



**Building Your Maternal Heart Team
&
Hypertension Data Collection Plan Update**

September 6, 2022

Updates



Next Maternal Webinar **October 4th**

- Topic: Cardiac Physiology | Speaker:Carolynn Dude, MD, PhD

Additional Learning Event **October 5th**

- Topic: Maternal CVD - Emory MFM Grand Rounds | Speaker: Afshan Hameed, MD

Maternal HTN Data Reporting (*Includes updated metrics & new submission process*)

- Q3 2022 (July-Sept DUE October 31st)

Cardiac Consultation and Referral Network Assessment

- <https://www.surveymonkey.com/r/CardiacReferralNetworks>

Cardiac Initiative Recruitment – ongoing

- Onboarding call for active cohort
- 1st Data Submission Q4 2022 (Oct-Dec) DUE January 31st

Data Reporting Overview

Severe Maternal Morbidity

HTN/ Victoria Sanon, MPH / September 6, 2022

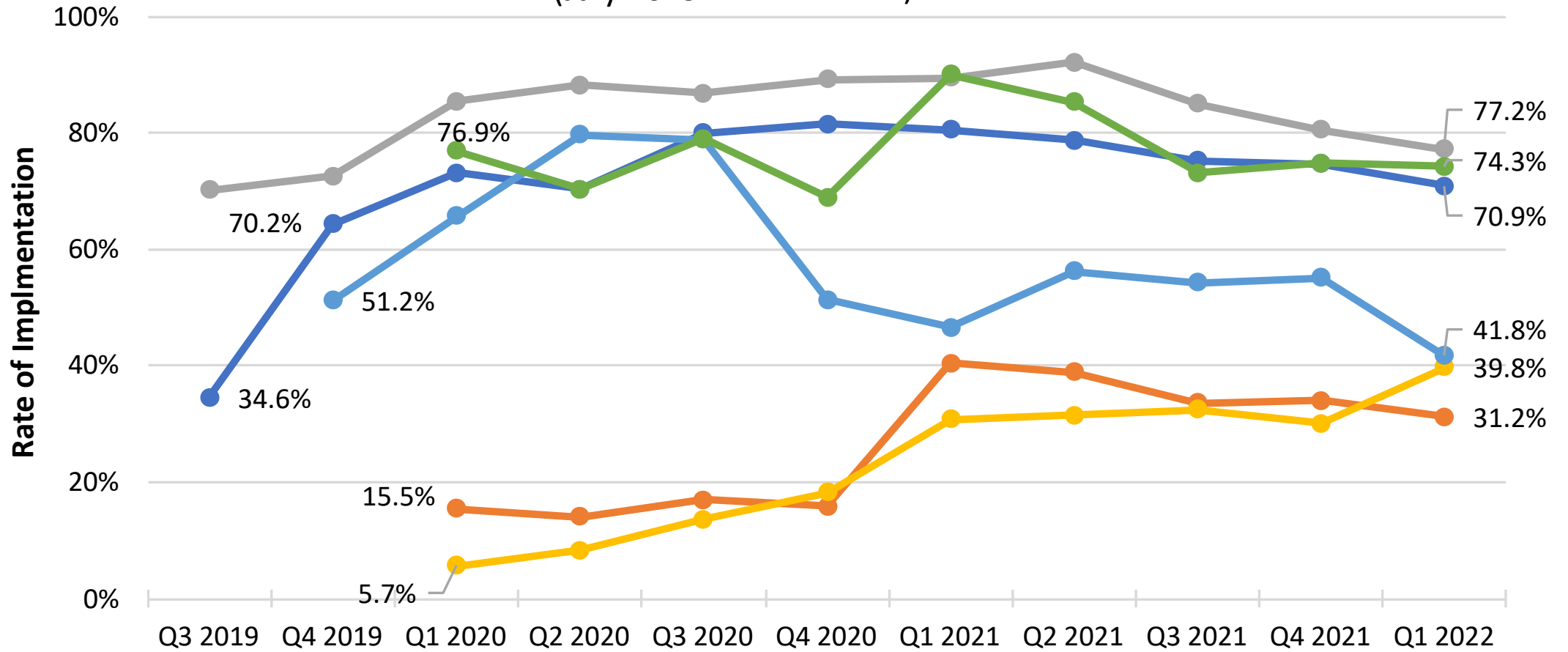


Overview

1. Burden in Georgia
2. Hypertension Updates
3. Survey 123

Process Measures for Hypertension

Georgia Collaborative - wide Rate
(July 2019 - March 2022)



