

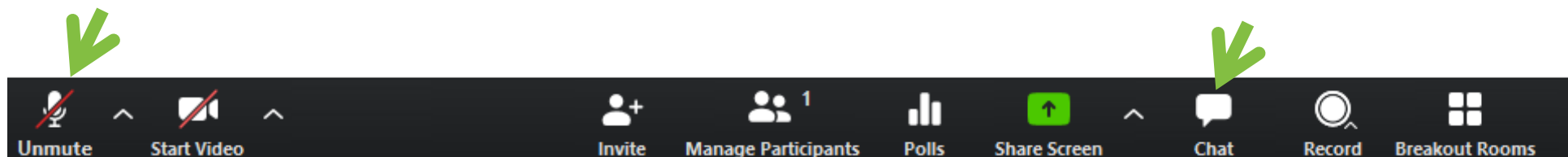


Obstetric Initiatives

Action Period Call
February 21st, 2024
1:00 – 2:00 PM CT

Welcome

- Please type your **name** and the **organization** you represent in the **chat box** and send to "Everyone"
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at <http://www.alpqc.org/initiatives/htn>
- **We will be recording this call to share, along with any slides.**



Agenda



Activity	Time
1:00 – 1:05	Welcome & Updates
1:05 – 1:25	Obstetric Hemorrhage Baseline Overview
1:25 – 1:30	Q&A
1:30 – 1:40	Hospital Share – Walker Baptist Medical Center
1:40 – 1:45	Reminders
1:45 – 1:55	Severe Maternal HTN Sustainability Overview
1:55 – 2:00	Q&A



Updates

- **The Obstetric Hemorrhage (OBH) Initiative kicked off on January 1st**
- **OBH Monthly Reporting for January due February 29th, 2024**
- **Monthly Data Collection emails will now be sent out monthly on the 15th instead of the 5th**

New Resource Available

Life After Postpartum Hemorrhage

Use this tool to learn what to expect and to identify topics you would like more information on.



Key Points about Postpartum Hemorrhage (PPH)

- I Would Like More Information About This Topic**
- Losing a lot of blood quickly can cause a severe drop in your blood pressure. It may lead to shock and death if not treated.
 - Quickly finding and treating the cause of bleeding can often lead to a full recovery.
 - Postpartum hemorrhage can occur up to 12 weeks after birth. Talk to your healthcare provider about your risk and symptoms to watch for.

Physical Recovery

- Losing a lot of blood can leave you feeling tired and weak. Your provider may want to do tests to find out how your body is coping with blood loss. This will help them decide what treatment to recommend.
- When your body is having trouble coping with blood loss, it is normal to:
 - Feel weak and get tired more easily
 - Look very pale
 - Feel dizzy
 - Feel out of breath
 - Be grumpy, cranky or angry
 - Have trouble focusing or concentrating
 - Have headaches
 - Have ringing in ears
- If you have any of the symptoms listed above, your healthcare provider may want you to take iron. If your iron levels are very low, you may be offered iron by injection, IV or even a blood transfusion.
- Even if you are taking iron pills, your diet can be an important source of iron. Examples of iron-rich foods include: beef, shrimp, spinach, lentils, and almond butter.

Emotional Recovery

- The “baby blues” and postpartum depression and anxiety can affect anyone. You may be more likely to have postpartum depression, anxiety or even post-traumatic stress disorder (PTSD) after a postpartum hemorrhage.
- Some symptoms of postpartum depression, anxiety and PTSD include:
 - Feeling low (depressed mood) or angry most days
 - Anxiety or excessive worry
 - Loss of interest in activities that you used to enjoy
 - Loss of confidence or self esteem
 - Having trouble concentrating
 - Loss of appetite or overeating
 - Having trouble falling asleep or staying asleep
 - Recurrent thoughts of suicide or death
 - Reliving the event
- If you have any of the symptoms listed above, contact your healthcare provider right away.
- Whether you’ve had a hysterectomy or face a higher risk of postpartum hemorrhage with future pregnancies, there is often a grieving process to work through. Talk to your healthcare provider about support available.

Call Your Healthcare Provider

- I Would Like More Information About This Topic**
- If you have heavy bleeding that soaks 1 maternity pad in an hour for 2 hours in a row.
 - If you pass large blood clots.
 - If you are breathing faster than normal, or your heart is beating faster than normal.
 - If you are urinating less than usual, or not at all.
 - If you feel dizzy.
 - If you have questions or concerns about your condition or care.

Go to the Emergency Department

- If you have heavy bleeding that soaks 1 maternity pad in 15 minutes or less.
- If you are suddenly short of breath and feel lightheaded.
- If you have sudden chest pain.

Some women find it helpful to speak with their healthcare provider about the events surrounding their hemorrhage after they have had time to heal. Having this opportunity after you leave the hospital can help you fill in gaps of time you don't remember and allow for answers to questions that didn't come up until after you spent some time at home. If you would like an opportunity to meet with your healthcare provider, we encourage you to call his or her office to schedule an appointment when the time feels right to you. Be sure to let the scheduler or your provider's nurse know what information you would like to receive during the appointment, so that your healthcare provider can come prepared to answer your questions.

Your Steps to Success



BUILD
Build a team to support you that includes trusted providers, friends and family, and peer support.



LEARN
Learn what to expect and what you can do to advocate for your physical and emotional health and well-being.

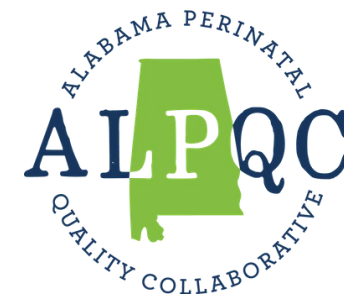


SHARE
Share your informational and emotional support needs with your healthcare provider.



SUCCEED
Partner with your support team to make a plan for addressing your physical and emotional needs.

Visit www.alpqc.org to learn about the Alabama Perinatal Quality Collaborative's Obstetric Hemorrhage Initiative and to find out how hospitals across the state are partnering together to help make Alabama the best place to give birth.



New Resource Available

ALPQC.org > Initiatives > Obstetric Hemorrhage > Clinical Documents > OBH Patient Debriefing Tool

The screenshot shows the ALPQC website interface. In the top left corner is the ALPQC logo. In the top right corner is a navigation menu with the following items: HOME, ABOUT (with a dropdown arrow), INITIATIVES (with a dropdown arrow), RESOURCES, and CONTACT US. Below the navigation menu are several expandable sections, each with a plus sign icon on the right:

- KEY DOCUMENTS
- OBH BOOTCAMP SERIES
- DATA RESOURCES
- OTHER RESOURCES

The 'CLINICAL DOCUMENTS' section is expanded, showing a list of links. A yellow arrow points to the first link in the list: [OBH Patient Debriefing Tool](#). Other links in the list include:

- [AIM OBH Element Implementation Details](#)
- [ACOG OBH Risk Assessment Table](#)
- [ACOG Patients Who Decline Blood Products \(Guidance Example\)](#)
- [Checklist for Patients Who Decline Blood Products Example \(CMQCC\)](#)
- [Maternal Compensatory Diagram](#)
- [Medications for Postpartum Hemorrhage \(CMQCC\)](#)
- [Obstetric Hemorrhage Stages Algorithm \(Example\)](#)
- [Team Debriefing Form \(Example\)](#)
- [ACOG Hemorrhage Checklist/Protocol \(Example\)](#)

At the bottom of the page, there is a section for 'QUALITY IMPROVEMENT TOOLS' with a plus sign icon on the right.



Obstetric Hemorrhage

Baseline Data – Process Measures



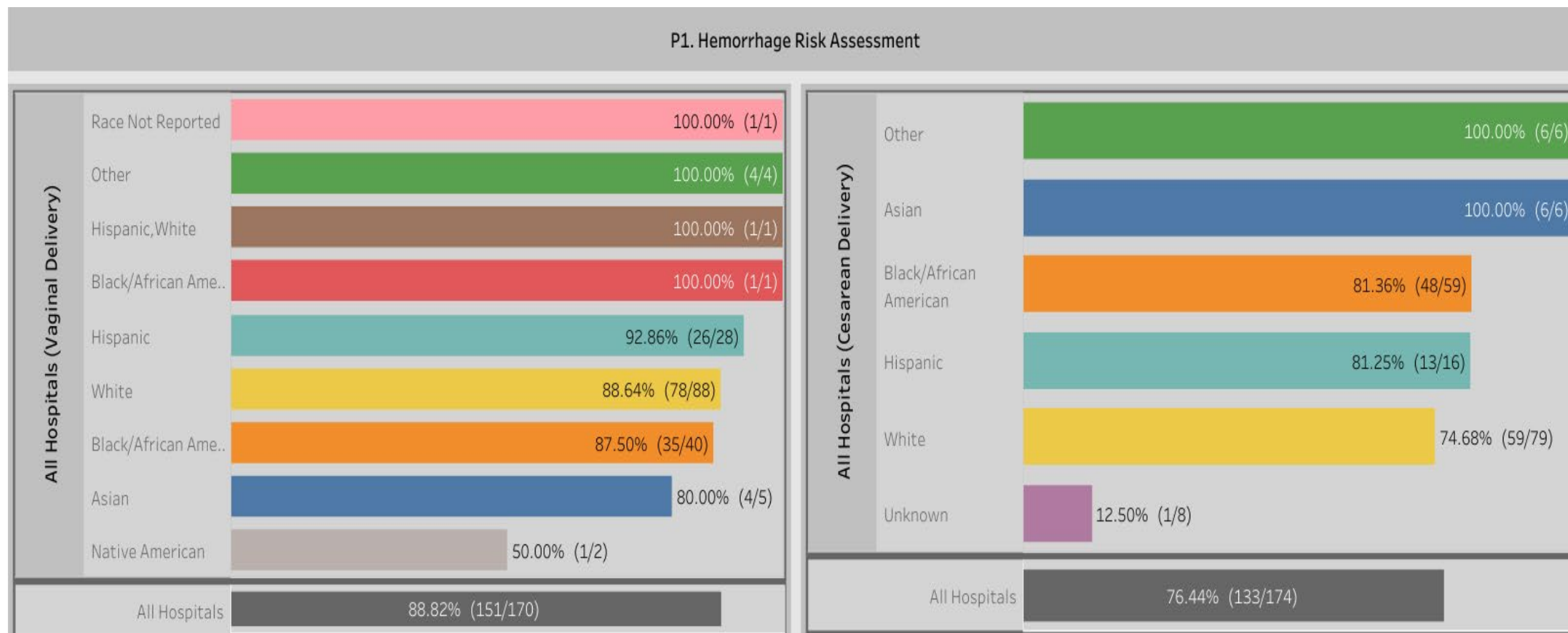
Process Measures

Measures	Vaginal	Cesarean
P1. Hemorrhage Risk Assessment	88.82% (151/170)	76.44% (133/174)
P3. Patient Support After Obstetric Hemorrhage	21.18% (36/170)	21.84% (38/174)
P5. Transfusions	31.18% (53/170)	44.25% (77/174)
L&D	14.71% (25/170)	17.82% (31/174)
MBU	14.18% (24/170)	18.97% (33/174)
ICU	0.59% (1/170)	0.57% (1/174)
Other	1.76% (3/170)	6.90% (12/174)

*Note: As of 2/19, only 26 of the 35 hospitals have reported baseline data. Please enter data ASAP or email info@alpgc.org for assistance.

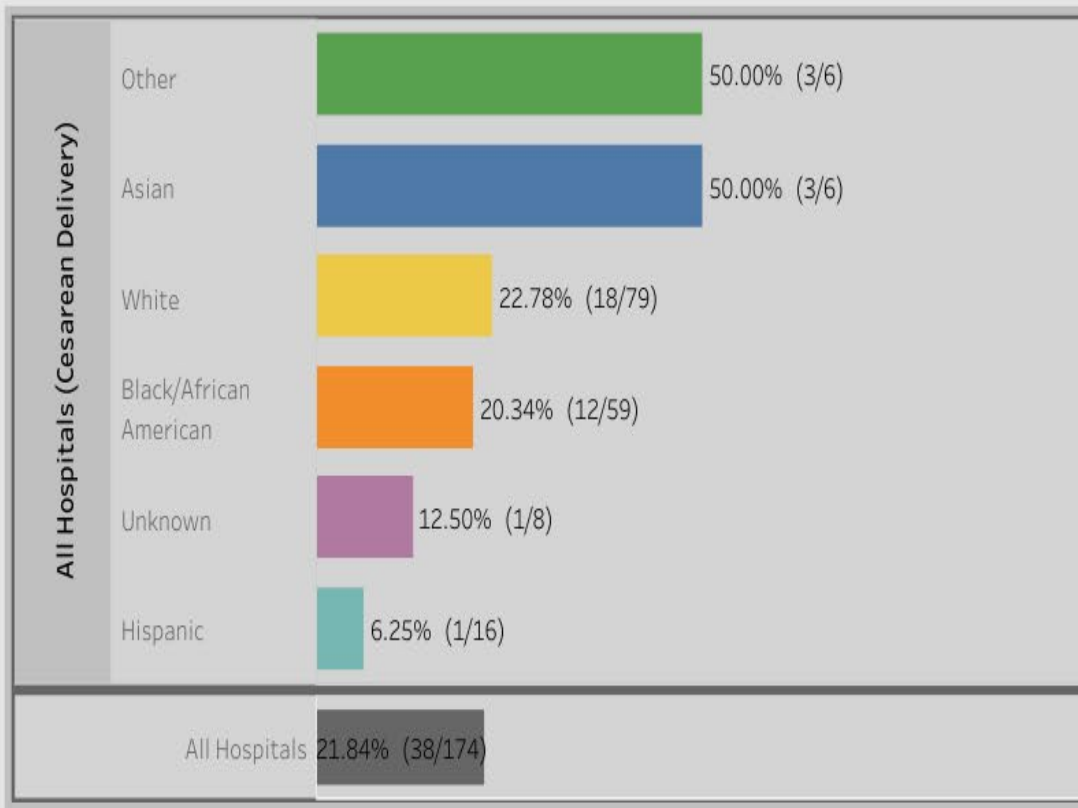
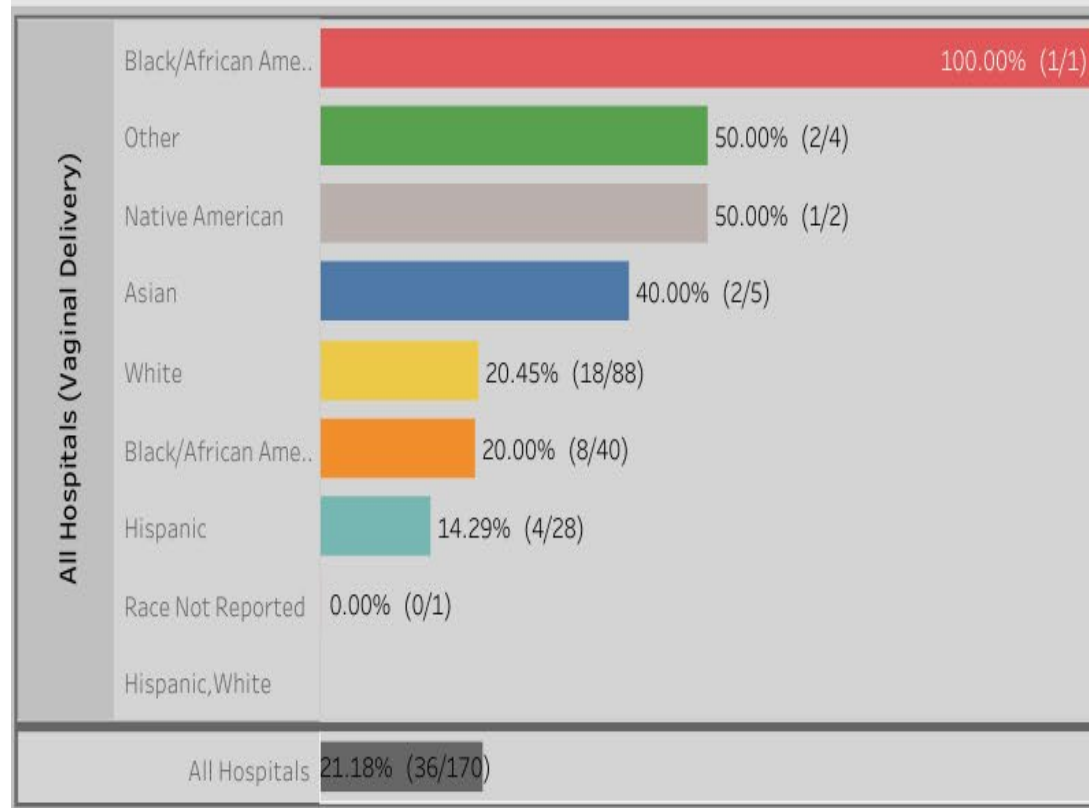


P1 – Hemorrhage Risk Assessment



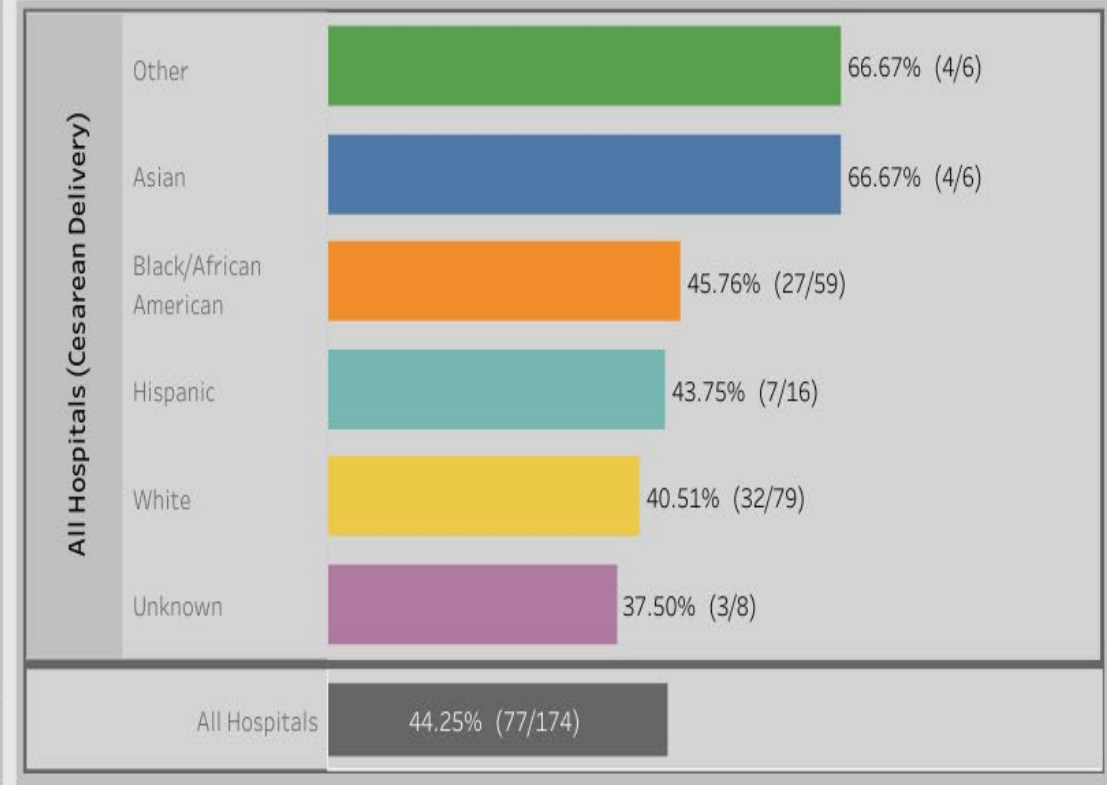
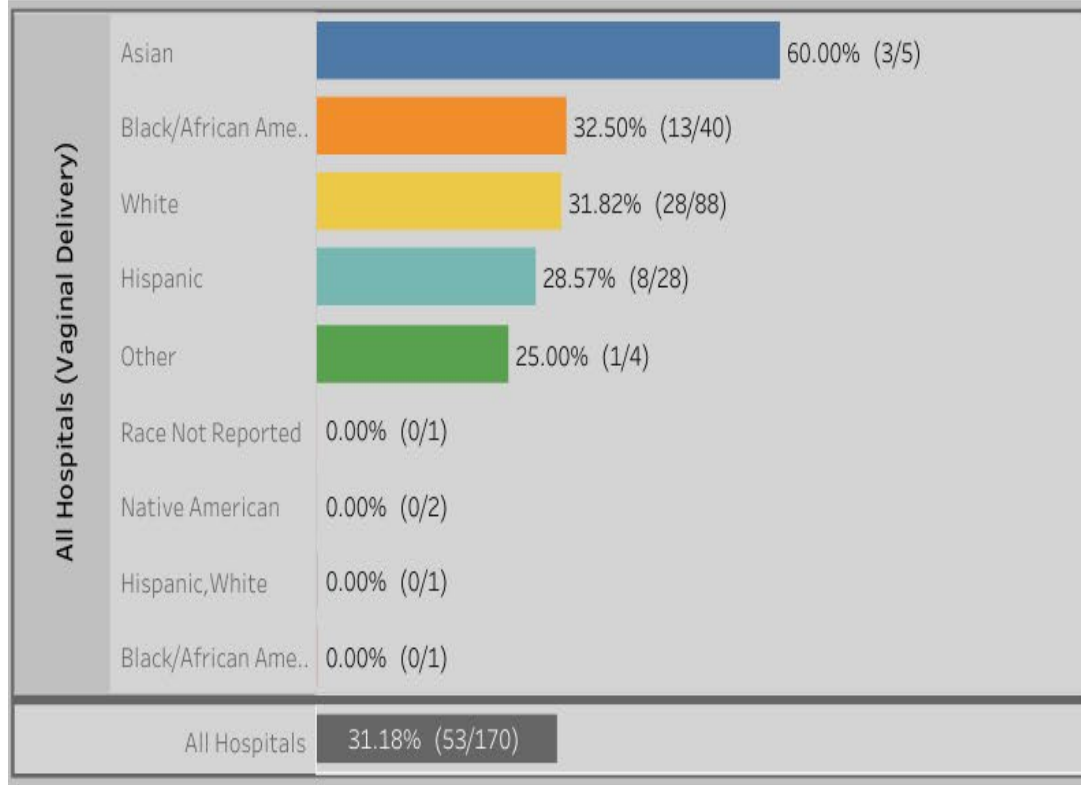
P3 – Patient Support/Debriefing

P3. Patient Support After Obstetric Hemorrhage



P5 - Transfusions

P5A. Transfusions





Process Measures 2 & 4

- P2. Quantified Blood Loss - Was the patient's blood loss from birth through the recovery period measured using quantitative and cumulative techniques?
- P4: PPH Protocol: Was the patient placed on a PPH protocol?



Obstetric Hemorrhage

Baseline Data – Outcome Measures

Outcome Measures



Measures	All Hospitals
O1. Severe Maternal Morbidity	1.90% (166/8,742)
O2. SMM Among People Who Experienced OBH	10.84% (62/572)

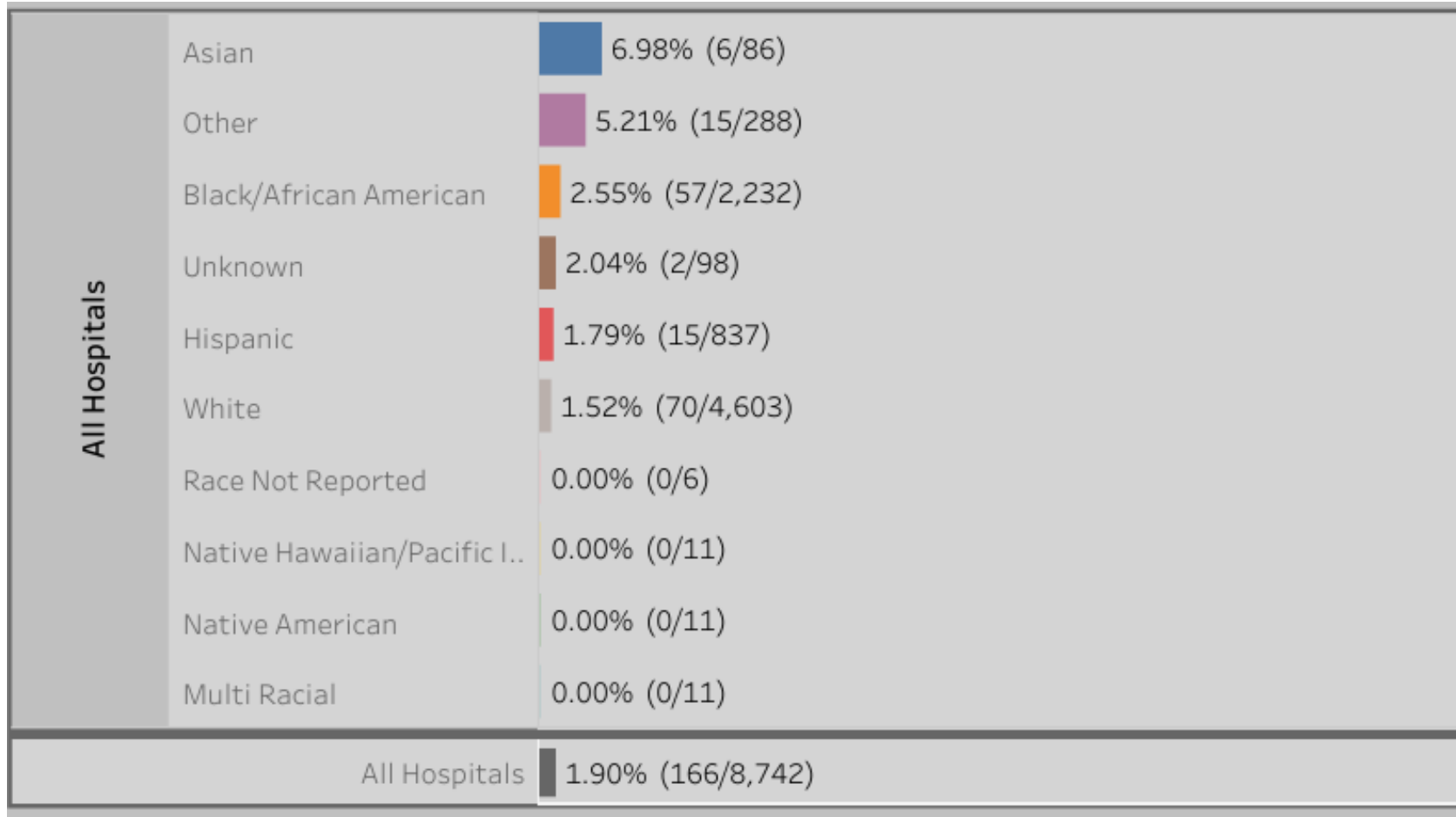
*Note: As of 2/19, only 26 of the 35 hospitals have reported baseline data. Please enter data ASAP or email info@alpqc.org for assistance.

SMM Diagnoses/Procedures

CDC: Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.

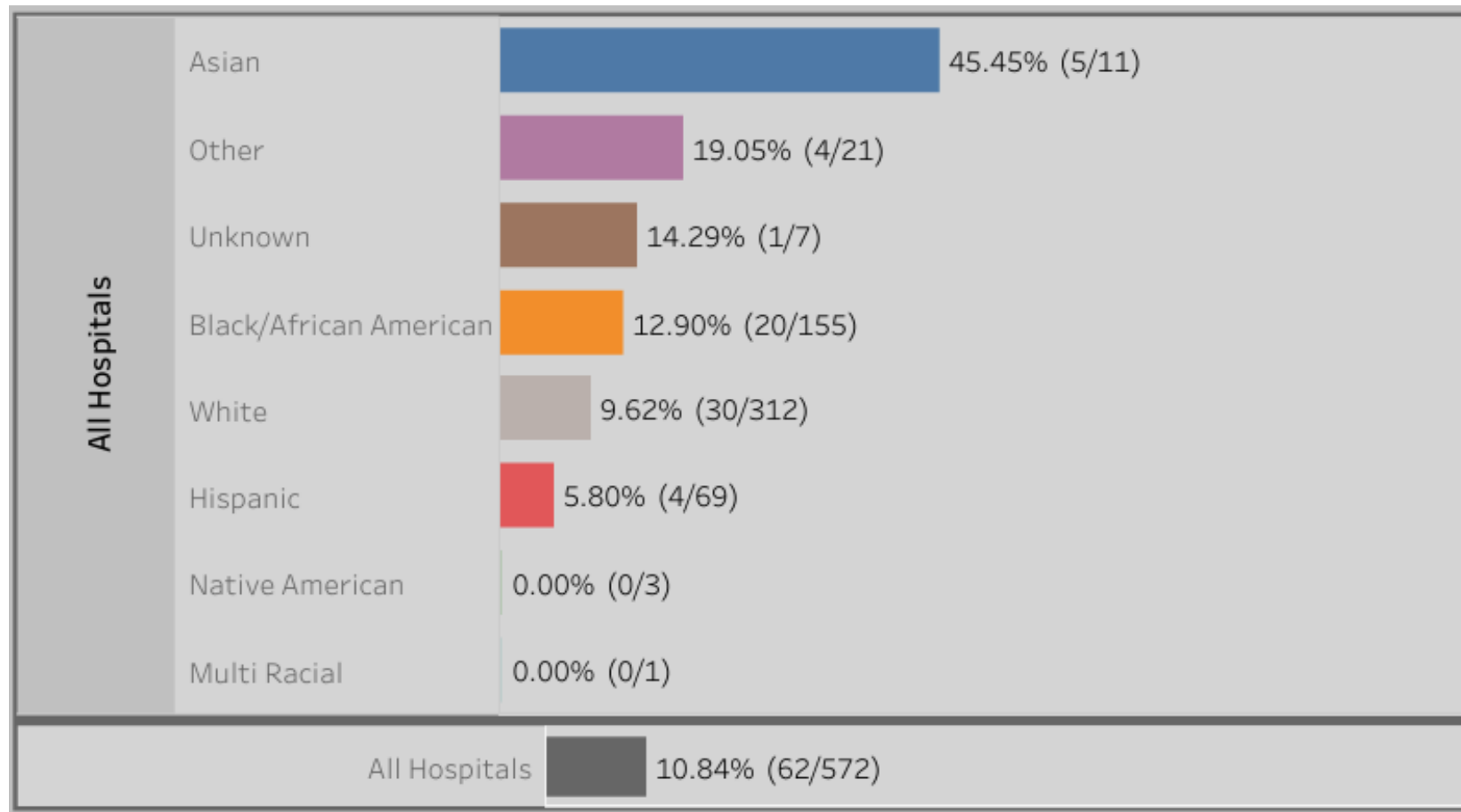
Acute Myocardial Infarction	Cardiac Arrest / Ventricular Fibrillation	Puerperal Cerebrovascular Disorders	Sickle Cell Disease with Crisis
Aneurysm	Conversion of Cardiac Rhythm	Pulmonary Edema / Acute Heart Failure	Air and Thrombotic Embolism
Acute Renal Failure	Disseminated Intravascular Coagulation	Severe Anesthesia Complications	Hysterectomy
Acute Respiratory Distress Syndrome	Eclampsia	Sepsis	Temporary Tracheostomy
Amniotic Fluid Embolism	Heart Failure / Arrest During Surgery or Procedure	Shock	Ventilation

O1 - SMM





O2 – SMM Among OBH





How Does Alabama Compare?

	Alabama	National
Hemorrhage Rate (Total, Not SMM) Numerator: Hemorrhage based on ICD-10 Codes Denominator: Total Number of Births	6.54% (572/8,742)	5% ¹
SMM	1.92% (166 reported during 3-month baseline period)	0.88% ² (Equivalent to 77 patients during 3-month baseline period)

During the **3-month** baseline period, Alabama had **135** more postpartum patients with at least one hemorrhage diagnosis than the national average

AND

89 more patients with Severe Maternal Morbidities than the national average

¹March of Dimes (2020). Postpartum hemorrhage. <https://www.marchofdimes.org>

²HCUP Fast Stats Data Tools – Healthcare Cost and Utilization Project (HCUP) Fast Stats (ahrq.gov)

Q&A



Please feel free to **unmute** and ask questions

You may also enter comments or questions in the "chat" box



Hospital Share

Walker Baptist Medical Center



Walker Baptist Medical Center

Rachael P. Winston – Director, Women’s

Tammy Upton – Data Extraction

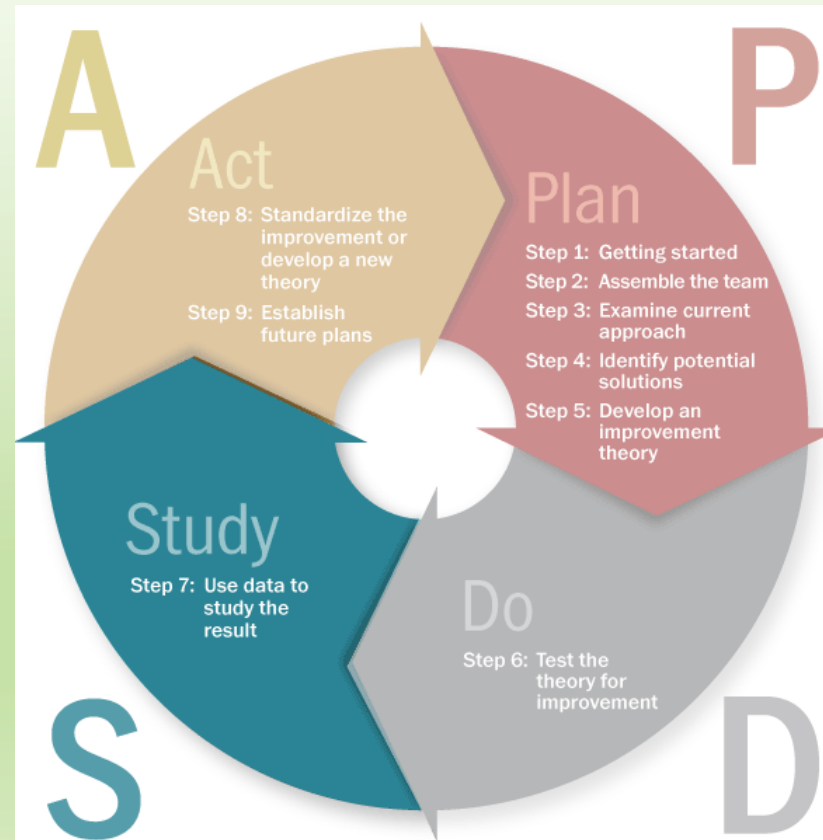
Greta Simmons – Perinatal Quality Manager



Walker Baptist Medical Center
Brookwood Baptist Health.

Successes

We successfully implemented Quantitative Blood Loss (QBL) at Walker using PSDA Model:





Successes

- We set a “go-live” date of 7/1
- Made **plans** to observe in real time in January
 - Field trip to Memphis, TN
- **Did** the process on every C/S & Vaginal Delivery in February thru April
- Then we **studied** the process to see what was working
 - Had a hemorrhage at the end of the trial
- Set an **action** plan for changes



Challenges & Barriers

We found that the process was not difficult but faced the following:

- Staff Pushback
 - Change is hard
- Physicians Apprehension
 - “Our estimations aren’t good enough?”



Opportunities

The Challenge was to win over both the physicians and staff:

- Had individual meetings with doctors to express that concerns
 - Gave feedback of what we found
 - Had a hemorrhage: Estimate 1000 vs. QBL: 1625
- Talked to staff during meeting to get their feedback and concerns
 - Understood the importance after data established



Next Steps

Started the official QBL process July 1st:

- Director/manager/charge nurse in every delivery for the first month to supervise any issues
- Continued to monitor the process until it became second nature
- Training was added to annual competencies
- New hires get a thorough discussion about QBL and Hemorrhage to understand the importance



Outcomes

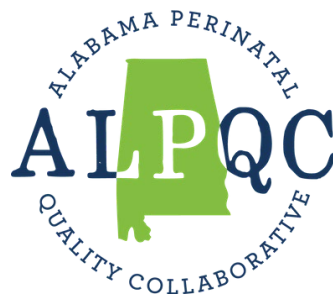
- QBL process is still the practice at Walker
- Physicians and staff have a better picture of what they are treating
- Hemorrhages have a good response from all parties

Q&A



Please feel free to **unmute** and ask questions

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Reminders

- Next OB Hemorrhage Action Period Call: Wednesday, 3/20 at 1 pm
- 1-on-1 calls with ALPQC Quality Improvement RNs resumed this month. Please email info@alpqc.org if your facility has not yet scheduled your recurring meeting
- OBH Monthly Reporting for January due February 29th, 2024
- Please enter your baseline data if you have not already
- Email Lora at lham17@uab.edu if you need to change any data after you have submitted the survey



Severe Maternal HTN

Sustainability Data



ALPQC HTN Sustainability Data Dashboard

Measures	Sustainability Phase (October - December 2023)	Initiative Average (April 2022 - September 2023)
O1 - SMM (Excluding transfusions)	1.99%	3.12%
O2 - SMM among patient with preeclampsia (Excluding transfusions)	9.13%	2.98%
P1 - Timely treatment of Persistent Severe HTN	79.21%	70.47%
P2 - Follow-up appointment (within 7 days)	61.80%	55.01%
P3 - Discharge Education	87.64%	81.62%

*Missing Sustainability Reporting from 5 Hospitals

Q&A



Please feel free to **unmute** and ask questions

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Reminders



- Next HTN Sustainability Reporting Due April 30th for Jan-Mar 2024
- Please enter your data if you have not already
- Email Lora at lham17@uab.edu if you need to change any data after you have submitted the survey



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