



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



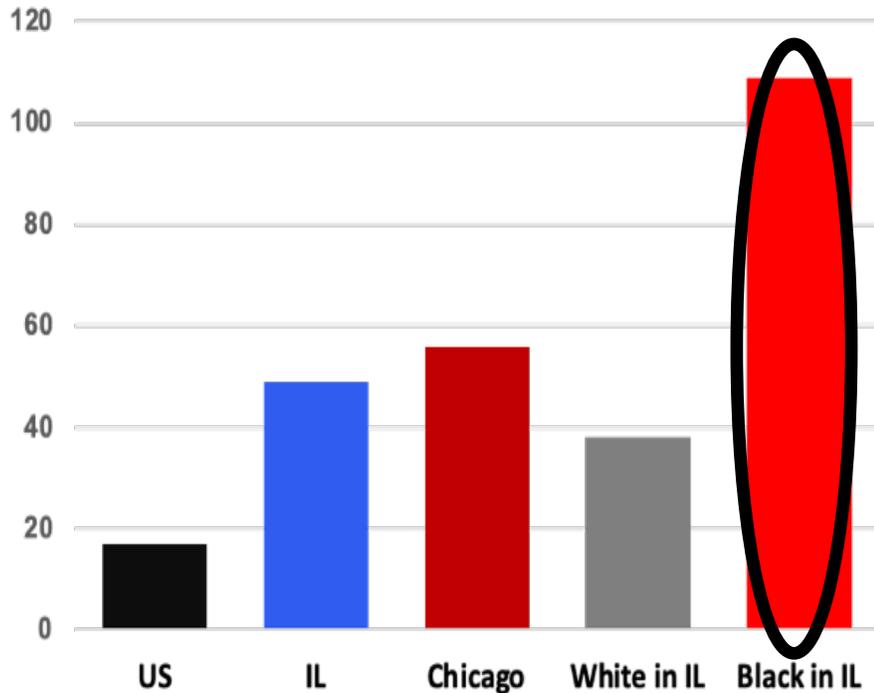
The Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity



STAMPP-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

PAMR in US and IL



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).

