



Hypertension in Pregnancy (HIP) Initiative

February 2017 Learning Session:

HIP Hospital Stories

Part II

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

February 16, 2017

HIP Initiative Announcements

-  UF Health Jacksonville
-  Holy Cross Hospital
-  West Florida Hospital
-  Broward Health Coral Springs
-  Hospital Universitario del Valle
-  Sacred Heart Health Pensacola
-  Jackson North Medical Center
-  UF Health Shands Gainesville
-  Mount Sinai

Discussion and Questions from the Audience

Announcements: Resources

- Use a webinar for staff education!
 - Archived at the HIP project site at FPQC.org
- 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



JACKSONVILLE

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started



JACKSONVILLE

Women's Performance Improvement Committee (WPIC)

OUR TEAM

Physician Champion

Erin Burnett, MD

Women's Services Division Director

Jenny VanRavestein MSN, NE-BC

Manager, Labor & Delivery, 3N Mother-Baby, RPICC

Stephanie Monico MSN, RNC-OB

Manager, 3 South OB/GYN

Shannon Little, MSN

Manager, NICU

Ellen Gregory, BSN

Clinical Nurse Educators

Jennifer Abell MSN, RNC-OB

Kelly Denson MSN, RN

Joy Coomes, MSN

Clinical Quality Nurse Leaders

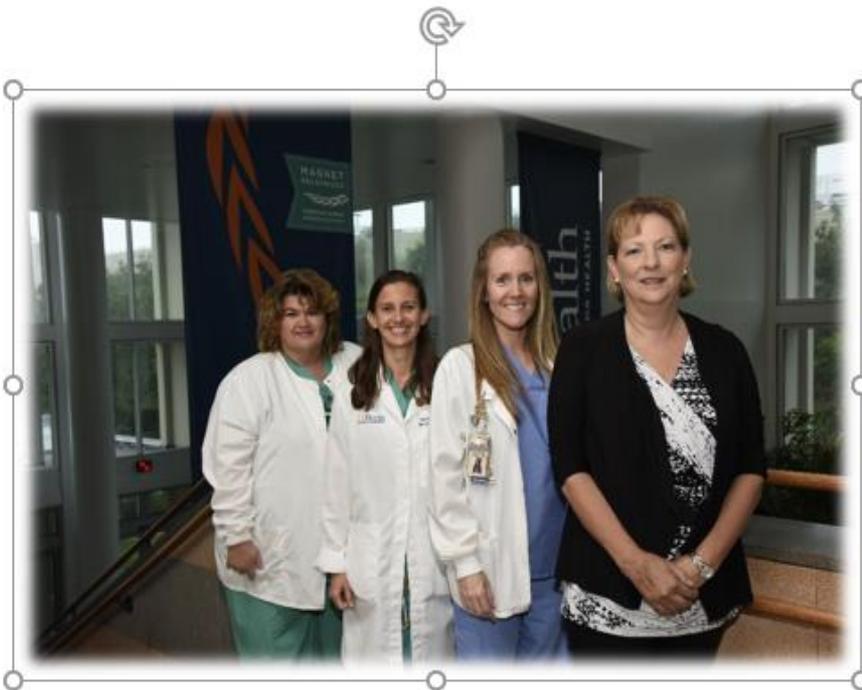
Jane Shannon, MSN, RNC-NIC, CNL

Amanda Ratliff, MSN, RNC-OB, CLC

Nurse Champions

Kris-Tina Smith BSN-RN

Debra Kilcrease BSN, RNC-OB



Where We Started

- No formal guidelines/policies/protocols regarding HIP management
- Inconsistency in management practices between providers
- Medications not readily available in Women's Services
- No formal education on HIP
- No coordination of Provider and Nursing staff education

What We've Achieved

November 2015

FPQC HIP Kick Off

December 2015

Initial introduction of HIP initiative

Meds placed in Omnicell

January/Feb 2016

Initiated Data Collection

Physician Champion-Dr. Erin Burnett

April 2016

Created HIP protocol

Establish WPIC team

May 2016

Presented policy to committee
(Policy vs guidelines)

July 2016

Created Webpage

August 2016

Physician Education Kick Off

September 2016

Formal Education for nursing staff

October 2016

CQNL added to staff

January 2017

Implemented debriefing

Continued data collection & education

The screenshot shows the UFHealth Jacksonville Intranet interface. At the top, the UFHealth logo and 'JACKSONVILLE INTRANET' are visible. Below the logo is a navigation bar with tabs for Home, Employee Services, Applications, Departments, Education, Policies, and News & Events. A sidebar menu on the left is open to 'Women's Services', listing various resources like 'About Women's Services', 'Ask Leadership', 'Applause', 'Calendars', 'Councils and PI', 'Newsletters', 'Standards, Certifications, Recognitions', 'Units', 'Our Providers', 'Guidelines and Initiatives', and 'Education Corner'. The main content area is titled 'Initiatives > Hypertension in Pregnancy (HIP)'. It features a search bar with the text 'Find a file' and a magnifying glass icon. Below the search bar is a list of documents with checkboxes and file icons:

- ✓ [Word icon] Name
- [PDF icon] FPQC Dr. Harris Presentation Residents HIP Module 2 - Clinical Recommendations (2)
- [PDF icon] FPQC Dr. Harris Presentation Residents HIP Module SHORT v 5-4-16 (2)
- [Word icon] HIP NURSING 0.PREECLAMPSIA CARE
- [Word icon] HIP GUIDELINES
- [Word icon] HIP Preeclampsia Early Recognition Tool
- [Word icon] HIP Team Debrief form

What We've Achieved

- 👶 All pregnant and PP patients diagnosed with or at risk for HIP receive HTN/pre-eclampsia information upon discharge via the AVS

UFHealth
UNIVERSITY OF FLORIDA HEALTH

655 W. 8th St., Jacksonville, FL 32209

UF Health Jacksonville

(904) 244-0411

After Visit
Summary
Discharge Instructions

- 👶 All PP patients discharged receive follow up appointment within 7-10 days of discharge
- 👶 Guidelines for LD Triage, 3S/AP, LD, and MB accessible via internet in all patient rooms, nurses stations, and clinic locations

Challenges Still to Tackle



- 🌀 Debriefing
- 🌀 Education for new employees and residents
- 🌀 Appointments for outlying clinics



Our HIP Initiative Journey

**Holy Cross Hospital
Fort Lauderdale, FL**

Partnering to Improve Health Care Quality
for Mothers and Babies



Where We Started

- 👉 We are a Level 2 facility with approximately 12 OB providers and 25 L/D RN's. Our volume is approximately 70 deliveries/ month.
- 👉 At the beginning of the initiative, we had a policy for Magnesium Sulfate administration, one for Pre-eclampsia, and one for pre-term labor but no clear algorithms for anti-hypertensive medications, discharge instructions, or education.

What We've Achieved

- 👤 Adaptation of the algorithm for the antihypertensive medications. Each one is built separately in our EMR.
- 👤 We have a pre-eclampsia toolkit that goes to the bedside with all the supplies needed to care for the patient, and the meds can be removed from pyxis as override medications.
- 👤 We are in the process of combining all of our order sets & policies for hypertensive disorders, preterm labor & neuroprotection into one comprehensive policy on the administration and care of the patient on Magnesium Sulfate.

Challenges Still to Tackle

- 👶 Completing the discharge instruction sheet for patients who have received magnesium sulfate.
- 👶 Educating physicians on need for continuing some type of anti-hypertensive once magnesium sulfate is completed.
- 👶 Continuing to collaborate with ED to assure that they are able to properly assess a patient that presents with s/s of pre-eclampsia.



Our HIP Initiative Journey



Partnering to Improve Health Care Quality
for Mothers and Babies





Where We Started

- 600+ annual deliveries, level I LDRP
- Medication order sets for Antihypertensive: Labetalol, Hydralazine using HCA/ACOG guidelines.
- Medication order set for Seizure Prophylaxis: Magnesium Sulfate using HCA/ACOG guidelines.
- HIP policy in place.
- Limited education for staff re HIP/blood pressure measurement.
- No debriefing, simulation drills for HIP.
- Post partum follow up 1-2wks, with education.

What We've Achieved

- Medication order sets now include FPQC Nifedipine guidelines along with HCA/ACOG Labetalol, Hydralazine and Magnesium Sulfate.
- All patients with HIP, have debriefing performed, simulation drills are part of our monthly drill schedule, post partum follow up in 3-5 days, education material from Pre-eclampsia foundation given at discharge, treatment is initiated within first hour after 2nd high blood pressure.
- All Triage patients receive Pre-eclampsia brochures and it is included in our Prenatal classes.
- 100% Nursing staff received education re HIP/Blood pressure measurement.
- 100% Medical staff received HIP education and reports at Monthly OB/GYN meetings.

Challenges Still to Tackle

- Continue to update/educate new staff
- ER still a challenge to get on-board with HIP, working with nurse Director and Medical Director.
- Educating OB office staff on blood pressure measurement, sharing our successes.



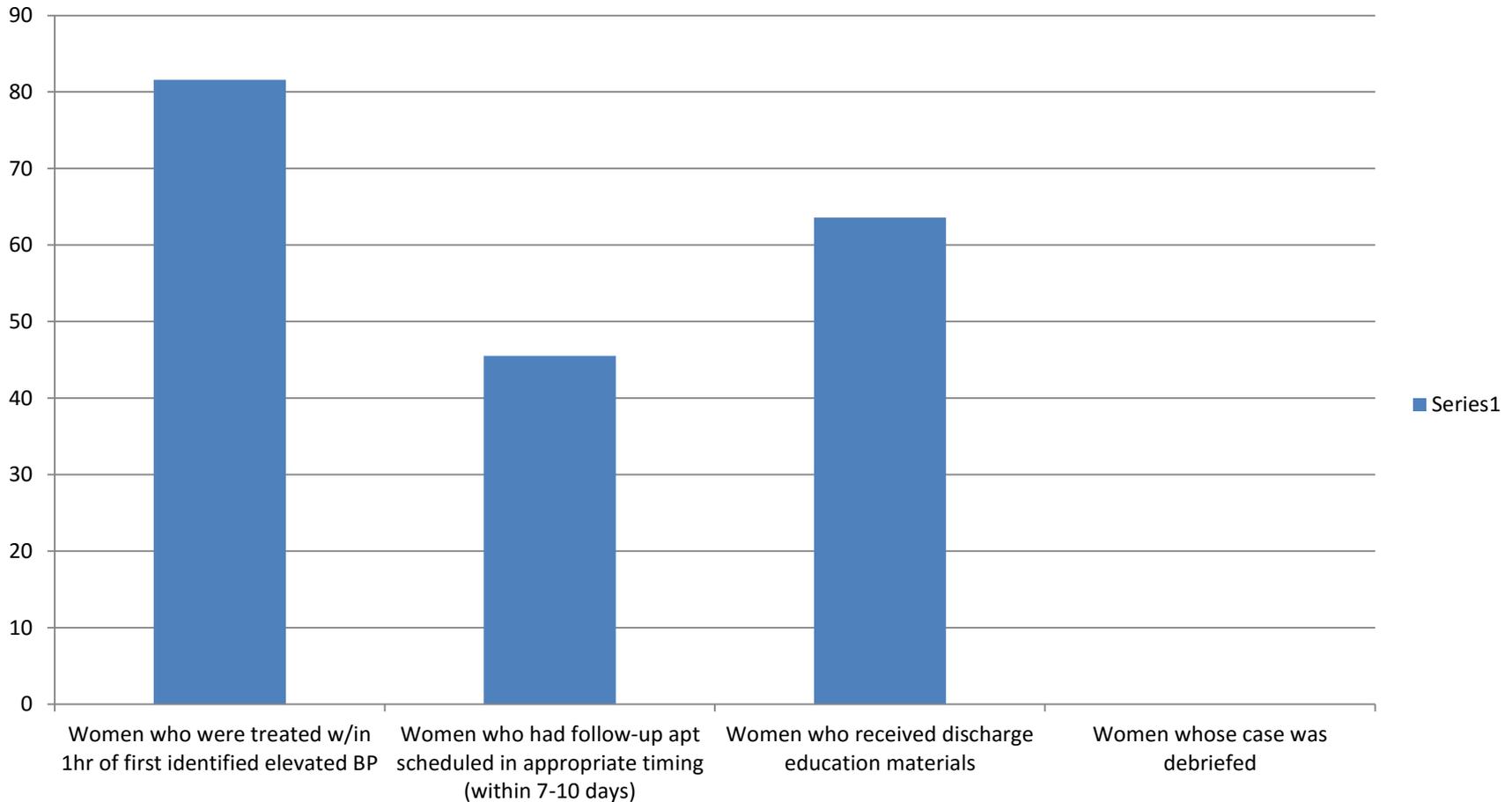
Our HIP Initiative Journey

Broward Health Coral Springs

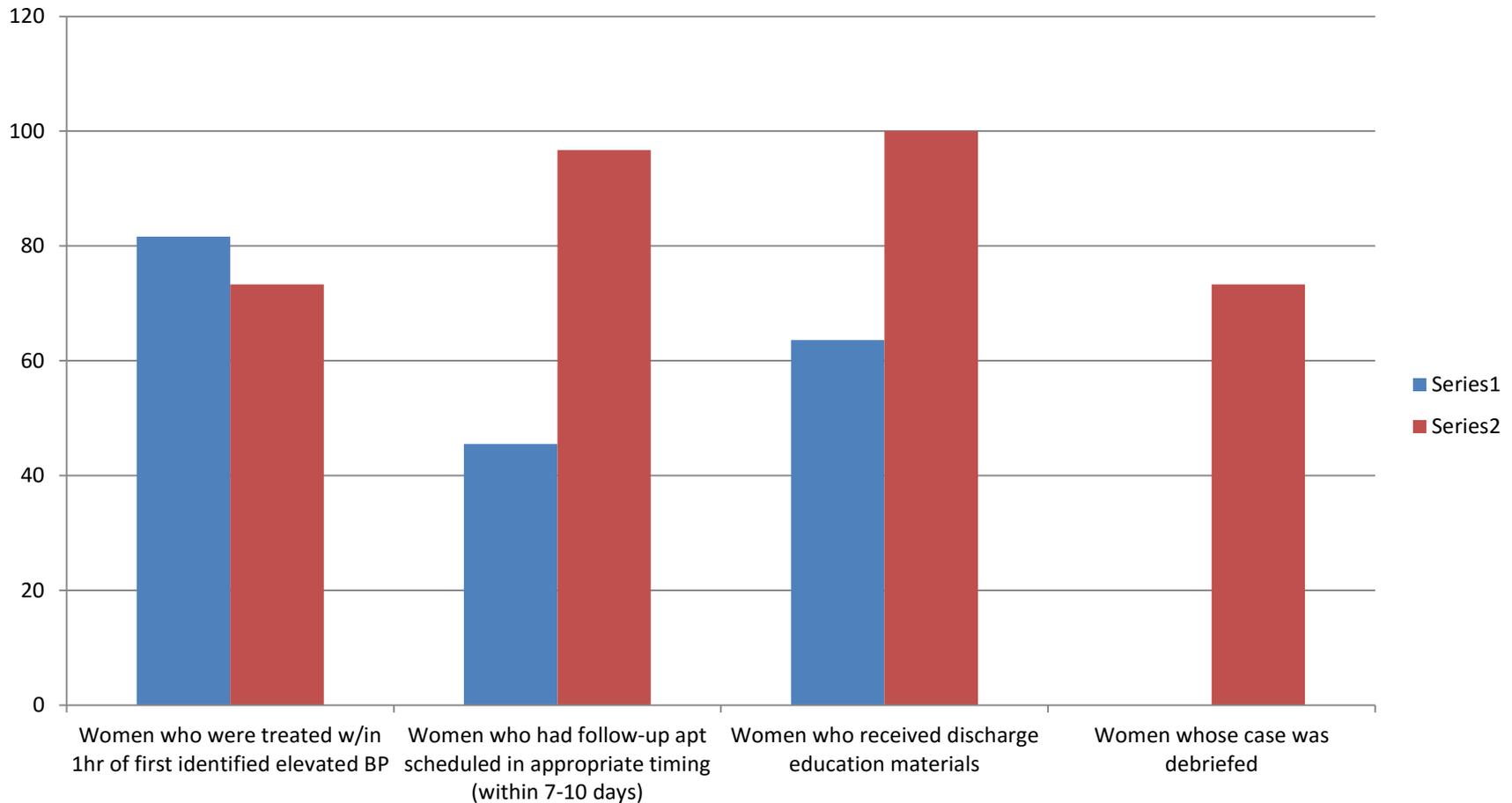
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for Mothers and Babies



Where We Started



What We've Achieved



Challenges Still to Tackle

- 👤 OB Physician buy-in regarding the algorithm vs. Magnesium Sulfate treatment.
- 👤 Education for non-OB physicians (ER, Hospitalists)
- 👤 Nursing education in the non-OB settings
- 👤 Debriefing post acute events



Our HIP Initiative Journey

Hospital Universitario del Valle

Evaristo García

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Where We Started

- 👶 Hypertension in pregnancy management guide
- 👶 Adherence to the management guide (first hour crisis)
- 👶 Absence of educational protocol at
 - 👶 Admission
 - 👶 Hospitalization
 - 👶 Discharge
- 👶 Lack of follow up verification after discharge

What We've Achieved

- 👤 Guide Update and socialization
- 👤 Design of documents and flyers for patient and family information/education
- 👤 Follow up process strengthening
 - 👤 Hiring a Gynecologist for this purpose
 - 👤 Control appointment from discharge
 - 👤 Confirmation phone call and non attendees tracking
 - 👤 Report of non available non attendees to the insurer

Challenges Still to Tackle

- 👶 visible Flow chart
- 👶 Strengthening of the education in alarm signs from primary care – cycle of maternal education
- 👶 Incorporation to the alarm signs check list software and alert dialogue charts
- 👶 Dinamizing the process of the care for the humanization of childbirth



Our HIP Initiative Journey

Sacred Heart Hospital Pensacola, FL

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Where We Started

- 👶 No hypertension policy
- 👶 No standardized order sets
- 👶 Preeclampsia education provided only to patients diagnosed with preeclampsia
- 👶 Postpartum visits 2-6 weeks after delivery.
- 👶 No staff or provider education regarding hypertension in pregnancy

What We've Achieved

- ➊ Discharge education regarding preeclampsia added for all obstetric patients
- ➋ Standardized order sets developed for managing acute onset severe range hypertension
- ➌ Hypertension policy developed and initiated
- ➍ Mandatory online education module for staff and providers regarding hypertension in pregnancy
- ➎ Continued education for staff on the importance of recognizing HTN and notifying the provider quickly to be able to administer 1st line anti-hypertensives within the 1st hour of onset
- ➏ Pocket guides placed at the bedside that include the proper way to take BP, PERT tool for early recognition of preeclampsia, treatment for severe HTN algorithm, suspected preeclampsia flowsheet, and the eclampsia management algorithm

What We've Achieved

- 🌀 **SERT Process:** quality review process initiated throughout the hospital to discuss and follow up with serious safety events and appropriate patient management
- 🌀 **Clinic Involvement:** team members met with office managers to provide education on accurate BP measurement, postpartum follow up appointments in the office need to occur within 3-7days of discharge, PERT tool, and stressed the importance of patients with severe range pressures to be properly diagnosed and treated within 1hr
- 🌀 **Collaboration with ED:**
 - added the question have you had a baby in the past 6 weeks to their initial triage questionnaire
 - Education on the CMQCC preeclampsia algorithm for the ED
 - That $> 160/110$ is a hypertensive emergency in pregnant and postpartum women
 - ACOG ED preeclampsia checklist

Challenges Still to Tackle

- 👤 Debriefing: still working on identifying which cases need to be debriefed and educate staff on importance of debriefing at the time of incident with whoever is available
- 👤 Physician support and buy-in: sharing the data



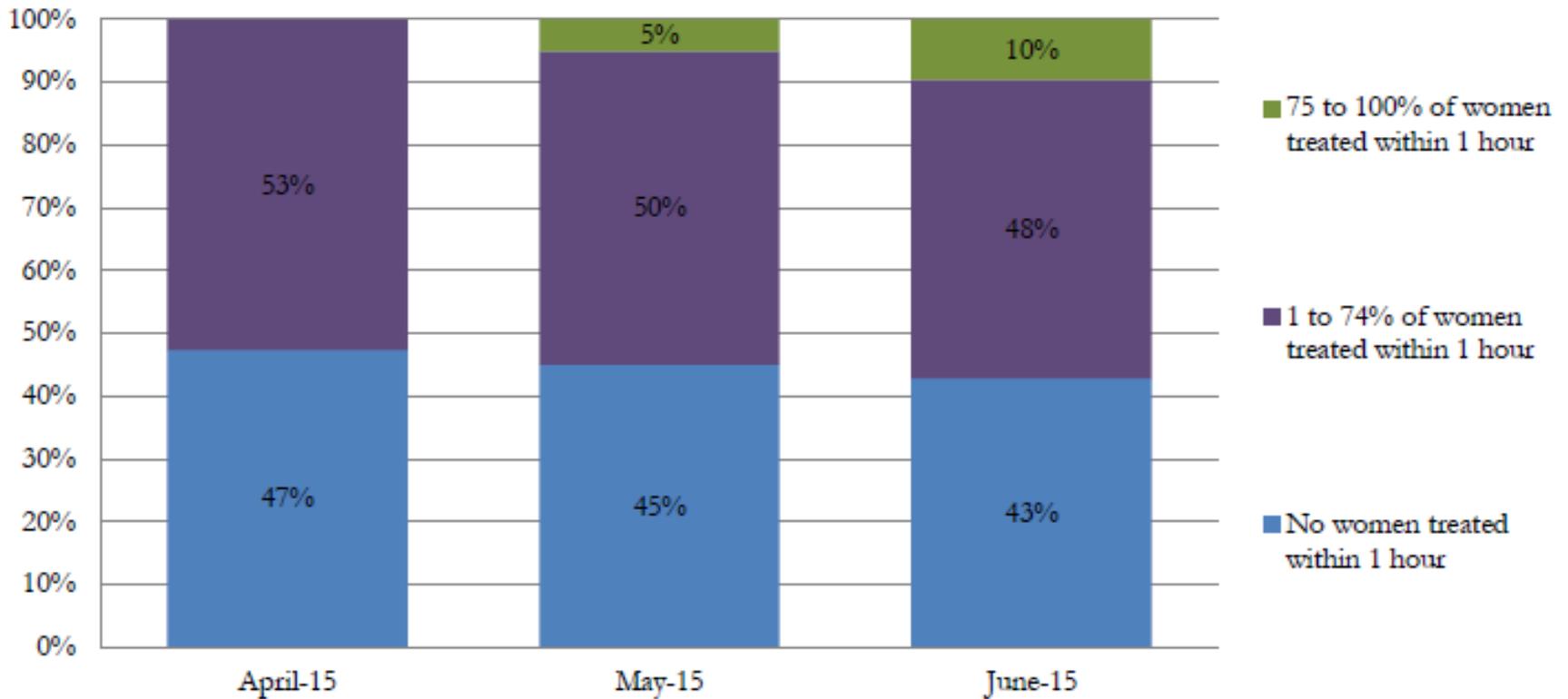
Our HIP Initiative Journey

Jackson North Medical Center

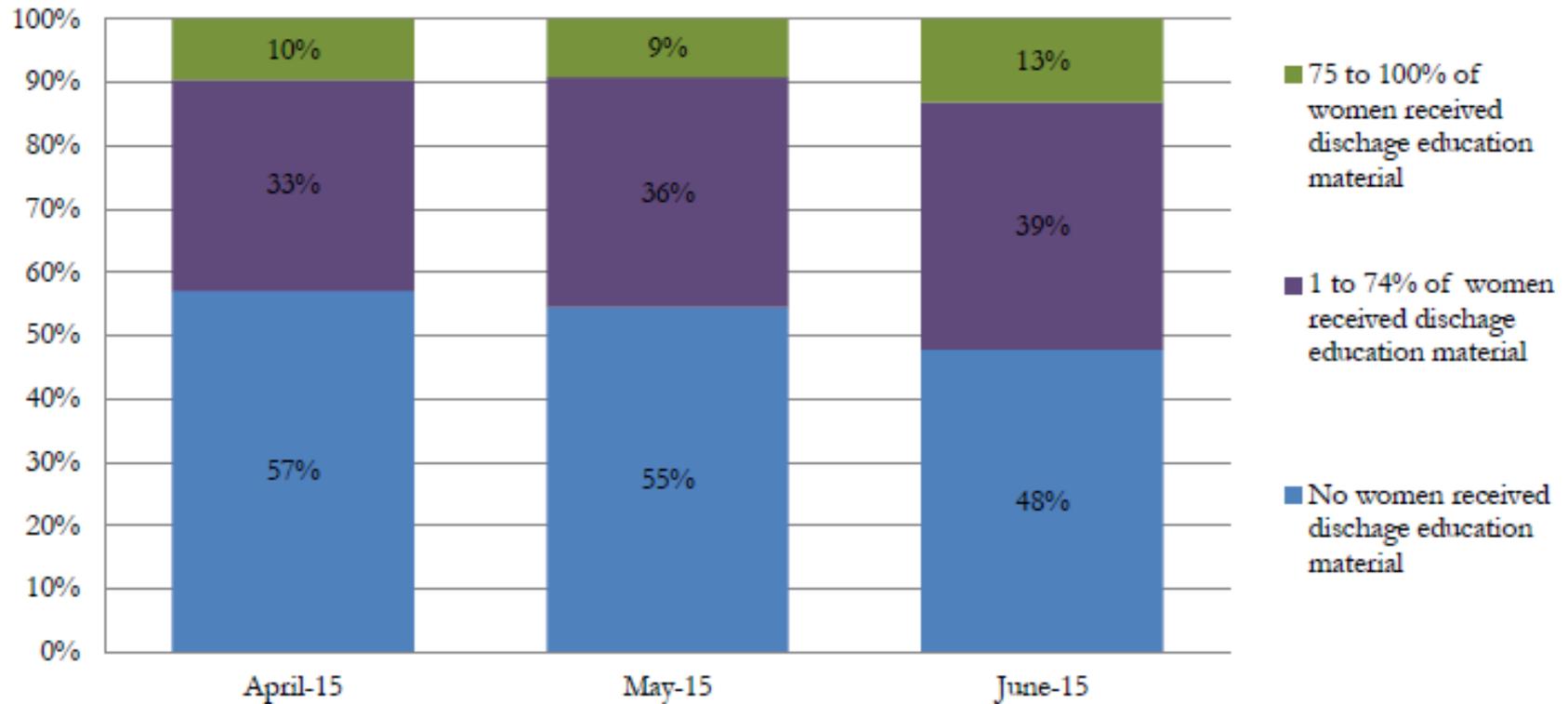
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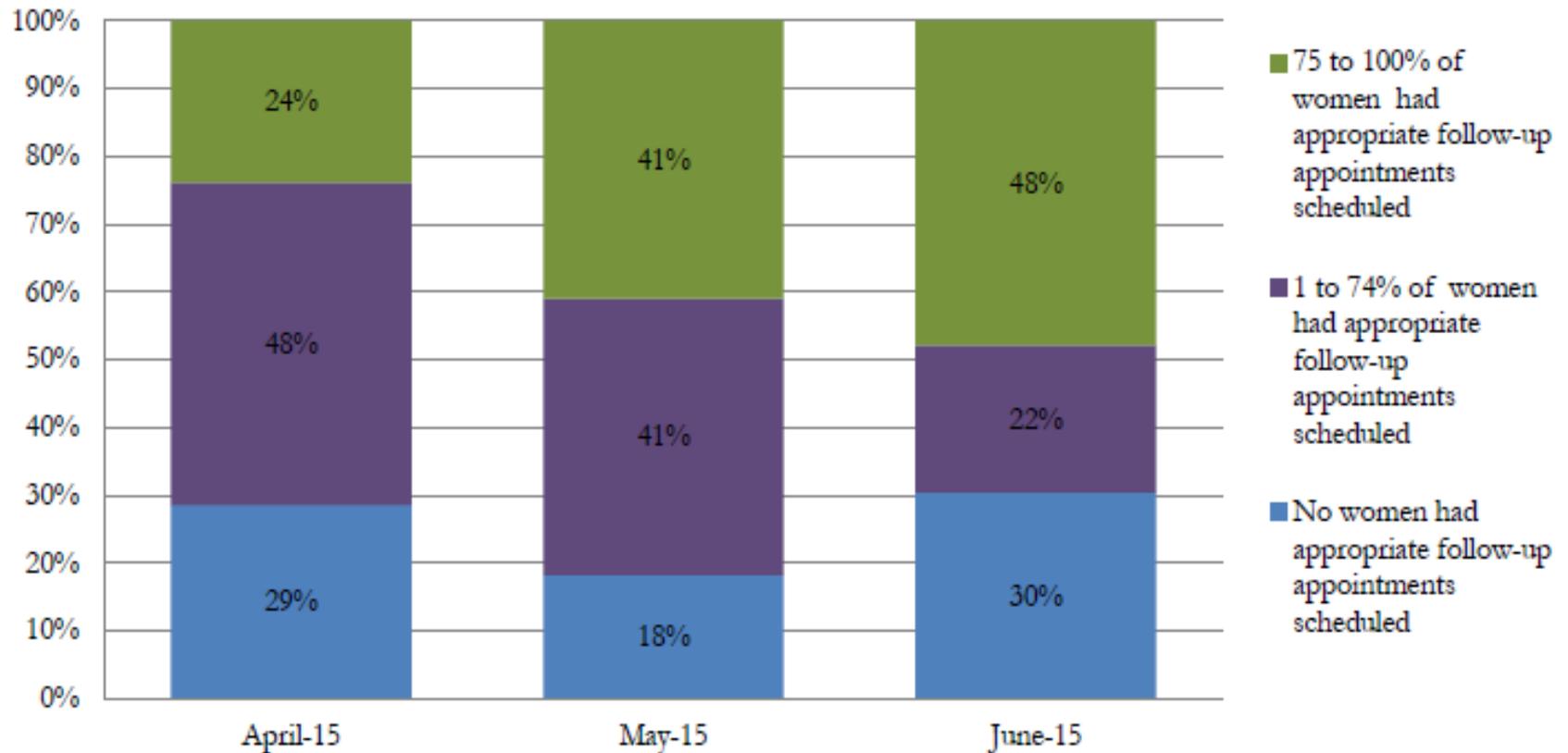
Where We Started



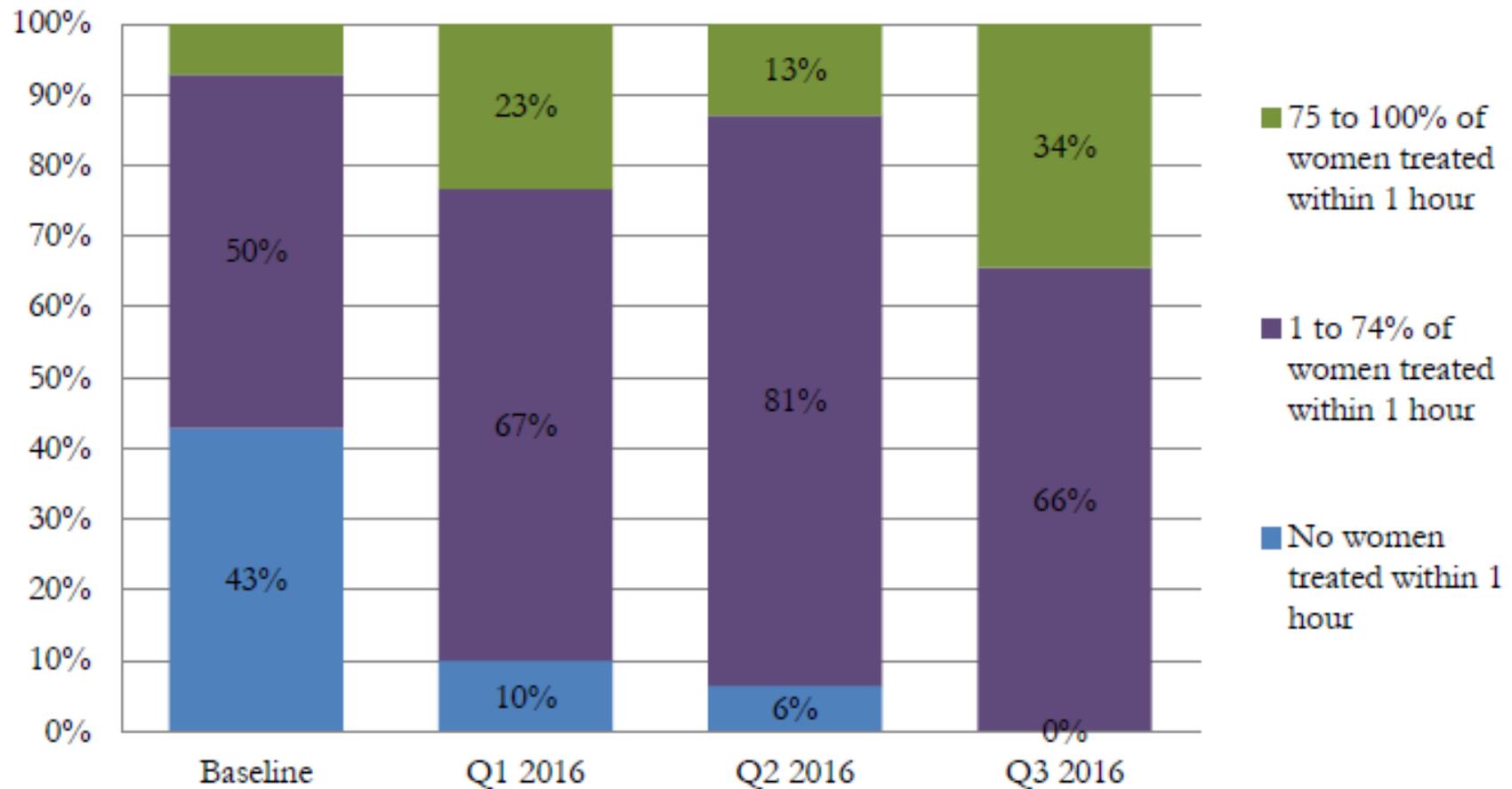
Where We Started



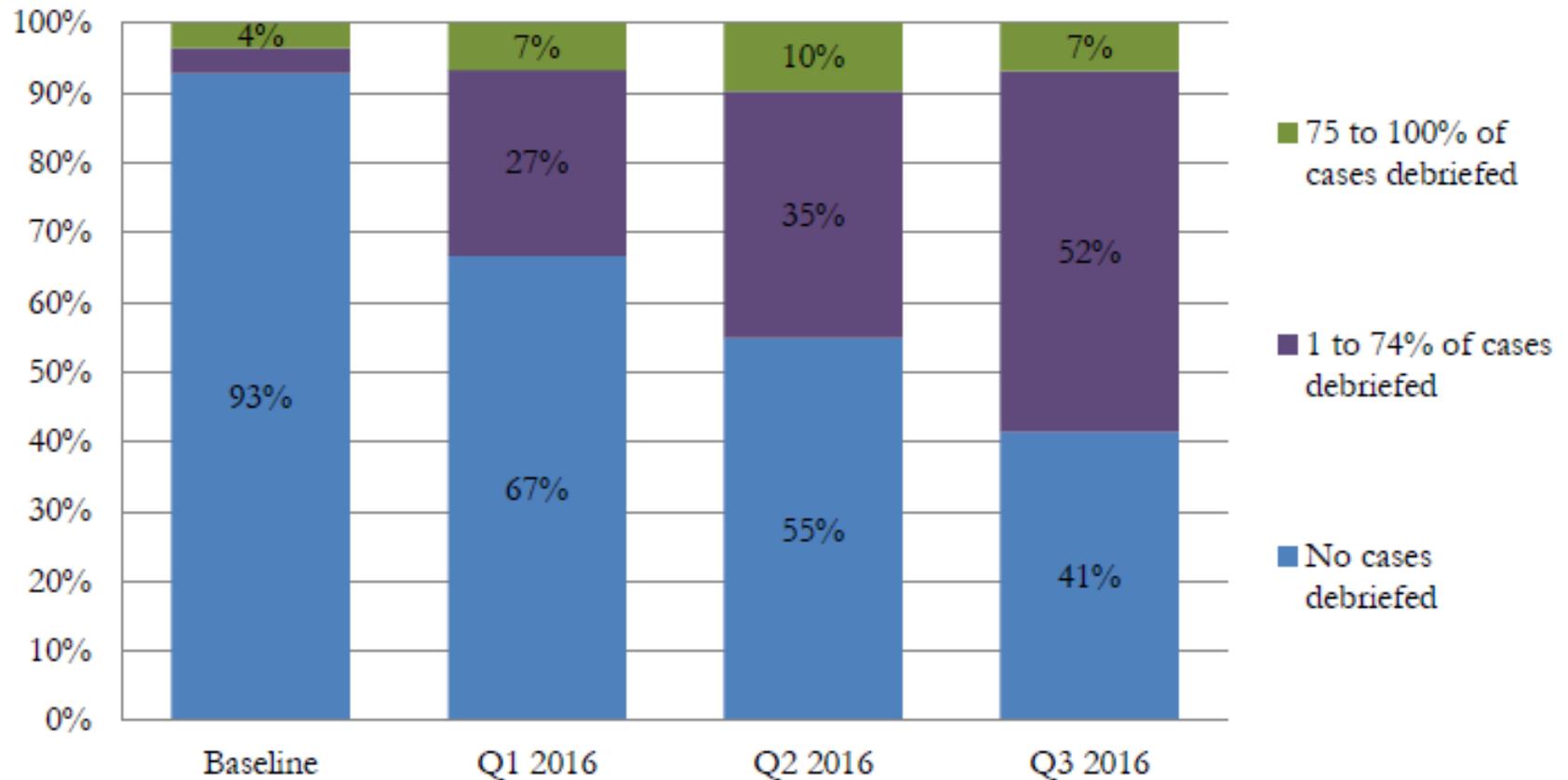
Where We Started



What We've Achieved



Challenges Still to Tackle





Our HIP Initiative Journey

UF Health Shands Hospital
Gainesville, Florida



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Candy Rouse, DNP, RN-C, CNS-BC
Women & Infant's Nurse Specialist



UF Health

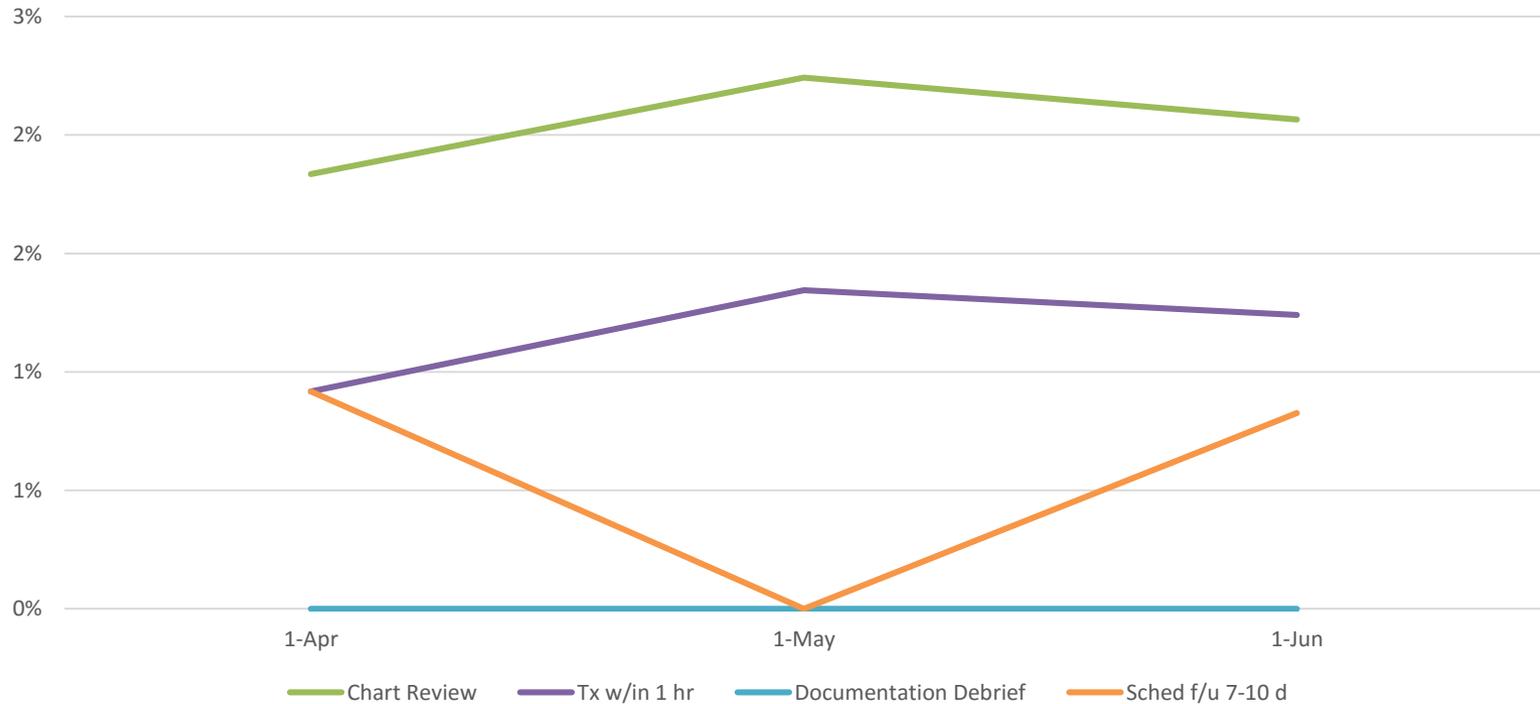
Women's &
Shands Children's Hospital



- 2700 Deliveries/yr : Avg 20% NICU admits
- 30 Peds residents, 7 Peds Fellows, 16 ARNP, 10 Attending (Faculty)
- 16 OB Residents, 3 OB Resident Fellows, 2 CNM, 9 OB Attendings (Faculty)
- High Risk OB population
 - Above state median for maternal ARDS, Acute renal failure, sepsis, shock
 - “Incubator” for high risk NI/Congenital Heart infants

Where We Started

Baseline Data



What We've Achieved

Initiative	Progress
Staff Education: Blood Pressure Measurement Algorithm for treatment	Presentation sent to all with return of completed test
Protocol/order set for treatment	In development
Documentation of debriefing	EPIC documentation
Patient Education	Available in Discharge Handouts via AVS (After Visit Summary)
Scheduled Postpartum appointment	EPIC enhancement in MD order set Hospital/Clinic collaboration on f/u appointments

Discharge Handouts: Also documented in EMR

The screenshot displays an EMR interface with three main panels. The left panel shows search results for 'postpartum hypertension', with 'POSTPARTUM HYPERTENSION (ENGLISH)' selected. The middle panel shows a document preview for 'Postpartum Hypertension', including a definition, causes, risk factors, and signs and symptoms. The right panel shows a document preview for 'Hypertension During Pregnancy', featuring an illustration of a pregnant woman and a list of home care instructions.

Left Panel: Search Results

- Search: postpartum hypertension
- Age: 33, Sex: Female, Language: English
- Results:
 - postpartum hypertension
 - POSTPARTUM HYPERTENSION (ENGLISH)

Middle Panel: 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.
- Other medical conditions that cause hormonal imbalances.

SIGNS AND SYMPTOMS

Right Panel: Hypertension During Pregnancy

Hypertension is also called high blood pressure. Blood pressure moves blood in your body. Sometimes, the force that moves the blood becomes too strong. When you are pregnant, this condition should be watched carefully. It can cause problems for you and your baby.

HOME CARE

- Make and keep all of your doctor visits.
- Take medicine as told by your doctor. Tell your doctor about all medicines you take.
- Eat very little salt.
- Exercise regularly.
- Do not** drink alcohol.
- Do not** smoke.
- Do not** have drinks with caffeine.
- Lie on your left side when resting.
- Your health care provider may ask you to take one low-dose aspirin (81mg) each day.

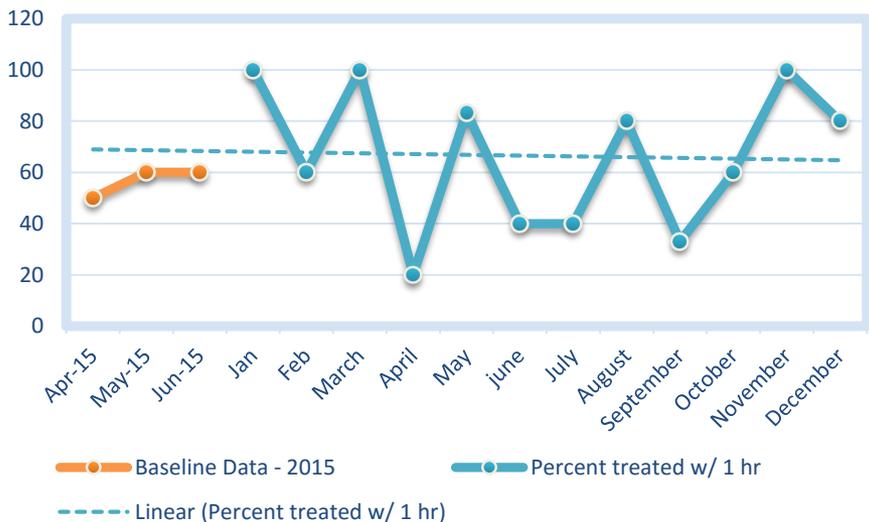
GET HELP RIGHT AWAY IF:

“Smart Phrase” in Discharge Instructions

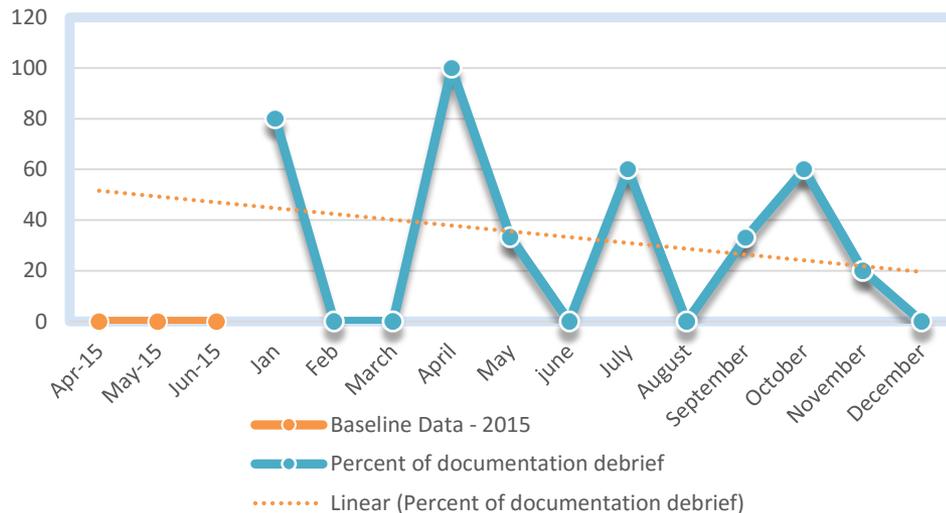
The screenshot shows a web-based medical interface. At the top, there are tabs for 'Admission', 'Transfer', and 'Discharge'. A sidebar on the left lists various medical categories, with 'BestPractice' highlighted in yellow. The main content area is titled 'Patient Instructions' and contains a text editor with a rich text toolbar. The text in the editor reads: 'For more information about Preeclampsia and Hypertension in Pregnancy, please refer to the Preeclampsia tear off provided. Remember, it is important to follow up with your healthcare provider in 1 week. |'. Below the text editor are buttons for 'Update', 'Reviewed', 'Restore', 'Close', 'Previous', and 'Next'. At the bottom of the interface, there is a section for 'Preview After Visit Summary' with a link to 'Click to Preview After Visit Summary'.

