



# Putting Innovations into Prenatal Care Practice

Dr. Caryn Ward

National Implementation Research Network



**NORTH CAROLINA**  
Preterm Birth Prevention  
**SYMPOSIUM**

MAY 23, 2016 • CHAPEL HILL



UNC Center for  
Maternal & Infant Health



UNC  
SCHOOL OF MEDICINE



Community Care  
of North Carolina

*Funding for this project is provided  
in part by The Duke Endowment*



# Session Objectives

- Common language
- Shared Understanding
- Learning from you
- Ideas you can take back



# Science to Service Gap: Implementation

**Research and  
Evidence of Best  
Practices**



**Healthy Moms  
Healthy Babies**

- 1. What is adopted is not used with fidelity**
- 2. What is used with fidelity is not sustained**
- 3. What is used with fidelity is not used to scale**



# When used alone:

- Diffusion/ Dissemination of information
- Training
- Passing laws/ mandates/ regulations
- Providing funding/ incentives
- Organization change/ reorganization

=

Use of Practices /  
Innovations As  
Intended

**Return on Investment: 5-15%**



# What does it take?

**Effective  
Practices**



**Effective  
Implementation**



**Enabling  
Contexts**



**Maternal and  
Child Outcomes**



# What does it take?

**Effective  
Practices**



**Effective  
Implementation**



**Enabling  
Contexts**



**Maternal and  
Child Outcomes**



# Effective Practices

- Pregnancy Medical Home Care Pathways
  - Obesity management
  - Management of hypertension
  - Induction of labor





# Active Implementation: Why?

Turn to a partner.

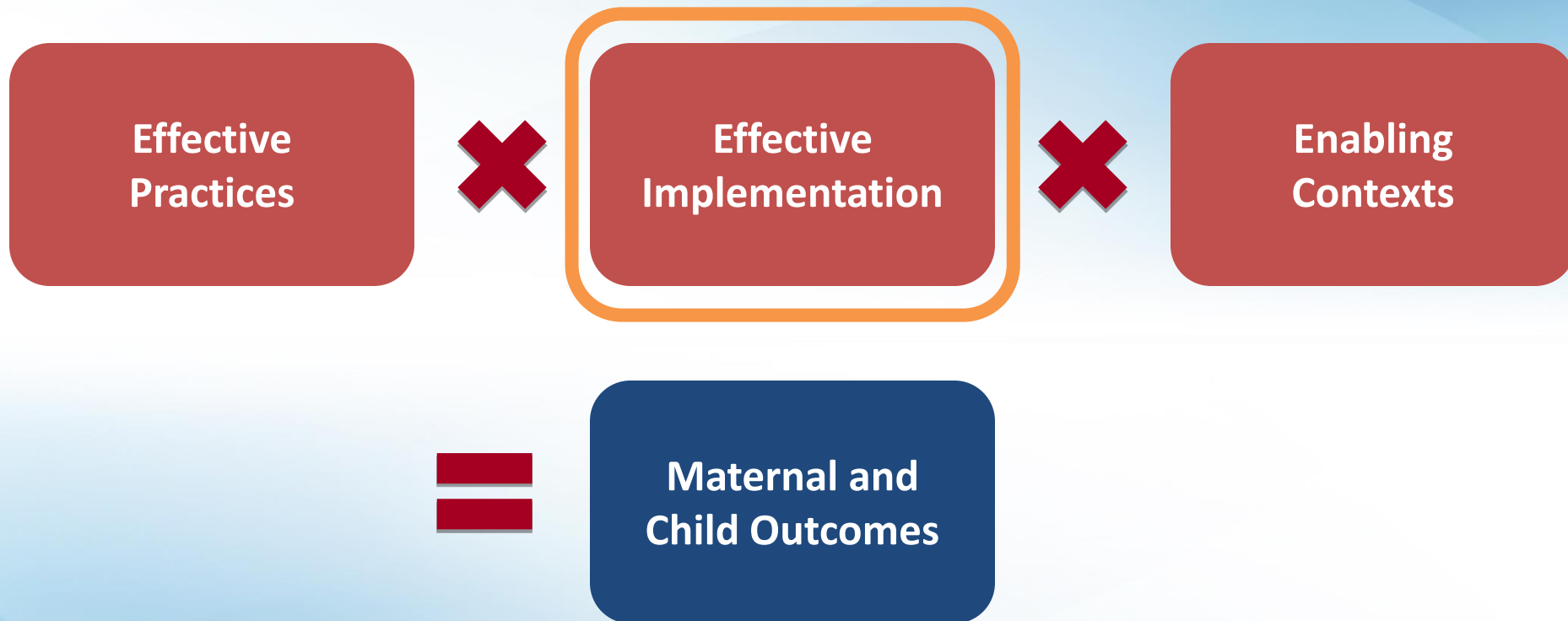
What facilitates the use of effective practices in care for women who are pregnant?

What are barriers to the use of effective practices in care for women who are pregnant?





# What does it take?





# What does it take to change the system?





Change is great...

**...you go first!**

# Systems Alignment: Achieving Child-level Outcomes



**NORTH CAROLINA**  
Preterm Birth Prevention  
**SYMPOSIUM**  
MAY 23, 2016 • CHAPEL HILL

Pregnancy Medical Home  
(Physicians, Nurses, Care  
Managers)

Regional Support  
(CCNC Networks)

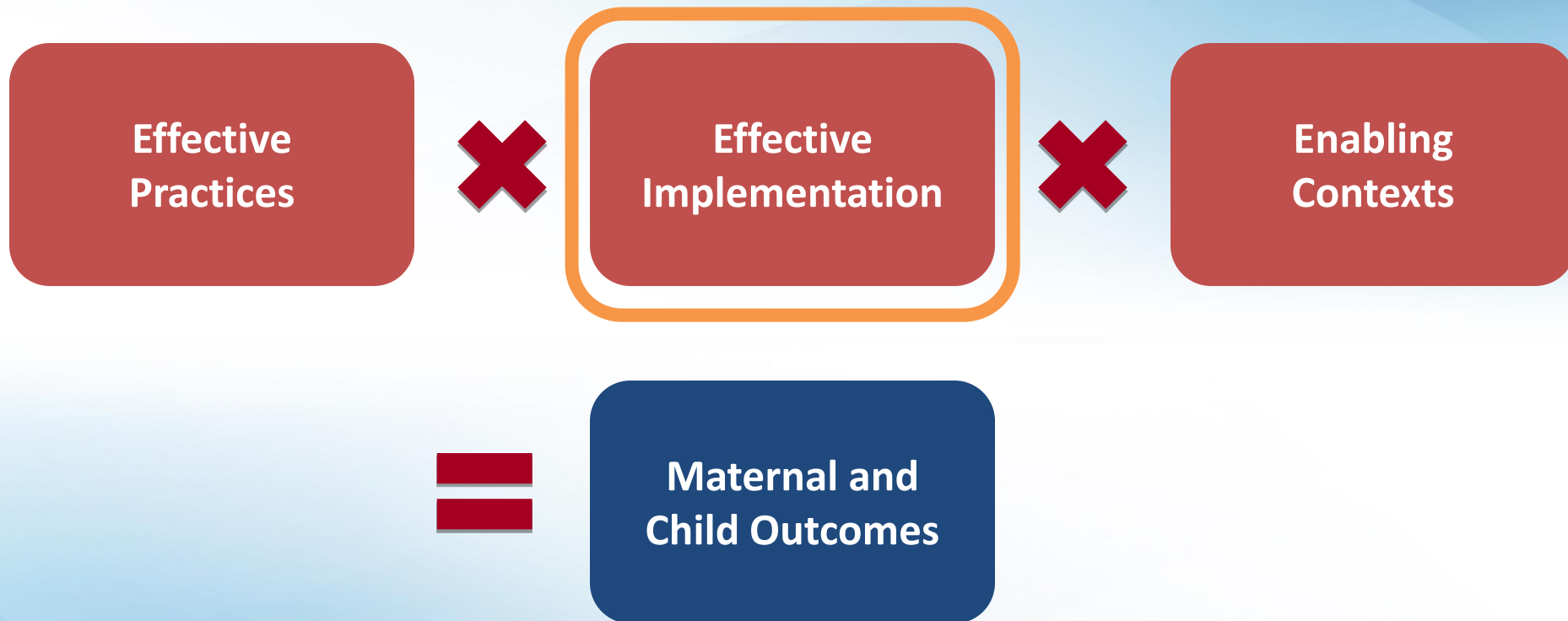
State & Federal Support  
(CCNC, DMA, DPH)



**Aligned change at each level of the system supports implementation  
so that young children and their families can benefit.**



# What does it take?

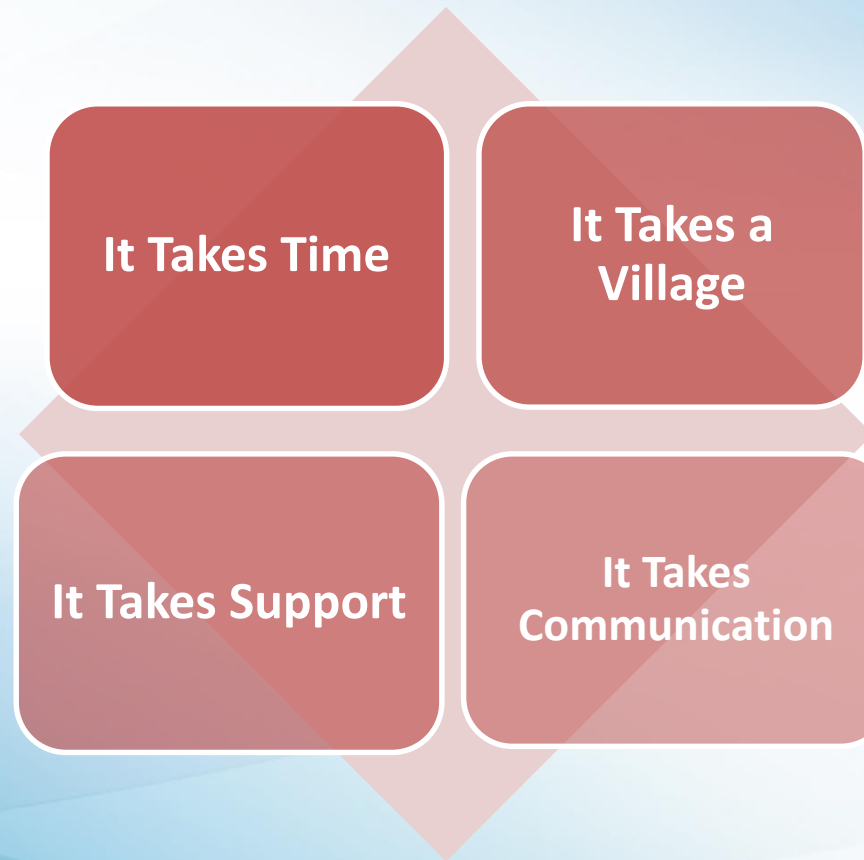






# What does it take?

## Four key ingredients for Active Implementation







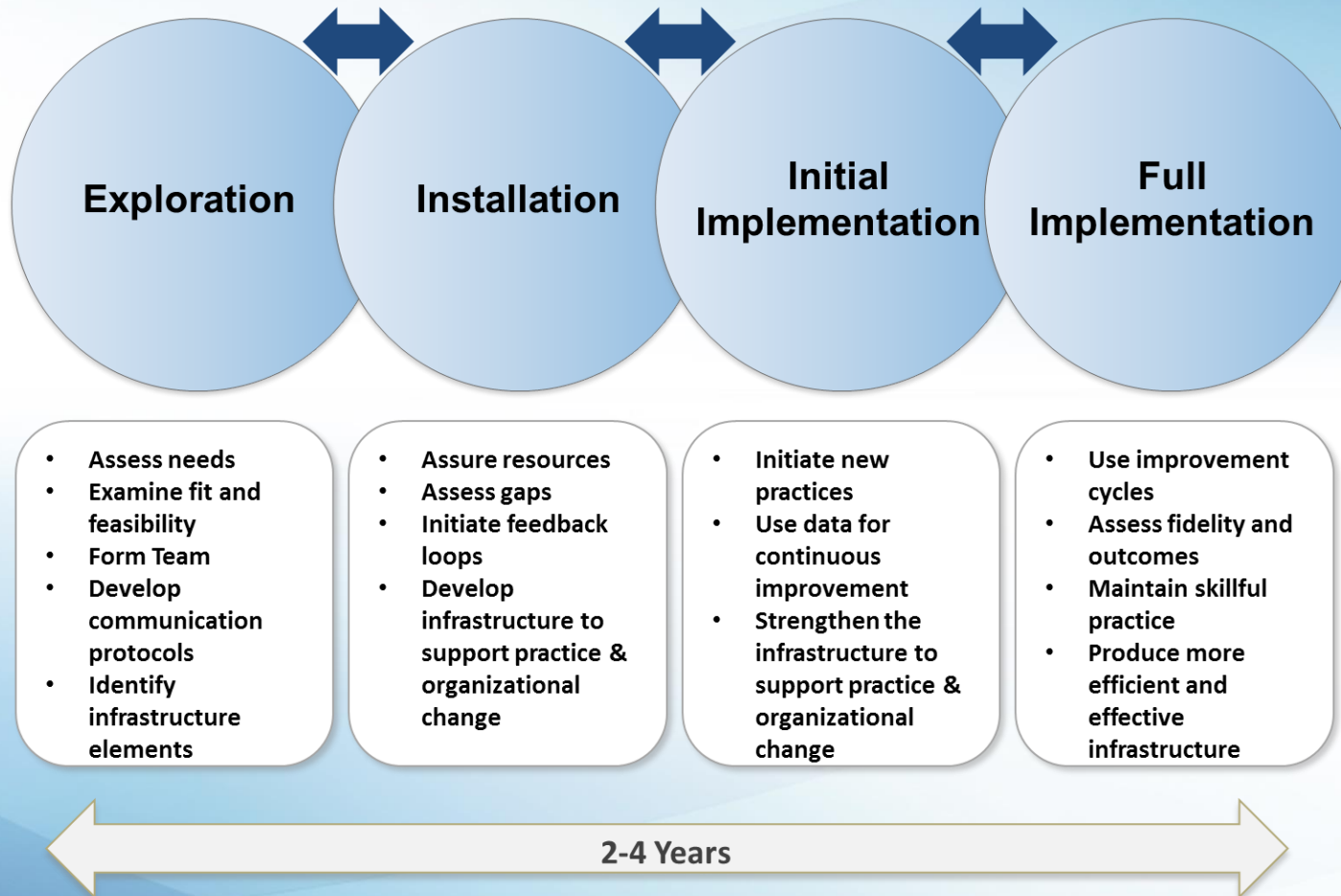
# What does it take?



- **It Takes Time**
- It Takes a Village
- It Takes Support
- It Takes Communication



## Implementation Stages





# It Takes Time

Turn to a partner.

Select one care pathway. What implementation stage is this currently in?

What supports your efforts to facilitate change over time in the Pregnancy Medical Home?



