



Hypertension in Pregnancy (HIP) Initiative

Sustaining HIP Standardization of
Practice:
Lessons & Success Stories

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

May 3, 2018

- 👤 **Announcements**
- 👤 **Sustaining Quality Improvement Gains—Dr. Judette Louis**
- 👤 **HIP sustainability initiative-wide report—Dr. Estefania Rubio**
- 👤 **Lessons from Sustaining/Gaining HIP Hospitals**
 - 👤 Gulf Coast Medical Center—Julie Harney
 - 👤 Tampa General Hospital—Sherri Badia, Patricia Barry
 - 👤 Memorial Hospital Miramar—Gessy Targete-Neal
 - 👤 Baptist Hospital of Miami—Dr. Bestard
- 👤 **Q&A**



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

**HIP RESOURCES STILL
AVAILABLE!**



SAFETY ACTION SERIES

UPCOMING SESSION:

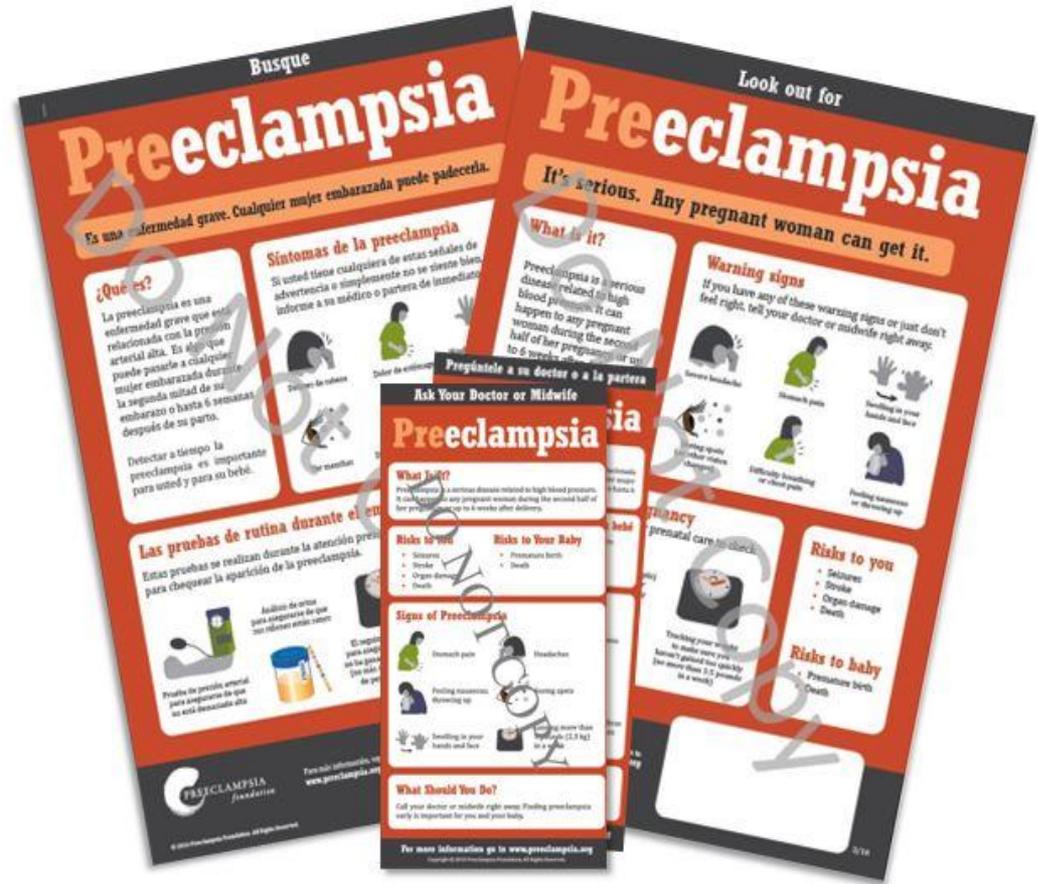
Challenges in Management of Severe Hypertension: Beyond the Hospital

Tuesday, May 8, 2018 | 12:00 pm ET

📍 Register at: <http://safehealthcareforeverywoman.org/event/challenges-in-hypertension/>

May is Preeclampsia Awareness Month!

- 🌀 **Posters**
available:
Spanish and
English
- 🌀 **Tear Pads**
available:
French/Creole





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Judette Louis

TIPS FOR SUSTAINABILITY



‘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

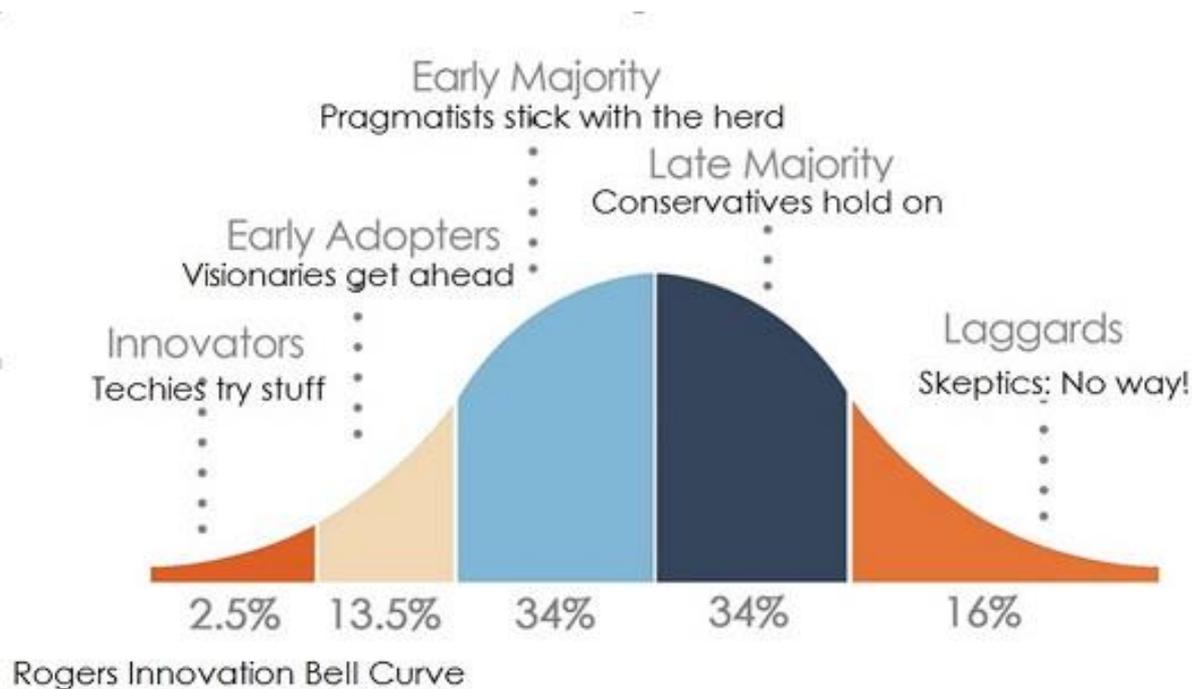
Sustainability

-  Inseparable from the process of designing, testing, and implementing a solution
-  A sustainable innovation will take root and have an enduring impact, even after the initiative is no longer receiving special attention and extra resources.

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



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

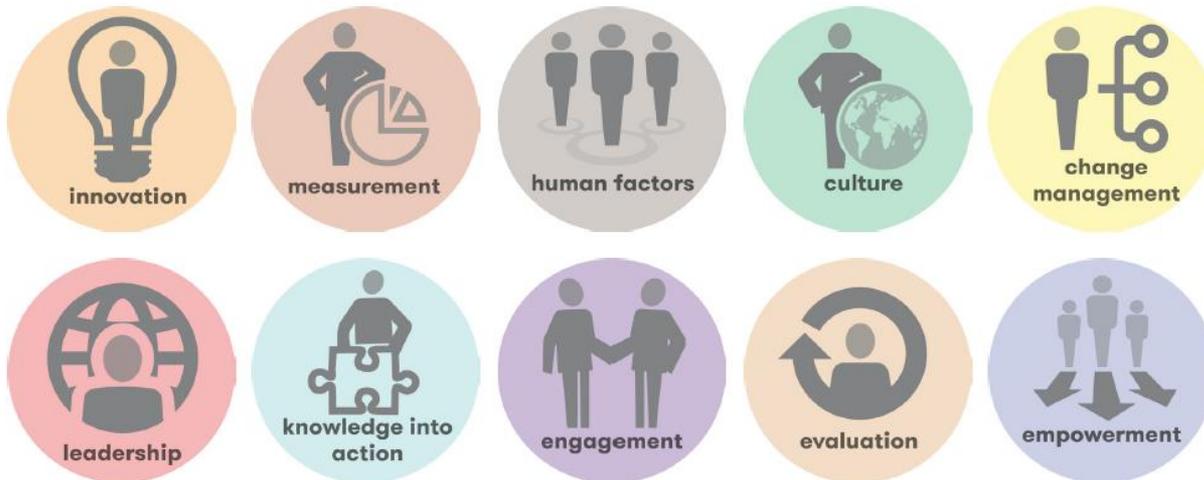
- 👤 Remember the benefits to organization and individual
 - Create an attraction to change
 - We all change naturally; at our own pace with our own rationale
 - Think about how you can make your change more naturally attractive to others

- 👤 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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Estefania Rubio, FPQC Data Analyst

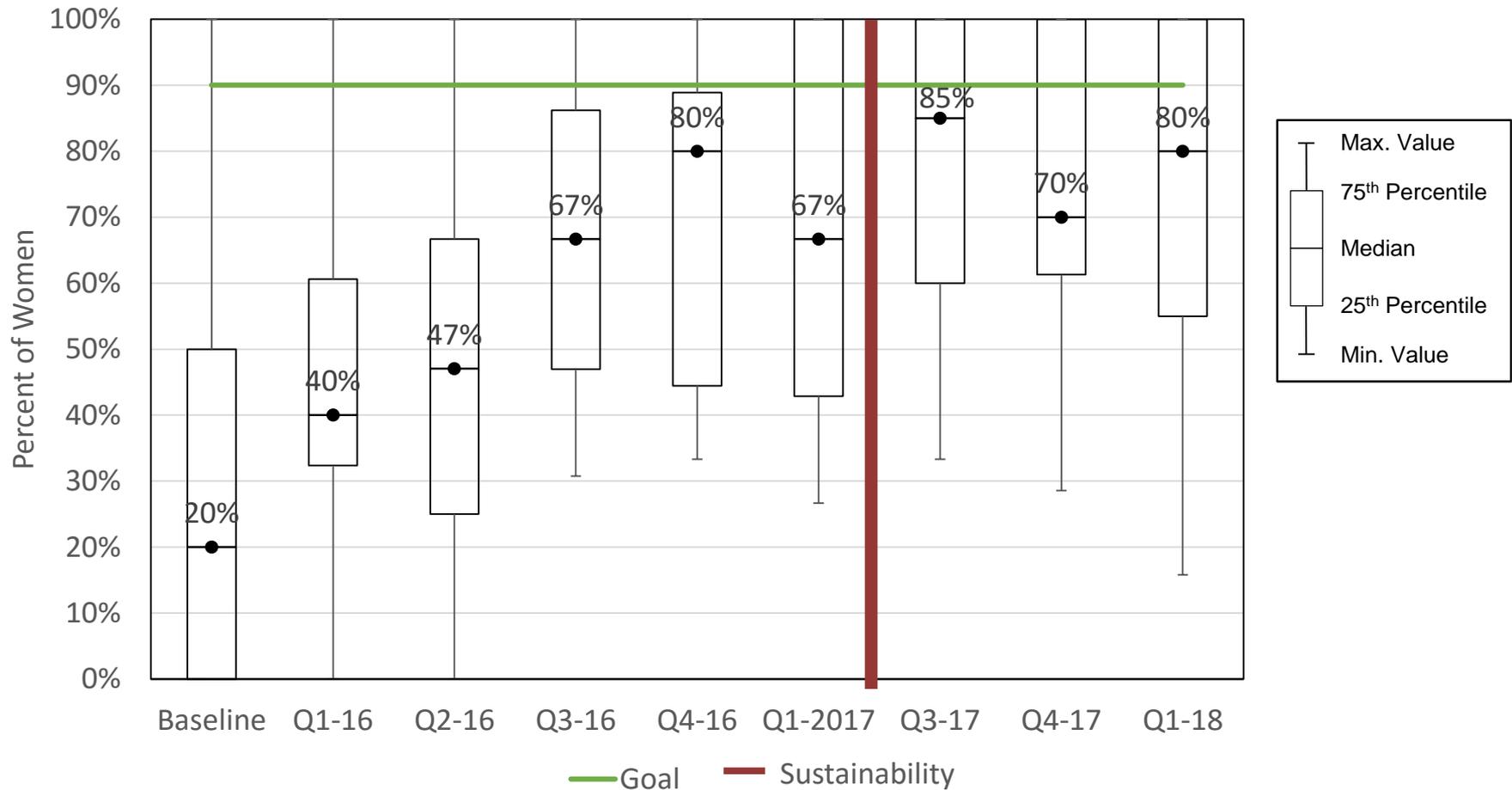
HOW HAVE WE ALL BEEN DOING DURING SUSTAINABILITY PHASE?

Number of Reporting HIP Hospitals per Quarter

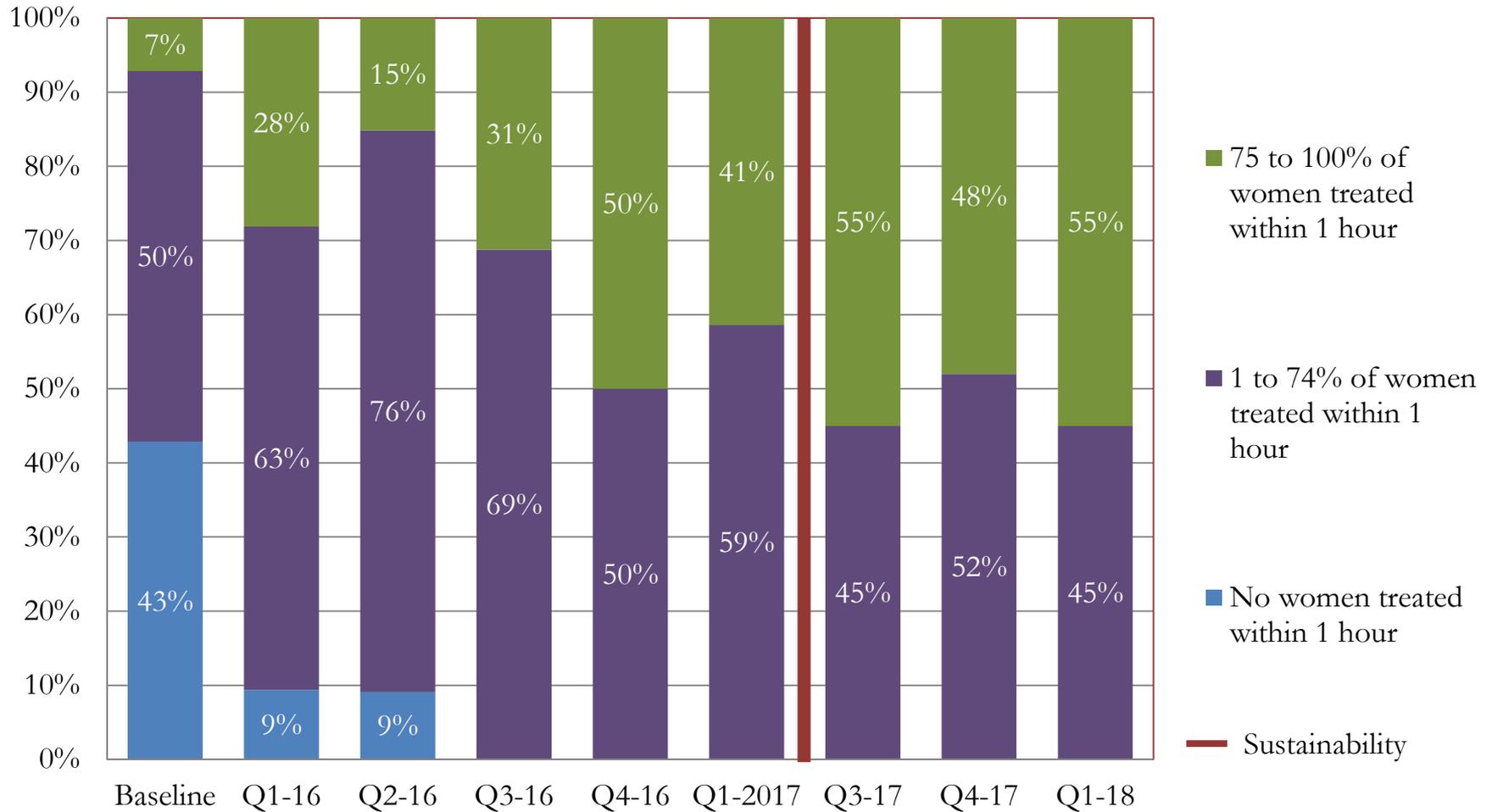
	2016				2017			2018
QUARTER	Q1-16	Q2-16	Q3-16	Q4-16	Q1-17	Q3-17	Q4-17	Q1-18
Number of Hospitals	32	33	32	32	29	22	22	20

