PA PQC Virtual Session

August 13, 2025

CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

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Learning Objectives

- Identify the current state of Urgent Maternal Warning Signs (UMWS) education at your hospital.

- Discuss at least two different quality improvement tools for workflow planning.

- Identify related metrics and measures to track throughout implementation of UMWS education.

Agenda

1. **Welcome** – Maureen Saxon-Gioia, MSHSA, BSN, RN, PA PQC QI Coach, Jewish Healthcare Foundation

2. **Baseline Assessment** – Aasta Mehta, MD, MPP, PA PQC Advisory Group Co-Chair

3. **Peer-to-Peer Discussion** – Facilitated by Aasta Mehta, MD, MPP

4. **Stakeholder Engagement** – Kristen Brenneman, MSN, PA PQC QI Coach, Jewish Healthcare Foundation

5. **Workflow Planning** – Jennifer Condel, SCT(ASCP)MT, Manager, Lead QI Coach, Jewish Healthcare Foundation

6. **Metrics & Measures** – Karena Moran, PhD, QI Coach and NEPaPQC Manager

7. **Wrap-up & Next Steps** – Lisa Boyd, BA, PA PQC Data Manager and QI Coach, Jewish Healthcare Foundation

Baseline Assessment

AASTA MEHTA, MD, MPP

Why is a baseline important?

- Establishes a starting point

- Helps set realistic goals

- Identifies gaps, strengths, and opportunities

- Informs tailored support

Maternal Early Warning Signs (MEWS)

vs.

Urgent Maternal Warning Signs (UMWS)

The Maternal Early Warning System and Urgent Maternal Warning Signs both play an integral role in recognizing and addressing preventable maternal morbidity and mortality. Read below about the difference between the two:

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

MEWS / UMWS

| MEWS	Audience	UMWS
Health Care Teams	**Audience**	Pregnant and Postpartum people and their support network
Alert care providers of potentially impending critical illness and conditions Recognition of changes in pregnant and postpartum patient's vital signs and clinical condition Effective escalation and prompt evaluation to reduce preventable adverse outcomes	**Purpose**	Patient-facing education on urgent signs and symptoms in pregnancy and postpartum warning signs of life-threatening complications May include professional-facing materials (posters, palm cards) to encourage asking patients about current or recent pregnancy
Hospitals or urgent care settings	**Setting**	Anywhere pregnant and postpartum people receive care including, but not limited to outpatient facilities and community settings
	Format	
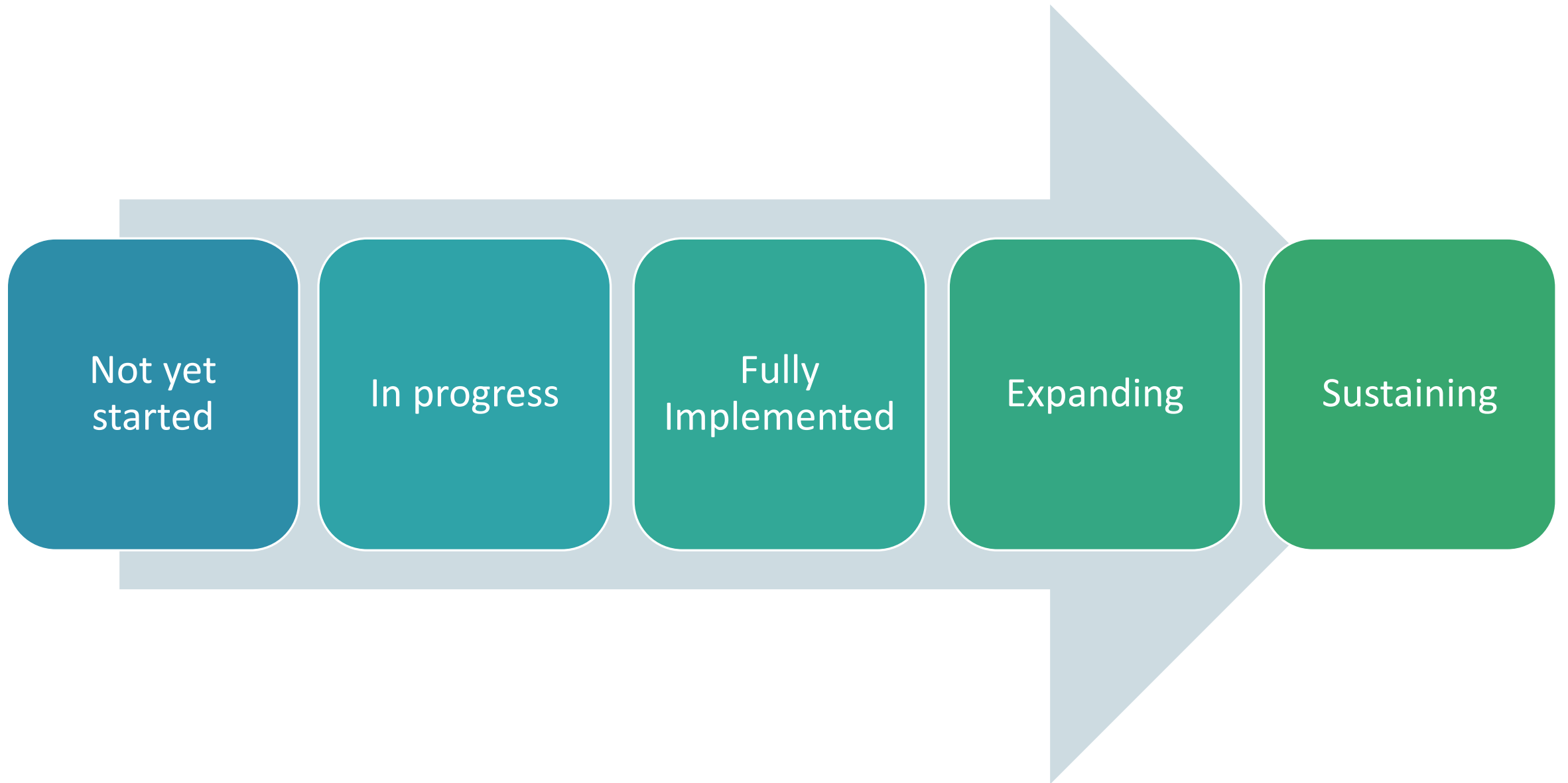
Key Elements to Assess

- Current workflows for education

- Staff involved & training received

- Materials used (tool comparison handout is available with AIM/ACOG UMWS, CDC HearHer, AWHONN POST-BIRTH)

- Documentation

- Assessment of patient understanding (e.g., teach-back)

