

2024 South Carolina Birth Outcomes Symposium

SC AIM Update: Severe Hypertension in Pregnancy Safety Bundle Journey

Michelle Flanagan, BSN, RNC



What we said we had planned a year ago:



Pre-Implementation Survey

- ▶ Areas of Need
- ▶ Known Barriers to Implementation
- ▶ Education Needs



Data Components



Webinar/Meetings



Tools & Resource Development

Pre-Implementation Survey

- Areas of Need
- Known Barriers to Implementation
- Education Needs



Survey Highlights

All 14 respondents – Yes there is a Severe HTN protocol in place with about ½ aligning with the current AIM Bundle

8. Readiness - My facility has the following components as part of the Severe HTN bundle

[More Details](#)

■ yes, Fully ■ yes, partially ■ No ■ Unsure

Maternal Early Warning Signs built into charting system specific for elevated blood pressure

Diagnostic criteria for severe Hypertension

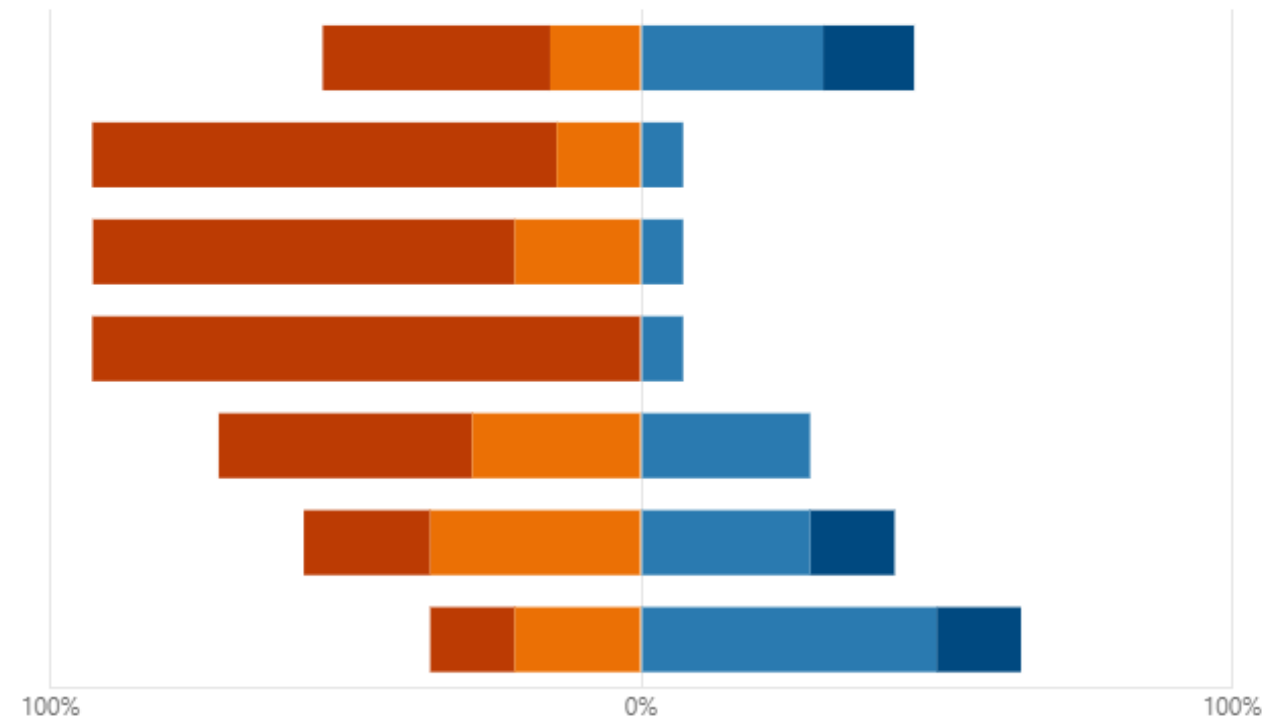
Monitoring and treatment of severe Preeclampsia/Eclampsia to include order sets & algorithms

Rapid access to medication for severe HTN/Eclampsia

Interprofessional and interdepartmental team-based drills with debriefs

Referral resources and communication pathways between OB provider, community, & public health to support pregnant & postpartum families

trauma informed protocols & provider education to address health care team member biases to enhance equitable care



