



# OB Hemorrhage Part 2: QBL Implementation, Integration, and Toolkits for Implementation

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# Disclosure of Relevant Financial Relationships

**Eboni C. January, MD, FACOG**, reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

# Learning Objectives

- Describe components of successful QBL Implementation.
- Describe the team process for integrating QBL techniques into clinical workflow.
- Examine available toolkits for QBL Implementation.

- Vital to providing early intervention in the recognition and treatment of OB hemorrhage
- Help providers overcome the **denial** and **delay** in treatment of maternal hemorrhage.
  - Underestimation leads to delayed treatment.
  - Overestimation leads to unnecessary and costly interventions.
- Proactively manage patients rather than reactively manage their symptoms after they occur.

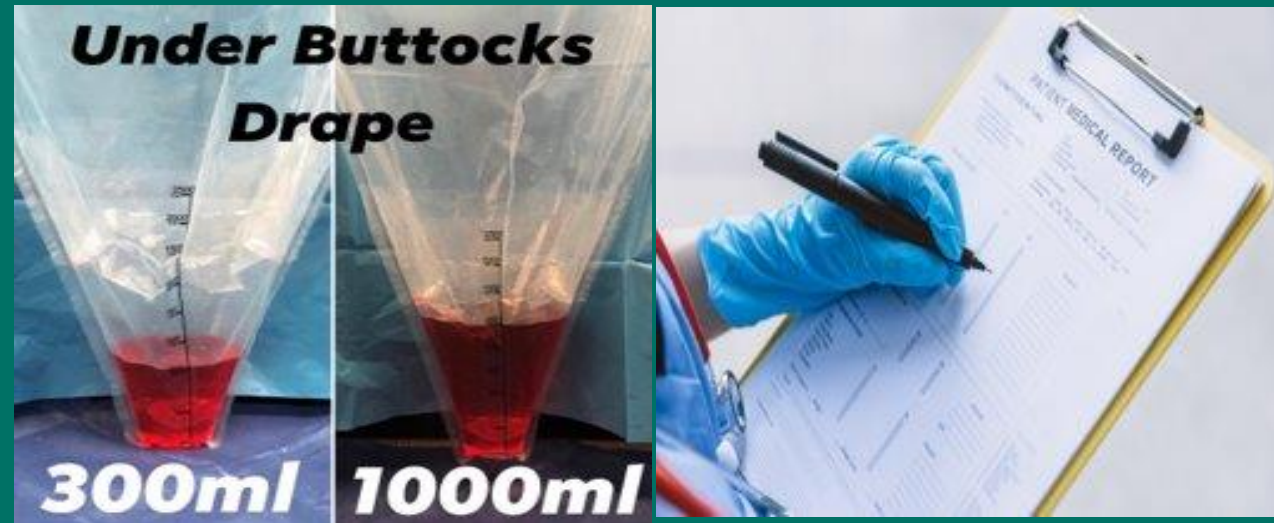
# QBL

## Why It

## Matters



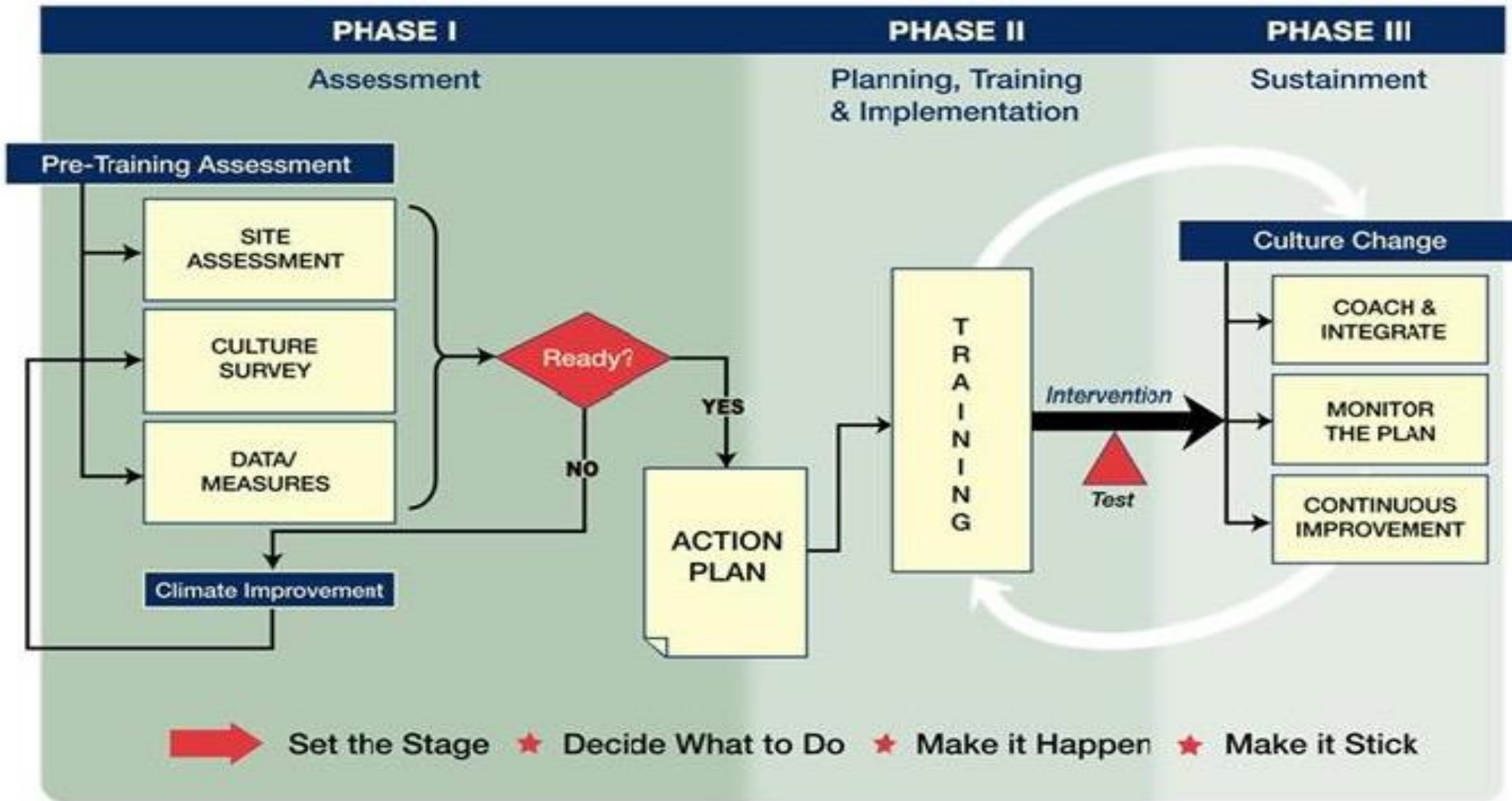
# Implementation of a Quantitative Assessment of Blood Loss includes:



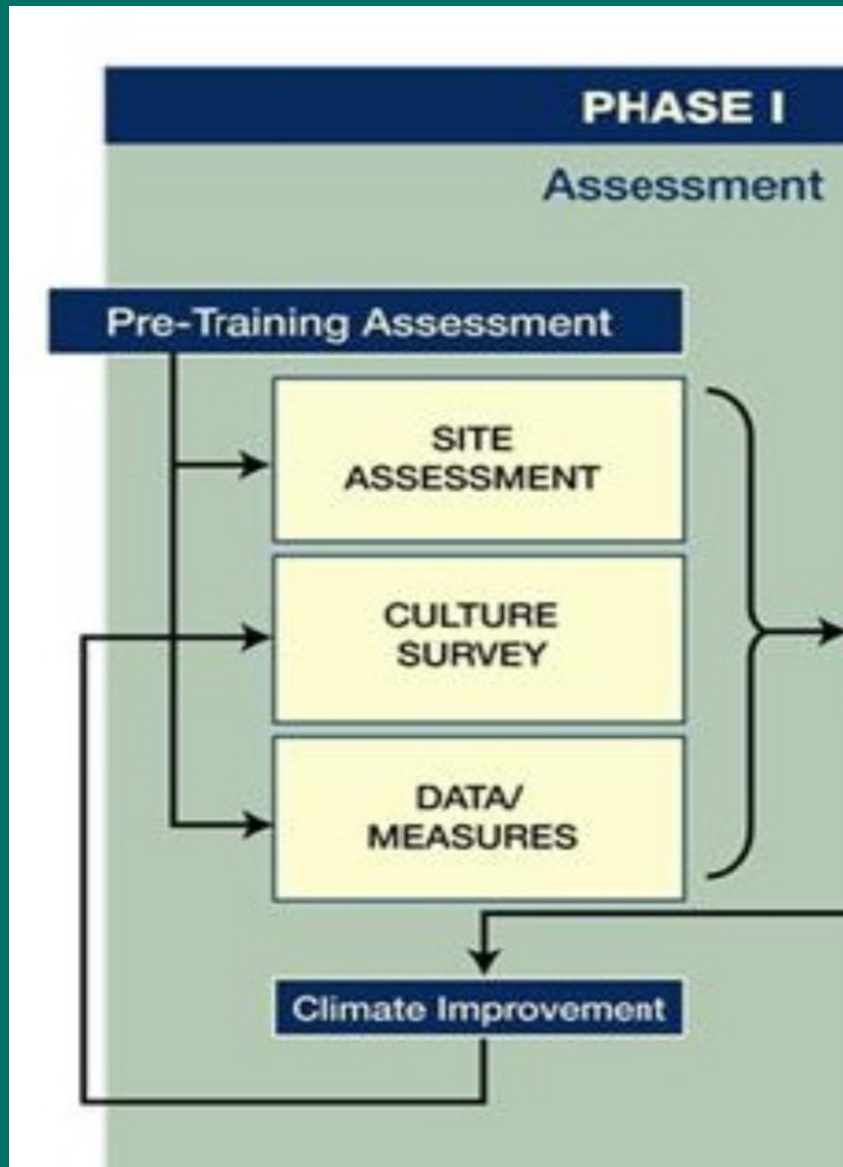
1. Use of direct measurement of obstetric blood loss (Quantitative Blood Loss)
2. Protocols for collecting and reporting a cumulative record of blood loss post-delivery.



