WELCOME

Participation is KEY!

- Turn on your camera 😊
- Utilize the chat function
  - Be sure to send comments to “All participants”
- Use your mic! You can ask questions after each presentation. There will also be Q&A time following the session.
Ice Breaker

- In the chat add your name, organization and what your plans for Thanksgiving are!
Objectives

- Understanding of the NSDPQC, our goals for this initiative
- Review Best Practice in the primary drivers for quality improvement
- Understand the quality improvement steps to get your team started on the right track
- COLLABORATE as a group
Why We Are Here

Peter Van Eerden, MD FACOG

Sanford Health Fargo
North and South Dakota Perinatal Quality collaborative (NSDPQC): North and South Dakota Perinatal Quality Collaborative (NSDPQC)

Background and 2021 Hypertension Initiative

November 4, 2021
Perinatal Quality Collaboratives

- **Perinatal quality collaboratives (PQCs)** are state or multistate networks of teams working to improve the quality of care for mothers and babies.
- Members of PQCs **identify health care processes that need improvement** within their state, then use the **best available methods** to affect change as quickly as possible.
- PQCs are critical for rapid dissemination of best practices and implementation of effective initiatives to improve outcomes for pregnant women and newborns.
Many states currently have active collaboratives, and others are in development.

CDC provides support for state-based PQCs in Colorado, Delaware, Florida, Georgia, Illinois, Louisiana, Massachusetts, Minnesota, Mississippi, New Jersey, New York, Oregon, and Wisconsin.

Funding supports the capabilities of PQCs to improve the quality of perinatal care in their states.
In 2016, the CDC and the March of Dimes launched the National Network of Perinatal Quality Collaboratives (NNPQC) to support state-based PQCs in making measurable improvements in statewide health care and health outcomes for mothers and babies.

In 2017, CDC awarded the National Institute for Children’s Health Quality (NICHQ) to serve as the coordinating center for the NNPQC.

NICHQ coordinates NNPQC activities, including providing support, mentoring, and resources for PQCs.
Why Are PQC's Important?

**PQC's are a platform for collaborative learning.**
PQC's develop relationships across multiple stakeholders including hospitals, community health centers, state health departments, patients, insurers, and nonprofit organizations. They provide a framework to implement best practices and address emergent issues affecting maternal and neonatal health.

**PQC's are positioned to make changes quickly.**
PQC's work to cultivate health care facility “buy-in,” in multiple ways, including engaging key clinical leads and organizational partners across the state. This helps PQC's to mobilize hospitals to adopt best practices in clinical care quickly. Members of PQC's apply a community of change model shown to be successful for rapid dissemination of evidence-based approaches.
Why Are PQCs Important?

**PQCs make population-based improvements.**
PQCs aim to improve care across a population, not just within one facility. PQCs can identify a specific outcome to improve, support large-scale systematic quality improvement efforts across facilities, and compare the performance of health care facilities within the state.

**PQCs closely monitor health care facility progress.**
After identifying an area for change, PQCs provide rapid data collection and feedback to clinical teams. This enables them to track their progress in meeting the objectives for the project and adapt interventions to improve success.
PQC Successes

What Have PQC's Accomplished?

States and health care facilities participating in PQC quality improvement efforts have made population health improvements. These accomplishments address important issues affecting maternal and infant health, including:

- Reductions in elective deliveries without a medical indication before 39 weeks gestation.
- Reductions in unnecessary cesarean births among low-risk pregnant women.
- Reductions in health care-associated bloodstream infections in newborns.
- Reductions in severe maternal morbidity from hemorrhage and hypertension.
- Reductions in preterm births.
- Improvements in breastfeeding rates.
Quality Improvement

- Two landmark Institute of Medicine (IOM) studies:
  - *To Err Is Human: Building a Safer Health System* (1999) focused on patient safety and brought to the public’s attention the fact that *44,000 to 98,000 deaths* occur each year due to medical errors.
  - *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001) called for a fundamental change in the health care delivery system through a complete redesign of patient/provider relationships and revised patient care processes, leading to improved health care outcomes.
  - “How did the system fail to support the worker involved in an error?”
  - Reasons for errors include human fallibility, medical complexity, system deficiencies, and defensive barriers.
In health care, quality improvement (QI) is the framework used to systematically improve the ways care is delivered to patients.

Processes have characteristics that can be measured, analyzed, improved, and controlled.

QI entails continuous efforts to reduce process variation and improve the outcomes of these processes for patients and health care systems.

Achieving sustained QI requires commitment from the entire organization.
Percent of All Reporting Hospitals where providers and nurses have completed education on HIP

- 75 to 100% of Providers and Nurses have received education
- 1 to 74% of Providers and Nurses have received education
- No Providers and Nurses have received education
The Council on Patient Safety in Women’s Health Care

- Fosters multidisciplinary collaboration by bringing health care organizations together with patients to drive culture change
- The central goal is to improve health care for all women
- ACOG founded the Council in 2011, and along with 18 other members across a diverse group of health and patient organizations, partners with and supports the Council’s mission, vision, and programs
Prepublication Requirements

New Standards for Perinatal Safety

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-8578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2021
The new Hospital Inpatient Quality Reporting Programs’ Maternal Morbidity Structural Measure started data collection on October 1, 2021.

In the FY 2022 Inpatient Prospective Payment System (IPPS) Final Rule released in August 2021, CMS finalized the inclusion of the new Maternal Morbidity Structural Measure in the Hospital Inpatient Quality Reporting (IQR) Program in the hopes of addressing the continuing maternal health crisis and bolster quality of care during and after labor and delivery.

This new measure will:

- **Determine the number of hospitals currently participating in a structured State or national Perinatal QI Collaborative (PQC)**
- **Determine whether hospitals are implementing the safety practices or bundles included as part of these QI initiatives**

Patient safety bundles can be utilized through the Alliance for Innovation on Maternal Health (AIM), a national program that leads in the development and implementation of best practices to promote safe care for every birth.

- AIM provides support to many state-based teams, including PQC, to aid in the implementation of its bundles.
- Will affect payment determination for 2023.
FIG. 1. States reported to have a Perinatal Quality Collaborative on Needs Assessment, 2016.
November 2018, a team from ND & SD attended the annual NNPQC meeting at the CDC in Atlanta, GA:

- Kathy Eagle-Williams, MD, CEO Elbowoods Memorial Health Center, New Town, ND
- Ana Tobiasz, MFM, Sanford Health, Bismarck, ND
- Peter Van Eerden, MD, Sanford Health, Fargo, ND
- Ashley Briggs, MD, OBGyn, Sanford Health, Sioux Falls, SD
- Micah Sandager, RN, SD Urban Indian Health Center, Sioux Falls, SD
Dakota Perinatal Quality Collaborative
North Dakota & South Dakota

Background
North Dakota and South Dakota are very similar in:
1. Rurality (11 people per square mile)
2. Demographics (e.g., high number of indigenous people)
3. Access to care
4. Perinatal profile (e.g., preterm birth, infant & maternal mortality rates)
Several large health systems, such as Sanford Health, birth most babies in both North and South Dakota.

