PNQIN MA AIM Initiative

The Birth Equity Journey: Optimizing Management of Obstetric Hemorrhage

June 22, 2021

AIM OB HEM Bundle

Webinar 1

BETSY LEHMAN CENTER for Patient Safety

Agenda

12:00 - 12:05 Welcome & Introductions, Team Check-in

12:05 - 12:15 Data Review

12:15 – 12:40 OB Hem Risk Assessment Education

- Kettie Lewis and Ron Iverson – Boston Medical Center

12:40 - 12:55 QI Learning from Peers: Aim Statements

- Brigid Gosselin – Holy Family Hospital

12:55 - 1:00 Wrap Up and Next Session

- Tuesday July 20th, 12-1pm EST

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Webinar Housekeeping

- We will take attendance in the chat box each month – please comment with your name and hospital.
- Please mute yourselves unless you would like to contribute to the conversation or ask a question.
- Utilize the "raise hand" feature or chat box to speak.
- We will record this session and upload the recording and webinar slides to our website after the call.
- We welcome feedback about the webinar content and structure.
- Please participate! We want this webinar to be helpful and collaborative!

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Webinar Housekeeping

1. Sharing
   - Open sharing of data and best practice approaches
2. Education
   - Clinical best practice
   - Improvement science process
3. Collaboration and Support
   - Support to complete process and structure measures in alignment with
   - perinatal care measures for accreditation
   - Discuss team processes to utilize improvement science
   - Improve pregnancy experiences and birth outcomes together

Presenters have nothing to disclose relevant to this presentation.

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PNQIN MA AIM Initiative: Obstetric Hemorrhage Bundle Webinars

- May 11, 2021 12-1:30pm: Kickoff Webinar

All Team Webinars 12-1pm ET

1. June 22, 2021: Risk Assessment
2. July 20, 2021: Order Sets/EHR
3. Aug 17, 2021: OB Drills
4. Sep 21, 2021: Case Review
5. Oct 19, 2021: Quantitative Blood Loss
6. Nov 16, 2021: Patient/Family Education

COMING JAN 2022 - MA AIM Severe Hypertension in Pregnancy Bundle

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PNQIN OB Hemorrhage Webinar Series

Team Check-in

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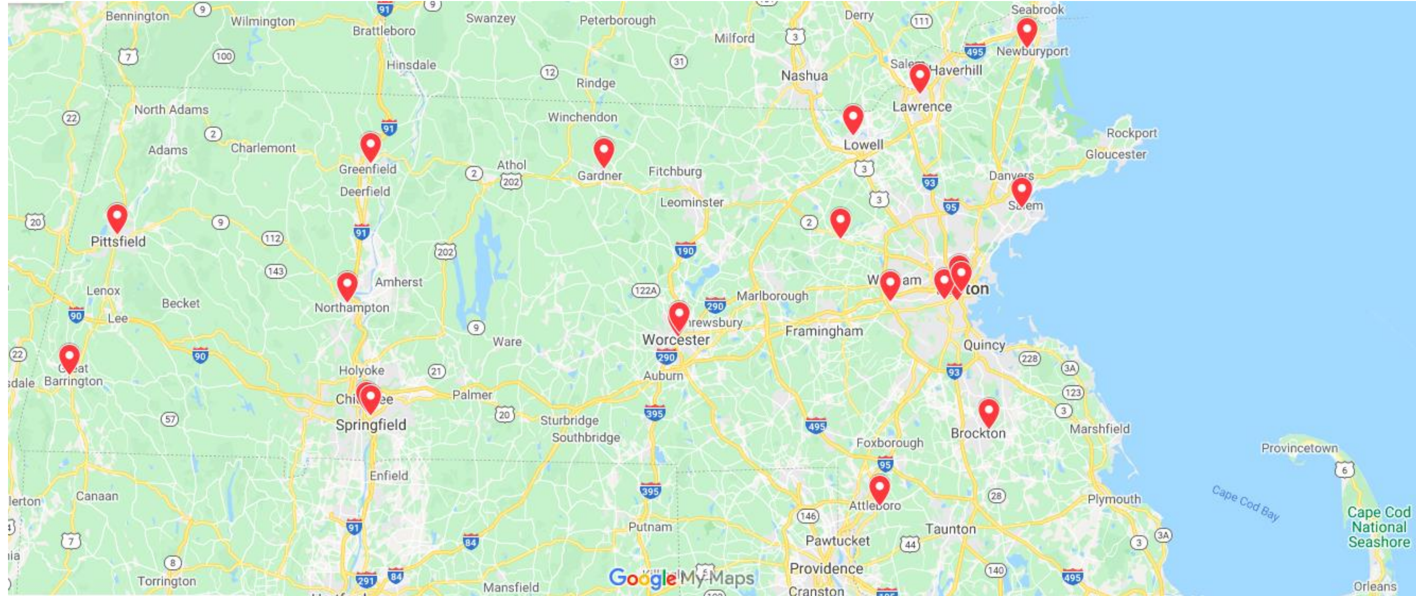
OB Hemorrhage Bundle Site Teams



Participating Hospitals

1. Anna Jaques Hospital
2. Baystate Franklin Medical Center
3. Baystate Medical Center
4. Berkshire Medical Center
5. Boston Medical Center
6. Brigham & Women's Hospital
7. Brockton Hospital (Signature Healthcare)
8. Cooley Dickinson Hospital
9. Emerson Hospital
10. Fairview Hospital
11. Heywood Hospital
12. Holy Family Hospital
13. Lowell General Hospital
14. Massachusetts General Hospital
15. Mercy Medical Center
16. Newton Wellesley Hospital
17. Saint Vincent Hospital
18. Salem Hospital – North Shore
19. Sturdy Memorial Hospital
20. Tufts Medical Center
21. UMass Memorial Medical Center

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PNQIN HEM Advisory Group: *Contact us at pnqinma.org if you would like to join!*

Arthur Chyan
Dept OB ANES, BWH

Audra Meadows, MD, MPH, PNQIN

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UMass Dartmouth

Emily Reiff, MD
MFM, BWH

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Matt Medina, MSN, CNM, RNC-OB, BWH

Michaela Farber, MD
Div OB ANES, BWH

Mimi Pomerleau, DNC, RNC-OB, BWH

Shirley Hamill, MSN, RN
The Birthplace, BFMC

Ron Iverson, MD, MPH
BMC/PNQIN

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Spring 2021 HEM Mini-Collaborative – Why did you join?

