GaPQC
GEORGIA PERINATAL QUALITY COLLABORATIVE

Cardiac Webinar Series
The Journey Never Ends: Highlights for Successful Bundle Implementation & Sustainability

Severe HTN in Pregnancy & Cardiac Conditions in OB Care

September 5, 2023

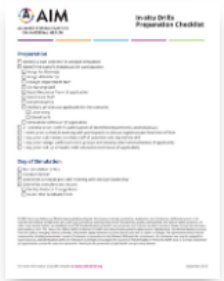
Updates

- Next Maternal Webinar Tuesday, October 3rd at 2pm
- Q3 2023 HTN and Cardiac Data Submission – DUE October 31st
- GaPQC Quarterly Newsletter – Team Bright Spots
- Office of Minority Health (US Department of Health and Human Services)
  Culturally and Linguistically Appropriate Services (CLAS) in Maternal Health Care
- Webinar presentation by the American College of Cardiology
  From Pregnancy to Plaque: Adverse Pregnancy Outcomes and Impact on Coronary Atherosclerotic Disease - American College of Cardiology (acc.org)

SIMULATION AND DRILLS FOR PATIENT SAFETY

OBSTETRIC IN-SITU DRILL PROGRAM MANUAL ►

PRACTICING FOR PATIENTS SIMULATIONS PREPARATION CHECKLIST ►



SAMPLE CASE SCENARIOS

- HYPERTENSION CASE SCENARIO 1
- HYPERTENSION CASE SCENARIO 2
- HYPERTENSION CASE SCENARIO 3
- HEMMORHAGE CASE SCENARIO 1
- HEMMORHAGE CASE SCENARIO 2
- HEMMORHAGE CASE SCENARIO 3

- HYPERTENSION SCENARIO TRAINING AIDS
- FETAL HEART RATE TONES TRAINING AIDS
- HEMORRHAGE SCENARIOS VISUAL AIDS
- ADDITIONAL HEMORRHAGE CASE SCENARIOS

SAMPLE CASE VIDEOS

- SEVERE HYPERTENSION CASE 1
- SEVERE HYPERTENSION CASE 2
- SEVERE HYPERTENSION CASE 3
- OBSTERIC HEMORRHAGE - REQUIRING UTERINE TAMPONADE
- OBSTERIC HEMORRHAGE - REQUIRING UTEROTONICS
- OBSTERIC HEMORRHAGE WITH RETAINED PRODUCTS

TEAM REVIEW AND DEBRIEFING

- SEVERE HYPERTENSION FORM
- OBSTETRIC HEMORRHAGE FORM

TEAM BASED COMMUNICATION TRAINING

- TEAM STEPPS

PROTOCOL CHANGE FORM AND IMPLEMENTATION ACTION PLAN

- IN-SITU DRILLS FACILITY PROTOCOL CHANGE FORM
- PRACTICING FOR PATIENTS IMPLEMENTATION ACTION PLAN

PRACTICING FOR PATIENTS PRESENTATIONS

- PRACTICING FOR PATIENTS PRESENTATION FOR STAFF (PPT)
- PRACTICING FOR PATIENTS PRESENTATION FOR LEADERSHIP (PPT)

https://saferbirth.org/aim-resources/aim-cornerstones/simulations/

Key Driver Diagram: Maternal Cardiac Conditions

GOAL:

To reduce severe morbidity & mortality related to maternal cardiac conditions in Georgia.

SMART AIM:

By 02/6/2026, National Wear Red Day, to reduce harm related to existing and pregnancy related cardiac conditions through the 4th trimester by 20%.

Key Drivers

Readiness: EVERY UNIT - Implementation of standard processes for optimal care of cardiac conditions in pregnancy and post-partum.

Recognition & Prevention: EVERY PATIENT - Screening and early diagnosis of cardiac conditions in pregnancy and post-partum.

Response: EVERY UNIT - Care management for every pregnant or postpartum woman with cardiac conditions in pregnancy and post-partum.

Reporting/System Learning: EVERY UNIT - Foster a culture of safety and improvement for care of women with cardiac conditions in pregnancy and post-partum.

Respectful, Equitable, and Supportive Care — EVERY UNIT/PROVIDER/TEAM MEMBER - Inclusion of the patient as part of the multidisciplinary care team.

INTERVENTIONS

- ❑ Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
- ❑ Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.
- ❑ Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.
- ❑ **Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period. S1**
- ❑ Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.
- ❑ Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care
- ❑ Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care. *

- ❑ Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.
- ❑ **In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year. S2**
- ❑ Assess if escalating warning signs for an imminent cardiac event are present.
- ❑ Utilize standardized cardiac risk assessment tools to identify and stratify risk.
- ❑ Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.

- ❑ Facility-wide standard protocols with checklists and escalation policies for management of **cardiac symptoms**.
- ❑ Facility-wide standard protocols with checklists and escalation policies for management of people **with known or suspected cardiac conditions.**
- ❑ Coordinate transitions of care including the discharge from the birthing facility to home and transition from postpartum care to ongoing primary and specialty care.
- ❑ Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens. *
- ❑ **Provide patient education focused on general life-threatening postpartum complications and early warning signs, including instructions of who to notify if they have concerns, and time and date of a scheduled postpartum visit. S3**

- ❑ For pregnant and postpartum people at high risk for a cardiac event, establish a culture of multidisciplinary planning, admission huddles and post-event debriefs.
- ❑ **Perform multidisciplinary reviews of serious complications (e.g., ICU admissions for other than observation) to identify systems issues. S4**
- ❑ Monitor outcomes and process data related to cardiac conditions, with disaggregation by race and ethnicity due to known disparities in rates of cardiac conditions experienced by Black and Indigenous pregnant and postpartum people. **Process Measures – 1-5**

- ❑ Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.
- ❑ Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.
- ❑ **Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team. *S5**

GaPQC Data Updates

Women's Health Epidemiology

September 5, 2023

Georgia Department of Public Health

Overview

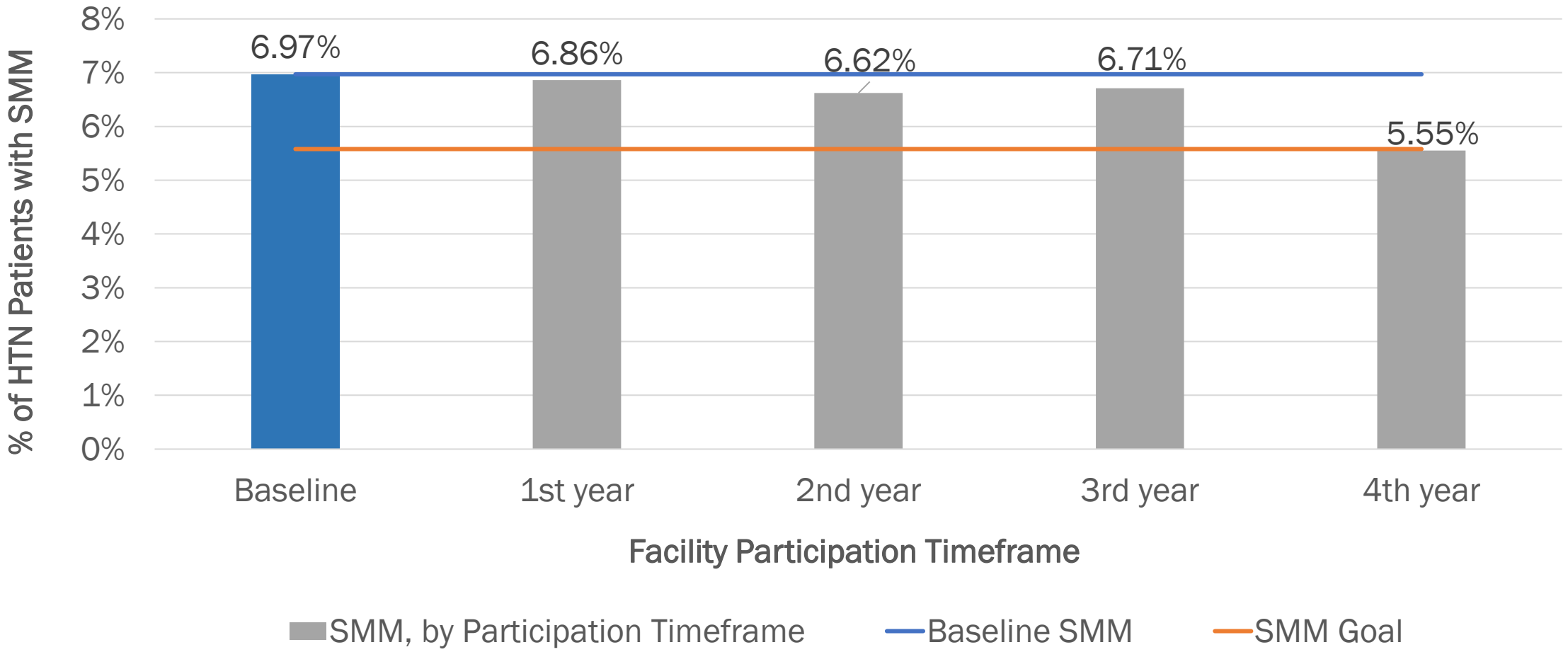
- Brief Hemorrhage severe maternal morbidity (SMM) update
- Hypertension SMM by year, participation, and quarter
- Cardiac state surveillance and outcome measure baselines
- Hypertension process and structure measures
- Hypertension reporting progress for Q1 and Q2 2023

GaPQC Severe Maternal Morbidity by Calendar Year

	Baseline (%)	Goal (%)	2019	% Improvement from Baseline	2020	% Improvement from Baseline	2021	% Improvement from Baseline	2022	% Improvement from Baseline
Hemorrhage										
SMM w/out transfusion	8.01	6.41	6.41	19.98%	7.47	6.74%	7.31	8.74%	7.18	10.36%
Hypertension										
SMM w/out transfusion	6.97	5.58	6.61	5.16%	5.81	16.64%	6.70	3.87%	6.59	5.45%

Source: Georgia Hospital Association (GHA) hospital discharge data. Discharges were included in calculations if the GaPQC facility had begun bundle participation at the time of the hospital dischar
Baseline period for each GaPQC facility included the 8 quarters prior to that facility's bundle initiation.
Data through 2021 have been finalized. Data for 2022 are provisional and are expected to be finalized ~Sept. 2023.

GaPQC Severe Maternal Morbidity (Excluding Blood Transfusions) by Facility's Hypertension Bundle Participation Timeframe



SMM: Severe Maternal Morbidity; HTN: Hypertension

Source: Georgia Hospital Association (GHA) hospital discharge data. Discharges were included in calculations if the GaPQC facility had initiated bundle participation at the time of the hospital discharge.

