



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

GAPQC Webinar

June 4, 2019

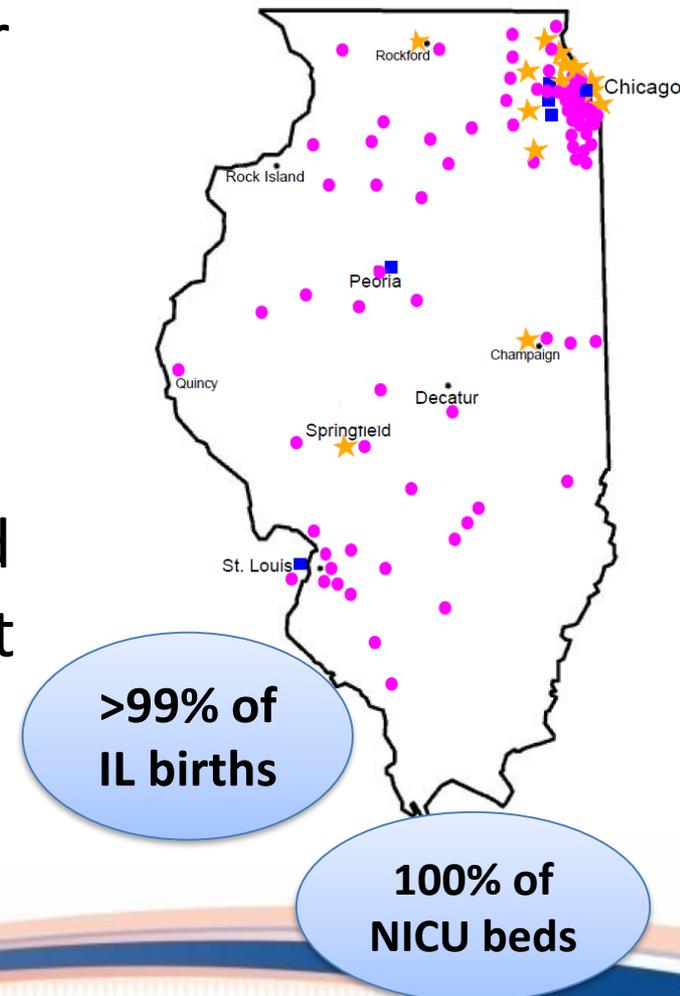
# Overview

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

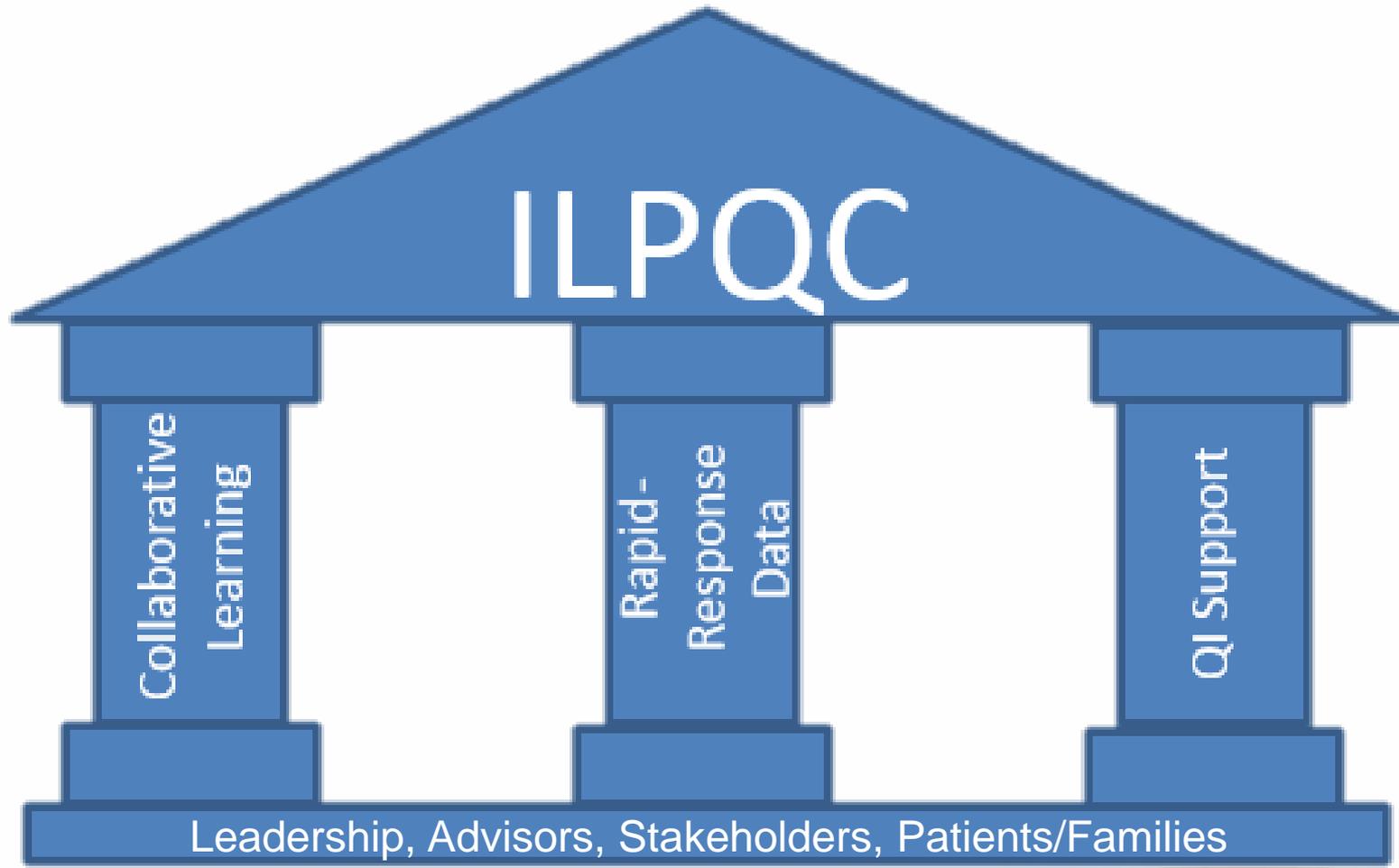
# Illinois Perinatal Quality Collaborative (ILPQC)



