



Maternal Hypertension Initiative Teams Call Implementing provider / staff education and checklists across units

June 26, 2017

12:30 – 1:30 pm

Overview

- HTN Initiative and Data Updates (20 mins.)
- Education Resources (20 mins.)
- Team Talks – System Changes for education across providers, staff, units (20 mins.)
 - Lori Fassler, Alton Memorial Hospital
 - Pat Bradley, Edward Elmhurst Health
- Next Steps & Questions

HTN Initiative: Collaborative Tools and Updates

ILPQC Annual Conference



- Planned Location: Westin Lombard, Main Ballroom (same hotel, larger space)
- Possible Dates:
 - Tuesday, November 21
 - Tuesday, December 19
 - Let us know of any large scale conflicts in the chat box

OB Teams Monthly Calls: Back to the Bundle



Call Date	Topic	Volunteers
June 26 12:30 – 2:30 pm	Readiness - Implementing Provider / Staff Education across units and Checklists	Lori Andriokos
July 24 12:30 – 1:30 pm	Recognition & Prevention – Implementing Early Recognition Protocols (MEWS) and Patient Education	Felicia Fitzgerald
August 28 12:30 – 1:30 pm	Response - BP Medication and Treatment Algorithms	Soti Markuly, Jim Keller
September 25 12:30 – 1:30 pm	Reports/System Learning – Drills, Simulations, and Team Communications	Angela Rodriguez
October 23 12:30 – 1:30 pm	Sustainability Planning	Deb Miller

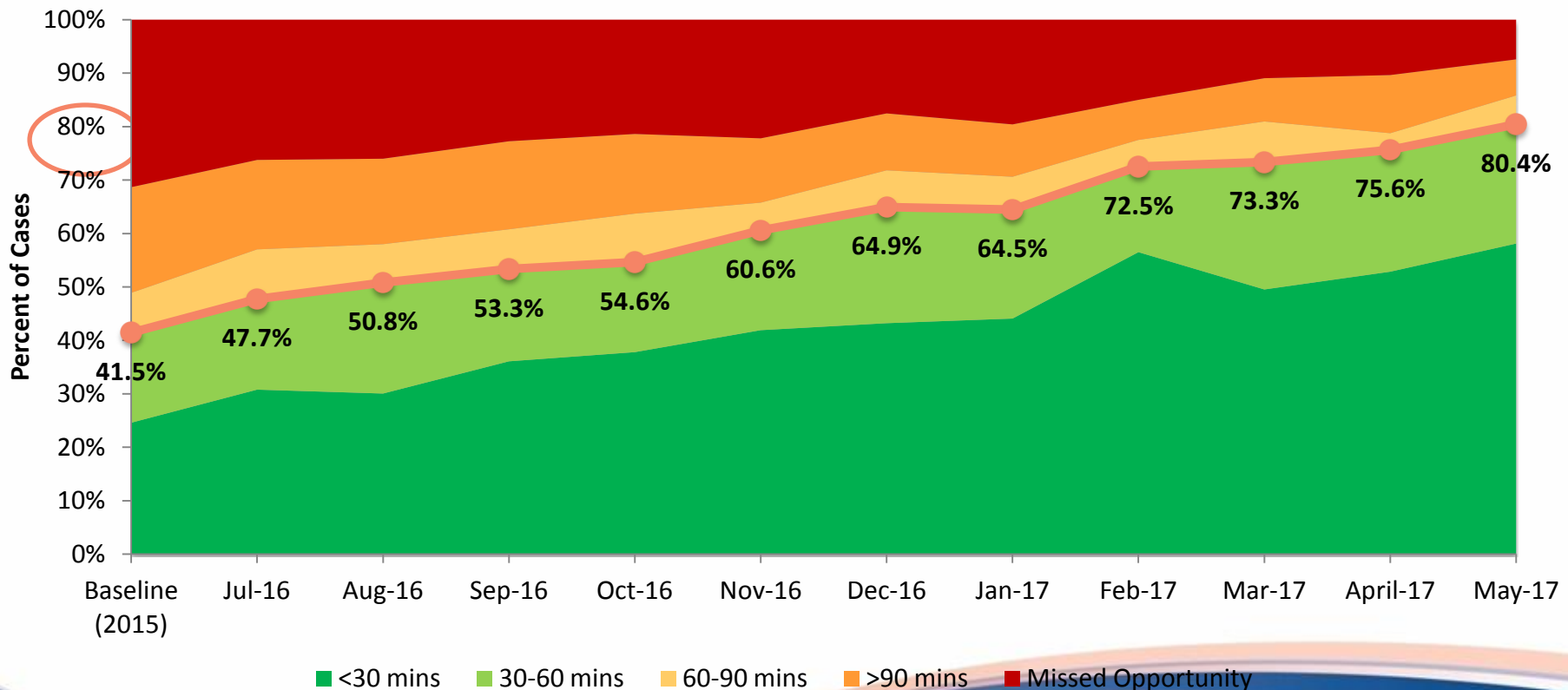
Maternal Hypertension Data: Time to Treatment