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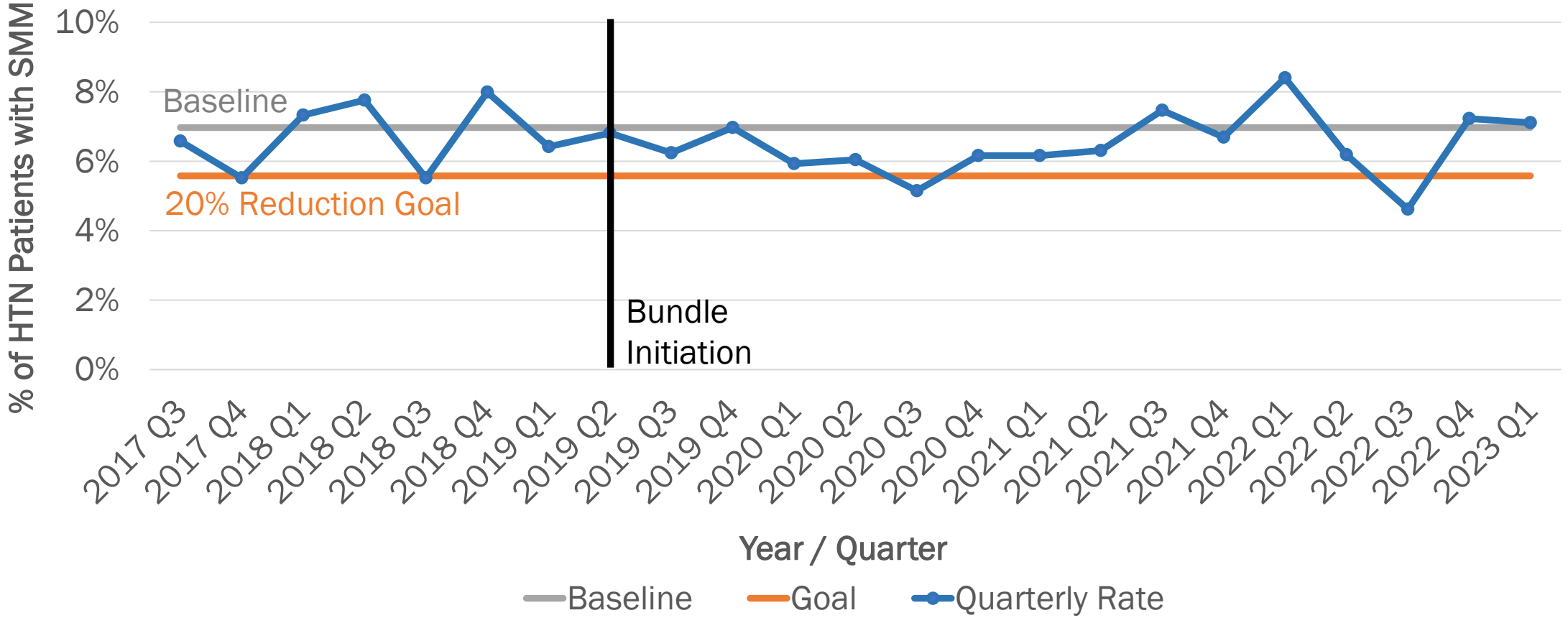
GaPQC Overall, Severe Maternal Morbidity (Excluding Blood Transfusions) among Hypertension Patients, by Calendar Year and Quarter



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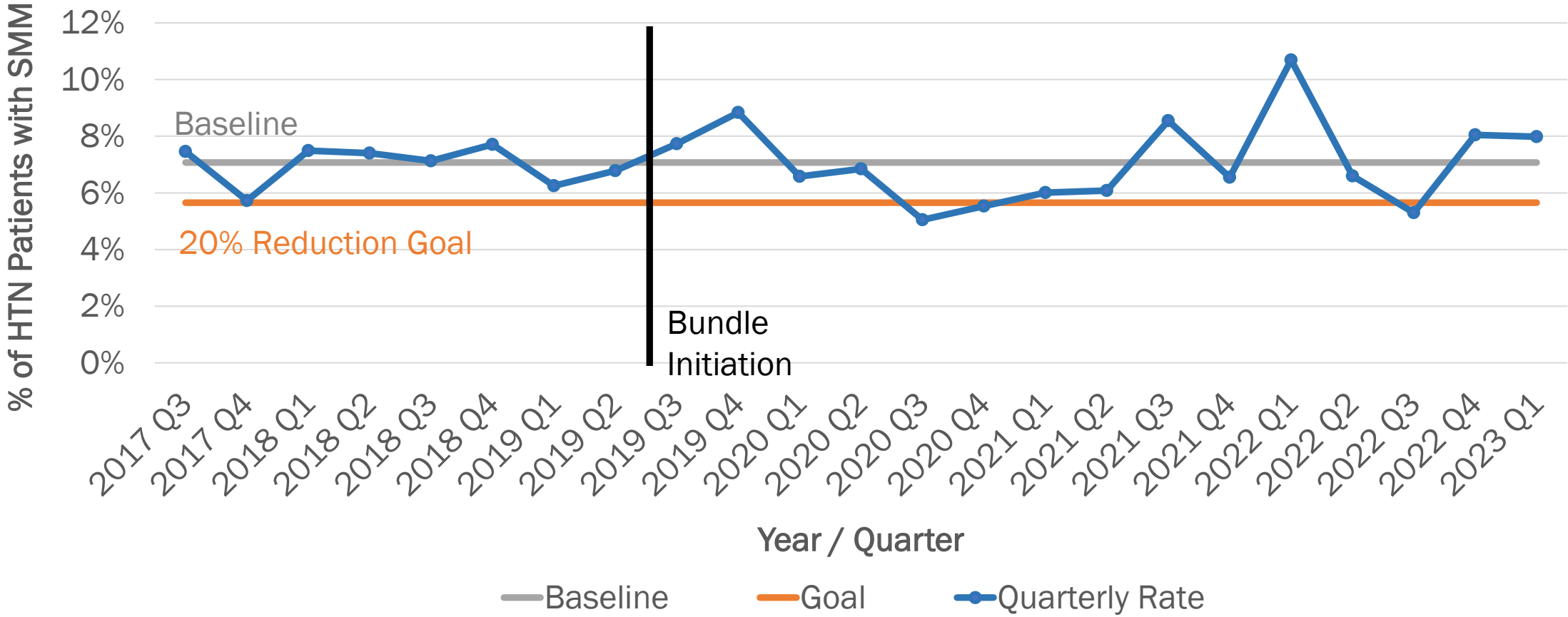
GaPQC Overall, Severe Maternal Morbidity (Excluding Transfusion-Only Cases) among Black Hypertension Patients, by Calendar Year and Quarter



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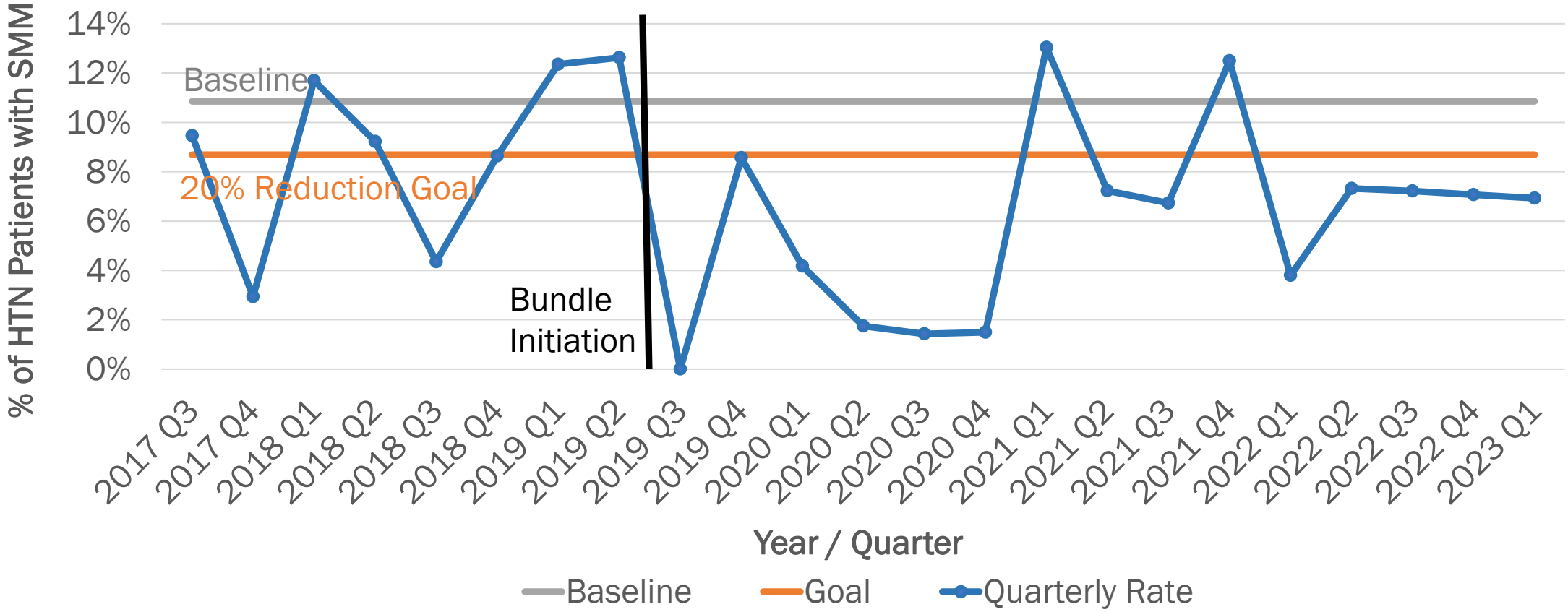
GaPQC Overall, Severe Maternal Morbidity (Excluding Blood Transfusions) among Hypertension Patients at Rural Hospitals, by Calendar Year and Quarter