- Data being tracked (if any)

Assessment by Status

NOT YET STARTED

Identify barriers (staffing, time, awareness, materials)

Inventory current resources or gaps

Opportunities to start small (pilot unit/group/etc)

IN PROGRESS

Assess consistency across staff/units

Identify documentation gaps or workflow issues

Plan for process improvement or spread

IMPLEMENTED & BEYOND

Confirm fidelity & sustainability

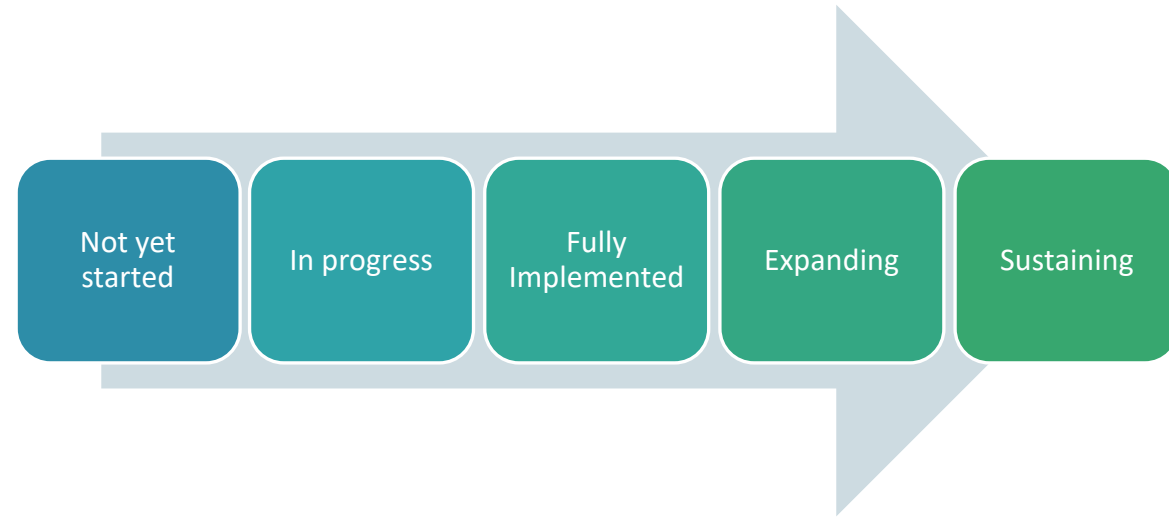Explore spread to new units or populations (prenatal vs hospital discharge)

Option to act as *mentor site:* share tools, co-host check-ins, etc.

Peer-to-Peer Discussion

Facilitated by

Aasta Mehta, MD, MPP

1. What is your current state?

| Not yet started | In progress | Fully Implemented | Expanding | Sustaining |

2. What do you hope to get out of the sprint?

Stakeholder Engagement

KRISTEN BRENNEMAN, MSN, RN

Depends on the Setting ("Where")

- **Unit or Department:** Needs differ across L&D, postpartum, NICU, ED, outpatient, etc.

- **Patient Flow:** Who touches the patient and when? That defines key education opportunities and stakeholders.

- **Cultural context of the unit:** Some may already value patient education, others may need more buy-in.

Depends on Scope of Implementation

- **Small Test of Change**: May only need a few key influencers or providers to start.

- **Unit-wide Rollout**: Involves broader staff engagement, leadership support, and operational integration.

- **Hospital- or System-level**: Requires buy-in from nursing leadership, QI teams, IT, patient experience, etc.

Identify Core Stakeholder Groups & Roles

Who needs to **approve** changes?
Who needs to **implement** them?
Who will **champion** the effort?
Who can **remove barriers**?

- **Frontline Staff**: Nurses, physicians, midwives, techs—those delivering or reinforcing education.

- **Unit Leadership**: Nurse managers, charge nurses—key for workflow changes and accountability.

- **Educators/Clinical Nurse Specialists**: May have existing tools or be able to support roll-out.

- **QI/Patient Safety Teams**: Can help align with ongoing priorities and provide support.

- **IT/EHR Analysts**: Needed if documentation processes or data collection are affected.

- **Interpreter Services & DEI Teams**: Ensure equity in education access for all patients.

- **Patients & Families (when possible)**: To review delivery methods.

Engagement Strategies

- Start early and involve stakeholders in planning—not just informing.

- Use champions to build trust and peer influence.

- Share patient stories or staff feedback to make the case emotionally compelling.

- Tailor messaging to each group's interests (e.g., time-savings, safety, equity, experience).

Tips for Success

ANTICIPATE & ADDRESS CONCERNS

- Time constraints and workload
- Skepticism or past failed initiatives
- Confusion around roles
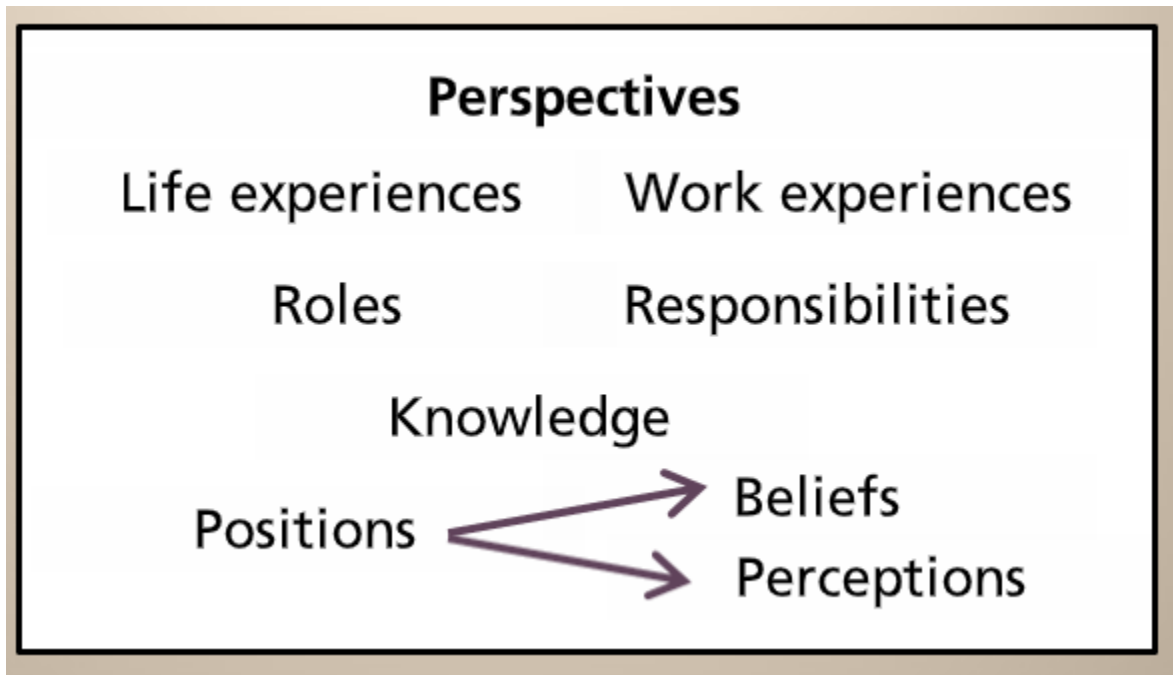- Limited training or unclear expectations

