OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

- Barbara O’Brien, MS, RN has no financial relationships or affiliations to disclose

THE OKLAHOMA AIM EXPERIENCE

BARBARA O'BRIEN, MS, RN

JUNE 4, 2018

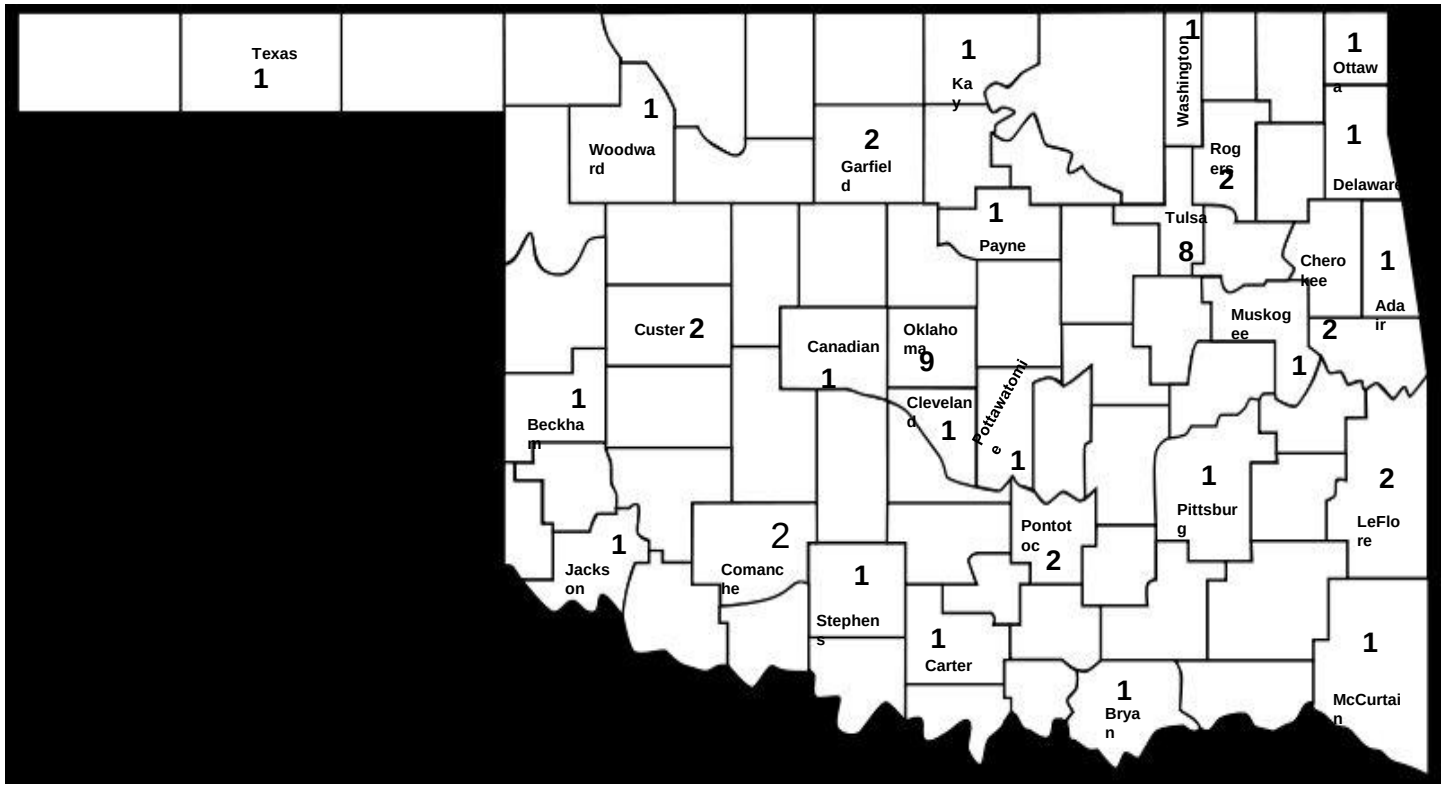
Creating a culture of excellence in perinatal care

The Landscape of Perinatal Care In Oklahoma

50 birthing hospitals
- 58% rural
- 42% urban

~50,500 annual births
- 69% in urban hospitals
- 31% in rural hospitals
- From 40 – 4100 annual births
- ~60% covered by Medicaid

48 hospitals signed on to participate in AIM
Kick-Off in April 2015
- 42/50 actively participating (90% of births)
- OB Hemorrhage Bundle and Severe HTN Bundle


Texas
1
1
Woodward
2
Garfield
1
Kay
1
Washington
1
Ottawa
1
Delaware
2
Rogers
1
Payne
Tulsa
8
Cherokee
1
Adair
2
Muskogee
1
Custer
2
Canadian
1
Oklahoma
9
1
Beckham
Cleveland
1
Pottawatomie
1
1
Pittsburg
2
LeFlore
1
Jackson
2
Comanche
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Stephens
Pontotoc
2
1
Carter
1
Bryan
1
McCurtain

123(5):973-977, May 2014

OBSTETRICS & GYNECOLOGY

Current Commentary

The National Partnership for Maternal Safety

Mary E. D'Alton, MD, Elliott K. Main, MD, M. Kathryn Menard, MD, and Barbara S. Levy, MD

Recognition of the need to reduce maternal mortality and morbidity in the United States has led to the creation of the National Partnership for Maternal Safety. This collaborative, broad-based initiative will begin with three priority bundles for the most common preventable causes of maternal death and severe morbidity: obstetric hemorrhage, severe hypertension in pregnancy, and peripartum venous thromboembolism. In addition, three unit-improvement bundles for obstetric services were identified: a structured approach for the recognition of early warning signs and symptoms, structured internal case reviews to identify systems improvement opportunities, and support tools for patients, families, and staff that experience an adverse outcome. This article details the formation of the National Partnership for Maternal Safety and introduces the initial priorities.

(Obstet Gynecol 2014;123:973–7)
DOI: 10.1097/AOG.0000000000000219

issued a Sentinel Alert entitled "Preventing Maternal Death"[2] and proposed various initiatives to decrease maternal mortality including case reporting and review, health care provider education, team training and drills, and thromboembolism prophylaxis.

During the past 2 years, several organizations–including the American College of Obstetricians and Gynecologists (the College), the Centers for Disease Control and Prevention, the Society for Maternal–Fetal Medicine, the Health Resources and Services Administration, the Association of Women's Health, Obstetric, and Neonatal Nurses, and the American College of Nurse-Midwives–have collaborated to identify priorities for maternal safety. Universal recognition of the need for action to reduce U.S. maternal mortality and morbidity led to the creation of the National Partnership for Maternal Safety. This report outlines a national initiative for every birthing facility

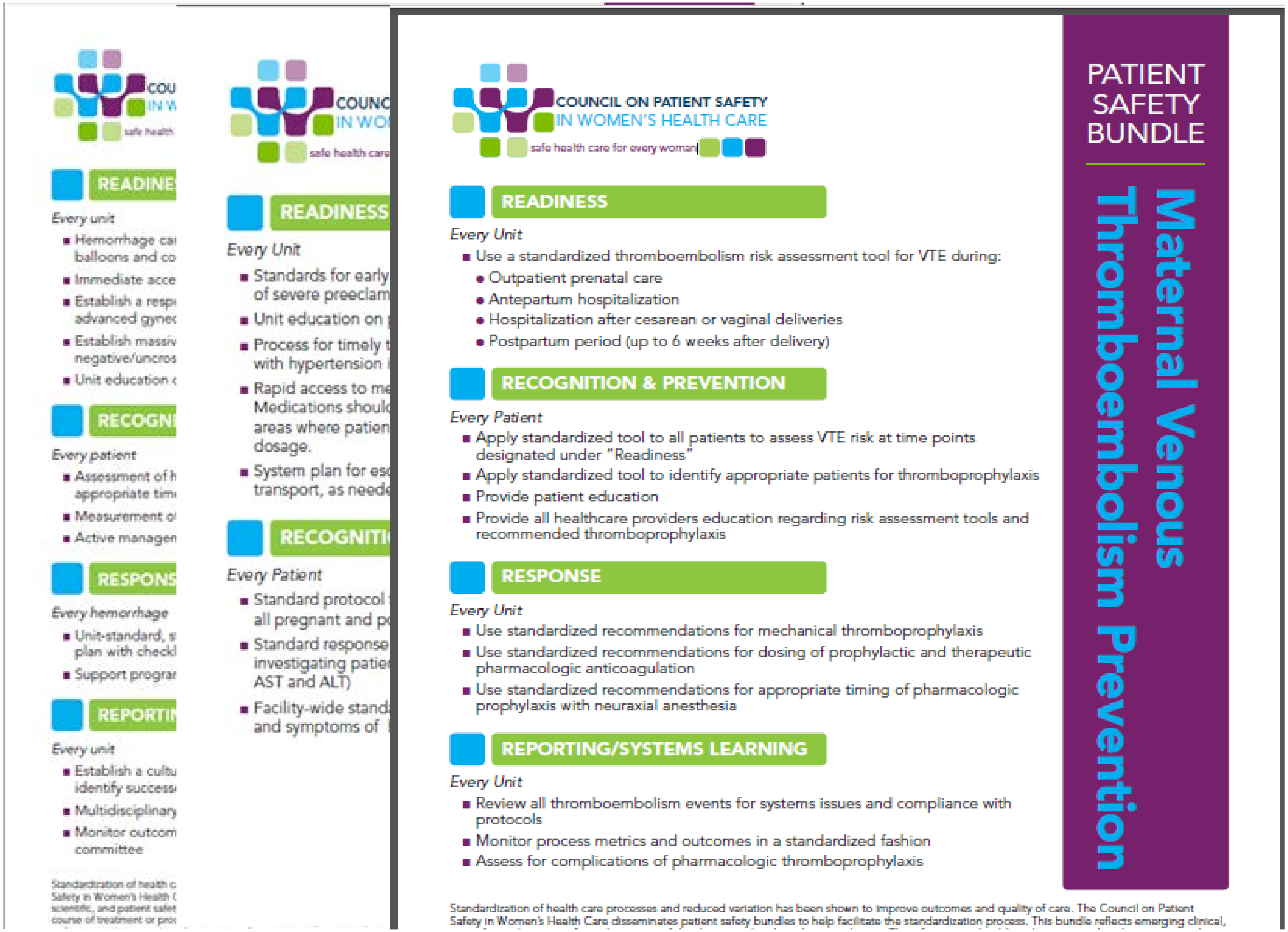
7

National Partnership for Maternal Safety: 3 Maternal Safety Bundles in 3 Years

What every U.S. birthing facility should have…

- Obstetric Hemorrhage
- Preeclampsia/Hypertension
- Prevention of VTE in Pregnancy

OPQIC



COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

safe health care for every woman

PATIENT SAFETY BUNDLE

Maternal Venous Thromboembolism Prevention

READINESS

Every Unit

- Use a standardized thromboembolism risk assessment tool for VTE during:
  - Outpatient prenatal care
  - Antepartum hospitalization
  - Hospitalization after cesarean or vaginal deliveries
  - Postpartum period (up to 6 weeks after delivery)

RECOGNITION & PREVENTION

Every Patient

- Apply standardized tool to all patients to assess VTE risk at time points designated under "Readiness"
- Apply standardized tool to identify appropriate patients for thromboprophylaxis
- Provide patient education
- Provide all healthcare providers education regarding risk assessment tools and recommended thromboprophylaxis

RESPONSE

Every Unit

- Use standardized recommendations for mechanical thromboprophylaxis
- Use standardized recommendations for dosing of prophylactic and therapeutic pharmacologic anticoagulation
- Use standardized recommendations for appropriate timing of pharmacologic prophylaxis with neuraxial anesthesia

REPORTING/SYSTEMS LEARNING

Every Unit

- Review all thromboembolism events for systems issues and compliance with protocols
- Monitor process metrics and outcomes in a standardized fashion
- Assess for complications of pharmacologic thromboprophylaxis

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety bundles to help facilitate the standardization process. This bundle reflects emerging clinical,

