



# Maternal Hypertension Initiative

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**April Action Period Call**

June 25, 2021



# Welcome!

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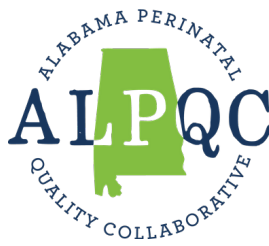


- Please type your **name** and **institution** you represent in the chat box and send to “Everyone”.
- Please also do for all those in the room with you viewing the webinar.

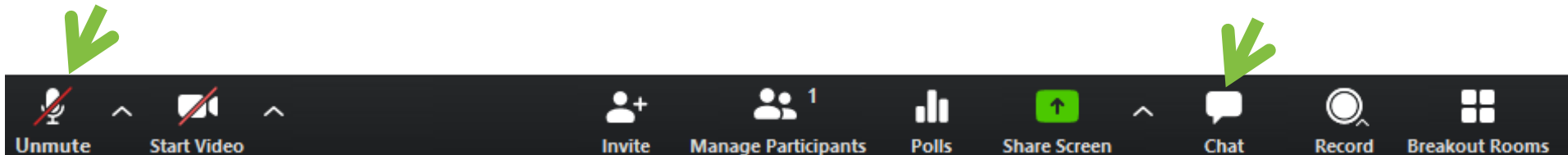


# Welcome!

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- Attendees are automatically muted to reduce background noise.
- 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](http://www.alpqc.org)
- We are now recording




# Agenda

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Maternal HTN Updates  12:05 – 12:10

Baseline Data Review  12:10 – 12:20

Team Talk: Working with your data and  
sharing with your team  12:20 – 12:55

Next Steps  12:55 – 1:00



# HTN Updates

- Transfers:
  - If patient meets criteria before being transferred, fill out data form
- Readmissions:
  - Data should be completed for ALL pregnant and postpartum (up to 6 weeks) patients presenting with new onset persistent severe range HTN\* *in a hospitalization* (ER, L&D, Triage, Antepartum, Postpartum, or other inpatient setting), including patients with chronic hypertension, gestational hypertension, preeclampsia and/or postpartum diagnosis
    - We are capturing every case that meet criteria. Ex:
      - 1<sup>st</sup> hospitalization L&D:
        - ✓ patient meets criteria: fill out data form
      - 2<sup>nd</sup> hospitalization postpartum:
        - ✓ patient meets criteria: fill out data form

## SEVERE HYPERTENSION IN PREGNANCY

### RESPONSE

Every case of severe hypertension/preeclampsia

*Facility-wide standard protocols with checklists and escalation policies for management and treatment of:*

- Severe hypertension
- Eclampsia, seizure prophylaxis, and magnesium over-dosage
- Postpartum presentation of severe hypertension/preeclampsia
- Minimum requirements for protocol:
- Notification of physician or primary care provider if systolic BP  $\geq$  160 or diastolic BP  $\geq$  110 for two measurements within 15 minutes
- After the second elevated reading, treatment should be initiated ASAP (preferably within 60 minutes of verification)
- Includes onset and duration of magnesium sulfate therapy
- Includes escalation measures for those unresponsive to standard treatment
- Describes manner and verification of follow-up within 7 to 14 days postpartum
- Describe postpartum patient education for women with preeclampsia
- Support plan for patients, families, and staff for ICU admissions and serious complications of severe hypert

<https://safehealthcareforeverywoman.org/aim/patient-safety-bundles/maternal-safety-bundles/severe-hypertension-in-pregnancy-aim/>

*\*Defined as the first episode of persistent severe range HTN ( $\geq$ 160/110 that persists for  $\geq$ 15 minutes.*

