



OB Advisory Workgroup

October 9, 2017

12:00 – 1:30 PM

Overview

- General Updates
- Annual Conference
- HTN Initiative Sustainability
- MNO
- Next Steps

New Project Coordinator

- Welcome to **Dan Weiss**, MPH, our new ILPQC Project Coordinator
- Dan has an MPH from UIC, experience working at Lake County Health Department, and a passion for maternal child health
- Please help us to welcome Dan to the ILPQC team! He is looking forward to working with you.

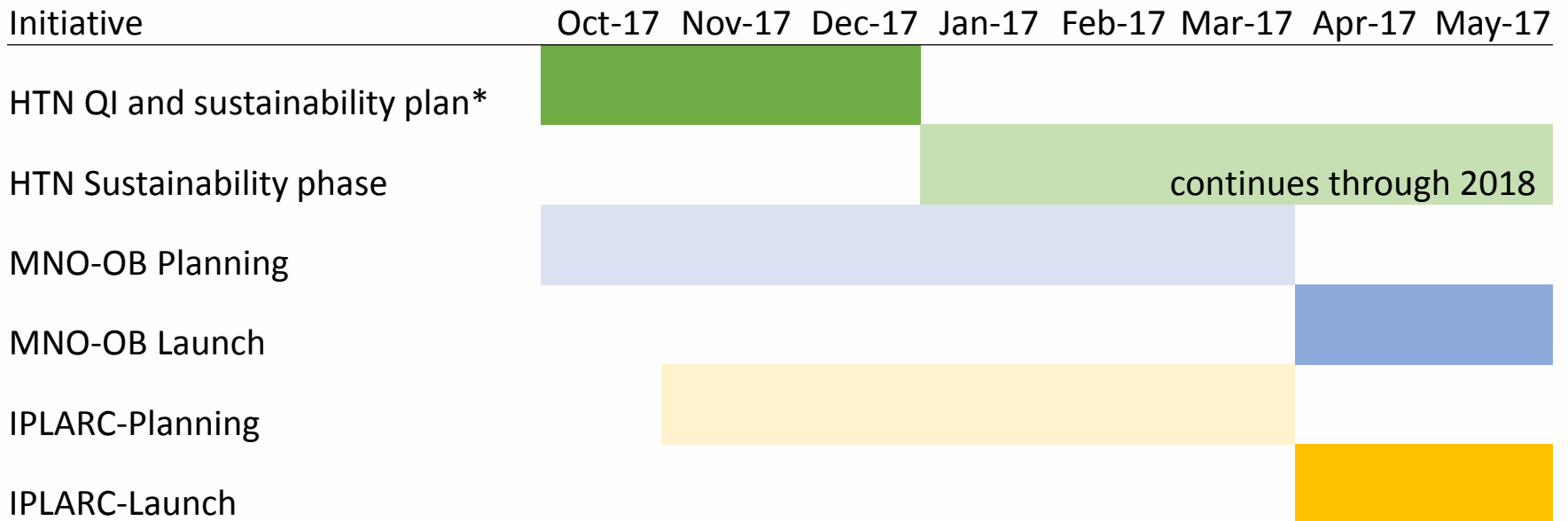
Funding Updates

- This funding year we have grants from
 - CDC - MNO
 - IDPH - MNO
 - Pritzker - LARC
 - DHS – Sustainability and meetings
- Looking ahead: Sustainable funding planning with legislative advisory group in progress

ILPQC Timeline



ILPQC OB Project Timeline



*HTN Teams work to achieve QI award criteria and plan for sustainability phase

Save the Date!



ILPQC 5th Annual
Conference

Tuesday,
December 19

Westin Lombard



Annual Conference Hotel Block Room Reservations

- <https://www.starwoodmeeting.com/events/start.action?id=1710035949&key=21CC118E>
- Group rate of \$139 single/double available until Nov 27, 2017



2017 Annual Conference

Agenda – In Progress



8:00-8:45	Welcome- TBD Year in review- Ann
8:45-9:30	Keynote- Matthew Grossman (MNO, Neonatal/Newborn)
9:30-9:45	Break
9:45-11:15	Panel – 3 leaders from state PQC initiatives (Carole Lannon, OH; TN?, FL?)
11:15-12:00	Plenary- Tamela Milan (MNO, Patient & Family)
12:00-1:30	Lunch & Poster Session
1:30-2:15	Plenary- Miska Terplan? (MNO, OB)
2:15-3:00	Plenary - Amy Crockett? (IPLARC)
3:00-3:15	Break
3:15-5:00	Breakouts: OB, Neo, Patient & Family Engagement
5:00-5:15	Wrap-Up & Evaluation

NOW ACCEPTING Poster Session Abstracts for 5th AC



- **All teams** submit an abstract sharing the great Severe Maternal HTN QI work they've done, including their **plans for sustainability / on going work in 2018**
- Welcome to submit additional abstracts regarding mothers / newborns affected by opioids, IPLARC, and patient & family engagement or other QI projects teams want to share.
- Submit abstracts by November 13th to qualify for awards of excellence
- Late Breaking abstracts may be submitted through Nov 27th

Submit abstracts through link below:

https://www.surveymonkey.com/r/ILPQC_5th_ACAbstractSubmission

Physicians - Earn MOC Part IV for Participating in ILPQC HTN Initiative



For Obstetrician-Gynecologists (ABOG)

DUE: November 27, 2017

- Both Provider and QI team lead [Respond to MOC Attestation Survey](#) via Survey Monkey

For Multi-Specialty Physicians (ACOG MSPP)

DUE October 27, 2017

- Providers [Respond to Physician Attestation Survey](#) via Survey Monkey

Maternal HTN Initiative Data & Education

Collaborative Data Review
QI Support Plan Updates

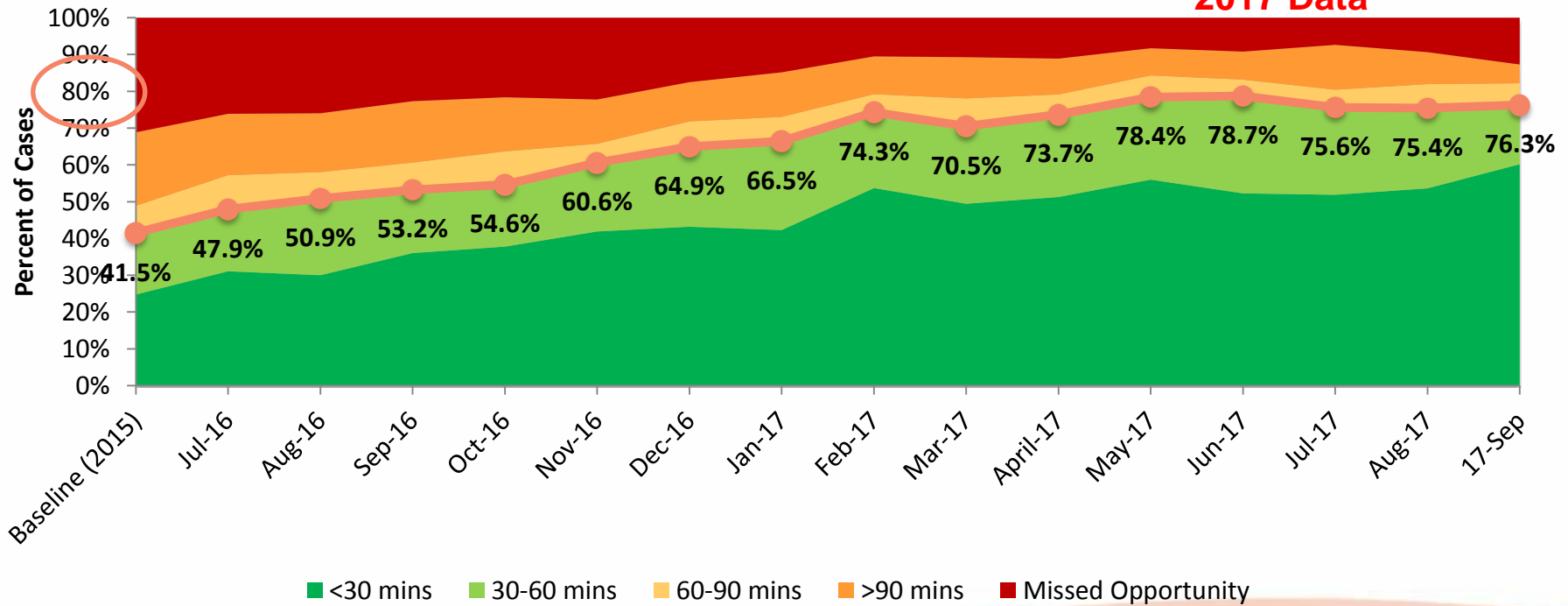


Maternal Hypertension Data: Time to Treatment



ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated in <30,
30-60, 60-90, >90 minutes or Not Treated
All Hospitals, 2016-2017

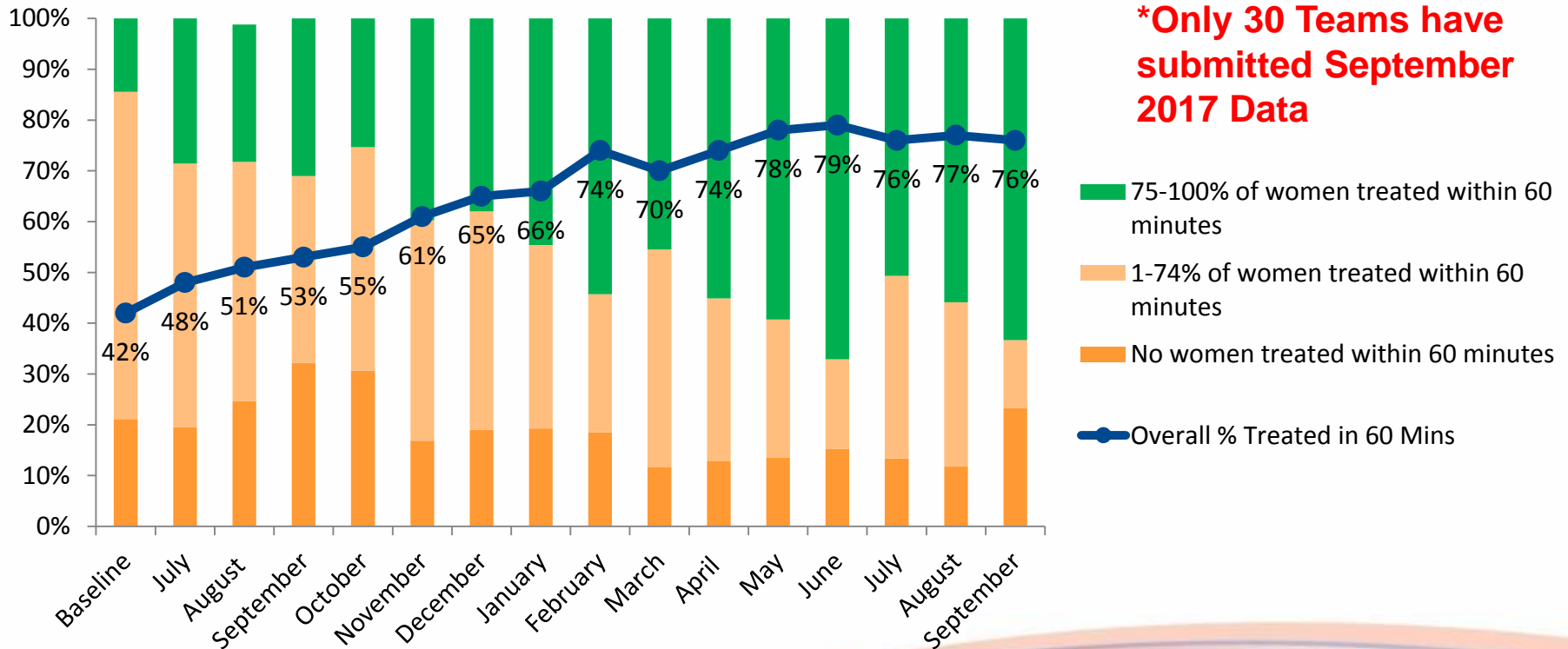
***Only 30 Teams have submitted September 2017 Data**



