Maternal Hypertension Initiative

March Action Period Call

Baseline Data Review

Severe Hypertension Identification & Management

March 26, 2021

Welcome!

- Please type your name and institution you represent in the chat box and send to "Everyone".
- Please also do for all those in the room with you viewing the webinar.
- Thank You!

Welcome!

- Attendees are <u>automatically</u> muted to reduce background noise. Please <u>do not</u> put your phone on hold as music will play

- You may enter questions/comments in the "chat" box during the presentation. We will have Q&A session at the end

- Slides will be available via email and at www.alpqc.org

- We are now recording
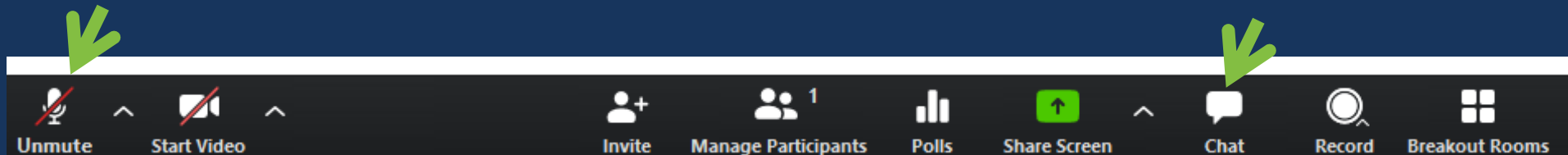
Agenda

Updates & Questions ▪ 12:05 – 12:10

Baseline Data Review & Updates ▪ 12:10 – 12:30

Severe HTN Identification &
Management, Team Share ▪ 12:30 – 12:50

Q & A ▪ 12:50 – 1:00
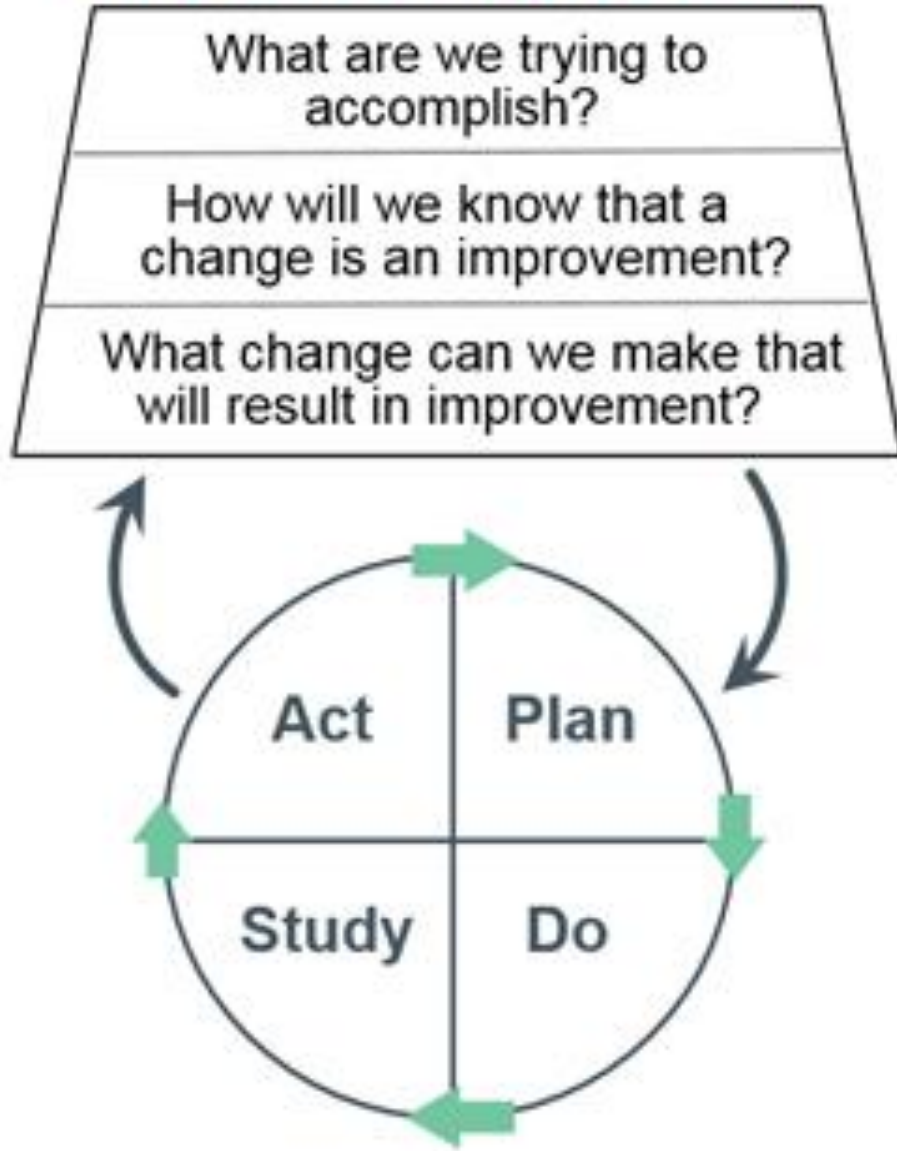
Maternal HTN Updates & Questions

Coaching call lessons learned
- Which patients are included
- Identification of patients
  • E.g. Who's not included?
- Treatment protocols
  • Website protocols/ACOG are examples

Why This Matters

Model for Improvement

- Setting your SMART aim

- Measurement Strategy
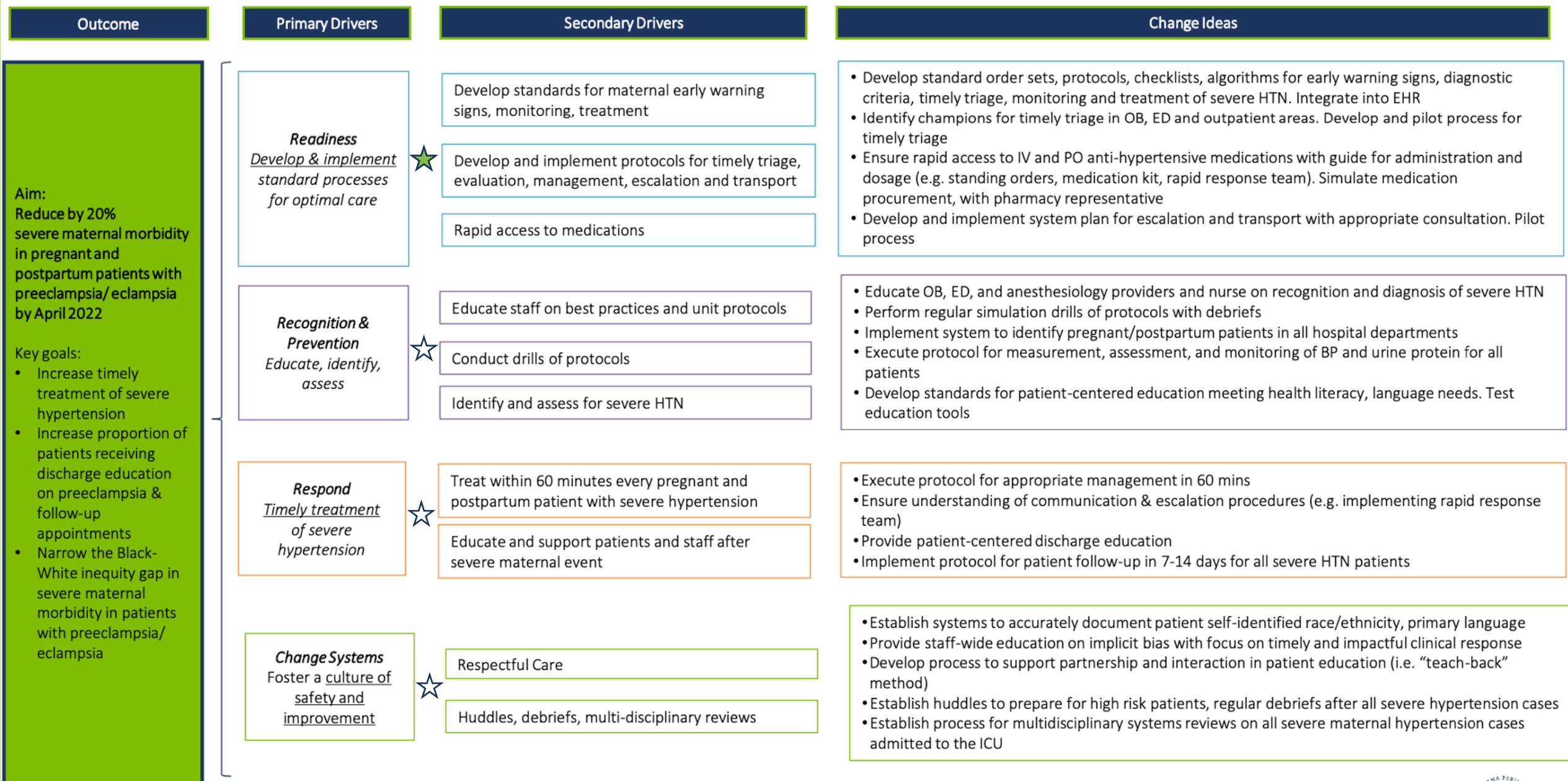
- Key Driver Diagram