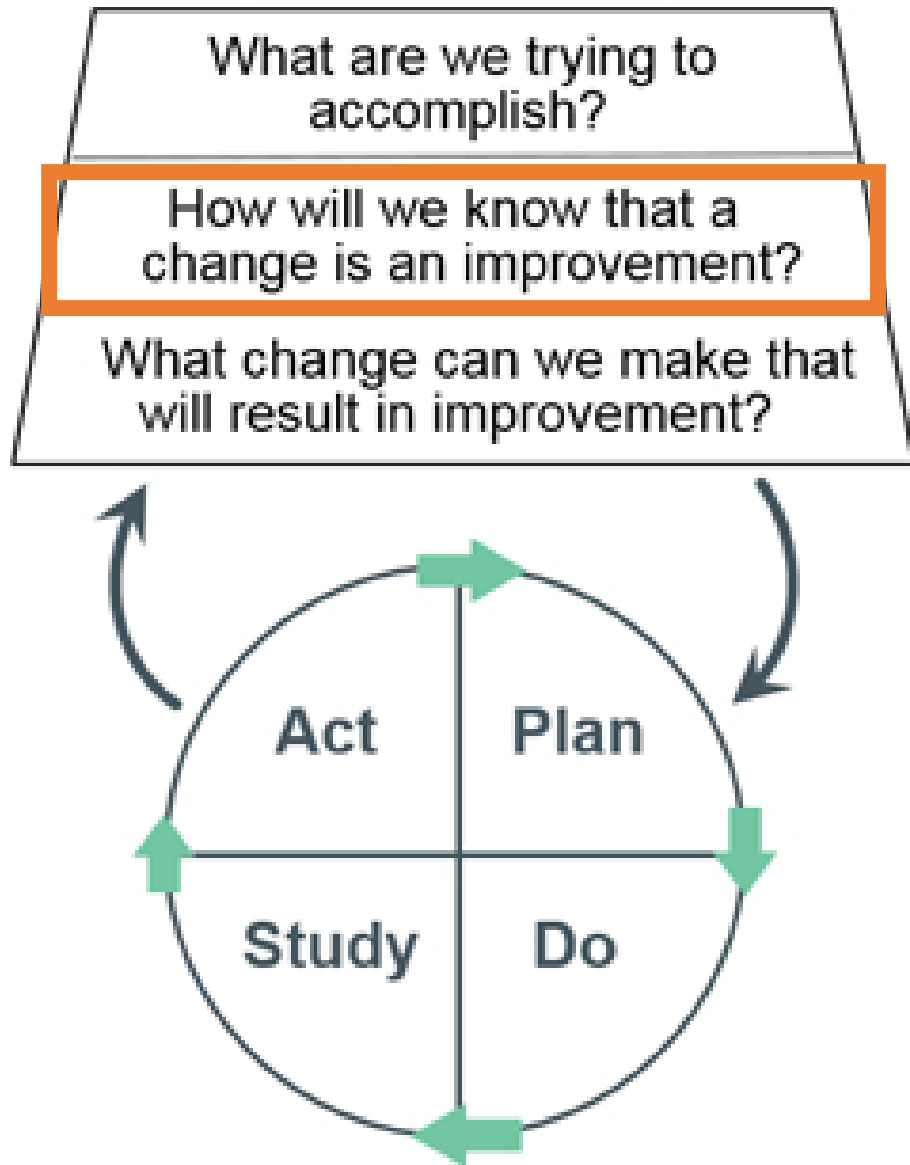
*Reminder: the 60 minutes treatment goal is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.*

# Maternal Hypertension Baseline Data Review

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# Operationalizing the Model

## Model for Improvement



Setting your SMART aim



Measurement Strategy



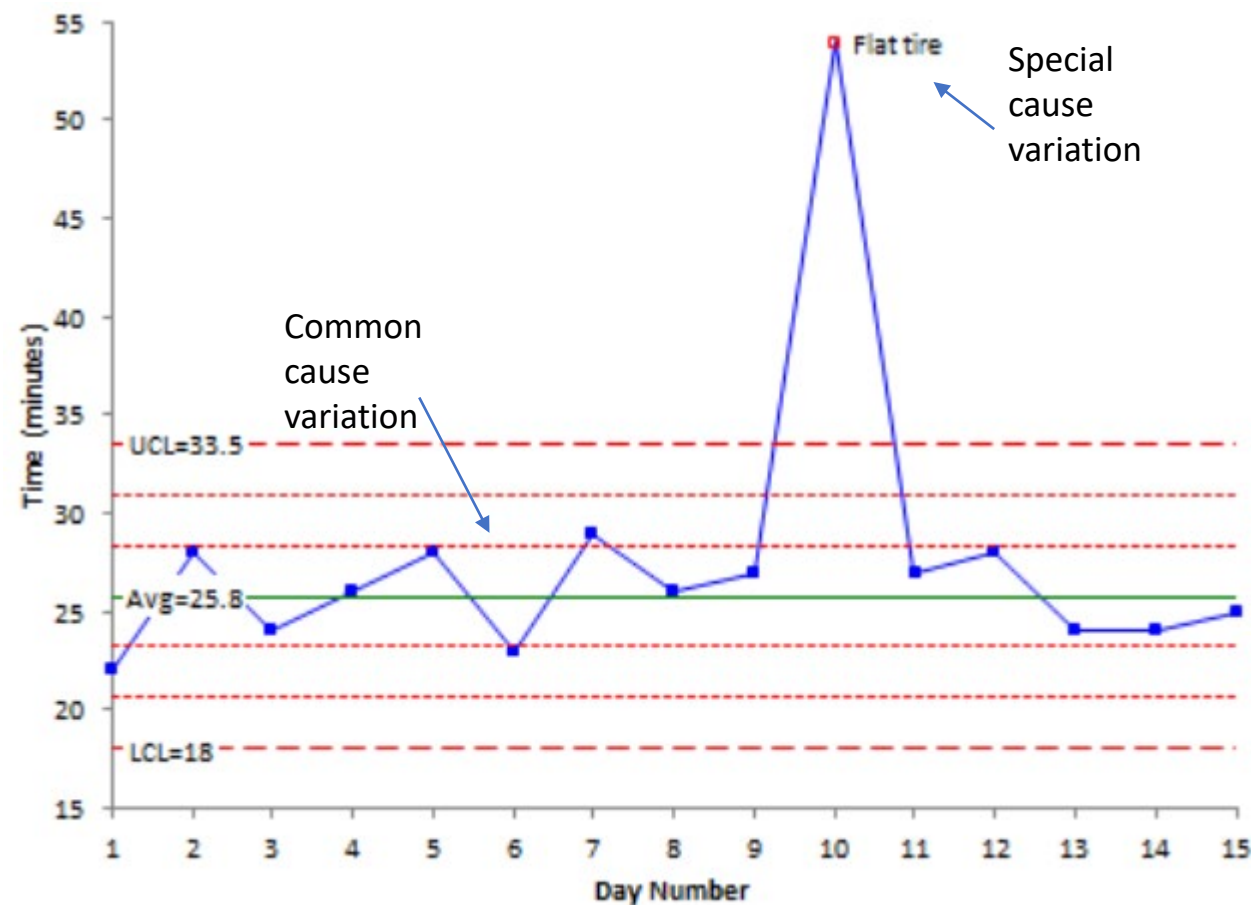
Key Driver Diagram ->  
Change Package



Testing Changes via PDSA  
cycles

# Control Charts

- Graph showing continuous data over time
- Historically used to minimize variation
- Using specific rules can depict common cause variation and identify "special cause variation"
- The central line demonstrates the average