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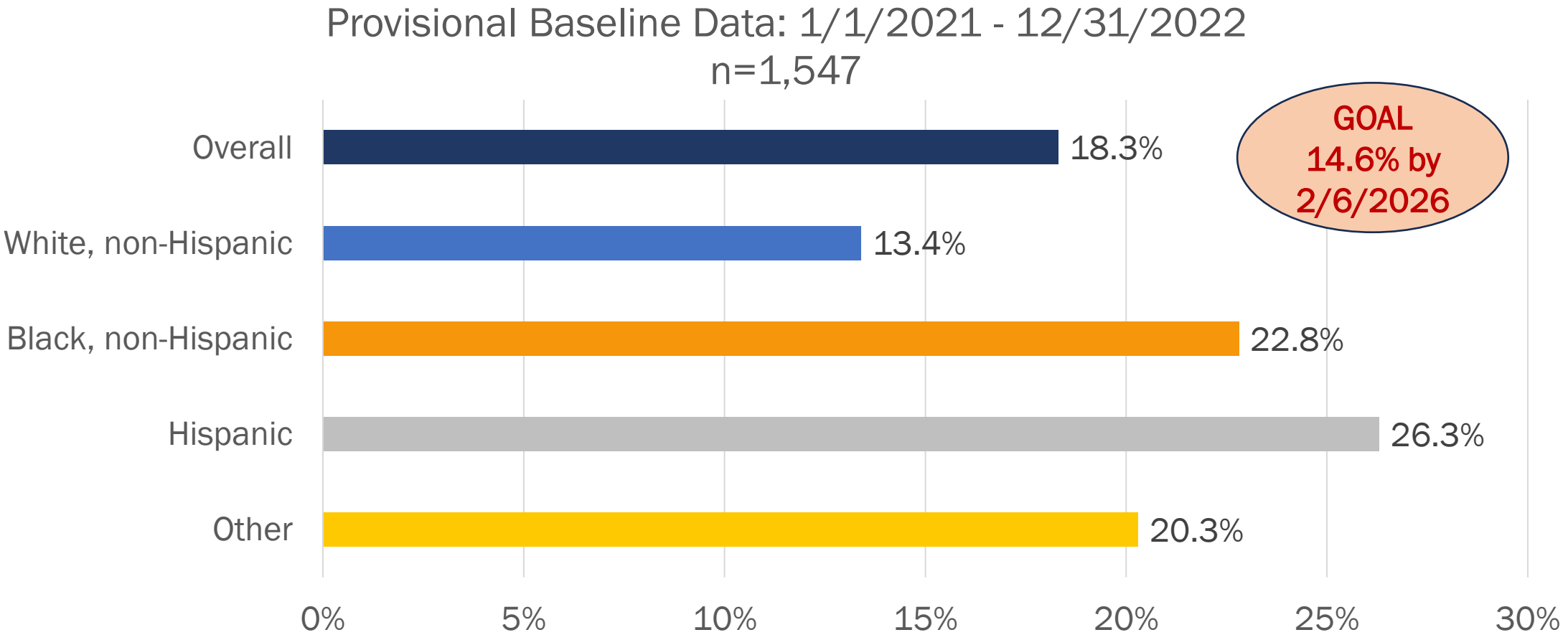
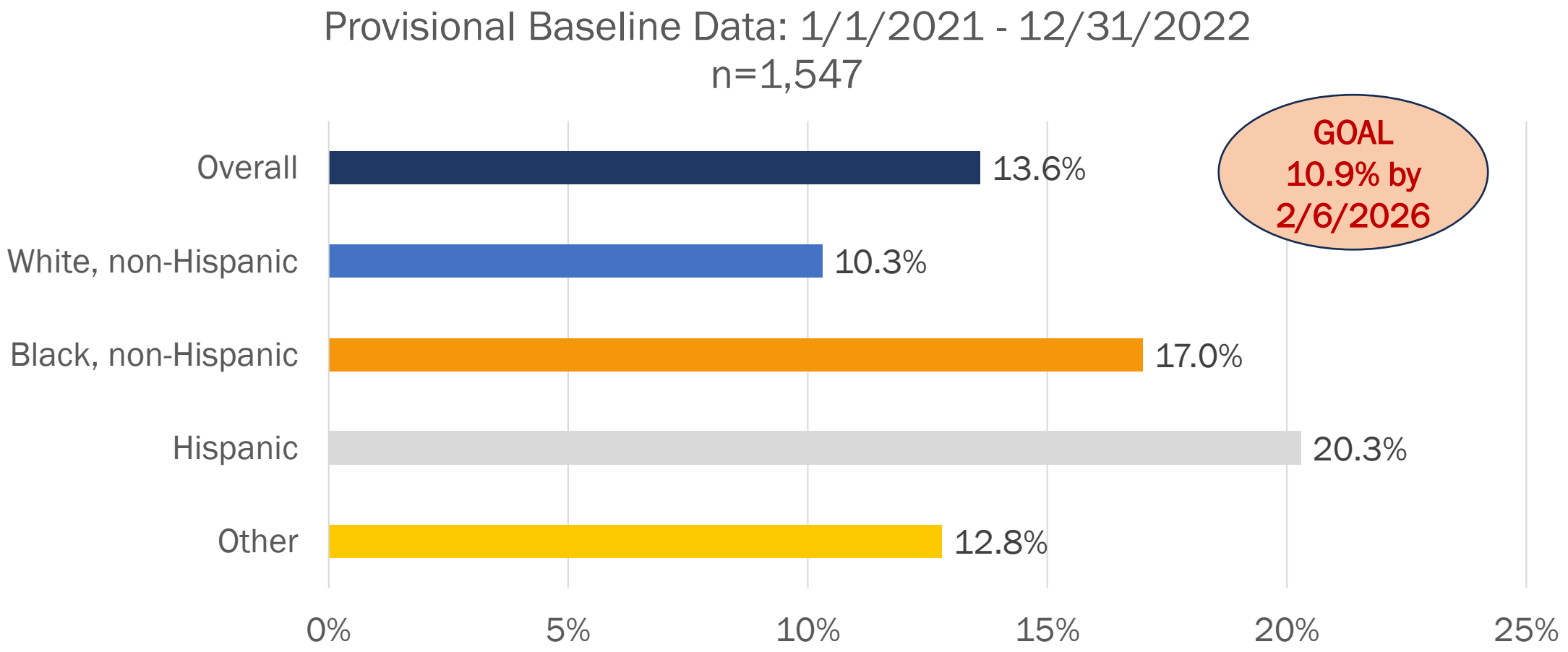
SS1: Severe Maternal Morbidity among Cardiac Patients at GaPQC CCOC Hospitals



CCOC: Cardiac Conditions in Obstetrical Care.
Denominator includes only cardiac cases delivering at 11 of 12 Georgia Perinatal Quality Collaborative (GaPQC) cardiac-participating facilities.
Other race/ethnicity includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, and Unknown race/ethnicity.
Baseline period for cardiac bundle was 01/01/2021 – 12/31/2022. Data for 2021 have been finalized. Data for 2022 are provisional and are expected to be finalized ~Sept. 2023.

SS2: Severe Maternal Morbidity Excluding Blood Transfusions among Cardiac Patients at GaPQC CCOC Hospitals



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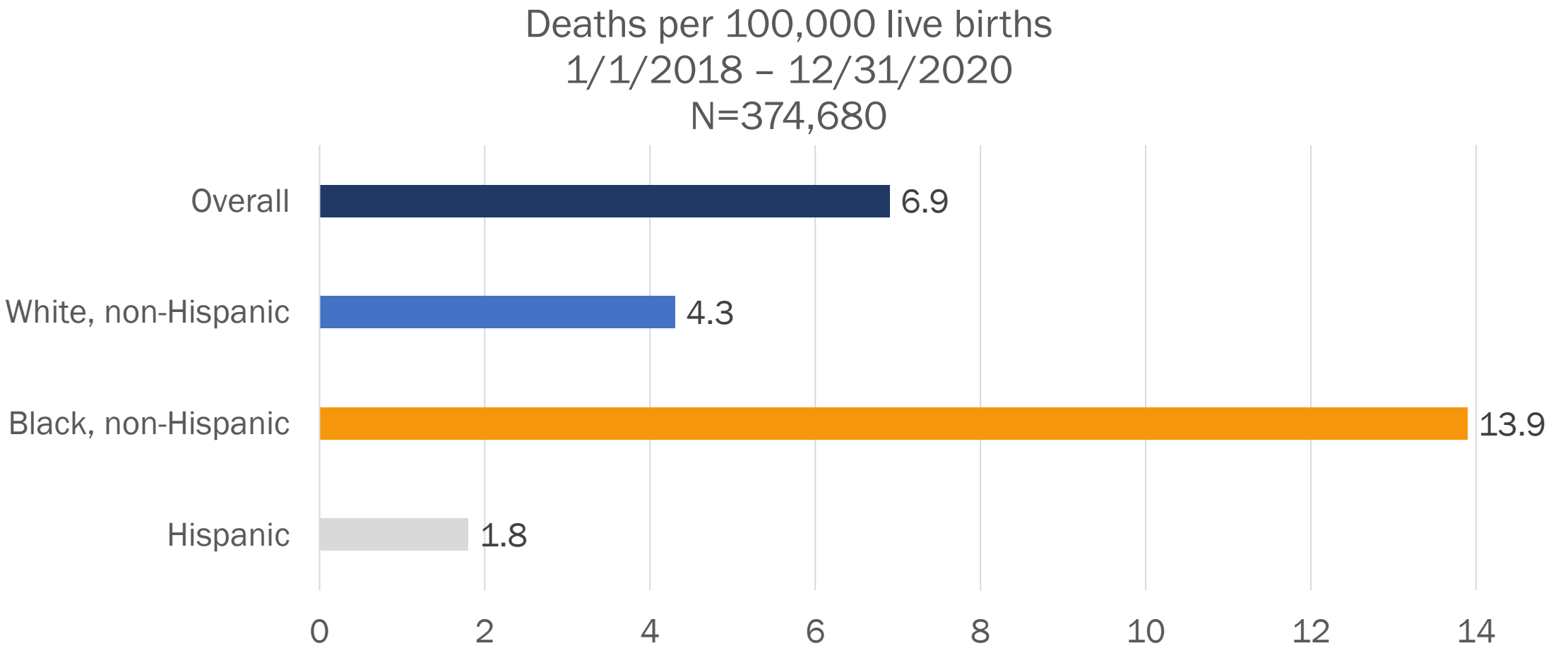
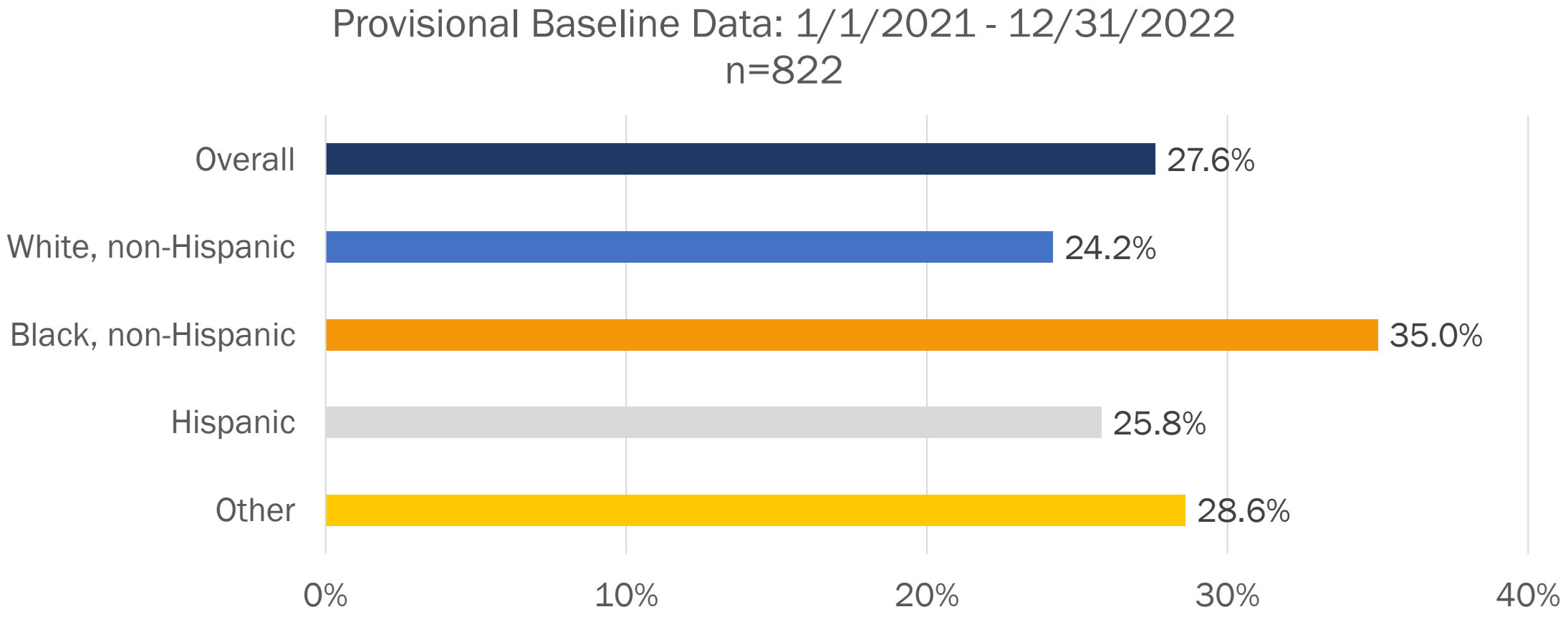
SS3: Pregnancy-Related Deaths Due to Cardiac Conditions among Georgia Residents



