IL PQC
Illinois Perinatal Quality Collaborative

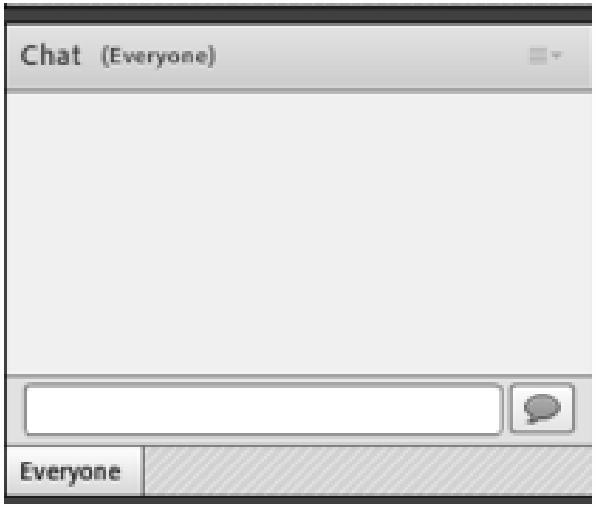
Severe Maternal Hypertension OB Teams Call

April 30, 2018

12:30 – 1:30 PM

Introductions

- Please enter into the chat box your
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



Overview

- Sustainability
- Finishing Strong
- Face-to-Face Meeting and Upcoming Trainings
- Team Talks – Sustainability Plan Implementation

SUSTAINABILITY

Sustainability Plan Progress

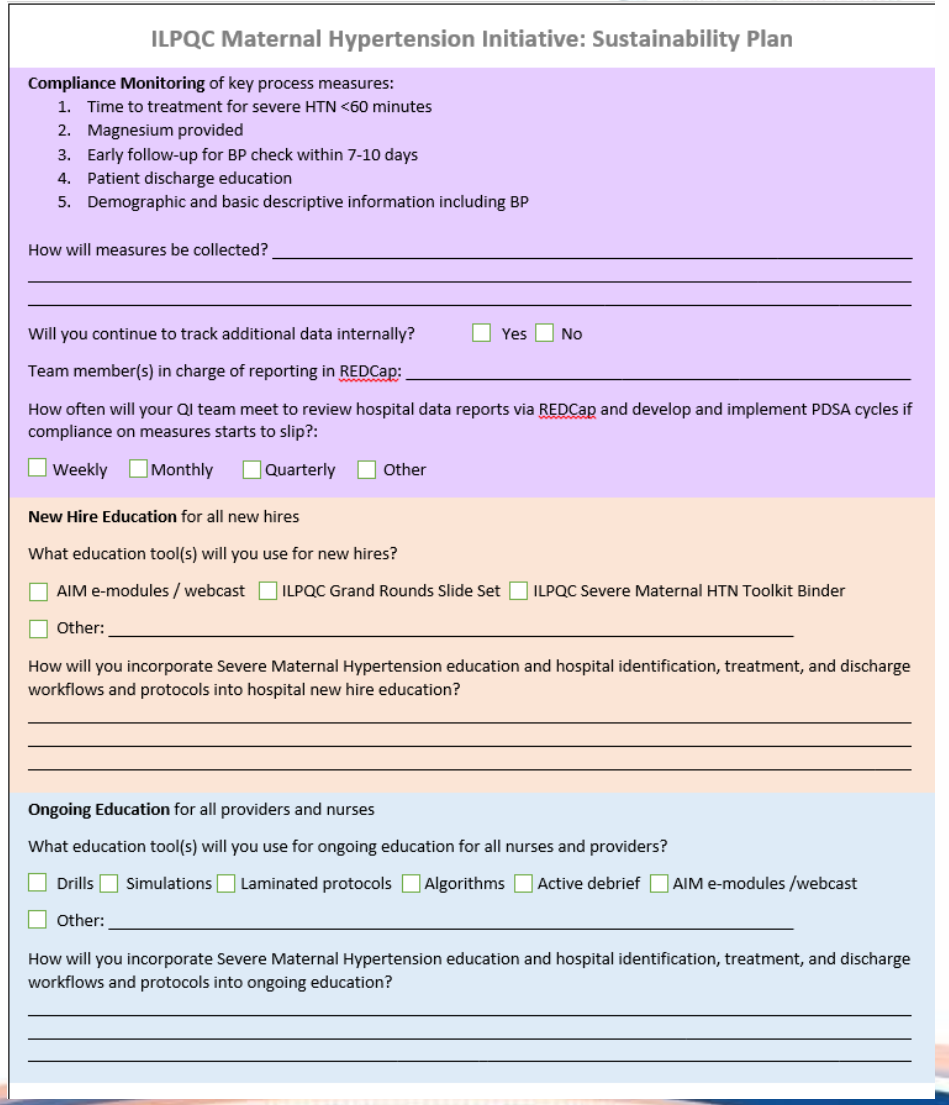
Network	# of Sustainability Plans Submitted
UChicago	11 of 12 plans submitted
Stroger	4 of 5 plans submitted
Northwestern	10 of 13 plans submitted
UIC	5 of 7 plans submitted
Loyola	6 of 6 plans submitted
Rush	
Rockford	
St. Francis	
St. John's	
Cardinal Glennon	14 of 16 plans submitted