# What does it take?



- It Takes Time
- **It Takes a Village**
- It Takes Support
- It Takes Communication



# Making it Happen

## Letting “it” happen

- Effective practices occur without support

## Helping “it” happen

- Interested agencies figure it out on their own

## Making “it” happen

- Active use of strategies to support the adoption of the practices
- Active installation of supports for use of the practices
- Implementation teams are accountable for change and progress

Based on Hall & Hord (1987); Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou (2004); Fixsen, Blase, Duda, Naoom, & Van Dyke (2010)





# Implementation Teams: Function

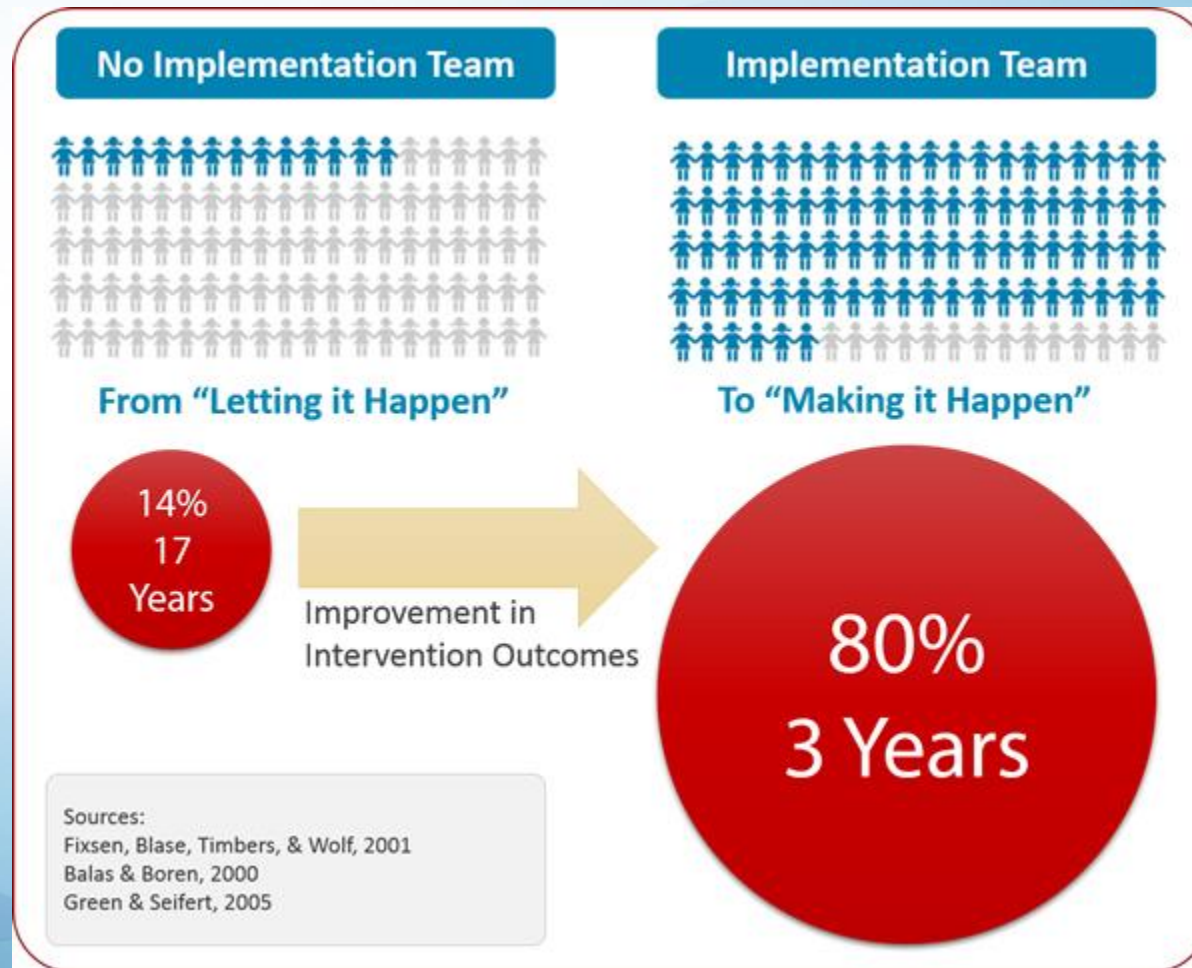
- Ensuring Support
- Engaging the community
- Creating enabling context







# Why an Implementation Team?





# Linked Implementation Teams

Linked Implementation Teams

Pregnancy Medical Home  
(Physicians, Nurses, Care  
Managers)



Regional Support  
(CCNC Networks)

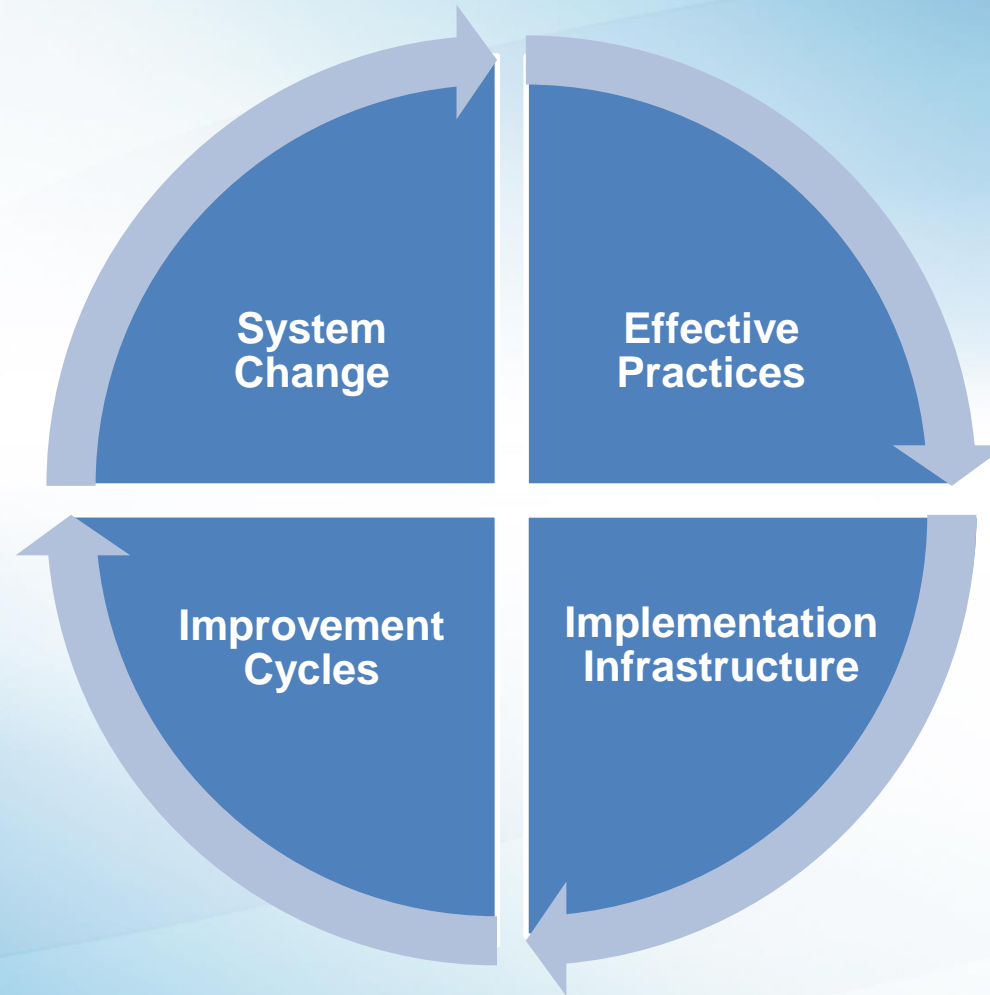


State & Federal Support  
(CCNC, DMA, DPH)



# Core Competencies

Implementation  
Teams know &  
apply:





# It Takes a Village

How are you using or supporting the use of teams in the Pregnancy Medical Home?

What is working well in these teams? What resources do the teams need?



# What does it take?



- It Takes Time
- It Takes a Village
- **It Takes Support**
- It Takes Communication





# Support at all levels of the system



Pregnancy Medical Home  
(Physicians, Nurses, Care  
Managers)


Regional Support  
(CCNC Networks)

State & Federal Support  
(CCNC, DMA, DPH)



A woman with long dark hair, wearing a black short-sleeved top and grey trousers, stands smiling in a modern office lobby. The lobby features a curved reception desk with dark wood paneling and a white countertop. The floor is made of light-colored wood, and the ceiling has recessed circular lights. In the background, there are more office spaces with desks and computers.

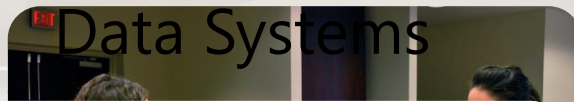
***What does Shelly need to support her practice?***

- 
- A woman with long dark hair, wearing a black short-sleeved top and grey trousers, stands smiling in a modern office lobby. The lobby features a long, curved reception desk with dark wood paneling and a light-colored countertop. The floor is made of light-colored wood, and the ceiling has recessed circular lights. In the background, other office areas and people are visible.
- **Competency Supports**
  - **Organizational Supports**
  - **Leadership Supports**

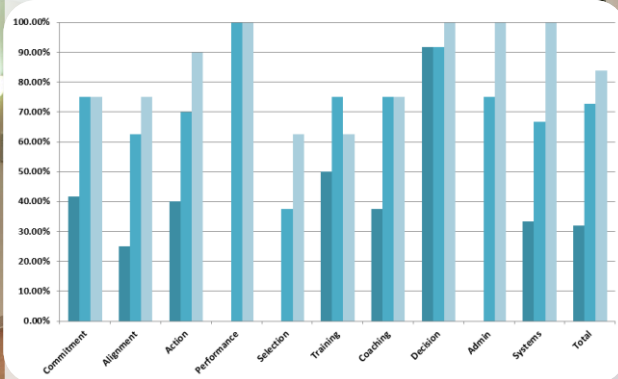


- **Competency Supports**
- **Organizational Supports**
- **Leadership Supports**