● Preeclampsia Provider Education

● Implicit Bias Provider Education

● Preeclampsia Nurse Education

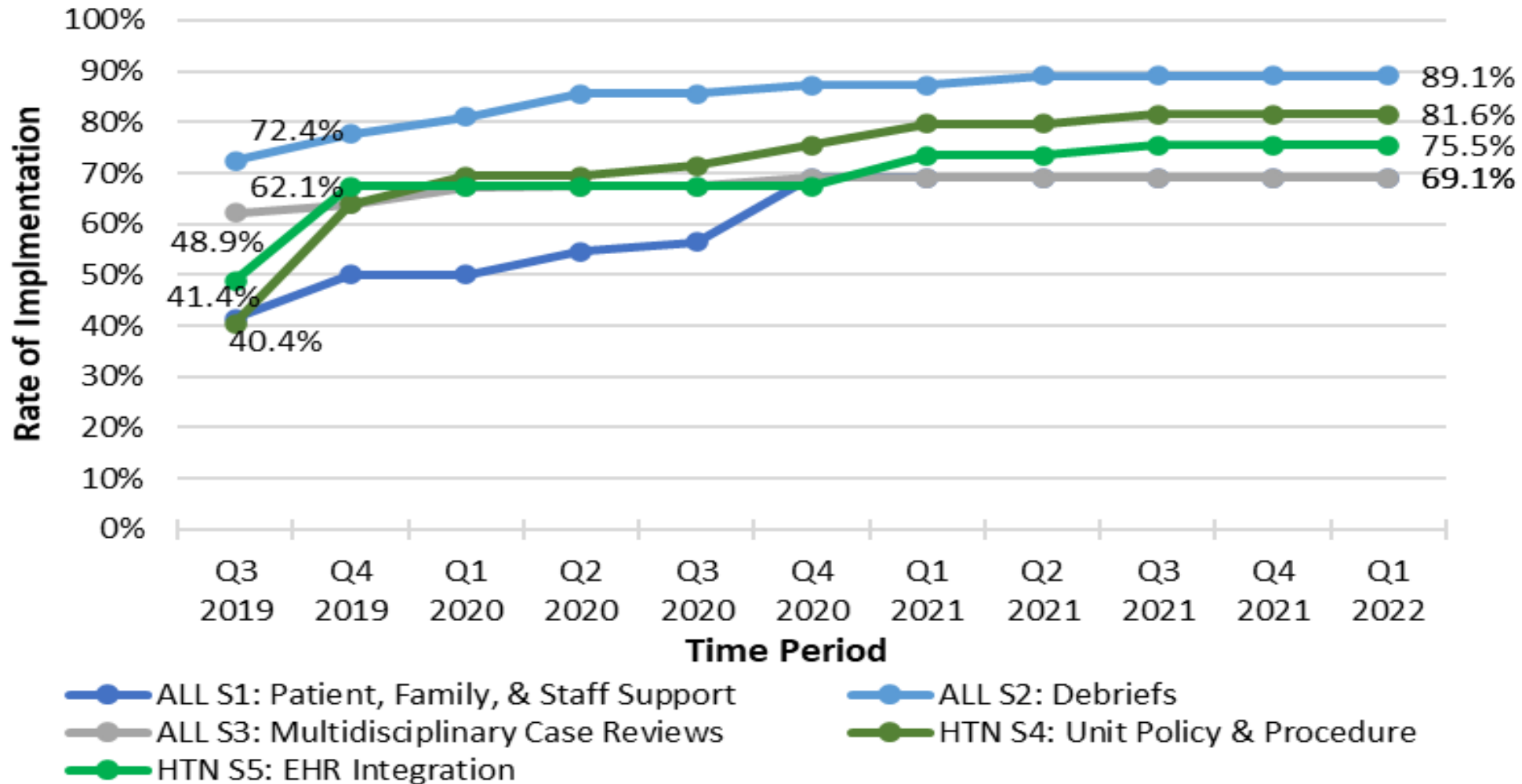
● Implicit Bias Nurse Education

