

## Contents

Introduction: .....	1
Measure Table for Monthly/Quarterly Reporting .....	2
Claims-Based Data Measure (Honorary, not for monthly submission) .....	5

## Introduction:

The New Jersey Department of Health (DOH) designed the Quality Improvement Program – New Jersey (QIP-NJ) Maternal Learning Collaborative (MLC) to increase the rate of severe hypertensive episodes treated with a first line agent within 30-60 minutes among birthing people and reduce disparities in care for Black birthing people. The QIP-NJ measures *M1: Severe Maternal Morbidity (SMM)* and *M7: Treatment of Severe Hypertension (SHTN)* will be the primary outcome measures that the MLC is working to improve. DOH has identified and defined a set of process oriented and proxy outcome measures to serve in the MLC’s measurement strategy that will support hospitals throughout the improvement process.

The purpose of these MLC measures is to support teams to identify if the changes they are making in their care process are having an impact in the short term. Therefore, attention has been paid to selecting measures that can be gathered and displayed more frequently and that will reflect the impact of changes happening on the ground. The measures defined below are designed to be broadly applicable to MLC teams and may not represent all possible measures that can be gathered for a particular site to show impact of their work. Hospital teams are encouraged to identify additional measures unique to their systems to enable them to track the impact of their changes on the ground. These measures are intended for learning and not judgement of participating health systems and therefore teams are encouraged to adapt the measures to their systems in ways that allow them to gather useful insight into the impact of their improvements.

This MLC measurement strategy document details the required measures that all participating teams will be expected to collect, along with frequency of collection, throughout the MLC. More frequent data collection will accelerate your improvement and help teams get the most benefit out of the MLC but is not tied to funds earned in QIP-NJ. Included in this document are the list of measures along with their operational definitions and guidance for data collection and reporting. The measures selected for inclusion in the MLC measurement strategy were based on the literature, recommendations from an interprofessional panel of experts convened in Spring and Summer 2022, and the results of a feasibility assessment performed by two NJ acute care hospitals and a community partner. As more teams begin to collect data, the MLC faculty will continue to revise the guidance around data collection to spread best practices and ameliorate challenges. Any revisions, suggestions or best practice recommendations that lead to a new version of this document will be communicated to hospital teams.

### Addressing Disparities in the MLC:

To identify disparities in healthcare delivery and patient outcomes by race and ethnicity, DOH asks that each hospital strive to stratify each measure below by Race, Ethnicity and Language using the categories currently collected in your systems. Teams are encouraged to use the following stratifications of race/ethnicity to submit their results:

Non-Hispanic Black	Non-Hispanic White	Hispanic	Non-Hispanic Asian	Other
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## Measure Table for Monthly/Quarterly Reporting

#	Name	Definition	Data Collection Guide
1	<p>Treatment of Severe Hypertension</p> <p>Frequency: ≥ 5 Eligible births/month Submit monthly</p> <p>≤ 5 Eligible births per month submit Quarterly</p> <p><i>Eligible = births that qualify for the denominator as outlined. Inclusive of all payers.</i></p>	<p><b>Denominator:</b> Pregnant, birthing and postpartum people with severe hypertension*, including those with preeclampsia, gestational or chronic hypertension.</p> <p><b>Numerator:</b> Among the denominator, those who were treated within 60 min from first severe range BP reading, assuming confirmation of persistent elevation through second reading.</p> <p>Note: Measure above aligns with AIM definition as per June 2022, found <a href="#">here</a>.</p>	<p><b>Leverage existing system data</b> Using the data already collected in your system on timely care for all birthing people with SHTN, track the time of medication administration via EMR time stamps.</p> <p><b>Note:</b> If your system is already pulling this data for the QIP-NJ measure M07 you will need to provide a slightly different analysis. The MLC measure includes all pregnant and birthing people with SHTN not only those covered by Medicaid. It also asks you to start counting minutes from the first elevated BP not the second.</p>
2	<p>Timeliness of Triage</p> <p>Frequency: Monthly</p>	<p><b>Denominator:</b> All pregnant, birthing and post partum people from GA&gt;20weeks to 7 days postpartum presenting at ED or L&amp;D for routine or emergent care.</p> <p><b>Numerator:</b> Those from the denominator who had their blood pressure taken within 10 minutes of arrival at ED or L&amp;D (whichever is the first point of contact).</p>	<p><b>Leverage system data</b> Use the data already in your system EMR related to arrival and BP readings for all pregnant, birthing, and postpartum ppl GA&gt;20weeks to 7 days post-partum.</p> <p>This measure is inclusive of any pregnant, birthing or post-partum patient regardless of payer.</p> <p>This measure can be tracked in all facilities.</p>
3	<p>Maternal Experience</p> <p>Frequency: Monthly</p>	<p><b>Reporting Instructions:</b> This measure seeks to track whether patient experience data is being collected by your team. Teams are expected to review the results of the data collected to guide decision making in the PDSA testing of change process.</p>	<p><b>Option 1: Existing Experience survey</b> Hospital Teams who have an existing survey process to collect maternal experience are encouraged to continue to use that process. Explore if you can gather data specific to maternal pts and stratify by Race, Ethnicity and Language. Explore if your system has opted into using the optional equity questions in the survey and review results of these. If your system has not opted into equity questions, consider advocating for this change.</p> <p><b>Option 2: NJ Maternal Experience Survey</b></p>

		For this measure, please submit the number of patient experience surveys completed or the number of engagements with patient focus groups or consumer advisory boards that took place in the reporting month.	Explore the use of the NJ Maternal Experience Survey in your hospital. See more information at the link here: <a href="https://njpreterm.org">Survey   PPI (njpreterm.org)</a>  <b>Option 3: Partner with Community Organizations to get feedback on experience</b> Identify and connect with an existing community-based organization that support birthing people receiving care in your system. Explore how you can gather feedback on experience from birthing people connected to their programs and services. Focus on organization that specifically support Black birthing people or who can help to gather experience feedback that reflects diverse patients.
4	Discharge Education Frequency: Monthly	<b>Denominator:</b> Pregnant and postpartum people with severe hypertension*, including those with preeclampsia, gestational or chronic hypertension.  <b>Numerator:</b> Those among the denominator who have a documentation of educations related to self-management and when to return to hospital/seek care after discharge.	<b>Option 1: Chart Audit</b> Review charts each month of birthing people who were identified to have SHTN and were discharged. Review the chart for evidence of participation in and receiving discharge education including self-management and when to return to hospital/seek care after discharge.  <b>Option 2: Report from EMR</b> Design a report that can track the percent of patients each month who have participated in and received the post discharge education.  <b>Note:</b> Teams are encouraged to connect with patients and families to determine what strengths and opportunities exist in their current discharge education. If testing a follow-up process after discharge, systems should consider integrating questions to assess the quality of the discharge education experience and what areas for improvement exist.
5	Postpartum Follow-Up Care Frequency: Monthly	<b>Denominator:</b> Pregnant and postpartum people with severe hypertension*, including those with preeclampsia, gestational or chronic hypertension.  <b>Numerator:</b> Those among the denominator who were seen by appropriate provider within 72 hours of discharge from hospital.	<b>Option 1: Track data from integrated system services</b> Track follow-up for birthing people who receive post discharge care from services within your system. When using this method, take note of what % of birthing people can be tracked in this way and what % are being missed due to receiving follow-up care elsewhere.  <b>Option 2: Nurse/system follow-up</b> Track via nurse follow-up process after discharge. Either through home visiting programs or hospital-based nurse follow-up program.  <b>Option 3: Utilize HIE</b> Consider reviewing available health information exchange data sources to determine if your patient had a visit with a provider within the time frame noted.
6	Meds on Discharge Frequency: Monthly	<b>Denominator:</b> All birthing people who are prescribed blood pressure medications after birth.  <b>Numerator:</b> No. of birthing people prescribed blood pressure medications after	<b>Option 1: Nurse/system follow-up</b> Track via nurse follow-up process after discharge. Either through home visiting programs or hospital-based nurse follow-up program.  <b>Option 2: Report from HIE</b> Consider reviewing available health information exchange data sources.

		birth who have these medications in their possession at time of discharge.	<p><b>Option 3: build data field in EMR</b> Build capabilities in the EMR to track if birthing people have obtained or have plans to obtain the required medications at time of discharge.</p> <p><b>Option 4: Collaborate with Insurance providers</b> Insurance providers will have data related to claims that cover BP cuffs and medications. See if you can access data through insurer to monitor these items. Start with the most common insurers in your population to see what might be feasible.</p> <p>Note: EMR modifications can often be timely, consider starting with a manual follow-up process if this capability does not exist and build in ability to track in the EMR over time.</p>
7	Home BP Cuff Access  Frequency: Monthly	<p><b>Denominator:</b> Pregnant and postpartum people with severe hypertension*, including those with preeclampsia, gestational or chronic hypertension.</p> <p><b>Numerator:</b> Those among the denominator who were prescribed blood pressure cuff and have item secured at time of discharge.</p>	<p><b>Option 1: Nurse/system follow-up</b> Track via nurse follow-up process after discharge. Either through home visiting programs or hospital-based nurse follow-up program.</p> <p><b>Option 2: Report from HIE</b> Consider reviewing available health information exchange data sources.</p> <p><b>Option 3: build data field in EMR</b> Build capabilities in the EMR to track if birthing people have obtained or have plans to obtain the required medications at time of discharge.</p> <p>Note: EMR modifications can often be timely, consider starting with a manual follow-up process if this capability does not exist and build in ability to track in the EMR over time.</p> <p><b>Option 4: Collaborate with Insurance providers</b> Insurance providers will have data related to claims that cover BP cuffs and medications. See if you can access data through insurer to monitor these items. Start with the most common insurers in your population to see what might be feasible.</p>
8	Clinician Education  Frequency: Quarterly	<p><b>Denominator:</b> All nurses, delivering obstetricians and midwives in the system.</p> <p><b>Numerator:</b> No. of nurses, obstetricians and midwives that have completed within the last two years an education program on Severe Hypertension/Preeclampsia that includes the unit-standard protocols and measures.</p>	<p><b>Option 1: Existing education tracking</b> Utilize the tracking already in place for existing process related to drills and education on bundle elements.</p> <p><b>Option 2: Integrate tracking into any new education programs created</b> Ensure any new education program started related to care for SHTN include tracking participation.</p> <p>Note 1: This can be achieved by participation in drills Note 2: In line with TJC requirements, educational processes should be followed for existing workers and new employees</p>

\* Severe Hypertension can occur antepartum, intra partum, or postpartum. Defined as two severe BP values SBP $\geq$ 160mmHG and/or DBP  $\geq$ 110mmHg, measured 15-60min apart. Severe values do not need to be consistent.

Claims-Based Data Measure (Honorary, not for monthly submission)

1	<p>Severe Maternal Morbidity</p> <p>Frequency: Annually</p>	<p><b>Denominator:</b> No. birthing people with new onset severe range HTN. Limit to ICU admissions, transfusion 4 or more units of packed cells and eclampsia. See reference for SMM review recommendations.</p> <p><b>Numerator:</b> No. of birthing people with severe maternal morbidities (e.g., Acute renal failure, ARDS, Pulmonary Edema, Puerperal CNS Disorder such as Seizure, DIC, Ventilation, Abruption.</p>	<p><b>Option 1: Leverage External Data</b> Review and report externally generated data that is provided to your system regarding sever maternal morbidity on a quarterly basis. Note that this data will likely be 3+ months behind in terms of reporting. When using externally generated data, the definitions used to generate that data are acceptable for reporting purposes.</p> <p><b>Option 2: Charter Review</b> Review charts each month of patients who were diagnosed with SHTN GA &gt;20wks to 7 days PPD. Review charts for severe maternal morbidities.</p>
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