What does respectful maternal care look like?
Better Maternal Outcomes: IHI Rapid Improvement Network

Informational Call for Wave 3
March 18, 2020
WebEx Quick Reference

- Please use chat to “**All Participants**” for discussion & questions

- For technology issues only, please chat to “**Host**”
Where are you today?
Please type your **name** and the **organization** you represent (or most closely align yourself with) in the chat box

Example: Mara Lee, Midwest Health
Today’s Hosts

Kelly McCutcheon Adams, LICSW
Senior Director, IHI

Deborah Bamel, MPH
Senior Project Manager, IHI

Antonella Marcon
Project Coordinator, IHI
Today’s Agenda

• Welcome & Introductions
• Background: IHI Better Maternal Outcomes Initiative
• Better Maternal Outcomes: Rapid Improvement Network
  – What we are trying to achieve
  – An invitation to join
  – What participants can expect
  – How we will work together
• Questions and Next Steps
EVERY TWO MINUTES, A WOMAN DIES FROM COMPLICATIONS RELATED TO PREGNANCY AND CHILDBIRTH. TOGETHER, WE CAN CHANGE THIS.

Most of these deaths are preventable when women have access to modern contraception and quality maternal health care before, during, and after childbirth.

WHAT WE'RE DOING

Working together with our partners, we can help make pregnancy and childbirth a safe, healthy, and joyful experience for women.

$500M investment  7.1M+ women reached  10 years  50+ programs  100+ partners  30+ countries
EVERY TWO MINUTES, A WOMAN DIES FROM COMPLICATIONS RELATED TO PREGNANCY AND CHILDBIRTH. TOGETHER, WE CAN CHANGE THIS.

Black women are 3-4 times more likely to die during pregnancy and childbirth than White women\(^4\).

\(\text{3-4x}\)

$500\text{M}$ investment  
$7.1\text{M+}$ women reached  
10 years  
50+ programs  
100+ partners  
30+ countries
When you think about the care of women and babies in your rural community, what keeps you up at night?
Merck for Mothers has an ambitious 10-year goal to end preventable maternal deaths worldwide.

The Institute for Healthcare Improvement (IHI) has an aligned mission to improve health and health care worldwide and a deep commitment to improving maternal health and equity.
Network Relationships

• IHI would like to thank our partner, the American Hospital Association (AHA), for their leadership and support of the IHI Better Maternal Outcomes Rapid Improvement Network initiative. Learn more about AHA’s work in maternal health at https://www.aha.org/better-health-for-mothers-and-babies

• IHI is working closely with the Alliance for Innovation in Maternal Health (AIM) program to actively communicate regarding both efforts for the purpose of better meeting the needs of states, hospitals, and health care professionals in service of improvement maternal and infant outcomes. Learn more about the AIM program at www.safehealthcareforeverywoman.org
The First “Law” of Improvement

“Every system is perfectly designed to get the results it gets”
Paul Batalden, MD

We must change the system to expect different results.
## Better Maternal Outcomes Initiative Overview

<table>
<thead>
<tr>
<th>Rapid Improvement Network</th>
<th>Redesigning Systems with Black Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support national efforts to implement reliable evidence-based care</strong> for women and newborns around the time of birth, leading to a reduction in maternal mortality in the United States (US) in 2021 compared to 2016.</td>
<td><strong>Facilitate locally driven, co-designed, rapid improvements in 4 communities targeting the interface of health care delivery, the experience of birthers, and community support systems. The goal of these projects is to test and scale up maternal care supports and create a learning network across participating communities aimed at improving equity, dignity, and safety while reducing racial inequities in maternal outcomes.</strong></td>
</tr>
</tbody>
</table>
Advisory Network

Jodi Abbott, MD, MHCM
Amy Bell, DNP, RNC-OB, NEA-BC, CPHQ
Debra Bingham, DrPH, RN, FAAN
Tara E. Bristol, MA
Andria Cornell, MSPH
Joia Crear-Perry, MD

Rick Foster, MD
Daisy Goodman, APRN, DNP, MPH
Victoria Green, MD, MHSA, JD, MBA
Kate Hilton, JD, MTS
Deborah Kilday, RN, MSN
Kevin Little, PhD

Patricia A. McGaffigan, RN, MS, CPPS
Monica McLemore, PhD, MPH, RN
Audra R. Meadows, MD, MPH
Neel Shah, MD, MPP, FACOG
Joseph Thompson, MD, MPH
Rapid Improvement Network: Wave 3 – Rural Wave

The **Better Maternal Outcomes: Rapid Improvement Network** is a free initiative aimed at connecting hospitals and providers from across the country who are committed to improving health outcomes by delivering safe, equitable, respectful care of women and their babies.

