



ALPQC Maternal Hypertension Initiative: Data Measures Form

www.alpqc.org/initiatives/htn

Monthly Data Measures	
Process Measures	Outcome Measures
<p><i>To be reported monthly for each L&D and postpartum patient with acute-onset persistent severe hypertension.*†</i></p> <p>See HTN Data Collection Form – Process+Structure Measures (under Data Resources menu).</p> <p>Patient Race/Ethnicity—Select all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Race not reported</p>	<p><i>To be reported monthly to the data portal including by race/ethnicity for all deliveries during the previous month using the associated medical codes (see HTN Outcome Measures Codes under Data Resources menu). Data lag of 1-3 weeks may exist due to medical coding delay.</i></p> <p><i>SMM = Severe Maternal Morbidity.</i></p>
<p>P1. Timely Treatment of Persistent Severe HTN Pregnant and postpartum patients with acute-onset persistent severe hypertension who were treated within 60 minutes with IV Labetalol, IV Hydralazine, or PO Nifedipine.*</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Within 60 minutes <input type="checkbox"/> 61 – 120 minutes <input type="checkbox"/> Greater than 120 minutes <input type="checkbox"/> No meds given </p>	<p>O1. SMM (Excluding transfusion codes)</p> <p><i>Denominator:</i> All pregnant and postpartum patients during their birth admission_____</p> <p><i>Numerator:</i> Among the denominator, patients who experienced severe maternal morbidity, excluding those who experienced transfusion alone_____</p>
<p>P2. Follow-up appointment Patient discharged with a postpartum BP and symptoms check scheduled to occur within:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> 3 days after hospitalization discharge date <input type="checkbox"/> 7 days after hospitalization discharge date <input type="checkbox"/> No appointment scheduled <input type="checkbox"/> Unknown <input type="checkbox"/> If unknown, please state why </p>	<p>O2. SMM among patients with preeclampsia (Excluding transfusion codes)</p> <p><i>Denominator:</i> All pregnant and postpartum patients during their birth admission <u>with preeclampsia</u></p> <p><i>Numerator:</i> Among the denominator, patients who experienced severe maternal morbidity, excluding those who experienced transfusion alone_____</p>
<p>P3. Discharge education: Did your hospital provide education (including in written form) to the patient and their family, including the designated support person whenever possible, on the signs and symptoms of severe hypertension/ preeclampsia during hospitalization and after discharge?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If unknown, please state why </p>	
<p>*Persistent severe hypertension defined as ≥ 160 systolic or ≥ 110 diastolic that persists for 15 minutes or more. Severe BP values do not need to be consecutive. Any severe range BP indicates the need for frequent monitoring of BP. The 1 hour is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading. See ACOG CO #767; SMFM Special Statement v226, Is2, 2022.</p> <p>Include patients during birth and postpartum admissions (postpartum defined within first 6 weeks of delivery) with preeclampsia, gestational or chronic hypertension. For further information on inclusion criteria and other parameters, see ALPQC Maternal HTN FAQ at alpqc.org/initiatives/htn under “Data Resources” menu.</p> <p>†Patients with persistent severe HTN can be identified:</p> <ul style="list-style-type: none"> Using ICD-10 codes provided (see “SMM Denominator Preeclampsia” tab inside HTN Outcome Measures Codes). Using an L&D logbook. Building onto EHRs triggers and ability to query for severe range BPs. Searching pharmacy logs for antihypertensive medications. <p><i>Use of at least two methods recommended.</i></p>	



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<i>Reported Quarterly</i>	
Process Measures	Structure Measures
<p>P4. OB Provider Education <i>During this quarter, what proportion of <u>delivering physicians and midwives</u> has completed:</i> A: An education program on Severe Hypertension/ Preeclampsia that includes the unit-standard protocol and measures? B: An education program on respectful and equitable care?</p> <p style="text-align: right; font-size: small;">For parts A and B: D: Total number of delivering physicians and midwives____ N: Number that completed education____</p>	<p>S1. Unit Policy and Procedure Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2 years) that provides a unit-standard approach to:</p> <ul style="list-style-type: none"> A: Measuring blood pressure B: Treatment of Severe HTN/Preeclampsia C: The use of seizure prophylaxis, including treatment of overdose?
<p>P5. OB Nursing Education <i>During this quarter, what proportion of <u>OB nurses (including L&D and postpartum)</u> has completed:</i> A: An education program on Severe Hypertension/ Preeclampsia that includes the unit-standard protocol and measures? B: An education program on respectful and equitable care?</p> <p style="text-align: right; font-size: small;">For parts A and B: D: Total number of OB nurses____ N: Number that completed education____</p>	<p>S2. Clinical Team Debriefs Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?</p>
<p>P6. ED Provider & Nursing Education – HTN and Pregnancy <i>During this quarter, what proportion of <u>clinical ED providers and ED nursing staff</u> has completed education on signs and symptoms of severe HTN and preeclampsia in pregnant and postpartum patients?</i></p> <p style="text-align: right; font-size: small;">D: Total number of ED providers and ED nurses____ N: Number that completed education____</p>	<p>S3. Patient Event Debriefs Has your department established a standardized process to conduct debriefs with patients after a severe event?</p>
<p>P7. Unit Drills <i>During this quarter:</i> A: How many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic? B: What topics were covered in the OB drills?</p> <p style="text-align: right; font-size: small;">A. # of Drills____ B. Drill topics _____</p>	<p>S4. Multidisciplinary Case Reviews* Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity (including, at minimum, birthing patients admitted to the ICU or receiving ≥4 units RBC transfusions)? *For greatest impact, the AIM Program suggests in addition to the minimum instances for review defined above, teams also implement missed opportunity reviews for key bundle process measures (e.g. instances in which acute onset severe HTN was not treated within 1 hour) in both unit debriefs and multidisciplinary case reviews.</p>
<p><u>Note</u> <i>Quarterly Process Measures</i> D: Denominator N: Numerator ED: Emergency Department</p> <p><i>Structure measures reported as:</i> Not started In progress Fully in place</p>	
<p>S5. Patient Education Materials on Urgent Postpartum Warning Signs Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p>	
<p>S6. ED Screening for Current or Recent Pregnancy Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?</p>	