

WisPQC Severe Maternal Hypertension Key Driver Diagram

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	Secondary Drivers	Change Ideas
<p>Unit policy/ procedure for maternal hypertension.</p>	<ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • 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.

	hypertensive emergencies, eclampsia and postpartum presentation of severe hypertension/preeclampsia.	
Integrating maternal hypertension documentation into Electronic Health Records.	<ol style="list-style-type: none"> 1. Adopt a standard process for the measurement, assessment and documentation in the medical record of BP for all pregnant and postpartum women. 2. Adopt standard diagnostic criteria, monitoring and treatment for severe hypertension, preeclampsia, and eclampsia to include order sets, algorithms and documentation. 3. Adopt documentation plan for follow-up plan for blood pressure check for women with SHTN. 	<ul style="list-style-type: none"> • 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) • Implement standard documentation for follow up plan for blood pressure check.
Hypertension education for <u>all</u> delivering patients at time of discharge.	<ol style="list-style-type: none"> 1. Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of preeclampsia and severe hypertension 	<ul style="list-style-type: none"> • Investigate resources for patient education by including a woman on the design team. (Preeclampsia Foundation tools)
Support for patients, family and staff related to severe hypertension cases.	<ol style="list-style-type: none"> 1. Staff education and drills. 2. Support plan for patients, families and staff for ICU admissions and serious complications of severe hypertension. 	<ul style="list-style-type: none"> • Unit education on protocols and unit-based drills (with post-drill debriefs). • Include patients in development of support plans for patients/ families.
Debriefs and multidisciplinary case reviews for cases of maternal severe hypertension.	<ol style="list-style-type: none"> 1. Adopt a standard process for multidisciplinary case reviews for severe hypertension. 2. Adopt a standard process for high-risk huddles for patients experiencing severe hypertension. 3. Adopt a standard process for unit wide de-briefs following cases of severe hypertension. 	<ul style="list-style-type: none"> • PDSA case review processes. • Document problem areas and confirm best practices. Post for all staff to see results of debrief/ case reviews. • Identify nursing & medical champions to test huddle implementation • Choose a simple debrief tool and test it before implementing. • Document problem areas and confirm best practices. Post for all staff to see results of debrief/ case reviews.