

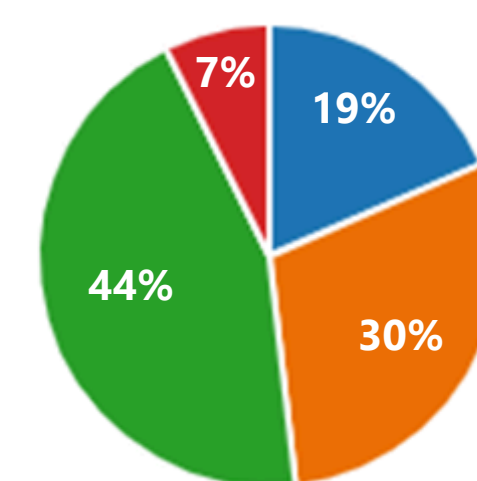
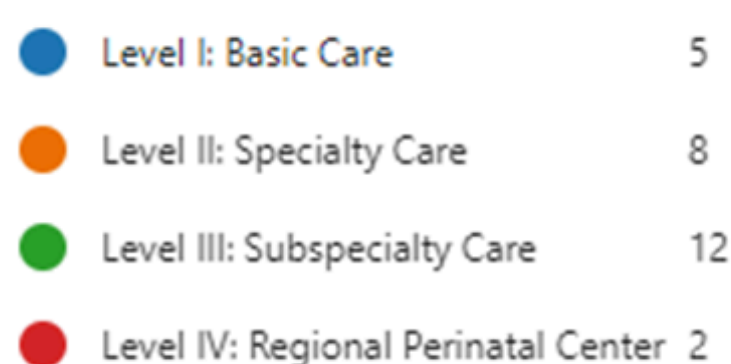
# Maternal Hospital Engagement and Readiness Tool (HEART) Results Summary: Obstetric Hemorrhage



The Hospital Engagement and Readiness Tool (HEART) is a baseline assessment of hospitals participating in the Obstetric Hemorrhage initiative of the Maryland Perinatal-Neonatal Quality Collaborative (MDPQC). The HEART measured baseline implementation of initiative components, as well as general facility readiness for quality improvement activities. 27 out of 32 Maryland hospitals participating in the initiative completed the HEART as of July 2024.

## Maternal Care Level:

Most participating hospitals are Level II or III, but the initiative supports Level I and IV facilities as well.



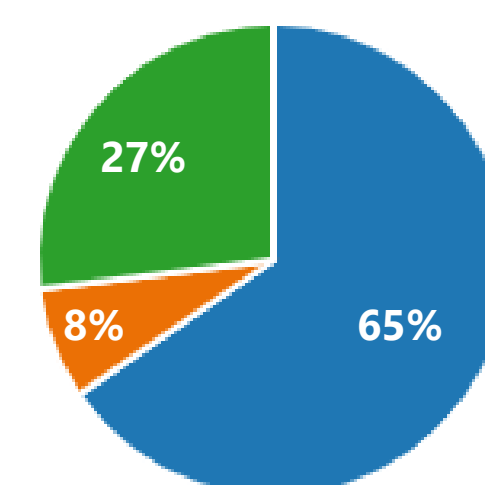
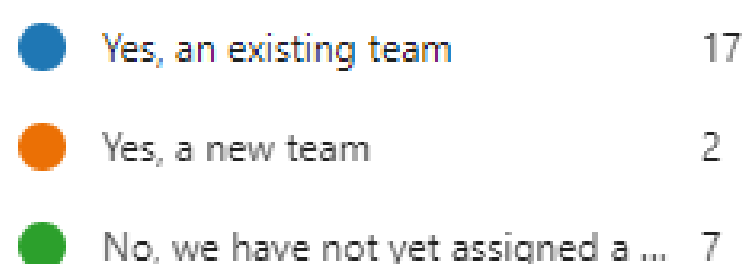
## EHR Systems Used:

Most Maryland hospitals are using Epic or Cerner, however a few hospitals are using additional systems such as MediTech and MedConnect.