The goal of the **Network** is to equip participants with the knowledge and skills needed to reliably implement promising practices and improve care delivery for all women and newborns.
What you can expect (IHI’s commitments)

- Bimonthly **webinars** on critical quality improvement and maternal safety topics
- Drop-in virtual **coaching** sessions with expert faculty from the field
- **Connections** to other providers, organizations, and communities navigating similar work
- Real-world **examples** and case studies from a diverse set of providers, hospitals, and delivery centers
- Roadmaps and **tools** customized to support implementation of best practices and build local improvement skills to bridge the gap between “what we know” and “what we do”
- **Access** to selected online quality improvement tools and courses from IHI
Working together (your commitment)

- **Engage** a cross-disciplinary team in the virtual shared learning and improvement-oriented efforts
- Secure support from physician and nursing leadership for participation
- **Collaborate** with women who represent those you serve and commit to working towards equitable outcomes for all women
- Identify at least one improvement goal related to improving maternal health and equitable, respectful maternal care,
- **Participate** - at least 1 team member should attend each virtual program
- **Share** your learning with the other participating teams
- Participate in mid and post-session surveys and interviews to improve the experience for future waves
## Wave 3 Tentative Call Schedule

<table>
<thead>
<tr>
<th>Call Type</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Call 1</td>
<td>Introduction - Coming Together to Reduce Maternal Mortality and Morbidity in Rural Communities</td>
<td>April 14th</td>
</tr>
<tr>
<td>Content Call 2</td>
<td>Learning from Rural Communities in Action</td>
<td>April 28th</td>
</tr>
<tr>
<td><strong>Community Connection Call 1</strong></td>
<td></td>
<td>May 12th</td>
</tr>
<tr>
<td>Content Call 3</td>
<td>Learning from Rural Communities in Action</td>
<td>May 26th</td>
</tr>
<tr>
<td><strong>Community Connection Call 2</strong></td>
<td></td>
<td>June 9th</td>
</tr>
<tr>
<td>Content Call 4</td>
<td>Learning from Rural Communities in Action</td>
<td>June 23rd</td>
</tr>
<tr>
<td><strong>Community Connection Call 3</strong></td>
<td></td>
<td>July 7th</td>
</tr>
<tr>
<td>Content Call 5</td>
<td>Closing: The Road Ahead</td>
<td>July 21st</td>
</tr>
</tbody>
</table>

Virtual programming will be on **Tuesdays from 12:00-1:00 PM ET**

*Additional special interest webinars will be offered monthly*

**This schedule will likely be subject to adjustment in the coming weeks and shared with registrants.**
Driver Diagram: Hospital Strategies for Improving Outcomes for Pregnant Women in Rural Areas

**Primary Drivers**

- Support women’s mental and emotional well-being
- Improve access to high quality maternity care
- Equip hospitals to provide safe care
- Coordinate a regional system of care

**Secondary Drivers**

- Educate ambulatory and emergency care providers about signs and symptoms of emergent conditions during prenatal and post-partum periods
- For low-risk women: Virtual visits; mobile vans
- For high-risk women: Telehealth consultations with specialists; in-home case management; community paramedicine; community health workers
- Develop criteria for when a woman should be transferred
- Provide training in implicit bias
- Availability of supplies and tools, e.g. blood products
- Simulation training for obstetric emergencies and rare events for OB, surgical, and emergency staff
- Ongoing training to maintain competencies and improve skills
- Cross-training for non-OB providers in some OB services
- Telehealth consultations with specialists
- Develop strategies to address issues of trust and culture among different provider types
- Leverage perinatal quality networks for training, education, and coordination
- Cultivate relationships with referral centers to improve handoffs with transfers and referrals
- Facilitate sharing best practices among facilities
- Provide transportation as a back-up for emergent situations

Improve outcomes for pregnant women living in rural areas

Support women’s mental and emotional well-being

Improve access to high quality maternity care

Equip hospitals to provide safe care

Coordinate a regional system of care
FAQ’s

• How much does it cost to join?
• How do I enroll myself or my team?
• Who are the program faculty?
• What kind of coaching can I expect?
• What data do I need to commit to sharing?
• How is this related to the work I do in my (state) Perinatal Quality Collaborative?

http://www.ihi.org/maternalhealth
FAQ’s

• How much does it cost to join?
• How do I enroll myself or my team?
• Who are the program faculty?
• What kind of coaching can I expect?
• What data do I need to commit to sharing?
• How is this related to the work I do in my (state) Perinatal Quality Collaborative?
Better Maternal Outcomes Rapid Improvement Network

A free initiative focused on improving maternal outcomes and respectful care

About the Network
The IHI Better Maternal Outcomes Rapid Improvement Network is a free initiative aimed at connecting hospitals and providers in the United States who pledge to improve health outcomes by delivering safe, equitable, respectful care in the care to all.

JOIN THE NETWORK

New!
Wave Three: Rural Hospitals
April – July 2020

Click here to learn more.

