# Key Strategy Implementation: Getting to Green

| KEY STRATEGY | WORKING ON IT | IN PLACE |
|---|---|---|
| **Implement Doula Policy** | • Engage doulas to contribute to the development of the policy<br>• Begin the process for internal policy approval | Policy rolled out to clinical teams and shared with community doulas. Policy adopted by L&D nurses, providers, anesthesia, admissions staff. |
| **Doula Friendly Hospital Principles Adopted** | • Host a doula meet & greet<br>• Educate staff and clinical team re: the role of a doula;<br>• Update policies if necessary to allow doula to practice within full scope | Systems in place that facilitate the NYDCA doula-friendly hospital principles including accountability for team members not following principles |
| **Engage patients in QI work** | • Recruit patient/community representatives to join QI work<br>• Develop clear ask and compensation plan<br>• Navigate internal channels as necessary<br>• Develop onboarding process | Patient representative has been identified and onboarded. Patient has completed or is enrolled in Mama's Voices patient family partner training. |
| **Protocol for Data Collection by demographics** | • Work with IT to modify EMR reports as needed<br>• Determine who is responsible for collecting data<br>• Train staff on patient-reported data collection protocol and share scripts | Process flow in place to obtain patient-reported demographic data. Improved scripting. Review data and make recommendations to track progress on reducing non-reported demographic data. |

NPQIC

| Process for reviewing data by descriptive variables | • Work with internal QI team to determine who will pull reports, analyze the data, and share with team<br>• Determine how frequently data will be shared with staff | Process flow established. Review QI data (NTSV C-section or SMM data, etc.) stratified by demographics and payor. Identify opportunities to address differences. |
|---|---|---|
| **Strategy for sharing Respectful Care Practices** | • Develop process flow<br>• Plan a kickoff/grand rounds to educate clinical team and staff on RCPs<br>• Gather sign-offs | RCPs are posted in patient rooms or other public spaces in L&D and shared verbally with patients. Staff informed. Staff signing respectful care commitments. |
| **Implement PREM Survey** | • Engage doulas to contribute to the development of the policy<br>• Begin the process for internal policy approval<br>• Post PREM Survey flyers with QR codes in patient rooms. | Process flow in place to ask patients to complete survey before discharge to increase % completion. Review PREM survey responses and share with team. |
| **Provide Postpartum Safety Education** | • Examine gaps and opportunities in current discharge procedures<br>• Explore which resources you will hand out<br>• Educate nurses on reviewing handouts in depth with patients | Review and share handouts with patient on urgent maternal warning signs and early postpartum care (e.g. AWHONN, CDC). Utilize CDC Hear Her patient conversation guide resources. Early postpartum visits scheduled as appropriate before discharge. |
| **Educate providers, nurses, and staff** | • Explore educational offerings<br>• Identify education coordinator<br>• Communicate education requirements with providers, nurses, and staff including the reasoning behind them | Track completion of education requirements by providers, nurses, and staff. Suggested trainings: Humanitas Institute, ACOG and OMH e-modules. Additional offerings: PQI Speak Up training, AWHONN, and film screenings (Aftershock, Laboring with Hope). |

NPQIC