How to Develop Your Sustainability Plan

1. Compliance Monitoring
2. New Hire Education
3. Ongoing Staff/Provider Education

Sustainability Plans

- If you have not done so already, please submit sustainability plans to your perinatal network administrator
- Review the sustainability plan with your team!



ILPQC Maternal Hypertension Initiative: Sustainability Plan

Compliance Monitoring of key process measures:

1. Time to treatment for severe HTN <60 minutes
2. Magnesium provided
3. Early follow-up for BP check within 7-10 days
4. Patient discharge education
5. Demographic and basic descriptive information including BP

How will measures be collected? _____

Will you continue to track additional data internally? ☐ Yes ☐ No

Team member(s) in charge of reporting in REDCap: _____

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance on measures starts to slip?:

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other

New Hire Education for all new hires

What education tool(s) will you use for new hires?

☐ AIM e-modules / webcast ☐ ILPQC Grand Rounds Slide Set ☐ ILPQC Severe Maternal HTN Toolkit Binder

☐ Other: _____

How will you incorporate Severe Maternal Hypertension education and hospital identification, treatment, and discharge workflows and protocols into hospital new hire education?

_____

Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for all nurses and providers?

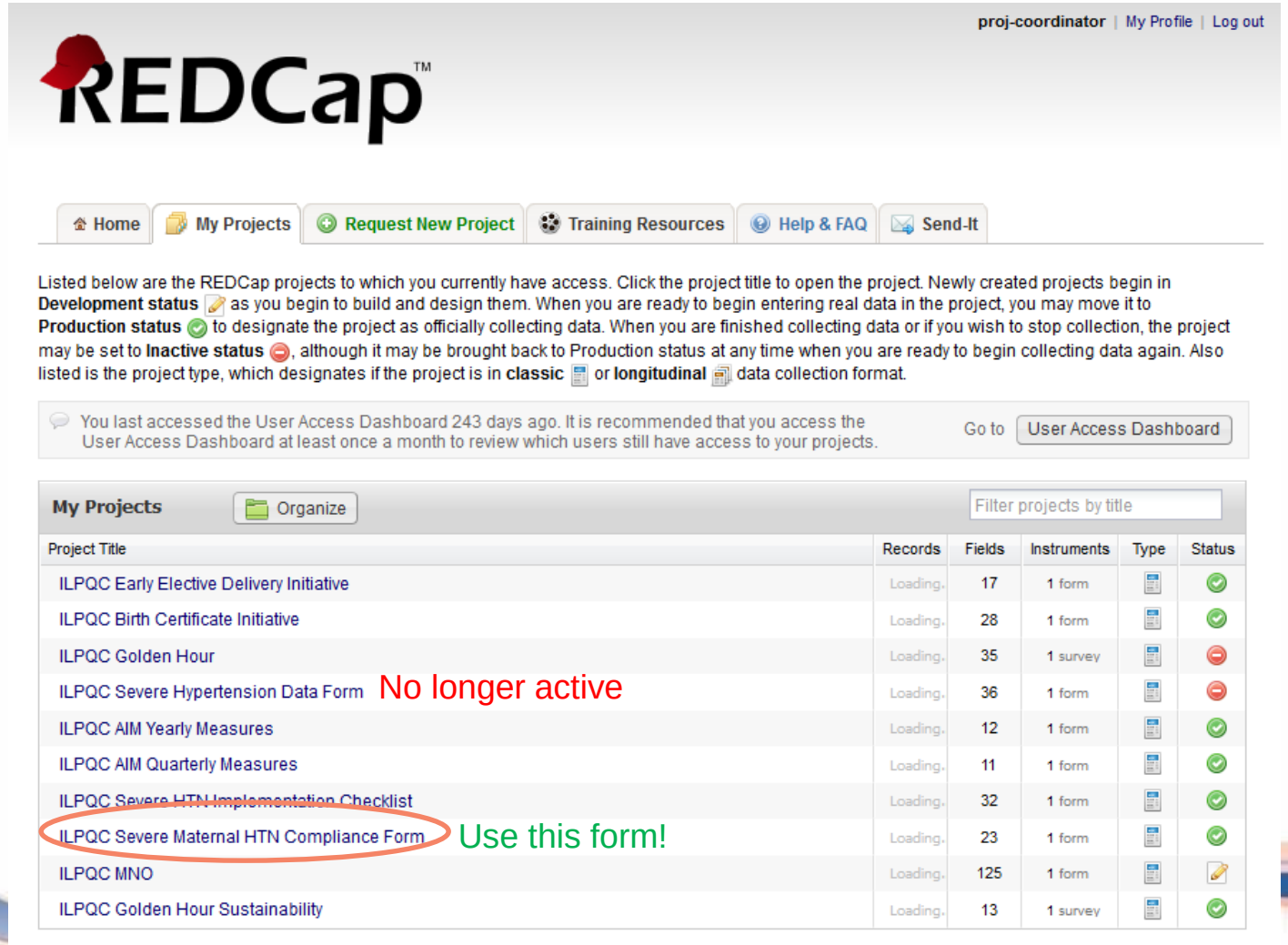
☐ Drills ☐ Simulations ☐ Laminated protocols ☐ Algorithms ☐ Active debrief ☐ AIM e-modules /webcast

