# OHI 2.0 Implementation Guidance

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# Keys to Building a Successful Initiative

Engage Key Stakeholders from the Start

Interdisciplinary Planning and Implementation

C- Suite Support

Consistent Commitment By All Team Members

# WHO SHOULD BE ON THE TEAM?

- RNs- bedside
- Physicians
- APRNs: CNM, CNS
- Nurse Manager/Director
- Quality Improvement
- Informatics expert
- Social Work/CM
- Emergency Department
- Family Reps
- Others

# Components of Successful Participation

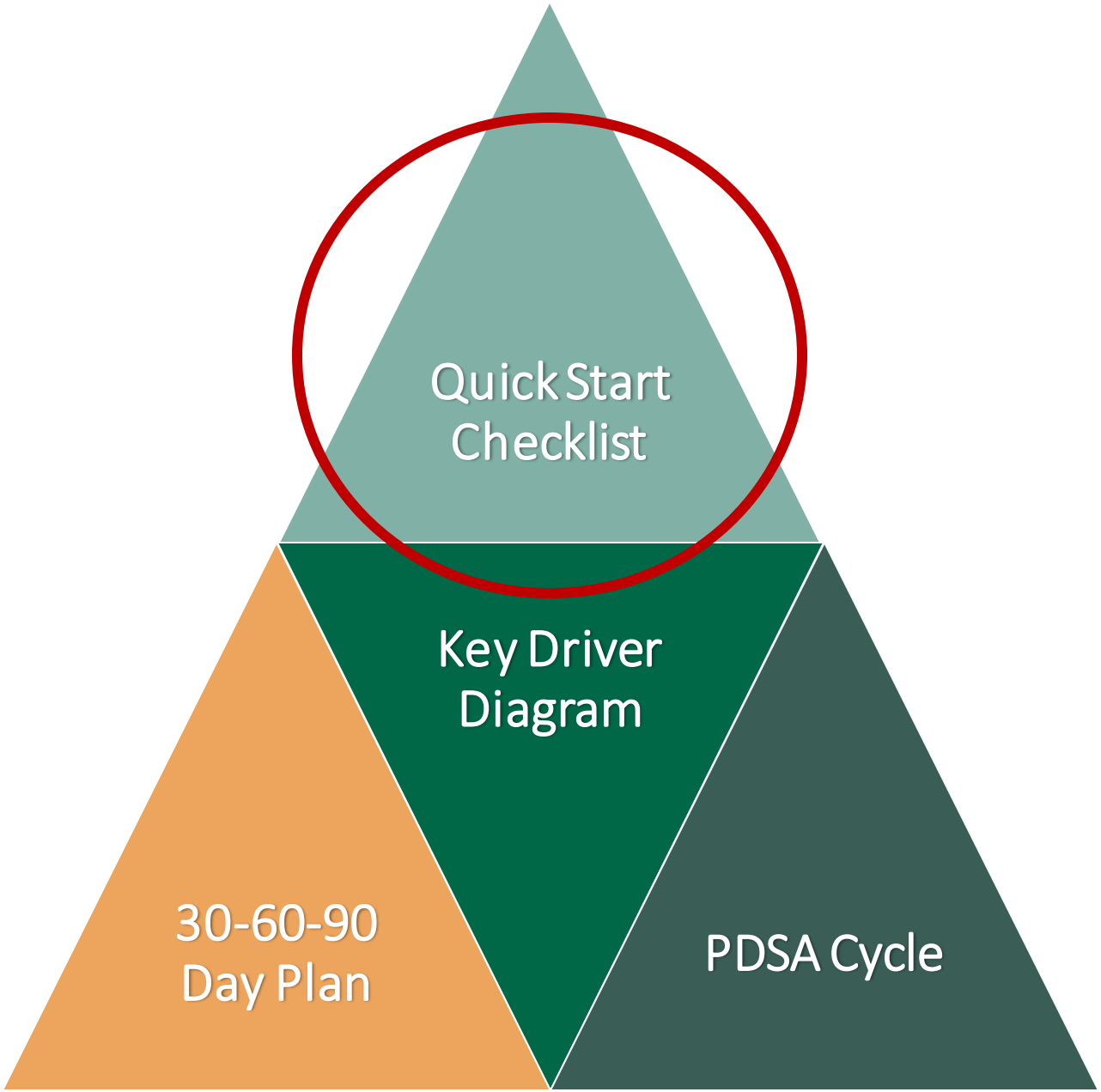
- Create a QI culture—a team environment emphasizing quality and patient safety
- Hold regular QI team meetings to follow and make progress
- Share important information, progress and successes with everyone impacted
- Be creative and flexible!

