



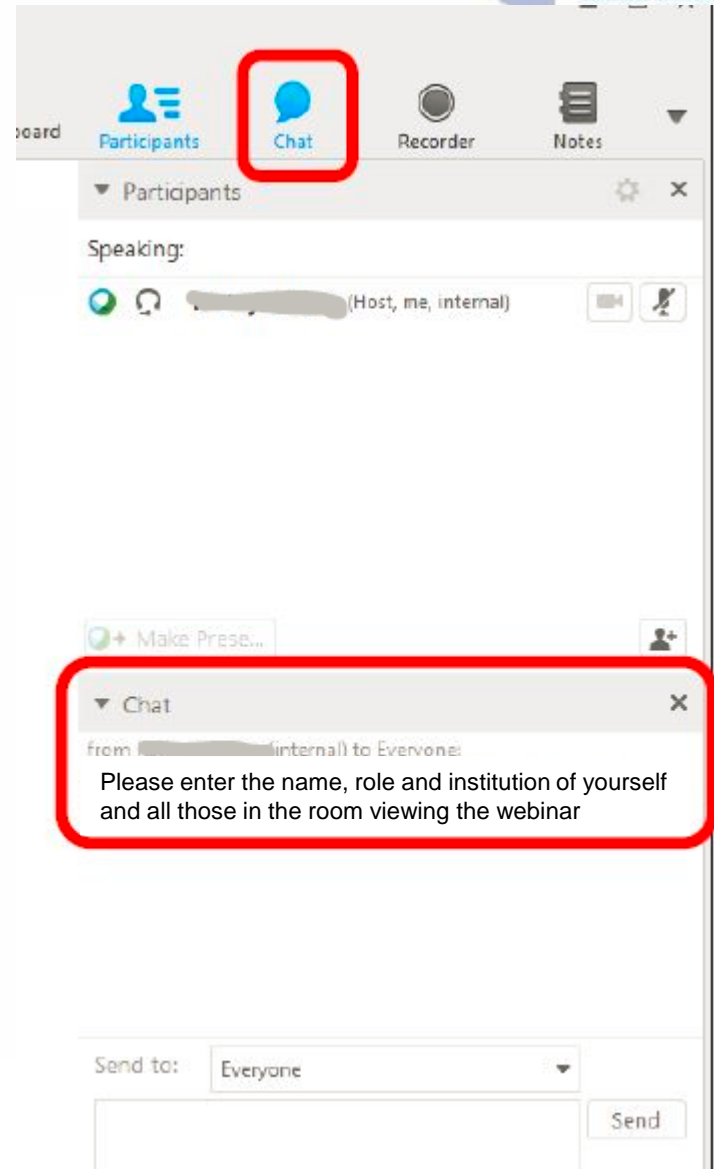
Severe Maternal Hypertension OB Teams Call

September 30, 2019

12:00 – 1:00 PM

Introductions

- Please enter for yourself and all those in the room with you viewing the webinar 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

- Annual Conference
- Review of Hypertension Sustainability Data
- Team Talks – Hypertension Sustainability
 - HSHS St. Mary’s – Decatur
 - Advocate South Suburban
- Round Robin
- Hypertension Sustainability 2020 and beyond
- Upcoming Events and Initiatives

7TH ANNUAL CONFERENCE

Registration TODAY!



ILPQC 7th Annual Conference
November 4, 2019 8a-5:15pm
Westin Lombard, Westin, IL

www.ilpqc.eventbrite.com



Annual Conference

OB Speakers



- ***“Improving Care Improves Outcomes for Pregnant and Postpartum Women with Opioid Use Disorder”*** Dr. Mishka Terplan (VCU/AIM)



- ***“Lessons Learned from CMQCC: Promoting Vaginal Birth and Birth Equity Initiatives”*** Dr. Elliott Main (CMQCC)



- ***“And Then She Was Gone”*** Charles Johnson (4Kira4Moms)



- ***“Incorporating and Tracking Health Care Inequities in Quality Improvement”*** Dr. Allison Bryant (Massachusetts General)

Sponsorship Opportunity for Health Systems



- For the second year, we are offering a \$1000 [sponsorship opportunity](#) for local health systems:
 - **PROMOTION OPPORTUNITIES**
 - Company logo and hyperlink on brochure, signage, and communications
 - **EVENT DAY BENEFITS**
 - Free registration for up to 2 attendees
 - Exclusive opportunity to host a booth or display area to promote your hospital in the lobby near conference registration

Is this something your hospital system would be interested in taking advantage of?
Reach out to danielle.young@ilpqc.org

Annual OB Teams Survey



- OB Teams Survey
 - Please coordinate with your colleagues working across initiatives to have one person submit the survey
 - If you need the email resent to you, please email info@ilpqc.org
- Access the survey here:
<https://redcap.healthInk.org/surveys/?s=7CJ9DHF34X>
- Due to ILPQC on October 4



Call for Abstracts for AC Poster Session



- All hospital teams are asked to submit an abstract on complete or in progress quality improvement work
- Abstracts submitted by **Oct. 1**, will be reviewed for awards:
 - Top abstract(s) in each submission category
 - Obstetric/Neonatal QI stories
 - Two abstracts will receive special recognition for Best Use of Data & Best Project Implementation
 - Patient Family Engagement
 - Level I/Level II Hospitals
- Awarded abstracts will have a prize designation displayed on their poster & announced at the conference
- Late breaking abstracts (not eligible for awards) are due Oct 15
- Submit: <https://redcap.healthInk.org/surveys/?s=R4LJ4XKPFY>

Call for Abstracts for AC Poster Session



- Your abstract briefly describes your QI work and will be the foundation for a poster that your team creates to display and share at the ILPQC 7th Annual Conference Poster Session
- Please format your abstract using the following sections (no more than 300 words):
 - Problem
 - Project Implementation
 - Results
 - Conclusions
- More information / Submit your [abstract here](#)
- Looking for a poster template? We've got one [available here!](#)
- Please reach out to us with any questions – we are here to help!



