

MATERNAL HEALTHCARE QI PROJECT: CONSIDERATIONS

So, you are starting a Quality Improvement project. That is great! Quality Improvement is all about cycles of rapid improvement and the collection of information (data) to inform and direct these improvements. Both of these are important aspects of patient care and to elevating quality maternal healthcare as a priority in your organization.

Before engaging in the work, it is imperative that your team and your organization's leadership are all aware of the aims of the [Maternal HealthCARE](#) project and the legwork that is required to conduct the activities. Below are a series of questions to consider before, during, and after the project. Please also review the [Application Guide](#) webpage which further outlines the project's requirements and leadership team commitments.

HOSPITAL LEADERSHIP & BOARDS OF DIRECTORS

- Do unit leaders have an opportunity to engage directly with the Board and share best practices and success stories of improved maternal healthcare, particularly through a racial and ethnic lens?
- Is hospital leadership (the Board of Directors and the C-Suite) invested in improving maternal health?
- Is maternal health and outcome disparities on the agenda of Boards of Directors/Trustee meetings? How often?
- Do Boards of Directors/Trustees/C-Suite ask about QI projects on a routine basis?
- Do they routinely ask about outcome disparities?
- How often do they see the data? And is this data shared with Boards of Directors? Trustees?
- How engaged is the Board in reviewing and understanding maternal health QI projects?

If you don't have a champion in the room where decisions happen around budget and the allocation of resources, it is difficult to move forward with changes that need to be implemented. **[Finding that Executive Sponsor that is passionate about improving maternal outcomes through quality improvement efforts can lead to sustained success.](#)**

NURSING AND PHYSICIAN LEADERSHIP (UNIT LEVEL)

- What does nursing/physician leadership look like?
- Do they work well together?
- Are they committed to the same outcomes and priorities?
- Have they assessed the activation and readiness of their teams to engage in QI work?
- Can they assist with culture change at a local level?
- Can they build consensus and communicate content with impacted providers?
- Will they manage barriers to the implementation of quality improvement efforts?

[It is imperative that the nursing and provider leadership is 100% engaged in the work!](#)

FRONTLINE CARE TEAMS

- Are they ready to engage in QI work?
- Are there identified champions and informal leaders?
- Is there bandwidth available?
- How many other projects and initiatives are underway?
- Is this considered a priority among many others?
- Have you built a team to do the work? Is the team multidisciplinary and includes all facets of care?

NAYSAYERS

- Are there identified naysayers?

Believe it or not, naysayers are not only helpful, but can be very valuable to identifying barriers and real/potential pitfalls of a QI project. The "squeaky wheels," if you will, can be some of your most invested team members who sincerely want positive change. Or they have had enough of "one trick ponies" and QI projects that were not sustainable or implemented without frontline feedback. While it may be tempting to dismiss them, it is much more important to listen and hear their concerns.

PATIENTS

- Were assumptions made based upon conscious/unconscious bias rather than data?
- Are the measures/objectives/metrics in line with the communities you serve?
- How will patients react to and participate in a QI initiative? Are they passive or active participants?

APPLYING THIS DOCUMENT: AN EXAMPLE

So, let's use the implementation of TeamBirth, the shared decision-making whiteboard tool, as an example. Why does one unit succeed and another one fail?

HOSPITAL LEADERSHIP & BOARDS OF DIRECTORS

- Is the Leadership at your organization aware of TeamBirth Implementation?
- Is it viewed as a priority?
- Frequency and evaluation of outcomes related to TeamBirth at the leadership level?
- Rounding on units to assess for engagement? Barriers to implementation?

NURSING AND PHYSICIAN LEADERSHIP (UNIT LEVEL)

- Agreement on the importance of TeamBirth?
- Mutual support from RN/MD leadership?
- Awareness and involvement of all team members to support the initiative, including other care team members involved in care? And yes, this includes Environmental Services, Case Management, Food and Nutrition Services, Biomedical Engineering, Pharmacy, Respiratory Therapy, and anyone meeting a patient. Does everyone buy into the importance of centering the patient in decision-making?
- Are students a part of the process and encouraged to participate in and lead QI activities?

FRONTLINE CARE TEAMS

- How are QI Champions supported? Dedicated time for support of the QI project?
- Understanding and appreciating the importance of evidence-based practice?
- How are TeamBirth activities incorporated into daily processes? How are they communicated to teams? How do teams communicate initiatives and outcomes to each other?

NAYSAYERS

- Have they been heard? Have their concerns been addressed? Even if this is unable to be met, has this inability been discussed?
- Are there not enough resources or supplies to support TeamBirth in the unit?
- Are there personal biases against TeamBirth? Did a personal experience lead to anger or frustration surrounding centering the patient in decision-making? (VERY IMPORTANT!!)
- Have any personal conscious/unconscious racial biases been addressed that may be creating negativity towards equity work?

PATIENTS

- Has a diverse patient population been included in providing feedback related to their TeamBirth experience?
- Has TeamBirth been introduced to patients with feedback elicited prior to implementation?
- Is a Patient Advisory Committee or Team included in the QI project and process for improving centering the patient in decision-making?