# Create a Culture Ready for Change

- Must be an interdisciplinary effort
- Teams must meet regularly
- Create safe environment for:
  - Sharing
  - Listening
  - Questioning
  - Persuading
  - Respecting
  - Helping
- Use the Toolkit!
- Get Team engaged with the “Why”

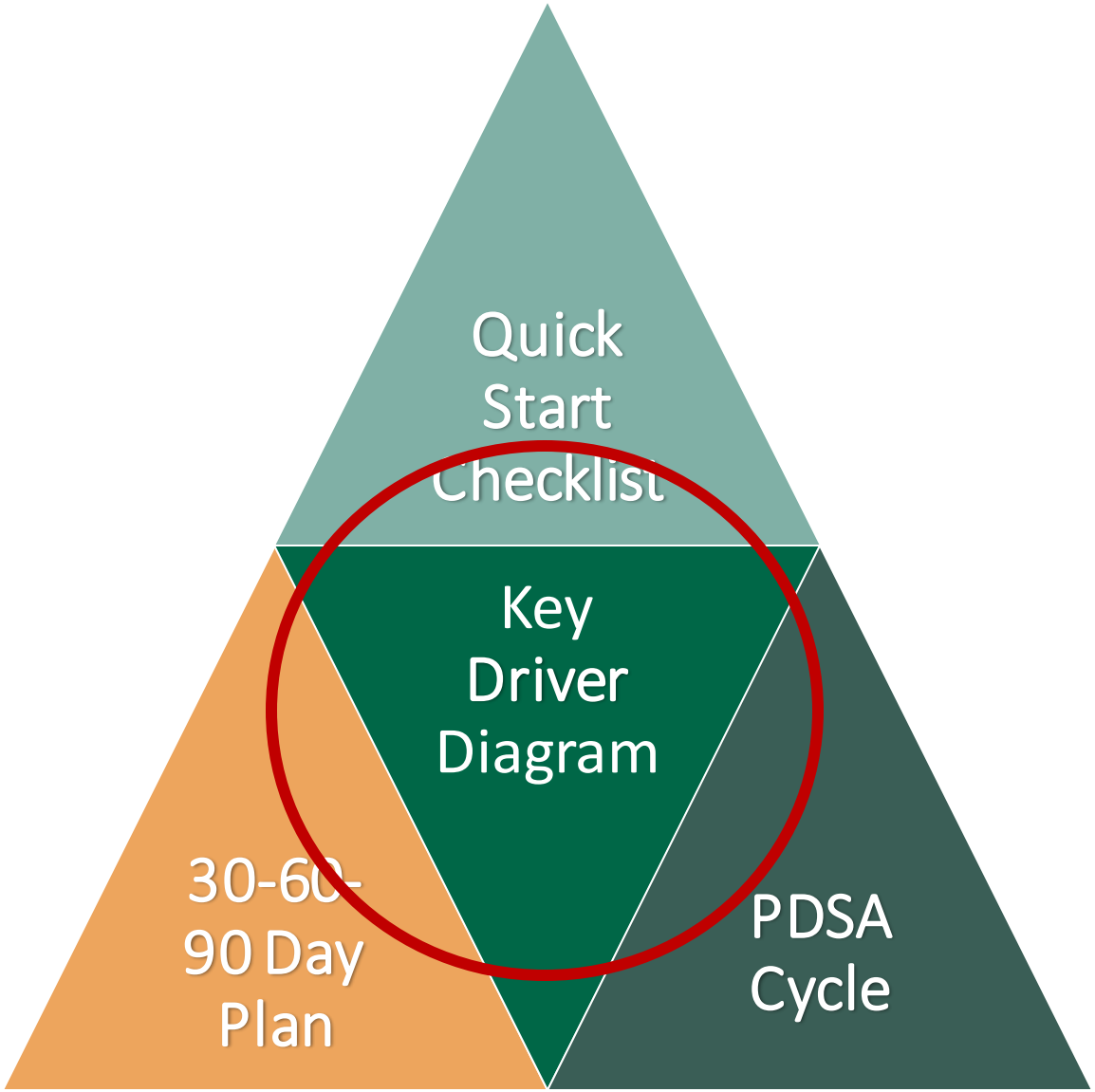
# Team Meetings

- Initially meet bi-weekly or monthly depending on work
- Include all departments affected
- Include community/family rep
- Have an agenda and minutes
- Review data, 30-60-90 Day Plan, PDSA cycles
- Discuss insights from webinars/coaching
- Share progress and challenges with administration – follow communication plan


Quick Start Checklist
Key Driver Diagram
30-60-90 Day Plan
PDSA Cycle

# Quick Start Checklist

- [x] 1. Recruit QI team – Lead, MD lead, RN lead, QI/data lead, administrative champion
- [x] 2. Review, complete and return Data Use Agreement
- [x] 3. Attend Kick-off Meeting
- [x] 4. Complete the Pre-Implementation Survey
- [ ] 5. Write down questions or concerns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# Tools to Use

# Obstetric Hemorrhage Initiative

**Global aim:** Improve maternal health through hospital-facilitated timely recognition and treatment of obstetric hemorrhage during labor, delivery and the postpartum period.

## Aim

**By 12/2026, participating hospitals will increase by 20% the percentage of delivery admissions with:**

- Hemorrhage risk assessments completed on admission to L&D, pre-birth and on admission to postpartum
- Quantitative and cumulative blood loss measurement from birth through recovery

***Respectful care is a universal component of every driver and activity***

## Primary Key Drivers

**Readiness**: Implementation of standard protocols/processes (EVERY UNIT)

**Recognition**: Early identification and assessment (EVERY PATIENT)

**Response**: Management for every pregnant or PP woman w/ OB hemorrhage (EVERY EVENT)

## Secondary Key Drivers

- Develop standardized, facility-wide, stage-based OB hemorrhage emergency management plans
- Ensure rapid access to medications and maintain readily available hemorrhage cart or equivalent
- Conduct interprofessional, interdepartmental team-based training and drills to prepare for recognition and treatment of OB hemorrhage
- Implement a process for timely access to supplies, equipment and procedures for QBL documentation and communication at every birth
- Assess hemorrhage risk on admission to L&D, Pre-Birth and on admission to postpartum and prepare based on risk level
- Measure blood loss with quantitative and cumulative techniques
- Manage 3rd stage of labor
- Provide verbal and written education to all patients on OB hemorrhage risk factors, early warning signs, postpartum complications risk, with added counseling for patients at higher OB hemorrhage risk
- Use a standardized, facility-wide, stage-based, OB hemorrhage emergency management plan with checklists and escalation policies
- Debrief and Huddle
- Provide trauma-informed support for patients, their support network, and staff for all OB hemorrhages, including debriefs, follow-up, resources, and appointments

# PC.06.01.01: Reduce the Likelihood of Harm Related to Maternal Hemorrhage

**EP 1:** Complete an assessment using an **evidence-based tool** for determining **maternal hemorrhage risk** on admission to labor and delivery

