Data: Readiness

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Perinatal Quality Improvement Data Consultant – Department of Public Health
Submission Due Date(s)

Note:
If the 15th falls on a weekend/holiday, then the submission is due on the following business day.
Send completed data template via email to: terrill.flakes@dph.ga.gov
Primary Results of Data Template
**Preliminary Results**

**Structure measure (S4):** Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?

- **Yes:** 15 hospitals
- **Unsure:** 8 hospitals

*Number of hospitals in cohort: 27
* 4 hospitals are a part of a system. Hence the difference between the number of hospitals in the cohort and the number of hospital listed below (15, 8)
*Unsure is defined as GaPQC staff is unsure if the facility has OB hemorrhage supplies readily available for reasons including not having information prior to webinar, etc.
**Preliminary Results**

**Structure measure (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?

- Yes: 13
- Unsure: 10
Q10: Does the OB Department have standardized processes (i.e. order sets, unit policies, practice protocols) for the following obstetric emergencies? Select all that apply.

Answered: 21

- OB Hemorrhage: 19 Yes, 2 No
- Severe Hypertension/Pre-eclampsia: 15 Yes, 6 No
Baseline Survey Results

**Q11:** Does your birth facility Emergency Department have standardized processes (i.e. order sets, unit policies, practice protocols) for obstetric emergencies?

Answered: 21  Skipped: 0

- **Yes:** 9
- **No:** 11
- **Do not have an Emergency Department:** 1
Q12: How often are the obstetric emergency policies and protocols reviewed and updated? Answered: 21  Skipped: 0

- Every year: 3
- Every 2 years: 12
- Every 3 years: 6
Q13: How often are the obstetric emergency policies and protocols (ie. order sets) used in an obstetric emergency by staff (OB, OB Resident, CNM, Staff RN)?

Answered: 21  Skipped: 0

- N/A: 4
- 25%: 2
- 50%: 4
- 75%: 8
- 100%: 3
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<table>
<thead>
<tr>
<th>Process Measure(s) [P]</th>
<th>Description</th>
<th>Reporting time period (QUARTERLY: April 1, 2018 – June 30, 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01: Get Data</td>
<td>Support &amp; define the drill topics</td>
<td>73rd:</td>
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<tr>
<td></td>
<td>Plan: In this quarter, how many OB drills [In-education and/or Simulation] were performed on your unit for any maternal safety topics?</td>
<td>73rd: 1.</td>
</tr>
<tr>
<td></td>
<td>Notes: Add more numbers for additional topics defined, as needed.</td>
<td>73rd: 2.</td>
</tr>
<tr>
<td>01: Provider Education</td>
<td>29a. At the end of the quarter, how many OB nurses [number] have completed (within the last 2 years) an education program on Obstetric Hemorrhage? How many OB physicians and midwives does your hospital have (denominator)?</td>
<td>74th: Numerator:</td>
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<td>29b. At the end of one quarter, how many OB physicians and midwives (in total) have completed (within the last 2 years) an education program on Obstetric Hemorrhage bundle elements and the unit standard protocol? How many OB physicians and midwives does your hospital have (denominator)?</td>
<td>74th: Denominator:</td>
</tr>
<tr>
<td>01: Nursing Education</td>
<td>29c. At the end of this quarter, how many OB nurses [number] have completed (within the last 2 years) an education program on Obstetric Hemorrhage bundle elements and the unit standard protocol? How many OB nurses does your hospital have (denominator)?</td>
<td>74th: Numerator:</td>
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<td>29d. At the end of this quarter, how many OB nurses [number] have completed (within the last 2 years) an education program on Obstetric Hemorrhage bundle elements and the unit standard protocol? How many OB nurses does your hospital have (denominator)?</td>
<td>74th: Denominator:</td>
</tr>
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<td>01: Risk Assessment</td>
<td>29e. At the end of this quarter, how many patients [number] had a hemorrhagic risk assessment with risk level assigned, performed at least once between admission and birth and shared among the team? How many patients did you have this quarter (denominator)?</td>
<td>75th: Numerator:</td>
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<td>29f. At the end of this quarter, how many patients [number] had a hemorrhagic risk assessment with risk level assigned, performed at least once between admission and birth and shared among the team? How many patients did you have this quarter (denominator)?</td>
<td>75th: Denominator:</td>
</tr>
<tr>
<td>01: Gastric Blood Loss</td>
<td>29. In this quarter, how many patients [number] had measurement of blood loss from birth through the delivery period using quantitative and dynamic techniques? How many patients did you have this quarter (denominator)?</td>
<td>76th: Numerator:</td>
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<td>29. In this quarter, how many patients [number] had measurement of blood loss from birth through the delivery period using quantitative and dynamic techniques? How many patients did you have this quarter (denominator)?</td>
<td>76th: Denominator:</td>
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<td>01: Patient, Family &amp; Staff Support</td>
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