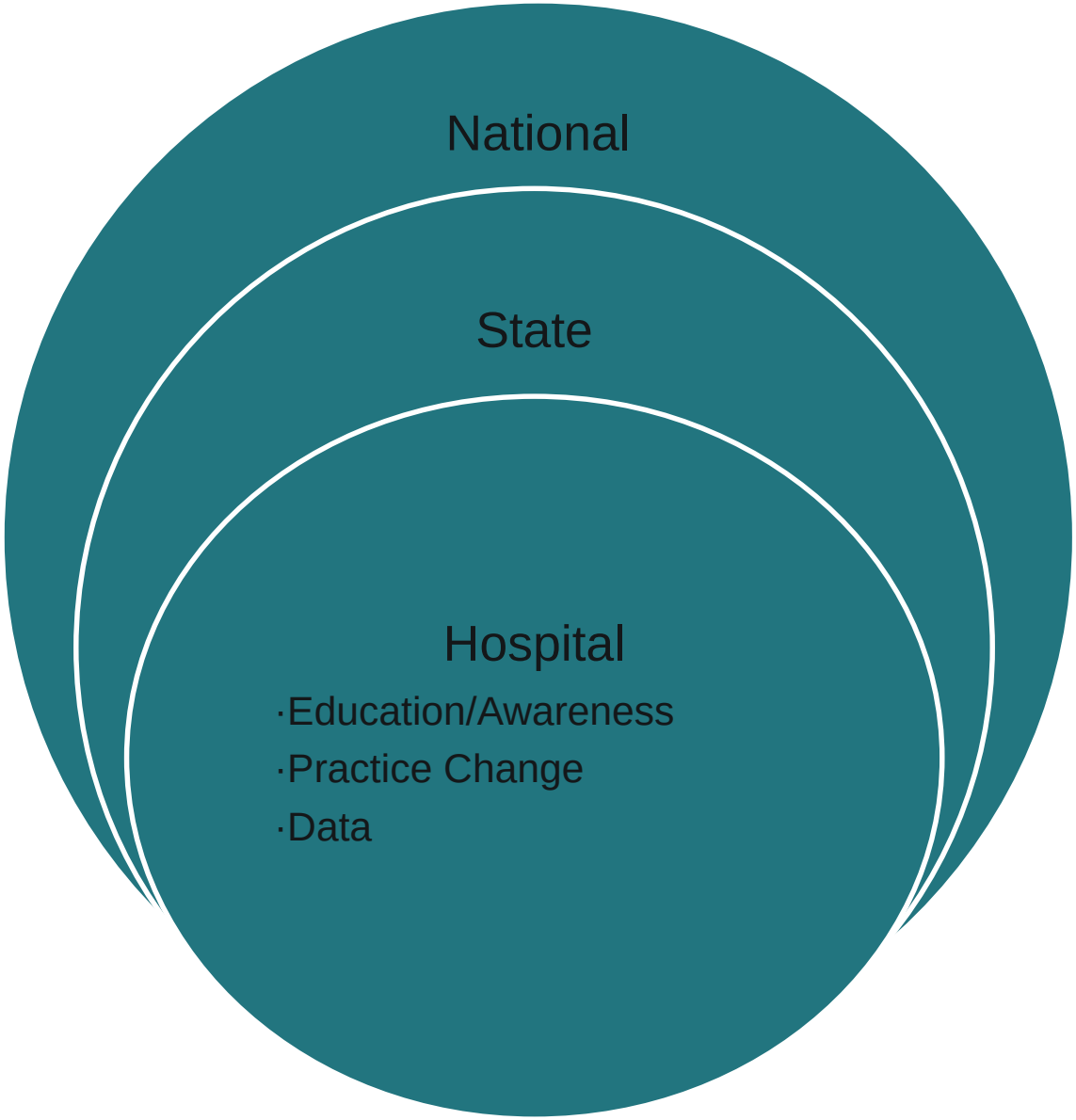
Launch of AIM in Oklahoma

- 2015
  - Every Mother Counts launched in response to National Partnership for Maternal Safety call to action and Oklahoma Maternal Mortality Review/CDC data
    - Hospitals recruited via email and telephone
    - Kick-Off April 2015

Launch of AIM in Oklahoma

- 2015
  - Alliance for Innovation in Maternal Health (AIM) getting started simultaneously
    - Oklahoma first state to join
    - Resources and data portal would assist in bundle implementation
    - Oklahoma implementing OB Hemorrhage and Severe HTN/Preeclampsia bundle
    - Individual hospital calls for data portal began in Q4 2015 – data portal operational

