



PA AIM Bundle

*Improving Severe Hypertension Treatment and
Reducing Racial/Ethnic Disparities*

The PA AIM Planning Task Force integrated the [AIM Severe Hypertension in Pregnancy Bundle](#) and the [AIM Racial/Ethnic Disparities Bundle](#) to create this combined bundle for use in the PA AIM Initiative.

READINESS

Every Health System and Unit

- Systems to accurately document self-identified race, ethnicity, and primary language
 - Provide system-wide staff education and training on how to ask demographic intake questions
 - Ensure that patients understand why race, ethnicity, and language data are being collected
 - Ensure that race, ethnicity, and language data are being collected and accessible in the electronic medical record
 - Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in language other than English
 - Educate all staff (e.g. inpatient, outpatient, community-based) on Culturally and Linguistically Appropriate Services (CLAS) that are grounded in the linguistic and cultural characteristics of communities being served.
- Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms).
- Unit education on protocols, unit-based drills (with post-drill debriefs).
- Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas.
- Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage.
- System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed.
- Staff-wide education on:
 - Peripartum racial and ethnic disparities and their root causes.
 - Implicit bias
 - Cultural humility model
 - Anti-racism strategies
 - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams, including the team that is continuously improving the severe hypertension processes.
- Seek expertise from diverse community groups that have built trust with individuals in the community in sharing information about hypertension warning signs and response.
- Foster a diverse workforce that is representative of the communities you serve by implementing hiring practices, mentorships, or in-serve learning components.

RECOGNITION & PREVENTION

Every Patient, Family and Staff Member

- Standard protocol for measurement and assessment of BP and urine protein for all pregnant and postpartum women.
- Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of labs (e.g. CBC with platelets, AST and ALT).
- Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of hypertension and preeclampsia.
- Convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

RESPONSE

Every case of severe hypertension/preeclampsia

- Facility-wide standard protocols with checklists and escalation policies for management and treatment of:
 - Severe hypertension
 - Eclampsia, seizure prophylaxis, and magnesium over-dosage
 - postpartum presentation of severe hypertension/preeclampsia
- Minimum requirements for protocol:
 - Notification of physician or primary care provider if systolic BP \geq 160 or diastolic BP \geq 110 for two measurements within 15 minutes
 - After the second elevated reading, treatment should be initiated ASAP (preferably within 60 minutes of verification)
 - Includes onset and duration of magnesium sulfate therapy
 - Includes escalation measures for those unresponsive to standard treatment
 - Describes manner and verification of follow-up within 7 to 14 days postpartum
 - Describe postpartum patient education for women with preeclampsia
- Support plan for patients, families, and staff for ICU admissions and serious complications of severe hypertension.

Every clinical encounter

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman's reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
 - Provide discharge instructions that include information about what danger or warning signs to look out for, whom to call, and where to go if they have a question or concern
 - Design discharge materials that meet patients' health literacy, language and cultural needs
- Offer expansive birthing choices by collaborating and building trust with community resources that have perinatal CHWs, Doulas, and other supportive services.

REPORTING & SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities.
- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture, where patients, families, and staff feel comfortable reporting inequitable care and episodes of miscommunication or disrespect.
- Analyze how institutional policies are facilitating or alleviating racial disparities, and the impact of new institutional policies on people of color, with a racial equity impact assessment tool (e.g. Race Forward's impact assessment tool). Possibly specify policies that relate to hypertension.
- Multidisciplinary review of all severe hypertension/eclampsia cases admitted to ICU for systems issues.
- Monitor outcomes and process metrics.
 - Develop a disparities dashboard that monitors process and outcome metrics (including the SMM outcome measured and the time to severe hypertension treatment process measure) stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Involve Black communities in meaningful conversations about the emotional, mental, and physical harm, including but not limited to severe hypertension, and how it is being corrected at the institution.
- Gather feedback from patients using self-reported tools, such as:
 - Mother's Autonomy in Decision Making (MADM) instrument to assess the women's autonomy and role in decision making during maternity care
 - Mothers on Respect index (MORi) to assess the women's experiences of respect and self-determination when interacting with their maternity care.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes in severe hypertension in pregnancy.
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.
 - Add as a checkbox on the review sheet: Did race/ethnicity (i.e. implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?

RESOURCES

View a list of resources [here](#) for the racial/ethnic disparities components of the PA AIM Integrated Bundle (<https://www.whamglobal.org/resources#Health-Equity>).

View a list of resources [here](#) for the severe hypertension components of the PA AIM Integrated Bundle (<https://www.whamglobal.org/resources#Severe-Hypertension>).