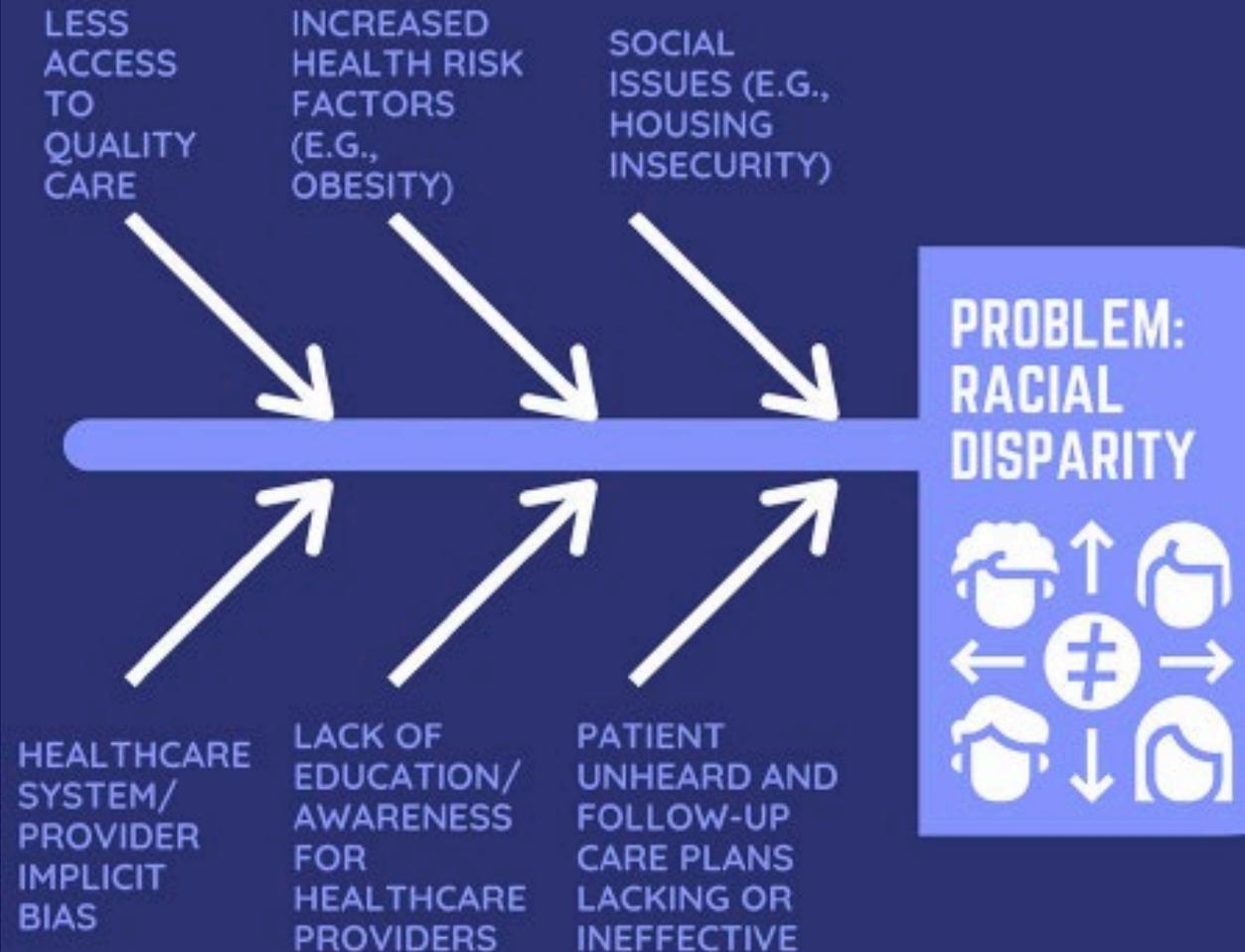
CDC 2019



Multifactorial nature of disparities in hypertensive disorders of pregnancy

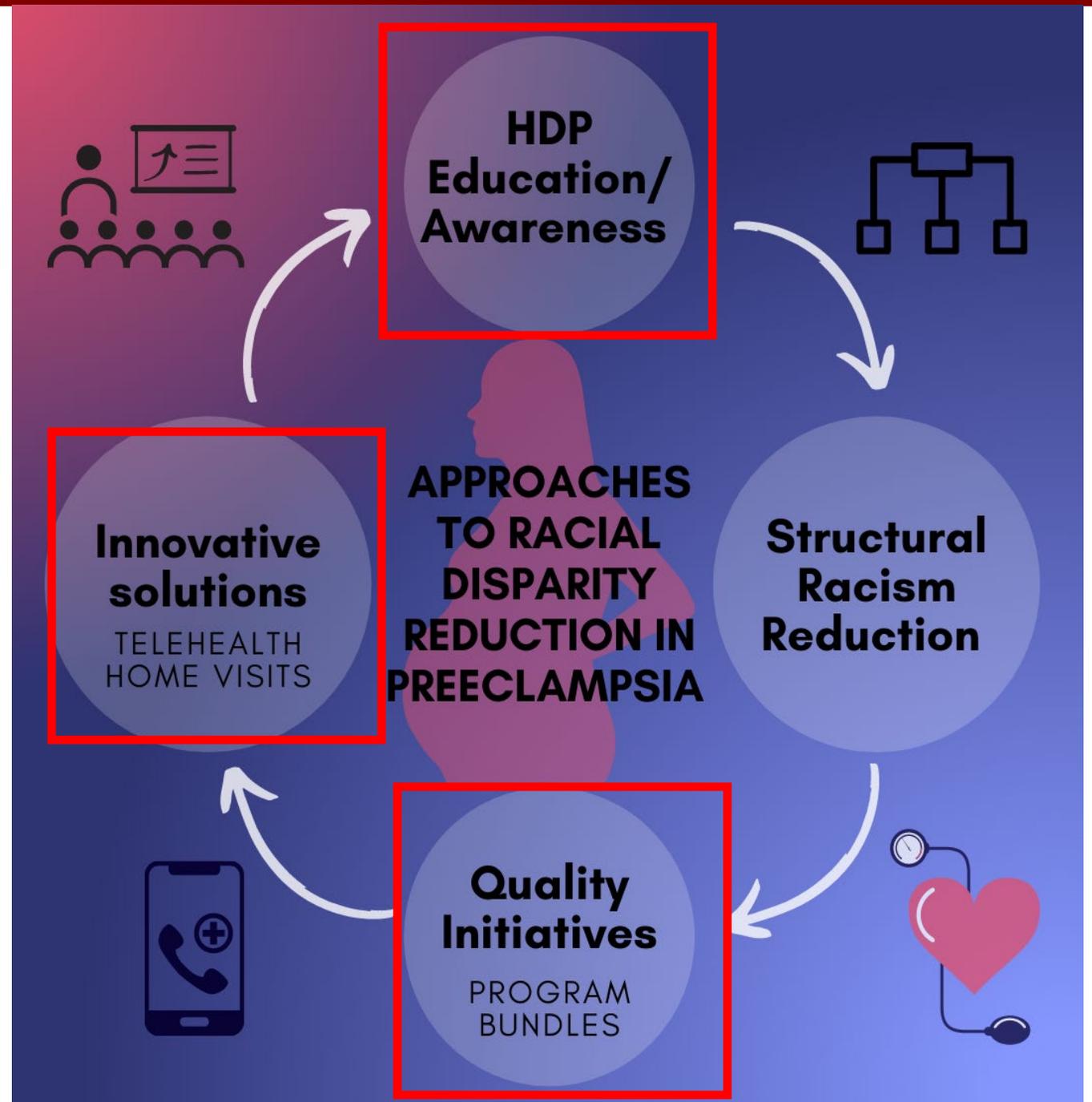
Rana S et al. Racial Disparities in diagnosis, management and outcomes in preeclampsia. Curr Hypertens Rep.2022 Mar 7.

