Maternal Hypertension Initiative Teams Call:
Sustainability and System Changes

November 27, 2017
12:30 – 1:30 pm
Overview

• Updates (5 mins.)
• HTN Initiative and Data Updates (15 mins.)
• Heart Safe Motherhood: Quality Care and Convenience for Mothers with Hypertension in Pregnancy – Adi Hirshberg, MD MFM; Sindhu Srinivas, MD, MSCE, MFM, Director of Obstetrical Services (15 mins.)
• Team Talk – Joan Stout MSN, RNC-OB, NE-BC; Christen Edwards BSN, RNC-LRN; Centegra Health System McHenry and Huntly (10 mins.)
• Team Talk- Debbie Schy, RNC, MSN, IBCLC; Advocate Lutheran General Hospital (10 Min)
• Questions & Wrap Up (5 mins.)
ILPQC 5th Annual Conference
register now before spaces fill

Tuesday, December 19, 2017
Westin Lombard
Check in and breakfast 7:30AM
Conference 8 AM – 5:15pm

Discuss HTN Sustainability and 2018 Initiatives
https://www.eventbrite.com/e/illinois-perinatal-quality-collaborative-5th-annual-conference-tickets-39493819076
Annual Conference Hotel Block Room Reservations

- [https://www.starwoodmeeting.com/events/start.action?id=1710035949&key=21CC118E](https://www.starwoodmeeting.com/events/start.action?id=1710035949&key=21CC118E)
- Group rate of $139 single/double available until Nov 27, 2017. **Call today!**
ILPQC Annual Conference

- National Speakers:
  - OB, Neonatal, and patient perspectives on opioids, including new ACOG Maternal Opioid Bundle
  - IP LARC Implementation
  - Panel of PQC Leaders: opioids, IP LARC, HTN, GH, 17-OHP

- Hospital QI Awards
- Hospital QI Teams Poster Session
- OB Teams Breakout Session
  - discuss HTN Initiative Sustainability Plan for 2018
  - 2018 Initiatives planning

Register your team now before space fills!
- Invite your HTN QI Team, provider/ nurse champions
- Invite provider / nurse champions interested in the Maternal Opioid Initiative and Immediate Postpartum LARC Initiatives for next year
- Invite Patients / Patient Advisors they register for free
TODAY STILL ACCEPTING Poster Session Abstracts for 5th AC

• We are asking **ALL ILPQC TEAMS** to submit an abstract on their teams work on the Maternal HTN initiative, share your data and include: challenges, successes and plans for sustainability / QI work in 2018

• Teams are welcome to submit additional abstracts regarding mothers / newborns affected by opioids, IPLARC, and patient & family engagement or other QI projects

• Submit brief abstracts through **TODAY** to be included in the program and receive a poster number

Submit abstracts online: https://www.surveymonkey.com/r/ILPQC_5th_ACAbstractSubmission
2nd Annual Diaper Drive!

• Please bring a pack of diapers to the ILPQC 5th Annual Conference!
• Last year, we were able to collect 698 diapers! Let’s double that number!

• Illinois Baby Diaper Facts
• Diaper Need in the U.S. Infographic
OB Teams End of Year Survey

• Short survey response is needed from every ILPQC team!

• **Make sure you confirm it has been completed for your team.** If not then get input from team and get it submitted ASAP. Perinatal network administrators receiving a list of teams who have not yet submitted.

• Helps ILPQC prepare for 2018 to best meet team needs

• Provides important information needed for the OB Teams Breakout session discussion at the Annual Conference

• Provide name and contact information of hospital administrator

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

For Obstetrician-Gynecologists (ABOG)

DUE: November 27, 2017- TODAY!!!

- Both Provider and QI team lead Respond to MOC Attestation Survey via Survey Monkey
  
  https://www.surveymonkey.com/r/ILPQCMoc

- Just click on link here or contact us for link or look in last ILPQC newsletter email very easy to complete

- Make sure to let your OB Champions / Team Members know to complete this by the end of today!
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

*October has 70 teams reporting this metric
Maternal Hypertension Data:
Patient Education

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

*October has 70 teams reporting this metric
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

*October has 70 teams reporting this metric
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

*October has 70 teams reporting this metric
## Severe Hypertension Data Entry Status

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

- Series 1
- Series 2
Culmulative 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: Standard Policies / Protocols Across Units

Percent of hospitals with standard protocols for early warning signs, updated diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms)
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).

