



A program of the Texas Department of State Health Services

TexasAIM Plus Severe Hypertension in Pregnancy Learning Collaborative 2.0 Family of Measures Core Data Collection Plan + TexasAIM Plus Quality Measures

Alliance for Improvement on Maternal Health's (AIM) Measurement Statement

Elements of AIM's Severe Hypertension in Pregnancy patient safety bundle can be implemented across a diversity of care settings, including outpatient, urgent care, and inpatient obstetric and emergency settings. Measurement development and revisions for AIM's Severe Hypertension in Pregnancy patient safety bundle focus on inpatient obstetric settings, with the expansion of measurement to include emergency departments. Quality improvement measurement and best practices should be implemented across all settings that may provide care to pregnant and postpartum women with hypertensive disorders with appropriate modifications to data collection.

Portions of this Guide are adapted from the [Alliance for Innovation on Maternal Health \(AIM\) Severe Hypertension in Pregnancy Patient Safety Bundle Core Data Collection Plan Version 1.0 June 2022](#). Edited and amended by TexasAIM.

For questions, contact TexasAIM@dshs.texas.gov

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Disaggregation Category Definitions - Race/ Ethnicity

TexasAIM Racial/Ethnic Categories	TexasAIM Definitions
Hispanic, Latino, or Spanish Ethnic Origins (Any Race)	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
Non-Hispanic Asian or Non-Hispanic Native Hawaiian/ Pacific Islander	Non-Hispanic. A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Non-Hispanic Native American/ American Indian/ Alaskan Native/ Indigenous American	Non-Hispanic American Indian or Alaska native; a person having origins in any of the original peoples of North, South and/or Central America and who maintains tribal affiliation or community attachment, other than Native Hawaiians or other Pacific Islander Americans.
Non-Hispanic Black or African American	Non-Hispanic. Black or African American; a person having origins in any of the Black racial groups of Africa, including terms such as "Haitian" or "Negro."
Non-Hispanic White	Non-Hispanic. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Non-Hispanic Multiracial/Other	Non-Hispanic. A person reporting two or more races (multiracial) or any race for which disaggregated data could not be reported in other categories (Other)
Race Unknown/ Not Reported	Race not known, patient declines to provide race or ethnicity, or race is otherwise not documented or reported

Disaggregation Category Definitions – Payor

Note: “Payor” refers to the Primary Payor for the inpatient delivery stay (birth admission)

TexasAIM Categories	TexasAIM Descriptions
Medicaid	Includes any Medicaid (traditional Medicaid, Medicaid Managed Care Organizations), CHIP, CHIP Perinatal, and Medicare
Commercial/ Private	Includes coverage from a publicly traded or private insurance company
Champus/ Tricare	Includes coverage available through the Military Health System or the Department of Veterans Affairs
Indian Health Service (IHS)	Includes coverage of services for eligible Alaska Native and American Indians at IHS federal hospitals and clinics
Self-pay/ Uninsured/ Other	Includes those who self-pay, are not charged for services, or another payer

Data Resources, General

- [TexasAIM HTN 2.0 Data System Data Form](#) -Use this single form to submit your monthly- and quarterly- reported Severe HTN measures and monthly project updates
- [TexasAIM Data Guide](#)
- [TexasAIM Data Submission Schedule](#)
- **TexasAIM Data Element Template (In Development- In the meantime, please refer to the [TexasAIM HTN Data Reporting Form PDF](#) to see the data elements to be reported.**
- [AIM Data Resources](#) -searchable repository of data-related resources from AIM National
- [AIM Data Sampling Guidance](#) -provides an introduction, sampling worksheet, guidance for determining minimum data points, and recommended reading
- [TexasAIM Webinar Channel](#) – Specifically, see June 5, June 15, and June 16 2023 Action Period Calls – Data Workout Series
 - [Call 1 webinar](#) | [Call 1 slides](#): (Outcome Measures; P1 Timely Treatment)
 - [Call 2 webinar](#) | [Call 2 slides](#): (Call 1 Follow up, P2A and B, Stratifying Data)
 - [Call 3 webinar](#) | [Call 3 slide](#): (TexasAIM Data System and Reporting)
 - **TexasAIM Data System Demo Part 1 (coming to the [TexasAIM Webinar Channel](#) by or before July 15, 2023)**

Outcome Measure Resources

- [AIM SMM Code List](#) – List Date is 04-04-2023. See these tabs: ICD-9 & 10 SMM Numerator Codes, Denominator | Birth Admit Codes, SMM Denominator | Preeclampsia
- [AIM SSM Flagging Tables](#) – AIM SMM Codes Long List v03-09-2022 (All Diagnostic Related Groups, Diagnosis, and Procedure Codes)
- [AIM Guide to Implementing the SMM Algorithm](#) – a guide for analysts for calculating Severe Maternal Morbidity (SMM)
- [AIM Document on Blood Transfusion Procedure Coding](#) - provides background on coding quality and coding guidance for blood transfusions
- [Federally Available Data \(FAD\) Resource Document](#) -provides an overview of measure specifications; includes sample SAS code
- [AIM Data Support COL Educational Offering #3: Severe Maternal Morbidity](#) – Webinar provides an overview of the evolution of SMM; instructions on how to calculate SMM using the algorithm; measurement issues that affect trends and comparison
- [AIM Data Support COL Educational Offering #3: SMM Slide Deck](#) – Slides (pdf) from the above webinar
- [Standardized Severe Maternal Morbidity Review: Rationale and Process:](#) – (2014)
- [Severe Maternal Morbidity: Screening and Review](#) – (2016) ACOG/SMFM Obstetric Care Consensus outlines a process for identifying cases that should be reviewed
- [TexasAIM Webinar Channel](#) – Specifically, see June 5 and June 15, 2023 Action Period Calls – Data Workout Series
 - [Call 1 webinar](#) | [Call 1 slides](#)
 - [Call 2 webinar](#) | [Call 2 slides](#)
- [June 2023 Action Period Call Data Workout Series Slides: Outcome Measures Excerpts](#)
- [Ben Taub Severe HTN Case Review Form](#) and [HTN Audit Report Template](#)

Outcome Measures O1, O2 and O3-TX, O4-TX (reported monthly)

(TexasAIM data visualization will be available by percentage and by rate)

Metric	Name	Description	Notes
O1	Severe Maternal Morbidity (SMM) (excluding transfusion codes alone)*	<p>Report Numerator (N)/Denominator (D)</p> <p>Denominator: All qualifying obstetric patients during their birth admission</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	<p>*Disaggregate by race and ethnicity, payor</p> <p>DSHS populates these data using the Texas Health Care Information Collection Hospital Discharge Data PUDF and RUDF</p> <p><i>This is a lag measure</i></p>
O2	SMM among patients with preeclampsia (excluding transfusion codes alone)*	<p>Report N/D</p> <p>Denominator: All qualifying obstetric patients during their birth admission with preeclampsia</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	<p>*Disaggregate by race and ethnicity, payor</p> <p>DSHS populates these data using the Texas Health Care Information Collection Hospital Discharge Data Public Use Data File (PUDF) and Research Use Data File (RUDF)</p>
O3-TX	Unit-Reported SMM (excluding transfusion codes alone)* (percent)	<p>Report N/D</p> <p>Denominator: All qualifying obstetric patients during their birth admission</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	<p>Report 100% (no sampling)</p> <p>*Disaggregate by race, ethnicity, and payor</p>
O4-TX	Unit-Reported SMM among patients with preeclampsia (excluding transfusion codes alone)* (percent)	<p>Report N/D</p> <p>Denominator: All qualifying obstetric patients with preeclampsia</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	<p>Report 100% (no sampling)</p> <p>*Disaggregate by race, ethnicity, payor</p> <p><i>This is a lead measure</i></p>

AIM Preeclampsia Codes List

Code	Long Description	Code
	Among the overall birth admit codes, limiting to patients with preeclampsia	
	Severe Preeclampsia or Eclampsia Diagnosis	
ICD-10	Descriptions	ICD-9
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester	642.5x
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester	642.6x
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester	642.7x
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth	
O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium	
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester	
O14.10	Severe pre-eclampsia, unspecified trimester	
O14.12	Severe pre-eclampsia, second trimester	
O14.13	Severe pre-eclampsia, third trimester	
O14.14	Severe pre-eclampsia complicating childbirth	
O14.15	Severe pre-eclampsia, complicating the puerperium	
O14.20	HELLP syndrome (HELLP), unspecified trimester	
O14.22	HELLP syndrome (HELLP), second trimester	
O14.23	HELLP syndrome (HELLP), third trimester	
O14.24	HELLP syndrome, complicating childbirth	
O14.25	HELLP syndrome, complicating the puerperium	
O15.00	Eclampsia in pregnancy, unspecified trimester	
O15.02	Eclampsia in pregnancy, second trimester	
O15.03	Eclampsia in pregnancy, third trimester	
O15.1	Eclampsia in labor	
O15.2	Eclampsia in the puerperium	
O15.9	Eclampsia, unspecified as to time period	

Process Measure P1- Timely Treatment (reported monthly)

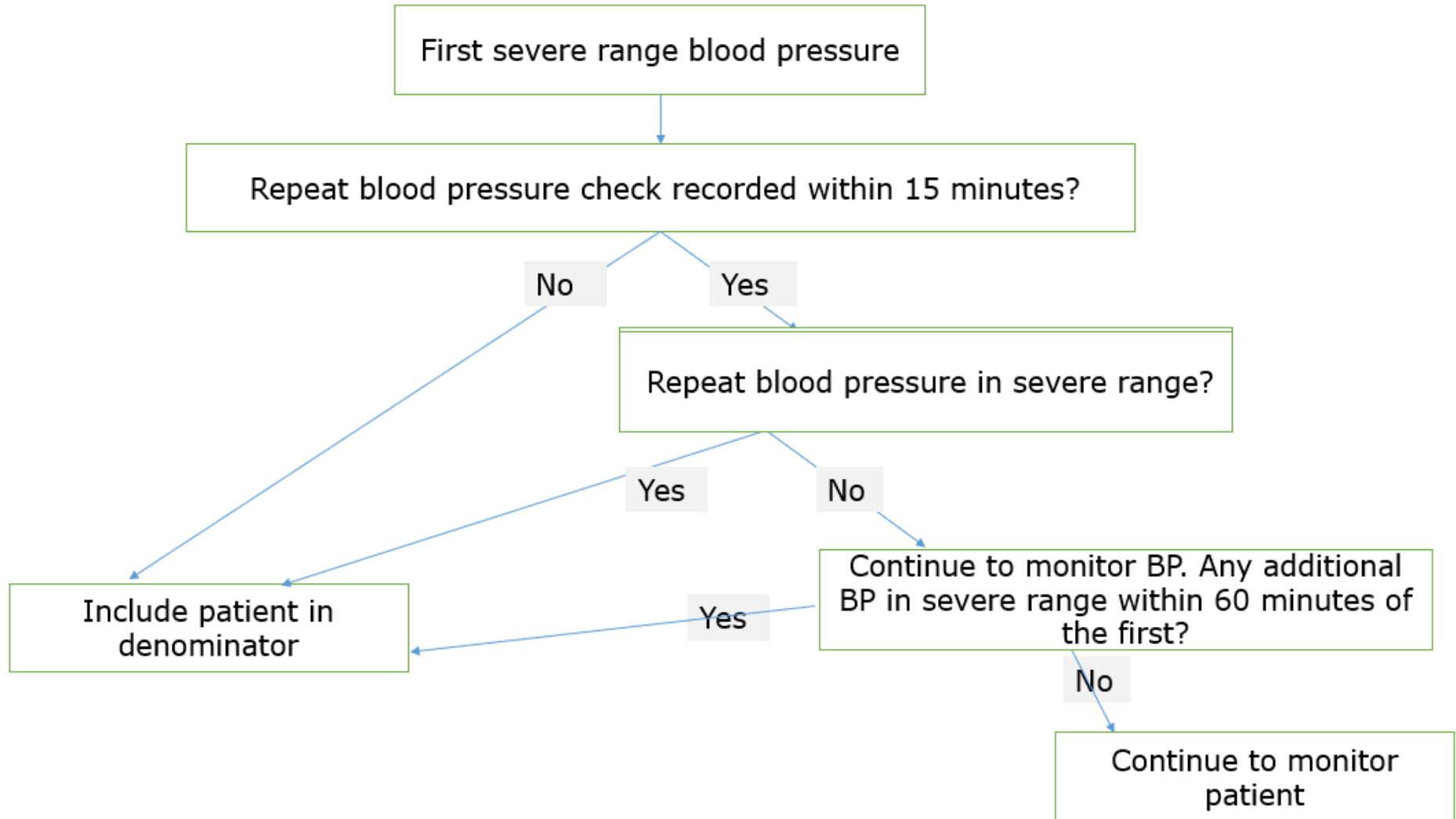
Metric	Name	Description	Notes
P1	<p style="text-align: center;">Timely Treatment of Persistent Severe Hypertension*</p> <p style="text-align: center;"><i>% of patients with persistent severe HTN episodes with timely treatment</i></p> <p style="text-align: center;">See full measurement description and specifications in the SMFM Special Statement: A quality metric for evaluating timely treatment of severe hypertension</p>	<p>The percentage of obstetric patients with one or more persistent severe HTN episode(s) in which treatment with a standard antihypertensive agent is initiated within 60 minutes of the onset of the first episode or in which the first episode resolves within 60 minutes without such treatment.^</p> <p>Report N/D</p> <p>See Glossary on the following page</p> <p>Denominator: Number of obstetric patients with one or more persistent severe HTN episodes at the facility including those with preeclampsia, gestational or chronic hypertension</p> <p>Numerator: Among the denominator, patients for whom:</p> <ul style="list-style-type: none"> • A standard antihypertensive agent was administered within 60 min of severe HTN episode onset, OR • A BP that is <i>not</i> severe HTN is recorded*, and subsequent BPs within 60 min of episode onset are not in the severe range, OR • Both of the above occurred <p>* Note that if the BP is not rechecked within 15 minutes, the episode is defined as persistent. <i>“The burden of proof is on providers to document that the BP has declined to the non-severe range. Failure to recheck the BP promptly is a quality gap that should be tracked and acted on.” SMFM</i></p>	<p>Recommend Reporting 100%-Sampling may be an acceptable approach during the time your hospital is developing collection systems to report 100% with stratification</p> <p>*Disaggregate by race/ ethnicity, payor</p> <ul style="list-style-type: none"> • The denominator is the number of patients with one or more episode(s) of persistent severe HTN during a measurement period, not the number of severe HTN episodes. The denominator includes all obstetrical patients with a persistent severe HTN episode, regardless of gestational age, including patients up to 6 weeks postpartum. • Based on ACOG Practice Bulletins (PB) 203 (Chronic Hypertension in Pregnancy) and 222 (Gestational Hypertension and Preeclampsia), “The available literature suggests that antihypertensive agents should be administered within 30–60 minutes. However, it is recommended to administer antihypertensive therapy as soon as reasonably possible after the criteria for acute-onset severe hypertension are met.” (PB 222 e248) • Literature suggests many hospitals struggle to treat patients within 60 minutes, though more timely treatment is preferred • Potential delays in obtaining a follow-up BP reading may result in further delayed care if measuring from the 2nd BP reading • This metric is not a standard of care but is one tool that can be used with other reporting and systems learning elements to drive QI

