PROJECT GOAL:
The NYSPQC/NYSPFP Obstetrical Improvement Project seeks to improve maternal and newborn outcomes by rapidly advancing improvements in identifying maternal preeclampsia and eclampsia in birthing hospitals.

AIM:
By December 31, 2014, >90% of post-partum maternity patients >20 weeks completed gestation will receive education on the signs and symptoms of pre-eclampsia prior to discharge for the birth hospitalization.

PRIMARY DRIVERS

- Screening and Early Diagnosis of Maternal Hypertension in Pregnancy
- Acute Care Management of Hypertension, Maternal Pre-Eclampsia and Eclampsia
- Patient Education on Signs and Symptoms of Hypertension, Pre-eclampsia and Eclampsia
- Foster a culture of safety and improvement

CHANGES

- Standardize blood pressure (BP) screening protocols to accurately measure and monitor BP.
- Develop and use a “suspected pre-eclampsia care pathway” to prevent a hypertensive crisis.
- Develop process/protocols/algorithms/checklists for recognition and response to deteriorating condition of maternity patients with hypertension, pre-eclampsia or eclampsia.
- Create, maintain and use a “Pre-eclampsia Rapid Response Box” to assist in the initiation of rapid delivery of medication to treat hypertensive crisis.
- Consider a rapid response team for targeted early intervention.
- Provide patient-centered education materials to patient and family caregivers, to increase patient awareness of signs and symptoms of prenatal and postpartum pre-eclampsia and the importance of appropriate prenatal and postpartum care.
- Counsel patients that hypertensive disorders during pregnancy may predict future cardiovascular risk.
- Schedule regular simulation drills of your hospital’s hypertension, pre-eclampsia and eclampsia protocols, to ensure providers are familiar with protocol and location of equipment/medication to treat a hypertensive crisis on the L&D unit and in the ED.
- Create and ensure understanding of clear lines of communication and identified avenues for escalation, such as a rapid response team, when appropriate, for example, through use of Team STEPPS.
- Cases of maternal preeclampsia and associated syndromes should be reviewed, including assessments of timing, documentation and performance of active management, by comparison with institutional protocols and building in feedback from staff to improve processes.
- Continuously monitor and disseminate data with discussion at staff/administration meetings.
- Add maternal hypertension assessment and treatment and pre-eclampsia treatment protocols to staff orientation, and annual competency assessments.
- Include Emergency department staff in education and competency assessment.