



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!



Hot off the presses!



Printable

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Modern Healthcare

August 30, 2019 03:27 PM

Joint Commission imposes maternal safety standards for hospital accreditation

MARIA CASTELLUCCI [Twitter](#) [Email](#)



Getty Images/Bland Images

The 13 new standards are in response to widespread adoption of evidence-based practices to prevent maternal mortality due to hemorrhage and hypertension.

Starting next July, the Joint Commission will require accredited hospitals to have 13 policies in place to help prevent the likelihood of hemorrhage and severe hypertension for pregnant patients.

AIM Bundles



READINESS

Every Unit

- Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms)
- Unit education on protocols, unit-based drills (with post-drill debriefs)
- Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas
- Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage.
- System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed

RECOGNITION & PREVENTION

Every Patient

- Standard protocol for measurement and assessment of BP and urine protein for all pregnant and postpartum women
- Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of labs (e.g. CBC with platelets, AST and ALT)
- Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of hypertension and preeclampsia

PATIENT
SAFETY
BUNDLE

Hypertension

READINESS

RECOGNITION AND PREVENTION

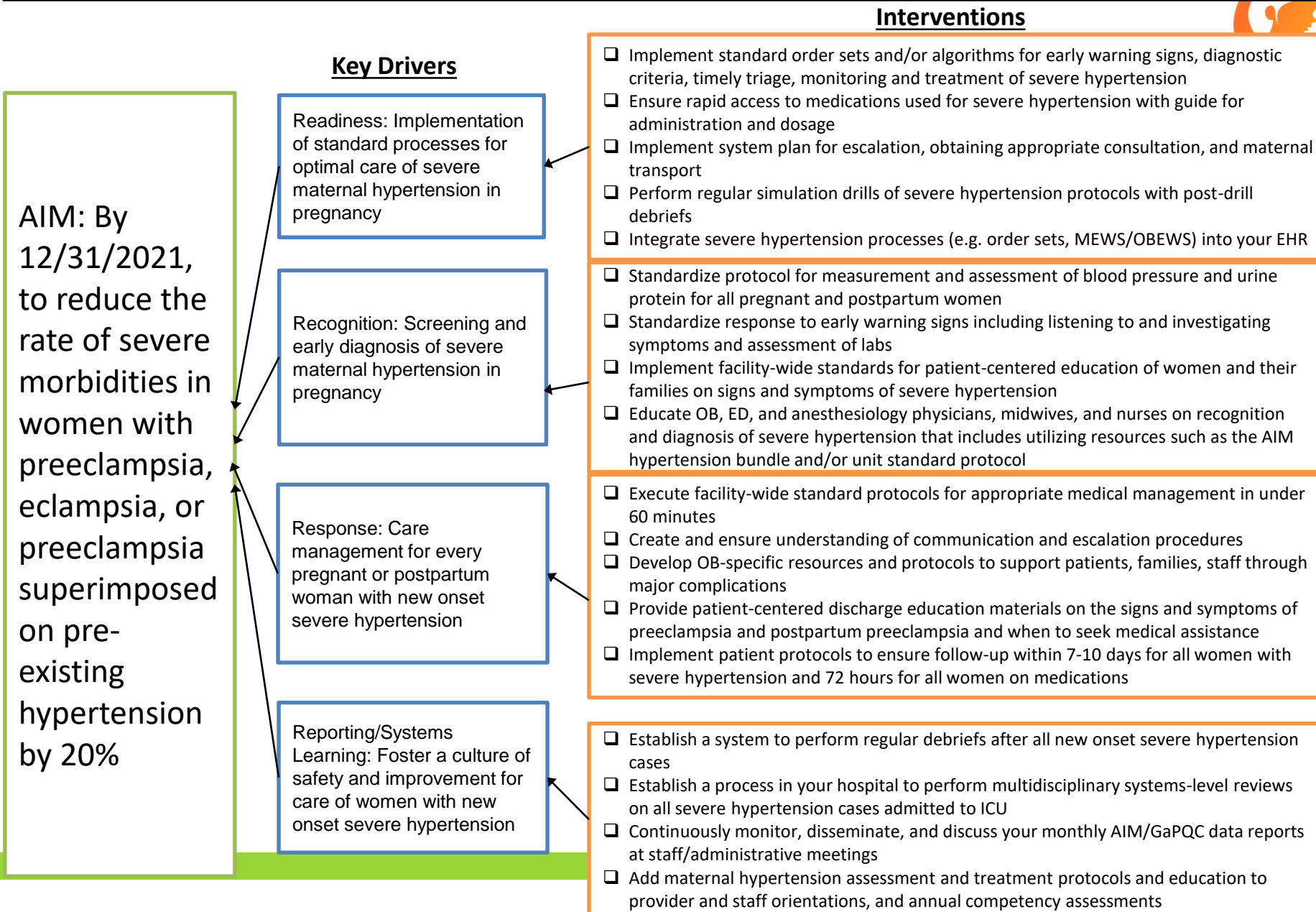
RESPONSE

REPORTING/SYSTEMS LEARNING



Key Driver Diagram: Maternal Hypertension Initiative

GOAL: To reduce preeclampsia maternal morbidity in Georgia hospitals



GaPQC Hypertension Goals by 12/2021

Measure	Type	Goal
Severe Maternal Morbidity 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 & postpartum women with new onset severe range HTN	Outcome	20% reduction
Appropriate Medical Management in under 60 minutes No. of women treated at different time points (30,60,90, >90 min) after elevated BP is confirmed / No. of women with new onset severe range HTN	Process	100%
Debriefs on all new onset severe range HTN* cases	Process	100%
Discharge education and follow-up within 7-10 days for all women with severe range HTN, 72 hours with all women with severe range HTN on medications	Process	100%