CONTRIBUTORS TO RACIAL DISPARITY IN HYPERTENSIVE DISORDERS OF PREGNANCY



Approach to racial disparity reduction in hypertensive disorders of pregnancy

Rana S et al. Racial Disparities in diagnosis, management and outcomes in preeclampsia. Curr Hypertens Rep.2022 Mar 7.



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

Postpartum Preeclampsia Care

Postpartum preeclampsia is high blood pressure or hypertension. It can develop after the baby is born, often between 48 hours and 6 weeks after delivery. It can happen whether or not a woman had high blood pressure or preeclampsia during pregnancy. Postpartum preeclampsia is serious. If not treated quickly it may result in death.

Know Preeclampsia Symptoms

- A headache that will not go away
- Visual changes (see spots or flashing lights)
- Breathlessness (difficulty breathing)
- Swelling of the face, legs, or hands
- Sudden weight gain
- Epigastric pain: pain right below your ribs in the area of your upper abdomen.
- "Just not feeling right". Being worried or nervous for no reason.

Know Your Risks

- Seizures
- Stroke
- Organ Damage
- Death

Get Follow Up Care

Your 1 week preeclampsia Follow-Up Appointment is on:

Take Your Blood Pressure Prescribed Medications

1. _____ 3. _____
 2. _____ 4. _____

Watch Your Blood Pressure at Home

- Take at least 2 readings a day: One in the morning before taking your medication and one in the evening. Record all results.
- Take your blood pressure monitor to your 1 week clinic appointment. The doctor will review your stored blood pressures in your blood pressure monitor.

| | Systolic BP (top number) | and | Diastolic BP (bottom number) |
|---------------------|--------------------------|-----|------------------------------|
| Normal | Less than 140 | | Less than 90 |
| Hypertension | 140 to 160 | or | 90 to 110 |
| Hypertension Crisis | More than 160 | or | More than 110 |

How to Get Help

- For a medical emergency call 911.
- If your blood pressure top number is 160 or greater or the bottom number is 110 or greater, call your doctor right away and go to Labor and Delivery.
- Call the Postpartum Hypertension Clinic (773) 702-6118. DuSoy Center for Advanced Medicine (DCAM 3H) 5758 South Maryland Ave, Chicago, IL 60637

You are STILL AT RISK after your baby is born!

Postpartum Preeclampsia

What is it?
 Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to any woman who has just had a baby up to 6 weeks after the baby is born.

Warning Signs

- Stomach pain
- Severe headaches
- Feeling nauseous or throwing up
- Seeing spots (or other vision changes)
- Swelling in your hands and face
- Shortness of breath

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

What can you do?

- Watch for warning signs. If you notice any, call your doctor. (If you can't reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.)
- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.
- Trust your instincts.

For more information, go to www.stillatrisk.org

Copyright © 2018 Preeclampsia Foundation. All Rights Reserved.

1... Omron Upper Arm home Blood Pressure ... amazon.com



Omron BP Monitor Cuff at Rs 574 /piece ... indiamart.com



STAMPP-HTN PATIENT JOURNEY



1



Delivery

- Postpartum HTN management
- Hypertension management education (video instruction)

2



Discharge

- Inpatient Hypertension management protocols
- Dedicated nurse education
- Written instructions provided (including warning signs)
- Written log provided
- BP monitor provided
- Alert wrist band provided
- Schedule follow-up visit

3



Postpartum hypertension clinic visit

- 7-10 days after discharge
- F/U in Dedicated postpartum hypertension clinic
- Hypertension management education
- Long term CV risks associated with preeclampsia education
- Outpatient Hypertension management protocols

4



Severe hypertension

- Emergency department protocol to triage patient to correct location

5



Readmission

- Readmission guidelines for postpartum hypertensive disorder management
- All admission guided to Labor and delivery

6



Continued postpartum clinic visits

- 6 weeks postpartum
- Hypertension management education
- Follow up with cardiology or PCP



