



# Pregnancy-Related Optimal Management of Hypertension (PROMPT)

The PROMPT initiative's purpose is to assist Florida maternity hospitals and providers improve maternal-health outcomes by implementing standardized evidence-based practices for the identification, management, and treatment of severe hypertension (HTN) in pregnancy and postpartum across healthcare settings.

## Hospitals will report:

**1. Aggregate Severe Maternal Morbidity (SMM) – overall as well as among preeclampsia, eclampsia, and HELLP syndrome cases.**

**2. Abstracted patient data:**

- **The first 10 cases\*** of pregnant and postpartum patients that present to EMS/ED, OBED, antepartum, L&D, or postpartum unit with **Persistent Severe Hypertension**.
- **The first 5 cases\*** of pregnant and postpartum patients during their delivery admission with preeclampsia, eclampsia, or HELLP syndrome who experienced **SMM** (exclude transfusion-only cases).

**\*NOTE:** hospitals will submit the number of cases specified or as many as they have in the month.

**Cases included in the second group (SMM) must be excluded from the first to avoid submitting duplicate patients.**

**3. Hospital-level measures** (policies, procedures, or guidelines to increase hospital's capacity to implement the initiative and staff education and training).

The measures listed in this document will be calculated and reported monthly to participating hospitals in a quality improvement data report so that facilities can track their progress. These measures are subject to change during the process of finalizing data collection and reporting tools.

#	OUTCOME MEASURES	Description	Reported	Source
O1	Severe Maternal Morbidity (excluding transfusion codes alone)	<b>Denominator:</b> patients during their delivery admission. <b>Numerator:</b> among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone.  Find SMM definition and ICD-10 codes <a href="#">here</a> .	Quarterly	Abstracted from medical chart
O2	Severe Maternal Morbidity among patients with preeclampsia, eclampsia, and HELLP syndrome (excluding transfusion codes alone)	<b>Denominator:</b> patients during their delivery admission <u>with preeclampsia, eclampsia, or HELLP syndrome (ICD-10 codes)</u> . <b>Numerator:</b> among the denominator, those who experienced severe maternal morbidity (SMM), excluding those who experienced transfusion alone.  Find SMM definition and ICD-10 codes <a href="#">here</a> .	Quarterly	Abstracted from medical chart
#	PROCESS MEASURES	Description	Reported	Source
P1	Timely treatment of persistent severe hypertension  Two measures for timely treatment will be reported: 1. % Patients identified and treated in EMS/ED, and 2. % Patients identified and treated in an OB unit (OBED, AP, L&D, PP)	<b>Denominator:</b> pregnant and postpartum patients with persistent severe hypertension. * <b>Numerator:</b> among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, PO Nifedipine, or an antihypertensive approved in your unit protocol.  <b>Note:</b> The “1 hour” is measured from the first severe-range BP reading.  * <b>Persistent Severe Hypertension</b> is defined as BP $\geq 160$ systolic and/or $\geq 110$ diastolic with: 1. one or more repeat severe HTN observations 15-60 minutes after onset (values do not need to be consecutive), or 2. BP not documented to have decreased to non-severe HTN within 15 minutes.	Monthly – Patient sample  Disaggregated by race-ethnicity, insurance type, language and age  Average time to treatment will be reported as an adjunct measure  Full measurement specifications: <a href="#">SMFM Special Statement</a>	Abstracted from medical chart  Refer to FPQC <a href="#">FAQs for additional guidance</a>

#	PROCESS MEASURES	Description	Reported	Source
P2	Antihypertensive administration per unit protocol	<p><b>Denominator:</b> # qualifying patients in sample.</p> <p><b>Numerator:</b> among the denominator, those who received an antihypertensive medication per unit protocol (dosage and timing).</p> <p><b>Note:</b> Your unit should have a protocol in place for antihypertensive medication administration. This protocol should have been reviewed within the past year and align with current ACOG recommendations.</p>	Monthly – Patient sample	Abstracted from medical chart
P3	Physician and nurse debrief	<p><b>Denominator:</b> # qualifying patients in sample.</p> <p><b>Numerator:</b> among the denominator, the number of cases where the physician and nurse conducted a debrief after the severe event. See AWHONN debrief form <a href="#">here</a>.</p>	Monthly – Patient sample	Abstracted from medical chart
P4	Interdisciplinary review of SMM cases	<p><b>Denominator:</b> # of patients who experienced a Severe Maternal Morbidity (SMM) event.</p> <p><b>Numerator:</b> Number of SMM cases for which a referral was made for interdisciplinary case review.</p> <p><b>Note:</b> Referrals are typically made to the hospital's Quality Assurance (QA) or Patient Safety Committee, Maternal Mortality or Morbidity Review Committee, or a designated Interdisciplinary Review Team responsible for case evaluations and system-level learning.</p>	Monthly – Patient sample	Abstracted from medical chart
P5	Patient education <i>*Measure combines P6 and P7 below</i>	<p><b>Denominator:</b> # qualifying patients in sample</p> <p><b>Numerator:</b> among the denominator, those who received 1. Verbal and written education on Urgent Postpartum Warning Signs; and 2. Patient verbal debrief by physician and nurse.*</p> <p><b>*Patient debrief definition:</b> a structured conversation where the physician and nurse share with the patient the details of SHTN event, including any complications, treatment, and follow-up care.</p>	Monthly – Patient sample	Abstracted from medical chart