Sustainability Phase

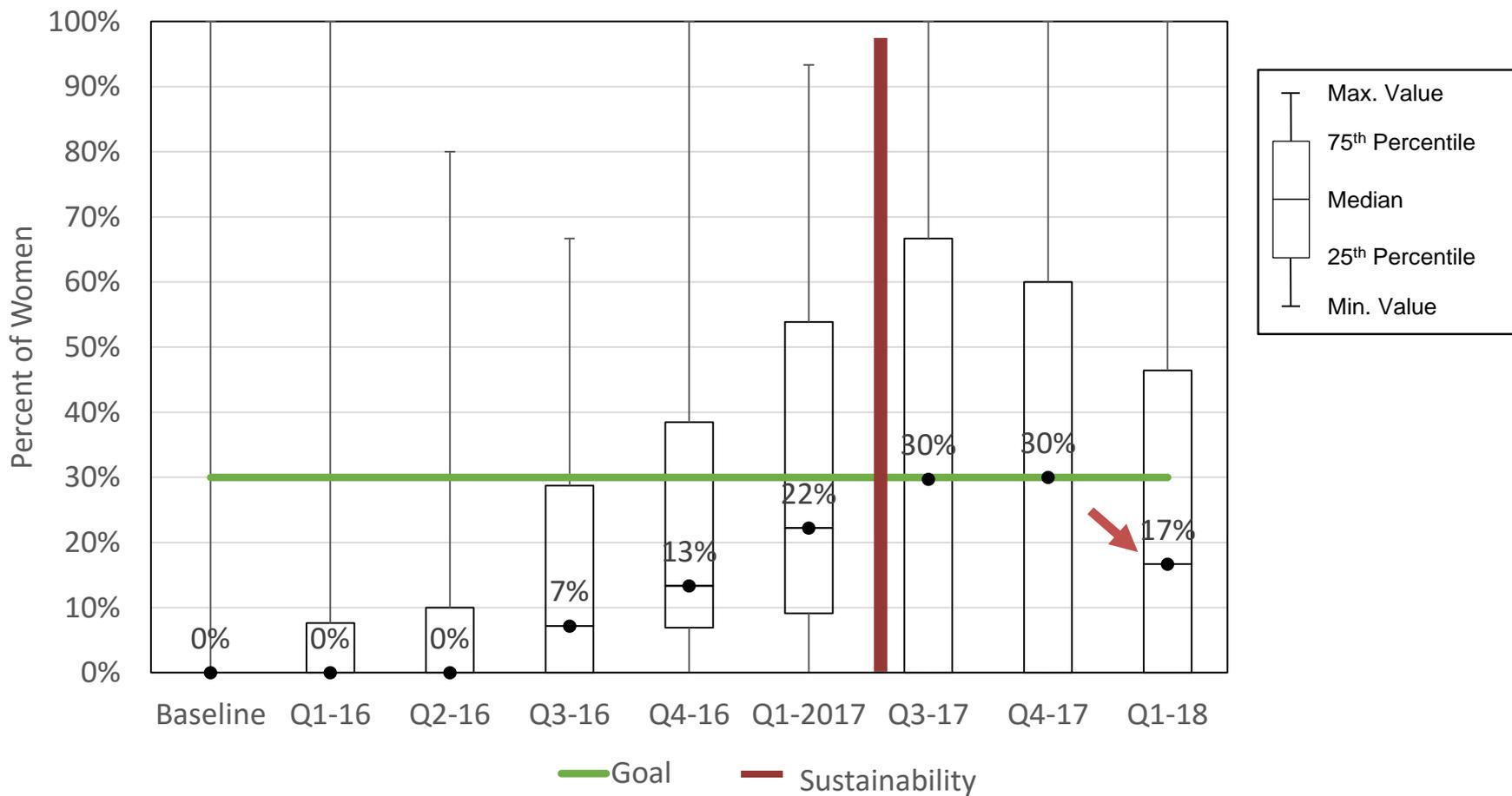
Percent of Women with persistent new-onset severe HTN who were treated within 1 hour



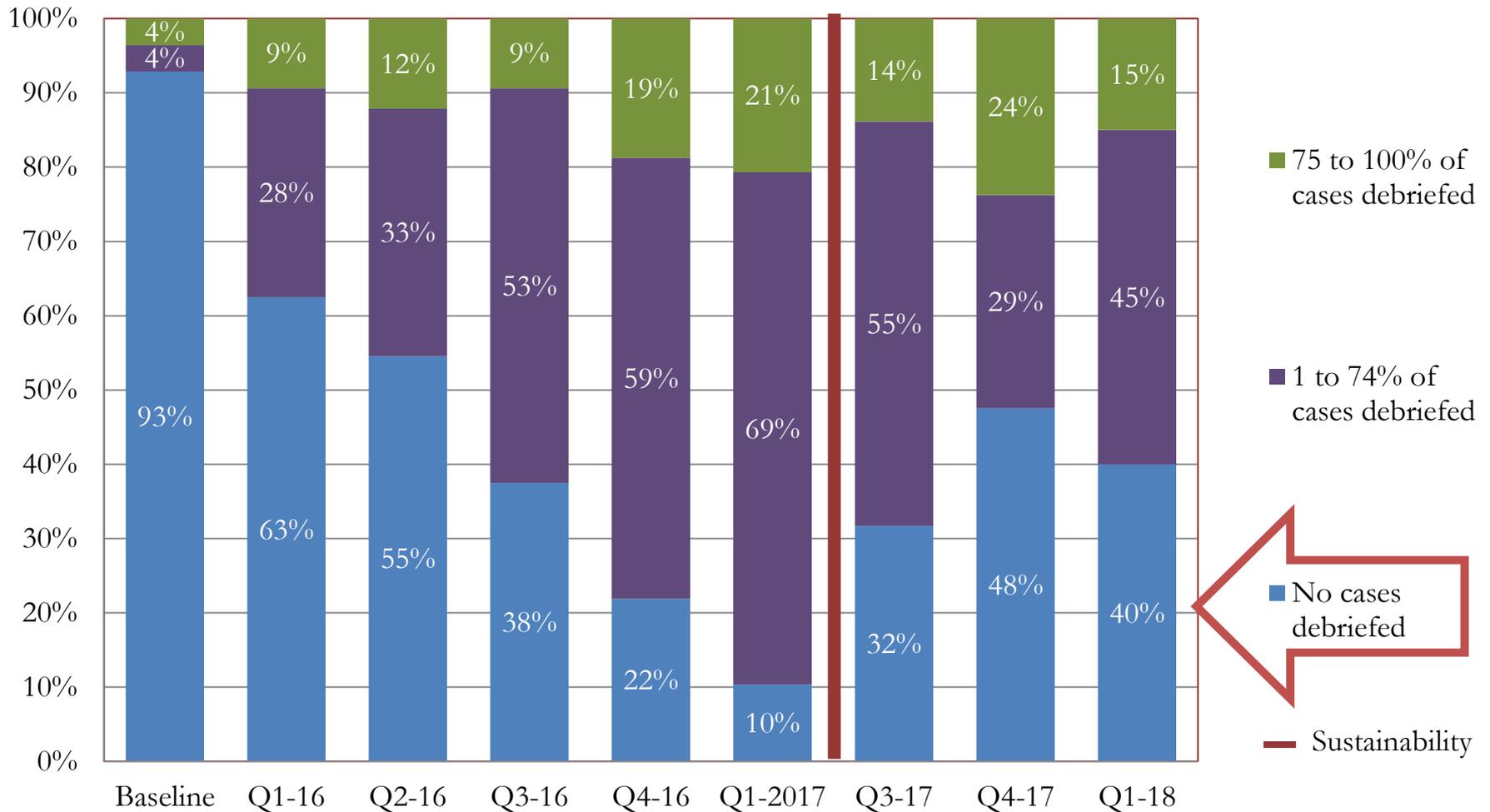
Percent of All Reporting Hospitals that **treated** women with persistent new-onset severe HTN **within 1 hour**



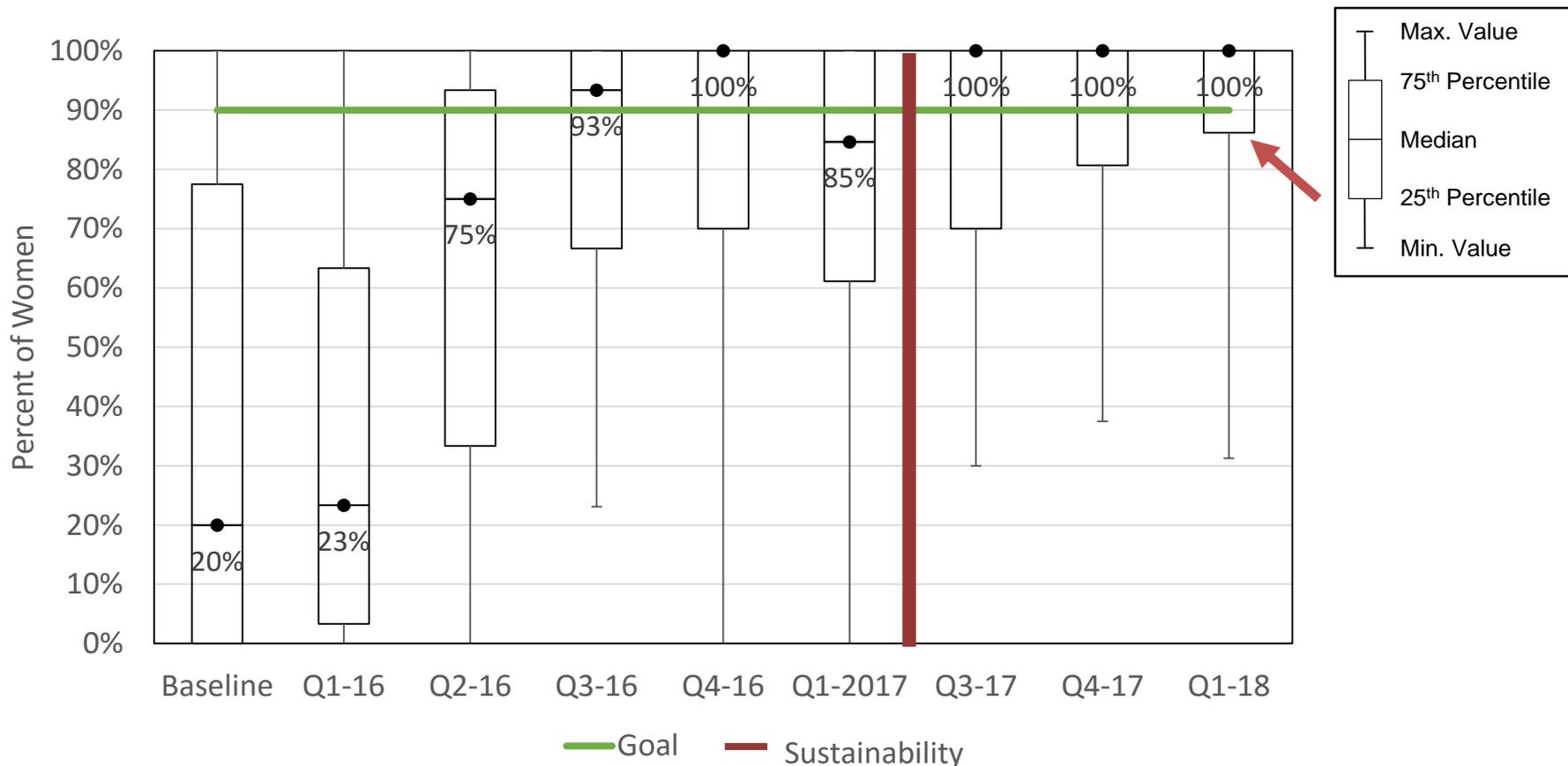
Percent of Women with persistent new-onset severe HTN whose case was debriefed



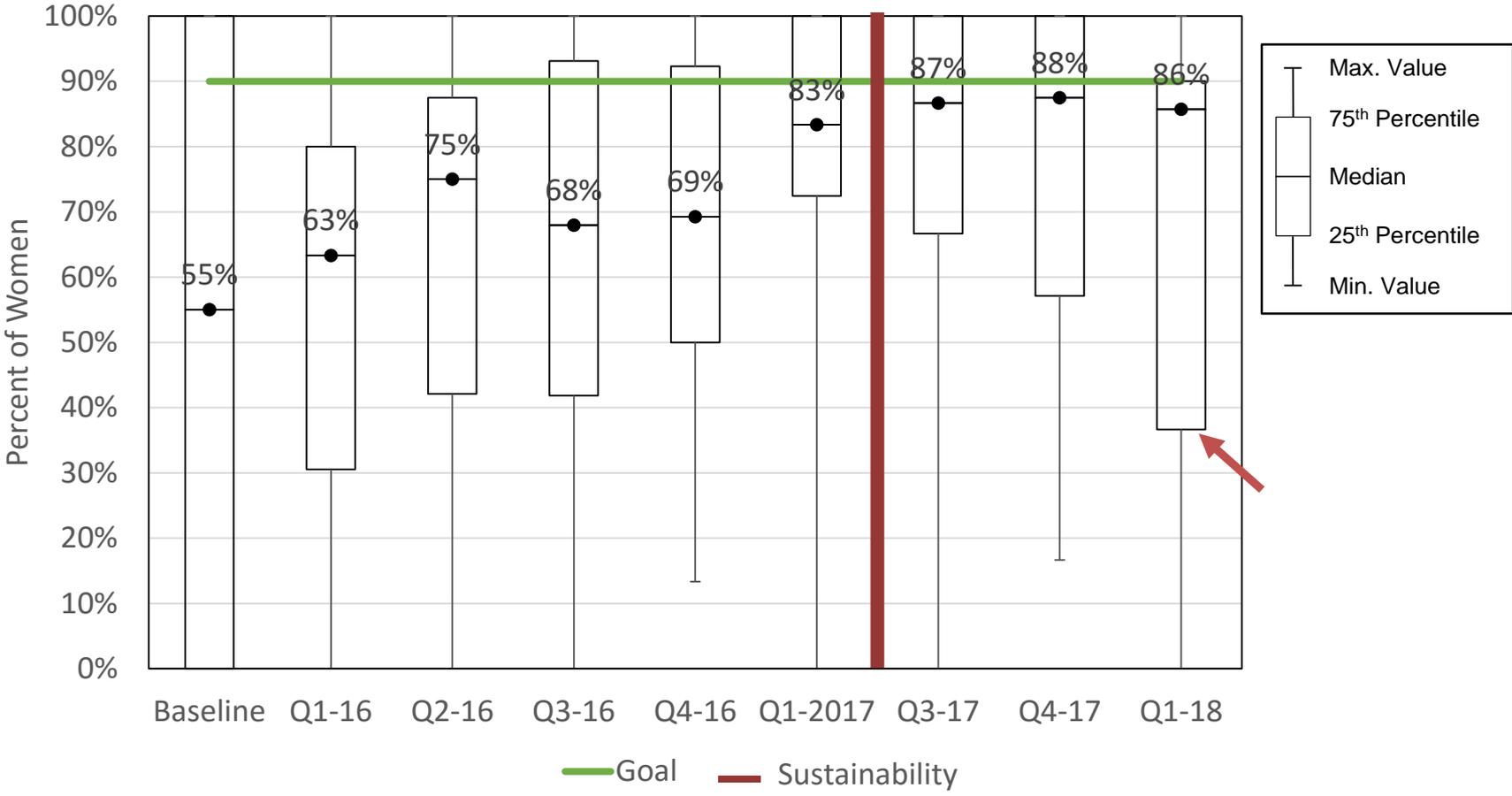
Percent of All Reporting Hospitals that debriefed cases of HTN



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



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



Data Collection

- 👉 Quarter 2 – 2018 data is due on July 15th
- 👉 After Q2-18, data will be collected semi-annually
- 👉 Audit at least the first 10 charts per period



GCMC HIP Sustainability

Julie Harney MSN, RNC

Nurse Manager Maternal/Child Services

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Who we are

Lee Health is a 6 hospital system in SW FL

Only 3 of the hospitals have OB Services

Gulf Coast Medical Center-

- approximately 1500 deliveries/year
- both low and high risk deliveries



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

(when no cases presented in a month the hospital data point will be blank)

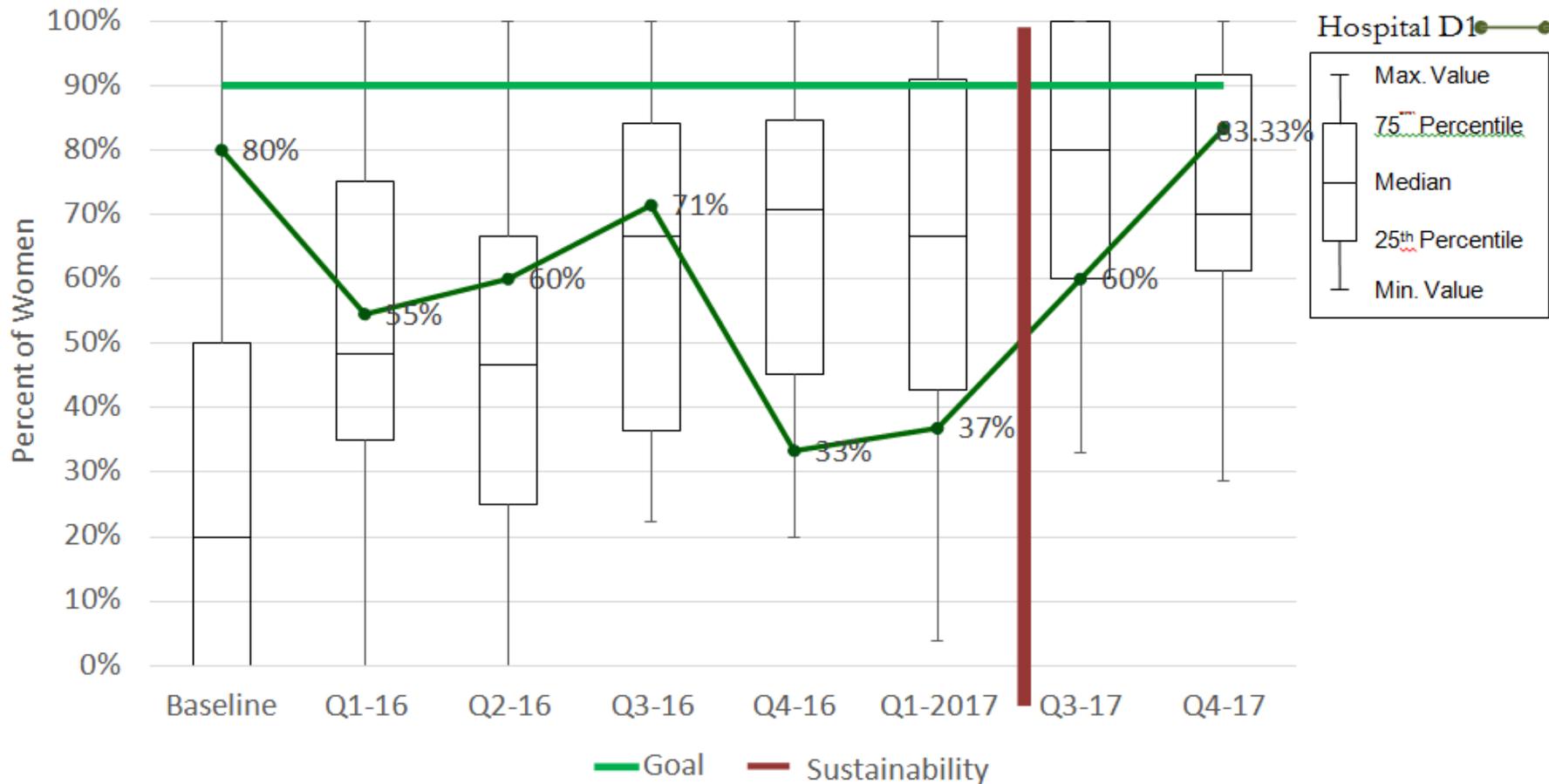


Figure 3. Percent of Women with persistent new-onset severe HTN whose case was debriefed

(when no cases presented in a month the hospital data point will be blank)

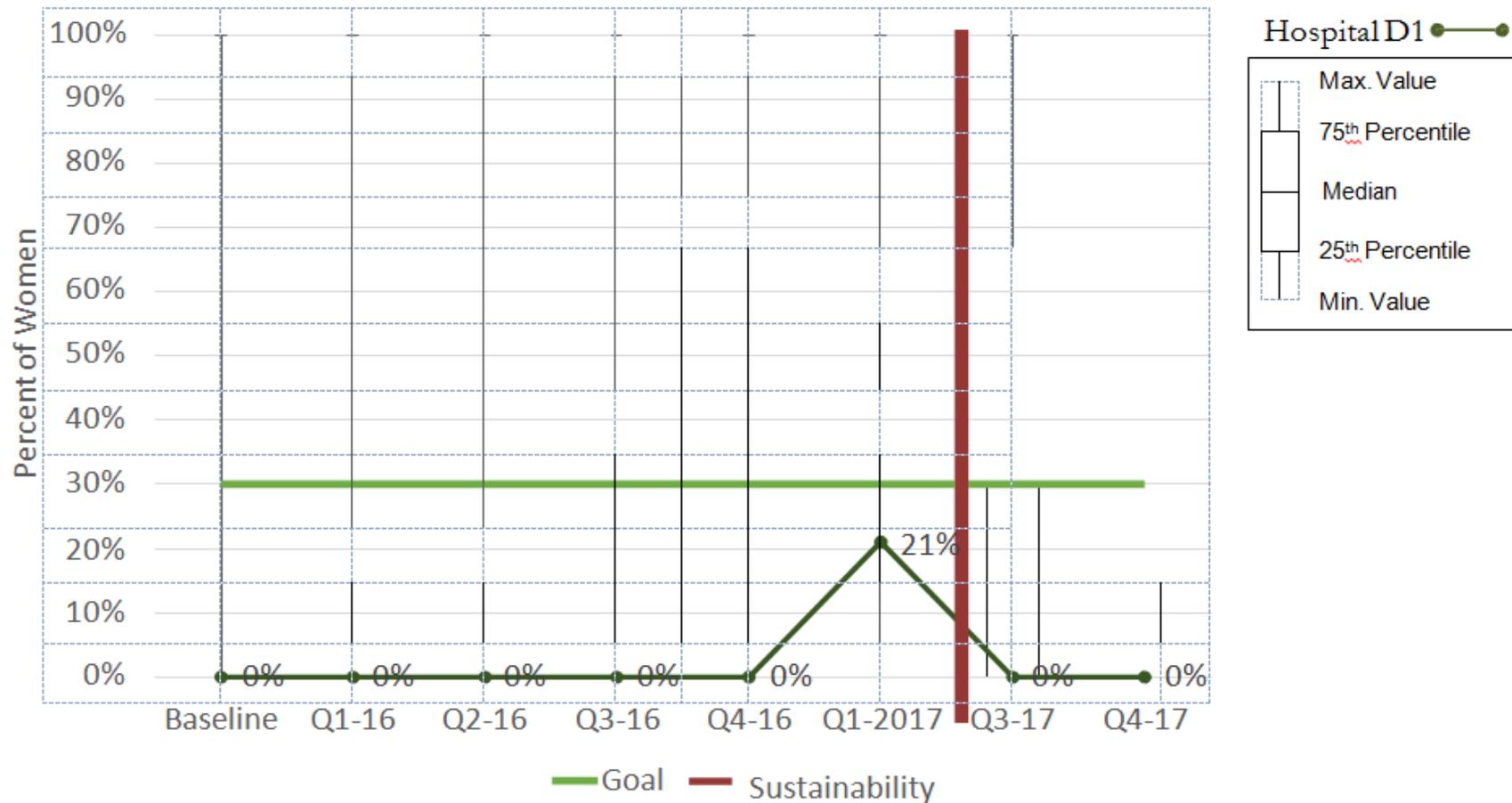


Figure 5. Percent of Women with persistent new-onset severe HTN who received discharge education material
 (when no cases presented in a month the hospital data point will be blank)

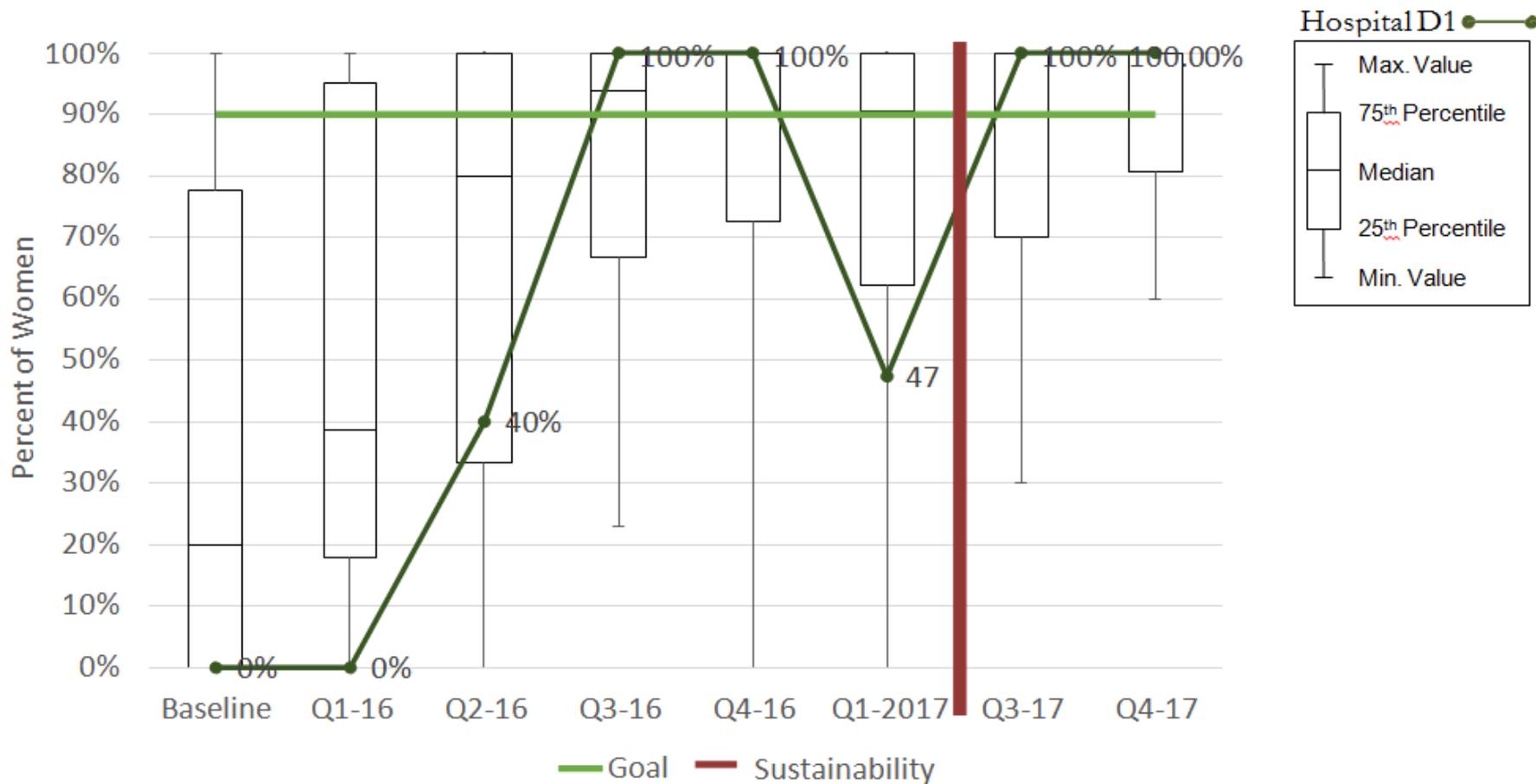
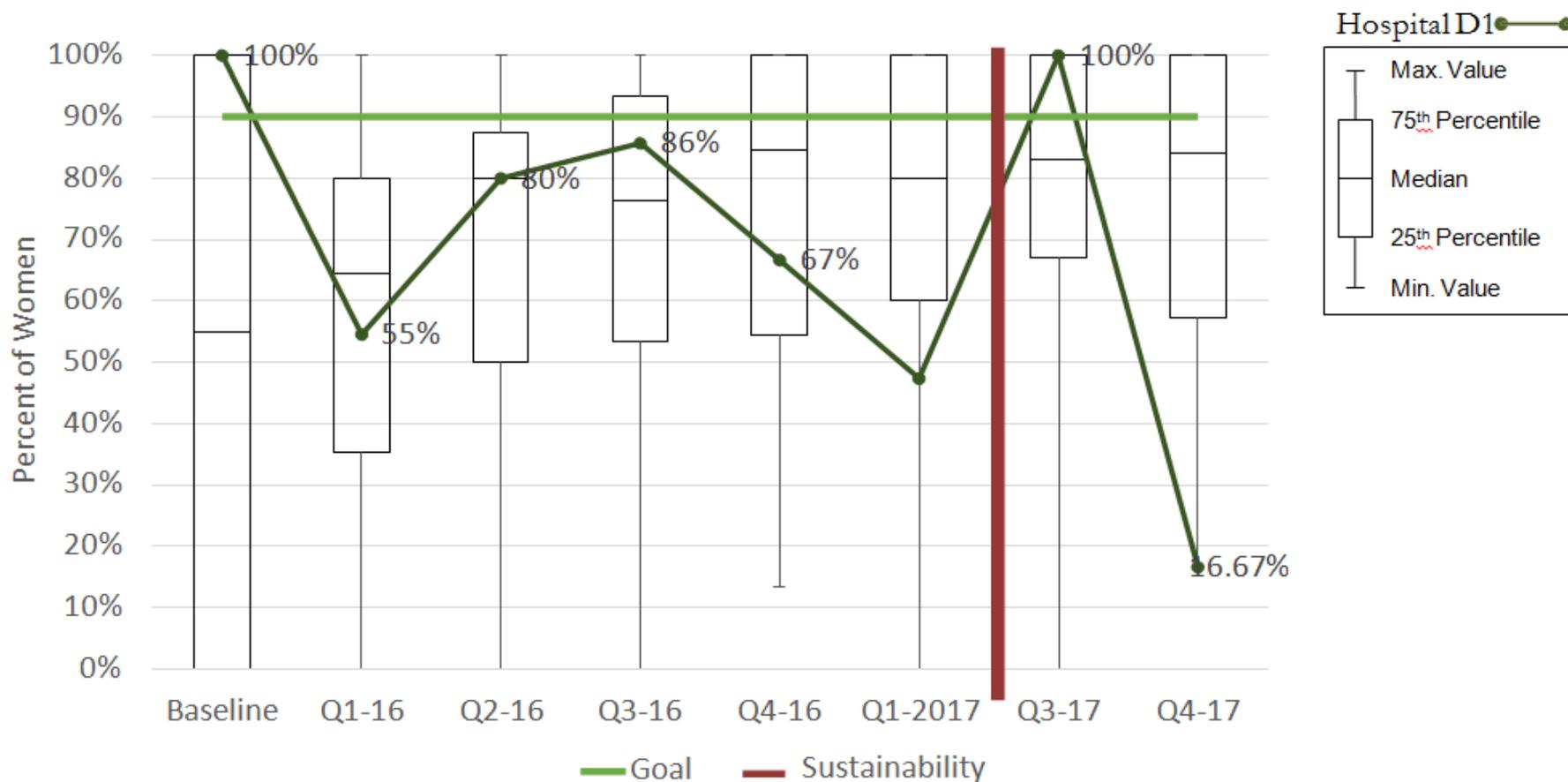


Figure 7. Percent of Women with persistent new-onset severe HTN who had follow-up appointments scheduled in appropriate timing (when no cases presented in a month the hospital data point will be blank)



Our Key Drivers for Sustainability

- Continue to monitor
- Share the information- transparency
- Make it easy- d/c education part of electronic record
- Keep at it- even when you aren't showing success



HIP Sustainability at Tampa General Hospital

Sherri Badia, RNC, BSN

Pat Barry, RNC, CNS, MSN

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Strategies Used to Sustain Improvements

- Continued to review charts every month
- Sent Quarterly Reports to HIP team
- Discussed compliance at Perinatal Best Practice Committee
- Posted compliance on Unit Quality Boards

Monthly Metric L&D	Target	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Severe Hypertension Treated within 1 hour	90%	100%	100%	100%	100%	100%	100%						

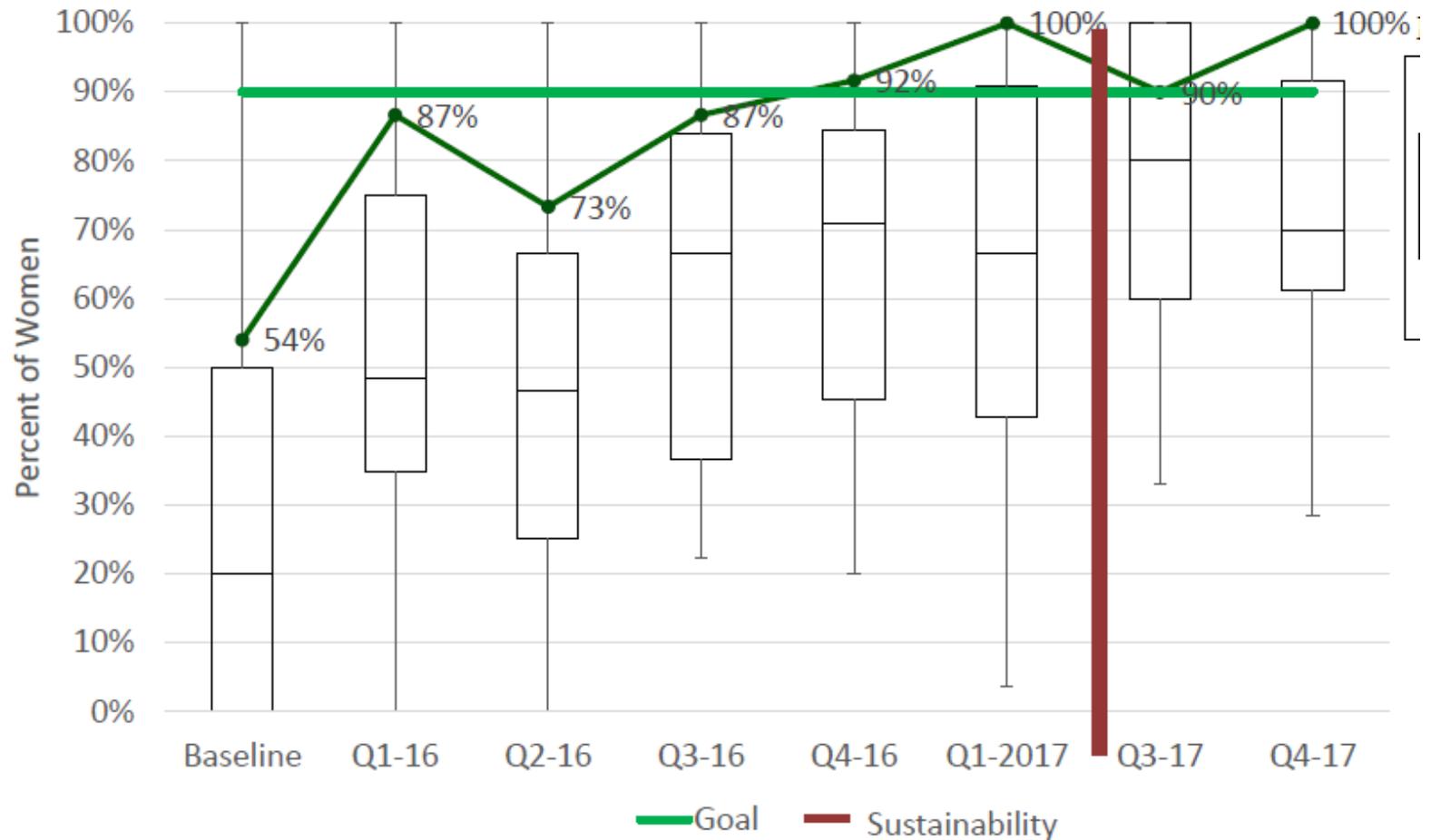
Strategies Used to Sustain

- 👤 Gift Card drawings for completed Debrief forms
- 👤 Feedback from Charge Nurses and Safety Nurses when algorithm not followed.
 - 👤 Individual Nurses or Providers given information about HIP goals, protocols, algorithm
- 👤 New L&D Nurses receive information on HIP during OB Transition Course

Ongoing Education

- 👤 “Jeopardy” style game on HIP during one of the quarterly mandatory Nurse Education Blocks
- 👤 Online Education (Gnosis) requirement for all nurses in OB to complete “Hypertensive Disorders of Pregnancy”
- 👤 USF OB Residents now also have that requirement as well

What We've Achieved: Patients with Severe Hypertension Treated within 1 Hour





HIP: Keeping the Journey Alive

**Memorial Hospital Miramar
Family Birthplace
Gessy Targete-Neal D.O.N.**

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Effecting Change Toward HIP Implementation

- 👉 Building order sets in EPIC that were “user-friendly”
- 👉 Using drug algorithms produced by ACOG
- 👉 Education of staff from:
 - 👉 OB
 - 👉 ICU
 - 👉 ED
 - 👉 PACU
 - 👉 Educating patients which included placing “preeclampsia” Teal bracelets on patients diagnosed.

