

AIM Hypertension Measures Overview

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DISCLOSURE

- *None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

What are the reporting measures for the Severe Hypertension in Pregnancy bundle?

Severe Hypertension in Pregnancy



Severe Hypertension in Pregnancy

PROCESS MEASURES

STRUCTURE MEASURES

OUTCOME MEASURES

Process Measures

Process measures are used **to monitor the adoption and implementation of evidence-based quality improvement initiatives.**

- They are self-reported by hospitals
- Some are stratified by race, ethnicity, and payor
- Provider education
- Unit drills
- Timely treatment
- Scheduling

Process Measures: Unit Drills

| Metric | Name | Description | Notes |
|---------|-------------------------------|--|--|
| ALL P3A | Unit Drills: Number of Drills | Report # of drills | During this reporting period, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic? |
| ALL P3B | Unit Drills: Drill Topics | Report TRUE/FALSE for the following drill topics: Hemorrhage, Severe Hypertension, Other | At the end of this reporting period, what topics were covered in the OB drills? |

Process Measures: Education on Equitable Care

| Metric | Name | Description | Notes |
|-------------------|---|---|---|
| ALL P1- Version 1 | Provider Education on Respectful and Equitable Care | Provider education on respectful and equitable care Report estimate in 10% increments (round up) | At the end of this reporting period, what cumulative proportion of OB providers have completed an education program on respectful and equitable care within the last 2 years? |
| ALL P2 | Nursing Education on Respectful and Equitable Care | Nursing education on respectful and equitable care Report estimate in 10% increments | At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and postpartum) have completed an education program on respectful and equitable care within the last 2 years? |

Process Measures: Treatment

| Metric | Name | Description | Notes |
|---------|--|---|--|
| SHTN P1 | Timely Treatment of Persistent Severe Hypertension | <p>Report N/D</p> <p>Denominator: Pregnant and postpartum people with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension</p> <p>Numerator: Among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine. The 1 hour is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.</p> | <p>stratify by race/ethnicity, payor</p> <p>Full measurement specifications can be found in the Society for Maternal-Fetal Medicine Special Statement.</p> |

Process Measures: Scheduling

| Metric | Name | Description | Notes |
|----------|---|---|-----------------------------------|
| SHTN P2A | Scheduling of Postpartum Blood Pressure and Symptoms Checks ➤ Severe Hypertension During the Birth Admission | Report N/D Denominator: Pregnant and postpartum people during their birth admission with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension Numerator: Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 3 days after their birth hospitalization discharge date | stratify by race/ethnicity, payor |

Process Measures: Scheduling

| Metric | Name | Description | Notes |
|----------|--|--|-----------------------------------|
| SHTN P2B | <p>Scheduling of Postpartum Blood Pressure and Symptoms Checks</p> <ul style="list-style-type: none"> ➤ All Other Hypertensive Disorders During Pregnancy | <p>Report N/D</p> <p>Denominator: Pregnant and postpartum people during their birth admission with a documented diagnosis of preeclampsia, gestational or chronic hypertension, excluding those who experienced persistent severe hypertension during their birth admission (see P2A)</p> <p>Numerator: Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 7 days after their birth hospitalization discharge date</p> | stratify by race/ethnicity, payor |

Process Measures: Education on Severe Hypertension

| Metric | Name | Description | Notes |
|---------|--|--|--|
| SHTN P3 | Provider Education on Severe Hypertension and Preeclampsia | Provider education on severe hypertension and preeclampsia Report estimate in 10% increments (round up) | At the end of this reporting period, what cumulative proportion of delivering physicians have completed an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures within the last 2 years? |
| SHTN P4 | Nursing Education on Severe Hypertension and Preeclampsia | Provider education on respectful and equitable care Report estimate in 10% increments (round up) | At the end of this reporting period, what cumulative proportion of delivering OB nurses (including L&D and postpartum) have completed an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures within the last 2 years? |

Process Measures: Education on Severe Hypertension cont.

| Metric | Name | Description | Notes |
|---------|---|--|---|
| SHTN P5 | Emergency Department (ED) Provider & Nursing Education – Hypertension and Pregnancy | Report estimate in 10% increments (round up) | At the end of this reporting period, what cumulative proportion of clinical ED providers and nursing staff have completed education on <i>signs and symptoms of severe hypertension and preeclampsia in pregnant and postpartum people</i> within the last 2 years? |

Structure Measures

- Structure measures are used **to assess if standardized, evidence-based systems, protocols, and materials have been established to improve patient care** related to this safety bundle.
 - They are self-reported by hospitals
 - They are not stratified by race, ethnicity or payor (excluding the optional measure)
 - They include team debriefs
 - Case reviews
 - Policy and procedures

Structure Measures: Debriefs

| Metric | Name | Description | Notes |
|---------|--------------------------------|--|---|
| ALL S1* | Patient Event Debriefs | Establish a standardized process to conduct debriefs with patients after a severe event. | Include patient support networks Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death |
| ALL S2* | Clinical Team Debriefs | Establish a system to perform regular formal debriefs with the clinical team after cases with major complications. | Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria |
| ALL S3* | Multidisciplinary Case Reviews | Establish a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity. | It is suggested to also implement missed opportunity reviews for key bundle process measures. |