☐ Other: _____

How will you incorporate Severe Maternal Hypertension education and hospital identification, treatment, and discharge workflows and protocols into ongoing education?

_____

NEW Compliance Data Form in REDCAP



NEW Compliance Data Form Paper Version

REDCap Hospital ID: _____

SEVERE HYPERTENSION SUSTAINABILITY COMPLIANCE DATA FORM

Topic: Maternity service team review and document sequence of events, successes with and barriers to swift and coordinated response to preeclampsia with severe features.
Goal: Reduce time to treatment (< 60 minutes) for new onset severe hypertension (≥160 systolic OR ≥110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) in order to reduce preeclampsia morbidity in Illinois.
Instructions: Complete within 24 hrs. after all cases of new onset severe hypertension (≥160 systolic or ≥110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

Date of severe maternal HTN event:_____

HTN event occurred postpartum? ☐ YES ☐ NO

GA at HTN Event (weeks & days) OR # Days PP:_____

Maternal Race/Ethnicity (check all that apply): ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other _____

Diagnosis (select all that apply): ☐ Chronic HTN ☐ Gestational HTN ☐ Preeclampsia ☐ Superimposed Preeclampsia ☐ Postpartum Preeclampsia ☐ Other _____

New!

Blood Pressure at initiation of antihypertensice treatment (SBP/DBP): _____
Record the confirmatory or repeat severe range BP measured prior to giving anti-HTN medications, if more than one confirmatory or repeat BP collected record the highest BP

How long after the BP reached systolic ≥160 and/or diastolic ≥110 and persistent for 15 minutes was first BP medication given? ☐ <30 minutes ☐ 30-59 minutes ☐ ≥60 minutes ☐ No action taken/ Missed opportunity

Was Magnesium Sulfate administered? ☐ YES ☐ NO

GA at Delivery (weeks & days):_____

PROCESS MEASURE - Discharge Management
Discharge Education: Education materials about preeclampsia given?
☐ YES ☐ NO

Follow-up Appointment: Follow-up appt scheduled within 10 days (for all women with any severe range hypertension/preeclampsia)
☐ YES ☐ NO

Adverse Maternal Outcome (check all that apply):
☐ OB Hemorrhage with transfusion of ≥ 4 units of blood products
☐ Intracranial Hemorrhage or Ischemic event

☐ Pulmonary Edema	☐ ICU admission	☐ HELLP Syndrome
☐ Oliguria	☐ Eclampsia	☐ DIC
☐ Renal failure	☐ Liver failure	☐ Ventilation
☐ Placental Abruption	☐ Other _____	☐ None

COMMENTS about Medical Management, Monitoring, Discharge

Compliance Monitoring in REDCap

- ❑Time to treatment severe HTN < 60 minutes
- ❑Magnesium provided
- ❑Early follow up for BP check within 7-10 days
- ❑Patient discharge education

Please enter January – April 2018 data in the Compliance data form in REDCap if you have not done so already!

