
# 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


# 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

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### 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: ≥90% of cases
- Debrief: ≥30% of cases
- Discharge education: ≥90% of cases
- Appointments in appropriate timing: ≥90%
- Provider Education in 2016: ≥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

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# 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

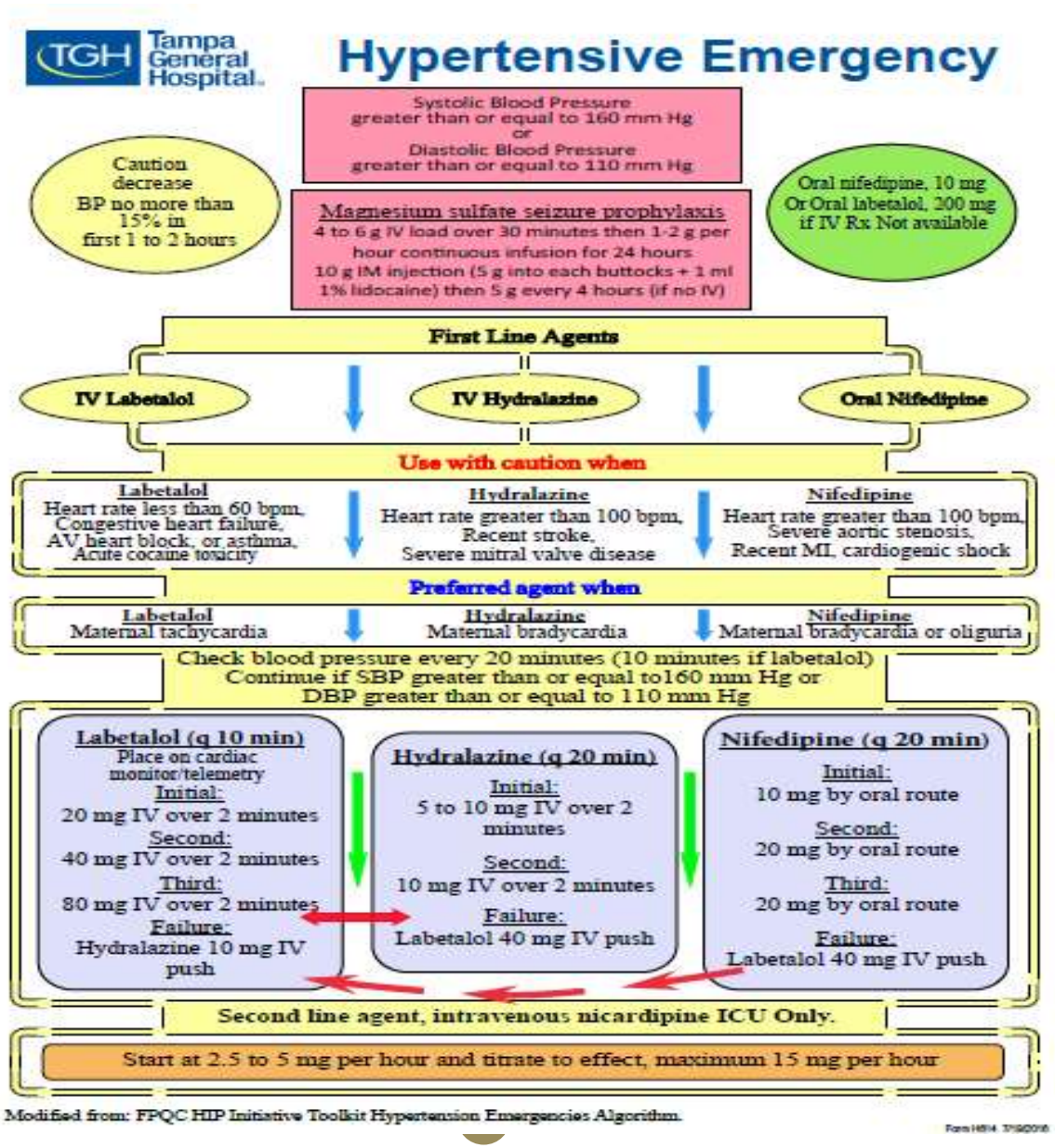
# Where We Started

- 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

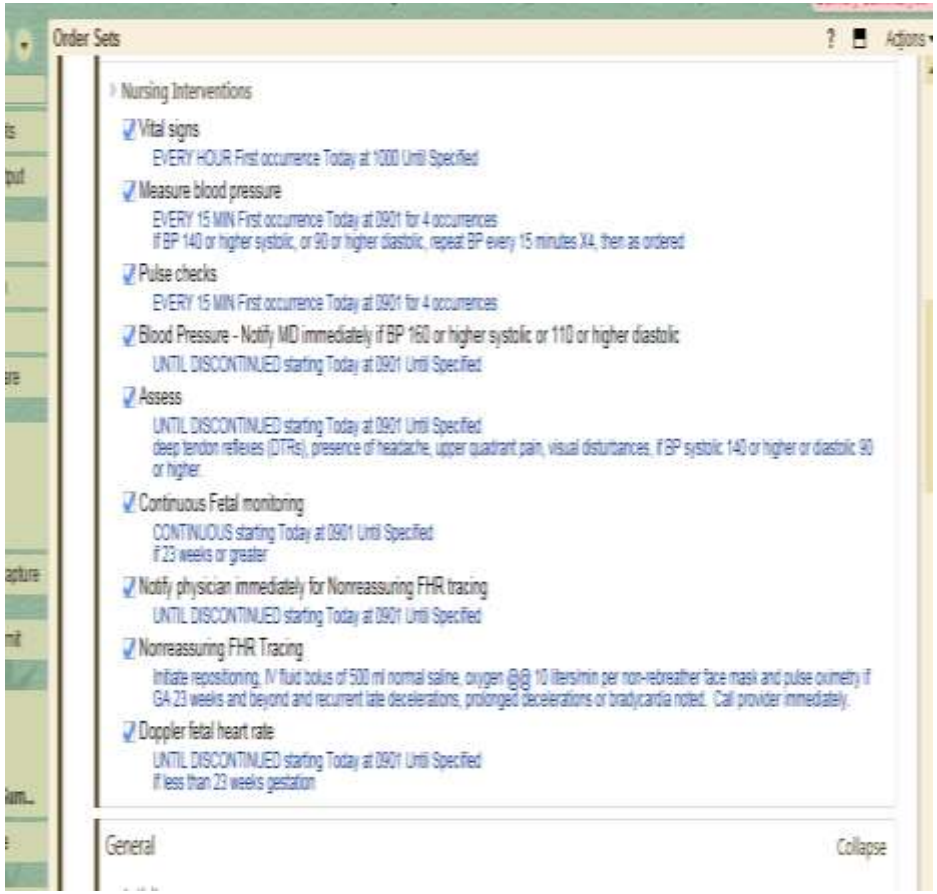
- Revised protocol utilizing HIP initiative recommendations
- Modified FPQC algorithm
- Modified Triage order sets
- Trained all staff members in L&D/AP/PP in correct blood pressure measurement
- Education provided to all staff members on the HIP initiative, protocols and algorithms
- FPQC Grand Rounds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

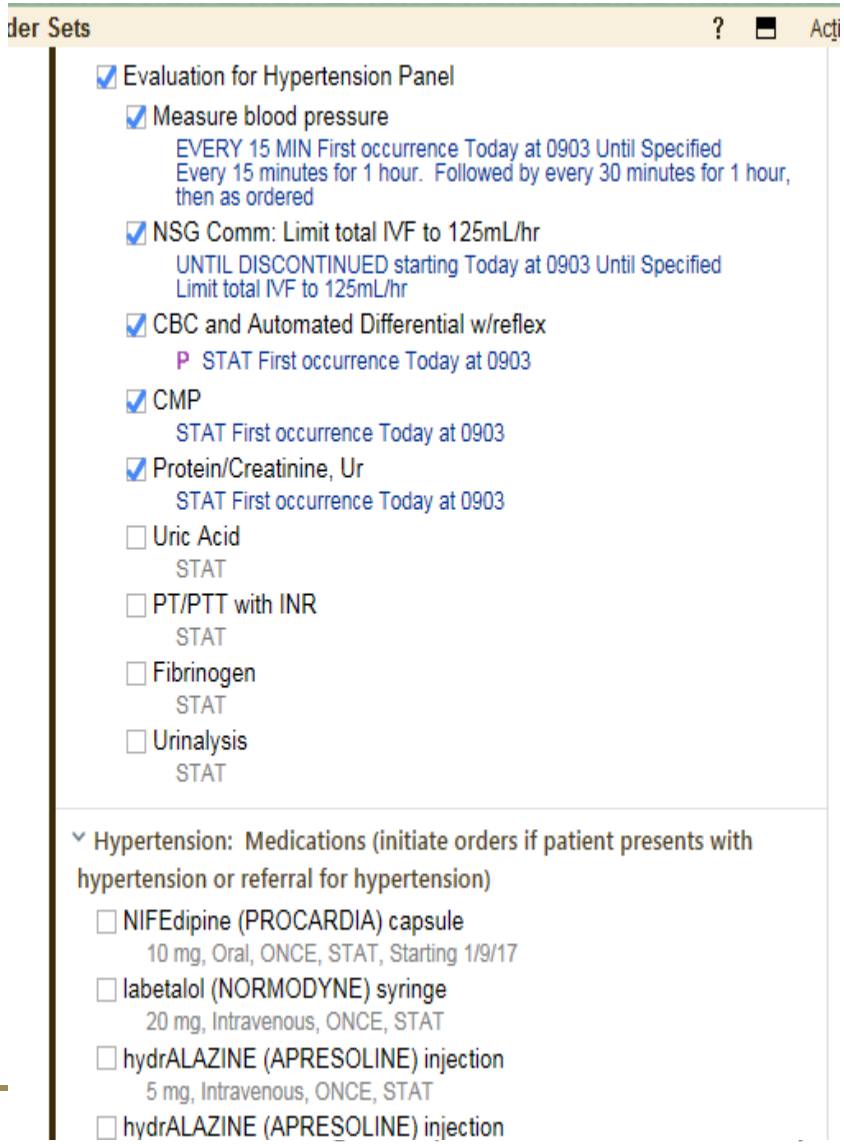
# Modified Hypertensive Emergency Algorithm




Modified from: FPQC HIP Initiative Toolkit Hypertension Emergencies Algorithm.

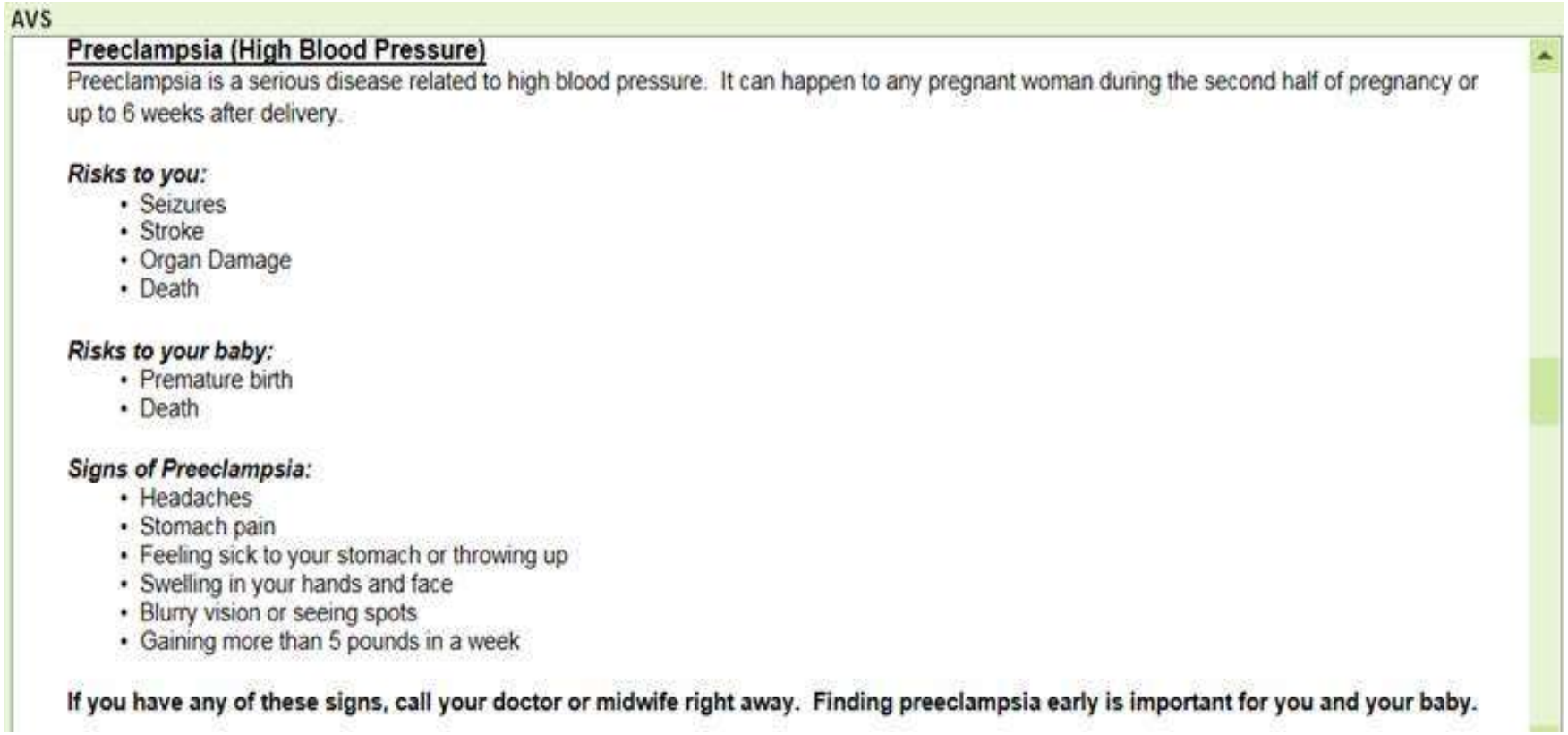
# OB Triage Evaluation Order Set Revised



# 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

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# Our HIP Initiative Journey

## Sarasota Memorial Hospital

Debbie Dietz

Ellen French

Partnering to Improve Health Care Quality
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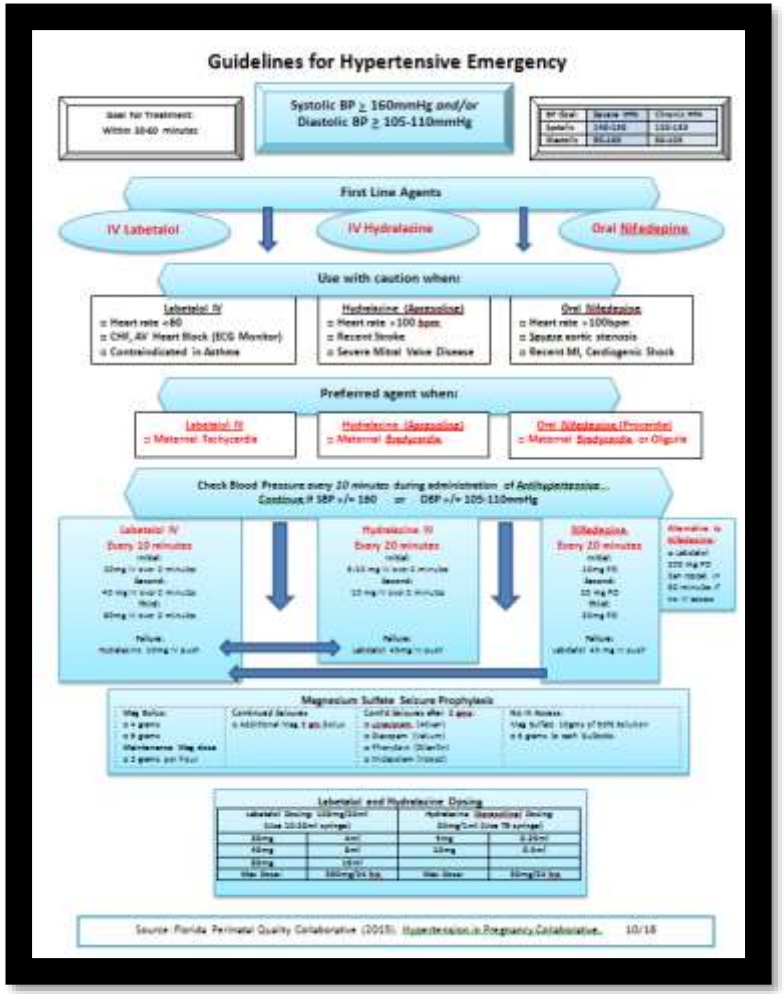
# Where We Started

- 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

**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
  - Epigastric 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 MHR: 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 100..4 degrees F

**Fetal Monitoring:**

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

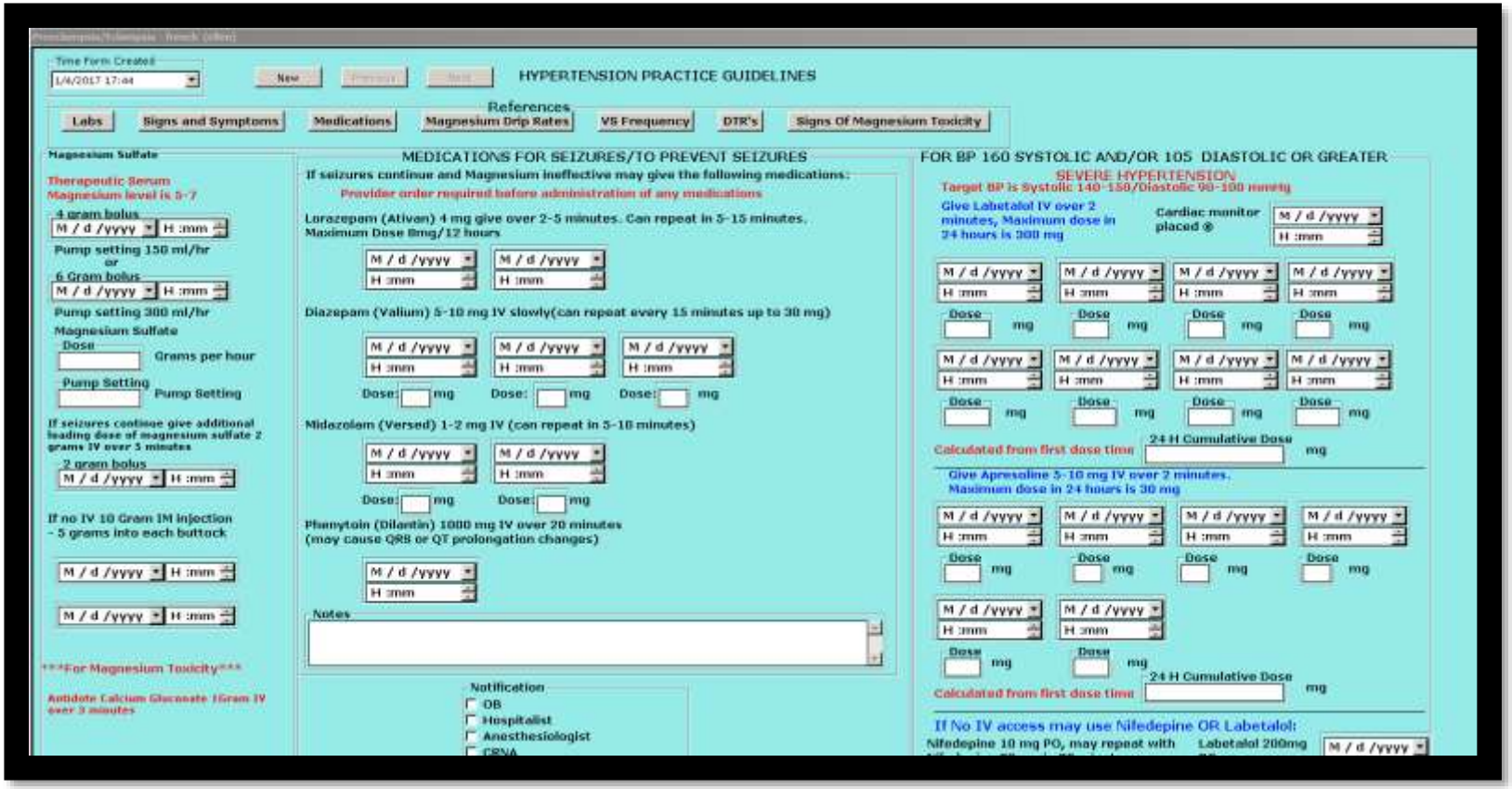
**Laboratory:**

- May IV heplock 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, CCUA
- 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

**Diagnositic Tests:**

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

# What We've Achieved



# 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 Team to review, then document the sequence of events, successes and barriers to a swift and coordinated response

Goal: To Debrief in 100% of all unscheduled Cesarean Deliveries

Instructions: Complete as soon as possible after the delivery, obtain input from all participants

Type of Event: ☐ASAP Cesarean Delivery ☐STAT Cesarean Delivery Date:_____

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

Members of the Team present (Check all that apply):

| | | | |
|---|---|---|---|
| ☐Primary RN | ☐Primary MD | ☐Charge RN | ☐Medical Student/Resident |
| ☐CRNA | ☐Anesthesiologist | ☐Clinical Coordinator | ☐Surgical Tech |
| ☐NICU RN (s) | ☐RT(s) | ☐Clinical Manager | ☐Other RN's |
| ☐VST | ☐Other: | ☐Other: | ☐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) |
|---|---|---|
| ☐Communication<br>☐Role Clarity (leader/supporting roles identified and assigned)<br>☐Situational Awareness<br>☐Decision making<br>☐Other:_____ | ☐Communication<br>☐Role Clarity (leader/supporting roles identified and assigned)<br>☐Situational Awareness<br>☐Decision making<br>☐Other:_____ | ☐Equipment<br>☐Medication<br>☐Blood Product availability<br>☐Inadequate support (in unit or other areas of the hospital)<br>☐Delays in transporting the patient<br>☐Other:_____ |

| Action Item | Person Responsible |
|---|---|
| | |

Signature:

*Completed form to be given to unit Manager*

Follow up:

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# Our HIP Initiative Journey

## Winnie Palmer Hospital for Women & Babies

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# 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

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# Our HIP Initiative Journey

## Lee Health

*Cape Coral Hospital*

*Gulf Coast Medical Center*

*HealthPark Medical Center*

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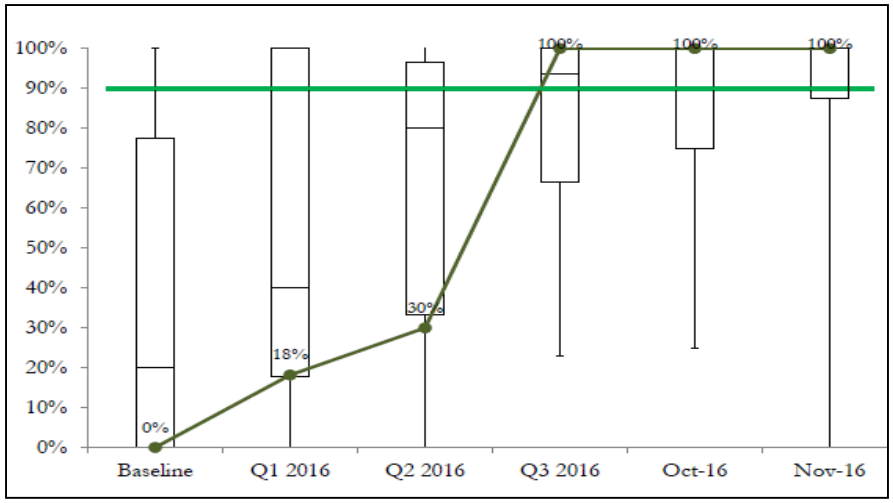
# Where We Started

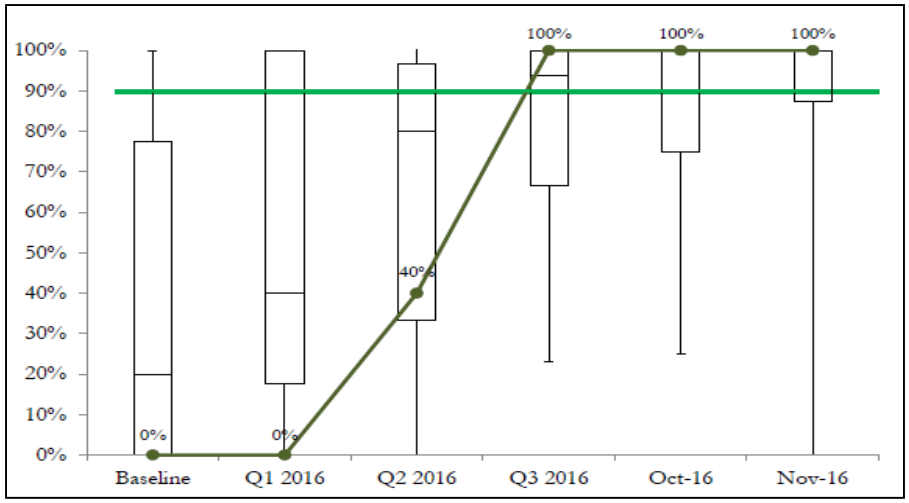
- Baseline: treating w/in1 hour: CCH 0%, GCMC 80% (small sample), & HPMC 7%
- No policy
- Only 1 order set- Pre-eclampsia
- Turn-on-your-side culture
- Treatment focused on Magnesium Sulfate
- Incomplete discharge instructions
- Never conducted HIP drills or debriefings

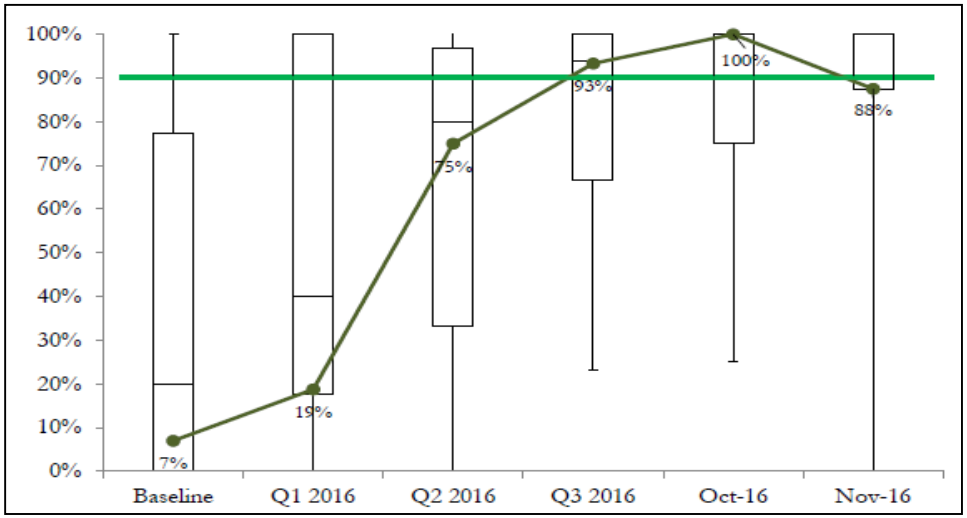
# What We've Achieved

- 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

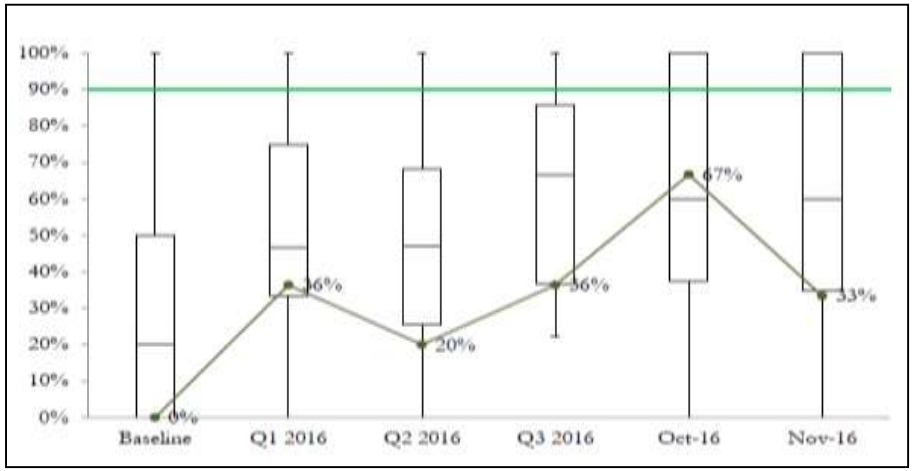
# What We've Achieved: DC Instructions

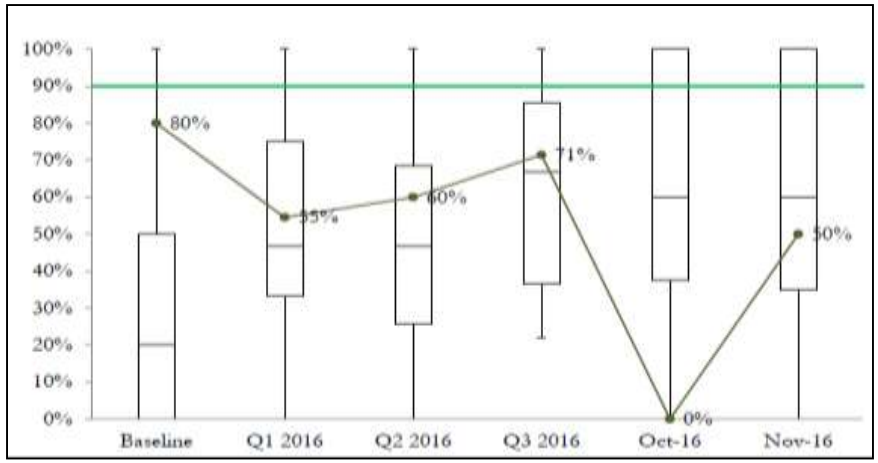


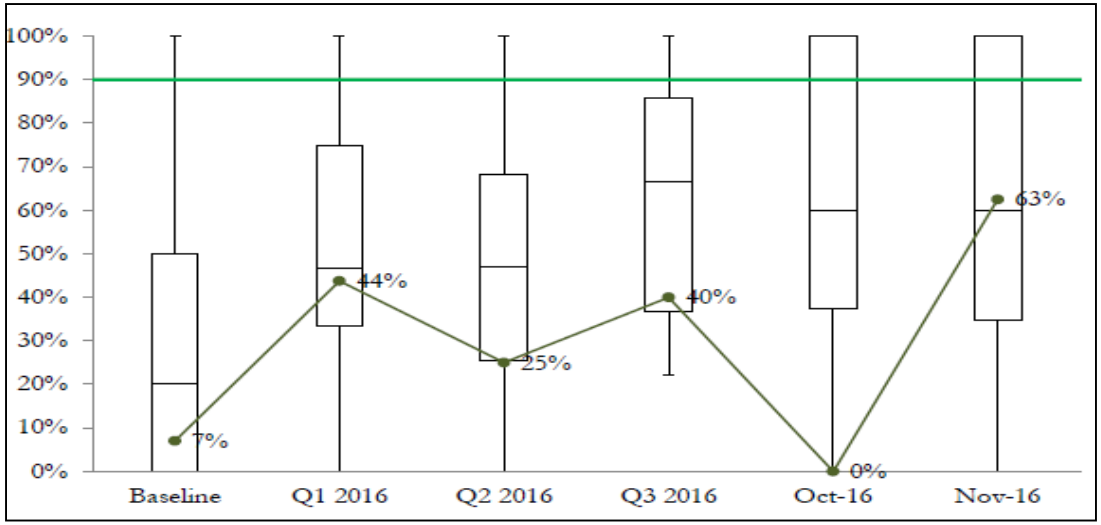



# What We've Achieved: Tmt w/in 1 hr

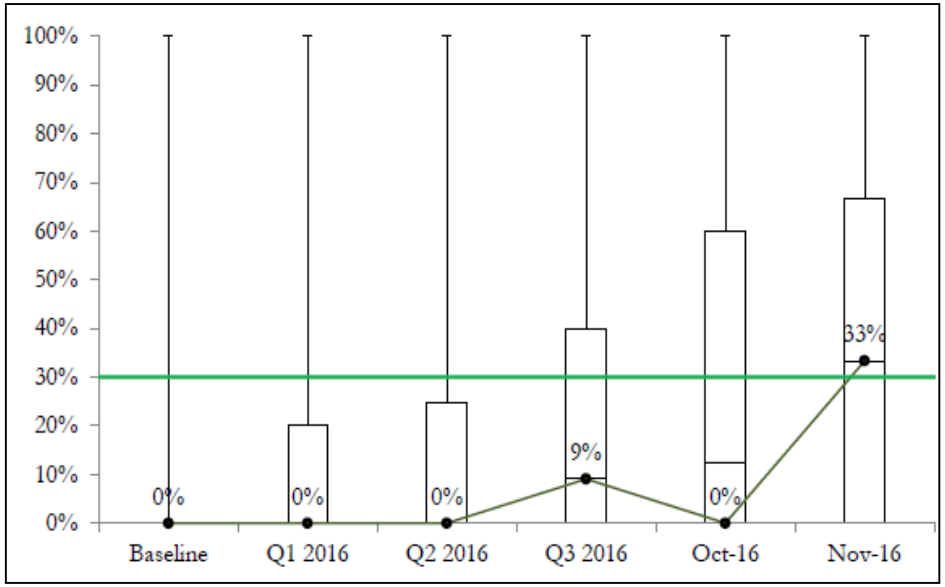


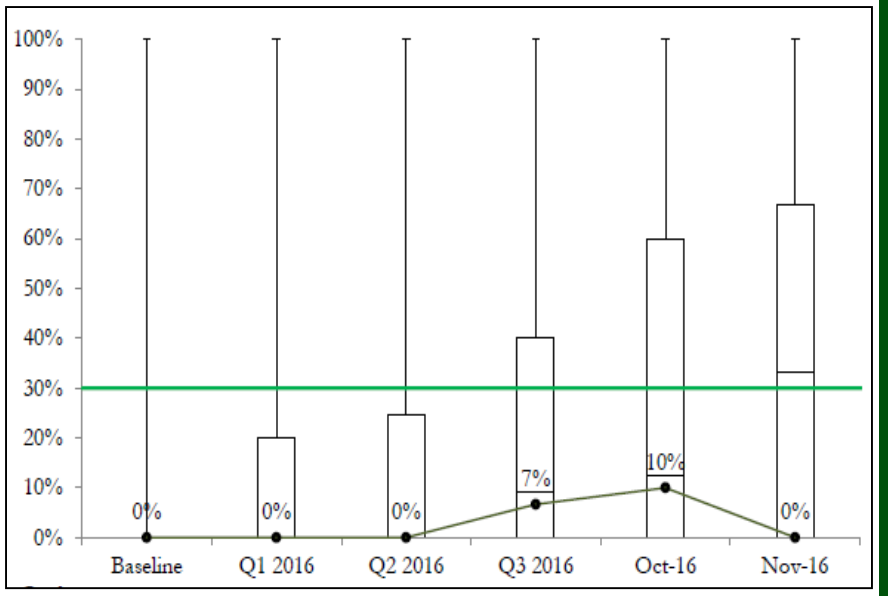



# What We've Achieved (Challenge too!)

- 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

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# 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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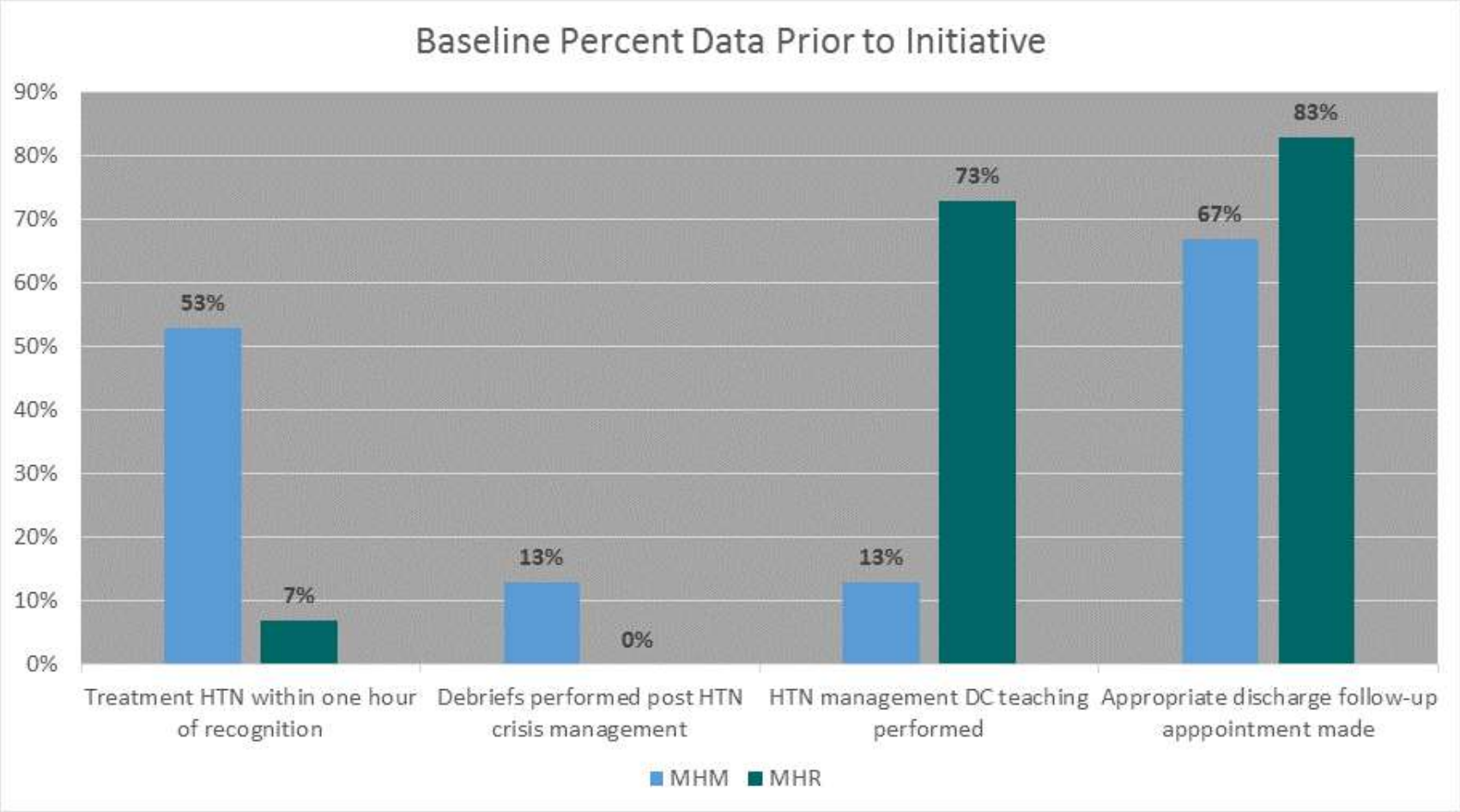
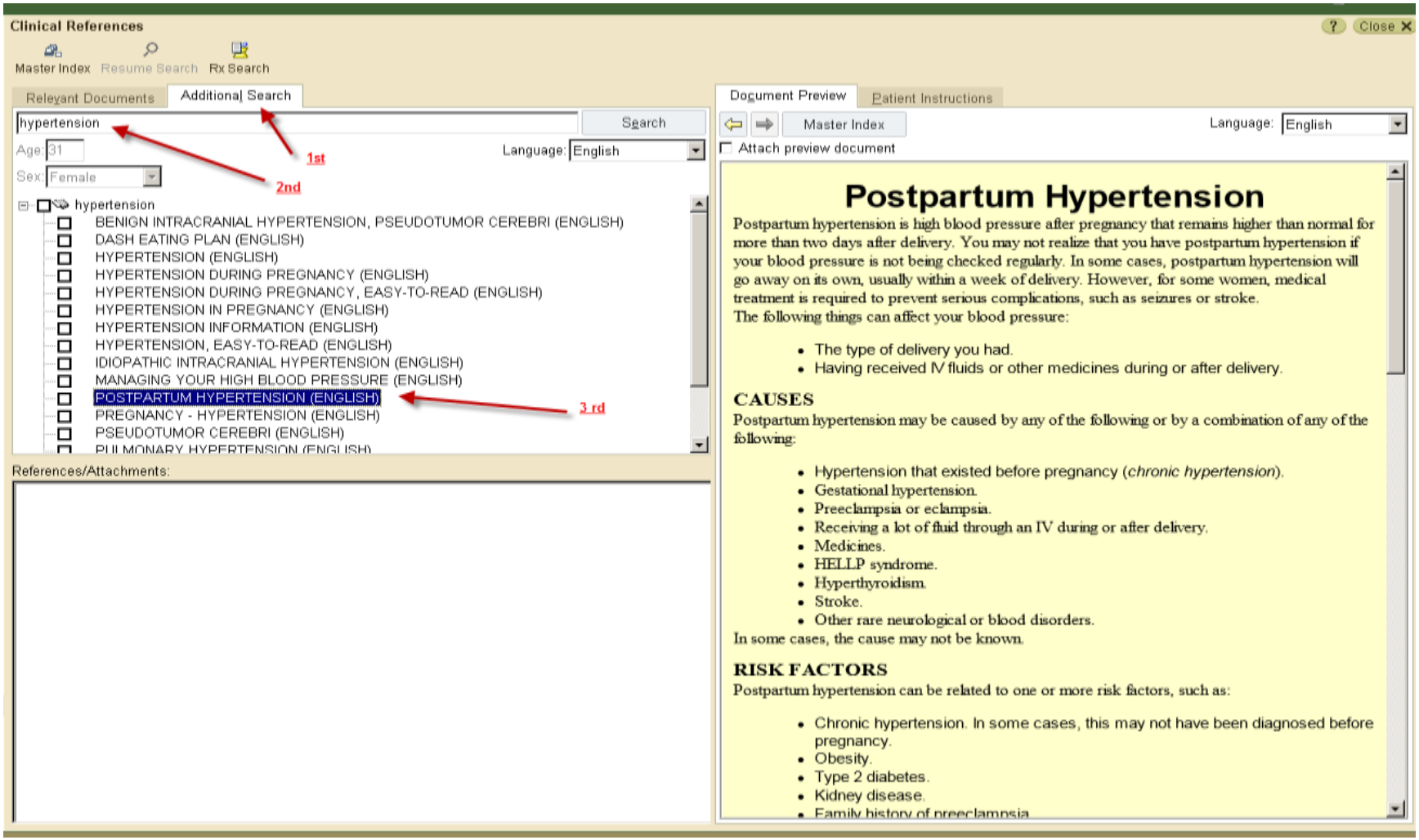
# Where We Started



# 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



# 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.

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# 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).

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# Next HIP Webinar:
# MARCH 16, 2017

## Questions?
FPQC@health.usf.edu