- Testing Changes via PDSA cycles

Outcome	Primary Drivers	Secondary Drivers	Change Ideas

Outcome

Aim:
Reduce by 20% severe maternal morbidity in pregnant and postpartum patients with preeclampsia/ eclampsia by April 2022

Key goals:
- Increase timely treatment of severe hypertension
- Increase proportion of patients receiving discharge education on preeclampsia & follow-up appointments
- Narrow the Black-White inequity gap in severe maternal morbidity in patients with preeclampsia/ eclampsia

Primary Drivers

Readiness
Develop & implement standard processes for optimal care

Recognition & Prevention
Educate, identify, assess

Respond
Timely treatment of severe hypertension

Change Systems
Foster a culture of safety and improvement

Secondary Drivers

- Develop standards for maternal early warning signs, monitoring, treatment
- Develop and implement protocols for timely triage, evaluation, management, escalation and transport
- Rapid access to medications

- Educate staff on best practices and unit protocols
- Conduct drills of protocols
- Identify and assess for severe HTN

- Treat within 60 minutes every pregnant and postpartum patient with severe hypertension
- Educate and support patients and staff after severe maternal event

- Respectful Care
- Huddles, debriefs, multi-disciplinary reviews

Change Ideas

- Develop standard order sets, protocols, checklists, algorithms for early warning signs, diagnostic criteria, timely triage, monitoring and treatment of severe HTN. Integrate into EHR
- Identify champions for timely triage in OB, ED and outpatient areas. Develop and pilot process for timely triage
- Ensure rapid access to IV and PO anti-hypertensive medications with guide for administration and dosage (e.g. standing orders, medication kit, rapid response team). Simulate medication procurement, with pharmacy representative
- Develop and implement system plan for escalation and transport with appropriate consultation. Pilot process

- Educate OB, ED, and anesthesiology providers and nurse on recognition and diagnosis of severe HTN
- Perform regular simulation drills of protocols with debriefs
- Implement system to identify pregnant/postpartum patients in all hospital departments
- Execute protocol for measurement, assessment, and monitoring of BP and urine protein for all patients
- Develop standards for patient-centered education meeting health literacy, language needs. Test education tools

- Execute protocol for appropriate management in 60 mins
- Ensure understanding of communication & escalation procedures (e.g. implementing rapid response team)
- Provide patient-centered discharge education
- Implement protocol for patient follow-up in 7-14 days for all severe HTN patients

- Establish systems to accurately document patient self-identified race/ethnicity, primary language
- Provide staff-wide education on implicit bias with focus on timely and impactful clinical response
- Develop process to support partnership and interaction in patient education (i.e. "teach-back" method)
- Establish huddles to prepare for high risk patients, regular debriefs after all severe hypertension cases
- Establish process for multidisciplinary systems reviews on all severe maternal hypertension cases admitted to the ICU

Maternal Hypertension Driver Diagram

ALPQC

Baseline Data

Measure Type	Measure	Source	Measurement Period
Process	**P1. Timely treatment of Severe Hypertension**	IT report, chart review	Monthly basis: ○ December 2020 ○ January 2021 ○ February 2021 <u>Note:</u> ○ Baseline: in aggregate (numerator/denominator) ○ Initiative: individual patient level
Outcome	O2. Severe Maternal Morbidity (SMM)	IT report	Quarterly basis: ○ January-March 2020 ○ April-June 2020 ○ July-September 2020 ○ October-December 2020 ○ <u>January-February2021</u>
Outcome	**O3. SMM (excluding transfusion codes)**	IT report	
Outcome	O4. SMM among Preeclampsia Cases	IT report	
Outcome	**O5. SMM among Preeclampsia Cases (excluding transfusion codes)**	IT report	

Measures in **bold** denote priority

Measures Reported by Race/Ethnicity

Baseline data Due March 31

Data Reporting Frequency

Measure Type	Measure	Reporting Frequency
Outcome	O1. Number of patients with persistent severe HTN	
Outcome	O2. Severe Maternal Morbidity (SMM)	
Outcome	O3. SMM (excluding transfusion codes)	
Outcome	O4. SMM among Preeclampsia Cases	
Outcome	O5. SMM among Preeclampsia Cases (excluding transfusion codes)	**Monthly**
Process	P1. Time to treatment of persistent severe HTN – *within 60 min/60-120 min/>120 min/no meds given*	
Process	P2. Follow-up appointment scheduled within 7-14 days – *yes/no/unknown*	
Process	P3. Patient education – *yes/no/unknown*	