# Implementation Framework

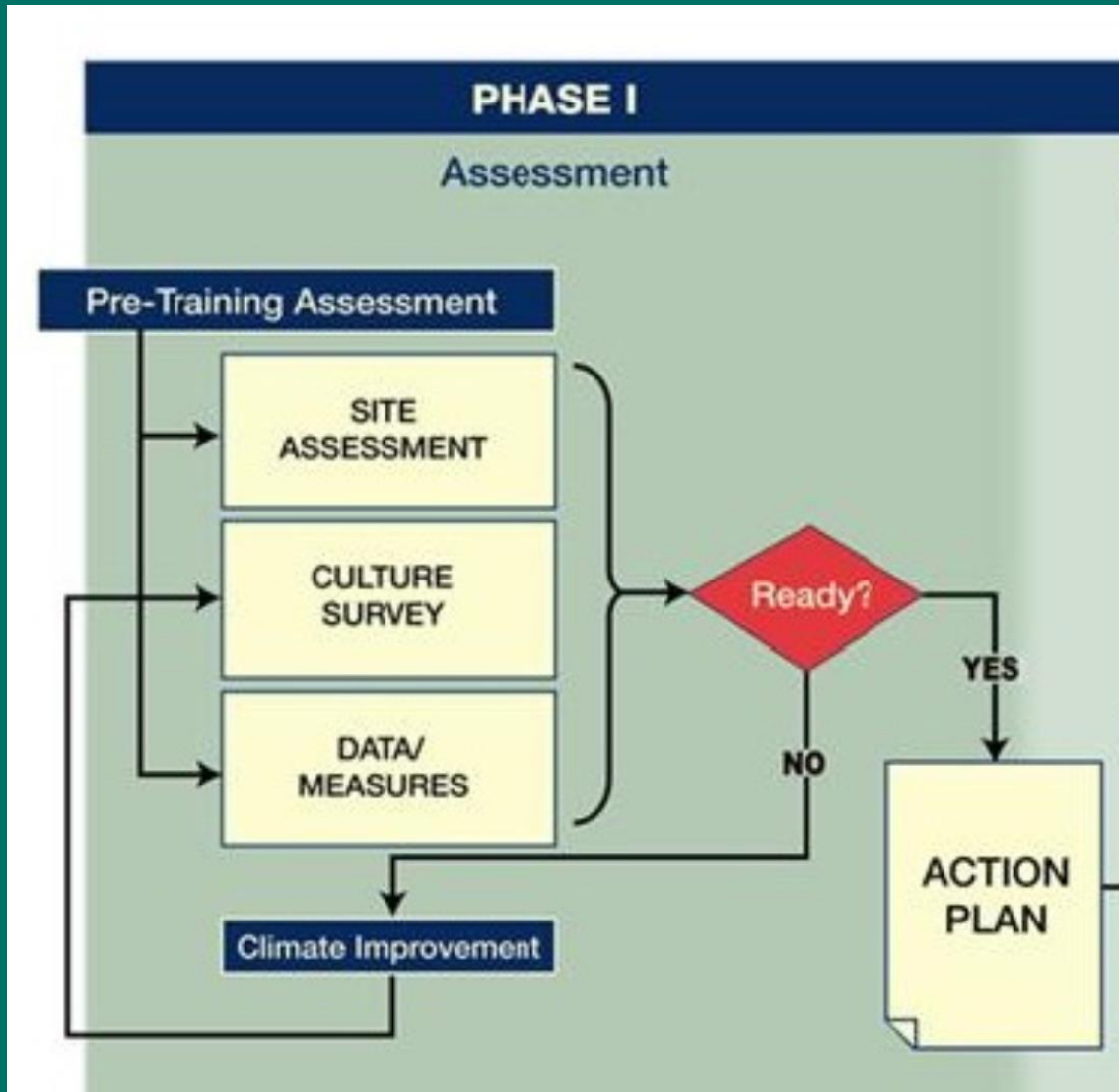


# Getting Ready



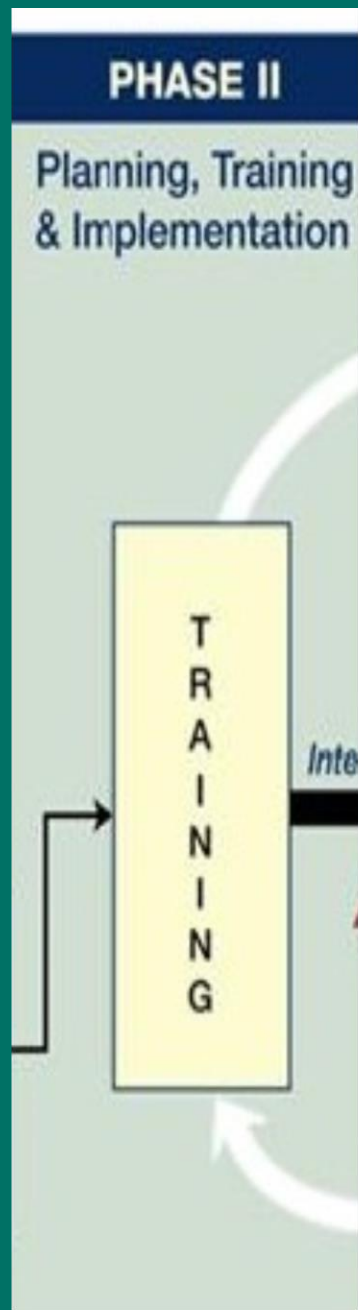
- Recognize prior failure
  - Honest evaluation of missteps
  - Ask doubters for suggestions
  - Get buy-in from leaders willing to change
- Observe the current state
  - Who is doing what?
  - What will need to change?
  - Who will need to be involved?
  - What was our process for EBL? What were we doing for PPH?
- Consult with front-line experts
  - Build a team of nurses with experience
  - Ask for advice and lessons learned
  - Compile best practices

# Action Plan



- Just get started
  - Trying it out in cases with supportive/experienced staff
- Figure out the details
  - Get accurate wet/dry weights
  - When to start measurement?
    - After delivery, after the gutters emptied of amniotic fluid
  - How to weigh laps efficiently in a counter bag?
  - When to stop?
    - Before irrigation, look at the canister.





# Planning and Training

- Finalize the process
  - Write it down, make it clear
- Prepare the tools
  - Apex build for QBL calculator
  - Paper form in charts
  - Scales in every room
  - New graduated drapes
- Set the stage
  - Be transparent that change is coming and the “Why”
- Recruit Super Users for Roll-Out (Epic super users)-(the Negative Nancy)

# Who is Doing QBL?



QBL is nurse-driven (but can be anyone who is trained, PCA or patient tech)



Nurses remind the team at the beginning of the case that we will be doing QBL



Nurses are doing the calculations along the way



Nurses are giving the QBL updates during surgery



Nursing provides the final QBL at the end of the case.



# Getting Team Buy-in

- Needs to be done at ALL deliveries – gets everyone in the habit.
- MDs need to count laps; make sure they fish them out of the bag!
- Time-out should be done at the end of every birth; make sure that QBL is documented
- Does not need to be perfect!