- 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



# ILPQC: Three Pillars to Support Quality Improvement Success



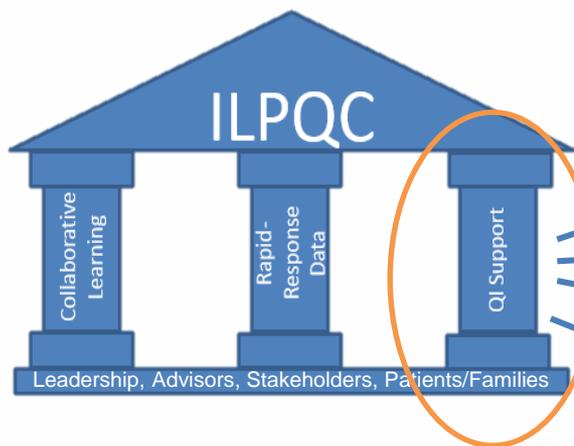
# Together we make it easier

- 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

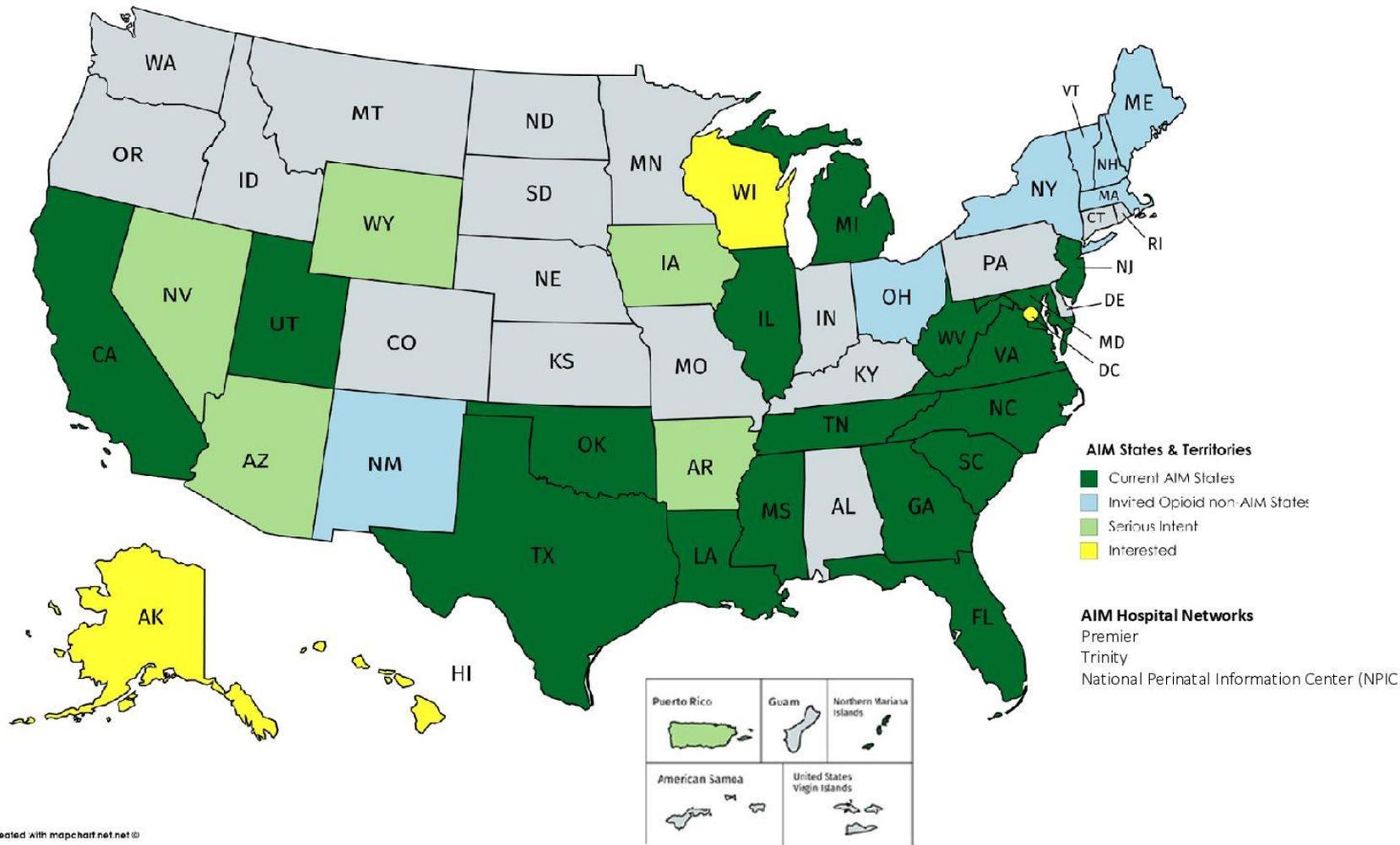




ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH AIM



# 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  $\geq 160$ mmHg systolic or  $\geq 110(105)$  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

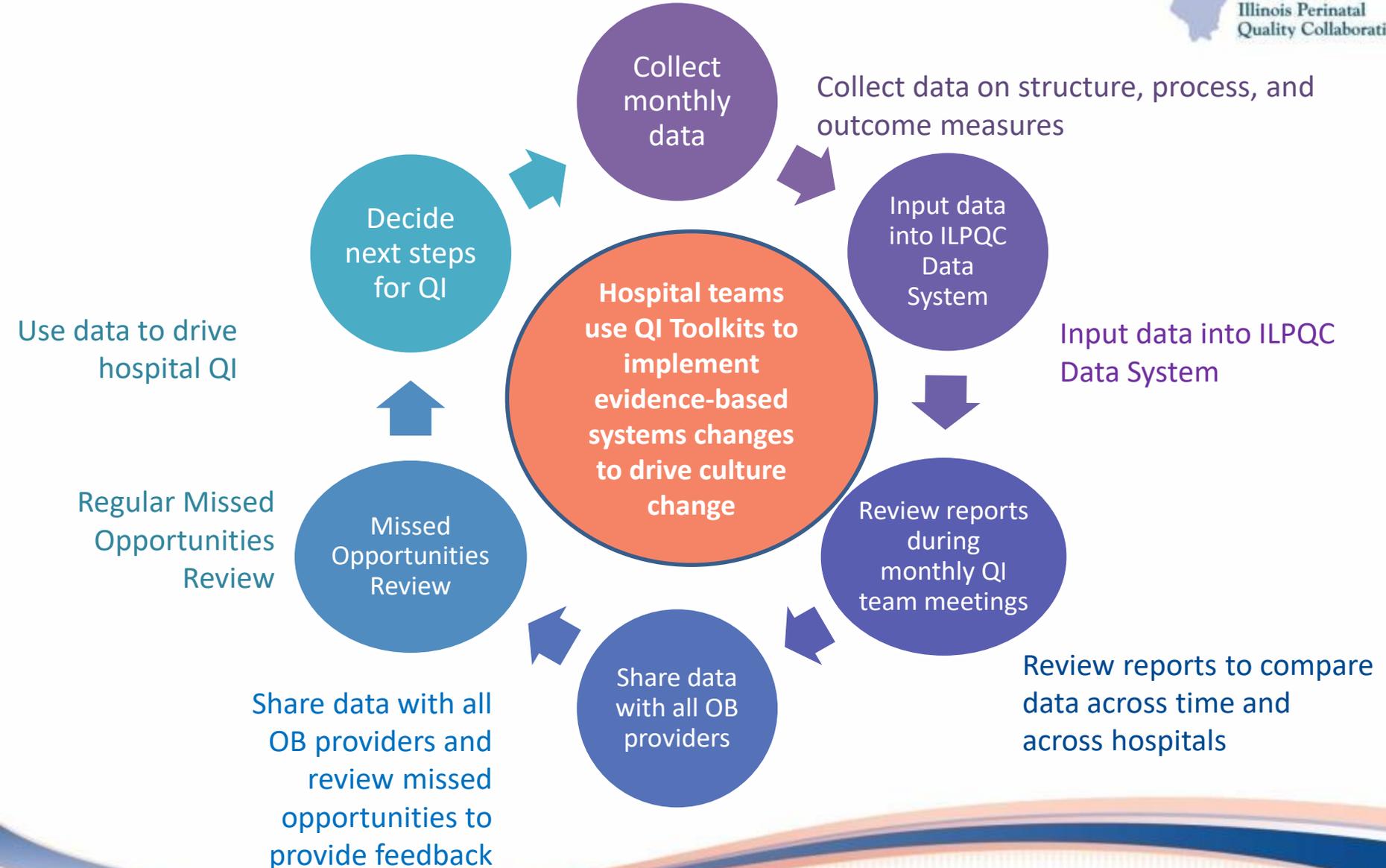
# Facilitating culture change



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



# Utilizing Monthly Data Review for Active Clinical Culture Change



# 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](http://safehealthcareforeverywoman.org/aim-program/aim-emodules/#link_acc-1-5-d)
- Include quiz and certificate for tracking completion
- Developed targeted education option to address protocol buy-in: AIM webinar “Treating Maternal Hypertension,” by Drs. James Martin Jr., Laurence Shields, and Maurice Druzin:  
<http://safehealthcareforeverywoman.org/aim-program/aim-resources/>



# Education Tools to Implement ACOG Algorithms & Order Sets – Physician Buy In

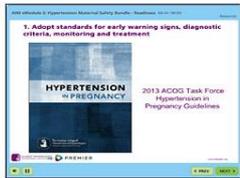
## AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Introduction



## AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Recognition



## AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Readiness



## AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Response



## AIM eModule 3: Hypertension in Pregnancy Maternal Safety Bundle - Reporting



## Illinois Maternal Hypertension Initiative Comprehensive Slide Set

Presented by:

## 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](mailto:info@ilpqc.org) for more information.

# Additional ILPQC and AIM Collaboration

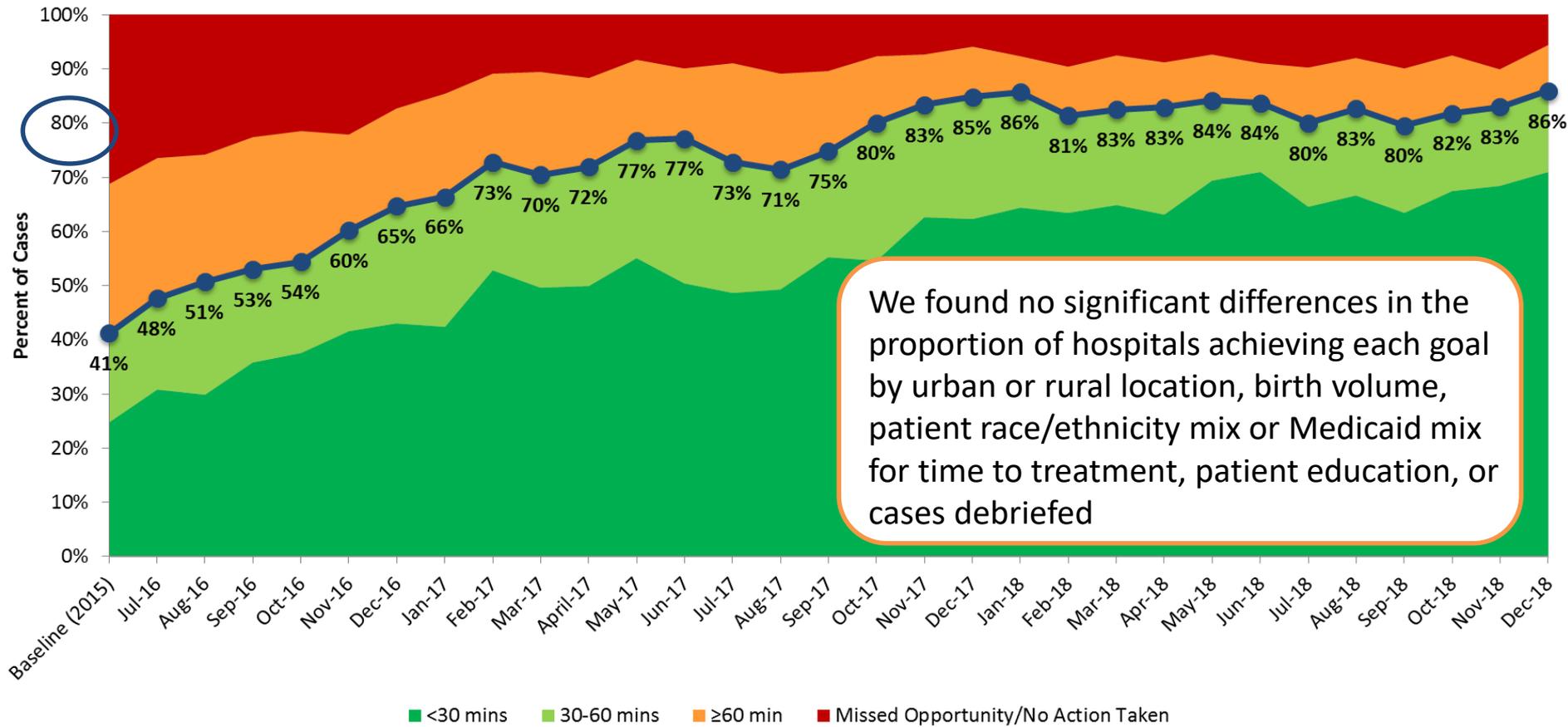


- Collaborative support on national calls & meetings
- Resources for provider/staff education at hospitals: AIM e-modules and provider clinical training opportunities
- AIM Patient Safety Bundles provide a framework for developing a state-wide quality improvement initiative
- ILPQC shares de-identified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



# Maternal Hypertension Data: Time to Treatment

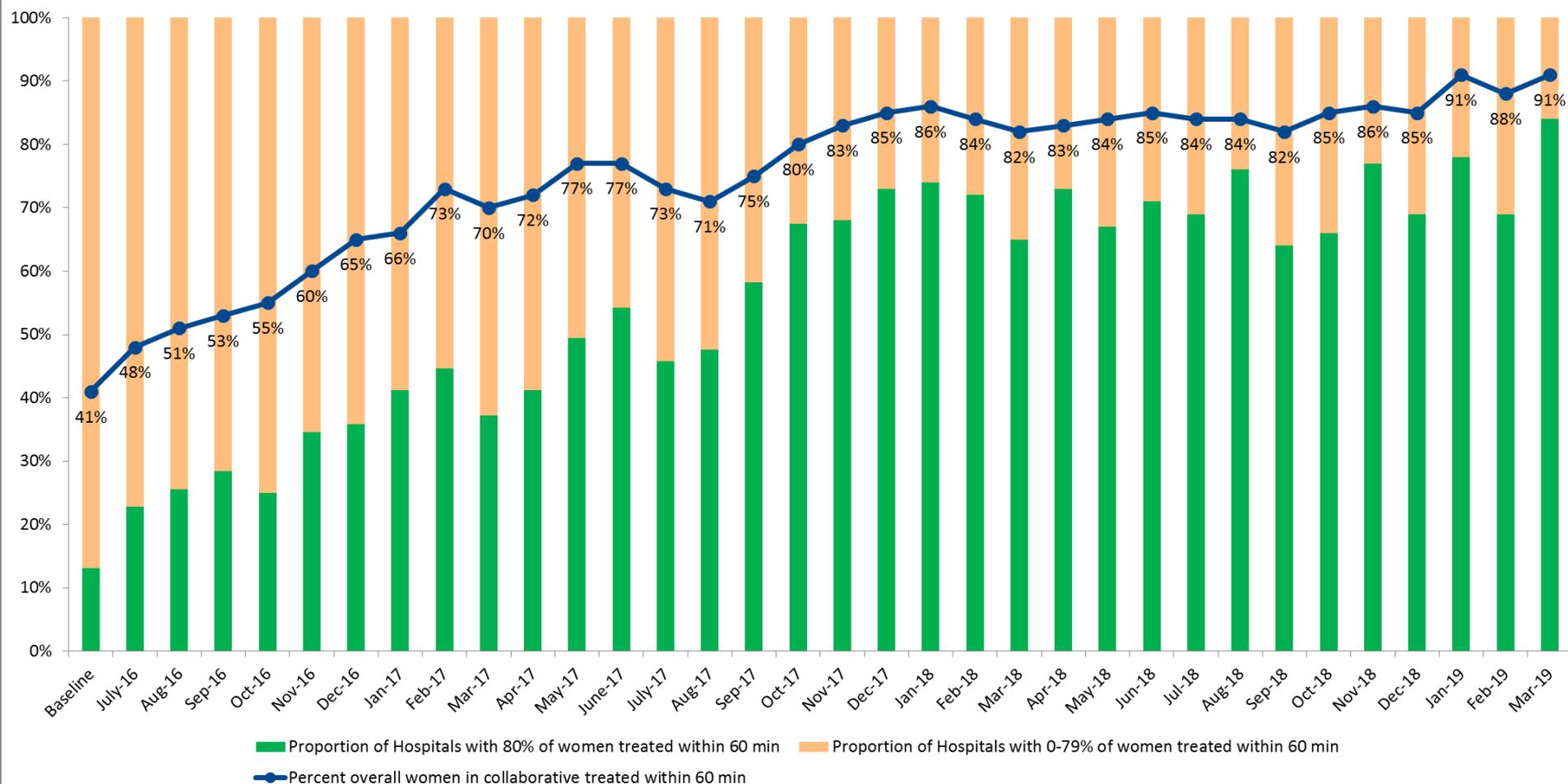
**ILPQC: Maternal Hypertension Initiative**  
**Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, ≥60 minutes or Not Treated**  
**All Hospitals, 2016-2018**