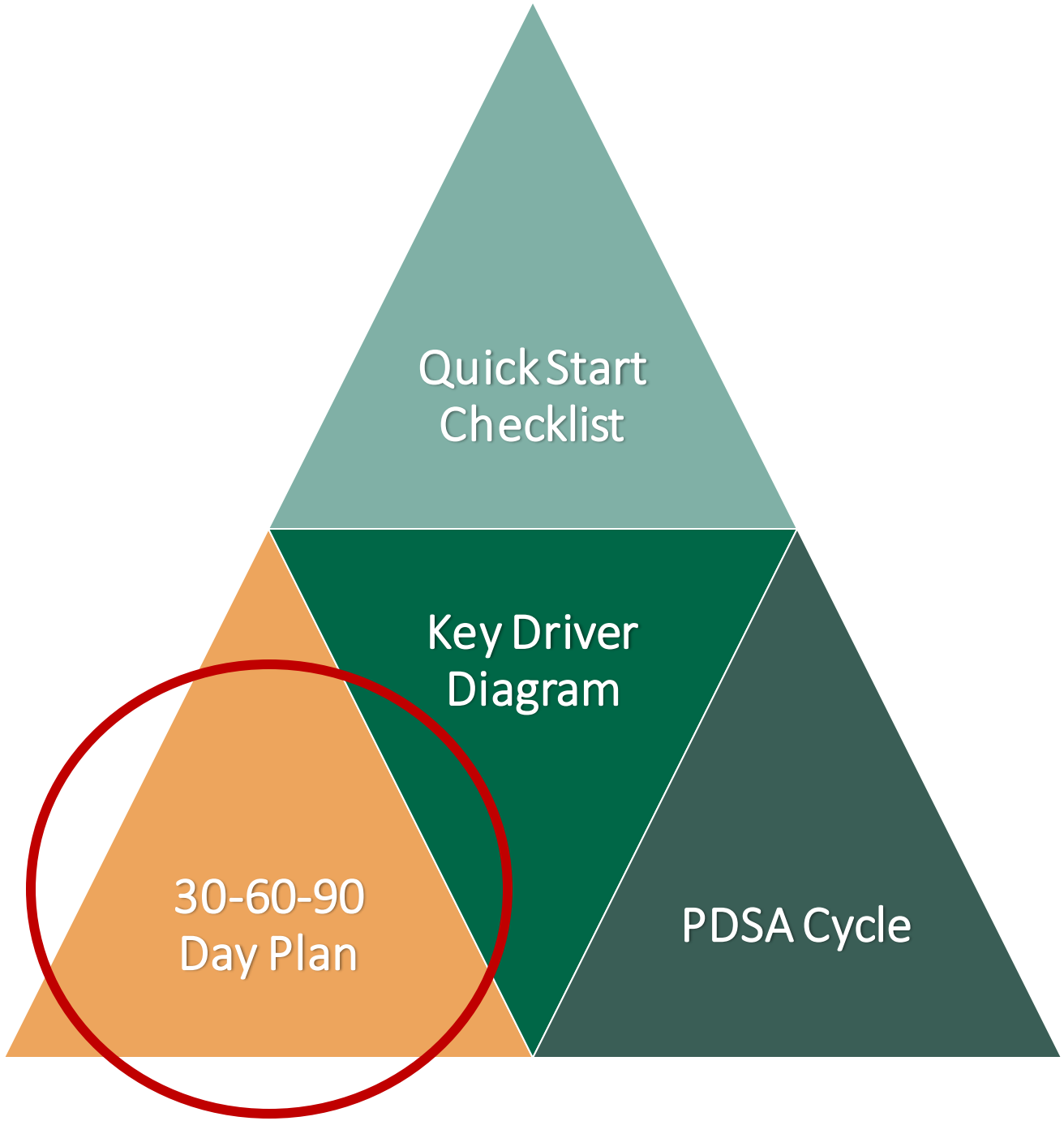
**EP 2:** Develop written **evidence-based procedures for stage-based management** of pregnant and postpartum patients who experience maternal hemorrhage

**EP 3:** Each obstetric unit has a **standardized, secured, dedicated hemorrhage supply kit** that must be stocked per the organization's defined process and, at minimum, contains the following: 1. Emergency hemorrhage supplies as determined by the organization; 2. The organization's approved procedures for severe hemorrhage response

**EP 4:** Provide **role-specific education** to all staff and providers who treat pregnant and postpartum patients about the organization's hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the processes or procedures occur, or every two years.

**EP 5:** **Conduct drills** at least annually to determine system issues as part of on-going quality improvement efforts. Drills include representation from each discipline identified in the organization's hemorrhage response procedure and include a team debrief after the drill.

**EP 6:** **Review hemorrhage cases** that meet criteria established by the organization to evaluate the effectiveness of the care, treatment, and services provided by the hemorrhage response team during the event.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# 30-60-90 Day Plan

| Foundations | |
|---|---|
| **Strengths** | |
| **Barriers** | |

| Focus Area |
|---|
| |

| Looking Ahead | |
|---|---|
| **Three Things to Accomplish in the Next 30 Days** | 1.<br>2.<br>3. |
| **Three Things to Accomplish in Next 60 Days** | 1.<br>2.<br>3. |
| **Three Things to Accomplish in Next 90 Days** | 1.<br>2.<br>3. |

# 3 Things to Accomplish in the Next 30 Days

Review interdisciplinary team members and fill any gaps

Schedule team monthly meetings for the next 6 months

Review/revise policies, procedures and education plans

# What is a PDSA cycle?

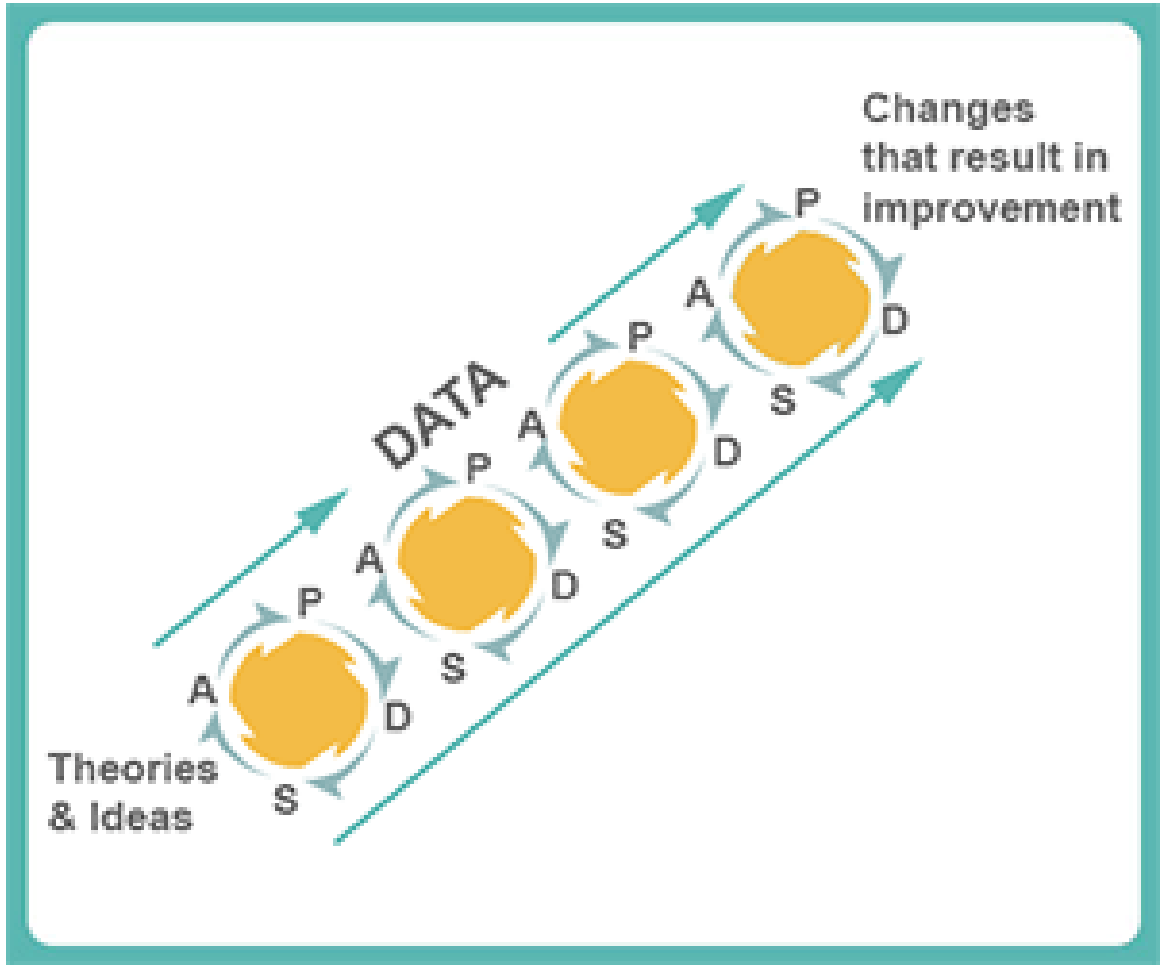
- Useful tool for developing & documenting tests of change to **for improvement**
- AKA PDCA

**P** – **Plan** a test

**D** – **Do** a test

**S** – **Study** & learn from test results

**A** – **Act** on results



# Reasons to test changes

## Benefits of PDSA cycles

***Learn*** whether change will result in improvement

***Predict*** the amount of improvement possible

Evaluate the proposed change work in a ***practice environment***

***Minimize resistance*** at implementation

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# PDSA Worksheet

## Use Plan-Do-Study-Act to Help Create Action Plans

This plan-do-study-act (PDSA) worksheet helps create your action plan.

**FOCUS:** **STEP:** **CYCLE:**

### PLAN

Which initiative driver is being addressed? What is the problem?

What is our goal?

### DO

What intervention did we test and how did we measure it?

### STUDY

What worked well?

What didn't work?

What did we learn that was unexpected?

### ACT

What are our next steps?

# Potential Implementation Barriers & Strategies to Overcome

| Potential Barrier Drivers | Strategies to Overcome |
| --- | --- |
| • Time limitations | • Make sure meetings are organized and succinct<br>• Involve bedside clinical team members- consider use of clinical ladder<br>• Standardize meeting time for ease of scheduling; consider virtual option<br>• Use regularly scheduled department meetings to highlight project and results- be succinct |

# As the Project Continues…

- **Celebrate** successes along the way
- **Display data** by keeping it current AND interesting
- **Make it stick**
  - Routinization
- **Plan for sustainability**

| Assess | Review | Attend | Plan |
| --- | --- | --- | --- |
| Assess your team to assure all critical departments included | Review Toolkit and Toolbox resources | Attend Data Collection Webinar:<br><br>April 24, 2025 | Plan for launch – bulletin boards; staff meetings; event invitations |

## April-June 2025

# July 2025

## Launch

- Official launch at your hospital!
- Plan to participate on monthly coaching calls!
- Educate clinicians & hospital leadership on importance of OHI & hospital standards
- Engage clinical team early & often!

## Begin

- Begin submitting prospective data!
- Plan a call with your Coach-Mentors!

# OHI 2.0 Resources

**Monthly Coaching Calls with hospitals state-wide**

**Online Toolbox**

Algorithms, Sample protocols, Education tools, Competencies, Slide sets, etc.

**Technical Assistance**

from FPQC staff, state Clinical Advisors, and National Experts

**Educational sessions, videos, and resources**

**Initiative-wide collaboration meetings**

**Monthly and Quarterly QI Data Reports**

**Regular E-mail Bulletins**

**Custom, Personalized**

virtual, phone, or on-site

**Consultations & Grand Rounds Education**

# OHI 2.0 Website

**http://www.fpqc.org/OHI-2**

# Questions?