DATA REVIEW – CELEBRATING STATEWIDE SUSTAINABILITY SUCCESS



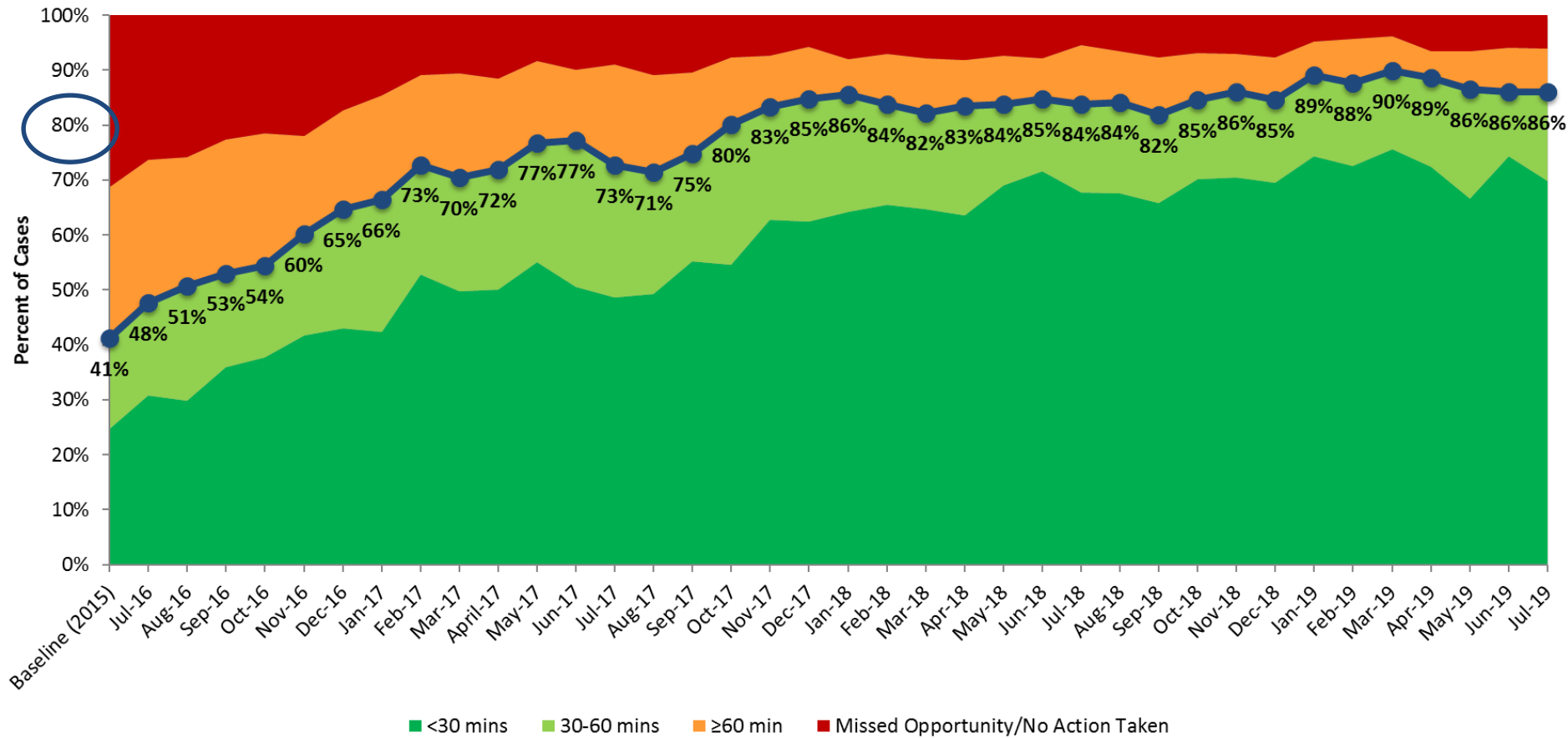
Data Entry Status

MONTH	# TEAMS ENTERING DATA	MONTH	# TEAMS ENTERING DATA
January 2018	76	January 2019	62
February 2018	64	February 2019	58
March 2018	67	March 2019	58
April 2018	67	April 2019	54
May 2018	72	May 2019	52
June 2018	67	June 2019	47
July 2018	74	July 2019	46
August 2018	72	August 2019	30
September 2018	66		
October 2018	66		
November 2018	63		
December 2018	63		

Maternal Hypertension Data: Time to Treatment



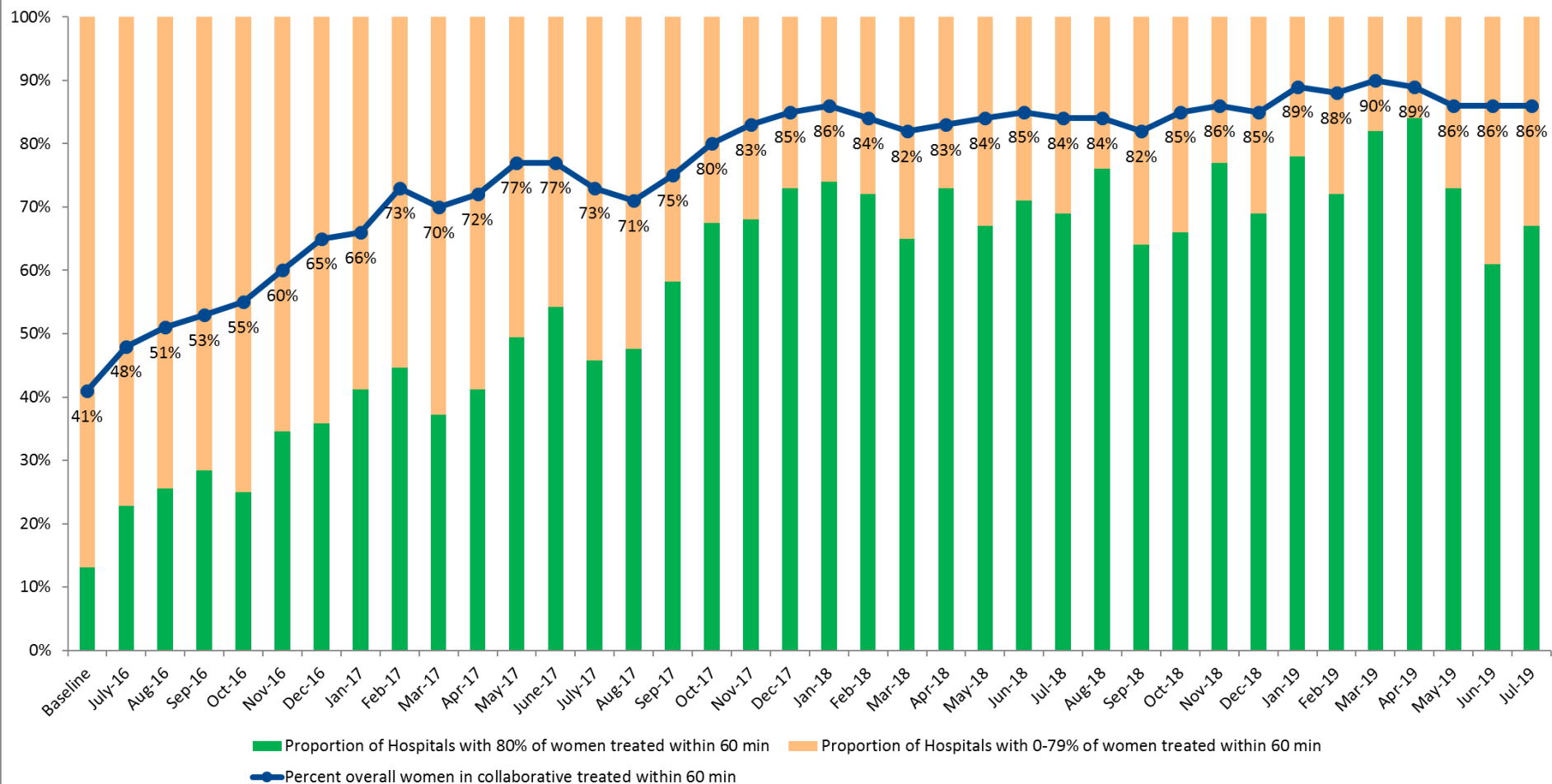
ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, ≥60 minutes or Not Treated
All Hospitals, 2016-2019



