



# Data: Readiness

**Terrill Flakes, MPH**

**GaPQC Core Team Staff**

**Perinatal Quality Improvement Data Consultant – Department of Public Health**



# 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.*



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

Process Measures (P)	Description	Reporting time period (QUARTERLY): April 1, 2018 - June 30, 2018
P1: Unit Drills	Report # of Drills and the drill topics  P1a: In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?  P1b: In this quarter, what topics were covered in the OB drills? (Note: add more numbers for additional topics covered, as needed)	P1a:  P1b: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
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)?  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)?	P2a: Numerator: 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)?  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)?	P3a: Numerator: 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 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:
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:

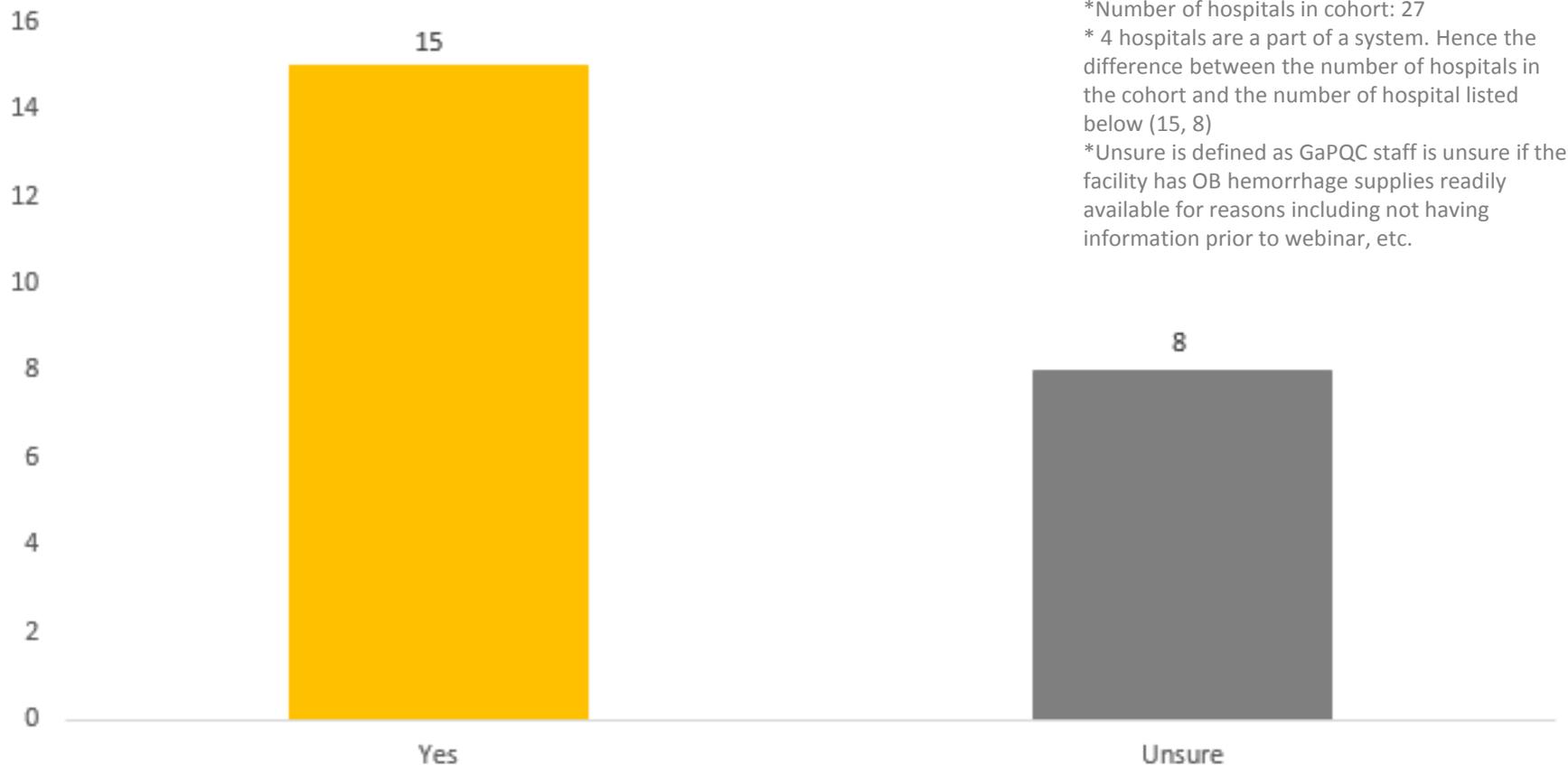
# Primary Results of Data Template



# Preliminary Results



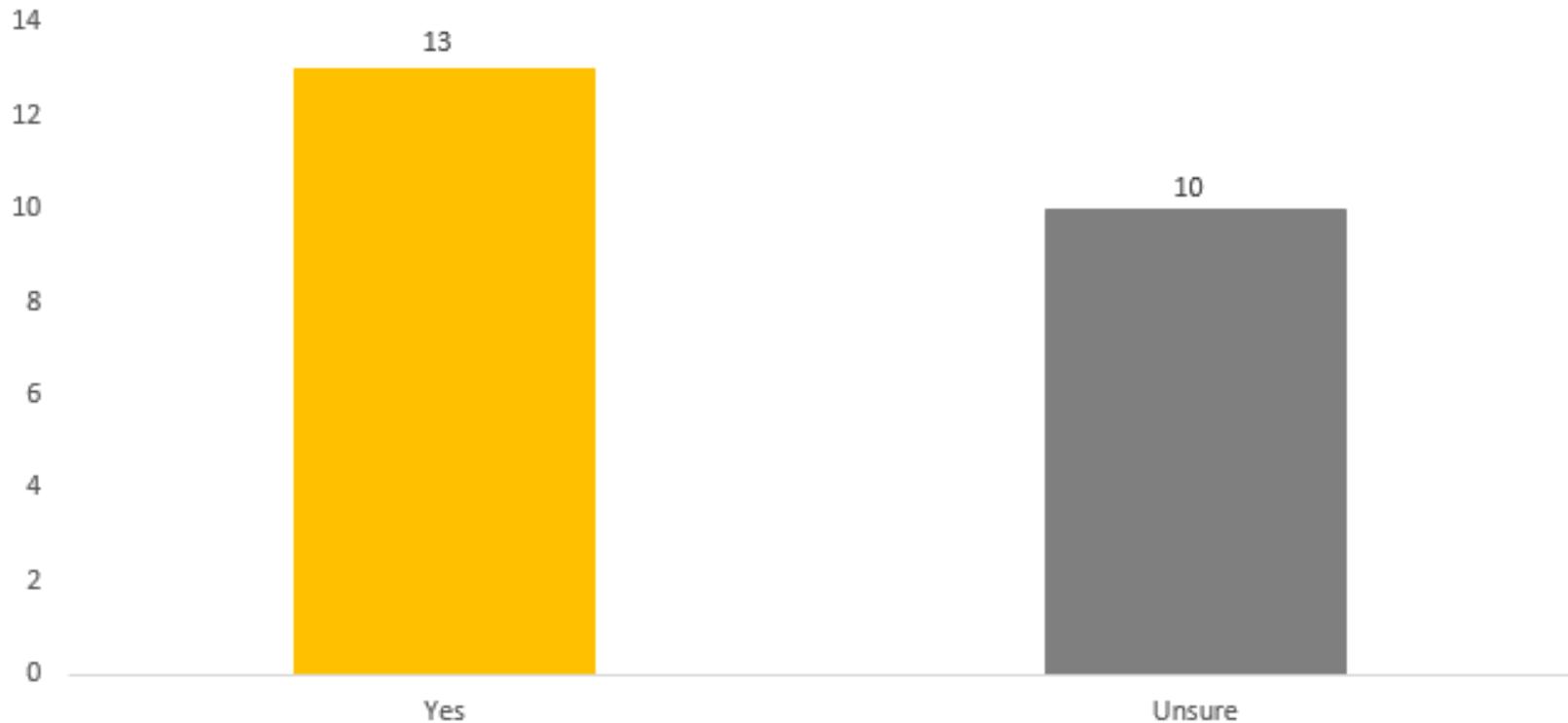
**Structure measure (S4):** Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?



