From Silos to Statewide Collaboration: Nurse-Led Collaboration to Improve Georgia's Maternal Health Outcomes

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Georgia's maternal mortality crisis requires solutions beyond individual hospitals. This article describes a nurse-led statewide collaboration developed through the Health Resources and Services Administration's Maternal Health Innovation grant, Healthy Outcomes and Positive Experiences for Georgia Moms. With cardiac conditions as the leading cause of pregnancy-related death in Georgia, efforts prioritized universal cardiovascular risk screening aligned with statewide initiatives. The ADKAR change management model guided implementation to support awareness, engagement, process integration, and sustainability across fiscal, legal, and clinical domains. This work demonstrates how nurse leaders can operationalize large-scale change, build cross-sector collaboration, and accelerate the adoption of evidence-based practices to improve maternal health outcomes statewide.

MATERNAL HEALTH CRISIS

Maternal mortality remains one of the most complex and urgent challenges facing health care in the United States. Despite ongoing quality improvement efforts, maternal mortality rates continue to rise nationally, and Georgia remains among the states with the highest burden, with a maternal mortality ratio of 37.9 pregnancy-related deaths per 100,000 live births.[1] For years, nurse leaders within hospitals have worked diligently to improve maternal outcomes through internal quality improvement initiatives. Although these efforts are necessary and prove to advance care locally, meaningful and overarching change cannot occur solely within the walls of an individual hospital. Generally, health care organizations operate within competitive market structures that unintentionally reinforce silos, which fragment care for pregnant and postpartum women at the very time coordinated support is critical. To address the rising maternal mortality in Georgia, health care leaders need to shift from isolated improvement efforts to intentional statewide collaboration.

The purpose of this article is to demonstrate how nurse leaders secured and operationalized a federal grant to improve maternal health in Georgia. It highlights the integration of new processes through change management strategies, clinical collaboration, and the development of a statewide task force. The diverse task force members serve to strengthen innovation and dissemination to achieve systems-level improvements.

KEY POINTS

- **Align patient safety and quality priorities with statewide quality improvement initiatives.**
- **Recognize fiscal stewardship, regulatory oversight, and contractual compliance as executive nurse leaders' competencies.**
- **Apply structured change management strategies based on the ADKAR model to integrate grants within health systems.**
- **Foster collaboration across competitive health systems to achieve shared outcomes.**
- **Engage frontline nurses to support and sustain standardized processes and practice change.**
- **Build partnerships beyond traditional organizational boundaries to drive statewide transformation.**

A NURSE-LED VISION: SECURING THE MATERNAL HEALTH INNOVATION GRANT

The Georgia Perinatal Quality Collaborative is a multidisciplinary network of maternal and neonatal health professionals, dedicated to improving maternal and neonatal health outcomes in Georgia. The Georgia Perinatal Quality Collaborative created statewide momentum in 2022 when it launched the implementation of the Alliance for Innovation on Maternal Health Cardiac Conditions in Obstetric Care patient safety bundle, which promotes evidence-based practices for identifying and managing cardiovascular risk during pregnancy and the postpartum period. Central to the Alliance for Innovation on Maternal Health Cardiac Conditions in Obstetric Care bundle is a call to action for universal screening of pregnant and postpartum patients for cardiac conditions. Universal screening improves the likelihood of identifying previously undiagnosed cardiovascular disease and supports more equitable care by ensuring that every patient is assessed regardless of race or background.

In response to the need for universal screening of every pregnant and postpartum patient for cardiac risks, a nurse executive and clinical nurse leader had a vision to attain a Health Resources and Services Administration State Maternal Health Innovation (MHI) grant. This grant would provide the opportunity to break down silos and expand universal screening across Georgia. Northeast Georgia Health System (NGHS) was first awarded the MHI grant for Georgia, which was later renamed Healthy Outcomes and Positive Experiences (HOPE) for Georgia Moms, in 2022. Of the 42 MHI award recipients currently awarded, Georgia is unique in that it was written by nurse leaders and awarded to a health system rather than to the department of health or academic institution, as was the case in most states. HOPE for Georgia Moms set out to break down silos and construct a statewide maternal health task force to create and implement a 5-year strategic plan to address maternal health in Georgia. Housing the grant within the health system required nurse leaders to operationalize financial and contractual processes, as well as clinical implementation, to ensure its success.

OPERATIONALIZING GRANT MANAGEMENT THROUGH CHANGE MANAGEMENT

Receiving a $1.5 million grant over multiple years presents an opportunity but requires changing management strategies to align with the health system's existing operational processes. Change management was operationalized using the ADKAR model. The ADKAR model emphasizes awareness, desire, knowledge, ability, and reinforcement.[2] Success depended on the extent to which the leaders and staff in the organization would embrace the purpose of the MHI grant (awareness and desire), drive the integration of new processes into existing ones (knowledge and ability), and recognize the positive effects of the initiative for both the health system and the state (reinforcement) (*Table 1*).