Maternal Hypertension Data: Time to Treatment



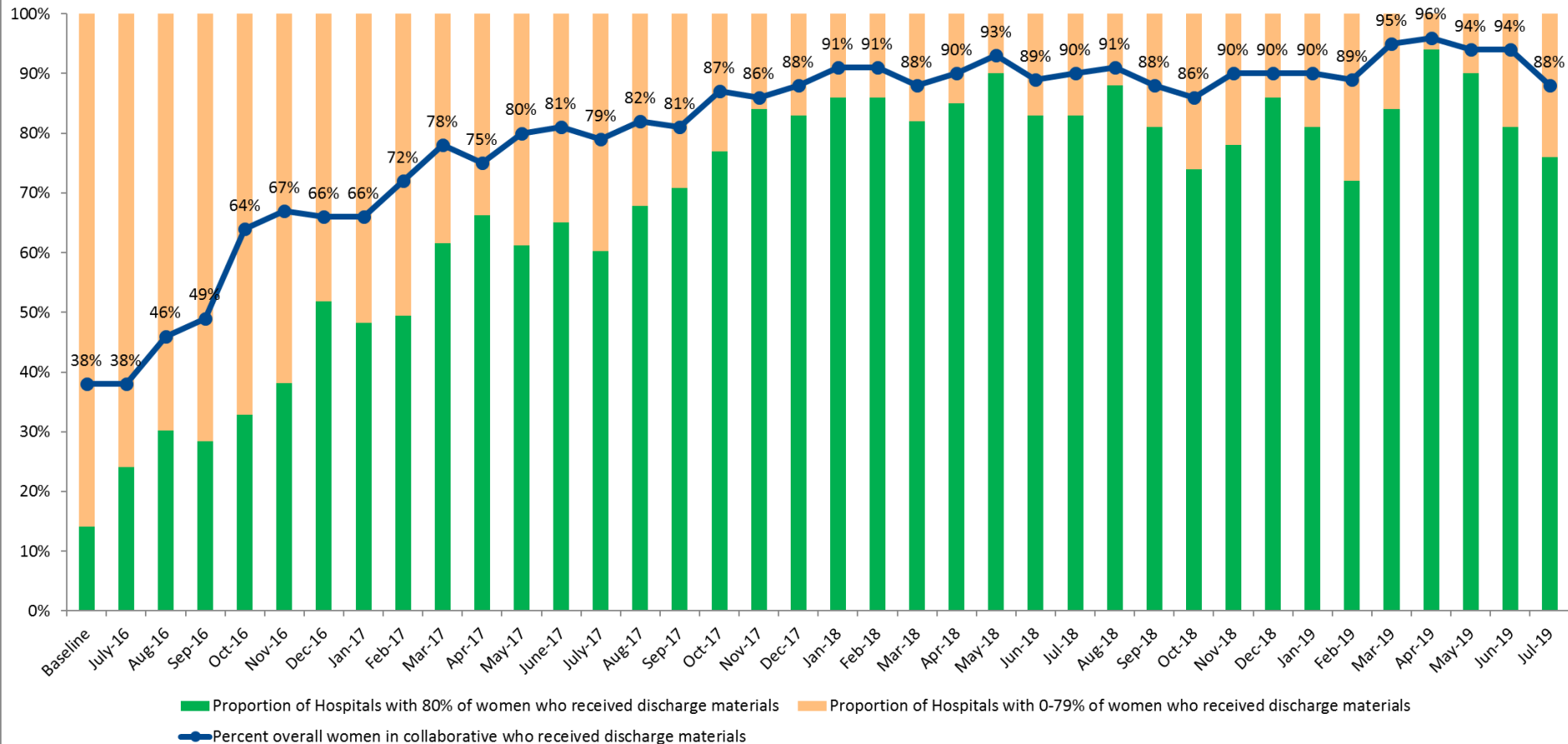
ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Treated Within 60 Minutes and Proportion of Hospitals in Collaborative Treating Women Within 60 Minutes
All Hospitals, 2016-2019



Maternal Hypertension Data: Patient Education



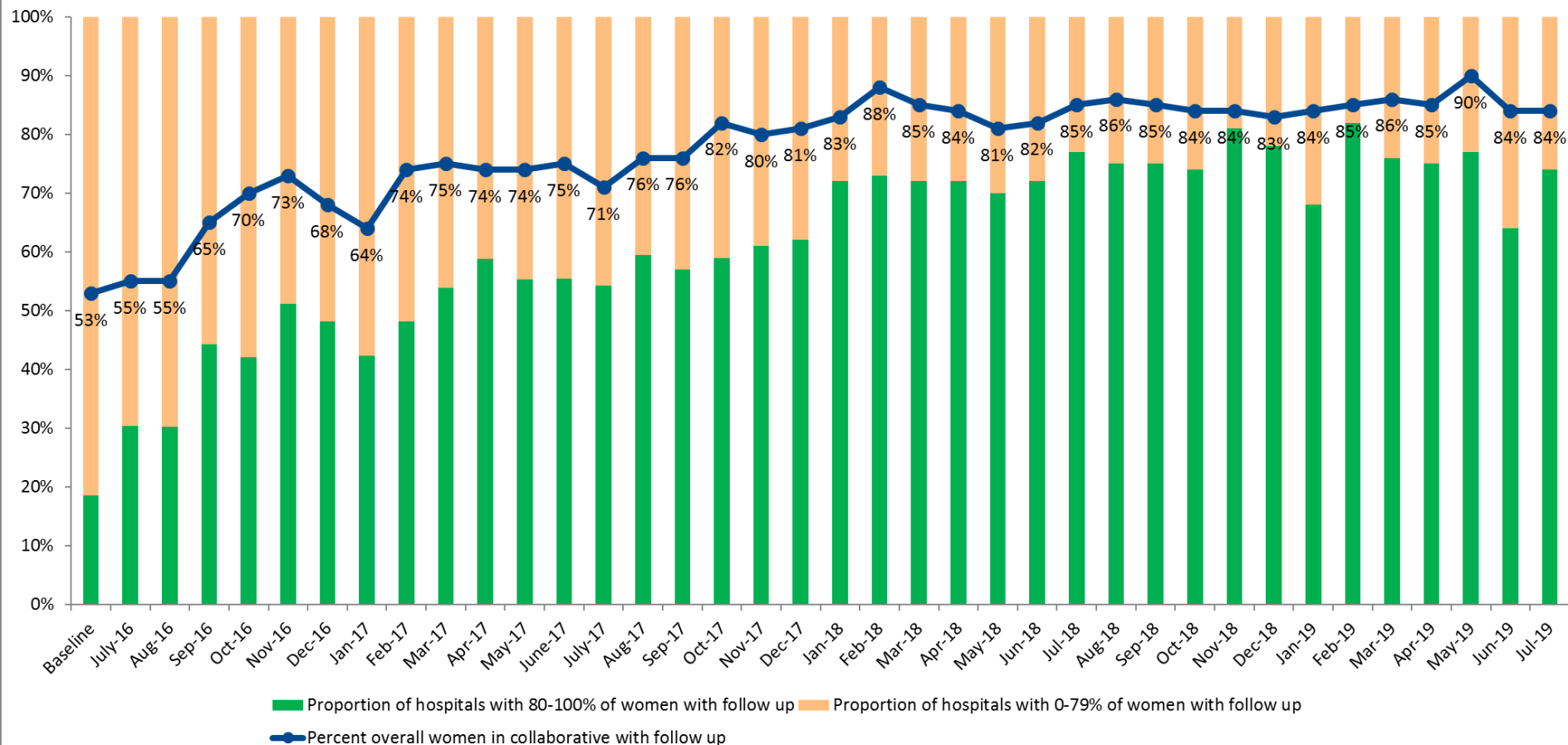
ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Who Received Discharge Education Materials and
Proportion of Hospitals in Collaborative Giving Discharge Education to Women
All Hospitals, 2016-2019



Maternal Hypertension Data: Patient Follow-up



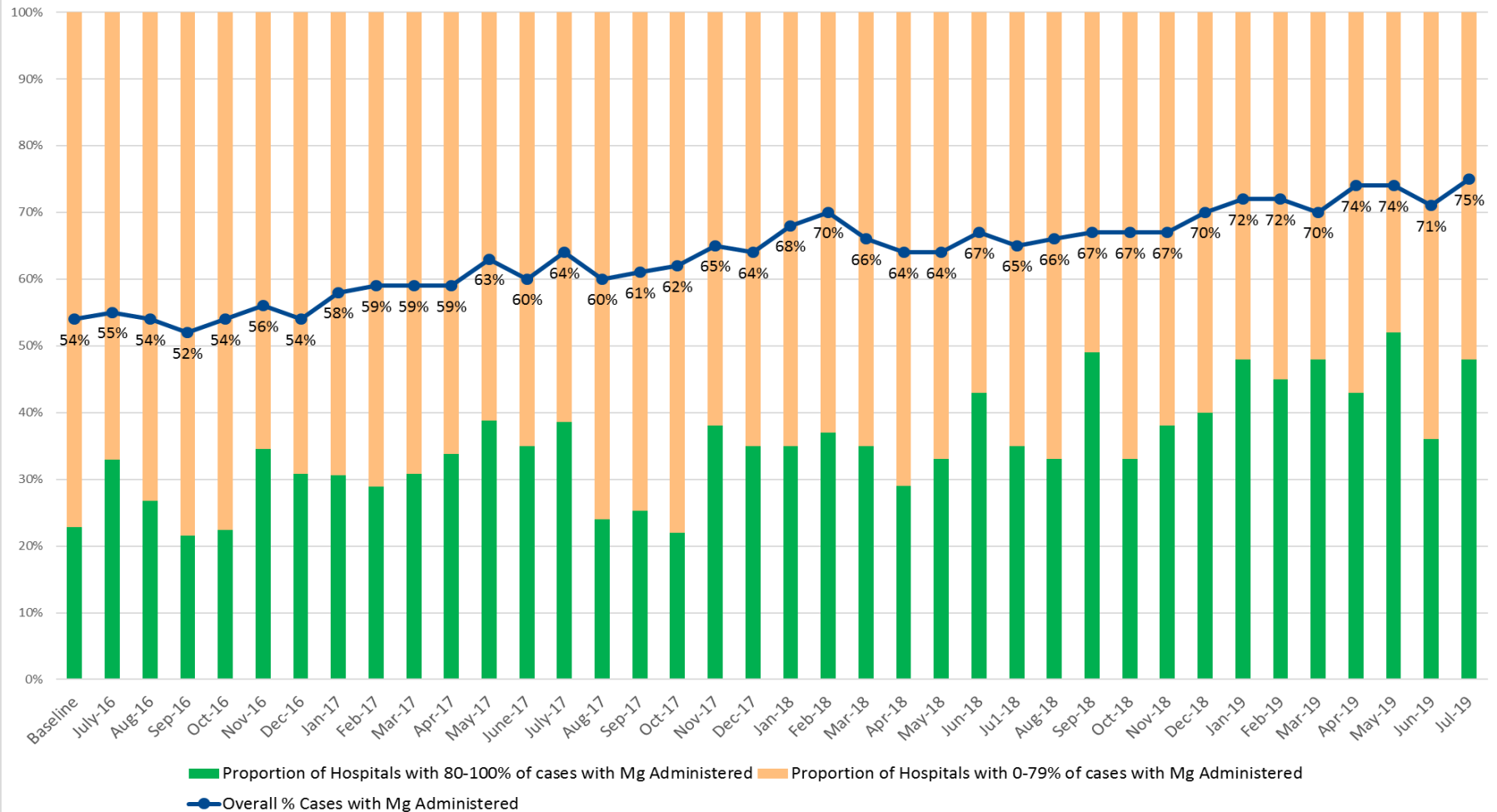
ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Where Follow-up Appointments were Scheduled within 10 Days and Proportion of Hospitals in Collaborative Where Follow-up Appointments were Scheduled within 10 Days All Hospitals, 2016-2019



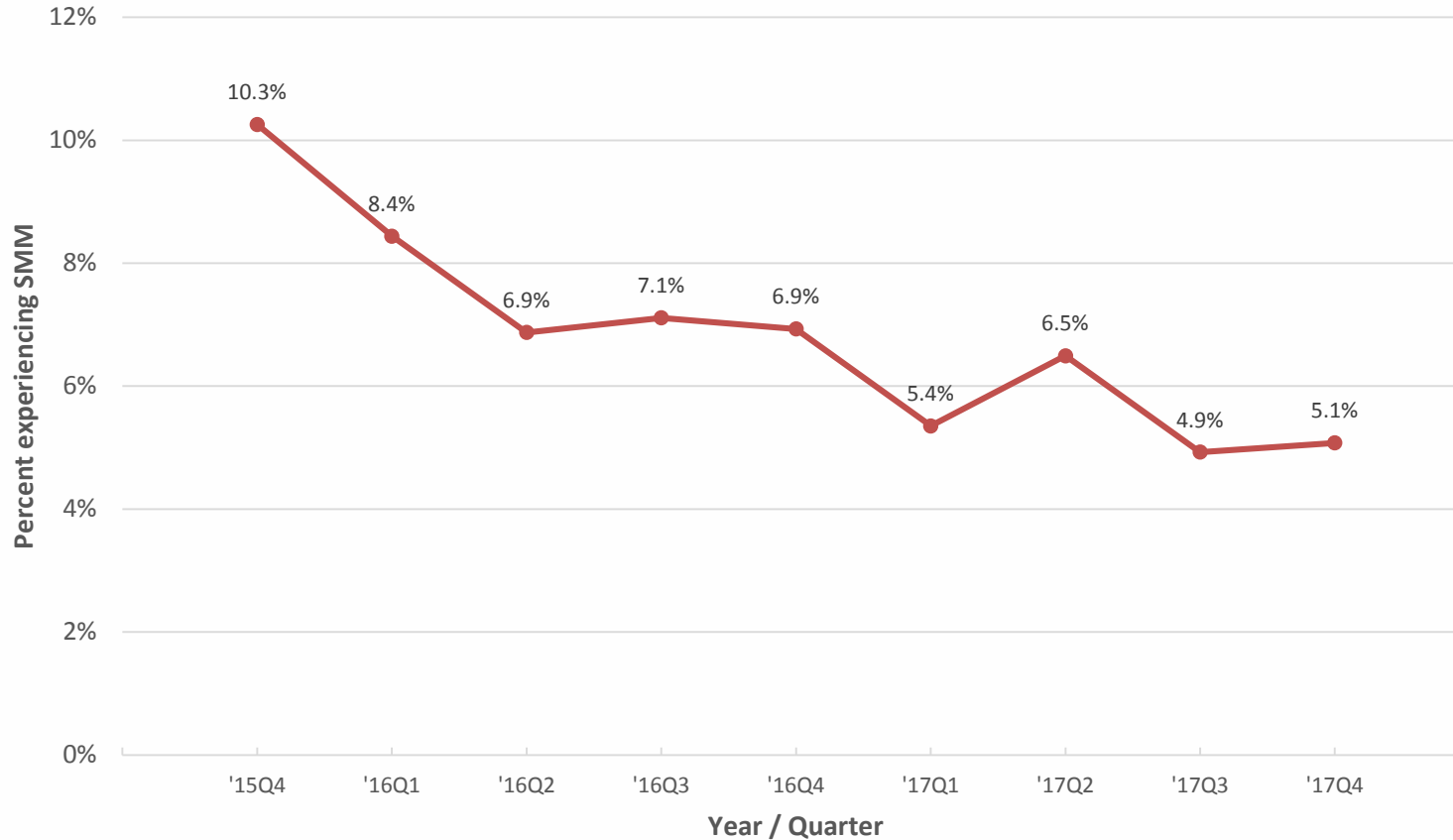
Maternal Hypertension Data: Magnesium Sulfate Administration



ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension with Magnesium Sulfate Administered
All Hospitals, 2016-2019



Severe Maternal Morbidity Rate Deliveries with Hypertension, All Illinois Hospitals



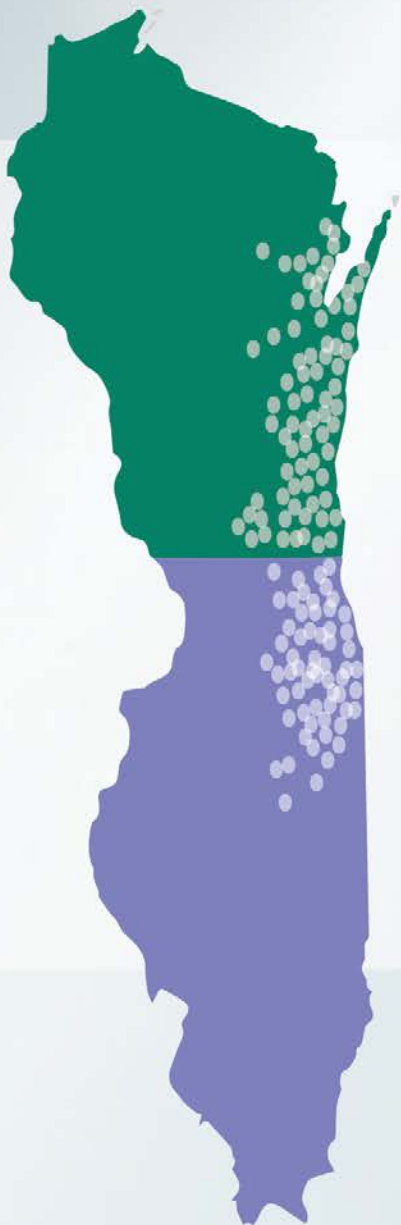
Between 2015-Q4 and 2017-Q4, the SMM rate among women experiencing hypertension at delivery was cut in half.

TEAM TALK

HSHS ST. MARY'S - DECATUR

TEAM TALK

ADVOCATE SOUTH SUBURBAN



Advocate South Suburban Hospital

Jennifer Doerr, RN, MSN, CPN, RNC-OB Clinical Nurse Manager
September 30, 2019

AdvocateAuroraHealth



Advocate Health Care



Aurora Health Care®

Overview: Advocate South Suburban Hospital

- Community, non-academic, 231 acute bed facility located in Hazel Crest, IL
- 16 bed LDRP
- 8 bed OB OP/Triage
- Level 2 Perinatal Hospital
- 800 Deliveries



Success Story-2018 to 2019

Time to Treat	Discharge Education	Follow Up Appointment	Magnesium Sulfate Administration
42 to 98.75	88 to 100	100 to 100	52 to 78

- Use of ILPQC HTN Sustainability Audit Tool for all Severe Maternal Hypertension Patients
- Annual Staff education on Severe Maternal Hypertension through Simulation and Computer Based Training OB staff and ED staff
- Daily Huddle and monthly staff meetings
- Laminated Reference sheets located through out department for quick reference
- ACOG Pocket Cards
- Development of Severe HTN Medication kit in Pyxis
- Multidisciplinary team approach-nursing, attendings, in-house physician, Quality Department
- Standard education for all patients-Preeclampsia Foundation Patient Tear Pad and Discharge Education at time of admission in EMR
- Severe Maternal Hypertension Powerplan in EMR
- Emergency Department Sign

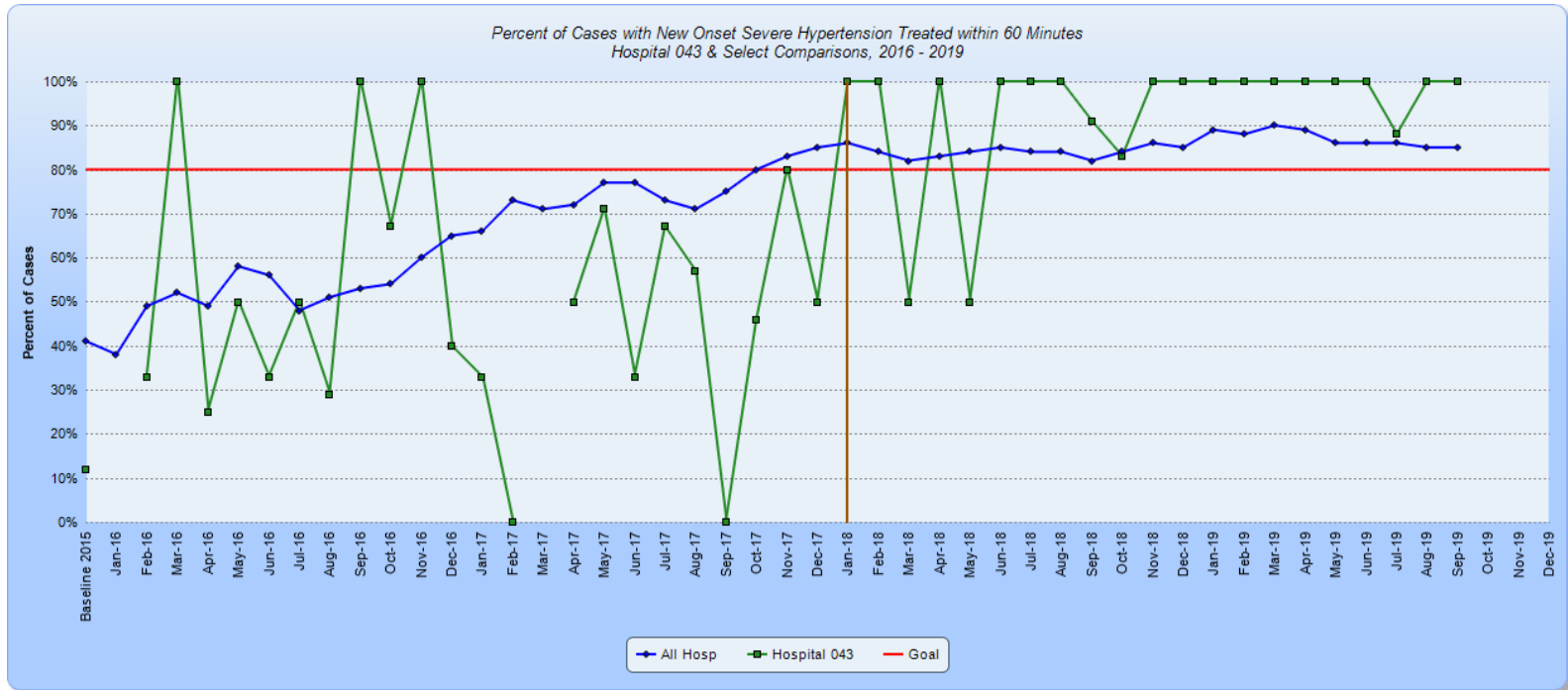
Sustainability

- Team Accountability/Wingman-team approach for early treatment
- Recognition of nurses/team with early treatment/management
- Escalation/Chain of Command to OB In-House provider/OB Chair-source of empowerment
- Review of fall out cases with Multidisciplinary approach-Peer Review
- Quality Dashboard, Performance Reviews, Daily Huddle, Monthly Staff Meeting
- Follow up Appointments in OB OP/Triage
- Early recognition and escalation in Emergency Department

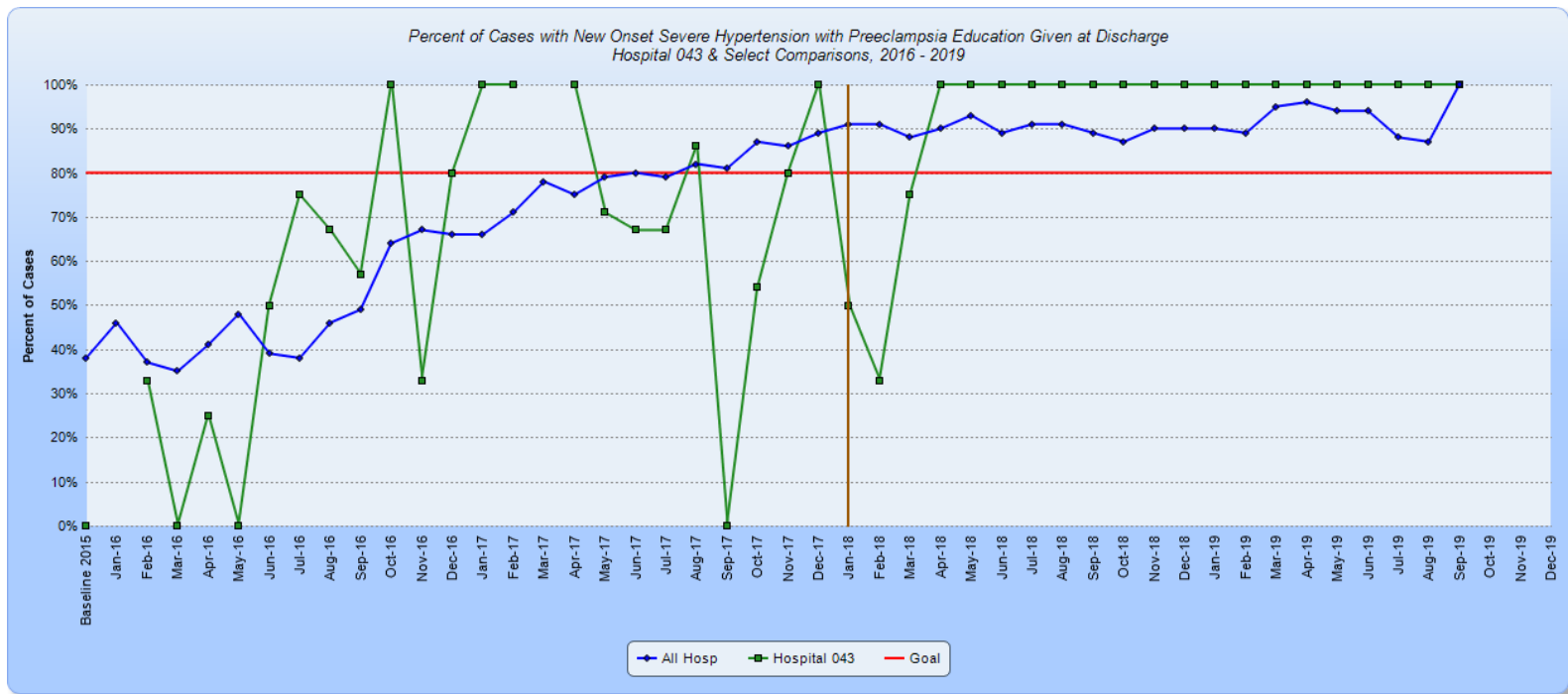
Simplified Approach

- Patient sustained severe maternal hypertension-notify MD, obtain kit from pyxis, drug of choice (all MDs agreed-hydralazine), administer medication, admit, document education, automatic follow up appointment within 3 days. If patient does not have a provider, patient will be seen in OB OP/Triage Department.
- In the slight event the MD does not want to treat, escalate chain of command to our in-house MD to obtain order and treat.

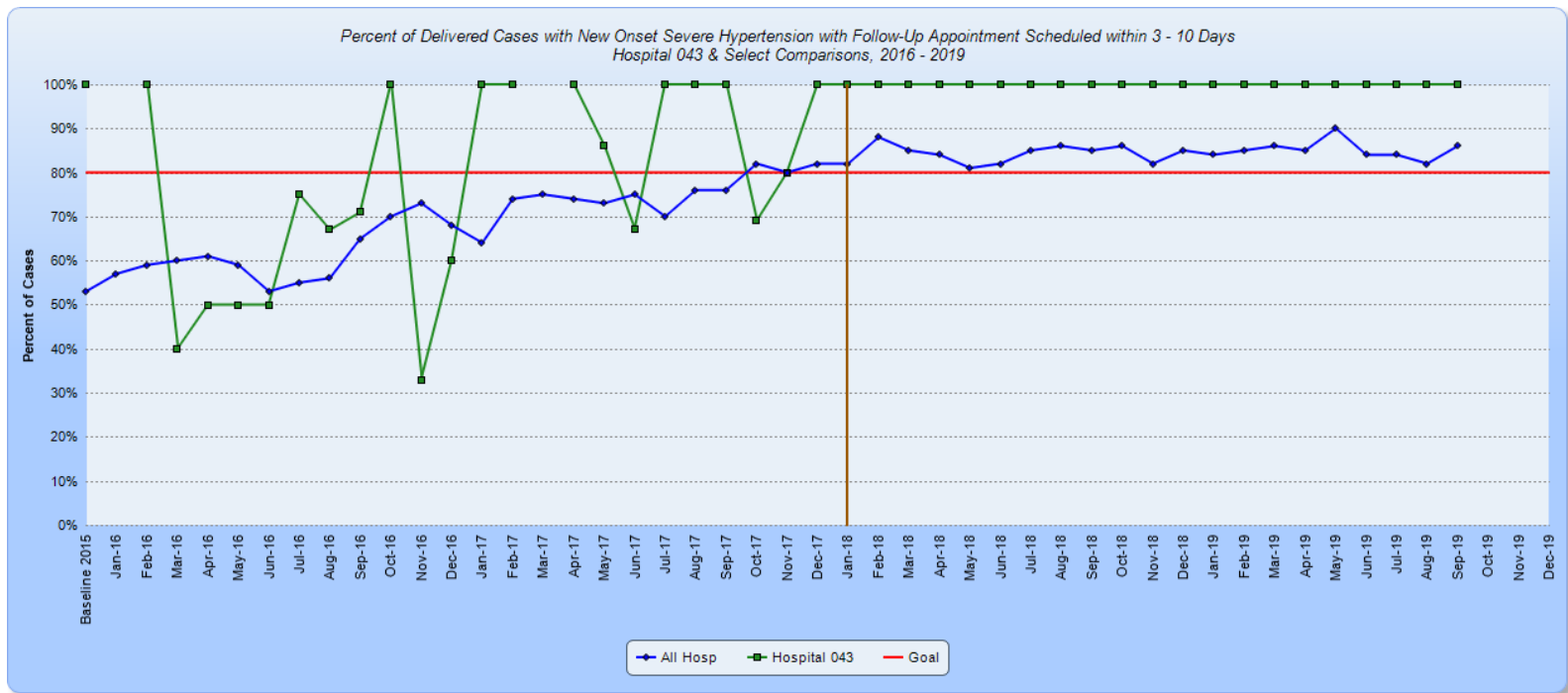
Treatment



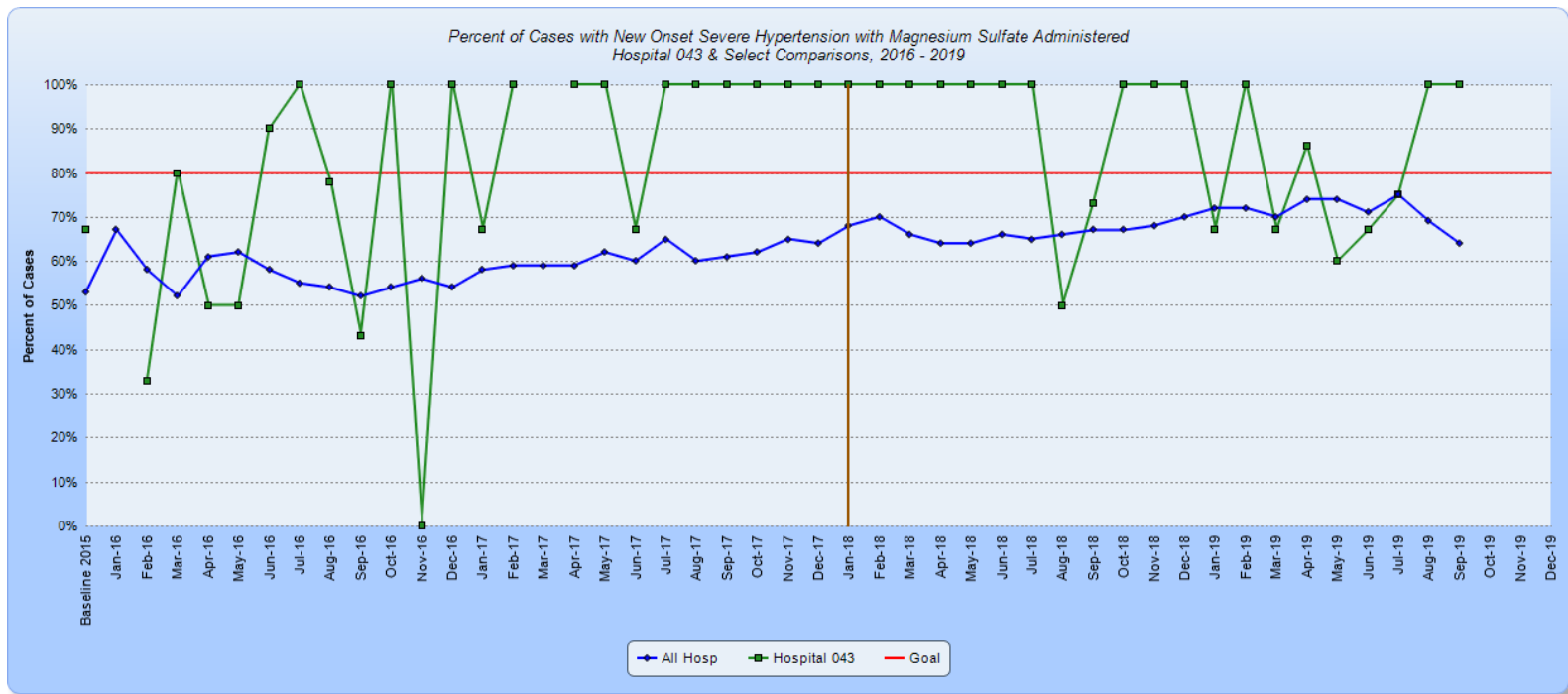
Discharge



Follow-Up



Magnesium Sulfate



Opportunity

- Magnesium Sulfate Administration
 - Chronic Hypertension
- Physician presentation/Letter
 - ACOG Committee Opinion
 - ILPQC Maternal Hypertension Initiative
- Escalation/Chain of Command to OB In-House Physician

*Success is only
achieved through a
TEAM approach*

ROUND ROBIN

Discussion

- Please share your team's biggest success or challenge that you have overcome in sustainability in one of the following areas:
 - Compliance Monitoring
 - Magnesium sulfate administration
 - New hire/ongoing provider/staff education
- Discussion questions for each area follow

Compliance Monitoring Discussion Questions



- How often are you reviewing your compliance data in the ILPQC Data and Reporting System? Has the frequency changed since the start of sustainability? If so, how has this affected your data?
- How is compliance data shared with other team members? With hospital administration? Has this changed since the start of sustainability?
- Is your team facing new challenges to data entry now that we are in sustainability year 2?
- Have you conducted any PDSA cycles during sustainability for data slipping below the goal? What did you learn?

Magnesium 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?

New Hire/Ongoing Education

Discussion Questions

- Have you made any changes to new hire education since the start of the sustainability period?
- What has been successful in maintaining new hire education in sustainability?
- How have you incorporated Grand Rounds or the AIM e-modules into ongoing provider staff education?
- What steps have you taken to incorporate education on Severe Maternal HTN into ongoing nursing and physician education?



FUTURE OF HYPERTENSION SUSTAINABILITY

Hypertension Sustainability: What's Next?



- Data System and Data Reports to remain open through 2020
- ILPQC Help Desk – we will continue to be available for hypertension related questions – reach out to us any time!
- QI Support – we are happy to provide QI support to teams who reach out and request a call

UPCOMING EVENTS & INITIATIVES

ACOG IPLARC Training

- **Confirmed:** Friday, October 25, Mt. Vernon Visitors Center, Mt. Vernon, IL, 8:30am-10:30am and 11am-1pm
- Approx. 2-hour training for providers, followed by 2-hour training for nurses, lactation consultants
- Training will cover:
 - Capacity building
 - Contraceptive counseling
 - Insertion training
- If your team did not send a representative to the ILPQC/ACOG IPLARC training in May or July, please consider sending a rep to this training



REGISTER NOW!

December 13th ASAM OUD Course



THE ASAM

Treatment of Opioid Use Disorder Course

Includes Waiver Qualifying Requirements



ASAM American Society of
Addiction Medicine



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Friday, December 13th 2019

Carle at the Fields, Champaign, IL
(8am – 12:30pm)

<https://elearning.asam.org/p/ILPQC1213>

SAVE THE DATE FREE MAT TRAINING!



Medication Assisted Therapy: Implementing MAT into your practice

November 8 and 9th , 2019
UIC College of Medicine
1601 Parkview Avenue
Rockford II

Who should attend? Physicians, Nurse Practitioners, Physician Assistants, Nurses and Pharmacists who are interested in Substance Use Disorder

Program Description: This program will provide healthcare professionals with the necessary training and education to implement MAT therapy into their practice

Program Chair: Nicole Gastala MD

Registration Fee: Free of Charge

Highlighted Educational Topics:

- DEA-X Waiver Training
- Setting up MAT Therapy in your office practice
- Induction therapy options- Inpatient, Emergency Department, and Home
- Maternity Care and Neonatal Abstinence Syndrome
- Scheduling follow up for MAT therapy patients
- Interpretation of urine drug screen results

Registration information available soon! For more information contact Mary L Moody BPharm at mlmoody@uic.edu.

Supporting Vaginal Birth



SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

READINESS

Every Patient, Provider and Facility

- Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication.
- Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the maternity care cycle.
- Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.

RECOGNITION AND PREVENTION

Every patient

- Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor.
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.
- Use standardized methods in the assessment of the fetal heart rate status, including interpretation, documentation using NICHD terminology, and encourage methods that promote freedom of movement.
- Adopt protocols for timely identification of specific problems, such as herpes and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

PATIENT SAFETY BUNDLE

Safe Reduction of Primary Cesarean Births

Wave 1
Starting Feb
2020

CMQCC
California Maternal
Quality Care Collaborative

Toolkit to Support Vaginal Birth and Reduce
Primary Cesareans



Partnering to Improve Health Care Quality
for Mothers and Babies

Birth Equity



READINESS

Every health system

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
 - Provide system-wide staff education and training on how to ask demographic intake questions.
 - Ensure that patients understand why race, ethnicity, and language data are being collected.
 - Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
 - Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English.
 - Educate all staff (e.g. inpatient, outpatient, community-based) on interpreter services available within the healthcare system.
- Provide staff-wide education on:
 - Peripartum racial and ethnic disparities and their root causes.
 - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.

RECOGNITION

Every patient, family, and staff member

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

PATIENT
SAFETY
BUNDLE

Reduction of Peripartum
Racial/Ethnic Disparities



Starting
2021

CMQCC
California Maternal
Quality Care Collaborative

Birth Equity

THANKS TO OUR SPONSORS



JB & MK PRITZKER

Family Foundation