First Steps
- Representatives from North and South Dakota met for the first time in November, 2018.
- Four representatives from ND and three from SD will attend the NNPCP, to gather ideas, resources, and support from other PQC's.
- In 2019, initiate an official PQC launch

The Perinatal Landscape
Maternity care desert (MCD) = no hospitals offering obstetric care and no obstetric providers (obstetricians/gynecologists or certified nurse midwives)

<table>
<thead>
<tr>
<th>North Dakota</th>
<th>MCD Counties (%)</th>
<th>MCD Counties (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>44</td>
<td>77.4</td>
</tr>
</tbody>
</table>

South Dakota Premature Birth Rate
- 51% higher among AIAN women than the rate among all other women*
- Diveristy: Ratio 1.28

North Dakota Premature Birth Rate
- 43% higher among AIAN women than the rate among all other women*
- Diveristy: Ratio 1.34

2019 Plans
1. Apply for funding to support PQC development
2. Identify appropriate ‘home’ and leadership structure
3. Determine first PQC projects. Potential topics:
   - Telemedicine, perinatal regionalization, Post-partum LARC, general quality and safety program for obstetrics practice, opioid use in pregnancy.
Other 2019 activities:
- One-day summit to officially launch the PQC
- Dakota PQC online group
- Despite geographical distance, PQC members can share information
- Identify upcoming conferences
- Updates on trends and narratives in the field
- Monthly topics of focus and virtual journal club

Contact Information
Ashley Briggs, MD, Obstetrics & Gynecology, Central Health, 801 Main Street, Bismarck, ND 58501
Kathy Kopka, MD, MPH, CEO, Obstetrics Services, North Dakota Health & Human Services, ND 58501

References:
3. March of Dimes - "Access to Maternity Care by States, 2013"
4. March of Dimes - "Premature Birth Reports - North Dakota, 2018"
5. Marshall Center: "Newborn Premature Birth Reports - North Dakota, 2018"
North & South Dakota Perinatal Quality Collaborative

NSDPQC is a multi-state network of multidisciplinary teams established in November 2018, working to improve outcomes for maternal and infant health.
North & South Dakota Perinatal Quality Collaborative

- Starting a Statewide Collaborative
  - Identifying and engaging key players
  - Ensuring buy-in
  - Establishing our identity
  - Secure funding
- Launching Initiatives
- Data Management and Analysis
NSDPQC Development - Key Players

- Leaders and champions - engaged and committed leadership is crucial:
  - Educating providers on the importance of PQCs
  - Engaging patients and families and other key stakeholders
  - Developing and leading initiatives
- Participants - people and/or organizations such as hospitals that implement the initiatives
- Operational staff - core staff to ensure that the day-to-day operations run smoothly:
  - Executive director
  - Project manager/administrator
  - Patient/family partnerships director
  - Data manager and IT/programmer
NSDPQC 2018 to 2019

- November 2018 through November 2019
- Monthly meetings held remotely, with 30+ individuals on many of the call
- National experts joined us in August 2019
- Identifying mission, vision, project ideas, funding streams and holding forums
NSDPQC Meeting, November 2019

- North and South Dakota Perinatal Quality Collaborative (NSDPQC) Action Planning Meeting
- November 21-22, 2019
- Prairie Knights Casino & Resort, Fort Yates, ND in Standing Rock
- ~50 attendees
- Alicia Belay (previously March of Dimes, currently NDDoH) provided NSDPQC history
- Amy Ladley and Kerrie Redmond (LaPQC) provided a general overview of quality improvement
NSDPQC MEETING, NOVEMBER 2019

- Problem and Work
  - What is the problem we want to solve?
  - What are we going to do to solve the problem?

- Project Aim
  - Frequently discussed, ambitious, specific and transparent

- Measurement Strategy
  - Outcome, process, balancing
The initiative was selected by a vote, with each participant rating each project on a scale of 0-2 for each of five categories:

- Potential impact
- Clinical enthusiasm
- Feasibility
- Alignment with others’ goals
- Evidence-based/done in other PQCs

Of the proposed initiatives, hypertension reduction was ranked highest across most of the five categories and was thus selected as the 2020-2021 initiative for the NSDPQC.
Organization of PQC

• Executive body
  – Planning/Vision
  – Direction
  – Steering committee
    • Outreach committee
      – Recruiting hospitals
      – Public face
      – Chair
    • Data committee
      – Chair
      – Work with university (Aaron)
    • Change committee
      – Chair
      – Dev. Change package
      – Updates to best practice

• Stakeholders
  – Public health department
    • ND
    • SD
    • Indian health services
  – LHA from ND and SD
  – Tribal bodies/leaders
  – Vital Statistics
  – Journalism/PR experience to advise on public facing aspect of the work
  – Home visiting
  – Doulas/perinatal health works
  – Community health workers
  – Payers
  – Patient representation ND/SD
  – ACOG, AAP, professional organizations
  – WIC/DCFS (child protection/CPS)
  – Epidemiologist
  – State Perinatal Association
By March 2021, the NSDPQC will improve identification and timely treatment of severe hypertension in pregnant and postpartum women through:

1. Public education campaign about hypertension warning signs
2. Implementing best practices related to hypertension management in critical access hospitals and emergency departments

**Driver Diagram: NSDPQC**

- **Communication**
  - providers
  - patients
  - Family members
  - general public

- **Reliable clinical processes**
  - assure readiness
  - improve recognition and prevention
  - understand & reduce variation in response
  - eliminate waste

- **Provider engagement**
  - reduce variation in reporting
  - change the work environment
  - improve workflow
  - increase awareness

- **Patient Advocacy and Equity**
  - Include patients in decision making process
  - increase access to care
  - Improve cultural competence
NSDPQC 2020 to 2021

- Covid-19
- Summer 2020
- IHI Breakthrough Series
- Planning meetings
- NDDoH grant - Office of Minority Health, Dept HHS
- HTN initiative
- Update meeting
During our 12 week pilot project:
- We held four 2-3 hour learning sessions
- 5 participating hospitals
- 20-30 participants attend each learning session.

