



Building Quality Improvement and Just Culture into Your Birth Center Practice

Linda Cole and Diana  
Jolles

# Session Objectives

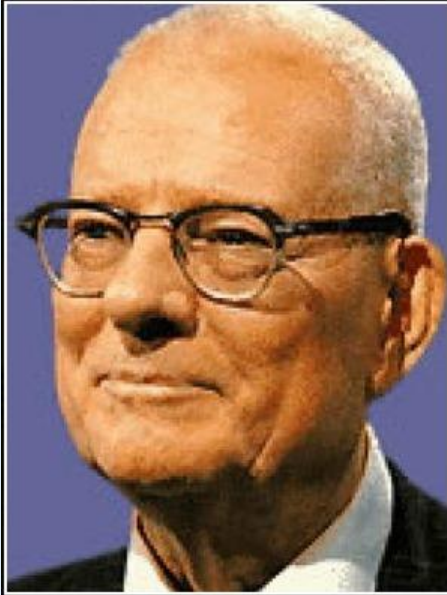
- Review the origins of quality improvement and just culture
- Explore current national quality initiatives
- Consider how CABC accreditation aligns with quality improvement
- Prepare to implement new quality improvement processes into your birth center



# Origins of Quality Improvement

- Airline Industry- TWA flight 514  
Washington Dulles International Airport  
1974 (Larson & Nance, 2011)
- Japanese Manufacturing 1980's-1990's-  
W. Edwards Deming (Larson & Nance,  
2011)
- Institute of Medicine- 1990's (Corrigan,  
Kohn, Donaldson, 1999)

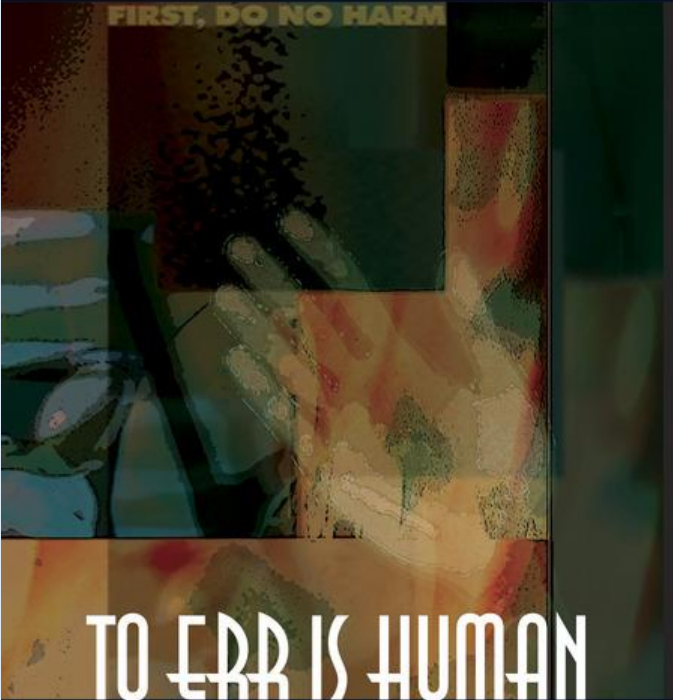




Eighty-five percent of the reasons for failure are deficiencies in the systems and process rather than the employee. The role of management is to change the process rather than badgering individuals to do better.

— *W. Edwards Deming* —

AZ QUOTES

An abstract, layered artwork. The top portion shows a hand holding a green plant stem. Below this, there are various textured, painterly elements in shades of green, yellow, and brown. The overall composition is vertical and textured.

FIRST, DO NO HARM

# TO ERR IS HUMAN

BUILDING A SAFER HEALTH SYSTEM

I N S T I T U T E   O F   M E D I C I N E

# Birth of the National Quality Movement

The Institute of  
Medicine (IOM)  
published *To Err is  
Human: Building a  
Safer Health System*

1999

2001

The Institute of  
Medicine (IOM)  
published *Crossing  
the Quality Chasm: a  
New Health System  
for the 21st Century*



# Quality Assurance

quality assurance

[ˈkwælədē ə ˈSHoʊrəns]

NOUN

1. the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production.

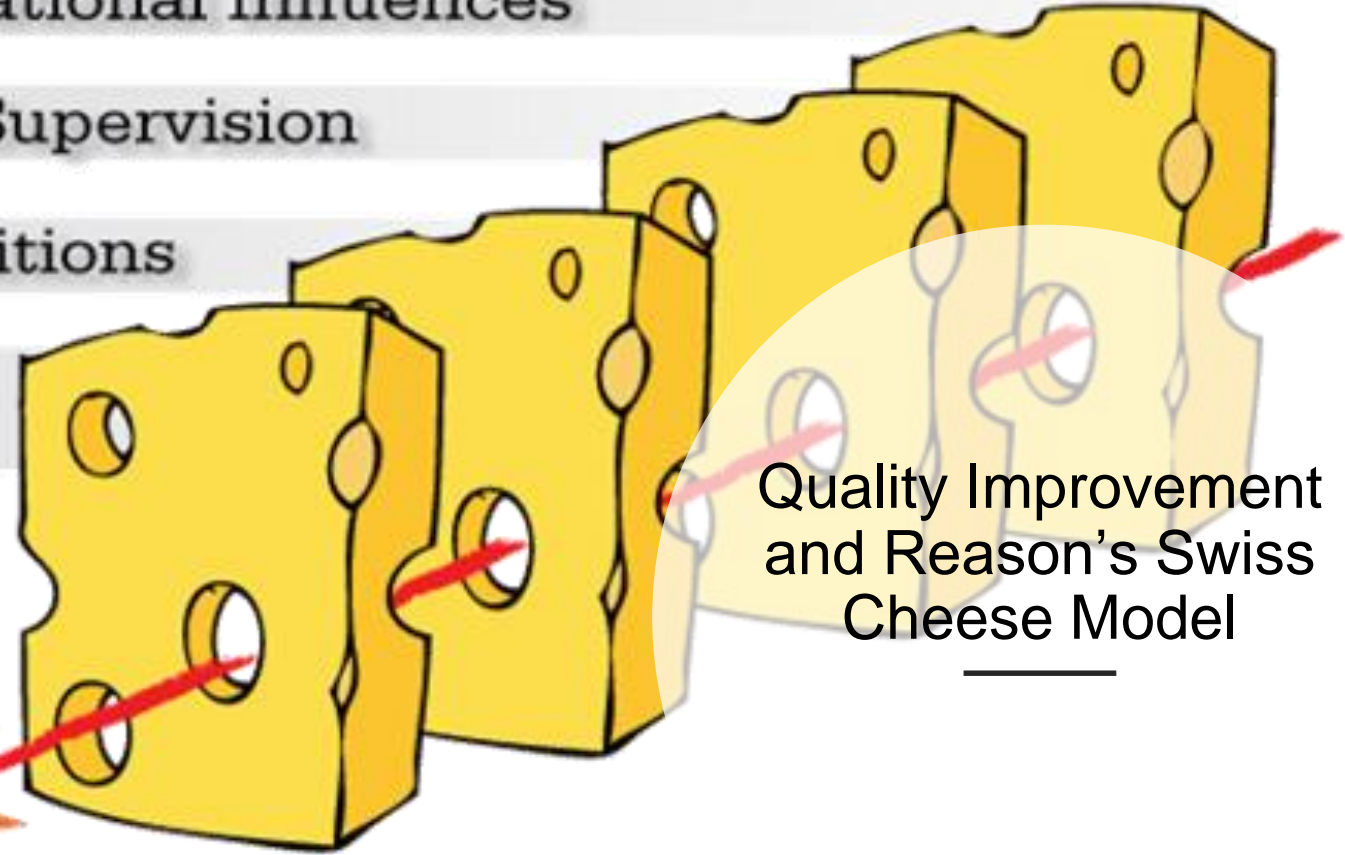
Organizational Influences

Unsafe Supervision

Preconditions

Unsafe Acts

**Accident!**



Quality Improvement  
and Reason's Swiss  
Cheese Model



# Quality Improvement

- Quality improvement (QI) is a **continuous** improvement process focused on processes and systems. QI is proactive and preventive in nature, focusing on patient care.
- **Systematic** and continuous actions that lead to **measurable** improvement in health care services and the health status of targeted patient groups (HRSA, 2011).
- The combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (Batalden & Davidoff, 2007).

