



Missouri PQC AIM Obstetric Hemorrhage Required Data Elements Sheet

Instructions

1. This document is intended as a reference for the Missouri PQC AIM Obstetric Hemorrhage Collaborative project process and structure measures definitions.
2. The below information outlines who will collect each data measure and how the measure is to be reported, along with inclusion and exclusion criteria if applicable.
3. All data measures for this project will be entered into the Life QI data platform unless otherwise noted.
4. See Appendix A for AIM ICD-10 Codes List
5. The MO PQC's goal is to increase the number of initiatives hospitals' implement and sustain. It is recommended that hospital teams achieve sustainable improvement 2 years from the start of a project and then select a new initiative to implement.

Measure Reporting Timeframes

- Process measures (3) are reported quarterly (CY) and submitted into Life QI within 30 days of the end of the reporting month. Data submitted in the first six months will be marked as baseline data. Data submitted after is marked as test data. Organizations are looking to improve performance by metric over baseline throughout the project.
- Structure measures (7) are reported annually via MS Forms.

*It is recommended that organizations disaggregate data by Race/Ethnicity and Payor as able, however, this data will not be reported in Life QI.

Sampling Recommendations

Hospitals may choose to report process measures using a random sampling method. The MO PQC recommends a minimum of a 20% random sampling rate for quality improvement purposes based on the average number of births per month from CY 2023, with a minimum of ten charts per month per measure expected. If random sampling is chosen, it is highly recommended that the method be used starting with baseline measurement and maintained throughout the collaborative to avoid skewing the data. For example, if your hospital averages 50 births per month, 10 charts would be abstracted monthly and reported into Life QI. If your hospital averages 20 births per month, a 20% sampling would only be four charts, so the organization would still abstract 10 charts to meet the minimum QI sampling requirement. If your hospital averages 100 births per month, 20 charts would be abstracted, and so on.

Member Engagement Metrics

To meet MO PQC AIM Star recognition criteria, teams must complete:



- 85% Data Submission
- 90% Implementation of the AIM bundle elements
- 75% attendance in any project-related meetings, calls, education.

Required Process Measures

Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
P1: Hemorrhage Risk Assessment	<p>Disaggregate by race and ethnicity, Payor as able</p> <p>Denominator: All birth admissions, whether from sample or entire population</p> <p>Numerator: Number of birth admissions that had a hemorrhage risk assessment completed with risk level assigned, performed at least once between admission and birth</p> <p>*In addition to completing a Hemorrhage risk assessment on admission to the birthing unit and post-delivery, it should also be completed during the intrapartum phase prior to delivery to include key changes noted during labor (e.g., infection or prolonged labor).</p>	Hospital Chart Abstraction	<p>N/D;</p> <p>Quarterly per CY</p> <p>Jan. – Mar</p> <p>Apr. – Jun.</p> <p>Jul. – Sept.</p> <p>Oct. – Dec.</p>	<p>Anesthesia & Analgesia:</p> <p>National Partnership for Maternal Safety: Consensus Bundle on Obstetric Hemorrhage</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix K: Obstetric Hemorrhage Risk Factor Assessment Screen</p> <p>Cureus: Obstetric Hemorrhage Outcomes by Intrapartum Risk Stratification at a Single Tertiary</p>

				Care Center — tool based on ACOG guidelines and CMQCC Scientific Reports: Obstetric hemorrhage risk assessment tool predicts composite maternal morbidity — includes AWHONN tool
P2: Quantified Blood Loss	Disaggregate by race and ethnicity, Payor as able Denominator: All birth admissions, whether from sample or entire population Numerator: Number of birth admissions that had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques	Hospital Chart Abstraction	N/D; Quarterly per CY Jan. – Mar Apr. – Jun. Jul. – Sept. Oct. – Dec.	MHA: QBL Terms and Techniques MHA: QBL Implementation, Integration and Toolkits for Implementation CMQCC: OB Hemorrhage Toolkit: Appendix M: Sample QBL Worksheet CMQCC: OB Hemorrhage Toolkit: Appendix N: Techniques for Quantitative

				<p>Assessment of Blood Loss</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix O: Terms and Techniques for Describing Blood Loss</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix P: Sample Paper Calculators for Quantifying Blood Loss</p> <p><i>Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN):</i> Quantification of Blood Loss: AWHONN Practice Brief Number 13</p>
P3: Patient Support after Obstetric Hemorrhage	Disaggregate by race and ethnicity, Payor as able	Hospital Chart Abstraction	N/D; Quarterly per CY Jan. – Mar Apr. – Jun. Jul. – Sept.	MO PQC: Obstetric Hemorrhage Resource Workbook



	<p>Denominator: Pregnant and postpartum people with $\geq 1,000$ ml blood loss during the birth admission</p> <p>Numerator: Among the denominator, those who received a verbal briefing on their obstetric hemorrhage by their care team before discharge</p> <p>**The denominator criteria are established for the purposes of standardized data collection and reporting and are not meant to represent all instances in which a verbal briefing with a patient may be appropriate</p> <ul style="list-style-type: none"> • A verbal briefing for support should include elements such as those described in the CMQCC publication Improving Health Care Response to Obstetric Hemorrhage (version 3.0) on pages 146-162** 		<p>Oct. – Dec.</p>	<p>CMQCC: Obstetric Hemorrhage Toolkit: Appendix Z: Sample Patient Summary Form: Obstetric Hemorrhage Event</p> <p>CMQCC: Obstetric Hemorrhage Toolkit: Appendix AA: Sample Script: Provider-Patient Postpartum Hemorrhage Post-Event Discussion</p> <p>Oklahoma Perinatal Quality Improvement Collaborative: Birth Hospital Clinical Summary</p> <p>Amniotic Fluid Embolism Foundation: Survivor Clinical Summary Form</p>
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Structure Measures



