

### Alaska Obstetric Hemorrhage Initiative Measurement Plan

Outcome Measures				
Measure Name	Operational Definition	Submitted by (data source)	Frequency	Data Collection Guidance
O1. Severe Maternal Morbidity (excluding transfusion codes alone)	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All qualifying pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	State (HFDR)	Quarterly	See <a href="#">AIM SMM Codes</a> List for ICD-10 codes used to identify birth admission and SMM
O2. Severe Maternal Morbidity among People who Experienced an Obstetric Hemorrhage (excluding transfusion codes alone)	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All qualifying pregnant and postpartum people during their birth admission who experienced an obstetric hemorrhage</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	State (HFDR)	Quarterly	

<b>Process Measures</b>				
<b>Measure Name</b>	<b>Operational Definition</b>	<b>Submitted by (data source)</b>	<b>Frequency</b>	<b>Data Collection Guidance</b>
P1. Provider Education on Respectful and Equitable Care	<p>Report estimate in 10% increments (round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians<sup>†</sup> at your institution has received in the last 2 years an education program on respectful and equitable care?</p>	Hospital/Birth Center	Monthly	<sup>†</sup> The overarching intention of this measure is to capture all physicians and advanced practice clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, OB/GYNs and subspecialists, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution
P2. Nursing Education on Respectful and Equitable Care	<p>Report estimate in 10% increments (round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB nurses<sup>‡</sup> has received in the last 2 years an education program on respectful and equitable care?</p>	Hospital/Birth Center	Monthly	<sup>‡</sup> The overarching intention of this measure is to capture all nurses who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit.
P3a. Unit Drills-Number of Drills	Report integer	Hospital/Birth Center	Monthly	

	During this reporting period, how many total OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?			
P3b. Unit Drills-Topics	Report TRUE/FALSE for the following options: Hemorrhage, Hypertension, Other  During this reporting period, what topics were covered in the OB drills?	Hospital/Birth Center	Monthly	
P4. Provider Education on Obstetric Hemorrhage	Report estimate in 10% increments (round up)  At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians <sup>†</sup> at your institution has received in the last 2 years an education program on Obstetric Hemorrhage that includes the unit standard protocols and measures?	Hospital/Birth Center	Monthly	<sup>†</sup> The overarching intention of this measure is to capture all physicians and advanced practice clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, OB/GYNs and subspecialists, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution
P5. Nursing Education on Obstetric Hemorrhage	Report estimate in 10% increments (round up)	Hospital/Birth Center	Monthly	<sup>‡</sup> The overarching intention of this measure is to capture all nurses who

	At the end of this reporting period, what cumulative proportion of OB nurses <sup>†</sup> has received in the last 2 years an education program on Obstetric Hemorrhage that includes the unit standard protocols and measures?			work in a primarily inpatient OB service line or on an L&D, Antepartum, or Postpartum unit.
P6. Hemorrhage Risk Assessment	<p>Sample patient charts or report for all patients; report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All birth admissions, whether from sample or entire population</p> <p>Numerator: Number of birth admissions that had a hemorrhage risk assessment completed with risk level assigned, performed at least once between admission and birth</p>	Hospital/Birth Center	Monthly	For sampling guidance, please refer to the <a href="#">AIM Sampling Workbook</a> .
P7. Patient Support After Obstetric Hemorrhage	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: Pregnant and postpartum people with <math>\geq 1,000</math> ml blood loss during the birth admission</p> <p>Numerator: Among the denominator, those who received a verbal briefing on their obstetric hemorrhage by their care team before discharge.</p>	Hospital/Birth Center	Monthly	<ul style="list-style-type: none"> <li>• The denominator criteria are established for the purposes of standardized data collection and reporting and are not meant to represent all instances in which a verbal briefing with a patient may be appropriate</li> <li>• A verbal briefing for support should include elements such as those</li> </ul>

				<p>described in the CMQCC publication <a href="#">Improving Health Care Response to Obstetric Hemorrhage (version 3.0)</a> on pages 146-162</p> <ul style="list-style-type: none"> <li>• This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team</li> </ul>
P8. Quantified Blood Loss	<p>Sample patient charts or report for all patients; report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All birth admissions, whether from sample or entire population</p> <p>Numerator: Number of birth admissions that had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques</p>			<p>For sampling guidance, please refer to the <a href="#">AIM Sampling Workbook</a>.</p> <ul style="list-style-type: none"> <li>• Pair with S7</li> </ul>

<b>Structure Measures</b>				
<b>Measure Name</b>	<b>Operational Definition</b>	<b>Submitted by (data source)</b>	<b>Frequency</b>	<b>Data Collection Guidance</b>
S1. Patient Event Debriefs	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your department established a standardized process to conduct debriefs with patients after a severe event?</p>	Hospital/Birth Center	Quarterly	<ul style="list-style-type: none"> <li>• Include patient support networks during patient event debriefs, as requested.</li> <li>• Severe events may include <a href="#">The Joint Commission sentinel event definition</a>, severe maternal morbidity, or fetal death.</li> <li>• This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team.</li> </ul>
S2. Clinical Team Debriefs	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?</p>	Hospital/Birth Center	Quarterly	Major complications will be defined by each facility based on volume, with a minimum being <a href="#">The Joint Commission Severe Maternal Morbidity Criteria</a> .
S3. Multidisciplinary Case Reviews	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.	Hospital/Birth Center	Quarterly	For greatest impact, we suggest that in addition to the minimum instances for review defined in S3,

	Has your hospital established a process to perform multidisciplinary systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or who received $\geq 4$ units RBC transfusions)?			hospital teams also implement missed opportunity reviews for key bundle process measures in both unit debriefs and multidisciplinary case reviews
S4. Patient Education Materials on Urgent Postpartum Warning Signs	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.  Has your department developed/ curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?	Hospital/Birth Center	Quarterly	
S5. Hemorrhage Cart	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.  Does your hospital have obstetric hemorrhage supplies readily available in a cart or mobile box?	Hospital/Birth Center	Quarterly	
S6. Unit Policies & Procedures	Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.  Does your hospital have obstetric hemorrhage policies and	Hospital/Birth Center	Quarterly	

	<p>procedures (reviewed and updated in the last 2 years) that contain the following:</p> <ul style="list-style-type: none"> <li>• An obstetric rapid response team appropriate to the facility's Maternal Level of Care</li> <li>• A standardized, stage based, obstetric hemorrhage emergency management plan with checklists and escalation policy</li> <li>• Emergency release and massive transfusions protocols</li> <li>• A protocol for patients who decline blood products but may accept alternative approaches</li> </ul>			
S7. Quantitative Blood Loss	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Does your facility have the resources and supplies readily available to quantify cumulative blood loss for both vaginal and cesarean births?</p>	Hospital/Birth Center	Quarterly	

<b>AIM Obstetric Hemorrhage ICD10 Codes List</b>	
<b>Variable</b>	<b>Definition</b>
Placenta Previa	O4410, O4412, O4413, O4430, O4432, O4433, O4450, O4452, O4453
Abruption	O45002, O45003, O45009, O45012, O45013, O45019, O45022, O45023, O45029, O45092, O45093, O45099, O458X2, O458X3, O458X9, O4590, O4592, O4593
Antepartum Hemorrhage	O46002, O46003, O46009, O46012, O46013, O46019, O46022, O46023, O46029, O46092, O46093, O46099, O468X2, O468X3, O468X9, O4692, O4693, O4690
Postpartum Hemorrhage	O723, O43212, O43213, O43219, O43222, O43223, O43229, O43232, O43233, O43239, O720, O721, O722