

**TIPQC Speakers Bureau**  
**Tennessee Initiative for Perinatal Quality Care**  
**Quality Improvement Project**

Funded under a grant from the Tennessee Department of Health



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## WELCOME

The goal of Tennessee Initiative for Perinatal Quality Care (TIPQC) is to further improve health outcomes of mothers and newborns in Tennessee by developing and implementing a speakers bureau (the “Speakers Bureau”) that will provide timely education and training of current potentially best practices (the “Potentially Best Practices” or “PBP”) to healthcare facilities, nurses, and physicians throughout Tennessee. The Speakers Bureau will use a standard method of disseminating evidence on key topics related to maternal and infant care. By way of example, Maternal and Infant arms of the Speakers Bureau will describe and discuss current PBP concerning various topics to reduce maternal and infant morbidity and mortality. TIPQC’s Speakers Bureau will use the elements of implementation science (i.e. promoting education, adoption, and integration of evidence-based practices, interventions, and policies into routine healthcare settings) to improve the health outcomes in Tennessee. Implementation science can bridge the divide between research and practice. Implementation science achieves this through examination of evidence-based programs in real world settings, ultimately bridging the gap between research and practice. (National Cancer Institute, 2019). Implementation science plays an important role in identifying barriers to, and enablers of effective health promotion and education to develop evidence-based innovations in effective delivery approaches (National Institute of Health, 2019). The adoption of evidence-based guidelines for care by healthcare facilities and professionals has the potential to drastically decrease the maternal and infant morbidity and mortality rates in Tennessee. By engaging a diverse group of speakers from across the state, these trainings will be widely dispersed by trusted, local colleagues.

This toolkit is intended to guide the speaker in conjunction with training and webinars.

**Thank you for agreeing to join the TIPQC Speakers Bureau.**

## INTRODUCTION TO THE TOOLKIT

This toolkit provides information and guidelines for facilitating a successful Speakers Bureau. According to A. Scarlino (2014) a speakers bureau can help achieve visibility, reach key audiences, build and advance business goals and brand, and enhance thought leadership. Local speakers bureaus that are successful utilize credibility along with visibility to create trust. According to quality improvement (QI) methodology and in her practical guide Susannah Randall (2015) discusses communication practices in spreading PBP in healthcare. Using a speakers bureau is one method of disseminating information, known as a communication channel. As can be seen by the graph below, this type of communication is good for engagement, building knowledge, and trust. By using regional healthcare providers as speakers, it will be possible to ensure and maintain relationships, thus having a greater opportunity for long-lasting impact.

Communications channel	Good for	Consider
1:1 meetings	Engaging influencers/ stakeholders; building knowledge and trust; building or maintaining key relationships.	The messages you want to give in the meeting and how to follow up to ensure the relationship is maintained.

(Randall, 2015)

With this in mind, TIPQC has implemented its Speakers Bureau utilizing regional and local contacts, which will be able to develop ongoing relationships and appropriate follow-up after speaking events.

## **AIM, POPULATION & MEASURES**

**GLOBAL PROJECT AIM:** To recruit, train, and develop speakers for a speakers bureau to spread PBP across the state of Tennessee, with each perinatal region having at least 3 local nursing and 3 local physician speakers who will conduct a total of 30 speaking events before September 30, 2022.

**TARGET POPULATION:** Healthcare staff who care for neonatal and obstetrical patients in Tennessee healthcare facilities.

### **METRIC LEVEL AIMS:**

1. TIPQC Speakers Bureau to contact 50% of all Tennessee healthcare facilities resulting in 20% of hospitals requesting TIPQC speaking events September 30, 2022.
2. Increase education of evidence-based current PBP for opioid use disorder in pregnancy, postpartum hemorrhage, maternal hypertension, racial health equity, maternal mental health, sudden infant death syndrome, and opioid exposure in newborns in Tennessee healthcare personnel, indicated by 20% of participant responses from TIPQC surveys and evaluations by September 30, 2022.

## **TIPQC SPEAKERS BUREAU OVERVIEW**

### **Speaker Selection**

Various speakers across the state have been recruited based upon their communication skills, medical expertise, and regional proximity. A successful speakers bureau according to Scarlino (2014), aligns both the business objectives and the personal passion of the speaker. In this scenario, TIPQC is sharing identified PBP, Tennessee data, and needed areas of improvement in the perinatal arena. Each speaker will be allocated talks based on one's expertise, experience, and areas of care. This will allow the speakers to share their own excitement and passion through each presentation. TIPQC will work with individuals desiring to join the Speakers Bureau to help them craft their speaking and communication skills. According to Michael Giachino (n.d.), "Good speakers are not born, they are trained."

### **Role of Education**

Maternal and infant morbidity and mortality are significant health concerns in Tennessee. Despite increasing awareness and treatment innovations, morbidity and mortality rates continue to rise. The role of TIPQC's Speakers Bureau is to address these issues in evidence-based PBP through educational speaking opportunities.

The impact of evidence-based practice has echoed across healthcare, education, and science. Evidence-based practice is pertinent to healthcare as it aims to implement the most effective and safe care available, ultimately improving patient outcomes. Many healthcare organizations are encouraging healthcare providers and staff to use evidence-based best practices in their patient care. Evidence-based best practices can benefit healthcare systems by increasing quality of care, improving patient outcomes, reducing variations in care delivery, and creating inclusion of patient preference and values. Evidence shows that implementation of evidence-based best practices reduces sentinel events and improves patient outcomes (Lippincott Solutions, 2014).

