

## **The Mid-term Impact of the Tennessee Initiative for Perinatal Quality Care (TIPQC) Best for All Learning Collaborative (BFA) Improvement Project**

### **DESCRIPTION OF THE PROBLEM**

Tennessee remains higher than the national average in maternal and infant mortality. Despite continued efforts, the differences in outcomes across the state persist. For example, individuals with TennCare, as opposed to those with private insurance, were nearly 3x as likely to die due to pregnancy-related causes. The problem is not specific to maternal outcomes; Tennessee infants are impacted by these differences in outcomes and care, as well.

### **STATEMENT OF THE ACTION**

Maternal and infant health leaders across the state have come together to address how hospitals can continue to enhance environments where everyone can achieve health, dignity, and well-being through pregnancy, delivery, and beyond, by having high-quality care, and removing barriers to care. Through this project, this is being addressed through resource sharing, educational opportunities, data review, and implementation of the Patient Reported Experience Measure (PREM) Survey to get a better understanding of the mother and infant's experience during delivery, postpartum, and discharge. Through the Best for All Learning Collaborative, all participating teams aim to have 90% of all key process and structure measures in place and demonstrate a 10% improvement in patient satisfaction scores in the PREM Survey by August 2026. This survey is available in seven languages including Arabic, Chinese, English, French, Hindi, Spanish, and Vietnamese.

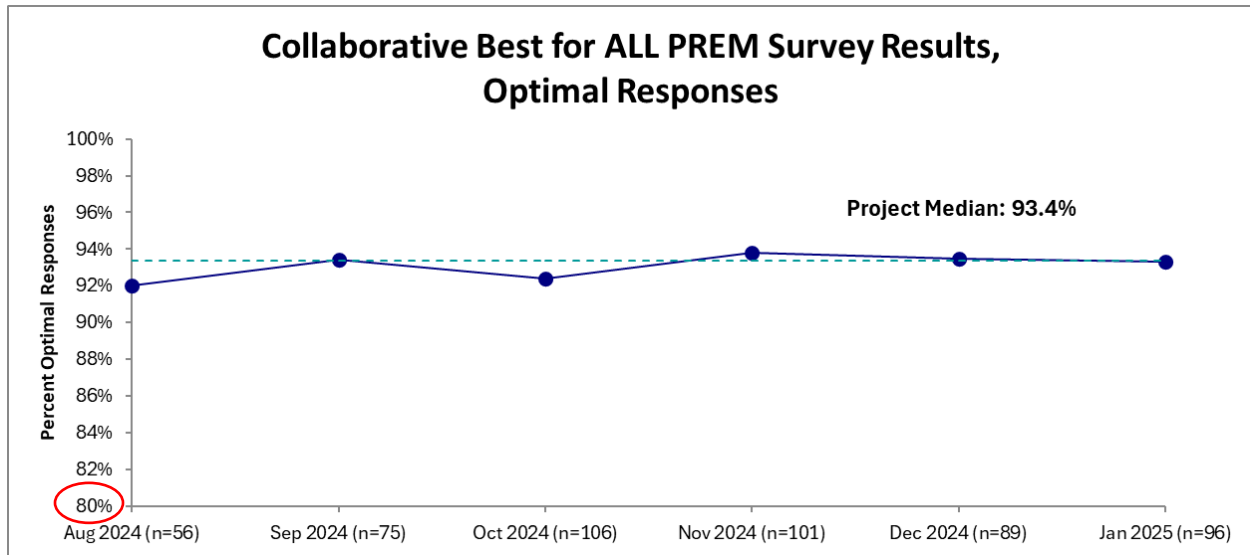
The project was launched by four (4) pilot teams in April 2024. Detailed educational instruction occurred at TIPQC's Annual Conference, and the project was made available in June 2024, with an additional eleven (11) hospitals joining. TIPQC provides participating hospitals with a toolkit, QI education, data collection tools, content education from nationally recognized experts, and a road map for implementation. Teams participate in monthly huddles, quarterly learning sessions, and annual state-wide meetings, as well as coaching calls from TIPQC. Based on their current practice, these teams are implementing evidence-based procedures, protocols, and potentially best practices.

Initial stages of PREM survey distribution began in June 2024. Survey data is shared in aggregate and by facility to evaluate current practices, patient satisfaction, and opportunities for improvement. As enough survey data is collected, this will be stratified by demographics to indicate any opportunities for improvement in care.

### **EXPLANATION OF THE IMPACT**

As seen in Figure 1, percentage of optimal responses in the PREM survey have a median of 93.4% for the period of August 2024-January 2025 (Figure 1). Less-than-optimal scores have a median of 3.3% for the same time period. As additional data is gathered, these outcome and balancing measures will be stratified by demographics to indicate any opportunities for improvement in health outcomes. Additionally, process measures focusing on organizational capacity for data collection and review will also help highlight any possible opportunities for improvement for specific hospitals.

**Figure 1:** Outcome Measure: Percent optimal PREM survey responses\*



\*Data is preliminary

#### PROJECT STATISTICS

Fifteen teams participating in this QI project have submitted a total of 268 data points and collected 597 PREM surveys in three languages (English, Spanish and Arabic) as of February 13, 2025. Currently, 30.9% of hospitals have 90% of all key process and structure measures (strategies) in place. This is a Mid-term Report, and as such does not reflect the final compilation of data or improvement that continues to be ongoing.

#### WHO WAS RESPONSIBLE

The collaborative and statewide efforts of TIPQC and the participating hospitals have all contributed to this improvement.

#### CONTACT INFORMATION

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