P1 Timely Treatment Measure Glossary

Term	Definition
BP	Blood pressure
Obstetric patient [^]	A person who is pregnant at any gestational age or within 42 d (6 wk)
Severe hypertension (HTN) in pregnancy	A systolic BP of 160 mm Hg or more, a diastolic BP of 110 or more, or both.
Severe HTN episode [^]	<p>A set of consecutive BP measurements from a given patient in which both of the following criteria are met:</p> <p>The first measurement and all subsequent measurements except the last measurement meet the definition of severe hypertension, AND</p> <p>2.a. Either the BP measurement immediately preceding the first severe HTN measurement was not severe HTN OR</p> <p>2.b. No prior BP measurement was recorded</p> <p>A severe HTN episode starts with the first consecutive measurement of severe HTN on an obstetrical unit (labor & delivery, antepartum, or postpartum) and ends with the first subsequent BP measurement that is not severe HTN. An episode may have several severe HTN observations.</p>
Persistent severe HTN episode [^]	<ul style="list-style-type: none"> • BP is not documented* to have decreased to nonsevere HTN within 15 min OR • One or more repeat severe HTN observation(s) are documented at 15-60 min after episode onset, even if interspersed with nonsevere HTN BPs OR • Both of the above <p>*Note that a BP is not documented to decrease if:</p> <ul style="list-style-type: none"> a. The BP is rechecked with 15 min and it remains elevated in the severe range; OR b. The BP is not rechecked with 15 min. All BPS <i>The burden of proof is on providers to document that the BP has declined to the non-severe range.</i>
Standard antihypertensive agents	<p>Any of the following:</p> <ul style="list-style-type: none"> • Labetalol 20, 40, or 80 mg intravenously • Hydralazine 5 or 10 mg intravenously • Nifedipine 10 or 20 mg orally (not an extended-release formulation)

[^] Source: Society for Maternal-Fetal Medicine (SMFM), Combs, C. A., Allbert, J. R., Hameed, A. B., Main, E. K., Taylor, I., Allen, C., & SMFM Patient Safety and Quality Committee. (2022). Society for Maternal-Fetal Medicine Special Statement: A quality metric for evaluating timely treatment of severe hypertension. *American journal of obstetrics and gynecology*, 226(2), p. B4, Table 1.