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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 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: ≥80% of providers and nurses educated (AIM Quarterly Measure question 1 a,b and 2 a, b)

Process Measures: 4 / 4, 3 / 4, or 2 / 4 met for Sept. or Oct. Data
Time to treatment ≤60 minutes: ≥80% of cases
- Debrief: ≥30% of cases
- Discharge education: ≥70% of cases
- Follow-up appointments scheduled within 10 days of discharge: ≥70% of cases
Open REDCap while on the call and click on ‘My Projects’

- Complete AIM Quarterly Measures for 2016 Q3 and Q4
- Only 4 questions
- Q3 2017 due Nov 15th
AIM Quarterly Measures

Complete > 80% education for QI Award banner
Severe HTN Implementation Checklist

- Open REDCap while on the call and click on ‘My Projects’
- Complete Severe HTN Implementation Checklist for 2016 Q3 and Q4
- 14 easy yes/no questions
- Q3 2017 due Nov 15th
### Severe HTN Implementation Checklist

**Complete HTN Protocols / Policies in place across units: L&D, antepartum/postpartum, ER / triage for QI Award banner**

<table>
<thead>
<tr>
<th>Record ID</th>
<th>Hospital ID</th>
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**Please select the time period for this quarterly data:**
- Q1 2016 (January - March 2016)
- Q2 2016 (April - June 2016)
- Q3 2016 (July - September 2016)
- Q4 2016 (October - December 2016)
- Q1 2017 (January - March 2017)
- Q2 2017 (April - June 2017)
- Q3 2017 (July - September 2017)
- Q4 2017 (October - December 2017)

**Readiness - For every unit in your hospital do you have:**

1. Standard protocols for early warning signs, updated diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms).
   - L&D: Yes / No
   - Antepartum/Postpartum: Yes / No
   - Triage/ED: Yes / No

2. Ongoing education on protocols, drill-based units or simulations (with post-drill debriefs).
   - L&D: Yes / No
   - Antepartum/Postpartum: Yes / No
   - Triage/ED: Yes / No

3. Process for timely identification, triage, and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas.
   - L&D: Yes / No
   - Antepartum/Postpartum: Yes / No
   - Triage/ED: Yes / No

4. 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. Include brief guide for administration and dosage.
   - L&D: Yes / No
   - Antepartum/Postpartum: Yes / No
   - Triage/ED: Yes / No

5. System plan for escalation, obtaining appropriate consultation and maternal transport, as needed for severe maternal hypertension, preeclampsia, and eclampsia.
   - L&D: Yes / No
Easy to Complete HTN Education Resource for ALL Providers / Staff:

**EASY TO COMPLETE: AIM /ACOG HTN eModules:**

- Includes 5 modules ranging from 5 – 20 min long (Approx. 1 hr total)
- Includes quiz and certificate, providers and staff can email on completion
  - eModules here: [http://safehealthcareforeverywoman.org/aim-program/aim-emodules/#link_acc-1-5-d](http://safehealthcareforeverywoman.org/aim-program/aim-emodules/#link_acc-1-5-d)
  - HealthStream website (alternate site): [http://hs.healthstream.com/l/152971/2016-12-05/b3751m%20](http://hs.healthstream.com/l/152971/2016-12-05/b3751m%20)

Great to include in your HTN Sustainability Plan!
Meeting HTN Initiative Goals

- Focus on achieving Time to Treatment < 30-60 minutes over 80% of time for ALL TEAMS
  - Network administrators receiving list of network hospitals not yet achieved > 80% for time to treatment so that they can provide support
  - Patti follow up one on one QI calls with hospitals in bottom quartile for Time to Treatment
  - Push to have all teams complete provider / staff education using AIM / ACOG online e-modules
  - Extra push for teams not above 80% time to treatment for e-modules ALL providers / staff
  - Share your goals and data with providers / staff
Transition to Sustainability 2018

