# Welcome to the
Georgia Perinatal Quality Collaborative (GaPQC)

Overview

In November 2012, a group of neonatologists, obstetricians, midwives, public health professionals and other stakeholders launched a collaborative effort, the Georgia Perinatal Quality Collaborative (GaPQC), to identify and implement quality improvement (QI) strategies to improve maternal and neonatal care and outcomes in Georgia. For years, being born in Georgia has been a risk factor for overall health, with Georgia ranked at the bottom nationally for maternal mortality and for many infant health indicators. This group, which includes representation from the Georgia Hospital Association, the Georgia Chapter of March of Dimes and the United Way of Greater Atlanta, is united in its vision for a future where having a baby in Georgia is a predictor of good health, not poor outcomes.

Hospitals and providers have increased focus on implementing quality improvement initiatives to advance clinical knowledge, drive patient safety and outcomes, and, more recently, to demonstrate their value to consumers and payors. Recent years have witnessed an emergence of perinatal collaboratives that aim to take a life-course approach to addressing risk factors that contribute to poor outcomes. GaPQC is unique in its integration of community-based organizations to enhance efforts to educate and engage families in the QI process.

Figure 1: Georgia Sites Participating in the Action Learning Series
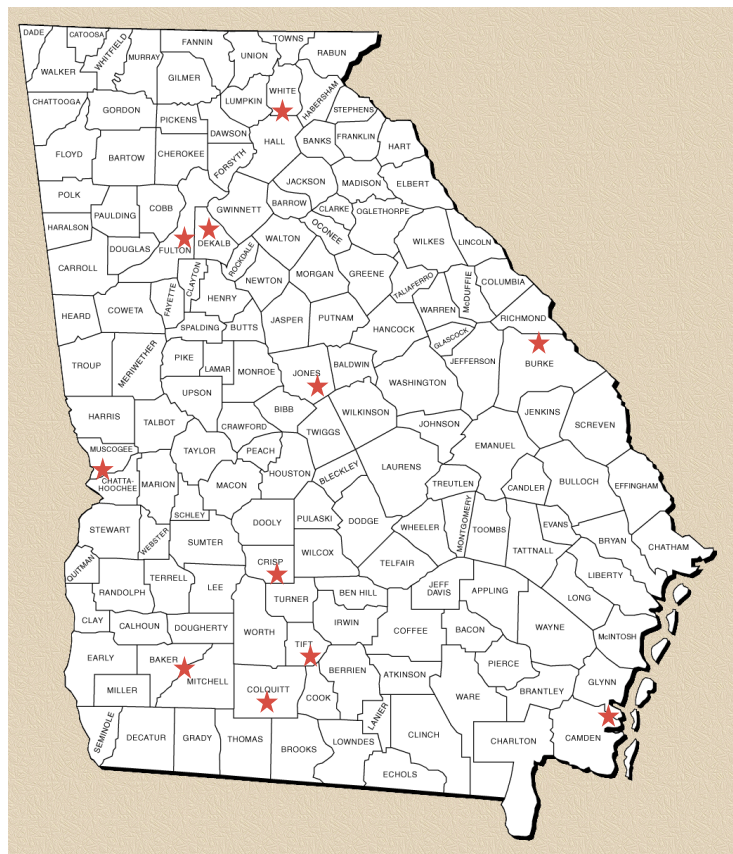
GaPQC Member Sites

- Colquitt Regional Medical Center
- Columbus Regional Health System
- Crisp Regional Medical Center
- DeKalb Medical Center
- Georgia Regents University Health System
- Grady Health System/Emory University
- Navicent Health Medical Center
- Northeast Georgia Health System
- Phoebe Putney Memorial Hospital
- Tift Regional
- Southeast Georgia Health System

Updated: 3/3/15

Within GaPQC, member hospitals will identify opportunities for improvement and develop intervention strategies specific to their site. While interventions will be local, they will help drive the global outcomes, process and balancing measures identified for the respective projects.

Sites will be expected to actively engage with the teams within their home organizations to test, document and report on improvement activities. Because we believe in the "all teach, all learn" philosophy, member sites will build on results from site testing to identify effective policies, strategies or changes that can be scaled-up beyond the pilot sites to serve as best practices for other hospitals in Georgia. At some point during the learning series, member organizations will be asked to share their story with the other participating hospitals.

Resources

- Document Tools: Dropbox is a web based document storing tool (https://www.dropbox.com). The GaPQC will use Dropbox to house and host documents for projects, assignments and resources. You will receive an email invitation to the GaPQC Dropbox folder. If you do not receive an email, please be sure to check your junk mail folder.

