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|  ***Monthly Data Measures***Data entry portal: [www.qualitydata.alaha.org](http://www.qualitydata.alaha.org) | [www.alpqc.org/initiatives/htn](http://www.alpqc.org/initiatives/htn) |
| **Process Measures** | **Outcome Measures** |
| *To be reported monthly for each L&D and postpartum patient with persistent (twice within 15 minutes) severe hypertension.\** S*ee* [HTN Data Collection Form – Process Measures](https://www.alpqc.org/initiatives/htn/)(*found under* Data Resources m*enu*)*.* Patient Race/Ethnicity – Select all that apply: Hispanic/Latino | American Indian/Alaska Native | Asian | Black/African American | White | Other | Unknown | *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](https://www.alpqc.org/initiatives/htn/) *under* Data Resources m*enu). Data lag of 1-3 weeks may exist due to medical coding delay. SMM = Severe Maternal Morbidity.*  |
| P1. Time to Treatment of Severe HTNBirthing patients with acute-onset persistent severe hypertension who were treated within 60 min with IV Labetalol, IV Hydralazine, or PO Nifedipine (see ACOG CO #767).\*  | Within 60 minutes 60 – 120 minutesGreater than 120 minutes No meds given | O1. Number of patients each month\*\* with persistent severe hypertension\*  | **Denominator:** All patients during their birth admission, excluding ectopics and miscarriages\_\_\_\_**Numerator:** Among the denominator, patients with codes for severe preeclampsia, eclampsia, preeclampsia superimposed on pre-existing hypertension\_\_\_\_ |
| P2. Follow-up appointment scheduled within 7-14 days for birthing patients with persistent severe HTN  | Yes NoUnknown If unknown, please state why | O2. SMM  | **Denominator:** All patients during their birth admission, excluding ectopics and miscarriages\_\_\_ **Numerator:** Among the denominator, all patients with any SMM code\_\_\_ |
| P3. 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? | Yes NoUnknown If unknown, please state why | O3. SMM(excluding transfusion codes) | **Denominator:** All patients during their birth admission, excluding ectopics and miscarriages\_\_\_**Numerator:** Among the denominator, all patients with any non-transfusion SMM code\_\_\_ |
| **\*Persistent severe hypertension defined as ≥160 systolic or ≥110 diastolic** that persists for 15 minutes or more. Include: antepartum and postpartum, those with preeclampsia, gestational or chronic hypertension. Exclude*:* readings during pushing, >20 min after epidural, or in the presence of another known etiology for elevated BP (e.g. sickle cell pain crisis, chemotherapy, etc.). Severe values do not need to be consecutive. ***Any severe range BP indicates the need for frequent monitoring of BP.******The 60 minutes is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.*** \*\*Cases can be identified using medical codes provided for Measure #O1, or by using an L&D logbook, building onto EHRs triggers and ability to query for severe range BPs, or searching pharmacy logs for antihypertensive medications. Use of at least two methods recommended. | O4. SMM among Preeclampsia Cases | **Denominator:** All patients during their birth admission, excluding ectopics and miscarriages, with one of the following diagnosis codes:●Severe Preeclampsia, Eclampsia, Preeclampsia superimposed on pre-existing hypertension\_\_\_ **Numerator:** Among the denominator, all patients with any SMM code\_\_\_\_\_ |
| O5. SMM (excluding transfusion codes) among Preeclampsia Cases  | **Denominator:** All patients during their birth admission, excluding ectopics and miscarriages, with diagnosis codes: ●Severe Preeclampsia, Eclampsia, Preeclampsia superimposed on pre-existing hypertension\_\_\_ **Numerator:** Among the denominator, all patients with any non-transfusion SMM code\_\_\_\_\_ |
| ***Quarterly & Once per Initiative Data Measures*** |
| **Process Measures** | **Structure Measures** |
| *To be reported* ***quarterly*** | *To be reported* ***once*** *per initiative*  |
| P4. Provider EducationAt the end of this reporting period, what cumulative percentage of delivering physicians and midwives has completed within the last 2 years an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocol and measures? | Report estimate in 10% increments (round up) \_\_\_\_ | S1. Unit Policy and ProcedureDoes your hospital have a Severe HTN/Preeclampsia policy and procedure for pregnant and postpartum patients (reviewed and updated in the last 2 years) that provides a unit-standard approach to measuring blood pressure, treatment of Severe HTN/Preeclampsia, administration of Magnesium Sulfate, and treatment of Magnesium Sulfate overdose? | Completion date: \_\_\_\_\_\_\_\_\_ |
| P5. Nursing EducationAt the end of this reporting period, what cumulative percentage of OB nurses (including L&D and Postpartum) has completed within the last 2 years an education program on Severe Hypertension/Preeclampsia? | Report estimate in 10% increments (round up) \_\_\_\_ | S2. Debriefs Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications? | Start Date: \_\_\_\_\_\_\_\_\_   |
| P6. Unit Drillsa: Number of OB drills (In Situ and/or Sim Lab) performed in your unit for any maternal safety topicb: Topics covered in the OB drills | a. # of Drills\_\_\_\_ b. Drill topics \_\_\_\_\_\_\_ | S3. 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)? | Start Date: \_\_\_\_\_\_ |
| **+** S3. Multidisciplinary Case Reviews : For greatest impact, the AIM Program suggests that in addition to the minimum instances for review defined in S3, hospital teams also implement missed opportunity reviews for key bundle process measures (e.g. instances in which acute onset severe hypertension was not treated in < 60 minutes) in both unit debriefs and multidisciplinary case reviews. | S4. Patient, Family & Staff SupportHas your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?  | Completion Date: \_\_\_\_\_\_ |
| S5. EHR IntegrationWere some of the recommended Severe HTN/Preeclampsia bundle processes (i.e. order sets, tracking tools) integrated into your hospital’s EHR system? | Completion Date: \_\_\_\_\_\_ |