#	PROCESS MEASURES	Description	Reported	Source
P6	Patient given verbal and written education on urgent postpartum warning signs	<b>Denominator:</b> # qualifying patients in sample. <b>Numerator:</b> among the denominator, those who received verbal and written Urgent Postpartum Warning Signs.	Monthly – Patient sample	Abstracted from medical chart
P7	Patient verbally debriefed by physician and nurse	<b>Denominator:</b> # qualifying patients in sample. <b>Numerator:</b> among the denominator, those who were verbally debriefed* by physician and nurse.  <b>*Patient debrief definition:</b> a structured conversation where the physician and nurse share with the patient the details of SHTN event, including any complications, treatment, and follow-up care. “• Include patient support networks during patient event debriefs, as requested. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team.” (AIM, 2024)	Monthly – Patient sample	Abstracted from medical chart
P8	BP cuff provision or validation prior to discharge	<b>Denominator:</b> # qualifying patients in sample. <b>Numerator:</b> among the denominator, the number of patients who either: <ol style="list-style-type: none"> <li>1. Received a BP cuff to take home, or</li> <li>2. Brought a BP cuff in from home to be validated.</li> </ol>	Monthly – Patient sample	Abstracted from medical chart
P9	Scheduled follow-up within 7 days after discharge	<b>Denominator:</b> # qualifying patients in sample. <b>Numerator:</b> among the denominator, those with a scheduled follow-up, including blood pressure and symptoms check, within <b>7 days</b> after their discharge date.  Includes patients with weekend discharges. Excludes patients transferred out before discharge.  <b>Note:</b> Two separate periods will be tracked: <ol style="list-style-type: none"> <li>1. % patients with BP and symptom check within 3 days, and</li> <li>2. % patients with scheduled follow-up 4-7 days post discharge.</li> </ol>	Monthly – Patient sample	Abstracted from medical chart

#	PROCESS MEASURES	Description	Reported	Source
P10	Provider and nurse education using initiative, promotional and educational materials	<p>Training bundle includes education on: 1. accurate blood pressure measurement &amp; assessment; 2. severe hypertension/preeclampsia policy, guidelines or procedures; 3. respectful care and commitment to respectful-care practices.</p> <p>Report separately the percentage of <b>physicians/midwives</b> and <b>nurses</b> who have completed education on <b>each topic</b> of the training bundle since the PROMPT kickoff.</p>	Quarterly	<p>Varies per hospital (tally, system report, etc.)</p> <p>Hospital-level data</p>
#	BALANCING MEASURES	Description	Reported	Source
B1	Hypotension and hypotensive-related events following antihypertensive medication	<p>Percentage of patients who developed hypotension after antihypertensive administration for persistent SHTN.</p> <p><b>Denominator:</b> # patients given antihypertensive medication for persistent SHTN.</p> <p><b>Numerator:</b> among the denominator, patients with documented hypotension within one hour of antihypertensive administration for persistent SHTN.</p> <p>Among those that develop hypotension after antihypertensive medication for persistent SHTN, the following additional measures will be reported:</p> <ul style="list-style-type: none"> <li>- Fetal heart rate deterioration related to hypotension</li> <li>- Clinical intervention required for hypotensive episodes</li> <li>- Cesarean deliveries performed due to hypotension events</li> </ul>	Monthly – Patient sample	Abstracted from medical chart

The following measures are collected to provide additional context about adherence to medication protocols and clinical decision-making in managing severe hypertension. Because policies, processes, or guidelines may vary across units, please refer to your unit-specific protocols when assessing adherence.

