



Patient Saves Spotlight



Hospitals are seeing a difference in patient outcomes through their work with Florida Perinatal Quality Collaborative (FPQC) quality improvement initiatives. Since launching PROMPT in January 2025, we have received numerous patient save stories from hospitals as a direct result of the PROMPT change package. **PROMPT focuses on ensuring that mothers receive timely treatment for severe hypertension.** It also aims to improve practices such as accurate blood pressure assessment, collaborating with emergency departments and EMS, educating patients about postpartum warning signs and scheduling early postpartum follow-up visits. **Hospitals are proud of this work and have given us permission to share the following stories.**

Baptist Health Baptist Hospital: ED Team Impact

We received an early third trimester patient as a transfer from another hospital. The main Emergency Department team identified her severe-range blood pressures during the ED Rapid Screen. She was promptly medicated per protocol. Within the hour, she received antihypertensive & antiseizure medications in accordance with our Severe Hypertensive Crisis Protocol. Through strong team collaboration and timely intervention, we were able to delay her delivery for a crucial four days. The engagement of the ED team with the OB Team and the PROMPT initiative tools played a vital role in safeguarding the health of both the patient and her baby.

Mount Sinai Medical Center: Impact of Discharge Education

We received a patient through our ED two weeks after her cesarean birth. During her admission, she had normal blood pressures. Prior to discharge, she was educated on warning signs that would warrant return to the hospital. While at home during her postpartum period, the patient developed a headache, unstable gait, and confusion, which prompted her to seek emergency care. Upon arrival to our ED, her blood pressure was elevated and staff activated a Code HIP (Hypertension in Pregnancy). A CT scan was completed within 45 minutes of arrival that confirmed brain swelling and history of bleeding. Neurosurgery was consulted and recommended appropriate medical management. Five days later, the patient was medically stable and discharged home. She has continued to do well since then.

Baptist Health Homestead Hospital: Follow-Up and Patient Support

During a discharge follow-up call, a patient was identified who had been discharged home from the mom-baby unit with a blood pressure cuff and then recently been readmitted to the ED for continued high blood pressures. The Discharge Coordinator confirmed that the patient still had the cuff and was consistently recording her blood pressure. The coordinator also contacted the patient's provider to ensure a follow-up appointment was scheduled. The patient had attended her original follow-up appointment and had returned to the ED because of the high blood pressures she recorded and concerns she had been educated on at discharge by the OB team. Our success in this case was not due to a complex solution, but rather to a shared commitment to doing what is right for our patients. With a small but mighty team, we continue to ensure patients receive the education, tools, and support they need to stay safe at home.

Sarasota Memorial Hospital: Impact of Discharge Education

We cared for a patient who had a cesarean birth and developed headaches after discharge. The headaches continued for a few days, and the patient recorded elevated blood pressure readings. She told her husband she had tried everything to relieve the headache and decided to take a nap. After three hours, her husband went to wake her and found her extremely drowsy and difficult to arouse. Alarmed by her condition and recalling the nurse's discharge education on warning signs related to elevated blood pressure, he called for an ambulance. At the hospital, she was started on antihypertensive medications and antiseizure meds according to our Severe Hypertension protocols. Her blood pressures came down after one hour of treatment. The patient was admitted for further treatment and discharged home two days later.

HCA Florida West Hospital: Interdisciplinary Collaboration and Communication

We had a postpartum patient who called her OB's office to report headaches and elevated blood pressures at home. She was instructed to come to the ER immediately for evaluation. The OB provider also contacted the hospital to request a direct admission and notified us that she would be on her way. To ensure timely care and avoid registration delays often experienced with direct admits, we created a message group including registration, the ER, and L&D teams. This allowed us to coordinate triage, registration, and treatment seamlessly upon the patient's arrival. By initiating support from the ER for her primary evaluation and treatment, we were able to expedite care. This process worked well for both the patient and the team. She received nifedipine and had her magnesium sulfate infusion started before transfer to the inpatient unit. The creation of the OB Hypertensive Emergency message group—with ER and registration included—ensured the team was prepared in advance and ready to implement the OB hypertensive order sets without delay.

North Okaloosa Medical Center: Impact of Discharge Education

We discharged a patient home on Sunday after giving her Post Birth Warning Signs education and an “alert less than 1 year postpartum” bracelet. The patient began having a headache and just not feeling well on Wednesday and presented to the ED. She was admitted to the ICU for severe-range blood pressures. The patient stated she had kept her bracelet in her diaper bag and put it on when she presented to the ED, remembering what she had been told on discharge to help alert ED staff that she had recently had a baby. The patient was discharged home after a 24-hour course of magnesium sulfate with BP meds for home, a BP cuff from OB and follow up in 3 days with her provider.

