



# OB Advisory Workgroup

September 11, 2017

12:00 – 1:30 PM

# Overview

- General Updates
- Patient and Family Engagement
- Annual Conference
- HTN Initiative
- MNO
- Next Steps

# Funding Updates

- CDC Grant
- Pritzker Grant
- Sustainable Funding planning with legislative advisory group

# 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
- Started September 5, 2017
- Thanks for your patience and understanding as we work to develop our team!

# ILPQC Timeline

- HTN initiative through December 2017, planning sustainability phase into 2018
  - Teams will decide if want longer sustainability phase
- Golden Hour through December 2017
- ILPQC NAS Workgroup now meeting monthly and start date to be determined, plan to start 2018
- Additional initiatives in 2018 based on funding and readiness of teams
  - Immediate Postpartum LARC implementation
  - Optimizing Vaginal Birth / Reducing Cesarean

# Identifying Patient/Family Advisors



- Patient Advisory Matching Program Pilot: 6-10 Preeclampsia Foundation patient volunteers ready to be matched with hospitals
- Congratulations to Edward Hospital for their addition of a patient advisory to their team!
- ILPQC reached out to team leads at delivery hospital and sent 2-3 follow up to team and physician leads
- Discussion: Outreach strategies? Contact Perinatal Network Administrators to notify them of these opportunities?

Save the Date!



ILPQC 5<sup>th</sup> Annual  
Conference

Tuesday,  
December 19

Westin Lombard



# 2017 Annual Conference Shell Agenda



8:00-8:45	Welcome- TBD Year in review- Ann
8:45-9:30	Keynote- Mothers and newborns affected by opioids (MNO, Newborn)
9:30-9:45	Break
9:45-11:15	Panel – 3 leaders from state PQC initiatives
11:15-12:00	Plenary- Patient & Family Engagement
12:00-1:30	Lunch & Poster Session
1:30-2:15	Plenary- MNO, OB OR QI Talk
2:15-3:00	Plenary- IPLARC
3:00-3:15	Break
3:15-5:00	Breakouts: OB, Neo, Patient & Family Engagement
5:00-5:15	Wrap-Up & Evaluation

# Keynote - Opioids

- Newborn Perspective
  - Eat, Sleep, Console (Matthew Grossman, MD, Yale, Innovations in NAS identification and Tx)\*
  - Rooming-in (Allison Holmes, MD, QI experience around NAS Tx)
  - NAS Scoring and Reliability (Karen D’Apolito, PhD, RN, Vanderbilt, Finnegan Score Focused)
  - Elizabeth Krans, MD, MSc (AIM, Pittsburgh)
  - Miskha Terplan, MD, MPH (AIM, Virginia)
  - Trauma-informed care (Mary Caughlin, RN)
  - Buprenorphine for treatment of NAS (Walter Kraft, MD, research on medication tx)

# Plenary - Opioids

- OB Perspective
  - Michale Marcotte, MD (OPQC)
  - Susan Ford, RN (OPQC)
  - Elizabeth Krans, MD, Pittsburgh (ACOG AIM Bundle)
  - Miskha Terplan, MD, Virginia (ACOG AIM Bundle)
  - Cresta Jones, MD (MN, involved in WI QI)

# Other Plenary Ideas

- IPLARC
  - Amy Crockett/ BZ Giese
  - TBA OPQC FHQC Infant Vitality Initiative
- Applied QI
  - Carol Lannon, MD or Jay Iams, MD (OPQC)  
Integrating the IHI model for improvement into team structure and activities
  - Christian M Pettker, MD, Yale Patient Safety, MFM

# Other Plenary Ideas Cont.

- Patient /Family Engagement
  - Mom with opioid / NAS experience with national speaking experience (Tamela Milan)
    - Spoke last week at a Quality Symposium in Vermont, two talks:
      - personal story overcoming heroin and cocaine abuse
      - reaching diverse, underserved communities in respectful and collaborative ways
    - Serves on the EverThrive Board of Directors, Illinois CHW Advisory Board, Co-Chair of the Westside Healthy Start Community Action Network
  - Co-Producing Care with Patients and Families, Maren Batalden, MD (FPQC)

# PQC Leader Panelist Ideas

- Primary focus:
  - Opioids (OPQC, MPQC, TIPQC, FPQC-early),
  - LARC (SCBOI, OPQC),
  - HTN Sustainability (CMQCC, FPQC, PQCNC),
  - GH Sustainability (TIPQC, FPQC)
  - OH, TN, and FL PQCs stand out as crossing over several topics
- *Secondary focus:* Hemorrhage, Optimizing Vaginal Birth, VTE, Antibiotics

# Discussion

- Which keynote and 3 plenary's are most important? (Opioid-Newborn, Opioids-OB, Patient Engagement, IPLARC, QI)
- Which speakers could serve as both plenary speaker and panelist? Contribute to breakouts?
- How to fit in more time for discussion?
- Any other suggestions?