EHR	Count
EPIC	14
Cerner	7
MediTech	4
MedConnect	2

## Status of Multidisciplinary Team for Bundle Implementation:

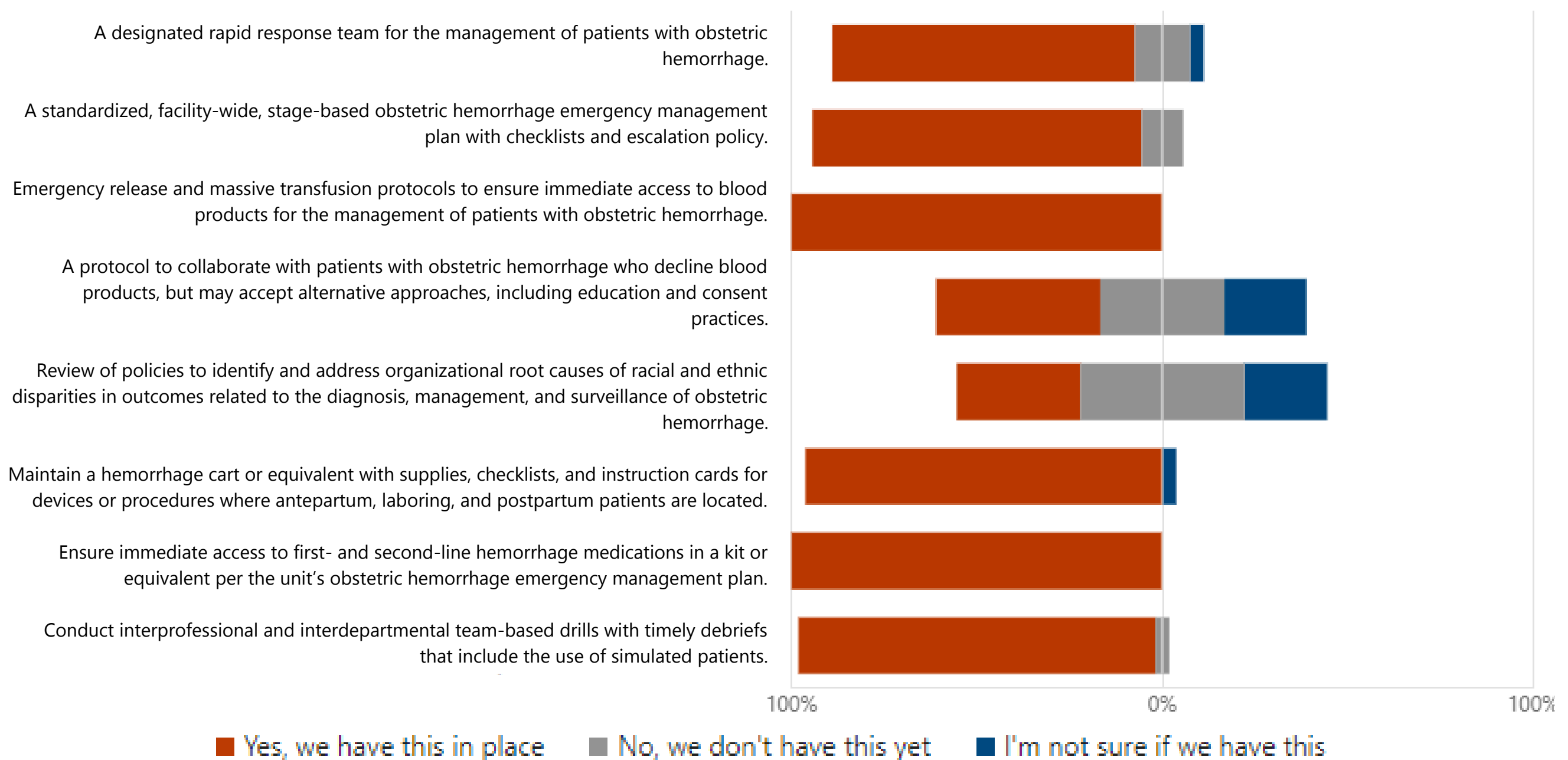
Majority of participating hospitals indicate they already have a multidisciplinary team in place, with a small number of hospitals indicating of creating a new multidisciplinary team for this initiative. A fourth of hospitals indicated that they had not yet assigned a multidisciplinary team for implementation of the obstetric hemorrhage bundle.



## How would you characterize your hospital's current implementation of the interventions under the "Readiness" components of the AIM obstetric hemorrhage bundle?

