



Hypertension in Pregnancy (HIP) Initiative

January 2017 Learning Session:

HIP Hospital Stories

Part I

Partnering to Improve Health Care Quality
for Mothers and Babies



Welcome!

- **Please join by telephone to enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.**
- If you have a question, please enter it in the Question box or Raise your hand to be un-muted.
- This webinar is being recorded.
- Please provide feedback on our post-webinar survey.

Agenda

January 19, 2017

HIP Initiative Announcements

 Tampa General Hospital

 Sarasota Memorial Hospital

 Winnie Palmer Hospital

 Lee Health (Cape Coral, HealthPark and Gulf Coast)

 Memorial Miramar and Memorial Regional Hospitals

 **Discussion and Questions from the Audience**

Announcements: Resources

- Website with archived webinars:
<http://health.usf.edu/publichealth/chiles/fpqc/hip>
- Toolbox:
http://health.usf.edu/publichealth/chiles/fpqc/hip_toolbox
- Site Visit with or without a Grand Rounds presentation
- Clinical Questions/Technical Assistance – send us your questions any time fpqc@health.usf.edu

Ask Your Doctor or Midwife

Preeclampsia

What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman.

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Risks to Your Baby

- Premature birth
- Death

Signs of Preeclampsia



Stomach pain



Headaches



Feeling nauseous;
throwing up



Seeing spots



Swelling in your
hands and face



Gaining more than
5 pounds in a week

What Should You Do?

Call your doctor right away. Finding preeclampsia early is important for you and your baby.

For more information go to www.preeclampsia.org

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Preeclampsia Signs & Symptoms Patient Education

English/Spanish: Tear Pads
and Posters

French/Creole: Tear Pads

Send request to:

FPQC@health.usf.edu

ANNOUNCING:

QUALITY IMPROVEMENT RECOGNITION AWARDS

HYPERTENSION IN PREGNANCY

GOLD

- ✓ Structural measures
+
- ✓ **All 5** Process
Measure goals met

SILVER

- ✓ Structural measures
+
- ✓ **4 of the 5** Process
Measure goals met

BRONZE

- ✓ Structural measures
+
- ✓ **3 of the 5** Process
Measure goals met

*DETERMINED BY DATA FOR QUARTER 1 OF 2017
TO BE AWARDED AT CONCLUSION OF HIP INITIATIVE: JUNE 2017*

Award Criteria for HIP Initiative Hospitals:

Structural Measures:

- 👤 HIP Policies/procedures in place
- 👤 Policy/process to provide preeclampsia discharge education for all obstetric patients

Process Measures:

- 👤 Treatment within 1 Hour: $\geq 90\%$ of cases
- 👤 Debrief: $\geq 30\%$ of cases
- 👤 Discharge education: $\geq 90\%$ of cases
- 👤 Appointments in appropriate timing: $\geq 90\%$
- 👤 Provider Education in 2016: $\geq 90\%$ of providers/staff

Florida Perinatal Quality Collaborative

ANNUAL CONFERENCE

April 27-28, 2017

Topics of Particular Interest for Maternity Care Providers:

- South Carolina Birth Outcomes Initiative: Action and Results for LARCs Immediate Postpartum with Melanie BZ Giese
- A Parent Perspective with Heather Barrow of High Risk Hope
- Co-Producing Care with Patients and Families with Maren Batalden
- Supporting Vaginal Birth: Skills for Nurses - Breakout
- Reduction of Peripartum Racial/Ethnic Disparities – Breakout
- Breakouts on FPQC projects: Postpartum LARC, Perinatal Quality Indicators, Hypertension in Pregnancy

REGISTRATION NOW OPEN

FPQC.org

1 Day Pre-Conference

Quality Improvement Methods Training for Perinatal Providers

Wednesday
April 26th

Tampa, FL

Holiday Inn Westshore

Conference
Dates: April 27-
28



Physician MOC

- 👤 Great way to get your physicians involved in the project!
- 👤 Requirements:
 - 👤 Diplomate of ABOG
 - 👤 Actively participate in HIP
 - 👤 Submit a statement addressing how project benefits patients, impacts practice, and how you participated
- 👤 For more information contact: fpqc@health.usf.edu



Our HIP Initiative Journey

Tampa General Hospital Tampa, Florida

Partnering to Improve Health Care Quality
for Mothers and Babies





TGH HIP Team Members

- 👤 **Judette Louis, MD** FPQC Leader
- 👤 Ashley Cain, MD
- 👤 Dacha Aparna, MD
- 👤 Pam Sanders, VP
- 👤 Sherri Badia, Nurse Manager
- 👤 Courtney Hancock, Nurse Manager
- 👤 Frances Manali, Nurse Clinician
- 👤 Jenni Daboll, Nurse Clinician
- 👤 Kate Jones, Unit Based Educator
- 👤 Jessica Brower, Unit Based Educator
- 👤 Christy Bassel, Pharmacist
- 👤 Vicki Jarvis, Epic Analyst
- 👤 Pat Barry, Perinatal Quality Specialist

Where We Started

- Existing Protocol that needed revisions
- Triage orders that addressed vital signs
- Severe hypertension medications readily available in Labor and Delivery
- Hypertension education provided to L&D/AP nurses during Transition classes
- No coordination of provider and nursing staff education

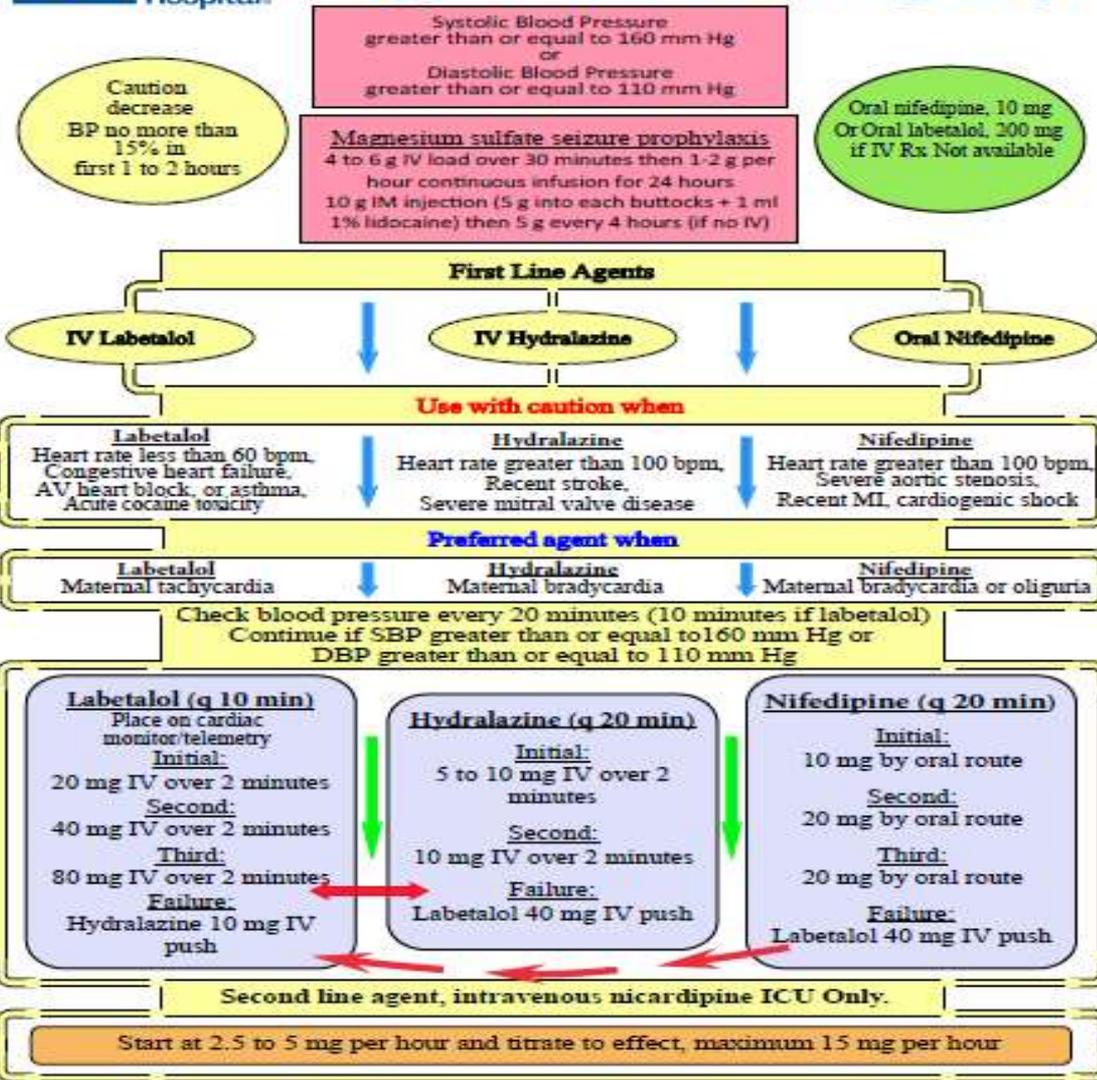
What We've Achieved

- 👶 Revised protocol utilizing HIP initiative recommendations
- 👶 Modified FPQC algorithm
- 👶 Modified Triage order sets
- 👶 Trained all staff members in L&D/AP/PP in correct blood pressure measurement
- 👶 Education provided to all staff members on the HIP initiative, protocols and algorithms
- 👶 FPQC Grand Rounds provided to providers and nursing staff
- 👶 Initiative Kick-Off with education for providers

Modified Hypertensive Emergency Algorithm



Hypertensive Emergency



OB Triage Evaluation Order Set Revised

Order Sets

- Nursing Interventions
 - Vital signs
 EVERY HOUR First occurrence Today at 1000 Until Specified
 - Measure blood pressure
 EVERY 15 MIN First occurrence Today at 0901 for 4 occurrences
 if BP 140 or higher systolic, or 90 or higher diastolic, repeat BP every 15 minutes X4, then as ordered
 - Pulse checks
 EVERY 15 MIN First occurrence Today at 0901 for 4 occurrences
 - Blood Pressure - Notify MD immediately if BP 160 or higher systolic or 110 or higher diastolic
 UNTIL DISCONTINUED starting Today at 0901 Until Specified
 - Assess
 UNTIL DISCONTINUED starting Today at 0901 Until Specified
 deep tendon reflexes (DTRs), presence of headache, upper quadrant pain, visual disturbances, if BP systolic 140 or higher or diastolic 90 or higher.
 - Continuous Fetal monitoring
 CONTINUOUS starting Today at 0901 Until Specified
 if 23 weeks or greater
 - Notify physician immediately for Nonreassuring FHR tracing
 UNTIL DISCONTINUED starting Today at 0901 Until Specified
 - Nonreassuring FHR Tracing
 Initiate repositioning, IV fluid bolus of 500 ml normal saline, oxygen @ 10 liters/min per non-rebreather face mask and pulse oximetry if GA 23 weeks and beyond and recurrent late decelerations, prolonged decelerations or bradycardia noted. Call provider immediately.
 - Doppler fetal heart rate
 UNTIL DISCONTINUED starting Today at 0901 Until Specified
 if less than 23 weeks gestation

General Collapse

Order Sets

- Evaluation for Hypertension Panel
 - Measure blood pressure
 EVERY 15 MIN First occurrence Today at 0903 Until Specified
 Every 15 minutes for 1 hour. Followed by every 30 minutes for 1 hour, then as ordered
 - NSG Comm: Limit total IVF to 125mL/hr
 UNTIL DISCONTINUED starting Today at 0903 Until Specified
 Limit total IVF to 125mL/hr
 - CBC and Automated Differential w/reflex
 P STAT First occurrence Today at 0903
 - CMP
 STAT First occurrence Today at 0903
 - Protein/Creatinine, Ur
 STAT First occurrence Today at 0903
 - Uric Acid
 STAT
 - PT/PTT with INR
 STAT
 - Fibrinogen
 STAT
 - Urinalysis
 STAT
- Hypertension: Medications (initiate orders if patient presents with hypertension or referral for hypertension)
 - NIFEdipine (PROCARDIA) capsule
 10 mg, Oral, ONCE, STAT, Starting 1/9/17
 - labetalol (NORMODYNE) syringe
 20 mg, Intravenous, ONCE, STAT
 - hydrALAZINE (APRESOLINE) injection
 5 mg, Intravenous, ONCE, STAT
 - hydrALAZINE (APRESOLINE) injection

What We've Achieved

- All pregnant and postpartum patients receive preeclampsia/HTN information automatically upon discharge on the AVS (After Visit Summary)

AVS

Preeclampsia (High Blood Pressure)

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of pregnancy or up to 6 weeks after delivery.

Risks to you:

- Seizures
- Stroke
- Organ Damage
- Death

Risks to your baby:

- Premature birth
- Death

Signs of Preeclampsia:

- Headaches
- Stomach pain
- Feeling sick to your stomach or throwing up
- Swelling in your hands and face
- Blurry vision or seeing spots
- Gaining more than 5 pounds in a week

If you have any of these signs, call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.

Challenges Still to Tackle

- Hardwiring debrief process
- Utilization of Maternal Transfer form for all transfers
- Modification of Antepartum order set
- Streamline the discharge appointment process



Our HIP Initiative Journey

Sarasota Memorial Hospital

Debbie Dietz

Ellen French

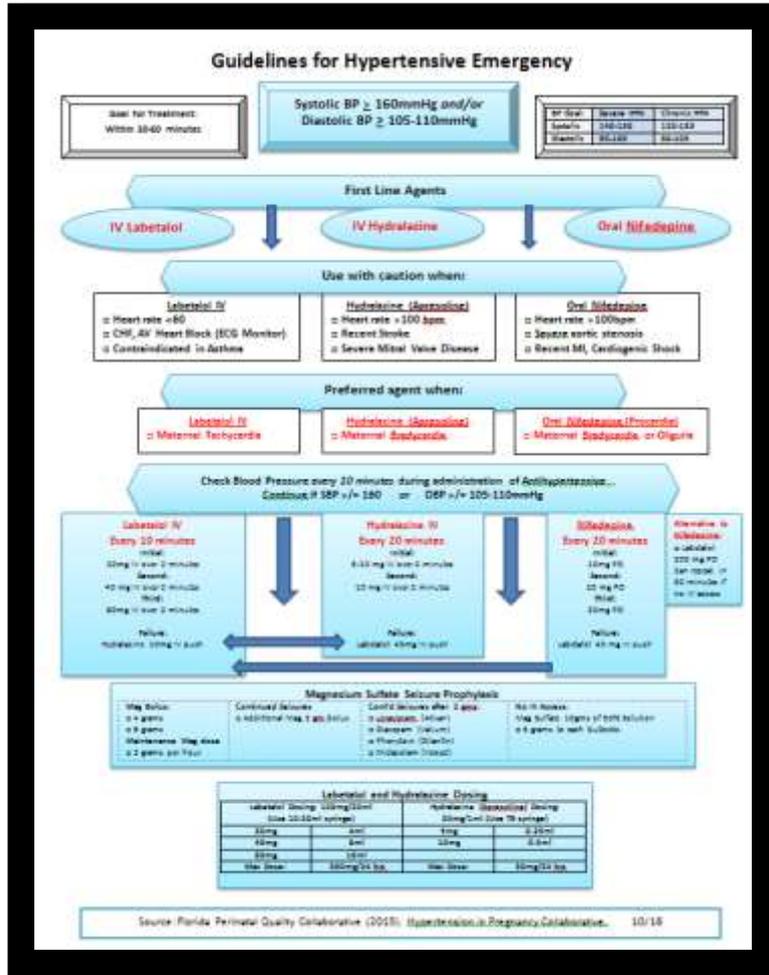
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Where We Started

- 👶 We had an older protocol for Labetalol and Apresoline in relation to Severe HTN
- 👶 Inconsistency in practice with practitioners, causing confusion with nurses and treatment
- 👶 FPQC initiative made it easier to develop the education/protocols/order sets to support a change in practice

What We've Achieved



OB Protocol Orders

SMMC OB ECC/DB Test

Patient Care

- Vaginal Exam:** If patient presents for **assessment of labor** or **assessment of membrane status** and is greater than 36 weeks gestation (with no history of placenta previa or history of undiagnosed severe vaginal bleeding with current pregnancy)

Vital Signs:

- Vital Signs every 2 hours
- Serial BP every 15 minute x 4 if patient presents with:
 - SBP greater than 140mmHg or a DBP of 90mmHg or greater
 - Headache
 - Visual disturbances
 - Hyperreflexia
 - Epileptic pain or abdominal pain
- Notify provider if SBP: Greater than 140mmHg or less than 90mmHg on 2 occasions 30 minutes apart
- Notify provider if DBP: Greater than 90mmHg or less than 50mmHg on 2 occasions 30 minutes apart
- Notify provider if HR: Greater than 120 BPM or less than 60 BPM on 2 occasions 30 minutes apart
- Notify provider if Respirations: Greater than 24 or less than 12 per minute on 2 occasions 30 minutes apart
- Notify provider if Temp: Greater than 101.4 degrees F

Fetal Monitoring:

- Continuous Fetal Monitoring:** External Fetal Monitor US/Tocotransducer if patient is greater than 24 weeks gestation
- Fetal Heart Doppler:** Doppler for 1 minute if patient is less than 24 weeks gestation

Laboratory:

- May IV heparin if serum labs are drawn
- Labs: If patient presents with repeat SBP greater than 140mmHg or DBP greater than 90mmHg, headache, hyperreflexia, visual disturbances, Epigastric pain, or abdominal pain
 - CBC with Diff, Chem 12, Urine for protein/creatinine ratio, CClIA
- Accucheck: if patient presents with diaphoresis, shakiness, pallor or change in level of consciousness
- CCUA: If patient presents with frequency, urgency, shakiness, dysuria, CVA tenderness, lower abdominal pain/pressure/cramping or back pain
- Nitrazine Test: if patient presents with suspected ruptured membranes
- Walk in Labs: if patient presents with NO prenatal care

Diagnostic Tests:

- US Fetal: if unable to obtain fetal heart tones
- US Fetal: if unable to determine fetal presentation

What We've Achieved

Time Form Created: 1/4/2017 17:44

NEW PRACTICE GUIDELINES

References: Magnesium Drip Rates, VS Frequency, DTR's, Signs Of Magnesium Toxicity

Magnesium Sulfate

Therapeutic Serum Magnesium level is 5-7

4 gram bolus
M / d / yyyy H :mm

Pump setting 150 ml/hr
or
6 Gram bolus
M / d / yyyy H :mm

Pump setting 300 ml/hr

Magnesium Sulfate
Dose: _____ Grams per hour
Pump Setting: _____ Pump Setting

If seizures continue give additional loading dose of magnesium sulfate 2 grams IV over 5 minutes
2 gram bolus
M / d / yyyy H :mm

If no IV 10 Gram IM injection - 5 grams into each buttock
M / d / yyyy H :mm
M / d / yyyy H :mm

For Magnesium Toxicity
Antidote Calcium Gluconate 10ram IV over 5 minutes

MEDICATIONS FOR SEIZURES/TO PREVENT SEIZURES

If seizures continue and Magnesium ineffective may give the following medications:
Provider order required before administration of any medications

Lorazepam (Ativan) 4 mg give over 2-5 minutes. Can repeat in 5-15 minutes. Maximum Dose 8mg/12 hours
M / d / yyyy H :mm M / d / yyyy H :mm

Diazepam (Valium) 5-10 mg IV slowly (can repeat every 15 minutes up to 30 mg)
M / d / yyyy H :mm M / d / yyyy H :mm M / d / yyyy H :mm
Dose: _____ mg Dose: _____ mg Dose: _____ mg

Midazolam (Versed) 1-2 mg IV (can repeat in 5-10 minutes)
M / d / yyyy H :mm M / d / yyyy H :mm
Dose: _____ mg Dose: _____ mg

Phenytoin (Dilantin) 1000 mg IV over 20 minutes (may cause QRS or QT prolongation changes)
M / d / yyyy H :mm

Notes: _____

Notification:
 DB
 Hospitalist
 Anesthesiologist
 CRNA

FOR BP 160 SYSTOLIC AND/OR 105 DIASTOLIC OR GREATER

SEVERE HYPERTENSION
Target BP is Systolic 140-150/Diastolic 90-100 mmHg

Give Labetalol IV over 2 minutes. Maximum dose in 24 hours is 300 mg
Cardiac monitor placed @ M / d / yyyy H :mm

M / d / yyyy H :mm M / d / yyyy H :mm M / d / yyyy H :mm M / d / yyyy H :mm
Dose _____ mg Dose _____ mg Dose _____ mg Dose _____ mg

M / d / yyyy H :mm
Dose _____ mg Dose _____ mg Dose _____ mg Dose _____ mg

24 H Cumulative Dose _____ mg

Calculated from first dose time _____ mg

Give Amlodipine 5-10 mg IV over 2 minutes. Maximum dose in 24 hours is 30 mg

M / d / yyyy H :mm
Dose _____ mg Dose _____ mg Dose _____ mg Dose _____ mg

M / d / yyyy H :mm M / d / yyyy H :mm
Dose _____ mg Dose _____ mg

24 H Cumulative Dose _____ mg

Calculated from first dose time _____ mg

If No IV access may use Nifedipine OR Labetalol:
Nifedipine 10 mg PO, may repeat with Labetalol 200mg M / d / yyyy H :mm

What We've Achieved



Challenges Still to Tackle

- 👤 Post Partum Education
 - 👤 Patients
 - 👤 PP Nurses
- 👤 Providers to follow Protocols
 - 👤 Nurse Education complete
 - 👤 Physician Champions
- 👤 Working on Debriefs
 - 👤 Best Form to use
 - 👤 How to document that it is done

Obstetric/Neonatal Team Debriefing Form

Remember: The debrief provides an opportunity for the Obstetric/Neonatal Teams to review, then document the sequence of events, successes and barriers to a swift and coordinated response.

Goal: To Debrief (in addition to) unscheduled Cesarean Deliveries.

Team Note: Complete as soon as possible after the delivery, obtain input from all participants.

Type of Event: C-Section Delivery Vaginal Delivery Other: _____

Location of Event: OR 1 OR 2 OR 3 Other: _____

Members of the Team present (Check all that apply)

<input type="checkbox"/> Primary RN	<input type="checkbox"/> Primary MD	<input type="checkbox"/> Charge RN	<input type="checkbox"/> Medical Student/Resident
<input type="checkbox"/> CRNA	<input type="checkbox"/> Anesthesiologist	<input type="checkbox"/> Clinical Coordinator	<input type="checkbox"/> Surgical Tech
<input type="checkbox"/> ORC RN(s)	<input type="checkbox"/> RTU	<input type="checkbox"/> Clinical Manager	<input type="checkbox"/> Other RN's
<input type="checkbox"/> VMT	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Thinking about how the Cesarean Delivery was managed:

Identify what went well (Check if Yes)	Opportunities for Improvement: "Human Factors" (Check if Yes)	Opportunities for Improvement: "Systems Issues" (Check if Yes)
<input type="checkbox"/> Communication	<input type="checkbox"/> Communication	<input type="checkbox"/> Equipment
<input type="checkbox"/> Role Clarity (leader/supporting roles identified and assigned)	<input type="checkbox"/> Role Clarity (leader/supporting roles identified and assigned)	<input type="checkbox"/> Medication
<input type="checkbox"/> Situational Awareness	<input type="checkbox"/> Situational Awareness	<input type="checkbox"/> Good Product availability
<input type="checkbox"/> Decision-making	<input type="checkbox"/> Decision-making	<input type="checkbox"/> Adequate support (in and/or other areas of the hospital)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays in transporting the patient
_____	_____	<input type="checkbox"/> Other: _____
_____	_____	_____
_____	_____	_____

Action Item: _____ Person Responsible: _____

Signature: _____

Completed form to be given to unit Manager.

Follow-up: _____



Our HIP Initiative Journey

Winnie Palmer Hospital for Women & Babies

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

- 👶 2009-Started HTN algorithm in triage
- 👶 Difficulty hardwiring process in other areas within the hospital
- 👶 Inconsistent management practices among providers
- 👶 No specific guidelines/policy that focused on HTN management

What We've Achieved

- 👶 Implementation of HTN crisis algorithm to all areas of the hospital
- 👶 Standardization in management of severe range blood pressures
- 👶 Clear goals for HTN crisis management
- 👶 Development of an order set and policy
- 👶 Developed consistent staff education

What We've Achieved

- 👤 Clear admission/transfer guidelines
- 👤 Improved physician consistency
- 👤 Collaboration with ED's in developing management recommendations

Challenges Still to Tackle

- 👤 Hardwire process for management of HTN patients in ED's
- 👤 Ensure consistent documentation standards
- 👤 Notification of RRT consistently
- 👤 Continue to hardwire processes
- 👤 Increase use of order set



Our HIP Initiative Journey

Lee Health

Cape Coral Hospital

Gulf Coast Medical Center

HealthPark Medical Center

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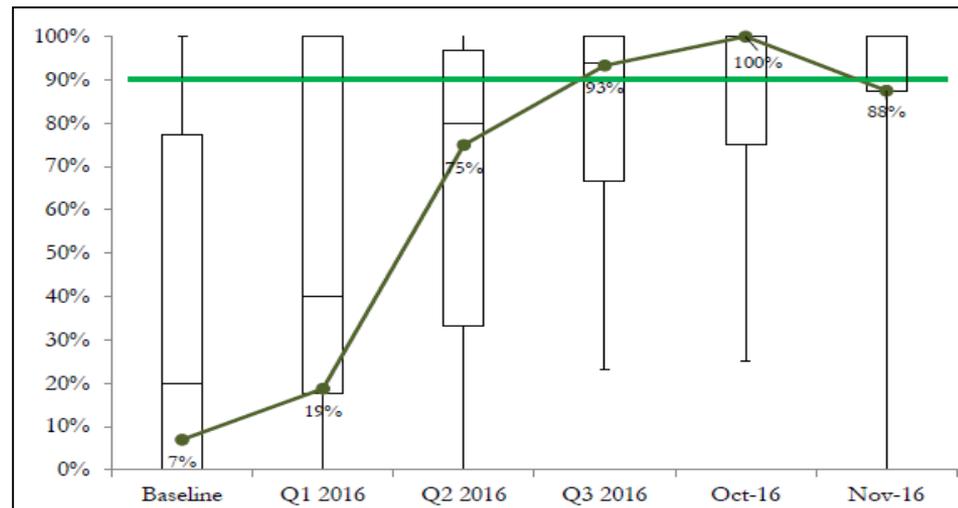
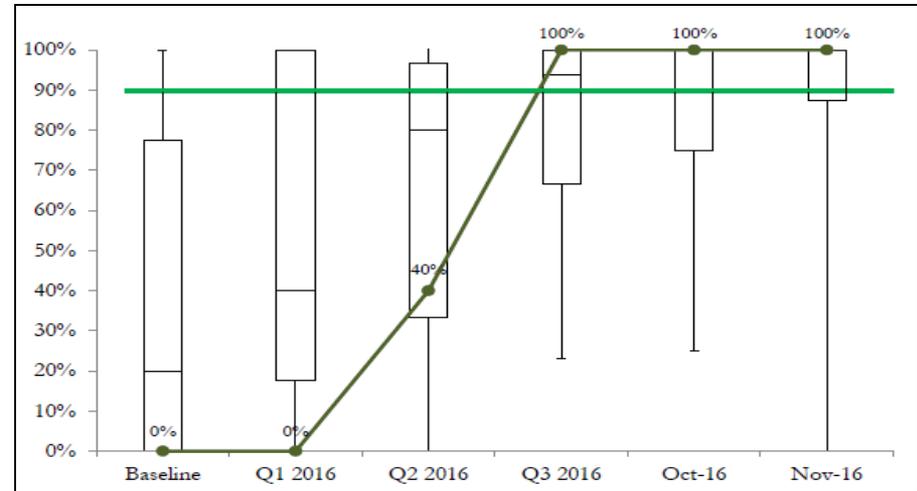
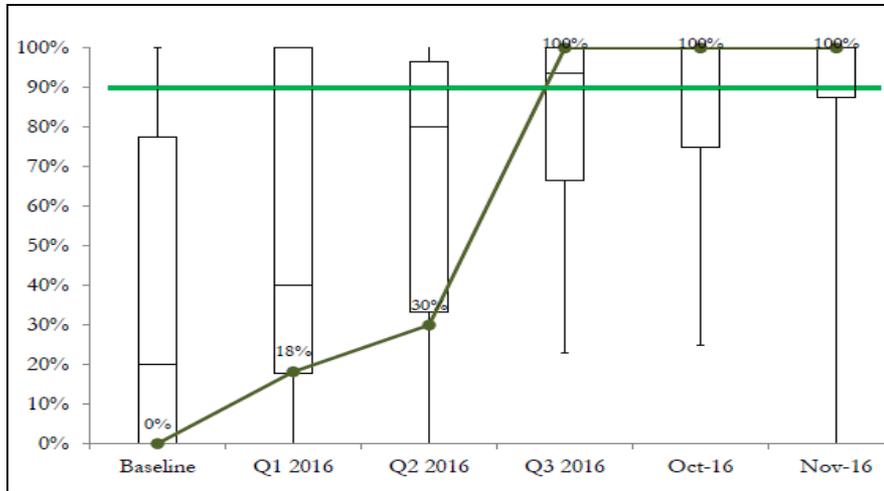
Where We Started

- 👶 Baseline: treating w/in 1 hour: CCH 0%, GCMC 80% (small sample), & HPMC 7%
- 👶 No policy
- 👶 Only 1 order set- Pre-eclampsia
- 👶 Turn-on-your-side culture
- 👶 Treatment focused on Magnesium Sulfate
- 👶 Incomplete discharge instructions
- 👶 Never conducted HIP drills or debriefings

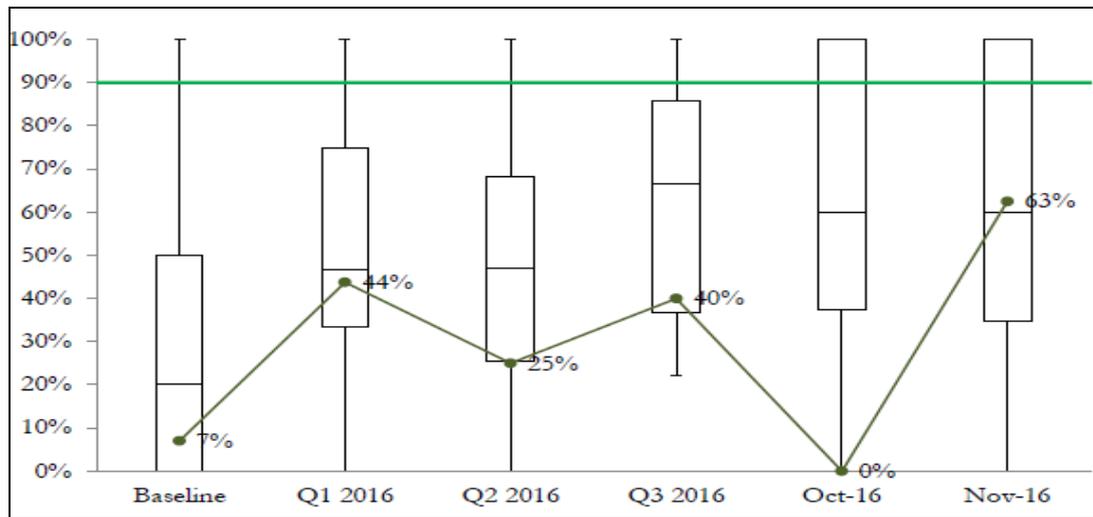
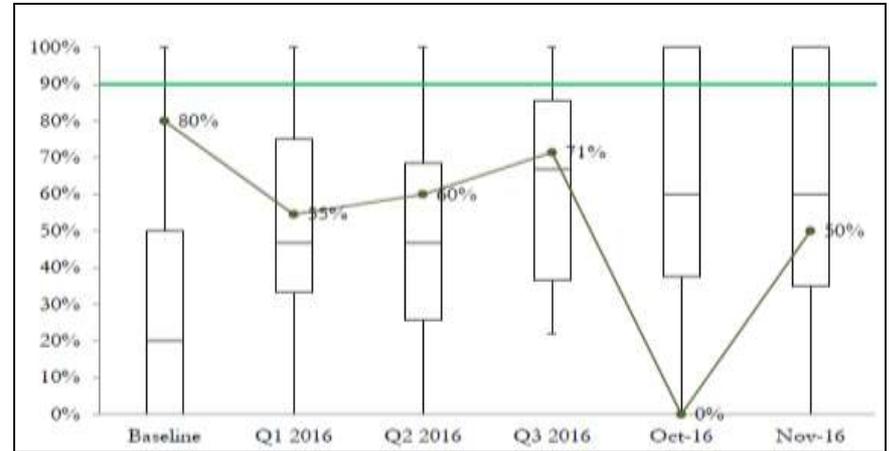
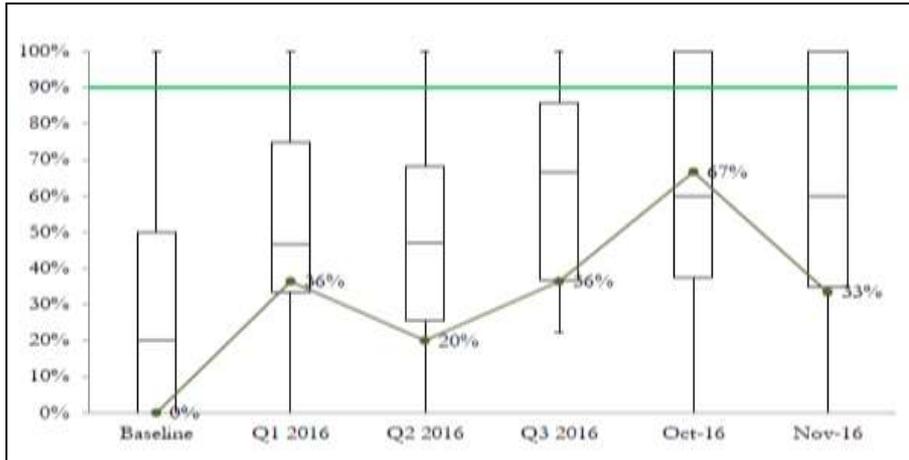
What We've Achieved

- 👶 Policy developed and approved- w/algorithm
- 👶 Conducted OB and ER staff education
- 👶 Many order sets revised- new HIP order set implemented
- 👶 HIP drills w/all staff
- 👶 OB Grand Rounds
- 👶 Removed barriers to medication access and administration
- 👶 More focused discharge instruction

What We've Achieved: DC Instructions

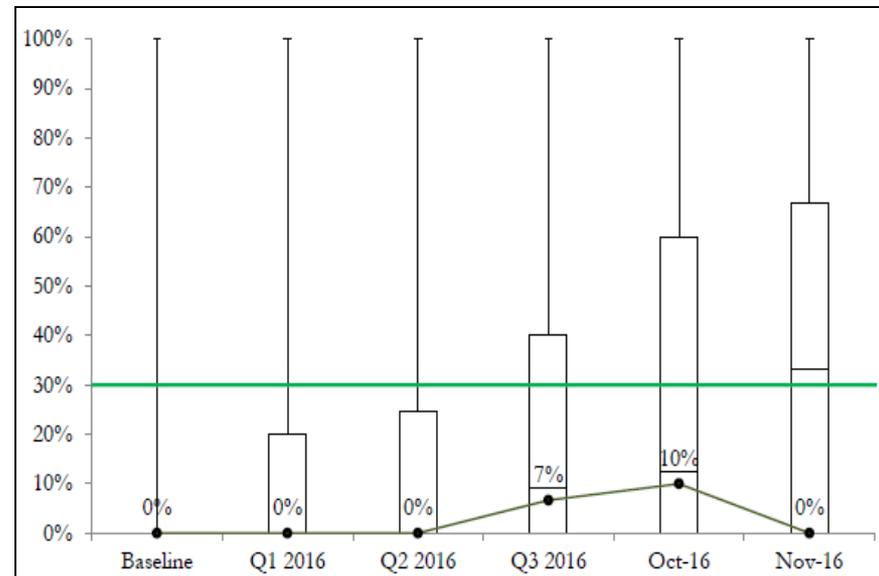
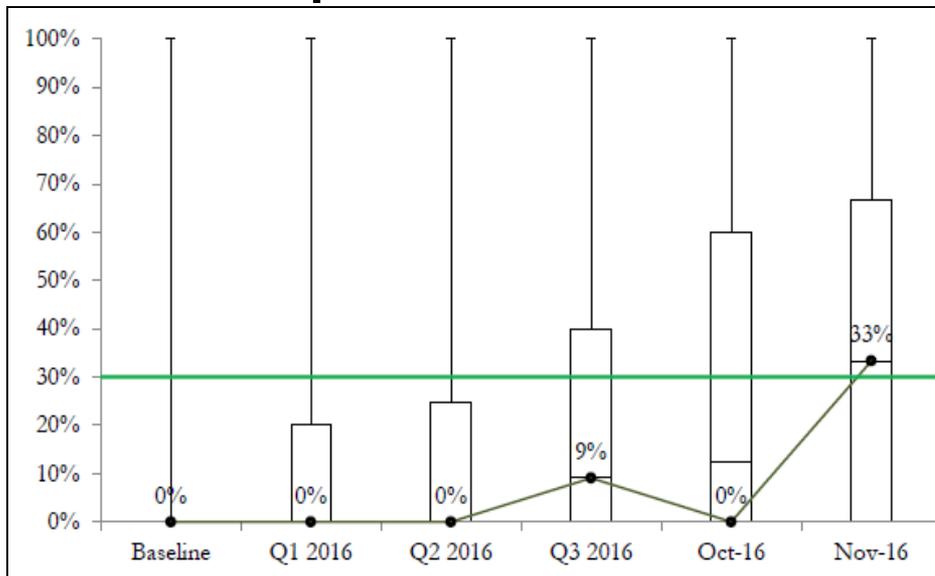


What We've Achieved: Tmt w/in 1 hr



What We've Achieved (Challenge too!)

- 👶 Debriefing sporadic, rare
- 👶 Contest- not effective
- 👶 Piloting universal debriefing tool by staff nurse champions



Challenges Still to Tackle

- 👤 Consistent recognition
- 👤 Standardized response
 - 👤 Providers wait-and-see approach
 - 👤 Not using the correct 1st line medications
- 👤 More education for providers and staff needed
- 👤 Timely f/u appointments
- 👤 Involvement with all the right stakeholders
- 👤 Not yet attained a full cultural transformation





Our HIP Initiative Journey

Memorial Healthcare System



Katz, Randy S.,

D.O.



Vishal, Alvaro E.,

M.D.



Salamat, Sharon M

M.D.



Scott, L. Laurie

M.D.



Miles, Jean M

M.D.



Anderson-Rhodes, Todra

M.D.

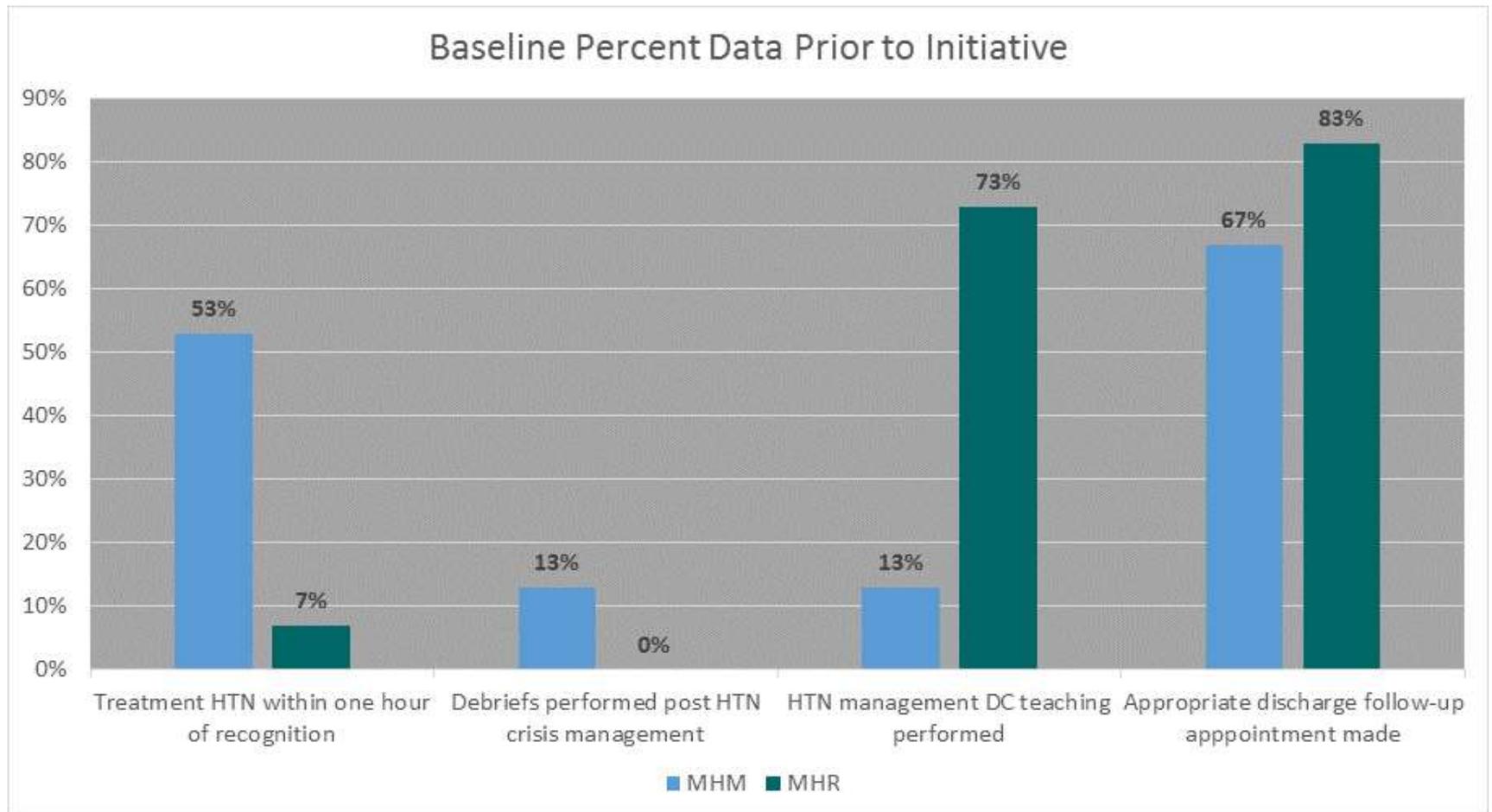


Motley, Rohana

M.D.

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Where We Started



What We've Achieved

- 80-90 % education of nursing staff completed
- Increase in number of debriefs at MHM with use of Tiger text 
- 90-100% compliant with Teal bracelet on diagnosis of H.I.P.
- E.D. participation, recognition and treatment of H.I.P
- Accountability of staff using H.I.P process measures as an attainable goal weighted by a percentage on the annual evaluation
- Appropriate discharge instructions added to EPIC



Post Partum Discharge Instructions

The screenshot displays a clinical reference software interface. On the left, a search window titled 'Clinical References' shows a search for 'hypertension'. The search results list various topics, with 'POSTPARTUM HYPERTENSION (ENGLISH)' highlighted in blue. Red arrows labeled '1st', '2nd', and '3rd' point to the search term, the search button, and the highlighted result, respectively. Below the search results is a 'References/Attachments:' section. On the right, a 'Document Preview' window shows the selected document, 'Postpartum Hypertension'. The document text is as follows:

Postpartum Hypertension

Postpartum hypertension is high blood pressure after pregnancy that remains higher than normal for more than two days after delivery. You may not realize that you have postpartum hypertension if your blood pressure is not being checked regularly. In some cases, postpartum hypertension will go away on its own, usually within a week of delivery. However, for some women, medical treatment is required to prevent serious complications, such as seizures or stroke. The following things can affect your blood pressure:

- The type of delivery you had.
- Having received IV fluids or other medicines during or after delivery.

CAUSES

Postpartum hypertension may be caused by any of the following or by a combination of any of the following:

- Hypertension that existed before pregnancy (*chronic hypertension*).
- Gestational hypertension.
- Preeclampsia or eclampsia.
- Receiving a lot of fluid through an IV during or after delivery.
- Medicines.
- HELLP syndrome.
- Hyperthyroidism.
- Stroke.
- Other rare neurological or blood disorders.

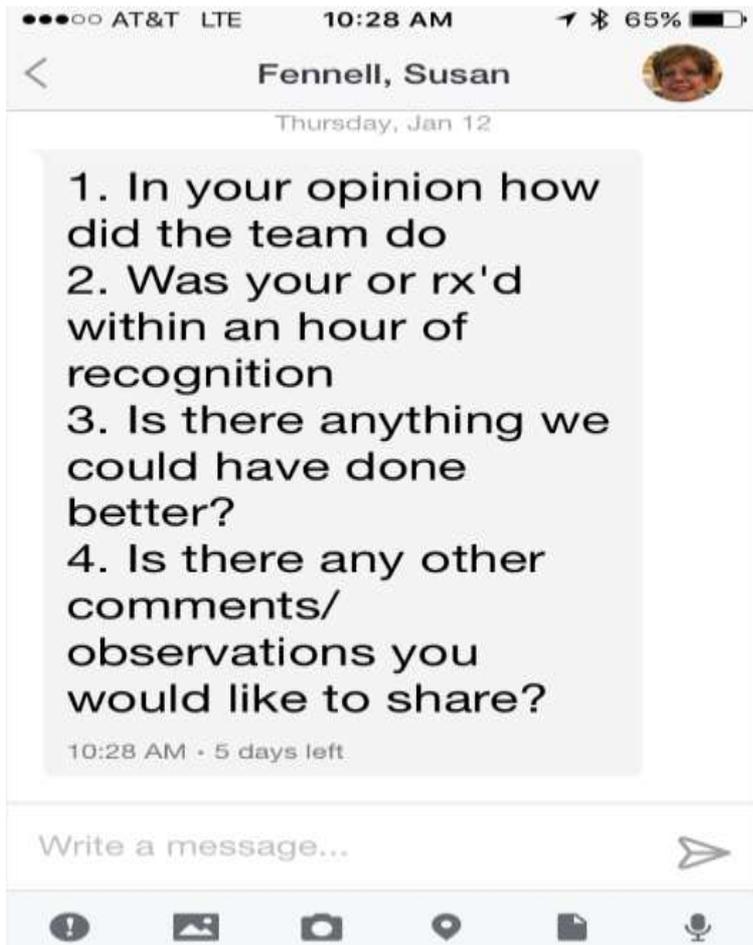
In some cases, the cause may not be known.

RISK FACTORS

Postpartum hypertension can be related to one or more risk factors, such as:

- Chronic hypertension. In some cases, this may not have been diagnosed before pregnancy.
- Obesity.
- Type 2 diabetes.
- Kidney disease.
- Family history of preeclampsia.

Tiger Text Debrief Template



📱 This is an example of a template built in the iPhone using the “notes” app – it can be copied and pasted into *Tiger Text* each time you need to perform a debrief without having to type out the questions each time.

Challenges Still to Tackle

- 👤 Identification & banding of patient's in physician's offices
- 👤 Identification of patients in surrounding non-obstetric E.D.'s and walk-in centers
- 👤 MRH – working to adopt debriefing by use of *Tiger Text*
- 👤 Patient's, identified and treated for hypertensive crisis are:
 - 👤 DC'd home without Rx for antihypertensive medication
 - 👤 DC home after initiation of po antihypertensive medication in less than 24 hours – how do we know it is the appropriate med and dosage?
 - 👤 Follow-up appointments greater than 7-10 days for BP checks (ACOG recommends within 3 days)
- 👤 Initiation and administration time of magnesium boluses in the E.D.



Partnering to Improve Health Care Quality
for Mothers and Babies

Q & A

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).



Partnering to Improve Health Care Quality
for Mothers and Babies

Next HIP Webinar:
MARCH 16, 2017

Questions?
FPQC@health.usf.edu