



Bringing Our Patients COMFORT: Quality Improvement Blueprint

This quality improvement (QI) blueprint is a worksheet to help your team implement the COMFORT Clinical Practice Guideline (CPG) at your hospital. Completing the worksheet will help your team specify the 1) project aim/purpose; 2) scope of the change (e.g., units and individuals affected); 3) expected timeline; 4) anticipated barriers and facilitators, and selected strategies; and 4) milestones and measures to track progress and guide course corrections.

Bringing Our Patients COMFORT: Quality Improvement (QI) Blueprint

PROJECT:

INSTITUTION:

PROJECT LEADERS:

AIM/PURPOSE	
<i>What is the goal of the implementation?</i>	
SCOPE	
<i>What units/teams will be affected?</i>	
IMPORTANT DATES	
<i>When will the project start and end? When and how often will you assess progress?</i>	
BARRIERS, FACILITATORS, & STRATEGIES	
<i>Identify roadblocks/catalysts to success. How will they be addressed/leveraged?</i>	
MILESTONES & MEASURES	
<i>What does success look like? Milestones should be specific, measurable, & achievable.</i>	

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Example

PROJECT: Bringing Our Patient COMFORT

INSTITUTION: OBI Hospital A

PROJECT LEADERS: OBI Physician Champion, OBI Nurse Champion, OBI CDA, Nurse Manager, Floor Nurse, Resident, Private Attending

AIM/PURPOSE	Successfully adopt the new national COMFORT CPG by:
<i>What is the goal of the implementation?</i>	<ul style="list-style-type: none"> Ensuring all affected staff/faculty are trained Updating the electronic health record system Revising workflows to accommodate guidance concordance Educating patients and involving them in their care
SCOPE	Obstetrics, Pharmacy, IT, Analytics, Quality, Behavioral Health
<i>What units/teams will be affected?</i>	
IMPORTANT DATES	<ul style="list-style-type: none"> OBI Hospital's leadership will announce the implementation of the COMFORT CPG on XX-XX Launch date Data collection will start 1 month after the implementation date and occur monthly 3 months after launch: assess guidance concordance and modify workflow/ train as needed
<i>When will the project start and end? When and how often will you assess progress?</i>	
BARRIERS, FACILITATORS, & STRATEGIES	<ul style="list-style-type: none"> Barrier: Knowledge and skill gaps <ul style="list-style-type: none"> Solution(s): Mandatory webinar attendance and eModule viewing with quiz; Q&As with provider champ Barrier: Nurse resistance for more scheduled medications with the staffing shortage <ul style="list-style-type: none"> Solution(s): Emphasize the advantage to patients (patient-centered care) Facilitator: Strong clinician motivation to improve patients' lives by reducing pain and opioid harms <ul style="list-style-type: none"> Solution: Emphasize initiative alignment with clinical mission and core values in all communications
<i>Identify roadblocks/catalysts to success. How will they be addressed/leveraged?</i>	
MILESTONES & MEASURES	<ul style="list-style-type: none"> 85% of clinical staff will complete COMFORT training, as measured by a) attendance at OBI webinar, or b) completion of eModule 80% of patients birthing in 1Q24 will have an order for scheduled postpartum tylenol/NSAID
<i>What does success look like? Milestones should be specific, measurable, & achievable.</i>	

Bringing Our Patients COMFORT: Sample Measures

Measures and milestones help QI teams track progress towards goals, celebrate wins, and course correct when needed. We encourage your team to consider the sample measures below and choose the most helpful and feasible for your site.

MEASURE	RATIONALE	NUMERATOR	DENOMINATOR
Training Attendance/Completion	Ensure that everyone that needs to learn about the new national COMFORT CPG has the opportunity (e.g., via OBI webinar, eModule, etc.).	Clinicians/staff that were in attendance for a training session or completed an assigned learning module	All clinicians/staff responsible for managing pain after childbirth
COMFORT-Concordant Counseling <ul style="list-style-type: none"> • Prenatal • Postpartum 	Ensure that patients are educated about pain and management prior to delivery & have time to voice their preferences.	Documentation of COMFORT-concordant counseling: <ul style="list-style-type: none"> • Prenatal: Prior to admission for childbirth • Postpartum: After delivery, prior to childbirth stay discharge 	Birthing people who delivered in the measurement period
Opioid-Sparing Pain Medications <ul style="list-style-type: none"> • Inpatient Postpartum • At Discharge 	Track compliance rate for scheduling first-line pain medications for eligible postpartum people	Order for scheduled acetaminophen and oral NSAID: <ul style="list-style-type: none"> • Inpatient Postpartum • At discharge 	Birthing people without a contraindication to acetaminophen and oral NSAID in the measurement period
Opioid-Sparing Non-Medication Pain Interventions <ul style="list-style-type: none"> • Inpatient Postpartum • At Discharge 	Track rate of provision of non-medication interventions (e.g., heat/ice, abdominal binder, aromatherapy) for interested postpartum people	Provision of non-medication intervention(s) <ul style="list-style-type: none"> • Inpatient Postpartum • At Discharge 	Birthing people without a contraindication to acetaminophen and NSAID in the measurement period

Bringing Our Patients COMFORT: Sample Measures

MEASURE	RATIONALE	NUMERATOR	DENOMINATOR
Opioid Prescribing for Vaginal Births (no 3rd/4th)	Track the proportion of birthing individuals receiving COMFORT-concordant opioid prescribing at time of discharge from the hospitalization for childbirth.	Prescribed 0 opioids	Vaginal birth with no 3rd/4th degree laceration during the measurement period*
Opioid Prescribing for Vaginal Births (with 3rd/4th)		Total Oral Morphine Equivalent (OME) prescribed ≤ 75	Vaginal birth with 3rd/4th degree laceration during the measurement period*
Opioid Prescribing for Cesarean Births		Total Oral Morphine Equivalent (OME) prescribed ≤ 113	Cesarean births during the measurement period*

*Excludes pregnant patients with a history of opioid use disorder, tubal sterilization after vaginal birth, or peripartum hysterectomy.