The bundle components with the most opportunity for improvement include:

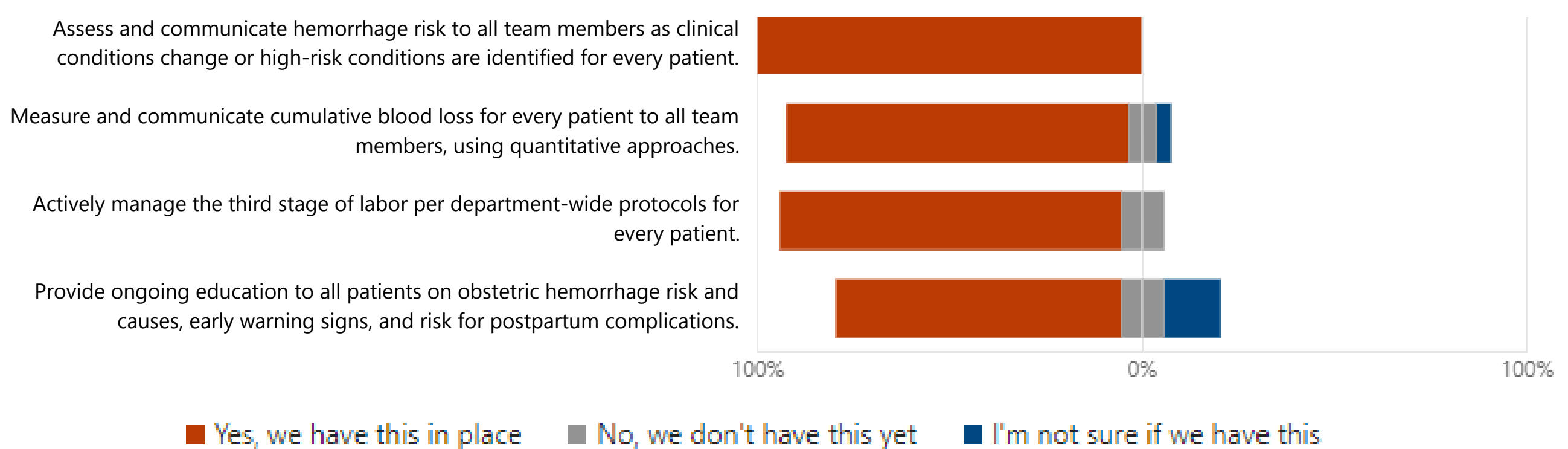
- A protocol to collaborate with patients with obstetric hemorrhage who decline blood products, but may accept alternative approaches, including education and consent practices.
- Review of policies to identify and address organizational root causes of racial and ethnic disparities in outcomes related to the diagnosis, management, and surveillance of obstetric hemorrhage.



## How would you characterize your hospital's current implementation of the interventions under the "Recognition & Prevention" components of the AIM obstetric hemorrhage bundle?

The bundle components with the most opportunity for improvement include:

- Provide ongoing education to all patients on obstetric hemorrhage risk and causes, early warning signs, and risk for postpartum complications.
- Actively manage the third stage of labor per department-wide protocols for every patient.