ILPQC: Maternal Hypertension Initiative

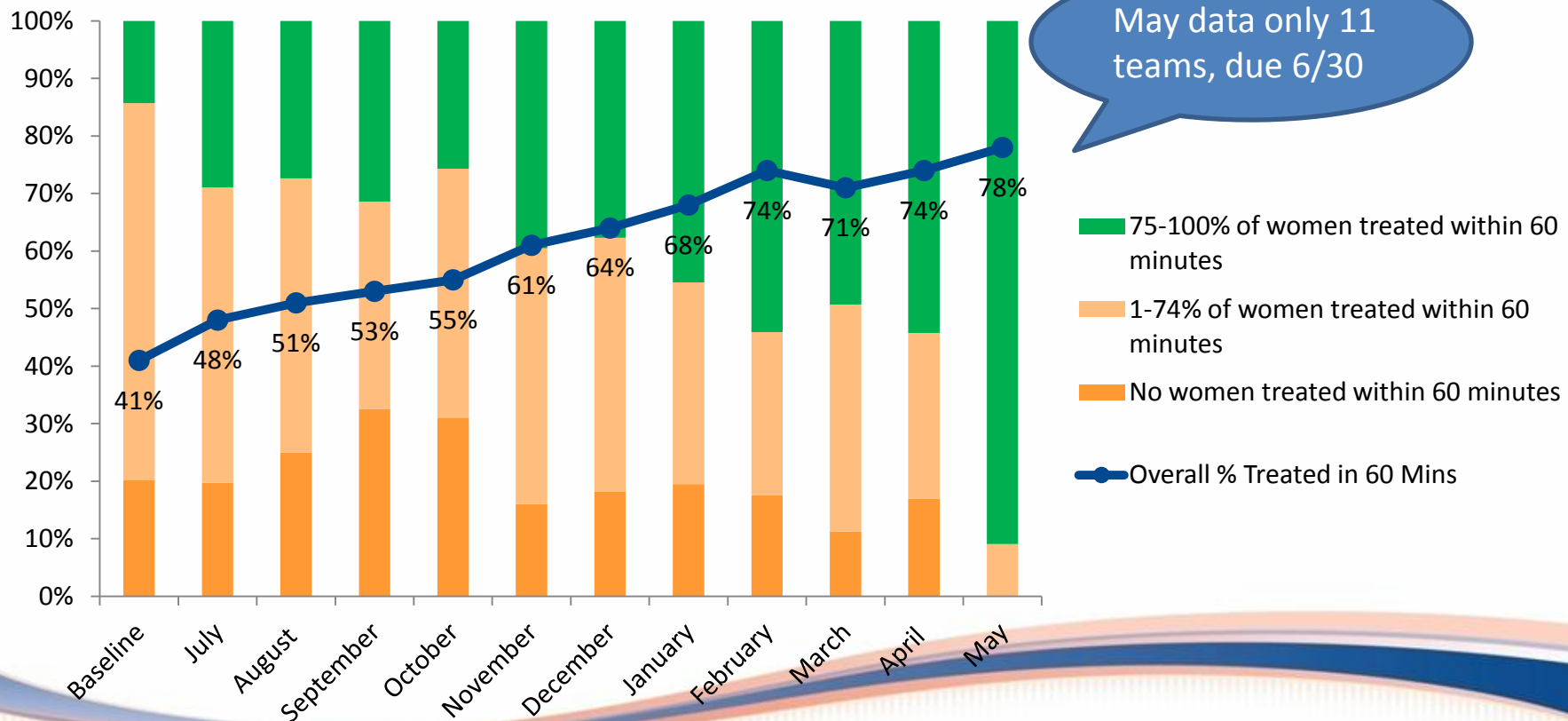
Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, 60-90, >90 minutes or Not Treated

All Hospitals, 2016-2017



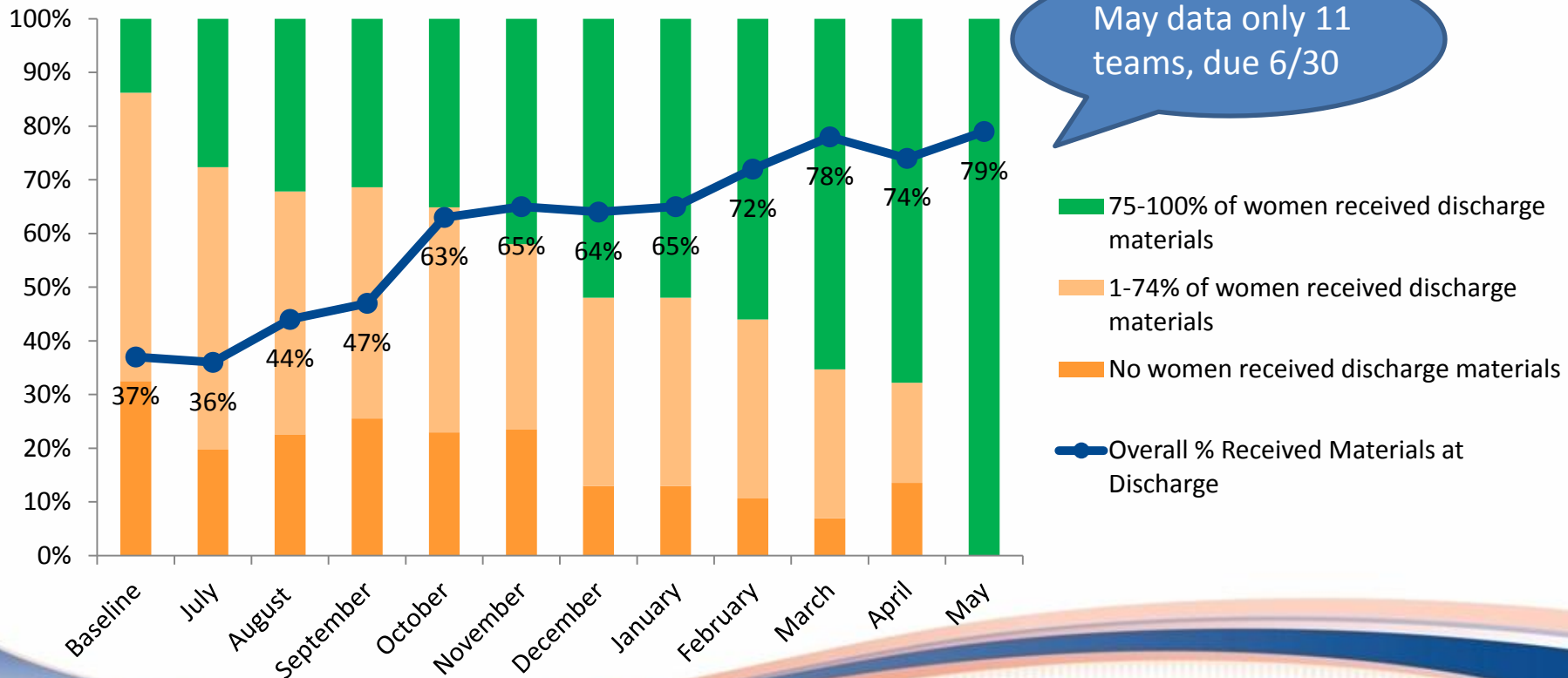
Maternal Hypertension Data: Time to Treatment

ILPQC: Maternal Hypertension Initiative Percent of All Reporting Hospitals that Treated Cases with New Onset Severe Hypertension within 60 Minutes All Hospitals, 2016-2017



Maternal Hypertension Data: Patient Education

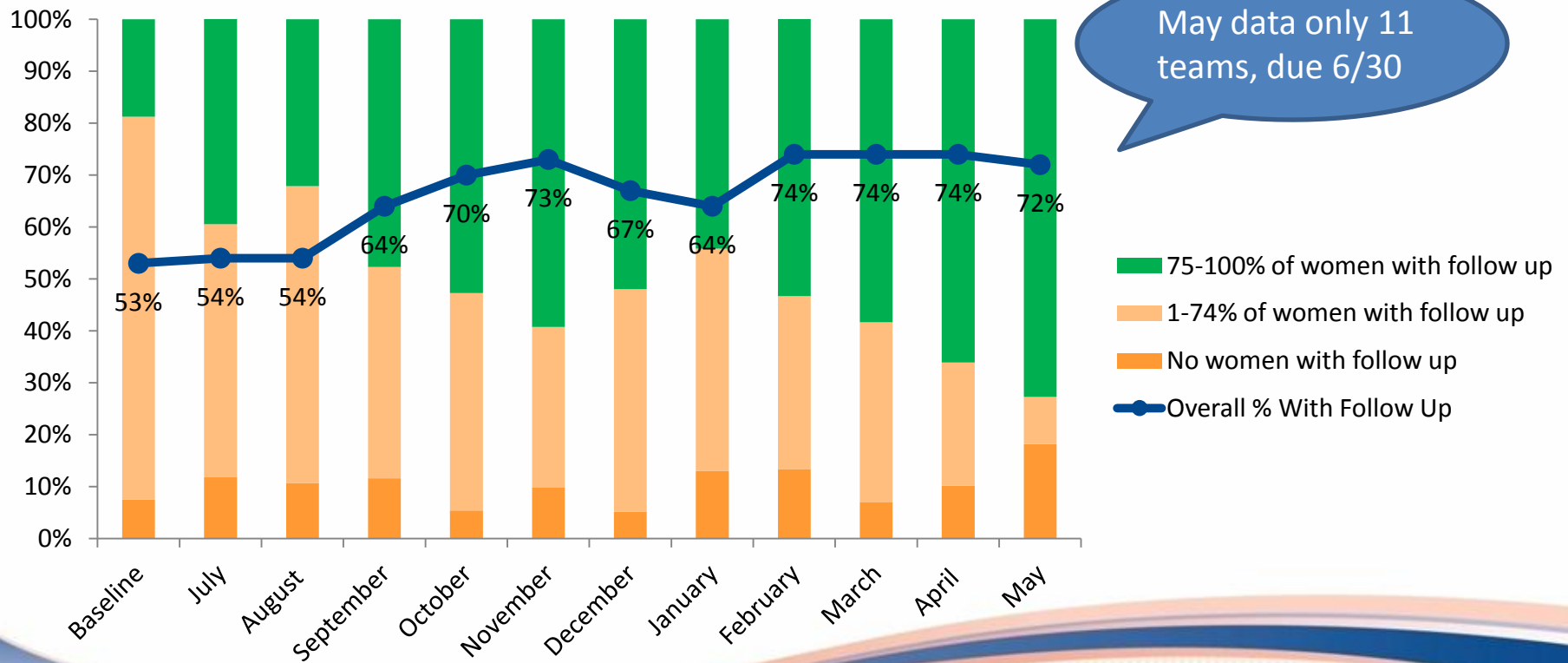
ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals Where Women Received Discharge Education Materials
All Hospitals, 2016-2017



