INFANT MORTALITY COLLABORATIVE MEETING

JULY 23–24, 2012 ARLINGTON, VIRGINIA

Cassie Lauver, ACSW

Director

Maternal and Child Health Bureau

Health Resources and Services Administration

Collaborative Improvement & Innovation Network To Fight Infant Mortality

Michael C. Lu, MD, MPH
Associate Administrator
Maternal and Child Health Bureau
Health Resources and Services Administration

Infant Mortality COIN Meeting
Arlington, VA
July 23, 2012

Planning Committee

Partners

- Chad Abresch, CityMatCH
- Norm Hess, March of Dimes
- Lauren Raskin Ramos, AMCHP
- Ellen Pliska, ASTHO
- Kathy Vincent, ASTHO
- Chris Dang, Seaman Corp

HRSA Staff

- Deborah Brower
- David de la Cruz
- Reem Ghandour
- Cassie Lauver
- Michele Lawler
- Lynda Marquardt
- Florence Odongkara
- Kathy Watters
- Ellen Volpe

Elective Delivery Team

- **LEAD:** David Lakey (Region VI-TX, SHO; ASTHO)
- **LEAD:** Ruth Ann Shepherd (Region IV-KY, MCH)
- **EXPERT:** Bill Sappenfield (Region IV-FL; College of Public Health, USF)
- **STAFF:** Ellen Schleicher Pliska (ASTHO)
- **STAFF:** Kate Marcell (HRSA)

Interconception Team

- **LEAD:** Al Brann (Emory University, GA)
- **LEAD:** Rebekah Gee (Region VI-LA, MCH)
- **LEAD:** Stephen Cha (CMS)
- **EXPERT:** Kay Johnson
- **STAFF:** Brent Ewig (AMCHP)
- **STAFF:** Deb Wagler (HRSA)

Safe Sleep Team

- **LEAD:** Carrie K. Shapiro-Mendoza (CDC, DRH)
- **LEAD:** Kim Wyche Etheridge (Regional MCH Director)
- **EXPERT:** Lyn Kieltyka (CDC Assignee)
- **STAFF:** Carol Gilbert (CityMatCH)
- **STAFF:** Erin Reiney (HRSA)

Smoking Cessation Team

- **LEAD:** Suzanna Dooley (Region VI-OK, MCH)
- **LEAD:** Cathy Taylor (College of Health Sciences & Nursing, Belmont University, TN)
- **EXPERT:** Laurin Kasehagen Robinson (CityMatCH, CDC Assignee)
- **STAFF:** Norm Hess (MOD)
- **STAFF:** Vanessa Lee (HRSA)

Perinatal Regionalization Team

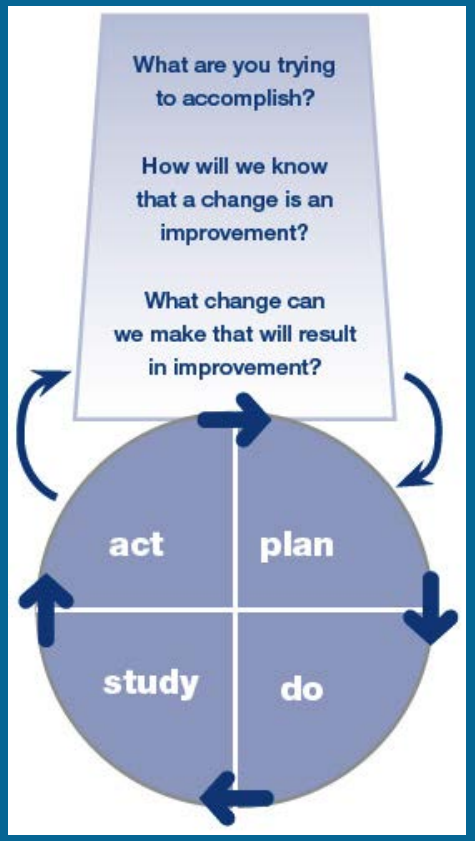
- **LEAD:** Wanda Barfield (CDC, DRH)
- **LEAD:** Paul Halverson (Region VI-AR, SHO)
- **LEAD:** Kate Menard (NC; Society for Maternal-Fetal Medicine)
- **STAFF:** Lauren Raskin Ramos (AMCHP)
- **STAFF:** Kathy Watters (HRSA)

Partner Organizations

- AMCHP
  - Mike Fraser, CEO
- ASTHO
  - Paul Jarris, Executive Director; David Lakey, President
- CDC
  - Wanda Barfield, Director, Division of Reproductive Health
  - Colleen Boyle, Director, NCBDDD
- CMS
  - Stephen Cha, Chief Medical Officer
- HRSA
  - Reem Ghandour, COIN coordinator
  - Cassie Lauver, Director, Division of State & Community Health, MCHB
  - Michelle Lawler, Deputy Director, Division of State & Community Health, MCHB
- MARCH OF DIMES
  - Scott Berns, Senior VP
- NATIONAL PRIORITIES PARTNERSHIP
  - Maureen Corry, Co-Chair, Maternity Care Action Team
- CITYMATCH
  - Chad Abresch, Executive Director
- SECRETARY'S ADVISORY COMMITTEE ON INFANT MORTALITY
  - Kay Johnson, Chair

“Dream Team” on CQI/COIN

- Pierre Barker, MD
  - Senior VP, Institute for Healthcare Improvement (IHI)
- Sue Leavitt Gullo, RN, BSN, MS
  - Managing Director, Institute for Healthcare Improvement (IHI)
- Charles Homer, MD, MPH
  - CEO & President, National Initiative for Children’s Healthcare Quality (NICHQ)



Here in the U.S. we've seen our infant mortality rates steadily decline. This is thanks to cooperation between federal and local governments, community and faith organizations and the private sector. But today we still lose far too many children in the first years of their lives. They're gone before they learn to walk or talk, before they throw a ball or give their first smile.

Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012

The United States government has committed to protecting the health of our children with targeted interventions serving the populations who need them most. We've focused on reducing the number of preterm births. And we've set a national goal, very similar to the kinds of goals you're setting here, to bring the percentage of all preterm births down to 11.4 percent by 2020.

Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012

U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

To reach that goal we've launched a nationwide public-private partnership to raise awareness about the importance of bringing pregnancies to full term. We've taken a family-oriented approach that educates women and their doctors on the dangers of premature birth. And we're funding innovative strategies, like maternity medical homes, where pregnant mothers receive coordinated care from psychological support to education on how to care for infants. We have learned that seemingly simple interventions can help reduce preterm births among women at the greatest risk for poor pregnancy outcomes.

Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012

And where infant mortality has taken the highest toll in the US, we're also partnering with state officials to create strategies and interventions to begin bringing these rates down. Our plan is to find out what works and scale up the best interventions to the national level.

Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012

And today I'm pleased to announce my department will be collaborating in the next year to create our nation's first ever national strategy to address infant mortality.

Secretary Kathleen Sebelius

Child Survival: Call to Action

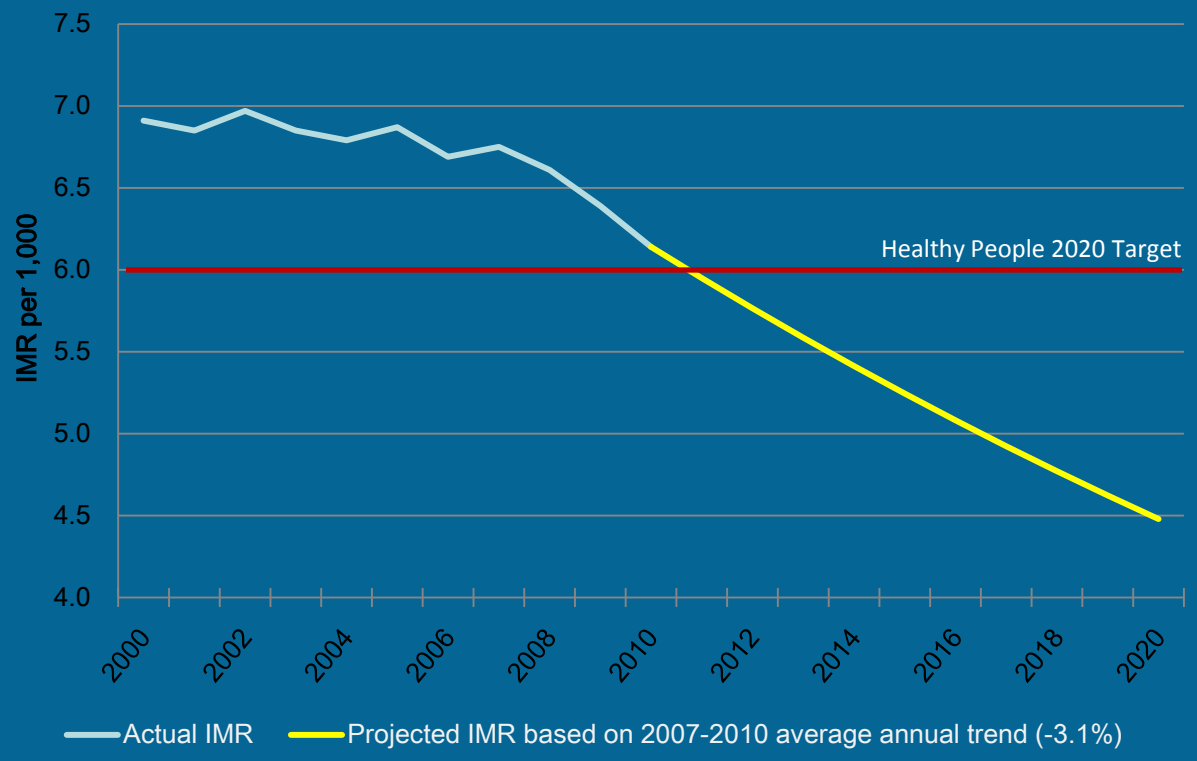
June 14, 2012

U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

Infant Mortality Rate, U.S.



U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

COIN

Collaborative

Improvement & Innovation

Network

Infant Mortality COIN
Meeting Goals

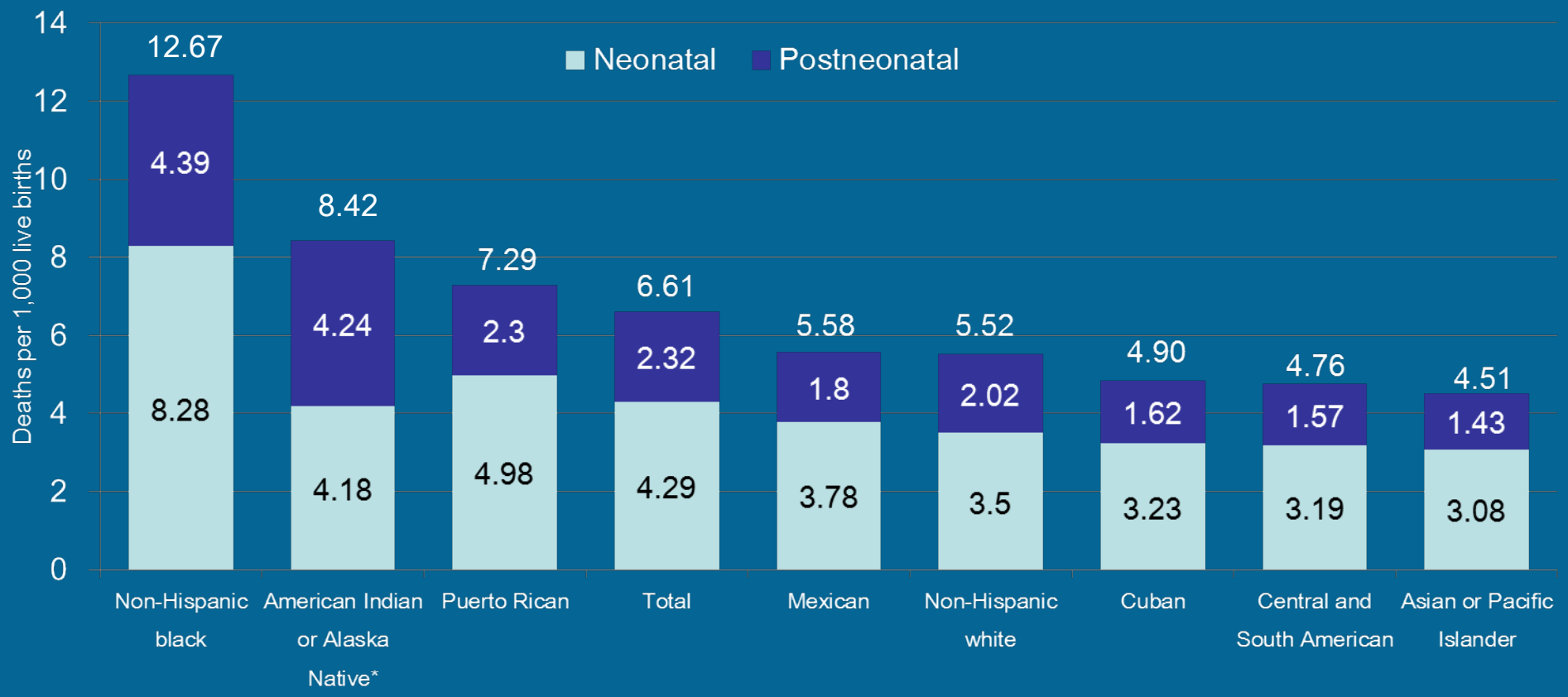
1. Build teamwork
2. Learn about quality improvement and collaborative innovation
3. Develop and share team aims, strategies, and metrics

The ultimate success of your team will depend on the strength of your collaboration

Failure is not an option

E pluribus unum

Infant, Neonatal and Postneonatal Mortality Rates by Race and Hispanic Origin of Mother: United States, 2008



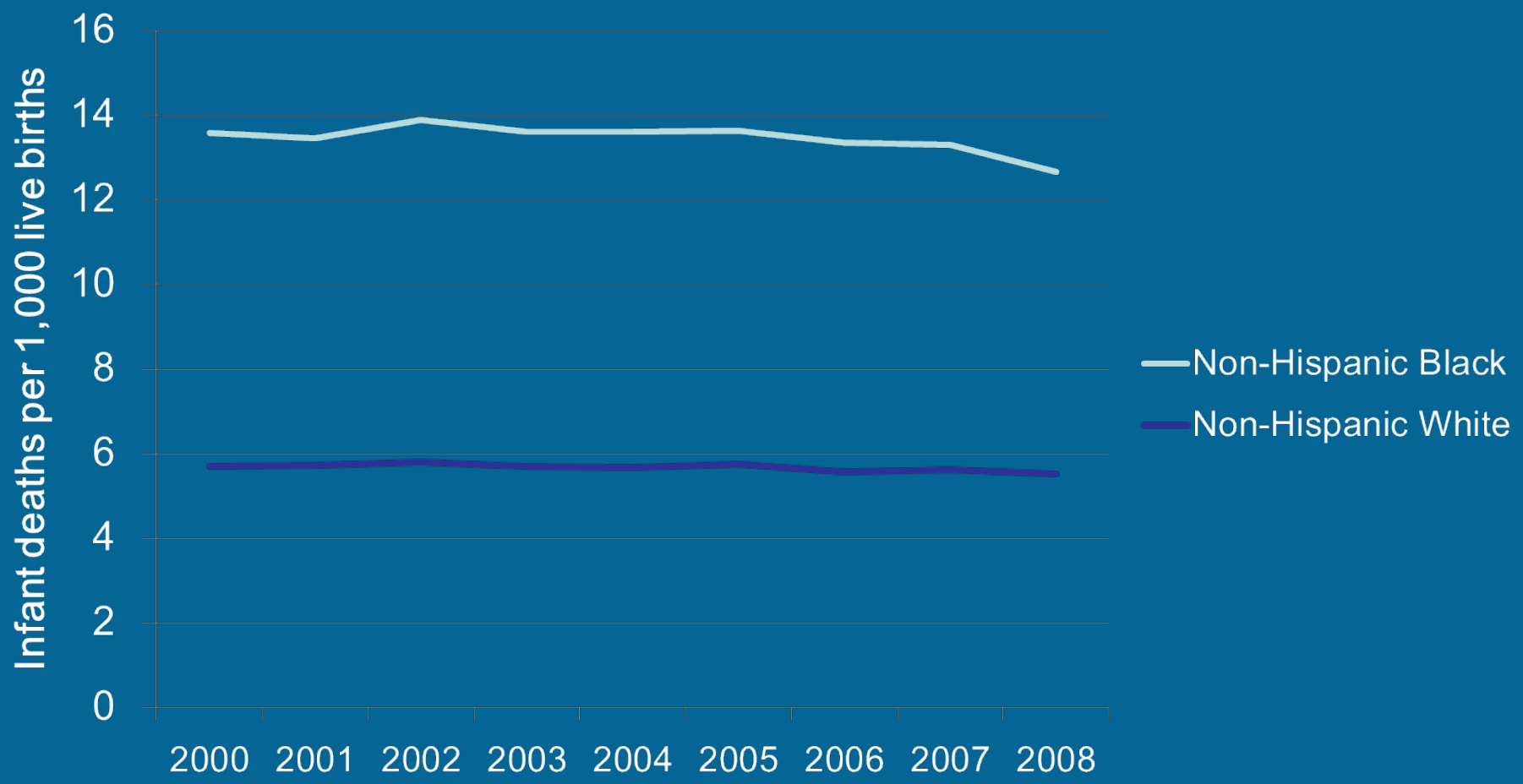
NOTE: Neonatal is less than 28 days; Postneonatal is 28 days to less than 1 year. *Includes persons of Hispanic and non-Hispanic origin.

SOURCE: CDC/NCHS, National Vital Statistics System, 2008 Linked File

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Black-White Disparity Trends

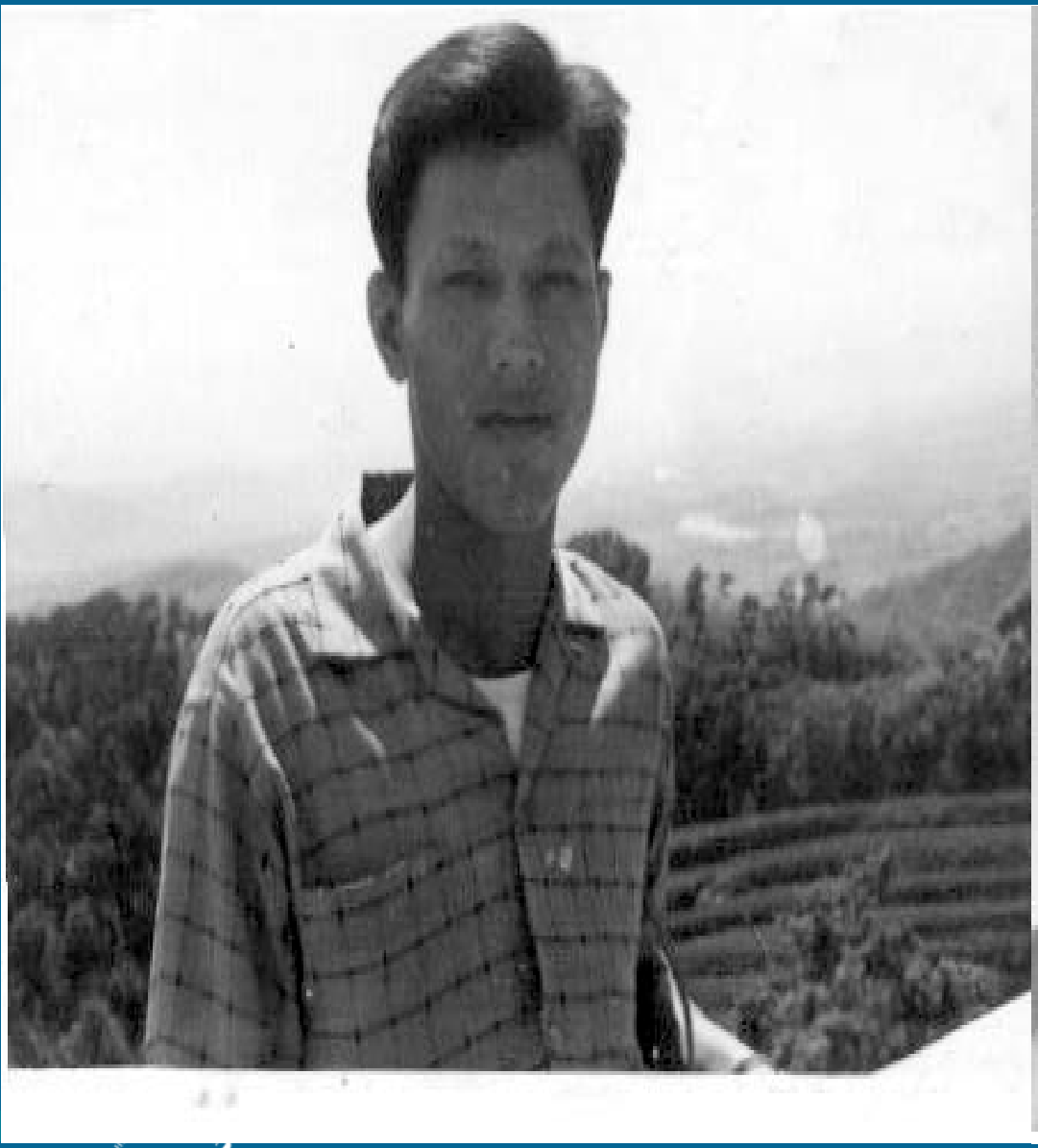
Black-White Rate Ratio of 2.4 from 2000 to 2007, just dropped to 2.3 in 2008



U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness.

Declaration of Independence



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Wanda D. Barfield, M.D., M.P.H.