HIP as a Multidisciplinary Approach

- 👶 Algorithms for care of our obstetric population to include:
 - 👶 Pregnant or delivered women up to 12 weeks postpartum
- 👶 Introduction of algorithms of care for the Emergency Department
- 👶 Educating departments on what the “Teal bracelet” means
 - 👶 ED, ICU/IMCU, 24/7 Walk –in Center

Goals to be Measured

- 👶 Provider Education
- 👶 Treatment of hypertensive crisis within one hour
- 👶 Discharge education of patients
- 👶 Follow-up appointments
- 👶 Debriefing post hypertensive crisis management

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



We Have Purchased Larger Teal Bracelets



Post Partum Discharge Instructions

Discharge Patient Instructions History

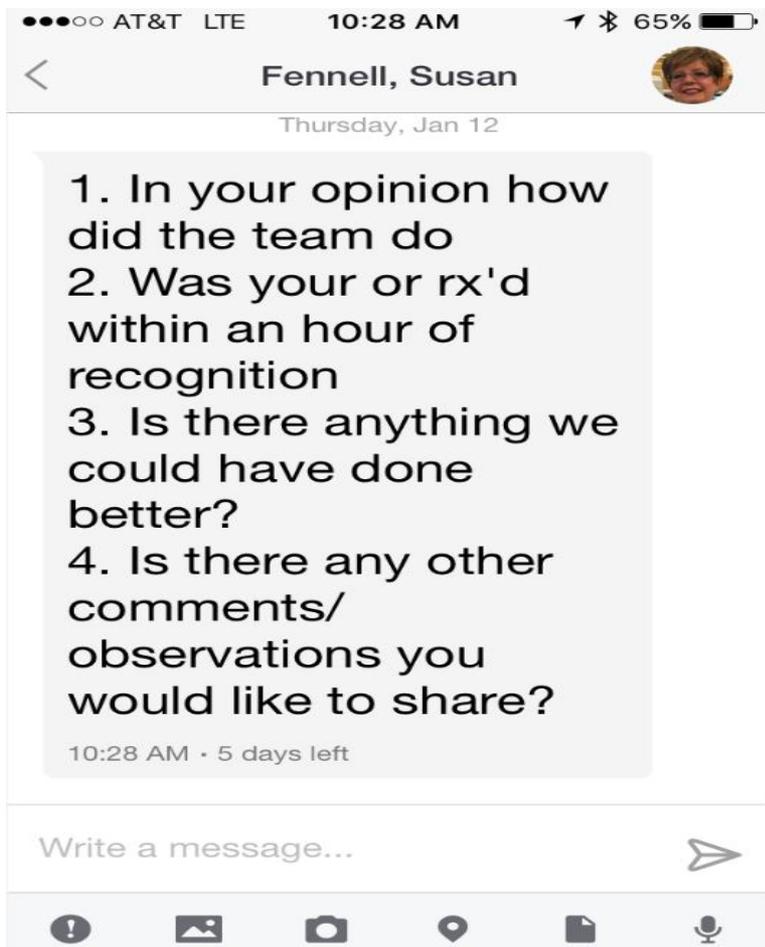
None



Discharge Information for Patients with Diagnosis of Hypertension in Pregnancy or Preeclampsia

During your hospitalization, you have been treated for hypertension in pregnancy or preeclampsia. These are problems that can occur in the late stages of pregnancy and even *during the first few weeks* after delivery of your baby. It can be mild or severe. If it isn't treated, hypertension or preeclampsia can turn into a serious problem called "eclampsia" in which seizures occur. ***Keep teal blue bracelet on until 12 weeks after you have delivered your baby.***

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 to be Reconciled

- ➊ Identification & banding of patient's in physician's offices
- ➋ Identification of patients in surrounding non-obstetric E.D.'s and walk-in centers
- ➌ OBs need to order Magnesium Sulfate when treating hypertensive crisis.



HIP Sustainability at Baptist Hospital of Miami

Jose Bestard MD FACOG

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Strategies in Implementing our HIP Bundle

- 👤 Order sets
- 👤 Medication Packets
- 👤 Inform, Educate and Remind
- 👤 Changing of the IV Library for Mag Bolus

Barriers in our Implementation

- 👶 Emergency Room
 - 👶 Size of Department
 - 👶 Physicians
 - 👶 Transfers to PCU

HIP Collaborative

Accountability

-  Doctors, Departments and Hospital

Guide for Management of Care

-  State of Florida

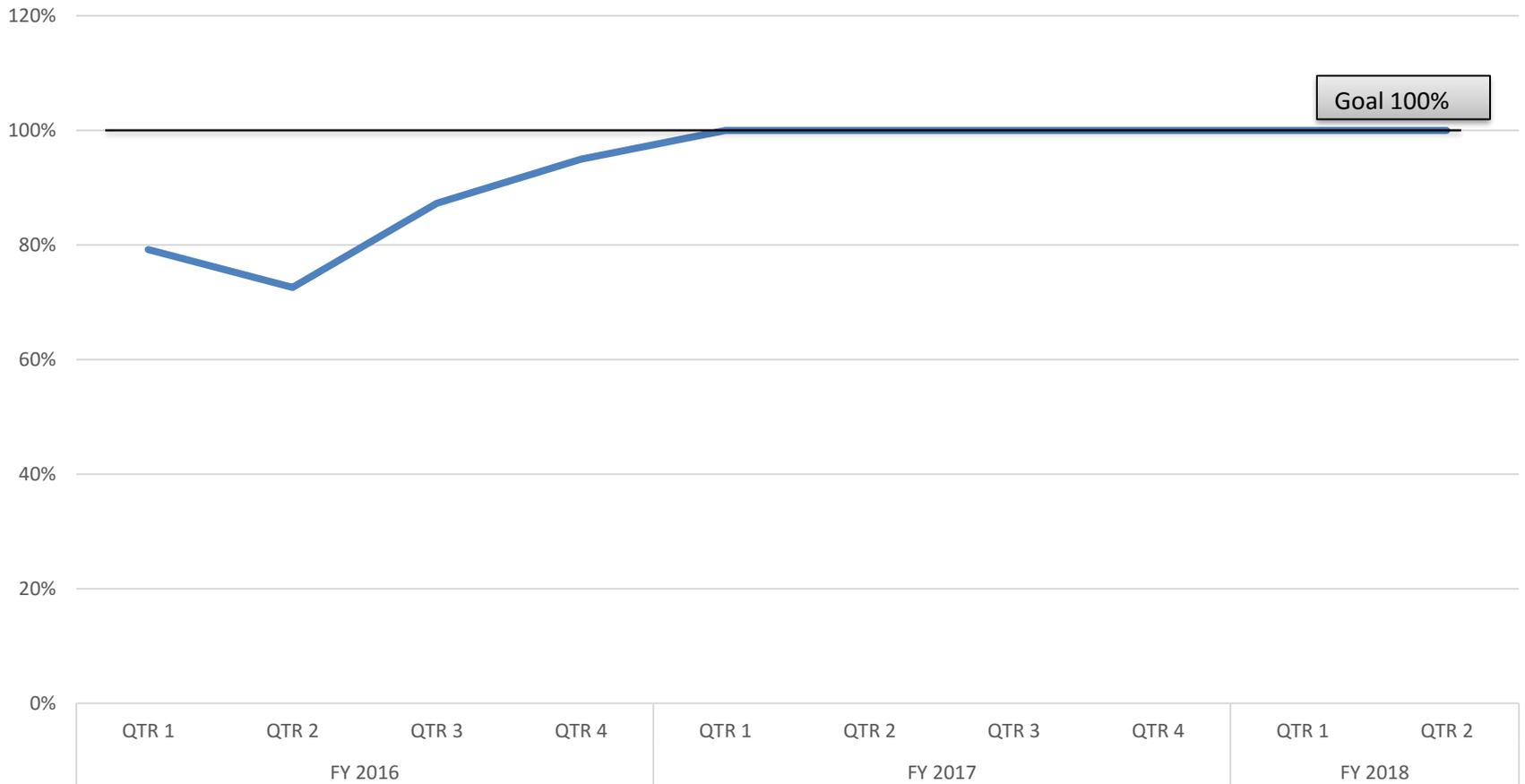
Cost Savings

-  LOS decreased

-  Total cost savings per pt treated with new orders and process

What We've Achieved

HTN in Pregnancy treated within 1 hour FY 2016 - FY 2018



Challenges Still to Tackle

- 👤 Debriefing
- 👤 Educating new staff on the continuum
- 👤 Re-educating Emergency Staff



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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.

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THANK YOU!

Technical Assistance:
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