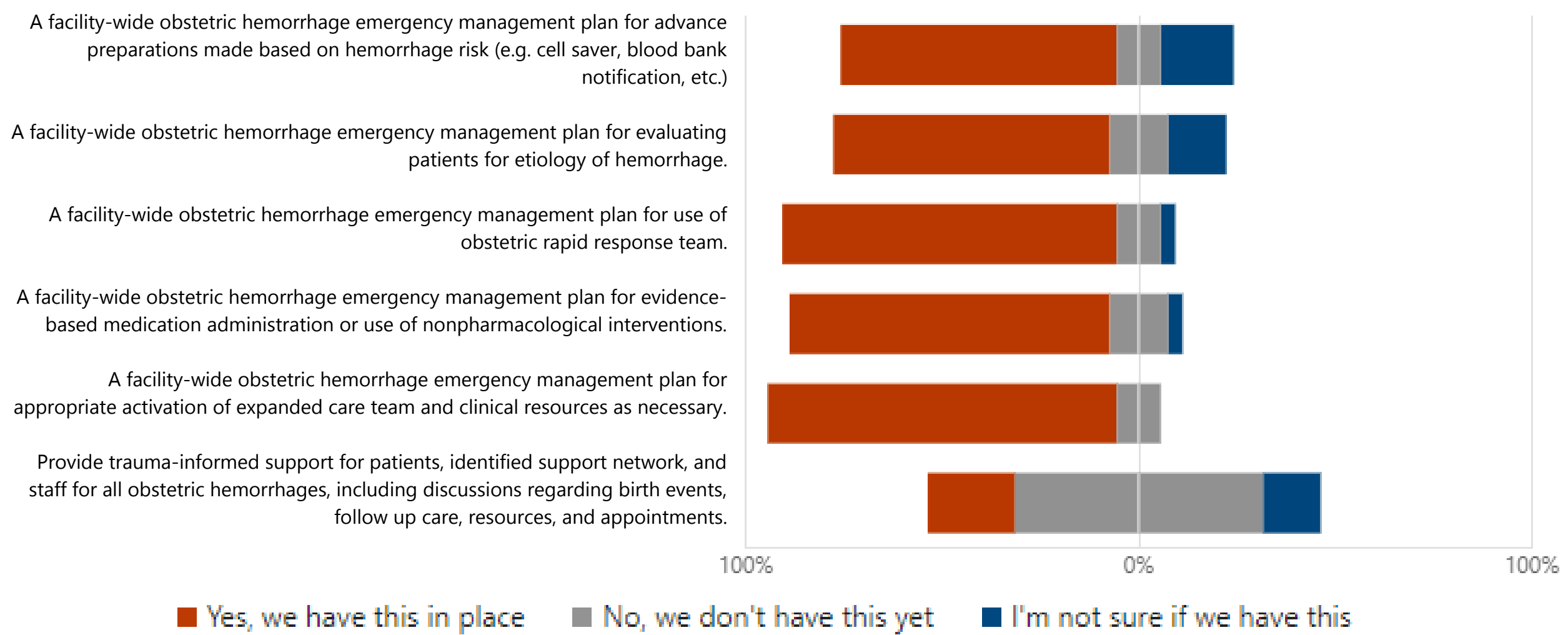


## How would you characterize your hospital's implementation of the interventions under the "Response" component of the AIM obstetric hemorrhage bundle?

The bundle components with the most opportunity for improvement include:

- Provide trauma-informed support for patients, identified support network, and staff for all obstetric hemorrhages, including discussions regarding birth events, follow up care, resources, and appointments.

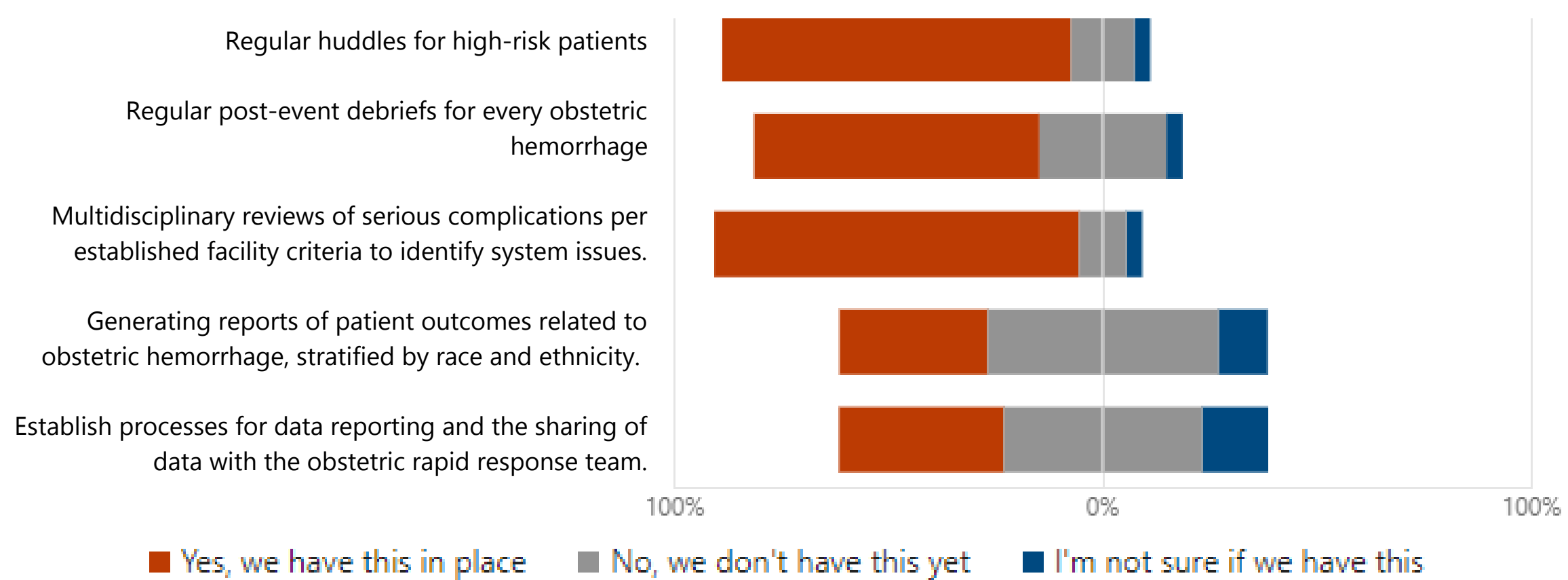
- A facility-wide obstetric hemorrhage emergency management plan for advance preparations made based on hemorrhage risk (e.g. cell saver, blood bank notification, etc.) (includes checklists and escalation policies for stage-based management of patients with obstetric hemorrhage).
- A facility-wide obstetric hemorrhage emergency management plan for evaluating patients for etiology of hemorrhage (includes checklists and escalation policies for stage-based management of patients with obstetric hemorrhage).