Captain, U.S. Public Health Service
Director, Division of Reproductive Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention

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Stephen Cha, M.D.
Chief Medical Officer
Center for Medicaid and CHIP Services
U.S. Department of Health & Human Services

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David Lakey, M.D.

Commissioner
Texas Department of State Health Services
President
Association of State and Territorial Health Officials

ASTHO Healthy Babies Initiative

HRSA Infant Mortality Collaborative Meeting

Paul E. Jarris, MD, MBA

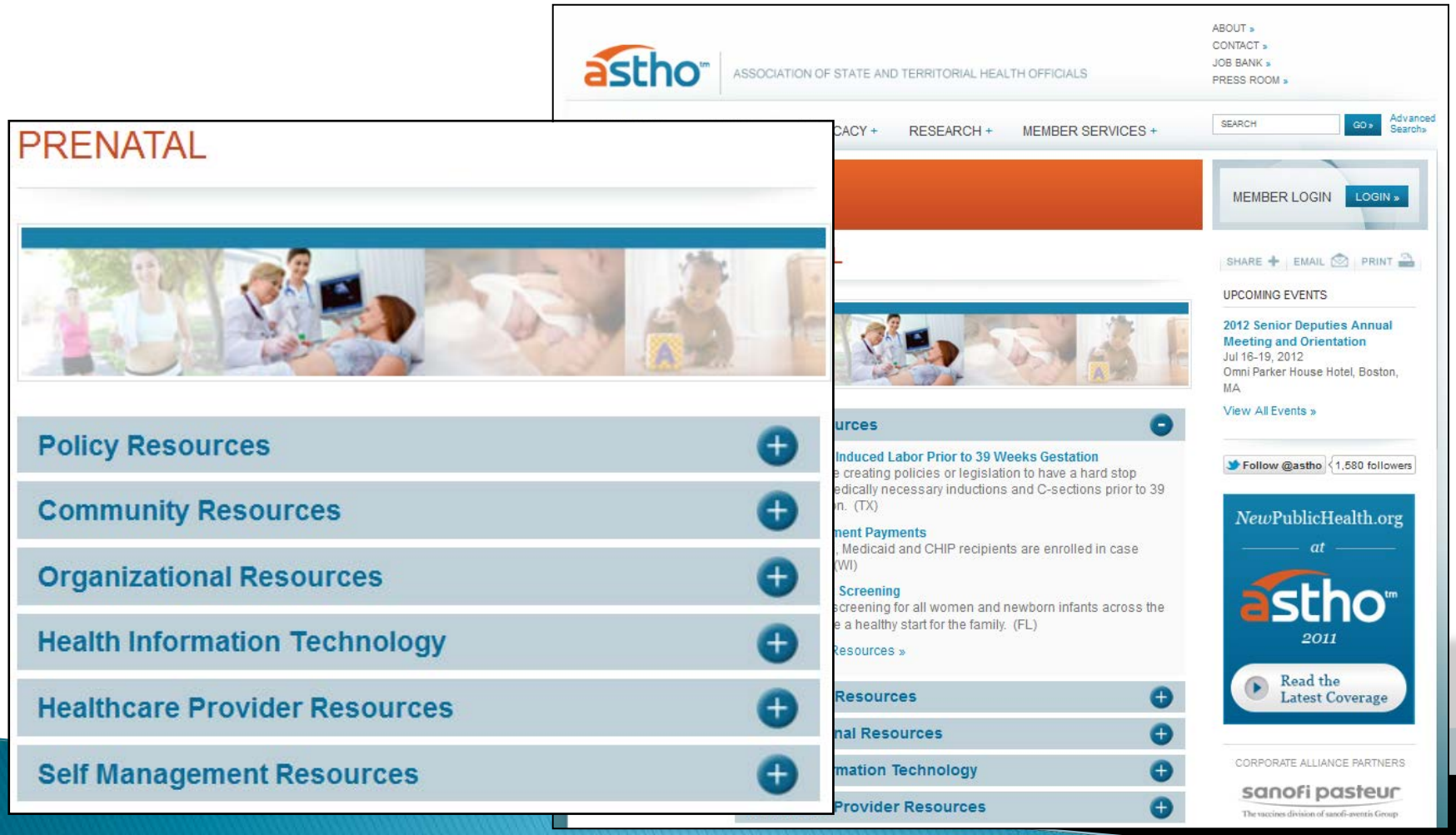
July 23, 2012

National Partnerships

- March of Dimes – Co-branding Healthy Babies are Worth the Wait
- AMCHP
- NPP – Maternity Action Team
- Leapfrog Group Hospital Survey
- CMMI/CMS Strong Start Initiative, P4P
- NGA – Improving Birth Outcomes project
- Secretary's Advisory Committee on Infant Mortality
- Consumer Group Involvement

astho™

www.astho.org/healthybabies/



www.astho.org/healthybabies/

National Priorities Partnership Maternity Action Team

Convening NPP Partners and stakeholders to develop and execute an action pathway to reduce elective deliveries and c-sections in low-risk women

convened by the

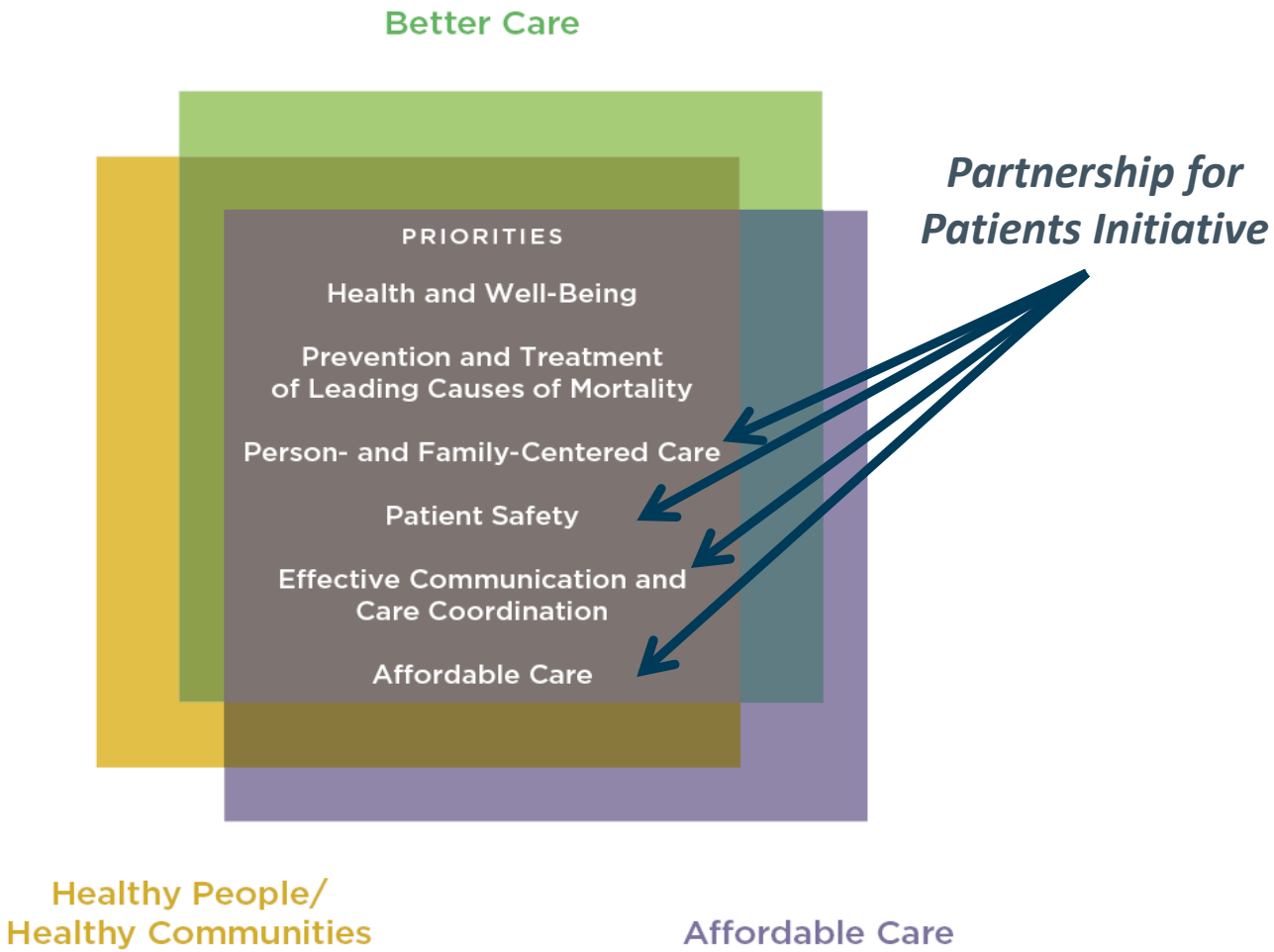
NATIONAL QUALITY FORUM

Collaborative Improvement & Innovation Network to Reduce Infant Mortality

July 23, 2012

Maureen Corry, MPH
Executive Director, Childbirth Connection
Co-Chair, NPP Maternity Action Team

HHS's National Quality Strategy and the Partnership for Patients



Partnership for Patients Initiative

PfP Areas of Focus

Preventable Hospital Readmissions
Adverse Drug Events
CAUTI
CLABSI
Injuries from Falls and Immobility
Obstetrical Adverse Events
Pressure Ulcers
Surgical Site Infections
Venous Thromboembolism
Ventilator-Associated Pneumonia

NPP Maternity Action Team

Co-chaired by Maureen Corry, Childbirth Connection, and Bernie Rosof, Physician Consortium for Performance Improvement*

- American Academy of Family Physicians
- American Board of Obstetrics and Gynecology
- American College of Nurse-Midwives
- American Congress of Obstetricians and Gynecologists
- American Medical Informatics Association*
- America's Health Insurance Plans*
- Association of State and Territorial Health Officials*
- Association of Women's Health, Obstetric and Neonatal Nurses
- Centers for Medicare & Medicaid Services*
- Fairview Health Services
- Health Resources and Services Administration*
- Hospital Quality Alliance*
- Leapfrog*
- March of Dimes
- National Association of Medicaid Directors*
- National Association of Public Hospitals and Health Systems*
- National Business Group on Health*
- National Committee for Quality Assurance*
- National Initiative for Children's Healthcare Quality*
- National Partnership for Women and Families*
- Network for Regional Healthcare Improvement*
- Pacific Business Group on Health*
- Society for Maternal-Fetal Medicine
- Texas Children's Hospital
- The Joint Commission*
- U.S. Office of Personnel Management

*Denotes NPP Partner

Maternity Action Pathway

Promoting Healthy Mothers and Healthy Babies

Uptake of perinatal core measure set

1. Achieve widespread collection and reporting of The Joint Commission core measure set
2. Address data collection and extraction issues
3. Integrate core set into reporting programs

Implementation of hard stop policies and checklists

1. Achieve widespread implementation of hard-stop policies and checklists
2. Build guidelines into contracting language for use of such tools
3. Implement bundled payment for low-risk maternity patients

Alignment of consumer and provider messaging

1. Align guidelines and maintenance of certification for all perinatal professionals
2. Communicate the importance of and preference for normal physiologic birth
3. Accelerate and augment existing public campaigns for appropriate maternity care

Goals

1. Reduce the percentage of babies electively delivered prior to 39 weeks gestation to 5 percent or less
2. Reduce cesarean births among low-risk women to 15 percent or less

March of Dimes Update: Preventing Early Term and Preterm Birth

Regions IV, V and VI
Infant Mortality Summit

Washington, DC
July 23, 2012

Scott D. Berns, MD, MPH, FAAP
Deputy Medical Director & Senior Vice President
March of Dimes Foundation

march of dimes

Preventing Early Term and Preterm Birth

- *Toward Improving the Outcome of Pregnancy: Enhancing Perinatal Health Through Safety, Quality and Performance Measures*
- Healthy Babies are Worth the Wait®
  - Community Programs
  - Hospital Quality Improvement
  - Consumer Education Campaign

march of dimes

Stronger, healthier babies: 75 years in the making

march of dimes®

marchofdimes.com/75

Born Too Soon: 5 main findings

1. **15 million babies are born too soon every year**
2. **Preterm birth rates are rising**
3. **Prevention of preterm birth must be accelerated**
4. **Premature babies can be saved now with feasible, cost-effective care**
5. **Everyone has a role to play to meet the targets set**

Dual track to reduce the burden of preterm birth
Acting along the continuum of care

Prevention of preterm birth

- **Preconception** care package especially family planning
- **Antenatal** care package
- Effective **childbirth** care
- Policy support including smoking cessation and employment safeguards of pregnant women

Management of preterm labor

- Tocolyics to slow down labor
- Antenatal corticosteroids
- Antibiotics for pPROM

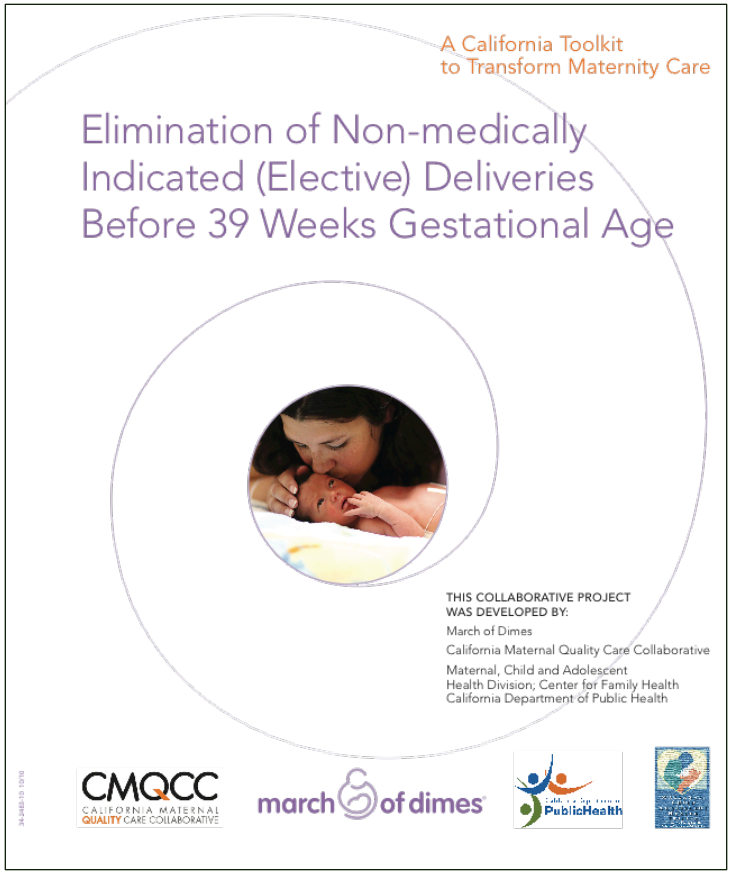
Premature baby care

- Essential and extra newborn care, especially feeding support
- Neonatal resuscitation
- Kangaroo Mother Care
- Management of premature babies with complications especially respiratory distress syndrome, infections and jaundice
- Comprehensive neonatal intensive care

Reduction of preterm birth

Mortality reduction among babies born preterm

Healthy Babies Are Worth the Wait: Quality Improvement Initiative


A California Toolkit
to Transform Maternity Care

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age

THIS COLLABORATIVE PROJECT WAS DEVELOPED BY:
March of Dimes
California Maternal Quality Care Collaborative
Maternal, Child and Adolescent Health Division; Center for Family Health
California Department of Public Health

CMQCC CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE
march of dimes
PublicHealth

Table of Contents:

- Making the Case
- Implementation Strategy
- Data Collection/QI Measurement
- Clinician Education
- Patient Education
- Appendices

Available at:
prematurityprevention.org

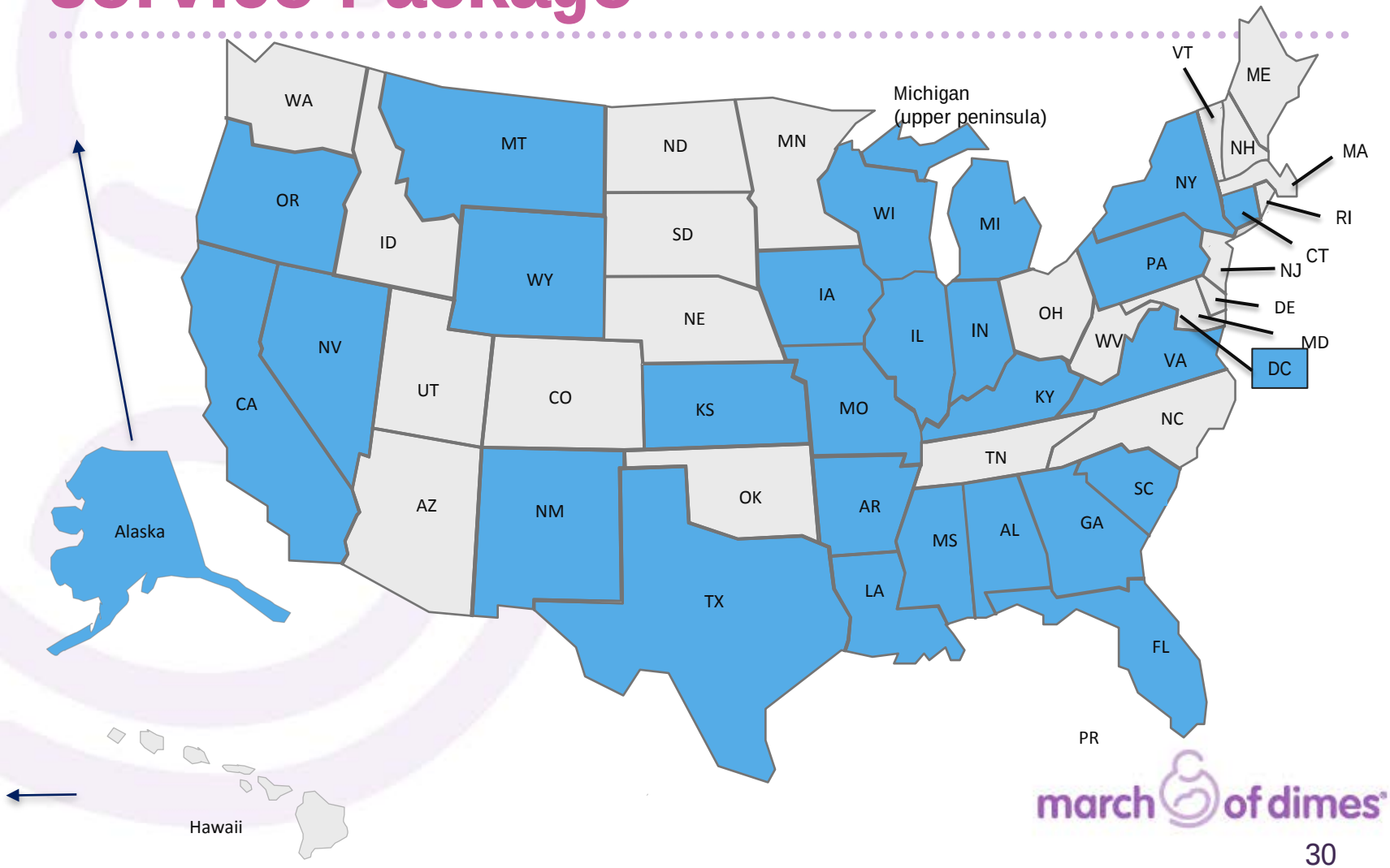
march of dimes

March of Dimes 39+ Weeks Quality Improvement Service Package

- Professional Education: **Grand Rounds**
- **Online Services**
  - Webinars
  - Access to Experts in the Field
- Public Education: **Materials Credit**
- Web Based **Data Portal**

march of dimes

39+ Weeks Quality Improvement Service Package



Thank You!

Contact Information:

Scott D. Berns, MD, MPH
March of Dimes
Deputy Medical Director &
Senior Vice President

sberns@marchofdimes.com

march of dimes

Framework and Recommendations for a National Strategy to Reduce Infant Mortality

Secretary's Advisory Committee on Infant Mortality (SACIM) revised July 9, 2012

Presented by Kay Johnson for COIN, July 22, 2012

SACIM

- Secretary's Advisory Committee on Infant Mortality (SACIM)
  - Federal advisory group formed in 1991
  - Advises Secretary on HHS programs that are directed at reducing infant mortality and improving the health status of pregnant women and infants
- Secretary made commitment on June 14 to development of the 1st national strategy to reduce infant mortality
  - SACIM will make recommendations in light of this commitment

http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/index.html

SACIM

Framework for National Strategy

- **Life course perspective**
- **Access to a continuum of services**
- **High-quality, patient-centered care**
- **Investments in MCH safety set & data systems**
- **Strategies to create health equity through elimination of disparities and unequal treatment**
- **Interagency, public-private, and multi-disciplinary collaboration.**

SACIM

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Kay Johnson, M.P.H., M.Ed.
Secretary's Advisory Committee on Infant Mortality
President
Johnson Group Consulting, Inc.