AdventHealth Zephyrhills: Discharge Education and ED Engagement

We recently discharged a patient following her cesarean birth. Before discharge, she and her husband received thorough education about our Orange Bracelet Initiative—designed to raise awareness of postpartum warning signs and ensure timely care—and committed to wear the bracelet for the recommended 12 weeks. At home, she began experiencing a severe headache and shortness of breath. She called our unit nurse, who encouraged her to go to the Emergency Department. Upon arrival at our ED, her orange bracelet immediately signaled her postpartum status and she was triaged quickly, bypassing the waiting room. She was diagnosed with postpartum preeclampsia and congestive heart failure. The patient shared with us how important it was to her to receive care at an ED with a team trained in postpartum emergencies and the bracelet protocol. She said that she firmly believes the bracelet saved her life, and she continues to wear it proudly, knowing it represents not only her journey into motherhood but also a safety net that ensured her survival.

West Boca Medical Center: Impact of the Patient Brief

One of our recent patients was discharged with her blue band, blood pressure cuff and received her patient brief before going home, including education about her diagnosis, new medications and her follow up visit with her physician in keeping with PROMPT requirements. When she returned later to the OBED the physician questioned her asking, “When were you first told you had high blood pressure?” the patient answered by saying, “I don’t just have high blood pressure, I was diagnosed with preeclampsia. I was on magnesium and blood pressure medications, and my pregnancy was high risk.” This made us appreciate the patient brief so much more, as it clearly had a powerful impact on the patient’s understanding of her condition. She not only articulated it well but also made an informed decision to come back in when she noticed danger signs/symptoms that needed further management.

HCA Florida Lawnwood Hospital: Coordinated Follow-Up Care

We were following a patient who had a history of postpartum preeclampsia. Her blood pressure was assessed during her 3-day post-discharge home visit and was within normal range. An interpreter was present so that the nurse and patient could communicate with each other effectively, and the patient shared that she was taking her medication as prescribed and had a follow-up appointment scheduled with her physician in 2 days. This is an excellent example of the importance of our home visiting program which includes patient education in her preferred language and close follow-up care coordination with the patient's physician.

Sarasota Memorial Hospital – Venice: Interdisciplinary Education

As part of the PROMPT initiative, our L&D educator collaborated with our Emergency Care Center (ECC) educator to develop and implement education focused on the recognition and treatment of postpartum hypertension and preeclampsia. The ECC nurse educator created a detailed posterboard highlighting symptoms of postpartum hypertension and appropriate order sets and medications for both the OB Emergency Care Center (OBECC) and the standard ECC. A nursing instructor and ICU nurse at another facility who attended our education class shared the following feedback: "Initially, I was thinking 'I work ICU, I won't use this information', but I know it never hurts to learn new things. I took a picture of the board just so I had the information to look back on. Later that week at work, we received a patient with postpartum preeclampsia. I pulled up the picture from the class, spoke to the doctor, and we followed the recommendations. Her blood pressure improved and she was able to be discharged home to her baby the following day. I was so glad I took this class and got to utilize the information in real life practice. It helped improve my practice of care." This is an excellent example of how collaborative education, evidence-based practice, and strong interdisciplinary partnerships can directly improve patient outcomes. Because of the FPQC PROMPT initiative and the dedication of both the L&D and ECC educator, critical knowledge was translated into real time clinical decision making that positively impacted a postpartum mother and allowed her to safely return home to her newborn.

St. Joseph's Women's Hospital: Importance of Patient Education

A patient had a four-week antepartum stay due to gestational hypertension and was discharged home with specific blood pressure education. The plan was for her to return for delivery at 37 weeks, but she had to be readmitted at 35.5 weeks because of elevated blood pressure readings at home. Her blood pressure stabilized on readmission, and she continued her inpatient stay until scheduled delivery. Patient education and close monitoring resulted in a positive outcome for mom and baby.

St. Joseph's Hospital South: Coordinated Follow-Up Care

We had a patient that was admitted in labor who had no prenatal care and severe-range blood pressures. She was treated appropriately during labor but had another episode of severe range pressures on the postpartum unit, after which she was treated with an antihypertensive medication and started on magnesium sulfate. Care Coordination helped facilitate getting her prescription filled as well as a follow-up appointment at Suncoast clinic for her blood pressure check and one-week postpartum visit. We provided her with an accurate, calibrated blood pressure machine upon discharge to enable her to continue checking her BP at home.

West Boca Medical Center: Impact of Discharge Education

One of our patients had been diagnosed with preeclampsia in her previous pregnancy and when she noticed swelling and elevated blood pressures in this pregnancy, she called her doctor. She was seen by her physician and sent to our hospital where she welcomed her baby the very next day. The patient felt that she received exceptional care. As much as we were pleased with her positive experience, what stood out most to us was the fact that she knew what her actual diagnosis was and the danger signs to look out for. This is proof that patients who are well informed about their diagnosis are equipped to make better health choices, which in turn leads to favorable health outcomes.

St. Joseph's Women's Hospital: Importance of Standing Orders

We recently had a patient sent in from her OB office for labor induction due to elevated blood pressures. Her initial severe-range blood pressures were stabilized with use of standing orders for antihypertensives and magnesium sulfate was used for seizure prevention. After birth, she was started on oral antihypertensive medication with the plan to stay on these meds at discharge and be followed up closely. The patient was unable to pay for medication and a blood pressure monitor at discharge, so the hospital provided these to her at no cost.

For more information visit
FPQC.org/PROMPT