

MDPQC Office Hours

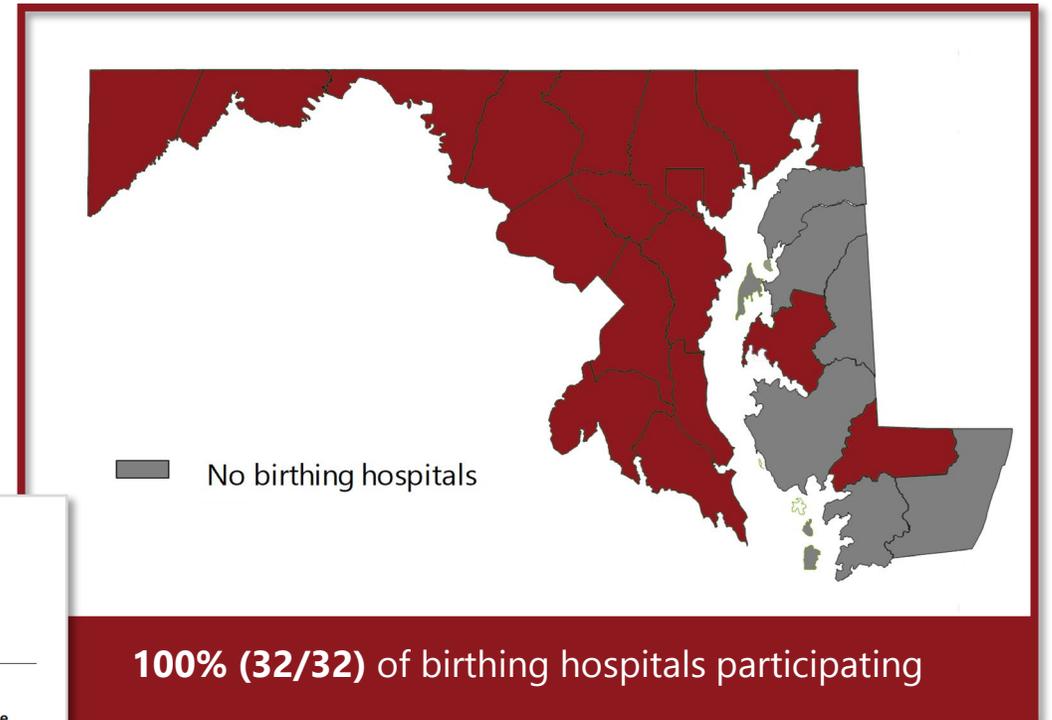


Hemorrhage Initiative
March 3, 2026

What is MDPQC trying to accomplish?

Goals:

- ✓ Decrease Maryland maternal morbidity and mortality related to Obstetric Hemorrhage
- ✓ Implement the AIM Obstetric Hemorrhage Patient Safety Bundle in all Maryland birthing hospitals
- ✓ Promote equitable care for all patients



Office Hours

- [Kick-Off](#)
- Jul 2023: [Data Submission](#)
- Aug 2023: [Data & Debriefs](#)
- Sep 2023: [JADA](#)
- Oct 2023: [Debriefing](#)
- Nov 2023: [MDMOM HTN](#)
- Jan 2024: [PPH Management](#)
- Feb 2024: [Count the Kicks](#)
- Mar 2024: [Epic Reporting](#)
- Apr 2024: [Triton System](#)
- May 2024: [Health Equity Collaboratory](#)
- Jun 2024: [Local Health Dept Panel](#)
- Jul 2024: [Patient Debrief Tracking Tool](#)
- Aug 2024: [UMMC QBL Algorithm](#)
- Oct 2024: [GBMC SAFE Program](#)
- Nov 2024: [BWMC Birthing Bracelets](#)
- Dec 2024: [Data Review](#)
- Jan 2025: [Legislative Updates](#)
- Feb 2025: [MMMM NTSV](#)
- Mar 2025: [Engaging Social Support to Reduce Disparities](#)
- Apr 2025: [Hemorrhage Scorecard](#)
- May 2025: [Risk Assessments](#)
- Jun 2025: [Provider Engagement](#)
- Jul 2025: [Debriefing Best Practices](#)
- Aug 2025: [Outpatient Education](#)
- Oct 2025: [Data Updates](#)
- Nov 2025: [ED Engagement](#)
- Dec 2025: [MedStar Bloodless Medicine Program](#)
- Jan 2026: [GBMC QBL Collection](#)
- Feb 2026: [Next Initiative](#)

Office Hours

→ What are we missing?