● Timely Treatment of Severe HTN

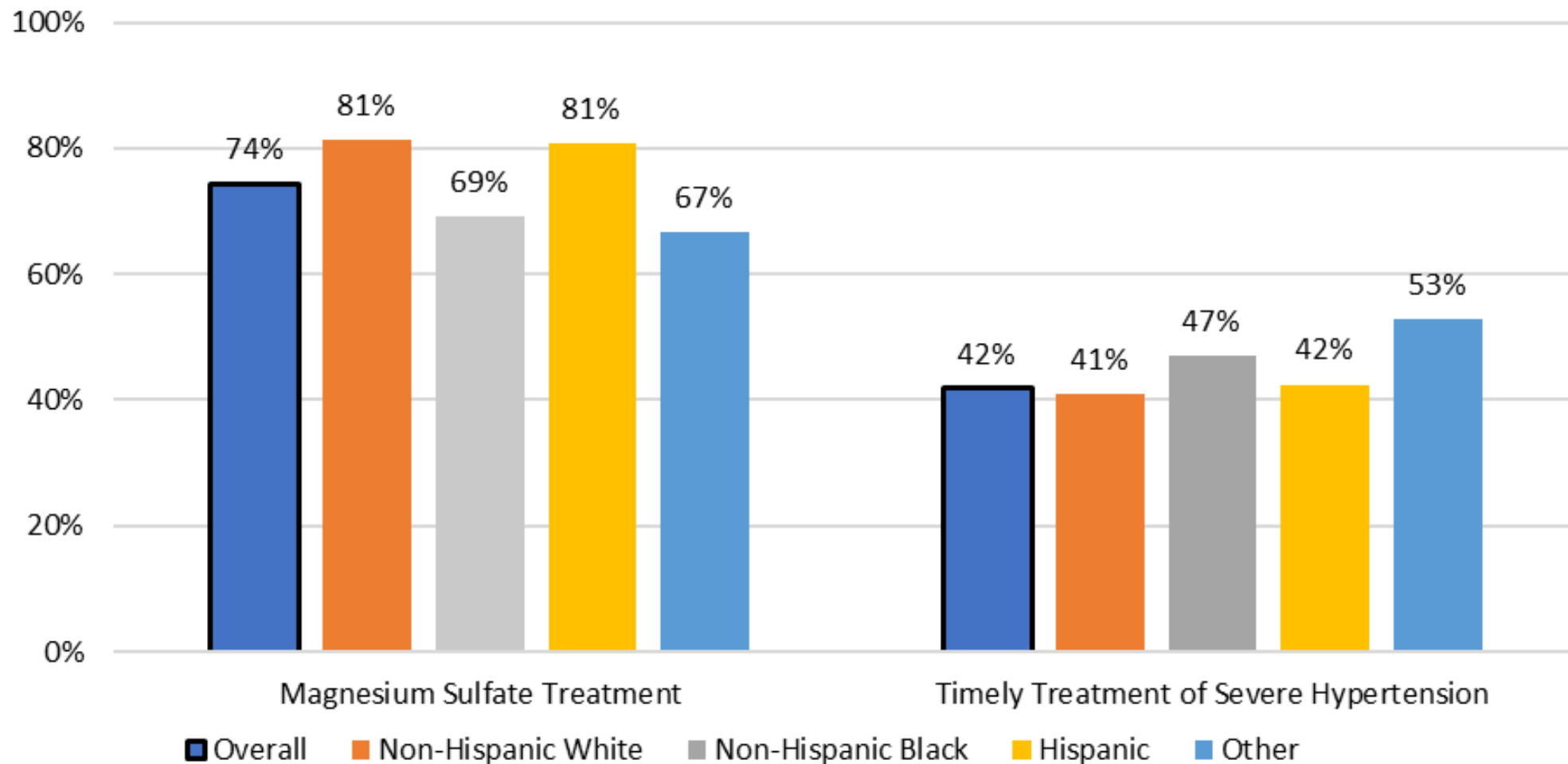
● Magnesium Sulfate Treatment

Structure Measures for Hypertension

Georgia Collaborative-wide Rate
(July 2019- March 2022)