"...to collaborate with surrounding hospitals. It as a very good learning process to better present to stakeholders. It is also supportive to know our challenges are shared by all institutions."

"We want our hospitals to succeed in all aspects of the hemorrhage initiative and make our hospitals safer."

"...looking for any and all help to implement this best practice."

"We needed to start QBL and did not know where to begin."

"Teamwork and networking - why reinvent the wheel!?! :)"

"To get assistance with improving our QBL compliance and documentation from those with more knowledge and experience!"

"I think that many of us were struggling with trying to meet the TJC requirements for Perinatal safety. This gave us a forum to collaborate with others who were working on the same projects."

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Takeaways from the Spring 2021 HEM Mini-Collaborative – What was helpful?

"Collaboration"

"The importance of provider buy-in"

"The group report out was an excellent way to get tips and tricks from others!"

"Sharing of implementation tools"

"Share each hospitals tools. it helps to improve our own."

"...Our learning included earlier blood transfusion, some iron transfusions, use of TXA, and our improvement in the status of our mothers at discharge. [We] had presented an AIM to educate staff in steps to improve our response which will end with the creation of an OB Response Team and implementation of a unit-based surge notification for all staff attendance."

"Being able to break down the process into manageable, measurable steps to help you get to your goal. Looking at the big picture may overwhelm, but once you break it down, it makes it more achievable."

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PNQIN OB Hemorrhage Webinar Series

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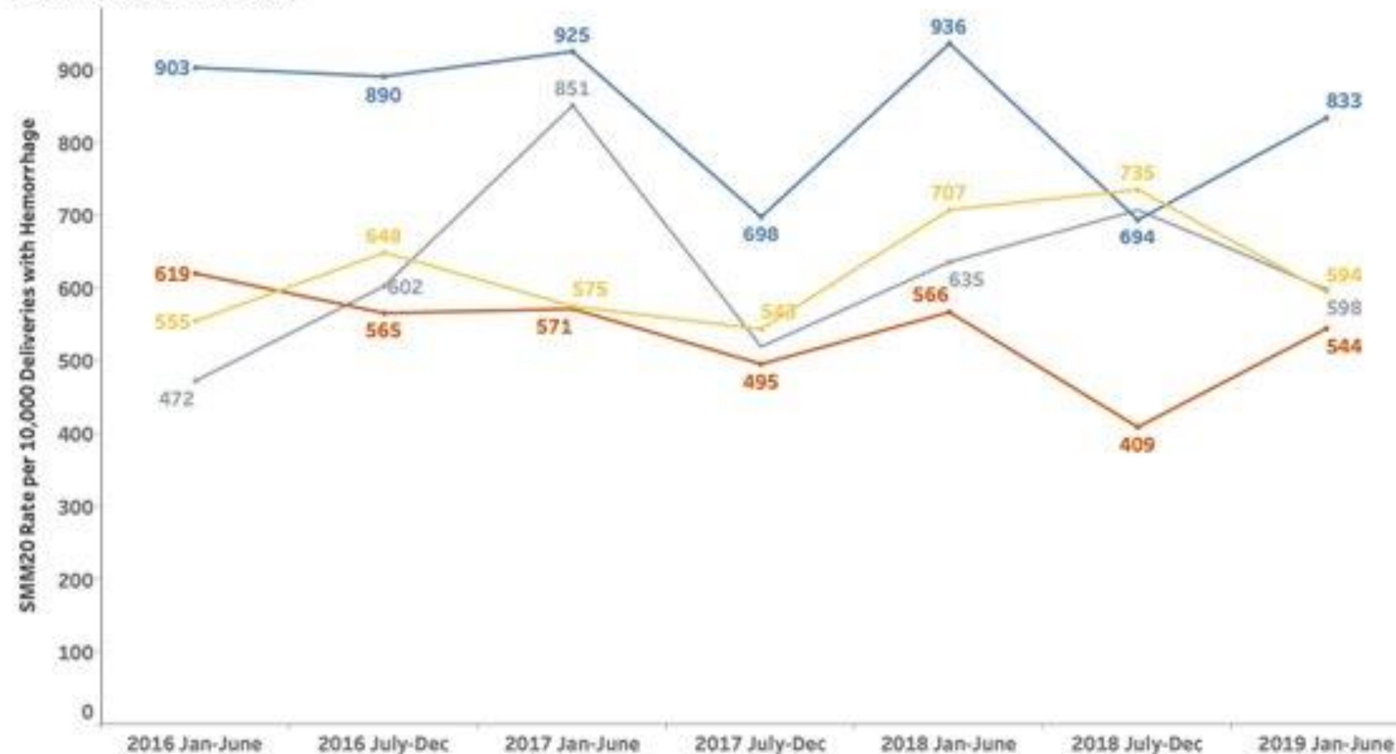
MA OB Hemorrhage SMM 20 Rates by Race Ethnicity



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MA OB Hemorrhage SMM 21 Rates by Race Ethnicity

Statewide SMM21 Rate for Patients with Hemorrhage by Race/Ethnicity
(including blood transfusions)

SMM21 Rate per 10,000 Deliveries with Hemorrhage

2016 Jan-June | 2016 July-Dec | 2017 Jan-June | 2017 July-Dec | 2018 Jan-June | 2018 July-Dec | 2019 Jan-June

Organization Na..
Statewide

Race/Ethnicity F..
Black (Non-His..
Hispanic
Other/Multiple ..
White (Non-His..

Race/Ethnicity
White (Non-Hisp..
Black (Non-Hisp..
Hispanic
Other/Multiple (..

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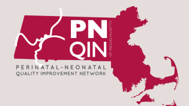

AIM Obstetric Hemorrhage Bundle

Maternal Hemorrhage

- Cumulative blood loss of greater than or equal to 1,000 mL or blood loss accompanied by signs or symptoms of hypovolemia within 24 hours after the birth process

- *Source: ACOG Practice Bulletin #183 Oct 2017*

PATIENT SAFETY BUNDLE

Obstetric Hemorrhage

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

READINESS

RECOGNITION & PREVENTION

RESPONSE

REPORTING/SYSTEMS LEARNING

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AIM Obstetric Hemorrhage Bundle

READINESS

Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

RESPONSE

Every hemorrhage

- Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
- Support program for patients, families, and staff for all significant hemorrhages

RECOGNITION & PREVENTION

Every patient

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)

REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

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Data Flow – 21 Hospitals with signed MOUs to participate

HOSPITALS

Outcome Measures
Severe Morbidity
(**SMM**)

Structure Measures
What have we built into our system?