- Quality Improvement Tools & Resources (Health Resources and Services Administration – HRSA)

  o Review the IHI Model for Improvement or resources such as the Centers for Medicare and Medicaid Services (CMS) **QI 101 webinar series**: (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html); **QI 201 Action Learning Series**: (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html); **IHI Open School**: (http://www.ihi.org/education/ihiopenschool/Pages/default.aspx)

  o Quality Improvement Toolbox. Health Resources and Services Administration – HRSA (http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/)

  o Agency for Healthcare Research and Quality (AHRQ). U.S. Department of Health & Human Services (http://nhqrnet.ahrq.gov/inhqrdr/)

  o AHRQ Quality Indicators. U.S. Department of Health & Human Services (http://www.qualityindicators.ahrq.gov/)

- Learning Sessions Calls are scheduled for 60 minute sessions, every other month. Teams will learn to apply the concepts and process improvements to their individual projects, and learn from each other through project-based problem solving and peer presentations during the first 30 minutes. The last 30 minutes of the call will be used as office hours, for technical assistance and as an open forum for questions.

If you are having trouble completing the aim statement or developing a plan of action, please contact Dr. Ingrid Duva at ingrid.margaret.duva@emory.edu to schedule a technical assistance call.

Suggested Activities

The following activities will help your team prepare for the Action Learning Series. We suggest that teams begin these activities before the first Learning Session in March.

1. Assembling the Team

Who do you need on your team to complete your project?

- You will provide the list of members and update as needed. Required would be: *project leader, data collector* but other appropriate members might include *physicians, NP's, PA's, nurses, social workers, managers, clerks, infection control personnel, pharmacists, RT, other staff*, etc. Include your sponsors/leaders/mentors and keep them in communication about your project or invite them to participate in your team meetings.

- You will provide the name and credential/job title of each team member.

2. Aim Statement

A project aim statement should be easy to remember and should answer the following questions:

- What do you intend to accomplish?
- For whom? What is your target patient population?
- How much (specify numerical goals for outcomes)?
- By when?

Although the state and pilot sites may employ different sets of changes to accomplish the aim, your project should have one unifying aim statement. Please work with your team to fill in the italicized sections below.

The: *[name of state team]*

Intends to accomplish: *[This is a general over arching statement describing what you intend to accomplish, or your key outcome, for the project you intend to complete during the Improving Postpartum Care Action Learning Series. You may find it useful to use words like increase or decrease, reduce, improve, etc.]*

For: *[What group are you doing this for? Who benefits from the improvement?]*

Our goals include: *[List concrete numeric goals—usually ambitious goals to stretch the system—to answer the questions "how much"?]*

By: *[Time frame, i.e., month and year in which you intend to accomplish improvement.]*

3. Using a Fishbone Diagram

The Fishbone, or Ishikawa, Diagram is a common process improvement tool that allows teams to identify key drivers that contribute to the problem an organization or team is trying to fix. Typically, most of the drivers can be categorized into six primary headings, listed below.

- Equipment
- Materials
- Procedures/Methods
- People
- Environment
- Management

The six areas are a suggestion, but your team may identify other heads for the groupings that are most relevant. Under the drivers, the primary driver – or one seen to be the largest contributor to the issue at hand, it listed first. The secondary drivers are listed below.
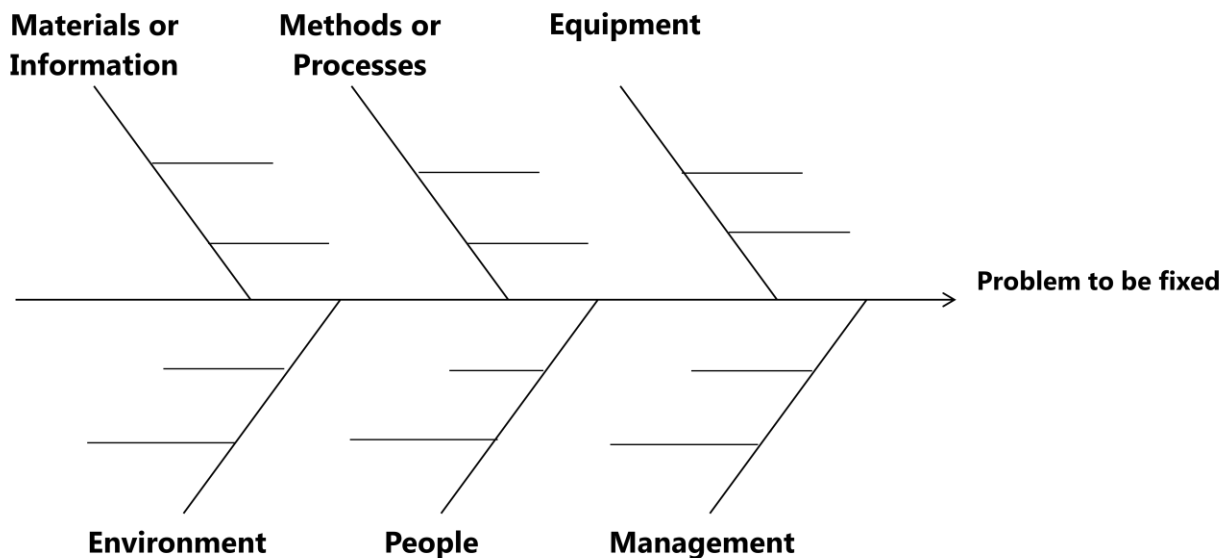

Once completed, facilitate a discussion among your team members to discuss which areas provide the greatest opportunity for intervention to achieve improvements. While some issues may be identified as critical, your current ability to influence change may be limited due to organizational buy-in or external factors outside your control.

