



# Hypertension in Pregnancy (HIP) Initiative

March 2017 Learning Session:

**HIP Hospital Stories**

**Part III**

Partnering to Improve Health Care Quality  
for Mothers and Babies

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# 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

March 16, 2017

- 👤 **HIP Initiative Announcements**
- 👤 Halifax Health
- 👤 BayCare System Hospitals
- 👤 Baptist Hospital of Miami
- 👤 Florida Hospital Orlando System
- 👤 NCH Healthcare
- 👤 Broward Health Medical Center
- 👤 Jackson Memorial Medical Center
- 👤 **Q&A**

# Labetalol Injection Shortage Estimated Release Dates of late-March and early-April

- 👤 [ASHP](#) and [Drugs.com](#) are reporting a shortage of labetalol injection due to increased demand and manufacturing delays.
- 👤 Akorn has labetalol 5 mg/mL 40 mL vials on back order and the company estimates a release date of late-March 2017. The 20 mL vials are on allocation.
- 👤 Pfizer has labetalol 5 mg/mL 4 mL Carpuject syringes on back order and the company estimates a release date of early-March 2017. The 20 mL and 40 mL vials are on back order and the company estimates a release date of early-March 2017 for the 20 mL vials and early-April 2017 for the 40 mL vials.

# 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 26<sup>th</sup>**

**Tampa, FL**

**Holiday Inn Westshore**

*Conference*  
*Dates: April 27-*  
*28*



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](http://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](mailto:FPQC@health.usf.edu)

# Announcements: Resources

- Use a webinar for staff education!
  - Archived at the HIP project site at [FPQC.org](http://FPQC.org)
- Clinical Questions/Technical Assistance – send us your questions any time [fpqc@health.usf.edu](mailto: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*

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## 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

# 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](mailto:fpqc@health.usf.edu)



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HIP Project Continues until June  
LAST MONTH OF REQUIRED  
DATA COLLECTION = APRIL

Questions?  
FPQC@health.usf.edu



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# HIP JOURNEYS



# Our HIP Initiative Journey

## **Halifax Health** Center for Women and Infant Health

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# Where We Started

- Magnesium Sulfate drug of choice for HIP
- Lack of knowledge of increased rise in mortality/morbidity re: Eclampsia
- Delivery= cure for HIP
- Lack of teaching to patients on s/s after discharge

# What We've Achieved

- 👤 Educating patients
- 👤 Education CWIH and Main ED staff
- 👤 FPQC Grand Round lecture
- 👤 Treating the high blood pressure

# Treat the high BP

- 👉 HTN medications are readily available
- 👉 Unit Policy change
- 👉 Physician support
- 👉 Understand the importance and compliance has greatly improved

# Post-Partum

- 👶 Worked with Main ED to capture post-partum patients presenting with s/s of preeclampsia
- 👶 *“Have you had a baby within the last 6 weeks?”*
- 👶 If “Yes” and symptoms present or  $\wedge$  BP  $\rightarrow$  send to OB ED for evaluation

# Challenges Still to Tackle

- 👤 Low turn out of Main ED staff to our FPQC Grand Rounds Lecture
- 👤 A few MDs still think Mag treats ^BP
- 👤 New nurses uncomfortable with challenging a MD who refuses treatment



# Our HIP Initiative Journey

## BayCare Health System

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# Where We Started

- 👶 14 Hospital health-system; 7 performing OB
- 👶 Clinical Standard
- 👶 Order set
- 👶 Nursing Education
- 👶 Assumptions:
  - 👶 Nurses know how to measure BP's
  - 👶 Physicians know how to treat BP's
  - 👶 Patients are being followed up

# What We've Achieved

- 👤 Awareness – Posters, badge cards, in-services, Grand Rounds
- 👤 Nursing and Physician education (including ED )
- 👤 Order enhancements – right med; timely
- 👤 Consistency
  - 👤 BP Measurement/repeat parameters
  - 👤 Discharge education – all patients and disease sp.

# Challenges Still to Tackle

- 👤 Debrief
- 👤 Consistency/Hard-wiring
- 👤 Reaching physician colleagues
- 👤 Reaching Stand-alone ED/Urgent Care Centers
  
- 👤 Near-completion😊 : Creating an order-driven protocol



# Our HIP Initiative Journey

**Baptist Hospital of Miami**  
**Jose Bestard MD FACOG**

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# Where We Started

- 👶 Implemented in November 2015
  - 👶 Total Number of cases #5
  - 👶 20% treatment within 1 hour
  - 👶 Average length of stay 5.8 days
  
- 👶 Without any order sets, medication packets, etc

# What We've Achieved

## January 2017

-  Total number of cases #6
-  Treatment within the hour 100%
-  Decreased our length of stay to 3.2 days
-  Decreased our direct and indirect cost
  -  Average 128,497 a month

# Challenges Still to Tackle

- 👤 Debriefing
- 👤 New staff/physicians coming on board
- 👤 Reminders/maintaining the continuation of care
  - 👤 Throughout hospital
  - 👤 Changes to system (EMR)
  - 👤 Additions to hospital



# Our HIP Initiative Journey

Florida Hospital Altamonte

Florida Hospital Celebration Health

Florida Hospital Orlando

Florida Hospital Winter Park

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# Where We Started

## Identification

- BP Measurement Practices
- Written Birth Log

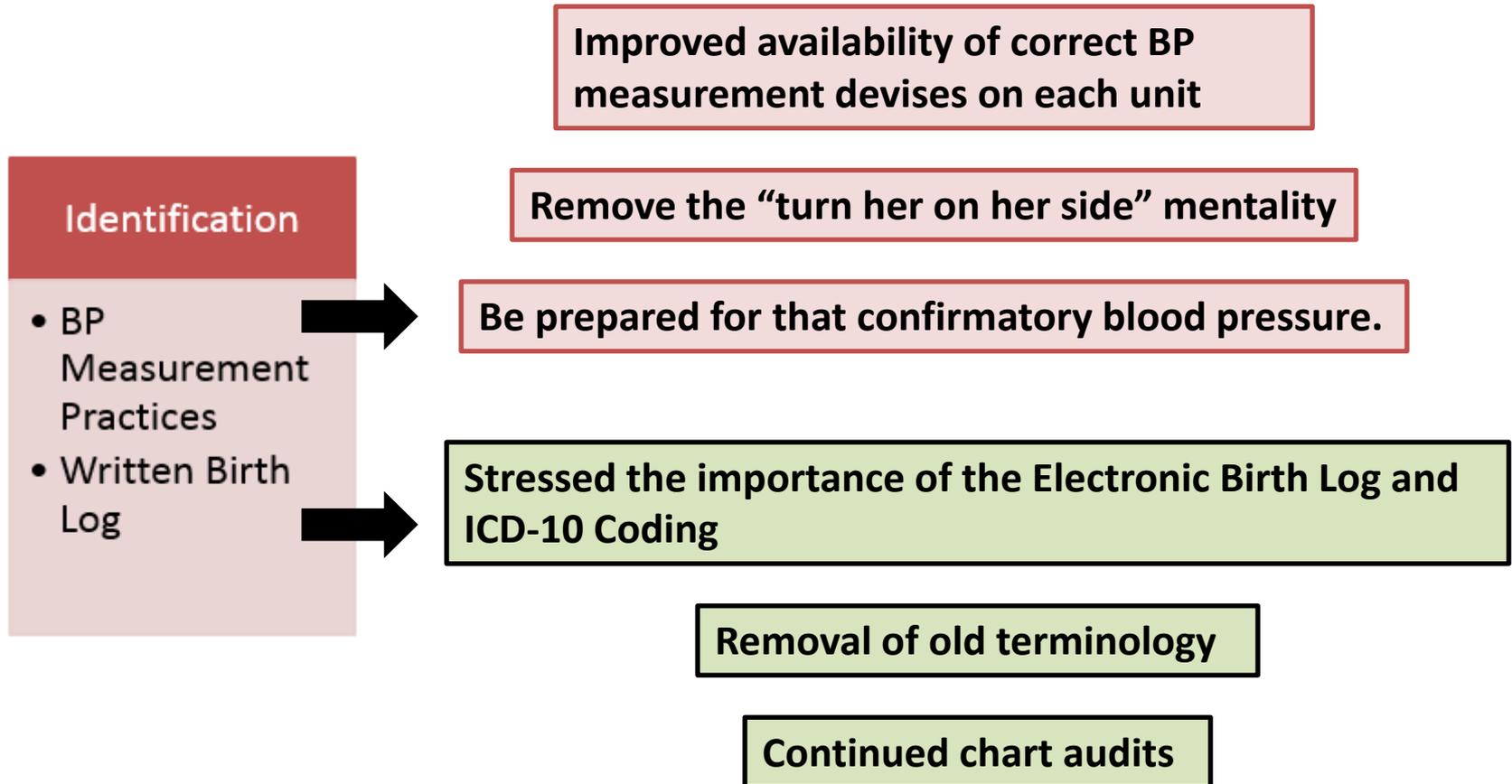
## Treatment

- Limited availability of medications on all units
- Confusing policy

## Communication & Debrief

- Provider barriers
- Lack of empowerment for nurse to initiate debrief

# What We've Achieved



# What We've Achieved

Which Pyxis is it in?

Same treatment at all access points

In-situ drills for IV and non-IV access eclampsia

FPQC algorithm added to policy

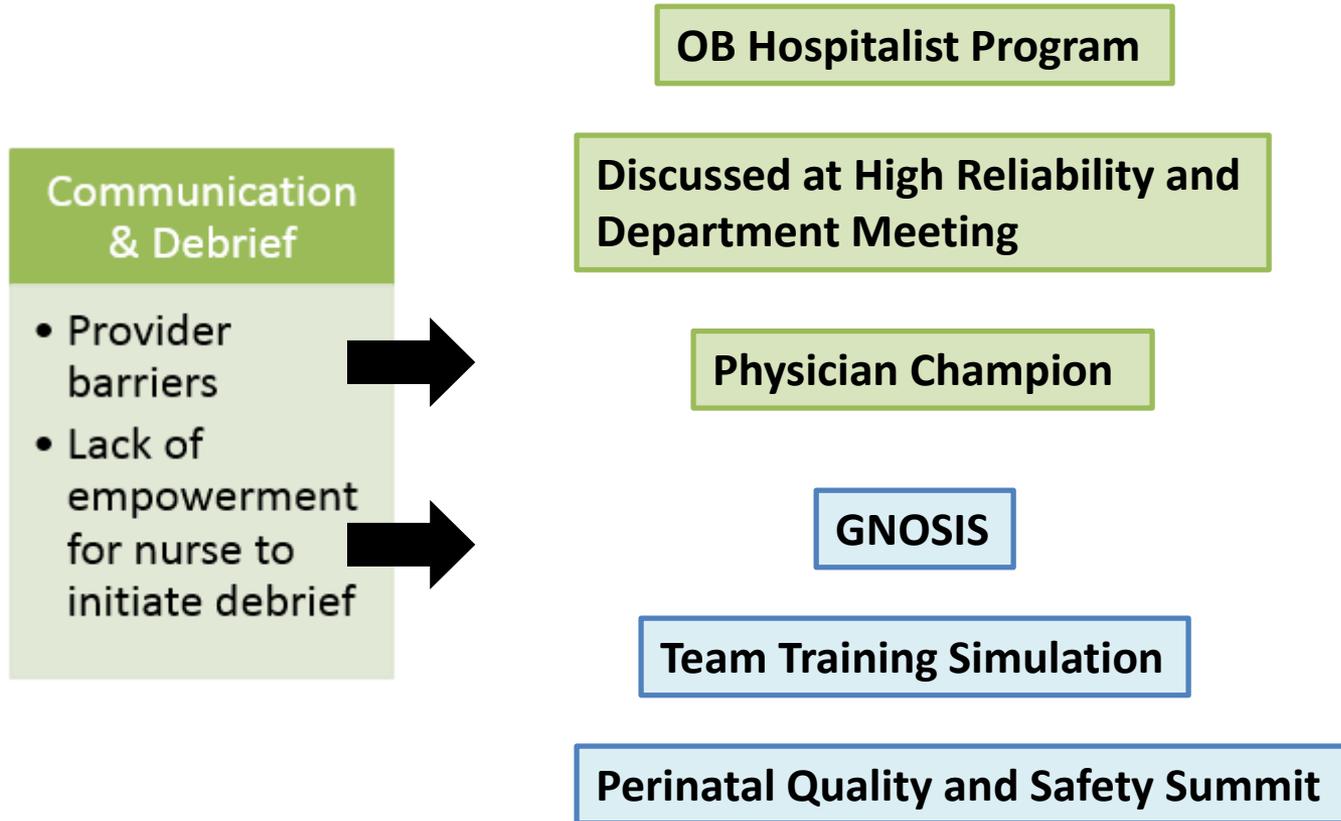
Emergency room skills fair

Code Stork Binders

## Treatment

- Limited availability of medications on all units
- Confusing policy

# What We've Achieved



# Challenges Still to Tackle

## ID in ED

- How do we identify the PP woman who arrives to the ED with Preeclampsia?

## Connected Care

- Can we improve the access to post-discharge appointments?

## Meds at Home

- How can we ensure the prescription gets filled?



# Our HIP Initiative Journey

**NCH Healthcare**

**March 16, 2017**

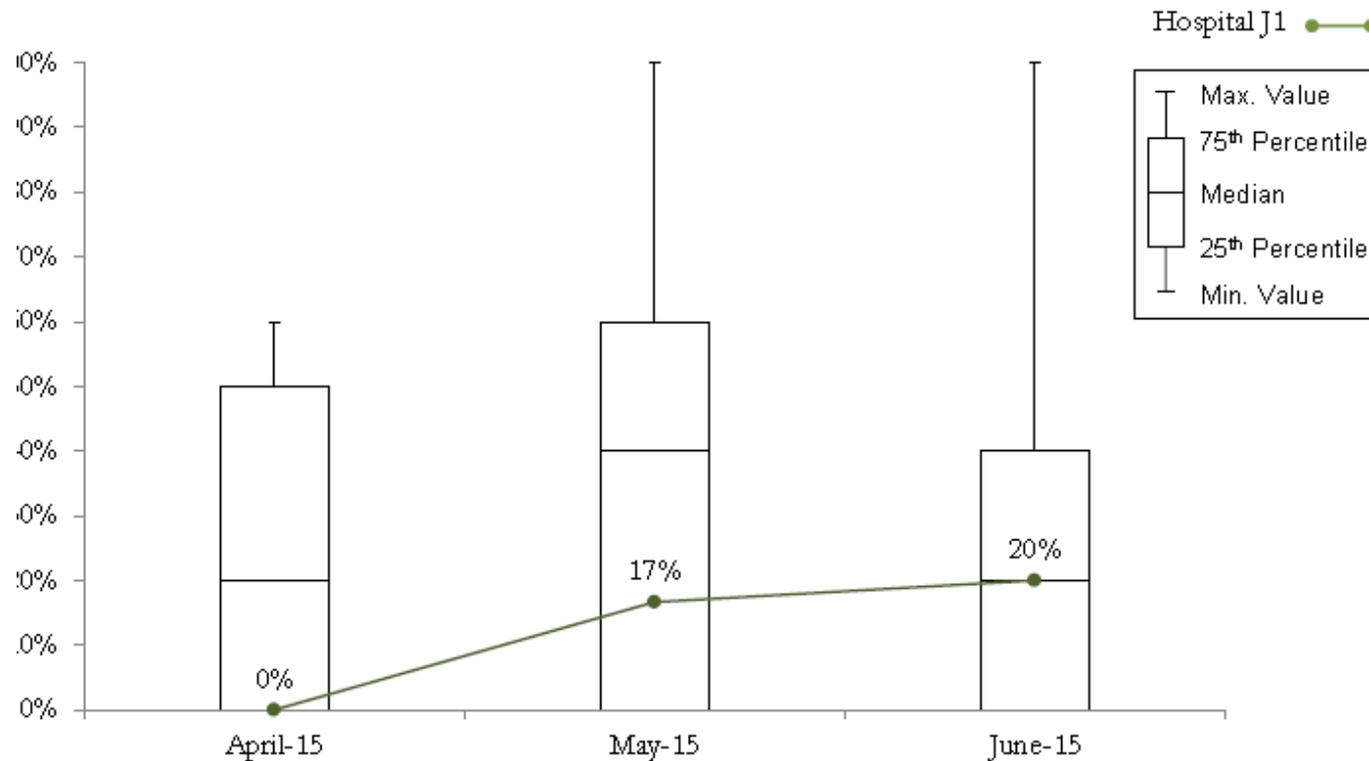
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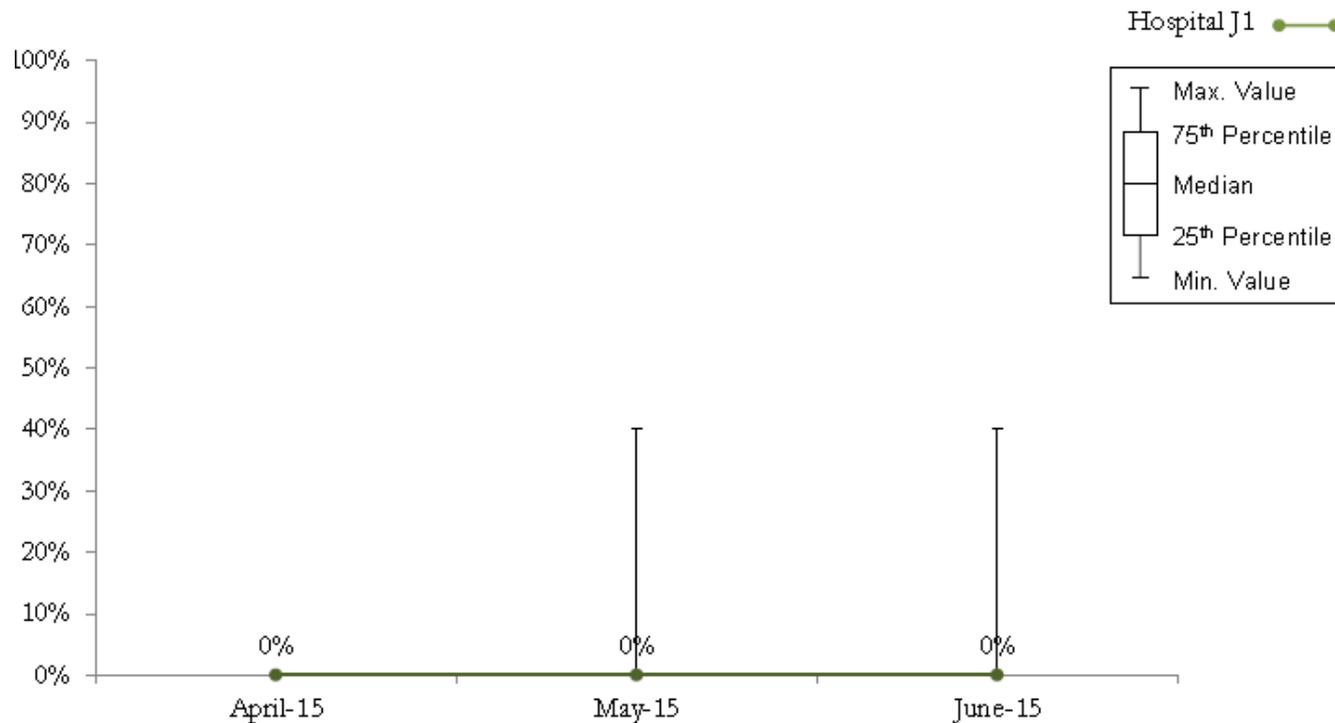
# Where We Started

Figure 1. Percent of Women with persistent new-onset severe HTN who were treated within 1 hour



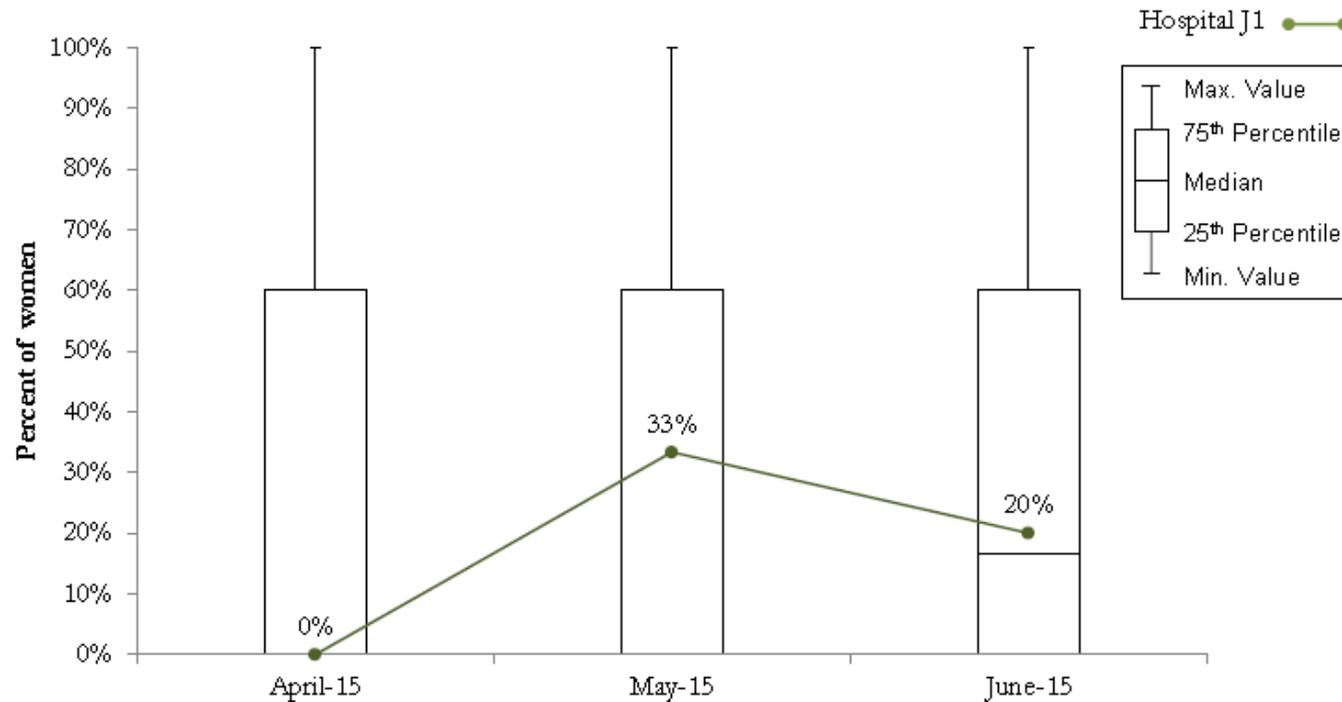
# Where we started

Figure 3. Percent of Women with persistent new-onset severe HTN whose case was debriefed



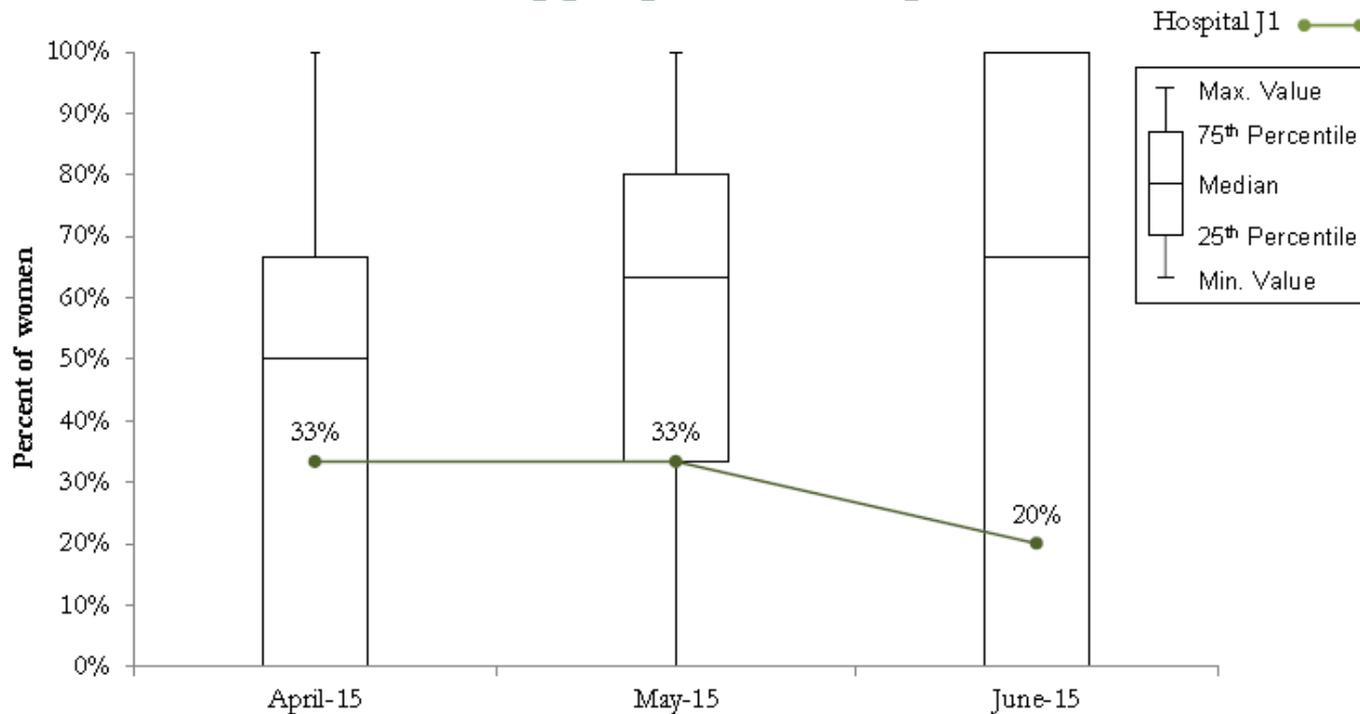
# Where we started

Figure 5. Percent of Women with persistent new-onset severe HTN who received discharge education material



# Where we started

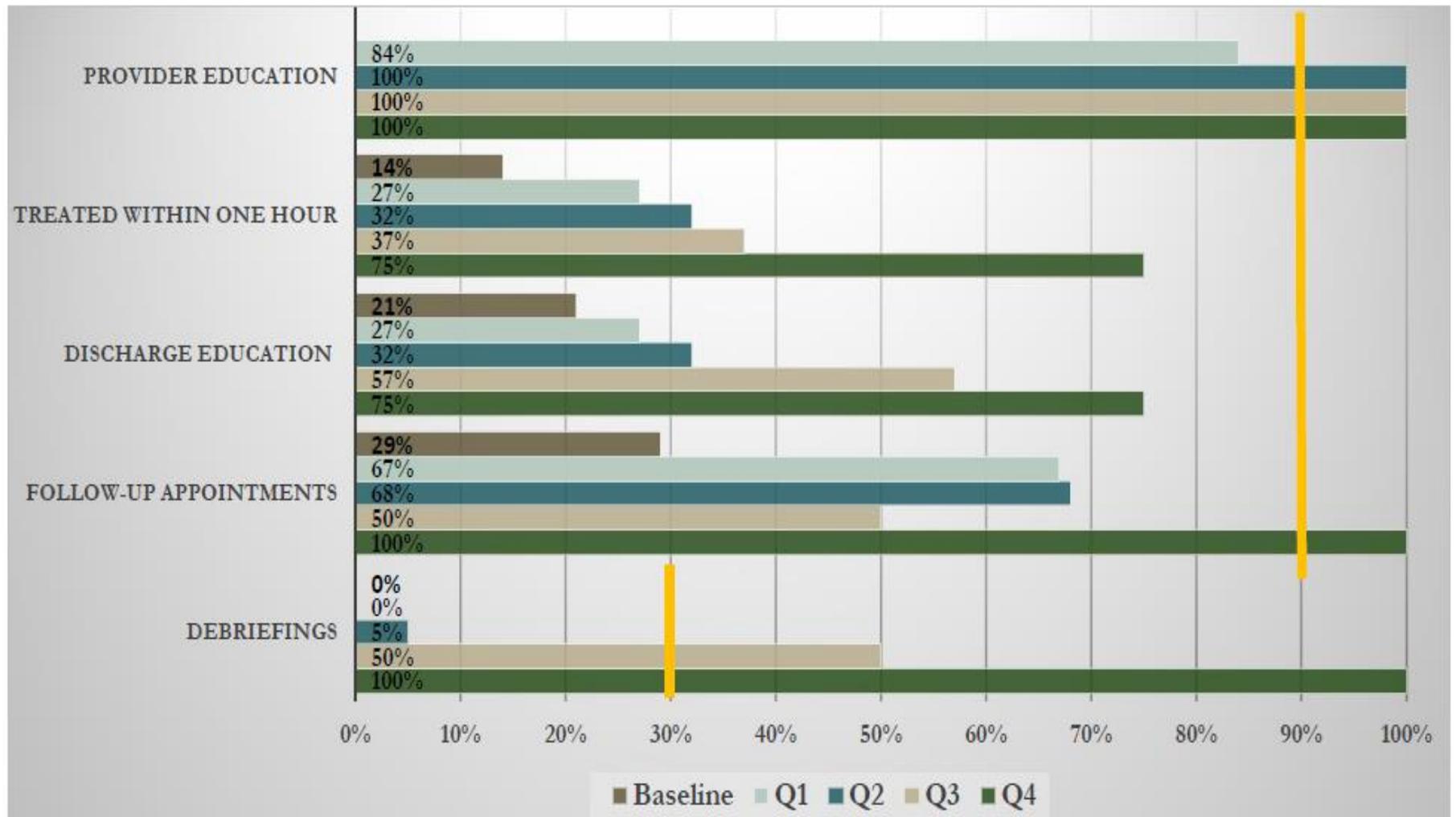
Figure 7. Percent of Women with persistent new-onset severe HTN who had follow-up appointments scheduled in appropriate timing



# Our Actions

1. Developed a HIP task force comprised of Staff RNs from Mother Baby and L&D, Physicians, WCP Administration, Pharmacy, Lab, Education, and IT (Cerner).
2. Policy written.
3. Algorithm developed.
4. Grand Rounds for Physicians and RNs
5. Policy and Algorithm presented to Dept of OB for approval.
6. Preeclampsia with and without severe features powerplan developed.
7. All staff educated.
8. Plan developed to educate all new RNs during orientation.
9. Implemented Pre-Eclampsia armband.

# What We Have Achieved So Far



# Challenges Still to Tackle

1. Implementation of the EMR Powerplans for preeclampsia with and without severe features.
2. Continued engagement of OB Physicians to follow approved powerplans and algorithm.
3. ED and Urgent Care Center education.



# Our HIP Initiative Journey

**Broward Health Medical Center**  
**Fort Lauderdale, FL**

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# Where We Started

- 🌀 Anti-hypertension medications policy
- 🌀 No standardization for screening anti-hypertensive patients
- 🌀 Lack of urgency for recognition and treatment of hypertension crisis



# What We've Achieved

- Didactic/cognitive and skills education for existing and new hire MD's, clinical and non-clinical staff
- Complete debrief forms
- Kick-off Celebration
- Revise Antihypertensive Medications Policy
- Advance Nursing Interventions (ANI) for Hypertension in triage
- HIP first line medication Powerplan subphases in Cerner Powerchart
- Availability of first line meds on L&D and Maternity units
- Algorithms in LDR, Triage & LD PACU
- In-service on protocol & algorithm
- Simulation Skills Lab
- Discussions with Emergency Department on HIP
- Reinforced In-services on proper BP Measuring
- FPQC Mid Project Conference
- Single Dose Vials- Labetalol
- CME Education for Physicians
- Preeclampsia bracelets
- Follow-up visits (Hospitalist group)



# Challenges Still to Tackle

- 🌀 Follow-up visits (Private MD)
- 🌀 Compliance of debriefs
- 🌀 ED Department

NEVER EVER  
**EVER**  
GIVE UP!





# Our HIP Initiative Journey

The Women's Hospital

at

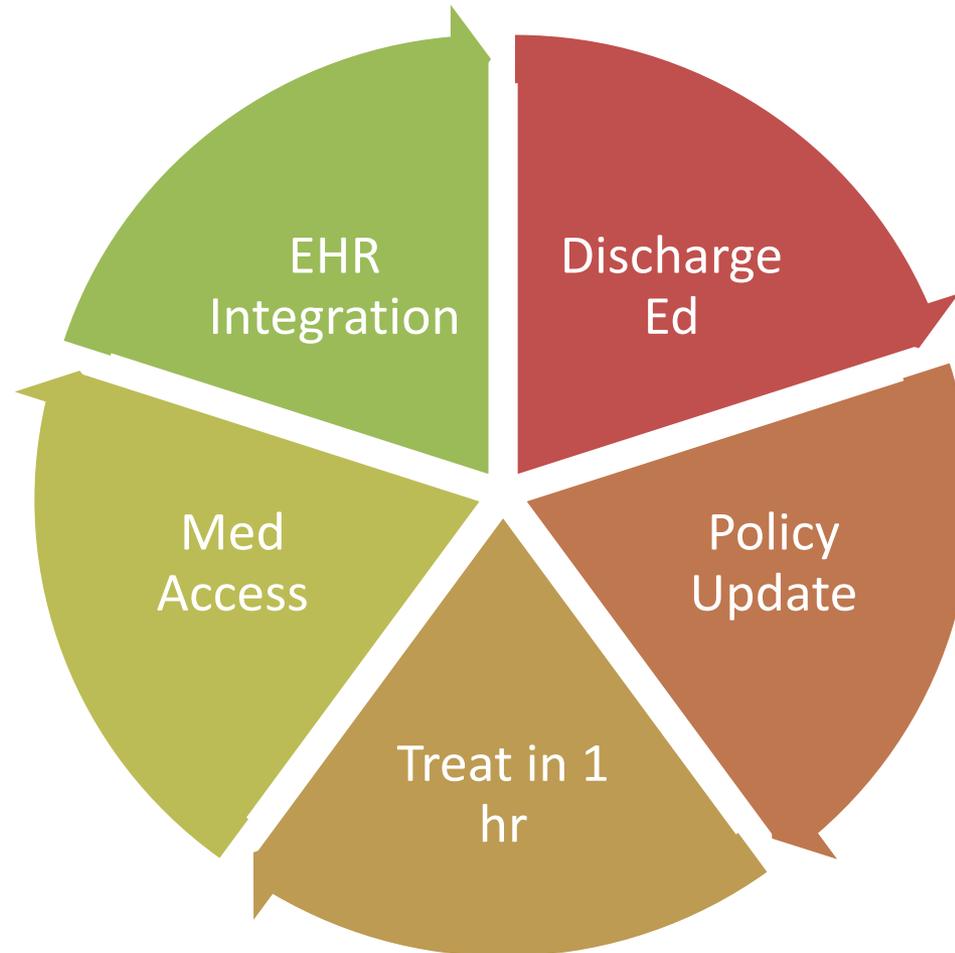
Jackson Memorial Medical Center

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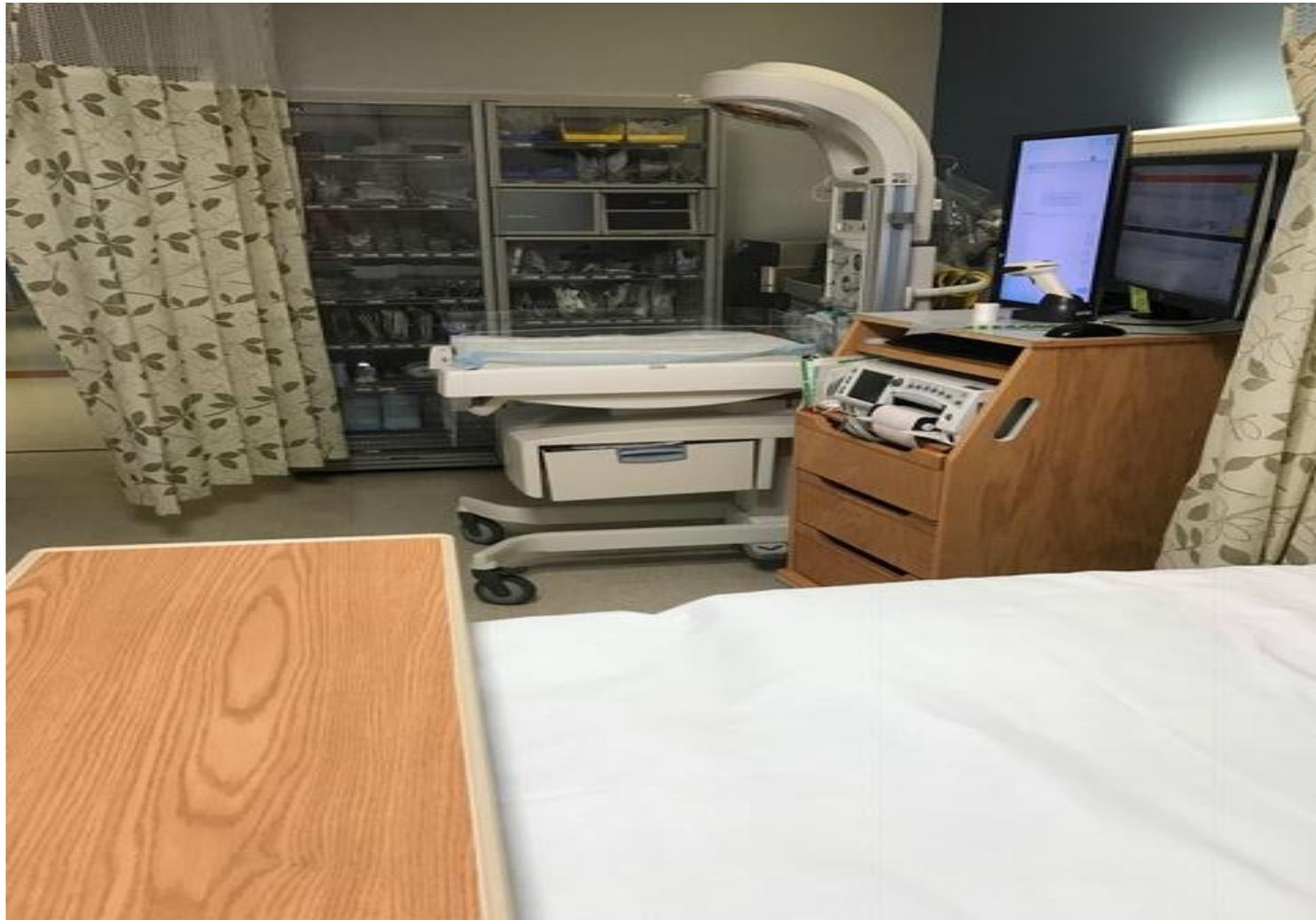
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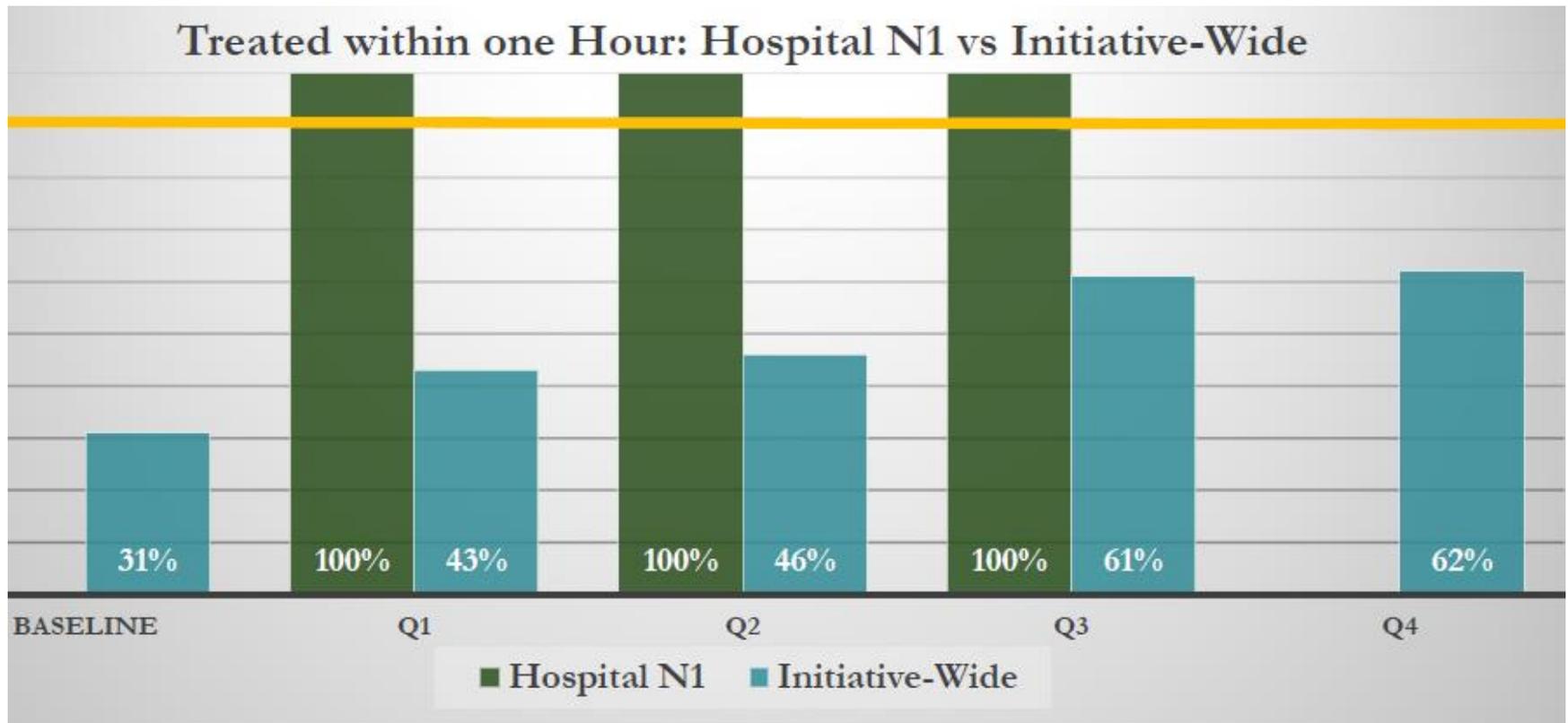
# Where We Started



# What We've Achieved



# What We've Achieved



# Challenges Still to Tackle

- 👶 Discharge Education
- 👶 Optimize EHR Integration
- 👶 Policy Updates Education
- 👶 Continuous Education/Hardwiring of the “ABC’s”
- 👶 Continuous Monitoring of Process/Outcomes



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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).