



# Maternal Hypertension Initiative

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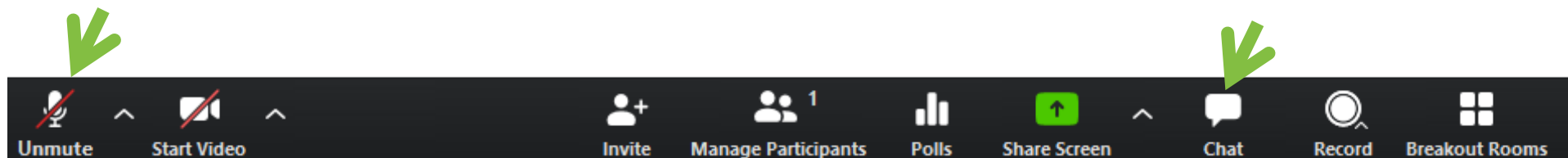
Action Period Call  
February 24, 2023  
12:00 – 1:00 PM CT



# Welcome

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- Please type your **name** and **organization** you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at <http://www.alpqc.org/initiatives/htn>
- We will be recording this call to share, along with any slides.



# Agenda

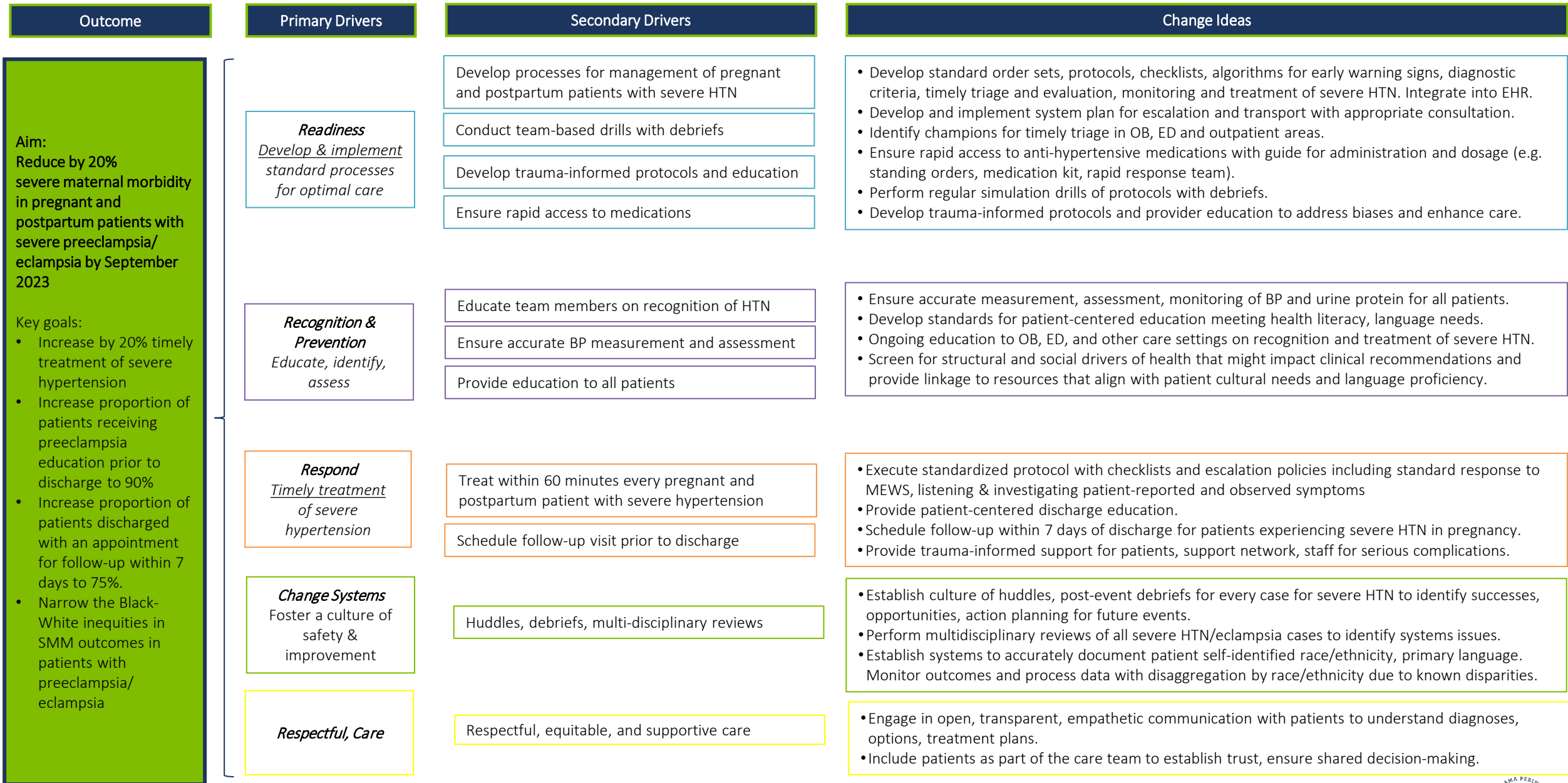
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Welcome & Change Package Pulse Check	■	12:00 – 12:10
East Alabama Medical Center	■	12:10 – 12:20
Walker Baptist Medical Center	■	12:20 – 12:30
Breakout Groups & Report Out	■	12:30 – 12:55
Next Steps	■	12:55 – 1:00



# Change Package Pulse Check



**Maternal Hypertension Driver Diagram**





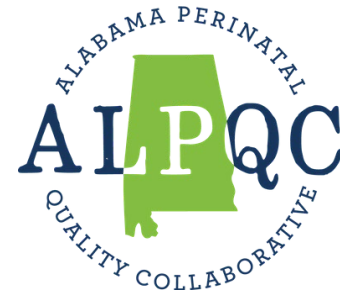
# Poll Question #1

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What components of the change package have you worked on?

Check all that apply.

- A. Standardizing assessment and diagnostic protocols
- B. Education of staff across the department
- C. Timeliness of treatment
- D. Scheduling of follow-up
- E. Patient-centered discharge education
- F. Conducting huddles, debriefs, and multi-disciplinary reviews



# Poll Question #2

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Which component of the change package are you actively working on?  
Check all that apply.

- A. Standardizing assessment and diagnostic protocols
- B. Education of staff across the department
- C. Timeliness of treatment
- D. Scheduling of follow-up
- E. Patient-centered discharge education
- F. Conducting huddles, debriefs, and multi-disciplinary reviews



# Hospital Share

East Alabama Medical Center





# East Alabama Health

## WOMEN'S SERVICES

**Team Lead:** Laura Nan Howe, BSN, RN

**Nurse Champion:** Jaimie Wadkins, MSN, CRNP

**Data Champion:** Stefanie Ledbetter, BSN, MSHI



# Successes

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- Developed urgent care order set for Maternal Hypertension
  - ✓ Time to treatment improved rapidly after development of Maternal Hypertension urgent care order set
  - ✓ Most treatment now occurs within 15-30 mins on average
- Developed ED algorithm and EMR alert to improve recognition of postpartum HTN and timeliness of patient transfer to OB
  - ✓ An alert is triggered in our EMR to prompt ED staff when severe range BP is documented.
  - ✓ Utilized by main campus ED as well as our 2 off campus emergency departments within the EAH system
  - ✓ Protocol now in place to aid in recognition and directions to facilitate treatment and/or transfer of patient to OB services quickly.

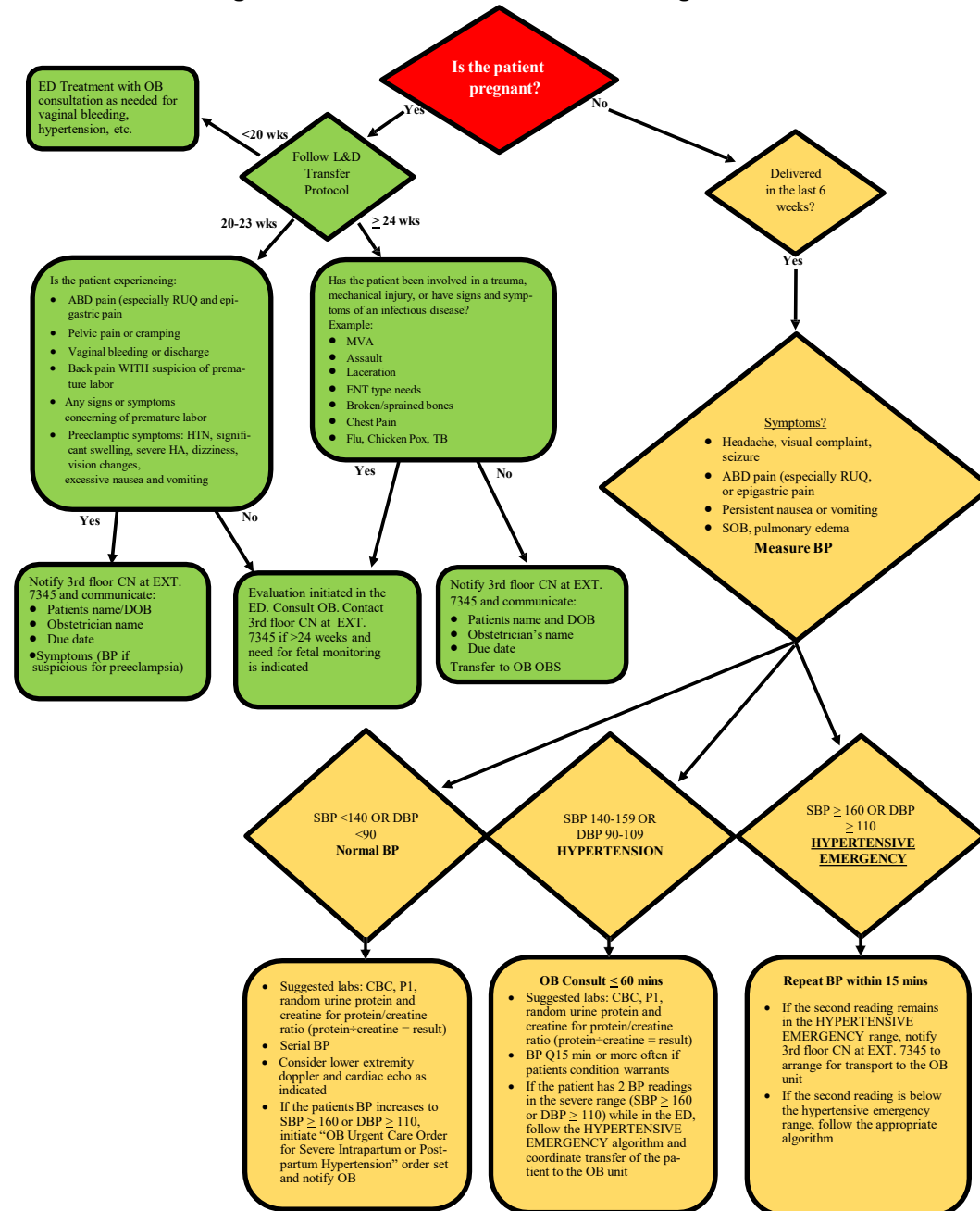
# Urgent Care Order Set



## OB Urgent Care Order Set for Severe Maternal Hypertension

1. Obtain initial blood pressure (BP) reading with correct cuff size and patient in a sitting position with legs dangling or feet flat on the floor with the arm supported at the level of the heart.
2. Repeat BP in 5 minutes and notify physician if systolic blood pressure (BP) is greater than or equal to 160 mm Hg or diastolic BP is greater than or equal to 110 mm Hg.
3. Institute fetal surveillance if undelivered and fetus is viable.
4. If severe BP elevations persist for 10 minutes or more, implement orders listed below:
  - Notify physician, then follow specific MD orders given at that time.
  - If **NO** physician response within 5 minutes of attempted notification, follow the orders below:
    - **If no immediate IV access, proceed with following orders while IV access is being established:**
      - Administer immediate release nifedipine capsule 10mg PO x 1 dose.
      - Repeat BP measurement in 20 minutes and record results.
      - If either BP threshold is still exceeded, administer immediate release nifedipine capsule 20mg PO x 1 dose.
      - Repeat BP measurement in 20 minutes and record results.
      - If either BP threshold is still exceeded, administer immediate release nifedipine capsule 20mg PO x 1 dose.
      - Repeat BP measurement in 20 minutes and record results.
      - If either BP threshold is still exceeded, administer immediate release nifedipine capsule 20mg PO x 1 dose.
      - Repeat BP measurement in 20 minutes and record results.
      - If either BP threshold is still exceeded, administer labetalol 20 mg IV x 1 dose and obtain emergency consultation from anesthesia.
      - Give additional antihypertensive medication per specific order.
    - **If IV access already in place**
      - Administer labetalol 20mg intravenously (IV) x 1 dose.
      - Repeat BP measurement in 10 minutes and record results.
      - If either BP threshold is still exceeded, administer labetalol 40mg IV x 1 dose.
      - Repeat BP measurements in 10 minutes and record results.
      - If either BP threshold is still exceeded, administer labetalol 80mg IV x 1 dose.
      - Repeat BP measurement in 10 minutes and record results.
      - If either BP threshold is still exceeded, administer hydralazine 10mg IV x 1 dose.
      - Repeat BP measurement in 20 minutes and record results.
      - If either BP threshold is still exceeded, obtain emergency consultation from anesthesia.
      - Give additional antihypertensive medication per specific order.
- Once the BP thresholds are achieved, repeat BP measurement every 15 minutes for 1 hour, then every 30 minutes for 1 hour, and then every hour for 4 hours. Institute additional BP timing per specific order.

# Triage Process for Female Patients Presenting to the ED



If a patient presents with symptoms of uterine hemorrhage and is  $\leq 12$  weeks postpartum, notify 3rd floor CN and OB on call. Follow the Maternal Hemorrhage procedure.



# Challenges & Barriers

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- Standardization among providers
  - Had to gain physician buy-in on changing the practice of obtaining BPs using EBP methods. Also standardized our process for BP evaluations in our OB triage unit.
- Follow up discharge appointments
  - Postpartum follow-up appointments were not being made prior to discharge due to long wait times via telephone.
  - No longer had a unit secretary to make the appointments.
  - Developed new process coordinating with physician offices and Women's Services registration secretary utilizing fax system for appointments.
  - Physician discharge orders customized to include instructions for 7-day BP follow-up.



# Opportunities

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- Additional training of postpartum nurses
  - Low volume of severe range blood pressures on our Mother/Baby unit
  - Due to low volume occurrence, staff are not as familiar with recognizing severe range BP or knowing when to initiate and use the urgent care order set
- Include reminders in our daily staff safety huddle
- Incorporate additional education and training into our annual OB skills day



# Next Steps

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- Audit new follow up discharge appointment process to ensure appointments are made prior to d/c and timing is appropriate.
- Reinforce annual education at OB Skills day with all OB and ED staff

