation
- Sustainability (Group Activity)
- Discussion/Q&A

Engaging Clinical Champions
How *NOT* to:
- Inspirational speeches
- Appointing your targeted champions to key leadership positions without training and support
- Financial incentives alone
- Sharing of best practice (only)

Engaging Clinical Champions - How to:

- Discover a common purpose
- Reframe values and beliefs
- Actively and enthusiastically promote new innovation
- Make connections between different people in the organization
- Provide support and education
- Build support by expressing a compelling vision and boosting organizational members' skills and confidence
- Ensure that the innovation is implemented in the face of organization inertia or resistance
- Build trust
- Be brave

Small Group Activity #1 (15 min)

Providers: What prevents you from engaging more in your unit's QI? (5 min)

Those trying to engage providers: What gets in the way of you recruiting providers to participate in your unit's QI? (5 min)

Report Out: (10 min)

Small Group Activity #2 (15 min)

Providers: What would make you want to participate more in your unit's QI program? (5 min)

Those trying to engage providers: How could you create an environment/culture that would encourage providers to participate more in your unit's QI? (5 min)

Report Out: (10 min)

Two Kinds of Champions:

Project Champions	Organizational Champions
- Has authority to drive projects forward	- Creates the environment for ongoing improvement
- Effectively communicates purpose and scope of work	- Clear vision for the larger organization
- Time-delineated role	- Ongoing role
- Active and enthusiastic participation	- Enables project champions
- Mobilizes resources for the project	- Mobilizes resources for ongoing practice improvement
- Effectively navigates the socio-political environment for the practice change	- Effectively navigates the socio-political environment for ongoing practice improvement
- Local Leader	- C-Suite

Developing and Launching QI Initiatives

- PQCs are driven and defined by their initiatives
- Must be chosen carefully so they have the best chance of making a positive impact
- A successful initiative bolsters support for the collaborative itself

Topic Selection

- Topics With Improvement Potential (TWIPs)
- Topic selection critical, since limited PQC resources will be used to support it and its success can impact the credibility of the PQC itself

Criteria for Selecting Initiative Topics

- Public health burden/Population impact of the issue
- Clinician enthusiasm and existence of champions
- Availability of funding
- Alignment with State and National priorities/projects
- Knowledge about and benchmarks for best practice
- Evidence-based interventions available
- Documented variation in outcomes
- Prior successes elsewhere
- Feasibility:
  - Implementation feasibility
  - Measurement feasibility

Project Leadership, Staffing and Key Partners

An initiative requires strong leadership and broad support to succeed:

- Expert Panel/Advisory Group – clinicians, content experts, patient/family members; provide overall leadership

- Coordinator – provides day-to-day oversight of the initiative

- Partners organizations – their work and reach can magnify the work and outcomes of the initiative

Initiative Design Considerations

- What do you want to accomplish with your initiative? What is its overall goal or aim?
- What quality issue is being addressed? Who will be impacted? How will your initiative address these issues?
- SMART aim:
  - Specific
  - Measurable
  - Achievable
  - Results-focused
  - Time-bound
- Measures and data sources

Key Drivers

- Short-term or intermediate outcomes that contribute to meeting the larger goal.
- Defining key drivers before your initiative begins allows you to select the best evidence-based interventions to achieve them.
- Think through specific activities or practice changes needed to achieve your goal – who will implement? Who will be affected by it? How should it be conducted?
- What measures and data sources are needed to demonstrate your initiative's success – process/outcome/balancing measures; existing data that demonstrates the need for your initiative; sources of baseline data; data to collect to assess progress
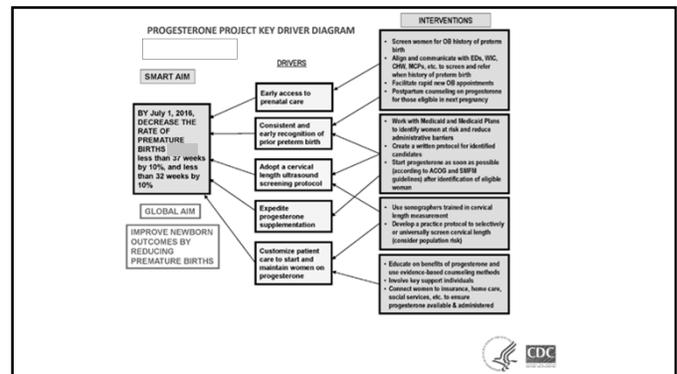
Recruiting and Engaging Participants

- Participants are the individuals and organizations involved in actually carrying out the initiative's work
- What participants need to know:
  - Why the topic is important
  - How they will benefit from participating
  - What is specifically expected of them?
- Marketing/outreach materials:
  - Written materials (e.g., brochures/handouts)
  - Recruitment packages (e.g., participant forms)
  - Training
  - Newsletters
  - Patient/family education materials
  - Recognition materials (e.g., letters, certificates)

Collaborative Learning

- Opportunities for participating sites to communicate and learn from each other's successes and challenges

- Working simultaneously with other participants, discovering best practices and solutions to common problems that can make the initiative run more smoothly for everyone

- You don't need to do this alone!

