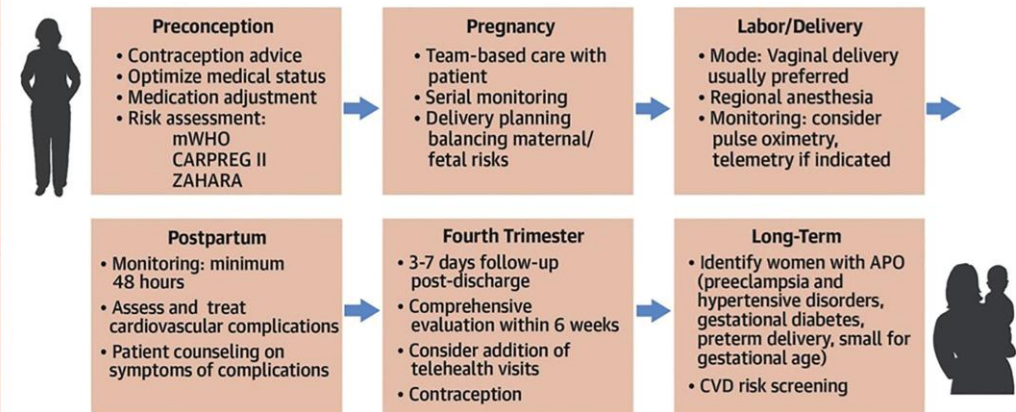


# FROM CASE REVIEW TO SYSTEM CHANGE:

## BUILDING GOVERNANCE THAT MAKES CARDIO OBSTETRICS ACTIONABLE



2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines | Circulation

Presented by: Lupe Berretta



# TARGET AUDIENCE

- Clinical and operational leaders building or relaunching cardio obstetrics case review and improvement structures (OB, MFM, cardiology, anesthesia, nursing leadership, quality and safety, risk, data analytics, care coordination).
- Public health and health system professionals partnering with hospital teams to support maternal health improvement (program managers, improvement advisors, population health leaders).



A cardio obstetrics program can exist “on paper” but fail to produce change if governance is not designed to support implementation. Graves et al. emphasize moving beyond programming toward action by addressing how programs function in real systems, including execution and accountability structures. (Graves et al, 2023)

This training addresses the gap between:

- Having a committee and reviewing cases
- Having a governance and implementation engine that produces decisions, workflow change, and measurable improvement

## OUR WHY

# LEARNING OBJECTIVES

By the end of this training, participants will be able to:

1. Design a cardio obstetrics governance structure that specifies decision rights, escalation pathways, roles, meeting logistics, and outputs.
2. Run multidisciplinary case review sessions with fidelity using a standardized structure that converts cases into prioritized action items, owners, timelines, and system level communication.
3. Diagnose implementation barriers and select strategies using an implementation framework that separates inner setting, outer setting, individuals, and process issues so fixes target the real blockage.
4. Build an evaluation plan that measures learning, fidelity, and early system outcomes, using credible evidence and continuous improvement feedback loops.

# GOVERNANCE TO ACTION FRAMEWORK

**Layer 1: Build the collaborative infrastructure**

- Define structure, roles, decision rights, and communication channels (this is where you solve the “two way stream,” “duplicate efforts,” and “no escalation” problems).

**Layer 2: Diagnose barriers using CFIR**

- Use CFIR domains to identify why implementation is failing and where: outer setting, inner setting, individuals, process, and the intervention itself.

**Layer 3: Sequence change work using an implementation roadmap**

- Use Kotter’s change sequence to intentionally build urgency, coalition, and reinforcement so the work becomes durable (APA cite in references).

**Layer 4: Evaluate and continuously improve**

- Use evaluation questions and mixed methods data to monitor fidelity, implementation progress, and stakeholder experience, then adjust

# TRAINING DESIGN: 10 HOURS ACROSS 4 SESSIONS

## Session 1, 2.5 hours:

- Governance charter and escalation map that clarifies who decides, who implements, and what gets produced each meeting (Collaborative Infrastructure Framework, n.d.).

## Session 2, 2.5 hours:

- Case review structure and fidelity package including agenda template, action register, and fidelity checklist plus role practice (Key Principles for Online Instruction, n.d.).

## Session 3, 2.5 hours:

- CFIR barrier map and two year roadmap that sequences adaptive work, technical work, and sponsorship actions (Damschroder et al., 2009; Kotter, 2024).

## Session 4, 2.5 hours:

- Evaluation matrix, reporting cadence, decision triggers, and sustainment checklist embedded into governance routines (CDC, 2024).

## Between sessions:

- Application to each participant's real committee context and peer review of deliverables to build a shared learning community (Key Principles for Online Instruction, n.d.).

# INSTRUCTIONAL STRATEGIES FOR ESTABLISHED PROFESSIONALS

Every strategy is designed for time-limited leaders operating in complex, high-consequence environments.



## Build from Lived Constraints

Design starts from the realities participants face: mixed disciplines, misaligned incentives, and high-stakes decisions under time pressure.



## Product-Based Learning

Participants leave each session with a charter, templates, and a roadmap. Outputs are immediately deployable.



## Simulation with Role Rotation

Participants practice facilitation, decision-making, and escalation in a simulated multidisciplinary room before applying skills live.



## CFIR-Guided Debriefs

Structured debriefs prevent blame and redirect focus toward modifiable system factors and process design opportunities.



## Coaching for Fidelity

Brief observation, targeted feedback, and rapid adjustments sustain consistent practice between and after sessions.

# EVALUATION PLAN: LEARNING, FIDELITY, IMPLEMENTATION, FEEDBACK

If evaluation does not trigger decisions, it is noise. Every reporting mechanism in this plan is built to drive action and sustain the learning community — not to document for documentation's sake.

## What We Measure

- **Learning outcomes:** Pre/post governance competence, CFIR barrier identification accuracy, and facilitation confidence
- **Fidelity:** % of meetings using the standard agenda; % of cases documented with agreed format; % of actions with owner and due date
- **Implementation:** Action completion rate, time to decision, escalations resolved, reduction in duplicate efforts

## How Learning Spreads

- **Formative feedback loops** after each session and after early case reviews to adapt tools, roles, and meeting cadence
- **Monthly governance report** including a decision log, lessons learned, and next-cycle priorities
- **Dissemination design** ensures learning extends beyond the committee room to the broader organization and peer networks

Evaluation follows the **CDC Framework for Program Evaluation**, emphasizing stakeholder engagement and continuous improvement.

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