

Hospital Requirements for Participation in a CPQCC-sponsored Quality Improvement Collaborative

In partnership with the California Maternal Quality Care Collaborative (CMQCC), the California Perinatal Quality Care Collaborative (CPQCC) acts as the designated Perinatal Quality Collaborative (PQC) for the state of California. PQCs are statewide networks of teams that are established to improve perinatal health outcomes. Established in 1997, CPQCC's mission is to improve the quality and equity of health care delivery for California's most vulnerable infants and their families, from birth and NICU stay to early childhood. One of the methodologies CPQCC employs to achieve this mission is the Quality Improvement (QI) Collaborative model, which is designed to help neonatal intensive care units (NICUs) enhance specific areas of care using evidence-based practices. Since 2022, the Centers for Medicare & Medicaid Services (CMS) has mandated that hospitals participate in a structured statewide Perinatal Quality Collaborative (PQC); active enrollment in a CPQCC-sponsored QI Collaborative meets this CMS requirement. This document outlines all hospital requirements, including the steps necessary for enrollment and participation in CPQCC quality-improvement collaboratives.

Enrollment

1. Submit a signed Site Agreement.
2. Convene a Quality Improvement (QI) team.
 - a. Identify a NICU Nursing Lead (e.g. Nurse Manager, NNP, CNS, Nurse Educator)
 - b. Identify a Physician Lead.
 - c. Identify a QI Specialist Lead
 - d. Identify a Family Lead
 - e. Identify other front-line and multidisciplinary leads
 - f. Identify a hospital administrator
3. Submit a registration form with team roster including contact information and role designation.
4. Complete baseline data assessments and a context and process survey.
5. Attend 3 QI Collaborative Learning Sessions (in person preferred)

Meetings and Participation

1. At least two members of the QI team must:
 - a. Attend 3 in person learning sessions
 - i. **Acknowledging the resource constraints faced by smaller NICUs, we offer the option to participate virtually with these sessions if in-person attendance presents a significant financial or logistical challenge.**
 - b. Attend a minimum of 90% of monthly webinars, submit report outs and actively participate in discussions
 - c. Present hospital-specific progress reports at scheduled QI collaborative meetings.
 - d. Develop and present report outs at learning sessions #2 & #3
2. Engage in transparent data and resource sharing with other QI collaborative participants.
 - a. Serve as a collaborative coach/mentor for other QI collaborative participants or for future QI collaboratives.
3. Schedule regular QI team meetings (monthly) and develop a communication plan with your NICU team and other hospital wide stakeholders to be sure everyone is aware on an ongoing basis of your successes and challenges.

Data Submission

1. Review and submit a signed data use agreement as part of the QI Collaborative Participation Agreement prior to the Collaborative kick-off.
2. Submit timely data as outlined by the QI collaborative.
 - a. Data will be contained within the CPQCC Data Portal as appropriate.
 - b. Data will be sufficient in content and quality to determine meaningful use.
 - c. As appropriate, data will be stratified by measures as outlined in the QI collaborative to ensure health equity in the outcomes (e.g., race, ethnicity, language, payor, etc.)
 - d. Data will be reviewed on a timely basis as outlined by the QI collaborative (i.e., monthly, quarterly, etc.).
 - e. Data outcomes will be shared with staff and providers as indicated by the QI collaborative.
 - f. Maintain confidentiality with regards to other collaborative participants data sharing.

Requirements

- a. Transparency in data sharing during QI collaborative meetings.
- b. Identify and monitor QI collaborative outcome, process and balancing measures.
- c. Identify opportunities to share data outcomes with family, community partners & hospital administration.

Active Quality Improvement Collaborative Requirements

1. Complete and submit outcome, process & balancing measures as outlined by the QI collaborative.
2. Review/implement resources provided by QI collaborative.
3. Complete driver diagram or similar tool, as outlined by the QI collaborative.

4. Implement/evaluate PDSA QI cycles as indicated by the driver diagram.
5. Develop and implement a QI collaborative communication plan for staff/providers.
6. Develop and implement a QI collaborative education plan for staff/providers and families.
 - a. Implement onboarding QI collaborative education plan for new hires.
 - b. Implement annual review process as indicated for quality collaborative (i.e. skills day, privileging process, etc.)
7. Implement/evaluate potentially better practices.
8. Develop and implement evaluation plan.
 - a. Include intervention plan for identified opportunities for improvement.
9. Develop and implement feedback processes for patient and community input as appropriate.

Hospitals who complete the QI collaborative in its entirety will be considered as “participating” in a QI collaborative.

Sustainability

1. Complete and submit a sustainability plan as outlined by the QI collaborative.
2. Complete and evaluate 30, 60, 90-day audits as outlined by the QI collaborative.
3. At a minimum, complete evaluation review/reaffirmation of outcome, process, balancing measures annually and develop remediation measures as indicated.
 - a. Assess collaborative through an equity lens via appropriate stratification options (e.g., race and ethnicity, primary language, insurance, etc.).
 - b. Share results with staff/providers at least annually.