The Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity

2023 Tyson Award Ceremony

Healthcare Equity Strategies Implemented by University of Chicago Medicine
Introductions: Joint Commission and Kaiser Permanente

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer, The Joint Commission

David Baker, MD, MPH, FACP
Exec Vice President, Healthcare Quality Evaluation, Editor-in-Chief, Journal on Quality and Patient Safety, The Joint Commission

Ronald L. Copeland, MD, FACS
Sr Vice President of National Diversity and Inclusion Strategy and Policy and Chief Equity, Inclusion, and Diversity Officer, Kaiser Permanente

Mark Smith, MD, MBA, Clinical Professor of Medicine, University of California, San Francisco
2023 Tyson Award Panel Chair
Introduction: University of Chicago Medicine

Brenda Battle, RN, BSN, MBA
Senior Vice President, Community Health Transformation and Chief Equity Officer
The University of Chicago Medicine

Ernst Lengyel, MD, PhD
Arthur L. & Lee G. Herbst Professor and Chairman
Department of Obstetrics and Gynecology
The University of Chicago Medicine

Sarosh Rana, MD, MPH, FACOG
Professor of Obstetrics and Gynecology; Section Chief, Maternal-Fetal Medicine; Chief Obstetrical Transformation Officer
The University of Chicago Medicine

Stephen Weber, MD
Executive Vice President
Chief Medical Officer
The University of Chicago Medicine Health System

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The Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity
STAMPP-\textit{HTN}
Systematic Treatment And Management of Postpartum Hypertension

Sarosh Rana, MD, MPH, FACOG
Professor of Obstetrics and Gynecology
Section Chief, Maternal-Fetal Medicine
Chief Obstetrical Transformation Officer
The University of Chicago Medicine
The Pregnancy-related maternal mortality ratio (PAMR; the number of deaths that occurred for every 100,000 live births) is higher in Illinois compared to the US and is even higher among African American women in Illinois (IL).
Multifactorial nature of disparities in hypertensive disorders of pregnancy

Approach to racial disparity reduction in hypertensive disorders of pregnancy

Problems at the level of the hospital

- **At the time of admission and discharge**
  - General lack of knowledge among patients about the long-term effects of preeclampsia
  - No organized effort to educate patients
  - Discharge instructions are not universally given
  - No dedicated postpartum clinic for easy access to care

- **Problems with readmissions in ED**
  - Identifying postpartum patients
  - Poor knowledge about the definition of PPHTN
  - Calling medicine or cardiology instead of OB
  - Delayed transfer to L/D
  - Delay in recognition and treatment of severe PPHTN

- **No standardized management for readmissions for PPHTN**
STAMPP HTN team

• Colleen Duncan, RN
• Arin Everett, RA
• Sunitha Suresh- Fellow
• Courtney Bisson- Fellow
• Easha Patel- Fellow
• Sanela Aldelija- Fellow
• Sarah Hiemberger- MSIII
• Melissa Kuriloff-MS II
• Victoria Oladipo- MS II
• Courtney Amegashie  MS II
• Ngozi Nwabueze – MS I
• Macaria Solache- RN
• Jamila Pleas, RN
• Melissa Benesh, FBC
• Ernst Lengyel, MD
• Natali Horab, DCAM
Commitment to quality improvement

**STAMPP HTN**

**Goals**

- Improve knowledge among providers and patients
- Appropriate and timely management of HTN
- Improve rates of PP follow up
- Reduced rates HTN related complications
- Appropriate management of readmissions for HTN
- Improve long term BP control
- Follow up with cardiology
STAMPP-HTN Clinician Buy-In and Procedures

FBC Video – Care network

Nursing – FBC
  - Tear pad
  - Written instructions
  - Bracelets
  - BP cuff and monitors
  - Preeclampsia discharge checklist
  - Annual competence

Standardize Program Protocols
  - Management of PPHTN
  - Readmissions
  - ED workflow
  - PPHTN clinics
(including warning signs)
- Written log provided
- BP monitor provided
- Alert wrist band provided
- Schedule follow-up visit

- 6 weeks postpartum
- Hypertension management education
- Follow up with cardiology or PCP
STAMPP HTN bundle led to a significant reduction of PP BP’s and improved PP follow-up
# Patient Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Entire Cohort N = 926</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Age, years</td>
<td>28 (24, 33)</td>
</tr>
<tr>
<td>Nulliparous</td>
<td>485 (52.38)</td>
</tr>
<tr>
<td>BMI</td>
<td>33.8 (27.5, 41.02)</td>
</tr>
<tr>
<td>Medicaid Insurance</td>
<td>609 (65.77)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>740 (79.91)</td>
</tr>
<tr>
<td>White</td>
<td>121 (13.07)</td>
</tr>
<tr>
<td>Gestational Age, weeks</td>
<td>38.43 (37.00, 39.43)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Preeclampsia</td>
<td>367 (39.89)</td>
</tr>
<tr>
<td>Gestational Hypertension</td>
<td>338 (36.74)</td>
</tr>
<tr>
<td>Superimposed Preeclampsia</td>
<td>101 (10.98)</td>
</tr>
<tr>
<td>Chronic Hypertension</td>
<td>114 (12.39)</td>
</tr>
<tr>
<td>Mode of Delivery</td>
<td></td>
</tr>
<tr>
<td>Cesarean</td>
<td>314 (33.91)</td>
</tr>
<tr>
<td>Vaginal</td>
<td>574 (61.99)</td>
</tr>
<tr>
<td>Total Length of Stay (Days)</td>
<td>4 (3, 4)</td>
</tr>
</tbody>
</table>