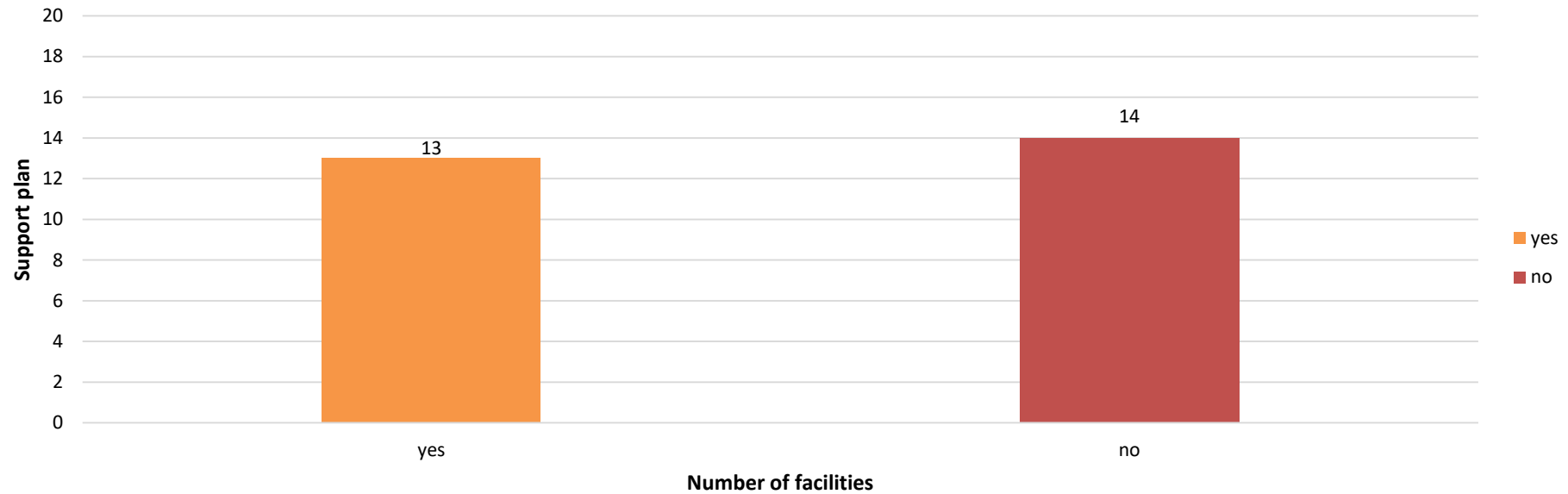
AIM HTN Structure Measures

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 Start 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 Start 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?



Patient, Family and Staff Support

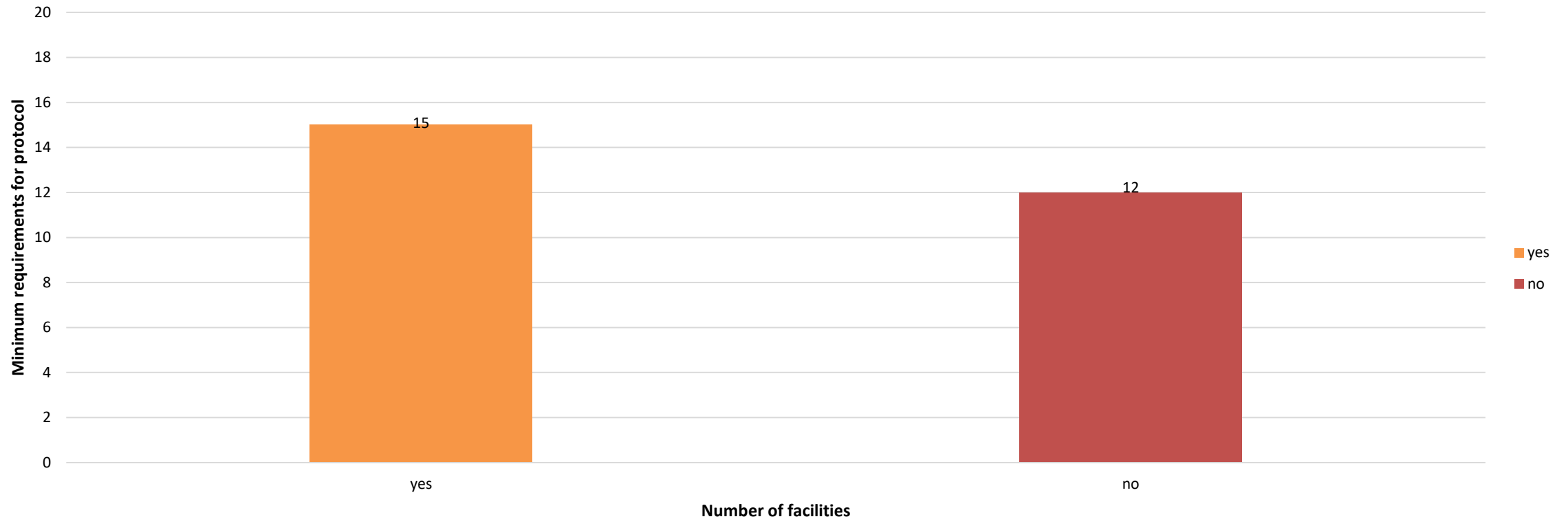
For Every Case of Severe Hypertension/ Preeclampsia In Your Hospital Do You Have Support Plan For Patients, Families, and Staff For ICU Admissions and Serious Complications of Severe Hypertension.



Protocol for Notification of Severe BP



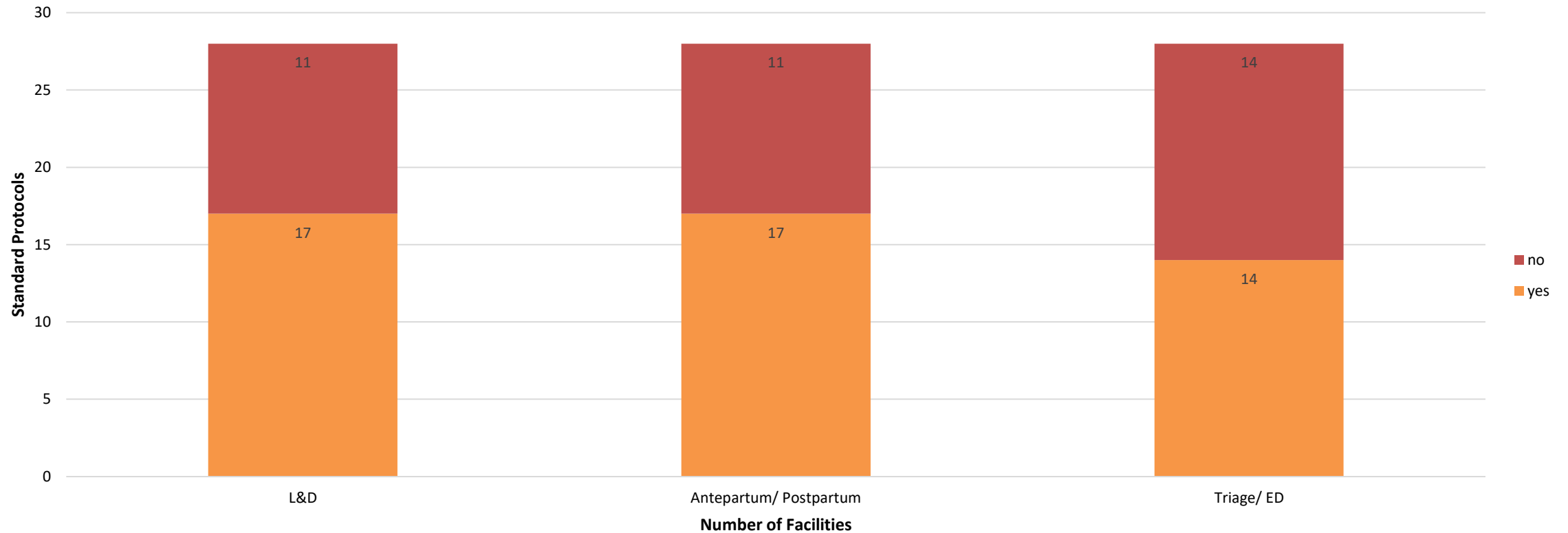
**For Every Case of Severe Hypertension/ Preeclampsia In Your Hospital Do You Have
The Following Minimum Requirements For Protocol: Notification Of Physician Or Primary Care Provider If Systolic BP \geq 110(105) For Two
Measurements Within 15 Minutes; After T**



Protocols for Early Warning, by location



**For Every Unit In Your Hospital, Do You Have
Standard Protocols For Early Warning Signs, Updated Diagnostic Criteria, Monitoring and Treatment of Severe Preeclampsia/Eclampsia.**