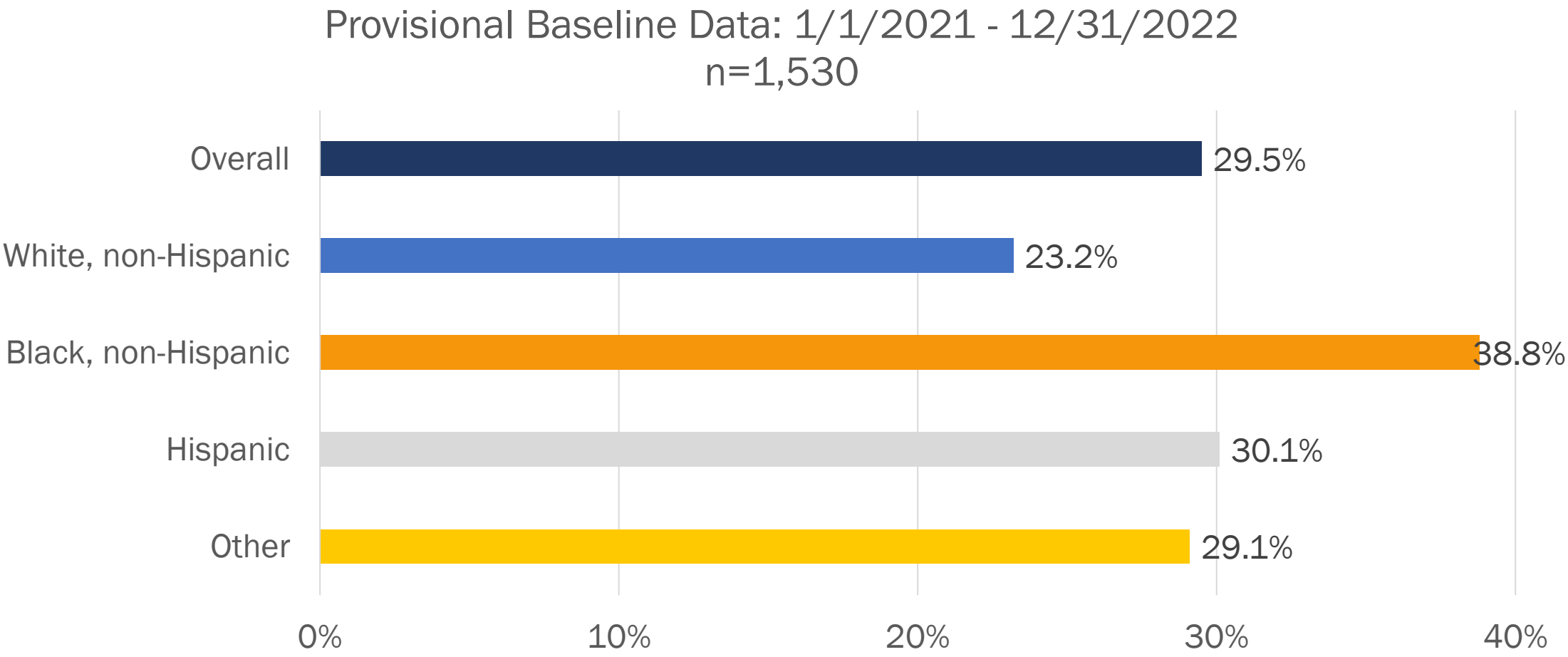
Finalized maternal mortality data, Georgia, 2018-2020
Source: MMRIA (Maternal Mortality Review Information Application)

O1: NTSV Cesarean Birth Rate among Cardiac Patients at GaPQC CCOC Hospitals



CCOC: Cardiac Conditions in Obstetrical Care.
Denominator includes cardiac cases >36 weeks gestation delivering at 11 of 12 GaPQC cardiac-participating facilities, excluding multiple gestations.
Other race/ethnicity includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, Unknown
Baseline period for cardiac bundle was 01/01/2021 – 12/31/2022. Data for 2021 have been finalized. Data for 2022 are provisional and are expected to be finalized ~Sept. 2023.

O2: Preterm Birth Rate among Cardiac Patients at GaPQC CCOC Hospitals



CCOC: Cardiac Conditions in Obstetrical Care.
Denominator includes cardiac cases where gestational age at delivery was known. Only cases delivering at 11 of 12 GaPQC cardiac-participating facilities are included in the denominator.
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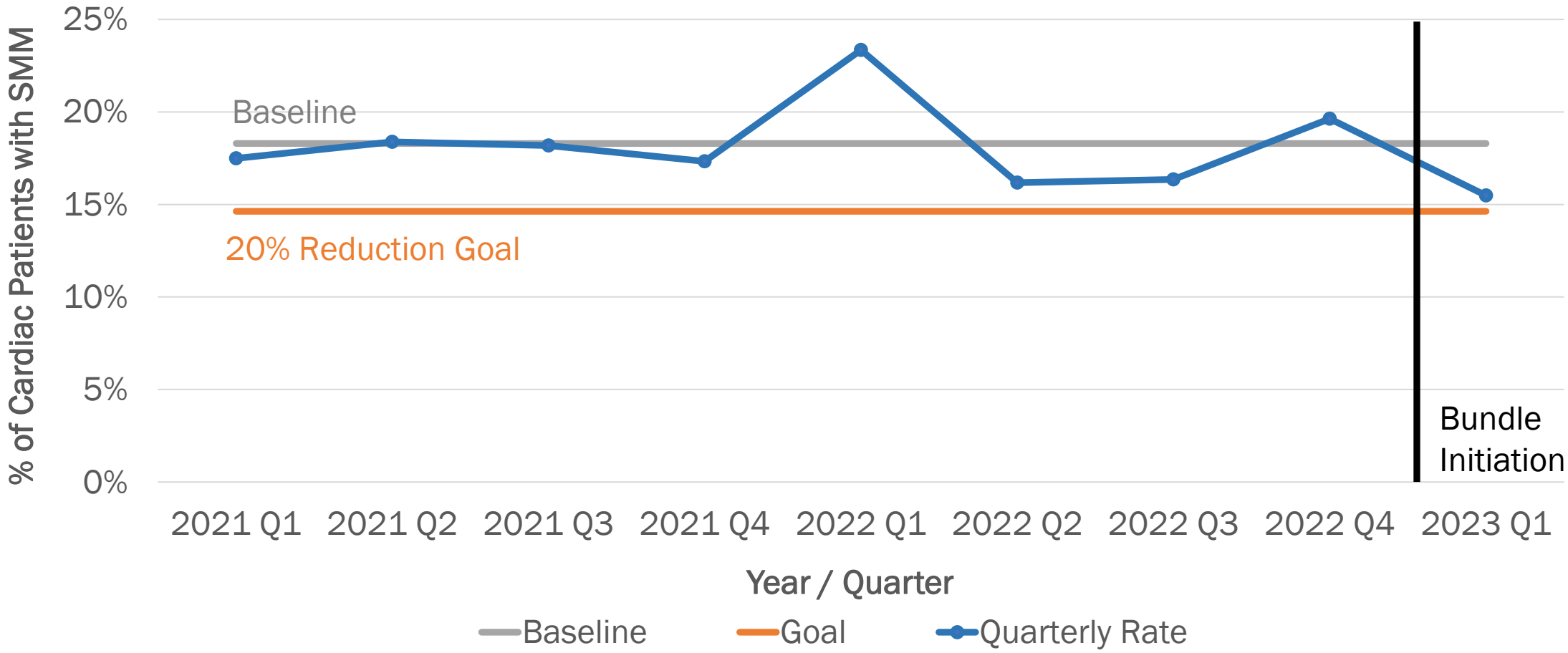

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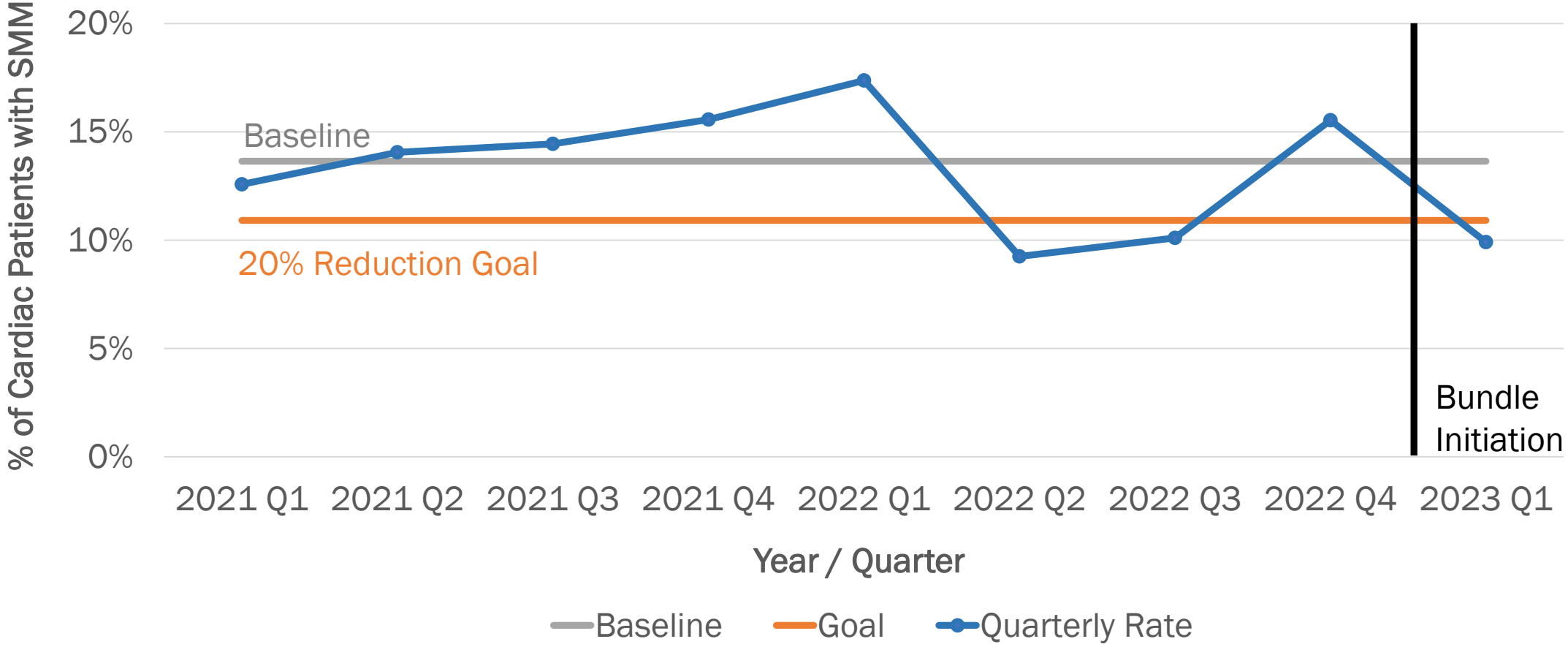

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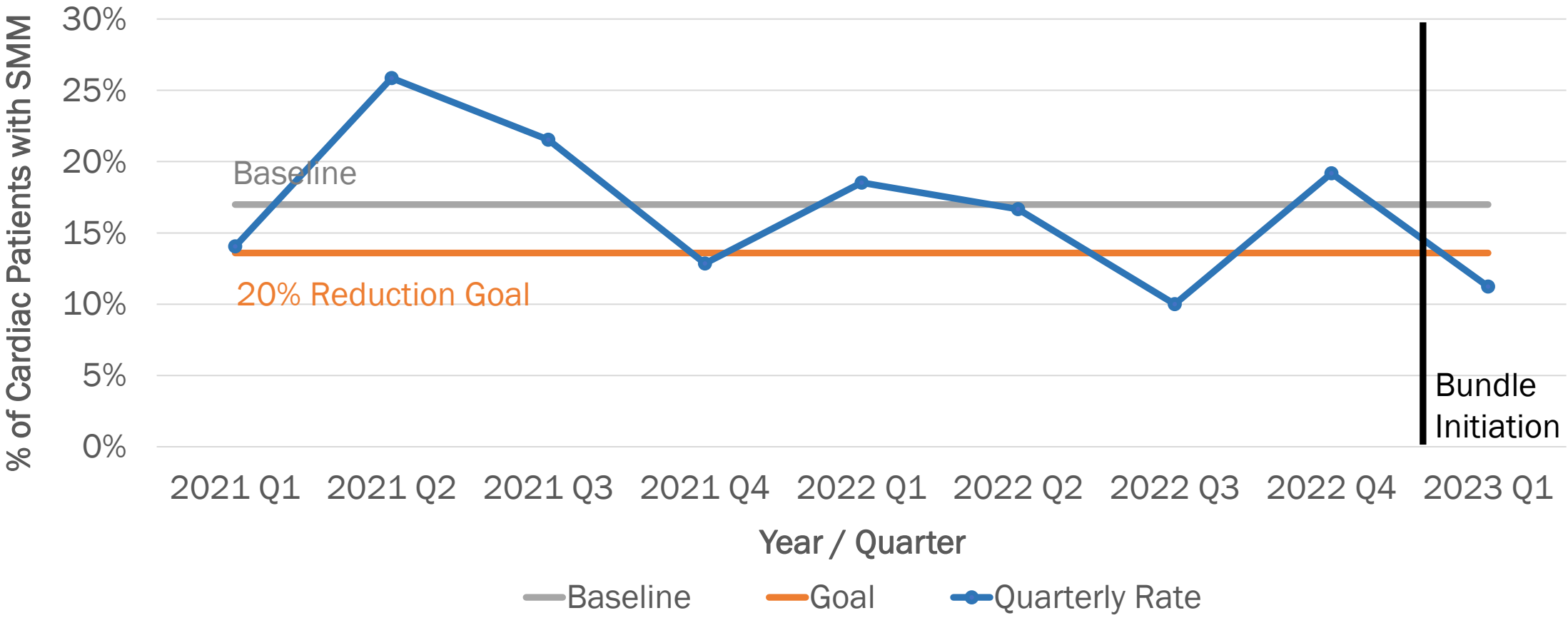

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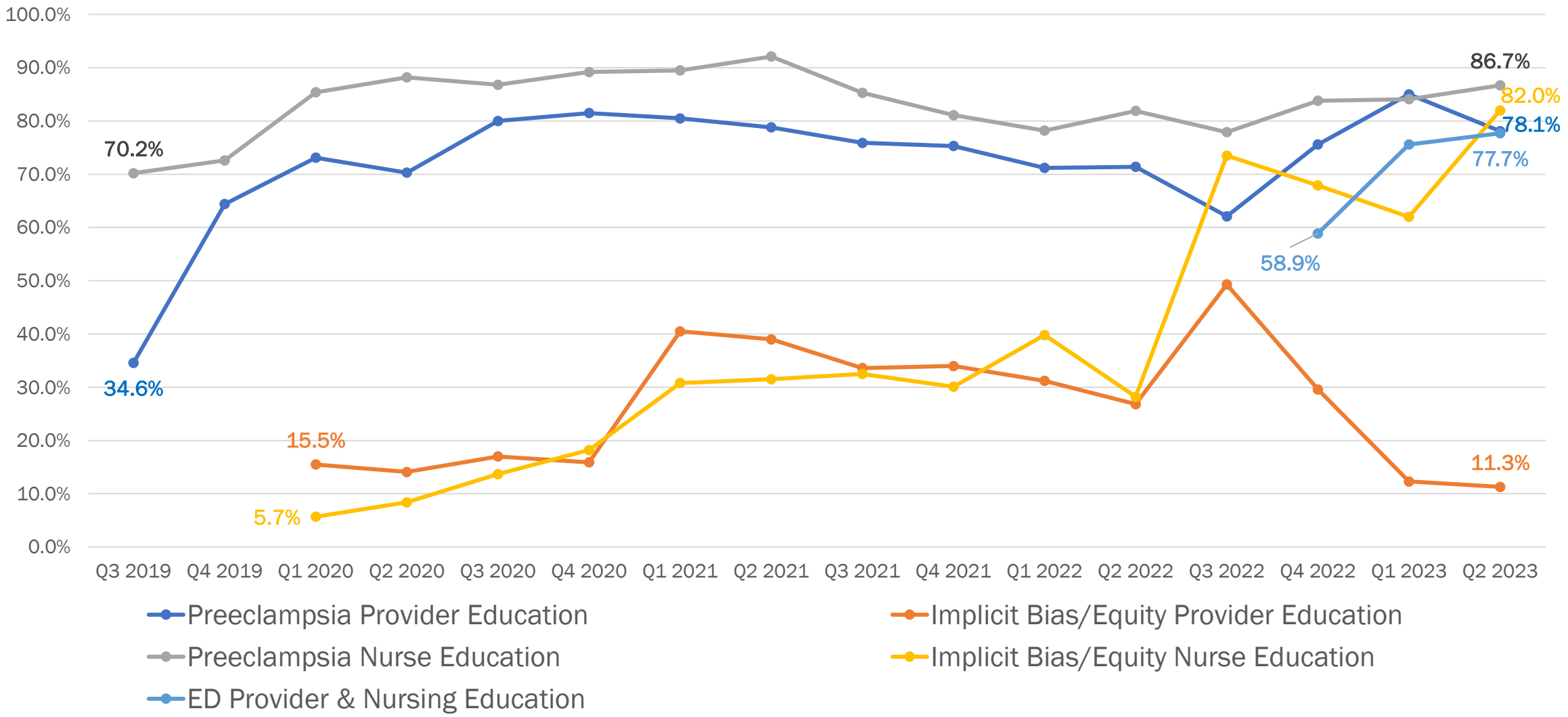
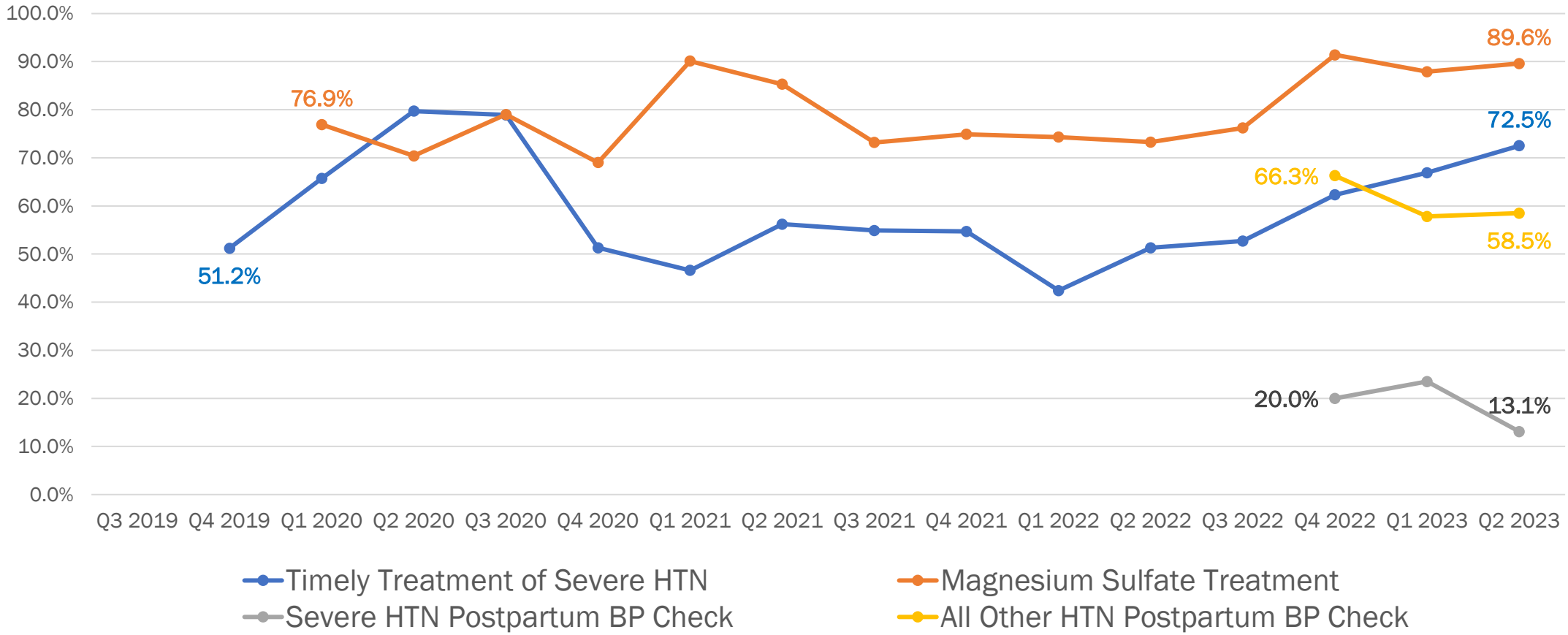
Severe Hypertension Education Process Measures