Structure Measures: Education and Screening

| Metric | Name | Description | Notes |
|---------|---|---|-----------|
| ALL S4* | Patient Education Materials on Urgent Postpartum Warning Signs | Develop patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards. | No notes. |
| ALL S5* | Emergency Department (ED) Screening for Current or Recent Pregnancy | Establish or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process. | No notes. |

Structure Measures: Unit Policy and Procedure

| Metric | Name | Description | Notes |
|---------|---------------------------|---|-----------|
| SHTN S1 | Unit Policy and Procedure | <p>Create a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2 years) that provides a unit-standard approach to:</p> <ul style="list-style-type: none">• Measuring blood pressure• Treatment of severe hypertension/preeclampsia,• The use of seizure prophylaxis, including treatment for overdose | No notes. |

Structure Measures: Patient Support

| Metric | Name | Description | Notes |
|----------|--|--|--|
| SHTN OP1 | Patient Support After Persistent Severe Hypertension | Report N/D Denominator: Pregnant and postpartum people with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension Numerator: Among the denominator, those who received a verbal briefing on their persistent severe hypertension by their care team before discharge | <i>Optional measure</i> stratify by race and ethnicity, payor |

Outcome Measures

- Outcome measures are used **to examine if quality improvement changes adopted as part of a patient safety bundle resulted in improved outcomes for patients.**
 - They are stratified by race, ethnicity, and payor
 - They are calculated based on hospital discharge data.

Outcome Measures: Severe Maternal Morbidity (SMM)

| Metric | Name | Description | Notes |
|---------|---|---|---------------------------------------|
| All O1* | Severe Maternal Morbidity (excluding transfusion codes alone) | <p>Report N/D</p> <p>Denominator: All qualifying pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p> | stratify by race and ethnicity, payor |
| SHTN O1 | Severe Maternal Morbidity among People with Preeclampsia, Eclampsia, and HELLP Syndrome (excluding transfusion codes alone) | <p>Report N/D</p> <p>Denominator: All qualifying pregnant and postpartum people 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> | stratify by race and ethnicity, payor |

What data elements are required for submission?

Reporting

- Only **aggregate data** is submitted to the AIM Data Center.
 - No patient level data or PHI is submitted
- Data submissions are uploaded to the AIM Data Center on a ***quarterly*** basis (calendar year).

Stratifications

- Race/Ethnicity : All, Asian, African American, Hispanic, Multiracial, Native American, Native Hawaiian Pacific Islander, White, Other, Race Not Reported
- Payor: Medicaid, private, other public, uninsured
- Five (5) measures are stratified.
 - Two Outcome Measures
 - Three Process Measures
- Stratified measures must also be reported for “all”.

ICD Coding & HIT Partnership

- **Utilize AIM resources:** ICD coding lists are available which allows for uniform case definition of target population.
- **Streamline the chart audit process:** Partner with your Health Information & Technology departments to build quarterly reports in into EMRs to identify all patients who fit the case definitions.
- **Review the data collection forms:** Meet with your clinical teams to identify what is already built into the medical record, what requires an EMR build

Learning Resources

- [AIM PSB Learning Modules](#): This course provides quality improvement strategies and multidisciplinary approaches to care for pregnant and postpartum patients experiencing severe hypertension in pregnancy including implementing team-based drills and debriefs, blood pressure assessment, trauma informed protocol, data monitoring and shared decision making. This course features a comprehensive overview of the Severe Hypertension in Pregnancy AIM Patient Safety Bundle and its key elements.

Thank you

Preparation for submitting data files

- **Key points**
 - Purpose of Data Collection:
 - All submitted data is intended for measuring your individual hospital's quality improvement progress, not for comparison between hospitals. This data is not used to rate the care provided to your patients or the quality of your work.
 - Reporting Expectations
 - We understand that reporting data on all measures may not be feasible at this time. **Prioritize the Structure Measures**, as they have the most significant impact on health outcomes and do not require stratification.
 - While AIM does not provide a firm deadline for data submission, please upload your data as soon as possible.
 - Any measures that cannot be reported should be left blank.
 - Any numerators or denominators with no cases should be reported with a zero (0).

Data Upload Process Overview – Option 1

- Your hospital unique identifier is: [###]
- **Option 1 – CSV File**
- Save the provided **Severe Hypertension in Pregnancy Default Template**.
 - Enter your measure data in the “Default template” tab.
 - Use the "Codebook sheet" for information on the template headers.
 - Use the "Measures" sheet for information on the bundle variable names.
 - Stratified measures must be reported for “all” in addition to any stratification available.
 - period_start_date and period_end_date columns should be provided in the date format MM/DD/YYYY e.g. 01/01/2024
- Delete the "Codebook" sheet and "Measure" sheet tabs
- Save as CSV file.
- Upload file to the [AIM Data Center](#).

Data Upload Process Overview – Option 2

- **Option 2 – Manual Entry**

- Review the provided **Aim Data Submission Manual Process Document**.
- Log in to the [AIM Data Center](#)
- Navigate to the process/structure measures tab and follow the prompts.
- Navigate to the structure/process measures tab and follow the prompts.

Additional Resources

- For further guidance, the IDPQC: TA Office Hours recordings and FAQ sheet can be found on [Basecamp](#).
- Request help from the Comagine Health team.
- Request help from the AIM Data Center by submitting a [AIM Data Center Support Request](#)