AT THE FOREFRONT

UChicago Medicine

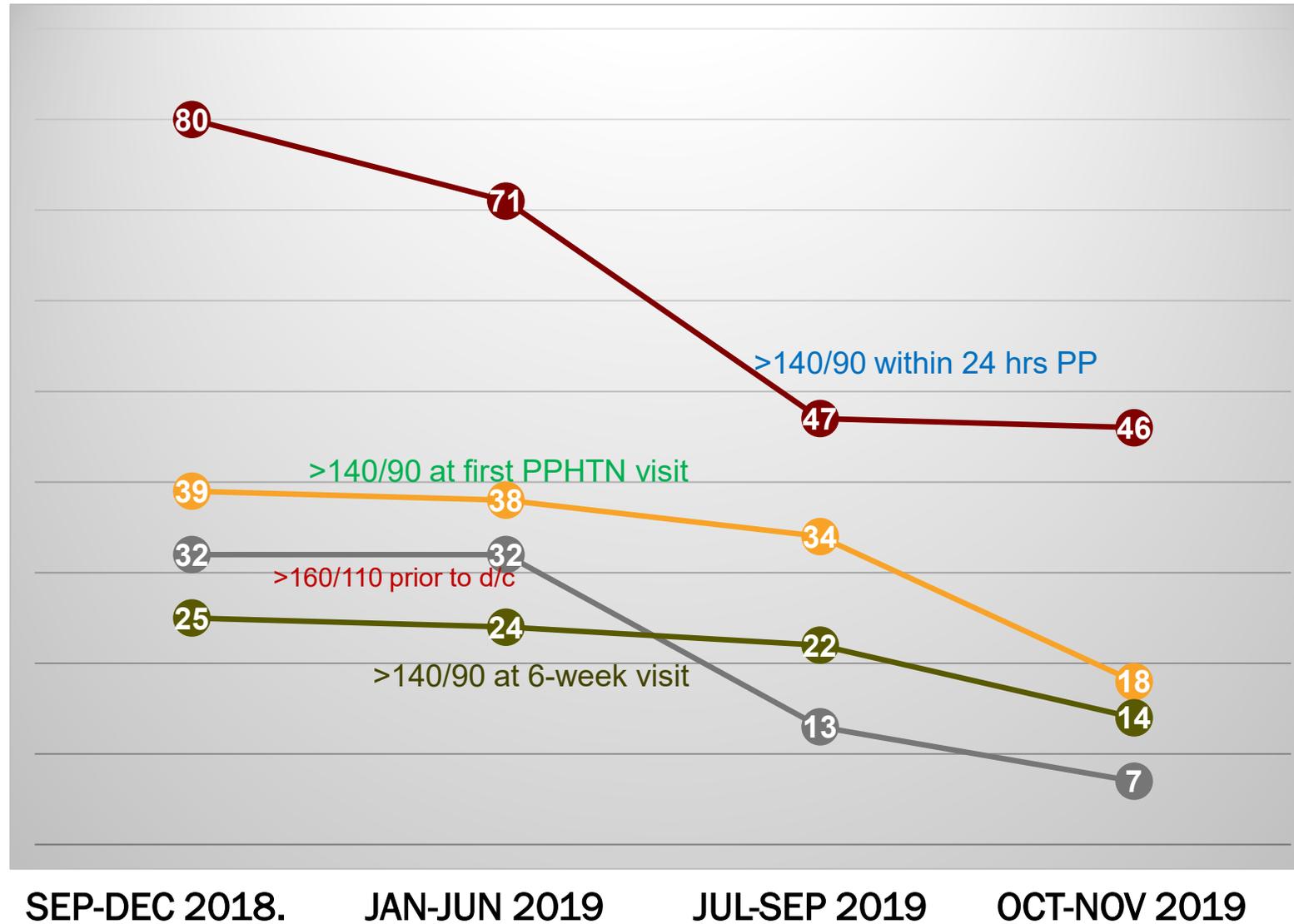
STAMPP HTN bundle led to a significant reduction of PP BP's and improved PP follow-up