- [Kick-Off](#)
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Obstetric Hemorrhage Resources

- [AIM Bundle Components](#)
- [AIM Bundle Element Implementation Details](#)
- [AIM Hemorrhage Measures](#)
- [MDPQC Hemorrhage Data Collection Template](#)
- [MDPQC Hemorrhage HEART Results Summary](#)
- [QBL Resource List](#)
- [Guidance Document: Patients Who Decline Blood Products](#)
- [CMQCC Sample Script After Hemorrhage](#)
- [PQCNC Life After Postpartum Hemorrhage Patient Education](#)
- [PQCNC Patient and Family Support Checklist – Patient Debrief](#)
- [Drills Resource](#)
- [AIM Obstetric Simulation Scenarios for the ED](#)
- Discharge Phone Call Checklist: [Fillable](#) and [Non-Fillable](#)



NEW: Patient Storytelling Resource

Available Here

Patient Storytelling

Tips and Best Practices



Preparing for the Event

Create your introduction. Share details about your professional background, involvement in volunteering or community activities, and some personal interests—such as family, pets or hobbies.

Confirm the following with your main point of contact:

Logistics

- ✓ Whether the event is confidential.
- ✓ Whether the event will be recorded and whether the recording and slides will be shared.
- ✓ Whether you will be compensated for your travel.
- ✓ If they can provide a signal about timing during your presentation (if desired).

Content

- ✓ Discuss the event audience with your main contact, identifying who will attend and deciding which pieces of your story should be emphasized.
- ✓ Confirm specific details the organizer would like to include in developing and refining your story.

Prepare note cards or an outline that documents key points of the story to reference during your presentation.

Dedicate as much time to preparation as you do to sharing your story at the event.

Be mindful of language used in your story and provide a disclaimer if needed—members of the audience may have experienced trauma.

Crafting Your Story

1. **Connect with a previous patient speaker**, if possible. Ask the main contact if they can arrange a meeting with a past patient speaker, or set up a one-on-one meeting to help you craft your story.
2. **Provide context about your background** and the ways your previous experiences or circumstances influenced your health outcome. For example, note if your community, workplace or hospital primarily serves rural populations or communities with high socioeconomic status.
3. **Determine the time allotted** to tell your story. Allow 5-10 minutes for questions and comments.
4. **Align your story with pictures.** Any pictures you share should match the corresponding part of your narrative.
5. **Tell your story chronologically**, ensuring that each part of the story is covered in order without missing key components.
6. **It's okay to show emotion!** However, don't get too lost in emotion that you become incoherent or forget your message. Practice will help with this.

7. **Highlight the types of staff members involved in your care** (such as nurses, doctors and patient advocates). Describe whether and how staff communicated with you, how staff included or excluded your family/support team, etc.
8. **Do NOT share hospital, provider or nurse names.** We are not here to name and shame, but to encourage hospitals to do better for their patients. You can share that the hospital was in Maryland to emphasize that this happened locally.
9. **Discuss any lasting effects**, such as psychological trauma, insights gained upon reflection, how you wish hospital staff had treated you and/or your expectation for future pregnancies and deliveries.
10. **End your story with a message** tailored to the audience and purpose of the event. This could include emphasizing gaps in care, motivating mothers and families, and more.
11. **Practice your story ahead of time** with your main contact, family members or others. Rehearsing helps you stay focused, cover key points and finish within the time frame.

Sample Outline

- 1 **Thank the organizer** for having you and giving you an opportunity to share your story.
- 2 **Introduce yourself and your background.** How many children do you have, and which child is the story about?
- 3 **Discuss your pre-delivery background.** Mention anything significant that happened during prenatal care and any relevant conditions you had.
- 4 **What was your delivery experience?** Did you have a support person? Did anything go wrong? Did anything go right?
- 5 **What was your post-birth experience?** Did anything significant happen after giving birth in the hospital? Did anything happen after going home?
- 6 **What was the outcome?** Was your overall birth experience what you wanted, and why/why not? Did you have any lasting effects?
- 7 **Share a message** or any lessons learned.
- 8 **Thank the audience** for listening and ask if there are any questions.

Resources

- [Momma's Voices](#)
- [March of Dimes](#)
- [Patient Storytelling with Debora Grandison](#)
- [AMETHIST@Penn October 2024 Seminar - Connecting, Collaborating and Contributing for Change: Part 2](#)
- [Example Patient Story at MDPQC Annual Meeting](#)

This resource was created by the MDPQC Parent and Baby Advisory Council. This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$966,300 with 77 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government. This project was supported by funds through the Maryland Department of Health Maternal and Child Health Bureau.

www.mdpqc.org



HEALTH QUALITY INNOVATORS

Website Updates

The Bundle

- AIM Obstetric Hemorrhage Bundle [Components](#) and [Element Implementation Details](#)