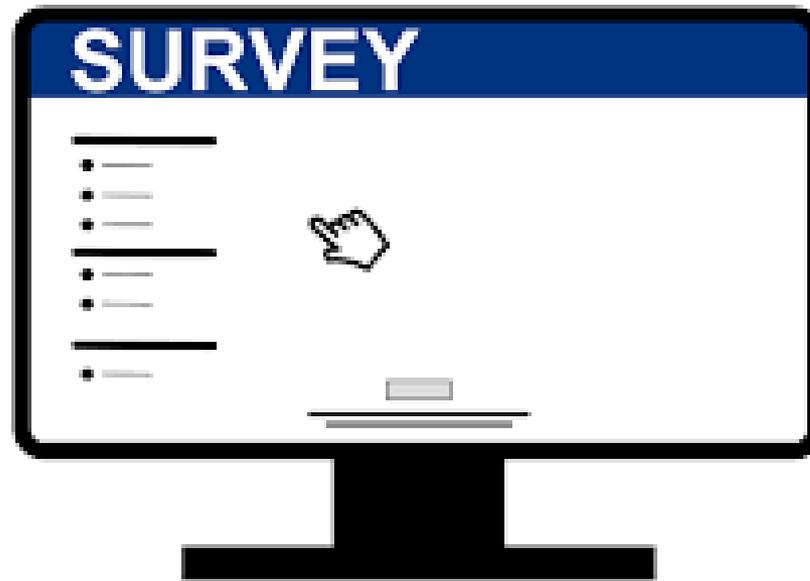
# Preliminary Results



**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?



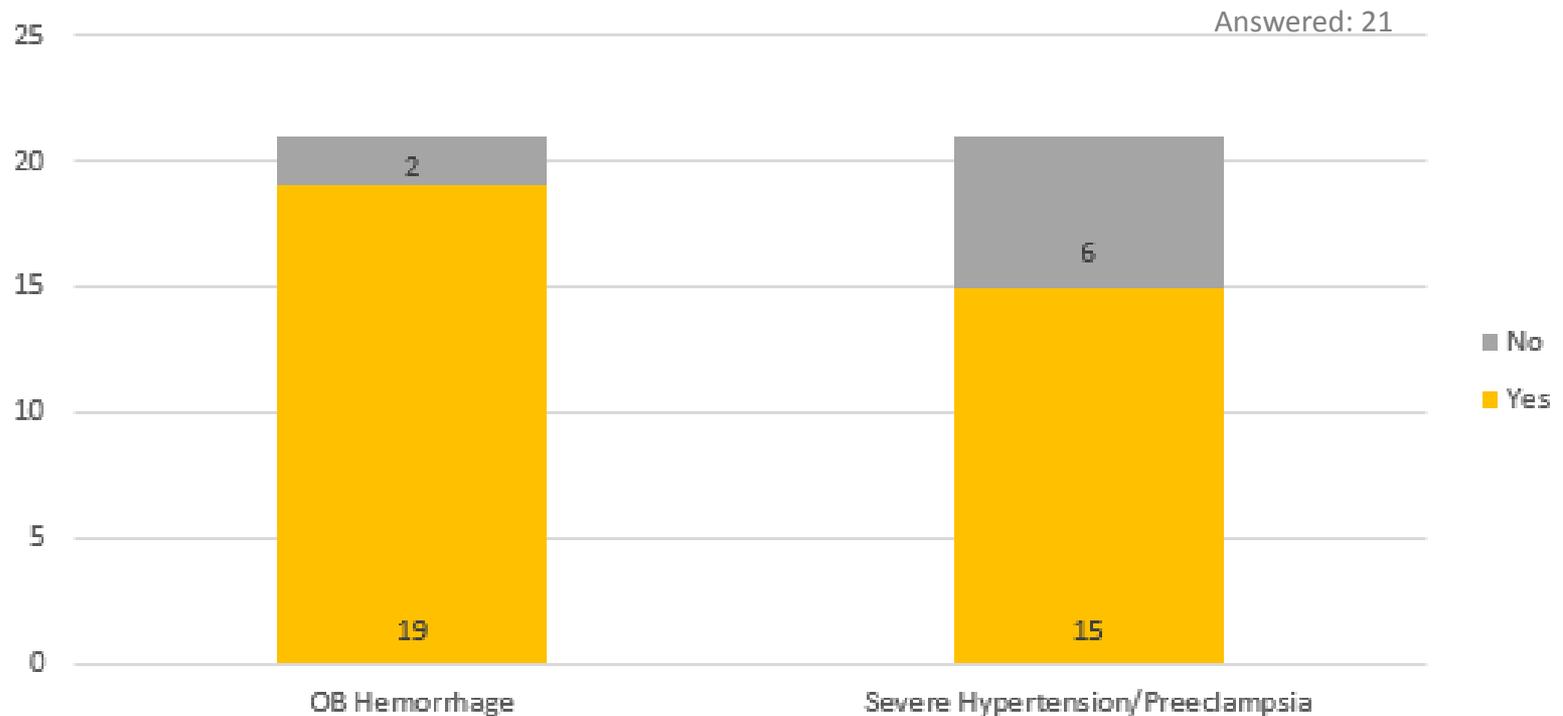
# AIM Baseline Survey Results



# Baseline Survey Results



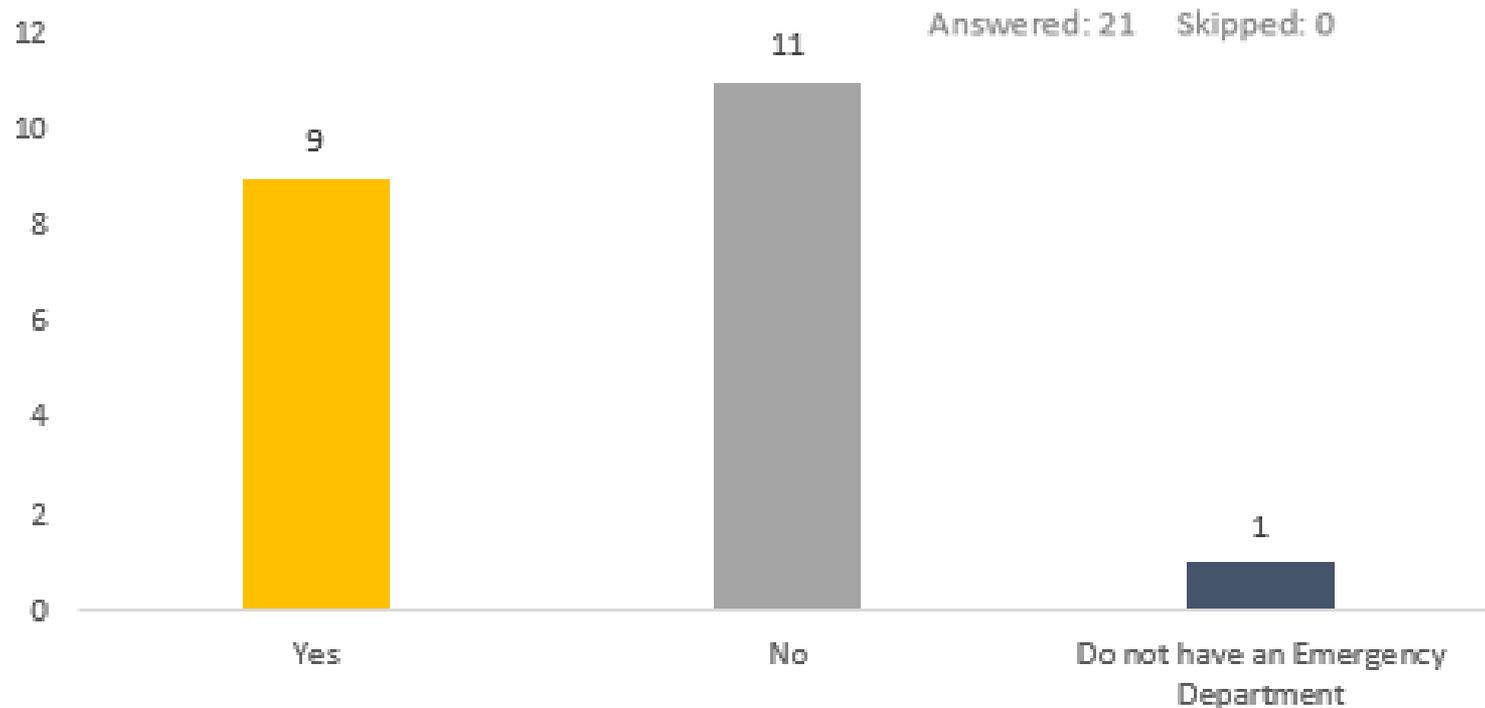
**Q10:** Does the OB Department have standardized processes (i.e. order sets, unit policies, practice protocols) for the following obstetric emergencies? Select all that apply.