Implementation in your Network: Time to Treatment Discussion Questions

- What strategies can you employ to help maintain provider and staff engagement, awareness and enthusiasm of the time to treatment goal?
- If your team has reached the 80% time to treatment goal, what steps have been most effective to achieve this goal? How can you build off of these accomplishment(s) going forward in sustainability?
- What barriers do you continue to face in reducing time to treatment? How can you overcome these?
- What steps have you taken to reduce time to treatment that are more likely to slip as you move to sustainability? What steps can you take to transition them to system or culture changes to ensure you sustain the improvements you've achieved?
- How can you integrate active debriefs about time-to-treatment after severe hypertension events on an ongoing basis to make them a part of hospital culture?

Implementation in your Network: Mag Sulfate Discussion Questions

- Have you reviewed your hospital's magnesium sulfate administration data in the ILPQC Data and Reporting System?
- What provider and nurse education is needed to increase the number of patients with sustained severe hypertension receiving magnesium sulfate?
- What changes can you make to your orders sets, protocols, and policies/procedures to increase the number of patients with sustained severe hypertension receiving magnesium sulfate?
- How will you incorporate monitoring of your magnesium sulfate administration in the ILPQC Data and Reporting System into your team's routine ILPQC data monitoring?

Implementation in your Network: Discharge Discussion Questions

- How often will discharge education materials be reviewed by your hospital team (including a patient advisor) and updated for new clinical guidelines?
- How do you communicate with outpatient providers to schedule follow-up appointments? What steps have you taken to ensure that these communication practices become a standard practice for your hospital?

HTN Sustainability focus at regional network meetings: discussion of sustainability plans and how is it going?

- Recap from Andrea Cross, Stroger

FINISHING STRONG

Team Progress Towards Completing 2017 Data Entry

Monthly Data:

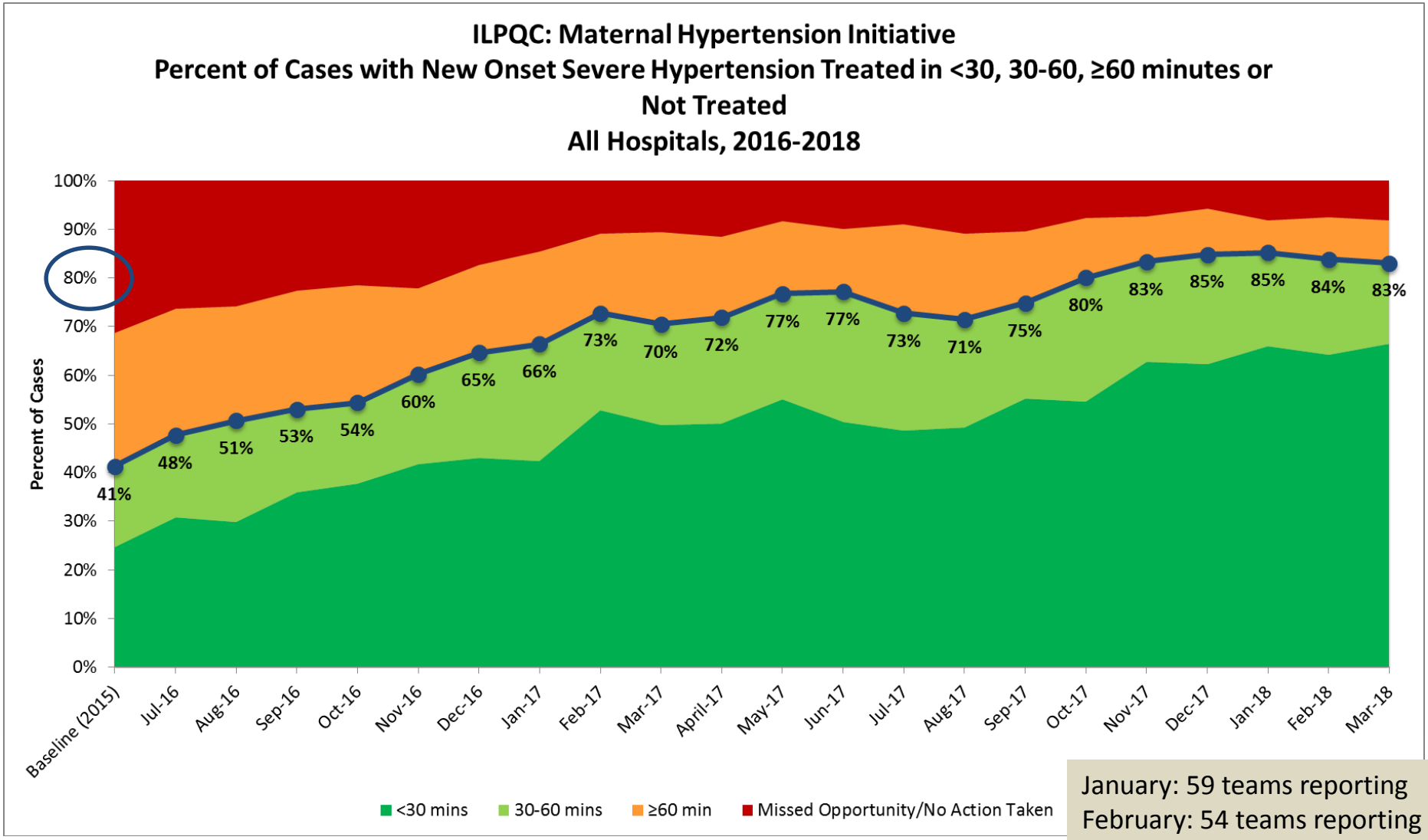
- 83 teams submitted data or had no qualifying patients (close to avg. of 80 teams/month)

