



NYSPOC/NYSPFP Obstetrical Improvement Project Maternal Hemorrhage Management Initiative

GOAL

The New York State Perinatal Quality Collaborative (NYSPOC)/NYS Partnership for Patients (NYSPFP) Obstetrical Improvement Project seeks to improve maternal and newborn outcomes by applying evidence-based interventions to improve capability within New York State’s obstetrical (OB) hospitals for ongoing quality improvement activities. Together, NYSPQC/NYSPFP will expand their focus to help hospitals rapidly advance improvements in identifying maternal hemorrhage.

THE NYSPQC/NYSPFP APPROACH

NYSPQC/NYSPFP will provide education on, and highlight effective strategies for, integrating patient safety practices associated with early identification and treatment of maternal hemorrhage into existing infrastructure for care delivery.

Hospitals participating in the NYSPQC/NYSPFP Maternal Hemorrhage Management Initiative are asked to commit to the following:

- Expand the focus of your hospital’s NYSPQC/NYSPFP obstetrical improvement project team to include educational programming on early identification and treatment of maternal hemorrhage.
- Collect and submit data to NYSPQC/NYSPFP on one outcome measure and one process measure related to maternal hemorrhage.
- Participate in an April 2014 in-person regional learning session that will focus on early identification and treatment of maternal hemorrhage.

Maternal Hemorrhage Management Project Initiative Work Plan and Implementation Timetable	
February–March 2014	<ul style="list-style-type: none"> • Educational programming and hospital preparation
March–April 2014	<ul style="list-style-type: none"> • Preliminary data collection • In-Person Learning Sessions for targeted education
May 2014	<ul style="list-style-type: none"> • Data collection and submission begins
May–December 2014	<ul style="list-style-type: none"> • Ongoing data collection, educational programming, and Coaching Calls for targeted education • Sharing of best practices based on hospitals’ implementation experiences

MEASUREMENT

Outcome Measure

Hospitals participating in the initiative will identify patients receiving one or more units of any blood product (i.e., packed red cells, fresh frozen plasma, platelets, and cryoprecipitate) and review total blood product utilization per patient, as well as how blood product utilization correlated with patients’ presenting symptoms and diagnosis. For quality improvement purposes, data will be stratified by amount of blood product received into four categories: patients receiving one unit, two units, three units, and four or more units of blood product. This measure is intended to gain insight into a hospital’s response to hemorrhage and blood utilization practices in general. *This measure is not intended to discourage appropriate use of blood products.*

The following outcome measure is to be collected and entered monthly (based on the month of the patient's discharge) into the NYS Department of Health's (DOH) Health Commerce System (HCS):	
Outcome Measure Description	<ul style="list-style-type: none"> Percent of maternity patients ≥ 20 weeks completed gestation receiving one or more units of any blood product for maternal hemorrhage during the birth hospitalization.
Numerator	<ul style="list-style-type: none"> Number of maternity patients ≥ 20 weeks completed gestation receiving one or more units of blood products for maternal hemorrhage during the birth hospitalization.
Denominator	<ul style="list-style-type: none"> Number of maternity patients who have given birth at ≥ 20 weeks completed gestation discharged following the birth hospitalization.
Data Elements for Collection	<ul style="list-style-type: none"> Number of maternity patients with a diagnosis of hemorrhage receiving: <ul style="list-style-type: none"> 1 unit of blood products (≥ 1 unit and < 2 units) 2 units of blood products (≥ 2 units and < 3 units) 3 units of blood products (≥ 3 units and < 4 units) ≥ 4 units of blood products Number of maternity patients who have given birth at ≥ 20 weeks completed gestation discharged following the birth hospitalization. Total amount of blood product used for the month for patients diagnosed with maternal hemorrhage. Patients are included in the measure based on the month of discharge. Discharge for this measure should include discharge from hospital or patient expiration.

Suggested Data Sources

- Blood bank
- Medical Records

Process Measure

This measure is intended to capture the number of risk assessments for maternal hemorrhage completed and to identify whether hospitals are identifying patients at risk for hemorrhage. NYSPOC/NYSFPF believes that completing risk assessments will drive improvements in early identification and timely response to patients at risk for hemorrhage.

The following process measure is to be collected and entered monthly (based on the month of the patient's discharge) into the DOH's HCS:	
Process Measure Description	<ul style="list-style-type: none"> Percent of maternity patients ≥ 20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization.*
Numerator	<ul style="list-style-type: none"> Number of maternity patients ≥ 20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission for the birth hospitalization.
Denominator	<ul style="list-style-type: none"> Number of maternity patients who have given birth at ≥ 20 weeks completed gestation discharged following the birth hospitalization.
Data Elements for Collection	<ul style="list-style-type: none"> Number of patients ≥ 20 weeks completed gestation with a documented risk assessment for maternal hemorrhage completed on admission to labor and delivery for the birth hospitalization. Number of maternity patients admitted to labor and delivery ≥ 20 weeks of completed gestation for the birth hospitalization. Patients are included in the measure based on the month of discharge. Sampling is allowed for this measure.* Discharge for this measure should include discharge from hospital or patient expiration.

* Please refer to the sampling methodology guidelines for further information.

Suggested Data Sources

- Medical Records
- Prenatal Records

Please direct questions to NYSPOC@health.state.ny.us, or to your NYSFPF Project Manager.