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# PQCNC Initiative Participation Agreement

## Introduction

The Perinatal Quality Collaborative of North Carolina (PQCNC) wants to make North Carolina the best place to give birth and be born. We partner with local teams who share this vision to help implement processes at their hospitals that improve patient safety and outcomes while also meeting multiple regulatory requirements that your hospital may be tasked with. We hope you will join us!

Medicaid considers PQCNC to be their “perinatal quality improvement arm,” and that is both an honor and a responsibility that we take seriously. We strive to exemplify the best that quality improvement science has to offer to improve the care of perinatal populations. Medicaid expects us to share with them what works, what doesn't work, and what's needed to help inform their policies and decisions, something we can only do by working closely with your teams to understand and improve perinatal care in North Carolina.

## Quality Improvement

Quality improvement can sound intimidating as a clinical team, but that is why we are here to partner with you – providing access to resources, learning sessions with experts in the field, and individualized support to keep your team moving forward.

We at PQCNC are excited to partner with your team, whether you are new to quality improvement or have been working on this for many years. Together, your team will create goals (What are you trying to improve?), collect data to measure those goals (How will you know the change is an improvement?), and brainstorm change ideas (What changes can you make to result in that improvement?). In quality improvement science, we use Plan-Do-Study-Act (PDSA) cycles: **plan** what you will change, **do** that change, **study** how it went, and then **act** on what you learned going forward. PDSA cycles are small, approachable, and repeatable, contributing to your eventual higher-level goal.

Building a team that can work across silos within your systems, talking to the population you're serving (“nothing about me without me”), mapping your current processes, creating goals, devising PDSA cycles, and collecting and analyzing data to confirm improvement – this is how quality improvement gets done.

We are committed to working with every facility that wants to provide the best possible care for their patients. Join us as an enrolled team on the path to making North Carolina the best place to give birth and be born!



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## Participation Agreement

To participate as an enrolled Perinatal Quality Improvement Team (PQIT) on the Maternal Cardiac Care Initiative, your site needs to agree to the following requirements:

### Pre-Work:

- Submit a team roster [coming soon]
- Submit a “Snapshot” of where you are now [coming soon]
- Complete baseline data collection at your hospital [coming soon]

### Meetings:

- Attend 2-3 Learning Sessions in 2025. You are encouraged to bring your entire team and required to have at least two members in attendance.
- Meet with your team at least once a month to check-in, plan, and move your work forward.
- Meet with a PQCNC Clinical Initiative Manager at least once a quarter to review your team’s progress, discuss successes and barriers, and receive support in accessing quality improvement resources.
- Provide relevant data and updates from your team for discussion during meetings.

### Quality Improvement:

- With support from the PQCNC team and peers across the state, complete a PQCNC Quality Improvement Plan during the January 16 Kickoff Learning Session.
- Update the status of this plan throughout the initiative by submitting PQCNC Monthly Leadership Reports each month in 2025.

### Data:

- Submit monthly initiative data through LifeQI (previously DELPHI) for the duration of the initiative, within 60 days of the end of each month.
- If you are experiencing barriers or falling behind on data submission, meet with a PQCNC Clinical Initiative Manager to create an action plan for data collection.