This document outline steps for hospitals participating in the AIM Severe Hypertension in Pregnancy patient safety bundle to transition from bundle implementation into sustainability. Document includes criteria for when a hospital is ready for sustainability and a fillable sustainability plan to ensure progress made during implementation is maintained.

 **What is Sustainability?**

<https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/implementation/long-term-modules/module6/mod6-facguide.html>

* When processes or improved outcomes last within an organization after an implementation has occurred.
* An improvement that has become part of the organizational culture and has been maintained regardless of workforce turnover.

[Institute for Healthcare Improvement 6 Essential Practices to Sustainable Improvement](https://www.ihi.org/insights/6-essential-practices-sustainable-improvement)

**Sustainability Eligibility Criteria**

Hospitals can transition to sustainability once they have met the AIM Hypertension QI Excellence Criteria listed below:

* At least 4 quarters of complete up-to-date data entered in the AIM data portal
	+ Data must be stratified by race, ethnicity, and payor
* All 6 structure measures are in place (5 on Likert scale)
* Timely treatment >80% (average over last 4 quarters)
* OB/ED Provider and OB/ED Nursing education on severe HTN and preeclampsia >90%.
* OB Provider and Nursing education on respectful and equitable care >90%

**NPQIC Participation Requirements for Hospitals in Sustainability**

1. Each year complete the Severe Hypertension in Pregnancy Sustainability Plan and submit to NPQIC.
2. Participate in a yearly coaching call with NPQIC staff to review bundle data and hospital sustainability plan.
3. Submit the following process measures into the AIM Data Portal quarterly.
	1. Provider and nursing education on severe hypertension and preeclampsia
	2. Provider and nursing education on respectful and equitable care
	3. Timely treatment of persistent severe hypertension
	4. Scheduling of postpartum blood pressure and symptoms checks within 3 days of discharge for patients with severe hypertension during the birth admission

# A colorful circle with a black and white logo  Description automatically generated**Severe Hypertension in Pregnancy**

# **Sustainability Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drafted Date:**  | Date | **Plan Review Date:** | Date |
| **Hospital Name:**  | Hospital Name |
| **Provider Champion(s):**  | Provider Name, Email, and Phone # |
|  | *Provider Champion Signature* |
| **Nurse Champion(s):** | Provider Name, Email, and Phone # |
|  | *Nurse Champion Signature* |

## AIM Measures:

|  |  |
| --- | --- |
| Outcome Measures | * Severe Maternal Morbidity
* Severe Maternal Morbidity among People with Preeclampsia, Eclampsia, and HELLP Syndrome
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| Person(s) Responsible | Nebraska Hospital Association (NHA) & NPQIC |
| Reporting Schedule | Quarterly * NPQIC will provide hospital teams with a quarterly report from the [AIM Data Center](https://www.maternalsafety.org/users/sign_in).
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|  |  |
| --- | --- |
| **Process Measures** | Required * Timely treatment of persistent severe hypertension
* OB/ED Provider and OB/ED Nursing education on severe hypertension and preeclampsia within the last 2 years
* OB Provider and Nursing education on respectful and equitable care within the last 2 years
* Scheduling of postpartum blood pressure and symptoms checks within 3 days of discharge for patients with severe hypertension during the birth admission

Optional (Data not entered in the AIM Data Portal but NPQIC recommends continuing to track these measures internally as capacity allows) * Number and Topic of Unit Drills
* Scheduling of postpartum blood pressure and symptoms checks within 7 days of discharge for patients with a documented diagnosis of a hypertensive disorder during their birth admission, excluding those who experienced persistent severe hypertension
* Hospital Readmissions
 |
| **Person(s) Responsible** | Your Hospitals AIM Data Center User |
| **Reporting Schedule** | Quarterly enter the required process measures into the [AIM Data Center](https://www.maternalsafety.org/users/sign_in).  |
| **Sustainability Plan**  | What process is in place to review timely treatment fallouts?Click or tap here to enter text.* NPQIC recommends reviewing fallouts if timely treatment drops below 80% however your hospital may choose to continue reviewing all fallouts or a sample of fallouts as your capacity allows.

What education related to this bundle will you provide for new hires? Click or tap here to enter text. What ongoing education related to this bundle will you provide for your staff? What educational tool(s) will you use for ongoing training for nurses and providers? Click or tap here to enter text.How often will staff receive ongoing education? Click or tap here to enter text.How often will you perform multidisciplinary team simulations on hypertension? Click or tap here to enter text. |
|  |  |
| **Structure Measures** | **Yes or No** Has your department established a standardized process to conduct debriefs with patients after a severe event? **Yes or No** Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications? **Yes or No** Has your hospital established a process to perform multidisciplinary systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or receiving ≥ 4 units RBC transfusions)? **Yes or No** Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards? **Yes or No** Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process? **Yes or No** Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2 years) that contain the following:* Measuring blood pressure
* Treatment of severe hypertension/preeclampsia
* The use of seizure prophylaxis, including treatment overdose
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| **Person(s) Responsible** | Hospital TeamsIdentify team member(s) responsible for reporting. |
| **Reporting Schedule** | Annual certification to NPQIC. Complete certification by: * Reviewing structure measures with NPQIC team during yearly coaching call

AND/OR * Submitting updated and signed sustainability plan certifying structure measures are in place to NPQIC
 |
| **Sustainability Plan** | What education related to this bundle will you provide for new hires? Click or tap here to enter text.What education about your hospital's hypertension policy will you provide for new hires? Click or tap here to enter text. How will you engage with your Emergency Department and other services to ensure readiness for severe hypertension and eclampsia?Click or tap here to enter text. |