



Maternal Hypertension  
Initiative Teams Call  
*Implementing Standard  
Order Sets, Protocols, &  
Checklists*

January 23, 2017

12:30 – 1:30 pm

# Overview

- HTN Initiative: Collaborative Tools and Updates (20 mins.)
- South Nassau Communities Hospital – New York (20 mins.)
  - Madeline Cozzi-Gottlieb, MS, RNC-OB, Women & Children's Services, Nursing Professional Development Specialist, Nursing Education, Professional Development, Practice & Research
  - Camille D'Amato, RNC-OB, MS, CLNC Assistant Director Performance Improvement
- Team Talks (10 mins.)
  - Mary Jean Handrigan RN, MSN & Lori Andriakos RNC, BSN, AMITA Health Women's and Children's Hospital
  - Mona LeGrand, MSN, RNC-OB, C-EFM, Memorial Hospital of Belleville/Memorial Hospital East
- Patient and Family Advisors
- Upcoming Opportunities
- Next Steps & Questions

# HTN Initiative: Collaborative Tools and Updates

Collaborative Data Review  
Strategies for Data Entry  
QI Support  
A QI Story

# Collaborative Call Schedule: Focus on System Changes



## Call Date

## Topics –Top 5 system level changes/interventions to decrease the time to treatment and improve discharge education and follow-up:

December 19, 2016  
12:30 – 1:30 pm

Establish a system to perform regular debriefs after all new onset severe maternal hypertension cases

★ January 23, 2017  
12:30 – 1:30 pm

Develop and implement standard order sets, protocols, and checklists for recognition and response to severe maternal hypertension and integrate into EHR

February 27, 2017  
12:30 – 1:30 pm

Implement a system to identify pregnant and postpartum women in all hospital departments and execute protocol for measurement, assessment, and monitoring of blood pressure and urine protein for all pregnant and postpartum women

March 27\*, 2017  
12:30 – 1:30 pm

Ensure rapid access to IV and PO anti-hypertensive medications with guide for administration and dosage (e.g. standing orders, medication kits, rapid response team)

April 24, 2017  
12:30 – 1:30 pm

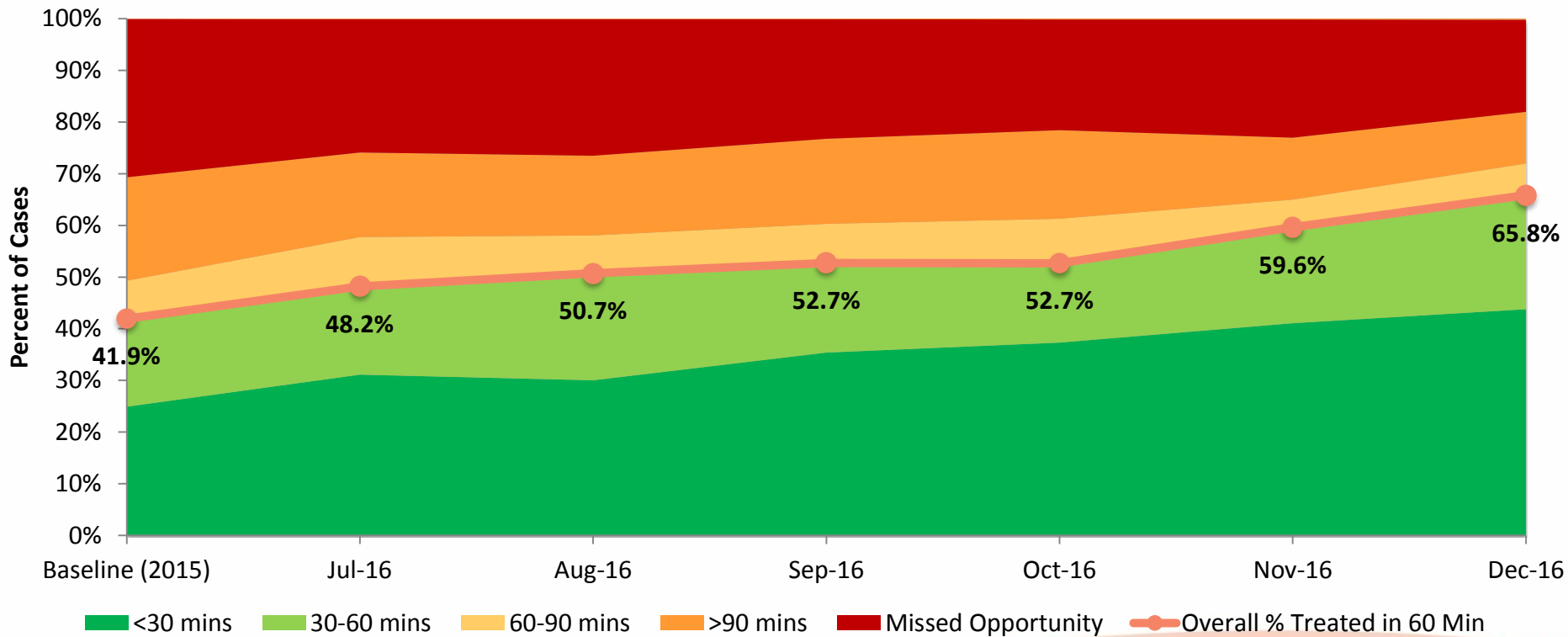
Implement a system to provide patient-centered discharge education materials on severe maternal hypertension and implement protocols to ensure patient follow-up within 10 days for all women with severe hypertension and 72 hours for all women on medications