Race and Ethnicity Breakdown on Severe Hypertension Treatments, Q1 2022



AIM data Q1 2022 submission by facilities. N = 31 Facilities

Hypertension Updates



Outcome Measures

- 1. O1: Severe Maternal Morbidity (excluding transfusion codes alone)**
- 2. O2: Severe Maternal Morbidity Among People with Preeclampsia (excluding transfusion codes alone) *Revised***
 - **Denominator:** All qualifying pregnant and postpartum people during their birth admission with preeclampsia
 - **Numerator:** Among the denominator, those who experienced a severe maternal morbidity, excluding those who experienced transfusion alone
- 3. Removed- Severe Maternal Morbidity *with transfusions***

Process Measures

1. **P1: Timely Treatment of Persistent Severe Hypertension**
2. **P2: Scheduling of Postpartum Blood Pressure and Symptoms Checks**

P2A: Severe Hypertension During the Birth Admission

Denominator: Pregnant and postpartum people during their birth admission with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension

Numerator: Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 3 days after their birth hospitalization discharge date

Process Measures

2. P2: Scheduling of Postpartum Blood Pressure and Symptoms Checks

P2B: All Other Hypertensive Disorders During Pregnancy

Denominator: Pregnant and postpartum people during their birth admission with a documented diagnosis of preeclampsia, gestational or chronic hypertension, excluding those who experienced persistent severe hypertension during their birth admission (see P5A)

Numerator: Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 7 days after their birth hospitalization discharge date

Process Measures

3. P3: OB PROVIDER EDUCATION

P3A: OB Provider Education on Severe Hypertension and Preeclampsia

At the end of this reporting period, what cumulative proportion of delivering physicians and midwives has completed within the last two years *an education program on Severe Hypertension/Preeclampsia* that includes the unit-standard protocols and measures?

P3B: OB Provider Education on Respectful and Equitable Care

At the end of this reporting period, what cumulative proportion of OB providers had received in the last 2 years *an education program on respectful and equitable care?*

Process Measures

4. P4: OB NURSING EDUCATION

P4A: OB Nursing Education on Severe Hypertension and Preeclampsia

At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and postpartum) has completed within the last two years **an education program on Severe Hypertension/Preeclampsia** that includes the unit-standard protocols and measures?

P4B: OB Nursing Education on Respectful and Equitable Care

At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and postpartum) had received within the last 2 years **an education program on respectful and equitable care?**

Process Measures

5. P5: ED Provider and Nursing Education–Severe Hypertension in Pregnancy and Preeclampsia

At the end of this reporting period, what cumulative proportion of clinical ED providers and nursing staff has received within the last two years education on signs and symptoms of severe hypertension and preeclampsia in pregnant and postpartum people?

6. P6: Unit Drills

Structure Measures

1. S1: Patient Event Debriefs

- Has your department established a standardized process to conduct debriefs **with patients** after a severe event?

2. S2: Clinical Team Debriefs

- Has your department established a system to perform regular formal debriefs **with the clinical team** after cases with major complications?

3. S3: Multidisciplinary Case Reviews

- Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity (including, at a minimum, birthing patients admitted to the ICU or receiving ≥ 4 units RBC transfusions)?

Structure Measures

4. S4: Unit Policies and Procedures

Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2 years) that provides a unit-standard approach to:

- S4A: Measuring blood pressure,
- S4B: Treatment of severe hypertension/preeclampsia
- S4C: The use of seizure prophylaxis, including treatment overdose

EHR Integration (Removed)

Structure Measures

5. **S5: Patient Education Materials on Urgent Postpartum Warning Signs**

Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?