“The ability to make improvements is enhanced by combining subject matter knowledge and profound knowledge in creative ways,” (Langley et al., 2009). It is TIPQC’s hope that utilizing the expertise of TIPQC’s Speakers Bureau, the current state and national best practices and policies will align with opportunities for improvement, as each hospital works within the culture of their own system. The “will to change” and commitment to change are built as information and best practices are shared. “Acquiring knowledge is essential for improvement activities,” (Langley et al., 2009). The initial opportunities for improvement often come through education, as well as peer to peer sharing of both successes and failures.

### **Spread of Innovation**

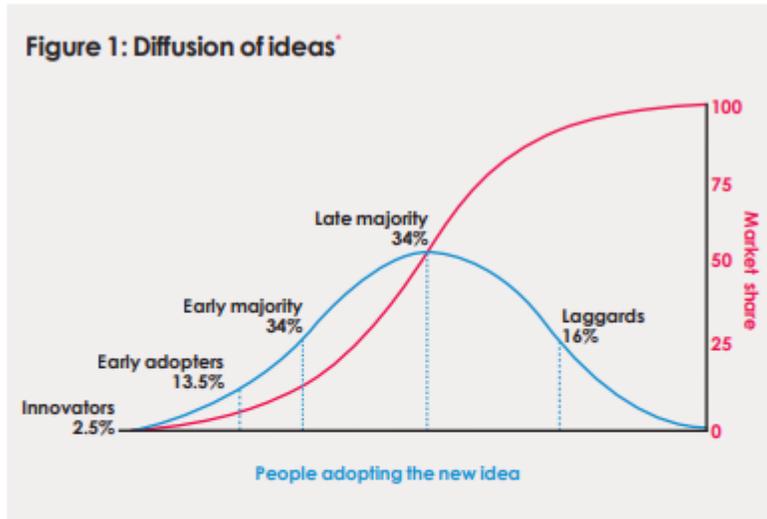
Everett Rogers’ (2003) work highlights a few key points which increase the attractive qualities of spread:

1. Clear advantage compared with current ways.
2. Compatibility with current systems and values.
3. Simplicity of change and its implementation.
4. Ease of testing before making a full commitment.
5. Observability of the change and its impact.

Some of the current evidence based PBP may be harder to spread, with complex, multi-faceted interventions representing a significant shift from current practice. In such cases, more communication and additional follow up with the TIPQC team, local experts, or others, may be required to see change and adoption of these practices.

As TIPQC speakers begin to spread evidence-based PBP, the speaker will want to understand his or her audience. Learning more about the audience prior to each speaking engagement and aligning talks to the audience are critical for success. This will be discussed in more detail at the Speakers Training (described below). In addition, Rogers’ (2003) work suggests the speaker understand engagement with an audience who will be in different stages of accepting the changes being proposed. The graph below indicates the diffusion of ideas peaks after a late majority adopt the idea. It is important to understand the resistance of the laggards, which may in fact be very important to implementing the new practice/PBP. By reaching out to the audience in advance and listening during a Q&A discussion, the speaker can help TIPQC and

the State better understand concerns, hopefully identifying barriers, and, if possible, turn the “nay-sayers” into supporters.



\* Based on Rogers E. *Diffusion of innovations*. New York: Free Press, 2003

(Rogers, 2003)

A Professional speaker trainer will highlight, via a half-day training, speaking techniques to improve delivery and communication with the audience. Included will be information on:

1. Identifying the Four Behavioral Styles in order to tailor each speaking presentation for maximum impact.
2. Learning more about the Presentation Opening and how to capture the audience’s attention and keep it.
3. The importance of the visual presentation and how to connect authentically with the audience in order to inspire and build trust.
4. Finally, understanding the importance of the voice, to draw in the audience, creating interest and intrigue, and inspiring them to act.

### **Targeting Events/Audiences**

Each speaker will be asked to speak 2-3 times during each year. The first year was completed on 9/30/2020. The second year ran from 10/1/2020 to 9/30/21, and the third year runs from 10/1/21 to 9/30/22. For the initial talk, TIPQC requests each speaker find a local group to share the presentation. This might include local hospital staff meetings, Grand Rounds, or other venues. If possible, recording this initial talk, sharing with the TIPQC staff or other colleagues, and asking for feedback will be incredibly helpful in honing your speaking skills. Michael

Giachino (n.d.) states in his Forming and Utilizing a Speakers Bureau PE Tip Sheet No. 10, “By reviewing the videotape and seeking and integrating the in-house audience’s feedback, your speakers’ confidence level will increase as will their effectiveness as spokesperson.”

After this initial talk, TIPQC suggests reaching out to all hospitals in one’s perinatal regional area. Additional talks might be given to conferences, association meetings, medical schools, etc. The speaker should target the appropriate contact. TIPQC will be able to help target/strategize with each speaker as needed. If the speaker has a hospital that would like a talk on an area the speaker is not comfortable with, please let TIPQC know and we can arrange for another speaker.

Speakers are expected to learn about their audience - finding out in advance who will make up the audience, meeting location, contact name & emergency phone number, as well as learn more about the current thought leaders and degree of adoption as described previously by Rogers.

Most will be attending this talk to learn new or current information regarding the topic to apply to their own practice. Speakers should share lessons learned and personal experience while keeping to the slides provided through TIPQC in order to address content as consistent as possible across Tennessee. We hope this will be an engaging talk based on the audience’s needs! In the Appendices, please refer to the “stickiness” checklist as one prepares. Make sure to allow for Q&A. And of course, if one does not know the answer, be sure and let them know the speaker will find out and either the speaker or TIPQC will get back with them.

### **Preparing the Talk**

Time and preparation must go into each presentation. As mentioned above, our hope is one can target each talk to the audience, which will require advance planning, including reaching out to the audience/inviter. Please use the slide set provided by TIPQC (jump drive), plan one’s talk, know the audience, add one’s additional experience/expertise, and share engaging stories when possible. Be sure to prepare materials including any leave behind materials. Additional suggestions include keeping the presentation updated; practicing with colleagues; timing one’s presentation; and reviewing the Speaker Checklists in Appendix A hereto, as well as Public Speaking Tips, Appendix B. As previously mentioned, videotaping a presentation for one’s own viewing and critique is highly profitable and suggested. TIPQC will also remain a resource to help tweak one’s presentation, key-points, and take-aways.

### **Event Follow up**

After each talk, collect evaluations from the attendees. CME hours may be obtained for the presentation through TIPQC, if the local facility is not providing those. TIPQC, if providing CME, will provide with the evaluations required CME handouts. Unfortunately, TIPQC cannot provide any additional CEUs. If no CMEs or other online CEU evaluations are being used, please utilize the online Evaluation TIPQC will provide. Once compiled, TIPQC will send the evaluations for each event in a timely manner. Please ask all attendees to complete before

leaving if possible. Hopefully these evaluations will provide helpful suggestions to incorporate into the next presentation. In addition, please follow these steps:

1. Complete CME if provided.
2. Let TIPQC know any concerns and, if possible, evaluate the event & engagement from a personal perspective. (See participant and speaker evaluation.)
3. Reach out to any attendees who had questions that were unable to be answered, after researching or contacting TIPQC team to follow up.
4. Follow up with an email thank you to event organizer. TIPQC is also happy to do this as well, if the organizer's contact information is shared.

## **Evaluation/Training**

An initial training will be held for all speakers with professional a speaker trainer. TIPQC will bring together speakers every 3-6 months after the initial training, in order to share, adapt new ideas, and amplify current influence. Speakers may also choose to personally invest in additional training or hiring a coach. During these ongoing training opportunities, TIPQC hopes to provide a forum to allow speakers to celebrate and share achievements, thus inspiring and motivating additional reinforcement of the important work of spreading Potentially Best Practices across the state. (See graph below)

### **Celebrating and sharing achievements**

When you can show some impact from the work, you may want to reach out to secure wider support and interest, and to share what you have achieved. This means considering ways to reach new audiences who are not yet acquainted with the work.



## **GETTING STARTED CHECKLIST**

- Attend TIPQC Annual Meeting
- Sign up to be a speaker
- Review this Tool Kit and sign Speakers Bureau Agreement
- Attend Speakers Bureau training session
- Complete additional CME requirements
- Prepare and practice presentation
- Present at local hospital
- Receive TIPQC feedback from hospital presentation
- Schedule additional speaking events
- Once speaking events are determined, contact hospital for additional information (location, parking, identify individual hospital needs)
- Present at speaking events, take TIPQC jump drive to use with presentation
- Collect feedback from presentations (TIPQC evaluations & surveys)
- Review results
- Make presentation adjustments based on feedback
- Continue sharing presentations

### **TIPQC BACKGROUND INFORMATION**

#### **History**

- **June 2007** - Dr. Judy Aschner (Monroe Carell Jr. Children’s Hospital at Vanderbilt, Neonatology) presented to the Tennessee’s Perinatal Advisory Committee (PAC) governing board and TennCare leadership to promote statewide quality improvement projects to improve perinatal outcomes in Tennessee
- Tennessee applied for a transformational grant from Center for Medicare and Medicaid Services (CMS) to spread state collaborative quality improvement work based on the California Perinatal Quality Care Collaborative (CPQCC)
- **November 2007** - interest meeting was held in Nashville with almost 100 stakeholders attending
- **October 2008** -TennCare funded TIPQC via a grant from the Governor’s Office of Children’s Care Coordination (GOCCC) to Monroe Carell Jr. Children’s Hospital at Vanderbilt
- TIPQC began as a lean startup, due to the reduced grant from the original CMS grant proposal
- The initial employees were Brenda Barker, Project Manager, M. K. Key, Quality Consultant, and Peter Grubb, MD, Medical Director
- **June 2011** - The TIPQC grant awarded from the State of Tennessee, through TennCare was transitioned through the Department of Health.
- **July 2017- June 2020** - TIPQC remains financed through the Tennessee Department of Health (TDH) with a 3-year contract cycle
  - The current extension is being processed from July 2020 – June 2023

- TIPQC is audited by TDH usually the end of the 2<sup>nd</sup> year of the contract cycle
- Financial information for TIPQC is processed through Vanderbilt University Medical Center, Administrative Research Business Manager - Mentoria Jennings.
- TIPQC’s headquarters and mailing address are 2146 Belcourt Ave, Nashville, TN 37212 and its telephone number is (615) 343-8536.
- TIPQC’s website is [www.tipqc.org](http://www.tipqc.org).
  - Since July 2017 - 75,648 views of site and
  - Average 600 unique viewers a month
  - Peak web traffic is in March coinciding with TIPQC’s Annual Meeting

Annual Reports are available, with the most recent report being on the TIPQC website at: <https://annualreport.tipqc.org/>

TIPQC’s mission, as updated by a vote of the Oversight Committee in 2018, is “to improve health outcomes for mothers and infants in Tennessee by engaging key stakeholders in a perinatal quality collaborative that will identify opportunities to optimize maternal and infant outcomes and implement data-driven provider- and community-based performance improvement initiatives.” TIPQC’s goals (again updated in 2018) include:

- Establishing a statewide repository of perinatal data for QI initiatives
- Fostering state-wide quality improvement initiatives to lower infant & maternal mortality and morbidity and to improve outcomes
- Promoting system changes by provider organizations to increase use of evidence based clinical practices for newborns, infants, prenatal & postnatal patients & families

TIPQC has grown rapidly to include over 2500 members with 58 hospitals and 80 teams participating in Improvement Projects throughout the years. TIPQC is comprised of volunteer members who engage in quality improvement projects in local hospitals, clinics, and physician practices to improve the quality of care received by mothers and infants across Tennessee. TIPQC does not charge any of its members a fee for participation. TIPQC strategies include:

- Teaching QI Methodologies
- Sharing data and processes, not just best practices (transparency)
- Building an infrastructure for data collection
- Breaking out of the medical model: partner with TDH, payers, governmental and non-governmental advocacy and community groups
- Developing partnerships across the perinatal care spectrum
- Developing and implementing methods that integrate families into the quality agenda

TIPQC credits its success to: highly motivated stakeholders, medical community improvement need, changing healthcare landscape, highly skilled staff, robust and flexible data collection and report analysis, successful QI curriculum, professional development opportunities including MOC and CME, good will and good relationships with stakeholders, measures and improvement projects that matter, and volunteer leadership at the local level.

## **Projects**

At the heart of the mission of TIPQC are statewide quality improvement projects to improve outcomes for mothers and babies. Below is a review of TIPQC Projects:

### **Previous Maternal Projects**

- Reduction of Early Elective Deliveries, 2009-15
- Breastfeeding Promotion: Prenatal, 2010-11
- Breastfeeding Promotion: Delivery & Postpartum, Wave 1, 2012-2014
- Antenatal Steroids, 2013-14
- Breastfeeding Promotion: Delivery & Postpartum, Wave 2, 2014-2016
- Maternal Hemorrhage, 2016-2017
- Immediate Postpartum Long Acting Reversible Contraception, 2018-2019
- Opioid Use Disorder in Pregnancy, 2019-2021

### **Previous Infant Projects**

- NICU Hypothermia, 2009-10
- NICU Human Milk, 2009-13
- NICU CLABSI Reduction, 2010-12
- Critical Congenital Undetected Heart Disease Registry, 2011-12
- NCABSI Multi-State Collaborative, 2012-13
- Family Involvement Teams, 2012-15
- NICU Follow Up Network, 2012-13
- NICU Golden Hour, 2012-2015
- NICU NAS 1.0 & 2.0, 2012-2015
- NICU HAI 2.0, 2014-16
- NICU NAS Multistate Collaborative, 2015-16
- iNICQ Antibiotic Stewardship, 2016-2018
- Nutrition: Improving Nutrition and Growth in Very Low Birth Weight Infants, 2016-2018
- Tennessee Antibiotic Stewardship, 2018-2019
- Optimizing Care of the 35-36 Week Infant in the Newborn Nursery, 2018-2019
- Opioid Exposed Newborns 2019-2021
- Safe Sleep 2020-2021
- VON Neonatal Abstinence Syndrome

### **Current Maternal & Infant Projects**

- 2021-current, Opioid Use Disorder: Optimizing Obstetric & Neonatal Care Wave 2 (Joint Maternal and Infant Project)
- 2020-current, iNICQ Transitions of Care
- 2021-current, Severe Maternal Hypertension
- 2021-current Simulation Trainings

### **Partners**

TIPQC has had wonderful start partnerships with Tennessee Department of Health (TDH), Tennessee Hospital Association (THA), March of Dimes (MOD), TENNESSEE

American College of Obstetricians & Gynecologists (TN Section ACOG), Bureau of TennCare, Vermont Oxford Network (VON), ACOG Alliance for Innovation in Maternal Health (AIM), United Health Care (Optum) as well as many others.

### **State Oversight Committee**

As outlined in the grant as well as TIPQC's Process and Procedures, TIPQC has an Oversight Committee comprising of various stakeholders, including each perinatal regional maternal and infant leader, each Managed Care Organization (MCO) as well as TennCare, the Department of Health, the Tennessee Hospital Association, as well as representatives from nursing, parents/patients, hospital c-suite, and at-large members. Previous and current Medical Directors serve on the Committee as ex-officio members.

For a full list of Oversight members, please see the current TIPQC Annual Report.

### **Additional Information**

For additional information please see [www.tipqc.org](http://www.tipqc.org) as well as contact the TIPQC Office. Also see, the Appendix C, TIPQC Fact Sheet.

### **CME**

TIPQC would like to offer CME Credit for all attendees at the speaking events. To do this one will need to advise TIPQC of the date and place of one's speaking event ideally 45 days in advance of speaking event. Please refer to Appendix J for additional information and on filing an online Disclosure Form with Office for Continuous Professional Development at Vanderbilt University Medical Center. Steven Compton at: [steven.compton@tipqc.com](mailto:steven.compton@tipqc.com) will work with CME for one's event per request.

