

Preventing Postpartum Readmissions for Hypertension

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Background & Context

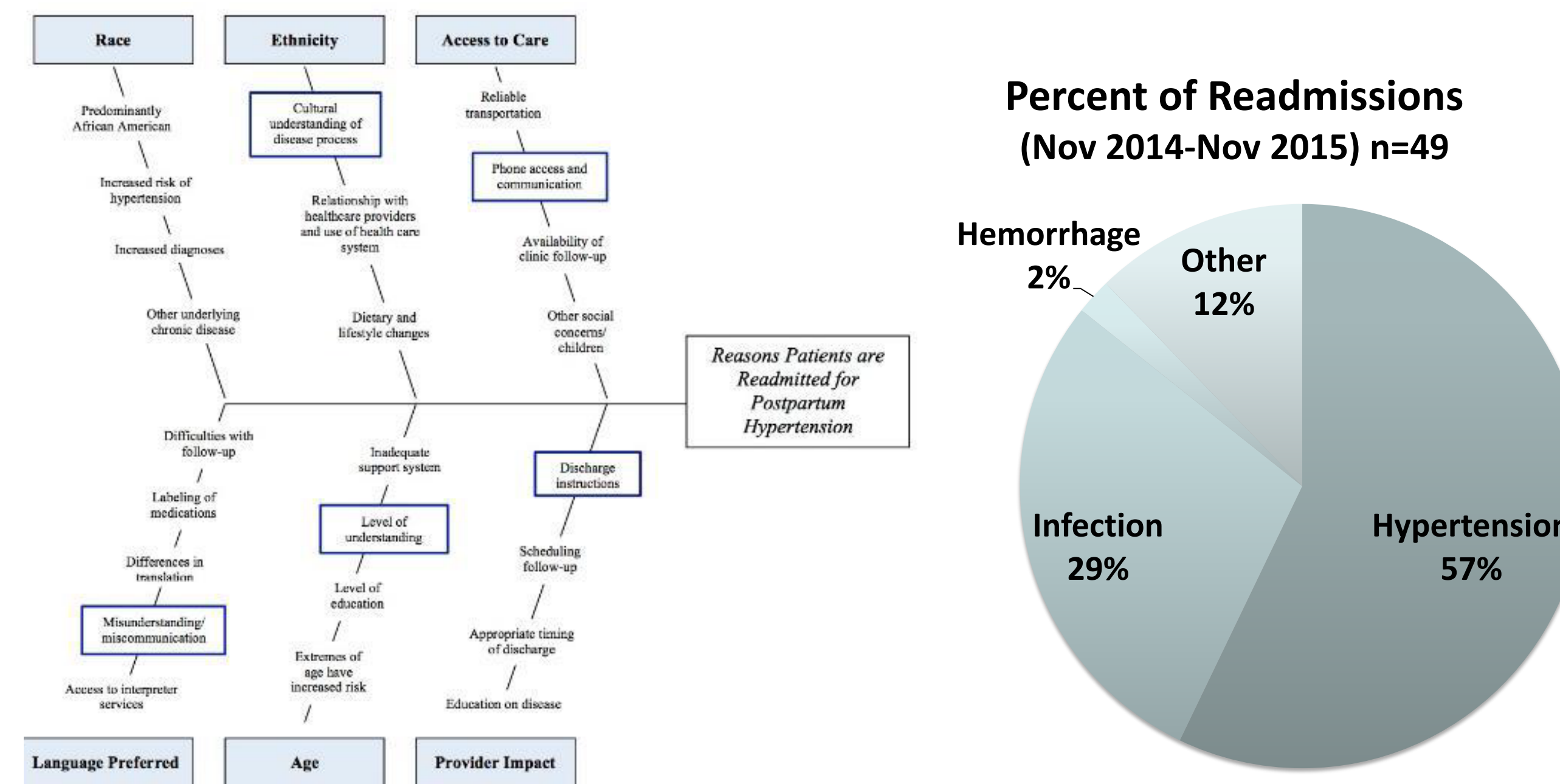
NI-V PROJECT FOCUS: POSTPARTUM READMISSION FOR HYPERTENSION

- Preventable readmissions regarding hypertension have been flagged as an area for improvement in the OB/GYN Department at Aurora Health Care
 - Additionally, chronic disease (hypertension) and health literacy are measures identified on the Milwaukee County Community Health Needs Assessment as areas for our community to improve
 - In 2013, ACOG recommendations for treatment of hypertension in pregnancy were updated and were slowly incorporated within the multidisciplinary team of attending physicians, residents, midwives, and nursing staff
- OUR GOAL:** To analyze characteristics of our patients who have been readmitted and identify commonalities that can help prevent readmission at our facility vs other non-teaching Aurora Hospitals, specifically looking at Race, Ethnicity, and Language (REAL categories) as areas for distinction
- LITERATURE REVIEW SUMMARY:** Caregiver and patient education, verbal and printed resources, and text messaging with prompt follow up post discharge appear to decrease the morbidity and mortality associated with postpartum hypertensive disease and hospital readmissions

Challenges

- Small size of readmissions population limits significance of changes seen
- Database was not readily available for data collection and capturing patients; difficulties with coding for postpartum vs antepartum disease
 - Decision to conduct chart review for all postpartum readmissions
- Limited data samples for “REAL categories”
- Some patients need to be readmitted to the ICU simply for magnesium sulfate administration, which can only be administered in the ER, Labor and Delivery, and the ICU

Fishbone Diagram and Initial Data



Vision Statement

- To reduce postpartum re-admissions for hypertension

Mission Statement

- To identify risk factors in our community and reduce postpartum readmissions for hypertension
- To better educate patients prior to discharge on their diagnosis and provide easy to understand written and verbal information
 - Ensure patient understanding and recognition of symptoms
 - Create easier access to follow up with scheduled appointments and access to medications prior to discharge

Team Objectives & Plan

OBJECTIVES AND PLAN (VIA RAPID PDSA CYCLE)

- Obtain L&D staff perceptions regarding patient barriers and complete fishbone diagram for identifying areas for intervention
- Complete CLIN-IQ for literature review for postpartum hypertension readmissions
- Complete Chart Review for Readmissions from Nov 2014-Nov 2015
- Identify “REAL” patient population disparities and risk factors associated with postpartum hypertension readmissions
- Implement targeted intervention to reduce postpartum hypertension readmission

STAKEHOLDERS

- Aurora Health Care Offices of Quality, Diversity and Inclusion Office, Chief Medical Officers, Faculty, Residents, Nursing Staff

MEASURES OF SUCCESS

- To be determined pending findings from chart review

Experience and Next Steps

COMPLETED

- ☒ Multidisciplinary Fishbone Diagram
- ☒ Submitted literature review [CLIN-IQ] to *J Patient Centered Res & Reviews*

NEXT STEPS:

- ☐ **Collect Primary Data and Complete Chart Review**
 - Identify common risk factors for postpartum hypertension readmission
 - Currently ongoing by Dr. Lepic and O'Meara
- ☐ **Evaluate and Choose Implementation Methodology**
 - Pending results from chart review, develop a plan to have multidisciplinary execution of the plan
 - ACKNOWLEDGE:** AHC Offices of Clinical Quality, Diversity & Inclusion, and Graduate Medical Education

Group Feedback