Implementation Resources

Hemorrhage Bundle Resources

- [Guidance Document: Patients Who Decline Blood Products](#)
- [JADA Office Hours Recording – 9/5/2023](#)
- [Post-Partum Hemorrhage Management Office Hours Recording - 1/4/2024](#)
- [Triton System Office Hours Recording – 4/2/2024: \[Recording\]\(#\) & \[Slides\]\(#\)](#)
- [QBL Resource List](#)
- [Obstetric Hemorrhage Management and the Use of an Algorithm for QBL Tracking at UMMC Office Hours Recording – 8/6/2024](#)
- [Risk Assessments Office Hours - 5/6/2025: \[Recording\]\(#\) & \[Slides\]\(#\)](#)
- [MedStar's Bloodless Medicine Program Office Hours – 12/3/2025: \[Recording\]\(#\) & \[Slides\]\(#\)](#)
- [QBL Collection Best Practices at GBMC Office Hours – 1/6/2026: \[Recording\]\(#\) & \[Slides\]\(#\)](#)

Patient Debriefing Resources

- [National Partnership for Maternal Safety: Consensus Bundle on Support After a Severe Maternal Event](#)
- [Debriefing Role-Play Office Hours Recording – 10/17/2023](#)
- [Patient Debrief Tracking Tool Office Hours – 7/2/2024](#)
- [CMQCC Sample Script After Hemorrhage](#)
- [POCNC Life After Postpartum Hemorrhage Patient Education](#)
- [POCNC Patient and Family Support Checklist – Patient Debrief](#)
- [Hospital Highlight: Patient Support After Hemorrhage Best Practices Office Hours - 7/1/2025: \[Recording\]\(#\) & \[Slides\]\(#\)](#)

Drills and Simulations Resources

- [Drills Resource](#)
- [AIM Obstetric Simulation Scenarios for the ED](#)
- [Provider Engagement in Simulations Discussion Office Hours - 6/3/2025: \[Recording\]\(#\)](#)

Pre- and Post-Admission Resources

- [Raising Awareness for Maternal Morbidity and Mortality: Birthing Bracelets at UM BWMC Office Hours Recording – 11/5/2024](#)
- [Discharge Phone Call Checklist: \[Fillable\]\(#\) and \[Non-fillable\]\(#\)](#)
- [Outpatient Education Office Hours - 8/12/2025: \[Recording\]\(#\)](#)
- [ED Engagement Discussion Office Hours - 11/4/25: \[Recording\]\(#\)](#)
- [OB-ED Decision Tree from Lifebridge Carroll Hospital](#)

Data Resources

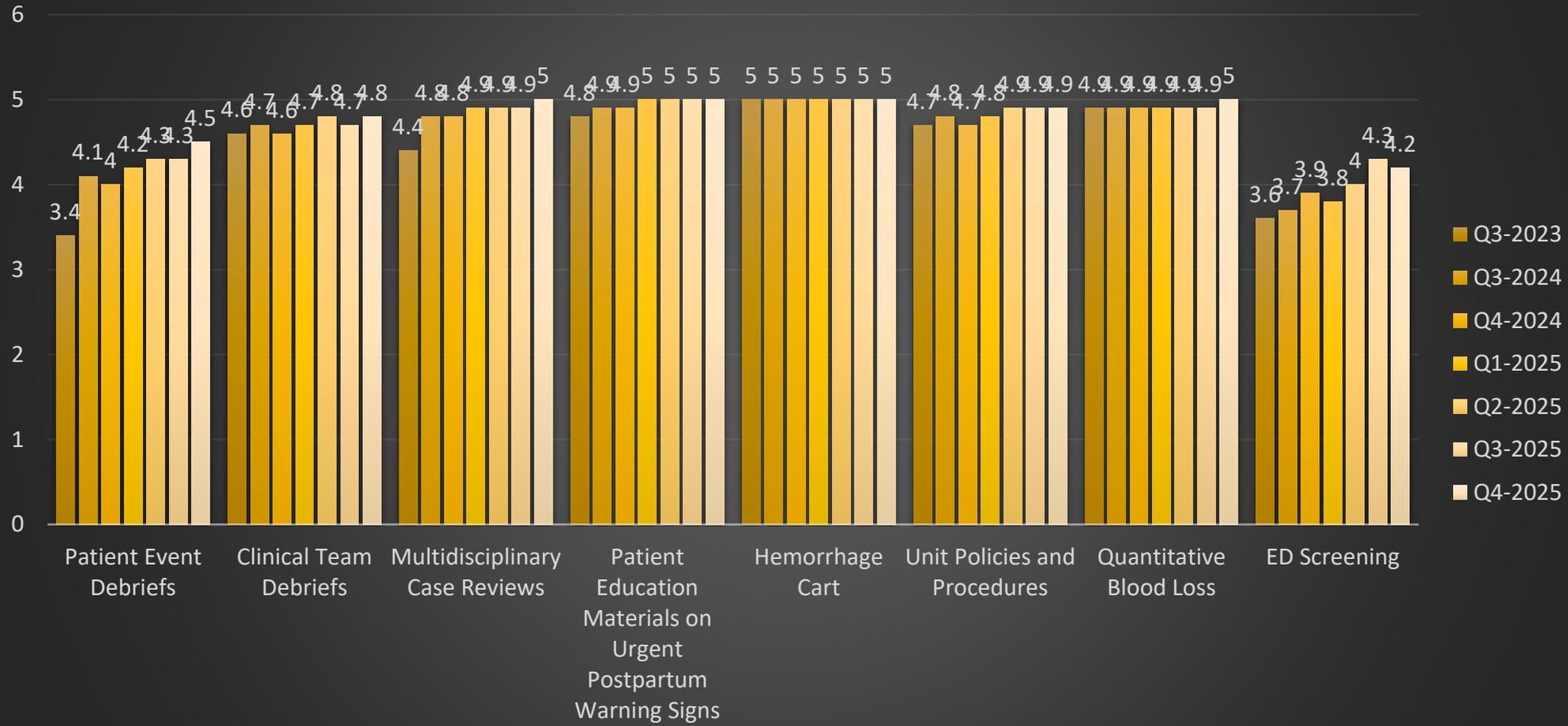
- [AIM Data Center](#)
- [AIM Hemorrhage Measures](#)
- [AIM Data Sampling Worksheet](#)
- [Data Submission Office Hours – 7/6/2023: \[Recording\]\(#\) and \[Slides\]\(#\)](#)
- [Data Submission Follow-Up and Debriefs Office Hours – 8/1/2023: \[Recording\]\(#\) and \[Slides\]\(#\)](#)
- [Epic Reporting Office Hours – 3/5/2024: \[Recording\]\(#\) and \[Slides\]\(#\)](#)
- [Maternal Data Review Office Hours Recording – 12/3/2024](#)
- [Hemorrhage Rate Data and MDPQC Score Card Review Office Hours Recording - 4/1/25](#)
- [Obstetric Hemorrhage HEART Results Summary](#)
- [Hemorrhage Data Updates Office Hours - 10/7/25: \[Recording\]\(#\) & \[Slides\]\(#\)](#)
- [AIM Data Collection Template](#)