Data and Measurement

- Measures are designed to detect (or not) the change you are trying to accomplish
- What is a good measure of change?
  - Reliable - "…well defined and precisely specified so that it can be implemented consistently within and across organizations and allows for comparability" NQF*
  - Malleable – the processes that affect the measure are under the control of the collaborative; the measure can be changed through the QI interventions being implemented.
  - Feasible – the ability to collect the data in a timely manner, low burden and at low cost, taking advantage of existing data where possible.

*National Quality Forum (2015). Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement. http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=79434

Measures

Outcome Measures: Used to understand the initiative's impact on a health outcome or other outcome of interest (e.g., percentage of exclusively breast milk/all discharges)

Process Measures: Used to understand processes, or how a system works. Activities performed by the system in order to improve an outcome. (e.g., Do you have a written breastfeeding policy routinely communicated to all staff?)

Balancing Measures: Used to assess whether the new interventions may lead to unintended consequences, which may subsequently have an adverse effect on another health outcome (e.g., number of infant readmissions to hospital for dehydration, FTT, hyperbilirubinemia)

Data

- **Administrative Data** – vital stats, insurance claims, hospital admission and discharge data (e.g., using birth certificate data to make the case for addressing a state or region's high C-section rate)
- **Survey Data** – used to inform work, but not necessarily use for actual QI purposes (e.g., to pilot test new measures, gather feedback from patients/family members, initiative status updates and follow-ups)
- **Clinical Data** – data collected during the course of patient care commonly used for QI purposes (e.g., chart reviews, EMR extractions)

Data and Measurement

Small Group Activity – 3 Groups (10 min)
1. What kind of data do you collect as part of your initiative? Did you develop these data elements yourself, or were they given to you as part of a larger collaborative?
2. What barriers have you faced with regard to routine data collection? How have you dealt with these barriers?
3. Who do you report the data results to? How do these data reports guide your ongoing QI activities?

Report Out: (10 min)

Quality Improvement Models

QI Models provide a common framework for PQCs and their stakeholders/partners to discuss and implement changes.

Model for Improvement – most commonly used by PQCs; combines clinical expertise with QI expertise and focuses on learning in addition to improvement

- What is the Collaborative trying to accomplish? (Goals)
- What changes can be made that will result in improvement? (Change Package)
- How can you tell that a change led to improvement? (Measures)

Model for Improvement
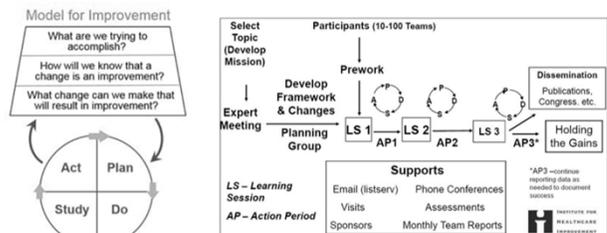
Quality Improvement Models

Six Sigma – focuses on reducing variation and eliminating process defects. A "defect" is a deviation from a defined norm or standard, regardless of the industry. Not always appropriate for QI initiatives because it focuses on standardization and can't always accommodate patient individuality

Lean Production System – originated in car manufacturing, but has been applied to other industries including healthcare. Focuses on reducing waste and eliminating non-value-added activities from a process, as well as focusing on the process flow that results in the end product, rather than the end product itself. This results in process re-design

Some times used together – **"Lean Six Sigma"** which focuses on using QI initiatives to increase satisfaction and reduce errors

Dissemination

- A critical component of any initiative – it helps maximize results and ensure the sustainability of the desired outcomes.
- Components of a Dissemination Plan:
  - **Project Overview** – includes a description of the initiative and its goals; describes what changes the project is aiming to accomplish and the value of the project for the PQC
  - **Dissemination Goals** - identify and prioritize short-term and long-term goals for spreading the work
  - **Target Audiences** – need to identify who will benefit for the results of the work and who you wish to reach; define primary and secondary audiences to allocate resources (e.g., policy makers, funders, payer and purchasers, hospitals, professional organizations, patients and families, stakeholders/partners, State agencies, general population)

Dissemination

- Components of a Dissemination Plan (cont.)
  - **Key Messages** – should be easy to read and visually appealing; be transparent with communication and mindful of how communication intended for one group might be perceived by another.
  - **Channels** – important to make a distinction between sources (e.g., social media) and messengers (e.g., professional organizations, physician champions); consider how accessible the source is to your intended target, as well as resources needed (i.e., money and time).
  - **Timing** – timing and frequency varies widely by initiative and target audience.
  - **Responsible Staff** – designate staff to take responsibility for dissemination and allocate resources up front.