START TO

HEAL

THE MOMENT THEY FEEL

HEARD”

## Just Culture

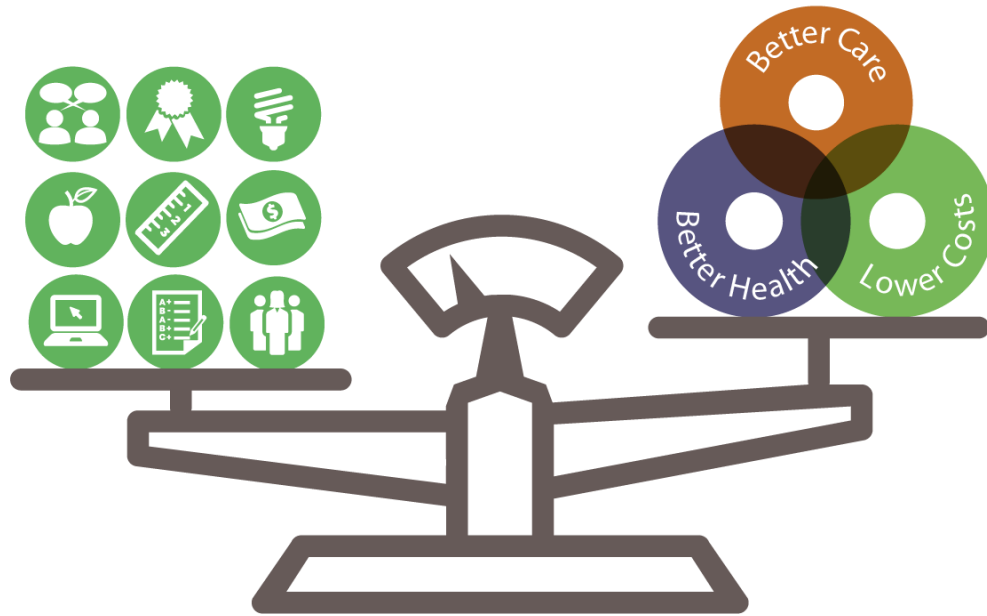
- In a Just Culture employees need to report errors, there must be personal accountability, but also the organization takes on responsibility for system processes.

# How Do I Build a Just Culture in My Birth Center?

- Leaders must be open and committed to change
- Enable employees to openly share information regarding safety and to be involved in the QA/QI process
- Provide resources to the team
  - Reporting System with non-punitive responses and rewards for reporting
  - Designated Patient Safety Officer
- Recruit patients and family members to engage
- Simulate possible adverse events
  - High-risk or unusual events
    - IP/PP events
    - Transfers
- Conduct safety briefings

“THE SECRET OF CHANGE IS TO FOCUS ALL OF YOUR ENERGY, NOT ON FIGHTING THE OLD, BUT ON BUILDING THE NEW.”

ATES



## National Initiatives: The National Quality Strategy Levers

- The National Quality Strategy's aims and **nine National Quality Strategy "levers"**: organizations' core business functions that serve as a means for improving health and health care quality

## Public Reporting Revolution

### **MATERNAL CENTERS OF EXCELLENCE**

Helping Families Find Safe, Risk-  
Appropriate Maternity Care

<https://www.maternalsafetyfoundation.org/>

<https://www.maternalcoe.org/>

The logo for the Maternal Safety Foundation is a dark blue rounded rectangle with a white border. The text "MATERNAL SAFETY FOUNDATION" is written in white, bold, uppercase letters. The word "MATERNAL" is on the top line, "SAFETY" is on the second line, and "FOUNDATION" is on the third line. The logo is partially obscured by a dark grey L-shaped graphic element in the top-left and bottom-right corners.

**MATERNAL SAFETY  
FOUNDATION**

<https://lownhospitalsindex.org/>

**CIVIC LEADERSHIP**

Reflects commitment to equity, inclusion, and community health

**VALUE OF CARE**

Reflects the avoidance of use of low-value services

**PATIENT OUTCOMES**

Reflects performance as it relates to patients' health and experience of care



# PERINATAL QUALITY IMPROVEMENT PROVEN



Workforce  
Development

- <https://www.perinatalqi.org/>

**Mercy Birthing Center Care**  
*(Compared to Standard Hospital Care rates)*

**70%**  
fewer  
cesareans

Up to  
**40%**  
higher VBAC  
success

More than  
**17x**  
fewer  
episiotomies

Nearly  
**12x**  
fewer epidurals

**68%**  
fewer inductions



**onal partner  
women & fan**





KEEP ASKING.  
KEEP GROWING.  
KEEP EVOLVING.  
KEEP SUCCEEDING.  
KEEP MOVING.  
KEEP SHINING.

## Learning and Technical Assistance

Division of Reproductive Health  
**Perinatal Quality Collaboratives (PQCs)**



**CDC**

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# Bundles and Tools





## **WHAT IS PHYSIOLOGIC BIRTH?** **Professional Organizations' Position Statements**

CMQCC

California Maternal  
Quality Care Collaborative

Data, QI Initiatives, Webinars,



**NNNEPQIN**

LARC  
Birth  
Certificate  
Vaginal  
Birth  
PPH





# Maternal Health Hub



# Institute for Medicaid Innovation

IMI & CHCS Present a New Virtual Learning Series:

## Leveraging Midwifery-Led Care to Address Disparities and Equity in Medicaid



**CHCS**  
Center for  
Health Care Strategies, Inc.

Are you interested in improving access and coverage to **evidence-based, high-value maternal models of care** for the Medicaid population?

Do you want to learn how to leverage the midwifery-led model of care to **address disparities and improve birth equity**?

Are you a Medicaid stakeholder who is looking for a plan to **translate your knowledge about midwifery-led care into action**?

Join the Institute for Medicaid Innovation and Center for Health Care Strategies in an engaging and interactive virtual learning series that will provide a roadmap to explore next steps for implementation of midwifery-led models of care with a focus on **CNM/CMs and alongside/freestanding birth centers in Medicaid**.



### What is included?

- 8 monthly, 1-hour online sessions
- Interactive Q & A with experts
- Pre-session activities to enhance participation (approximately 1 hour per month)
- Supplemental resources and tools
- Limited, personalized technical assistance



### What topics will be covered?

- 
- High-Value, Evidence-Based Maternal Models of Care
  - Birth Equity within the Context of COVID-19 & Structural Racism
  - Value Proposition for Midwifery-Led Care in Medicaid
  - Licensure, Credentialing, and Contracting in Medicaid
  - Overview of State Regulation & Variation for Midwifery Practice
  - Launching and Operating Medicaid-Focused Midwifery-Led Models of Care
  - Aligning State Medicaid Initiatives with Midwifery-Led Models of Care
  - Building the Business Case to Support Birth Equity & Spark Policy Momentum

IMI & CHCS Present a New Virtual Learning Series:

## Leveraging Midwifery-Led Care to Address Disparities and Equity in Medicaid



### Who should participate?

The learning series is designed for all Medicaid stakeholders who want an evidence-based roadmap to reduce disparities and improve birth equity including:

- Clinicians and Provider Groups
- Federal Agencies
- Medicaid Health Plans
- National and State Professional and Advocacy Organizations
- State Medicaid Agencies

Participants may join as part of a **state team, organization,** or as an **individual.** We encourage you to identify Medicaid stakeholders (e.g., hospital leadership, state Medicaid agency staff, Medicaid health plan representatives) in your state to participate with you, as a team approach might lead to a stronger translation of knowledge into action.

### When are the virtual learning sessions?

Session Dates  
(2 pm EST):

**October 9th**

**November 13th**

**December 11th**

**January 8th**

**February 12th**

**March 12th**

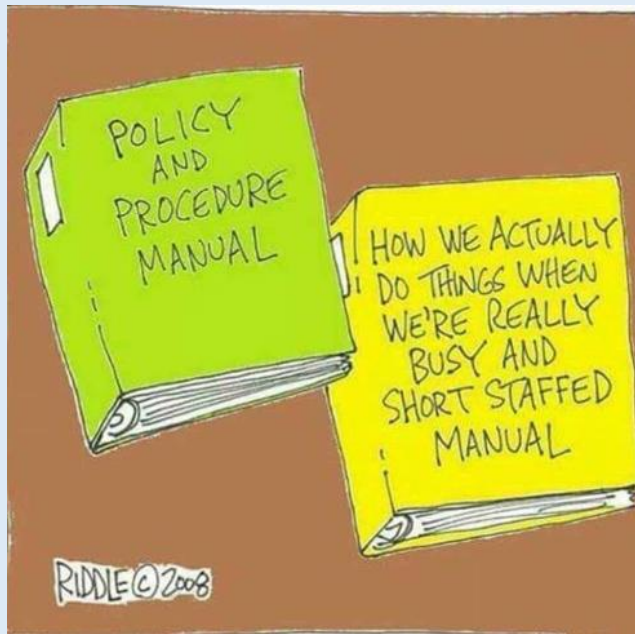
**April 9th**

**May 14th**



### How much does it cost?

There is **no cost** to participate. IMI has secured a grant to support participation in



**Commission for the  
Accreditation of Birth Centers**  
*Supporting Standards & Inspiring Excellence through Learning*

## How CABC Accreditation Aligns with QI

A Manual for

# Continuous Quality

# Improvement

for Birth Centers



# STANDARDS *for* BIRTH CENTERS



# AABC CABC

## **AABC Standards**

Standard 1. Philosophy and Scope of Services

Standard 2. Planning, Governance and Administration

Standard 3. Human Resources

Standard 4. Facility, Equipment and Supplies

Standard 5. The Health Record

Standard 6. Research

Standard 7. Quality Evaluation and Improvement

## **AABC Continuous Quality Improvement (CQI) Manual**

Section A: Administration

Section B: Client Care

Section C: Facility Safety

Section D: Data Collection

Section E: Risk Management

Section F: Monitoring CQI Program


## Standard 7. Quality Evaluation and Improvement

The birth center has an effective program to evaluate and improve quality of services for childbearing women and newborns, the environment in which the care is provided, and all aspects of birth center operations.



# Standard 7: Quality Evaluation and Improvement

- 7A.5 There is an effective system for collection and analysis of data which includes, but is not limited to:
  - 7A.5.a) Standardized review of sentinel events and outcomes of care
  - 7A.5.b) Standardized review of all transfers of mothers and neonates to hospital care to evaluate the appropriateness of decision-making and quality of management of the transfer
  - 7A.5.c) Collection and analysis of outcome data compared to national benchmarks
  - 7A.5.d) Collection and analysis of utilization data
  - 7A.5.e) Analysis of collected data regarding patient satisfaction with services provided
  - 7A.5.f) System reviews to identify issues that may impact quality of care including, but not limited to: health record system, screening and diagnostic testing, facility, equipment and supplies, human resource programs, billing and accounting practices



## Best Practices in Standard 7: 5a and b

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- Standardized review of sentinel events and outcomes of care
- Standardized review of all transfers of mothers and neonates to hospital care to evaluate the appropriateness of decision-making and quality of management of the transfer



# Best Practices in Standard 7: 5c and d

- 7A.5.c) Collection and analysis of outcome data compared to national benchmarks
- 7A.5.d) Collection and analysis of utilization data

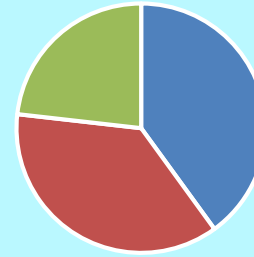


# Billing Audits and Feedback

Billing audits occur on an ongoing basis,  
at least annually.

N=315

## Billing Audit and Feedback



- Robust
- Some Follow Up
- No Formal Follow Up





*Bringing Midwifery to Main Street™*



## Perinatal Data Registries

- Collect and Analyze Data



## Data Collection

Telephone Inquiry Logs, Registration/Follow-up Log, Delivery Log,  
Practice Management Utilization Statistics

# Benchmarking



## •ACNM Benchmarking Project

- Labor and Birth
- Perineal
- Infant
- Breastfeeding
- Resource Utilization
  - Inductions
  - Epidurals
- Triple Aim
- 4 Core Best Practice

# ACNM Benchmarking Best Practices

## **Spontaneous Vaginal Birth Rate**

Health Foundations Birth Center + Women's Health Clinic (St. Paul, MN)

North Houston Birth Center (Houston, TX)

The Birth Center: Holistic Women's Health Care (Newark, DE)

Willow Midwife Center for Birth & Wellness AZ, LLC (Mesa, AZ)

## **Primary Cesarean Rate**

North Houston Birth Center (Houston, TX)

Willow Midwife Center for Birth & Wellness AZ, LLC (Mesa, AZ)

## **VBAC Success Rate**

Beginnings Birth Center (Colorado Springs, CO)

**Health Foundations Birth Center + Women's Health Clinic (St. Paul, MN)**

**Rate of Cesarean Birth Among Nulliparous Women with a Term, Singleton Baby in a Vertex Position (NTSV)**

Health Foundations Birth Center + Women's Health Clinic (St. Paul, MN)

## **Rate of Postpartum Hemorrhage**

Connecticut Childbirth & Women's Center (Danbury, CT)

The Midwife Center for Birth & Women's Health (Pittsburgh, PA)

# ACNM Benchmarking Best Practices

Rate of Women with Intact Perineum (perineum is intact or only small laceration(s) not requiring repair)

Willow Midwife Center for Birth & Wellness AZ, LLC (Mesa, AZ)

3rd or 4th Degree Laceration Rate

New Birth Company (Overland Park, KS)

The Midwife Center for Birth & Women's Health (Pittsburgh, PA)

Preterm Birth Rate (infants from a singleton birth born at less than 37 weeks gestation)

Health Foundations Birth Center + Women's Health Clinic (St. Paul, MN)

The Midwife Center for Birth & Women's Health (Pittsburgh, PA)

Rate of Women who Attended 6-week Postpartum Visit

Lifecycle WomanCare (Bryn Mawr, PA)

Rate of Women Breastfeeding at 6-week Postpartum Visit

Dar a Luz Birth & Health Center (Los Ranchos, NM)

Lifecycle WomanCare (Bryn Mawr, PA)

Willow® Midwives (Minneapolis, MN)



# ACNM Benchmarking

## RESOURCE UTILIZATION OUTCOMES

### Rate of Inductions

Beginnings Birth Center (Colorado Springs, CO)

New Birth Company (Overland Park, KS)

Rate of Epidurals Used for Pain Relief During Labor (not including epidurals placed only for anesthesia for operative delivery)

Beginnings Birth Center (Colorado Springs, CO)

Brooklyn Birthing Center (Brooklyn, NY)

Inanna Birth & Women's Care (Denton, TX)

The Midwife Group Women's Health and Birth Center (Savannah, GA)



# ACNM “Best Practices 4 Core” AABC Winners 2019

- -Beginnings Birth Center (Colorado Springs, CO)
- -Best Start Birth Center (San Diego, CA)
- -Inanna Birth & Women’s Care (Denton, TX)
- -Midtown Nurse Midwives (Sacramento, CA)
- -Minnesota Birth Center (Minneapolis, MN)
- -Nativiti Family Birth Center (The Woodlands, TX)
- -New Birth Company (Overland Park, KS)
- -New Birth Company (Kansas City, KS)
- -North Houston Birth Center (Houston, TX)
- -The Birth Center, A Nursing Corporation (Sacramento, CA)
- -The Birth Center: Holistic Women’s Health Care (Wilmington, DE)
- -Transitions Women’s Wellness Center (Manistee, MI)
- -Wichita Falls Birth & Wellness Center (Wichita Falls, TX)



## "4 CORE" BEST PRACTICES

THE ACNM  
BENCHMARKING  
PROJECT




# ACNM “Best Practice” Triple Aim Winners

- Baby + Co. (Nashville, TN)
- Bay Area Midwifery (Annapolis, MD)
- Beginnings Birth Center (Colorado Springs, CO)
- Best Start Birth Center (San Diego, CA)\*
- Birth Center at PCC (Berwyn, IL)
- Birth Center of Baton Rouge (Baton Rouge, LA)
- Birth Center of Denver (Denver, CO)
- BirthCare & Women's Health (Alexandria, VA)\*
- Bloomin' Babies Birth Center (Grand Junction, CO)
- Breath of Life Women's Health & Birth Center (Largo, FL)\*
- Connecticut Childbirth & Women's Center (Danbury, CT)
- Dar a Luz Birth & Health Center (Los Ranchos, NM)\*
- Flagstaff Birth and Women's Center (Flagstaff, AZ)\*
- Geneva Woods Midwifery & Birth Center (Anchorage, AK)\*
- Health Foundations Birth Center + Women's Health Clinic (St. Paul, MN)\*
- Inanna Birth & Women's Care (Denton, TX)\*
- Lifecycle WomanCare (Bryn Mawr, PA)\*
- Mat-Su Midwifery & Family Health (Wasilla, AK)\*

# ACNM Best Practice Triple Aim Winners

- Midtown Nurse-Midwives (Sacramento, CA)
  - Minnesota Birth Center (Minneapolis, MN)\*
  - Nativiti Family Birth Center (The Woodlands, TX)\*
  - North Houston Birth Center (Houston, TX)
  - Sacred Roots Midwifery & Birth Center (Indianapolis, IN)\*
  - Santa Rosa Birth Center (Santa Rosa, CA)
  - Special Beginnings Birth and Women's Center (Arnold, MD)\*
  - The Birth Center, A Nursing Corporation (Sacramento, CA)\*
- 
- The Birth Center: Holistic Women's Health Care (Wilmington, DE)\*
  - The Midwife Group Women's Health & Birth Center (Savannah, GA)\*
  - Transitions Women's Wellness Center (Manistee, MI)
  - Wichita Falls Birth & Wellness Center (Wichita Falls, TX)
  - Willow® Midwives (Minneapolis, MN)\*
  - Women's Birth & Wellness Center (Chapel Hill, NC)\*



Stapleton, S., Wright, J., **Jolles, D.** (2019).

