



# Data in Driving Change: Collecting and Leveraging Data to Improve HDP

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**GAP between science + practice**  
**EXAMPLES of great practice**  
**Strong business case**

**CHANGE**  
**PACKAGE**

Ideas with a  
Pedigree

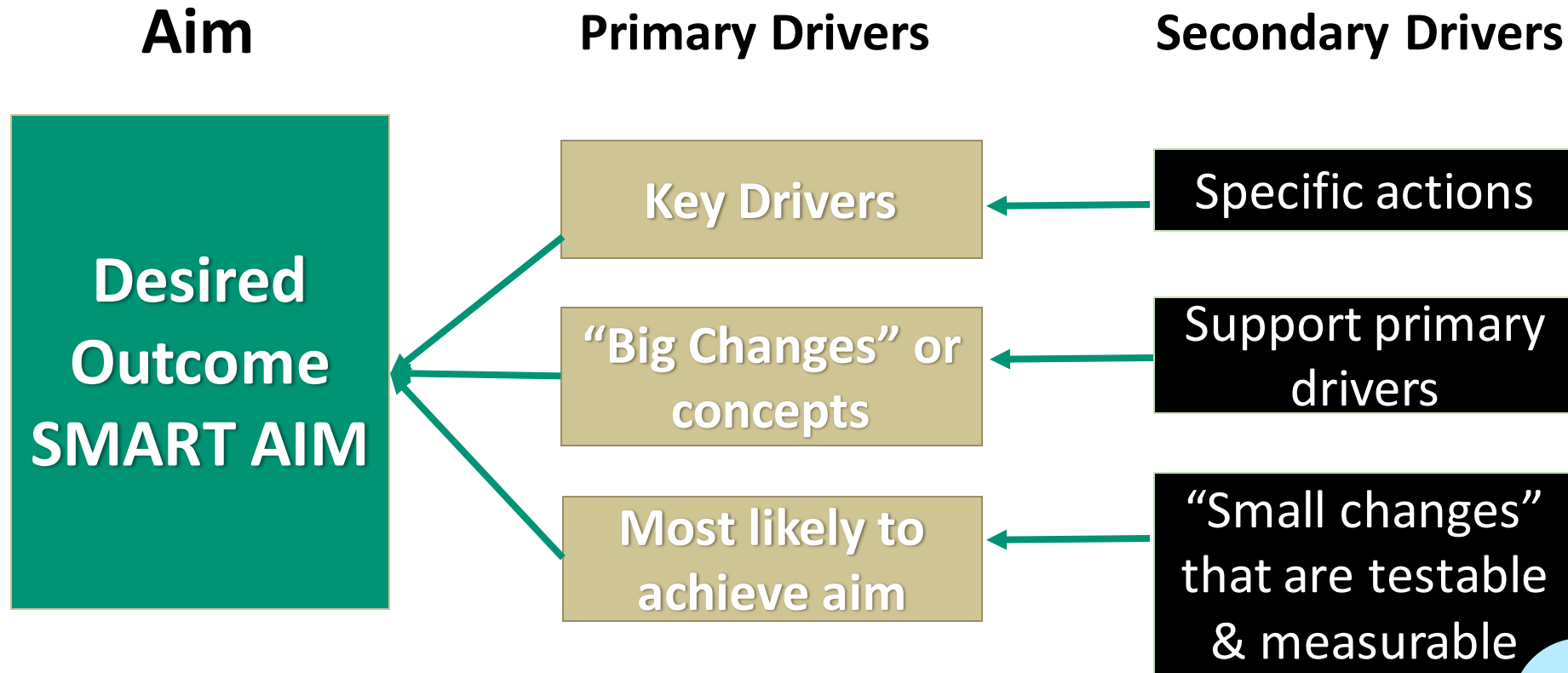
**CHARTER**

Vision  
Goals  
Expectations

**MEASUREMENT**  
**STRATEGY**

What?  
Define  
Collection

# Key Driver Basic Concepts



PROCESS  
PRECEDES  
OUTCOME

## Aim

By June 2026, PROMPT hospitals will increase by 20% the percentage of patients receiving:

- Timely treatment for persistent acute-onset severe hypertension within 1 hour from the first severe range BP reading
- Appropriate discharge education and scheduled follow-up encounters within 3-7 days post-discharge.

