Maternal Hypertension Initiative

April Action Period Call
June 25, 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.
Welcome!

- 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
- We are now recording
Agenda

- 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:
    - 1st hospitalization L&D:
      - patient meets criteria: fill out data form
    - 2nd hospitalization postpartum:
      - patient meets criteria: fill out data form

*Defined as the first episode of persistent severe range HTN (≥160/110 that persists for ≥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
Operationalizing the Model

- 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
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

PERCENT OF CASES TREATED

MONTH

12/01/20 (n=83)
1/01/21 (n=70)
2/01/21 (n=58)

PERCENT OF CASES TREATED

0 10 20 30 40 50 60 70 80 90 100

12/01/20 (n=83)
1/01/21 (n=70)
2/01/21 (n=58)

MONTH

70.6%
Severe Maternal Morbidity (SMM) Excluding Transfusions
Baseline Data All Hospitals | Jan 2020 – Feb 2021

RATE PER 10,000 DELIVERY HOSPITALIZATIONS

QUARTERS

Jan - March 2020
April - June 2020
July - Sept 2020
Oct - Dec 2020
Jan - Feb 2021

Quarterly SMM Rate
Average SMM
Control Limits
Severe Maternal Morbidity Among Severe HTN/Preeclampsia Cases
Baseline Data All Hospitals | Jan 2020 – Feb 2021

RRATE PER 10,000 DELIVERY HOSPITALIZATIONS

Quarters
Jan - March 2020
April - June 2020
July - Sept 2020
Oct - Dec 2020
Jan - Feb 2021

Baseline Data All Hospitals | Jan 2020 – Feb 2021

Quarterly SMM Rate
Average
Control Limits

734
Severe Maternal Morbidity Among Severe HTN/Preeclampsia Cases (excluding transfusions)
Baseline Data All Hospitals | Jan 2020 – Feb 2021

RATE PER 10,000 DELIVERY HOSPITALIZATIONS

QUARTERS

Jan - March 2020
April - June 2020
July - Sept 2020
Oct - Dec 2020
Jan - Feb 2021

Quarterly SMM Rate
Average
Control Limits

551
ALPQC HTN - QI via Data

Allison Todd and Rhonda Hamm
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

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

- **Blue line:** P1-Time to Treatment of severe HTN within 60 min
- **Red line:** P2-FU appt scheduled within 7-14 days for women with persistent severe HTN
- **Gray line:** BP Appt kept
- **Yellow line:** P3-Written education provided to pt/family on S&S HTN/PreE at DC

<table>
<thead>
<tr>
<th>Month</th>
<th>P1 (%)</th>
<th>P2 (%)</th>
<th>P3 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-20</td>
<td>100</td>
<td>72</td>
<td>27</td>
</tr>
<tr>
<td>Jan-21</td>
<td>100</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>Feb-21</td>
<td>100</td>
<td>67</td>
<td>40</td>
</tr>
<tr>
<td>Mar-21</td>
<td>100</td>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>Apr-21</td>
<td>100</td>
<td>80</td>
<td>40</td>
</tr>
</tbody>
</table>
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 5th 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

- 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

• Please feel free to unmute and ask questions
• You may also enter comments or questions in the ”chat” box
Next Steps

✓ 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

Find data forms, including latest data collection form for quarterly process data, on our website at [www.alpqc.org/initiatives/htn/](http://www.alpqc.org/initiatives/htn/), under the “Data Resources” menu.
Thank You

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