



Maternal Hypertension Initiative Teams Call: Sustainability and System Changes for Compliance Monitoring

October 23, 2017

12:30 – 1:30 pm

Overview

- Updates (5 mins.)
- HTN Initiative and Data Updates (15 mins.)
- Severe HTN Time to Treatment Compliance Monitoring– James DeVente, MD/PhD, FACOG- East Carolina University, Brody School of medicine (20 mins.)
- Team Talk – Lisa Sullivan, NM Central DuPage Hospital (10 mins.)
- Questions & Wrap Up (10 mins.)

Save the
Date!



ILPQC 5th Annual
Conference

Tuesday,
December 19

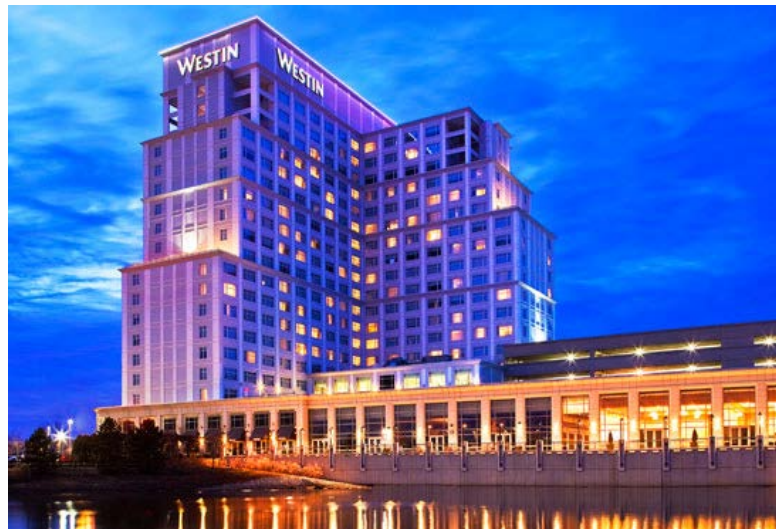
Westin Lombard



Registration open
November 1 for your
team!

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



NOW ACCEPTING Poster Session Abstracts for 5th AC

- We are asking **ALL ILPQC TEAMS** to submit an abstract sharing the great **Severe Maternal HTN** or Golden Hour QI they've done including plans for sustainability / ongoing 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 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 online:
https://www.surveymonkey.com/r/ILPQC_5th_ACAbstractSubmission

OB Teams End of Year Survey



- One Maternal Hypertension Initiative QI Team member fills out per hospital
 - Helps prepare for sustainability in 2018
 - Gives important information regarding the OB Teams Breakout session at the Annual conference
 - Provide name and contact information of hospital administrator
- <https://www.surveymonkey.com/r/OBTeams2017>

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

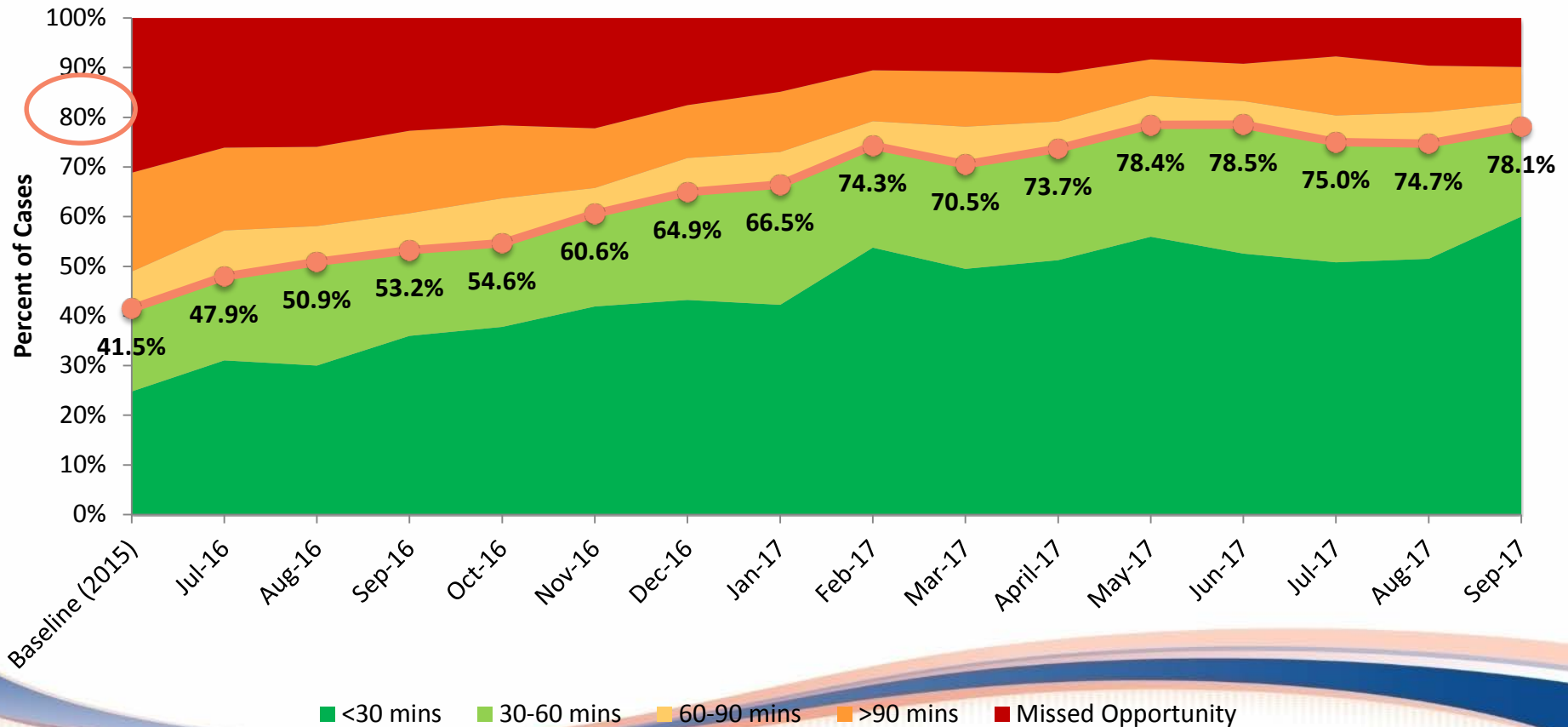
- Providers [Respond to Physician Attestation Survey](#) via Survey Monkey

**MSPP DUE
THIS WEEK!**

Maternal Hypertension Data: Time to Treatment



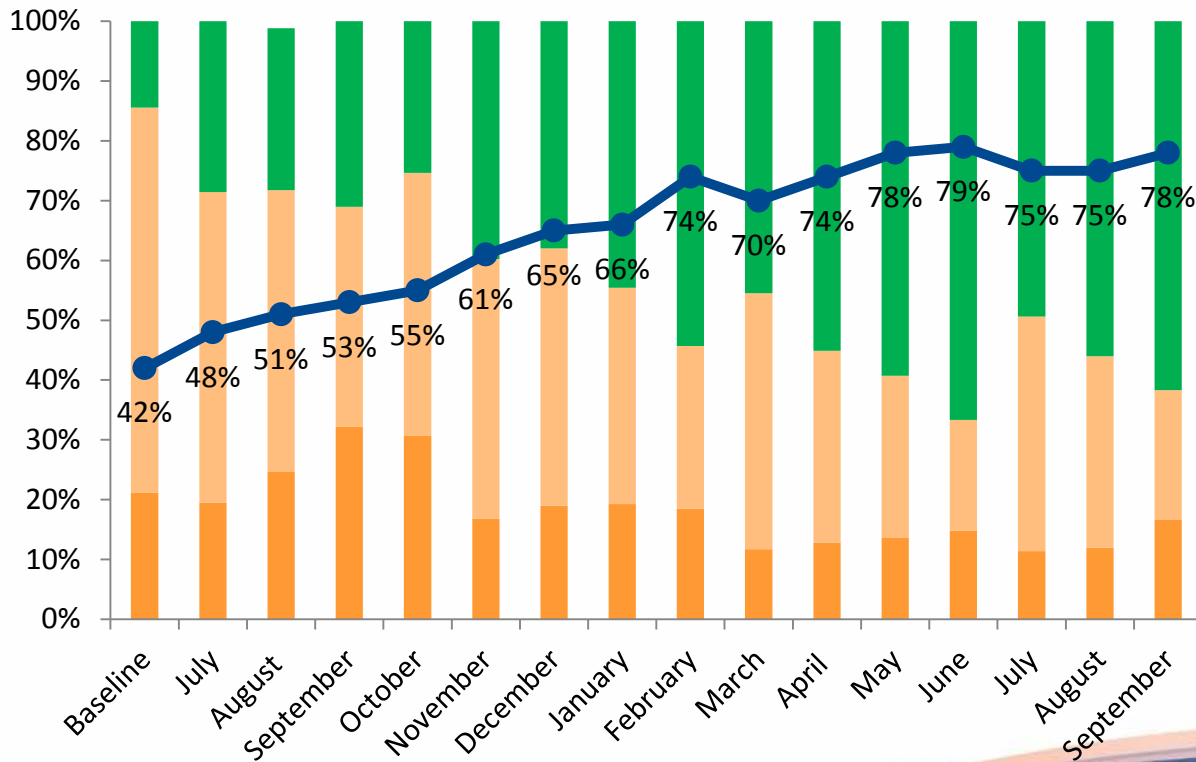
ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, 60-90, >90 minutes or Not Treated
All Hospitals, 2016-2017



