**Identification and Treatment Protocol**

**Are we only checking manual BPs on patients that are noted to have a BP greater than 140/90?**

Ausculatory (Manual) blood pressure measurement is the most accurate. AHA recommends that Oscillometric (automated devices) are validated with Mercury Sphygmomanometer for each patient. Your hospital can decide how to implement these in your protocol for the identification of severe range blood pressures. CMQCC recommended repeating blood pressure measurement within 15 minutes for all patients with blood pressure >= to 140/90.

**Did hospitals in California generally monitor patients on cardiac monitors when they are giving labetalol (or hydralazine) IV push?**

No, it is not required for patients receiving IV Labetalol (or hydralazine) to be on cardiac monitors. There is no data to support cardiac monitoring for the OB population unless they have cardiac disease.

**Is it the expectation that if any person needs treatment with IV antihypertensive meds, these patients all need magnesium sulfate?**

Please follow the magnesium sulfate protocol on the Eclampsia, Hypertensive Emergency (in Pregnancy), and Postpartum Preeclampsia Checklists. Magnesium sulfate is the first line seizure prophylaxis, unless contraindicated.

**Inclusion Criteria**

**Which patients do we include for this initiative?**

Include patients that meet the following criteria:

* Pregnant/postpartum (6 weeks) with sustained (>15 mins) elevated systolic BP ≥160 and/OR diastolic BP ≥110(105)
* Any inpatient location (L&D, triage, ED, antepartum, postpartum)
* Include patients with chronic/gestational HTN

**Do we include patients with chronic or gestational hypertension if they did not have pre-eclampsia or eclampsia?**

Yes, if they meet criteria of sustained severe range blood pressure.

**What about the patient that is on hypertensive medications at home before they come in?**

These patients are included if they have a sustained severe range blood pressure.

**What about patients that do not have a problem with initial BP but it happens later in their stay?**

These patients are included if they have a sustained severe range blood pressure.

**On the issue of who to include, if a patient has a solitary BP that is elevated, they should not be included?**

There are two scenarios at play here:

1. A patient has one elevated blood pressure and the BP is either not re-checked or the patient is repositioned to their side – this patient should be included and entered as “No Action Taken” in REDCap for the time to treatment question.
2. A patient has one elevated blood pressure. The blood pressure is re-checked following the accurate blood pressure protocol/guidelines and is no longer in the severe range – do not include this patient in the data collection.

**If you complete the data form on a hypertensive event, do you complete another data form if the patient has another event during their stay?**

No, only one data form is filled out per patient PER visit - so it's only the first sustained severe range blood pressure.

**When entering data, we noticed when a patient is transferred to a tertiary care center before delivery we are unable to enter the data accurately because of unknown data of Gestational Age at delivery, complications/outcomes, and discharge management.**

*For patients who are transferred out*, enter data into REDCap on any patients that meet criteria before they were transferred. F/U with the receiving hospital to which the patient was transferred in order to obtain patient outcomes (diagnosis at discharge, patient education, follow-up appointments).

*For patients who are transferred in*, enter data into REDCap 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.

**If a patient is transferred into our facility for elevated bps and is treated at another facility then we don't count them, but once at our facility the patient has two severe range blood pressures that we treat, do we count them? Or if it is our transfer team and the patient has two severe range pressures in the ambulance that we treat, do we count them?**

We ask for the transferring hospital to enter data into REDCap on any patients that meet criteria before they were transferred and then F/U with the receiving hospital to which the patient was transferred in order to obtain patient outcomes (diagnosis at discharge, patient education, follow-up appointments).

**If the transferring hospital is not participating in this initiative would that patient just be disregarded completely for data collection?**

No, include the patient and include all the information available. Thanks.

**If you discover you did miss a severe HTN patient, can you submit into REDCAP when you find that patient?**

Yes, you can entered missed cases when they are discovered, just be sure to enter them under the right date so they show up properly in your reports.

**Missed Opportunities**

**How are the "missed opportunity" patients being tracked? Without reviewing every patient's chart, how are you finding these missed patients?**

This is our collective challenge! These patients are critical to identify early and throughout the initiative to ensure that we accurately understand our opportunities for improvement and demonstrate improvement over time. We will continue to engage teams in a discussion of tips and tricks. Hospitals are using key word searches of their EMR to gauge missed opportunities. One approach is explore ways to review electronic records for all patients with recorded blood pressures of ≥160 or ≥110(105) – this will help identify missed opportunities that may not have had an adverse outcome. Another way to identify some of these cases is to review eperinet data for patients with severe morbidities then pull their records to identify if severe range blood pressures were a part of the case history.

