District of Columbia
Perinatal
Quality Collaborative

Clinical Information Packet

Alliance for Innovation in Maternal Health (AIM)
Obstetric Hemorrhage in Pregnancy | April 2024

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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This packet was adapted from the Texas Department of State Health Services AIM program.

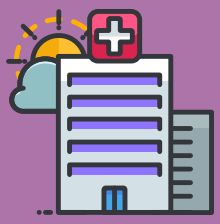
Participation Introduction

We are excited to announce the DC Perinatal Quality Collaborative's (DCPQC) effort among birthing centers to reduce maternal mortality and severe maternal morbidity, and provide safe care for every mother.

As DC birthing hospitals move forward with sustaining their hypertension related improvements, the DCPQC is prepared to pivot to focus on other important maternal health issues in support of quality improvement. The DCPQC will begin working on the AIM Hemorrhage bundle in April 2024.

According to AIM, "postpartum hemorrhage is a leading cause of preventable, pregnancy-related illness and death, with an estimated 54-90% of all OB hemorrhage related deaths being preventable"[1]. For the first three quarters of 2023, 11% of women experienced hemorrhage during a DC hospital birth admission. Of those, 21% experienced severe maternal morbidity (excluding transfusion)[2].

1 AIM hemorrhage change packet
2 2021- 2023 DC Hospitals Discharge Data



Hospital participation includes the following preparatory work:

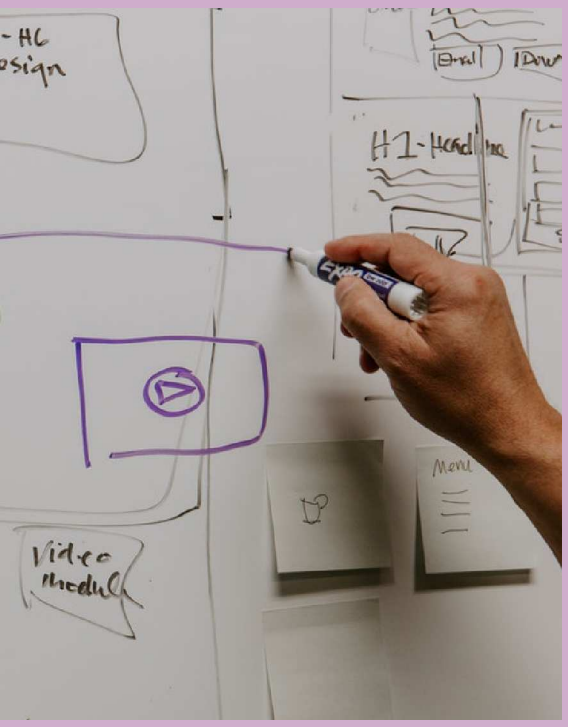
- Complete the DCPQC Project Charter to identify team members and scope.
- Complete the gap analysis tool to identify and define the current state and priorities. Hospitals may submit their own charter and gap analysis in lieu of the DCPQC.

Please submit to Stephanie Ayala at sayala@dcha.org by April 5, 2024.

The Alliance for Innovation on Maternal (AIM) Obstetric Hemorrhage in Pregnancy patient safety bundle provides guidance to hospitals to coordinate and standardize the care provided to women with obstetric hemorrhage during pregnancy and in the postpartum period. Participation in the DCPQC hemorrhage bundle initiative allows participants to:

- Network, learn, and share information and resources with peers across the District.
- Access subject matter expertise, coaching and support from a multidisciplinary faculty team and quality improvement expert.
- Track progress toward shared measures and receive support in using data to drive improvement.

Participation in the Hemorrhage Bundle Initiative will begin in April 2024



Participation Checklist

There are several considerations and decisions your hospital will need to make to participate. The below checklist outlines steps you must complete, followed by relevant information you will need to prepare for participation. Discuss participation with your hospital's leadership and use this checklist to guide you through the process.

Identify and Form Your Team

Confirm Leadership Support

Download and Complete the DCPQC Project Charter

Download and Complete the Gap Analysis Tool

Submit the Signed Project Charter
This step will be facilitated by the DCHA CEO to your CEO.

Understand Participation Activities

Participating in a perinatal quality collaborative helps your hospital make meaningful progress over time and forms the foundation to create long-term success. Hospitals have:

- Access to interactive educational opportunities, toolkits and resources developed by national partners.
- Individualized technical assistance.
- Facilitated collaborative learning sessions.
- Knowledge sharing and networking opportunities with peers across the District.
- Rapid access to resources and guided support from experts in maternal safety and quality improvement.
- Access to the data center portal to track implementation progress.

DCPQC AIM Requirements and Benefits

- Complete Charter Document and Gap Analysis Tool
- Develop Plans/Make Improvements to Implement AIM Bundle
- Report Quarterly Measures to Data Center Portal
- Quality Improvement Webinars
- Access to Technical Assistance
- Recognition of Participation Sign Charter
- Complete Pre-Work and Share Facility Goals
- Attend Interactive Community of Learning Sessions
- Network with Peers Across the District
- Submit Additional Measures and Monthly Reports
- Engage in Coaching and Training Calls
- Share Learning with Other Hospitals
- Participate in Optional Virtual or Onsite Key Player Meetings
- Receive Targeted Support from Faculty
- Receive Peer-to-Peer Mentoring
- Access to Resources and Partnerships
- Patient/Family and Community Partners

Forming Your Multidisciplinary Team

To successfully implement AIM Obstetric Hemorrhage in Pregnancy Patient Safety Bundles in your care setting, your hospital will form a multidisciplinary team.

- This team consists of physicians, nurses, administrators, and other key stakeholders who contribute their unique perspectives and practice-based expertise.
- This team will guide the work and execute the tests of change throughout the collaborative.
- An effective team comprises people who listen and communicate well, are improvement-minded, creative and enthusiastic about change.

You can find more information on building an effective multidisciplinary team in **Attachment 1: Guidance on Forming Your Team and Team Member Roles.**

Identifying Your Team

From your hospital, you will identify members to form your team. Members may serve in more than one role. Team members should be identified in the charter and will receive communications about key AIM activities and events. Please identify the following members:

- **Project Sponsor:** An executive authority (often the hospital administrator or CEO) who can coordinate with senior management and across the organization. The sponsor links the project to hospital goals and resources. This leader supports and encourages the team and is responsible for the sustainability of the team's effective changes.
- **Champion:** This is a physician or nursing leader who believes in this effort and will support the required change in process. Someone with authority to test processes, implement change and troubleshoot issues. This role provides crucial care and support to the clinical staff and understands the clinical implications of proposed changes across the organization. They serve as a role model and champion for change within the hospital system.
- **Nursing Leader:** The staff member (often the OB nursing director) is responsible for driving improvement every day. This leader manages and assures changes are being made and oversees data collection.
- **Technical/Data Leader:** A staff member responsible for coordination of data collection and assurance of data entry into the AIM data portal. This role has access to the data portal and manages who, from their hospitals, has access.
- **Quality Improvement Leader:** The staff member responsible for facilitating cycles of quality improvement such as PDSA. This individual may be a nursing leader, quality improvement/regulatory staff member or other staff personnel typically responsible for clinical innovation and improvement.
- **Physician Leader:** A physician who believes in this effort and will support the required change in process. Someone with authority to test processes, implement change and troubleshoot issues. This leader understands the clinical implications of proposed changes across the organization and serves as a role model and champion for change within the hospital.
- **Hospital Pharmacy Representative:** For the bundle on Obstetric Hemorrhage in Pregnancy consider adding this person as a permanent or ad hoc team member to assure that emergency medications identified in the team's response protocol are immediately available for administration.
- **Team Leader:** A primary contact for DCPQC that leads the team on bundle related activities. The team leader will serve as the primary team liaison with the DCPQC. This key contact will communicate and reach out to DCPQC team members regularly about team updates and news. The team leader is responsible for coordinating with the full team, sharing important updates, coordinating responses to surveys or inquiries, coordinating team membership, following up on reports, and communicating with the DCPQC team as needed.

Forming Your Core Team, continued

When forming your team, identify the 3-6 members who will serve as your core team. This core team will be responsible for attending community of learning sessions and DCPQC meetings related to bundle activity. It's important that these core team members are consistent across the life of the collaborative as they will develop expertise on topics and build on past sessions.