Maternal Hypertension Data: Time to Treatment



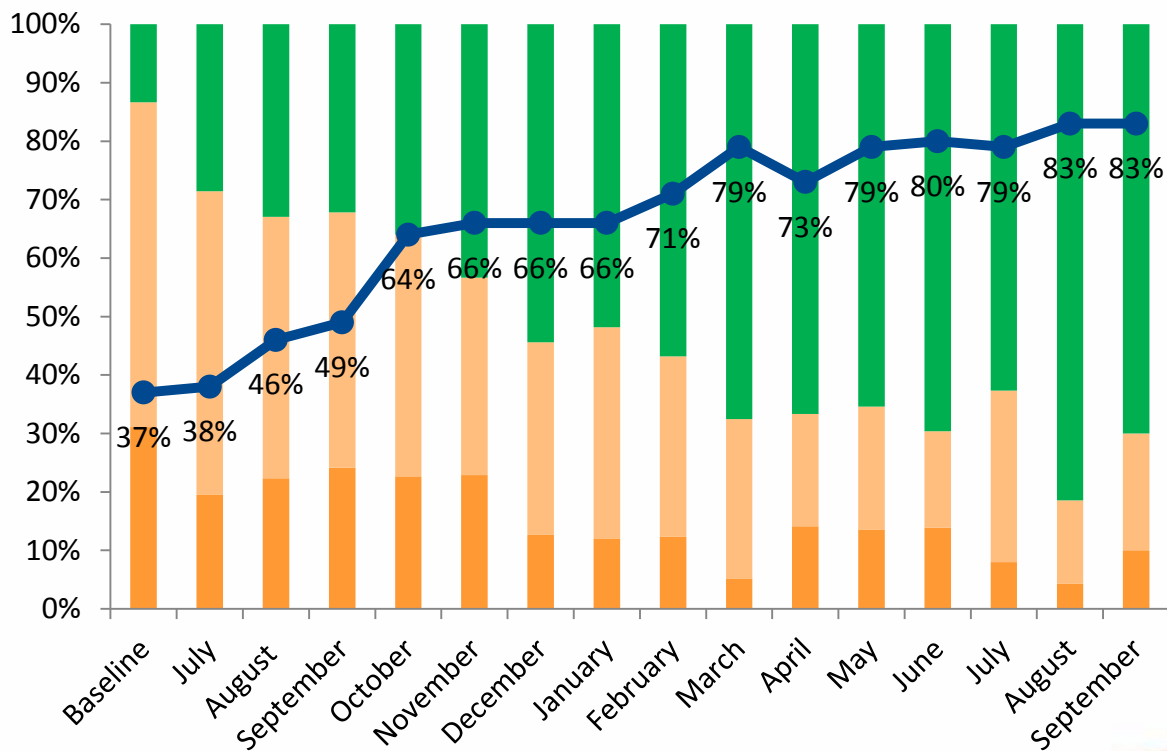
ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals that Treated Cases with New Onset Severe Hypertension within 60 Minutes
All Hospitals, 2016-2017



Maternal Hypertension Data: Patient Education



ILPQC: Maternal Hypertension Initiative Percent of All Reporting Hospitals Where Women Received Discharge Education Materials All Hospitals, 2016-2017



