Aim: By Feb. 2023, we will develop reliable processes of recognition and treatment of obstetric hypertension (HTN) during pregnancy and up to six weeks postpartum to reduce severe maternal morbidity (SMM) by 25% and achieve 80% or higher compliance of the HTN recognition tool and OB HTN emergency pathway.

Primary Drivers
- Assessment/Recognition
- Response/Treatment
- Clinical Collaboration to avoid 3 D’s delay, deny, dismiss

Secondary Drivers
- In ED
- Upon admission
- At first acute HTN onset
- In clinical setting
- At second HTN reading
- Medication administration
- At discharge

Change Ideas
- Know risk factors
- Use proper BP technique
- Prioritize 2nd reading
- Use a timer as reminder
- Think, “This is an emergency” (like a stroke)
- Use preeclampsia early recognition tool
- Utilize blue band
- Use standing orders / HTN order sets to avoid delay
- Over-ride Pyxis for urgent HTN meds
- Make 2nd reading within 15 min after initial HTN
- Treat HTN within 15 min if BP elevation lasts 15 min or more
- Follow HTN Medication Admin Guide
- Follow OB HTN Emergency Pathways
- Use Preeclampsia VS Guide
- Use eclampsia algorithm
- Treat severe BP
- Check stat lab results
- Use and practice SBAR
- Swarm and debrief all failures, look for system and process failures
- Develop clear rapid escalation
- Implement TeamStepps
- Schedule f/u PP visit w/in 72hrs if on meds or 3-10 days if not on medications
- Drill & simulate HTN emergencies

Equity in Care
- Stratification by race, ethnicity and other factors
- Care gap recognition
- Vigilance in closing gap
- Targeted Universalism Steps

Stratification by race, ethnicity and other factors
Care gap recognition
Vigilance in closing gap
Targeted Universalism Steps

Change Ideas
- Use run and control charts to analyze data monthly.
- Stratify by race and ethnicity
- Include women of color on your improvement team.
- Set universal goals and develop targeted approaches so all groups achieve universal goals
Family of Measures, 
Stratify by race/ethnicity

- Severe maternal morbidity rate due to severe HTN.
- Maternal mortality rate due to severe HTN.
- Percent compliance with OB hypertension emergency pathway from all hospital points of entry.
- Percent of patients with severe range BP treated w/in 60 minutes.
- Average time between first and second severe BP reading.
- Average time from second severe range BP to treatment.
- Percent of patients with severe HTN offered a blue band with patient education at discharge.
- Percent of patients with a hypertensive disorder of pregnancy scheduled for post discharge follow up appointments or home health care within 3-5 days.