This Core Team should have the following members:

- Nursing leader
- Technical/data leader
- Physician leader
- Up to three additional team members which could include: hospital pharmacy representative, project sponsor, patient/family advisor, frontline staff nurse, community partner, quality improvement member, and/or other engaged staff.

Obtain Leadership Support

Committed leadership is critical to your team's success in implementing the Obstetric Hemorrhage improvement by participating in the DCPQC.

Leadership that shows support to motivate and celebrate the success of hospital teams will enable effective and lasting changes to spread in your hospital and health system, ultimately improving the health and safety of DC mothers. The hospital CEO/President signature on the charter indicates support for the initiative. Hospital CEOs/Presidents will be updated on progress via the hospital team and the DCHA Board of Directors regarding the selection of this initial AIM bundle for improvement focus.

This process may look different for every hospital but may involve meeting with hospital leadership to share the information in this packet, discuss the obstetric hemorrhage bundle components, goals and objectives, measurement system and reporting requirements, and expectations and responsibilities of team members, including time commitments of staff and time frames of the collaborative. Additionally, hospital leadership will assist in engaging departments outside of obstetrics including pharmacy, anesthesia, pediatrics, and emergency medicine regarding the bundle implementation protocols.

Download Attachment 1: Guidance on Forming your Workgroup and the Member Roles for more information in forming your Clinical Implementation Workgroup, descriptions of the member roles and information on selecting strong, effective team members.

Need Assistance Forming Your Workgroup?
Stephanie Ayala
Perinatal Quality Collaborative Project Manager
sayala@dcha.org

Attachment 1: Guidance on Forming Your Team and Team Member Roles[3]

This document shares helpful tips and guidance in creating a strong, effective hospital improvement team for implementation of the Obstetric Hemorrhage in Pregnancy Bundle in your hospital setting, and detailed descriptions of each team member role.

Team Composition

Your team is a multidisciplinary quality improvement team tasked with implementing the bundle at your hospital. The team consists of physicians, nurses, administrators and other key stakeholders who contribute their unique perspectives and practice-based expertise to inform Plan-Do-Study-Act cycles, identify barriers, and innovate solutions to problems. The size of your improvement team will depend on the size of the hospital. You may consider selecting members from the following disciplines to participate in bundle implementation at your hospital:

- Anesthesia Provider
- Bedside Nurse
- Chaplain
- Data Manager
- Simulation Team Member
- Patient/Family Representative
- Emergency Department Provider
- Information Technology/Electronic Medical Records Support Team Member
- Intensive Care Unit Team Member
- Mother-Baby/Postpartum Team Member
- Advance Practice Providers
- Neonatal Team Member
- Operating Room Team Member
- Patient Care Technician
- Hospital Pharmacy Team Member
- Quality and Safety/Risk Management Team Member
- Respiratory Therapy Team Member
- Social Worker
- Other Influential Individuals

Identifying Your Clinical Implementation Workgroup

After you determine your Clinical Implementation Workgroup, you will identify members to make up your “Core Team.” Your Core Team is made up four critical team members and includes a project sponsor, nurse leader, technical/data leader and physician leader. These team members will be identified on your Clinical Information Form and will receive communications about all key AIM activities and events. On the next few pages, you will find detailed information to consider for each role.

Creating a Strong, Effective Team

Creating an effective team is crucial to the success of your work. Select team members who strongly value participation and innovation, commit to achievement, adequately prepare for and test changes, take accountability and participate in routine self-monitoring and adaptation throughout the change process. For each potential team member ask is this person:

- Respected for their judgment by a range of staff?
- Someone who enjoys being a team player?
- An excellent listener?
- A good verbal communicator within and in front of groups?
- A problem-solver?
- Not content with the current system and processes and wants to improve things?
- Creative, innovative, and enthusiastic?
- Excited about change?
- What is the person’s area of skill or technical proficiency?

District of Columbia Perinatal Quality Collaborative

3 The content of this section is adapted from materials of the IHI Breakthrough Series College.

Project Sponsor

Every collaborative team needs to have a sponsor. The sponsor is the leader who is responsible and accountable to their organization for the performance and results of the improvement team. In the case of a quality improvement project team, it's recommended that the sponsor is a member of your hospital's executive leadership team. At minimum, the sponsor must commit to attending a leadership track session to be associated with every learning session. The team's sponsor should:

- Encourage the improvement team to set its goals at an appropriate level to meet organizational goals and reach agreement on the team charter;
- Provide the team with the resources needed, including staff time and operating funds, and a financial team member to help document the business case and help the improvement team with other cost issues;
- Make it clear to the team that they have the time, resources, and authority needed to change organizational systems to accomplish their goal;
- Ensure that improvement capability and other technical resources are available to the team;
- Regularly review the work of the team; and
- Support a plan to spread successful changes from the improvement team to the rest of the organization, including: communicating what is learned from the improvement work in ways that motivate and mobilize the entire organization; designating someone who will be responsible for leading the activities needed to support spread; actively participates in leadership track breakout sessions during learning sessions; and, support the facility-wide protocol developed by the clinical leadership.

Nursing Leader

The nursing leader is typically the day-to-day leader* as a staff member who knows the subject of obstetric hemorrhage in pregnancy intimately and understands the processes of care. They are the critical driving component of the project and ensure that changes are tested and implemented. This person also oversees data collection. It is important that this person understands not only the details of the system, but also the various effects of making change(s) in the system. This person also needs to be able to work effectively with the physician and nurse champion(s), other technical/data experts, and leaders. A nursing leader should:

- Have a working knowledge of the area selected (in this case, experience with prior improvement efforts related to obstetric hemorrhage and maternal health and safety);
- Be able to carry the work of the improvement team beyond the pilot unit to spread to units throughout the hospital that may provide services to women during pregnancy and the postpartum;
- Be able to organize and coordinate a functioning team that works at an accelerated pace and have time allocated by senior leadership to work on this project; and
- Be motivated and excited about change and creating new designs.

**The nursing leader may be the Maternal Health Coordinator or someone from the Quality Department. Usually, the nursing leader devotes a significant amount of his or her time to the improvement team's work, often 30 percent or more.*

Technical/Data Leader

A technical/data leader is a staff member who knows the subject of obstetric hemorrhage in pregnancy intimately and understands the processes of care. This person is responsible for coordination of data collection and responsible for regular data entry into the AIM data portal. This role has access to the AIM data portal and decides who else has access to it within the hospital.

Champion

This is a physician/nursing leader who believes in this effort and will support the required change in process. Someone with authority to test processes, implement change and troubleshoot issues. This role provide crucial care and support to the clinical staff and understands the clinical implications of proposed changes across the organization. They serve as a role model and champion for change within the hospital system.

Physician Leader

A physician who believes in this effort and will support the required change in process. Someone with authority to test processes, implement change and troubleshoot issues. This leader understands the clinical implications of proposed changes across the organization and serves as a role model and champion for change within the hospital system.

Additional Team Members

Hospital Pharmacy Representative

The AIM bundle on Obstetric Hemorrhage in Pregnancy requires immediate access to protocol medications cited by the hospital team on every unit treating pregnant, intrapartum and postpartum women. The pharmacy representative will assist to facilitate this life-saving process within the regulations of each hospital.

Patient/Family Advisor

Patients and families bring another kind of technical expertise to the improvement team. Patients have experience with the system and can identify the needs and wishes of patients from their own perspective. Every hospital improvement team should include a patient or family advisor. We encourage your patient/family advisor to be on your travel team to attend all three learning sessions. If travel is necessary, the hospital should cover travel costs for the Patient/Family Advisor.

Community Partner

Community Partners are connected and familiar with resources and services available throughout the larger community. Obstetric hemorrhage continues to be a critical concern for many women during the postpartum period. Women need ongoing care in the postpartum period, including self-monitoring of high blood pressure. Community partners work to address the social determinants of health that contribute to chronic health conditions and help link pregnant and postpartum women with ongoing support to reduce health disparities. A community partner can be a valuable asset to your team to support the linkage between the hospital setting and community resources available to support women and their well-being.

The District of Columbia Perinatal Quality Collaborative Grant is managed by the District of Columbia Hospital Association Program Services Company, Inc.