Process Measures
How well do our systems work?
Aggregate data

Hospital Discharge Data (Case Mix)

MOU

MOU

Betsy Lehman Center & PNQIN

Hospitals & AIM Data Center

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AIM Bundle Measures Survey – due monthly on the 10th

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Resize font:

Returning?

Massachusetts AIM Bundle Measures Survey

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AIM Bundles Survey Introduction

Welcome to the Massachusetts AIM Bundle Measures Survey!

The purpose of the MA AIM initiative (Alliance for Innovation on Maternal Health; learn more at safehealthcareforeverywoman.org/AIM/) is to eliminate preventable severe maternal morbidity (SMM) and mortality in the Commonwealth and to eliminate racial inequities in maternal health outcomes.

The goal of this survey is to assess your hospital on structure and process measures for each AIM safety bundle that you are currently working on. This survey primarily asks about structure and process measures, however, certain bundles have 1-2 measures about patient-level outcome data. Outcome measures assess changes in health that are attributable to specific interventions.

Structure measures examine the tools that you have to address the safety problem.

Process measures refer to how much you use the systems or tools that you have created; in this case we are interested in the aggregate data collected through sampling. We provide a chart acquisition process for sampling data at the beginning of each process measure sections of this survey.

These survey results are confidential and will only be seen by your team, and by PNQIN and Betsy Lehman Center (BLC) leadership. De-identified data from your hospital will be submitted to the AIM National Data Center as agreed upon in the Memorandum of Understanding/data-sharing agreement for this project (*please see attached MOU at the bottom of this page*).

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AIM Bundle Measures Survey – due monthly on the 10th

Site Information

Name of Birth Facility (site)
* must provide value

Please provide your personal information as the respondent to this survey.

AIM Survey Respondent Name (i.e. your name):
* must provide value
Enter your name here.

Respondent Email (i.e. your email address):
* must provide value
Enter your email here.

Enter the month of the data you are reporting for:
* must provide value
Please report data for the previous complete month, i.e. by 10th of August, report data for July

Enter the year of the data you are reporting for:
* must provide value

Please select the maternal safety bundles your hospital is currently involved with:

Check all that apply.
* must provide value

- ☐ Opioid Use Disorder (OUD)
- ☐ Hemorrhage (HEM)
- ☐ Hypertension (HTN)
- ☐ Reduction of Primary Cesarean Section (C/S)

Please select "Hemorrhage (HEM)" and complete each every month July-November.

If your hospital also participated in the OUD Bundle (**Aug 2019-May 2021**), please select "Opioid Use Disorder (OUD)" as well and complete the measures as part of bundle sustainment!

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AIM Bundle Measures Survey – due monthly on the 10th

Hemorrhage Bundle: Structure Measures

Please answer the following structure measure questions. All structure measure questions will be asked monthly. This allows teams to complete all structure measures within the bundle data collection period. If all structure measures are complete for your site, you will advance to the process measure questions.

Are all of your hospital's HEM bundle structure measures complete?

* must provide value

- Yes
- No
- Uncertain (select to review structure measures below)

reset

Has initiation or implementation of any of your structure measures been the result of engaging with PNQIN anytime from 2012 to present?

* must provide value

- Yes
- No

reset

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Save & Return Later

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AIM Bundle Measures Survey (HEM Structure Measures) - due monthly on the 10th

S1. Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?

Must have resources for all 3 (patient, family and staff) to answer "Yes".

* must provide value

- Yes
- No
- In progress

reset

S2. Has your hospital established a process to perform regular, formal debriefs after OB cases with major complications?

* must provide value

- Yes
- No
- In progress

reset

S3. Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including, at a minimum, birthing people admitted to the ICU, receiving ≥4 units RBC transfusions)?

* must provide value

- Yes
- No
- In progress

reset

S4. Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?

* must provide value

- Yes
- No
- In progress

reset

S5. Does your hospital have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists?

* must provide value

- Yes
- No
- In progress

reset

S6. Are there OB hemorrhage management processes (i.e. order sets, tracking tools, cumulative blood loss) integrated into your hospital's Electronic Health Record system?

* must provide value

- Yes
- No
- In Progress

reset

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AIM Bundle Measures Survey – due monthly on the 10th

Hemorrhage Bundle: Process Measures

Please answer the following process measure questions using data from June 2021. All process measures are collected monthly.

P1.1. In June 2021, how many **multidisciplinary OB drills** (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?

* must provide value

Please do not use special characters, such as commas.

P1.2. In June 2021, what topics were covered in the OB drills?

* must provide value

Expand

Our goal is to understand at what rate teams are educating staff on Obstetric Hemorrhage including drills, educational conferences, unit protocol/measures updates, online tutorials, etc.

P2. In June 2021, what cumulative proportion of **OB physicians, anesthesiologists**, and **midwives** completed an education program on Obstetric Hemorrhage?

Please round up your answer.

* must provide value

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

reset

For patient related measures, please take a random sample of up to 10 charts from all birthing people who delivered at your hospital during June 2021.

1.) Begin by systematically selecting 10 records. Divide the total number of live births occurring at your facility in a given month by 10.

2.) Select every nth chart where n is the result of that division.

Example 1: *If your hospital has 102 births in a month, divide 102 by 10 (= 10.2). You will select every 10th birth for that month.*

Example 2: *If your hospital has 28 births in a month, divide 28 by 10 (= 2.8). You will select every 2nd birth for that month.*

Review this random sample of charts and record the number of charts (0-10) with the following information documented.

P4. In June 2021, what cumulative proportion of birthing people had a hemorrhage risk assessment with risk level assigned, performed at least once between admission and birth and shared among the team?

Please round up your answer.

* must provide value

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

reset

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Risk Assessment Education

Kettie Louis, DNP & Ronald Iverson, MD, MPH

Boston Medical Center

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Total Deliveries and Births by Race

Total Deliveries and Births by Race

Race / Time Period

Black | White | Hispanic | Other | Unknown

Year of Time Period
- 2017
- 2018
- 2019
- 2020
- 2021

Total Deliveries: 0, 200, 400, 600, 800, 1000, 1200

Births: 0, 200, 400, 600, 800, 1000, 1200

2017 2018 2019 2020 2021 (for each race)

Sum of Total Deliveries and sum of Births for each Time Period Year broken down by Race. Color shows details about Time Period Year.