# 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







# Hospital Share

Walker Baptist Medical Center



**Walker Baptist  
Medical Center**  
Brookwood Baptist Health.



# Walker Baptist Medical Center

Rachael P. Winston, Director, Women's Services

Tammy Upton, Education & Data Collector

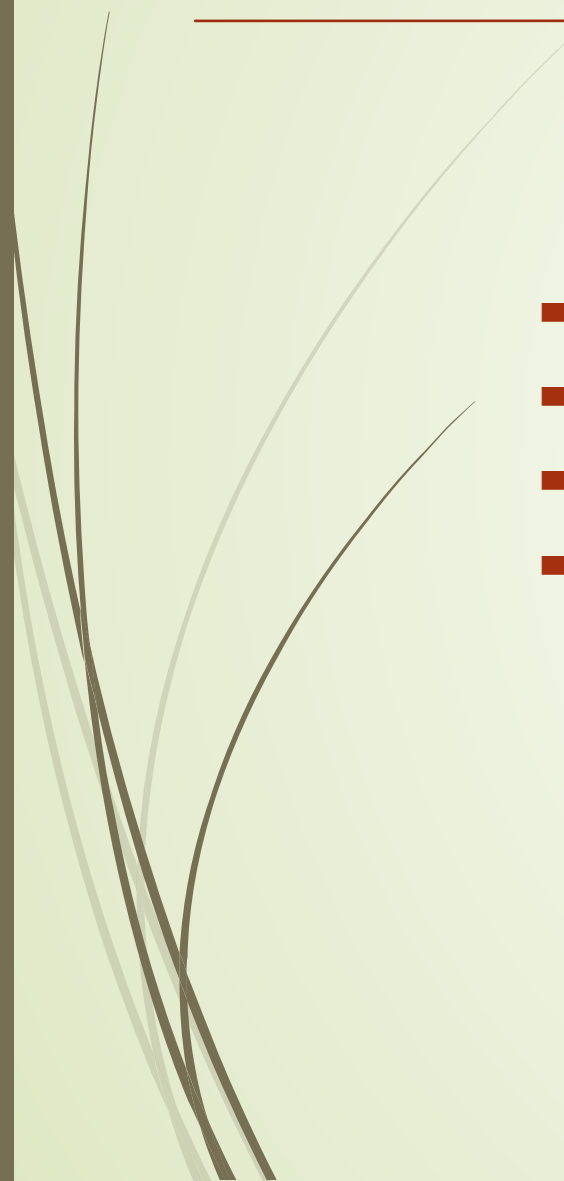
Thea Higgins, Quality Manager

Greta Simmons, Market Quality



# Successes



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- ▶ Meeting with Physicians/ALPQC
  - ▶ Completion of training with all staff
  - ▶ Addition of resource materials
  - ▶ Adding a Education Liaison



# Challenges & Barriers




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- ▶ Long-term staff
  - ▶ Not enough staff
  - ▶ Communication with physician in a timely manner
  - ▶ Conflicting priorities that prevent timely response



# Opportunities

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- ▶ Data Collection review
  - ▶ Fully staffed on both shifts soon
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# Next Steps

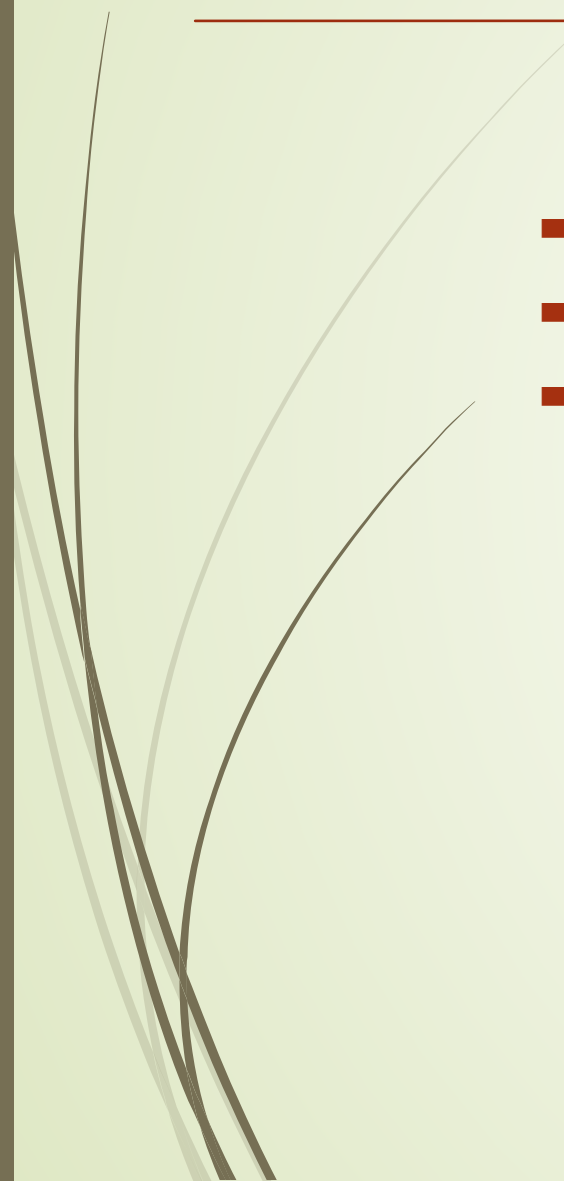
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- Several thin, curved lines in shades of brown and grey on the left side of the slide, resembling stylized grass or reeds.
- ▶ Continue to monitor data
  - ▶ Have CN/Director be directly involved with severe hypertension cases to guide care until responses become the norm
  - ▶ Include more bias training
  - ▶ Celebrate successes with staff/physicians

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# Needs

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- Decorative lines in the bottom left corner, consisting of several thin, curved lines in shades of brown and grey.
- ▶ How does everyone feel about the initiative?
  - ▶ Is it helping the overall care of your patients?
  - ▶ Are you getting pushback from physicians/staff?