Maternal Hypertension Data: Patient Follow-up



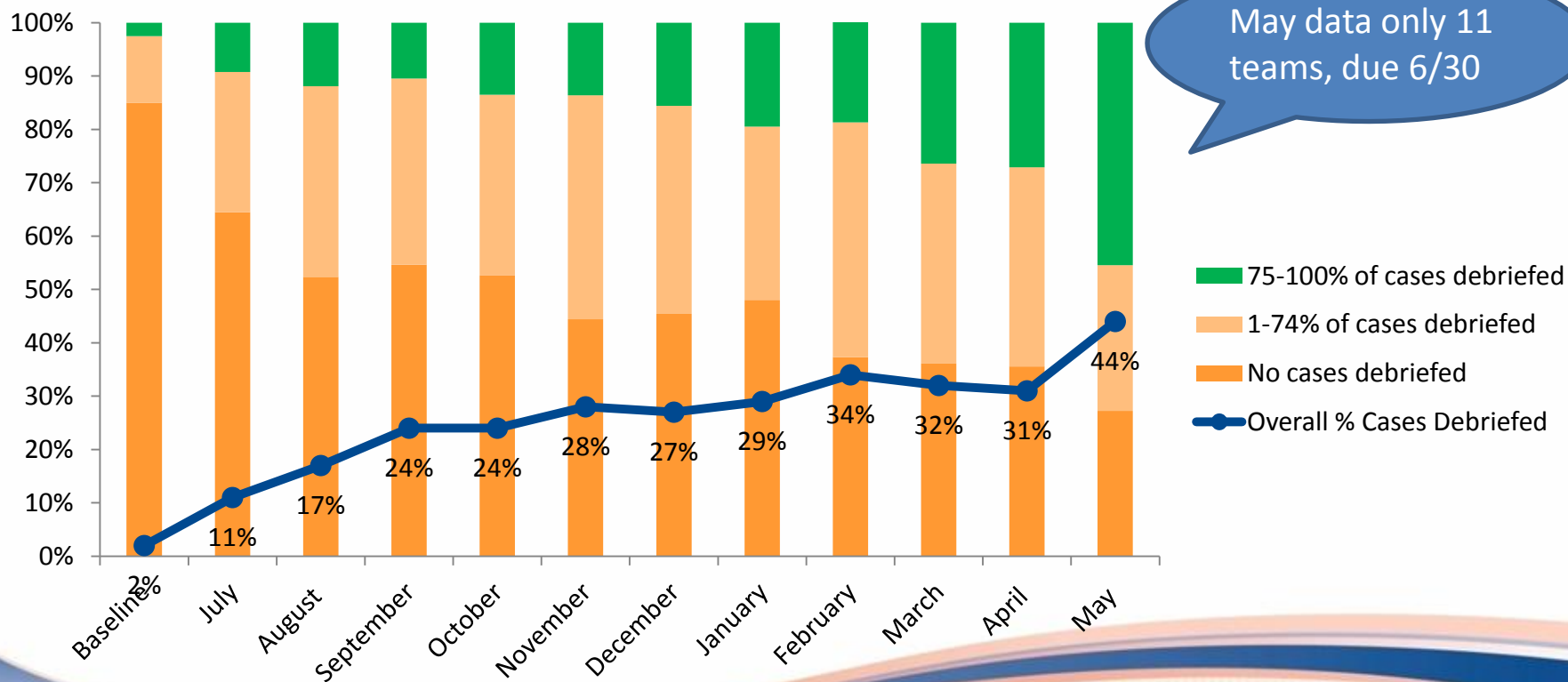
ILPQC: Maternal Hypertension Initiative
Percent of All Reporting Hospitals Where Follow-up Appointments were Scheduled within 10 Days
All Hospitals, 2016-2017



