# We invite you to enter your name, organization, and location into the chat

Example: Christine Williams, WisPQC, Madison, WI

# Meet the WisPQC* team
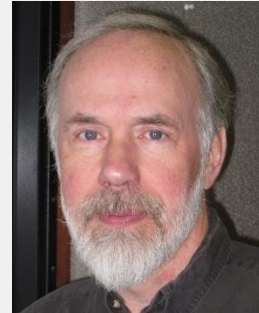
Dana Fischer, MPH, CHES
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*WisPQC = Wisconsin Perinatal Quality Collaborative

**WAPC = Wisconsin Association for Perinatal Care (aka the "home" of WisPQC)

# Poll #1

Have you or your site ever participated in a WisPQC initiative before?

- Yes
- No
- Unsure

# About WisPQC

## Who we are and what we do

Our mission is to improve perinatal health outcomes and equity across the continuum for all women and infants in Wisconsin.

WisPQC
Wisconsin Perinatal
Quality Collaborative

# Perinatal Quality Collaboratives

Perinatal quality collaboratives (PQCs) are state or multi-state networks of teams working to improve the quality of care for mothers and babies. PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible.

Source: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm

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# Key PQC Strategies

**P-D-S-A**
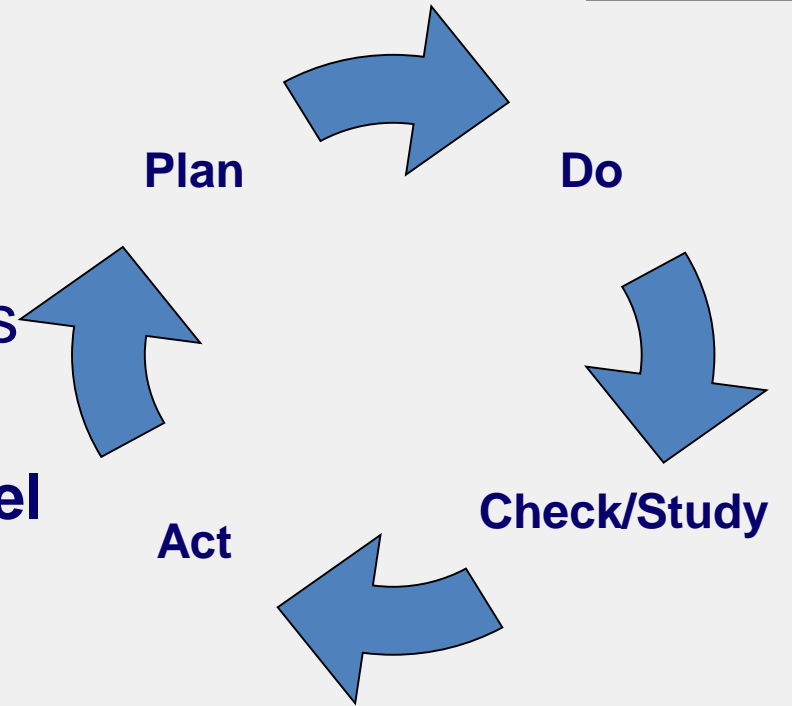
- Collaborative learning model
- Rapid-response data for quality improvement
- QI science support and assistance to clinical teams

**Plan**

**Do**

**Check/Study**

**Act**

**Ultimate goal = improvements in population-level outcomes in maternal and infant health**

*Reference: Z. Henderson, WisPQC Annual Summit, NNPQC, 9/17/19*

**WisPQC**
Wisconsin Perinatal
Quality Collaborative

Wisconsin Perinatal Quality Collaborative (WisPQC)

…is made up of member organizations throughout the state

Family Advisors

Insurers

County Health Depts.

Academic Centers

Other

Tribal Communities and Clinics

Advocacy Groups

Dept. of Health Services

Hospitals

Professional Organizations

Outpatient Clinics

Wisconsin Association for Perinatal Care (WAPC)

Local & State Non-profits & Community Orgs.

- WAPC is 1 member of WisPQC.
- WAPC provides fiscal support & staff to WisPQC.

**Quick Facts:**
- **79% of births in WI occur in WisPQC hospitals***
- **66% of birth hospitals in WI are members (63/95)**
- **76 current member organizations**

