

Perinatal Quality Collaborative of North Carolina

North Carolina AIM Obstetric Hemorrhage (AIM OBH) Action Plan



Global Aim:

The project aims to engage all obstetric units in North Carolina to improve response to obstetric hemorrhage (OBH) so that fewer mothers experience transfusions, major procedures, or serious medical complications.

Specific Goal:

By July 2018, perinatal quality improvement teams in NC hospitals will utilize the AIM OBH bundle and other defined best practices for prevention, identification and management of hemorrhage to demonstrate 100% compliance with all of the AIM OBH structure metrics, 98% screening for hemorrhage risk done prior to giving birth, a 33% reduction in the total units of blood products transfused and a decrease of 25% in severe maternal morbidity (SMM) in hemorrhage cases.

Measures/Goals:

- Defines the needed infrastructure to prevent, identify and manage OBH at each obstetrical unit
- Establishes the proper processes to prevent, identify and manage OBH at each obstetrical unit
- Demonstrates 100% compliance with the all AIM OBH structure metrics
- Demonstrates 98% percent of women who gave birth have a hemorrhage risk assessment recorded in the medical record prior to giving birth
- Decreases by 33% the total units of packed red blood cells transfused to patients who experience hemorrhage
- Decreases by 25% the severe maternal morbidity (SMM) for hemorrhage at the state level



GOAL	PRIMARY DRIVER	SECONDARY DRIVER	INTERVENTIONS
<p>Demonstrates 100% compliance with all AIM OBH structure metrics</p>	<p>Standardize readiness for obstetric emergencies</p>	<p>Implement standardized care delivery systems</p>	<ul style="list-style-type: none"> • Have emergency supplies and medications readily available through the use of standardized hemorrhage carts or kits • Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services) • Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched) • Unit education on protocols, unit-based drills (with post-drill debriefs)
	<p>Patient and Family Engagement</p>	<p>Family Involvement</p>	<ul style="list-style-type: none"> • Develop OB specific resources and protocols to support patients and families through OB complications • Foster a culture that allows for patient and family involvement in care. • Include patient and family in plan of care • Educate patient and family on signs and symptoms.



AIM Obstetric Hemorrhage Action Plan

GOAL	PRIMARY DRIVER	SECONDARY DRIVER	INTERVENTIONS
Demonstrates 98% percent of women who gave birth have a hemorrhage risk assessment recorded in the medical record prior to giving birth	Standardize recognition of obstetric emergencies	Implement standardized early warning systems to identify high risk patients	<ul style="list-style-type: none">Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
Decreases by 33% the total units of packed red blood cells transfused to patients who experience hemorrhage	Standardize responses to obstetric emergency	Implement and test standardized protocols for obstetric emergencies	<ul style="list-style-type: none">Utilize unit-standard, obstetric hemorrhage emergency management plan with checklists
Decreases by 25% the severe maternal morbidity (SMM) for hemorrhage at the state level	Standardize reporting of obstetric emergencies		<ul style="list-style-type: none">Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunitiesMonitor outcomes and process metrics in perinatal quality improvement (QI) committee