- Most teams ready to sustain gains
- Some teams still working to achieve > 80%
- **All teams should meet and develop Maternal HTN Sustainability Plan (3 components):**
  1) HTN Compliance monitoring – 4 key questions
  2) HTN education for new hires – AIM e-modules
  3) Incorporate HTN education into ongoing unit education for providers and staff: drills / simulations / e-modules and continue to protocols, active “debrief” = “how did we do on Time to Treatment?”

- Will discuss at OB Teams Breakout at AC
Compliance Monitoring 2018

• 2018 REDcap compliance data form will be available to track compliance severe HTN
  – Time to treatment severe HTN < 60 minutes (ASAP)
  – Magnesium provided
  – Early follow up for BP check within 7-10 days
  – Patient discharge education
Continue monthly reporting on 4 key process measures in short form with access to graphs.
Compliance Data Run Chart in REDCap:

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated within 60 Minutes
Hospital 999 & Select Comparisons, 2016 - 2017
Magnesium Compliance Monitoring

• Each team should review Magnesium compliance data, all new onset severe HTN
• May need a PDSA cycle if not at goal, review missed opportunities
• Reminder from ACOG Executive Summary on Hypertension In Pregnancy, Nov 2013: Proteinuria is not a requirement to diagnose preeclampsia with new onset severe hypertension.
Severe Hypertension in Pregnancy Treatment Algorithm
Antepartum, Intrapartum and Postpartum

Blood Pressure Triggers
(Persistent over 15 minutes)
SBP ≥ 160 and/or DBP ≥ 110

Notify Provider
Proceed below, per MD Orders

IV Antihypertensives
First Line Medications

IV Labetalol
20 mg (over 2 min)
Repeat BP in 10 minutes
If elevated, administer
IV Labetalol 40 mg
Repeat BP in 10 minutes
If elevated, administer
IV Hydralazine 10 mg
Repeat BP in 20 minutes
If elevated, obtain anesthesia

IV Hydralazine
5-10mg (over 1-2 min)
Repeat BP in 20 minutes
If elevated, administer
IV Hydralazine 10 mg
Repeat BP in 20 minutes
If elevated, administer
IV Labetalol 40 mg
Obtain anesthesia

Seizure Prophylaxis

Magnesium Sulfate
Bolus Dose: 4gm over 20 minutes
Maintenance Dose: 2gm per hour

PO Nifedipine if no IV access, this option should be considered.
Initial Dose: 10 mg
May repeat dose at 20 minute intervals for a maximum of 5 doses.

*If the maternal HR is <60 bpm starting with hydralazine may be preferable
Preeclampsia Bundle Compliance:

1. Treat elevated BP
2. Give magnesium sulfate
3. Early PP follow-up
Treatment Changes

Baseline
- Mag: 85%
- BP Rx: 57%

Phase I
- Mag: 92%
- BP Rx: 79%

Phase II
- Mag: 96%
- BP Rx: 90%

Delta 10.8% p<0.01
Delta 33.2% p<0.01

AJOG. 2017 216:415.e1-5
Rate of Eclampsia/1000 births and SMM/100 births

Baseline:
- Eclampsia: 1.16
- SMM: 0.82

Phase I:
- Eclampsia: 0.82
- SMM: 2.1

Phase II:
- Eclampsia: 0.62
- SMM: 1.9

Delta 20.1% p<0.01
Delta 46.5% P=0.02

23 Hospitals, N=69,449

AJOG. 2017 216:415.e1-5
The rate of eclampsia decreased from 1.21/1000 at baseline to 0.65/1000 during 2016, p<0.001.
Maternal Hypertension Data:
Magnesium Sulfate Administered

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension with Magnesium Sulfate Administered
All Hospitals, 2016-2017

Not all teams have reported Oct 2017 yet
HTN Next Steps

• At your monthly team QI meeting
  – Review your monthly severe HTN data, review missed opportunities, what you need to accomplish to reach goals, >80% Time to Treatment?
  – Have you submitted October data, Quarter 3 data: AIM Quarterly form and HTN Implementation Checklist to REDCap: >80% education providers/staff, protocols in place across units.