QI Strategies to Reduce Infant Mortality

Pierre Barker, Sue Gullo
Institute for Healthcare Improvement
Charles Homer
NICHQ

Institute for Healthcare Improvement

NICHQ

Quality Improvement Principles and Practices

- What is QI and what is its role in improving population outcomes?.
  - *Pierre Barker MD, IHI*
- How has QI helped in similar initiatives in the past?
  - *Sue Gullo RN, IHI*
- What to expect: How can the QI approach be used to execute and spread change?
  - *Charles Homer MD, NICHQ*

INSTITUTE FOR HEALTHCARE IMPROVEMENT

Institute for Healthcare Improvement

- Not for profit organization, 22 years existence, working in N America, Europe, Africa, Middle East, Asia-Pacific, Latin America

- Works with health care providers and organizations to
  - improve the lives of patients
  - the health of communities and nations
  - the energy and capacity of the health care workforce,
  - reduce health care costs

- Uses range of QI approaches to accelerate the *measurable and continual improvement* of health care systems throughout the world

INSTITUTE FOR HEALTHCARE IMPROVEMENT

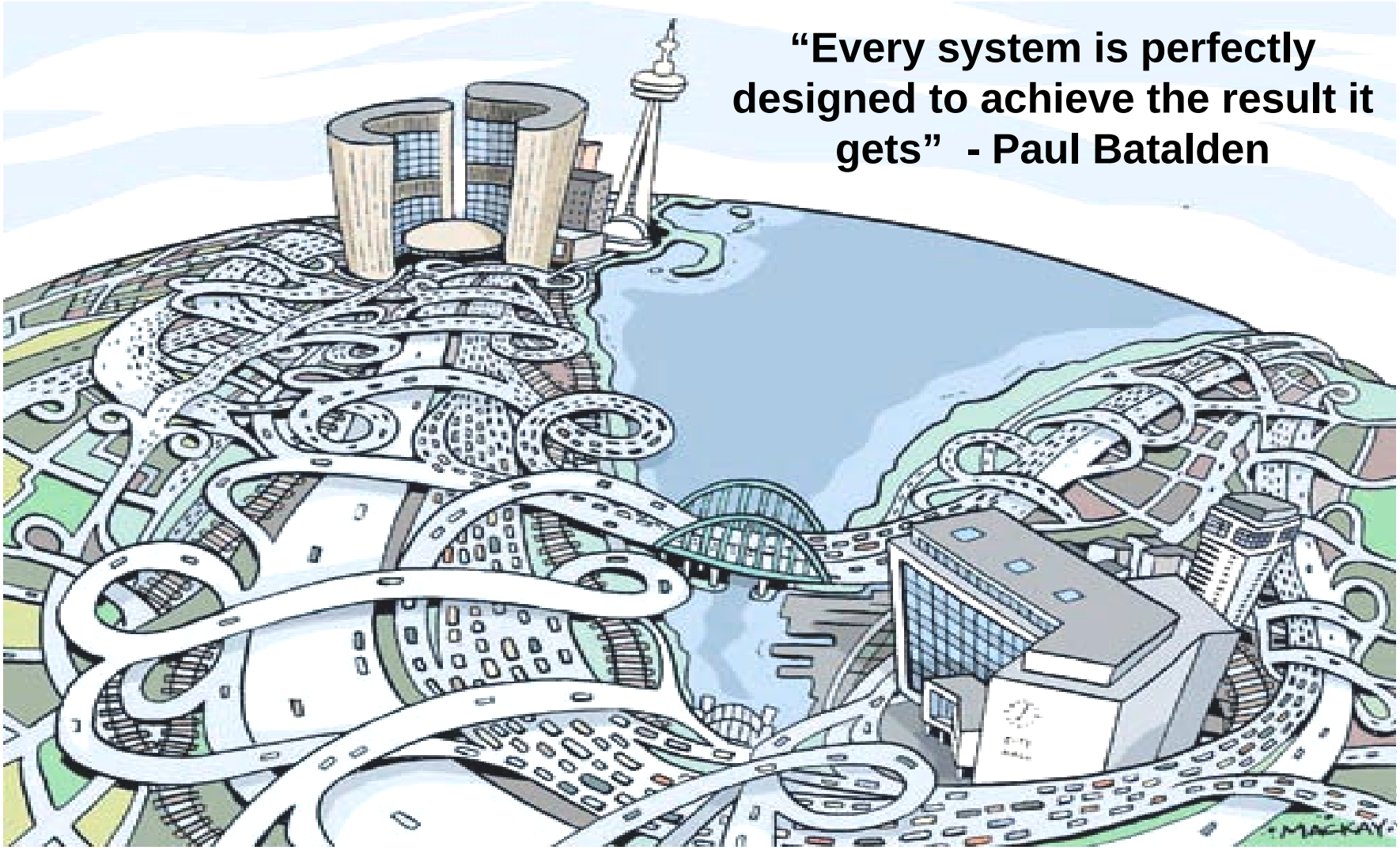
How Does IHI "Work"?

INSTITUTE FOR HEALTHCARE IMPROVEMENT

How do we define Quality?

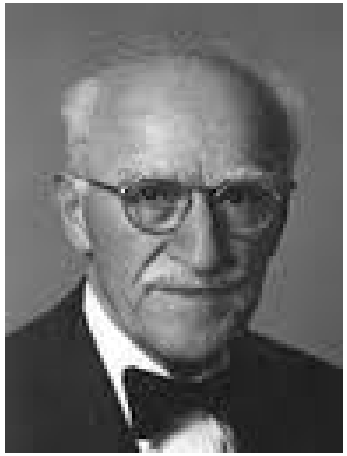
- Donabedian - three domains
  - structural (e.g. buildings, equipment, drugs, etc),
  - delivery (system ability to deliver services)
  - technical (knowledge within the system and clinical practice).
- Institute of Medicine (IOM) - six dimensions
  - safe, efficient, effective, timely, patient centered, and equitable.
- IHI Triple Aim for improving health and health care
  - health outcomes, experience of care, cost of care.

How do we improve Quality? Systems thinking

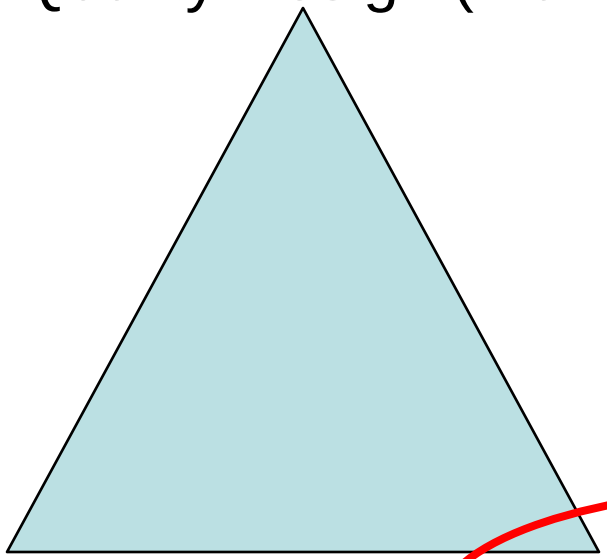


Quality Trilogy

Joseph Juran



Quality Design (Planning)



Quality Assurance (Control)

Quality Improvement

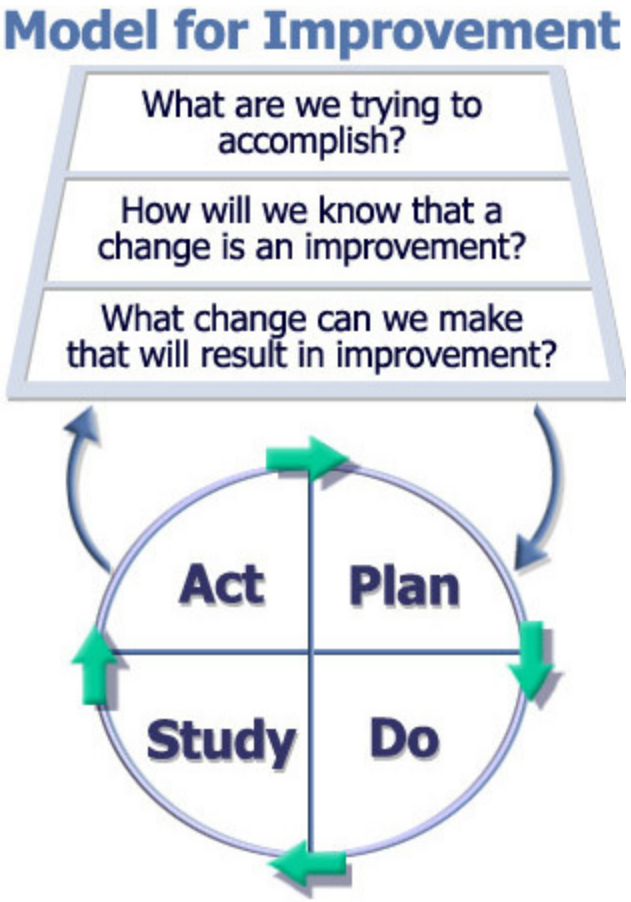
Institute for Healthcare Improvement

Quality Trilogy

- Quality Design – purpose is to leverage what we know about providing good quality service or product to our clients (planning the system)
- Quality Assurance – purpose is to assess when we have achieved the intended quality of service or product – yes/no identification
- Quality Improvement – purpose is to move the system from current state of performance to a new state of performance defined by our definition of Quality

Quality Improvement

The techniques and methods we use to take us from where we are, to where want to be



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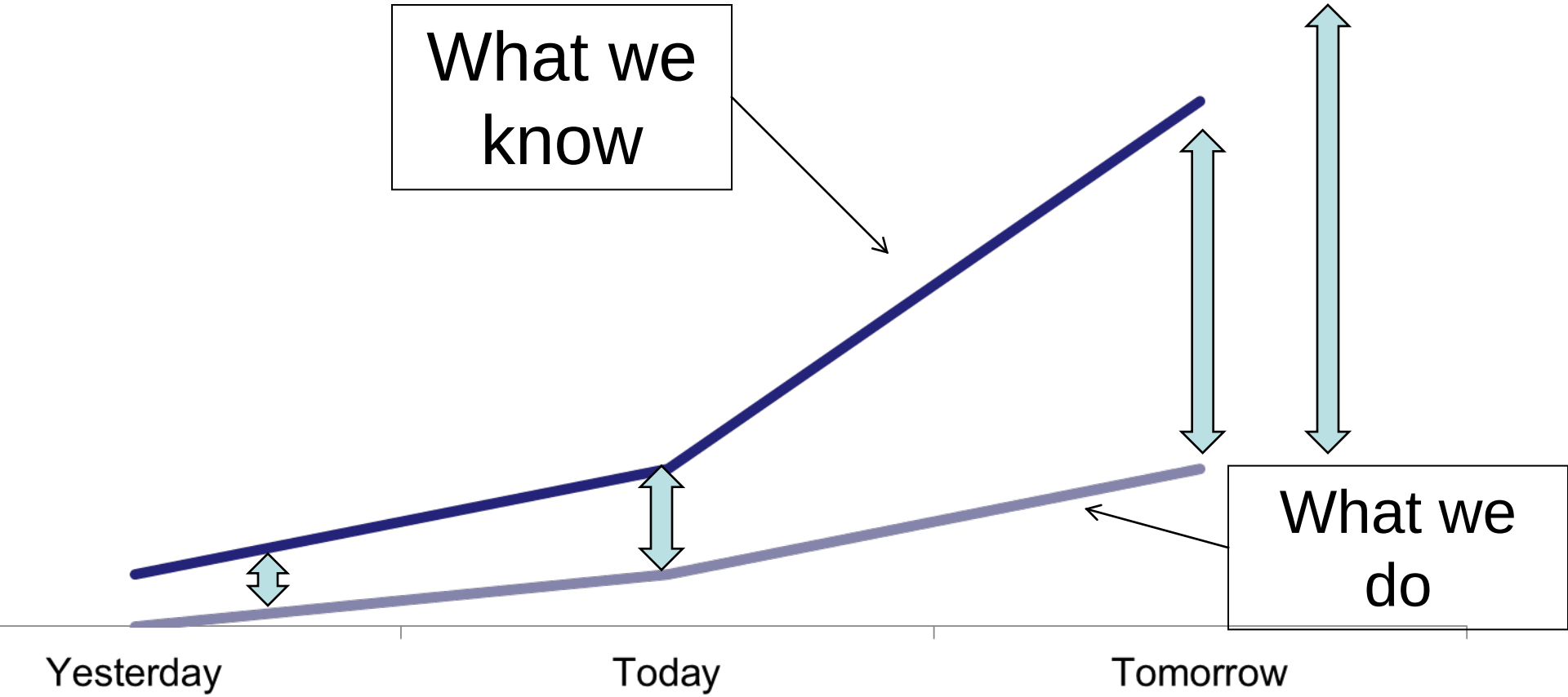
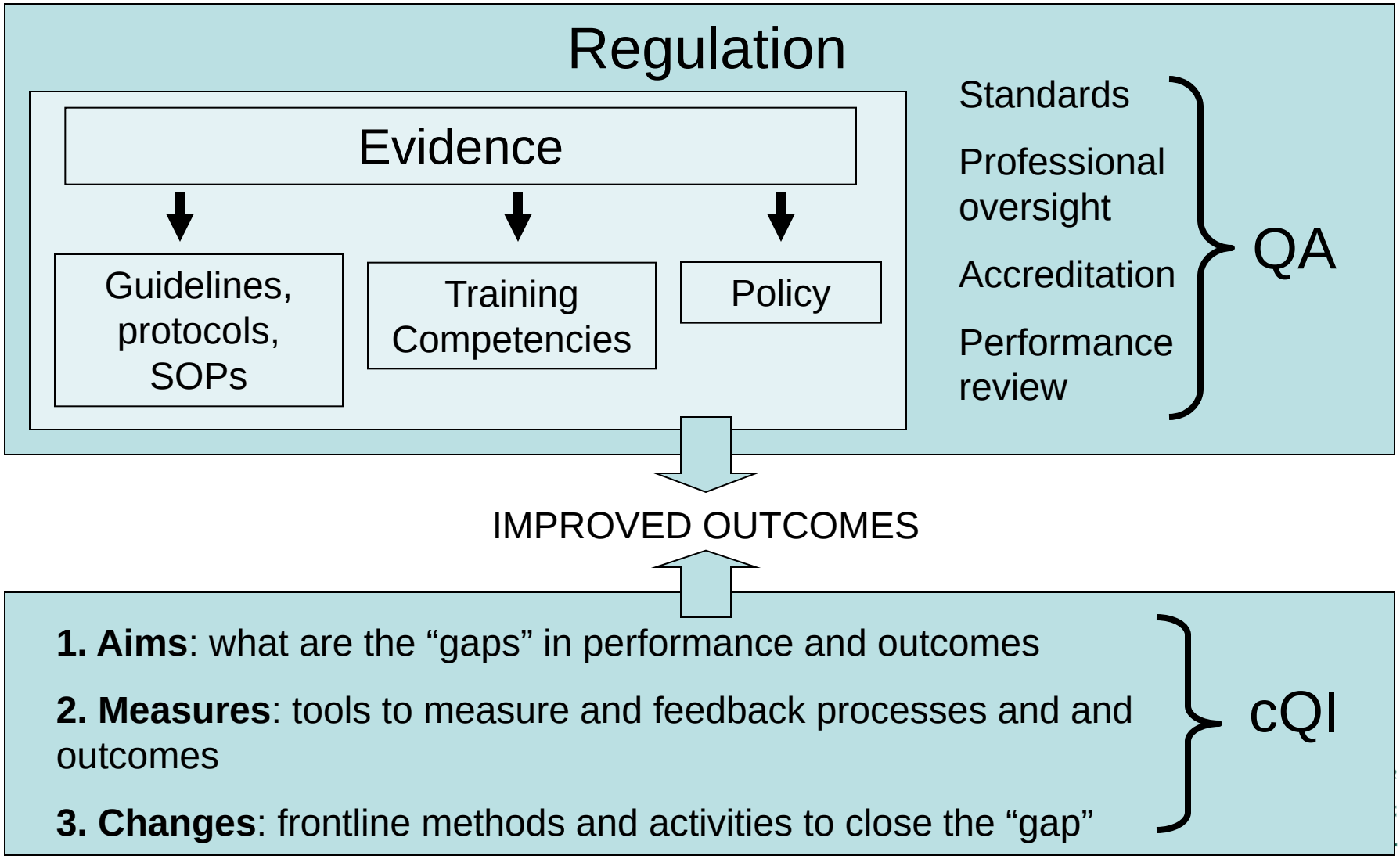
Quality Improvement & The Know-Do Gap in Healthcare



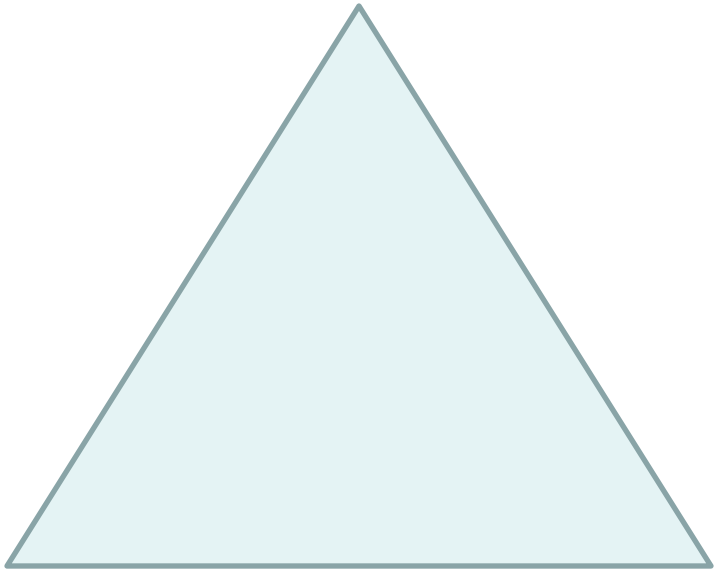
Institute for Healthcare Improvement

QA and QI are complementary



How do we go from where we are to where we want to be?

Leading,
Building Will

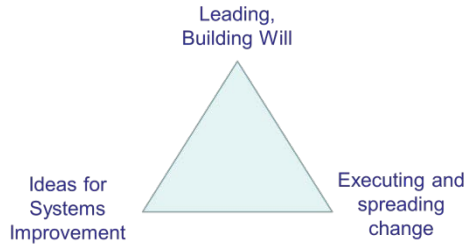


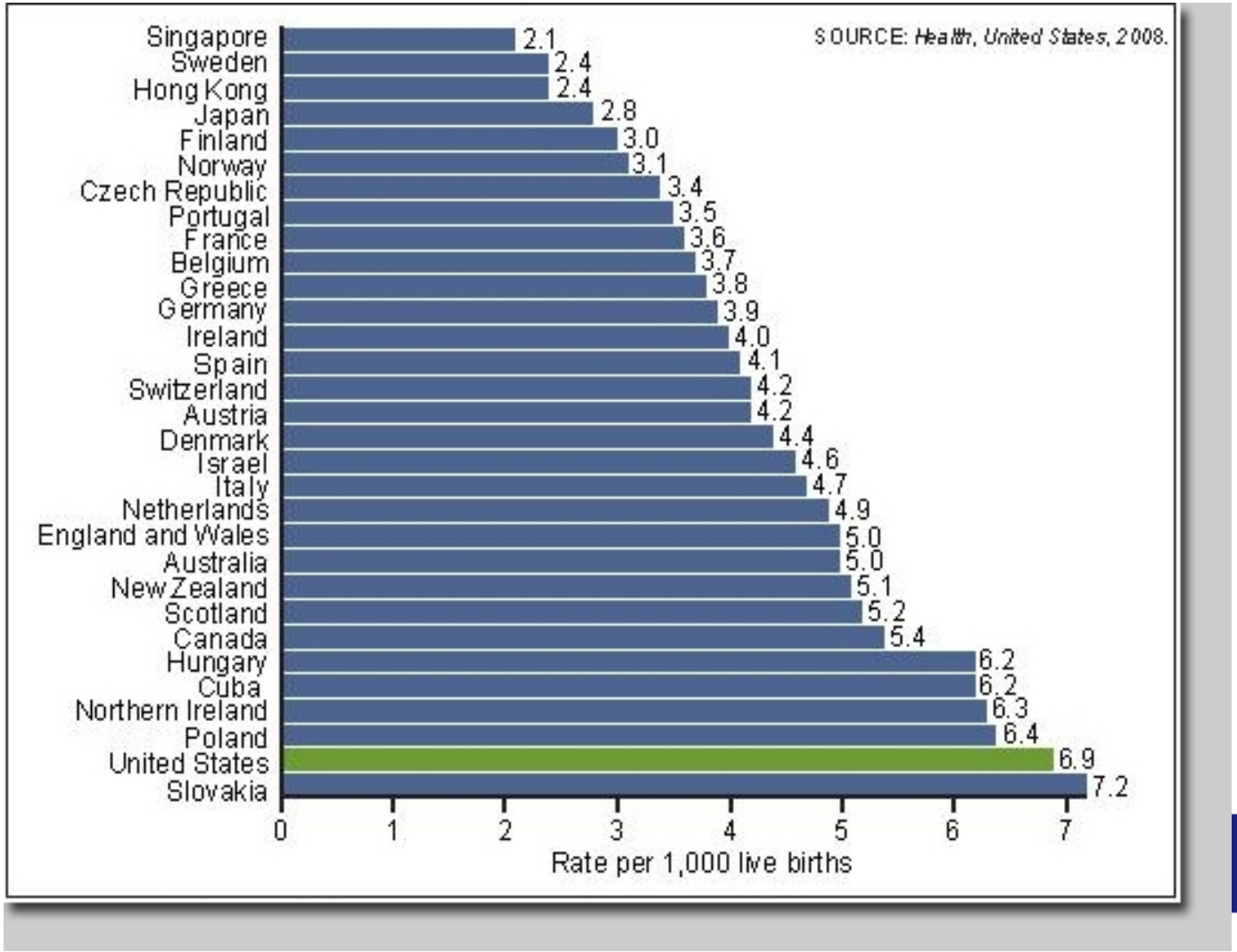
Ideas for
Systems
Improvement

Executing and
spreading
change

Institute for
Healthcare
Improvement

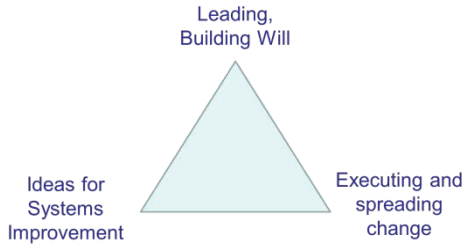
Leadership, Building Will: a galvanizing common Aim





INSTITUTE FOR HEALTHCARE IMPROVEMENT

Leadership, Building Will: a galvanizing common Aim



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HHS SECRETARY

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- Testimony
- Strategic Plan & Priorities
- Photos

Deputy Secretary

Organization

HHS Secretary > About the Secretary > Speeches > Child Survival: Call to Action

Photos by Chris Smith

Child Survival: Call to Action

June 14, 2012
Washington, DC

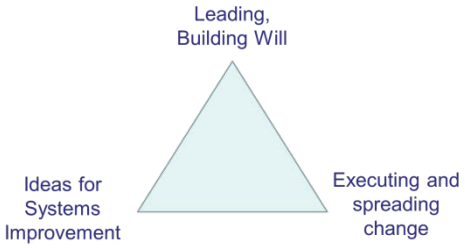
It's wonderful to be here with you as we approach the end of a terrific day of learning, dedicated to ensuring that every child, no matter where in the world he's born, gets a healthy and secure start in life.

