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Perinatal Quality Assessment Performance Improvement, Patient Safety Overview

Designation Unit

EMS-Trauma Systems Section

Consumer Protection Division

2

Goal

Establish a consistent structure and processes for the Maternal and Neonatal Quality Assessment, Performance Improvement, Patient Safety Plan.

3

Objectives

1	Review the structure and processes for a successful QAPI, PS Plan
2	Review the elements of a QAPI Patient Safety Plan
3	Describe screening events, level of harm, and levels of review
4	Expectations of the QAPI PS Oversight Process / Committees
5	Examine what is needed to demonstrate event resolution
6	Examine how the QAPI, PS documents are integrated into the site survey planning process.

4

Maternal and Neonatal Rules

QAPI Plan--Quality Assessment and Performance Improvement Plan. QAPI is a data-driven and proactive approach to quality improvement. It combines two approaches – Quality Assessment (QA) and Performance Improvement (PI).

QA is a process used to ensure services are meeting quality standards and assuring care reaches a defined level.

PI is the continuous study and improvement process designed to improve system and patient outcomes.

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Maternal Rule Requirements

The written Maternal Program Plan must be reviewed and approved by Maternal Program Oversight and be submitted to the facility's governing body for review and approval. The governing body must ensure that the requirements of this section are implemented and enforced.

The facility must demonstrate that the maternal QAPI Plan consistently assesses the provision of maternal care provided. The assessment will identify variances in care, the impact to the patient or level of harm, and the appropriate levels of review.

This process will identify opportunities for improvement and develop a plan of correction to address the variances in care or the system response. An action plan will track and analyze data through resolution or correction of the identified variance.

Maternal facilities must review their incidence and management of placenta accreta spectrum disorder (PASD) through the QAPI Plan and report the incidence and outcomes through Maternal Program Oversight.

6

Neonatal Program Oversight

Neonatal Program Oversight--A multidisciplinary process responsible for the administrative oversight of the neonatal program and having the authority for approving the defined neonatal program's policies, procedures, and guidelines for all phases of neonatal care provided by the facility, to include:

- defining the necessary staff competencies,
- monitoring to ensure neonatal designation requirements are met, and
- the aggregate review of the neonatal Quality Assessment and Performance Improvement (QAPI) Patient Safety (PS) initiatives and outcomes.

Neonatal Program Oversight may be performed through the neonatal program's performance improvement committee, multidisciplinary oversight committee, or other structured means.

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Neonatal Program Plan

The facility must demonstrate that the neonatal QAPI Plan consistently assesses the provision of neonatal care provided.

The assessment must identify variances in care, the impact to the patient or level of harm, and the appropriate levels of review.

This process must identify opportunities for improvement and develop a plan of correction to address the variances in care or the system response.

An action plan will track and analyze data through resolution or correction of the identified variance.

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Establishing the Structure for a Maternal/Neonatal QAPI Plan

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What is Quality Care?

The Institute of Medicine defines health care quality as the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Regulations are designed to maximize the quality and safety of health care services, maximize access to healthcare, and promote efficiency.

Quality assessment performance improvement relies on **_data._**

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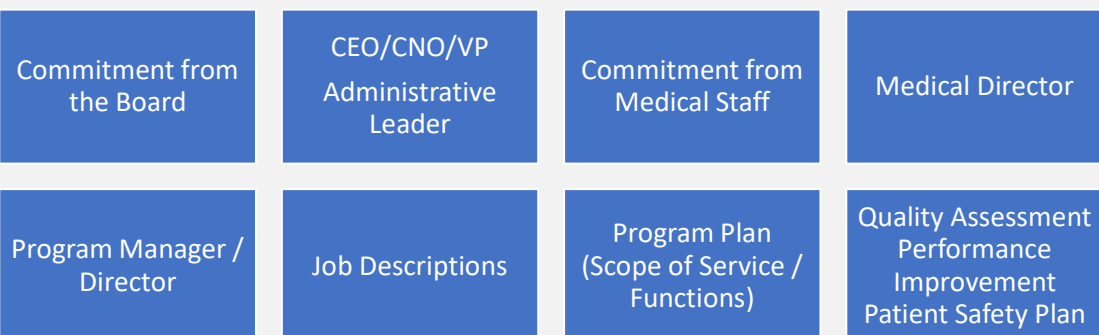# Quality Assessment Performance Improvement

- Structure + Processes = Outcomes
- Utilizes best-practice or evidence-based practice (EBP) to standardize care and processes
- Reduces inefficiencies and variations in care
- Reduces opportunity for errors
- Reports through the Multidisciplinary Perinatal Oversight Process

Note: Each facility has the opportunity to define their oversight structure

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Perinatal Program Authority

Commitment from the Board	CEO/CNO/VP Administrative Leader	Commitment from Medical Staff	Medical Director
Program Manager / Director	Job Descriptions	Program Plan (Scope of Service / Functions)	Quality Assessment Performance Improvement Patient Safety Plan

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Culture of the Perinatal Center

LEADERSHIP

Structure

Process

OUTCOMES

13

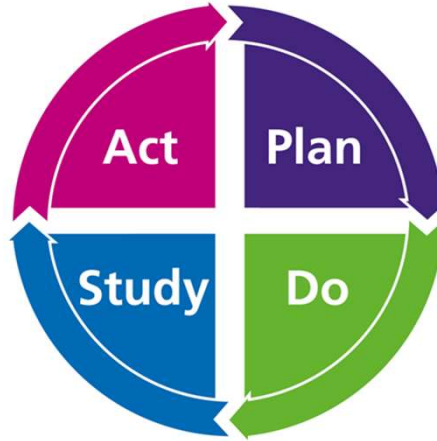# Quality Assessment Performance Improvement Models

