



# Severe Hypertension in Pregnancy and Postpartum Quality and Data Overview

**Oregon Perinatal Collaborative**



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We are also grateful for the members of the Hypertension Focus Group that included Black, Indigenous, and Pacific Islander people who experienced pregnancy related severe hypertension or preeclampsia in Oregon and shared their experiences to help inform the toolkit elements, including specific recommendations.

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### **Inclusive language notice:**

This toolkit is intended to improve care and outcomes for pregnant and postpartum people who have a wide range of gender identities. For this reason, we use both gendered and non-gendered terms including “birthing person/people,” “patient,” “mother,” and “maternal,” to reflect this range of identities. We affirm that respecting individual patient preferences regarding gendered language throughout their care is essential to respectful, patient-centered care.

### **Suggested Citation (V1, May 31<sup>st</sup>, 2024):**

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## Quality Improvement and Data Overview

### Quality Improvement

As teams begin their work to prevent morbidity and mortality related to severe hypertension in pregnancy and postpartum, it can be hard to know where to start. Organizing the toolkit into sections related to Readiness, Recognition & Prevention, Response and Reporting, and Respectful, Equitable and Supportive Care helps teams consider all the areas necessary to systematically address this topic. It is recognized, though, that teams cannot implement every aspect of a toolkit at the same time, and it is important to prioritize and build on early success. Your commitment to improving is the only ingredient that can't be learned simply through one of the below tools—if you have this, you can be successful!

One of your first steps is to confirm who is on your team and ensuring you have key roles and voices at the table to be successful. Once you have your team organized (consider a charter, if possible) and support from leaders who can help you if you experience barriers or challenges during your work, your team will review the toolkit and your local data to help you prioritize where to start. The tools and resources below can help you create a clear approach to the work and ensure you are prepared to try small tests of change and build momentum.

### Example Quality Improvement Tools

A number of validated tools are available from the Institute for Healthcare Improvement to support QI processes.

1. Driver Diagram
2. Flowchart
3. PDSA Worksheet
4. Project Planning Form

Key quality improvement resources are also listed here for easy access/ review:

- [Video: An Illustrated Look at Quality Improvement in Health Care](#)
- [Video: Perinatal Quality Collaboratives](#)
- [IHI Essentials Toolkit](#)
- [IHI Forming the Team](#)



- [IHI QI Workbook: Better Maternal Outcomes: Reducing Harm from Hypertension During Pregnancy](#)
- [Strategies to Promote Maternal Health Equity-The Role of Perinatal Quality Collaboratives](#)

### Data Collection & Analysis

The Oregon Perinatal Collaborative uses the [Oregon Maternal Data Center](#) (OMDC) to measure and report on perinatal outcomes. The OMDC is a dynamic, Web-based tool launched in 2015 that helps hospitals calculate, report and improve performance, in a way that is low-burden. Participating hospitals submit patient discharge data—that they already collect—along with a limited set of clinical data to the OMDC’s secure website, which automatically generates a wide range of perinatal performance metrics and patient-level drill-down information. The OPC, [March of Dimes](#) of Greater Oregon, and [Comagine Health](#) are primary sponsors of the OMDC.

[AIM Severe Hypertension in Pregnancy measures](#) are built into the OMDC and available to all enrolled hospitals to use for data collection and analysis. The AIM measure set includes three measure types: Process, Structure, and Outcome Measures.

Type of Measure	Description	Example
Process	Used to monitor the adoption and implementation of evidence-based practices. <i>By using data to track processes of care and examining these data disaggregated by race, ethnicity, and other social and structural drivers of health, facility teams can identify areas for improvement and intervention.</i>	Timely treatment of persistent acute hypertension
Structure	Used to assess if standardized, evidence-based systems, protocols, and materials have been established to improve patient care. <i>Through adoption and regular review of structures, facility teams improve their readiness to respond to an obstetric event and provide high quality care to every patient, every time.</i>	Unit policy and procedure in place
Outcome	Used to examine changes that occur in the health of an individual, group of people, or population that can be attributed to the adoption of clinical best practices. <i>Outcome measures should be disaggregated by race, ethnicity, and other social and structural drivers of health to examine inequities.</i>	Severe maternal morbidity