May

Anticipate Face –to – face meeting

# Maternal HTN: Time to Treatment

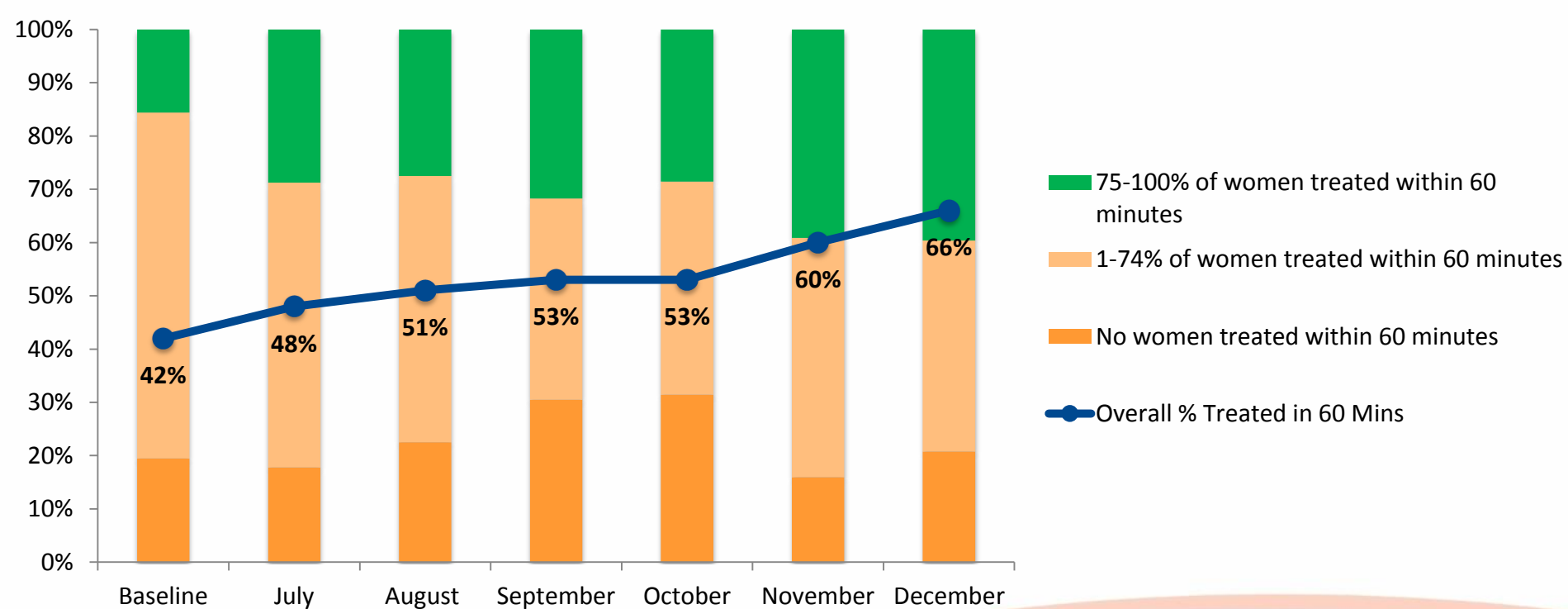
## ILPQC: Maternal Hypertension Initiative Percent of Cases with New Onset Severe Hypertension Treated in <30, 30- 60, 60-90, >90 minutes or Not Treated All Hospitals, 2016



