Collaborative Strategies for Implementing Systems and Culture Change: Severe Maternal Hypertension

GAPQC Webinar
June 4, 2019
Overview

- Illinois Perinatal Quality Collaborative
- AIM Bundle Implementation
- Quality Improvement Focus
- Strategies for collecting data
- Developing provider buy in
- Facilitating systems change
- Facilitating culture change
Illinois Perinatal Quality Collaborative (ILPQC)

- Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with 117 Illinois hospitals participating in one or more initiative(s)

- Support participating hospitals’ implementation of evidenced-based practices using quality improvement science, collaborative learning and rapid response data

>99% of IL births

100% of NICU beds
ILPQC: Three Pillars to Support Quality Improvement Success

ILPQC

Collaborative Learning
Rapid Response Data
QI Support

Leadership, Advisors, Stakeholders, Patients/Families
Together we make it easier

- Opportunities for collaborative learning: Face to Face, and monthly webinars
- ILPQC REDCap Data System provides real time reports, tracking progress and comparison to other hospitals
- Monthly newsletter / website with resources
- QI coaching calls to assist in QI strategies
- MNO Toolkits for OB teams and for Neo teams, IPLARC Toolkit
- Regional Buprenorphine Trainings for OB providers, Regional IPLARC Trainings
- MOC Part IV credits for OB and Neo providers
Providing QI support: Leave no hospital behind

ILPQC hospital teams work to implement evidence-based care guidelines to facilitate every provider, every nurse providing optimal care to every patient, every time, in every unit.

- Monitor monthly QI data for teams not meeting goals
- 1:1 QI coaching calls with teams not reaching goals
- Grand rounds speakers bureau presentations
- Focused QI topic calls with mentor hospitals
States / PQC’s participating in AIM
ILPQC & AIM Collaboration: Getting started with Severe Maternal HTN

• ILPQC became an AIM state in early 2016
• ILPQC began AIM collaboration with the Severe Maternal Hypertension Initiative
  – References the AIM Severe Hypertension in Pregnancy Patient Safety Bundle for hospital QI team buy-in
  – Cross-referenced ILPQC measures with AIM measures as developing initiative measures
  – Utilized the AIM Severe Hypertension in Pregnancy bundle for resources as ILPQC HTN toolkit was being developed including the HTN eModules
Implementation of AIM Severe HTN in Pregnancy Bundle

- Incorporated AIM Bundle resources in ILPQC Severe Maternal HTN toolkit binder (paper and online) and incorporated into collaborative learning calls

- Adapted IHI Implementation Checklist and AIM Quarterly Measures as structure measures to monitor implementation

- Incorporated AIM eModules across hospitals for provider/nurse education towards culture change
Quality Improvement Focus

• Provider / staff education and standardized BP measurement
• Rapid access to medications
• IV treatment of BP’s ≥ 160mmHg systolic or ≥ 110(105) mmHg diastolic within 30-60 min
• Standardize treatment algorithms / order sets
• Provider / nurse debrief time to treatment
• Early postpartum follow-up
• Standardized postpartum patient education
Data Collection Strategies

- ICD-10 codes for Preeclampsia Diagnosis codes in L&D, ED, Triage, Antepartum, Postpartum
- EMR searches/reports using keywords for pregnant/postpartum patients
- Delivery logs
- Pharmacy records for antihypertensives and Magnesium Sulfate
Facilitating culture change

- Data Review
- Missed opportunity review
- AIM eModules
- Escalation algorithms
ILPQC Data System

Hospital Teams collect monthly data through chart audit and real time data logs

Hospital Teams enter monthly outcome, balancing and process and quarterly structure measures into REDCap

Hospital Teams immediately access rapid response web based reports to compare data across time and to other IL hospitals
Utilizing Monthly Data Review for Active Clinical Culture Change

- Collect monthly data
- Input data into ILPQC Data System
- Review reports during monthly QI team meetings
- Share data with all OB providers
- Missed Opportunities Review

Hospital teams use QI Toolkits to implement evidence-based systems changes to drive culture change

Use data to drive hospital QI

Regular Missed Opportunities Review

Share data with all OB providers and review missed opportunities to provide feedback

Collect data on structure, process, and outcome measures

Input data into ILPQC Data System

Review reports to compare data across time and across hospitals
AIM Resources: Facilitating Culture Change with AIM eModules

• HTN AIM eModules include 5 modules ranging from 5 – 20 min long (Approx. 1 hr total) : http://safehealthcareforeverywoman.org/aim-program/aim-emodules/#link_acc-1-5-d

• Include quiz and certificate for tracking completion

AIM eModules

Available on AIM website. Quiz at end with certificate - can ask providers/staff to submit certificate. View eModules here.

Severe Maternal HTN Grand Rounds

Available to download from ILPQC website (or click here). Speakers group available to provide Grand Rounds across the state. Email info@ilpqc.org for more information.
Additional ILPQC and AIM Collaboration

- Collaborative support on national calls & meetings
- Resources for provider/staff education at hospitals: AIM e-modules and provider clinical training opportunities
- AIM Patient Safety Bundles provide a framework for developing a state-wide quality improvement initiative
- ILPQC shares de-identified hospital data with Aim for national benchmarking comparisons
Maternal Hypertension Data: Time to Treatment

We found no significant differences in the proportion of hospitals achieving each goal by urban or rural location, birth volume, patient race/ethnicity mix or Medicaid mix for time to treatment, patient education, or cases debriefed.
Maternal Hypertension Data: Time to Treatment

ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Treated Within 60 Minutes and Proportion of Hospitals in Collaborative Treating Women Within 60 Minutes
All Hospitals, 2016-2019

Proportion of Hospitals with 80% of women treated within 60 min
Proportion of Hospitals with 0-79% of women treated within 60 min
Percent overall women in collaborative treated within 60 min
Maternal Hypertension Data: Patient Education

ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Who Received Discharge Education Materials and Proportion of Hospitals in Collaborative Giving Discharge Education to Women
All Hospitals, 2016-2019

- Proportion of Hospitals with 80% of women who received discharge materials
- Proportion of Hospitals with 0-79% of women who received discharge materials
- Percent overall women in collaborative who received discharge materials
Maternal Hypertension Data: Patient Follow-up

ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Where Follow-up Appointments were Scheduled within 10 Days and Proportion of Hospitals in Collaborative Where Follow-Up Appointments were Scheduled within 10 Days All Hospitals, 2016-2019

Graph showing the percentage of women with new onset severe hypertension who had follow-up appointments scheduled within 10 days, along with the proportion of hospitals in the collaborative that scheduled follow-up appointments within 10 days, from July 2016 to March 2019.
Severe Maternal Hypertension
Time To Treatment Debriefed

Proportion of Hospitals with 0-50% of cases debriefed
Percent of women in collaborative with Cases Debriefed
Severe Maternal Morbidity Rate Deliveries with Hypertension, Hospital Discharge Data, All Illinois Hospitals

Between 2015-Q4 and 2017-Q4, the SMM rate among women experiencing hypertension at delivery was cut in half.
Questions?

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