Today each of us has a huge opportunity to assure that every child can celebrate her fifth birthday. Already, our work as individual nations and in partnership has driven childhood mortality steadily down over the last 20 years. By focusing on the biggest threats to child survival we have reduced child deaths by two million a year between 2000 and 2010. This is one of the greatest and yet least heralded triumphs the global health community has ever had. I am so glad it is finally being celebrated.

But this is not enough – not for me, not for any of us. Now is the moment for us to take those achievements to the next level.

TITUTE FOR HEALTHCARE IMPROVEMENT

2. Ideas for System Improvement



Aim

1^0 drivers

2^0 drivers

Ideas from the field

Reduce infant mortality to x% by 20xx

Reducing elective deliveries <39 weeks

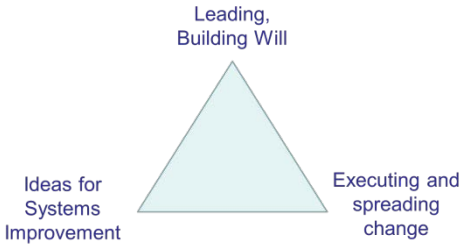
Expanding interconception care in Medicaid

Reducing SIDS/SUID

Increasing smoking cessation among pregnant women

Enhancing perinatal regionalization

2. Ideas for System Improvement the crucial role of data



You can't fatten a cow by measuring it…..but you can't reach your goal without measurement

Commitment to data that is

- Simple (set of core measures) that everyone uses, has high value
- Easy to collect and report
- Tracks intermediate and outcome metrics
- "real time", accurate, complete
- Transparent/observable
- accountable

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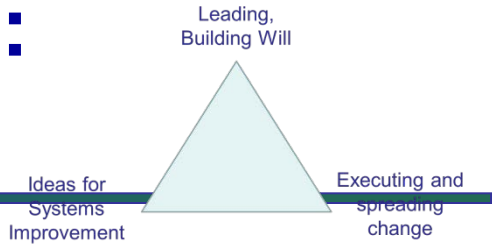
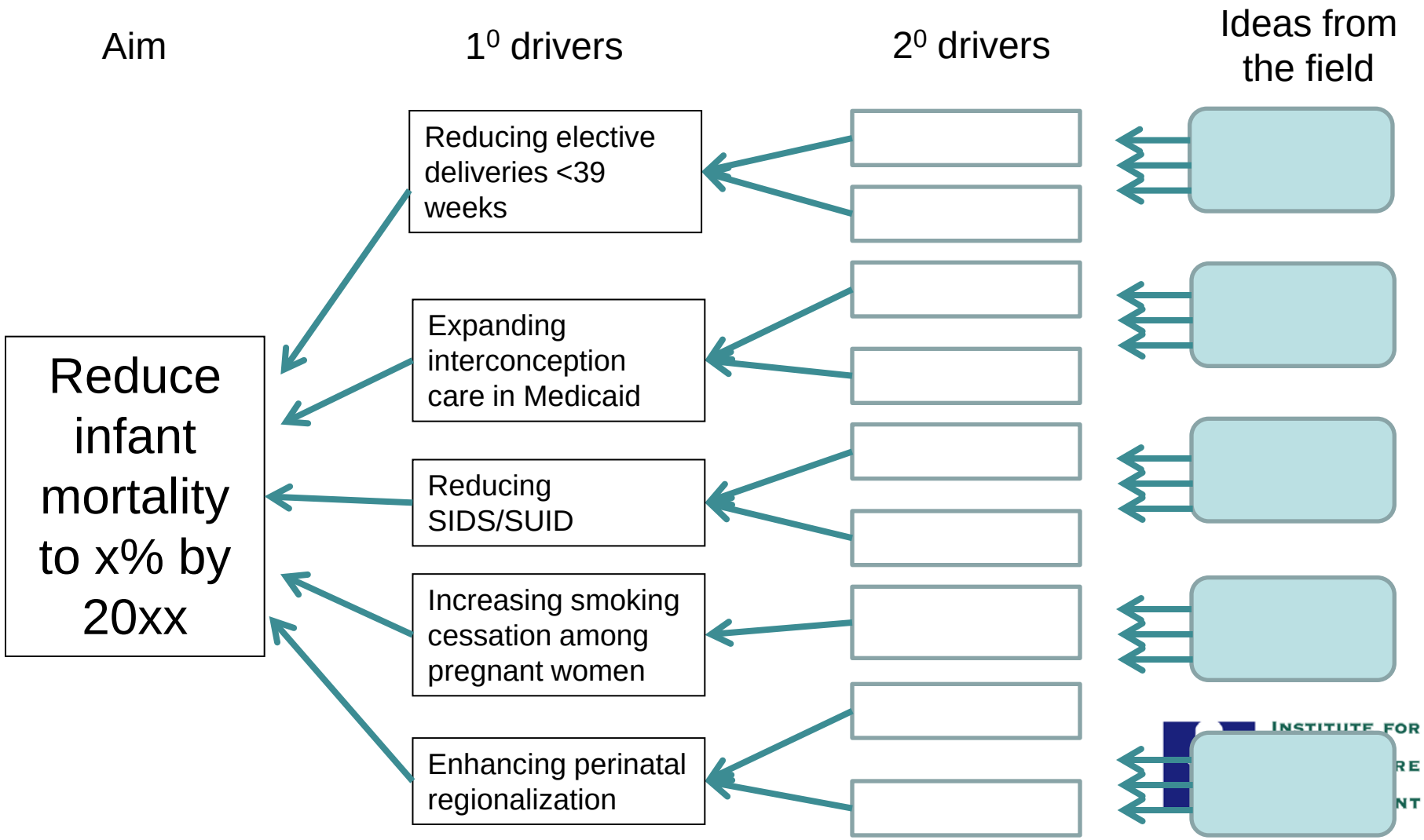
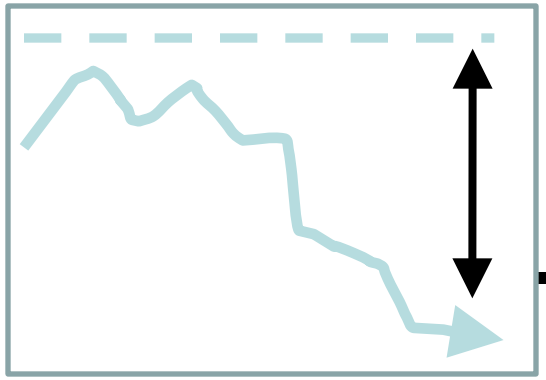
2. Ideas for System Improvement: the crucial role of data

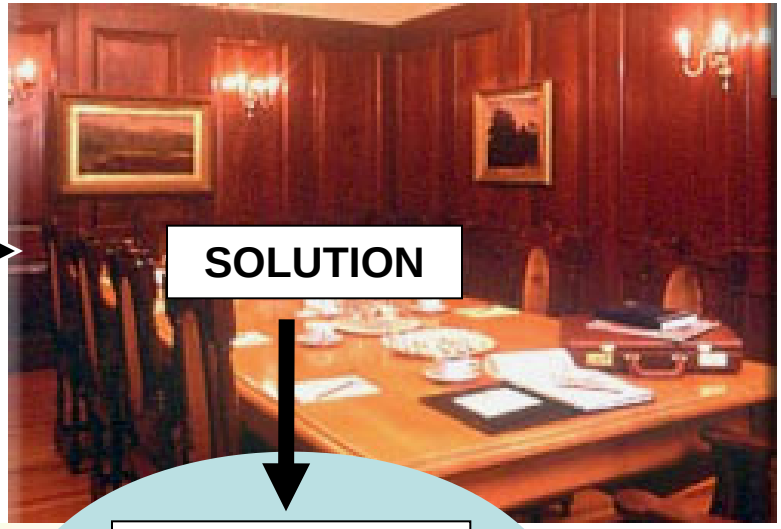




2. Ideas for System Improvement: “outside” vs “inside” ideas.



The “Gap”



SOLUTION

IMPLEMENT

SYSTEM BARRIERS

FAIL

Leading, Building Will
Ideas for Systems Improvement
Executing and spreading change

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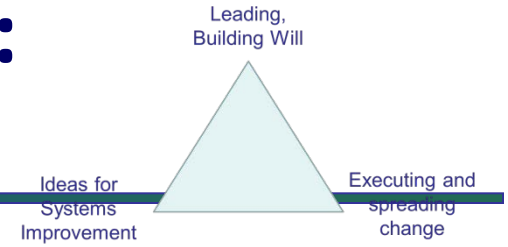
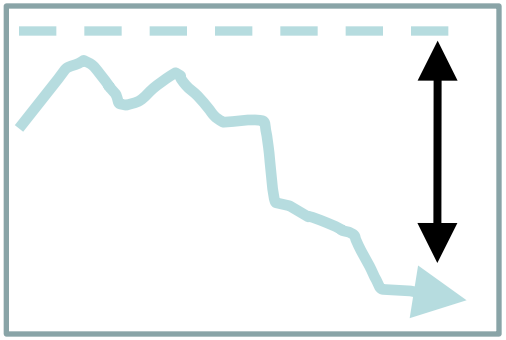
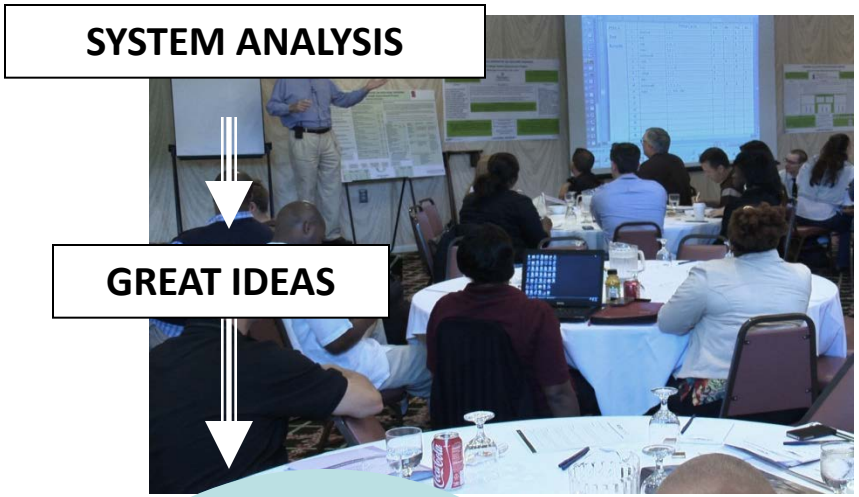
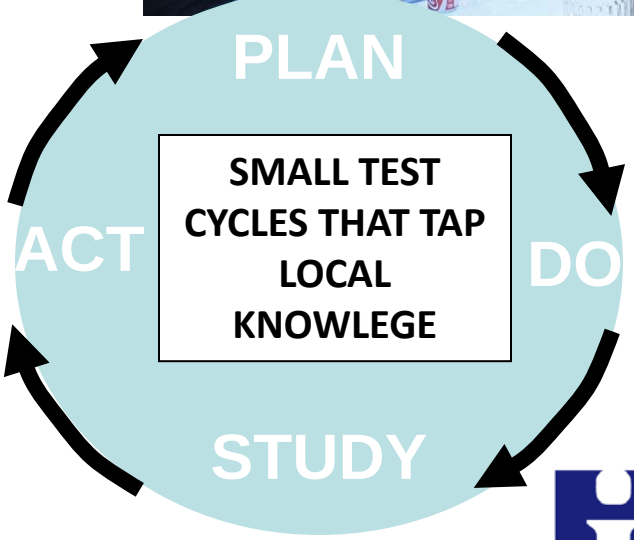
2. Ideas for System Improvement: importance of "inside" ideas





The "Gap"





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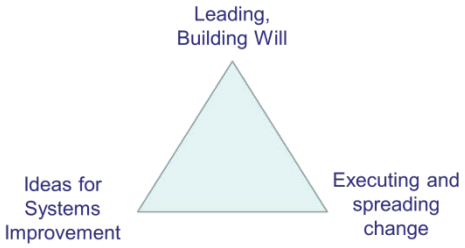
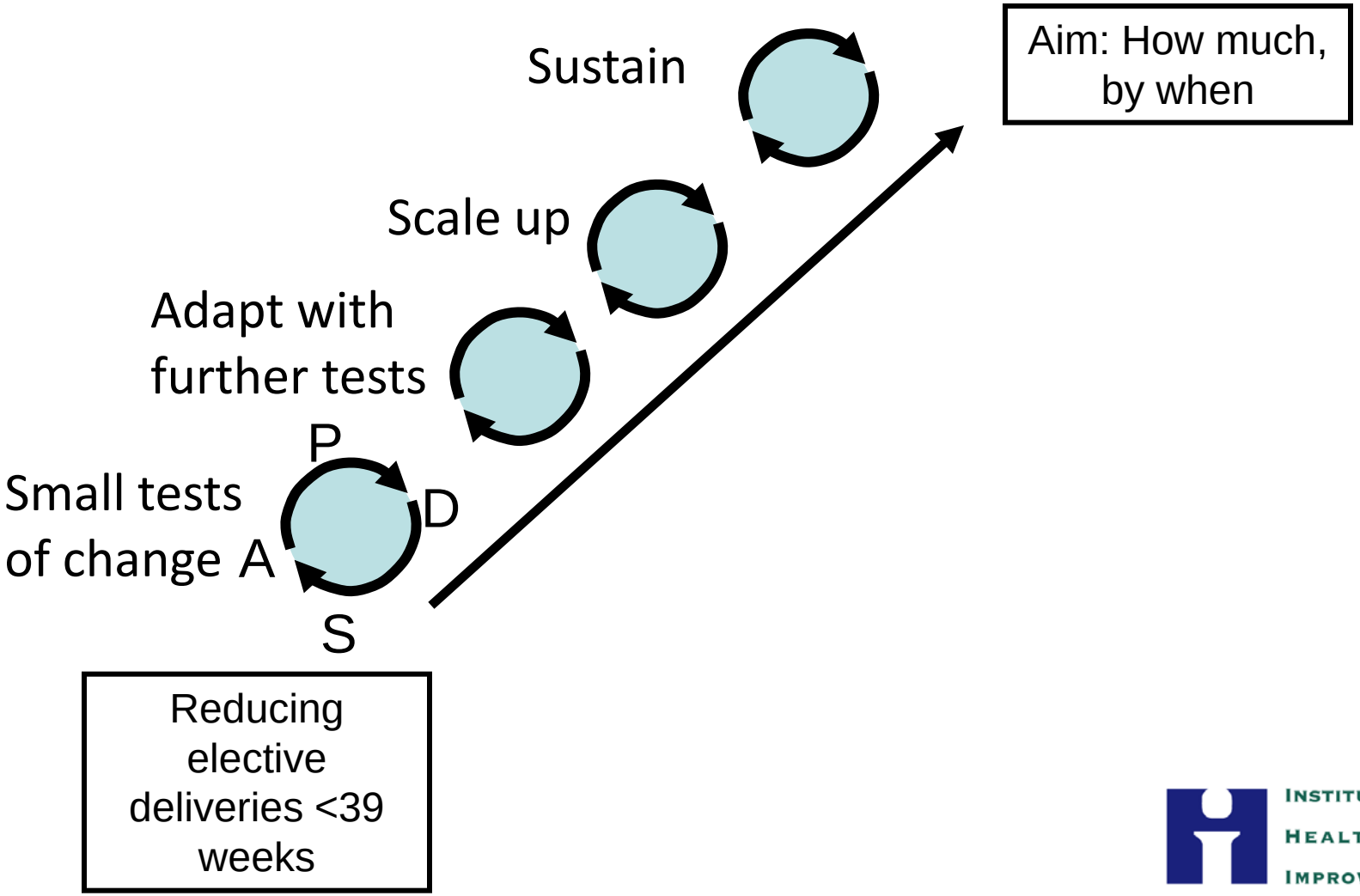
2. Ideas for System Improvement





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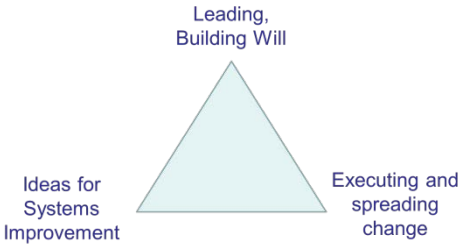
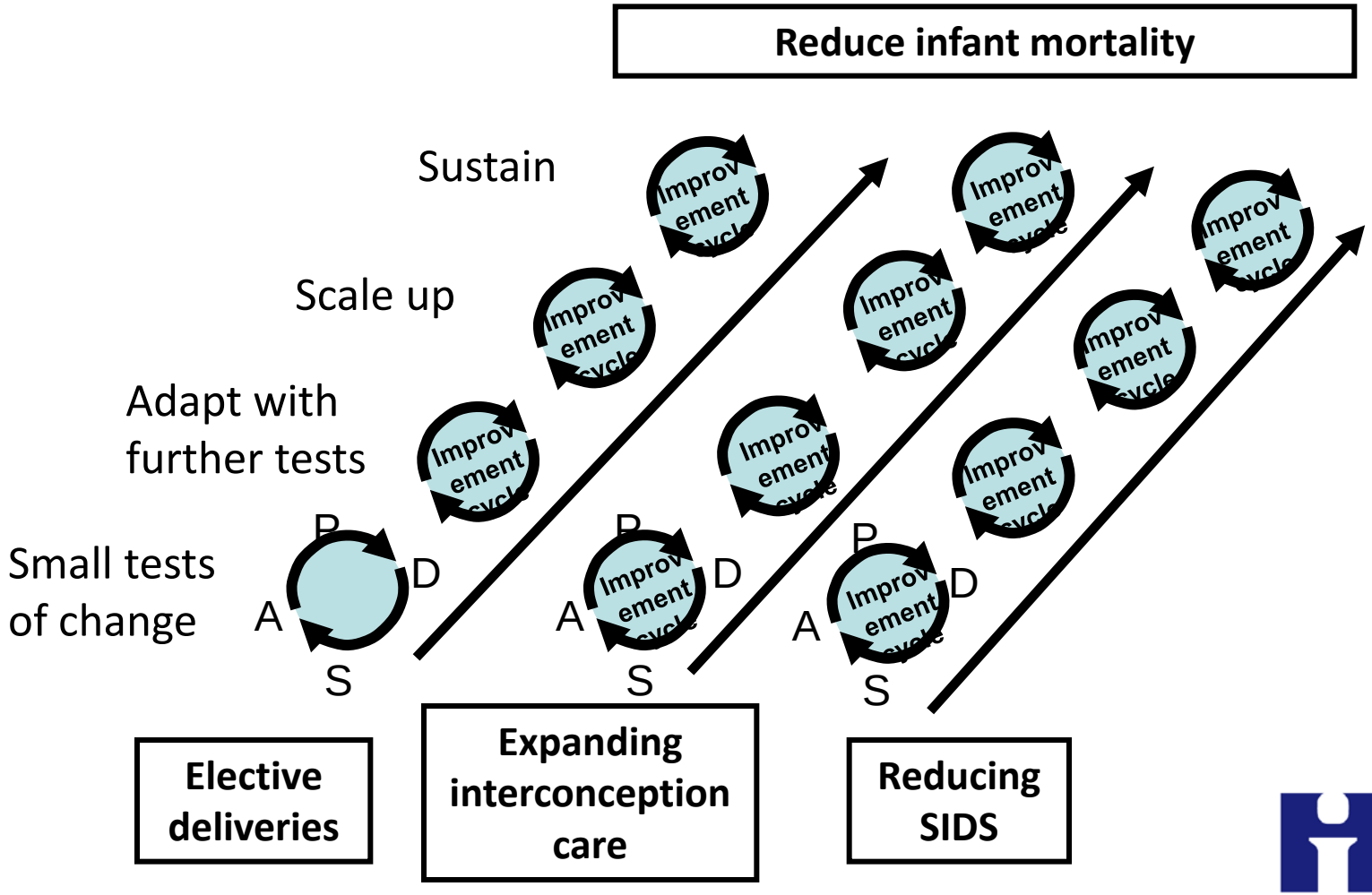
2. Ideas for System Improvement





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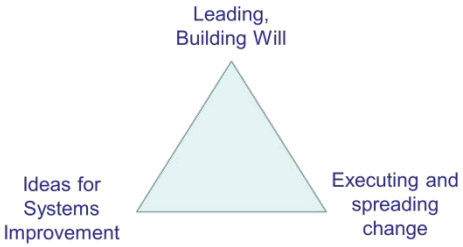
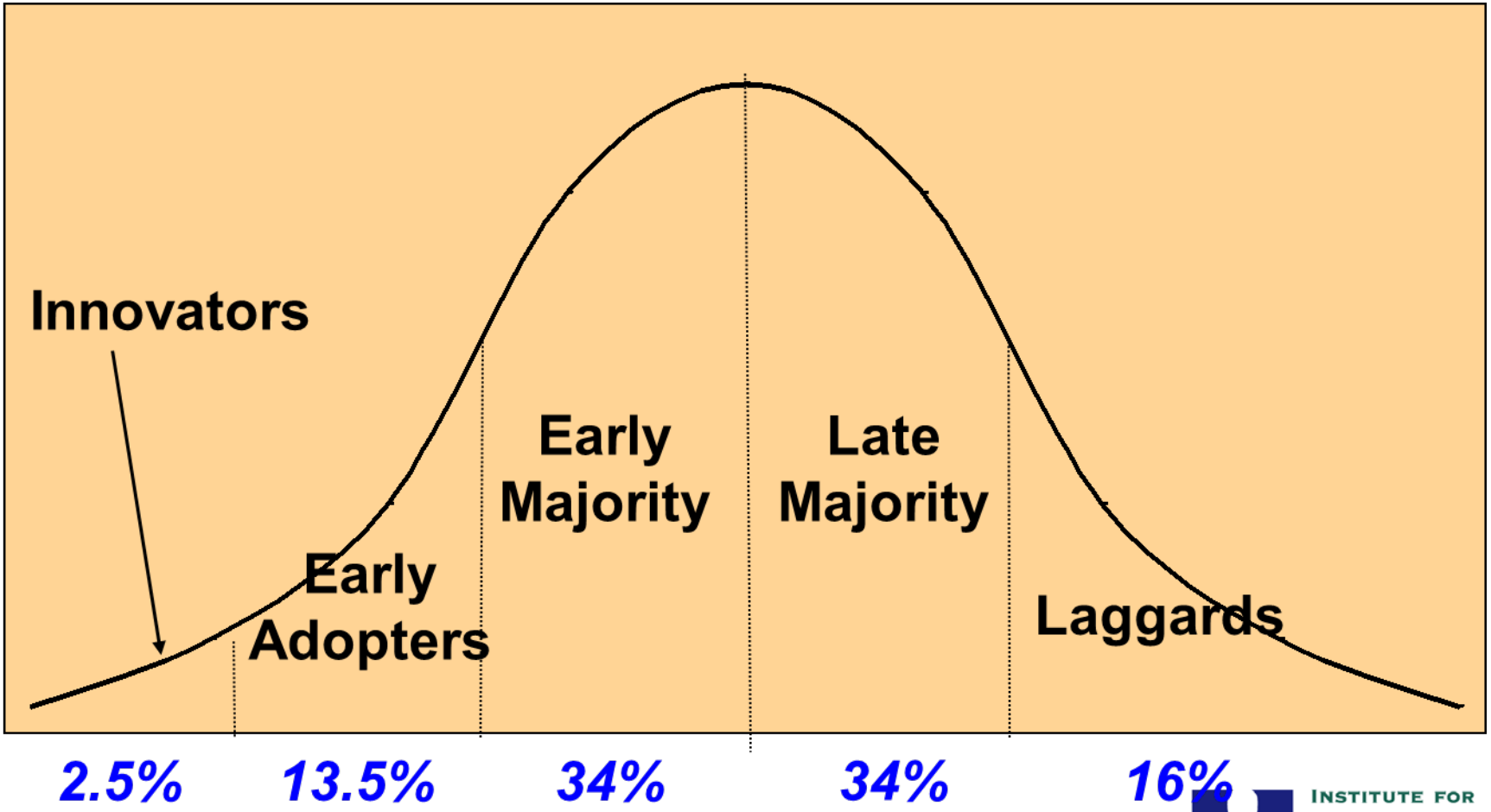
Executing and spreading change





from E. Rogers, 1995

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Methods for spread and scale up

1. Natural diffusion
2. Executive mandates (and training).
3. Extension agents - spread ideas and best practices.
4. Emergency mobilization – rapid efficient assembly of plans, materials, supplies.
5. Affinity group - develop superior model, then dissemination to other sites in the system.
6. Collaborative (physical or virtual) – networked structured learning and exchange around shared aims, measures, and goals.
7. Wave sequence - systematic spread within integrated multi-level systems
8. Campaigns - shared, quantitative aim connected to a targeted social system (evidence-based intervention, measurement, communications, and distributed field operations).
9. Hybrid approaches, where combined elements from different approaches form a new approach.

Massoud MR, Donohue KL, and McCannon CJ. 2010. Options for Large-scale Spread of Simple, High impact Interventions. *Technical Report. Published by the USAID Health Care Improvement Project. Bethesda, MD: University Research* Co. LLC (URC).

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Quality Improvement Principles and Practices

- What is QI and what is its role in improving population outcomes?.
  - *Pierre Barker MD, IHI*
- **How has QI helped in similar initiatives in the past?**
  - ***Sue Gullo RN, IHI***
- What to expect: How can the QI approach be used to execute and spread change?
  - *Charles Homer MD, NICHQ*

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Mindful Practice

"It is not enough to do your best

you must know what to do

and ***then*** *do your best*"

W. Edwards Deming

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Results at scale: IHI Campaigns (USA)

100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

1. Deploy Rapid Response Teams
2. Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction
3. Prevent Adverse Drug Events
4. Prevent Central Line Infections
5. Prevent Surgical Site Infections
6. Prevent Ventilator-Associated Pneumonia

PROTECTING 5 Million *lives* FROM HARM

IHI.org

7. Prevent Pressure Ulcers
8. Reduce Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Infection
9. Prevent Harm from High-Alert Medications
10. Reduce Surgical Complications
11. Deliver Reliable, Evidence-Based Care for Congestive Heart Failure
12. Get Boards on Board

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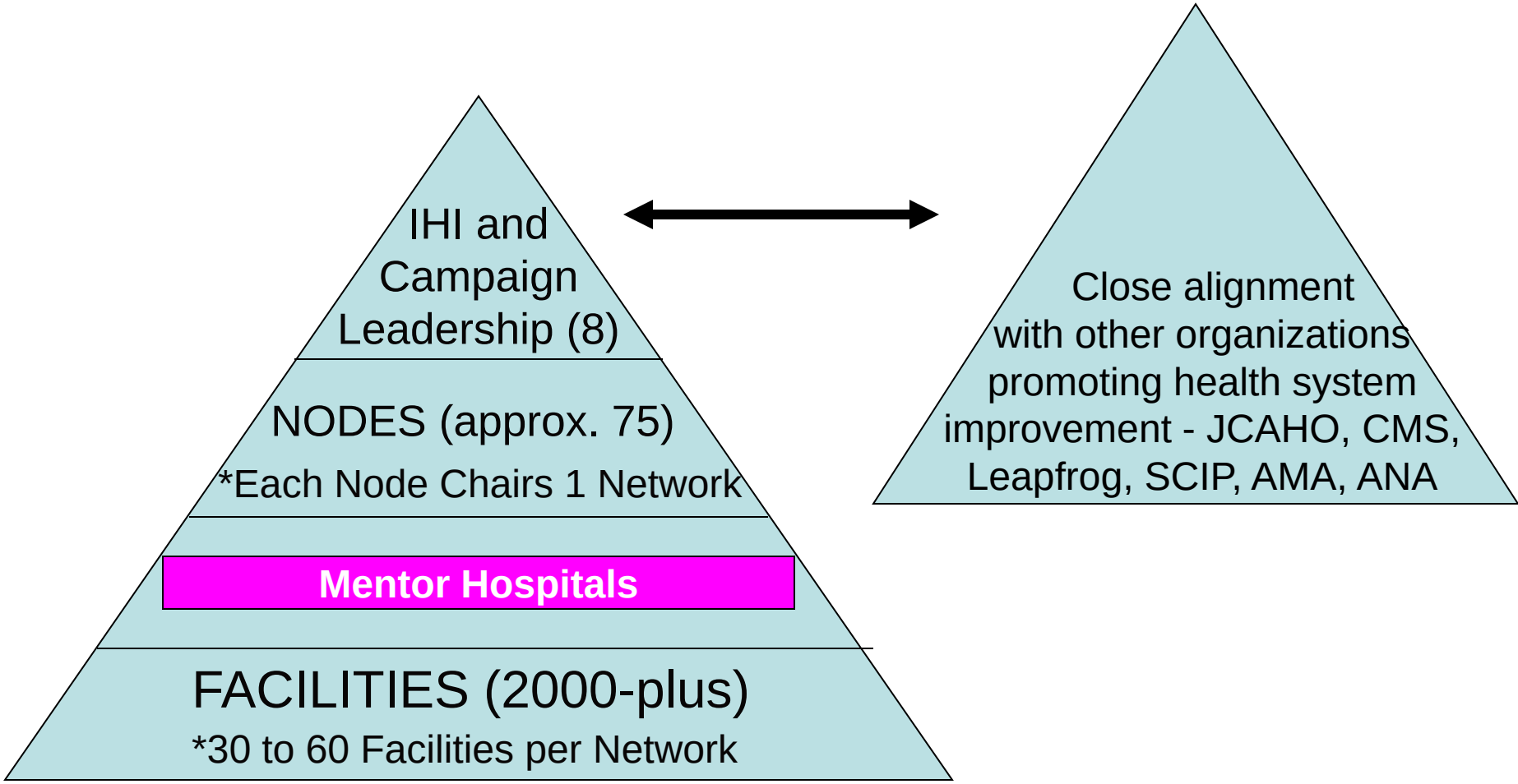
How was the “campaign” run?



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Coverage of "Campaign": Less than 85 percent of all hospital beds in USA

Result: estimate of lives “saved”

December 2004 – June 2006:
“actual deaths” to “expected deaths”—(generated from that hospital’s mortality rate in the same month of a base year)

Mortality decreased by ~120,000 lives

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IHI Breakthrough Series
(6 to 13 months time frame)

Select Topic (develop mission)

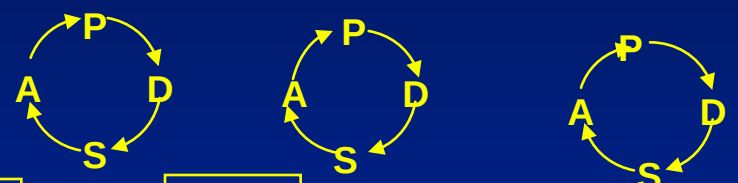
Expert Meeting

Develop Framework & Changes

Planning Group

Participants (10-100 teams)

Prework



LS 1 → **LS 2** → **LS 3**

Congress, Guides, Publications etc.

Supports

Email | Visits

Phone | Assessments

Monthly Team Reports

© 2002 Institute for Healthcare Improvement

First critical step-

- Be able to explain the “WHY”

Perinatal Community:
Reducing Harm,
Improving Care,
Supporting Healing

Reduce harm to 5 or less per 100 live births

Zero incidence of elective deliveries prior to confirmation of fetal maturity

Augmentation Bundle(s) Composite or Compliance greater than 90%

Improve organizational culture of safety survey scores in Perinatal units by 25%

100% of participating teams will have documentation of Patient & Family Centered Care

Perinatal Leadership

- Align Unit Measures Strategies Projects with Org Strategy and Goals (Clinical , Patient, Exp. Financial and Workforce)
- Channel Senior Leadership Attention and Develop Unit Leadership
- Engage Physicians
- Build Improvement Capacity and Provide Resources for Improvement
- Establish a Just Culture
- Develop a Competent Trained and Available Workforce
- Establish Credentialing of Core Competency and Training for all Providers
- Use ACOG/AWHONN Guidelines for Documentation and Staffing
- Develop a Consumer Advisory Board

Reliable Design / Reduce Variation

- Execute care that meets national standards (Implement Bundles, Perinatal Core Processes)
- Develop standard processes and protocols for response to obstetrical emergency
- Design care process improvement based on trigger tool analysis, event detection, sentinel event
- Standardize administration of high alert medications – oxytocin, magnesium sulfate, epidurals
- Create an environment that Supports Care and Healing
- Consider segments of population and design reliable and appropriate processes for specific needs and characteristics of this segment of the population

Effective Peer Teamwork

- Adopt common language and interpretation of EFM with multi-disciplinary training i.e NICHD criteria
- Implement techniques for effective communication i.e. SBAR
- Establish reliable techniques for handoffs
- Establish Team Response Protocols
- Implement Huddles
- Design Simulations

Respectful Patient Partnership

- Design processes to support partnership in care between provider and patient and family
- Develop with patient a customized interdisciplinary shared care plan
- Design care process improvement based on information obtained about patient experience (interviews, assessments, focus groups, surveys)
- Include patients and families on design and improvement teams
- Communicate openly and honestly with family and patients at regular intervals
- Do what you say, mean what you do

Hospital, State, Country Level

Perinatal Care Measurement Strategy

Required Measures				Optional Measures
Annual / Bi-annual Structure Assessments	**Monthly Outcome & Structure Measures**	**Initial Weekly or Monthly Process Measures**	**Advanced Weekly or Monthly Outcome and Process Measures**	**Outcome, Balance or Process Measures**
Oxytocin Deep Dive*	Perinatal Harm*	Augmentation Bundle Composite and Compliance* (Oxytocin)	Vacuum Bundle Composite/Compliance*	Transfer to Higher Level of Care (A) (B)
	Time Between Elective Deliveries 39 wks	Elective Induction Bundle Composite and Compliance* (Oxytocin)	Advanced Augmentation Bundle Composite /Compliance*	Patient and Family Satisfaction
Culture of Safety Survey				Documentation Reliability (Infant/Mother)*
	Elective Delivery Rate prior to 39 completed weeks gestation (TJC PC.01)	Augmentation Induction Monthly Bundle Compliance (Oxytocin)	Advanced Elective Induction Bundle Composite /Compliance*	Time Between (Decision - Incision)
				Prophylactic Antibiotic in C-section
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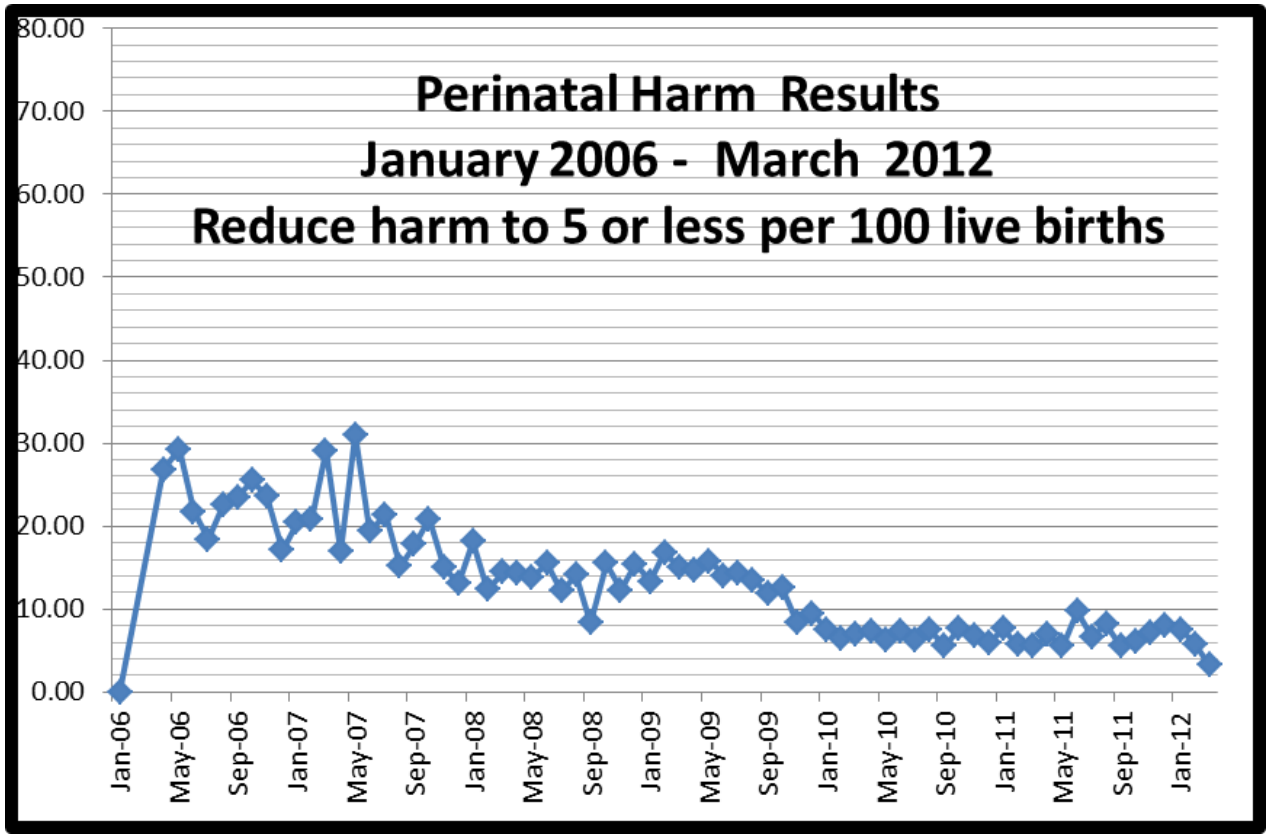
				Incidence of episiotomy (NQF)
	Patient and Family Centered Care			Gestational Age Reliability (Test Measure)

IHI Perinatal Improvement Community



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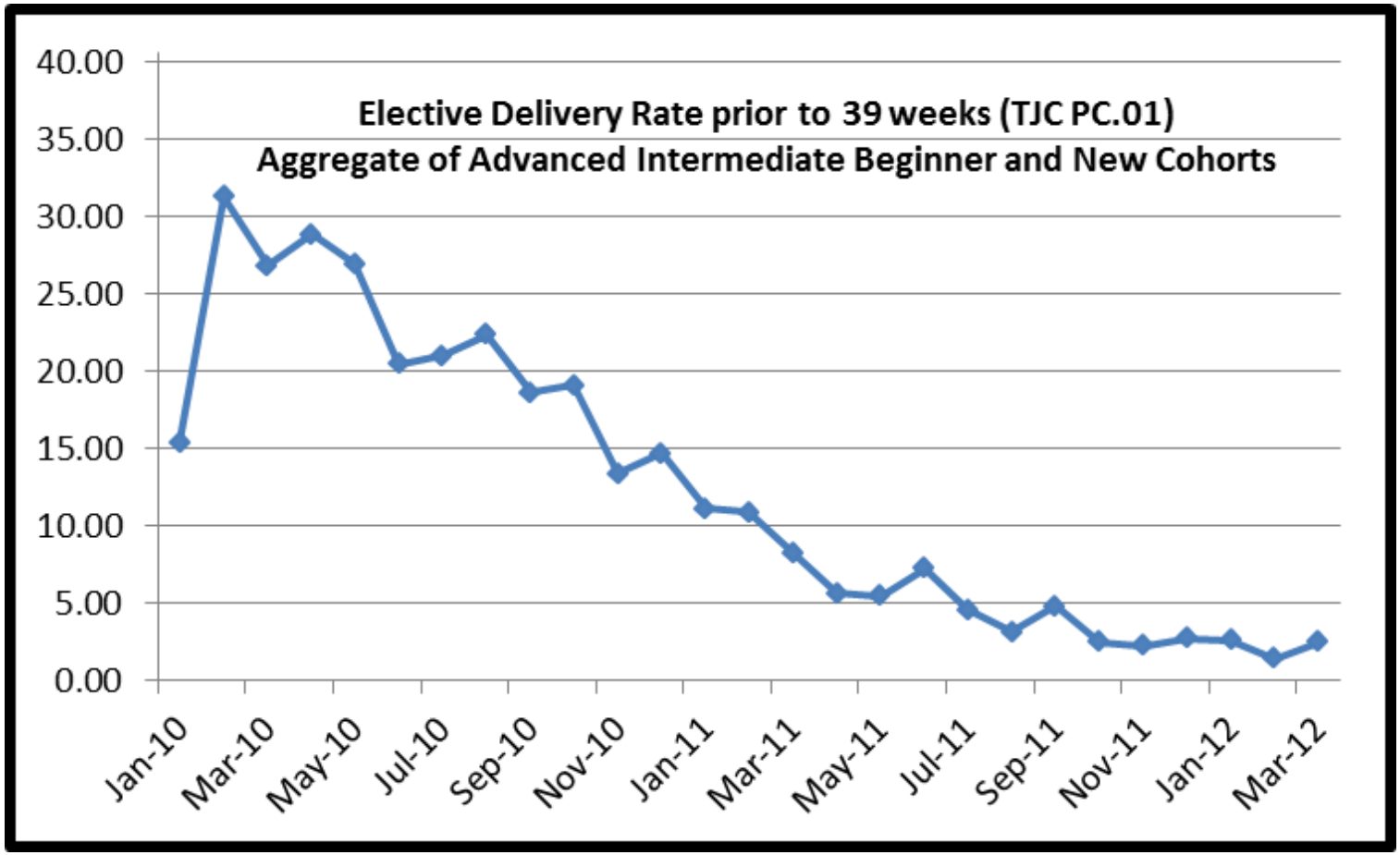
IHI Perinatal Improvement Community