LEVERAGE WHAT ALREADY WORKS

- Tie into existing QI efforts, committees, or learning collaboratives
- Use daily huddles, staff meetings, and newsletters to keep people updated
- Celebrate quick wins and show data when available
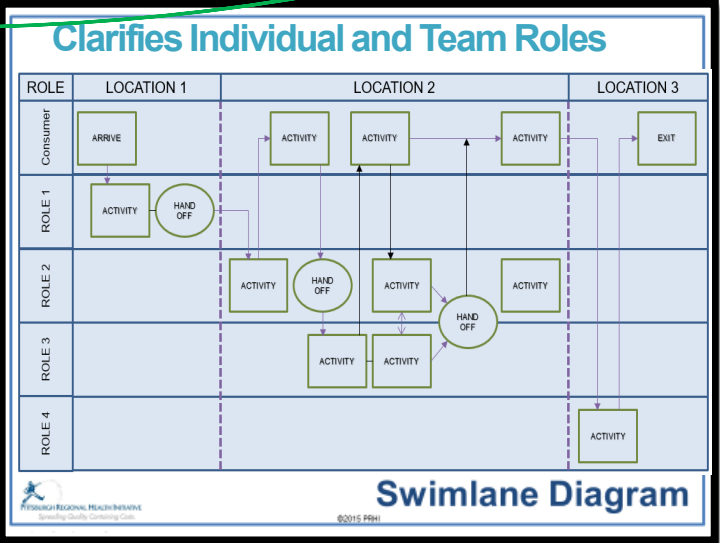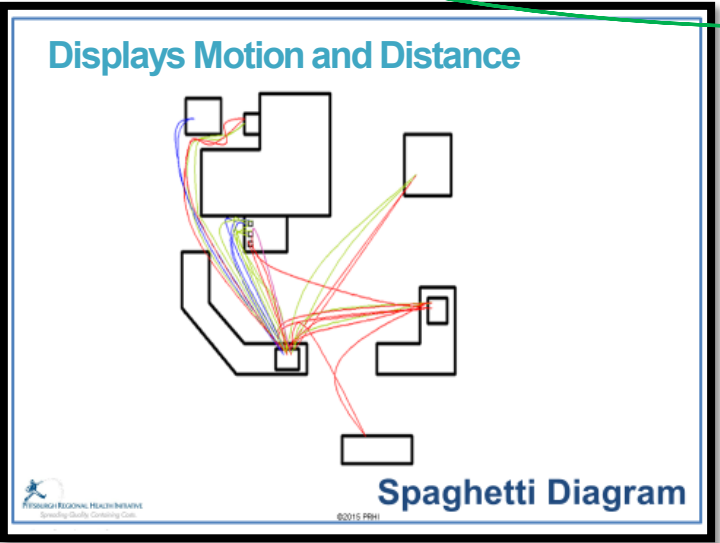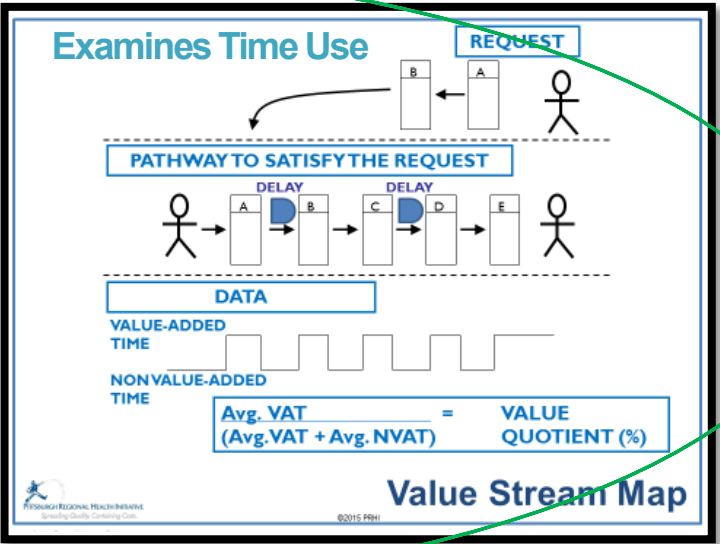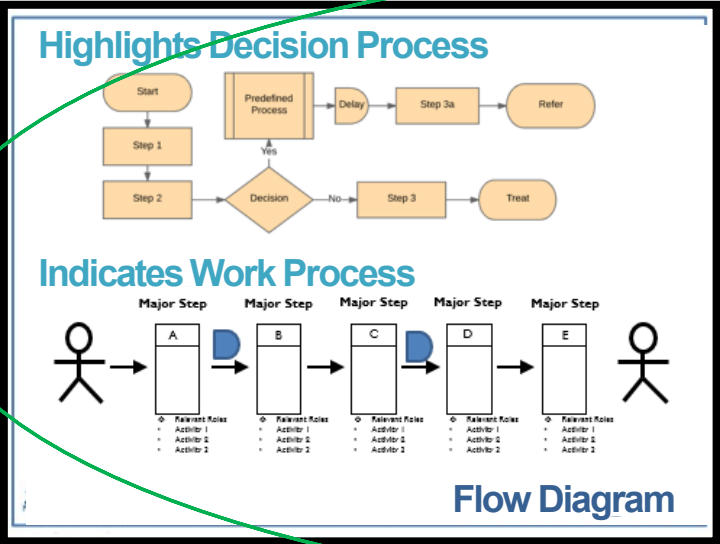
Workflow Planning

JENNIFER CONDEL, SCT(ASCP)MT

Understanding Problems Across Teams, Departments, and Organizations: *Perspective*

Perspectives

Life experiences   Work experiences

Roles   Responsibilities

Knowledge

Positions → Beliefs
          → Perceptions

- People perceive things differently
- See problems from different points
- Consider the human factor in addressing problems