# Maternal HTN Initiative Data & Education

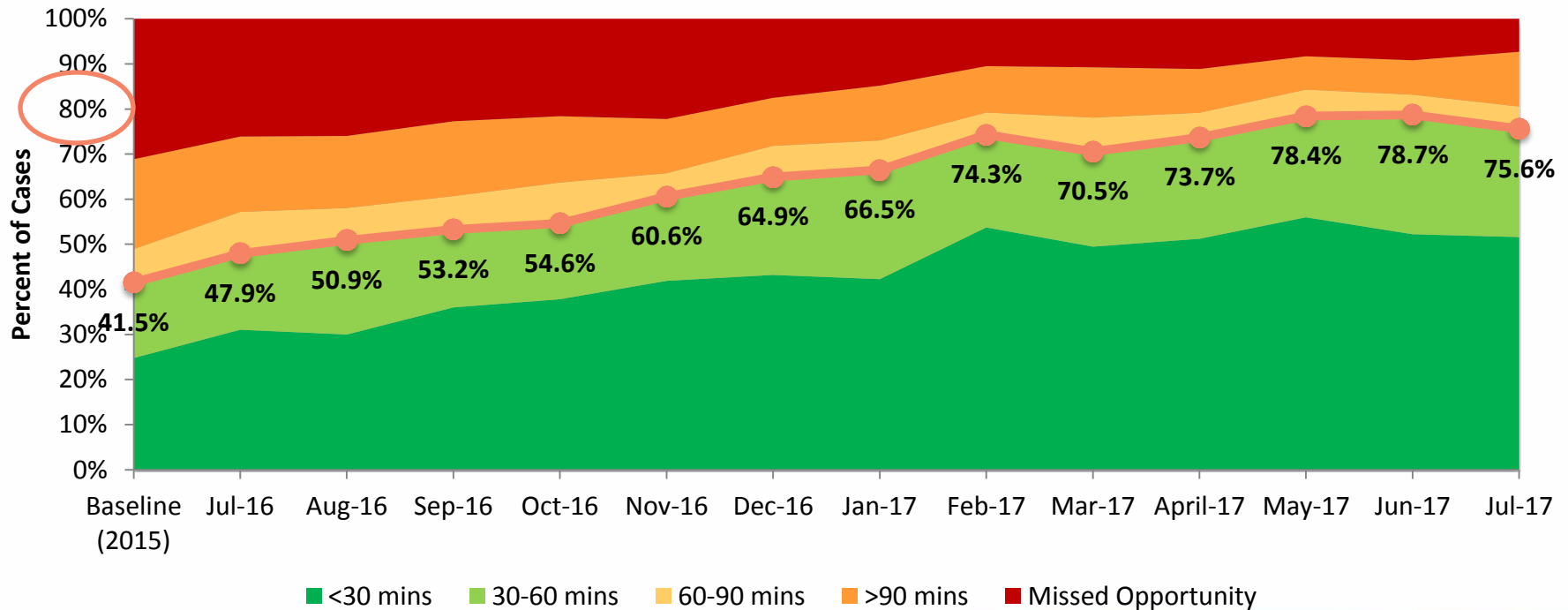
Collaborative Data Review  
QI Support Plan Updates



# Maternal Hypertension Data: Time to Treatment



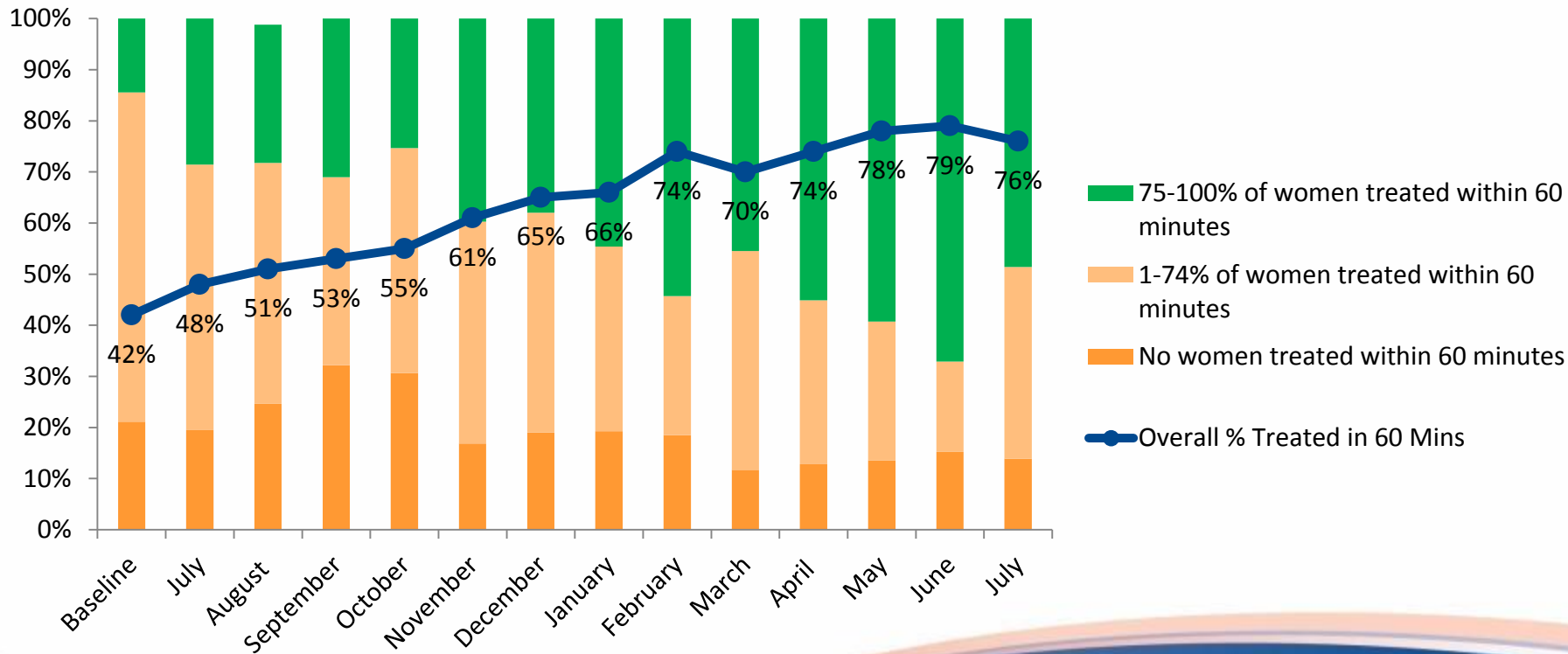
**ILPQC: Maternal Hypertension Initiative**  
**Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, 60-90, >90 minutes or Not Treated**  
**All Hospitals, 2016-2017**



