Florida Perinatal Quality Collaborative

HIP MID-PROJECT MEETING
ROUND ROBIN NOTES

Topics:

1. Treatment within 1 Hour
2. Debriefing
3. Physician Buy-In
4. Patient Education
5. Emergency Department

Treatment within 1 hour

Challenges	Solutions
• Being alerted to the problem • Who takes the first 1st BP – are they educated? • Identifying who to educate • Following the algorithm • Docs want more data/trends before treatment • Lack of physician buy-in on recommendations • Physician resistance, misinformation, not willing to prescribe • Delays in waiting on labs • Recognition of postpartum patient – need alerts • Pregnant with non-pregnancy complaints • ED management of HTN • Physician not on-site or available • Overcoming outdated practice patterns	• Small HIP specific magnet to ID room of patient • Train to document BP, measure arm, cuff size, which arm to do • Removed oral labetalol from algorithm • Posted algorithm in all treatment areas • Shared data regarding treatment and trends • Put alerts for expedited care in place • Standard order set in EMR • Collaboration of nurse with ED from L&D (call list when first on list not available) • Tie maternal vital signs to MEOWS (early warning system) • Nurse policies to initiate treatment without physicians (must meet certain criteria) • IV meds override for easy access • ED magnesium – 2-2 Gram bags rather than wait for pharmacy to mix a 4 Gram bag • MFM can order as consult (2-edged: could alienate the general providers) • Quality peer review for not following protocol • Filter chart review for all in severe range BP to then pull for review – was prescription timely and appropriate. Assure feedback loop to all staff is closed • Assure optimum positioning for BP to make sure that the elevated BP is identified-rather than positioning to give falsely low reading

Debriefing

Challenges	Solutions

• Nurse having no one to debrief with – people disappear!
• Getting physicians involved
• Availability of the debrief form
• WHEN? When is patient care complete?
• Who owns debriefs?
• Coordination, reminders to physicians (especially high volume)
• Debriefs were torture!
• Involving patients
	• Tiger Text (or other encrypted method) survey (within certain amount of time)
	• Do it in the moment with whoever was there. Could only be 2 minutes.
	• Do when patient is stable (first time if more than 1 elevation is experienced)
	• Reduce to the 3-4 key questions:
	  • What went well?
	  • What happened?
	  • What did we miss?
	  • What should we change?
	• Business card to hand out a call-in line at designated time
	• Don't use a written form – use laminated form in each room and do debrief verbally.
	• Call it a "data collection tool" rather than debrief form
	• Have form in room, in Pixis, or Put in patient paperwork/admission packet
	• Make it easy/convenient to increase physician involvement
	• Ask key questions of patient/family later
	• Idea: Contest - "Host a Debrief!" - give out food
	• Call it a huddle or safety meeting, debrief may have negative connotation

Physician Buy-In

Challenges	Solutions
• Depends on the physician • Keeping champion engaged • Physician not aware • Docs resistant to standardization, being told to use protocols they weren't involved in making, or ordering antihypertensive • The "Wait and See" • Some physicians are on the forefront/cutting edge, while others are not	• Standardize! Use ACOG. Pick a medication or other parameter and standardize it. • Use your Champion • Educate and Share the Evidence – use peer-to-peer • It's ok to over-treat with antihypertensives • Laborists need to be supporters of the initiative • Make meetings to review protocols required for all physicians • Get good at nurse-physician communication on this topic

• Older doctors "I have always practiced this way" – The new recommendations are only about 3 years old and it takes much longer for an evidence based practice to be adopted fully • Culture on the unit • Rare events • Fear of creating an adversarial relationship between nurse and doc • Chasing physicians to participate in QI • Lack of understanding of order sets • Re-education (private physicians don't attend meetings, trainings)	• "We have 1 hour to lower her BP before she has a stroke-- should we order antihypertensives?" • Make sure everyone is aware of HIP project involvement • Discuss cases as a group (peer pressure) • Idea: Send a Letter from Physician Champion to Physician with Chart Review Fall Out. Attach evidence! After 2 warnings, it goes to Quality Committee

Patient Education

Challenges	Solutions
• Information/Paper overload – they get so much stuff • Focus on baby • Who to "band" (if using preeclampsia bracelet)? Will ED ignore non-banded? • Language barrier • Being proactive in prenatal education • Lack of personal interaction with EHR • Need for repetition • Not seeing need for it • Patient volume • Lack of continuity	• Reorganized labor book based on phases of care including discharge • Involve extended family in teaching • Preeclampsia bracelet • Teal card on chart as flag • Required discharge class • Use in-hospital video systems • Posters in clinics, county health departments, healthy start • QR codes on posters (linking to education) in stores and community • Add consistent messaging/education for Doulas/childbirth education classes/hospital website • Enroll patients in Text 4 Baby • Ask open-ended questions • Provide education through patient portal • Dedicated discharge nurse to assure follow up education and appts • Automated discharge calls referring to live person if there are questions or if high risk may call individually if low volume • 7 symptoms video on youtube • Incorporate education into waiting room time

Emergency Department

Challenges	Solutions

• Education of ED physicians
• Teaching ED to handle/treat pregnant women
• Building relationships across departments
• Turf battles over patient
• Identifying patients
• Inconsistent plans for Rx
• Physical barriers (multi-site and need treatment NOW)
• No ED champion
	• Consistent process
	  • OB HIP alerts to get RN to bedside
	  • Send to OB if not immediate need
	  • Quick assessment methods (alert, and protocol)
	• Champion for ED and do education
	• Use 140/90 as threshold for alert
	• Develop way to track data and educate providers
	• Order sets
	• Build order set to track data and expedite treatment
	• Use a sentinel case to break down the issue/root cause analysis