



**PUBLIC**<sup>TM</sup>  
CONSULTING GROUP

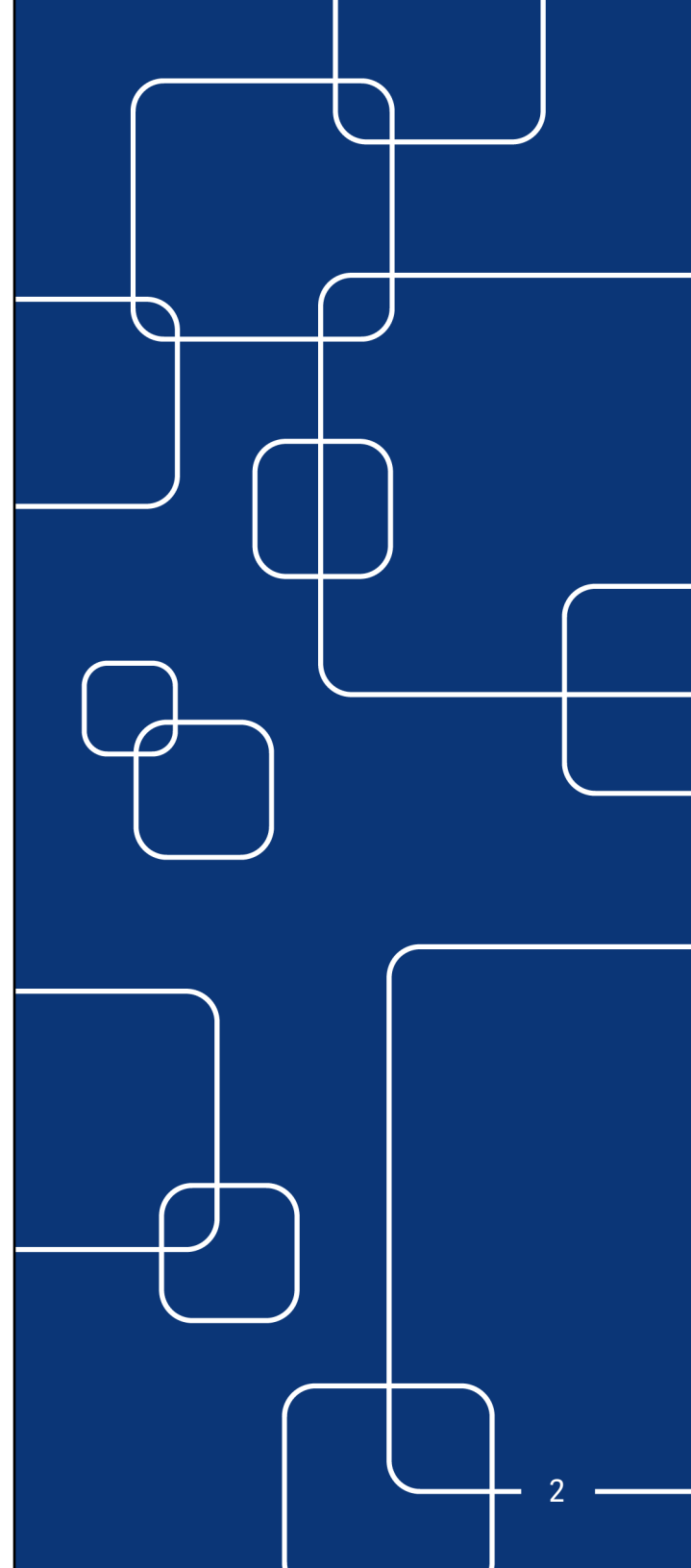


# **Timely Treatment of Severe Hypertension (SHTN) Maternal Learning Collaborative (MLC)**

**Pre-Work Handbook**

# TABLE OF CONTENTS

Background .....	3
Timely Treatment of SHTN Maternal Learning Collaborative.....	3
Collaborative Aim.....	3
Collaborative Checklist: Preparing to Participate .....	4
Forming a Collaborative Team.....	4
System Review.....	7
Team Kickoff Meeting Agenda .....	9
Guiding Questions for Stakeholder Interviews .....	10
Guiding Questions for Conversations with Patients and Support People.....	10
Staff Interview Questions .....	11



# Background

## TIMELY TREATMENT OF SHTN MATERNAL LEARNING COLLABORATIVE

To support hospitals in their effort to improve outcomes relative to the maternal population and drive systemic improvements in care, a northeastern state government partnered with Public Consulting Group (PCG) to design a data-driven learning collaborative. The collaborative was based on a proven model from the Institute for Healthcare Improvement (IHI) called the Breakthrough Series (BTS) Collaborative. Programming relied heavily upon a holistic and multi-faceted approach involving the entire system of maternal care, targeted maternity units, and emergency departments (EDs) as priority settings to test changes for improvements in care processes and outcomes for the state's maternal Medicaid managed care population.