Types Of Process Maps

Highlights Decision Process

Indicates Work Process

Flow Diagram

Examines Time Use

Value Stream Map

Displays Motion and Distance

Spaghetti Diagram

Clarifies Individual and Team Roles

Swimlane Diagram
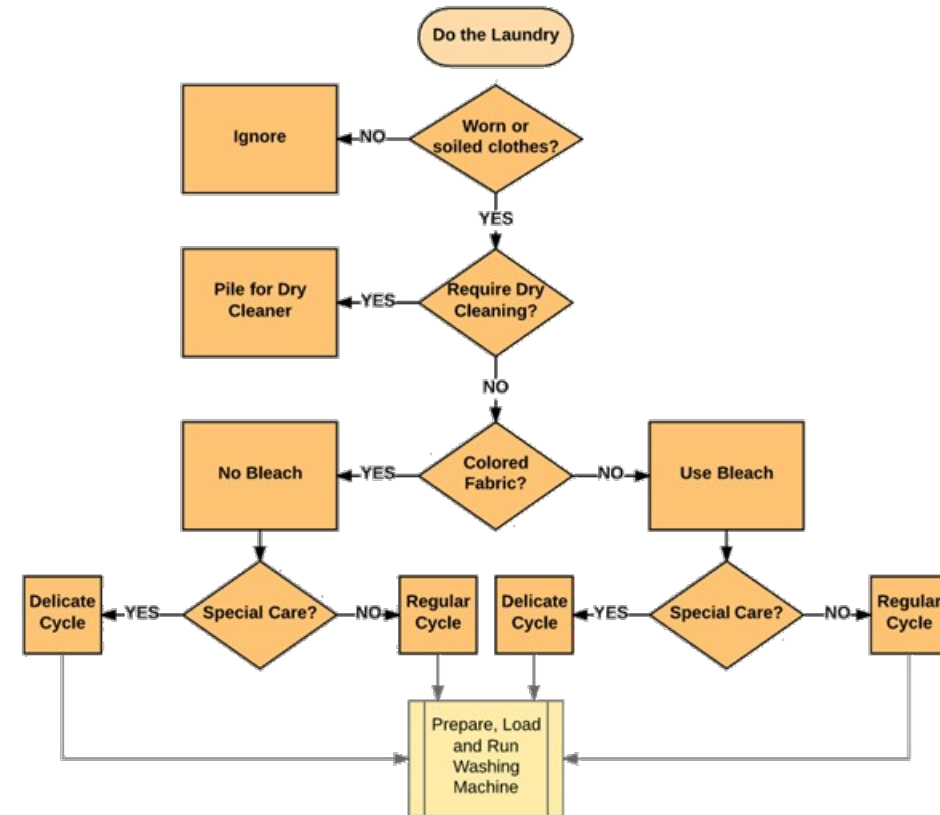
Do you prefer lists or maps?

How to You Do the Laundry?

List

- Collect laundry in baskets
- Take to laundry room
- Separate clothes by color (white, dark)
- Separate clothes by type (denim, delicate, etc.)
- Determine and set wash cycle (delicate, regular) and water temperature
- Add detergent (bleach if needed)
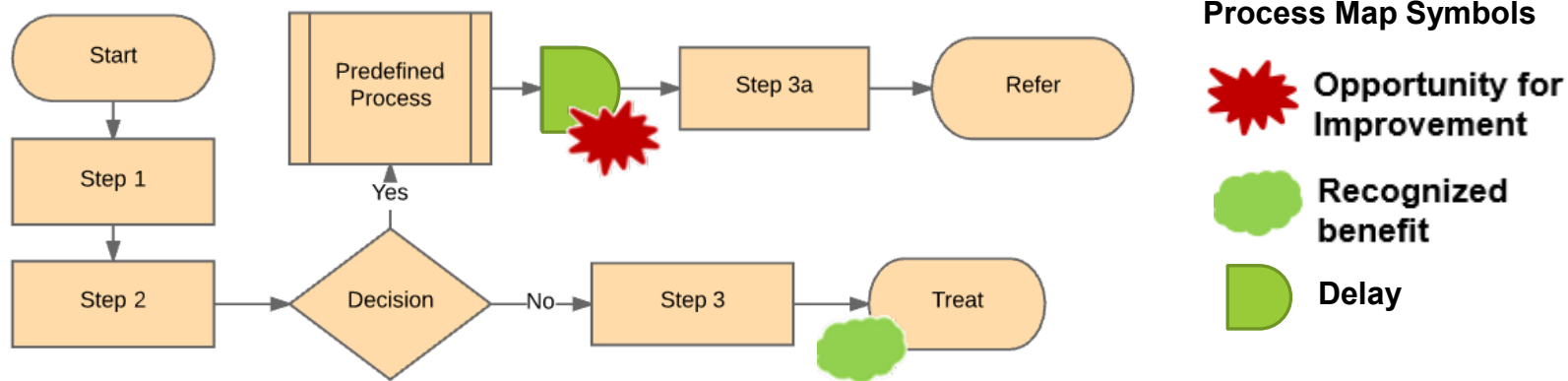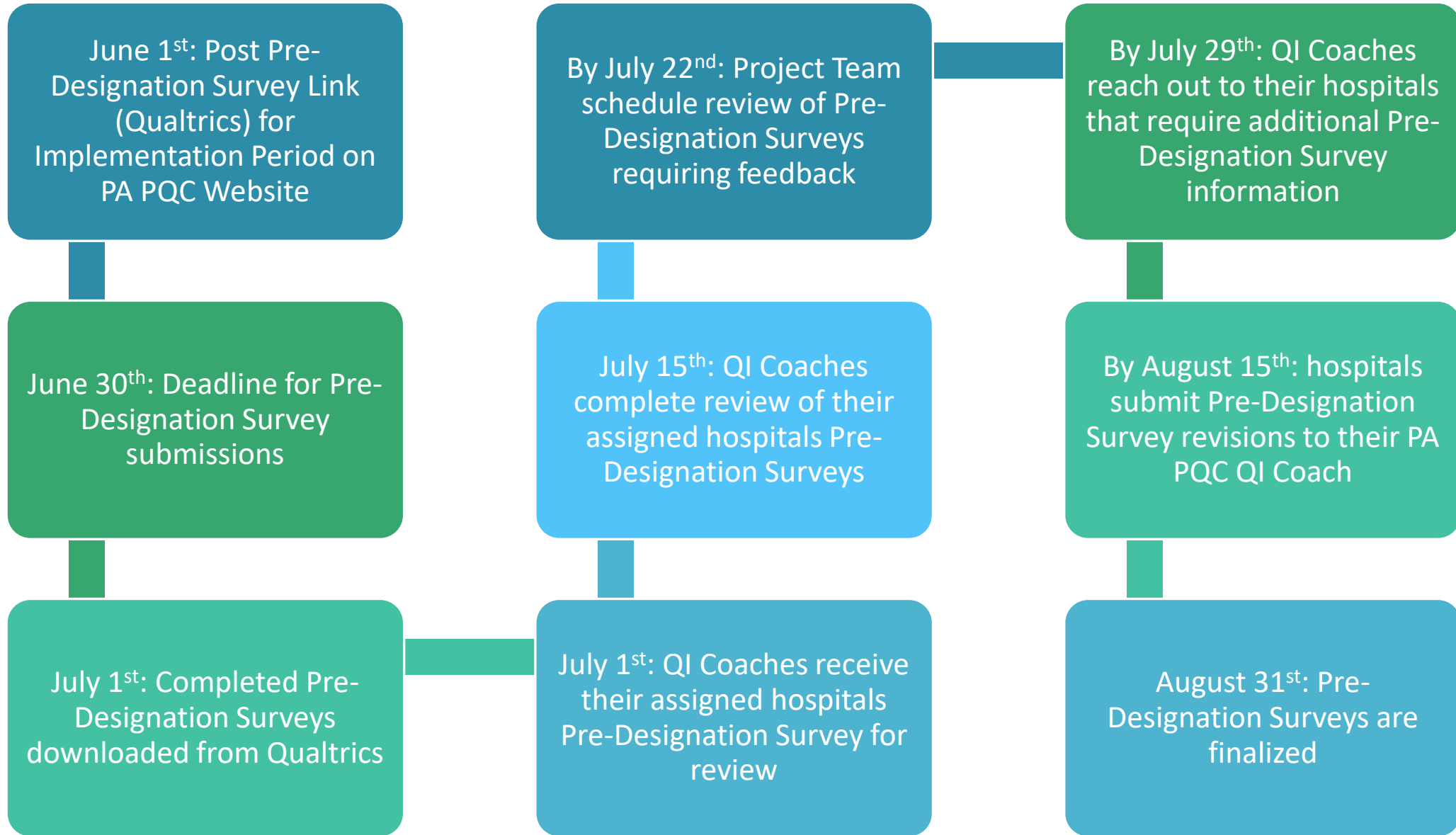- Run the washing machine