6. **S6: Emergency Department (ED) Screening for Current or Recent Pregnancy**

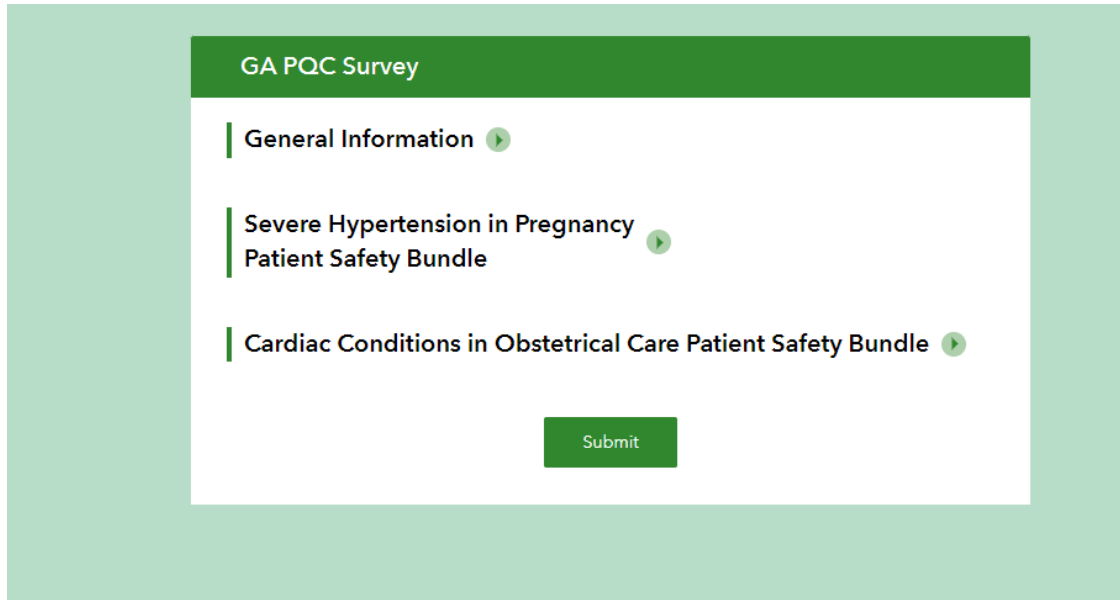
Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?

Survey 123: Introduction

- Shifting to ESRI HUB
 - Houses facility dashboards
 - Self-report structure and process measures
 - View data in real-time