Nurse leaders initiated this change process by articulating the "why" of the initiative to executive leadership, which, in turn, led to processes for fiscal oversight and contracting for operational sustainability. Additionally, frontline nurse engagement was essential across all phases of the ADKAR model. Nurses served not only as end users of new workflows but also as active contributors to design, refinement, and the sustainment of practice change. By positioning nurses as partners in change rather than recipients of it, leaders accelerated implementation, increased the reliability of screening processes, and fostered a sense of ownership that supported long-term sustainability.

Fiscal stewardship of the grant requires the support of leaders and managers within accounting and finance to meet annual financial reporting guidelines at the health system and federal levels. In fact, any grant over $750,000 per year requires an internal audit at NGHS. For this reason, the executive nurse leader built a coalition to define jointly how to track reimbursement of expenses from the grant's federal payment management system to the health system's local bank account. The Health Resources and Services Administration also provided technical assistance to ensure audit management. Fiscal oversight in this case is shared by the executive leaders working in tandem.

The legal oversight of the MHI initiative is no less critical to the success of grant operations within a health system. Here, too, senior legal counsel met with the executive nurse leader to discuss how organizations outside the health system would approve contracts and have deliverables paid first, then reimbursed to the health system from grant funds. The solution was to create a template for subawards that established a standardized, efficient legal review process, thereby integrating a new project tool into this review process that did not exist before the grant.

CLINICAL IMPLEMENTATION THROUGH COLLABORATION

Given that cardiac conditions are the leading cause of pregnancy-related maternal mortality in Georgia,[1] one of the grant's major objectives was to implement the California Maternal Quality Care Collaborative (CMQCC) cardiovascular disease (CVD) risk assessment in the health system.[3] Universal screening for CVD risk in all pregnant and postpartum women is an evidence-based approach for early recognition, diagnosis, management, and treatment to avoid cardiovascular-related complications.[4-6] The CMQCC risk assessment includes a combination of symptoms, vital signs, risk factors, and physical exam findings that

Table 1. Description of the ADKAR Model of Change Management for Operationalizing Grants Within the Health System

Model Step	Description
Awareness	Senior leaders and frontline staff understand maternal morbidity and mortality trends, grant objectives, and program implementation requirements.
Desire	Health system leaders and frontline staff develop a personal commitment when recognizing federal and state commitment to health improvements.
Knowledge	Managers and frontline staff learn how to implement new processes for fiscal management and contract review.
Ability	Support is provided through technical assistance by federal grant administrators and subject matter experts.
Reinforcement	Change is sustained through recognition, performance monitoring, and organizational commitment by leadership.

are scored to determine if a mother is at increased risk (*Figure 1*).

A critical aspect of the successful implementation of the CVD risk assessment was the collaboration between the obstetric (OB) and cardiology teams, which was named the Maternal Cardiac Program (MCP). Key implementers included a cardiology physician champion, a cardiology physician assistant, an OB physician champion, women and children's nurse leaders and educators, and IT staff. These stakeholders agreed on the MCP workflow that reflects a shared understanding of the CVD risk assessment process from patient assessment at intake to follow-up treatment that is triggered in the case of a cardiology referral (*Figure 2*).

The final step was integration of the CVD risk assessment into Epic, the health system's electronic health record (EHR). The clinical nurse leader assessed the clinical office workflow, accompanying IT staff on walk-throughs to identify the best way to integrate the CVD risk assessment tool into the EHR with minimal disruption. Frontline staff, particularly postpartum nurses, were engaged as collaborators in planning and executing the process. Their involvement guided operational decisions on the integration and timing of assessments, ensuring the process was practical and effective. Before the go-live date, the implementation plan included an educational training module developed by a subject matter expert in the health system and a tip sheet created by IT, which provided the tools for effective adoption. In addition, direct support was provided to staff in the first weeks, with shoulder-to-shoulder support to answer questions and address challenges in assessing and entering patient data in the newly created EHR-based tool.

Currently, patients are screened the day after delivery in the postpartum unit at the 3 NGHS campuses with OB units. From August of 2023 to December of 2025, a total of 12,346 patients were screened, resulting in 451 positive screens (3.7% positivity rate). Of the 451 positive screens, 353 were seen by cardiology (87%). There has been an increase in awareness of CVD risk factors since the program's inception, and providers can make referrals outside of positive screens when they deem it necessary. Of the 11,895 that did not screen positive, 1284 received a referral and were seen by cardiology (10%). These findings demonstrate not only feasibility but also clinical value. The identification of previously unrecognized cardiovascular risk and the high rate of completed cardiology follow-up highlight the effectiveness of standardized screening in improving early detection and care coordination. Importantly, the relatively low positivity rate, balanced with targeted referrals, suggests that universal screening can be implemented without overwhelming specialty services. This balance is critical for scalability and supports broader adoption across health systems seeking to improve maternal outcomes while maintaining operational efficiency.

The impact of MCP extends beyond the walls of a single health system. NGHS was the first health system in the state to successfully standardize universal screening and integrate the CVD risk assessment into the EHR, and has served as a model for statewide adoption. Implementation strategies, clinical workflows, and lessons learned have been shared with health systems across Georgia, accelerating broader uptake of maternal cardiac screening practices.

BUILDING A STATEWIDE TASKFORCE

Operational integration and clinical implementation within the health system were only part of the grant execution process. Early strategic planning confirmed that although nurse leaders are instrumental in leading

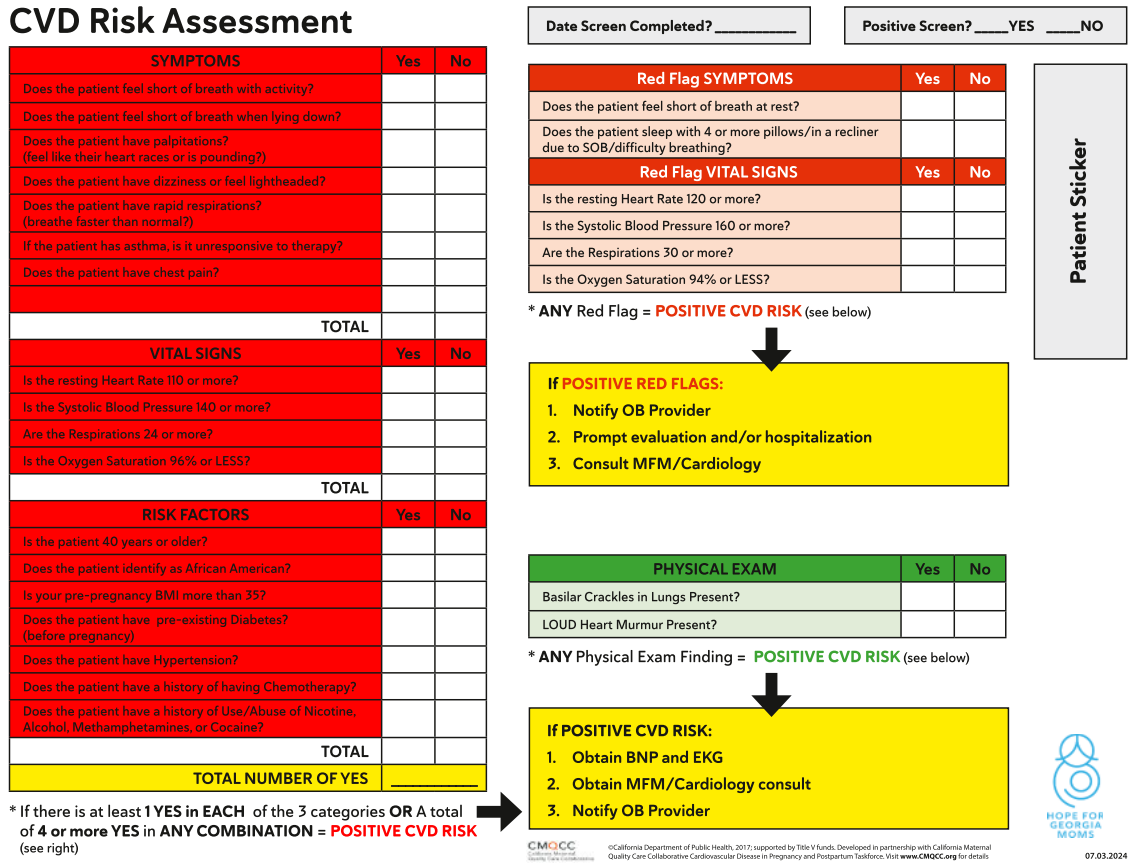

Figure 1. CVD Risk Assessment Based on CMQCC Scoring of Symptoms, Vital Signs, and Risk Factors
CMQCC, California Maternal Quality Care Collaborative; CVD, cardiovascular disease.

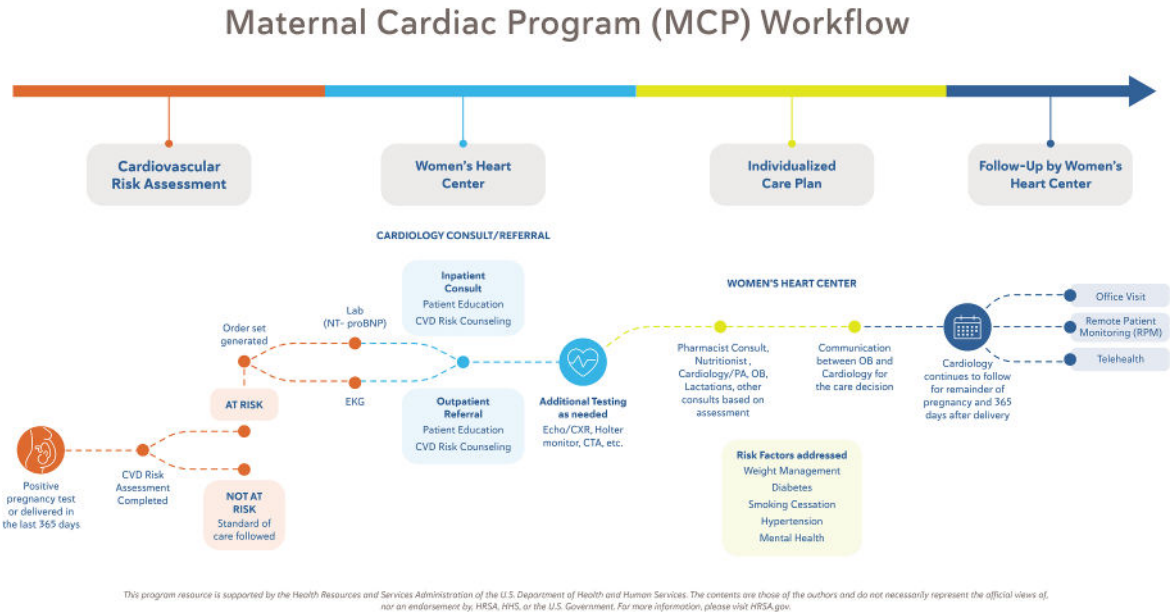

Figure 2. MCP Workflow for CVD Risk Assessment, Referral, and Treatment of Patients
CTA, computed tomography angiography; CVD, cardiovascular disease; CXR, chest X-ray; EKG, electrocardiogram; MCP, Maternal Cardiac Program; NT-proBNP, N-terminal pro–B-type natriuretic peptide; OB, obstetrics; PA, physician assistant; RPM, remote patient monitoring.

Figure 3. HOPE for Georgia Moms Task Force, With 3 Focus Areas, Carried Out by Subcommittees HOPE, Healthy Outcomes and Positive Experiences.

and sustaining change, the team needed to expand into other cross-cutting sectors. The HOPE team is the convener of the Georgia Maternal Health Task Force (MHTF) and leads subcommittees focused on clinical, community advocacy, and data initiatives to execute a 5-year strategic plan for Georgia. A network of strong collaboration began to unfold as the MHI team added public health, community, academic, professional association, policy leaders, and patient advocates to the task force. The MHTF currently consists of over 60 maternal health stakeholders who work collaboratively to create measurable action to carry out strategies in 3 focus areas: maternal cardiac, mental health, and postpartum care access through its MHTF subcommittees of Clinical Care Initiative and Equitable Experiences; Community: Advocacy, Respectful Care, and Equity; and Maternal Health Data (*Figure 3*). Together, these efforts demonstrate how structured management change, interdisciplinary collaboration, and nurse-led leadership can translate a federal innovation grant into measurable clinical and statewide impact.

A CALL TO ACTION FOR NURSE LEADERS

The experience of implementing Georgia's MHI grant shows that nurse leaders are uniquely positioned to convene, operationalize, and sustain large-scale systems change. Nurses understand the continuum of care, from the bedside realities that flow into the community to the need to operationalize clinical insight. However, sustainable MHI requires shared ownership of the problem and the solution. Although HOPE for Georgia Moms was conceived and led by nurse leaders, its strength lies in deliberate inclusion of public health, academic, community, and payor considerations despite competing health systems.

Nurse leaders across the country should consider how their organizations can serve not only as providers of care but also as conveners of statewide solutions. Whether through federal innovation grants, cross-sector task forces, or aligned quality initiatives, the path forward requires courageous leadership, disciplined change management, and sustained commitment to equity. The future of maternal health will not be determined by isolated excellence within individual institutions. It will be shaped by leaders willing to build bridges across them.

CREDIT AUTHORSHIP CONTRIBUTION STATEMENT

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DECLARATION OF COMPETING INTEREST

The authors declare that they have no competing interests.

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