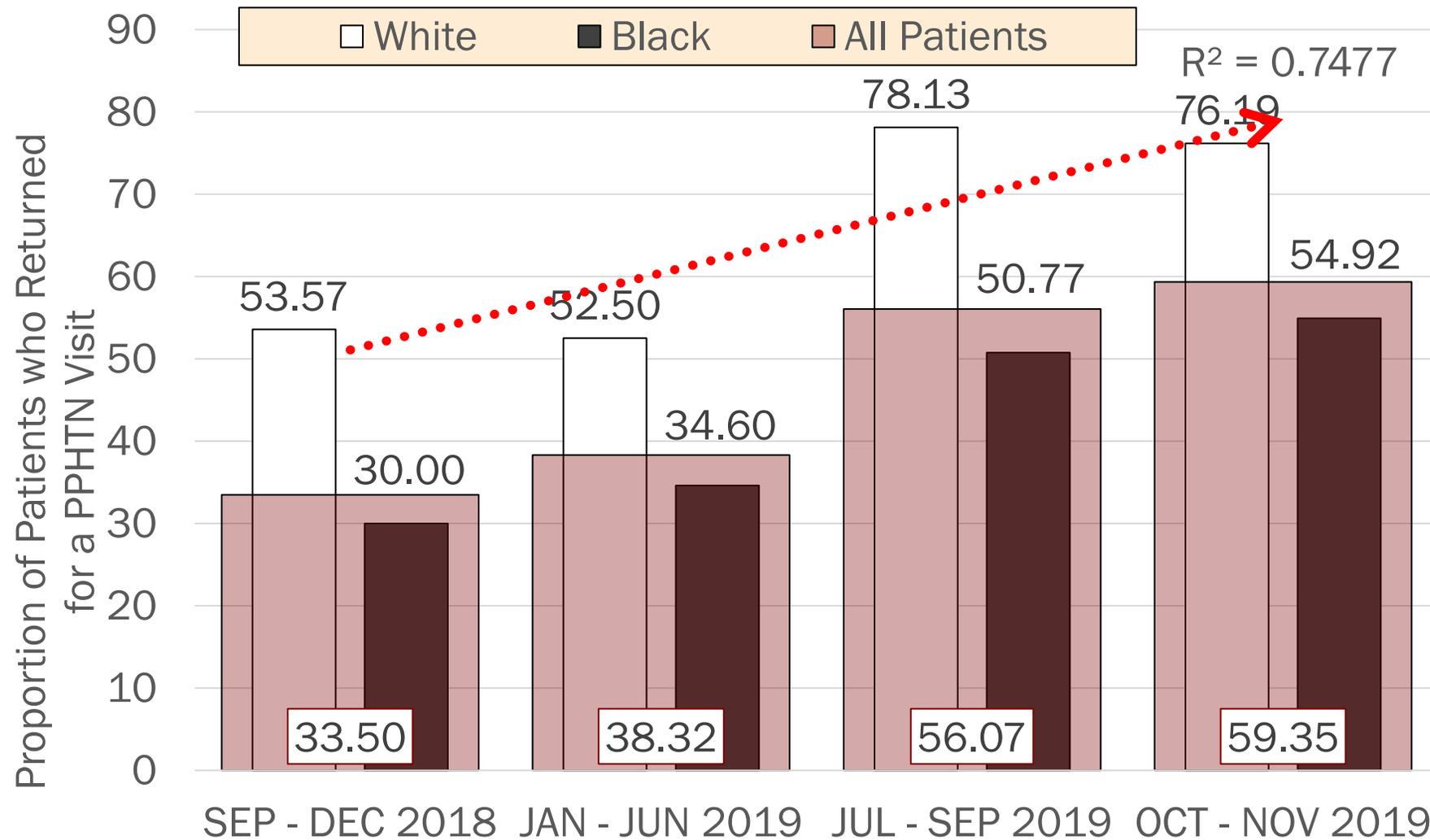
Patient Demographics

| | Entire Cohort N = 926 |
|---|--------------------------|
| Maternal Age, years | 28 (24, 33) |
| Nulliparous | 485 (52.38) |
| BMI | 33.8 (27.5, 41.02) |
| Medicaid Insurance | 609 (65.77) |
| Race | |
| Black/African American | 740 (79.91) |
| White | 121 (13.07) |
| Gestational Age, weeks | 38.43 (37.00, 39.43) |
| Diagnosis | |
| Preeclampsia | 367 (39.89) |
| Gestational Hypertension | 338 (36.74) |
| Superimposed Preeclampsia | 101 (10.98) |
| Chronic Hypertension | 114 (12.39) |
| Mode of Delivery | |
| Cesarean | 314 (33.91) |
| Vaginal | 574 (61.99) |
| Total Length of Stay (Days) | 4 (3, 4) |
| Data is presented as n (%) or median (quartile 1, quartile 3) depending on variable type. | |



Decrease in Postpartum Blood Pressure





Rana S et al. Postpartum Outcomes with Systematic Treatment And Management of Postpartum Hypertension (STAMPP HTN). *Obstet Gynecol.* 2021 Nov 1;138(5):777-787.