# Baseline Survey Results



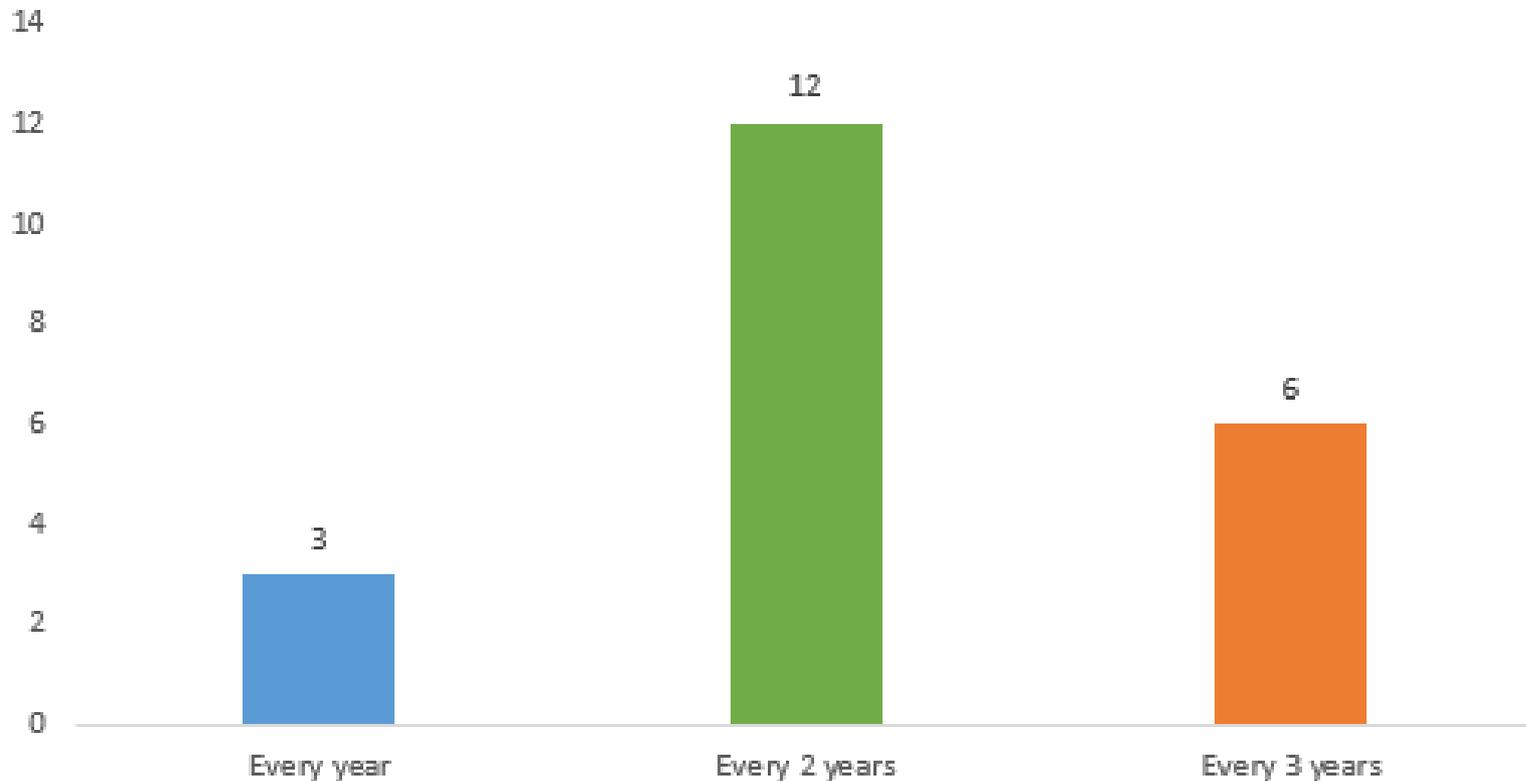
**Q11:** Does your birth facility Emergency Department have standardized processes (i.e. order sets, unit policies, practice protocols) for obstetric emergencies?



