NYSPFP-ACOG District II
Joint Webinar on Maternal Emergencies

February 9, 2015
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 – 11:05 a.m.</td>
<td>Welcome</td>
<td>Lorraine Ryan, NYSPFP</td>
</tr>
<tr>
<td>11:05 – 11:10 a.m.</td>
<td>ACOG DII/SMI Update</td>
<td>Kristin Zielinski, ACOG DII</td>
</tr>
<tr>
<td>11:10 – 11:20 a.m.</td>
<td>Data entry on NYSPFP website</td>
<td>Wing Lee, NYSPFP</td>
</tr>
<tr>
<td>11:20 – 11:40 a.m.</td>
<td>ACOG SMI Clinical Case Review: Maternal Hemorrhage</td>
<td>Marina Gore, NP, CNM Perinatal Network Manager Northwell Health</td>
</tr>
<tr>
<td>11:40 – 11:55 a.m.</td>
<td>Process Improvement Case Study</td>
<td>Deborah Tuttle, NYSPFP</td>
</tr>
<tr>
<td>11:55 – 12:00 p.m.</td>
<td>Next Steps</td>
<td>Deborah Tuttle, NYSPFP</td>
</tr>
<tr>
<td></td>
<td>• Next Webinar: Apr 12, 2016</td>
<td></td>
</tr>
</tbody>
</table>
NYSPFP and ACOG DII to Reduce Maternal Harm

NYSPFP is supporting implementation of ACOG District II Safe Motherhood Initiative bundles of hemorrhage and severe hypertension through:

- Bimonthly (every other month) educational webinars/coaching calls that will reinforce the clinical components of the ACOG SMI bundles and highlight process improvement that can lead to reduction in harm arising from maternal hemorrhage and hypertension.

- Hands-on technical support from Project Managers and ACOG District II

- Measure alignment—measures to be submitted in NYSPFP data portal
  - Begins with December 2015 performance period
  - Data submission due 45 days after close of month (Feb. 15)
Quarterly SMI Meeting
Jan 22 @ Maimonides (Brooklyn), 95+ attendees
- Maternal mortality reviews
- HEM bundle guidance docs
- M&M reviews
- Overview of UK’s confidential enquiries into maternal deaths (Gwyneth Lewis, OBE FRCOG FACO, University College London)

Updated bundles on website
- Slide sets
- Posters
- Algorithms
- Guidance documents
- *Additional VTE documents coming soon

Implementation Visits & Grand Rounds
- [Click here](#) to schedule through April 30th

Reminder: Get your SMI data in! Complete and error-free data for Sept 2014 – November 2015 due in portal ASAP.

February 9, 2016
NYSPFP Data Entry

Wing Lee, NYSPFP
# Summary of Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome:</strong> Maternal Hemorrhage</td>
<td>Percent of maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥20 weeks completed gestation that received ≥ 4 units of packed red cells for maternal hemorrhage.</td>
</tr>
<tr>
<td><strong>Process:</strong> Maternal Hemorrhage</td>
<td>Percent of maternity patients who have given birth ≥20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization.*</td>
</tr>
<tr>
<td><strong>Outcome:</strong> Persistent Hypertension</td>
<td>Percentage of maternity patients who have given birth ≥ 20 weeks completed gestation with persistent hypertension admitted to the ICU (or similar unit).</td>
</tr>
<tr>
<td><strong>Process:</strong> Persistent Hypertension</td>
<td>Maternity patients with persistent hypertension receiving treatment within one hour of second elevated blood pressure reading.</td>
</tr>
<tr>
<td><strong>Outcome:</strong> PC-01</td>
<td>Patients with elective vaginal deliveries or elective cesarean sections at ≥37 and &lt; 39 weeks of gestation completed (PC-01).</td>
</tr>
</tbody>
</table>
# Data Submission: FAQs