# Maternal Hypertension Data: Time to Treatment



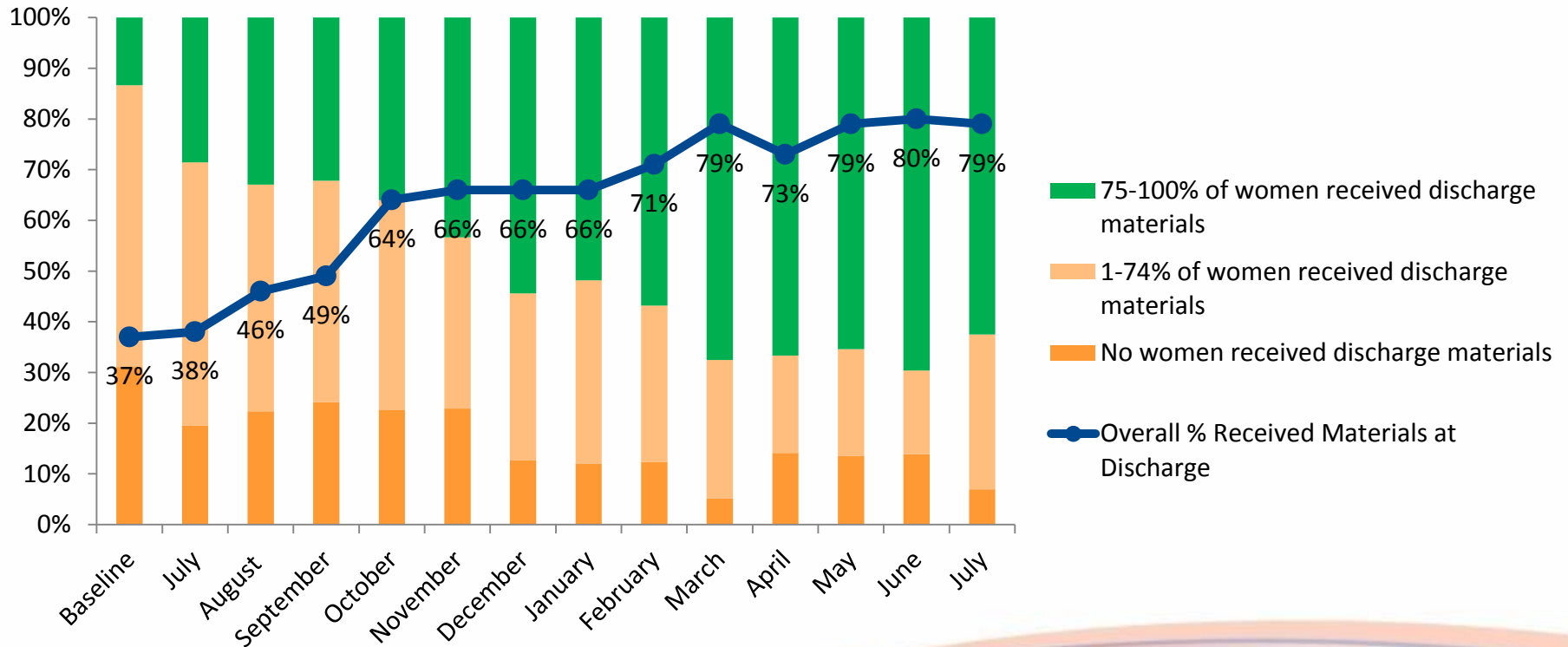
**ILPQC: Maternal Hypertension Initiative**  
**Percent of All Reporting Hospitals that Treated Cases with New Onset Severe Hypertension within 60 Minutes**  
**All Hospitals, 2016-2017**



# Maternal Hypertension Data: Patient Education



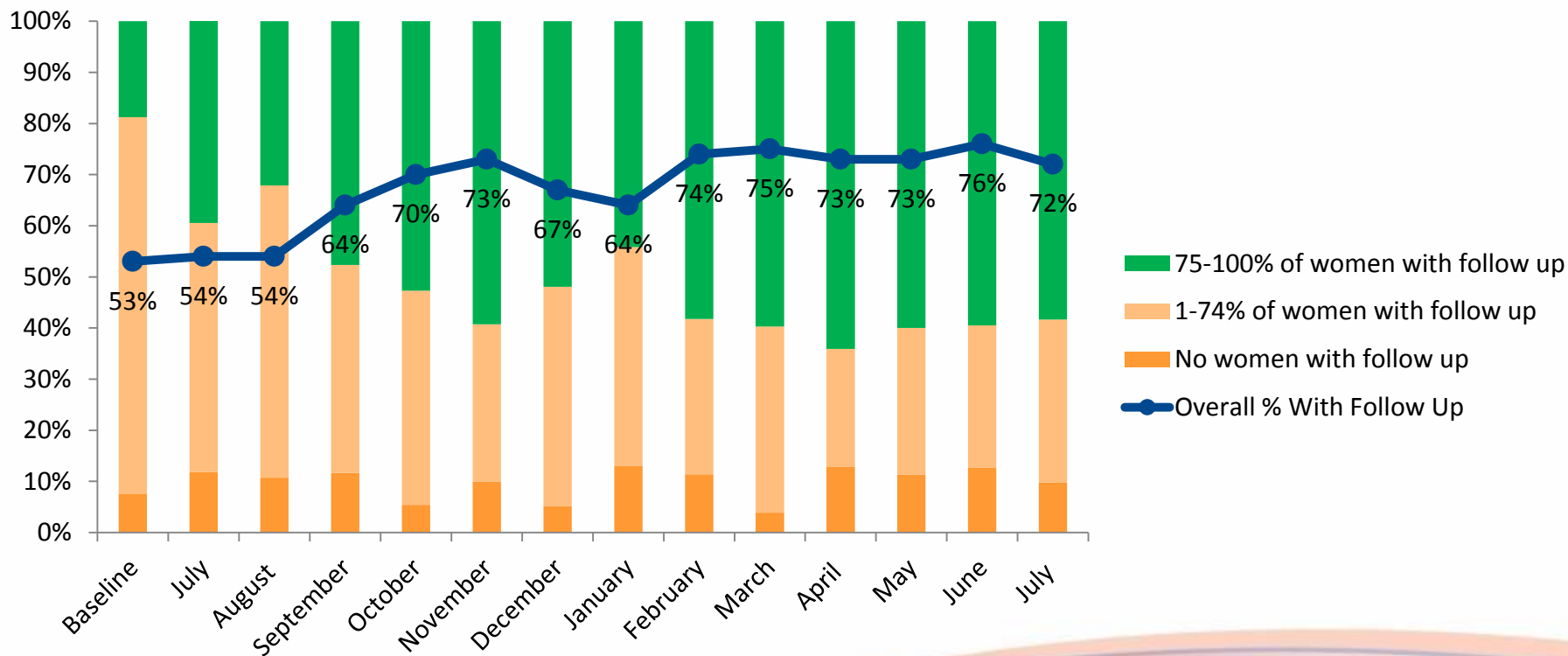
**ILPQC: Maternal Hypertension Initiative**  
**Percent of All Reporting Hospitals Where Women Received Discharge**  
**Education Materials**  
**All Hospitals, 2016-2017**