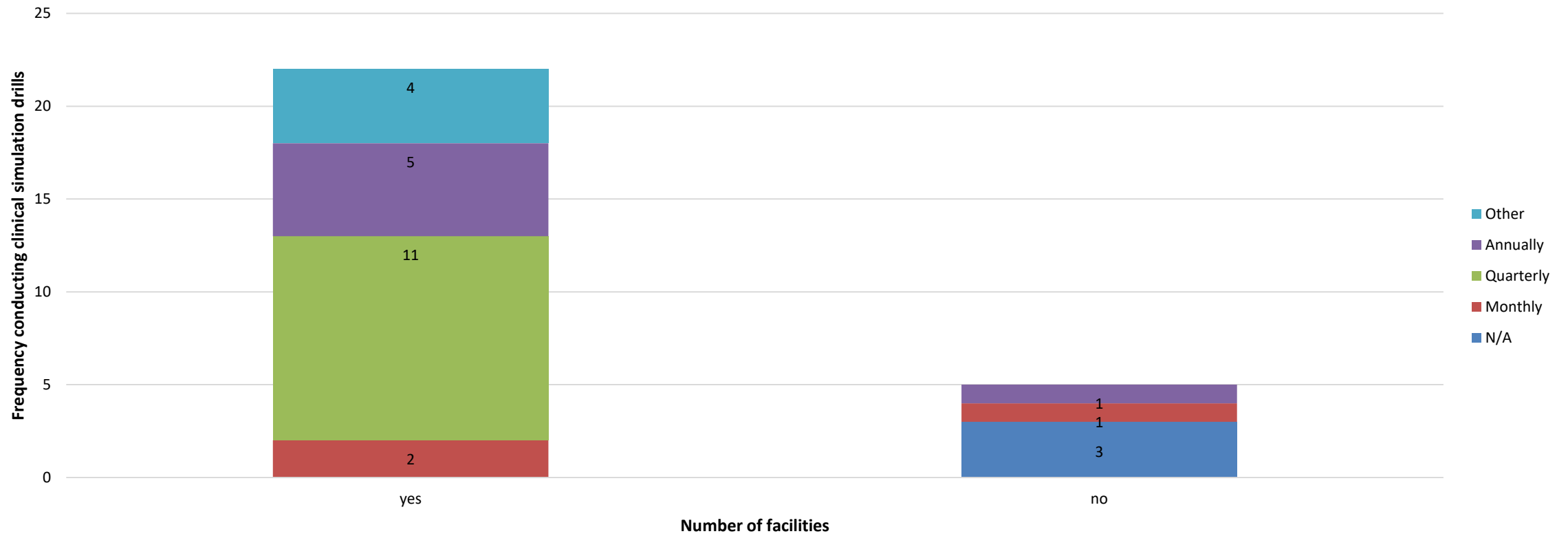
AIM HTN Process Measures

<p>P1: Unit Drills</p>	<p>Report # of Drills and the drill topics P1a: In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic? P1b: In this quarter, what topics were covered in the OB drills?</p>
<p>P2: Provider Education</p>	<p>Report estimate in 10% increments (round up) P2a: At the end of this quarter, what cumulative proportion of OB physicians and midwives has completed (within the last 2 years) an education program on Severe HTN/Preeclampsia ? P2b: At the end of this quarter, what cumulative proportion of OB physicians and midwives has completed (within the last 2 years) an education program on the Severe HTN/Preeclampsia bundle elements and the unit-standard protocol?</p>
<p>P3: Nursing Education</p>	<p>Report estimate in 10% increments (round up) P3a: At the end of this quarter, what cumulative proportion of OB nurses has completed (within the last 2 years) an education program on Severe HTN/Preeclampsia? P3b: At the end of this quarter, what cumulative proportion of OB nurses has completed (within the last 2 years) an education program on the Severe HTN/Preeclampsia bundle elements and the unit-standard protocol?</p>
<p>P4: Treatment of Severe HTN</p>	<p>Report N/D Denominator: Women with persistent (twice within 15minutes) new-onset Severe HTN (Systolic: ≥ 160 or Diastolic: ≥ 110), excludes women with an exacerbation of chronic HTN Numerator: Among the denominator, cases who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine</p>