Measure Name	Measure Definition	Measure Source	Reporting Frequency	Resources
<p>S1: Patient Event Debriefs</p>	<p>Has your department established a standardized process to conduct debriefs with patients after a severe event?</p> <ul style="list-style-type: none"> • Include patient support networks during patient event debriefs, as requested. • Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team. <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	<p>Hospital Report submitted via MS Forms</p>	<p>Annually, January 31</p>	<p>AIM TAP Webinar: Patient Support After a Severe Event: The Importance of Providing Trauma-Informed Care</p> <p>ACOG Disclosure and Discussion of Adverse Events</p> <p>Communication and optimal resolution (CANDOR) toolkit</p> <p>Oklahoma Perinatal Quality Improvement Collaborative: Birth Hospital Clinical Summary</p> <p>Amniotic Fluid Embolism Foundation: Survivor Clinical Summary Form – Specific clinical condition but</p>



				excellent trauma-informed document
S2: Clinical Team Debriefs	<p>Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?</p> <p>Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria.</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	AIM: SMM Review Form
S3: Multidisciplinary Case Reviews	<p>Has your hospital established a process to perform multidisciplinary systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or who received ≥ 4 units RBC transfusions)?</p> <p>For greatest impact, we suggest that in addition to the minimum instances for review defined in S3, hospital teams also implement missed opportunity reviews for key bundle process measures in both unit debriefs and multidisciplinary case reviews</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	AIM: SMM Review Form AIM: SMM Review Form: Condition-Specific Questions AIM: SMM Review Form: Factors Worksheet AIM: SMM Review Form: Guide to SMM Chart Reviews

				AIM: SMM Review Form: Implementation Resources
S4: Patient Education Materials on Urgent Postpartum Warning Signs	<p>Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	<p>Centers for Disease Control and Prevention: Hear Her Campaign</p> <p>AIM: Urgent Maternal Warning Signs</p>
S5: Hemorrhage Cart	<p>Does your hospital have obstetric hemorrhage supplies readily available in a cart or mobile box?</p> <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	<p><i>The Joint Commission Journal on Quality and Patient Safety:</i> Development of an Obstetric Hemorrhage Response Intervention: The Postpartum Hemorrhage Cart and Medication Kit</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix E:</p>

				Checklist: Carts, Kits and Trays
S6: Unit Policies & Procedures	<p>Does your hospital have obstetric hemorrhage policies and procedures (reviewed and updated in the last 2 years) that contain the following:</p> <ul style="list-style-type: none"> • An obstetric rapid response team appropriate to the facility's Maternal Level of Care • A standardized, stage based, obstetric hemorrhage emergency management plan with checklists and escalation policy • Emergency release and massive transfusions protocols • A protocol for patients who decline blood products but may accept alternative approaches <p>Rate Progress [Not Started; In Progress; Implemented, but Not Sustained; Sustained, highly reliable process (i.e. process occurs $\geq 95\%$ of the time, when indicated)]</p>	Hospital Report submitted via MS Forms	Annually, January 31	<p>AIM: OB Hemorrhage Change Package</p> <p>Agency for Healthcare Research and Quality (AHRQ): Toolkits to Reduce Hypertension in Pregnancy and Obstetric Hemorrhage CMQCC: OB Hemorrhage Toolkit V3.0</p> <p>The Joint Commission: R³ Report Issue 24: Provision of Care, Treatment and Services Standards for Maternal Safety</p>



<p>S7: Quantitative Blood Loss</p>	<p>Does your facility have the resources and supplies readily available to quantify cumulative blood loss for both vaginal and cesarean births?</p>	<p>Hospital Report submitted via MS Forms</p>	<p>Annually, January 31</p>	<p>MHA: QBL Terms and Techniques</p> <p>MHA: QBL Implementation, Integration and Toolkits for Implementation</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix M: Sample QBL Worksheet</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix N: Techniques for Quantitative Assessment of Blood Loss</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix O: Terms and Techniques for Describing Blood Loss</p> <p>CMQCC: OB Hemorrhage Toolkit: Appendix</p>
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				<p>P: Sample Paper Calculators for Quantifying Blood Loss</p> <p><i>Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN):</i></p> <p>Quantification of Blood Loss: AWHONN Practice Brief Number 13</p>
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Appendix A

AIM Obstetric Hemorrhage ICD-10 Codes List

Variable	Codes
Placenta Previa	O4410, O4412, O4413, O4430, O4432, O4433, O4450, O4452, O4453
Placental Abruption	O45002, O45003, O45009, O45012, O45013, O45019, O45022, O45023, O45029, O45092, O45093, O45099, O458X2, O458X3, O458X9, O4590, O4592, O4593
Antepartum Hemorrhage	O46002, O46003, O46009, O46012, O46013, O46019, O46022, O46023, O46029, O46092, O46093, O46099, O468X2, O468X3, O468X9, O4692, O4693, O4690
Postpartum Hemorrhage	O723, O43212, O43213, O43219, O43222, O43223, O43229, O43232, O43233, O43239, O720, O721, O722

American College of Obstetricians and Gynecologists. (2023). Obstetric Hemorrhage Patient Safety Bundle Core Data Collection Plan, Version 2.0 January 2024. <https://saferbirth.org/wp-content/uploads/Obstetric-Hemorrhage-Patient-Safety-Bundle-2.pdf>