*Based on 2017 birth data

WisPQC
Wisconsin Perinatal
Quality Collaborative

# We are grateful to our funders:

- The Centers for Disease Control and Prevention (CDC)
- The Alliance for Innovation on Maternal Health (AIM)
- The Wisconsin Department of Health Services (DHS)
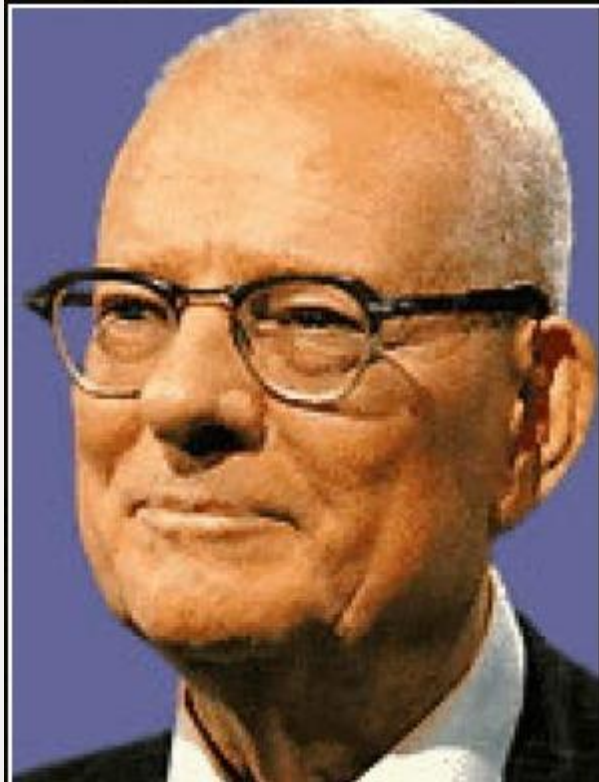
A bad system will beat a good person every time.

— W. Edwards Deming —

# How does WisPQC support you?

- Identify and track measures
- Provide QI toolkit and change package
- Assist with data collection and reports
- Host statewide platform for collaborative learning
- Real-time industry updates & info sharing

Organizational membership is free!

2-way value

# How do members contribute to WisPQC?

- Support the mission of the collaborative
  - Individual champions, system/culture of QI
- **Participate in initiatives****
- Attend Membership Meetings (quarterly)
- Workgroups & Steering Committee

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*Light blue shading indicates enrolled AIM states as of Oct. 2020*
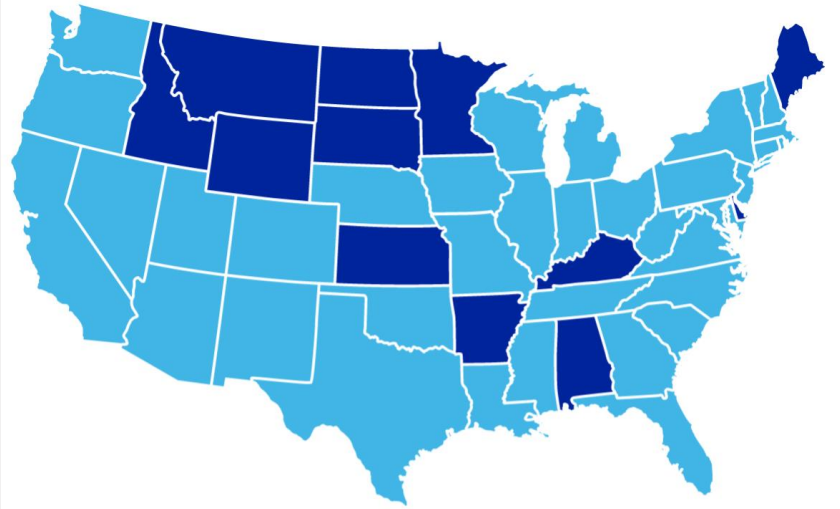
- In 2020, Wisconsin officially designated an "AIM" state
- WisPQC administers AIM program in Wisconsin.
- Severe Hypertension in Pregnancy is first statewide bundle.
- AIM bundles are aligned with The Joint Commission PC Standards for Maternal Safety (R3 report issue 24).

