



Hypertension in Pregnancy (HIP) Initiative

June 2017 Learning Session:
**Celebration
&
Sustainability**

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

June 29, 2017

- 👶 **HIP Initiative Announcements**
- 👶 Celebrating our Success – HIP Initiative-wide Data
 - 👶 Dr. Bill Sappenfield
- 👶 Tips for Sustainability
 - 👶 Dr. Karen Harris
- 👶 FPQC HIP Sustainability Strategy
- 👶 HIP Resources
- 👶 **Q&A**

HIP Announcements

- 👶 This is our last HIP webinar
- 👶 The last month of prospective data collection was April (you can submit and receive Quarterly sustainability reports, which we will cover today)
- 👶 All HIP resources will remain available on the web (FPQC.org). We are still happy to consult with clinical questions and provide assistance

Physician MOC

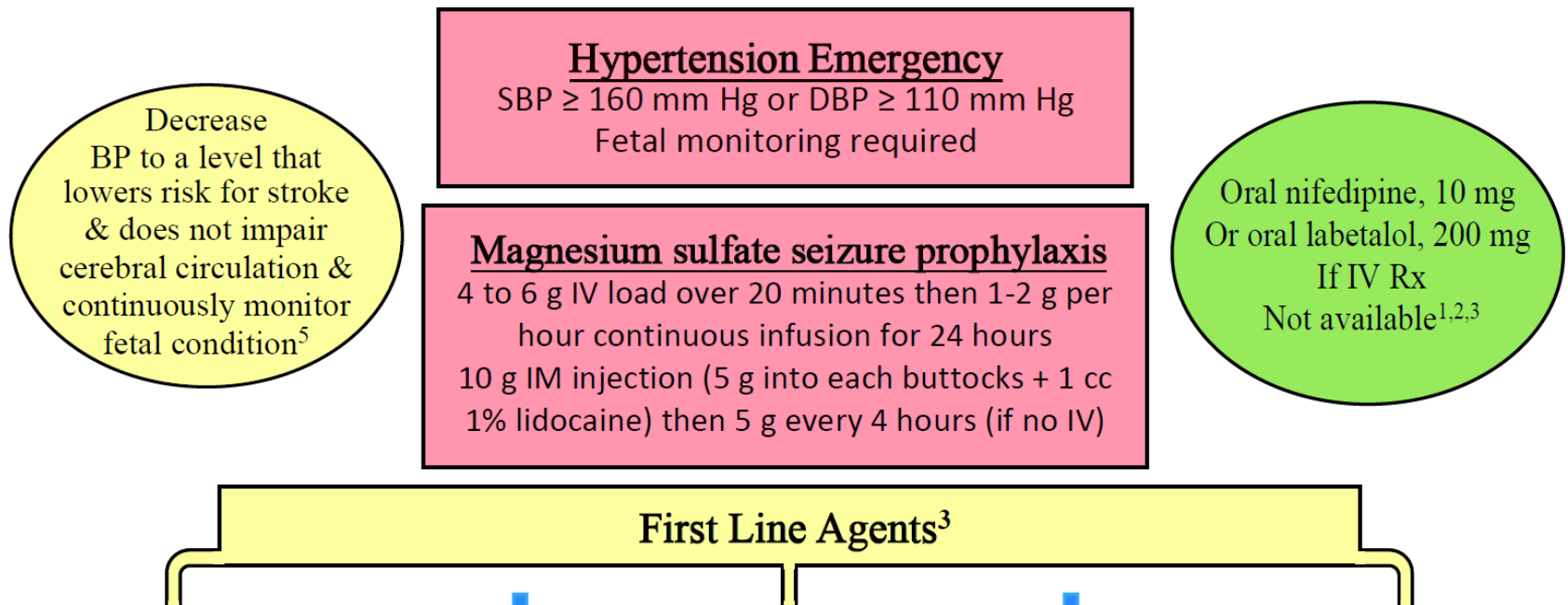
- 👶 Great way to get your physicians involved in the project!
- 👶 Requirements:
 - 👶 Diplomate of ABOG
 - 👶 Actively participate in HIP
 - 👶 Submit a statement addressing how project benefits patients, impacts practice, and how you participated
- 👶 For more information contact: fpqc@health.usf.edu

HIP Algorithm Change

- 👤 **In follow up to recent questions regarding rapid lowering of blood pressure, we are modifying the algorithm because there is no specific recommendation on the rate of decrease.**
- 👤 **Continuous fetal monitoring should be used during antihypertensive medication titration to assess fetal well-being in all women with a gestational age beyond...** fetal viability as determined at your local center.* **“Further, therapy goals...”** are for the prompt reduction* **“...of blood pressure to a level associated with a decreased risk of cerebrovascular accidents or loss of cerebral autoregulation.”** [John R. Barton, Ann Emerg Med. 2008;51:S16-S17]

*FPQC modification.

HIP Algorithm Change cont.





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Final Initiative Data

HOW FAR WE'VE COME

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

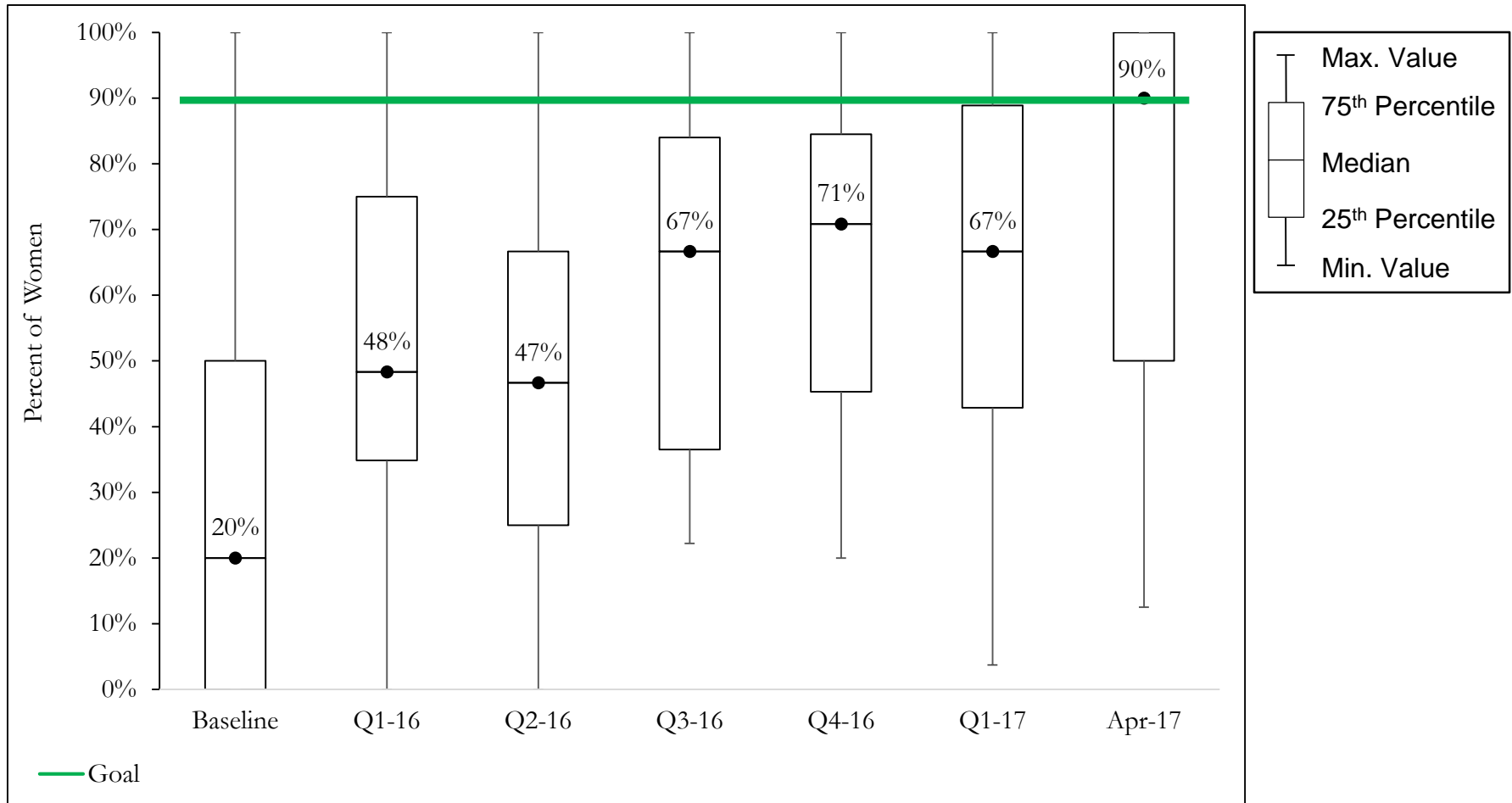


Figure 2. Percent of All Reporting Hospitals that treated women with persistent new-onset severe HTN within 1 hour

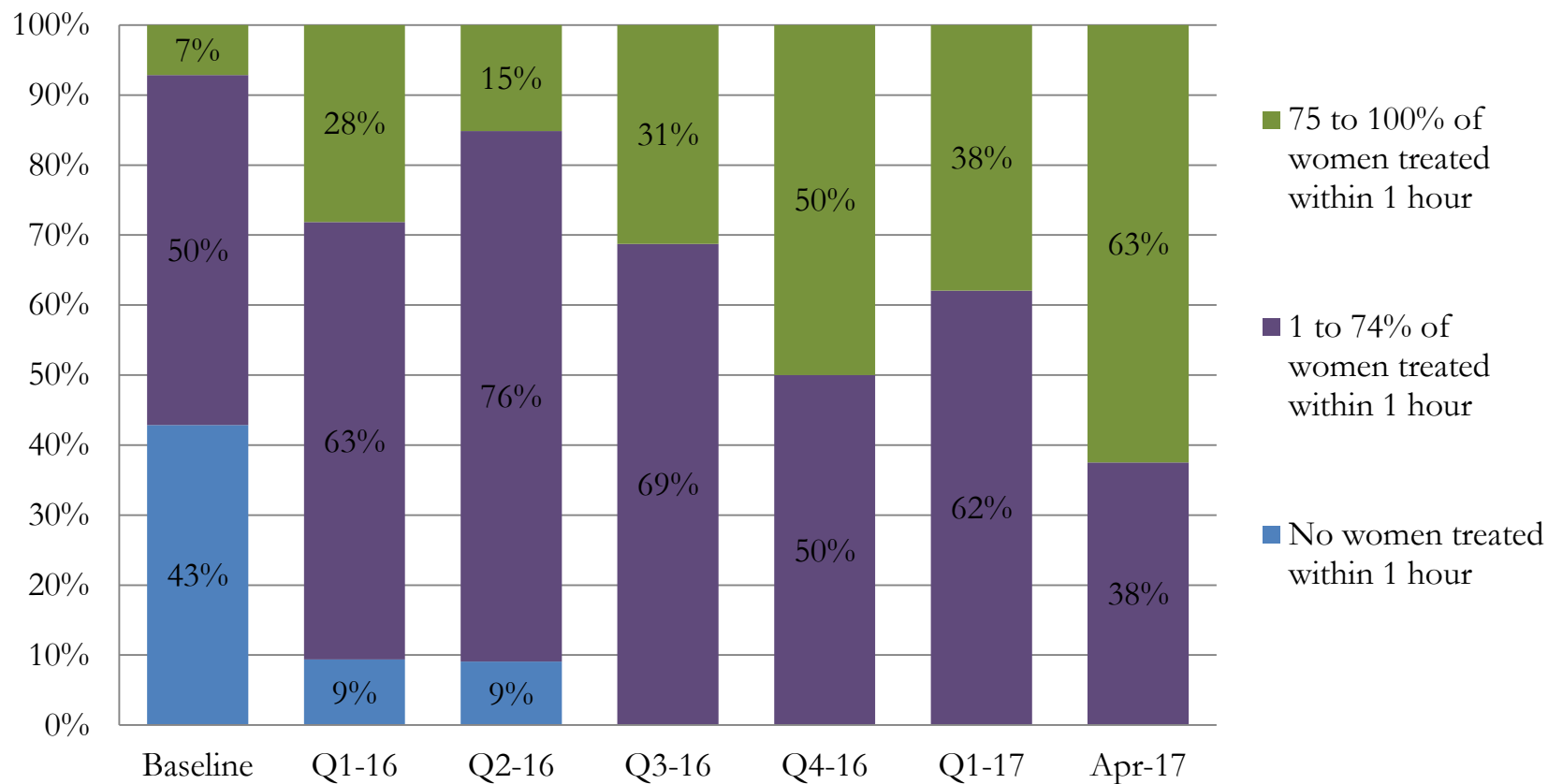


Figure 3. Percent of Women with persistent new-onset severe HTN whose case was debriefed