Survey Highlights

All 14 respondents – Yes there is a Severe HTN protocol in place with about ½ aligning with the current AIM Bundle

9. Recognition & Prevention - My facility has the following components as part of the Severe HTN bundle

[More Details](#)

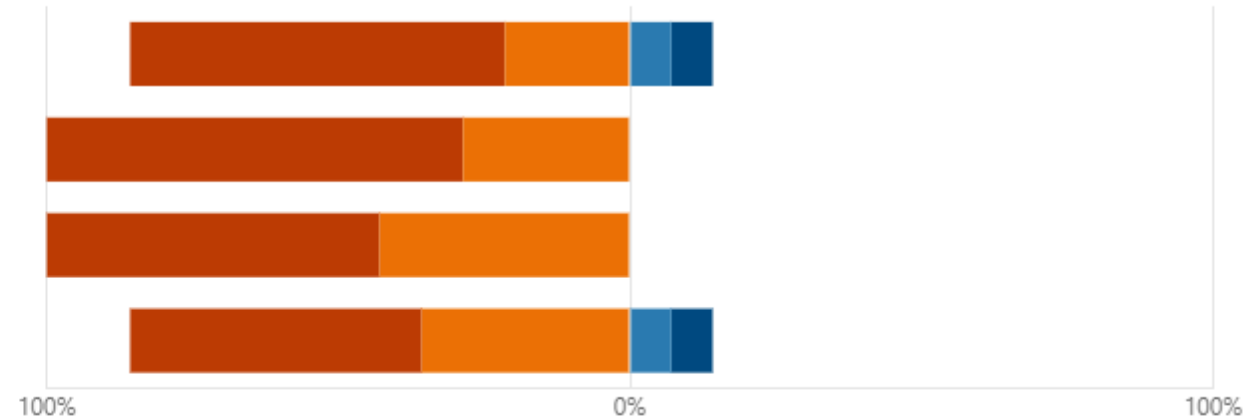
■ yes, Fully ■ Yes, partially ■ No ■ Unsure

Assess & document if a patient presenting is pregnant or has been pregnant within the last year in all care settings

Ensure accurate measurement and assessment of B/P for every pregnant & postpartum patient (Ex: Pt in sitting or semi-fowler's position with...

Provide ongoing education to all patients on Signs & symptoms of HTN & Preeclampsia and empower them to seek care

provide ongoing education to all healthcare team members on the recognition of Sign, Symptoms & treatment of HTN



Survey Highlights

All 14 respondents – Yes there is a Severe HTN protocol in place with about ½ aligning with the current AIM Bundle

10. Response - My facility has the following components as part of the Severe HTN bundle

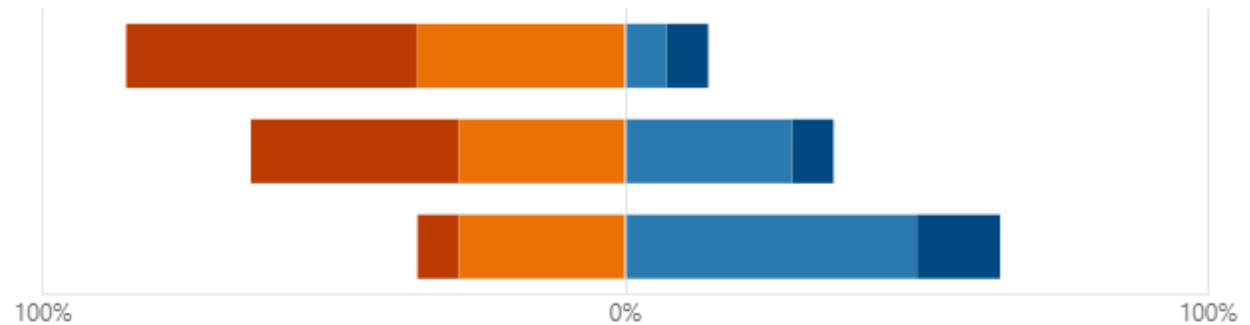
[More Details](#)

■ yes, Fully ■ Yes, partially ■ No ■ Unsure

utilize a standard protocol with checklists and escalation policies including standard response to maternal early warning signs, listening ...

Initiate postpartum follow-up visit to occur within 3 days of birth hospitalization discharge date for individuals whose pregnant was...

provide trauma-informed support for patients, identified support network, and staff for serious complications of severe HTN, including...



Survey Highlights

All 14 respondents – Yes there is a Severe HTN protocol in place with about ½ aligning with the current AIM Bundle

11. Reporting & systems learning - My facility has the following components as part of the Severe HTN bundle

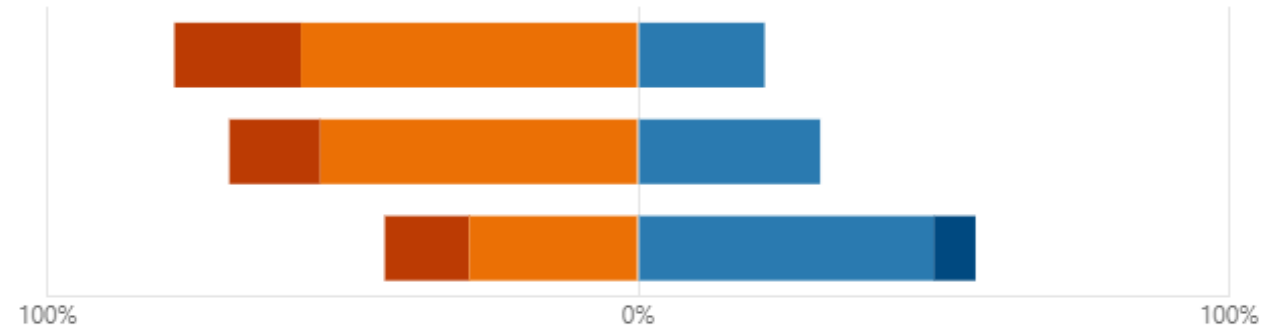
[More Details](#)

■ yes, Fully ■ Yes, partially ■ No ■ Unsure

Establish a culture of multidisciplinary planning, huddles, & post-event debriefs for every case of severe HTN (Successes, opportunities for...

Perform multidisciplinary reviews of all severe HTN/eclampsia cases per established facility criteria to identify systems issues

monitor outcomes and process data related to severe HTN (by race & ethnicity)



Survey Highlights

All 14 respondents – Yes there is a Severe HTN protocol in place with about ½ aligning with the current AIM Bundle

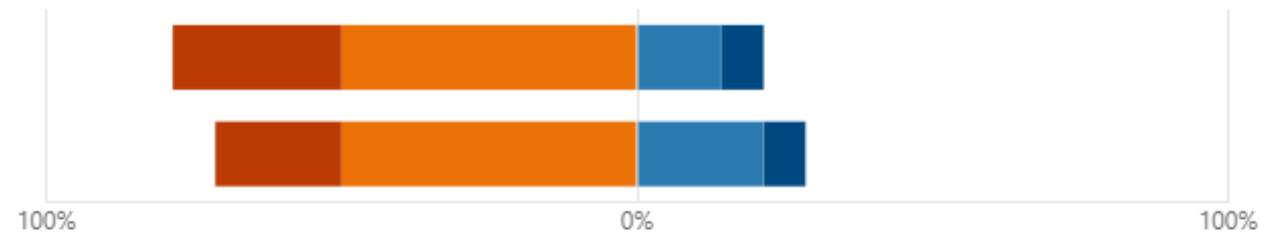
12. Respectful, Equitable & supportive care - My facility has the following components as part of the Severe HTN bundle

[More Details](#)

■ yes, Fully ■ Yes, partially ■ No ■ Unsure

Engage in open, transparent, & empathetic communication with pregnant & postpartum people & their identified support network to...

Include pregnant & postpartum persons as part of the multidisciplinary care team to establish trust & ensure informed, shared decision making...



Survey Highlights

What barriers to you know or recognize may or are in place at your facility in order to being work at your facility?

- ▶ Our EMR and physicians We don't have an emr that notifies us of high pressures
- ▶ Compliance
- ▶ Good reporting system
- ▶ Physician independent desires, nurse turnover
- ▶ I am new to my role. I am working to have a better understanding of where we are at my facility so a barrier is simply a lack of knowledge for me.
- ▶ Provider's perception and variation in practices.
- ▶ **MD buy-in, we have a champion but not all MDs are on board**
- ▶ Lack of community resources, transportation
- ▶ Having resources to educate all departments about the Severe Hypertension Bundle.
- ▶ **The timeliness of antihypertensive administration once the diagnosis of severe hypertension is given.**

What education would you like for SCBOI - Quality & patient safety workgroup/ AIM- SC would be beneficial to begin implementation of this safety Bundle?

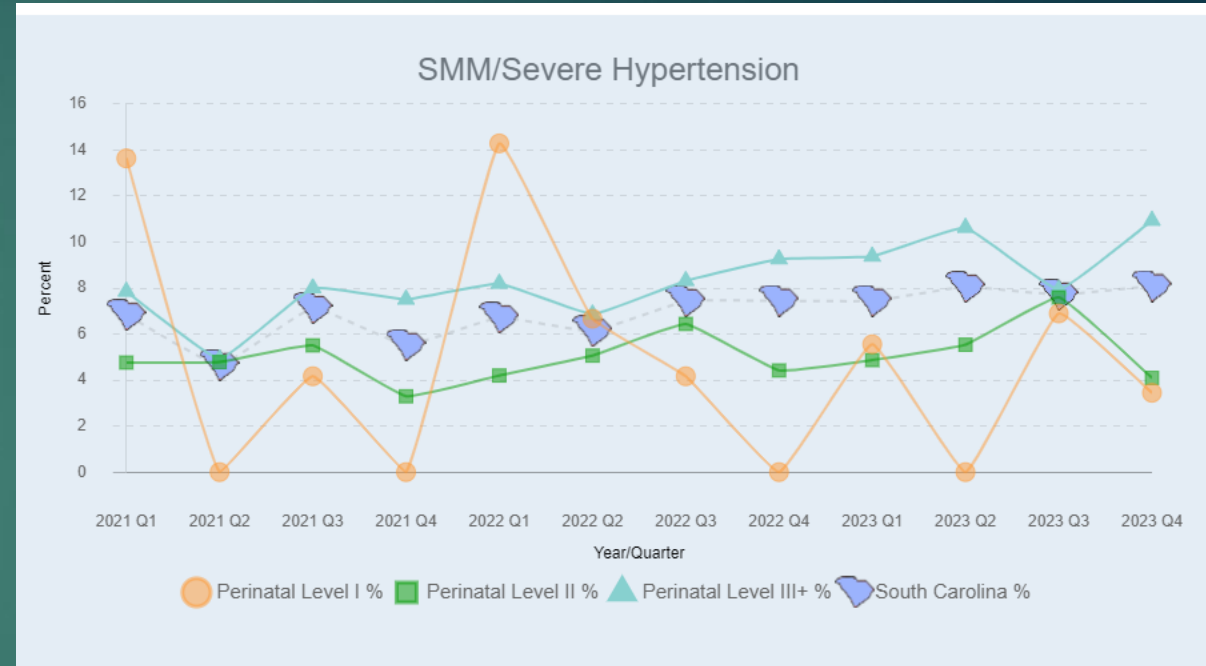
- ▶ Not sure
- ▶ Would like research regarding 3 days postpartum visit to be able to present to Dr's
- ▶ No answer currently
- ▶ **Example of how facilities are implementing into practice Simulations, algorithms**
- ▶ **Trauma discussions and debrief. Discussions with family. Drills.**
- ▶ Sharing how other facilities have implemented the bundle
- ▶ Community resources
- ▶ The bundle has been implemented in our facility.
- ▶ a treatment map poster for the nurses to quickly refence would be great. And include the current EBP for induction of elevated BP criteria the OB physicians use to determine when to induce a hypertensive pregnant patient.
- ▶ Medication review with side effects for pregnant and postpartum (lactating moms).



Data Components

Data components

- ▶ “How to” guide for AIM Survey
- ▶ Office hours
- ▶ Breakdown of how to calculate the data
- ▶ Survey summaries