# Maternal Hypertension Data: Patient Follow-up



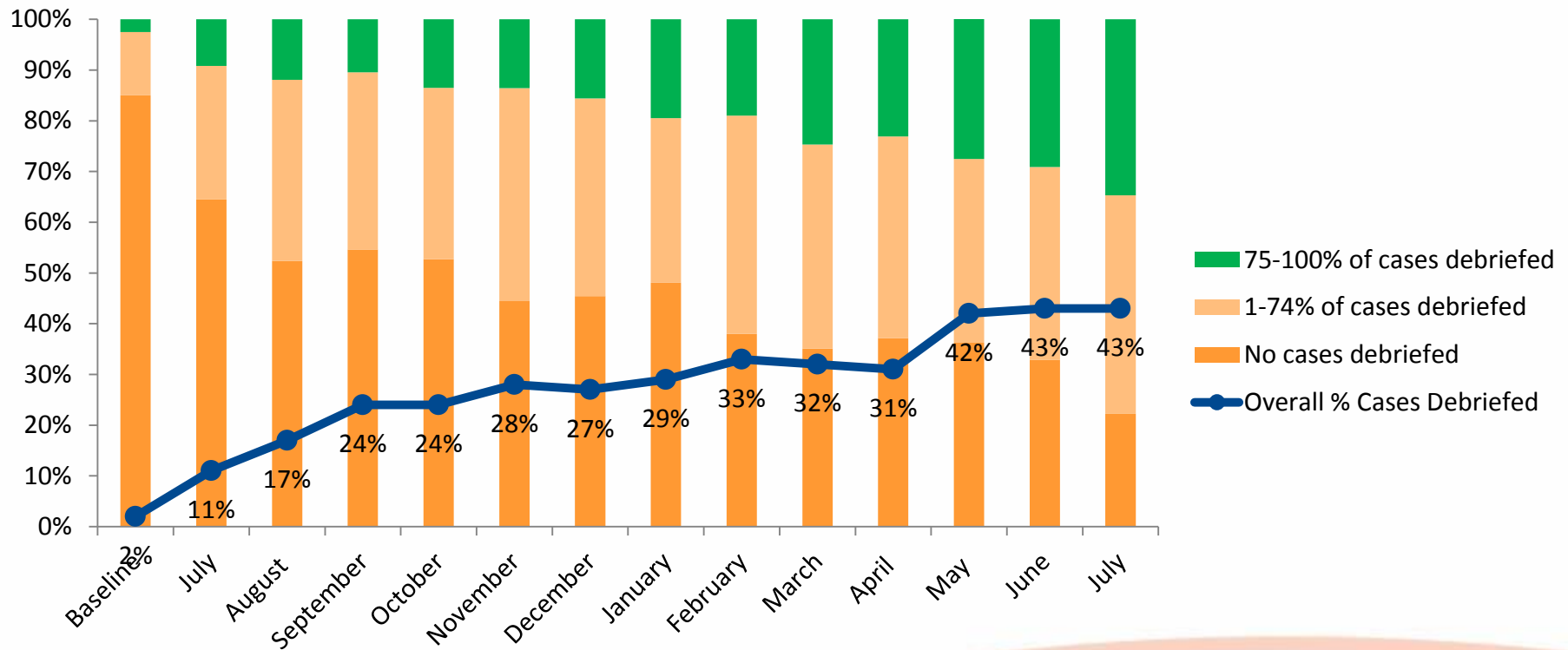
**ILPQC: Maternal Hypertension Initiative**  
**Percent of All Reporting Hospitals Where Follow-up Appointments were Scheduled within 10 Days**  
**All Hospitals, 2016-2017**



# 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**



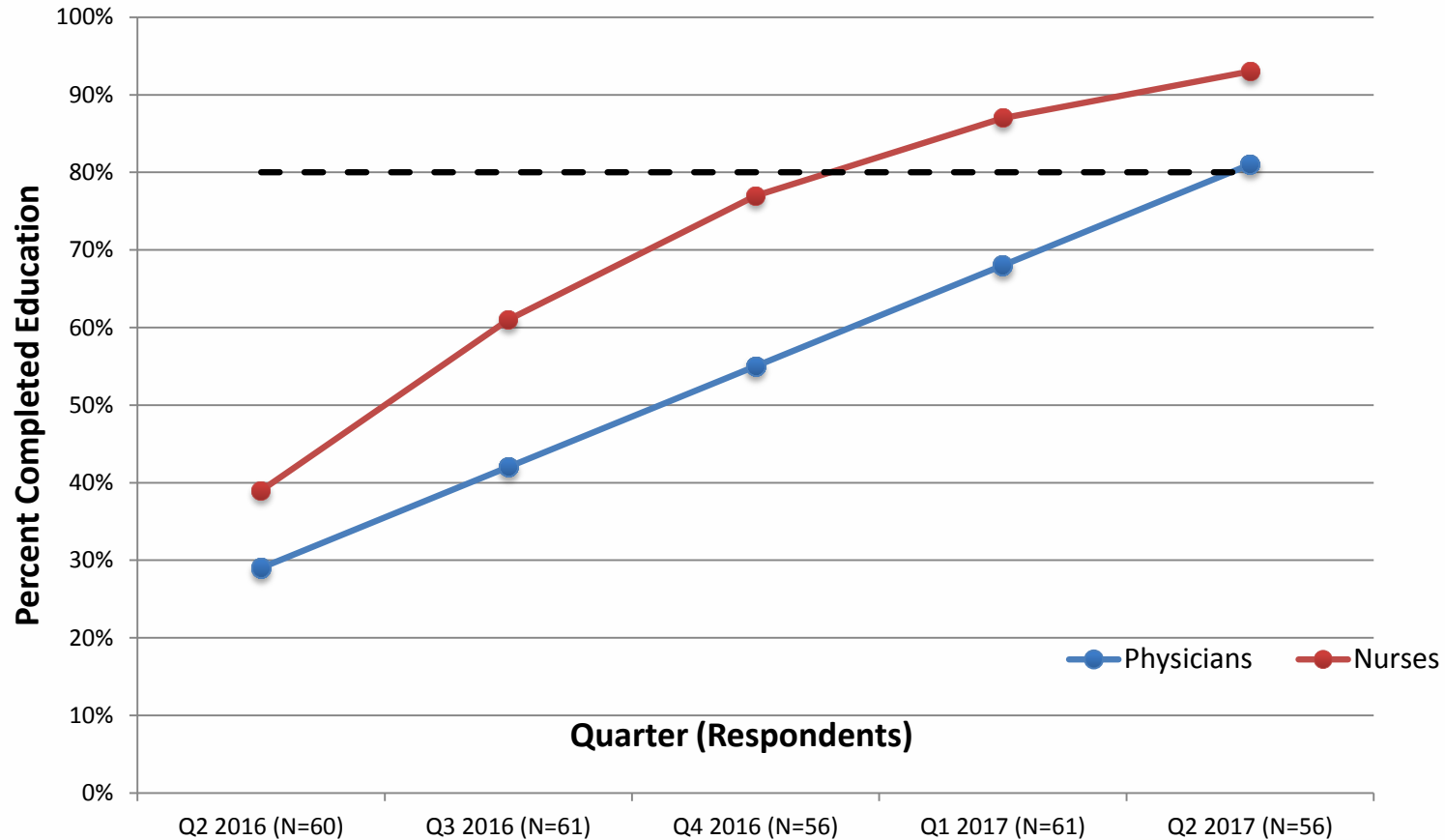
# Severe Hypertension Data Entry Status



	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	72
<b>Overall</b>	<b>10639</b>	<b>102</b>

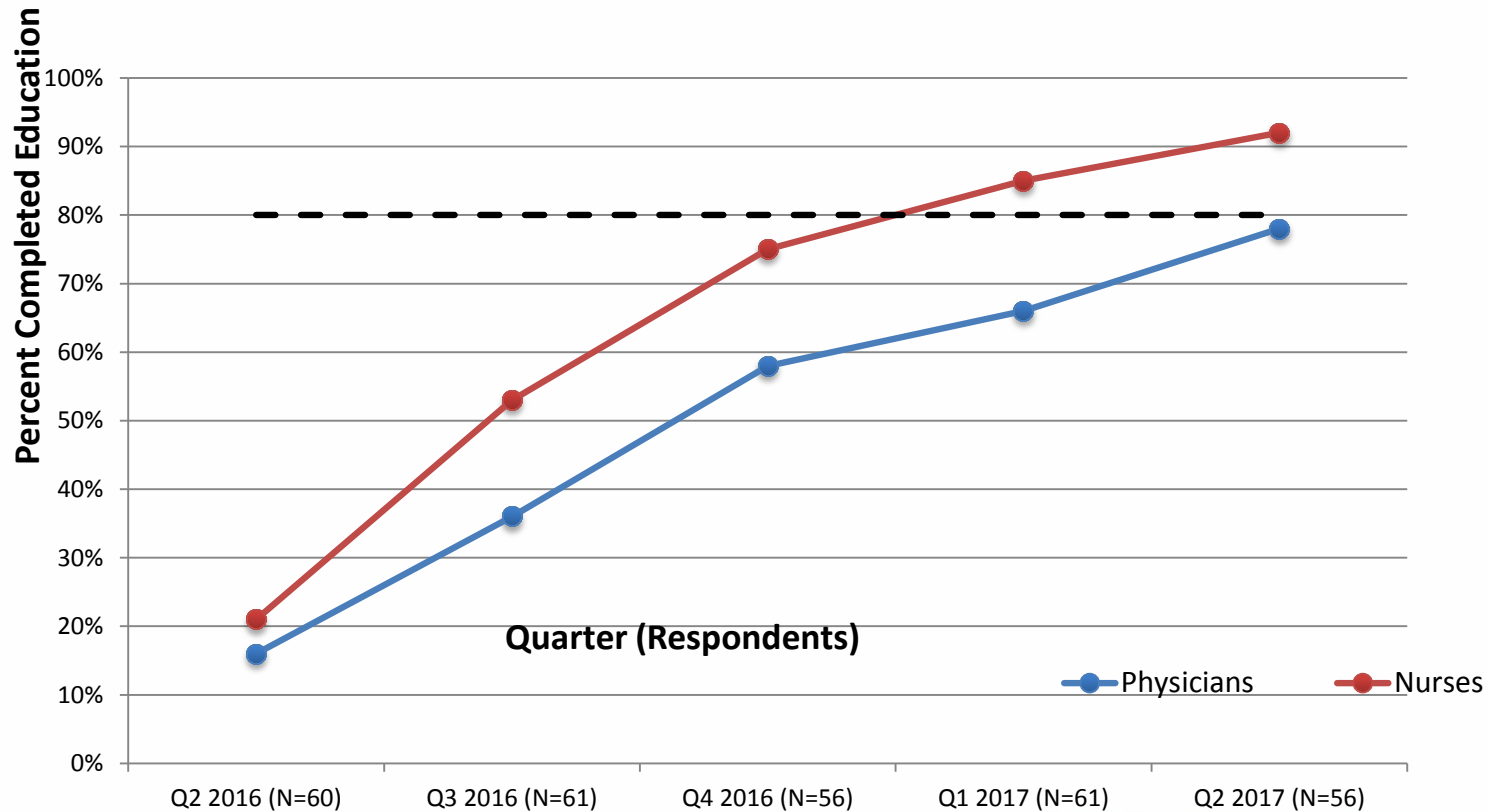
# Provider & Nurse Education

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



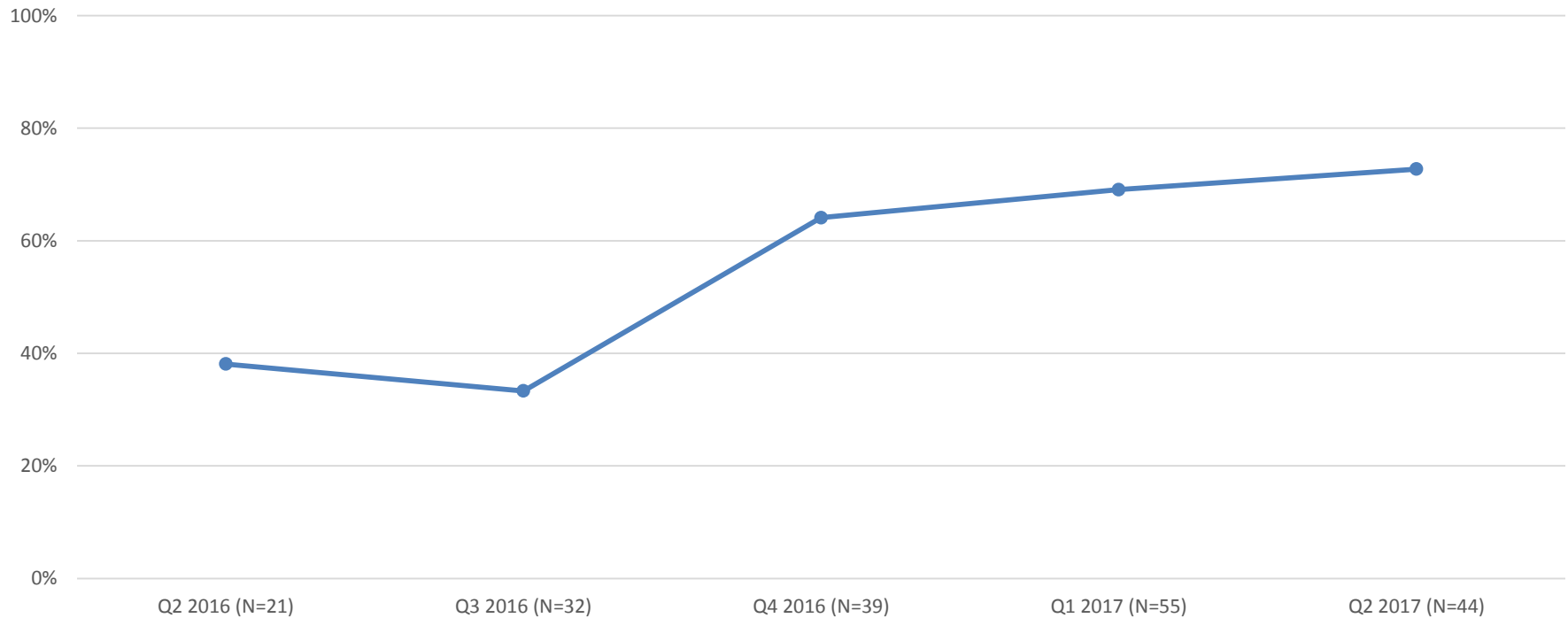
# Provider & Nurse Education

**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**



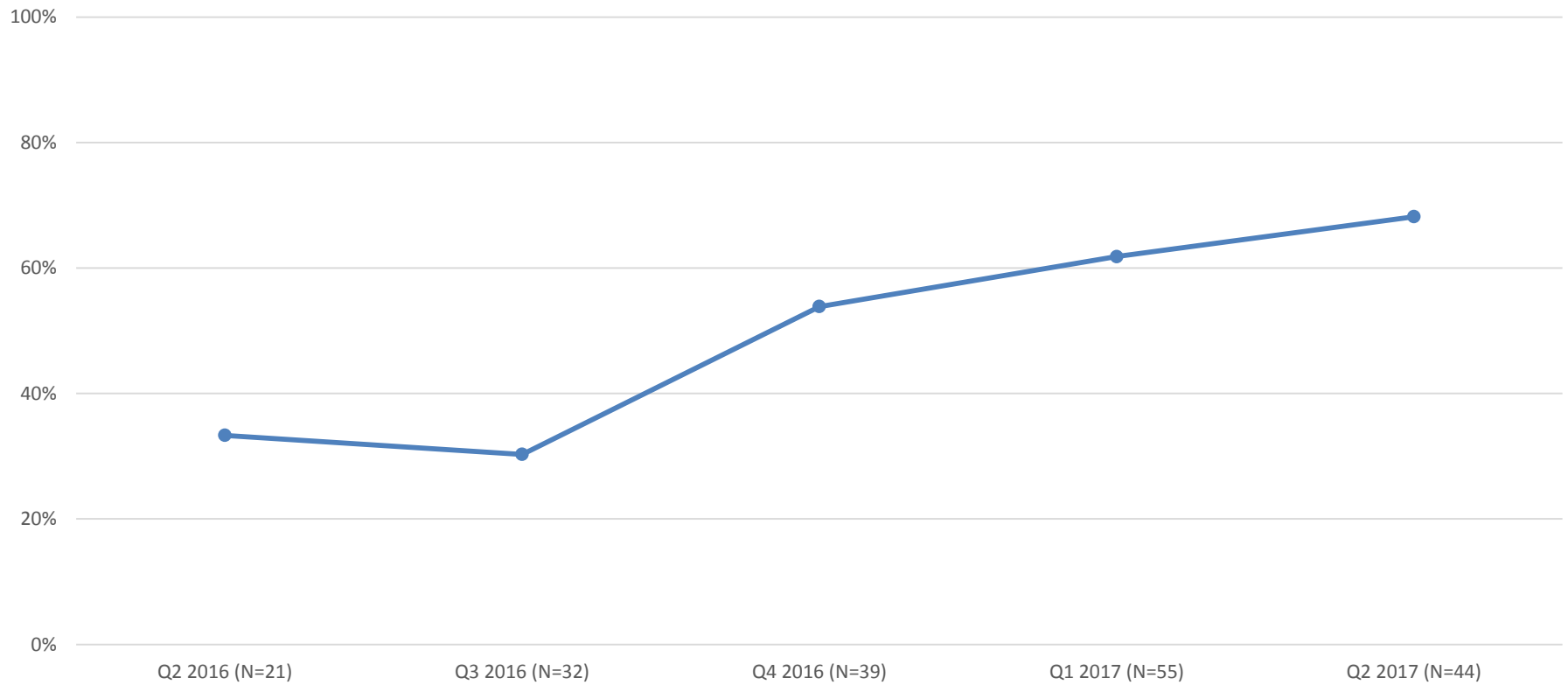
# Implementation Checklist: Facility-wide Patient Education

Percent of hospitals with facility-wide standards for educating prenatal and postpartum women on signs and symptoms of preeclampsia and severe hypertension.



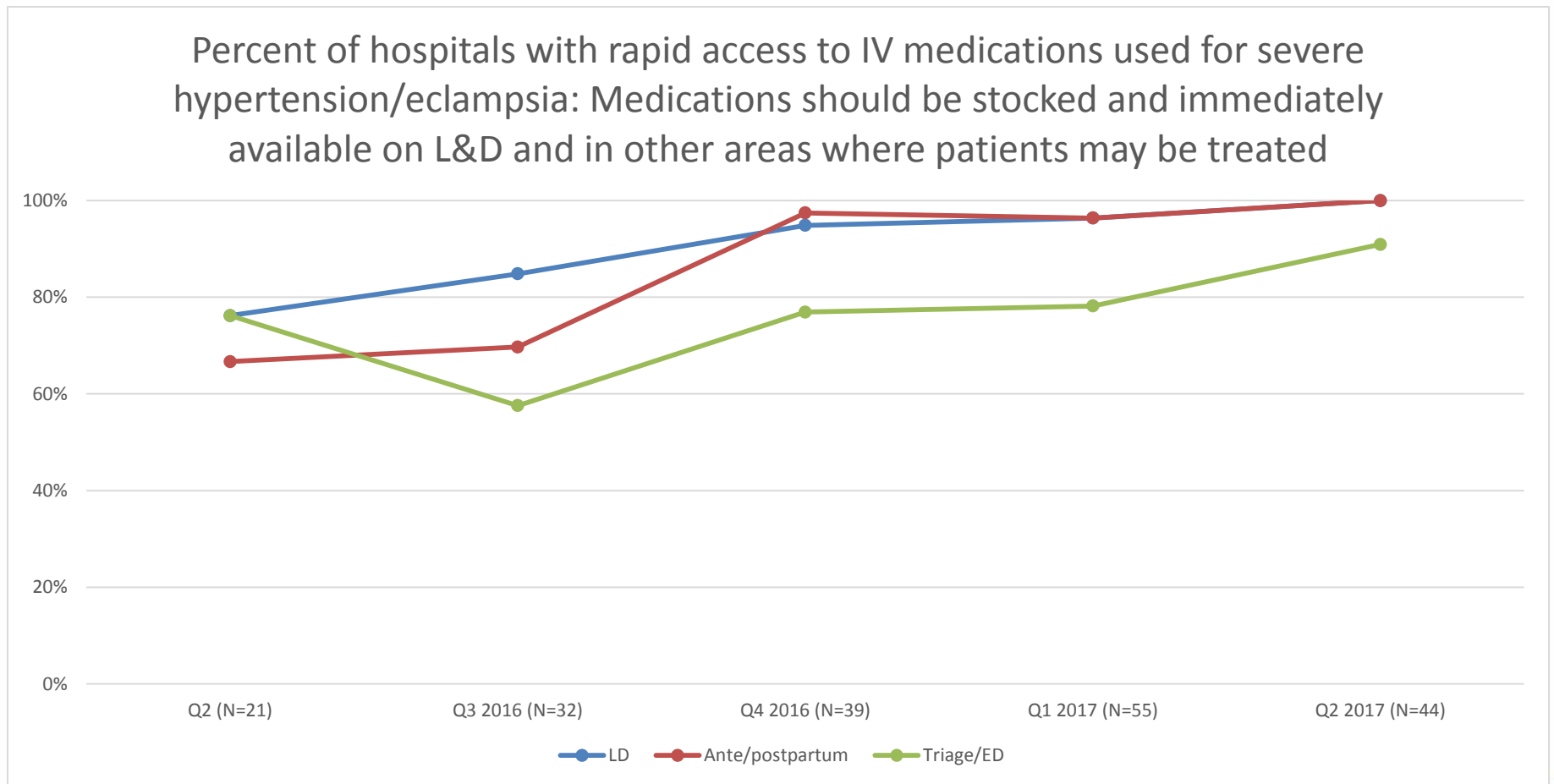
# Implementation Checklist: Facility-wide Protocols and Treatment

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



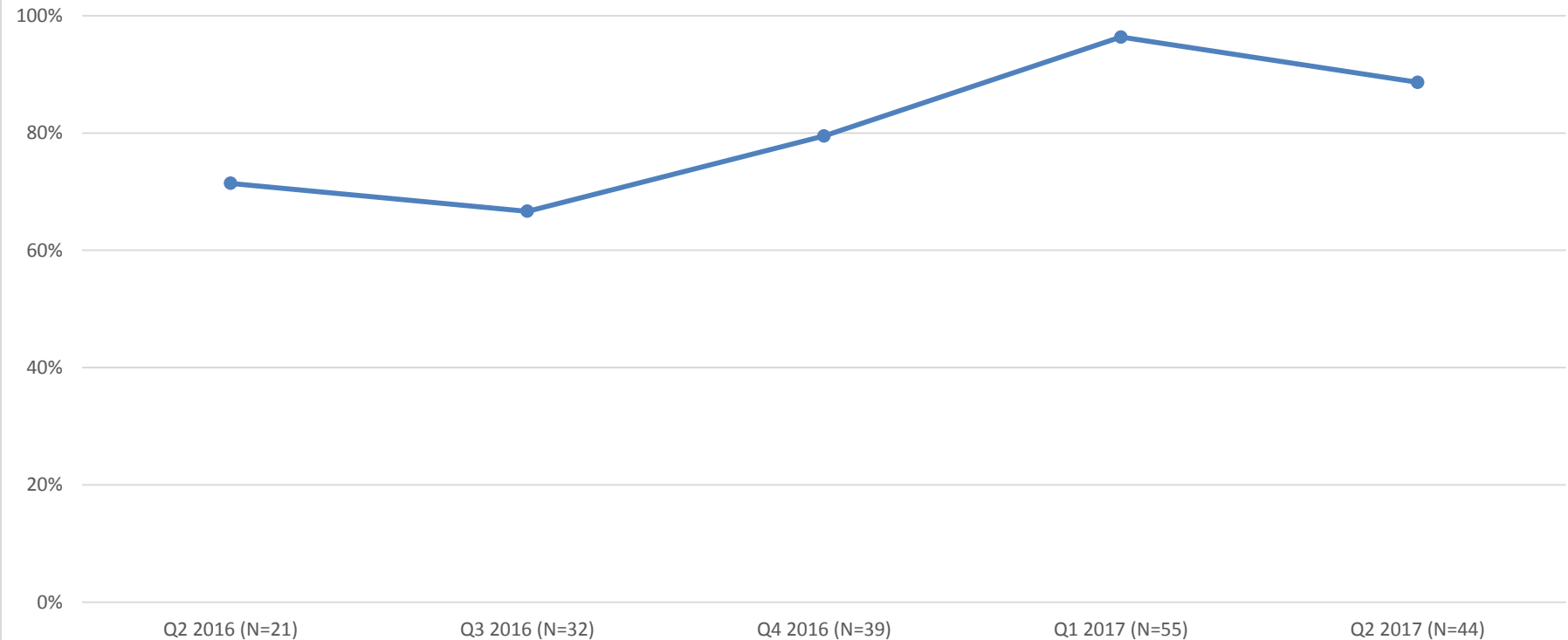
# Implementation Checklist: Rapid Access to IV Medications

