



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

TexasAIM Severe Hypertension in Pregnancy Learning Collaborative Driver Diagram

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What Are We Trying to Accomplish? How Will We Know That a Change Is an Improvement?

Aims and Targets



TexasAIM+ Severe Hypertension in Pregnancy (HTN) Bundle Initiative- Global Aim

The TexasAIM+ Severe Hypertension in Pregnancy Learning Collaborative's global aim is that:

- No pregnant or postpartum patient in Texas is harmed by preventable complications of maternal hypertension; and
- HTN-associated severe maternal morbidity and maternal mortality disparities are eliminated.

Note: blue text = Respectful, Equitable, and Supportive Care Bundle Elements

TexasAIM+ HTN Learning Collaborative Aim Statement Targets

The TexasAIM+ Severe Hypertension in Pregnancy Learning Collaborative aim targets are to:

- Reduce the rate of HTN-associated severe maternal morbidity by 25% from baseline;
- Reduce the ratio of Non-Hispanic Black to Non-Hispanic White HTN-associated severe maternal morbidity by 50% from baseline; and
- Reduce the ratio of Hispanic to Non-Hispanic White HTN-associated severe maternal morbidity by 50% from baseline.

TexasAIM+ HTN Learning Collaborative- TexasAIM Teams Aim Statements

- Each participating hospital identifies its TexasAIM Team's HTN aim statement and sets unit-specific targets for the changes they will prioritize for testing, scaling, and hardwiring during the collaborative period.
- TexasAIM Teams contribute toward achieving the collaborative aim by implementing improvements in their settings to standardize the use of severe hypertension in pregnancy maternal patient safety bundle elements.

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What Changes Can We Make That Will Result in Improvement?
Population, Places, and Primary and Secondary Drivers



TexasAIM HTN Target Population

The TexasAIM+ HTN Learning Collaborative target population is:

- Patients who are pregnant now or who have recently been pregnant that present to any area where they receive care AND that have an elevated blood pressure of ≥ 160 systolic and/or ≥ 110 diastolic twice after repeated readings within 15 minutes. The target population includes patients with chronic or gestational hypertension.

TexasAIM HTN Target Places

The TexasAIM+ HTN Learning Collaborative targets:

- All hospital-affiliated care settings, potentially including:
 - Antepartum, Labor and Delivery (L&D), and Postpartum Units
 - Critical Care Units
 - L&D Triage, Obstetric Emergency Departments, Main Emergency Departments
 - Urgent Care
 - Primary Care/Ob-Gyn Office
 - Other Inpatient and Outpatient Settings/Areas Where Pregnant and Postpartum Patients May be Treated

Primary Drivers

ENSURE STAFF, STRUCTURES, AND PROTOCOLS ARE PRIMED to provide recommended care and management for patients with severe maternal hypertension (HTN)

STANDARDIZE READINESS IN EVERY HEALTH CARE SETTING

IDENTIFY pregnant and postpartum patients in all departments
ASSESS for severe maternal HTN

STANDARDIZE RECOGNITION & PREVENTION FOR EVERY PATIENT

Administer antihypertensive therapy **as soon as reasonably possible**
TREAT in **30** to 60 minutes of the first severely elevated reading for every pregnant/ postpartum patient with acute onset of severe HTN

STANDARDIZE RESPONSE FOR EVERY EVENT

FOSTER A MATERNAL PATIENT SAFETY, HEALTH EQUITY, LEARNING AND IMPROVEMENT CULTURE

HARDWIRE PROCESSES THROUGH REPORTING & SYSTEMS LEARNING FOR EVERY UNIT

HONOR EACH PATIENT WITH POSITIVE MATERNITY CARE

EVERY UNIT, PROVIDER, AND TEAM MEMBER STANDARDIZES RESPECTFUL, EQUITABLE, AND SUPPORTIVE CARE

Secondary Drivers

In every care setting and all locations where patients may be treated

- Standard protocol for early warning signs, diagnostic criteria, monitoring & treatment of severe HTN, preeclampsia with severe features, and/or eclampsia, including order sets and algorithms
- Process for timely triage and evaluation of pregnant and postpartum patients with severe HTN or related symptoms including ED and outpatient areas
- System plan for escalation, obtaining appropriate consultation, and maternal transfer as indicated
- Rapid availability and access to stocked severe HTN/eclampsia medications + brief dosage and administration guide
- Ongoing education to all team members on a culture of communication and teamwork including interprofessional and interdepartmental team-based in-situ simulation and drills with timely debriefs
- Referral resources and coordinated patient discharge clinical and communication pathways for pregnant and postpartum families (including a standardized discharge summary form for all postpartum patients)
- Trauma-informed protocols
- Ongoing education to all team members on health disparities, patient-centered care, trauma-informed care, shared decision-making, and cognitive biases in clinical decision making
- System plan, education, and training for communicating about + accurate documentation of patient-identified race, ethnicity, and primary/preferred language
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams

For every pregnant or postpartum patient during each care episode

- Assess and document whether the patient is currently pregnant or has been in the last six weeks, 12 weeks, and/or one year
- Standard protocol for accurate measurement & assessment of BP; urine protein
- Ongoing education to all health care team members on the recognition of HTN signs, symptoms, and treatment
- Screening for clinical and social drivers of health and risk factors that might impact clinical recommendations or treatment plans
- Provide risk-appropriate linkage to resources that align with the patient's health literacy, cultural needs, and language proficiency
- Ongoing patient and family education on S/S of HTN and preeclampsia/ anticipatory guidance for Urgent Maternal Warning Signs (UMWS); Empower them to seek care/ "get help" if something doesn't feel right
- Comprehensive postpartum discharge visit, including standardized discharge summary form that details key information from pregnancy and birth
- Follow-up visit (postpartum care and any needed specialty care) scheduled to occur within an appropriate time frame for the patient's acuity/condition
- Mechanism and process for collecting, reviewing and identifying quality improvement opportunities from patient family and staff care experience reports including reporting on experiences of inequitable or disrespectful care

For every acute onset of severe hypertension event

- Standardized protocol with checklists and escalation policies for management, treatment, and coordination of follow-up and transitions of care for patients with severe hypertension or related symptoms (Includes standard response to maternal early warning signs, listening and investigating patient-reported and observed symptoms, and assessment of standard labs)
- Provide trauma-informed support for patients, identified support network, and staff for serious complications of severe hypertension, including discussions regarding birth events, long term risks, follow-up care, resources, and appointments

For every unit, provider, and team member

- Culture of multidisciplinary communication including briefs, huddles and post-event debriefs for patients at risk for/impacted by severe HTN to identify successes and prevention opportunities
- Culture of respectful, equitable, and supportive care, including systems for reporting, response, and learning
- Multidisciplinary reviews for severe HTN/eclampsia cases per established facility criteria to ID systems issues; establish standardized case review processes for considering the potential role of cognitive bias in clinical decision-making as well as patient demographics and social determinants of health
- Monitor, evaluate, disseminate, and communicate outcomes and process data related to severe hypertension, with disaggregation by race, ethnicity, and other relevant factors to target preeclampsia disparities
- Quality improvement efforts from review of cases & data; Apply frameworks to support equitable healthcare (e.g., Targeted Universalism)

For every unit, provider, and team member

- Open, transparent, and empathetic communication with patients and their identified support network and confirmation of understanding of diagnoses, options, and treatment plans
- Patients and their identified support networks are included as respected members of and contributors to the multidisciplinary care team:
 - Trust-building
 - Informed, bidirectional, shared decision-making that incorporates the patient's values and goals as the primary driver for decision making

Thank you!

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