



## WELCOME TO THE MONTHLY LEARNING WEBINAR

The presentation will begin shortly

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# General Housekeeping



- Use the chat box to register your name, facility represented and all participating team members.
- To prevent distractions, please mute all phones:
  - Please DO NOT put phones on hold to avoid playing background music we are unable to control.
- Use the chat box for questions during the presentation but please hold comments until the end of the session.
- All collaborative members want to learn from your wins and challenges so please share!

# Key Driver Diagram: Maternal Hypertension Initiative

GOAL: To reduce preeclampsia maternal morbidity in Georgia hospitals



## Key Drivers

Readiness: Implementation of standard processes for optimal care of severe maternal hypertension in pregnancy

Recognition: Screening and early diagnosis of severe maternal hypertension in pregnancy

Response: Care management for every pregnant or postpartum woman with new onset severe hypertension

Reporting/Systems Learning: Foster a culture of safety and improvement for care of women with new onset severe hypertension

AIM: By 12/31/2021, to reduce the rate of severe morbidities in women with preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20%

## Interventions

- Implement standard order sets and/or algorithms for early warning signs, diagnostic criteria, timely triage, monitoring and treatment of severe hypertension
- Ensure rapid access to medications used for severe hypertension with guide for administration and dosage
- Implement system plan for escalation, obtaining appropriate consultation, and maternal transport
- Perform regular simulation drills of severe hypertension protocols with post-drill debriefs
- Integrate severe hypertension processes (e.g. order sets, MEWS/OBEWS) into EHR

- Standardize protocol for measurement and assessment of blood pressure and urine protein for all pregnant and postpartum women
- Standardize response to early warning signs including listening to and investigating symptoms and assessment of labs
- Implement facility-wide standards for patient-centered education of women and their families on signs and symptoms of severe hypertension
- Educate OB, ED, and anesthesiology physicians, midwives, and nurses on implicit bias and recognition and diagnosis of severe hypertension that includes utilizing resources such as the AIM hypertension bundle and/or unit standard protocol

- Execute facility-wide standard protocols for appropriate medical management in under 60 minutes
- Create and ensure understanding of communication and escalation procedures
- Develop OB-specific resources and protocols to support patients, families, staff through major complications
- Provide patient-centered discharge education materials on the signs and symptoms of preeclampsia and postpartum preeclampsia and when to seek medical assistance
- Implement patient protocols to ensure follow-up within 7-10 days for all women with severe hypertension and 72 hours for all women on medications

- Establish a system to perform regular debriefs after all new onset severe hypertension cases
- Establish a process in hospital to perform multidisciplinary systems-level reviews on all severe hypertension cases admitted to ICU
- Continuously monitor, disseminate, and discuss monthly AIM/GaPQC data reports at staff/administrative meetings
- Add maternal hypertension assessment and treatment protocols and education to provider and staff orientations, and annual competency assessments

# AIM HTN Structure Measures

<b>S1: Patient, Family &amp; Staff Support</b>	<b>Report Completion Date</b> <b>Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?</b>
<b>S2: Debriefs</b>	<b>Report Completion Date</b> <b>Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?</b>
S3: Multidisciplinary Case Reviews	Report Completion Date Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving $\geq 4$ units RBC transfusions, or diagnosed with a VTE)?
<b>S4: Unit Policy and Procedure</b>	<b>Report Completion Date</b> <b>Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach to measuring blood pressure, treatment of Severe HTN/Preeclampsia, administration of Magnesium Sulfate, and treatment of Magnesium Sulfate overdose?</b>
S5: EHR Integration	Report Completion Date Were some of the recommended Severe HTN/Preeclampsia bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?

# AIM HTN Process Measures

P1: Unit Drills	<b>Drills</b> The number of OB drills performed on any maternal safety topic?
P2: Provider Education	<b>Provider Education</b> The number of OB MDs and CNMs completing an education program on severe HTN/Preeclampsia? The number who completed education on the severe HTN/Preeclampsia bundle elements and unit standard protocol? The number who completed training on implicit bias?
P3: Nursing Education	<b>Nursing Education</b> The number of OB MDs and CNMs completing an education program on severe HTN/Preeclampsia? The number who completed education on the severe HTN/Preeclampsia bundle elements and unit standard protocol? The number who completed education on implicit bias?
<b>P4: Treatment of Severe HTN</b>	<b>Treatment</b> <b>The number of women with persistent new onset HTN that were treated within 1 hour with IV Labetalol, IV Hydralazine or PO Nifedipine?</b>
<b>P5: Administration of Magnesium Sulfate</b>	<b>Magnesium Sulfate</b> <b>The number of mothers with severe preeclampsia or preeclampsia with severe features that were treated with Magnesium Sulfate?</b>

# GaPQC Hypertension Goals by 12/2021

Measure	Type	Goal
<p><b>Severe Maternal Morbidity</b>            No. of women with severe maternal morbidities (e.g. Acute renal failure, ARDS, Pulmonary Edema, Puerperal CNS Disorder such as Seizure, DIC, Ventilation, Abruption) / No. pregnant &amp; postpartum women with new onset severe range HTN</p>	Outcome	20% reduction
<p><b>Appropriate Medical Management in under 60 minutes</b>            No. of women treated at different time points (30,60,90, &gt;90 min) after elevated BP is confirmed / No. of women with new onset severe range HTN</p>	Process	100%
<p><b>Debriefs on all new onset severe range HTN* cases</b></p>	Process	100%
<p><b>Discharge education and follow-up</b> within 7-10 days for all women with severe range HTN, 72 hours with all women with severe range HTN on medications</p>	Process	100%

# Data Collection Tool



Patient Hospital ID: \_\_\_\_\_

## SEVERE HYPERTENSION DATA FORM

**Topic:** Maternity service team review and document sequence of events, successes with and barriers to swift and coordinated response to preeclampsia with severe features.

**Goal:** Reduce time to treatment (< 60 minutes) for new onset severe hypertension ( $\geq 160$  systolic OR  $\geq 110$  diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED, ICU) in order to reduce preeclampsia morbidity in Georgia.

**Instructions:** Complete after all cases of new onset severe hypertension ( $\geq 160$  systolic or  $\geq 110$  diastolic) event in pregnancy up to 6 wks postpartum.

**Date:** \_\_\_\_\_

**GA at Event (weeks & days) OR # Days PP:** \_\_\_\_\_

**Patient Location (check all that apply)**

- Triage  L&D  Postpartum/Mother Baby  
 Antepartum  ED  ICU

**Maternal Age:** \_\_\_\_\_ **BMI:** \_\_\_\_\_ **Gravida** \_\_\_\_\_ **Para** \_\_\_\_\_

**Maternal Race/Ethnicity (check all that apply):**

- White  Black  Hispanic  Asian  Other

**Diagnosis at time of severe range BP:**

- Chronic HTN  Eclampsia  Gestational HTN  
 Preeclampsia  Superimposed Preeclampsia  
 Postpartum Preeclampsia  Postpartum Eclampsia  
 No diagnosis documented  Other \_\_\_\_\_

**PROCESS MEASURE (P4): Medical Management**

Time: hh:mm	Measure
	BP initially reached $\geq 160$ or diastolic $\geq 110$
	BP reached $\geq 160$ or diastolic $\geq 110$ (and sustained >15 min)
	First BP med given
	BP reached <160 and diastolic BP <110

**BALANCING MEASURE (B1): Monitor Medical Management**

**B1.** Did diastolic pressure fall to <80 within one hour after meds given?  
 YES  NO

**Medications (check all given)**

Medications	Date & Time given	Reason not given
<input type="checkbox"/> Labetalol		
<input type="checkbox"/> Hydralazine		
<input type="checkbox"/> Nifedipine		
<input type="checkbox"/> Other _____		
Magnesium Sulfate <b>Bolus</b> <input type="checkbox"/> 4gm <input type="checkbox"/> 6gm <input type="checkbox"/> Other _____		
Magnesium Sulfate <b>Maintenance</b> <input type="checkbox"/> 1gm/hr <input type="checkbox"/> 2gm/hr <input type="checkbox"/> 3gm/hr <input type="checkbox"/> Other _____		

**GA at Delivery (weeks & days):** \_\_\_\_\_

Transport In?  NO  YES Date: \_\_\_\_\_

Transport Out?  NO  YES Date: \_\_\_\_\_

**OB Complications (check all that apply)**

- Adverse Maternal Outcome:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- OB Hemorrhage with transfusion of  $\geq 4$  units of blood products  
 Intracranial Hemorrhage or Ischemic event  
 Pulmonary Edema  ICU admission  HELLP Syndrome  
 Oliguria  Eclampsia  DIC  
 Renal failure  Liver failure  Ventilation  
 Placental Abruptio  Other \_\_\_\_\_  None

Debriefing performed following any of the above events  YES  NO

# High tech vs. Low tech in drills and simulations

Kathy Brinson, BSN, RNC-OB, C-EFM  
Perinatal Outreach Educator/Region 6  
Phoebe Putney Memorial Hospital  
Albany, GA



I have no financial relationships  
with any of the companies or  
products I am about to mention!

I might just offer my opinion, and everybody has one of those!



# Victoria® by Gaumard





# Laerdal's Sim Mom®





Mama Natalie® by Laerdal



- REAL PEOPLE aka “Standardized Patients”



- Use your imagination
- Have a staffer play the role
- May still conduct hemorrhage/  
seizure drills
- Tools to enhance drills
- Visual cues for v/s

**Low-tech=lower cost**



**Do it for the  
mamas!!**

## “Achieving Realism With Low-Tech Simulation”

Sharon K. Fickley MSN, RNC-OB, C-EFM, CNL

Journal of Obstetric, Gynecologic & Neonatal Nursing

Volume 43, Supplement 1, June 2014, Page S27

“While high-fidelity simulation is costly and may not be available in smaller institutions, low-fidelity simulation can provide similar experiences and fill assessment gaps with fewer resources,” authors of the perspective said.

This form of simulation replicates clinical case scenarios in controlled situations and has been demonstrated to be superior to traditional classroom didactics in teaching medical procedures, and has been used in a broad range of skill acquisition and maintenance, mastery learning, and team training activities,” the authors noted.

Staff News Writer

American Medical Association

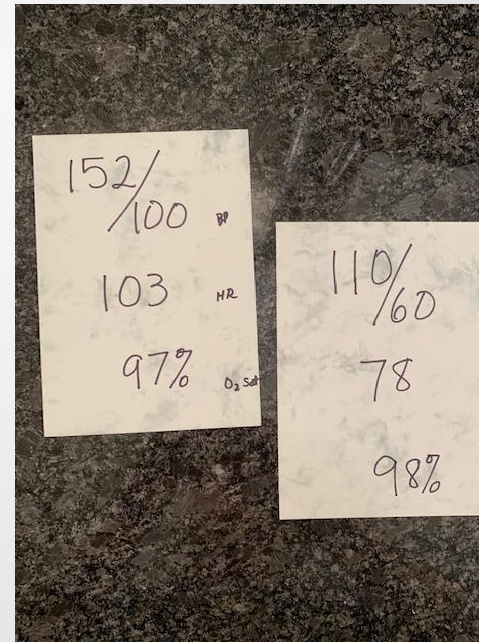


**So.....can you give me examples  
of low tech tools?**

- Back-fill foley bag with fake blood



- Use cards with vital signs to relay status of SP to caregivers.
- Have a script for the "SP"



**Where there's a will....there's a way**

# RECIPES FOR FAKE BLOOD



# Even FHTs may be simulated in a low-tech drill

## Box 13.1 Demonstrating Fetal Heart Rate (FHR) During Simulation

Many high-tech mannequins have a FHR program imbedded, some of which can be manipulated in real time. The purpose of these low-tech options for simulating FHR during simulations is to provide a clear, continuous program on a nearby screen, if available.

Paper FHR Strips and Metronome

A predrawn paper strip can be inserted into the standard fetal monitoring equipment. If there are repetitive decelerations, which are all similar, it is not actually necessary to make the strip move. Using a metronome App on a tablet or smartphone can provide the auditory output for the sequence of contractions, especially if coordinated with repetitive deep variables. This works well for busy scenarios when the mannequin does not have time to come over and

## Lessons Learned:

- Plan the objectives\*
- Be willing to accept feedback\*
- Conduct the debrief\*
- Let the staff know what is expected\*

All of these plates are  
flipped upside down



Except one. Once you see that  
one, they'll all be right side up

**Thanks for 'hearing' me on this!  
Please feel free to  
give feedback,  
ask questions, and /or  
just communicate:**


**[kbrinson@phoebehealth.com](mailto:kbrinson@phoebehealth.com)**

**229-312-2809**

# Implicit Bias Training Resources

- <https://implicit.harvard.edu/implicit/takeatest.html>
- <https://www.traliant.com/implicit-bias-training-unconscious-bias-training>

Future training opportunities:

- Train the trainer
  - Online Training
  - Annual meeting
- 



# Joining the GaPQC Team!





SAVE THE DATE  
APRIL 23-24, 2020

Georgia Perinatal Quality Collaborative  
3rd Annual Meeting

Atlanta, GA

Agenda and registration information to follow.

For more info: Visit [www.georgiapqc.org](http://www.georgiapqc.org) or email [info@georgiapqc.org](mailto:info@georgiapqc.org)





Questions?