# Baseline Survey Results



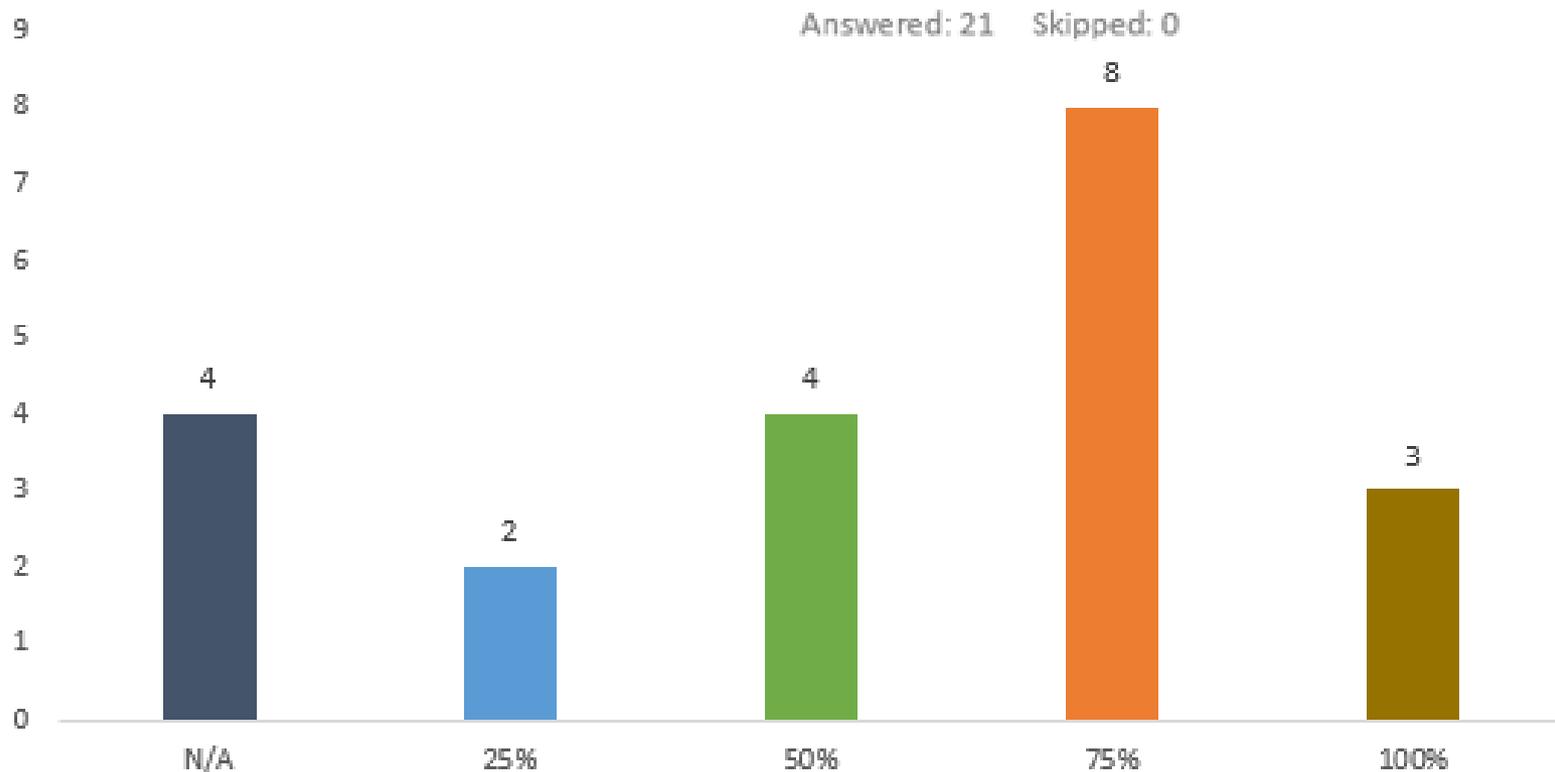
**Q12:** How often are the obstetric emergency policies and protocols reviewed and updated? Answered: 21 Skipped: 0



# Baseline Survey Results



**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)?





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

Process Measures (P)	Description	Reporting time period (QUARTERLY): April 1, 2018 - June 30, 2018
P1: Unit Drills	Report # of Drills and the drill topics  P1a: In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?  P1b: In this quarter, what topics were covered in the OB drills? (Note: add more numbers for additional topics covered, as needed)	P1a:  P1b: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
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)?  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)?	P2a: Numerator: 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)?  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)?	P3a: Numerator: 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 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:
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: