

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!

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- 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 <u>www.alpqc.org</u>
- We are now recording







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





Baseline Data Review & Updates



Why This Matters

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Setting your SMART aim

Measurement Strategy

Key Driver Diagram







Maternal Hypertension Driver Diagram



Baseline Data



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Measure Type	Measure	Source	Measurement Period	FRITTAN COLLAR OF AN
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	Measures in bold denote priority
Outcome	02. Severe Maternal Morbidity (SMM)	IT report		Measures Reported by Race/Ethnicity
Outcome	03. SMM (excluding transfusion codes)	IT report	Quarterly basis: o January-March 2020 o April-June 2020	Baseline data
Outcome	04. SMM among Preeclampsia Cases	IT report	 July-September 2020 October-December 2020 January-February2021 	Due March 31
Outcome	05. SMM among Preeclampsia Cases (excluding transfusion codes)	IT report		



Data Reporting Frequency



Measure Type	Measure	Reporting Frequency			
Outcome	01. Number of patients with persistent severe HTN				
Outcome	02. Severe Maternal Morbidity (SMM)				
Outcome	O3. SMM (excluding transfusion codes)				
Outcome	O4. SMM among Preeclampsia Cases				
Outcome	05. 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		Due a month after quarter ends	
	P4. Provider education - % who completed education	Quarterly	Jan-March 2021 quarter due April 30	
	P5. Unit drills - # of OB drills, topics			





Data Reporting Frequency



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







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





 ✓ 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 <u>https://www.random.org/</u>



Step 3: Collect Baseline Measures



Excel Data Entry Tools

						PQC Maternal Hype BASELINE Process			
ALPQC Maternal Hypertension Initiative BASELINE Outcome Measures Form Instructions: Use this document to help collect baseline outcome data for the Maternal HTN initiative. Ask your IT department to generate a report for the measures below. See "HTN Outcome Measures Codes" and "Baseline Data Collection Instructions" on our website under the "Data Resources" menu: https://www.alpqc.org/initiatives/htm/ Time period: Quarterly (note the last quarter only goes to February 2021) January - March 2020) January - September 2020 Dotober - December 2020 January - February 2021 If unable to report baseline data for all four SMM Dutcome Measures, the <u>priority measures</u> are: -03. SMM (excluding transfusion codes) -05. SMM (excluding transfusion codes) among Preeclampsia Cases Note: If for ex. a patient identifies as Hispanic and Black, enter them in the portal as Hispanic.]	Aim to complete for all patients with persistent severe hypertension.** If unable to complete for all cases in a month and you choose to do a sample, it is critial that you pull patient charts randomly to avoid selection bias. If doing a sample: <i>Use a random calculator like https://www.random.org/</i> Small facilities (<200 births/yr): 5 charts/month Large facilities (<200 births/yr): 10 charts/month		 Persistent severe hypertension defined as ≥160 systolic or ≥110 diastolic twice within 15 minutes antepartum or postpartum, excluding; readings during pushing, >20 min after epidural, or in the presence of another known etiology for elevated BP (e.g. sickle cell pain crisis, chemotherapy, etc.). Severe values do not need to be consocutive. "Patients can be identified by: 10 using ICD-9I-10 codes (Measure #01: deliveries each month with code for severe precelampsia, eclampsia, precelampsia superimposed on pre-existing hypertension). 2) using an L&D logbook; 3) building onto EHBs triggers and ability to query for severe range BPs 4) searching pharmacy logs for antihypertensive medications (note: while pharmacy logs are good for approximating a value, you may miss instances of severe range BP if these were not used). Use of at least 2 methods recommended. 				
Denominator will change with each	r cells below to see exact w	ording of measures by racial/et s required field	hnic group.		Hover over ce	IIs below to see exact wording of nume * Denotes require		by racial/ethnic group.	
O2. Severe Maternal Morbidity (SMM)		O3. (P1. Time to	o Treatme	nt – Baseline Data			
*All patients	Denominator: Total number of patients during their birth admission, excluding ectopics and miscarriages	Numerator: Among the denominator (left), number of patients with any SMM code	*All patients			Denominator: Number of patients with persistent severe hypertension *All patients	Totals:	Numerator: Time to treatment: Within 60 min All patients	Totals: 0
"Hispanic/Latino NH American Indian/Alaska Native			Hispanic/Latino NH American Indian/Alaska Native			*Hispanic/Latino		Hispanic/Latino	0
NH Asian			NH Asian			NH American Indian/Alaska Native	0	NH American Indian/Alaska Native	0
"NH Black/African American "NH White		L	"NH Black/African American "NH White			NH Asian	0	NH Asian	0
Other race/ethnicity			Other race/ethnicity			*NH Black/African American	0	NH Black/African American	0
Unknown race/ethnicity			Unknown race/ethnicity			*NH White	0	NH White	0
						Other race/ethnicity Unknown race/ethnicity	0	Other race/ethnicity Unknown race/ethnicity	0
						Unknown race/ethnicity	0	Unknown race/ethnicity	0

Patient Chart #

fassion a number to help track data

collection - no PI)

AL DOC Maternal Hypertension Initiative

Patient meets requirements for

persistent severe

hypertension?

(Select Below)

Patient Race/Ethnicity:

(Please Select Below)

Time to treatment with

antihypertensive medication

(Select Below)



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





Severe Hypertension Identification and Management



Outcome	Primary Drivers	Secondary Drivers	Change Ideas
Aim: Reduce by 20% severe maternal morbidity n 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	Readiness <u>Develop & implement</u> standard processes for optimal care	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	 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
	Recognition & Prevention Educate, identify, assess	Educate staff on best practices and unit protocols Conduct drills of protocols Identify and assess for severe HTN	 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
	Respond <u>Timely treatment</u> of severe hypertension	Treat within 60 minutes every pregnant and postpartum patient with severe hypertension Educate and support patients and staff after severe maternal event	 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
	Foster a <u>culture of</u>	Respectful Care Huddles, debriefs, multi-disciplinary reviews	 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





Severe Hypertension Monitoring, Validation, and Escalation

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

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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



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







- Please feel free to **unmute** and ask questions
- You may also enter comments or questions in the "chat" box







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- 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 <u>website</u> under "Key Documents"
- Baseline Data Due March 31







Thank You

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