

# IDPQC Data Onboarding Call

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# Introductions - Idaho PQC Establishment Team

- **Idaho Department of Health and Welfare – Maternal and Child Health Program**
  - Katherine Humphrey, Section Manager
  - Jen Liposchak, Health Program Manager
- **Comagine Health – Maternal Health Program**
  - Ami Hanna, Program Manager
  - Genevieve Rasmussen, Project Manager
  - Phillip Wetmore, Sr Project Coordinator

# Executive Summary



What are the reporting measures for the bundle?



What data elements are required for submission?



What tools and resources are available to capture the data?

# Support



IDPQC can choose to focus on certain aspects of the bundle and develop this work to best suit the needs of Idaho.



Many states have implemented patient safety bundles, this means there are so many resources available!



This is a collaborative endeavor, IDPQC and the establishment team are here to work with you.

**What are the reporting measures for this bundle?**

# AIM Patient Safety Bundles

- The **Alliance for Innovation on Maternal Health (AIM)** is a national data-driven maternal safety and quality improvement initiative.
  - Based on proven safety and quality implementation strategies, AIM works to reduce preventable maternal mortality and severe morbidity across the United States.

- **Patient Safety Bundles (PSB)** are a structured way of improving processes of care and patient outcomes. They are clinical, condition-specific, and follow an evidence-based structure.
- A bundle includes actionable steps that can be adapted to a variety of facilities and resource levels.
- **PSB Goal:** improve the way care is provided to improve outcomes.



# Severe Hypertension in Pregnancy



Severe Hypertension in Pregnancy

**PROCESS MEASURES**

**STRUCTURE MEASURES**

**OUTCOME MEASURES**

# Process Measures

Process measures are used **to monitor the adoption and implementation of evidence-based quality improvement initiatives.**

- They are self-reported by hospitals
- Some are stratified by race, ethnicity, and payor
- Provider education
- Unit drills
- Timely treatment
- Scheduling



# Process Measures: Education on Equitable Care

Metric	Name	Description	Notes
ALL P1- Version 1*	Provider Education on Respectful and Equitable Care	Provider education on respectful and equitable care Report estimate in 10% increments (round up)	At the end of this reporting period, what cumulative proportion of OB providers have completed an education program on respectful and equitable care within the last 2 years?
ALL P2*	Nursing Education on Respectful and Equitable Care	Nursing education on respectful and equitable care Report estimate in 10% increments	At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and postpartum) have completed an education program on respectful and equitable care within the last 2 years?

# Process Measures: Unit Drills

Metric	Name	Description	Notes
ALL P3A*	Unit Drills: Number of Drills	Report # of drills	At the end of this reporting period, how many OB drills were performed on your unit for any maternal safety topic?
ALL P3B*	Unit Drills: Drill Topics	Report TRUE/FALSE for the following drill topics: Hemorrhage, Severe Hypertension, Other	At the end of this reporting period, what topics were covered in the OB drills?

# Process Measures: Treatment

Metric	Name	Description	Notes
SHTN P1	Timely Treatment of Persistent Severe Hypertension	<p><b>Report N/D</b></p> <p><b>Denominator:</b> Pregnant and postpartum people with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension</p> <p><b>Numerator:</b> Among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine. The 1 hour is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.</p>	<p>stratify by race/ethnicity, payor</p> <p>Full measurement specifications can be found in the Society for Maternal-Fetal Medicine Special Statement.</p>

# Process Measures: Scheduling

Metric	Name	Description	Notes
SHTN P2A	Scheduling of Postpartum Blood Pressure and Symptoms Checks  ➤ Severe Hypertension During the Birth Admission	<b>Report N/D</b> <b>Denominator:</b> Pregnant and postpartum people during their birth admission with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension <b>Numerator:</b> Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 3 days after their birth hospitalization discharge date	stratify by race/ethnicity, payor

# Process Measures: Scheduling

Metric	Name	Description	Notes
SHTN P2B	<p>Scheduling of Postpartum Blood Pressure and Symptoms Checks</p> <ul style="list-style-type: none"> <li>➤ All Other Hypertensive Disorders During Pregnancy</li> </ul>	<p><b>Report N/D</b></p> <p><b>Denominator:</b> Pregnant and postpartum people during their birth admission with a documented diagnosis of preeclampsia, gestational or chronic hypertension, excluding those who experienced persistent severe hypertension during their birth admission (see P2A)</p> <p><b>Numerator:</b> Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 7 days after their birth hospitalization discharge date</p>	<p>stratify by race/ethnicity, payor</p>

# Process Measures: Education on Severe Hypertension

Metric	Name	Description	Notes
SHTN P3	Provider Education on Severe Hypertension and Preeclampsia	Provider education on severe hypertension and preeclampsia Report estimate in 10% increments (round up)	At the end of this reporting period, what cumulative proportion of delivering physicians have completed an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures within the last 2 years?
SHTN P4	Nursing Education on Severe Hypertension and Preeclampsia	Provider education on respectful and equitable care Report estimate in 10% increments (round up)	At the end of this reporting period, what cumulative proportion of delivering OB nurses (including L&D and postpartum) have completed an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures within the last 2 years?

