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

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

Percent of Cases
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

May data only 11 teams, due 6/30
Maternal Hypertension Data:
Patient Education

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

- 75-100% of women received discharge materials
- 1-74% of women received discharge materials
- No women received discharge materials

May data only 11 teams, due 6/30
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

May data only 11 teams, due 6/30

- 75-100% of women with follow up
- 1-74% of women with follow up
- No women with follow up
- Overall % With Follow Up
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

- 75-100% of cases debriefed
- 1-74% of cases debriefed
- No cases debriefed

May data only 11 teams, due 6/30
# Severe Hypertension Data Entry Status

<table>
<thead>
<tr>
<th></th>
<th>Total Records</th>
<th># Teams with Data</th>
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<tr>
<td>Baseline (2015)</td>
<td>1619</td>
<td>87</td>
</tr>
<tr>
<td>July</td>
<td>589</td>
<td>75</td>
</tr>
<tr>
<td>August</td>
<td>658</td>
<td>83</td>
</tr>
<tr>
<td>September</td>
<td>572</td>
<td>85</td>
</tr>
<tr>
<td>October</td>
<td>515</td>
<td>73</td>
</tr>
<tr>
<td>November</td>
<td>566</td>
<td>81</td>
</tr>
<tr>
<td>December</td>
<td>569</td>
<td>75</td>
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<tr>
<td>January</td>
<td>553</td>
<td>80</td>
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<td>February</td>
<td>499</td>
<td>75</td>
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<tr>
<td>March</td>
<td>540</td>
<td>72</td>
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<tr>
<td>April</td>
<td>461</td>
<td>77</td>
</tr>
<tr>
<td>May</td>
<td>440</td>
<td>70</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>7581</strong></td>
<td><strong>100</strong></td>
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Get May data in by 6/30!
Cumulative percent of OB providers and nurses completed (within last 2 years) clinical education on Severe HTN/Preeclampsia

Quarter (Respondents)
- Q2 2016 (N=60)
- Q3 2016 (N=61)
- Q4 2016 (N=56)
- Q1 2017 (N=56)

Percent Completed Education
- Physicians
- Nurses
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.
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

GOAL: To reduce preeclampsia maternal morbidity in Illinois hospitals

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%

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)
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

- 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

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

**Key Words:**
- Communication
- Recognition
- Education
- Physician buy-in
- Compliance
- MD resistance
- Consistency in management
- Lack of provider buy-in
- Provider response
- Organizational inertia
- Consistent use of follow-up
- Provider recognition
- Normal labs
- ED not seeing 160/110
- Nurse with physician
- Nurses perspective
- Patients in ED or ICU
- Physician mental clarity
- W...
- Physician compliance
- More education needed
- Denial of a problem
- Nurse with physician communication
- No sense of urgency
- Physician's initiating
- Physician wanting to u...
- Physician reluctance
- MD won't give orders
- Lack of recognition
- Not believing the numbers
- Physician recognizing the...
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

BP ≥ 160/110 (105)

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 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](mailto:info@ilpqc.org) for more information.

Contact us at [info@ilpqc.org](mailto:info@ilpqc.org) if you would like to join the ILPQC Grand Rounds Speaker’s Bureau.
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).
ILPQC Website: Maternal Hypertension Initiative Page

- [http://ilpqc.org/?q=Hypertension](http://ilpqc.org/?q=Hypertension)

- 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/CMQQC 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 (triaige 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.
May ILPQC Grand Rounds

Nurse Re-Education and Simulation

July & August – Initial Nurse Education – Blood pressure measurement and protocol (anticipated start date of Sept 1)

August – Initial Physician Training at Department of OB/GYN Protocol approved – Start date Sept 1

May ILPQC Grand Rounds

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

Baseline 2016
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17

Percent of Cases
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Hospital 068 BaseLine
All Hosp
Hospital 068
ILPQC HYPERTENSION INITIATIVE
Edward Hospital
Naperville, IL
**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
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