

Default Question Block



Survey of Florida Hospitals to Participate in Implementation of Maternal/Obstetric Hemorrhage Management Collaborative (OHI)

The Florida Perinatal Quality Collaborative is seeking 25 to 30 hospitals that offer obstetric services to participate in the “alpha” phase of implementing an action learning collaborative initiative to address management of maternal/obstetric hemorrhage (OHI). This effort is an evidence-based approach to reducing the morbidity and mortality of women who have an obstetric related hemorrhage. The recommendations are drawn from successful initiatives in California, New York, and Illinois as well as ACOG recommendations and the latest national recommendation from the national ACOG/SMFM/HRSA/CDC and Blood Banking partnership’s prioritization of quality improvement guidelines.

The initial group of hospitals who will be chosen to participate will be institutions who demonstrate readiness, commitment, and capacity to be a leading hospital for quality service delivery related to hemorrhage. This survey will be used to determine the first hospitals to participate in implementing the collaborative initiative. We are seeking a cadre of hospitals in various settings across the state, representing all sizes and levels. In order to be considered for this initiative, each hospital must commit to obtaining active participation from a hospital administrator and a physician and nurse who will serve as project champions.

The Collaborative will offer materials, training and technical assistance to those hospitals chosen to participate in this phase at no charge to the hospital. The hospital commitment will be for a period of 18 to 24 months with implementation of core recommendations beginning in October 2013. The hospital will set local priorities and determine which tools to adopt or adapt from a toolkit to be provided.

Please complete the survey below indicating your interest and willingness to participate in the initiative. The deadline to complete the survey is August 31, 2013. If you have questions, please email Emily Dunn at edunn2@health.usf.edu.

Name of Hospital/Facility:

Name of Person Completing the Survey:

Title of Person Completing the Survey:

Hospital Address:

Email address:

Phone number:

Description of Hospital Obstetric Services

Number of Deliveries Annually:

- <500
- 500-1,000
- 1,001-3,000
- 3,001-5,000
- >5,000

How does your hospital/facility define obstetric hemorrhage?

- >500 ml blood loss for all deliveries
- >500 ml blood loss for a vaginal delivery and >1,000 ml blood loss for a cesarean delivery
- >1,000 ml blood loss for all deliveries
- Other (please specify):
- We do not currently define obstetric hemorrhage.

Current Practice or Policies in Place to Address Maternal/Obstetric Hemorrhage

Does your hospital have:

Written policy for the management of "general" hemorrhages? General hemorrhage is defined as non-massive hemorrhage; massive hemorrhage is greater than or equal to 1,500 ml blood loss or infusion of greater than or equal to 5 units of blood in 4 hours.

- Yes
- No
- Unknown

Is the policy coordinated with the blood bank?

- Yes
- No
- Unknown

Written policy for the management of "massive" hemorrhages? Massive hemorrhage is greater than or equal to 1,500 ml blood loss or infusion of greater than or equal to 5 units of blood in 4 hours.

- Yes
- No
- Unknown

Is the policy coordinated with the blood bank?

- Yes
 No
 Unknown

Standing orders for the activation of response to hemorrhages?

- Yes
 No
 Unknown

A multidisciplinary team that responds to massive hemorrhages?

- Yes
 No
 Unknown

Written policy for documentation of risk assessment for hemorrhage?

- Yes
 No
 Unknown

When is risk assessment conducted? [Check all that apply.]

- Prenatally
 Upon admission for labor and delivery
 Ongoing in labor and delivery

Is this risk assessment documented?

- Yes
 No

Written policy for active labor management of stage three labor?

- Yes
 No
 Unknown

Please answer both questions regarding active stage three labor management:

- What percentage of women who give birth receive post-delivery oxytocin?
- What percentage receive fundal massage of greater than or equal to 15 seconds?

The following specified medications that are available in your hospital/facility? (Check all that apply.)

The following specified medications that are available in your hospital/clinic: (Check all that apply.)

- Oxytocin
- Methergine
- High dose Misoprostol (Cytotec) 800-1,000 mcg
- Carboprost tromethamine (Hemabate)

Multiple blood volume administration options (such as blood warmers or rapid fluid infusers) available?

- Yes
- No
- Unknown

Does your hospital have:

Check all multiple blood volume administration options that are available:

- Invasive hemodynamic monitoring
- Blood warmers
- Rapid fluid infusers (Level I machine)
- Intraoperative Red Cell Salvage Machine (Cell Saver)

Multiple procedure options (such as intrauterine balloons or B-Lynch sutures) available?

- Yes
- No
- Unknown

Check all procedure options which are available:

- Intrauterine balloons
- B-Lynch Suture
- Uterine artery ligation
- Uterine artery embolization

Policies for quantified blood loss calculations for:

- All deliveries
- Vaginal deliveries only
- C-sections only

How do you measure blood loss during vaginal deliveries? [Check all that apply.]

- Estimate only using visual observations
- Formally estimate by recording percentage of saturation of blood soaked items with visual cues such as poster and pictures to determine blood volume equivalent
- Formally measure by weighing every blood soaked item such as pad, chux, gauze, etc.
- Formal measure by collecting blood in a graduated measure/drape

How do you measure blood loss during cesarean deliveries? [Check all that apply.]

- Estimate only using visual observations
- Formally estimate by recording percentage of saturation of blood soaked items with visual cues such as poster and pictures to determine blood volume equivalent
- Formally measure by weighing every blood soaked item such as pad, chux, gauze, etc.
- Formal measure by collecting blood in a graduated measure/drape

Do you have a formal method for documenting cumulative blood loss during and 2 hours after delivery (such as hand off reporting from labor and delivery to recovery and postpartum unit)?

- Yes
- No
- Unknown

Use simulation drills to practice for hemorrhage situations in labor and delivery?

- Yes
- No
- Unknkown

How often are drills held?

- Monthly
- Quarterly
- Semi-annually
- Annually

Who participates in drills? [Check all that participate.]

- Obstetric MD, DO
- Anesthesia MD, DO
- RNs
- Midwives
- Lab
- Blood bank
- Pharmacy
- ER staff
- Hospital Rapid Response Team
- Hospital Code Team
- Other (please specify):

Require debriefings after a maternal/obstetric hemorrhage of specified levels?

- Yes
- No
- Unknown

Specify the hemorrhage level that requires a debrief (check all that apply):

- 500 mil blood loss for any delivery
- 500 ml blood loss for vaginal delivery
- 1,000 blood loss for cesarean delivery
- Other (please specify)

Other hospital specific issues

Please describe any other policies that address maternal/obstetric hemorrhage and any comments on how these are currently coordinated at your hospital/facility.

Please rate how well you feel your hospital is prepared for an obstetric hemorrhage event:

Not Prepared

Somewhat Prepared

Quite Prepared

Extremely Prepared

Please describe barriers to identification of and responding to maternity/obstetric hemorrhage.

Who is the quality improvement manager for the hospital?

Will the QI manager be involved in this initiative?

- Yes
- No

Will the quality improvement staff member assigned to women's care be involved in this initiative?

- Yes
- No
- Our hospital does not have a QI staff member assigned to women's care

Willingness Questions

Are you willing to collect baseline and core data for metrics (to include but not limited to: number of hemorrhages, number of hemorrhage related hysterectomies, blood product usage, pharmaceutical usage, and various procedure and policy measures) to be entered into an accessible de-identified data system for your hospital's and FPQC's use?

- Yes
 No

Can you provide almost all of the measures requested on the project description and core measures? (Please refer to the Hospital Implementation Guide)

- Yes
 No

Are you willing to designate, establish, and sustain a quality improvement team for the initiative for a period of 18 to 24 months?

- Yes
 No

Can a minimum of 2 participants travel to two onsite training/collaborative meetings?

- Yes
 No

Can the team participate in monthly conference calls for training and updates?

- Yes
 No

Do you have a physician who can and is willing to serve as a physician champion for the initiative?

- Yes
 No

Do you have a nurse manager/leader who can and is willing to serve as the nurse champion for the initiative?

- Yes
 No

Are you willing to commit to hospital administrative support, encouragement, and necessary resources for teams for implementation of the project?

- Yes
 No

Name of hospital official who is making the commitment for participation:

Name of physician champion:

Name of nurse champion:

Can your hospital's participants attend the initiative kick-off meeting on Wednesday, October 30, 2013?

- Yes
 No

Thank you for providing answers to this survey. Hospital selection will occur beginning in September 2013 for an initiative start date of October 2013. You will be notified regarding selection or non-selection via email by September 30, 2013.

If you have questions, please email Emily Dunn at edunn2@health.usf.edu.