## COLLABORATIVE AIM

The aim of the collaborative was to improve, by 15 percent, the rate of SHTN episodes treated with a first line agent within 30-60 minutes among birthing people >20 weeks GA-7 days postpartum receiving care at acute care hospital inpatient maternity and ED units across the state by December 31, 2023. One of the focuses of this initiative was to identify, address, and reduce racial inequities and disparities for Black birthing people. This initiative also included the following key drivers:

- » Readiness (every care setting)
- » Recognition and prevention (every patient)
- » Response (every event)
- » Reporting and systems learning (every unit)
- » Respectful, equitable, and supportive care (every unit/provider/team member)

*This Collaborative was a 14-month program. More details on this collaborative, including the charter, change package, measurement strategy, and learning model were available to participants on a website built for this program.*

## COLLABORATIVE CHECKLIST: PREPARING TO PARTICIPATE

To prepare for Learning Session 1 of the collaborative, PCG suggests a few key activities be completed, including:

- ✓ Form an effective collaborative team
  - Identify the interdisciplinary team members and an executive sponsor. (See suggested team members, role descriptions, and estimated time commitment in “Forming a Collaborative Team.”)
- ✓ Convene your team and hold a kickoff meeting. (See suggested agenda in “Team Kickoff Meeting Agenda.”)
- ✓ Understand the strengths and opportunities that exist in your system. (See assessment tool in “System Review.”)
- ✓ Conduct interviews with staff and patients and support people to explore current strengths and opportunities in your system. (See guiding questions in “Guiding Questions for Stakeholder Interviews.”)
- ✓ Calculate baseline performance on at least one of the collaborative’s required measures. Information and guidance on data collection and reporting for the measures can be found in PCG’s Measurement Strategy resource.
- ✓ Prepare team for Learning Session 1.
  - Ensure all team members have the details for Learning Session 1.
  - Prepare team storyboard for Learning Session 1.

## Forming a Collaborative Team

PCG recommends that all collaborative teams include the following roles:

1. One executive leader.
2. One project leader (one of the team members listed below who will be the primary point of contact and manage the collaborative team).
3. Two clinical co-leads, one nurse co-lead and one provider co-lead.
4. One measurement lead / information technology (IT) champion.
5. One or more clinical or administrative care team members who support care in maternity units such as labor and delivery (L&D).
6. One or more clinical and administrative care team members who support care in the ED for birthing people.
7. One or more representatives from key community-based providers or organizations who support care for Black birthing people.
8. One or more representatives from other community-based organizations who provide care and/or social supports for birthing people, including doulas, lactation consultants, and home nurses.
9. One or more patient and/or chosen family representatives.

The time commitments for each team role are approximated below, acknowledging that time spent on the work varies by site depending on the specific changes chosen and internal pace of the work. PCG recommends that hospitals form teams with enough people to fulfill the roles described below. Hospitals should assess their own resources and environment to determine how many people should be on their team. Some team members could fill multiple roles.

Role	Responsibilities	Time commitment
Executive Leader	<ul style="list-style-type: none"> <li>» Create and promote the vision of the new system.</li> <li>» Allocate the time and resources needed to achieve the site's aim.</li> <li>» Provide guidance on identifying team members.</li> <li>» Assist as needed in engaging community stakeholders.</li> <li>» Champion the scale-up of successful changes throughout the organization and among its community partners.</li> <li>» Help remove institutional or administrative barriers that hinder team progress.</li> <li>» Attend special leadership track sessions at learning sessions and during action periods.</li> </ul>	2-3 hours/month
Project Leader	<ul style="list-style-type: none"> <li>» Serve as primary point of contact with collaborative leadership team.</li> <li>» Keep teams moving forward to achieve the project aim(s).</li> <li>» Remind team of meeting date, time, and location and ensure that meeting minutes are recorded to track the team's progress and assignments.</li> <li>» Participate in tests of change.</li> </ul>	8-16 hours/month
Clinical Co-Leads	<ul style="list-style-type: none"> <li>» Oversee progress of provider and nursing teams in achieving project aim(s).</li> <li>» Encourage interdisciplinary accountability and teamwork.</li> <li>» May serve as project leader (see above).</li> </ul>	7-8 hours/month
Measurement Lead / IT Analyst	<ul style="list-style-type: none"> <li>» Assist teams in accessing IT systems for measurement.</li> <li>» Support integration of successful changes into IT systems as required.</li> <li>» Advise on how IT systems can be leveraged to support change.</li> </ul>	5-6 hours/month
Clinical and Staff Representatives	<ul style="list-style-type: none"> <li>» Bring clinical or other frontline expertise to discussion, choosing, and testing change ideas.</li> <li>» Champion the project with peers.</li> <li>» Participate in tests of change.</li> </ul>	4-5 hours/month

Role	Responsibilities	Time commitment
Community Provider/ Organization Representatives	<ul style="list-style-type: none"> <li>» Bring expertise to discussing, choosing, and testing change ideas.</li> <li>» Share insight and experience in leveraging community supports.</li> <li>» Champion the project within own organization.</li> <li>» Participate in tests of change.</li> </ul>	4-5 hours/month
Patient and Chosen Family Representatives	<ul style="list-style-type: none"> <li>» Bring expertise as a person with lived experience of care or caregiving to discussing, choosing, and testing change ideas.</li> <li>» Participate in tests of change.</li> </ul>	2-3 hours/month



# System Review

It is important for collaborative teams to gain an understanding of their current system related to the improvement strategies detailed in the change package. Collecting and reflecting on the information below will help your team identify the strengths and opportunities within your system, which can guide discussion during onboarding sessions with the collaborative faculty. For example, if a collaborative team does not have a formal structure to collect patient feedback, then they should plan to address this gap in their onboarding session.

## Who do you serve?

1. What do you know about the patients who birth at your hospital?
  - Age breakdown
  - Self-identified race, ethnicity, and language
  - Self-identified sexual orientation and gender identity
  - Neighborhoods where they reside
  - Payer mix of Medicaid fee for service vs. Medicaid managed care compared to the rest of your patient population (based on the most recent data available for your entire patient population)

## What has been done and what is currently in process?

1. Is your hospital already testing elements of the [Alliance for Innovation on Maternal Health \(AIM\) Severe Hypertension \(SHTN\) bundle](#)?
2. Do you have a way of measuring maternal patient experience? Does it include questions around equity and/or respectful care?
3. Have all clinical staff been educated on:
  - How to accurately take a blood pressure?
  - The definition of SHTN?
  - The SHTN algorithm and medication plan?
  - The fact that postpartum patients can get eclampsia?
4. Does your hospital have a mechanism for measuring the time between the arrival of a patient with SHTN and treatment in ED, L&D, and outpatient settings to ensure timely treatment?
5. Has your hospital implemented a SHTN algorithm, including a policy and procedure?
6. Does your hospital perform drills based on the SHTN algorithm and policy and procedure?
7. Has your hospital defined transfer criteria for a patient with SHTN?
8. Does your hospital have supplies prepared to respond to a SHTN emergency, including medications available across all areas of the hospital where patients receive care?

9. Does your hospital prioritize the triaging of pregnant patients on arrival?
10. Does your hospital have a process for providing patient education on signs and symptoms of hypertension as well as how and when to seek urgent and emergency care during both the antepartum and postpartum periods?
11. What specific outreach and support programs and initiatives are there for patients who experience SHTN?
12. What is your hospital's policy regarding doula presence or involvement in the birthing process? Are they seen as visitors or a member of the care team?
13. Does your hospital have any relationships with community-based organizations (CBOs) supporting birthing people pre- or postnatally?
14. Does your hospital have any relationships with CBOs who specifically support Black birthing people?
15. Do you collect information on social determinants of health (SDOH)? If so, is this reviewed and incorporated into follow-up supports?
16. What initiatives are already underway to support follow-up within 72 hours for birthing people with SHTN?
17. Do you have programs aimed at supporting women to get blood pressure cuffs or medications on discharge if prescribed? If so, please describe.
18. What is your hospital currently doing to address systemic racism and bias? How are maternal and child health services included within this work?
19. What other improvement work is ongoing in your hospital aligned to maternal health?
20. What measures does your hospital currently track related to SHTN? Do you routinely review any of this data stratified by race and ethnicity? Do you collect data on when a patient enters the system, when triage occurs and SHTN is identified, and when a patient with SHTN is treated? What is your system's capability regarding stratifying measures by race and ethnicity?

