



# Data: What to Expect

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# Data Template



Process Measures (P)	Description	Reporting time period (QUARTERLY): April 1, 2018 - June 30, 2018
P1: Unit Drills	Report # of Drills and the drill topics	
	<p>P1a: In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?</p> <p>P1b: In this quarter, what topics were covered in the OB drills? (Note: add more numbers for additional topics covered, as needed)</p>	<p>P1a:</p> <p>P1b: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.</p>
P2: Provider Education	P2a: At the end of this quarter, how many OB physicians and midwives (numerator) have completed (within the last 2 years) an education program on Obstetric Hemorrhage? How many OB physicians and midwives does your hospital have (denominator)?	P2a: Numerator:  Denominator:
	P2b: At the end of this quarter, how many OB physicians and midwives (numerator) have completed (within the last 2 years) an education program on the Obstetric Hemorrhage bundle elements and the unit-standard protocol? How many OB physicians and midwives does your hospital have (denominator)?	P2b: Numerator:  Denominator:
P3: Nursing Education	P3a: At the end of this quarter, how many OB nurses (numerator) have completed (within the last 2 years) an education program on Obstetric Hemorrhage? How many OB nurses does your hospital have (denominator)?	P3a: Numerator:  Denominator:
	P3b: At the end of this quarter, how many OB nurses (numerator) have completed (within the last 2 years) an education program on the Obstetric Hemorrhage bundle elements and the unit-standard protocol? How many OB nurses does your hospital have (denominator)?	P3b: Numerator:  Denominator:
P4: Risk Assessment	P4: At the end of this quarter, how many mothers (numerator) had a hemorrhage risk assessment with risk level assigned, performed at least once between admission and birth and shared among the team? How many mothers did you have this quarter (denominator)?	P4: Numerator:  Denominator:
P5: Quantified Blood Loss	P5: In this quarter, how many mothers (numerator) had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques? How many mothers did you have this quarter (denominator)?	P5: Numerator:  Denominator:
Structure Measures (S)	Description	Report only ONCE
S1: Patient, Family & Staff Support	S1: Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?	S1:  Date of Completion:
S2: Debriefs	S2: Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?	S2:  Date of Completion:
S3: Multidisciplinary Case Reviews	S3: Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving ≥4 units RBC transfusions, or diagnosed with a VTE)?	S3:  Date of Completion:
S4: Hemorrhage Cart	S4: Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?	S4:  Date of Completion:
S5: Unit Policy and Procedure	S5: Does your hospital have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists?	S5:  Date of Completion:
S6: EHR Integration	S6: Were some of the recommended OB Hemorrhage bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?	S6:  Date of Completion:

# Outcome Measure



Outcome Measures (O)	Description	Reporting time period (QUARTERLY): April 1, 2018 - June 30, 2018
O1: Severe Maternal Morbidity	<b>Numerator:</b> Among the denominator, all cases with any SMM code <b>Denominator:</b> All mothers during their birth admission, excluding ectopics and miscarriages	<b>Numerator:</b> <b>Denominator:</b>
O2: Severe Maternal Morbidity (excluding cases with only a transfusion code) among All Delivering Women	<b>Numerator:</b> Among the denominator, all cases with any non-transfusion SMM code <b>Denominator:</b> All mothers during their birth admission, excluding ectopics and miscarriages	<b>Numerator:</b> <b>Denominator:</b>
O3: Severe Maternal Morbidity among Hemorrhage Cases	<b>Numerator:</b> Among the denominator, all cases with any SMM code <b>Denominator:</b> All mothers during their birth admission, excluding ectopics and miscarriages, meeting one of the following criteria: <ul style="list-style-type: none"> <li>• Presence of an Abruptio, Previa or Antepartum hemorrhage diagnosis code</li> <li>• Presence of transfusion procedure code without a sickle cell crisis diagnosis code</li> <li>• Presence of a Postpartum hemorrhage diagnosis code</li> </ul>	<b>Numerator:</b> <b>Denominator:</b>
O4: Severe Maternal Morbidity (excluding cases with only a transfusion code) among Hemorrhage Cases.	<b>Numerator:</b> Among the denominator, all cases with any non-transfusion SMM code <b>Denominator:</b> All mothers during their birth admission, excluding ectopics and miscarriages, meeting one of the following criteria: <ul style="list-style-type: none"> <li>• Presence of an Abruptio, Previa or Antepartum hemorrhage diagnosis code</li> <li>• Presence of transfusion procedure code without a sickle cell crisis diagnosis code</li> <li>• Presence of a Postpartum hemorrhage diagnosis code</li> </ul>	<b>Numerator:</b> <b>Denominator:</b>

