

# The Midterm Impact of the Tennessee Initiative for Perinatal Quality Care

“Best for ALL” Learning Collaborative



**TIPQC**

Tennessee Initiative for Perinatal Quality Care

www.tipqc.org

## 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 also impacted by these differences in outcomes.

## 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. Processes and structures that teams are addressing in this project include training staff on respectful care, developing processes for identifying and discussing differences in patients’ experience of care and outcomes, establishing processes for identifying household resource needs, and providing clear, comprehensive patient discharge education and referrals to community resources to best meet the needs of all patients.

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.

## Project Statistics

15

*hospital teams participating*

93.3%

*median rate of optimal responses in PREM Survey*

630

*PREM Surveys collected*

Data current as of 2/28/2025

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## EXPLANATION OF IMPACT

As seen in Figure 1, percentage of optimal responses in the PREM survey have a median of 93.3% for the period of August 2024-February 2025 (Figure 1). Less-than-optimal scores have a median of 3.1% 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.

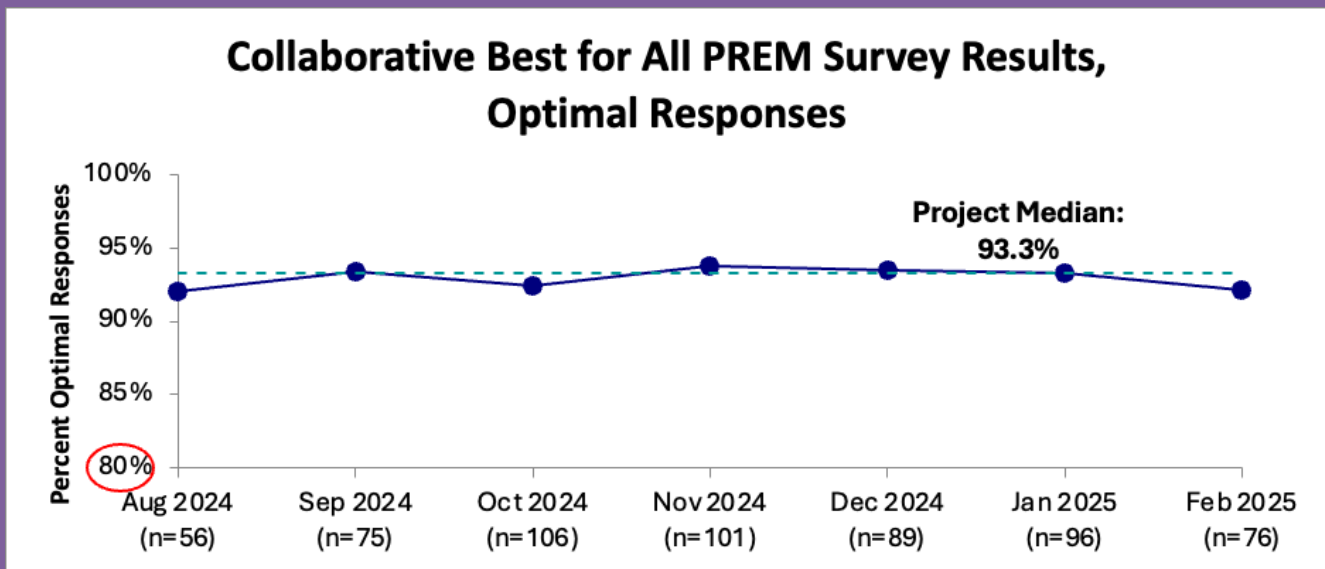


Figure 1: OM #1

Data is preliminary

Fifteen teams participating in this QI project have submitted a total of 308 data points and collected 630 PREM surveys in three out of seven available languages (English, Spanish and Arabic) as of March 1, 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

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