Georgia Collaborative-wide Rate
(July 2019 - July 2023)



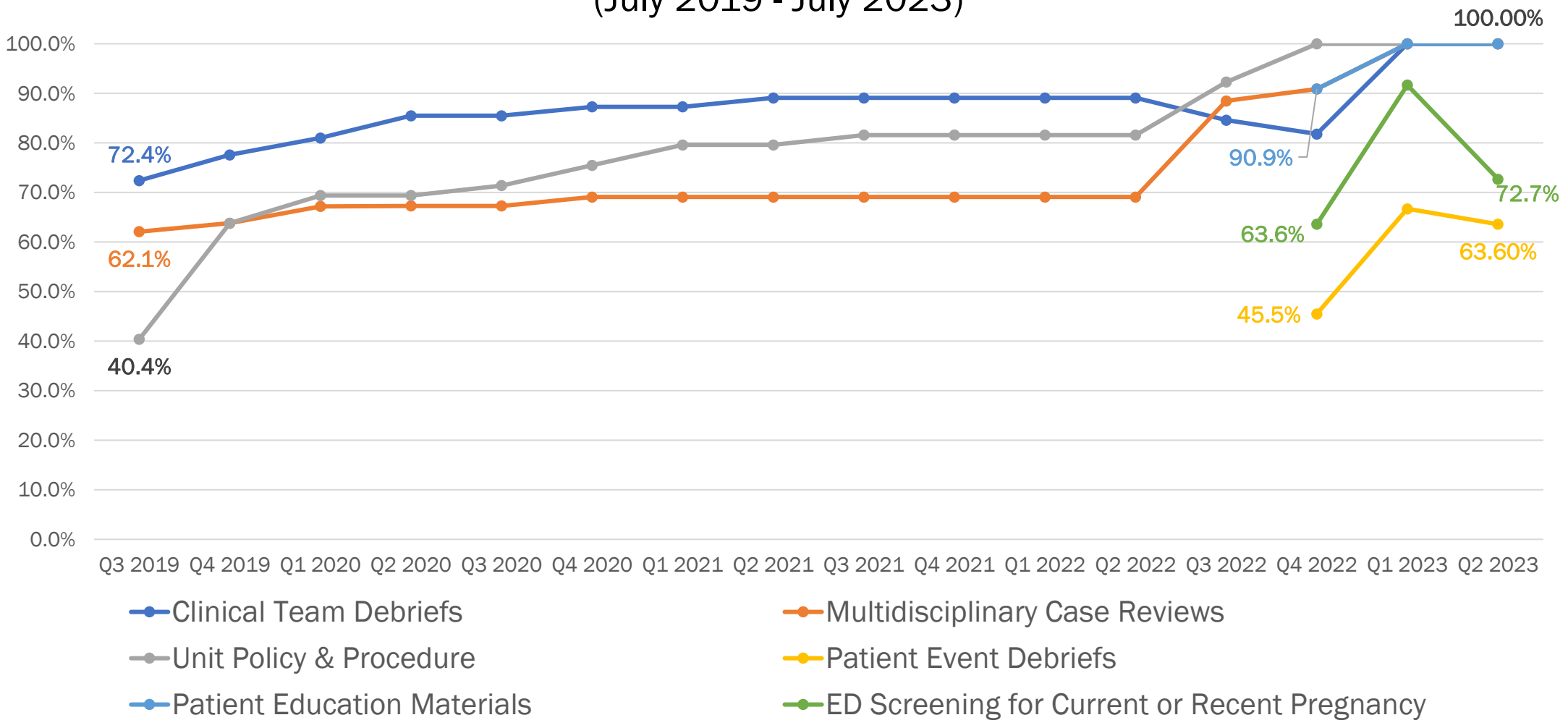
Hypertension Management and Treatment Process Measures

Georgia Collaborative-wide Rate
(July 2019 - July 2023)