- Data already being received from HDD file



# Process Measure



<p><b>P1: Unit Drills</b></p>	<p><b>Report # of Drills and the drill topics</b></p> <p><b>P1a:</b> In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?</p> <p>.....</p> <p><b>P1b:</b> In this quarter, what topics were covered in the OB drills? (<b>Note:</b> add more numbers for additional topics covered, as needed)</p>
<p><b>P2: Provider Education</b></p>	<p><b>P2a:</b> At the end of this quarter, how many <b>OB physicians and midwives</b> (numerator) have completed (within the last 2 years) an education program on <b>Obstetric Hemorrhage</b>? How many OB physicians and midwives does your hospital have (denominator)?</p> <p>.....</p> <p><b>P2b:</b> At the end of this quarter, how many <b>OB physicians and midwives</b> (numerator) have completed (within the last 2 years) an education program on the <b>Obstetric Hemorrhage bundle elements and the unit-standard protocol</b>? How many OB physicians and midwives does your hospital have (denominator)?</p>
<p><b>P3: Nursing Education</b></p>	<p><b>P3a:</b> At the end of this quarter, how many <b>OB nurses</b> (numerator) have completed (within the last 2 years) an education program on <b>Obstetric Hemorrhage</b>? How many OB nurses does your hospital have (denominator)?</p> <p>.....</p> <p><b>P3b:</b> At the end of this quarter, how many <b>OB nurses</b> (numerator) have completed (within the last 2 years) an education program on the <b>Obstetric Hemorrhage bundle elements and the unit-standard protocol</b>? How many OB nurses does your hospital have (denominator)?</p>
<p><b>P4: Risk Assessment</b></p>	<p><b>P4:</b> At the end of this quarter, how many mothers (numerator) had a hemorrhage risk assessment with risk level assigned, performed at least once between admission and birth and shared among the team? How many mothers did you have this quarter (denominator)?</p>
<p><b>P5: Quantified Blood Loss</b></p>	<p><b>P5:</b> In this quarter, how many mothers (numerator) had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques? How many mothers did you have this quarter (denominator)?</p>



# Structure Measure



<b>S1: Patient, Family &amp; Staff Support</b>	<b>S1:</b> Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?
<b>S2: Debriefs</b>	<b>S2:</b> Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?
<b>S3: Multidisciplinary Case Reviews</b>	<b>S3:</b> Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving $\geq 4$ units RBC transfusions, or diagnosed with a VTE)?
<b>S4: Hemorrhage Cart</b>	<b>S4:</b> Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?
<b>S5: Unit Policy and Procedure</b>	<b>S5:</b> Does your hospital have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists?
<b>S6: EHR Integration</b>	<b>S6:</b> Were some of the recommended OB Hemorrhage bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?



# Who to submit data to



Send completed data template via email to:  
[terrill.flakes@dph.ga.gov](mailto:terrill.flakes@dph.ga.gov)

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S3: Multidisciplinary Case Reviews	S3: Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving 24 units RBC transfusions, or diagnosed with a VTE)?	S3: Date of Completion:
S4: Hemorrhage Cart	S4: Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?	S4: Date of Completion:
S5: Unit Policy and Procedure	S5: Does your hospital have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists?	S5: Date of Completion:
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# Submission Due Date(s)



<b>JULY 2018</b>						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**Note:**

*If the 15<sup>th</sup> falls on a weekend/holiday, then the submission is due on the following business day.*