# Process Measures: Education on Severe Hypertension cont.

Metric	Name	Description	Notes
SHTN P5	Emergency Department (ED) Provider & Nursing Education – Hypertension and Pregnancy	Report estimate in 10% increments (round up)	At the end of this reporting period, what cumulative proportion of clinical ED providers and nursing staff have completed education on <i>signs and symptoms of severe hypertension and preeclampsia in pregnant and postpartum people</i> within the last 2 years?

# Structure Measures

- Structure measures are used **to assess if standardized, evidence-based systems, protocols, and materials have been established to improve patient care** related to this safety bundle.
  - They are self-reported by hospitals
  - They are not stratified by race, ethnicity or payor (excluding the optional measure)
  - They include team debriefs
  - Case reviews
  - Policy and procedures



# Structure Measures: Debriefs

Metric	Name	Description	Notes
ALL S1*	Patient Event Debriefs	Establish a standardized process to conduct debriefs with patients after a severe event.	Include patient support networks Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death
ALL S2*	Clinical Team Debriefs	Establish a system to perform regular formal debriefs with the clinical team after cases with major complications.	Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria
ALL S3*	Multidisciplinary Case Reviews	Establish a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity.	It is suggested to also implement missed opportunity reviews for key bundle process measures.

# Structure Measures: Education and Screening

Metric	Name	Description	Notes
ALL S4*	Patient Education Materials on Urgent Postpartum Warning Signs	Develop patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards.	No notes.
ALL S5*	Emergency Department (ED) Screening for Current or Recent Pregnancy	Establish or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process.	No notes.

# Structure Measures: Unit Policy and Procedure

Metric	Name	Description	Notes
SHTN S1	Unit Policy and Procedure	<p>Create a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2 years) that provides a unit-standard approach to:</p> <ul style="list-style-type: none"><li>• Measuring blood pressure</li><li>• Treatment of severe hypertension/preeclampsia,</li><li>• The use of seizure prophylaxis, including treatment for overdose</li></ul>	No notes.

# Structure Measures: Patient Support

Metric	Name	Description	Notes
SHTN OP1	Patient Support After Persistent Severe Hypertension	<b>Report N/D</b> <b>Denominator:</b> Pregnant and postpartum people with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension <b>Numerator:</b> Among the denominator, those who received a verbal briefing on their persistent severe hypertension by their care team before discharge	<i>Optional measure</i>  stratify by race and ethnicity, payor

# Outcome Measures

- Outcome measures are used **to examine if quality improvement changes adopted as part of a patient safety bundle resulted in improved outcomes for patients.**
  - They are stratified by race, ethnicity, and payor
  - They are calculated based on hospital discharge data.

# Outcome Measures: Severe Maternal Morbidity (SMM)

Metric	Name	Description	Notes
All O1*	Severe Maternal Morbidity (excluding transfusion codes alone)	<p><b>Report N/D</b></p> <p><b>Denominator:</b> All qualifying pregnant and postpartum people during their birth admission</p> <p><b>Numerator:</b> Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	stratify by race and ethnicity, payor
SHTN O1	Severe Maternal Morbidity among People with Preeclampsia, Eclampsia, and HELLP Syndrome (excluding transfusion codes alone)	<p><b>Report N/D</b></p> <p><b>Denominator:</b> All qualifying pregnant and postpartum people during their birth admission with preeclampsia</p> <p><b>Numerator:</b> Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	stratify by race and ethnicity, payor

# What data elements are required for submission?

# Reporting

- Only **aggregate data** is submitted to the AIM Data Center.
  - No patient level data or PHI is submitted
- Data submissions are uploaded to the AIM Data Center on a ***quarterly*** basis (calendar year).
- Each hospital team is responsible for uploading their data.
- Data is submitted via the Severe Hypertension in Pregnancy Default Template (an Excel file).



# Stratifications

- Race/Ethnicity : All, Asian, African American, Hispanic, Multiracial, Native American, Native Hawaiian Pacific Islander, White, Other, Race Not Reported
  - IDPQC will determine what level of stratification is beneficial for Idaho
- Payor: Medicaid, private, other public, uninsured
- Five (5) measures are stratified.
  - Two Outcome Measures
  - Three Process Measures
- Stratified measures must also be reported for “all”.

# ICD Coding & HIT Partnership

- **Utilize AIM resources:** ICD coding lists are available which allows for uniform case definition of target population.
- **Streamline the chart audit process:** Partner with your Health Information & Technology departments to build quarterly reports in into EMRs to identify all patients who fit the case definitions.
- **Review the data collection forms:** Meet with your clinical teams to identify what is already built into the medical record, what requires an EMR build

# What tools are available to capture the data?

# Considerations

- How is data collected at your hospital?
- What tools are currently being used by your Data or QI teams?
- What will be the easiest tool and process to implement?
- Many EHR systems have metrics for monitoring maternal hypertension already available.

# Questions?

# Resources

- Attend AIM Data Training Calls
- Attend IDPQC TA Office Hours
- Email IDPQC staff with questions!
  - This will help create an Idaho specific FAQ document
- Collaborate!

**Thank you**