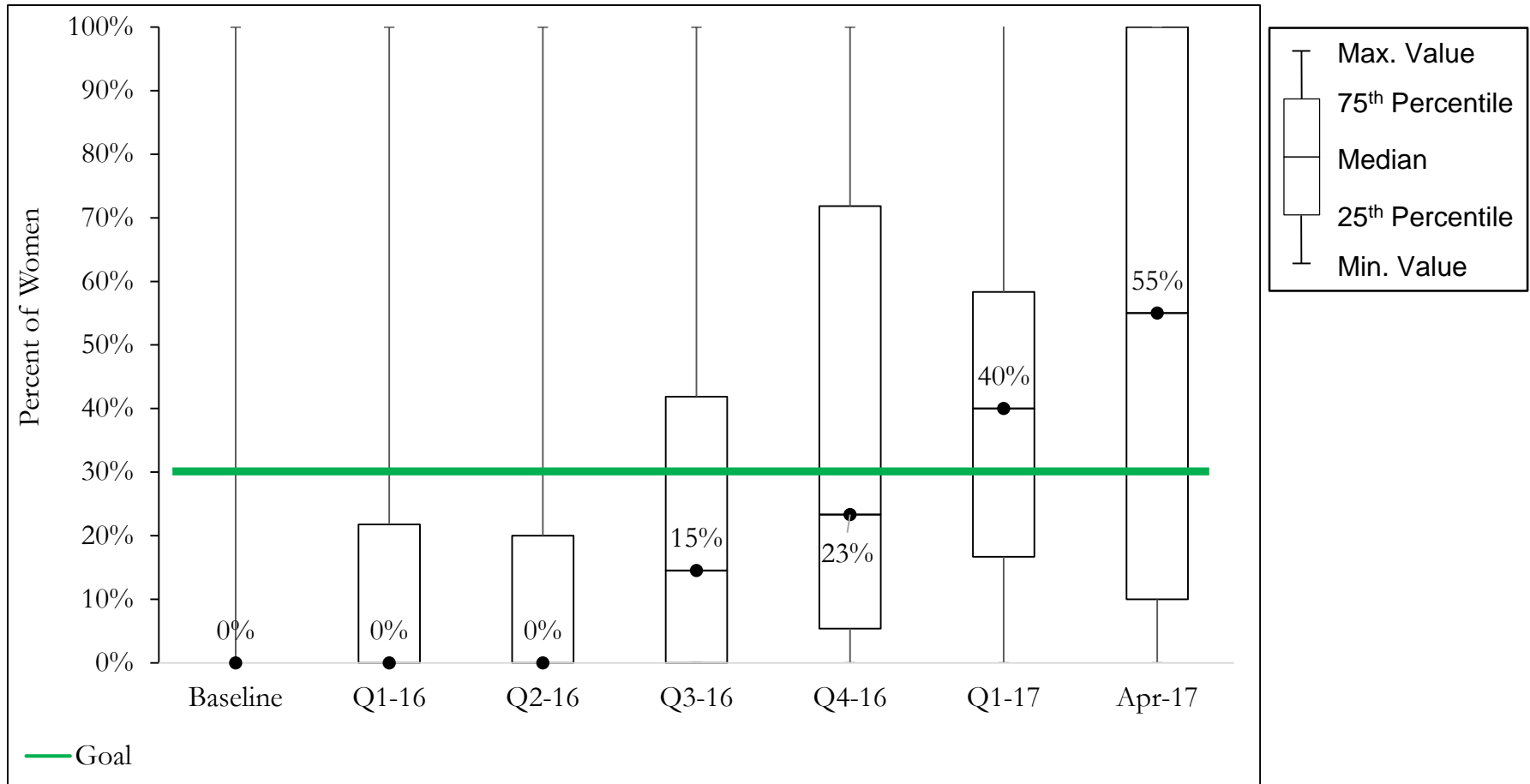


Figure 4. Percent of All Reporting Hospitals that debriefed cases of HTN

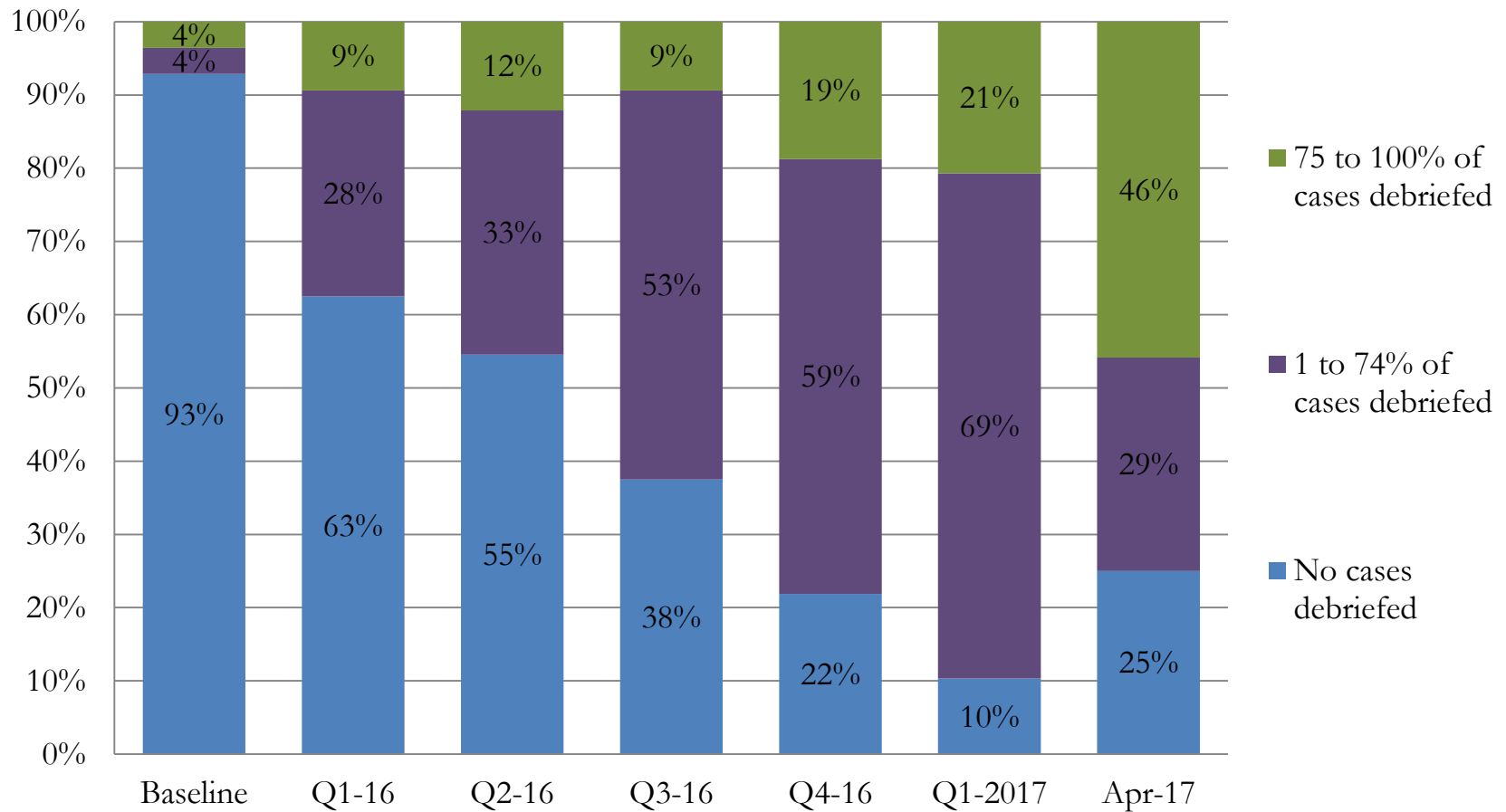


Figure 5. Percent of Women with persistent new-onset severe HTN who received discharge education material

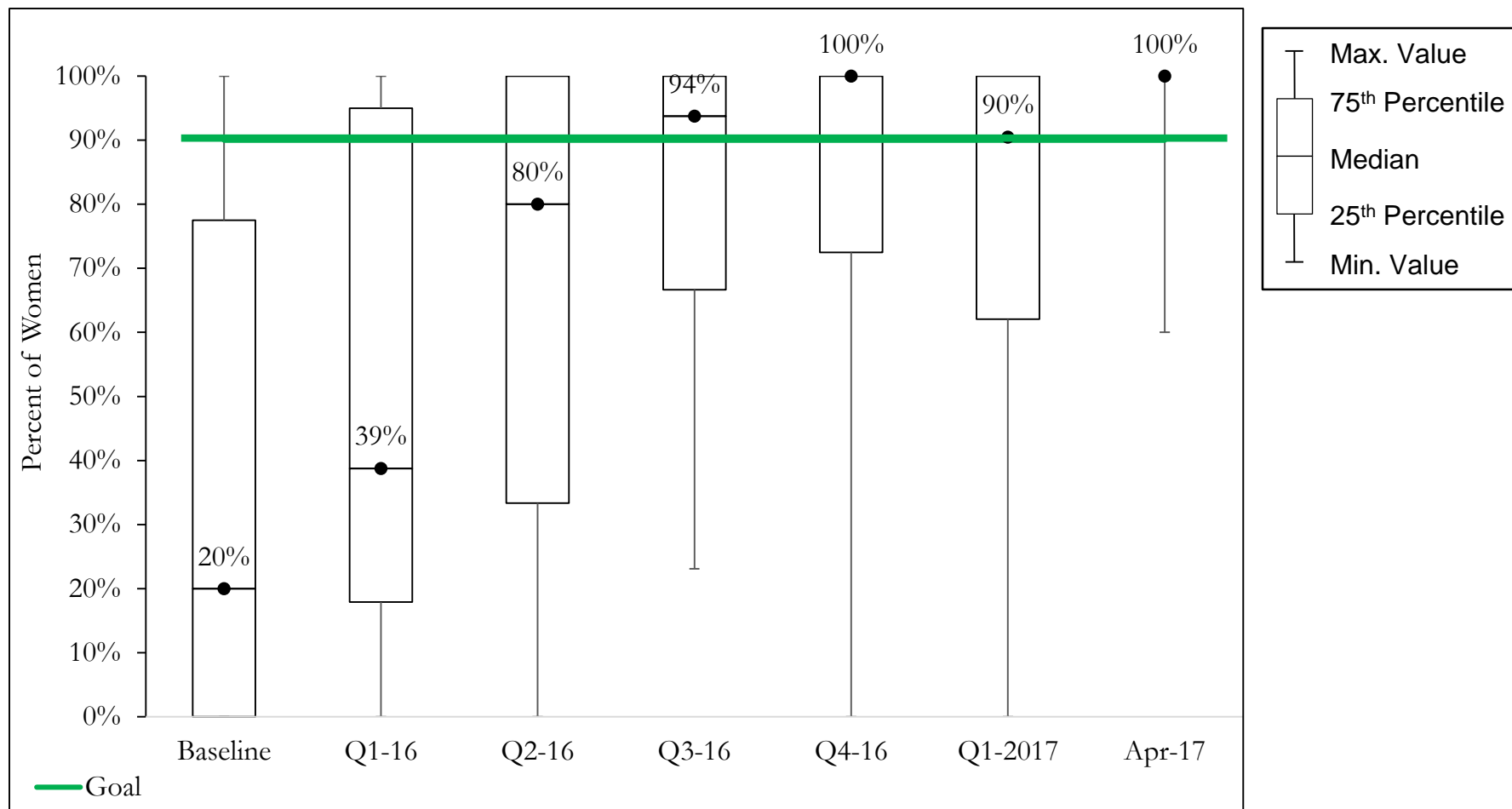


Figure 6. Percent of All Reporting Hospitals where women received discharge education material

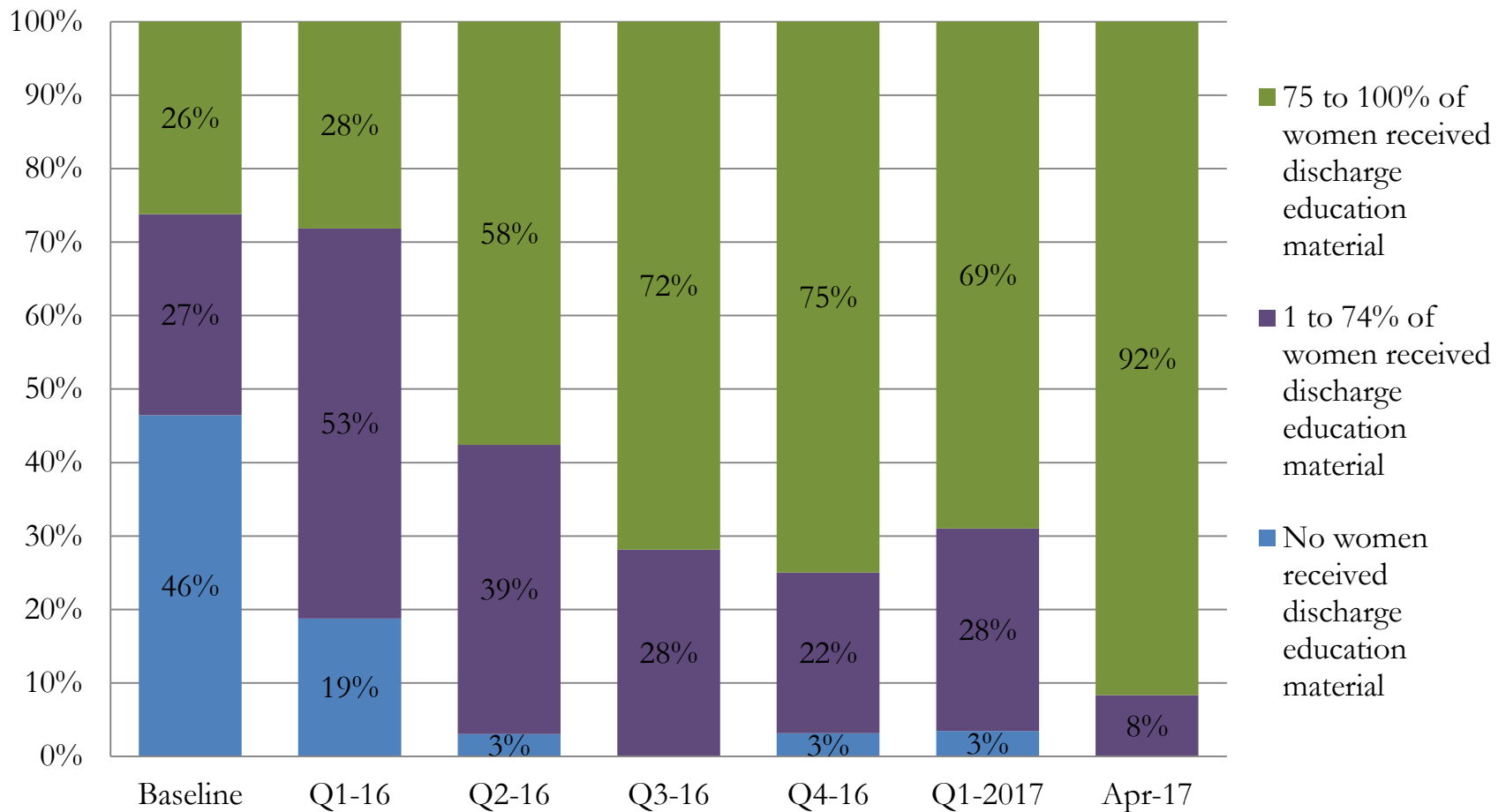
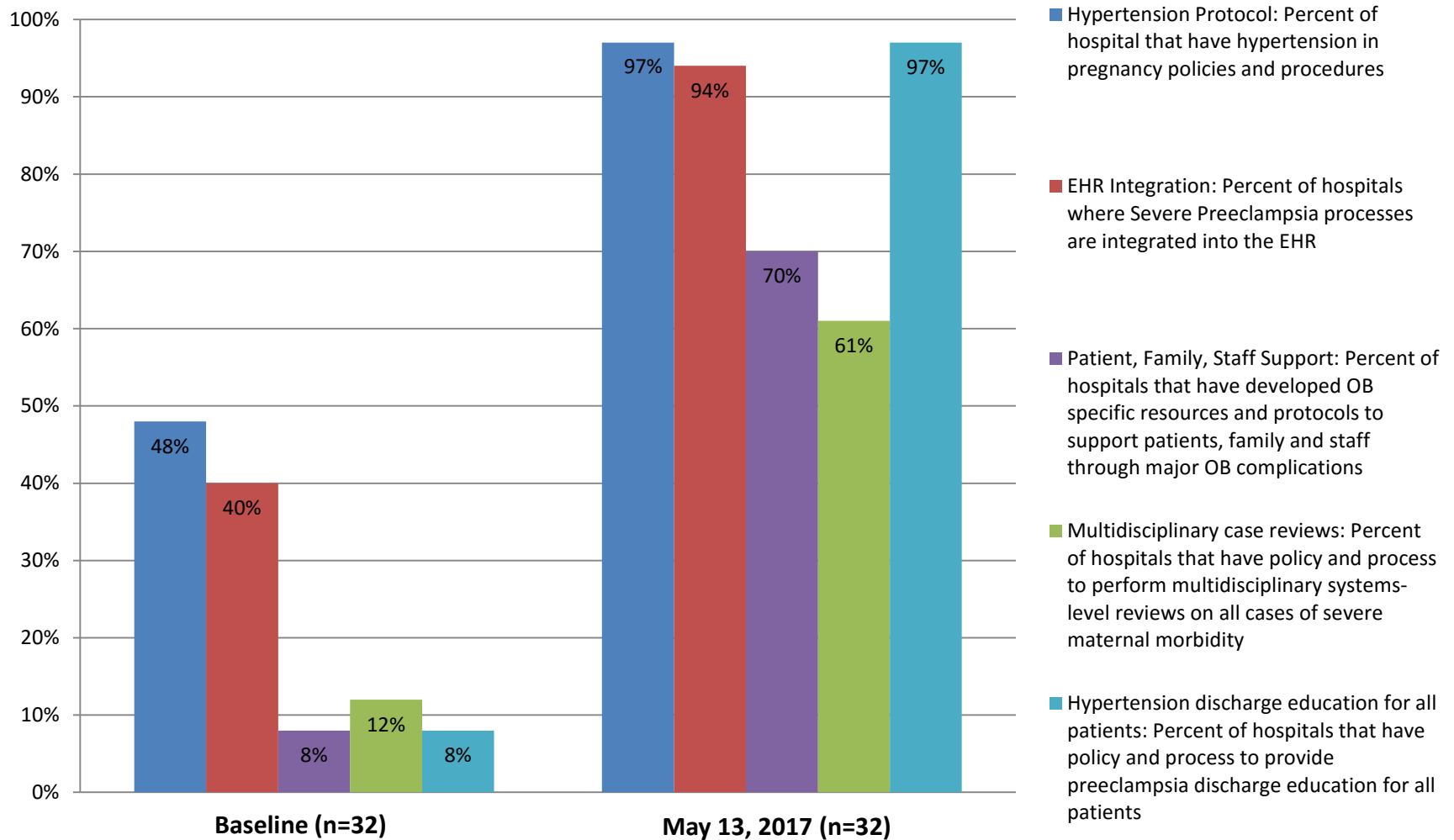


Figure 11. Structural Measures 1 – 5 at Baseline





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HIP OUTCOME MEASURES INITIATIVE-WIDE

Figure 1. Percentage of Severe Hypertension/Preeclampsia-Quarterly

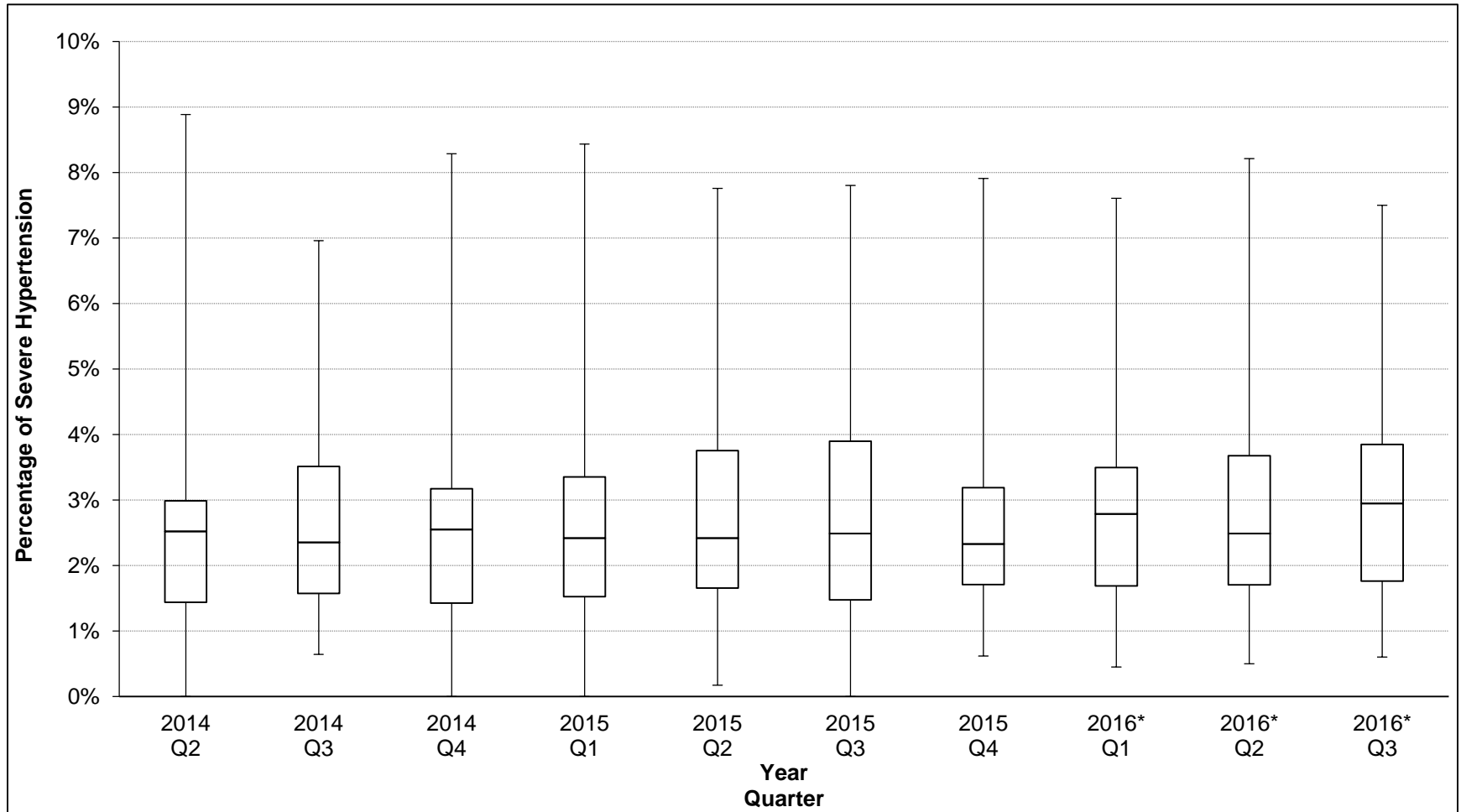


Figure 2. Percentage of Severe Maternal Morbidity Among Women with Severe Hypertension/Preeclampsia - Quarterly

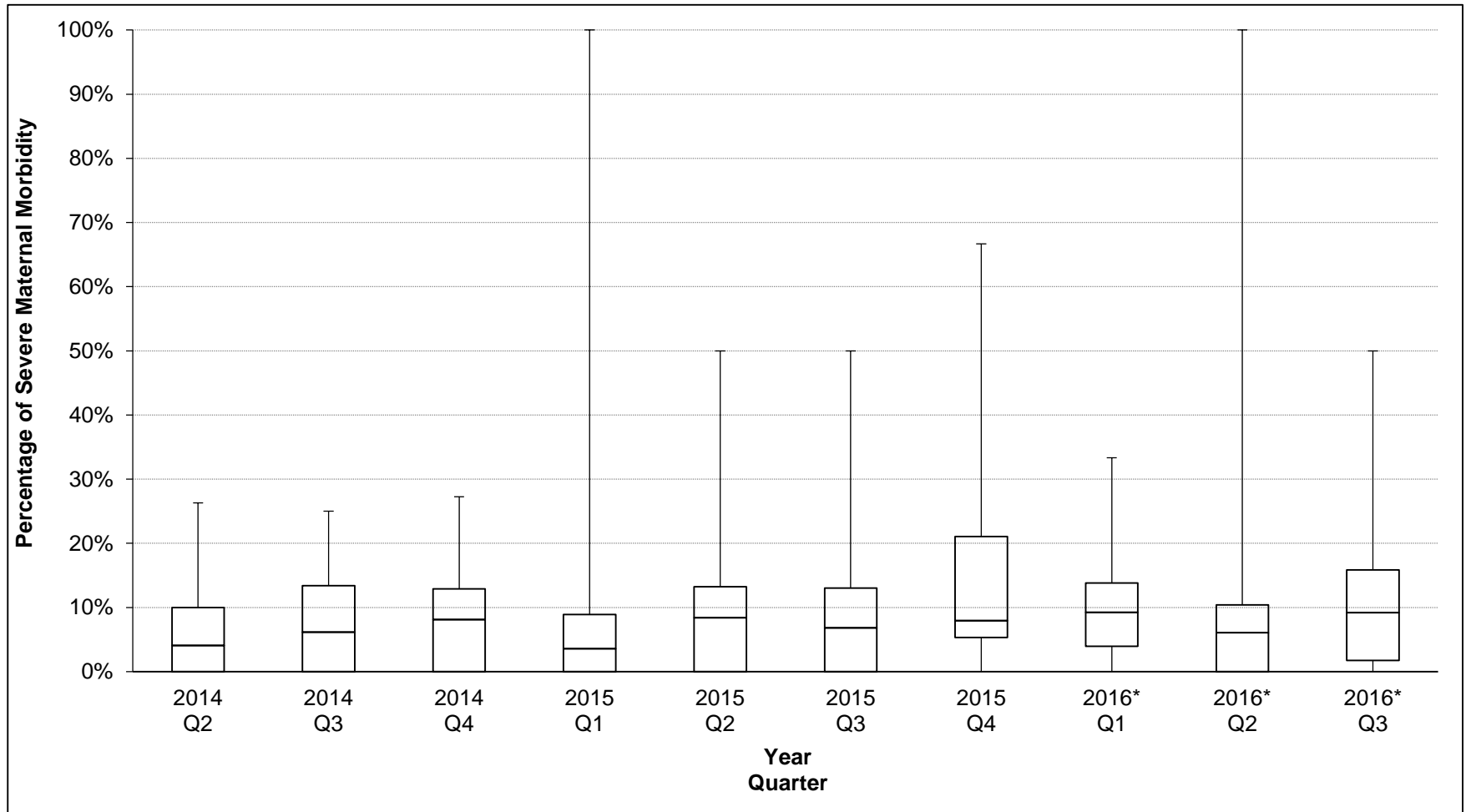


Figure 3. Percentage of Severe Maternal Morbidity (Excluding Blood Transfusions) Among Women with Severe Hypertension/Preeclampsia- Quarterly

