

**SUBMISSION OF INFORMATION COLLECTION UNDER THE
Request for Approval under AHRQ’s Generic Clearance “Questionnaire and Data
Collection Testing, Evaluation, and Research for the Agency for Healthcare Research
and Quality” (OMB Control Number: 0935-0124)**

DATE OF REQUEST: March 29, 2019

SUB AGENCY (I/C): HHS/AHRQ

TITLE: Field Test of SPPC-II Toolkit and Training Modules during Pilot Phase of SPPC-II Demonstration Project

GENERIC CLEARANCE UNDER OMB#: 0935-0124 **EXP. DATE:** 11/30/2020

ABSTRACT: Maternal mortality and severe maternal morbidity (SMM) has increased significantly and continuously in the United States (US) over the past 30 years.¹ A considerable proportion of these adverse events are attributable to preventable harm and unintended consequences arising from clinical practice and the system of delivering perinatal care.² To address these alarming trends, AHRQ has developed the Safety Program in Perinatal Care (SPPC).³ During its initial phase (SPPC-I), the program was comprised of three pillars: teamwork and communication, patient safety bundles, and in situ simulations.³ Despite several promising results, the evaluation of SPPC-I revealed considerable hospital attrition due to heavy data burden and competing safety initiatives.^{4,5} Also, differences in the local adaptation of the SPPC-I patient safety bundles selected by implementation sites thwarted a meaningful cross-site comparison of programmatic impact.^{4,5}

The current, second phase of the program (SPPC-II), focuses on integrating the teamwork and communication pillar into patient safety bundles developed by key professional organizations and implemented in 20+ US states with technical assistance by the Alliance for Innovation on Maternal Health (AIM)⁶ program and funding from the Health Resources and Services Administration (HRSA). Of note, the model used by AIM to implement these bundles is through statewide perinatal quality collaboratives (PQC) aiming to enroll all birthing hospitals in the state in the PQC.

During the *Planning Phase* of SPPC-II, the contractor, Johns Hopkins University (JHU), developed the SPPC-II Training Toolkit for two AIM patient safety bundles: obstetric hemorrhage and severe hypertension in pregnancy. The aim of the larger SPPC-II *Demonstration Project* is to field test, implement and evaluate an integrated AIM-SPPC II program that overlays the SPPC-II Training Toolkit and the AIM patient safety bundles and program infrastructure in two states -- Oklahoma (OK), currently implementing the severe hypertension bundle; and Texas (TX), currently implementing the hemorrhage bundle.

As currently constructed, the SPPC-II Training Toolkit consists of two tiers: a series of brief e-learning modules for frontline staff focusing on practical communication and teamwork tools for the clinical setting (Tier 1), and a workshop for local champions (i.e., Hospital Aim Team Leaders) focusing on patient safety and quality improvement principles specifically for the labor and delivery (L&D) setting (Tier 2). Both will be utilized and assessed during our field test. The target audience for the Tier 1 toolkit are frontline providers who spend the majority of their time working in L&D units, including nurses, midwives, advanced practitioners (e.g. PAs, NPs), and physicians (i.e. housestaff, obstetricians, hospitalists). The materials consist of 8 eModules expounding on practical

teamwork and communication tools based on the validated TeamSTEPPS format. In under 15 minutes, each eModule introduces the learner to 1-2 key TeamSTEPPS principles and/or tools and demonstrates their use within the clinical context of the AIM bundle that is being implemented. The target audience for the Tier 2 workshop are local leaders/educators of L&D units (e.g. nurse educator, quality manager, unit nurse/physician director) who can be expected to be champions (i.e., Hospital AIM Team Leaders) for dissemination of QI initiatives like AIM, can facilitate understanding of the program, and lead the implementation of the Tier 1 eModules for the frontline providers in their L&D units. The 1-day in-person workshop is organized into 8 sessions covering the teamwork and communication principles targeted by the SPPC-II program, how they harmonize with the AIM clinical bundles, how to facilitate understanding of Tier 1 materials for frontline staff, and considerations for implementing the SPPC-II program within their L&D unit.

The purpose of this clearance request is to **field test** and trial the SPPC-II Training Toolkit in a limited number of labor and delivery units, with a focus on identifying facilitators and barriers related to the understanding and use of the SPPC-II Training Toolkit by frontline providers and L&D leaders and the proposed approach of the implementation, evaluation and collection of data in the subsequent implementation and evaluation phase.

Field testing the SPPC-II Training Toolkit among frontline providers and L&D leaders is a credible way to ensure the form and functionality of the SPPC-II Training Toolkit modules are acceptable, feasible, and usable and meet the needs of end users.

The goal of the field test is to assess the feasibility, acceptability, and usability of the SPPC-II Training Toolkit by frontline providers (Tier 1) and L&D leaders (Tier 2).

TOTAL ANNUAL BURDEN APPROVED: 8900 Hours Per year

BURDEN USED TO DATE: 165 hours.

BURDEN THIS REQUEST: 16 hours.

FEDERAL COST: The estimated annual cost to the Federal government is \$14,898_____.

IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?

_____ YES _____ NO _____x_ N/A

OBLIGATION TO RESPOND:

___x___ VOLUNTARY
_____ REQUIRED TO OBTAIN OR RETAIN BENEFITS
_____ MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

___X___ WEB SITE
___X___ TELEPHONE INTERVIEW

MAIL RESPONSE [email]

IN PERSON INTERVIEW

OTHER: _____

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