

Obstetric Hemorrhage Initiative

INTERVENTIONS

IMPACT

OUTCOMES

KEY DRIVERS

Decreased long- and short-term morbidity and mortality related to OB hemorrhage in Florida

Reduce the number of massive hemorrhages (transfusions >3 units of any blood product or ≥5 units PRBCs) and resulting major complications (e.g. unplanned hysterectomies) for all birthing women in participating hospitals by 50% by December 31, 2014

All participating hospitals develop and implement a multidisciplinary response to every massive OB hemorrhage by December 31, 2014

Improve readiness to address OB hemorrhage

Improve recognition of OB hemorrhage

Improve prevention of OB hemorrhage

Improve response to OB hemorrhage

Improve reporting of OB hemorrhage

Develop or update General Department Policy (to include identification of roles and multi-disciplinary team responders for stage 1, 2, and 3 hemorrhages)

Develop or update Massive Transfusion Protocol (to include coordination of response with Blood Bank)

Cognitive/ didactic education and Skills education conducted with/provided to existing RN and MD staff and create an ongoing education plan for incoming (new hire/new join) staff

Ensure availability of medications and equipment. Construct a hemorrhage cart.

Have 100% of staff run at least one multi-disciplinary (i.e., doctors and nurses) drill per YEAR to identify system and process improvement opportunities.

Quantitatively measure and document blood loss during all vaginal and cesarean section deliveries using 1 or more of the 3 preferred methods.

Utilizing an evidence-based risk scoring tool, all women admitted for birth will be assessed for risk of obstetric hemorrhage and the score documented in clinical record so that the risk is considered in the patient care plan for labor and delivery.

Women receive active management of the third stage of labor, including: Oxytocin (IV or IM) at delivery of the baby, Fundal Massage for 15 seconds minimum

Hold debrief sessions involving MD and non-MD staff for hemorrhages that advance beyond 1000 cc /beyond stage 2 or 3

Documented hand off report assessing for cumulative blood loss, between labor and delivery and postpartum medical and nursing staff for all women with 1000 cc blood loss or greater.

Track and report the number of units of blood products transfused during birth admission