

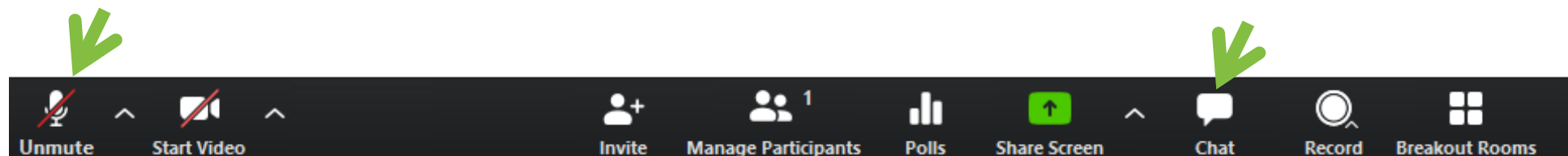


Maternal Hypertension Initiative

Action Period Call
April 26, 2023
12:00 – 1:00 PM CT

Welcome

- Please type your **name** and **organization** you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at <http://www.alpqc.org/initiatives/htn>
- We will be recording this call to share, along with any slides.



Agenda



- Welcome & Updates  12:00 – 12:05
- Team Shares  12:05 – 12:45
- Q&A  12:45 – 12:55
- Next Steps  12:55 – 1:00



Updates

- **New ALPQC Quality Improvement RN starting on May 1st**
 - Hospital teams should prepare to schedule regular 1:1 meetings
- **Steering Committee Re-launch**
 - Look for email invitation and application
 - Hospital representatives are invited to join and serve on the Hospital Advisory Group or any subcommittees or workgroups
- **Sign up for hospital team share if your team has not presented yet**
- **Summit will be in Montgomery on September 20th, 2023**
- **The Alabama Maternal Health Task Force kicks off under ALPQC leadership on Tuesday, May 2nd**

Next AIM Bundle



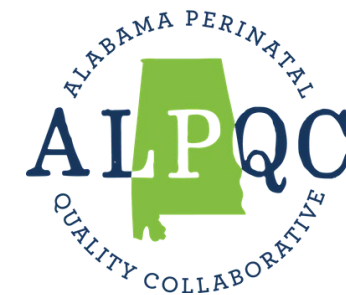
Postpartum hemorrhage causes approximately 11% of maternal deaths in the United States and is the leading cause of death that occurs on the day of birth. Importantly, 54–93% of maternal deaths due to obstetric hemorrhage may be preventable. - ACOG



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



Obstetric Hemorrhage
Patient Safety Bundle



Hospital Share

Infirmary Health, Baptist Medical Center East, Huntsville Hospital Women & Children



Infirmary Health

Mobile Infirmary North Baldwin Infirmary Thomas Hospital

Team Leads: Debra Hinton, MBA, RN, NE-BC; Gena Cash, BSN, RNC-OB;
Tiffany Moseley, MSN, RNC-OB, C-ONQS
Nurse Champions: Meredith Jackson, BSN, RN, RNC-OB;
Sanya Wilson-Pettway, BSN, RN, RNC-OB
Data Champion: Christie Skinner



Successes

- Developed assessment documentation triggers for Emergency Departments across the system (including free standing emergency departments) to improve assessment, recognition, and time to treatment for the OB patient
- Developed policies and emergent therapy order sets to provide consistent protocols for use in the Emergency and Obstetrical Departments Developed debrief forms to identify opportunities for improvement
- Provide various patient educational materials to patients during their hospital visit and at the time of discharge
- Have processes in place for making follow-up patient appointments



- **Multidisciplinary team simulation drills**

Drills include staff from: Labor and Delivery, Nursery, Post Partum, Scrub Techs, Nursing Assistants, Unit Secretaries, Lab, Rapid Response Team, Emergency Department, Pharmacy, Respiratory, Anesthesia Physicians, CRNA's, Obstetricians, Neonatologists, and Neonatal Nurse Practitioners

Challenges & Barriers

Challenge: Having providers consistently follow the emergent therapy orders and policy

- Barrier: Some physicians are resistant to following the standardized order sets

Challenge: Simulation for the ED Providers and Nursing Staff

- Barrier: With multiple levels of providers and separate locations (free standing emergency departments), it is difficult for them to participate in drills, especially if there are numerous drills in one day



