

**HIP Initiative Measurement Grid**

**PROSPECTIVE DATA COLLECTION – Beginning January 2016**

(Please enter monthly data by the 15<sup>th</sup> of the following month)

Outcome Measure	Data Collection Format	Notes
<b>1.a. Severe Morbidity among Women diagnosed with Severe Hypertension</b>	<p><b><u>Numerator:</u></b> Women in the denominator with any SMM code -----</p> <p><b><u>Denominator:</u></b> Women with Severe Preeclampsia, HELLP syndrome, or Eclampsia (ICD-10 codes: O14.1x, O14.2X, &amp; O15)</p>	Generated by FPQC
<b>1.b. Severe Morbidity among Women diagnosed with Severe Hypertension Cases (excluding transfusion)</b>	<p><b><u>Numerator:</u></b> Women in the denominator with any SMM code <u>excluding transfusions</u> -----</p> <p><b><u>Denominator:</u></b> Women with Severe Preeclampsia, HELLP syndrome, or Eclampsia (ICD-10 codes: O14.1x, O14.2X, &amp; O15)</p>	Generated by FPQC

Process Measure	Data Collection Format	Notes
<b>1. Provider and Nursing Education</b>	<p>The cumulative proportion of physicians, midwives, and OB nurses that have completed education on hypertension/preeclampsia that includes teaching on the hypertension bundle and the unit-standard protocol in the calendar year.</p> <p><b><u>Numerator:</u></b> Number of existing physicians/midwives and nurses who completed education on hypertension in pregnancy including hospital’s unit-standard protocol. -----</p> <p><b><u>Denominator:</u></b> Number of existing physicians/midwives and nurses</p>	To be collected monthly

Process Measure (chart review)	Data Collection Format	Notes																															
<p><b>CHART REVIEW for Process Measures 2 - 5</b></p>	<p>Review at least the first 5 charts recorded in the month (or all charts if there are 5 or fewer cases) of pregnant or post-partum (0-6 weeks) women diagnosed with persistent new-onset severe hypertension with preeclampsia or eclampsia (&gt;160 OR &gt;110). Include those presenting in ED, L&amp;D, or Post-partum.</p> <p><u>Note:</u> Use two systems for identification for chart review - Coding and Clinical</p> <p><b>Chart Review Inclusion/Exclusion Criteria:</b></p> <table border="1" data-bbox="468 532 1503 1419"> <thead> <tr> <th data-bbox="468 532 659 594">INCLUDE</th> <th data-bbox="659 532 1304 594">ICD – 10 Condition</th> <th data-bbox="1304 532 1503 594">ICD – 10 Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="468 594 659 737" rowspan="3"><b>Coding</b></td> <td data-bbox="659 594 1304 639">Severe pre-eclampsia</td> <td data-bbox="1304 594 1503 639">O14.1x</td> </tr> <tr> <td data-bbox="659 639 1304 685">HELLP syndrome</td> <td data-bbox="1304 639 1503 685">O14.2x</td> </tr> <tr> <td data-bbox="659 685 1304 737">Eclampsia</td> <td data-bbox="1304 685 1503 737">O15</td> </tr> <tr> <td data-bbox="468 737 659 841"><b>Clinical</b></td> <td colspan="2" data-bbox="659 737 1503 841">Any cases identified clinically (using log books, chart review, memory, etc.) that did not have an ICD-10 code (above)</td> </tr> <tr> <th data-bbox="468 841 659 902">EXCLUDE</th> <th data-bbox="659 841 1304 902">ICD – 10 Condition</th> <th data-bbox="1304 841 1503 902">ICD – 10 Code</th> </tr> <tr> <td data-bbox="468 902 659 1419" rowspan="8"><b>Coding</b></td> <td data-bbox="659 902 1304 1010">Pre-existing hypertension complicating pregnancy, childbirth, and the puerperium</td> <td data-bbox="1304 902 1503 1010">O10</td> </tr> <tr> <td data-bbox="659 1010 1304 1065">Pre-existing hypertension with pre-eclampsia</td> <td data-bbox="1304 1010 1503 1065">O11</td> </tr> <tr> <td data-bbox="659 1065 1304 1162">Gestational edema and proteinuria without hypertension</td> <td data-bbox="1304 1065 1503 1162">O12</td> </tr> <tr> <td data-bbox="659 1162 1304 1260">Gestational hypertension without significant proteinuria</td> <td data-bbox="1304 1162 1503 1260">O13</td> </tr> <tr> <td data-bbox="659 1260 1304 1315">Mild to moderate preeclampsia</td> <td data-bbox="1304 1260 1503 1315">O14.0x</td> </tr> <tr> <td data-bbox="659 1315 1304 1370">Unspecified pre-eclampsia</td> <td data-bbox="1304 1315 1503 1370">O14.9</td> </tr> <tr> <td data-bbox="659 1370 1304 1419">Unspecified maternal hypertension</td> <td data-bbox="1304 1370 1503 1419">O16</td> </tr> </tbody> </table>	INCLUDE	ICD – 10 Condition	ICD – 10 Code	<b>Coding</b>	Severe pre-eclampsia	O14.1x	HELLP syndrome	O14.2x	Eclampsia	O15	<b>Clinical</b>	Any cases identified clinically (using log books, chart review, memory, etc.) that did not have an ICD-10 code (above)		EXCLUDE	ICD – 10 Condition	ICD – 10 Code	<b>Coding</b>	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	<p>Please review at least the first 5 severe hypertension case charts recorded for the month.</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.</p> <p>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.</p> <p>The number of charts reviewed per month is your denominator for Process Measures 2 – 5.</p>
INCLUDE	ICD – 10 Condition	ICD – 10 Code																															
<b>Coding</b>	Severe pre-eclampsia	O14.1x																															
	HELLP syndrome	O14.2x																															
	Eclampsia	O15																															
<b>Clinical</b>	Any cases identified clinically (using log books, chart review, memory, etc.) that did not have an ICD-10 code (above)																																
EXCLUDE	ICD – 10 Condition	ICD – 10 Code																															
<b>Coding</b>	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																															