Due on the last day of the following month

March data due April 30, 2021

Find data forms, including ICD-10 codes, and baseline data collection instructions on our website at www.alpqc.org/initiatives/htn/, under the "Data Resources" menu

Data Reporting Frequency

Measure Type	Measure	Reporting Frequency
Process	P3. Provider education - % who completed education	**Quarterly**
	P4. Provider education - % who completed education	
	P5. Unit drills - # of OB drills, topics	

Due a month after quarter ends

Jan-March 2021 quarter due April 30

Data Reporting Frequency

Measure Type	Measure	Reporting Frequency
Structural	S1. Severe HTN/Preeclampsia policies and procedures for pregnant and postpartum patients	**Once per initiative** yes/no/ in progress
	S2. Debriefs	
	S3. Multi-disciplinary case review protocols	
	S4. Patient/Family/Staff Support Resources and Protocols	
	S5. Severe HTN/Preeclampsia bundle processes (i.e. order sets, tracking tools) integration into hospital's EHR system	

Data Collection

Step 1: Start with ICD-10 Codes*

Step 2: Inclusion Criteria

Step 3: Collect Measures

Step 4: Enter Data Into Data Portal

*Find ICD-10 codes on our website at www.alpqc.org/initiatives/htn/, under the "Data Resources" menu

Step 2: Inclusion Criteria

✓ Pregnant (delivery admission)/Postpartum patients with persistent elevated BP ≥160 systolic or ≥110 diastolic

✓ Any inpatient location: L&D, triage, ED, antepartum, postpartum

✓ Include patients with chronic/gestational HTN

✓ Maternal transfers:
- Transferred out: Transferring hospital should enter data into portal on any patients that meet criteria before they were transferred.
- Transferred in: Receiving hospital should enter data into portal ONLY on patients that meet the above requirements at their facility. If a patient has already been started on medications for elevated BP prior to arriving at your facility, do not complete a data form.

P1: Time to Treatment of Severe HTN

❖ Aim to report data for all patients with persistent severe HTN

❖ If unable to report for all patients, you may select sample:
1. Facilities with <200 births/yr : sample of 5 charts/month
2. Facilities with >200 births/yr : sample if 10 charts/month

❖ *If sampling, it is critical that you pull patients randomly in order to avoid selection bias.*
  ➢ *You may use random calculator at https://www.random.org/*

Step 3: Collect Baseline Measures

Excel Data Entry Tools

Step 4: Enter Data Into Data Portal

Data Portal Overview

Project: Maternal Hypertension Project

Select a topic:

BASELINE Data

+ **Enter baseline outcome data**

+ **Select measurement period for baseline process data**

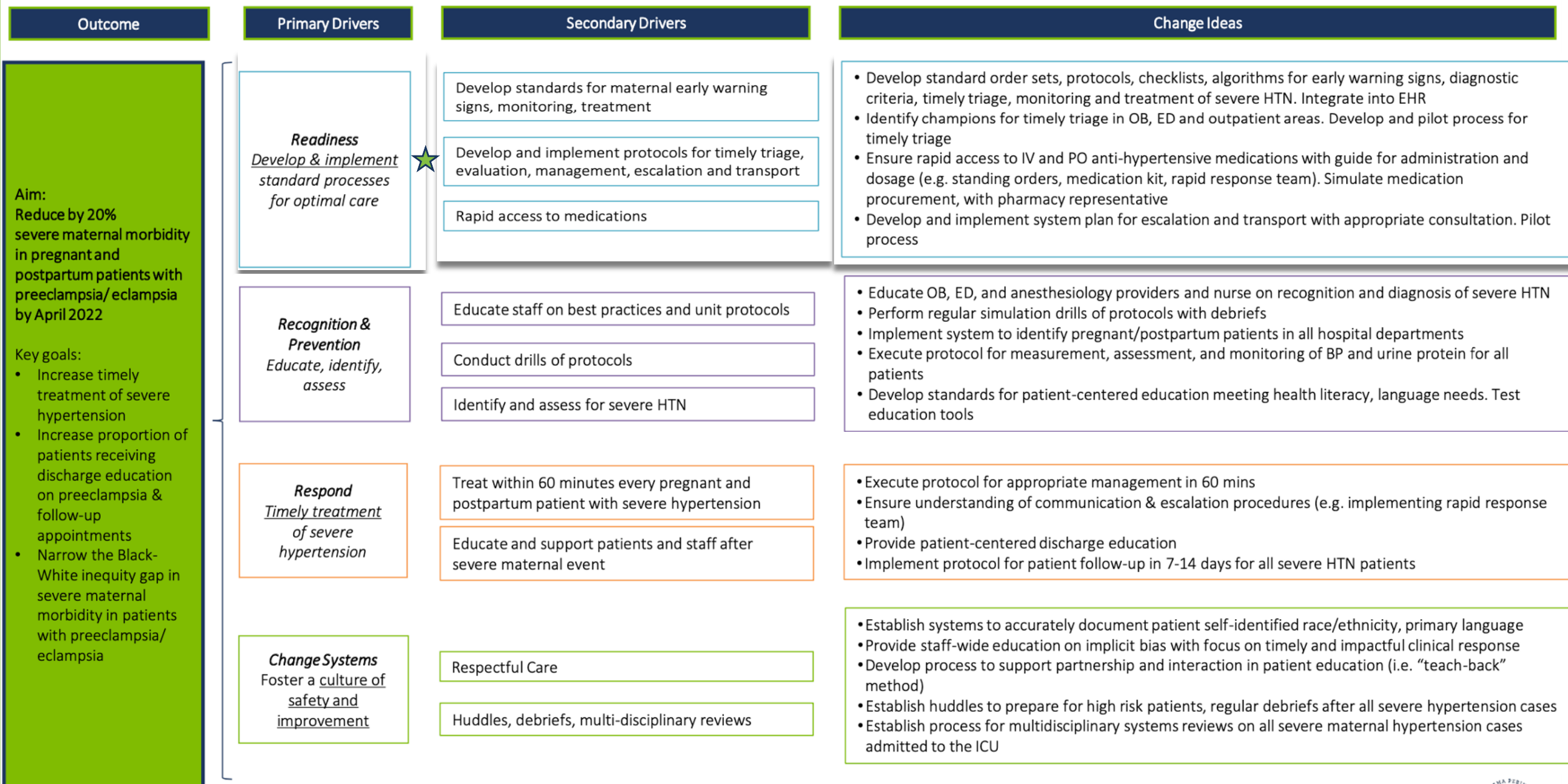+ **Enter baseline process data**

INITIATIVE Data

+ **Step 1 – Enter monthly outcome data**

+ **Step 2 – Select measurement period for monthly process data**

+ **Step 3 – Enter monthly process data >**

+ **Step 4 – Take brief monthly self-assessment**

+ **Quarterly Process Data**

+ **Structural Measures – Once per initiative**

Create Reports

Back to Project List

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Maternal Hypertension Driver Diagram

Severe Hypertension
Monitoring, Validation, and Escalation

Amy McRae & Genevieve Mantell
Quality Management
USA Health Children's & Women's Hospital

Severe Hypertension Readiness – Processes for Optimal Care

Brian Brocato

Assistant Professor, OBGYN – Maternal Fetal Medicine

Department of Obstetrics and Gynecology

UAB Medicine

Obstetric Lead, ALPQC
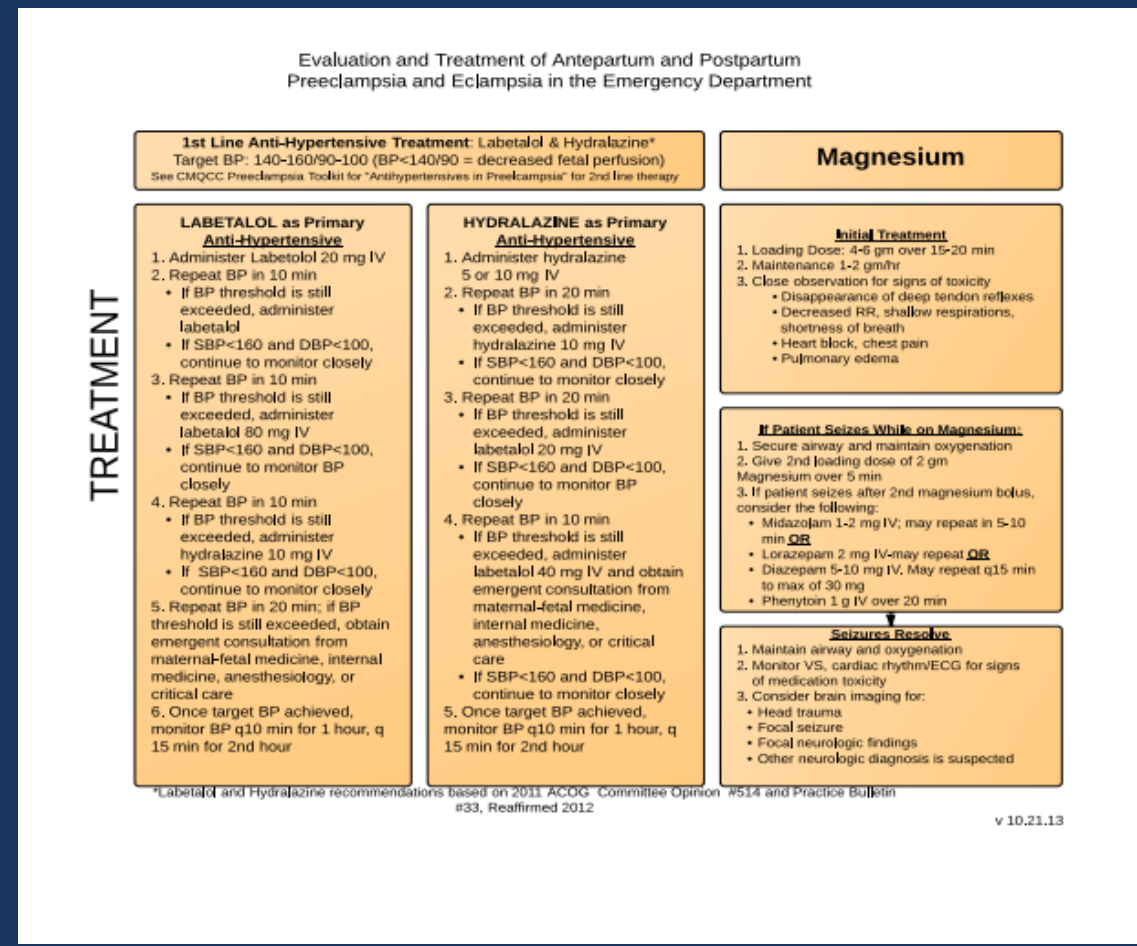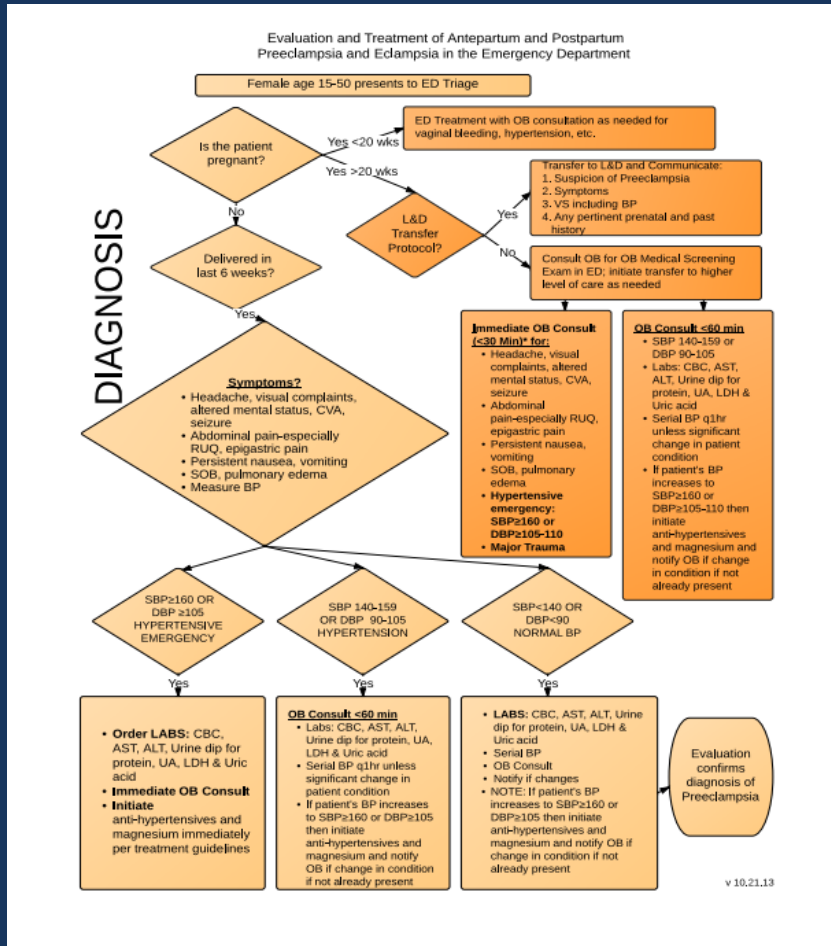
Readiness: Processes for optimal care

Triage/ Evaluation/Management/Escalation

MEWS Protocol - [Safe HealthCare for Every Woman - Patient safety MEWS](#)

- Maternal Early Warning Signs
- Criteria where immediate action is required
  - Systolic Blood pressure >160, Diastolic Blood pressure >110
  - Hypertension with symptoms of non-remitting HA or dyspnea
- Physician should be notified/see patient/document condition and plan
- Anesthesia notified of condition
- "Huddle" with Charge RN, Primary RN, Anesthesia, OB Provider
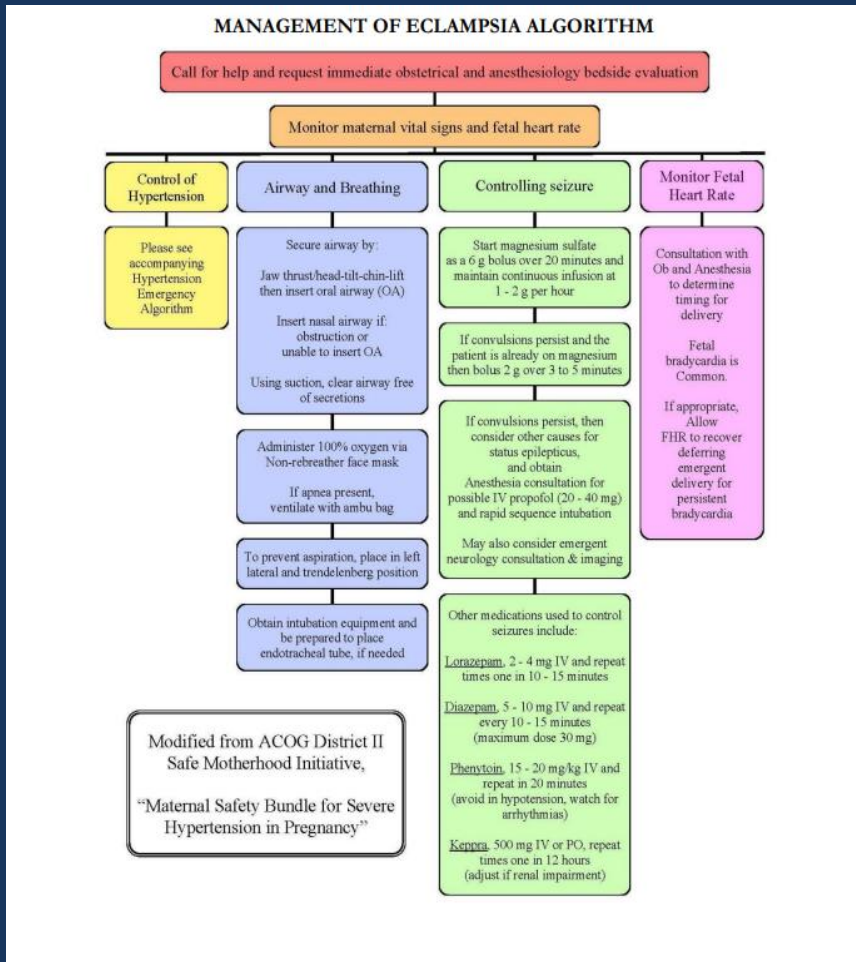- Plan for if conditions persist after corrective measures

Readiness: Processes for optimal care

Triage/ Evaluation/Management/Escalation

Readiness: Processes for optimal care

Triage/ Evaluation/Management/Escalation

MANAGEMENT OF ECLAMPSIA ALGORITHM

Call for help and request immediate obstetrical and anesthesiology bedside evaluation

Monitor maternal vital signs and fetal heart rate

Modified from ACOG District II Safe Motherhood Initiative,

"Maternal Safety Bundle for Severe Hypertension in Pregnancy"

Readiness: Develop & Implement Standard Processes for Optimal Care

- ACOG Committee Opinion 767: Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period
- Maternal Early Warning Criteria Protocols and Resources – Council on Patient Safety on Women's Health Care
- Emergency Department Guidance – FPQC
- Emergency Department Recognition and Treatment – CMQCC
- CMQCC Preeclampsia Toolkit
- Safety Action Series: Blood Pressure Basics
- 7 Simple Tips to Get an Accurate BP Measurement – AHA, AMA
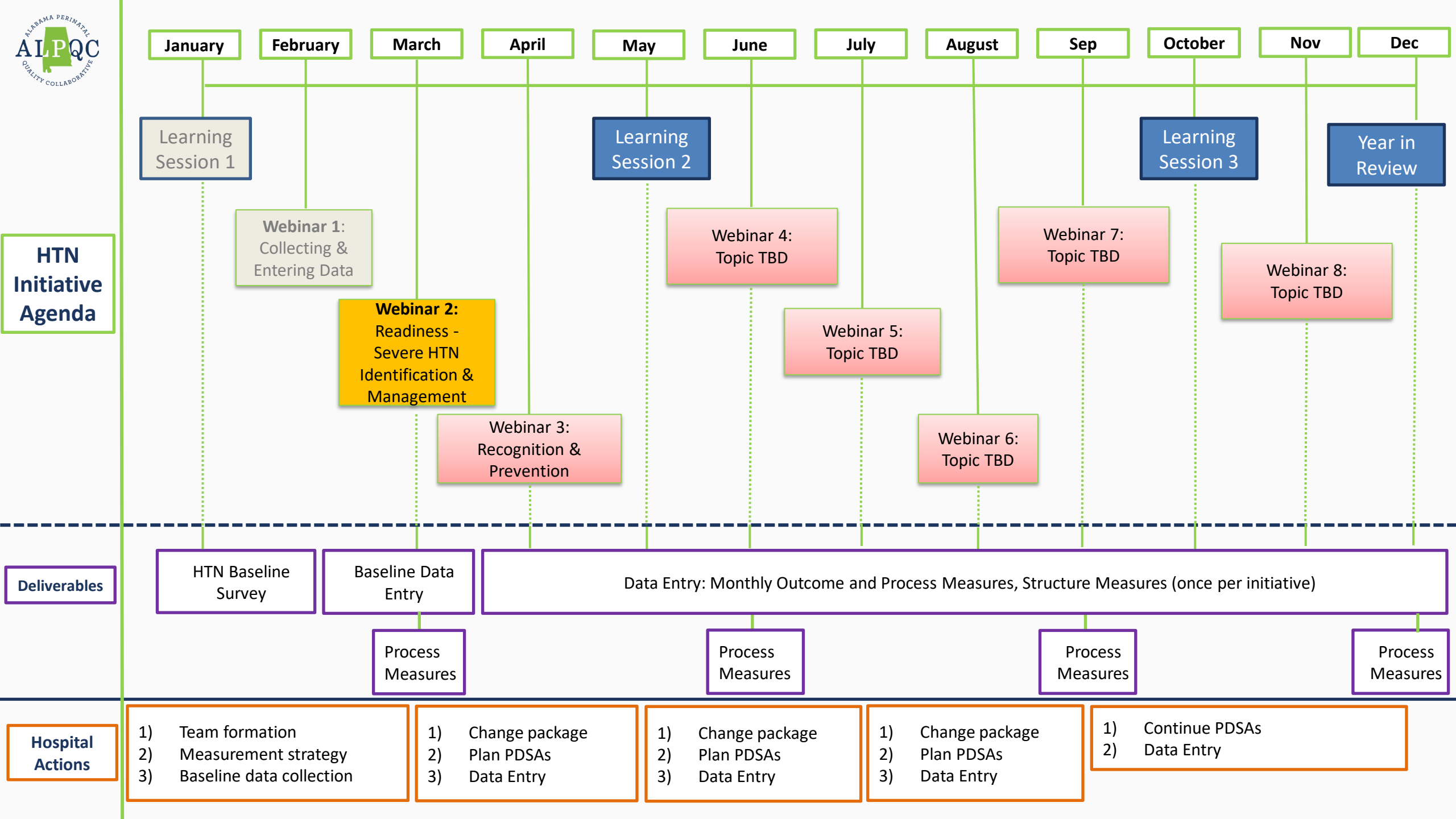- Accurate BP Measurement – OPQIC
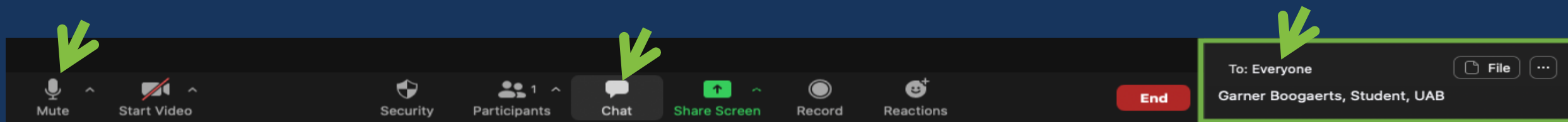
Next Steps

✓ March of Dimes Breaking Through Bias 1-hr online training
  ➢ Please complete training before next Wednesday, March 31

✓ Complete Maternal HTN Baseline Survey

✓ Please complete your data use agreement

✓ Continue running PDSAs!
  ➢ Samples and template on our website under "Key Documents"

✓ Baseline Data Due March 31

Thank You

Next Call: Friday, April 23 at 12:00 PM