Decision Support



Data Systems



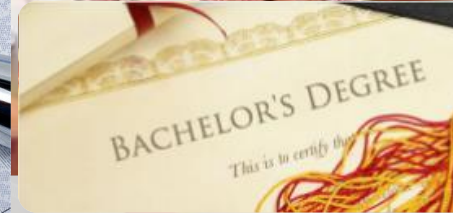
Facilitative

Administration



Coaching

Systems Intervention



Fidelity Assessment



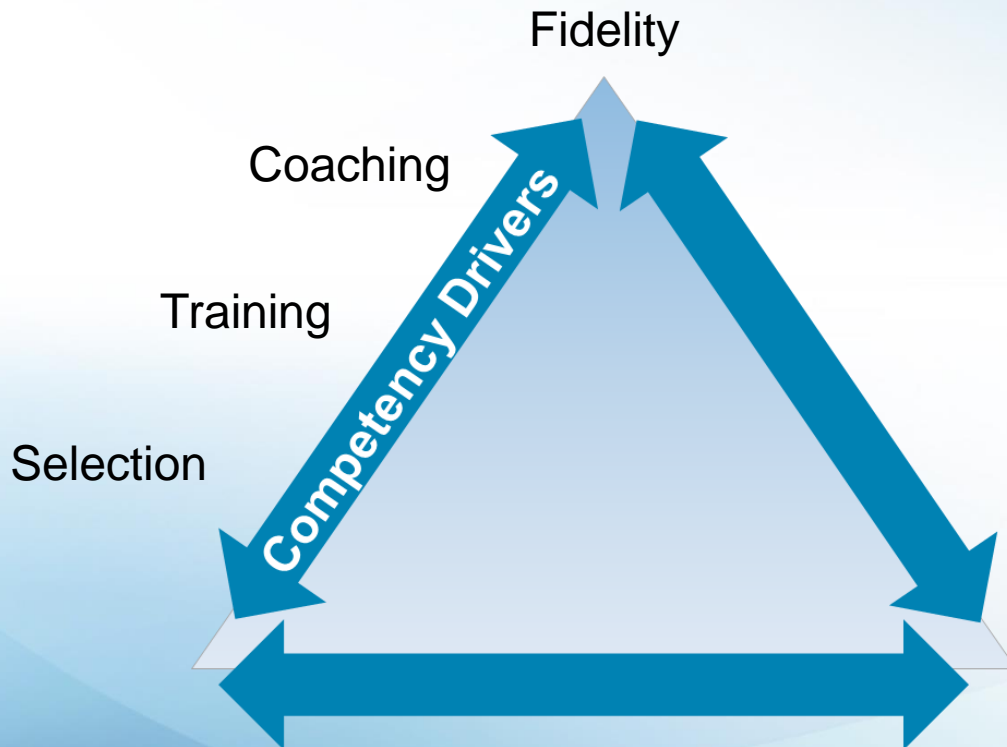


# Implementation Drivers



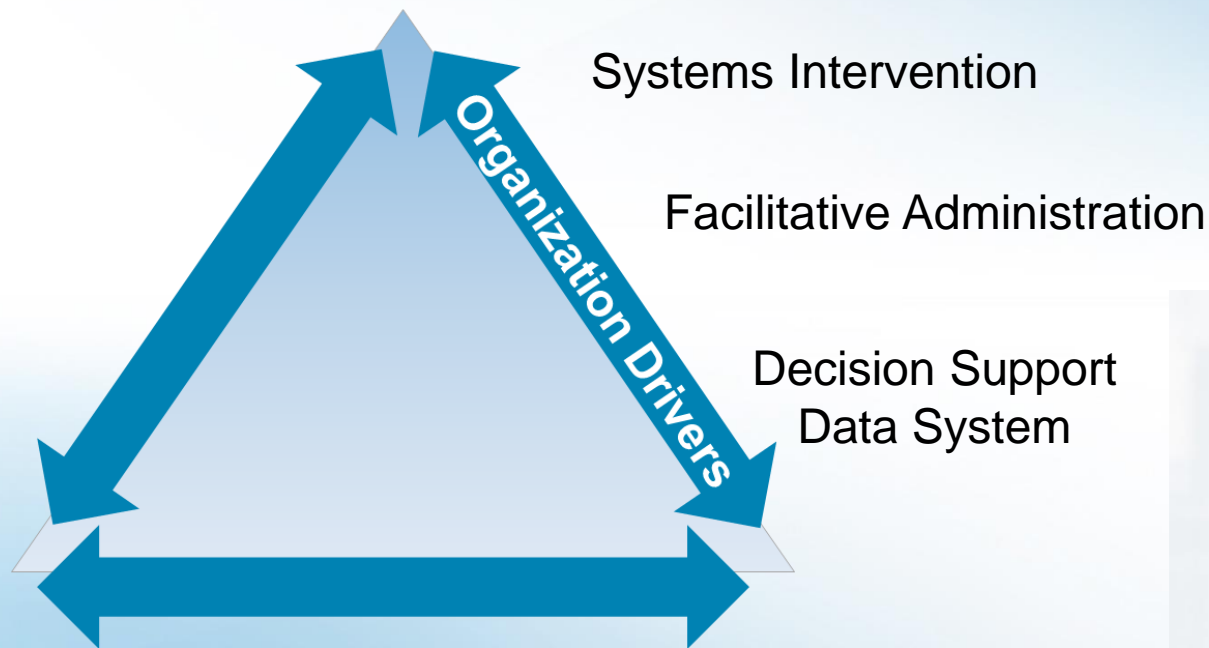


# It Takes Support: Building Competency





# It Takes Support: Building Organizations







# It Takes Support

What barriers and facilitators are you encountering to strengthening competency drivers?