***Only 30 Teams have submitted September 2017 Data**

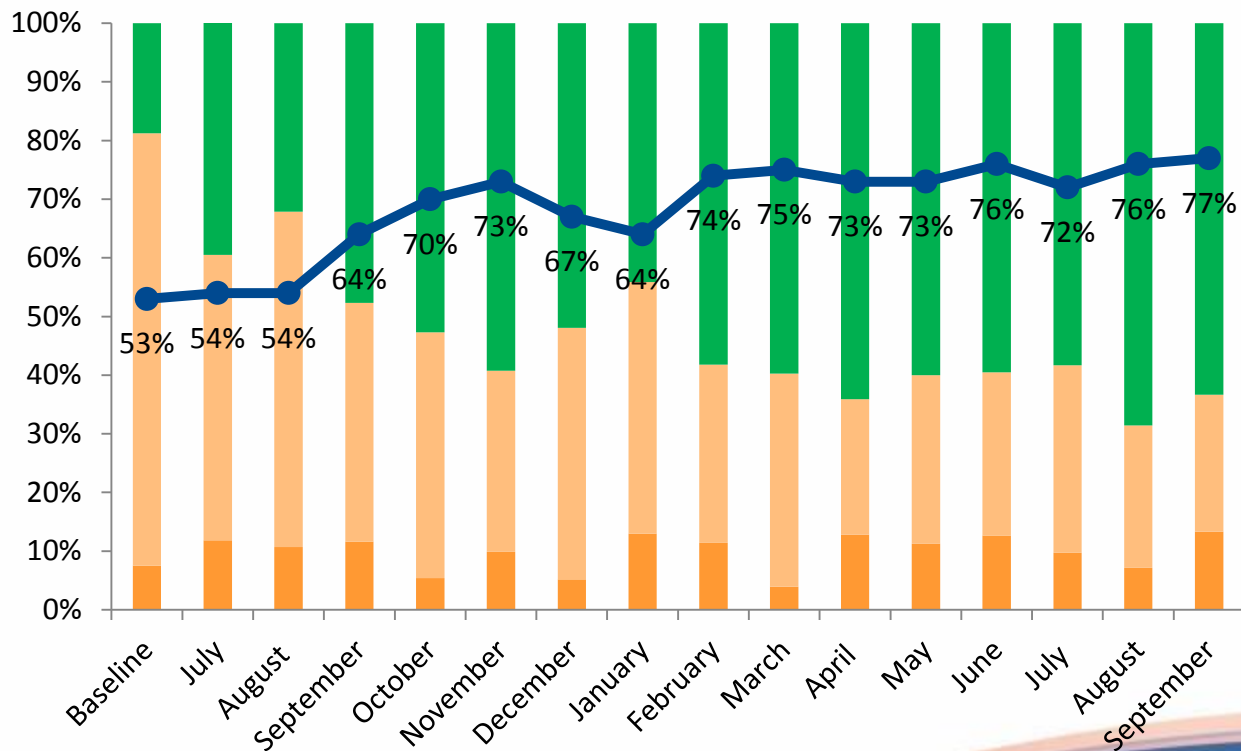
- 75-100% of women received discharge materials
- 1-74% of women received discharge materials
- No women received discharge materials
- Overall % Received Materials at Discharge

Maternal Hypertension Data: Patient Follow-up



ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals Where Follow-up Appointments were Scheduled within 10 Days
All Hospitals, 2016-2017

***Only 30 Teams have submitted September 2017 Data**

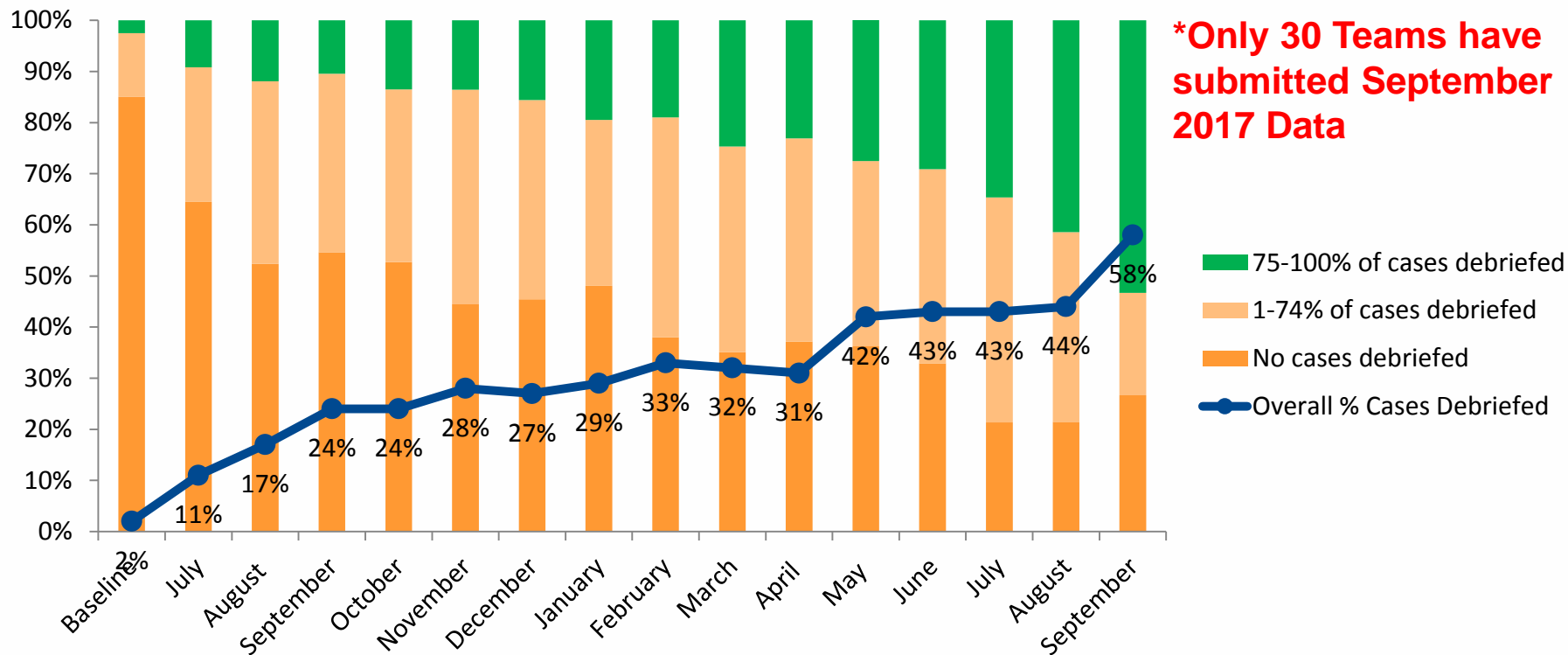


- 75-100% of women with follow up
- 1-74% of women with follow up
- No women with follow up
- Overall % With Follow Up

Maternal Hypertension Data: Debrief



ILPQC: Maternal Hypertension Initiative Percent of All Reporting Hospitals Where Cases of New Onset Severe Hypertension were Debriefed All Hospitals, 2016-2017