## **APPENDIX A: SPEAKER CHECKLISTS**

### **Dos and Don'ts Checklist**

#### **Do**

- Keep it upbeat
- Use notes
- Be yourself
- Beware of non-verbal communication
- Face your audience
- Be clear
- Stay within scheduled time
- Summarize
- Allow time for questions

#### **Don't**

- Memorize
- Read your speech
- Mumble or speak in monotone
- Gesture or move a lot
- Talk down to the audience
- Speak too loud, fast, slow, or softly
- Play with items in your pocket
- Assume anything
- Get flustered

(Special Olympics Texas, 2009)

### **Stickiness checklist**

According to Chip and Dan Heath in *Made to Stick*, “The grammar of stickiness—simplicity, storytelling, learning through the senses—enables anyone to understand the ideas being communicated.” (pg. 278)

By utilizing this checklist when preparing to talk, it will help achieve “stickiness” in the message. Keep one’s talk:

1. Simple  
Find the Core. Don’t bury the lead.  
Share the core
2. Unexpected  
Get attention: Use surprise  
Hold attention: create interest
3. Concrete  
Help people understand and remember  
Help people coordinate

4. Credible—help people believe
  - External credibility
  - Internal credibility—convincing details; utilize data
5. Emotional—make people care
  - Use the power of association
  - Appeal to self-interest
  - Appeal to identity
6. Stories—get people to act & simulate action
  - Inspiration

For more on these benchmarks to “stickiness” see *Made to Stick*, Chip and Dan Heath (2008)

## **APPENDIX B: PUBLIC SPEAKING TIPS**

- Know where and when you are supposed to speak. Call ahead for directions if necessary.
- Be there 10 or 15 minutes early. Introduce yourself to the person in charge and identify yourself as a member of the TIPQC Speakers Bureau.
- Begin and end on time. Wait no longer than five minutes or so for latecomers, because the longer you wait to start, the more you'll risk annoying those who made an effort to be there on time. By the same token, don't keep people longer than they were planning to be there. If there is a really great dialogue going on and the panelists are willing to stay longer, you may choose to take a break and continue after a few minutes for anyone who is interested in staying later; but by all means give everyone a chance to leave at the predetermined time.
- If you have several speakers doing a panel discussion, it's probably a good idea to have one panel member in charge of making introductions and occasionally facilitating the discussion. The facilitator can be the one who gives out some basic information about your organization's mission, structure, and any services you provide at the beginning of the presentation. Then the facilitator can introduce panelists and direct the question-and-answer session.
- It's okay to disagree with other panelists on matters of opinion but do so respectfully and calmly. Don't get sidetracked into a big philosophical discussion or political argument - your audience will leave confused, bored, angry, or some combination of the three.
- Avoid arguing with audience members as well, for the same reasons. If an audience member makes a derogatory or ignorant statement or question, try to use this as an opportunity to teach and share information rather than viewing it as a personal challenge. For example, if an audience member has said something insulting or inflammatory, you might counter with, I can understand how you might think that, but actually . . . , rather than getting defensive or angry.
- Use language appropriate for your audience. For younger or less educated audiences, make sure you avoid using jargon and complicated terminology, but for more educated or older audiences, you can probably use more of this type of language.
- As much as possible, use analogies, stories, and humor. This helps you connect with the audience and brings the information you're giving them to life. Create pictures with your words.
- Speak clearly and simply. If you must use complicated language (for example, medical terminology), be sure to keep it to a minimum and explain any words that a layperson might not understand.
- Pay attention to how the audience is responding. If people become bored, you need to do something to regain their attention. If a lot of people are looking at the ceiling, squirming uncomfortably or, most horrifying of all, nodding off, it's time to change the subject, let another speaker have a turn, or open the floor for questions.

(Community Toolbox, 2019)

## APPENDIX C: TIPOC FACT SHEET



*The Tennessee Initiative for Perinatal Quality Care (TIPOC) is the state's perinatal quality improvement collaborative, charged with engaging hospitals, practitioners, payers, families and communities to improve health outcomes for mothers and infants in Tennessee. TIPOC works with its stakeholders to identify opportunities to optimize clinical outcomes and then develops and implements data-driven performance improvement projects with participating cohorts of hospitals. TIPOC receives funding through a grant from the Tennessee Department of Health, as well as other stakeholders, to provide improvement projects, education, QI support, and resources to Tennessee hospitals, practitioners, families, and the community at no charge.*

- A 11-year proven track record of improvement across Tennessee
- 23 successful QI projects\*; current joint maternal and infant project: *Improving the Care of the Opioid-Exposed Newborns and Opioid Use Disorder in Pregnancy, Safe Sleep, & (NICU) Transitions of Care*
- QI Coaching, Resource sharing, Annual Meetings, Learning Sessions, Webinars, Networking & more
- Shared governance that relies on state-wide engagement of providers, practitioners, hospital administrators and families
- Robust, centralized project management and data support, including BECCap, as well as Vermont-Oxford Network and Alliance for Innovation on Maternal Health (AIM) ACOG integration

### Testimonials:

*"TIPOC has provided vast amounts of data and tools that have enabled our staff to improve teamwork, improve patient care, network with other healthcare systems, and ultimately make a difference everyday for our patients and families."*

**Deena Kati, BSN, RN, MBA,  
Jackson-Madison County General Hospital**

*"I am so proud of this organization and all our providers who have raised the bar for neonatal and perinatal care in Tennessee. Our Tennessee babies have benefited greatly from all their hard work!"*

**John Buchheit, MD,  
East Tennessee Children's Hospital**

*"We expected project teams would implement guidelines and improve consistency of care, but we were especially proud of the number of resources developed during the course of this project. The ability to share those resources between the teams is a huge benefit of participation in TIPOC."*

**Anna Morad, MD,  
Monroe Carell Jr. Children's Hospital at Vanderbilt**

*"Our quality team appreciates the support offered by TIPOC and the other centers involved. This work to improve nutrition & growth significantly impacts the outcomes of these tiny patients."*