# Maternal Hypertension Data: Time to Treatment



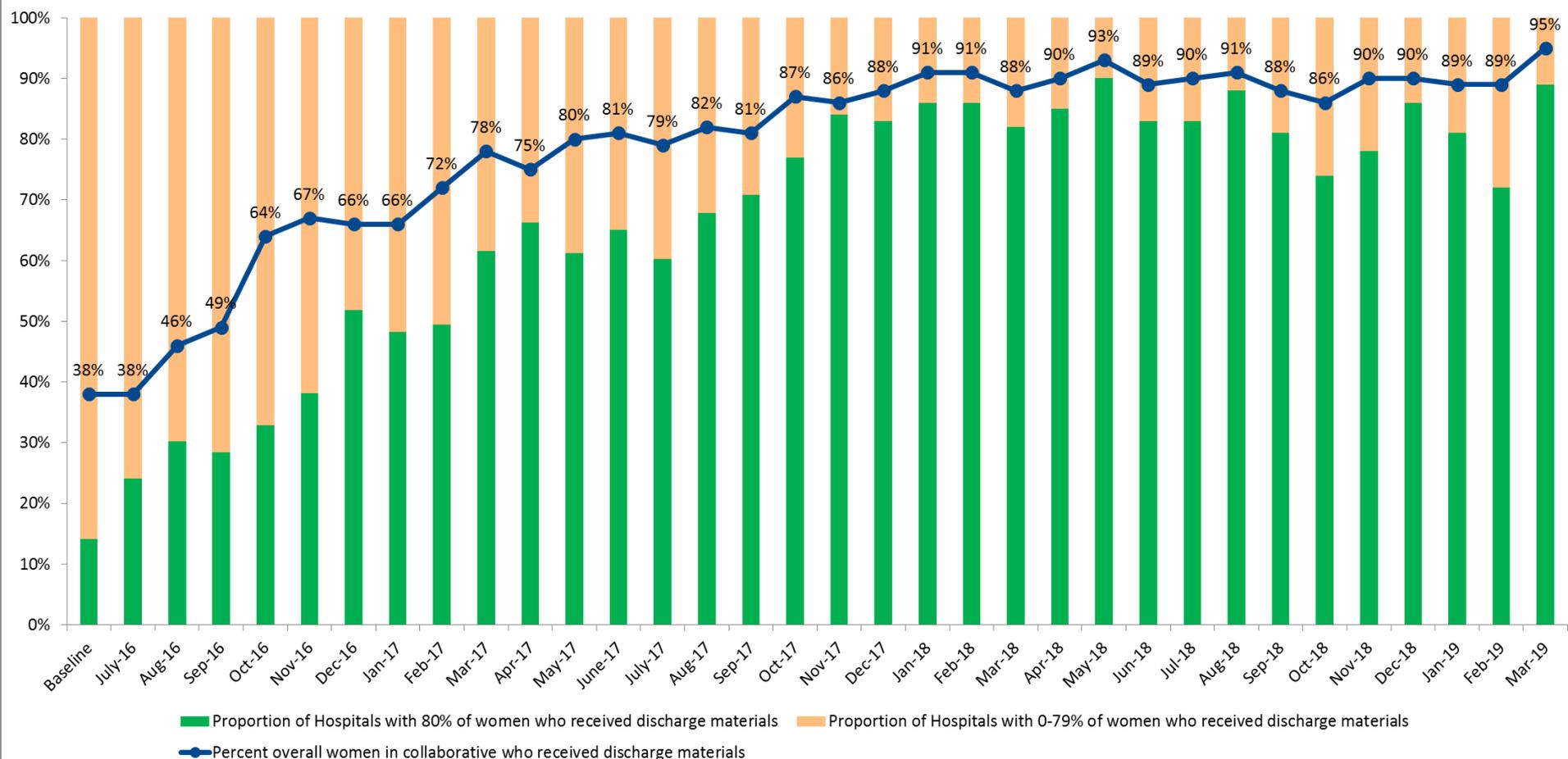
**ILPQC: Maternal Hypertension Initiative**  
**Percent of Women with New Onset Severe Hypertension Treated Within 60 Minutes and Proportion of Hospitals in Collaborative Treating Women Within 60 Minutes**  
**All Hospitals, 2016-2019**



# Maternal Hypertension Data: Patient Education



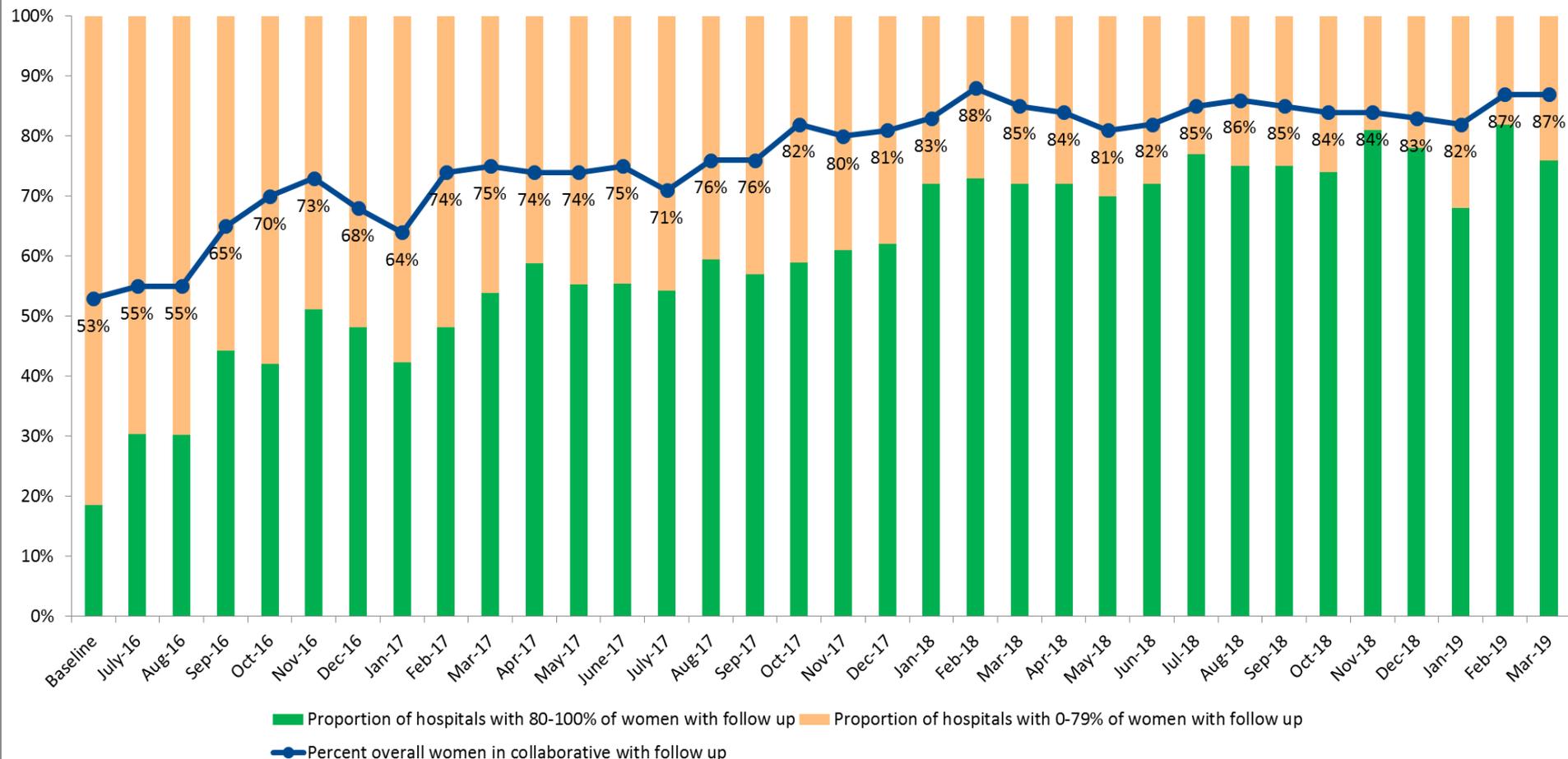
**ILPQC: Maternal Hypertension Initiative**  
**Percent of Women with New Onset Severe Hypertension Who Received Discharge Education Materials and**  
**Proportion of Hospitals in Collaborative Giving Discharge Education to Women**  
**All Hospitals, 2016-2019**