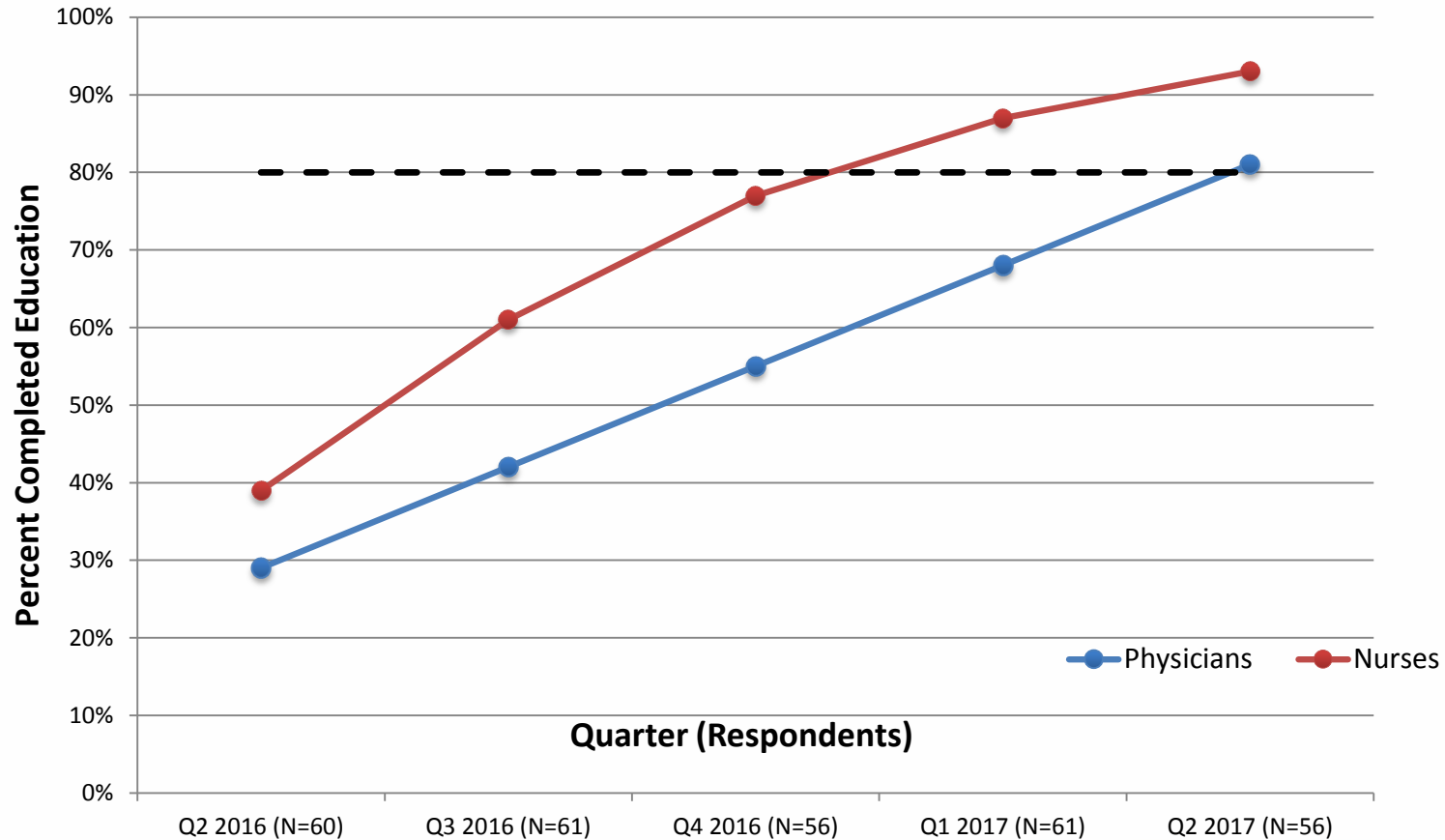
Severe Hypertension Data Entry Status



	Total Records	# Teams with Data
Baseline (2015)	1644	90
July	591	77
August	659	85
September	573	87
October	517	75
November	566	83
December	570	79
January	566	83
February	510	81
March	559	77
April	505	78
May	592	81
June	508	79
July	534	75
August	533	70
September	124*	30*
Overall	11051	102