**Samuel Arrindell, MD,  
Baptist Memorial Hospital for Women**

*"The impact that the TIPOC Late Preterm project has had on our organization is knowing that we saved a baby's life. During one of our late preterm call backs, we were able to intervene and ultimately save the baby's life. Our hope is that with this improvement project we will continue to save lives and improve the care and outcomes of all of our late preterm babies."*

**Annette Edens, RN, BSN,  
TriStar Centennial Women's and Children's Hospital**

*"I am proud to be a part of an organization committed to improving maternal and infant health in the state. Being able to collaborate with others from around the state who share the same level of dedication and passion is appreciated."*

**Danielle Tate, MD, FACOG,  
University of Tennessee Health Sciences Center**

### 11 Years of Successful Projects in Tennessee\*

**Maternal Projects:** Reduction of Early Elective Deliveries, 2009-15 Breastfeeding Promotion: Prenatal, 2010-11 Breastfeeding Promotion: Delivery & Postpartum, Wave 1, 2012-2014 Antenatal Steroids, 2013-14 Breastfeeding Promotion: Delivery & Postpartum, Wave 2, 2014-2016 Obstetric Hemorrhage, 2016-2018; Immediate Postpartum Long Acting Reversible Contraception, 2018-2019; Opioid Use Disorder in Pregnancy, 2019-Present

**Infant Projects:** NICU Hypothermia, 2009-10 NICU Human Milk, 2009-13 NICU CLABSI Reduction, 2010-12 Undetected Critical Congenital Heart Disease, 2011-12 NCABS/ Multi-State Collaborative, 2012-13 Family Involvement Teams, 2012-15 NICU Follow-Up Network, 2012-13 NICU Golden Hour, 2012-2015 NICU NAS 1.0 & 2.0, 2012-2015 NICU HAI 2.0, 2014-16 NICU NAS Multi-State Collaborative, 2015-16; (NICU) Antibiotic Stewardship, 2016-2018 Nutrition: Improving Nutrition and Growth in Very Low Birth Weight Infants, 2016-2018 Tennessee Antibiotic Stewardship, 2018-2019 Optimizing Care of the 35-36 Week Infant in the Newborn Nursery, 2018-19; Opioid Exposed Newborn, 2019-Present; (NICU) Transitions of Care, 2020-Present; Safe Sleep, 2020-Present

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**APPENDIX D: MEETING INFORMATION SHEET**

Name of organization: \_\_\_\_\_

Date of scheduled presentation: \_\_\_\_\_ Time: \_\_\_\_\_

Location, including address & room: \_\_\_\_\_

Directions to the room: \_\_\_\_\_

Parking Information: \_\_\_\_\_

Contact name and cell number: \_\_\_\_\_

Proposed length of presentation: \_\_\_\_\_

Brief description of audience: \_\_\_\_\_

Number of people scheduled to attend: \_\_\_\_\_

Seating and room arrangements (podium, head table, mic, etc.):  
\_\_\_\_\_

**Do they have projector/laptop for a power point presentation?**

Can you distribute information? \_\_\_\_\_

Other notes: \_\_\_\_\_

\*\*If required, CME filed, handouts received, evaluation link embedded in  
presentation: \_\_\_\_\_

**APPENDIX E: SPEAKERS BUREAU PARTICIPANT EVALUATION**

**Speakers Bureau Participant Evaluation**

1. Will you change anything in your practice as a result of the TIPQC Speakers Bureau? If yes, please circle.

Clinical Practice
Interprofessional Communication
Quality Improvement
Teamwork Roles and Responsibilities
Patient Education
Safety
Other

2. On a scale of 1-5, 1 being not confident and 5 being very confident, how confident are you that the information I learned through the Speakers bureau will improve patient care? Please circle.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not Confident				Very Confident

3. On a scale from 1-5, how confident are you that you will be able to make this change?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not Confident				Very Confident

4. On a scale of 1-5, 1 being not engaging and 5 being very engaging, how engaging was the speaker?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not Engaging				Very Engaging

5. On a scale of 1-5, 1 being not engaging and 5 being very engaging, how engaging was the content provided?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not Engaging				Very Engaging

6. Were there any presentations that you felt were lacking? If yes, please specify

7. On a scale of 1-5, 1 being not easy and 5 being very easy, how easy was the material to understand?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not Easy				Very Easy

8. Did you learn anything new? If yes, please specify

9. Do you have any suggestions to improve the Speakers bureau? If yes, please explain

10. Do you want to be reminded of this commitment in 60 days? If yes,

email \_\_\_\_\_

## **APPENDIX F: SPEAKERS BUREAU SPEAKER EVALUATION**

### **Speakers Bureau Training Evaluation**

1. Did you feel like adequate training was provided for the speakers bureau? If no, please explain.
2. Do you have any suggestions to improve the speakers bureau? If yes, please explain.
3. On a scale of 1 to 5, 1 being not acceptable and 5 being outstanding, how do you rate the quality of the training?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not acceptable				Outstanding

4. Did you learn anything new? If yes, please specify.
5. On a scale of 1 to 5, 1 being irrelevant and 5 being highly relevant, how relevant was this training to your needs?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Irrelevant				Highly relevant

**APPENDIX G: SPEAKER'S ROSTER FORM**

Name	Email	Phone #	Area of expertise / experience

**APPENDIX H: SPEAKERS BUREAU SPEAKER WORK PLAN**

**TIPQC Speakers Bureau  
Maternal or Infant Champion Work Plan**

Name:

Hospital:

Region:

I will plan to complete the following activities to support the TIPQC Speakers Bureau from October 1, 2021, through September 30, 2022.