Improving the Experience of Care: Results of the American Association of Birth Centers Strong Start

**Client Experience of Care Registry** Pilot Program, 2015-2016. *Journal of Perinatal & Neonatal Nursing*. December 12, 2019:18.

1-11. DOI: 10.1097/JPN.0000000000000454.

# Best Practices 7A.5. e Patient Satisfaction

Analysis of collected data regarding patient satisfaction with services provided

## 7A.5.f Other QI Opportunities

System reviews to identify issues that may impact quality of care including, but not limited to:

- health record system,
- screening and diagnostic testing, facility,
- equipment and supplies,
- human resource programs,
- billing and accounting practices

# Team Processes

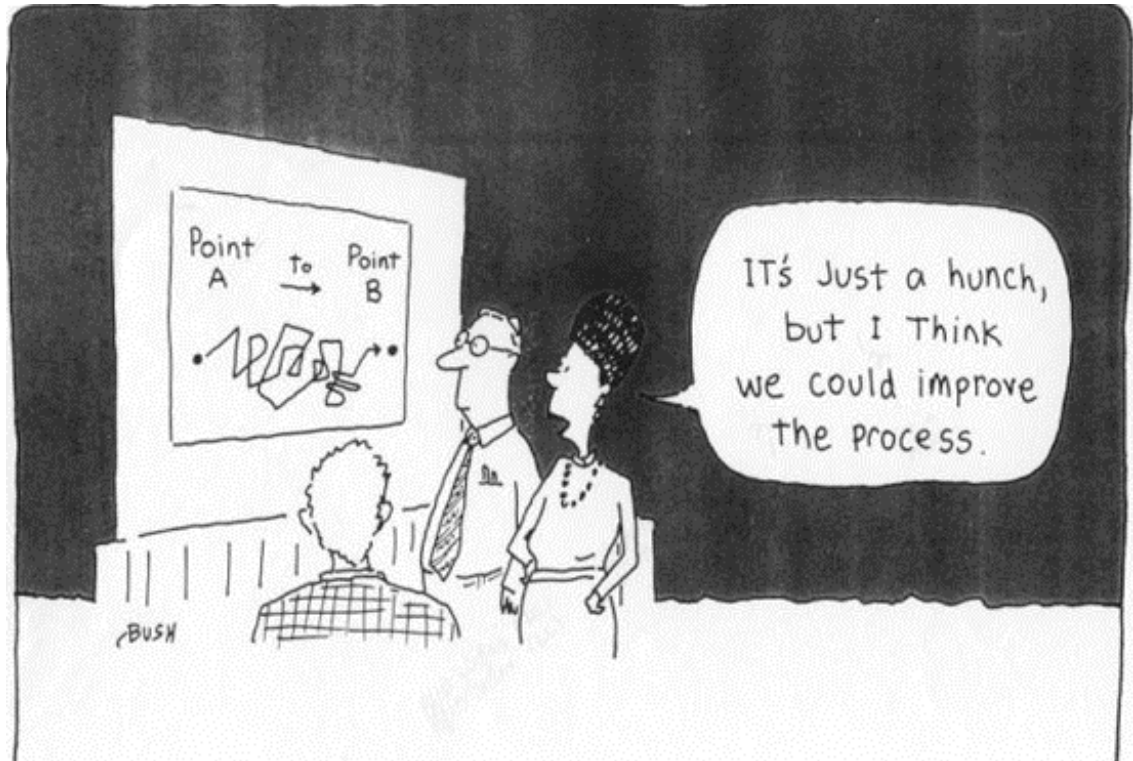
We will continue having lots of meetings until we find out why no work is getting done.



someecards

- Meetings
- Huddles
- Debriefs

# Prepare to Implement



### **Aim**

What are we trying to accomplish?

### **MEASURES**

How will we know that a change is an improvement?

### **CHANGES**

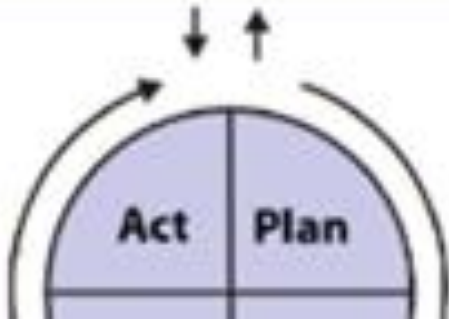
What changes can we make that will result in improvement?

# Plan, Do, Study, Act

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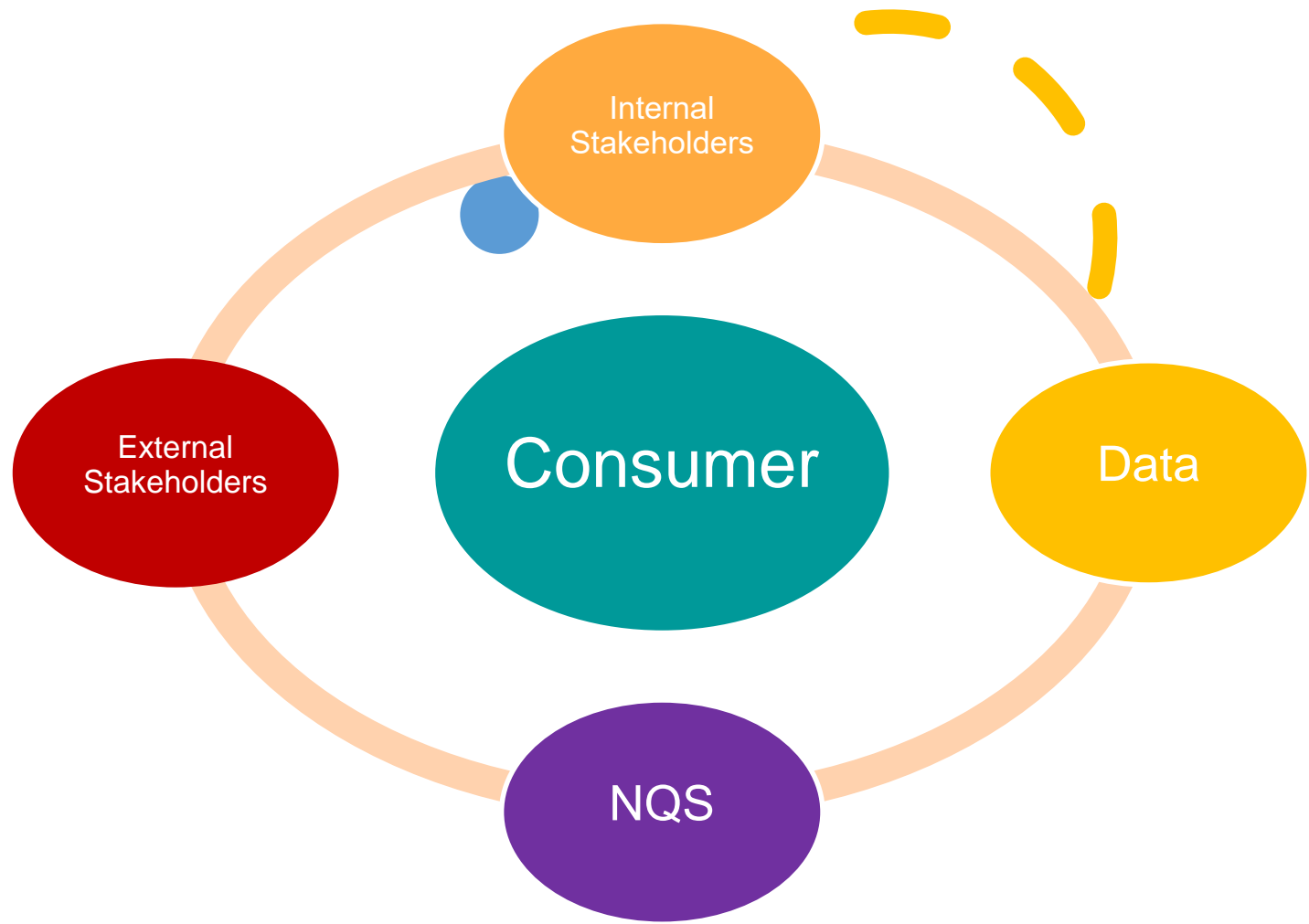
## •Plan

- Engage Key Stakeholders
- Quality Assurance Inputs: Audits, EHR dashboards, Core measures
- Toolkits