# 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







# Breakout Groups



# Instructions

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- Accept an invitation to join a breakout room
- If you are not a member of a hospital team, please self-select yourself out of the breakout room and return to the main room for the duration of the exercise
- An ALPQC staff member or volunteer will facilitate breakout discussions
- Groups will have 10 minutes to discuss
- Choose someone to report out
- Everyone will return to the main room for a debrief



# Breakout Questions

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Briefly introduce yourself and which hospital team you are on

Questions:

1. What resonated with you from the team presentations?
2. How are you promoting provider and leadership buy-in within your unit?
3. How are you relaying data to the providers or the rest of your care team?
4. Have there been any significant challenges in relaying educational information to patients themselves?



# Report Out



## Next Steps



# Poll Question #3

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What areas could your unit benefit from additional technical assistance? Check all that apply.

- A. Review of protocols
- B. Support for data collection
- C. Support for data input
- D. Support in understanding data visualization
- E. Identifying and implementing PDSA cycles
- F. Promoting communication across teams
- G. Promoting leadership-buy in



# Poll Question #4

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How can the ALPQC better deliver support to team? Check all that apply.

- A. Schedule regular team coaching calls on PDSA cycles
- B. Schedule 1:1 data coaching calls
- C. Identify and share additional resources with teams on topics relevant to the project
- D. Provide additional webinars or learning opportunities with available CEU credits
- E. Other (please indicate)



# Data Submission Reminders

## MONTHLY Measures



Measure Type	Measures	Measurement Period	Reporting Due*
<b>Outcome</b>	1. SMM (excluding transfusion codes)		
<b>Outcome</b>	2. SMM among people with preeclampsia (excluding transfusion codes)	<del>Dec 2022</del>	<del>Jan 31, 2023</del>
<i>For pregnant and postpartum patients with persistent severe HTN during hospitalization:</i>		<b>Jan 2023</b>	<b>Feb 28, 2023</b>
<b>Process</b> Patient-level	1. Timely treatment of persistent severe HTN	<b>Feb 2023</b>	<b>Mar 31, 2023</b>
<b>Process</b> Patient-level	2. Patient discharged with a postpartum BP and symptoms check scheduled	<b>Mar 2023</b>	<b>Apr 30, 2023</b>
<b>Process</b> Patient-level	3. Patient and family education on preeclampsia signs & symptoms prior to discharge	<b>Apr 2023</b>	<b>May 31, 2023</b>

All Measures Reported by Race/Ethnicity



# Data Submission Reminders

## QUARTERLY Measures



Measure Type	Measure	Measurement Period	Reporting Due*
<b>Process</b> Facility-level	4. Provider education: Severe HTN/preeclampsia & <i>Respectful and Equitable Care</i>	July – Sep 2022 ↔ Nov 30, 2022 Oct – Dec 2022 ↔ Jan 31, 2023 Jan – Mar 2023 ↔ <b>Mar 31, 2023</b> Apr – Jun 2023 ↔ Jun 30, 2023 July – Sep 2023 ↔ Sep 30, 2023	
	5. Nursing education: Severe HTN/preeclampsia & <i>Respectful and Equitable Care</i>		
	6. ED: Provider and Nursing Education: signs & symptoms severe HTN/preeclampsia in pregnant and postpartum patients		
	7. Unit drills		
<b>Structure</b> Facility-level	1. Severe HTN/Preeclampsia policy and procedure		
	2. Established system to perform regular formal debriefs <u>with the clinical team</u> after cases with major complications		
	3. <i>Established standardized process for debriefs <u>with patients</u> after a severe event</i>		
	4. Established process for multidisciplinary systems-level reviews on SMM cases		
	5. <i>Developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards</i>		
	6. <i>ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process</i>		

# SAVE THE DATE

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Wednesday, September 20, 2023

8:30 AM – 4:30 PM

*ALPQC 2023 Summit*

Montgomery, AL



# Thank You!

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Next Meeting:

Friday, March 24, 2023

12:00 PM – 1:00 PM CST