Map

Decision Process Map Format

This is a graphic representation, using symbols interconnected with lines and arrows, showing the successive steps in a procedure or process.

- Shows sequence of services, people and/or information.
- Demonstrates when decisions are made in a process and the different pathways created.
- Allows a way to see embedded processes.
- Can be used to highlight benefits and opportunities

Process Map Symbols

Pre-Designation Survey Timeline

June 1st: Post Pre-Designation Survey Link (Qualtrics) for Implementation Period on PA PQC Website

June 30th: Deadline for Pre-Designation Survey submissions

July 1st: Completed Pre-Designation Surveys downloaded from Qualtrics

By July 22nd: Project Team schedule review of Pre-Designation Surveys requiring feedback

July 15th: QI Coaches complete review of their assigned hospitals Pre-Designation Surveys

July 1st: QI Coaches receive their assigned hospitals Pre-Designation Survey for review

By July 29th: QI Coaches reach out to their hospitals that require additional Pre-Designation Survey information

By August 15th: hospitals submit Pre-Designation Survey revisions to their PA PQC QI Coach

August 31st: Pre-Designation Surveys are finalized

Process Mapping with Post-it Notes

CURRENT

TARGET
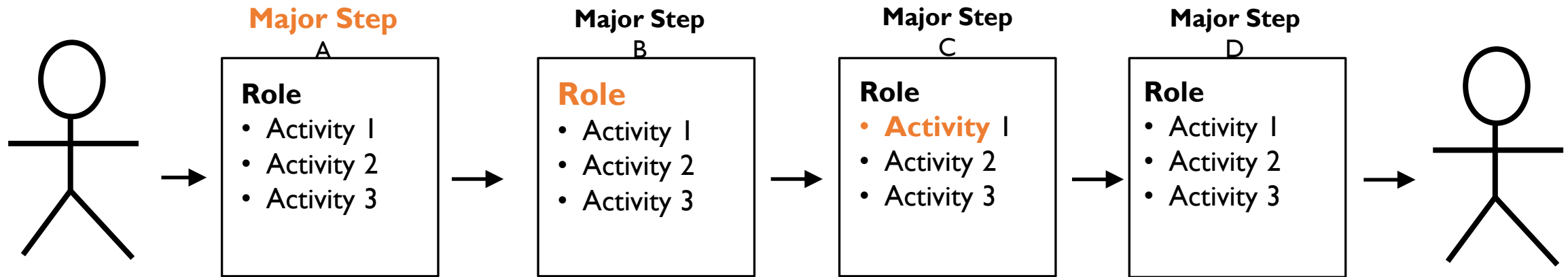
The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don't play together, the club won't be worth a dime.
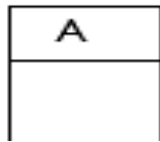
-Babe Ruth