# Plan

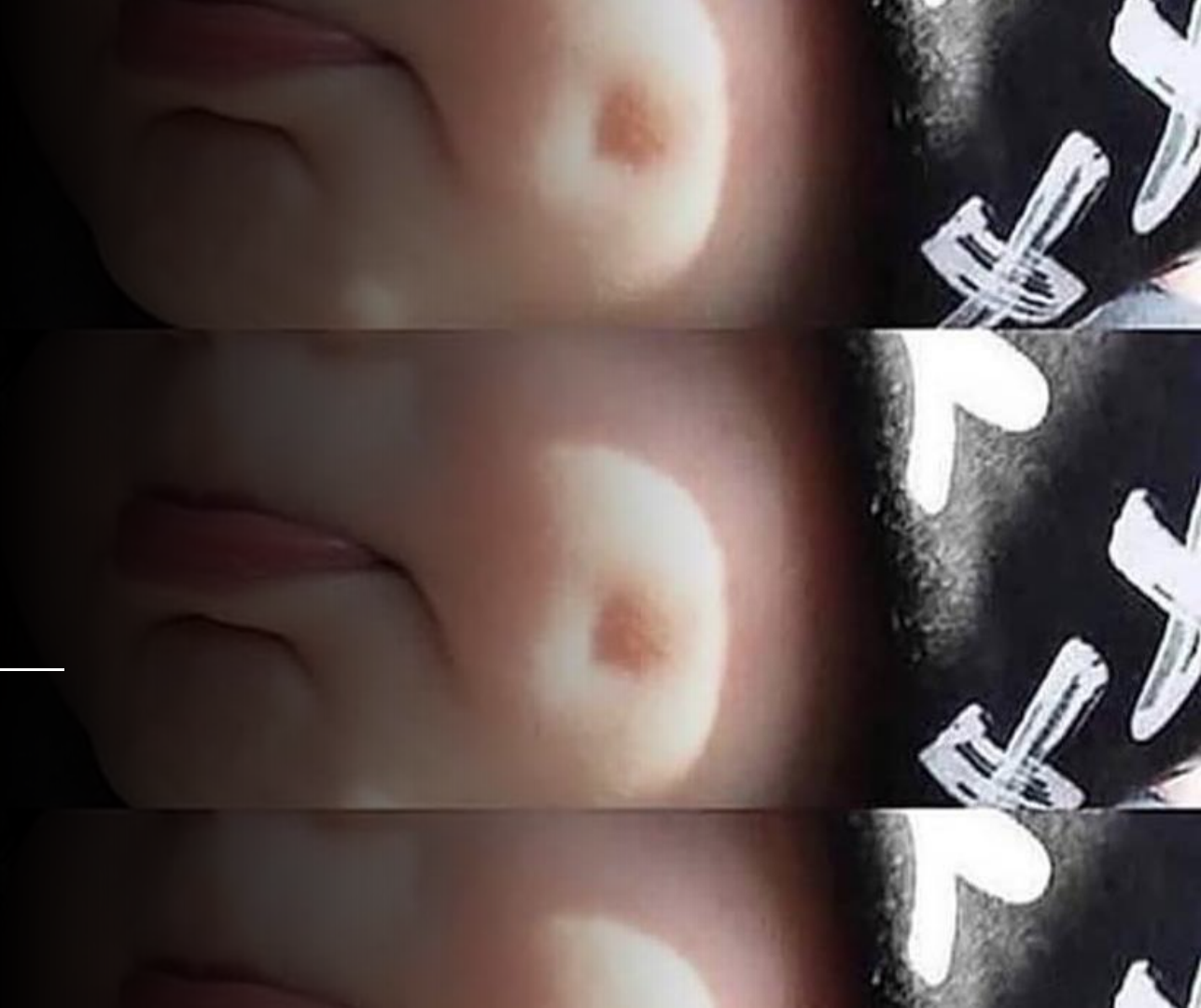


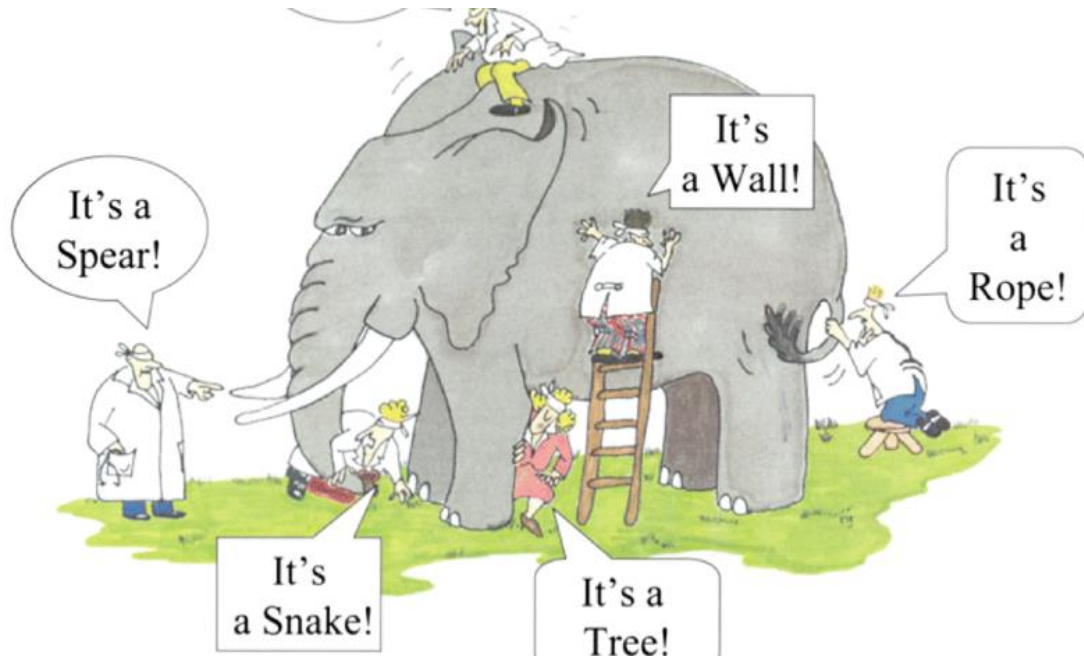


Engage Key Stakeholders



# Consumers





- Three Blind Men
- Appreciative Inquiry

# Preventing Change Fatigue

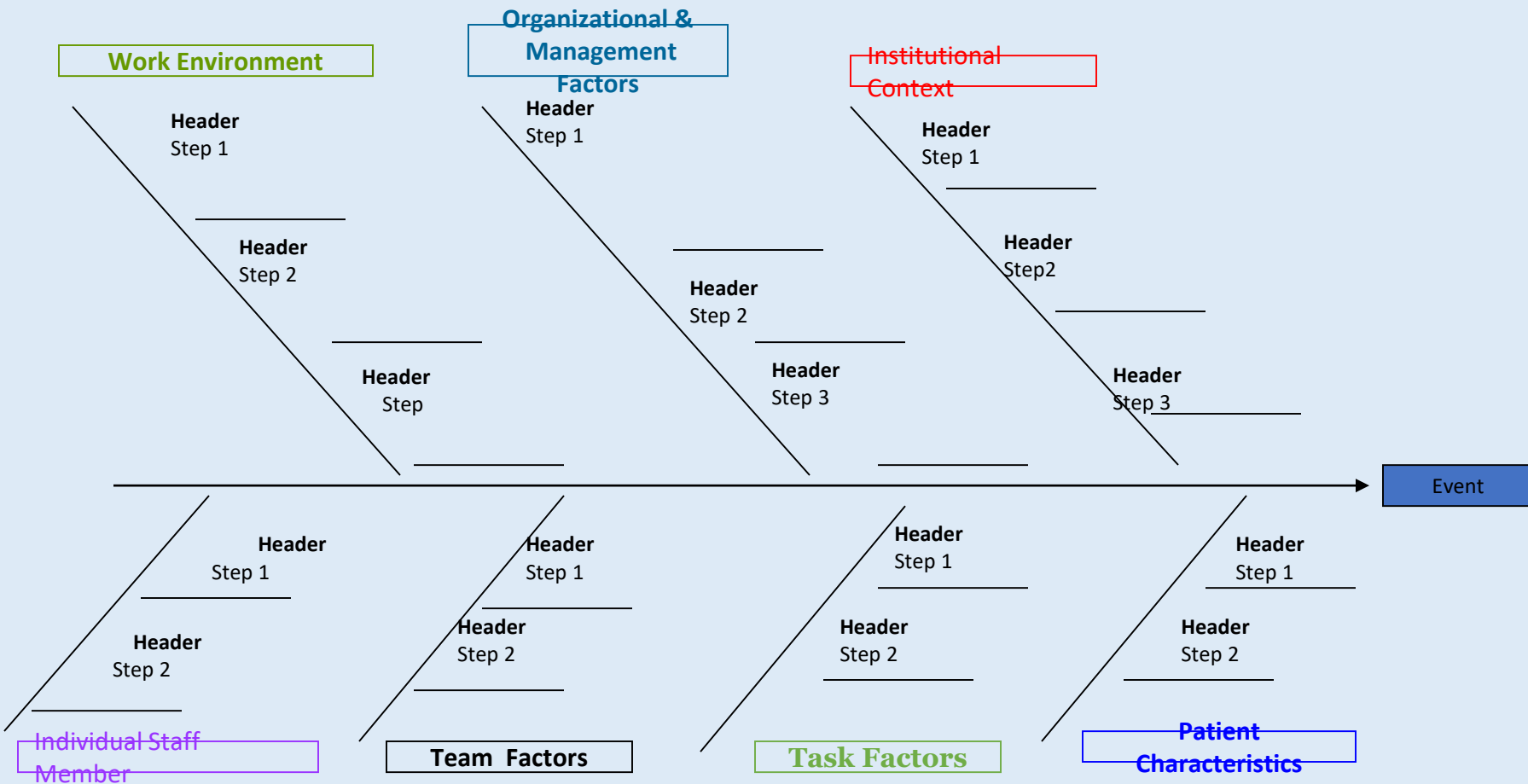
- [Box and whisker plot](#) (Excel) This graphical plotting tool goes beyond the traditional [histogram](#) by providing you with easy-to-read displays of variation data from multiple sources, for more effective decision making.
- [Check sheet](#) (Excel) Use this simple, flexible tool to collect data and analyze it with [histogram](#) and [Pareto charts](#).
- [Control chart](#) (Excel) See how a control chart tracks process change over time, and create your own.
- [Employee instruction sheet](#) (Excel) Use this employee instruction sheet to capture the components of process documentation on one comprehensive worksheet. The downloadable spreadsheet includes separate tabs with instructions, a template, and an example from Heartland Regional Medical Center, St. Joseph, MO.

