

Initiative Overview

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We Were HIP in 2015!

- FPQC initiated a Hypertension in Pregnancy Initiative in 2015
- I was a new attending
- My daughter was 9-months old at the kick-off!



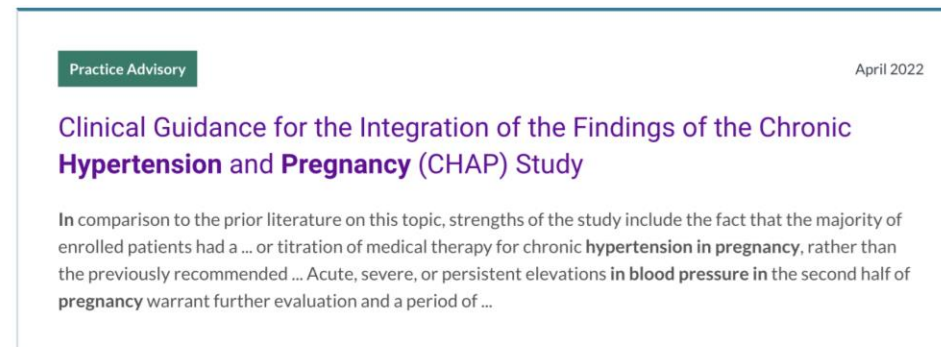
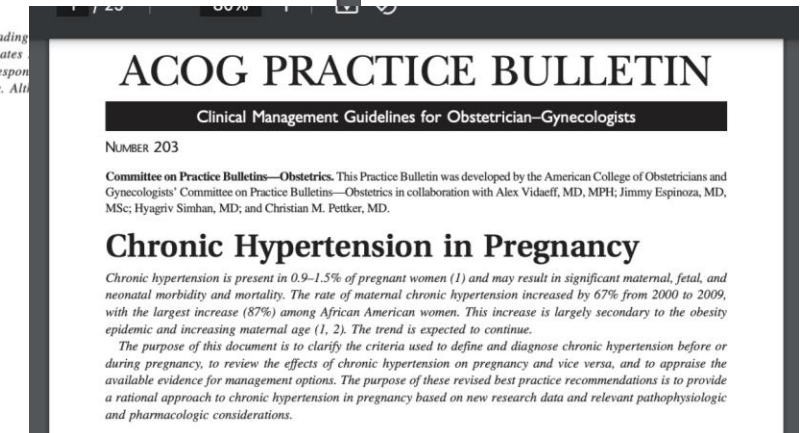
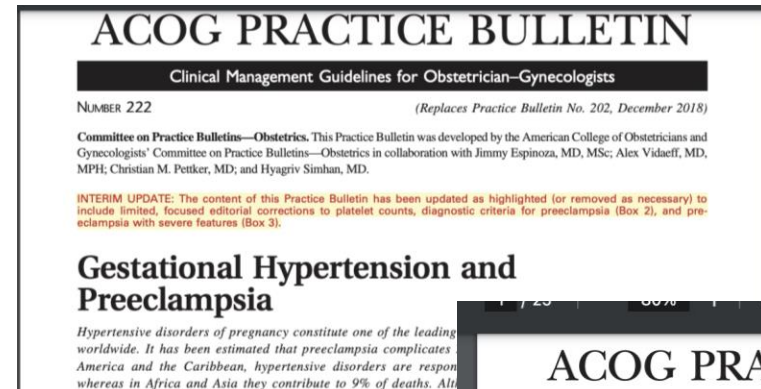
We've Made a Few Changes Since Then

- Three Kids
- Daughter is 10
- Graduated 54 Residents at USF
- Numerous new Florida Doctors
- Pandemic
- Many Hurricanes