# Introducing…
# WisPQC's Severe Maternal HTN Initiative Lead Faculty

**Amy Domeyer-Klenske, MD**

Asst. Professor OB/GYN and Patient Quality and Safety Officer

*Medical College of Wisconsin and Froedtert Hospital, Dept. of OB/GYN*

**Kara Hoppe, DO, MS**

Asst. Professor Maternal Fetal Medicine and Pre-eclampsia researcher

*University of Wisconsin-Madison, Dept. of OB/GYN*

# IHI Breakthrough Series
## (6 to 18 Months Time Frame)
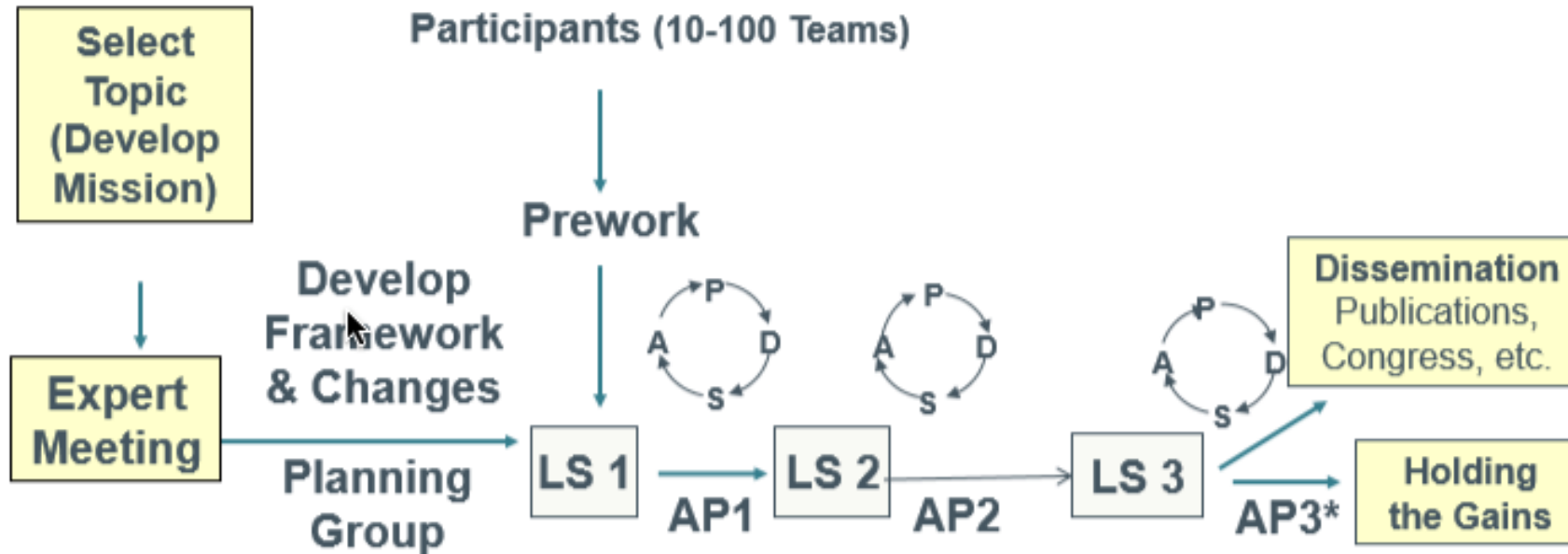
# WisPQC's Severe Maternal HTN Learning Collaborative

- Key Driver Diagram
  - Theory for change to improve care for birthing patients with severe hypertension

- Measurement strategy
  - How will we know if a change was an improvement?

- Change package
  - Resources and tools shared and developed by teams across WI (and nationally) doing this same work

# Poll #2

How familiar are you with the AIM Severe HTN bundle?
- Not at all
- I've heard of it
- I've worked on it a little bit or parts of it
- I've worked on it extensively
- We've fully implemented it at our site

## Outcomes

**Goal 1: Decrease Severe Maternal Morbidity among Preeclampsia Cases**

- By December 31, 2022 decrease severe maternal morbidity among pregnant/postpartum women who experience severe HTN by X%

- By December 31, 2022 decrease disparity gap in severe maternal morbidity among NH-Black and NH-White pregnant/ postpartum women who experience severe HTN by X%

**Goal 2: Increase treatment of severe hypertension within 1 hour**

- By December 31, 2022, increase the percent of birthing patients with acute-onset severe hypertension who are treated within 1 hour of first elevated BP reading by X%.

- By December 31, 2022 decrease disparity gap among pregnant/postpartum women of various races/ethnicities with acute-onset severe hypertension who are treated within 1 hour of first elevated BP reading by X%

## Primary Drivers

**Unit policy/ procedure for maternal hypertension.**

**EHR integration**

**Hypertension education for all delivering patients at time of discharge**

**Patient, Family, Staff support**

**Debriefs and Multidisciplinary case reviews**

## Secondary Drivers

1. Adopt standard diagnostic criteria, monitoring and treatment for severe hypertension, preeclampsia, and eclampsia.
2. Develop a process for timely triage of pregnant and postpartum women with hypertension including ED and outpatient areas.
3. Rapid access to medications used for severe hypertension/eclampsia
4. Adopt a standard process for the measurement and assessment of BP for all pregnant and postpartum women.
5. Adopt a standard response to maternal early warning signs including listening to and appropriately investigating patient symptoms and assessment of labs.
6. System plan for escalation, obtaining appropriate consultation and maternal transport as needed.
7. Facility wide standard process with checklists and escalation policies for management and treatment of hypertensive emergencies, eclampsia and postpartum presentation of severe hypertension/preeclampsia.

1. Adopt a standard process for the measurement and assessment of BP for all pregnant and postpartum women.
2. Adopt standard diagnostic criteria, monitoring and treatment for severe hypertension, preeclampsia, eclampsia to include order sets and algorithms.
3. Adopt documentation plan for follow-up plan for blood pressure check for women with SHTN.

1. Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of preeclampsia and severe hypertension

1. Staff education and drills.
2. Support plan for patients, families and staff for ICU admissions and serious complications of severe hypertension.