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



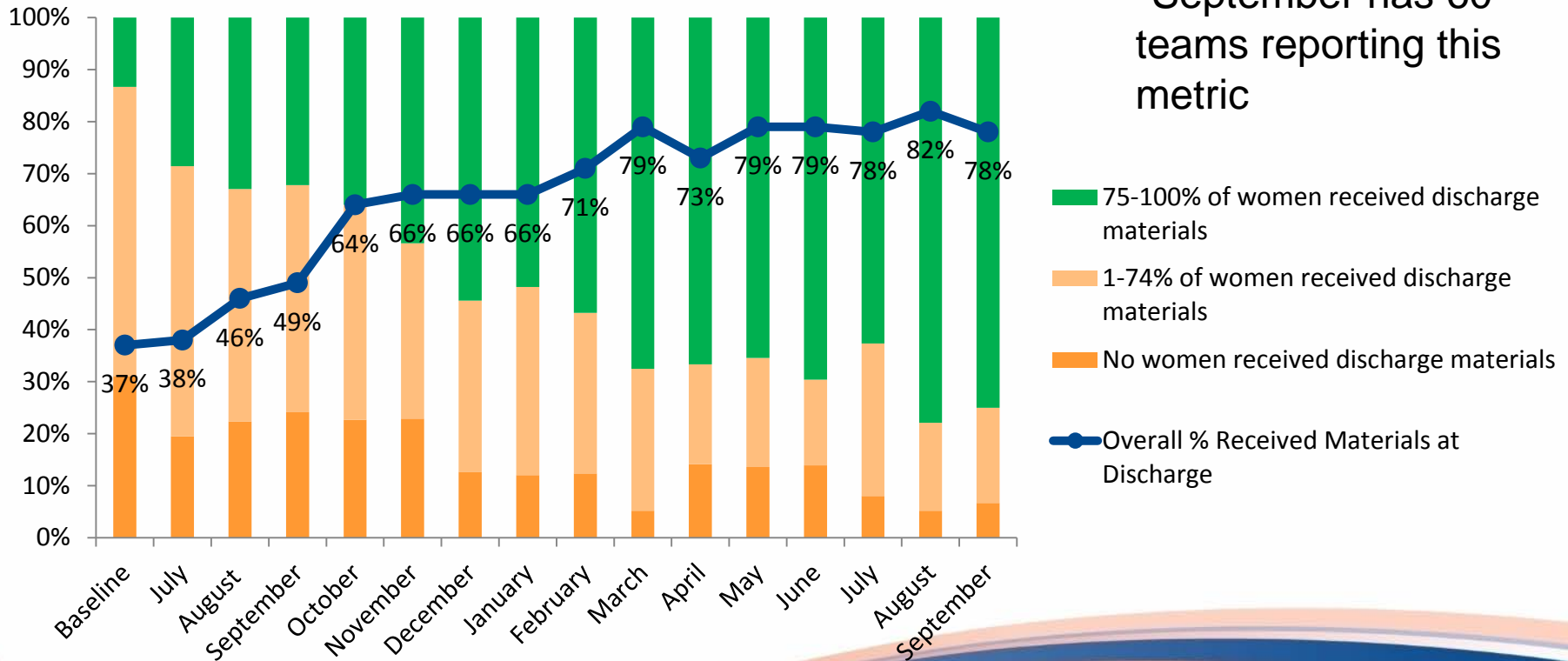
*September has 60 teams reporting this metric

- 75-100% of women treated within 60 minutes
- 1-74% of women treated within 60 minutes
- No women treated within 60 minutes
- Overall % Treated in 60 Mins

Maternal Hypertension Data: Patient Education



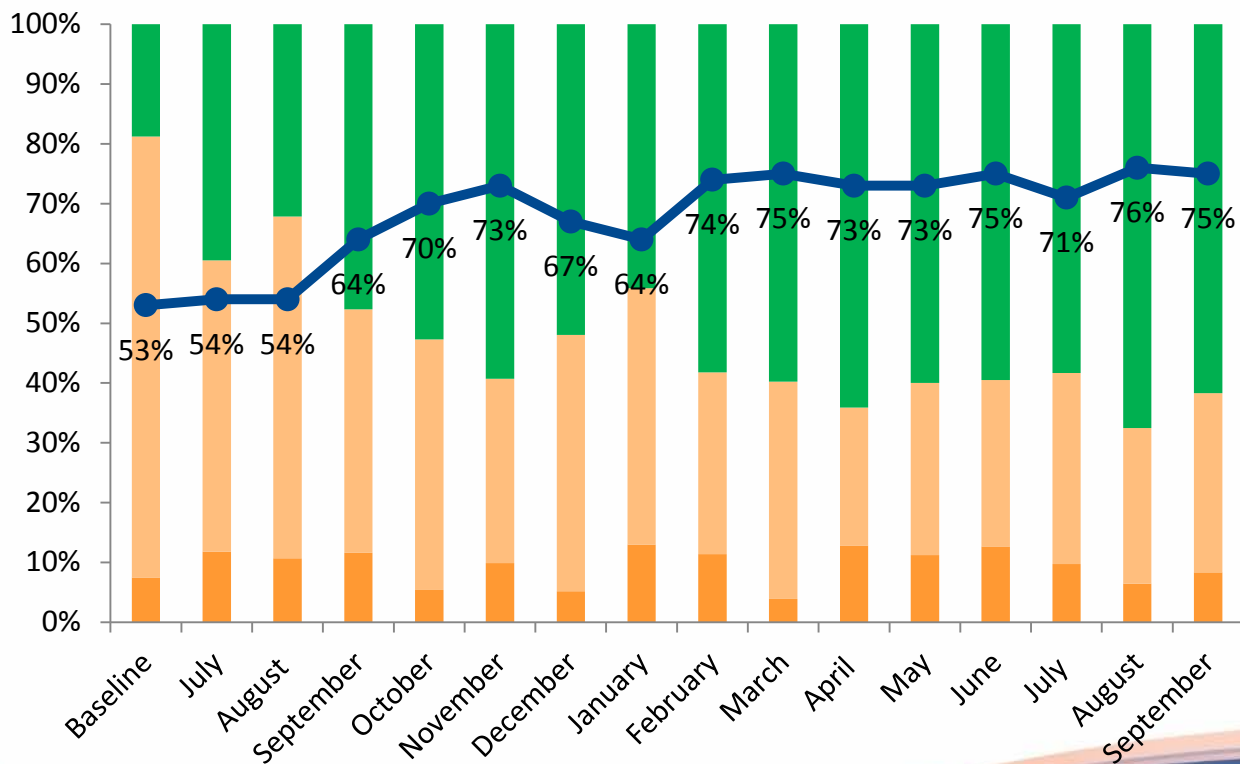
ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals Where Women Received Discharge Education Materials
All Hospitals, 2016-2017



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



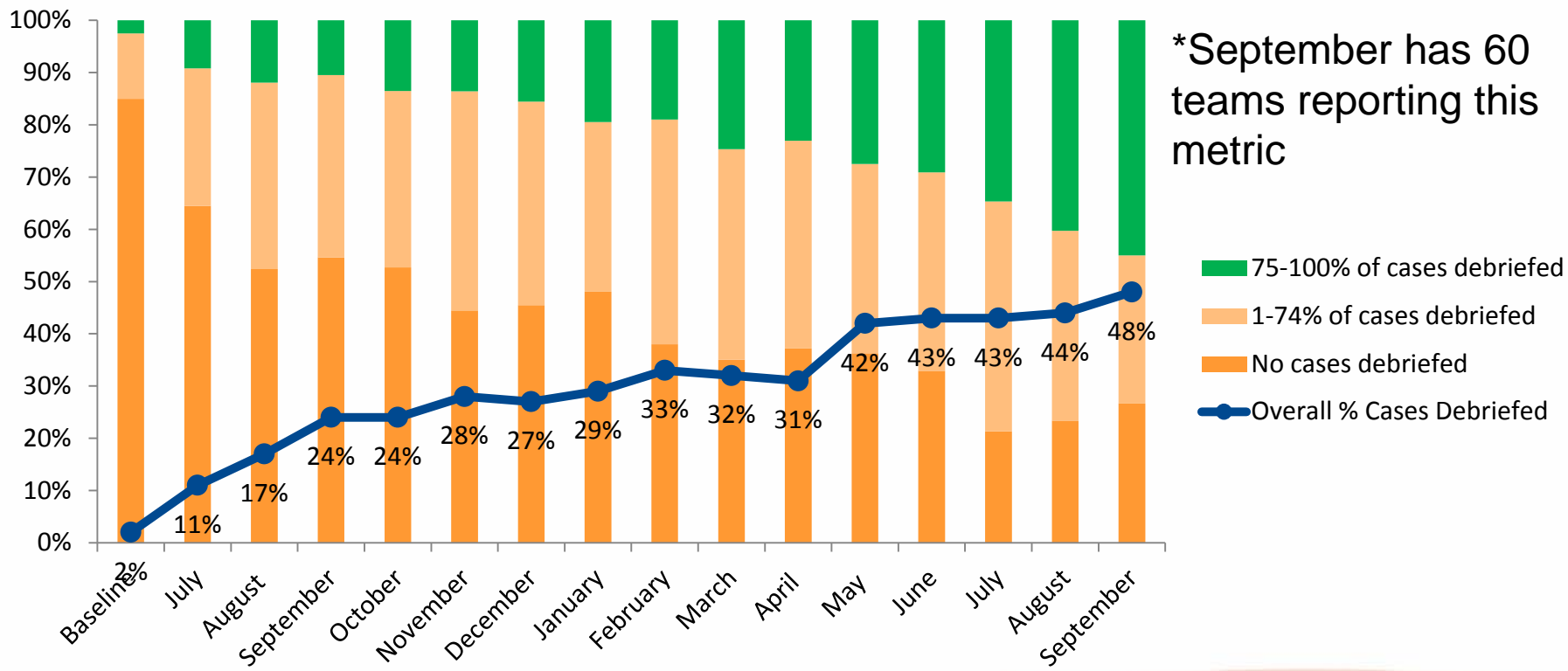
*September has 60 teams reporting this metric

