

Maternal Hypertension

As members of the 2020 Alaska Perinatal Quality Collaborative

Reason for Project:

Identified opportunity for improvement with the number of severe morbidities among women due to severe hypertension (HTN).

Business Case:

Comply with TJC regulatory requirements related to maternal severe HTN.

Physician Sponsor:

Dr. Hogenson, MD

Project Lead:

Dianna Kristeller, CNMW

Team Members:

Adrienne Pennington, RN
Sarah Rowenhorst, RN
Alysen Montegue, RN
Dr. K. Wappett, MD
Ellie Richter, RN
Heikki Acord

AIM STATEMENT

By December 2020, to reduce the rate of severe morbidities in women with eclampsia, preeclampsia, or preeclampsia superimposed on preexisting HTN by 20%.

OUTCOME MEASURES

- Implementation of standard processes for optimal care of severe maternal HTN in pregnancy.
- Screening and early diagnosis of severe maternal HTN in pregnancy.
- Care management for every pregnant or postpartum woman with new onset severe hypertension.
- Foster a culture of safety and improvement for care of women with new onset severe HTN.

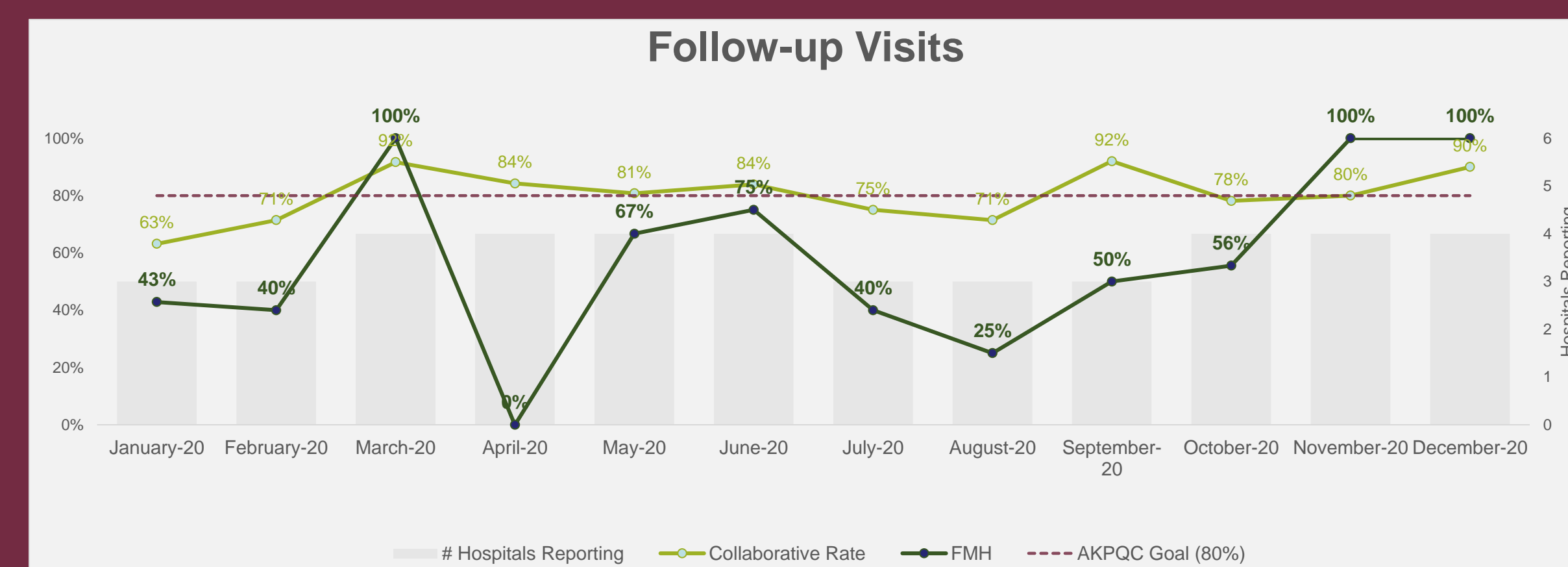
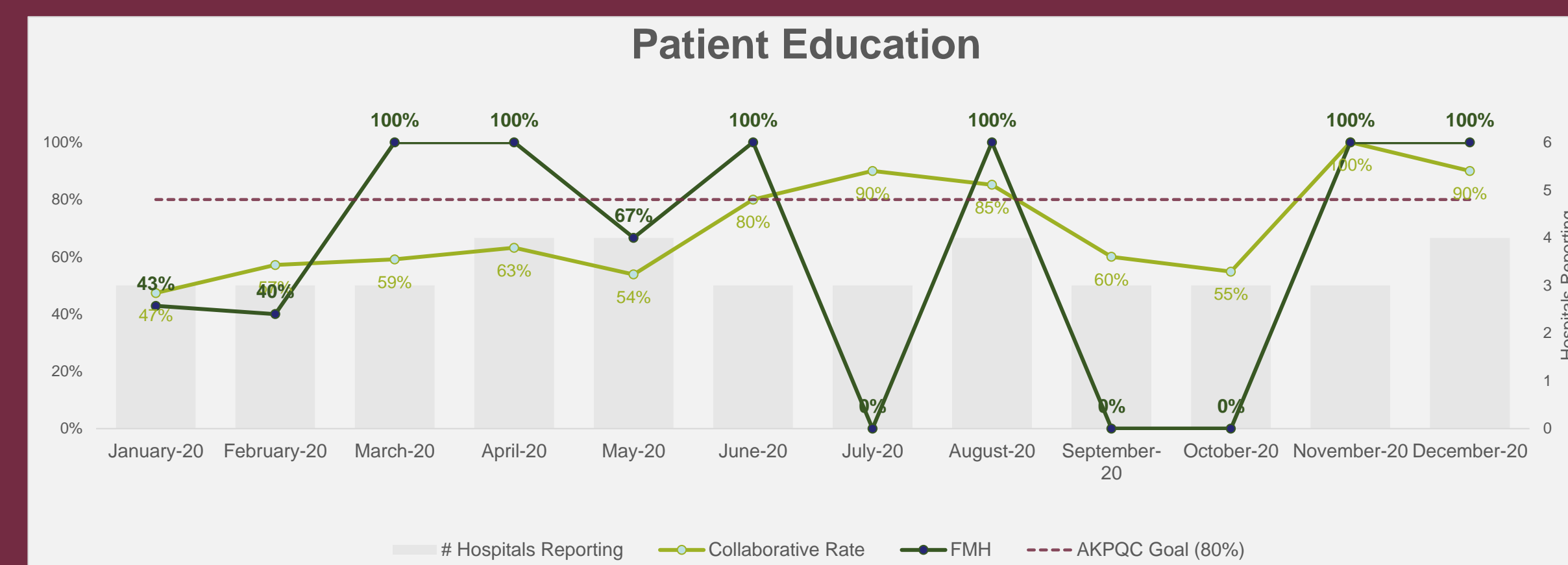
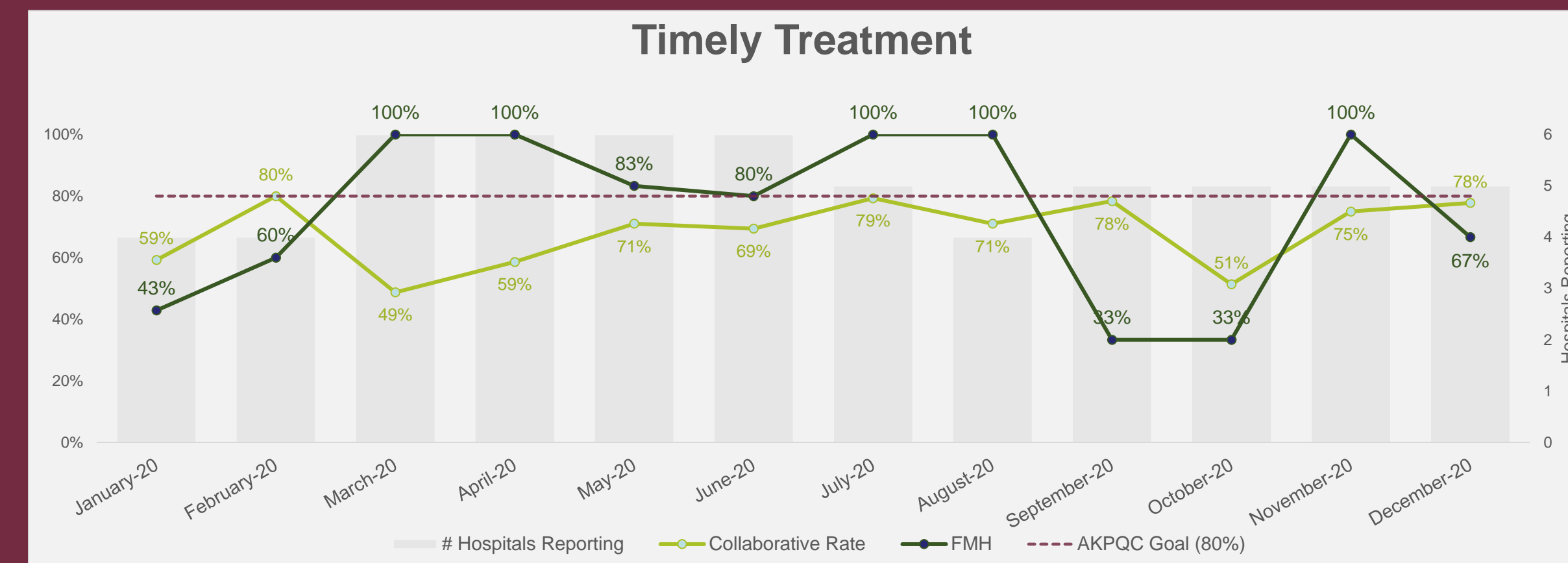
PROCESS MEASURES