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do we submit data?</td>
<td>Through the NYSPFP data portal, your NYSPFP project manager (PM) will work with you to access data portal</td>
</tr>
<tr>
<td>How do I know who is my project manager?</td>
<td>Reach out to the NYSPFP staff listed at the end of the presentation to find out who your PM is to get access to the portal</td>
</tr>
<tr>
<td>When is the first performance period?</td>
<td>December 2015 (For all measures except PC-01)</td>
</tr>
<tr>
<td></td>
<td>PC-01: Q4 2015</td>
</tr>
<tr>
<td>When is the deadline for data submission?</td>
<td>For first performance period:</td>
</tr>
<tr>
<td></td>
<td>February 15, 2016</td>
</tr>
<tr>
<td></td>
<td>(45 days after close of month)</td>
</tr>
<tr>
<td>Is sampling permitted?</td>
<td>For the hemorrhage process measure only.*</td>
</tr>
</tbody>
</table>
|                                               | *If sample population is > 25, please sample at least 25 cases. If sample population is < 25, no sampling, 100% patient population required.
Data Entry Page

Menu

Display Initiative: All ADE Delirium Falls PU VTE CAUTI CLABSI C.diff Sepsis SSI VAE Culture Readmissions OB

Obstetrical Safety Initiative

Data Collection

• Submit PC-01 Outcome measure
• Submit Maternal Emergency Outcome and Process measures

Reports

Outcome Measure Reports

• OB Outcome Report: PC-01
• OB Outcome Report: Maternal Hemorrhage
• OB Outcome Report: Persistent Hypertension

Process Measure Reports

• OB Process Report: Maternal Hemorrhage
• OB Process Report: Persistent Hypertension

Retired Measures

• OB Process Report: Maternal Hemorrhage (retired)
• OB Process Report: Pre-Eclampsia (retired)
Data Entry Page: Maternal Hemorrhage

Reporting Period: December 2015

Maternal Hemorrhage

Percent of maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation that received ≥ 4 units of packed red cells for maternal hemorrhage

Number of maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation receiving ≥ 4 units of packed red cells

All maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation discharged following the birth hospitalization

Percent of maternity patients who have given birth ≥ 20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization

Number of maternity patients ≥ 20 weeks completed gestation with documented risk assessment for maternal hemorrhage completed upon admission for the birth hospitalization

All maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation discharged following the birth hospitalization
Persistent Hypertension in Pregnancy

Percentage of maternity patients who have given birth ≥ 20 weeks completed gestation with persistent hypertension admitted to the ICU (or similar unit)

Number of maternity patients > 20 weeks completed gestation with persistent hypertension admitted to the ICU or similar unit

Number of maternity patients ≥ 20 weeks completed gestation with persistent hypertension who have given birth (vaginal and cesarean deliveries; live and still birth) discharged following the birth hospitalization

Maternity patients with persistent hypertension receiving treatment within one hour of second elevated blood pressure reading

Number of maternity patients with persistent hypertension receiving treatment within one hour of the second elevated blood pressure reading

Number of maternity patients ≥ 20 weeks completed gestation with persistent hypertension who have given birth (vaginal and cesarean deliveries; live and still birth) discharged following the birth hospitalization
Data Entry Page: PC-01

Methodology

Reporting Period: Q4-2015

Patients with elective vaginal deliveries or elective cesarean sections at ≥37 and <39 weeks of gestation completed (PC-01)

Elective deliveries ≥37 and <39 completed weeks of gestation (includes medical induction or C-section while not in labor or experiencing spontaneous ROM)

Deliveries ≥37 and <39 completed weeks of gestation (includes planned C-sections in labor)

Save   Cancel
Case Review: Maternal Hemorrhage

Marina Gore, NP, CNM
Perinatal Network Manager
Northwell Health
HEMORRHAGE CASE

32yo G2P0100, EGA@35.1 weeks, presented c/o epigastric pain, headache, vomiting, and contractions.

Prenatal course is significant for:
- History of preterm delivery at 21 weeks (on Progesterone)
- Multiple large fibroids (anterio-lateral)
- History of myomectomy- >scheduled for primary c/s at 37 weeks
- Polyhydramnios, normal GCT
- Proteinuria (24 urine collection, 01/25)→330 mg

Patient was followed at High risk clinic, and MFM
01/29/2016, 08:40

Upon evaluation:
- BP range 131-198/73-108, HR- 104 bpm, 36.7°C
- Category 1 FHTs, contractions every 3-4 minutes
- Fetus- transverse lie, back down, posterior placenta, 3 myomas at right lateral
- VE : FT/50%/-3, intact
- BMI 33.3

Patient was admitted with dx: preeclampsia with severe features, early labor, history of myomectomy, transverse lie, with plan for MgSO4 and primary cesarean section.

- CBC on admission: 6.9>13.3/38.9<278
- On admission PPH risk evaluation section was checked as “ no risk” ( polyhydramnios and uterine myomas were not checked off).
01/29/2016 AT 11:56

- Delivered via midtransverse incision due to the dense adhesions;
- Baby girl, wt: 2190 g, Apgars 8/9
- Complicated by hemorrhage (several myomas had to be removed from the incision line to facilitate uterine closure); EBL 3000cc
- Second OB attending, MFM were called
- BP range 110-142/52-72; HR- 80-95bpm,
- As per OB request, (discussion with anesthesia regarding need for transfusion) 1st Unit of PRBC was initiated in OR at 12:41
- Crystalloids: 2600 cc + 277 cc blood fluid
- Output: 175 cc
- Out of the OR at 13:25
- MgSO4 for seizure prophylaxis was restarted PP.
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>BP</th>
<th>HR</th>
<th>Urine Output</th>
<th>Lochia</th>
<th>H/H</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/29:13:30</td>
<td>114/63</td>
<td>78 bpm</td>
<td></td>
<td>moderate</td>
<td>13.5/41.2</td>
<td>Increased IVF to 250 cc/hr</td>
</tr>
<tr>
<td>14:05</td>
<td>114/57</td>
<td>75 bpm</td>
<td>50 cc/hr</td>
<td>moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:35</td>
<td>109/66</td>
<td>72 bpm</td>
<td></td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:05</td>
<td>116/69</td>
<td>80 bpm</td>
<td>30 cc/hr</td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:35</td>
<td>133/80</td>
<td>84 bpm</td>
<td></td>
<td>light</td>
<td>12.5/36.5</td>
<td>Evaluated by resident</td>
</tr>
<tr>
<td>16:05</td>
<td>134/85</td>
<td>95 bpm</td>
<td>90 cc/hr</td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>BP</td>
<td>HR</td>
<td>uo</td>
<td>lochia</td>
<td>H/H</td>
<td>action</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-----</td>
<td>--------</td>
<td>--------</td>
<td>-----</td>
<td>-------------------------</td>
</tr>
<tr>
<td>16:35</td>
<td>134/85</td>
<td>92</td>
<td>70cc/hr</td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:05</td>
<td>129/91</td>
<td>102</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17:35</td>
<td>123/86</td>
<td>105</td>
<td>30 cc/hr</td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18:05</td>
<td>111/73</td>
<td>92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18:35</td>
<td>107/70</td>
<td>100</td>
<td>40 cc/hr</td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19:05</td>
<td>83/59</td>
<td>107</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19:35</td>
<td>102/70</td>
<td>103</td>
<td>20 cc/hr</td>
<td>light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20:05</td>
<td>75/48</td>
<td>93</td>
<td></td>
<td></td>
<td></td>
<td>Bedside sono-&gt;free fluid; stat CBC sent</td>
</tr>
</tbody>
</table>
## CONT. PACU