Challenges

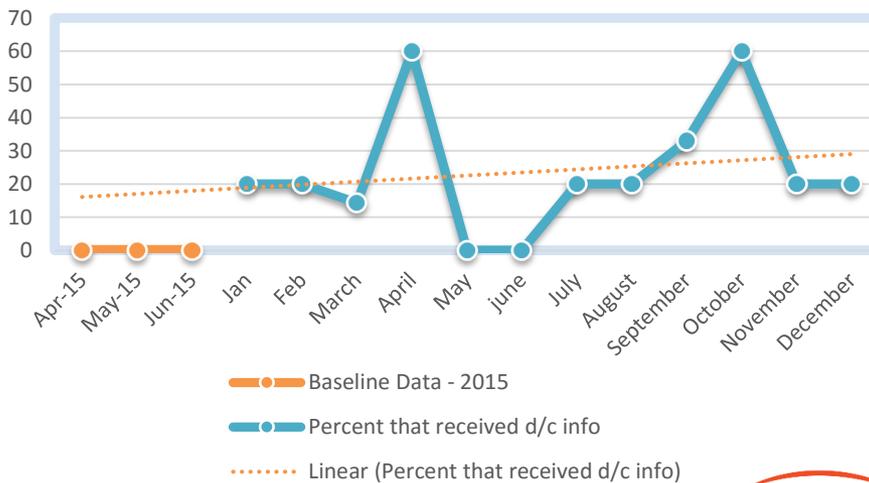
Percent Treated With in 1 Hour



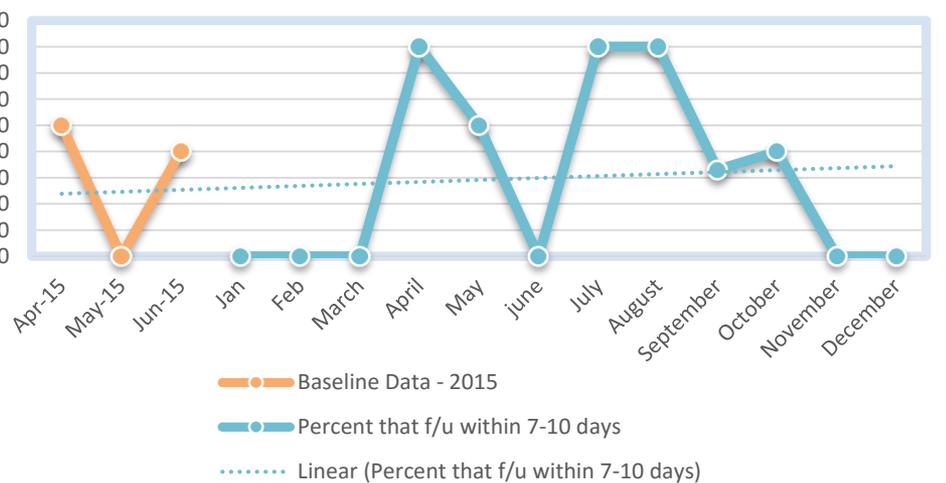
Percent of Documentation Debrief



Percent that Received d/c Info



Percent that F/U Within 7-10 Days





Our HIP Initiative Journey

Mount Sinai Medical Center

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Where We Started

TOP THREE AREAS FOR IMPROVEMENT

- 👶 Physician's using Magnesium as an anti-hypertensive.
- 👶 Follow up appointments
- 👶 Early recognition

What We've Achieved

- Unit specific policies on Hypertension in Pregnancy.
- Order sets in EPIC for suspected preeclampsia.
- BPA (best practice advisory) that alerts nurses to those patients with elevated blood pressure to give discharge instructions and make follow up appointment.
- Hypertensive medication boxes that include a debrief form in the OmniCell.

What We've Achieved

BestPractice Advisory - Vazquez,Irma

OB Maternal Hypertension Advisory

This patient meets criteria for Hypertension in Pregnancy . Nursing actions to be performed by RN:

1. Make an appointment for 7-10 days from discharge
2. Provide appropriate discharge education for pre-eclampsia
3. Provide instructions on discharge medications

The recent clinical data is shown below.

Filed Vitals:

	04/13/16 2244	04/13/16 2344	04/14/16 0044	04/14/16 0145
BP:	136/80	142/86	151/90	144/78
Pulse:	84	83	88	90
Temp:			98.7 °F (37.1 °C)	
TempSrc:			Oral	
Resp:	18	18	18	18
Height:				
Weight:				
SpO2:	98%	99%	99%	99%

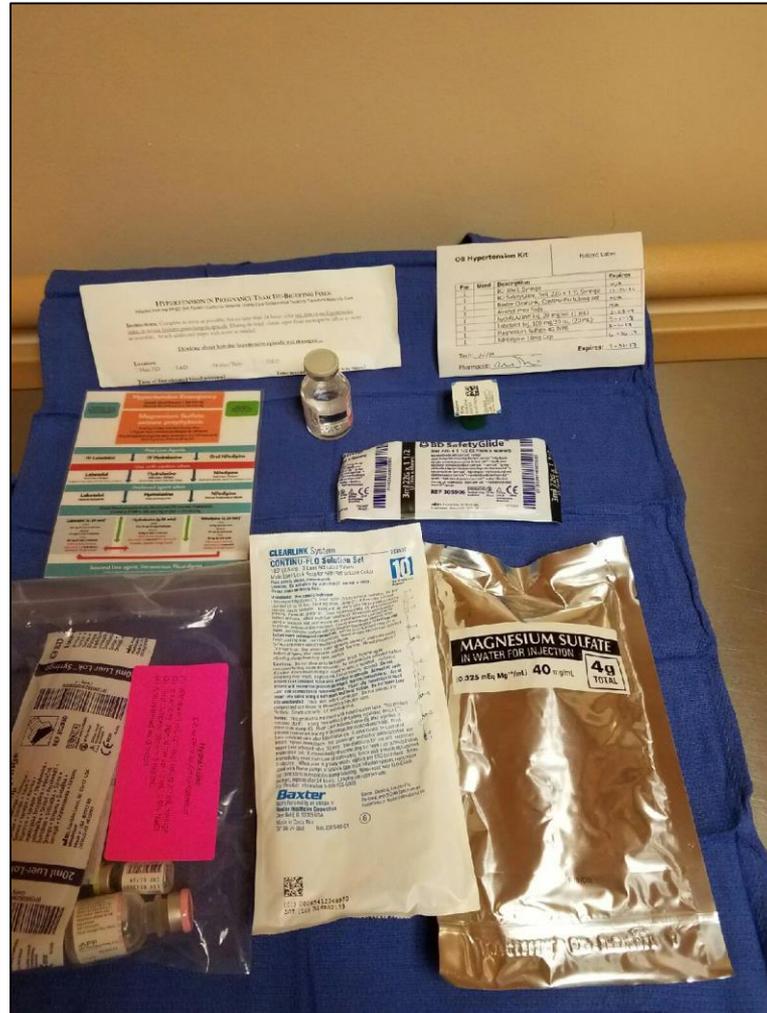
Acknowledge reason:   

[Go to Patient Education](#)

What We've Achieved



What We've Achieved



Challenges Still to Tackle

- Continuing to improve on having the second blood pressure reading taken within 15 minutes of the first elevated BP.
- Getting ED education consistent due to high turnover of healthcare workers.
- Making follow up appointments for patients discharged on the weekend.
- Debriefing on all patients.



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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