### **What is your communication plan?**

1. In past improvement projects, what strategies, tools, and techniques did the improvement team utilize to effectively communicate with other colleagues and leadership?
2. How will you or your improvement project team communicate with providers, staff, and leadership about the work being done in the collaborative?
3. How will you build and maintain excitement, commitment, and momentum for the collaborative?



# Team Kickoff Meeting Agenda

Once a hospital's improvement team has been selected, the team should meet with their identified Executive Leader to discuss the following:

1. Why this project matters to each member of the team.
2. The aim of the collaborative and implications for your hospital or health system regarding current and future state.
3. Current, past, or planned maternal health improvement initiatives your hospital has undertaken or will undertake to address the needs of birthing people with SHTN diagnoses in your community and what you can leverage or learn from those experiences. (See "System Review" for additional questions to discuss as a group)
4. Current, past, or planned maternal health improvement initiatives your hospital has undertaken or will undertake to address the experience for Black birthing people or any work underway related to diversity, equity and inclusion that can be leveraged by the collaborative team.
5. Project team roles and responsibilities.
6. The plan for your team completing the pre-work activities and review of any information already gathered.
7. A date and time each week or every other week when the collaborative hospital-based team will meet to track progress toward their project aim(s).

# Guiding Questions for Stakeholder Interviews

In addition to better understanding the current health care systems and processes related to serving the maternal population, teams benefit from learning about the different and diverse experiences of others operating within the system. Teams performed qualitative interviews with the stakeholders identified below to learn how the current systems were successful, how they could be improved, and how all the people within those systems were impacted. The questions below were developed by the Institute for Healthcare Improvement (IHI) to guide collaborative initiatives and were adapted by PCG and program planners for this program.

## GUIDING QUESTIONS FOR CONVERSATIONS WITH PATIENTS AND SUPPORT PEOPLE

Note: Please use additional questions and/or adapt the ones included below as needed. These are intended as a guide to support your team in effective conversations.

[Insert hospital name] appreciates you sharing your experience as a patient (or support persons) with us. Your experience will help [insert hospital name] better understand how to best support birthing people who experience SHTN.

- ✔ Please describe your overall labor, delivery, and postpartum experience while receiving care in our hospital.
- ✔ How well did providers, nurses, and other clinical staff communicate with you during your birthing process? What did they do well? What could have gone better?
- ✔ How could your labor, delivery, and postpartum experience have been improved?
- ✔ Did you feel that you were treated with dignity and respect?
- ✔ Did you feel your preferences and desires were respected during your birthing process? Did you feel listened to by those involved in your care?
- ✔ Did you feel confident in your ability to care for yourself when you were discharged from the hospital?
- ✔ What kind of education did you receive about your SHTN diagnosis and treatment plan while you were in the hospital?
- ✔ Looking back on your birth experience at our hospital, what do you wish that our staff had known? What would you have told them about your experience?
- ✔ What advice do you have for those who are working to improve care for birthing people with SHTN?

## STAFF INTERVIEW QUESTIONS

- ✔ Can you recall an experience when you felt that we provided excellent care for a birthing person with SHTN?
  - What went well for the patient?
  - What went well for you?
  
- ✔ Can you recall an experience when you felt that we did not provide the best care for a birthing person with SHTN?
  - What could have gone better for the patient?
  - What could have gone better for you?
  
- ✔ Can you recall a time where we failed to provide care with dignity and respect for Black birthing people? What do we need to do to improve on that experience?
  - What could help you better care for patient with SHTN?

**For help using this MLC measurement strategy or any questions please contact PCG today!**

☎ (800) 210-6113    @ info@pcgus.com

🌐 www.publicconsultinggroup.com