1. Adopt a standard process for high-risk huddles.
2. Adopt a standard process for unit wide de-briefs.
3. Adopt a standard process for multidisciplinary case reviews.

## Change Concepts

### Goals

Goal 1: Decrease Severe Maternal Morbidity among Preeclampsia Cases
- By December 31, 2022 decrease severe maternal morbidity among pregnant/postpartum women who experience severe HTN by X%
- By December 31, 2022 decrease disparity gap in severe maternal morbidity among NH-Black and NH-White pregnant/ postpartum women who experience severe HTN by X%

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- By December 31, 2022, increase the percent of birthing patients with acute-onset severe hypertension who are treated within 1 hour of first elevated BP reading by X%.
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### Primary Drivers

Unit policy/ procedure for maternal hypertension.

EHR integration

Hypertension education for all delivering patients at time of discharge

Patient, Family, Staff support

Debriefs and Multidisciplinary case reviews

### Secondary Drivers

1. Adopt standard diagnostic criteria, monitoring and treatment for severe hypertension, preeclampsia, and eclampsia.
2. Develop a process for timely triage of pregnant and postpartum women with hypertension including ED and outpatient areas.
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4. Adopt a standard process for the measurement and assessment of BP for all pregnant and postpartum women.
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6. System plan for escalation, obtaining appropriate consultation and maternal transport as needed.
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1. Adopt a standard process for the measurement and assessment of BP for all pregnant and postpartum women.
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2. Adopt a standard process for unit wide de-briefs.
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### Change Concepts

- Implement standard order sets and algorithms.
- Postpartum patients presenting to the ED/outpatient areas with hypertension, preeclampsia or eclampsia are either assessed by or admitted to an obstetrical service.
- Implement Emergency department's initial screening question: are you pregnant?
- Medications stocked and readily available on L&D and other areas. Include a brief guide for administration and dosage
- Develop protocol for assessing BP. Educate staff on BP process.
- Ensure BP measurement and assessment protocol meets minimum required components as found in AIM patient safety bundle.

- Develop protocol for assessing BP and documentation into EHR. Educate staff on BP documentation.
- Implement standard order sets and algorithms into EHR.
- Develop standardized notification for early warning signs, symptoms, labs. Integrate into EMR. (PERT tool, MEWS chart)

- Investigate resources for patient education by including a woman on the design team. (Preeclampsia Foundation tools)

- Unit education on protocols and unit-based drills (with post-drill debriefs).
- Include patients in development of support plans for patients/ families.

- Identify nursing & medical champions to test huddle implementation
- Choose a simple debrief tool and test it with one case.
- Document problem areas and confirm best practices. Post for all staff to see results of debrief/ case reviews.

# WisPQC's Severe Maternal HTN Learning Collaborative

- Driver document
  - Theory for change to improve care for birthing patients with severe hypertension

- Measurement strategy
  - How will we know if a change was an improvement?

- Change package
  - Resources and tools shared and developed by teams across WI (and nationally) doing this same work

Severe Hypertension in Pregnancy

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# Measurement Strategy

- Outcome Measures
  - Health / Patient outcomes we are targeting
- Process Measures
  - The performance of the parts/ steps in the system
- Structure Measures
  - Give a sense of a health care systems capacity, systems, and processes to provide high-quality care.

# Outcome Measures

- Who enters this data?
  - Wisconsin Hospital Association is partnering with WisPQC to run reports on the SMM outcome measures based on hospital discharge data.
  - **WisPQC will enter this data** for each hospital enrolled into the AIM data portal.
- How often?
  - A **baseline** report will cover 2018, 2019, 2020, Q1-Q3 2021
  - **Quarterly** reports will be pulled for length of the initiative.
  - Annual report will be pulled and disaggregated via race/ ethnicity.
- Where can you see it?
  - Each enrolled team will have a AIM data portal log in.
  - Teams can view their data here (entered by WisPQC staff).

# SMM Outcome Measures

| | |
|---|---|
| **O1: Severe Maternal Morbidity (SMM)** | **Numerator**: Among the denominator, all cases with any SMM code<br>**Denominator**: All mothers during their birth admission, excluding ectopics and miscarriages |
| **O2: Severe Maternal Morbidity (excluding transfusion codes)** | **Numerator**: Among the denominator, all cases with any non-transfusion SMM code<br>**Denominator**: All mothers during their birth admission, excluding ectopics and miscarriages |
| **O3: Severe Maternal Morbidity among Preeclampsia Cases** | **Numerator**: Among the denominator, cases with any SMM code<br>**Denominator**: All mothers during their birth admission, excluding ectopics and miscarriages, with one of the following diagnosis codes: Severe Preeclampsia, Eclampsia and Preeclampsia superimposed on pre-existing hypertension |
| **O4: Severe Maternal Morbidity (excluding transfusion codes) among Preeclampsia Cases** | **Numerator**: Among the denominator, all cases with any non-transfusion SMM code<br>**Denominator**: All mothers during their birth admission, excluding ectopics and miscarriages, with one of the following diagnosis codes: Severe Preeclampsia, Eclampsia, Preeclampsia superimposed on pre-existing hypertension |

# Process measures

- Who enters this data?
  - **Hospital teams** will gather and enter this data into Life QI.

- How often?
  - PM1-3 is Quarterly
  - PM 4-5 is Monthly

- Where can you see it?
  - Hospital teams will enter data into Life QI.
  - WisPQC will export data from Life QI and put it into AIM portal.
  - Teams will be able to view data in both Life QI and AIM portal.

# Process Measures: Quarterly

- **PM 1:** Unit Drills
  - In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit *for any maternal safety topic*?
  - Report # of drills and the drill topics
- **PM 2 :** Provider Education
  - At the end of this reporting period, what cumulative proportion of delivering physicians and midwives has completed within the last two years an education program on Severe Hypertension/Preeclampsia that includes the *unit-standard protocols and measures*?
  - Report estimate in 10% increments (round up)
- **PM3:** Nursing Education
  - At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and postpartum) has completed within the last two years an education program on Severe Hypertension/Preeclampsia that includes the *unit-standard protocols and measures*?

# Process Measures: Monthly

- **PM 4:** Treatment of Severe Hypertension within 1 hour*
  - **Numerator:** Among the denominator, birthing patients who were treated within 1 hour of first identified elevated BP with IV Labetalol, IV Hydralazine, or PO Nifedipine. (See ACOG CO #767 February 2019).
  - **Disaggregate** for each of the following race/ethnicity categories using the same numerator and denominator as above:
    - Non-hispanic white, Non-hispanic black, Hispanic/Latinx, Non-hispanic American Indian/Alaska Native, Non-hispanic Asian/Pacific Islander

  - * this is a challenging measure to collect yet important to improving care. We have resources from others on how to get this data.

# Process Measures: Monthly

- **PM 5:** Follow-up plan** for blood pressure check for all women with acute-onset severe HTN*.
  - **Numerator:** Number of women with acute-onset severe* HTN who had a follow-up plan** for a blood pressure check in appropriate timing***.
  - Chart review: up to 20 severe HTN** charts. If <20 charts, include all in denominator. If >20 charts, include every 5<sup>th</sup> chart until you have 20 charts identified.
    - ** '**Follow up plan**' is defined as: documentation in patient chart of future blood pressure check either at office visit or at home via home monitoring program and reported back to provider, in accordance with appropriate timing recommendations.

# Structure measures

- Who enters this data?
    - Hospital Teams collect and enter this data.

- How often?
    - Reported at baseline, 6, 12, and 18 months via WisPQC Structure Measure audit form.

- Where can you see it?
    - AIM portal

# Structure Measures: report completion date

- **SM1:** Patient, Family, Staff support
  - Has your hospital developed OB specific resources and protocol to support patients, family and staff through major OB complications- including women with hypertension in pregnancy?
- **SM2**: Debriefs
  - Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?
- **SM3:** Multidisciplinary case reviews
  - Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity (including at a minimum birthing patients admitted to the ICU or receiving ≥ 4 units RBC transfusions?
- **SM4 :** Unit Policy and Procedure
  - Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach to measuring blood pressure, treatment of Severe HTN/Preeclampsia, administration of Magnesium Sulfate, and treatment of Magnesium Sulfate overdose?
- **SM5 :** EHR integration
  - Were some of the recommended Severe HTN/Preeclampsia bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?
- **SM6 :** Hypertension education for <u>all</u> delivering patients at time of discharge
  - Hospital provides specific preeclampsia discharge education materials to **all delivering** patients (not just patients with severe hypertension).

POP QUIZ!!

# Focus on equity

- Disaggregation specific measures by race/ethnicity
  - Outcome measure 1 and 2
    - Annually
  - PM 4
    - Monthly

Collaborative Goals:
1. Decrease severe maternal morbidity among Preeclampsia cases
2. Increase treatment of severe hypertension within 1 hour

Team 1:
By December 31, 2022 implement facility wide standard process with checklists and escalation polices for management and treatment of hypertensive  emergencies. Maintain 90% of patients with severe hypertension treated within 1 hour.

Team 2
By March, 2022 implementing order sets into electronic health record. Increase treatment of severe hypertension within 1 hour by 20% by

Team 3
By December 31, 2022 decrease SMM among preeclampsia cases by 20%

| Measure Name | Teams enter Monthly (Life QI) | Teams enter Quarterly (Life QI) | Teams report at baseline, 6, 12, 18 months via survey; WisPQC enters data (AIM Portal) | WisPQC enters data Quarterly from WHA reports (AIM Portal) |
|---|---|---|---|---|
| PM 4 (Time to treatment) | ✓ | | | |
| PM 5 (Timely follow-up BP check) | ✓ | | | |
| PM 1 (Unit drills) | | ✓ | | |
| PM 2 (Provider education) | | ✓ | | |
| PM 3 (Nursing education) | | ✓ | | |
| SM 1 (Patient, family, staff support) | | | ✓ | |
| SM2 (Debriefs) | | | ✓ | |
| SM3 (Multidisciplinary case reviews) | | | ✓ | |
| SM4 (Unit policy and procedure) | | | ✓ | |
| SM5 (EHR integration) | | | ✓ | |
| SM6 (HTN education for ALL patients) | | | ✓ | |
| OM1 (Severe Maternal Morbidity) | | | | ✓ |
| OM2 (SMM, excl. transfusion) | | | | ✓ |
| OM3 (SMM among preeclampsia cases) | | | | ✓ |
| OM4 (SMM among preeclampsia cases, excl. transfusion) | | | | ✓ |

# Poll #3

How familiar are you with the Life QI® data platform?

- I'm not familiar with it.
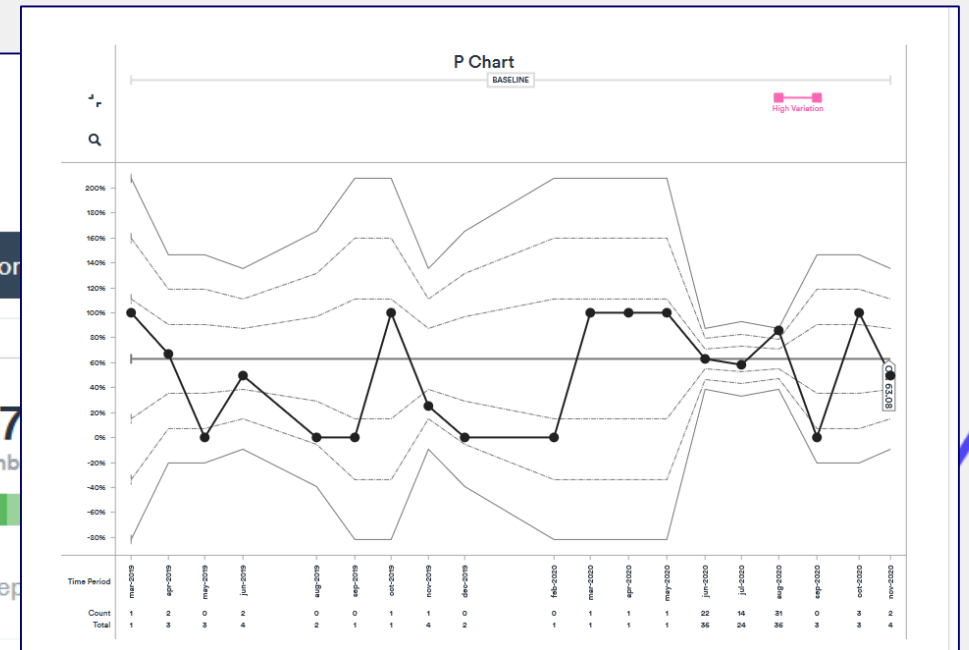- I've heard of it or seen it, but never used it.
- I've used it before.

# Life QI®

- WisPQC's QI-specific data platform
- No patient-level data; immediate reporting/graphing and aggregated data
- Sites enter numerator/denominator/count data, aggregate charts are shared, individual monthly reports available
- Plot PDSAs right onto your charts to track tests of change and see if they are making an impact

# AIM database

- WisPQC enters data into AIM

- Teams do not need to enter data, but have dashboard to see their own individual site data and compare/benchmark against the aggregate.
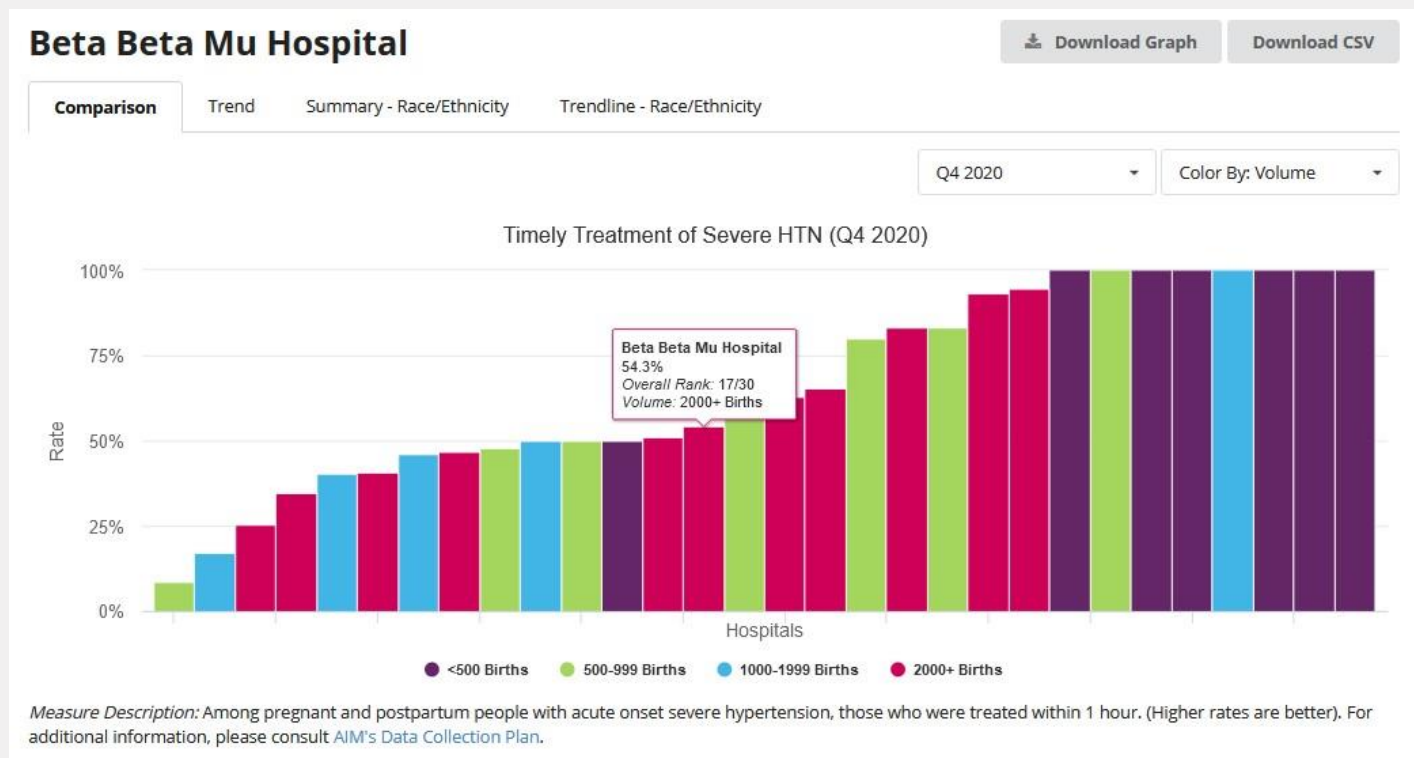


Facilities can compare against other deidentified facilities in their collaborative for a specific reporting period and based on different facility characteristics.

# 2 Data platforms?!! Why both?

- AIM Dashboard
  - Only WisPQC staff ENTERS data here
  - As a AIM funded state we have to
  - Will include WHA outcome measure data and hospital team collected process data.
  - Visualization of comparison between teams in collaborative

- Life QI®
  - Only teams ENTER data here
  - All teams can view and modify data
  - Teams can enter specific PDSAs and annotate run charts
  - Teams can see aggregate data
  - Teams can add other QI measures they may want to track

# How will the collaborative use data?

- Each team will have access to data they enter into Life QI and their data in AIM database.

- Aggregate data will show impact toward reaching the initiative goals in the driver document.

- WisPQC will work directly with Wisconsin Hospital Association to update your hospital's DUA so that outcome data can be reported back to your site.

- WisPQC has their own DUA for data entered in Life QI.

# WisPQC's Severe Maternal HTN Learning Collaborative

- Driver document
  - Theory for change to improve care for birthing patients with severe hypertension

- Measurement strategy
  - How will we know if a change was an improvement?

- Change package
  - Resources and tools shared and developed by teams across WI (and nationally) doing this same work

Severe Hypertension in Pregnancy

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# Change Package = your toolkit!

- It is a website link with all the implementation tools

- Wisconsin-specific resources shared from pilot teams
  - Algorithms
  - Order sets
  - Policies

- Tools and resources are <u>evidence-based</u>.

*\*\*During the 12 month initiative, the change package is password-protected for enrolled sites to access only.*

# Participation overview

- 14 month commitment- through December 31, 2022
- Monthly 1-hour learning community calls
  - At least 1 team member required to attend
- Monthly and quarterly data entry into Life QI®
- 3 Learning Sessions
  - LS1 (Launch) – October 27, 2021, 1:00-3:30 p.m.
  - LS2 (Midpoint)
  - LS3 (Finishing strong)

# If you decide to enroll…
# Pre-work before Learning Session 1

- Complete Doodle poll for monthly calls
- Develop and meet with your team to determine your specific aim
  - Submit this aim to WisPQC staff
- Sign Data Use Agreements
  - WisPQC/Life QI®
  - WHA
- Set up your Life QI® login and start your project
  - 2 team members receive licenses courtesy of WisPQC
- Heads up!
  - Your baseline data and first month of data will be due end of November

