

## Message from the NHLBI

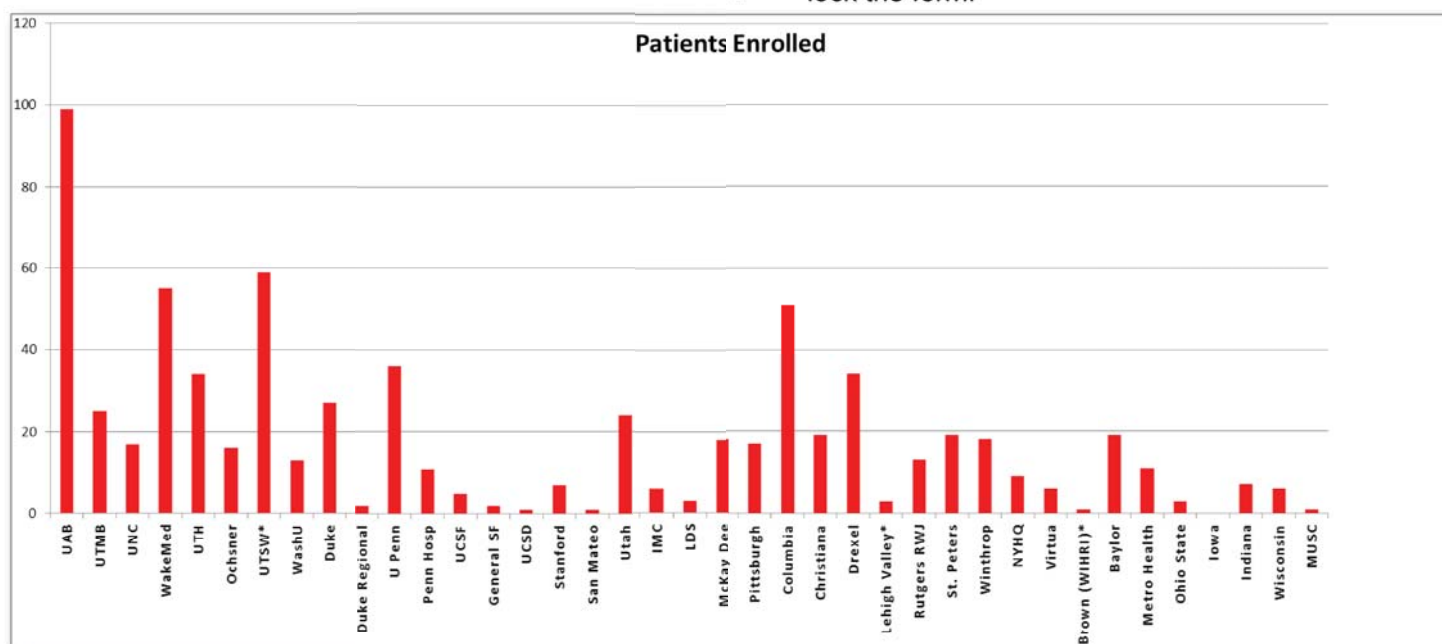
The NHLBI greatly appreciates your continued active participation in the study because the long-term success of CHAP is dependent on everyone's hard work and dedication. While the group is doing well overall with respect to recruitment, there are sites that are doing exceptionally well while others continue to face various challenges. We would like to encourage greater interaction between sites to motivate, learn and help each other reach their full potential. The NHLBI is committed to working with each and every site to work through their specific challenges and needs. Please don't hesitate to reach out to us about specific issues you may be having and need help with.

We thank everyone for their continued hard work and wish you an enjoyable summer!



## Updates/Reminders

- **Who gets an HP01?** Initiate an HP01 on ALL screened (EMR, in person, MR chart) patients who have a diagnosis of CHTN or is suspected to have/will have a new diagnosis of CHTN.
- **What if during screening, a patient is deemed ineligible based on the exclusion criteria, should an HP01 be completed on these patients even if the patient is never approached?** Yes, select the exclusion that makes them ineligible. Initial/date the form, enter applicable info into eDES and lock.
- **What if a patient's BP does not meet inclusion criteria but they are still within the gestational age for randomization, is an HP01 initiated on these patients?** Yes, initiate the form, complete Q#s 1-4 and save (do not lock) the form. Continue to track/follow the patient's BPs at subsequent visits (this could occur over several weeks) until (1) the patient becomes eligible for randomization OR (2) is deemed ineligible, having surpassed 23 weeks GA and BP criteria not met, or developing some other exclusion. Select the applicable responses on the form and lock it.
- **What if a patient is eligible, meets all inclusion criteria, but after talking to the patient, they refuse participation, is a HP01 initiated on these patients?** Yes, make the selection 'patient refused', enter info into eDES and lock the form.



Data retrieved as of 20 June 2017

## Site of the Month

Our recent recruiting success at **Indiana University** can be attributed to three key elements—

- Developing relationships among providers and clinic staff.
- Being efficient and persistent in our screening follow up.
- Expanding our screening & recruiting to our other hospital clinics.

Like most sites, we are a teaching hospital so there are a large number of faculty, residents and nurse practitioners that deliver care to our patients. This large number is a challenge because we have to educate a new provider nearly every time we locate a potentially eligible subject. We have been able to develop relationships with many of the clinicians by creating mini informational sessions for the office staff at which we provide a snack and a brief overview of the study. Taking the time to engage the staff and physicians creates a more receptive, collaborative environment for our research team. And to ensure we remain top-of-mind, we periodically provide snacks or treats (e.g. a tray of cookies) to the team, along with a handful of informational sheets about the study. In addition to information about the protocol, we also recently began sending the link to the CHAP consenting video to physicians prior to approaching a subject. This provides the physician with an additional tool to share with the patient if she were to have questions during her regular clinic visit when our research team may not be present.

We also attribute our success to the expansion into additional OB clinics at our site, as well as the development of a REDCap database for tracking potential subjects. After screening the clinic schedules, potentially eligible subjects are entered in our REDCap database so we can track their eligibility status (e.g. subject only has one qualifying BP, or, subject qualifies but has no-showed to last two prenatal appointments). Additionally, we track their upcoming appointments and any communication with either the potential subject or their provider. Using REDCap as an internal tool mitigates the risk that a potential subject on our “watch list” slips through the cracks.

Any one of these measures would have improved our success rate, but implementing all three simultaneously created a more synergistic effect that led to a phenomenal month!



Jennifer Wilson, RN MSN  
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## The **Lucky 737** CHAP Challenge

Welcome Team to the “**Lucky 737**” challenge!

Once the CHAP enrollment reaches  $n = 737$ , we will become the trial with the highest number of pregnant women with chronic hypertension enrolled in a trial to evaluate antihypertensive therapy during pregnancy. We are swiftly approaching that number! The site that enrolls patient number “**737**” will receive special recognition and a prize. So which site will get there first?