Events

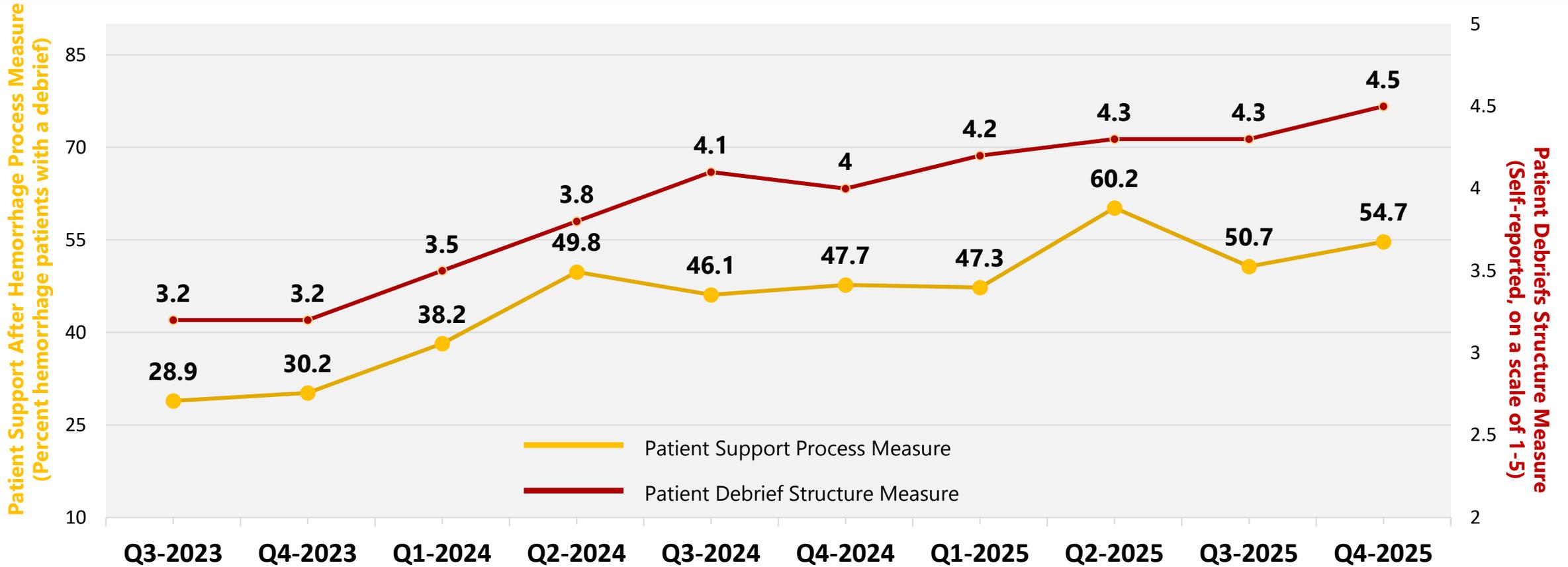


Structure Measures

Maryland Collaborative-Wide Average Scores



Patient Support After Hemorrhage

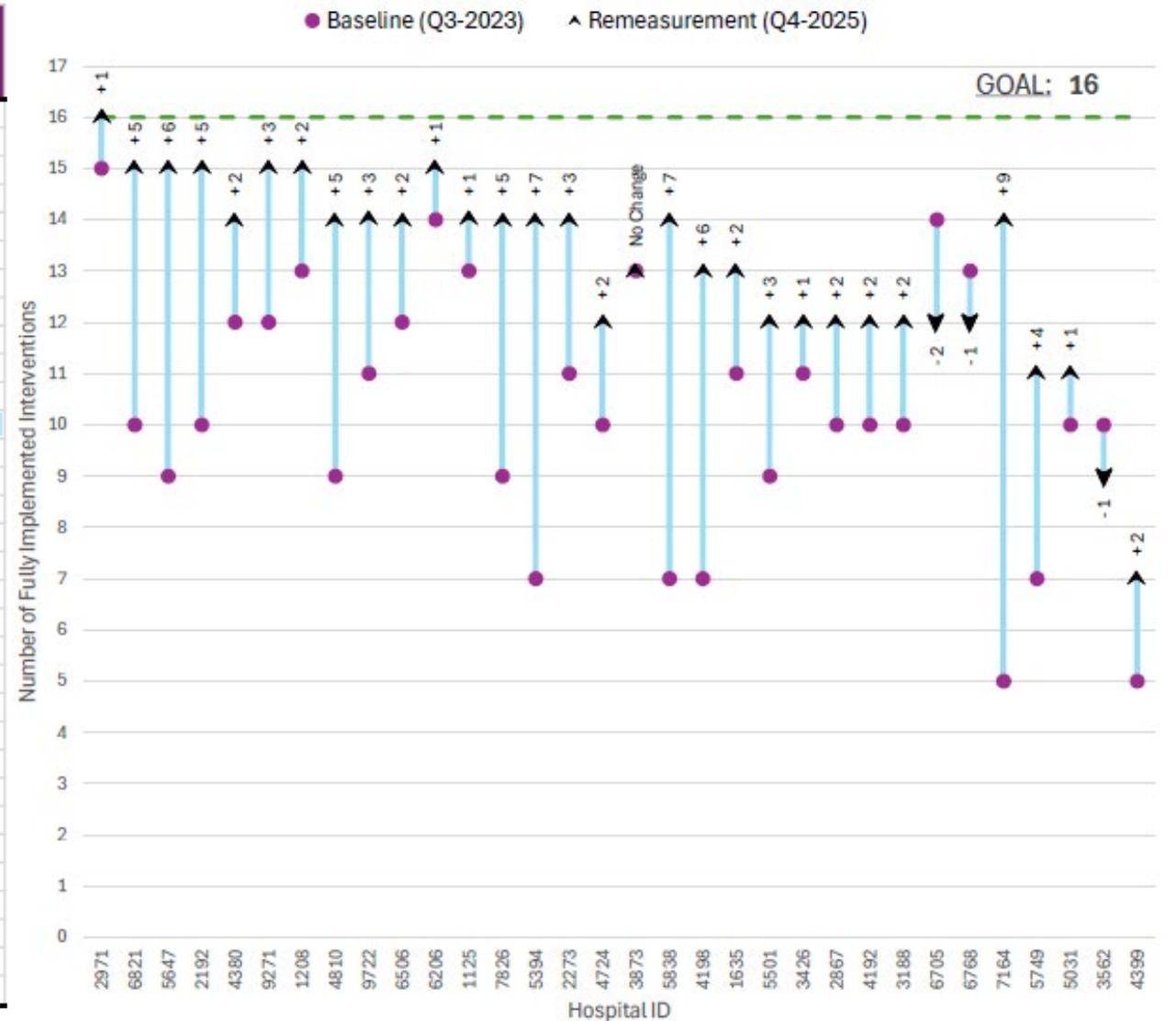


Patient Debriefs Structure Measure
34% relative improvement from
Q3-2023 to Q4-2025

