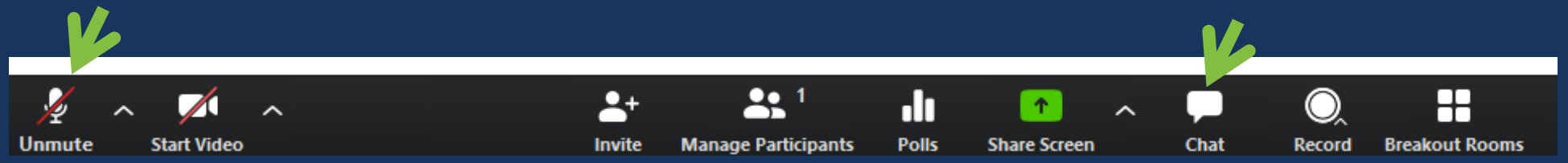
Maternal Hypertension Initiative

Action Period Call – Collecting and Entering Data

February 26, 2021

Welcome!

- Attendees are automatically muted to reduce background noise (please double check that you are muted!)
- Please do not put your phone on hold as music will play
- You may enter questions/comments in the “chat” box during the presentation
- We will have designated times to answer questions
- Slides will be available at www.alpqc.org
- We are now recording!



- 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!

Agenda

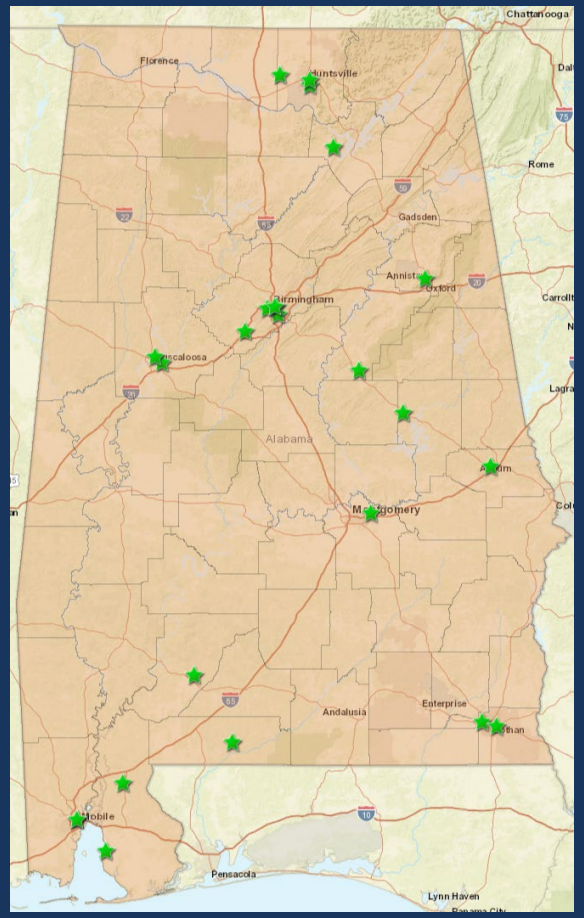
Updates	12:10 – 12:20
Maternal HTN Data Collection	12:20 – 12:25
Baseline Data	12:25 – 12:30
Data Portal	12:30 – 12:40
Q & A	12:40 – 12:50
Team Talks	12:50 – 12:55
Next Steps	12:55 – 1:00

Maternal HTN Updates

- Reminders
  1. Submit Team Roster
  2. Complete Baseline Survey
  3. MOD Breaking Through Bias Training
  4. Coaching Calls

Participating Hospitals

1. Baptist Medical Center East
2. Brookwood Baptist Medical Center
3. Coosa Valley Medical Center
4. Crestwood Medical Center
5. D.W. McMillan Memorial Hospital
6. DCH Regional Medical Center
7. East Alabama Medical Center - Opelika
8. Flowers Hospital
9. Huntsville Hospital
10. Jackson Hospital
11. Madison Hospital
12. Marshall Medical Center North
14. Medical West Hospital
15. Mobile Infirmary Medical Center
16. Monroe County Hospital
17. North Baldwin Infirmary
18. Northport
19. Princeton Baptist Medical Center
20. RMC - Anniston
21. Russell Medical
22. Southeast Health
23. St. Vincent's Birmingham
24. Thomas Hospital
25. UAB
26. USA Children's & Women's

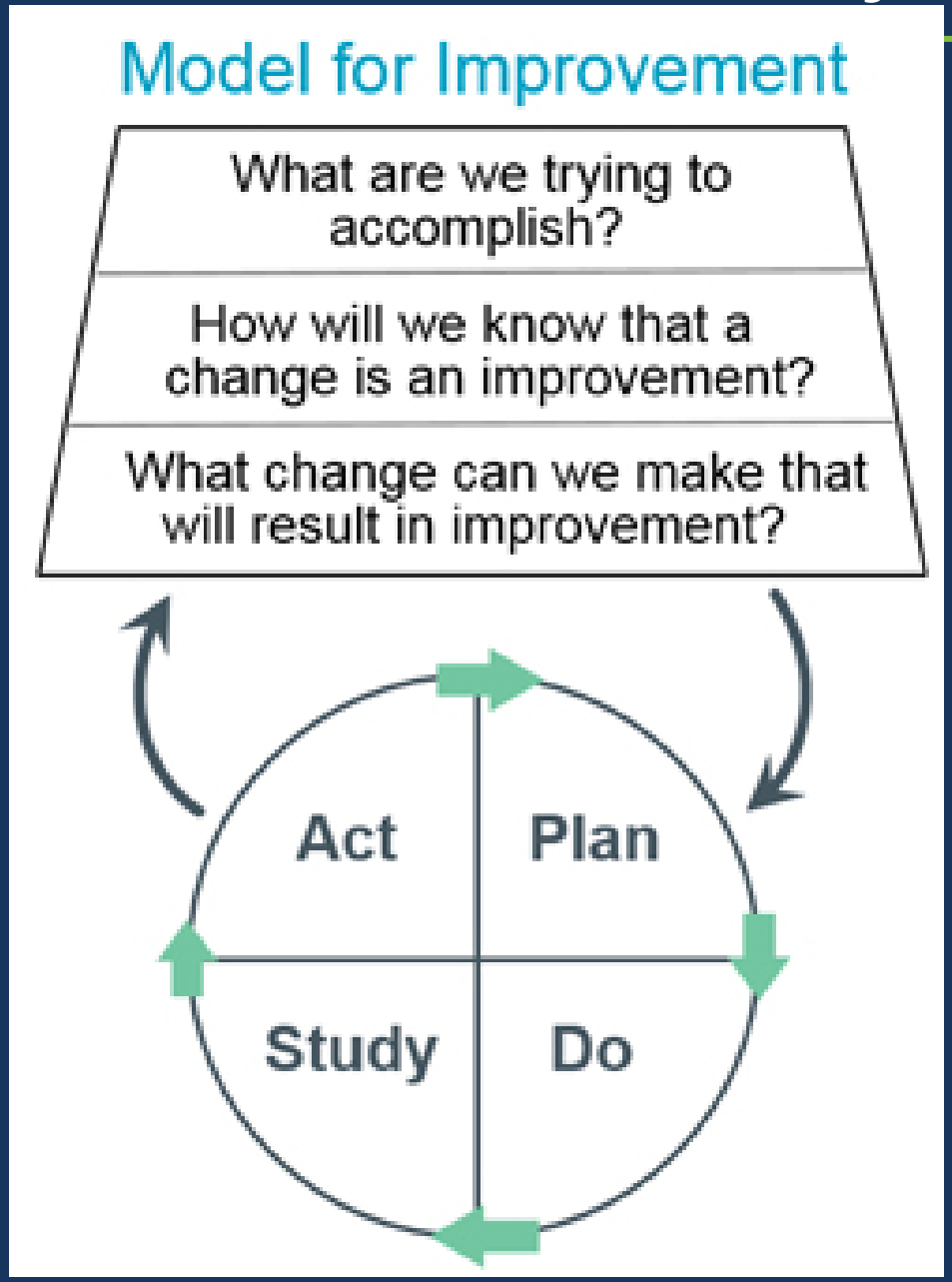


Maternal HTN Data Collection

Outcome	Primary Drivers	Secondary Drivers	Change Ideas
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	***Readiness*** *Develop & implement 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 *Timely treatment 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
	Change Systems Foster a culture of safety and improvement	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

Why This Matters



- Setting your SMART aim
- **Measurement Strategy**
- Key Driver Diagram
- Testing Changes via PDSA cycles

3 Types of Measures

- Outcome
  1. Identify whether changes are leading to improvement in the health status of patients
     a. How is the system performing?
     b. What is the result?
- Process
  1. Identify changes to processes of care that can affect outcome measures
  2. Are parts/steps in the system performing as planned?
  3. Are we on track in our efforts to improve the system?
- Structural
  1. Examine infrastructural capacity, systems and processes.
  2. Along with process measures, assist healthcare providers in identifying areas of QI

Data Reporting Frequency

Measure Type	Measure	Reporting Frequency
Outcome	O1. Number of patients with persistent severe HTN	**Monthly**
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)	
Process	P1. Time to treatment of persistent severe HTN	
Process	P2. Follow-up appointment scheduled within 7-14 days – yes/no/unknown	
Process	P3. Patient education – yes/no/unknown	

Measures Reported by Race/Ethnicity

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	

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

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

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> <u>Note:</u> ○ Baseline: by quarters as above ○ Initiative: monthly
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 Collected by Race/Ethnicity

Find data collection 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 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

Maternal HTN Definition

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 consecutive**.
  - *Ideally confirmatory BP will occur within 10-15 minutes, but facilities should also include cases with severe range BP separated by >15 minutes. However,*
    - *The treatment clock starts at first BP*
  - *For further guidance, see "AIM FAQ Treatment of Severe Hypertension" on our website under Toolkit - Respond: Timely Treatment of Severe Hypertension*

Step 2: Inclusion Criteria

- Pregnant/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.

Process Measure 1: Time to Treatment of Severe HTN

Retrospective chart review on all patients with persistent severe HTN at your facility using:

- ❑ ICD-9/10 codes for Preeclampsia Diagnosis codes
  - ❑ *Download "HTN Outcome Measures Codes" here, under the Data Resources menu*
- ❑ EMR searches/reports using keywords for pregnant/postpartum patients
  - ❑ E.g., *chronic HTN, preeclampsia, eclampsia, superimposed preeclampsia, preeclampsia with severe features, systolic BP ≥ 160, diastolic BP ≥ 110, etc.*
- ❑ Delivery logs
- ❑ Pharmacy records for Labetalol, Hydralazine, Nifedipine, and Magnesium Sulfate

Use of at least two methods recommended

P1: Time to Treatment of Severe HTN

Identifying baseline data may require collaboration with:

- IT/EMR staff
- ED
- Pharmacy
- Billing/Coding department

P1: Time to Treatment of Severe HTN

If you are unable to collect data on all patients with persistent severe HTN, you may select a:

1. Sample of 5 charts/month for facilities with <200 births/yr
2. Sample if 10 charts/month for facilities with >200 births/yr.

- *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: Baseline Data Collection – P1 - Time to Treatment of Severe HTN

1) Time period
- December 2020
- January 2021
- February 2021

2) Population:
- All patients
- Hispanic/Latino
- NH American Indian/Alaska Native
- NH Asian
- NH Black/African American
- NH White
- Other
- Unknown

Baseline:
Due March 31, 2021

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

Step 3: Baseline Data Collection – SMM Outcome Measures

- Data Source: IT report with ICD-9/10 codes provided
- Measures O3 and O5 (excluding transfusion codes) are priority

1) Time period - **Quarterly**
   - January – March 2020
   - April – June 2020
   - July – September 2020
   - October – December 2020
   - January – February 2021

2) Population: (NH: Non-Hispanic)
   - All patients
   - Hispanic/Latino
   - NH American Indian/Alaska Native
   - NH Asian
   - NH Black/African American
   - NH White
   - Other
   - Unknown

Note: patients who selected Hispanic and Asian would be entered as Hispanic/Latino

Baseline:
Due March 31, 2021

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

Collect Baseline Measures

Excel Data Entry Tool

Data Portal Overview

Q&A

- Please feel free to **unmute** and ask questions
- You may also enter comments or questions in the ”chat” box (with **Everyone** selected)

Team Talks

UAB

Next Steps

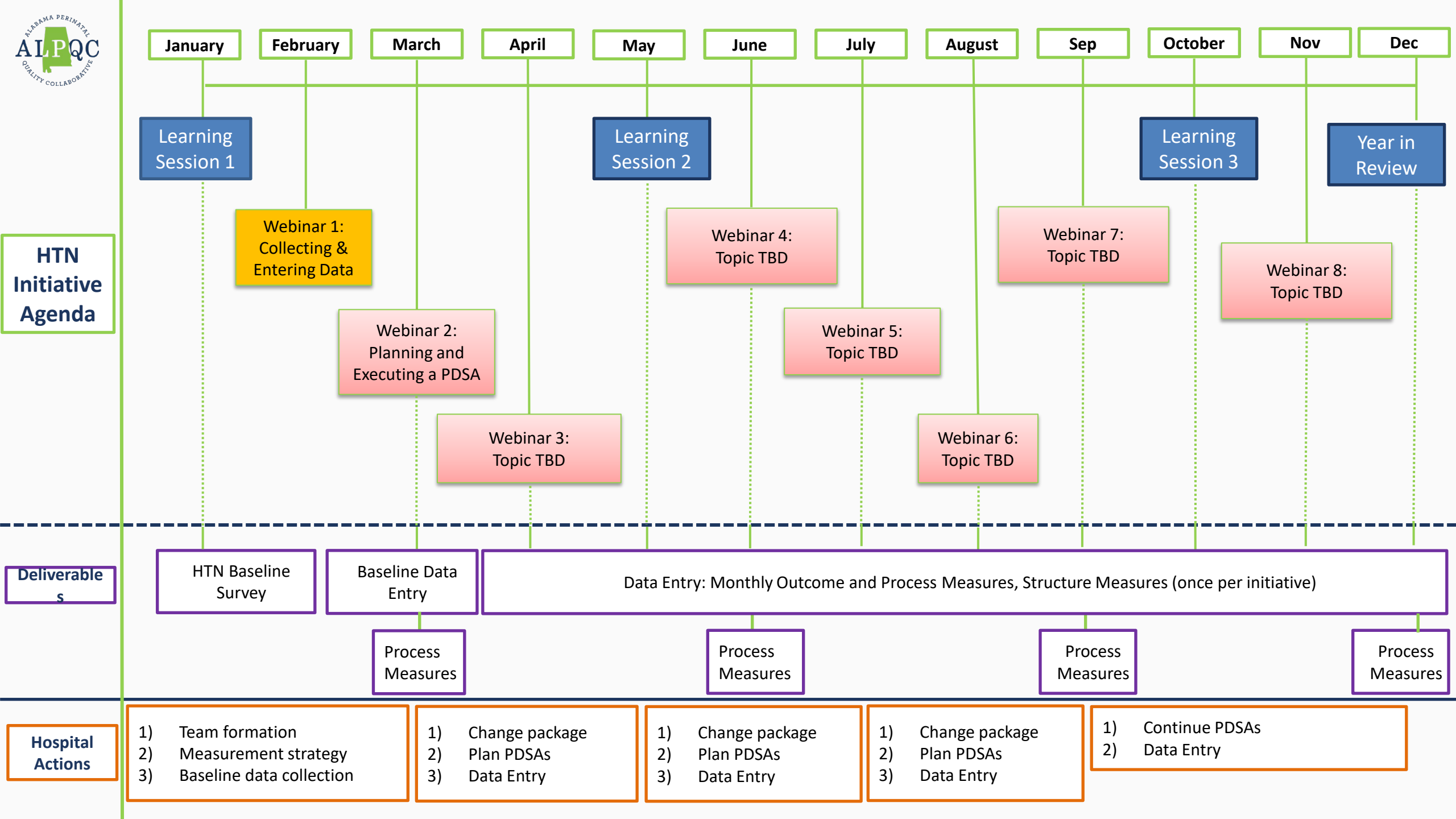
Keys to Success

- Meet with your team regularly!
  - Members to have in your QI team: physician champion, nurse champion, data champion, other team member if available including ED, anesthesiology.
  - Team activities
    - Work on your team Aim and 30-60-90 Day Plan
    - Data collection implementation
    - Monthly meetings to review your data, identify opportunities for improvement, plan and discuss PDSA cycles, etc. to drive QI
    - Develop process flow diagram for different settings at your hospital and discuss opportunities for improvement
    - Protocol/policy review
    - Debriefs/case reviews
    - Start your first PDSA cycle!
      - Samples and template on our website under "Key Documents"

Keys to Success

- Attend monthly calls
  1. We will review education topic, review data, discuss QI strategies for implementation, and you'll hear from peer teams sharing progress, barriers and lessons learned

- Submit data regularly into data portal
  1. You will be able to track your progress across time and compare to other hospitals in initiative


January
February
March
April
May
June
July
August
Sep
October
Nov
Dec
HTN Initiative Agenda
Learning Session 1
Webinar 1: Collecting & Entering Data
Webinar 2: Planning and Executing a PDSA
Webinar 3: Topic TBD
Learning Session 2
Webinar 4: Topic TBD
Webinar 5: Topic TBD
Webinar 6: Topic TBD
Webinar 7: Topic TBD
Learning Session 3
Webinar 8: Topic TBD
Year in Review
Deliverables
HTN Baseline Survey
Baseline Data Entry
Data Entry: Monthly Outcome and Process Measures, Structure Measures (once per initiative)
Process Measures
Process Measures
Process Measures
Process Measures
Hospital Actions
1) Team formation
2) Measurement strategy
3) Baseline data collection
1) Change package
2) Plan PDSAs
3) Data Entry
1) Change package
2) Plan PDSAs
3) Data Entry
1) Change package
2) Plan PDSAs
3) Data Entry
1) Continue PDSAs
2) Data Entry

Next Steps

- ✓ March of Dimes Breaking Through Bias 1-hr online training
  - Email eguillaumet@uab.edu to sign up your team
  - If already signed up: complete training before March 31
- ✓ Submit Team Roster
- ✓ Complete Maternal HTN Baseline Survey
- ✓ Coaching Calls
- ✓ **Baseline Data Due March 31**

Thank You

Next Call: Wednesday, March 26 at 12:00 PM