PREGNANCY-RELATED

PROMPT

OPTIMAL MANAGEMENT OF HYPERTENSION

PROMPT Data Collection

Data is key to driving quality improvement and will act as a compass, guiding and informing the PROMPT initiative. Review the data collection tools carefully and follow the submission guidelines outlined below to ensure accurate and consistent reporting.

For the PROMPT initiative, your hospital will report 3 data types to FPQC:

1. Monthly abstracted patient-level data: up to 15 qualifying patients per month
2. Quarterly aggregated patient data: Severe Maternal Morbidity (required), and Obstetric Severe Complication cases (optional)
3. Quarterly hospital-level measures: status update on policies, procedures, or guidelines to support PROMPT and clinician training

1. Monthly Abstracted Patient Data

Step 1: Identify cases of Persistent Severe Hypertension

To ensure comprehensive case identification for your monthly abstractions, use multiple data sources as outlined below:

a. **Blood pressure logs:** Retrospectively pull records of any pregnant or postpartum patient (up to 6 weeks) with an elevated BP of ≥160 systolic and/or ≥110 diastolic. Review these records to determine if the elevated BP was sustained for more than 15 minutes or if BP was not documented to have decreased to non-severe HTN within 15 minutes. This step is crucial.

b. **Pharmacy records:** Review pharmacy records to identify patients who received medications commonly used to manage preeclampsia and severe hypertension, such as labetalol, hydralazine, nifedipine, and magnesium sulfate.

c. **ICD-10 codes:** Use the following codes to identify additional patients with **severe hypertension in pregnancy/postpartum**: O111 O112 O113 O114 O115 O119 O1410 O1412 O1413 O1414 O1415 O1420 O1422 O1423 O1424 O1425 O1500 O1502 O1503 O151 O152 O159

d. Collect and review **debrief and data forms** completed for patients following persistent severe hypertensive events.

Important Note: ICD-10 codes alone should not be the sole source for identifying patients. Reviewing blood pressure logs is critical to ensure accurate selection of cases.

Identifying patients may require collaboration with IT/EMR staff, the Emergency Department (ED), Pharmacy, and the Billing/Coding Department.

Step 2: Select cases for abstraction and submit data

Each month use the patient-level data collection form-> Severe hypertension data form to abstract and submit to FPQC:

- **The first ten** pregnant or postpartum (up to 6 weeks) patients presenting to the ED, Triage, OBED, antepartum, L&D, or postpartum unit with Persistent Severe Hypertension* and ***without*** Severe Maternal Morbidity (SMM).

  ***Persistent SHTN Definition:**

  - BP: ≥160 systolic and/or ≥110 diastolic **AND**
  - One or more repeat severe HTN observations documented 15-60 min after episode onset (values **do not need to be consecutive), OR** BP not documented to have decreased to non-severe HTN within 15 min.

  AND

- **The first 5** patients **during their delivery admission** diagnosed with preeclampsia, eclampsia, and/or HELLP syndrome (using ICD-10 codes for Severe Hypertension) who experienced SMM, excluding transfusion-only cases (using ICD-10 code list for SMM).

Submit the number of cases specified above or as many as you have in the month.

Note: aim to integrate the patient-level data collection form with the patient debrief form. The information gathered in the data collection form will help inform the debriefing process.

Submission dates:

- PROMPT patient-level data *collection* starts on January 1st, 2025.
- Submit monthly patient-level data by the 15th of the following month until the end of the initiative. For example, abstracted cases of patients discharged in January need to be submitted by February 15th, 2025.

Step 3: Maintain a record of your selected cases

Please keep a log of the patients whose data you submit to FPQC. Include the patient's medical record number, the assigned study ID, and the return code given to you on the submission screen when submitting the patient's data to FPQC. This will allow for data confirmation and corrections. This log is intended for your hospital use only. Please *never* send it to FPQC.

2. Quarterly Aggregated Severe Maternal Morbidity (required) and Obstetric Severe Complication (optional)

Submit **quarterly** data for patients admitted for delivery using the PROMPT hospital-level data collection form and link.

Use ICD-10 code list for SMM, ensuring that **transfusion-only cases are excluded**.

If you track Severe Obstetric Complications (ePC-07), you will have the option to report this data, though reporting is not mandatory.

Baseline data is due January 31st, 2025. Include SMM data for October-December 2024.
After that, please follow this schedule:

- **January–March data** is due by **April 30th**
- **April–June data** is due by **July 30th**
- **July–September data** is due by **October 30th**
- **October–December data** is due by **January 30th**

3. Quarterly hospital-level measures: policies, procedures or guidelines to support PROMPT and clinician training

Submit your hospital's updated status on hospital-level measures using the PROMPT hospital-level data collection form and link.

Baseline data, covering up to December 2024, is due by January 31, 2025.
After that, please follow this schedule:

- **January–March data** is due by **April 30th**
- **April–June data** is due by **July 30th**
- **July–September data** is due by **October 30th**
- **October–December data** is due by **January 30th**

Please ensure all submissions are timely to maintain accurate tracking of progress.

Once your DUA is executed, FPQC will send your PROMPT data and project leads an email with the links to submit your data. Please bookmark the links and use them throughout the initiative.

If you have any questions or face any challenges regarding your PROMPT data, please contact the FPQC data team: erubio1@usf.edu; davenport3@usf.edu; alexamutchler@usf.edu

PREGNANCY-RELATED
PROMPT
OPTIMAL MANAGEMENT OF HYPERTENSION

Complete for each patient submitted to the PROMPT data portal

Use this log to keep track of the patients whose data is submitted to the PROMPT database. Please keep it for your records only. Never submit the patient's medical record to FPQC.

Please assign a Study ID # to each case abstracted starting with 001 and continue sequentially until the end of the initiative. If data need to be verified, we will send you the "Study ID #" for the case.

Once you submit your cases in the PROMPT portal, the system will provide a "Survey Return Code" which can be used to access and correct the data if needed. You will get one return code for each patient submitted.

Hospital Name: _____

Medical Record #	Study ID #	Survey Return Code	Data lead name

Medical Record #	Study ID #	Survey Return Code	Data lead name

AIM Severe Hypertension in Pregnancy ICD10 Codes List

Code	Definition
O111	Pre-existing hypertension with pre-eclampsia, first trimester
O112	Pre-existing hypertension with pre-eclampsia, second trimester
O113	Pre-existing hypertension with pre-eclampsia, third trimester
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O115	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O119	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O1410	Severe pre-eclampsia, unspecified trimester
O1412	Severe pre-eclampsia, second trimester
O1413	Severe pre-eclampsia, third trimester
O1414	Severe pre-eclampsia complicating childbirth
O1415	Severe pre-eclampsia, complicating the puerperium
O1420	HELLP syndrome (HELLP), unspecified trimester
O1422	HELLP syndrome (HELLP), second trimester
O1423	HELLP syndrome (HELLP), third trimester
O1424	HELLP syndrome (HELLP), complicating childbirth
O1425	HELLP syndrome (HELLP), complicating the puerperium
O1500	Eclampsia complicating pregnancy, unspecified trimester
O1502	Eclampsia complicating pregnancy, second trimester
O1503	Eclampsia complicating pregnancy, third trimester
O151	Eclampsia complicating labor
O152	Eclampsia complicating the puerperium
O159	Eclampsia, unspecified as to time period

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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	☐	☐	☐	☐	☐
Implemented a process to ensure accurate blood pressure measurement and assessment with confirmation after severe range	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐
Ensured ready reference to algorithms for identifying, assessing, and treatment SHTN/preeclampsia on all units	☐	☐	☐	☐	☐
Implemented a system plan for level of care escalation, consultation, and maternal transport when needed	☐	☐	☐	☐	☐
Developed a workflow to ensure rapid access to SHTN medication	☐	☐	☐	☐	☐
Established a standardized process to conduct debriefs with patients after a severe event (SMM)	☐	☐	☐	☐	☐
Established a process to perform interdisciplinary systems-level reviews of cases of severe maternal morbidity	☐	☐	☐	☐	☐
Held interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients	☐	☐	☐	☐	☐
Implemented periodic education and engagement for ED physicians and staff about SHTN/preeclampsia	☐	☐	☐	☐	☐
Engaged a Patient Advisor in the QI team	☐	☐	☐	☐	☐

Please see page 2 for more questions

Aggregate Patient Data	
# of patients admitted for delivery	_____
# of patients diagnosed with preeclampsia, eclampsia, or HELLP syndrome during delivery admission	_____
# of patients with SMM* during delivery admission *(excluding transfusion-only cases)*	_____
# of patients with SMM* *(excluding transfusion-only cases)* who were diagnosed with preeclampsia, eclampsia, or HELLP syndrome during their delivery admission	_____
# of patients with Severe Obstetric Complications *(excluding transfusion-only cases)* during delivery admission (optional)	_____
# of patients with Severe Obstetric Complications *(excluding transfusion-only cases)* who were diagnosed with preeclampsia, eclampsia, or HELLP syndrome during their delivery admission (optional)	_____

***As defined by the CDC (ICD-10 code list available)**

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?	_____ %	_____ %
Severe hypertension/preeclampsia policy, guidelines, or procedures?	_____ %	_____ %
Respectful Care and commitment to Respectful Care practices?	_____ %	_____ %

Questions? Please contact FPQC@usf.edu

11/5/2024

PREGNANCY-RELATED PROMPT OPTIMAL MANAGEMENT OF HYPERTENSION

FPQC

SEVERE HYPERTENSION DATA FORM

Goal: Increase the percentage of pregnant and postpartum patients treated for persistent severe hypertension (SHTN) within 60 minutes of the first SHTN measurement.

Instructions: Document the following information for any persistent SHTN (definition in the back) occurring during pregnancy or up to 6 weeks postpartum, including patients in triage, ED, OBED, antepartum, L&D, and postpartum. OB unit includes OBED, antepartum, L&D and postpartum units.

STUDY ID: _____

Discharge Month_____ Year____ Sat/Sun/Holiday discharge ☐ Yes ☐ No	Age _____	GA at event ____ wks **OR** # days PP at event ____		GA at delivery ____ wks ☐ N/A
Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Pt. declined to answer ☐ Unknown	**1ry Language** ☐ English ☐ Spanish ☐ H.Creole ☐ Other____ ☐ Unknown	**Insurance** (check all that apply) ☐ Medicaid/Med plans ☐ Private ☐ Self-pay ☐ Other _____ ☐ Unknown	**Delivery type:** ☐ Vaginal ☐ Scheduled C/S ☐ Emergency C/S ☐ N/A	**Dx at Discharge** (check all that apply) ☐ Chronic HTN ☐ Gestational HTN ☐ Preeclampsia ☐ Superimposed Preeclampsia ☐ Eclampsia ☐ HELLP
Race (check all that apply) ☐ Asian ☐ Black ☐ White ☐ Unknown ☐ Pt. declined to answer ☐ Other_____				

MEDICAL MANAGEMENT – FIRST SHTN EVENT

Measure	Time Hh:mm 24h	Pt. location (mark one) T=Triage AP=antepartum PP=postpartum
BP first reached ≥160 or diastolic ≥110		EMS ED OBED T AP L&D PP
Confirmatory BP ≥160 or diastolic ≥110		EMS ED OBED T AP L&D PP
First BP ≥160 or diastolic ≥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
☐ Labetalol	Yes ☐ No ☐	☐
☐ Hydralazine	Yes ☐ No ☐	☐
☐ Nifedipine	Yes ☐ No ☐	☐
☐ Other antihypertensive_____	Yes ☐ No ☐	☐
☐ Magnesium Sulfate **Bolus**	Yes ☐ No ☐	
☐ Magnesium Sulfate **Maintenance**	Yes ☐ No ☐	

Reason antihypertensive and/or Magnesium were not given

☐ Clinical Judgement	☐ Patient declined
☐ BP not confirmed	☐ Patient left AMA
☐ BP improved to nonsevere – **all subsequent BPs were nonsevere**	☐ Other _____
☐ Immediate delivery planned	☐ 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 ≥ 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 ☐ Unknown ☐ 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

DISCHARGE MANAGEMENT

	Yes	No
Were verbal & written PP warning signs given?	☐	☐
Was pt. verbally briefed on their persistent SHTN before discharge?	☐	☐
Was the patient discharged on meds?	☐	☐
If yes → Were meds provided prior to discharge?	☐	☐
Did the patient have a BP cuff to take home prior to discharge?	☐	☐
Was a PP Discharge Assessment (vital signs and response) conducted just prior to discharge?	☐	☐

How many days after discharge were appointments scheduled? (check all that apply)	☐ BP and symptoms check within 3 days ☐ 4-7 days ☐ 8-14 days ☐ 15-21 days ☐ >21 days ☐ Pt. instructed/not scheduled

SEVERE HYPERTENSION DATA FORM

Inclusion Criteria: Include pregnant (any gestational age) and postpartum (up to 6 weeks) patients with Persistent Severe Hypertension presenting to Triage, ED, OBED, Antepartum, L&D, or Postpartum units, including transfers. Report only the patient's first Persistent Severe Hypertension event to FPQC.

Definitions

Severe Hypertension (HTN): Systolic BP ≥ 160 mm Hg or diastolic BP ≥ 110 mm Hg, or both.

Persistent Severe HTN:

- One or more repeat severe HTN readings documented 15-60 minutes after episode onset (values do not need to be consecutive).
- Cases where BP was not rechecked within 15 minutes of the first severe HTN observation.

Note that these criteria are strictly for case identification, not for BP patient monitoring. For BP patient monitoring refer to appropriate guidelines.

Study ID: Assign a unique number to each case, starting from 001 and continuing sequentially.

N/A: Use for information that does not apply to the patient's case (e.g., mark N/A for neonatal outcome if no delivery occurred during the admission). **Do not use** for missing but relevant documentation.

PP Discharge Assessment: Check patient's vital signs near discharge and follow up on any abnormalities. Form available here

Severe Maternal Morbidity (SMM): Unexpected labor and delivery outcomes with significant health implications. Refer to the list of 21 SMM conditions with ICD-10 codes here.

Physician and Nurse Debrief: Use a standardized form; the AWHONN debrief form is available under Driver 3 (3a) here.

Antihypertensive and Magnesium "Folowed Protocol": Verify adherence to your unit's updated protocol, including medication types, dosages, timing, and escalation measures.

BP Cuff to Take Home: Include any cuffs given to patients, calibrated cuffs brought in by patients, or those set up for remote monitoring.

BP Improved to Nonsevere – all subsequent BPs were nonsevere: Check this box only if all subsequent BPs were documented as nonsevere within the next hour. Do not select if there are no BP recordings.

Abbreviations: GA = gestational age; wks = weeks; 1ry = primary; Dx = diagnosis; C/S = cesarean; Pt. = patient; AMA = against medical advice; FHR = fetal heart rate; DIC = Disseminated Intravascular Coagulation; IUFD = Intrauterine Fetal Demise.