<p><b>2. Treatment of Severe Hypertension within 1 hour (chart review)</b></p>	<p><b><u>Numerator:</u></b>      Number of women (in the charts reviewed) who were treated within 1 hour of <i>first identified</i> elevated BP. Treatment may include IV Labetalol, IV Hydralazine, or PO Nifedipine.</p> <p>-----</p> <p><b><u>Denominator:</u></b>      Number of total charts reviewed</p>	<p>To be collected monthly</p>
<p><b>3. Debrief Cases of New Onset Severe Hypertension (chart review)</b></p>	<p><b><u>Numerator:</u></b>      Number of women (in the charts reviewed) whose case was debriefed.</p> <p>-----</p> <p><b><u>Denominator:</u></b>      Number of total charts reviewed</p>	<p>To be collected monthly</p>
<p><b>4. Discharge Education for all women with severe hypertension (chart review)</b></p>	<p><b><u>Numerator:</u></b>      Number of women (in the charts reviewed) who received discharge education materials.</p> <p>-----</p> <p><b><u>Denominator:</u></b>      Number of total charts reviewed</p>	<p>To be collected monthly</p>
<p><b>5. Follow-Up appointment scheduled for all women with severe hypertension (chart review)</b></p>	<p><b><u>Numerator:</u></b>      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.</p> <p>-----</p> <p><b><u>Denominator:</u></b>      Number of total charts reviewed</p>	<p>To be collected monthly</p>

Structural Measure	Data Collection Format	Notes
<b>1. Hypertension Protocol</b>	<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>Report date of last review/completion date</p>	<p>A request for status will be sent out every 6 months starting June 2016</p>
<b>2. EHR integration</b>	<p>Are Severe Preeclampsia processes (e.g. order sets, tracking tools) integrated into your EHR?</p> <p>Report date of completion</p>	<p>A request for status will be sent out every 6 months starting June 2016</p>
<b>3. Patient, Family, Staff Support</b>	<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>Report date of completion</p>	<p>A request for status will be sent out every 6 months starting June 2016</p>
<b>4. Multidisciplinary case reviews</b>	<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 <math>\geq 4</math> units RBC transfusions, but especially women with hypertension in pregnancy)?</p> <p>Report start date</p>	<p>A request for status will be sent out every 6 months starting June 2016</p>
<b>5. Hypertension discharge education for all patients</b>	<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>Report start date</p>	<p>A request for status will be sent out every 6 months starting June 2016</p>