P1 Timely Treatment Measure Decision Tree



P1 Timely Treatment Resources

- **[Society for Maternal-Fetal Medicine Special Statement: A quality metric for evaluating timely treatment of severe hypertension - American Journal of Obstetrics & Gynecology \(ajog.org\)](#)** – Provides an introduction, description (including specifications and examples), critique, and potential uses for the measure.
- **[TexasAIM Webinar Channel](#)** – Specifically, see June 5 and June 15, 2023 Action Period Calls – Data Workout Series:
 - **[Call 1 webinar](#)** and **[Call 1 slides](#)**
- **[June 2023 Action Period Call Data Workout Series Slides: P1 Measure Excerpts](#)**
- **[CommonSpirit Hypertension Worksheet \(Timely Treatment\)](#)**

P2A and P2B Resources

- **[Society for Maternal-Fetal Medicine Special Statement: Quality metric for timely postpartum follow-up after severe hypertension](#)** – Provides an introduction, description (including specifications and examples), critique, and potential uses for the measure.
- **[TexasAIM Webinar Channel](#)** – Specifically, see June 15, 2023 Action Period Call – Data Workout Series **[Call 2 webinar](#)** and **[Call 2 slides](#)**
- **[June 2023 Action Period Call Data Workout Series Slides: P2A and P2B Measure Excerpts](#)**

**Process Measures P2A Scheduling PP BP & Symptoms Checks Patients with Severe HTN
During the Birth Admission (reported monthly)**

Metric	Name	Description	Notes
P2A*^	<p>Scheduling Postpartum Blood Pressure & Symptoms Checks*</p> <p>% of patients with severe HTN, severe preeclampsia, HELLP syndrome, or eclampsia during their birth admission who had BP/ symptoms check visit scheduled to occur within 3 days of discharge</p>	<p>The percentage of patients who were evaluated within 3 d after hospital discharge from a delivery hospitalization [birth admission] complicated by severe hypertension, severe preeclampsia, HELLP syndrome, or eclampsia</p> <p>Report N/D</p> <p>P2A Scheduling of Postpartum Blood Pressure and Symptoms Checks for: Patients with Severe Hypertension During the Birth Admission</p> <p>Denominator: Number of patients during the measurement period who had a delivery hospitalization (defined by the CPT codes listed below) and who had a diagnosis of a severe hypertensive disorder of pregnancy during that hospitalization (defined by the ICD-10 codes listed below) (no exclusions)</p> <p>Numerator: Number of patients included in the denominator who had at least 1 visit (defined by the CPT codes listed below) occurring within 3 d after discharge from the hospitalization defined in denominator. Visits with or without a telemedicine modifier (-95) can be included in numerator (Exclude patients who died during delivery hospitalization)</p> <p>ACOG recommends follow-up within 72 h, but claims data are reported in whole days, not hours</p> <p>Society for Maternal-Fetal Medicine. SMFM Special Statement: Hypertension follow-up metric. Am J Obstet Gynecol 2022. (continued)</p>	<p>Recommend Reporting 100%-Sampling may be an acceptable approach during the time your hospital is developing collection systems to report 100% with stratification</p> <p>*Disaggregate by race/ ethnicity, payor</p> <ul style="list-style-type: none"> • Exclude those who were transferred out of your facility prior to discharge • Discharging facility or OB provider should schedule postpartum follow-up. Visit should include: Blood pressure check; Discussion of signs and symptoms of worsening hypertension; Who to contact if signs and symptoms continue; and Information about where to go, such as urgent care facility or Emergency Department, if signs and symptoms worsen • Blood pressure measurement and symptoms check can be scheduled at any point during the 3-day time period and does not necessarily require an in-person visit • Planning and considerations should be made for patients with weekend discharges and/or those with 3-day follow-up periods that fall on a weekend. These patients should be included in the denominator as part of quality measurement. • See ACOG Committee Opinion 736 on Optimizing Postpartum Care • Assessing <i>attendance</i> may not be feasible for all patients. However, attendance should be measured if feasible.

**P2A Scheduling BP and Symptom Check- Severe HTN: Denominator and Numerator Codes
(SMFM Measure Specifications)**

CPT codes qualifying for denominator	Any 1 or more of the following: Vaginal delivery: 59400, 59409, 59410; Cesarean delivery: 59510, 59514, 59515; VBAC: 59610, 59612, 59614; Cesarean after TOLAC: 59618, 59620, 59622	Excludes Management of spontaneous abortion: 59812, 59820, 59821, 59830; Management of induced abortion: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866; Management of hydatidiform mole: 59870, 59100; Management of ectopic pregnancy: 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151
ICD-10 codes and drug codes qualifying for denominator	Severe preeclampsia: O14.10, O14.12, O14.13, O14.14, O14.15; HELLP syndrome: O14.20, O14.22, O14.23, O14.24, O14.25; Eclampsia: O15.00, O15.02, O15.03, O15.1, O15.2, O15.9; Severe hypertension: I16.0, I16.1, I16.2 Injectable hydralazine: RxCUI 966571 Injectable labetalol: RxCUI 896771	ICD-10 does not include a specific code for severe preeclampsia superimposed on preexisting hypertension
CPT codes qualifying for numerator	Office visit new patient: 99201, 99202, 99203, 99204, 99205 Office visit established patient: 99211, 99212, 99213, 99214, 99215 Office consultation: 99241, 99242, 99243, 99244, 99245 Hospital observation: 99218, 99219, 99220 Hospital observation with same-day discharge: 99234, 99235, 99236 Hospital initial care: 99221, 99222, 99223 Emergency department visit: 99281, 99283, 99284, 99285 Telemedicine visit: 99421, 99422, 99423 Telephone visit (provider): 99441, 99442, 99443 Telephone visit (nonphysician): 98966, 98967, 98968 Remote physiological monitoring: 99457	ACOG recommends that patients be evaluated within 72 h. Telephone-only encounters are included in numerator although patient is not physically seen, under the assumption that the purpose of the encounter is to evaluate blood pressure (patient report) and warning symptoms