Data is presented as n (%) or median (quartile 1, quartile 3) depending on variable type.
Decrease in Postpartum Blood Pressure

>140/90 within 24 hrs PP
>140/90 at first PPHTN visit
>160/110 prior to d/c
>140/90 at 6-week visit

<table>
<thead>
<tr>
<th>Period</th>
<th>80</th>
<th>71</th>
<th>47</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP-DEC 2018</td>
<td>80</td>
<td>71</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>JAN-JUN 2019</td>
<td>39</td>
<td>38</td>
<td>34</td>
<td>32</td>
</tr>
<tr>
<td>JUL-SEP 2019</td>
<td>32</td>
<td>24</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>OCT-NOV 2019</td>
<td>25</td>
<td>22</td>
<td>18</td>
<td>14</td>
</tr>
</tbody>
</table>
Proportion of Patients who Returned for a PPHTN Visit

- SEP - DEC 2018: White 53.57, Black 30.00, All Patients 33.50
- JAN - JUN 2019: White 52.50, Black 34.60, All Patients 38.32
- JUL - SEP 2019: White 78.13, Black 50.77, All Patients 56.07
- OCT - NOV 2019: White 76.19, Black 54.92, All Patients 59.35

R² = 0.7477

**Proportion of Patients who Returned for a PPHTN Visit**

Equality | Equity

For more information, visit SMFM.org/equity.
Proportion of Patients With PPHTN Follow-Up Within 6 Weeks (%)

PRE TELEHEALTH PERIOD (DEC 2019 – FEB 2020)

BASELINE* (SEP – DEC 2018)

29.9

48.5

73.1

POST TELEHEALTH PERIOD (MAR 15 – JUN 2020)

76.3

76.7

Telehealth

STAMPP-HTN: Deploying Remote Patient Monitoring

UCM OB/GYN Department
   Dr. Rana and Team

UCM Department of Digital Health
   Brady Watts, Manager
   Graeme Ossey, Program Director
   Brianna Brooks, Manager

Vendor: Health Recovery Solutions
The patient gets a Bluetooth BP monitor and downloads an APP on her phone to be enrolled in the program

Linked through EPIC

The rest of the components of the STAMPP program have no change

Every patient discharged from UCM with HDP is enrolled in this program

Started enrolling in RPM- July 26th, 2021
STAMPP-HTN: RPM Workflow

1. Patient takes vital measurements and surveys at home.
2. Information gets sent to EPIC and is monitored by telehealth nurses.
3. Nurses escalate to UCM provider when necessary per protocols.
4. UCM provider contacts and treats patient.

Overlay of RPM on STAMPP HTN - our existing quality program
The STAMPP RPM program led to an overall improvement in rates of postpartum BP follow up from 30% to 81.3% among black women and eliminated the disparity.
## Patient Perceptions Regarding RPM

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86%</td>
<td>Patients reported that they were “definitely able” or “somewhat able” to improve their blood pressure management with use of RPM.</td>
</tr>
<tr>
<td>91%</td>
<td>Patients reported they were “very” or “somewhat” likely to attend their postpartum follow-up visit.</td>
</tr>
<tr>
<td>84%</td>
<td>Patients reported that they were “definitely” or “somewhat” likely to recommend the RPM program to other postpartum mothers with hypertensive disorders.</td>
</tr>
<tr>
<td>91%</td>
<td>Patients reported they were “much more” or “somewhat more” aware of their own health after use of the RPM program at six weeks postpartum.</td>
</tr>
</tbody>
</table>

Survey responses collected from RPM portal for 306 patients into the RPM program and consented for the study from October 2021 to April 2022.
Award and Accolades

• Received ILPQC award of Excellence (2019)
• The STAMPP-HTN Program was selected for phase I and II of the Hypertension Innovator Award Competition by the U.S. Department of Health and Human Services (“HHS”), Office on Women’s Health (2021, 2022)
• The program was selected for “Magnet story as Magnet Exemplar” for American Nurses Credentialing Center (ANCC) for 2022
• Dr. Rana received the Distinguished Leader in Program Innovation, University of Chicago Biological Sciences Division (2022)
• American Hospital Association “citation of merit” and equitable maternal health practices- Review case example.
• ILPQC 2023- Abstract of Excellence Award, Implementation Plan Excellence Award, Data Excellence Award
• Dr. Rana has given several webinars and invited talks
• Resulted in 20 abstracts and 5 papers (others pending)
RPM Expansion beyond UCM in collaboration with HRS