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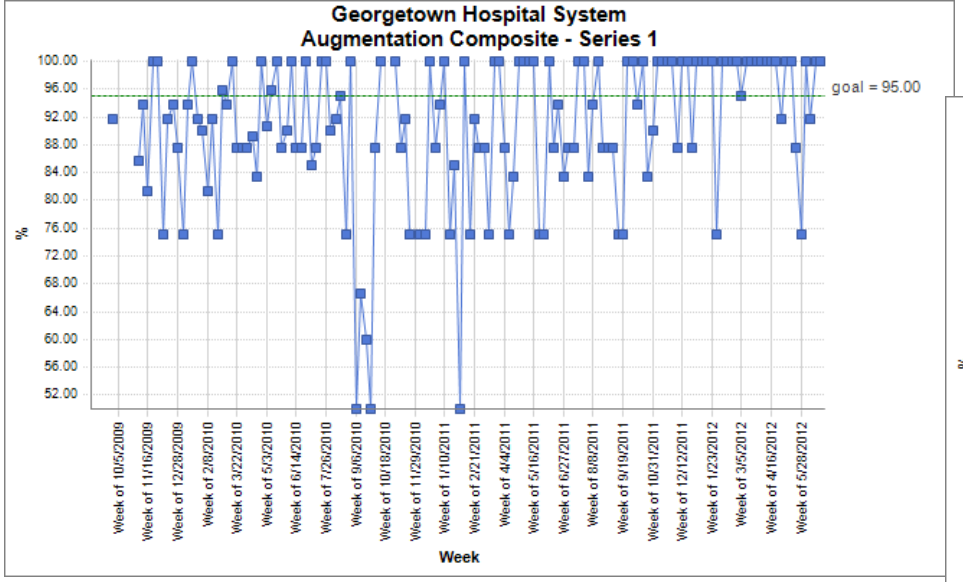

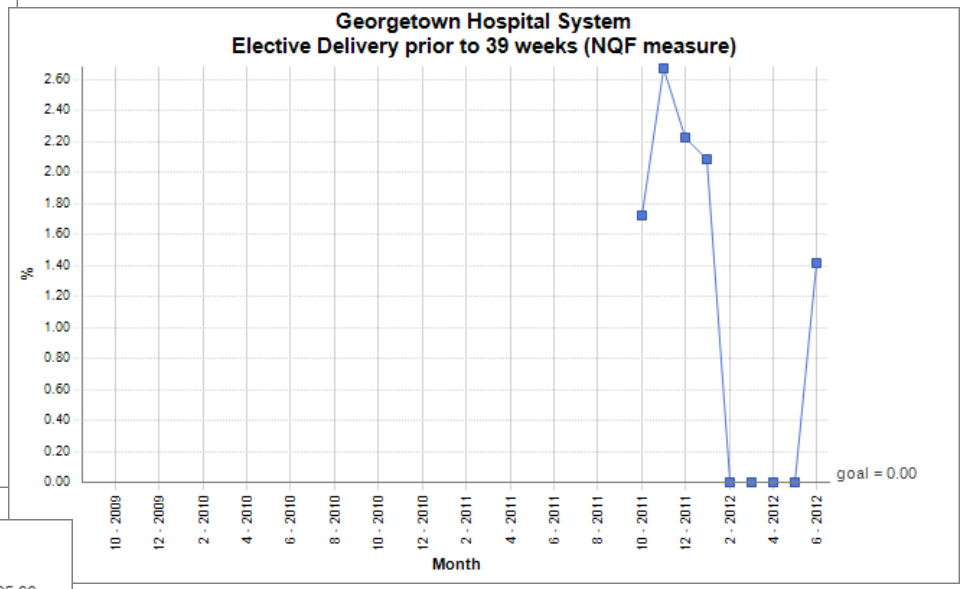

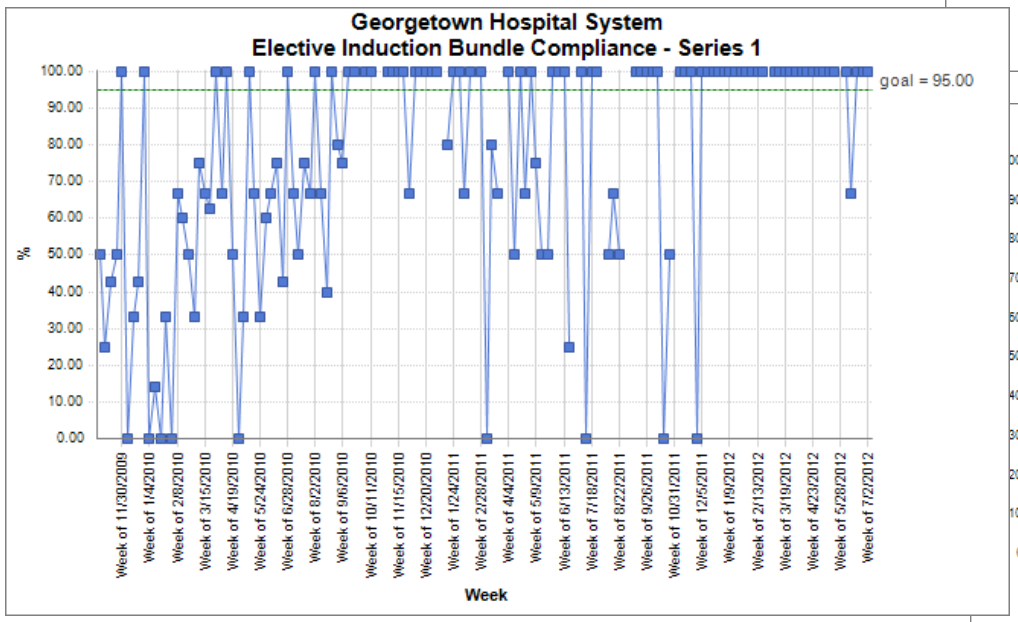

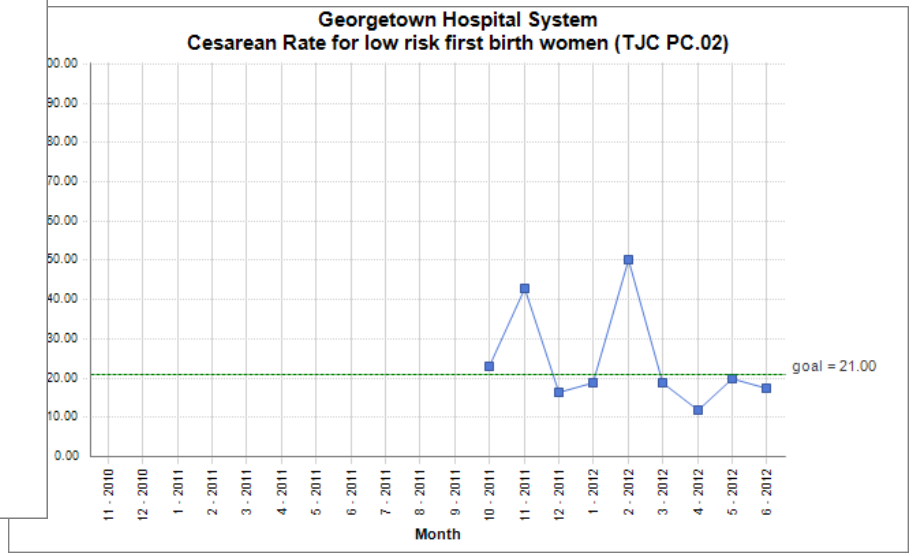

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Perinatal Community:
Reducing Harm,
Improving Care,
Supporting Healing

Louisiana-Birth Outcomes Partnership

Zero incidence of elective deliveries by June 2012.

Perinatal Leadership

- Align Unit Measures Strategies Projects with Org Strategy and Goals (Clinical , Patient, Exp. Financial and Workforce)
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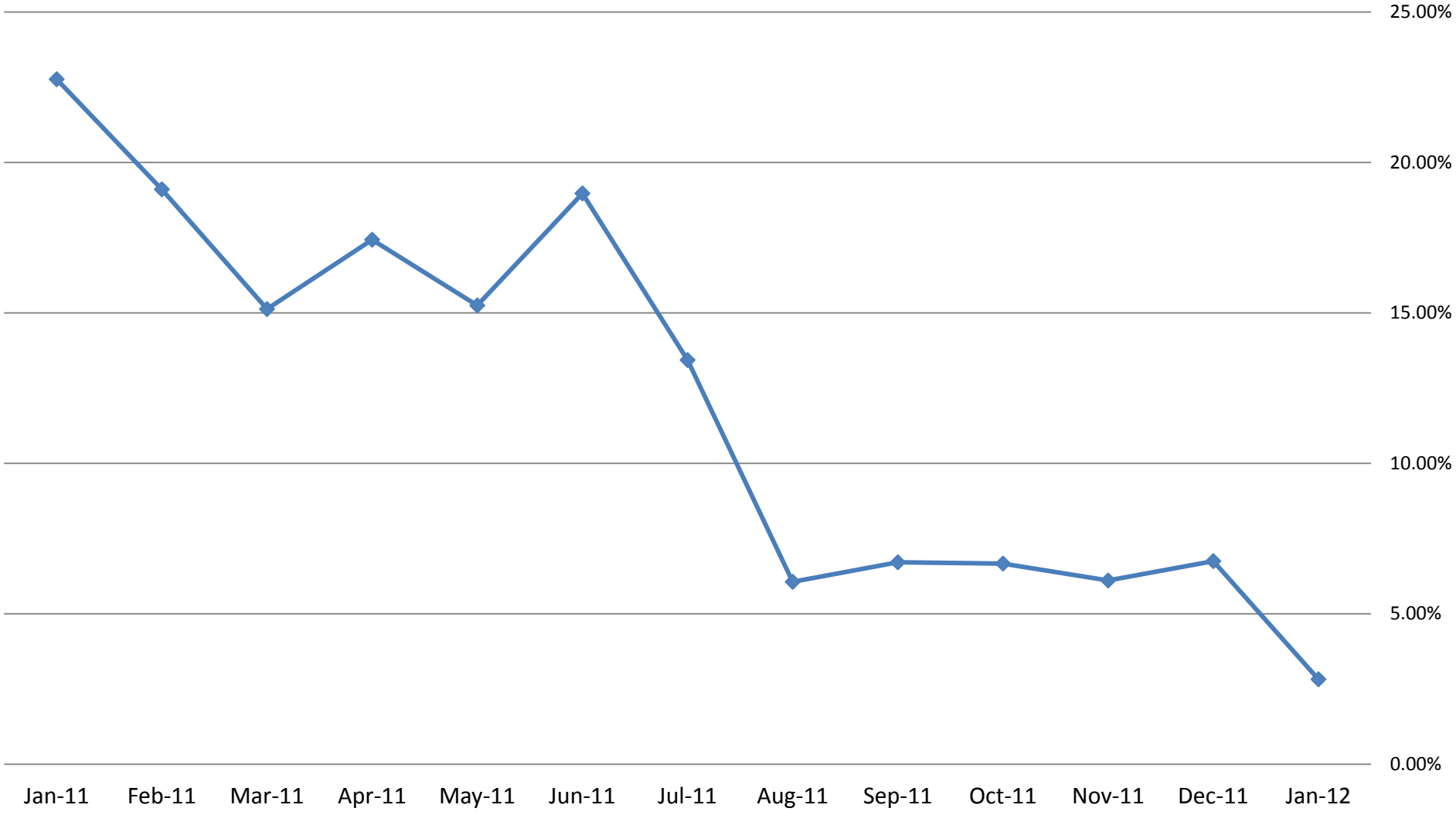
				Incidence of episiotomy (NQF)
	Patient and Family Centered Care			Gestational Age Reliability

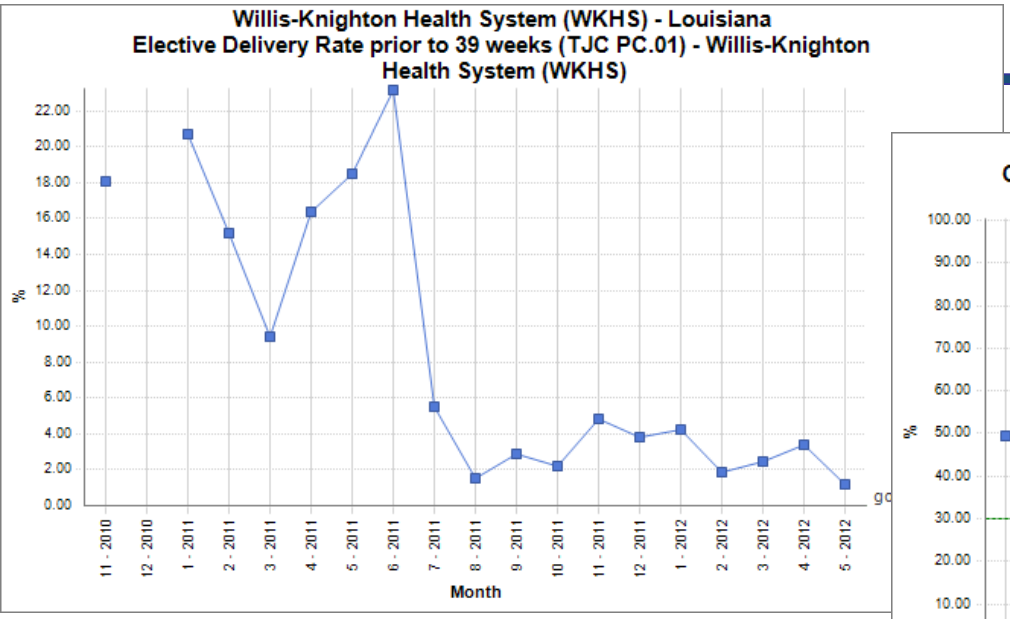
TJC PC01 LA Cohort

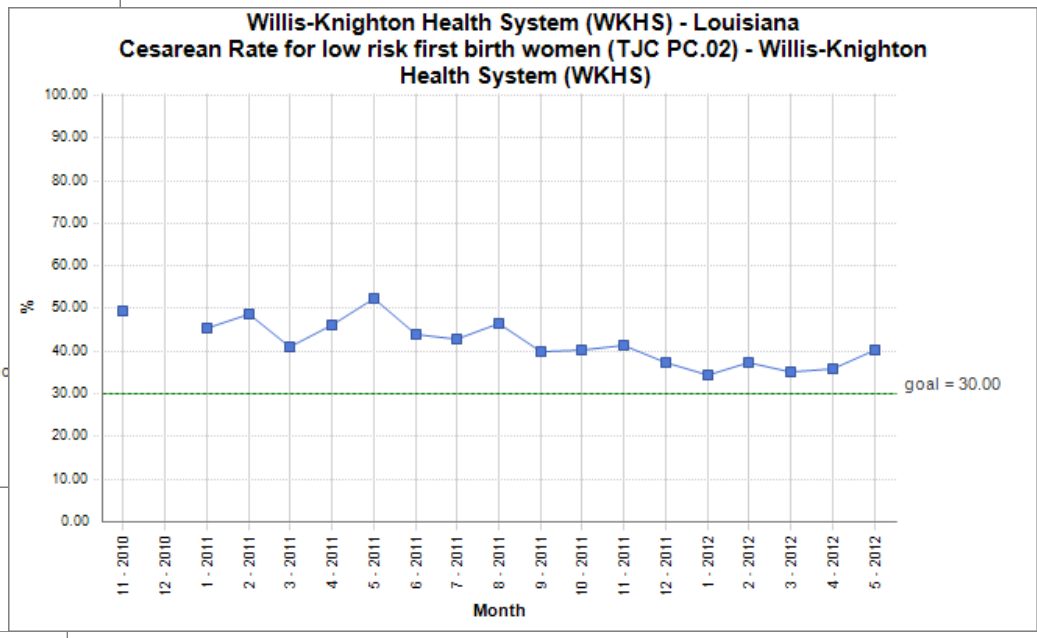
Elective Delivery Rate prior to 39 weeks

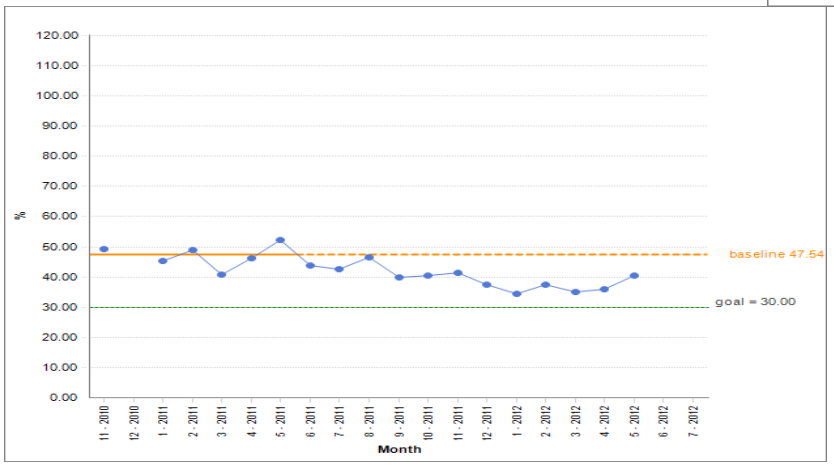
Monthly Weighted Average



Willis-Knighton







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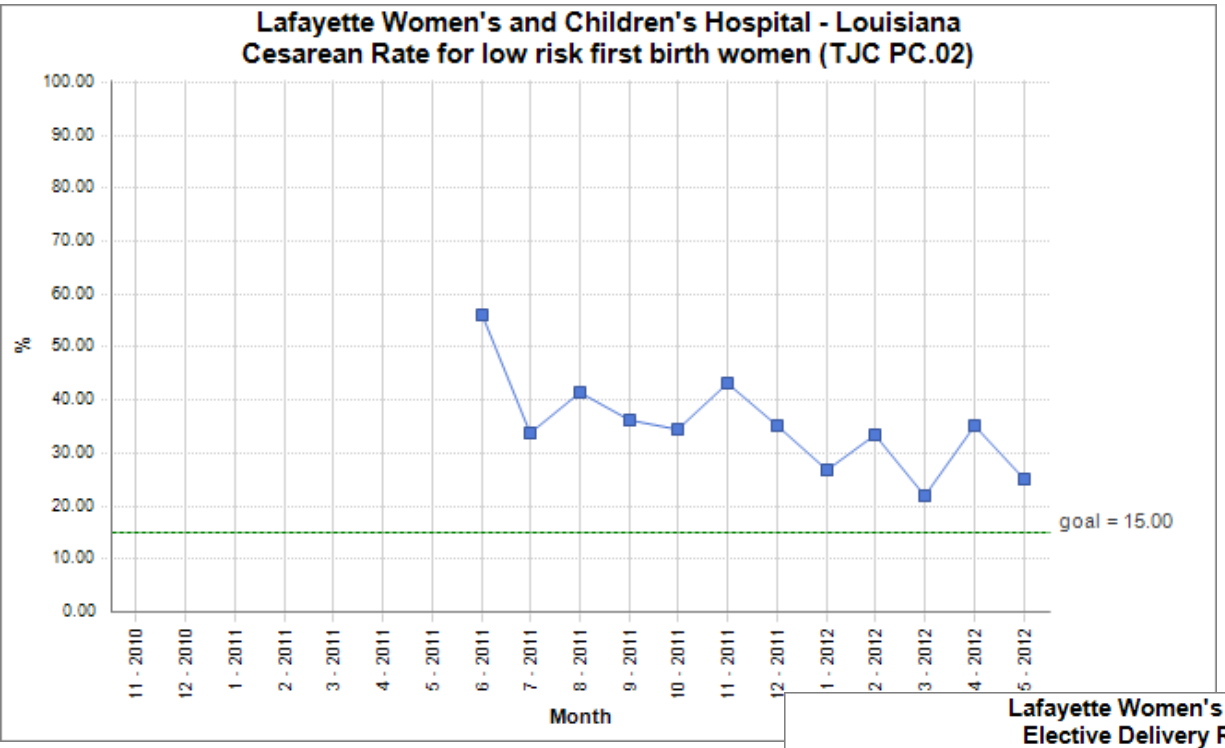
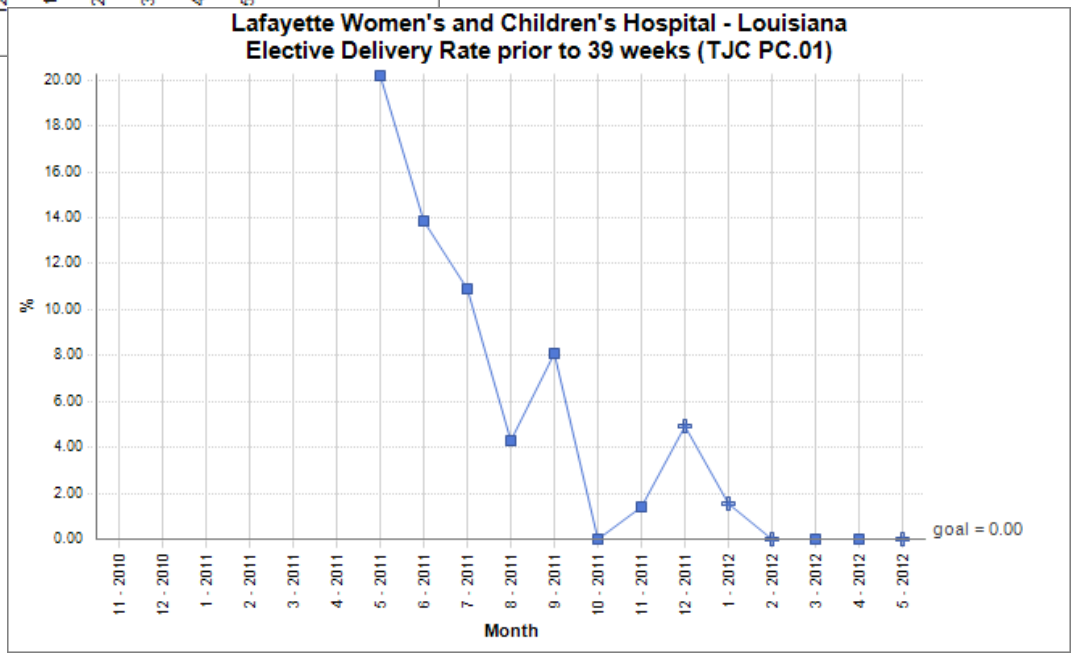
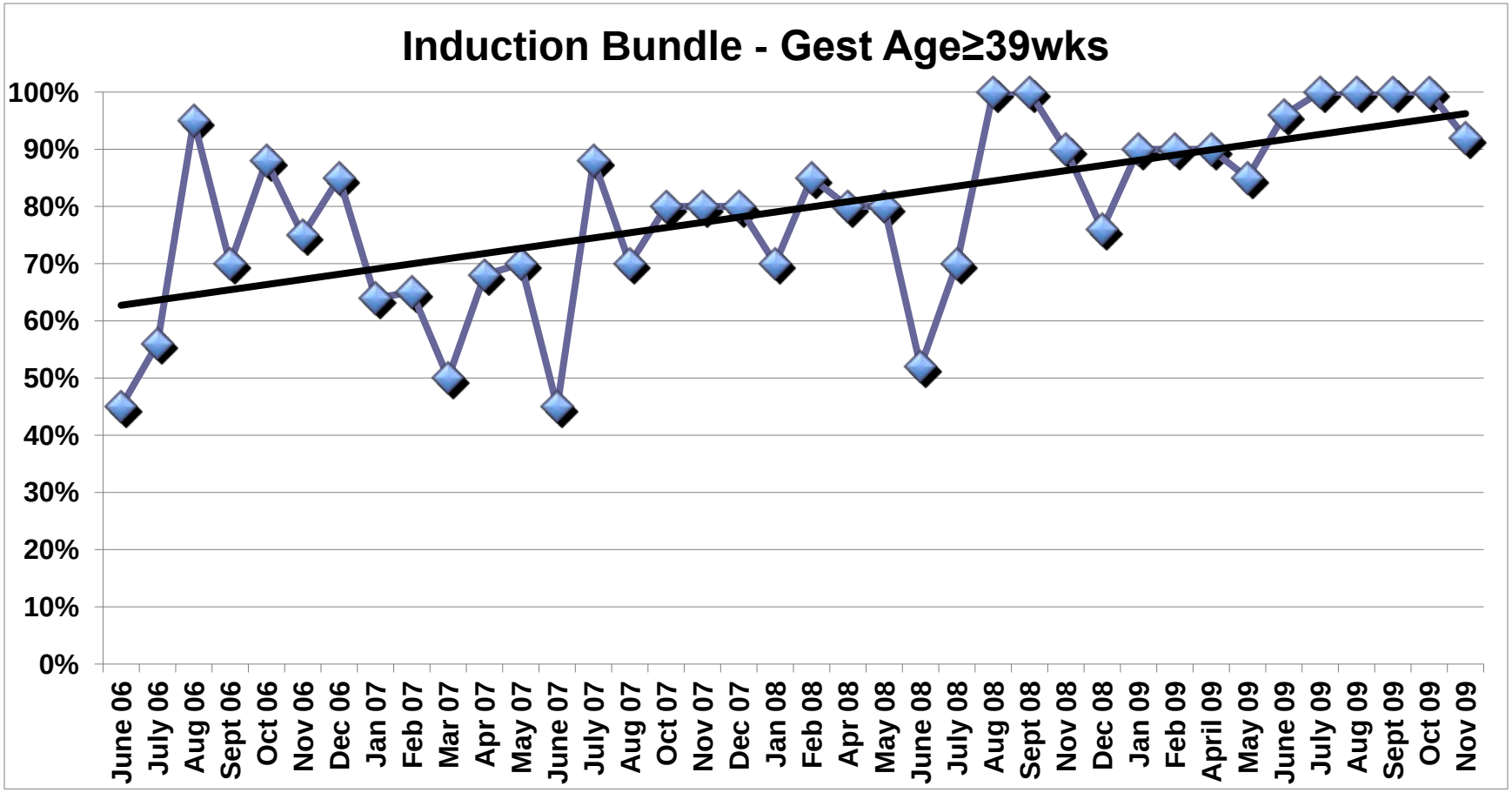

