



## 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](mailto: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  $\geq 160$  systolic or  $\geq 110$  diastolic.
- Retrospectively pull any pregnant/postpartum (6 weeks) with a single elevated BP of  $\geq 160$  or  $\geq 110$  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  $\geq 160$ , diastolic BP  $\geq 110$ , 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	NH Asian	Other
*Hispanic/Latino	*NH Black/African American	Unknown
NH American Indian/Alaska Native	*NH White	

- 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 \_\_\_\_