

**Centegra Health System
McHenry and Huntley, IL**

**Joan Stout MSN, RNC-OB, NE-BC
Assistant Director Women's Services**

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OB Nurse Educator**

Sustainability

- ▶ Continue data collection utilizing the ILPQC form.
- ▶ Utilize this data to identify gaps in :
 - Performance
 - Process
 - Equipment and medication availability
- ▶ Opportunities from above reviewed at our Unit Based Nursing Professional Governance Council and at MD QA/QI
 - Keeps this project in staffs awareness
 - Allows us to maintain and improve management and outcomes in a recognizable way

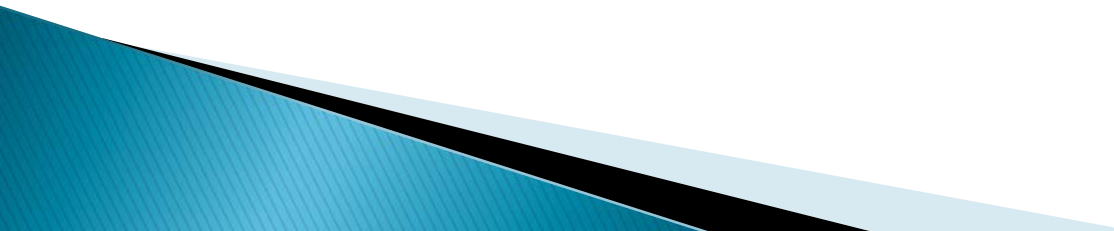
Sustainability

- ▶ 90% goal time to treatment time with monthly tracking shared at staff meetings and OB Department meetings
 - Keeps this project in staffs awareness
 - Allows us to maintain and improve management and outcomes in a recognizable way

Sustainability

- ▶ Incorporate Severe HTN into our new hire orientation checklist
 - Identifies this as an important patient experience to have during orientation
 - Hardwires the Hypertension Management process and creates better retention of the order set and patient management
 - Allows staff to ask pertinent questions and clarify the assessment and management of hypertension

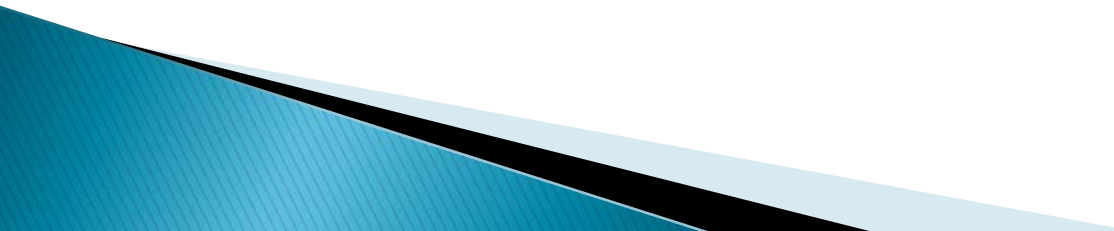
Sustainability

- ▶ Continue with multidisciplinary simulations that include MDs and the ED team
 - Allows practice and discussion, so that each discipline can hear, acknowledge, and understand the thought process from each side of practice
 - Encourages collaboration
 - Encourages and improves communication
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Sustainability

- ▶ Other Ways to help:
 - Presentation at yearly Centegra Nursing Symposium to increase awareness and knowledge
 - Utilize the AIM Modules to maintain awareness and practice of Hypertension management

Must haves for success

- ▶ Front line staff owned the process
 - ▶ MD champion
 - ▶ ILPQC support of Evidenced Based Practice
 - ▶ Development of an Order Set to aid providers and nursing staff in performing the proper assessment and management
 - ▶ Regular review of the data to maintain awareness and practice
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UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System

Changing medicine. For good.

PERINATAL CARE UNITS AT UI HEALTH

- **Labor and delivery**

8 labor and delivery suites, 5 Triage rooms, 2 OR suites

- **Antepartum**

12 Antepartum suites

- **Postpartum unit**

24 rooms

- **NICU**

52 beds, 30 beds Level III



UI Health Project Team

Micaela Della Torre, MD

Maternal Fetal Medicine Physician

Hayfaa Aldasoqi, APN

Advance Practice Nurse HROB team

Olga Marrero, DNP

Triage, Antepartum Educator

Hurt, Pamela DNP, MS, RN, FNP-BC

interim labor and delivery manager

Bedoya, Anabel MSN, RN

OB/ER/APSD Manager



OB DEPARTMENT

- UIC is Level III perinatal center
- All pregnant women are seen in OB emergency room not main ER
- Tracking shell implemented to evaluate quality metrics from patient arrival until patient assessment.
- Patient throughput from outpatient to Obstetrics Emergency Room is communicated effectively.
- Triage staffing consists an OB attending, resident, and nurses to facilitate quick assessment and treatment
- Patients are evaluated according to acuity in which elevated blood pressures have acuity scoring that facilitates expedited care.



ILPQC HTN Sustainability Plan

- Ongoing HTN modules through LMS and Gnosis for all practitioners, anesthesiologists, and nurses
- Simulation and drills for providers and staff, followed by debrief of each group
- Short debrief between the provider and the staff after each occurrence of HTN crisis
- Detailed New Hire Education
- Laminated Protocols and Algorithm of treatment are in accessible in numerous locations such as OB ER, Labor & Delivery, Antepartum and Postpartum



Sustaining Change

- Nurses have accessibility to override Hydralazine, Labetalol, Nifedipine, and Magnesium Sulfate from Omnicell for expedited care.
- Nurses have a protocol to initiate the first order for treatment of HTN crisis if practitioner is not available to place an order.
- OB ER, Labor & Delivery, and Antepartum rooms are always equipped with IV Pumps
- Increased Par levels of HTN crisis Medications in designated areas to decrease occurrences unavailability
- Hypertensive Crisis Kit is available



Patient Education

- Pregnant patients are educated of potential danger signs regardless of their medical history
- Hypertension, preeclampsia, and SI Preeclampsia education are part of discharge process
- Brochures are available in all waiting areas of outpatient clinics and OB ER
- TV programs provided in patient rooms and waiting rooms to educate about HTN and Preeclampsia



METHOD OF DATA COLLECTION

- Charts Audits
- Severe HTN Data Form filled by staff
- Pharmacy Report of HTN medication administration



METRICS

- UI Health awarded the Gold standard of care 2017 for treatment within an hour
- New moving goal of treatment within 30 minutes

Month	Number of Patients or Ecounters	Average Time of Treatment	Demographic
January	20	21.4 minutes	13 Black and 3 Hispanic
February	20	23.75 minutes	16 Black, 3 Hispanic and White
March	26	20 minutes	23 Black and 3 White

Patients who develop Preeclampsia and receive Magnesium are counseled to stay for 48 hours after completing Magnesium Sulfate therapy to check for rebounding of BP

DISCHARGE FOLLOW-UP

- UI Health consists of multiple outpatient satellites
- Many patients are non-compliant in obtaining an outpatient appointment to check BP within 3-10 days of discharge
- Medium for discharging patients with appointments are improving
- Clerical staff are receiving training to call for appointments prior to patient discharges that include patients with gHTN that did not require treatment or magnesium sulfate therapy
- Team leader communicates with postpartum interns regarding discharge information and need for appointments prior to discharge
- Appointments during weekends are facilitated by adding patients to a spreadsheet for follow-up on next business day



REVIEW OF DATA BY QUALITY IMPROVEMENT TEAMS

- Every 2 months
- Team leader collects data and transferrs to excel sheets beyond the red cap requirement to help with future research with concentration on readmission





Mercyhealth, Rockford: Sustainability Plan for Severe HTN

Dawn Varacalli, MSN, RNC, CLS

About us:

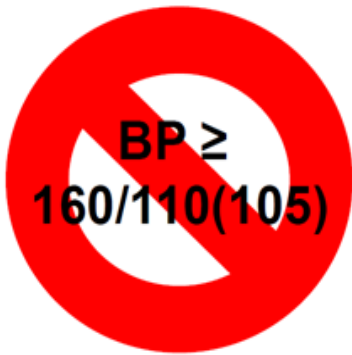
- Designated as the Northwestern Perinatal Regional Center located in Rockford
- 52 bed Level III neonatal intensive care and Small baby unit (NICU) providing advanced care to newborns and children in 13-counties in the Northwestern region
- NICU and maternal transport teams
- We average 200 deliveries a month with system OB providers and Crusader Health (large federally funded clinic) OB providers
- 24 hour OB hospitalist, 24 hour dedicated Anesthesia, 24 hour CNM on-site coverage, 24 hour Neonatology and NNP coverage, and Maternal Fetal Medicine

Most current work on Severe HTN

ED and Mother/Baby collaboration for readmitted postpartum patients:

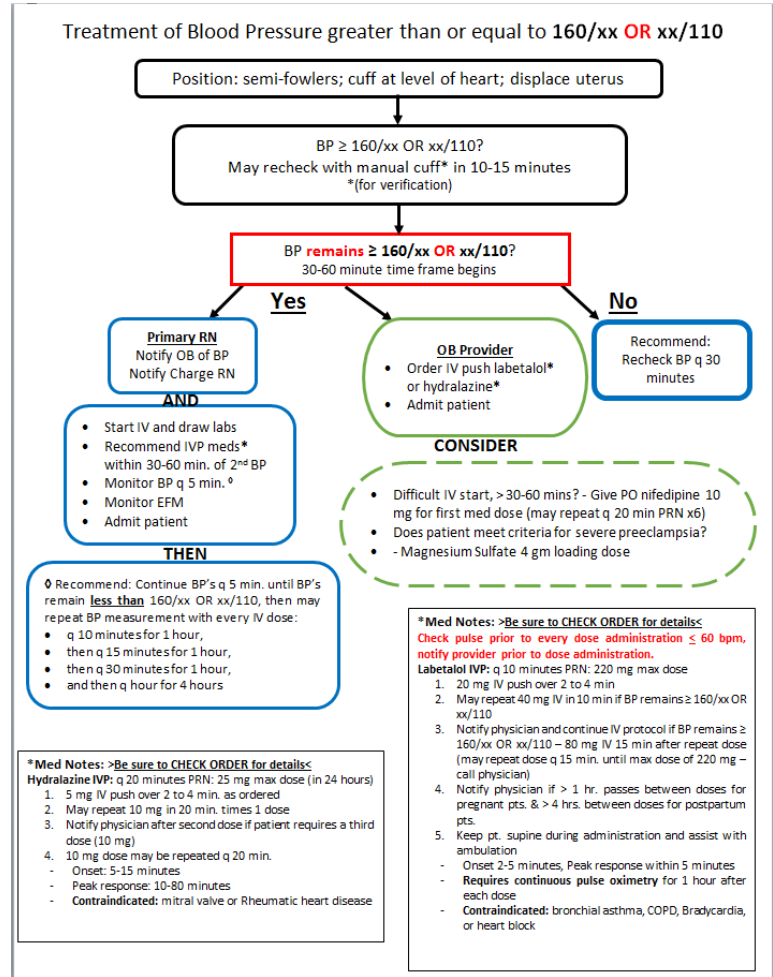
- All mother/baby nurses completed ACLS and Magnesium Sulfate bolus/management education
- ED educated related to severe HTN/preeclampsia signs & symptoms, triage priority, magnesium bolus initiation, and adjunctive therapy meds
- ED reception question for all females when presenting to the intake window, “Are you or have you been pregnant in the last 6 weeks?”
- Signs for treatment algorithm and severe HTN recognition posted in all units (M/B, L&D, Antepartum, ED)
- Updated policies and order sets with new ACOG recommendations for treatment (ACOG Committee Opinion 692, 2017)

Tools:



Need To Treat*

*BP persistent 15 minutes, activate treatment algorithm with IV therapy ASAP, < 30-60 minutes



Sustaining our goals

- On unit education related to severe HTN management.
- Included in Simulation education to validate nursing skills
- Included into new hire orientation simulation and embedded into OB transition class curriculum for new staff
- Included in on-unit surprise drills and yearly validation/competency education

Sustaining our goals (cont.)

- Multidisciplinary team approach to updating policies and order sets (nursing, physician, pharmacy)
- Stocked medications in our medication dispensary units in all departments (L&D, M/B, Antepartum, and ED)