Drills



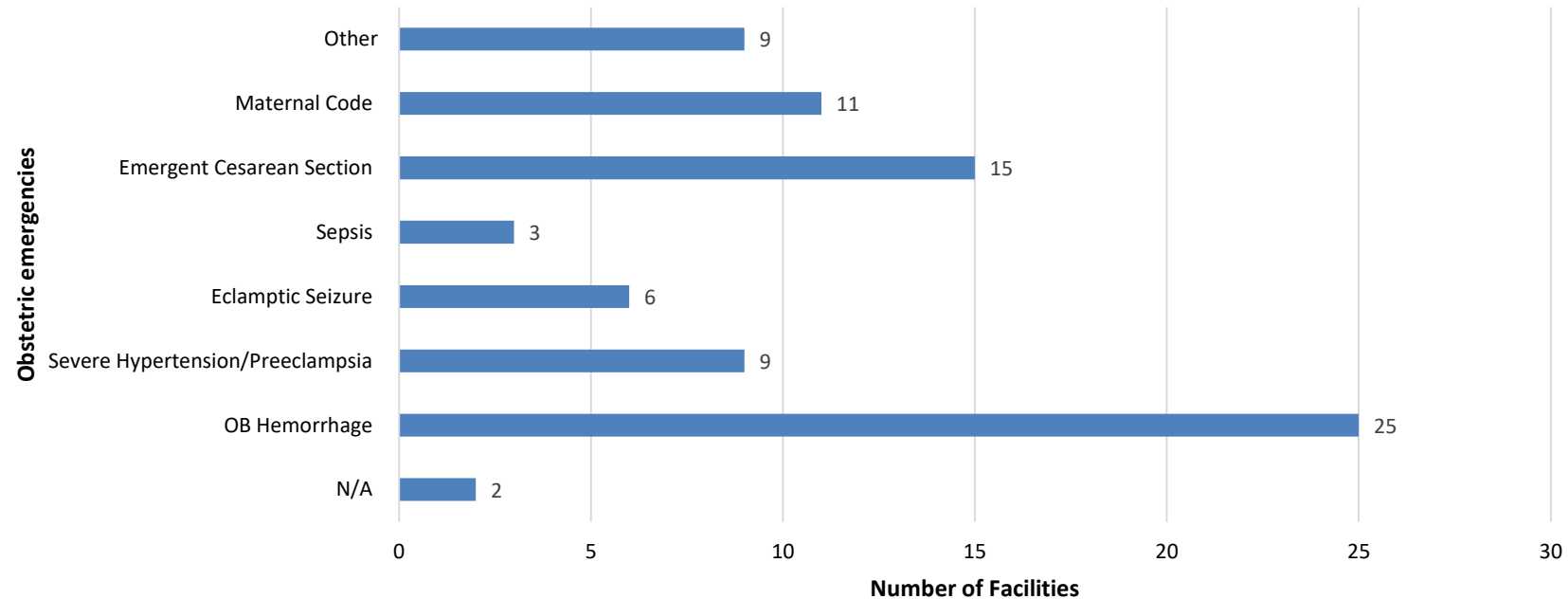
Does Your Hospital Conduct Regular Multidisciplinary In Situ (on site) Clinical Scenario Simulation Drills for OB Emergencies? If so, how often?