1. **Use of Specific Antihypertensive Medications** - *Labetalol, Hydralazine, Nifedipine, other antihypertensives listed in your unit protocol.*
2. **First Antihypertensive Medication Administered** - *Identifies the initial medication choice for persistent SHTN management.*
3. **Use of Magnesium Sulfate** - *The measure will reflect the **percentage of all patients in the sample** who received magnesium sulfate, regardless of individual clinical indication. While not all patients require magnesium sulfate—its use depends on physician clinical judgment—tracking it across the full sample supports consistent, population-level monitoring of practice patterns and helps identify variation or potential gaps in care across sites.*
4. **Use of Magnesium Sulfate for Patients with Preeclampsia, Superimposed Preeclampsia, Eclampsia, and/or HELLP** – *The measure will reflect the percentage of patients with Preeclampsia, Superimposed Preeclampsia, Eclampsia, and/or HELLP that received magnesium sulfate. While not all*

*patients require magnesium sulfate—its use depends on physician clinical judgment—tracking it across the full sample supports consistent, population-level monitoring of practice patterns and helps identify variation or potential gaps in care across sites.*

5. **Magnesium Sulfate Administration per Unit Protocol** – Follow your unit protocol to determine if protocol was met.
6. **Clinical Reasons for Not Administering Antihypertensive/Magnesium Sulfate** - Reasons including: clinical judgment, patient preference, BP improvements, or other clinical decisions.

## STRUCTURAL MEASURES

Hospitals need to implement and/or reinforce key processes, guidelines, policies, and resources to support PROMPT. Hospitals will report structural measures until they have them fully implemented. Quarterly updates are required. Report as follows:

- **Not Started**
- **Planning**
- **Started Implementing** - started implementation in the last 3 months
- **Implemented** - less than 80% compliance after at least 3 months of implementation (not routine practice)
- **Fully Implemented** - at least 80% compliance after at least 3 months of implementation (routine practice)

#	STRUCTURAL MEASURES	Description	Source
<b>S1</b>	Emergency Department (ED) screening for current or recent pregnancy	ED-established standardized verbal screening for pregnancy now and during the past year as part of its triage or initial assessment process.  <b>Note:</b> This verbal screening recommendation is based on timing, not the outcome of the pregnancy. Details on the pregnancy outcome are not required.	Quarterly Hospital-level data
<b>S2</b>	Implement a process to ensure accurate blood pressure measurement and assessment with confirmation after severe range	Implement a process to ensure staff is educated on how to accurately measure and assess blood pressure with a confirmation after severe range.	Quarterly Hospital-level data
<b>S3</b>	Implement a standard protocol, guidelines and/or processes for identification, management, and treatment of severe HTN	Implementation of a Severe Hypertension/Preeclampsia policy, guidelines or procedure (reviewed and updated in the last 2 years) that contain the following: <ul style="list-style-type: none"> <li>• Treatment of SHTN/preeclampsia</li> <li>• The use of seizure prophylaxis, including for the treatment of magnesium overdose</li> </ul>	Quarterly Hospital-level data
<b>S4</b>	Ready reference algorithm	Ensure ready reference to algorithms for identifying, assessing, and treatment SHTN/preeclampsia on all units.	Quarterly Hospital-level data
<b>S5</b>	Level of care escalation	Implemented a system plan for level of care escalation, consultation, and maternal transport when needed.	Quarterly Hospital-level data

<b>S6</b>	Rapid access to medication	Develop a workflow to ensure rapid access to SHTN medication.	Quarterly Hospital-level data
<b>S7</b>	Establish a standardized process to conduct debriefs with patients after a severe event	<p>AIM recommendations:</p> <ul style="list-style-type: none"> <li>- Include patient support networks during patient-event debriefs, as requested.</li> <li>- This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and the care team.</li> <li>- Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death.</li> </ul>	Quarterly Hospital-level data
<b>S8</b>	Interdisciplinary case reviews	Establish a process to perform interdisciplinary systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or who received $\geq 4$ units RBC transfusions).	Quarterly Hospital-level data
<b>S9</b>	Drills and simulations	<p>Hold interdisciplinary and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.</p> <p>Severe Hypertension Drills should cover all sequelae, such as preeclampsia.</p>	Quarterly Hospital-level data
<b>S10</b>	Implement periodic education and engagement for ED physicians and staff about Severe Hypertension/Preeclampsia	Develop a strategy to engage and educate ED physicians & staff on signs and symptoms of severe hypertension and preeclampsia in pregnant and postpartum patients.	Quarterly Hospital-level data
<b>S11</b>	Engage a patient advisor in the QI team	<p>Identify, engage, and onboard a patient advisor in your QI team. Provide a clear role description, goals, contact information, whether it will be an in-person/virtual/hybrid role, and a meeting schedule.</p> <p>Patient advisors may assist by sharing insights from lived experiences, reviewing materials, enhancing trust and communication with patients, helping to align care strategies with patient needs, promoting shared decision-making, identifying care gaps from the patient's perspective, etc. Find resources in the FPQC toolbox.</p>	Quarterly Hospital-level data

Questions? Please contact [FPQC@usf.edu](mailto:FPQC@usf.edu) v. 5/1/2025