Covered topics:
- Quality improvement science
- Practice management standards
- Health equity
- Facts and myths of treating hypertension and preeclampsia
- Support strategies, overcoming barriers, getting buy in and creating ownership throughout the facility.
NSDPQC 2021-Present

- The project focused on utilizing the PDSA cycle to test change
  - Guest speakers from LaPQC (Amy Ladley and Kerrie Redmond)
  - Faculty and members of the NDSPQC leadership team

- During each learning session each facility was given the opportunity to share what changes that were testing, progress they were making and barriers they were running into

- This lead to great discussions between participants fostering the “all teach, all learn” structure
NSDPQC 2021-Present

- NDDoH offered Blood Pressure Protocol Training via Zoom
- Developed between the NDDoH and BC/BS
- Between the five hospitals, 253 registered for the training and 198 attended (78%) - similar to the attendance rate of the other trainings they have offered in the past
- 78% of attendees indicated they will make a change due to the knowledge gained during the training
NSDPQC 2020-2021 Planning

- Alicia Belay
- Amy Burke
- Collette Lessard
- Peter Van Eerden
- Ashley Briggs
- Ana Tobiasz
- Aaron Hunt

- Stephanie DeCoteau
- Molly Uluave
- Elizabeth Pihlaja
- Morgan Barnes
- Yuri Bonilla
- Elizabeth Pehl
- Tiffany Knauf
“Coming together is a beginning; keeping together is progress; working together is success.”
- HENRY FORD
VIDEO

▶ https://youtu.be/yRgAF5MQ5LE
Goals and Purpose of NSDPQC

Collette Lessard, MD FACOG

Altru Health System Grand Forks
Goals and Purpose

- Goal of all states having Perinatal Quality Collaboratives
  - NSDPQC is a multistate network that brings healthcare professionals together from various healthcare systems with the same united goal
    - Identifying opportunities for improvement
    - Rapid improvement processes to reduce severe pregnancy complications
    - Rapid dissemination of best practices
    - Implementation of effective initiatives to improve outcomes for pregnant women & newborns

- Rising maternal morbidities and mortalities in the United States
  - Hypertensive conditions in pregnancy account for ~16% of cases of maternal mortality in the United States
    - Approximately 60% of hypertension related mortalities are preventable if identified & treated appropriately

Altru Health Systems, Grand Forks
AIM Statement

By September 27, 2022, participating teams will optimize blood pressure measurement technique amongst staff and improve education on severe hypertension warning signs in pregnancy and postpartum

Protocols for improving identification and treatment of hypertension in pregnancy and postpartum has not been standardized in North and South Dakota

GOALS

- Increase patient KNOWLEDGE - in pregnancy and postpartum periods
- Implement standardized processes to ensure EARLY POSTPARTUM FOLLOW-UP
- Improve consistency with PROPER BLOOD PRESSURE MEASUREMENT
Project Description

- Design and implement process improvement amongst OB departments in North and South Dakota (aka ALL OF YOU HERE 😊)
  - The FOCUS is on identification and treatment of severe hypertension in pregnancy and up to 12 weeks postpartum
- Quality improvement science will be utilized to develop process improvement in these 3 areas
  - PATIENT EDUCATION
  - STAFF TRAINING FOR CONSISTENT & PROPER BP MEASUREMENT
  - EARLY POSTPARTUM FOLLOW-UP VISITS FOR WOMEN WITH HYPERTENSIVE CONDITIONS IN PREGNANCY
    - Gestational hypertension, chronic hypertension, preeclampsia
What Changes Can We Make That Will Result in Improvement?

- Best practices with quality improvement science have been to focus on small, quick processes that can be rapidly changed and lead to improvement.

- The first steps in improving hypertension identification:
  - Proper blood pressure measurement
    - i.e. standardized training for all staff
    - Annual updates/refreshers
    - Inpatient and outpatient staff
  - Patient education
    - Review hospital discharge education - what can be improved?
    - Are patients consistently receiving education about hypertensive warning signs in pregnancy?
  - Consistent early follow-up for hypertensive patients
    - What is optimal f/u after discharge?
    - How do we ensure every patient has appropriate f/u?
    - Home BP monitoring?
Potential Challenges and Barriers

- Measuring quality improvement in BP measurement
- "Buy in" from all staff and members of the healthcare team & from admin
- Staff resources and time constraints for data review?
- Keeping on task and focus within the boundaries of our objectives
- Having culturally appropriate education options for patients and options for multiple languages
- Sustainability
Benefits

- Improving health outcomes for women and families in North and South Dakota
- Being leaders in best practice for obstetrics
- Collaboration and networking
  - Avoid “reinventing the wheel”
- Decreasing severe maternal morbidity and mortality in the Dakotas
  - I’m listening. Every mom. Every time.
- The Centers for Medicare and Medicaid Services (CMS) finalized the inclusion of the new Maternal Morbidity Structural Measure in the Hospital Inpatient Quality Reporting Program
  - New measure looking at which hospitals are participating in PQC & implementing safety practices as part of quality improvement initiatives

Altru Health Systems, Grand Forks
1. Patient Education

<table>
<thead>
<tr>
<th>Key focus of change</th>
<th>Description of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients can identify warning signs for hypertension and preeclampsia and can take appropriate action</td>
<td>Provide consistent hypertension and preeclampsia education to patients during pregnancy and upon discharge. Approximately 5-8% of pregnancies are affected by preeclampsia each year. Patients are the first line of defense with early recognition and reporting of symptoms of hypertension and preeclampsia.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Possible tools, strategies, and considerations</th>
<th>Description</th>
<th>Entity/individual/method for obtaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools</td>
<td>Pamphlets, videos</td>
<td>NSDPQG team will create and disseminate</td>
</tr>
<tr>
<td>Considerations for tools</td>
<td>Cultural appropriateness, language level</td>
<td>Tribal Nations Research group to review and consider content with tribes in focus groups</td>
</tr>
<tr>
<td>Possible strategies Required</td>
<td>Medical personnel involved in patient care need access to materials, provision of education must be integrated into current patient protocols</td>
<td>Individual pilot facilities to determine how to disseminate to medical personnel</td>
</tr>
</tbody>
</table>
## 2. Proper Blood Pressure Measurement

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Accurately identify patients with hypertension in pregnancy or postpartum</td>
<td>Ensure staff are trained in proper blood pressure measurement in pregnancy and following the proper procedure every time a blood pressure is measured.</td>
</tr>
</tbody>
</table>

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<th>Entity/individual/method for obtaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools</td>
<td>NDDoH Blood Pressure Protocol Training Program</td>
<td>NDDoH and BCBS of ND to proctor trainings and disseminate CE credits for RNs</td>
</tr>
<tr>
<td>Considerations for tools</td>
<td>Need to be applicable to all staff measuring blood pressure – nurses, CNAs, MAs</td>
<td>NSDPQC to be clear about who is to be included in the trainings</td>
</tr>
<tr>
<td>Possible strategies Required</td>
<td>Participating sites will have opportunity for staff to attend training program facilitated by NDDoH hypertension lead (Tiffany Knauf)</td>
<td>NDDoH leadership for trainings, with NSDPQC assisting to ensure appropriate personnel are included in the training.</td>
</tr>
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</table>
# 3. Early Follow up for Women with Hypertension During Pregnancy or Postpartum

<table>
<thead>
<tr>
<th>Key focus of change</th>
<th>Description of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients have appropriate postpartum follow up after discharge</td>
<td>Per the American College of Obstetricians &amp; Gynecologists “Optimizing Postpartum Care” practice bulletin, “Substantial morbidity occurs in the early postpartum period; more than one half of pregnancy-related maternal deaths occur after the birth of the infant. Blood pressure evaluation is recommended for women with hypertensive disorders of pregnancy no later than 7–10 days postpartum, and women with severe hypertension should be seen within 72 hours; other experts have recommended follow-up at 3–5 days. Such assessment is critical given that more than one half of postpartum strokes occur within 10 days of discharge. Ensure protocols are in place for pregnant women with or at risk for hypertension postpartum to have follow up in the recommended window within one week of delivery.”</td>
</tr>
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<th>Description</th>
<th>Entity/individual/method for obtaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools</td>
<td>NSDPQC website, see links</td>
<td>NSDPQC to review links and highlight best practice and JC requirements</td>
</tr>
</tbody>
</table>
Best Practice Review: Patient Education and Postpartum Follow Up

Ashely Briggs, MD
FACOG
Sanford Health Sioux Falls
HTN Education During Pregnancy

- Less likely to seek care if they do not understand the signs & symptoms of preeclampsia
- When diagnosed and receive timely and proper monitoring have fewer adverse events than those with delayed diagnosis
- Many clinicians and patients are unaware that preeclampsia can either occur or persist following delivery
- Postpartum hypertension includes an initial decrease in BP within 48 hours but BP rises again between 3-6 days postpartum
- Can occur up to 6 weeks postpartum
- Only 33% of women sought care for their symptoms
HTN Education During Pregnancy

- HTN, anxiety, being overweight and obesity are significantly associated with pregnancy related HTN
- Kidney disease can increase the rate of preeclampsia as much as 20-40%
- 60% of preeclampsia related deaths are preventable
- It is our job as healthcare providers to educate patients and their families and follow best practices

Ashley Briggs, MD FACOG   Sanford Health
HTN Education During Pregnancy

- Written list of patient symptoms
- Shared with expectant mothers and family
- At prenatal visits and upon discharge from the hospital
- A pictogram can be used
- Open-ended questions
Strategies for Effective Patient Communication

- Literacy level
- Oral and written communication
- Speak slowly
- 2 or 3 components (chunk & check)
- “Teach back”
Reasons Providers Don’t Educate Their Patients About Preeclampsia

- Not enough time
- Too much information
- Not written at a low enough grade level
- Speak Spanish
- I don’t have a budget

Ashley Briggs, MD FACOG   Sanford Health
Patient Education: Does It Really Matter?

- Patient is often the first responder
- Not obvious
- Greater compliance and reporting
- Not routinely provided
- Often not understood
“The best way to diagnose preeclampsia is to listen to your patients.”

Dr. Baha Sibai
Follow-up After Discharge

- Video education
- Diagnosis of preeclampsia and on medication - postpartum visit within 1 week
- Diagnosis of preeclampsia and NOT on medication - postpartum visit within 2 weeks
- A postpartum clinic visit should be established prior to discharge
- Monitor their BP at home and call if BP >140/90
- Discharge instructions (verbal and written) should include recognition of all response to preeclampsia symptoms that nurses review these instructions with the patient and her family prior to discharge
Patient Education Videos

7 Symptoms Every Pregnant Woman Should Know

Ask About Aspirin

Postpartum Preeclampsia

Ashley Briggs, MD FACOG   Sanford Health
DISCHARGE INSTRUCTIONS FOLLOWING DELIVERY OF BABY
PREECLAMPSIA

During your hospitalization, you have been treated for preeclampsia or HELLP syndrome. Preeclampsia is a problem that can occur in the late stages of pregnancy and even during the first few weeks postpartum (after delivery of your baby), and causes high blood pressure, protein in the urine and sometimes other symptoms such as headaches, blurred vision, breathlessness, and swelling of the hands or face. In the past, it has been called "toxemia" or "pregnancy-induced hypertension". HELLP syndrome is a variation of preeclampsia that directly affects your liver and blood platelets.

Preeclampsia can be mild or severe. If it isn’t treated, preeclampsia can turn into a serious problem called "eclampsia" in which seizures occur.

When you go home, follow these instructions:
• Keep follow-up appointments with your doctor. These may be very frequent and are very important for your health.
• Take all medications prescribed for you exactly as ordered.
• Weigh yourself at the same time each day. Write down your weight and take this record with you to your doctor visits.
• If ordered by your doctor, monitor your blood pressure at home.
• Ask your doctor if you need to check your urine at home for protein.
• Eat a healthy, balanced diet. Your doctor will tell you if you need to follow any special restrictions in what you eat.
• Don’t smoke.
• Don’t drink alcohol or use any drugs not prescribed to you.
• Ask your doctor before taking any medications that he or she didn’t prescribe for you. This includes any over-the-counter medications.
Call your doctor if:

- Your blood pressure is greater than _________ systolic (the top or first number).
- Your blood pressure is greater than _________ diastolic (the bottom or second number).
- You have a severe headache or dizziness.
- You have any headache that is not relieved with Tylenol or ibuprofen (e.g., Advil™, Motrin™).
- You have pain in your belly, especially the right upper area below your ribs.
- You have blurry or double vision, see spots or auras.
- Your swelling is worse.
- You gain more than 3 pounds in 3 days.
- You have serious difficulty catching your breath.
- You have any new or unusual symptoms.
- You have any questions or concerns.

If you have any of the above symptoms, call [phone number] immediately. If you are unable to reach your physician you need to go to the emergency room for evaluation. Be sure to tell them you just had a baby and you had preeclampsia.
Discharge Information for Patients with Diagnosis of Preeclampsia, HELLP Syndrome or Eclampsia

Your Medications include the following:
1) __________________ To be taken every ___ hours.
2) __________________ To be taken every ___ hours.
3) __________________ To be taken every ___ hours.

Your postpartum follow-up appointment has been made with Dr. __________ in _____ days.
Date: _________________ Time: __________________

You have been instructed to check your blood pressure at home daily: Yes ___ No ___

Call your healthcare provider: __________________ Phone Number: __________________

if your blood pressure is greater than ________ systolic (top number)
and/or
If your blood pressure is greater than ________ diastolic (bottom number)

Call your healthcare provider if:
• Your temperature is greater than 100.4.
• Your bleeding is greater than a heavy menses.
• You have any headache that is not relieved with Tylenol® or ibuprofen (e.g., Advil®, Motrin®).
• You have pain in your belly, especially the upper area below your ribs.
• You have blurry or double vision, see spots or flashing lights.
• Your swelling is worse.
• You gain more than 3 pounds in 3 days.
• You have serious difficulty catching your breath.
• You have any new or unusual symptoms.
• You have any questions or concerns.
HTN Education During Postpartum

- Preeclampsia symptoms can be conveyed via a pictorial information sheet
- This is available from the Preeclampsia Foundation - Signs and Symptoms Information Sheet
Summary

- Prenatal and postpartum patient education about preeclampsia is recommended for timely diagnosis and improved outcomes, supported by ACOG guidelines
- Ensure comprehension; use proven techniques
  - Chunk & Check
  - Teach back
  - Illustrated symptoms tear pads
- Women want/need this information!

Ashley Briggs, MD FACOG  Sanford Health
Steps for proper blood pressure assessment—Equipment

- Mercury sphygmomanometer is gold standard or validated automated equipment
  - Automated cuffs underestimate readings by 10mm Hg
- Check cuff for defaults
- Obtain correct cuff size (see next slide)
  - Measure circumference at mid-point of upper arm
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<thead>
<tr>
<th>Arm Circumference (cm)</th>
<th>Cuff Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-26</td>
<td>“Small Adult”: 12x22cm</td>
</tr>
<tr>
<td>27-34</td>
<td>“Adult”: 16x30cm</td>
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<tr>
<td>35-44</td>
<td>“Large Adult”: 16x36cm</td>
</tr>
<tr>
<td>45-52</td>
<td>“Adult Thigh”: 16x42cm</td>
</tr>
</tbody>
</table>

Photo credit: CMQCC Preeclampsia toolkit
Steps for Proper Blood pressure assessment: Patient preparation

- Sitting or semi-reclining position
- Supported back
- Arm at heart level
- Patient to sit quietly for 5 minutes
- Cuff placed on bare skin with no clothing under the cuff
- Feet should be flat on the floor
  - No dangling
  - Uncrossed
- Ask about recent caffeine, tobacco use, or exercise
  - Any positive answers should not delay treatment if severe
- Ensure patient does not have a full bladder
  - Can increase blood pressure reading by 10-15mm Hg
Steps for proper blood pressure assessment: Taking the measurement

- Arm supported at heart level
- Bladder of the cuff placed over the brachial artery and lower edge of cuff 2-3 cm above the antecubital fossa
- Auscultatory measurements:
  - First audible sound (Kortokoff I) is the systolic reading
  - Disappearance of sound (Kortokoff V) is the diastolic reading
- Read to the nearest 2mm Hg
- No talking during the blood pressure assessment
- Take an additional reading in 15 minutes if elevated
- Highest of two blood pressures is recorded
- If 140/90 or greater, an additional blood pressure in 15 minutes is recommended and further evaluation as indicated
- DO NOT REPOSITION THE CUFF TO THE OTHER SIDE TO OBTAIN A LOWER READING
Steps for proper blood pressure assessment: taking the measurement
Steps for blood pressure assessment: recording the blood pressure

- Document the blood pressure
- Document the patient position
- Document which arm the blood pressure was obtained from
- Document cuff size
QI 101: PDSA Cycles

Aaron Hunt, PhD, MPH
South Dakota State University
Quality Improvement 101

- IHI Model for Improvement

- Aim: Reduce morbidity and mortality associated with pregnancy related hypertension

- Collect data from partner sites and state level data to track improvements

- What changes can we make?
  - Might be different at each site and need local tests to see what works best
  - Use Change Packages
  - Also utilize PDSA
**Aim**

Reduce by 50% colonization and infection with MRSA by August 1.

**Primary Drivers**

- Reduce transmission of infection and colonization
- Reduce infection once colonized

**Secondary Drivers**

- Decolonization
- Screening patients
- Good hygiene
- Reliable precaution routines
- Bundles

**Change Ideas**

- Try chlorhexidine washcloths
- Test standing order for screening
- Feedback hand hygiene adherence rates
- Ensure ideal placement of sanitizer
- Incorporate adherence check on rounds
Plan, Do, Study, Act (PDSA)

- Cycle to test changes quickly to determine impact before investing too much time or energy.

- Teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn.

- Use the worksheet we sent to keep file for your organization and share results with our team.

- The PDSA projects can be shared as they may work with other facilities.

- Keep a file (either electronic or hard copy) of all PDSA cycles for all the changes your team tests.
Plan: Plan the test, including a plan for collecting data.

- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect.
Plan Example

Question: What change are you testing and what are the expected outcome

- Ex. Do random BP checks among staff improve correct measurements
- Are random checks worth the time investment?

Predictions: Random BP checks will improve staff taking correct measurements

Who, What, When, Where:

- Dr. A will randomly observe staff taking vitals in office 3 times per day for one week
- Nurse B will record any deficiencies and provide training to correct

Data Collection:

- Dr. A will record time of check, number of deficiencies and report Nurse B who will record in database and follow up with staff that need extra training.
- We will report the total number of observations and percentage of deficiencies
Do: Run the test on a small scale.
- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyze the data.
Do Example

- Describe what happened. What data did you collect? What observations did you make?

- Dr. A completes the 15 observations
  - 12 had no deficiencies
  - 3 had one or more deficiencies
    - Incorrect BP cuff used
    - Patient did not use bathroom first
    - Patient was moving too much

- Nurse B
  - Records results and offers training to staff
Study: Analyze the results and compare them to your predictions.
- Complete, as a team, if possible, your analysis of the data.
- Compare the data to your prediction.
- Summarize and reflect on what you learned.
Study Example

- Analyze the results and compare them to your predictions
- 3/15 observations had deficiencies
- Took DR. A about 1 hour to conduct checks
- The spot checks were worth the time and help improve staff ability to take correct measurements
Act: Based on what you learned from the test, make a plan for your next step.

- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don’t do another test on this change idea).
- Prepare a plan for the next PDSA.
Act Example

- Determine what modifications you should make —
  
  **Adapt, Adopt, or Abandon:**

  - **Adopt:** Based on the results we will adopt the random observations until the staff goes one week with no deficiencies

  - **Adapt:** make the observations more or less often

  - **Abandon:** if it made no change or was too time intensive
Team Work

- Begin brainstorming potential PDSA ideas
- Launch your first PDSA
- Track using provided worksheet
- Continue cycle
- Report success to other partners or departments for implementation
Long-Term Change

- **Implementing Changes**
  After testing a change on a small scale through several PDSA cycles, the team may implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

- **Spreading Changes**
  After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.
COVID Vaccination Update

- CDC is prioritizing vaccination among pregnant and breastfeeding women
  - Saw very high numbers of adverse outcomes in Aug/Sept
  - Offer to all patients in clinic if possible
  - Emphasize benefits to both mom and baby

- COVID Vaccine received approval for children -12
  - Provide information on effectiveness to reduce adverse outcomes and transmission to others
Questions
Storyboards

- Sanford Bismarck
- Brookings Health System
- Altru Grand Forks
- Sanford Fargo
- CHI St. Alexius Dickinson
- Sanford Sioux Falls
- Jamestown Regional Medical Center
- Altru Clinics Devils Lake/ CHI St. Alexius Devils Lake
- Sanford Chamberlain Medical Center
Sanford Bismarck Team

- Dr Ana Tobiasz, MFM
- Jada Shoemaker, RN—Women’s Health Director
- Bethany Bernhardt, RN—Clinical Lead
- Judy Volesky, RN—MFM nurse
- Erin O’Leary, RN—Clinic lead
- Katie Gross, RN—labor and delivery nurse
- Jodi Keller, IT
The Journey So Far

- Improve hypertension education during pregnancy
  - Information mostly provided at the individual physician preferences
  - No formal improvements yet
- Consistent BP measurement technique
  - Participated in the last perinatal quality collaborative blood pressure training
  - High nursing staff participation from both labor and delivery and women’s health/MFM clinic
- Postpartum follow up procedures
  - No formal improvements yet
  - Follow up at the discretion of the individual physician preferences
All Teach, All Learn

What aspects of your current practice are you most looking forward to sharing with others?

What aspect of your current system or practice are you most eager to change or improve?

- Standardizing postpartum hypertension follow up
- Continuing to educate nursing staff on proper blood pressure technique
- Improving patient education on hypertensive disorders
Brookings Health System
Brookings Health System Team

- Dr. Tara Haarsma, DO, FACOG
  - Attended West Virginia School of Osteopathic Medicine, Lewisburg, Medical Center
  - Residency at Doctors Hospital, Columbus, OH, Obstetrics & Gynecology
  - Medical Research & Clinical Trials
    - Integrated a structured ultrasound curriculum into OB/GYN Residency Program
  - OBGYN at Avera Specialty Clinic/ Brookings New Beginnings Birthing Center 7 years
- Team Role: Physician education, clinic & hospital policy changes
Brookings Health System Team

- Ashley Janssen, Coding Specialist
  - Brookings Health System Employee for 7 years
    - Coding special for 3 years
  - Team Role: Accurate coding of OB Hypertensive Patients
Brookings Health System Team

- Michelle Sand, RN
  - OB Nurse at New Beginnings Birth Center for 8 Years
  - OB Education Coordinator
  - Recipient of AWHONN EBP scholarship in 2019
  - SD AWHONN Chair 2020 & 2021
- Team Role: Staff education policy updates
Brookings Health System Team

- Mary Schwaegerl, RN
  - OB Director
  - Brookings Health System Employee for 39 years
    - OB Nurse for 27 years
    - OB Director for 12 years
  - SADAHO Distinguished Health Care Professional 2016
- Team Role: Project Lead
Brookings Health System Team

- Karen Weber, RN
  - ED Director
  - 35 years at BHS
    - ED RN & Nurse Supervisor 20 years
    - Medical / Surgical & ICU Director 10 years
    - ED Director 15 years
- Team Role: Staff education & policy change for postpartum patients that present in the ED
The Journey So Far

▶ 2018

▶ Hypertensive Disorders in Pregnancy Safety Bundle Implemented
  ▶ Policies and physician orders updated
    ▶ Hypertensive Algorithm book created
    ▶ OB Hypertensive emergency medication box created
  ▶ OB nurses, supervisors, and physicians educated on updated policies/orders
  ▶ SIM-SD on site
    ▶ Physicians, OB nurses & supervisors participate in Hypertension in Pregnancy Mock Codes
The Journey So Far

- 2020
  - Nurse Competencies facility wide
    - Proper BP Measurement technique
    - OB Hypertensive in Pregnancy & Postpartum Early warning signs review
  - Hypertensive Disorders in Pregnancy education done by OB staff every 2 years & on orientation
  - AWHONN Post birth Warning Signs education and flyer given to patient on discharge
The Journey So Far

- Postpartum follow up procedures
  - All OB patients are seen 2 days post discharge for follow up screen on the OB unit which consists of mother/baby well exam
    - Physician contacted with any abnormal assessment
  - Patients identified with a history of hypertension in pregnancy and/or postpartum are also scheduled for a BP recheck at the clinic 1 week after hospital discharge.
What aspects of your current practice are you most looking forward to sharing with others?

- Postpartum visit 2 days post discharge on OB unit
  - Screen allows us to catch postpartum hypertensive disorders
All Teach, All Learn

What aspect of your current system or practice are you most eager to change or improve?

- Improved Data collection
  - Accurate Coding OB patients while in hospital
  - Automated data extracted from Meditech Expanse data
- Development of a sustainable facility wide Care of Hypertension in Pregnancy and Postpartum staff training program
- Ultimate goal - improve maternal and newborn outcomes in our community
The Journey So Far

- Please describe your prior improvement efforts, if any, in the following areas:
  - Improve hypertension education during pregnancy
    - Hypertensive take home information available in clinic
    - Triage discharge education now includes hypertensive education
    - Home blood pressure monitoring program available
  - Consistent BP measurement technique
    - Staff trained in proper techniques for clinic and inpatient staff, audits completed
    - Arm circumference measured at initial OB, 28 weeks, and inpatient, denoted in chart with proper cuff size
  - Postpartum follow up procedures
    - Postpartum discharge instructions now include hypertensive education
All Teach, All Learn

- What aspects of your current practice are you most looking forward to sharing with others?
  - Implementation of hypertensive information on triage and postpartum discharge instructions
  - Blood pressure measurement training and audits
- What aspect of your current system or practice are you most eager to change or improve?
  - Update Mom Baby handbook
Sanford Health Fargo
CHI St. Alexius Dickinson Medical Center
CHI St. Alexius Health
Dickinson Medical Center

MY TEAM

- Heather Quass, BSN RN- Director of Obstetrics  (L&D, PP, Level II nursery)
- Dr. Erica Hofland, MD- OBGYN
- Dr. Craig Wolf, MD- OBGYN
The Journey So Far

- Hypertension disorders in pregnancy/postpartum education to providers & nurses.
  - OB and ED providers
- Monthly chart audits on all HTN disorders in pregnancy and postpartum (Audit tool developed by the CHI Women & infants clinical institute.
  - Completed by OB and ED nurse leads
  - Brought to OB & ED providers directly monthly, quarterly to all providers to share any fallouts, successes, & process changes.
- Developed Policy: specific to Care & Treatment of Hypertensive Disorders.
All Teach, All Learn

- What aspects of your current practice are you most looking forward to sharing with others?
  - Our Policy
  - Data
  - What barriers we overcame with educating staff and providers

- What aspect of your current system or practice are you most eager to change or improve?
  - Improve on providing the same care whether patient presents to OB or to the ED for hypertensive disorders.
  - Improve on the ED providers/nurses to identify hypertensive disorder symptoms and trigger them to follow the outlined treatment.
Sanford Health Sioux Falls
Sanford Health Sioux Falls

- Katie Kopp, MBA, BSN-RN (14 years) Inpatient Director of Nursing, Birth Place
- Cindy Wiles, BSN, RN-IP OB (37 years) Clinical Manager HROB, Triage, L&D
- Jeri Nelson, BSN, RNC - Maternal Newborn, CBC (35 years) Clinical Manager Newborn Nursery and Postpartum
- Margaret Kropuenske, MSN, RN, AMB-BC (30 years) Clinic Director, Women’s Specialty Clinics
- Karen Story, BSN, RN, AMB-BC (21 years) Nursing Supervisor, Maternal Fetal Medicine & Female Pelvic Medicine
- Sarah Bruns, MSN, RN, AMB-BC (13 years) Director of Clinic Operations - Women’s Health Medical Bldg 3, Women’s Plaza, 32nd and Ellis and Midtown
- Jessica Johnson, BSN, RN - (19 years) Nursing Ambulatory Supervisor - Women’s Health Medical Bldg 3 and Midtown
- Camille Moser, BSN, RN - (14 years) Nursing Ambulatory Supervisor - Women's Health Medical Bldg 3
The Journey So Far

- **Improve hypertension education during pregnancy**
  - Modeled AWHONN’s post birth warning signs for our Sanford specific patient education on hypertension.
  - We added patient education to inpatient teaching so teaching starts early on

- **Consistent BP measurement technique**
  - Incorporating skills check off and simulation for RNs and Patient Care Tech 'creating consistency in measuring patient’s blood pressure across the continuum.
    - Focus on patient positioning
    - Focus on appropriate blood pressure cuff size
The Journey So Far

- **Postpartum follow up procedures**
  - Adding the pre-checked patient follow up on the hypertension orderset.
  - Adjusting the blood pressure parameters and when to call a provider to try and treat and intervene earlier.
  - Modeling our internal patient education around AWHONN’s post birth warning signs.
  - Recent review and modification to our hypertension orderset, changed parameters and ease of following for nursing team.
  - Made a patient education topic to educate patients while inpatient on signs and symptoms to watch for.
  - Adding appropriate PO medications to all Accudose on post partum for ease of access.
  - Added columns to our internal patient assignment sheet on post partum to identify patients who need a weight, I&O’s, and who are being treated for hypertension. We communicate this at change of shift huddle.
All Teach, All Learn

- What aspects of your current practice are you most looking forward to sharing with others?
  - Modeling our patient education after AWHONN's post birth warning signs
  - Ability to individualize patient’s care plan and modify per patient’s needs

- What aspect of your current system or practice are you most eager to change or improve?
  - Streamline through out pregnancy journey
  - Home BP cuff teaching
  - Virtual access to patient education
  - Continuing to partner with clinic to understand their workflows and education
Jamestown Regional Medical Center

Dr. Rachel Wanzek
Family Practice Physician
Sanford Health
4 years

Makenzie Breitbach, FNP
Nurse Practitioner
JRMC
6 years

Jenna Bredahl, RN
Quality and Risk Manager
JRMC
21 years

Dr. Gregg McAdoo
OB/GYN
JRMC
1 year

Emily Woodley, RN
Family BirthPlace Manager
JRMC
21 years
The Journey So Far

- Developed guideline “Triage of Pregnant/Postpartum Patients in the ED
  - Focuses on pre-eclamptic symptoms, BP ranges, management & treatment

- Family Practice OB Fellowship Physician presented in-service for OB & ED staff on Hypertensive Disorders in Pregnancy

- Postpartum patients follow up within 2-14 days if hypertension noted depending on situation

- Routine postpartum patients follow up at 8 weeks
All Teach, All Learn

- The work that has been done to develop triage guidelines and educate more than OB within in the hospital
- Education handout for postpartum patients on signs & symptoms to watch for and when to return for care

- Practice of ensuring blood pressures are measured consistently, especially between clinic and hospital
- Postpartum Protocol for care after delivery & at time of discharge
Altru Clinic Devils Lake/CHI St. Alexius Devils Lake

- Dr. Stephanie Foughty (FMOB)
- Dr. Nicole Samson (FMOB)
- Dr. Derek Wayman (FMOB)
- Dr. Candelaria Martin (FMOB)

*More team members to follow*
Previous QI Activities

- Asthma QI project to improve Asthma Action plan access for pediatric patients
- Going to be working with University of Mary NP students in the upcoming months for improving screening for substance abuse
Sanford Chamberlain Medical Center
Sanford Chamberlain Medical Center

Alexandra Chase, DO  
Family Medicine  
Team Lead

Christy Graves  
QMI Manager  
IT/Data

Lauren Knippling  
Clinical Care Leader  
RN Champion

Cynthia Davis, MD  
OB/GYN  
Team Lead

Michelle Schelske  
OB/OR Manager  
Policy/Procedure

Jaimee Speckels  
RN Champion

Karen Powell  
RN Champion
The Journey So Far

- No current QI focus on identifying or treating HTN in pregnancy
All Teach, All Learn

What we look most forward to implementing:

- Patient education on hypertension during pregnancy
- Postpartum follow up policy for hypertensive disorders identified during pregnancy
Hypertension Education
Accuracy in Measurement of Blood Pressure

Tiffany Knauf, Health Systems and Hypertension Coordinator
North Dakota Department of Health
Blood Pressure Protocol Training

- Training developed in 2016 by Pat Spier and Barb Rice (BlueCross BlueShield)
- Created in conjunction with the ND Million Hearts Program, and in collaboration with the ND Department of Health.
- Over 2,300 medical and allied health professionals have attended.
- Evaluations indicate that over 92% of attendees were taking blood inaccurately and WILL make a change to their process.
- Converted to a recorded training in 2020 (pre-pandemic) - but is now able to be offered virtually.
Blood Pressure Protocol Training

Objectives:
1. Identify prevalence of Hypertension in ND
2. Explain why accuracy in measurement of blood pressure is critical
3. Identify lifestyle recommendations to lower blood pressure
4. Recommend tools for education, workflows & review approved community-based protocol
5. Demonstrate proper sizing of BP cuffs and demonstrate proper technique for taking blood pressure in an ambulatory setting
6. Discuss alternate blood pressure measurement sites
Blood Pressure Protocol Training

**Competencies**

1. Patient is seated with back supported.
2. Patient’s legs are not crossed.
3. Patient’s arm is bare – and cuff is not placed over clothing.
4. Patient and nurse are not talking immediately before or during blood pressure screening.
5. Patient was able to sit for 1 to 5 minutes prior to blood pressure screening.
6. If blood pressure was elevated:
   1. Patient and nurse discussed any factors that could falsely elevate blood pressure, such as, coffee, exercise, or smoking in the last 30 minutes.
   2. Patient is allowed to rest, and blood pressure is retaken 1-5 minutes after initial elevated reading.
Pilot Training Data: (May 2021)

Total Attended: 198 – across 5 pilot locations

- Did the training **CHANGE** how they take a BP?
  - 78% of attendees indicated they will **MAKE A CHANGE** due to the knowledge gained during the training.
  - **Specifically, they listed:**
    - Cuff size: 34
    - Patient positioning: 32
    - Not talking to patient during BP: 16
    - Cuff over clothing: 11
    - Ensuring empty bladder: 7
Blood Pressure Protocol Training

Virtual Training Dates:
1. Tuesday, Nov. 30th – noon to 1pm
2. Thursday, Dec. 2nd – noon to 1pm
3. Tuesday, Dec. 9th – noon to 1pm
4. Wed., Dec. 10th – 8am – 9am

- 1 free ND Board of Nursing CE will be supplied.
- Participants are asked to complete a pre-test, post-test and evaluation.
- Registration is REQUIRED.
- Goal: all staff implementing the NSDPQC program attend.
Blood Pressure Protocol Training

Next Steps:
1. One point person from your facility to send training advertisement and registration link.
2. I will send updated lists for your facility to ensure all staff are registered and attend.
Blood Pressure Protocol Training

Any Questions?

Tiffany R. Knauf, MA
Health Systems/Hypertension Coordinator
North Dakota Department of Health
701.328.2333
tknauf@nd.gov
Data Toolkit and Next Steps

Morgan Barnes
NSDPQC Coordinator
Data Toolkit

- Pilot Project Feedback and Adaptations
- Simplify data tracking and reporting
- For internal use only!
## Data Toolkit

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<td>Microsoft Word Doc</td>
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<td>Report to NSDPQC</td>
<td>8/18/2021 11:24 AM</td>
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<tr>
<td>Driver Diagram and Goal Setting</td>
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<td>File folder</td>
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<tr>
<td>Data Collection and Trends</td>
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Driver Diagram and Goal Setting
# Data Collection and Trends

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<td>174 KB</td>
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<td>Microsoft Excel Workbook</td>
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<td>Microsoft Excel Workbook</td>
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</table>
BP Checklist PDF and BP Screening Competency Tracker

1. BP Checklist

- A. Patient has empty bladder
- B. Patient was able to sit for 1-5 prior to screening
- C. Patient and nurse are not talking immediately before or during BP screening
- D. Patient is seated or semi-reclined, with back supported and arm at heart level
- E. Patient legs are not crossed, feet are not dangling from bed or exam table
- F. Appropriate cuff size used based on upper arm circumference
- G. Patient arm is bare
- H. Measure taken at midpoint of upper arm
- I. BP, patient position, and cuff size documented

Blood Pressure Screening Competency Report

<table>
<thead>
<tr>
<th>Competency</th>
<th>A</th>
<th>B</th>
<th>C</th>
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<tbody>
<tr>
<td>Observation</td>
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Compliance % 0%

Instructions: Randomly observe 10 blood pressure measurements done by staff that has been trained on proper blood pressure measurement technique using the BP Checklist printable PDF. Transfer the findings from the BP Checklist PDF to this chart to calculate the Compliance Percentage (10 observations monthly). For each competency met, put a 1 in the corresponding box. For competencies not met, leave blank or put 0. Copy the Compliance % number (automatically calculated at the bottom) in the NDSQPC Quality Improvement Tracker as well as in the %BP Compliance sheet in the Run Charts and Trends Excel document, ‘%BP Compliance’ sheet.
NSDPQC Quality Improvement Tracker

<table>
<thead>
<tr>
<th>NSDPQC Quality Improvement Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Staff in Unit: 100</td>
</tr>
<tr>
<td># of Staff Trained: BP: 60</td>
</tr>
<tr>
<td>% of staff trained: 60%</td>
</tr>
<tr>
<td>Blood Pressure Compliance %</td>
</tr>
<tr>
<td>(Calculated in the Blood Pressure</td>
</tr>
<tr>
<td>Screening Competency Report): 71%</td>
</tr>
<tr>
<td>Total Number of Deliveries for the Month: 1000</td>
</tr>
<tr>
<td>Total Number of Postpartum Hypertension/Preeclampsia Deliveries for the Month: 50</td>
</tr>
<tr>
<td>% of Hypertension Deliveries: 5%</td>
</tr>
<tr>
<td>Number of Hypertension Deliveries Discharged with Proper Follow-Up Appointment: 28</td>
</tr>
<tr>
<td>% of Hypertension Deliveries Discharged with Proper Follow-Up with 7 days: 56%</td>
</tr>
<tr>
<td>Education Criteria: (fill in with a 1 for each requirement met): 50%</td>
</tr>
<tr>
<td>24 Week Appointment (clinic only): 1</td>
</tr>
<tr>
<td>Discharge Education (hospital only): 0</td>
</tr>
<tr>
<td>3-day Reminder (ex. EMR, phone call): 0</td>
</tr>
<tr>
<td>% of Education Criteria Met: 50%</td>
</tr>
</tbody>
</table>
Run Charts and Trends

<table>
<thead>
<tr>
<th>Date</th>
<th>% of Staff Trained</th>
<th>NEDPOQ: Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-21</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oct-21</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Nov-21</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Dec-21</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Jan-22</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Feb-22</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Mar-22</td>
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<td>100%</td>
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<tr>
<td>Apr-22</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>May-22</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Jun-22</td>
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<td>Jul-22</td>
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<tr>
<td>Aug-22</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sep-22</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Percentage of Staff Trained

% Trained Staff | %HIV, Compliance | %HIV, Births | %HIV, Births with LU | Education | (G)
# Report to the NSDPQC

North & South Dakota Perinatal Quality Collaborative
Quarterly Narrative Report

Use the monthly measures from the NSDPQC Quality Improvement Tracker and Run Charts and Trends to answer the following questions and report on the progress made in the past quarter.

**Percentage of Staff Trained:**

1. Your facility observed an increase in the % of staff trained in the NSDPQC Blood Pressure Training.
2. Did you meet the NSDPQC Goal set for the ‘Percentage of Staff Trained’?
   - [ ] Yes
   - [ ] No
3. If not, what measures need to be taken to reach the goal?
4. What barriers, if any, do you face regarding ‘Percentage of Staff Trained’?
5. What success has your team achieved in the past quarter regarding ‘Percentage of Staff Trained’?

**Blood Pressure Compliance Percentage:**

1. Your facility observed an increase in the blood pressure compliance percentage.
2. Did you meet the NSDPQC Goal set for the ‘Blood Pressure Compliance Percentage’?
   - [ ] Yes
   - [ ] No
3. If not, what measures need to be taken to reach the goal?
4. What barriers, if any, do you face regarding ‘Blood Pressure Compliance’?
Next Steps

- Download Toolkit
- Meet as a team!
  - Discuss focus for the next quarter and outline goals using the 30/60/90 day goal worksheet, and PDSA worksheet.
- Review facility IRB requirements, may be able to obtain waiver since this is quality improvement work
- Begin your quality improvement work
- Contact me for any questions or additional support
Download the Toolkit!

- Go to nsdpqc.org
  - Click on “Participating Facilities”
Download the Toolkit cont.

- Click on the “Toolkit” button
- Zip File through Google Drive will open
- Download from this screen and then save!
Regular multi-platform Posts

Linked social media platforms to allow cohesive messaging

- Instagram: nsd.pqc
- Facebook: NSDPQC (shown here)
- NSDPQC.org
- Twitter (coming soon)
Ideas Coming

- Monthly awareness topics
- Share our NSDPQC accomplishments and our person lives - Morgan’s Family Halloween photo
- “Hear Her” stories that relate to our goals
  - Allyson Felix’s battle with severe preeclampsia
- Mental Health and Whole-Body Health Resources
- Mom Moments: #momlife “I hide my cookies, so I don’t have to share with my kids”
Q&A