



## FPQC PROMPT Data Webinar Frequently Asked Questions

### PERSISTENT SHTN RECOGNITION AND MANAGEMENT

#### ***What is the definition of persistent severe hypertension?***

Severe hypertension (SHTN) is defined as systolic blood pressure  $\geq 160$  mm Hg or diastolic blood pressure  $\geq 110$  mm Hg, or both.

*Persistent* severe hypertension is defined as one or more *repeat* SHTN observations documented 15-60 minutes after episode onset **or** the blood pressure is not documented to have decreased to non-severe hypertension within 15 minutes. Repeated SHTN observations *do not need to be consecutive*.

#### ***How do severe range and severe event differ in the context of data abstraction for FPQC?***

A severe *range/observation* is a single reading of severe hypertension (systolic  $\geq 160$  or diastolic  $\geq 110$ , or both). A severe *event* is one in which the definition of persistent severe hypertension is met (e.g. there are repeated severe hypertension readings 15-60 minutes after episode onset *or* BP is not documented to reduce to non-severe within 15 minutes). FPQC is only requesting documentation for the first severe event.

#### ***My hospital uses a different severe blood pressure range (e.g. 160/100). Should we change our policy/procedure/protocol to 160/110?***

If your hospital uses a lower range to capture a broader group of patients at risk for severe hypertension, you may continue using that range. However, for data documentation purposes, *please submit only patients with readings of 160/110 or higher to FPQC*.

If your hospital uses a range higher than 160/110 for pregnant and postpartum patients, it should be revised to align to current professional practice standards.

#### ***How often should the patient's blood pressure be checked after a severe reading?***

Per ACOG and AWHONN recommendations, after the initial severe reading, blood pressure should be rechecked at 5, 10, and 15 minutes. The frequency of subsequent checks after 15 minutes will depend on which medication is administered. Please see the algorithms and your unit's policy/procedure/protocol for detailed guidance.

For PROMPT data submission, we ask that you report the timing of: (1) the first severe reading, (2) the confirmatory reading, (3) the first severe reading in an OB unit, (4) medication administration, and (5) when blood pressure decreases to non-severe levels.

#### ***When should treatment for persistent severe hypertension be initiated?***

ACOG recommends initiating treatment as soon as possible following the confirmatory reading, with literature recommending a timeframe of 15-60 minutes. For PROMPT, our goal is to increase the percentage of patients receiving treatment within 60 minutes of the first severe range. Please refer to the algorithms in the "Readiness" section of the PROMPT toolbox [here](#) and your unit's policy/procedure/protocol.

#### ***Do we need to treat the patient at the first severe blood pressure observation, or do we wait until they have a severe reading in an OB unit?***

Treatment should be started upon confirmation of severe range or earlier if the patient is declining, regardless of location. Please consult your unit's policy/procedure/protocol.

***What is the difference between ACOG’s Blood Pressure Monitoring and Management Guidelines and FPQC’s PROMPT case identification documentation requirement?***

ACOG recommends rechecks at 5, 10, and 15 minutes after the first severe event. Rechecks after the 15-minute mark depend on a variety of factors, including medication administered. Please see the algorithms for more detail. For PROMPT, we are asking teams to abstract and report the initial reading and the confirmation within 15 minutes.

**FOCUS POPULATION**

***Who is the population of focus?***

Pregnant patients (any gestational age) and postpartum patients (up to 6 weeks) who present to the ED or an OB unit with persistent severe hypertension. This includes all patients with pre-existing hypertensive disorders and any transferred patients.

***Who are we excluding from data abstraction?***

Any patient who does not have persistent severe hypertension. This includes patients who have a single severe observation with documented consistent non-severe readings.

***Should we skip patients that only present to the ED and never make it to an OB unit?***

If you have access to your ED records and the required data, you should include those patients in your monthly reports. If you are not able to access your ED records, you can exclude those patients from reports to FPQC.

***If a patient presents with a severe reading at the ED first and then an OB unit, where do we start our time frame?***

If you have access to ED data, you should include that in your data submission to FPQC. For treatment, you should treat as soon as possible per your hospital guidelines, but no later than 60 minutes after the first severe reading. Because some hospitals do not have access to their ED data, FPQC will report two measures: 1) the time from the first reading in the OB unit to treatment, used as a standardized measure for statewide comparison, and 2) the time from the first reading in any unit to treatment for hospitals that have access their ED data

***If a patient presents and gets treated in the ED, how will this be reported?***

If you have access to your hospital’s ED records, then you can submit this event to FPQC. The data form includes fields for documenting identification, management, and treatment in the ED. If you do not have access to your hospital’s ED records, you can omit this patient from data reporting.

***Do we include patients who were already on antihypertensive medication and come back to the hospital?***

Yes, include all forms of hypertension.

***Do we include patients who are transferred out?***

Yes, include all transfers.

***Should we report on patients that have a severe event at any point during their OB stay?***

The patient’s severe event can occur at any point during their stay, but you are only reporting the *first* severe event.

**DATA ABSTRACTION AND REPORTING**

***When should we start collecting data, and when is the first data submission due?***

Your first quarterly hospital-level data submission will be due at the end of December 2024.

Your first monthly patient-level data, consisting of up to 15 abstracted patients discharged in January 2025, is due February 15<sup>th</sup>, 2025.

***How many SHTN cases need to be reported to FPQC monthly?***

Hospitals should report up to 15 patients per month:

- Up to 10 patients should be those with persistent severe hypertension without severe maternal morbidity.
- Up to 5 patients should have both persistent severe hypertension and severe maternal morbidity.

***How do we decide which patients to abstract monthly?***

For abstraction, there are two groups of patients:

- The *first* 10 patients that present with a severe event *but no* SMM by order of discharge date.

- The *first* 5 patients that present with a severe event *and* SMM by order of discharge date.

***How do we set up our EMR system to allow for efficient chart review?***

Each hospital system will handle this differently. Some have already gone through the process of building out a report in their EMR system. We suggest contacting your IT team to discuss this. If you'd like help with this, reach out to [fpqc@usf.edu](mailto:fpqc@usf.edu).

***Where can we find the algorithms?***

Algorithms can be found in the [“Readiness” section of the PROMPT Toolbox](#).

***Will we have the chance to enter “test” data?***

A demo portal will be [available here](#) until November 28th, 2024. Real data should not be entered here, as it will be deleted after the trial period.

***Where do we submit our data?***

Links to submit your data will be sent as soon as your Data Use Agreement is complete. If you need the links sent to you again, please reach out to Shelby ([davenport3@usf.edu](mailto:davenport3@usf.edu)) and Alexa ([alexamutchler@usf.edu](mailto:alexamutchler@usf.edu)).

***Do we need to submit a new REDCap survey for each patient?***

Yes, you'll receive a code for each patient entry. Use a case log to keep track of these codes. If you lose a code, the data team can assist in retrieving it

***For purposes of reporting, is an OBED considered an obstetrical unit?***

Yes.

***Our Labor and Delivery and Postpartum units are two separate units – do we need to collect data for 15 patients from each unit?***

No, you should submit up to 15 patient cases per month across all units.

***If the adverse maternal or neonatal outcome is unrelated to the severe hypertension, should we include them?***

Yes, include all adverse maternal or neonatal outcomes.

***Physician debriefs are not tracked in our EMR and keeping a paper form would be challenging due to the volume of patients we serve. How should we address this?***

We recommend to first implement debriefing for all cases admitted to your unit, and then expand the policy/procedure/protocol from there. If you need assistance with this, reach out to your coach-mentors. If you are unsure how to reach them, please email us at [fpqc@usf.edu](mailto:fpqc@usf.edu).

***If we do remote monitoring on patients, does that count as distributing a blood pressure cuff under the Discharge Management section of the patient-level data form?***

Yes.

***Can we submit ePC-07 in place of SMM?***

No. Submitting ePC-07 numbers is encouraged. However, submission of the SMM (per CDC) ICD-10 codes is required.

***Our coding information is typically not available until after the 15th of the month.***

If you need a deadline extension, please contact the data team: [erubio1@usf.edu](mailto:erubio1@usf.edu), [davenport3@usf.edu](mailto:davenport3@usf.edu), and [alexamutchler@usf.edu](mailto:alexamutchler@usf.edu).

**MISCELLANEOUS**

***Who can I reach out to if I need help with my Data Use Agreement?***

Please reach out to Linda Detman at [ldetman@usf.edu](mailto:ldetman@usf.edu) or Sara Stubben at [sarastubben@usf.edu](mailto:sarastubben@usf.edu).

***Where can we review the PowerPoint slides and recordings of the data webinars?***

The webinar recordings and powerpoint slides are available under the [“Archived PROMPT Presentations and Webinars” here](#).