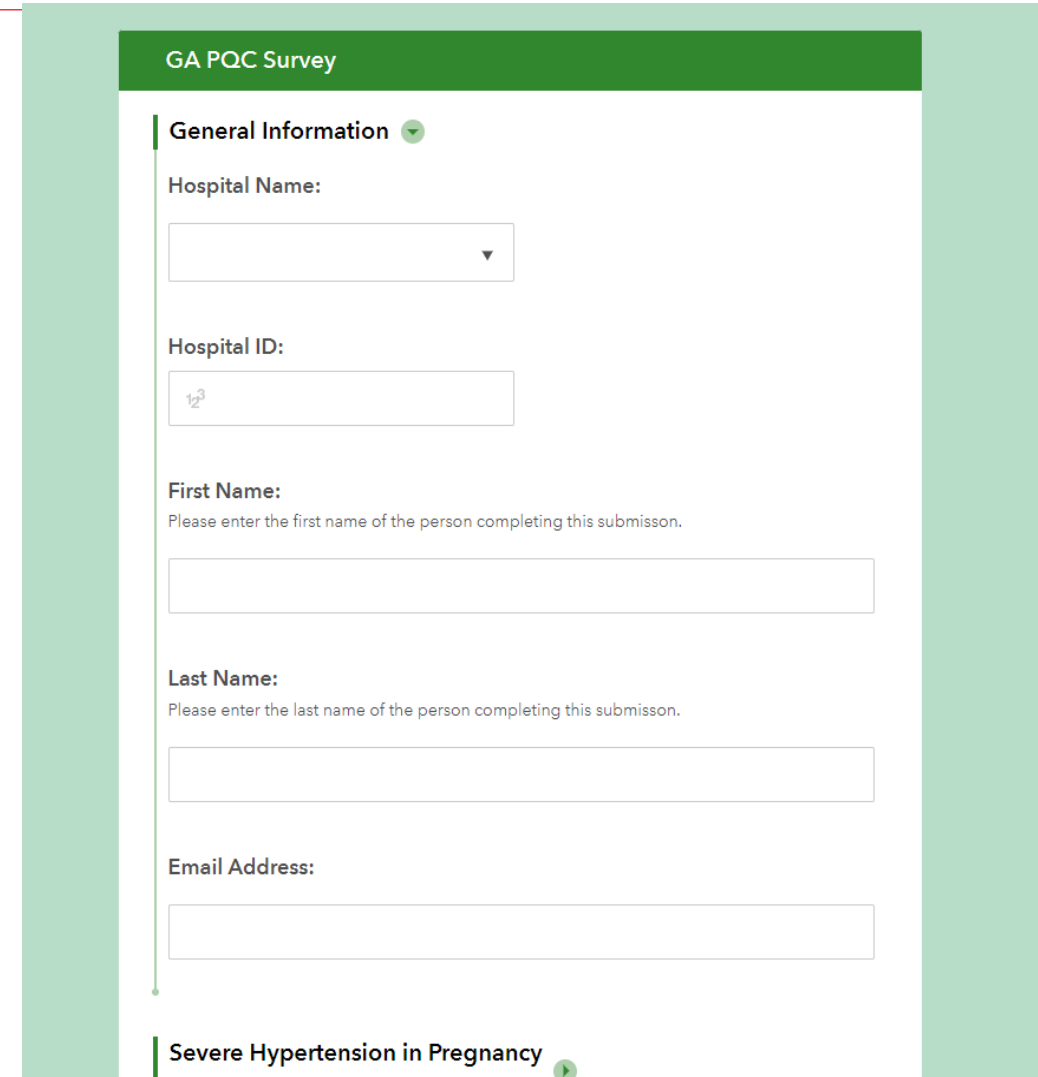
Survey 123: Introduction



GA PQC Survey

- General Information ▶
- Severe Hypertension in Pregnancy Patient Safety Bundle ▶
- Cardiac Conditions in Obstetrical Care Patient Safety Bundle ▶

Submit



GA PQC Survey

General Information ▼

Hospital Name:

Hospital ID:

First Name:
Please enter the first name of the person completing this submission.

Last Name:
Please enter the last name of the person completing this submission.

Email Address:

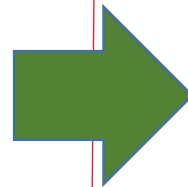
Severe Hypertension in Pregnancy ▶

Survey 123: Introduction

GA PQC Survey

- General Information ▶
- Severe Hypertension in Pregnancy Patient Safety Bundle ▶
- Date Period Information ▶
- Outcome ▶
- Process ▶
- Structure ▶
- Cardiac Conditions in Obstetrical Care Patient Safety Bundle ▶

Submit



Patient Safety Bundle

Date Period Information ▼

Select the Calendar Year and Date Period below for the data you wish to submit. You will be able to complete this form again for each Data Period you wish to submit.

Calendar Year:

2021

2022

2023

Date Period:

Q1 (Jan-March)

Q2 (April-June)

Q3 (July-September)

Q4 (October-December)

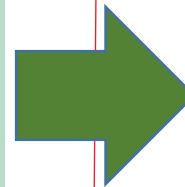
Outcome ▼

Survey123: Introduction

GA PQC Survey

- General Information
- Severe Hypertension in Pregnancy Patient Safety Bundle
 - Date Period Information
 - Outcome
 - Process
 - Structure
- Cardiac Conditions in Obstetrical Care Patient Safety Bundle