- Develop & implement standard order sets and HTN processes into EHR.
- Ensure rapid access to medications used for severe HTN
- Develop & implement system plan for escalation, consultation, and maternal transport
- Standardize blood pressure protocol for all pregnant and postpartum women
- Implement standardized inpatient and outpatient education for patients and their families
- Implement protocols for timely treatment of HTN (within 60 minutes)
- Establish a process to perform reviews on all severe HTN cases including discussion at system-level meetings

LESSONS LEARNED

- Statewide collaborative format provides beneficial perspectives, resources, and tools from other regional facilities
- Data comparison with other regional facilities provides benchmarking beneficial for project status awareness
- Highly engaged team lead promotes project excitement & progress
- Covid pandemic altered team member roles, project capacity, and delayed project progress
- Team member transitions required review of goals, measures, and action items. This, in turn, lead to restructuring of project priorities
- Competing projects reduces resource availability and progress
- Results of data varied depending on different auditors and methods used

DATA



NEXT STEPS

- Educate appropriate staff and providers on recognition and diagnosis of severe HTN upon orientation, and at least every other year
- Develop and implement post HTN event debrief process
- Develop resources and protocols to support patients, families, staff through major complications
- Implement patient follow-up protocols
- Perform regular simulation drills of severe HTN

TIMELINE

Tactic/Action Item	Timeline	Progress Status
Completed Development of Data Mining Form	1/24/20	
Began Baseline Data Collection & Analysis	1/24/20	Done on monthly basis (3rd & 4th Quarter of 2019 data collection completed)
Began Submitting Monthly Data to AIM	2/18/20	Done on monthly basis (began as manual collection until 4/7/20)
Began Development of Education	2/18/20	Anticipated start date 3/1/20 & completion goal of 10/30/20. TJC deadline 1/1/21
Implemented ED Provider Education	2/14/20	Dr. Hogenson presented at ED Provider meeting
Completed Build of Final Data Analysis Report	1/24/20 - 4/7/20	Generates monthly qualifying patient data
COVID Hold	4/10/20 - 5/18/20	COVID impact on organization creates need to cancel meetings & delays project work
TJC Regulation Deadline Changed	4/10/20 - 5/18/21	TJC extends regulatory deadline from 7/1/20 to 1/1/21
Post-COVID Regroup	5/18/20	Facilitators & Data Lead established Project schedule developed
Completed Development of Education Determined Project will be SOP Discussed EMR & Education Build Options	6/1/20	OB education content complete. Determined project will be SOP (rather than CPG or Policy)
Team Lead Transitions Roles within Organization	6/29/20	Transitioned from Provider role to WIS Educator role. Unknown impact on project.
Presented Data Mining Process to AKPOC	7/16/20	
Implemented SOP	8/17/20	Dr. Wappett implemented SOP
TJC Education Deadline Changed	10/1/20	October: TJC Perspectus announced education deadline moved to 1/1/22
Transferred Project Lead Role	10/15/20	Project lead role transitioned from Educator to WIS Director
Modified Direction/Goals of Project	11/2/20	Determined only TJC requirements will be addressed at this time. AKPOC items are "nice to haves" and will be addressed 1/1/21. Current documentation & orders are adequate. Remaining To-Do's: *Update SOP w/debrief criteria *Address Inpatient education Postponed for later date: *Create debrief form *Implement debrief process
Updated SOP w/Debrief Criteria	11/6/20 - 12/4/20	Debrief criteria added to SOP by Dr. Wappett
Project Wrap-up	2/22/21	
Implemented RN Education for Inpatient EDU	3/1/21	To satisfy inpatient patient education for PBWS
Planned Implementation of Inpatient EDU	4/1/21	PBWS education will be added to d/c instructions as well as while inpatient
Planned Project Presentation at AKPOC Summit	4/15 & 4/16 2021	

Complete

Ongoing

FYI