

11 Steps to Getting Started with the ILPQC Maternal Hypertension Initiative

1. Schedule regular, at least monthly, **team meetings**.
2. Review the **ILPQC Data Collection Form** with your team and discuss opportunities for data collection including bedside, EMR queries, chart review, pharmacy reports, etc.
3. Review the **Date Use Agreement** and forward to the appropriate parties at your hospital for signature to facilitate sharing of deidentified aggregate data with Alliance of Innovation on Maternal Health (AIM).
4. Complete the **AIM Baseline Survey** and **Implementation Checklist** with your team. ILPQC will use this information to develop focused education and QI support resources to support teams.
5. Diagram your **process flow** for identification and treatment of severe range blood pressure in Labor and Delivery, Postpartum, and Emergency Department with your team for a clear picture of your current process. Involve everyone in this process to help your team understand who is doing each activity, when, where, why, and how.
6. Review your final process flow diagram with your team and **identify opportunities for improvement**. Reference the **Key Driver Diagram** to identify possible interventions. Focus first on activities supporting early recognition and response to clinical triggers of preeclampsia including:
 - Accurate blood pressure measurement
 - Initiating antihypertensive medications early and aggressively
 - Coordination of care between Labor and Delivery, Postpartum, Emergency Department, and Intensive Care Unit
 - Early postpartum follow-up and standardized patient education
7. Review the ILPQC Hypertension Initiative **Toolkit Binder** for nationally vetted resources to support your improvement goals organized by Readiness, Recognition, Response, and Reporting/Systems Learning.
8. Develop your first **Plan-Do-Study-Act (PDSA) cycle** with your team. Remember the rule of 1. One provider and/or nurse. One patient. One day.
9. Develop your teams 30, 60, and 90 day **implementation plan** for key improvement areas
 - Staff education on blood pressure parameters and standardized BP measurement
 - Protocols to guide IV treatment of confirmed blood pressure ≥ 160 mmHg systolic or $\geq 110(105)$ mmHg diastolic within 30-60 minutes
 - Rapid access to medications
 - Uniform policy for magnesium sulfate
 - Discharge protocols to arrange for early postpartum follow-up for all patients with HTN
 - Standardized postpartum patient educational materials
10. Implement **debriefs** for all cases of severe hypertension using the ILPQC Data Form to discuss and collect valuable insight on reasons women are not treated within 1 hour. Look out for these potential barriers that provide opportunities for improvement:
 - Lack of staff or provider knowledge of standard blood pressure parameters for urgent IV therapy
 - Provider preference for oral versus IV antihypertensive medications
 - Difficulty obtaining medication within 30 minutes
 - Magnesium sulfate given instead of antihypertensives as treatment
 - Provider unavailability for timely orders
 - Competing priorities (i.e. ultrasounds, labs, magnesium sulfate administration)
 - Nurse reluctance to give IV antihypertensive meds
 - Fear of hypotension
11. Reach out to ILPQC for help (info@ilpqc.org) and celebrate your successes with your team early and often.