Six Sigma   Lean Model   Plan-Do-Study-Act

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Plan – Do – Study - Act (PDSA)

ACT – If desired goal reached, standardize through EBP, hardwire **NOTE**: If desired goal not reached, cycle continues

PLAN - Identify problem, determine goal, complete cause analysis

STUDY – Assess progress and reassess

DO – Define correction action plan and execute plan

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Culture of Safety

Change in	Change in Institutional Culture
Foster	Foster Environment for Safety and Reliability
Remove	Remove the "Culture of Blame"
Promote	Promote "Safety" and the Culture of Reporting

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Culture of Safety

Resilience

- Team-Based Training
- Executive Safety Rounding
- Unit-Based Champion / Safety Teams – 2 Pt. ID; Hand-off; Bed-side Report
- Defined Checklists
- SBAR
- Just Culture – Accountability – System Issues
- Engage All Levels of Staff
- Safety Briefings

Toolkit for Improving Perinatal Safety | Agency for Healthcare Research and Quality (ahrq.gov)
Learn About the Comprehensive Unit-based Safety Program for Perinatal Safety | Agency for Healthcare Research and Quality (ahrq.gov)

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Why is Quality Assessment Performance Improvement, Patient Safety Important?

- Value Based Health Care
- Validate Safe, Quality, Reliable Care
- Provided by Skilled, Competent Health Professionals
- Useful in Identifying Outliers and Deviations in the Standard of Care Practices
- Identify Innovations, and New Ways to Deliver Quality Care
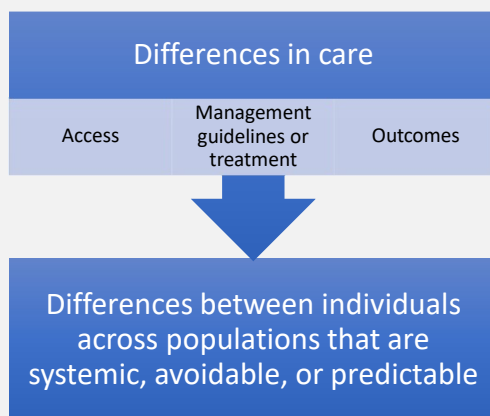- Reimbursement / Funding

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Equity

Access to care

Each individual has a fair opportunity to achieve their full health potential

Consistent management guidelines

Consistent outcomes
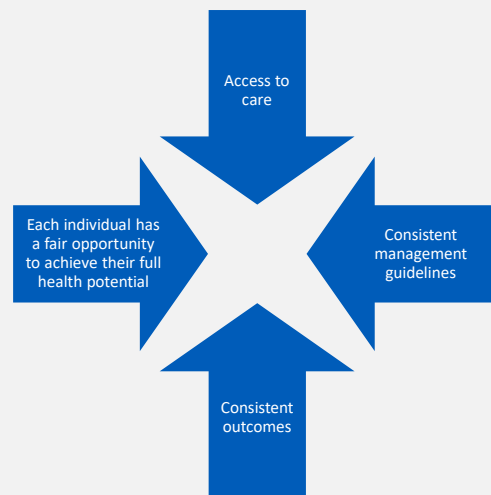
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Disparities or Inequities in Care

Differences in care

Access	Management guidelines or treatment	Outcomes

Differences between individuals across populations that are systemic, avoidable, or predictable

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Perinatal Program Plan – Structure

- Purpose
- Directive
- Program Mission
- Program Vision
- Culture of Safety Integration
- Program Oversight
- Program Overview
  - Patient Population and Scope of Services
  - Organizational Structure
  - Program Leadership / Chain of Command
  - Staffing Functions
  - Staff Education / Requirements / Competencies
  - Scheduling
  - Communication

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Program Plan – Structure

EBP Standards of Care / Program Management Guidelines
Oversight and Authority
Data Management
Physician / APP Credentialing
Staff Education and Credentialing Requirements
Integration of Pharmacy, RT, Anesthesia, Surgery, Radiology Guidelines
Benchmarking / Collaboratives
Public Education / Outreach
Disaster Integration
Perinatal Care Regions Collaborative Practices

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Maternal/Neonatal Program Oversight

Program Oversight

Establishes the Perinatal Culture
- Defines and Approves Program Plan and QAPI PS Plan
- Approves Management Guidelines
- Reviews Compliance to Designation Requirements
- Focuses on Hospital System Performance
- Reviews Identified "Perinatal Dashboard" of selected QAPI PS Elements - monthly, quarterly, annually
  - Neonatal Events
  - Maternal Events

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Getting Started – Survey Preparation

Establish Authority

Job Descriptions

Commitment

Management Guidelines and Established Processes

Admission / Scope of Service Guidelines

Transfer Guidelines

Educational Standards for Staff

Documentation Standards

Oversight Process

Written QAPI PS Plan

Equipment and Resources

Integration with Hospital Quality & Risk

Implementation Timeline

Tracking Process

Monthly / Quarterly Updates

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QAPI Roles and Responsibilities

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QAPI PS Roles & Responsibilities

Administrator

Commitment
- Hospital Commitment
- Leadership
- Authority and Scope
- Hospital Integration
- Funding
- Resources
- Contract Metrics
- Transfer Agreements

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QAPI PS Roles & Responsibilities

Medical Director

Commitment

- Authority and Oversight
- Program Plan
  - Responsible for All Phases of Care
  - Responsible for Management Guidelines
  - Best Practice Guidelines

Responsible for QAPI

- Chairs Perinatal Secondary Level of Review, M&M, Referral to Peer Review & Program Oversight
- Defines Action Plans
- Ensures Event Resolution

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Perinatal Medical Director Contracts

Hours Dedicated to Meetings	
• Staff Education • Outreach Education & Perinatal Care Training Programs • Program Oversight • M&M, Program Peer Review • PCR/RAC System Participation • PAC Meetings	Committed to Perinatal Center
	Physician Oversight
	Time Dedicated to QAPI
	Disaster Response & Integration

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QAPI PS Roles & Responsibilities

Program Manager / Director

Commitment

- Authority and Oversight
  - Primary Level Of Review
  - Minutes & Tracking of QAPI Activities
  - Operationalize Action Plans
  - Daily, Weekly, Monthly, Quarterly, Annual Reports
  - Data Management
  - Confidentiality
  - Reporting Action Plan Data

- Prepares for Committees
- Minutes / Attendance
- Monitors Program Designation Criteria Requirements
- PCR/RAC Participation
- PAC Meetings
- Disaster Management

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QAPI PS Roles & Responsibilities

Departments

Commitment
- Management Guidelines Followed For Specific Area
- Documentation Standards
- Participation and Follow-Through with QAPI Action Plans
- Specific Reports
- Required Education Completed and Documented
- Equipment Competencies Completed and Documented
- Compliance to Program Designation Requirements
- Assist in Identifying Events
- Attendance at Program Oversight Committee(s)

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Summary – Establishing the Structure

- Leadership
- Structure – Organizational Chart, Job Descriptions
- Process – Program Plan
- Written QAPI Plan
- Culture of Safety
- Equity

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QAPI Patient Safety Plan

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Perinatal Quality Assessment Performance, Patient Safety Plan (QAPI PS)

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Perinatal QAPI PS Plan

WHAT IS THE STATUS OF YOUR PERINATAL QAPI PS PLAN?

HOW DO YOU IDENTIFY EVENTS?

HOW DO YOU VALIDATE AND DOCUMENT THE EVENT?

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QAPI PS Plan

- Scope and Authority
- Links with Program Oversight Process
- Events or Variations from Standard of Care – System or Clinical
  - Standardized Event Reviews or "Triggers"
  - System Variations
  - Core Measures
  - Benchmarking Elements (Collaboratives)
  - Designation Requirements
- Processes for Event Identification
- Validation, Documentation, Define Level of Harm
- Levels of Review
- Opportunities for Improvement
- Action Plan Development
- Tracking Action Plan and Analyzing Data
- Program Oversight Committee
- M&M / Program Peer Review
- Event Resolution
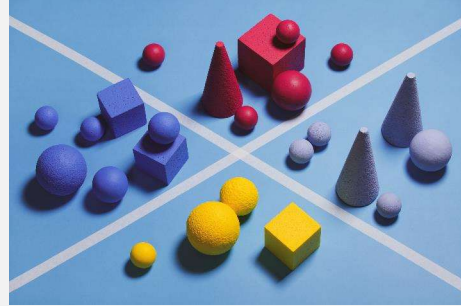
(Child Health Corporation of America, Vermont Oxford Network and Institute for Healthcare Improvement)

(Maternal Quality Improvement Program)

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Perinatal Progression of Care

QAPI Plan Continuum of Care

- Pre-Hospital / Transfers
- Emergency Care
- Labor and Delivery
- OR / Anesthesia
- OB ICU/Neonatal ICU
- Pharmacy
- RT
- Radiology
- Specialty Services / Psychosocial Support

- Nutrition Services
- Lactation Counselors
- General Unit / Support Services
- Discharge Planning
- Rehabilitation

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Perinatal QAPI PS Plan

Structure of Event Review

- Event – Impact on Patient = Level of Harm
- What Led to Event
- Validation and Documentation
- Levels of Review
- Identify Opportunities for Improvement
- Creating Action Plan (Desired Change)
- Tracking Action Plan's Outcomes
- Event Resolution

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Management Guidelines

Institutional Specific Written Management Guidelines	Set of Evidence Based Recommendations

• Clinical Practice Guidelines (CPG)
• Evidence-Based Guidelines (EBG)
• Best-Practice Guidelines (BPG)
	• Assist with Clinical Decisions
	• Decrease Variances in Practice
	• Establish Performance Benchmarks
	• Grades for Supporting Evidence
	  • Level I – Minimum of 1 Randomized Controlled Trial
	  • Level II – Observational Design
	  • Level III – Expert Consensus

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Established Management Guidelines

- Evidence of Education and Training
- All Staff and All Areas Providing Care
- Resources Required Available
- What is Monitored to Validate Compliance?
- How is Non-compliance Managed?

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Required Maternal Management Guidelines

- Behavioral Health Disorders
- Discharge Planning and Follow-up
- Disaster Response – Specific to Mothers and Babies
- Resuscitation
- Hypertensive Disorders
- Massive Transfusion Guidelines
- Obstetrical Hemorrhage
- Placenta Accreta Spectrum Disorder
- Sepsis or System Infection

- Shoulder Dystocia
- TOLAC - Immediately Available Response Guidelines
- Level III Facilities – MFM Consult and Response Guidelines
- VTE
- Telemedicine Utilization
- Transfer Guidelines
- Bereavement Guidelines
- Lactation Guidelines

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Neonatal Required Management Guidelines

- Neonatal Resuscitation
- Transfusions
- Nutrition
- Transfers
- Psychosocial
- Telemedicine
- Retinopathy Prematurity Screening
- Lactation

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Maternal Screening Events

- Adherence to Policies / Procedures
- Maternal Deaths
- Transfers
- Resuscitation Events
- Breastfeeding / Lactation
- Emergency Cesarean
- Imaging – Initial Read/Final Read Variances
- Lack of Pastoral/Spiritual Care
- Complications

- PASD Screening, Management, Outcomes
- Telehealth Response
- Level III MFM Response Guidelines
- TOLAC – Physician Immediately Available Response
- Imaging Interpretation of CT, MRI, Echocardiography - Appropriate for Patient Condition
- Unplanned or Unexpected Admission to the ICU or OR

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Maternal Screening Events

- **Texas Collaboratives of Health Mothers and Babies (TCHMB)**
  - Obstetrical Hemorrhage
  - Perinatal Depression
  - Reduction in Racial/Ethical Disparities
  - Thermoregulation
- **Texas AIM**
  - Obstetrical Hemorrhage
  - Severe Hypertension
  - Obstetrical Care for Women with Opioid Use Disorder

  ACOG Practice Bulletin (203) Chronic Hypertension in Pregnancy
  ACOG Practice Bulletin (222) Gestational Hypertension and Preeclampsia

- **Joint Commission**
  - Elective Delivery
  - Cesarean Section
  - Exclusive Breast Milk Feeding
  - Unexpected Complications in Term Neonates
  - Reduce Likelihood of Harm Related to Maternal Hemorrhage
  - Reduce the Likelihood of Harm Related to Maternal Hypertension/Preeclampsia

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TexasAIM Hypertensive Dashboard (Example)

	1st Quarter	2nd Quarter	3 Quarter	4th Quarter
Total Birthing Mothers	100			
Total with Hypertension	15/100			
Preeclampsia	5/15 hypertensive			
Eclampsia	5/15 hypertensive			
Antihypertensive within 30 minutes	11/15 hypertensive			
Antihypertensive within 60 minutes	4/15 hypertensive			
Serial BP checks	80/100 birthing			
Patient education	15/15 hypertensive			
Family education	12/15 hypertensive			

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Neonatal Screening Events - All Facilities

- Accuracy of Medical Compounding
- Adherence to Policies / Procedures
- Blood Administration
- Neonatal Deaths
- Transfers
- Resuscitation Measures and Outcomes
- Changes in Initial Imaging Reads

- Pastoral/Spiritual Care Availability
- Urgent Response Request – Response Times
- Speech, Occupational or Physical Therapy Consult Response
- Lactation Support Availability
- Telehealth / Telemedicine Services
- Retinopathy of Prematurity Evaluation and Referral

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Neonatal Screening Events

- **TCHMB**
  - Infant Mortality
  - Thermoregulation
  - Neonatal Transitions in Care
- **Joint Commission**
  - Breastfeeding / Human Milk
  - Endotracheal Intubation
  - Evidence-Based Guidelines
  - Exclusive Breastmilk Feeding
  - Feeding Techniques
  - Hospital – Acquired Infection

- **Joint Commission Cont'd**
  - Infant Mortality / Morbidity
  - Medication and Oxygen Admin.
  - Newborn Safety
  - Readmission
  - Nosocomial Infections
  - Resuscitation Events
  - Skin-to-Skin
  - Social Services Availability
  - Thermoregulation
  - Umbilical Line Placement
  - Unexpected Complications

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Vermont Oxford Network (VON)

- Brain Care
- Antibiotic Stewardship
- Chronic Lung Disease
- Cystic Periventricular Leukomalacia
- Golden Hour Interventions
- Human Milk
- Hypoxic Ischemic Encephalopathy (HIE)
- Infections
- Initial Resuscitations
- Length of Stay
- Meconium Aspiration
- Mortality and Morbidity

- Nosocomial Infections
- Necrotizing Enterocolitis (NEC)
- Patient Care Resources – Limited Settings
- Pneumothorax
- Readmissions
- Retinopathy of Prematurity (ROP) Evaluation
- Seizures
- Severe Intraventricular Hemorrhage (SIVH)
- Surgery
- Therapeutic Hypothermia
- Transfers
- Transitions in Care

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System QAPI PS – Events

Telemedicine / Telehealth Issues	Transfer Decision Time Process Delayed	Transfer Method Delayed	Transfer Documents Incomplete
ED Triage Issue	OB Trauma >20 Weeks	ED OB Hypertension / Fever >20 Weeks	Care Prior To Arrival Does Not Meet SOC
Facility Overload / Diversion	Activation of Disaster Response (Specific issues for mothers and babies)	Security System Failure	Failure to Meet Designation Requirements

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Core Measures

- National Standards of Care
- Based on Established Evidence
- Measures Are Cosponsored and Explicitly Specified by the Joint Commission and CMS
- Used to Compare Performance
- Can be Publicly Reported
- Each Measure Has a Denominator of Patients / Numerator or Patients Who Received Care Described by the Measure
- Organized into "Measure Sets"
- Volume, Cost, Overall Burden of Illness / Disease

Perinatal Care (PC) (v2023A) (jointcommission.org)

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PC.06.01.01 Reduce the Likelihood of Harm Related to Maternal Hemorrhage

- Complete an Assessment Using EBP Tool for Determining Maternal Hemorrhage Risk on Admission to L&D and on Admission to Postpartum
- Develop a Written EBP for State-Based Management of Pregnant and Postpartum Patients Who Experience Maternal Hemorrhage
  - Use of EBP set of emergency response medications that are immediately available on the obstetric unit
  - Required response team members and their roles in the event of severe hemorrhage
  - How the response team and procedure is activated
  - Blood Bank plan and response for emergency release of blood products and how to initiate the hospital's massive transfusion procedure (MTP)
  - Guidance on when to consult additional experts and consider transfer to higher level of care
  - Guidance on how to communicate with patients and families during event
  - Criteria for when a team debrief is required immediately after a case of severe hemorrhage

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PC.06.01.01 Reduce the Likelihood of Harm Related to Maternal Hemorrhage

- Where is the Standardized, Secured, Dedicated Hemorrhage Supply Kit?
  - Must have Emergency Hemorrhage Supplies Defined by Procedure
  - Must have Hospital's Approved Procedure for Severe Hemorrhage Response
- Conduct Team-Based Drills at Least Annually – Multidisciplinary Drills
- Review Cases
- Provide Patient and Family Education
  - Signs and Symptoms of Postpartum Hemorrhage (Hospital and Following Discharge)
  - How to Seek Assistance

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PC.06.01.01 Reduce the Likelihood of Harm Related to Maternal Hemorrhage

- What Needs to Be In Place for Compliance?
- Who Needs to Be Educated?
- What Events for Review Might Be Established?
- *Remember: Event Findings Are Associated with Need for Deeper Review*
- How Do You Track the Response Team's Timeliness of Response and Actions?
- How Do You Track When the Emergency Release of Blood and When the Blood Transfusion is Initiated?
- How Do You Document Variances from Procedure?

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Adverse Events

Events that produce unintended harm to the patient by an act of commission or omission rather than disease or condition of the patient. (National Quality Forum Definition)

Neonatal - An injury, large or small, caused by the use or non-use of a drug, test, or medical treatment.

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Patient Safety
2024

https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/npsg_chapter)

Incorporate Joint Commission Patient Safety Standards
Improve the accuracy of patient identification
Improve the effectiveness of communication among caregivers
Improve the safety of using medications
Reduce patient harm associated with clinical alarm systems
Reduce the risk of risk of health care – associated infections
Hospital identifies safety risks inherent in its patient population
Improve health care equity

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Rural Perinatal Health

Alliance for Innovation on Maternal Health Program: HRSA in Collaboration with ACOG

Perinatal Quality Collaboratives – CDC

Maternal Mortality Review Committee – Standardized Data System to Support MMRC

Quality Reporting – 2019 Core Set – 12 Measures

Telehealth and Related Technology

Restoring Access to Maternity Care in Rural America | Commonwealth Fund

Rural Maternity and Obstetrics Management Strategies (RMOMS) Program | HRSA

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IMPACT = Patient LEVEL OF HARM

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Event Identification

- Identify Event = Variation from Management Guidelines or System Standard
- Events – Require Data Definitions
- Standard Event Review (Audit Filters/Indicators, Core Measures, Standards of Care, Management Guidelines)
- Patient Complications, Unexpected Outcomes
- Mortality
- Step 1: Event Identification and Validation
- Step 2: Define Impact To Patient Which is The *Level of Harm*

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Near Miss

Near Miss – Treat as if Event Happened

Define Level of Harm as if it Happened

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Levels of Harm Definitions

No Harm – Standard of care provided with some deviations with no impact to the patient.

No Detectable Harm – Event occurred but did not reach or impact patient; no treatment necessary.

Minimal Harm – Impact to patient, is **symptomatic, symptoms are mild, loss of function is minimal or intermediate** but short term, and **no or *minimal intervention necessary*** (extra observation, investigation review, minor treatment) is required.

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Levels of Harm Definitions

Moderate Harm – Patient is **symptomatic, requiring an intervention (e.g. operative intervention,** therapeutic treatment), and increase in the length of stay, or **causing long term loss of function; requires higher level of care**; expected to resolve prior to discharge

Severe Harm – Patient is symptomatic, requiring ***life-saving intervention*** or major **surgical/medical critical care intervention**, shortening life expectancy or causing major permanent or long-term harm or loss of function; error in judgment, deviation from practice, system delays; impact quality of care; quality of life

Death – death was caused or brought forward by the event

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VON Neonatal Level Of Harm Definitions

Category E	Category F	Category G	Category H	Category I
Contributed to or resulted in temporary harm to the patient and required intervention	Contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization	Contributed to or resulted in permanent patient harm	Required intervention to sustain life	Contributed to or resulted in patient's death

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Identify Opportunities for Improvement

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What was the outcome?	Was the system response appropriate?	Was the team's response timely?	What were the pre existing conditions?
Were management guidelines followed?	What were the circumstances surrounding the event?	Who was involved and what safety goals were related?	Were staffing and resources appropriate?
	Were there knowledge and skill variations?	Were there associated performance or behavioral events?	

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Summary

- Level of Harm
  - Defined at any level of review
  - Defined by standard definitions
  - Written into the QAPI PS Plan
- Level of Harm Assists in Defining Urgency of Review
  - Moderate Level of Harm
  - Severe Level of Harm
  - Death related to the Event
- Consider High Risk – Low Volume Situations

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LEVELS OF REVIEW

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Perinatal QAPI PS Processes

- How and When Events are Identified; and Common Sources
- Move from Identified Event – Validated Documented Event
- Impact to the Patient or *Level of Harm*
- Structure and Processes for *Levels of Review*
- *Level of Harm – Assists with Urgency of Review*
- Define Processes for Appropriate Cases for
    - Primary Level of Review (Program Manager)
    - Secondary Level of Review (Medical Director)
    - Tertiary Level of Review (Medical Director - Operations, M&M, Peer Review)

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Levels of Review

Primary Review

Event Validation / Documentation – Program Manager
- Evaluate Concurrent Processes
- Validation of Event, Impact to Patient or Level of Harm, Patient Status
- System Issue or Patient Impact
    - Level of Harm
    - Where did it occur? Who was involved? What were the surrounding circumstances?
- Management Process Written in QAPI PS Plan
    - System Issues with No Harm to Patient - Program Manager
    - Patient Impact with Harm – Medical Director Must Review
    - Physician Issues – Medical Director Must Review / Address
    - Complications, Failure to Provide Standard of Care, Death – Medical Director

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Perinatal QAPI PS Meetings

- Secondary Level of Review with Medical Director – Meeting
- Validates Information Provided by Program
- Validates the Level of Harm
- Define Next Steps
  - Additional Information for Review
  - Close Event
  - Refer to Other Processes for Review
  - Move to Morbidity and Mortality
  - Refer to Hospital Peer Review

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Levels of Review

Tertiary Review

- Formal Review: Peer Review or System Operations
- Morbidity / Mortality
- Hospital QAPI Meeting
- Regional System Performance Improvement Meeting
- EMS Performance Improvement Meeting

Record Discussion (Matches Why Referred)

Document Defined Action Plan

Implement and Track Action Plan

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Levels of Review

Tertiary Review

Provider Peer Discussion
Identify Opportunities for Improvement
Define Risk of Reoccurring
Define Action Plan
Implement Corrective Action Plan
Beginning Tracking Process

Caution – Track Referrals

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Identify Opportunities for Improvement

What was the outcome?	Was the system response appropriate?	Was the team's response timely?	What were the pre existing conditions?
Were management guidelines followed?	What were the circumstances surrounding the event?	Who was involved and what safety goals were related?	Were staffing and resources appropriate?
	Were there knowledge and skill variations?	Were there associated performance or behavioral events?	

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QAPI PS Action Plans

SMART GOALS

Specific
Measurable
Achievable
Relevant
Time-Bound

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Corrective Action Plan = Opportunity Identified

Action Plan

Selective Risk Reduction

- Protocol, BPG Review / Development / Procedure Revision
- Education – Content, Targeted Participants, Subject Matter Expert
- QAPI Workgroup
- Dashboard Review
- Referral

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QAPI PS Action Plan Follow-Through

Implementation of Action Plan

- Process to Measure Achievement
- Achievements Compared to Desired Goal
- Continual Monthly Data Analysis – Shared at the Operations Committee
- Desired Goal Reached for Three Consecutive Months or Selected Time
- Re-visit in a Defined Timeframe
- If Continued Success – Event Resolution Achieved
- Hardwire the Change

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Summary

Understand the Why	Define the Structure	Define the Process	Events Identified	Improvements
	Organizational Structure	Management Guidelines	Validation & Documentation	TexasAIM
	Job Descriptions		Level of Harm	Comprehensive Unit Safety Program (CUSP)
	Program Plan		Level of Review	Coordinated Approach
	QAPI PS Plan		Opportunities for Improvement	Data Review
			Action Plan	Evidence Based Practice
			Event Resolution	Staff Knowledge and Competencies
				Collaboration

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Program Oversight Committee Structure

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Perinatal Quality Assessment, Performance Improvement, and Patient Safety Committees

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Successful Committee Meetings

- Defined by Program Oversight
- Scope of Work – Plan
- Meeting Frequency - Plan
- Defined Reporting Structure - Plan
- Integration with Other Departments
- Established Quality and Safety Standards
- Data Driven Metrics

- Identifies Opportunities
  - Develops Targeted Interventions
  - Monitors and Analyzes Effectiveness
  - Integrates Change Management Theories
  - Integrates Transformational Principles
- Coordinates External Collaboratives
- Ensure Dissemination of Information
- Bi-Directional Flow of Information

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Multidisciplinary QAPI PS Review

- Led By Medical Director
- Program Manager – Co Leads (Committee Organization)
- Multidisciplinary
- Physician Liaisons
- Nursing Leaders
- Support Clinical Services
- All Departments Providing Care

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Morbidity & Mortality Review
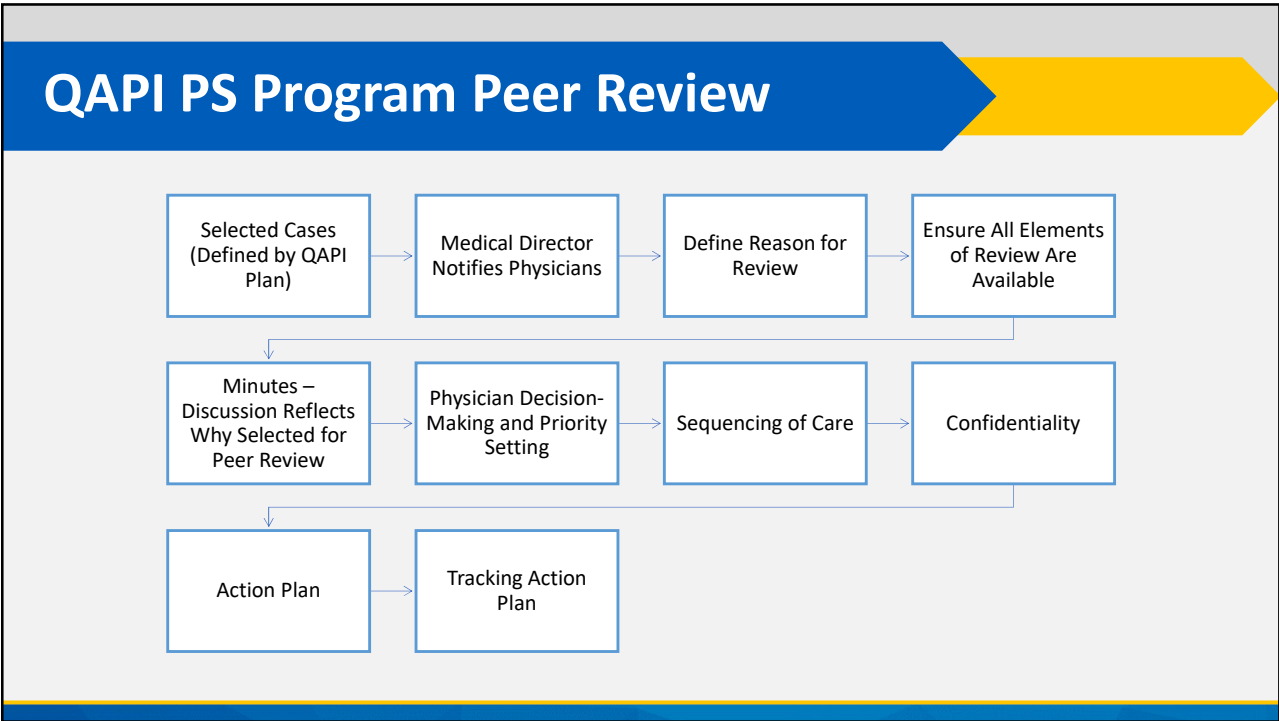
Selected Cases

System Response

Patient Pre-Existing Condition

Processes of Care: Coordination of Care, Timeliness of Care

Physician

Nursing

Opportunities For Improvement

Coordination Through Phases of Care

Medical Staff

Nursing Staff

Support Staff

Processes of Care

Regional System

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QAPI PS Program Peer Review

```
Selected Cases          Medical Director      Define Reason for     Ensure All Elements
(Defined by QAPI   →    Notifies Physicians  → Review             →  of Review Are
Plan)                                                                 Available

Minutes –               Physician Decision-
Discussion Reflects →   Making and Priority → Sequencing of Care  → Confidentiality
Why Selected for        Setting
Peer Review

Action Plan        →    Tracking Action
                        Plan
```

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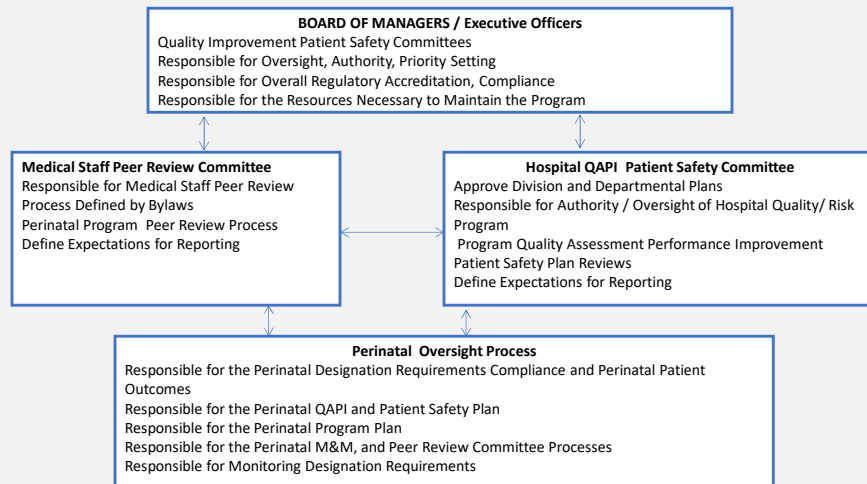# Maternal/Neonatal Program Oversight

Agenda

- Welcome / Introduction
- Minutes / Attendance
- Statistical Report
  - Number of Perinatal Cases
  - Number of Admissions
  - Number of Transfers
  - Distribution of Admissions – L&D, Unit, ICU, Other
  - *Dashboard*
- ***Perinatal Designation Requirements Compliance***
- ***Quality Assessment Performance Improvement Initiatives***
  - *Action Plans Defined Through QAPI Review Process*
- *Old Business*
- *New Business*
- *Open Discussion*
- *Action Items*
- *Priorities for Next Committee*
- *Next Committee Date*
- *Adjourn*

