

Aim: By February 2023, we will develop reliable recognition and treatment of obstetric HTN during labor and post partum so that we reduce SMM by 25% and compliance is 80% or higher for use of HTN recognition tool; OB HTN emergency pathway; and the eclampsia algorithm. In addition participating hospitals will create and adhere to The Joint Commission OB HTN standards.

### Primary Drivers

Assessment/Recognition

Response/Treatment

Clinical Collaboration to avoid 3 D's delay, deny, dismiss

Equity in Care

### Secondary Drivers

In ED  
Upon admission  
At first acute HTN onset  
In clinical prenatal setting

At second HTN reading  
Medication admin  
At discharge

Data segmentation by race and ethnicity and other factors  
Care gap recognition  
Vigilance in closing gap  
4 steps of Targeted Universalism

### Change Ideas

Know risk factors  
Check for blue band  
Use proper BP technique  
Prioritize 2nd reading  
Use a timer as reminder  
Think, "This is an emergency MI"  
Use preeclampsia early recognition tool  
Use blue band and low dose aspirin

Use standing orders, order sets, to avoid delay  
Treat HTN within 15 min if BP elevation lasts 15 min or more  
Follow OB HTN Emergency Pathways  
Use eclampsia algorithm  
Treat severe BP  
Follow algorithms  
Check stat lab results  
Use Preeclampsia VS Guide  
Follow HTN Medication Admin Guide  
Make 2<sup>nd</sup> reading within 15 min after initial HTN  
Use and practice SBAR  
Swarm and debrief all failures, look for system and process failures  
Drill & simulate  
Develop clear rapid escalation  
Implement TeamSteps  
Schedule f/u PPV 24 hours after d/c (no longer than 48)

Use run and control charts to analyze data monthly. Stratify by race and ethnicity  
Include women of color on your improvement team.  
Set universal goals and develop targeted approaches so all groups achieve universal goals

**DRAFT**