Process Map Template: Mapping Your Workflow

Major Step A
Role
- Activity 1
- Activity 2
- Activity 3

Major Step B
Role
- Activity 1
- Activity 2
- Activity 3

Major Step C
Role
- **Activity** 1
- Activity 2
- Activity 3

Major Step D
Role
- Activity 1
- Activity 2
- Activity 3

Process Map Symbols

Major step in the process

Delay in the process

Recognized benefit

Opportunity for Improvement

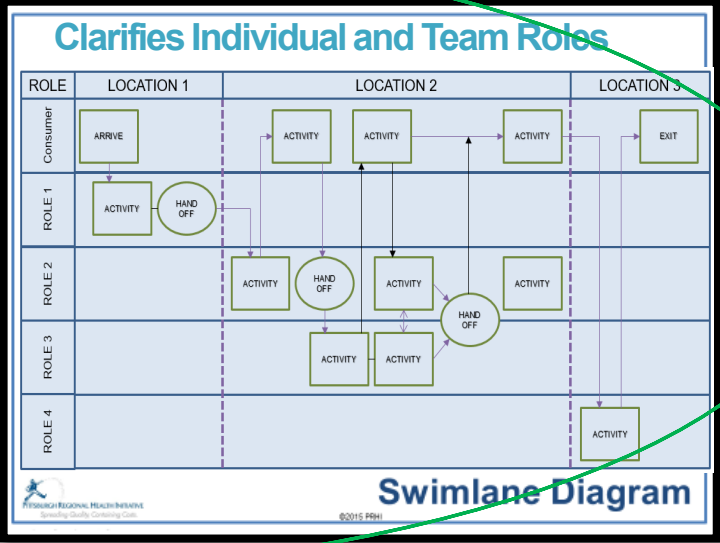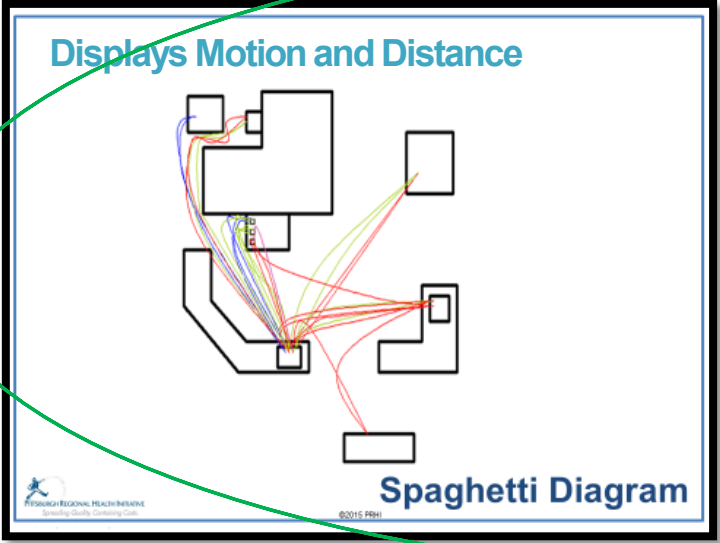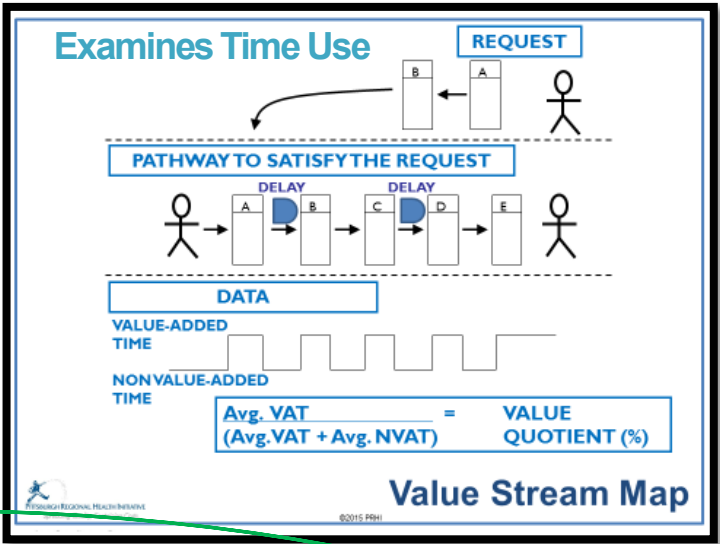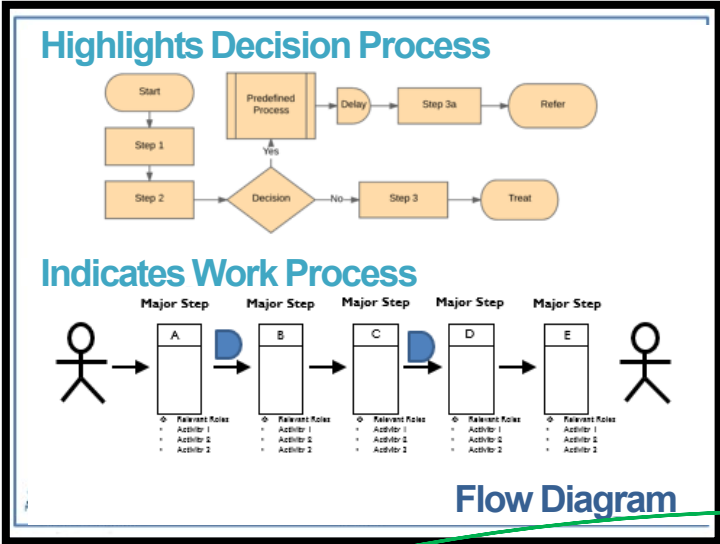## Guiding Principles for Mapping

Rule 1: Specify each step

Rule 2: Communicate directly

Rule 3: Follow simple and direct pathways.

Rule 4: Let staff members and data drive process improvements.