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Perinatal Oversight Process

BOARD OF MANAGERS / Executive Officers
Quality Improvement Patient Safety Committees
Responsible for Oversight, Authority, Priority Setting
Responsible for Overall Regulatory Accreditation, Compliance
Responsible for the Resources Necessary to Maintain the Program

Medical Staff Peer Review Committee
Responsible for Medical Staff Peer Review
Process Defined by Bylaws
Perinatal Program Peer Review Process
Define Expectations for Reporting

Hospital QAPI Patient Safety Committee
Approve Division and Departmental Plans
Responsible for Authority / Oversight of Hospital Quality/ Risk Program
Program Quality Assessment Performance Improvement
Patient Safety Plan Reviews
Define Expectations for Reporting

Perinatal Oversight Process
Responsible for the Perinatal Designation Requirements Compliance and Perinatal Patient Outcomes
Responsible for the Perinatal QAPI and Patient Safety Plan
Responsible for the Perinatal Program Plan
Responsible for the Perinatal M&M, and Peer Review Committee Processes
Responsible for Monitoring Designation Requirements

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Event Resolution

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QAPI: Change Agent

- Purpose of QAPI – Identify Variances in Care and Correct
- Processes of QAPI – Produce Change
- Change in Care Practices
- Changes in Continuum of Care
- Promotes Safety Culture
- Change in Organizational Processes
- *IMPROVES CARE*

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Perinatal QAPI PS: Event Resolution

QAPI PS Processes Changed Outcomes

Desired Measurable Difference

Desired Outcome Reached

Rate of Occurrence Changed

Documented Compliance Achieved

Defined By Medical Director / Committee

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QAPI PS Plan Summary

Written QAPI PS Plan

- Event – Variances in Care Identified
- Level of Harm
- Level of Review
- Identified Opportunities for Improvement
- Develop Action Plan
- Implement Action Plan – Provide Necessary Training
- Measure and Analyze Data Following Action Plan Implementation
- Identify Any Continuing Events
- Focus on Sustainability and Hard Wiring
- Designed Goal is Met and Sustained
- Event Resolution

TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Next Steps

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Perinatal QAPI PS Plan

Integration with Hospital Quality and Risk

- Their Role in QAPI Process
- What Events Are Forwarded
- Where Does Perinatal Report Activities
- What Data is Shared

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Perinatal QAPI PS Plan

Data Management

- Confidentiality and Security
- Data Definitions
- Data Storage (Electronic)
- Who Has Access to Data
- Standardized Reports
  - Dashboards
  - Designation Requirement Reports
  - Follow-up Action Items

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Perinatal QAPI PS Plan Revisions

Minimum of Every Three Years

Change in Program Manager or Medical Director

Upgrading Level of Designation

Downgrading Level of Designation

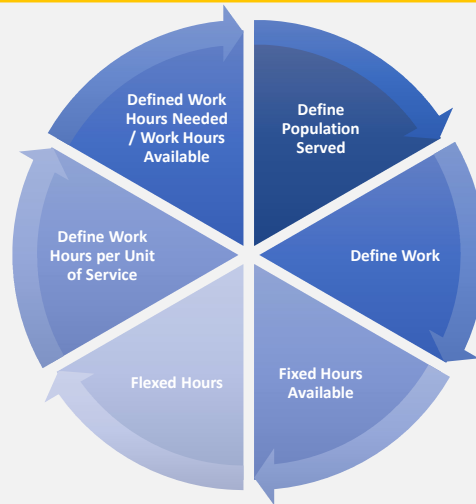Change in Hospital Ownership or Physical Location

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Perinatal Program Staffing Considerations

Defined Work Hours Needed / Work Hours Available

Define Population Served

Define Work Hours per Unit of Service

Define Work

Flexed Hours

Fixed Hours Available

TEXAS
Health and Human Services

Texas Department of State Health Services

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Staffing Guidelines

- Define Population
- Program Management
- QAPI
  - 1 FTE for every 1000 patients

- Data Management

- Outreach Education / Training

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Texas Department of State Health Services

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Perinatal Care Regions

Aggregate Multicenter Data Collaboratives

Community of Interested Colleagues With Common Goal

Analyze Patient Selection, Processes of Care, and Outcomes

Cultural and Political Benefits of Relationship Building

Potential to Secure External Funding with Multi-Institutional Participation

Data

Leadership

Shared Vision

Multidisciplinary

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Site Surveyors

Prepare For Review   Read the QAPI PS Plan

One Surveyor Assigned to Review Completeness of QAPI PS Plan

All Surveyors Review the QAPI PS Processes During Medical Record Review

Identify if Management Guidelines Followed   If Not Was QAPI PS Completed?

- Level of Harm, Level of Review, Action Plan Appropriate, Reached Event Resolution
- If QAPI PS Not Evident – Ask, Escalate to Program Manager
- Be Prepared to Review Cases and Associated QAPI PS During Open and Closed Meetings
- Provide Summary of Case Reviews and QAPI PS Processes

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Planning for Perinatal Site Survey

Prepare QAPI PS Documents

Meeting Minutes
- Complete, Signed by Medical Director, Dated, Attendance Requirements
- Minutes Reflect Discussion
- Meeting PowerPoint and Data Available

Case Reviews
- Timely, Complete, Action Plan Defined, Tracked, Analyzed to Event Resolution
- QAPI PS for Each Case in a Folder with All Relevant Documents
- Staff Serving as Navigators Can Explain all Processes
- Prepare for In-Person and Virtual Surveys

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Questions

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Thank you!

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