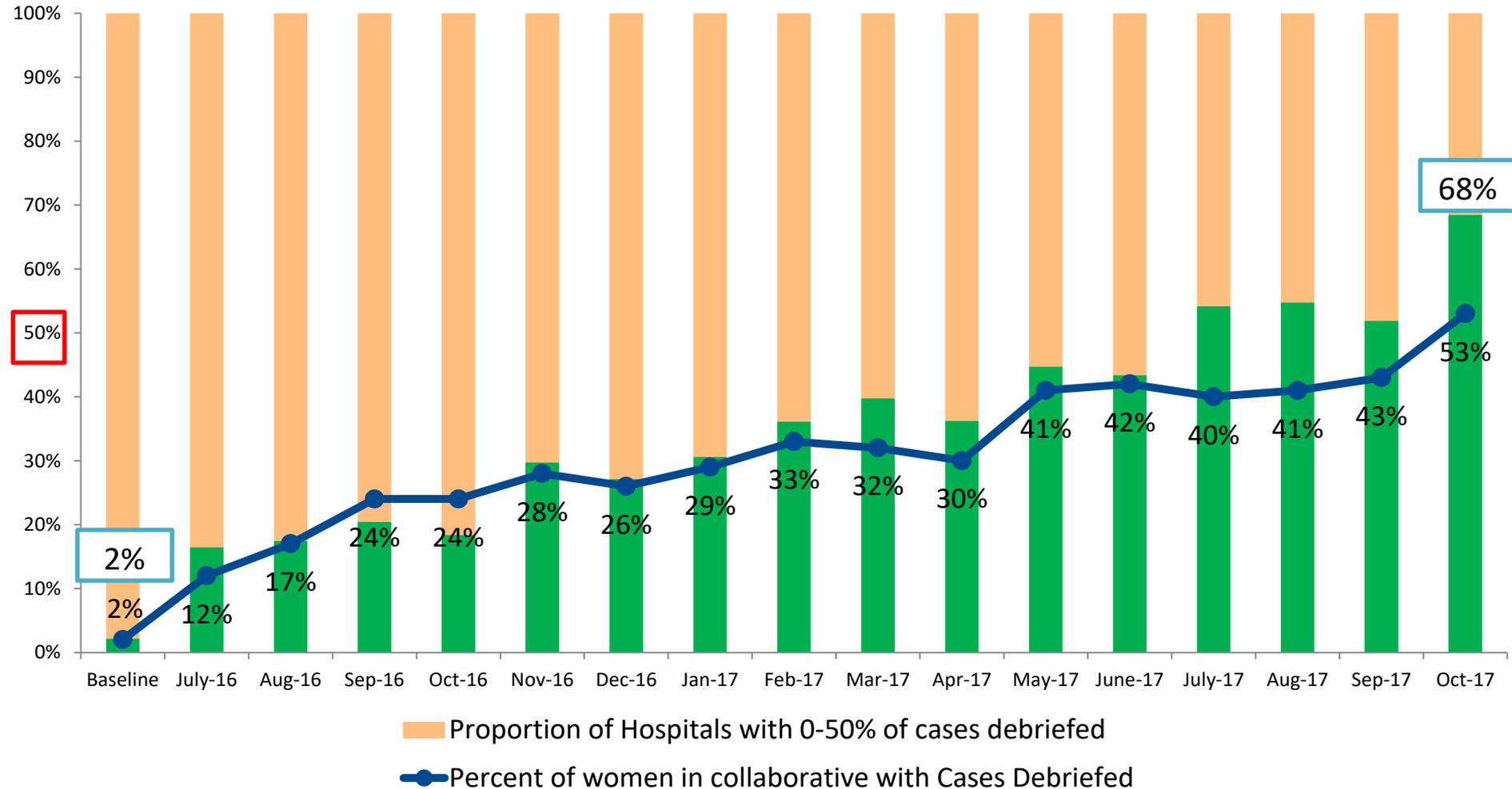
# Maternal Hypertension Data: Patient Follow-up