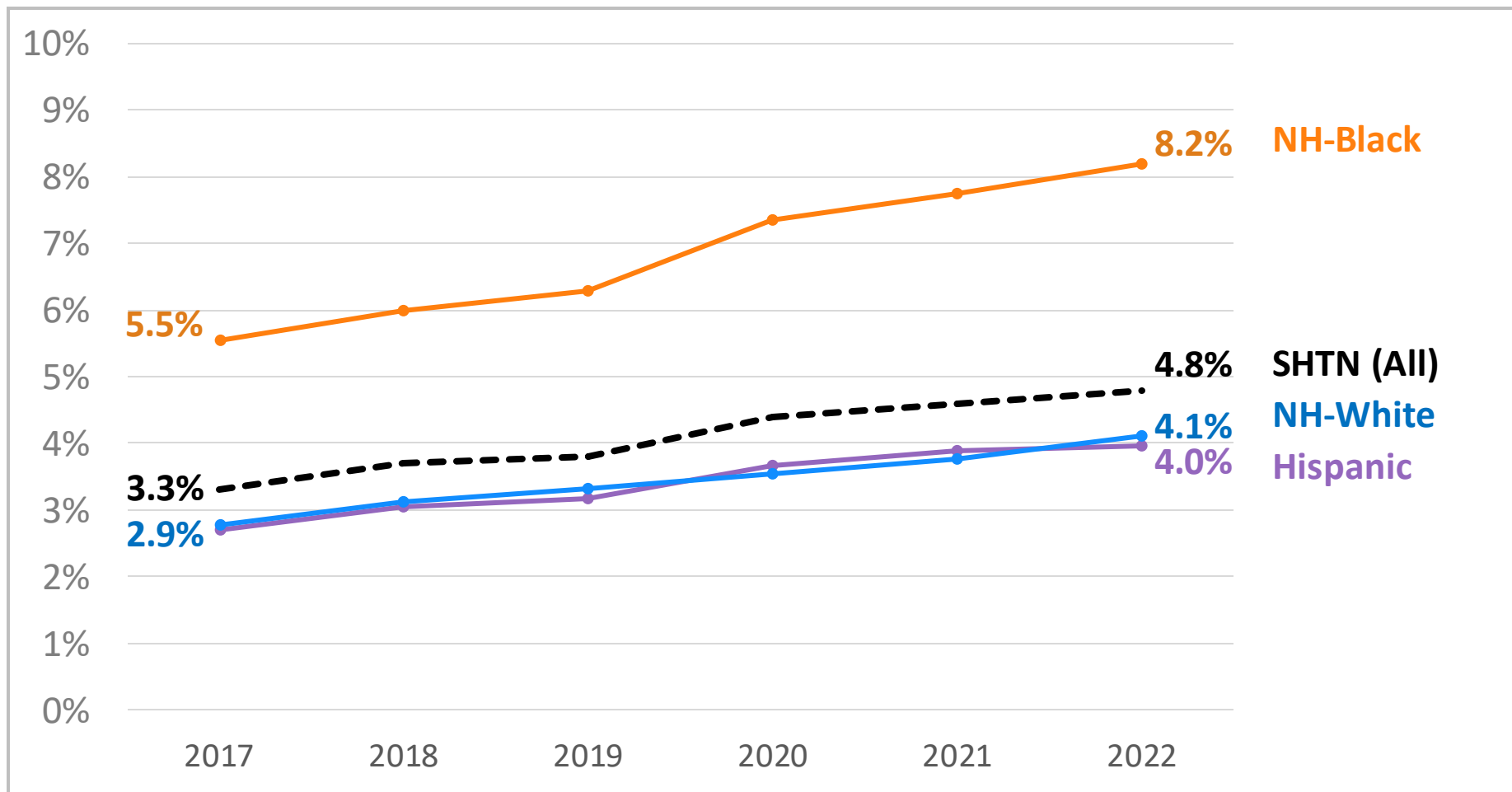


We've Made a Few Changes Since Then

- ASA for preeclampsia risk reduction
- CHAP trial guidelines recommending treatment of CHTN with goal of BP <140/90
- ACC changes guidelines to describe new categories of CHTN
- New guidelines regarding postpartum follow up



Severe Hypertension in Pregnancy (Pre-eclampsia) by Race-Ethnicity, FL Delivery Admissions



Source: Inpatient Hospital Discharge 2017-2022, AHCA

- The Alliance for Innovation on Maternal Health,
- National, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes and save lives
- Developed Hypertension in Pregnancy Bundle-revised 2022

SEVERE HYPERTENSION IN PREGNANCY

The Severe Hypertension in Pregnancy patient safety bundle was revised in 2022 to incorporate respectful care concepts, revise existing elements, include new elements related to evidence-informed practices, and update data collection plans. The bundle provides actionable steps that can be adapted to a variety of facilities and resource levels to improve quality of care and outcomes for patients experiencing hypertensive disorders of pregnancy.



AIM Severe Hypertension in Pregnancy Bundle

Readiness – Every Unit

**Recognition &
Prevention – Every
Patient**

Response – Every Event

**Reporting & Systems
Learning – Every Unit**

**Respectful, Equitable,
& Supportive Care –
Every
Unit/Provider/Team
Member**

Adapting AIM for PROMPT

- Initiative leads and advisory committee members established PROMPT Aims
- Key Drivers were selected from AIM Bundle and workgroups convened to define implementation measures
- Components of Respectful Maternity Care were incorporated into every Key Driver
- Toolkit (Guidance document) and toolbox resources were assembled

Something Old

Timely Treatment of Persistent Acute-Onset SHTN

Well-understood best practice, endorsed by ACOG. Consistent implementation of treatment protocols remains challenging:

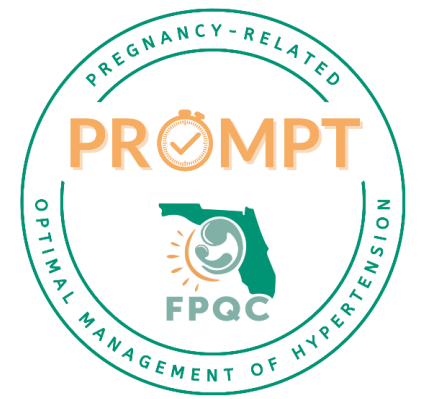
- **Less than half** of persistent acute-onset severe hypertension (SHTN) cases receive treatment within the recommended **60 minutes**¹
- **FPQC Hypertension in Pregnancy (2015) participating hospitals** treated 20% of persistent acute-onset severe hypertension cases at baseline
- 61% of preeclampsia-related deaths in California were due to stroke, and 96% of these stroke cases were **preceded by a systolic blood pressure over 160 mmHg**²
 - Good-to-strong chance to alter the outcome in 66% of stroke cases.
 - The main issues were slow response to warning signs in 91% and ineffective treatment in 76% of cases.

Source: 1. Uma et al, AJOG 2021; [https://www.ajog.org/article/S0002-9378\(21\)00559-7/abstract](https://www.ajog.org/article/S0002-9378(21)00559-7/abstract)

2. Judy et al, Obstet Gynecol 2019; 133:1151–9.



PROMPT Aim-1



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

Something New



Postpartum Follow-up

- SMFM recommends follow up within 72 hours after discharge for patients with severe HTN in pregnancy
- ACOG -Blood pressure evaluation is recommended for women with hypertensive disorders of pregnancy no later than 7–10 days postpartum and 72 hours for those with severe HTN



SMFM Special Statement

smfm.org

Society for Maternal-Fetal Medicine
Special Statement: Quality metric for timely postpartum follow-up after severe hypertension



Society for Maternal-Fetal Medicine (SMFM); Kelly S. Gibson, MD; C. Andrew Combs, MD, PhD; Samuel Bauer, MD; Rebecca Feldman Hamm, MD; Andrew Healy, MD; Jamie Morgan, MD; Lorraine Toner, MD; Amy Whitsel, MD; Patient Safety and Quality Committee

Hypertensive disorders of pregnancy are a leading cause of maternal morbidity and mortality. Because postpartum exacerbation of severe hypertension is common, the American College of Obstetricians and Gynecologists recommends that patients with severe hypertension during the childbirth hospitalization be seen within 72 hours after discharge. In this statement, the Society for Maternal-Fetal Medicine proposes a uniform metric reflecting the rate of timely postpartum follow-up of patients with severe hypertension. The metric is designed to be measured using automated calculations based on billing codes derived from claims data. The metric can be used in quality improvement projects to increase the rate of timely follow-up in patients with severe hypertension during the childbirth hospitalization. Suggested steps for implementing such a project are outlined.

Key words: chronic hypertension, eclampsia, gestational hypertension, HELLP syndrome, pre-eclampsia, quality measure, severe hypertension

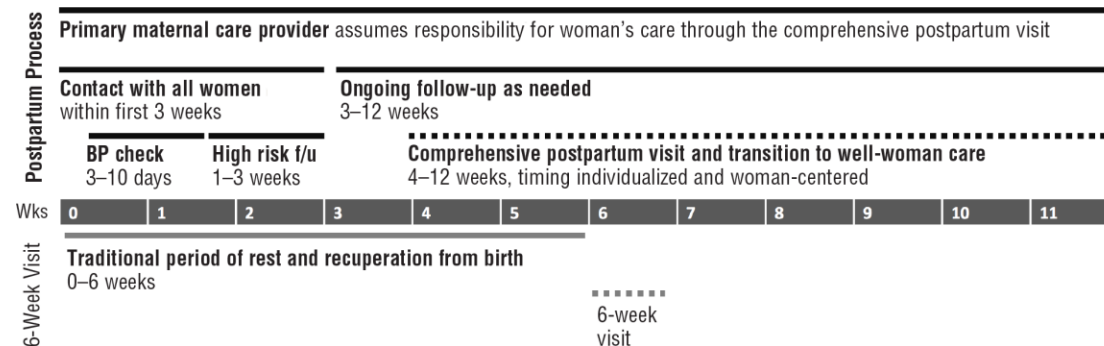


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ←



PROMPT Aim-2



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

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

Something Borrowed

PROMPT Key Drivers

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

Primary Key Drivers

Readiness:

Implementation of standard protocols/processes

Recognition:

Early identification and assessment

Response:

Management for all pregnant or postpartum patients

Respectful care is a universal component of every driver and activity

Something Blue

