

## Insights

# Driving Statewide Improvement in Perinatal Care

Across the nation, 43 state and multi-state perinatal quality collaboratives (PQCs) are working to improve health outcomes for moms and babies. Comprised of multidisciplinary teams, PQCs work with clinical teams, experts and stakeholders, including patients and families, to advance evidence-informed clinical practices, reduce variation, optimize resources, and address gaps in perinatal care.

Launching and sustaining a PQC (or any quality improvement collaborative) is complex though. It's not just about identifying best-practices for treatment and care; it's about spreading those best-practices to people and institutions across the state, many of which have different organizational structures, are balancing different priorities, and are working with different resources.

Are you a member of your state's PQC? Sign up to [join the NNPQC Collaboratory](#), a virtual place where NNPQC participants and stakeholders can share ideas and best practices, ask questions, and uncover useful tips to advance their change efforts.

"No state PQC should feel alone in this work," says [Pat Heinrich](#), RN, MSN, CLE, NICHQ Executive Project Director for the National Network of Perinatal Quality Collaboratives ([NNPQC](#)), an initiative funded by the Centers for Disease Control and Prevention that provides resources and support to state-based PQCs. "By facilitating collaborative learnings, the NNPQC gives states a critical opportunity to share what's worked for them, and ultimately accelerate national improvements."

To help PQCs (and other quality improvement collaboratives) benefit from this collaborative learning, we've compiled advice states shared on developing and sustaining a PQC. Along with helping emerging PQCs launch their work, these strategies can support existing PQCs searching for inspiration and ideas. And while the advice focuses on perinatal health, these ideas can benefit any quality improvement collaborative seeking to improve care delivery across a state or community.

## Three Strategies for Developing a Successful PQC

## **1. Don't skimp on developing your mission and vision**

“We often want to jump right in and start improving clinical practices,” says Barbara O’Brien, MS, RN, who leads the work for the Oklahoma PQC. “It’s important, though, that we step back and take time to develop a formal mission and vision that all stakeholders agree on.”

Without that central guiding light, she explains, future decisions to advance the work can easily get roadblocked. How will you agree on what initiatives to pursue? Where will you get your funding and what will you invest in? Will you have a conference and, if so, how will it be planned and structured? By checking these questions against your agreed upon mission and vision, you can more easily align stakeholders and efficiently move the work forward.

Moreover, a core mission and vision can help your collaborative foster a trusting relationship with the health professionals and hospitals in your state, explains O’Brien. It validates your PQC as a leader they can count on, one with an established goal that consistently guides its actions. Even if the individuals working on the collaborative vary over time, the mission and vision can be trusted to stay the same and inform the work.

Already running a PQC without a shared mission and vision? It’s not too late to step back and have that conversation. Pausing to do that now will spur your PQC to move forward more cohesively and efficiently. Moreover, while your mission and vision should not change through the years, it is important to take an annual look at how you are carrying it out.

## **2. Pursue widespread buy-in**

If you’re seeking to improve care delivery across a state (or states), you’re going to need the support and energies of a widespread group of people: doctors and nurses, hospital administrators and lab technologists, to name a few, at care facilities throughout the region. After all, it’s the people working on the ground who will ultimately be responsible for implementing the change.

Offering opportunities for face-to-face interactions can help establish much-needed buy-in, says Charlene Collier, MD, MPH, MHS, the Director of the Mississippi PQC. When possible, collaboratives should allot time and resources for visiting not only individual hospitals but also obstetric private practices and individual practitioners who work in rural communities. Different facilities and different individuals have different attitudes and working norms. Taking the time for in-person meetings (or at least video conferences, using Zoom or another free app) helps ensure that requests to change practices and collect data are informed by an understanding of individual and organizational priorities and constraints.

Finally, if funding allows, hosting a regional meeting or conference provides a venue for connecting with multiple care centers and individuals at once, while also encouraging collaboration and shared enthusiasm across the state.

If you are already running a PQC—especially a long-established one—take time at an upcoming meeting to discuss ways to reach out and fill in your ranks. Reviewing your membership and establishing an outreach plan for new faces is important for continued successful spread of ideas and practices.

### 3. Diversify your funding

Funding is critical for sustainability. And relying on single-source funding, no matter how long it has been available, can be dangerous, says O'Brien. If those sources dry-up or budgets are cut, funding disappears and with it, jobs, dedicated time, and resources. Along with state budgets, both O'Brien and Collier recommend pursuing funding through the Title V Maternal and Child Health Services Block Grant, as well as tracking grant opportunities funded through the Centers for Disease Control and Prevention.

State insurance and malpractice providers can also be an important funding avenue, says Collier. For example, Mississippi's PQC partnered with Blue Cross Blue Shield (BCBS) to launch a series of trainings for their network hospitals about implementing Maternal Safety Bundles, a set of evidence-based best practices for improving obstetric hemorrhage and hypertension care. Along with funding the trainings, BCBS updated their policy guidelines to reflect the safety bundles, helping spread best-practices to all network hospitals.

Successful PQCs still have funding challenges and are always on the watch for opportunities to raise the money that their efforts require. As your PQC matures, you might initiate a membership plan, like California does, where organizations pay an annual fee for the benefits the PQC offers. Along with national foundations, local community and family foundations focused on infant health are potential partners.

Remember, says O'Brien, "Stay positive, smile and keep moving forward. Say yes to the opportunities that come your way. Be willing to take that risk. There is no failure—you are going to learn from every experience."