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

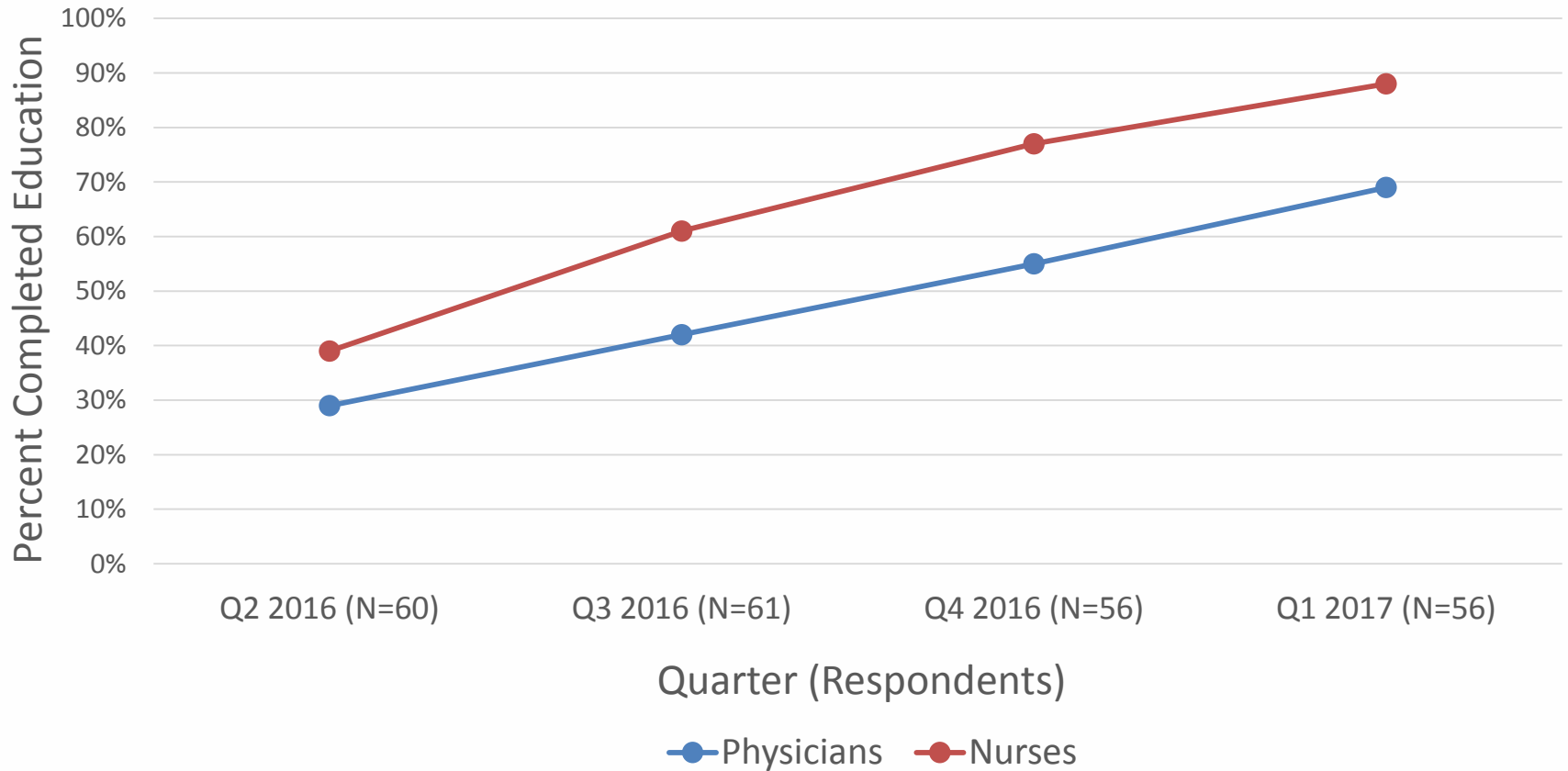


	Total Records	# Teams with Data
Baseline (2015)	1619	87
July	589	75
August	658	83
September	572	85
October	515	73
November	566	81
December	569	75
January	553	80
February	499	75
March	540	72
April	461	77
May	440	70
Overall	7581	100

Get May
data in
by 6/30!

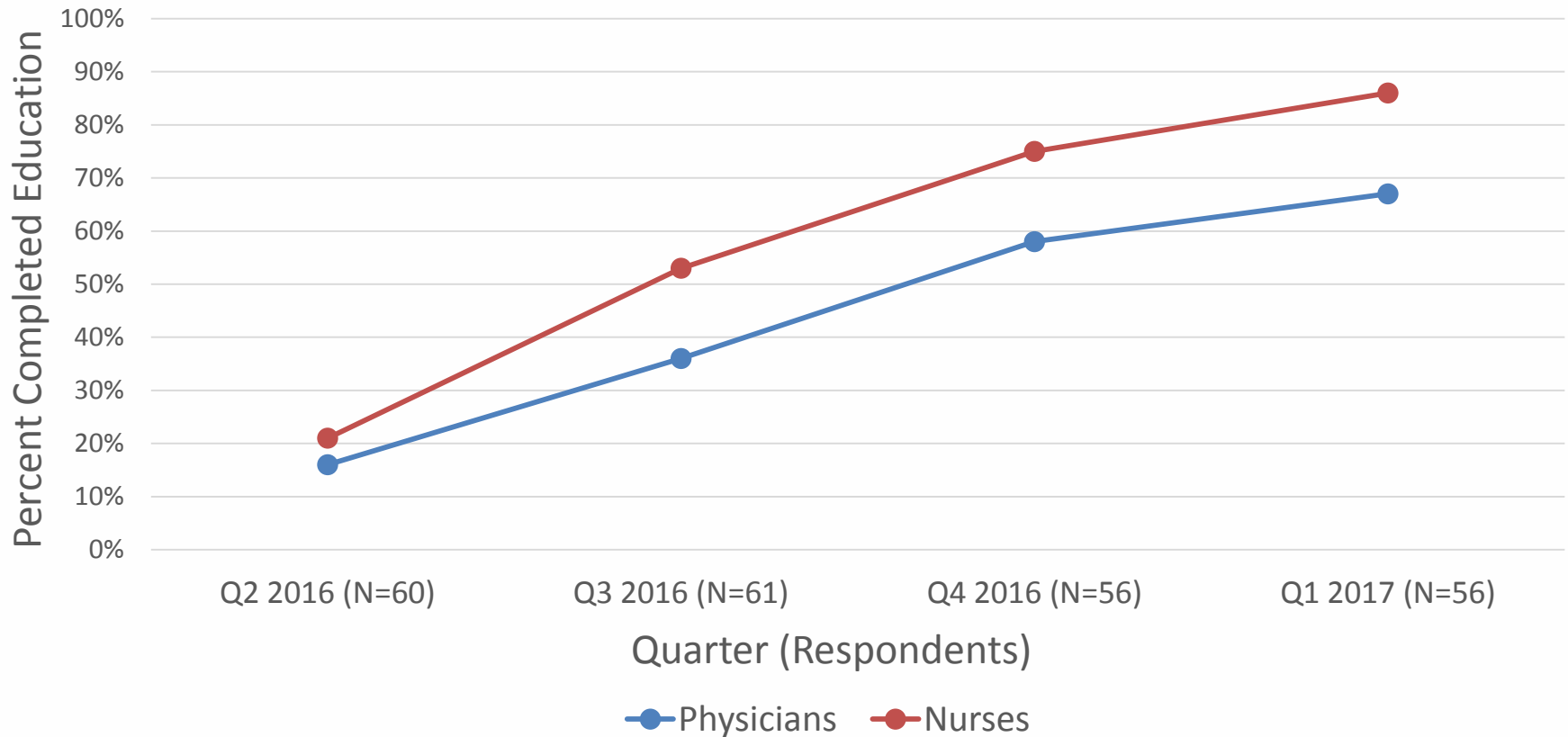
Provider & Nurse Education

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



Provider & Nurse Education

Cumulative percent of OB providers and nurses completed
(within the last 2 years) implementation education on the Severe
HTN/Preeclampsia bundle elements and the unit-standard protocol



REVISED - Key Driver Diagram: Maternal Hypertension

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%

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

TO BE AWARDED AT 5TH ANNUAL ILPQC CONFERENCE: NOVEMBER 2017

**SEVERE HTN DATA, AIM QUARTERLY MEASURES, & IMPLEMENTATION CHECKLIST*

Award Criteria

Award Criteria for IL Maternal Hypertension Hospital Teams:

Structure Measures:

- ❏ 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)

Process Measures:

- ❏ 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 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
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
 - **Q1 2017 due April 15th**

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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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
 - **Q1 2017 due April 15th**

Education Resource Review



HTN Face to Face Take Aways

What do you believe is the single greatest barrier to timely treatment of severe range blood pressures?

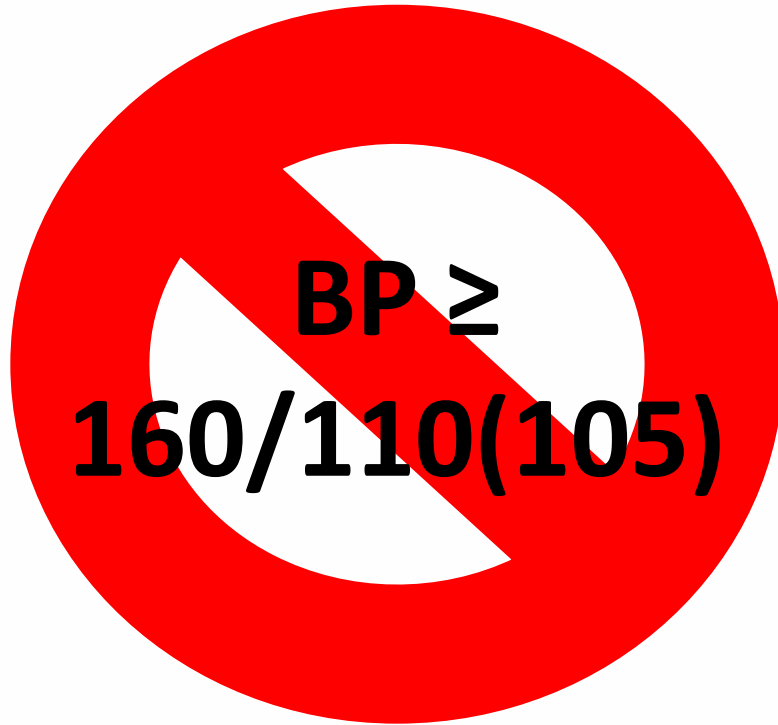


Next Steps to Meet Our Goals



- Culture change in all units – how do you get there?
 - Post visual reminders
 - Educate *all* providers/nurses on protocols
 - Apply implementation checklist
 - Share your data: providers, staff, leadership
- Sustainability across all units
 - System changes build in optimal care: Every provider, every nurse, every unit, every patient, every time

Lessons from Neonatal QI – Visual Reminder in Unit



Number of days
since we have had a
missed opportunity
or delay (> 60 min)
in time to treat
severe HTN: _____

Educate Providers and Nurses on Severe HTN Protocol: AIM eModules & ILPQC Grand Rounds Slides



AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Introduction



AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Recognition



AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Readiness



AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Response



AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Reporting



Illinois Maternal Hypertension Initiative Comprehensive Slide Set

Presented by:

Contact us at info@ilpqc.org if you would like to join the ILPQC Grand Rounds Speaker's Bureau

AIM eModules

Available on AIM website. 5 modules range from 5 to 20 minutes long (approximately 1 hour) with quiz and certificate - can ask all providers/staff to submit certificate. View eModules [here](#).

Severe Maternal HTN Grand Rounds

Available to download from ILPQC website (or click [here](#)). Speakers group available to provide Grand Rounds across the state. Email info@ilpqc.org for more information.

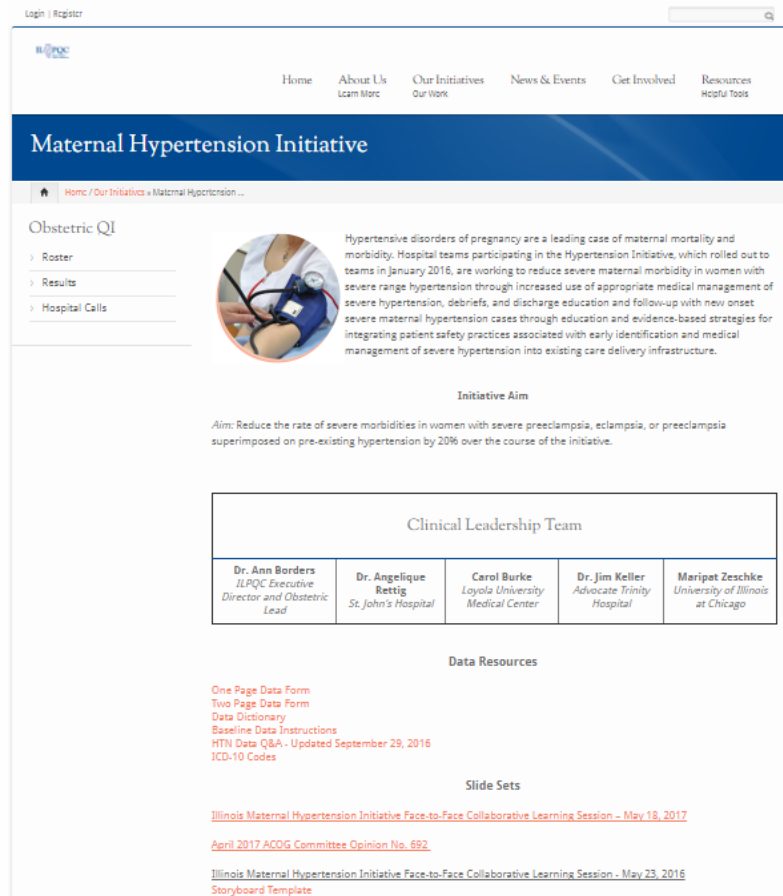
Educate Providers and Nurses on Severe HTN Protocol: NEW AIM RESOURCE!



- Short, concise and provides the reason why it is so important to treat ALL maternal hypertension in a timely manner.
- Includes Drs. James N. Martin, Jr (Chairman of the ACOG/SMFM Task Force on Maternal Hypertension and Past President of ACOG); Laurence Shields (Dignity Health Care and CMQCC) and Maurice Druzin (Stanford University and CMQCC).
- Webcast: <http://safehealthcareforeverywoman.org/wp-content/uploads/2017/05/SMFM-HTN-Webcast-Edited-5.30.mp4>
- Slide Set: <http://safehealthcareforeverywoman.org/wp-content/uploads/2017/05/Treating-Maternal-Hypertension.pdf>

ILPQC Website: Maternal Hypertension Initiative Page

- <http://ilpqc.org/?q=Hypertension>



The screenshot shows the ILPQC website's Maternal Hypertension Initiative page. The page features a navigation menu with links for Home, About Us, Our Initiatives, News & Events, Get Involved, and Resources. The main content area includes a section for Obstetric QI with a sub-menu for Roster, Results, and Hospital Calls. A central image shows a blood pressure cuff on a pregnant woman's arm. Below this is a paragraph describing the initiative's goal to reduce severe maternal morbidity through improved medical management and patient safety practices. The page also lists the Clinical Leadership Team members and provides links to various data resources and slide sets.

Obstetric QI

- › Roster
- › Results
- › Hospital Calls

Hypertensive disorders of pregnancy are a leading cause of maternal mortality and morbidity. Hospital teams participating in the Hypertension Initiative, which rolled out to teams in January 2016, are working to reduce severe maternal morbidity in women with severe range hypertension through increased use of appropriate medical management of severe hypertension, debriefs, and discharge education and follow-up with new onset severe maternal hypertension cases through education and evidence-based strategies for integrating patient safety practices associated with early identification and medical management of severe hypertension into existing care delivery infrastructure.

Initiative Aim

Aim: Reduce the rate of severe morbidities in women with severe preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20% over the course of the initiative.

Clinical Leadership Team

Dr. Ann Borders ILPQC Executive Director and Obstetric Lead	Dr. Angelique Rettig St. John's Hospital	Carol Burke Loyola University Medical Center	Dr. Jim Keller Advocate Trinity Hospital	Maripat Zeschke University of Illinois at Chicago
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Data Resources

- One Page Data Form
- Two Page Data Form
- Data Dictionary
- Baseline Data Instructions
- HTN Data Q&A - Updated September 29, 2016
- ICD-10 Codes

Slide Sets

- [Illinois Maternal Hypertension Initiative Face-to-Face Collaborative Learning Session - May 18, 2017](#)
- [April 2017 ACOG Committee Opinion No. 692](#)
- [Illinois Maternal Hypertension Initiative Face-to-Face Collaborative Learning Session - May 23, 2016](#)
- [Storyboard Template](#)

- Includes e-Binder
- Slides from all OB teams calls and Face to Face Meetings

Team Talks

- Lori Fassler, Alton Memorial Hospital
- Pat Bradley, Edward Elmhurst Health

Alton Memorial Hospital Women's Health & Childbirth Center

- 206 bed facility
- ≈ 750 deliveries/year
- 4 LDR's / 2 LDRP's
- 9 Postpartum Rooms
- Level II Nursery



• HTN Team

- Jessica Mossman, OB Manager
- Lori Fassler, OB Nurse Clinician
- Cindy Bray, ER Manager
- Kelly Mueller, Pharmacy Manager
- Kelly Hebel, Compliance Manager
- Tracy Colburn, OB Staff RN
- Jordyn Halm, OB Staff RN
- Renee Strowmatt, OB Staff RN



QI Interventions 2016:

- July & August 2016 – OB/ER Nurse & Tech Training (Appropriate BP measurement & Protocol per HTN Team)
 - Trained 100% of staff 1-1 using:
 - Accurate Blood Pressure Measurement: Strategies for Success by Nancy Peterson/CMQCC slides
 - Illinois Maternal Hypertension Initiative Comprehensive Slide Set
- August 2016 – OB/GYN & ER MD Training
 - Used Illinois Maternal Hypertension Initiative Comprehensive Slide Set & ACOG Executive Summary.
- September 1 – Implemented Protocol (triage assessment/orders for ↑ BP modeled off of CMQCC)
- The next few months, we:
 - Collected data using severe range HTN audit forms and debriefing with staff.
 - Reviewed progress monthly at staff meetings using redcap reports tool.
 - Identified gaps & better ways to collect data.

QI Interventions 2017:

- January 2017

- Implemented an audit tool to be filled out on all patients addressing blood pressure to better track compliance.

