

Implementation of Pre-Discharge Appointment Scheduling to Increase Attendance at Postpartum Hypertension Screening

Nancy McAlduff, BSN, RN, IBCLC, RLC, Carolyn Greely, DNP, CRNP, Claire Bode, DNP, MS, CRNP
University of Maryland School of Nursing

Problem Statement

- ACOG and Maternal Hypertension Safety Bundle (MHSB) guidelines state all patients with HDP should attend a postpartum blood pressure (PPBP) check appointment within 10 days
- Preliminary data reveal only 40% of patients experiencing severe maternal hypertension attend the PPBP appointment
- 70% of the patients who did not attend the PPBP appointment self-identified as non-White
- Literature based solution reveals scheduling appointments prior to discharge increases appointment attendance and decreases racial disparities in attendance

Pre-Implementation Data	Yes N(%)	No N(%)
Appointment scheduled prior to discharge home	2 (3)	60 (97)
Attended PPBP appointment	25 (40)	37 (60)
Patient self-reported race as non-White who did or did not attend PPBP appointment	12 (48)	26 (70)

Purpose of Project/Goals

Purpose: Increase attendance at postpartum blood pressure screening appointment by scheduling the appointment prior to discharge from hospital

Key Structure Goal

- Develop EHR report to identify all patients with ICD-10 codes corresponding to HDP

Key Process Goals

- Postpartum nurse recognizes and delivers 100% of patient names with HDP to patient care assistant (PCA) each day
- 100% of appointments scheduled by PCA-OB office scheduler prior to discharge

Key Outcome Goals

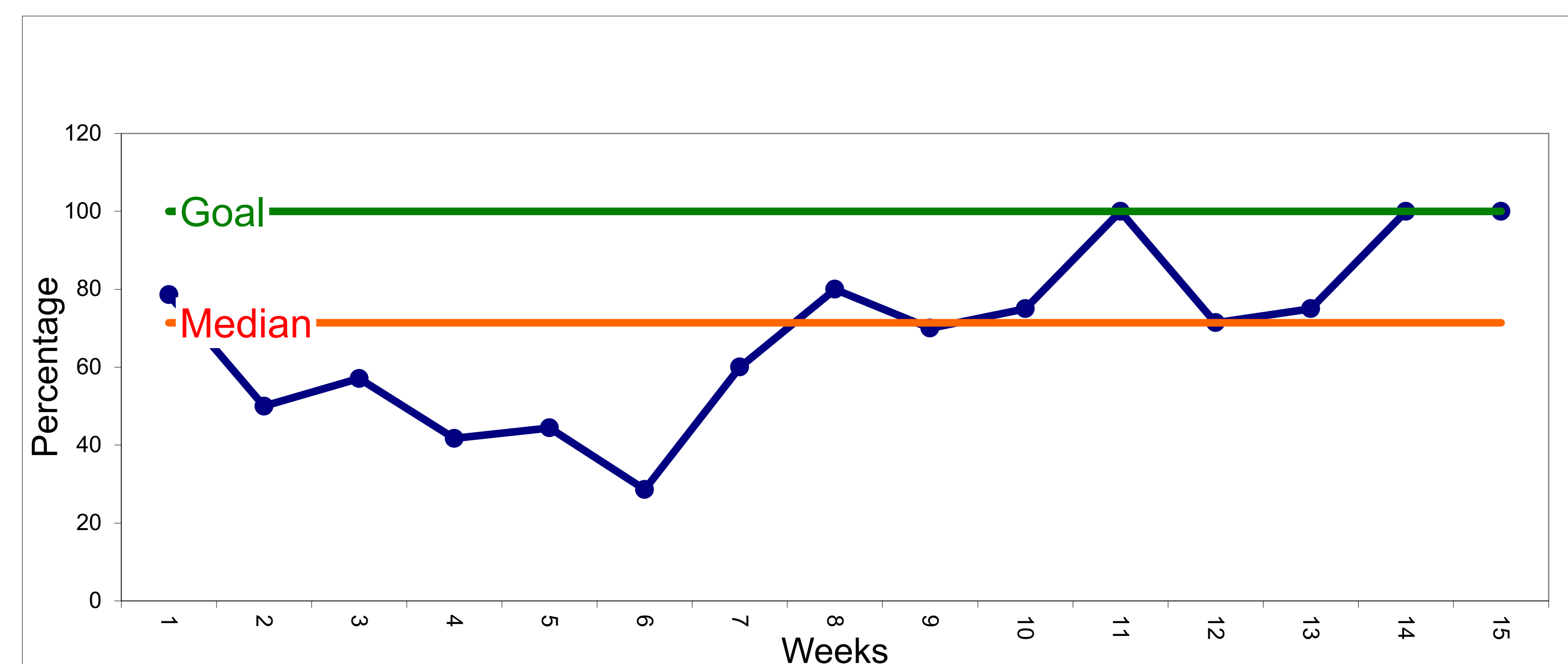
- 100% of women with HDP attend their PPBP check appointment

