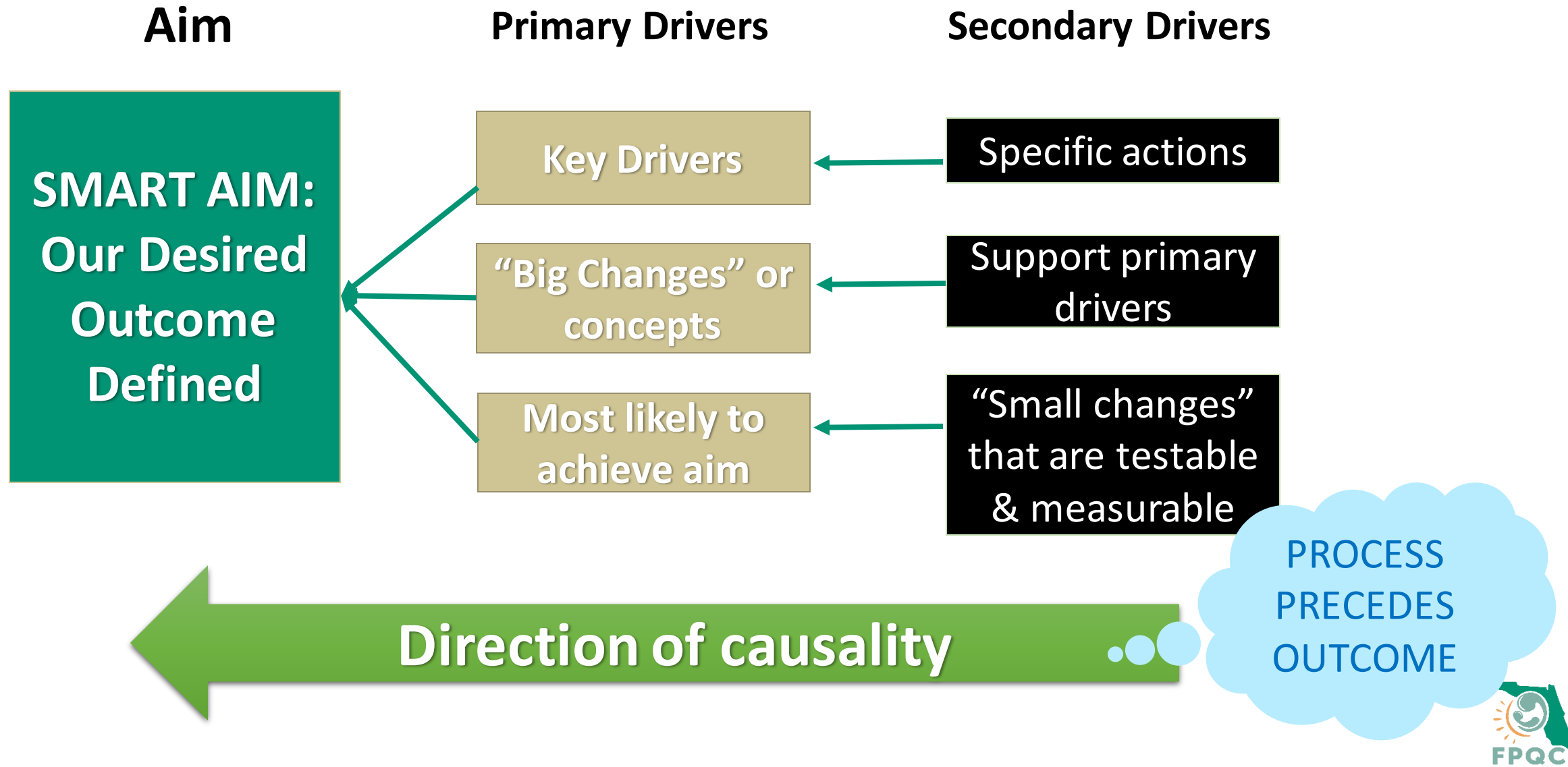


Data for Impact: Measuring What Matters

Estefania Rubio



Key Driver Basic Concepts



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 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 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

Aim

By 12/2026, OHI hospitals will increase by 20% the percentage of patients receiving:

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

* Baseline will be established with the first quarter of data

A Usual MMRC Scenario

PPH Risk Assessment at admission: “Low Risk”; No other PPH Risk Assessment documented

Time	Event	
0 min	Birth	No pre-birth Risk Assessment
+10 min	First signs of bleeding	No cumulative QBL or staging documented
+20 min	Stage 1 meds given	
+37 min	EBL > 1000 mL	
+49 min	Next med given (methylergonovine)	Delay in recognition and treatment!

“Measures help you know if you are on track to achieve your aim, answering the question, “How will we know that a change is an improvement?”” - IHI

Primary Driver

Secondary Drivers

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

Develop standardized, facility-wide, stage-based OB hemorrhage emergency management plans

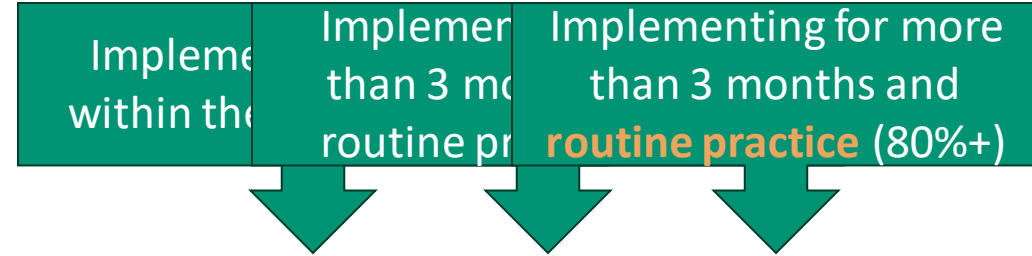
Ensure rapid access to medications & maintain readily available hemorrhage cart or equivalent

Conduct interprofessional, interdepartmental team-based training & drills to prepare for recognition & treatment of OB hemorrhage

Implement a process for timely access to supplies, equipment & procedures for QBL documentation and communication at every birth

Quarterly Status Update → Not started to Fully Implemented

Hospital-level Data Collection Form: Structural Measures



To what extent has your hospital:	Not Started	Planning/ Developing	Started to Implement	Implemented	Fully Implemented
Implemented standard protocols, guidelines, and/or processes, reviewed and updated in the last 2 years...					
... for the identification, management, and treatment of OB hemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for the management of the third stage of labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... ensuring patients who are identified as high-risk for hemorrhage receive consistent and timely counseling on hemorrhage risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for the formal assessment and management of anemia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Primary Key Driver

Secondary Drivers

Recognition:

Early identification and assessment
(EVERY PATIENT)

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

% Patients in the monthly sample!

Patient-Level Data Collection Form: Process Measures

OB Hemorrhage Identification & Management

OB Hemorrhage Risk Assessment documented: <i>(check all that apply)</i>	<input type="checkbox"/> On admission to L&D <input type="checkbox"/> Pre-Birth <input type="checkbox"/> On admission to postpartum
Documented blood loss	_____ml
Was a quantitative and cumulative technique used to measure blood loss (QBL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received active management of the third stage of labor per unit protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (cesarean)
# of documented hand off reports tracking cumulative blood loss	_____ <input type="checkbox"/> Not documented

Primary Driver

Response:

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

Secondary Drivers

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, & staff for all OB hemorrhages, including debriefs, follow-up, resources and appointments

Mix of hospital structural measures and patient process measures

Data Collection: Types & Tools

Monthly Abstracted Patient Data

1

- **Inclusion Criteria:** Patients who deliver at your hospital and experience **≥1000 mL blood loss** (Stage 2 obstetric hemorrhage)
- **Case Selection:** each month, abstract data from:
 - Up to **10 Stage 2** hemorrhage cases
 - Up to **5 Stage 3 or 4** hemorrhage cases
- Use the **Patient-Level Form**

Patient-Level Data Collection Form



OBSTETRIC HEMORRHAGE DATA FORM

Goal: Increase the percentage of patients accurately identified and managed for obstetric hemorrhage per unit protocol to support timely intervention and improved outcomes.
Instructions: Document the following information for patients who deliver at your hospital with blood loss of $\geq 1,000$ mL (Stage 2+ obstetric hemorrhage).

STUDY ID: _____

Discharge Month _____ Year _____ Sat/Sun/Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No Age _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Declined to answer <input type="checkbox"/> Unknown Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined to answer <input type="checkbox"/> Unknown	Pref. Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Insurance (check all that apply) <input type="checkbox"/> Medicaid/Med plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Delivery type: <input type="checkbox"/> Vaginal <input type="checkbox"/> Scheduled C/S <input type="checkbox"/> Unplanned non-emerg. C/S <input type="checkbox"/> Emergency C/S
GA at delivery _____ complete weeks Hemoglobin at admission _____ g/dL	OB Hemorrhage Stage: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Time when OB hemorrhage started: <input type="checkbox"/> Antepartum <input type="checkbox"/> Intrapartum <input type="checkbox"/> Postpartum	Dx related to OB hemorrhage (check all that apply) <input type="checkbox"/> Uterine Atony <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Lacerations <input type="checkbox"/> Other _____ <input type="checkbox"/> Retained products <input type="checkbox"/> Abnormal placentation (e.g. accreta)	

OB Hemorrhage Identification & Management	
OB Hemorrhage Risk Assessment documented: (check all that apply)	<input type="checkbox"/> On admission to L&D <input type="checkbox"/> Pre-Birth <input type="checkbox"/> On admission to postpartum
Documented blood loss _____ ml	
Was a quantitative and cumulative technique used to measure blood loss (QBL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received active management of the third stage of labor per unit protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (cesarean)
# of documented hand off reports tracking cumulative blood loss	_____ <input type="checkbox"/> Not documented

Adverse Maternal Outcome (check all that apply):

<input type="checkbox"/> Transfusion of ≥ 4 units of blood products	<input type="checkbox"/> Sepsis	<input type="checkbox"/> ICU admission
<input type="checkbox"/> DIC	<input type="checkbox"/> Placental abruption	<input type="checkbox"/> Liver failure
<input type="checkbox"/> ARDS	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pulmonary edema	<input type="checkbox"/> Oliguria	<input type="checkbox"/> None
<input type="checkbox"/> Renal failure	<input type="checkbox"/> AFE	
<input type="checkbox"/> Cardiac ischemic event		

Adverse Neonatal Outcome:

NICU/SCN admission IUFD Other _____ None Unknown

Clinical Debrief/Case Reviews	Yes	No	N/A
Did the physician and RN debrief this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If an SMM case, was an interdisciplinary case review conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meds & Interventions (check all given)	After hemorrhage onset, select the order medications were given	Contraindicated?
<input type="checkbox"/> Oxytocin	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other	
<input type="checkbox"/> Methergine	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Carboprost (Hemabate)	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Misoprostol	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other	<input type="checkbox"/>
<input type="checkbox"/> Tranexamic acid (TXA)	Time from OB hemorrhage onset to first TXA dose: <input type="checkbox"/> less than 3 hours <input type="checkbox"/> 3 hours or more	
<input type="checkbox"/> Devices	<input type="checkbox"/> Intrauterine balloon tamponade <input type="checkbox"/> Intrauterine vacuum <input type="checkbox"/> Other _____	
<input type="checkbox"/> Surgical	<input type="checkbox"/> Uterine artery ligation <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Planned hysterectomy <input type="checkbox"/> Other _____	
<input type="checkbox"/> Massive Transfusion Protocol Initiated		
<input type="checkbox"/> Blood products given during acute OB hemorrhage		

DISCHARGE MANAGEMENT		Yes	No
Were verbal & written postpartum warning signs given?		<input type="checkbox"/>	<input type="checkbox"/>
Was patient verbally debriefed and given a written summary of the OB hemorrhage event before discharge?		<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding/pumping at discharge?		<input type="checkbox"/>	<input type="checkbox"/>
Was a Postpartum Discharge Assessment (vital signs and response) conducted just prior to discharge?		<input type="checkbox"/>	<input type="checkbox"/>
Timing of scheduled follow-up appointments (check all that apply)	<input type="checkbox"/> within 7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-21 days <input type="checkbox"/> >21 days <input type="checkbox"/> Pt. instructed/not scheduled		

Baseline April-June due on July 15th!



Quarterly Patient Aggregate Data

2

- Total number of patients with completed PPH risk assessments and cumulative QBL documented
- Total number of patients with Severe Maternal Morbidity (SMM), SMM among OB hemorrhage / Severe Obstetric Events

Hospital-Level Data Collection Form

Aggregate Patient Data	
# of patients admitted for delivery	<input type="text"/>
# of patients admitted for delivery with documented cumulative QBL	<input type="text"/>
# of patients admitted for delivery with 3 risk assessments documented (at admission to L&D, pre-birth, and admission to PP)	<input type="text"/>
The following measures need to be calculated with ICD-10 codes:	
# of patients admitted for delivery with Obstetric Hemorrhage (ICD-10 codes)	<input type="text"/>
# of patients with SMM* during delivery admission (<i>excluding transfusion-only cases</i>)	<input type="text"/>
# of patients with SMM* (<i>excluding transfusion-only cases</i>) who experienced an obstetric hemorrhage	<input type="text"/>
# of patients with Severe Obstetric Complications (<i>excluding transfusion-only cases</i>) during delivery admission (optional)	<input type="text"/>
# of patients with Severe Obstetric Complications (<i>excluding transfusion-only cases</i>) during delivery admission who experienced an obstetric hemorrhage (optional)	<input type="text"/>

Baseline April-June due on July 15th!

Quarterly Hospital Level Data

3

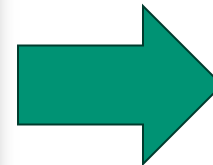
- Policies/Guidelines/Process to support OHI 2.0
- % drills/simulations, % provider and staff training



Obstetric Hemorrhage Initiative (OHI) 2.0
Hospital-Level Data Collection Form



To what extent has your hospital:	Not Started	Planning/Developing	Started to Implement	Implemented	Fully Implemented
Implemented standard protocols, guidelines, and/or processes, reviewed and updated in the last 2 years...					
... for the identification, management, and treatment of OB hemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for the management of the third stage of labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... ensuring patients who are identified as high-risk for hemorrhage receive consistent and timely counseling on hemorrhage risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for the formal assessment and management of anemia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured access to obstetric hemorrhage supplies readily available in a cart or mobile box and rapid access to obstetric hemorrhage medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a transfer algorithm <u>and</u> written protocol identifying designated facilities for timely maternal transfer in obstetric emergencies requiring a higher level of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a process to ensure, for every birth, the availability of supplies and equipment to support timely and ongoing QBL documentation and communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented periodic education and engagement for ED physicians and staff about OB hemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented patient education materials on urgent postpartum warning signs, OB hemorrhage risk factors, early warning signs, postpartum complications risk, and counseling for patients at a higher OB hemorrhage risk that align with culturally and linguistically appropriate standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established a standardized process to conduct clinical team debriefs after cases with a major complication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established a standardized process to conduct debriefs with patients after a severe event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established a process to perform multidisciplinary, systems-level reviews of cases of severe maternal morbidity (including, at minimum, pregnant and PP patients admitted to the ICU or who received ≥ 4 units RBC transfusions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a multidisciplinary stage-based OB hemorrhage emergency management process for all perinatal and ED units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Held interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged a Patient Advisor in the QI team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Baseline completed today!
Thank you!



Next status update due in July
(changes through end of June)



Monthly Abstracted Patient Data

- Sample of up to 15 patients
- Demographics, OB hemorrhage mgmt., adverse outcomes and PP discharge data