# 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



# Severe Hypertension Data Entry Status



	Total Records	# Teams with Data
Baseline (2015)	1577	86
July	550	74
August	635	81
September	554	83
October	423	70
November	437	70
December	365	55
<b>Overall</b>	<b>4541</b>	<b>98</b>

Note: Birth Certificate data comparison

- 90 teams had both baseline and November and/or December data
- 75-80 teams with complete data entry seems a feasible goal for more complex clinical initiative (HTN)

## Timely Data Entry:

- Approximately **40 teams typically submit data by current due date of 15 days** after month's end (e.g. 11/2016 data due 12/15/2016)
- Approximately **70-80 teams submit data by 45 days** after month's end
- **15 days** may be not be feasible for some teams, however **45 days** too long of a delay for data to facilitate rapid-cycle quality improvement
- New target will be:
  - Ideally 15 days and all teams have data in within 30 days of months end



# Strategies for Increased Data Entry



- Teams with consistent data entered but missing most recent months, teams with inconsistent data, and teams missing baseline data:
  - Teams will receive a support call from Patti or Kate
  - Problem solve solutions to encourage data entry within 30 days
    - goal to support hospital QI efforts
- Teams with little to no data entered will receive out reach from their Network Administrator to identify barriers and provide support

# QI Support Strategies: Reduce Time to Treatment



- Strategy 1: Individual QI Support Calls
  - Patti reaching out to teams with % of patients receiving treatment in 60 minutes **25% of the time or less** for November data
  - Calls focus on discussion of barriers and QI strategies to consistently identify and treat women within <30-60 minutes and share resources for success

# QI Support Strategies: Reduce Time to Treatment



- Strategy 2: Small Group QI Topic Calls
  - Discussion leaders (team champions) have been identified to share successful strategies from their hospital for each call ( $\geq 75\%$  patients treated <60 minutes)
  - Each call will focus on 1-3 barriers, with time at the end to discuss any barriers teams are facing:
    - 1/26 from 10 – 11 am: Providers Prefer Oral Medication, Medication Unavailable in <30-60 mins, Nurse Reluctant or cannot give IV Meds
    - 2/6 from 11 am – 12 pm: Lack of Knowledge of Treatment Parameters & Standard Treatment Protocols
    - 2/8 from 12 – 1 pm: Competing Priorities, Provider Availability
    - 2/15 from 11 am – 12 pm: Provider Dislikes Treatment Parameters, Treating BP with Mag, Fear of Hypotension
  - Please plan to call into at least one call - call in information is the same for all calls!
    - Conference Line: 1-877-860-3058
    - Participant Code: 850 207 6731