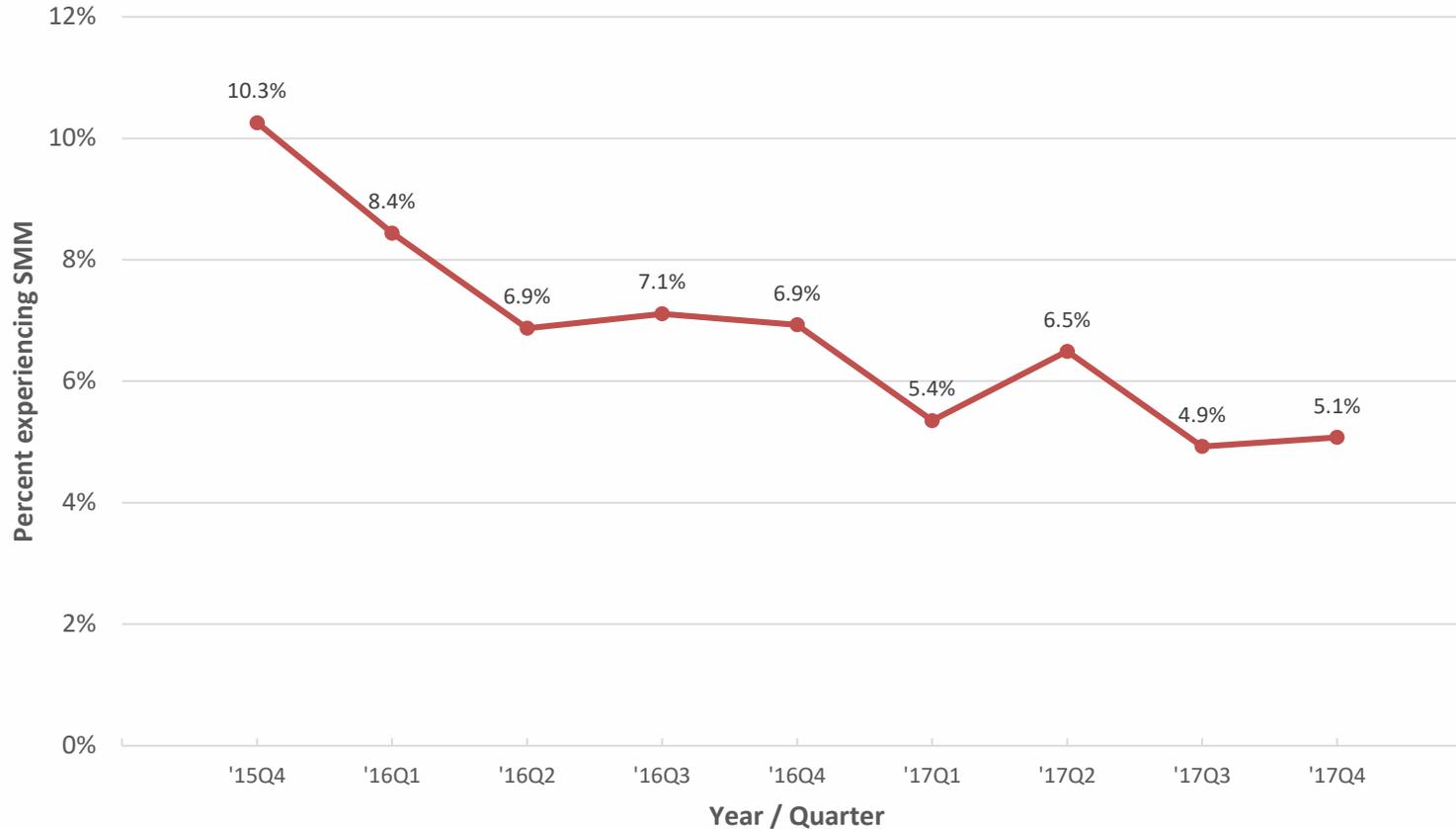
**ILPQC: Maternal Hypertension Initiative**  
**Percent of Women with New Onset Severe Hypertension Where Follow-up Appointments were Scheduled within 10 Days and Proportion of Hospitals in Collaborative Where Follow-Up Appointments were Scheduled within 10 Days All Hospitals, 2016-2019**



# Severe Maternal Hypertension Time To Treatment 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.

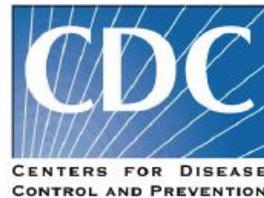
# Questions?



Email: [info@ilpqc.org](mailto:info@ilpqc.org)

Website: [www.ilpqc.org](http://www.ilpqc.org)

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