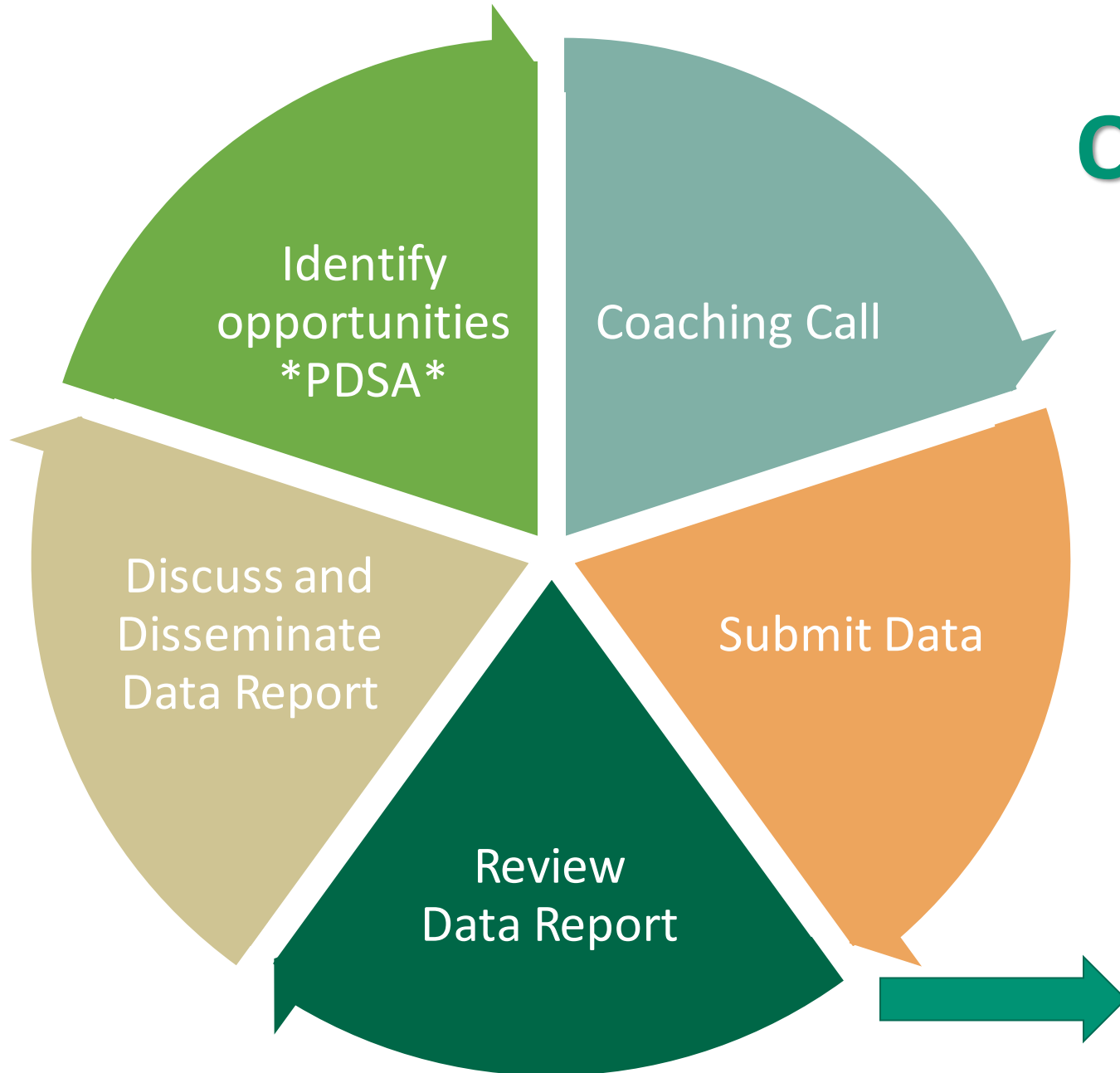
Quarterly Patient Aggregate Data

- Total patients with PPH Risk Assessments, with Cumulative QBL
- Total patients with SMM and SMM among OB hemorrhage/Severe Obstetric Event

Quarterly Hospital Level Data

- Policies/Guidelines/Process to support OHI 2.0
- % drills/simulations, % provider and staff training

QI MONTHLY CYCLE



QI REPORTS

- Aim
- Run Charts
- Track Process, Structural, and Outcome Measures
- Add your PDSAs

IMPORTANT REQUESTS

- ❑ Track completion of your hospital's Data Use Agreement (DUA)
- ❑ Let us know of any changes in your team: data lead resources
- ❑ Attend the data webinar on **Thursday, April 24 @ 12:00pm**

Register here:



Questions?

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“To improve the health and health care of all Florida mothers & babies”