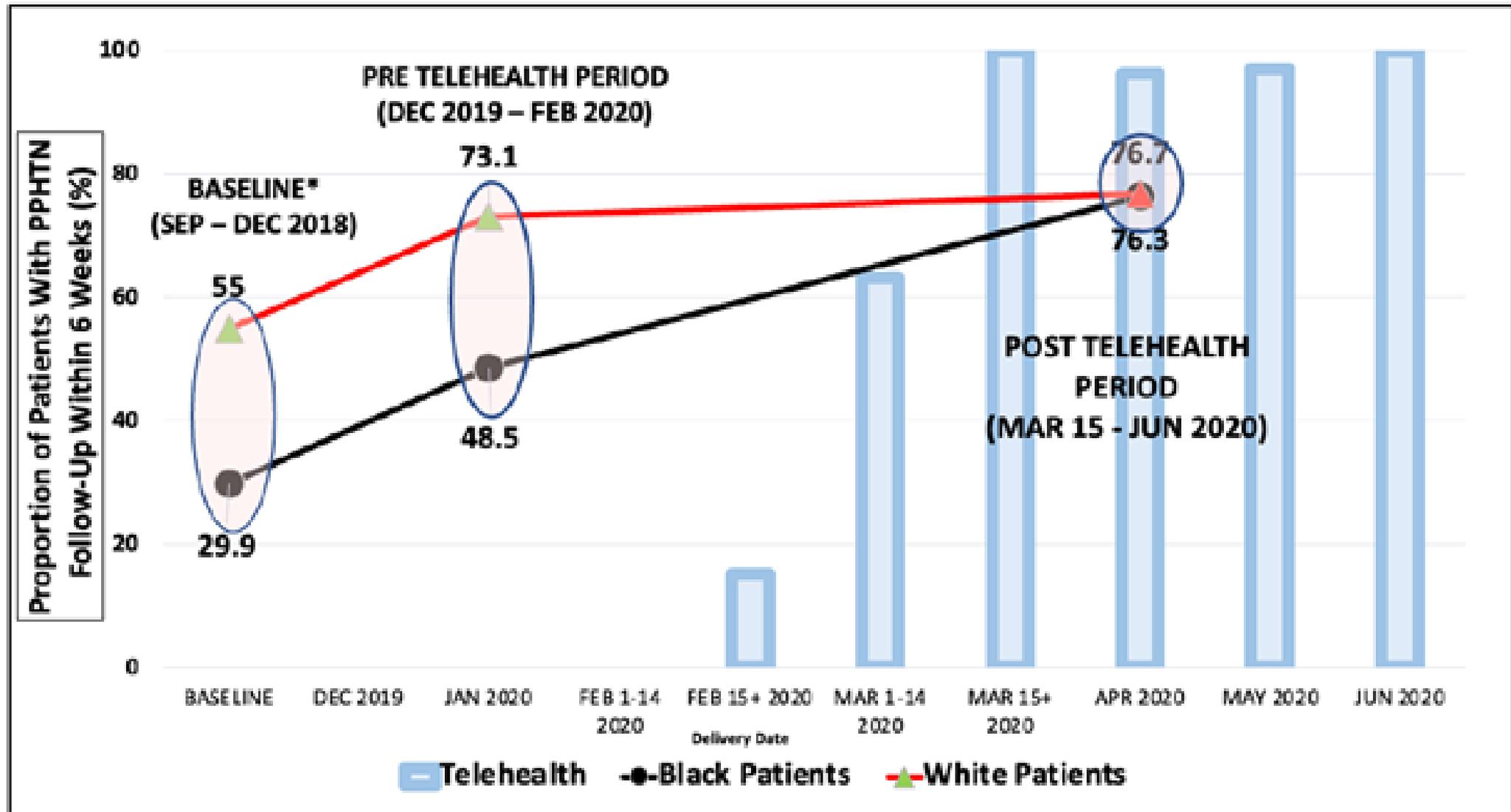
Equality



Equity



For more information, visit [SMFM.org/equity](https://www.smfm.org/equity).



Rana S et al. Elimination of Racial Disparities in Postpartum Hypertension Follow-Up After Incorporation of Telehealth into a Quality Bundle. Am J Obstet Gynecol MFM. 2022.

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





Postpartum Telehealth and Remote Patient Monitoring



Prevent Preeclampsia with Remote Patient Monitoring

Welcome

Meet the Team



pressure, symptoms and activity.

- 1 Take your blood pressure prescribed medications.
- 2 Take your blood pressure at least 2 times a day. Check one time before and one time after taking your medication.
- 3 Answer symptom surveys to report any symptoms you have.
- 4 Track your physical activity, including walking and more.



Colleen Duncan, RN-BSN, M.Ed.



Karie E. Stewart, MPH, MSN, APN

- Stomach pain, nausea, vomiting
- Severe headaches
- Swelling of the face or hands
- Shortness of breath
- Vision changes

your blood pressure, and **avoid complications from preeclampsia.**

program is easy and can be done using your smartphone or other smart device.



At the University of Chicago, we are making every attempt to promptly diagnose and treat preeclampsia to improve the short and long term outcomes for mothers and their babies.

