OHI 2.0 Mid-Initiative Meeting Round Robin Notes

April 22, 2026

Topic 1: Cumulative QBL

Alexa and Margie

Successes

- Paper audit tools
- Scales in every room (6)
- Updating verbiage across all departments (2)
- Educating teams on the "why" behind cumulative QBL
- QBL charts in every room and on the hemorrhage carts (2)
- Discuss hemorrhage cases in case reviews
- EPIC QBL calculator (2 – but also noted in the challenges section)
- Tritan (2)
- Announcing fluid in the drape for vaginal births
- Placing the drape under the patient if the bed is not broken down (some midwives don't want to break the bed down)
- Pre-birth time out
- Removing EBL as an option in the EHR
- Culture shift --> anesthesia & OBs ask RNs for cumulative QBL/anesthesia & RNs working together
- Only RNs can document QBL in chart
- Standardizing irrigation processes
- Roll carts for delivery & PP
- Safety huddles 4x per day

Challenges

- Provider buy-in (anesthesia, seasoned OBs) (2)
- OBs announcing EBL (4)
- OBs "testing" nurses on EBL vs cumulative QBL
- EPIC/EHR doubling the QBL in the chart
- Float techs questioning the process
- Scales not in every room (or being stolen)
- Irrigation (2)
- Weighting at the end
- Delaying announcements of QBL
- CNM not wanting to break the bed
- QBL calculator in EPIC (2)
- IT department

- Availability of equipment
- Staffing (!)
- Vaginal deliveries not wanting to wait
- 2-hour postpartum window for QBL

Topic 2: Early Postpartum Appointment Prior to Discharge

Leomar and Vanessa

Successes

- Using a care navigator/liaison to schedule appointments and resolve scheduling conflicts (3)
- Use Microsoft Teams to reach out to staff
- Discussion follow-up appointments during admission
- Nurses have scheduling privileges (e.g., Mother and Baby Nurses) (2)
- Use standard technology:
    - phone calls and fax
    - manual book entry
    - Google sheet
- Systemic engagements between hospitals, private practice physicians, and community-based services
    - Telehealth
    - Home health aides
    - Community support services
    - Healthy Start Mobile units
    - Resident-based Clinics
- Use alternate staff to provide services (e.g., Residents, Nurses, PAs)
- Physician engagement (i.e., physician-led conversations about follow-up appointments)
- Using facility transport systems to take patients from home to visit
- Automatic PP scheduling for inductions and c-sections
- Automated flags on admission based on medical history that cue nurses to ask about follow-ups (e.g., blue star)
- Educating private practice physicians on how to bill for follow-up appointments (i.e., financial incentives) (2)
- A multidisciplinary round is used to discuss all patients scheduled for delivery and their follow-up appointments.
- Weekend deliveries have a handoff system
- Creating a patient scheduling metric to track progress

Challenges

- Weekend and holiday deliveries (4)
- Availability issues are a huge burden for nursing staff
- Not all scheduling staff have strong technological skills, which can result in entry errors or missing entries.
- Private physicians don’t have spots

- Automated scheduling isn't feasible for every delivery type
- Differing scheduling practices/ preferences among staff (i.e. physicians and nurses)
- Can't track patients who have a follow-up provider outside the hospital system
- Low buy-in from private practices
- Some facilities are still using the default 6 weeks and not 2 weeks
- Not every payer type has a matching provider available

Topic 3: Team Debriefs

Estefanny and John

<u>Successes</u>

- Debriefing form on chart
- Buy-in from admin
- Leadership initiates/accountable
    - Nurse or resident driven
    - Culture change/redundancy
    - Charge RN accountable
- Patient safety form triggers debrief
- Constant reminders through boards and huddles
    - Physician lead huddles
    - Twice daily huddles
- Assigned roles
- Perinatal response nurse leads document digitally
- Have a set standard/expectation
- AWHONN debrief form
- MNM; regrouping team to review
- Recognition from providers about what went well
- OB QI accountability
- WEBX for stage 2 or higher with people involved
- Checklist of 1,000
- Time flexibility
- Keeping sessions short

<u>Challenges</u>

- Conducting at the end of a delivery
- Buy-in from team/clinicians
- Call code but missed so team leaves
- Documentation in HER
- If not seen as an emergency, it is not being done
- Acclimation to similar situations
- Taking ownership of debrief
- Feels like an extra task

- Staffing shortage
- No champion
- Limited time, especially in large facilities
- Team disperses after
- Change of shift
- Educating about the importance
- PP unit not included

Topic 4: Levels of Maternal Care (LOMC) and Transfers

Sara and Kylie

Successes

- Physician buy-in
- Admin support
- Helps hospitals fulfill CMS requirements
- Alignment with other departments
- Multi-disciplinary co-management of care
- Known responsibility to other units and hospitals
- Less transfer resistance
- Ready for transfers (rapid response team)
- Formal line of open communication
- Peer support from other verified hospitals
- FPQC funding support and technical assistance
- OB education for all staff through partnering with educators
- Education for ICUs, resource book
- Outcome improvements (accreta), ability to compare rates with other hospitals
- Reference point, clear guidelines for transfers
- Transfer feedback process
- Shows value of OB team
- Boosts team morale
- Drill with EMS and birth center
- ED transfers

Challenges

- Can’t make a transfer map because not every hospital is verified
- Admin does not always see value
- Need buy-in from all departments
- Lots of prep work
- JC vs DNV
- Cost
- Inpatient transfers
- Insurance authorization
- Staff turnover, new nurses

- Lack of public knowledge, patients don't know which hospital to go to
- EMS doesn't know which hospital to transfer to
- 3-point transfer delays
- Providers want to keep patients
- Lack of MFM guidance/documentation
- Providers in-house
- "Transferring" care prenatally

Topic 5: Patient Advisors

Shelby and Estefania

Successes

- Ask nurses to reach out to friends
- Feeling them (voucher, catering)
- Being vulnerable
- Maternal fetal navigator
- Use p/t to lead p/t brief convo

Challenges

- Busy schedules
- Opportunities to connect to moms
- Defining the role
- Being open minded to patient requests
- Decreased social workers and lactation consultants
- Getting admin to see the value and not the risk