WELCOME TO THE MONTHLY LEARNING WEBINAR

The presentation will begin shortly
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!
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

**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
<table>
<thead>
<tr>
<th>AIM HTN Structure Measures</th>
</tr>
</thead>
</table>
| **S1: Patient, Family & Staff Support** | Report Completion Date  
Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?  |
| **S2: Debriefs** | Report Completion Date  
Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?  |
| **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 ≥4 units RBC transfusions, or diagnosed with a VTE)?  |
| **S4: Unit Policy and Procedure** | Report Completion Date  
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?  |
| **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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
</table>
| P1: Unit Drills | Drills  
The number of OB drills performed on any maternal safety topic? |
| P2: Provider Education | Provider Education  
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 | Nursing Education  
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? |
| P4: Treatment of Severe HTN | Treatment  
The number of women with persistent new onset HTN that were treated within 1 hour with IV Labetalol, IV Hydralazine or PO Nifedipine? |
| P5: Administration of Magnesium Sulfate | Magnesium Sulfate  
The number of mothers with severe preeclampsia or preeclampsia with severe features that were treated with Magnesium Sulfate? |
## GaPQC Hypertension Goals by 12/2021

<table>
<thead>
<tr>
<th>Measure</th>
<th>Type</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe Maternal Morbidity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Outcome</td>
<td>20% reduction</td>
</tr>
<tr>
<td><strong>Appropriate Medical Management in under 60 minutes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>Process</td>
<td>100%</td>
</tr>
<tr>
<td><em><em>Debriefs on all new onset severe range HTN</em> cases</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Process</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Discharge education and follow-up</strong> within 7-10 days for all women with severe range HTN, 72 hours with all women with severe range HTN on medications**</td>
<td>Process</td>
<td>100%</td>
</tr>
</tbody>
</table>
Data Collection Tool

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 (≥ 160 systolic OR ≥ 110 diastolic) with preeclampsia or eclampsia or chronic gestational hypertension with superimposed preeclampsia (includes patients from triage, L&D, Antepartum, PP, ED, ICU) in order to reduce preeclampsia mortality in Georgia.

Instructions: Complete all cases of new onset severe hypertension (≥160 systolic or ≥110 diastolic) event in pregnancy up to 5 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 ≥160 or diastolic ≥110
☐ BP reached ≥160 or diastolic ≥110 (and sustained ≥160 mm)  ☐ First BP med given
☐ BP reached <160 and diastolic BP <110

BALANCING MEASURE (B1): Monitor Medical Management

B1. Did diastolic pressure fail to <20 within one hour after meds given? ☐ YES  ☐ NO

Medications
☐ Labetalol
☐ Hydralazine
☐ Nifedipine
☐ Other

Naprosyn Sulfate
☐ Bolus: 4mg  ☐ 8mg
☐ Other

Magnesium Sulfate Maintenance 1g/hr
☐ 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 (check all that apply):
☐ OB Hemorrhage with transfusion of ≥ 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 Abruption  ☐ Other  ☐ None

Debriefing performed following any of the above events ☐ YES  ☐ NO

GAPQC DATA FORM  (revised 10/5/19)
(Adapted from GAPQC’s hypertension initiative Data Collection Tool)
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!
WHY?
• 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
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”
RECIPES FOR FAKE BLOOD
Even FHTs may be simulated in a low-tech drill
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

229-312-2809
Implicit Bias Training Resources

- [https://implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html)

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 or email info@georgiapqc.org