# Data analyzed and report returned

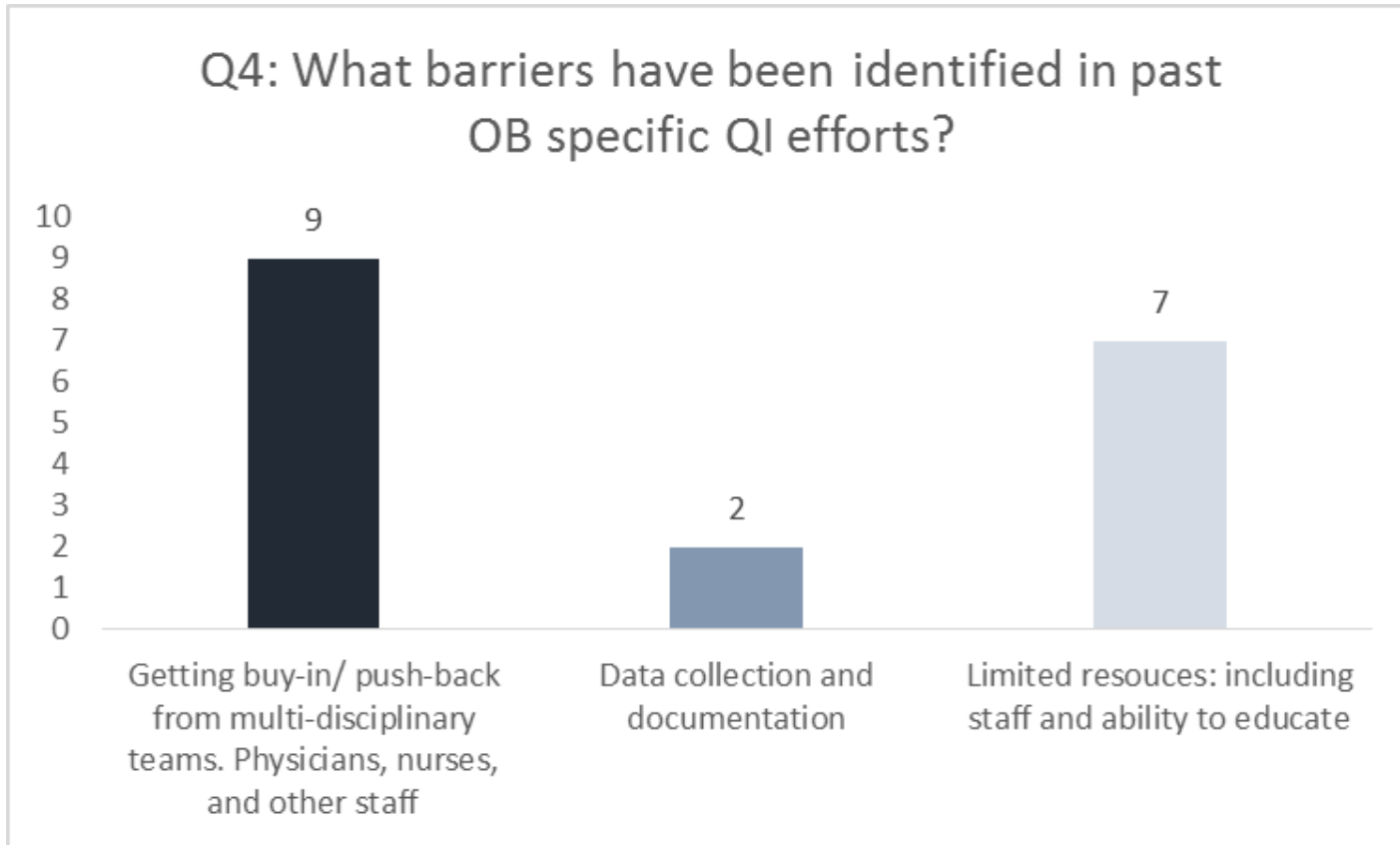


Report returned by the **15<sup>th</sup>** day of the following month that we receive your data





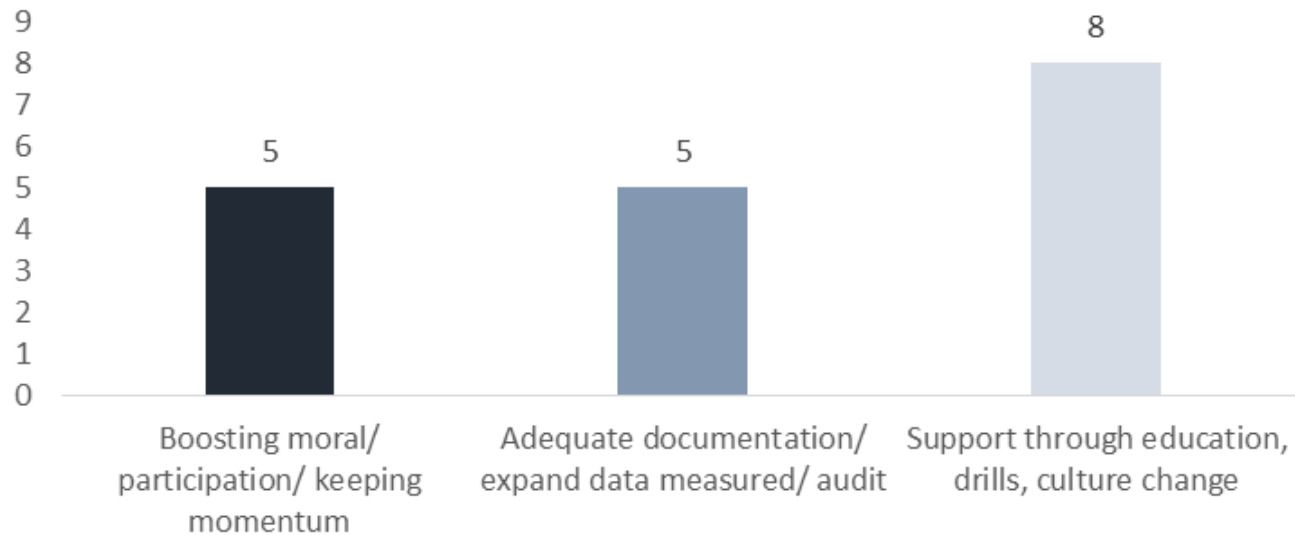
# Baseline Survey Results



# Baseline Survey Results



Q24: What do you see as the greatest need to improve OB specific QI efforts in your birth facility?





# Sharing & Feeling