What barriers and facilitators are you encountering to strengthening organization drivers?

How can Action Plans address these barriers? What resources are needed to strengthen competency and organizational drivers?



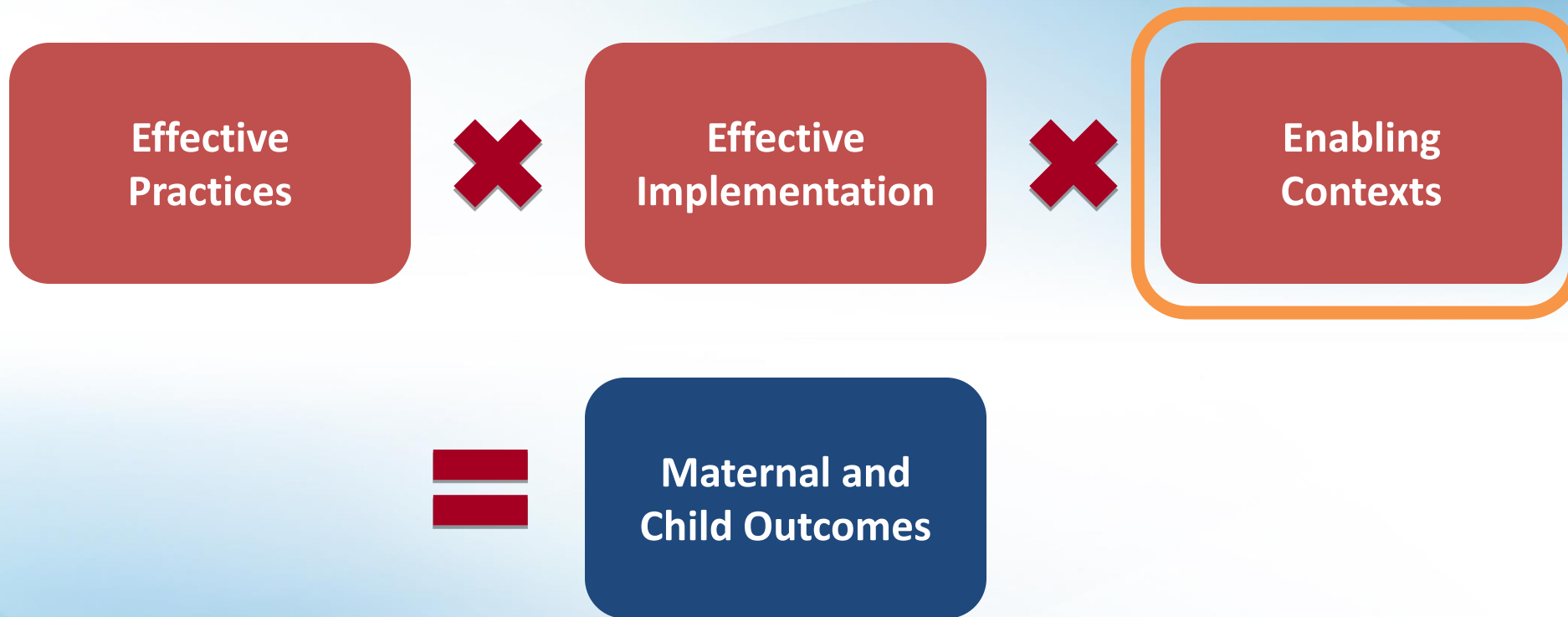
# What does it take?

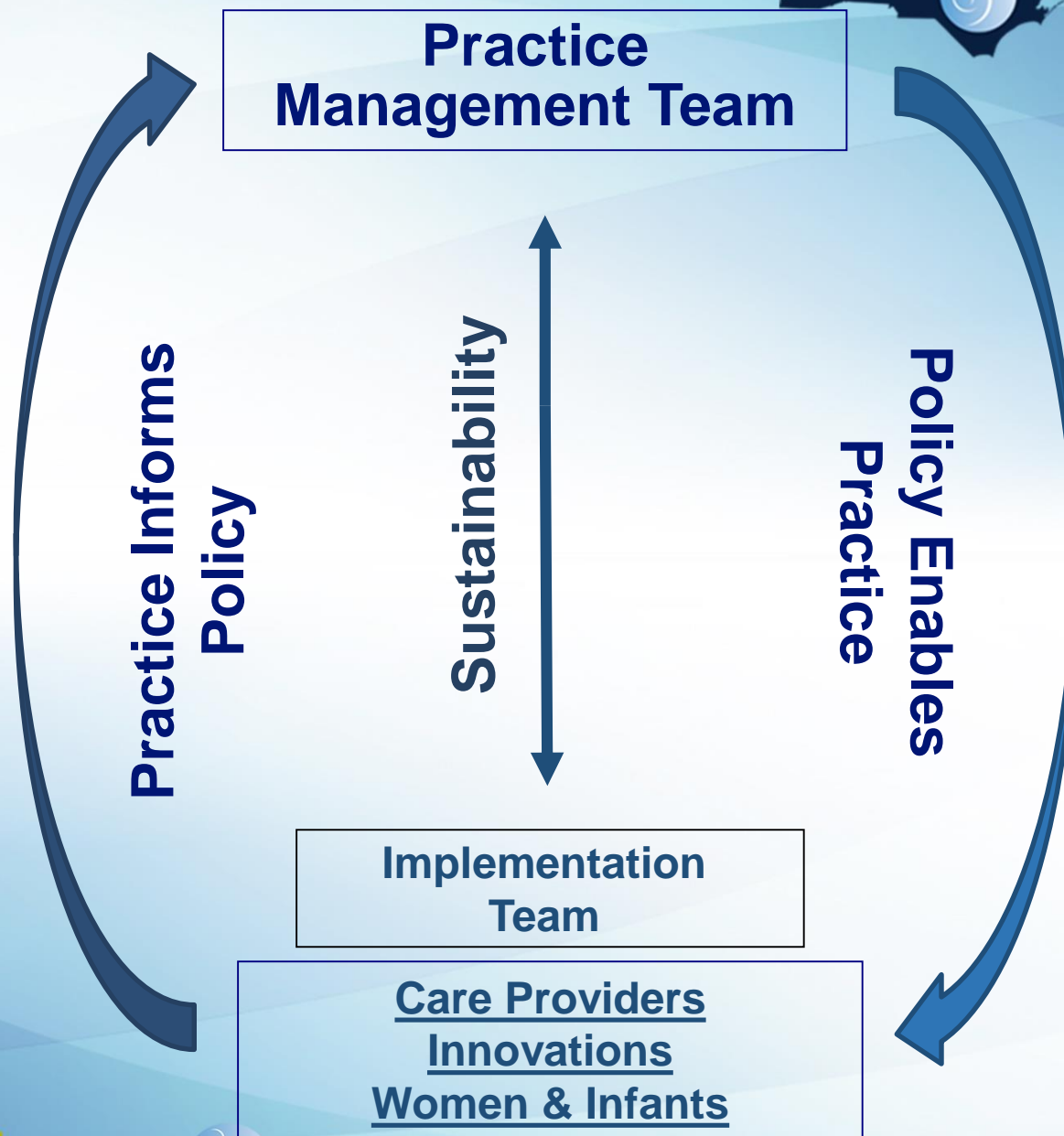


- It Takes Time
- It Takes a Village
- It Takes Support
- **It Takes Communication**



# What does it take?







# Linked Implementation Teams

Pregnancy Medical Home  
(Physicians, Nurses, Care  
Managers)



Regional Support  
(CCNC Networks)



State & Federal Support  
(CCNC, DMA, DPH)





# Who should be communicating?

- Your team
- Vertical team connections
- Horizontal team connections





# How often should we communicate?

- Regularly scheduled
- Formal process
- Dedicated appointment
- Opportunities to make changes
  - Quarterly
  - Monthly
  - Weekly





# What should we talk about?

- What's working?
- What's not working?
- What's getting in our way?
- How do we know?



## DATA



# Using Data & Information for Improvement







# Using Data and Information for Improvement

## Look

- What data are we looking at today?
- What are the data telling us?

## Think

- How might we need to adjust or pivot our strategy based on this data?

## Act

- How will we know these adjustments had the intended effect or benefit?
- Who will be responsible for making this adjustment and in what timeframe?





# It Takes Communication

How do you currently communicate with teams you support?

With teams that support you?

What is working well? What do you need to improve communication?



# For more Information

**Caryn Ward**  
919-414-9528  
[caryn.ward@unc.edu](mailto:caryn.ward@unc.edu)



Frank Porter Graham Child Development Institute  
University of North Carolina  
Chapel Hill, NC

<http://nirn.fpg.unc.edu/>  
<http://implementation.fpg.unc.edu>  
[www.scalingup.org](http://www.scalingup.org)  
[www.implementationconference.org](http://www.implementationconference.org)



UNC Center for  
Maternal & Infant Health



UNC  
SCHOOL OF MEDICINE

*Funding for this project is provided  
in part by The Duke Endowment*



## Citation and Copyright

This document is based on the work of the National Implementation Research Network (NIRN).

© 2013-2016 Allison Metz, Leah Bartley, Jonathan Green, Laura Louison, Sandy Naom, Barbara Sims, and Caryn Ward

This content is licensed under Creative Commons license CC BY-NC-ND, Attribution-NonCommercial-NoDerivs . You are free to share, copy, distribute and transmit the work under the following conditions: Attribution — You must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work); Noncommercial — You may not use this work for commercial purposes; No Derivative Works — You may not alter, transform, or build upon this work. Any of the above conditions can be waived if you get permission from the copyright holder.

email: [nirn@unc.edu](mailto:nirn@unc.edu)

web: <http://nirn.fpg.unc.edu>

The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services.