### How would you characterize your hospital's implementation of the interventions under the "Reporting/System Learning" component of the AIM obstetric hemorrhage bundle?

The bundle components with the most opportunity for improvement include:

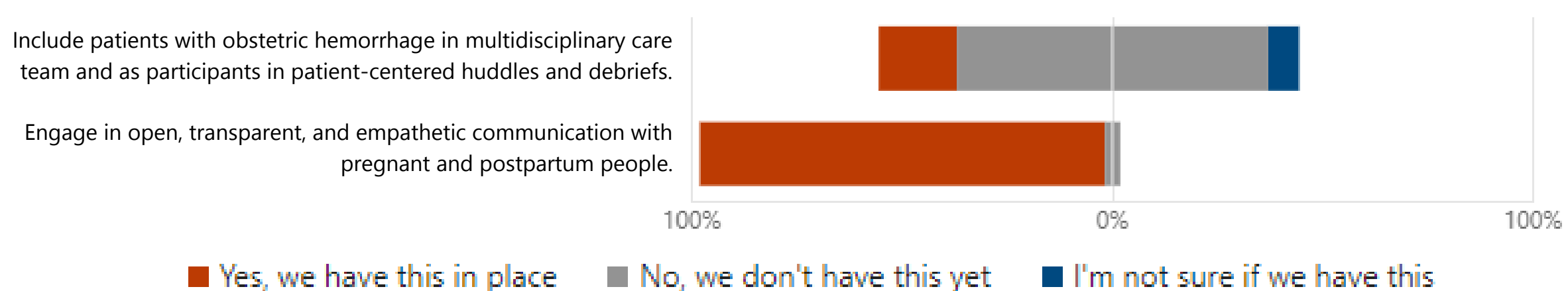
- Generating reports of patient outcomes related to obstetric hemorrhage, stratified by race and ethnicity.
- Establish processes for data reporting and the sharing of data with the obstetric rapid response team.



### How would you characterize your hospital's implementation of the interventions under the "Respectful, Equitable, and Supportive Care" component of the AIM obstetric hemorrhage bundle?

The bundle components with the most opportunity for improvement include:

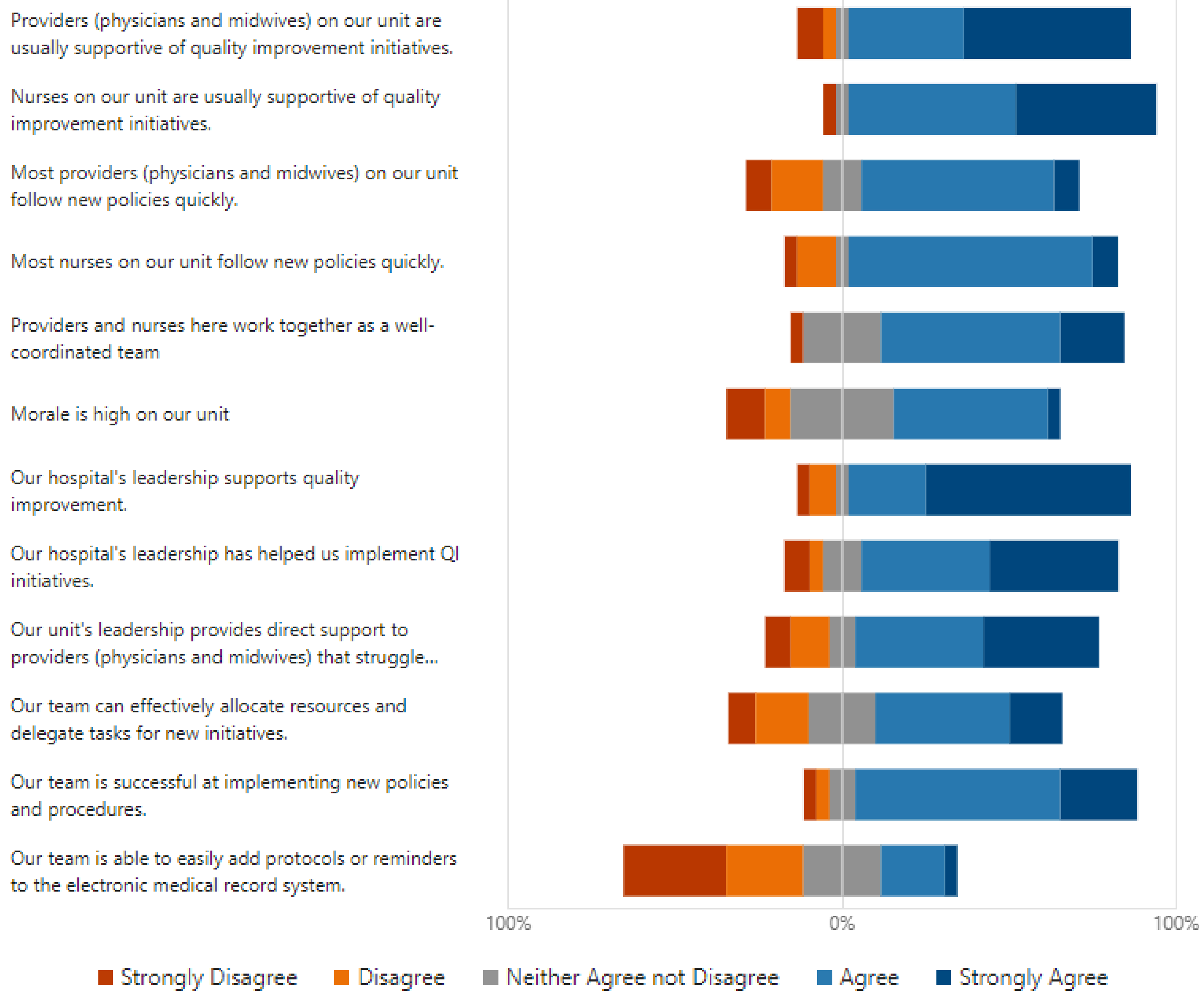
- Include patients with obstetric hemorrhage in multidisciplinary care team and as participants in patient-centered huddles and debriefs.



**Quality Improvement Culture: Please rate your level of agreement with the following statements about your hospital's quality improvement culture.**

The biggest challenges hospitals face with instituting quality improvement initiatives include:

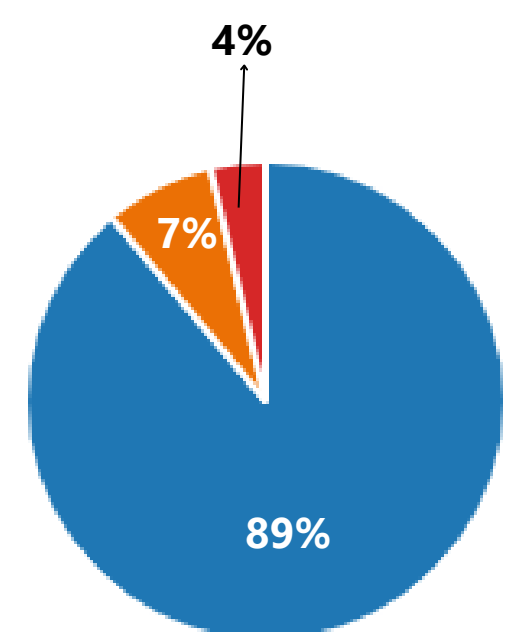
- Being able to easily add protocols or reminders to the electronic medical record system,
- Morale on the unit,
- Providers on the unit following new policies quickly, and
- Provider support of quality improvement initiatives.



**Documenting Race, Ethnicity, and Preferred Language of Maternity Patients:**

Majority of participating hospitals indicate patients provide this information to staff during registration, while a small number of hospitals indicate that staff collect this information from other sources, such as a prenatal record.

- Patients provide this information to staff (e.g. during registration) 24
- Staff collect this information from other sources (e.g. the prenatal record) 2
- I don't know 0
- Other 1



The MDPQC would like to thank participating hospitals for completing the HEART baseline assessment. If you have any questions about this report, or would like to view a copy of your facility's responses, please contact the MDPQC Coordinator – Katie Richards, at [krichards@hqi.solutions](mailto:krichards@hqi.solutions).