*\*Respectful care is a universal component of every driver and activity*

## Primary Drivers

**Readiness:**  
implementation of standard protocols/processes

Develop standard protocols/processes for identification, management, and treatment of severe HTN

Ensure rapid access to severe HTN medication

Integrate a patient advisor in your QI team\*

**Recognition:**  
early identification and assessment

Assess and document if patient presenting is pregnant or has been within the past year in all care settings

Ensure accurate blood pressure measurement & assessment

Provide verbal and written HTN education to patients and support persons\*

Provide Interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU)\*

**Response:**  
management for every pregnant or PP patient w/acute

Implement standardized protocol for

Provide trauma-informed support for

Schedule postpartum encounter 7 d

## Secondary Drivers

PROCESS  
PRECEDES  
OUTCOME

Direction of causality

## AIM

By 6/2026, PROMPT hospitals will increase by 20% the percentage of patients receiving:

**Timely treatment** for persistent acute-onset severe hypertension **within 1 hour** from the first severe range BP reading

Appropriate **discharge education** and scheduled **follow-up** encounters within 3-7 days post-discharge.

\* Baseline will be established with the first quarter of hospital data

# Persistent Severe Hypertension Definition

**Severe HTN:** Systolic BP  $\geq$  160 mm Hg or diastolic BP  $\geq$  110 mm Hg, or both.

## **Persistent Severe HTN:**

- One or more repeat severe observations documented 15-60 minutes after episode onset – Severe BP values **do not need to be consecutive!**

**OR**

- BP is not documented to have decreased to nonsevere HTN within 15 minutes.



11/7 & 11/14  
@ 12pm

## Primary Key Driver

## Secondary Drivers

**Readiness:**  
implementation of  
standard  
protocols/processes

Develop standard protocols/processes for identification, management, and treatment of severe HTN

Ensure rapid access to severe HTN medication

Integrate a patient advisor in your QI team\*

Quarterly Status Update → Not started to Fully Implemented

## Primary Key Driver

## Secondary Drivers

**Recognition:**  
early identification and  
assessment

Assess and document if patient presenting is pregnant or has been within the past year in all care settings

Quarterly Status Update → Not started to Fully Implemented

Ensure accurate blood pressure measurement & assessment

Quarterly Status Update → Not started to Fully Implemented

Provide verbal and written HTN education to patients and support persons\*

% pts. receiving verbal and written HTN education

Provide Interdisciplinary clinician team training for early recognition and treatment of OB hypertensive emergencies (ED, OB, Cardiology, ICU)\*

% providers and staff who completed training



## Primary Key Driver

## Secondary Drivers

**Response:**  
management for every  
pregnant or PP patient  
w/acute severe HTN

Implement standardized protocol for  
treatment of severe HTN

Quarterly Status Update → Not started to Fully Implemented

% pts. with timely treatment

Provide trauma-informed support for  
patients\*

% pts. of patients briefed on their SHTN event

# Data Collection: Types & Tools

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How do we know the change was an improvement?

# PROMPT data types

## **Individual Patient-Level Data – Monthly**

Demographics, time to treatment, education, tools provided and appointments scheduled

# SEVERE HYPERTENSION DATA FORM

**Goal:** Increase the percentage of pregnant and postpartum patients treated for persistent severe hypertension (SHTN) ( $\geq 160$  systolic OR  $\geq 110$  diastolic) within 60 minutes.

**Instructions:** Document the following information for any persistent SHTN ( $\geq 160$  systolic OR  $\geq 110$  diastolic) occurring during pregnancy or up to 6 weeks postpartum, including patients in triage, ED, OBED, antepartum, L&D, postpartum. OB unit includes OBED, antepartum, L&D and postpartum Units.

STUDY ID: \_\_\_\_\_

Discharge Month _____ Year _____	Sat/Sun/Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Age _____	GA at event _____ wks OR # days PP at event _____	GA at delivery _____ wks <input type="checkbox"/> N/A
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Pt. declined to answer <input type="checkbox"/> Unknown	1 <sup>st</sup> Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> H.Creole <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Insurance (check all that apply) <input type="checkbox"/> Medicaid/Med plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Delivery type: <input type="checkbox"/> Vaginal <input type="checkbox"/> Scheduled C/S <input type="checkbox"/> Emergency C/S <input type="checkbox"/> N/A
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Pt. declined to answer			Dx at Discharge (check all that apply) <input type="checkbox"/> Chronic HTN <input type="checkbox"/> Gestational HTN <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Superimposed Preeclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> HELLP

## DEMOGRAPHICS

MEDICAL MANAGEMENT			
Measure	Time Hh:mm 24h	Pt. location (mark one)	
		T=Triage	AP=antepartum PP=postpartum
BP reached $\geq 160$ or diastolic $\geq 110$		EMS ED OBED T AP L&D PP	
Confirmatory BP $\geq 160$ or diastolic $\geq 110$		EMS ED OBED T AP L&D PP	
First BP $\geq 160$ or diastolic $\geq 110$ in OB-unit		OBED T AP L&D PP	
First BP med given		EMS ED OBED T AP L&D PP	
BP reached $< 160$ and diastolic BP $< 110$		EMS ED OBED T AP L&D PP	