AIM Framework

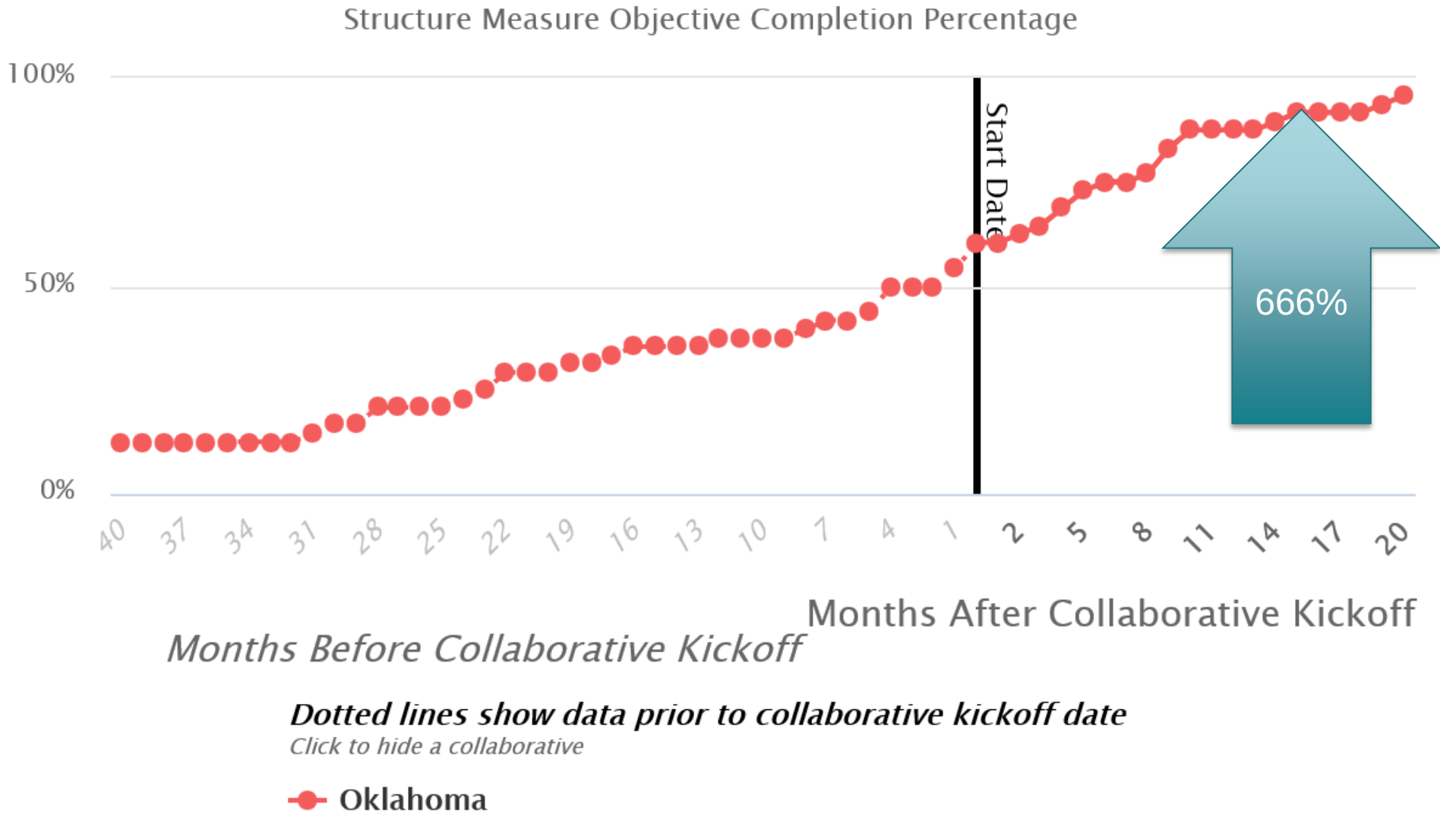


HEMORRHAGE BUNDLE PRIORITIES

Data Informed Priorities

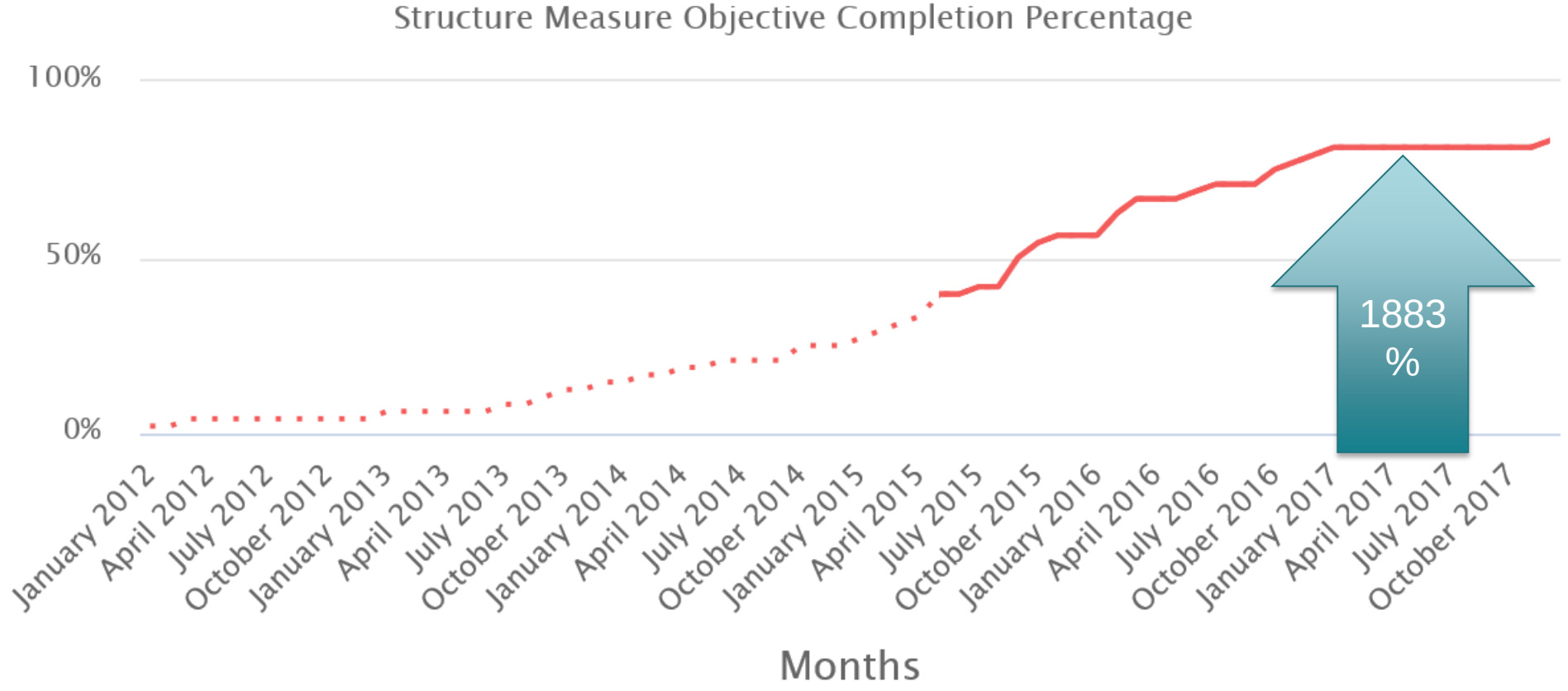
- Hemorrhage Cart
- Management Plan for Obstetric Hemorrhage
- Risk Assessment for Obstetric Hemorrhage
- Quantification of Blood Loss

HEM S4: Hemorrhage Cart



OPQIC

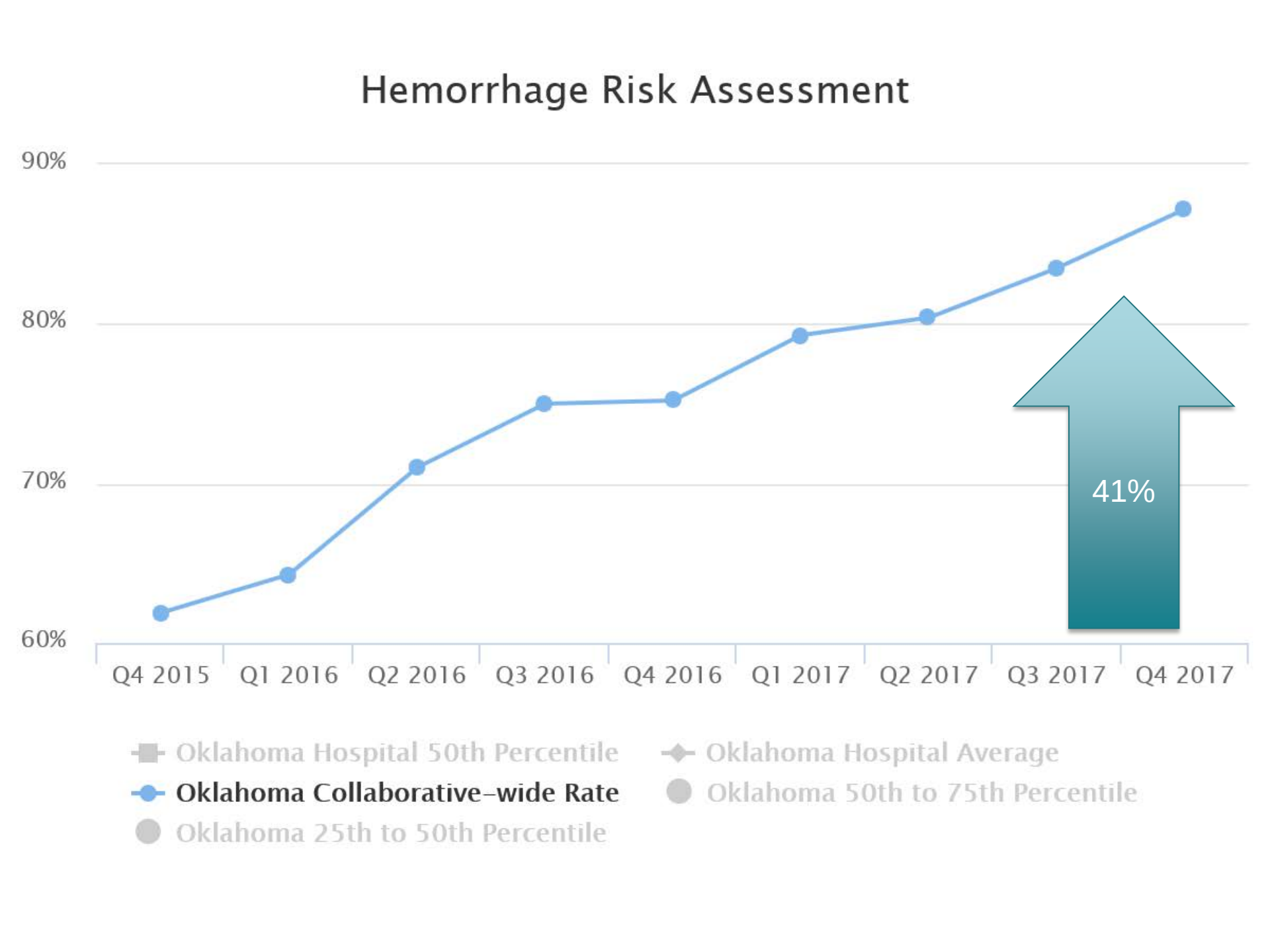
HEM S5: Unit Policy & Procedure

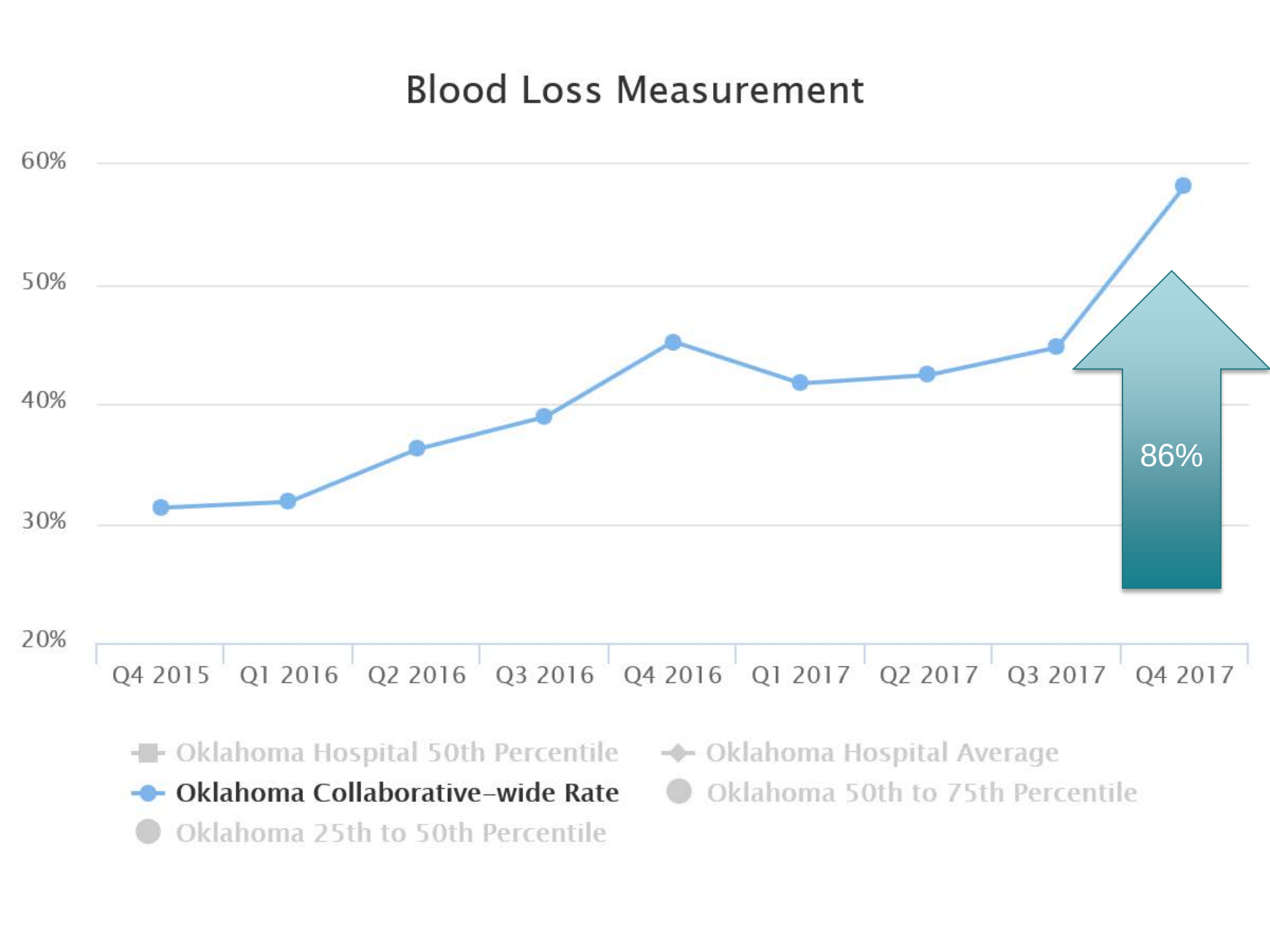


Dotted lines show data prior to collaborative kickoff date

Click to hide a collaborative

Oklahoma

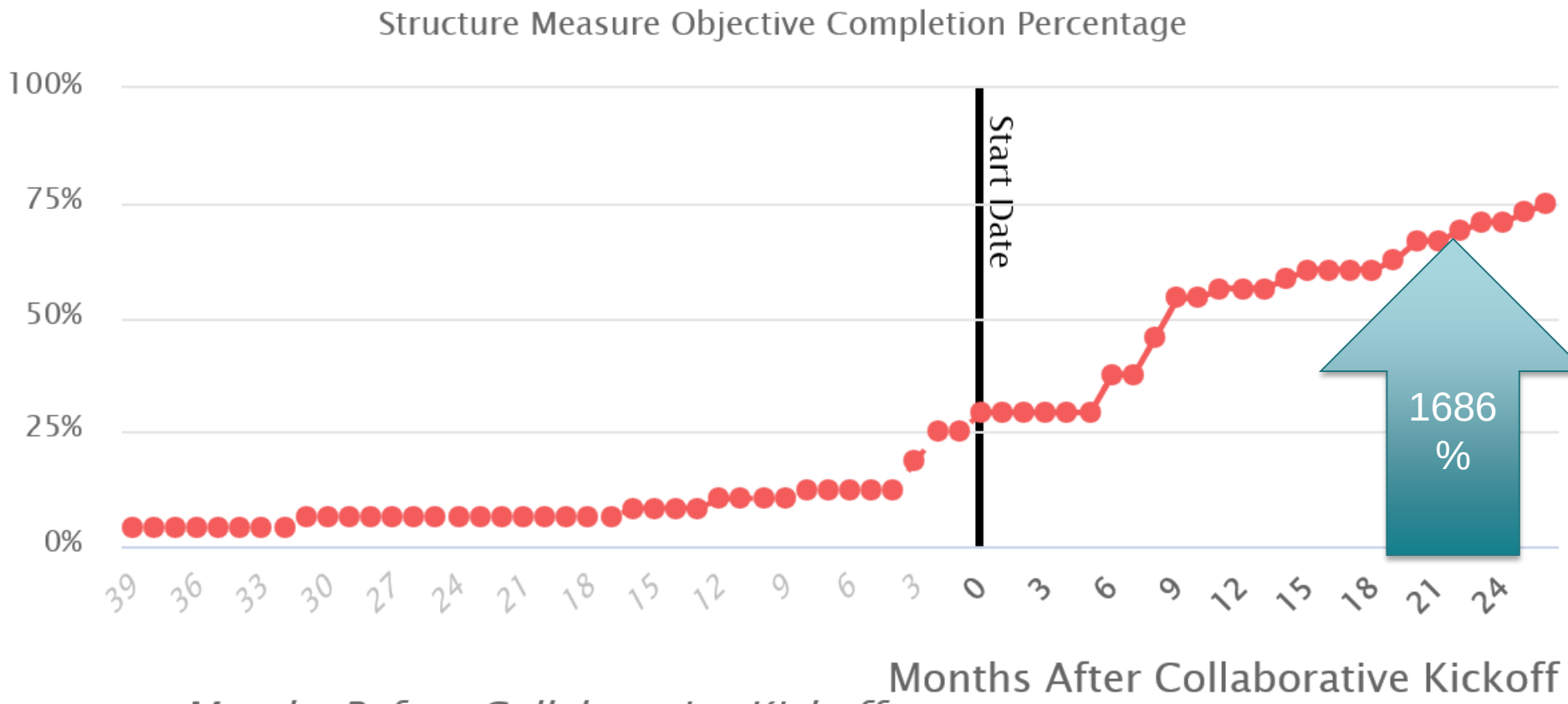

Hemorrhage Risk Assessment
90%
80%
70%
60%
41%
Q4 2015
Q1 2016
Q2 2016
Q3 2016
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Q4 2017
Oklahoma Hospital 50th Percentile
Oklahoma Hospital Average
Oklahoma Collaborative-wide Rate
Oklahoma 50th to 75th Percentile
Oklahoma 25th to 50th Percentile


Blood Loss Measurement
60%
50%
40%
30%
20%
86%
Q4 2015
Q1 2016
Q2 2016
Q3 2016
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Q4 2017
Oklahoma Hospital 50th Percentile
Oklahoma Hospital Average
Oklahoma Collaborative-wide Rate
Oklahoma 50th to 75th Percentile
Oklahoma 25th to 50th Percentile

HYPERTENSION BUNDLE PRIORITIES

- Management Plan for Severe Hypertension
- Timely Treatment of Severe Hypertension

HTN S4: Unit Policy & Procedure

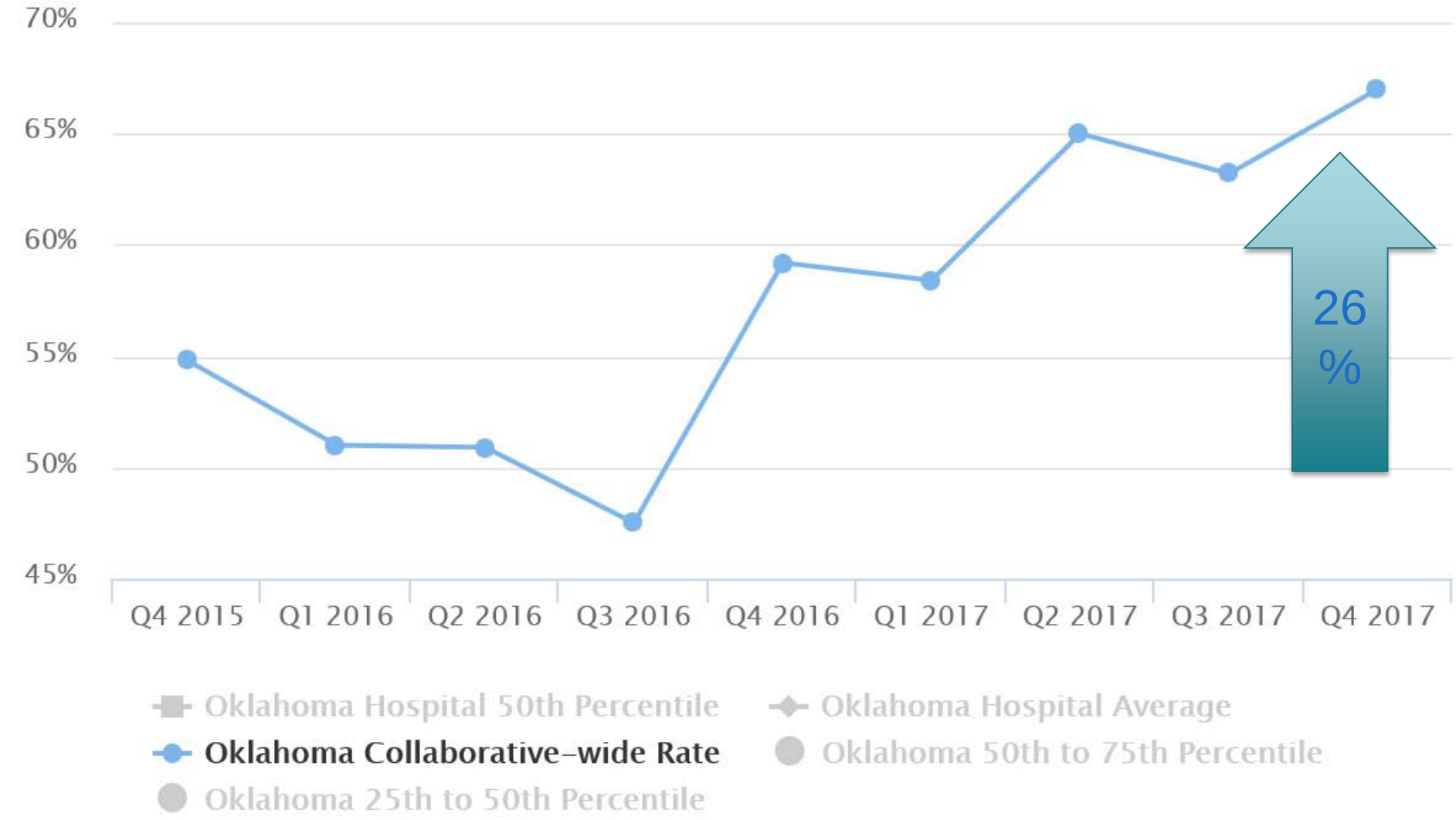


Dotted lines show data prior to collaborative kickoff date

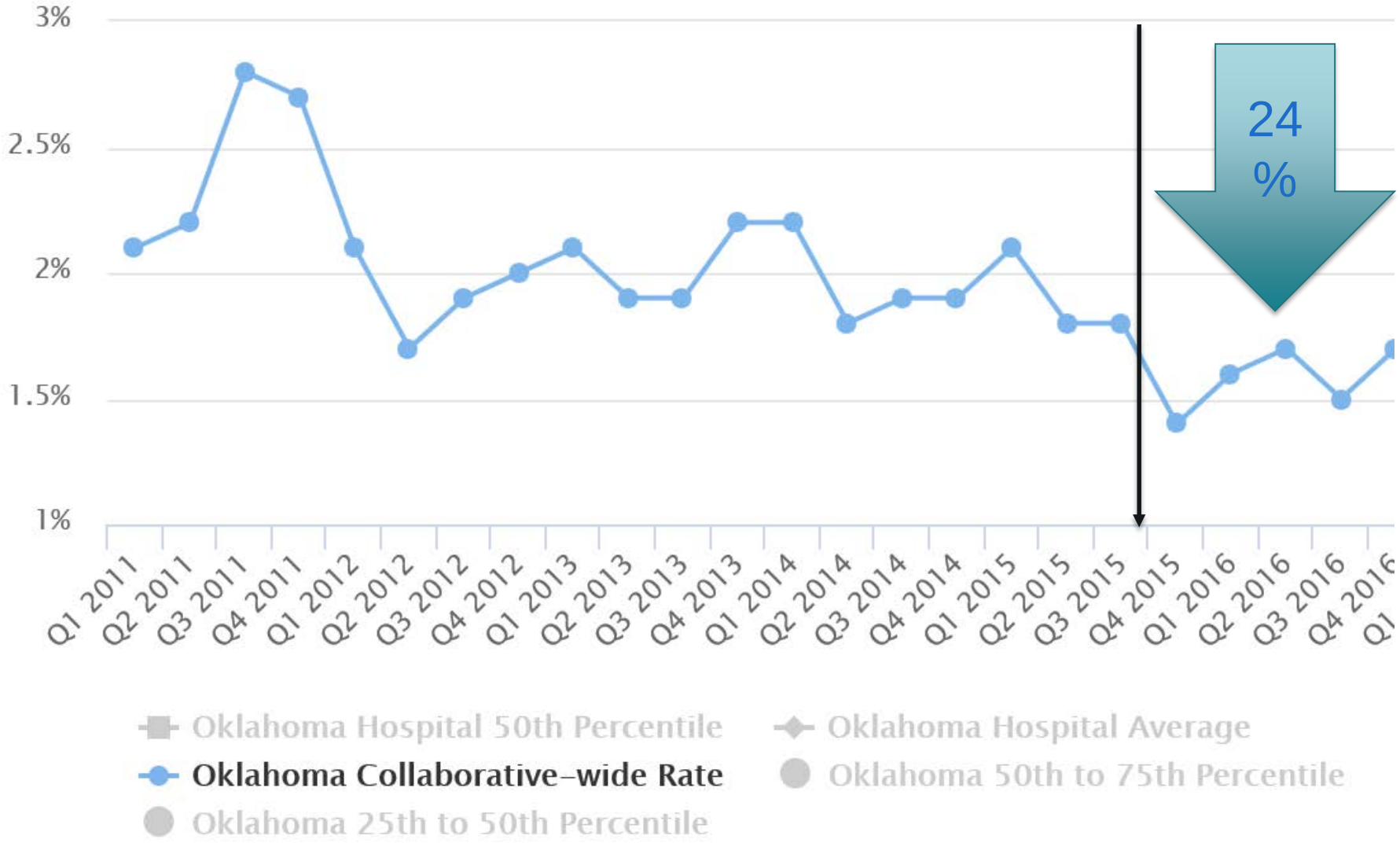
Click to hide a collaborative

Oklahoma

Timely Treatment of Severe HTN



Severe Maternal Morbidity among All Delivering Women



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Communications Office
Washington, DC
202-484-3321
communications@acog.org | acog.org

National Initiative Aimed at Reducing Maternal Deaths Shows Early Signs of Improvement in Severe Maternal Morbidity

January 2, 2018

Washington, D.C.—Four states that were the first to join a national initiative aimed at reducing U.S. maternal mortality and morbidity have made promising improvements in maternal morbidity rates evident in the first round of outcomes data released by the American College of Obstetricians and Gynecologists (ACOG) today.

The Alliance for Innovation in Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative that relies on a partnership between state health departments, health associations and perinatal collaboratives and hospitals, to implement and report progress on consistent maternity care practices, or "bundles," for common pregnancy-related conditions.

What are challenges and barriers?

- RN responses:
  - 100% stated biggest barrier is lack of provider compliance with protocols
    - “Physicians are not aware of protocol and bundles. We can’t mandate education”
    - “They don’t buy-in. What do we do when a physician states they don’t believe our QBL amount and they’re going to give a different EBL amount? This creates conflict and a dilemma.”
    - “We hear a lot of, “Those are just recommendations, not hard, fast rules.”
    - “There must be a physician champion aware of evidence supporting change and willing to speak up and promote change – not often a popular or sought after role.”

What are challenges and barriers?

- RN responses:
  - "Time; especially with multiple priorities."
  - "Need for bundles to be physician driven instead of nursing driven."
  - "Real life situations don't always fit in a bundle."
  - "Staff turnover."

What are challenges and barriers?

- MD responses:
  - Biggest barrier is lack of awareness of bundles/protocols
    - “Don’t assume they know about the bundles.”
  - Time constraints
  - Need evidence to support change
    - “In my opinion, we’re skeptics by nature. So, if someone can’t give me a really good reason for why I’m going to change the “way I’ve always done things”, it’s hard for me to change.”

Addressing Challenges

- Provider resistance
  - Recruit champions from the beginning
  - Use old-fashioned methods for creating awareness
    - Copies in restrooms, call-rooms, on units
  - Accountability
    - Monitoring individual compliance
  - Including as MOC Part IV, Clinical ladder
  - Empower champions
  - Include state professional organizations

Addressing Challenges

- Time
  - Recruit and delegate
  - Know that this will improve performance in long-term
  - Regular QI meetings to create deadlines at hospital level and state level
- Physician driven vs. Nursing driven
  - Involve all on improvement team
- Real-life situations don’t fit in a bundle
  - Clinical judgment
  - Start small – start with a pilot group
- Staff turnover
  - Create a healthy work environment

Addressing Challenges

- Evidence to Support Change
  - Bundle
  - Resources within bundle

Keys to Success

- National AIM Leadership and Resources
  - National infrastructure
- National and State Partnerships
- **AIM Data Portal**
  - Data driven change
- National and local champions
- Simulation drives improvement and sustainment!

Lessons Learned

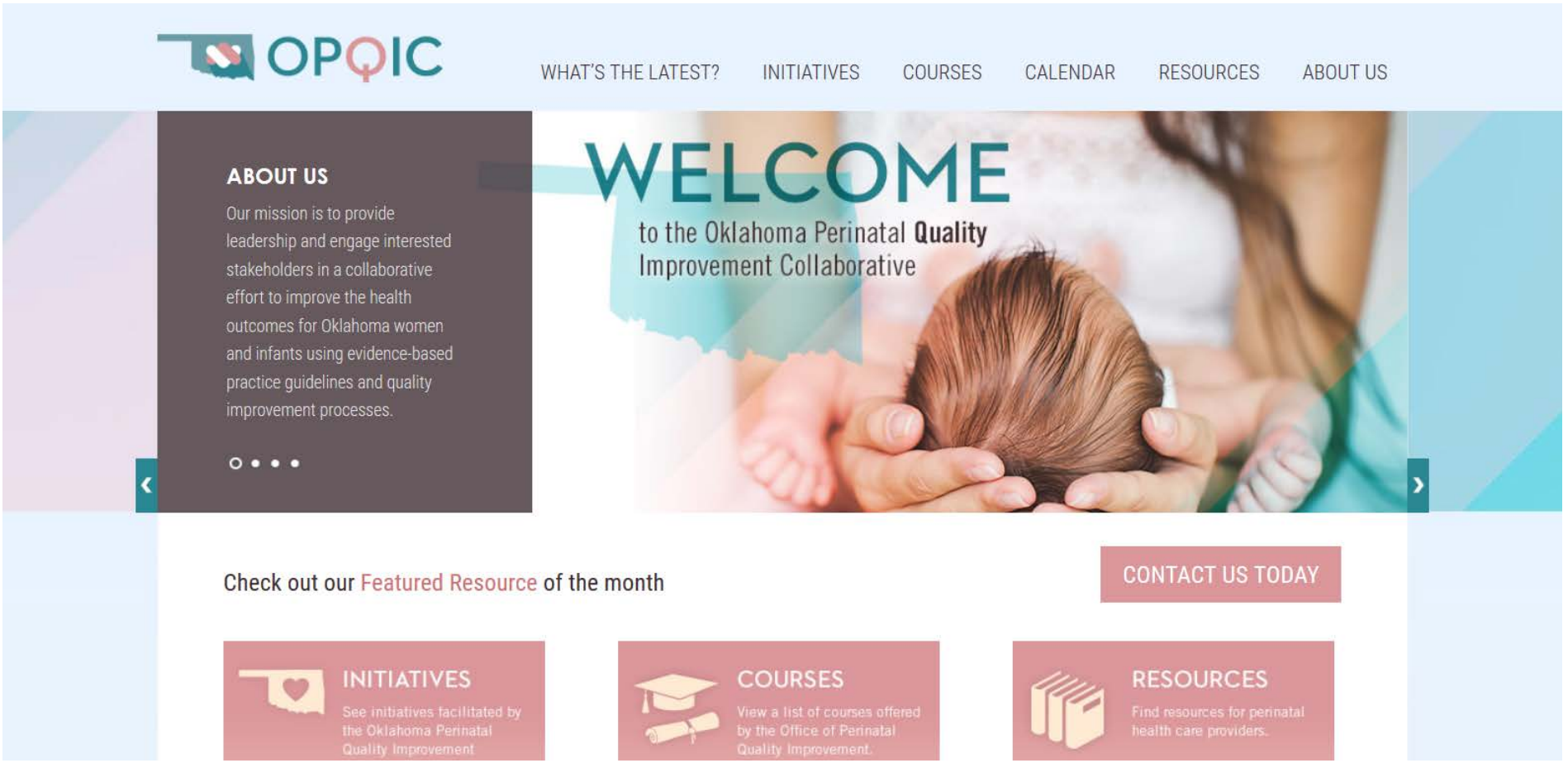
- Hemorrhage cart is easy win
  - Good first step
- Begin early on stage-based management protocol
  - Need it to support clinical practice
- Incorporate into EMR
- QBL is most complex
  - Need to purchase equipment
  - Start with pilot group
- Include patients and families on your QI team
- Use media
- Use quality improvement process!

WHAT CAN YOU DO?

- ***Passionately Engage*** at local, state and national level

"Passionate people collapse timeframes."

- Deyonka Geeter, Oklahoma City



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