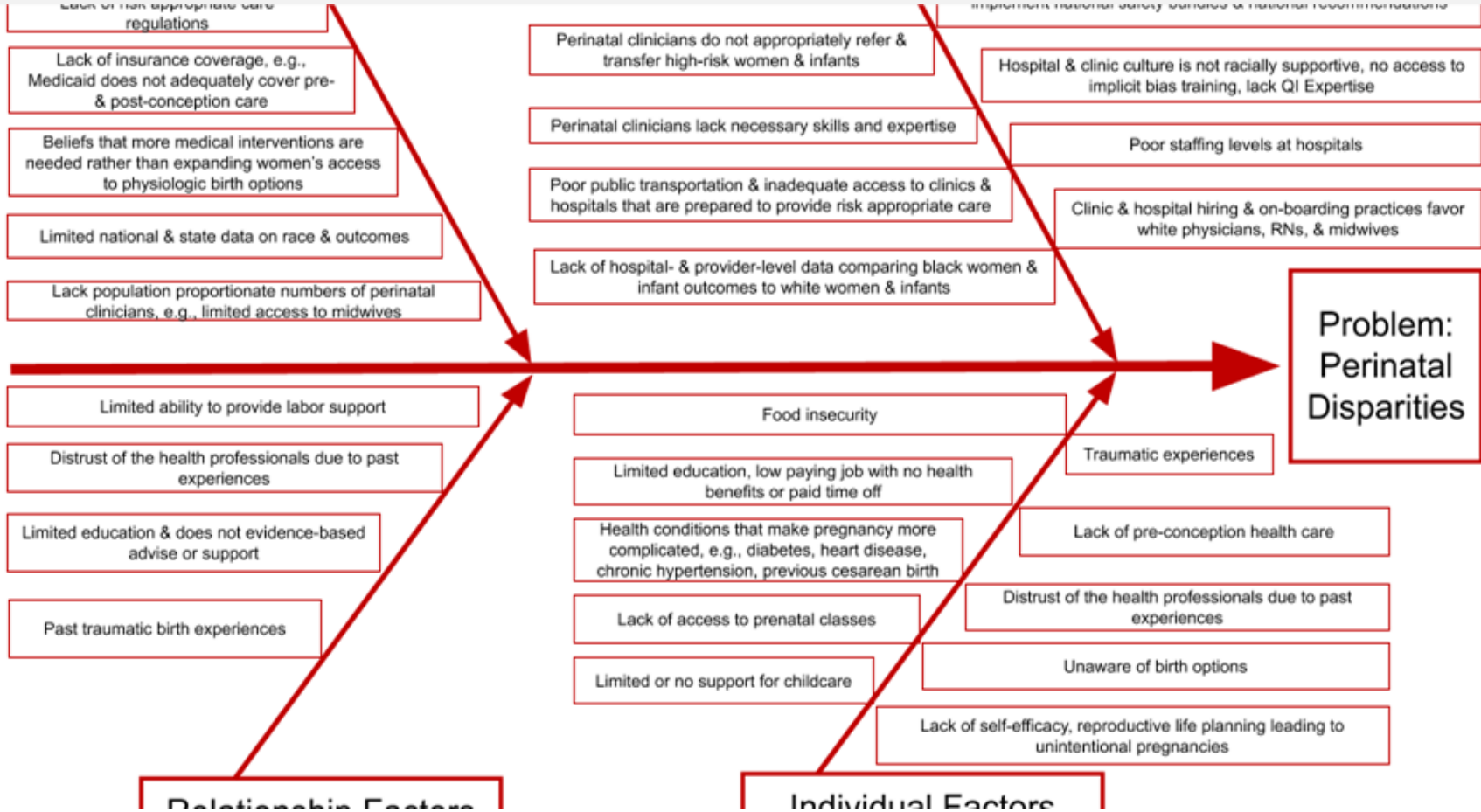
# DOWNLOAD QUALITY TEMPLATES AND EXCEL TOOLS

# DOWNLOAD QUALITY TEMPLATES AND EXCEL TOOLS

- [Flowchart](#) (Excel) Create a graphical representation of the steps in a process to better understand it and reveal opportunities for improvement.
- [Gantt chart](#) (Excel) This tool can be used in process planning and control to display planned tasks and finished work in relation to time.
- [Pareto chart](#) (Excel) Use this quick and very basic tool to capture and analyze problem occurrences.
- [Stratification diagram](#) (Excel) Analyze data collected from various sources to reveal patterns or relationships often missed by other data analysis techniques. By using unique symbols for each source, you can view data sets independently or in correlation to other data sets.

# PLAN: Fish Bone





<https://www.perinatalqi.org/page/disparitiesdiagram>



# Project Charter

A project charter is a living document for an improvement team that clarifies the problem, the target and the boundaries of a process improvement project.



## Business Case

The business reasons for doing the project



## Goal Statement

The target of the process measurement



## Timeline

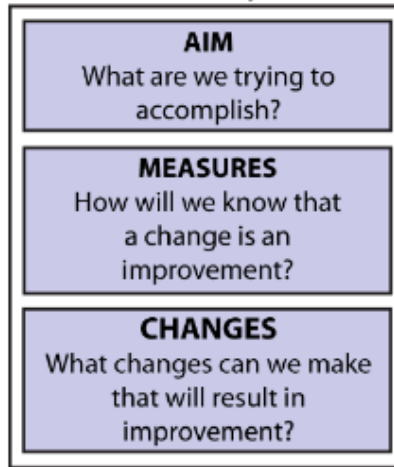
When each project phase will be completed



## Scope

What's in and what's out of the project

## The Model for Improvement



**MAP-IT Action Plan Project Name:** \_\_\_\_\_

**Short-Term SMART Objective:** *By (month)\_\_\_\_\_ (day)\_\_\_\_ (year)\_\_\_\_ we will \_\_\_\_\_*

---

**Long-Term SMART Objective:** *By (month)\_\_\_\_\_ (day)\_\_\_\_ (year)\_\_\_\_ we will \_\_\_\_\_*

---

**Mobilize:** *WHAT problem do we want to solve and WHY? WHO will help facilitate these changes in practices?*

Core Team Members -

Others we will mobilize after the draft plans have been developed-

**Assess:** *WHAT practice(s) need to change and WHY?*

**Plan:** *HOW will we implement the change(s) and HOW will we know that the change(s) improved outcomes?*

**Implement:** *WHEN will we implement the change?*

Step 1: Perform small tests of change

# SMART GOALS

SMART Goals Goal SMART Goal Reduce rate of postpartum hemorrhage.

- Decrease the rate of postpartum hemorrhage at North Community Hospital by 25% from January 1, 2017 to January 1, 2018.
- Providers will understand the importance of effectively quantifying blood loss. By the end of 2017, 70% of obstetricians and perinatal nurses at North Community Hospital will have successfully completed the educational program on quantifying blood loss. Increase number of drills on obstetric hemorrhage events.
- By January 2017, North Community Hospital will increase the number of obstetric hemorrhage drills from two per year to four per year (one per quarter).



# Preventing Change Fatigue



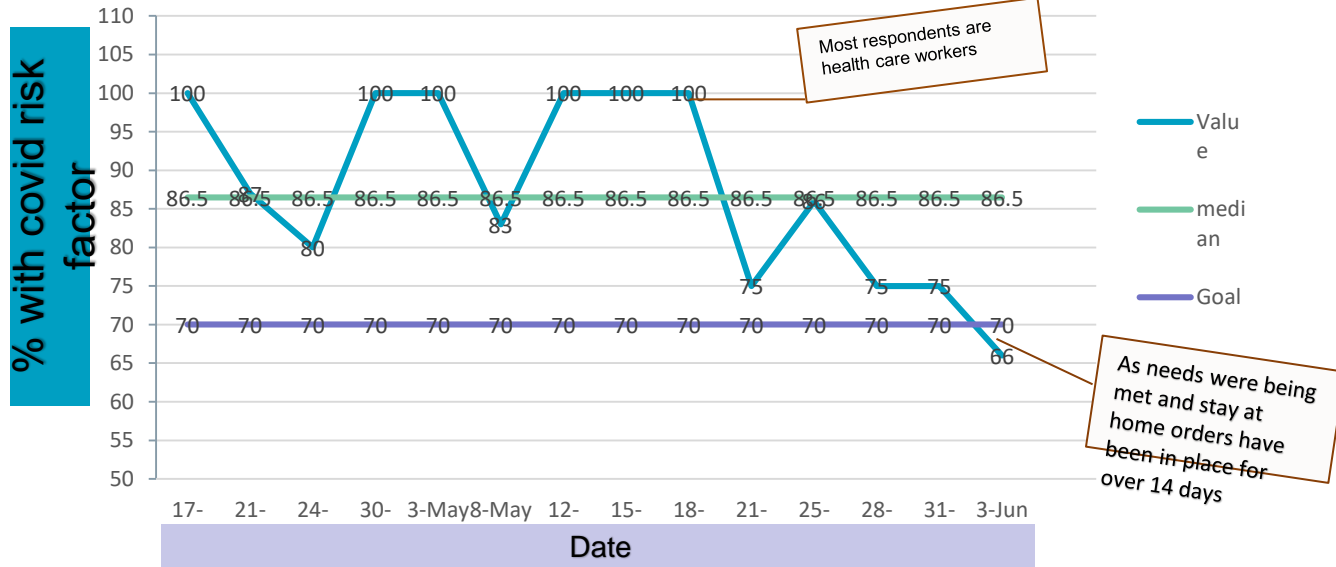
- Appreciating Phases

- testing,
- implementing,
- spreading change

Distinguishing how testing, implementing, and spreading a change are all different steps in the sequence of improvement

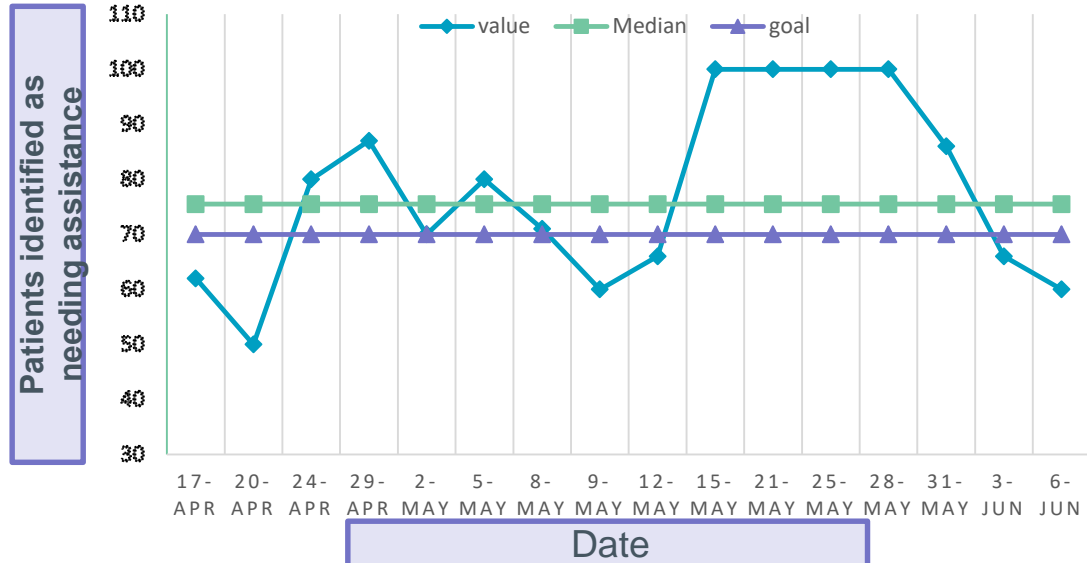
# COVID-19 Risk Factor Screening

## Covid-19 Risk Factors Identified




# Telehealth Needs Assessment

## PERCENT OF NEEDS IDENTIFIED



— IF THE —  
*Plan*  
DOESN'T  
**WORK**  
• CHANGE THE PLAN •  
BUT NEVER THE  
**GOAL**

GETTHEHEALTHY.U

A white paper strip with blue tabs on a wooden surface. The strip is slightly wrinkled and has a blue tab on each end. The text is printed in a dark blue, serif font. The background is a dark brown wooden surface with a visible grain. There are blue and yellow geometric shapes in the corners of the overall image.

The one good thing about  
repeating your mistakes is that  
you know when to cringe.



# How Much Turmoil Does the Science Project Cause Families?

## Materials

- At least 1 Kid
- At least 1 grudging parent
- Half-baked every

## Results

yelling + crying

time

\* due date

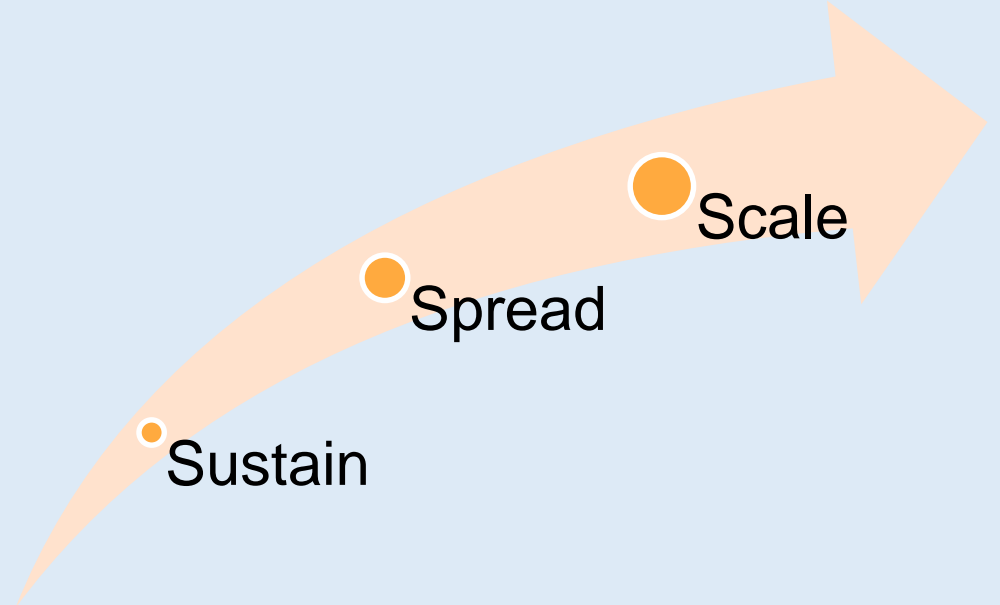
75% of kids cry  
90% of parents yell

## Findings

Everyone HATES

# Sustaining, Spread, Scale

hardwire new processes,  
methods,  
and systems  
to create the 'new norm'



SEVEN SPREADLY  
SINS

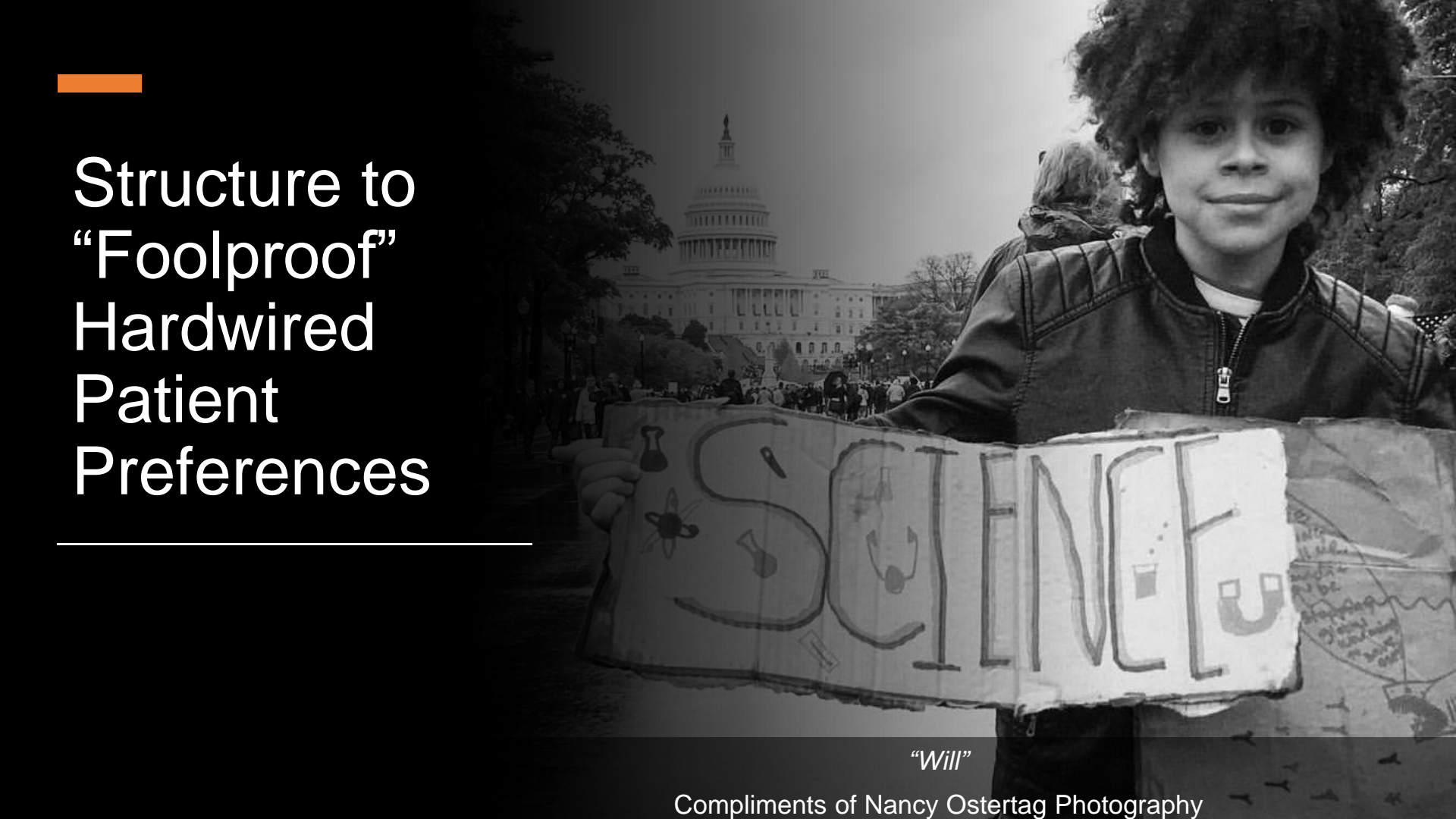


nstitute  
healthca  
mproven

## SEVEN SPREADLY SINS

- Give one person the responsibility to do it all
- Rely solely on vigilance and hard work
- Spread success unchanged
- Require the person and team who drove initial improvements to be responsible for spread



A black and white photograph of a young child with curly hair, wearing a dark jacket, holding a large sign that says "SCIENCE". The sign is made of cardboard and has various scientific symbols drawn on it, including a beaker, a microscope, and a cell. In the background, the United States Capitol building is visible, suggesting a science demonstration or protest. The image is overlaid with a dark grey gradient on the right side.

Structure to  
“Foolproof”  
Hardwired  
Patient  
Preferences

---

*“Will”*

Compliments of Nancy Ostertag Photography

# Sustaining the Gains and Spread

1. Supportive Management Structure
2. Structures to “Foolproof” Change
3. Robust, Transparent Feedback Systems

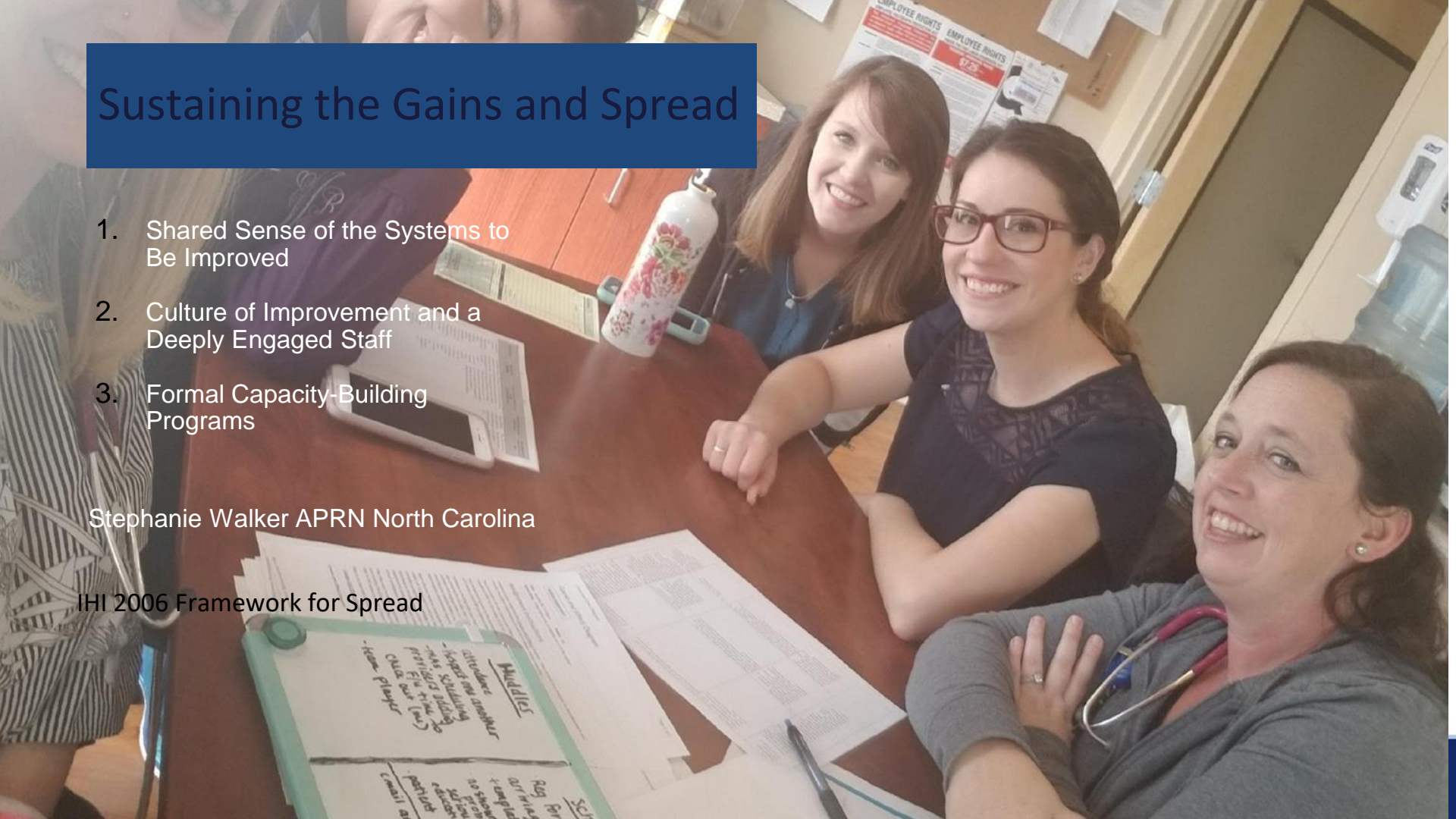


# Sustaining the Gains and Spread

1. Shared Sense of the Systems to Be Improved
2. Culture of Improvement and a Deeply Engaged Staff
3. Formal Capacity-Building Programs

Stephanie Walker APRN North Carolina

IHI 2006 Framework for Spread



HUSTLE.

ALIGN.



Plan  
PPH  
16% SE  
CABC



ENGAGE KEY  
STAKEHOLDERS



QUALITY ASSURANCE  
INPUTS: AUDITS, EHR  
DASHBOARDS, CORE  
MEASURES



TOOLKITS

Plan:  
HTN  
16% SE  
CABC



Engage Key Stakeholders



Quality Assurance Inputs:  
Audits, EHR dashboards,  
Core measures



Toolkits

# Plan:

## Improve satisfaction and decrease wait time



ENGAGE KEY STAKEHOLDERS



QUALITY ASSURANCE INPUTS:  
AUDITS, EHR DASHBOARDS,  
CORE MEASURES



TOOLKITS

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