# REVISED - Key Driver Diagram: Maternal Hypertension Initiative

GOAL: To reduce preeclampsia maternal morbidity in Illinois hospitals

## Key Drivers

**GET READY**  
IMPLEMENT STANDARD PROCESSES for optimal care of severe maternal hypertension in pregnancy

**RECOGNIZE**  
IDENTIFY pregnant and postpartum women and ASSESS for severe maternal hypertension in pregnancy

**RESPOND**  
TREAT in 30 to 60 minutes every pregnant or postpartum woman with new onset severe hypertension

**CHANGE SYSTEMS**  
FOSTER A CULTURE OF SAFETY and improvement for care of women with new onset severe hypertension

## Interventions

- ❑ Develop standard order sets, protocols, and checklists for recognition and response to severe maternal hypertension and integrate into EHR
- ❑ Ensure rapid access to IV and PO anti-hypertensive medications with guide for administration and dosage (e.g. standing orders, medication kits, rapid response team)
- ❑ Educate OB, ED, and anesthesiology physicians, midwives, and nurses on recognition and response to severe maternal hypertension and apply in regular simulation drills

- ❑ Implement a system to identify pregnant and postpartum women in all hospital departments
- ❑ Execute protocol for measurement, assessment, and monitoring of blood pressure and urine protein for all pregnant and postpartum women
- ❑ Implement protocol for patient-centered education of women and their families on signs and symptoms of severe hypertension

- ❑ Execute protocols for appropriate medical management in 30 to 60 minutes
- ❑ Provide patient-centered discharge education materials on severe maternal hypertension
- ❑ Implement protocols to ensure patient follow-up within 10 days for all women with severe hypertension and 72 hours for all women on medications

- ❑ Establish a system to perform regular debriefs after all new onset severe maternal hypertension cases
- ❑ Establish a process in your hospital to perform multidisciplinary systems-level reviews on all severe maternal hypertension cases admitted to ICU
- ❑ Incorporate severe maternal hypertension recognition and response protocols into ongoing education (e.g. orientations, annual competency assessments)

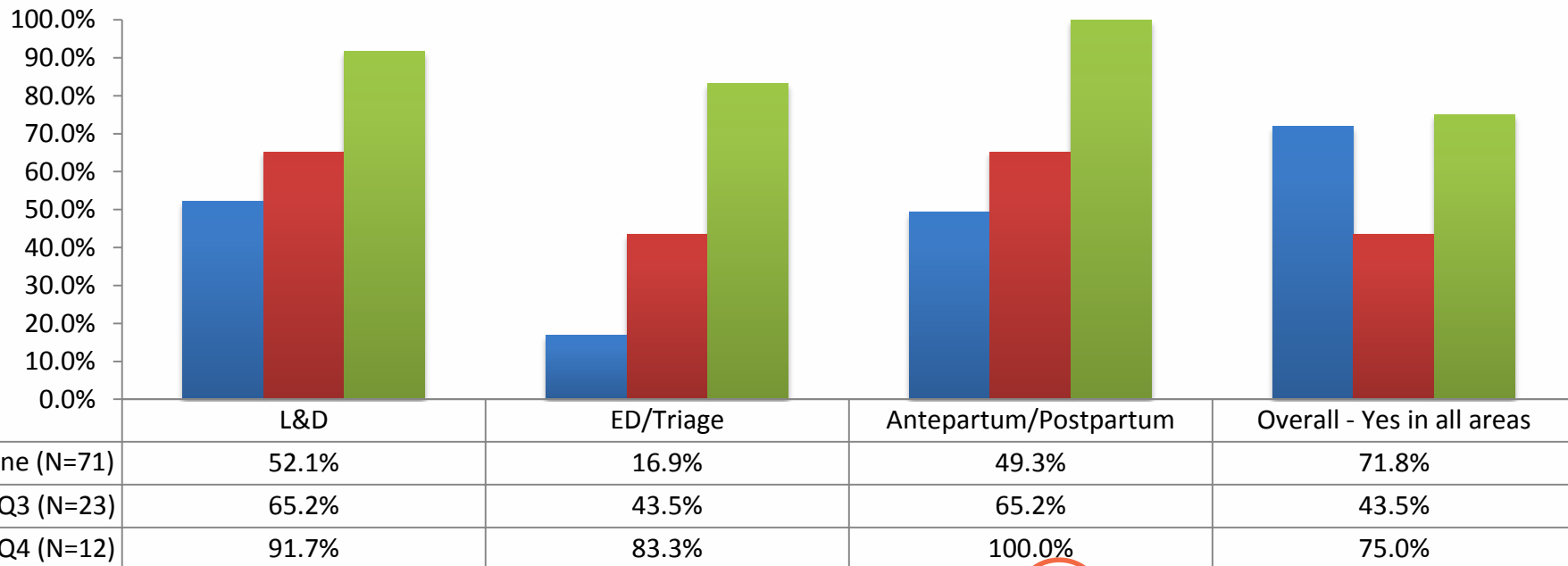
AIM: By December 2017, to reduce the rate of severe morbidities in women with preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20%