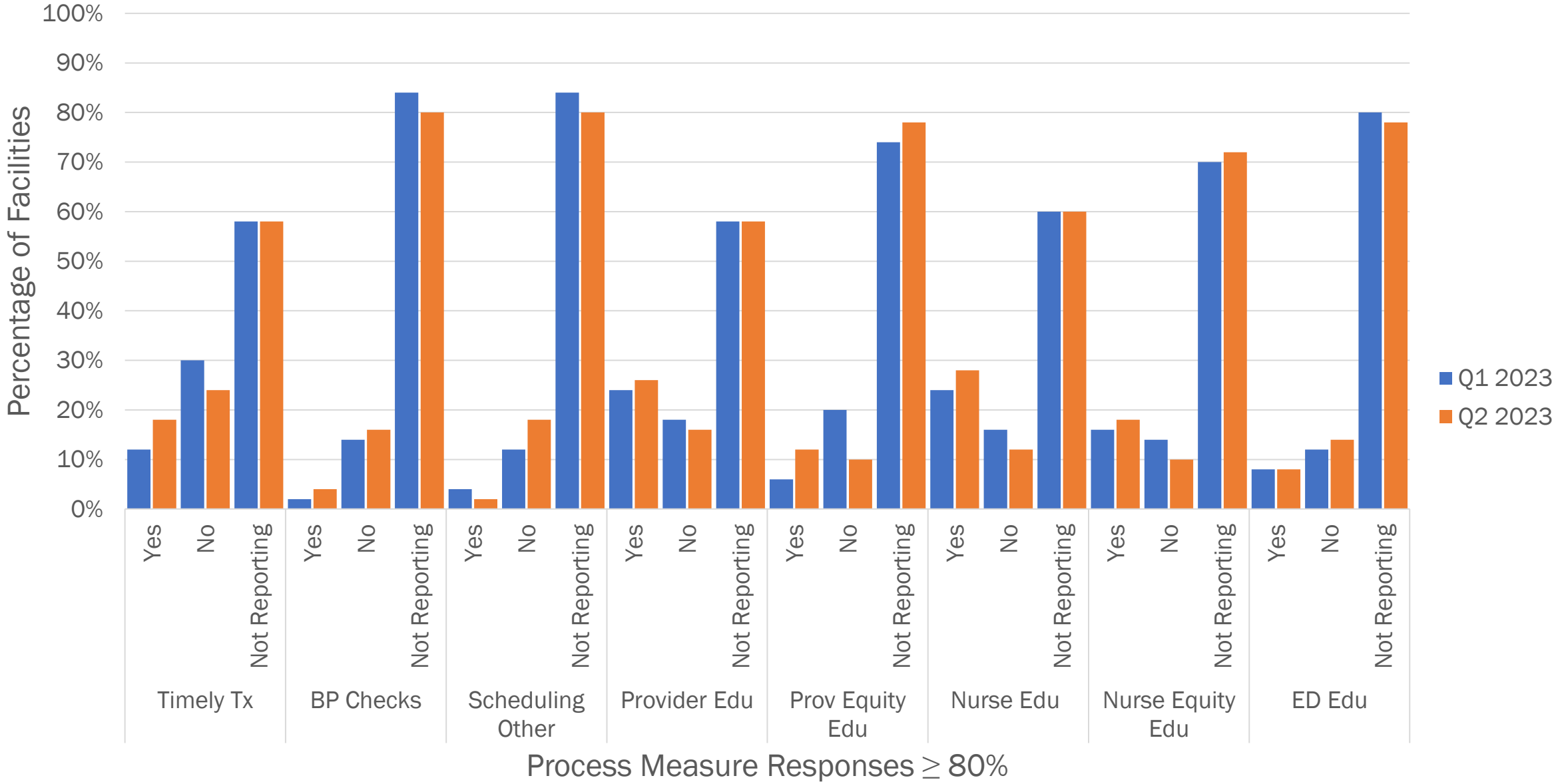


Hypertension Structure Measures

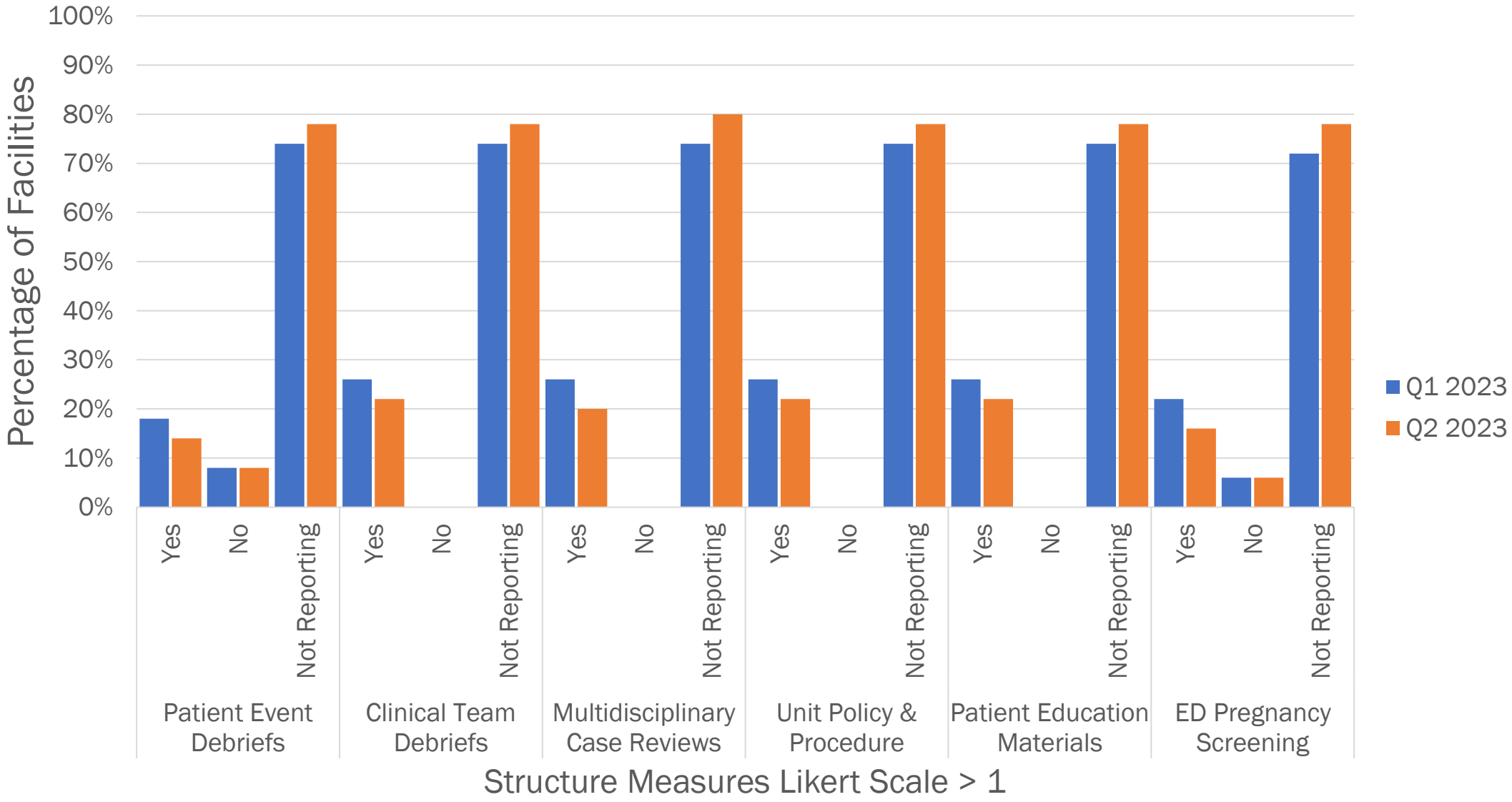
Georgia Collaborative-wide Rate
(July 2019 - July 2023)



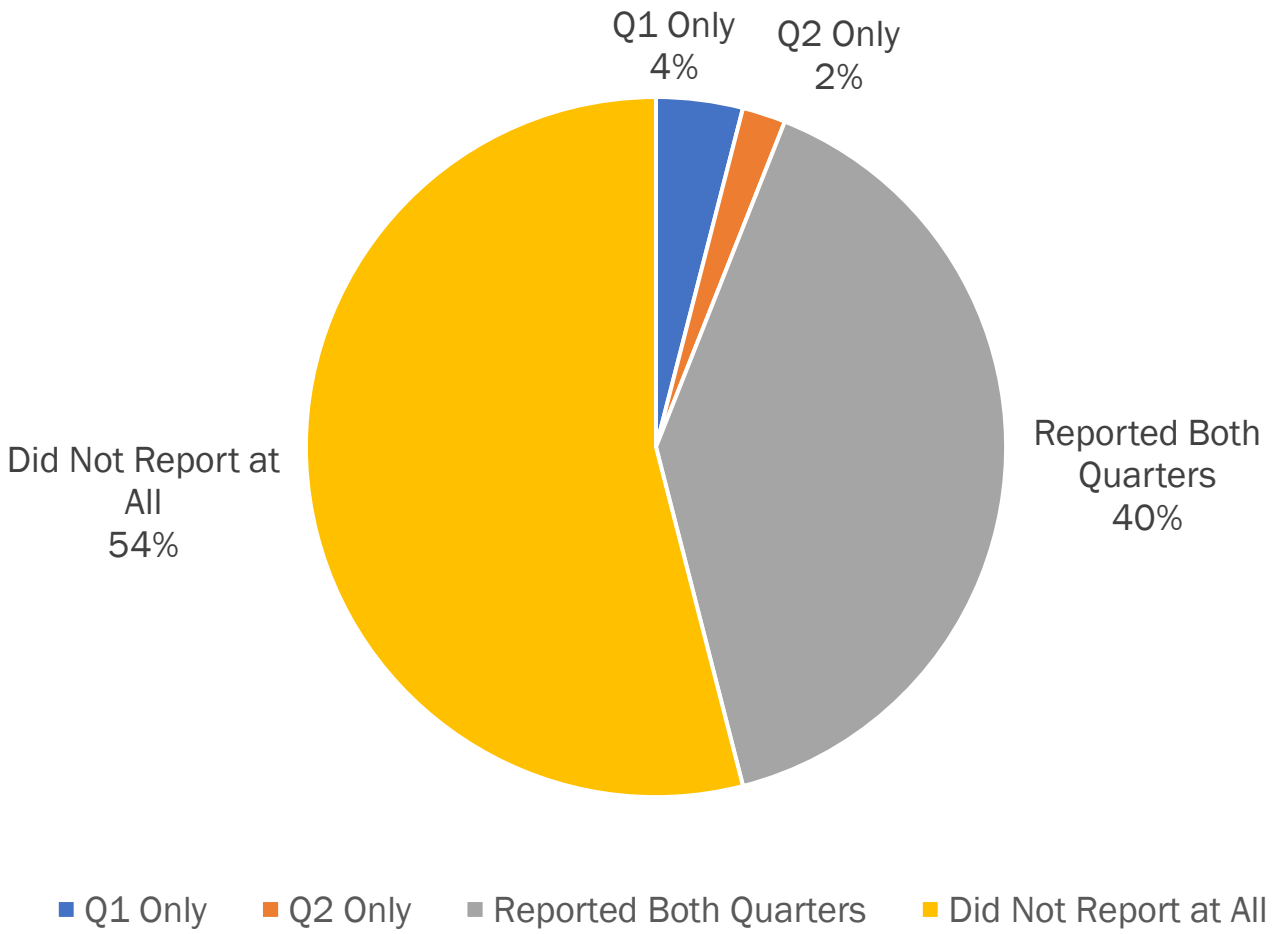
Hypertension Process Measure Reporting 2023



Hypertension Structure Measure Reporting 2023



2023 Hypertension Facility Reporting By Quarter



Questions?

DPH Women's Health Epidemiology

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QI Sustainability, Social Determinants of Health & Respectful and Equitable Care

Hardwiring

What is Hardwiring?

- Hardwiring is a term that can simply be explained as consistently completing an expected action. These actions are often associated with a process.

- In Healthcare the hardwiring of a process is validated through the compliance rate of what is being measured or improved. (Example Order Set Compliance)

- A key element needed for successful Hardwiring, is the education of people on the "Why". When people understand the why, the action takes place usually and at times always.

EVERY PATIENT, EVERY TIME

Hardwiring cont.

Which one of the processes below would be considered the most "Hardwired"?

A. The staff usually participates in peer interviews when the department hires new employees.
B. The staff rarely reports incidents into our electronic complaint and grievance log.
C. The staff always verifies the name and date of birth of a patient before giving a medication.
D. The staff clocks in appropriately most of the time.

WELL BEING TRUST

Social Determinants of Health

- What are social determinants of health (SDOH)?
  - ✓SDOH are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

-Addressing differences in SDOH makes progress toward health equity, a state in which every person has the opportunity to attain their highest level of health.
  - ✓SDOH have shown to have a greater impact on health than genetic factors and access.

- A great way address SDOH is to collect data on this using a SDOH Screening Tool.

- SDOH Resources including screening tools are available at www.georgiapqc.org/social-determinants-sdoh

SDOH Screening Tool
EMR Example

SDoH EMR Screener

We understand there are factors that may affect your health that are not related to your medical care. We are asking all of our patients if you would like to be connected with community resources that can help. For example, getting food or baby items, or affording medications, utilities or rent.

Would you like to be connected to resources?

__ No

__Yes

If yes, ask the following questions:

Yes/No/No Response—select one)

1. Are you having trouble paying your rent or bills right now?
2. Are you worried about having a safe and reliable place to sleep?
3. Are you unable to get medications that you need?
4. If you have children, do you have difficulty getting diapers, formula, or internet for school?
5. Do you have trouble getting food when you need?
6. Stress is common, and it can be very overwhelming. Do you experience stress that makes it hard to care for yourself or work?
7. Do you have trouble getting transportation to medical appointments?
8. Are there any other needs you have that we have not discussed?

If patient's answer yes to any of the 8 questions, utilizing NowPow and other internal resource lists to provide the patient with resources and consider social work consult.

Implicit Vs. Explicit Bias

- Implicit bias (Unconscious Bias)
  - When one's decisions are unconsciously influenced by pre-existing beliefs about a certain group of people.
- Explicit Bias (Conscious Bias)
  - When one is aware of their pre-existing beliefs about a specific group of people and makes intentional decisions based on these beliefs.
- Bias are not just racial but can include the following: Stereotypes, Gender, Affinity, Confirmation, Age, Conformity, Name, Beauty.