Patient Support Process Measure
90% relative improvement from
Q3-2023 to Q4-2025

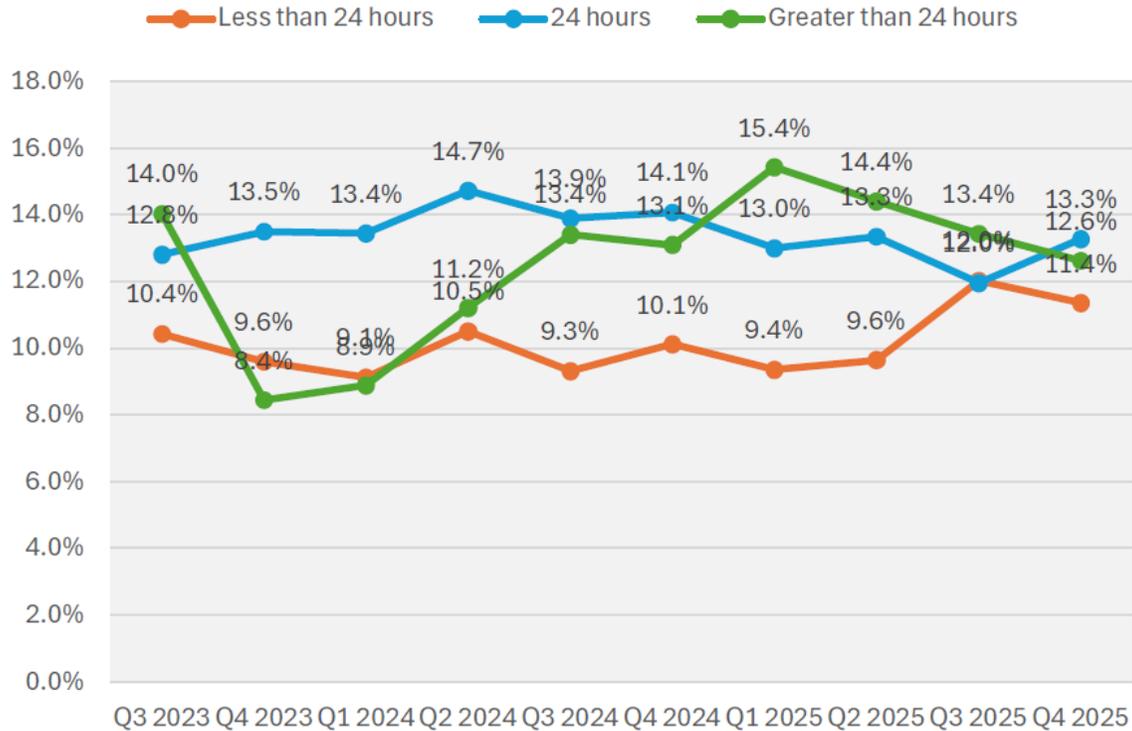
Hospital Scorecard Update

HOSPITAL ID	ALL P1	ALL P2	ALL P3A	HEM P1	HEM P2	HEM P3	HEM P4	HEM P5	ALL S1	ALL S2	ALL S3	ALL S4	HEM S1	HEM S2	HEM S3	DISA	TOTAL
3562	🟡	🟢	🟢	🟢	🟢	🟡	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	❌	9
2867	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	❌	12
6821	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	15
1208	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	15
3188	🟡	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡	12
3873	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	13
2192	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	15
4380	🟢	🟡	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	14
6506	🟢	🟢	🟢	🟢	🟢	🟢	❌	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	14
4192	🟡	🟡	🟢	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	12
1635	🟡	🟢	🟢	🟡	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	13
2971	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	16
5501	🟢	🟢	🟢	🟢	🟢	🟢	❌	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟡	12
4724	🟡	🟡	🟢	🟢	🟢	🟢	🟡	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	12
4810	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	14
2273	🟢	🟢	🟢	🟢	🟢	🟢	❌	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	❌	14
4198	🟢	🟢	🟢	🟡	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	❌	❌	13
5394	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟡	🟢	🟢	14
4399	🟢	🟢	❌	❌	🟢	🟡	❌	🟡	🟡	🟡	🟢	🟢	🟢	🟢	❌	❌	7
5647	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	15
9271	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	15
7826	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	14
6206	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	15
5838	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	14
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9722	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	14
5749	🟡	🟢	🟢	❌	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	11
3426	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟡	🟡	🟢	🟢	🟢	🟢	❌	❌	12
6705	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	12
5031	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	11
6768	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🟢	12
7164	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	14