- Dr. Sarosh Rana

Contact the UCM Postpartum Team

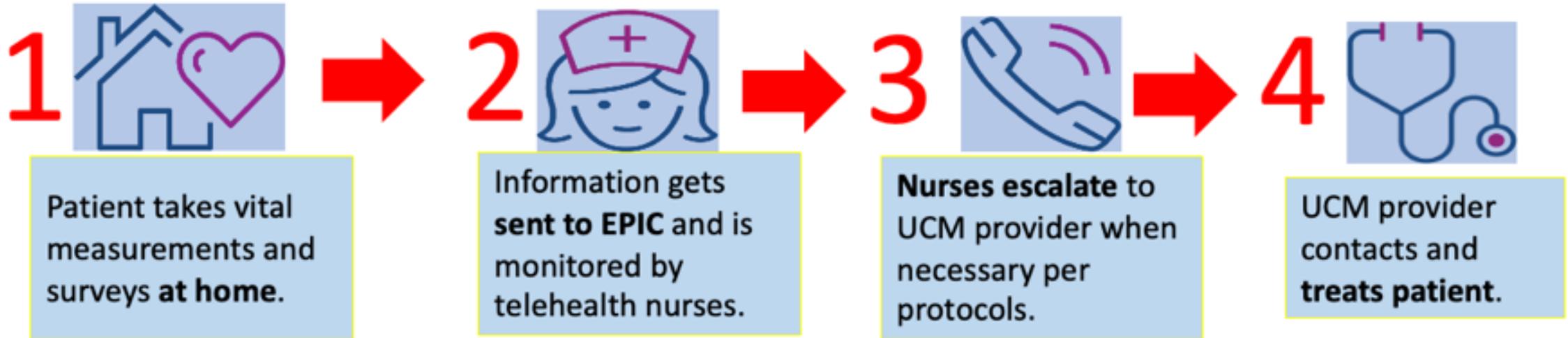


The University of Chicago Medicine
5841 S. Maryland Avenue
Chicago, IL 60637



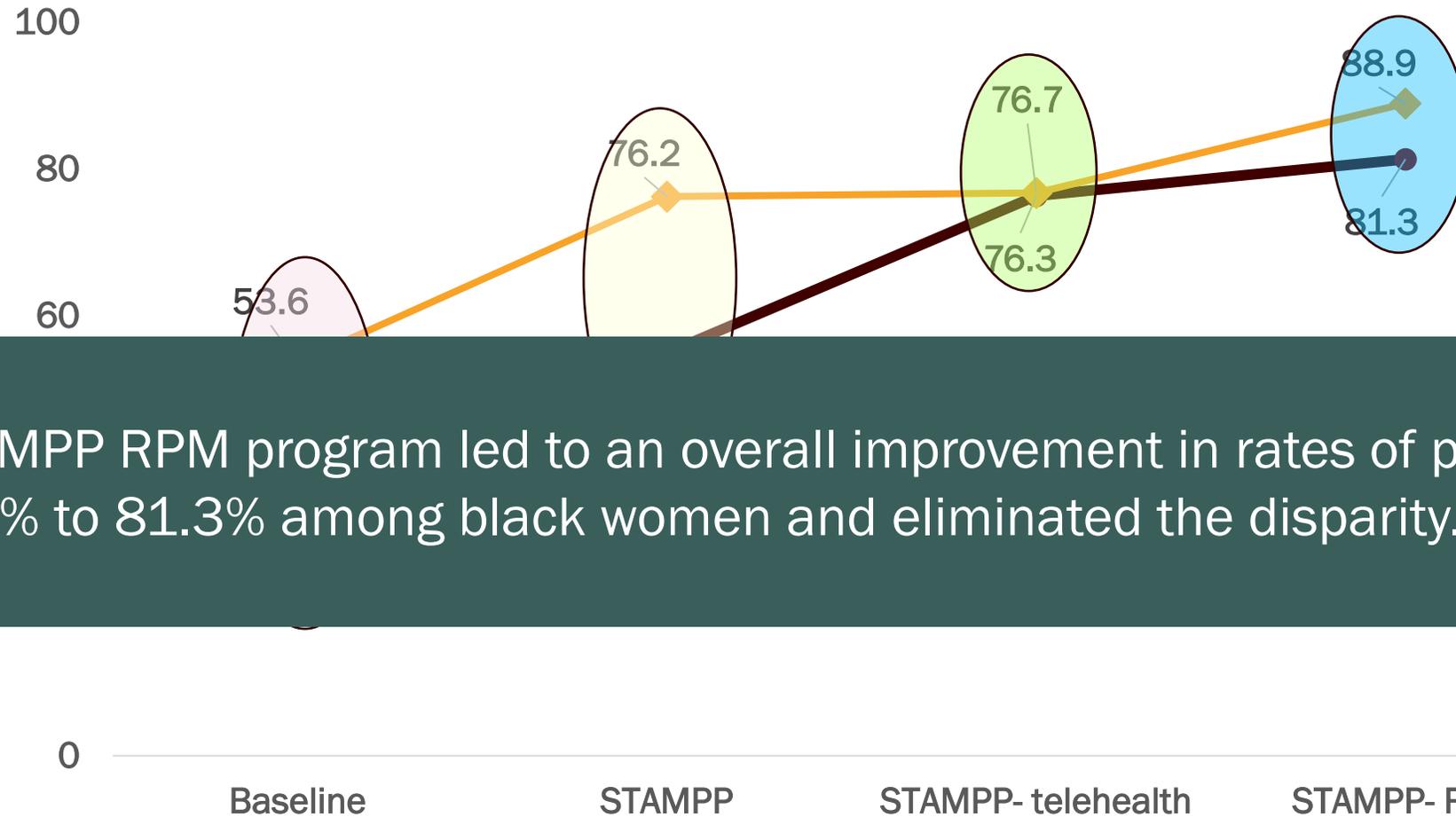
To contact the Postpartum Hypertension Clinic, call (773) 702-6118

STAMPP-HTN: RPM Workflow



Over lay of RPM on STAMPP HTN - our existing quality program

Rates of PPHTN follow up



The STAMPP RPM program led to an overall improvement in rates of postpartum BP follow from 30% to 81.3% among black women and eliminated the disparity.