• Confirm your team responded to OB Teams End of Year Survey https://www.surveymonkey.com/r/OBTeams2017

• Submit your Annual Conference HTN Abstract through the end of today: share challenges, successes, sustainability plan

• Register your team for ILPQC Annual Meeting 12/19/17

• Start work on your HTN Sustainability Plan for 2018: consider compliance monitoring, new hire and ongoing education.

• Share your goals, share data and post what needs to be accomplished with your providers and staff!!
State-wide Initiatives Starting 2018 discuss at ILPQC Annual Conference!

• Mothers and Newborns Affected by Opioids (MNO)
  – Wave 1 teams: provide input on data collection, resources January – March
  – Wave 1 & 2 teams: Kick off webinar April, F2F May

• Immediate Postpartum Long Acting Reversible Contraception (LARC)
  – Wave 1 teams to start efforts spring 2018
  – Wave 2 teams late 2018 into 2019
Quality care and convenience for mothers with hypertension in pregnancy
Impact of Preeclampsia

**Risks**
- Maternal seizures, organ damage, stroke, coma, death
- Poor fetal growth

**Maternal death**

**Readmissions**

**Diagnosed**
- 400,000 women a year
Call to Action

72 hours and 7-10 days

High Risk Transition Clinic
- MFM fellow and resident
- every other week
- 30% show rate

Phone call and text reminders did not improve show rate

Many patients were readmitted prior to this appointment

Not meeting ACOG criteria
Answering the Challenge

- Small feasibility pilot of 32 women with hypertensive disorders of pregnancy
- Patients were asked to send in their blood pressures for seven days following discharge from the hospital via text
- MFM fellow acted as “fake back end” and responded to all text messages
- Seven rapid-cycle innovation pilots were performed with patient feedback at every level to improve process

Hirshberg et al, 2017, JCOM
Asch and Rosin, 2015, NEJM
Front End Innovation

Women who met the ACOG guidelines for hypertension management

0% vs 66%

Before vs Heart Safe Motherhood

Women readmitted for hypertension within 7 days of discharge

5% vs 0%

Before vs Heart Safe Motherhood
### Answering the Challenge

#### Blood Pressure Monitoring

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**Way to Health**

Heart Safe Motherhood
TextBP: A randomized control trial comparing standard office-based follow up to text-based remote monitoring in the management of postpartum hypertension
TextBP: METHODS

**Standard Office-Based Surveillance**

- Patients were instructed to follow up in the office where they received prenatal care 4-6 days postpartum for a nursing blood pressure visit.
- Date and time of office BP check was specified in discharge document.
- Nurses and physicians followed established clinical algorithm for escalation of care and initiation of antihypertensive medications.

**Text-Based Surveillance**

- Patients were given an Omron blood pressure cuff and instructed on its use.
- A starting text message was sent by the platform.
- Patients received reminders to text in their blood pressures at 8 AM and 1 PM for two weeks postpartum.
- Immediate feedback was provided to patients based on automated algorithm.
- Provider alerted with severe range values and care escalated as needed.
TextBP: ALGORITHM

Good morning. Please send us your blood pressure by 12 PM.

- **sBP < 140 mmHg or dBP < 90 mmHg**
  - Your blood pressure looks great. Please remember to send another reading with the next reminder.

- **sBP ≥ 140 mmHg and ≤ 160 mmHg**
  - Your blood pressure is OK but we would like to keep a close eye on it. Please remember to send another reading with the next reminder.

- **sBP ≥ 160 mmHg or dBP ≥ 110 mmHg**
  - Your blood pressure is high. Please text us another reading after you recheck it.

Provider alerted

Heart Safe Motherhood
TextBP: TEXT INTERFACES

PATIENT VIEW

Good morning Mary. Please send us your first blood pressure reading by 11am today. Thanks!

