Maternal Hypertension Initiative

Action Period Call
April 26, 2023
12:00 – 1:00 PM CT
Welcome

- 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

Welcome & Updates 12:00 – 12:05

Team Shares 12:05 – 12:45

Q&A 12:45 – 12:55

Next Steps 12:55 – 1:00
Updates

• New ALPQC Quality Improvement RN starting on May 1\textsuperscript{st}
  • Hospital teams should prepare to schedule regular 1:1 meetings

• Steering Committee Re-launch
  • Look for email invitation and application
  • Hospital representatives are invited to join and serve on the Hospital Advisory Group or any subcommittees or workgroups

• Sign up for hospital team share if your team has not presented yet

• Summit will be in Montgomery on September 20\textsuperscript{th}, 2023

• The Alabama Maternal Health Task Force kicks off under ALPQC leadership on Tuesday, May 2nd
Next AIM Bundle

Postpartum hemorrhage causes approximately 11% of maternal deaths in the United States and is the leading cause of death that occurs on the day of birth. Importantly, 54–93% of maternal deaths due to obstetric hemorrhage may be preventable. - ACOG
Hospital Share

Infirmary Health, Baptist Medical Center East, Huntsville Hospital Women & Children
Infirmary Health

Mobile Infirmary
North Baldwin Infirmary
Thomas Hospital

Team Leads: Debra Hinton, MBA, RN, NE-BC; Gena Cash, BSN, RNC-OB;
Tiffiny Moseley, MSN, RNC-OB, C-ONQS
Nurse Champions: Meredith Jackson, BSN, RN, RNC-OB;
Sanya Wilson-Pettway, BSN, RN, RNC-OB
Data Champion: Christie Skinner
Successes

• Developed assessment documentation triggers for Emergency Departments across the system (including free standing emergency departments) to improve assessment, recognition, and time to treatment for the OB patient

• Developed policies and emergent therapy order sets to provide consistent protocols for use in the Emergency and Obstetrical Departments Developed debrief forms to identify opportunities for improvement

• Provide various patient educational materials to patients during their hospital visit and at the time of discharge

• Have processes in place for making follow-up patient appointments

• Multidisciplinary team simulation drills

Drills include staff from: Labor and Delivery, Nursery, Post Partum, Scrub Techs, Nursing Assistants, Unit Secretaries, Lab, Rapid Response Team, Emergency Department, Pharmacy, Respiratory, Anesthesia Physicians, CRNA’s, Obstetricians, Neonatologists, and Neonatal Nurse Practitioners
Challenges & Barriers

Challenge: Having providers consistently follow the emergent therapy orders and policy

- Barrier: Some physicians are resistant to following the standardized order sets

Challenge: Simulation for the ED Providers and Nursing Staff

- Barrier: With multiple levels of providers and separate locations (free standing emergency departments), it is difficult for them to participate in drills, especially if there are numerous drills in one day
Opportunities

• Incorporate ICU nurses into education and simulation training
  ➢ During a recent Joint Commission Survey, the suggestion was made to include the ICU nurses in education and simulation training. In some situations, patients are transferred to another hospital for care, depending on their needs and our ability to treat the patient. Most often, a patient requiring transfer would not yet be delivered. Otherwise, if the patient is critical and requiring invasive monitoring, they would be transferred to one of our intensive care units.

• Additional drills for the Main ED and Free Standing Emergency Departments
Next Steps

• Develop education for our ICU nurses
• Develop and complete more simulation sessions for the ED staff and providers
Needs

Has anyone incorporated team education and simulation training for your ED and ICU areas?

What should be the focus of their education?
Please feel free to unmutet and ask questions.

You may also enter comments or questions in the "chat" box.
Baptist Medical Center East

Amanda Wright, MSN, RNC-MNN
Nurse Manager L&D, Antepartum, & OB Emergency Dept.
Successes

We have achieved 98% compliance with the Maternal Severe HTN safety bundle

Success is related to:

• Collaboration – Risk Management, Nursing Leadership, IT, Education, MDs/CNMs
• MD/CMW/Staff buy-in – already using protocols, happy to have the protocol order set developed
• Addition of OB Hospitalists
• Completion of trainings – multiple in-services for current staff
• Onboarding of new team members – part of their orientation process
Challenges & Barriers

Compliance with the HTN safety bundle has been smooth with these exceptions:

• Collaboration with ED staff and education
  • ED educator not understanding the process, especially with delivered patients
  • Staff turn over in the main ED (many travelers)
  • Education and comprehension of ED staff at one facility with no OB services

• Staff turnover in different departments (House Supervisors) and their response to Code OB Alpha
Opportunities

• Consistency across system facilities
  • Baptist South with OB services
  • Prattville Baptist with no OB services

• New staff or team members – orientation for all OB Departments includes all current maternal safety bundles

• On-going education for all departments –
  • Development of computer based learning modules for main ED and a separate one for OB units
  • Collaboration between departments for interdisciplinary drills

• Opportunities arising from data review – Risk Management reviews all cases and follows up
Next Steps

• Annual Competencies
• Continued partnership with the ED

• Continued data collection
  • Collaboration with IT team to simplify

• Interdepartmental drills for Code Alpha
Q&A

Please feel free to **unmute** and ask questions

You may also enter comments or questions in the "chat" box
Hospital Share

Huntsville Hospital
Huntsville Hospital
Women & Children

Jennifer Carson RN
Nichole Shockley RN
Tammy Baer RN
Renee Key RN
Successes

• Case Review Committees
• Culture shifts
• ED HTN Assessment
• Simulations
• Policy development
Challenges & Barriers

- Outcomes Report
- Follow up appointments
- Discharge Education standardization
- Case Review quantity
Opportunities

• Provider buy-in
• Data review
Next Steps

• OB Provider Meeting – Education and Discussion
• Discharge Booklet & Antepartum Discharge Template
• Outcomes Report updates
• Review & Share data
  • Process Improvement
Needs

• How is your hospital managing follow up appointments?
• Case Reviews - quantity and frequency?
• What does your ALPQC team structure look like?
Please feel free to **unmute** and ask questions

You may also enter comments or questions in the "chat" box
Next Steps & Reminders
# Data Submission Reminders

## MONTHLY Measures

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Measures</th>
<th>Measurement Period</th>
<th>Reporting Due*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>1. SMM (excluding transfusion codes)</td>
<td></td>
<td></td>
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<tr>
<td>Outcome</td>
<td>2. SMM among people with preeclampsia (excluding transfusion codes)</td>
<td>Dec-2022</td>
<td>Jan-31, 2023</td>
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<td></td>
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<td>Jan-2023</td>
<td>Feb-28, 2023</td>
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<td></td>
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<td>Feb-2023</td>
<td>Mar-31, 2023</td>
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<td>Mar 2023</td>
<td>Apr 30, 2023</td>
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<td>Apr 2023</td>
<td>May 31, 2023</td>
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For pregnant and postpartum patients with persistent severe HTN during hospitalization:

<table>
<thead>
<tr>
<th>Process Patient-level</th>
<th>Measures</th>
<th>Measurement Period</th>
<th>Reporting Due*</th>
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</thead>
<tbody>
<tr>
<td>1. Timely treatment of persistent severe HTN</td>
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<td>2. Patient discharged with a postpartum BP and symptoms check scheduled</td>
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<td>3. Patient and family education on preeclampsia signs &amp; symptoms prior to discharge</td>
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Find data forms, including ICD-10 codes, on our website at [http://www.alpqc.org/initiatives/htn](http://www.alpqc.org/initiatives/htn), under the “Data Resources” menu.
## Data Submission Reminders

**QUARTERLY Measures**

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

Please remember to sign your team up to present at an upcoming Action Period call!
(Link in chat)
Next Meeting

Wednesday, May 24, 2023
12:00 PM – 1:30 PM
"Beyond Labels"
Hosted by March of Dimes