Opportunities

- **Incorporate ICU nurses into education and simulation training**
 - During a recent Joint Commission Survey, the suggestion was made to include the ICU nurses in education and simulation training. In some situations, patients are transferred to another hospital for care, depending on their needs and our ability to treat the patient. Most often, a patient requiring transfer would not yet be delivered. Otherwise, if the patient is critical and requiring invasive monitoring, they would be transferred to one of our intensive care units.
- **Additional drills for the Main ED and Free Standing Emergency Departments**



Next Steps

- **Develop education for our ICU nurses**
- **Develop and complete more simulation sessions for the ED staff and providers**



Needs

Has anyone incorporated team education and simulation training for your ED and ICU areas?

What should be the focus of their education?

Q&A



Please feel free to **unmute** and ask questions

You may also enter comments or questions in the "chat" box



Hospital Share

Baptist East Medical Center



Baptist Medical Center East

Amanda Wright, MSN, RNC-MNN

Nurse Manager L&D, Antepartum, & OB Emergency Dept.





Successes

We have achieved 98% compliance with the Maternal Severe HTN safety bundle

Success is related to:

- Collaboration – Risk Management, Nursing Leadership, IT, Education, MDs/CNMs
- MD/CMW/Staff buy-in – already using protocols, happy to have the protocol order set developed
- Addition of OB Hospitalists
- Completion of trainings – multiple in-services for current staff
- Onboarding of new team members – part of their orientation process



Challenges & Barriers

Compliance with the HTN safety bundle has been smooth with these exceptions:

- Collaboration with ED staff and education
 - ED educator not understanding the process, especially with delivered patients
 - Staff turn over in the main ED (many travelers)
 - Education and comprehension of ED staff at one facility with no OB services
- Staff turnover in different departments (House Supervisors) and their response to Code OB Alpha



Opportunities

- Consistency across system facilities
 - Baptist South with OB services
 - Prattville Baptist with no OB services
- New staff or team members – orientation for all OB Departments includes all current maternal safety bundles
- On-going education for all departments –
 - Development of computer based learning modules for main ED and a separate one for OB units
 - Collaboration between departments for interdisciplinary drills
- Opportunities arising from data review – Risk Management reviews all cases and follows up



Next Steps

- Annual Competencies
- Continued partnership with the ED
- Continued data collection
 - Collaboration with IT team to simplify
- Interdepartmental drills for Code Alpha

Measures O1 and O2

PatientRace	Mar			
	O1 Numerator	O1 Denominator	O2 Numerator	O2 Denominator
Asian		7		1
Black or African American	1	178		18
Hispanic		27		1
Native Hawaiian or Other Pacific Islander		1		0
Other		7		0
Unknown		1		0
White		142		2
(Empty)		1		0
Grand total	1	364		22

Q&A



Please feel free to **unmute** and ask questions

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Hospital Share

Huntsville Hospital



Huntsville Hospital Women & Children

Jennifer Carson RN

Nichole Shockley RN

Tammy Baer RN

Renee Key RN





Successes



- Case Review Committees
- Culture shifts
- ED HTN Assessment
- Simulations
- Policy development

Maternal Case Review Evaluation

Case Information		Review Date:	Case Number:
Patient:		Medical Record Number:	
Admission Date:		Discharge/Expired:	
Event Date:		Department(s) Involved:	
Involved Physician(s)/Provider(s):			
Description of Event:			
Review Criteria Qualifier(s)/Reason(s):			
Case Discussion			
Primary Provider details to share with committee:			
Committee questions for Primary Provider:			
What went well?			
Does this case bring up any concerns?			
What could be done differently next time?			
Errors Identified:	Human: <i>(ex. blood pressure not taken in timely manner)</i>	Process: <i>(ex. design did not work as planned, expectations did not match reality)</i>	Structural: <i>(ex. understaffing, equipment failures/unavailability, etc.)</i>
Other comments:			
Recommendations: <i>(protocol/policy changes, education, considerations for future)</i>			
Follow up planned: <i>(answers to any questions asked, education, changes, etc)</i>			
Feedback from follow up survey: <i>(survey/monkey feedback)</i>			
Follow Through: <i>(questions answered, changes implemented, education provided, etc)</i>			

The information included in this document is prepared and maintained for use by Hospital Quality assurance pursuant to Section 22-21-8 of the Code of Alabama, 1975.



Challenges & Barriers

- Outcomes Report
- Follow up appointments
- Discharge Education standardization
- Case Review quantity



Opportunities



- Provider buy-in
- Data review



Next Steps

- OB Provider Meeting – Education and Discussion
- Discharge Booklet & Antepartum Discharge Template
- Outcomes Report updates
- Review & Share data
 - Process Improvement

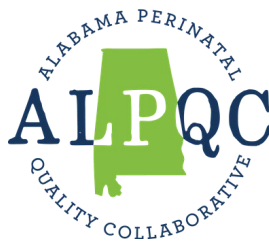


Needs



- How is your hospital managing follow up appointments?
- Case Reviews - quantity and frequency?
- What does your ALPQC team structure look like?

Q&A



Please feel free to **unmute** and ask questions

You may also enter comments or questions in the "chat" box



Next Steps & Reminders



Data Submission Reminders

MONTHLY Measures



Measure Type	Measures	Measurement Period	Reporting Due*
Outcome	1. SMM (excluding transfusion codes)		
Outcome	2. SMM among people with preeclampsia (excluding transfusion codes)	Dec 2022	←→ Jan 31, 2023
<i>For pregnant and postpartum patients with persistent severe HTN during hospitalization:</i>		Jan 2023	←→ Feb 28, 2023
Process Patient-level	1. Timely treatment of persistent severe HTN	Feb 2023	←→ Mar 31, 2023
Process Patient-level	2. Patient discharged with a postpartum BP and symptoms check scheduled	Mar 2023	←→ Apr 30, 2023
Process Patient-level	3. Patient and family education on preeclampsia signs & symptoms prior to discharge	Apr 2023	←→ May 31, 2023

All Measures Reported by Race/Ethnicity

Data Submission Reminders

QUARTERLY Measures



Measure Type	Measure	Measurement Period	Reporting Due*
Process Facility-level	4. Provider education: Severe HTN/preeclampsia & <i>Respectful and Equitable Care</i>	July – Sep 2022 ↔ Oct – Dec 2022 ↔ Jan – Mar 2023 ↔ Apr – Jun 2023 ↔ July – Sep 2023 ↔	Nov 30, 2022 Jan 31, 2022 Mar 31, 2023 Jun 30, 2023 Sep 30, 2023
	5. Nursing education: Severe HTN/preeclampsia & <i>Respectful and Equitable Care</i>		
	6. ED: Provider and Nursing Education: signs & symptoms severe HTN/preeclampsia in pregnant and postpartum patients		
	7. Unit drills		
Structure Facility-level	1. Severe HTN/Preeclampsia policy and procedure		
	2. Established system to perform regular formal debriefs <u>with the clinical team</u> after cases with major complications		
	3. <i>Established standardized process for debriefs <u>with patients</u> after a severe event</i>		
	4. Established process for multidisciplinary systems-level reviews on SMM cases		
	5. <i>Developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards</i>		
	6. ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process		



Hospital Team Share

***Please remember to sign your team up to present at an upcoming Action Period call!
(Link in chat)***

Next Meeting



Wednesday, May 24, 2023

12:00 PM – 1:30 PM

"Beyond Labels"

Hosted by March of Dimes

A screenshot of the March of Dimes website page for the "Beyond Labels" campaign. The page has a white header with the March of Dimes logo on the left and a navigation menu on the right. The navigation menu includes links for HOME, WHY STIGMA MATTERS, WHAT STIGMA LOOKS LIKE, WHAT YOU CAN DO, RESOURCES, SUBSTANCE USE STIGMA, and CONTACT US. The main content area features a dark background image of a person's hands holding a book. Overlaid on this image is the text "BEYOND LABELS" in large, white, bold, sans-serif letters, and below it, "DO YOUR PART TO REDUCE STIGMA" in smaller, white, bold, sans-serif letters. Below the image is a purple banner with white text that reads: "Discover how you can help reduce health-related stigma among all moms and babies so they can get the support and care they need." Below the banner is a white text block that reads: "Stigma is giving someone an undesirable label based on negative social perceptions. Designed for people who work in health-related fields, this interactive site will help you learn how stigma can impact the healthcare and support women need, seek and receive. Scroll down the page to discover why stigma happens, hear stories about the impact of stigma, and learn specific ways you can become a change agent to reduce stigma in your workplace or community."