Dissemination

- Components of a Dissemination Plan (cont.)
  - **Budget** – requirements for dissemination frequently underestimated; may involve a significant investment of resources and planning; consider travel, layout and printing, conference fees, media buys, advertisements; consider in-kind contributions from partners who can assist with promotion.
  - **Evaluation** – Evaluation most effective when planned from the start; decide early how to evaluate the success of dissemination efforts and measurable criteria for each dissemination activity (e.g., Google Analytics)

Dissemination vs. Implementation

- Dissemination is *NOT* the same as Implementation!
- The PQC enables and compels the Hospital…the Hospital implements.
- Planning at the PQC level has to take into consideration the additional barriers that a hospital may face in implementing an initiative (e.g., staff, cost, administrative buy-in) and work on solutions to circumvent those barriers.

Sustainability

Key Strategies:
- Achieve sustainable funding
- Further develop program infrastructure
- Establish effective communication systems
- Further develop stakeholders and mutually beneficial partnerships
- Further develop data systems/analytics
- Further develop QI Infrastructure

Group Work

- Count off into 6 groups
- Each group assigned one strategy
- Choose a recorder and a reporter
- Use the handout provided to guide the discussion:
  - Identify steps in developing the strategy
  - Give examples of what that might look like
  - Identify barriers and suggest solutions
- Propose a testable change regarding your topic to help achieve program sustainability
- Be creative! Think outside the box.

Work Group Assignments

1. Funding
2. Program Infrastructure
3. Communication Systems
4. Stakeholders/Partnerships
5. Data Systems/Analytics
6. QI Infrastructure

Lessons Learned

Partnerships are critical to the success of any Collaborative.
- No single organization can do this work alone.
- Partners bring perspective and insight gleaned from their own experience to the relationship.
- Leveraging each other's resources (contacts, experience, expertise, personnel and even funding) can optimize outcomes on both sides of the partnership, while achieving mutual goals.

Lessons Learned

It's ALL about the Collaborative!
- What a group can achieve as a whole is so much more than the sum of its parts.
- Success builds on success, and can carry the load when the individual stumbles.
- All players are not only welcome, they're essential.
- Sometimes, too many cooks don't spoil the broth.
- Leadership pops up in the most unexpected places; be open to it and embrace the unknown!

Lessons Learned

If you build it (value) they (members) will come!
- If the Collaborative can meet multiple needs of the members (e.g., mandatory reporting; data management, QI activities), the members will be more likely to participate (e.g., ABP sub- specialty certification).
- If the members are consulted about their needs and preferences, they will be much more likely to put themselves out for the Collaborative.
- Identify your service niche and seek out those who need this service (e.g., hospitals who need to demonstrate meaningful QI to compete for insurance contracts; state health departments who need outcome data to justify program expenditures).

Lessons Learned

Data: What do you really need? What can you do without?
- Data collection and management is **EXPENSIVE!**
- Paper data **costs more** and is significantly **less efficient** than electronic data (i.e., on-line data entry; EMR download).
- Are there existing datasets that could be used to assess outcomes and inform QI without having to do primary data collection (e.g., **VON**)?

Data Reporting:
- Give your members reports that are **EASY** to interpret and **MEAN** something to them.
- CONFIDENTIALITY!!!

Lessons Learned

QI - Implementation/Evaluation:
- Use data to identify Topics With Improvement Potential.
- Use simple strategies that are multidisciplinary and evidence-based in the development of your QI initiatives.
- Don't waste time developing a "Toolkit" if you don't develop an implementation plan and an evaluation plan to accompany it.
- Allocate resources to the **implementation** and **evaluation** of all QI Initiatives.
- Publish!

Lessons Learned

Funding - Achieving self-sustainability:
- There is **NEVER** enough money! There will never **BE** enough money! Fund raising requires creativity and thinking outside the box. Business plans help you identify your core functions, what it costs to sustain them and strategies for identifying funding sources
- Collaborative members and stakeholders must invest in the program, but will only do so if the project brings **significant VALUE** to their organizations.
- People are our greatest resources. We need to train and mentor our replacements so the work continues moving forward.