Submit



Process

- P1: Timely Treatment of Persistent Severe Hypertension
- P2: Scheduling of Postpartum Blood Pressure and Symptoms Checks
- P3: OB Provider Education
 - P3A: Provider education on severe hypertension and preeclampsia
Report estimate in 10% increments (round up)
At the end of this reporting period, what cumulative proportion of delivering physicians and midwives has completed within the last two years an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures?
 - P3B: Provider education on respectful and equitable care
Report estimate in 10% increments (round up)
At the end of this reporting period, what cumulative proportion of OB providers has completed within the last 2 years the last 2 years an education program on respectful and equitable care?
- P4: OB Nursing Education
- P5: ED Provider & Nursing Education - Hypertension and

Questions?





ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



**Cardiac Conditions
in Obstetrical Care**

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**



Key Driver Diagram: Maternal Cardiac Conditions

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Key Drivers

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cardiac conditions in
pregnancy and post-partum.

Interventions

- Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
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- 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. *

Goals: Structure Measures



S1: Multidisciplinary Pregnancy Heart Team

- Has your facility established a multidisciplinary pregnancy heart team, which may be comprised of a team of consultants appropriate to your hospital's level of maternal care, to respond to known or potential cardio-obstetric emergencies ?





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What is Mom's Heart Matters?

An interactive digital therapeutic designed to reduce the rate of hypertension-related mortality among postpartum women. The program connects high-risk moms with resources to address the social determinants of health that may perpetuate health disparities by integrating innovation and increasing access to care.



PROGRAM INCLUDES:

CARE MESSAGES™

Once enrolled, program participants will receive text messages on their mobile device with content designed to support their post-partum journey. Text message topics include:

- ♥ Access to Care
- ♥ Breastfeeding
- ♥ Cardiovascular Health
- ♥ Lifestyle & Wellness
- ♥ Medication Management
- ♥ Mental Health & Substance Use
- ♥ Parenting
- ♥ Reproductive Support

IN-THE-MOMENT SUPPORT

Participants can text any of the keywords below to receive a message that will provide:

- ♥ **DEVICE:** Troubleshooting for blood pressure device and instructions on taking blood pressure
- ♥ **STRESS:** Quick stress relieving exercises
- ♥ **SONG:** Links to songs to uplift mood, reduce stress and soothe baby

Program Eligibility:

Patients must present with at least one of the following:

1. Diagnosis of preeclampsia or chronic hypertension
2. History of gestational hypertension

GOMO CHAT™

GoMo Chat allows program participants to chat securely (via mobile device) with their clinical care team at Liberty Regional Medical Center (LRMC) and/or directly with Amerigroup Care Coordinators. As easy as texting with a friend, and with no app to download, it enables the exchange of helpful information and in the moment support.

CONNECTED BLOOD PRESSURE MONITORING

Some participants will be enrolled in a high-touch track in which they will receive a Bluetooth enabled blood pressure cuff for remote patient monitoring and in-home patient care.



How patients/members are enrolled:

1. **LRMC Patients (any payer):** Together with eligible patient, LRMC staff member completes enrollment survey at discharge
2. **Amerigroup members:** Select members who meet eligibility based on ICD-10 codes are automatically enrolled into the program

Cardiac Resources on MS Teams



How to Build your Maternal Cardiac Team-20211015_195622-Meeting Recording.mp4



Maternal Cardiology Team: How to Build and why it is Necessary?

Diana Wolfe, MD

*Associate Professor,
Department of Obstetrics & Gynecology and Women's Health,
Department of Medicine, Cardiology,
Maternal Fetal Medicine Cardiology Joint Program,
Montefiore Medical Center, New York, USA*

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GaPQC Resources > Cardiac Conditions Resources

Name
Additional Resources
AIM CCOC Patient Safety Bundle
Cardio-Obstetrics lectures (VIDEOS)
CMQCC Cardiac Resources
Data and Reporting
SMFM Consult Series 61-Anticoagulation in pregnant patients with cardiac disease.pdf



Enroll your hospital **NOW** ♥



**Cardiac Conditions
in Obstetrical Care**

<https://georgiapqc.org/cardiac-conditions>