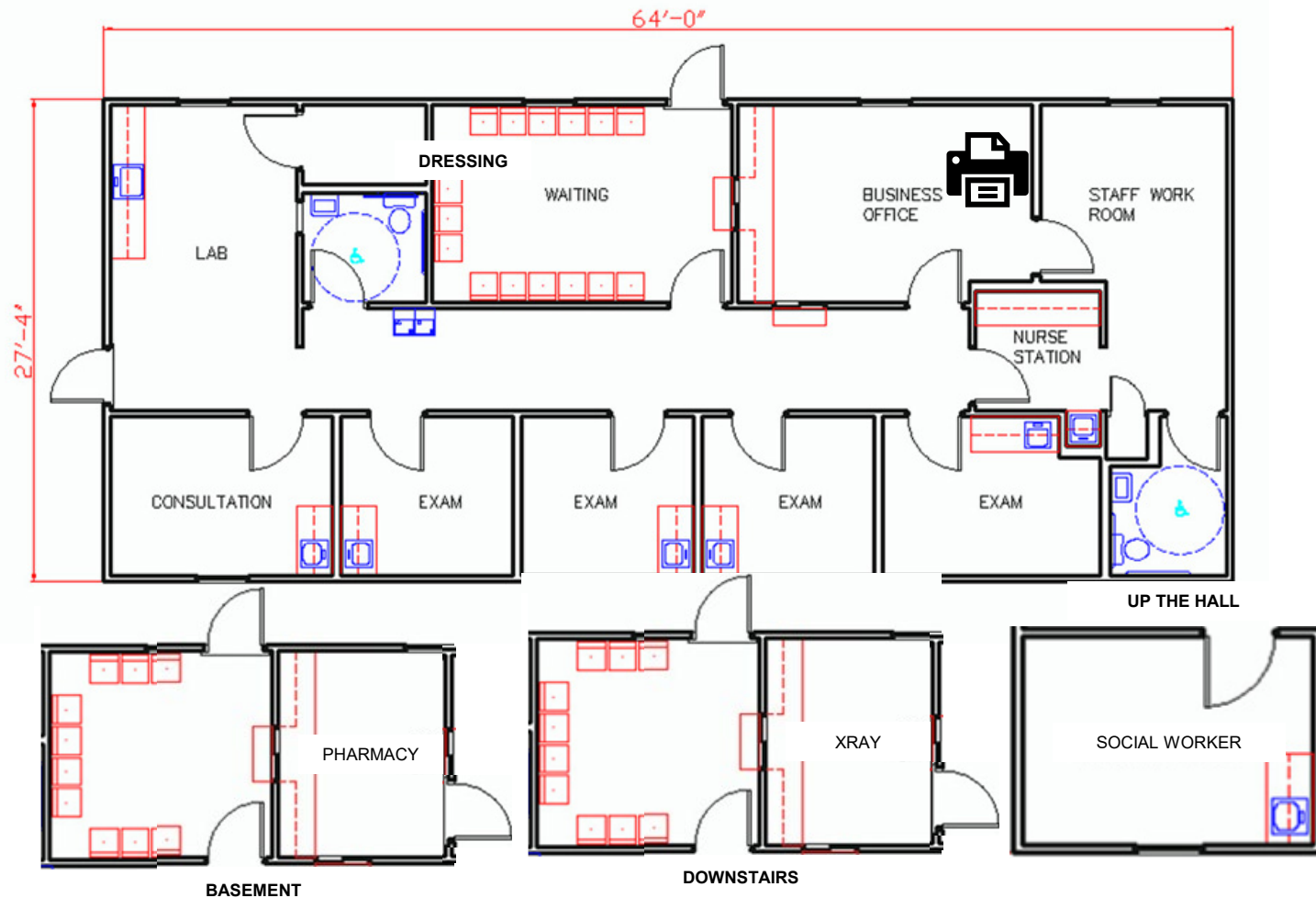# Types Of Process Maps

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Spaghetti Diagram

- Use it to track the physical path of a person or activity through a process.

- Unnecessary steps and transport are a frequent cause of waste.

Spaghetti Diagram Examples


Motion metric: _____

Swimlane Diagram

This map represents steps in a process that parallel and overlap each other, helping to clarify "Who does what, where, and when?"

- Parallel lines divide the chart into lanes, with one lane for each function, purpose or person.
- Processes and decisions are grouped by placing them in the appropriate lane
- Often used when one or more department is involved

Swimlane Diagram Format
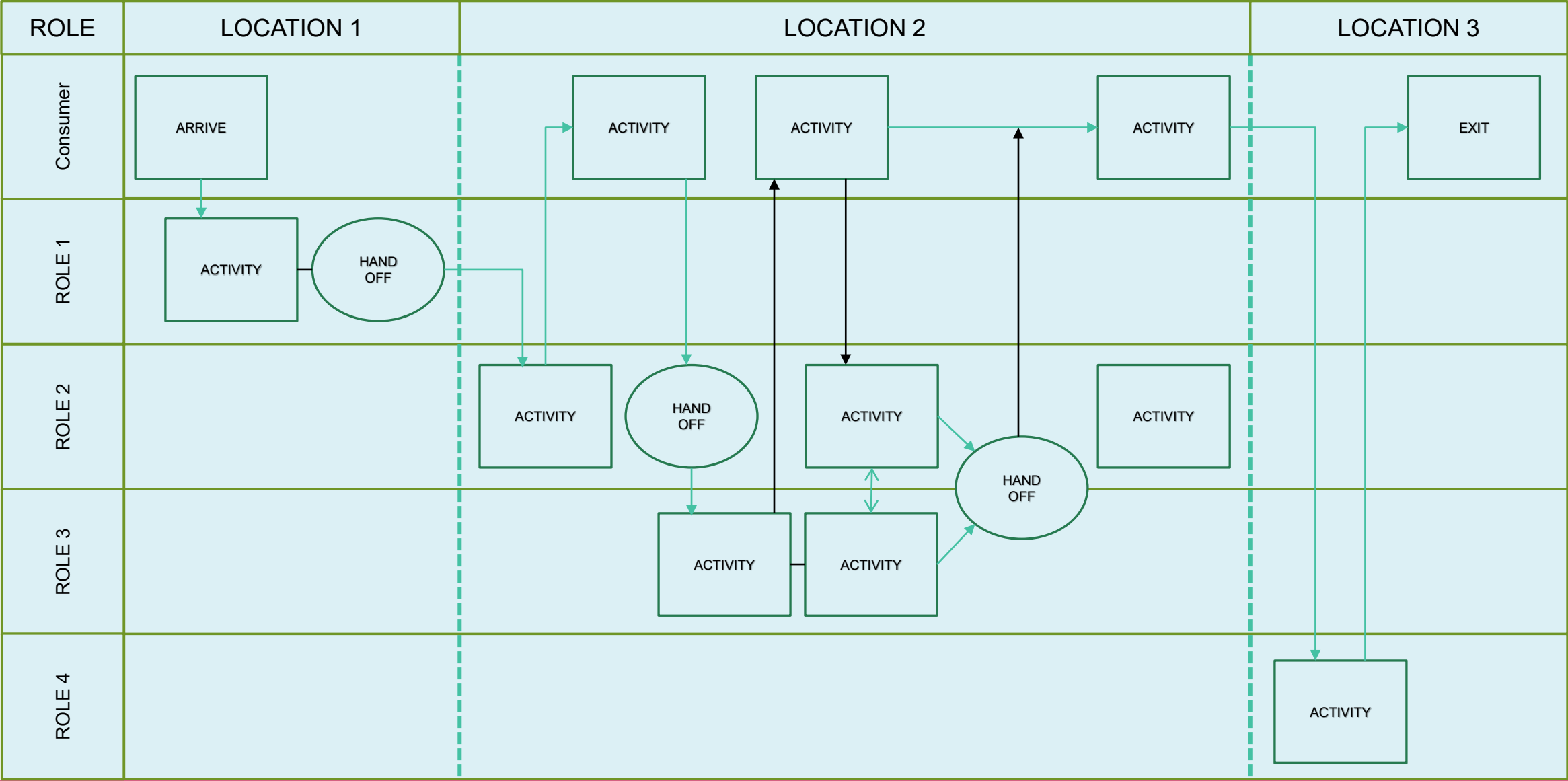
Quarterly Awards Process

Week 1

Week 3

Week 2

Week 4

Legend

⬭	Start or end of a process
▭	Process
▱	Data input/output
◇	Decision
⬓	Document

Lisa

- Start
- Data, Reports, and Surveys are tracked in data tracking sheet

Coaches

- Coaches save milestone 5 documents and proof to Dropbox
- Coaches are consulted and proof the award eligibility table
- Coaches review and proof the award notification letters
- QI Teams notified via email, with date to submit revisions

Sara

- Milestones are gathered into awards tracking and eligibility is determined
- QI Award Letters created
- Letters signed by Karen
- Letters and funding request sent to Accounts Payable

Robert

- Award funding approval
- *Should add that drafted letters are saved in dropbox, but the finalized SIGNED letters are in the JHF network.
- *Makes more sense for coaches to email notification with agreed upon date for revisions

Accounting

- Funds and letters mailed to recipients
- End

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Metrics & Measures

KARENA MORAN, PHD

Patient Education Materials on Urgent Postpartum Warning Signs	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your department developed/ curated **patient education materials on urgent postpartum warning signs** that align with culturally and linguistically appropriate standards?