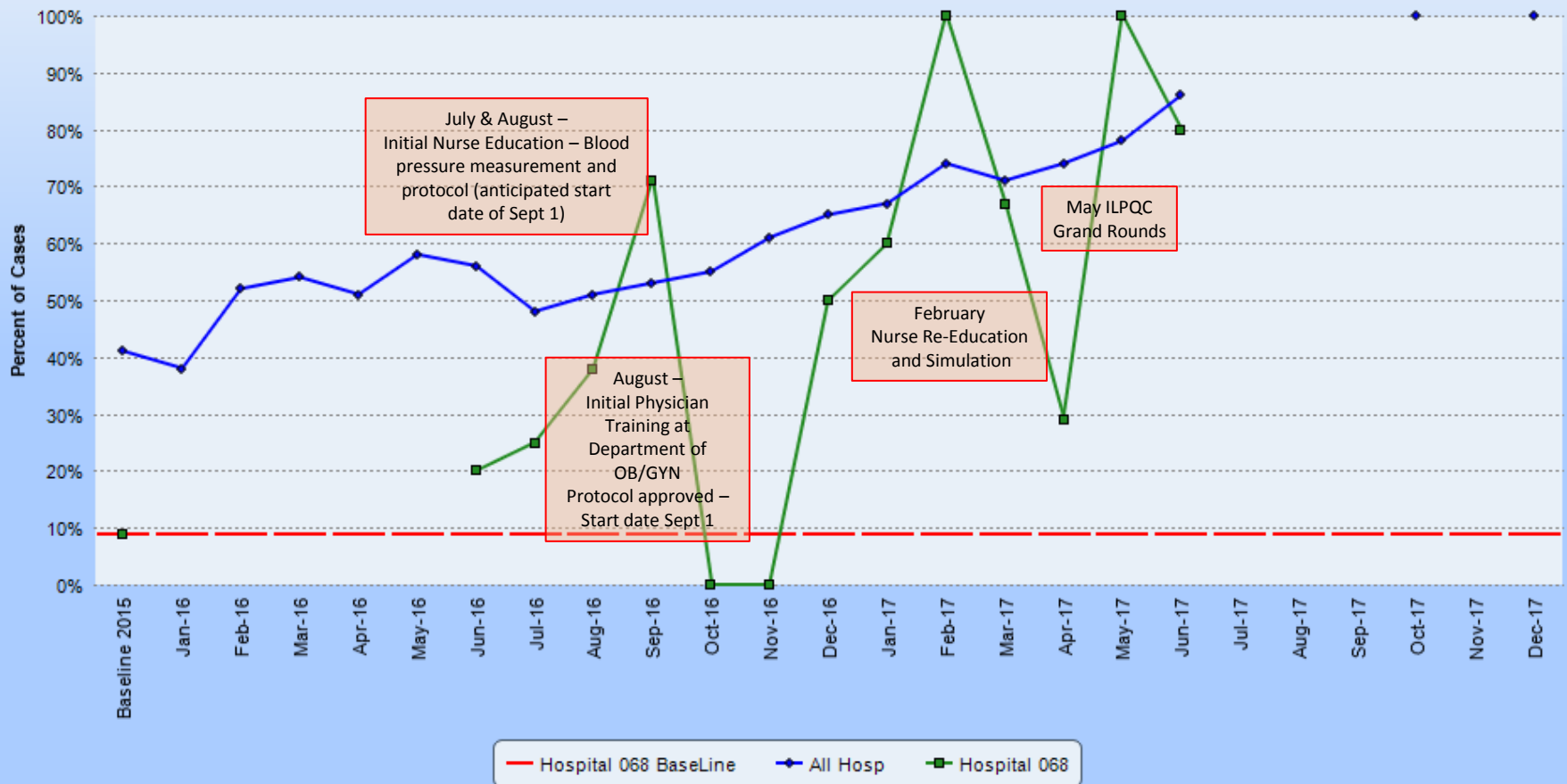
- February/March – Nurse Re-education at Skills Day

- Didactic presentation utilizing ILPQC Maternal Hypertension Initiative Goal & Measures and RedCap Reports to show progress/areas for improvement
- Skills station: Taking a Blood Pressure
- Hypertensive Crisis and Eclampsia Simulation
 - I wrote my own, but since then have noticed an ACOG template on the ILPQC website

- May – Joint Nurse-Physician ILPQC Grand Rounds on Severe Hypertension

- Dr Hatten presented to 6/9 staff OB GYN's, several WHNP and hospitalists.
- Offered slides to physicians not present.

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated within 60 Minutes
Hospital 068 & Select Comparisons, 2016 - 2017





ILPQC HYPERTENSION INITIATIVE
Edward Hospital
Naperville, IL



Healthy Driven[™]

Edward-Elmhurst
HEALTH

ILPQC Hypertension Initiative Update – Edward Hospital Provider and Nursing Education

▪ INITIAL EDUCATION

- Used the ILPQC Education PowerPoint to develop electronic education (HealthStream)
 - Assigned to:
 - OB Physicians
 - ED Physicians
 - L&D, MB and ED Nurses
- Live Presentations
 - Nursing Staff Meetings
 - Physician Department Meetings (ED & OB)
 - Mandatory Nursing Education Training Days
 - Shift Change Daily Huddles for Nursing Staff

ILPQC Hypertension Initiative Update – Edward Hospital Provider and Nursing Education

■ RESOURCE EDUCATION

- Posters Highlighting the Program
 - L&D and MB Break Rooms
- Visual Aides Posted in Nursing Stations on OB
- Documentation
 - EPIC Order Sets Revised
 - Best Practice Advisory Notifications (EPIC BPA)
- Policy and Protocol Updates
- Resource Binders located on each OB Nursing Unit

Patient/Family Advisors



- **Upcoming QI Topic Call August 8, 2017 at 12 noon**
 - Engaging patients in QI - how to successfully engage a patient advisor as part of your QI team
 - Tara Bristol Rouse from PQCNC and patient and family advisors
- Patient / Family Advisor linkage program in development with Preeclampsia Foundation and Hand to Hold

HTN Initiative Next Steps



- Focus on QI strategies and reliable systems changes to reduce time to treatment for all patients, all units, all hospitals
- Review your hospitals REDcap Data at your monthly team meeting, share it to drive QI, set an improvement goal and share that goal
- Identify a patient/family advisor for your HTN Initiative Team and invite them to participate in your monthly QI team meetings
- Data past and upcoming due dates:
 - Due June 15-30 - Severe HTN Data Form
 - Due July 15
 - AIM Quarterly Measures
 - Quarterly Implementation Checklist
- Email 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
- Visit us at www.ilpqc.org



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