**Do you also document as missed opportunity if patient is repositioned and BP dropped?**

Yes, since repositioning the patient and retaking the BP is not part of the accurate blood procurement protocol/guidelines, you would document this patient as a missed opportunity, as well as all patients who do not receive treatment as directed by identification and treatment protocols/guidelines. This would be entered as “No Action Taken” in REDCap for the time to treatment question.

**Date Use Agreements**

**Do we have to have the DUA completed before we can enter data into REDCap?**

No, you can enter REDCap data at any time. The DUA is to allow ILPQC to share the deidentified data with the national AIM initiative for national comparisons.

**Data Form and Collection**

**Is ED/Triage considered inpatient?**

Yes, ED/Triage is included for this initiative.

**Which medications count as HTN treatment?**

Measure the time to treatment for any patient that meets the inclusion criteria and is treated with Labetalol, Hydralazine, or Nifedipine. Do **NOT** measure time to treatment for Magnesium Sulfate – it is not an anti-hypertensive agent.

**In the REDCap data form for postpartum patients, it still requires an entry for gestational age at the time of the event. What should we enter as they are no longer pregnant?**

Please leave this field blank. The REDCap data system will give you an error that you can click to ignore and complete/save the record.

**What do we enter for gestational age at delivery if the patient is sent home before delivery?**

Please leave this field blank – only fill out GA at delivery if the patient delivers during

**How do we handle repeat patients?**

* 1st hospitalization
  + Patient meets criteria: fill out data form
  + Patient does not meet criteria: do not fill out data form
* 2nd hospitalization (and all subsequent hospitalization)
  + Patient meets criteria: fill out a data form – every new hospitalization should be counted!
  + Patient does not meet criteria: do not fill out data form

**Where/how will we get the AIM Quarterly Data Form for different quarters?**

The AIM Quarterly Data Form is in REDCap. The data form is separate from the HTN data form and is called “ILPQC AIM Quarterly Measures”. You will select which quarter of data on the data form, it's the same form for every quarter. ILPQC will send reminder emails for each quarter of data entry.

**On the data form, there is data for the administration of antenatal steroids, but only for < 34 weeks. Recently ACOG recommended ANS for >34 weeks, but less than 37 weeks. Is it OK if we add that data as additional information?**

For reporting in REDCap, please record ANS administration for patients <34 weeks only. If you’d like to track ANS use for pateints ≥34 weeks to <37 weeks, please track it separately on your form to ensure this data is consistently entered across sites.

**Is there a way to document patients with chronic hypertension that have been on an antihypertensive prior to admission to the hospital and then have an event and need IV meds and go home on same meds as pre-hospitalization. Is there a way to identify these types of patients?**

On the data form there is the option to select the patient's diagnosis including chronic HTN and superimposed preeclampsia. You can select as many diagnoses that a patient has.

**If you don't have 5 patients per month, should we still enter data into REDCap monthly?**

Yes, you should enter all data! The minimum of 5 patients is for baseline data. We just want hospitals to have some data in the baseline time period to track progress going forward.

**As a wave 2 hospital, we have entered Oct-Dec 2015 baseline data. Are we also collecting and entering retrospective data for April & May 2016?**

As a Wave 2 team your monthly data collection starts in June. June data is due July 15.

**Which audit tool should be used for the baseline data?**

You will use the same maternal HTN data form for the whole initiative, including baseline data collection

**Should include both the bedside data and the outcomes chart abstraction for the baseline?**

Yes, all data should be entered for baseline patients.

**Patient Discharge Education and Follow Up**

**For the discharge education, is documentation of any education acceptable or does it need to be in any specific format?**

Your hospital can decide what to use for patient education at discharge.

**Other**

**Where do I get the slides?**

The slides are available for download during the OB Teams Call in the upper left hand corner of the screen and will be posted to the ILPQC website after the call. Slides are available on both of the following pages of the ILPQC website: <http://ilpqc.org/?q=Hypertension> OR <http://ilpqc.org/OB-hospital-calls>