

Example Evaluation Plan Resource for Perinatal Quality Collaboratives

Description: *This document is an example evaluation plan for a mock Perinatal Quality Collaborative (PQC) quality improvement initiative. A fictional PQC is described here based in a fictional state and academic institution. This is meant to be a teaching tool relevant to Perinatal Quality Collaboratives.*

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Hypertension Care Plan Initiative Evaluation Plan
Franklin State Perinatal Quality Collaborative*
Evaluation Timeframe: January 2025 – December 2025
Evaluation Plan Finalized January 2025

* Note: all place, person and organization names are fictitious and for teaching purposes only.

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BACKGROUND

Perinatal Quality Collaborative (PQC) Description: The PQC was established in 2012 in collaboration between the Williamston University School of Medicine and Franklin State Department of Health with a vision of improving maternal and infant health outcomes through access to high-quality, data-driven perinatal care. The PQC receives funding from Franklin State appropriations but is staffed and housed within the Williamston University School of Medicine. Since its establishment, the PQC has been facilitating collaboration between partners across the state, strengthening perinatal health data systems, quality improvement (QI) cycles and implementing evidence-based perinatal QI initiatives. PQC partners with 54, or 81.3%, of the 62 birthing hospitals across Franklin State to implement QI initiatives.

Public Health Problem: Nationally, the rate of pregnancy-related deaths is increasing. In 2022, the pregnancy-related mortality ratio was 33.2 deaths per 100,000 live births.¹ According to Centers for Disease Control and Prevention (CDC), the common causes of these deaths were cardiovascular conditions, infection, hemorrhage and hypertensive disorder.² The national prevalence of hypertensive disorders in pregnancy is increasing. From 2017 to 2019 the hypertensive disorders in pregnancy prevalence among delivery hospitalization increased from 13.3% to 15.9%.³

In Franklin State, there were 44 pregnancy-related deaths in 2022 with a pregnancy-related mortality ratio of 52 deaths per 100,000 births.⁴ Of these deaths, 32% of pregnant patients had a documented diagnosis code for hypertension. The Maternal Mortality Review Committee (MMRC) determined that approximately 86% of these deaths were preventable. The MMRC recommendations for 2023 include addressing hypertension in pregnancy through QI efforts. In response to this call to action, Franklin State PQC executive committee and patient advisory team prioritized the implementation of a QI intervention to reduce preventable hypertension-related maternal mortality and morbidity.

Public Health Intervention: Recognizing the public health threat of hypertensive disorders in pregnancy, public health and medical institutional leaders in the maternal health and hypertension space created evidence-based resources with actionable steps for prevention of hypertension in pregnancy.

- 1) **Hypertension in Pregnancy Change Package:** This change package was developed by the Million Hearts® Initiative which is co-led by the CDC and the Centers for Medicare

¹ Centers for Disease Control and Prevention (November 2024). Pregnancy Mortality Surveillance System. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

² Petersen EE, Davis NL, Goodman D, et al. (2019). *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

³ Ford ND, Cox S, Ko JY, et al. (2022). Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization — United States, 2017–2019. *MMWR Morb Mortal Wkly Rep* 2022;71:585–591. DOI: <http://dx.doi.org/10.15585/mmwr.mm7117a1>.

⁴ (Citation for illustration purposes only) Franklin State Department of Health. (2023). Managing Hypertensive Disorders during Pregnancy and Postpartum: A Statewide Examination. Franklin State: Franklin State Department of Health. <https://www.stateXhealth.org/hypertensive-disorders-report>

and Medicaid Services (CMS).⁵ This change package is intended to help outpatient clinical teams enact efficient and effective systems to care for patients with hypertension in pregnancy.

- 2) **Severe Hypertension in Pregnancy Patient Safety Bundle:** This safety bundle was developed by the Alliance for Innovation on Maternal Health (AIM) supported by the American College of Obstetricians and Gynecologists (ACOG) and Health Resources and Services Administration (HRSA).⁶ The bundle provides actionable steps that can be adapted by a variety of health facilities to improve care quality and patient outcomes for patients experiencing hypertensive disorders in pregnancy.

INITIATIVE DESCRIPTION

The Hypertension in Pregnancy QI initiative in Franklin State is in the implementation phase having been in place for six months and continuing for two years in total. The overall goal of the initiative is to reduce morbidity and mortality due to pregnancy-related hypertension and preeclampsia. The initiative aims to improve hypertension management and quality of care for hypertension among pregnant and postpartum patients.

The following table illustrates how the QI initiative being proposed to be evaluated aligns with strategies and outcomes expected by the Notice of Funding Opportunity (CDC-RFA-DP22-2207).

Table 1: Alignment between QI initiative and NOFO Strategies and Outcomes

QI Initiative(s)	Strategy Being Addressed	Outcomes Expected to Achieve
<i>Hypertension Care Plans</i>	<i>Engage facilities statewide to improve perinatal outcomes; Support facilities to implement QI initiatives</i>	<i>Increase implementation of QI initiatives in facilities statewide</i>

The key activity of this QI initiative is to implement hypertension care plans for pregnant and postpartum patients with chronic or gestational hypertension. Hypertension care plans are developed collaboratively between clinical teams, pregnant patients and their support team to manage hypertension during pregnancy and the postpartum period. The care plans incorporate change ideas from the Million Hearts® Initiative Hypertension in Pregnancy Change Package and the AIM Severe Hypertension in Pregnancy Patient Safety Bundle resources. Hypertension care plans document patient goals, potential barriers to care, blood pressure measurements, referrals, and plans for lifestyle changes (i.e., physical activity, diet, smoking, etc.), medication adherence, escalation of treatment in case of hypertension complications and emergencies and postpartum hypertension management (i.e., contraception options, breastfeeding, medication, continued blood pressure monitoring, etc.).

⁵ Centers for Disease Control and Prevention (2024). Hypertension in Pregnancy Change Package. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

⁶ Alliance for Innovation on Maternal Health (2022). Severe Hypertension in Pregnancy Patient Safety Bundle. American College of Obstetricians and Gynecologists, Health and Resources Service Administration. Retrieved from <https://saferbirth.org/psbs/severe-hypertension-in-pregnancy/>.

The hypertension care plans are being piloted in three hospitals and five outpatient clinics with plans for the initiative to later be scaled up across the entire state. At each facility, the initiative will focus on pregnant and postpartum patients with chronic hypertension or gestational hypertension.

The activities of the hypertension care plan initiative include:

- **Develop facility-level electronic health record (EHR) infrastructure for care plan activities:**
 - Collaborate with information technology departments to assess current electronic health record (EHR) system for opportunity to integrate care plan components into patient records through pop-up alerts and education tools.
 - Pilot the care plan EHR addition.
 - Develop a workflow resource document for clinical teams that outlines the protocol of developing and maintaining care plans with their patients.
- **Train clinical staff on hypertension care plans:**
 - Conduct webinars with clinical staff focused on topics like hypertension care plan components, expectations of clinical roles, using motivation interview techniques when discussing patient behavior change and how to use the teach-back approach to ensure that patients understand their care plans. The webinars are repeated quarterly and recorded for staff unable to attend.
- **Utilize adjusted workflows for development and review of care plans:**
 - Clinical staff use the care plan workflow in the EHR system during clinical visits with pregnant and postpartum patients.
 - Clinical staff engage patients in development and management of their care plans.
- **Ongoing review and refinement of care plan implementation:**
 - Initiative leaders and QI advisors will conduct periodic check-ins with the clinical teams to monitor implementation, provide technical assistance and perform continuous QI through iterative Plan-Do-Study-Act (PDSA) cycles to improve the care plan initiative activities.

Upon implementation, the following outcomes are anticipated to be achieved. The logic model depicting the activities and outcomes can be found in Appendix A. Within one to three months of implementation, anticipated short-term outcomes of the initiative are:

- Increased capacity of clinical staff to develop hypertension care plans.
- Increased number of pregnant and postpartum patients with hypertension with care plans.
- Increased number of referrals of pregnant and postpartum patients to resources to support hypertension management.
- Improved knowledge of hypertension management among pregnant and postpartum patients with hypertension.

Within four to six months of implementation, the anticipated intermediate-term outcomes of the initiative are:

- Increased number of clinical staff reviewing and updating care plans.
- Improved lifestyle changes to manage hypertension among pregnant and postpartum patients with hypertension.
- Increased home blood pressure monitoring among pregnant and postpartum patients with hypertension.
- Improved hypertension medication adherence among pregnant and postpartum patients with hypertension.
- Quicker seeking of immediate medical care by pregnant and postpartum patients with severe hypertension and preeclampsia.

Within seven to twelve months of implementation, anticipated long-term outcomes of the initiative are:

- Reduce the development of severe hypertension and preeclampsia among pregnant and postpartum patients.
- Reduce long-term complications due to hypertension and preeclampsia among pregnant and postpartum patients with hypertension.

The overall goal of the initiative is to:

- Reduce morbidity and mortality of pregnant and postpartum patients due to hypertension in pregnancy.

FOCUS OF THE EVALUATION

The purpose of this evaluation is to assess hypertension care plan activity implementation to inform ongoing adaptations and future iterations of the initiative. Considering that the initiative is currently being piloted in a small number of sites, this is an opportune time to conduct a process evaluation to understand how activities are currently working. This process evaluation will focus on the following evaluation questions:

Evaluation Question One: To what extent are the hypertension care plan activities functioning as intended?

Evaluation Question Two: What are the barriers to creating hypertension care plans?

Evaluation Question Three: What are the barriers to adhering to care plans?

The evaluation will be implemented by an evaluation team made up of staff from the PQC and collaborators at participating clinical facilities. More details on the roles of evaluation team members can be found in Appendix B.

EVALUATION METHODS

A mixed methods approach will be taken to answer the proposed evaluation questions. Specific indicators are identified to answer each of the evaluation questions. Table 2 provides the list of indicators, along with its data source for each of the evaluation questions.

Table 2: Evaluation Questions and How They will be Answered

Evaluation Question #1: To what extent are the hypertension care plan activities functioning as intended?		
Indicator	Data Source (where information will come from)	Data Collection Method (how information will be collected)
# and % of sites with hypertension care plan addition embedded in the EHR system	Site Leads	Virtual site lead interview questions focused on understanding if and how the care plan is embedded in the EHR system.
# of care plan training webinars hosted	Program records	Review of webinar and internal documents.
# and % of eligible patients with care plans developed	Patient records	Chart review of patient files to check for completed individualized care plans.
Type of adjustments made to the protocol or care plan to fit the needs of the implementing site	Site Leads	Virtual site lead interview questions focused on understanding barriers to implementation and adaptations made.
Evaluation Question #2: What are the barriers to creating hypertension care plans?		
Indicator	Data Source	Data Collection Method
# and type of facility-level barriers to care plan creation	Site Leads	Virtual site lead interview questions focused on understanding facility-level barriers to creating care plans at each facility.
# and type of barriers to care plan creation faced by clinical staff	Clinical Staff	Clinical staff survey questions focused on clinical staff members' perceptions around barriers to developing individualized care plans.
Evaluation Question #3: What are the barriers to adhering to care plans?		
Indicator	Data Source	Data Collection Method
# and types of barriers to care plan adherence <u>faced by clinical staff</u> identified by clinical staff	Clinical Staff	Clinical staff survey questions focused on clinical staff members' perceptions around barriers to adherence to individualized care plans.
# and types of barriers to care plan adherence <u>faced by clinical staff</u> identified by implementers	Site Leads	Virtual site lead interview questions focused on understanding barriers to care plan adherence that clinical staff face.
# and types of barriers to care plan adherence <u>faced by patients</u> identified by clinical staff	Clinical Staff	Clinical staff survey questions focused on clinical staff members' perceptions on barriers to patient adherence to care plan.

Data sources and data collection methods are selected based on their relevance to the indicator and feasibility. Four different data collection methods will be used to collect the necessary data. A document review and chart review will be used to extract information for the assigned indicators from secondary data sources including internal documents at each participating facility. Interviews with the site leads at each facility will be conducted to collect information for the facility level indicators. Finally, new questions related to care plan implementation will be added to the existing anonymous clinical staff survey that is already administered by PQC. Data collection tools can be found in Appendix C, Appendix D and Appendix E.

PQC Data Manager will lead all data collection activities as described in Table 3.

Table 3: Data Collection Table

Data Collection Method	Person Responsible for Data Collection	Collection Timeline and Frequency
Document Review	PQC data manager reviews internal documents to note when and how many webinars took place.	Once in March
Chart Review	The site leads will use the Patient Chart Review Guide to conduct the chart review. The completed chart review forms will contain deidentified information filled out by the site lead and will be securely shared with the PQC data manager.	Once in June and once in October
Interview	PQC data manager schedules and conducts virtual interviews with site leads. The intern serves as the note taker during the interviews. Interviews are recorded and transcribed using Zoom.	Once in August
Clinical Staff	PQC data manager creates the survey items and shares the document with the site lead who then adds the items to the existing clinical staff survey that is conducted annually.	Once in September

All data will be collected and stored securely by the PQC data manager on HIPAA compliant servers through Williamston University School of Medicine. Data will be anonymized and released to the intern for analysis. Table 4 provides a detailed data management plan for each of the data collection methods that will be used.

Table 4: Data Management Plan

Data Collection Method	Data Management Plan	Person Responsible for Management
Document Review	Program files are saved in a secured data management system with access provided only to PQC staff. All files used and created by this review will be saved in the secured, password-protected folder.	PQC Data Manager
Chart Review	The deidentified completed chart review forms will be shared by the site leads with the PQC data manager who will store the files in a secured, password-protected network platform.	PQC Data Manager

Interview	Interview recordings and transcriptions will be saved in a secured, password-protected network folder. Once fully transcribed, audio recordings will be deleted. Identified information will be removed prior to using the transcriptions for analysis. Access to these files will only be shared with those who need access. Only aggregated information will be shared.	PQC Data Manager
Clinical Staff Survey	Survey data are initially stored in the Survey Monkey server which adheres to high data security standards. Survey data will be extracted as Excel and stored in a cloud-based, secured, networked storage platform that is password-protected. Data will be de-identified and shared with only those who need it for analysis.	PQC Data Manager

Qualitative and quantitative data will be analyzed, synthesized and interpreted by members of the PQC team. Quantitative data from the document review, chart review and clinical staff survey will be analyzed through descriptive analyses. Qualitative data from the interviews with site leads and clinical staff survey will be deductively and inductively analyzed for themes related to the relevant indicators. At this point, site leads and patient advisory team members will be engaged to contribute to making sense of the findings. Table 5 provides more information on the data analysis plan.

Table 5: Data Analysis Plan

Data Collection Method	Data Analysis Plan	Person Responsible	Analysis Timeline and Frequency
Document Review	Intern will conduct descriptive analysis to report on how many webinars took place and who attended them. Intern will conduct the analysis and PQC Data Manager will review.	PQC Data Manager and Intern	Once in March
Chart Review	PQC data manager will complete frequency analysis to calculate the percentage of eligible patients with individualized care plans on file.	PQC Data Manager	Once in July and once in November
Interview	Intern will conduct analysis using the de-identified transcripts for themes related to site barriers, adherence to protocols, adaptations and reasons adaptations were made. When possible, site-specific information such as location, size, and organizational structure will be reviewed. PQC data manager will review and finalize the analysis.	PQC Data Manager and Intern	Once in September
Clinical Staff Survey	The intern will complete a frequency analysis in Excel to calculate the frequency of the types of barriers that were reported by clinical staff. Barrier frequency by contextual characteristics such as clinical staff experience and setting will also be analyzed. Open text responses will be analyzed for other barrier themes. PQC data manager will review and finalize the analysis.	PQC Data Manager and Intern	Once over October and November

SUMMARIZE AND USE FINDINGS

Findings related to what extent the care plan activities are implemented as intended and what barriers affect care plan creation and adherence will be instrumental to conducting QI and strengthening the initiative in current participating facilities and when expanding to additional facilities. Summarized evaluation findings will also be shared with the identified key audiences of each communication message including but not limited to leadership of participating clinical sites, PQC staff, state perinatal health experts, facility leadership and PQCs from other states.

TIMELINE

The following timeline outlines the timing and person responsible for key activities of the evaluation. The evaluation activities will take place over the course of 12 months with the final six months of implementation used for disseminating results.

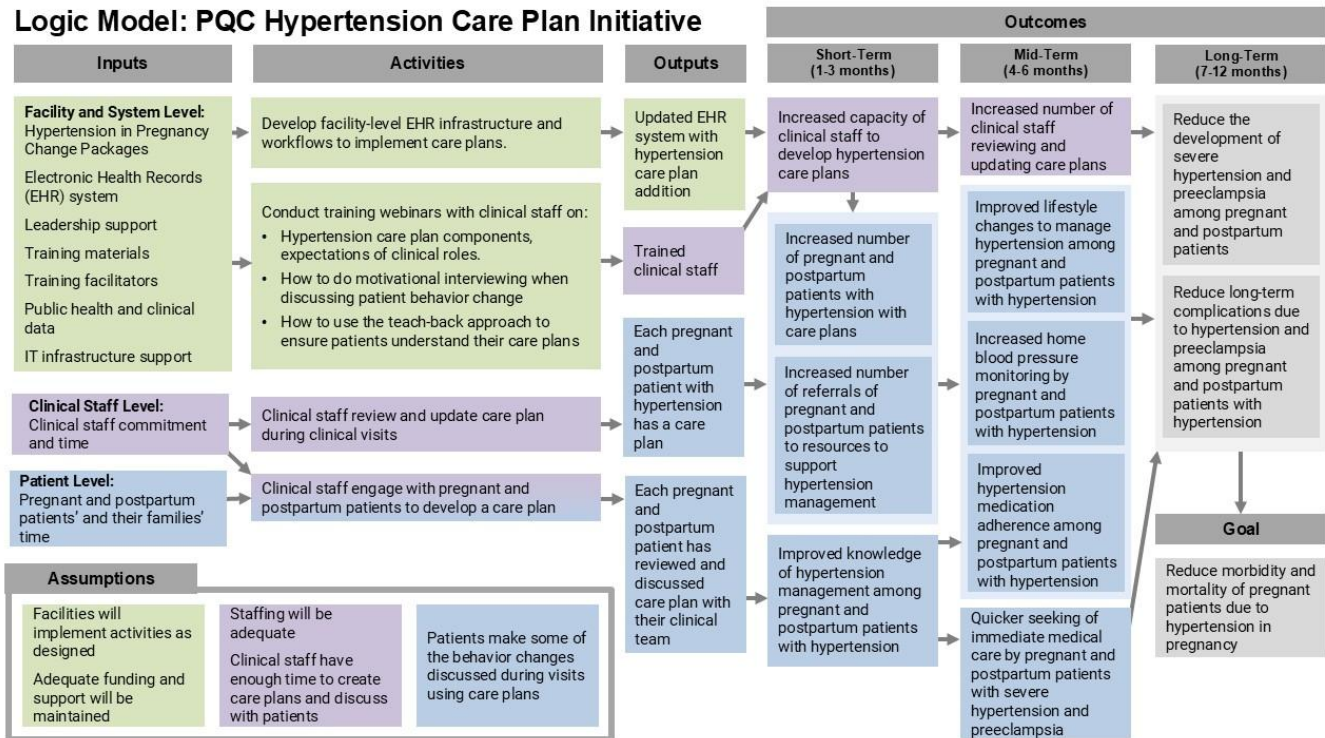
Table 6: Timeline

Evaluation Activity	Task	Person Responsible	Completion Date
Data collection	Develop interview guide and survey questions	PQC Data Manager and Intern	Jan – Feb 2025
Data collection	Document review	PQC Data Manager	Mar 2025
Data analysis	Analyze data from document review	PQC Data Manager and Intern	Apr – May 2025
Data collection	Chart review round one	PQC Data Manager, Site Leads	June 2025
Data analysis	Analyze data from chart review round one	PQC Data Manager and Intern	Jul 2025
Data interpretation	Review findings and identify adaptations needed	PQC Data Manager and Site Leads	Jul 2025
Data collection	Interview site leads	PQC Data Manager, Site Leads	Aug 2025
Data collection	Clinical staff survey; analyze data from interviews	PQC Data Manager	Sep 2025
Data collection	Chart review round two	PQC Data Manager, Site Leads	Oct 2025
Data analysis	Analyze data from survey and chart review round two; interpret findings	PQC Data Manager, Intern, and Site Leads	Oct – Nov 2025
Data dissemination	Develop relevant communication products and disseminate findings	Data Manager, Communication Director and Program Manager	Dec 2025

APPENDIX

Appendix A: Logic Model

Logic Model: PQC Hypertension Care Plan Initiative



Appendix B: Evaluation Team

The PQC data manager is the primary team member responsible for coordinating and implementing evaluation activities. The PQC data manager will be assisted by a master's level intern who supports data collection and analysis. The PQC program manager and the PQC communications director also contribute to the evaluation. The PQC program manager will help the PQC data manager coordinate evaluation activities with participating sites. The PQC communications director will collaborate with the PQC data manager to ensure findings are effectively disseminated to partners. Throughout the evaluation, members of the PQC Patient Advisory Team will ensure evaluation activities are centering people affected by perinatal health issues. All PQC team members who are involved in the evaluation will participate in interpreting findings and developing recommendations.

In addition to PQC staff, the staff at the participating sites engage in evaluation data collection activities. Site leads will contribute by participating in an interview, submitting program records for the document review and conducting a chart review for a subset of patients. Clinical staff at participating sites will provide feedback on their experience through a clinical staff survey.

Title	Time Contribution to Evaluation	Evaluation Responsibilities
PQC Data Manager	0.4 FTE	The data manager will continue to lead the evaluation design and implementation. The data manager is the primary staff member responsible for data collection, management and analysis.
PQC Intern	0.5 FTE	The master's level intern will work under the data manager to support data collection and analysis activities.
PQC Program Manager	0.1 FTE	The program manager will serve in a supporting role. The program manager's primary role is to coordinate implementation of the QI initiative while also collaborating with the data manager to ensure effective integration of evaluation activities. The program manager will serve as a liaison between the data manager and the site leads to coordinate and troubleshoot any challenges that might arise for evaluation.
PQC Communications Director	0.1 FTE	The communications director will help to ensure evaluation findings are clearly communicated with appropriate audiences. They will also work with their team members to help develop or review evaluation reports to ensure dissemination supports utilization of evaluation in practice.

PQC Patient Advisory Team Members	~1 hour a month	Members of the PQC patient advisory team will review the evaluation plan, participate in the interpretation of evaluation findings and collaborate on the design of evaluation dissemination products. The PQC patient advisory team consists of patients and community members with personal experience in perinatal health. They participate in PQC decision making processes to ensure PQC activities are centering people affected by perinatal health issues.
PQC Executive Committee	~1 hour a month	The PQC executive committee will provide oversight for the evaluation. During the planning process, the committee reviewed the evaluation approach and provided guidance. The committee will contribute to the interpretation and dissemination of findings to relevant partners.
Site Leads	~4 hours a month	At each participating clinic or hospital, the site lead will participate in the evaluation by supporting data collection. The site lead at each site will participate in an interview, send internal documents and collect and send a summary of a chart review of patient records related to the hypertension care plans. The site lead will also be engaged with the PQC evaluation team in making sense of the evaluation findings after data analysis and before dissemination.
Site Clinical Staff	~20 minutes one time	Clinical staff at each participating site will complete the clinical staff survey. Clinical staff members include Obstetricians/Gynecologists (OB-GYNs), registered nurses, nurse midwives, nurse practitioners, medical assistants and other clinical staff members engaged in the QI initiative.

Appendix C: Chart Review Guide

Note to Reader:

The following document provides an example of a template for a patient chart review that can be used to capture indicators outlined in Table 2. This template is designed to review patient charts of those participating in the Hypertension in Pregnancy Initiative. The template and questions included here can be updated to meet the guidelines and practices of each participating facility.

General	
1. Name of Person Completing Chart Review:	
2. Date of Chart Review:	
3. Clinical Site:	
4. Patient ID:	
5. Patient Date of Birth:	
6. Patient Pregnancy Status:	<input type="checkbox"/> Currently Pregnant <input type="checkbox"/> Postpartum Gestational age: Estimated gestational age at birth:
7. Hypertension Diagnosis(es)? (select all that apply)	<input type="checkbox"/> No Hypertension (<i>if checked, conclude chart review</i>) <input type="checkbox"/> Gestational Hypertension <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Postpartum Hypertension <input type="checkbox"/> Chronic Hypertension <input type="checkbox"/> Other (specify):
Comments:	
Hypertension Care Plan Documentation	
8. Is there a documented hypertension care plan for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of care plan creation: Staff who created care plan: Date of last update: Staff who last updated care plan:
9. Which of the following components does the care plan contain? (select all that apply)	<input type="checkbox"/> Blood Pressure (BP) Monitoring Plan (e.g., home BP checks) <input type="checkbox"/> Lifestyle Modifications (e.g., diet, exercise, etc.) <input type="checkbox"/> Pharmacological Management <input type="checkbox"/> Plan for escalation of treatment in case of hypertension emergency <input type="checkbox"/> Follow-up plan (e.g., postpartum follow-up) <input type="checkbox"/> Referrals
10. Has the patient been educated on the following hypertension in pregnancy	<input type="checkbox"/> No education documented <input type="checkbox"/> Hypertension risk factors <input type="checkbox"/> Signs and symptoms of hypertension in pregnancy

related topics? (select all that apply)	<input type="checkbox"/> Measuring blood pressure at home <input type="checkbox"/> Lifestyle changes (e.g., diet, exercise, etc.) <input type="checkbox"/> Medication adherence <input type="checkbox"/> Other topics
Comments:	
Blood Pressure Measurement and Management	
11. How frequently is blood pressure documented in the medical record?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Every Visit
12. Does the patient report measuring blood pressure at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented
13. Does the patient report adhering to their medication plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not documented <input type="checkbox"/> Patient is not taking medication for hypertension If no, reasons for non-adherence:
Comments:	
Maternal Outcome Monitoring	
14. Has the patient had any maternal complications (i.e., hemorrhage, placental abruption, etc.)? If so, what complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note complications:
Comments:	
Postpartum	
If the patient is postpartum, complete this section.	
15. Has the post-natal follow-up visit been scheduled for 6 weeks postpartum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Has the infant had any complications (i.e., preterm birth, low birth weight, etc.)? If so, what complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note complications:
Comments:	

Appendix D: Interview Guide for Site Leads

Note to Reader:

This is an example of an interview guide that could be used to collect information related to the implementation of the hypertension in pregnancy initiative from hospital site leads. This is a semi-structured interview which contains questions that should be asked at every interview as well as sub-questions labelled as “probes” that can be used at the interviewers’ discretion to elicit further details. The interview guide can be adapted to best fit the purpose and context of the evaluation and information needed.

Introduction

Interviewer: Hello, I am [name] and I work as Data Manager at Franklin State PQC. Thank you so much for your participation today.

Notetaker: And I am [name] and I work as an intern at Franklin State PQC. I will sit in and take notes.

Interviewer: Thank you for taking the time to speak with us today. We reached out to you because you are a Site Lead at [clinical site’s name] participating in the Franklin State PQC’s Hypertension in Pregnancy initiative. We really appreciate your feedback on how the Hypertension in Pregnancy initiative is going so far. Your unique perspective is important to help us understand how the initiative is going at your site and what is challenging. We hope to use your feedback to make improvements to the initiative.

This interview should take about 45 minutes to complete. With your permission, it will be recorded and transcribed. These recordings will be stored on a secure server. We will keep these files confidential, meaning only people who work directly with the data have access to your de-identified information. Any quotes and or commentary from this interview used in other materials will be anonymous. This conversation is voluntary, and you can stop at any time or ask us to skip a question.

Interviewer: We would like to get your permission to record this conversation to help us with note taking.

- Is that ok with you? [If yes, then start recording. If no, let them know that is ok and continue]
- Do you have any questions before we begin? [wait for response and answer any questions that are asked]

General Introduction Question

- First, please begin by sharing some background on how you got started with this initiative and what your role is in the initiative.

Great, thank you for sharing that information to get us started.

Initiative Experience

We would now like to ask you for feedback on how the Hypertension in Pregnancy initiative is going so far. There are no right or wrong answers. Please share openly about your experience.

- How has your experience been with participating in the Hypertension in Pregnancy initiative so far?

Now I want to ask you about starting this initiative at your hospital/clinic.

- How did the process of beginning the initiative go?
- How have you embedded the hypertension care plan elements into your electronic health record system and existing workflows?
 - PROBE: What factors helped make this success?
 - PROBE: What factors made it difficult to do this?
- How did training the clinical staff go?
 - PROBE: What factors helped make the training successful?
 - PROBE: What factors made the training difficult?

Thanks for sharing that, now I want to specifically ask about your progress. Thanks so much for submitting to us the information for your hospital/clinic on care plan progress. Your update from June shows that your site has been able to develop care plans for [insert percent] percent of pregnant patients with hypertension.

- Tell me more about what has helped your team develop care plans.
 - PROBE: What has made it easier for the clinical staff to develop care plans?
 - PROBE: Do you have any learnings from your experience that might help other sites implementing this initiative?
- Tell me more about what have been some challenges that the team has faced with developing care plans?
 - PROBE: What have you learned from your clinical staff about what makes it difficult to develop hypertension care plans?
 - PROBE: What would help your team overcome these difficulties?
- How has your team been able to conduct periodic check-ins with the clinical team?
 - PROBE: In what ways have the check-ins been helpful or not helpful to improving implementation of the initiative?
 - PROBE: Why have you not been able to conduct periodic check-ins?

Now, we would like to ask about barriers and facilitators your team has experienced or observed in the process of adhering to the actions laid out in the care plans.

- What helps clinical staff to follow the care plans?
- What barriers do clinical staff face when following the care plans?

Adaptations

Thanks for sharing about your successes and challenges with this Hypertension in Pregnancy initiative. We want to make sure that we capture how the initiative can be improved by learning from your experience.

- How have you needed to adapt the care plan activities?
 - PROBE: Why did you need to adapt activities?
 - And, how did you adapt activities?
 - PROBE: What potential adaptations, if any, can you identify that could improve the implementation of the initiative at your site?

Closing

These are all the questions I have for you today.

- What else would you like to share with us about your experience with this initiative?

This has been a great conversation. Thanks so much for taking the time to share your feedback. We really appreciate it. We will be speaking with each of the sites and pulling together a high-level summary of what is working, what could be improved and how to move forward. In the meantime, if you have additional feedback or comments, please let us know by emailing [insert appropriate email]. We may also follow up with you to request additional information or clarifications.

Thank you and have a wonderful rest of your day.

Appendix E: Clinical Staff Survey

Clinical Staff Survey

Note to Reader:

This is an example of survey questions that could be asked to collect information related to the evaluation indicators included in Table 2. This survey example is designed to be built into an online survey platform. There are italicized notes included throughout the example survey questionnaire to indicate where skip logic would be added.

It is recommended that you incorporate the questions into an existing annual survey of clinical staff. However, this questionnaire can be administered to clinical staff as a standalone survey if needed.

SURVEY BEGINS BELOW

Hypertension in Pregnancy Quality Improvement Initiative

Your workplace has been participating in a quality improvement initiative for hypertension in pregnancy led by the Franklin State Perinatal Quality Collaborative (PQC). The initiative is being piloted at your facility from July 2024 to June 2026. The initiative involves developing hypertension care plans for all pregnant and postpartum patients who have chronic or gestational hypertension. Please take approximately 15 minutes to provide your responses to the following questions to help us strengthen the initiative.

1. To what extent did the hypertension care plan **training** prepare you to develop hypertension care plans for your pregnant and postpartum patients with chronic or gestational hypertension?*

☐ Not at all ☐ Very little ☐ Somewhat ☐ To a great extent
☐ I did not attend the training

If 1= I did not attend the training, then ask question 2 and skip question 3. For all other responses, skip question 2 and go to question 3.

2. What prevented you from attending the training?

Click or tap here to enter text.

3. Please share any suggestions you may have for how to improve the training.

Click or tap here to enter text.

4. In the past six months, for how many of your pregnant and postpartum patients with hypertension have you **developed hypertension care plans**?*

☐None of my patients ☐Some of my patients ☐Most my patients ☐All my patients

If 4=none of my patients, then skip to question 5 and 6 and go directly to question 7. For all other responses, continue to question 5.

5. What do you think worked well with developing the hypertension care plans?

Click or tap here to enter text.

6. How often are patients actively engaged in developing the hypertension care plan?

☐Never ☐Rarely ☐Frequently ☐Always

7. What barriers have affected your ability to create hypertension care plans?

Click or tap here to enter text.

The next set of questions ask about your experience following hypertension care plans once they have been developed by you or another clinical staff member.

8. In the past six months, for how many of your patients have you **referenced, updated or followed the hypertension care plans** previously developed by yourself or another clinical team member?*

☐None of my patients ☐Some of my patients ☐Most my patients ☐All my patients

If 8= For none of my patients, then skip question 9 and go directly to question 10.

9. What worked well/helped you follow the hypertension care plan?

Click or tap here to enter text.

10. What barriers have affected your ability to follow the hypertension care plan?

Click or tap here to enter text.

11. From your perspective, what helped patients follow their hypertension care plans to manage hypertension during their pregnancy and postpartum period?

Click or tap here to enter text.

12. From your perspective, what barriers did you notice patients facing when following their hypertension care plans?

Click or tap here to enter text.

13. Would you be supportive of continuing the hypertension in pregnancy quality improvement initiative at your facility beyond the pilot phase?*

☐ Yes ☐ Yes, with modifications ☐ No

If 13= No, then go to question 14. For all other responses, skip question 14 and go to question 15.

14. If you answered “No” on the previous question, why not?

Click or tap here to enter text.

15. What improvements do you suggest for the hypertension in pregnancy initiative?

Click or tap here to enter text.

16. In your opinion, how has this initiative contributed to improving perinatal health, if at all?

Click or tap here to enter text.

17. Do you have anything else to share about the hypertension in pregnancy initiative?

Click or tap here to enter text.

Thank you for your time and effort to complete this survey section. Your responses will help Franklin State PQC improve quality improvement initiatives across the state. If you have any further questions or comments about this survey, please contact the PQC Data Manager at [insert appropriate email].