ACOG, American College of Obstetricians and Gynecologists; CPT, Current Procedural Terminology; HELLP, hemolysis, elevated liver enzymes, low platelets; ICD-10, International Classification of Diseases, Clinical Modification, 10th Edition; TOLAC, trial of labor after cesarean; VBAC, vaginal birth after cesarean. Society for Maternal-Fetal Medicine. SMFM Special Statement: Hypertension follow-up metric. Am J Obstet Gynecol 2022.

Process Measures P2B Scheduling PP BP & Symptoms Checks for Hypertensive Disorders During Pregnancy WITHOUT severe hypertension (reported monthly)

Metric	Name	Description	Notes
P2B	<p>Scheduling Postpartum Blood Pressure & Symptoms Checks*</p> <p>% of patients during their birth admission with a diagnosis of preeclampsia, gestational, or chronic HTN but did not experience complications of severe HTN during their birth admission and who had a BP/ symptoms check visit scheduled to occur within 7 days of d/c</p>	<p>The percentage of patients with preeclampsia, gestational or chronic hypertension that was not complicated by severe hypertension during their birth admission who were evaluated within 7 d after hospital discharge from a delivery hospitalization [birth admission]</p> <p>Report N/D</p> <p>P2B Scheduling of Postpartum Blood Pressure and Symptoms Checks for Hypertensive Disorders During Pregnancy WITHOUT severe hypertension during the birth admission</p> <p>Denominator: Number of patients during their birth admission with a documented diagnosis of preeclampsia, gestational or chronic hypertension, excluding those who experienced severe hypertension during their birth admission (see P2A)</p> <p>Numerator: Among the denominator, patients who had a postpartum blood pressure and symptoms check scheduled to occur within 7 days after their birth hospitalization discharge date</p>	<p>Recommend Reporting 100%-Sampling may be an acceptable approach during the time your hospital is developing collection systems to report 100% with stratification</p> <p>*Disaggregate by race/ ethnicity, payor</p> <ul style="list-style-type: none"> • Exclude those who were transferred out of your facility prior to discharge • Discharging facility or OB provider should schedule postpartum follow-up. Visit should include: Blood pressure check; Discussion of signs and symptoms of worsening hypertension; Who to contact if signs and symptoms continue; and Information about where to go, such as urgent care facility or Emergency Department, if signs and symptoms worsen • Blood pressure measurement and symptoms checks can be scheduled at any point during the 7-day time periods and do not necessarily require an in-person visit • Planning and considerations should be made for patients with discharges and 7-day follow-up periods that intersect with holidays. These patients should be included in the denominator as part of quality measurement. • See ACOG Committee Opinion 736 on Optimizing Postpartum Care • Assessing <i>attendance</i> may not be feasible for all patients. However, attendance should be measured if feasible.

Process Measures P3, P4, and P5 – OB and ED Provider Education (reported quarterly)

Metric	Name	Description
<p><u>P3</u></p> <p>P3A</p> <p>P3B</p>	<p>OB Provider Education</p>	<p>Report estimate as a percentage</p> <p>P3A: Provider education on severe hypertension and preeclampsia At the end of this reporting period, what cumulative proportion of OB providers (delivering physicians and midwives) has completed an education program within the last two years on Severe Hypertension/ Preeclampsia that includes the unit-standard protocols and measures?</p> <p>P3B: Provider education on respectful and equitable care At the end of this reporting period, what cumulative proportion of OB providers has completed an education program within the last 2 years on respectful and equitable care?</p>
<p><u>P4</u></p> <p>P4A</p> <p>P4B</p>	<p>OB Nursing Education</p>	<p>Report estimate as a percentage</p> <p>P4A: Nursing education on severe hypertension and preeclampsia At the end of this reporting period, what cumulative proportion of OB nurses (antepartum, L&D and postpartum nurses) has completed an education program within the last two years on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures?</p> <p>P4B: Nursing education on respectful and equitable care At the end of this reporting period, what cumulative proportion of OB nurses has completed an education program within the last 2 years on respectful and equitable care?</p>
<p>P5</p>	<p>Emergency Department (ED) Provider & Nursing Education – Hypertension and Pregnancy</p>	<p>Report estimate as a percentage</p> <p>At the end of this reporting period, what cumulative proportion of ED clinical providers and nursing staff has completed education within the last 2 years on signs and symptoms of severe hypertension and preeclampsia in pregnant and postpartum women?</p>

