

Month:

ALPQC Maternal HTN Project: Data Collection Form

Structure Measures		Process Measures		Outcome Measures	
<p>The following should be reported monthly through the posted survey link to track progress with the Joint Commission Standards for Perinatal Safety:</p>		<p>The following should be reported monthly to the data portal for only: (1) inpatients sampled from Item #10 (2) with at least two severe range blood pressure* values (3) taken 15-60 minutes apart (severe values do not need to be consecutive). [Small facilities (<200 births/yr) sample 5 charts; larger facilities (≥200 births/yr) sample 10 charts; use chart audit spreadsheet as guide]</p>		<p>The following should be reported monthly to the data portal for all deliveries during the previous month using the associated medical codes (data lag of 1-3 weeks might exist due to medical coding delay):</p>	
<p>1. Develop written evidence-based procedures for measuring and remeasuring blood pressure. These procedures include criteria that identify patients with severely elevated blood pressure.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No	<p>7. Time from initial blood pressure screening at facility to treatment with antihypertensive medication.</p>	<p>Numerator: Time it took from initial blood pressure screening to treatment – number of patients per category: ____ < 60 min ____ 60 – 120 minutes ____ >120 min ____ no meds given</p> <p>Denominator: Patients sampled with at least two severe range blood pressure* values ____</p>	<p>10. Number of deliveries each month with any hypertension diagnosis.</p>	<p>Numerator: Patients with any code for hypertension ____</p> <p>Denominator: All patients with one of the following delivery codes ____</p>
<p>2. Develop written evidenced-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No	<p>8. Follow-up appointment scheduled within 7-10 days for women <u>not</u> on antihypertensive medication.</p>	<p>Numerator: Patients with follow-up appointment made within 7 – 10 days. ____</p> <p>Denominator: Patients sampled with at least two severe range blood pressure* values and <u>not</u> on medication. ____</p>	<p>11. Number of cases each month with a maternal morbidity of Eclampsia.</p>	<p>Numerator: Patients with Eclampsia code ____</p> <p>Denominator: Patients with any code for hypertension (Item #10) ____</p>
<p>3. Provide role-specific education to all staff and providers who treat pregnant/postpartum patients about the hospital's</p>	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No	<p>9. Follow-up appointment scheduled within 72 hours for women <u>on</u></p>	<p>Numerator: Patients with follow-up appointment made within 72 hours. ____</p>	<p>12. Number of cases each month with a maternal morbidity of Puerperal</p>	<p>Numerator: Patients with PED code ____</p>

evidence- based severe hypertension/ preeclampsia procedure. At a minimum, education occurs at orientation, whenever changes to the procedure occur, or every 2 years		antihypertensive medication.	Denominator: Patients sampled with at least two severe range blood pressure* values and <u>on</u> medication. ____	Cerebrovascular Disorders.	Denominator: Patients with any code for hypertension (Item #10) ____
4. Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Severe hypertension/preeclampsia drills include a team debrief.	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No			13. Number of cases each month with a maternal morbidity of Disseminated Intravascular Coagulation.	Numerator: Patients with DIC code ____ Denominator: Patients with any code for hypertension (Item #10) ____
5. Review severe hypertension/preeclampsia cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event.	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No			14. Number of cases each month with a maternal morbidity of Acute Renal Failure.	Numerator: Patients with Acute Renal Failure code ____ Denominator: Patients with any code for hypertension (Item #10) ____
6. Provide printed education to patients (and their families including the designated support person whenever possible) on the signs and symptoms of severe hypertension/ preeclampsia during hospitalization and after discharge.	<input type="checkbox"/> Yes <input type="checkbox"/> In progress <input type="checkbox"/> No			15. Number of cases each month with a maternal morbidity of Pulmonary Edema/Acute Heart Failure.	Numerator: Patients with PE/AHF code ____ Denominator: Patients with any code for hypertension (Item #10) ____
<p>*Severe range blood pressure defined as ≥ 160 systolic / ≥ 110 diastolic antepartum or postpartum <i>excluding</i>: readings during pushing, >20 min after epidural, or in the presence of another known etiology for elevated BP (e.g. sickle cell pain crisis, chemotherapy, etc.)</p>					