# Planning and Training – Annual Skills Validation

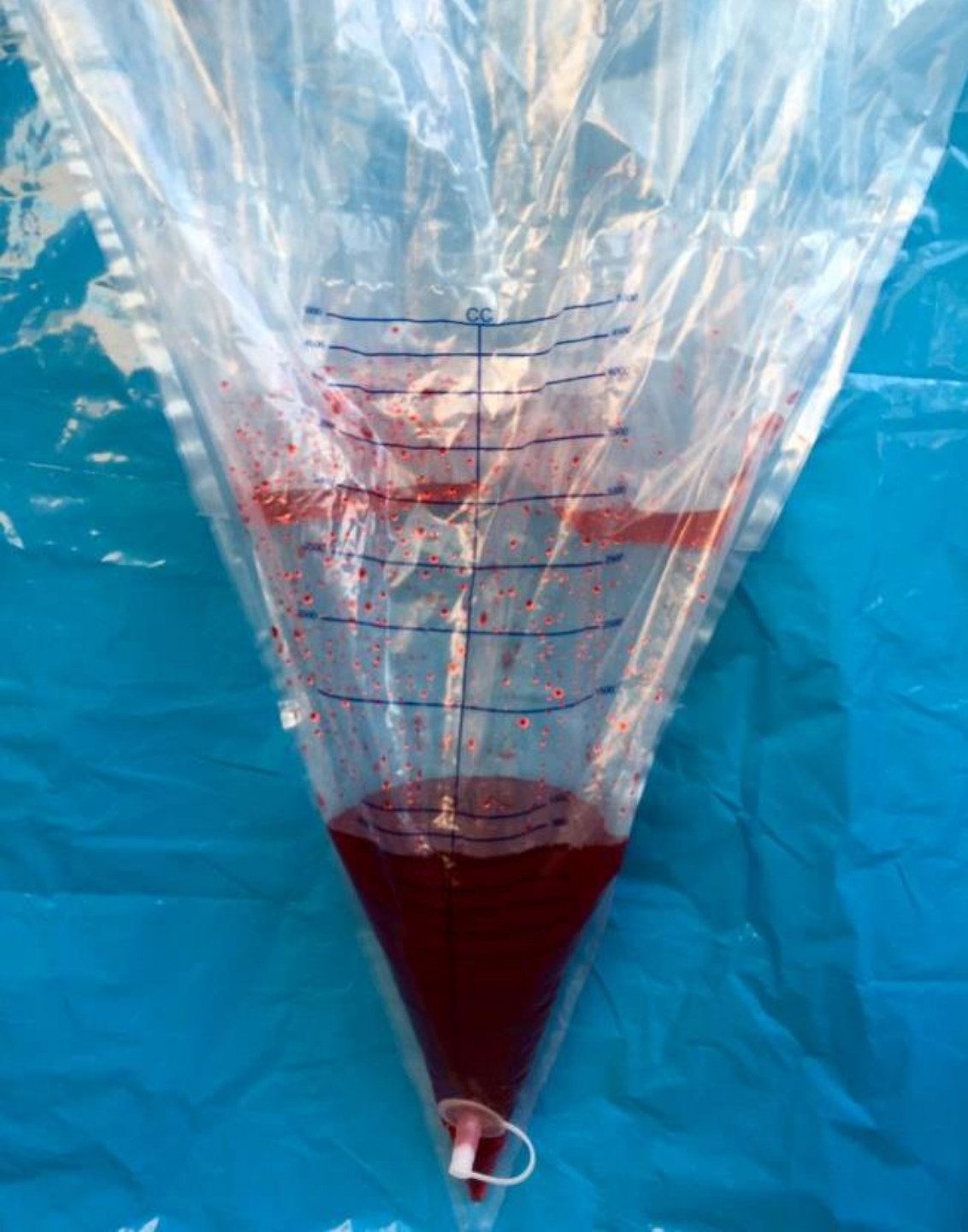
- 190 nurses
- 5 separate days spread out over 4 weeks, 4-hour sessions (1 hr. of QBL, lecture, and hands-on)
- Rollout happens AFTER everyone completed ASV.
- Also roll out new whiteboards, use of surgicount in LDRs, review of PPH cart, meds, and MTP/ER blood



# NSVD QBL

- Look at fluid level after the baby is delivered (before the placenta delivers)
- Call out this number and write this number down on whiteboard.





# NSVD QBL

- After placenta delivers (you can wait until after repair if bleeding is stable), look at amount of fluid in bag

# Weigh your bloody laps AND anything else bloody!



# NSVD QBL Calculation Worksheet

## NSVD QBL Calculation Worksheet

Under buttocks, drape  
fluid/blood QBL

Final Fluid Level: \_\_\_\_\_

Total amount of fluid collected in bag after delivery of baby, placenta and after repair.



Baby Delivery Fluid: \_\_\_\_\_

Initial fluid collected in collection bag after baby is delivered.



=

Drape QBL: \_\_\_\_\_



Lap Blood QBL

Wet lap weight: \_\_\_\_\_

-

Dry lap weight: \_\_\_\_\_

=

Lap QBL: \_\_\_\_\_

Total QBL

Drape QBL: \_\_\_\_\_

+

Lap QBL: \_\_\_\_\_

=

Total QBL: \_\_\_\_\_

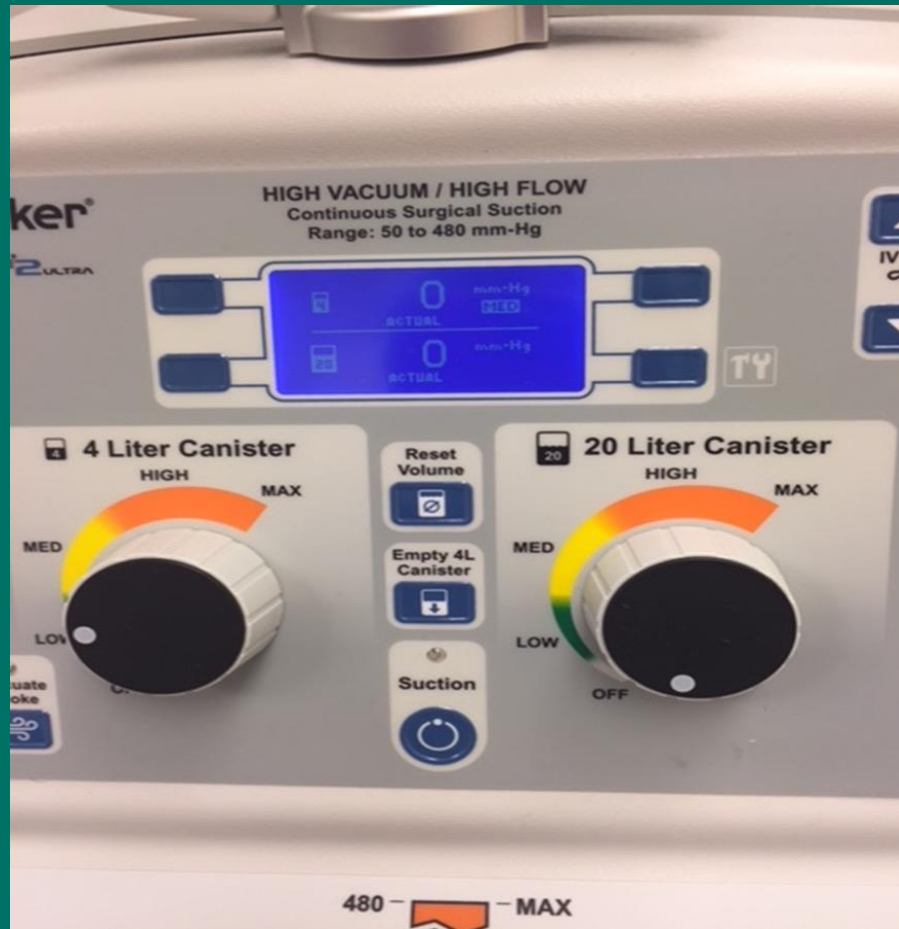




- After the delivery of the baby, remind the OB team to suction out the gutters in the drape
- This can be done during delayed cord clamping.