# Maternal Hypertension Data: Standard Protocols



## ILPQC: Maternal Hypertension Initiative

**Percent of Teams that have Standard protocols for Monitoring and Treating Severe Preeclampsia/Eclampsia (Including Order Sets/Algorithms), by Unit All Hospitals, 2016**



■ Baseline (N=71) ■ 2016 Q3 (N=23) ■ 2016 Q4 (N=12)

# AIM Quarterly Survey

**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
<b>ILPQC AIM Quarterly Measures</b>
ILPQC Severe HTN Implementation Checklist

- Open REDCap while on the call and click on 'My Projects'
  - Complete AIM Quarterly Measures for 2016 Q3 and Q4
  - Only 4 questions

**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

# 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
<b>ILPQC Severe HTN Implementation Checklist</b>

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)

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

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

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

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

\* must provide value

- 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

# QI Methods Example:

## Linking data review to PDSA cycle



- Review your team data in your next team meeting
- How are you doing over time?
  - Consistent? Improving?
- How do you compare to other teams?
- Have you tried any system changes to develop and implement standard order sets, protocols, and checklists?
  - If yes, could they be improved?
  - If no, why not try now?
  - These systems based changes help to empower nurses and drive sustainable culture change across units



# A QI Story: All hands on deck



## PDSA WORKSHEET

Team Name: OUR Hospital	Date of test: 1/20/17	Test Completion Date: 1/23/17
Overall team/project aim: To reduce preeclampsia maternal morbidity in OUR Hospital by reducing time to treatment		
What is the objective of the test? To identify barriers to effective implementation of standard order sets		

### PLAN:

**Briefly describe the test:** OUR Hospital's data reveals we are treating about 25% of women within 60 minutes after educational efforts. Our OB Team convened and reviewed sample orders sets from ACOG Committee Opinion No. 623 as a systems change to reduce time to treatment. We decided to test the draft order set on the L&D unit for 1 weekend to identify barriers to see if they facilitated timely treatment and identify barriers to successful implementation prior to rolling out at our hospital.

**How will you know that the change is an improvement?** We will know that the use of the draft order sets is an improvement on practice if we treat women within 60 minutes and it reduces barriers to accessing and administering antihypertensive medications up confirmation of severe range blood pressures.

**What driver does the change impact?** GET READY IMPLEMENT STANDARD PROCESSES for optimal care of severe maternal hypertension in pregnancy

**What do you predict will happen?** We predict that we will treat women with 60 minutes while the draft orders set is in use over the weekend.

### PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Review order set with nurses on staff over the weekend.	Terrance, Team lead	1/20/17	L&D
2. Place order set by the Pyxis <u>MedStation</u> for reference	Terrance	1/20/17	L&D
3. Record notes on medication administration process on Severe Hypertension Log Book (already in place)	Nursing Staff	1/20/17-1/22/17	L&D
4. Meet to discuss experience	Nursing Staff and QI Team	1/23/17	L&D
5.			
6.			

Plan for collection of data: Notes in log book and notes from discussion of nursing staff accounts.

### DO:

Test the changes.

Was the cycle carried out as planned?  Yes  No

Record data and observations. Nursing staff wasn't able to implement draft standard orders set when rejected by pharmacy impeding access to first line antihypertensives.

What did you observe that was not part of our plan? Rejection of draft order sets based on ACOG committee opinion was not anticipated.

### STUDY:

Did the results match your predictions?  Yes  No

Compare the result of your test to your previous performance: Performance did not improve as the draft order set was not utilized.

What did you learn? Pharmacy needs to be at the table up front to identify different perspectives and bring everyone together around evidence based standards/ACOG guidelines.

### ACT:

- Decide to Adopt, Adapt, or Abandon.
- Adapt:** Improve the change and continue testing plan.  
Plans/changes for next test: Reconvene workgroup to review draft order sets with pharmacy, emergency department, triage and other stakeholders. Start meeting with presentation of ACOG guidelines and evidence on strategies to reduce SMM in women with severe range BP.
  - Adopt:** Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability
  - Abandon:** Discard this change idea and try a different one

# South Nassau Communities Hospital – Standard Order Sets, Protocols, & Checklists

Madeline Cozzi-Gottlieb, MS, RNC-OB & Camille D'Amato, RNC-OB, MS,  
CLNC

South Nassau Communities Hospital, New York



# Hypertension in Pregnancy

South Nassau Communities Hospital

Madeline Cozzi-Gottlieb, MS, FNP-C, RNC-OB, C-EFM

Camille A. D'Amato, MS, RNC-OB, CLNC



# Background

- NYS Partnership for Patient
  - Both HEN sessions
- Safe Motherhood Initiative / ACOG
- National Improvement Challenge
  - Submitted application in June 2016
  - Received second place award in September 1, 2016

# Implementation of Treatment Best Practices



- Literature Search
  - ACOG Committee Opinion, Number 623, February 2015 (replaces #514, December 2011). Emergent therapy for “Acute –Onset, Severe hypertension during pregnancy and the post-partum period.
  - SMI/ACOG, Maternal Safety Bundle for Severe Hypertension in Pregnancy and Algorithms
- Policy Review:
  - Requested/obtained policies from Regional Perinatal Center
  - Requested /obtained policies from local catchment area
  - Obtained medication review by in-house pharmacists

# Implementation of Treatment Best Practices



- Draft Order set
  - Severe Antepartum, Intrapartum or Postpartum Hypertension Order Set was created
  - Feedback requested from members of the Maternal Child Steering committee, the physician directors of the Emergency department and Critical care.
  - Presented draft to the hospital based forms committee on 9/22/2016
    - Revisions requested/completed by October 2016
    - Final version was approved by MCH Steering committee and the forms committee

# Implementation of Treatment Best Practices



- Final Order Set:
  - Hard copy of the approved order set was created
    - Multidisciplinary education completed
      - Labor and delivery RN and physicians
      - Mother Baby RN's
      - Emergency and Critical care Departments (via the unit specific educators)
  - Implementation of the Hard copy of the order set November 2016
    - Hard copies were posted in the L&D, MB and given to ED and ICU
    - The hard copy was used as a guide for physician order entry
  - Final order set sent to the EMR team for inclusion in the list of available order sets.
  - EMR Go-Live January 3, 2017
    - Staff education of go-live and how to acquire order set.

Notify physician if systolic BP measurement is greater than or equal to 160 mmHg OR if diastolic BP is greater than or equal to 110 mmHg (Severe Hypertension).

➤ Repeat BP measurement in 15 minutes

- Institute continuous fetal monitoring if undelivered and fetus is viable
- If no IV access, insert medlock
- If the post-partum patient presents in the ED, call OB attending or resident for evaluation.

#### MEDICATIONS / BP MONITORING:

If Severe BP elevations are greater than or equal to 160 systolic or greater than or equal to 110 diastolic and persist for 15 minutes or more, administer:

- Labetalol 20 mg IV push over 2 minutes (by provider) to achieve a range between 140–160/90–100 mmHg (you may consider using a lower initial Labetalol dose, i.e., 10 mg, when IV Magnesium Sulfate is being administered for seizure prophylaxis).