● Black — ● Non Black

Baseline- September- December 2018
 STAMPP- October-November 2019
 STAMPP Telehealth - March – June 2020
 STAMPP- RPM - October 2021- April 2022

Patient Perceptions Regarding RPM

86%

Patients reported that they were “definitely able” or “somewhat able” to improve their blood pressure management with use of RPM

91%

Patients reported they were “very” or “somewhat” likely to attend their postpartum follow-up visit

84%

Patients reported that were “definitely” or “somewhat” likely to recommend the RPM program to other postpartum mothers with hypertensive disorders

91%

Patients reported they were “much more” or “somewhat more” aware of their own health after use of the RPM program at six weeks postpartum

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



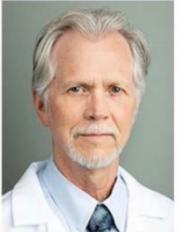
Deborah Boyle, MD
MPH



Maritza Gonzalez, MD



Ryan Longman, MD



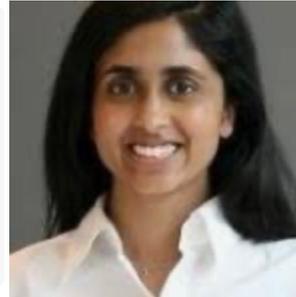
Gary Loy, MD, MPH



Ashish Premkumar
MD, PhD



Andrew Rausch, MD



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



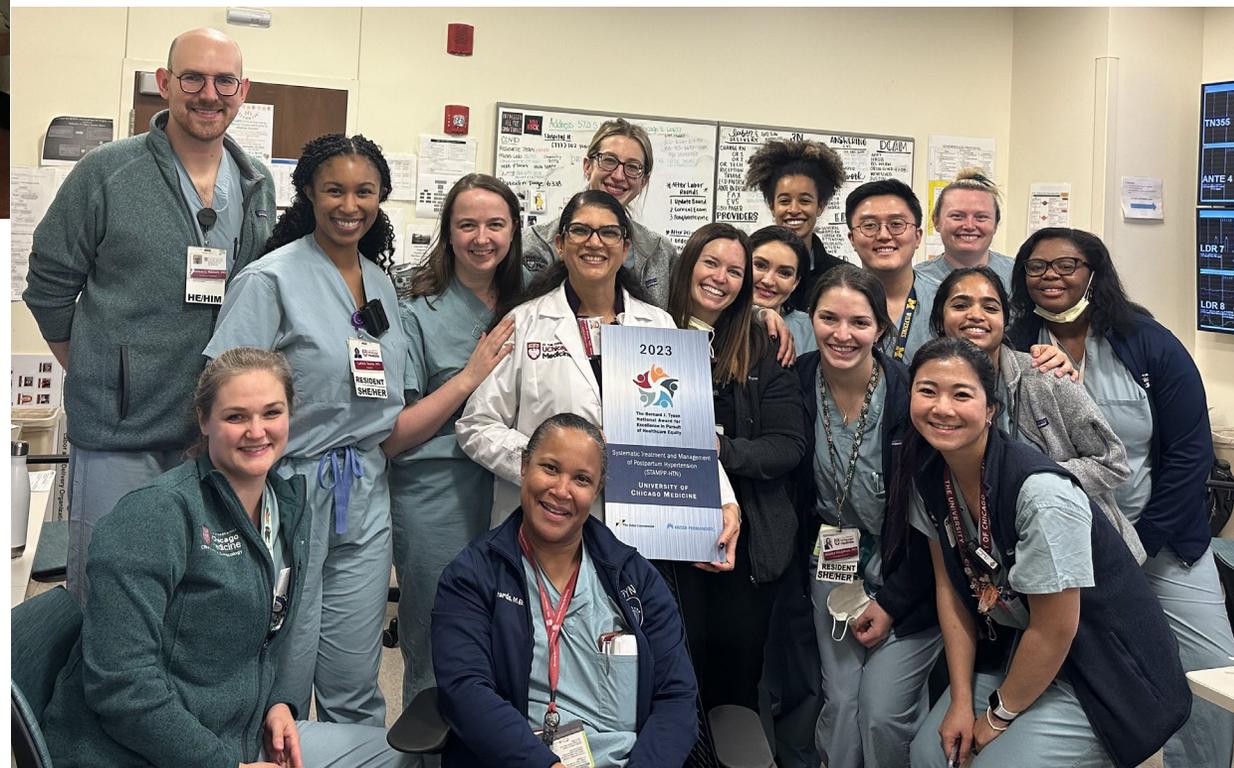
When A Mother Dies

When Calista Johnson died five days after giving birth, she left behind a family struggling to understand why.



#EveryMomEveryTime
#Notonmywatch





2023



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of Healthcare Equity**

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

**UNIVERSITY OF
CHICAGO MEDICINE**



2023 Top Finalists

(in alphabetical order by organization name; 2023 Awardee noted with * and bold text)

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

2023 Applications – All organizations submitting applications



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



AT THE FOREFRONT

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