

Data Dictionary for Structure Measures

The purpose of the Data Dictionary is to develop consistency in data entry. The Data Dictionary refers to elements visible when the reporting forms are printed.

The inclusion criteria for this data collection set is all women of 20 weeks gestation or greater during the initial delivery and post-partum recovery period. Hospital readmissions after the initial post partum recovery period should not be included.

Structure Measures

- 1. Does your facility utilize simulation including reflective debriefs to educate staff on obstetric hemorrhage?** Simulation can be performed in a simulation lab or in situ. Simulation can be high or low fidelity. Debriefs are conducted to review an event and discuss how staff responded to identify what went well and to identify areas that need improvement for the purpose of improving teamwork and communication.
- 2. Has your facility established a system in your hospital to perform regular formal debriefs after cases with major complications?** Debriefs are conducted to review an event and discuss how staff responded to identify what went well and to identify areas that need improvement for the purpose of improving teamwork and communication.
- 3. Has your facility established a process to perform multidisciplinary systems level reviews on all cases of severe maternal morbidity (including women admitted to the ICU or receiving greater than or equal to 4 units of RBC transfusion):** An established process within the hospital to review all cases of severe maternal morbidity (including women admitted to the ICU, receiving ≥ 4 units RBC transfusions or having unplanned hysterectomy) by a team comprised of three or more disciplines (i.e. nursing, OB/GYN, anesthesia, blood bank, critical care) appropriate to review the morbidity)

4. **Does your facility have OB hemorrhage supplies readily available, typically in a cart or mobile box?** A collection of OB hemorrhage supplies, either in a cart or in a box, that is readily accessible to staff at all times
5. **Does your facility have an OB hemorrhage policy and procedure (reviewed and updated in the last 2-3 years) that (1) provides a unit-standard approach using a stage based management plan with checklists and (2) ensures availability to OB hemorrhage supplies at all times:** unit based policy and procedure reviewed in the prior 2-3 years that outlines a standard approach to the identification and management of obstetric hemorrhage and includes a stage-based management plan with checklists and ensures availability to OB hemorrhage supplies at all times
6. **Has your facility integrated some of the recommended OB hemorrhage bundle processes (ie. order sets, tracking tools) into your hospital's electronic health record system?** OB hemorrhage order sets or tracking tools that are integrated into the hospital's Electronic Health Record system
7. **Has your facility developed OB specific resources and protocols to support patients, family and staff through major OB complications?** OB-specific resources and protocols to support patients, family and staff through major OB complications
8. **Does your hospital ensure that every patient has contact with her baby as soon as she is alert and medically stable:** An established process to ensure that EVERY patient is able to see her baby as soon as she is medically stable. If mother is not stable enough to have baby at bedside, initial contact is provided through photos or video/video calls or providing photographs of the infant as soon as mother is alert.
9. **Does your hospital assess every patient's desire to begin breastfeeding and/or pumping as soon as she is medically stable, regardless of inpatient unit?** An established process to ensure that EVERY patient is asked her desire to provide breast milk (breastfeeding or pumping) as soon as she is alert, regardless of inpatient unit the patient is in. If the patient does not wish to provide breast milk, a plan is made with her to determine if or when this should be reassessed and her decision should be well documented and communicated with all care providers so that her wishes are respected.

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- 10. Does your hospital address the emotional trauma of the event with every patient by normalizing emotional symptoms and providing resources for assisting both patient and family, including the offer of a consult with social work/psychologist/chaplain/etc. prior to discharge, when available?** An established process to ensure that a specified care provider discusses the potential emotional trauma/emotional symptoms associated with hemorrhage with EVERY patient and provides a list of support resources to the patient prior to discharge. If local resources allow, a consult with social worker/psychologist/chaplain/etc. should be offered prior to discharge.
- 11. Does your hospital ensure that every patient receives thorough discharge education?** An established process to ensure that EVERY patient received discharge education specific to hemorrhage and related conditions/concerns (for example, information on post partum hemorrhage, hysterectomy, addressing iron deficiency, blood loss and trauma)
- 12. Does your hospital offer every patient and family a post-discharge debrief following a hemorrhage event?** An established process to ensure that EVERY hemorrhage patient is invited to meet with the attending provider (or their regular provider, if s/he is not the one who cared for her during the hemorrhage) following discharge. This should be separate from the 6-week follow-up appointment and include specifics such as: cause of hemorrhage, estimated blood loss, amount of blood products received, hemorrhage severity/classification, time line/narrative of events and interventions provided, risk for future hemorrhage (if no hysterectomy), etc. When scheduling this post-discharge debrief, the patient should be asked who they would like present from the care team and every effort made to accommodate.
- 13. Does your hospital utilize a family liaison to provide clinical updates and support spouses, partners, grandparents and other caregivers present during a hemorrhage?** A role established for critical events, such as obstetric hemorrhage, with responsibilities that include regular updates with family members regarding the patient's status and assessment of support needs of spouse, grandparents and others present during the event. The person serving in this role may be a nurse, social worker, chaplain or any other staff member deemed appropriate by the team.
- 14. Does your hospital have a list of post-partum resources, specific to hemorrhage, that has been reviewed by hemorrhage survivors for feedback?** A list of postpartum hemorrhage-related resources that address physical and emotional concerns/needs that has been reviewed by hemorrhage survivors for feedback.
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15. Does your hospital have a standardized discharge education checklist, specific to hemorrhage, that has been reviewed by hemorrhage survivors for feedback? A standardized list of discharge education topics, specific to hemorrhage, that has been reviewed by hemorrhage survivors for feedback.

16. Does your hospital have a post-discharge debrief tool, specific to hemorrhage, that has been reviewed by hemorrhage survivors for feedback? A hemorrhage-specific, standardized tool that has been reviewed by hemorrhage survivors for feedback, which prompts the physician to walk-through specific topics with the patient during a post-discharge debrief.