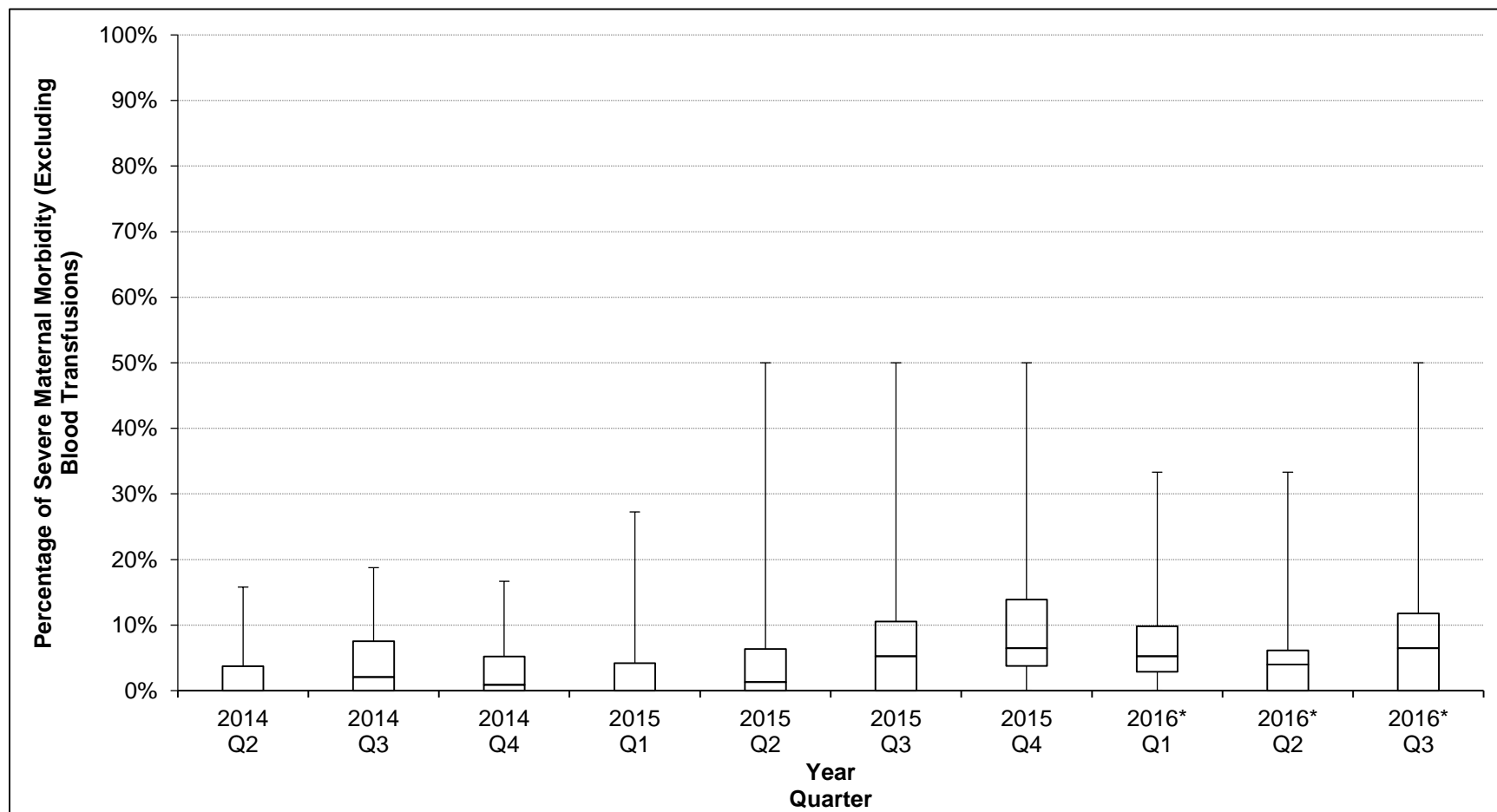
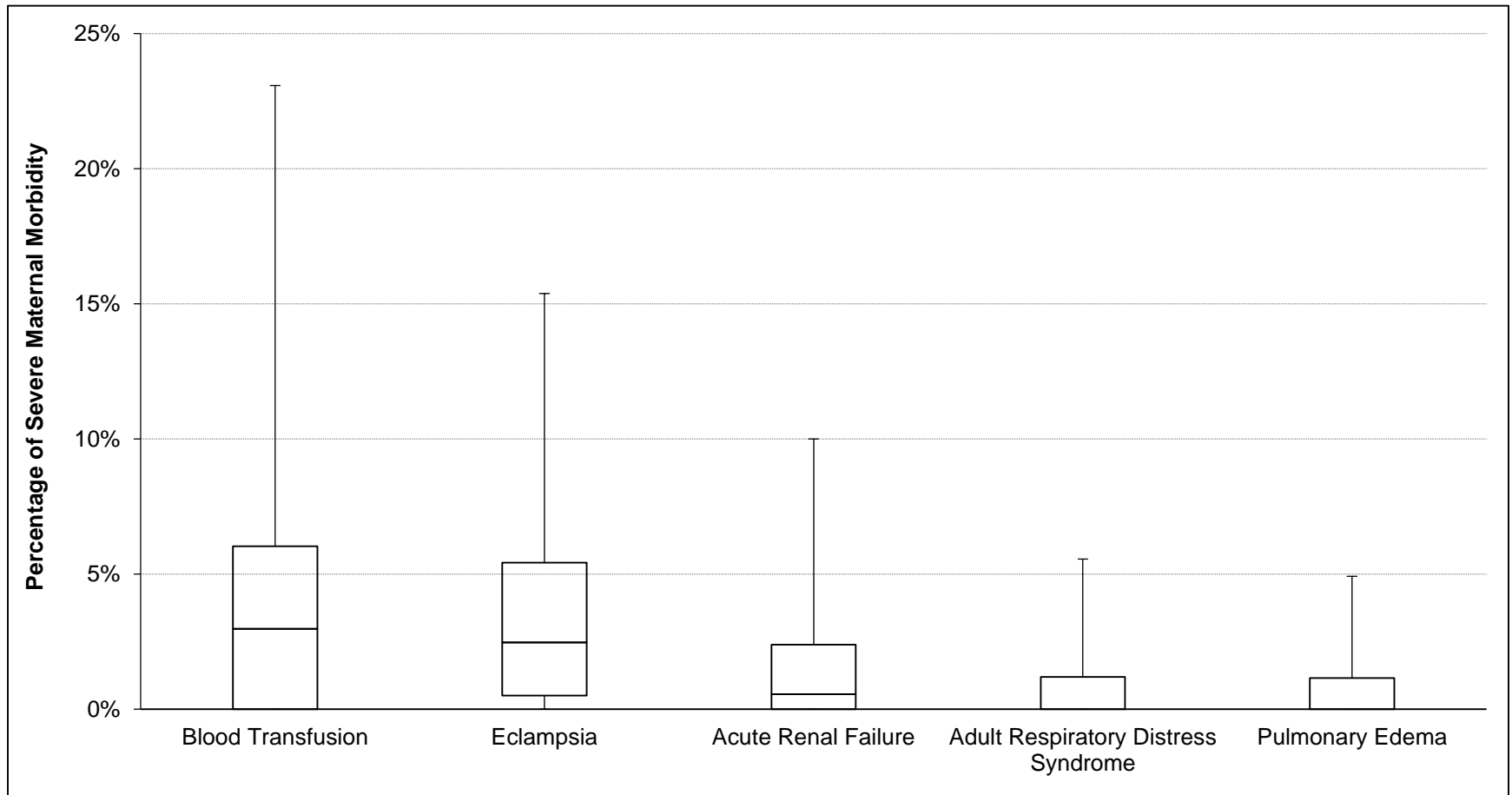


Figure 4. Percentage of Leading Types of Severe Maternal Morbidity among Women with Severe Hypertension /Preeclampsia – (Q1-Q3, 2016)



FPQC Perinatal QI Indicator Project



- ➊ Provides hospital-specific QI reports every 6 months compared to all FL delivery hospitals.
- ➋ Provides reports on 8 indicator topics
 - Birth certificates, discharge and linked data used for hospital reports
- ➌ Currently 38 hospitals are participating
- ➍ Currently accepting new hospitals

<http://health.usf.edu/publichealth/chiles/fpqc/indicators>



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Congrats on a highly successful initiative.

You have made a difference in the care of new
mothers and babies!!!

HIP Quality Improvement Recognition Awards



Hypertension in
Pregnancy



Hypertension in
Pregnancy



Hypertension in
Pregnancy

GOLD
2 Hospitals

SILVER
1 Hospital

BRONZE
6 Hospitals

✓ **All 5** Process
Measure goals met

✓ **4 of the 5** Process
Measure goals met

✓ **3 of the 5** Process
Measure goals met

+ HIP policies/protocols in place, and a policy/process to provide preeclampsia discharge education for all obstetric patients

Congratulations!



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SUSTAINING POSITIVE HIP CHANGES



‘The challenge is not starting, but continuing after the initial enthusiasm has gone’

Vretveit (2003) Making temporary quality
improvement continuous:

A review of the research relevant to the
sustainability of quality improvement in
healthcare

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Definitions

- 👤 **Sustainability:** Holding the gains and evolving as required, definitely not going back
- 👤 **Spread:** the learning which takes place in any part of the organization is actively shared and acted upon by all parts of the organization
- 👤 Knowledge that is generated anywhere in the system becoming **common knowledge** across the system resulting in continuous improvement action

Evaluation of Improvement Initiatives in England showed.....

NHS
*Institute for Innovation
and Improvement*

- In England we found that around 33% of improvement projects had reverted to their previous way of working when evaluated 1 year after the project had formally ended.
- Around 33% had maintained the improvement but it had not been adopted by others in the organisation
- Around 33% had maintained the gain and there was evidence of adoption out side of the core change area.

©NHS Institute for Innovation and Improvement 2006



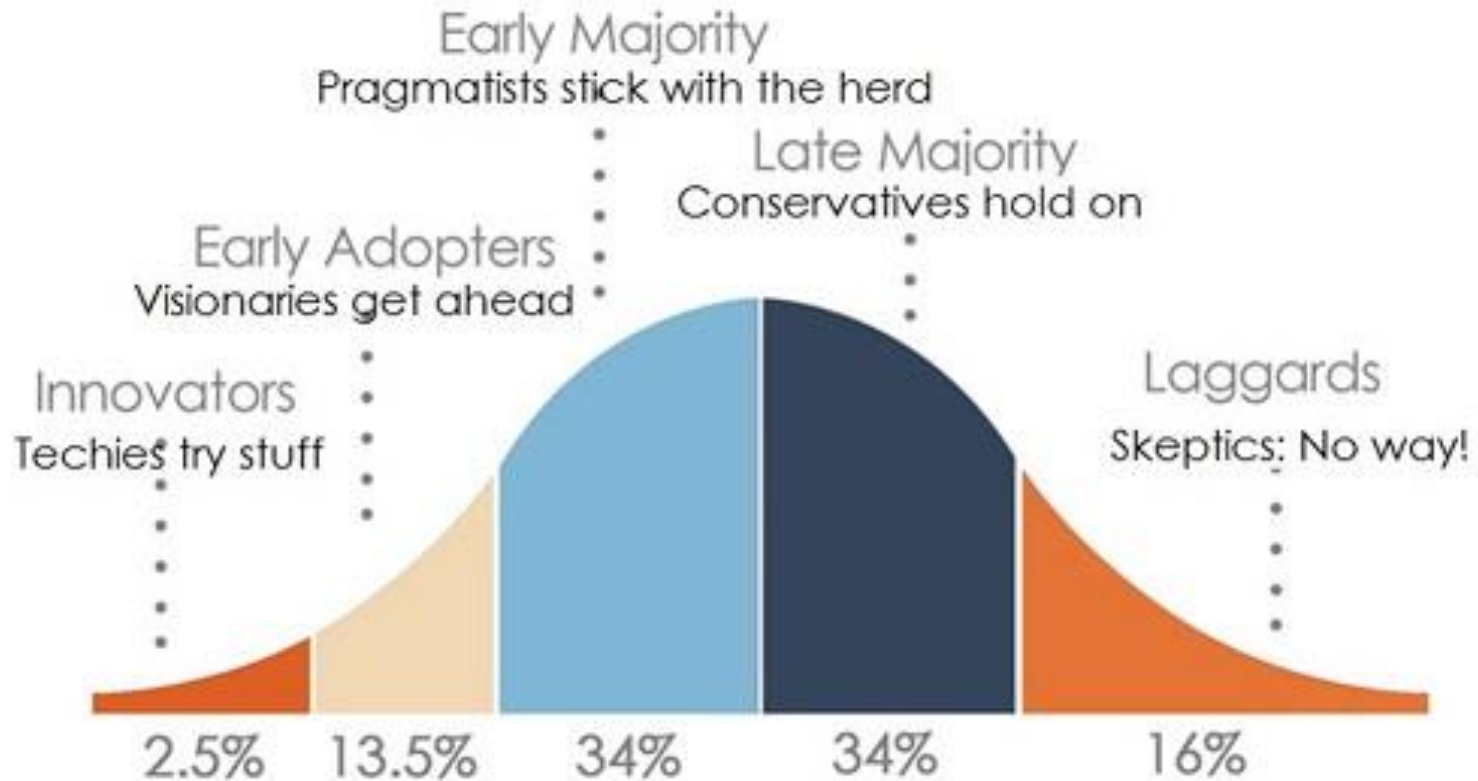
How do we do?

- 👶 **Sustainability** is the result of effective preparation and implementation
- 👶 **Sustainability** will not ‘just happen’; you need to plan for it and build it in from the start.

Suggestions

- 👤 Give high priority to **organizational development** and **system change**
- 👤 Staff must be **trained, confident** and **competent** in the new way of working
- 👤 No substitute for lack of capability and understanding of the **need to reshape** the provision of health care services

The Rogers Curve



Rogers Innovation Bell Curve

The Rogers Curve

- 👶 Starting with enthusiasts is a good way of making progress but those at the far end of Rogers curve will help you to understand what can go wrong
- 👶 Sustainability plans should use that information

- 👤 Don't just focus on the benefit to the patients

- 👤 Remember the benefits to organization and individual
 - Create an attraction to change
 - We all change naturally; at our own pace with our own rationale
 - Think about how you can make your change more naturally attractive to others

- 👶 Ongoing processes to monitor performance must be developed and implemented.
- 👶 Implementers need time to create, monitor, and improve care processes
- 👶 Frontline individuals
 - Know what needs to be changed,
 - Understand where the fault lines are
 - Are best positioned to identify solutions
- 👶 Senior leaders: must provide clear, direct communication and support to those on the front lines

- 👤 Create a Flow Diagram
- 👤 Does it reflect what really happens after your QI work - Who is doing each activity? Where, and Why?
- 👤 Review the process with your team for sustainability:
 - Are the steps in the process supported with system changes?
 - Could you make it easier for the team to remember steps?
 - Are there opportunities to simplify or streamline the process?

Factors Impacting Sustainability

TEN KEY FACTORS



Where does it go wrong?

- 👤 Lack of planning
- 👤 Not thinking systems change
- 👤 Insufficient resources
- 👤 New challenges
- 👤 Unforeseen barriers
- 👤 Was not truly successful/Incomplete to begin with



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Hear from you...

**WHAT WILL YOU BE DOING TO
SUSTAIN GAINS MADE DURING
THE HIP INITIATIVE?**



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HIP SUSTAINABILITY DATA CHECK-INS

Background

- 👤 Other quality collaboratives have learned that change is better sustained if monitored.
- 👤 However, only monitor key measures and only periodically to reduce data burden/fatigue.
- 👤 Based on these checks, hospitals can better address sustainability.

The Plan

- 👶 FPQC generally expects all hospitals to participate to support each other with sustainability.
- 👶 Only HIP data measures gained from chart audits will continue.
- 👶 Initially data will be collected for two quarters and then semi-annually.
- 👶 The FPQC will coordinate collection and maintain reporting for all hospitals.

The Plan

- 👶 FPQC will collect data for two quarters in 2017.
- 👶 In 2018, the FPQC will collect data semi-annually.
- 👶 Hospitals will abstract the first 10 records for acute onset hypertension for each time period.
- 👶 For example:
 - This October, you will submit data for Q3, 2017 (July, August, Sept) by October 1st.
 - In June 2018, you will submit data for January to June, 2018 by July 1st.
- 👶 Hospital reports will be generated by the FPQC at the end of each period.



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<http://health.usf.edu/publichealth/chiles/fpqc/hip>

HIP RESOURCES



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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).

RECRUITMENT BEGINS NEXT WEEK!

**PROVIDE Initiative: Promoting
Primary Vaginal Deliveries**

and

**Access LARC Initiative: Immediate
Long-Acting Reversible Contraception**



FIND OUT MORE ABOUT OUR NEW
QUALITY IMPROVEMENT PROJECTS!

[Register for our Informational Webinar](#)

J U L Y

26

2017

MORE INFO AT FPQC.ORG



THANK YOU!

Technical Assistance:
FPQC@health.usf.edu

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