



This form contains both 'Monthly' and 'Quarterly' measures, as described in the [MLC Measurement Strategy](#). The Quarterly measure (*Clinical Education*) will appear in the survey when you are submitting data for the months of **February '23, June '23, and September '23**.

Monthly data submissions are due by the 15th of each month (starting in November '22). A monthly reminder email will be sent the first week of each month, and deidentified data progress reports will be available in the [MLC portal](#) a week after the deadline. We encourage you to fill each submission to the best of your ability. Your data will inform many topics of discussion in our monthly group coaching sessions and learning sessions!

What month are you filling this survey for? *

Please select a month

Please identify which secondary drivers from the Collaborative Key Diagram best describe your completed tests of change in the last month. Use the table below to select as many secondary drivers that represent your tests of change. *

- | | |
|--|---|
| <p>1.1 Processes for management of pregnant and postpartum patients with SHTN</p> | <p>1.2 Ensure rapid access to all medications used for SHTN with a brief guide for administration and dosage in all areas where patients may be treated</p> |
| <p>1.3 Conduct interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients</p> | <p>1.4 Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families</p> |
| <p>1.5 Develop trauma-informed protocols and provider education to address health care team member biases to enhance equitable care</p> | <p>2.1 Assess and document if a patient presenting is pregnant or has been pregnant within the past year in all care settings</p> |

- 2.2 Ensure accurate measurement and assessment of blood pressure for every pregnant and postpartum patient
- 2.3 Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency
- 2.4 Provide ongoing education to all patients on the signs and symptoms of SHTN and empower them to seek care
- 3.1 Utilize standardized protocol with checklists and escalation policies including a standard response to maternal early warning signs, listening and investigating patient-reported and observed symptoms, and assessment of standard labs for the management of patients with SHTN or related symptoms
- 3.2 Standardize post-discharge systems of care
- 3.3 Provide trauma-informed support for patients, identified support network, and staff for serious complications of SHTN including discussions regarding birth events follow-up care, resources, and appointments
- 4.1 Establish a culture of multidisciplinary planning, huddles, and post-event debriefs for every case of SHTN, which identifies successes, opportunities for improvement, and action planning for future events
- 4.2 Perform multidisciplinary reviews of all SHTN cases per established facility criteria to identify systems issues
- 4.3 Monitor outcomes and process data related to SHTN, with disaggregation by race and ethnicity due to known disparities in rates of SHTN
- 5.1 Engage in open, transparent, and empathetic communication with pregnant and postpartum, people and their identified support network to understand diagnoses, options, and treatment plans
- 5.2 Include pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that
- 5.3 Recognize and address language and behaviors that negatively impact treatment for Black birthing

Reflecting on the changes in practice you just described, please select the stage that best reflects your current status.

- Planning
- Testing
- Adopting
- Spreading

Briefly describe the details about your tests of change and any other progress made over the past month.

Is your data stratified by race and ethnicity? *

YES

NO

Is your data collected through sampling?

YES

NO

Monthly Measures: Treatment of SHTN

Denominator

Numerator

All races and ethnicities

Non-Hispanic Black

Non-Hispanic White

Non-Hispanic Asian

Hispanic

Other

Monthly Measures: Timeliness of Triage

Denominator

Numerator

All races and ethnicities

Non-Hispanic Black

Non-Hispanic White

Non-Hispanic Asian

Hispanic

Other

Monthly Measures: Discharge Education

Denominator

Numerator

All races and ethnicities

Non-Hispanic Black

Non-Hispanic White

Non-Hispanic Asian

Hispanic

Other

Monthly Measures: Postpartum Follow-Up Care

Denominator

Numerator

All races and ethnicities

Non-Hispanic Black

Non-Hispanic White

Non-Hispanic Asian

Hispanic

Other

Monthly Measures: Meds on Discharge

Denominator

Numerator

All races and ethnicities

Non-Hispanic Black

Non-Hispanic White

Non-Hispanic Asian

Hispanic

Other

Monthly Measures: BP Cuff Access

Denominator

Numerator

All races and ethnicities

Non-Hispanic Black

Non-Hispanic White

Non-Hispanic Asian

Hispanic

Other

Quarterly Measures: Clinical Education

Denominator

Numerator

ED & Outpatient Staff

Inpatient Staff

Maternal Experience

What method did you use to collect Maternal Experience Data?

3-Item Care Transitions Measure (CTM-3)

HCAPHS

ECHO

NJ Maternal Experience Survey

Partnership with Community Organization

Please provide comments (if any) on the following: