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TexasAIM SETRAC Updates

Jeremy Triplett

Maternal and Child Health Section Director
Texas Department of State Health Services

Catherine Eppes, MD, MPH

Assistant Professor, Baylor College of Medicine
Faculty Chair, TexasAIM Plus Obstetric
Hemorrhage Learning Collaborative

Introduction to TexasAIM Initiative

Goals of TexasAIM

- 1.** Participation from more than 75% of Texas hospitals with OB lines of service (currently 217/225 = 96%) ✓
- 2.** Engage 50% or more participating hospitals in a Learning Collaborative (181/225 = 83%) ✓
- 3.** Support hospitals with tools and technical assistance in quality improvement as they implement bundles
- 4.** Foster partnerships to develop and align infrastructure and resources to support TexasAIM goals



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Senate Bill 17

85th Legislature, 1st Special Session



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Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE.

(a) Using existing resources, the department, in collaboration with the task force, shall promote and facilitate the use among health care providers in this state of maternal health and safety informational materials, including tools and procedures related to best practices in maternal health and safety.

Reasons for TexasAIM Bundles



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- Obstetric hemorrhage and eclampsia among leading causes of preventable severe maternal morbidity in Texas
- Evidence from California and other AIM states shows that AIM bundles work to reduce severe maternal morbidity
- Drug overdose, mainly due to opioids, is the leading cause of pregnancy-associated death in Texas

TexasAIM Maternal Safety Bundles

- **Goal:**
 - Reduce severe maternal morbidity using evidence-based systems to enhance maternal care
- **Implementing AIM bundles for:**
 - Obstetric hemorrhage
 - Severe hypertension in pregnancy
 - Obstetric care for women with opioid use disorder



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Purpose

(Available in the TexasAIM Plus OBH Information Packet, as part of the ***OBH Learning Collaborative Charter***)

Obstetric Hemorrhage Learning Collaborative Purpose & Aim

The purpose of the TexasAIM Plus Obstetric Hemorrhage (OBH+) Learning Collaborative is to increase maternal health and safety throughout Texas by creating environments that exemplify the following values.:

- **Readiness:** Every unit is ready to respond to an obstetric hemorrhage.
- **Recognition & Prevention:** Every patient is assessed and patient care is managed so that hemorrhage risk is recognized and, when possible, hemorrhage is prevented.
- **Response:** Every hemorrhage is responded to in a standardized, stage-based approach and support is provided for patients, families, and staff for each significant hemorrhage.
- **Reporting/Systems Learning:** Every unit exemplifies a culture of safety, with processes in place to support continuous multidisciplinary learning and improvement.



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TexasAIM Plus Obstetric Hemorrhage (OBH) Learning Collaborative Aim



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The Collaborative Aims of the OBH+ Learning Collaborative

are:

1. All Collaborative participants develop and implement a multidisciplinary team response to every massive hemorrhage by January 1, 2020.
2. The proportion of severe maternal morbidity among hemorrhage patients in participating hospitals is reduced by 25% by January 1, 2020.

TexasAIM Plus Learning Collaborative Faculty



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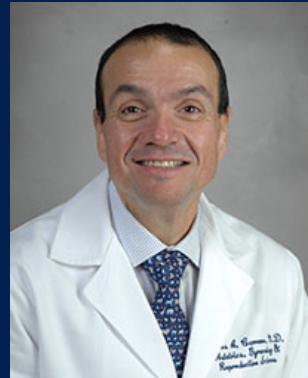
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Carey Eppes, MD, MPH
TexasAIM Faculty Chair



**Linda Beaverstock,
BSN, RNC-OB, C-EFM**



Carlos Carreno, MD



**Rakhi Dimino, MD,
MMM, FACOG**



**Kendra Fohl,
BSN, RNC-OB**



Karin Fox, MD, M.Ed.



**Patti Heale,
DNP, RNC-OB, C-EFM**



**Renee' Jones, DNP, RNC-
OB, WHNP-BC**



**Suzanne Lundeen
PhD, RNC-OB, NEA-BC**



Jamie Morgan, MD



**Carol Whittaker, MSN,
RNC-OB, C-EFM**

TexasAIM Ops Team



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**Megan Coulter,
MPH**
*DSHS Maternal
Health & Safety
Coordinator*



**Ashley
Steenberger,
MPH, CHES**
*DSHS Maternal
Health & Safety
Coordinator*



**Julie Stagg,
MSN, RN,
IBCLC** *DSHS
Healthy Texas
Mothers &
Babies Branch
Manager*



**Karen
Kendrick
MSN, RN**
*THAF
VP, Clinical
Initiatives*



**Katrina Flores,
MPH**
*DSHS MCH
Senior
Epidemiologist*



**Meghan Peel,
PhD**
*Manager,
Surveillance and
Data Analytics
Group, Maternal
& Child Health
Epidemiology,
DSHS*



**Manda Hall,
MD** *Associate
Commissioner,
Community
Health
Improvement
Division, DSHS*



**Jeremy
Triplett**
*Director,
Maternal and
Child Health
Section, DSHS*



Southeast Texas RAC TexasAIM Participants

1. Ben Taub Hospital (Plus)
2. CHI St. Luke's Health–Sugar Land Hospital (Plus)
3. CHI St. Luke's Health–The Vintage Hospital (Plus)
4. CHI St. Luke's Health–The Woodlands Hospital (Plus)
5. Children's Memorial Hermann Hospital (Plus)
6. Columbus Community Hospital (Basic)
7. HCA Houston Healthcare- Clearlake (Basic)
8. HCA Houston Healthcare- Conroe (Basic)
9. HCA Houston Healthcare Cypress Fairbanks (Plus)
10. HCA Houston Healthcare Kingwood (Plus)
11. HCA Houston Healthcare- Northwest (Plus)
12. HCA Houston Healthcare Southeast (Plus)
13. HCA Houston Healthcare Tomball (Plus)
14. HCA Houston Healthcare West (Plus)
15. Houston Methodist Baytown Hospital (Plus)
16. Houston Methodist Clear Lake Hospital (Plus)
17. Houston Methodist Hospital at Texas Medical Center (Basic)
18. Houston Methodist Sugar Land Hospital (Plus)
19. Houston Methodist The Woodlands Hospital (Basic)
20. Houston Methodist West Hospital (Plus)
21. Houston Methodist Willowbrook Hospital (Plus)
22. Huntsville Memorial Hospital (Plus)
23. Lyndon Baines Johnson General Hospital (Plus)
24. Matagorda Regional Medical Center (Basic)
25. Memorial Hermann Cypress Hospital (Plus)
26. Memorial Hermann Greater Heights Hospital (Plus)
27. Memorial Hermann Katy Hospital (Plus)
28. Memorial Hermann Memorial City Medical Center (Plus)
29. Memorial Hermann Northeast Hospital (Plus)
30. Memorial Hermann Southeast Hospital (Plus)
31. Memorial Hermann Southwest Hospital (Plus)
32. Memorial Hermann Sugar Land Hospital (Plus)
33. Memorial Hermann The Woodlands Medical Center (Plus)
34. Oakbend Medical Center (Plus)
35. St. Joseph Women's Medical Center (Basic)
36. Texas Children's Hospital Pavilion for Women (Plus)
37. The Woman's Hospital of Texas (Plus)

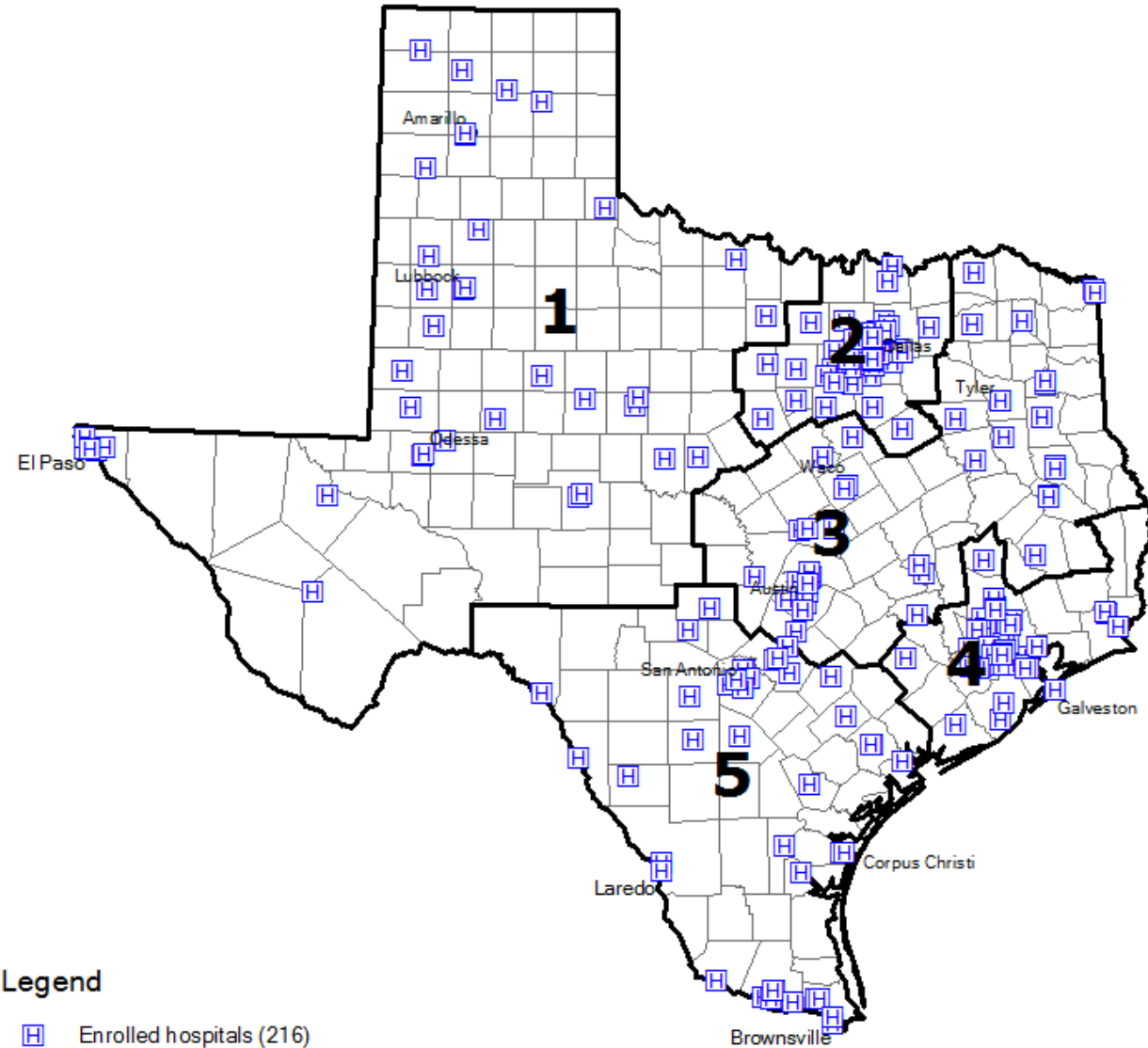


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TexasAIM Current Hospitals as of August 8, 2019 By TexasAIM Cohort Region



Legend

 Enrolled hospitals (216)

 TexasAIM Cohort Region

Source: TexasAIM Enrollment Data
Prepared by: Maternal & Child Health Epidemiology, 8/13/2019.



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Assessing Progress

Action Period 1



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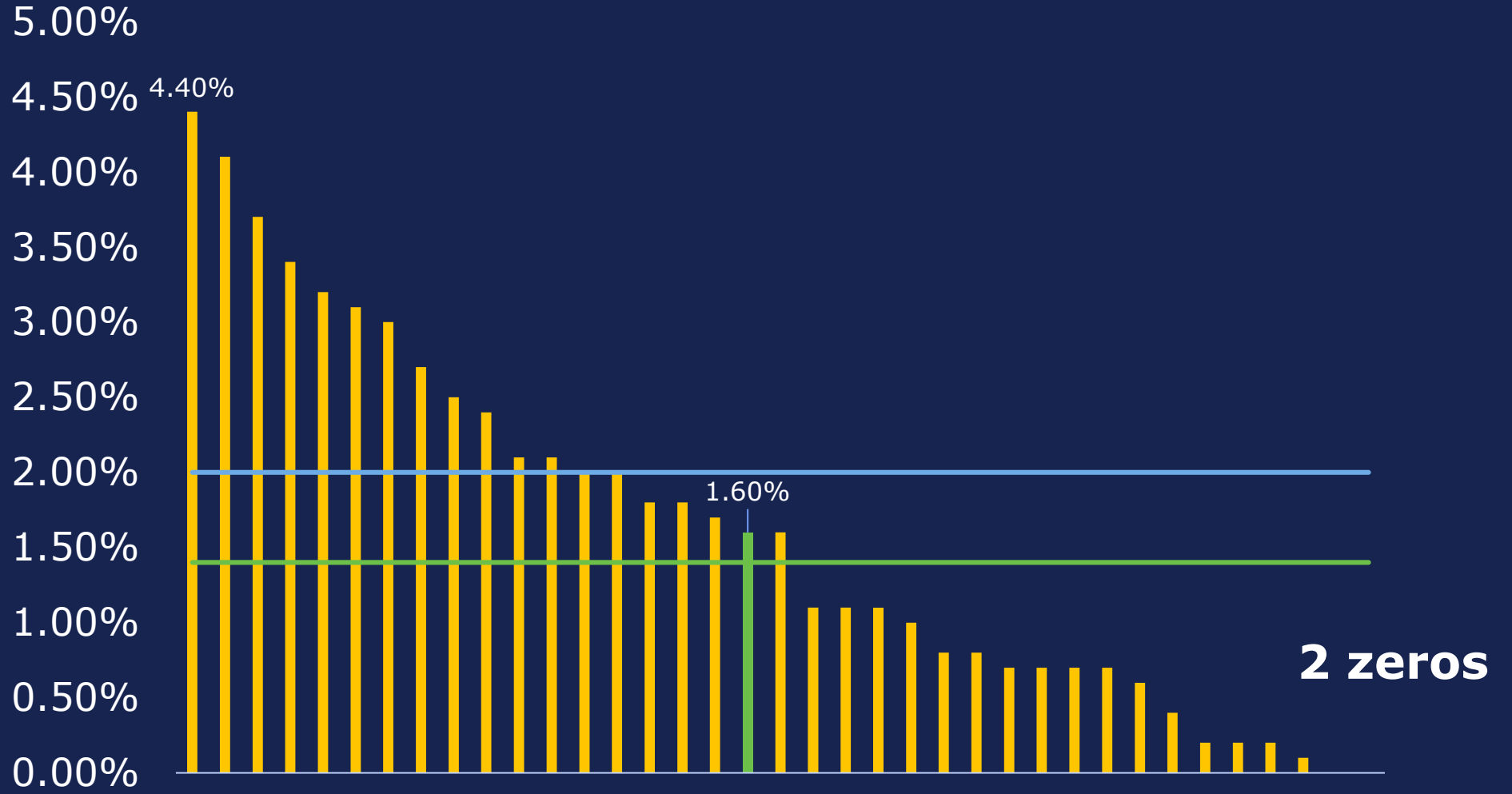
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Assessing Progress

- Action Period Surveys
- Family of Measures
- Change Package/Driver Diagram



SMM Rate, All Deliveries April-June 2018



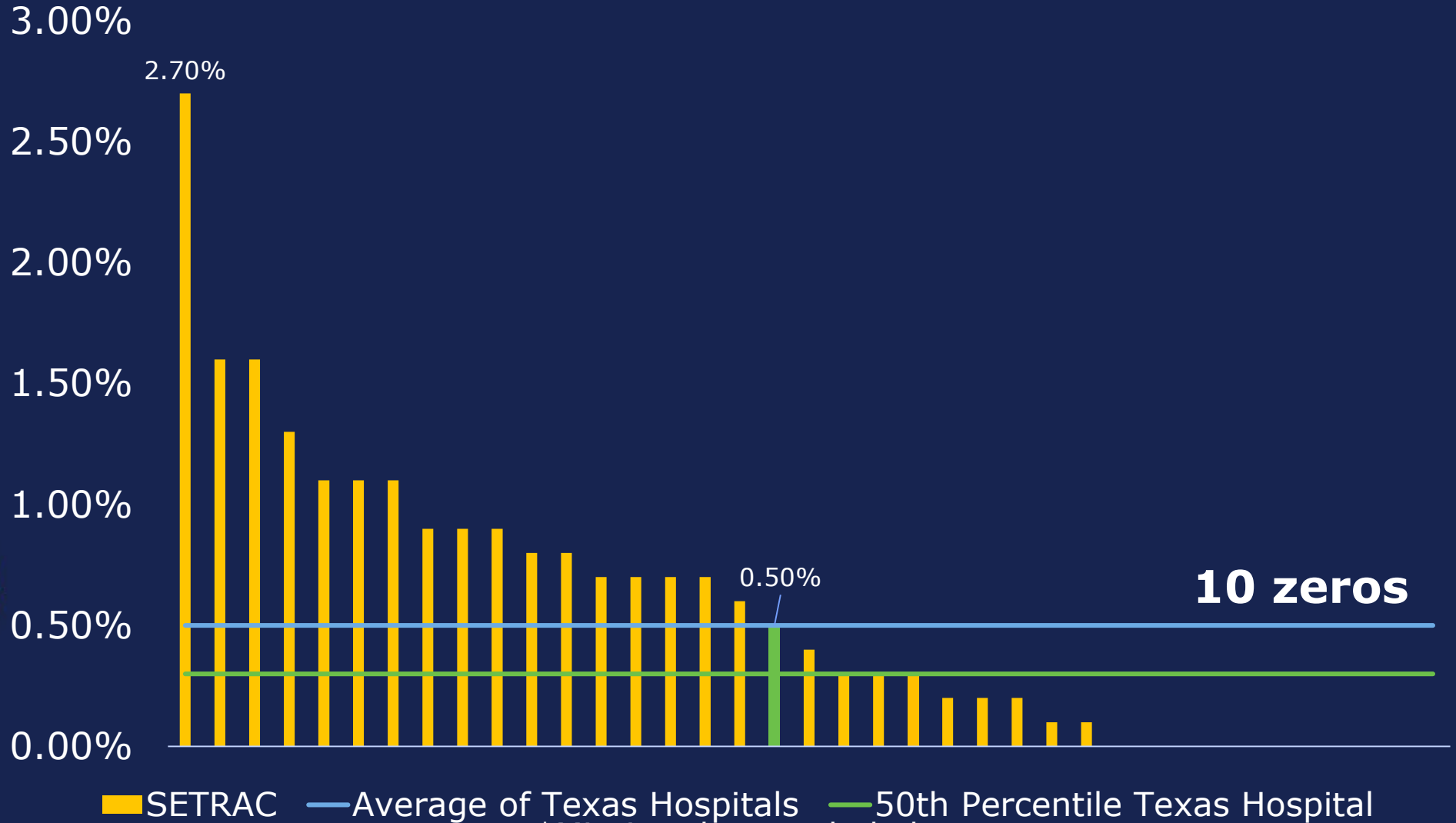
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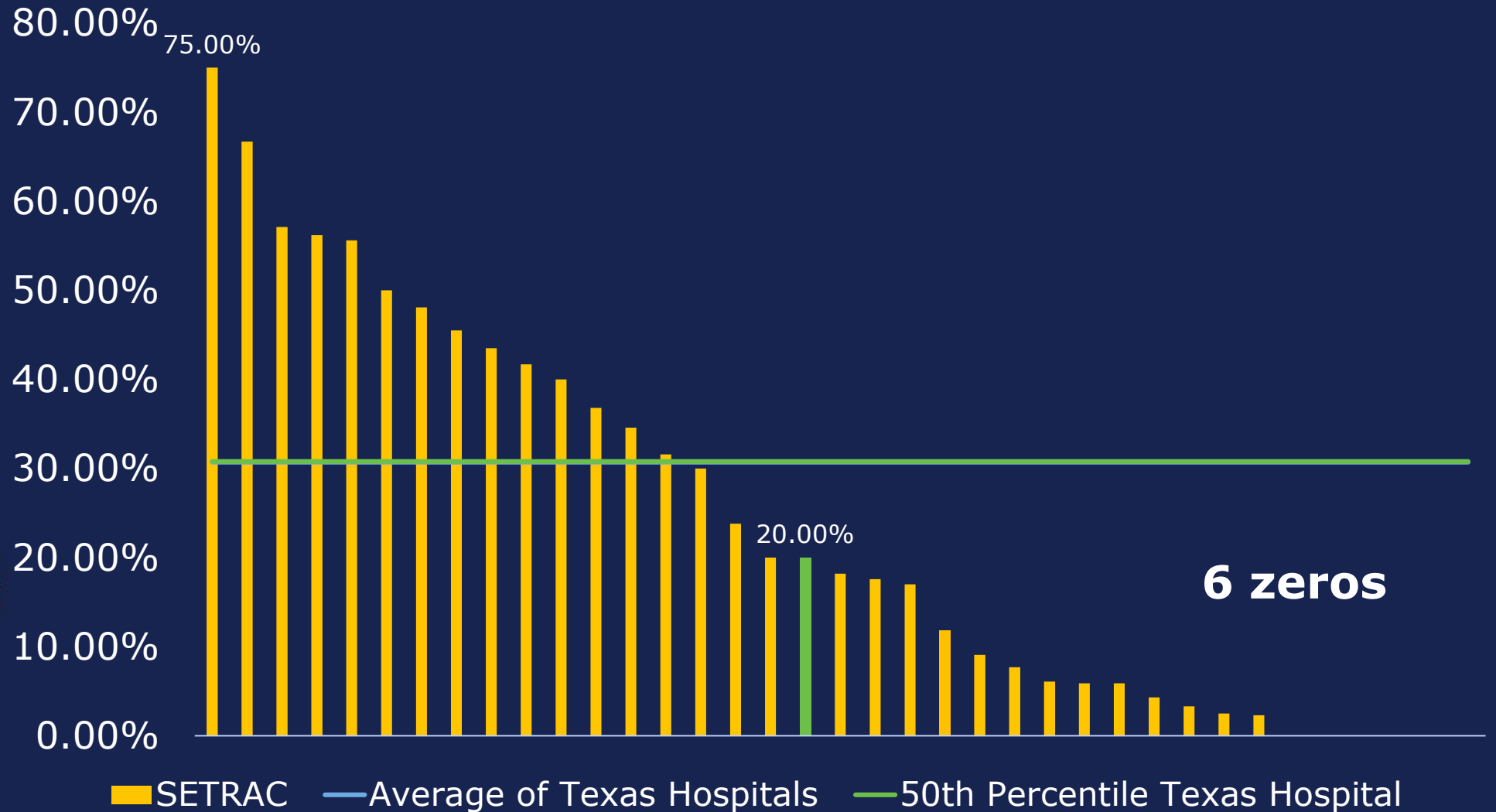
■ SETRAC
 — Average of Texas Hospitals
— 50th Percentile Texas Hospital

*Missing data excluded

SMM Rate (excluding transfusions) All Deliveries April-June 2018



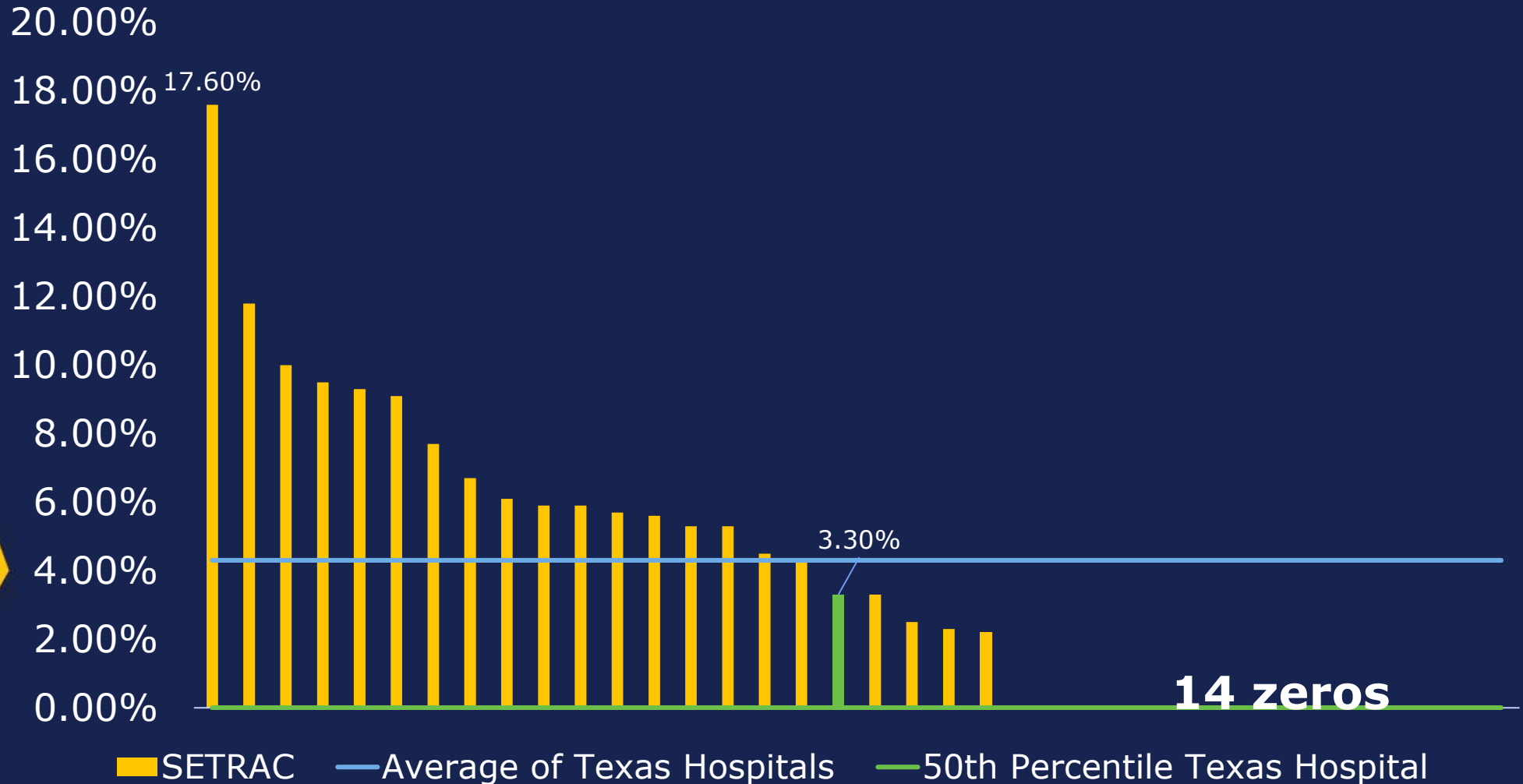
SMM rate among births with obstetric hemorrhage April-June 2018



*Missing data excluded

Prepared by Maternal and Child Health HTMB Group 5/30/2019

SMM (excluding transfusion) rate among births with obstetric hemorrhage April-June 2018



*Missing data excluded

Prepared by Maternal and Child Health HTMB Group 5/30/2019



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Readiness



Readiness Components

Hemorrhage Cart

98%¹

Immediate Access
to Medications

99%²

OB Response Team

32%²

Massive Transfusion
Protocols/
Emergency Blood
Product Release

100%²

Unit Edu on OBH & on Protocols for nurses

86%, 83%¹

Unit Edu on OBH & Protocols for MDs & CNMs

32%, 30%¹

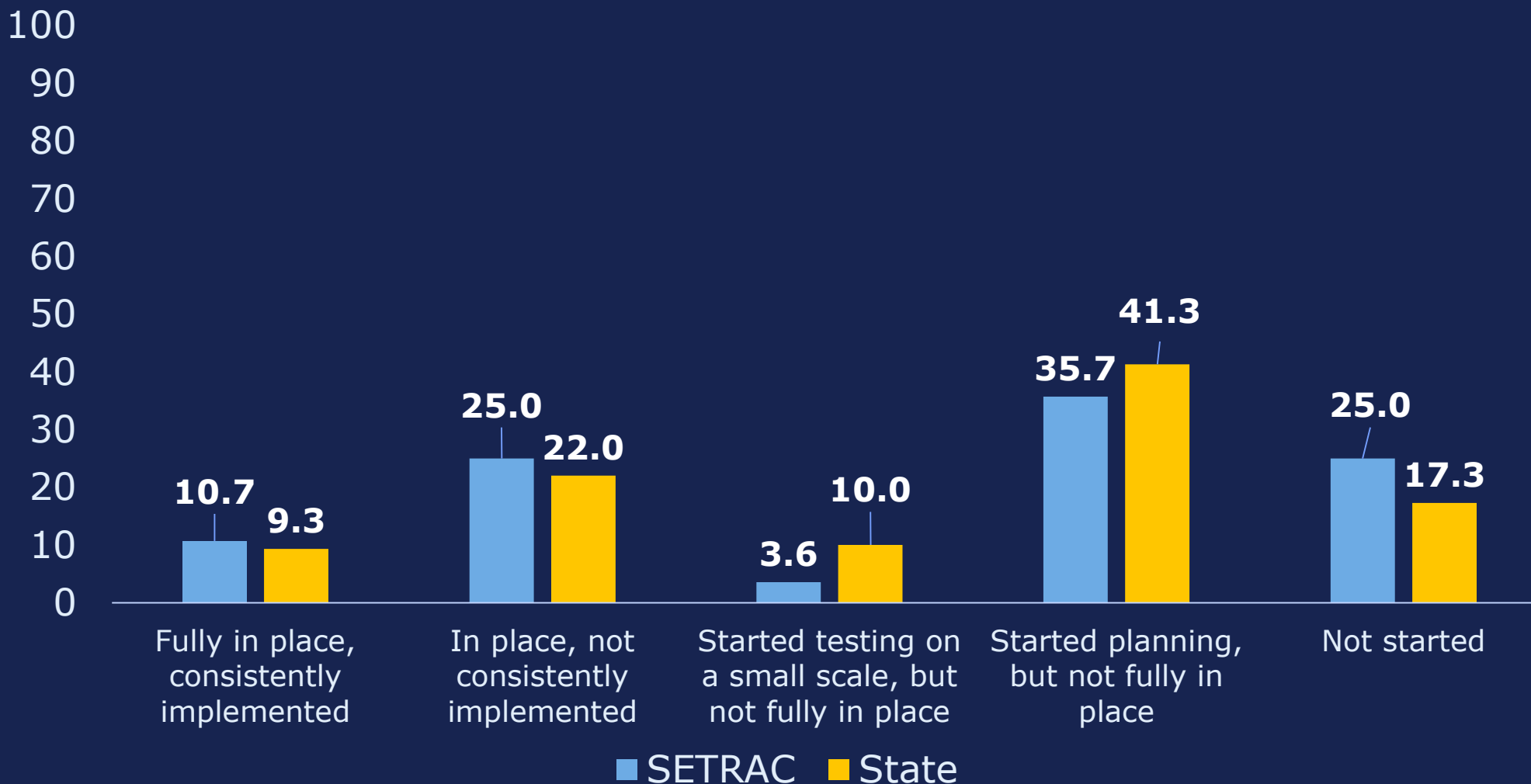
Unit Based Drills **69%**¹

Action Period Status Update Survey: Established maternal early warning system



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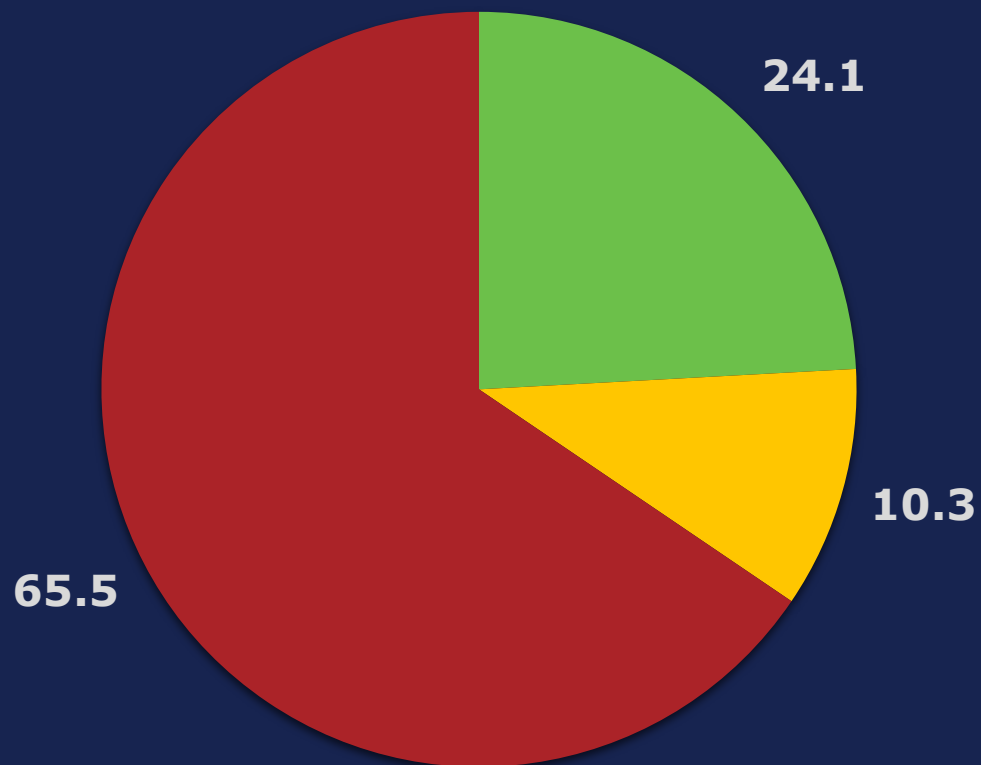
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Action Period Status Update: SETRAC: Concerns about limited blood supply access



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■ Yes ■ Unsure/Don't Know ■ No

*Missing data excluded



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Recognition and Prevention

Recognition and Prevention Components



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Assessment of
Hemorrhage Risk

87%¹

Quantitative Blood
Loss

13%¹

Active management
of 3rd Stage of
Labor

85-97% across
components²



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Response



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Response Components

Unit-standard stage-based
obstetric hemorrhage emergency
plan with checklists

Policy: **81%**¹

Emergency management fully in
place: **43%**²

Patient and Family Support
Program for hemorrhage event

0%²

Staff Support Program for
hemorrhage event

18%²



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Reporting and Systems Learning

Reporting and Systems Learning Components



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Culture of Huddles
for High-Risk
Patients/ Post
Event De-briefs

25%

Multidisciplinary
review of
events/issues

46%

System to measure and monitor outcomes

Collecting process measures: 75%

Collecting outcome measures: 68%

Regularly reviewing metrics with QAPI: 82%



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“Ripe” Topics for Collaborative Learning and Accelerated Quality Improvement

Sources:

Action Period Status Update Survey

Learning Session Discussions and Feedback

AP Survey: Hospitals want to learn from other hospitals about:

- 1. Setting up OB code, OB response team, and notification systems**
- 2. Standardized case review and QAPI implementation**
- 3. Implementation and utilization of debriefs**
4. Debriefing with families
- 5. Setting up drills and simulations/unit education**
6. Utilization of checklists
- 7. Patient, family and staff support programs**
8. Policies for refusal of blood products
- 9. Implementation of quantification of blood loss**
- 10. Physician buy-in**
11. Developing critical thinking skills for effective response
12. Success stories/lessons learned for all bundle elements



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Heard in the Field: Other questions and topics of interest

1. Many hospitals have concerns about access to blood products
2. “How can we work together on our electric health records so we’re not reinventing the wheel?”
3. “How can we improve the quality of the data our hospital is collecting?”



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Poll

live.voxvote.com
Pin: 25501



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Thank you