Drill topics

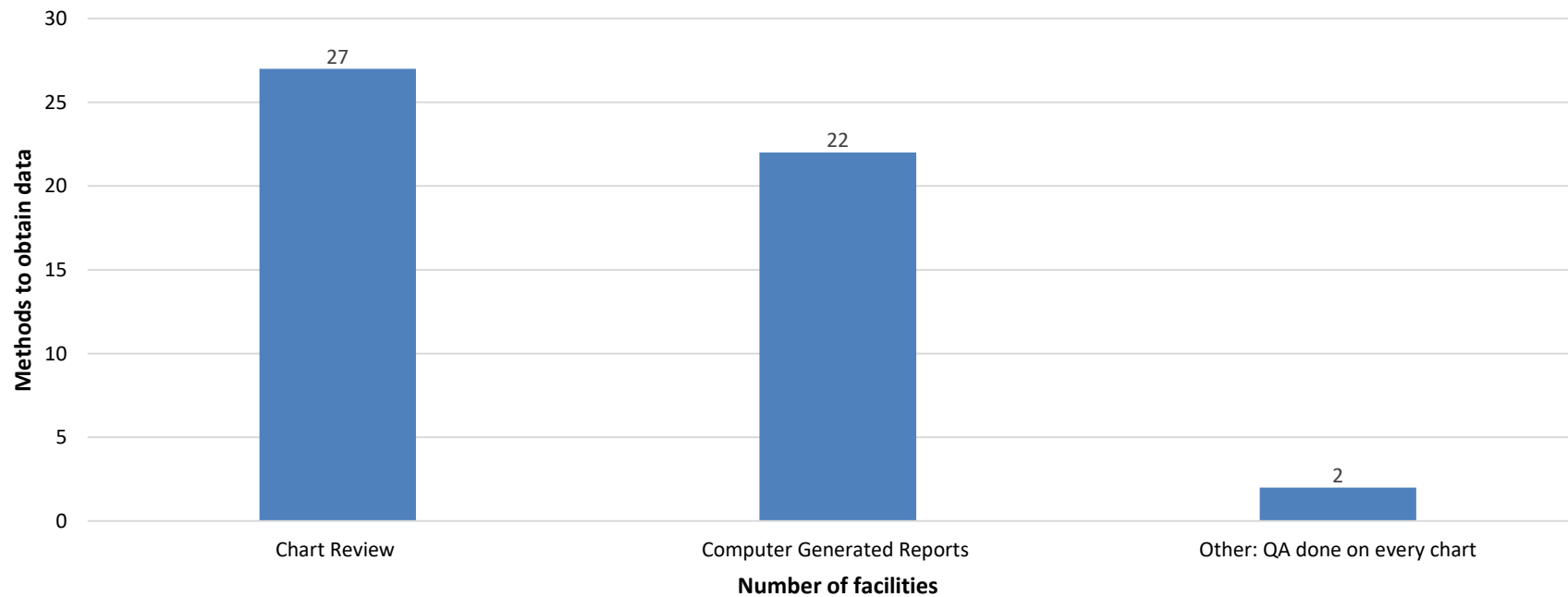


What Obstetric Emergencies Does The Clinical Scenario Simulation Drills Focus On? Select All That Apply.





How Does the OB Department Obtain Data to Track Unit-Based Outcomes at Your Hospital? Select All That Apply.



P4: Treatment of Severe HTN



- Report N/D
- Denominator: Women with persistent (twice within 15minutes) new-onset Severe HTN (Systolic: ≥ 160 or Diastolic: ≥ 110), excludes women with an exacerbation of chronic HTN
- Numerator: Among the denominator, cases who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine

Case Identification



- **2 BP recordings 160/110 15 minutes apart in same position, seated or while in semi-fowler's position with appropriate size and placed cuff**
- **Identify patients with severe features of preeclampsia for Magnesium Sulfate administration**
- **How can this happen in your setting?**
 - Vitals report from EMR
 - Medication report
 - Manual tracking
- **How to ensure full capture?**
- **How to exclude chronic HTN?**

Date: _____

GA at Event (weeks & days) OR # Days Postpartum: _____

Patient Location (check all that apply) Triage L&D Postpartum Antepartum ED

Maternal Age: _____ Height: _____ Current Weight: _____

Diagnosis: Chronic HTN Gestational HTN Preeclampsia Superimposed Preeclampsia Postpartum Preeclampsia
 Other _____



PROCESS MEASURE (P1): Medical Management

Time: hh:mm	Measure
	BP reached ≥ 160 or diastolic ≥ 110 (sustained > 15 min)
	First BP med given
	BP reached < 160 and diastolic BP < 110

Medications (check all given)

Medications	Dosage(s) given	Reason not given
<input type="checkbox"/> Labetalol		
<input type="checkbox"/> Hydralazine		
<input type="checkbox"/> Nifedipine		
Magnesium Sulfate Bolus	<input type="checkbox"/> 4gm <input type="checkbox"/> 6gm <input type="checkbox"/> Other	
Magnesium Sulfate	<input type="checkbox"/> 1gm/hr <input type="checkbox"/> 2gm/hr	
Maintenance	<input type="checkbox"/> 3gm/hr <input type="checkbox"/> Other	
Any ANS (if < 34 wks)?	<input type="checkbox"/> Partial Course <input type="checkbox"/> Complete Course <input type="checkbox"/> Not Given	

BALANCING MEASURE (B1,B2): Monitor Medical Management

B1. Did diastolic pressure fall to < 80 within one hour after meds given?

YES NO

B2. If yes, was there corresponding deterioration in FH rate (Category 3)?

YES NO NA (for postpartum patients)

Opportunities for improvement to reduce time to treatment (identification severe HTN to treatment goal < 60 minutes):

De-brief

Debrief Participants: Primary MD: YES NO Primary RN: YES NO

TEAM ISSUES	Went well	Needs Improvement	Comment	SYSTEM ISSUES	Went well	Needs Improvement	Comment
Communication				HTN medication timeliness			
Recognition of severe HTN				Transportation (Intra-, inter-hospital transport)			
Assessing situation				Support (in-unit, other areas)			
Decision making				Med availability			
Teamwork				Any other Issues:			
Leadership							



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 (include patients from triage, L&D, Antepartum, PP, ED) in order to reduce preeclampsia morbidity in Illinois.

Instructions: Complete within 24 hrs. after all cases of new onset severe hypertension (> 160 systolic or > 110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

GA at Delivery (weeks & days): _____

OB COMPLICATIONS (check all that apply)

Adverse Maternal Outcome:

Date: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> OB Hemorrhage with transfusion of ≥ 4 units of blood products | <input type="checkbox"/> Pulmonary Edema | |
| <input type="checkbox"/> Intracranial Hemorrhage or Ischemic event | <input type="checkbox"/> HELLP Syndrome | <input type="checkbox"/> Oliguria |
| <input type="checkbox"/> ICU admission | <input type="checkbox"/> DIC | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Eclampsia | <input type="checkbox"/> Ventilation | <input type="checkbox"/> Placental Abruption |
| <input type="checkbox"/> Liver failure | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other _____ | | |

Adverse Neonatal Outcome:

Date: _____

- NICU admission IUFD Other _____ None

Maternal Race/Ethnicity (check all that apply):

- White Black Hispanic Asian Other

Maternal Transport:

Transport In? YES NO **Date:** _____

Transport Out? YES NO **Date:** _____

PROCESS MEASURE (P2) Discharge Management

A. Discharge Education: Education materials about preeclampsia given?

- YES NO

B. Discharge Management: Follow-up appointment scheduled within 10 days

(for all women with any severe range hypertension/preeclampsia)

- YES NO

Was patient discharged on meds?

- YES NO

If YES: Was follow up appointment scheduled in <72 hours?

- YES NO

COMMENTS about Medical Management, Monitoring, Discharge:

Education Plan for HTN Teams



- **October 1, 2019**

Recognition: Accurate BP Measurement and Diagnosis

- **November 5, 2019**

Readiness: Patient Education

- **December 3, 2019**

Readiness and Reporting: Implementing Drills and Debriefs



Additional Resources



- www.georgiapcq.org
 - All webinars are archived under “more” and “events-Maternal”
- The Alliance for Innovation in Maternal Health (AIM)
 - E-modules www.safehealthcareforeverywoman.org/aim-emodules/
 - Implementing QI Projects https://safehealthcareforeverywoman.org/wp-content/uploads/2017/12/Implementing-Quality-Improvement-Projects-Toolkit_V1-May-2016.pdf
 - AIM-In-Situ OB-Drill Resource List
- National PQC Webinar Series
- ILPQC <http://ilpqc.org/>
- CPQCC <https://www.cpqcc.org/>



Your feedback is
appreciated!!!

Thank you!