*Sign up for a quick 1:1 call with WisPQC staff if we can help!*

Severe Hypertension in Pregnancy

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# Lessons from the real world…



Janet Letter, MSN, RN-OB, C-EFM
Nurse Educator

*Bellin Health*

Staci Bohling BSN, RNC-ONQS
Perinatal Coordinator

*Froedtert West Bend Hospital*

Leslie Jones, MSN, APRN-BC; CNS
Perinatal Program Specialist
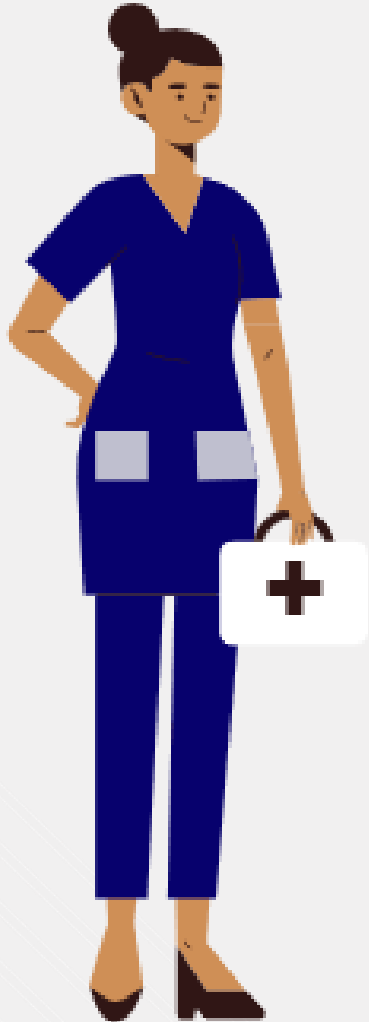Women's Health Service Line
*Aurora Health Care*

# What questions do you have?

# Answers to frequently asked questions

- Can we import data directly into Life QI?
  - Not directly
- Do we enter any individual patient level data?
  - None, only numerators/denominators and counts
- What will WisPQC do with the data?
  - Use it for showing overall impact of the collaborative on health outcomes. Review monthly with entire cohort to encourage continued improvement.
- Does it cost anything to participate?
  - Nope!
- Is it required for our organization to be a WisPQC member in order to participate?
  - Yes. (Did we mention it's free? ☺)

# What is asked on the enrollment form?

- Is your site a WisPQC member? [*Required for enrollment*]
  - If no, you will be asked to sign up (it's free, quick and easy!)
- Did you attend or view the recording of the info webinar? [*Required for enrollment*]
- Site name, location, primary contact info
- Hospital baseline information questions
  - Has the hospital completed the WAPC Levels of Care assessment for obstetric services?
    - If yes, which level?
  - Average number of deliveries monthly
  - Average number of severe HTN cases monthly
  - Do you have any of the 6 Structure Measures in place already? [*Refer to Measure Set*]
    - Yes/ No (If no, skip to next question)
    - If yes, enter date:_____ AND "do you anticipate making changes to this as part of the collaborative" (yes/no)
- Champion Team – list all team contacts (multiple categories available)
  - *Note: At least 2 team members are *required* to enroll (more encouraged!). At least 1 nurse champion and 1 physician champion are required.
  - List which 2 team members need access to Life QI® to enter data (WisPQC covers the cost of 2 licenses for each team)
- Permissions & Promotion questions
  - Do you want your team contacts (name/email) listed for other initiative teams to see (not widely in WisPQC, just within the initiative)?
  - Can WisPQC use your name and affiliation in materials promoting the initiative?
  - Can WisPQC use your organization's logo to promote the initiative?

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# Poll #4

After hearing today's info webinar, what is the likelihood of your site enrolling?

- Count us in
- Still deciding/need to check with my team
- Not at this time

# Interested? Next steps

- Registration will open tomorrow (September 1) using this link:

  **https://wispqc.org/hypertension-initiative-enrollment/**

  **\*\*Enrollment due by September 30, 2021\*\***

- You will receive an email confirmation upon enrollment with a link to the pre-work checklist.

- Mark your calendar and plan to attend Learning Session 1 (virtual) from 1:00-3:30 p.m. on Wednesday, October 27, 2021.

- After this session, you will receive a link to the recording and a copy of the slides.

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"Continuous improvement is better than delayed perfection" Mark Twain

# Follow us on social media!



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@WisPQC

**FACEBOOK**
Wisconsin Perinatal Quality Collaborative

**LINKEDIN**
Wisconsin Perinatal Quality Collaborative

# Questions?
[wispqc@perinatalweb.org](mailto:wispqc@perinatalweb.org)



Christine Williams, QI Project Manager

williams@perinatalweb.org



Dana Fischer, QI Advisor

fischer@perinatalweb.org