- 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



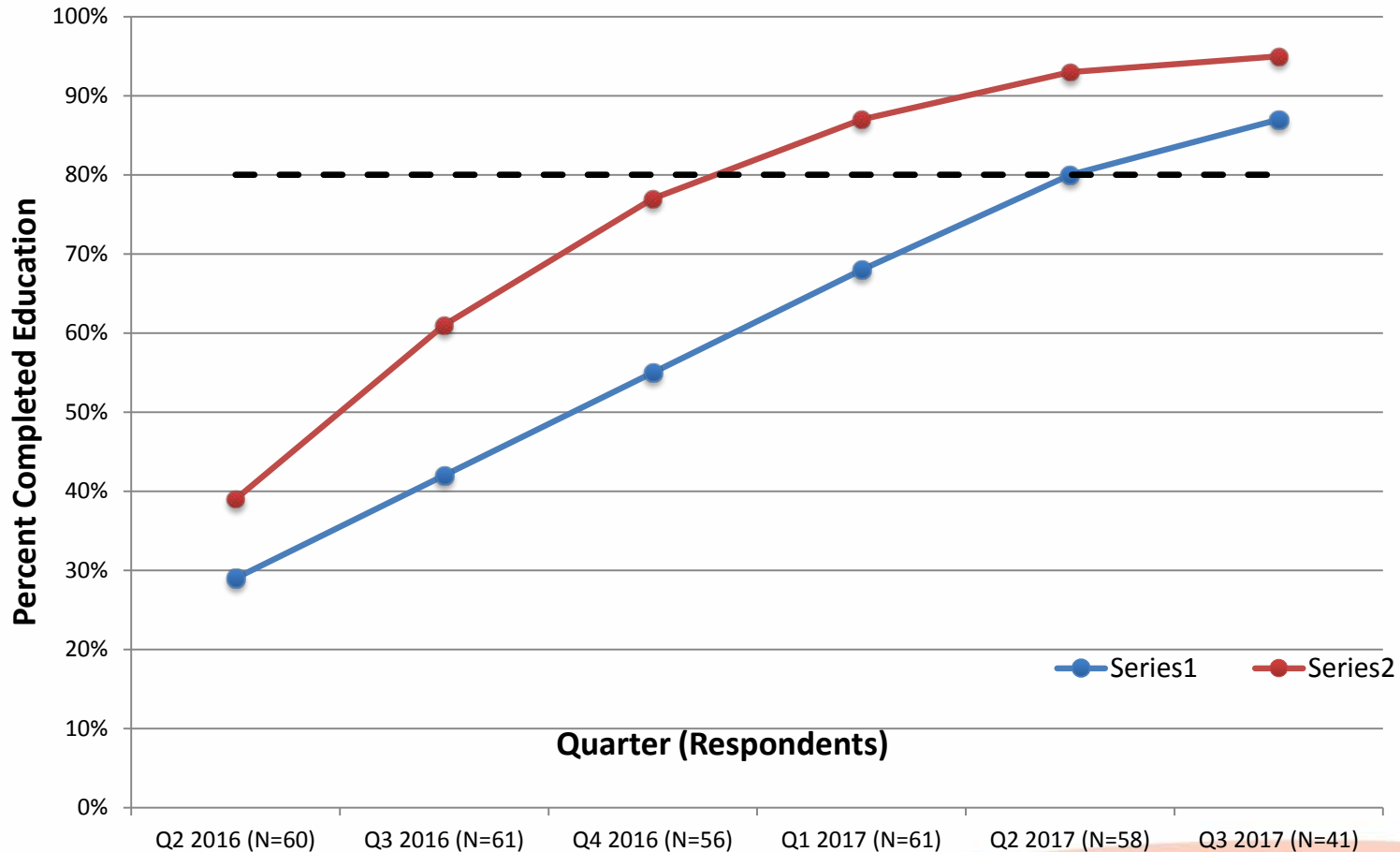
Severe Hypertension Data Entry Status



	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	528	79
July	582	75
August	385	77
September	408	60
Overall	11473	105

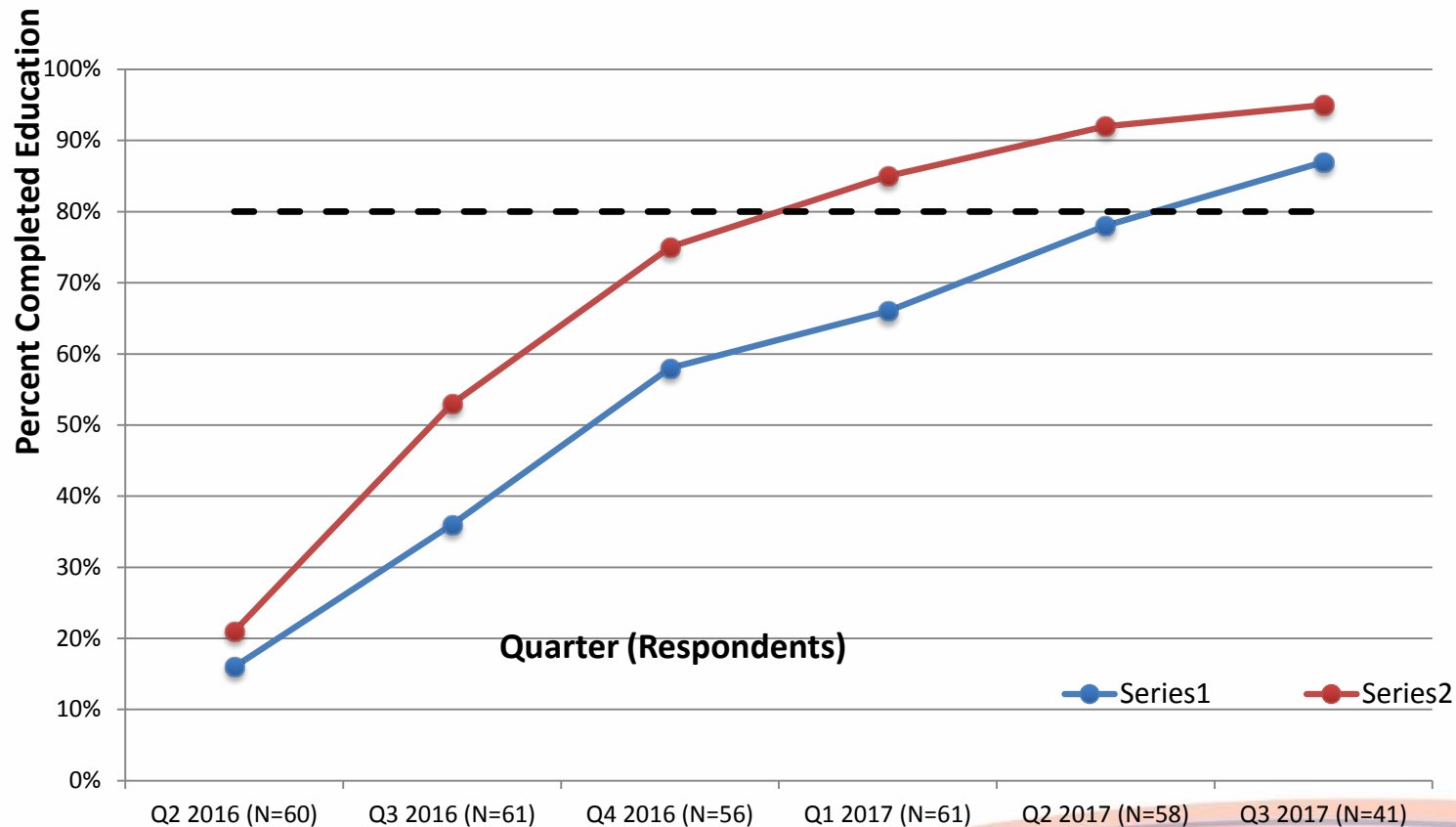
AIM Quarterly Measures: Provider & Nurse Education

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



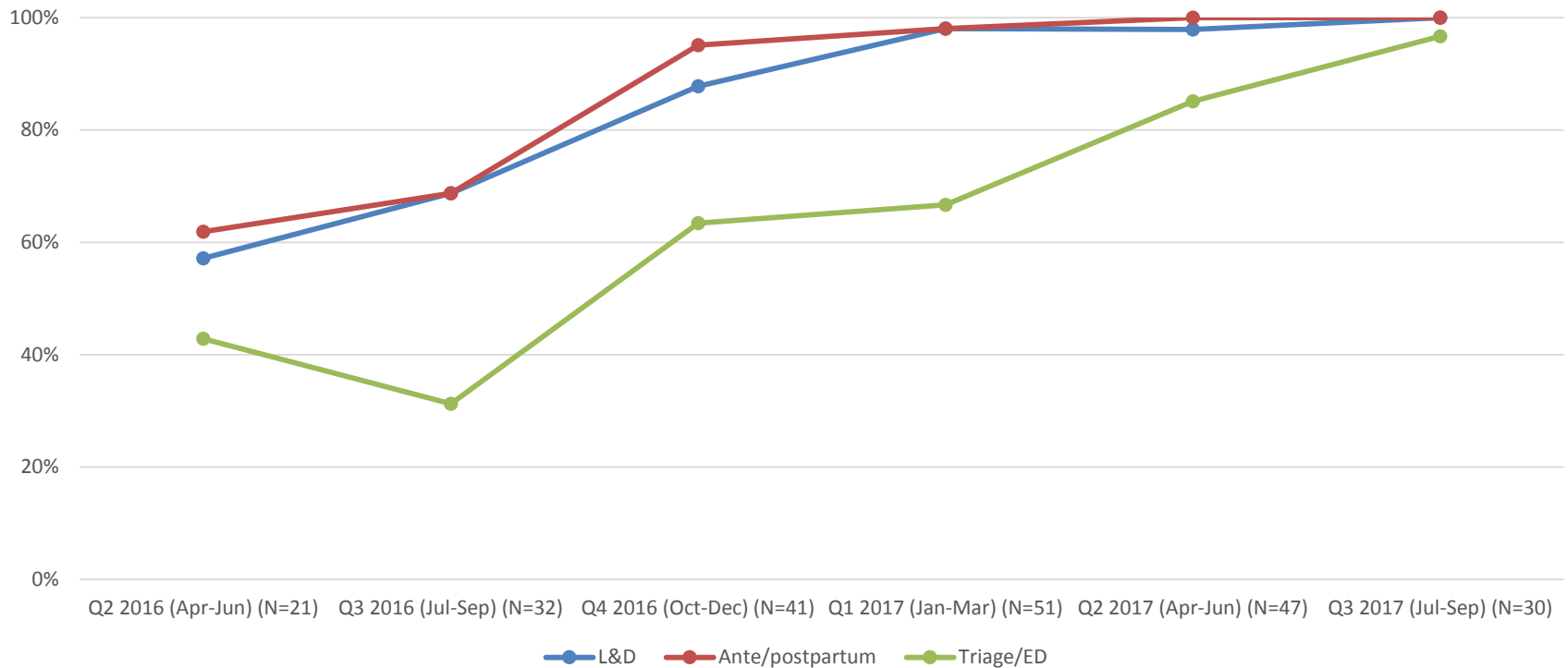
AIM Quarterly Measures: Provider & Nurse Education

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



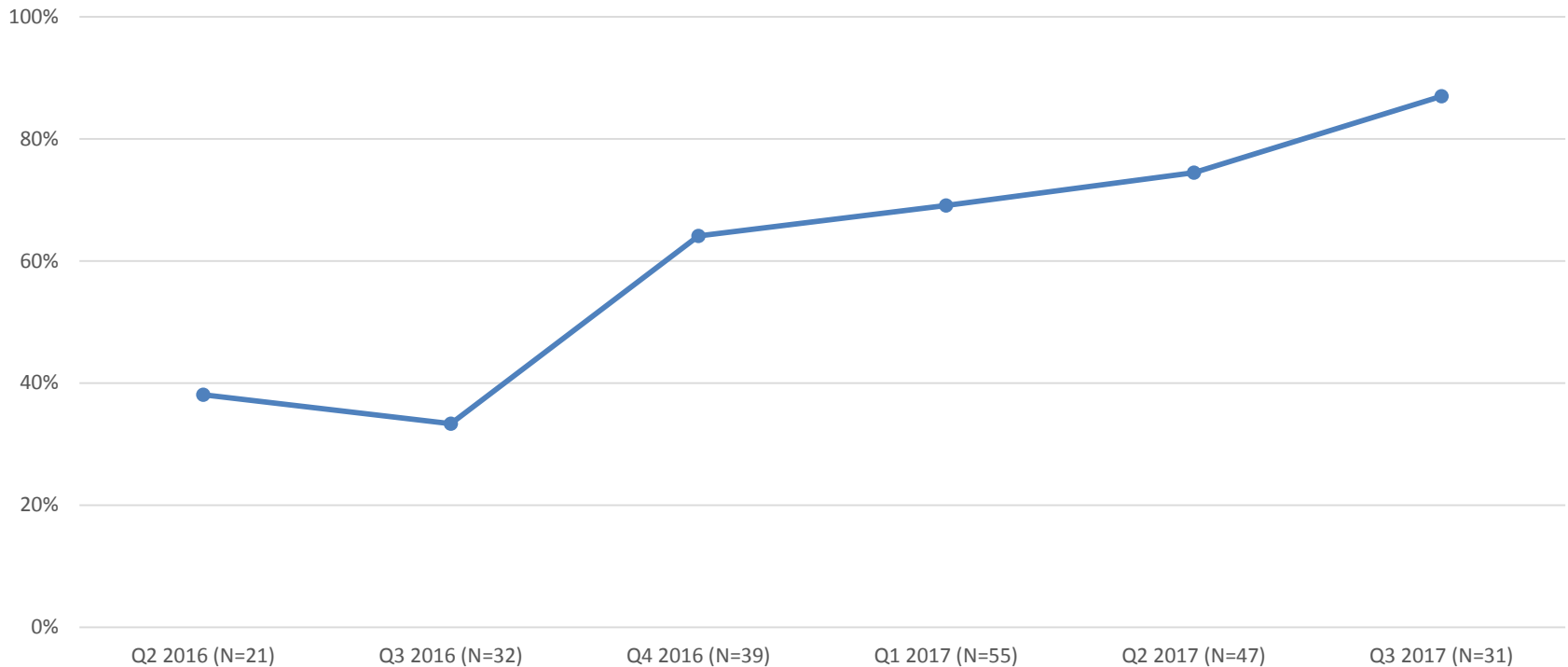
Implementation Checklist: Standard Policies / Protocols Across Units

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)

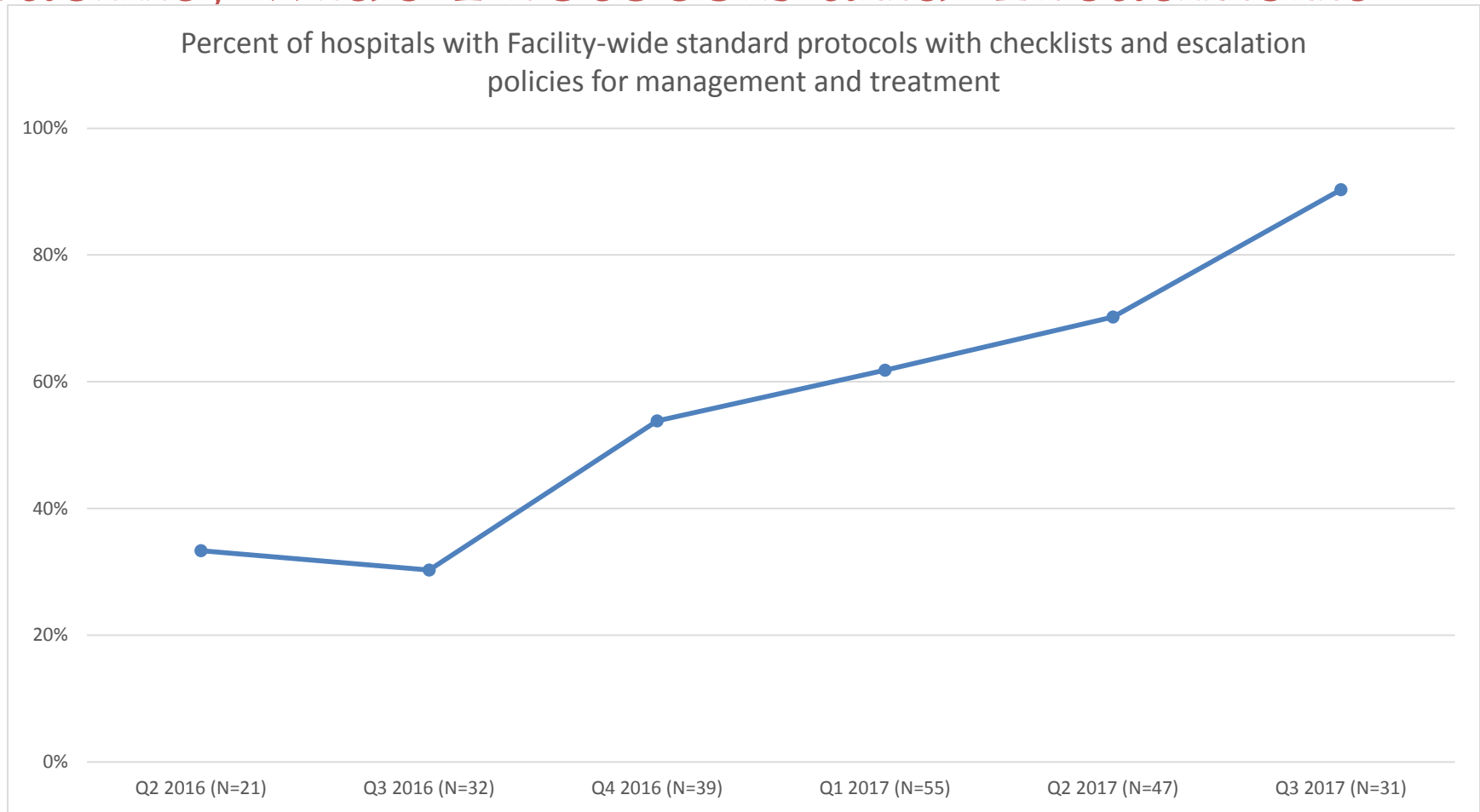


Implementation Checklist: Facility-wide Patient Education

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

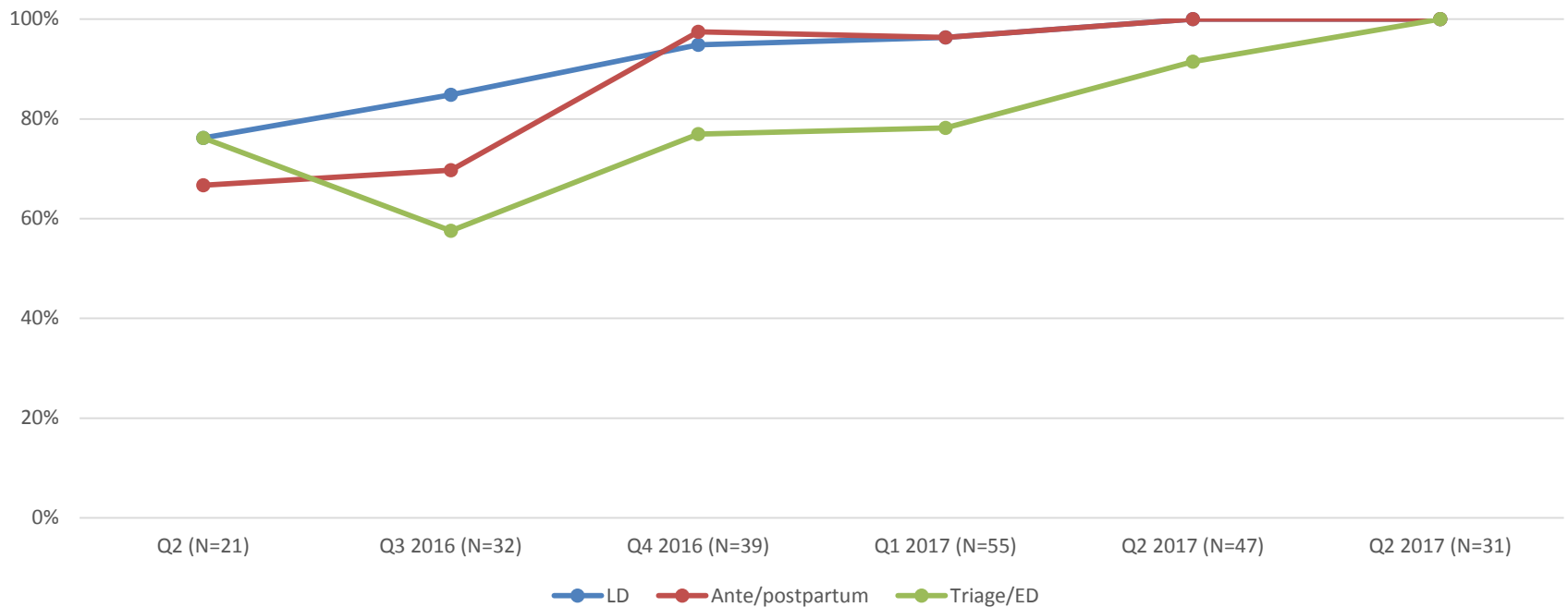


Implementation Checklist: Facility-wide Protocols and Treatment



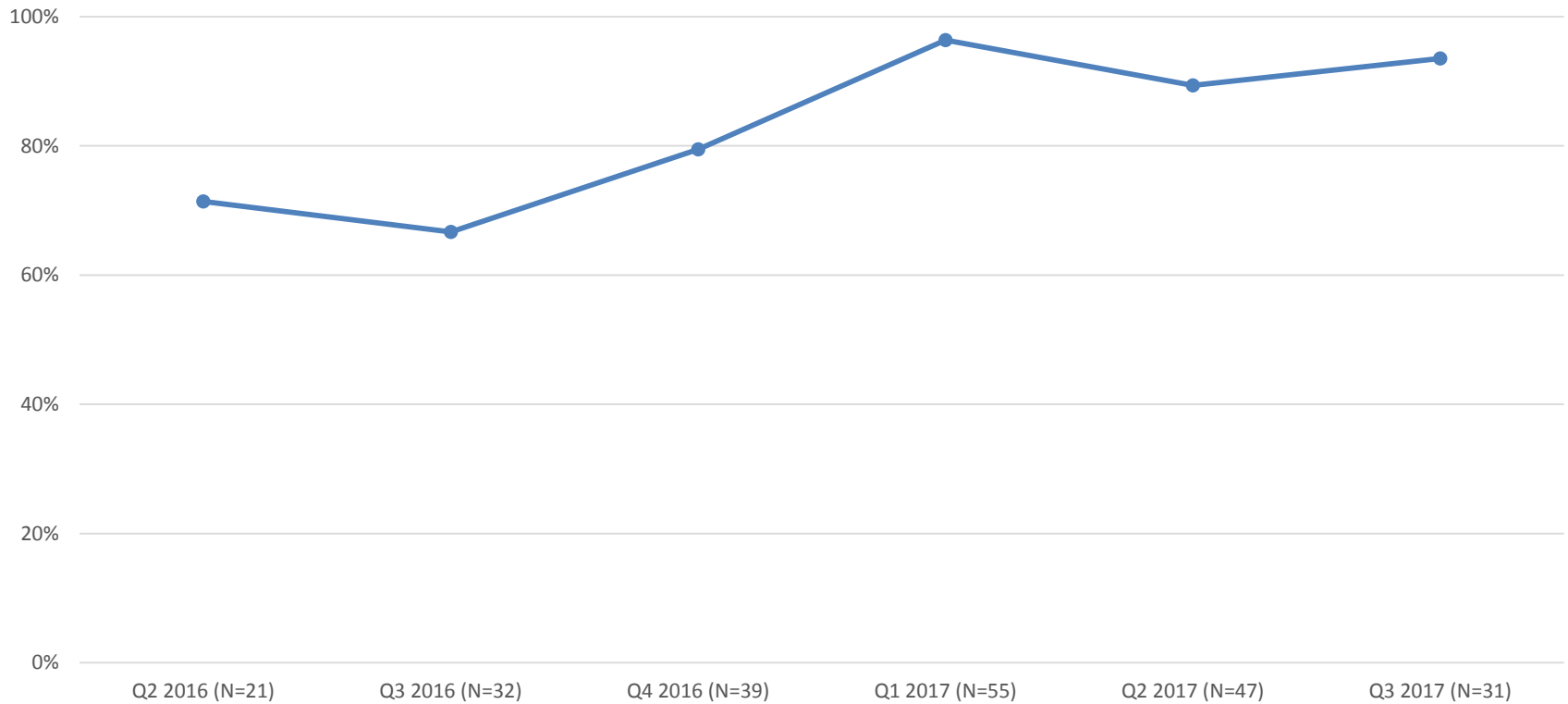
Implementation Checklist: Rapid Access to IV Medications

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).



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**

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 by November 15

👤 *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 by Nov 15

👤 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

AIM Quarterly 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 Outcome Measures
ILPQC AIM Quarterly Measures
ILPQC Severe HTN Implementation Checklist

Aim Quarterly Measures Entry Form

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

Adding new Record ID 1

Record ID: 1

Hospital ID:

* must provide value

Please select the time period for this quarterly data:

* must provide value

- 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)

Provider Education

1a. At the end of this quarter, what cumulative proportion of OB physicians and midwives has completed (within the last 2 years) an education program on Severe HTN/Preeclampsia* ?

*Question 1a focuses on clinical education related to severe HTN/Preeclampsia.

1b. At the end of this quarter, what cumulative proportion of OB physicians and midwives has completed (within the last 2 years) an education program on the Severe HTN/Preeclampsia bundle elements and the unit-standard protocol*?

*Question 1b focuses on implementation education related to severe HTN/Preeclampsia bundle (Readiness, Recognition & Prevention, Resources, Reporting/Systems Learning) with a focus on the 14 items on the implementation checklist.

Nursing Education

2a. At the end of this quarter, what cumulative proportion of OB nurses has completed (within the last 2 years) an education program on Severe HTN/Preeclampsia*?

*Question 2a focuses on clinical education related to severe HTN/Preeclampsia.

2b. At the end of this quarter, what cumulative proportion of OB nurses has completed (within the last 2 years) an education program on the Severe HTN/Preeclampsia bundle elements and the unit-standard protocol*?

*Question 2b focuses on implementation education related to severe HTN/Preeclampsia bundle (Readiness, Recognition & Prevention, Resources, Reporting/Systems Learning) with a focus on the 14 items on the implementation checklist.

Unit Drills

3. In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?

4. What topics were covered in drills this quarter?

- Hemorrhage
- Severe Hypertension
- Maternal Code
- Crash Cesarean Birth
- Shoulder Dystocia
- Other

Select all that apply

Form Status

Complete?

Save Record

Save and Continue

- 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 by
November 15**

Aim Quarterly Measures Entry Form

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Adding new Record ID 1

Record ID: 1

Hospital ID:

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- Maternal Code
- Crash Cesarean Birth
- Shoulder Dystocia
- Other

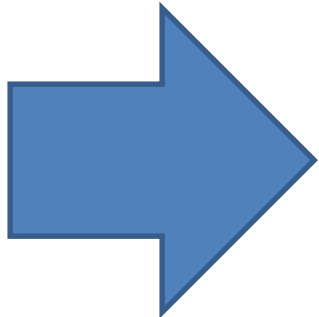
Select all that apply

Form Status

Complete?

Save Record

Save and Continue



Severe HTN Implementation Checklist

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 Outcome Measures
- ILPQC AIM Quarterly Measures
- ILPQC Severe HTN Implementation Checklist**

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- Q1 2017 (January - March 2017)
- Q2 2017 (April - June 2017)
- Q3 2017 (July - September 2017)
- Q4 2017 (October - December 2017)

reset

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).

Yes No

a. L&D

* must provide value

b. Antepartum/Postpartum

* must provide value

Yes No

c. Triage/ED

* must provide value

Yes No

reset

2. Unit education on protocols, unit-based drills or simulations (with post-drill debriefs).

Yes No

a. L&D

* must provide value

b. Antepartum/Postpartum

* must provide value

Yes No

c. Triage/ED

* must provide value

Yes No

reset

3. Process for timely identification, triage, and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas.

Yes No

* must provide value

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.

Yes No

a. L&D

* must provide value

b. Antepartum/Postpartum

* must provide value

Yes No

c. Triage/ED

* must provide value

Yes No

reset

5. System plan for escalation, obtaining appropriate consultation and maternal transport, as needed for severe maternal hypertension, preeclampsia, and eclampsia.

Yes No

a. L&D

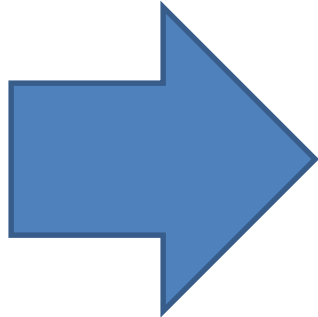
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reset

- 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 by November 15



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Record ID 1

Hospital ID

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 Q4 2016 (October - December 2016)
 Q1 2017 (January - March 2017)
 Q2 2017 (April - June 2017)
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 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).

a. L&D Yes No

b. Antepartum/Postpartum Yes No

c. Triage/ED Yes No

2. Unit education on protocols, unit-based units or simulations (with post-drill debriefs).

a. L&D Yes No

b. Antepartum/Postpartum Yes No

c. Triage/ED Yes No

3. Process for timely identification, triage, and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas.

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.

a. L&D Yes No

b. Antepartum/Postpartum Yes No

c. Triage/ED Yes No

5. System plan for escalation, obtaining appropriate consultation and maternal transport, as needed for severe maternal hypertension, preeclampsia, and eclampsia.

a. L&D Yes No

Easy to Complete HTN Education Resource for ALL Providers / Staff:

Complete by
NOV 15 for
QI Award!

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
 - HealthStream website (alternate site):
<http://hs.healthstream.com/l/152971/2016-12-05/b3751m%20>
- Additional education option: AIM webinar “Treating Maternal Depression,” by Drs. James Martin Jr., Laurence Shields, and Maurice Druzin: <http://safehealthcareforeverywoman.org/aim-program/aim-resources/>

Meeting HTN Initiative Goals by 12/17

- 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

- Some teams ready to sustain gains
- Other teams still working to achieve > 80%
- Teams to start **Sustainability Planning**
 - 1) Compliance monitoring 2018 – 4 key questions
 - 2) HTN education for new hires – AIM e-modules
 - 3) Incorporate HTN education into ongoing unit education: drills / simulations / e-modules and continue to post protocols, active “debrief” = “how did we do on Time to Treatment?”

Compliance Monitoring 2018

- 2018 REDcap compliance data form will be available to track compliance *severe HTN*
 - Time to treatment severe HTN under an hour
 - Magnesium provided
 - Early follow up for BP check within 7-10 days
 - Patient Education

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"/>  31 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

James DeVente, MD/PhD, FACOG- East Carolina University, Brody School of medicine

SEVERE HTN TIME TO TREATMENT COMPLIANCE MONITORING




Conservative Mgt of Pre-eclampsia (CMOP)

- Outline
- Our Team
- Before CMOP
- Our CMOP Journey
- Sustainability


James E. deVente, MD/PhD
Associate Professor
Medical Director of Labor and Delivery
Department of Obstetrics and Gynecology
The Brody School of Medicine
Greenville, NC 27834
Cell #: 252-916-2325

Our CMOP Team

<p>Team Members</p>	<ul style="list-style-type: none"> • Dr. James deVente, L&D Medical Director • Angela Still, RN Women’s Center Administrator • Carolyn Alphin, RN Women’s Center Educational Nurse Specialist 	<ul style="list-style-type: none"> • Junette Harper, RN, L&D Data Collector • Elaine Clark, RN, Women’s Center Perinatal Clinical Nurse Specialist • Violet Pack, Pharmacist III
<p>Counties Served</p>	<ul style="list-style-type: none"> • Halifax, Nash, Wilson, Wayne, Duplin, Onslow, Jones, Lenior, Green, Pitt, Edgecombe, Northampton, Hartford, Bertie, Martin, Beaufort, Craven, Pamlico, Carteret, Washington, Hyde, Tyrell, 	 <p>Dare, Chowan, Gates, Perquimans, Pasquotank, Camden, and Currituck</p>
<p>Deliveries per Year</p>	<ul style="list-style-type: none"> • Approximately 3,900 deliveries 	
<p>Staff Size</p>	<ul style="list-style-type: none"> • 16 Private Physicians/5 CNMs • 11 ECU Physicians/5 CNMs • 7 Family Medicine Physicians • 21 ECU Residents 	<ul style="list-style-type: none"> • 154 Nurses • 25 Care Partners/Surgical Technicians

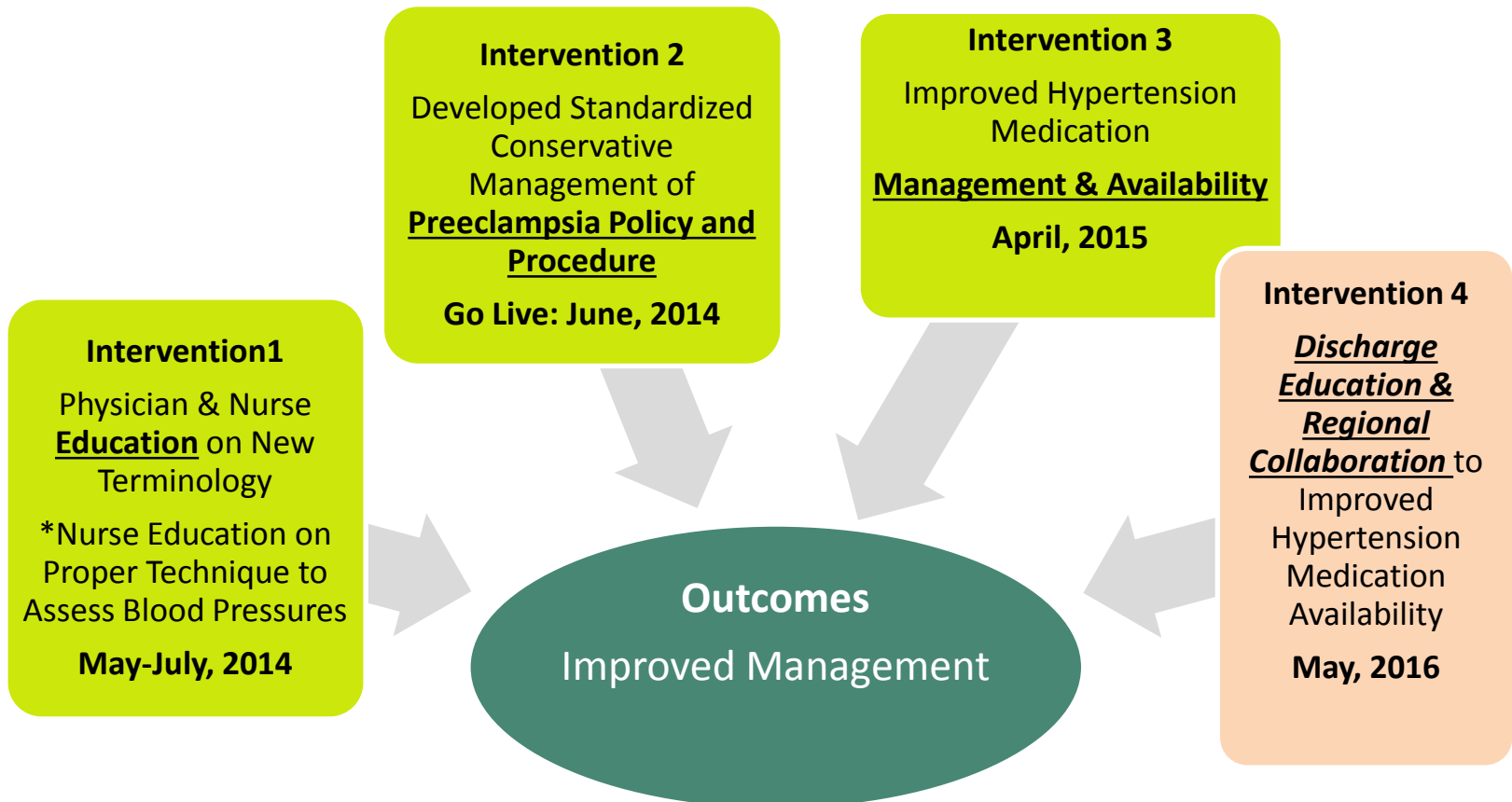
Barriers To Effectively Caring for Women with Preeclampsia

- Inconsistent technique of assessment of ***blood pressure measurement***
- Inconsistent ***equipment availability*** of appropriate size blood pressure cuffs
- Inconsistent ***timing of notification*** of providers related to hypertensive values
- ***Delay in obtaining hypertensive medications*** and magnesium sulfate from pharmacy

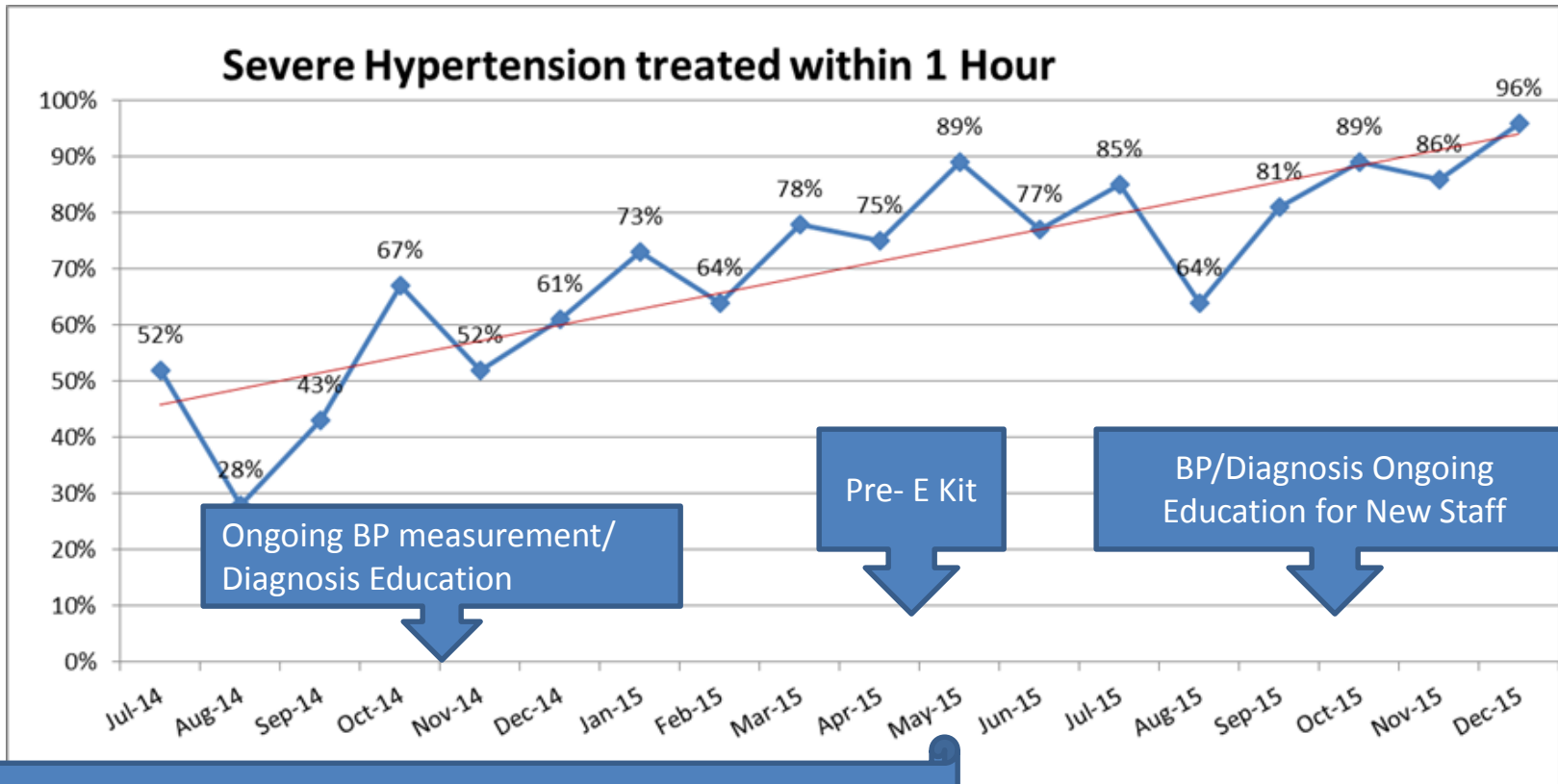


EQUIPMENT
EDUCATION
EFFICIENCY
COMMUNICATION

Our CMOP Journey



Our CMOP Journey



Attainment of BP cuffs and Equipment/Initial Education
 Diagnosis changes/Education on proper technique of BP measurement/Policy Development- April-July, 2014

