



# WHAT'S NEXT?

NEXT STEPS TO IMPLEMENTING THE OB HEMORRHAGE PATIENT SAFETY BUNDLE

# GLOBAL AIM

- ▶ WEST VIRGINIA COLLABORATING PARTNERS WILL ENGAGE ALL OBSTETRICAL UNITS/FACILITIES IN THE AIM OBSTETRICAL HEMORRHAGE PATIENT SAFETY INITIATIVE.
- ▶ GOALS FOR THIS MATERNAL SAFETY PROJECT INCLUDE: INCREASE AWARENESS, IDENTIFY PATIENTS AT RISK, UPDATE HEALTHCARE PROVIDER EDUCATION, ENHANCE RESPONSIVENESS AND IMPROVE PATIENT OUTCOMES.

# WHAT IS THE FIRST THING TO DO?


- ▶ PROVIDE NAME AND CONTACT INFORMATION FOR A DATA COORDINATOR – WHO WILL BE ENTERING THE PROCESS AND STRUCTURE DATA?
- ▶ CONFIRM TEACHING OR NON-TEACHING DESIGNATION FOR YOUR FACILITY – DO YOU HAVE OB RESIDENTS IN LABOR AND DELIVERY?
- ▶ SEND BOTH TO LAURA HUNT, EPIDEMIOLOGIST

# APRIL 30, 2018

- ▶ 75% OF HOSPITALS WILL INPUT THEIR CURRENT STRUCTURE AND PROCESS DATA MEASURES INTO THE DATA PORTAL.
- ▶ NO OUTCOME DATA WILL BE ENTERED AT THIS TIME.

# READINESS COMPONENTS:

- ▶ ACCESS TO SUPPLIES AND MATERIALS IS IMMEDIATELY AVAILABLE – CART OR BOX
- ▶ IMMEDIATE ACCESS TO HEMORRHAGE MEDICATIONS
- ▶ ESTABLISH A RESPONSE TEAM WITH COMMUNICATION PLAN
- ▶ POLICIES AND PROCEDURES TO SUPPORT EMERGENCY RESPONSES, INCLUDING MASSIVE TRANSFUSION POLICY
- ▶ EDUCATION AND REGULAR UNIT BASED DRILLS
- ▶ SET UP OB HEMORRHAGE CART OR BOX WITH AVAILABILITY TO ALL AREAS WHERE POSTPARTUM WOMEN MAY BE TREATED
- ▶ IMPLEMENT POLICIES AND PROTOCOLS FOR RESPONSE TO OB HEMORRHAGE:
  - ▶ EMERGENCY RELEASE OF BLOOD
  - ▶ MASSIVE TRANSFUSION POLICY
  - ▶ TEAM NOTIFICATION – COMMUNICATION OF EMERGENCY
  - ▶ PROTOCOLS FOR IDENTIFYING AND TREATING OB HEMORRHAGE



BY JULY 31, 2018 – 95% OF  
DELIVERING FACILITIES  
WILL HAVE ESTABLISHED A  
HEMORRHAGE CART OR  
BOX

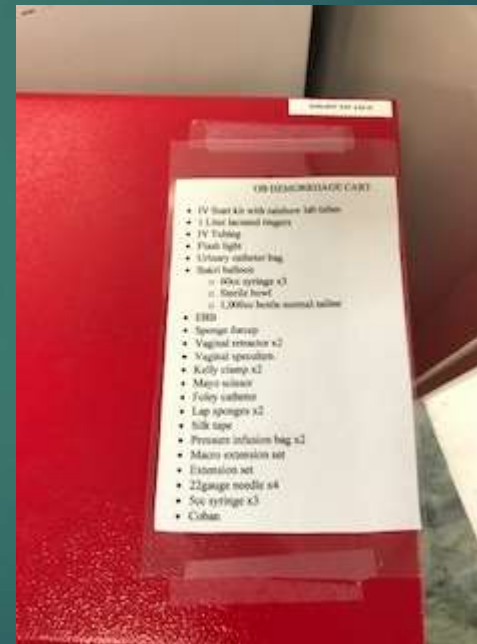
INCLUDING CHECKLIST OF SUPPLIES, ESTABLISHED MEANS FOR  
RESTOCKING AND SECURING

# HEMORRHAGE CARTS

ROLLING, LOCKING CART



CHECKLIST OF SUPPLIES





BY OCTOBER 31, 2018

75% OF HOSPITALS WILL HAVE  
IMPLEMENTED A HEMORRHAGE  
RISK ASSESSMENT SYSTEM



# HEMORRHAGE RISK ASSESSMENT SYSTEM

- EVERY PATIENT ON ADMISSION FOR LABOR & DELIVERY
- REASSESSMENT AT REGULAR INTERVALS
- POSTPARTUM REASSESSMENT
- COMMUNICATION OF RISK LEVEL AMONG TEAM MEMBERS IS CONSISTENT

EXAMPLE

## OBSTETRIC HEMORRHAGE

### Risk Assessment Tables

LABOR & DELIVERY ADMISSION		
	MEDIUM RISK	HIGH RISK
<b>RISK FACTORS</b>	<input type="checkbox"/> Prior cesarean, uterine surgery, or multiple laparotomies <input type="checkbox"/> Multiple gestation <input type="checkbox"/> > 4 prior births <input type="checkbox"/> Prior PPH <input type="checkbox"/> Large myomas <input type="checkbox"/> EPW > 4000 g <input type="checkbox"/> Obesity (BMI > 40) <input type="checkbox"/> Hematocrit < 30% & other risk	<input type="checkbox"/> Placenta previa/low lying <input type="checkbox"/> Suspected accreta/percreta <input type="checkbox"/> Platelet count < 70,000 <input type="checkbox"/> Active bleeding <input type="checkbox"/> Known coagulopathy <input type="checkbox"/> 2 or more medium risk factors / /
<b>INTERVENTION</b>	<input type="checkbox"/> Type & SCREEN, review protocol	<input type="checkbox"/> Type & CROSS, review protocol
INTRAPARTUM		
	MEDIUM RISK	HIGH RISK
<b>RISK FACTORS</b>	<input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Prolonged oxytocin > 24 hours <input type="checkbox"/> Prolonged 2nd stage <input type="checkbox"/> Magnesium sulfate	<input type="checkbox"/> New active bleeding <input type="checkbox"/> 2 or more medium (admission and/or intrapartum) risk factors / /
<b>INTERVENTION</b>	<input type="checkbox"/> Type & SCREEN, review protocol	<input type="checkbox"/> Type & CROSS, review protocol

\* Establish a culture of huddles for high-risk patients and post-event debriefing \*

REVISED OCTOBER 2015

Safe Motherhood Initiative





# GROUP SHARING AND STRATEGIZING





# WHAT DO YOU NEED FROM US?

HOW CAN THE AIM TASK FORCE HELP YOU ACHIEVE FULL  
IMPLEMENTATION OF THE SAFETY BUNDLE AND MEET THE GOALS?