Hi, my reading is 138/87.

Your Blood pressure looks good but we want to keep an eye on it. Please send me your next reading by 4pm today. Thanks!

My reading is 121/80.

Thanks Mary. This looks great. Have a good night and I will talk to you tomorrow.

PROVIDER VIEW

User #1000000139 triggered a Medical incident: Systolic and diastolic both slightly elevated

Sat, Mar 19, 9:45 AM

User #1000000147 triggered a Medical incident: Diastolic was slightly elevated

Sat, Mar 19, 11:20 AM

User #1000000139 triggered a Medical incident: Diastolic was slightly elevated

Sat, Mar 19, 2:30 PM

User #1000000146 triggered a Medical incident: Systolic slightly elevated

Sat, Mar 19, 4:20 PM

User #1000000139 triggered a Medical incident: Diastolic slightly elevated
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<thead>
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<th>Participant</th>
<th>Status</th>
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<th>Timestamp</th>
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<th>response_numeric</th>
<th>is_valid_choice</th>
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### TextBP: RESULTS

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<tr>
<th></th>
<th>Office</th>
<th>Text</th>
<th>p-value</th>
<th>aOR (95% CI)</th>
<th>p-value</th>
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<tbody>
<tr>
<td>BP obtained within 10 days</td>
<td>45 (43.7%)</td>
<td>95 (92.2%)</td>
<td>&lt;0.001</td>
<td>58.2 (16.2-208.1)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Of the 8 women who did not send in a text message:
- 1 left the hospital without her cuff
- 2 gave the wrong phone number
- 2 withdrew
TextBP: RESULTS

Women who met the ACOG guidelines for hypertension management

0% vs 82%
Control vs Heart Safe Motherhood

Women readmitted for hypertension within 7 days of discharge

3% vs 0%
Control vs Heart Safe Motherhood
## TextBP: RESULTS

<table>
<thead>
<tr>
<th>TEXT ARM</th>
<th>Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to receive and read messages</td>
<td>5 (5-5)</td>
</tr>
<tr>
<td>Helped me pay more attention to BP</td>
<td>5 (4-5)</td>
</tr>
<tr>
<td>Helpful in checking my BP</td>
<td>5 (5-5)</td>
</tr>
<tr>
<td>Wished I received more text messages</td>
<td>2 (1-3)</td>
</tr>
<tr>
<td>Wished I received less text messages</td>
<td>1 (1-3)</td>
</tr>
<tr>
<td>Would recommend program to a friend of family member</td>
<td>5 (5-5)</td>
</tr>
</tbody>
</table>

Reported as median (IQR)
Heart Safe Motherhood makes remote monitoring easy so that you can focus on caring for your patients.

- **Enrollment is quick and easy**
- **Obstetrician-developed algorithm manages BP results**
- **Provider alerts for critical values**
- **Reduces need for in-person visits**

“Even though I felt great, I knew the bottom numbers were getting a little high and it was good to know someone was paying attention. In the end I needed to start medicine, but I always felt great.”
Heart Safe Motherhood at Penn-Full scale implementation
August 2017

222 patients enrolled in 8 weeks

92% with at least one BP texted

85% meeting ACOG criteria

16 patients started on meds

3 readmissions for persistent HTN
Heart Safe Motherhood at Penn-Full scale implementation
EMR Integration
Our Future
Centegra Health System
McHenry and Huntley, IL

Joan Stout MSN, RNC–OB, NE–BC
Assistant Director Women’s Services

Christen Edwards BSN, RNC–LRN
OB Nurse Educator
In October and November, we held 15 sessions of Severe HTN multidisciplinary simulations. These offerings are held each Spring and Fall centered around low occurrence, high morbidity/mortality obstetrical events. We invite OB Providers, all OB RNs and ED RNs to participate. The scenario from the IPLQC Toolkit; Appendix K: Sever Preeclampsia/Eclampsia in LDR was utilized. We simulate everything from correct manual blood pressure technique to writing an SBAR before calling the MD; to entering an order for labetalol into the computer (utilizing the order sets) to setting up the Alaris pump for Magnesium Sulfate administration.
Our Simulation Lab