Lafayette Women's and Children's Hospital - Louisiana
Cesarean Rate for low risk first birth women (TJC PC.02)
%
100.00
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
goal = 15.00
11 - 2010
12 - 2010
1 - 2011
2 - 2011
3 - 2011
4 - 2011
5 - 2011
6 - 2011
7 - 2011
8 - 2011
9 - 2011
10 - 2011
11 - 2011
12 - 2011
1 - 2012
2 - 2012
3 - 2012
4 - 2012
5 - 2012
Month


Lafayette Women's and Children's Hospital - Louisiana
Elective Delivery Rate prior to 39 weeks (TJC PC.01)
%
20.00
18.00
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
goal = 0.00
11 - 2010
12 - 2010
1 - 2011
2 - 2011
3 - 2011
4 - 2011
5 - 2011
6 - 2011
7 - 2011
8 - 2011
9 - 2011
10 - 2011
11 - 2011
12 - 2011
1 - 2012
2 - 2012
3 - 2012
4 - 2012
5 - 2012
Month

Does your data look like this?



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Or like this?

In August, **4** infants were <u>electively</u> delivered prior to 39 weeks gestation and were transferred to NICU/SCN.

In August, **4** infants were <u>electively</u> separated from their Mom's and developed breast-feeding issues, had a longer LOS, had hyperbilirubinemia, etc…….

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Structure and Process

- Create the sense of urgency
  - National Data with Local Data
- Define what to measure
  - Structure and process measures

If your process does not achieve what you expect, is it?

A Failure of……..

1. Will?

2. Ideas?

3. Execution?

http://www.ihi.org/knowledge/Pages/Tools/ExecutiveReviewofProjectsIHI.aspx

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Failure of Will

- Resources necessary to the project's success are not made available
- A few loud naysayers are blocking implementation and spread of good ideas
- Absence of any obvious connection between this project and key strategic goals
- Lack of executive and board attention to this project
- Line managers appear to be on the sidelines, not responsible for project success

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Failure of Ideas

- The project team has not gone outside the organization, or outside health care, to find the best ideas
- Few cycles of improvement have been attempted
- “Big Ideas” appear to be absent—changes being tested are safe, incremental, not radical redesigns
- The team can’t tell you who has the best results in the world on this topic

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Failure of Execution

- Project setup, and project management appear to be weak
- Preparation for spread is not part of the project from the inception
- The project team can not articulate a coherent change leadership framework being used by the project
- The project gets good results on pilots, but never seems to scale up

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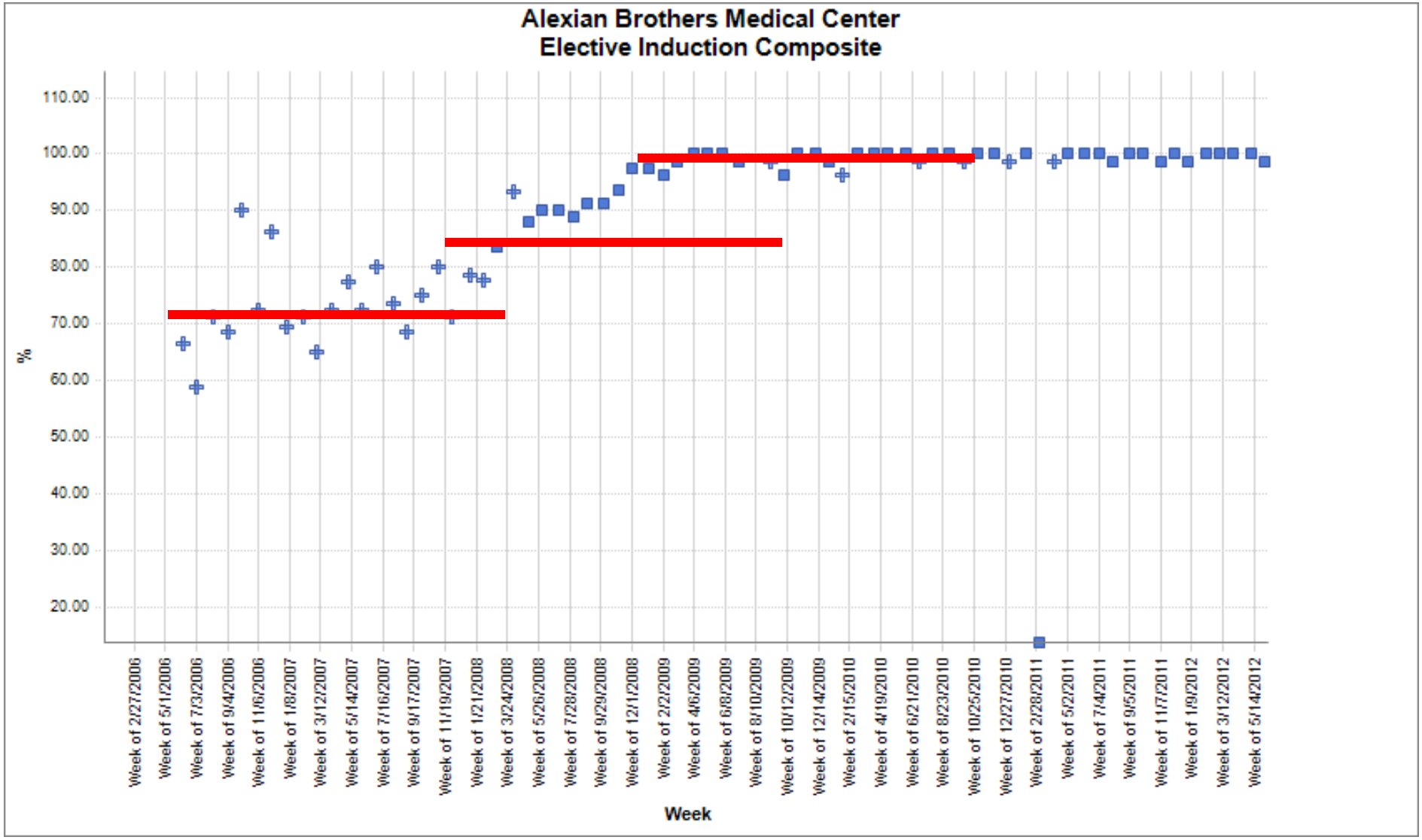

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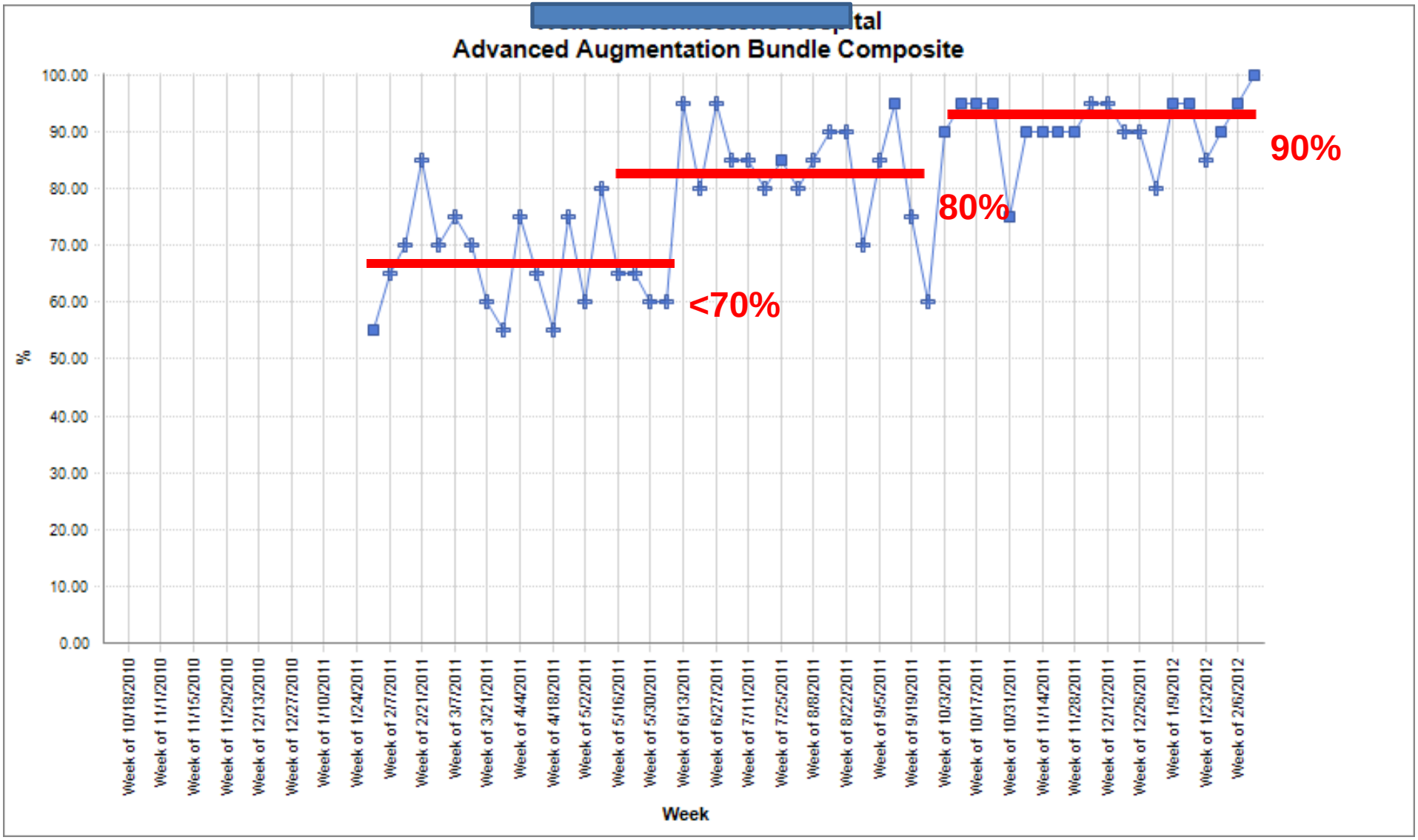
Hospital A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Advanced Augmentation Bundle Composite
100.00
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
%
<70%
80%
90%
Week of 10/18/2010
Week of 11/1/2010
Week of 11/15/2010
Week of 11/29/2010
Week of 12/13/2010
Week of 12/27/2010
Week of 1/10/2011
Week of 1/24/2011
Week of 2/7/2011
Week of 2/21/2011
Week of 3/7/2011
Week of 3/21/2011
Week of 4/4/2011
Week of 4/18/2011
Week of 5/2/2011
Week of 5/16/2011
Week of 5/30/2011
Week of 6/13/2011
Week of 6/27/2011
Week of 7/11/2011
Week of 7/25/2011
Week of 8/8/2011
Week of 8/22/2011
Week of 9/5/2011
Week of 9/19/2011
Week of 10/3/2011
Week of 10/17/2011
Week of 10/31/2011
Week of 11/14/2011
Week of 11/28/2011
Week of 12/12/2011
Week of 12/26/2011
Week of 1/9/2012
Week of 1/23/2012
Week of 2/6/2012
Week

How to break through the blah blah blah

- ‘There is no problem’- share data
- ‘The change won’t work’- share results
- ‘The change isn’t valid’- share science
- ‘You don’t understand my work’- have a colleague speak with them
- ‘I don’t have time’- very small test

Engaging Improvement Methods

1. Standardize what is standardizable, no more.
2. Generate light, not heat, with data (use data sensibly and use it for learning not judgment)
3. Make the right thing easy to <u>try</u>. End paralysis by analysis
4. Make the right thing easy to <u>do</u>.

Using Improvement Science to Address Infant Mortality

Ways to Go Forward

National Initiative for Children's Healthcare Quality

About NICHQ

- Founded in 1999, NICHQ is an independent non-profit organization that partners with healthcare systems, foundations, government, payors, and family and community organizations to:
  - Optimize healthcare system performance and
  - Develop and spread innovation and best practices
- NICHQ's major areas of focus are:
  - Chronic illness in childhood (Children and Youth with Special Health Care Needs)
  - Obesity Prevention and Treatment
  - Perinatal Health
- Promoting equity and incorporating public health are cross cutting themes across NICHQ activities.

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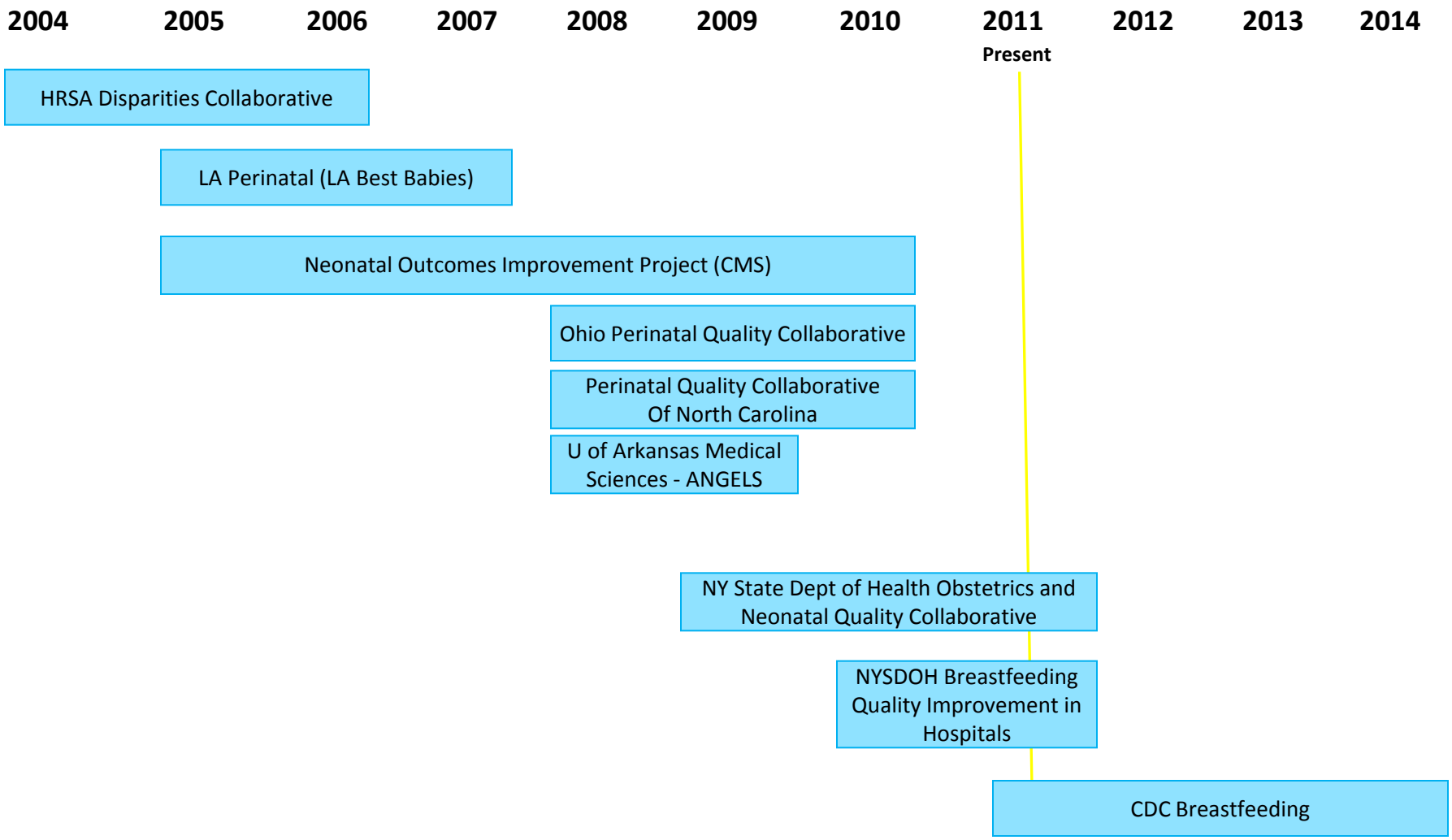
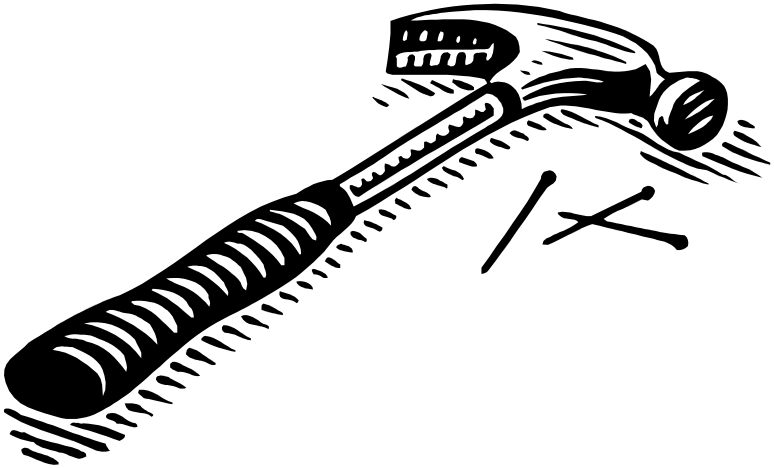
NICHQ's Experience: Perinatal



QI isn't a Hammer and….

