



NYSPOC/NYSPFP Obstetrical Improvement Project Maternal Pre-eclampsia Management Initiative

GOAL

The New York State Perinatal Quality Collaborative (NYSPOC)/NYS Partnership for Patients (NYSPFP) Obstetrical Improvement Project seeks to improve maternal and newborn outcomes by applying evidence-based interventions to improve capability within New York State’s obstetrical (OB) hospitals for ongoing quality improvement activities. Together, NYSPQC/NYSPFP will expand their focus to help hospitals rapidly advance improvements in identifying pre-eclampsia, eclampsia, and severe hypertension.

THE NYSPQC/NYSPFP APPROACH

NYSPOC/NYSPFP will provide education on, and highlight effective strategies for, integrating patient safety practices associated with early identification of pre-eclampsia, eclampsia, and severe hypertension into existing infrastructure for care delivery.

Hospitals participating in the NYSPQC/NYSPFP Maternal Pre-eclampsia Initiative are asked to commit to the following:

- Expand the focus of your hospital’s NYSPQC/NYSPFP obstetrical improvement project team to include educational programming on early identification of pre-eclampsia.
- Collect and submit data to NYSPQC/NYSPFP on one outcome measure and one process measure related to pre-eclampsia.
- Participate in an April 2014 in-person regional learning session, which will focus on early identification of pre-eclampsia.

Pre-eclampsia Management Project Initiative Work Plan and Implementation Timetable

February–April 2014	<ul style="list-style-type: none"> • Educational programming and hospital preparation.
April 2014	<ul style="list-style-type: none"> • In-Person Learning Sessions for targeted education; data collection begins.
May 2014	<ul style="list-style-type: none"> • Data submission for patients admitted in April.
May–December 2014	<ul style="list-style-type: none"> • Ongoing data collection, educational programming, and Coaching Calls for targeted education. • Sharing of best practices based on hospitals’ implementation experiences.

MEASUREMENT

Outcome Measure

NYSPOC/NYSPFP will use length of stay as a proxy indicator for the morbidity associated with pre-eclampsia, eclampsia, severe hypertension, and related complications. Severe complications during delivery hospitalizations are many times more common than maternal mortality,¹ and complications contributing to maternal morbidity are associated with an increased length of stay.² The desired change in this measure is a decrease in the number of maternity patients with a prolonged length of stay resulting from pre-eclampsia, eclampsia, severe hypertension, and related complications.

¹ Callaghan, W.K, Mackay, A.P., Berg, C.J. "Identification of Severe Maternal Morbidity During Delivery Hospitalizations, United States 2001–2003." *American Journal of Obstetrics and Gynecology* (2009); 113: 239–9.

² Kuklina, E.V., Meikle, S.F., Jamieson, D.J., et al. "Severe Obstetric Morbidity in the United States: 1998–2005." *Obstetrics & Gynecology* (2009); 113: 293–9.

The following outcome measure is to be collected and entered monthly (based on the month of the patient's discharge) into the NYS Department of Health's (DOH) Health Commerce System (HCS):	
Outcome Measure	<ul style="list-style-type: none"> Percent of maternity patients who have given birth ≥ 20 weeks completed gestation with prolonged post-delivery length of stay (LOS) in the hospital resulting from pre-eclampsia, eclampsia, severe hypertension, and related complications.
Numerator	<ul style="list-style-type: none"> Number of maternity patients who have given birth at ≥ 20 weeks completed gestation, with a prolonged post-delivery LOS for the birth hospitalization, resulting from pre-eclampsia, eclampsia, severe hypertension, and related complications.*
Denominator	<ul style="list-style-type: none"> Number of maternity patients who have given birth ≥ 20 weeks completed gestation discharged following the birth hospitalization.
Data Elements	<ul style="list-style-type: none"> Number of maternity patients who have given birth (vaginal or C-section) at ≥ 20 weeks gestation with a prolonged post-delivery length of stay (LOS) for the birth hospitalization, as a result of pre-eclampsia, eclampsia, severe hypertension and related complications. Prolonged LOS is defined as two days post-partum for vaginal delivery and four days post-operatively for C-section. Patients transferred to another hospital for care or to a higher level of care for pre-eclampsia, eclampsia, severe hypertension and related complications are included in the numerator regardless of LOS. Number of maternity patients who have given birth at ≥ 20 weeks completed gestation discharged following the birth hospitalization. Patients are included in the measure based on the month of discharge. Discharge from hospital should include discharge from hospital or patient expiration.

* Related complications from pre-eclampsia, eclampsia, and severe hypertension include, but are not limited to: pulmonary edema, liver injury, coagulation abnormalities, seizures, intracranial hemorrhage, intra-cranial stroke.

Suggested Data Sources

- Manual abstraction from medical record.

Process Measure

This measure is intended to capture the number of postpartum maternity patients educated about the signs and symptoms of pre-eclampsia prior to discharge. Patient education at discharge from the hospital on the signs and symptoms of pre-eclampsia will support early identification and treatment of postpartum pre-eclampsia. An increase in post-partum maternity patients educated on the signs and symptoms of pre-eclampsia prior to hospital discharge is the desired change.

The following process measure is to be collected and entered monthly (based on the month of the patient's discharge) into the DOH's HCS:	
Process Measure	<ul style="list-style-type: none"> Percent of postpartum maternity patients ≥ 20 weeks completed gestation receiving education on the signs and symptoms of post-partum pre-eclampsia prior to hospital discharge.**
Numerator	<ul style="list-style-type: none"> Number of maternity patients who have given birth at ≥ 20 weeks completed gestation with documentation of education during the birth hospitalization on the signs and symptoms of post-partum pre-eclampsia.
Denominator	<ul style="list-style-type: none"> Number of maternity patients who have given birth at ≥ 20 weeks completed gestation discharged following the birth hospitalization.

Data Elements	<ul style="list-style-type: none">• Number of maternity patients who have given birth (vaginal or C-section) \geq 20 weeks completed gestation, with documentation in the inpatient medical record of receiving education about the signs and symptoms of postpartum pre-eclampsia prior to the birth hospitalization discharge.• Number of maternity patients who have given birth at \geq 20 weeks completed gestation discharged following the birth hospitalization.• Patients are included in the measure based on the month of discharge.• Sampling is allowed for this measure.**
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** Please refer to the sampling methodology guidelines for further information.

Suggested Data Sources

- Manual abstraction from medical record.

Please direct questions to NYSPOC@health.state.ny.us, or to your NYSPFP Project Manager.