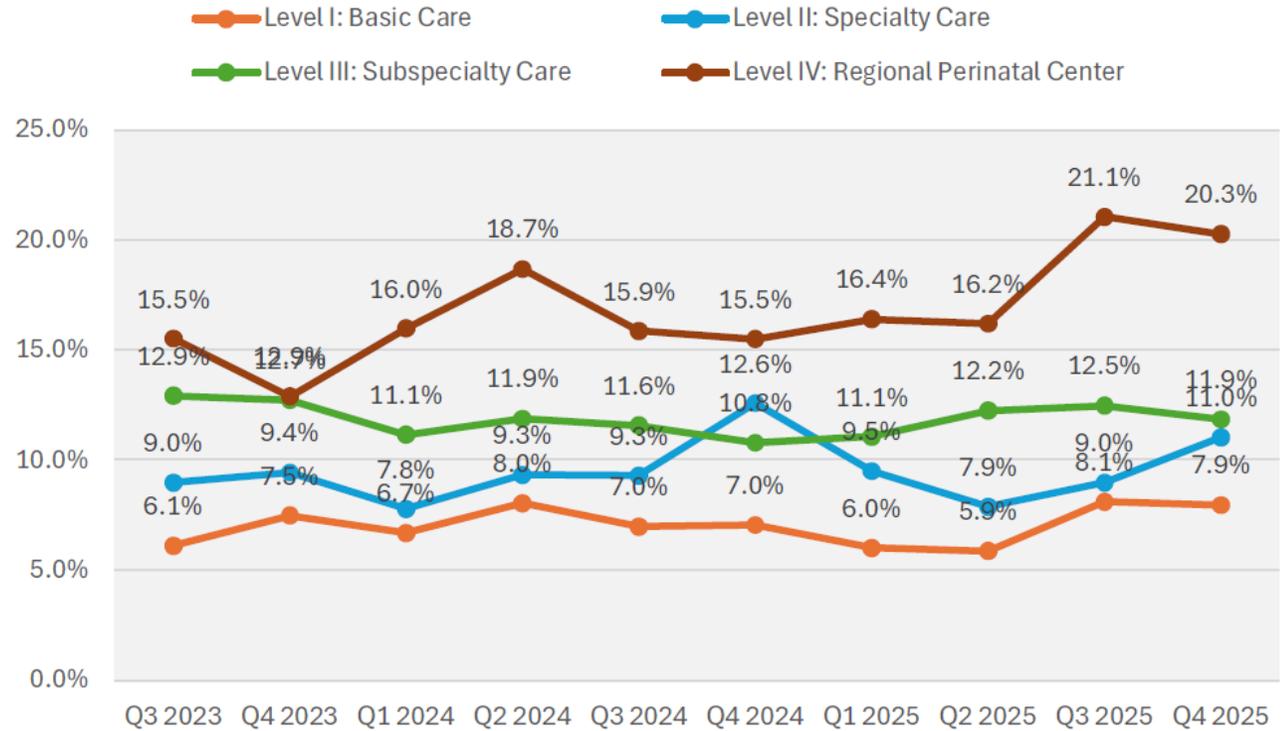


Hemorrhage Rates

Rate of Obstetric Hemorrhage (%) by Blood Loss Tracking Time



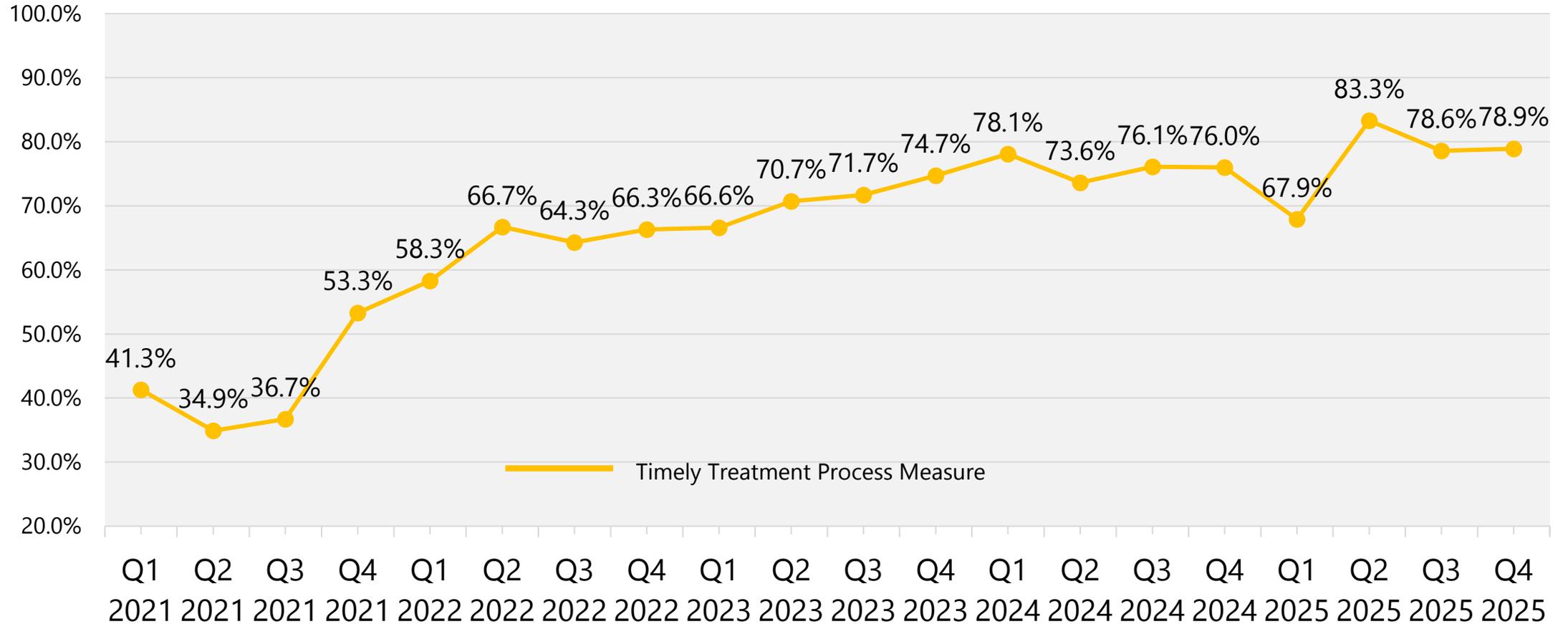
Rate of Obstetric Hemorrhage (%) by Level of Maternal Care