Percent of hospitals with rapid access to IV medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated



# Implementation Checklist: Response to Early Warning Signs

Percentage of hospitals with standard response to maternal early warning signs including listening to and appropriately investigating patient symptoms and assessment of labs (i.e. CBC with platelets, AST and ALT).




# AIM Yearly Measures

**My Projects** Organize

Project Title

- ILPQC Early Elective Delivery Initiative
- ILPQC Birth Certificate Initiative
- ILPQC Golden Hour
- ILPQC Severe Hypertension Data Form
- ILPQC AIM Yearly Measures**
- ILPQC AIM Quarterly Measures
- ILPQC Severe HTN Implementation Checklist

## AIM Yearly Measures Entry Form


 Editing existing Record ID 1

Record ID 1  
(To rename this record, modify the value immediately below.)

Record ID


Hospital ID   
*\* must provide value*

1. Preeclampsia Protocols: Do you have Preeclampsia Policies and Procedures (reviewed in the last 3 years) that include Unit-standard approaches to Severe Hypertension, Magnesium administration and Treatment of Magnesium overdoses?  Yes  No reset


2. On what date did your hospital complete their Preeclampsia Policies and Procedures?   Today M-D-Y

3. Preeclampsia EHR Integration: Were you able to integrate the new Severe Preeclampsia processes (e.g. order sets, tracking tools) into your EHR?  Yes  No reset


4. Patient/Family Support: Have you developed OB specific resources and protocols to support patients, family and staff through major OB complications?  Yes  No reset

5. On what date did your hospital complete the OB resources and protocols for patient/family support through major OB complications?   Today M-D-Y

6. Debriefs: Have you established a system in your hospital to perform regular formal debriefs after cases with major complications? Major complications will be defined by each facility based on volume, but is meant to include more than cases with ICU admissions and with  $\geq 4$  units RBC transfusions.  Yes  No reset

7. On what date did your hospital establish a system to perform regular formal debriefs for cases of severe maternal hypertension with major complications?   Today M-D-Y

8. Multi-disciplinary Case Reviews: Have you established a process in your hospital to perform multi-disciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU or receiving  $\geq 4$  units RBC transfusions)?  Yes  No reset

9. On what date did your hospital establish a process to perform multi-disciplinary systems-level reviews on all cases of severe maternal morbidity?   Today M-D-Y

Form Status

Complete?

- Open REDCap while on the call and click on 'My Projects'
  - Click "ILPQC AIM Yearly Measures"
  - **46 teams entered as of 9/7**
  - **Please submit if you haven't**

# Sustainability: Help teams focus on key strategies

- Staff education and standardized BP measurement
- Rapid access to medications
- IV treatment of BP's  $\geq 160$ 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?

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

- 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

QI Recognition = Initiative Success = Sustainability = Improved outcomes



- How do we best help teams get there?
- What do teams most need help with?
- Discuss plan for next 5 months
  - QI support for teams lagging
  - QI Topic Calls to continue the breakout discussions
  - Monthly Team call topics for education/discussion
  - Team Talks on monthly calls

# 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

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**

**TO BE AWARDED AT 5<sup>TH</sup> ANNUAL ILPQC CONFERENCE: NOVEMBER 2017**

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

# Award Criteria

## Award Criteria for IL Maternal Hypertension Hospital Teams:

### **Structure Measures:**

- ❏ 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 Measures questions 2 A,B and 3 A,B)

### **Process Measures:**

- ❏ Time to treatment  $\leq 60$  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

# HTN Timeline Discussion

- Active QI work: On target for 12/31/17?
- Sustainability phase: How do we help teams best sustain the gains going forward?
  - Focused QI support for teams not at goal
  - Measures for continued reporting
    - Severe HTN treated less than 60 mins?
    - Mag Sulfate administered?
    - Patient follow-up scheduled for 7-10 days?
    - Patient education at discharge?
- Space/time between initiatives

# 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
<b>Form Status</b>	
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

# Mothers and Infants Affected by Opioids (MNO) Initiative

# MNO To Date



- Input from IDPH NAS Advisory Committee, IL Opioid Action Plan Committee, and AIM (Maternal Opioid Patient Safety Bundle)
- Workgroup meets 3rd Monday of month from 1-2pm
- Review of other state PQC NAS Initiatives (July)
- Review of literature by NAS topic area (Aug-Oct)
- Develop Draft QI Aims, Measures, Key Drivers Diagram
- Identify sample process flow to identify gaps between identification and referral to services for mothers and newborns

# MNO Next Steps

- 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 Next Steps



- 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 Next Steps

- 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

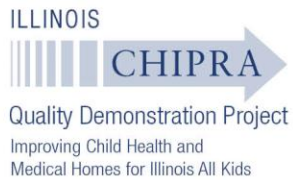
## Next Steps

- Next 4 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
- Sustainability Phase: Implement sustainability data collection and monitoring
- Get involved with MNO

# 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.

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