Medications (check all given)	Followed protocol (dosage and timing)	Check First Medication Given
<input type="checkbox"/> Labetalol	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hydralazine	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nifedipine	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other antihypertensive _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Magnesium Sulfate Bolus	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Magnesium Sulfate Maintenance	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reason antihypertensive and/or Magnesium were not given	
<input type="checkbox"/> Clinical Judgement	<input type="checkbox"/> Patient declined
<input type="checkbox"/> BP not confirmed	<input type="checkbox"/> Patient left AMA
<input type="checkbox"/> BP normalized prior to starting meds	<input type="checkbox"/> Other _____
<input type="checkbox"/> Immediate delivery planned	<input type="checkbox"/> Not documented/unknown

Did hypotension (systolic  $< 90$  and/or diastolic  $< 50$ ) occur within one hour of giving antihypertensive medication?  YES  NO

→ Was there corresponding deterioration in FHR?  YES  NO  N/A

→ Were interventions for hypotension administered?  YES  NO

→ Was a cesarean performed due to hypotension?  YES  NO  N/A

**Adverse Maternal Outcome (check all that apply):**

OB hemorrhage with transfusion of  $\geq 4$  units of blood products  
 Intracranial hemorrhage or ischemic event  
 Placental abruption  
 Pulmonary edema  
 ICU admission  
 Other \_\_\_\_\_  
 Oliguria  
 DIC  
 Ventilation  
 Renal failure  
 Liver failure  
 None

**Adverse Neonatal Outcome:**

NICU/SCN admission  IUFD  Other \_\_\_\_\_  None  N/A

**Clinical Debrief/case Reviews**

Did the physician and RN debrief this case for treatment improvement opportunities?  
 Yes  No

If an SMM case, was an interdisciplinary case review conducted?  Yes  No  N/A

## ADVERSE OUTCOMES

DISCHARGE MANAGEMENT		
	Yes	No
Were verbal & written PP warning signs given?	<input type="checkbox"/>	<input type="checkbox"/>
Was pt. verbally briefed on her persistent SHTN before discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient discharged on meds?	<input type="checkbox"/>	<input type="checkbox"/>
Were meds provided prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient have a BP cuff to take home prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Was a PP Discharge Assessment (vital signs and response) conducted just prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
How many days after discharge were appointments scheduled? (check all that apply)	<input type="checkbox"/> BP and symptoms check within 3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-21 days <input type="checkbox"/> $> 21$ days <input type="checkbox"/> Pt. instructed/not scheduled	

## DISCHARGE PROCESS

## TIME TO TREAT

## ADVERSE EFFECTS

# INDIVIDUAL PATIENT-LEVEL DATA

## Monthly

Report on up to 15 cases of pregnant and postpartum patients with persistent, severe hypertension that present to ED or obstetric unit

- First 10 with persistent SHTN
- First 5 with SMM among preeclampsia/eclampsia/HELLP

# PROMPT data types



## **Individual Patient-Level Data – Monthly**

Demographics, time to treatment, education, tools provided and appointments scheduled

## **Aggregate Patient-Level Data – Quarterly**

Aggregate Severe Maternal Morbidity

# AGGREGATE PATIENT-LEVEL DATA

## Quarterly

Measure	# of patients
# of delivery admissions	_____
# pts. with preeclampsia, eclampsia or HELLP syndrome	_____
# of pts with SMM (exclude BT alone) during the delivery admission	_____
# of pts. with preeclampsia, eclampsia, or HELLP syndrome who experience SMM (exclude BT alone)	_____



MICH-05: Reduce severe maternal complications identified during delivery hospitalizations



Mandatory reporting for Hospital IQR and Medicare Promoting Interoperability Programs

# PROMPT data types

## **Patient Level Data – Monthly**

Demographics, time to treatment, education, tools provided and appointments scheduled

## **Patient Level Data – Quarterly**

Aggregate Severe Maternal Morbidity

## **Hospital-Level Data – Quarterly**

Policies/Guidelines/Procedures; staff education





## Pregnancy-Related Optimal Management of Hypertension (PROMPT) Hospital-Level Data Collection Form

1 - Not Started  
 2 - Planning/Developing  
 3 - Started Implementing - Started implementing in the last 3 months  
 4 - Implemented - Less than 80% compliance after at least 3 months of implementation (not routine practice)  
 5 - Fully Implemented - At least 80% compliance after at least 3 months of implementation (routine practice)

