



Missouri PQC AIM Severe Hypertension in Pregnancy Required Data Elements Sheet

Instructions

1. This document is intended as a reference for the Missouri PQC AIM Obstetric Hemorrhage Collaborative project process and structure measures definitions.
2. The below information outlines who will collect each data measure and how the measure is to be reported, along with inclusion and exclusion criteria if applicable.
3. All data measures for this project will be entered into the Life QI data platform unless otherwise noted.
4. See Appendix A for AIM ICD-10 Codes List
5. The MO PQC's goal is to increase the number of initiatives hospitals' implement and sustain. It is recommended that hospital teams achieve sustainable improvement 2 years from the start of a project and then select a new initiative to implement.

Measure Reporting Timeframes

- Process measures (4) are reported quarterly (CY) and submitted into Life QI within 30 days of the end of the reporting month. Data submitted in the first six months will be marked as baseline data. Data submitted after is marked as test data. Organizations are looking to improve performance by metric over baseline throughout the project.
 - Structure measures (6) are reported annually via MS Forms.
- *It is recommended that organizations disaggregate data by Race/Ethnicity and Payor as able, however, this data will not be reported in Life QI.

Sampling Recommendations

Hospitals may choose to report process measures using a random sampling method. The MO PQC recommends a minimum of a 20% random sampling rate for quality improvement purposes based on the average number of births per month from CY 2023, with a minimum of ten charts per month per measure expected. If random sampling is chosen, it is highly recommended that the method be used starting with baseline measurement and maintained throughout the collaborative to avoid skewing the data. For example, if your hospital averages 50 births per month, 10 charts would be abstracted monthly and reported into Life QI. If your hospital averages 20 births per month, a 20% sampling would only be four charts, so the organization would still abstract 10 charts to meet the minimum QI sampling requirement. If your hospital averages 100 births per month, 20 charts would be abstracted, and so on.

Member Engagement Metrics

To meet MO PQC AIM Star recognition criteria, teams must complete:

- 85% Data Submission
- 90% Implementation of the AIM bundle elements



- 75% attendance in any project-related meetings, calls, education.

Required Process Measures

Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
P1: Timely Treatment of Persistent Severe HTN	<p>Report N/D</p> <p>Disaggregate by race and ethnicity and payor as able</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>	Hospital Chart Abstraction	N/D; Quarterly per CY Jan. – Mar Apr. – Jun. Jul. – Sept. Oct. – Dec.	<p>Society for Maternal-Fetal Medicine Special Statement</p> <p>CMQCC: Acute Treatment Algorithm- page 2 includes first-line medication algorithms (IV Labetalol, IV Hydralazine and PO Nifedipine)</p>
P2A: Scheduling PP BP and Symptoms Checks for patients with Severe HTN during the Birth Admission	<p>Report N/D</p> <p>Disaggregate by race and ethnicity, payor as able</p> <p>Denominator: Pregnant and postpartum people during their birth admission with acute-onset severe hypertension that persists for 15 minutes</p>	Hospital Chart Abstraction	N/D; Quarterly per CY Jan. – Mar Apr. – Jun. Jul. – Sept. Oct. – Dec.	<p>ACOG Committee Opinion 736 on Optimizing Postpartum Care</p> <p>SMFM: Checklist for postpartum discharge of</p>

	<p>or more, including those with preeclampsia, gestational or chronic hypertension</p> <p>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.</p> <ul style="list-style-type: none"> • Exclude those who were transferred out of your facility prior to discharge. • Blood pressure measurement and symptoms checks can be scheduled at any point during the 3- and 7-day time periods and do not necessarily require an in-person visit. • Planning and considerations should be made for patients with weekend discharges and/ or those with 3- and 7-day follow up periods that fall on the weekend. These patients should be included in the denominator as part of quality measurement. 			<p>women with hypertensive disorders -just need to update to 7 days for non-severe HTN</p>
<p>P2B: Scheduling PP BP and Symptoms Checks for patients with all other Hypertensive Disorders of Pregnancy</p>	<p>Report N/D</p> <p>Disaggregate by race and ethnicity, payor as able</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>	<p>Hospital Chart Abstraction</p>	<p>N/D; Quarterly per CY Jan. – Mar Apr. – Jun. Jul. – Sept. Oct. – Dec.</p>	<p>ACOG Committee Opinion 736 on Optimizing Postpartum Care</p> <p>SMFM: Checklist for postpartum discharge of women with hypertensive disorders -just need to update to 7 days for non-severe HTN</p>

	<ul style="list-style-type: none"> • For P2B, the denominator can be determined by identifying ICD-10 codes or diagnoses at the time of discharge including, but not limited to O10.xx, O11.xx, O13.xx, O14.xx, and O16.xx and excluding those who meet criteria for persistent severe hypertension. • Exclude those who were transferred out of your facility prior to discharge. • Blood pressure measurement and symptoms checks can be scheduled at any point during the 3- and 7-day time periods and do not necessarily require an in-person visit. • Planning and considerations should be made for patients with weekend discharges and/or those with 3- and 7-day follow up periods that fall on the weekend. These patients should be included in the denominator as part of quality measurement. 			
P5: Emergency Department Provider and Nursing Education – Hypertension and Pregnancy	<p>Report estimate in 10% increments (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of clinical ED providers and nursing staff has received within the last 2 years an education on signs and symptoms of severe hypertension and preeclampsia in pregnant and postpartum people?</p>	Hospital Education Completion Review	N/D; Quarterly per CY Jan. – Mar Apr. – Jun. Jul. – Sept. Oct. – Dec.	

Structure Measures

Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
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<p>S1: Patient Event Debriefs</p>	<p>Has your department established a standardized process to conduct debriefs with patients after a severe event?</p> <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. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team. <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	<p>Hospital Report submitted via MS Forms</p>	<p>Annually, January 31</p>	<p>AIM TAP Webinar: Patient Support After a Severe Event: The Importance of Providing Trauma-Informed Care</p> <p>ACOG Disclosure and Discussion of Adverse Events</p> <p>Communication and optimal resolution (CANDOR) toolkit</p> <p>Oklahoma Perinatal Quality Improvement Collaborative: Birth Hospital Clinical Summary</p> <p>Amniotic Fluid Embolism Foundation: Survivor Clinical Summary Form – Specific clinical condition but excellent trauma-informed document</p>
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S2: Clinical Team Debriefs	<p>Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?</p> <p>Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria.</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	AIM: SMM Review Form
S3: Multidisciplinary Case Reviews	<p>Has your hospital established a process to perform multidisciplinary systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or who received ≥ 4 units RBC transfusions)?</p> <p>For greatest impact, we suggest that in addition to the minimum instances for review defined in this measure, hospital teams also implement missed opportunity reviews for key bundle process measures in both unit debriefs and multidisciplinary case reviews.</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	<p>AIM: SMM Review Form</p> <p>AIM: SMM Review Form: Condition-Specific Questions</p> <p>AIM: SMM Review Form: Factors Worksheet</p> <p>AIM: SMM Review Form: Guide to SMM Chart Reviews</p> <p>AIM: SMM Review Form:</p>

				Implementation Resources
S4: Patient Education Materials on Urgent Postpartum Warning Signs	<p>Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	<p>Centers for Disease Control and Prevention: Hear Her Campaign</p> <p>AIM: Urgent Maternal Warning Signs</p>
S5: Emergency Department (ED) Screening for Current or Recent Pregnancy	<p>Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	AIM Pregnancy Screening Statement
S6: Unit Policy and Procedure	<p>Does your hospital have a Severe hypertension/preeclampsia policy and procedure (reviewed and updated in the last 2 years) that contain the following:</p> <ul style="list-style-type: none"> • Measuring blood pressure. • Treatment of severe hypertension/preeclampsia, • The use of seizure prophylaxis, including treatment for overdose <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	MO PQC Severe Hypertension in Pregnancy Resource Workbook



Appendix A

AIM Severe Hypertension in Pregnancy ICD-10 Codes List

Code	Definition
O111	Pre-existing hypertension with pre-eclampsia, first trimester
O112	Pre-existing hypertension with pre-eclampsia, second trimester
O113	Pre-existing hypertension with pre-eclampsia, third trimester
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O115	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O119	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O1410	Severe pre-eclampsia, unspecified trimester
O1412	Severe pre-eclampsia, second trimester
O1413	Severe pre-eclampsia, third trimester
O1414	Severe pre-eclampsia complicating childbirth
O1415	Severe pre-eclampsia, complicating the puerperium
O1420	HELLP syndrome (HELLP), unspecified trimester
O1422	HELLP syndrome (HELLP), second trimester
O1423	HELLP syndrome (HELLP), third trimester
O1424	HELLP syndrome (HELLP), complicating childbirth



O1425	HELLP syndrome (HELLP), complicating the puerperium
O1500	Eclampsia complicating pregnancy, unspecified trimester
O1502	Eclampsia complicating pregnancy, second trimester
O1503	Eclampsia complicating pregnancy, third trimester
O151	Eclampsia complicating labor
O152	Eclampsia complicating the puerperium
O159	Eclampsia, unspecified as to time period

American College of Obstetricians and Gynecologists. (2023). Severe Hypertension in Pregnancy Patient Safety Bundle Core Data Collection Plan, Version 2.0 January 2024. https://saferbirth.org/wp-content/uploads/Severe-Hypertension-in-Pregnancy-Patient-Safety-Bundle_updated.pdf

*See additional codes for Gestational Hypertension below

Gestational Hypertension ICD-10 Codes List

Code	Definition
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester

ICD10Data.com. (2025). ICD-10-CM Codes > O00-O9A > O10-O16 > Gestational [pregnancy-induced] hypertension without significant proteinuria O13. <https://www.icd10data.com/ICD10CM/Codes/O00-O9A/O10-O16/O13->