- University of Mississippi - STAMPP (started Dec 2020)
- RWJ Barnabas - New Jersey - the program is live and expanding to more practices
- Novant - North Carolina - the program is live and expanding to more practices in the Charlotte market
- Avera - North and South Dakota - just went live and is enrolling patients at 2 practices
- Catholic Health - Upstate NY - live with PP HYT and Gestational Diabetes
- University of Michigan Health West - going live soon
- Centura Health - Colorado - initial discussion
The future vision for STAMPP-RPM

• Invited to Phase III of the HHS Hypertension Innovator award
• Incorporating CHWs (Linc program) to improve adherence beyond PPHTN appointment
• Extending STAMPP
  » During pregnancy for high-risk pregnant women
  » Beyond six weeks by collaborating with primary care RPM
• Conducting behavioral interviews with patients and CHWs
• Plan for extending to other hospitals across IL (collaborate with ILPQC for Birth Equity initiative)
• Continue to expand to other healthcare systems nationally
• Include in good clinical practice through CDC and ACOG
THANKS TO OUR TEAM

Sarosh Rana, MD, MPH
Section Chief

Jessica Peterson MD

Deborah Boyle, MD

Manita Gonzalez, MD

Ryan Longman, MD

Gary Loy, MD, MPH

Ashish Premkumar MD, PhD

Andrew Rausch, MD

AT THE FOREFRONT
UChicago Medicine
Funding through the years

✓ Department of Obstetrics and Gynecology at the University of Chicago
✓ University of Chicago Women’s Board
✓ Chicago Lying-in Board of Directors at the University of Chicago
✓ Preeclampsia Foundation
✓ Hypertension Innovator Award Competition by the U.S. Department of Health and Human Services (“HHS”), Office on Women’s Health (2021, 2022)

Currently funded through the UCM health equity initiatives through IT Strategic Programs

It is cost-free to the patient and is the standard of care our institution

➢ On average, we enroll 70-90 patients per month
➢ Total patients enrolled in STAMPP-HTN program ~ 5000

#EveryMomEveryTime
#Notonmywatch
Systematic Treatment and Management of Postpartum Hypertension (STAMPP-HTN)

University of Chicago Medicine
<table>
<thead>
<tr>
<th>Organization(s)</th>
<th>City, State</th>
<th>Initiative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Medical Center Health System</td>
<td>Boston, Massachusetts</td>
<td>Eliminating racial inequities in type 2 diabetes outcomes</td>
</tr>
<tr>
<td>Children's Minnesota</td>
<td>Minneapolis and St. Paul, Minnesota</td>
<td>Small tests lead to big improvements in pediatric asthma</td>
</tr>
<tr>
<td>Good Samaritan Hospital</td>
<td>Bakersfield, California</td>
<td>Improving access of opioid and alcohol withdrawal management &amp; continuing treatment engaging for communities of color in Kern County, California</td>
</tr>
<tr>
<td>Mount Sinai Health System, Icahn School of Medicine at Mount Sinai</td>
<td>New York, New York</td>
<td>Implementing a robust equity dashboard to drive clinical transformation for the safe reduction of cesarean birth rates</td>
</tr>
<tr>
<td>University of Chicago Medicine*</td>
<td>Chicago, Illinois</td>
<td>Systematic Treatment and Management of Postpartum Hypertension (STAMPP-HTN)</td>
</tr>
<tr>
<td>University of North Carolina (UNC) School of Medicine - UNC Health</td>
<td>Chapel Hill, North Carolina</td>
<td>A quality improvement project to reduce rapid response system inequities for hospitalized patients with limited-English proficiency at a quaternary academic medical center</td>
</tr>
<tr>
<td>West Kendall Baptist Hospital</td>
<td>Miami, Florida</td>
<td>A community hospital’s journey towards advancing health equity utilizing the Joint Commission’s framework</td>
</tr>
</tbody>
</table>
2023 Applications – All organizations submitting applications

Adventist HealthCare White Oak Medical Center
Baylor Scott & White All Saints Medical Center - Fort Worth
Bergen New Bridge Medical Center
Boston Medical Center Health System
Cayuga Health, Cayuga Health Partners, Cayuga Medical Center, Cayuga Medical Associates, Schuyler Hospital, Tompkins County Whole Health
Children's Minnesota
Good Samaritan Hospital
Indiana University Health Bloomington Hospital
Main Line Health
Meritus Health
Mount Sinai Health System, Icahn School of Medicine at Mount Sinai
NYC Health + Hospitals/Elmhurst
Ochsner LSU Health
Robert Wood Johnson University Hospital
RWJBarnabas Health
Children's Specialized Hospital
UC Health
UCLA Health
University Health
University of Chicago Medicine*
University of North Carolina (UNC) School of Medicine UNC Health
Veterans Health Care System of the Ozarks
WellSpan Health
West Kendall Baptist Hospital
West Oaks Hospital

*In alphabetical order by organization name; 2023 Awardee noted with * and bold text*

The full list, which includes the initiative titles, is available on The Joint Commission website.
2023 Awardee

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CONGRATULATIONS!

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