The lab allows us to focus on our workflows without the daily distractions encountered on a busy unit.
Other considerations to create Sustainability

- Incorporate Severe HTN education into our new hire orientation checklists.
- Compliance monitoring consists of continued data collection utilizing the ILPQC long form. Opportunities are reviewed at our Unit Based Nursing Professional Governance Council and at MD QA/QI.
- Safety huddles identifying current Severe HTN patients are held twice daily at shift change.
- Continue with multidisciplinary simulations that include MDs and the ED team utilizing scenarios from the tool kit and from real life events.
Our goal is 90% time to treatment with monthly tracking (below), shared at staff meetings and OB MD department meetings.
Training Paramedic Students

November 27, 2017
Debbie Schy, RNC, MSN, IBCLC

Advocate Lutheran General Hospital
Inspiring medicine. Changing lives.
Paramedic Training

Baby Lyla and mom
Paramedic Training Classes

- ALGH provides 1 training class per year
  - May – February

- Classes consist of 16-18 students
  - Requirements
    - Current IDPH EMT License
    - EMT experience or
      - 40 hours of ambulance ride time
        » Or
      - Successful completion of an EMT to P Bridge program/Seminar
    - Written assessment tests and practical skills testing
    - Oral interview process
    - Placed on the eligibility list and final acceptance
Paramedic Training

• Training hours
  – 950 hours of training including field internship, clinical and didactic
    • Some of these hours are spent on various units within the hospital
  – State and national licensure by exam
  – Renewal for paramedics is 100 hours every 4 years
**Paramedic Training**

- Renewal for paramedics is 100 hours every 4 years

<table>
<thead>
<tr>
<th>Core Content</th>
<th>II. Recommended Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory</td>
<td>8 hours</td>
</tr>
<tr>
<td>Airway Management &amp; Ventilation</td>
<td>12 hours</td>
</tr>
<tr>
<td>Patient Assessment</td>
<td>8 hours</td>
</tr>
<tr>
<td>Trauma</td>
<td>12 hours</td>
</tr>
<tr>
<td>Cardiology</td>
<td>16 hours</td>
</tr>
<tr>
<td>Medical</td>
<td>20 hours</td>
</tr>
<tr>
<td>Special considerations (Neonatology, Pediatrics,...)</td>
<td>16 hours</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>4 hours</td>
</tr>
<tr>
<td>Operations</td>
<td>4 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100 hours/4 year</strong></td>
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</table>
OB Curriculum

• Soup to Nuts
  – Terminology
  – Fetal development
  – Physiologic changes in pregnancy
  – Physical examination of the pregnant woman
  – Pregnancy complications
  – Normal childbirth
  – Complications after delivery
  – Emergency situations for the pregnant or postpartum woman
Paramedic Continuing Education

• Coordinators for each EMS system
  – Provide monthly continuing education for paramedics
  – Every 4 years paramedics need 16 hours of continuing education on special considerations which includes obstetric
    • Share ILPQC information on severe hypertension and AIM emodules with the EMS system coordinator
    • Sustainability includes all personnel that identify severe hypertension and many times paramedics are 1st line responders
Paramedic Training

• Paramedic training in Illinois

• Paramedic licensure
Lauren Bloomstein: 33 year old healthy NICU nurse, wife, mom, severe HTN in labor, preeclampsia not diagnosed, severe HTN not treated, stroked and support withdrawn 20 hours after delivery.

Quality Matters: every patient, every provider, every nurse, every unit every time.
Q&A

• Ways to ask questions:
  • Raise your hand on Adobe Connect to ask your question by phone
  • Post a question in the Adobe Connect chat box
Contact

• Email info@ilpqc.org

• Visit us at www.ilpqc.org
THANKS TO OUR SPONSORS

ILLINOIS CHIPRA
Quality Demonstration Project
Improving Child Health and Medical Homes for Illinois All Kids

march of dimes

IHA Illinois Hospital Association

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