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OB Hemorrhage Rate

OB Hemorrhage Rate

Race
- Black
- White
- Hispanic
- Other
- Unknown

OB Hemorrhage %

50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%

2017 2018 2019 2020 2021

Year of Time Period

The trend of average of OB Hemorrhage % for Time Period Year. Color shows details about Race. Details are shown for Race.

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Our present project: decreasing transfusions for Black people delivering at BMC

- Prenatal prevention: Risk Factors
  - Anemia Diagnosis/ Work up protocol data
- Admission: decreasing hemorrhage
  - OB Hemorrhage data
- Postpartum: decreasing unnecessary transfusions
  - Transfusion data

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BMC Outpatient guideline

Boston Medical Center Maternity Care Guideline
Guideline: IRON DEFFICIENCY ANEMIA
Accepted: 04/2015, 11/2019
Updated: 04/2015, 05/2017, 11/2019

Introduction:

Normal pregnancies are associated with physiologic decreases in hemoglobin.[1] Levels below the Centers for Disease Control and World Health Organization endorsed values for hemoglobin and hematocrit by trimester can be considered anemia and warrants treatment (Table 1).[1-3] Iron deficiency anemia is characterized as a microcytic, hypochromic anemia with evidence of depleted iron stores, low serum ferritin levels, low plasma iron levels, and high total iron-binding capacity (Table 2).[3,4] Iron deficiency anemia is associated with increased risk of LBW, preterm delivery, perinatal mortality, postpartum depression, and complications with postpartum hemorrhage.[3] Treatment to improve iron stores is indicated when laboratory studies indicate anemia in pregnancy.

Diagnosis:

Iron deficiency anemia is the most common form of anemia. Primary screening is done via complete blood count (CBC). Diagnosis is obtained by abnormal hematocrit, though this may be non-specific for the origin of anemia (Table 1).[2] Ferritin <10-15 is diagnostic for iron deficiency anemia (Table 2).[3] Reduced mean corpuscular volume (MCV) may be associated with iron deficiency anemia or microcytic anemia of another origin such as thalassemia which is common in ethnically diverse populations such as those at BMC (Table 3; Figure 1).[3,5]

- **First trimester** – Hemoglobin <11 g/dL (approximately equivalent to a hematocrit <33 percent)
- **Second trimester** – Hemoglobin <10.5 g/dL (approximate hematocrit <31 or 32 percent)
- **Third trimester** – Hemoglobin level <10.5 to 11 g/dL (approximate hematocrit <33 percent)
- **Postpartum** – Hemoglobin 10 g/dL (approximate hematocrit <30 percent)

Ref: https://www.uptodate.com/contents/anemia-in-pregnancy

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Outpatient evaluation and treatment of anemia

- CBC
  - Initial prenatal visit
  - 24-26 weeks
  - 36 weeks
- Present focus: Iron transfusion

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Anemia at the time of admission

- Using the definition HCT <30%
- Goal: decrease rate of anemia for Black patients on admission by 30% by July 1, 2022

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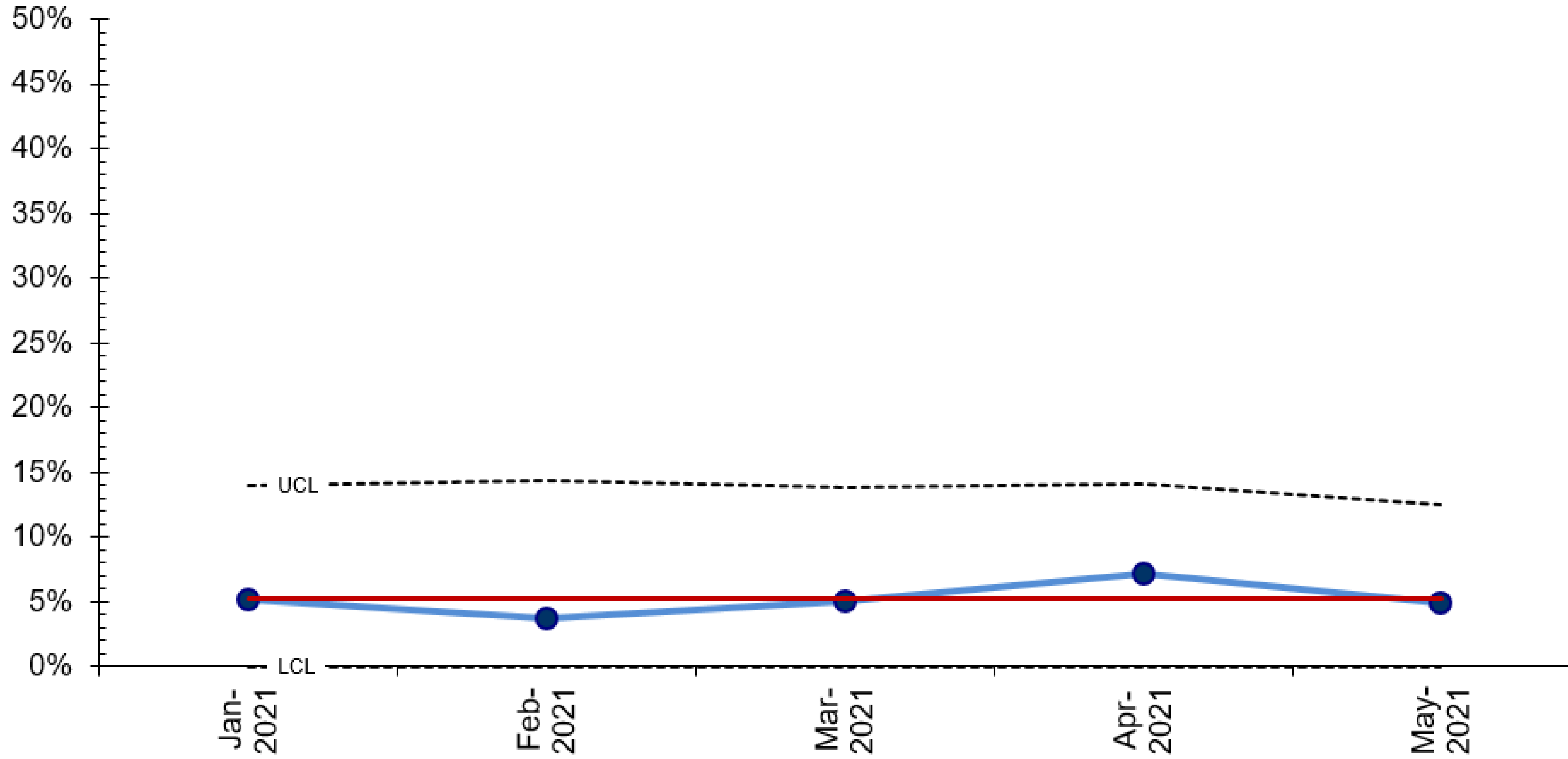

Anemia rate on admission for Black women
Hematocrit < 30.0
Percent
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
UCL
LCL
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021

Other risk factors to consider with patients as they prepare delivery

Ante Partum

- ☐ 5 or more vaginal births
- ☐ Multiple Gestation/polyhyhdramnios/EFW>400
- ☐ Previous OB Hemorrhage or 1st degree relative
- ☐ Anemia (Hct < 30%)
- ☐ Prior Cesarean Section or Myomectomy
- ☐ Large uterine fibroids (combined ≥ 10 cm)

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Basics of Risk Assessment Inpatient:

What: OB Hemorrhage Risk Assessment Form

Why: Generates risk level for patient and prompts early intervention for high risk patients

Who: Providers [residents & attending] & RN

When: on admission; nursing shift change; Floor rounds; prior to c-section; Postpartum

Where: Labor & Delivery and Postpartum

Low Risk

All Patients - Type and Screen, Anesthesia Consult

Medium Risk

Ante Partum

- ☐ 5 or more vaginal births
- ☐ Multiple Gestation/polyhyhdramnios/EFW>4000g
- ☐ Previous OB Hemorrhage or 1st degree relative
- ☐ Anemia (Hct < 30%)
- ☐ Prior Cesarean Section or Myomectomy
- ☐ Large uterine fibroids (combined ≥ 10 cm)

Apply Patient's Sticker

Intra Partum

- ☐ Triple I (chorioamnionitis)
- ☐ Magnesium Sulfate Use
- ☐ Oxytocin use (any)
- ☐ Operative Vaginal Delivery (vacuum, forceps)
- ☐ Cesearan Delivery
- ☐ Second Stage > 4h (Nullip) or > 3h (Multip)
- ☐ Shoulder dystocia this delivery

OBH Risk Assessment:

Admission	Before Delivery	Postpartum
☐ Low	☐ Low	☐ Low
☐ Medium	☐ Medium	☐ Medium
☐ High	☐ High	☐ High

High Risk

- ☐ Two or more Medium Risks
- ☐ Active Bleeding more than bloody show, suspected abruption or abdominal bleeding
- ☐ Known Coagulopathy
- ☐ Platelets < 100K
- ☐ Placenta Previa
- ☐ Suspected Accreta/Percreta
- ☐ Manual placental extraction or curettage this delivery
- ☐ Uterine inversion
- ☐ Hx of more than one OB Hemorrhage

If High Risk,
Type and Cross 2 U PRBCs, consider 2nd IV

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Notable Findings for the written form (2016 initiation):

- 10-20 % of all patients fall into high risk categories
- All patients with hemorrhage were identified as high risk
- We are presently doing research level analysis to see if these rates continued

Our risk form is now in EPIC!

- We await the reports on how often this generates high risk status and the accuracy.

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Admission risk form on epic

OB Hemorrhage Risk

New Reading

	5/26/21 0930
Hemorrhage Risk	
Prior C/S birth or prior uterine incision?	No
Number of previous vaginal births?	0
Currently pregnant with multiples?	No
Known bleeding disorder or coagulopathy?	No
Hx of OBH for patient or 1st degree family members?	No
Received any Oxytocin for Induction or Augmentation of labor?	No
Large uterine fibroids?	No
Triple I ?	No
EFW greater than 4 kg?	No
Polyhydramnios?	No
Operative Delivery	No
2nd Stage Labor Nulltip > 4hrs or Multip > 3hrs for Multip?	No
Active bleeding more than "bloody show" OR Supected abruption	No
Suspected placenta accreta or percreta (always No if delivered)?	No
Placenta previa, low lying placenta (always No if delivered) ?	No

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FW: OBH risk in epic - Internet Explorer

Reply | Delete Junk | •••

OB Hemorrhage Risk

Time taken: 5/27/2021 1513 Responsible More Show Row Info Show Last Filed Value

Hemorrhage Risk

Prior C/S birth or prior uterine incision?
No | Prior cesarean birth | Prior uterine incision

Number of previous vaginal births?

Currently pregnant with multiples?
Yes | No

Known bleeding disorder or coagulopathy?
Yes | No

Hx of OBH for patient or 1st degree family members?
No | History of one postpartum hemorrhage | History of more than one postpartum hemorrhage | First degree relative with history of postpartum hemorrhage

Received any Oxytocin for Induction or Augmentation of labor?
Yes | No

Large uterine fibroids?

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Reply | Delete Junk | •••

Hx of OBH for patient or 1st degree family members?

No | History of one postpartum hemorrhage | History of more than one postpartum hemorrhage | First degree relative with history of postpartum hemorrhage

Received any Oxytocin for Induction or Augmentation of labor?

Yes | No

Large uterine fibroids?

Yes | No

Triple I ?

Yes | No

EFW greater than 4 kg?

Yes | No

Polyhydramnios?

Yes | No

OB Hemorrhage Risk Score

High Risk

- Received any Oxytocin for Induction or Augmentation of labor?
- Shoulder dystocia
- Triple I

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Reply | Delete Junk | •••

High Risk Total Score: 6

- Received any Oxytocin for Induction or Augmentation of labor?
- Shoulder dystocia
- Triple I

Post-Birth - Anticipatory Interventions

Continue to monitor patient for any change in risk factors after birth and implement anticipatory interventions as indicated.

- **Confirm Type & Cross**
- Notify the blood bank
- Review the hemorrhage protocol
- Notify the Provider, Charge Nurse and obtain additional nursing personnel
- Heightened postpartum assessment surveillance
- Utilize scales and calibrated equipment to quantify cumulative maternal blood loss for every birth
- Insert second large bore IV
- Notify Anesthesia Provider to come to the unit
- Check and ensure immediate availability or uterotonics (oxytocin, methergine, hemabate, misoprostol) and supplies for administration (such as syringes, needles, alcohol swabs)
- Bring the hemorrhage cart with supplies to the bedside
- Consider notifying team to prepare the OR
- Consider notifying Interventional Radiology if available in the facility

©The AWHONN Postpartum Hemorrhage (PPH) Project Risk Assessment Table Version 1.1

BOSTON MEDICAL CENTER | Clare Cole

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Blood Loss Measurement

- Quantitative EBL:
  - Calorimetry (measure fluid)
  - Measure by weight from sponges and pads (dry weight charts and scales in every LDR and OR)
  - Measure amniotic fluid and irrigation used to remove from final QBL

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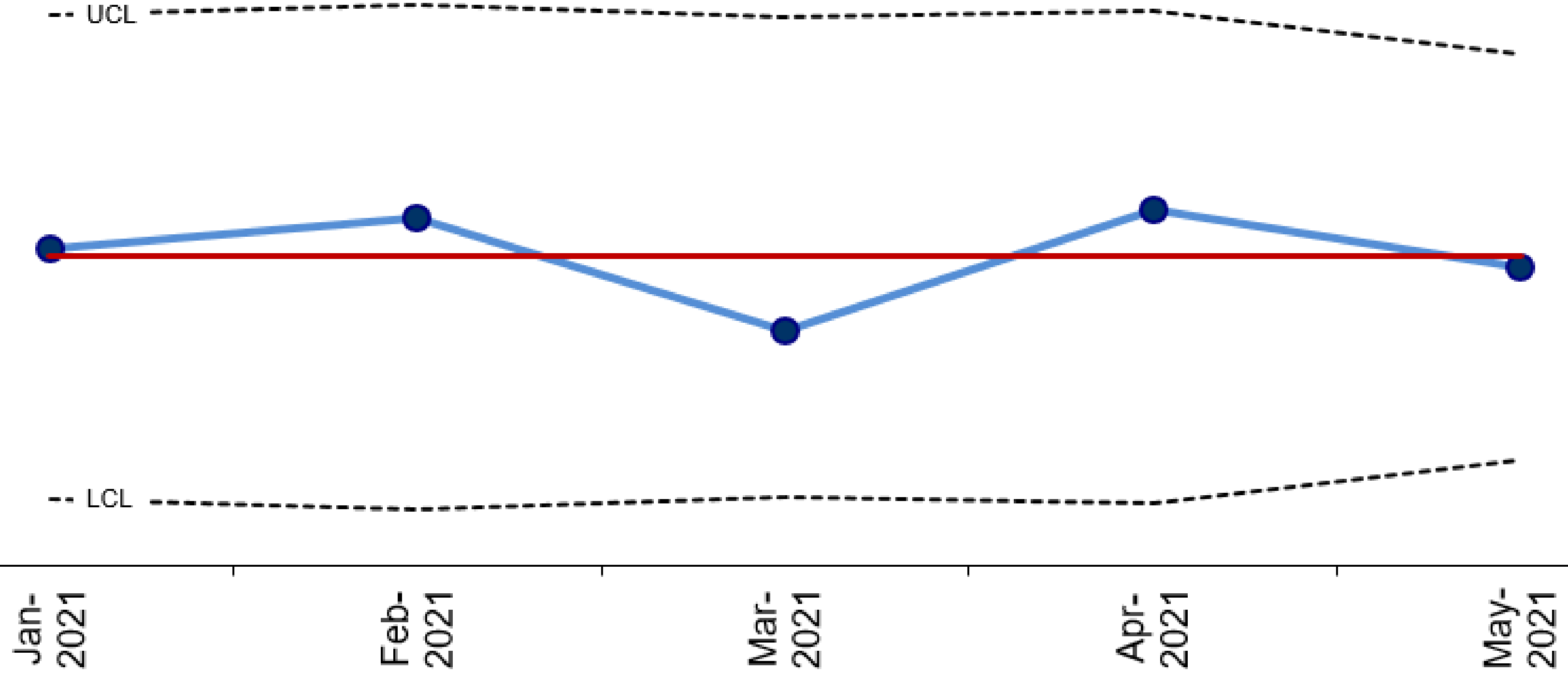
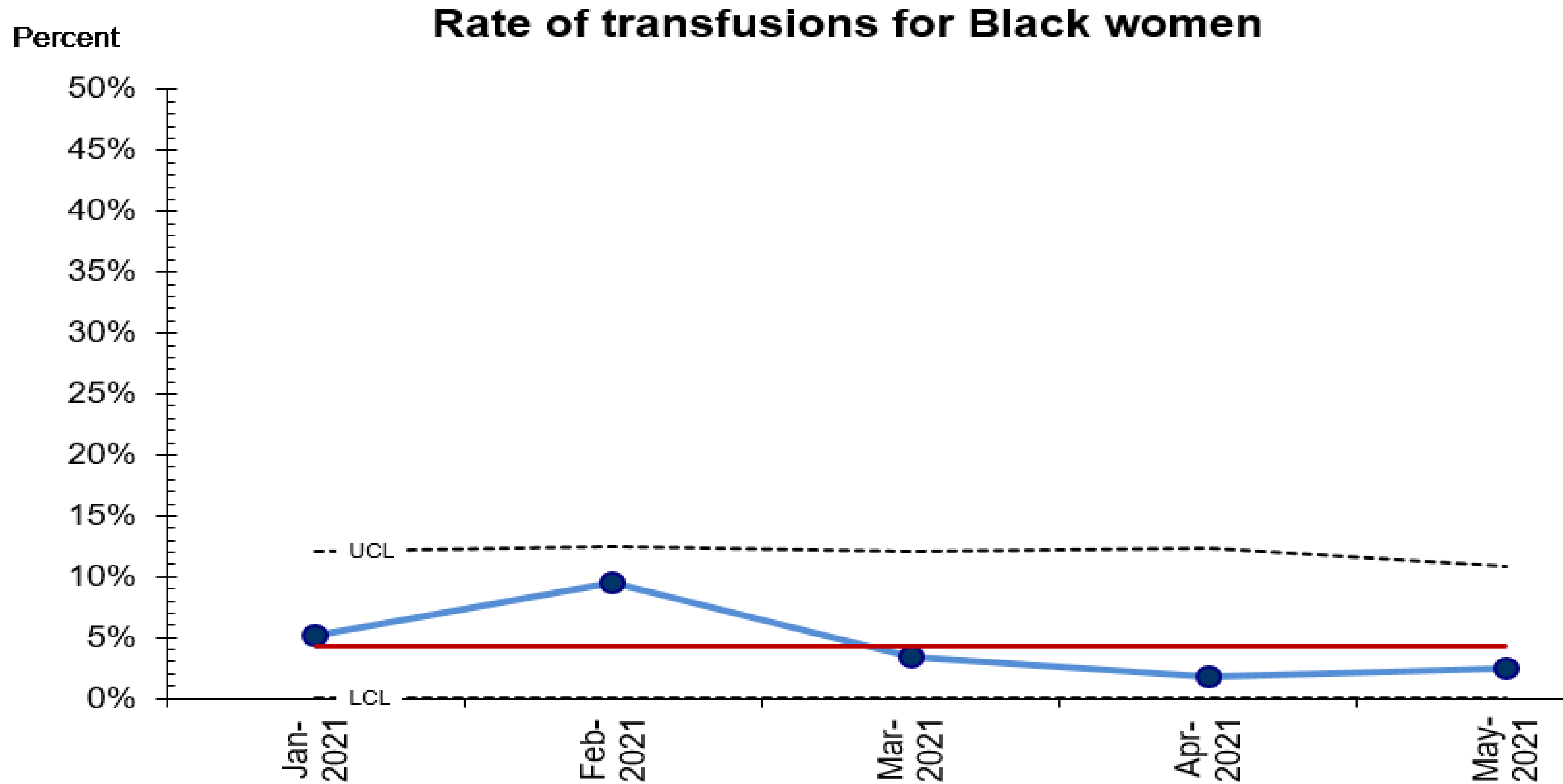
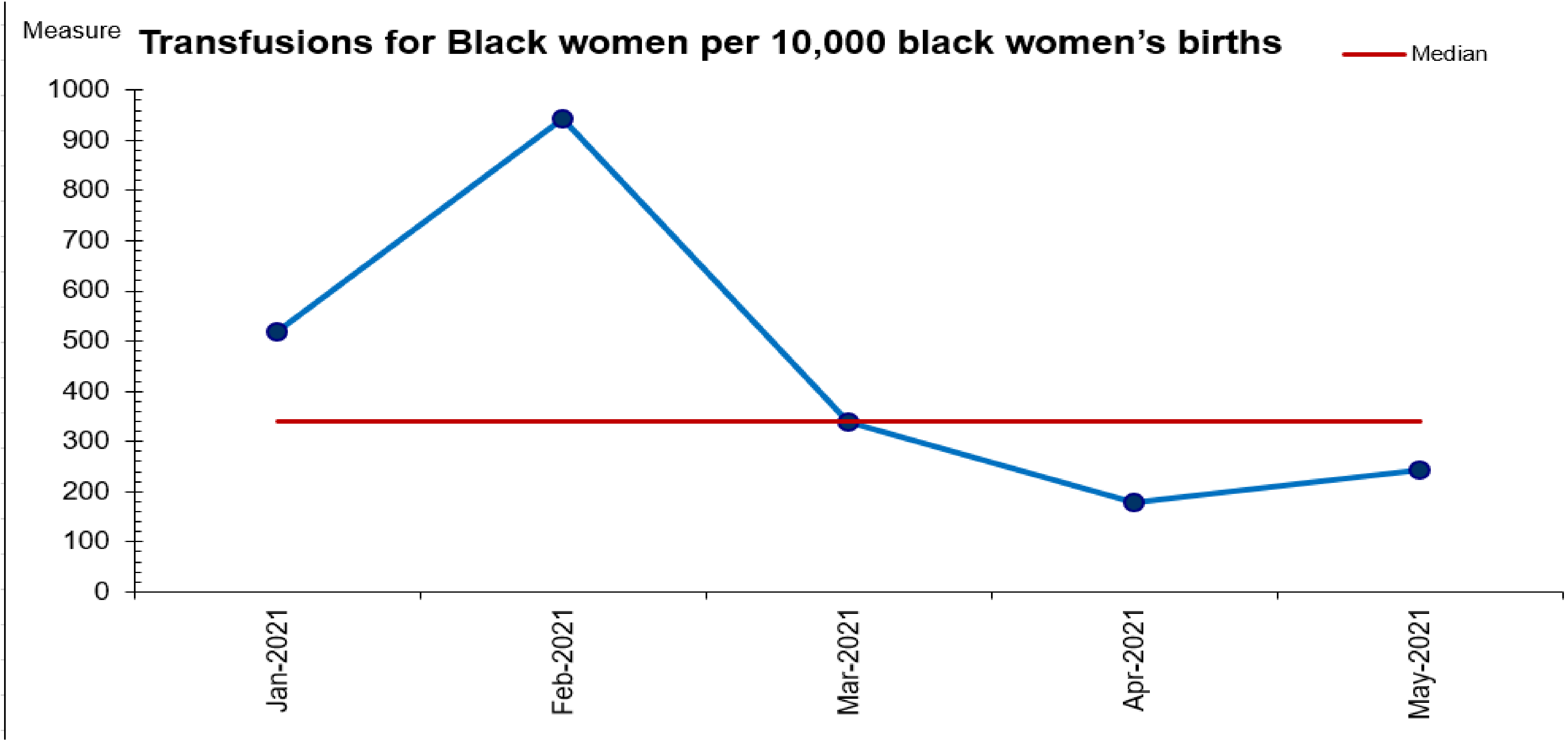

Rate of hemorrhage for Black women
QBL > 1000
Percent
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
UCL
LCL
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021

Transfusion Rates Among Black people delivering at BMC





Measure
Transfusions for Black women per 10,000 black women's births
Median
1000
900
800
700
600
500
400
300
200
100
0
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021

OB Hemorrhage Statistics for Black people delivering at BMC: Summary

Month	Total Deliveries (all)	Total Deliveries (complete)	Transfusions	Transfusion %	Transfusions for Black women / 10,000 black women's births	HCT < 30 on admission	HCT < 30 on admission %	OB Hemorrhage (>1000cc blood loss)	OB Hemorrhage %
Jan-2021	60	58	3	5%	517.2	3	5%	12	21%
Feb-2021	53	53	5	9%	943.4	2	4%	12	23%
Mar-2021	61	59	2	3%	339.0	3	5%	9	15%
Apr-2021	58	56	1	2%	178.6	4	7%	13	23%
May-2021	82	82	2	2%	243.9	4	5%	16	20%
Average	62.8	62	3	4%	422.1	3	5%	12	20%

OB Hemorrhage Rate for Black people delivering at BMC

- 1/2021-5/2021--20%
- Goal: Decrease by 30% by July 1, 2022

Transfusion Rate for Black women

- 1/2021-5/2021—4%
- Goal: Decrease by 30% by July 1, 2022

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PNQIN OB Hemorrhage Webinar Series

QI Learning from Peers: Aim Statement

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What? What's the problem or opportunity?