**NOTE: Hold IV Labetalol for maternal pulse less than 60 beats per minute.**

- Continuous pulse oximetry during IV push: Note: notify MD if O<sub>2</sub> sat is less than 95%

For Prevention of seizure activity:

- Magnesium Sulfate:

Loading dose: 4 grams Magnesium Sulfate in 100ml of solution to infuse IVPB over 30 min via infusion pump followed by

Maintenance dose: 40 grams in 1000ml water for injection infuse 2 grams Magnesium Sulfate / hour IVPB via infusion pump.

Note: Initial Magnesium level to be drawn 6 hours post administration and every 6 hours while on infusion. Therapeutic range: 4-6mg/dl. Evaluation for toxicity includes: hourly reflex checks (to be completed while on infusion)

Note: Symptoms of Toxicity include: hypotension, flaccid paralysis, CNS/respiratory depression.

- Repeat BP measurement in 10 minutes, record results If either BP threshold is still exceeded, administer Labetalol 40mg IV push over 2 min
- Repeat BP measurement in 10 minutes, record results
- If either BP threshold is still exceeded, administer Labetalol 80mg IV push over 2 min
- Repeat BP in 10 minutes, record results

**Note: Maximum cumulative IV dose of Labetalol should not exceed 220 mg in 24 hours**

- If either BP threshold is still exceeded, administer Hydralazine 10mg IV push over 2min

**NOTE: Maximum cumulative IV dose of Hydralazine should not exceed 25 mg in 24 hours.**

- Repeat BP in 20 minutes. If either BP threshold is still exceeded obtain emergency consult from Maternal Fetal Medicine (MFM), Internal Medicine, Anesthesia or Critical Care intensivist.



# Team Talks

- AMITA Health Women's and Children's Hospital
  - Mary Jean Handrigan RN, MSN
  - Lori Andriakos RNC, BSN
- Memorial Hospital of Belleville/Memorial Hospital East
  - Mona LeGrand, MSN, RNC-OB, C-EFM



In sickness and in health™

# **Maternal Hypertension Initiative**

Mary Jean Handrigan RN, MSN

Lori Andriakos RNC, BSN

---

- Level III Maternity Center
  - 14 LDR's
  - 8 Antepartum beds
  - 6 beds L&D ED
  - 3 OR's, with 2 bay Recovery suite
  - 30 NICU private rooms
  - 32 M/B rooms

## **Who is Amita Health- Women's and Children's Hospital**

**27**

- Initial steps that went well with few obstacles
  - Policy Development
  - Algorithms
  - CPOE –order set development
  - Medication Availability
  - Education
- Initiative Obstacles
  - DUA signature
  - Maintaining the momentum of early recognition and treatment (L&D, M/B and ED)

## Steps to Implementing

---

## Nursing Education:

### #1-Importance of obtaining Accurate Blood Pressure

- Poster presentation (3/2016)
  - Pt position
  - Correct cuff size
  - Manual B/P vs. Automated on monitor

### #2-Skills day Presentation L&D and M/B staff (9/2016)

- Perinatal Outreach Educator –reviewed hands on skills for B/P measurement, Policy information, Med review.

#3- Mandatory Training for all RN's in L&D and M/B on Hypertension planned for March 2017.

# Education- Nursing Staff and Physician

---

## Presentation for Medical Staff- Severe Hypertension ACOG statements

- Dr. Cusak came to speak
- OB attendings, Anesthesiologists, ER Physicians

Policy and algorithms were mailed to each of the above providers

Mandatory on-line course was completed by all providers

Simulation developed for Hypertension, will be an option for reappointment

# Education- Physicians

30

- **Facility/System-wide standard protocols with checklists and escalation policies for management and treatment of:**
  - ❖ SAMC and ABMC
  - ❖ Amita System wide

## Hospital Protocols and Algorithms



## Reference Materials for Staff





PP Check	Physical Assessment	Teaching
SA PP Discharge Note - OROZCO, REYNA (F001147334)		
		1/20/2020 07:20
<b>OB Physician Name/Phone Number</b>		
<b>Follow-up Appointment</b>		
<b>PT on Antihypertensive/Magnesium</b>		
<b>Must be w/in 72 hours</b>		
<b>Hypertensive w/o Meds</b>		
<b>Must be w/in 10 days</b>		
<b>Speciality</b>		
<b>Physician Name</b>		
<b>Phone Number</b>		
<b>Follow-up Appointment</b>		
<b>Speciality</b>		
<b>Physician Name</b>		
<b>Phone Number</b>		
<b>Follow-up Appointment</b>		
<b>Speciality</b>		
<b>Post Partum Instructions Other</b>		
<b>Other Post Partum Instructions</b>		
<b>F/U Labs</b>		
<b>Diet</b>		
<b>Diet</b>		
<b>Psychosocial</b>		
<b>Do you feel unsafe going home?</b>		
<b>Are you afraid of anyone close?</b>		

# Patient Education/Follow-up Appointments

# Patient & Family Advisors

# Patient/Family Advisors

- Stacey Porter and Jennifer Heiniger participating as patient advisors to the ILPQC OB Maternal Hypertension projects
- ILPQC encourages hospital teams to identify and include a patient/family advisor on their QI team
  - ILPQC developed tool to help staff/providers identify and provide information to potential patient/family members about working in QI
    - Now in trifold format and includes section for interested patients to return contact information to the hospital team
  - Draft for review and feedback in download box
  - Available on website and sent to all team members
- Stay tuned for an updated Patient Engagement webpage on the ILPQC website with additional resources

# Opportunity to promote your QI work at the state capitol



- Opportunity to partner with Illinois Hospital Association to showcase your QI work at the [Quality-Advocacy Showcase](#) on April 5, 2017, Springfield, IL 11am-3pm in the IL State Capitol Rotunda
- Poster submissions are due February 7th online
  - May be able to use posters from ILPQC Annual Conference
- IHA will produce and print the posters for display at the event
- For more information and topics of interest go to:  
<http://www.ihatoday.org/IHA-Institute/Quality-Improvement-Showcase.aspx>

# Team Talks – HTN Initiative



- Teams assigned an OB Teams Call – look for email from Kate
  - January -
    - Alexian Brothers Women’s and Children’s Hospital
    - Memorial Hospital East/Belleville
  - February
    - Northwest Community Hospital
    - Rush-Copley
  - March
    - Elmhurst Memorial
    - Unitypoint Health Trinity
    - Alexian Brothers Women’s and Children’s
  - April
    - SwedishAmerican
    - Palos Community Hospital
- Generate discussion and learning through sharing
  - Good foundation for storyboard/poster presentations!
- Present 5-10 mins. on current QI work based on monthly call topic:
  - January – implementing standard order sets, protocols, and checklists
  - February – standardizing identification, BP measurement, assessment, and monitoring for pregnant/postpartum women
  - March – rapid access to IV and PO anti-hypertensive medications
  - April – implement system for standardized patient discharge education and follow-up

# HTN Initiative Next Steps

- Focus on QI strategies to reduce time to treatment across all hospitals
- Attend at least one QI Topic Call on reducing barriers to time to treatment
- Identify a patient/family advisor for your HTN Initiative Team and participate in your monthly QI team meetings!
- Data past and upcoming due dates:
  - Severe HTN Data Form
    - December data was due January 15<sup>th</sup>
    - January data is due between February 15<sup>th</sup> and 28<sup>th</sup>
  - AIM Quarterly Measures
    - 2016 Q3 (July - September) was due October 15<sup>th</sup>
    - 2016 Q4 (October – December) was due January 15<sup>th</sup>
  - Quarterly Implementation Checklist
    - 2016 Q3 (July - September) was due October 15<sup>th</sup>
    - 2016 Q4 (October – December) was due January 15<sup>th</sup>
- Next teams call will be February 27, 2017 from 12:30 – 1:20 pm
- Email [info@ilpqc.org](mailto:info@ilpqc.org) with any questions!

## 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](mailto:info@ilpqc.org)
- Visit us at [www.ilpqc.org](http://www.ilpqc.org)





**THANKS TO OUR SPONSORS**



IDPH