MDPQC Maternal Health Office Hours
8/1/2023

Obstetric Hemorrhage Measures

	PROCESS MEASURES	STRUCTURE MEASURES	OUTCOME MEASURES
Reported by:	**Hospitals** to AIM Data Center	**Hospitals** to AIM Data Center	**MDH** to AIM Data Center
Reporting Frequency:	Quarterly	Quarterly – Likert scale	Quarterly
Measures:	1. Hemorrhage Risk Assessment 2. Quantified Blood Loss 3. Patient Support After Obstetric Hemorrhage 4. OB Provider Education a) Hemorrhage b) Respectful Care 5. OB Nursing Education a) Hemorrhage b) Respectful Care 6. Unit Drills **7. AND: Timely Treatment of Persistent Severe Hypertension**	1. Patient Event Debriefs 2. Clinical Team Debriefs 3. Multidisciplinary Case Reviews 4. Hemorrhage Cart 5. Unit Policies & Procedures 6. Patient Education Materials on Urgent Postpartum Warning Signs 7. Quantitative Blood Loss **8. AND: Emergency Department Screening for Current or Recent Pregnancy**	1. SMM (excluding transfusion codes) among all delivering women 2. SMM (excluding transfusion codes) among people who experienced an obstetric hemorrhage

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Debrief Measures

Measure	Description	Notes
P3: Patient Support After Obstetric Hemorrhage	Denominator: Pregnant and postpartum people with ≥ 1,000 ml blood loss during the birth admission Numerator: Among the denominator, those who received a verbal briefing on their obstetric hemorrhage by their care team before discharge	Disaggregate by race/ethnicity
S1: Patient Event Debriefs	Has your department established a standardized process to conduct debriefs with patients after a severe event?	Reported on a scale of 1 (not in place) to 5 (fully implemented)

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Q&A from AIM

What should be included in a "verbal briefing"? – A verbal briefing, which also could be called a post-event discussion, is intended for a provider to describe what happened during care that may have been unexpected and how the care team addressed it, along with next steps.

How is "during the birth admission" defined? – Within 24 hours following the birth process (includes intrapartum loss). (Source = ACOG ReVITALize Obstetrics Data Definition for early postpartum hemorrhage)

Can hospitals report this process measure for a sample of patients? – Yes.

Should hospitals distinguish amount of blood loss between c-section vs vaginal birth? – No. Using 1,000 ml regardless of delivery method aligns with ACOG recommendation.

What is the difference between "verbal briefing" in P3 and "debriefs with patients" in S1? – The intention is the same. We included both measures as, after reviewing data in the AIM Data Center, we noticed that the former patient, family, and staff support structure measure was one of the least implemented structures and we wanted to underline its importance for providing respectful, equitable, and supportive care.

https://www.acog.org/practice-management/health-it-and-clinical-informatics/revitalize-obstetrics-data-definitions

What is a Patient Debrief

- A verbal briefing, which could also be called a post-event discussion, is intended for a provider to describe what happened during care (expected and unexpected outcomes), how the care team addressed it, and next steps
  - -key to providing respectful, equitable, and supportive care
  - -patient debrief vs. clinical team debrief

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Essential Components of a Good Debrief

- This is NOT a comprehensive list of patient debrief components, but they should have the following:
  - description of care and event details, clarifying anything that happened
  - answer questions or address concerns that a patient/their support network has
  - include patient's support network in conversation
  - ensure patient health and cultural literacy considered
  - provide patient support resources if need be
  - next steps for care and if any additional questions/concerns who to speak to

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Patient Debrief Example

Key Components

Appendix AA: Sample Script: Provider - Patient Postpartum Hemorrhage Post-Event Discussion

Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE, C-ONQS
Angelyn Thomas, MD, Alta Bates Medical Center

When discussing a traumatic event with patients and families, it is helpful to consider the following components in formulating a plan for debriefing with the patient.

Initial patient family meeting (after the event):

- Review clinical course (treatments/ procedures)
- Clarify facts
- Include patient and patient approved support persons
- Discuss the healthcare providers who were involved
- Utilize skilled communicators/interpreters as appropriate
- Decide who will lead the discussion

Plan what to say:

- Manage your emotions
- Acknowledge something unexpected and untoward has occurred
- Express regret and concern
- Listen to the family/patient respond to their needs/questions
- Address next steps
- Clearly delineate the contact person(s) for the family and when they can expect a follow-up discussion

This is an example of a *possible* conversation:

Assess patient understanding

Can you tell me in a few words what you understand about hemorrhage and what you experienced after your delivery? What is your biggest concern?

Overarching description

Postpartum hemorrhage is when a person has heavy bleeding after giving birth. In a non-hemorrhage situation, your uterus starts to contract after the placenta comes out. As the uterus contracts, it closes off blood vessels inside your uterus. In a postpartum hemorrhage, your uterus has some trouble contracting after your placenta comes out, which leaves the blood vessels inside your uterus open. You may remember us talking about risk assessment for hemorrhage when you were admitted to the birth center. Although you did not have any of the risk factors we look for, you still experienced a hemorrhage. This happens about 40% of the time.

What happened

Your healthcare team was able to stop the heavy bleeding by rubbing on your belly, giving you medication in your IV, the shot that you may remember in your leg, and using a special balloon that we placed inside your uterus to put pressure on the bleeding vessels. The rubbing on your belly and the medications both work to help the uterus contract. We also gave you 2 units, or bags, of blood because blood carries oxygen around the body, and we want to make sure your body receives plenty of oxygen, especially in this postpartum healing phase. I know that rubbing your belly and putting the balloon in can be very uncomfortable. I apologize for that and hope that the extra medication we put in your epidural helped.

What to expect

Your nurse will be checking on you frequently, as she has been since the hemorrhage. We will be monitoring your blood work to be sure that you do not require additional blood. In the blood work, we are looking at your hemoglobin level – hemoglobin is the part of the blood that carries oxygen. The blood work will tell us if you are anemic, or if your hemoglobin level is too low. When people lose a good amount of blood, it can affect how they feel and recover.

I understand that the balloon can be uncomfortable and we will remove it as soon as possible, likely in a few hours. We will be able to give you some pain medication to keep you comfortable in the meantime. If you are breastfeeding, any medication we give you will be safe for breastfeeding. Most people do not experience more hemorrhaging once the balloon is removed, but we will be carefully watching to be sure that everything is as it should be. Your IV will stay in, in case we have to give you more medications, fluid, or blood. At this time, I don't think that you will have to stay in the hospital longer than you planned.

Pause for questions

I have just given you a lot of information. What questions do you have about what I have just said? What is your expectation going forward?

Emphasize care and safety

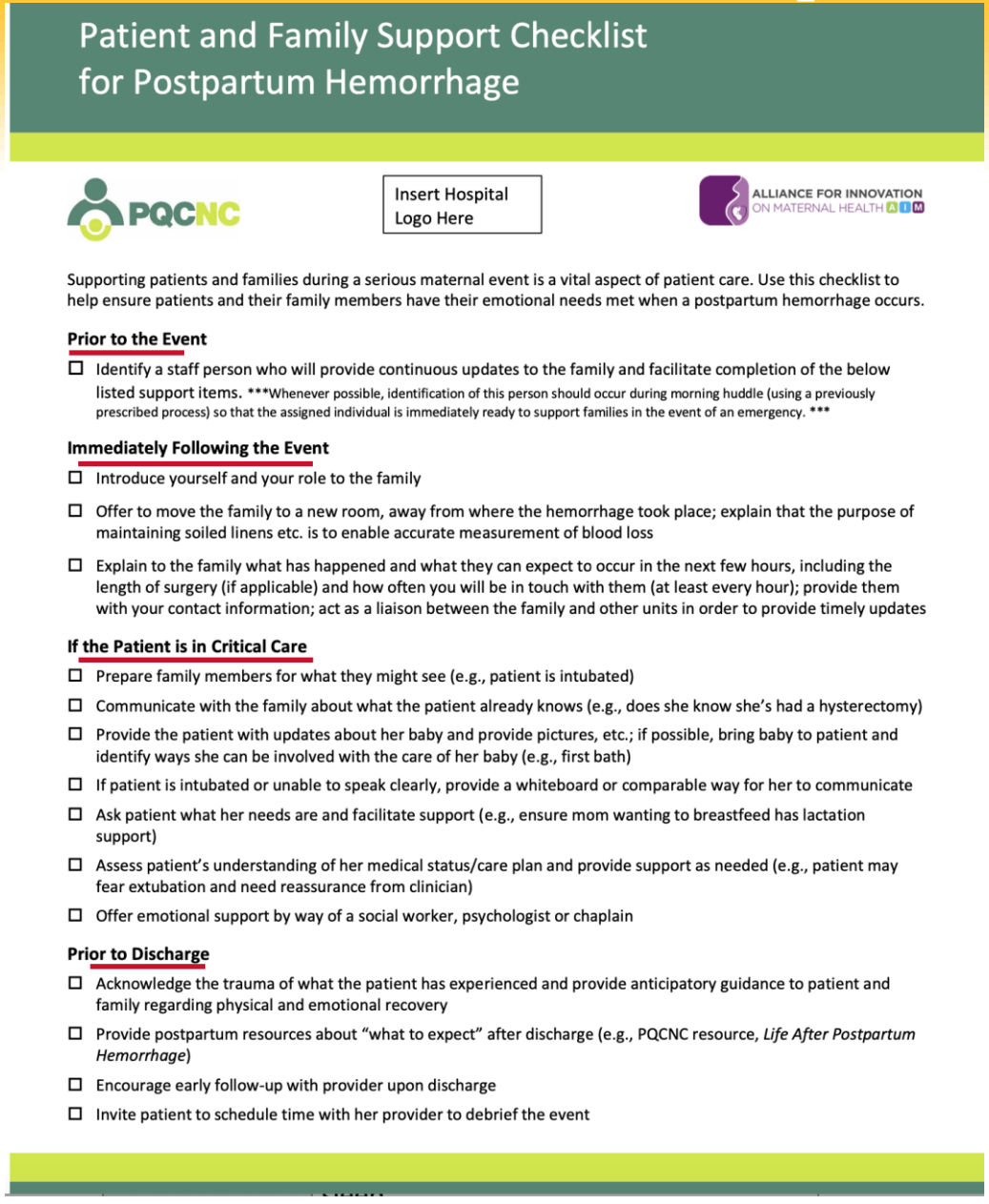
It's important for your postpartum recovery and long-term health that you understand what happened to you. If you start bleeding more when you get home and need to go to the emergency room, it's essential that you tell them that you recently gave birth and that you had a postpartum hemorrhage. If you decide to have more children, it will be important for you to discuss what happened in this pregnancy and delivery with your obstetric provider in your next pregnancy. It's also an intense experience, and I want to make sure you have the information you need in order to best process what happened. I know it may be difficult to remember everything we talked about, so you will be given a paper with this information on it to take home with you.

I will check in with your nurse during each shift and she will report anything unusual to me in the meantime. I (or introduce the provider partner who will be assuming care) will be back in the morning to see you. If you think of any more questions, write them on white board or share with your nurse and we (or the provider partner) can talk again tomorrow. I'm also happy to connect you with resources that may support you and provide a contact person who can answer future questions you may have about the care you received here.

Improving Health Care Response to Obstetric Hemorrhage, a CMQCC Quality Improvement Toolkit, 2022

Patient Debrief Example

- This checklist is NOT a debrief, but a list of steps that can be taken to ensure that an appropriate debrief is conducted



Patient and Family Support Checklist for Postpartum Hemorrhage

PQCNC

Insert Hospital Logo Here

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH AIM

Supporting patients and families during a serious maternal event is a vital aspect of patient care. Use this checklist to help ensure patients and their family members have their emotional needs met when a postpartum hemorrhage occurs.

Prior to the Event

- ☐ Identify a staff person who will provide continuous updates to the family and facilitate completion of the below listed support items. ***Whenever possible, identification of this person should occur during morning huddle (using a previously prescribed process) so that the assigned individual is immediately ready to support families in the event of an emergency. ***

Immediately Following the Event

- ☐ Introduce yourself and your role to the family
- ☐ Offer to move the family to a new room, away from where the hemorrhage took place; explain that the purpose of maintaining soiled linens etc. is to enable accurate measurement of blood loss
- ☐ Explain to the family what has happened and what they can expect to occur in the next few hours, including the length of surgery (if applicable) and how often you will be in touch with them (at least every hour); provide them with your contact information; act as a liaison between the family and other units in order to provide timely updates

If the Patient is in Critical Care

- ☐ Prepare family members for what they might see (e.g., patient is intubated)
- ☐ Communicate with the family about what the patient already knows (e.g., does she know she's had a hysterectomy)
- ☐ Provide the patient with updates about her baby and provide pictures, etc.; if possible, bring baby to patient and identify ways she can be involved with the care of her baby (e.g., first bath)
- ☐ If patient is intubated or unable to speak clearly, provide a whiteboard or comparable way for her to communicate
- ☐ Ask patient what her needs are and facilitate support (e.g., ensure mom wanting to breastfeed has lactation support)
- ☐ Assess patient's understanding of her medical status/care plan and provide support as needed (e.g., patient may fear extubation and need reassurance from clinician)
- ☐ Offer emotional support by way of a social worker, psychologist or chaplain

Prior to Discharge

- ☐ Acknowledge the trauma of what the patient has experienced and provide anticipatory guidance to patient and family regarding physical and emotional recovery
- ☐ Provide postpartum resources about "what to expect" after discharge (e.g., PQCNC resource, *Life After Postpartum Hemorrhage*)
- ☐ Encourage early follow-up with provider upon discharge
- ☐ Invite patient to schedule time with her provider to debrief the event

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Clinical Debrief

- Collaborative conversation following a clinical event that aims to analyze the events during care, determine areas of improvement, and advance patient safety
    - must be timely
    - create a safe environment that doesn't place blame and ensure everyone understands their value in the discussion
    - progress through what happened, why it happened, and areas for improvement/lessons learned/successes

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Clinical Debrief Example

CMQCC
California Maternal Quality Care Collaborative

We recommend listing your facility's chosen debrief criteria directly on the form for quick reference. This is a list of ***example*** criteria for triggering the completion of a Hemorrhage Debrief. Criteria will vary among facilities often based on volume and should be decided on by your perinatal QI team.

Hemorrhage Debrief

Example criteria for completing a hemorrhage debrief:

- *Cumulative Blood Loss > 500mL* ***with continued bleeding***
- *Cumulative Blood Loss > 1,000mL*
- *Use of uterotonics (beyond standard postpartum oxytocin dose) or procedures (e.g., D&C, tamponade balloon, B-Lynch suture, interventional radiology)*
- *Transfusion*
- *Transfusion > 2 units PRBCs*

Date: _____

Team members present for debrief (OB provider, primary nurse, and anesthesiologist are key):

Hemorrhage risk assessment category? ☐ Low ☐ Medium ☐High ☐ Not Completed

OB Hemorrhage code called? ☐ Yes ☐ No _____

Blood loss measured quantitatively? ☐ Yes ☐ No _____

Did you have the RN/OB Provider support/consultation you needed? ☐ Yes ☐ No _____

Did you have the supplies you needed? ☐ Yes ☐No _____

Did the team work and communicate effectively together? ☐ Yes ☐ No _____

Delay: ☐ None ☐ Recognition ☐ Notification ☐ Provider Response ☐ Receiving Blood Products ☐ Medication/Supplies Availability

Case Details:

Gestational Age: _____weeks

Labor: ☐ Spontaneous ☐ Augmented ☐ Induced ☐ No Labor

Delivery: ☐ Cesarean ☐ Vaginal ☐ Operative Vaginal

Transfusion: ☐ Yes ☐ No

If "Yes"- ☐ Crossmatched ☐ Type Specific ☐ O Type Emergency Release ☐ MTP

Meds: ☐ Oxytocin ☐ Methylergonovine ☐ Carboprost ☐ TXA ☐ Misoprostol ☐ Other

Intrauterine Device (e.g., balloon, suction): ☐ Yes ☐ No _____

D&C: ☐ Yes ☐ No Hysterectomy: ☐ Yes ☐ No

Other surgical or radiology procedures: ☐ Yes ☐ No _____

Transfer to higher level of care (i.e., ICU): ☐ Yes ☐ No _____

Continued on next page...

Successes of Management:

_____

_____

_____

_____

Opportunities for Improvement:

_____

_____

_____

_____

Additional Feedback:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Debrief must be returned to Educator, Supervisor, or CNS at end of shift.

Submitted by (optional):_____

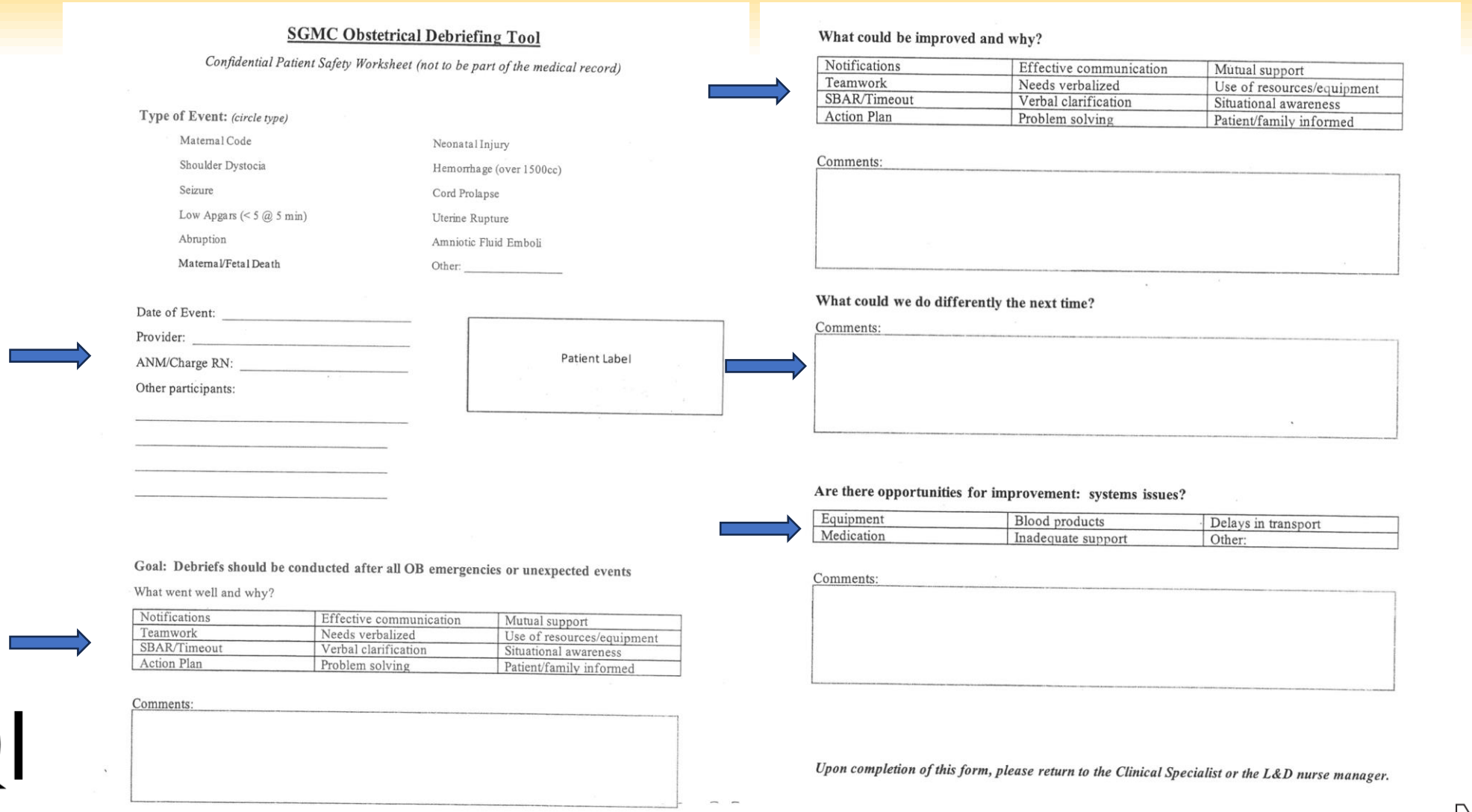
Educator, Supervisor, or CNS

Successes and Lessons learned shared with providers and staff through:

☐ Staff Meeting
☐ E-blast
☐ Educational programming
☐ Quality Board
☐ Other _____

(Used with permission of CMQCC)

Clinical Debrief Example



SGMC Obstetrical Debriefing Tool

Confidential Patient Safety Worksheet (not to be part of the medical record)

Type of Event: *(circle type)*

Maternal Code	Neonatal Injury
Shoulder Dystocia	Hemorrhage (over 1500cc)
Seizure	Cord Prolapse
Low Apgars (< 5 @ 5 min)	Uterine Rupture
Abruption	Amniotic Fluid Emboli
Maternal/Fetal Death	Other: _____

Date of Event: _____

Provider: _____

ANM/Charge RN: _____

Other participants:

_____

_____

_____

_____

Patient Label

Goal: Debriefs should be conducted after all OB emergencies or unexpected events

What went well and why?

Notifications	Effective communication	Mutual support
Teamwork	Needs verbalized	Use of resources/equipment
SBAR/Timeout	Verbal clarification	Situational awareness
Action Plan	Problem solving	Patient/family informed

Comments:

What could be improved and why?

Notifications	Effective communication	Mutual support
Teamwork	Needs verbalized	Use of resources/equipment
SBAR/Timeout	Verbal clarification	Situational awareness
Action Plan	Problem solving	Patient/family informed

Comments:

What could we do differently the next time?

Comments:

Are there opportunities for improvement: systems issues?

Equipment	Blood products	Delays in transport
Medication	Inadequate support	Other:

Comments:

Upon completion of this form, please return to the Clinical Specialist or the L&D nurse manager.

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Q&A

Before you go, please complete an evaluation!

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Next Office Hours

Incorporating the JADA® System Into Your Postpartum Hemorrhage Toolkit

Tuesday, September 5th – 12:00PM EST

Kara Rood, MD, MFM
Maternal Fetal Medicine
The Ohio State Wexner Medical Center
Columbus, Ohio

Learning Objectives:

- Highlight clinical evidence on the use of the JADA System vacuum-induced hemorrhage control
- Review the JADA System design and indications for use
- Hear about user experience with the JADA System
- Discuss best practices for adoption and education of staff

Audience:

Health care providers and their team of allied health care professionals who participate in the care of obstetrics and gynecological patients.

The JADA System is intended to provide control and treatment of abnormal postpartum uterine bleeding or hemorrhage when conservative management is warranted. For detailed information, including indications for use, contraindications, warnings, and precautions, please consult the product's Instructions for Use (IFU) prior to use (thejadasystem.com/ifu).

ORGANON

Jada

HQI
HEALTH QUALITY INNOVATORS

NOTE: October office hours will take place on October 17th!

MDPQC

Stay Connected

MDPQC

HQI

HEALTH QUALITY INNOVATORS

For more information

Website: www.mdpqc.org

Listserv: md-pqc@listserv.mdpqc.org

Katie Richards – Collaborative Manager

krichards@hqi.solutions
804-289-5355