HEALTH QUALITY INNOVATORS



Timely Treatment Data



Hospital Highlights

- Following the arrival of a new nurse manager, this hospital prioritized increasing the frequency of drills and simulations. Upon initial review, the nurse manager identified several concerns with the tools and resources required by the clinical team to effectively respond to a hemorrhage. In response, the hemorrhage cart was reorganized, and the hemorrhage checklist was condensed to a single page. While the clinical team was initially hesitant about these changes, they ultimately recognized their value.
- This hospital integrated patient debrief documentation into the chart/progress note section in the EHR. Internal review revealed that debriefs were still not consistently recorded in patient charts. Drawing upon best practices and recommendations shared by other hospitals, the facility reinforced staff education regarding documentation of patient debriefs during huddles, staff and departmental meetings, and individual conversations. Patient support after hemorrhage measure increased from 0% in Q1 2025 to 50% in Q3 2025.
- Multiple hospitals implemented a trackable SmartPhrase for documenting patient briefings following hemorrhage, which resulted in an increase in this process measure.
- Hospital increased QBL from 40% to 80%, through nurse bedside reminders and a weekly newsletter tracking the rate that is shared with staff.
- Hospital noted they did not have enough scales in their postpartum unit for tracking QBL during the postpartum period. Got approval for extra funding to purchase extra scales for their unit.
- Hospital implemented QBL tracking through the recovery period. It made numbers look higher, but they are catching things faster, meaning the team can be proactive instead of reactive.

Discussion

- What have been your biggest accomplishments across the initiative so far?
- What remains an opportunity area in your facility?
- What do you want to prioritize before wrapping up the initiative?



Hemorrhage Sustainability Plan

1. Measures to carry forward:

- Timely Treatment (AIM)
- Hemorrhage Rate (MDPQC Form)

2. Office hours

3. Check-in call standing agenda items

- QBL
- Patient Debriefing
- Drills, lessons learned



What's Next?

Drumroll please...





Postpartum Discharge Transition Bundle

<https://saferbirth.org/psbs/postpartum-discharge-transition/>

Postpartum Discharge Transition Measures

	PROCESS MEASURES	STRUCTURE MEASURES
Reported by:	Hospitals to AIM Data Center	Hospitals to AIM Data Center
Reporting Frequency:	Quarterly	Quarterly – Likert scale
Measures:	<ol style="list-style-type: none"> 1. OB Provider Education <ol style="list-style-type: none"> a) Life-Threatening Postpartum Concerns b) Respectful & Equitable Care 2. OB Nursing Education <ol style="list-style-type: none"> a) Life-Threatening Postpartum Concerns b) Respectful & Equitable Care 3. Inpatient-Outpatient Care Provider Collaborative Education 4. Postpartum Visit Scheduling 5. Screening for Social and Structural Drivers of Health (SSDOH) 6. Patient Education on Life-Threatening Postpartum Conditions 	<ol style="list-style-type: none"> 1. Patient Event Debriefs 2. Patient Education Materials on Urgent Postpartum Warning Signs 3. Emergency Department Screening for Current or Recent Pregnancy 4. Inpatient-Outpatient Care Coordination Workgroup 5. Resource Mapping/Identification of Community Resources 6. Shared Comprehensive Postpartum Visit Template



Next Steps

- ✓ Complete a Participation Agreement for the new Postpartum Discharge Transition initiative, [available here!](#)
- ✓ Register for April Maternal Health Office Hours:
 - Tuesday, April 7th, 12pm-1pm
[Register here](#)



Open Discussion



Please complete the evaluation poll before you go!



HEALTH QUALITY INNOVATORS



Contact Us



For more information

Website: www.mdpqc.org

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