To what extent has your hospital:	Not started 1	Planning/ Developing 2	Started to implement 3	Implemented 4	Fully implemented 5
Established Emergency Department (ED) Screening for current or recent pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a process to ensure accurate blood pressure measurement and assessment with confirmation after severe range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a Severe Hypertension (SHTN)/preeclampsia policy, guideline, and/or process (reviewed or updated within the last two years) that contains: treatment of SHTN/preeclampsia and the use of seizure prophylaxis, including for treatment of magnesium overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured ready reference to algorithms for identifying, assessing, and treating SHTN/preeclampsia on all units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a system plan for level of care escalation, consultation, and maternal transport when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed a workflow to ensure rapid access to SHTN medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established a standardized process to conduct debriefs with patients after a severe event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established a process to perform interdisciplinary systems-level reviews of cases of severe maternal morbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Held interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented periodic education and engagement for ED physicians and staff about SHTN/preeclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged a Patient Advisor in the QI team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Staff Education and Training

Please add the percentage of staff, physicians, and midwives that are educated on the following topics:

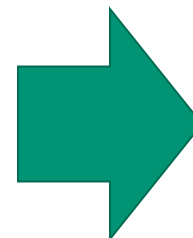
What percentage of your staff has received education on...	Nurses	Physicians & Midwives
Accurate blood pressure measurement and assessment?	<input type="text"/> %	<input type="text"/> %
Severe hypertension/preeclampsia policy, guidelines or procedures?	<input type="text"/> %	<input type="text"/> %
Respectful Care and commitment to Respectful Care practices?	<input type="text"/> %	<input type="text"/> %

Questions? Please contact [FPQC@usf.edu](mailto:FPQC@usf.edu)

10/02/2024

# HOSPITAL-LEVEL DATA

- Not started
- Planning
- Started to implement
- Implemented
- Fully Implemented



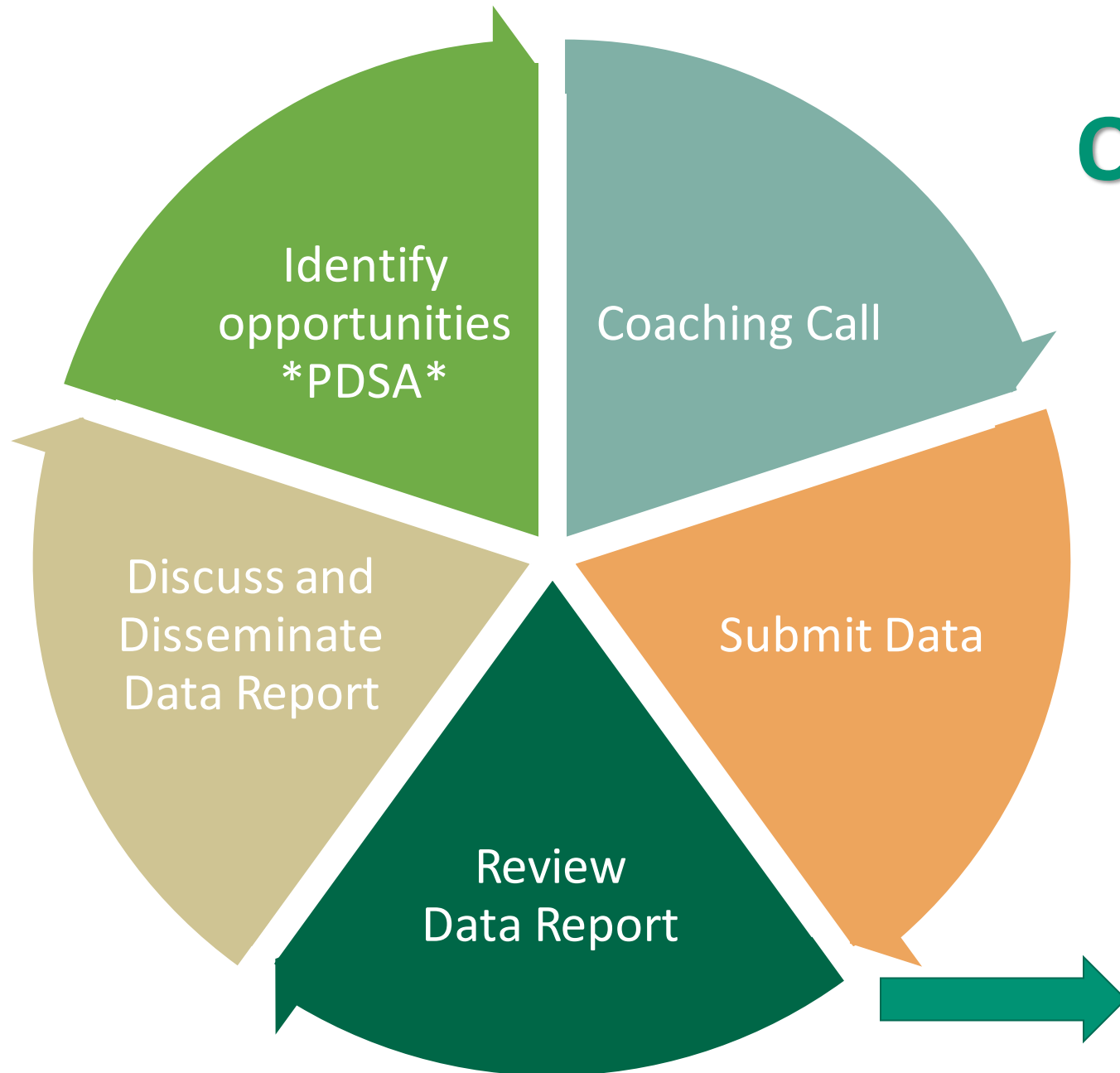
Cumulative Percent



The **data** you collect isn't just numbers —  
it reflects the lives, stories and outcomes of  
your **patients.**



# QI MONTHLY CYCLE



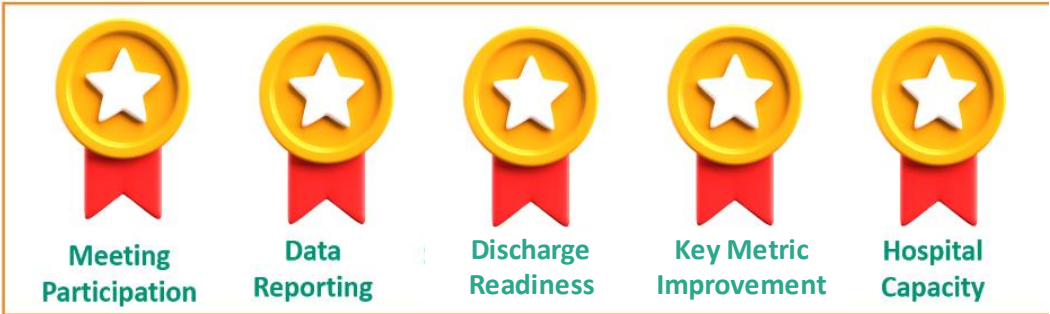
## QI REPORTS

- Aim
- Run Charts
- Track Process, Structural, and Outcome Measures
- Add your PDSAs

# Individual Hospital Levels of Participation are Required by FDOH

HB Hospitals will receive a star for each of the metrics

Attendance and Engagement					
Coaching Call (CC) Attendance		Patient-Level Data Submitted every month on the 21st		Hospital-Level Data (Quarterly) submitted every quarter	
Attendance <b>100%</b>		Patient-Level Data Last Submitted on <b>February 2023</b>		Hospital-Level Data Last Submitted on <b>December 2022</b>	
# of CCs your hospital attended	Total # of Coaching Calls	# of Months your hospital reported	Total # of Reporting Months	# of Quarters your hospital reported	Total # of Reporting Quarters
<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>

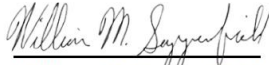



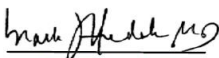
**PAIRED INITIATIVE  
FAMILY CENTERED CARE IN THE NICU**


PROUDLY AWARDED TO:

*Taral Hospital*

For your team's dedication and hard work in promoting family-centered care and improving infant care within your unit

  
**William M. Sappenfield**  
 FPQC Director


  
**Mark Hudak**  
 FPQC Physician Lead

  
**Samarth Shukla**  
 FPQC Physician Lead

# IMPORTANT REQUESTS

- Track completion of your hospital's Data Use Agreement (DUA)
- Let us know of any changes in your team: data lead resources
- Attend the data webinars
- Submit your hospital-level data by December
- Patient-level data collection starts in January

# PROMPT DATA WEBINARS

Dates 1. Thursday, November 7 @ 12 pm  
2. Thursday, November 14 @ 12 pm

- Importance of data for the PROMPT Initiative
- Data definitions, inclusion criteria
- Data tools - data collection sheets
- Processes to submit data
- Review of a sample report
- Using your report to guide improvement



# Questions?

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[www.fpqc.org](http://www.fpqc.org)



**“To improve the health and health care of all Florida mothers & babies”**