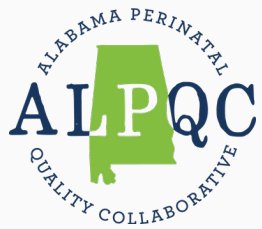




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- ❖ Coosa Valley Medical Center
  - ❖ DCH Regional Medical Center
  - ❖ East Alabama Medical Center
  - ❖ Huntsville Hospital for Women & Children
  - ❖ Jackson Hospital
  - ❖ Madison Hospital
  - ❖ Mobile Infirmary Medical Center
  - ❖ North Baldwin Infirmary
  - ❖ Northeast Alabama Regional Medical Center
  - ❖ Northport Medical Center
  - ❖ Princeton Baptist Medical Center
  - ❖ Russell Medical
  - ❖ Thomas Hospital
  - ❖ UAB Women & Infants Center
  - ❖ USA Health Children's & Women's Hospital

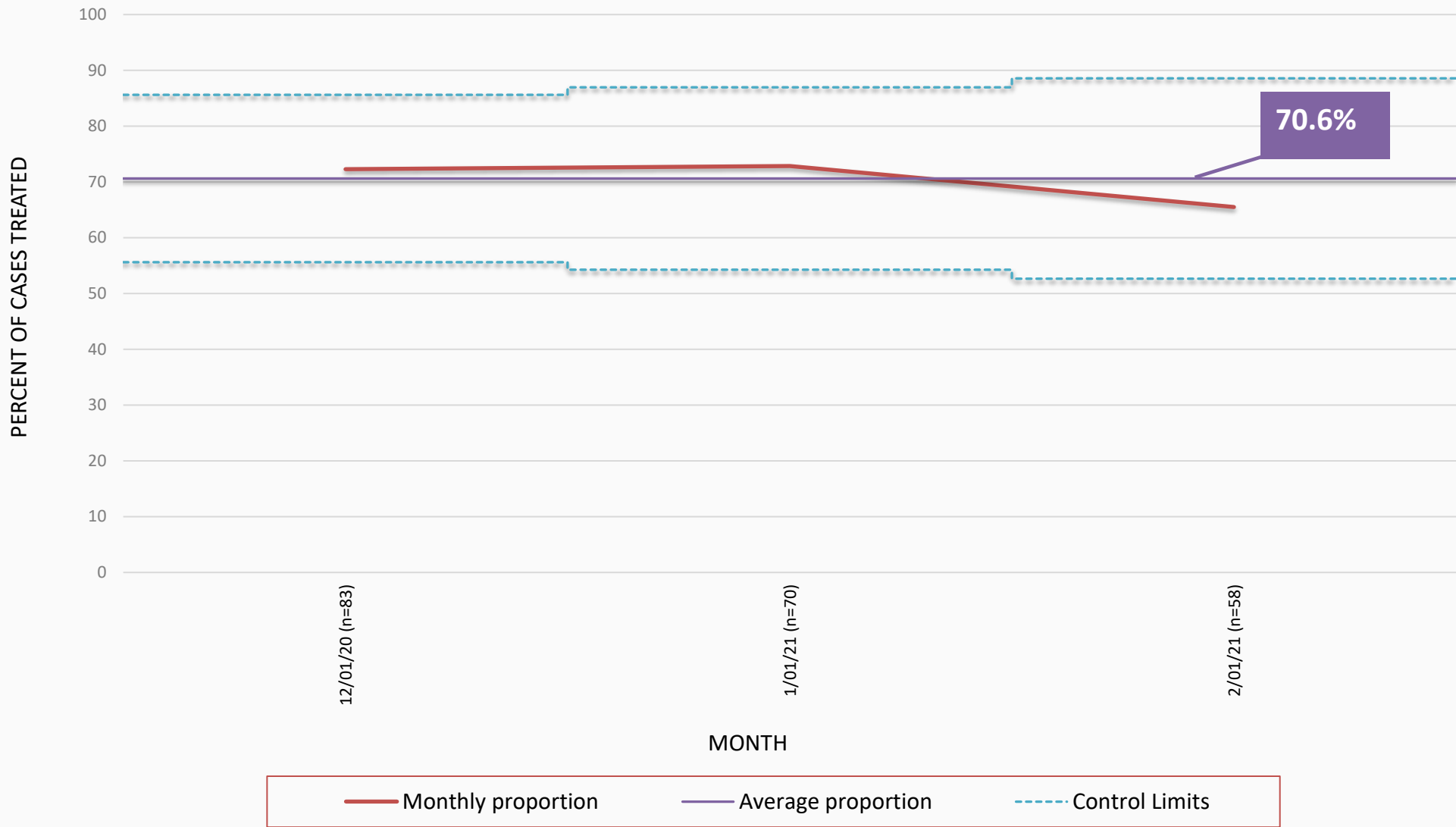


**Thank You!**



# Percent of Cases with Severe Hypertension Treated Within 60 Minutes

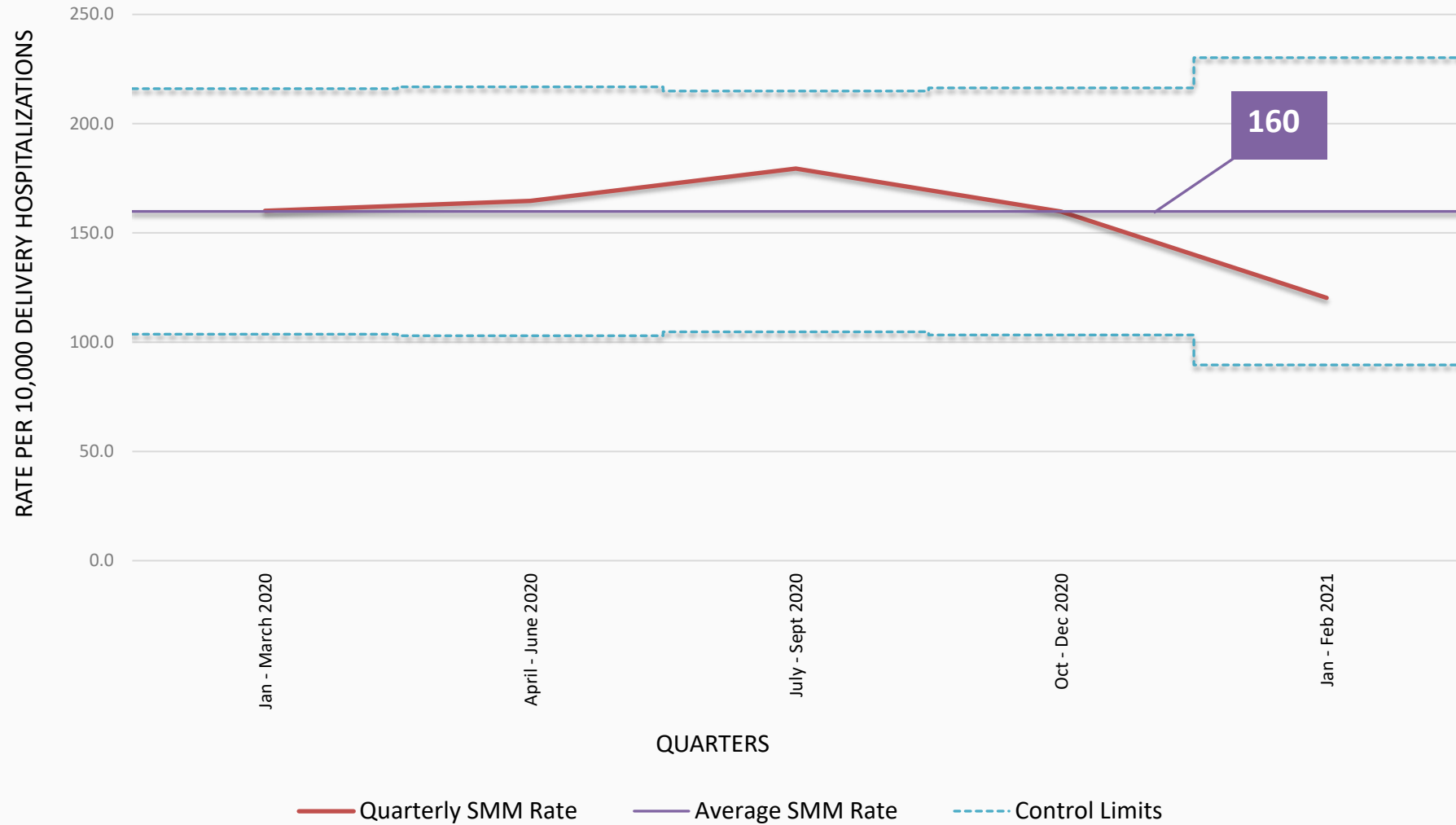
## Baseline Data All Hospitals | Dec 2020 – Feb 2021





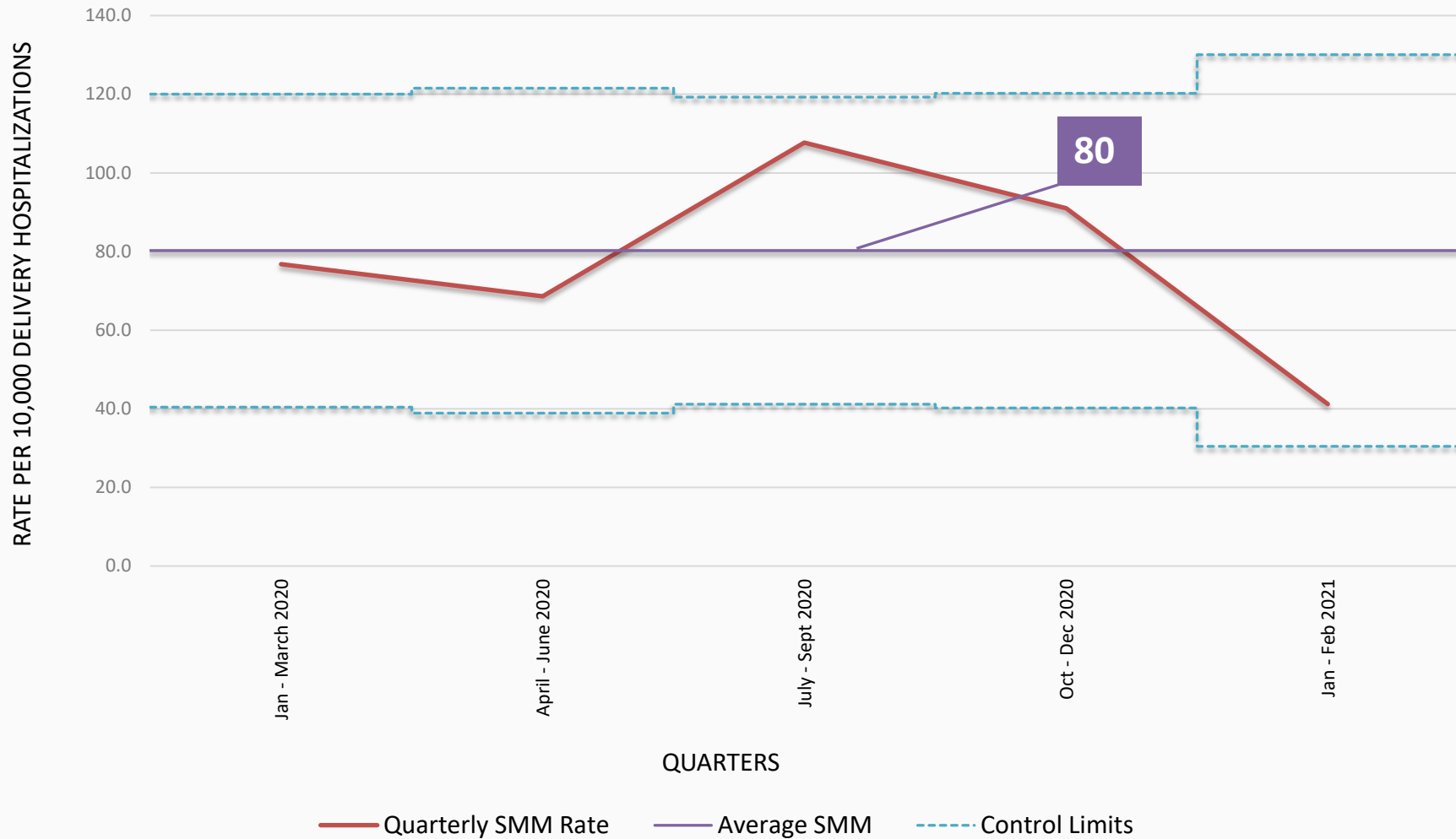
# Severe Maternal Morbidity (SMM)

## Baseline Data All Hospitals | Jan 2020 – Feb 2021





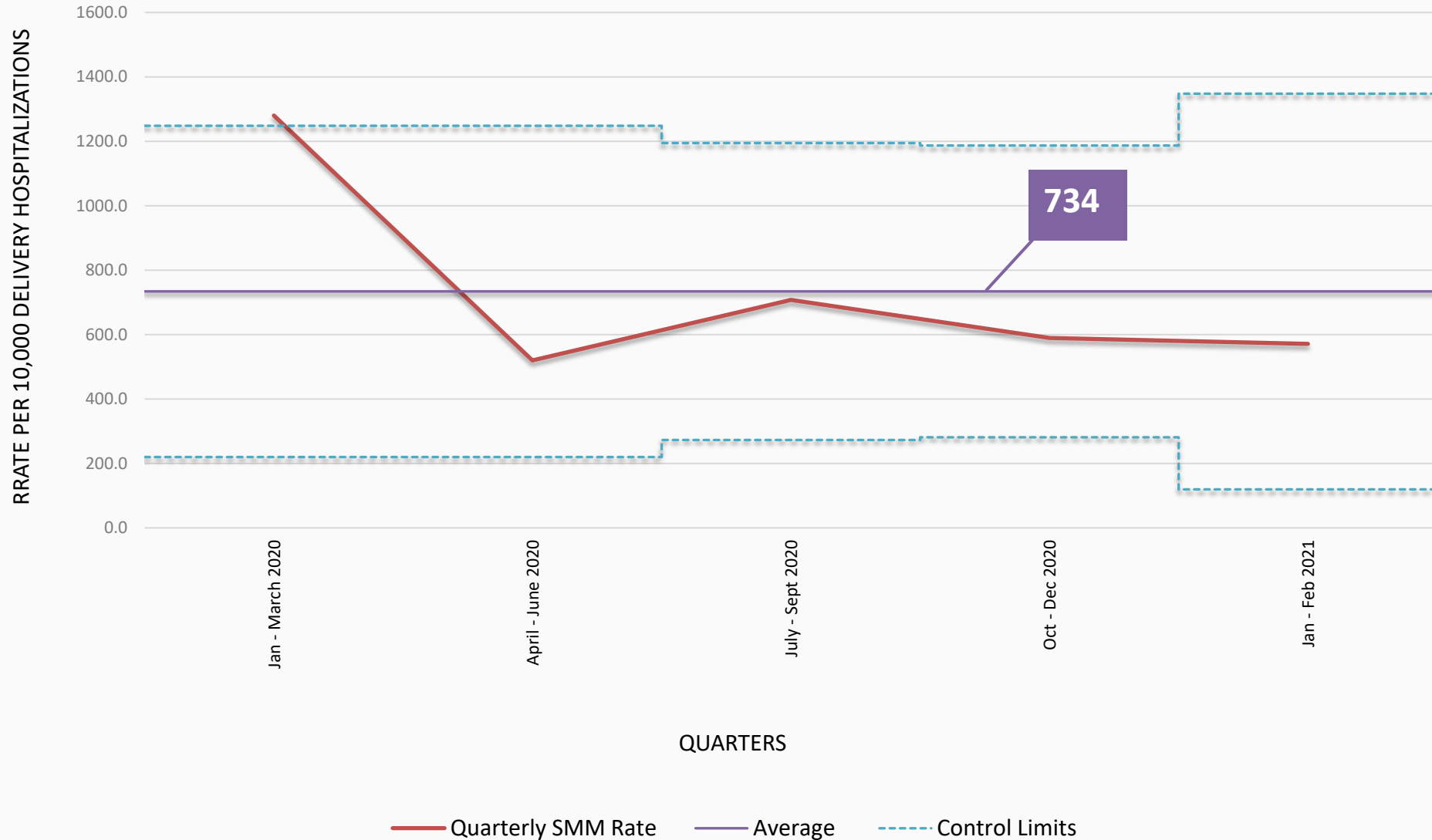
# Severe Maternal Morbidity (SMM) Excluding Transfusions Baseline Data All Hospitals | Jan 2020 – Feb 2021





# Severe Maternal Morbidity Among Severe HTN/Preeclampsia Cases

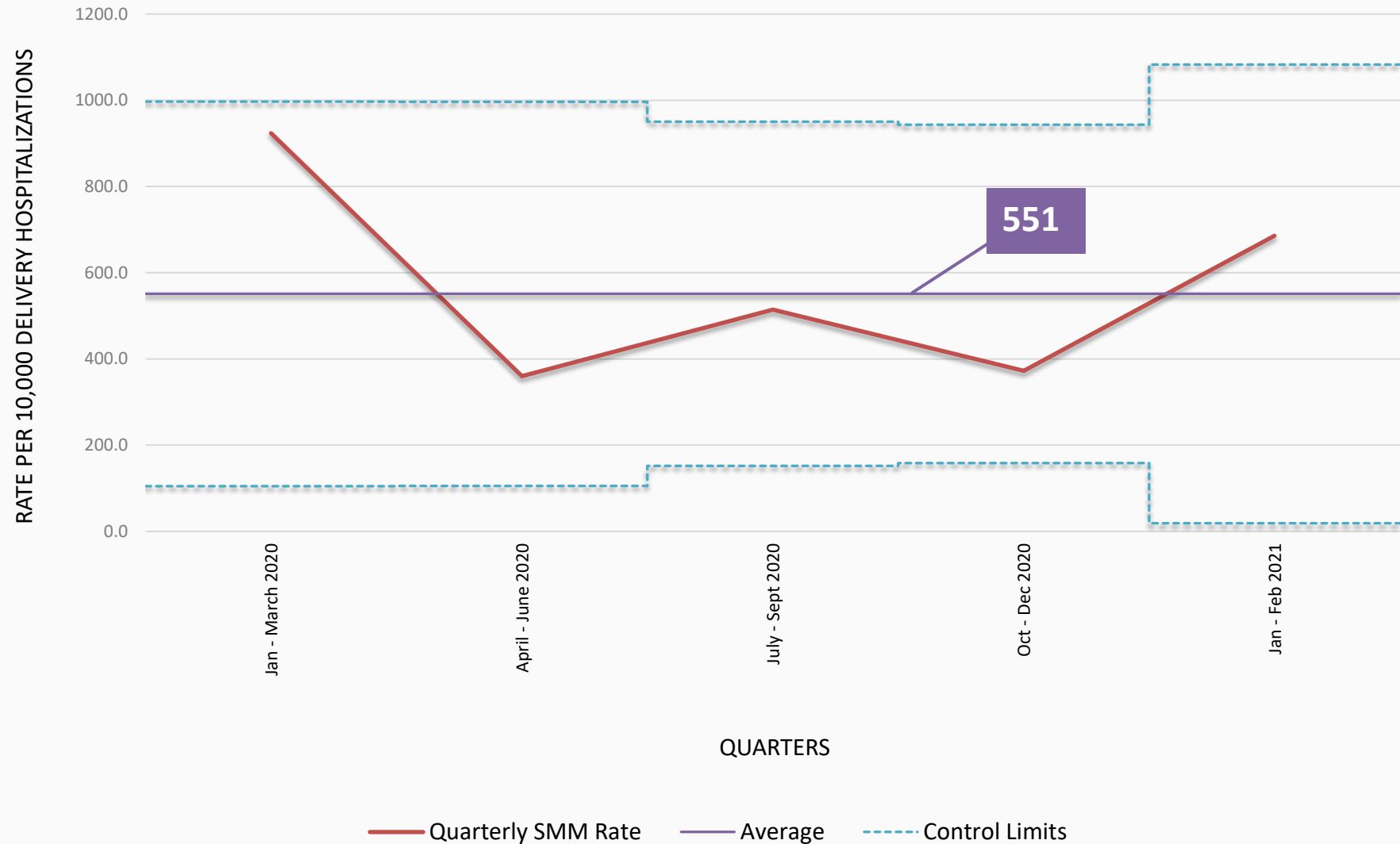
## Baseline Data All Hospitals | Jan 2020 – Feb 2021





# Severe Maternal Morbidity Among Severe HTN/Preeclampsia Cases (excluding transfusions)

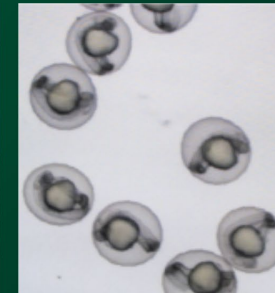
## Baseline Data All Hospitals | Jan 2020 – Feb 2021



# ALPQC HTN - QI via Data

Allison Todd and Rhonda Hamm

**UAB** MEDICINE



# **UAB OB Women and Infants Center**

**Tertiary Care Center**

**Department of OB/Gyn**

**High Risk OB/GYN Referral Center**

- **Maternal Fetal Medicine Division**
- **Residency Program**
- **Prime Care OB/GYN Division**

**Average 315 deliveries per month**



# Step 1 – Gather Your Team

## UAB HTN Team Members

- 3 Attending MDS
- 2 Residents
- 2 Ambulatory Nurse Leaders
- 1 Nursing Professional Development Specialist
- 4 Staff level RNs and first line RN managers
- 2 Quality Nurses

## Step 2 – Identify gaps, goals, and next steps

Teams outside the primary team identified to:

- **Review and update HTN care protocols**
  - Ambulatory MDs and RNs
  - WIC in-house MDS and RNs
- **Data collection and reporting to identify gaps to share with team**
  - Quality RNs
- **Determine action steps needed with goals for improvement**
  - Primary HTN Team

# Identify Gaps-Baseline Data

Process Measures			
P1-Time to treatment of severe HTN	Denominator: number of patients with persistent severe HTN	Numerator: Among the denominator, cases who were treated within 1 hour with IV Labetalol, Hydralazine, or PO Nifedipine	Outcome %
Baseline review Dec 2020-Feb 2021	31	31	100%
P2-FU appt scheduled within 7-14 days for women with persistent severe HTN	Denominator: number of patients with persistent severe HTN	Numerator: Among the denominator, patients with FU appt scheduled within 7- 14 days	Outcome %
Baseline review Dec 2020-Feb 2021	31	24	77%
P3-Written education provided to patient/family on S&S HTN/PreE at DC	Denominator: number of patients with persistent severe HTN	Numerator: Among the denominator, patients provided written information on HTN/PreE at DC	Outcome %
Baseline review Dec 2020-Feb 2021	31	9	29%

# UAB HTN Team Meeting

## Initial Meeting

- Reviewed Baseline Data
- Identified opportunities for improvement
  - FU appointments
  - Added measure-“appointment kept?”
  - Discharge Education

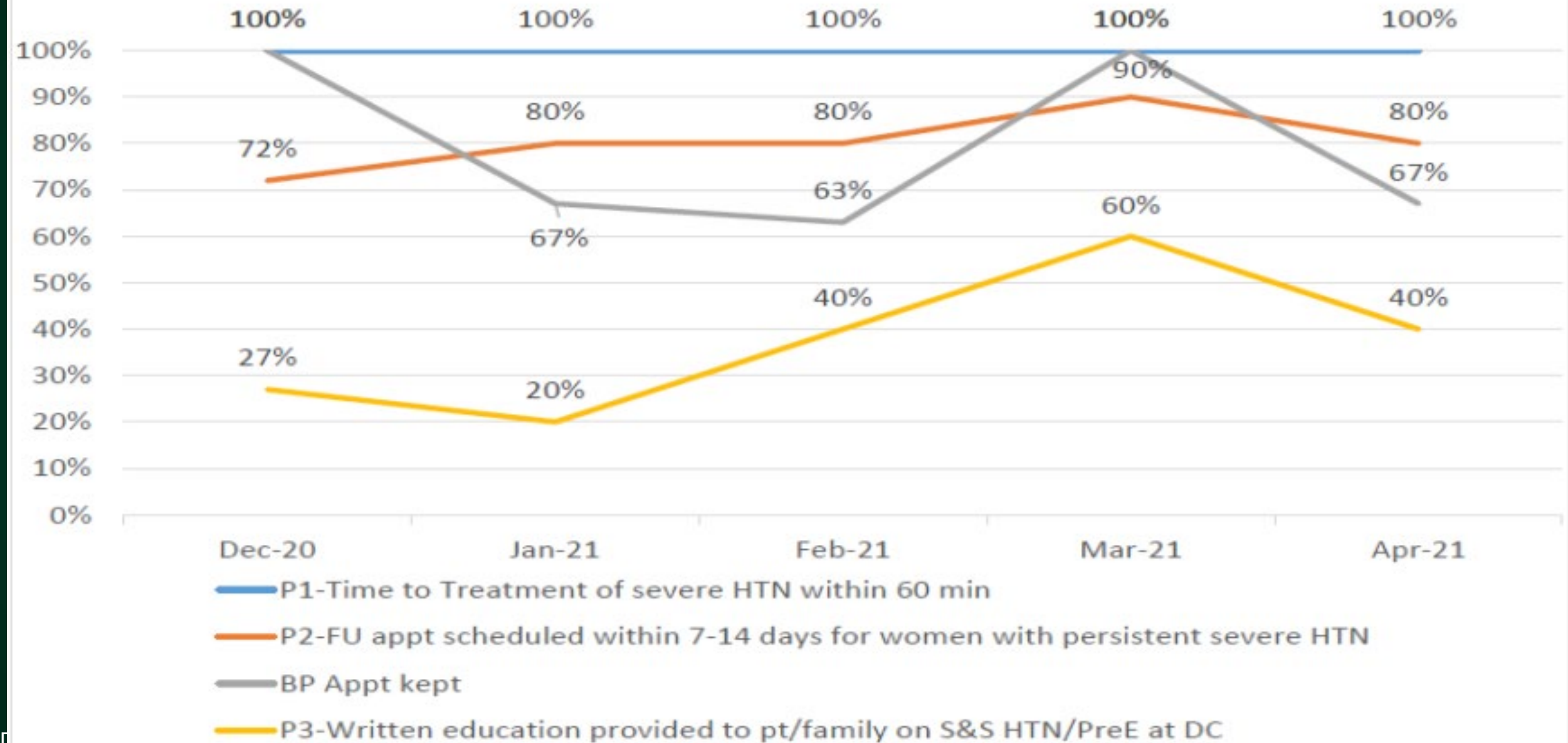
# **Step 3 – Ensuring Success**

**Gather Data and monitor project success**

**Monthly reporting and meetings**

**Monthly ALPQC webinars**

### ALPQC HTN Process Measures\*



# Opportunities for Improvement

Standardized protocols for ambulatory and in-house units

Staff education with drills, debriefs, Health Stream OB education materials

Implicit bias and stigma education

Ambulatory patient experience evaluation program

BP cuffs for home use

# Opportunities for Improvement

## FU Appointments

- FU appointments for patients OSH

## Written education at discharge

- Review content – revised to 5<sup>th</sup> grade reading level
- Identified issues with selecting and printing materials (complicated process)
- Added standard “Save Your Life” for all discharges
- Working on EMMI Text message for HTN patients



# Team Talks - Breakouts

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- You will be automatically assigned to a breakout
- Breakout will end after 6 mins
- We will have brief report outs at the end
- Tips
  - Lag when you go from main room to breakout.
  - May have to wait a few seconds for others to join that breakout room.
  - If your computer/phone does not have a microphone you can enter in the chat your comments

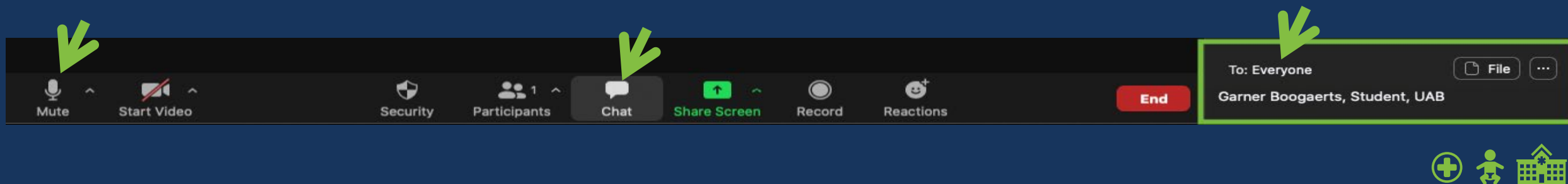
## Discussion topics:

- ☐ Challenges submitting data/submitting by due date
- ☐ Comfort level with knowing how to interpret your data and what to do with it
- ☐ Barriers/opportunities communicating with clinical leads and team regarding your team's data

# Q&A

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





# Next Steps

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- ✓ Monthly (May) data due June 30
    - Remember monthly-self-assessment
  - If have not done so already, please also submit:
    - Baseline data
    - Previous month's data
    - Quarterly data for Jan – Mar 2020
  - Meet with your team to review data, PDSAs & plan next steps
- - 
  -
  - Run PDSAs!
    - Samples and template on our [website](#) under “Key Documents”

# Quarterly Process Measures

ALPQC

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

ALPQC  
Project: Maternal Hypertension Project  
Topic: Quarterly Process Data

## Quarterly Process Data

See “Data Collection Spreadsheet – Process Measures” found on our website [Here](#) under “Data Resources”

Measurement Period \*

Select...

### P4. Provider Education

(Report estimate in 10% increments; round up)

(Report estimate in 10% increments; round up) At the end of this reporting period, what cumulative percentage of delivering physicians and midwives has completed within the last 2 years an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocol and measures? \*

### P5. Nursing Education

(Report estimate in 10% increments; round up)

(Report estimate in 10% increments; round up) At the end of this reporting period, what cumulative percentage of OB nurses (including L&D and Postpartum) has completed within the last 2 years an education program on Severe Hypertension/Preeclampsia? \*

### P6. Unit Drills

a. Number of OB drills (In Situ and/or Sim Lab) performed in your unit for any maternal safety topic (if none enter "0") \*

b. Topics covered in the OB drills (if none enter "None") \*

Save





# Thank You

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*Next Call: Friday, July 23 at 12:00 PM*