Discharge Education & Regional Collaboration

Our CMOP Journey

CAROLINA EAST



VMC



VIDANT BEAUFORT



VIDANT RO-CHO



VIDANT EDGECOME

Changes Continuing After CMOP

Proper Diagnosis

- 1) MD Medical Director will ensure providers are educated on proper differential diagnosis
- 2) Provide nursing staff with ongoing education that will reinforce new diagnosis and s/s to be aware of
- 3) Continue to reinforce the **“why this is so important”** education on conservatively managing pre-eclampsia

Proper Management

- 1) Continue to conduct ongoing chart reviews
- 2) Continue to share information with staff and providers via email huddles and staff meetings
- 3) Continue to share data with OB providers at OB Executive Committee meeting
- 4) Provide nursing staff with ongoing education of the difference in how we treat CHT patients versus pre-eclamptic patients

Proper Discharge & Regionalization

- 1) Provide proper education of patients prior to discharge of S/S of pre-eclampsia
- 2) Ensure education of CMOP initiative is in all patient education booklets with visual pictures
- 3) Reinforce with nursing the importance of double checking and ensuring patients understand BP medications before discharge home
- 4) Alignment of Policies, Protocols and Order sets



Women's Clinical Service Executive Committee Operational Scorecard



Theme	Metric	Target	Metric Definition	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	
Finance																
Enhance Revenue	Total Revenue/Stat			\$2,875	\$2,942	\$2,968	\$2,899	\$2,984	\$2,952	\$2,795	\$3,005					
	Inpatient			\$2,957	\$3,028	\$3,066	\$2,962	\$3,039	\$3,036	\$2,872	\$3,147					
	Outpatient			\$1,642	\$1,716	\$1,713	\$1,711	\$2,100	\$1,948	\$1,474	\$1,400					
Lower Cost	Total Expense/Stat			\$917	\$796	\$878	\$851	\$860	\$865	\$808	\$867					
	Salaries/Stat			\$690	\$591	\$679	\$638	\$610	\$633	\$616	\$646					
	Drugs & Supplies/Stat			\$119	\$115	\$107	\$112	\$107	\$114	\$110	\$114					
Customer																
Increase Customer Confidence in value of services	Perinatal Core Measures															
	PCD1 Elective Delivery	0%		0%	0%	0%	0%	0%	0%	0%	0%	25.00%	0%			
	PCD2 Cesarean Section	<= 30%		41.67%	16.67%	33.33%	20.00%	43.75%	29.41%	50.00%	36.84%	43.75%	16.67%			
	PCD3 Antenatal Steroids	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	PCD5 Exclusive Breast feeding (no supplementation)	50%		41.38%	44.83%	43.75%	38.24%	47.31%	51.52%	43.75%	30.00%	50.00%	48.28%			
	Events of Harm (SSE)															
	L&D Side A	0		0	0	0	0	0	0	0	0	0	0			
	L&D Side B/Triage	0		0	0	2	0	1	0	0	0	0	0			
1West Mother Baby	0		0	0	0	0	1	0	0	0	0	0				
Increase Customer Satisfaction through superior performance	Inpatient HCAHPS (Top Box)	6 of 9		ND	3 of 9	4 of 9	4 of 9	3 of 9	3 of 9	3 of 9	3 of 9	3 of 9	ND			
Internal Processes																
Access	Patient Deferrals	0		8	5	1	1	0	1	0	1	1	0			
Efficient & Timely Care	Flexwork Productivity															
	L&D Side A	95-105%	(more patients = less staff)	115.33%	103.26%	108.88%	102.78%	127.76%	127.87%	121.75%	111.51%	106.27%	129.33%			
	L&D Side B/Triage	95-105%		95.45%	94.84%	91.82%	94.28%	93.60%	120.79%	126.50%	118.69%	125.68%	119.86%			
	1West Mother Baby	95-105%		94.55%	97.64%	105.86%	101.13%	108.12%	95.54%	99.21%	92.97%	103.42%	101.77%			
	Triage Avg. LOS (hrs)	2.50		1.97	2.34	2.47	2.78	2.98	3.18	3.22	2.94	2.57	2.98			
Late C-section Rate	30%		35%	34%	23%	37%	17%	44%	33%	31%	45%	43%				
Standard Operating Procedures	CMOP Protocol	95%		94%	94%	100%	88%	100%	100%	100%	94%	89%	87%	95%		
	Epidural Rate of Deliveries	58%		56%	59%	50%	60%	56%	63%	60%	58%	55%	62%	62%		
Deliver Safe High Quality Care	Hand Hygiene															
	L&D	95%		85%	96%	93%	91%	97%	93%	90%	94%	96%	72%			
	1West Mother Baby	95%		93%	98%	100.00%	95%	99%	100.00%	ND	98%	95%	97%			
	C-section Rate (Term Ver Null)	20%		ND	33.0%	25.0%	ND	ND	25.0%	27.5%	20.0%	18.0%	18.0%	20%		
Learning, Growth and People																
Workforce	RN Functional Staff %	Target														
L&D Side A model 10 pts = 4 functional RNs per shift	8 RNs: 100%	% functional of filled (proj tool)		82%	82%	80%	80%	79%	83%	95%	94%	100%	100%			
L&D Side B model 9 hrs/pt = 10 functional RNs per shift	70 RNs: 100%	% functional of filled (proj tool)		79%	81%	78%	92%	84%	81%	67%	81%	80%	84%			
1W MB model 36 pts = 9 functional RNs per shift	18 RNs: 100%	% functional of filled (proj tool)		86%	84%	87%	91%	91%	93%	94%	99%	100%	95%			
Motivation	Turnover % (All RNs)															
	L&D Side A	12%	HR monthly report (%age sums)		0%	0%	0%	0%	0%	0%	0%	0%	0%			
	L&D Side B/Triage	12%	HR monthly report (%age sums)		5%	0%	0%	19%	3%	12%	21%	0%	6%	2%		
	1West Mother Baby	12%	HR monthly report (%age sums)		2%	0%	2%	3%	3%	0%	18%	0%	2%	1%		

Mission: To Improve the Health and Well-being of eastern North Carolina

Vision: To become the national model for rural health and wellness by creating a premier, trusted health care delivery and education system.

Values: Integrity, Compassion, Education, Accountability, Safety, Teamwork

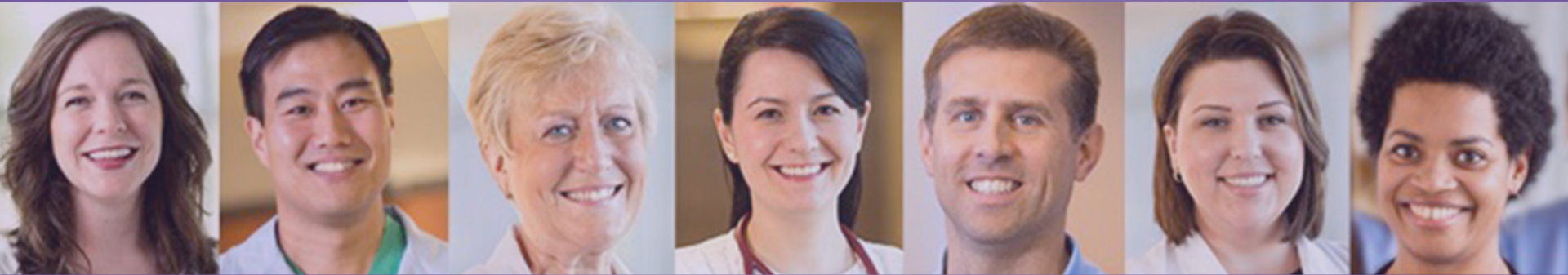
Sustainability

CMOP TEAM "LINKAGE" TO EXECUTIVE TEAM.... Its about engagement





Central DuPage Hospital Safety Event Communication Preeclampsia Management 2017



safety. always.



Case summary – Preeclampsia Management

- Patient admitted to Mother/Baby for preeclampsia observation at 33 weeks gestation
- The patient's BP met criteria for severe hypertension requiring treatment
- RN contacted the on-call OB, but the MD did not order medication to treat the hypertension even though it is required per policy
- Shift change occurred and a second OB later rounded on the patient. Again severe range hypertension was reported and that provider did not treat the hypertension as required by policy.

Case summary – Preeclampsia Management

- Patient was seen by MFM provider, severe range hypertension was noted, and the first dose of hydralazine was administered approximately 3 hours after meeting criteria
- The patient's condition continued to deteriorate, including back pain and a headache, and the patient likely suffered a placental abruption around that time
- The patient was transferred to L&D for magnesium sulfate infusion and a trial of labor
- Based on a non-reassuring fetal heart rate tracing, the baby was delivered via cesarean section
- Apgars were 1/1/3/5/7, and the newborn required intensive resuscitation and NICU admission.

Discovery and Investigation

- Incident report generated by staff nurse and the case was reported to L&D Clinical Director
- L&D Clinical Director reported the case as a potential SSE (Serious Safety Event) at daily house wide safety huddle
- Case was recommended for review by CCEC (Critical Case Event Classification Committee -multidisciplinary committee comprised of physicians, hospital physician and nursing leadership, quality and safety staff, and risk) to determine if it was a SSE
- OB Steering Committee (multidisciplinary committee comprised of OB physicians, MFM, OB nurses and OB nursing leadership) reviewed case first – this is our internal process for all negative outcomes

What We Learned

OB Steering findings

- Expectations for following the new policy were not well established
- There was a low perception of risk related to the hypertension because the patient had no other subjective symptoms.
- Concerns about not following the policy were not initially escalated because it was not clear to whom the concerns should be escalated.
- It was unclear whether the primary OB physician or the consulting MFM physician was responsible for managing the patient's hypertension.

Reporting our Findings

- Case was presented CCEC (Critical Case Event Classification Committee -multidisciplinary committee comprised of physicians, hospital physician and nursing leadership, quality and safety staff, and risk) by L&D Clinical Director
- Case reviewed and discussed by CCEC and was classified as an SSE
- SSE required an RCA (Root Cause Analysis) and an action plan
- RCA held with OB steering and CCEC members; recommendations for action plan items.

Preeclampsia Management Action Plan

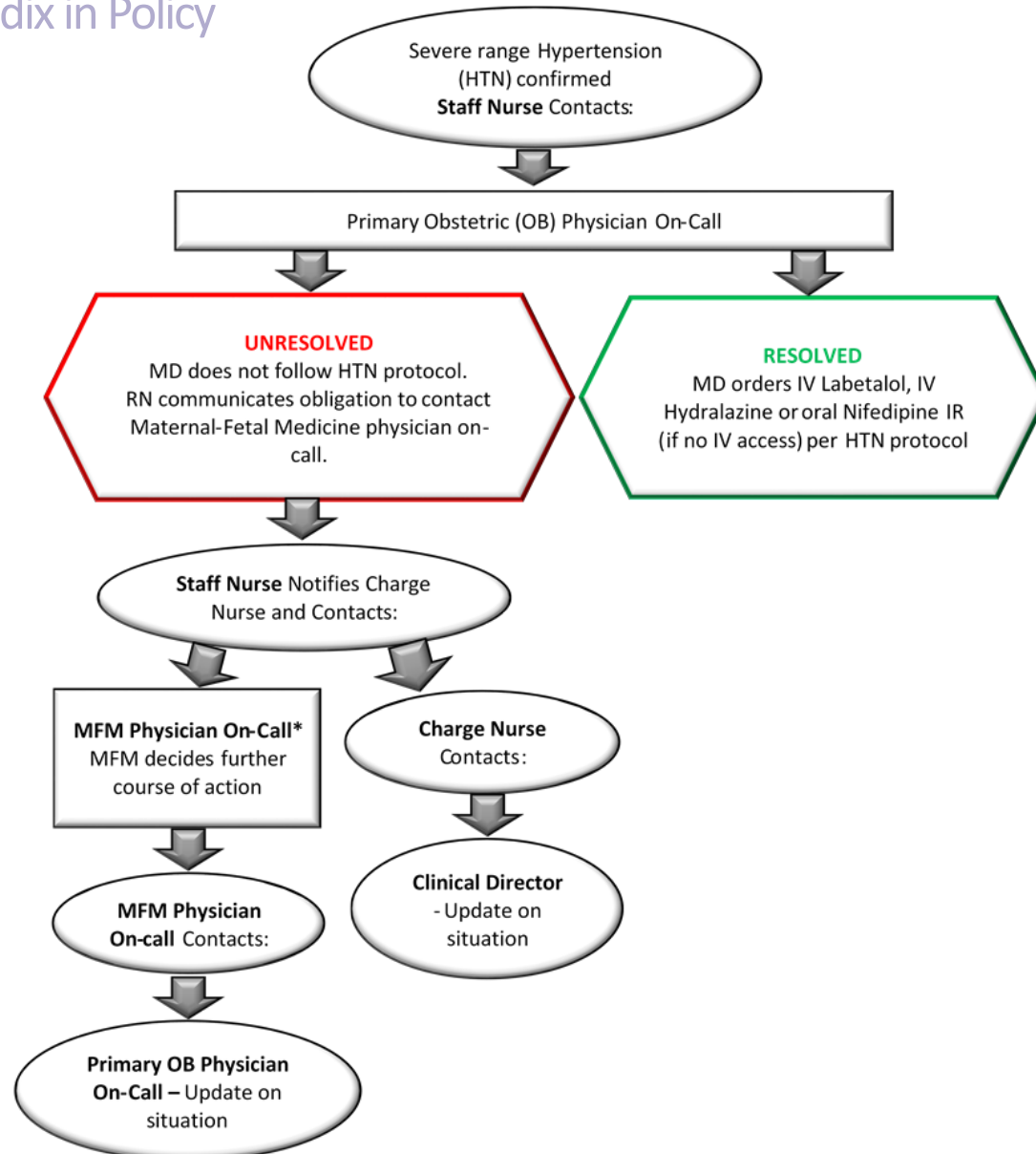
Root Cause Statement: The hypertension protocol is not consistently followed by all OB physicians or nurses because there is a low perception of risk surrounding severe range hypertension without subjective symptoms.

Action Plan

1. Review case and outline expectations for treatment of hypertension according to protocol at OB Department meeting (exceptions should be clearly documented & cases of non-compliance will be referred to MD peer review)
2. Review case and outline expectations for treatment of hypertension according to protocol at both Mother/Baby and Labor & Delivery staff meetings. Cases of non-compliance will have follow up by the HTN Work Group; Repeat offenses will result in corrective action.
3. Develop a Severe Range Hypertension escalation algorithm with a clearly delineated chain of command pathway for notification and intervention
4. Outline escalation plan and include in policy. Provide and practice scripting for RNs when faced with scenarios/situations in which orders and patient care plan are not in accordance with protocols, procedures or best practices.

Severe Range Hypertension Escalation Algorithm

Insert as Appendix in Policy



Prevent Similar Events in the Future

- The story of this event was shared with RNs and physicians to increase the perception of risk related to not aggressively treating hypertension
- It was established with the entire care team (RNs and Physicians) that the hypertension treatment policy is to be followed as written
- New escalation and chain of command plans were developed and included in the policy
- Severe range hypertension escalation algorithm education conducted individually or in small groups with L&D and Mother Baby staff. Case studies used to ask the question, “What would you do next”.
- Ongoing data collection to track compliance of time to treatment.
- Individual coaching sessions with staff and providers who are involved in cases that fall out of compliance.

Expectations for Promoting a Culture of Safety

Use of Safety.Always tools

- When implementing new or revised processes use **Peer Coaching** and **Crosscheck & Assist** to help each other be accountable and support the team.
- Use **Question & Confirm** to speak up for safety when unsure that new expectations are being followed.
- Use **ARCC** to escalate concerns when safety issues are not being acknowledged or addressed

Gain attention by using our
safety phrase:
“I have a CONCERN.”

Want More Information??

QI Topic Call with Lisa Sullivan Thursday, November 2nd

- For a more in-depth discussion, you are all invited to call in for a QI Topic Call with Lisa
- Thursday, November 2nd, 2017
- 12:00pm – 1:00pm (Central Time)
- Call in: 1-877-860-3058
- Passcode: 850 207 6731

HTN Next Steps



- At your monthly team QI meeting
 - Review your monthly severe HTN data and what you need to accomplish, >80% Time to Treatment? QI Award Banner?
 - Confirm structure measures in place and submit in AIM Quarterly form and HTN Implementation Checklist, October monthly data by **Nov 15**.
 - Plan your poster abstract: submit **by Monday Nov 13** for poster excellence awards, by Nov 27 for program
 - Register your team for ILPQC Annual Meeting 12/19/17 open Nov 1
 - Start work on HTN sustainability plan for 2018:
 - (1) Compliance monitoring, (2) ongoing HTN education for staff / providers and (3) HTN education for new hires
- Contact us if you need help interpreting your data
- Share your goals, share data and post what needs to be accomplished with your providers and staff!!

Initiatives Starting 2018

Mothers and Newborns Affected by Opioids (MNO)
Immediate Postpartum Long Acting Reversible Contraception (LARC)

Mothers and Newborns Affected by Opioids (MNO)

- Received grant from CDC and IDPH
- Working closely with IL stakeholders: Dept of Public Health, Opioid Task Force, and NAS Advisory Committee
- Participating in collaborative of state PQCs on implementation of ACOG AIM OB Care for Women with Opioid Use Disorder Bundle
- Launch in 2018 with OB and neonatal teams in IL birthing hospitals and NICUs
- Seek to (1) improve screening of pregnant women and linkage to care during and after pregnancy and (2) improve and standardize care of newborns affected by NAS



MNO Timeline

- Develop draft aims, measures, data form, key drivers diagram and identify clinical leads (Oct-Dec 2017)
- Develop data system (Jan-Mar 2018)
- Launch with teams: Wave 1 test data/ Wave 2
 - (April Webinar, May Face to Face Meeting)
- Ongoing input from IDPH NAS Committee, OB Advisory Workgroup, AIM Maternal Opioid Collaborative

Immediate Postpartum LARC (IPLARC)



- Received grant from J.B. and M.K. Pritzker Foundation
- Empower women with information and services to optimize the timing and spacing of their pregnancies in order to reduce unintended pregnancies linked with adverse MCH outcomes
- Assist birthing hospitals in setting up systems to provide access to both Intrauterine Devices (IUDs) and/or Nexplanon (hormonal implants) before discharge from the hospital after giving birth
- Support birthing hospitals to implement best practice protocols by providing assistance with clinical protocols, addressing supply and coding challenges, and supporting provider and patient education

IPLARC Details

- Engage birthing hospitals that provide contraception at the hospital level
- Clinical leads for IPLARC:
 - *Stephen Locher*, Advocate Illinois Masonic Medical Center; *Shelly Tien*, NorthShore University HealthSystem Evanston Hospital
- IP LARC Timeline- Staggered over two years:
 - Longer Wave 1 with early adopter hospitals start spring 2018
 - Wave 2 enroll remainder of hospitals into 2019

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



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