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>HR</th>
<th>UO</th>
<th>Lochia</th>
<th>H/H</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>20:30</td>
<td>90/58</td>
<td>100</td>
<td>20 cc/hr</td>
<td>light</td>
<td>9.6/27.5</td>
<td></td>
</tr>
<tr>
<td>2100</td>
<td>86/66</td>
<td>104</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21:30</td>
<td>83/53</td>
<td>110</td>
<td>20 cc/hr</td>
<td>light</td>
<td></td>
<td>2nd Unit PRBC</td>
</tr>
<tr>
<td>22:00</td>
<td>71/44</td>
<td>102</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22:30</td>
<td>83/43</td>
<td>100</td>
<td>20 cc/hr</td>
<td>light</td>
<td></td>
<td>Transfer to SICU</td>
</tr>
</tbody>
</table>
# TRANSFERRED TO SICU

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>HR</th>
<th>uo</th>
<th>Lochia</th>
<th>H/H</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>23:00</td>
<td>116/93</td>
<td>98</td>
<td>20 cc/hr</td>
<td>light</td>
<td>6.2/18.1</td>
<td><strong>3rd Unit PRBC</strong></td>
</tr>
<tr>
<td>00:00</td>
<td>96/58</td>
<td>107 bpm</td>
<td>20 cc/hr</td>
<td>light</td>
<td></td>
<td><strong>4th and 5th Units of PRBC,</strong> 4 Units of plasma; 1 Unit of platelets</td>
</tr>
<tr>
<td>01:00</td>
<td>85/56</td>
<td>112 bpm</td>
<td>20 cc/hr</td>
<td>light</td>
<td></td>
<td><strong>To OR for Exploratory laparotomy</strong></td>
</tr>
</tbody>
</table>
- Patient was taken to OR on 01/20 at 01:26 for exploratory laparotomy/evacuation of hemoperitoneum
- Total of 2000 cc of blood was evacuated
- EBL: 2000 cc; Input: 3000 cc IVF; urine output: 300 cc,
- transferred back to SICU
- BP 140-151/90-94; HR 100-119 bpm, RR 17-22.
- H/H: 9.8/29.7
LESSONS TO BE LEARNED:

- PPH risk should be carefully evaluated on admission
- Intra-op: use of sonographic guidance to avoid cutting into myomas, when performing uterine incision.
- Preeclampsia: Hemoconcentration $\Rightarrow$ H/H difficult to interpret
  High BP $\Rightarrow$ SBP of 100-110mmHg may represent relative hypotension
LESSONS TO BE LEARNED:

- EBL in the OR $\rightarrow$ Not adequately replaced (*Crystalloids, Blood products*)
  
  Reasons:
  - VS relatively stable
  - Repeat H/H considered stable

- Patient was returned to OR for exploratory laparotomy.
  
  Reasons:
  - Abd Sono
  - Low urinary output
  - Hypotension

Adequate replacement after initial surgery could have prevented the oliguria, hypotension and possibly the return to the OR.
Process Improvement Case Study

Deborah Tuttle, NYSPFP
PDSA Example Test #1

Aim: Achieve a ≥ 95% completion rate of the OB hemorrhage risk assessment on patient admission to L&D.

<table>
<thead>
<tr>
<th>Describe your first test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate hemorrhage screen into initial nursing assessment on labor and delivery admission</td>
<td>Jane Smith</td>
<td>2/29/16 through 3/6/16</td>
<td>L&amp;D</td>
</tr>
</tbody>
</table>

Plan

<table>
<thead>
<tr>
<th>List the tasks needed to set up this test of change</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide tool for ease of completing at the bedside</td>
<td>Jane Smith</td>
<td>By 2/28/16</td>
<td>L&amp;D</td>
</tr>
<tr>
<td>• Test process with two staff nurses for one week</td>
<td></td>
<td>2/29/16-3/6/16</td>
<td>L&amp;D</td>
</tr>
</tbody>
</table>

Predict what will happen when the test is carried out

<table>
<thead>
<tr>
<th>Measures to determine if prediction succeeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Number of completed hemorrhage assessment tools as a percent of each nurses overall completed L&amp;D admission nursing assessments.</td>
</tr>
</tbody>
</table>
PDSA Example Test #1 (continued)

**Do**
Describe what actually happened when you ran the test.

The test was conducted by two nurses for one week. Both nurses worked at least three 7am – 7pm shifts and achieved a cumulative 96% hemorrhage risk assessment completion rate.

**Study**
Describe the measured results and how they compared to the predictions

Test successful, but limited.

**Plan**
Retest with 3 nurses to ensure capturing effectiveness of the process 24/7, and weekends.
**PDSA Example Test #2**

**Aim:** Achieve a ≥ 95% completion rate of the OB hemorrhage risk assessment on patient admission to L&D.

<table>
<thead>
<tr>
<th>Describe your next test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate hemorrhage screen questions into initial nursing assessment on labor and delivery admission</td>
<td>Jane Smith</td>
<td>3/8/16 through 3/14/16</td>
<td>L&amp;D</td>
</tr>
</tbody>
</table>

**Plan**

**List the tasks needed to set up this test of change**

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide tool for ease of completing at the bedside</td>
<td>Jane Smith</td>
<td>2/28/16</td>
</tr>
<tr>
<td>Test process with three staff nurses for one week: one on 7a -7pm shift; one on 7pm – 7am shift; and one 7pm – 7am shift Friday, Saturday and Sunday nights.</td>
<td>Jane Smith</td>
<td>3/8/16 – 3/14/16</td>
</tr>
</tbody>
</table>

**Predict what will happen when the test is carried out**

<table>
<thead>
<tr>
<th>Measures to determine if prediction succeeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number of completed hemorrhage assessment tools as a percent of each nurses overall completed admission nursing assessments.</td>
</tr>
</tbody>
</table>
**Do**
Describe what actually happened when you ran the test.

The test was conducted by the three nurses on different shifts as described in the plan. The nurses who worked Monday through Friday on any shift were able to complete the risk assessment 97% of the time, but were concerned with the time it took to access another tool/screen. Saturday and Sunday results were less than 60%.

**Study**
Describe the measured results and how they compared to the predictions

Weekend hours presented some challenges due to high labor and delivery volume. It was felt that if the questions were incorporated into the EHR assessment, it would flow naturally, and eliminate the need to go to another screen.

**Plan:**
All agreed process was successful and would flow well if added to EHR. Jane Smith to meet with IT to discuss incorporating risk assessment into EHR nursing assessment with input from nurses on placement and flow.

Next Steps

Deborah Tuttle, NYSPFP
Polling Question

- What can NYSPFP/ACOG do to better support your implementation work?
  - More webinars
  - More process improvement teaching
  - More information on clinical bundles
  - Site visits from clinical faculty
  - Site visit from process improvement experts
  - Site visits from both faculty and process improvement experts together
  - Other (please describe in “Chat Box”)
Summary & Next Steps

Data Submission

- Begins with December 2015 Performance Period
- Data Submission due 45 days after close of month (Feb. 15, 2016)

NYSPFP Website

- www.nyspfp.org
- Password required
- Contact your hospital’s project manager for access to website
Upcoming & Recorded Webinars

OBSTETRICAL SAFETY INITIATIVE
2016 Webinars
Tuesdays from 11:00 am - noon

April 12, 2016
June 14, 2016
August 9, 2016

Recorded Webinars – NYSPFP Website
https://www.nyspfp.org/Members/myCalendar.aspx

December 8, 2015
February 9, 2016
Contacts

NYSPFP Contacts

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Norain A. Siddiqui, MPH
Manager, Medical Education
nsiddiqui@ny.acog.org
Appendix:
Measure Definitions for Reference
**NYSPFP: Maternal Hemorrhage - Outcome Measure**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Percent of maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥20 weeks completed gestation that received ≥ 4 units of packed red cells for maternal hemorrhage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation receiving ≥ 4 units of packed red cells.</td>
</tr>
<tr>
<td>Denominator</td>
<td>All maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) &gt; 20 weeks completed gestation discharged following the birth hospitalization.</td>
</tr>
</tbody>
</table>
| Data Elements for data Collection | • Number of maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation with a diagnosis of hemorrhage receiving ≥ 4 units of packed red cells for maternal hemorrhage.  
• Number of maternity patients > 20 weeks completed gestation that have given birth (vaginal and cesarean deliveries; live and still birth) discharged following the birth hospitalization.  
• Cases are included in the measure based on the month of discharge.  
• Discharge for this measure should include discharge from the hospital or patient expiration. |
**NYSPFP: Maternal Hemorrhage - Process Measure**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Percent of maternity patients who have given birth ≥20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of maternity patients ≥ 20 weeks completed gestation with documented risk assessment for maternal hemorrhage completed upon admission for the birth hospitalization.</td>
</tr>
<tr>
<td>Denominator</td>
<td>All maternity patients who have given birth (vaginal and cesarean deliveries; live and still birth) ≥ 20 weeks completed gestation discharged following the birth hospitalization.</td>
</tr>
</tbody>
</table>
| Data Elements for data Collection | • Number of maternity patients ≥ 20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization.  
• Number of maternity patients ≥ 20 weeks completed gestation who have given birth (vaginal and cesarean deliveries; live and still birth) discharged following the birth hospitalization.  
• Cases are included in the measure based on the month of their discharge.  
• Discharge for this measure should include discharge from the hospital or patient expiration.  
• Sampling is allowed for this measure |

*Sampling Permitted*
## NYSPFP: Persistent Hypertension In Pregnancy - Outcome Measure

<table>
<thead>
<tr>
<th>Definition</th>
<th>Percentage of maternity patients who have given birth ≥ 20 weeks completed gestation with persistent hypertension admitted to the ICU (or similar unit).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of maternity patients ≥ 20 weeks completed gestation with persistent hypertension admitted to the ICU or similar unit.</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of maternity patients ≥20 weeks completed gestation with persistent hypertension who have given birth (vaginal and cesarean deliveries; live and still birth) discharged following the birth hospitalization.</td>
</tr>
</tbody>
</table>
| Data Elements for data collection | • Number of maternity patients with a diagnosis of persistent hypertension who have given birth (vaginal and cesarean deliveries; live or still birth) ≥ 20 weeks completed gestation.  
• Cases are included in the measures based on the month of discharge. |
**NYSPFP: Persistent Hypertension in Pregnancy - Process Measure**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Maternity patients with persistent hypertension receiving treatment within one hour of the second elevated blood pressure reading.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of maternity patients with persistent hypertension receiving treatment within one hour of the second elevated blood pressure reading.</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of maternity patients ≥ 20 weeks completed gestation with persistent hypertension who have given birth (vaginal and cesarean deliveries; live and still birth) discharged following the birth hospitalization.</td>
</tr>
</tbody>
</table>

**Data Elements for data collection**
- Number of maternity patients with a diagnosis of severe hypertension who have given birth (vaginal and cesarean deliveries; live and still birth) ≥20 weeks completed gestation following the birth hospitalization.
- Maternity patients are included in the measures based on the month of discharge.

**Definitions:**
- **Persistent hypertension:** two (2) severe blood pressure values taken within 15 – 60 minutes apart. Severe blood pressure values do not need to be consecutive
- **Treatment:** includes labetalol, hydralazine, oral nifedipine
# NYSPFP: Early Elective Delivery (PC-01)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Patients with elective vaginal deliveries or elective cesarean sections at &gt;=37 and &lt; 39 weeks of gestation completed (PC-01).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Elective deliveries ≥ 37 and &lt; 39 completed weeks of gestation (includes medical induction or C-section while not in labor or experiencing spontaneous ROM).</td>
</tr>
<tr>
<td>Denominator</td>
<td>Deliveries ≥ 37 and &lt; 39 completed weeks of gestation (includes planned C-sections in labor).</td>
</tr>
<tr>
<td>Data Elements for data collection</td>
<td>Data Elements follow The Joint Commission specifications for PC-01.</td>
</tr>
</tbody>
</table>