Register Now

Join a free informational call to learn more about the Network and programming for Wave 3.

http://www.ihi.org/maternalhealth
FAQ’s

• How much does it cost to join?
• How do I enroll myself or my team?
• Who are the program faculty?
• What kind of coaching can I expect?
• What data do I need to commit to sharing?
• How is this related to the work I do in my (state) Perinatal Quality Collaborative?
Wave 3 Lead Faculty: Dr. John Cullen

• John S. Cullen, MD, FAAFP, a family physician in Valdez, Alaska, is chair of the American Academy of Family Physicians Board of Directors. The AAFP represents 134,600 physicians and medical students nationwide. As AAFP Board chair, Cullen advocates on behalf of family physicians and patients to inspire positive change in the US health care system.
• Dr. Cullen has practiced the full scope of family medicine in a rural community of 4,000 people in Alaska for more than 25 years. Dr. Cullen works in an independent small group practice and is director of emergency medical services at Providence Valdez Medical Center where he also provides maternity and inpatient care.
• He has been actively involved in residency and medical student teaching for more than 20 years, providing comprehensive training in rural health care. He is an associate clinical professor at the Geisel School of Medicine at Dartmouth College.
Rapid Improvement Network Core Faculty

Audra R. Meadows, MD, MPH, FACOG
Medical Director, Ambulatory Obstetrics
Brigham and Women's Hospital
Assistant Professor, OB/GYN and Reproductive Biology
Harvard Medical School
Co-Chair, Massachusetts Perinatal Quality Collaborative

Debra Bingham, DrPH, RN, FAAN
Founder and Executive Director
Institute for Perinatal Quality Improvement (PQI)
Associate Professor, Healthcare Quality and Safety
University of Maryland School of Nursing
FAQ’s

• How much does it cost to join?
• How do I enroll myself or my team?
• Who are the program faculty?
• What kind of coaching can I expect?
• What data do I need to commit to sharing?
• How is this related to the work I do in my (state) Perinatal Quality Collaborative?
Q: What kind of coaching can I expect?

A: Spread out among the content calls will be regular coaching calls for participants. These sessions provide an opportunity for participants to get questions answered about the application of improvement science to the changes ideas shared in content calls. Both clinical content faculty and improvement science faculty will be available to help answer questions and troubleshoot challenges teams are facing in their organization’s improvement efforts. Additionally, teams will be able to connect with one another and share ideas. Each wave also has a listserv where questions and resources can be shared across teams.

Q: What is the time commitment? How often will calls take place?

A: Webinars will take place approximately twice per month, with the option to join additional coaching calls with IHI improvement experts and/or clinicians or researchers. We know that clinicians have busy schedules and may not always be able to join the calls in real time, so webinars will be recorded. In between calls, there will be suggested activities aimed at supporting your team’s learning and improvement work.
FAQ’s

• How much does it cost to join?
• How do I enroll myself or my team?
• Who are the program faculty?
• What kind of coaching can I expect?
• What data do I need to commit to sharing?
• How is this related to the work I do in my (state) Perinatal Quality Collaborative?
Q: What data do I need to commit to sharing?

A: We know improvement work is most effective when teams use local data to drive improvement. We encourage you to use data to support your improvement efforts; however, IHI will not be asking participants to share hospital-level data. We will ask participants to share their improvement work on calls and participate in polls and other interactive activities throughout the virtual program. At the end of the program, we will ask participants to complete a follow-up survey and participate in qualitative interviews to help IHI improve our approach to most effectively support future participants.
FAQ’s

• How much does it cost to join?
• How do I enroll myself or my team?
• Who are the program faculty?
• What kind of coaching can I expect?
• What data do I need to commit to sharing?
• How is this related to the work I do in my (state) Perinatal Quality Collaborative?
Q: How is this initiative related to the work I do with my state Perinatal Quality Collaborative (PQC) and/or with the AIM program?

A: The programming in the Network is intended to complement the work happening through PQC’s and AIM affiliated collaborations. IHI programming will focus on advancing highly reliable, respectful, equitable clinical care with a focus on the quality improvement tools and methods needed to successfully implement and sustain best practices at a facility level. We encourage you to stay engaged and involved in initiatives happening at the state level, such as your state PQC. IHI’s goal for the network is to support and accelerate the work you are already doing and provide unique opportunities to share and learn from other providers. For hospitals in states that do not have an active PQC or are not engaged with PQC and AIM efforts, this network can provide additional support and structure for your local improvement efforts. We know that every state and every facility face unique challenges. If you have specific questions, please reach out to our team and we will help navigate what might work for you.
This new IHI Innovation Report examines the challenges and gaps that rural health care organizations in the US face; presents a synthesis of published evidence and effective approaches developed by clinicians and leaders; and describes potential strategies for providing safe, high-quality maternity care in rural areas.

Ideas from this report will be discussed throughout Wave 3 and selected case examples from the report will be featured on content calls.

Please join us!

To enroll:  
www.ihi.org/maternalhealth

Questions:  
maternalhealth@ihi.org