MomsPRN MILESTONE SUMMARY DOCUMENT

|  |  |  |
| --- | --- | --- |
| Rhode Island Moms PRN Milestone Summary | | |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| Identify members of the practice quality improvement (QI) team. The team should consist of 3 to 4 staff in different roles and include a practice clinical champion and an IT/EHR staff member | October – December 2019  Recommend by 11/30/19 | Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Practice QI team participation in monthly meetings with the practice QI facilitator | November – December 2019  January – December 2020 | N/A |
| Practice QI team attendance and participation at in-person kick-off learning session | October 29, 2019  Rhode Island Quality Institute, Washington Room  7:30 – 9AM | N/A |
| Plan and test practice workflows to implement screening for perinatal depression, anxiety and substance use with validated screening tool(s) | October – December 2019 | N/A |
| Test EMR system to determine workflow for documentation of screening results | October – December 2019 | N/A |
| Submit a baseline report of screening rates for perinatal depression, anxiety, and substance use | Due by: January 10, 2010  (within 45 days of award notification) | Submit via link at: [MomsPRN Data Reporting](https://www.tfaforms.com/4772053)  Alternative: Submit using [Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/DRAFT%20Sample%20Report%20-%20MomsPRN.xlsx) and email to: [CBrown@ctc-ri.org](mailto:CBrown@ctc-ri.org) |
| 1. Each provider completes a self-efficacy survey within 45 days of award notification : Survey Monkey  (Please see Appendix D in Call for Applications) 2. Practice completes the practice self-efficacy with practice facilitator | Due by: November 15, 2019  (within 45 days of award notification) | Provider survey completed survey monkey  Practice survey details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) by Practice Facilitator |
| In conjunction with the QI practice facilitator, identify quality improvement activities to optimize perinatal behavioral health screening, treatment and referral | Due by: December 15, 2019 | Plan-Do-Study-Act (PDSA) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Implement screening for perinatal depression, anxiety and substance use with validated screening tool(s) | January – December 2020 | N/A |
| Utilize the RI Moms PRN provider teleconsultation line as needed | January – December 2020 | N/A |

|  |  |  |
| --- | --- | --- |
| Rhode Island Moms PRN Milestone Summary continued… | | |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| Report de-identified practice screening rates and proportion of positive screens quarterly and by zip code | March 15, 2020  June 15, 2020  September 15, 2020  December 15, 2020 | Submit via link at: [MomsPRN Data Reporting](https://www.tfaforms.com/4772053)  Alternative: Submit using [Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/DRAFT%20Sample%20Report%20-%20MomsPRN.xlsx) and email to: [CBrown@ctc-ri.org](mailto:CBrown@ctc-ri.org) |
| In conjunction with the QI practice facilitator, report on outcomes quality improvement activities to optimize perinatal behavioral health screening, treatment and referral | Due by: November 15, 2020 | Plan-Do-Study-Act (PDSA) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Practice QI team participation in monthly meetings with the practice QI facilitator | January – December 2020 |  |
| Practice QI team attendance and participation in quarterly in-person learning network meetings | January – December 2020  January 28, 2020  April 28, 2020  August 25, 2020  December 2020: TBD |  |
| 1. Each provider completes a self-efficacy survey (survey monkey) on an annual basis 2. Practice completes self-efficacy survey in conjunction with Practice Facilitator   (Please see Appendix D in Call for Applications | By December 15th | Provider survey completed survey monkey  Practice survey details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) by Practice Facilitator |