Quarterly Measures:

- 76 teams submitted all 4 quarters of AIM quarterly measures
- 70 teams submitted all 4 quarters of implementation checklist

67 teams have submitted all monthly and quarterly data

Maternal Hypertension Data: Time to Treatment



January: 59 teams reporting
February: 54 teams reporting
March: 48 teams reporting

Congratulations!

- 53 teams met the time to treatment goal (>80% treated < 60 min) as of the 4th quarter of 2017!
- **42 teams will receive letter of commendation and QI Excellence Certificate for completing 2017 data entry and reaching T2T treatment goal for Q4 2017**
- We review data quarterly and all teams who have not yet reached the T2T goal and who do so by the end of 2018 will be recognized!

Letters of Commendation to-date

Advocate BroMenn Medical Center	HSHS St. Elizabeth's Hospital
Advocate Christ Medical Center	Kishwaukee Hospital
Advocate Sherman Hospital	Little Company of Mary
Belleville Memorial Hospital	Loyola University Medical Center
Highland Park Hospital	Memorial Medical Center
Memorial Hospital of Carbondale	Northshore University Health System-Evanston Hospital
Mount Sinai	Northwest Community Hospital
NM Central DuPage Hospital	Northwestern Memorial Hospital
St. John's Hospital	Palos Community Hospital
University of Illinois Hospital & Health Sciences System (UIC)	Presence Resurrection Medical Center
Adventist Hinsdale Hospital	Richland Memorial Hospital
Advocate Illinois Masonic Medical Center	Rush Copley
Advocate Lutheran Gerneral Hospital	Rush University Medical Center
Alton Memorial Hospital	Silver Cross Hospital
Blessing Hospital	SSM Health Centalia
Carle Foundation Hospital	SSM St. Mary's - St. Louis
Centegra Hospital Huntley	St. Margaret's Hospital
Centegra Hospital McHenry	Stroger Hospital Cook County
Crawford Memorial Hospital	Swedish Covenant Hospital
Decatur Memorial Hospital	Unity Point Health Methodist
Genesis Medical Center- Silvis Campus	West Suburban Medical Center

Tools for Teams

- We know that all teams can reach and sustain the 80% time to treatment goal! Some teams may stretch goal to >90% T2T.
- Education resources:
  - AIM e-modules – one hour total, easy to use
  - 10-minute webinar – OB national leaders discuss HTN T2T
  - **Teams not at the finish line – All nurses and providers complete these HTN education materials**
- Letter to hospital administration stressing the importance of the hypertension initiative & provider engagement: e-modules, review hospital data reports, T2T goals and missed opportunities for timely treatment with providers and nurses.
- Quarterly QI calls will continue
- Hospital mentor pool in development

2018 FACE-TO-FACE MEETING & ACOG TRAINING OPPORTUNITIES

Save the Date!

2018 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff
join us for an interactive day of collaborative learning for current ILPQC initiatives!

OB Teams: May 30, 2018
Check-in 8:30a-9:30a
Meeting: 9:30a-3:30p
Mothers and Newborns affected by Opioids (MNO)
Immediate Postpartum LARC (IPLARC)
Severe Maternal Hypertension

Neonatal Teams: May 31, 2018
Check-in: 8:45a-9:45a
Meeting: 9:45a-3:00p
Mothers and Newborns affected by Opioids (MNO)
Golden Hour

More information available soon at ilpqc.org

Abraham Lincoln DoubleTree Hotel,
Springfield, IL

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611

Online registration is open!

2018 OB F2F Schedule

8:45 – 9:45	Registration, Storyboard Set Up, & Continental Breakfast
9:45 – 10:15	Sustaining the Severe Maternal Hypertension Initiative and Launching 2018 Initiatives: Mothers and Newborns affected by Opioids and Immediate Postpartum LARC
10:15 – 10:45	MNO Plenary – Daisy Goodman
10:45 – 11:15	IPLARC Plenary – Kai Tao
11:15 – 12:00	Team Storyboard Session
12:00 – 12:15	Pick up boxed lunch
12:15 – 1:00	MNO Initiative Overview: Aims, Measures, Data Form and Toolkit
1:00 – 1:45	Breakout session group 1
1:45 – 2:00	Break
2:00 – 2:45	Breakout session group 2
2:45 – 3:15	MNO Key Topics Panel – prevention, screening & linkage to care, optimizing care for moms & babies, and prescribing buprenorphine (Mike Marcotte, Daisy Goodman, Jaye Shyken, Barb Parilla)
3:15 – 3:30	Summary and Evaluation

Proposed Breakout Sessions Topics

Hypertension
• Finishing Strong: Meeting the Time to Treatment Goal
• Sustainability
MNO
• Prevention
• Screening & Linkage to Care
• Optimizing Care for Moms and Babies
IPLARC
• IPLARC Initiative Overview: Aims, Measures, Data Form and Toolkit

- Recruiting OB & nurse facilitators from each perinatal network
- **Contact us if you are interested in facilitating a breakout**
- Number of sections of topic based on demand at registration
- Local content experts to participate in each breakout and support facilitators

Discussion: ACOG/ASAM Buprenorphine Training

- 4 hour online course + 4 hour in-person led by an addiction medicine specialist & OB/GYN for physicians
  - MOC Part IV credits
  - CME for 8 hours credit (via ASAM)
- 4 hours in-person + 20 hours of online-training for NPs and APNs
  - Contact hours (via ASAM)
- Working with ACOG to host 2 in-person maternal-focused Buprenorphine Trainings for physicians, nurse practitioners and APNs in Illinois
- Initiates buprenorphine waiver process

- **CONFIRMED – October 22, Chicago IL**
- TBD – September or October, Springfield, IL

Recent survey showing a shortage of providers certified to prescribe buprenorphine

Confirmed! ACOG IPLARC Trainings

- **May 31, 2018** – Abraham Lincoln DoubleTree Hotel, Springfield, IL
- **July 30, 2018** – Northwestern University Chicago Campus
- Topics to be covered:
  - Capacity building
  - Contraceptive counseling
  - IUD placement training for providers
  - IPLARC and breastfeeding

HTN Call & Newsletter Schedule

- Quarterly calls
  - June
  - September
  - November/December TBD
  - **Call topics of interest? Compliance Monitoring, Mag Sulfate, ongoing HTN education, sustaining gains, others?**
- Monthly HTN newsletter (4TH week of month)
  - **What are helpful topics to cover during sustainability and months where there is no call?**

TEAM TALKS

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

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

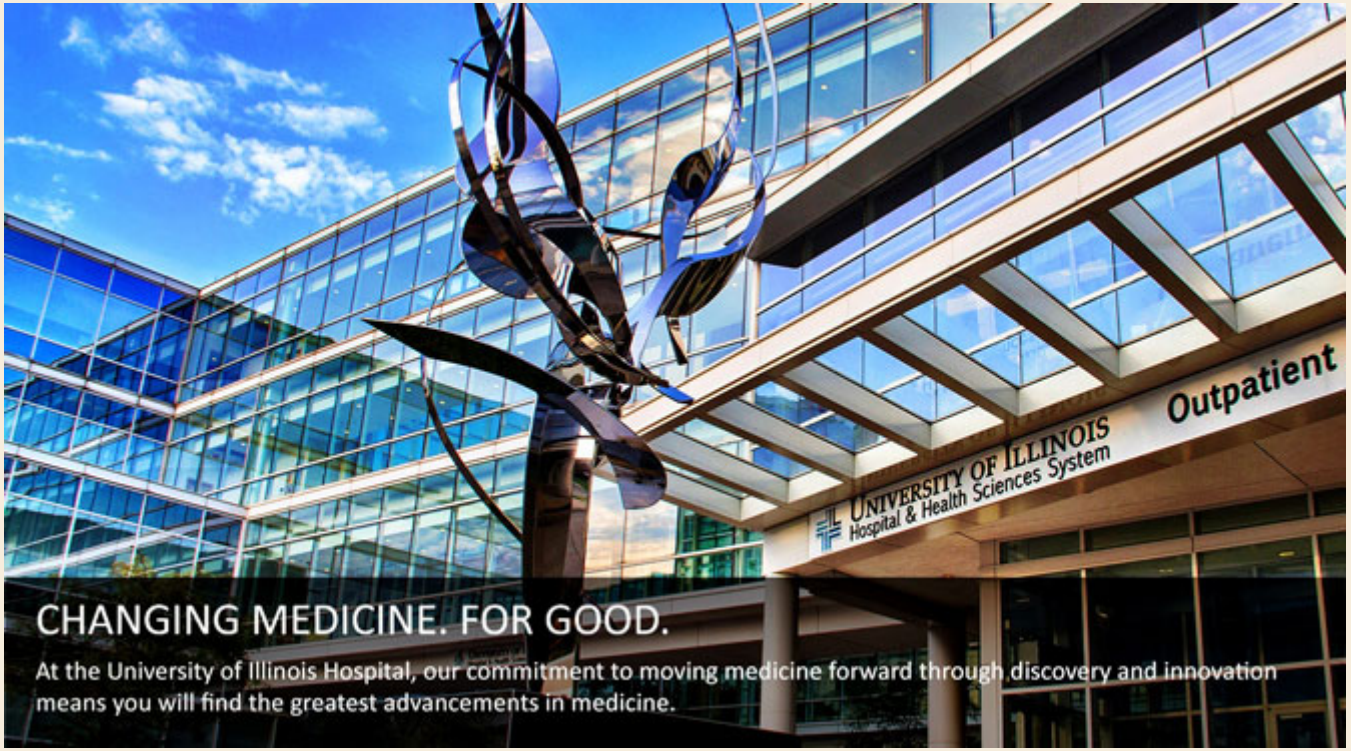
- Continue with multidisciplinary simulations that include MDs and the ED team
  - Allows practice and discussion, so that each discipline can hear, acknowledge, and understand the thought process from each side of practice
  - Encourages collaboration
  - Encourages and improves communication

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



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

OBER/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 acccessible 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


JOY

Mercyhealth, Rockford: Sustainability Plan for Severe HTN

Dawn Varacalli, MSN, RNC, CLS

Mercyhealth™

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

Mercyhealth™

Most current work on Severe HTN

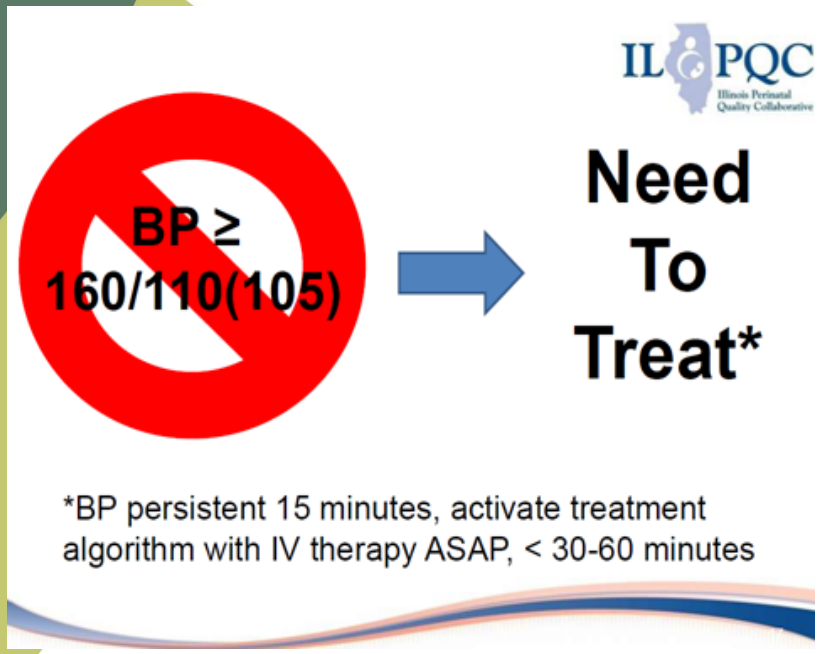
ED and Mother/Baby collaboration for

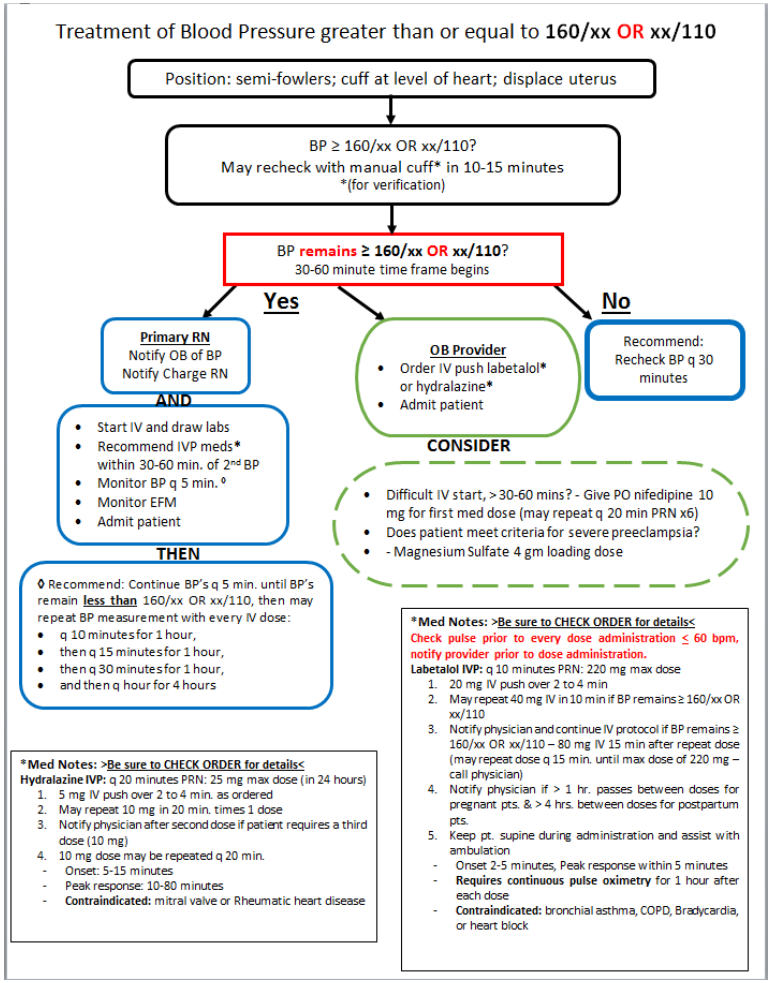
readmitted postpartum patients:

- 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)

Mercyhealth™

Tools:





Mercyhealth™

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

Mercyhealth™

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)

Mercyhealth™

Tips for Success in Sustainability from February QI Topic Call

- Compliance monitoring:
  - Data can be used to gain buy-in – show data comparing your hospital to the rest of the state to motivate improvements in care
  - Review data forms at unit governance and M&M meetings
  - Share overall data at staff meetings
- New hire education:
  - Include the hypertension algorithm in new hire education checklist
  - Be patient with new staff when they ask questions
  - Train intern resident classes to foster buy-in early on
  - Highlight ILPQC toolkit

Tips Continued….

- Ongoing staff/provider education:
  - In-person discussions are important to ensure everyone understands and receives the information
  - Reference national guidelines if appropriate treatment is the problem – is this a matter of skill or will?
    - Laminate materials
    - Highlight that guidelines are endorsed by ACOG
    - Put up education materials in physician lounges and other common areas (employee bathrooms??)
  - Invite ED to come to skills sessions – ED staff and providers may be unaware of postpartum hypertension risks
  - Patient stories are impactful
  - Identify nurse champions (floor/bedside nurses might be helpful in gaining buy-in from other nursing staff)
  - Highlight ILPQC toolkit

SMM Resources

- ILPQC abstract presented at the Society for Maternal Fetal Medicine (SMFM) 38th Annual Pregnancy Meeting: Reducing time to treatment for severe maternal hypertension through statewide quality improvement.
  - Congratulations to all teams for their hard work to reduce time to treatment!
- Black Mamas Matter Alliance – resources for promoting reproductive justice and reducing health disparities
- Report from Nine MMRCs (Maternal Mortality Review Committees). This report provides analysis of maternal mortality, prevention, and recommendations.

THANKS TO OUR SPONSORS

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Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation