



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 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.

Note: If your hospital has a patient who was identified in the OB unit and treated for severe hypertension **24 hours or more after the initial severe reading**—and the case qualifies for abstraction to FPQC—please email us the following information:

- Month and year of discharge
- Study ID
- The time in minutes that elapsed between the first SHTN reading and administration of the first antihypertensive (*not magnesium*)

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.

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



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.

Hospital Name: _____

[illegible]

[illegible]

[illegible]

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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