To prevent denial and delay in diagnosis of OB HEM, we will implement and use a QBL system for all deliveries.

How much? By how much will you improve? Or "how good" to you want to get?

Increase from baseline of 25% of deliveries to 100% of deliveries

By When? What is the date by which you will achieve the level of improvement you've set out to accomplish?

In 6 months (by November 1, 2021)

For Whom? Who is the customer or population who will benefit from the improvement?

All women on our labor and delivery unit giving birth

Where? What are the boundaries of the process or system you're trying to improve? Where does it begin and end?

In the Labor and Delivery Unit at ABC Hospital

Complete aim statement:

To prevent denial and delay in the diagnosis and management of obstetric hemorrhage, we will increase the percentage of births using QBL to measure blood loss from 25% to 100% by November 1, 2021.

Ask a colleague to check your work and recommend improvements:

- ❑ Is the problem or opportunity clearly stated?
- ❑ Do you know what the team is going to do about the problem?
- ❑ Has the team set a numerical goal to quantify the amount of improvement they'd like to make?
- ❑ Do you know the calendar date by which the team plans to achieve the goal?
- ❑ Is it clear who will benefit from the improvement?
- ❑ Is the scope of the project clear?
- ❑ Do you know why this improvement effort is important?

AIM Statement Development: Steward OB Unit Team

Brigid Gosselin RN, BSN

Nurse Educator, Maternal Child Health

Steward Holy Family Hospital, Methuen

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Steward OB Unit Team: SEMC, GSMC, HFH

Prioritizing Hemorrhage Component

- 3 hospitals in 1 team
- Existing, updated policy for obstetric hemorrhage
- All units have hemorrhage carts, have done simulations, and have implemented QBL
- Staff training done including ACOG obstetric hemorrhage module, Lippincott hemorrhage module, self-made QBL module

Identified area needing most improvement among the 3 units: QBL

Goals: Identify clear step by step instructions

Education for staff

Identify common errors and ways to improve

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Steward OB Unit Team: SEMC, GSMC, HFH

AIM Statement Development

- What is it that we are trying to accomplish?
- Provide a clear and specific goal to the team
- Include measurement so staff can see that their change led to an improvement
- SMARTIE Goals
  - Specific, Measurable, Action-Oriented, Relevant, Time-Bound, Inclusive, Equitable

Identified Concerns/Barriers to QBL:

- Staff buy-in
- OB provider documenting different QBL than nursing
- Volume of amniotic fluid and/or irrigation (process improvement)
- OB provider needing to leave OR suite and/or hospital prior to QBL being calculated

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Steward OB Unit Team: SEMC, GSMC, HFH

Project Aim:

90% of all deliveries will have QBL documented in the EMR by August 1st, 2021

Next…What to measure and how to measure

- Structure Measure: the % of RN staff can explain & demonstrate how to perform QBL
- Process Measure: the % of deliveries that used supplies and tools (i.e. graduated drape, scales) to calculate QBL
- Outcome Measure: the % of deliveries that had QBL documented
- Balancing Measure: the % of patients who required a blood transfusion (checking for unnecessary transfusion)

Data Collection: Chart Review!

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Steward OB Unit Team; SEMC, GSMC, HFH

	Steward SEMC, GSMC, HFH	
Project AIM	90% of all Deliveries will have QBL documented in the EMR by August 1, 2021	
Stakeholders (list roles)	OB LIP, RN, Scrub Techs, First Assists, anesthesia LIP postpartum nurses, MCH educators, MCH Directors, Anesthesia	
Measures & baseline data	**Structure Measure**: % of RNs that can explain how to do QBL **Numerator**: # RNs that can explain how to do QBL **Denominator:** # RNs that attend deliveries **Process Measures:** % of vaginal deliveries that used the graduated drape **numerator:** # vaginal deliveries that graduated drape was used **denominator**: # vaginal deliveries **Outcome Measure**: % Deliveries that had QBL documented **Numerator:** # deliveries QBL was documented **Denominator:** # deliveries	**Balancing Measures:** % of patients who required blood transfusions **Numerator**: # deliveries who had blood transfusion **denominator:** # deliveries **DATA Collection** **Delivery Summary Reports with either QBL or EBL noted, PP recovery record with either QBL amount or blood loss described as scant, moderate or heavy**

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Wrap-Up and Next Session

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Training Opportunities

1. *Free* PNQIN Online stigma, bias, and trauma-informed care training
   – Please note the different registration links for Nursing vs. CME/Social Work credit-seekers
   – Register here: https://www.mpqcma.org/trauma-informed-care-trainings

2. *Free* SPEAK UP Champions© Implicit and Explicit Racial Bias Education
   – September 22nd & 29th, 8:30am - 12:30pm ET (both days)
   – 5.75 Continuing Education credits
   – Register here: https://www.perinatalqi.org/event/SPEAKUPMASEPT2021

3. SPEAK UP Ambassador Implicit and Explicit Bias Education virtual conference
   – Thursday, July 15th at 8:30AM – 2:30PM EST.
   – Anyone who has taken the Champions© course is eligible to attend.
   – 5.75 Continuing Education credits
   – Conference cost and registration can be found here: https://www.perinatalqi.org/event/SPEAKUPAMBASSADOR2021

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Next Time

The next webinar is Tuesday, July 20th, 2021 from 12-1pm ET

- **Topic:** Order Sets and EHR

Reminders:

- Please complete Onboarding and MOU
- REDCap data submission due July 10th, 2021

We highly encourage your whole team (OBs, RNs, MFMs, neonatologists, social workers, midwives, doulas, lactation consultants, educators, etc.) to register for SPEAK UP training!

Thank you for being here!!

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Questions or Concerns?