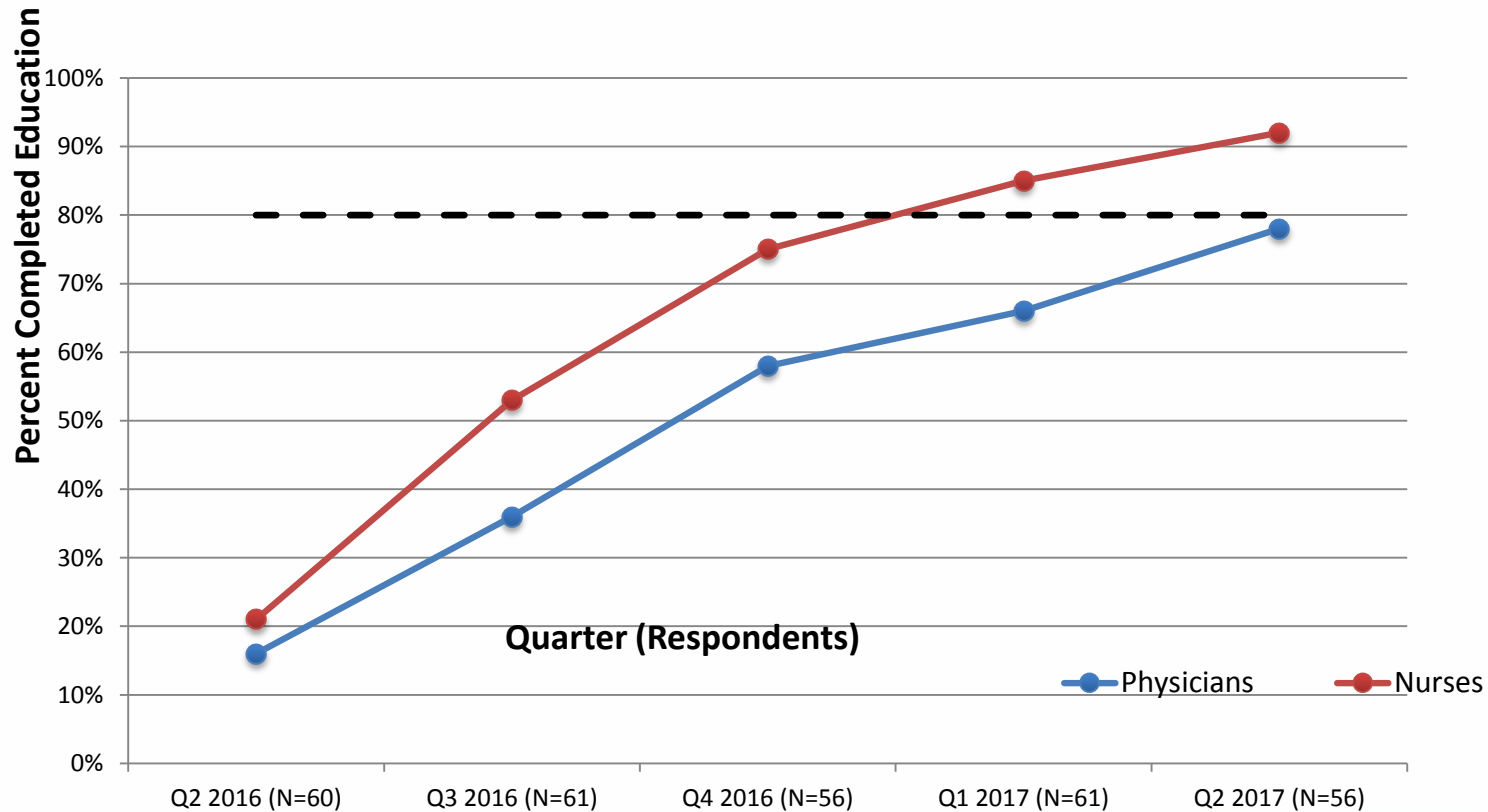
Provider & Nurse Education

Cumulative percent of OB providers and nurses completed (within last 2 years) clinical education on Severe HTN/Preeclampsia



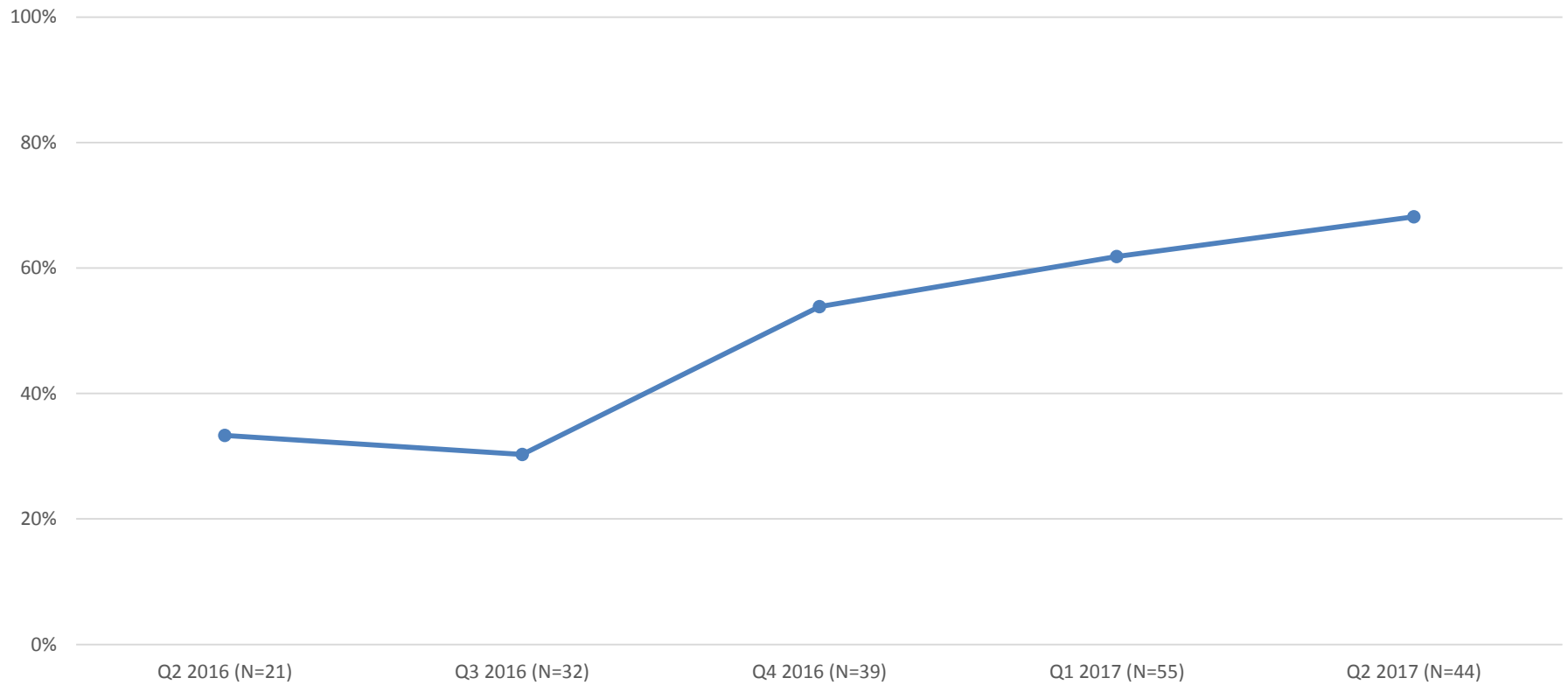
Provider & Nurse Education

Cululative percent of OB providers and nurses completed (within the last 2 years) implementation education on the Severe HTN/Preeclampsia bundle elements and unit-standard protocol



Implementation Checklist: Facility-wide Protocols and Treatment

Percent of hospitals with Facility-wide standard protocols with checklists and escalation policies for management and treatment



OB Teams Monthly Calls: Back to the Bundle



Call Date	Topic	Volunteers
June 26 12:30 – 2:30 pm	Readiness - Implementing Provider / Staff Education across units and Checklists	Lori Andriokos
July 24 12:30 – 1:30 pm	Recognition & Prevention – Implementing Early Recognition Protocols (MEWS) and Patient Education	Felicia Fitzgerald
August 28 12:30 – 1:30 pm	Response - BP Medication and Treatment Algorithms	Soti Markuly, Jim Keller
September 25 12:30 – 1:30 pm	Reports/System Learning – Drills, Simulations, and Team Communications	Angela Rodriguez
October 23 12:30 – 1:30 pm	Sustainability Planning	Deb Miller
November 27 12:30-1:30	Sustainability Planning	

QI Topic Call

- Lisa Sullivan- Clinical Director L&D, Northwestern Medicine Central DuPage Hospital
- Topic: Systems Change Strategy: Hypertension Policy and Escalation Algorithms
- Thursday, November 2nd (12pm – 1pm CT)
- Call-in information:
 - Conference Line: 1-877-860-3058
 - Guest Code: 850 207 6731

Maternal HTN Initiative Sustainability



Maternal HTN Initiative



Sustainability Planning for 2018

- 3 key elements to include for sustainability plans 2018:
 - Compliance monitoring via ILPQC Data System
 - Treated within 60 minutes
 - Administered Magnesium Sulfate
 - Patient education
 - Follow up scheduled 7-10 days
 - Ongoing education for providers and nurses: including drills / simulations or other ideas, on-line modules if not done
 - Education for new hires: on-line modules or other
- How to support team efforts to build a sustainability plan for 2018?

Sustainability Data Collection Form in REDCap:

ILPQC Maternal Severe HTN Compliance Form



[VIDEO: Basic data entry](#)

Actions: Download PDF of instrument(s) ▾

Maternal Severe HTN Compliance Form

Assign record to a Data Access Group? -- select a group -- ▾

Adding new Record ID 1

Record ID	1
Hospital ID	<input type="text"/>
Date of Maternal severe HTN (BP systolic \geq 160 and/or diastolic \geq 110)	<input type="text"/> <input type="button" value="Today"/> M-D-Y
How long after the BP reached systolic \geq 160 and/or diastolic \geq 110 and persistent for 15 minutes was first BP medication given?	<input type="radio"/> < 30 mins <input type="radio"/> 30-59 mins <input type="radio"/> 60-89 mins <input type="radio"/> >90 mins <input type="radio"/> BP came down without medication <input type="radio"/> No action taken
Was Magnesium Sulfate administered?	<input type="radio"/> Yes <input type="radio"/> No
Discharge Management: Was a follow-up appointment scheduled for within 3-10 days (for all women with any severe range hypertension/preeclampsia)?	<input type="radio"/> Yes <input type="radio"/> No
Discharge Education: Were education materials about preeclampsia given?	<input type="radio"/> Yes <input type="radio"/> No
Form Status	
Complete?	<input type="text" value="Incomplete"/> ▾
<input type="button" value="Save Record"/> <input type="button" value="Save and Continue"/>	
<input type="button" value="-- Cancel --"/>	

Continue monthly reporting on 4 key process measures in short form with access to graphs

Sustainability: Help teams focus on key strategies

- Staff education and standardized BP measurement
- Rapid access to medications
- IV treatment of BP's ≥ 160 mmHg systolic or $\geq 110(105)$ mmHg diastolic within 1 hour
- Uniform policy for magnesium sulfate
- Early postpartum follow-up
- Standardized postpartum patient educational materials.

Goals: How are we doing?

- Culture change in all units – how do you get there?
 - Post visual reminders
 - Educate *all* providers/nurses on protocols
 - Apply implementation checklist
 - Share your data: providers, staff, leadership
- Sustainability across all units
 - System changes build in optimal care: Every provider, every nurse, every unit, every patient, every time

What are you hearing from teams on education progress and resources? Sustainability?

OB Teams Survey 2017

OB Teams Annual Survey: To Launch Oct. 23



- One survey per team, Completer name and hospital
- Hospital administrator name and address
- Patient team member Y/N and assistance needed to engage patient team member (text)
- Sustainability plan and criteria Y/N and barriers (text)
- Steps taken most effective to culture change through implementation of education program and barriers (text)
- Steps taken most effective to system change through implementation of standard protocol in all units and barriers (text)

OB Teams Annual Survey: To Launch Oct. 23



- Rate QI support strategies in second year of HTN (1-5)
- Additional feedback on HTN Initiative
- Plans to participate in IPLARC, MNO-OB, and HTN sustainability (check boxes)
- Rank potential future OB projects for 2020 and beyond
 - Vaginal birth
 - Hemorrhage
 - VTE
 - Breastfeeding/breastmilk
 - 17-OHP
 - Maternal mental health
 - Optimizing postpartum care

OB Teams Annual Survey: To Launch Oct. 23



- Other OB improvement areas of interest (text)
 - Rank QI topics by interest
 - Other QI topics (text)
 - QI training /resources available at hospital (text)
 - Other recommendations (text)
-
- TEST SURVEY LINK for review by OB Advisory Group
https://www.surveymonkey.com/r/Preview/?sm=AyXPN5MF832901VPwFzIGTXLVLVLFfmhnecQxIL_2F8DpUp2CzXBOEQjyic_2BLjjZ0f

ANNOUNCING:



QUALITY IMPROVEMENT RECOGNITION AWARDS

ILPQC SEVERE MATERNAL HYPERTENSION INITIATIVE

GOLD

- ✓ Structure Measures
+
- ✓ **All 4** Process
Measure goals met

SILVER

- ✓ Structure Measures
+
- ✓ **3 of the 4** Process
Measure goals met

BRONZE

- ✓ Structure Measures
+
- ✓ **2 of the 4** Process
Measure goals met

DETERMINED BY DATA* FOR QUARTER 3 OF 2017
(PLEASE SUBMIT NO LATER THAN NOVEMBER 15TH)**

TO BE AWARDED AT 5TH ANNUAL ILPQC CONFERENCE: DECEMBER 19, 2017

**SEVERE HTN DATA, AIM QUARTERLY MEASURES, & IMPLEMENTATION CHECKLIST*

***QUARTER 3 INCLUDES JULY, AUGUST, SEPTEMBER & OCTOBER 2017*

PROCESS MEASURES WILL BE EVALUATED BASED ON OCTOBER 2017 DATA

Award Criteria

Award Criteria for IL Maternal Hypertension Hospital Teams:

Structure Measures: MUST HAVE BOTH

- ❏ *Severe Maternal HTN Policies in place in all units (Implementation Checklist question 1 A-C)*
 - ❏ Standard protocols for early warning signs, updated diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia on L&D, Antepartum/Postpartum, Triage
- ❏ *Provider & Nursing education: $\geq 80\%$ of providers and nurses educated (AIM Quarterly Measure)*

Process Measures: 4 / 4, 3 / 4, or 2 / 4

- ❏ Time to treatment ≤ 60 minutes: $\geq 80\%$ of cases
- ❏ Debrief: $\geq 30\%$ of cases
- ❏ Discharge education: $\geq 70\%$ of cases
- ❏ Follow-up appointments scheduled within 10 days of discharge: $\geq 70\%$ of cases

QI Awards Outreach to Teams



- Encourage outreach to all teams to make sure they are aware of Nov 13 deadline to submit data for QI awards
- Must have > 80% of providers / nurses educated on Maternal HTN Initiative
- Must have HTN policies in place across units
- Must meet goals for Time to Treatment, Education, Debriefs, Follow up (2/4, 3/4, 4/4)

Helping teams meet goals

- Encourage monthly team QI meetings for ALL teams
 - Review your monthly severe HTN data and what you need to accomplish to obtain a QI Award at the Annual Meeting
 - Confirm structure measures in place and submit in AIM Quarterly Measures form for Q3: 1) policy across all units, 2) Education > 80%
 - Develop sustainability plan
 - Plan your poster abstract
- Contact us if you need help interpreting your data
- Share your goals and post what needs to be accomplished with your providers and staff

Next Steps

- Next 3 months: helping teams to submit data and meet goals
 - >80% for Time to Treatment
 - Meet goals for QI Awards at Annual Meeting
 - Structure measures
 - >80% staff/providers Maternal HTN education
 - Maternal HTN policies in place across units
- Submit abstracts and register team for Annual Meeting
- Sustainability Phase: Develop plan, Implement sustainability data collection and monitoring
- Get involved with MNO, IPLARC planning

Open Discussion

- Any other comments?
- What have you been hearing at your hospital or network about HTN work?
 - Share successes
 - Share challenges
 - Share questions
 - Best methods to support teams making systems level changes to reduce time to treatment
 - Best methods to support teams engaging patients advisors for their ILPQC hospital team.

Mothers and Infants Affected by Opioids (MNO) Initiative

MNO – OB Planning Activities



- Inviting MNO OB Members to participate in OB Advisory Group
 - Barb Parilla
 - David Ouyang
 - Elyssa Galloway
 - Heather Stanley-Christian
 - Sherry Jones
 - Tamara Smith
- Member of ACOG AIM Opioid Collaborative to implement AIM Opioid Bundle launching this fall
- Develop Draft QI Aims, Measures, Key Drivers Diagram
- Review data forms from other collaborative

MNO Resources



- Alignment with IL Opioid Action Plan - prevention, treatment, rescue:
<http://dph.illinois.gov/sites/default/files/publications/Illinois-Opioid-Action-Plan-Sept-6-2017-FINAL.pdf> and ACOG
 - Use of PNP by perinatal providers
 - Use of safe prescribing practices for routine cesarean and vaginal birth
 - Increase access to treatment for moms and services for newborns

MNO Resources

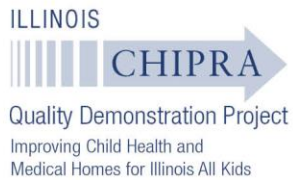


- Alignment with AIM Opioid Bundle
<http://safehealthcareforeverywoman.org/patient-safety-bundles/obstetric-care-for-women-with-opioid-use-disorder/>
 - Readiness
 - Recognition and Prevention
 - Response
 - Reporting and Systems Learning

MNO Resources

- Alignment with ACOG CO
<https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Opioid-Use-and-Opioid-Use-Disorder-in-Pregnancy>
 - Early universal screening
 - Brief intervention
 - Referral to Tx / Opioid agonist pharmacotherapy
 - Avoid/minimize use of opioids for pain
 - Adapt OB care
 - Safe prescribing practices
 - Postpartum support

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