Change Concept	Change Idea	Key Resources and Tools
Provide patient education focused on general life-threatening pregnancy and postpartum complications and early warning signs, including sepsis signs and symptoms other than fever, and instructions for who to notify with concerns	Standardize discharge education for patient and their identified support network • Include standardized education in child-birthing classes and prenatal appointments • Use teach-back to assess understanding	AIM: Urgent Maternal Warning Signs13 CDC: Urgent Maternal Warning Signs30 The UK Sepsis Trust: How to Spot Sepsis14 End Sepsis: What is Sepsis?15 Sepsis Alliance: Pregnancy & Childbirth16 Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN): Save Your Life Poster31 to be used in conjunction with the AWHONN Post-Birth Warning Signs Education Program32
	Ensure patient education materials are aligned with patients' health literacy, culture, language, and accessibility needs ◊ Engage community-based organizations in development of culturally appropriate and language-specific materials◊ *	CDC: Urgent Maternal Warning Signs30 Centers for Disease Control and Prevention (CDC): Hear Her Campaign22 Sepsis Alliance: Pregnancy & Childbirth16

Can I make up my own measures?
YES!!

EXAMPLES:

- Percent of patients with a delivery that received UMWS education prenatally or on discharge
  - Numerator: patients that received education
  - Denominator: patients that delivered in the XX (month/quarter)

- Percent of patients that successfully teach back or identify *X* number of UMWS
  - Numerator: patients that demonstrate understanding of UMWS
  - Denominator: random sample 10 patients each month

- Percent of Emergency Dept staff that complete education on UMWS
  - Numerator: ED staff that completed UMWS education
  - Denominator: total number of ED staff

- *Always align your measures with the specific work that you are doing*

Wrap-Up

LISA BOYD, BA

Upcoming Virtual Sessions

SEPTEMBER 3

UMWS Sprint Check-In

11:00 a.m. – 12:00 p.m.

Zoom

SEPTEMBER 17

UMWS Sprint Check-In

11:00 a.m. – 12:00 p.m.

Zoom

OCTOBER 1

UMWS Sprint Check-In

11:00 a.m. – 12:00 p.m.

Zoom

OCTOBER 15

UMWS Sprint Finale

11:00 a.m. – 12:00 p.m.

Zoom

Learn about the Initiatives

Access Session Materials

https://www.papqc.org/

Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while?

→ Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC

→ If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address

→ You can always reach us here
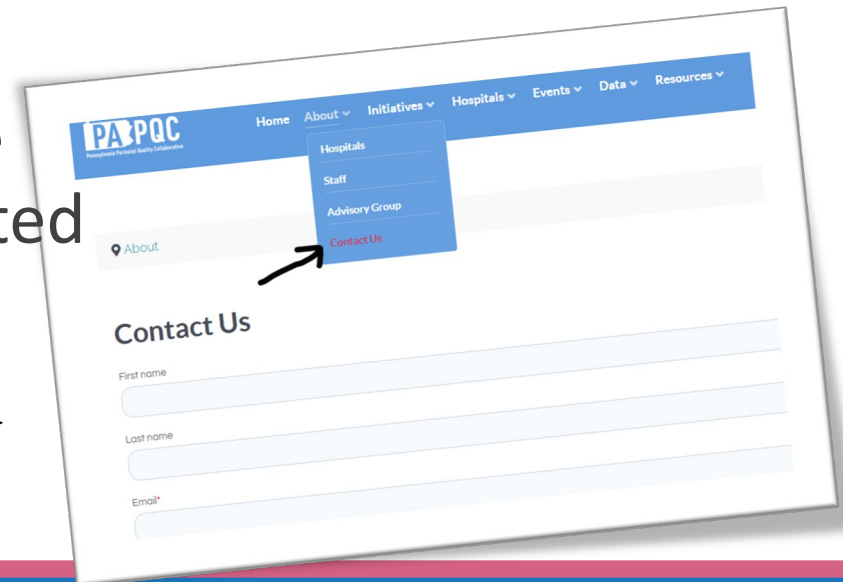
PA PQC QI Coaches

Kristen Brenneman, MSN, RN

Quality Improvement Facilitator, Jewish Healthcare Foundation

Lisa Boyd, BA

Program Associate, Jewish Healthcare Foundation

Jennifer Condel, SCT(ASCP)MT

Manager, Lean Healthcare Strategy and Implementation, Jewish Healthcare Foundation

Karena Moran, PhD

Improvement Optimization Advisor, Geisinger Health & NEPaPQC

Maureen Saxon-Gioia, MSHSA, BSN, RN

Nurse Project Manager, Jewish Healthcare Foundation

Credentialing Guidelines:

PLEASE complete the electronic evaluations by <u>Wednesday, August 20th</u>: https://www.surveymonkey.com/r/GY9VD95

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits.

2. The UPMC Center for Continuing Education will follow up with you, via email, after <u>Wednesday, August 20</u>th to notify you about how you can claim your credits.

    ❑ To prepare, we recommend you create an account with UPMC CCE via this website https://cce.upmc.com.
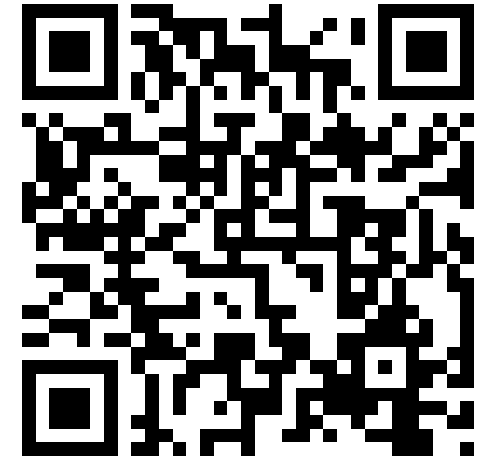
Thank You!

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