# Measuring

- Zero the Neptune suction
- Push the “Reset Volume” button







Separate bloody  
and non-bloody  
laps for  
weighing purposes

# C-Section Quantitative Blood Loss Workflow Checklist

- At TIME OUT, remind the team that QBL will be completed
- Remind the team to suction drape all amniotic fluid after the delivery of the baby
- ZERO the NEPTUNE SUCTION after the team is done suctioning\*\* THIS WILL BE YOUR BASELINE
- WEIGH LAPS (Place whole bag with 10 laps on the scale)
- Before irrigation, note the amount in the Neptune Suction
- If clinically significant, measure the amount expressed from fundal massage; if bleeding is minimal, continue with care
- If there is a substantial amount of blood under the patient, weigh chux, etc. If there is minimal blood, continue transferring the patient to the gurney and proceed to PACU.

Other:

Suction 260 + 510 + 350  
BAG #1 283  
BAG #2 289  
BAG #3 203  
White :: 00

---

2295

:37

used = 50

# QBL Documented

Example from the OR

# Epic Documentation

### Flowsheets

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Data Validate | More

Vag Recovery | **QBL Calculator** | QBL Calculator

Accordion | Expanded | **View All** | [Icon]

[Icon] 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Based On: 0700 | Reset | Now

MB L&D	
4/11/18	
<b>1300</b>	

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### Blood Loss Calculator

Calculator assistance?	No
<b>Calculated QBL (gm)</b>	[Icon]

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Total Quantitative Blood Loss

Total Quantitative Blood Loss (mL)	
------------------------------------	--

Epic | L&D Grease Board | L&D Manager | Apts | ORs at a Glance | Pregnancy Wheel | Telephone Call | Patient Lists | Unit Census | Patient

Demo, Practice | X

A3515-P20 | **Demo, Practice** | Pref Lang: None | DOB: 02/23/1983 | GA: 35w5d | Allergies: No Known Allergies | Blood Type: |  
MRN: 97589950 | CSN: 5062615 | EDD: None | Ht: None | PPD: None  
Female, 35 years | Hx: G1P0101 | Wt: None

### Delivery Summary

[Icon] New Baby | [Icon] Link Baby | [Icon] C-Section | [Icon] PDB | [Icon] Fetal Demise | [Icon] QBL | [Icon] Transfer | [Icon] Tx Team | [Icon] Delivery Note

Demo, GirlPractice | C-Section

**The Delivery Summary is read-only.**  
To edit the Delivery Summary, click the "Start Addendum" button below.

Patient: Demo, GirlPractice | Sex: Female | Time of Birth: [ ]  
MRN: 97590010

PROVIDER DOCUMENTATION

Labor Length

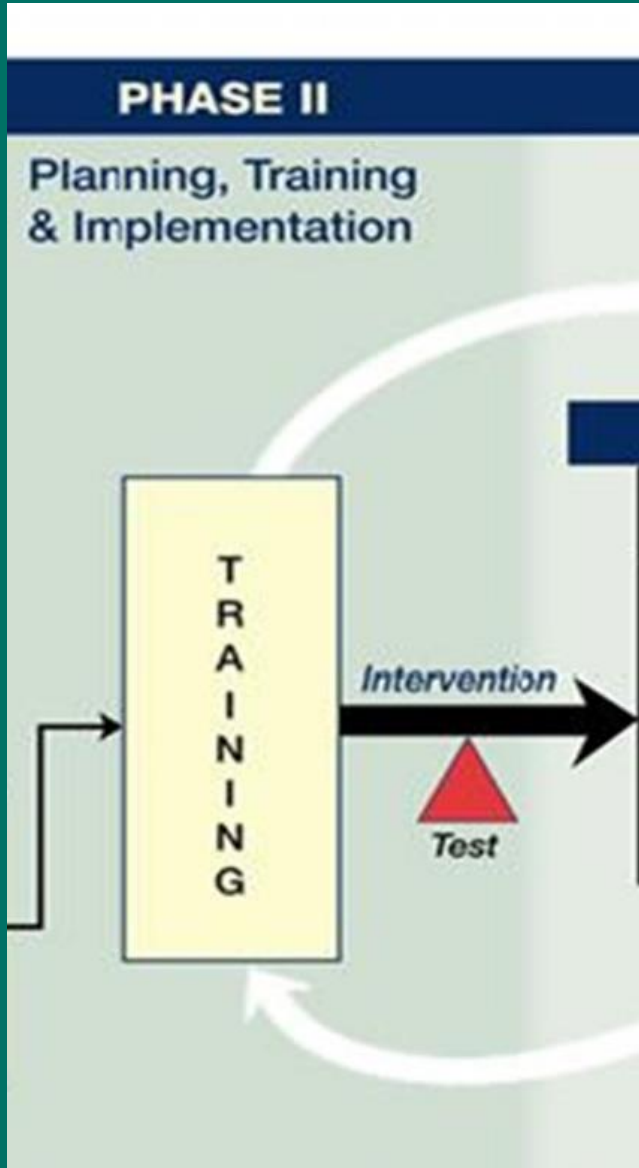
Newborn Delivery | Trial of Labor after Cesarean? | Yes | No

Presentation | Induction of Labor? | Yes | No

Cord

Flowsheets

# Soft Rollout



- Soft Roll Out: Run by Super Users (front-line staff) and those with prior experience encouraged to start
- Become more familiar with range of values (higher and lower than expected)
- 2 weeks before expected Go-Live





## Go-Live!

- Empowering Super Users and let them lead the work
- Importance of setting up expectations
- 24-hour support from leaders (MD's & RN's)
- Daily emails to Super Users and night team MDs

DAYS RN	4/16	4/17	4/18	4/19	4/20	4/21
SUPERUSER	M	T	W	TH	F	S
Jessica Perez				A	A	
Molly Doyle	A	A				
Jill Risser						
Meghan Duck			A			A
Brandon Hickson						

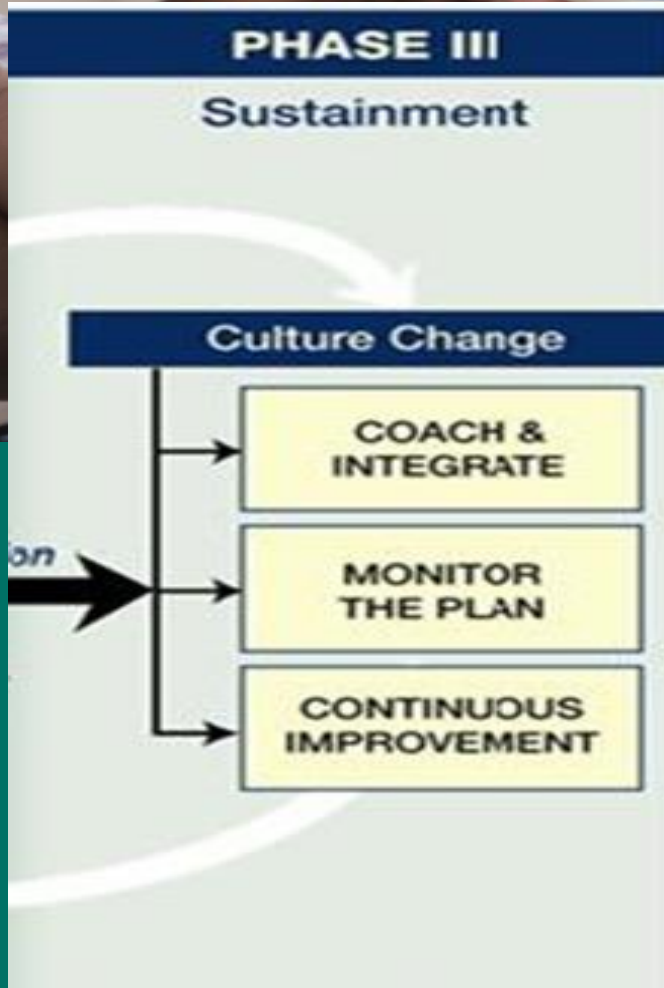
DAYS (CNM/MD)	4/16	4/17	4/18	4/19	4/20	4/21
Jo Gras	A	A				
Dana Gossett			A			
Melissa Rosenstein				A		
Ben Li (AM ONLY)					A	

NIGHTS RN	4/16	4/17	4/18	4/19	4/20	4/21
SUPERUSER	M	T	W	TH	F	S
Devon Vandewiele		P				P
Angie Adkins						
Chi mere Ramsey						
Freda Kisselle	P					
Grace Kavanagh			P	P	P	
Andrea Edelhauser						

NIGHTS (CNM/MD)	4/16	4/17	4/18	4/19	4/20	4/21
Melinda Fowler			A	A		
NIGHT CHIEF	Melanie Ma	Melanie Ma	Melanie Ma	Melanie Ma	Travis Riley	Ono Nseyo

# Super Users!

Daily Huddles to troubleshoot



# Real Time Audit

- Involve Super Users in this process
- Empower the frontline staff to troubleshoot and give feedback
- Audits needed to be done manually to identify barriers and opportunities



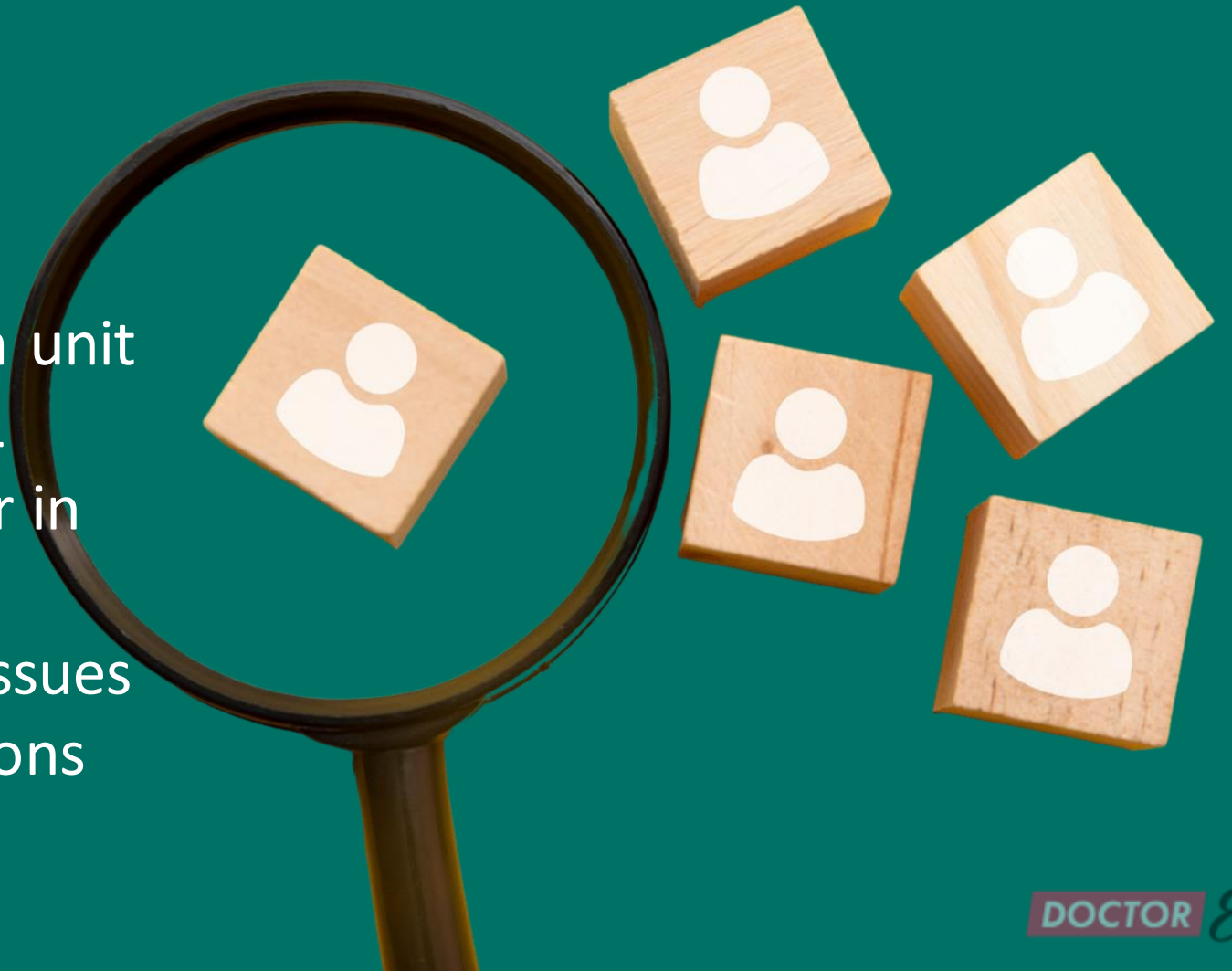
# Keep up the energy



- Staff “signed off” and get QBL stickers on the badge
- Pens
- Weekly Raffles with gift cards
- Cupcakes
- Gift Basket

# Opportunities

- QBL being double charted
- Collaboration with anesthesia
- Where to chart QBL if PPH continues into the Postpartum unit
- Staff manually calculating QBL vs. using the built-in calculator in Epic
- Be flexible with supply chain issues
- Reassurance about imperfections





# Post Delivery Time-Out

**TO BE COMPLETED AFTER EVERY BIRTH  
PARTICIPANTS: OB TEAM, RN, AND ANESTHESIA**

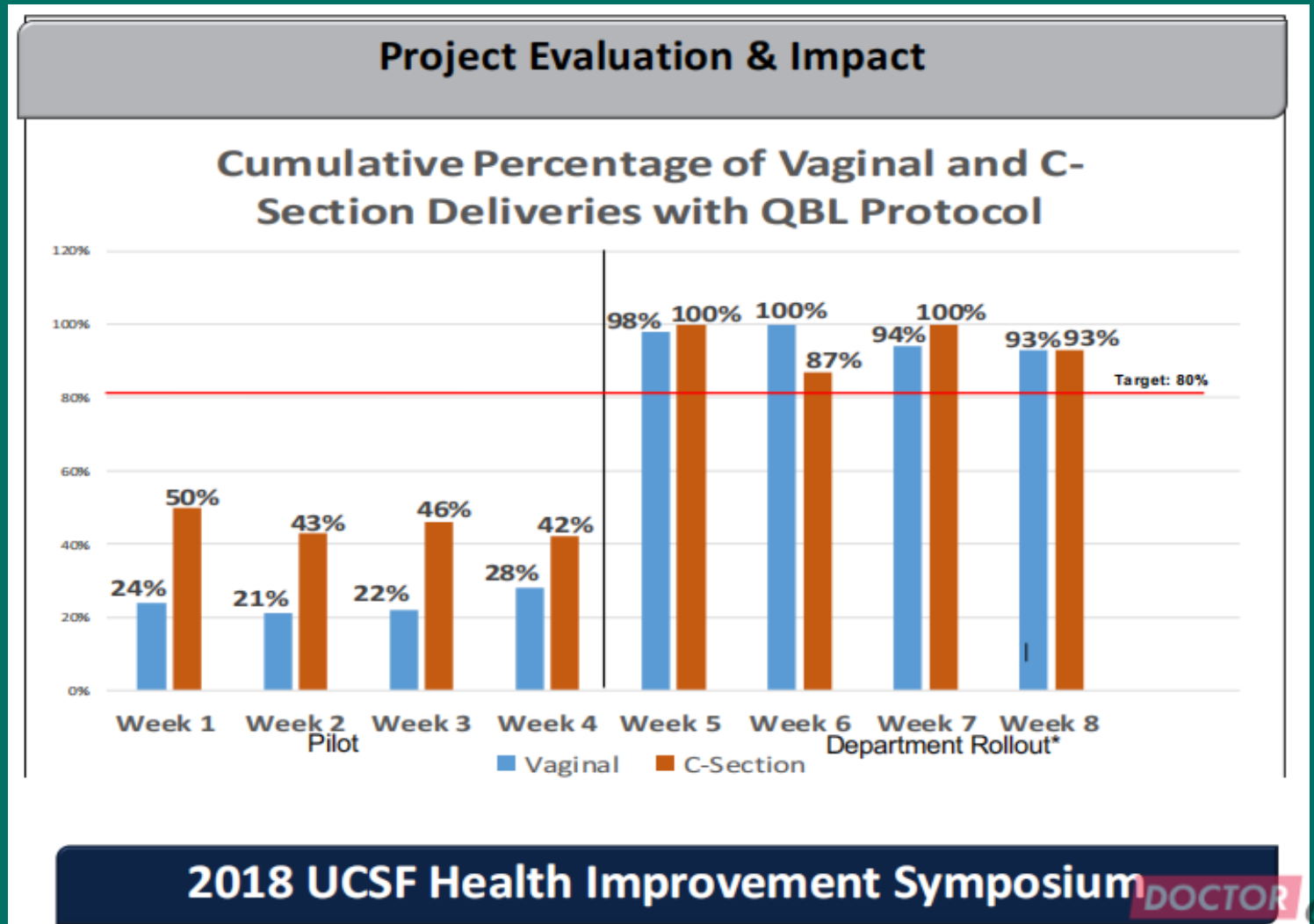
## **QUESTIONS TO ASK:**

- **WAS QBL COMPLETED?**
- **WHAT WAS THE QBL?**
- **WAS VAGINAL NEEDLE AND SPONGE COUNTS CORRECT?**
- **PLACENTA TO PATHOLOGY?**
- **POSTPARTUM CARE? (i.e., PP meds: Lovenox, Insulin)**
- **WHAT WENT WELL?**
- **ANY CONCERNS?**
- **DOCUMENT TIME OUT COMPLETED (RN)**

**Make it part  
of the workflow**

# Addressing Obstetric Hemorrhage at UCSF: Implementing a Quantitative Blood Loss (QBL) Protocol

Success!



# Lesson #1 - The first step to Sustainability is Implementation!

Prior attempts at QBL implementation were flawed and incomplete.

# Six Sources of Influence

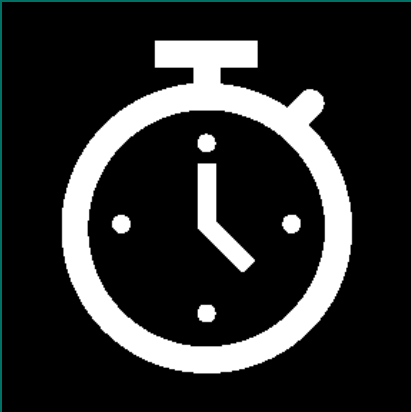
	MOTIVATION	ABILITY
PERSONAL	<p><i>Do they want to engage in the behavior?</i></p> <p><b>MAKE THE UNDERSIRBLE, DERISABLE</b></p>	<p><i>Do they have the right skills and strengths to do the right thing?</i></p> <p><b>HELPING THEM SURPASS THEIR LIMITS</b></p>
SOCIAL	<p><i>Are other people encouraging and/or discouraging behaviors</i></p> <p><b>HARNESS PEER PRESSURE</b></p>	<p><i>Do others provide the help, information, and resources required at particular times?</i></p> <p><b>FIND STRENGTH IN NUMBERS</b></p>
STRUCTURAL	<p><i>Are systems rewarding the right behavior and discouraging ineffective ones?</i></p> <p><b>DESIGN REWARDS AND DEMAND ACCOUNTABILITY</b></p>	<p><i>Are there systems that keep people in place and on progress?</i></p> <p><b>CHANGE THE ENVIRONMENT</b></p>

# Quantitative Blood Loss

	MOTIVATION	ABILITY
PERSONAL	<ul style="list-style-type: none"> <li>• Tell stories about unrecognized PPH</li> <li>• Highlight QBL as a standard of care done elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>• Annual skills review to train all RNs</li> <li>• All providers get detailed info, refresh at rounds</li> </ul>
SOCIAL	<ul style="list-style-type: none"> <li>• Encourage RNs and providers with prior experience with QBL to be superusers or supporters</li> </ul>	<ul style="list-style-type: none"> <li>• QBL superusers provide 24/7 coverage for 2 weeks to offer hands-on support</li> </ul>
STRUCTURAL	<ul style="list-style-type: none"> <li>• QBL stickers when signed off</li> <li>• Dashboard with compliance levels</li> <li>• Weekly emails</li> </ul>	<ul style="list-style-type: none"> <li>• Display the QBL worksheet in all OR and LDR</li> <li>• Multiple ways to calculate QBL</li> <li>• Scales in all rooms</li> <li>• Newly graduated drapes</li> </ul>



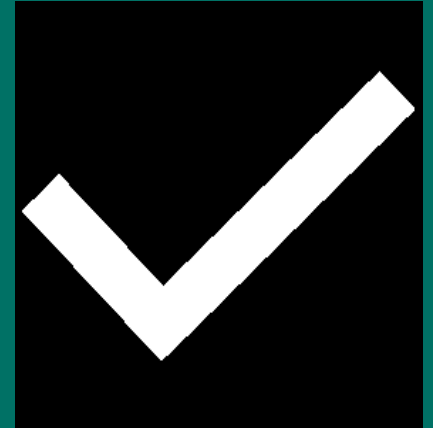
# Lesson #2 Incorporate Team Training



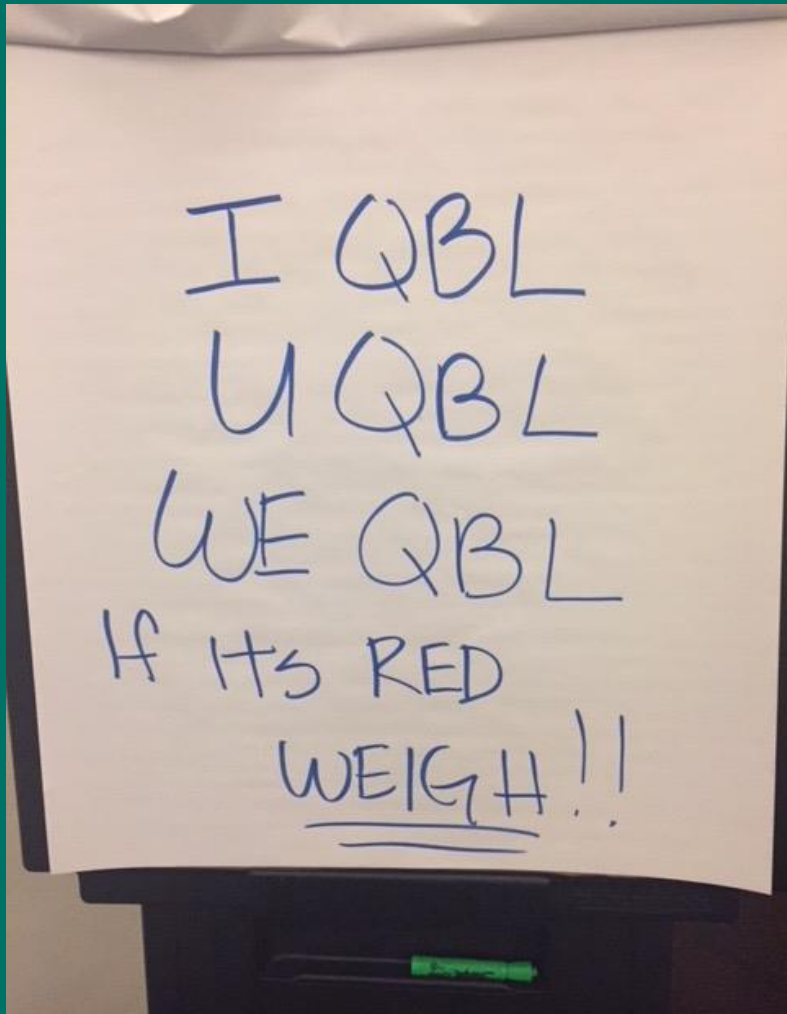
PROTECTED TIME  
TO PLAN



TEAM STEPPS  
CHANGE FRAMEWORK



USE SBAR FOR  
ALL QBL  
COMMUNICATIONS



Implementation of QBL leads to interdisciplinary communication and collaboration



Achieving a culture change requires: Listening, Planning, Adjusting, Celebrating, and Sustaining



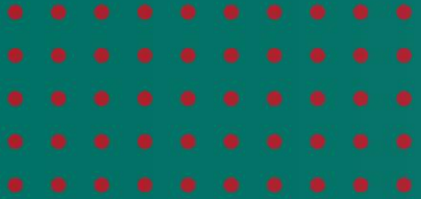
Once achieved, can be used as a model for other interventions



# CONCLUSION







At times, nurses in some birthing units may face challenges such as limited educational opportunities, outdated guidelines, and unclear PPH management, which can be frustrating and make them feel insecure. To help address these challenges, healthcare organizations must offer administrative support, persistent leadership, and commit nurse and physician champions to foster a safety culture. Adequate training and resources can help nurses increase their confidence and competency in QBL, enabling them to provide high-quality patient care in a safer work environment. A successful QBL implementation can help nurses feel more satisfied with their work, promote greater team collaboration, and create a sense of accomplishment.








# THANK YOU!

"Nothing worth it comes easy."

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