Methods

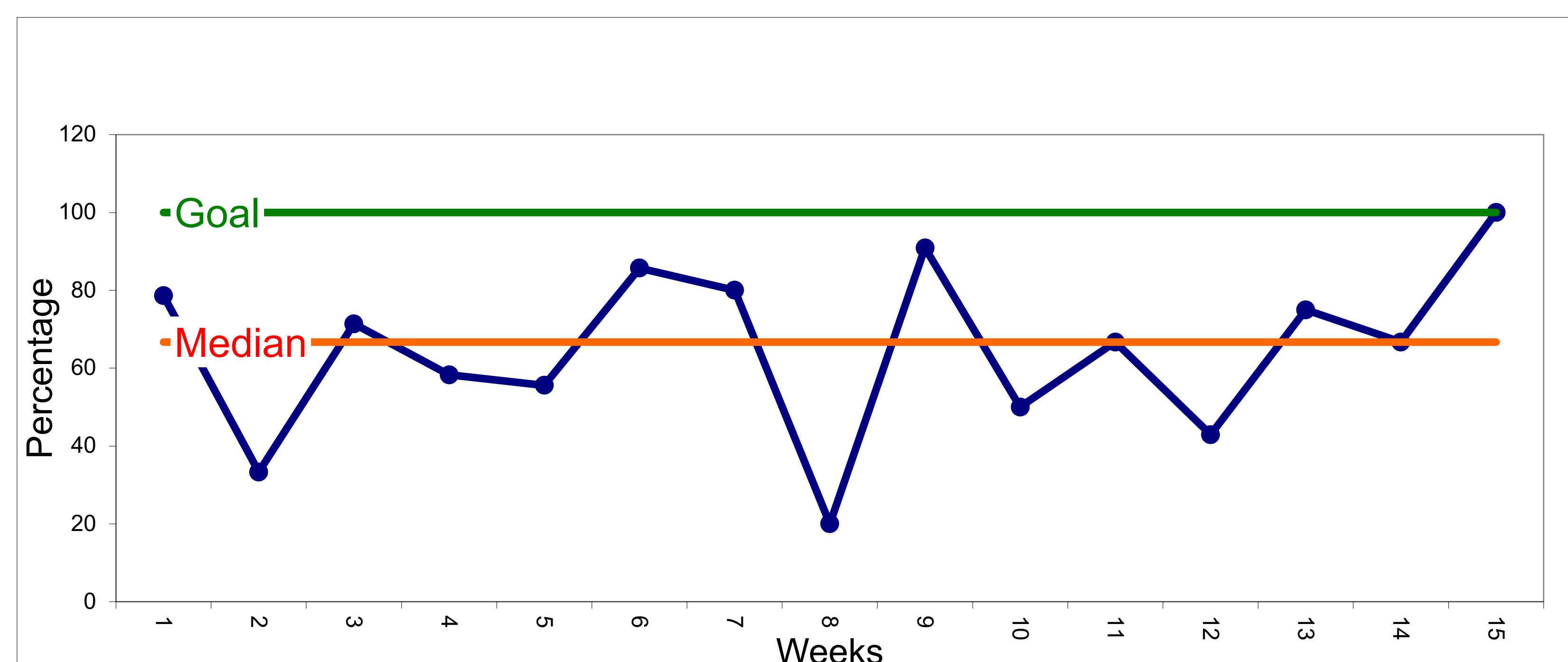
- Community hospital in the Mid-Atlantic region
- Approximately 200 births a month, 50% of patients self-identify as non-White
- Approximately 20% experience HDP
- Hospital early adopter implementing state-wide Perinatal Quality Collaborative MHSB
- Nurse, attending physician or midwife identified patient with HDP, daily
- Name delivered to PCA, daily
- PCA messaged OB office scheduler via EHR secure message portal, initiating scheduling process
- OB office contacted patient to schedule appointment before discharge
- Data collected via weekly chart review

Results

Percentage of Patients Identified and Reported to PCA, Weekly



Percentage of Attendance at Postpartum Appointment, Weekly



Discussion

- Education, workflow changes, and practice change champions facilitated project uptake
- Similar to other QI projects, implementing pre-discharge appointment scheduling increased PPBP appointment attendance for patients with HDP from 40% to 65%
- By race, percentage of appointments attended align with overall patient population in the study period
- Pre-discharge appointment scheduling initiation decreased appointment non-attendance from 70% to 54% for self-identified non-White patients
- Project outcomes limited due to lack of participation from one (out of three) OB care provider groups

Patient Population (%)	Appointment Attended N(%)	Appointment Not Attended N(%)
White, non-Hispanic (42)	31 (41)	19 (46)
Other than White, non-Hispanic (58)	45 (59)	22 (54)

Conclusions

- Implementing a workflow to schedule PPBP appointment prior to discharge increases appointment attendance and decreases racial disparities in appointment attendance
- Both hospital and OB provider practices committed to continuing this workflow change
- Increased attendance at postpartum visits increases screening and potentially decreases racial disparities in maternal morbidity and mortality
- Similar workflow change could be implemented in other postpartum units to increase PPBP attendance

References/Acknowledgement

This project would not have been possible without the cooperation of the Nurse Leadership and staff including Karen Maggio, Morgan Riskey, Deborah Schinner, Cathy Bothe, our PCAs Evelyn and Sylvia, and the support of my family.