**1. Speakers will attend one webinar or in person training per year (date and location TBD). In addition, presenters are requested to attend the Annual TIPQC Meeting held in March annually.**

I will attend a training/webinar for the TIPQC Speakers Bureau: \_\_\_ yes \_\_\_ no

**2. Speakers will target nurse trainings, division meetings, faculty meetings, grand rounds or other audiences to provide leadership, guidance and education to health care staff and providers in the perinatal arena, with a goal of 2-3 talks per year.**

Proposed Activity

Target date

Date completed

Grand Rounds

Referral Hospital(s) to Target:

Staff support requested:

## **APPENDIX I: SPEAKER AGREEMENT**

### **TIPQC Speakers Bureau—MATERNAL The Speaker's Role: Project Overview**

The goal of the TIPQC Maternal and Infant Speakers Bureau is to reduce maternal and infant mortality by addressing the top areas of concern in Tennessee: opioid use disorder, hemorrhage, maternal hypertension, maternal health equity.

In addition, TIPQC's Wave 2 OUD project's goal is to continue to optimize the care and improve the outcomes of pregnant women and their newborns affected by opioid use disorder, by decrease complications of OUD in pregnancy by optimizing the care for women through education, resource mapping, screening, access to treatment services, and protocols for antepartum, intrapartum, and postpartum care by September 30, 2022.

Funding for this TIPQC initiative is provided by the Tennessee Department of Health, Maternal Mortality, in conjunction with Centers for Disease Control and Prevention (CDC).

#### **Speakers' Roles and Responsibilities**

The role of the Speaker is voluntary. Time commitment and specific activities will vary based upon factors such as the practice setting, geographical location, etc. In this role, the Speaker serves as a representative of TIPQC and hereby agrees to abide by the terms of this Speaker Agreement. Each Speaker will need to print, sign, and return this Agreement to TIPQC as part of the Speaker's acceptance into TIPQC's Speakers Bureau.

Each speaker is expected to speak to their local hospital, with TIPQC invited either via webinar or in person for critique prior to first session. This talk will not receive an honorarium or travel reimbursement.

Speakers will be asked to commit to a minimum of one year and up to three years in the role. Examples of activities include:

- training & participation on conference calls with TIPQC program staff and other Speakers
- attendance at yearly meeting at the Annual TIPQC Meeting in March
- presenting at grand rounds or similar, using the materials developed by TIPQC
- providing an ob-gyn perspective in review/development of speaking materials
- possibly being recorded/interviewed for TIPQC outreach videos;

To assist Speakers in identifying the types of activities and amount of time they are able to devote to the role, a personal action plan template is attached.

## **Project Staff**

Staff support is available to support the efforts of Speakers. TIPQC contacts:  
Steven Compton, TIPQC Project Manager, [steven.compton@tipqc.org](mailto:steven.compton@tipqc.org)  
Brenda Barker, Executive Director, [Brenda.Barker@tipqc.org](mailto:Brenda.Barker@tipqc.org)

## **Speakers Bureau Policies**

TIPQC hopes each speaker will have at least 2-3 presentations annually as opportunities allow. In this capacity, TIPQC will reimburse or pay for:

- State Mileage reimbursement, if over 50 miles round trip, and based on state reimbursement rates
- Presentation Honorarium

Speakers are welcome to give additional presentations. Some residency programs pay for travel expenses and/or honoraria; such presentations would not be reimbursed. In addition, TIPQC will not reimburse speaking engagements by the Perinatal Regional Educators, who are already supported by the TDH grant to do education. We do hope they will join in giving these presentations as a part of the education to all hospitals.

## **Reimbursements**

- When requesting reimbursement for mileage, please submit a google map or similar depiction of your mileage. Personal automobile travel is reimbursed at the rate then currently allowed by the State (not IRS).
- Reimbursement requests are due to program staff within two weeks of the activity. If circumstances prevent this, please contact program staff to discuss.

## **Confidentiality**

Collaborative quality improvement requires the exchange and/or sharing of data and information that may be confidential and/or protected under Federal and State Laws (collectively, the “Confidential Information”). Continued successful collaboration requires a high degree of trust among collaborating participants, and a higher degree of trust that the Speaker representing TIPQC will make every effort to maintain the confidentiality of the Confidential Information.

As a participating member of TIPQC’s Speakers Bureau, the undersigned Speaker hereby covenants and represents to TIPQC the following:

1. I have read and agree to be bound by the terms and conditions this Agreement and TIPQC’s Speakers Bureau Tool Kit, which is incorporated into and made a part of this Agreement;
2. I agree that, to the extent I may have information that allows me to identify individual hospitals, clinics, practices, providers, patients and/or participants, I will not disclose

this information nor use the information in any way except to fulfill the goals and objectives of TIPQC and my obligations to TIPQC both as set forth in this Agreement and TIPQC's Speakers Bureau Tool Kit.

**Miscellaneous**

Although TIPQC would like the Speakers to commit to the Speakers Bureau for at least one year (term ending September 30, 2022), the term of this Agreement is indefinite and voluntary. In other words, either party hereto may terminate this Agreement upon notice to the other party. Notwithstanding the foregoing, both parties hereto agree to provide the other party with four weeks written notice prior to ending this Agreement; except if this Agreement is terminated for cause by TIPQC. Cause for purposes of this Agreement is defined as the Speaker's willful, negligent, or repeated failure to perform the essential requirements of this Agreement including, without limitation the Speakers Bureau Tool Kit, or for unethical, illegal, or fraudulent conduct.

This Agreement provides the entire agreement between the Speaker and TIPQC and this Agreement supersedes any prior agreements, arrangements, and discussions between the parties hereto regarding the Speaker joining TIPQC's Speakers Bureau. Any change or modification to this Agreement must be in writing and signed by the Speaker and TIPQC. In the event any portion of this Agreement is found by a Court with proper jurisdiction to be invalid or unenforceable the remaining portion of this Agreement will remain in full force and effect.

**IN WITNESS THEREOF**, the parties have executed this Agreement as of \_\_\_\_\_.

TIPQC

By: \_\_\_\_\_

Speaker

\_\_\_\_\_

## **APPENDIX I: SPEAKER AGREEMENT**

### **TIPQC Speakers Bureau--INFANT The Speaker's Role: Project Overview**

The goal of the TIPQC Maternal and Infant Speakers Bureau is to reduce maternal and infant mortality by addressing the opioid exposed newborn and safe infant sleep practices.

TIPQC's Wave 2 OEN project goal is to continue to optimize the care and improve the outcomes of pregnant women and their newborns affected by opioid use disorder by improving recognition, pharmacologic and non-pharmacologic treatment, and the referral of follow-up services by June 2022. In addition, TIPQC's Safe Sleep Project now in sustainment continues its **aims to increase** Safe Sleep Compliance in the hospital setting and at home for infants 0-12 months of age.

Funding for this TIPQC initiative is provided by the Tennessee Department of Health as well as United Healthcare.

#### **Speaker's Roles and Responsibilities**

The role of the Speaker is voluntary. Time commitment and specific activities will vary based upon factors such as the practice setting, geographical location, etc. In this role, the Speaker serves as a representative of TIPQC and hereby agrees to abide by the terms of this Speaker Agreement. Each Speaker will need to print, sign, and return this Agreement to TIPQC as part of the Speaker's acceptance into TIPQC's Speakers Bureau.

Each speaker is expected to speak to their local hospital, with TIPQC invited either via webinar or in person for critique prior to first session. This talk will not receive an honorarium or travel reimbursement.

Speakers will be asked to commit to a minimum of one year and up to three years in the role. Examples of activities include:

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- attendance at yearly meeting at the Annual TIPQC Meeting in March
- presenting at grand rounds or similar, using the materials developed by TIPQC
- providing a pediatric perspective in review/development of speaking materials
- possibly being recorded/interviewed for TIPQC outreach videos;

To assist Speakers in identifying the types of activities and amount of time they are able to devote to the role, a personal action plan template is attached.

#### **Project Staff**

Staff support is available to support the efforts of Speakers. TIPQC contacts:

Steven Compton, TIPQC Project Manager, [steven.compton@tipqc.org](mailto:steven.compton@tipqc.org)  
Brenda Barker, Executive Director, [Brenda.Barker@tipqc.org](mailto:Brenda.Barker@tipqc.org)

### **Speakers Bureau Policies**

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### **Reimbursements**

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As a participating member of TIPQC’s Speakers Bureau, the undersigned Speaker hereby covenants and represents to TIPQC the following:

3. I have read and agree to be bound by the terms and conditions this Agreement and TIPQC’s Speakers Bureau Tool Kit, which is incorporated into and made a part of this Agreement;
4. I agree that, to the extent I may have information that allows me to identify individual hospitals, clinics, practices, providers, patients and/or participants, I will not disclose this information nor use the information in any way except to fulfill the goals and

objectives of TIPQC and my obligations to TIPQC both as set forth in this Agreement and TIPQC's Speakers Bureau Tool Kit.

**Miscellaneous**

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This Agreement provides the entire agreement between the Speaker and TIPQC and this Agreement supersedes any prior agreements, arrangements, and discussions between the parties hereto regarding the Speaker joining TIPQC's Speakers Bureau. Any change or modification to this Agreement must be in writing and signed by the Speaker and TIPQC. In the event any portion of this Agreement is found by a Court with proper jurisdiction to be invalid or unenforceable the remaining portion of this Agreement will remain in full force and effect.

**IN WITNESS THEREOF**, the parties have executed this Agreement as of \_\_\_\_\_.

TIPQC

By: \_\_\_\_\_

Speaker

\_\_\_\_\_

## **APPENDIX J: CME INSTRUCTIONS**

### **VUMC CME – ONLINE DISCLOSURE FORM INSTRUCTIONS**

**1. Log in to [vumc.cloud-cme.com](http://vumc.cloud-cme.com)**

- be sure you are using Google Chrome; the system will malfunction in other browsers
- click on “Sign In” in the upper left corner
- select either “VUMC Faculty and Staff” or “Non-Vanderbilt University Medical Center”
- enter your email and password, then click on “Login”
- if you do not have a password, click on “Forgot Your Password?”
  - enter your email address then click “Reset Password”
  - a password reset email will be sent to you
- if you do not have an account, click on “Don’t have an account?” to set up one

**2. You may be required to create or complete your profile. If so,**

- complete all fields in red
- be sure to enter your mobile number so that you may text in for credit
- click the “Submit” button

**3. To access the online disclosure form,** click on the blue “Disclosure Form” button in the bottom right of the screen.

**4. All questions with a red background are required** and must be answered.

**5. Signing and submitting the disclosure form** is a multi-step process.

**5a. Prior to signing** the signature field will appear red:

**5b. Click on the red field** to bring up the signature pop-up box:

**5c. Type your name in the small box** on the bottom left; your name will simultaneously appear in the large box:

**5d. Click the “Done”** button:

**5e. Click the “Submit”** button:

**6. Upon successful submission of your disclosure form, the system will return you to the main portal.** To exit the system, **click on “Sign Out”** in the upper left corner of the screen.

## REFERENCES

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