Implicit Vs. Explicit Bias Example

Health Equity Journey

Where to start?

- Connect with one or all of the following at your Organization to understand what is already being done and how the great work you are doing can assist.
  - Diversity, Equity, and Inclusion Leaders/Committee
  - Social Workers
  - Care Coordination

Community Health Needs Assessment

- What work is currently being done and how is this being addressed by your organization.

Joint Commission Standards Health Equity

National Patient Safety Goal to Improve Health Care Equity

- Effective July 1, 2023, Standard LD.04.03.08, which addresses health care disparities as a quality and safety priority, will be elevated to a new National Patient Safety Goal (NPSG), Goal 16: Improve health care equity, and moved to NPSG.16.01.01 for ambulatory health care organizations, behavioral health care and human services organizations, critical access hospitals, and hospitals.

Joint Commission Standards Health Equity

Organizations will be required to do the following:

- Identify an individual to lead activities to improve health care equity
- Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve health care equity
- Take action when the organization does not meet the goals in its action plan
- Inform key stakeholders about progress to improve health care equity

Coaching Overview

Common Barriers

- ED Order set initiation
- Staffing Challenges
- Physician Order set usage
- On-going Education

Coaching Sessions

- Barriers
- Successes
- PDSA's
- Shared Learning

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Cardio-OB
at
Wellstar MCG Health

OB Emergency Department

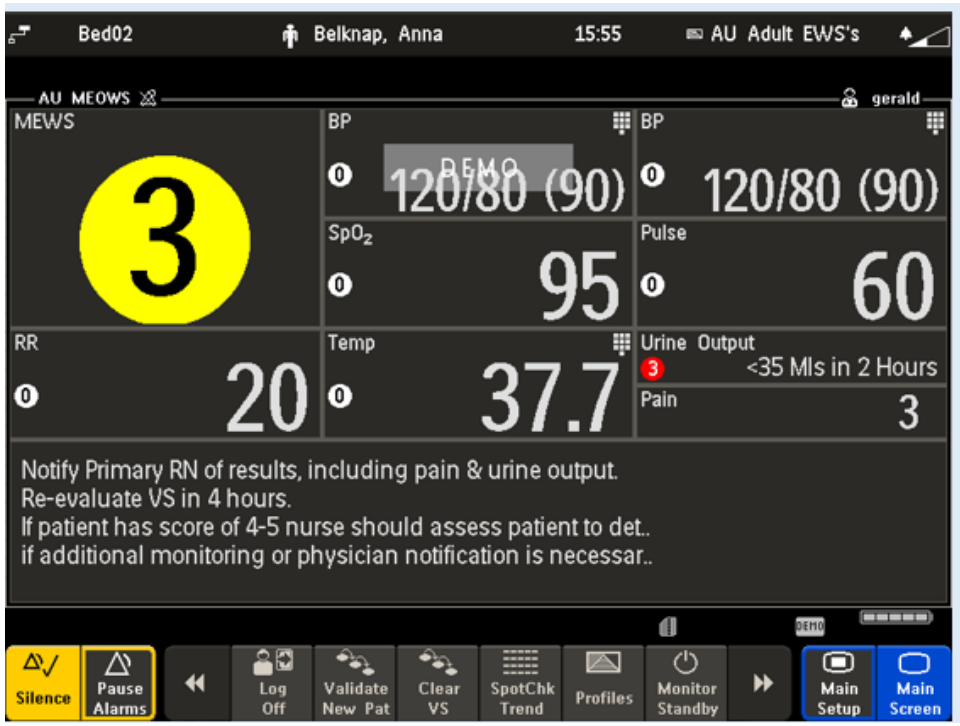
- Established in FY19
- Patients 14 wks gestation to 6 weeks postpartum
- Over 3500 patients seen in FY22 – 20% of which were postpartum

Modified Early Obstetric Warning Signs (MEOWS)

MEOWS Reference Score

TOTAL MEOWS SCORE	RESPONSE
0-2	• Continue monitoring at ordered frequency.
3-5	• Notify Primary RN of results, including pain & urine output. Re-evaluate VS in 4 hours. If patient has score of 4-5 nurse should assess patient to determine if additional monitoring or physician notification is necessary.
6-8	• Notify Primary RN of results. RN to bedside within 10 minutes to further assess pain and urine output to evaluate impacts on MEOWs score. Re-evaluate VS in 1 hour. If patient has 3 consecutive scores of >6, consider moving patient to higher level of care. Immediate notification of resident MD required if Oliguria (<35ml in 2 hours), maternal agitation/confusion, or patient with hypertension reporting headache or shortness of breath.
9-21	• CALL PRIMARY RN & CHARGE NURSE IMMEDIATELY. Notify Attending MD immediately (should be available at bedside within 10 minutes). Recommended RRT & possible move to higher level of care.

MEOWS SCORE FOR PROTOCOL							
SCORE	**3 (Low)**	**2 (Low)**	**1 (Low)**	**0**	**1 (High)**	**2 (High)**	**3 (High)**
PULSE	<30	30-40	41-59	60-99	100-120	121-129	130-300
SYSTOLIC BLOOD PRESSURE	40-70	71-79	80-89	90-139	140-150	151-160	161-360
DIASTOLIC BLOOD PRESSURE				40-89	90-99	100-110	111-360
RESPIRATORY RATE		0-8	9-12	13-20	21-29	30-35	36-100
SPO2	<85	86-90	91-94	95-100			
LEVEL OF COUSCIOUSNESS				Alert	Reacts only if aroused	Agitation, Confusion	Unresponsive
TEMPERATURE		< or equal to 35.0	35.1-36.0	36.1-37.9	38.0-38.5	>38.5	
URINE				No			Yes



Program Development

- OB & Cardiology Attending met to discuss plan for identification initially of postpartum women for echo & follow up with preeclampsia diagnosis.
- Cardiology Practice Site opened once monthly clinic on Fridays for half-day sessions in July 2021

The Evolution

FY22

Program starts with 1 ½ day clinic

Dr. Ray introduces program at Perinatal Quality for inpatient knowledge & referral

Dr. Ray presents to faculty & residents at Grand Rounds for education on this new program offering.

FY23

DPH Grant Award for Cardio-Obstetric program development

Formal commitment to GaPQC to participate in the program

First formalized Cardio-OB team meeting

Clinics expanded from monthly to weekly

Toscha Charles begins as Cardio-OB Nurse Navigator

- Attends Inpatient Rounds to risk stratify patients
- Rounds on patients in the inpatient setting
- Follow up calls to outpatients for education & reminders
- Begins networking with other providers
- Develops standardized referral program

Additional of Dr. Bethel & Meredith Saxon, NP to team

Utilization of Virtual Care at Home program

Partnership with Dr. Marlo Vernon & Population Health

- VidaRPM program begins
- Additon of Dietician & Patient Educator

FY24

Echo appointments now with obstetric slots in templates to accommodate patients on the same day as their Cardio-OB office visit

Telehealth Expansion as well as VidaRPM service expansion

Food as Medicine Program Start Up

New Population Health/Cardio-OB Nurse Educator joining the team on 9/10/2023

Utilization of Mobile Care Van to provide local care to patients

Regional Outreach to all OB providers as well as family medicine practices for referrals

Outreach education for emergency departments at non-delivering hospitals through Rural Emergency Medicine Program & Maternal Outreach

The Team

Gyanendra Sharma, MD
Cardiology
Program Co-Director

Chadburn Ray, MD
Obstetrics and Gynecology
Program Co-Director

Monique Bethel, MD
Cardiology

Padmashree Woodham, MD
Maternal-Fetal Medicine

James Maher, MD
Maternal-Fetal Medicine

Meredith Saxon, NP, MBA
Lead Cardiology Advanced
Practice Provider

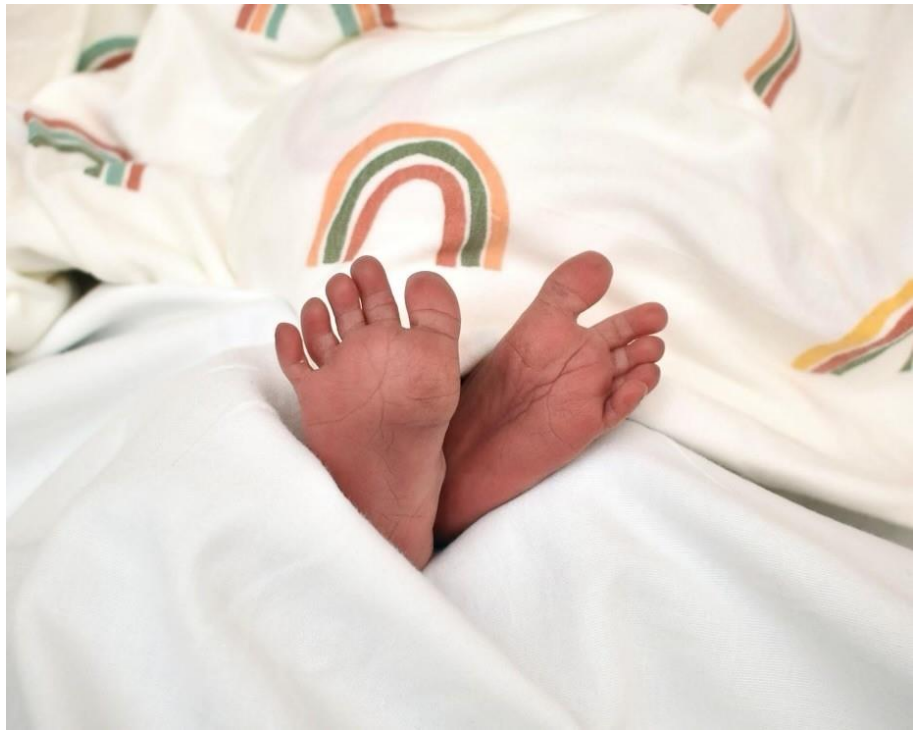
Toscha Charles, RN, MSN
Cardio-Obstetrics
Nurse Navigator

Outcomes

- FY 22
  - 67 Patients
    - 10 Cardiomyopathy
    - 8 Pre-Eclampsia
- FY23
  - 232 Patients
    - 54 Cardiomyopathy
    - 58 Pre-Eclampsia
  - Remote Care Milestones
    - 26 Patients Referred to Population Health for vidaRPM
    - 2 referrals to Virtual Care at Home

Never settle for good when great is available.

Orrin Woodward, Author



Questions?