Process Measures P6A and P6B Unit Drills Count and Type (reported quarterly)			
Metric	Name	Description	Notes
P6 P6A P6B	Unit Drills	<p>P6A: Unit Drills: Number of Drills Report # of drills (integer) During this reporting period, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?</p> <p>P6B: Report drill topics (True/False) Our unit held drills for the following drill topics during the reporting period:</p> <ul style="list-style-type: none"> • Hemorrhage • Severe Hypertension • Other 	Ideally, drills related to severe hypertension will cover all sequelae, such as preeclampsia, eclampsia, HELLP
Process Measure P7-TX Patient Support After Persistent Severe HTN (reported monthly); Optional Measure			
Metric	Name	Description	Notes
P7-TX (Optional Measure) Adapted from AIM OP1)	Patient Support After Persistent Severe HTN*	<p>Report N/D</p> <p>Denominator: Patients during their birth admission with one or more persistent severe hypertension episodes, including those with preeclampsia, gestational or chronic hypertension</p> <p>Numerator: Among the denominator, patients who received a verbal briefing and written information from their care team before discharge to describe:</p> <p>(1) Their preeclampsia/eclampsia, HELLP syndrome, or severe hypertension condition; (2) Recommended follow-up for their condition; and (3) Their long-term risks</p>	<p>*Disaggregate by race and ethnicity, payor</p> <ul style="list-style-type: none"> •The denominator criteria are established for the purposes of standardized data collection and reporting and are not meant to represent all instances in which a verbal briefing with a patient may be appropriate •See S1 for complementary structure measure

Structure Measures Scale

- A value of **1** ("**Not Started/Contemplation**") indicates a facility team is contemplating the structure but has not started working on establishing it.
- A value of **2** ("**Preparation**") indicates a facility team recognizes the structure as a key area and active planning is in progress to address it.
- A value of **3** ("**Some Action/Testing**") indicates a facility team has taken small steps towards addressing the structure.
- A value of **4** ("**Substantial Action/ Implementation**") indicates a facility team has taken large steps and has implemented successful changes (e.g., 50-85% of the elements are in place OR the elements are in place but used 50-85% of the time, OR your team is at 50-85% of your goal related to this structure).
- A value of **5** ("**Fully in Place/ Maintenance/ Sustainability**") indicates that best practices are fully in place and standardized for this structure so that it is consistently applied 85-100% of the time.

Structure Measures (reported quarterly)

Metric	Name	Description	Notes
S1A	Patient Event Debriefs	Has your department established a standardized process to conduct debriefs with patients after a severe event?	<ul style="list-style-type: none"> • Include patient support networks during patient event debriefs, as requested • Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death • See P7-TX for complementary process measure
S1B-TX	Patient & Family Support	Has your hospital developed, adapted or adopted OB specific patient and family support resources and protocols to use throughout severe HTN/preeclampsia complications?	
S2A	Clinical Team Debriefs	Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?	<ul style="list-style-type: none"> • Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria • See ACOG/SMFM Guidance Obstetric Care Consensus #5, SMM: Screening and Review
S2B-TX	Patient Perspective in Debriefs	Has your department established a system for incorporating the patients' and/or support networks' perspective in regular clinical team formal debriefs after cases with major complications?	
S3	Multi-disciplinary Case Review	Has your hospital established a process to perform multidisciplinary systems- level reviews on cases of severe maternal morbidity (including, at a minimum, obstetric patients who were admitted to the ICU or with ≥ 4 units RBC transfused)?	<ul style="list-style-type: none"> • For greatest impact toward increasing health care quality, TexasAIM suggests working toward incorporating consideration of social and community-level drivers of health in case review • For greatest impact, AIM National suggests that in addition to the minimum instances for review defined in S3, hospital teams also implement missed opportunity reviews for key bundle process measures (e.g., instances in which acute onset severe hypertension was not treated within 1 hour) in both unit debriefs and multidisciplinary case reviews • See ACOG/SMFM Guidance Obstetric Care Consensus #5, SMM: Screening and Review
S4 S4A S4B S4C	Unit Policy and Procedure	Does your hospital have a Severe HTN/ Preeclampsia policy and procedure (reviewed and updated in the last 2 years) that provides a unit-standard approach for: S4A: Measuring blood pressure; S4B: Treatment of severe hypertension/preeclampsia; and S4C: The use of seizure prophylaxis, including treatment for overdose	

Structure Measures, cont'd (reported quarterly)

Metric	Name	Description	Notes
S5-TX <i>(modified AIM S5)</i>	Urgent Maternal Warning Signs Education for All Patients	<p>Does your hospital have a policy and process to provide urgent maternal warning signs education for all pregnant and postpartum patients and their support networks? Education should include, at a minimum:</p> <p>(1) Urgent maternal warning signs (UMWS) that alert the patient to seek immediate care during hospitalization; instructions on calling for help, and encouragement for self-advocacy;</p> <p>(2) Anticipatory guidance on the continued need for the patient and support network to be vigilant in looking for UMWS after discharge, seeking immediate care if something doesn't feel right, and reinforce the importance of persistent self-advocacy;</p> <p>(3) Importance for the patient and support network to notify all health care providers of the patient's postpartum status in the year following pregnancy, and at least through the "fourth-trimester" (12 weeks following pregnancy); and</p> <p>(4) Importance of scheduling and attending all post discharge follow-up appointments.</p>	
S6	ED Pregnancy Status	Has your ED established standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	
S7-TX	Staff Support	Has your hospital developed OB-specific resources and protocols to support staff throughout severe hypertension/preeclampsia complications?	
S8-TX	Respectful, Equitable, Supportive Care Culture	<p>Does your hospital foster a culture of respectful, equitable and supportive health care with systems in place for reporting, response, and learning?</p> <p><i>(Note: for relevant bundle elements, review the bolded blue text in the TexasAIM HTN Driver Diagram)</i></p>	
S9-TX	Communication, Teamwork, and Drills Culture	Does your hospital systematically and routinely conduct unit-based drills related to severe HTN/preeclampsia, including teamwork, communication (e.g., TeamSTEPPS) and debrief?	
S10-TX	Patient Involvement	Are patients, caregivers, or families (not hospital employees) with lived experiences in hypertensive disorders of pregnancy actively involved in the design, delivery, and evaluation of health services to improve the quality of maternal care in your hospital?	
S11-TX	REaL Data	Has your hospital integrated a system to collect accurate and reliable data on the individual patient's self-identified race, ethnicity, and preferred spoken and written language (REaL data)?	

Project Updates Questions (reported monthly)

Each month, we ask for you to take a moment to tell us about your team's HTN improvement efforts over the past month. The TexasAIM Team will review your data and will periodically provide feedback and coaching that may be helpful to your team as you plan your tests of change.

TexasAIM will also use the information from along with information from other teams to learn about barriers and breakthroughs that teams are experiencing within your regional cohort and across the entire learning collaborative. Your responses help us to identify common areas where teams may need extra support or guidance, and where learnings are ripe for “sharing seamlessly” to help other teams improve. Your breakthroughs and barriers may be used to identify topics for future learning sessions or action periods or to assess resources and support hospitals may need.

With all of this in mind, please include enough detail in your report to help us learn from you. We appreciate your time and the opportunity to learn from you!

We will not publicly share any identifying information without your explicit consent. Information may be shared at an aggregate level.

For each question, please provide an open text response to provide information about the measurement month you are reporting for. Unless you are back -entering data, you will be reporting for the month immediately preceding the data reporting period. (For example, during the July 1-15 reporting period, you will report on your activities that happened during the June 1-30 measurement period.

TexasAIM Monthly Project Report Questions	
Metric	Description
MPU 1	What change(s) did you test during the measurement month?
MPU 2	What breakthroughs did you experience?
MPU 3	What barriers did you encounter?
MPU 4	What have you learned from testing your changes?
MPU 5	What will you do next?
MPU 6	Is there anything else you would like us to know about your TexasAIM work? (Use this space to ask questions, share ideas, tell us about accomplishments you are particularly proud of, colleagues you'd like to recognize, resources you'd like to share, things you'd like to learn about from other teams, etc.)
Misc. questions	Occasionally, TexasAIM may add no more than four additional questions to seek information and input to inform upcoming Action Period Calls, Learning Sessions, or program decisions.

TexasAIM Safe Care for Every Mother

A program of the Texas Department of State Health Services

***Portions of this Guide are adapted from the [Alliance for Innovation on Maternal Health \(AIM\) Severe Hypertension in Pregnancy Patient Safety Bundle Core Data Collection Plan Version 1.0 June 2022](#). Edited and amended by TexasAIM.
For questions, contact TexasAIM@dshs.texas.gov***