- All drivers aren't nails…



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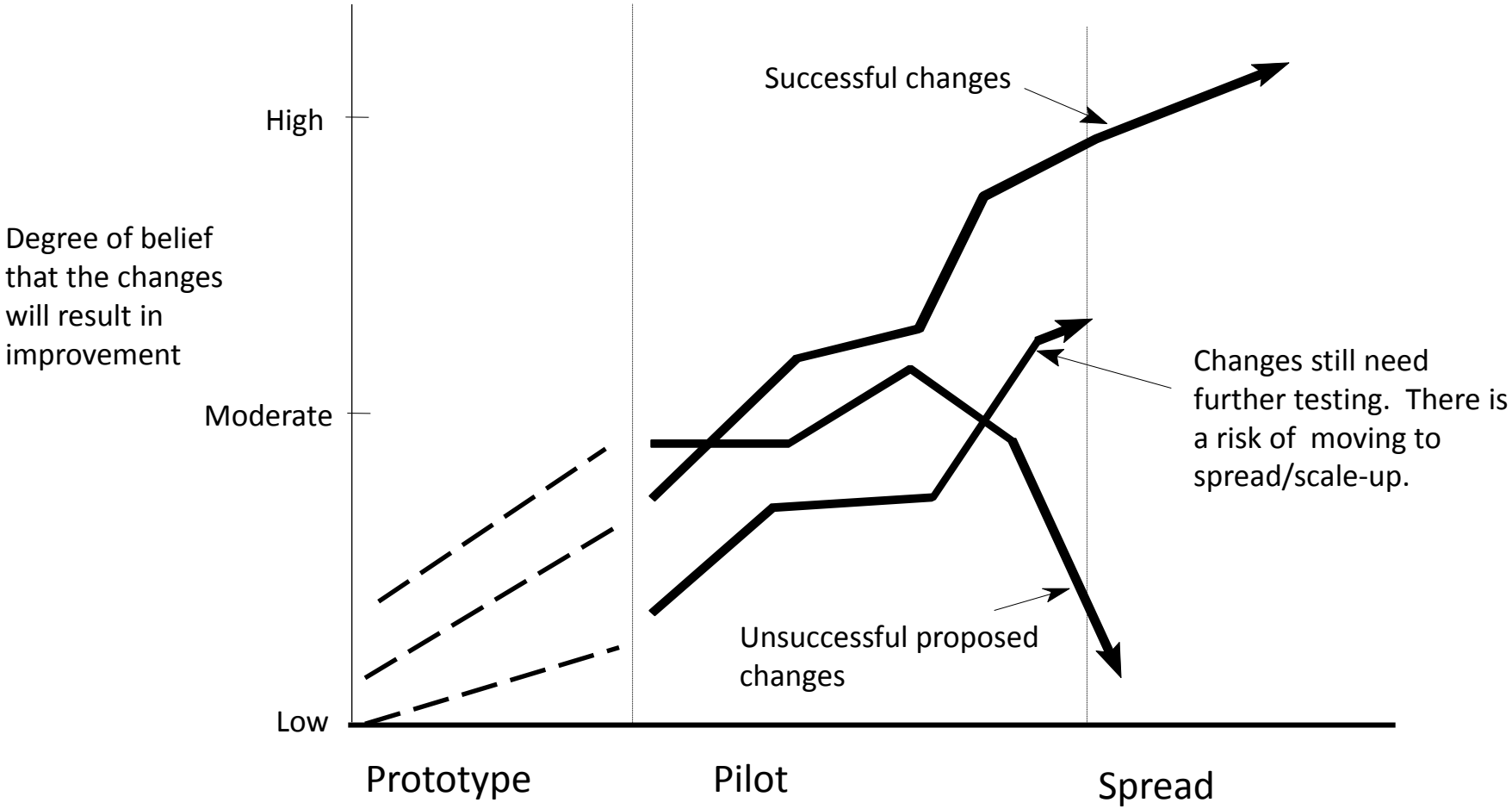
How Does Topic/Driver Align With Approach?



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Level of confidence that system changes will result in improved outcomes

- Low (hunch, ideas, etc.):
  - Prototype
  - Innovation
  - Collaborative Innovation Network (agreement on goal, little agreement on "how" to achieve it)
- Moderate: limited understanding of variability in application to different settings, substantial support needed for implementation
  - Breakthrough Series
- High: Spread:
  - Campaigns/Learning Networks
  - Organizational Implementation
  - Public Policy

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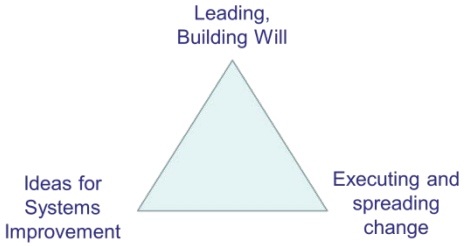
Confidence That Specific Changes Will Lead To Improvement



Aim	1^0 drivers	Confidence specific changes will lead to improvement
Reduce infant mortality to x% by 20xx	Reducing elective deliveries <39 weeks	HIGH
	Expanding interconception care in Medicaid	INTERMEDIATE
	Reducing SIDS/SUID	INTERMEDIATE
	Increasing smoking cessation among pregnant women	HIGH
	Enhancing perinatal regionalization	LOW

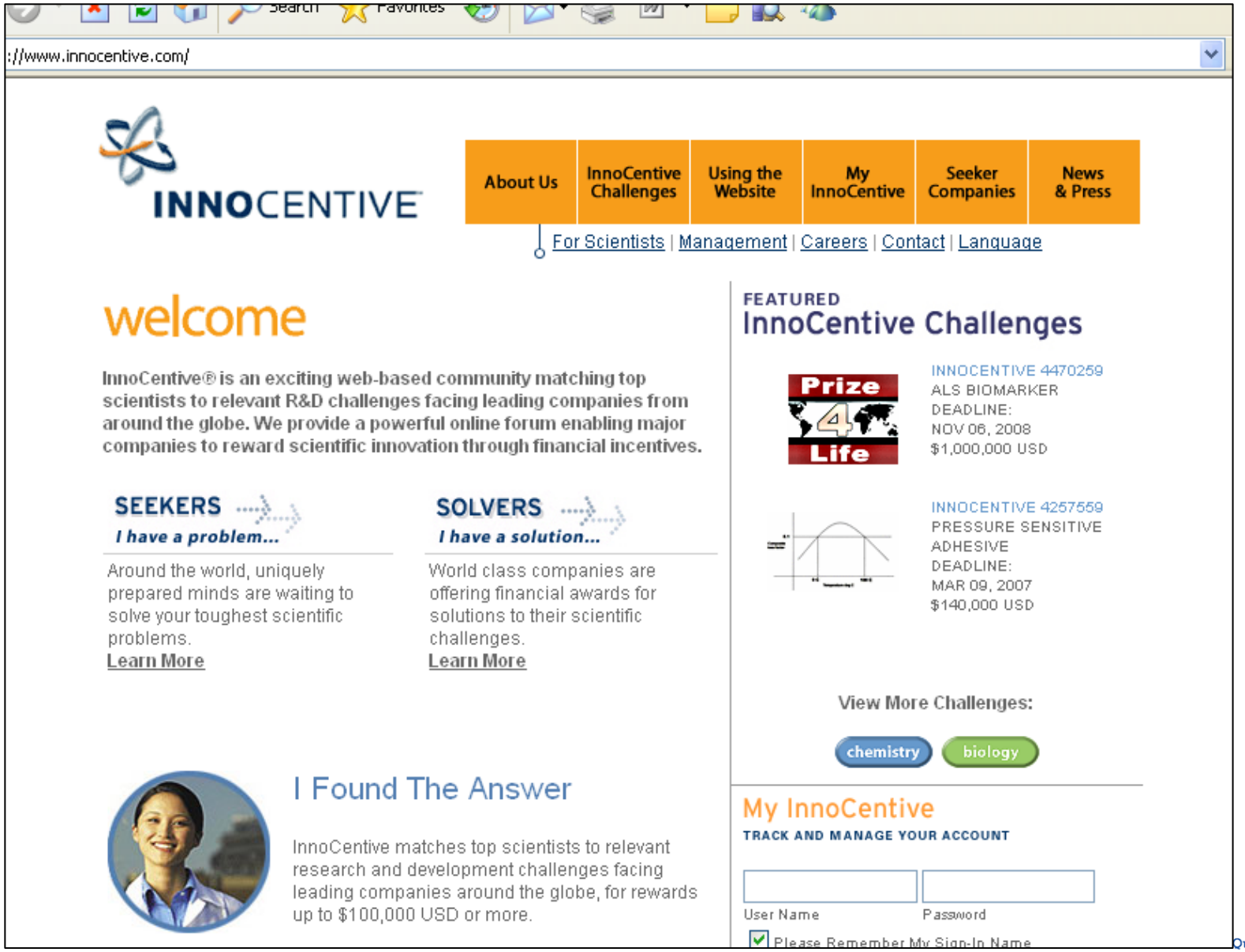
INNOVATION

- Goal is clear
- Specific approach is not
- Key elements:
  - Need driven
  - Rapid, frequent experimentation
  - Diverse input/outside perspective
  - Reflection

Collaborative Innovation Networks

- Learning networks
- Ethical Code
- Trust and self-organization
- Knowledge Accessible to Everybody
- Internal Honesty and Transparency
- Swarm Creativity

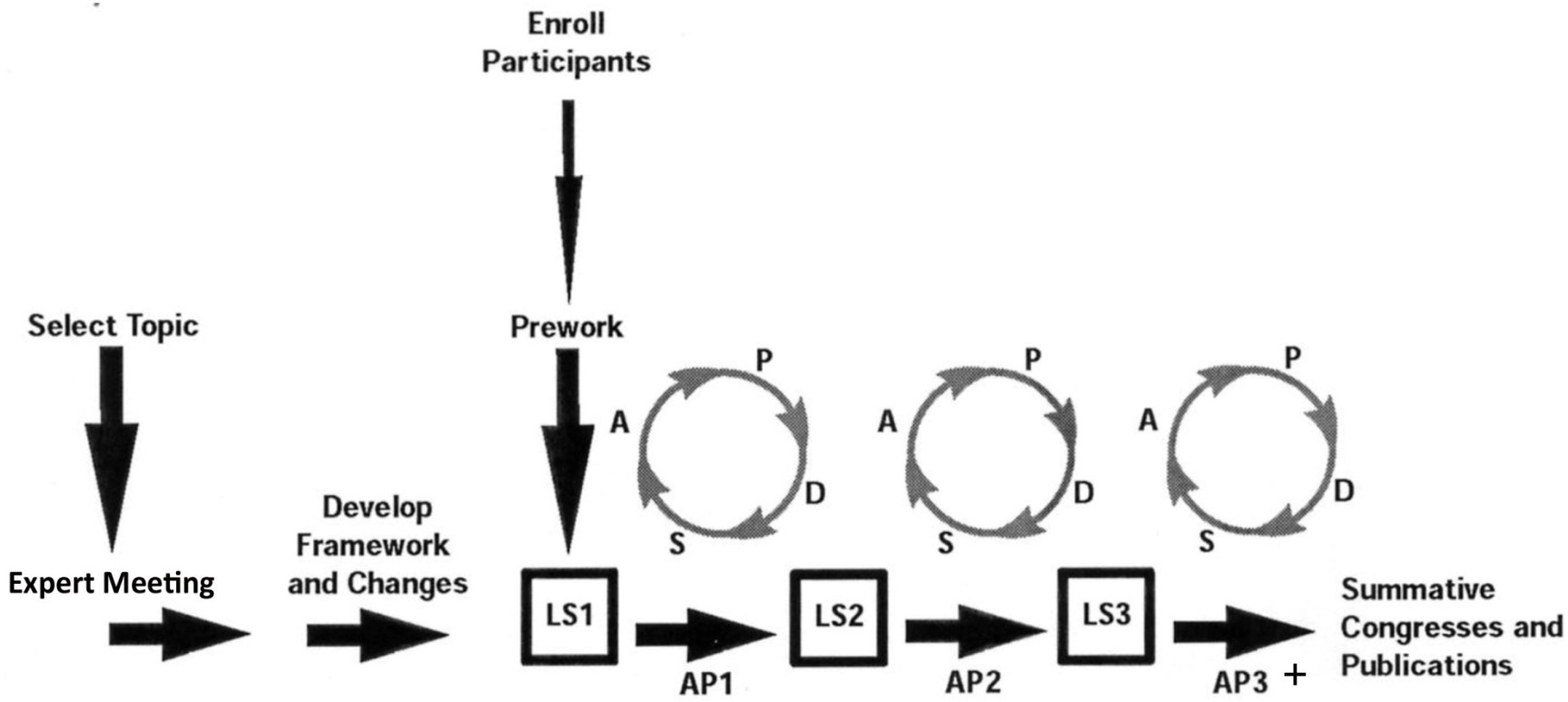
Collaborative Innovation



Creating a COIN

- Develop clarity on aim
- Develop means for measuring progress
- Creating vehicle for learning and exchange
- Mechanisms to maintain pace

IHI Breakthrough Series Core Model



LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthy Team Reports • Assessments

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Diffusion or Spread

"BETTER IDEAS"

COMMUNICATED

In a certain way

Thru a SOCIAL system

Happen over time

Adapted from Rogers, 1995

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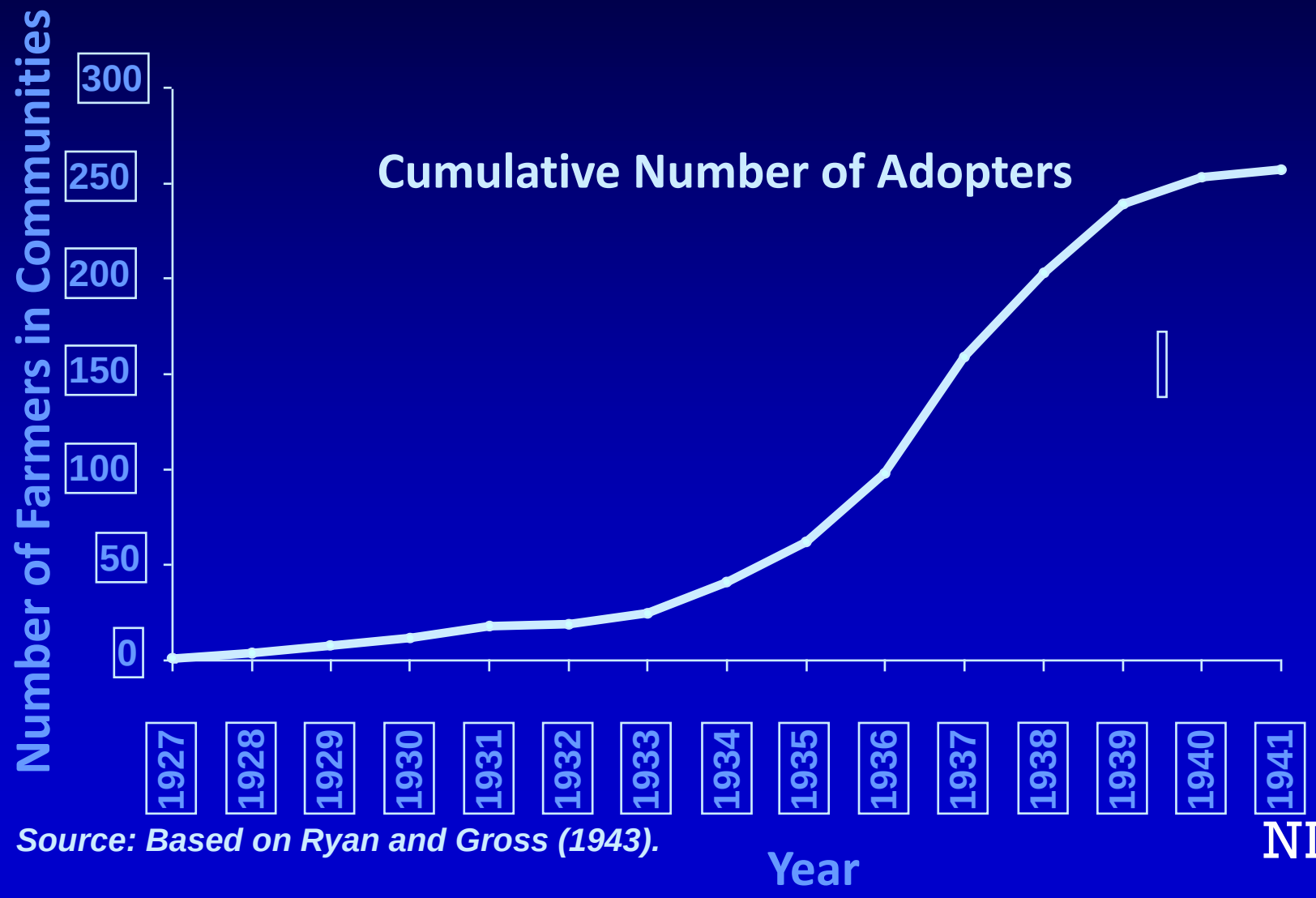
(C) 2003, Sarah W. Fraser

Adoption of Hybrid Seed Corn in Two Iowa Communities



Source: Based on Ryan and Gross (1943).

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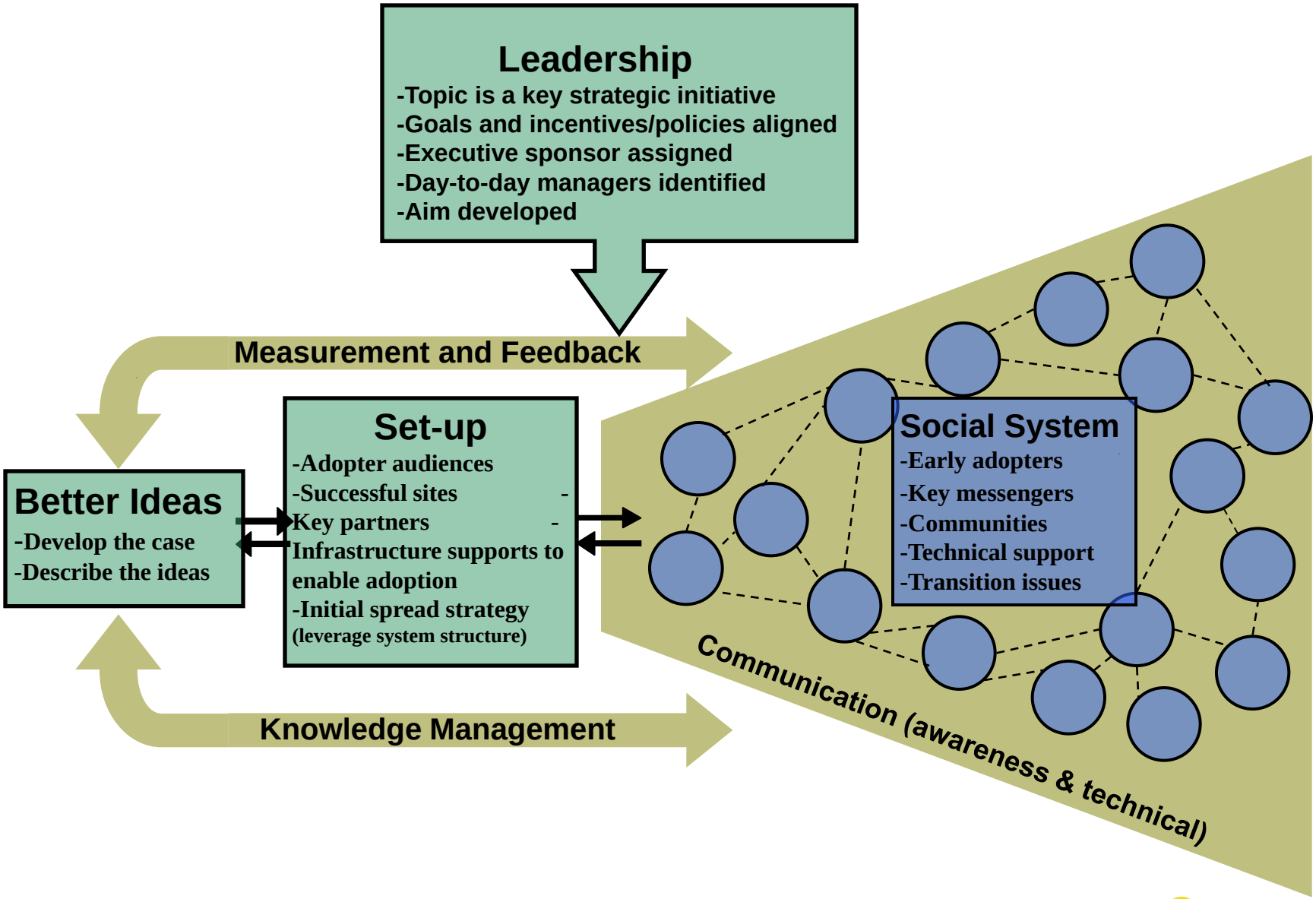
A Framework for Spread



Environmental Context

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A Campaign for Early-Term Birth Reduction

Aim	**8 * 14**
Leadership	Governor, Secretary HHS. Messages 8 times 8 ways
Set up	Ob's, Hospitals, Payers, Women, Employers, Medicaid
Ideas	Administrative approval; stop the line; regional collaboratives; public data
Communication	media; web site; social media; professional conferences; stories
Social System	Opinion leader ID and engagement; sequential messages; anticipate financial impact
Knowledge Management and Learning	Centralized data; Swat teams; newsletter; field coordinator
Measurement and Feedback	Vital statistics; Performance measures (JCAHO, Leapfrog)
External Environment	Payment reform; licensure; accreditation

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Key Messages

- Assess confidence in ideas before choosing change approach
- Low confidence: Innovation (COIN)
- Medium confidence: BTS
- High Confidence: Campaign, Policy
- All require:
  - Aim
  - Measures
  - Will
  - Skillful execution

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Q&A