

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality
for Mothers and Babies

Hypertension in Pregnancy Initiative PROSPECTIVE DATA COLLECTION FORM

Month you are Collecting:	Year:
Total Number of women giving birth at ≥ 20 weeks gestation this month:	
Total number of existing physicians, midwives, and nurses this month:	
Number of existing physicians, midwives, and nurses who completed education (this month, for the first time this year) on hypertension in pregnancy including hospital's unit-standard protocol/policy:	
<p>CHART REVIEW</p> <p>Please review at least the first 5 severe hypertension case charts recorded for the month of pregnant or postpartum (0-6 weeks) women diagnosed with persistent (twice within 15 minutes) new-onset severe hypertension (Systolic: ≥ 160 or Diastolic: ≥ 110).</p> <p>If you do not have 5 cases, please review your total amount of cases and enter the number of charts reviewed in the database. Hospitals have the option of reviewing more than 5 charts per month.</p> <p>Please use two systems (coding and clinical) to identify a chart for review. <u>See Inclusion/Exclusion Criteria, updated to ICD-10, in Table 1 below</u></p>	<p>Number of charts reviewed this month:</p>
Number of women (in the charts reviewed) who were treated within 1 hour of first identified elevated BP. Treatment may include IV Labetalol, IV Hydralazine, or PO Nifedipine:	
Number of women (in the charts reviewed) whose case was debriefed:	
Number of women (in the charts reviewed) who received discharge education materials:	
Number of women (in the charts reviewed) who had follow-up appointments scheduled in appropriate timing. Appropriate timing is defined as: Follow-up appointment scheduled within 7-10 days:	

Person collecting/entering the data: _____

Table 1: Inclusion/Exclusion Criteria for Chart Review

INCLUDE	ICD – 10 Condition	ICD – 10 Code
Coding	Severe pre-eclampsia	O14.1x
	HELLP syndrome	O14.2x
	Eclampsia	O15
Clinical	Any cases identified clinically (using log books, chart review, etc.) that did not have an ICD-10 code (above)	
EXCLUDE	ICD – 10 Condition	ICD – 10 Code
Coding	Pre-existing hypertension complicating pregnancy, childbirth, and the puerperium	O10
	Pre-existing hypertension with pre-eclampsia	O11
	Gestational edema and proteinuria without hypertension	O12
	Gestational hypertension without significant proteinuria	O13
	Mild to moderate preeclampsia	O14.0x
	Unspecified pre-eclampsia	O14.9
	Unspecified maternal hypertension	O16

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Hypertension in Pregnancy Initiative DATA COLLECTION FORM For Structural Measures

Status requested every 6 Months

<p>Does your hospital have hypertension in pregnancy policies and procedures in place that include unit-standard approaches to severe hypertension, magnesium administration and treatment of magnesium overdose?</p> <p style="text-align: right;">Report date of last review/completion date:</p>	
<p>Are Severe Preeclampsia processes (e.g. order sets, tracking tools) integrated into your EHR?</p> <p style="text-align: right;">Report date of completion:</p>	
<p>Have you developed OB specific resources and protocols to support patients, family and staff through major OB complications including women with hypertension in pregnancy?</p> <p style="text-align: right;">Report date of completion:</p>	
<p>Do you have a policy and process in your hospital to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (includes women admitted to the ICU or receiving ≥ 4 units RBC transfusions, but especially women with hypertension in pregnancy)?</p> <p style="text-align: right;">Report start date:</p>	
<p>Do you have a policy and process in your hospital to provide preeclampsia discharge education for <u>all</u> patients (not just patients with severe hypertension)?</p> <p style="text-align: right;">Report start date:</p>	