



Pregnancy-Related Optimal Management of Hypertension (PROMPT) Hospital-Level Data Collection Form - *Sustainability*

- 1 - Not Started
 2 - Planning/Developing
 3 - Started Implementing - Started implementing in the last 3 months
 4 - Implemented - Less than 80% compliance after at least 3 months of implementation (not routine practice)
 5 - Fully Implemented - At least 80% compliance after at least 3 months of implementation (routine practice)

To what extent has your hospital:	Not Started (1)	Planning/ Developing (2)	Started to Implement (3)	Implemented (4)	Fully Implemented (5)
Established Emergency Department (ED) Screening for current or recent pregnancy?	☐	☐	☐	☐	☐
Implemented a process to ensure accurate blood pressure measurement and assessment with confirmation after severe range?	☐	☐	☐	☐	☐
Implemented a Severe Hypertension (SHTN)/preeclampsia policy, guideline, and/or process (reviewed or updated within the last two years) that contains: treatment of SHTN/preeclampsia and the use of seizure prophylaxis, including for treatment of magnesium overdose?	☐	☐	☐	☐	☐
Ensured ready reference to algorithms for identifying, assessing, and treatment SHTN/preeclampsia on all units?	☐	☐	☐	☐	☐
Implemented a system plan for level of care escalation, consultation, and maternal transport when needed?	☐	☐	☐	☐	☐
Developed a workflow to ensure rapid access to SHTN medication?	☐	☐	☐	☐	☐
Established a standardized process to conduct debriefs with patients after a severe event (SMM)?	☐	☐	☐	☐	☐
Established a process to perform interdisciplinary systems-level reviews of cases of severe maternal morbidity?	☐	☐	☐	☐	☐
Held interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients?	☐	☐	☐	☐	☐
Implemented period education and engagement for ED physicians and staff about SHTN/preeclampsia?	☐	☐	☐	☐	☐
Engaged a Patient Advisor in the QI team?	☐	☐	☐	☐	☐