Workflow process mapping is an easy way to break down a functional area to identify potential points of failure. Initially, keep the process very simple, using no more than seven steps to get from the start of the process to the end of the process. As you move from the 30,000 foot view to the more granular level, you can begin to introduce additional stakeholders into the discussion to test the assumptions and provide additional insight.
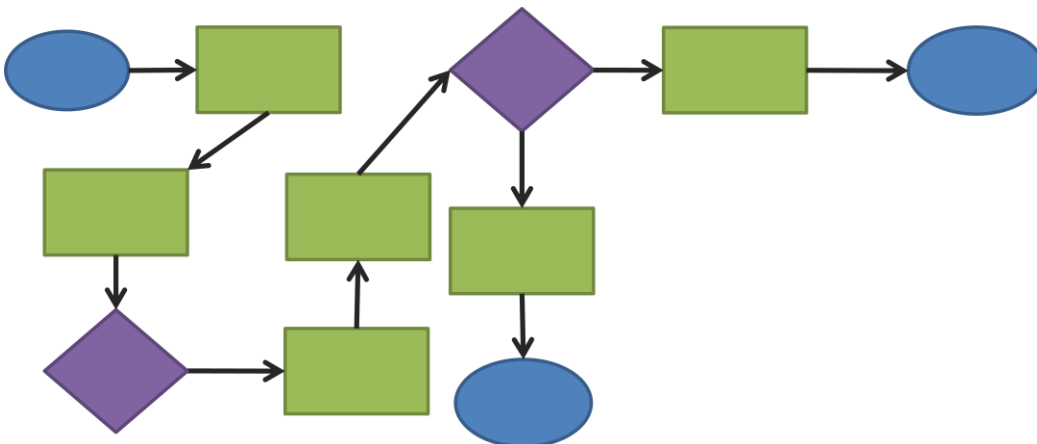
Step I: Map out the 30,000 foot view of the workflow.
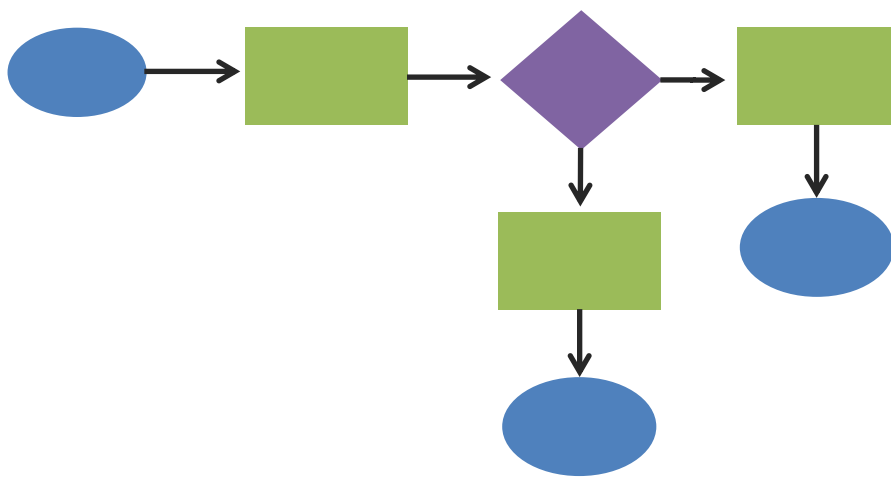
Process Mapping Legend

- Start/Stop
- Task
- Decision Point
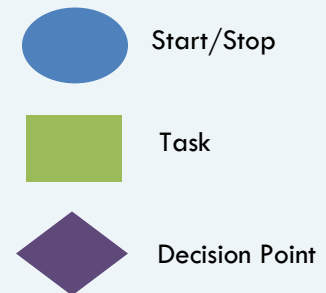
Step 2: Map out the 500 foot view of the workflow by breaking down each of the initial 30,000 foot steps into the individual smaller steps that make up that task and decision points.

Step 3: With a larger team that involves additional stakeholders, realign the 500-foot map based on who is involved in the task or decision. You can include markers to indicate how information is communicated, such as verbal, electronic health record or handwritten/fax.

At this point, facilitate a discussion on where you believe opportunities exist to make interventions to improve processes or care/service delivery.