Maternal Hypertension Initiative – Baseline Data Collection

This document is meant to guide and assist you in baseline data collection. For questions, please reach out to eguillaumet@uab.edu

I. Process Measure 1: Time to Treatment of Severe Hypertension

Time period: Dec 2020, Jan 2021, Feb 2021
Aim to collect data on all patients with persistent severe hypertension. If you are unable to collect baseline data on all patients, you may select a sample of:
5 charts/month for facilities with <200 births/yr | 10 charts/month for facilities with >200 births/yr.

If sampling, it is critical that you pull patients randomly in order to avoid selection bias. Use a random calculator like https://www.random.org/

Patients to include in baseline data collection:

- Pregnant or postpartum patients (6 weeks) that presented to L&D, Triage, ED, Antepartum, or Postpartum at your hospital that had persistent (>15 minutes) severe hypertension of ≥160 systolic or ≥110 diastolic.
- Retrospectively pull any pregnant/postpartum (6 weeks) with a single elevated BP of ≥160 or ≥110 in a hospitalization. Review these records to identify if the elevated BP was sustained for >15 minutes. These patients and their outcomes should be included in the baseline data.
- Ideally confirmatory BP will occur within 10-15 minutes but facilities should also include cases with severe range BP separated by >15 minutes (however the treatment clock starts at first BP; for further guidance, see “AIM FAQ Treatment of Severe Hypertension" on our website under Toolkit - Respond: Timely Treatment of Severe Hypertension)
- How to handle maternal transfers:
  - Transferred out: Transferring hospital should enter data into data portal on any patients that meet criteria before they were transferred.
  - Transferred in: Receiving hospital should enter data into data portal ONLY on patients that meet the above requirements at their facility. If a patient has already been started on medications for elevated BP prior to arriving at your facility, do not complete a data form.

Identifying baseline data may require collaboration with:

- IT/EMR staff, ED, Pharmacy, Billing/Coding department

All hospitals:

- Retrospective chart review for Dec 2020, Jan 2021, Feb 2021 using:
  - ICD-9/10 codes for Preeclampsia Diagnosis codes in L&D, ED, Triage, Antepartum, Postpartum (for codes: download “HTN Outcome Measures Codes” here, under the Data Resources menu; inside the document, you’ll find the codes under Outcome Measure 1 in the first tab)
  - EMR searches/reports using keywords for pregnant/postpartum patients such as: chronic HTN, preeclampsia, eclampsia, superimposed preeclampsia, preeclampsia with severe features, systolic BP ≥ 160, diastolic BP ≥ 110, etc.
    - Delivery logs
    - Pharmacy records for Labetalol, Hydralazine, Nifedipine, and Magnesium Sulfate

II. Outcome Measures Baseline Data

Using the codes provided (see link above), ask your IT department to generate a report for the measures below for:
- Time period: Quarterly
  - January – March 2020
  - April – June 2020
  - July – September 2020
  - October – December 2020
  - January – February 202

- Population (NH = Non-Hispanic; * denotes required field)
  - If for ex. a person identifies as Hispanic and Black, enter them in the portal as Hispanic.

  *All patients
  *Hispanic/Latino
  NH American Indian/Alaska Native
  NH Asian
  *NH Black/African American
  NH White
  Unknown

- Ex: Measure O3 by NH American Indian/Alaska Native:
  - Denominator: Total number of NH American Indian/Alaska Native patients during their birth admission, excluding ectopics and miscarriages
  - Numerator: Among the denominator, number of NH American Indian/Alaska Native patients with any non-transfusion SMM code:

- Ex: Measure O5 by Hispanic/Latino:
  - Denominator: Total number of Hispanic/Latino patients during their birth admission, excluding ectopics and miscarriages, with one of the following diagnosis codes: Severe Preeclampsia, Eclampsia, Preeclampsia superimposed on pre-existing hypertension
  - Numerator: Among the denominator, number of Hispanic/Latino patients with any non-transfusion SMM code

- See “HTN Data Collection Form – BASELINE Outcome” here for further examples and for data collection.

**Note:**

- If your hospital does not have the capability of obtaining IT reports for these measures, please reach out to us to discuss an alternate plan for your facility.
- For baseline data: If unable to report baseline data for all four SMM Outcome Measures, priority measures are:
  - O3. SMM (excluding transfusion codes)
  - O5. SMM (excluding transfusion codes) among Preeclampsia Cases

  O2. Severe Maternal Morbidity (SMM)
  - Denominator: Total number of patients during their birth admission, excluding ectopics and miscarriages
  - Numerator: Among the denominator, number of patients with any SMM code

  O3. SMM (excluding transfusion codes)
  - Denominator: Total number of patients during their birth admission, excluding ectopics and miscarriages
  - Numerator: Among the denominator, number of patients with any non-transfusion SMM code

  O4. SMM among Preeclampsia Cases
  - Denominator: Total number of patients during their birth admission, excluding ectopics and miscarriages, with one of the following diagnosis codes: Severe Preeclampsia, Eclampsia, Preeclampsia superimposed on pre-existing hypertension
  - Numerator: Among the denominator, number of patients with any SMM code

  O5. SMM (excluding transfusion codes) among Preeclampsia Cases
  - Denominator: Total number of patients during their birth admission, excluding ectopics and miscarriages, with one of the following diagnosis codes: Severe Preeclampsia, Eclampsia, Preeclampsia superimposed on pre-existing hypertension
  - Numerator: Among the denominator, number of patients with any non-transfusion SMM code