Webinars / Meetings



Meeting/Webinar

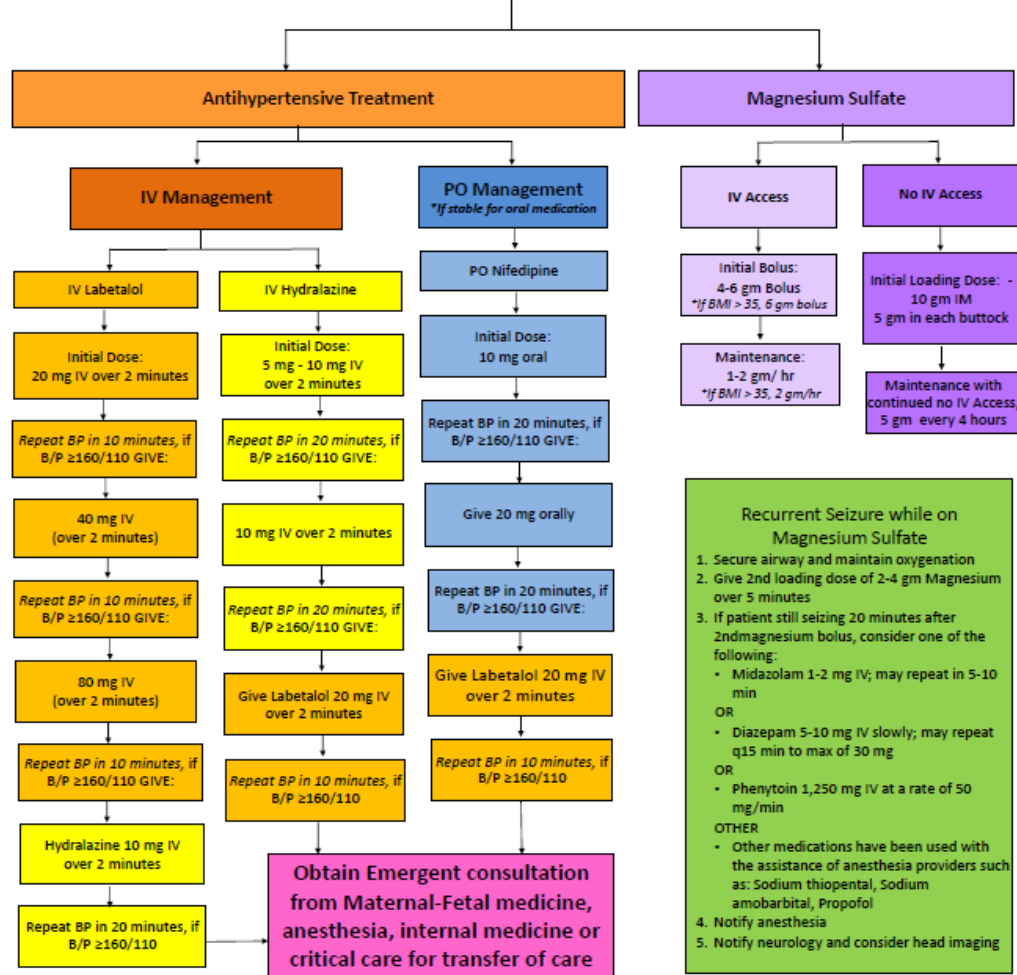
- ▶ Individual engagement of our delivery hospitals
- ▶ Bundle breakdown
- ▶ Sharing of policies, protocols & data capture
- ▶ Grant funding opportunities for Cuff kit program
- ▶ Webinar presentations:
 - ▶ Engaging the patient in quality work, understanding the patient's perspective
 - ▶ Cardiomyopathy



Tools & Resource Development

Management of Severe Hypertension In Pregnancy

Systolic ≥ 160 mm Hg or Diastolic ≥ 110 mm Hg (Persists > 15 minutes)



Target B/P:
130-150 / 80-90 mmHg

- NOTES:**
- *Antihypertensive treatment and magnesium sulfate should be administered simultaneously. If concurrent administration is not possible, antihypertensive treatment should be 1st priority.
 - Maximum Cumulative Dose LABETALOL: 300 mg or constant infusion of 1-2mg/min IV
 - Maximum Cumulative Dose HYDRALAZINE: 20 mg or constant infusion of 0.5-10mg/hr
 - Maximum Daily Dose NIFEDIPINE: 180 mg



“The way to get started is to quit talking and begin doing.”

WALT DISNEY

Thank you!

Michelle.Flanagan@prismahealth.org

Want to Join in the Work?
Quality & Patient Safety Workgroup Meeting:

2nd Wednesday of the month at 12:00 pm

<https://www.scdhhs.gov/resources/programs-and-initiatives/birth-outcomes-initiative/workgroups/quality-and-patient-safety>