



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 L&D, triage, ED, antepartum, or postpartum unit with **Persistent Severe Hypertension**.
- **The first 5 cases*** of pregnant and postpartum patients during their birth 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)	<p>Denominator: patients during their birth admission</p> <p>Numerator: among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p> <p>SMM as defined by CDC. Find SMM definition and ICD-10 codes here.</p>	Quarterly disaggregated by race-ethnicity, insurance type	Abstracted from medical chart
O2	Severe Maternal Morbidity among patients with preeclampsia, eclampsia, and HELLP syndrome (excluding transfusion codes alone)	<p>Denominator: patients during their birth admission <u>with preeclampsia, eclampsia, or HELLP syndrome</u></p> <p>Numerator: among the denominator, those who experienced severe maternal morbidity (SMM), excluding those who experienced transfusion alone</p> <p>SMM as defined by CDC. Find SMM definition and ICD-10 codes here.</p>	Quarterly disaggregated by race-ethnicity, insurance type	Abstracted from medical chart
#	PROCESS MEASURES	Description	Reported	Source
P1	Timely treatment of persistent severe hypertension	<p>Denominator: pregnant and postpartum patients with persistent severe hypertension, including those with preeclampsia, gestational or chronic hypertension</p> <p>Numerator: among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine</p> <p>Note: The “1 hour” is measured from the first severe-range BP reading.</p> <p>Persistent Severe Hypertension is defined as BP ≥ 160 systolic and/or ≥ 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.</p>	<p>Monthly – Patient sample</p> <p>Disaggregated by race-ethnicity, insurance type, language and age</p> <p>Full measurement specifications can be found in this SMFM Special Statement</p>	<p>Abstracted from medical chart</p> <p>Refer to FPQC FAQs for additional guidance</p>

#	PROCESS MEASURES	Description	Reported	Source
P2	Patient education	<p>Denominator: # qualifying patients in sample</p> <p>Numerator: among the denominator, those who received verbal and written HTN education on 1. Urgent Postpartum Warning Signs</p>	Monthly – Patient sample	Abstracted from medical chart
P3	Patient verbal debriefing	<p>Denominator: # qualifying patients in sample</p> <p>Numerator: among the denominator, those who received a verbal briefing on their persistent severe hypertension event by their care team before discharge</p>	Monthly – Patient sample	Abstracted from medical chart
P4	Scheduled postpartum blood pressure and symptoms check 3-7 days after discharge	<p>Denominator: # qualifying patients in sample during birth admission</p> <p>Numerator: among the denominator, those with blood pressure and symptoms check scheduled to occur within 3-7 days after their birth hospitalization discharge date</p> <p>Includes patients with weekend discharges.</p> <p>Excludes patients transferred out before discharge.</p>	Monthly – Patient sample	Abstracted from medical chart
P5	Provider and nurse education using initiative promotional and educational materials	<p>Training bundle includes education on: 1. accurate blood pressure measurement & assessment; 2. severe hypertension/preeclampsia policy, guidelines or procedures; 3. respectful care and commitment to respectful-care practices</p> <p>Report the percent of physicians and midwives who completed an education program on each topic of the training bundle since PROMPT kickoff.</p> <p>Report the percent of nurses who completed an education program on each topic of the training bundle since PROMPT kickoff.</p>	Quarterly	<p>Varies per hospital (tally, system report, etc.)</p> <p>Hospital-level data</p>

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
S1	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"> • Measuring blood pressure • Treatment of severe hypertension/ preeclampsia • The use of seizure prophylaxis, including treatment for overdose 	Hospital-level data
S2	Engage a Patient Advisor in the QI team	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. 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.	Hospital-level data
S3	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	Hospital-level data

		Note: This verbal screening recommendation is based on timing, not the outcome of the pregnancy. Details on the pregnancy outcome are not required.	
S4	Implement periodic education and engagement for ED physicians & 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.	Hospital-level data
S5	Establish a standardized process to conduct debriefs with patients after a severe event	<p>AIM recommendations:</p> <ul style="list-style-type: none"> - 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 the care team. - Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death. 	Hospital-level data
S6	Unit drills - number of drills	<p>During the reporting period, report the number of OB drills* (In Situ and/or Sim Lab) performed in your unit for any maternal safety topic; topics will be requested if HTN was the topic provided.</p> <p>Severe Hypertension Drills should cover all sequelae, such as preeclampsia.</p> <p>*AIM recommendation: Interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.</p>	Hospital-level data
S7	Multidisciplinary case reviews	Establish a process to perform multidisciplinary, systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or who received ≥ 4 units RBC transfusions)	Hospital-level data

Questions? Please contact FPQC@usf.edu

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